# Phase 1 JZP898 Intravenous Infusion as Monotherapy and Combination With Pembrolizumab in Adults With Advanced or Metastatic Solid Tumors (NCT06108050)

# **Study Overview**

Purpose	To investigate the safety, tolerability, PK, immunogenicity, and preliminary anti-tumor activity of JZP898 monotherapy (Part A1) as well as JZP898 in combination with pembrolizumab (Parts A2 and B) in adult participants with advanced or metastatic solid tumors
Condition(s)	Previously treated advanced or metastatic solid tumors
Drug(s)	<ul><li>JZP898 monotherapy (Part A1)</li><li>JZP898 and pembrolizumab (Parts A2 and B)</li></ul>
Study Phase	Phase 1
Participating Countries (Active and Planned)	US

## **Selected Outcome Measures**

## **Primary Outcome Measures:**

- Number of patients with DLTs
- Incidence and severity of TEAEs and SAEs
- Incidence of dose interruptions, discontinuations, and reductions due to TEAEs
- Investigator-assessed ORR (Part B)

## Secondary Outcome Measures:

- PK parameters including but not limited to  $C_{max}$ ,  $T_{max}$ , AUC,  $t_{1/2}$ , CL, V, and activated IFN $\alpha$ -to-JZP898 ratio
- Mean dose proportionality of JZP898 and activated IFN $\alpha$
- Accumulation ratio for C<sub>max</sub> and AUC
- Mean JZP898 and activated IFN $\alpha$  concentrations
- Investigator-assessed ORR, DOR, PFS, OS, and DCR
- Incidence of anti-drug antibodies towards JZP898
- Changes in tumor immune-cell profile in response to monotherapy and combination therapy as measured by gene expression (nanoString)

## **Contact information:**



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https://www.clinicaltrials.gov (Identifier: NCT06108050)

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# **Key Eligibility Criteria**

### **Key Inclusion Criteria:**

- Patients must be ≥18 years of age
- Patients much have a histologic or cytologic diagnosis of advanced or metastatic solid tumor
  - Part A: Previously treated patients with solid tumors (NSCLC, melanoma, HNSCC, renal cell carcinoma, hepatocellular carcinoma, gastroesophageal carcinomas, urothelial cancer, or colorectal cancer [MSI-H]) for whom, in the opinion of the investigator, there is no standard of care available to covey clinical benefit
  - Patients with select tumor types must meet the following criteria
    - For NSCLC: Patients with NSCLC who are eligible for platinum-based therapy must have received platinum-based therapy prior to inclusion in the study
    - Patients with HNSCC who are eligible for platinum therapy must have received platinum-based therapy prior to inclusion in this study
    - Patients with melanoma with known BRAFv600 mutation should have received BRAF/MEK inhibitor therapy before this study to be considered eligible
- Patients must have an ECOG performance status of 0 or 1
- Patients must have measurable disease as defined by RECIST v1.1
- Patients must have adequate organ and bone marrow function

## **Key Exclusion Criteria:**

- Patient has unresolved toxicities (grade >1)
- Patient has previous hypersensitivity to mAb, IFN $\alpha$ , or study intervention components
- Patient has primary CNS tumor or symptomatic CNS metastases
- Patient has a second primary malignancy treated within the previous 2 years (exceptions: nonmetastatic, nonmelanomatous skin cancers, carcinoma in situ, and melanoma in situ)
- Patient has clinically significant ischemic/hemorrhagic cerebrovascular accident/stroke and/or clinically significant cardiovascular
  disease, active autoimmune disease or a documented history of autoimmune disease or syndrome (within the last 2 years) that
  requires systemic steroids or immunosuppressive agents, or active or history of pneumonitis or interstitial lung disease requiring
  steroid treatment
- Patient has history of an allogeneic tissue/solid organ transplant

# **Treatment Regimen**

- Part A1 (dose exploration): JZP898
- Part A2 (combination dose exploration): JZP898 and pembrolizumab
- Part B (combination expansion): JZP898 and pembrolizumab

AUC = area under the curve,  $C_{max}$  = maximum plasma concentration, CL = total plasma clearance, CNS = central nervous system, DCR = disease control rate, DLT = dose-limiting toxicity, DOR = duration of response, ECOG = Eastern Cooperative Oncology Group, HNSCC = head and neck squamous cell carcinoma, IFN $\alpha$  = interferon  $\alpha$ , mAb = monoclonal antibody, MSI-H = microsatellite instability-high, NSCLC = non-small cell lung cancer, ORR = objective response rate, PK = pharmacokinetics, PFS = progression-free survival, RECIST v1.1 = Response Evaluation Criteria in Solid Tumors version 1.1, SAE = serious adverse event,  $t_{max}$  = time to  $C_{max}$  V = volume of distribution.

