Introduction

• A retrospective analysis of three randomized Phase 2 studies adding to standard of care

• In a previous Phase 2 study, HRG-positive patients with NSCLC appeared to benefit

• These data suggest that HRG expression may define a drug tolerant cancer cell

• Additionally, blockade of HRG-induced HER3 signaling by seribantumab may counter

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Introduction

• Previous research showed that ~50% of non-small cell lung cancer (NSCLC) tumors are HRG-positive.

• Seribantumab (MM-121) is a fully human IgG2 antibody developed to block the binding of HRG to ErbB3.

• The role of the ErbB3 (HER3) receptor and its ligand heregulin (HRG) in the progression of multiple types of cancer has been established.

• Previous research showed that ~50% of non-small cell lung cancer (NSCLC) tumors are HRG-positive.

• Seribantumab (MM-121) is a fully human IgG2 antibody developed to block the binding of HRG to ErbB3.

• The presence of tumor cell HRG mRNA was prognostic for shortened PFS with SOC treatment.

• The study has ≥ 80% power to detect a 3-month improvement in median PFS over 3 months (hazard ratio of 0.60), using a one-sided, stratified log-rank test at a significance level of 0.025.

Methods

• Randomized, open-label, international, multi-center Phase 2 study

• Prospective selection of patients with HRG-positive disease using a most recent tissue sample

• Approximately 100 HRG-positive patients will be enrolled and randomized in a 2:1 ratio to receive seribantumab plus docetaxel (experimental treatment arm), or docetaxel alone (control arm)

• Experimental treatment arm (Arm A): seribantumab: fixed dose of 3000 mg intravenously

• Randomization stratified based on:
  - Number of prior systemic therapies for locally advanced and/or metastatic disease (1, >2)
  - Geographical region (US, Asia, non-US and non-Asia)
  - Treatment until investigator-assessed progressive disease or unacceptable toxicity

• Local tumor assessments every 6 weeks evaluated using RECIST v1.1 guidelines

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Key Eligibility Criteria

• Patients with locally advanced or metastatic NSCLC histologically classified as adenocarcinoma EGFR wild type with no known ALK rearrangement

• Disease progression following one or two SOC for locally advanced and/or metastatic disease, including platinum-based therapy and, where available and clinically indicated, anti-EGFR (cetuximab or panitumumab)

• Patients who have received docetaxel for treatment of advanced/metastatic disease are not eligible for docetaxel-containing arm

• Must have:
  - Available recent tumor specimen, collected following completion of most recent systemic therapy OR
  - A lesion amenable to either core needle biopsy or fine needle aspiration

• A pathology-derived ISH score of 1+ or higher

• A lesion amenable to either core needle biopsy or fine needle aspiration

• A lesion amenable to either core needle biopsy or fine needle aspiration

Participating Countries

- Germany
- Spain
- Australia
- Hungary
- Canada
- Poland
- France
- South Korea
- United States

Projected Sites (85 Total)

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