

LOTIS-2 follow-up analysis: Updated results from a Phase 2 study of loncastuximab tesirine in relapsed or refractory diffuse large B-cell lymphoma

Pier Luigi Zinzani¹, Paolo F. Caimi², Carmelo Carlo-Stella³, Weiyun Ai⁴, Juan Pablo Alderuccio⁵, Kirit M. Ardeshta⁶, Brian Hess⁷, Brad S. Kahl⁸, John Radford⁹, Melhem Solh¹⁰, Anastasios Stathis¹¹, Jay Feingold¹², David Ungar¹², Yajuan Qin¹², Luqiang Wang¹³, Mehdi Hamadani¹⁴

¹IRCCS Azienda Ospedaliero-Universitaria di Bologna Istituto di Ematologia "Seràgnoli", and Dipartimento di Medicina Specialistica, Diagnostica e Sperimentale Università di Bologna, Bologna, Italy; ²University Hospitals Cleveland Medical Center/Case Western Reserve University, Cleveland, OH, USA; ³Department of Oncology and Hematology, Humanitas Clinical and Research Center – IRCCS, and Humanitas University, Rozzano, Milan, Italy; ⁴Division of Hematology and Oncology, Department of Medicine, University of California, San Francisco, CA, USA; ⁵Sylvester Comprehensive Cancer Center, University of Miami, Miami, FL, USA; ⁶Department of Haematology, University College London Hospitals NHS Foundation Trust, London, UK; ⁷Division of Hematology and Medical Oncology, Department of Medicine, Medical University of South Carolina, Charleston, SC, USA; ⁸Department of Medicine, Oncology Division, Washington University, St. Louis, MO, USA; ⁹NIHR Clinical Research Facility, Christie NHS Foundation Trust and the University of Manchester, Manchester, UK; ¹⁰Blood and Marrow Transplant Program at Northside Hospital, Atlanta, GA, USA; ¹¹Oncology Institute of Southern Switzerland, Bellinzona, Switzerland; ¹²Clinical Development, ADC Therapeutics America, Inc., Murray Hill, NJ, USA; ¹³Biometrics, ADC Therapeutics America, Inc., Murray Hill, NJ, USA; ¹⁴Division of Hematology and Oncology, Medical College of Wisconsin, Milwaukee, WI, USA

BACKGROUND

- Patients with relapsed/refractory diffuse large B-cell lymphoma (R/R DLBCL) who are ineligible for, or relapse after, salvage chemotherapy/stem cell transplant have a poor prognosis and limited treatment options^{1,2}
- Loncastuximab tesirine (Lonca) comprises a humanized anti-CD19 antibody conjugated to a potent pyrrolbenzodiazepine (PBD) dimer toxin³
- LOTIS-2 is a Phase 2 study evaluating Lonca in patients with R/R DLBCL (NCT03589469)⁴⁻⁶
- Primary efficacy and safety data have been previously published⁵ (≥ 6 months since patients received first dose), and patients are being followed-up; here, we present updated results (≥ 17 months since patients received their first dose)

METHODS

Study design

- This multicenter, open-label, single-arm Phase 2 study of Lonca enrolled adult patients (≥ 18 years) with pathologically defined R/R DLBCL and ≥ 2 prior systemic treatments
- Patients received intravenous Lonca at 150 $\mu\text{g}/\text{kg}$ every 3 weeks (Q3W) for 2 cycles, then 75 $\mu\text{g}/\text{kg}$ Q3W thereafter for up to 1 year
- Follow-up is Q12W for up to 3 years after the end of treatment

Endpoints

- The primary efficacy endpoint was overall response rate (ORR), assessed by central review
- Secondary efficacy endpoints included duration of response (DoR), progression-free survival (PFS), and overall survival (OS)
- Secondary safety endpoints included frequency and severity of treatment-emergent adverse events (TEAEs)

RESULTS

Patients and treatment

- 145 patients with heavily pre-treated R/R DLBCL received at least 1 dose of Lonca; median (range) patient age was 66 years (23–94)
- At data cut-off (March 01, 2021), all patients had completed treatment
- Patients received a mean (standard deviation [SD]) of 4.6 cycles (4.3) and median (range) of 3.0 cycles (1.0–26.0) of Lonca
 - Responders (n=70) received a mean of 6.8 cycles (5.0) and median of 5.0 cycles (1.0–26.0)
 - 24 (34.3%) responders received ≥ 7 cycles
- Median (range) of follow-up for all patients was 7.8 months (0.3–31.0); 37 patients remain in follow-up

Safety

- Grade ≥ 3 TEAEs were reported in 107 (73.8%) patients (Table 1)
- Most common ($\geq 10\%$) Grade ≥ 3 TEAEs were neutropenia (38 [26.2%]), thrombocytopenia (26 [17.9%]), increased gamma-glutamyltransferase (GGT; 25 [17.2%]), and anemia (15 [10.3%])
 - Most Grade ≥ 3 events were reflective of laboratory abnormalities rather than clinical symptoms
- The rate of febrile neutropenia was low (5 [3.4%])
- All-grade TEAEs considered likely related to the PBD warhead included edema or effusion (45 [31.0%]), skin reactions and nail disorders (63 [43.4%]), and liver enzyme abnormalities (76 [52.4%])
- Treatment-related TEAEs leading to treatment discontinuation and dose delays were reported in 27 (18.6%) and 62 (42.8%) patients, respectively; most common reason for both was increased GGT (17 [11.7%] and 26 [17.9%] patients, respectively)

Table 1. Overall TEAEs (all-treated population)

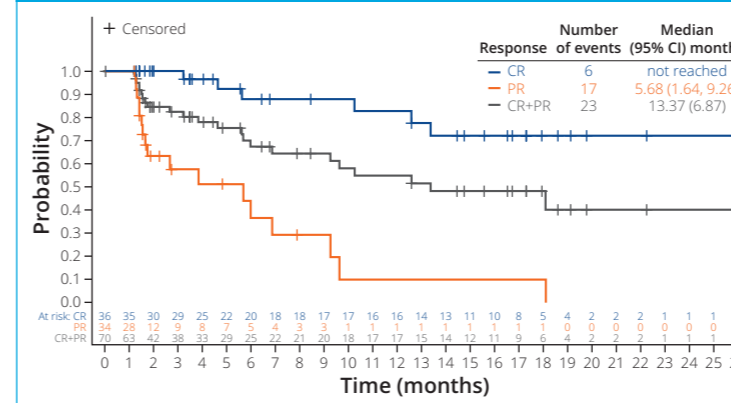
TEAE	Patients n (%) (N=145)
Patients with any TEAE	143 (98.6)
Grade ≥ 3 TEAE	107 (73.8)
TEAE related to Lonca ^a	118 (81.4)
TEAE leading to Lonca dose delay or reduction	75 (51.7)
TEAE leading to Lonca discontinuation	36 (24.8)
Serious TEAE	57 (39.3)
TEAE with a fatal outcome	8 (5.5)

^aRelated defined as possibly related, probably related, or related including missing relationship. Lonca, loncastuximab tesirine; TEAE, treatment-emergent adverse event.

Efficacy

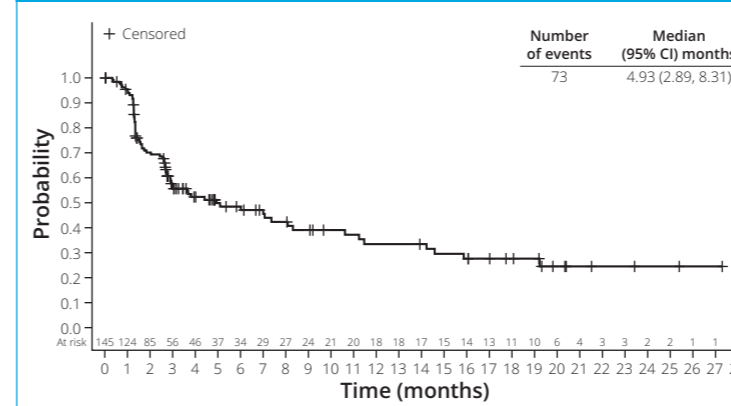
- ORR by central review was 48.3% (70/145); complete response was 24.8% (36/145) and partial response was 23.4% (34/145)
- Median DoR for the 70 responders was 13.4 months. Median DoR for patients with a complete response was not reached and was 5.7 months for those with a partial response (Figure 1)
- Median PFS was 4.9 months (Figure 2) and median OS was 9.5 months (Figure 3)
- Following Lonca treatment, 16 patients received CD19-directed chimeric antigen receptor T-cell therapy, with an investigator-assessed ORR of 43.8%; 11 patients proceeded to stem cell transplant as consolidation after responding to Lonca

Figure 1. Duration of response by best overall response (all-treated population)



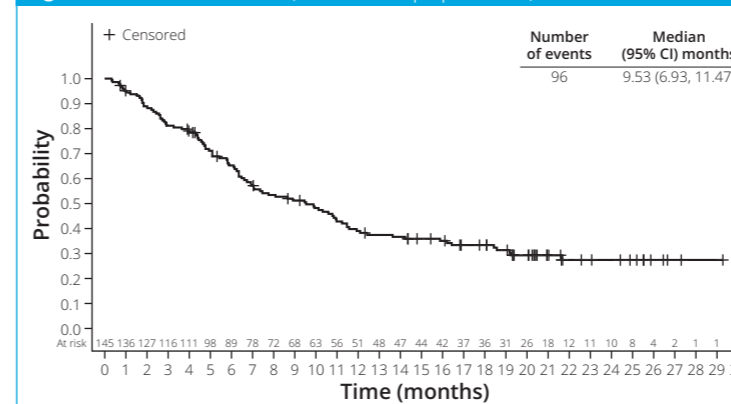
CI, confidence interval; CR, complete response; PR, partial response.

Figure 2. Progression-free survival (all-treated population)



CI, confidence interval.

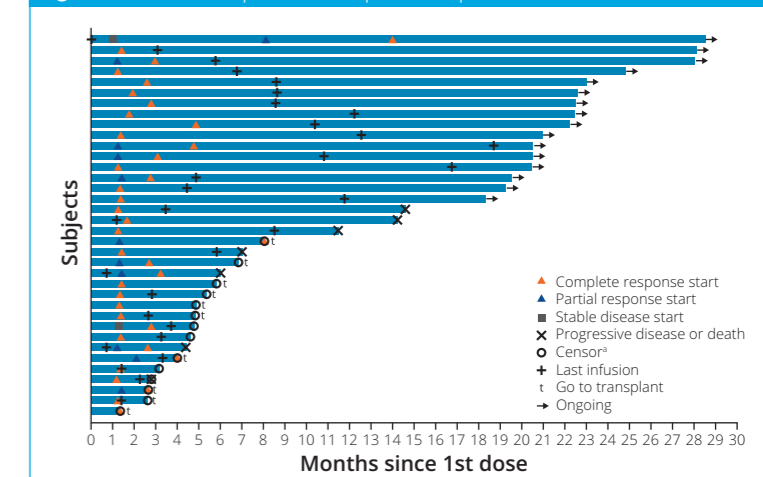
Figure 3. Overall survival (all-treated population)



CI, confidence interval.

- At data cut-off, among patients who had a complete remission, 44.4% (16/36) remained in complete response with no further treatment and 36.1% (13/36) had disease progression or death; corresponding values excluding 10 patients who were censored because of transplant were 61.5% (16/26) and 34.6% (9/26), respectively (Figure 4)

Figure 4. Swimmer plot of complete responders



Each bar represents one patient. ^aOnly for censored patients who discontinued the trial due to reasons other than progression or who went onto a different anticancer treatment other than transplant.

CONCLUSIONS

- After longer follow-up of patients in LOTIS-2, durable responses (median 13.4 months) to Lonca continue to be observed in heavily pre-treated patients with R/R DLBCL
- No new safety concerns were reported
- Efficacy and safety continue to be monitored

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Disclosures

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Contact information

Prof Pier Luigi Zinzani: pierluigizinzani@unibo.it

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