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Epcoritamab as Standard of Care (SOC) for Relapse/Refractory (R/R) Large B-cell Lymphoma (LBCL)

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INTRODUCTION

- Epcoritamab (epcor) is a CD20xCD3 bispecific antibody granted accelerated FDA approval in May 2023 for R/R LBCL after 2 or more prior lines of therapy.
- The pivotal EPCOR NHL1 trial showed an overall response rate (ORR) and complete response rate (CRR) of 63% and 39%, respectively.
- Here, we report our single center experience of SOC epcor for the approved indication in r/r LBCL.

METHOD

All pts who received SOC epcor at Moffitt Cancer Center, Florida, USA were included. Data cutoff was February 2024

RESULTS

Baseline characteristics	N (%)
N	26
Age, years, median (range)	70 (32, 86)
ECOG>/=3	6 (23.1%)
Number of prior lines systemic therapy, median (range)	4 (2, 12)
Bulky disease	6 (23.1%)
Prior CAR-T	18 (69.2%)
Primary refractory	17 (65.4%)
Not eligible to EPCO NHL1 trial	12 (46.2%)

Efficacy (22 pts evaluated)	N (%)
Complete response	4 (18.9%)
Partial response	7 (31.8%)
Stable disease	2 (9.1%)
Progressive disease	9 (40.9%)
Time to response, month, Median (range)	1.8 (1.5, 3.7)

Toxicity	N (%)
CRS grade	
1	6 (23.1%)
2	2 (7.7%)
ICAN grade	
1	1 (3.8%)
2	1 (3.8%)
3	1 (3.8%)
Infection grade	
2	2 (7.7%)
5	2 (7.7%)

- 12 (46%) pts would not have met the Epcor NHL1 trial inclusion criteria due to: ECOG>2 (n=6), CNS involvement (n=3), cytopenia (n=3), or recent infection (n=3).
- Median follow-up was 4 months.
- 3 (12%) pts had bacterial infection and 1 (4%) had COVID infection.
- 2 pts with bacterial infection died from sepsis and disease progression.
- The 5 pts who did not have a response to prior CAR-T therapy did not respond to epcor either.

CONCLUSIONS

- Compared to the EPCOR NHL1 trial, SOC epcor pts were more heavily pretreated, had worse ECOG, and more often had prior CAR T-cell therapy.
- Pts who did not achieve any response to CAR T-cell therapy did not respond to epcor either.
- Longer follow-up is needed to evaluate the durability of response to epcor.

REFERENCES

Thieblemont C, et al. Journal of Clinical Oncology. 2023;41(12):2238-47.

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