

**A First-in-human phase I dose escalation of YH001, an anti-CTLA-4 monoclonal antibody (mAb) in combination with Toripalimab (anti-PD-1 mAb) in patients with advanced solid tumors (NCT04357756)**

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Abstract #: 2577

## BACKGROUND

- YH001, a humanized anti-nCTLA-4 IgG1 mAb that relieves CTLA-4-mediated immunosuppression, and thereby enhances the T-cell-mediated antitumor immune response.

- Preclinical data have shown potent anti-cancer activity when combined with anti-PD-1 antibodies.

## METHODS

### Primary endpoint

- safety/tolerability and MTD/RP2D of YH001+Toripalimab

### Secondary endpoint

- PK and preliminary anti-tumor activities (ORR, DCR etc.)

**Key Inclusion criteria:**

- Patients with advanced solid tumor progressed on after treatment with standard therapies or intolerant of standard care.

- Serum creatinine  $<1.5 \times \text{ULN}$ , and calculated creatinine clearance (CrCL)  $> 40 \text{ ml/min}$

**Key Exclusion criteria:**

- Grade  $\geq 3$  irAEs or irAEs that lead to discontinuation of prior immunotherapy

- Prior anti-CTLA-4 checkpoint inhibitors

### Dosing regimen:

- YH001: 0.05-6 mg/kg

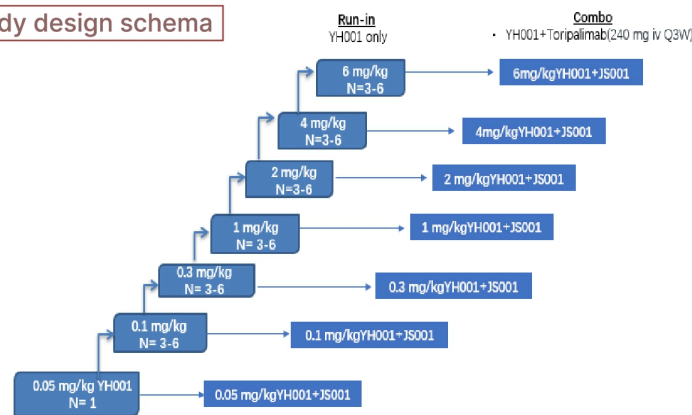
- Toripalimab: 240 mg (fixed)

- iv Q3W

## Study design

This is an ongoing phase 1 dose-escalation study conducted in Australia. An accelerated titration method followed by the standard "3 + 3" dose escalation algorithm was utilized. Patients with advanced solid tumors received YH001 by IV administration Q3W as monotherapy at 0.05 to 6.0 mg/kg for the first cycle (21 days) followed by YH001 combination with Toripalimab at 240 mg Q3W in an accelerated "3+3" design.

Figure 1 Study design schema



## Main Takeaway

**YH001 was well tolerated up to 1 mg/kg dose levels when combined with Toripalimab and has shown disease control activity in patients with advanced solid tumors.**

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## RESULTS

Table 1: Patient demographics and disease characteristics (n=10)

Cutoff date: 31-Dec-2020

Age; years	Median(range)	62(46-74)
ECOG	0	8
	1	2
Prior lines of therapy	Median(range)	2 (1-4)
Prior immunotherapy	Yes	1
	No	9
Primary tumor type	Tongue Carcinoma	2
	Pancreatic Head Tumor	1
	Nasopharyngeal Carcinoma	1
	Colorectal Carcinoma	2
	Gastric Cancer	1
	Gastroesophageal Junction Cancer	1
	Uterus Leiomyosarcoma	1
	Non-small-cell Lung Cancer	1

### Treatment- related Adverse Events

Table 2: All the treatment-related Adverse Events

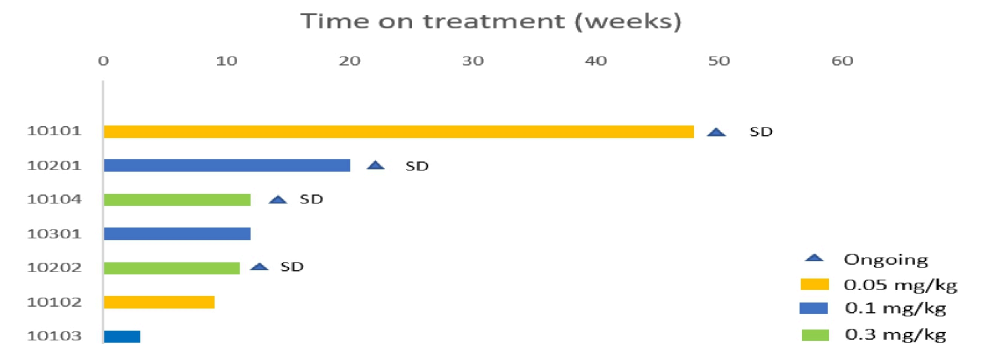
Cutoff date: 31-Dec-2020

Dose level	AE term	Relationship to YH001	Relationship to Toripalimab	Grade
Cohort 1 (0.05mg/kg)	Hypotension	Possibly Related	Unlikely to be related	1
	Dry skin	Possibly Related	Possibly Related	1
	Pruritus	Probably related	Unlikely to be related	1
	Maculopapular rash	Probably related	Probably related	2
Cohort 2 (0.1mg/kg)	Rash pruritus	Related	Unlikely to be related	1
	Hyperthyroidism	Related	Related	1
	Hypothyroidism	Related	Related	2
	Rash Macular	Related	Related	1
	Rash	Related	Related	1
	Rash pruritus	Possibly Related	Possibly Related	1
Cohort 3 (0.3mg/kg)	Fatigue	Related	Unlikely to be related	1
	Fatigue	Possibly Related	Unlikely to be related	1

As of 31-Dec-2020 data cut-off, no dose limiting toxicities (DLT) were observed. No Serious Adverse Events (SAEs) or AEs leading to treatment discontinuation were reported. Twelve YH001 drug related AEs were reported.

### Outcome response for evaluable patients

As of 31-Dec-2020, Among 7 patients having imaging tumor assessment by RECIST v1.1, there were 4 SD, including 1 at 0.05 mg/kg with tongue carcinoma at week 8 assessment, 1 at 0.1 mg/kg with nasopharyngeal carcinoma at week 8 and 15 assessment, 2 at 0.3 mg/kg with gastroesophageal junction cancer and uterus leiomyosarcoma at week 8.



## FUTURE DIRECTIONS FOR RESEARCH

We will continue to complete the dose escalation study and initiate a phase II study to further verify the safety of the combination treatment and efficacy in select tumor types.

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