Primary analysis of anti-CD19 tafasitamab (MOR208) treatment in combination with idelisib or venetoclax in R/R CLL patients who failed prior BTK inhibitor therapy (COSMOS trial)

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Background

• The primary analysis for both cohorts had a cut-off date of 09 November 2019; here we report updated results with a cut-off date of 08 October 2019

Cohort A (idelalisib + tafasitamab) (n=11)

Table 1. Baseline characteristics for Cohort A

- Median time on-study was 15.6 months (95% CI: 0.1–24.9)
- Three patients discontinued in the first cycle who did not undergo a response assessment due to an irAE arising during tafasitamab monotherapy (i.e. before Cycle 1 Day 8)
- An ORR was achieved in 10/13 (76.9%) patients (CR 38.5%, PR 38.5%) in the intention-to-treat population
- Of the seven patients assessed for MRD status, six patients achieved MBD negativity in the PR, and 2/2 patients assessed achieved MBD negativity in CR

Cohort B (venetoclax + tafasitamab) (n=13)

Table 3. Baseline characteristics for Cohort B are described in Table 1

- The response rates and MRD negativity outcomes indicate that combinations of targeted agents with tafasitamab, on early CD20 antibody-rituximab in the R/R CLL setting

Conclusions

- This study demonstrates that the combinations of tafasitamab with idelisib or venetoclax were generally well tolerated, with promising efficacy in heavily pretreated patients with 0.1–24.9 months discontinuation prior treatment with a BTK inhibitor
- The toxicity profile was distinct and was dependent on the combination partner; however, the response rates and MTD across all three arms are similar
- The response rate and duration of response suggest that both combinations are clinically acceptable in heavily treated patients
- The response rates and MTD regimens outcomes indicate that combinations of targeted agents with tafasitamab, on early CD20 antibody-rituximab have valuable on-treatment efficacy

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Disclosures

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Study rationale

- This is a randomized open-label, multicenter, Phase II study (NR001531) to evaluate the safety and efficacy of tafasitamab in combination with either idelalisib (Cohort A) or venetoclax (Cohort B) in patients with R/R CLL previously treated with a BTK inhibitor (Figure 1; Table 2).
- Study treatment was administered until disease progression, withdrawal of consent, unacceptable toxicity, death, or patient being lost to follow-up, whichever occurs first.

Table 2. AEs for Cohort A

- Patients who had not progressed at the end of the study treatment period (after 24 treatment cycles) were permitted to continue with tafasitamab treatment at the investigator’s discretion
- A safety run-in phase was included, and an independent data monitoring committee supported the safety evaluations for the first 10 patients who completed 1 treatment cycle

Clinical endpoints

- Rate of response and progression were determined using modified criteria of the International Working Group (IWG) to evaluate the safety and efficacy of tafasitamab in combination with either idelalisib (Cohort A) or venetoclax (Cohort B) in patients with R/R CLL previously treated with a BTK inhibitor (Figure 1; Table 2).
- Overall response rate (ORR) was determined based on investigator assessment of patient’s clinical and radiological disease.
- Computed tomography scans of the neck, chest, abdomen, and pelvis were performed to identify disease activity as a part of the study treatment.
- Imaging studies were obtained at baseline, and Cycle 1 Day 8, as well as every 2 weeks during treatment.

Figure 1. Study design

- The response rates and MTD regimens outcomes indicate that combinations of targeted agents with tafasitamab, on early CD20 antibody-rituximab in the R/R CLL setting

Figure 2. Time on study and response rate in Cohort A (idelalisib + tafasitamab)

- The response rates and MTD regimens outcomes indicate that combinations of targeted agents with tafasitamab, on early CD20 antibody-rituximab in the R/R CLL setting

Figure 3. Time on study and response rate in Cohort B (venetoclax + tafasitamab)

- The response rates and MTD regimens outcomes indicate that combinations of targeted agents with tafasitamab, on early CD20 antibody-rituximab in the R/R CLL setting

References