

Society for Immunotherapy of Cancer

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Additional Data Released at ASCO Annual Meeting Shows More Promising Results for Immunotherapy as a Treatment Option in Melanoma

CHICAGO (Sunday, June 2, 2013) – Some of the most promising results ever seen in melanoma clinical trials were announced today at the American Society of Clinical Oncology (ASCO) Annual Meeting in Chicago. The drugs work by manipulating the immune system to increase anti-tumor immunity. Specifically, they target the program death-1 (PD-1) receptor pathway which normally prevents appropriate immune responses to cancer. The data presented from one clinical trial showed the anti-PD-1 drug, labrolizumab shrank tumors in 38 percent of advanced melanoma patients who were involved in the study. In the cohort of patients treated with10 mg/kg dose every two weeks, 52 percent of the melanoma patients experienced significant tumor shrinkage, and 10 percent of those patients saw their tumors disappear completely. This data was presented by SITC member Antoni Ribas, MD, PhD, UCLA Medical Center.

While still an early stage study, a SITC member who is directly involved in the study, Walter Urba, MD, PhD, Earle A. Chiles Research Institute, said this data is changing the face of melanoma treatment and is turning a corner for cancer immunotherapy treatment in general.

"We are discovering an entire new way to treat cancer types such as melanoma and there has never been a more exciting time in the field," Dr. Urba said. "There is no longer a question of if cancer immunotherapy works, we know it does. Now we just need to expand on it and continue the research forward to discover the best combinations and how to achieve complete durable response."

Larger phase studies including a phase III study have been planned for the near future.

Nivolumab, another anti-PD-1 antibody, is simarly demonstrating remarkable success. Longer term data from a previously published study demonstrates a remarkable median overall survival of 16.8 months as presented by SITC member Mario Sznol, MD, Yale University School of Medicine. Furthermore, in a phase I study, Nivolumab was combined with another antibody that enhances the immune system, ipilimumab. This study demonstrated remarkably high durable response rates with an acceptable side effect profile. This study has also led to a large phase III study comparing this combination to each antibody alone. This data was presented by SITC member Jedd Wolchok, MD, PhD, Memorial Sloan-Kettering Cancer Center.

"Data released at ASCO this year continues to ride a wave of clinical success, molecular and immunologic insights and general optimism in the treatment of melanoma and other malignant diseases," Kim Margolin, MD, Fred Hutchinson Cancer Research Center and SITC member said. "It is now evident that there is probably no malignancy for which immunomodulation will not play a role and as the premier society

involved in translational and clinical research on the immunotherapy of malignancy, SITC is poised to continue its upward trajectory as a lead scientific body and option leader in the field."

"With all the enthusiasm surrounding the field of cancer immunotherapy right now, I couldn't ask for a better time to begin my career," said SITC Presidential Travel Award winner and current member Mike Postow, PhD, Memorial Sloan-Kettering Cancer Center.

The PD-1 pathway has also been found to be active in other malignacies such as lung and kidney cancer. For more news and information coming out of the 2013 ASCO Annual Meeting visit, <u>www.sitcancer.org</u>.

Founded in 1984, the Society for Immunotherapy of Cancer (formerly the International Society for Biological Therapy of Cancer; iSBTc) is a non-profit organization of clinicians, researchers, students, postdoctoral fellows, and allied health professionals dedicated to improving cancer patient outcomes by advancing the development and application of cancer immunotherapy through interaction, innovation and leadership. For more information about SITC, please visit the Society website at <u>www.sitcancer.org</u>.