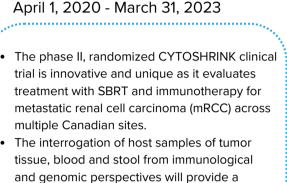


Clinical Trial Program

Phase II CYTOSHRINK Trial: Cytoreductive Stereotactic Hypofractionated Radiotherapy with Combination Ipilimumab and Nivolumab for Metastatic Kidney Cancer

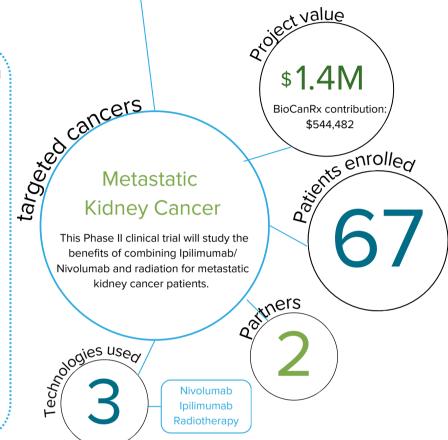


start and changes during treatment with this novel combination strategy.
This proposal aligns with the overarching BioCanRx area of focus on combination immunotherapy strategies and emphasizes a multi-disciplinary collaboration in a deliverable

deeper understanding of tumor biology at the

 This trial is the first to prospectively study Stereotactic Body Radiation Therapy (SBRT) directed at the primary lesion in a metastatic context combined with immunotherapy.

Canadian context.



About the project

Immune checkpoint blockers, such as Ipilimumab and Nivolumab, have been shown to improve the lifespan of some, not all, patients with metastatic kidney cancer. Understanding the factors that indicate which patients are likely to benefit from treatment is very important.

Removal of the primary kidney was shown over 20 years ago to be modestly beneficial for metastatic kidney cancer patients; however, recent studies cast doubt on this benefit in the current immunotherapy era. Alternatively, highly focused radiation is a convenient, safe method to kill cancer cells that may also enhance our immune response. In this study, the researchers hypothesize that combining immunotherapy and highly focused radiation will improve the treatment of metastatic kidney cancer. To address this, they plan to study the benefits of combining Ipilimumab/Nivolumab and radiation for metastatic kidney cancer patients. Additional information will also be gathered on how patients respond to immunotherapy plus radiation by studying changes in their blood and gut bacteria during treatment. In line with the BioCanRx mission, this will result in identification of non-invasive biomarkers for more precise patient selection when employing these combination modalities. Ultimately, improved combination therapies with better cancer control will significantly impact the quantity and quality of life for Canadian patients.

Dr. Aly-Khan A. Lalani
Dr. Jonathan. Bramson
Dr. Michael Surette

MCMaster
University

Project Team Members Hamilton/Toronto Juravinski Cancer Centre/ McMaster University Dr. Anil Kapoor Dr. Greg Pond London Dr. Anand Swaminath Lawson Health Research Institute Dr. Sebastien Hotte Dr. Eric Winquist Dr. Michael Surette Dr. Jonathan Bramson Dr. Aly-Khan A. Lalani Odette Cancer Centre, Sunnybrook Hospital Dr. William Chu Kitchener Grand River Regional Cancer Centre Dr. Darin Gopaul Melbourne, Australia Ottawa Peter MacCallum Cancer Centre The Ottawa General Hospital Dr. Arun Azad Dr. Scott Morgan **Partners** Kev Bristol-Myers Squibb -Milestones \$774.349 Ontario Clinical Oncology Completion of accrual to the Group (OCOG) - \$77,434.90 investigator - initiated CYTOSHRINK (cash & in-kind) clinical trial (n=78) within 2 years and asssessment of trial objectives Contextualization of genomic and immune Contextualization of genomic and profiles of baseline tissue and liquid biopsy immune profiles of baseline tissue and samples at baseline, on-therapy, and at disease liquid biopsy samples at baseline, onprogression between the control and therapy, and at disease progression experimental groups between the control and experimental The power to kill cancer lies within us. Let's tell our bodies how.

Canada's Immunotherapy Network Le réseau canadien d'immunothérapie