

Patient Identification and Eligibility Insights in the Synchronous mRCC Population: An Update from the Ongoing ADAPT* Phase 3 Study Experience

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Background: While targeted therapies have yielded improved efficacy, durable remissions and long-term survival are rare, particularly in newly diagnosed, unfavorable risk metastatic RCC (mRCC). Recent findings from the International mRCC Database Consortium (IMDC) indicate that newly diagnosed, unfavorable risk mRCC patients have an expected median PFS of 5.6 months and median OS of 14.7 months, despite treatment with targeted therapies. Thus, significant unmet need persists for patients with synchronous mRCC who present with unfavorable risk factors at diagnosis. AGS-003 is an autologous, fully personalized immunotherapy designed to induce a memory T-cell response specific to a patient's tumor antigens. Sunitinib is a TKI and first-line therapy for mRCC which can decrease the immune suppression observed in mRCC. In a single arm phase 2 study, AGS-003 plus sunitinib was safe and yielded encouraging survival in unfavorable risk mRCC patients, which resulted in the initiation of the ongoing ADAPT phase 3 study.

Methods: The ADAPT study is a randomized (2:1) international phase 3 study comparing standard targeted therapy plus AGS-003 to standard therapy alone. The primary objective is to compare the median OS between treatment arms. Adults with synchronous, clear cell, mRCC who are good candidates for surgery and targeted therapy, KPS \geq 70%, life expectancy \geq 6 months, 1-4 Heng risk factors, and adequate end organ function are eligible. All potentially eligible patients have a tumor sample collected post-nephrectomy; only those randomized to the combination arm require a leukapheresis to manufacture AGS-003 for subsequent treatment in combination with standard therapy.

Study Update: More than 130 global sites have been activated. To date >500 mRCC patients have been consented for tumor collection and >200 patients have been randomized to the treatment phase. To date, approximately 50% of patients consented for tumor collection have been excluded in the treatment phase of the study after surgery. Nearly half of all screen failures have been due to presence of non-clear cell histology. Other reasons for exclusion have included a lack of measurable metastatic disease after nephrectomy, presence of cardiac/renal/GI abnormalities prohibiting treatment with sunitinib, and diminished performance status or poor overall prognosis following nephrectomy.

Conclusions: Further details regarding study progress and eligibility disposition will be presented.

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