Current Epcoritamab Plus Rituximab and Lenalidomide Perceptions for Patients With Relapsed/Refractory Follicular Lymphoma

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Background

- Epcoritamab, a novel bispecific antibody, was approved for single-agent use by the FDA in May 2023 for relapsed/refractory (R/R) diffuse large B-cell lymphoma (DLBCL).[1]
- The EPCORE NHL-2 trial is evaluating epcoritamab for patients with R/R B-cell non-Hodgkin's lymphoma (B-NHL).[2]
  - The trial most recently evaluated epcoritamab plus rituximab and lenalidomide (R2) for R/R follicular lymphoma (FL) patients.
  - A pooled analysis of trial cohorts demonstrated a high overall response rate (97%) among R/R FL patients.[2]
- In February 2024, epcoritamab was granted priority FDA review for difficult-to-treat third-line or later patients.[3]
- On June 26, 2024, the FDA granted accelerated approval to epcoritamab for adult patients with R/R FL after two or more lines of systemic therapy.[4]

Objective

- This survey explored oncologists' perceptions of epcoritamab's third-line approval for R/R DLBCL and future considerations of epcoritamab plus R2 for R/R FL treatment.

Methods

- In July (n=55) and September (n=60) 2023, US-based oncologists convened at in-person summits where perceptions on recent clinical trial data and current clinical practice were collected through polling questions using an audience response system.
  - Some participants did not answer every question.
  - Data were aggregated and analyzed descriptively.
  - Oncologists' demographic data were collected prior to the summit via an online survey.

Results

- Participating oncologists had mean 20.5 years in practice, 73% were community-based, and 53% were dual-specialized in oncology and hematology (**Table 1**).
- Before reviewing EPCORE NHL-2, 58% were "not very" or "not at all" familiar with epcoritamab (**Figure 1**).
- Only 10% had prescribed epcoritamab for R/R DLBCL (**Figure 2**).
- 79% of physicians were compelled by the safety and efficacy data from the EPCORE NHL-2 trial (**Figure 3**).
  - Physician respondents were 43% "very likely" and 36% "somewhat likely" to consider epcoritamab plus R2 for R/R FL based on safety and efficacy data from EPCORE NHL-2, assuming FDA approval.
  - 11% did not consider the data compelling.
- Assuming FDA approval for R/R FL, 48% of physicians would consider use in second-line treatment, 35% in third-line, and 7% in fourth-line or later (**Figure 4**).*

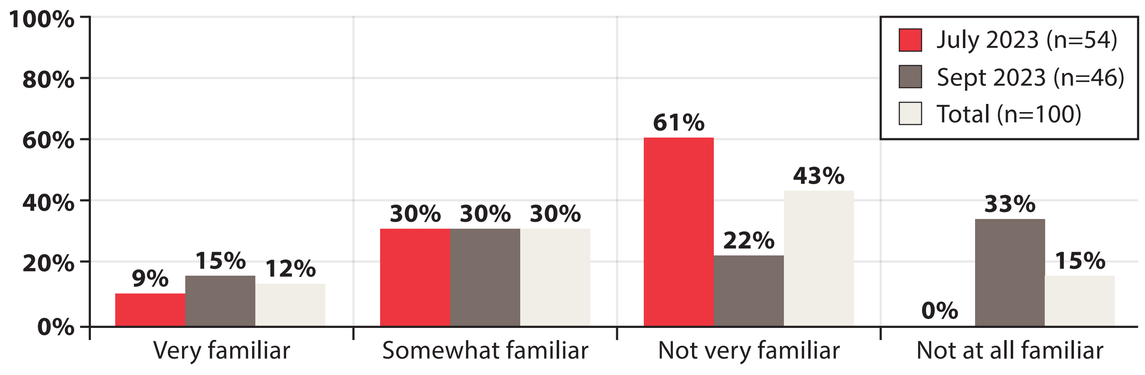
*Note: Data point updated from original abstract to include both July and September summit data.

Table 1: Physician demographics and characteristics

	July 2023 (N=55)	September 2023 (N=55)	Total (N=112)
Primary medical specialty (n, %)			
Medical oncology	28 (51)	22 (39)	50 (45)
Hematology oncology	26 (47)	34 (60)	60 (53)
Other: Radiology	1 (2)	1 (2)	2 (2)
Years in practice			
Mean (min-max)	22 (1-49)	19 (2-48)	20.5 (1-49)
Practice setting (n, %)			
Community-based	40 (73)	44 (73)	84 (73)
Academic or cancer center (non-NCI-designated)	4 (7)	5 (8)	9 (8)
NCI-designated cancer center	10 (18)	10 (17)	20 (18)
Other:			
Locums tenens in federal facility	1 (2)	0 (0)	1 (1)
Veteran's Affairs	0 (0)	1 (2)	1 (1)

Figure 1: Previous Familiarity with Epcoritamab

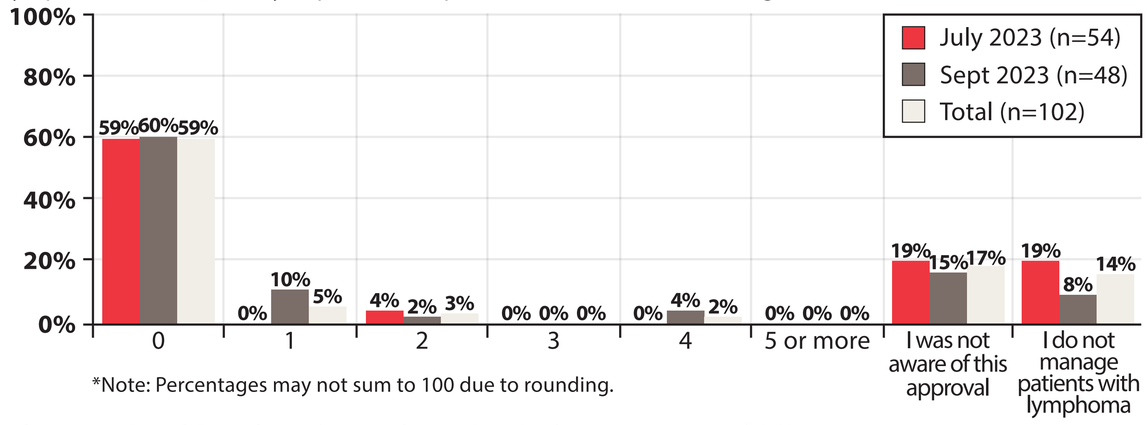
Question: How familiar are you with the bispecific CD20-CD3 T cell-engager therapy epcoritamab?



Results, continued

Figure 2: Previous Utilization of Epcoritamab

*Question: Since its FDA approval in May of 2023, how many patients with R/R diffuse large B cell lymphoma (DLBCL) have you prescribed epcoritamab for in the 3L setting or later?**



*Note: Percentages may not sum to 100 due to rounding.

Figure 3: Consideration of Epcoritamab + R2 for Treatment of R/R FL

Question: After reviewing the EPCORE NHL-2 trial and assuming FDA approval, how likely are you to consider epcoritamab + R2 for patients with R/R FL?

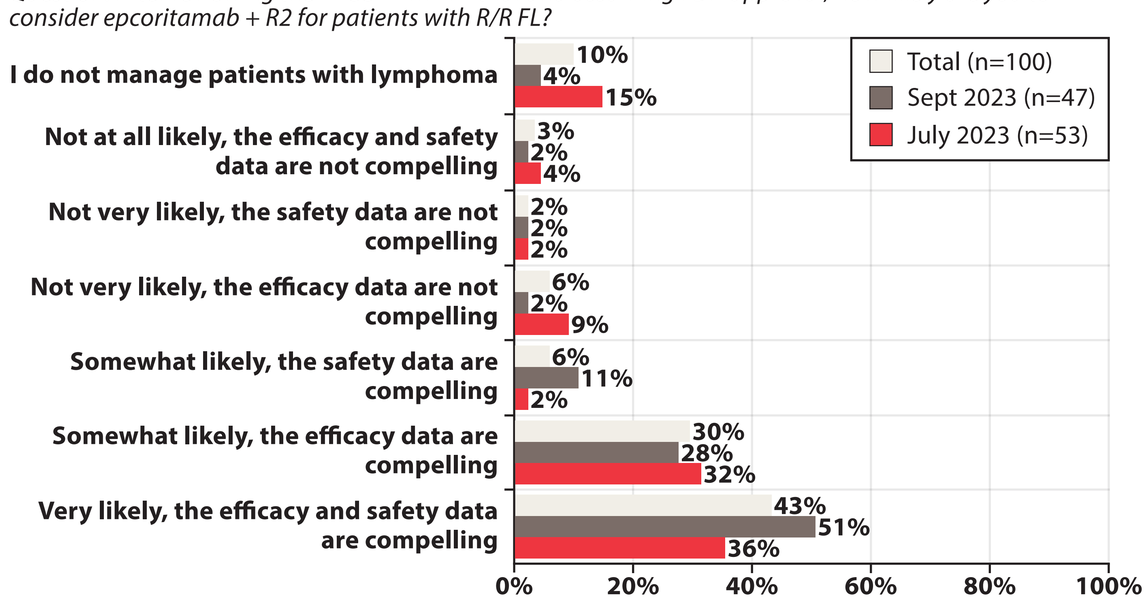
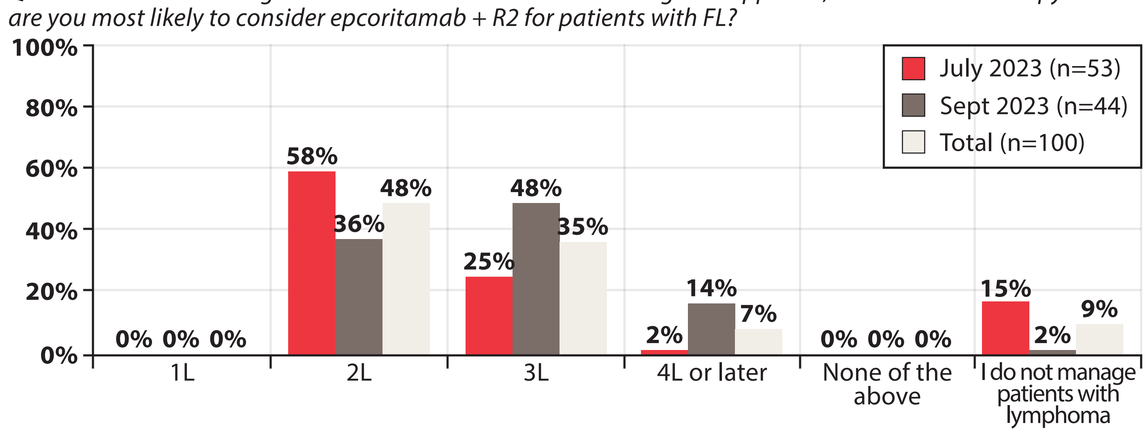


Figure 4: Treatment Line Consideration of Epcoritamab + R2 for R/R FL

Question: After reviewing the EPCORE NHL-2 trial and assuming FDA approval, for which line therapy are you most likely to consider epcoritamab + R2 for patients with FL?



Conclusions

- Most surveyed physicians were unfamiliar with epcoritamab's approval for R/R DLBCL.
- Based on EPCORE NHL-2 safety and efficacy data (before FDA approval), many physicians would consider epcoritamab for difficult-to-treat R/R FL patients, assuming FDA approval.
  - With the recent FDA granted accelerated approval of epcoritamab for adult patients with R/R FL after two or more lines of systemic therapy, patients with difficult-to-treat R/R FL now have more, effective options for treatment.
- These findings emphasize the importance of continuing education in community oncology and the potential impact of novel therapeutics on the treatment landscape. Without proper continuing education for physicians, patients may not have access to recently-approved highly effective therapies, especially if they have already exhausted several options.

References

1. Food and Drug Administration [FDA]. (2023, May 19). FDA grants accelerated approval to epcoritamab-bysp for relapsed or refractory diffuse large B-cell lymphoma and high-grade B-cell lymphoma. U.S. Food and Drug Administration. Access at: https://www.fda.gov/drugs/drug-approvals-and-databases/fda-grants-accelerated-approval-epcoritamab-bysp-relapsed-or-refractory-diffuse-large-b-cell
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3. Sureda A, Falchi L, Leppa S, et al. S222: EPCORITAMAB WITH RITUXIMAB + LENALIDOMIDE (R2) PROVIDES DURABLE RESPONSES IN PATIENTS WITH HIGH-RISK FOLLICULAR LYMPHOMA, REGARDLESS OF POD24 STATUS. *Hemasphere*. 2023;7(Suppl):e5547136. Published 2023 Aug 8. doi:10.1097/01.HS9.0000967800.55471.36
4. Food and Drug Administration [FDA]. (2024, June 26). FDA grants accelerated approval to epcoritamab-bysp for relapsed or refractory follicular lymphoma. Access at: FDA grants accelerated approval to epcoritamab-bysp for relapsed or refractory follicular lymphoma | FDA

Abbreviations

1L, first-line; 2L, second-line; 3L, third-line; 4L, fourth-line; B-NHL, B-cell non-Hodgkin's lymphoma; CD3, cluster of differentiation 3; CD20, cluster of differentiation 20; DLBCL, diffuse large B-cell lymphoma; FDA, US Food and Drug Administration; FL, follicular lymphoma; Max, maximum; Min, minimum; NCI, National Cancer Institute; R2, rituximab and lenalidomide; R/R, relapse/refractory; US, United States.

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