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Pre-specified interim analysis of a randomized phase 2b trial of trastuzumab + nelipepimut-S (NeuVax) vs trastuzumab for the prevention of recurrence demonstrates benefit in triple negative (HER2 low-expressing) breast cancer patients

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CVDP CANCERVACCINE DEVELOPMENT PROGRAM

Disclosures

The view(s) expressed herein are those of the author(s) and do not reflect the official policy or position of San Antonio Military Medical Center, the US Army Medical Department, the US Army Office of the Surgeon General, the Department of the Army, Department of Defense, or the US Government.

EAM: served on a scientific advisory board for SELLAS

GEP: has partial inventor rights to nelipepimut-S. Patents have been licensed from the US Government for commercial development, and is entitled to financial proceeds associated with this license, per federal policy

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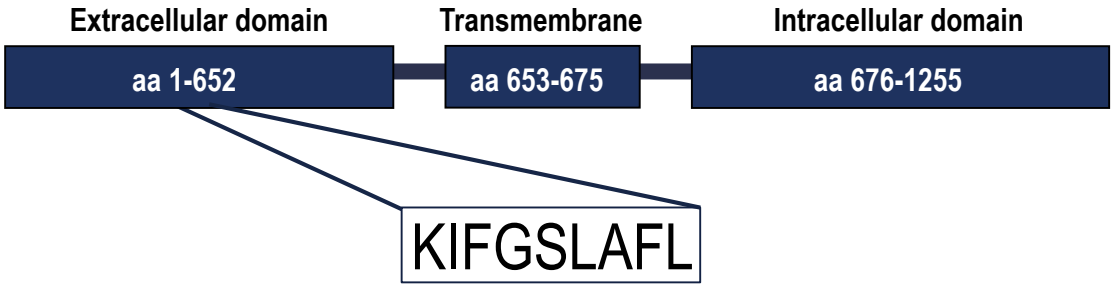
Background

- Patients with HER2 low-expressing breast cancer (IHC 1–2+) are not eligible for adjuvant trastuzumab
- NSABP B-47 confirmed trastuzumab does not improve outcomes in HER2 low-expressing breast cancer[1]
- These patients are currently ineligible for HER2-directed therapy

1. Fehrenbacher L, et al. SABCS 2017. Abstract GS1-02.

The HER-2/*neu* peptide vaccine: Nelipepimut-S



Nelipepimut-S

(NeuVax, E75 + GM-CSF)

aa 369-377

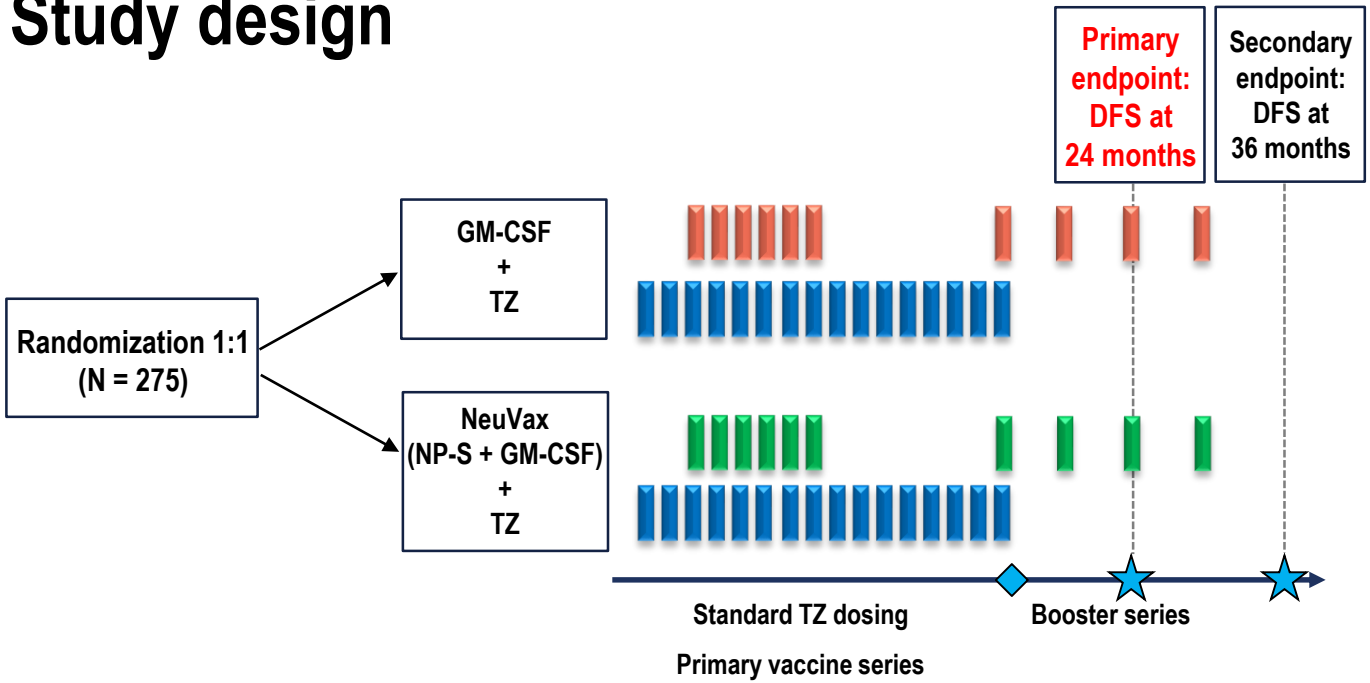
MHC Class I: HLA-A2+, A3+, A24+, A26+

Designed to stimulate CD8 T cells

- Nelipepimut-S + GM-CSF (NeuVax)[1]
  - Safe
  - Immunogenic profile
  - Suggested clinical efficacy
- Preclinical and translational data strongly suggest potential synergy between trastuzumab and a HER2-targeting CD8+ T-cell–eliciting vaccine[2]

1. Mittendorf EA, et al. *Ann Oncol.* 2014;25:1735-1742; **2.** Gall VA, et al. *Cancer Res.* 2017;77:5374-5383.

Study design



Other secondary endpoints

- Safety
- Cardiac toxicity
- Immunologic response

- **This trial investigates whether a combination of trastuzumab and nelipepimut-S can prevent disease recurrence in patients with HER2 low-expressing tumors**

Key inclusion criteria

- Women ≥18 years
- High-risk invasive breast cancer with HER2 expression of 1–2+ by IHC
- Clinically disease free after receiving standard- of-care therapies
- HLA-A2, A3, A24, or A26 positive

Assessments

- Local and systemic toxicity
- Cardiac toxicity
- Immunologic in vivo response
- Disease-free survival

Results from pre-specified interim analysis

- 6 months after the last patient was enrolled
- Assessed safety and efficacy
- The subgroup analysis of TNBC patients was pre-specified

Demographics (ITT)

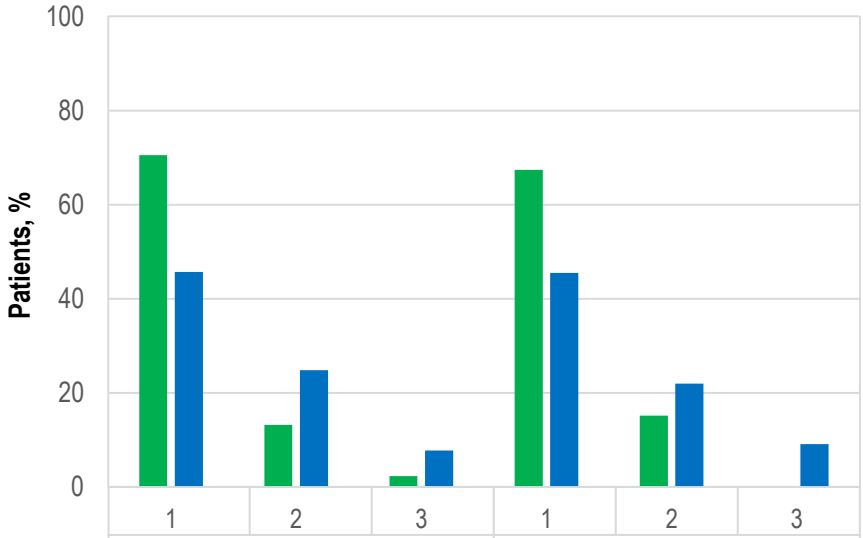
Characteristics	NeuVax + TZ (N = 136)	TZ (N = 139)	*P* value
Age, years Median (IQR)	52.2 (43.7-60.8)	50.5 (42.0-59.0)	.38
Race, n (%) White Non-white Unknown	 109 (80) 25 (18) 2 (2)	 97 (70) 38 (27) 4 (3)	.20
Chemotherapy Adjuvant Neoadjuvant None	 59 (43) 72 (53) 5 (4)	 57 (41) 76 (55) 6 (4)	.904
Clinical NeoAdj stage, n (%) 0 I II III IV Unknown	 0 (0) 4 (6) 35 (49) 31 (43) 1 (1) 1 (1)	 1 (1) 3 (4) 31 (40) 40 (52) 0 (0) 2 (3)	.334
Path NeoAdj stage, n (%) 0 I II III Unknown	 5 (7) 11 (15) 28 (39) 27 (38) 1 (1)	 4 (5) 9 (12) 26 (34) 37 (49) 0 (0)	.757

Characteristics	NeuVax + TZ (N = 136)	TZ (N = 139)	*P* value
Path (no NeoAdj) stage, n (%) I II III	 10 (16) 26 (41) 28 (44)	 9 (14) 26 (41) 28 (45)	.985
ER status Positive Negative	 81 (60) 55 (40)	 94 (68) 45 (32)	.164
PR status Positive Negative	 77 (57) 59 (43)	 82 (59) 57 (41)	.69
Surgery Yes No	 136 (100) 0	 138 (99) 1 (1)	.638
Radiotherapy Adjuvant Neoadjuvant None	 109 (80) 8 (6) 19 (14)	 122 (88) 2 (1) 15 (11)	.092
Hormone therapy Yes No Other	 73 (54) 61 (45) 2 (1)	 83 (60) 51 (37) 5 (4)	.248

Safety: Treatment-related adverse events

- 93.1% (243/261) of patients who received an intervention experienced at least 1 TRAE
  - No difference between groups
- Majority of TRAEs were grade 1 or 2
  - Local injection site reactions, skin induration, pruritus, and fatigue

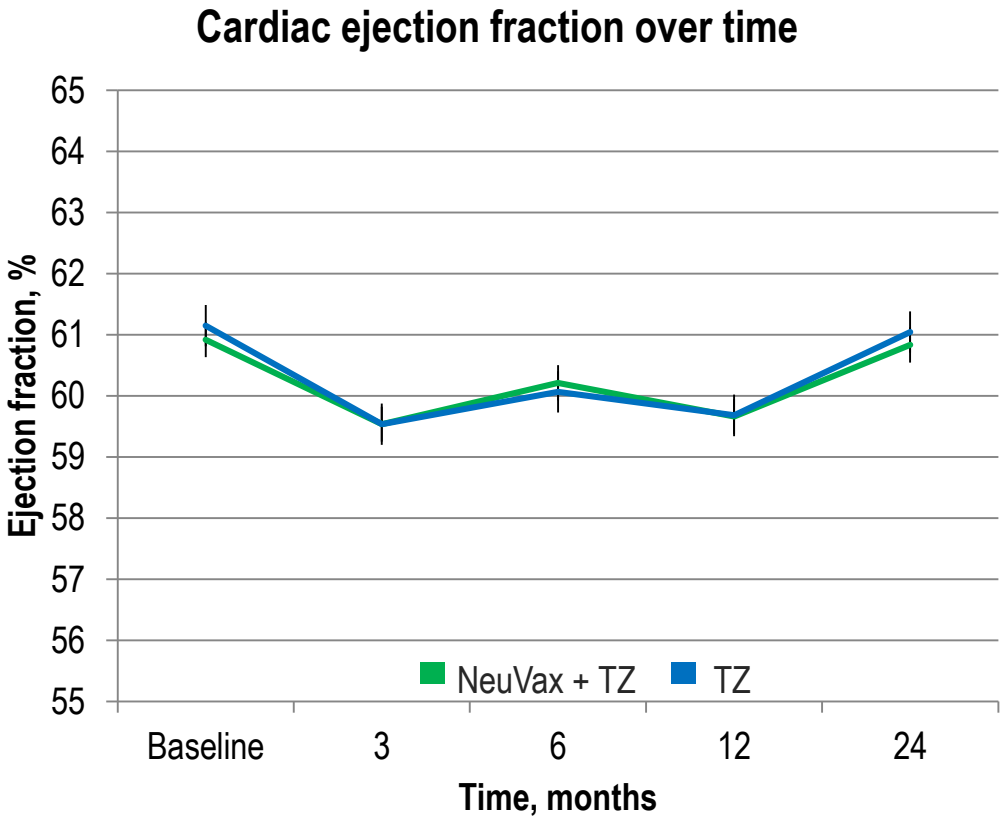
Maximum graded toxicity per patient



	Local (*P* = .197)			Systemic (*P* = .845)		
	1	2	3	1	2	3
NeuVax + TZ	70.5%	13.2%	2.3%	67.4%	15.2%	0.0%
Control + TZ	45.7%	24.8%	7.8%	45.5%	22.0%	9.1%

Safety: Cardiac toxicity

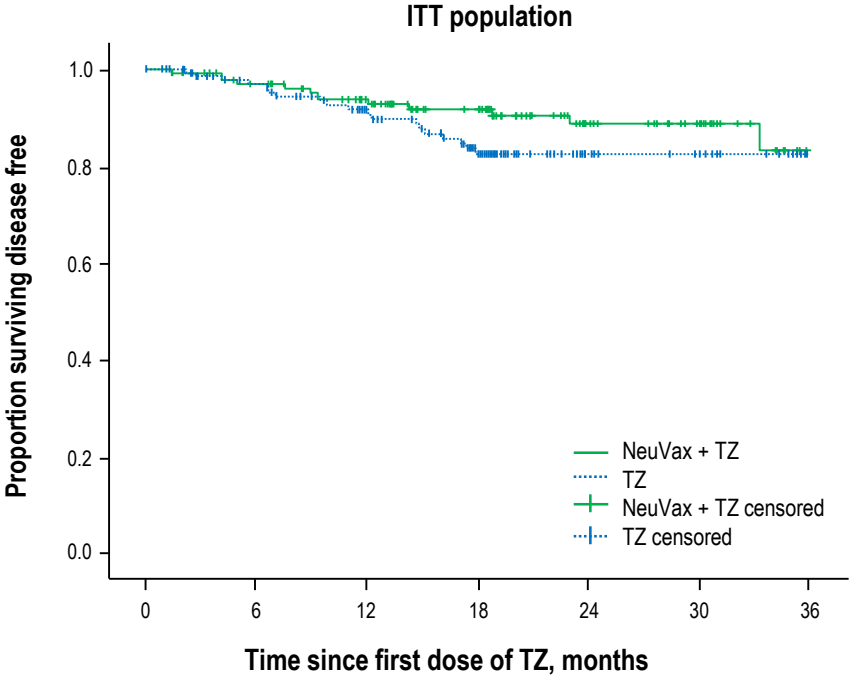
- No difference between treatment arms in cardiac ejection fraction over time (*P* = 0.558) and at each time point
- The addition of NeuVax to trastuzumab did not result in any additional cardiotoxicity compared with trastuzumab alone



Recurrences

Population	NeuVax + TZ recurrence/total (%)	TZ recurrence/total (%)	*P* value
ITT – All pts	13/136 (9.6)	19/139 (13.7)	0.257
ITT – TNBC pts	4/53 (7.5)	12/45 (26.7)	0.023

Disease-free survival: ITT population



NeuVax + TZ (N = 136)

- 36-month DFS = 83.1%
- 24-month DFS = 88.6%

TZ (N = 139)

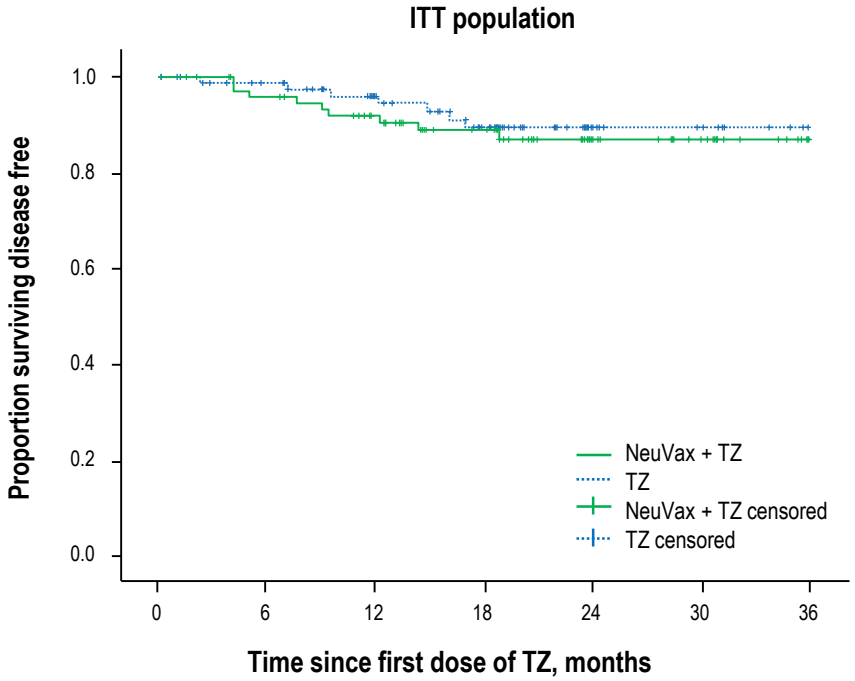
- 36-month DFS = 82.5%
- 24-month DFS = 82.5%

Median follow-up 19.6 (IQR 12.5–28.3) months
***P* value = 0.257**
Hazard ratio (HR) = 0.67 (CI 0.33–1.35)

Final Analysis:
Median follow-up 25.7 months
P value = 0.175
HR = 0.62 (0.31-1.25)

Trending toward a difference in median DFS in favor of the combination arm

Disease-free survival: HR+ patients



NeuVax + TZ (N = 82)

- 36-month DFS = 87.1%
- 24-month DFS = 87.1%

TZ (N = 92)

- 36-month DFS = 89.7%
- 24-month DFS = 89.7%

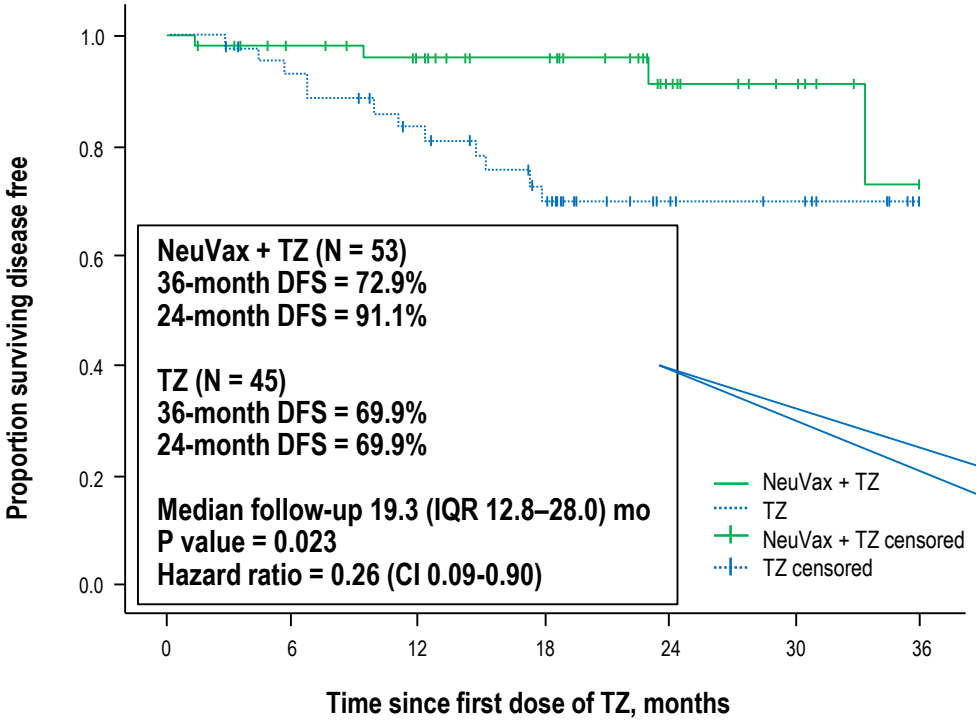
Median follow-up 19.9 (IQR 12.3–28.5) months
***P* value = 0.567**
HR = 1.33 (CI 0.27–1.10)

Final Analysis:
Median follow-up 25.4 months
P value = 0.714
HR = 1.19 (0.46-3.01)

NO difference in median DFS between groups.

DFS comparable with the NSABP B-47 trial (89%).

Disease-free survival: TNBC patients



Clinically meaningful and statistically significant difference in median DFS in favor of the combination arm

Final Analysis:
Median follow-up 26.1 months
P value = 0.013
Hazard ratio = 0.26 (0.08-0.81)

Conclusions

- The NeuVax + trastuzumab combination is safe; no notable differences between treatment arms
  - No added cardiac toxicity
- NeuVax + trastuzumab may provide clinically meaningful benefit to patients with HER2 low-expressing breast cancers
- The NeuVax + trastuzumab combination demonstrated a statistically significant improvement in DFS in patients with TNBC.
- A future confirmatory phase 3 study in this underserved population with high risk of recurrence and death is warranted
- The sponsor is actively seeking regulatory input by the FDA and EMA