Glofitamab monotherapy in patients with relapsed/refractory (R/R) large B-cell lymphoma (LBCL) extended follow-up and landmark analyses from a pivotal Phase II study

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Background

- Glofitamab is a T-cell engaging bispecific antibody with a novel 2:1 format, delivered in a fixed course of 12 three-weekly cycles.1
- In a prior 9 study (NCT02760746), glofitamab induced high CR rates and had manageable toxicity in patients with R/R LBCL.2
- We present an extended follow-up and landmark analyses to assess the outcomes of patients in CR.

Study design: pivotal Phase II study in patients with R/R LBCL and 22 prior therapies

- Patients received 1000mg obinutuzumab pretreatment 7 days prior to the first glofitamab dose, followed by intravenous (IV) glofitamab (Figure 1).
- Progression-free survival (PFS) and overall survival (OS) post-hoc analyses were performed in responders (landmark for CR at C3, or EOT).

Figure 1. Study overview.

Glofitamab [x] administration

- DLBCL, NOS; HGBLC, HFL, or PMBCL
- ECOG PS ≤1
- 22 prior therapies, including:
  - And CD20 antibody
  - Antibody

- Primary: CR (as BOR)
  - Key secondary: ORR
  - DCR, DoCR, PFS, and OS

Endpoints

- CR
- OS
- PFS

21-day cycle

CR
OS
PFS
DoCR

Figure 2. DoCR by IRC.

As of June 18, 2021, 154 patients had received 21 dose of study treatment

- Baseline characteristics were as previously presented.3
- The patient population was heavily pretreated and highly refractory
  - Median age was 68 years; the median number of prior therapy lines was 3 (0–10), and 61% of patients had received ≥3 prior lines of therapy.
  - Overall, 34% of patients had received prior rituximab, antracycline, T-cell therapy, and ≥5 were refractory to their most recent regimens.
  - The median time on study was 21.2 months (range: 0–24).

Responses remained durable

- The IRC-assessed CR rate (as BOR) was 40% and ORR was 52% (Table 1);
- An estimated 70% of patients with a CR at any time remained in remission at 18 months (Figure 2).

Table 1. Efficacy summary

<table>
<thead>
<tr>
<th>CR rate (%)</th>
<th>ORR (%)</th>
<th>Median follow-up (months)</th>
<th>Ongoing CRs, n (%)</th>
<th>Median DoCR, months (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>40 (95% CI)</td>
<td>52 (95% CI)</td>
<td>18 (3–77)</td>
<td>42 (1–100)</td>
<td>26.3 (18.4–N.E.)</td>
</tr>
</tbody>
</table>

- Most patients in CR at EOT were still in remission at data cutoff (Figure 3):
  - The majority of patients who reached 18 months follow-up were in remission.
  - At 18 months follow-up, a few patients discontinued.
  - No patient due to PD
  - Four deaths (COVID, n=2, PD, n=2)
  - Six patients discontinued novel anti-lymphoma therapy, n=2; best to follow-up: n=2; physician decision, n=1; withdrawn by subject, n=1.
  - After 18 months follow-up, four patients had discontinued.

- Three deaths (acute myeloid leukemia, n=1; other, n=1; unknown reason, n=1).
- One patient discontinued study (withdrawn by subject).
- Longer follow-up is needed beyond 18 months after EOT.

Figure 3. Remission beyond EOT in patients with CR at EOT.

Landmark analyses in patients with a CR at C3 showed most patients were progression free and alive

- High proportion of patients with a CR at C3 remain progression free and alive
  - PFS rate at 18 months: 72% (Figure 4A); OS rate at 18 months: 85% (Figure 4B).

Figure 4A. PFS (A) and OS (B) landmark analysis by response at C3.

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Conclusions

- With a median CR follow-up of 18.2 months, glofitamab continued to demonstrate durable responses, with most patients in CR at EOT still in remission without relapse.
- These data support the potential for favorable long-term outcomes with fixed-dose duration glffitamab for R/R LBCL.