A phase II study of bemcentinib (BGB324), a first-in-class highly selective AXL inhibitor, with pembrolizumab in patients with advanced NSCLC: OS for stage I and preliminary stage II efficacy.

Key inclusion and exclusion criteria:
- Eastern Cooperative Oncology Group (ECOG) performance score 0 or 1
- Measurable disease as defined by RECIST 1.1
- Has disease progression on or after a prior platinum-containing chemotherapy
- Histopathologically or cytologically documented Stage IV adenocarcinoma of the lung
- Pembrolizumab for the Treatment of Non–Small-Cell Lung Cancer.

Bemcentinib is being developed as monotherapy and in combination with immune, targeted and chemotherapy in NSCLC, AML/MDS and melanoma.

Bemcentinib is a highly selective, potent, orally available, AXL kinase inhibitor.

References:

Patient demographics:
- Age: 65 (15-80)
- Sex: 55% Male, 45% Female
- Race: 85% White, 5% Asian, 9% Other
- ECOG at screen: 0 or 1
- Never-smoker: 75%
- Yearly smoking: 25%
- Smoking history: 75%
- Smoking BMI: 30%
- Smoking body weight: 11%
- PD-L1: 58% positive

Biomarker analysis:
- PD-L1 status was determined using a 1% cutoff by IHC using the PD-L1 IHC 22C3 immunohistochemistry assay.
- PD-L1 TPS was calculated as the percentage of tumor cells positively stained by IHC.

Safety:
- Diarrhea 12 26%
- Asthenia / Fatigue 14 30%
- Anaemia 5 11%
- Other 12%

Disease Characteristics:
- Best response to anti-tumor treatment: 6% Complete response (CR), 9% Partial response (PR), 14% Stable disease (SD), 65% Progression (PD)
- Median OS: 12 months (6.2-NR)

Methods:
- Pembrolizumab administered as an intravenous (IV) infusion in 30-minute cycles q3w.
- Pembrolizumab was administered at a dose of 200 mg (NCT03184571) or 250 mg (NCT02872259).

Change in sum of target lesions over time, by patient

Patient disposition, stages I + II

Participants

Results:
- OS (overall, n=24)
- Median (CI 95%): 12.2 months (6.2-NR)
- 12-mo OS: 54.2%
- PD-L1 positive, advanced non-small-cell lung cancer (KEYNOTE-010): a randomised controlled trial.

Conclusions:
- Promising clinical activity continues to be seen overall, particularly in patients with AXL positive tumours including those with low or no PD-L1 expression.
- The median overall survival has surpassed what has been shown historically in 3L treatment with PD-1 inhibitor monotherapy.
- The studied population was predominantly PD-L1 negative (85%) patients who are less likely to benefit from pembrolizumab monotherapy treatment.
- Good combination treatment of pembrolizumab and bemcentinib was observed.

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