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Medpacto inks deal with AstraZeneca

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MedPacto, that announced today a clinical collaboration with AstraZeneca to evaluate the safety and efficacy of MedPacto's vactosertib (TEW-7197), a small molecule, oral inhibitor of TGF-? type I receptor (TGFBRI), in combination with durvalumab, a human monoclonal antibody directed against programmed death-ligand 1 (PD-L1) in patients with metastatic non-small cell lung cancer (NSCLC). Based in South Korea, Medpacto is a subsidiary of TheragenEtex, is a genome-based drug discovery and clinical-stage biotechnology company

Under the terms of the agreement, MedPacto and AstraZeneca will collaborate on a non-exclusive basis to evaluate the combination of the two drugs in NSCLC. MedPacto expects to initiate a Phase 1b/2a study in the second half of 2018 to establish the safety and efficacy of vactosertib in combination with durvalumab. MedPacto will sponsor and fund the study and AstraZeneca will supply durvalumab for the study. The trial will be conducted in several sites in South Korea including Yonsei Severance Hospital and National Cancer Center and is expected to be completed within two years.

Durvalumab, a human monoclonal antibody directed against PD-L1, blocks PD-L1 interaction with PD-1 and CD80 on T cells, countering the tumor's immune-evading tactics and inducing an immune response. As part of a broad development program, durvalumab is being investigated as monotherapy and in combination with IO, small molecules, and chemotherapies across a range of tumors and stages of disease.

"We are pleased to initiate this exciting trial collaboration with AstraZeneca," said Dr. Seong-Jin Kim, Founder and Chief Executive Officer of MedPacto. "Although TGF-? has a complex mechanism of action, recent developments have further reinforced the importance of targeting this pathway particularly to overcome resistance to immune checkpoint inhibitors. We believe this collaboration is very timely since preliminary data on the combined targeting of PD-L1 and TGF-? with a bispecific has shown promise in increasing response rates in patients with NSCLC."