**PHASE 2 ENROLLING** 

# Study of investigational vidutolimod + cemiplimab in patients with advanced cancers



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



PATIENTS WITH ADVANCED CANCERS (N≈200)

### OPEN LABEL INTERVENTION

# VIDUTOLIMOD (IT)<sup>a</sup> + CEMIPLIMAB (IV)

#### Arm A1

# CSCC:

Patients who have not received prior systemic therapy

03W

#### Arm A2

#### CSCC:

Patients who have progressed on PD-1 therapy or discontinued treatment within 3 months

Q3W

# Arm B1

#### MCC: Patients who have not received prior systemic

therapy

Q3W

### Arm B2

MCC: Patients who have progressed on PD-1 therapy or discontinued treatment within 3 months

Q3W

### Arm C1 TNBC:

Patients who have not received prior therapy with immune checkpoint inhibitors

Q3W

# Arm C2

Patients who have progressed on PD-1 therapy or discontinued treatment within 3 months

TNBC:

Q3W

#### Arm D Arm E

BCC: Patients who have not received prior therapy<sup>b</sup>

03W

# NSCLC°:

Patients whose tumors have high PD-L1 expression (TPS ≥ 50%) and have not received prior anti-PD-1/PD-L1 therapy

Q3W

# **Primary Endpoint**

Objective response rated

# **Secondary Endpoints**

Safety and tolerability

Efficacv<sup>d</sup>



#### **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. bWith 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. "Assessed using Response Evaluation Criteria in Solid Tumors (RECIST) v1.1. ALK, anaplastic lymphoma kinase; BCC, basal cell carcinoma; CSCC, cutaneous squamous cell carcinaoma; EGFR, epidermal growth factor receptor; IT, intratumoral; IV, intravenous; MCC, Merkel cell carcinoma; N, number of patients; NSCLC, non-small cell lung cancer; PD-1, programmed cell death protein-1; PD-L1, programmed cell death ligand-1; Q3W, administered every three weeks 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 tumors<sup>1</sup>



# **CEMIPLIMAB**

An Investigational, Fully Human PD-1 Monoclonal Antibody

Designed to block cancer cells from using the PD-1 pathway to suppress T-cell activation<sup>2</sup>

### SELECTED INCLUSION CRITERIA<sup>a</sup>



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



Measurable disease, as defined by RECIST v1.1



Able to provide tissue from a core or excisional/incisional biopsy



Adequate organ function



ECOG PS 0 or 1



For more information, visit <u>www.clinicaltrials.gov</u> or please call +353 (0)61 533 400.

NCT04916002

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.

\*Inclusion/exclusion criteria include a summary of selected criteria. Please review the complete study design on clinicaltrials.gov for complete details. bIncluding 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 cell carcinoma of the skin, include cancer with prostate-specific antigen level below 4.0 ng/mL, in situ cervical cancer on biopsy or a 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 August 14, 2023.

Sabree SA et al. J Immunother Cancer. 2021;9(6):e002484.
 Markham A, Duggan S. Drugs. 2018;78(17):1841-1846.
 Regeneron Pharmaceuticals, Inc.
 VIDU-EM-0001 October 2023.

©2023 Regeneron Pharmaceuticals, Inc. All rights reserved.

### 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 30 days before first dose of study treatment



Severe uncontrolled cardiac disease within 12 months of screening<sup>b</sup>



Known additional malignancy that is progressing or required active treatment within the past 3 years<sup>c</sup>



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



Known history of immunodeficiency

