Monoclonal Antibody Therapy Shows Early Promise For Advanced Pancreatic Cancer

Experimental monoclonal antibody sotigalimab shows promising results in a Phase I study.

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Pancreatic cancer is one of the most difficult forms of cancer to treat effectively. Standard courses of chemotherapy drugs often come up short for patients, leading to a dismal 5-year relative survival rate of just 10%. And while the past few years' transformative breakthroughs in immunotherapy have drastically improved the prognosis for many patients diagnosed with other forms of cancer, most pancreatic cancers have proved frustratingly resistant to immunotherapy alone.

Now, new Phase I results from an ongoing clinical trial suggest that a two-pronged approach combining chemotherapy with an experimental immune-stimulating drug may be a safe and effective new treatment for advanced pancreatic cancer.

Former Damon Runyon Clinical Investigator Robert H. Vonderheide, MD, is one of the leaders of a team of researchers across seven U.S. research centers investigating the use of sotigalimab – a monoclonal antibody that targets CD40 regulators on cells to unleash the immune system's protective capacities - in pancreatic cancer treatment. "Innovation isn't optional in pancreatic cancer," Dr. Vonderheide told the Parker Institute for Cancer Immunotherapy.

In the study, some participants undergoing standard treatment for advanced pancreatic cancer received sotigalimab along with their chemotherapy. Some patients in these active study cohorts also received nivolumab, a checkpoint inhibitor immunotherapy currently used to treat a variety of metastatic cancers.

Life expectancy for advanced pancreatic cancer treated with chemotherapy alone is less than one year, but the median survival rate for patients treated with sotigalimab was 20 months. 58% of the patients who received the new drug compound, either with or without the presence of the checkpoint inhibitor, saw their tumors shrink.

On the strength of these promising results, the clinical trial has moved into Phase II, where both the sotigalimab and chemotherapy protocol and the triple combination therapy including

nivolumab will be investigated among a larger and more diverse group of enrolled patients. Phase II results are expected later this year. If the treatment is confirmed to be safe and effective, the combination of standard chemotherapy and sotigalimab could become the new “gold standard” treatment for metastatic pancreatic cancer and point the way towards other innovative treatment protocols that combine existing drugs and novel immunotherapeutics.

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