MEDICAL THERAPIES AND PHARMACOLOGY

EFFICACY OF MOGAMULIZUMAB BY PRIOR SYSTEMIC THERAPY IN PATIENTS WITH PREVIOUSLY TREATED CUTANEOUS T-CELL LYMPHOMA IN THE PHASE 3 MAVORIC STUDY

Pl Zinzani [1] - Sm Horwitz [2] - Yh Kim [3] - Aj Moskowitz [2] - P Porcu [4] - J Scarisbrick [5] - M Leoni [6] - K Dwyer [6] - W Sun [6] - E Nikonova [7] - M Bagot [8]

University Of Bologna, Institute Of Hematology "l. E A. Seràgnoli", Bologna, Italy [1] - Memorial Sloan Kettering Cancer Center, Department Of Medicine, New York, United States [2] - Stanford University, Department Of Dermatology, Stanford, United States [3] - Thomas Jefferson University, Department Of Medical Oncology, Philadelphia, United States [4] - University Hospital Birmingham, Department Of Dermatology, Birmingham, United Kingdom [5] - Kyowa Kirin Pharmaceutical Development, Inc., Medical Sciences, Princeton, United States [6] - Kyowa Kirin, Inc., International Medical Affairs, Bedminster, United States [7] - Hopital Saint-louis, Department Of Dermatology, Paris, France [8]

Introduction: Patients with cutaneous T-cell lymphoma, specifically mycosis fungoides (MF) and Sezary syndrome (SS), often require multiple lines and types of systemic therapy. The MAVORIC study showed that mogamulizumab (MOGA), a monoclonal antibody against CCR4, is superior to vorinostat (VORI) in median progression-free survival (PFS) and confirmed overall response rate (ORR) in previously treated MF/SS patients with a median of three prior systemic therapies (PSTs). An improvement in skin response and duration of skin response were also observed with MOGA.

Objectives: This post hoc analysis examined the effect of number or class of PST on response to MOGA.

Materials and Methods: Patients with MF/SS who had failed ≥1 systemic therapy were randomized to MOGA 1.0 mg/kg intravenously or VORI 400 mg orally daily until disease progression or unacceptable toxicity (MOGA is not yet authorized in EU/Italy). Confirmed global composite response (ORR) and PFS were analyzed by exposure to types of PST using Cox proportional hazards or logistic regression models.

Results: MAVORIC enrolled 186 patients in each arm. Baseline characteristics including number and type of prior therapies were balanced. The most common last PSTs in patients randomized to MOGA were oral bexarotene (n=46; 25%), chemotherapy (n=44; 24%), methotrexate (n=20; 11%), interferon alpha (n=17; 9%), extracorporeal photophoresis (n=16; 9%), and romidepsin (n=16; 9%). Confirmed ORR and median duration of response

to MOGA did not vary by number of PSTs or type of last PST. Logistic regression analyses demonstrated that neither the impact of immune activity of the last prior therapy (immune stimulatory or immunosuppressive regimens) nor the time from prior treatment had an effect on PFS or ORR observed in response to MOGA (P>0.05).

Conclusions: This post hoc analysis shows no difference in MOGA response by the number of PSTs or the type or immune activity of last systemic therapy.