

Lacutamab in patients with relapsed and/or refractory Sézary Syndrome: results from the TELLOMAK phase 2 trial

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Lacutamab, First-in-class humanized anti-KIR3DL2

KIR3DL2 targeted treatment

in development in:

- Cutaneous T-cell lymphoma (CTCL)
 - Sézary Syndrome (SS) and
 - Mycosis Fungoides (MF)
- Peripheral T-cell lymphoma (PTCL)

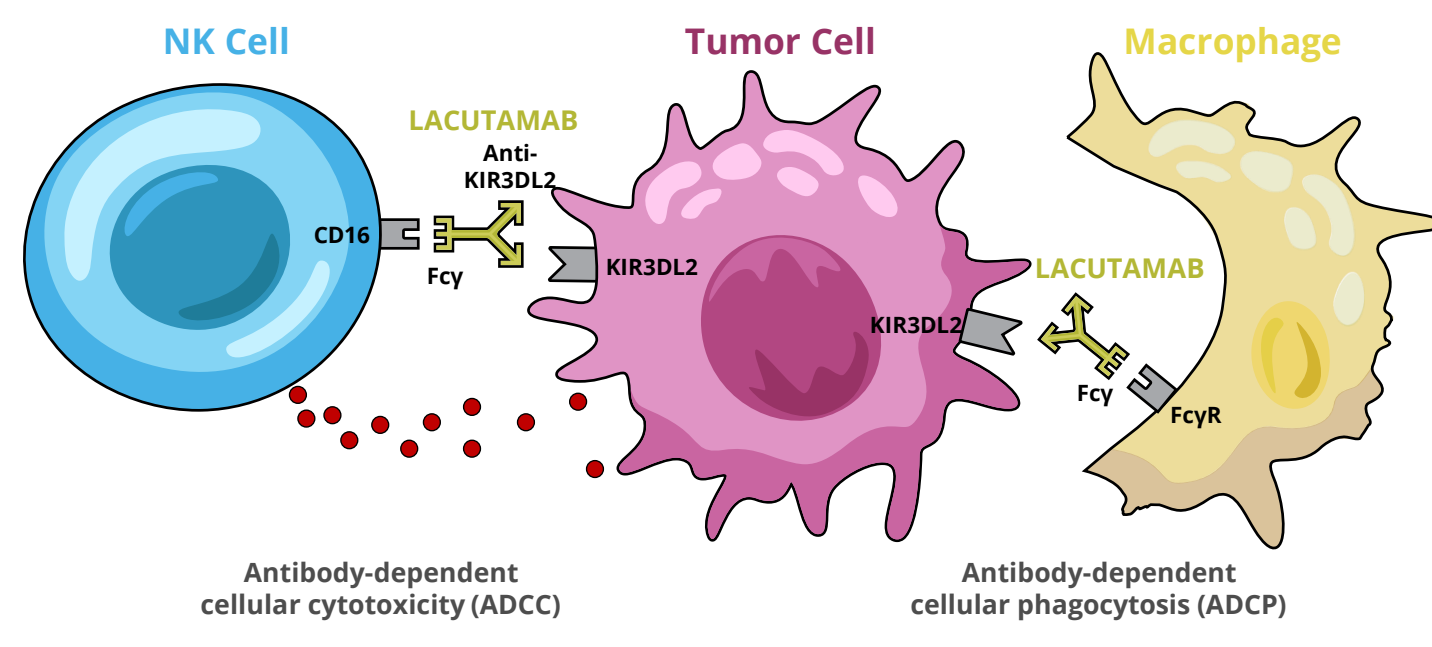


Figure 1: Lacutamab Mechanisms of Action

TELLOMAK (NCT03902184) Phase 2 Study in Two CTCL Subtypes

Sézary Syndrome (N=60)
≥ 2 prior systemic therapies

Mycosis Fungoides (N=100)
≥ 2 prior systemic therapies

Cohort 1 SS

Sézary Syndrome ≥ 2 prior systemic therapies, **Must include mogamulizumab as prior therapy**

Cohorts MF

KIR3DL2 ≥ 1% KIR3DL2 <1%

Key Eligibility Criteria for Cohort SS

- Relapsed and/or refractory stage IVA, IVB SS (**B2 blood by central flow at screening**)
- **No evidence of large cell transformation (LCT)**, based on central histologic evaluation at screening

Study Endpoints

- **Primary endpoint: global ORR**
- Secondary endpoints: PFS, OS, DoR, quality of life, safety and tolerability, PK & immunogenicity

Treatment

- Lacutamab is administered every week for 5 weeks then every 2 weeks for 10 administrations then every 4 weeks, by intravenous infusion, **until disease progression or unacceptable toxicity**

Patient baseline characteristics in SS patients		Cohort SS N=56
Age in years, Median (range)		69 (42-86)
Sex, N (%)	• Male • Female	22 (39.3) 34 (60.7)
Stage of the disease at screening, N (%)	• Stage IVA1 • Stage IVA2 • Stage IVB	36 (64.3) 19 (33.9) 1 (1.8)
B2 blood involvement at screening, N (%)		56 (100.0)
LN classification at screening, N* (%)	• N2 • N3 involvement • Nx	6 (10.7) 20 (35.7) 14 (25.0)
T4 confluence of erythema covering ≥ 80% BSA		38 (67.9)
N prior systemic lines, Median (range)		5 (2-15)
Follow-up in months, Median (95%CI)		14.4 (9.0-18.4)

*Nodal classification at baseline: N2, N3 or Nx

Efficacy results in SS patients	Best Global Response N=56	Best Response in Skin N=56	Best Response in Blood N=56	Best Response in LN N=46*
Best Response, N (%)				
• CR n (%)	2 (3.6)	5 (8.9)	15 (26.8)	3 (6.5)
• PR n (%)	19 (33.9)	21 (37.5)	12 (21.4)	6 (13.0)
• SD* n (%)	28 (50.0)	27 (48.2)	24 (42.9)	28 (60.9)
• PD n (%)	7 (12.5)	3 (5.4)	5 (8.9)	5 (10.9)
• NE n (%)	0	0	0	4 (8.7)
ORR% [95%CI]	37.5% [26.0-50.6]	46.4% [34.0-59.3]	48.2% [35.7-61.0]	19.6% [10.7-33.2]

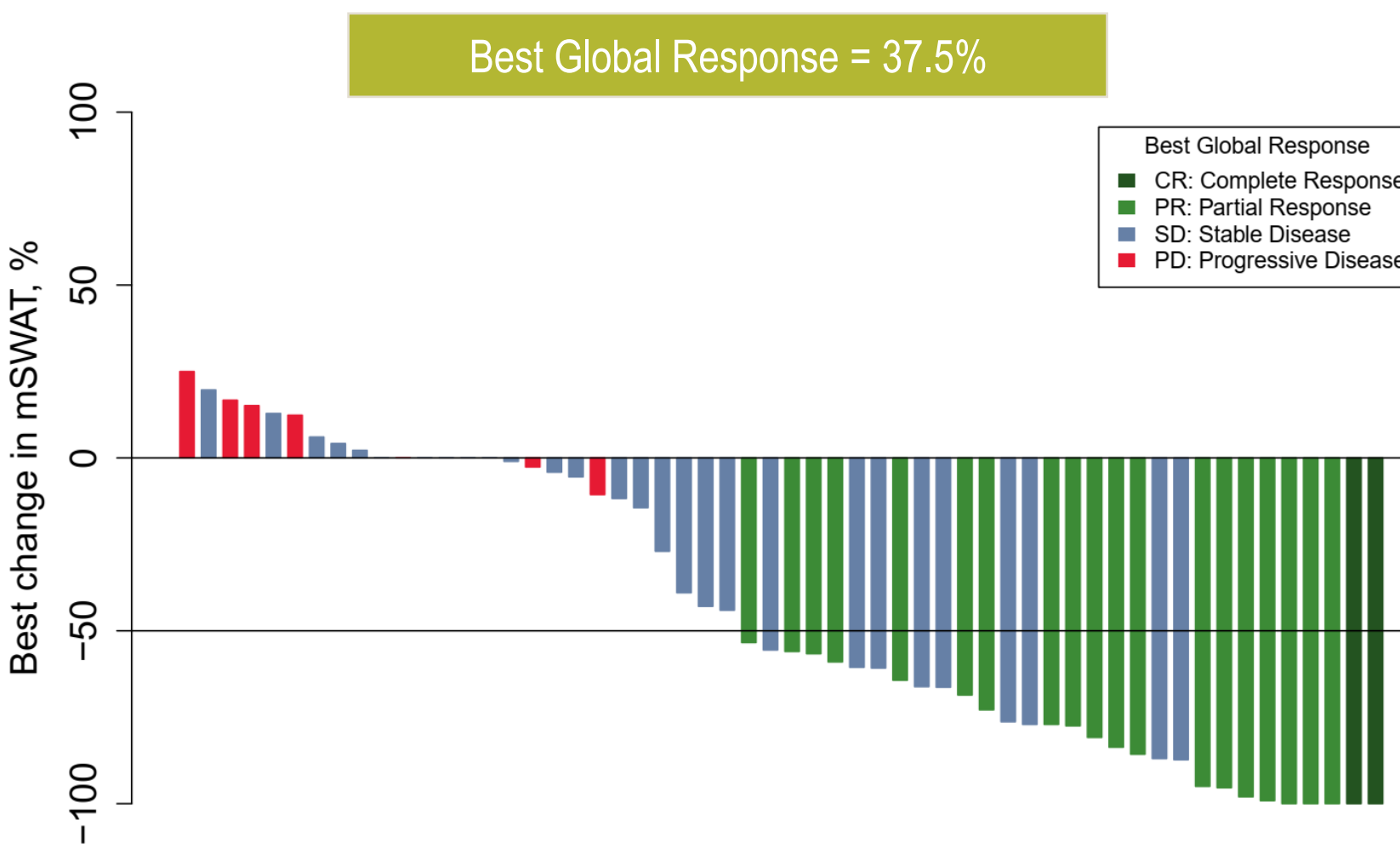
CR: complete response; PR: partial response; SD: Stable Disease; PD progressive disease; NE: not evaluable; LN: lymph nodes
*Includes also patients not involved at baseline who progressed in the LN

Treatment Emergent related Adverse Events ¹	Total N= 56 N (%)
Any treatment-emergent AEs (TEAEs)	54 (96.4)
Any lacutamab-related TEAEs	32 (57.1)
Any Serious TEAEs	13 (23.2)
Any Serious lacutamab-related TEAEs	4 (7.1)
Any Grade ² 3/4/5 lacutamab-related TEAEs	10 (17.9)
Any lacutamab-related TEAEs leading to discontinuation*	3 (5.4)
Any death due to AEs**	3 (5.4)
Any death due to lacutamab-related AEs	0 (0)

1. Event / as defined by the treating investigator
2. NCI Common Terminology Criteria for Adverse Events (CTCAE)
*Toxic skin eruption, Skin fissures, Pruritus and AST elevation; ** Sepsis, Acute respiratory failure, Infection, Grade 5 all Not related to lacutamab.
Of note, post DCO, one patient died with transformed cell lymphoma/HLH.

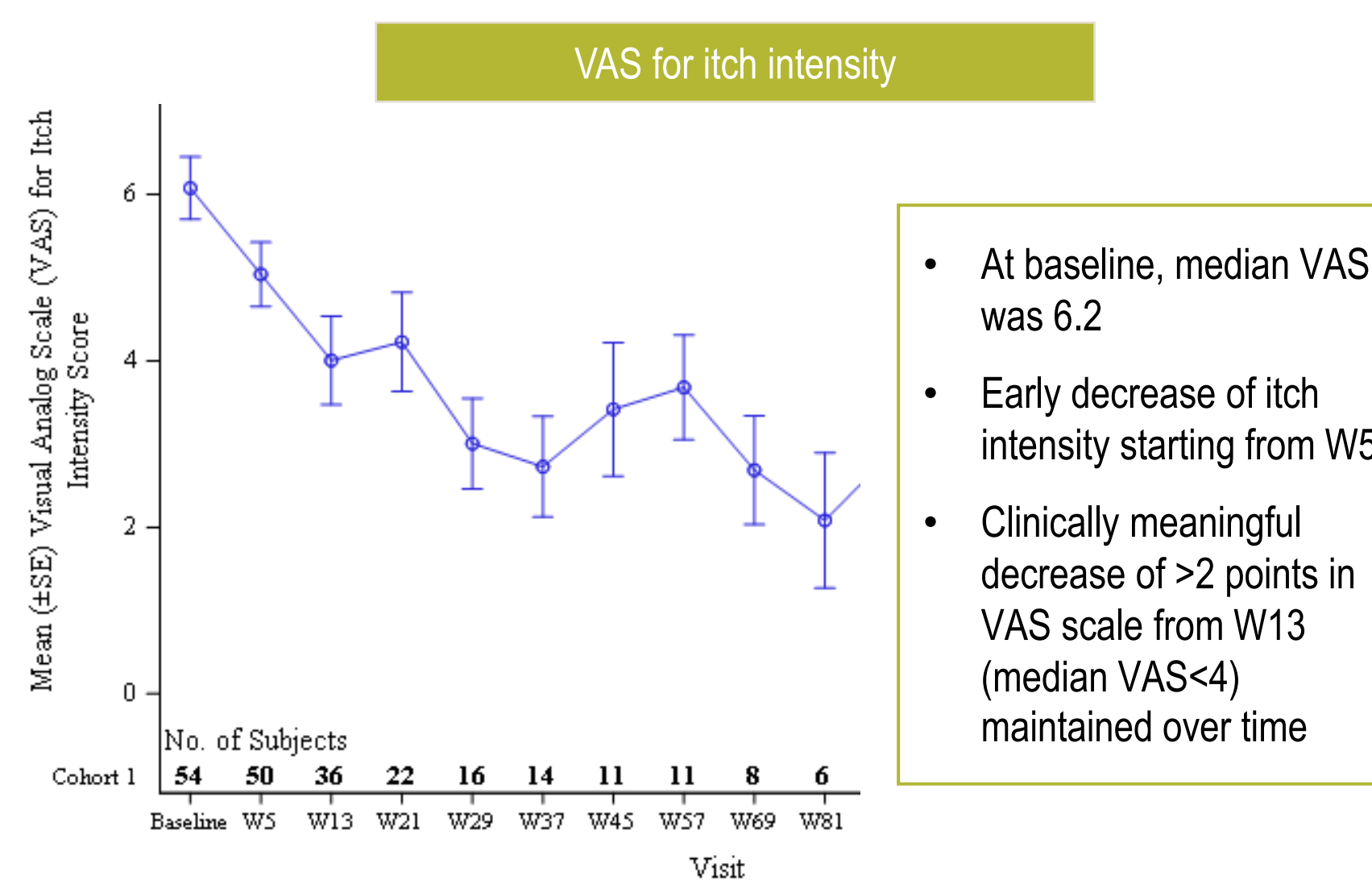
TELLOMAK results in SS patients

Best Global Response



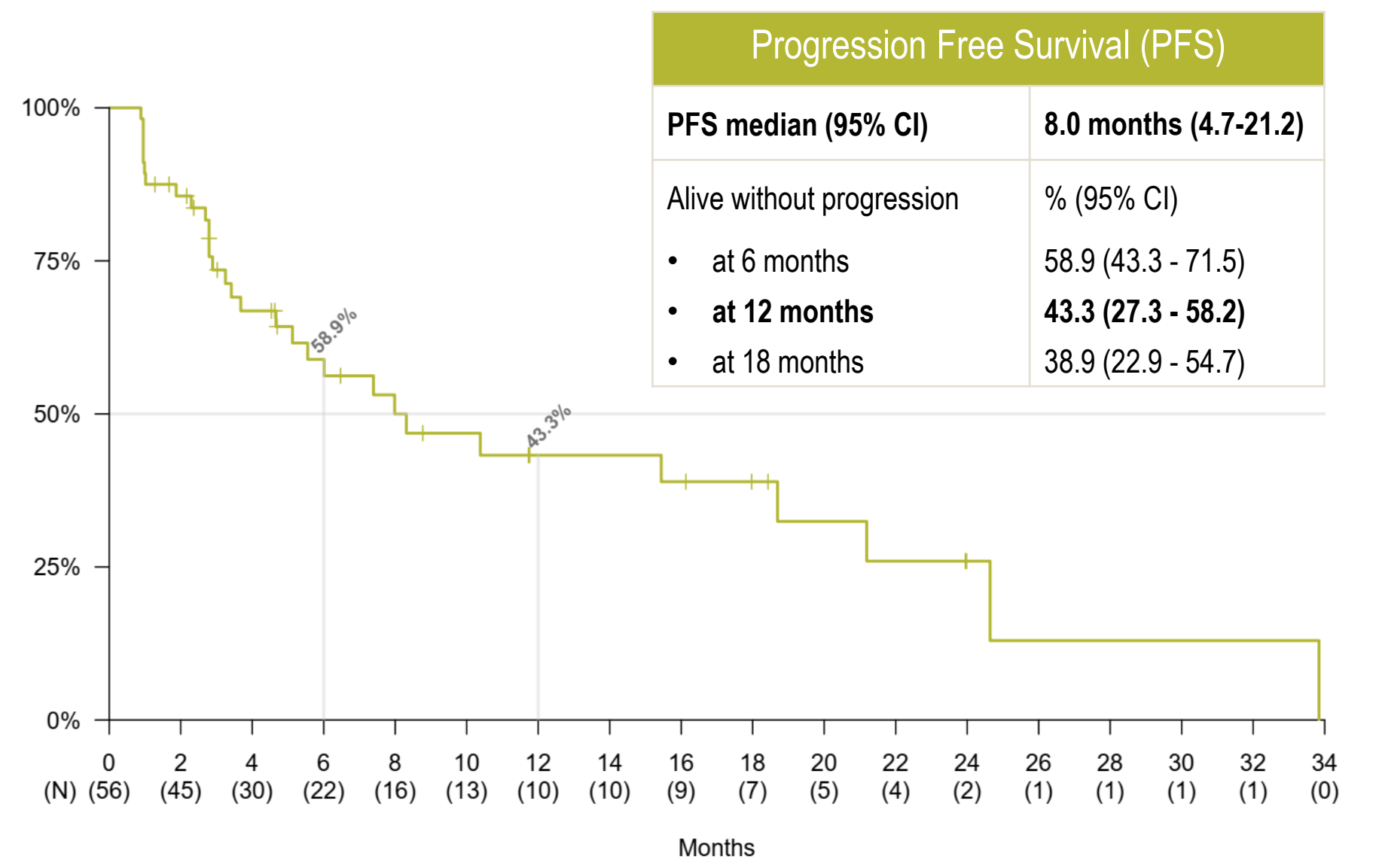
- 21 (37.5%) patients achieved Global Response, including 2 CR and 19 PR
- Median time to Global Response: 2.8 months (range: 1-9)
- DoR median (95% CI): 12.3 months (5.2 - NE)

Visual Analog Scale (VAS) for Itch Intensity Score Over Time



- At baseline, median VAS was 6.2
- Early decrease of itch intensity starting from W5
- Clinically meaningful decrease of >2 points in VAS scale from W13 (median VAS<4) maintained over time

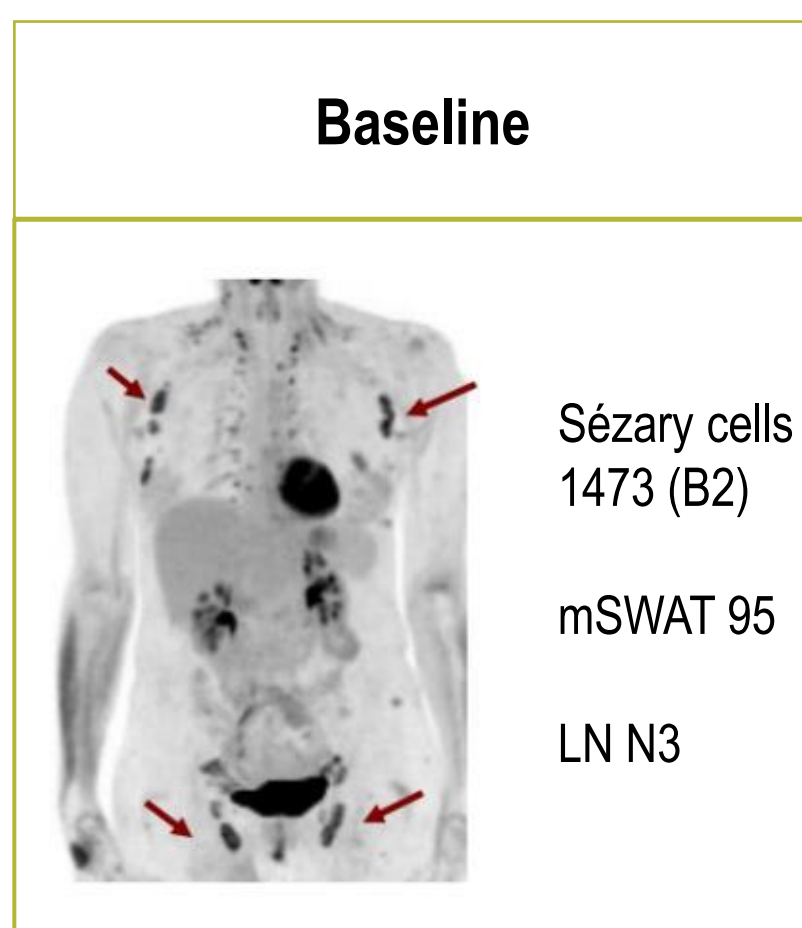
Progression Free Survival



TELLOMAK Patient Cases

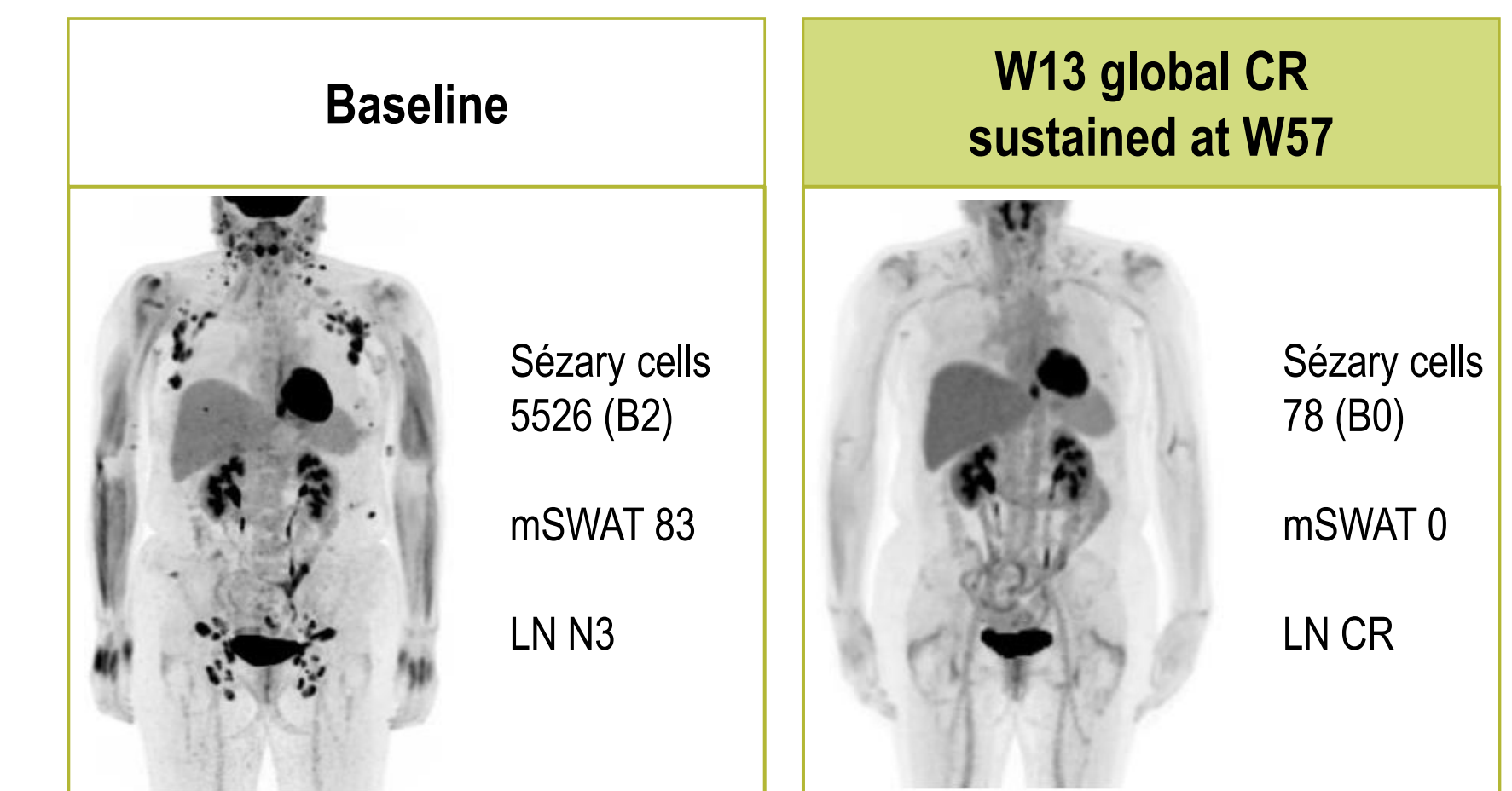
Patient Case #1, ongoing

- 58-year-old female
- 10 previous lines of therapy
- Stage IVA2 (N3) at baseline
- Response sustained at W117:
 - Skin: PR at W13, CR at W45
 - Blood: CR at W5
 - LN: PR at W5, **CR at W13**
 - **Global: PR at W13, CR at W45**



Patient Case #2, ongoing

- 51-year-old female
- 6 previous systemic lines of therapy
- Stage IVA2 (N3) at baseline
- Response sustained at W29:
 - Skin: PR at W5, CR at W13
 - Blood: CR at W5
 - LN: **CR at W5**
 - **Global: PR at W5, CR at W13**



Conclusions

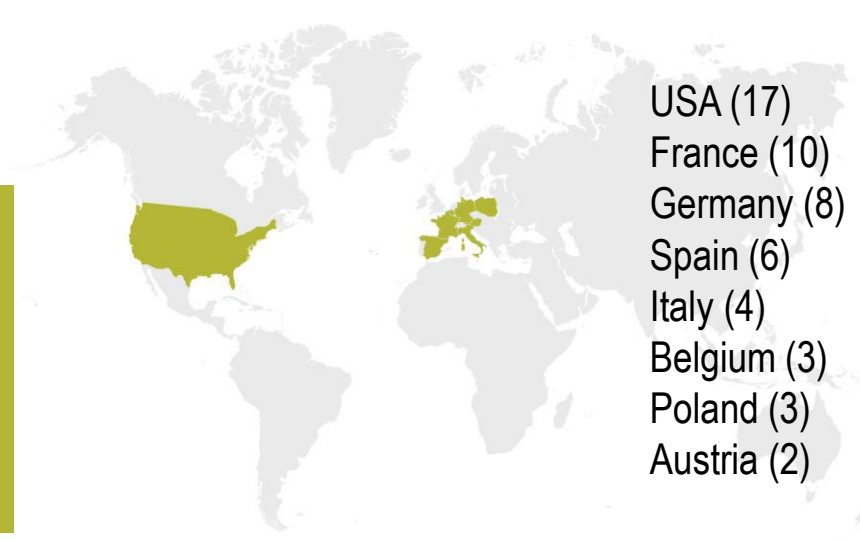
TELLOMAK is a Phase 2 study evaluating lacutamab monotherapy in CTCL.

- Cohort 1 enrolls relapsed and/or refractory SS patients with ≥ 2 prior systemic therapies including mogamulizumab, a high unmet medical need population with no approved therapy.
- This analysis (56 patients), confirms robust clinical activity of lacutamab with favorable safety profile and improvement in quality of life.
 - Patients were heavily pretreated (median 5 prior systemic therapies) and had highly refractory disease.
 - Responses, including CRs, were observed in multiple compartments:
 - Overall ORR: 37.5% [26.0-50.6]
 - Blood ORR: 48.2% [35.7-61.0]
 - Skin ORR: 46.4% [34.0-59.3]
 - In patients who achieved a global response,
 - Median DoR: 12.3 months (95% CI: 5.2-NE)
 - Median time to global response: 2.8 months (range: 1-9)
 - Median time to blood & skin response: 1.0 month (range 1-6) & 2.8 months (range: 1-10) respectively

Enrollment to TELLOMAK is completed
Long-term follow-up will provide more mature data on the key study endpoints.

Thank you

to all our investigators, experts, site staff (53 active sites), and ultimately the patients and their families



USA (17)
France (10)
Germany (8)
Spain (6)
Italy (4)
Belgium (3)
Poland (3)
Austria (2)