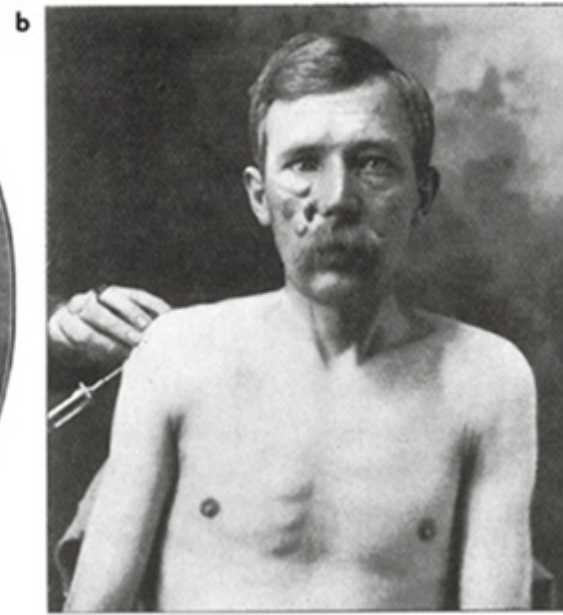


Enticing The Immune System To Treat GIST

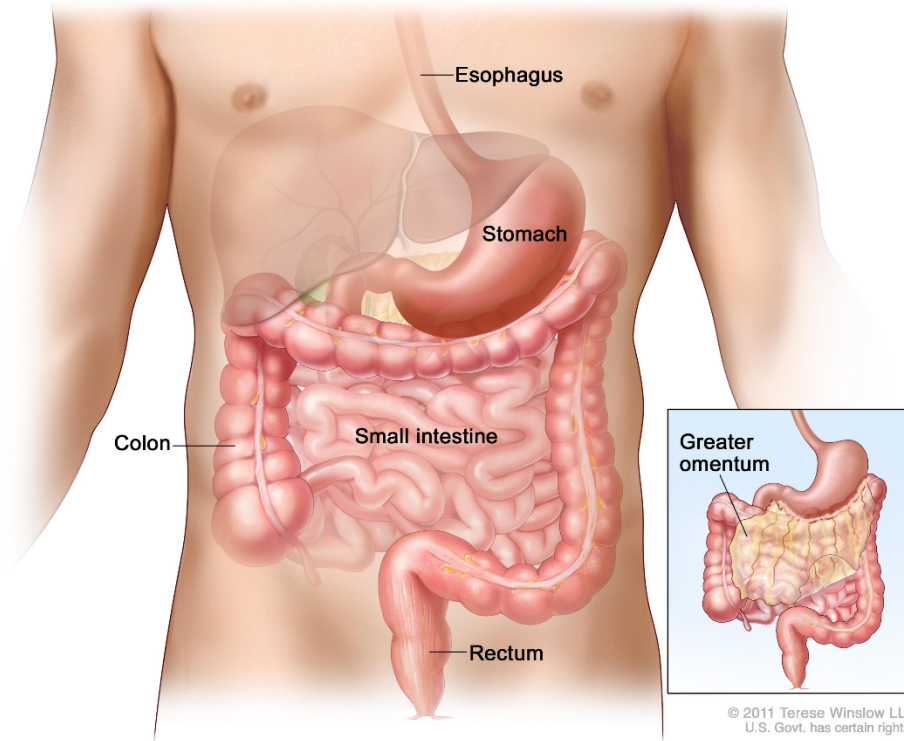
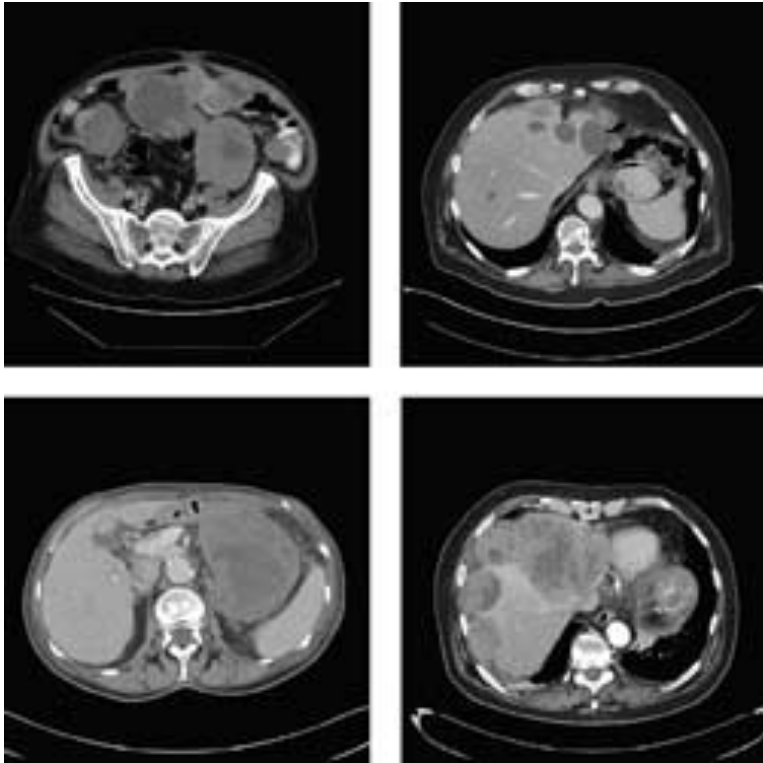


Arun Singh, MD
Assistant Professor
UCLA Sarcoma Program

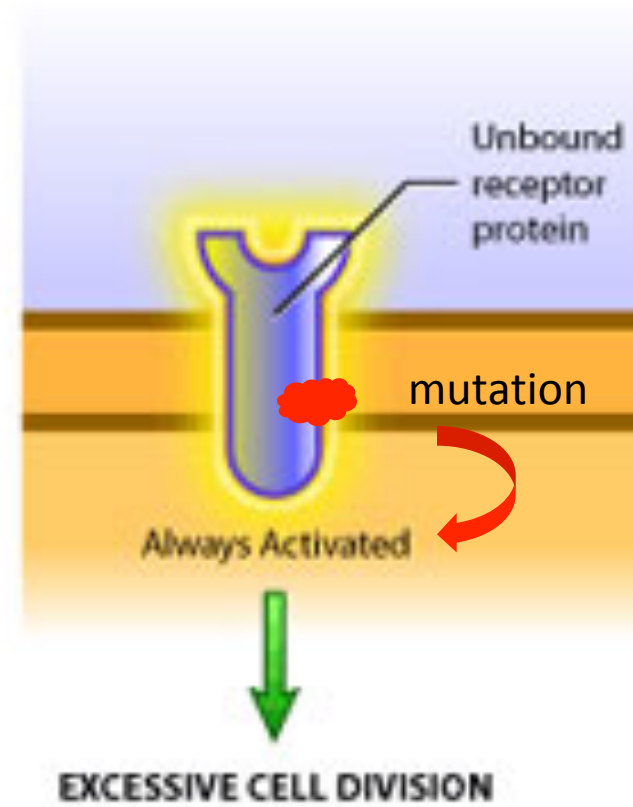
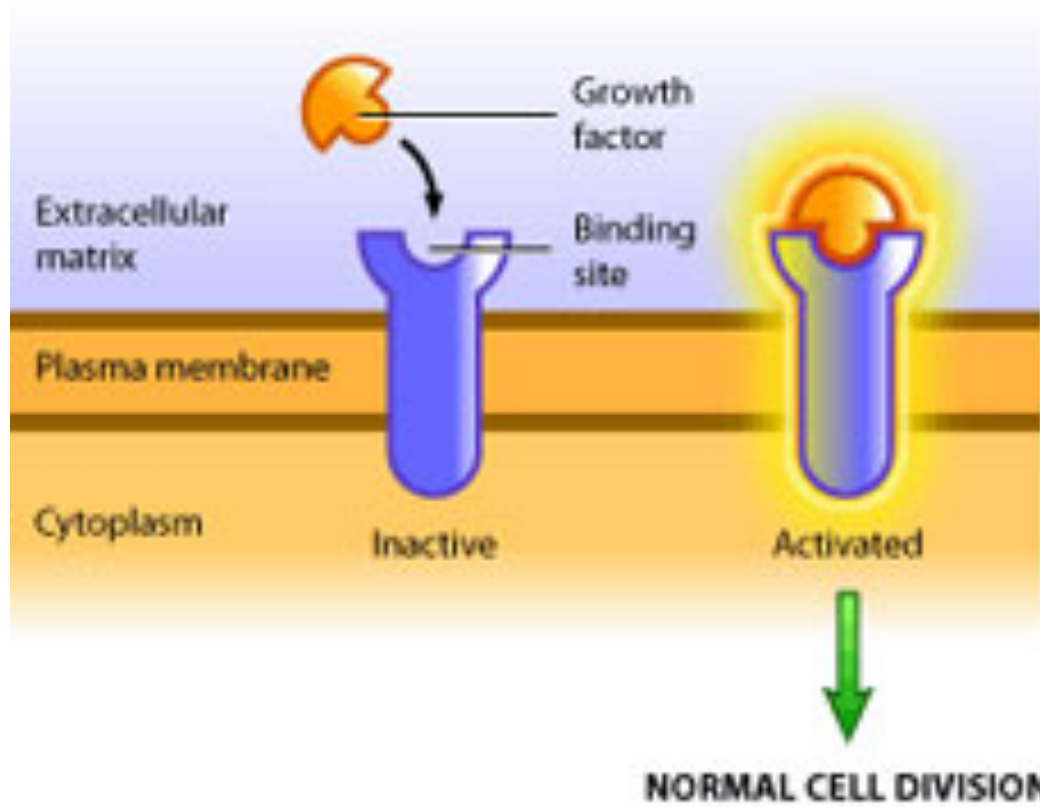
Conflicts of Interest

- Eli Lilly – Ad Board, Speaker’s Bureau
- Novartis – Speaker’s Bureau
- Daiichi Sankyo – Ad Board
- Roche – Ad Board
- OncLive - Speaker
- Certis Oncology Solutions – Board of Directors, Stock

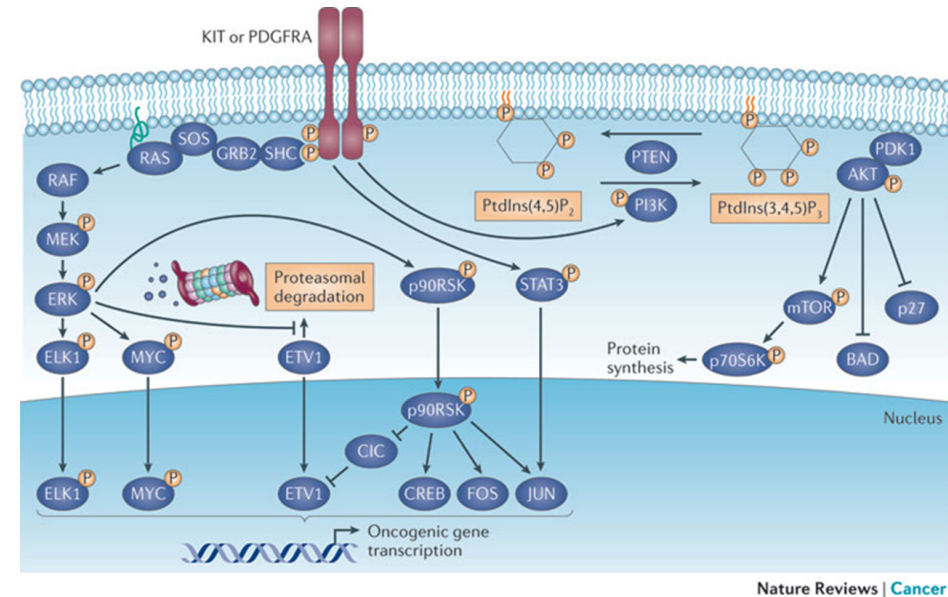
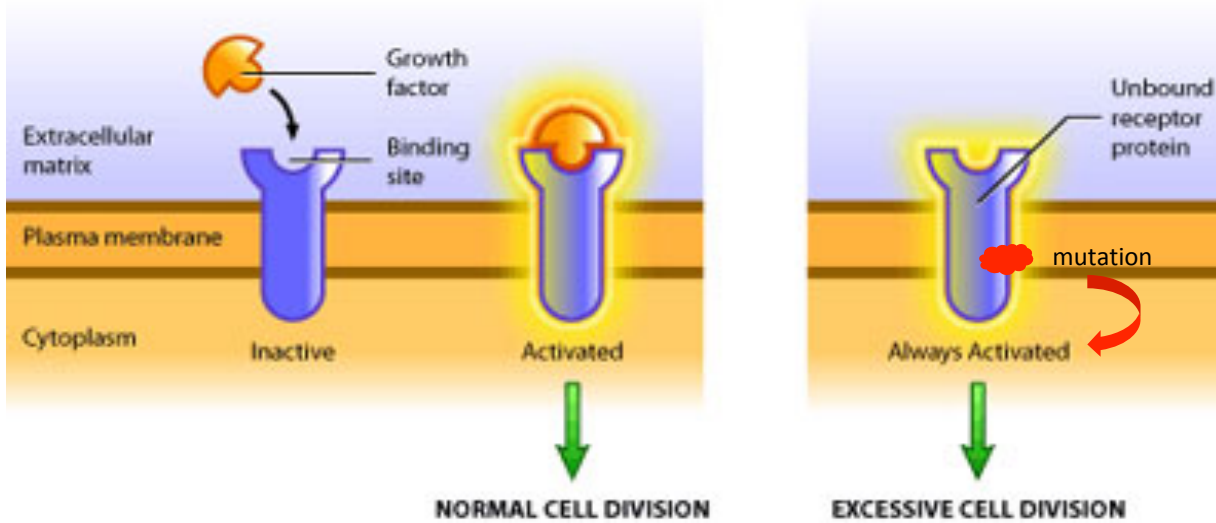
WHAT IS GIST?



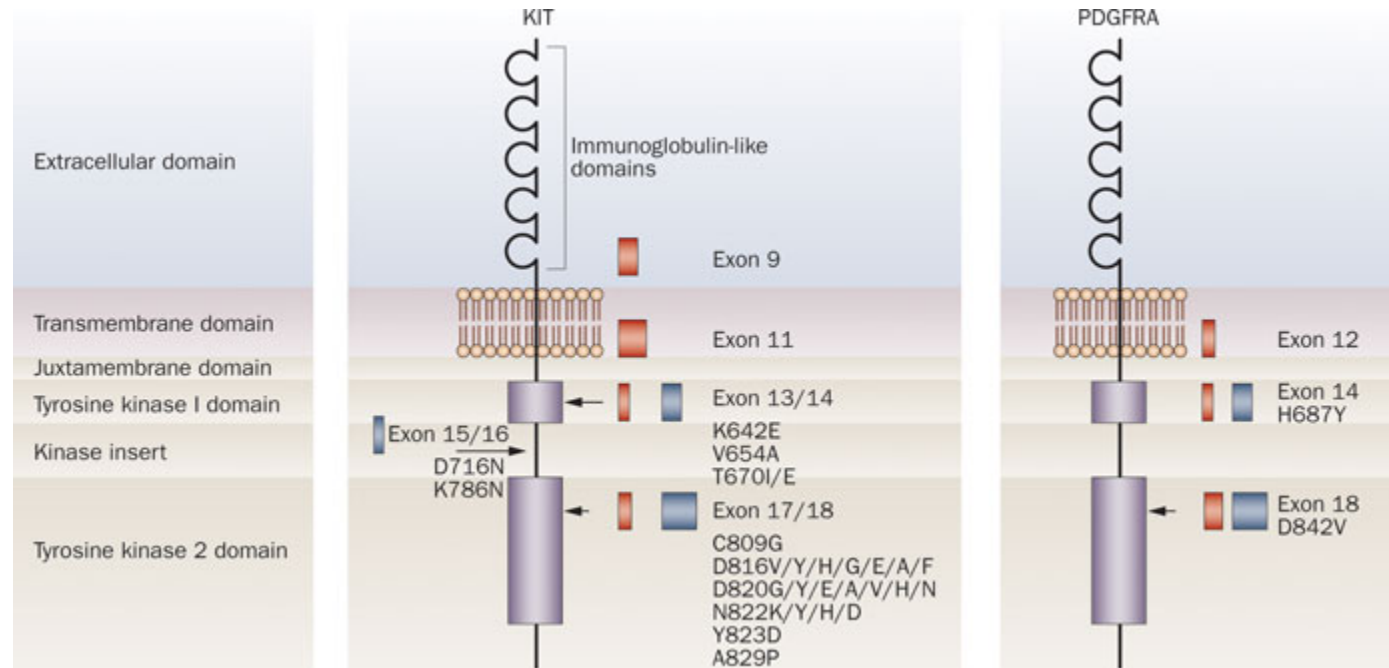
- Stomach (60%).
- Small intestine (30%).
- Rectum (3%).
- Colon (1–2%).
- Esophagus (<1%).
- Omentum/mesentery (rare).



CELL SIGNALLING IN GIST

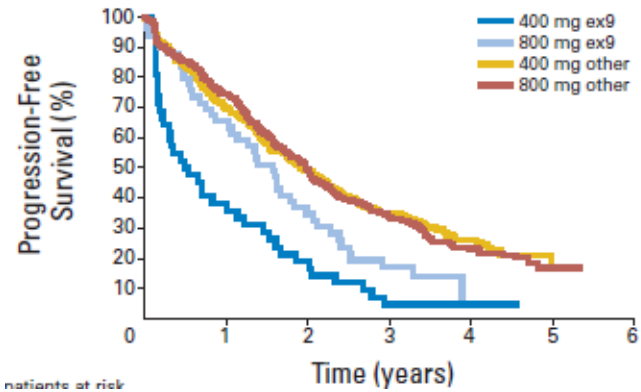


KIT and *PDGFRA* mutations and correlation to protein structure



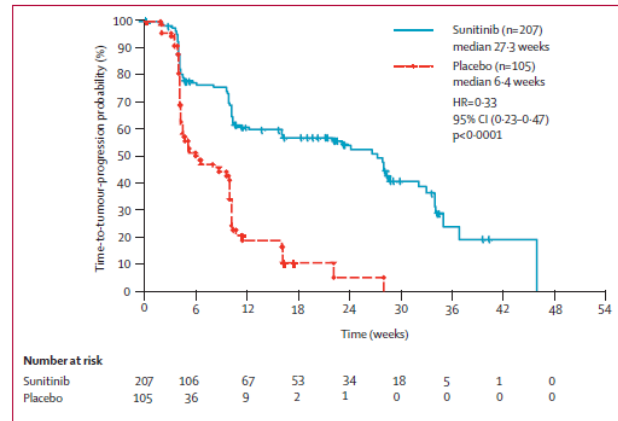
Pierotti, M. A. *et al.* (2011) Targeted therapy in GIST: *in silico* modeling for prediction of resistance
Nat. Rev. Clin. Oncol. doi:10.1038/nrclinonc.2011.3

Imatinib



patients at risk

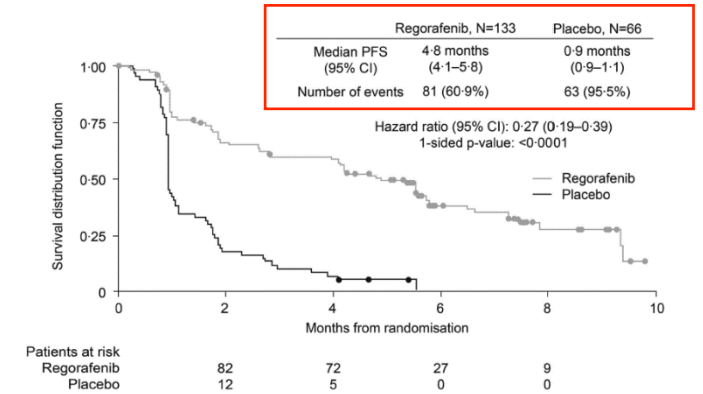
Sunitinib



Number at risk

Time (weeks)	0	6	12	18	24	30	36	42	48
Sunitinib	207	106	67	53	34	18	5	1	0
Placebo	105	36	9	2	1	0	0	0	0

Regorafenib



DIMINISHING PFS

GIST TREATMENTS ON NCCN GUIDELINES LIST

- Imatinib
- Sunitinib
- Regorafenib

- Pazopanib
- Sorafenib
- Dasitinib (D842V mutants)
- Nilotinib
- TKI + Everolimus

Cancer Management

SURGERY

RADIATION THERAPY

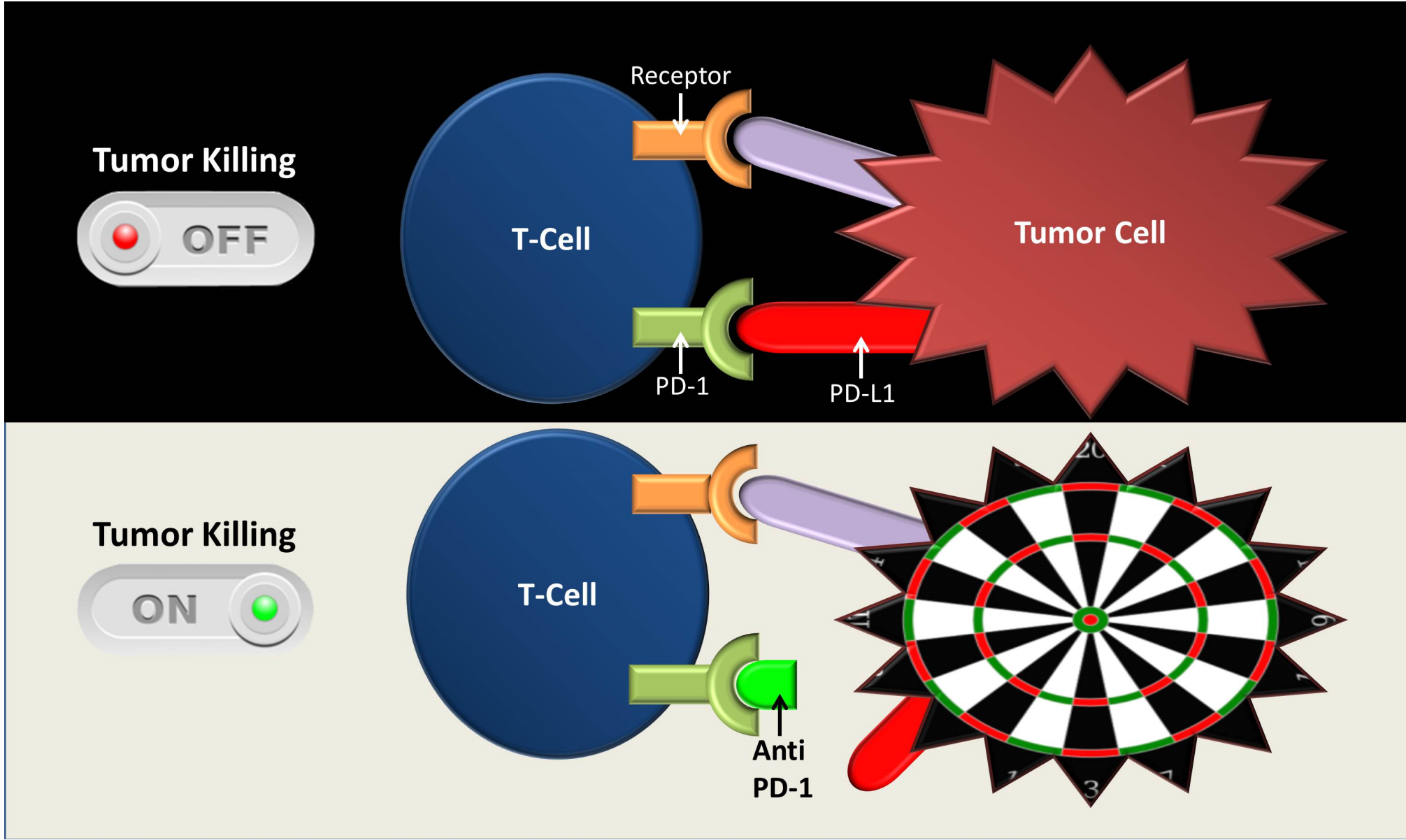
CHEMOTHERAPY

TARGETED THERAPY

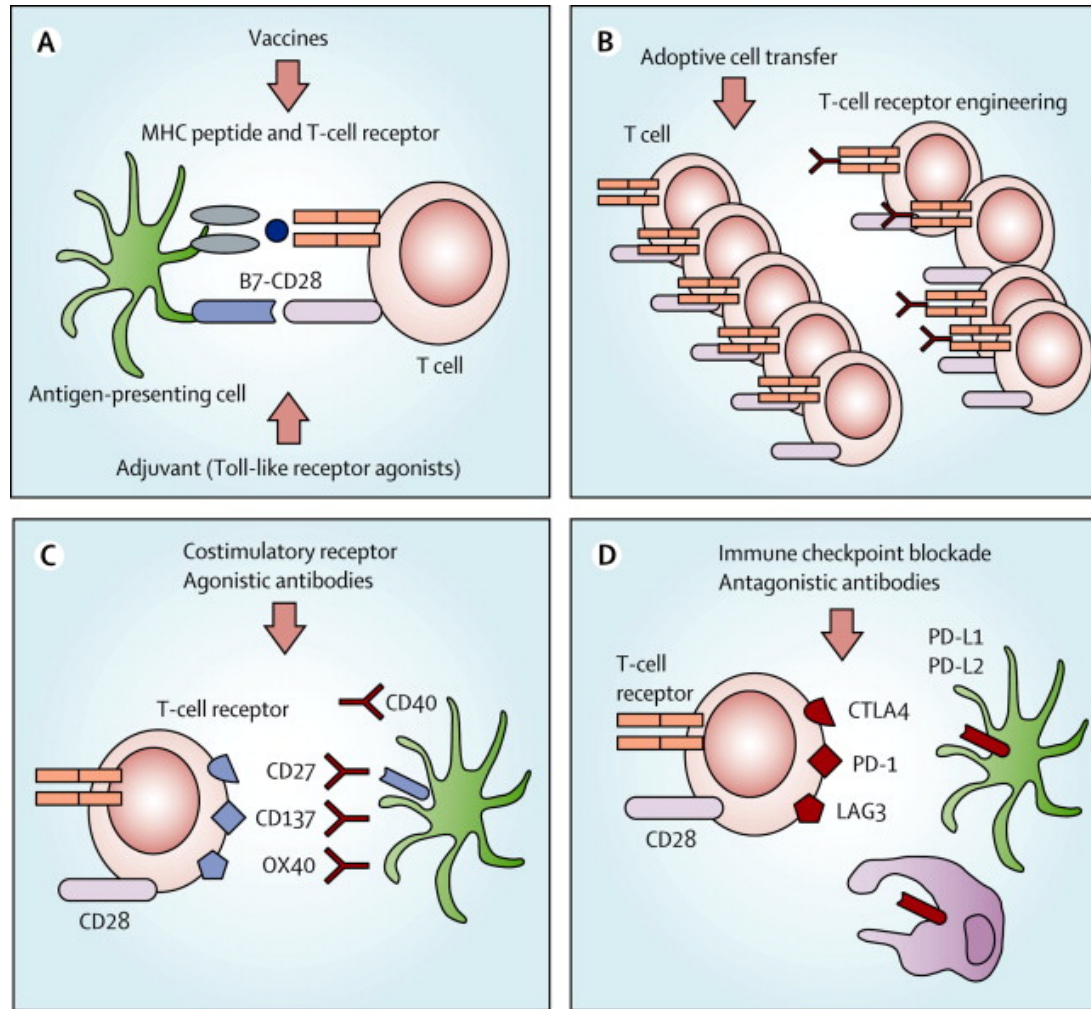
IMMUNOTHERAPY

Coley's Toxins and Sarcomas





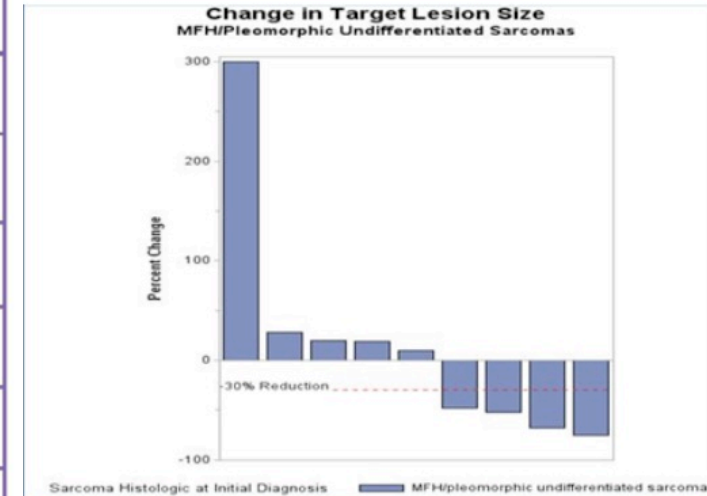
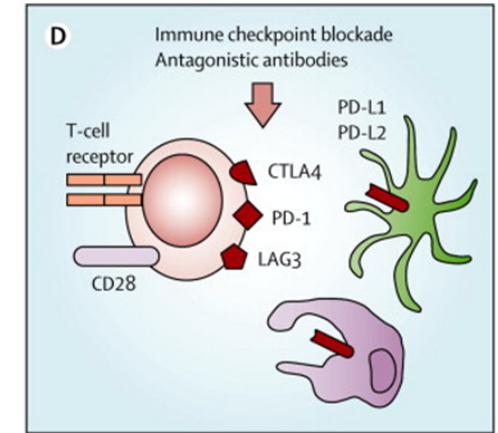
IMMUNOTHERAPY APPROACHES TO CANCER



SARC 028: Pembrolizumab (STS)

Soft Tissue Subtype	Best Response by RECIST 1.1			
	PR	SD	PD	Total
Leiomyosarcoma	0 (0%)	6 (60%)	4 (40%)	10
Pleomorphic sarcoma	4 (44%)	3 (33%)	2 (22%)	9
Liposarcoma	2 (22%)	4 (44%)	3 (33%)	9
Synovial sarcoma	1 (11%)	2 (22%)	6 (66%)	9
Total	7 (19%)	15 (40%)	15 (40%)	37

3 pts have not reached first scan assessment



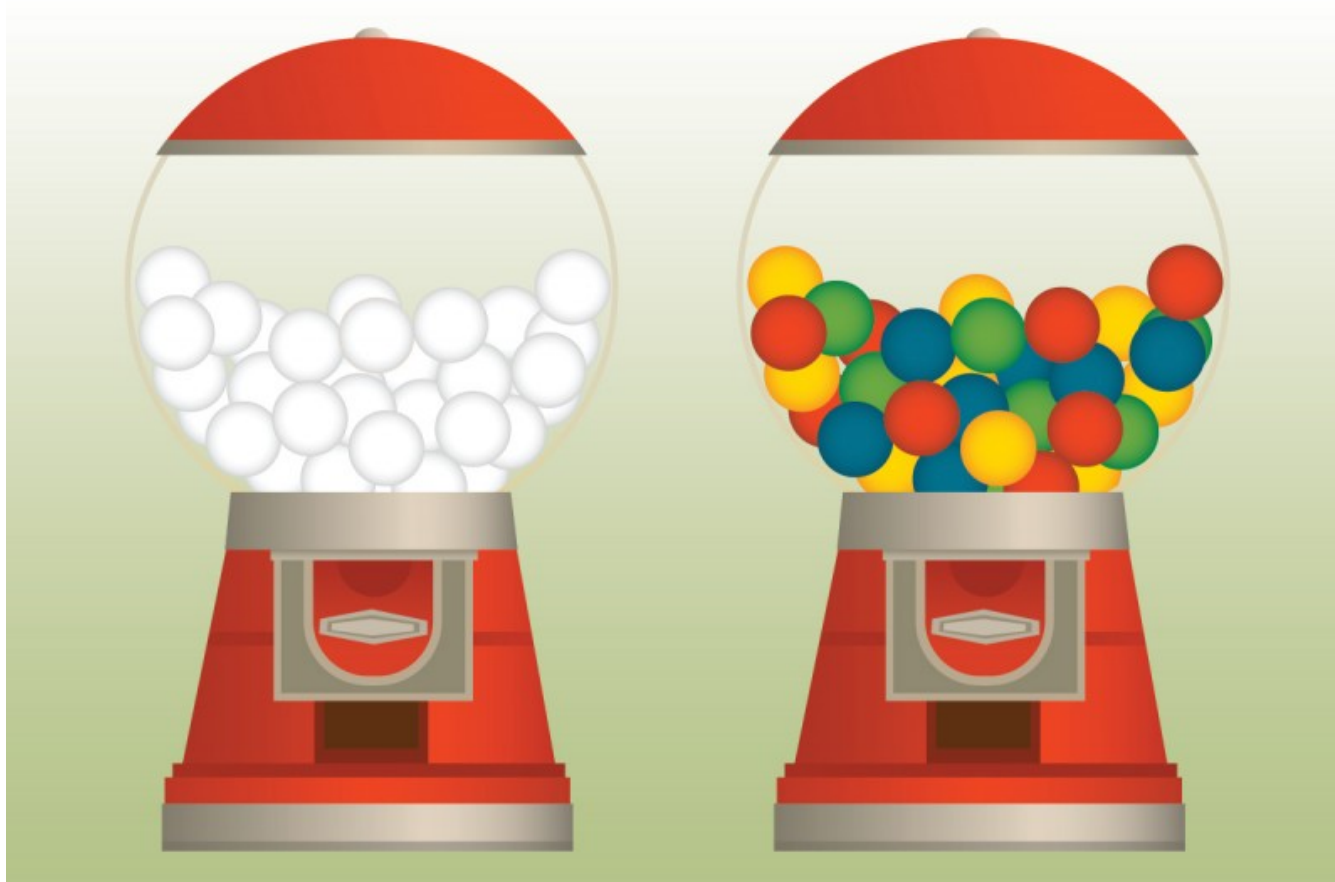
- **UPS with 4 partial responses**

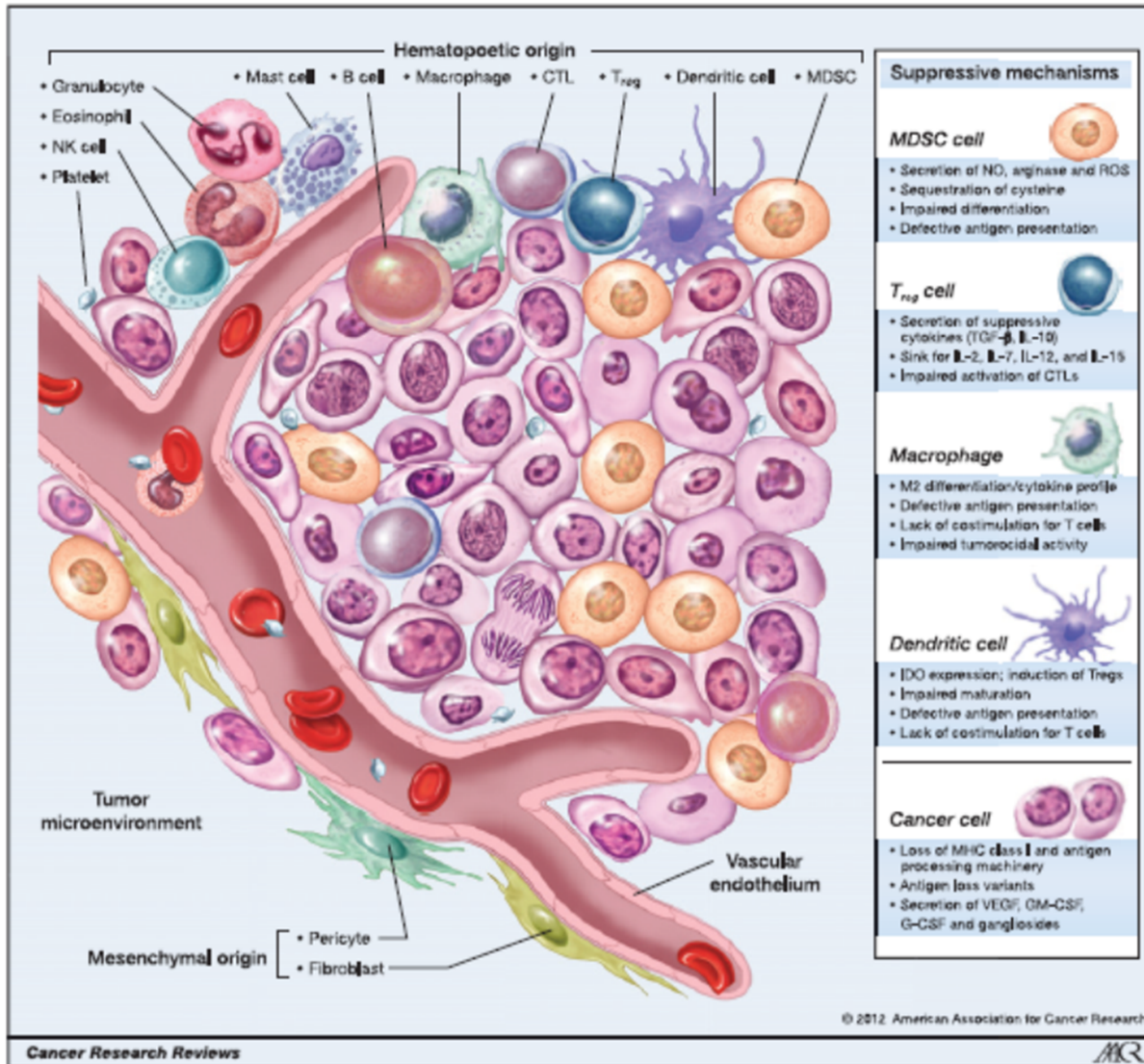
SARC 028: Pembrolizumab (Bone Sarcoma)

<i>Bone Sarcoma Subtype</i>	<i>Best Response by RECIST 1.1</i>			
	<i>PR</i>	<i>SD</i>	<i>PD</i>	<i>Total</i>
<i>Chondrosarcoma</i>	1 (17%)	2 (33%)	3 (50%)	6
<i>Ewing's</i>	0 (0%)	2 (15%)	11 (85%)	13
<i>Osteosarcoma</i>	1 (5%)	5 (26%)	13 (69%)	19
<i>Total</i>	2 (5%)	9 (24%)	27 (71%)	38
<i>2 pts have not reached first scan assessment</i>				

Table 1 Immunotherapy in soft tissue sarcoma – results from the 2017 ASCO Annual Meeting

Study	Regimen	Patients evaluable for response	ORR ^a	Complete response (histology)	Partial response (histology)	Stable disease	Progressive disease	Median duration of response (weeks)
Burgess et al. [14]	P, 200 mg i.v., Q3 weeks	STS: 40	STS: 18%	1 (UPS)	6 (3 UPS, 2 DDLPS, 1 SS)	15	18	33
		BS: 40	BS: 5%	0	2 (1 OS, 1 CS)	9	29	43
Toulmonde et al. [15]	P, 200 mg i.v., Q3 weeks; oral cyclophosphamide 50 mg alternative weeks	50	2%	0	1 (NA)	NA	NA	NA
D'Angelo et al. [13]	N, 3 mg/kg, Q2 weeks	N: 38	N: 5%	0	3 (ASPS, LMS, sarcoma NOS)	15	20	NA
	N, 3 mg/kg, Q3 weeks for 4 cycles, then Q2 weeks; I: 1 mg/kg Q3 weeks for 4 cycles	N + I: 38	N + I: 16%	2 (MFS, uterine LMS)	4 (3 UPS, LMS, angiosarcoma)	19	10	NA
Somaiah et al. [18]	CMB305 regimen (LV305 i.d. injections alternating with G305 i.m. injections for 3 months, then bimonthly G305 injections up to 1 year)	25	0	0	0	16	9	NA





- TAMs
- CD3+ (Correlated w/ outcome)

Immune Infiltrates Are Prognostic Factors in Localized Gastrointestinal Stromal Tumors

Sylvie Rusakiewicz^{1,2,4}, Michaela Semeraro^{1,2,6}, Matthieu Sarabi^{1,2}, Mélanie Desbois^{1,2,4}, Clara Locher^{1,2}, Rosa Mendez³⁰, Nadège Vimond^{1,2,4}, Angel Concha^{30,31}, Federico Garrido^{30,32}, Nicolas Isambert^{12,13}, Loic Chaigneau¹⁴, Valérie Le Brun-Ly¹⁵, Patrice Dubreuil^{16,17,18,19}, Isabelle Cremer^{20,21}, Anne Caignard²², Vichnou Poirier-Colame^{1,2,4}, Kariman Chaba^{1,2}, Caroline Flament^{1,2,4}, Niels Halama^{33,34}, Dirk Jäger^{33,34}, Alexander Eggemont¹, Sylvie Bonvalot^{1,5,7,8}, Frédéric Commo^{1,3}, Philippe Terrier^{1,5,7,9}, Paule Opolon^{1,10,26}, Jean-François Emile²⁷, Jean-Michel Coindre²⁸, Guido Kroemer^{1,11,23,24,25}, Nathalie Chaput^{1,2,4}, Axel Le Cesne^{1,4,7}, Jean-Yves Blay²⁹, and Laurence Zitvogel^{1,2,4,26}

Novel mode of action of c-kit tyrosine kinase inhibitors leading to NK cell–dependent antitumor effects

Christophe Borg,¹ Magali Terme,¹ Julien Taïeb,¹ Cédric Ménard,¹ Caroline Flament,¹ Caroline Robert,¹ Koji Maruyama,^{1,2} Hiro Wakasugi,² Eric Angevin,¹ Kris Thielemans,³ Axel Le Cesne,⁴ Véronique Chung-Scott,¹ Vladimir Lazar,¹ Isabelle Tchou,¹ Florent Crépineau,¹ François Lemoine,⁵ Jacky Bernard,⁶ Jonhantan A. Fletcher,⁷ Ali Turhan,⁸ Jean-Yves Blay,⁹ Alain Spatz,¹⁰ Jean-François Emile,¹¹ Michael C. Heinrich,¹² Salah Mécheri,¹³ Thomas Tursz,¹ and Laurence Zitvogel¹



Exploiting antitumor immunity to overcome relapse and improve remission duration

Lei L. Chen · Xinjian Chen · Haesun Choi · Hongxun Sang · Leo C. Chen · Hongbo Zhang ·
 Launce Gouw · Robert H. Andtbacka · Benjamin K. Chan · Christopher K. Rodesch ·
 Arnie Jimenez · Pedro Cano · Kimberly A. Jones · Caroline O. Oyedeji · Tom Martins ·
 Harry R. Hill · Jonathan Schumacher · Carlynn Willmore · Courtney L. Scaife ·
 John H. Ward · Kathryn Morton · R. Lor Randall · Alexander J. Lazar · Shreyaskumar Patel ·
 Jonathan C. Trent · Marsha L. Frazier · Patrick Lin · Peter Jensen · Robert S. Benjamin

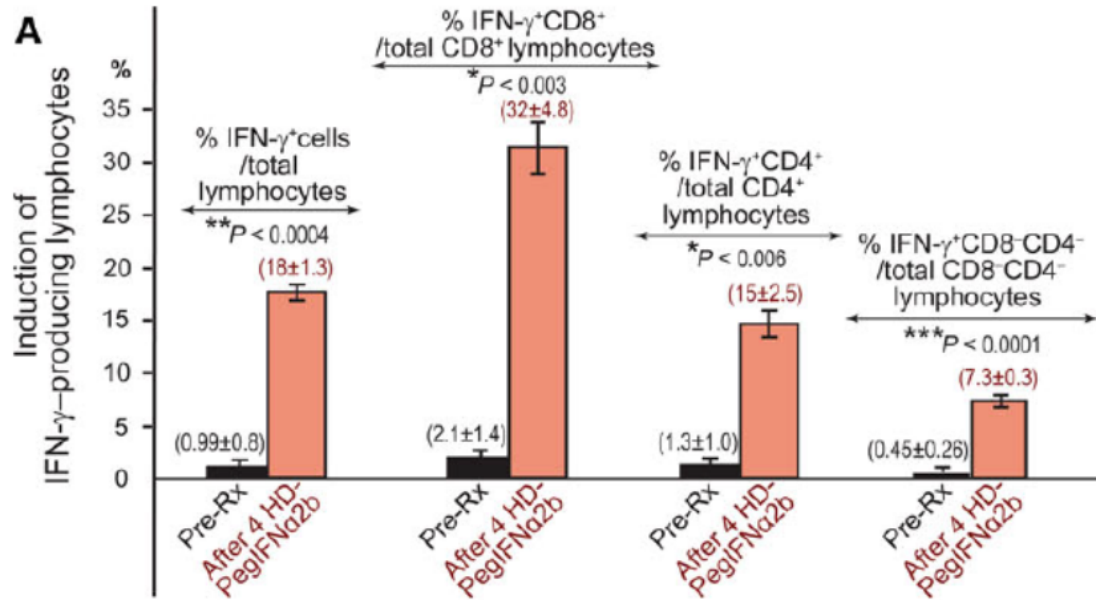
Table 1 GIST patient characteristics, stage, genotyping, response rate, and remission duration

Pt ID (age; PS ^a)	Stage; mitosis/50HPF; primary site (size); metastatic sites	KIT genotyping (mutational analysis)	Response Evaluation			Continuing PR/CR or PFS ^c ; [S0033 Study genotype-specific median PFS; 0.95UCL] ^f Days
			PET-CT ^b	Choi ^c	RECIST ^d	
#1 (82;0)	III; < 5; gastric (15.7 cm)	FNA, insufficient for genotyping	PR at wk 8	PR at wk 17	PR at mo 46	>1,572 (4.3 yr);
#2 (82;0)	III; < 5; gastric (6 cm)	KIT exon 11, GTT → GAT,V559D	Not FDG avid	PR at wk 8	NA ^e (28%↓ at wk 8)	>1,488 (4.1 yr); [74]; 1,035]
#3 (53;0)	IV; 40; SM (5.5 cm); liver met	KIT exon 11, 558_560del	PR at wk 9	PR at wk 9	PR at mo 5	PFS = 765 (2.1 yr); [74]; 1,035]
#4 (46;0)	III; 20; rectal (9.3 cm)	KIT exon 11, homozygous GTT → GAT,V560D	PR at wk 12	PR at wk 12	PR at wk 12	>1,319 (3.6 yr); [74]; 1,035]
#5 (42;1)	IV, gastric (9.8 cm); liver	Wild-type KIT & PDGFRA	PR at wk 9	PR at wk 9	PR at mo 15	>1,298 (3.6 yr); [384; 784]
#6 (52;0)	IV, gastric (4.5 cm, resected); liver, lung, and peritoneal implants	Wild-type KIT & PDGFRA	PR at wk 8	PR at wk 8	PR at wk 8	PFS = 799 (2.2 yr) ^h ; [384; 784]
#7 (84;1)	III; gastric (11.4 cm)	Insufficient material from FNA for genotyping	PR at wk 13; near-CR at mo 6	PR at wk 13; near-CR at mo 6	PR at wk 13; near-CR at mo 6	NA, died of unrelated cause in remission with radiographic near-CR
#8 (77;0)	IV; 17; SM (16 cm); liver	KIT exon 9, A502_Y503 dup	PR at wk 10	PR at wk 10	PR at mo 20	>1,179 (3.2 yr); [50]; 881]

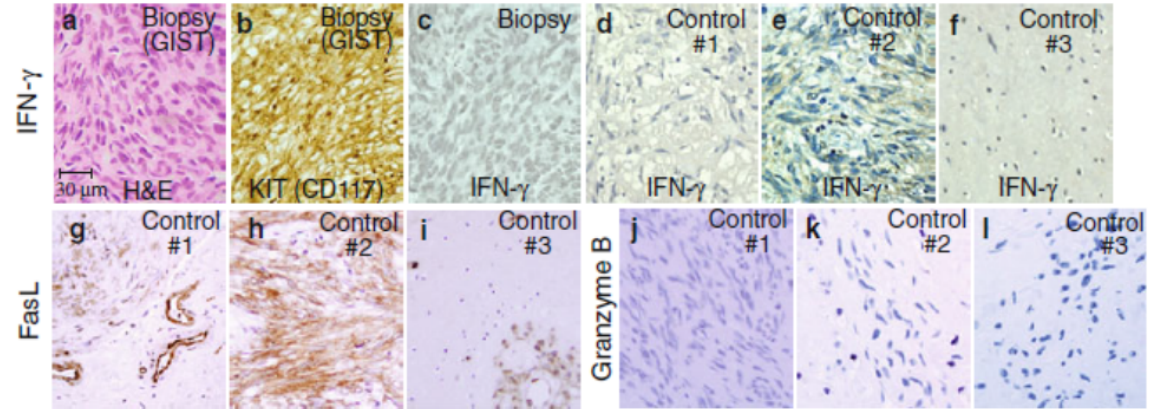
- Median f/up: 3.6 yrs
- All pts with a CR/PR
- Really good/Really lucky?

Exploiting antitumor immunity to overcome relapse and improve remission duration

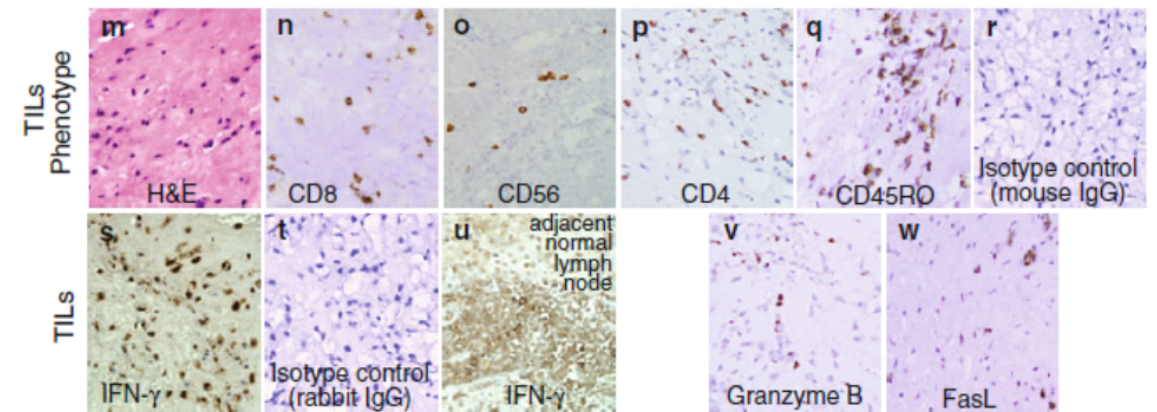
Lei L. Chen · Xinjian Chen · Haesun Choi · Hongxun Sang · Leo C. Chen · Hongbo Zhang · Launce Gouw · Robert H. Andtbacka · Benjamin K. Chan · Christopher K. Rodesch · Arnie Jimenez · Pedro Cano · Kimberly A. Jones · Caroline O. Oyedeji · Tom Martins · Harry R. Hill · Jonathan Schumacher · Carlynn Willmore · Courtney L. Scaife · John H. Ward · Kathryn Morton · R. Lor Randall · Alexander J. Lazar · Shreyaskumar Patel · Jonathan C. Trent · Marsha L. Frazier · Patrick Lin · Peter Jensen · Robert S. Benjamin



A Pt #4 biopsy before treatment and 3 control residual tumors post IM monotherapy



B Pt #4 residual mass post combination treatment with IM plus PegIFN α 2b



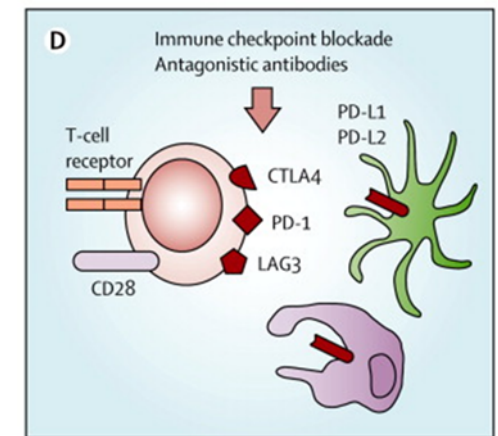
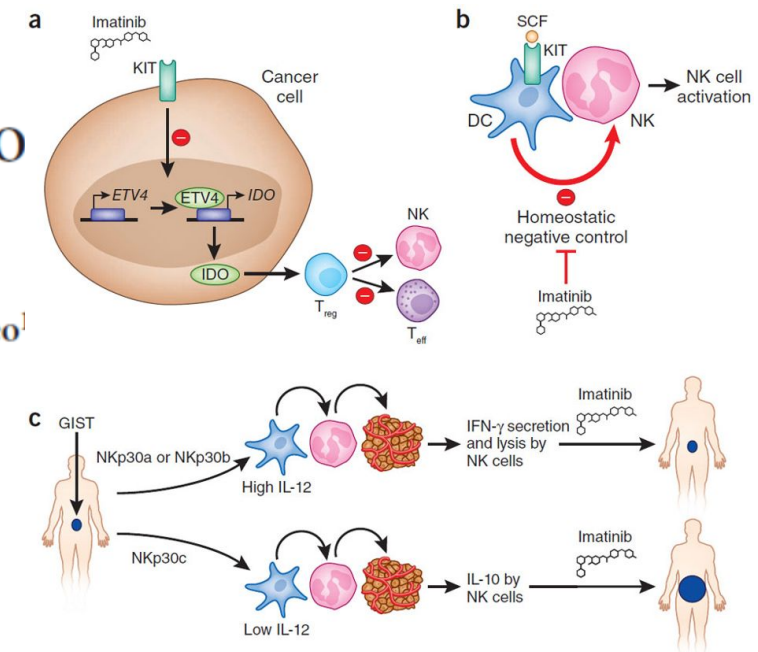
Imatinib potentiates antitumor T cell responses in gastrointestinal stromal tumor through the inhibition of Ido

Vinod P Balachandran¹, Michael J Cavnar¹, Shan Zeng¹, Zubin M Bamboat¹, Lee M Ocuin¹, Hebron Obaid¹, Eric C Sorenson¹, Rachel Popow¹, Charlotte Ariyan¹, Ferdinand Rossi², Peter Besmer², Tianhua Guo³, Cristina R Antonescu³, Takahiro Taguchi⁴, Jianda Yuan⁵, Jedd D Wolchok^{5,6}, James P Allison^{5,7} & Ronald P DeMatteo¹

Combined KIT and CTLA-4 Blockade in Patients with Refractory GIST and Other Advanced Sarcomas: A Phase Ib Study of Dasatinib plus Ipilimumab

Sandra P. D'Angelo^{1,2}, Alexander N. Shoushtari^{1,2}, Mary Louise Keohan^{1,2}, Mark A. Dickson^{1,2}, Mrinal M. Gounder^{1,2}, Ping Chi^{1,2}, Jennifer K. Loo³, Leigh Gaffney¹, Lee Schneider¹, Zarine Patel¹, Joseph Patrick Erinjeri⁴, Mark J. Bluth⁵, Ana Sjoberg¹, Howard Streicher⁶, Naoko Takebe⁷, Li-Xuan Qin⁸, Cristina Antonescu⁹, Ronald P. DeMatteo³, Richard D. Carvajal¹⁰, and William D. Tap^{1,2}

- Combo had limited clinical efficacy and no synergy was seen
- Median PFS of 2.8 months



- Imatinib + Ipilimumab (MD Anderson) - NCT01738139
- Epcadostat + Pembrolizumab in GIST (Umichigan, Columbia) - NCT03291054
- PDR1 + Imatinib in GIST (Asan Med Center) - NCT03609424

Brief Report

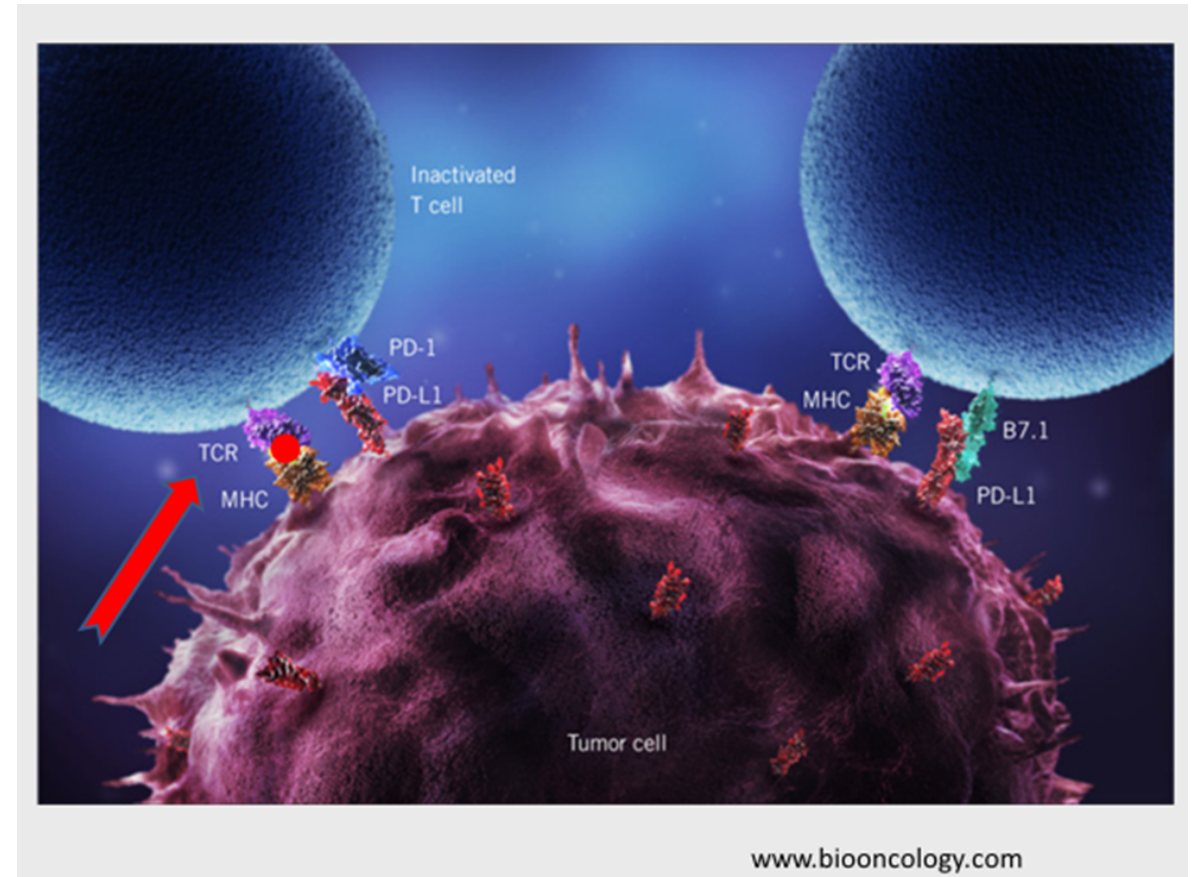
January 2018

Use of PD-1 Targeting, Macrophage Infiltration, and IDO Pathway Activation in Sarcomas A Phase 2 Clinical Trial

Maud Toulmonde, MD¹; Nicolas Penel, MD, PhD²; Julien Adam, MD, PhD^{3,4}; [et al](#)

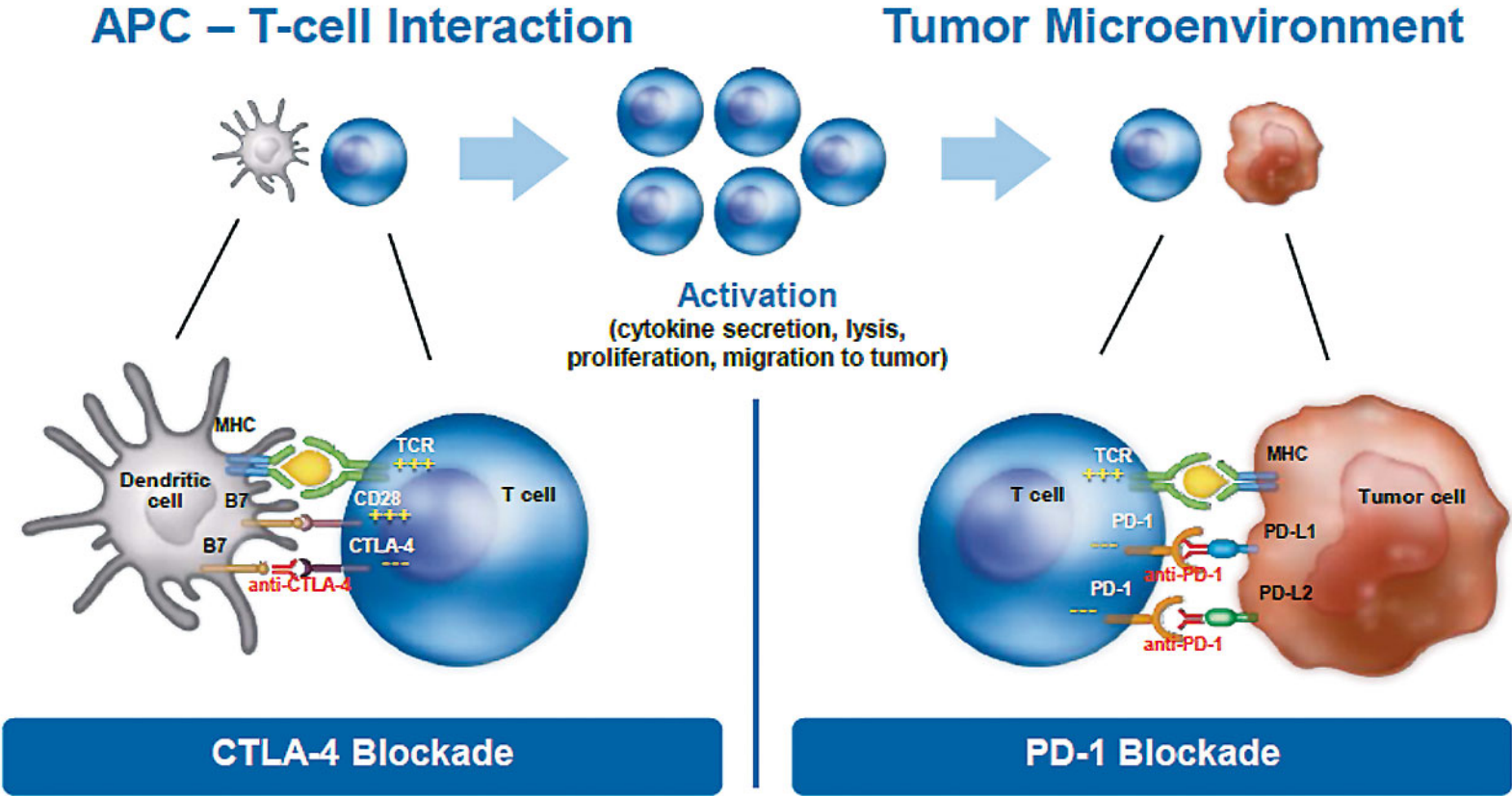
- 1/10 GIST patients did not progress at 6 months
- Median PFS 1.4 months

Pembrolizumab +
Cyclophosphamide

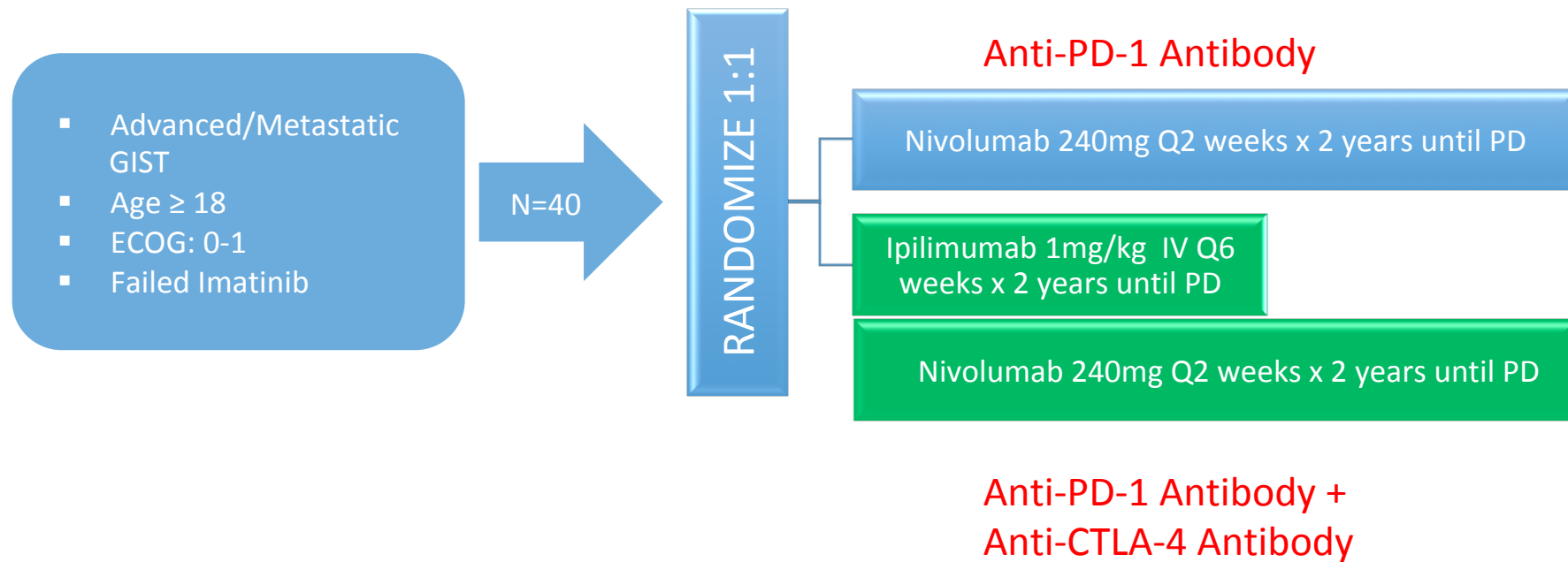


A Randomized Phase 2 Study of Nivolumab Monotherapy Versus Nivolumab Combined With Ipilimumab In Patients With Metastatic Or Unresectable Gastrointestinal Stromal Tumor (GIST)

NCT#02880020



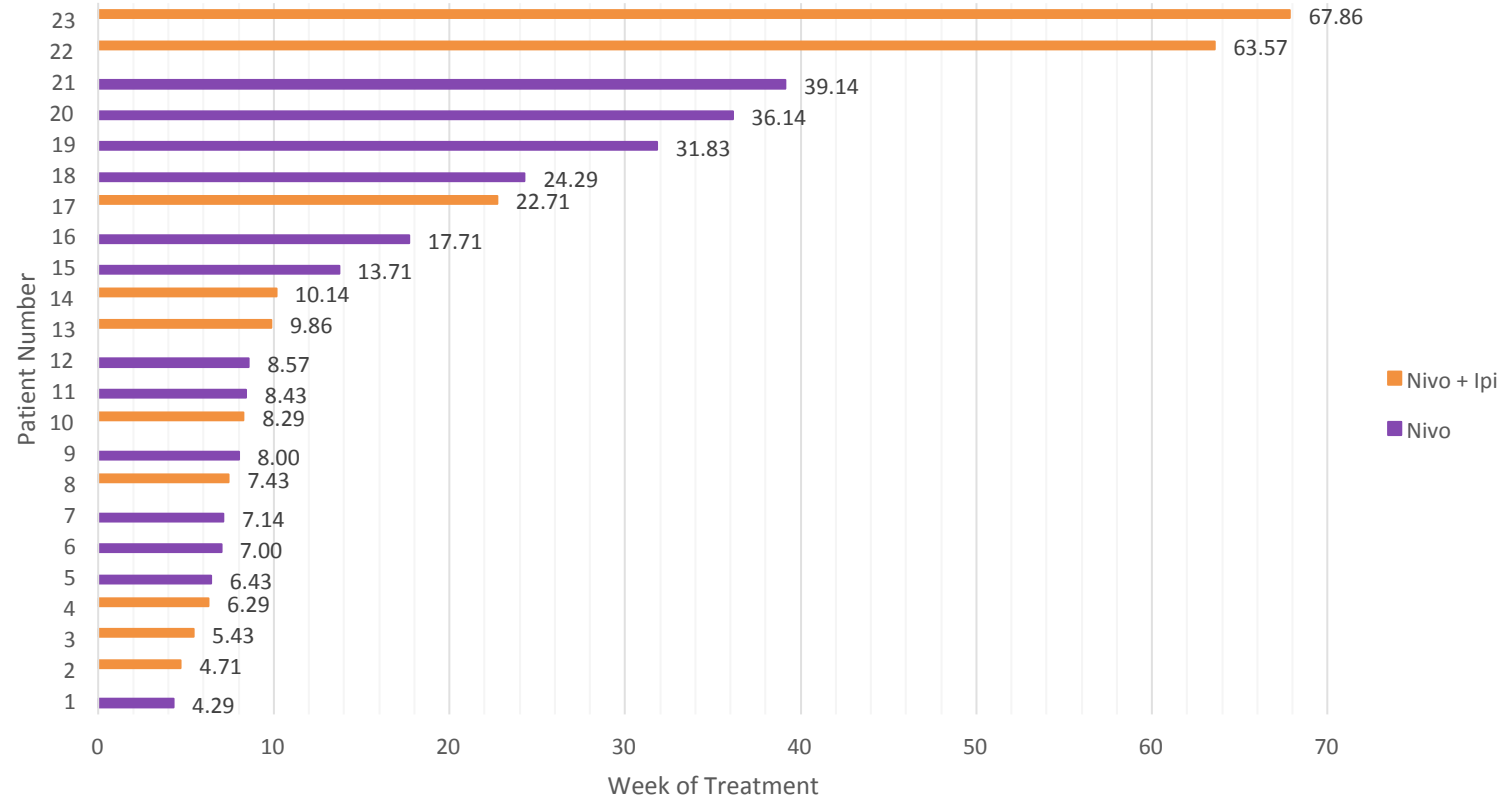
A Randomized Phase 2 Study Of Nivolumab Monotherapy versus Nivolumab Combined With Ipilimumab In Patients With Metastatic or Unresectable Gastrointestinal Stromal Tumor (GIST)



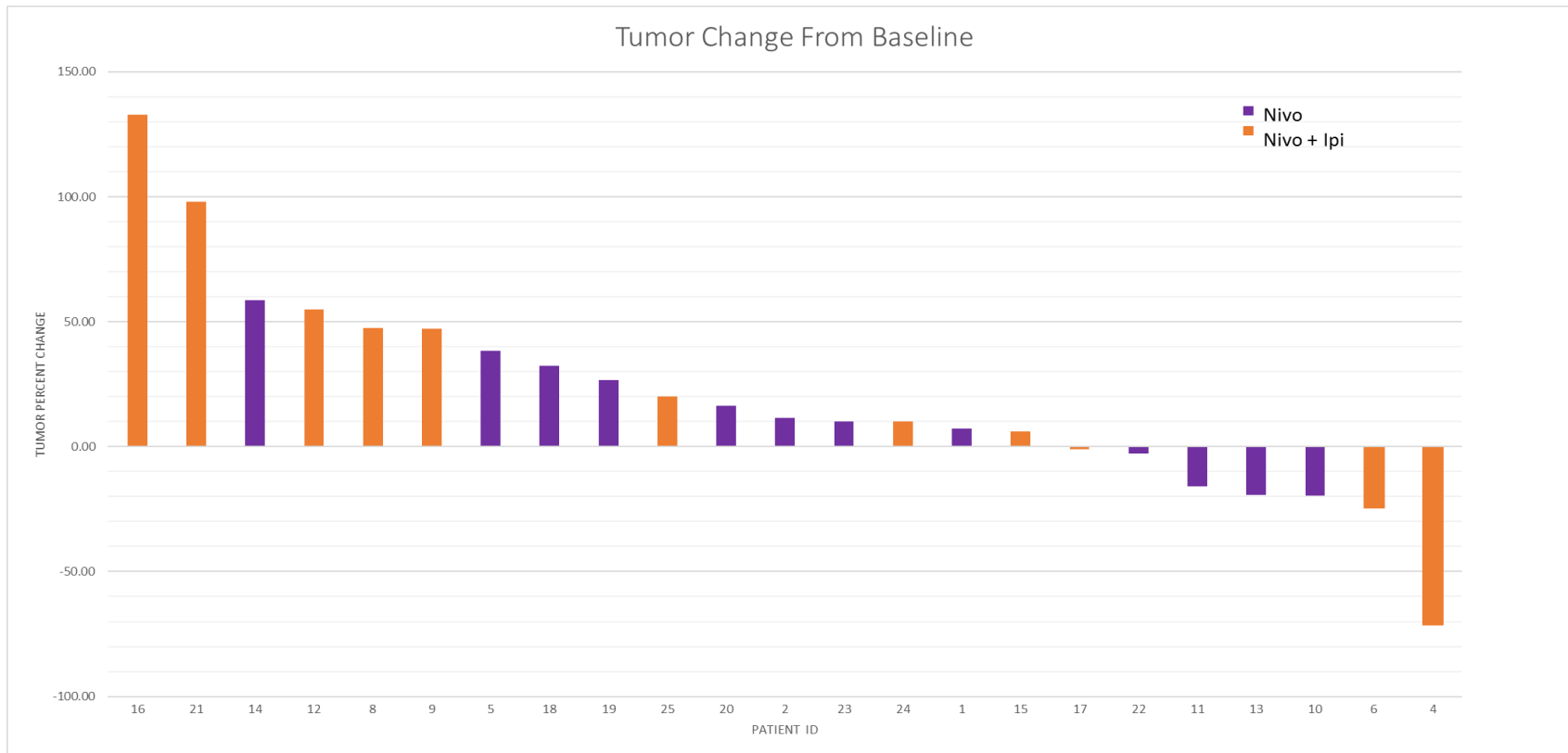
Study Pts

Initials	Study Stat	Dates	Study Treat	Doses/Cyc	MD	Allergies	Diagnosis	Weight	GIST Type	Metastati	Tumor Bur
NWC	Off	Consente	Nivo	Duration	n/a	NKA	GIST	Baseline:	KIT, stoma	Y	BL: 68 on
MWL	Off	Consente	Nivo	Duration	Hecht	NKA	GIST	Baseline:	KIT, small	Y	BL: 211
MAA	Off	Consente	Nivo	Duration	n/a	NKA	GIST	Baseline:	KIT, stoma	Y	BL: 73 on
T_J	Screen Fa	Consente	n/a	Duration	Chmielow	NKA	GIST	Baseline:	SDHB, sto	Y	n/a
MAG	Off	Consente	Nivo + Ipi	Duration	Chmielow	Lactose	GIST	Baseline:	KIT, pelvis	Y	BL: 226
AJU	Off	Consente	Nivo + Ipi	Duration	Chmielow	Latex	GIST	Baseline:	KIT, small	Y	BL: 142
P_I	Off	Consente		Duration	Singh	NKA	GIST	Baseline:	KIT, stoma	Y	BL: 84 on
D_M	Off	Consente	Nivo	Duration	Singh	NKA	GIST	Baseline:	KIT, small	Y	BL: 135
C_T	Off	Consente	Nivo + Ipi	Duration	Singh	Hydromo	GIST	Baseline:	KIT, small	Y	BL: 67 on
LMN	Off	Consente	Nivo + Ipi	Duration	Singh	Ibuprofen	GIST	Baseline:	abdomen	Y	BL: 90 on
B_E	Off	Consente	Nivo	Duration	Hecht	NKA	GIST	Baseline:	KIT, stoma	Y	BL: 145
KCK	Off	Consente	Nivo	Duration	Singh	NKA	GIST	Baseline:	KIT, small	Y	BL: 116
A_D	Off	Consente	Nivo	Duration	Rosen	Morphin	n/a	Baseline:	KIT, breas	Y	BL: 449
F_S	Off	Consente	Nivo	Duration	Chmielow	Sulfa anti	GIST	Baseline:	KIT, small	Y	BL: 95 on
TGS	Off study	Consente	Nivo + Ipi	Duration	Chmielow	NKA	GIST	Baseline:	KIT, abdor	Y	BL: 132
J_G	Active	Consente	Nivo + Ipi	Duration	Chmielow	Lisinopril	GIST	Baseline:	KIT, small	Y	BL: 52 on
MCB	Active	Consente	Nivo + Ipi	Duration	Chmielow	NKA	GIST	Baseline:	KIT, small	Y	BL: 98 on
NJV	Active	Consente	Nivo	Duration	Hecht	Calcium	GIST	Baseline:	KIT, small	Y	BL: 170
P_P	Active	Consente	Nivo	Duration	Singh	Naprox	GIST	Baseline:	KIT, small	Y	BL: 110
F_L	Active	Consente	Nivo + Ipi	Duration	Singh	Iodine,	GIST	Baseline:	KIT, small	Y	BL: 78 on
R_D	Active	Consente	Nivo	Duration	Singh	Fluoxetin	GIST	Baseline:	KIT, stoma	Y	BL: 75 on
K_S	Active	Consente	Nivo	Duration	Hecht	NKA	GIST	Baseline:		Y	BL: 138
MDL	Active	Consente	Nivo + Ipi	Duration	Singh	Sulfa anti	GIST	Baseline:	KIT, stoma	Y	BL: 69 on
G_C	Active	Consente	Nivo + Ipi	Duration	Singh	NKA	GIST	Baseline:	KIT	Y	BL:

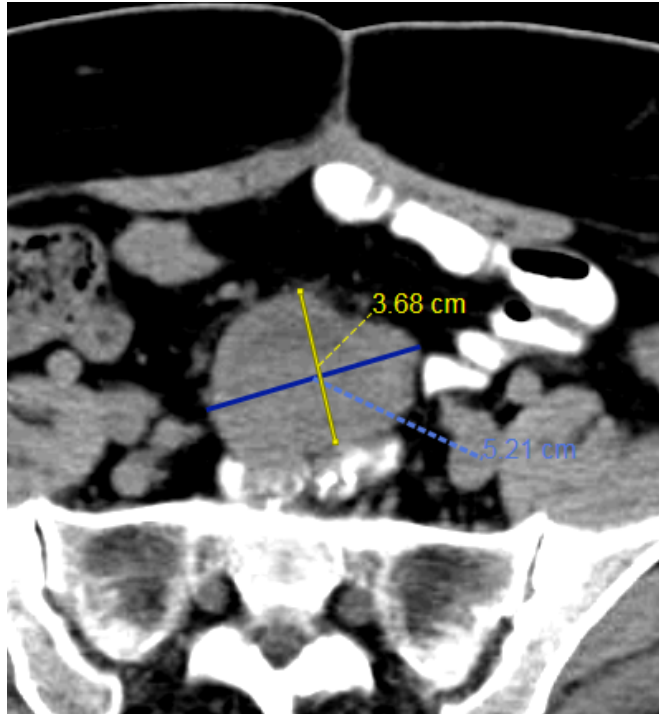
Progression Free Survival by Treatment



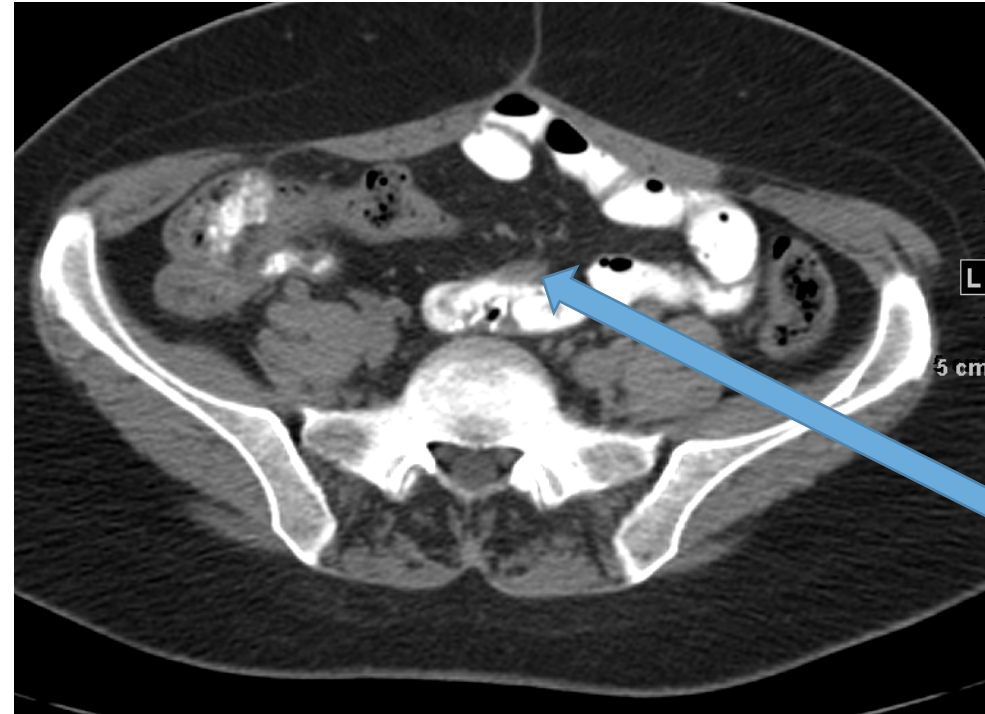
Waterfall Plot: Nivolumab Monotherapy versus Nivolumab Combined With Ipilimumab In Patients With Metastatic or Unresectable Gastrointestinal Stromal Tumor (GIST)



20 months on imatinib, intolerant to regorafenib, sorafenib and sunitinib



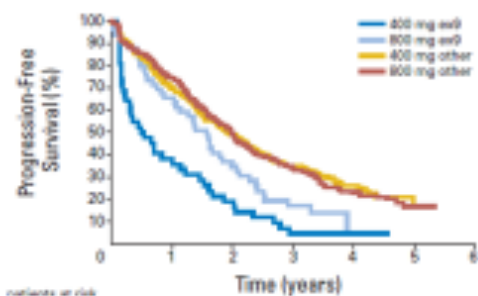
1/26/17 – Baseline
5.21cm x 3.68cm



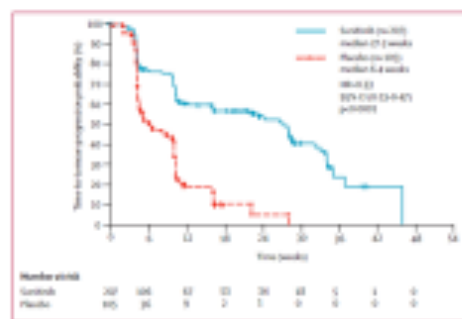
7/18/18
1.3cm x 0.8cm

	NIVOLUMAB			NIVO + IPI		
	PR	SD	CBR(%)	PR	SD	CBR(%)
BEST RESPONSE	0/10	4/10	40%	1/8	2/8	37.5%
PFS(MEDIAN, MEAN)	8.1 wks, 13.3 wks			9.1wks, 19.7wks		
PFS(6month)	33% (Sunitinib: 16%)			18.2% (Sunitinib: 16%)		

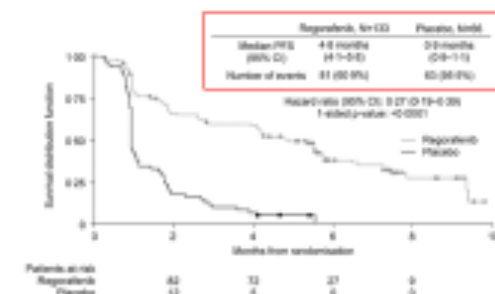
Imatinib

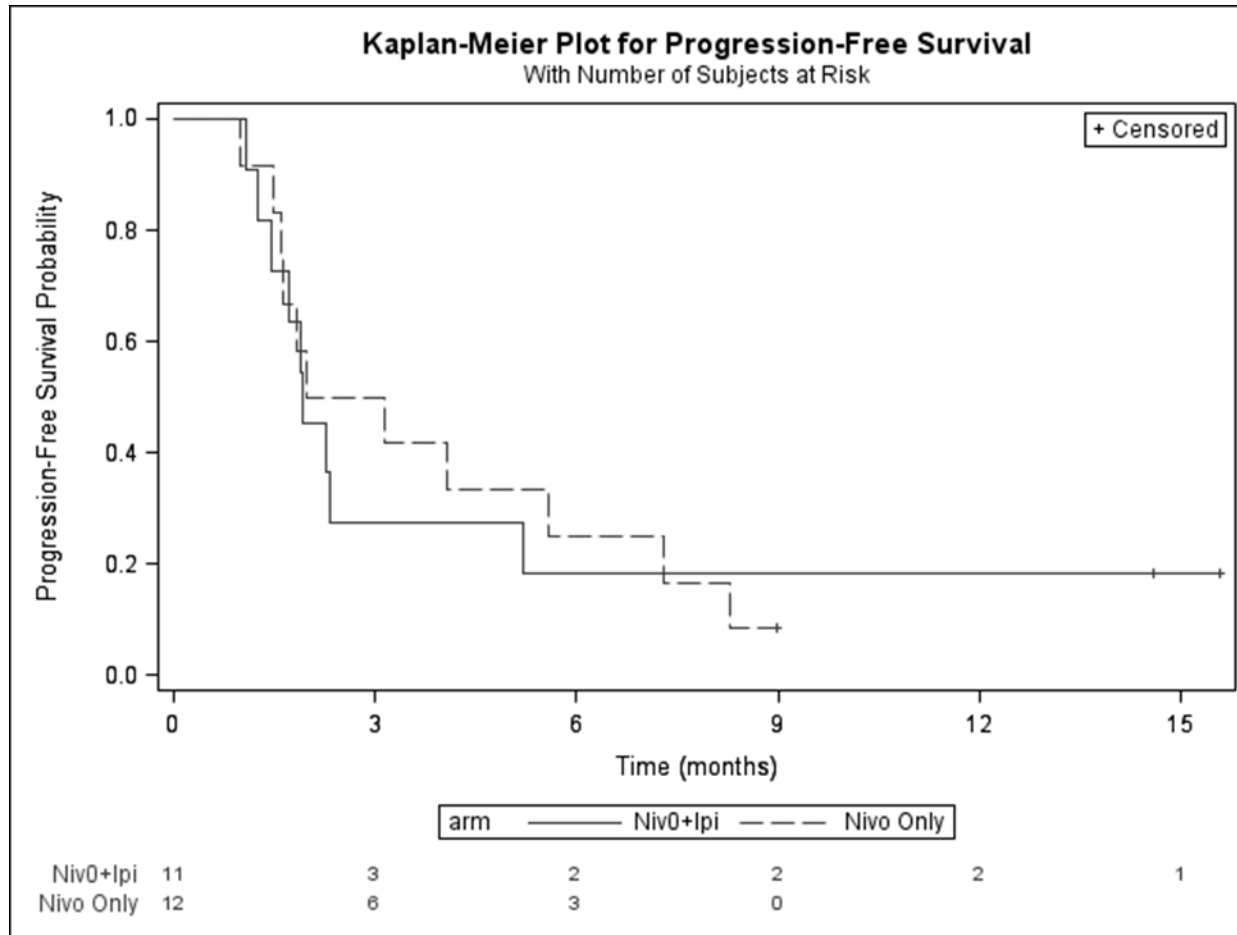


Sunitinib



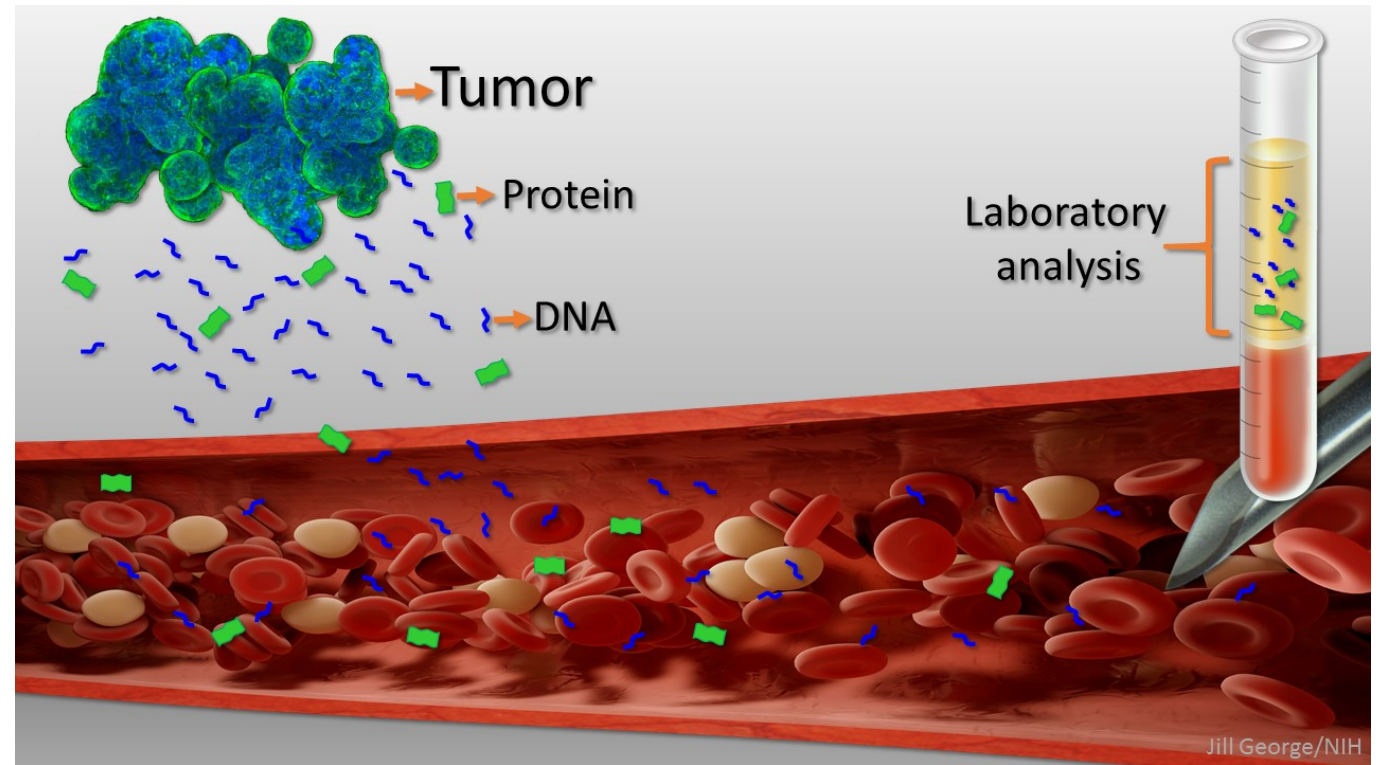
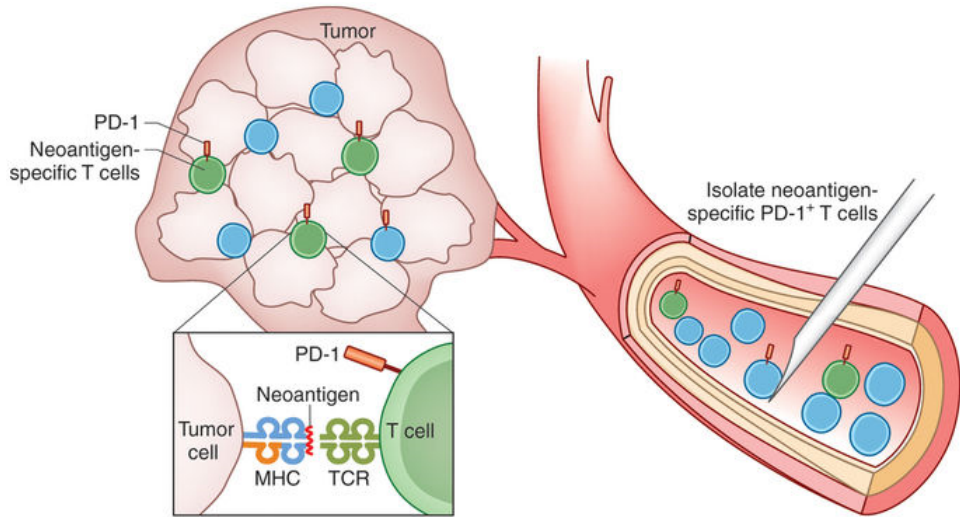
Regorafenib



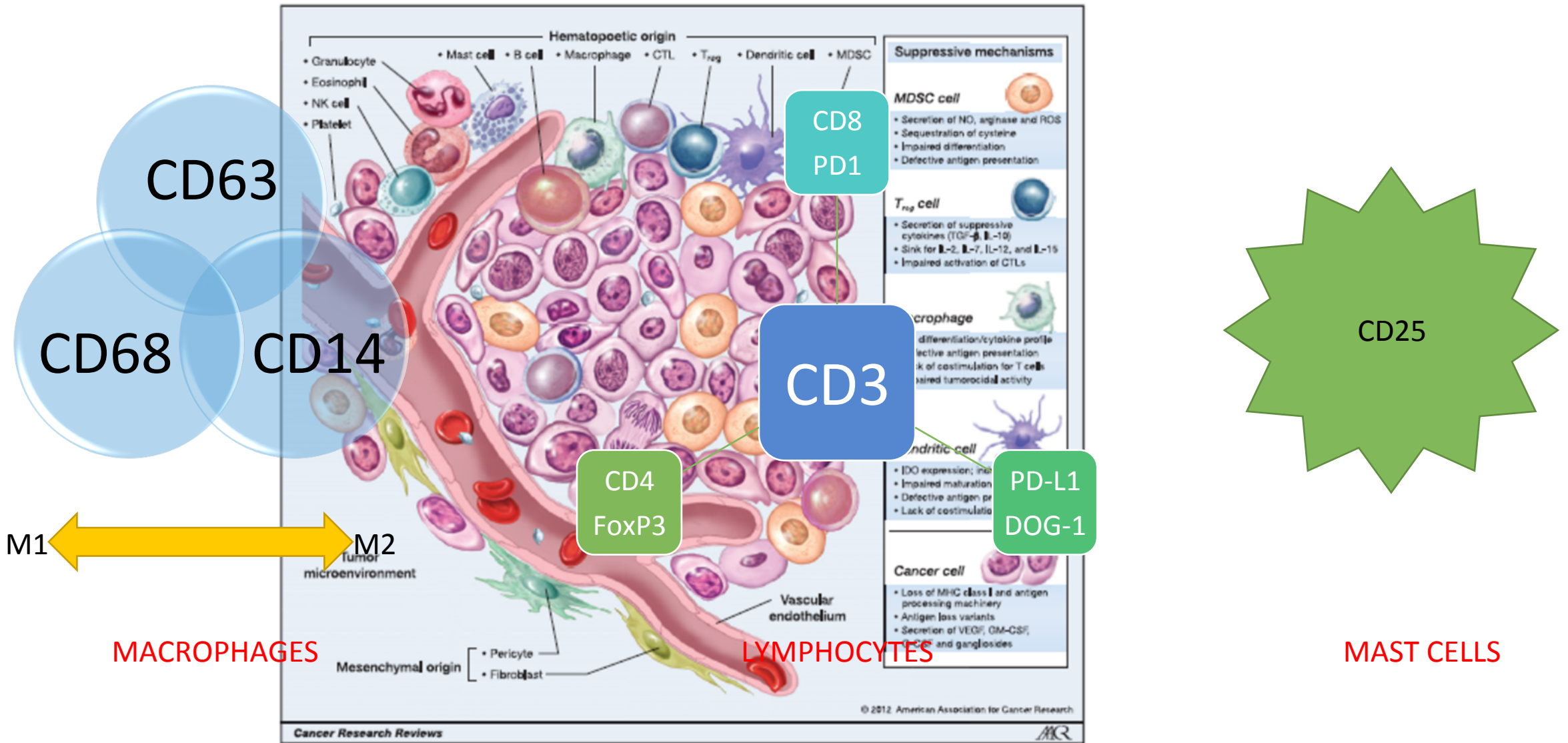


Updated: 7/2018

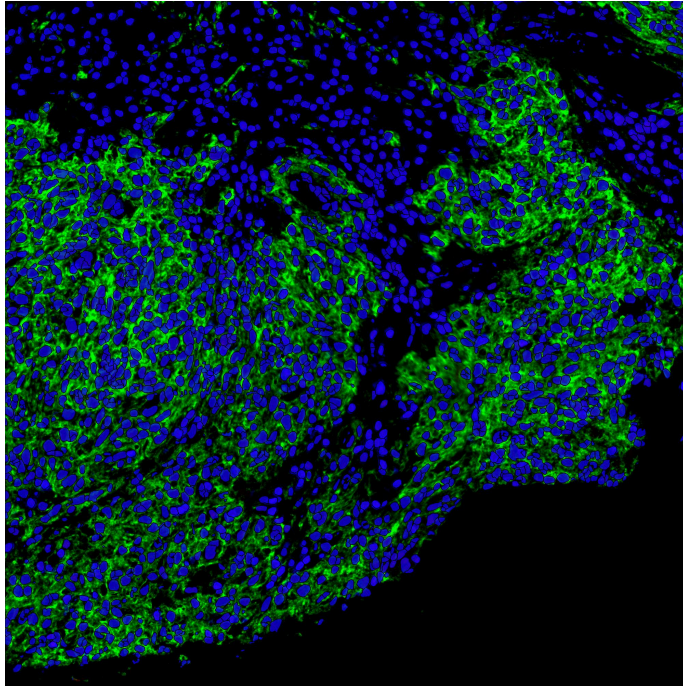
UNDERSTANDING WHY IMMUNOTHERAPY WORKS IN GIST



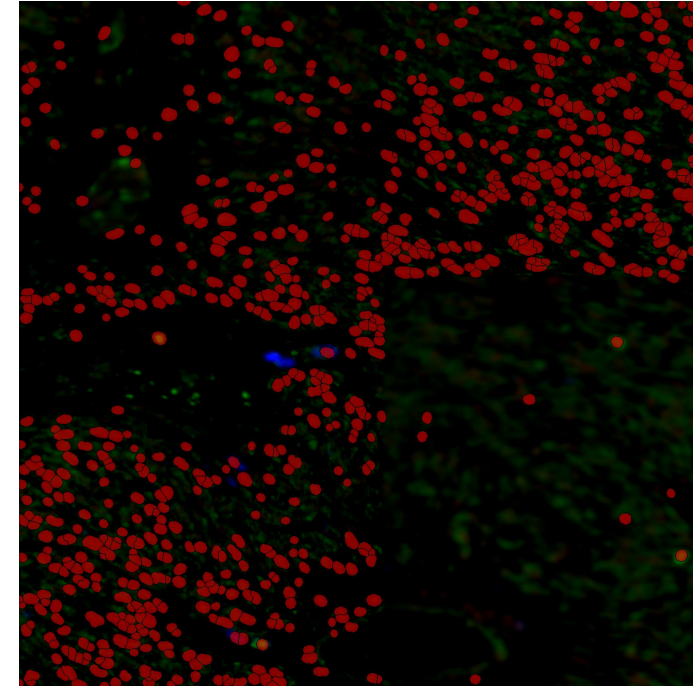
CORRELATIVE STUDY : DEFINITION OF IMMUNE MICROENVIRONMENT



ANALYSIS OF GIST IMMUNE MICROENVIRONMENT



CD3
DOG-1
PD-L1



CD3
CD4
FoxP3

RADIOGRAPHIC CORRELATES

RECIST 1.1 vs. irRECIST vs. CHOI CRITERIA

Subject ID	4295195		Baseline Scan	Timepoint 1	Timepoint 2	Timepoint 3	Timepoint 4	Timepoint 5	Timepoint 6	Timepoint 7	Timepoint 8	Timepoint 9	Timepoint 10	Timepoint 11	Timepoint 12
Baseline	5/16/2017		5/16/2017	7/17/2017	9/5/2017	10/26/2017	12/27/2017								
Scan Date															
Location															
RadioLogist															
Target Lesions	1 Caudate Lobe Mass 2 Mesenteric Mass-measured 3 4 5	(Se-Im) Rel Diameter (mm) HU (Ave)	(Se-Im) Rel Diameter HU	(Se-Im) Rel Diameter HU	(Se-Im) Rel Diameter HU	(Se-Im) Rel Diameter HU	(Se-Im) Rel Diameter HU	(Se-Im) Rel Diameter HU	(Se-Im) Rel Diameter HU	(Se-Im) Rel Diameter HU	(Se-Im) Rel Diameter HU	(Se-Im) Rel Diameter HU	(Se-Im) Rel Diameter HU	(Se-Im) Rel Diameter HU	(Se-Im) Rel Diameter HU
Targets SOD/Ave HU		157 45	169 56	204 63	218 69	199 47	0 #DIV/0!	0 #DIV/0!	0 #DIV/0!	0 #DIV/0!	0 #DIV/0!	0 #DIV/0!	0 #DIV/0!	0 #DIV/0!	0 #DIV/0!
Non-Target Lesions	1 Add'l Liver metastases 2 Peritoneal metastases 3 4 5 6 7														
Overall Non-Target Response		N/A	non-CR/non-PD	PD	PD	PD									
New Lesions? (Y/N)			No	No	No	No									
New TL (NLT)															
NLT SOD			0	0	0	0	0	0	0	0	0	0	0	0	0
New NT (NLNT)															
NLNT Response			N/A												
RECIST 1.1															
Targets SOD		157	169	204	218	199	0	0	0	0	0	0	0	0	0
Nadir		157	157	157	157	157	0	0	0	0	0	0	0	0	0
% Incr from nadir (for PD)		N/A	7.6%	29.9%	38.9%	26.8%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
% Decr from baseline (for PR)		N/A	7.6%	29.9%	38.9%	26.8%	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%
Non-Targets (CR, PD, non-CR/non-PD)		N/A	non-CR/non-PD	PD	PD	PD	0	0	0	0	0	0	0	0	0
New? (Y/N)		N/A		No	No	No	0	0	0	0	0	0	0	0	0
Overall Response		N/A	SD	PD	PD	PD	0	0	0	0	0	0	0	0	0
irRECIST (2017)															
RECIST 1.1 Response		N/A	SD	PD	PD	PD	0	0	0	0	0	0	0	0	0
IUPD?		N/A	NO												
Further growth targets (>5 mm SOM)?		N/A													
NLT growth (>5 mm SOM)?		N/A													
New lesions or worsening of NT?		N/A													
Overall Response		N/A	ISD	IUPD	ICPD	ICPD									
irRECIST (2013)															
Targets SOD		157	169	204	218	199	0	0	0	0	0	0	0	0	0
NLT SOM		0	0	0	0	0	0	0	0	0	0	0	0	0	0
TMTB		157	169	204	218	199	0	0	0	0	0	0	0	0	0
TMTB nadir		157	157	157	157	157	0	0	0	0	0	0	0	0	0
% TMTB from nadir (for PD)		N/A	7.6%	29.9%	38.9%	26.8%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
% TMTB from baseline (for PR)		N/A	7.6%	29.9%	38.9%	26.8%	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%
Non-Targets (CR, PD, non-CR/non-PD)		N/A	non-CR/non-PD	PD	PD	PD	0	0	0	0	0	0	0	0	0
NLNT Response		N/A	0	0	0	0	0	0	0	0	0	0	0	0	0
Overall Response		N/A	ISD	IUPD	ICPD	ICPD									
Modified Choi															
Target SOD		157	169	204	218	199	0	0	0	0	0	0	0	0	0
Target lesions avg HU		45	56	63	69	47	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
SOD nadir		157	157	157	157	157	0	0	0	0	0	0	0	0	0
SOD % from nadir (10% = PD)		N/A	7.64%	29.94%	38.85%	26.75%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
SOD % from baseline (10% = PR)		N/A	8%	30%	39%	27%	-100%	-100%	-100%	-100%	-100%	-100%	-100%	-100%	-100%
HU % Change from baseline (-15% = PR)		N/A	24%	39%	53%	4%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Non-Targets (CR, PD, non-CR/non-PD)		N/A	non-CR/non-PD	PD	PD	PD	0	0	0	0	0	0	0	0	0
New Lesions? (Y, N)		N/A	No	No	No	No	0	0	0	0	0	0	0	0	0
Overall Response		N/A	SD	PD	PD	PD									

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