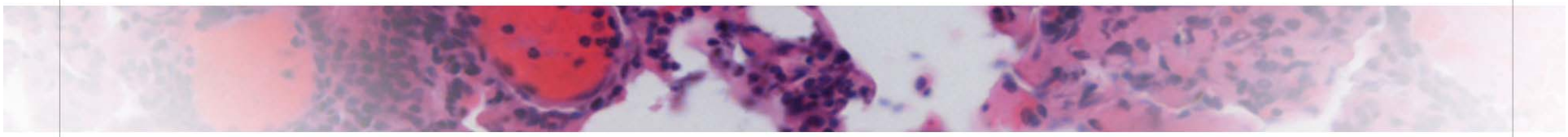

Clinical Characteristics and Responses of Patients with Relapsed or Refractory High-Grade B-Cell Lymphoma Treated with Loncastuximab Tesirine in the LOTIS-2 Clinical Trial

Poster slides, 63rd ASH Annual Meeting and Exposition Meeting, December 11-14, 2021

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Introduction

DLBCL is a heterogeneous disease, with variable outcomes that are differentially characterized by clinical factors, response to therapy, and the unique biology of underlying disease subtypes[1]

High-grade B-cell lymphoma with *MYC* and *BCL2* and/or *BCL6* rearrangement is associated with poor patient prognosis[2,3]

Loncastuximab tesirine (loncastuximab tesirine-lpyl; Lonca) is an FDA-approved CD19-directed antibody-drug conjugate indicated in adults with R/R large B-cell lymphoma after ≥2 lines of systemic therapy, including patients with HGBCL[4]

DLBCL, diffuse large B-cell lymphoma; HGBCL, high-grade B-cell lymphoma with *MYC* and *BCL2* and/or *BCL6* rearrangements; R/R, relapsed or refractory.

1. Liu Y and Barta SK. *Am J Hematol*. 2019;94(5):604-616. 2. Swerdlow SH, et al. *Blood*. 2016;127(20):2375-2390. 3. Rosenwald A, et al. *J Clin Oncol*. 2019;37(35):3359-3368.
4. ZYNLOTA [package insert]. Murray Hill, New Jersey: ADC Therapeutics, SA; 2021.

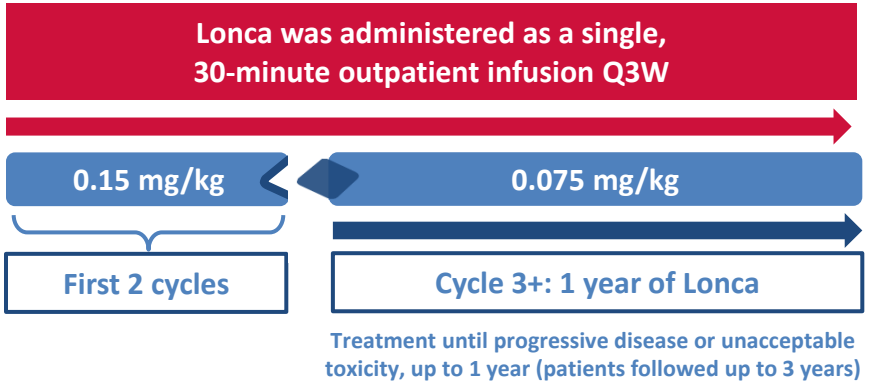
LOTIS-2: Open-Label, Single-Arm, Phase 2 Study

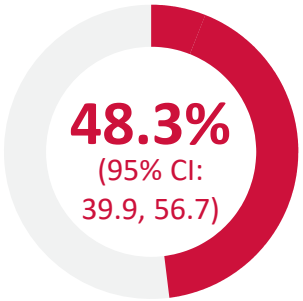
Patient Population

R/R DLBCL after ≥2 prior lines of systemic therapy, including DLBCL-NOS, DLBCL arising from low-grade lymphoma, and high-grade B-cell lymphoma

Primary Endpoint

ORR by IRC of PET-CT using Lugano 2014 criteria





ORR in the full LOTIS-2 population (N = 145)

DLBCL, diffuse large B-cell lymphoma; HGBCL, high-grade B-cell lymphoma; IRC, Independent Review Committee; NOS, not otherwise specified; ORR, overall response rate; PET-CT, positron emission tomography-computed tomography; Q3W, every 3 weeks; R/R, relapsed/refractory.

Caimi, PF, et al. *Lancet Oncol.* 2021;22(6):790-800.

Objective

To characterize the clinical characteristics and efficacy of Lonca in patients with high-grade B-cell lymphoma enrolled in the LOTIS-2 trial

- Data cutoff: March 1, 2021

LOTIS-2: Characteristics of Patients With HGBCL

Baseline Characteristics	Patients with HGBCL (n=11)	Patients with DLBCL-NOS (n=127)
Age, median (min, max), years	74.0 (53, 85)	65.0 (23, 94)
Age group, n (%) • <65 years • ≥65 to <75 years • ≥75 years	 2 (18.2) 4 (36.4) 5 (45.5)	 57 (44.9) 55 (43.3) 15 (11.8)
Diagnosis to first dose, median (min, max), months	22.2 (5.4, 86.6)	16.9 (1.4, 292.6)
Prior systemic therapies[a], n (%) • 2 prior lines • 3 prior lines • >3 prior lines	 3 (27.3) 5 (45.5) 3 (27.3)	 58 (45.7) 27 (21.3) 42 (33.1)
Prior stem-cell transplant, n (%)	1 (9.1)	21 (16.5)
Refractory to prior therapy, n (%) • Primary refractory • Refractory to most recent therapy • Refractory to all prior therapy	 3 (27.3) 5 (45.5) 3 (27.3)	 26 (20.5) 78 (61.4) 24 (18.6)

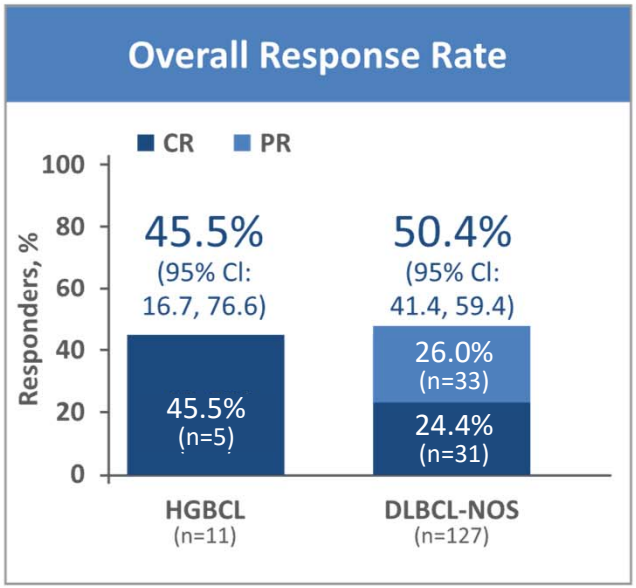
Among patients with HGBCL, 3/11 patients had prior CAR T-cell therapy, and 2/11 patients had triple-hit lymphoma.

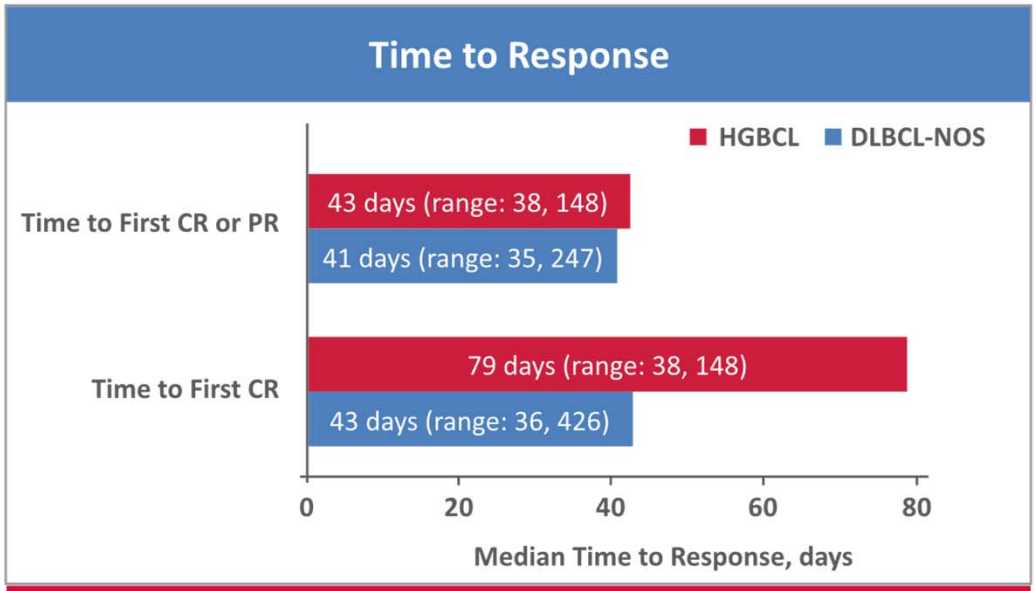
Data cutoff: March 1, 2021. Median (range) follow-up for the entire LOTIS-2 population: 7.8 (0.3-31.0) months.

[a]Prior stem cell transplant is included. For patients who received an autologous transplant, the mobilization regimen was considered a line of therapy if it was chemotherapy-based and distinct from the other previous lines of treatment.

CAR, chimeric antigen receptor; DLBCL, diffuse large B-cell lymphoma; HGBCL, high-grade B-cell lymphoma with *MYC* and *BCL2* and/or *BCL6* rearrangements; NOS, not otherwise specified.

LOTIS-2: Efficacy in Patients With HGBCL



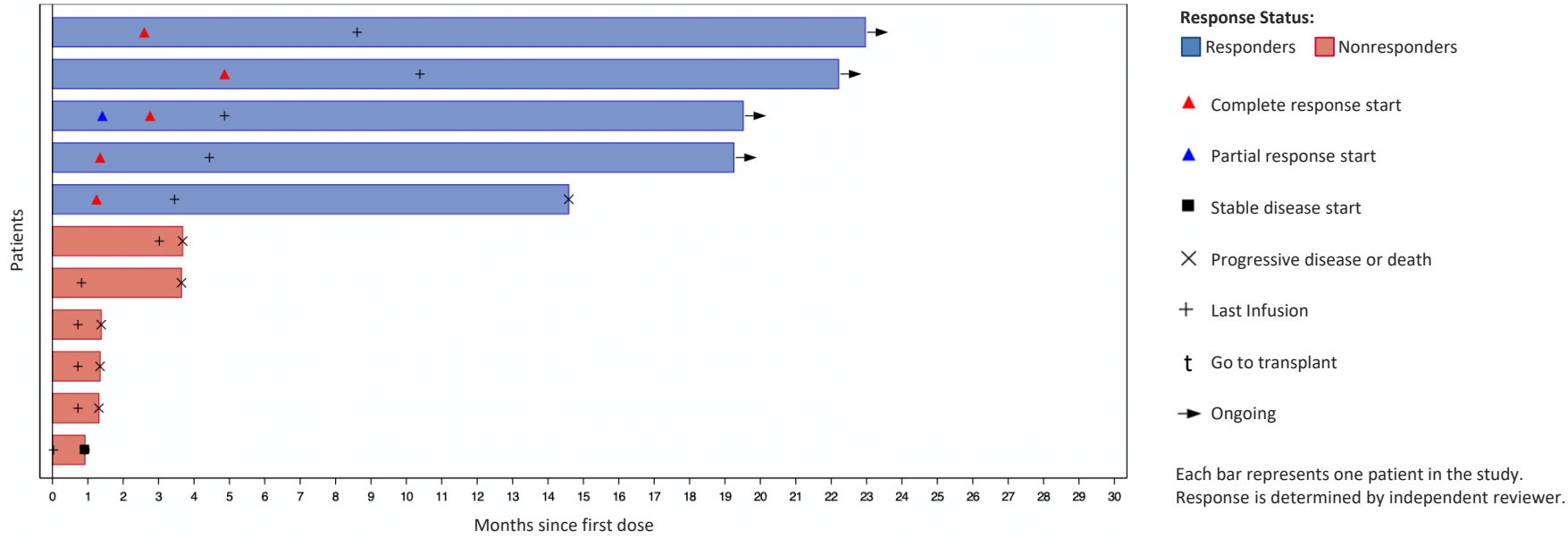


Overall responses were achieved within approximately 6 weeks of initiating Lonca.

Data cutoff: March 1, 2021.

CR, complete response; DLBCL, diffuse large B-cell lymphoma; DoR, duration of response; HGBCL, high-grade B-cell lymphoma with *MYC* and *BCL2* and/or *BCL6* rearrangements; NOS, not otherwise specified; PR, partial response.

LOTIS-2: Duration of Response in Patients with HGBCL



All 5 responding patients with HGBCL had a duration of response >1 year; median duration of response has not been reached at the time of data cutoff.

Data cutoff: March 1, 2021.

CR, complete response; DLBCL, diffuse large B-cell lymphoma; DoR, duration of response; HGBCL, high-grade B-cell lymphoma with *MYC* and *BCL2* and/or *BCL6* rearrangements; NOS, not otherwise specified; PR, partial response.

Conclusions

- In LOTIS-2, response rates in this small subgroup of patients with HGBCL (45.5%) are consistent with the DLBCL-NOS patient population (50.4%)
- All responding patients with HGBCL achieved a CR
- Overall responses were achieved within approximately the first six weeks of initiating Lonca, and long-term disease control was seen in responding patients
- These results suggest that Lonca is active in the treatment of this high-risk lymphoma subgroup

Data cutoff: March 1, 2021.
CR, complete response; DLBCL, diffuse large B-cell lymphoma; HGBCL, high-grade B-cell lymphoma; Lonca, loncastuximab tesirine; NOS, not otherwise specified.

Disclosures and Acknowledgments

J. P. Alderuccio: immediate family member has served on advisory boards for Puma Biotechnology, Inovio Pharmaceuticals, Agios Pharmaceuticals, Forma Therapeutics, and Foundation Medicine; honoraria from OncLive and Oncinfo; consult for and research funding from ADC Therapeutics.

W. Ai: consultant for ADC Therapeutics, Nurix, Kite Pharma, and Kymera Therapeutics.

J. Radford: consultant for ADC Therapeutics, Bristol-Myers Squibb, Kite Pharma, and Takeda; ownership interests with AstraZeneca (spouse) and GlaxoSmithKline (self); research funding from Takeda; honoraria from Takeda, Bristol-Myers Squibb, and ADC Therapeutics; speakers' bureau member for Takeda and ADC Therapeutics.

M. Sohl: consultant for Amgen, Bristol-Myers Squibb; research funding from ADC Therapeutics and Partner Therapeutics; speakers' bureau member for Bristol-Myers Squibb, GSK, AbbVie, and Celgene.

K. M. Ardeshna: research funding from Novartis, Bristol-Myers Squibb, Autolus Therapeutics, ADC Therapeutics, Pharmacyclics, and Janssen; honoraria from BeiGene, Celgene, Novartis, and Roche; member on Board of Directors or advisory board for Gilead, BeiGene, Celgene, Novartis, and Roche.

M. Lunning: financial relationships with BeiGene, Karyopharm, Gilead/Kite Pharma, Daiichi Sankyo, Novartis, Kyowa Kirin, AbbVie, Celgene, Verastem, Janssen, Myeloid Therapeutics, AstraZeneca, Acrotech, ADC Therapeutics, Legend, Spectrum, MorphoSys, and TG Therapeutics.

B. Hess: speakers' bureau member for Bristol-Myers Squibb; advisory board member for ADC Therapeutics; speakers' bureau member for AstraZeneca.

A. Stathis: consultant to Bayer, Eli Lilly; institutional research funding from Pfizer, ADC Therapeutics, Bayer, Roche, Merck, Novartis, MEI Therapeutics, and AbbVie; other financial relationships with AbbVie and PharmaMar.

P. L. Zinzani: consultancy services to Verastem, MSD, EUSA Pharma, and Sanofi; member on entity's board of directors, speakers' bureau or advisory committee for ADC Therapeutics (advisory board agreement), Verastem, Celltrion, Gilead, Janssen-Cilag, Bristol-Myers Squibb, Servier, Sandoz, MSD, Immune Design, Celgene, Portola, Roche, EUSA Pharma, and Kyowa Kirin.

C. Carlo-Stella: consult to Sanofi; research funding from ADC Therapeutics, Roche, and Sanofi; honoraria from AstraZeneca, Bristol-Myers Squibb, Incyte, Janssen Oncology, Takeda, and ADC Therapeutics; member on an entity's Board of Directors, speakers' bureau or advisory committee for Sanofi, ADC Therapeutics, Bristol-Myers Squibb, Celgene, Karyopharm Therapeutics, Roche.

M. Hamadani: research support/funding from Takeda Pharmaceutical Company, Spectrum Pharmaceuticals, and Astellas Pharma; consultant to Janssen, Incyte Corporation, ADC Therapeutics, Celgene Corporation, Omeros, Verastem, MorphoSys; speaker's bureau member for Sanofi Genzyme, AstraZeneca, BeiGene.

B. S. Kahl: consultant to AbbVie, ADC Therapeutics, AstraZeneca, BeiGene, Celgene, Teva, Janssen, MTEM, Bayer, Incyte, Adaptive, Genentech, Roche, MEI, KITE, TG Therapeutics, Epizyme, and Takeda.

D. Ungar, T. Kilavuz, Y. Qin: employees of ADC Therapeutics with ownership interests.

E. Yu: employee of ADC Therapeutics; ownership interests in Zentalis Pharma and Merck.

P. F. Caimi: research funding from ADC Therapeutics; grants from Genentech; consultant to ADC Therapeutics, Kite Pharmaceuticals, Verastem, Seattle Genetics, Amgen, and TG Therapeutics; speaker's bureau member for Celgene.

This study was funded by ADC Therapeutics SA (NCT03589469)

Acknowledgments

- The authors would like to thank all participating patients and their families, study co-investigators, and research coordinators.
- Medical writing support was provided by CiTRUS Health Group, funded by ADC Therapeutics.