Patient Characteristics Of Long-Term Responders To Mogamulizumab: Results From The Mavoric Study

Poster Tre-P-07 Youn H. Kim, MD¹; Michael Khodadoust, MD, PhD²; Adèle de Masson, MD, PhD³; Hélène Moins-Teisserenc, MD, PhD⁴; Takahiro Ito, MSc⁵; Karen Dwyer, BA⁵; Fiona Herr, PhD⁶; Martine Bagot, MD, PhD⁴

¹Stanford Cancer Center, Stanford, CA, USA; ²Stanford University School of Medicine, Stanford, CA, USA; ³Hôpital Saint Louis, APHP, INSERM U976, Université de Paris, Paris, France; ⁴INSERM UMR-1160, Institut Universitaire d'Hématologie, Paris, France; University of Paris Diderot, Sorbonne Paris Cité, Paris, France; Laboratoire d'Immunologie-Histocompatibilité, Hôpital Saint Louis, AP-HP, Paris, France; ⁵Kyowa Kirin, Inc., Princeton, NJ, USA; ⁶Kyowa Kirin, Inc., Bedminster, NJ, USA

Plain Language Main Finding

• This analysis of the MAVORIC trial demonstrated that mogamulizumab treatment can produce longterm and deep responses (≥12 months) in patients with mycosis fungoides or Sézary syndrome

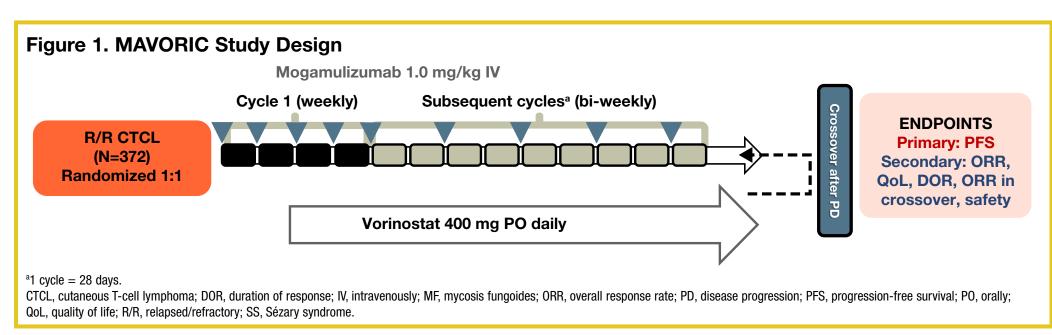
Background

- MAVORIC was a phase 3, international, open-label, randomized controlled study (NCT01728805)
 comparing the safety and efficacy of mogamulizumab to vorinostat in patients with relapsed
 or refractory (R/R) mycosis fungoides (MF) or Sézary syndrome (SS) who had failed at least 1
 prior systemic therapy¹
- Results from the MAVORIC trial led to FDA and EMA approval of mogamulizumab¹
- The primary endpoint of the trial was progression-free survival (PFS), with a median of 7.7 months reported for mogamulizumab compared to 3.1 months for vorinostat
- One of the secondary endpoints, overall response rate (ORR), was measured by global composite score (based on confirmed responses in skin, blood, lymph nodes, and viscera)
- Patients remained on treatment until progression or intolerable toxicity
- Global confirmed ORR for MAVORIC patients randomized to mogamulizumab (n=186) was 28%, and median duration of response (DOR) was 14.1 months
- In the pivotal trial for brentuximab in CTCL, a primary endpoint combining ORR and DOR data was used, specifically, ORR4, the proportion of patients who had a response duration of at least 4 months²
 - Additional benefits of mogamulizumab can be evaluated using such an endpoint that combines ORR and DOR information
- For example, ORR12 would describe the rate at which patients achieved a global response lasting ≥12 months, which would be considered a long-term response

Objective

• The objective of this post hoc analysis of MAVORIC was to compare the clinical and demographic characteristics of mogamulizumab-treated patients in a study-defined long-term responder cohort (ORR12) to subgroups with a global response of <12 months

Methods



- In this post hoc analysis of MAVORIC (**Figure 1**), ORRn was evaluated, with "long-term response" defined as % of patients achieving ORR lasting ≥12 months (ORR12)
- Patients were divided into 4 response cohorts by minimum duration of overall response: ORR4, ORR6, ORR8, ORR12
- Baseline characteristics of patients in the ORR12 cohort (long-term responders) were compared with the characteristics of all other patients (non-responders + response duration <12 months)
 - Linear regression analyses and stepwise multivariate analysis were performed for sex, Eastern Cooperative Oncology Group Performance Status (ECOG PS), disease type (MF vs SS), clinical stage (IB-IV), blood involvement, CCR4 expression, age, time from diagnosis, mSWAT (skin disease burden), and lactate dehydrogenase (LDH)
- Blood samples were collected from 2 patients with SS at Stanford in the ORR12 cohort (global CR)
 - Frequency of the malignant T-cell (clonal) complementarity-determining region 3 (CDR3) of T-cell receptor beta (TCRβ) was monitored using the clonoSEQ next-generation sequencing (NGS) platform (Adaptive Biotech)³
- Samples were assessed using standard flow cytometry at baseline and every 3-6 months to monitor minimal residual disease (MRD)³

Results

• Among patients randomized to mogamulizumab, confirmed global response durations of at least 4, 6, 8, and 12 months (designated as ORR4, 6, 8, 12) were seen in 25.3%, 21.0%, 16.1%, and 10.8% of patients, respectively (**Table 1**)

Table 1. ORRn in Patients Treated With Mogamulizumab or Vorinostat

	ORR4		ORR6		ORR8		ORR12	
	Moga	Vori	Moga	Vori	Moga	Vori	Moga	Vori
	n=186	n=186	n=186	n=186	n=186	n=186	n=186	n=186
Global ORRa, n (%)	47 (25.3)	8 (4.3)	39 (21.0)	6 (3.2)	30 (16.1)	4 (2.2)	20 (10.8)	0
95% CI	(19.2, 32.1)	(1.9, 8.3)	(15.4, 27.5)	(1.2, 6.9)	(11.2, 22.2)	(0.6, 5.4)	(6.7, 16.1)	-

CI, confidence interval; ORR, overall response rate

- ORRn data were also evaluated by disease compartment (Figure 2):
 - In blood, responses lasting at least 4 months occurred in >50% versus 8% of patients for mogamulizumab and vorinostat, respectively, and those lasting at least 12 months occurred in 28% versus 2% of patients for mogamulizumab and vorinostat
 - In skin, responses lasting at least 4 months occurred in 33% versus 10% of patients for mogamulizumab and vorinostat, respectively, and those lasting at least 12 months occurred in 14% versus 5% of patients for mogamulizumab and vorinostat
- When baseline characteristics of patients in the ORR12 cohort were compared via linear regression analysis to those of all other patients treated with mogamulizumab with shorter response durations, those in ORR12 were more likely to have SS, stage IVA1 disease, and blood involvement (**Table 2**)

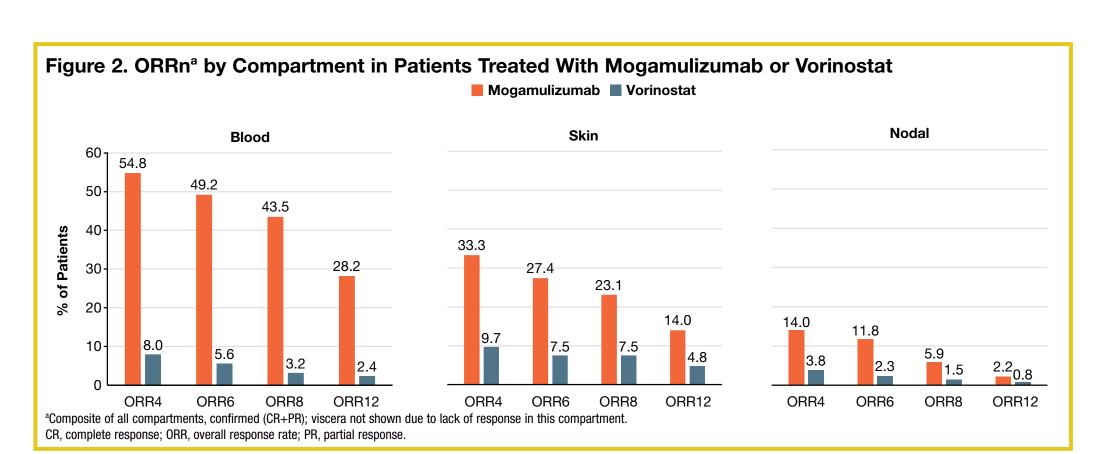


Table 2. Long-Term Response (ORR12) in Patients Treated With Mogamulizumab

	Not Achieved ^a n=166	Achieved n=20	OR	p-value
Disease Type, n (%)				
MF	99 (59.64)	6 (30)	0.29	0.016
SS	67 (40.36)	14 (70)		
Stage, n (%) ^b				
IVA1	56 (33.73)	17 (85)	11.13	0.0002
Blood Involvement (B1-2), n (%)				
No	61 (36.75)	2 (10)	0.19	0.03
Yes	105 (63.25)	18 (90)		
mSWAT				
Mean (SD)	86.25 (48.7)	100.18 (50.7)	-	-
Median (min, max)	85 (4, 231)	86.5 (19, 190)		

^aIncludes non-responders and short-term responders; ^bOR was calculated for only stage IVA1 because n≤5 in other stages. MF, mycosis fungoides; mSWAT, modified Severity Weighted Assessment Tool; OR, odds ratio; SS, Sézary syndrome.

- No statistically significant relationship between long-term response and age, sex, ECOG PS, time from initial diagnosis, or skin CCR4 at baseline
- Stepwise regression analysis found that disease stage IVA1 was the primary predictor of ORR12 versus non-responders

Case report: 2 patients in the ORR12 cohort from a single center

- Two patients, both of whom had SS, sustained deep, durable global CR with mogamulizumab treatment in the MAVORIC trial (best response global CR): a 71-year-old man (Case 1) and a 77-year-old woman (Case 2)
 - Both demonstrated CR in blood after 1 moga cycle and in skin at cycle 3

Case 1: 71-year-old man with SS Case 2: 77-year-old woman with SS (Table 3)

- Achieved blood CR (moga cycle 1), skin CR (cycle 3)
- Maintained blood remission for ≥47 months
- Malignant TCR sequence barely detectable (<1 copy/million nucleated cells)
- Achieved blood CR (cycle 1), skin CR (cycle 3)
- Discontinued for hip replacement (cycle 16)
- Discontinued for hip replacement (cycle 16)
 Maintained global CR and blood CR for ≥63 months 50+ months after discontinuing treatment
- Maintained nearly undetectable MRD in blood for 30+ months

CR, complete response; moga, mogamulizumab; MRD, minimal residual disease; SS, Sézary syndrome; TCR, T-cell receptor.

Table 3. Clonal Cells Detected by Malignant Sequence Tracking in 77-Year-Old Patient With SS (Case 2) Malignant Sequence Tracking: 77-year-old SS patient **Detected Clonal Cells Collection Date Specimen Type** 02/20/2020 Blood 07/25/2019 FFPE Scrolls not detected 07/25/2019 **FFPE Scrolls** not detected 07/25/2019 Blood not detected 07/25/2019 Blood not detected 02/21/2019 Blood 08/23/2018 Blood not detected 03/29/2018 **FFPE Scrolls** not detected 03/29/2018 FFPE Scrolls not detected 03/28/2018 Blood not detected 10/16/2017 Blood not detected 04/20/2017 Blood not detected 01/19/2017 Blood not detected

08/12/14 Pre-moga
CR, complete response; FFPE, formalin-fixed paraffin-embedded; moga, mogamulizumab; MRD, minimal residual disease.

Conclusions

- Patients in the MAVORIC trial who achieved long-term (≥12 months) responses were more likely to have SS (stage IVA1) or blood involvement, although lasting responses were also seen in patients with MF
- MRD analyses using TCR NGS in patients achieving ORR12 demonstrated that mogamulizumab was able to produce lasting and deep responses in some patients

References

- 1. Kim YH, et al. *Lancet Oncol*. 2018;19(9):1192-204.
- Prince HM, et al. *Lancet*. 2017;390(10094):555-66.
 Weng WK, et al. *Sci Transl Med*. 2013;55(214):1-9.

Acknowledgements

The authors would like to thank the patients/families, investigators/staff, and independent review and data safety monitoring board members who participated in the MAVORIC study, which was supported by Kyowa Kirin, Inc.

The study was sponsored by Kyowa Kirin. Medical writing assistance was provided by MedVal Scientific Information Services (Princeton, NJ, USA) and funded by Kyowa Kirin, Inc. (Bedminster, NJ, USA).

Disclosures

YK: Research funding, Corvus, Eisai, Elorac, Galderma, Innate Pharma, Kyowa Kirin, Portola, Trillium; Consultancy, Innate Pharma; Membership on an entity's Board of Directors or advisory committees, Corvus, Galderma, Innate Pharma, Kyowa Kirin. MK: Consultancy, Kyowa Kirin, Seattle Genetics. AM: Research funding, Kyowa Kirin. HM: No conflicts of interest. TI: Employee, Kyowa Kirin, Inc. KD: Employee, Kyowa Kirin, Inc. FH: Employee, Kyowa Kirin, Inc. MB: Research funding, Innate Pharma; Consultancy, Innate Pharma; Membership on an entity's Board of Directors or advisory committees, Helsinn/Recordati, Innate Pharma, Kyowa Kirin, Takeda.

2,08,492