Abstract # 343497

QUILT-88: NANT Pancreatic Cancer Vaccine – Trial in Progress

Open-label, randomized, comparative phase 2/3 study of combination immunotherapy plus standard-of-care chemotherapy and SBRT versus standard-of-care chemotherapy for the treatment of locally advanced or metastatic pancreatic cancer

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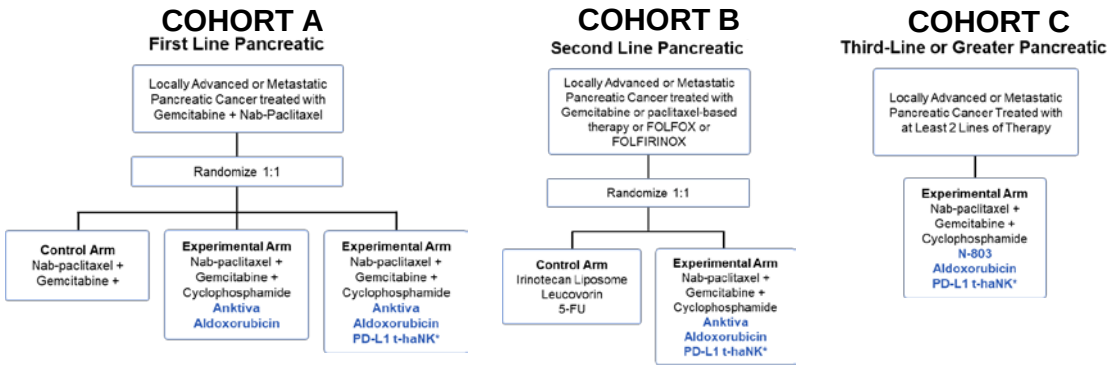
BACKGROUND

Pancreatic cancer will claim an estimated 47,050 lives in the USA in 2020, with an expected 5 year survival of 10%. Thus there is an urgent need for novel treatment options in this disease. We hypothesize that effective response against pancreatic cancer requires a coordinated approach that orchestrates both the innate and adaptive immune system. We further hypothesize that by orchestrating the activation of the entire immune system, we could accomplish immunogenic cell death with durable responses in this disease. We describe a novel combination immunotherapy protocol of low-dose chemoradiation, cytokine-induced NK and T cell activation via N-803 (Anktiva, IL-15 cytokine fusion protein), and off-the-shelf PDL1-targeted high-affinity NK cell (PDL1 t-haNK) infusion.

STUDY DESIGN



STUDY EXPERIMENTAL TREATMENT

Days 1 and 15, every 4 weeks:
- Nab-paclitaxel
- Gemcitabine

Days 1–5 and 15–19, every 4 weeks:
- Cyclophosphamide

Days 1, 8, 15, and 22; for first cycle only:
- SBRT (not to exceed 8 Gy, exact dose to be determined by the radiation oncologist)

Day 8, every 4 weeks:
- Aldoxorubicin HCl
- N-803 (15 µg/kg SC)

Days 1, 8, and 15; every 4 weeks:
- PD-L1 t-haNK (~2 × 109 cells/dose IV)

STUDY ENDPOINTS

Primary Efficacy Endpoints:
- PFS per RECIST V1.1 (Cohorts A and B).
- OS (Cohort C).

Secondary Efficacy Endpoints:
- ORR, CR rate, DoR, and DCR (confirmed CR or PR, or SD for at least 2 months) by RECIST V1.1
- OS (Cohorts A and B).
- PFS per RECIST V1.1 (Cohort C).
- QoL by PROs.

Safety Endpoints:
- Incidence of treatment-emergent adverse events (AEs) and serious AEs (SAEs), graded using the National Cancer Institute (NCI) Common Terminology Criteria for Adverse Events (CTCAE) Version 5.0.
- Safety laboratory tests.
- Vital signs.

Exploratory Endpoints:
- PFS, ORR, CR rate, DoR, and DCR per iRECIST.
- CA 19-9 levels and correlations with subject outcomes.

MAJOR INCLUSION CRITERIA

For Cohort A, subjects must have initially received, or are currently receiving, continuous treatment with gemcitabine plus nab-paclitaxel for at least 16 weeks and have confirmed PR, CR, or SD prior to receiving first-line maintenance therapy on this study. Duration of actual initial treatment may be unlimited as long as no evidence of disease progression is noted by the Investigator at the time of randomization.
b. For Cohort B, subjects must have PD after receiving initial treatment with FOLFOX, FOLFIRINOX, or a gemcitabine- or paclitaxel-based therapy for pancreatic cancer. Subjects who discontinued prior therapy due to toxicity, intolerance, or available therapy was clinically contraindicated are allowed.
c. For Cohort C, subjects must have PD after receiving at least 2 lines of therapy for pancreatic cancer, including but not limited to neoadjuvant, adjuvant, and/or metastatic settings.

MAJOR EXCLUSION CRITERIA

a. Absolute neutrophil count (ANC) < 1000 cells/mm3.
b. Platelet count < 100,000 cells/mm3.
Aldoxorubicin HCl, N-803 and PD-L1 t-haNK ImmunityBio, Inc.
Clinical Trial Protocol: QUILT-88 Amendment 5
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c. Hemoglobin < 9 g/dL.
d. Total bilirubin greater than two times the upper limit of normal (ULN; unless the subject has documented Gilbert's syndrome).
e. Aspartate aminotransferase (AST [SGOT]) or alanine aminotransferase (ALT [SGPT]) > 2.5 × ULN (> 5 × ULN in subjects with liver metastases).
f. Alkaline phosphatase (ALP) levels > 2.5 × ULN (> 5 × ULN in subjects with liver metastases, or > 10 × ULN in subjects with bone metastases).
g. Serum creatinine > 2.0 mg/dL or 177 µmol/L.
h. Serum anion gap > 16 mEq/L or arterial blood with pH < 7.3.
i. Albumin < 3.0.
j. Ascites requiring paracentesis.

CONTACT

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