Study of investigational vidutolimod + cemiplimab in patients with advanced or metastatic cancers



Primary Objective: evaluate the safety, tolerability, and efficacy of vidutolimod + cemiplimab in adult patients with advanced or metastatic CSCC, MCC, TNBC, BCC, OPSCC, and NSCLC



PATIENTS WITH ADVANCED OR METASTATIC CANCERS (N≈225)

OPEN LABEL INTERVENTION

VIDUTOLIMOD (IT)^a + CEMIPLIMAB (IV)

All arms Q3W

Arm A1 Arm A2 Arm B1 Arm B2

CSCC: have not

Patients who received prior systemic therapy

CSCC:

Patients who have progressed while receiving a PD-1-blocking antibody or within 12 weeks of discontinuation of the PD-1 blocking

antibody

MCC:

Patients who have not received prior while receiving systemic therapy

MCC:

Patients who have progressed a PD-1-blocking antibody or within 12 weeks of discontinuation of the PD-1 blocking antibody

Arm C1

TNBC: Patients who have not received prior therapy with immune checkpoint inhibitors and who have received prior treatment with SG, T-DXd (HER2-low disease) and PARPi (BRCAm TNBC)

Arm C2

TNBC: Patients who have progressed while receiving a PD-1-blocking antibody or within 12 weeks of discontinuation of the PD-1 blocking antibody and who have received prior treatment with SG, T-DXd (HER2-low disease) and PARPi

(BRCAm TNBC)

Arm D

BCCb: Patients who have not received prior therapy

Arm F

NSCLCº: OPSCC: Patients whose **Patients** tumors have high whose tumors PD-L1 expression have PD-L1 (TPS ≥ 50%) and CPS ≥ 1 and have not received have not prior anti-PD-1/ received prior PD-L1 therapyd systemic therapy

Arm E

Primary Endpoint

Objective response rate^e

Secondary Endpoints

Safety and tolerability

Efficacy^e



FIND OUT MORE

Scan here to find out more about this study at https://clinicaltrials.gov/ct2/show/NCT04916002

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

The use of vidutolimod + cemiplimab described herein is investigational and has not been evaluated by any regulatory authority. Please see full prescribing information in your country for cemiplimab.

*The first dose of vidutolimod may be administered subcutaneously (SC) or IT at the discretion of Investigator. *With neither hedgehog pathway inhibitors nor immune checkpoint inhibitors. Participants with advanced NSCLC (metastatic or locally advanced who are not candidates for definitive chemoradiation, nor candidates for surgical resection) and are amenable to IT therapy for advanced NSCLC; patients with EGFR, ALK, or ROS1 aberrations, are not eligible. With no EGFR, ALK, or ROS1 aberrations. "Assessed using Response Evaluation Criteria in Solid Tumors (RECIST) v1.1.

ALK, anaplastic (ymphoma kinase; BCC, basal cell carcinoma; BRCA, BReast CAncer gene; CPS, combined positive score; CSCC, cutaneous squamous cell carcinoma; BRCA, BReast CAncer gene; CPS, combined positive score; CSCC, cutaneous squamous cell carcinoma; BRCA, BReast CAncer gene; CPS, combined positive score; CSCC, cutaneous squamous cell carcinoma; BRCA, BReast CAncer gene; CPS, combined positive score; CSCC, cutaneous squamous cell carcinoma; BRCA, BReast CAncer gene; CPS, combined positive score; CSCC, cutaneous squamous cell carcinoma; BRCA, BReast CAncer gene; CPS, combined positive score; CSCC, cutaneous squamous cell carcinoma; BRCA, BReast CAncer gene; CPS, combined positive score; CSCC, cutaneous squamous cell carcinoma; BRCA, BReast CAncer gene; CPS, combined positive score; CSCC, cutaneous squamous cell carcinoma; BRCA, BReast CAncer gene; CPS, combined positive score; CSCC, cutaneous squamous cell carcinoma; BRCA, BREA, BRE growth factor receptor; HER2, human epidermal growth factor receptor 2; IT, intratumoral; IV, intravenous; MCC, Merkel cell carcinoma; N, number of patients; NSCLC, non-small cell lung cancer; OPSCC, oropharynx squamous cell carcinoma; PARPi, poly-ADP ribose polymerase;

PD-1, programmed cell death protein-1; PD-L1, programmed cell death ligand-1; Q3W, administered every three weeks; SG, sacituzumab govitecan; T-DXd, trastuzumab deruxtecan; TNBC, triple-negative breast cancer; TPS, tumor prognostic score.



VIDUTOLIMOD

An Investigational TLR9 Agonist

Designed to activate TLR9, a receptor that detects intracellular pathogens, to trigger pDC secretion of the cytokine IFN-α and T-cell responses against tumors¹



CEMIPLIMAB

An Investigational, Fully Human PD-1 Monoclonal Antibody

Designed to block cancer cells from using the PD-1 pathway to suppress T-cell activation²

SELECTED INCLUSION CRITERIA^a



Histopathologically confirmed diagnosis of cancer that is metastatic or unresectable at screening



Measurable disease, as defined by RECIST v1.1



Adequate organ function



ECOG PS 0 or 1

guii iui



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Inclusion/exclusion criteria include a summary of selected criteria. Please review the complete study design on clinicaltrials.gov for complete details. Including but not limited to poorly controlled hypertension, unstable angina, myocardial infarction, congestive heart failure (New York Heart Association Class II or greater), pericarditis within the previous 6 months, cerebrovascular accident, or implanted or continuous use of a pacemaker or defibrillator. Exceptions include cancers that have undergone potentially curative therapy, e.g., basal cell carcinoma of the skin, squamous intraepithelial lesion on Papanicolaou smear, and thyroid cancer (except anaplastic), in situ breast cancer, and adjuvant hormonal therapy for breast cancer > 3 years from curative-intent surgical resection.

AE, adverse event; ECOG PS, Eastern Cooperative Oncology Group performance status; IFN-α, interferon α; PD-1, programmed cell death protein-1; pDC, plasmacytoid dendritic cells; RECIST, Response Evaluation Criteria In Solid Tumors; TLR9, toll-like receptor 9.

Current per clinicaltrials.gov as of February 19, 2024.

Sabree SA et al. J Immunother Cancer. 2021;9(6):e002484.
 Markham A, Duggan S. Drugs. 2018;78(17):1841-1846.
 Regeneron Pharmaceuticals, Inc.
 Vidutolimod-EM-0001 v.2. O February 2024.

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SELECTED EXCLUSION CRITERIA®



Received radiation therapy within 2 weeks before first dose of study treatment



History of immune-mediated AE leading to permanent discontinuation due to prior PD-1-blocking antibody



Received systemic pharmacologic doses of corticosteroids >10 mg/day prednisone within 15 days before first dose of study treatment



Severe uncontrolled cardiac disease within 12 months of screening^b



Known additional malignancy that is progressing or required active treatment within the past 3 years^c



Untreated, symptomatic, or enlarging central nervous system metastases or carcinomatous meningitis



Known history of immunodeficiency

