PHASE 2 ENROLLING

Study of investigational **neoadjuvant** cemiplimab in patients with resectable non-small cell lung cancer, hepatocellular carcinoma, and head and neck squamous cell carcinoma



Primary Objective: evaluate the clinical activity of neoadjuvant cemiplimab in patients with resectable NSCLC, HCC, and HNSCC



PATIENTS WITH NSCLC, HCC, AND HNSCC (N≈73)

OPEN LABEL INTERVENTION

Cohort A1

NSCLC:

Neoadjuvant cemiplimab (IV); adjuvant cemiplimab (IV) + platinum doublet (IV)

No longer enrolling

Cohort A2

NSCLC:

Neoadjuvant and adjuvant cemiplimab (IV) + platinum doublet (IV)

No longer enrolling

Neoadjuvant platinum cemiplimab (IV)

Cohort A3

NSCLC:

doublet (IV); adjuvant + platinum doublet (IV)

No longer enrolling

Cohort B

HCC:

Neoadjuvant and adjuvant cemiplimab (IV)

Cohort B2

HCC:

Neoadjuvant SBRT 8 Gy x 3 fractions followed by cemiplimab (IV); adjuvant cemiplimab (IV)

Cohort B3

HCC:

Neoadjuvant and adjuvant cemiplimab (IV) + fianlimab (IV)

Cohort C

HNSCC:

Neoadjuvant cemiplimab (IV); adjuvant SOC radiation ± chemotherapy + cemiplimab (IV)

No longer enrolling

Primary Endpoints

Major pathologic response^a

Significant tumor necrosis^b

Major treatment effect^c

Secondary Endpoints

Delay to surgery Event-free survival

Disease-free survival

Overall response rated

Overall survival

Safety and tolerability

Change in CD8 T-cell density



FIND OUT MORE

Scan here to find out more about this study at https://clinicaltrials.gov/ct2/show/NCT03916627

This information is intended for investigators interested in open clinical trials.

The use of fianlimab + cemiplimab and cemiplimab monotherapy described herein are investigational and have not been evaluated by any regulatory authority.

Please see full prescribing information in your country for cemiplimab.

Cohorts A1, A2, A3. Cohorts B, B2, B3. Cohort C. Assessed using Response Evaluation Criteria in Solid Tumors (RECIST) v1.1 based on investigator assessment

HCC, hepatocellular carcinoma; HNSCC, head and neck squamous cell carcinoma; IV, intravenous; N, number of patients;

NSCLC, non-small cell lung cancer; SBRT, stereotactic body radiotherapy; SOC, standard of care.



CEMIPLIMAB

An Investigational, Fully Human PD-1 Monoclonal Antibody

Designed to block cancer cells from using the PD-1 pathway to suppress T-cell activation1



FIANLIMAB

An Investigational LAG-3 Monoclonal Antibody² Designed to bind to LAG-3 on T cells to block the LAG-3 inhibitory signal³

SELECTED INCLUSION CRITERIA^a



Known diagnosis of NSCLC, HCC, or HNSCC



Willing and able to provide blood samples at the indicated time points



Willing and able to have excisional or core needle biopsies of tumor



ECOG PS 0 or 1



Patient is determined to be a surgical candidate for resection of their tumor



Adequate organ and bone marrow function



For more information, visit www.clinicaltrials.gov or please call 844 REGN-MID. NCT03916627

https://clinicaltrials.gov/ct2/show/NCT03916627



NSCLC cohorts only: Patients with tumors tested positive for EGFR gene mutations, ALK gene

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anclusion/exclusion criteria include a summary of selected criteria. Please review the complete study design on clinicaltrials.gov for complete details. Exceptions include patients with: basal cell carcinoma of the skin or squamous cell carcinoma of the skin that has undergone potentially curative therapy, in situ cervical or anal cancer; prostate cancer on a stable dose of hormonal therapy without rising PSA; breast cancer who have been treated with curative intent, who may be on hormonal therapy. A history of radiation pneumonitis in the radiation field is permitted as long as pneumonitis resolved ≥6 months prior to study treatment, dHistory of smoking is defined as smoking ≥100 cigarettes in a lifetime

ALK, anaplastic lymphoma kinase; ECOG PS, Eastern Cooperative Oncology Group performance status; EGFR, epidermal growth factor receptor; HCC, hepatocellular carcinoma; HNSCC, head and neck squamous cell carcinoma; LAG-3, lymphocyte activation gene 3; NSCLC, non-small cell lung cancer; PD-1, programmed cell death protein-1; ROS1, c-ros oncogene 1

1. Markham A, Duggan S. Drugs. 2018;78(17):1841-1846. 2. Hamid O, et al. J Clin Oncol. 2021;39(Suppl. 15);abstr 9515. 3. Goldberg MV, Drake CG. Curr Top Microbiol Immunol. 2011;344:269-278.

Current per clinicaltrials.gov as of May 31, 2023.

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Any systemic anti-cancer therapy or radiotherapy within 6 months



Tumor burden, or pace of tumor growth, in the opinion of the Investigator, will not permit delaying surgery



Participation in a study of an investigational agent or an investigational device within 4 weeks of study therapy or 5 half-lives



Known, additional malignancy that is progressing and/or requires active treatment^b



History of interstitial lung disease or active, noninfectious pneumonitis that required immunesuppressive doses of glucocorticoids^c



NSCLC cohorts only: Patients do not have a history of smokingd



translocations, or ROS1 fusions

