Subgroup analyses of diffuse large B-cell lymphoma (DLBCL) and indolent lymphoma cohorts from a phase I/II study of single-agent MOR208 in patients with relapsed or refractory non-Hodgkin’s lymphoma (R-R NHL)

Introduction

- CD 19, a B-lymphocyte lineage specific surface antigen, is the earliest
- In total 92 patients were enrolled in the study including 35 (38%) with
- We now present data from DLBCL and indolent NHL (iNHL) cohorts and
- Infusion-related reactions were seen in 3/35 (9%) and 4/45 (9%) patients
- Target lesion shrinkage demonstrated a clinical benefit in the
- The 12-months PFS rate was 40% in both DLBCL and iNHL. The 2-years
- To assess the response to MOR208 in DLBCL and iNHL patient cohorts,

Aims of the subgroup analyses

- To assess the response to MOR208 in DLBCL and iNHL patient cohorts, focusing on objective response rate (ORR), disease control rate (DCR), duration of response (DoR) and toxicity
- To assess key secondary endpoints, progression-free survival (PFS) and safety in DLBCL and iNHL cohorts
- Preliminary analyses of efficacy in patient subgroups defined by baseline characteristics and putative genomic and/or predictive biomarkers in the phase I/II study were not reported. The phase II study in R-R NHL.

Results

Patients

- A total of 35 patients were enrolled in the study including 23 (66%) with DLBCL and 45 (64%) with iNHL

Response

- ORRs in DLBCL and iNHL cohorts were 26% and 29%, the DCRs 40% and 32% respectively (Table 2).
- Figure 2 demonstrates change in indicator lesions for individual patients with stable disease (9/35 DLBCL and 12/16 iNHL).
- Further analyses were also evident in subgroups of DLBCL and iNHL where analyzed separately (data not shown).

Figure 1. Study design and treatment

Figure 2. Tumor shrinkage in NHL subtypes

Figure 3. Disease control rate in patients with DLBCL or iNHL

Figure 4. Time and duration of response

Figure 5. Progression-free survival in iNHL subgroup

Disclosures

- MOR208 was equally efficacious in R-R NHL patients with chemotherapy-sensitive and -resistant disease
- Patients with a high peripheral NK cell count at baseline had a longer median PFS (17 months in follow-up).

References

- Wojciech.Jurczak@lymphoma.pl

PhD, Cancer Communications and Consultancy Ltd (Knutsford, UK) and was funded by MorphoSys AG.

Patents/royalties/intellectual property. Other authors had no conflict of interest to disclose in relation to the preparation of this manuscript.

Acknowledgments

- Li et al. 2015. The Lancet. Original authorship was supported by experimental data that were collected by the Department of Hematology, University of California San Francisco.

Correspondence

- Correspondence to: Dr. Wolfgang J. Hahn, Department of Medical Oncology, Institute of Experimental Cancer Research, University Hospital of Heidelberg, 69120 Heidelberg, Germany; wolfgang.hahn@med.uni-heidelberg.de

- Figures 1-5: See online version for details.