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COM701 in combination with nivolumab demonstrates preliminary antitumor activity in patients with platinum resistant epithelial ovarian cancer.

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Background
There is a high unmet medical need for the treatment of patients [pts] with platinum resistant epithelial ovarian cancer [PROC]. Immune checkpoint inhibitors (ICI) have limited activity in this pt population. COM701 is a novel, 1st-in-class ICI that binds to PVRIG, a DNAM-1 axis member, leading to activation of T-and NK-cells. We hypothesized that in pts with PROC, dual blockade of PVRIG and PD1 would demonstrate antitumor activity with a favorable safety and tolerability profile. We present encouraging preliminary results.

Methods
We enrolled 20 patients [pts] with PROC. All pts received COM701 20 mg/kg + nivolumab 480 mg both IV Q4W. Primary objectives were safety/tolerability, with secondary objective of preliminary antitumor activity. Key inclusion criteria: Age ≥ 18 yrs, histologically confirmed locally advanced or metastatic solid malignancy and has exhausted all available standard therapy. Key exclusion criteria: prior receipt of anti-PVRIG, anti-TIGIT, no limitation on the number of prior lines of therapy or prior PD-1/PD-L1 inhibitor. Investigator assessed responses were per RECIST v1.1, safety per CTCAE v4.03.

Results
Median age 61.5yrs, median of 6 prior lines of therapy [Min, Max: 2,9]. Objective response rate (ORR) of 2/20 [10%] pts: 1 pt with fallopian tube CA, 6 prior lines of therapy, clear cell histology; 1 pt with OVCA, serous adenoCA, 7 prior lines of therapy [including prior nivolumab with best response of progressive disease]; both subjects with PR have an ongoing response to therapy, no complete responses (CR); 5 pts with stable disease (SD). Disease control rate [CR + PR + SD] 7/20 [35%]. Most frequent AEs were G1/2 nausea 11 pts, fatigue 11 pts [all G1/2]. Increase of
serum IFNg was observed, confirming the expected immune activation induced by COM701 given in combination with nivolumab.

Conclusions
COM701 + nivolumab demonstrates encouraging preliminary signal of antitumor activity and immune activation in pts with heavily pre-treated PROC with a favorable safety/tolerability profile. Additional data analyses and pt followup are ongoing and will be presented at the conference. Data extract 09/18/2022.

Clinical trial identification
NCT03667716.

Editorial acknowledgement