ZYNLONTA®(loncastuximab-tesirine-lpyl) – Incidence of Cough

Summary

- LOTIS-1 was a Phase 1, open-label, single-arm, multicenter study which evaluated the safety and tolerability of ZYNLONTA monotherapy in 183 patients (≥18 years of age) with relapsed or refractory (R/R) B-Cell Non-Hodgkin's Lymphoma (B-NHL).
    - Out of the 183 patients treated with ZYNLONTA, 25 patients (18%) experienced a cough.[1]
- LOTIS-2 was a pivotal phase 2, multicenter, open-label single-arm study that evaluated the efficacy and safety of ZYNLONTA used as monotherapy in 145 adult patients with relapsed or refractory diffuse large B-cell lymphoma (R/R DLBCL) following ≥2 lines of prior systemic therapy.
    - Out of the 145 patients treated with ZYNLONTA, 33 patients (22.8%) experienced a cough.[2]
- There were no specific recommendations provided within the study for management of cough as most cases were unrelated to ZYNLONTA.
- It is unknown if the incidence of cough is related to an underlying condition of the patient (i.e., pneumonitis or pulmonary edema).

Clinical Data

LOTIS-1 (Phase 1)[1]

- LOTIS-1 was a phase 1, open-label, dose-escalation (Part 1) and expansion (Part 2) study that evaluated the safety and tolerability of ZYNLONTA, used as monotherapy, in 139 adult patients with relapsed or refractory B-cell Non-Hodgkin's Lymphoma (R/R B-NHL).
- In the safety analysis of all doses in 139 patients, cough presented as one of the most common [≥10%] treatment-emergent adverse events (TEAEs). Twenty-five patients (18%) presented with cough.

LOTIS-2 (Phase 2)[2]

- LOTIS-2 was a pivotal phase 2, multicenter, open-label single-arm study that evaluated the efficacy and safety of ZYNLONTA used as monotherapy in 145 adult patients with relapsed or refractory diffuse large B-cell lymphoma (R/R DLBCL) following ≥2 lines of prior systemic therapy.
- In the all-treated population of 145 patients, cough presented as one of the most common [≥10%] TEAEs. As may be seen in Table 1 below, out of the 145 patients included in the study, 33 (22.6%) experienced treatment-emergent cough.
- There were no reports of Grade 4 or Grade 5 cough related events.
- 6 (4.1%) of patients experienced Grade ≤2 cough which was assessed as related to treatment.

Table 1: Treatment-emergent Adverse Events by Preferred Term, Cough, and by Maximum CTCAE Grade (All-Treated Population). Adopted from Data on File.[2]

Preferred Term	N = 145			
	Grade 1 N (%)	Grade 2 N (%)	Grade 3 N (%)	All Grades N (%)
Cough	24 (16.6)	8 (5.5)	1 (0.7)	33 (22.8)

- The association of cough with a specific underlying condition (e.g., pneumonitis, pneumonia, effusion) could not be established.

Literature Search

- A PubMed biomedical literature search conducted on March 25, 2025, yielded no relevant data regarding incidence of cough with ZYNLONTA.

Relevant Prescribing Information

Section 5: Warnings and Precautions[3]

5.3: Infections

- Fatal and serious infections, including opportunistic infections, occurred in patients treated with ZYNLONTA. Grade 3 or higher infections occurred in 10% of patients, with fatal infections occurring in 2%. The most frequent Grade ≥3 infections included sepsis and pneumonia.
- Monitor for any new or worsening signs or symptoms consistent with infection. For Grade 3 or 4 infection, withhold ZYNLONTA until infection has resolved.

References

[1] Data on File. LOTIS-1 Clinical Study Report. ADC Therapeutics
[2] Data on File. LOTIS-2 Clinical Study Report. ADC Therapeutics
[3] ZYNLONTA® (loncastuximab tesirine-lpyl) FDA-approved Prescribing Information. October 2022.

ADC Therapeutics encourages all health care professionals to report any adverse events and product quality complaints to medical information at 855-690-0340. Please consult the ZYNLONTA Prescribing Information.