From a Pivotal Phase II Study

Lymphoma Who Received ≥2 Mosunetuzumab

Heidelberg, Germany; 1 Royal Adelaide Hospital, Adelaide, SA, Australia; BC Cancer Centre for Lymphoid Cancer and University of British Columbia, Vancouver, BC, Canada; 2 La Roche Ltd, Mississauga, ON, Canada; 3 Elicia Penuel, 4 Matthew Matasar, 5 L. Elizabeth Budde

Updated efficacy and safety was observed regardless of prior therapies

Methods

- Patients with Grade (G) 3–4 ILD or prior therapies (including an anti-CD20 antibody and an alkylator), and Eastern Cooperative Oncology Group (ECOG) performance status (PS) of 0 were enrolled.
- Intravenous mosunetuzumab was administered with dexamethasone in Cycle (C) 1 (Figure 1). Treatment was for 6 months duration in Cycles 2–4 (10 days/3 cycles) or G 2–3 ILD (17 cycles if prior ILD). Prior ILD disease and progression of disease within 3 months of PD were excluded.
- Administration of mosunetuzumab was permitted at relapse for patients who achieved CR. There was no additional dexamethasone dosing for mosunetuzumab administration.
- Whole exome sequencing was performed in 51 available baseline biopsy samples to assess activity of mosunetuzumab in patients with immune-related processes.

Efficacy

- Response rates and CR rates (Table 2) were consistent with published results. Median time to first response was 1.3 months (range: 0.1–11) and median time to first CR was 3 months (1–11).
- Response rates were generally improved with mosunetuzumab versus prior therapy (Table 2).
- Efficacy was confirmed in patients with prior history of CRS. Patients with prior CRS had a similar response and CR rates compared to prior therapy.

Safety

No serious treatment-related AEs (Gr 3–5), or Gr 3–5 treatment-related AEs were reported with 10 additional months of follow-up (Table 3 and Figure 6).

Cytokine release syndrome

CRS was predominantly low grade and occurred during C1 (Figure 7 and Table 4). All CRS events resulted in patients receiving 50% or more of additional interleukin-6 receptor antagonist.

Conclusions

This pivotal Phase II study of mosunetuzumab
- Demonstrates Durable responses continued to be observed with mosunetuzumab
- Consistent with previous reports and supports outpatient administration of mosunetuzumab
- Concordant with predominant low-grade CRS events
- Consistent with previous reports and supports outpatient administration of mosunetuzumab

Previously presented at SIDO 2023 (August 8–11, 2023, Houston, TX, USA) and ASCO 2022 (December 10–13, 2022, New Orleans, LA, USA)