

Pegilodecakin as monotherapy or in combination with anti-PD-1 or tyrosine kinase inhibitor in heavily pretreated patients with advanced renal cell carcinoma (RCC): Final results of cohorts A, G, H, and I of IVY Phase I study

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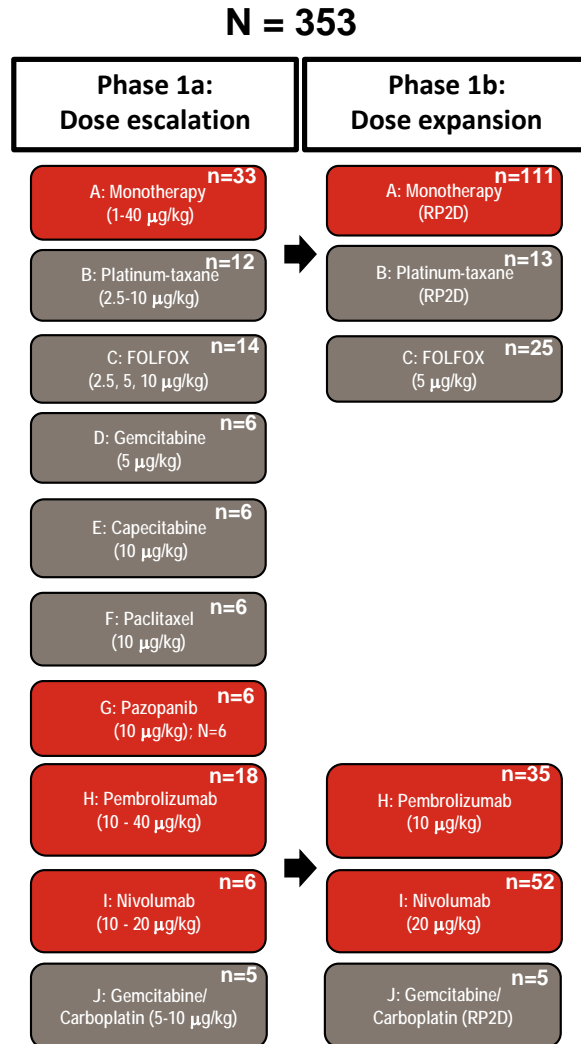
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Supplemental Table 1. Prior lines of therapy

Drug	PEG monotherapy (N=24)			PEG+pazopanib (N=4)			PEG+anti-PD-1 (N=38)		
	1L	2L	≥3L	1L	2L	≥3L	1L	2L	≥3L
Targeted Therapy ^a	18	14	11	1	1		28	18	12
Axitinib	3	1	6				2	3	5
Bevacizumab (combination) ^b		3	2				3	2	3
Everolimus	1	4	3		1		2	4	4
Pazopanib	9	2	4				5	3	2
Sorafenib			3				3		
Sunitinib (combination) ^c	5	2	1	1			13	3	2
Temsirolimus	1	2	2					1	
Chemotherapy (combination) ^d	1	1	3					1	1
Targeted therapy + chemotherapy			1	1			1	1	
Immunotherapy	3	3	1		1		3	1	2
IL-10									2
IL-2	3						3		
NKTR214								1	
Nivolumab		1							1
Interferon		1							
Durvalumab			1						
Ipilimumab		1							
Utomilumab+pembro					1				
Clinical Trial	1	1	2	1				1	3

^aOther targeted therapies with occurrence of ≤ 2 in a given cohort included the following: HIF-2 α inhibitor; tivozanib; and cabozantinib. ^bTherapies in combination with bevacizumab included c-MET inhibitor, everolimus, sorafenib, interferon alpha, vorinostat, and sodium phenylbutyrate. ^cTherapies in combination with sunitinib included CXCR4 antagonist, lenalidomide, and vaccine. ^dOther agents included the following: zoledronate; denosumab; gemcitabine; capecitabine; anastrozole; docetaxel; carboplatin; trastuzumab; dose-dense methotrexate, vinblastine, doxorubicin, and cisplatin (ddMVAC); durvalumab; laxbepilone; benzaldehyde dimethane sulfonate (DMS612). Pembro, pembrolizumab; PEG, pegilodecakin.

Supplemental Figure 1. The cohorts of IVY: pegilodecakin in advanced solid tumors.



The diagram displays the combination therapies for all cohorts included in the study IVY. A total of 353 patients were enrolled in the trial, which investigated pegilodecakin as monotherapy (cohort A) or with combination therapies in a variety of advanced solid tumors (melanoma, castrate resistant prostate cancer, ovarian cancer, renal cell carcinoma, colorectal carcinoma, pancreatic carcinoma, and non-small-cell lung carcinoma) in 10 cohorts: cohort A (pegilodecakin monotherapy); cohort B (pegilodecakin + carboplatin or cisplatin and paclitaxel or docetaxel); cohort C (pegilodecakin + FOLFOX); cohort D (pegilodecakin + gemcitabine and nab-paclitaxel); cohort E (pegilodecakin + capecitabine); cohort F (pegilodecakin + paclitaxel); cohort G (pegilodecakin + pazopanib); cohort H (pegilodecakin + pembrolizumab); cohort I (pegilodecakin + nivolumab); and cohort J (pegilodecakin + gemcitabine and carboplatin). The doses listed are for pegilodecakin. All patients with RCC are included in the cohorts

color-coated “red.” The number of patients with RCC were as follows: cohort A (n=24); cohort G (n=4); cohort H (n=9); cohort I (n=29).