Abstract: P2039

Title: COFORMULATED VIBOSTOLIMAB/PEMBROLIZUMAB IN RELAPSED/REFRACTORY CHL AND PMBCL: AN ANALYSIS OF COHORTS A AND B OF THE KEYVIBE-004 STUDY

Abstract Type: e-Poster Presentation

Topic: Hodgkin lymphoma - Clinical

Background:

Anti-PD-1/PD-L1 therapies are standard-of-care in participants (pts) with relapsed or refractory classic Hodgkin lymphoma (R/R cHL) or primary mediastinal B-cell lymphoma (R/R PMBCL). Pembrolizumab alone provided an ORR of 45% to 71%, with median PFS of 13.2 mo in pts with R/R cHL or R/R PMBCL. Combination therapies that improve outcomes in pts who relapse after anti-PD-1/PD-L1 therapy is an unmet need. The phase 2 KEYVIBE-004 study (NCT05005442) evaluated the anti-TIGIT antibody vibostolimab coformulated with pembrolizumab (vibostolimab/pembrolizumab) in pts with R/R hematologic malignancies.

Aims:

To present results from cohorts A and B of KEYVIBE-004.

Methods:

KEYVIBE-004 is a phase 2 non-randomized, open-label signal-finding (part 1) and cohort expansion (part 2) study. In part 1, eligible pts aged ≥18 years were enrolled in Cohort A (R/R cHL or PMBCL with ≥1 [cHL] or ≥2 [PMBCL] prior therapies without anti-PD-1/PD-L1), Cohort B (R/R cHL or PMBCL after ≥2 [cHL] or ≥3 [PMBCL] prior therapies with anti-PD-1/PD-L1), Cohorts C-F (R/R follicular lymphoma [FL], R/R diffuse large B-cell lymphoma [DLBCL], R/R non-Hodgkin lymphoma [NHL], with ≥ 2 prior therapies, and R/R multiple myeloma [MM] with ≥3 prior lines who exhausted all approved therapies). Enrolled pts received vibostolimab 200 mg/pembrolizumab 200 mg IV Q3W for ≤35 cycles. Pretrial scans were required for central confirmation of PD on prior therapy (Cohort B). Treatment continued until unacceptable toxicity or PD. Dose limiting toxicities (DLTs) were assessed in the first 12 DLT-evaluable pts and enrollment discontinued if ≥4 had (33%) a DLT. The primary endpoint was safety assessed by rate of DLTs, adverse events (AEs), and discontinuation due to an AE. Secondary endpoints included ORR, DOR, and DCR, all by INV per Lugano criteria for pts with cHL and PMBCL. Exploratory endpoints included PFS by INV per Lugano criteria for R/R cHL and R/R PMBCL, and OS. The data cut-off date was October 3, 2023.

Results:

In part 1, 191 pts were enrolled in all cohorts, 42 in Cohort A (38 with cHL and 4 with PMBCL) and Cohort B (42 with cHL; 33 pts had centrally confirmed PD after last line). In all 191 treated pts, the median (range) number of prior therapies was 4 (1-16). Median (range) treatment exposure was 6.4 mo (0-19) in Cohort A and 5.4 mo (0-20) in Cohort B. At data cut-off, treatment was discontinued in 37 (88%) and 36 (86%) pts, largely due to PD. Among 156 pts evaluable for DLT, 6 (4%) had a DLT (Grade 1-2 [n=1]; Grade 3-4 [n=5]). Among 191 pts, 171 (90%) had an AE, 112 (59%) had a drug-related AE (DRAE); 22 (12%) discontinued due to an AE, and 12 (6%) discontinued due to a DRAE. Grade 3-4 DRAEs occurred in 35 (18%) pts most commonly neutropenia in 11 (6%). There were no grade 5 DRAEs. AEs of special interest occurred in 39 (20%) pts (13 [7%] grade 3-4). At data cut-off, median (range) follow-up was 19.4 mo (16.5-23.5) in Cohort A and 17.9 mo (16.1-21.9) in Cohort B. ORR was 64% in Cohort A (10CR, 17PR) and 36% in Cohort B (12CR, 3PR), with DCR of 74% and 60%. Among pts in Cohort B with confirmed PD, ORR was 33%, with DCR of 58% (Table). Median PFS was 5.9 mo (95% CI, 5.4-8.2) and 5.6 mo (2.8-6.3), in Cohort A and B, respectively. Median OS was not reached in either cohort.

Summary:

Vibostolimab coformulated with pembolizumab had manageable safety in R/R cHL and R/R PMBCL. As efficacy did not improve beyond that previously observed with pembrolizumab alone, the study did not proceed to part 2.

Table	Cohort B (central review) R/R cHL n=33
ORR (CR + PR), n (%)	11 (33%)
DCR (CR + PR + SD), n (%)	19 (58%)
Median (range) DOR, months	2.8 (2.2 to 16.6+)
Median (95% CI) PFS, months	5.6 (2.8-6.2)
Median (95% CI) OS, months	Not reached
CR, complete response; PR, partial response; SD, stable disease; ORR, objective response rate; DCR, disease control rate	

Keywords: Hodgkin's lymphoma, relapsed/refractory, Lymphoma