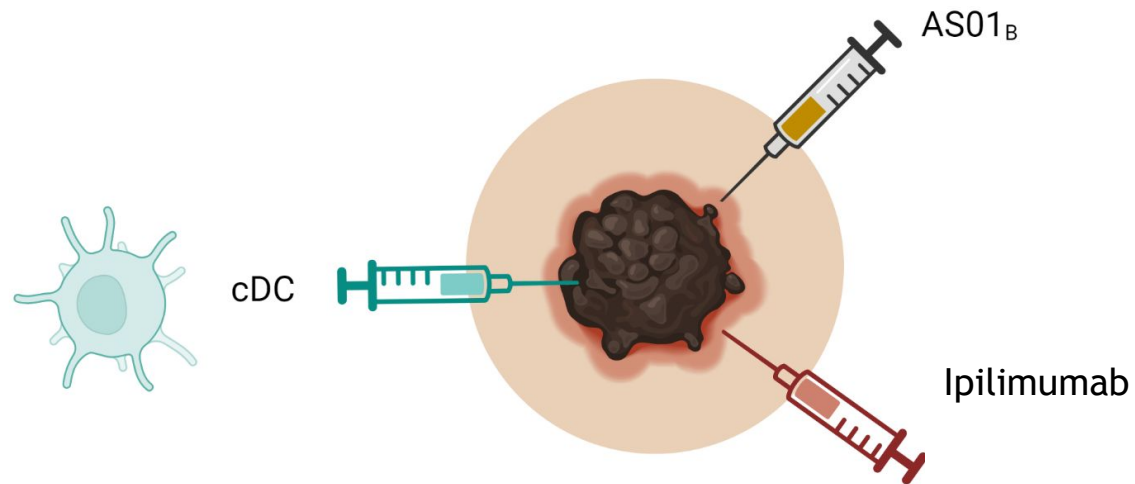


A PHASE I CLINICAL TRIAL

Intratumoral autologous myeloid **dendritic cells**
with the immunologic adjuvant **AS01_B**
in refractory advanced **melanoma**



GENERAL AIM

- WHY? To overcome checkpoint refractory (80%) cutaneous melanoma (4%)¹
- WHAT? Combining autologous myeloid dendritic cells(cDC) with AS01B
- HOW? Develop a novel enhanced intratumoral combinatorial immunotherapy

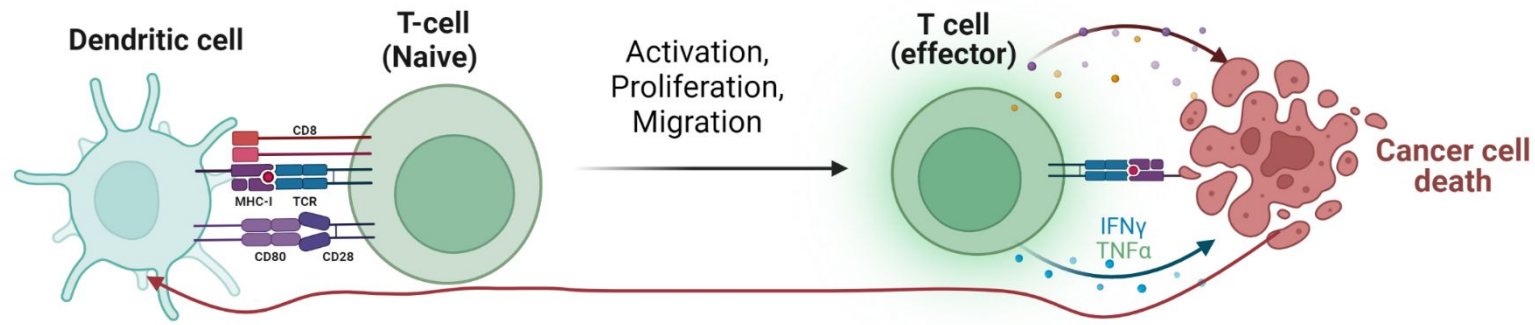


Chillean Andes

Based on 3 principles

I. Cancer-immunity cycle

Myeloid dendritic cells initiate and intratumorally relicense T-cells yielding effective tumor eradication¹



II. AS01_B adjuvant

recruits cDC1 and cDC2 with enhanced antigen presentation to resp. CD8⁺ and CD4⁺ T-cells²

- Developed by GlaxoSmithKline®, used in the prophylactic vaccine Shingrix®
- **First-in-human intratumoral** application
- Induces a local and transient activation of the innate immune system:
 - **MPL-A**: Detoxified derivative of lipopolysaccharide from Salmonella minnesota. Signaling through TLR-4.
 - **QS-21**: presumably through NLRP3 inflammasome complex

Methods



Inclusion: Metastatic melanoma refractory to ICB and BRAF/MEK inhibitors (in case of BRAF V600-mutant melanoma)



IV low-dose nivolumab (10mg) **D1 and q2W**



IT ipilimumab (10mg); **D1 and q1W/q2W**

IT AS01_B (0.5ml); **D2 and q1W/q2W**

IT CD1c (BDCA-1)⁺ / CD141 (BDCA-3)⁺ myDC; **D2**



Response evaluation: PET/CT imaging **q12W**



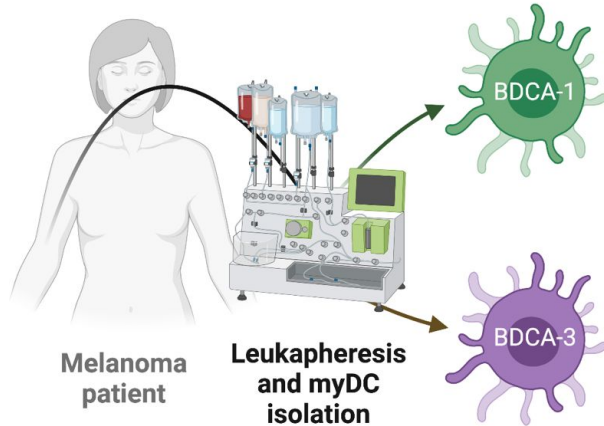
Safety (first-in-human IT application of AS01_B)

Feasibility

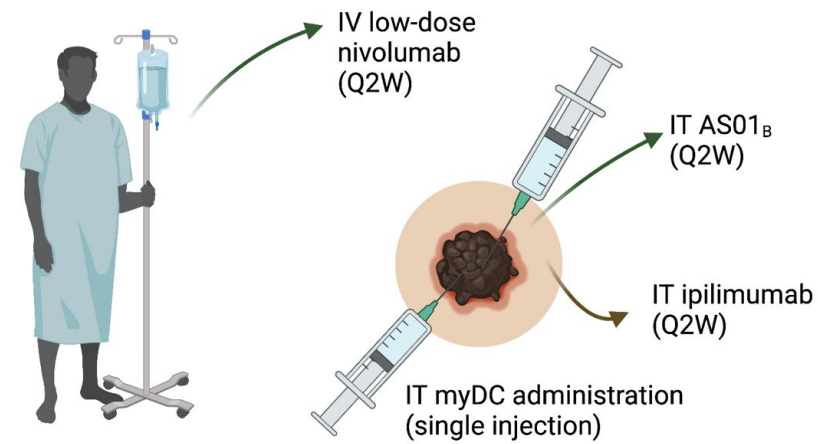
Early efficacy data: BOR (overall and injected lesion), PFS, OS

Methods

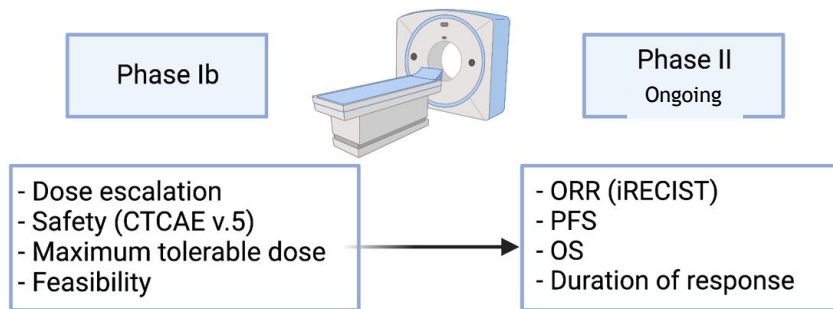
1 Isolation of BDCA-1 (CD1c)⁺ and BDCA-3 (CD141)⁺ myDCs



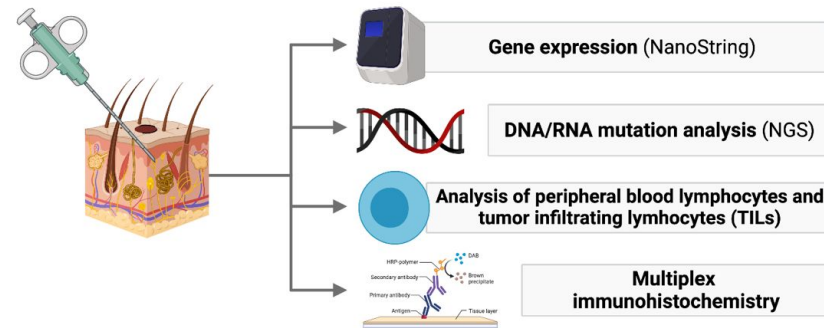
2 Treatment administration



3 Clinical objectives



4 Molecular and cellular characterisation

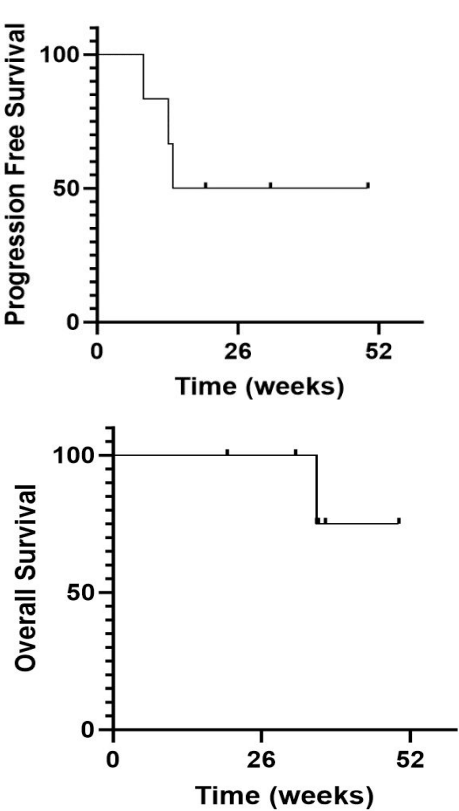
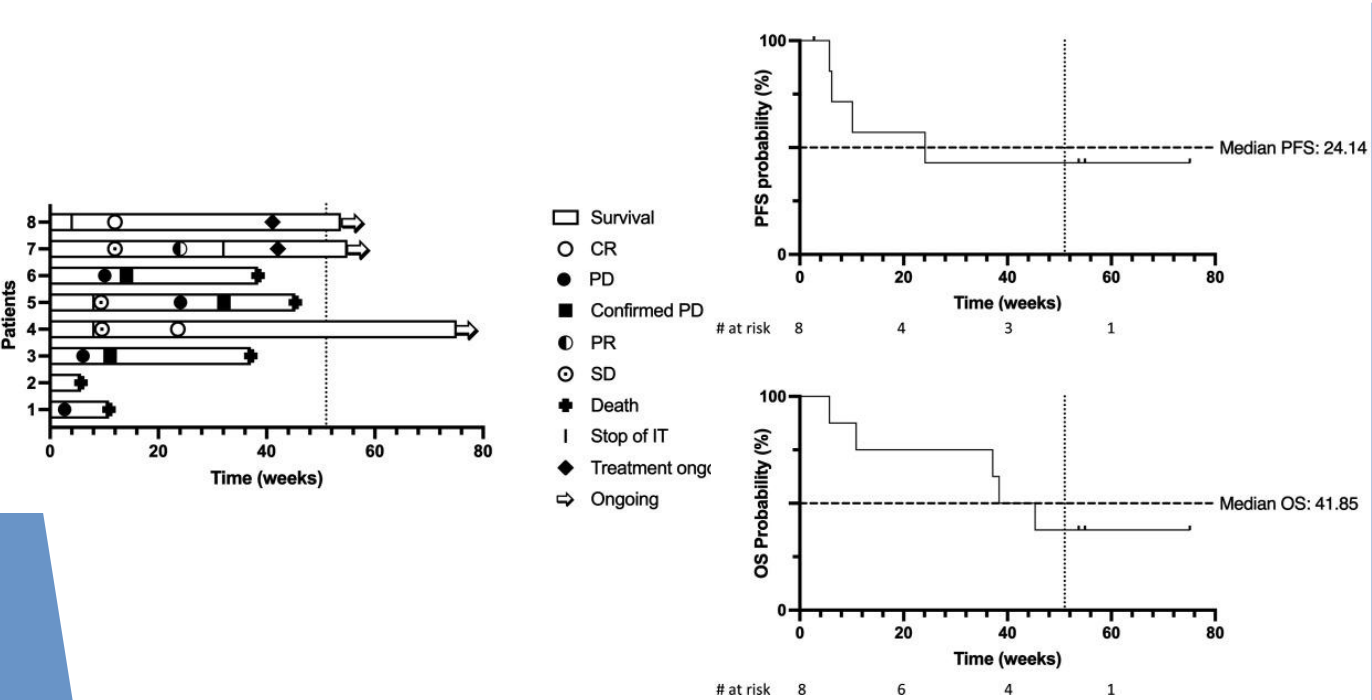


Results

	2-weekly intratumoral therapy	Weekly intratumoral therapy	irAE n>1	2-Weekly		Weekly	
Baseline characteristics	n=8	n=6	Adverse events (grade)	≤3	>3	≤3	>3
Median age, years (range)	64 (33-83)	55 (35-60)	Arthralgia	2	0	0	0
Female sex, n (%)	8 (100)	3 (50)	Dyspepsia	2	0	0	0
ECOG performance status, n (%) 0 - 1	6 (75) - 2 (25)	4 (66) - 2 (33)	Fatigue	7	0	5	0
Disease stage, n (%)			Fever	1	0	2	0
Stage III	0	2 (33,3)	Injection site reaction	5	0	10	0
Stage IV-M1a	4 (50)	3 (50)	Nausea	2	0	1	0
Stage IV-M1c	4 (50)	1 (16)	Pain	5	0	1	0
Treatment disposition			Intracranial hemorrhage	0	1	0	0
Median # of IV treatments	7.5	5	Muscle cramp	3	0	0	0
Median # of IT treatments	4.5	6	Ascites	0	0	0	1

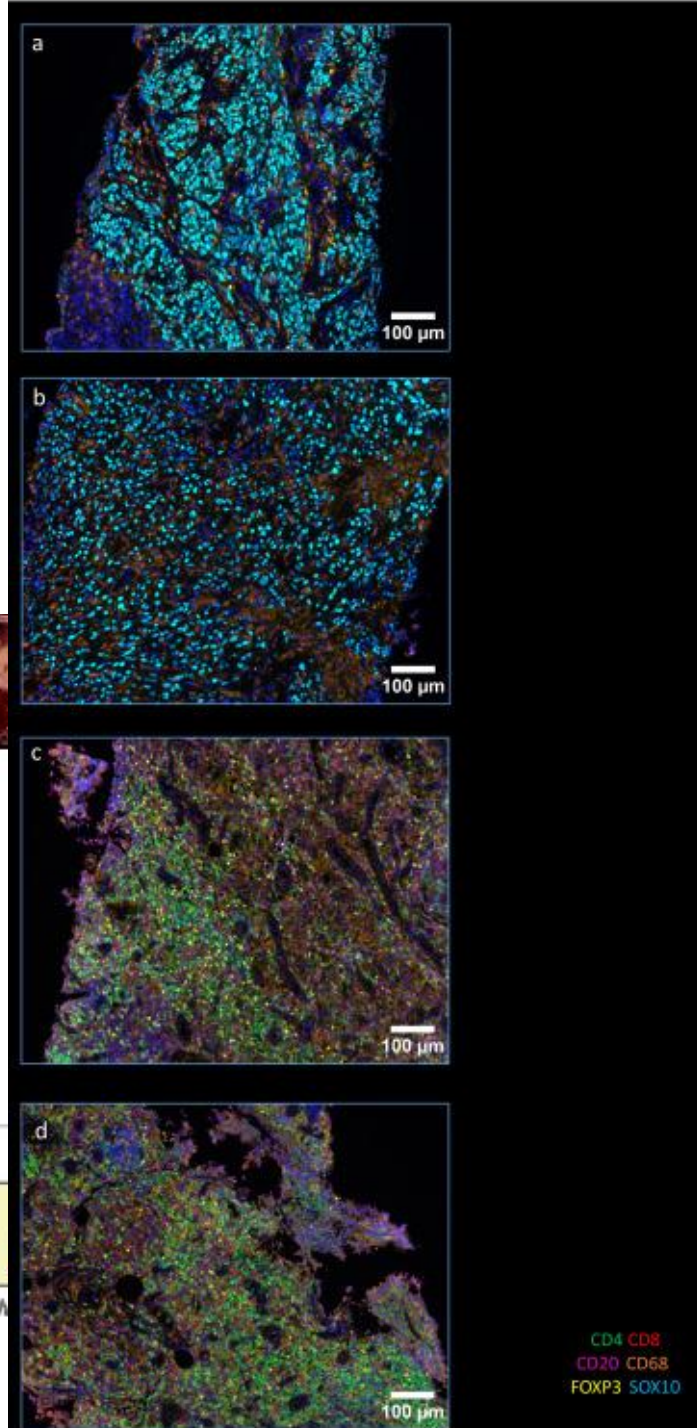
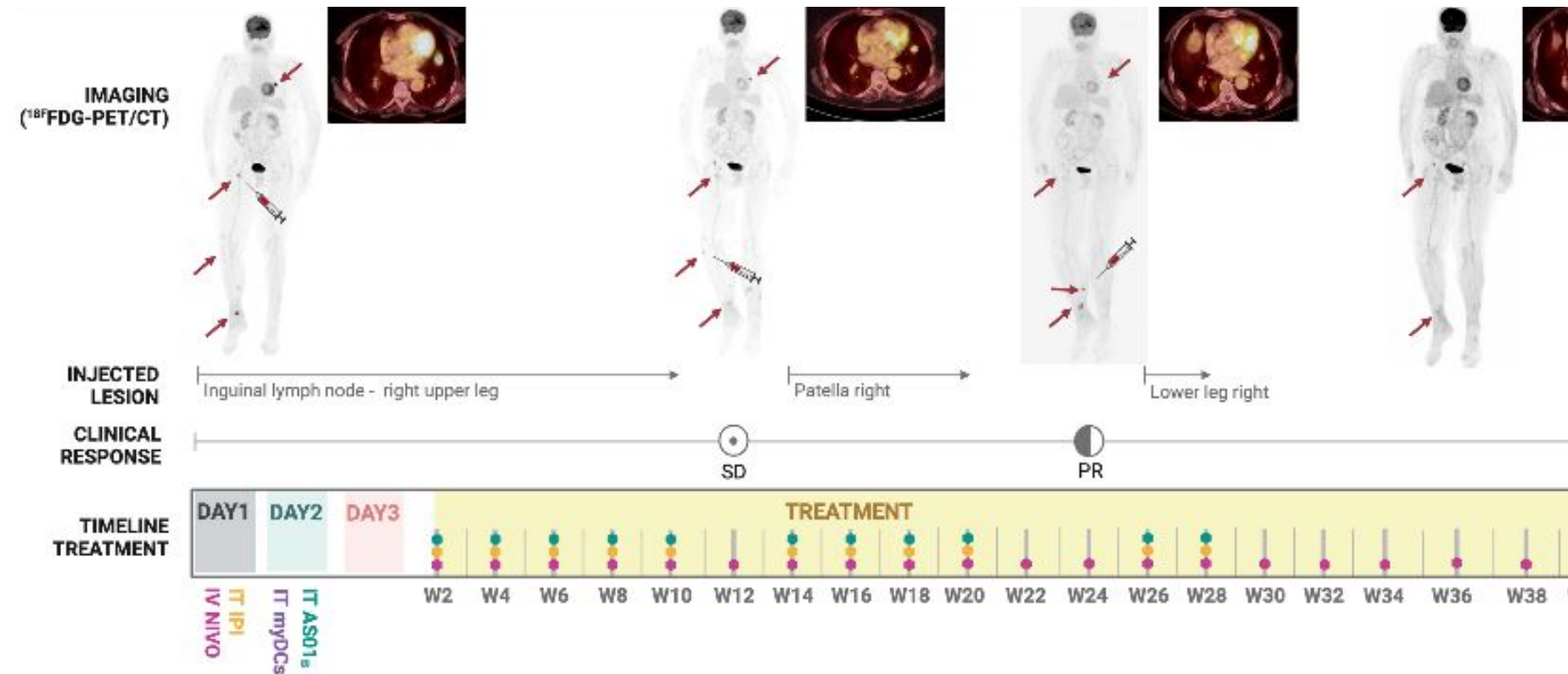
Treatment was **feasible and well-tolerated**,
no unexpected safety signals were observed

Response by iRECIST	2-weekly intratumoral therapy	Weekly intratumoral therapy
Evaluable for response	6	6
Complete response	2	2
Partial response	1	1
Stable Disease	1	0
Progressive disease	2	3 (1 unconfirmed progressive disease)
Disease control rate (CR+PR+SD), n (%)	3 (50)	3 (50)
Regression injected lesion, n patients (%)	4	3



Case illustration

- ▶ 75y, Stage IV - M1c melanoma (leg, lung, lymph node), refractory to ipilimumab, nivolumab, temozolomide
- ▶ May 2022: Inclusion in trial, injection of inguinal lymph node
- ▶ July 2022: Pathological CR in inguinal lymph node



Conclusion

- ▶ Intratumoral myeloid dendritic cells combined with weekly IT IPI and AS01B, plus low-dose IV NIVO is **tolerable** and demonstrated **a disease control rate of 50%** in refractory advanced melanoma.
- ▶ The **weekly administration** regimen is considered the maximum tolerated treatment intensity.
- ▶ The trial continues as a **randomized phase II trial**

▶ [J Immunother Cancer](#). 2024 Jan 11;12(1):e008148. doi: 10.1136/jitc-2023-008148.

Intratumoral administration of the immunologic adjuvant AS01_B in combination with autologous CD1c (BDCA-1)⁺/CD141 (BDCA-3)⁺ myeloid dendritic cells plus ipilimumab and intravenous nivolumab in patients with refractory advanced melanoma

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