In the Phase Ia part, 11 patients received the triplet combination (BI 907828 plus ezabenlimab with 75 mg at the 10/20/30 mg dose levels (n=3/3/5, respectively). No DLTs were reported in Cycle 1; the MTD was not reached. As of August 2022, 27 patients have received the doublet combination (BI 907828 plus ezabenlimab) at 4/5 mg dose levels (n=13, 14, respectively). Among these, the most frequent histologies were: LPS (n=26, DLPPS (n=8), BTC (n=3).

Safety

In patients receiving BI 907828 plus ezabenlimab:

• Two patients had a DLT during Cycle 1:
  – G2 neutropenia causing Cycle 2 delay (45 mg)
  – G3 thrombocytopenia

DLTs reported in 8 patients (any cycle):

– Neutropenia (n=6)
– Alkaline ammuno-transferase increased (n=1)
– Anemia (n=4)
– Neutrophil count decreased (n=1)
– Common any-grade dose limiting AEs were: anemia (n=5); thrombocytopenia (n=3); and lymphocytopenia decreased (n=6).

• The RDE was selected as BI 907828 45 mg q3w.

Recruitment is ongoing in the Phase Ib dose expansion part.

Endpoints and eligibility criteria

**Phase la**

Primary endpoints:

– Number of patients with DLTs during the first treatment cycle

Secondary endpoints:

– PK parameters: Cₚₑₚ, AUC₀-ₚₚ of BI 907828 and ezabenlimab

– Number of patients with DLTs during the entire treatment period

**Phase Ib**

Primary endpoints:

– Objective response per RECIST 1.1
– Progression-free survival

Secondary endpoints:

– Objective response per RECIST
– Disease control rate per RECIST 1.1, RECIST
– Overall survival

– Number of patients with DLTs during the entire treatment period

Key inclusion criteria

– Disease progression or relapse during SoC or ineligible for SoC

– Symptomatic brain metastasis

– History of bleeding diatheses

Key exclusion criteria

– MDM2-p53 antagonist BI 907828

**Efficacy**

Best response among response-evaluable patients who received BI 907828 plus ezabenlimab (n=24)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Triplet (n=31)</th>
<th>Doublet (n=27)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male, n (%)</td>
<td>4 (36) 15 (56)</td>
<td></td>
</tr>
<tr>
<td>Ethnicity, n (%)</td>
<td>3 (27) 11 (41)</td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td>8 (73) 15 (56)</td>
<td></td>
</tr>
<tr>
<td>Missing</td>
<td>0 (4) 1 (4)</td>
<td></td>
</tr>
</tbody>
</table>

**TRAES**

<table>
<thead>
<tr>
<th>Any grade, n (%)</th>
<th>Grade 3-4, n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most common TRAEs</td>
<td></td>
</tr>
<tr>
<td>Nausea</td>
<td>26 (49) 2 (7)</td>
</tr>
<tr>
<td>Vomiting</td>
<td>15 (56) 0</td>
</tr>
<tr>
<td>Decreased appetite</td>
<td>13 (48) 0</td>
</tr>
<tr>
<td>Anemia</td>
<td>11 (41) 4 (15)</td>
</tr>
<tr>
<td>Thrombocytopenia</td>
<td>13 (48) 7 (26)</td>
</tr>
<tr>
<td>Neutropenia</td>
<td>10 (37) 4 (15)</td>
</tr>
<tr>
<td>White blood cell count decreased</td>
<td>10 (37) 5 (19)</td>
</tr>
<tr>
<td>Fatigue</td>
<td>10 (37) 1 (4)</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>8 (30) 0</td>
</tr>
</tbody>
</table>

**References**

Renzulli et al, J Clin Oncol 2018;46(35) Suppl; 1251, Abstract 3590. | Reduction of ongoing response-evaluable patients from the 1st phase and 2nd phase based on additional safety and efficacy analyses. Phase Ib data was obtained with the following chemotherapy combinations: CTIS, chemotherapy; SoC, standard of care; DLPPS, dedifferentiated liposarcoma; BTC, biliary tract cancer; TP53, tissue sarcoma; DDLPS, dedifferentiated liposarcoma; TP53, tissue sarcoma; G2, grade 2; RDE, recommended dose for expansion; TRAE, treatment-related AE; *Corresponding author email address: potsher@respircare.com

**Endpoints and eligibility criteria**

**Key findings and conclusions**

In this Phase la study (NCT03964223), the MDM2-p53 antagonist BI 907828 plus ezabenlimab showed a manageable safety profile and early signs of antitumor activity, including in patients with liposarcoma.

• The RDE was selected as BI 907828 45 mg q3w

• Recruitment is ongoing in the Phase Ib dose expansion part.