ASCO 2017 Gastrointestinal Cancers Symposium: summary of key guidelines for abstracts

TITLE: Titles should be in sentence case. There is no character limit for the title, but characters in the title will count towards the overall character count

AUTHORS: Can have up to 20 authors

Abstract: Total character count for the abstract is 2,000 (approximately 300-350 words). Includes everything in the title, abstract body, and table, but does not include spaces or author names or affiliations

One table may be included in the abstract. All characters in the table count towards the total character count. No photos, charts, figures, or images may be included.

AUTHORS:

Gregory Beatty,[1] Safi Shahda,[2] Thaddeus Beck,[3] Nikhil Uppal,[4] Steven Cohen,[5] Ross Donehower,[6] A. Eli Gabayan,[7] Albert Assad,[8] Julie Switzky,[8] Huiling Zhen,[8] Daniel Von Hoff[9]

AFFILIATIONS:

[1]Hospital of the University of Pennsylvania, Philadelphia, PA; [2]Indiana University Simon and Bren Cancer Center, Indianapolis, IN; [3]Highlands Oncology Group, Fayetteville, AR; [4]NYU Langone Arena Oncology, Lake Success, NY; [5]Fox Chase Cancer Center, Philadelphia, PA; [6]The Johns Hopkins Medical Institutions, Baltimore, MD; [7]Beverly Hills Cancer Center, Beverly Hills, CA; [8]Incyte Corporation, Wilmington, DE; [9]Virginia G. Piper Medical Center, Scottsdale, AZ.

ClinicalTrials.gov identifier: NCT01858883

Character count of abstract body (including title, body, tables): 1,936 (limit, 2,000)

Topic category (selected from list): Cancers of the Pancreas, Small Bowel, and Hepatobiliary Tract

Presentation preference: poster presentation

Note: This draft has not been copy-edited nor fact-checked

A phase 1b/2 study of INCB039110 in combination with nab-paclitaxel (N) and gemcitabine (G) in patients (pts) with advanced solid tumors and pancreatic cancer (PC)

BACKGROUND: JAK-STAT activity has been associated with the malignant cell proliferation and the production of proinflammatory cytokines involved in cancer progression. INCB039110, a potent and selective inhibitor of JAK1, was evaluated in pts with advanced solid tumors and PC.

METHODS: This was a 2-part phase 1b/2 open-label study evaluating INCB039110 in combination with N and G (± GCSF) in pts with advanced or metastatic solid tumors (Part 1, dose optimization phase) and pts with advanced or metastatic PC who had not received prior chemotherapy (Part 2 and 2A). Pts in P2 received the P1 tolerated dose regimen [INC039110 (300 mg QD) + N (125 mg/m^2 QW) + G (1000 mg/m^2 QW)]. Pts in P2A underwent a 7-day induction phase with INCB039100 (200 mg QD) prior to receiving INCB039110 (200 mg QD) + N (125 mg/m^2 QW) + G (1000 mg/m^2 QW).

RESULTS: A total of 27 pts enrolled in P1, 20 in P2 and 8 in P2A. Median age was 65 (P1), 67 (P2), and 66 years (P2A). Prior therapy: 67% in P1, 30% in P2 (2 pts for advanced disease, 4 pts for (neo)adjuvant therapy), and 0% in P2A. The most common reasons for treatment discontinuation were: AEs (41% P1, 20% P2, 38% P2A), disease progression (37% P1 and 45% P2), and study termination by the sponsor (38% P2A). Median treatment durations were 84 d (P1), 121 d (P2), and 47 d (P2A). The most common non-hematologic adverse events (AEs) overall were fatigue (59% P1, 75% P2, 88% P2A), nausea (41% P1, 50% P2, 38% P2A), pyrexia (37% P1, 40% P2, 13% P2A), and peripheral edema (30% P1, 50% P2, 25% P2A). There were few grade 3 or 4 non-hematologic AEs. The most common grade 3 or 4 hematologic AEs (laboratory values) overall were neutropenia (33% P1, 60% P2, 13% P2A), lymphopenia (30% P1, 30% P2, 13% P2A), and leukopenia (30% P1, 45% P2, 0% P2A). Serious AEs (SAEs) occurring in ≥3 pts in P1 or P2 or P2A were pneumonia (n=4 P1 and n=2 P2) and anemia (n=3 P1, n=2 P2, n=2 P2A). ORRs (all PRs) were 5/27 (19%) in P1, 7/20 (35%) in P2, and 1/8 (13%) in P2A.

CONCLUSIONS: INCB039110 had an acceptable safety profile in combination with nab-paclitaxel/gemcitabine in pts with advanced pancreatic cancer. . Partial responses were seen across the trial.