Combination Therapy of Envafolimab and Suvemcitug in Patients with Hepatocellular Carcinoma: Results from a Phase II Clinical Trial

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RESULTS (DoR), progression until disease progression or unacceptable toxicity was observed. This study aims to assess the efficacy and safety of the combination which is administered subcutaneously (SC).

Envafolimab is a humanized single-domain antibody against VEGFR1 and 2, thereby inhibiting its activities and preventing angiogenesis and ultimately suppressing tumour growth and metastasis. Envafolimab is a humanized single-domain anti-VEGF1 antibody which is administered subcutaneously (SC).

This study aims to assess the efficacy and safety of the combination of envafolimab and suvemcitug as second-line or later therapy in patients (pts) with advanced HCC.

METHODS

This was an open-label, multi-center, multicenter, phase II trial conducted in China. In cohort B, eligible pts had received at least one prior line of treatment for HCC and were treated with suvemcitug (2 mg/kg IV Q3W) plus envafolimab (300 mg SC Q3W) until disease progression or unacceptable toxicity was observed. The primary endpoint was objective response rate (ORR) assessed by investigators based on RECIST v1.1 criteria. Secondary endpoints included disease control rate (DCR), duration of response (DoR), progression-free survival (PFS) and safety.

RESULTS

• As of June 30, 2023, a total of 20 pts were treated with envafolimab and suvemcitug. 80.0% pts (16/20) received one prior therapy and 40.0% pts (8/20) had been treated with PD-L1/1 antibody.

Table1. Demographic and baseline characteristics

| Characteristic          | N=20 | n (%)
|-------------------------|------|------
| Sex                     |      |      
| Male                    | 12   | (60.0)
| Female                  | 8    | (40.0)
| Race                    |      |      
| Asian                   | 20   | (100.0)
| Cause of hepatocellular carcinoma |      |      
| Hepatitis B             | 8    | (40.0)
| Hepatitis C             | 4    | (20.0)
| Unknown                 | 8    | (40.0)
| BCLC Stage              |      |      
| A                       | 12   | (60.0)
| B                       | 6    | (30.0)
| C                       | 2    | (10.0)
| D                       | 0    | (0.0)
| E                       | 0    | (0.0)
| ECOG                     |      |      
| 0                       | 12   | (60.0)
| 1                       | 6    | (30.0)
| 2                       | 2    | (10.0)
| Unknown                 | 0    | (0.0)
| SLD of target lesions   |      |      
| Baseline (n=18)         | 96.97 (52.52)
| Related to study treatment | 3 (15.0%) | 12 (60.0%) | 2 (10.0%) | 1 (5.0%) | 0
| Related to suvemcitug   | 15 (75.0%) | 1 (5.0%) | 0 | 0 | 0
| Related to envafolimab  | 3 (15.0%) | 1 (5.0%) | 0 | 0 | 0
| Related to envafolimab  | 1 (5.0%) | 0 | 0 | 0 | 0
| Related to envafolimab  | 1 (5.0%) | 0 | 0 | 0 | 0

Figure1. Study design

Detected by SPF83

After a median follow up of 12.71 (95% CI, 9.89, 12.94) months, 3 pts are still on treatment. Among 18 efficacy-evaluable pts, 2 pts achieved partial response, 1 of whom had previously received sorafenib only and the other lenvatinib only. The DCR was 72.2% (13/18). The median PFS was 4.3 (95% CI, 1.4-8.1) months.

Figure2. Kaplan-Meier curves of PFS in patients with HCC treated with suvemcitug plus envafolimab

• Any grade treatment-emergent adverse events (TEAEs) occurred in 100% (n=20) of pts. The most common treatment-related adverse events (TRAEs) were proteinuria (50.0%, 10/20), aspartate aminotransferase increased (35.0%, 7/20), gamma-glutamyltransferase increased (25.0%, 5/20), hypertension (25.0%, 5/20), platelet count decreased (25.0%, 5/20) and white blood cell count decreased (20.0%, 4/20).

Table3. Overview of TEAEs

| TEAEs                  | N=20 | n (%)
|------------------------|------|------
| Related to study treatment | 17 (85.0%) | 2 (10.0%) | 1 (5.0%) | 0
| Related to suvemcitug   | 15 (75.0%) | 1 (5.0%) | 0 | 0 | 0
| Related to envafolimab  | 3 (15.0%) | 1 (5.0%) | 0 | 0 | 0
| Related to envafolimab  | 1 (5.0%) | 0 | 0 | 0 | 0
| Related to envafolimab  | 1 (5.0%) | 0 | 0 | 0 | 0

Figure3. Duration of the Treatment

CONCLUSIONS

The combination of envafolimab and suvemcitug was tolerable and the adverse events were manageable with no new safety concerns. Suvemcitug and envafolimab demonstrated modest antitumor activity in previously treated HCC pts which were generally comparable to similar studies.

Clinical trial information: NCT01541895.

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Disclosure Dr. Cheng confirm that she does not have conflicts of interest to declare.