

Table S1 Antibody trials in pancreatic cancer

| Trial (year) | Phase | #pts | Target | Agent | Stage | 1st/2nd line | Other Tx | Median OS | Result | Comment |
|-------------------------|----------|-------|----------------------------------|---|------------------------|-----------------------------------|---|---|--|--|
| Xiong (2004)(86) | II | 41 | EGFR | Cetuximab | LAPC, M1 | 1 st | Gem | 7.1 mo | 1-year OS 31% PR 12%, SD 63% | intratumoral EGFR expression |
| Van Cutsem (2009)(87) | III RCT | 607 | EGFR, VEGF-A | Erlotinib +Bevacizumab | M1 | 1 st | Gem | 7.1 vs. 6 mo | No benefit | 1.Gem+Erl+Bev 2.Gem+Erl+placebo |
| Fujisaka (2015)(164) | I | 17 | mesothelin | amatuximab | nr | 2 nd + | no | nr | 3 with SD | Mixed solid tumors Mesothelin-positive Tu on IHC |
| Fuchs (2015)(97) | III RCT | 800 | IGF1R | Ganitumab | M1 | 1 st | Gem | 7.0 vs. 7.1 vs. 7.2 mo OS | Well tolerated, no improvement of survival | Gem + 12 mg/kg, +20mg/kg vs. +placebo |
| Picozzi (2015)(165) | Ib RCT | 58 | MUC5ac | ⁹⁰ Yttrium- clivatuzumab tetraxetan | M1 | 3 rd + | +/-Gem | 7.9 vs. 3.4 mo* (p=0.004) | * for multiple cycles +Gem OS 2.7 vs. 2.6 mo in the whole cohorts | +/- gemcitabine Ab with isotope |
| Ko (2016)(88) | II | 46 | EGFR MEK1/2 | Erlotinib Selumetinib | LAPC, M1 | 2 nd | no | 7.3 mo | No objective responses. In 38% SD in 6w+ | 59% with additional chemotherapy after study's discontinuation |
| Coveler (2016)(166) | I | 35/50 | SLC-44A4 | ASG-5ME | M1 | 2 nd + | no | 5 mo | Well tolerated, limited tumor activity – 1PR | PC + gastric cancer Ab-drug conjugate against cell-surface target on most PC. & gastric cancers |
| Beg (2016)(167) | I | 4/19 | MUC5AC | NEO-102 | LAPC, M1 | 2 nd + | no | nr | Well tolerated, no objective responses | PC and colon cancer |
| Pishvaian (2016)(163) | I | 6/39 | CEA & CD3 epsilon TCR subunit | MEDI-565 | nr | 2 nd + | no | nr | No objective responses. 28% of all cancer SD at best | GI tumors: Bispecific Ab Pretreated with dexamethasone |
| Chung (2017)(98) | II RCT | 137 | MEK PI3K/AKT | Selumetinib MK-2206 | M1 | 2 nd | no | 3.9 vs. 6.7 mo | Shorter survival with immunotherapy | vs. oxaliplatin and fluorouracil (FOLFOX) |
| Benson (2017)(168) | II RCT | 240 | LOXL2 enzyme | Simtuzumab | M1 | 1 st | Gem | 7.6 mo vs. 5.9 mo vs. 5.7 mo OS | Well tolerated, but no improvement of clinical outcome | 3 arms: Gem+Ab 700 mg vs. Gem-Ab 200 mg vs. Gem+placebo |
| Almhanna (2017)(169) | II | 43 | Guanylyl cyclase | MLN0264 | LAPC, M1 | 2 nd + | no | 5.4 mo | Managable safety but low efficacy , response rate 3% | Ab-drug conjugate |
| Fountzilas (2017)(89) | II | 18 | EGFR | Erlotinib | LAPC, M1 | 1 st , 2 nd | no | 3 mo | Terminated early due to futility | |
| Cardin (2018)(170) | I | 19 | Src EGFR | Dasatinib Erlotinib | LAPC, M1 | 1 st | Gem | 8 mo | No objective responses. 9 pts had SD | 1-y survival 32% |
| Abdel-Wahab (2018)(90) | I/II RCT | 45 | IGF-1R EGFR | MK-0646 Erlotinib | M1 | 1 st | Gem | 10.4 (A) vs. 5.7 mo (C) | Best survival in MK arm, no additional benefit of Erlotinib. Low toxicity | 3 arms – A: Gem + MK,B: Gem+MK+E or C: Gem+E |
| Maurel (2018)(96) | II | 25 | EGFR | Erlotinib | resected | NAT | Gem+RT | 23.8 mo | Better OS for R0 vs. R1 resection or not resected: 65.5 mo vs.. 15.5 mo, P=0.01 | |
| Dittrich (2019)(171) | Ib | 30 | EGFR VEGF | Erlotinib Bevacizumab | LAPC, M1 | 1 st in M1 | Cap | 2.5 mo PFS | Good safety, but limited efficacy. | 2 PR, 8/28 SD at 6 mo |
| Halfdanarson (2019)(92) | II RCT | 92 | EGFR | Panitumumab, Erlotinib | M1 | 1 st | Gem | 4.2 vs. 8.3 mo OS | Longer OS with dual inhibition, but increased toxicity | Gem +E vs. Gem+E+P |
| Mettu (2019)(93) | I | 21 | Src, EGFR | Dasatinib, Cetuximab | LAPC, M1 | 2 nd + | Gem | 5.8 mo | Limited clinical effect, but toxicity with both | Solid tumors Gem + Das or Gem + Das/Cet |
| Davis (2020)(102) | Ib | 31 | Wnt pathway | Vantictumab | M1 | 1 st | GnP | 10 mo | 42% PR and 35.5%SD | Terminated due to pathologic-fracture related safety, Max tolerated dose not reached |
| Hu (2019)(100) | II RCT | 177 | Notch2/3R | Tarextumab | M1 | 1 st | GnP | 6.4 vs. 7.9 mo | No diff in OS, even somewhat better in the placebo (p=0.9) | |
| Wei (2019)(95) | II | 114 | EGFR | Erlotinib | Resected, head | NAT+ Adj | Gem | 21.3 mo 25.4 mo for resected | Feasible | 83/114 resected. 52% 2-year survival for resected |
| Lin (2019)(172) | I/II | | CA125 Protease inhib. | Oregovomab Nelfinavir | LAPC | NAT | SBRT + Gem/ leucovorin/ fluoruracil | 13 mo | No difference in OS/TTP Compared to a historical group with same Tx | Nelfinavir as radiosensitizer. 4/11 resected |
| Alewine (2020)(173) | I/II | 20 | mesothelin | LMB-100 (immunotoxin) + modified Pseudomonas exotoxin A | Advanced, recurrent | 2 nd + | nPac | nr | 1PR, 7 >50% decrease of CA19-9. Not well tolerated | Ab+exotoxin Higher mesothelin expression in pts with tumor marker responses |
| Bendell (2020)(101) | I | 36 | MMP9 | Andecaliximab | LAPC, M1 | 1 st (in M1) | GnP + Ab | 7.8 mo PFS | Well tolerated; PR in 44% (RECIST) | 1st line in the metastatic setting |
| Sinn (2020)(94) | Ib RCT | 122 | VEGFR, PDGFR, RAF, etc | Sorafenib | Resected R1 | 1 st | Gem | 17.6 mo vs. 17.5 mo | No diff in RFS no OS | Gem + Ab's vs. Gem +placebo |
| Assenat (2021)(174) | II | 63 | HER2, EGFR | Trastusumab + Erlotinib | M1 | 1 st | Gem + Ab | OS 7.9 mo | No control group | PFS better when grade >=2 cutaneous toxicity; HER2 and EGFR expression corr with survival on multivariate analysis |
| Tempero (2021)(99) | III RCT | 424 | BTK | Ibrutinib | M1 | 1 st | GnP+Ab vs. GnP + placebo | 9.7 mo vs. 10.8 mo | No diff in OS | More side effects and receiving lower dose chemo with Ab |
| Lim (2021)(91) | II RCT | 65 | EGFR | Erlotinib | LAPC, M1 | 1 st | GemOx +E versus Gem +E | 3.9 mo vs. 1.4 mo PFS, not OS (trend) | Better PFS with oxaliplatin, | Ab not tested - Erlotinib in both chemo arms, so unknown benefit |

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