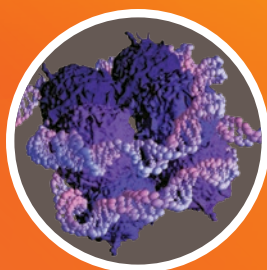
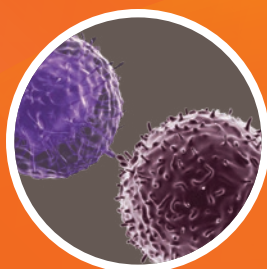


# Explore our science



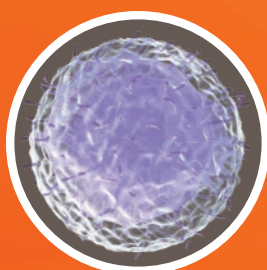
## Immuno-Oncology

Immuno-oncology harnesses the body's own immune system to fight cancer by using different immunological pathways to enhance antitumor responses.<sup>1,2</sup> GSK is studying multiple therapies that augment the immune response, reduce immune suppression, and modulate the tumor microenvironment.



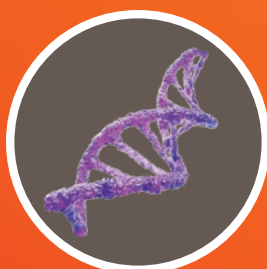
## Oncology Cell Therapy

Oncology cell therapy uses adoptive cell transfer of engineered T cells that may mediate antitumor effects.<sup>3</sup> GSK is exploring a number of adoptive cell therapies, including engineered TCR T cells and CAR T cells.



## Cancer Epigenetics

Aberrant gene expression, regulated in large part by epigenetic mechanisms, is a hallmark of cancer.<sup>4</sup> GSK is working on developing a number of molecules that may help regulate aberrant gene expression.



## Genetic Medicine

Defects in DNA repair, the accumulation of DNA damage, and genomic instability are pervasive characteristics of human tumors.<sup>5,6</sup> GSK is exploring inhibition of pathways that contribute to aberrant DNA repair in cancer cells, a promising area of research for increasing the effectiveness of current therapies and the discovery of treatment options.



Scan this code to view or download a copy of the GSK oncology pipeline brochure or visit [GSKoncologyRD.com/brochure](https://www.gskoncologyrd.com/brochure)

See next page for select GSK-sponsored clinical trials currently underway



1. PhRMA. Medicines in development for immuno-oncology 2017 report. <https://www.phrma.org/medicines-in-development-immuno-oncology>. Accessed January 30, 2019. 2. Finn OJ. Immuno-oncology: understanding the function and dysfunction of the immune system in cancer. *Ann Oncol*. 2012;23(suppl 8):viii6-viii9. 3. Perica K, Varela JC, Oelke M, Schneck J. Adoptive T cell immunotherapy for cancer. *Rambam Maimonides Med J*. 2015;8(1):e0004. doi:10.5041/RMMJ.10179. 4. Wyce A, Ganji G, Smitheman KN, et al. BET inhibition silences expression of MYCN and BCL2 and induces cytotoxicity in neuroblastoma tumor models. *PLoS One*. 2013;8(8):e72967. doi:10.1371/journal.pone.0072967. 5. Lord CJ, Ashworth A. The DNA damage response in cancer therapy. *Nature*. 2012;481(7381):287-294. 6. O'Connor MJ. Targeting the DNA damage response in cancer. *Mol Cell*. 2015;60(4):547-560.

# Select GSK-sponsored clinical trials

## Entrée-Lung: platform trial of novel regimens versus standard of care in NSCLC<sup>1</sup>

ICOS agonist IgG4 antibody (GSK3359609)<sup>1,2</sup>

### Study design

**Advanced NSCLC progressed on prior PD(L)-1 and platinum-based chemotherapy**

#### Stratify by:

- Squamous vs nonsquamous
- Line of anti-PD(L)-1 therapy (1st vs 2nd line)

Randomize

**Arm 1**  
Standard of care: docetaxel

**Arm 2**  
ICOS agonist (GSK3359609) + docetaxel

**Arm 3\***

**Arm 4\***

← Arm 1 & arm 2 = substudy 1

← Arm 1 & arm 3 = substudy 2

← Arm 1 & arm 4 = substudy 3

#### Key inclusion criteria:

- Advanced NSCLC in 2nd line, or 3rd line in subjects with *BRAF* mutations
- Measurable disease
- Prior maximum of 1 line of platinum-containing chemotherapy regimen
- Prior maximum of 1 line of PD(L)-1 mAb
- Known *BRAF* mutations allowed after disease progression on local SOC for the molecular alteration

#### Key exclusion criteria:

- Prior treatment with docetaxel or ICOS agonist
- ≥3 lines of therapy for NSCLC, including subjects with *BRAF* mutations
- Symptomatic CNS metastases
- Prior allogeneic/autologous bone marrow or solid organ transplantation

\*Additional regimens/arms may be added via future protocol amendment(s).

*BRAF*, B-Raf proto-oncogene, serine/threonine kinase; CNS, central nervous system; ICOS, inducible T-cell costimulator; IgG4, immunoglobulin G4; mAb, monoclonal antibody; NSCLC, non-small cell lung cancer; PD(L)-1, programmed cell death (ligand) 1; SOC, standard of care. Randomization of participants to experimental regimens may not occur in parallel.

Phase  
**2**

NCT03739710



Non-small cell lung cancer (NSCLC)

Study molecule  
(GSK3359609)  
ICOS agonist  
IgG4 antibody

Status  
recruiting

## NY-ESO-1 ± LAGE-1a-positive advanced/recurrent NSCLC alone or in combination with pembrolizumab<sup>3,4</sup>

Autologous engineered TCR T cells targeting NY-ESO-1 ± LAGE-1a (GSK3377794)

### Study design

**Advanced NSCLC (IIIb/IV)**  
▪ Previously treated or recurrent

#### Express

- HLA-A\*02, NY-ESO-1 ± LAGE-1a

Randomize

**Arm A\***

GSK3377794 monotherapy

EoT

Standard of care  
LTFU up to 15 years<sup>†</sup>

**Arm B**

GSK3377794 + anti-PD(L)-1 (pembrolizumab)

EoT

Standard of care  
LTFU up to 15 years<sup>†</sup>

#### Key inclusion criteria:

- Previously treated, advanced (IIIb/IV), or recurrent NSCLC
- Measurable disease
- Predicted life expectancy ≥3 months
- LVEF ≥50%
- Expression of NY-ESO-1 ± LAGE-1a
- Suitable for leukapheresis/lymphodepletion

#### Key exclusion criteria:

- ≥3 lines of prior systemic therapy
- Prior treatment with TCR T cell or CAR T cell therapy; prior integrating vector gene therapy
- Symptomatic or untreated leptomeningeal or brain metastases or spinal cord compression
- Prior malignancy other than NSCLC
- Prior allogeneic/autologous bone marrow or solid organ transplantation with some exceptions if occurred more than 5 years ago

\*Option of rescue with pembrolizumab at time of progressive disease based on risk/benefit evaluation. †LTFU requires participant enrollment in a dedicated LTFU protocol.

CAR, chimeric antigen receptor; EoT, end of therapy; HLA, human leukocyte antigen; LAGE-1a, cancer-testis antigen 2; LTFU, long-term follow-up; LVEF, left ventricular ejection fraction; NSCLC, non-small cell lung cancer; NY-ESO-1, New York esophageal squamous cell carcinoma 1; PD(L)-1, programmed cell death (ligand) 1; TCR, T-cell receptor.

Phase  
**1b/2a**

NCT03709706



Non-small cell lung cancer (NSCLC)

Study molecule  
NY-ESO-1  
TCR T cells  
(GSK3377794)

Status  
recruiting

## Learn more about additional trials—visit us at booth 22097

1. ClinicalTrials.gov. Phase II platform trial of novel regimens versus standard of care (SoC) in non-small cell lung cancer (NSCLC). <https://clinicaltrials.gov/ct2/show/NCT03739710>. Updated February 18, 2019. Accessed April 24, 2019. 2. Angevin E, Barnette MS, Bauer TM, et al. INDUCE-1: a phase I open-label study of GSK3359609, an ICOS agonist antibody, administered alone and in combination with pembrolizumab in patients with advanced solid tumors [abstract 3113]. *J Clin Oncol*. 2017;35(15)(suppl). doi:10.1200/JCO.2017.35.15\_suppl.TPS3113. 3. ClinicalTrials.gov. Pilot immunotherapy with autologous T-cells specific for New York esophageal antigen-1 (NY-ESO-1)/cancer-testis antigen-2 (LAGE-1a)-positive advanced non-small cell lung cancer (NSCLC) either alone or in combination with pembrolizumab. <https://clinicaltrials.gov/ct2/show/NCT03709706>. Updated February 11, 2019. Accessed April 24, 2019. 4. GSK Data on File. 205801. GSK Clinical Study Register. Study entry at <https://www.gsk-studyregister.com/study/19938>. Accessed May 6, 2019.

This information is intended for healthcare providers only. Compounds are investigational. Inclusion does not imply regulatory approval for these compounds or indications. Information about all GSK-sponsored trials can be found at [www.clinicaltrials.gov](http://www.clinicaltrials.gov).

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