Introduction

Immunosuppressive effects of VEGF and Ang2

Immune cell
Immature dendritic cell
Treg cell

Mature dendritic cell
Dying tumor cell

Ang1, angiopeptin-2; CD, cluster of differentiation; MDSC, myeloid-derived suppressor cell; PD-1, programmed cell death protein-1; Treg, regulatory T cell; VEGF, vascular endothelial growth factor; VEGFRA, VEGF receptor 2.

Results – Part 1: dose escalation (as of January 2020)

<table>
<thead>
<tr>
<th>Sex</th>
<th>Baseline characteristics (N=12)</th>
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<tbody>
<tr>
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<td>Male (n=8)</td>
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<tr>
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<td>Yes (n=11)</td>
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- MTD/RP2D was BI 836880 720 mg plus BI 754091 240 mg q3w
- The combination had a manageable safety profile
- Preliminary antitumor activity was observed
  - Ten of 12 patients had best overall response of PR or SD
- Expansion cohorts are ongoing

Key findings and conclusions

Efficacy (N=12)

Percentage change from baseline in target lesions

AE, adverse event; CPI, checkpoint inhibitor CT, chemotherapy; DC, disease control; DLT, dose-limiting toxicity; DoR, duration of response; mNSCLC, metastatic non-small cell lung cancer; mSCLC, metastatic small cell lung cancer; OR, objective response; PD-1, programmed cell death ligand 1; PFS, progression-free survival; PK, pharmacokinetics; PR, partial response; q3w, every 3 weeks; RP2D, recommended Phase II dose.

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Safety (N=12)

DLT after cycle 1

No Grade 4 AEs reported

One Grade 3 AE reported: general physical health deterioration

Free patients had immune-related AEs: hypothyroidism in two patients; pruritus, papular rash, and vomiting.

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