Abstract: P1161

Title: EPCORITAMAB + R-DHAX/C ELICITS DEEP, DURABLE RESPONSES IN TRANSPLANT-ELIGIBLE PATIENTS WITH RELAPSED OR REFRACTORY DIFFUSE LARGE B-CELL LYMPHOMA, INCLUDING HIGH-RISK DISEASE

Abstract Type: Poster Presentation

Topic: Aggressive Non-Hodgkin lymphoma - Clinical

Background:

High-dose therapy (HDT) followed by autologous stem cell transplant (ASCT) has been shown to be potentially curative for patients (pts) with relapsed or refractory (R/R) diffuse large B-cell lymphoma (DLBCL); however, many pts do not have a sufficient response to salvage chemoimmunotherapy and therefore do not proceed to HDTASCT. There is a need for better treatment (tx) options that elicit deep responses and enable pts to undergo transplantation. Epcoritamab, a CD3xCD20 bispecific antibody, has been shown to be safe and effective in combination with standard tx, including rituximab and chemotherapies.

Aims:

To report longer follow-up on safety and efficacy from the EPCORE™ NHL-2 phase 1/2 trial (NCT04663347) of epcoritamab in combination with rituximab, dexamethasone, cytarabine, and oxaliplatin or carboplatin (R-DHAX/C) in pts with R/R DLBCL eligible for HDT-ASCT, including high-risk pts (primary refractory disease or progression within 12 mo of firstline tx).

Methods:

Adult pts with R/R CD20+ DLBCL who were eligible for HDT-ASCT were treated with R-DHAX/C and subcutaneous epcoritamab (2 step-up doses, followed by 24- or 48-mg full doses) in 21-d cycles (Cs): QW, C1–3. Pts could continue epcoritamab monotherapy until disease progression if HDT-ASCT was deferred (21-d C: QW, C4; 28-d Cs: Q2W, C5–9; Q4W, C≥10). The primary endpoint was overall response rate (ORR) per Lugano criteria.

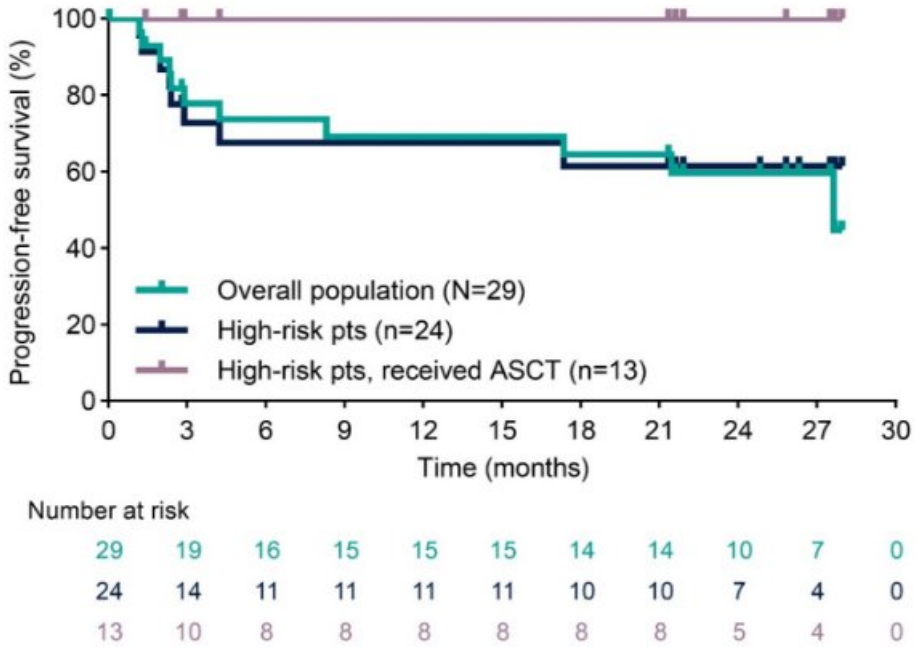
Results:

As of Dec 15, 2023, 29 pts had received epcoritamab (24 mg, n=3; 48 mg, n=26) + R-DHAX/C. Median age was 58 y. At enrollment, 24 pts (83%) had disease progression within 12 mo of first-line tx, 19 (66%) had primary refractory disease (no response to or relapse within 6 mo of first-line tx), and 3 (10%) had prior CAR T. Median follow-up was 27.5 mo. As of data cutoff, 16 pts (55%) had proceeded to HDTASCT and 2 pts (7%) remained on tx. The ORR was 76% (22/29), with 69% of pts (20/29) having complete response (CR). ORR/CR rates for high-risk subgroups were: 71%/63%, disease progression within 12 mo of first-line tx; 68%/58%, primary refractory disease. Among 5 pts without high-risk disease, 100% had CR. Median times to response and CR were 1.4 mo and 1.5 mo, respectively. Kaplan–Meier estimates for complete responders remaining in response at 24 mo were: 81% overall (n=20); 91% of pts with high-risk disease (n=15); 90% of pts who received HDT-ASCT (n=15); and 100% of pts with high-risk disease who received HDT-ASCT (n=12). As shown in the **Figure**, Kaplan–Meier estimates for progression-free survival at 24 mo were 60% (overall; N=29) and 61% (high-risk pts; n=24). Overall, an estimated 86% of pts remained alive at 24 mo. Thrombocytopenia (76%), anemia (59%), nausea (48%), and neutropenia (48%; febrile neutropenia, 17%) were the most common txemergent AEs (TEAEs) of any grade (G). All CRS events were low grade (38% G1, 7% G2) and resolved; none led to tx discontinuation. One pt experienced G2 ICANS, which led to tx discontinuation. No fatal TEAEs occurred.

Summary/Conclusion: With longer follow-up and new high-risk subgroup analyses, the efficacy and feasibility of epcoritamab + R-DHAX/C in ASCT-eligible DLBCL continue to provide confidence in further exploring curative-intent regimens with epcoritamab as an emerging alternative to CAR T. High rates of response were reported, and the majority of pts proceeded to HDT-ASCT. The safety profile remained consistent with previous

reports and was manageable. These results support future evaluation of epcoritamab + R-DHAX/C in ASCT-eligible DLBCL.

Figure. Kaplan–Meier curve of progression-free survival



Number at risk

29	19	16	15	15	15	14	14	10	7	0
24	14	11	11	11	11	10	10	7	4	0
13	10	8	8	8	8	8	8	5	4	0

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