**Introduction**

- Combining anti-VEGF and anti-PI3K-generates promising immunostimulatory effects, supportive of tumor cell destruction mediated by T cells.

**Methods**

- BI 836880, a humanized biphasic nanobody® that targets VEGF and Ang2, and ezabenlimab (BI 745091), an anti-PI3K monoclonal antibody, have both shown promising preliminary and anti-tumor activity as monotherapies.

**Objective**

- This ongoing Phase I/II study aims to assess the safety and anti-tumor activity of BI 836880 and ezabenlimab in patients with advanced or metastatic solid tumors.

**Results**

- BI 836880 plus ezabenlimab had a manageable safety profile. Preliminary antitumor activity was observed in a range of tumor types.

**Efficacy**

- At data cut-off, 106 patients were evaluable for response and 106 patients were still on treatment.

**Safety**

- BI 836880 plus ezabenlimab had a manageable safety profile. Preliminary antitumor activity was observed in a range of tumor types.

**References**


**Key findings and conclusions**

- This ongoing Phase I/II study is evaluating the safety and anti-tumor activity of BI 836880 and ezabenlimab in patients with advanced or metastatic solid tumors.

- As of March 2021, 215 patients have been treated.

- Overall, 183 (85%) patients have experienced an adverse event, most commonly arthritis (22%) and hypertension (19%).

- Of the 179 evaluable patients for response at data cut-off, 1 patient with HCC had a confirmed complete response, 22 patients had partial response, and 110 patients had stable disease.

- At data cut-off, 106 patients remain on treatment.

- BI 836880 plus ezabenlimab had a manageable safety profile. Preliminary antitumor activity was observed in a range of tumor types.

**Safety**

- Adverse events, disease control, duration of response, progression-free survival, pharmacokinetics, tumor shrinkage.

**Efficacy**

- At data cut-off, 106 patients were evaluable for response and 106 patients were still on treatment.

**Results**

- Adverse events, disease control, duration of response, progression-free survival, pharmacokinetics, tumor shrinkage.