TELLOMAK

LACUTAMAB IN PATIENTS (PTS) WITH MYCOSIS FUNGOIDES (MF) ACCORDING TO KIR3DL2 EXPRESSION: EARLY RESULTS FROM THE TELLOMAK PHASE 2 TRIAL

Martine Bagot [1], Youn Kim [2], Pier Luigi Zinzani [3], Stephane Dalle [4], Marie Beylot-Barry [5], Pablo L. Ortiz-Romero [6], Andrea Cambalia [7], Olivier Dereure [8], Laurent Mortier [9], Eric Jacobsen [10], Federico Rotolo [11], Hatem A. Azim Jr [11], Pierluigi Porcu [12]

1. *Hôpital* Saint Louis, FR, 2. *Stanford Cancer Center, US 3. University of Bologna, IT, 4. Hospices Civils de Lyon, FR, 5.* Centre Hospitalier Universitaire de Bordeaux*, FR 6. Hospital 12 de Octubre Medical School, SP, 7. Hospital Clinic de Barcelona, SP, 8. CHRU de Montpellier, FR, 9. CHRU de Lille, FR. 10. Dana Farber Cancer Institute, US, 11. Innate Pharma, FR, S. Kimmel Cancer Center, US*

Sponsor: Innate Pharma

16-ICML Session 8: Peripheral T/NK-cell lymphoma

Clinicaltrials.gov: NCT03902184

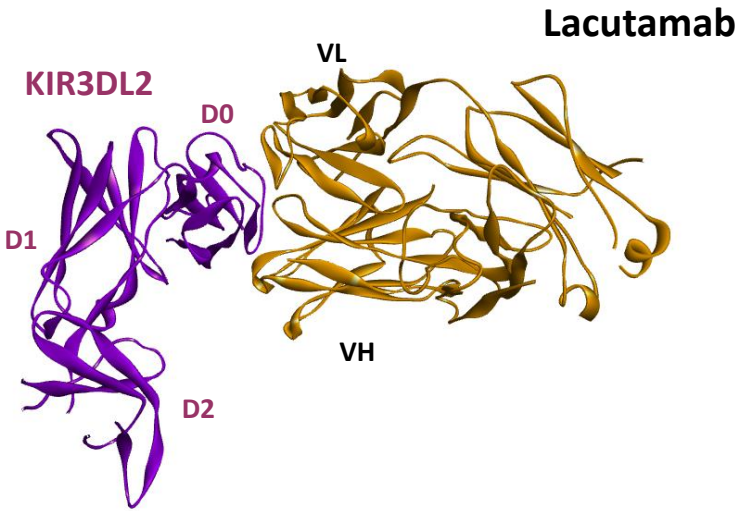
Conflict of Interest Disclosure – Martine Bagot

- Employment or leadership position:	N/A
- Consultant or advisory role:	Innate Pharma, Kyowa Kirin, Takeda, Galderma, Helsinn/Recordati
- Stock ownership:	N/A
- Honoraria:	N/A
- Research funding:	N/A
- Other remuneration:	N/A

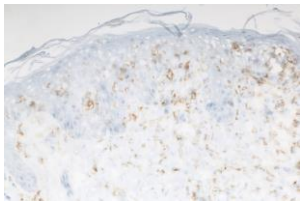
Background

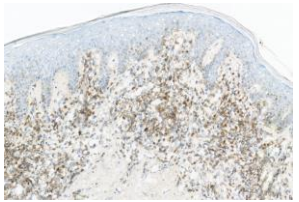
LACUTAMAB

FIRST-IN-CLASS ANTI-KIR3DL2 HUMANIZED ANTIBODY



	Mycosis Fungoides	Sézary Syndrome
KIR3DL2 expression	~ 50% of patients	> 90% of patients





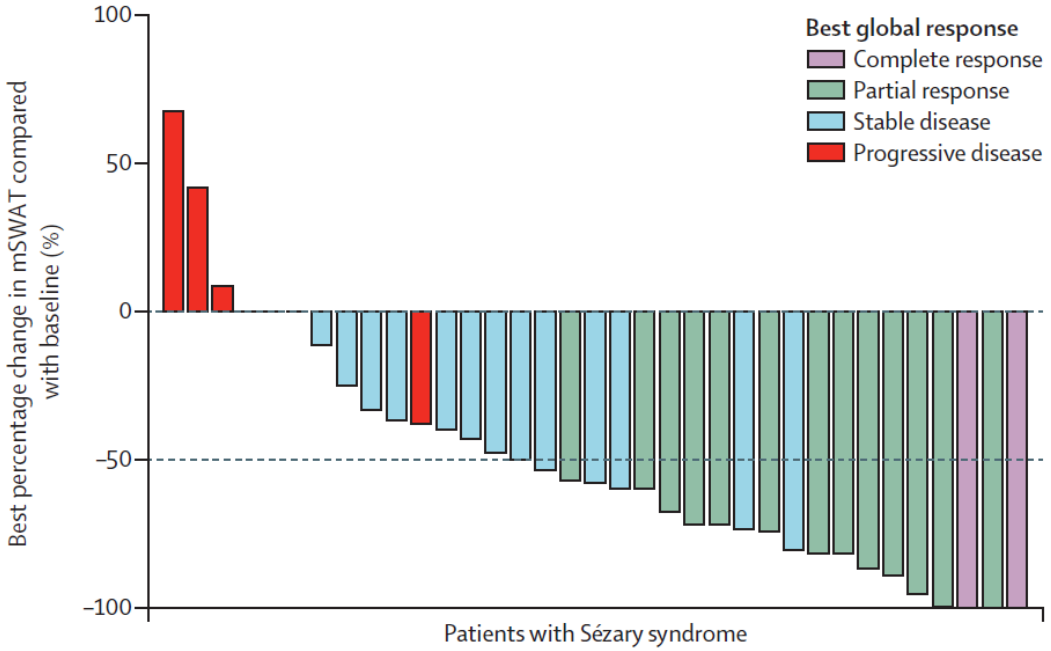
Sponsor: Innate Pharma

Marie-Cardine A et al, Cancer Res 2014
Battistella M et al, Blood 2017

RESULTS OF FIRST-IN-HUMAN PHASE 1 STUDY

GOOD SAFETY PROFILE AND HIGH ACTIVITY OF LACUTAMAB IN SÉZARY SYNDROME

- **Cutaneous T cell lymphoma = 44**
  - > **Sézary syndrome = 35 patients**
- **≥ 2 prior systemic therapies**
- **No DLT, MTD not reached**
- RP2D: 750mg IV infusion
- **Global response: 42.9%** **(95%CI: 28 – 59)**
- **Median DOR: 13.8m** **(95%CI: 7.2 – NR)**
- **Median PFS 11.7m** **(95%CI: 8.1 – NR)**



SS: Sézary syndrome, DLT, dose limiting toxicity, MTD: maximum tolerated dose, RP2D: recommended phase 2 dose, DOR: duration of response, PFS: Progression free survival

Bagot M et al, Lancet Oncol 2019

Patients and Methods

TELLOMAK : T-CELL LYMPHOMA ANTI-KIR3DL2 THERAPY

A Multi-cohort International Open-label Phase 2 Trial

TELLOMAK

Lacutamab monotherapy 750mg (1 hour IV infusion)

- weekly x 5, every 2 weeks x 10, every 4 weeks until progression or unacceptable toxicity.

Cohort # 1	**Sézary Syndrome** **≥ 2 prior systemic therapies that must include mogamulizumab**		
	Mycosis Fungoides **≥ 2 prior systemic therapies including biological agents**		
Cohort # 2 KIR3DL2 ≥ 1%	**Stage 1 (N=21)**	**If N ≥3 responses** →	**Stage 2 (N=29)**
Cohort # 3 KIR3DL2 < 1%	**Stage 1 (N=18)**	**If N ≥3 responses** →	**Stage 2 (N=20)**

Sponsor: Innate Pharma

MAIN STUDY ENDPOINTS

TELLOMAK

- **Primary endpoint**
  - > Overall response rate (Global confirmed response) according to the international consensus criteria [1]
    - Disease evaluation
      - Skin (mSWAT), Blood (central flow cytometry), Lymph node and viscera (CT or PET/CT)
      - At week 5 then every 8 weeks x 1 year followed by every 12 weeks thereafter.

- **Key secondary endpoints**
  - > Toxicity;
  - > Duration of response, PFS, OS at 1 and 2 years;
  - > Quality of life (QoL);
  - > PK and immunogenicity

1. Olsen E et al; JCO 2011

KEY ELIGIBILITY CRITERIA

TELLOMAK

- **Mycosis fungoides cohorts**
  - > Relapsed and/or refractory stage IB, IIA, IIB, III, IV;
  - > ECOG performance status ≤2;
  - > **KIR3DL2 ≥ 1%** (Cohort 2) **or <1%** (Cohort 3) in at least one skin lesion based on central evaluation by immunohistochemistry (IHC);
  - > **No evidence of large cell transformation** (LCT) based on central histologic evaluation at screening;
  - > Patients should have received **at least two prior systemic therapies**;
  - > Feasibility of obtaining **at least one skin biopsy** at screening;
  - > The patient must have a **minimum wash-out period of 3 weeks** between the last dose of prior systemic therapy and the first dose of lacutamab;

Preliminary Results from Stage 1 of the MF Cohorts

PATIENT CHARACTERISTICS

TELLOMAK

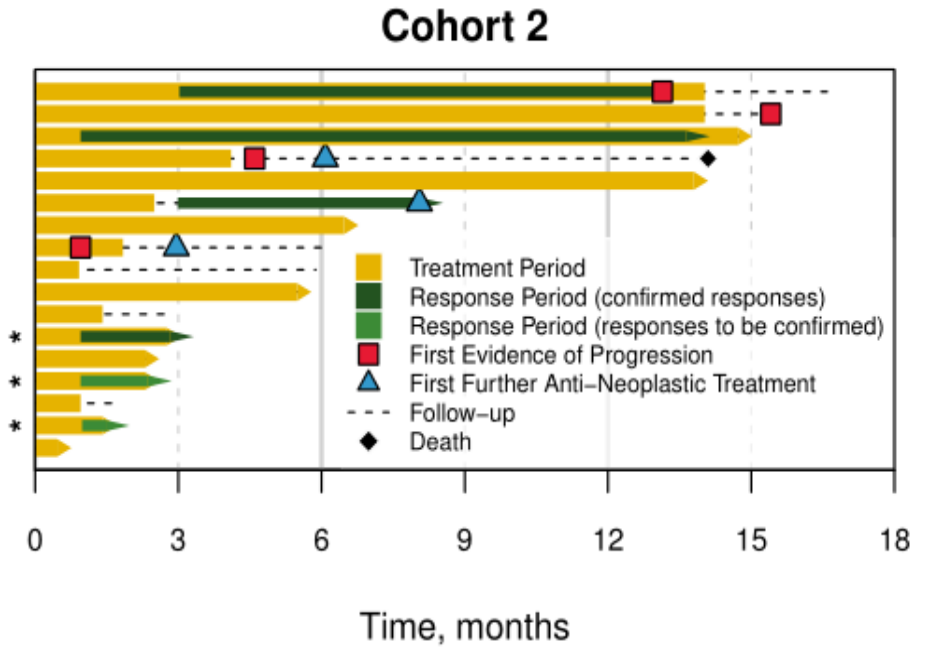
- Cohort 2: 17 / 21 recruited in Stage 1 (recruitment ongoing)
- Cohort 3: 19 / 18 recruited in Stage 1 (recruitment completed)

	Cohort 2 KIR3DL2 ≥ 1% (N=17)	Cohort 3 KIR3DL2 < 1% (N=19)
Age in years, Median (range)	59 (33 – 76)	60 (19 – 81)
- Female - Male	6 (35%) 11 (65%)	3 (16%) 16 (84%)
- Stage IB / II - Stage III / IV	12 (70%) 5 (30%)	17 (89%) 2 (11%)
Blood involvement at baseline (B1)	7 (41%)	2 (11%)
Nodal involvement at baseline	8 (47%)	6 (32%)
Months since initial diagnosis, Median (range)	55 (12 – 213)	64 (7 – 218)
N prior lines of systemic therapy, Median (range)	4 (2 – 7)	4 (1* – 10)

* 1 patient had protocol deviation having received only 1 prior systemic therapy

GLOBAL RESPONSE AND DURATION

MEDIAN FU = 4.8 MONTHS



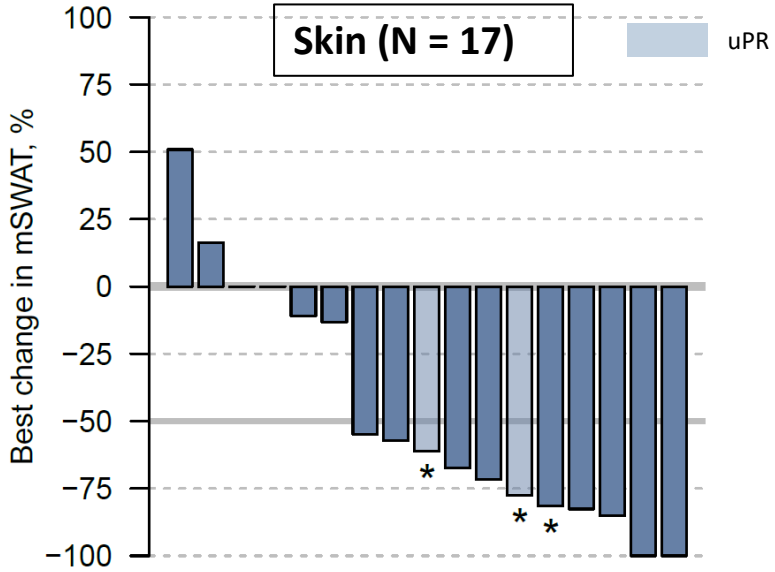
4 confirmed (1CR, 3PR) & 2 not yet confirmed (uPR) global responses
9 / 17 patients still ongoing therapy

*** reported after DCO date**

CR: complete response, PR: partial response, uPR: unconfirmed partial response

RESPONSE BY COMPARTMENT

COHORT 2 – KIR3DL2 ≥ 1%

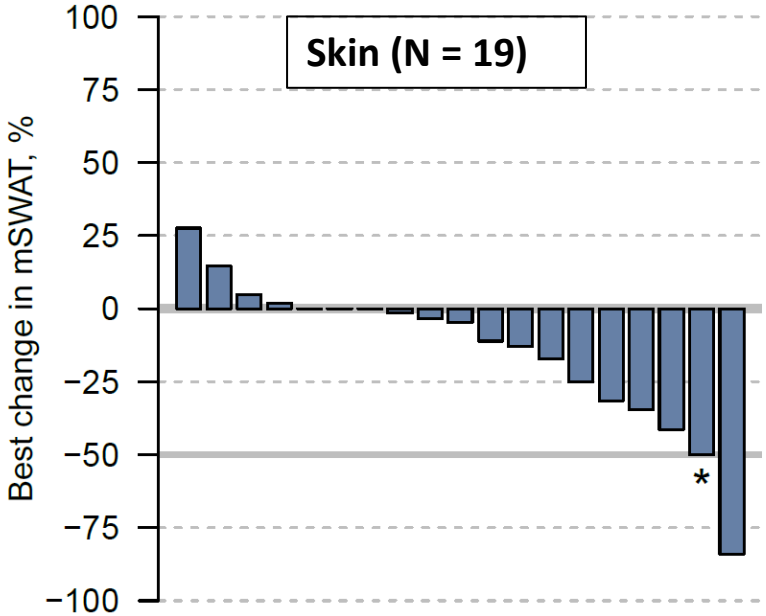


Compartment	Involved at baseline	Responses
Skin	17	1CR, 8PR, 2uPR
Blood	7	4CR
Lymph node	8	1PR
Viscera	0	-

*** reported after DCO date**

N: number, CR: complete response, PR: partial response, uPR: unconfirmed partial response

RESPONSE BY COMPARTMENT
COHORT 3 – KIR3DL2 < 1%



Compartment	Involved at baseline	Responses
Skin	19	2 PR
Blood	2	-
Lymph node	6	-
Viscera	0	-

*** reported after DCO date**

N: number, CR: complete response, PR: partial response

TREATMENT RELATED ADVERSE EVENTS* (AT LEAST 5%)
COHORT 2 + 3 (N = 36)

	Any grade	Grade 3 / 4
Asthenia	4 (11%)	0
Nausea	4 (11%)	0
Arthralgia	2 (6%)	0
Diarrhea	2 (6%)	0
Fatigue	2 (6%)	0
AEs leading to treatment discontinuation	1 (3%)	1 (3%)^
Serious adverse events	1 (3%)	1 (3%) ^
Fatal adverse events	0	0

^ Interstitial lung disease grade 3

* as defined by the treating investigator

TELLOMAK CONCLUSIONS

- In MF patients, KIR3DL2 ≥ 1% appears to be more associated with advanced stage disease, blood and lymph node involvement in comparison to KIR3DL2 <1%.
- Lacutamab shows high level of clinical response in MF patients with KIR3DL2 expression ≥ 1%. Expansion to stage 2 is underway.
- In MF patients with KIR3DL2 expression < 1%, expansion to stage 2 would be triggered only if one additional confirmed response is observed during follow-up.
- Lacutamab shows favorable safety profile in MF, with no relevant skin toxicities observed.
- Long-term follow-up is required to provide mature conclusions on duration of response and progression free survival.

EORTC CL Group 20-21

MARSEILLE

Hémicycle de MPM
Jardin du Pharo
58, boulevard Charles Livon
13007 – Marseille FRANCE

October 14-16, 2021

www.eortccltf20-21.com

EORTC
European Organisation for Research and Treatment of Cancer

The future of cancer therapy