| Titre | A Phase 2, Open-label, Multicenter, Cohort Study of Nemvaleukin Alfa (ALKS 4230) Monotherapy Administered Subcutaneously in Patients With Advanced Cutaneous Melanoma or Intravenously in Patients With Advanced Mucosal Melanoma Who Have Previously Received Anti-PD-[L]-1 Therapy |
| :---: | :---: |
| Protocole ID | ARTISTRY-6 |
| ClinicalTrials.gov ID | NCT04830124 |
| Type(s) de cancer | Mélanome |
| Phase | Phase II |
| Type étude | Clinique |
| Médicament | Nemvaleukin Alfa |
| Institution | CENTRE HOSPITALIER DE L'UNIVERSITE DE MONTREAL |
| Ville |  |
| Investigateur principal | Dre Rahima Jamal |
| Coordonnateur | Samantha Gennevois 514-890-800 poste 31523 |
| Statut | Actif en recrutement |
| But étude | This study observes the antitumor activity, safety, tolerability, PK, and pharmacodynamics in patients with inoperable and/or metastatic melanoma following prior anti-PD-[L]-1 therapy |
| Critères d'éligibilité | - The patient must have advanced cutaneous melanoma or acral melanoma; no more than 5 patients with acral melanoma may enroll in this cohort (Cohort 1). Or, the patient must have unresectable and/or metastatic mucosal melanoma (Cohort 2). <br> - The patient must have received previous treatment as follows: <br> - Patient has received anti-PD-[L]1 therapy with or without anti-CTLA-4 therapy, and no more than one other prior regimen of systemic anti-neoplastic therapy (eg, targeted therapy, chemotherapy). Previous adjuvant and/or neoadjuvant therapy counts as one prior regimen. <br> - Patients have experienced objective response (partial response [PR] or CR; by RECIST 1.1 or iRECIST) or stable disease (SD; by RECIST 1.1 or iRECIST) as best overall response (BOR) to anti-PD-[L]1 therapy. Patients with confirmed progressive disease (by RECIST 1.1 or iRECIST) as best response may be included, if they received anti-PD-[L]1 therapy for a minimum of 12 weeks (eg, 4 doses of pembrolizumab every 3 weeks). <br> - Patients with BRAF mutations may or may not have received prior targeted therapy. <br> - Patients must have disease that is measurable based on RECIST 1.1., that has not recently been irradiated or used to collect a biopsy. <br> - Patient is willing to undergo a pretreatment tumor biopsy or provide qualifying archival tumor tissue. <br> - Patient has an Eastern Cooperative Oncology Group (ECOG) status of 0 or 1 and an estimated life expectancy of $\geq 3$ months. <br> - Additional criteria may apply. |

- Patient has uveal melanoma.
- Patient has received prior IL-2-based or IL-15-based cytokine therapy; patient has had exposure, including intralesional, to IL-12 or analogs thereof.
- Patient requires systemic corticosteroids (>10 mg of prednisone daily, or equivalent) however, replacement doses, topical, ophthalmologic, and inhalational steroids are permitted.
- Patient has undergone prior solid organ and/or non-autologous hematopoietic stem cell or bone marrow transplant.
- Patient is currently pregnant, breastfeeding, or is planning to become pregnant or to begin breastfeeding during the study period or within 30 days after last study drug administration.
- Patients with active or symptomatic central nervous system metastases unless the metastases have been treated by surgery and/or radiation therapy and/or gamma knife, the subject has been tapered to a dose of 10 mg of prednisone (or equivalent) or less of corticosteroids for at least 2 weeks before the first dose, and the subject is neurologically stable. Patients with leptomeningeal disease are excluded.
- Patient has known or suspected hypersensitivity to any components of nemvaleukin.
- Patients with an uncontrollable bleeding disorder.
- Patient has QT interval corrected by the Fridericia Correction Formula values of $>470 \mathrm{msec}$ (in females) or $>450 \mathrm{msec}$ (in males); patient who is known to have congenital prolonged QT syndromes; or patient who is on medications known to cause prolonged QT interval on ECG.
- Patient has developed Grade $\geq 3$ immune-related AEs (irAEs) while on prior immunotherapy, (eg, pneumonitis, nephritis, and neuropathy).
- Additional criteria may apply.

