

Abstract: P1152

Title: EPCORITAMAB + GEMOX INDUCES DEEP, DURABLE RESPONSES IN PATIENTS WITH RELAPSED OR REFRACTORY DIFFUSE LARGE B-CELL LYMPHOMA: UPDATED RESULTS FROM THE EPCORE NHL-2 TRIAL

Abstract Type: Poster Presentation

Topic: Aggressive Non-Hodgkin lymphoma - Clinical

Background:

Relapsed or refractory (R/R) diffuse large B-cell lymphoma (DLBCL) is commonly treated with gemcitabine + oxaliplatin (GemOx) in combination with rituximab. However, outcomes remain suboptimal with a complete response (CR) rate of 33%, median progression-free survival (PFS) of 5 mo, and median overall survival (OS) of 10 mo (Cazelles et al, *Leuk Lymphoma* 2021). Novel therapies are needed to improve outcomes. Epcoritamab, a CD3xCD20 bispecific antibody, has shown promising results in DLBCL in combination with standard-of-care treatment (tx), including chemotherapy.

Aims:

To report efficacy and safety results of epcoritamab in combination with GemOx for the tx of transplant-ineligible patients (pts) with difficult-to-treat R/R DLBCL from a larger cohort of the EPCORE™ NHL-2 phase 1/2 trial (NCT04663347).

Methods:

Adults with R/R CD20+ DLBCL who were ineligible for autologous stem cell transplant (ASCT) or for whom ASCT had failed were enrolled. Pts received subcutaneous epcoritamab (2 step-up doses followed by 48-mg full doses) in 28-d cycles (C) as follows: QW, C1-3; Q2W, C4-9; Q4W, C≥10 until unacceptable toxicity or disease progression. GemOx was administered Q2W for the first 4 cycles. The primary endpoint was overall response rate (ORR) per Lugano criteria. Subgroup analyses by response and prior tx were performed.

Results:

As of data cutoff on Sept 1, 2023, 97 pts with ≥6 mo of follow-up were treated with epcoritamab 48 mg + GemOx. Median age was 72 y; 34% of pts were ≥75 y. Median prior lines of tx (pLOT) was 2 (range, 1-6); 55% of pts had primary refractory disease, 38% had bulky disease (>6 cm), 30% had prior CAR T, and 9% had prior ASCT. Median follow-up was 9.7 mo (range, 1.0+ to 30.6). Median number of cycles initiated for epcoritamab and GemOx were 7 and 4, respectively. At data cutoff, tx was ongoing in 46% of pts. The ORR was 78%, and 55% of pts had CR. Median time to CR was 1.7 mo. An estimated 78% of pts with CR remained in CR at 9 mo. CR rates among subgroups were: 42%, primary refractory disease; 70%, non-primary refractory disease; 41%, prior CAR T; and 60%, CAR T naive. Additional efficacy outcomes are summarized in the **Figure**. Hematologic AEs (68% thrombocytopenia; 59% neutropenia [6% febrile neutropenia]; 51% anemia) and CRS (51%) were the most common tx-emergent AEs (TEAEs) of any grade (G). CRS was primarily low grade (27% G1, 23% G2); 1 pt experienced G3 CRS. All CRS events resolved without leading to tx discontinuation. G1 (n=2) and G3 (n=1) ICANS were reported; all events resolved, but 1 pt discontinued tx. COVID-19 (including COVID-19 pneumonia) was reported in 24 pts (25%); 10 pts had G≥3 COVID-19. Fatal TEAEs were reported in 13 pts; the contribution of epcoritamab + GemOx could not be ruled out in 3 cases: COVID-19, multiple organ dysfunction syndrome, and small intestinal perforation. Additional data will be presented.

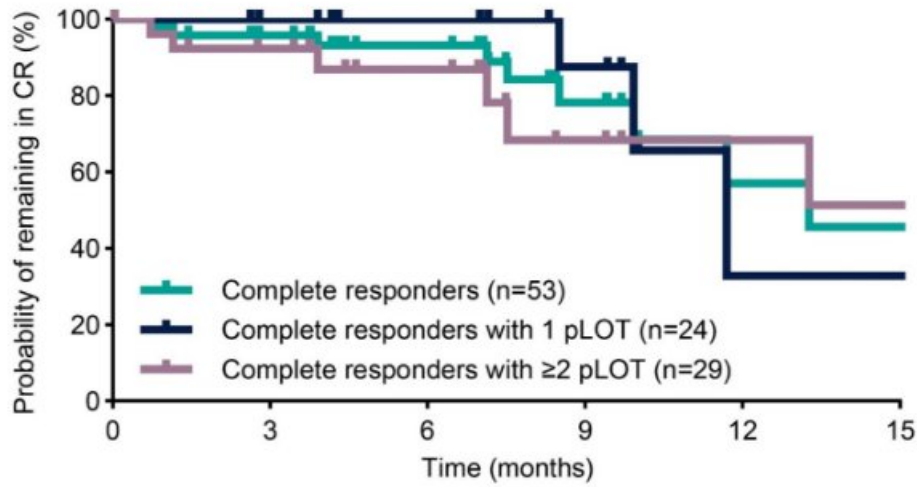
Summary/Conclusion:

Results from this larger cohort with longer follow-up demonstrate that epcoritamab + GemOx continues to yield deep, durable responses that translate to high rates of PFS and OS for pts with CR in high-risk, challenging-to-treat R/R DLBCL. High CR rates were seen across prespecified subgroups, with higher rates

observed in non-primary refractory and CAR T-naïve pts. Additionally, notably higher CR rates were observed in pts with only 1 pLOT, indicating that earlier use of epcoritamab + GemOx may further improve outcomes. The benefit-risk profile of this combination therapy supports the combinability of epcoritamab in R/R DLBCL.

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Figure. Efficacy outcomes



Number at risk

53	40	27	13	5	4
24	19	13	7	1	1
29	21	14	6	4	3

	CR rate, n (%)	PFS* among complete responders, %		OS* among complete responders, %	
		9 mo	12 mo	9 mo	12 mo
Overall (N=97)	53 (55)	93 (79–98)	88 (69–96)	96 (86–99)	90 (66–97)
1 pLOT (n=38)	24 (63)	100 (100–100)	100 (100–100)	100 (100–100)	100 (100–100)
≥2 pLOT (n=59)	29 (49)	88 (67–96)	79 (50–92)	93 (75–98)	84 (52–95)

*COVID-19-adjusted analyses. Kaplan–Meier estimates for PFS and OS are shown with 95% confidence intervals.

Keywords: Non-Hodgkin’s lymphoma, Diffuse large B cell lymphoma, Hematological malignancy, Bispecific