UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 OR 15(d) of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): September 19, 2020

PIERIS PHARMACEUTICALS, INC.
(Exact name of registrant as specified in its charter)

Nevada	001-37471	30-0784346
(State or other jurisdiction of Incorporation)	(Commission File Number)	(IRS Employer Identification No.)

225 State Street, 9th Floor Boston, MA	02109
(Address of principal executive offices)	(Zip Code)

Registrant's telephone number, including area code: 857-246-8998
N/A
(Former name or former address, if changed since last report.)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, $0.001 par value per share	PIRS	The Nasdaq Capital Market

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (17 CFR §230.405) or Rule 12b-2 of the Securities Exchange Act of 1934 (17 CFR §240.12b-2).

Emerging Growth Company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 7.01 Regulation FD Disclosure.

On September 19, 2020, the European Society for Medical Oncology ("ESMO") published Pieris Pharmaceuticals, Inc.'s (the "Company") abstract related to its phase 1 dose escalation study of PRS-343, entitled "A Phase 1 Dose Escalation Study of PRS-343, a HER2/4-1BB Bispecific Molecule, in Patients with HER2-positive Malignancies." The abstract is attached as Exhibit 99.1 to this Current Report on Form 8-K and is incorporated herein by reference.

On September 20, 2020, the Company presented its phase 1 dose escalation study of PRS-343 entitled "A Phase 1 Dose Escalation Study of PRS-343, a HER2/4-1BB Bispecific Molecule, in Patients with HER2-positive Malignancies" at the ESMO Virtual Congress 2020. The presentation is furnished as Exhibit 99.2 to this Current Report on Form 8-K and is incorporated herein by reference.

The information set forth under this “Item 7.01. Regulation FD Disclosure,” including Exhibits 99.1 and 99.2 attached hereto, shall not be deemed “filed” for any purpose, and shall not be deemed incorporated by reference into any filing under the Securities Act of 1933, as amended, or the Securities Exchange Act of 1934, as amended, regardless of any general incorporation language in any such filing. except as shall be expressly set forth by specific reference in such filing.

Item 9.01 Financial Statements and Exhibits

(d) *Exhibits.*

99.1 PRS-343 Dose Escalating Study Abstract, Dated September 19, 2020.

99.2 PRS-343 Dose Escalating Study Presentation, Dated September 20 2020.

SIGNATURE

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

PIERIS PHARMACEUTICALS, INC.

Dated: September 21, 2020

/s/ Tom Bures

Tom Bures

Vice President, Finance

525O - A phase I dose escalation study of PRS-343, a HER2/4-1BB bispecific molecule, in patients with HER2-positive malignancies

Presentation Number

525O

Speakers

- Geoffrey Ku (New York, NY, United States of America)

Background

Anticalin® proteins are recombinant human proteins based on lipocalins. PRS-343, a first-in-class bispecific antibody-Anticalin fusion protein, targets HER2 and costimulatory immune receptor 4-1BB on T cells. Here, we report the results of a phase I trial in patients with HER2+ solid tumors.

Methods

PRS-343 was evaluated in sequential dose cohorts from 0.0005 to 18 mg/kg i.v. Doses were administered Q3W up to 8mg/kg, while doses at 8mg/kg were also given Q2W and Q1W and doses beyond 8mg/kg were administered Q2W. Primary study objectives included safety, tolerability and RP2D. Secondary objectives included ORR and DCR, PD response and PK profile. PD response (CD8+ T cell IHC) was assessed in tumor biopsies pre-/post-treatment.

Results

70 patients enrolled (median age 61 years, 59% female, 83% Caucasian, median of four lines of prior therapy) with GC/GEJ (n=25); BC (n=16); gynecological cancer (n=6); CRC (n=10); BTC (n=5); UC (n=2); melanoma, pancreatic and salivary duct cancer (n=1 each) were treated with PRS-343. Based on PK analyses and kinetics of the CD8+ T cell expansion post-treatment, the minimal active dose was considered to be 2.5 mg/kg. 33 patients treated at active dose levels were evaluable for response with an ORR and DCR of 12% and 52% (3% CR, 9% PR, 40% SD), respectively. All objective responses were observed on the Q2W schedule, at/above doses of 8mg/kg; ORR was 40% and DCR was 70% (10% CR, 30% PR). At active doses, we observed pronounced post-treatment expansion of CD8+ T cells while there was no increase at doses below 2.5mg/kg. This effect was more pronounced in patients with a confirmed PR or prolonged SD. PRS-343 was well tolerated and the most frequent TRAEs were mild to moderate infusion related reaction (25%), nausea (7%), arthralgia (5%), vomiting (4%), chills (4%), and fatigue (4%). No DLT was noted. We will also present results of a PRS-343/atezolizumab combination trial in HER2+ solid tumors.

Conclusions

PRS-343 is the first 4-1BB bispecific to demonstrate encouraging evidence of safety and clinical benefit with a correlative PD effect. Based on these data, a phase II trial in gastric/GEJ cancer has been planned in combination with ramucirumab and paclitaxel.

Clinical trial identification

NCT03330561.

Legal entity responsible for the study

Pieris Pharmaceuticals.

Funding

Pieris Pharmaceuticals.

Disclosure

M. Zettl: Shareholder/Stockholder/Stock options, Full/Part-time employment: Pieris Pharmaceuticals. K. Aviano: Shareholder/Stockholder/Stock options, Full/Part-time employment: Pieris Pharmaceuticals. L. Mar: Shareholder/Stockholder/Stock options, Full/Part-time employment: Pieris Pharmaceuticals. P. Jolicoeur: Shareholder/Stockholder/Stock options, Full/Part-time employment: Pieris Pharmaceuticals. S. Olwill: Leadership role, Shareholder/Stockholder/Stock options, Full/Part-time employment, Officer/Board of Directors: Pieris Pharmaceuticals. I. Bruns: Leadership role, Shareholder/Stockholder/Stock options, Full/Part-time employment, Officer/Board of Directors: Pieris Pharmaceuticals. All other authors have declared no conflicts of interest.

VIRTUAL 2020 ESMO congress

A Phase 1 Dose Escalation Study of PRS-343, a HER2/4-1BB Bispecific Molecule, in Patients with HER2-positive Malignancies

Authors: Sarina Piha-Paul[1], Johanna Bendell[2], Anthony Tolcher[3], Sara Hurvitz[4], Anuradha Krishnamurthy[5], Anthony El-Khoueiry[6], Amita Patnaik[7], Rachna Shroff[8], Anne Noonan[9], Paula Pohlmann[10], Noah Hahn[11], Marc Matrana[12], Markus Zettl[13], Kayti Aviano[13], Lynn Mar[13], Patrick Jolicoeur[13], Shane Olwill[13], Ingmar Bruns[13], **Geoffrey Ku[14]**

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[6]Keck School of Medicine of USC, Norris Comprehensive Cancer Center, California, USA
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[9]The Ohio State University, Department of Internal Medicine, Division of Medical Oncology, Ohio, USA
[10]Georgetown University Lombardi Comprehensive Cancer Center, Washington DC, USA
[11]Sydney Kimmel Cancer Center at Johns Hopkins, Maryland, USA
[12]Ochsner Cancer Institute, Louisiana, USA
[13]Pieris Pharmaceuticals, Inc., Massachusetts, USA
[14]Memorial Sloan Kettering Cancer Center, New York, USA

VIRTUAL 2020 ESMO congress

Disclosure Information

GEOFFREY KU

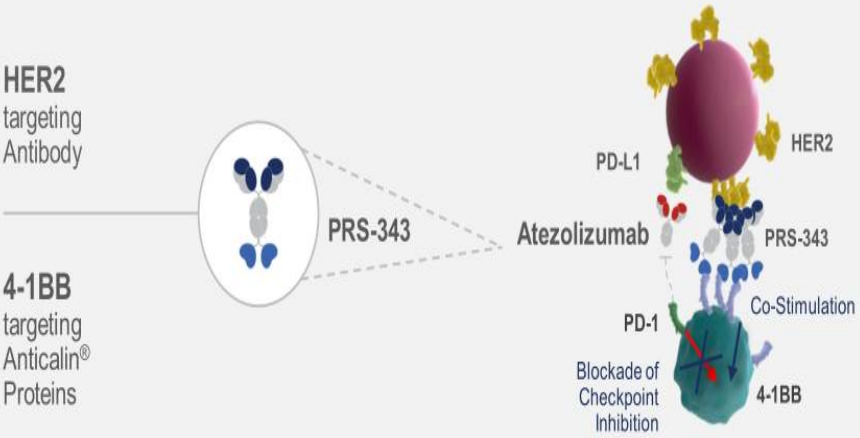
Reports relationships with the following:

- **Arog Pharmaceuticals** – Research Support
- **AstraZeneca** – Research Support, Consulting
- **Bristol-Myer Squibb** – Research Support, Consulting
- **Daiichi Sankyo** – Research Support
- **Eli Lilly** – Consulting
- **Merck** – Research Support, Consulting
- **Pieris Pharmaceuticals** – Research Support, Consulting
- **Zymeworks** – Research Support

PRS-343, a HER2 4-1BB Bispecific, Drives 4-1BB Agonism in the Tumor Microenvironment in HER2 Positive Solid Tumors

HER2-targeting moiety of the drug localizes to the tumor microenvironment and facilitates 4-1BB cross-linking

4-1BB cross-linking ameliorates T-cell exhaustion and is critical for T-cell expansion



CLINICALLY-RELEVANT BIOMARKERS

4-1BB Pathway Activation

Soluble 4-1BB

T-cell Proliferation

$CD8^+$ and $CD8^+/Ki67^+$

Study Design: Monotherapy and Combination with Atezolizumab

Primary Objectives

- Characterize **safety profile** of **PRS-343** and in combination with fixed dose of **atezolizumab**
- Identify **MTD** and/or **RP2D** of **PRS-343** alone and in **combination** with **atezolizumab**

Secondary Objectives

- Assess potential **immunogenicity** and **PD effects**
- Characterize **PK profile**
- Investigate **dosing schedule**
- Investigate **efficacy**

ACTIVE SCHEDULES	**Schedule 1:** Q3W dosing on day 1; 21-day cycle **Schedule 2 (b):** Q2W dosing on days 1, 15; 28-day cycle **Schedule 3 (c):** Q1W dosing on days 1, 8, 15; 21-day cycle **In combination with atezolizumab:** Q3W dosing on day 1; 21-day cycle

Dose Levels

Monotherapy Dose Levels	Dose Levels in Combination with 1200mg Atezolizumab	Dose (mg/kg)
1		0.0005
2		0.0015
3		0.005
4		0.015
5	1	0.05
6	2	0.15
7	3	0.5
8	4	1
9	5	2.5
10	6	5
11	7	8
11 (b)		8
11 (c)		8
12 (b)		12
13 (b)		18
Obinutuzumab + 11(b)		8

Data cut-off: 27-Jul-20

Key Enrollment Criteria: Monotherapy and Combination with Atezolizumab

Inclusion Criteria

- **Diagnosis of HER2+ advanced/metastatic solid tumor malignancy** that has progressed on standard therapy or for which no standard therapy is available
- **HER2+ solid tumors documented by ASCO, CAP or institutional guidelines (monotherapy); HER2+ status documented by clinical pathology report (combination)**
- **Patients with breast, gastric and GEJ cancer must have received at least one prior HER2-targeted therapy for advanced / metastatic disease**
- Measurable disease per RECIST v1.1
- ECOG 0 or 1 (monotherapy); ECOG 0-2 (combination)
- Adequate liver, renal, cardiac and bone marrow function

Exclusion Criteria

- **Ejection fraction below the lower limit of normal with trastuzumab and/or pertuzumab**
- **Systemic steroid therapy or any other form of immunosuppressive therapy within seven days prior to registration**
- Known, symptomatic, unstable or progressing CNS primary malignancies
- Radiation therapy within 21 days prior to registration (limited field radiation to non-visceral structures is allowed, e.g., limb bone metastasis)

Baseline Characteristics Monotherapy and Combination with Atezolizumab

All Subjects (n = 74, 41)

Characteristic	Monotherapy; n (%)	In Combination with Atezolizumab; n (%)
Age, Median (range)	63 (24–92)	59 (26-87)
Gender		
F	44 (59%)	23 (56%)
M	30 (41%)	18 (44%)
ECOG PS		
0	19 (26%)	12 (29%)
1	55 (74%)	18 (44%)
Prior Therapy Lines		
1	9 (12%)	5 (12%)
2	10 (14%)	7 (17%)
3	15 (21%)	6 (15%)
4	11 (15%)	6 (15%)
5+	28 (38%)	17 (41%)
Median no. of anti-HER2 Treatments		
Breast	7	3-4
Gastric	3	1

Primary Cancer Type	Monotherapy; n (%)	In Combination with Atezolizumab; n (%)
Gastroesophageal	27 (36%)	7 (17%)
Breast	16 (22%)	12 (29%)
Colorectal	10 (14%)	5 (12%)
Gynecological	9 (12%)	4 (10%)
Biliary Tract	7 (9%)	6 (15%)
Non-Small Cell Lung	-	4 (10%)
Bladder	2 (3%)	1 (2%)
Pancreatic	1 (1%)	1 (2%)
Other – Cancer of Unknown Origin	1 (1%)	1 (2%)
Other – Salivary Duct	1 (1%)	-

Data cut-off: 27-Jul-20

Monotherapy

A Phase 1, Open-label, Dose Escalation Study of PRS-343 in Patients with HER2-Positive Advanced or Metastatic Solid Tumors

Treatment-Related Adverse Events for Monotherapy

All Subjects

Occurred in > 1 Patient	Monotherapy	
	n = 145 (%)	% Grade 3
Infusion Related Reaction	27 (19%)	3 (2%)
Fatigue	11 (8%)	1 (1%)
Nausea	11 (8%)	
Vomiting	8 (6%)	
Chills	8 (6%)	
Abdominal pain		
Anemia	2 (1%)	1 (1%)
Anorexia		
Arthalgia	2 (1%)	
Asthenia	2 (1%)	
Cough	2 (1%)	
Decreased appetite	2 (1%)	
Diarrhea	6 (4%)	
Dizziness	2 (1%)	
Dry mouth		
Dyspnoea	3 (2%)	
Fever		
Flushing	5 (3%)	2 (1%)
Lightheadness		
Lymphocyte count decreased		
Neutrophil count decreased		
Non-cardiac chest pain	4 (3%)	
Paraesthesia	3 (2%)	1 (1%)
Peripheral sensory neuropathy		
Pruritis	3 (3%)	
Rash	2 (1%)	

One TRAE above Grade 3: Grade 4 Infusion Related Reaction in cohort 10 (5mg/kg PRS-343, Q3W).

Data cut-off: 27-Jul-20

Summary of Responses at Active Dose Range of PRS-343 in Monotherapy

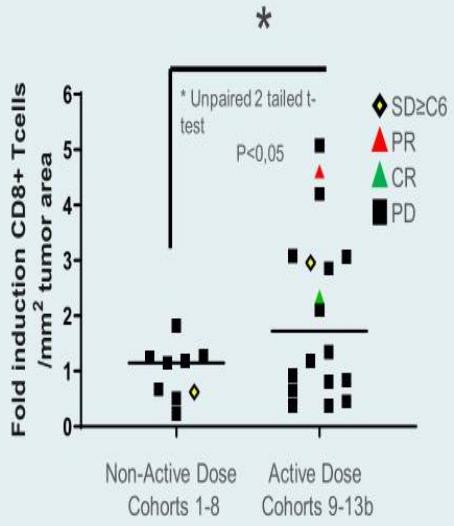
Based on clinical data, serum concentration of > 20 µg/ml defines active dose range (beginning at Cohort 9)

Cohort	13b	12b	11c	Obi	11b	11	10	9	Total
Best Response	18 mg/kg, Q2W	12 mg/kg, Q2W	8 mg/kg, QW	8 mg/Kg, Q2W	8 mg/kg, Q2W	8 mg/kg, Q3W	5 mg/kg, Q3W	2.5 mg/kg, Q3W	
Evaluable Patients	3	2	4	2	7	4	6	5	33
CR	1	-	-		-	-	-	-	1
PR	-	-	-		3	-	-	-	3
SD	-	-	1	1	3	3	3	2	13
ORR	33%	0%	0%	0%	43%	0%	0%	0%	12%
DCR	33%	0%	25%	50%	86%	75%	50%	40%	52%

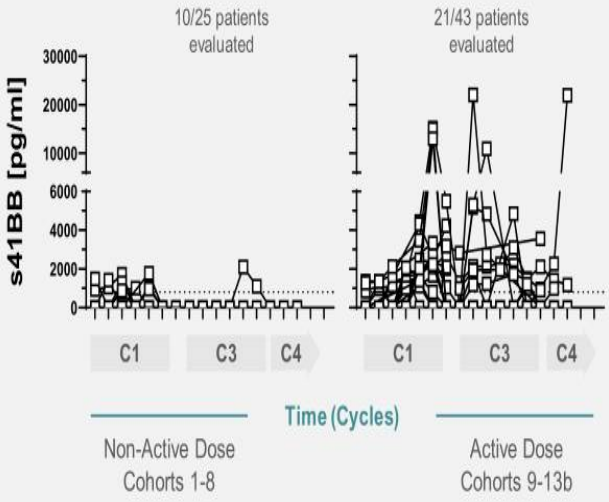
Data cut-off: 27-Jul-20

Increase in CD8+ T Cells and Circulating Soluble 4-1BB Support 4-1BB Engagement by PRS-343

Tumor



Serum



Gastric Cancer Patient (107-012) with PR

Patient Profile, Treatment History and Treatment Outcome

Patient Profile

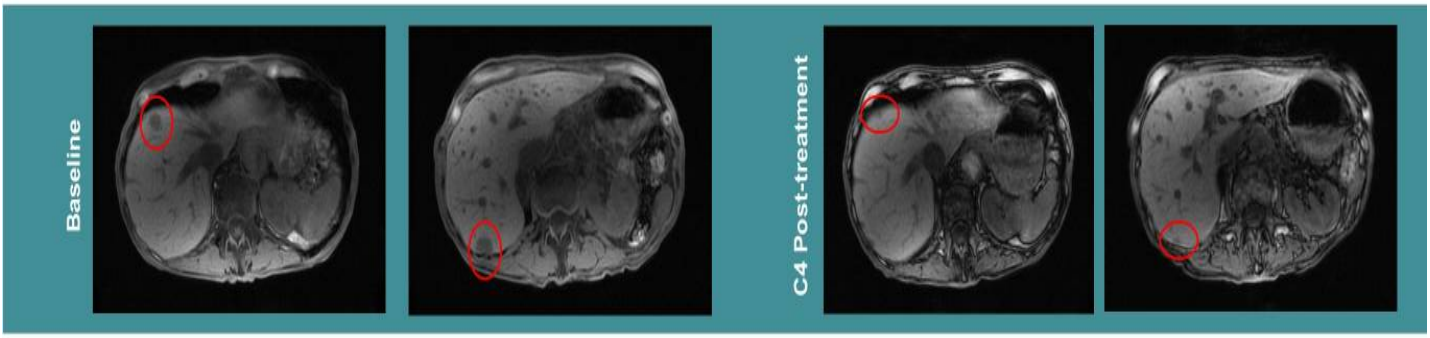
- Cohort 11b | 8 mg/kg every two weeks
- 80-year old woman; initial diagnosis in June 2017
- Stage IV gastric adenocarcinoma
- Metastases to liver, lymph node and adrenal glands
- HER2 IHC 3+; PD-L1 positive (CPS=3)
- NGS: ERBB2 amplification, TP53 mutation, alteration of CDK12 and SF3B1

Oncology Treatment History	Duration
Trastuzumab, Pembrolizumab + Capecitabine/oxaliplatin	July 2017 – June 2018
Nivolumab with IDO1 inhibitor (investigational drug)	Aug 2018 – Jan 2019

Lesions	Lesion Site	Lesion Size (mm)				
		Baseline	C2 Post-treatment	C3 Post-treatment	C4 Post-treatment	C6 Post-treatment
Target 1	Liver	14	12	10	9	8
Target 2	Liver	20	16	10	8	9
Target 3	Pancreas	19	16	14	14	14
% Change from Baseline			-17%	-36%	-42%	-42%
Non-target 1	Lung	Present	Present	Present	Present	Present
Non-target 2	Stomach	Present	Present	Present	Present	Absent
Non-target 3	Stomach	Present	Present	Present	Present	Absent

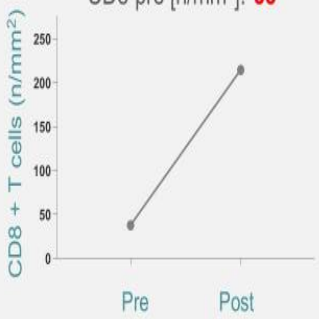
Data cut: 24-Jan-2020

CD8+ T Cell Numbers in the Tumor and Circulating s4-1BB Increase Post-Treatment in responding Gastric Cancer Patient (107-012)

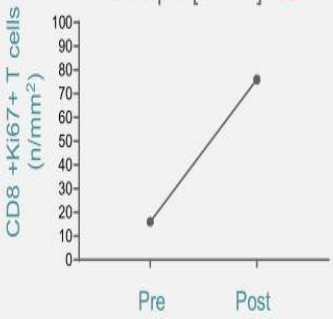


Tumor

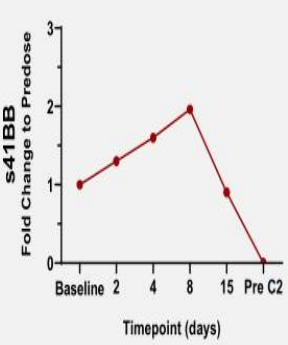
CD8 fold change: **5.7**
CD8 pre [n/mm²]: **38**

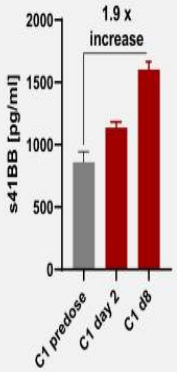


CD8Ki67 fold change: **5.8**
CD8 pre [n/mm²]: **16**



Serum





Rectal Cancer Patient (103-021) with CR

Patient Profile, Treatment History and RECIST

Monotherapy: Rectal Cancer Patient with Confirmed CR

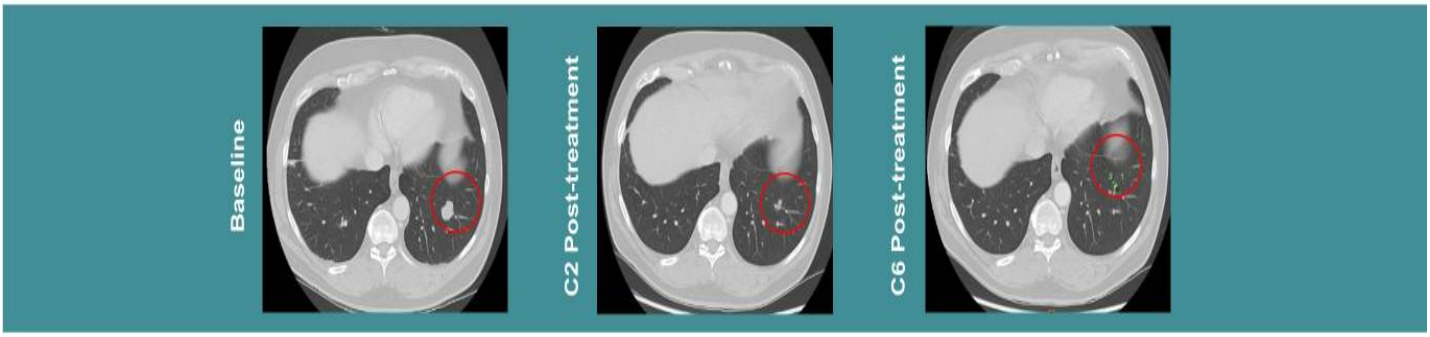
- Cohort 13b | 18 mg/kg Q2W
- 59-year-old male; initial diagnosis March 2017
- Stage 4 rectal adenocarcinoma cancer; metastasized to heart and lung
- FoundationOne Her2 amplification; in-house testing IHC 3+
- MSS, TMB low (2 mt/Mb)

Oncology Treatment History	Duration
Capecitabine + XRT	Apr-May 2017
Neoadjuvant Folfox	May-Sep 2017
Resection	Dec 2017
Folfiri/Avastin	Mar-Jul 2018
5FU/Avastin maintenance	Aug 2018-May 2019
Irinotecan/Avastin	May-Nov 2019
SBRT	Nov 2019

Lesions	Lesion Site	Lesion Size (mm)			
		Baseline	C2 Post-treatment	C4 Post-treatment	C6 Post-treatment
Target 1	Lung	22	13	0	0
% Change from Baseline			-41%	-100%	-100%
Non-target 1	-	Present	Present	Absent	Absent

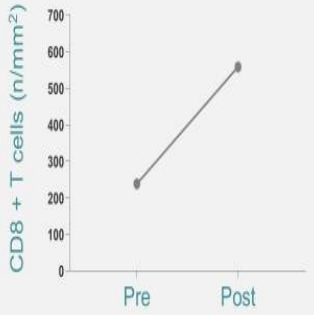
Data cut-off: 27-Jul-20

CD8+ T Cell Numbers in the Tumor and Circulating s4-1BB Increase Post-Treatment in CR Rectal Cancer Patient (103-021)

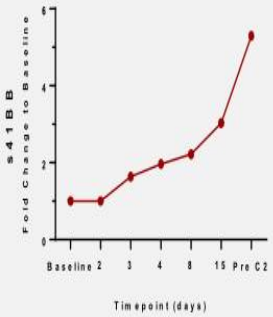


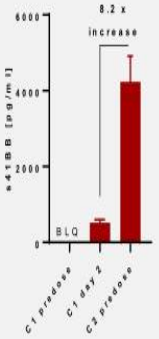
Tumor

CD8 fold change: 2.3 CD8 pre [n/mm²]: 238



Serum

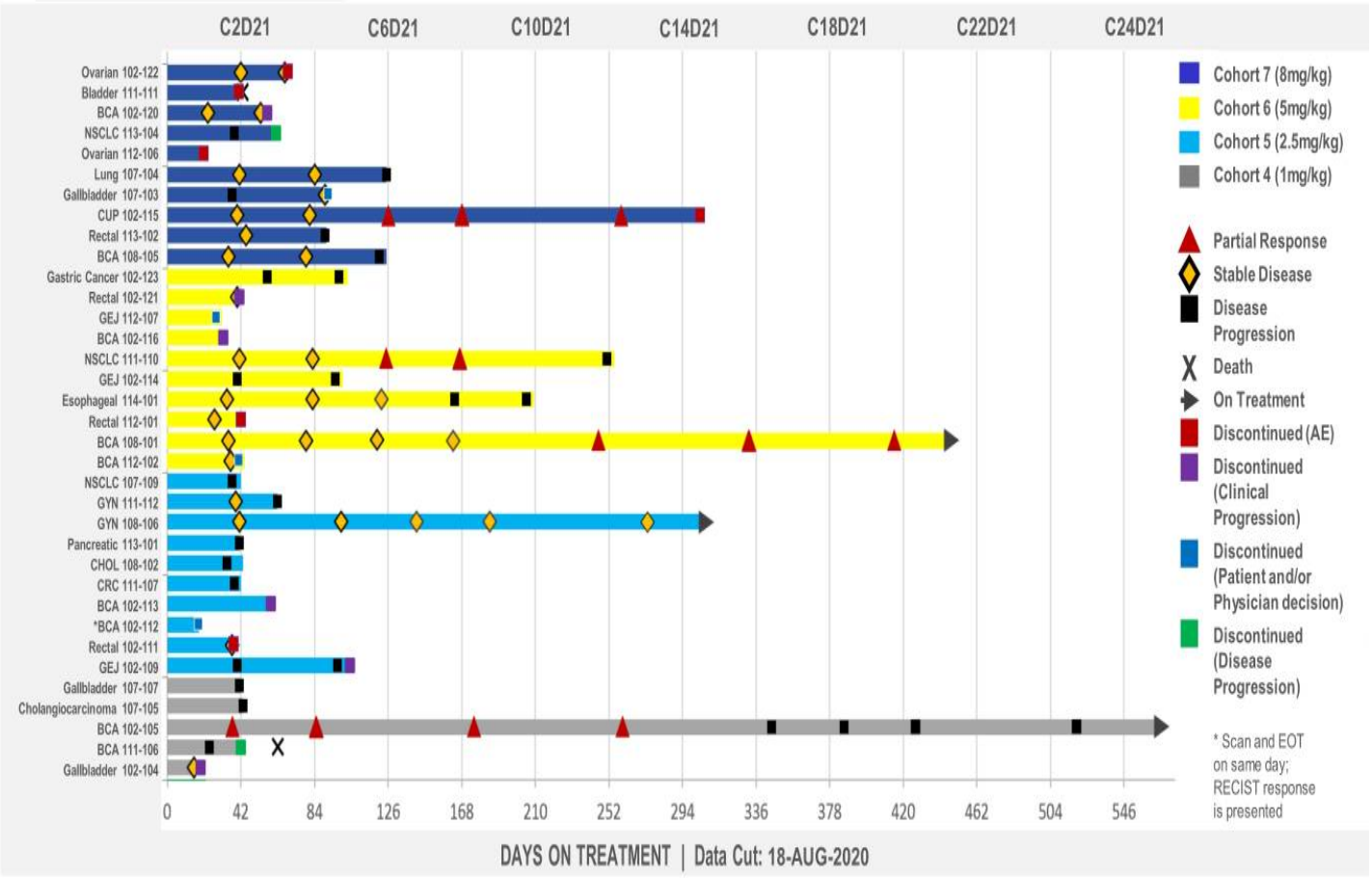




Combination Therapy with Atezolizumab

A Phase 1B, Open-label, Dose Escalation Study of PRS-343 in Combination With Atezolizumab in Patients with Specific HER2-Positive Advanced or Metastatic Solid Tumors

PRS-343 + Atezolizumab Duration of Exposure



Treatment-Related Adverse Events for Combination with Atezolizumab

All Subjects

Occurred in > 1 Patient	Combination with Atezolizumab	
	n = 148 (%)	% Grade 3
Infusion Related Reaction	38 (26%)	3 (2%)
Fatigue	12 (8%)	
Nausea	8 (5%)	
Vomiting	38 (26%)	
Chills		
Abdominal pain	2 (1%)	
Anemia	4 (3%)	2 (1%)
Anorexia	2 (1%)	
Arthalgia	2 (1%)	
Asthenia		
Cough		
Decreased appetite		
Diarrhea	5 (3%)	1 (1%)
Dizziness		
Dry mouth	3 (2%)	
Dyspnoea		
Fever	3 (2%)	
Flushing		
Lightheadness	2 (1%)	
Lymphocyte count decreased	3 (2%)	1 (1%)
Neutrophil count decreased	3 (2%)	1 (1%)
Non-cardiac chest pain		
Paraesthesia		
Peripheral sensory neuropathy	2 (1%)	
Pruritis	4 (3%)	
Rash		

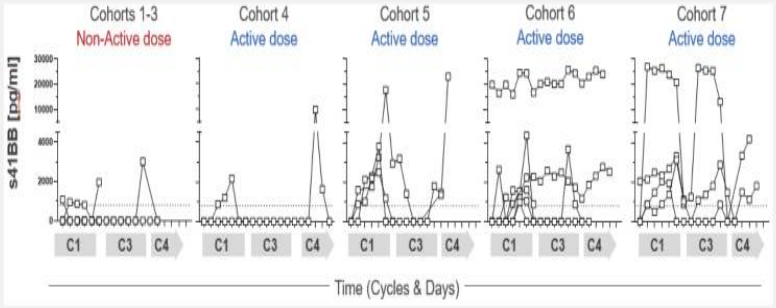
Two TRAEs above Grade 3: Grade 4 AST increase, Grade 3 transaminitis, and eventually Grade 5 hepatic failure in cohort 7 (8mg/kg + 1200mg atezolizumab); Grade 4 hemolytic anemia (unrelated to PRS-343, related to atezolizumab) in cohort 7.

Data cut-off: 27-Jul-20

Soluble 4-1BB Increases in Active Dose Cohorts & Clinical Benefit is Associated with Tumoral Immune Cell Activation

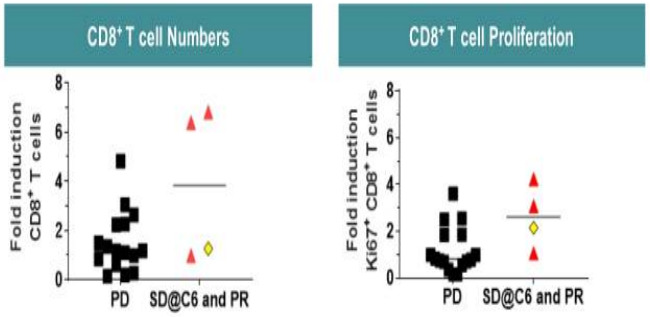
4-1BB target engagement

Soluble 4-1BB in serum



Tumor-localized activity

IHC on tumor tissue



Patients with prolonged clinical benefit show a trend of increased CD8⁺ T cell numbers, proliferation and elevated cytolytic function in tumor biopsies

Substantial increase of s4-1BB is observed in active dose cohorts (4-7), suggesting PRS-343-mediated target engagement

Breast Cancer Patient (108-101) with PR

Patient Profile, Treatment History and RECIST

PRS-343+Atezolizumab: Breast Cancer Patient with PR

- Cohort 6 | 5 mg/kg Q3W + 1200mg atezolizumab
- 52-year-old male; Initial diagnosis July 2011
- Stage 2 Invasive Ductal Breast Cancer
- FISH HER2/CEP17 ratio 2.4, HER2 copy number 4.8 In-house testing IHC2+, FISH+
- PD-L1 low in pre-treatment and high in post treatment biopsy

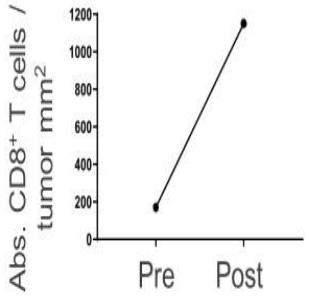
Oncology Treatment History	Duration
Trastuzumab/Docetaxel/ Tamoxifen/Carboplatin	Sep 2011-Jul 2013
Trastuzumab/Pertuzumab/Vinorelbine	Aug 2013-Jan 2016
T-DM1/Fulvestrant	Nov 2017-Mar 2018
Capecitabine/Lapatinib	Mar 2018
Palbociclib/Arimidex	Apr-May 2019

Lesions	Lesion Site	Lesion Size (mm)						
		Baseline	C2 Post-treatment	C4 Post-treatment	C6 Post-treatment	C8 Post-treatment	C12 Post-treatment	C16 Post-treatment
Target 1	right pulmonary ligament lymph node	16	18	15	13	13	6	5
% Change from Baseline			+12.5%	-6%	-19%	-19%	-63%	-69%
Non-target 1-4	-	Present	Present	Present	Present	Present	Present	Present

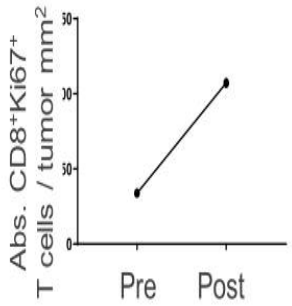
Data cut-off: 27-Jul-20

Tumoral and Circulating s4-1BB Increase Post-Treatment in PR Breast Cancer Patient (108-101)

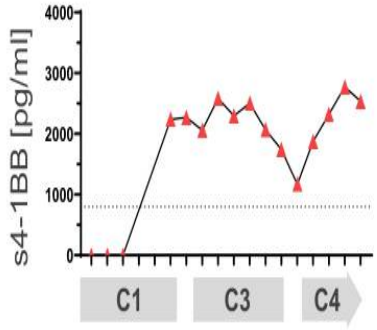
CD8⁺ T cell Numbers



CD8⁺ T cell Proliferation



Soluble 4-1BB



CD8⁺ T cell numbers, proliferation, cytolytic molecules and s4-1BB increase post-treatment, demonstrating 4-1BB arm activity of PRS-343

Conclusions

- **Acceptable safety profile** in all doses and schedules tested in **monotherapy** as well as **in combination with atezolizumab**
- Demonstrated **durable anti-tumor activity** in heavily pre-treated patient population across multiple tumor types, including those usually not responsive to immune therapy; novel and non-redundant MoA among HER2-targeting therapies
- Showed **a clear increase in CD8⁺ T cell numbers** and proliferative index in the tumor microenvironment of responders, soluble 4-1BB increase demonstrates activity of the 4-1BB arm of the molecule
- 2L HER2+ gastric/gastroesophageal cancer trial in combination with Paclitaxel and Ramucirumab in preparation

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Investigators, as well as their site personnel

Monotherapy

Study 0416 (NCT03330561 A Phase 1, Open-label, Dose Escalation Study of PRS-343 in Patients with HER2-Positive Advanced or Metastatic Solid Tumors) sponsored by Pieris

- The University of Texas MD Anderson Cancer Center – S. Piha-Paul, B. Bruggman
- Sarah Cannon Research Institute, LLC – J. Bendell, J. Costin
- NEXT Oncology – A. Tolcher, K. Dotson
- University of California Los Angeles Jonsson Comprehensive Cancer Center – S. Hurvitz, M. Rocha, R. Rubin
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- Sydney Kimmel Cancer Center at Johns Hopkins – N. Hahn, E. Lee
- Memorial Sloan Kettering Cancer Center – G. Ku, T. Shrivastav, P. Collins

Combination with Atezolizumab

Study 0818 (NCT03650348, A Phase 1B, Open-label, Dose Escalation Study of PRS-343 in Combination With Atezolizumab in Patients with Specific HER2-Positive Advanced or Metastatic Solid Tumors) sponsored by Pieris, atezolizumab kindly supplied by F. Hoffmann-La Roche Ltd

- The University of Texas MD Anderson Cancer Center – S. Piha-Paul, B. Bruggman
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