


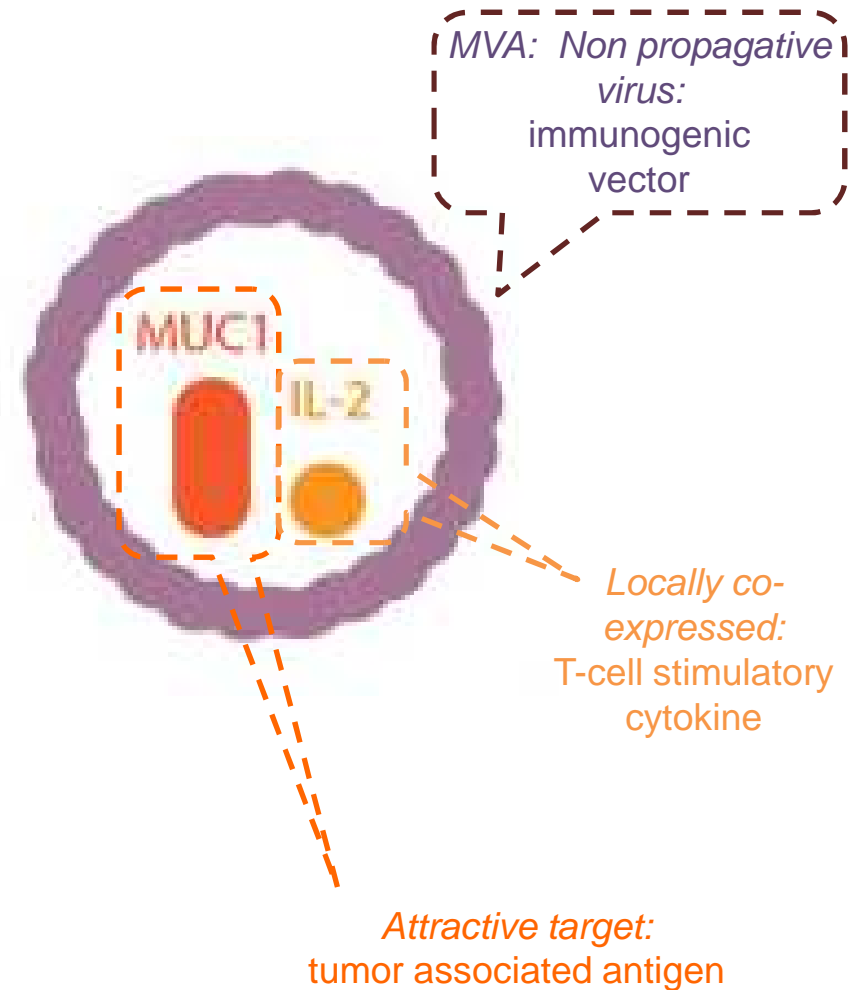
# **TG4010 Immunotherapy Combined with First-line Therapy in Advanced Non- Small Cell Lung Cancer (NSCLC). Phase 2b Results of the TIME Study**

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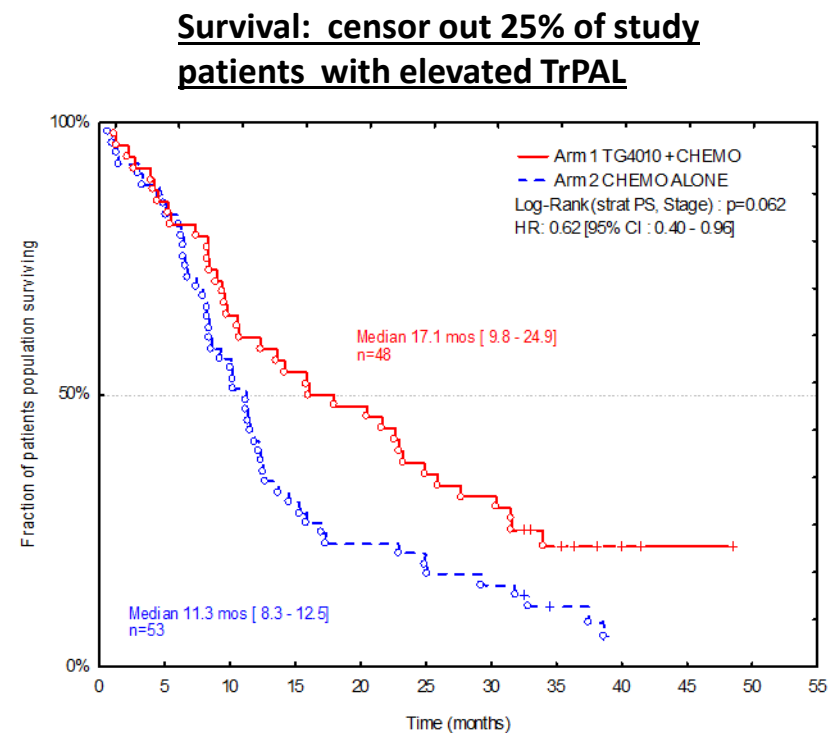
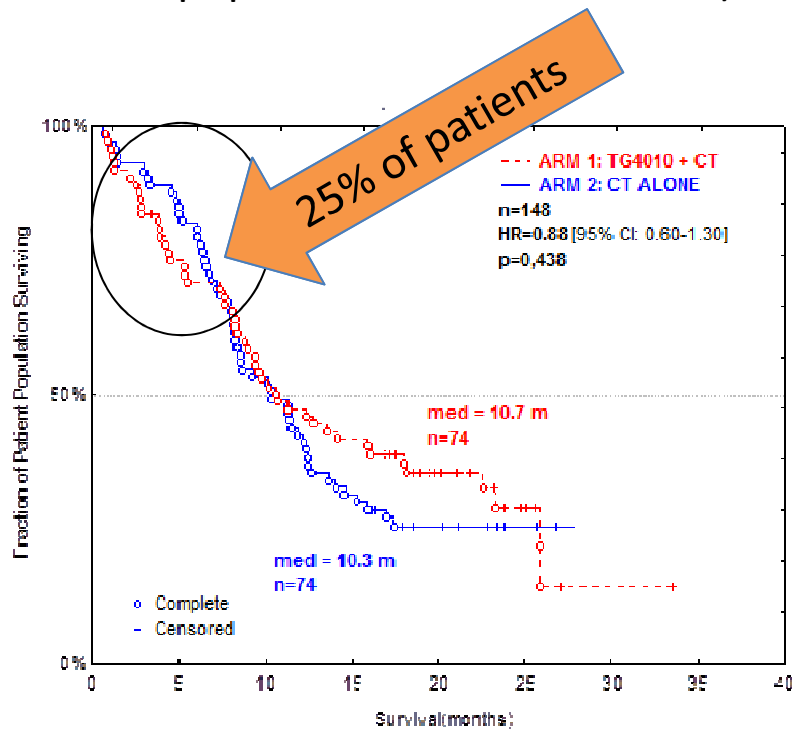
# TG4010 Background

- Immunotherapeutic vaccine consisting of a viral vector (MVA) encoding the tumoral antigen MUC1 and IL2
- Different from other drug products targeting MUC1:
  - Encodes the full MUC1 cDNA sequence
  - Expresses IL2 , a potent stimulant of T-cell response



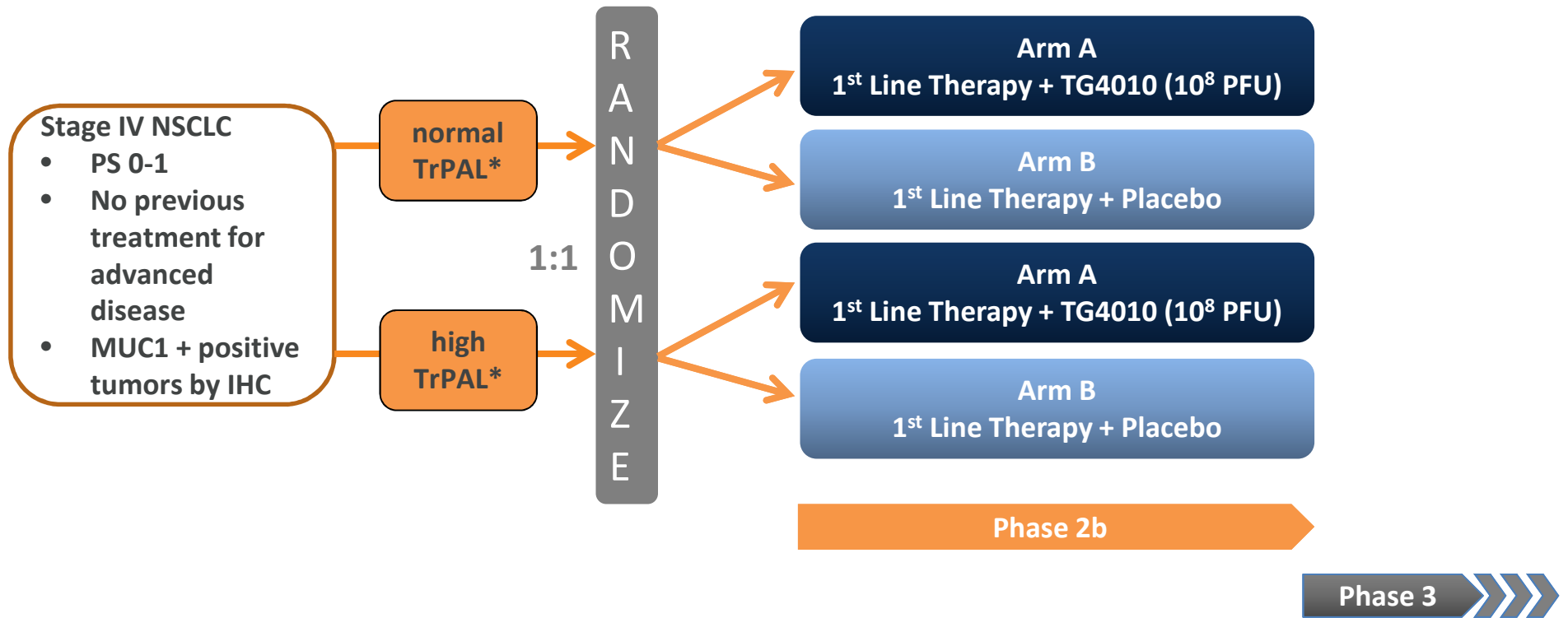
# TG4010.09: Randomized Phase 2 Trial

- TG4010.09: Phase 2 randomized trial (n=148)
  - TG4010 + cis/gem versus cis/gem
  - Advanced NSCLC (IIIB “wet”)/IV
  - Included only patients with MUC1+ tumors (by IHC)
- Retrospective Analysis:
  - Efficacy correlated with % of activated NK cells (CD16+ CD56+ CD69+ population defined as TrPAL)



Quoix et al, Lancet Oncology 2011

# TG4010.14: Study Design



**Phase 2b**

- Primary endpoint = PFS (Bayesian analysis)
- Prospective validation of the TrPAL biomarker
- Assessment of TG4010 in combinations of standard of care chemotherapy

N=222\*\*

**Phase 3**

- Primary endpoint = OS
- Pivotal registrational trial

N=800

\*TrPAL: CD16+, CD56+, CD69+ (based on Upper Limit of Normal)

\*\* enrollment complete

## TG4010 ( $1.0 \times 10^8$ PFU) or Placebo:

Subcutaneous injection weekly for 6 weeks and then once every 3 weeks until progression

## 1<sup>st</sup> Line Therapy:

Carboplatin + paclitaxel, or  
Cisplatin + gemcitabine (for squamous histology), or  
Cisplatin + pemetrexed (for non-squamous histology)

Bevacizumab was allowed at investigator's discretion  
Maintenance therapy was allowed at investigator's discretion

# TG4010.14: Patient Characteristics



	All Patients N=221*		Normal TrPAL N=170	
	TG4010 (n=110)	Placebo (n=111)	TG4010 (n=85)	Placebo (n=85)
<b>ITT population</b>				
<b>Gender : Male (%)</b>	64.5%	63.1%	70.6%	62.4%
<b>Median age (yrs)</b>	63	59	62	58
<b>Former Smoker (%)</b>	93.6%	89.2%	92.9%	87.1%
<b>PS=1 (%)</b>	69.1%	68.5%	68.2%	67.1%
<b>Stage IV at diagnosis (%)</b>	90.9%	93.7%	92.9%	92.9%

\*N=221 at time of analysis (Aug 2014)

# TG4010.14: Most Frequent AEs\*



Most Frequent AEs (>20% in either arm)	Safety Population**	
	TG4010 (n=105)	Placebo (n=100)
Fatigue	54%	53%
Nausea	41%	37%
Neutropenia	42%	35%
Anaemia	37%	33%
<b>Injection site reaction</b>	31%	4%
Vomiting	25%	35%
Thrombocytopenia	19%	18%

Most Frequent AEs Grade 3/4 (>5% in either arm)	Safety Population**	
	TG4010 (n=105)	Placebo (n=100)
Neutropenia	31%	27%
Thrombocytopenia	11%	16%
Fatigue	11%	11%
Anaemia	8%	14%
Febrile neutropenia	3%	8%
Vomiting	3%	9%

Safety analyses based on Sep 2013 data cutoff (i.e. primary endpoint analysis in Normal TrPAL patient as per protocol) \*\*  
 Patients who received at least one dose of TG4010 / placebo

# TG4010.14 - Normal TrPAL Patients

## BAYESIAN ANALYSIS



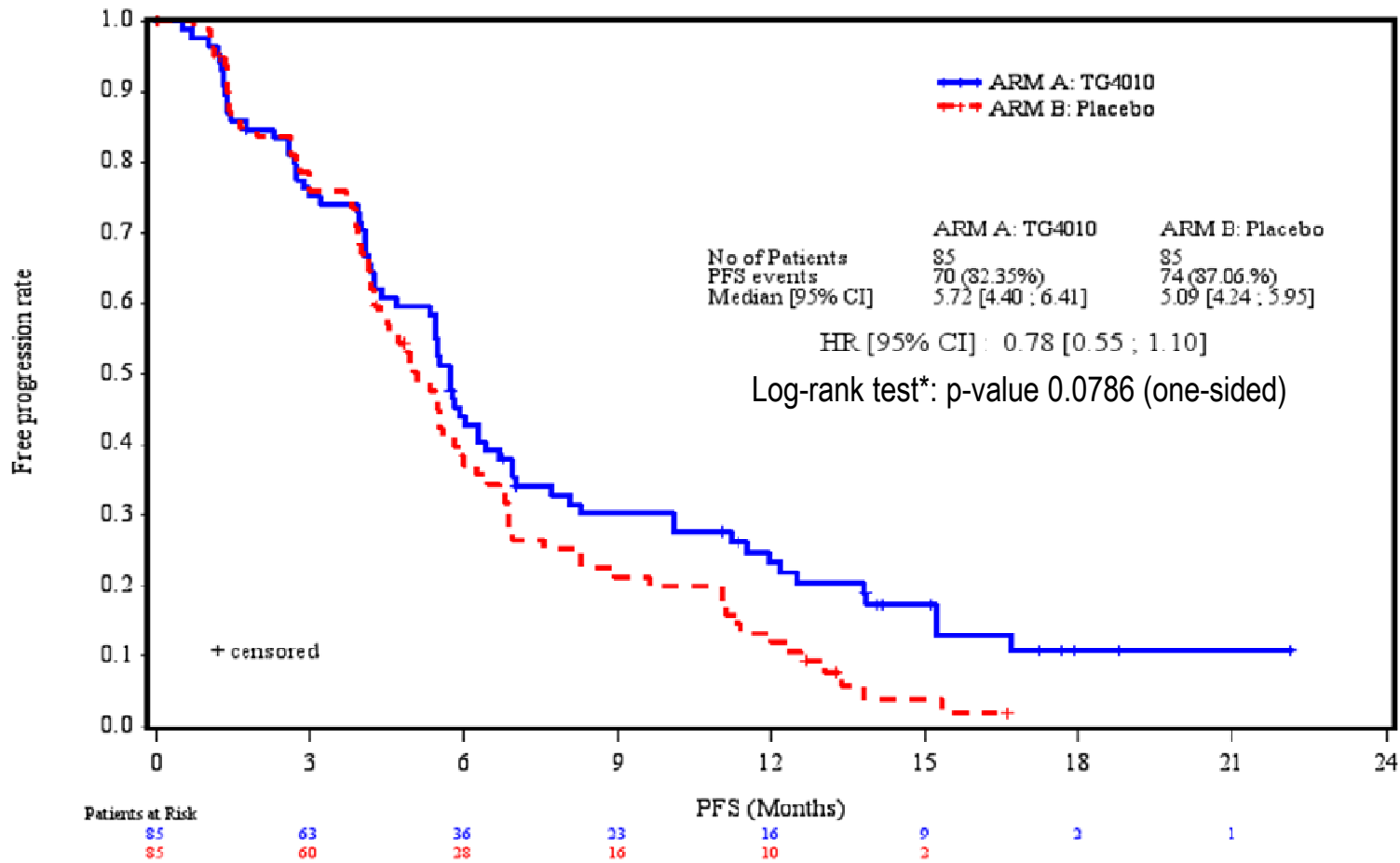
# events = 144 N=170	ITT
Hazard Ratio – PFS (CI)	0.74 (0.53, 1.02)
Probability (HR<1)	98.6%

→ Primary Endpoint is met.



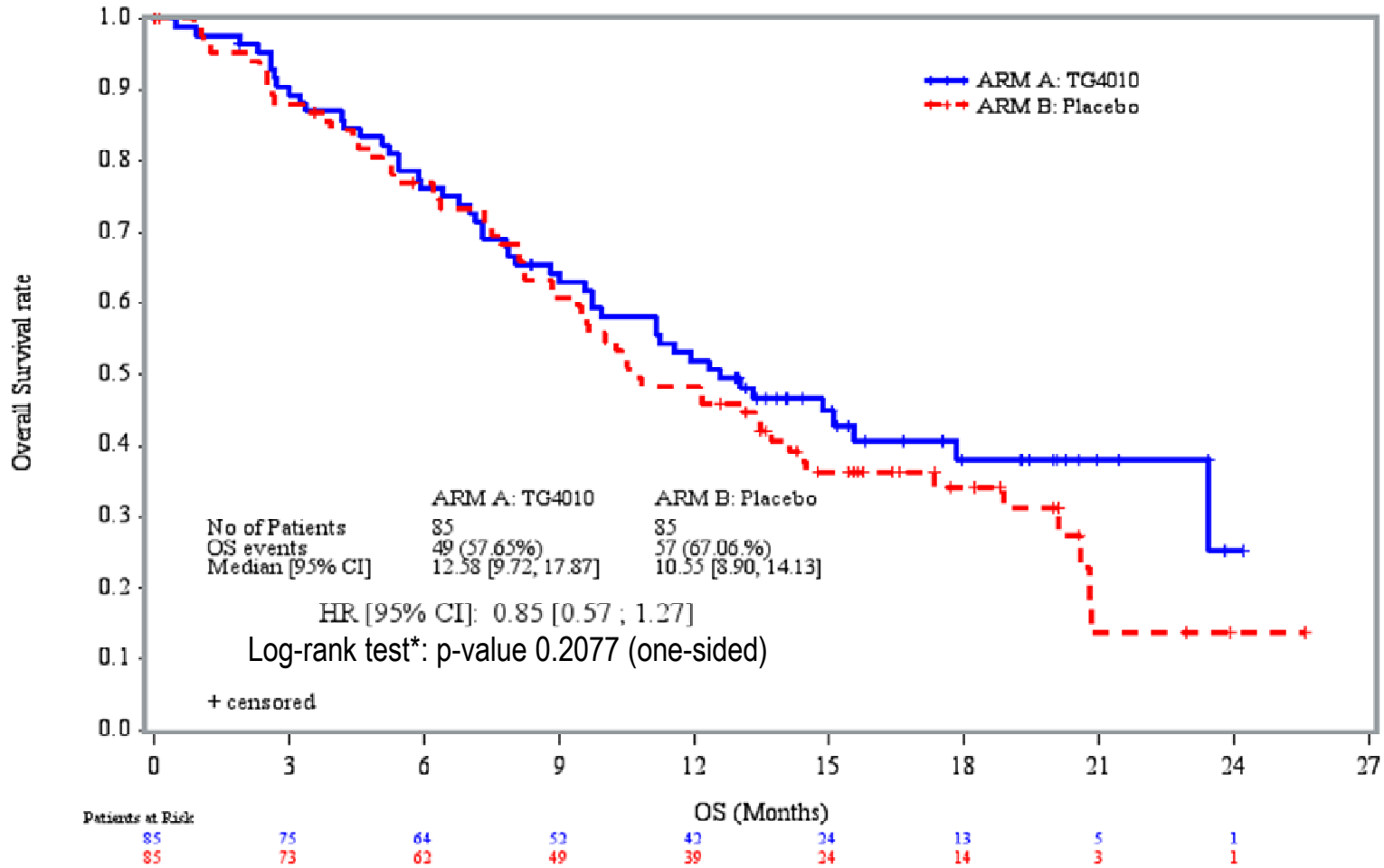


HR from stratified Cox model



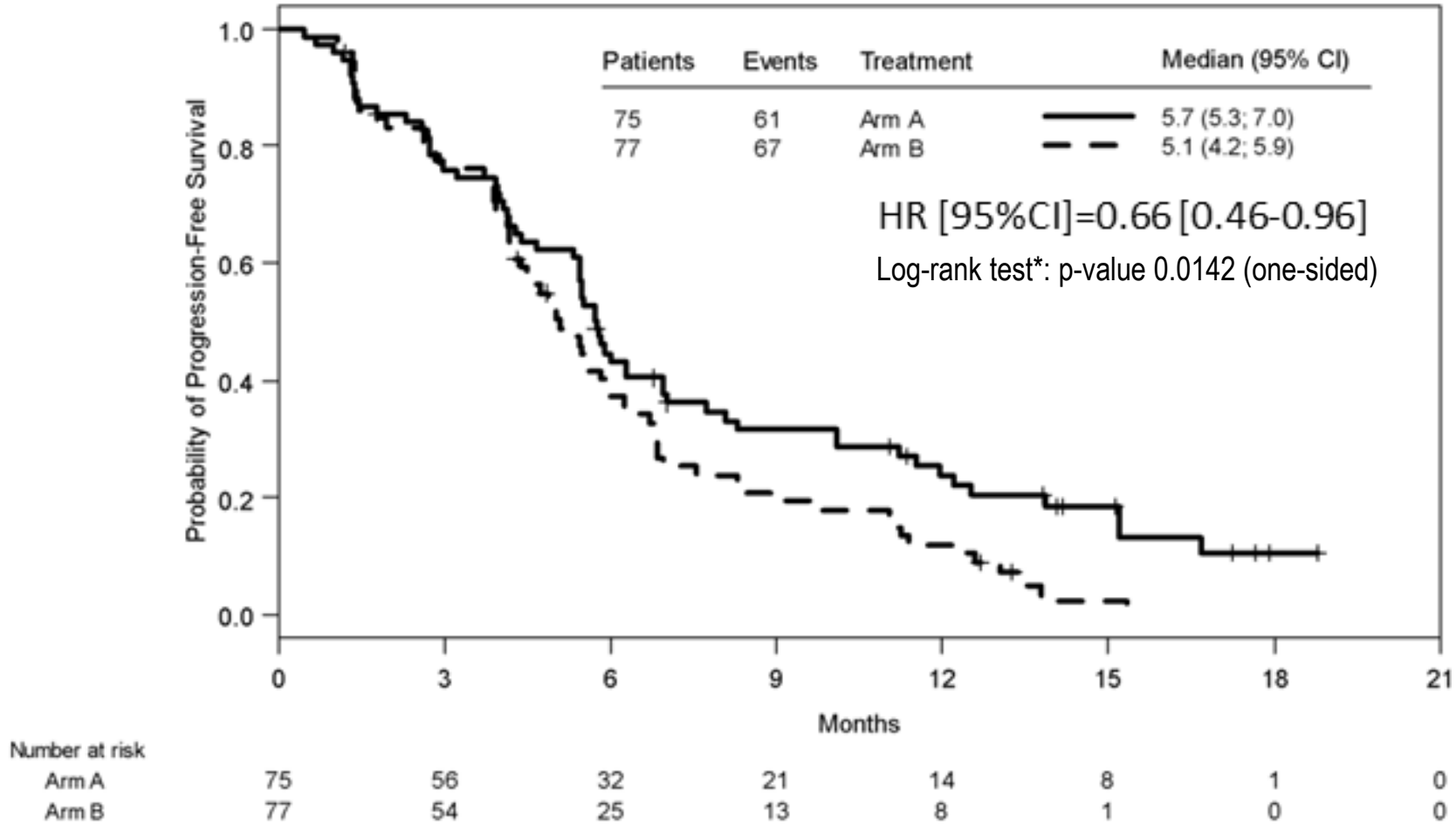


HR from stratified Cox model





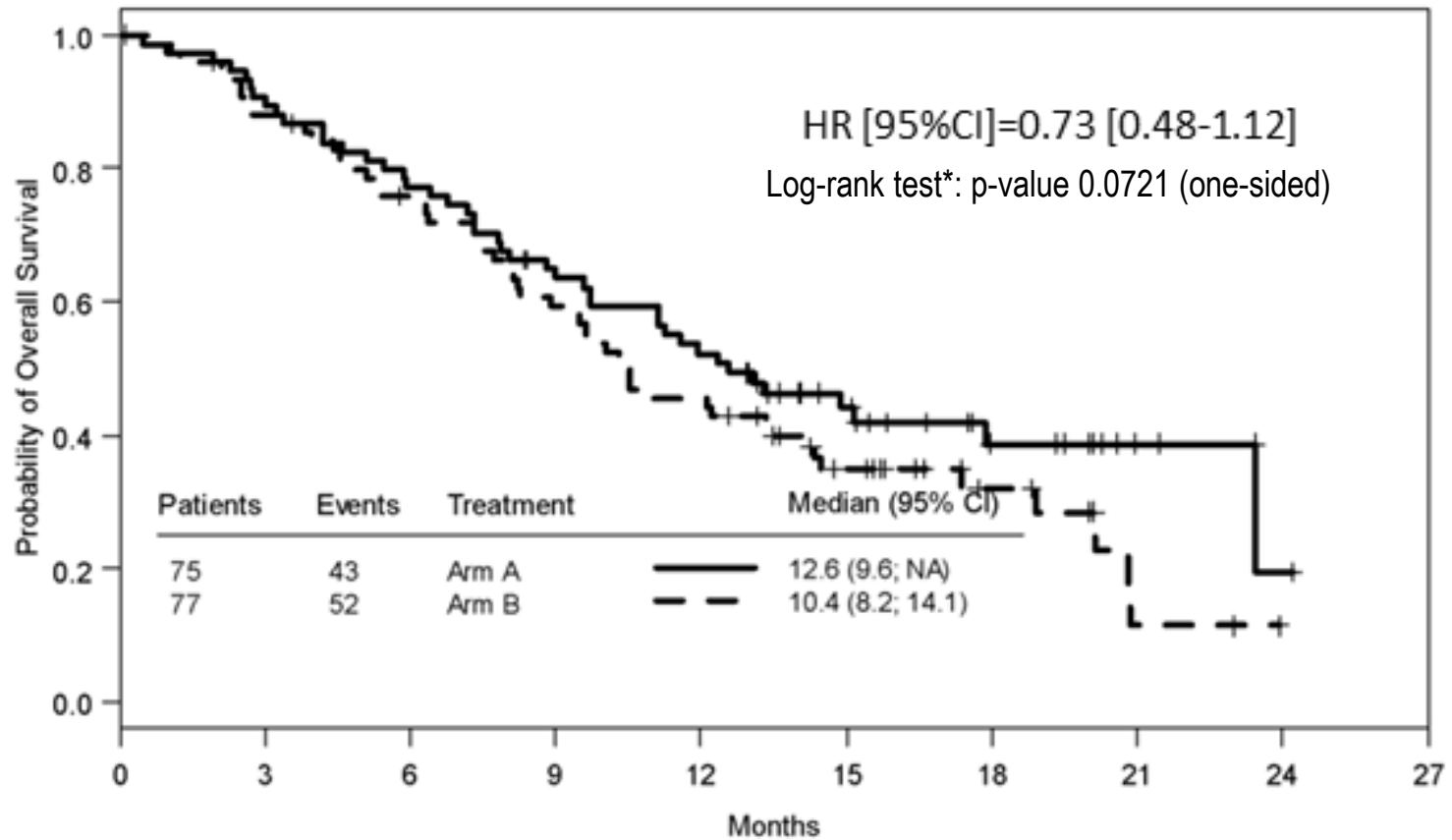
HR from stratified Cox model



\* ≤ Q3 (3 lowest quartiles)



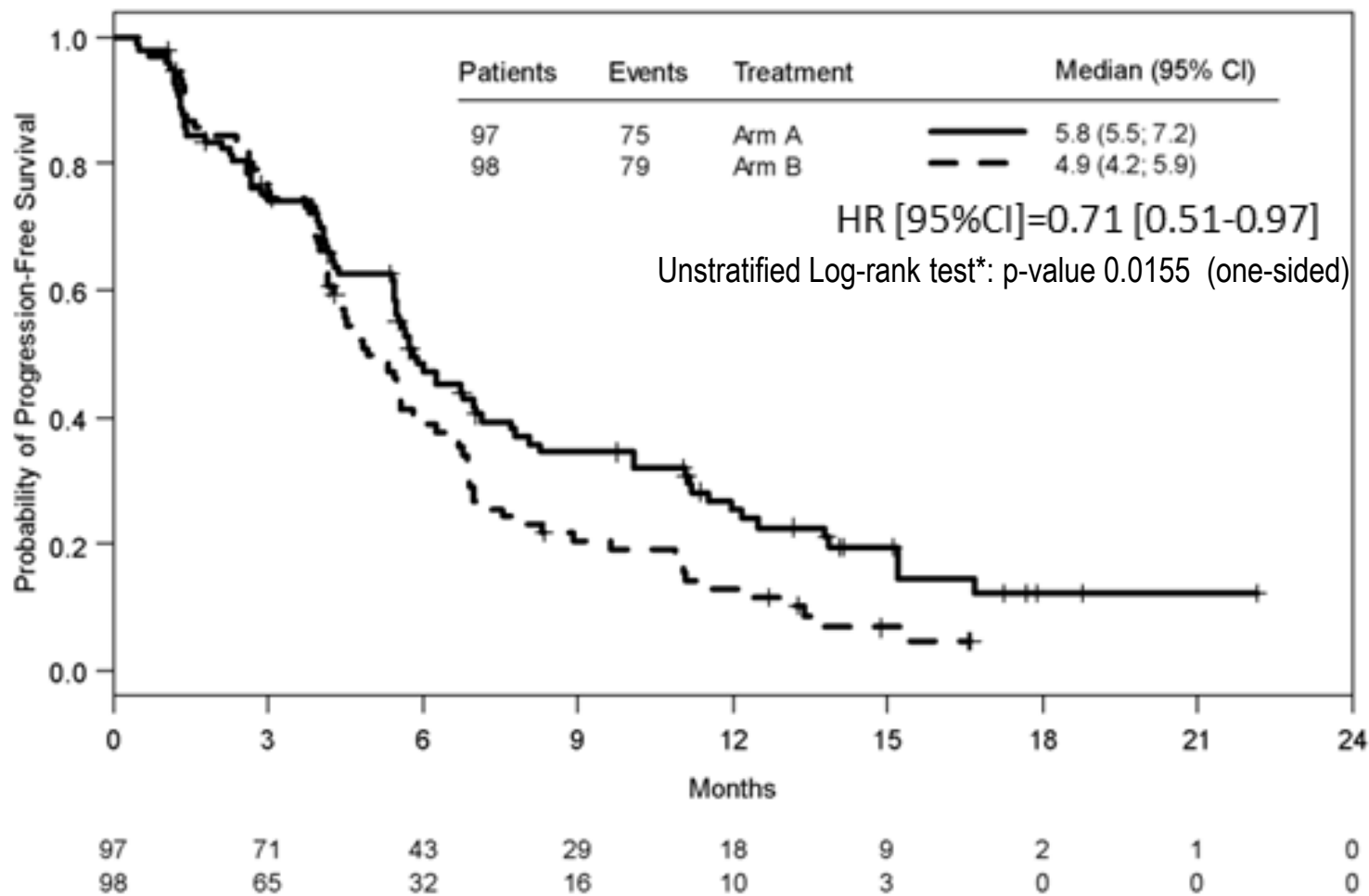
HR from stratified Cox model



Number at risk	0	3	6	9	12	15	18	21	24	27
Arm A	75	66	57	46	37	21	11	4	1	0
Arm B	77	66	55	43	33	20	10	2	0	0

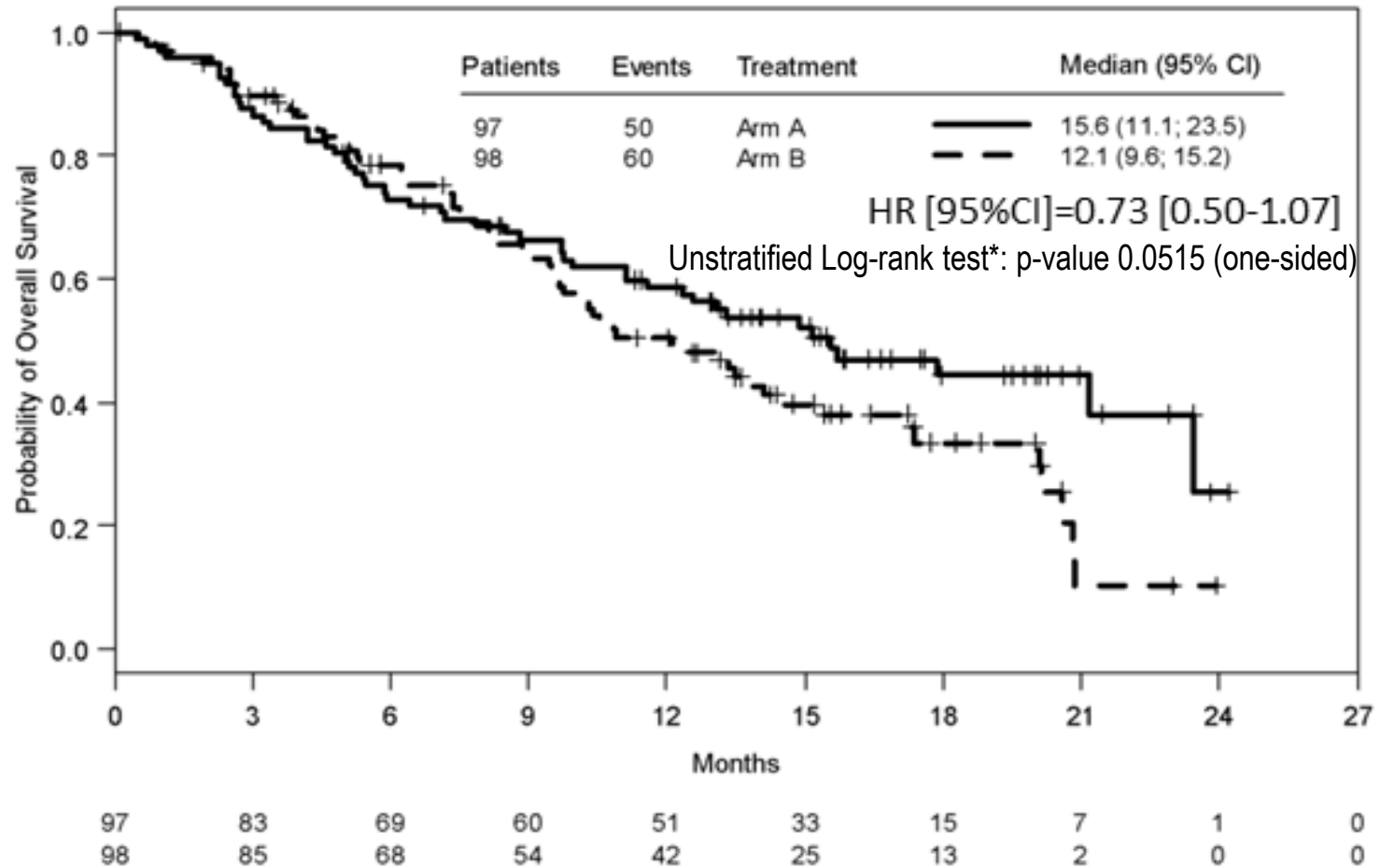


HR from unstratified Cox model



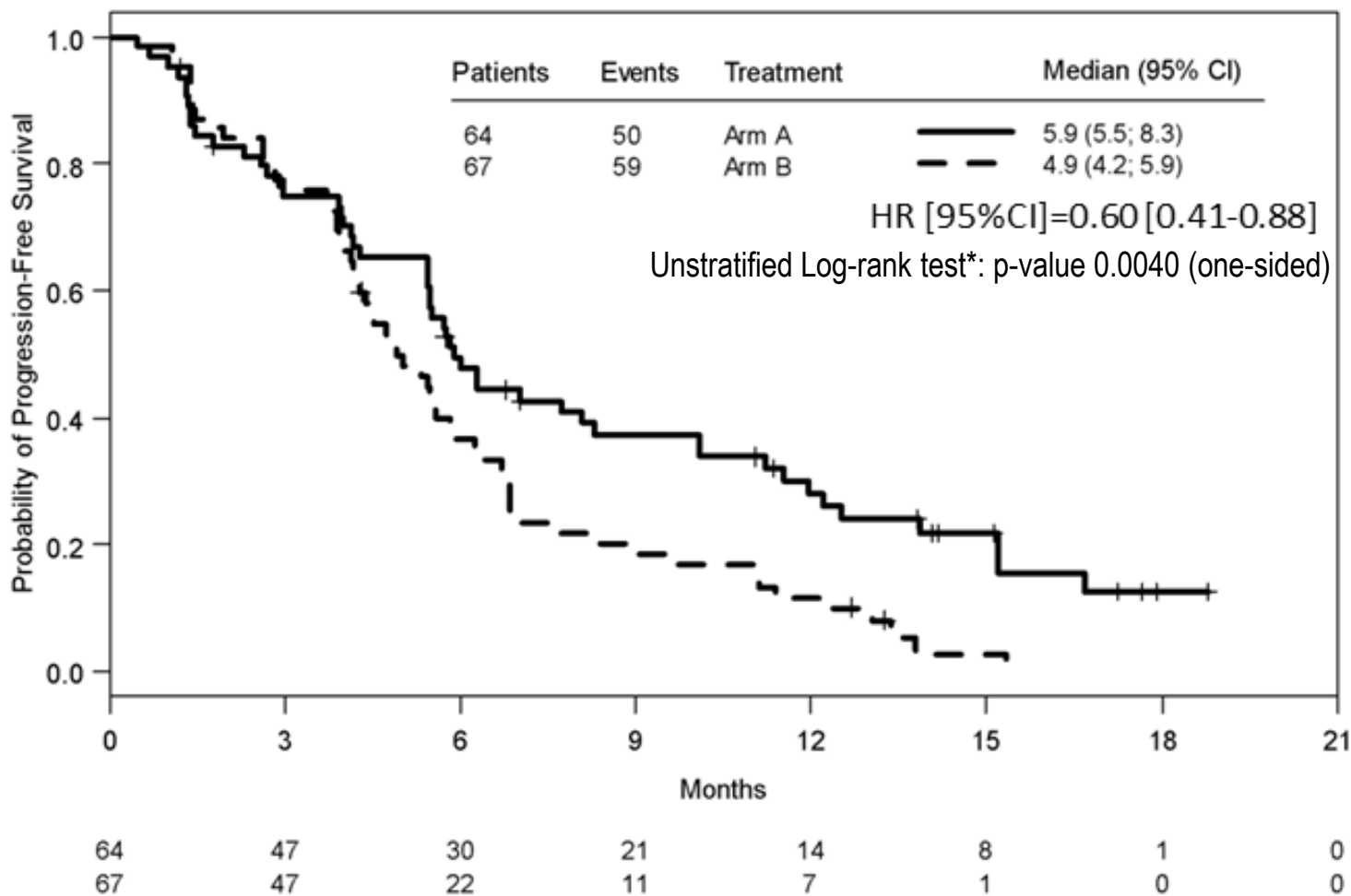


HR from unstratified Cox model



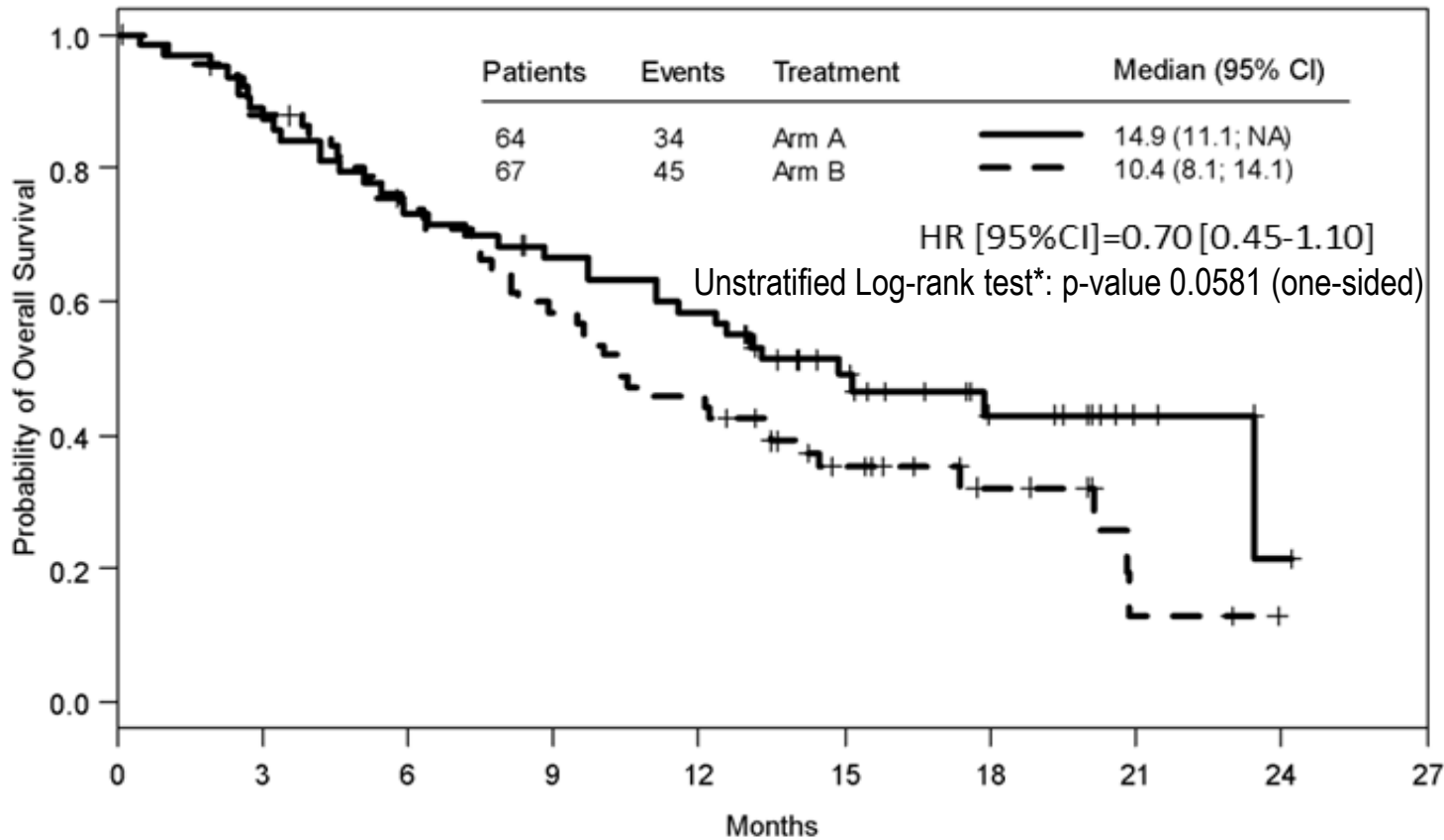


HR from unstratified Cox model





HR from unstratified Cox model



Number at risk	0	3	6	9	12	15	18	21	24	27
Arm A	64	55	46	40	35	21	11	4	1	0
Arm B	67	58	48	37	29	17	9	2	0	0



# Summary



- Primary endpoint was achieved in patients with normal TrPAL (at baseline):
  - Bayesian probability demonstrates that TG4010 improves PFS
- TG4010 was well tolerated
- Subgroup analyses show that TG4010 significantly improved PFS in patients with non-squamous carcinoma, both in the overall population and in the patients with Low TrPAL
- Although still maturing, Overall Survival showed improvement consistent with that observed for PFS

→ Phase 3 part of the trial is currently being planned