THE FUTURE STARS IN ONCOLOGY

ABSTRACT

ASCO in essence, is a medical meeting with the central focus of presenting latest clinical data to set the expectations for Physicians in the near term. Over the years, the meeting has evolved to become a melting pot of scientists, clinicians, regulators, patient advocacy groups, analysts, bankers, investors and marketers. The diversity of attendees has increased and each has a role to play in the bench-to-market journey of the medical innovations.

While Phase 3 readouts still hold center stage, money chases early stage opportunities. Hence, Phase 1 and/or Phase 2 readouts have been increasingly gaining importance. Promising molecules join the center stage and the companies become the darlings of investors. On this altar fortunes are made and also destroyed given the ever-increasing performance expectations.

With that, we present our view of the early phase readouts and molecules that are likely to draw a lot of attention from the media and the world of finance. These molecules will become the hope of the future and their proprietors while enjoying their moment in limelight will soon face the pressures that inevitably accompanies the adulation.

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Abstract 3012: epacadostat + pembrolizumab (ECHHO-202/KEYNOTE-037) has shown acceptable safety in 244 patients across multiple advanced ptr-treated solid cancers warranting further evaluation in Phase 3 studies. There will certainly be significant interest in the "planned" Phase 3 studies in NSCLC, UC, RCC and SCCHN studies as together they represent a significant commercial opportunity. Watch out for the safety caveats in the IDO-PD-1 combination that are not yet apparent
http://abstracts.asco.org/199/AbstView_199_183211.html

Abstract 3003: epacadostat + nivolumab (ECHO-204) - Incyte has forged multiple partnerships, with BMS and Merck being the most notable. The epacadostat-nivo combination was studied in 241 patients across multiple solid tumors. The ORR/DCR outcomes are promising particularly with SCCHN and MEL patients. The big question facing Incyte would be - which is a better combination: nivo or pembro, given the TRAE related discontinuation were not particularly dissimilar.
http://abstracts.asco.org/199/AbstView_199_184081.html

Abstract 105: (GDC-0919 + atezolizumab) - Continuing the IDO1 saga, this combination was tested in heavily pre-treated (median number of prior treatments = 3). The safety results are somewhat amazing with 1 DLT in 52 patients and no Gade 4/5 AEs attributed to the treatment. We are certain that Biooncology would use the limelight from navoximod to promote their overall pipeline. Not that they need much of that, given that mighty Roche is their partner.
http://abstracts.asco.org/199/AbstView_199_192935.html

Abstract 104: (BMS-986156 + nivo) - The overarching thinking is "prime the gas pedal and release the brakes". Similar to IDO1 inhibition, the central thesis of this combination is that BMS-986156, a GITR agonist will promote T-Cell activation while nivolumab, an anti PD-1 will release the brakes from the T-cells to recognize and destroy tumor cells. While no DLTs were observed in 66 patients, pyrexia and chills would certainly raise some questions around the safety of the combination, especially when the competing IDOs seem safer.
http://abstracts.asco.org/199/AbstView_199_183529.html

Abstract 5536 (oregovomab + carboplatin-paclitaxel): OncoQuest will be presenting the interim data of simultaneous infusion of orgovomab, an anti-Cancer Antigen 125 antibody, in combination with alternate cycles of front line Carboplatin-Paclitaxel regimen in Epithelial Ovarian Cancer. The preliminary data from 97 patients shows a significantly extended PFS and OS in the chemoimmunotherapy arm, versus the chemotherapy arm. The safety data so far indicates no additional oregovomab associated AEs. This makes this combination very exciting for patients with more advanced or aggressive disease.
http://abstracts.asco.org/199/AbstView_199_184570.html

Abstract 3075: It isn´t clear (at least to us, for now) as to what is the incremental CTLA-4 innovation that AEGN 1884 brings to the table, other than Agenusbio´s claim that it's the next gen CTLA-4 antagonist. Most experts now believe that the combined blockade of PD-1 and CTLA-4 using a tolerable dosing regimen will remain a foundational immuno-oncology regimen at least for the near term. The data at ASCO 2017 comes from 11 heavily pre-treated patients. The 0.1 and 0.3 mg/kg doses have been shown to be safe. The presenter will certainly have to fend off apprehensions on AEGN 1884 given that ipilimumab has been doing well and tremelimumab hasn´t yet lived up to the promise.
http://abstracts.asco.org/199/AbstView_199_193189.html

Abstracts 2520 and 2560 (GMI-1271 + induction CTX and salvage CTX, respectively) - The central thesis being E-selectin antagonism would inhibit the cell survival pathways thereby reducing the development of chemo resistance. Glycomimetics will be presenting the readouts for its Fast-Tracked GMI-1271 as an adjunct treatment to CTX in untreated AML (abstract 2560) and in R/R AML (abstract 2520). In both cases the ORR has been enhanced, induction mortality has been reduced and survival outcomes have been positively affected. The safety findings are consistent with chemo with relatively little additive AE profile emerging from GMI-1271. The key question that some of the experts will be puzzling over - in light of PD-1/-L1s being combined with DNMT inhibitors, how competitive will GMI-1271 be, as a combination agent?
http://abstracts.asco.org/199/AbstView_199_188588.html

Abstract 5041 (ASN001, a CYP17 Lyase inhibitor) - The abstract shows very encouraging results i.e. decrease of testosterone, no need for prednisone co-administration, PSA declines and stable disease in patients pre-treated with abiraterone or enzalutamide. We anticipate significant interest among the ASCO 2017 participants on the details of the trial and results and what to expect in the near term.
http://abstracts.asco.org/199/AbstView_199_193206.html

Abstract 10542 (Talazoparib + irinotecan) - The Phase 1 study designed to determine the MTD of TAL and IRN in pediatric patients with solid tumors. The RP2D has been reached: TAL 600mcg/m2 (max 1000mcg/dose) days 1-6 and IRN 40mg/m2/day days 2-6. Additionally, two of 22 evaluable patients had a response (CR Ewing sarcoma, 18 courses; PR synovial sarcoma, 10 courses) and 9 had disease stabilization, median 4 courses (range, 4-10). Pending the PK data to be presented at the meeting, Medivation should be all set to conduct larger trials to expand talazoparib´s label (after gBRCA mutated breast cancer).
http://abstracts.asco.org/199/AbstView_199_190793.html

In addition, we think that Boston Biomedical would be one of the "stars" of ASCO 2017 with 9 presentations on napabucasin (across NSCLC, mCRC, mPDAC, HCC, OC, PaC and Mel) and 2 presentations on amcasertib (Cancer stemness kinase inhibitor) in H&NC and Cystic carcinoma. We distinctly remember the disparagement the company faced in early 2016 when napabucasin failed as a monotherapy in mCRC. The opinions were somewhat dismissive about the molecule given the uncertainty in its exact mechanism of action (STAT3 inhibition). What a difference, 16 months make! It may be exaggerating but we think of napabucasin as a Phoenix that is confidently emerging as a viable combination partner to the current SoCs in multiple tumors.
http://www.bostonbiomedical.com/boston-biomedical-announces-presentations-investigational-first-class-cancer-stemness-inhibitors-napabucasin-amcasertib-multiple-tumor-types-asco-2017/

We make no claim for the comprehensiveness of the above list. It is a limited list of compounds with a very subjective view on their data. It is likely that as we learn more, we may get more excited about certain molecules and dismissive of others. Our analysis is meant for the purposes of information and education. We would be happy to support you with deeper due diligence in case you are planning to make a scientific, clinical or a financial decision that requires in-depth analysis of the readouts at ASCO 2017.

Stay tuned, we will be commenting further on these molecules as ASCO commences and progresses.

Happy Learning!