Efficacy and Safety of Lifileucel, an Investigational Autologous Tumor-Infiltrating Lymphocyte (TIL) Cell Therapy in Patients With Advanced Melanoma Previously Treated With Anti-LAG3 Antibody

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Background

The recent approval of relatlimab (anti-lymphocyte activation gene 3 [LAG3]) for advanced melanoma has provided a new option for first-line treatment of advanced melanoma following a positive opinion of the Committee for Medicinal Products for Human Use (CHMP) for patients with advanced melanoma who have responded to or progressed on or after ICI treatment4,5; however, treatment options are limited following disease progression on or after ICI therapy3,4.

Methods

• Relatlimab is a non-classical monomeric IgG1 antibody that binds to LAG3 on CD8+ T-cells, activating them and reducing their inhibitory function.
• Interactions of LAG3 with its ligands are recognized as important pathways of cellular activation and inhibition.
• Patients with advanced melanoma who had progressed after anti-LAG3 and ICI therapy were enrolled in this multicentre, single-arm, open-label phase IIb study.

Results

• Anti-LAG3 therapy was not used in the first-line setting in Cohort 2, where the primary endpoint of investigator-assessed ORR was confirmed in larger datasets.

Conclusions

• Relatlimab and nivolumab-melanoma melatite presents a high potential benefit with a survival benefit and a limited duration of treatment.
• Treatment with nivolumab after anti-LAG3 failure produced a response rate consistent with the overall 9% of patients who achieved a best response of PD and 7% of patients with a best response of SD or better. This is comparable to previous reports of the general population of patients with metastatic melanoma who progress after anti-LAG3 and ICI combination therapy. 2

References


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