PRELIMINARY RESULTS OF A PHASE 1A/1B STUDY OF BGB-A317, AN ANTI-PD-1 MONOCLONAL ANTIBODY (mAb), IN PATIENTS WITH ADVANCED HEPATOCELLULAR CARCINOMA (HCC)

Chia-Jui Yen1, Benjamin Markman2, Yee Chao3, Andrew Hill4, Yoon-Koo Kang5, Ming-Mo Hou1, Lai Wang1, Kang Li6, Qinzhou Qi6, Jeannine Hou7, Zhong Wu8, Hui Gan9

1National Cheng Kung University Hospital, Tainan, Taiwan; 2Monash Health and Monash University, Clayton, Victoria, Australia; 3Taipei Veterans General Hospital, Taipei, Taiwan; 4Sanner Oncology Research Ltd, Southport, Queensland, Australia; 5Asan Medical Center, Seoul, Republic of Korea; 6Chang Gung Memorial Hospital, Linkou, Taiwan; 7BeiGene USA Inc., Beijing, China; 8BeiGene USA Inc., Emeryville, CA, USA; 9BeiGene USA Inc., Fort Lee, NJ, USA; 10The Austin Hospital, Heidelberg, Melbourne, Victoria, Australia

INTRODUCTION

- Hepatocellular carcinoma (HCC) is a leading cause of death due to malignancy, and sorafenib is the only approved front-line treatment, with modest efficacy and considerable toxicity.
- Monoclonal antibodies against the PD-1/PD-L1 checkpoint inhibitory receptor programmed cell-death (1-PD-1) have demonstrated antitumor activity across multiple malignancies, including HCC.

BGB-A317 is a uniquely engineered humanized IgG4 monoclonal antibody with high affinity and binding specificity against PD-1.

Recent phase 1a/1b study results (NCT02407990) of BGB-A317 in patients with advanced solid tumors suggested that BGB-A317 is tolerable and has preliminary antitumor activity.

Here, we present the preliminary results as of April 28, 2017, of the pooled subset of patients with refractory HCC treated with advanced HCC treated in this phase 1A/B study.

METHODS

- The study design is described in Figure 2.
- In-phase 1A, 10 mg/kg GQ2 were the maximum administered dose; MTD was not reached.
- All patients in phase 1B received BGB-A317 as a 5 mg/kg IV infusion Q3W.
- Radiographic assessment was every 4 weeks.
- Results presented here includes patients with advanced HCC treated with 5 mg/kg Q3W.

Key Eligibility of the Pooled HCC Population Subset

- All adults aged 18 years old with histologically or cytologically confirmed advanced/metastatic HCC who had not received prior PD-1 or PD-L1 treatment were enrolled.
- Specific inclusion criteria included Barcelona Clinic Liver Cancer stage 0, stages A, B, or C patients with refractory hematological/medical therapy and not amenable to a curative treatment approach, and Child-Pugh B or C liver disease.
- Eligible patients must have a hepatitis B virus (HBV) viral load <200,000 IU/mL (<1,000 copies/mL) and subjects with active HBV infection need to be on anti-HBV suppression for 3 months through treatment and for 6 months after they exit the study.
- All patients with active hepatitis C virus (HCV) infection who are untreated are not allowed on the study.

RESULTS

- A total of 27 patients were evaluable; 25 had measurable disease and at least 1 evaluable post-baseline tumor assessment; 2 died prior to the 1st scheduled follow-up of tumor assessment.

- Adverse events reported in this cohort were consistent with the overall safety profile observed in the study and were generally of low severity, manageable, and reversible.

- Most patients had underlying viral infection (HBV+, n=28; HBV/HCV coinfected, n=2).

- The preliminary safety profile and antitumor activity support continued development of BGB-A317 in patients with advanced HCC.

CONCLUSIONS

- Treatment with BGB-A317 was generally well tolerated in patients with advanced HCC:
  - As of April 28, 2017, in this early report more than half of patients remained on study (n=24/40); median treatment duration was 64 days (range: 1-471 days).
  - Rate of treatment discontinuation due to a treatment-related AE was low (1/40).
  - Adverse events reported in this cohort were consistent with the overall safety profile observed in the study and were generally of low severity, manageable, and reversible.

- Nine patients achieved stable disease, some of whom also had significant reductions in AFP (Figure 7).

- The preliminary safety profile and antitumor activity support continued development of BGB-A317 in patients with advanced HCC.

ACKNOWLEDGMENTS

- The authors wish to acknowledge the investigators, study staff and patients, as well as all volunteers who participated in the development of this presentation. BeiGene, Ltd., provided financial support for this presentation, including writing and editorial assistance by SuccinctChoice Medical Communications, Chicago, IL.