scite_

scite analysis for your Citation Statement Search with the term

tremelimumab clinical trial

Introduction

This scite analysis covers research relating to the following Citation Statement search parameters.

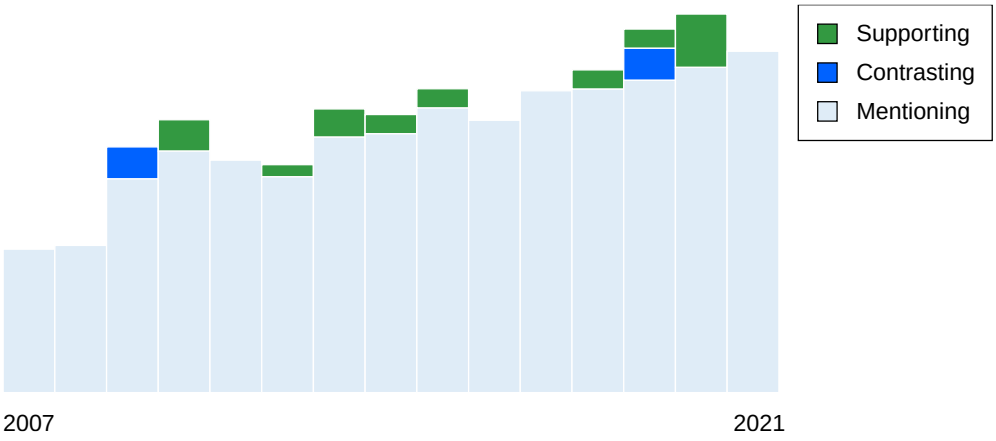
> Search term: tremelimumab clinical trial

As of 12/8/2021, scite identifies **2,666 expert analyses and opinions** on this topic.

The most highly cited publication discussing this topic is a 2015 paper published in Cell entitled Immune Checkpoint Targeting in Cancer Therapy: Toward Combination Strategies with Curative Potential. It has received 1,095 citation statements, of which 7 support its findings, 1,077 mention them, and 0 indicate contrasting evidence.

The most supported paper discussing this topic is a paper published in Cancer Immunology Research entitled Anti-CTLA-4 Antibodies of IgG2a Isotype Enhance Antitumor Activity through Reduction of Intratumoral Regulatory T Cells. It has received 551 citation statements, of which 25 support its findings, 520 mention them, and 1 indicates contrasting evidence.

According to our data, research in this space started in the year 2007 and has continued through 2021. Below, you can see the distribution of citation statements from these publications, with a breakdown of what percent of them support, mention, or contrast claims made by papers they reference.



Who is publishing reliable research in this area?

Below is a summary of representative researchers and affiliations in this space according to various criteria.

Researchers that have published the most work related to these search parameters.

Researcher	Publication Count
Antoni Ribas	88
Amanda Psyrri	30
Bartosz Chmielowski	29
Cristiana Bergamini	26
Gabriella Mariani	26
Jing Xie	25
Kevin Harrington	25
Lisa Licitra	25
Muzammil Ali	25

Researchers that have published highly supported work relating to this search (papers with at least 5 supporting citation statements).

Researcher	Publication Count
Antoni Ribas	23
Alistair J Cochran	11
Richard C Koya	10
Stephen Mok	10
Alan J Korman	7
Anne Bertrand	7
Begonya Cominanduix	7
Blanca Homet	7
Harlan Robins	7
Jennifer Tsoi	7

The institutions with the most supported papers in this area.

Institution	Publication Count
University Of California Los Angeles	23
Bristol Myers Squibb	13
Fred Hutchinson Cancer Research Center	8
University Of Bordeaux	7
University Of California San Diego	6
University Of Pittsburgh	6
Georgetown University	2
Soonchunhyang University	2
University Hospital Of Lausanne	1
Yonsei University	1

What are researchers saying about this topic?

Below are example insights and analyses from work in this area based on various criteria (from the most relevant, most recent, most supported, and most contrasted papers).

Insights from the **most relevant papers (based on your search parameters)**.

> Therefore, **tremelimumab** plus durvalumab plus chemotherapy had been tested in a pivotal phase 3 **clinical trial** CASPIAN. In the CASPIAN **trial**, the addition of **tremelimumab** to durvalumab plus chemotherapy did not lead to a significant improvement in overall survival [72]. The combination of **tremelimumab** and durvalumab for NSCLC has been tested in **clinical trials**; however, this combination only benefitted the survival in limited groups of patients.

Section: current immune checkpoint inhibitors in advanced non-small c...

Immunotherapy and Vaccination in Surgically Resectable Non-Small Cell Lung Cancer (NSCLC)
Li-Chung Chiu, Shu-Min Lin, Yu-Lun Lo et al. 2021 *Vaccines*

> 38–40 Although early studies with **tremelimumab** demonstrated similar patterns of efficacy and irAEs as ipilimumab, to date, the greatest **clinical** experience has been with ipilimumab. 34,41–43 **Clinical** development of **tremelimumab** was interrupted 2 years ago after a randomized phase 3 **clinical trial** failed to show a survival difference in patients treated with **tremelimumab** or dacarbazine/temozolomide. It should be noted that the dose and schedule for **tremelimumab** are quite different from ipilimumab, and an unintentional crossover from chemotherapy to compassionate use ipilimumab may have confounded the results of the phase 3 **trial**.

Section: clinical experience

Immune Regulatory Antibodies
Jedd D. Wolchok, Jeffrey S. Weber, Arvin Yangnull 2010 *The Cancer Journal*

> **Tremelimumab** is another anti-CTLA-4 inhibitor that is currently under investigation in **clinical trials** for various cancers, e.g., melanoma, malignant pleural mesothelioma, SCLC, and NSCLC [17 , 53]. Durvalumab in combination with **tremelimumab** therapy had been explored in early-phase **clinical trials**, and these **trials** showed that this combination therapy had durable **clinical** activity and an acceptable safety profile in patients with pretreated and relapsed extensive-stage (ES)-SCLC patients [57 , 72]. Therefore, **tremelimumab** plus durvalumab plus chemotherapy had been tested in a pivotal phase 3 **clinical trial** CASPIAN.

Section: current immune checkpoint inhibitors in advanced non-small c...

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Insights from the **most recently published papers**.

> Several phase II **clinical trials** in PDAC have been developed using antibodies against CTLA-4, such as Ipilimumab[82] and **Tremelimumab**[83] as single agents; however, these studies have not achieved an impact in OS[82 , 83]. Ipilimumab in a phase II **trial** (NCT00112580) of pretreated patients with locally advanced and metastatic pancreatic cancer showed a median OS of 4.5 mo, with no responders except for one patient who had a delayed objective response.

Section: landscape of immunotherapy in pancreatic ductal adenocarcinoma

Understanding the immune response and the current landscape of immunotherapy in pancreatic cancer
Lorena Ostios-Garcia, Julia Villamayor, Esther Garcia-Lorenzo et al. 2021 *World Journal of Gastroenterology*

> Another **clinical trial** attempting to target both PD1 and CTLA-4 with the different mAbs durvalumab (a PD1 inhibitor) and **tremelimumab** (a CTLA-4 inhibitor) in unresectable HCC also showed promising results; the combination regimen (**tremelimumab** 300 mg plus durvalumab 1,500 mg followed by durvalumab 1500 mg once every four weeks) had the best benefit-to-risk profile, with one patient having a complete response (1.3%, 1/75 patients), 17 patients a partial response (22.7%, 17/75 patients), and 16 patients stable (21.3%, 16/75 patients) [56]. Based on the phase I/II results, the randomized phase III HIMALAYA is now under way to assess the efficacy and safety of durvalumab plus **tremelimumab** both in combination and as monotherapy versus sorafenib in treatment-naïve patients with unresectable HCC [47].

Section: current and ongoing strategies of immune checkpoint blockade...

Cure the Incurable? Recent Breakthroughs in Immune Checkpoint Blockade for Hepatocellular Carcinoma
Pei-Yi Chu, Shih-Hsuan Channull 2021 *Cancers*

> Here, we summarize the current milestones regarding recent **clinical trials** testing ICIs as a potential systemic treatment for advanced HCC (Figure 2). The first immune checkpoint inhibitor (ICI), ipilimumab, the anti-CTLA-4 monoclonal antibody (mAb), was approved by the U.S. Food and Drug Administration (FDA) in March 2011 for the treatment of patients with advanced melanoma [40]. In 2013, a pilot **clinical trial** involving 20 patients with advanced HCC and a background of chronic hepatitis C virus (HCV) infection who received **tremelimumab** treatment, another anti-CTLA-4 mAb, showed promising results in terms of safety, antitumor and antiviral activity [41].

Section: current and ongoing strategies of immune checkpoint blockade...

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Insights from the **most supported papers**.

> In contrast, **tremelimumab**, another CTLA-4 antibody that has been tested in human **clinical trials**, is an IgG2 isotype that binds poorly to human Fc receptors, except for the FcgRIIa variant H131 (35). **Tremelimumab**, which-like ipilimumabinhibits CTLA-4-B7 interactions, has demonstrable antitumor activity in metastatic melanoma (40,41). However, it is possible that **tremelimumab** may be limited in mediating Treg reduction at the tumor.

Section: discussion

Anti-CTLA-4 Antibodies of IgG2a Isotype Enhance Antitumor Activity through Reduction of Intratumoral Regulatory T Cells
Mark J. Selby, Alan J. Korman, Mohan Srinivasan et al. 2013 *Cancer Immunology Research*

> Human antibodies to human CTLA-4, ipilimumab and **tremelimumab**, were selected to inhibit CTLA-4-B7 interactions (17,18) and have been tested in a variety of **clinical trials** for multiple malignancies (19,20). Tumor regressions and disease stabilization were frequently observed, and treatment with these antibodies has been accompanied by adverse events with inflammatory infiltrates capable of affecting a variety of organ systems.

Section: introduction

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Mark J. Selby, Alan J. Korman, Mohan Srinivasan et al. 2013 *Cancer Immunology Research*

> These data support the possibility that ipilimumab mediates Treg reduction at the tumor site. In contrast, **tremelimumab**, another CTLA-4 antibody that has been tested in human **clinical trials**, is an IgG2 isotype that binds poorly to human Fc receptors, except for the FcgRIIa variant H131 (35). **Tremelimumab**, which-like ipilimumabinhibits CTLA-4-B7 interactions, has demonstrable antitumor activity in metastatic melanoma (40,41).

Section: discussion

Anti-CTLA-4 Antibodies of IgG2a Isotype Enhance Antitumor Activity through Reduction of Intratumoral Regulatory T Cells
Mark J. Selby, Alan J. Korman, Mohan Srinivasan et al. 2013 *Cancer Immunology Research*

Insights from the **most contrasted papers**.

> Blockade of CTLA-4 by monoclonal antibodies can stimulate an anti-tumor immune response in pre-clinical models. 2 - 5 Two different anti-CTLA-4 antibodies have entered **clinical trials**, ipilimumab (Bristol-Myers Squibb) and **tremelimumab** (MedImmune). Ipilimumab was the first drug to lead to an improved overall survival in metastatic melanoma patients for 20 y.

Section: introduction

Selective BRAF inhibition decreases tumor-resident lymphocyte frequencies in a mouse model of human melanoma
Ton N. M. Schumacher, Christian U. Blank, Ross Stewart et al. 2012 *OncoImmunology*

> To perform this present analysis, we updated a previous relevant systematic review by Conforti et al 10 that used MEDLINE (PubMed), Embase, and Scopus from inception of these databases to November 30, 2017, to identify phase 2 or 3 randomized **clinical trials** for the agents ipilimumab, **tremelimumab**, nivolumab, and pembrolizumab. In this update, we expanded the literature search for previously included agents from November 30, 2017, to October 2, 2018.

Section: search strategy and review methods

Association of Patient Sex With Efficacy of Immune Checkpoint Inhibitors and Overall Survival in Advanced Cancers
Raj Satkunasivam, Omid Hamid, Mohit Butaney et al. 2019 *JAMA Oncology*

> Two different anti-CTLA-4 antibodies have entered **clinical trials**, ipilimumab (Bristol-Myers Squibb) and **tremelimumab** (MedImmune). Ipilimumab was the first drug to lead to an improved overall survival in metastatic melanoma patients for 20 y 6 , 7 . Although **clinical** responses (disease stabilization or regression) are often long-lasting, they can take several months to develop and only occur in a small proportion of treated patients 8 - 11 .

Section: introduction

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Ton N. M. Schumacher, Christian U. Blank, Ross Stewart et al. 2012 *OncoImmunology*

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