

# Initial results from a phase 1a/b study of OMP-131R10, a first-in-class anti-RSPO3 antibody, in advanced solid tumors and previously treated metastatic colorectal cancer (CRC)

J. Bendell<sup>1</sup>, S.G. Eckhardt<sup>2</sup>, H.S. Hochster<sup>3</sup>, V.K. Morris<sup>4</sup>, J. Strickler<sup>5</sup>, A.M. Kapoun<sup>6</sup>, M. Wang<sup>6</sup>, L. Xu<sup>7</sup>, K. McGuire<sup>8</sup>, J. Dupont<sup>8</sup>, L. Faoro<sup>8</sup>, P. Munster<sup>9</sup>.

<sup>1</sup>Sarah Cannon Research Institute, Drug Development Unit, Nashville, USA; <sup>2</sup>University of Colorado Cancer Center, Aurora, USA; <sup>3</sup>Yale School of Medicine, Yale Cancer Center, New Haven, USA;

<sup>4</sup>University of Texas, M.D. Anderson Cancer Center, Houston, USA; <sup>5</sup>Duke University, Duke Cancer Institute, Durham, USA; <sup>6</sup>OncoMed Pharmaceuticals Inc, Translational Medicine, Redwood City, USA;

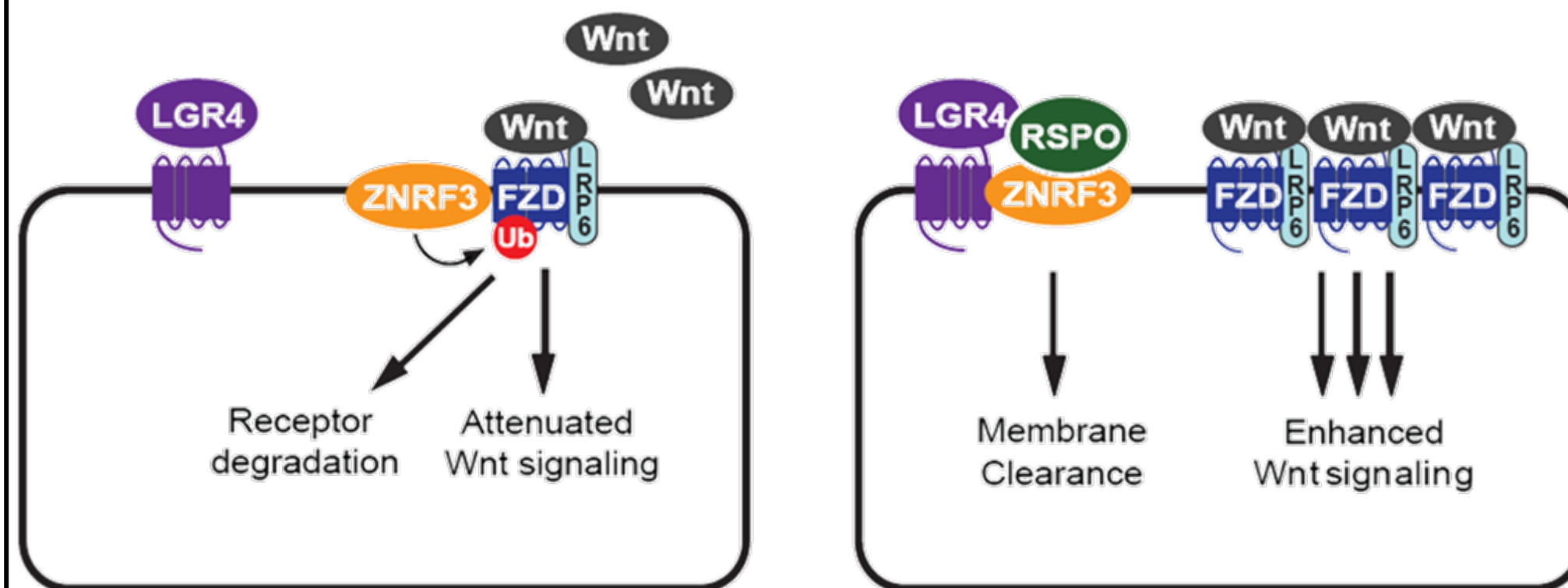
<sup>7</sup>OncoMed Pharmaceuticals Inc, Department of Research, Redwood City, USA; <sup>8</sup>OncoMed Pharmaceuticals Inc, Clinical Development, Redwood City, USA; <sup>9</sup>University of California San Francisco, Department of Medicine, San Francisco, USA



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## Background

- The R-spondin (RSPO) pathway plays a crucial role in regulating stem cell maintenance and renewal. RSPOs act to potentiate signaling by WNT ligands.

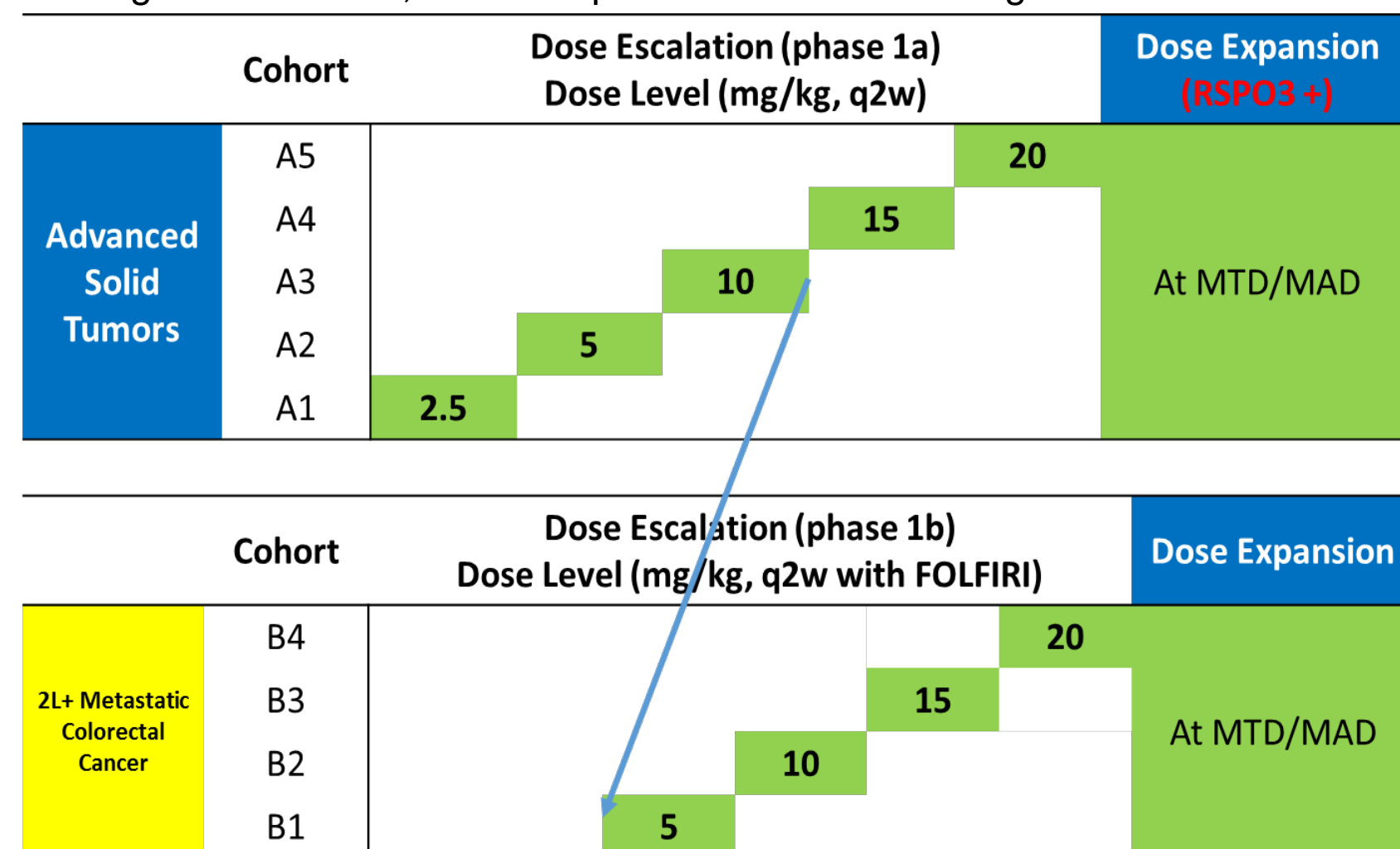


HX Hao, Nature 2012

- RSPO translocations occur in CRC.
- OMP-131R10 is a novel IgG1 that targets RSPO3 ligand.
- Inhibition of RSPO3 binding to its receptor by OMP-131R10 demonstrates anti-tumor effects in patient derived xenograft models as a single agent and with chemotherapy.
- Here we present initial results from the ongoing Ph 1a/b study of OMP-131R10.

## Methods, Study Schema, and Objectives

- Study Design:**
  - Open-label Phase 1a/b dose-escalation study to assess the safety, tolerability, and PK of OMP-131R10 as a single agent for advanced solid tumors and in subjects with metastatic colorectal cancer.
  - OMP-131R10 will be administered day 1 of each 14-day cycle.
  - Treatment until progressive disease or unacceptable toxicity.
  - In Phase 1b OMP-131R10 will be given in combination with FOLFIRI (5-FU, irinotecan, leucovorin).
  - RECIST assessment every 8 weeks
  - Data through October 11<sup>th</sup>, 2016 are presented. [clinicaltrials.gov: NCT02482441](http://clinicaltrials.gov: NCT02482441)



- Objectives**
  - Primary**
    - Maximum tolerated dose (MTD) or maximum administered dose (MAD) of OMP-131R10 as single agent and with FOLFIRI
    - Recommended Phase 2 dose of OMP-131R10 as a single agent and with FOLFIRI
  - Secondary**
    - Pharmacokinetics (PK) and immunogenicity of OMP-131R10 as a single agent and in combination with FOLFIRI
    - Preliminary assessment of the efficacy of OMP-131R10 as a single agent and in combination with FOLFIRI

## Baseline Characteristics

	Study Part / Dose					Total		
	1a		1b					
	2.5 mg/kg Q2W	5 mg/kg Q2W	10 mg/kg Q2W	15 mg/kg Q2W	5 mg/kg Q2W with FOLFIRI			
n	3	3	3	7	7	23		
Age (years)								
Mean (SD)	66.7 (14.43)	55.7 (12.58)	62.0 (11.27)	61.9 (8.21)	51.7 (5.99)	58.6 (10.16)		
Median	75	54	56	59	52	55		
25 <sup>th</sup> , 75 <sup>th</sup>	50.0, 75.0	44.0, 69.0	55.0, 75.0	55.0, 70.0	45.0, 55.0	51.0, 69.0		
Min, Max	50, 75	44, 69	55, 75	51, 73	44, 61	44, 75		
<18	-	-	-	-	-	-		
18-65	1 (33.3%)	2 (66.7%)	2 (66.7%)	4 (57.1%)	7 (100%)	16 (69.6%)		
>65	2 (66.7%)	1 (33.3%)	1 (33.3%)	3 (42.9%)	-	7 (30.4%)		
Sex								
Male	1 (33.3%)	-	3 (100%)	5 (71.4%)	3 (42.9%)	12 (52.2%)		
Female	2 (66.7%)	3 (100%)	-	2 (28.6%)	4 (57.1%)	11 (47.8%)		
Diagnosis	CRC	ACC	Breast	GIST	Ovarian	Peritoneal	SCC	Small Bowel
n	16	1	1	1	1	1	1	1

## Disposition and DLTs

	Phase 1a Dose Escalation				Phase 1b Dose Escalation		Overall (N=23)
	2.5 mg/kg Q2W (N=3)	5.0 mg/kg Q2W (N=3)	10.0 mg/kg Q2W (N=3)	15.0 mg/kg Q2W (N=7)	5.0 mg/kg Q2W with FOLFIRI (N=7)		
DLT	-	-	-	-	-	-	-
Primary Reason for Ending OMP-131R10 Treatment	-	-	-	-	-	-	-
Lost to Follow-Up	-	-	-	-	-	-	-
Withdrawal of Consent / Patient Decision	-	-	-	-	-	-	-
Death	-	-	-	1 (14.3%)	-	-	1 (4.3%)
Adverse Event	-	-	-	-	-	-	-
Allergic Reaction	-	-	-	-	-	-	-
Disease Progression	2 (66.7%)	2 (66.7%)	2 (66.7%)	3 (42.9%)	3 (42.9%)	12 (52.2%)	
Intercurrent Illness that Prevents Further Administration of Treatment	-	-	-	-	-	-	-
Dose Delay Greater Than 14 days (Phase 1a)	-	-	-	-	-	-	-
Dose Delay Greater Than 28 days (Phase 1b)	-	-	-	-	-	-	-
Use of Non-Protocol Anti-cancer Therapy	-	-	-	-	-	-	-
Investigator Decision Based on Patient's Best Interest	-	-	-	-	-	-	-
Protocol Non-Compliance	-	-	-	-	-	-	-
Other: CLINICAL PROGRESSION	1 (33.3%)	1 (33.3%)	1 (33.3%)	-	-	3 (13.0%)	

## Treatment Exposure

	Phase 1a Dose Escalation				Phase 1b Dose Escalation				Overall (N=23)
	2.5 mg/kg Q2W (N=3)	5.0 mg/kg Q2W (N=3)	10.0 mg/kg Q2W (N=3)	15.0 mg/kg Q2W (N=7)	5.0 mg/kg Q2W with FOLFIRI (N=7)				
Total Number of Infusions Administered per Patient	3	3	3	7	7	7	7	7	23
Mean (SD)	7.0 (2.65)	9.0 (9.54)	7.3 (6.66)	2.9 (1.07)	6.4 (5.32)	6.0 (5.00)	5.7 (4.92)	6.4 (5.32)	5.9 (4.81)
Median	8.0	4.0	4.0	2.0	4.0	4.0	4.0	4.0	4.0
Total Dose Administered (mg) per Patient	1344.3 (438.06)	3196.7 (3470.02)	6361.7 (5663.01)	3179.7 (1852.53)	2293.0 (1951.27)	1813.3 (1468.36)	3854.7 (3288.73)	25983.1 (21380.05)	4036.0 (3198.33)
Mean (SD)	1413.0 (37.04)	1340.0 (132.40)	3656.0 (93.79)	2160.0 (16.18)	1480.0 (79.71)	1352.0 (71.22)	3008.0 (68.92)	18048.0 (79.71)	2110.0 (72.27)
Median	85.0	112.3	89.0	29.4	83.1	75.0	70.1	83.1	73.0
Duration of Treatment (days) [1]	89.0	43.0	42.0	22.0	44.0	44.0	44.0	44.0	43.0
Mean (SD)	37.04	132.40	93.79	16.18	79.71	71.22	68.92	79.71	72.27
Median	99.0	43.0	42.0	22.0	44.0	44.0	44.0	44.0	43.0

## AEs Considered Related to OMP-131R10 Occurring in > 10% of Pts

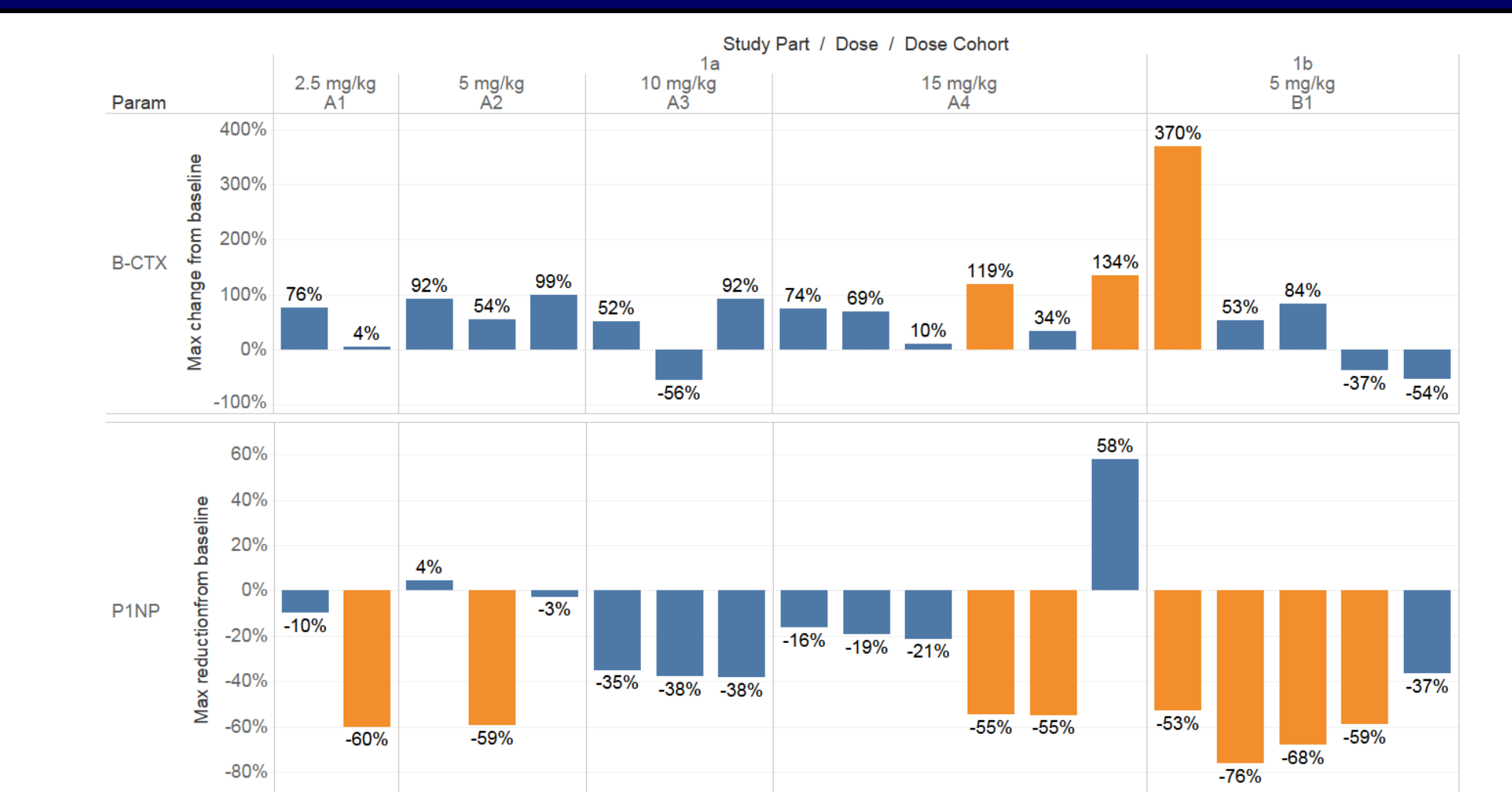
Preferred Term	Phase 1a Dose Escalation				Phase 1b Dose Escalation		Overall (N=23)
	2.5 mg/kg Q2W (N=3)	5.0 mg/kg Q2W (N=3)	10.0 mg/kg Q2W (N=3)	15.0 mg/kg Q2W (N=7)	5.0 mg/kg Q2W with FOLFIRI (N=7)		
Fatigue	1 (33.3%)	2 (66.7%)	2	3 (42.9%)	3	1 (14.3%)	7 (30.4%)
Nausea	1 (33.3%)	2 (66.7%)	2	1 (14.3%)	1	6 (26.1%)	7
Weight decreased	-	-	1 (33.3%)	1	1 (14.3%)	1 (13.0%)	3
Decreased appetite	2 (66.7%)	2	-	1 (14.3%)	1	3 (13.0%)	3

## Grade 3 or higher AEs

Preferred Term	Phase 1a Dose Escalation				Phase 1b Dose Escalation		Overall (N=23)
	2.5 mg/kg Q2W (N=3)	5.0 mg/kg Q2W (N=3)	10.0 mg/kg Q2W (N=3)	15.0 mg/kg Q2W (N=7)	5.0 mg/kg Q2W with FOLFIRI (N=7)		
Small intestinal obstruction	-	-	-	-	-	4 (17.4%)	4
Nausea	-	-	1 (33.3%)	1	1 (14.3%)	2 (8.7%)	2
Diarrhoea	-	-	-	-	1 (14.3%)	1 (4.3%)	1
Neutropenia	-	-	-	-	2 (28.6%)	2 (8.7%)	2
Anaemia	1 (33.3%)	1	-	-	-	1 (4.3%)	1
Chest pain	-	-	-	-	1 (14.3%)	1 (4.3%)	1
Fatigue	-	-	-	-	1 (14.3%)	2 (8.7%)	2
Hypokalaemia	-	1 (33.3%)	1	-	-	1 (4.3%)	1
Hyponatraemia	-	-	-	-	4 (14.3%)	4 (17.4%)	4
Renal failure acute	1 (33.3%)	-	-	-	-	1 (4.3%)	1
Ureteric obstruction	1 (33.3%)	1	-	-	-	1 (4.3%)	1
Supraventricular tachycardia	-	-	-	-	1 (14.3%)	1 (4.3%)	1
Neutrophil count decreased	-	-	-	-	1 (14.3%)	2 (8.7%)	2
Anhedonia	-	-	-	-	1 (14.3%)	1 (4.3%)	1
Failure to thrive in adult, volume overload, sirs, metastatic colon cancer	-	-	-	-	1 (14.3%)	1 (4.3%)	1

No Grade 3 or higher AEs were considered related to OMP-131R10

## Bone Markers

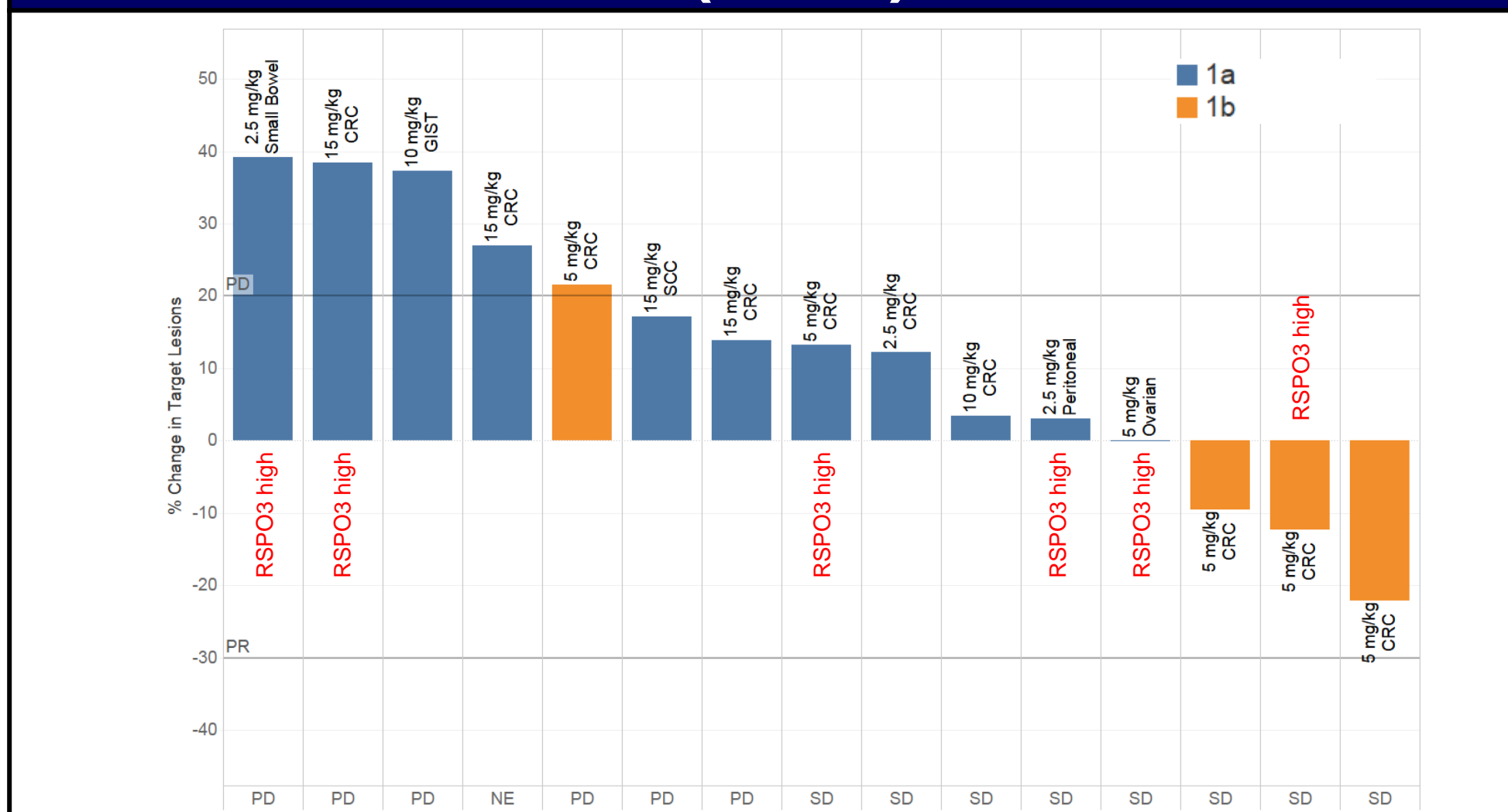


- Orange bars represent substantial changes from baseline (doubling or more for B-CTX, halving or more for P1NP)
- Markers of bone metabolism were monitored throughout the study and revealed dose-dependent changes
- Based on target modulation shown by changes in bone markers, 15 mg/kg Q2W was chosen as the top dose for Phase 1a and selected for the dose expansion cohort

## Best Objective Responses (n=15 Evaluable)

Best Overall Tumor Response [1]	Phase 1a Dose Escalation				Phase 1b Dose Escalation		Overall (N=23)
	2.5 mg/kg Q2W (N=3)	5.0 mg/kg Q2W (N=3)	10.0 mg/kg Q2W (N=3)	15.0 mg/kg Q2W (N=7)	5.0 mg/kg Q2W with FOLFIRI (N=7)		
Complete Response (CR)	0	-	-	-	-	-	-
Partial Response (PR)	0	-	-	-	-	-	-
Stable Disease (SD)	2 (66.7%)	2 (66.7%)	1 (33.3%)	-	3 (42.9%)	8 (34.8%)	8
Progressive Disease (PD)	1 (33.3%)	1 (33.3%)	1 (33.3%)	3 (42.9%)	1 (14.3%)	7 (30.4%)	7
Not Evaluable (NE)	-	-	1 (33.3%)	4 (57.1%)	3 (42.9%)	8 (34.8%)	8
Overall Response Rate (CR or PR) [2]	0	0	0	0	0	0	0
Clinical Benefit Rate (CR or PR or SD) [2]	2 (66.7%)	2 (66.7%)	1 (33.3%)	-	3 (42.9%)	8 (34.8%)	8

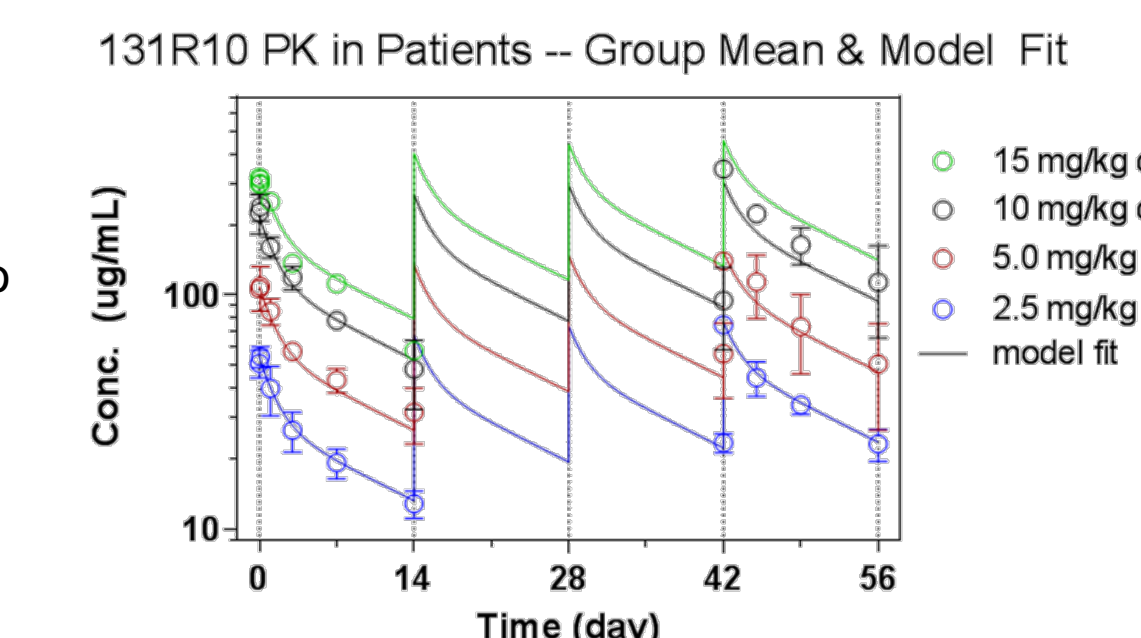
## % Change in RECIST Target Lesion Size (n=15)



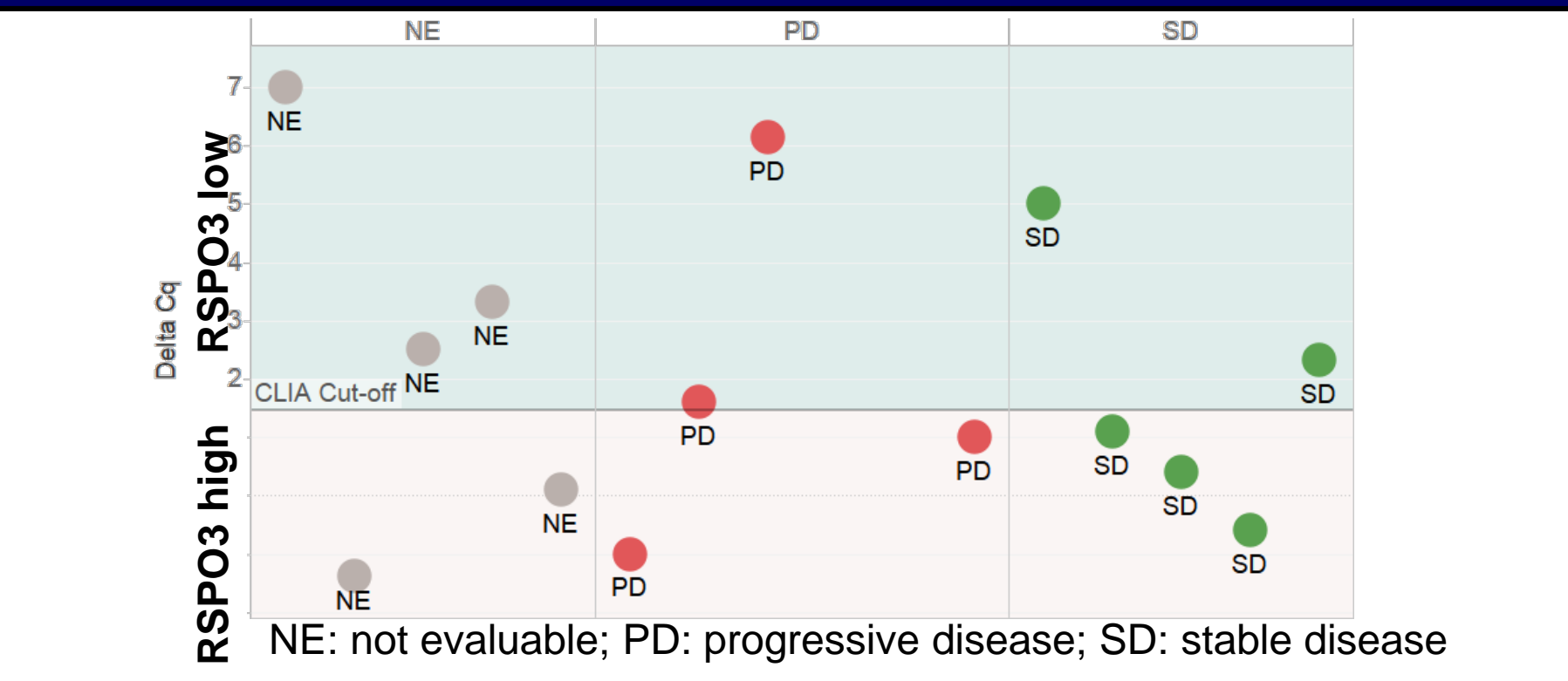
All subjects with post-baseline assessment and measurable disease  
PD: progressive disease; SD: stable disease; CRC: colorectal cancer; GIST: gastrointestinal stromal tumor; SCC: squamous cell carcinoma.

## Pharmacokinetics

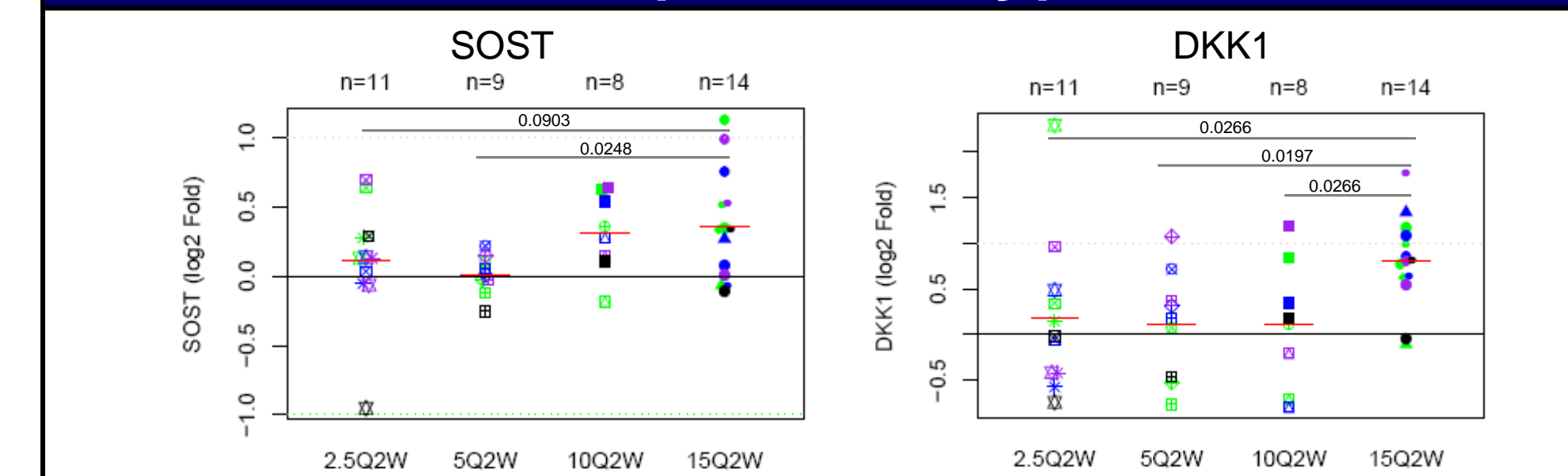
- OMP-131R10 exhibits regular Mab PK in patients
- Linear PK with slow clearance
- Half-life preliminarily estimated to be 13 days
- Primarily distributed within the blood space with modest extravasation



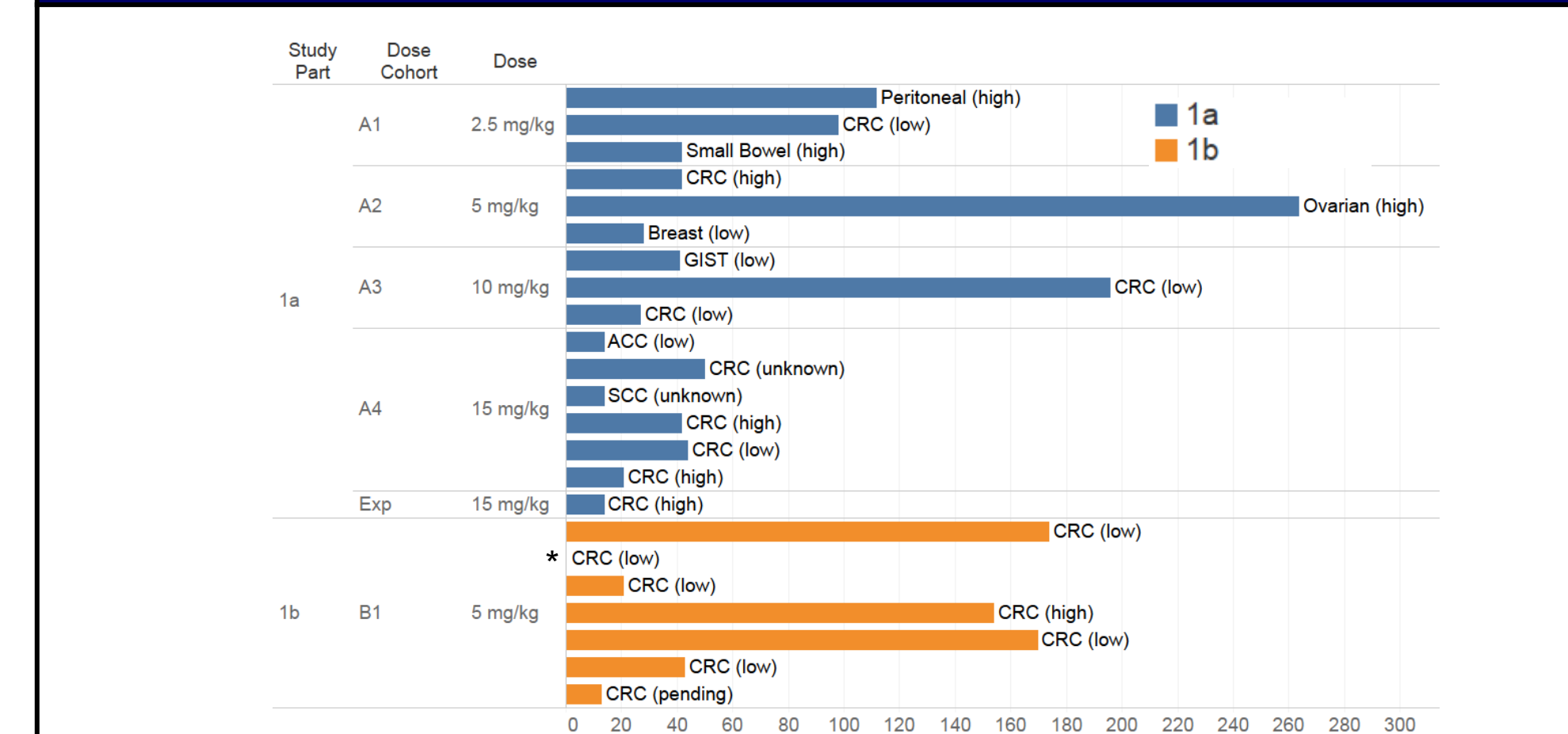
## RSPO3 Gene expression and Best Objective Response (Ph1a only)



## SOST and DKK1 regulated by OMP-131R10 (Ph1a only)



## Time on Study



\* This subject had small bowel obstruction on study day 1 and was withdrawn from study

## Summary

- This is the first-in-human study of an anti-RSPO3 inhibitor
- The MTD has not been reached, but the maximum administered dose based on target engagement was 15 mg/kg Q2W
- OMP131-R10 was well tolerated
- There were signs of target engagement with evidence of changes in serum bone markers
- 3 subjects in the phase 1a portion have had prolonged stable disease (>112 days) as best objective response
- The study continues to enroll