

796P: A Phase II Trial to Evaluate the Safety and Efficacy of SSGJ-707, a Bispecific Antibody Targeting PD-1 and VEGF, in Combination with Chemotherapy in Patients with Metastatic Colorectal Cancer

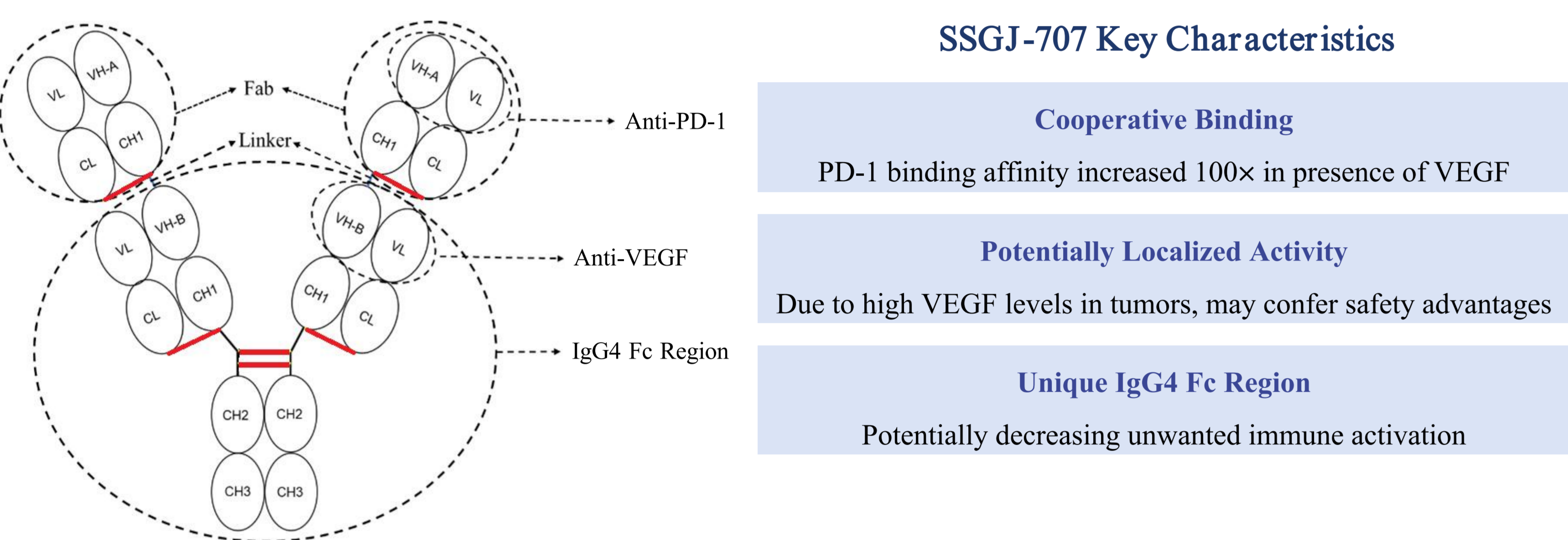
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Background

- SSGJ-707 is a recombinant humanized bispecific monoclonal antibody built on IgG4 that targets human programmed death 1 (PD-1) and vascular endothelial growth factor (VEGF).
- In the presence of VEGF, the affinity of SSGJ-707 for PD-1 was 100-fold increase compared to parent PD-1 antibody of SSGJ-707.
- Here, we report the initial results from a phase 2 study (part 2 cohort1) of SSGJ-707 in combination with chemotherapy in patients (pts) with metastatic colorectal cancer (mCRC).

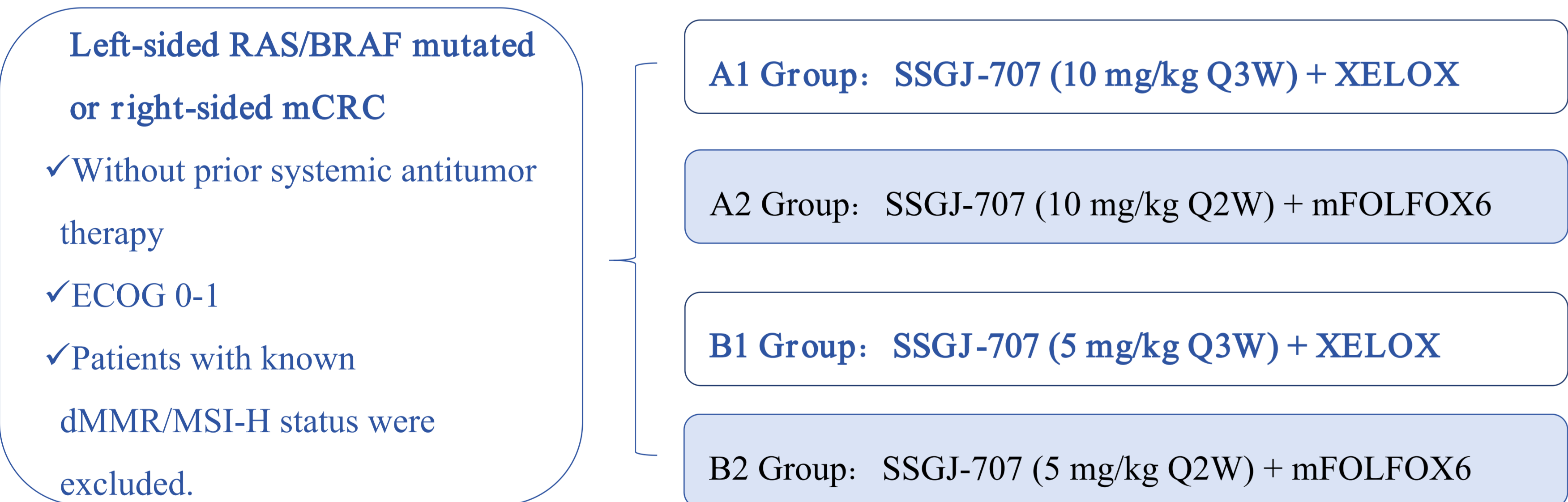
Figure 1: SSGJ-707 (anti-PD-1×VEGF BsAb) Structure



Methods

- In this open-label, multicenter phase 2 study (SSGJ-707-CRC-II-01, NCT06493760) part 2 cohort 1, pts in China with treatment naive mCRC were randomized to receive SSGJ-707 10 or 5 mg/kg Q3W or Q2W in combination with XELOX or mFOLFOX6 (Figure 2).

Figure 2: Study Design of Part 2 Cohort 1



Primary endpoints: incidence and severity of adverse events (AEs), and objective response rate (ORR) based on Response Evaluation Criteria in Solid Tumors, version 1.1 (RECIST v1.1)

XELOX: Capecitabine (1000 mg/m², twice daily, oral, on day 1-14, every 3 weeks)+Oxaliplatin (130 mg/m², intravenous, on day 1, every 3 weeks), for a total of 8 cycles, then Capecitabine (1000 mg/m², twice daily, oral, on day 1-14, every 3 weeks) for maintenance treatment.
mFOLFOX6: 5-FU (400 mg/m², intravenous, on day 1, followed by 5-FU 1200 mg/m² for 2 days, total 2400 mg/m², continuously intravenous infusion for 46-48 hours, every 2 weeks)+ Oxaliplatin (85 mg/m², intravenous, on day 1, every 2 weeks) + Calcium Folate (400 mg/m², intravenous, on day 1, every 2 weeks), for a total of 12 cycles; then 5-FU (400 mg/m², intravenous, on day 1, followed by 5-FU 1200mg/m² for 2 days, total 2400 mg/m², continuous intravenous infusion for 46-48 hours, every 2 weeks)+ Calcium folinate (400 mg/m², intravenous, on day 1, every 2 weeks) for maintenance treatment.

Results

- Baseline**
- As of Sep 4th, 2025, 88 pts with left-sided (includes left-sided colon and rectum cancer) RAS/RAF mutant or right-sided mCRC received at least 1 dose of SSGJ-707.
 - Pts have received SSGJ-707 plus chemotherapy at dose of SSGJ-707 10 mg/kg Q3W (n=21), 10 mg/kg Q2W (n=21), 5 mg/kg Q3W (n=23), 5 mg/kg Q2W (n=23).
 - Overall, 59.1% (52/88) pts were left-sided and 40.9% (36/88) were right-sided, 86.4% (76/88) pts were RAS mutated and 13.6% (12/88) were wild type (Table 1).

DISCLOSURES

The presenting author has no conflicts of interest to disclose.

CONTACT INFORMATION

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Results

Table 1. Demographic and Baseline

	A1:10mg/kg Q3W +XELOX (N=21)	A2:10mg/kg Q2W +mFOLFOX6 (N=21)	B1:5mg/kg Q3W +XELOX (N=23)	B2:5mg/kg Q2W +mFOLFOX6 (N=23)	Total (N=88)
Gender, n(%)					
Male	12 (57.1)	9 (42.9)	14 (60.9)	15 (65.2)	50 (56.8)
Female	9 (42.9)	12 (57.1)	9 (39.1)	8 (34.8)	38 (43.2)
Age(years)					
Median (Min, Max)	63.0 (35, 77)	59.0 (31, 72)	63.0 (41, 74)	63.0 (38, 75)	62.0 (31, 77)
ECOG PS=1, n (%)	16 (76.2)	14 (66.7)	19 (82.6)	17 (73.9)	66 (75.0)
Primary Tumor Site^[1], n(%)					
Left Colon/Rectum	16 (76.2)	10 (47.6)	11 (47.8)	15 (65.2)	52 (59.1)
Right Colon	5 (23.8)	11 (52.4)	12 (52.2)	8 (34.8)	36 (40.9)
Liver Metastasis, n(%)	16 (76.2)	14 (66.7)	16 (69.6)	14 (60.9)	60 (68.2)
Time to Metastasis, n (%)					
Synchronous	16 (76.2)	14 (66.7)	17 (73.9)	19 (82.6)	66 (75.0)
Metachronous	5 (23.8)	7 (33.3)	6 (26.1)	4 (17.4)	22 (25.0)
PD-L1 CPS, n (%)					
<1	13 (61.9)	10 (47.6)	12 (52.2)	11 (47.8)	46 (52.3)
≥1	8 (38.1)	11 (52.4)	11 (47.8)	12 (52.2)	42 (47.7)
RAS Mutation Status^[2], n (%)					
Mutated	19 (90.5)	16 (76.2)	21 (91.3)	20 (87.0)	76 (86.4)
Wild Type	2 (9.5)	5 (23.8)	2 (8.7)	3 (13.0)	12 (13.6)
BRAF Mutation Status^[3], n (%)					
Mutated	1 (4.8)	2 (9.5)	0	1 (4.3)	4 (4.5)
Wild Type	20 (95.2)	19 (90.5)	23 (100)	22 (95.7)	84 (95.5)
MMR/MSI Status^[4], n (%)					
pMMR/non MSI-H	15 (71.4)	14 (66.7)	22 (95.7)	15 (65.2)	66 (75.0)
Unknown	6 (28.6)	7 (33.3)	1 (4.3)	8 (34.8)	22 (25.0)

[1] Primary tumor site: the right colon includes the cecum, ascending colon, hepatic flexure of the colon, and the right 2/3 of the transverse colon. Left colon included: left 1/3 of the transverse colon, splenic flexure of the colon, descending colon and sigmoid colon.
 [2] RAS mutated was defined as KRAS/NRAS (exon 2-4) mutant, wild type was defined as without any mutation in KRAS/NRAS (exon 2-4).
 [3] BRAF mutated was defined as BRAF exon 15 V600E mutant, wild type was defined as without BRAF exon 15 V600E mutation.
 [4] Patients with known dMMR/MSI-H status were excluded per study design.

Efficacy

- As of Sep 4th, 2025, 87 pts underwent at least 1 post-baseline tumor assessments and 1pt withdrew from the study without any tumor assessment.
- Median follow-up time was 9.03 months, ORR was 65.5%, and confirmed ORR was 57.5%. The disease control rate (DCR) was 97.7%. ORR and DCR in each group was shown in Table 2. Tumor response waterfall plots and spider plots were shown in Figure 3 and Figure 4.
- Currently, median progression-free survival and overall survival are not mature.

Figure 3: Tumor Response Waterfall Plots

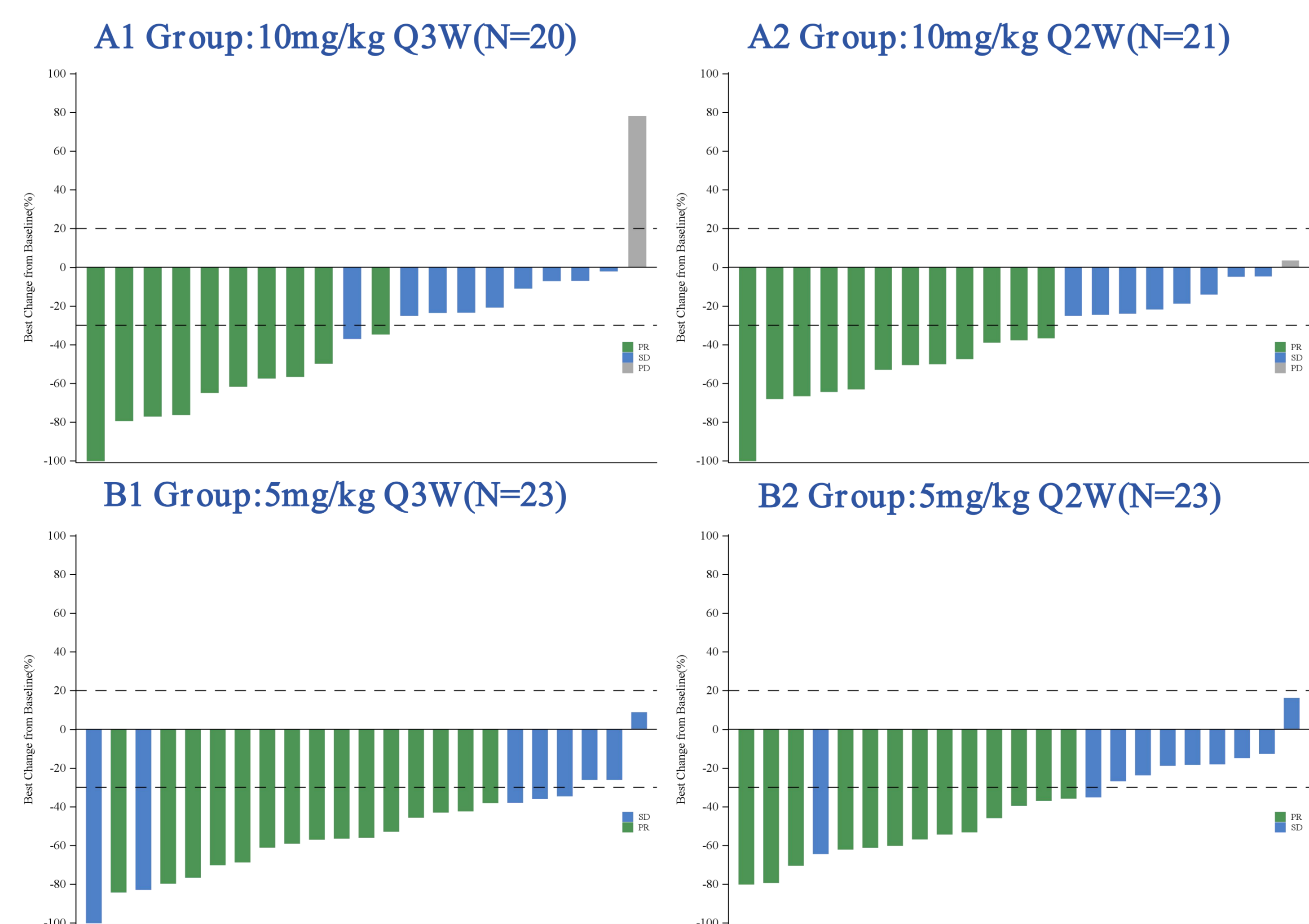
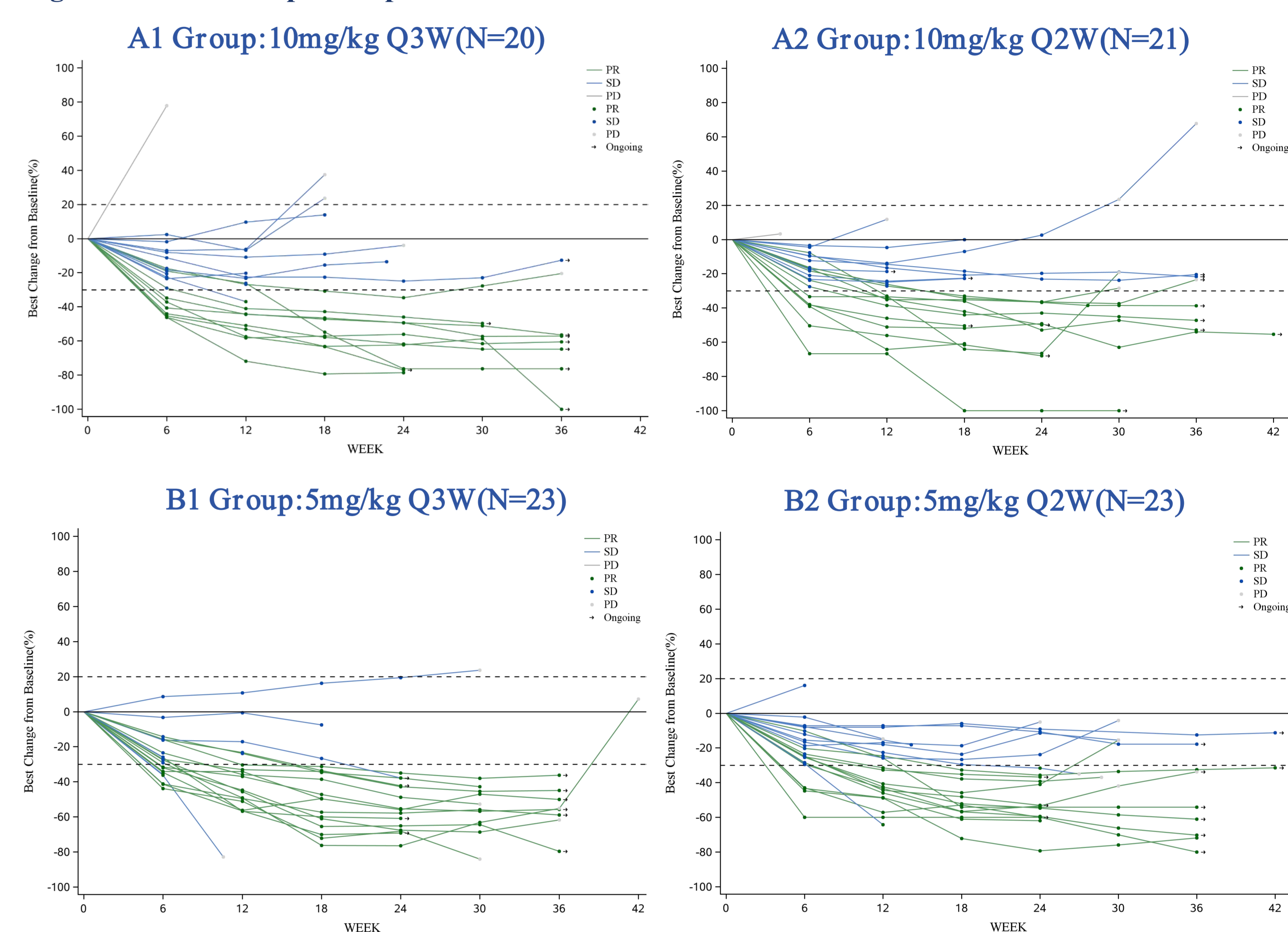


Table 2. Summary of ORR and DCR

	A1:10mg/kg Q3W +XELOX (N=20)	A2:10mg/kg Q2W +mFOLFOX6 (N=21)	B1:5mg/kg Q3W +XELOX (N=23)	B2:5mg/kg Q2W +mFOLFOX6 (N=23)	Total (N=87)
Confirmed ORR, n (%)	10 (50.0)	12 (57.1)	15 (65.2)	13 (56.5)	50 (57.5)
95% CI	27.2, 72.8	34.0, 78.2	42.7, 83.6	34.5, 76.8	46.4, 68.0
Unconfirmed ORR, n (%)	11 (55.0)	12 (57.1)	19 (82.6)	15 (65.2)	57 (65.5)
95% CI	31.5, 76.9	34.0, 78.2	61.2, 95.0	42.7, 83.6	54.6, 75.4
DCR, n (%)	19 (95.0)	20 (95.2)	23 (100)	23 (100)	85 (97.7)
95% CI	75.1, 99.9	76.2, 99.9	85.2, 100.0	85.2, 100.0	91.9, 99.7

Figure 4: Tumor Response Spider Plots



Safety

- Treatment related adverse events (TRAEs, defined as related to SSGJ-707) were reported in 94.3% pts while 43.2% were ≥Grade3. Immune-related adverse events (irAEs) were observed in 9 pts (10.2%) and adverse events of special interest (AESIs, defined as VEGF-related TRAEs) in 34 pts (38.6%), most of them were Grade 1-2.
- Most common TRAEs (≥10%) included: neutrophil count decreased (42%), aspartate aminotransferase increased (40.9%), anaemia (37.5%), white blood cell count decreased (30.7%), platelet count decreased (29.5%), alanine aminotransferase increased (27.3%), nausea (19.3%), lipase increased (17.0%), vomiting (15.9%), diarrhoea (14.8%), decreased appetite (13.6%), weight decreased (12.5%), thrombocytopenia (12.5%), blood bilirubin increased (11.4%), hypertriglyceridaemia (11.4%), blood lactate dehydrogenase increased (10.2%), proteinuria (14.8%) and hypothyroidism (10.2%).

Table 3. Summary of AEs

	A1:10mg/kg Q3W +XELOX (N=21)	A2:10mg/kg Q2W +mFOLFOX6 (N=21)	B1:5mg/kg Q3W +XELOX (N=23)	B2:5mg/kg Q2W +mFOLFOX6 (N=23)	Total (N=88)
TRAE	20 (95.2)	20 (95.2)	21 (91.3)	22 (95.7)	83 (94.3)
Grade≥3 TRAE	5 (23.8)	10 (47.6)	10 (43.5)	13 (56.5)	38 (43.2)
irAE	3 (14.3)	1 (4.8)	2 (8.7)	3 (13.0)	9 (10.2)
Grade≥3 irAE	1 (4.8)	0	0	1 (4.3)	2 (2.3)
AESI	7 (33.3)	10 (47.6)	7 (30.4)	10 (43.5)	34 (38.6)
Grade≥3 AESI	0	4 (19.0)	1 (4.3)	1 (4.3)	6 (6.8)
TRAE Leading to SSGJ-707 Treatment Delay	8 (38.1)	10 (47.6)	4 (17.4)	10 (43.5)	32 (36.4)
TRAE Leading to SSGJ-707 Discontinuation ^a	0	0	1 (4.3)	0	1 (1.1)
TRAE Leading to Death ^b	1 (4.8)	0	1 (4.3)	0	2 (2.3)

^a 1 pt experienced pulmonary embolism without clinical syndromes.

^b 1 pt died from unknown reason, 1pt died from disease progression.

Conclusions

- SSGJ-707 5-10mg/kg in combination with XELOX/mFOLFOX6 demonstrated promising efficacy results in treatment naive mCRC with manageable safety profile.
- The phase 2 study of SSGJ-707 monotherapy in ≥2L mCRC and in combination with platinum-based doublet chemotherapy in pMMR/non MSI-H 1L mCRC pts is ongoing.

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