The Berke Report

Clinical and Commercial Updates for the Third Week of April 2023

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- 04.23.23 - Apellis Presents Phase 3 Functional Analyses of SYFOVRE™ (pegcetacoplan injection) for Geographic Atrophy (PR)
  - Showed visual function and quality-of-life benefits in patients with extrafoveal lesions. Slowed the loss of retinal pigmented epithelial and photoreceptor cells, both of which are required for visual function. Apellis Pharmaceuticals, Inc. (Nasdaq: APLS), a global biopharmaceutical company and leader in complement, today announced post hoc analyses from the 24-month, Phase 3 OAKS and DERBY studies evaluating SYFOVRE™ (pegcetacoplan injection) for the treatment of geographic atrophy (GA) secondary to age-related macular degeneration (AMD). Marketing applications are currently under review with five regulatory agencies worldwide. A decision in the EU is expected in early 2024, and decisions in Canada, Australia, Switzerland, and the United Kingdom are expected in the first half of 2024.
- 04.20.23 - BeiGene Announces Positive Phase 3 Tislelizumab Trial in Advanced Gastric or Gastroesophageal Junction Adenocarcinoma (PR)
  - RATIONALE 305 trial met its primary endpoint of overall survival, with tislelizumab in combination with chemotherapy demonstrating superior overall survival (OS) compared with chemotherapy in patients with advanced unresectable or metastatic gastric or gastroesophageal junction (G/GEJ) adenocarcinoma, regardless of PD-L1 status. No new safety signals were identified for tislelizumab.
- 04.20.23 - Immuneering reveals positive data from tumour treatment trial (Pharmatimes)
  - IMM-1-104 found to be well tolerated with no dose limiting toxicities or serious adverse events. Immuneering – a company developing medicines for cancer patients – has announced positive pharmacodynamic (PD) and pharmacokinetic (PK) safety data from its phase 1 trial. The study concerns its candidate therapy, IMM-1-104, which has also been presented at the American Association for Cancer Research (AACR) annual meeting. The phase 1/2a research is an open-label study which aims to establish the tolerability, safety, PK and preliminary efficacy of the IMM-1-104 candidate among patients with advanced RAS mutant solid tumours.
- 04.18.23 - Madrigal Receives Breakthrough Therapy Designation from FDA for Resmetirom and Completes Enrollment of the Phase 3 MAESTRO-NASH Biopsy Trial (PR)
  - Madrigal Pharmaceuticals, Inc. (NASDAQ:MDGL), a clinical-stage biopharmaceutical company pursuing novel therapeutics for nonalcoholic steatohepatitis (NASH), today announced that resmetirom has received Breakthrough Therapy designation from the U.S. Food and Drug Administration (FDA) for the treatment of patients with NASH with liver fibrosis. The Company also announced that the outcomes portion of the Phase 3 MAESTRO-NASH biopsy trial has completed enrollment.
- 04.18.23 - CSL Behring Receives FDA Approval for Hizentra® (Immune Globulin Subcutaneous [Human] 20% Liquid) 50mL Prefilled Syringe (PR)
  - Hizentra® is the first and only immune globulin (Ig) available in prefilled syringes, offering those living with Primary Immunodeficiency (PI) or Chronic Inflammatory Demyelinating Polyneuropathy (CIDP) a simple, convenient and ready-to-use option. Hizentra is the most prescribed self-infused subcutaneous immune globulin (SCIg) treatment for PI in the U.S. and the first and only SCIg treatment approved for CIDP. The 50mL prefilled syringe will be available in early 2024, which will allow CSL Behring to manufacture supply to meet anticipated demand. Hizentra will continue to be available in 5mL, 10mL and 20mL prefilled syringes as well as in 5mL, 10mL, 20mL, and 50mL vials.
- 04.18.23 - U.S. Food And Drug Administration Accepts For Priority Review Taiho Oncology's Supplemental New Drug Application For The Use Of Trifluridine/Tipiracil (Lonsurf®) In Combination With Bevacizumab For Refractory Metastatic Colorectal Cancer (Pr)
  - The sNDA is based on data from the pivotal Phase 3 SUNLIGHT trial, which demonstrated that the investigational combination of trifluridine/tipiracil plus bevacizumab provided statistically significant and clinically meaningful improvements in overall survival (OS) and progression-free survival (PFS) for patients with refractory mCRC following disease progression or intolerance on two prior chemotherapy regimens compared to trifluridine/tipiracil alone. Median OS was 10.8 months in the trifluridine/tipiracil plus bevacizumab arm versus 7.5 months in the trifluridine/tipiracil arm (hazard ratio [HR]: 0.61, 95%, confidence interval [CI]: 0.49-0.77, p<0.001). This improvement in OS represented a 39% reduction in the risk of death in patients with refractory mCRC. The median PFS was 5.6 months in the trifluridine/tipiracil plus bevacizumab arm versus 2.4 months in the trifluridine/tipiracil arm (HR: 0.44, 95% CI: 0.36-0.54, p<0.001), indicating a 56% relative risk reduction of disease progression.
- 04.17.23 - Adcomm unanimously recommends Entasis' bacterial pneumonia candidate for resistant infections (endpts)
  - All 12 members of the FDA's Antimicrobial Drugs Advisory Committee unanimously voted Monday afternoon in favor of an antibiotic candidate from Entasis Therapeutics, saying that it has a favorable benefit-risk profile for treating patients with two hospital-related bacterial pneumonias.Entasis brought the antibiotic before the FDA to try and get the candidate, known as sulbactam-durlobactam, approved to treat hospital-acquired bacterial pneumonia (HABP) and ventilator-associated bacterial pneumonia (VABP), caused by strains of Acinetobacter baumannii-calcoaceticus complex.

- 04.17.23 - Acadia Pharmaceuticals Announces DAYBUE™ (trofinetide) is Now Available for the Treatment of Rett Syndrome (PR)
  - Commercial launch of DAYBUE offers Rett syndrome community the first and only approved therapy for Rett syndrome, a rare, neurodevelopmental disorder, which affects 6,000 to 9,000 patients in the U.S. DAYBUE was approved by the U.S. Food and Drug Administration (FDA) on March 10, 2023, and is the first and only drug approved by the FDA for the treatment of Rett syndrome.
- 04.17.23 - Kinnate Biopharma First Report of Positive Dose Escalation Data Supports Best-in-Class Profile for Investigational Exarafenib as a Single Agent and in Combination with Binimetinib in BRAF-altered Cancers and NRAS Mutant Melanoma (PR)
  - Exarafenib was well-tolerated at substantial monotherapy exposures; only 3% (n=2/60) of patients discontinued therapy due to treatment-related adverse events. Breadth of responses observed across tumor types and BRAF or NRAS alterations with a total of 8 partial responses in the monotherapy and combination arms. Monotherapy dose expansion ongoing at 300 mg bid; data-informed strategy prioritizes enrollment in BRAF Class II-driven melanoma and lung cancer (33% ORR); initial data expected in the first half of 2024. Well-tolerated monotherapy backbone enables multiple development approaches, including the ongoing exarafenib combination arm in NRAS mutant melanoma; dose selection expected in the second half of 2023
- 04.17.23 - Agenus Receives Fast Track Designation for Botensilimab and Balstilimab in Colorectal Cancer (PR)
  - Agenus, a leading immuno-oncology company specializing in immunological agents for cancer and infectious diseases, has been granted Fast Track Designation from the US FDA for the investigation of the combination of botensilimab (AGEN1181) and balstilimab (AGEN2034). The designation is for patients with non-microsatellite instability-high (MSI-H)/deficient mismatch repair (dMMR) metastatic colorectal cancer with no active liver involvement. Patients targeted with this designation are heavily pretreated are resistant or intolerant to a fluoropyrimidine, oxaliplatin, and irinotecan, and who have also received a VEGF inhibitor, an EGFR inhibitor and/or a BRAF inhibitor, if indicated. The company is conducting a global, randomized Phase 2 trial of botensilimab in combination with balstilimab compared to standard of care in non-microsatellite instability-high (non-MSI-H) colorectal cancer patients.
- 04.17.23 - Vaxcyte unveils new data on challenger to Pfizer's Prevnar, heads toward PhIII (endpts)
  - Vaxcyte touted Monday morning results from a second Phase II study — this time in adults 65 and older — of its 24-valent pneumococcal vaccine, which it hopes can take on Pfizer's 20-valent shot Prevnar 20 and cover four more serotypes. In the Phase II study, Vaxcyte studied three different doses, and plans to take the high dose to the next stage. In about 45 participants, the high dose of Vaxcyte's shot VAX-24 was just as good as Prevnar 20 in 18 of the 20 serotypes that they share. It also cleared the bar for the four serotypes that Prevnar 20 doesn't have. Vaxcyte previously disclosed results from a Phase I/II study in adults under the age of 65. In the Phase II part of that study, which included adults 50 to 64, VAX-24 was just as good as Prevnar in all the serotypes they share, and also won on those they don't. Vaxcyte did say during the analyst call that it plans to enroll 750 people per arm for the Phase III.
- 04.17.23 - Regulatory Applications Accepted Across Three Regions Globally for Abecma for Earlier Use in Adults with Triple-Class Exposed Relapsed and/or Refractory Multiple Myeloma (PR)
  - U.S. FDA accepted Bristol Myers Squibb and 2seventy bio's supplemental Biologics License Application and has assigned a target action date of December 16, 2023. European Medicines Agency has validated Bristol Myers Squibb's Type II variation application for Abecma. Bristol Myers Squibb's supplemental New Drug Application for Abecma has also been accepted by Japan's Ministry of Health, Labour and Welfare. Applications based on interim results of Phase 3 KarMMa-3 study, the first and only randomized, controlled study designed to evaluate a CAR T cell therapy in triple-class exposed relapsed and refractory multiple myeloma, in which Abecma significantly reduced the risk of disease progression or death versus standard regimens
- 04.16.23 - MorphoSys and Incyte Announce Five-Year Results of L-MIND Study Showed Prolonged, Durable Responses in Relapsed or Refractory DLBCL Patients Treated with Monjuvi® (tafasitamab-cxix)(PR)
  - MorphoSys U.S. Inc., a fully owned subsidiary of MorphoSys AG (FSE: MOR; NASDAQ: MOR), and Incyte (Nasdaq: INCY) today announced final five-year follow-up data from the Phase 2 L-MIND study showing that Monjuvi® (tafasitamab-cxix) plus lenalidomide followed by Monjuvi monotherapy provided prolonged, durable responses in adult patients with relapsed or refractory diffuse large B-cell lymphoma (DLBCL). No new safety signals were identified. The majority of adverse events (AEs) were grade 1 or grade 2 during both combination and monotherapy treatment. Patients experienced a lower frequency of all-grade and grade 3 or higher adverse events during monotherapy. The most common adverse events with combination therapy were neutropenia (incidence per person per year, all-grade/grade ≥3: 3.79/2.09) and thrombocytopenia (1.52/0.52), which declined after patients switched to monotherapy (all-grade/grade ≥3: 1.09/0.70 and 0.17/0.06, respectively, in the first two years of monotherapy). Neutropenia and diarrhea were the most common adverse events in the first two years of monotherapy.
- 04.16.23 - Genentech's Tecentriq Plus Avastin Reduced the Risk of Cancer Returning in People With Certain Types of Adjuvant Liver Cancer in a Phase III Study (gene)
  - In the first-ever positive Phase III trial in the adjuvant hepatocellular carcinoma (HCC) setting, Tecentriq plus Avastin reduced the risk of disease recurrence by 28%. Up to 80% of people with this type of HCC experience disease recurrence, at which point they are faced with poorer prognosis and shorter survival. The IMbrave050 study is part of Genentech's overall commitment to drive fundamental treatment change and improve outcomes for people living with liver cancer. Tecentriq plus Avastin was the first treatment in over a decade to significantly improve OS over the existing standard of care, based on data from the IMbrave150 study. The Tecentriq combination quickly became a standard of care in unresectable HCC and is clearly defined as a preferred front-line treatment in multiple international clinical guidelines.

- 04.16.23 - Otsuka and Lundbeck Issue Statement on U.S. Food and Drug Administration (FDA) Advisory Committee Meeting on REXULTI® (brexpiprazole) for the Treatment of Agitation Associated with Alzheimer's Dementia (PR)
  - announce the Joint Meeting of the Psychopharmacologic Drugs Advisory Committee and the Peripheral and Central Nervous System Drugs Advisory Committee of the U.S. Food and Drug Administration (FDA) met to discuss the supplemental New Drug Application (sNDA) of REXULTI® (brexpiprazole) for the treatment of agitation associated with Alzheimer's dementia (AAD). The committee voted 9-1 that Otsuka and Lundbeck provided sufficient data to allow the identification of a population in whom the benefits of treating AAD with REXULTI outweigh its risks. If approved, REXULTI would be the first FDA-approved treatment indicated for AAD in the U.S. The FDA will consider the feedback from the committee as it reviews the sNDA for REXULTI in advance of the May 10 Prescription Drug User Fee Act (PDUFA) target action date.
- 04.16.23 - IMFINZI-based treatment before and after surgery reduced the risk of disease recurrence, progression events or death by 32% in resectable non-small cell lung cancer in the AEGEAN Phase III trial (PR)
  - The combination of IMFINZI and neoadjuvant chemotherapy also demonstrated a statistically significant and meaningful improvement in pathologic complete response (pCR), a dual primary endpoint, compared to neoadjuvant chemotherapy alone, at a previously reported interim analysis. Further, adding IMFINZI to neoadjuvant chemotherapy was consistent with the known profile for this combination and did not compromise patients' ability to complete surgery versus chemotherapy alone. Of patients treated with the IMFINZI-based regimen, 77.6% completed surgery compared to 76.7% of patients treated with chemotherapy alone. Grade 3/4 any-cause adverse events occurred in 42.3% of patients treated with the IMFINZI-based regimen versus 43.4% for chemotherapy alone.
- 04.14.23 - 23andMe Announces Phase 1 Results from the First-in-Human Phase 1/2a Study of 23ME-00610, an Investigational Antibody Targeting CD200R1 (PR)
  - the Phase 1 portion of its Phase 1/2a study evaluating 23ME-00610, an investigational antibody targeting CD200R1. 23ME-00610 demonstrated an acceptable safety and tolerability profile, with favorable pharmacokinetics (PK) and peripheral saturation of the CD200R1 target. Based on the Phase 1 data, a dose of 23ME-00610 given at 1400 mg intravenously every 3 weeks was selected for evaluation of anti-tumor activity in the ongoing Phase 2a portion of the Phase 1/2a (Phase 2a) 23ME-00610 study.