卡瑞利珠单抗实体瘤I期研究.pdf.txt

# 研究患者

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Antitumour activity analyses Independent radiologic evaluation by CT or MRI was done at baseline and every 8 weeks during the ﬁrst 6 months, and every 12 weeks thereafter. Overall response rate (ORR) was summarised as the proportion of response-evaluable patients who had a best response of complete response (CR) or partial response (PR), based on RECIST, version 1.  
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BACKGROUND: To assess the safety proﬁle, pharmacokinetics, pharmacodynamics and preliminary antitumour activity of ﬁxed- dose SHR-1210, a novel anti-PD-1 antibody, in advanced solid tumours. METHODS: A total of 36 patients with advanced solid tumours received intravenous SHR-1210 at 60 mg, 200 mg and 400 mg (4- week interval after ﬁrst dose followed by a 2-week schedule) until disease progression or intolerable toxicity.  
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# 样本量

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# 基线特征

Table 1. Baseline characteristics

# 试验设计

DISCUSSION To the best of our knowledge, this is the ﬁrst study reporting the antitumour activity, safety and PK of SHR-1210, a novel anti-PD-1 antibody at a ﬁxed dose in heavily-treated patients with advanced solid tumours, indicating the clinical potential of SHR-1210 due to its promising antitumour activity and a manageable toxicity proﬁle. The inhibition of PD-1 displays a wide spectrum of clinical antitumour activity among multiple tumours.4 The data of this phase I clinical trial demonstrated that 25% of the patients treated with all doses of SHR-1210 had durable objectives responses.

# 研究背景

Hongnan Mo1, Jing Huang1, Jiachen Xu1, Xuelian Chen1, Dawei Wu1, Dong Qu2, Xi Wang1, Bo Lan1, Xingyuan Wang1, Jianping Xu1, Honggang Zhang1, Yihebali Chi1, Qing Yang3 and Binghe Xu1  
BACKGROUND: To assess the safety proﬁle, pharmacokinetics, pharmacodynamics and preliminary antitumour activity of ﬁxed- dose SHR-1210, a novel anti-PD-1 antibody, in advanced solid tumours. METHODS: A total of 36 patients with advanced solid tumours received intravenous SHR-1210 at 60 mg, 200 mg and 400 mg (4- week interval after ﬁrst dose followed by a 2-week schedule) until disease progression or intolerable toxicity.

# 研究结果

RESULTS: No dose-limiting toxicities were observed. Maximum administered dose was not reached.

# 研究结论

CONCLUSIONS: Our results demonstrated a promising antitumour activity and a manageable safety proﬁle of SHR-1210, displayed an explicit PK evidence of the feasibility of ﬁxed dose, and established the foundation for further exploration.

# 表格相关

RESULTS Study patients A total of 36 patients with advanced solid tumours, including oesophageal squamous cell carcinoma (ESCC), gastric cancer, triple-negative breast cancer (TNBC), colorectal cancer, non-small- cell lung cancer (NSCLC), nasopharyngeal cancer (NPC), hepato- cellular cancer, bladder cancer and cervical cancer, were included between April 26, 2016 and December6, 2016 (Table 1)

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Safety and tolerability The MTD was not reached, and no DLT (including delayed DLT) was observed in three dose groups. At the date of analysis, 35 patients (97.2%) had experienced at least one AE, and 32 (88.9%) of them were treatment-related AE (TRAE) (Table 2)

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Pharmacokinetics and pharmacodynamics The serum concentration-time proﬁles of SHR-1210 after a single- intravenous infusion at the dose of 60, 200 and 400 mg are described in Fig. 2. The calculated PK parameters are summarised in Table 3. The mean half-life (t1/2) of SHR-1210 increased in a dose- dependent manner from 60 to 400 mg, ranging from 2.94 to 11.0 days; similarly, Cmax and AUC were also directly dose- dependent. After repeated doses, the accumulation ratio of SHR- 1210 at Cmin from C1D1 to C5D1 was 2.54–3.07 at steady state (1st infusion in Cycle 5); whereas, the accumulation index at the end of infusion (Ceoinf) ranged from 1.08 to 1.53 (Table 4)

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