

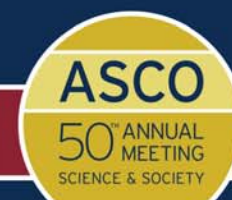
STARLYTE

Phase II Study of Coltuximab Ravtansine (SAR3419) single agent: Clinical Activity and Safety in Patients with Relapsed/Refractory Diffuse Large B-cell Lymphoma (NCT01472887)

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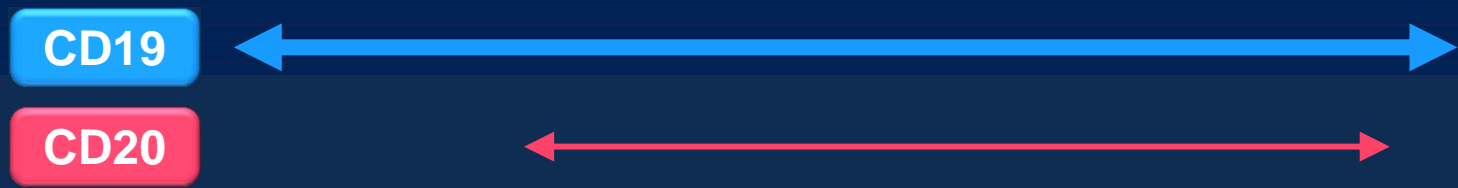
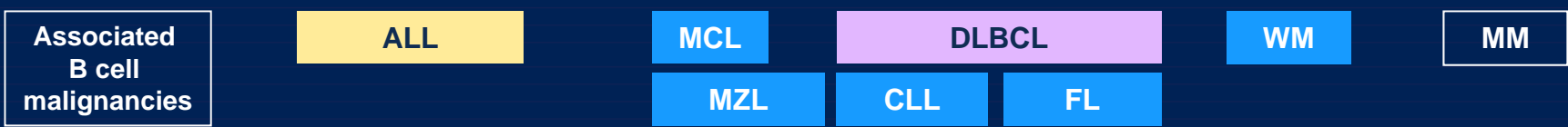
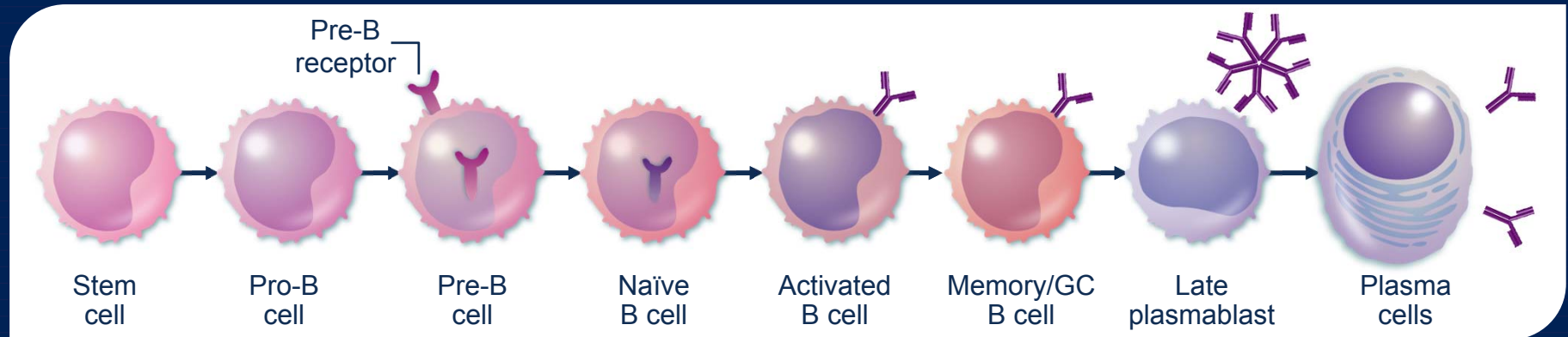
PRESENTED AT THE 2014 ASCO ANNUAL MEETING. PRESENTED DATA IS THE PROPERTY OF THE AUTHOR.



Presenter disclosure information

- Employment or leadership position : No
- Consultant / Advisory role : No
- Stock ownership : No
- Honoraria : No
- Research funding : No
- Expert testimony : No
- Other remuneration : No

CD19 is expressed on a Broad Range of B-Cell Malignancies



ALL: Acute Lymphoblastic Leukemia; **MCL:** Mantle Cell Lymphoma; **DLBCL:** Diffuse Large B Cell Lymphoma; **CLL:** Chronic Lymphocytic Leukemia; **FL:** Follicular Lymphoma; **WM:** Waldenstrom Macroglobulinemia; **MM:** Multiple Myeloma **MZL:** Marginal Zone Lymphoma;

Peter Park, adapted from Janeway, Immunobiology, 6th ed. & Uckun, Blood 76:1908 (1990)

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SAR3419 structure

Key attributes

POTENT TOXIN

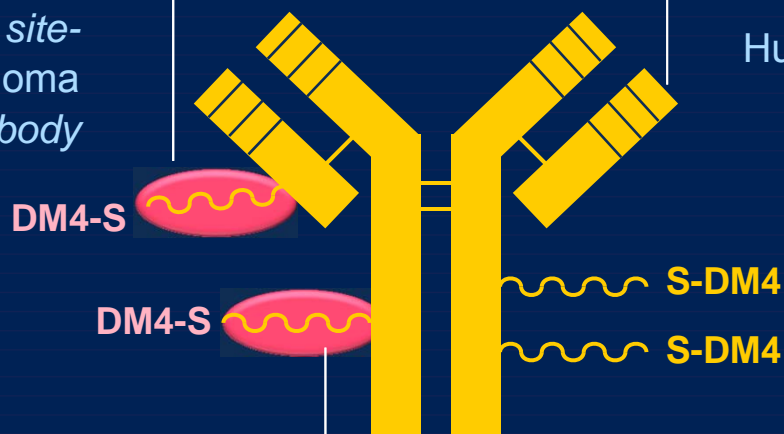
DM4: Maytansinoid derivative
Highly potent tubulin binder
-vinca-alkaloid site-
MoA active in B-cell Lymphoma
3-4 molecules/ antibody

SELECTIVE TARGET

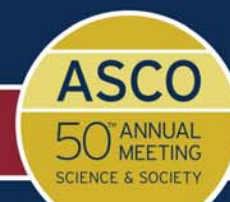
Selectively expressed
on B-cells
Humanized IgG1 mAb

STABLE LINKER

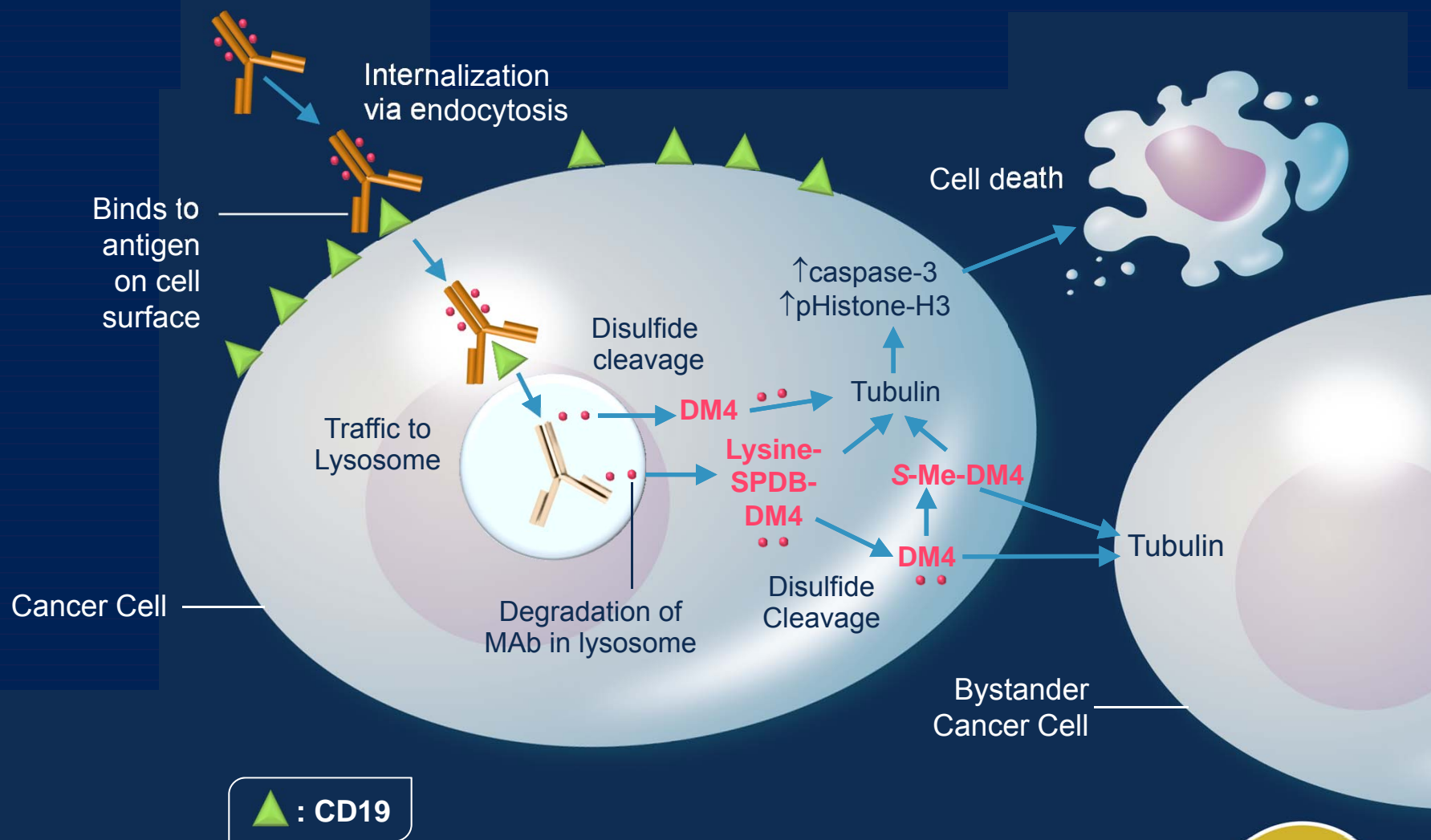
SPDB: optimized cleavable linker
[N-Succinimidyl-4-(2-Pyridyldithio)butanoic acid]
Hindered disulfide bond stable in bloodstream



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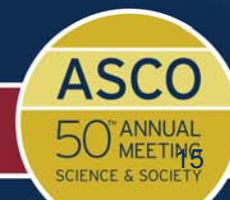


How does SAR3419 work?



Based on Erickson *et al. Cancer Res.* – April 15, 2006.

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Background

- **Data from phase I (relapse/refractory NHL)**
 - **TED 6828:** SAR3419 administered every 21 days up to 6 cycles
 - ▶ 39 patients treated at dose levels 10 to 270 mg/m²
 - ▶ DLTs: **reversible ocular toxicity and peripheral neuropathy**
 - ▶ MTD: **160 mg/m²**
 - ▶ ORR at the MTD: **22%**
 - **TED 6829:** SAR3419 weekly dose for 8-12 doses:
 - ▶ 44 patients treated at dose levels 5 to 70 mg/m²
 - 1 DLT at 70 mg/m² (grade 3 neutropenia requiring dose delay)
 - Grade 2 ocular late events at 70 mg/m²
 - MTD: **55 mg/m²/week**
 - ORR: **33%**
 - ▶ 25 patients treated at MTD with modified schedule: **4 weekly administrations, followed by 1 dose every 2 weeks** (optimized schedule):
 - Safety improvement; efficacy preserved in DLBCL patients
- **Data from phase II SAR3419 + rituximab R/R DLBCL**
 - 55 mg/m² optimized schedule
 - ▶ **ORR:** 58.3% relapsed patients, 42.9% patients refractory to last Tx, 15.4% patients primary refractory

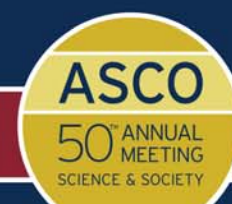
STARLYTE Study Objectives (1)

- **Primary objective:**

- To determine the overall response rate (ORR) in CD19+ DLBCL patients

- ▶ Relapsed/refractory
- ▶ After failure of at least 1 prior line of standard therapy
- ▶ Primary refractory patients - not eligible

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STARLYTE Study Objectives (2)

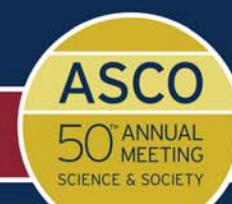
- **Secondary:**

- Duration of response (DoR), Progression Free Survival (PFS) and Overall Survival (OS)
- Global safety profile
- Pharmacokinetics (PK) of SAR3419 and its metabolites DM4 and Me-DM4
- Immunogenicity of SAR3419

- **Exploratory:**

- characterize patient's tumor tissue for expression of biomarkers
- correlate antitumor and biological activity of SAR3419 with biomarker status

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STARLYTE Study Design

- **Drug administration**

- SAR 3419 (55 mg/m²), 4 weekly administrations followed by bi-weekly administrations until progression
- One cycle defined as a 4-week period except for cycle 1 which should last 5 weeks
- Premedication:
 - ▶ Histamine blocker (diphenhydramine 50 mg i.v.),
 - ▶ Antipyretic/analgesic (acetaminophen 650 mg p.o. 30-45 min before)

- **Response assessment:**

Cheson criteria 2007 (tumor assessment every 3 months)

- **Statistical hypothesis:**

- Primary endpoint: ORR
 - ▶ H0 ORR: < 20%
 - ▶ H1 ORR: ≥ 40%
- 44 patients evaluable for response; 90% statistical power to reject a null RR of 20% with a one-sided α level of 5%

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STARLYTE Main eligibility criteria

- **Histological diagnosis of DLBCL (de novo or transformed) based on recent biopsy/FNA**
- **CD19 positive disease (> 30% for CD19 positive cells)**
- **Relapse or refractory after at least one standard treatment including rituximab for aggressive setting, not eligible for ASCT or in relapse after ASCT**
 - Primary refractory patients (progressed during or within 6 m from the end of 1st line Tx) were not eligible
- **No corneal abnormalities, recent history of eye surgery, keratitis or optic neuropathy**
 - Ophthalmological exam at baseline and EOT

Demography - SAFETY population

Characteristics	N=61 (%)
Histology type as per investigator • De novo / Transformed	50 (82) / 11 (18)
Age median (years) [range]	69 [30:88]
Age group (years) N (%) • > 60	52 (85.2)
Sex: N (%) • Male / Female	31 (50.8) / 30 (49.2)
ECOG PS: (N=60) N (%) • 0 / 1 / 2	27 (45) / 26 (43.3) / 7 (11.7)
Ann Arbor stage • III / IV	15 (24.6) / 31 (50.8)
LDH baseline > ULN (N=60)	41 (68.3)
Extranodal involvement • > 1 site	36 (59) 16 (26.2)
Bone marrow involvement	13 (21.3)

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Disease characteristics (2) - SAFETY population

Characteristics	N=61 (%)
Bulky disease (at least one lesion \geq 5 cm)	28 (45.9)
Secondary IPI <ul style="list-style-type: none"> • Low risk (0-1 factor) / Low intermediate risk (2 factors) • High intermediate risk (3 factors) / High risk (4/5 factors) 	12 (19.7) / 11 (18) 25 (41) / 13 (21.3)
Number of prior regimens <ul style="list-style-type: none"> • 0 / 1 / 2 • 3 • > 3 	1 (1.6) / 25 (41) / 17 (27.9) 9 (14.8) 9 (14.8)
Median [range]	2 [0:9]
Prior transplant for DLBCL	12* (19.7)
Status at study entry (N=60) <ul style="list-style-type: none"> ● Relapsed ● Refractory to last regimen ● Primary refractory 	28 (46.7) 16 (26.7) 16 (26.7)
Time to progression for Primary Refractory patients (N=16) <ul style="list-style-type: none"> • [0; 3 months] • [3; 6 months] 	9 (56.3) 7 (43.8)

STARLYTE Study status on May 2014

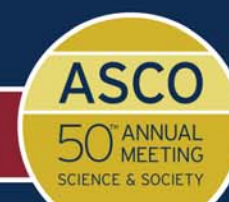
Characteristics	N=61 (%)
Total number of cycles per patient: • Median [range]	3 [1:10]
Duration of study treatment (weeks): • Median [range]	13.3 [5:41]
Treatment status • On treatment • Discontinuation	5 (8.2) 56 (91.8)
Reason for treatment discontinuation • Progressive Disease • Adverse Event • Other reason**	44 (72.1) 4 (6.6)* 2 (3.3)
Status at last study contact • Alive • Dead - deaths within 42 days from last dose SAR3419 - deaths more than 42 days from last dose SAR3419	21 (34.4) 40 (65.6) 7 (11.5) 33 (54.1)

* 2 pts with gr 2 thrombocytopenia (cy 1),

1 pt gr 3 thrombocytopenia (cy 5) and 1 pt gr 4 pyrexia and acute pulmonary oedema cy 1

** investigator's decision

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STARLYTE - Overall Response Rate

55 patients were evaluated for the response

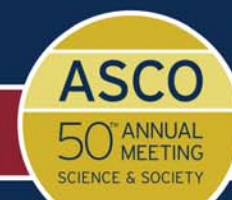
	PP	Refr. to last regimen	Relapse	MPP	Primary refractory
N (%)	41	15	26	55	14
ORR (90%CI)	18 (43.9%)[#] (30.6-57.9%)	4 (26.7%) (9.7-51.1%)	14 (53.8%) (36.2-70.8%)	21 (38.2%) (27.2-50.2%)	3 (21.4%) (6.1-46.6%)
CR	4 (9.8%)	1 (6.7%)	3 (11.5%)	5 (9.1%)	1 (7.1%)
PR	14 (34.1%)	3 (20.0%)	11 (42.3%)	16 (29.1%)	2 (14.3%)
SD	7 (17.1%)	3 (20.0%)	4 (15.4%)	9 (16.4%)	2 (14.3%)
PD	16 (39.0%)	8 (53.3%)	8 (30.8%)	25 (45.5%)	9 (64.3%)

Per protocol (PP): all patients without any important protocol deviation impacting efficacy at study entry and who had a post-baseline evaluation of response

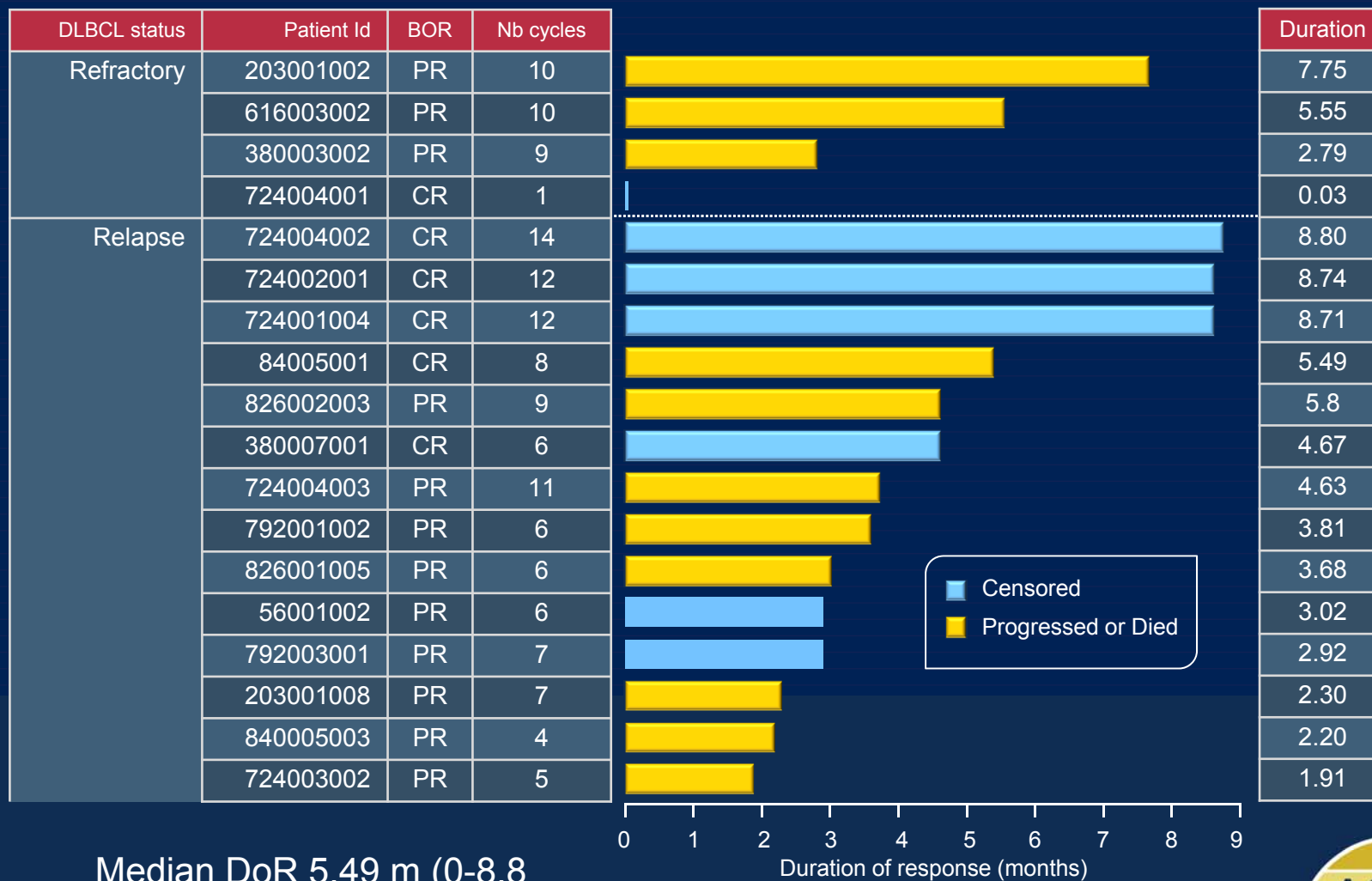
Modified PP (MPP): PP population and primary refractory pts without any other major deviation at study entry

[#] p < 0.0001 (vs null hypothesis)- estimated by Clopper-Perason exact method

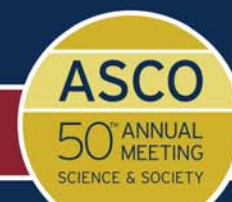
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STARLYTE - Duration of Response - PP population (median FUP 12.8 months)



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Treatment Emergent Adverse Events

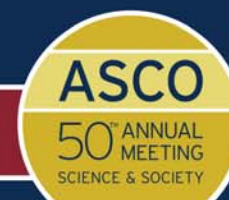
Safety population (Overview)

	N=61 (%)
Pts with any TEAE	61 (100)
Pts with any gr 3-4 TEAE	23 (37.7)
Pts with any gr 5 TEAE*	8 (13.1)
Pts with any treatment emergent SAE**	24 (39.3)
Pts with any study drug related TEAE	33 (54.1)
Pts with any TEAE leading to dose modification	17 (27.9)
• TEAEs leading to dose delay	13 (21.3)
• TEAEs leading to dose omission	4 (6.6)
• TEAEs leading to dose interruption	1 (1.6)
Pts with any TEAE leading to treatment discontinuation	4 (6.6)

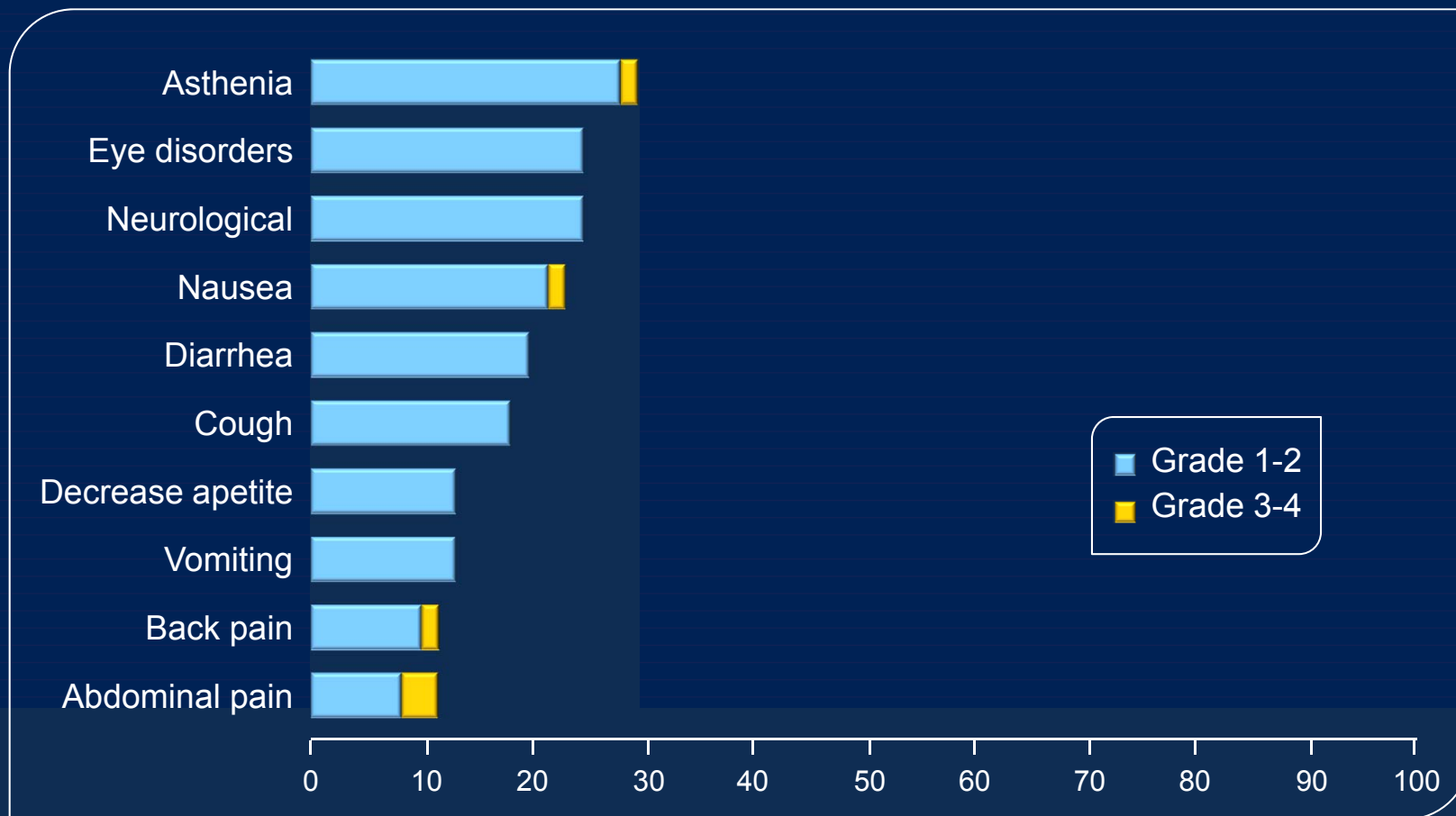
*All in the context of PD, except one febrile neutropenia that occurred under further therapy post-PD to SAR3419;

** only 6 SAEs (5 pts) were considered related to SAR3419: pneumonia, hepatotoxicity (2), abdominal pain, nausea, febrile neutropenia

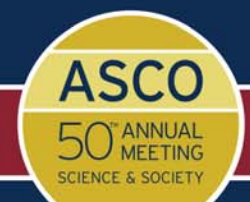
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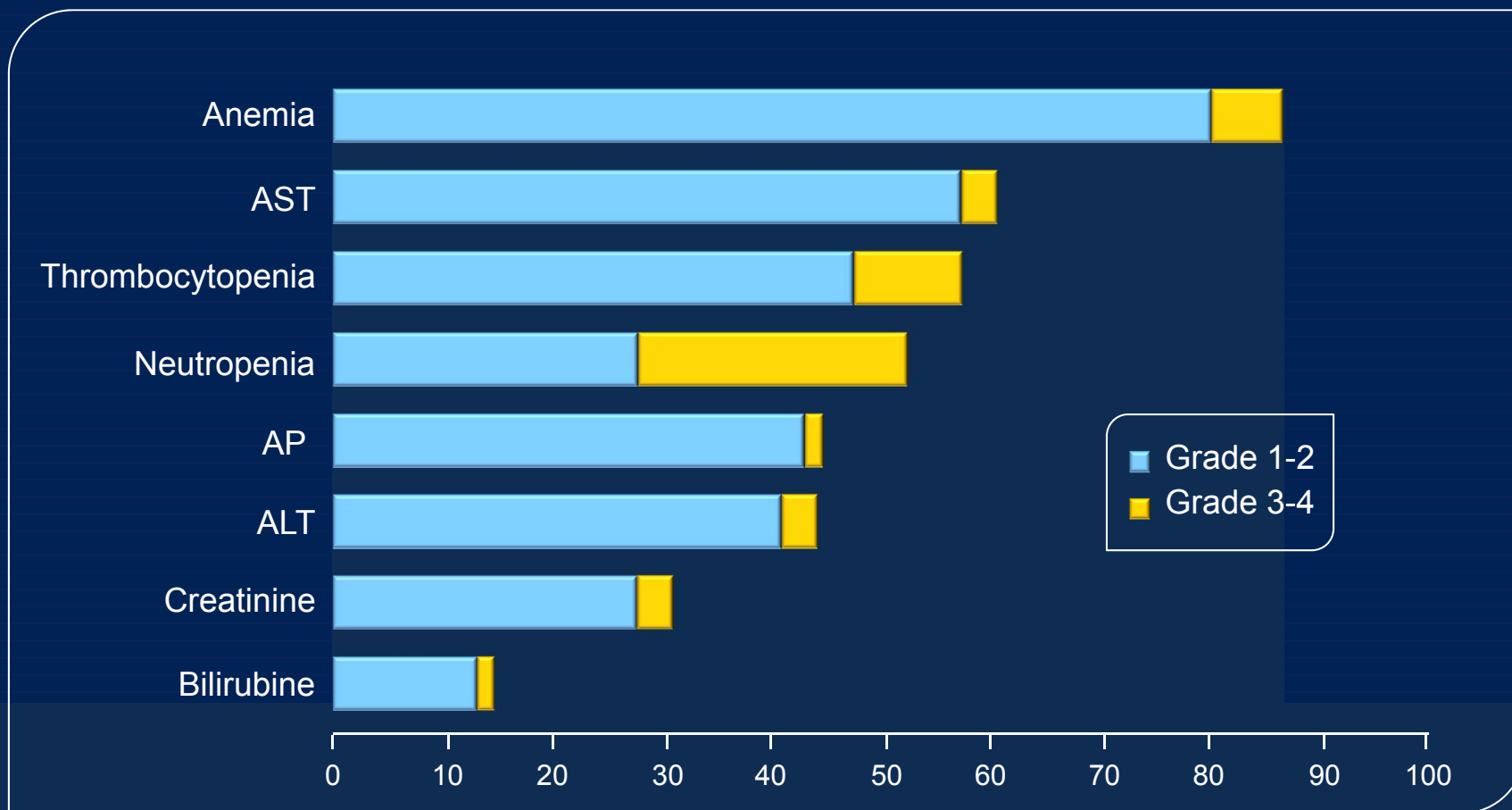
Most Frequent TEAEs > 10% (except lab TEAEs) (N=61)



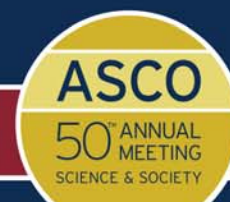
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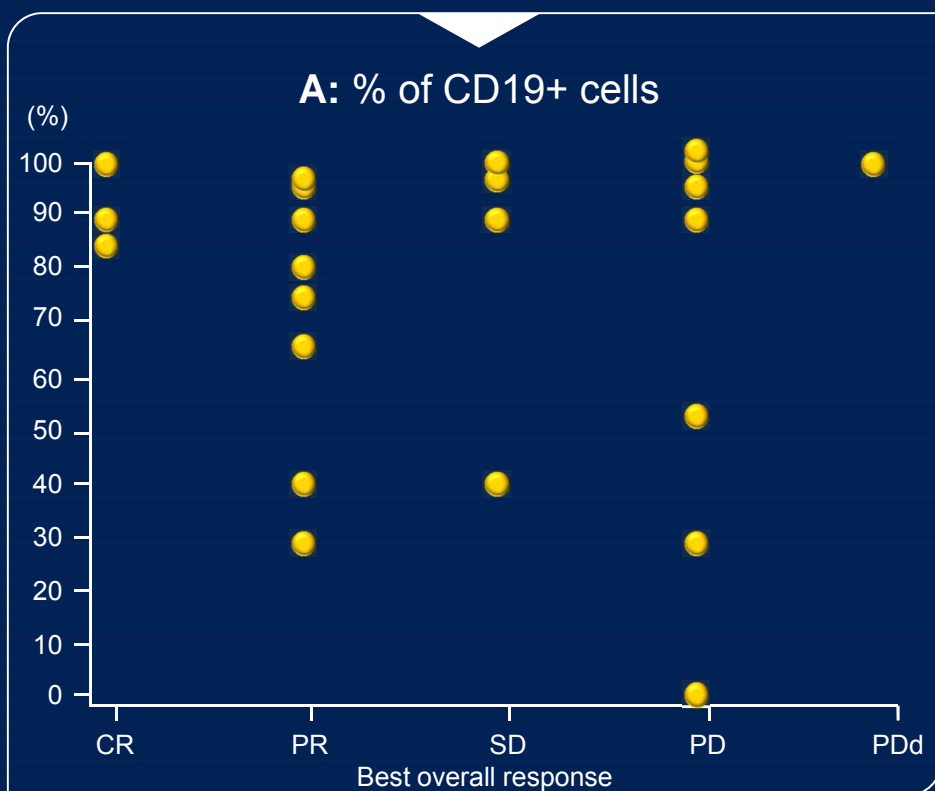
Laboratory Abnormalities (N=61)



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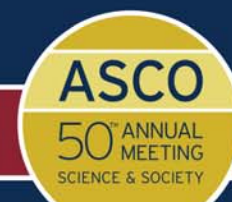


Biomarker Analysis - Response according to:

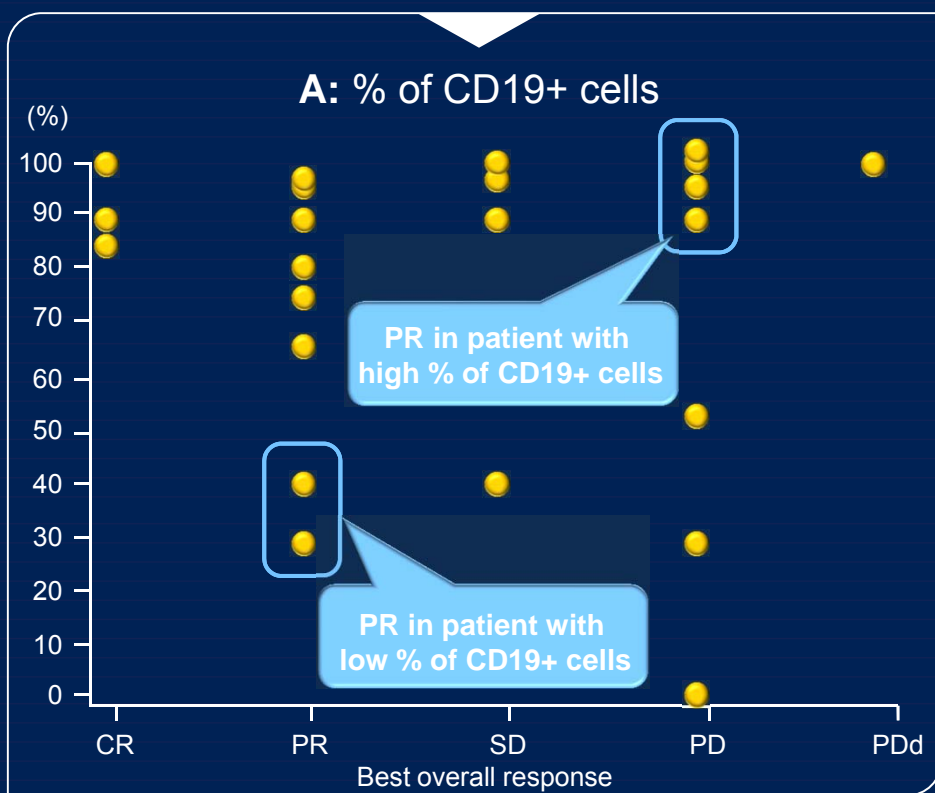


	Per Protocol	% CD19+ Cells (n=37)	
	(n=41)	<98 * (n=27)	≥98 (n=10)
Responders	18 (43.9%)	15 (55.6%)	2 (20.0%)
Non responders	23 (56.1%)	12 (44.4%)	8 (80.0%)

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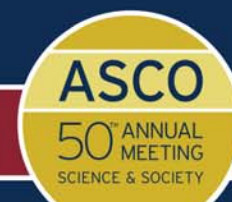


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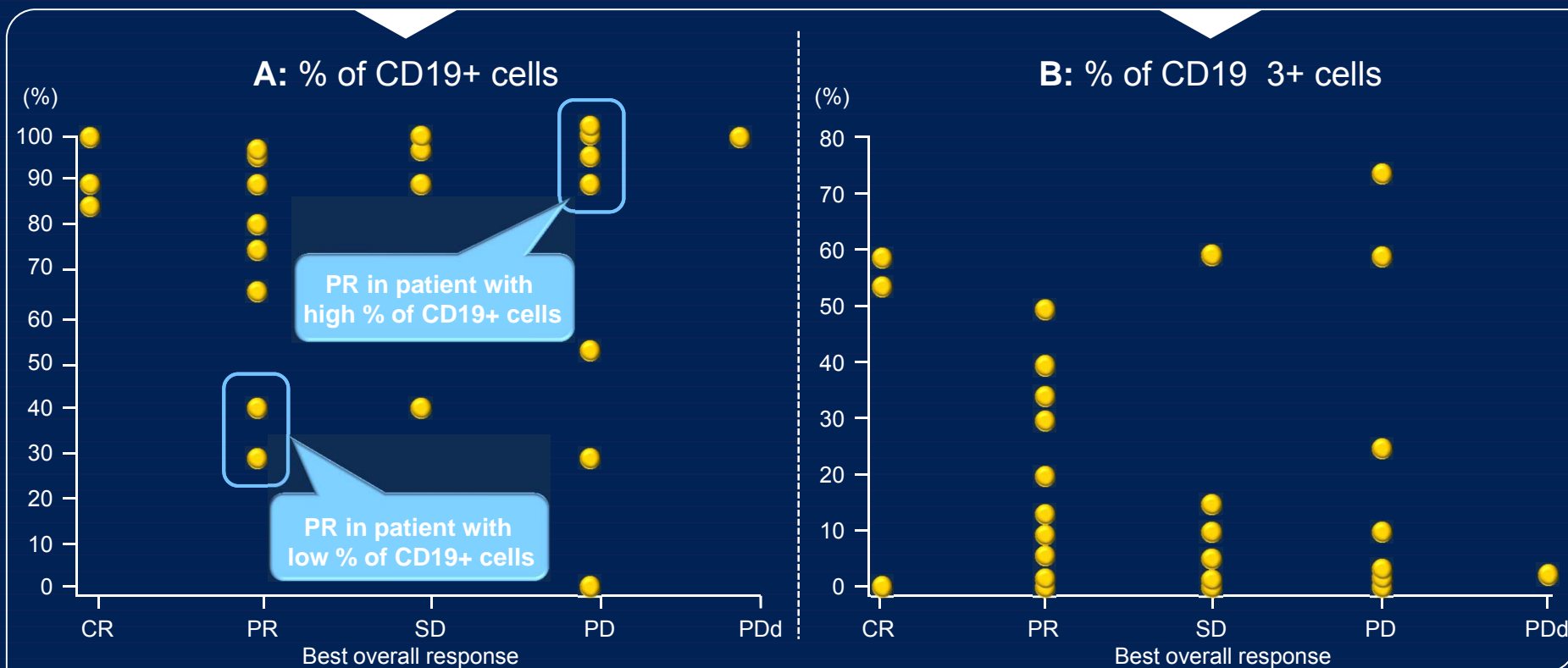


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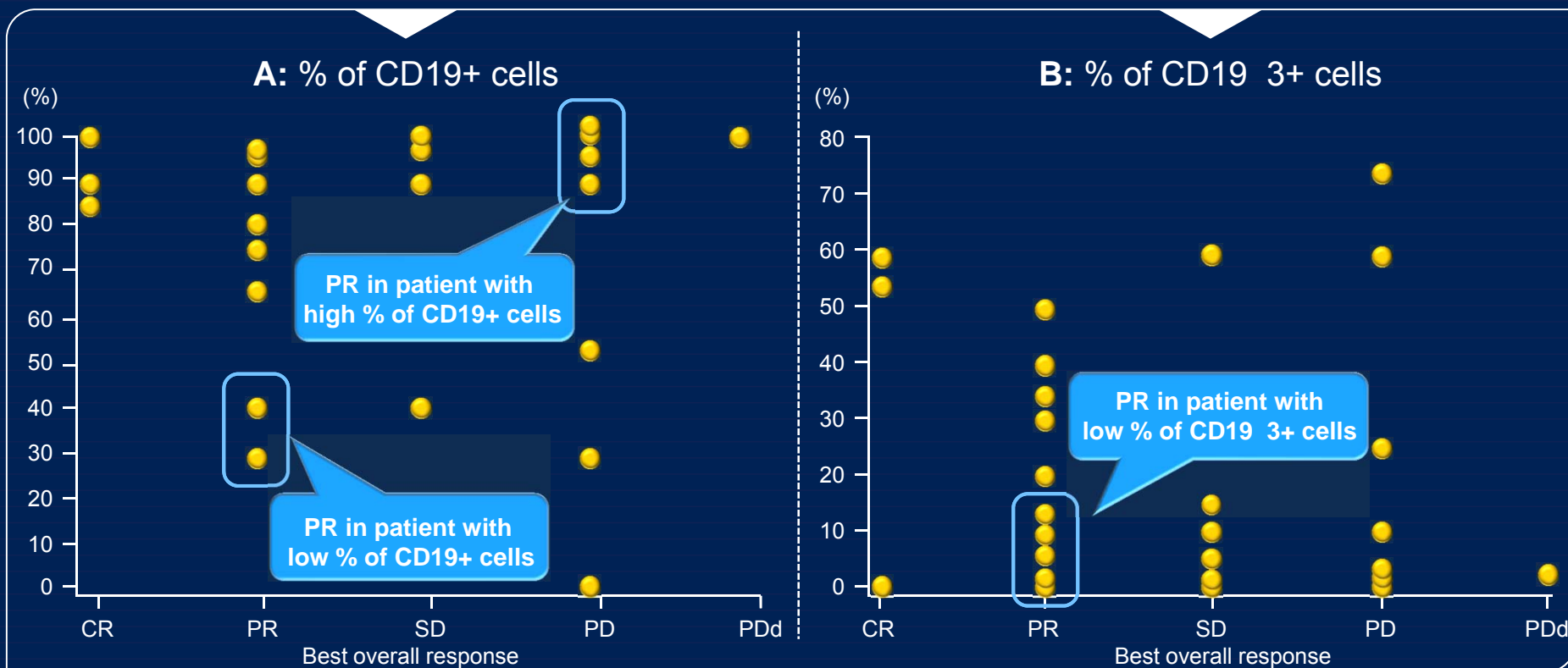
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Responders	18 (43.9%)	9 (34.6%)	8 (72.7%)
Non responders	23 (56.1%)	17 (65.4%)	3 (27.3%)

* The optimal cut-off point for each measure of CD19 expression was identified using the minimal p-value from the two-sided Fisher exact test for difference in response rate between BM+ and BM- subgroups; no significant optimal cut-off point for each measure of CD19 expression was found

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Biomarker Analysis

Response according to COO

	Cells of Origin (n=37)		
	ABC	GCB	Unclass,
N	16	17	4
Responders	8 (50.0%)	7 (41.2%)	2 (50.0%)
Non responders	8 (50.0%)	10 (58.8%)	2 (50.0%)

→ No significant difference in terms of ORR based on COO classification

Biomarker Analysis

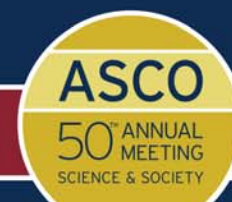
Response according to MYC/BCL2 expression

	Double MYC/BCL2 expression (n=23)	
	Yes	No
N	10	13
Responders	5 (50.0%)	9 (69.2%)
Non responders	5 (50.0%)	4 (30.8%)

* % positive cells of MYC \geq 40% and % positive cells of BCL2 \geq 70% (IHC)

- **Difficult to interpret results with MYC/BCL2 population**
- Only 23 patients evaluable
 - ORR of 61% vs 44% in the PP population

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Conclusions

- **Proof of Concept**

Relapse & Refractory to last regimen DLBCL patients with an ORR of 43.9%

- **Favorable safety profile**

- Few related SAEs and related grade 3-4 AEs
- No grade 3-4 peripheral neuropathy or keratitis
- Reversible and manageable grade 1-2 ocular events
- Moderate hematological toxicity

- **Biomarkers**

- Potential signal on % of CD19+ at 3+ intensity to be confirmed in further studies
- No signal on different response according to COO
- Potential signal in Double Hit* patients: **5/10 (50%)** responders in STARLYTE

*% positive cells of MYC \geq 40% and % positive cells of BCL2 \geq 70% (IHC)

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