Abstract: P1133

Title: COMPARATIVE EFFECTIVENESS OF EPCORITAMAB VERSUS REAL-WORLD USUAL CARE IN RELAPSED/REFRACTORY FOLLICULAR LYMPHOMA

Abstract Type: Poster Presentation

Topic: Indolent and mantle-cell non-Hodgkin lymphoma - Clinical

Background:

Follicular lymphoma (FL) is the most common type of indolent lymphoma. While first-line chemoimmunotherapy is effective for most patients with symptomatic, advanced disease, the majority will relapse and undergo successive lines of therapy (LOTs) with shorter time to next relapse. Outcomes among these patients are often poor, and there is no standard sequence of treatments in the relapsed/refractory (R/R) setting. However, the treatment landscape is rapidly evolving. Epcoritamab, a subcutaneously administered CD3xCD20 T-cell–engaging, bispecific antibody, has demonstrated strong single-agent activity among difficult-to-treat patients with R/R FL and is currently being evaluated in the single-arm EPCORE NHL-1 trial (NCT03625037).

Aims:

To compare the efficacy of epcoritamab with that of real-world usual care in R/R FL using inverse probability of treatment weighting (IPTW).

Methods:

Individual patient data from EPCORE NHL-1 (April 2023 data cutoff) and from the COTA electronic health records (EHR) database were used to assess the comparative effectiveness of epcoritamab versus usual care for R/R FL in the third-line or later (3L+) setting. Patients in the usual care cohort were treated at multiple US community and academic clinical centers and had a recorded diagnosis of FL and 3L+ treatment at any time from January 2010 through December 2022; a generalized estimation equation (GEE) model with binomial link function was used to select the best-matched LOT for comparison to the epcoritamab cohort. Inverse probability of treatment weighting was used to balance demographic and clinical characteristics across cohorts, and response rates were compared between the 2 cohorts using weights derived from the GEE model. Outcomes were stratified by prognostic risk factors, where higher-risk patients were defined as those with a Follicular Lymphoma International Prognostic Index (FLIPI) score ≥3, who were double refractory to an anti-CD20 and alkylating agent (DR+), or had ≥3 prior LOTs.

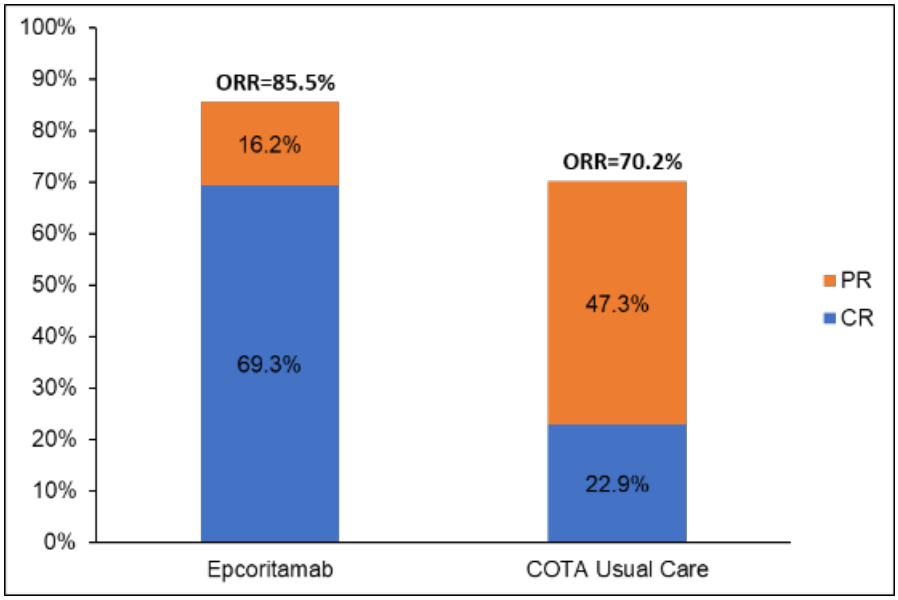
Results:

A total of 126 patients were included from EPCORE NHL-1 and 152 from COTA EHR (effective sample sizes after weighting were 92 for EPCORE NHL-1 and 104 for COTA EHR). After IPTW adjustment, the cohorts (epcoritamab vs usual care) were balanced. Among patients in the usual care cohort, the most used regimens were rituximab/obinutuzumab (R/O) + chemotherapy (used in 53.3% of patients), phosphoinositide 3-kinase inhibitors (13.8%), and R/O monotherapy (11.2%). After adjustment, the ORR was significantly higher with epcoritamab (85.5%; 95% CI 81.1–90.0) compared with usual care (70.2%; 95% CI 64.7–75.7), corresponding to a 15.4% difference (95% CI 5.6–25.1, P=0.002). Similarly, the CR rate was 46.4% (95% CI 35.9–56.8) higher with epcoritamab than with usual care (69.3% [95% CI 63.5–75.1] vs 22.9% [95% CI 17.9–28.5], P<0.001). Epcoritamab demonstrated significantly higher CR rates in both lower- and higher-risk patients vs usual care: FLIPI <3 (82.8% vs 28.1%), FLIPI ≥3 (56.3% vs 17.3%), DR- (85.1% vs 32.9%), DR+ (59.8% vs 16.2%), 2 prior LOTs (79.8% vs 31.1%), and ≥3 prior LOTs (58.8% vs 13%).

Summary/Conclusion: Findings show improved response rates with epcoritamab compared with real-world usual care across both lower- and higher-risk subgroups of R/R FL patients in the 3L+ setting. Notably, the highest response rates were demonstrated in patients in lower-risk subgroups treated with epcoritamab, who

are reflective of the majority of real-world FL patients. Results are subject to limitations inherent to comparative analyses conducted outside of randomized trial settings.

Figure 1. Adjusted ORR and CR Rates in EPCORE NHL-1 versus COTA-FL Usual Care Cohorts



CR, complete response; FL, follicular lymphoma; ORR, overall response rate; PR, partial response.

Keywords: Follicular lymphoma, Bispecific, Real world data