Clinical study summary

Title of Study: A phaSe 1/2 trial of EO2401, a novel microbial-derived Peptide therapeutic vaccine, in combination with PD-1 check point blockadE, for treatment of patients with locally advaNced or metastatic adrenocortical Carcinoma, or malignant phEochromocytoma/paRaganglioma (the "SPENCER" study).

Name of Product: EO2401.

Global Coordinating Investigator: Dr Eric Baudin, Head of endocrine tumours board, Gustave Roussy, 114 rue Edouard Vaillant, 94800 Villejuif, France.

Study centers: Twelve centres have recruited patients in the study:

- Site DE01: Martin Fassnacht (PI), Universitätsklinikum, Würzburg, Germany,
- Site DE02: Matthias Kroiss (PI), LMU Klinikum Campus Innenstadt Medizinische Klinik und Poliklinik IV Endokrine Internistische Onkologie, München, Germany,
- Site DK01: Kirsten Gedske Daugaard (PI), University Hospital, Copenhagen, Denmark,
- Site ES01: Jaume Capdevila (PI), Hospital Universitari Vall d'Hebron, Barcelona, Spain,
- Site FR01: Eric Baudin (PI), Gustave Roussy, Villejuif, France,
- Site FR02: Christelle de la Fouchardière (PI: study start-19Sep2023), Andy Karabajakian (PI: 20Sep2023-8Nov2023), Brunhilde Hanvic (PI: 9Nov2023-14Dec2023), Thibault Gauduchon (PI: 15Dec2023-end of study) Centre Léon Bérard, Lyon, France,
- Site FR03 : Christine do Cao (PI), Centre Hospitalo-Universitaire, Lille, France,
- Site FR04 : Marie-Eve Garcia (PI), Assistance Publique-Hôpital Nord, Marseilles, France,
- Site IT01: Salvatore Grisanti (PI), Spedali Civili, Brescia, Italy,
- Site NL01: Catharina Willemien Menke (PI), University Medical Center, Amsterdam, Netherlands,
- Site SE01: Dan Granberg (PI: study start-31Aug2022), Jeffrey Yachnin (PI: 01Sep2022 - end of study), Karolinska University Hospital, Stockholm, Sweden,
- Site US01: Vivek Subbiah (PI: study start-18Jun2023), Aung Naing (PI:19Jun2023-end of study), MD Anderson Cancer Center (MDACC), Houston, Texas, USA.

Publications: Clinical data from study EOADR1-19/SPENCER have been presented in both poster and oral formats at several congresses, including the American Society of Clinical Oncology (ASCO) Annual Meeting, the European Society for Medical Oncology (ESMO) Congresses and the European Network for the Study of Adrenal Tumors (ENSAT) Annual meeting. Abstract references include:

- Baudin E., Jimenez C., Fassnacht M., et al. EO2401, a novel microbiome-derived therapeutic vaccine for patients with adrenocortical carcinoma (ACC); preliminary results of the SPENCER study. Journal of Clinical Oncology, Volume 40, Number 16_suppl.
- Baudin E., Grisanti S., Fassnacht M., et al. EO2401 (EO) therapeutic vaccine for patients (pts) with adrenocortical carcinoma (ACC) and malignant pheochromocytoma/paraganglioma (MPP): phase 1/2 SPENCER study Annals of Oncology, Volume 33, S545 - S546.
- Baudin E., Grisanti S.,· Menke-van der Houven van Oordt CW., et al.·EO2401 (E) peptide immunotherapy + nivolumab (N) in adrenocortical carcinoma (ACC) and metastatic pheochromocytoma/paraganglioma (MPP): EOADR1-19/SPENCER. Annals of Oncology, Volume 34, S498 - S499.
- Berruti A., Grisanti S., Fassnacht M., et al. EO2401 peptide immunotherapy + nivolumab in metastatic pheochromocytoma/paraganglioma (MPP); the Phase 1/2 EOADR1-19/SPENCER trial (NCT04187404). Accepted as Oral presentation at the European Network for the Study of Adrenal Tumors (ENSAT) Annual meeting in 2023. Data

in Enterome files.

- Baudin E., Grisanti S., Menke - van der Houven van Oordt C.W., et al. EO2401 peptide immunotherapy + nivolumab in adrenocortical carcinoma (ACC); the Phase 1/2 EOADR1-19/SPENCER trial (NCT04187404). Accepted as Oral presentation at the European Network for the Study of Adrenal Tumors (ENSAT) Annual meeting in 2023. Data in Enterome files.

Phase of development: 1/2 (the study is not part of a Pediatric Investigational Plan)

Studied period: The date for the first patient signing the 2nd part of the ICF (per protocol Section 7.3 "All timelines included in the protocol and related to the signature of the ICF are referring to the signature of the second part of the ICF.") per Listing 16.2.1.1 was 05-AUG-2020 (patient # DE01-02; Cohort 1a), and the date of last patient visit per Listing 16.2.1.5 was 02-OCT-2024 (patient # NL01-21; Cohort 2A-III). Thus, the study period was 4.2 years.

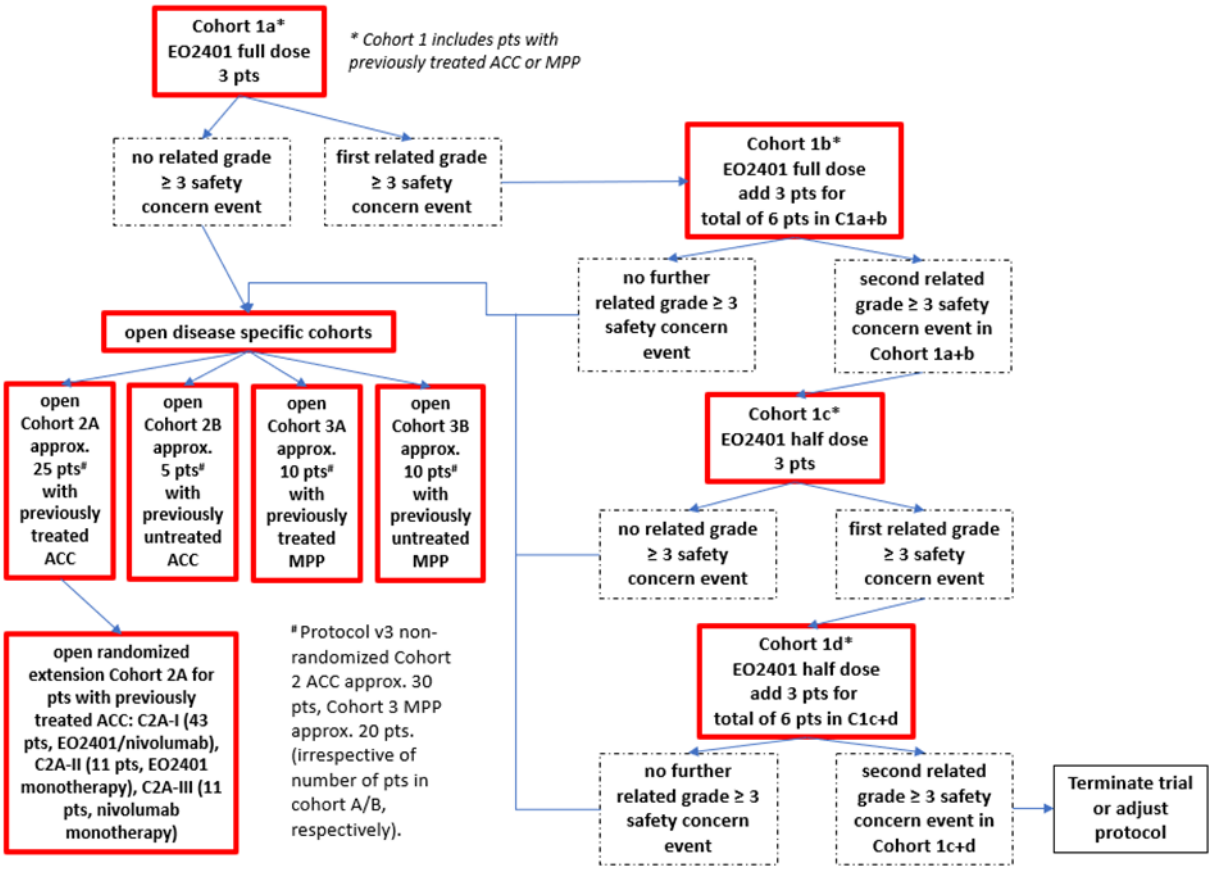
Objectives:
The primary objective of the phase 1 part of this trial was to evaluate safety and tolerability of EO2401 in combination with nivolumab in patients with unresectable, previously treated, and previously untreated, locally advanced or metastatic adrenocortical carcinoma (ACC), and progressive pheochromocytoma/paraganglioma (MPP).
The primary objective of the phase 2 part of this trial was to determine the effect of EO2401 in combination with nivolumab on the progression-free survival rate (PFS) at 6 months, for patients treated in the randomized extension of Cohort 2A (patients with ACC who had prior systemic therapy).

The secondary objectives of the trial included assessment of immunogenicity of each peptide composing EO2401 in relation to T cells and cross-reactivity with the human Tumor Associated Antigens (TAA), objective response rate (ORR), time to response, and duration of response (DOR), progression-free survival (PFS), overall survival (OS) and safety and tolerability of EO2401 in combination with nivolumab in the randomized extension of Cohort 2A.

The exploratory objectives included the exploration of:
- impact of treatment with the combination of EO2401 and nivolumab on, tumor type specific and individual patient baseline defined, biomarkers,
- induction of immunity by delayed type hypersensitivity (DTH) reaction testing (only in patients who started study treatment before May 17, 2021),
- correlation between immunogenicity of EO2316, EO2317, EO2318, and UCP2 that compose EO2401 and tumor progression/response, and safety outcome parameters,
- expression in individual patient normal and/or tumor tissue of proteins and mRNA expression (investigated using different imaging methods, transcripts and clustering analysis); biological markers will include transcripts/proteins for IL13Rα2, BIRC5 (survivin), FOXM1, HLAs, immune response related markers (e.g. PD-L1, PD-1, CD3, CD4, CD8, granzyme, Ki67), and other tumoral markers associated with proliferation, transcription, migration, immune response, metabolism and hormonal regulation,
- level of tumor mutational burden and microsatellite instability in individual patients and possible correlations with treatment outcomes,
- somatic and germline mutations related to ACC and MPP, and
- metagenomics on stool samples to understand the impact of the study treatment on the microbiome, and possible influence on safety and efficacy parameters (in a subset of patients).
- In addition, an exploratory objective was to generate additional scientific information related to predictive and/or prognostic tumor markers/factors, for instance via:
  - measurement of cytokines and other molecules, exploring their influence on safety and/or efficacy,
  - characterization of factors as T cell receptor (TCR)-variation and immune status relation to outcome,
  - molecular screening attempting to delineate patients with a higher likelihood of responding to treatment,

o also, attempts might be made to characterize factors impacting induction of antitumor immunity, and/or defining individual patient tumor inflammatory signatures. A particular focus will be dedicated to the analysis of the immune cells infiltrating the tumor bed, and to understand if the degree of infiltration, together with the other inflammatory features, may help in the evaluation and/or prediction of the patient clinical outcomes.
Please note that assessment of the immunogenicity and exploratory objectives are not reported in this synopsis.

Schematic study design



Methodology:
The trial was a global multi-center, 5 cohorts, phase 1/2 trial, intended to investigate EO2401 in combination with nivolumab in the treatment of patients with ACC or MPP. The maximum treatment duration for each participant was 24 months followed by a long-term survival follow up until patient's death or sponsor decision.

- Cohort 1 (previously treated patients) included an evaluation by a safety lead-in 3-by-3 design of EO2401 in combination with nivolumab at standard dose; patients with ACC or MPP have been included. Three to 12 evaluable patients were to be included depending on the safety profile of the administered treatments. At an IDMC meeting October 29, 2020, there was a consensus decision, after 3 evaluable patients had been treated without any reported safety concern event to recommend finalizing the recruitment to Cohort 1 of trial EOADR1-19 and open Cohorts 2A/3A. The 3 patients treated in Cohort 1, are also counted in the numbers below for Cohort 2A (2 patients) and Cohort 3A (1 patient).
- Cohorts 2A (previously treated patients) and 2B (previously untreated patients) included an

evaluation of EO2401 at the recommended dose found in Cohort 1 in combination with nivolumab in 30 evaluable patients (15 each for Cohorts 2A and 2B) with ACC. After a re-distribution of patients between Cohorts 2A and 2B the final recruitment number in the non-randomized part of Cohort 2A was 26 treated patients, and in Cohort 2B, 7 treated patients, i.e. in total 33 patients. After analysis of the initial non-randomized part of Cohort 2, the global protocol amendment 2 (leading to protocol EOADR1-19 version 3.0) was implementing the randomized phase 2 portion of the trial for patients with ACC, by extension of Cohort 2A with an additional 65 patients. These patients were randomized between this combination or EO2401 monotherapy or nivolumab monotherapy using a ratio of 4:1:1.

In this extension, the study aimed to assess the effect of EO2401 with nivolumab on progression-free survival at 6 months in patients with unresectable adrenal cortical carcinoma (ACC) who had prior systemic therapy. The study planned for a 20% increase in the PFS rate at 6 months compared to nivolumab. The study required at least 4 out of 13 patients in Cohort 2A-I to be progression-free at 6 months to consider EO2401/nivolumab as effective. But the study status per database content on October 24, 2023, indicated that not more than a maximum of 3 among the 13 first randomized patients in Cohort 2A-I had a chance to reach a progression-free survival of 6 months. Thus, enrolment into the extension cohort should be stopped per the rules outlined in the protocol. Considering the study findings, the IDMC recommended no further recruitment to Cohort 2A and patients currently on treatment to continue following the protocol and a minimum follow-up of approximately 14 months for patients with ACC was recommended.

- Cohorts 3A (previously treated patients) and 3B (previously untreated patients) included an evaluation of EO2401 at the recommended dose found in Cohort 1 in combination with nivolumab in 30 evaluable patients (15 each for Cohorts 3A and 3B) with progressive MPP ll leading to the potential need of recruitment of less than 15 patients specifically for Cohort 3A). The global protocol amendment 2 (leading to protocol EOADR1-19 version 3.0) was implementing an adjustment of planned patient number in Cohort 3, from 30 patients (with a target of 15 patients each for Cohorts 3A and 3B; see above) to approximately 20 patients without a specific split between Cohorts 3A and 3B. The global protocol amendment 3 (leading to protocol EOADR1-19 version 4.0) stopped the recruitment of new patients in Cohort 3 considering the very low recruitment rate.

Number of patients (planned and analyzed):
The trial was a 5-cohort study intended to recruit a maximum of 120 evaluable patients
The actual numbers of patients treated in the different cohorts were as follows:

- Cohort 1 (patients with ACC or MPP, previously treated): 3 patients The 3 patients treated in Cohort 1, are also counted in the numbers below for Cohort 2A (2 patients) and Cohort 3A (1 patient).
- Cohort 2A (patients with ACC, previously treated): 24 patients and Cohort 2B (patients with ACC, previously untreated):7 patients, i.e. 31 patients in total.
- Cohort 3A (patients with MPP, previously treated): 12 patients and Cohort 3B (patients with MPP, previously untreated): 5 patients, i.e.17 patients in total
- Randomized extension of the cohort 2A (patients with ACC, previously treated):
  - Cohort 2A-I (EO2401and nivolumab): 13 patients

- Cohort 2A-II (EO2401 monotherapy: 2 patients
- Cohort 2A-III (nivolumab monotherapy: 4 patients, therefore 19 patients in total

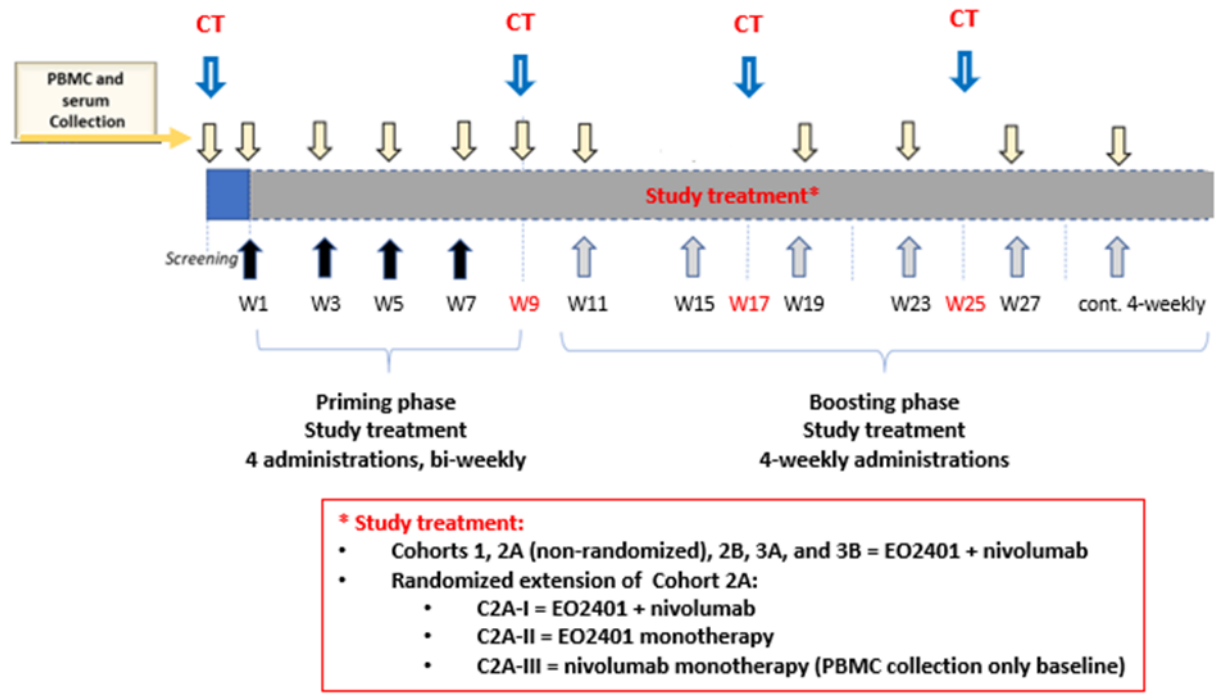
In total, 70 patients have been treated in this study (FAS: Full Analysis Set with 51 patients in the non-randomized part and 19 in the randomized part) and 66 patients have been treated with EO2401 (please refer to the prior section for further details).

Diagnosis and main criteria for inclusion:
The main inclusion criteria were adult patients HLA-A2 positive with histologically proven ACC or MPP and with at least one measurable lesion; life expectancy > 4 months.

The main exclusion criteria were treatment with dexamethasone > 2 mg/day or equivalent within 14 days before first study drug administration; previous treatment by immunotherapy or compounds targeting PD-1, PD-L1, CTLA-4.

Please refer to Section 5.1 and 5.2 of the protocol for the full list of selection criteria.

Schematic administration schedule:



Test product, dose and mode of administration, duration of treatment:
EO2401, is a therapeutic peptide vaccine composed of three microbial-derived peptides mimicking cytotoxic T cell (CD8+ T cell) epitopes from the TAAs IL13Rα2, BIRC5/survivin, and FOXM1, combined with the helper peptide (CD4+ T cell epitope) UCP2. The peptide mix (DP) is emulsified with the adjuvant Montanide ISA 51 VG to reach a water in oil emulsion before subcutaneous administration.
EO2401was administered in combination with nivolumab (except in Cohorts 2A-II et 2A-III), which is an anti-PD-1 fully human monoclonal antibody (immunoglobulin G4), blocking the interaction between PD-1 and its ligands (PD-L1 and PD-L2).
The full dose of EO2401 (i.e. 1 mL of emulsified EO2401 DP in adjuvant) was administered in sub-cohort 1a.
The trial IDMC has recommended the use of the full dose of EO2401 after the assessment of the safety-lead in part of the trial (Cohort 1).
EO2401 was administered by 4 priming injections SC at 2-weekly intervals, followed by boosting injections starting at 4 weeks after the fourth priming injection; continued boosting injections were given

on a 4-weekly interval until disease progression or for a maximum planned duration of 24 months.
The dose and schedule of EO2401 were the same whether or not the treatment was given in combination with nivolumab, or as monotherapy (in the randomized extension of Cohort 2A for patients randomized to Cohort 2A-II).
The location of EO2401 injections was in a rotating way by injection (so an injection site was used every fourth time), with the injection sites being right and left upper extremity and right and left lower extremity/inguinal area.
In Cohort 1, non-randomized part of Cohort 2A, randomized extension of Cohort 2A for patients randomized to treatment schedule Cohort 2A-I, Cohort 3A, and Cohort 3B, EO2401 was administered in combination with nivolumab. EO2401 was administered first followed by nivolumab, 3 hours later. Nivolumab was administered as an IV infusion starting from study day 1. The dose of nivolumab was 240 mg every 2 weeks for the first 3 administrations, and from the fourth administration (2 weeks after the 3rd administration), and onwards, a nivolumab dose of 480 mg every 4 weeks was applied. Treatment with nivolumab followed the available European SmPC and US PI.
In patients randomized to treatment schedule Cohort 2A-II, EO2401 was administered alone and in patients randomized to treatment schedule Cohort 2A-III, nivolumab was administered alone,
The maximum treatment duration for each participant was planned to be 24 months followed by a long-term survival follow up until patient's death or sponsor decision.

Statistical methods planned:

All data collected in this study have been documented with the help of patient data listings and summary tables and figures. Data listings have been provided for the All Patient Population. Summary statistics and statistical analysis, where required, have been performed for patients included in the relevant analysis populations (Safety/Full Analysis Set). Unless stated otherwise, descriptive summary statistics included frequency counts and percentages for categorical variables and number of observations, mean, standard deviation, median, minimum, and maximum and the first and third quartiles for continuous variables.

Unless otherwise stated, the baseline value was defined as last scheduled or unscheduled value collected prior to the first dose of treatment.

The key efficacy endpoints, including the objective response rate (ORR), progression-free survival (PFS), and overall survival (OS), were analyzed following the Kaplan-Meier method, with hazard ratios derived using the Cox proportional hazards model. The primary efficacy endpoint for the part 2 of the study was the PFS rate at 6 months after the first dose of randomized treatment. This was evaluated with a two-stage Simon design which aimed to detect a PFS rate increase from 20% to 40% with a power of 80% and a one-sided type I error rate of 5%. Based on this design, 43 evaluable patients were required in the EO2401/nivolumab arm, with an initial cohort of 13 patients evaluated in the first stage. Please refer to the section methodology of this synopsis for further details.

For safety analysis, the safety population included all patients who received at least one dose of EO2401. Adverse events were categorized using the MedDRA dictionary and graded according to NCI-CTCAE v5.0. Exploratory analyses of biomarkers and safety profiles were also conducted, with further details provided in the statistical analysis plan (SAP) document and Section 3.4 of this document.

All data processing, summarization and main analyses have been performed using Metronomia's (CRO for data management and statistical assessments of the study) SAS Environment / Version 9.4 of the SAS statistical software package.

Results summary:

A total of 172 patients signed the first step of the informed consent to reach 70 patients starting study treatment. The most common reason for screen failure was to not have the study compound, EO2401, demanded HLA-A2 phenotype; this eligibility criteria excluded 67 (39%) of the patients starting

screening.

The first patient in the study started study treatment on 11-AUG-2020, and the last patient started study treatment on 01-NOV-2023. Thus, the 70 patients starting study treatment did so within 38,3 months; the last visit in the study was held on 02-OCT-2024.
The primary reasons for stopping EO2401 were:

- Progressive disease (by scanning or clinically): 18 patients.
- Physician decision: 17 patients (progression in lesion size (n=2); unconfirmed tumor progression; unconfirmed tumor progression/ worsening; worsening of patient; treatment suspended after SAE; radiological progression; appearance of secondary lesions; clinical and radiological progression; progression of liver disease; increase of tumor tissue; liver metastasis; confirmed tumor progression; worsening of clinical condition; worsening of clinical and radiological condition; clinical and marker progression; surgery for the complete removal of the cancer).
- Other reasons: 17 patients (maximum of 2 years study treatment duration (n=5); tumor progression according to RECIST(n=4); confirmed unconfirmed PD (n=4); progressive disease; clinical progression; non target lesions increase; progression on PET Scan.
- Death: 6 patients (Progressive disease (n=4), Covid infection, cardiac insufficiency).
- Adverse events: 5 patients (Grade 2 worsening of respiration; Grade 2 worsening of constipation; Grade 2 facial edema; Grade 4 hepatotoxicity; Grade 2 back pain).
- Withdrawal of treatment by patient: 2 patients.
- Study terminated by sponsor: 1 patient.

For all demographic/baseline, and safety parameters the synopsis includes data as reported for all patients treated with EO2401 (n=66).

Summary baseline and demographics (all patients treated with EO2401: n=66):

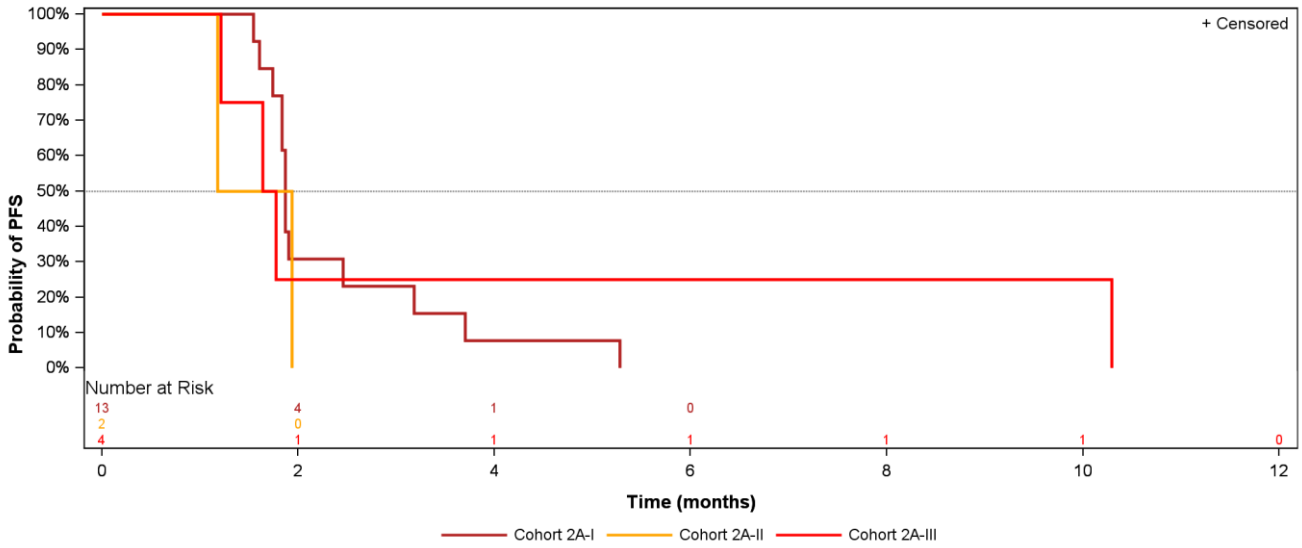
The median age of patients was 51 years (range 20-85 years), including 43 (65%) female patients and 23 (35%) male patients. The Eastern Cooperative Oncology Group performance status values at baseline were 0 in 37 (56%) patients, 1 in 27 (41%) patients and 2 in 2 (3%) patients. The median time since initial diagnosis of ACC/MPP until study treatment start was 2.7 years. The initial tumor location was abdominal in 71% of patients. The median time since diagnosis of metastatic disease until treatment start was 1.7 year. All patients had metastatic disease with 53% of the patients with a non resectable tumor. A previous systemic anticancer or immunomodulating therapy was reported in 80% of the patients and radiotherapy in 36% of the patients.

Summary efficacy results (based on RECIST criteria):

In the non-randomized part of the study (n=51), the median Progression Free Survival (PFS) was 2.2 months (95% CI:1.9-3.8).

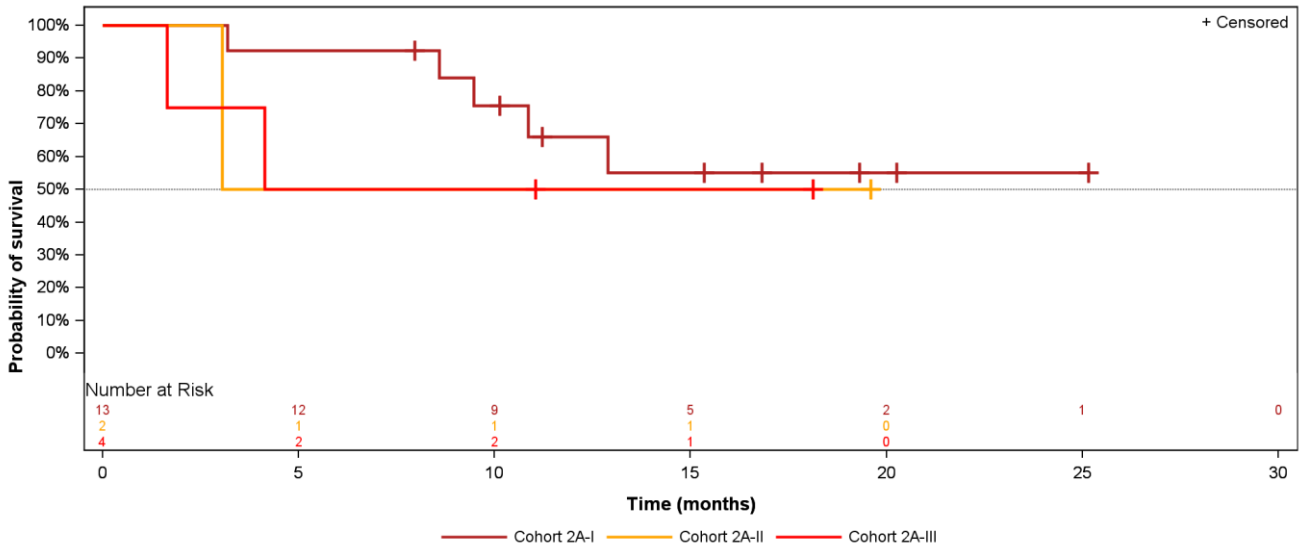
In the randomized part of the study (n=19) and as illustrated in the Kaplan-Meyer plot below, there was no difference between the 3 cohorts. The analysis of the PFS at 6 months led to the decision to stop the recruitment in the study.

Kaplan-Meier plot: Progression-free survival (PFS) according to RECIST (Cohort 2, randomized)



In contrast, when looking in the same population (n=19) at the Kaplan-Meier plot below in relation to the Overall Survival, it seems that the Overall Survival may be superior in the cohort C2A-I, combining EO2401 and nivolumab even if the median time has not been achieved.

Kaplan-Meier plot: Overall survival (Cohort 2, randomized)



In the non-randomized part of the study (n=51), the median Overall Survival (OS) was 14.3 months (95% CI:8.5-30.2). 14.3 (8.5 - 30.2).

26 (37%) patients of the FAS population (N=70) were still alive at the end of the study. In this same FAS population (n=70) the complete remission (CR) rate according to RECIST was 0%, partial response (PR) rate 5.7%, and thereby the objective response rate (ORR) was 5.7% and stable disease (SD)was achieved by 31,4% of patients giving a disease control rate (DCR) of 37.1%.

The other efficacy parameters will be detailed in the full clinical study report.

Summary safety results (all patients treated with EO2401: n=66):

After an IDMC assessment, the safety lead-in part of study EOADR-19/SPENCER (Cohort 1a/1) only needed to include the minimum number of patients (n=3) due to the benign safety profile of EO2401 and no safety concerns, and all expansion cohorts, after further IDMC assessments, have been opened

as planned without any delays.

An overall assessment of safety did not show any consistent differences in the safety profiles of patients treated with EO2401/nivolumab (Cohorts 1, 2a, randomized extension of Cohort 2A(2A-I), 2b, 3a and 3b) or EO2401 alone (randomized extension of Cohort 2A(2A-II)), and in this context the combined safety profile of all 66 patients treated with EO2401 in trial EOADR1-19/SPENCER is presented pooled.

The most common treatment emergent adverse events (TEAEs; ≥10% in the population of 66 patients treated by EO2401), irrespective of relationship, by preferred term were: injection site reaction 28 (42%), diarrhea 21 (32%), pyrexia 21 (32%), asthenia 19 (29%), anemia 15 (23%), fatigue 14 (21%), injection site pain 14 (21%), decreased appetite 13 (20%), nausea13 (20%), aspartate aminotransferase increased 12 (18%), abdominal pain 11 (17%), vomiting 11 (17%), alanine aminotransferase increased 11 (17%), back pain 11 (17%), oedema peripheral 9 (14%), constipation 9 (14%), gamma-glutamyltransferase increased 9 (14%), headache 9 (14%) and arthralgia 7 (11%).

The most common treatment-related TEAEs (≥10% in the population of 66 patients treated by EO2401) by preferred term were: injection site reaction 28 (42%), injection site pain 14 (21%), asthenia 11 (17%), pyrexia 10 (15%), fatigue 10 (15%) and diarrhea 8 (12%).

Please note, the above "most common event lists" are built on reporting of preferred terms, and are therefore not displaying all Local Administration Site Reactions (LASRs) since this type of events were reported under different preferred terms (e.g. injection site reaction, injection site pain, injection site pruritus…).To give a total view on the frequency of LASRs, the most distinct event type linked to EO2401 (and the SC application together with the adjuvant Montanide ISA 51 VG), these events were specifically distinguished in the AE reporting. Thus, LASRs have been reported in 44 (67%) of 66 patients, with 31 (47%) patients experiencing a maximum Grade 1 LASR, 7 (11%) a maximum Grade 2 LASR, and 6 (9%) a maximum Grade 3 LASR; there were no Grade 4 LASR events. Time to onset of the first LASR event in patients with an event was 0.49 months (range 0.03 - 2.46), and KM analysis of median event duration was 2.66 months (95% CI 1.91-4.76).

Of note, administration site reactions seen in trial EOADR/SPENCER are below or within the expected frequency for any antigen administered together with Montanide ISA 51 VG as an adjuvant (van Doorn et al., 2015). van Doorn et al. indicate injection site inflammation, edema and redness, damage, or induration in 40% to 100% of patients in randomized trials; assumed around 70% by SC route in non-randomized trials (van Doorn et al., 2016).

Overall, Grade ≥3 TEAEs irrespective of relationship were reported in 37 (56%) patients.; treatment related in12 (18%) patients

Treatment-emergent SAEs were reported for 19 (29%) patients; treatment related for 6 (9%) patients.

During study conduct 42 deaths were reported among the 66 patients treated with EO2401, 37 due to disease progression, 3 due to adverse events (Covid-19, severe respiratory failure and cardiac insufficiency).and 2 due to euthanasia.

The safety of EO2401/nivolumab has been evaluated versus the safety profile of nivolumab monotherapy (as presented in the labelling documents in USA and Europe):

- It seems that for the quality and frequency of common events, the safety profile of EO2401/nivolumab is consistent with the profile for nivolumab monotherapy, with the exception of LASRs and adrenal tumors specific events.
- It seems that for overall safety key parameters (frequency of AEs leading to treatment discontinuation, frequency of SAEs, frequency of Grade 3/4 AEs), the safety profile of EO2401/nivolumab is consistent with the profile for nivolumab monotherapy.
- It seems that for immune-mediated events, the safety profile of EO2401/nivolumab is consistent with the profile for nivolumab monotherapy.

Conclusion:

The combination of EO2401 (administered SC with the adjuvant Montanide ISA 51 VG) and nivolumab used for treatment of patients with adrenocortical carcinomas or malignant pheochromocytomas/paragangliomas, was well tolerated with a safety profile consistent with the safety profile of nivolumab monotherapy except the addition of local administration site reactions of mainly Grade 1-2 in approximately two thirds of the patients treated with EO2401.

When looking at the overall efficacy results, it seems that the Overall Survival observed in the non-randomized part of the study (n=51) is in the same range that the overall survival observed in the FIRMACT trial (Fassnacht, NEJM 2012), the first randomized trial in advanced ACC, respectively 14.3 et 14.8 months.