Poster # PCR20

Improvements in Symptoms, Impact of Treatment, and Satisfaction With Treatment Among Patients With Relapsed or Refractory B-cell Non-Hodgkin Lymphoma Treated With Subcutaneous Epcoritamab

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OBJECTIVE

Qualitatively describe treatment experience among patients treated with subcutaneous epcoritamab for relapsed/refractory B-NHL

CONCLUSIONS

Patients with R/R B-NHL treated with subcutaneous epcoritamab reported improvements in symptoms associated with their disease

Patients described positive impacts on functioning and satisfaction with treatment following subcutaneous epcoritamab therapy

These results present a direct patient perspective of the changes experienced over the course of treatment and complement what was observed in the validated patient-reported outcomes instruments used in the clinical trial

Future studies may provide additional insights regarding patient reported outcomes among those treated with epcoritamab in the real world

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Disclosures

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References

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BACKGROUND

- Non-Hodgkin lymphomas (NHL) are a heterogenous, unpredictable group of malignancies, with nearly 25% of NHL occurring in extranodal locations[1,2]
  - B-cell lymphoma occurs in about one-third of NHL patients; NHL is the sixth most common cause of cancer-related death in the US after prostate, breast, lung, colorectal, and bladder cancer[2]
- Epcoritamab is a readily available, subcutaneously administered, T-cell–engaging, bispecific antibody that is associated with durable responses and long-term survival in patients with diffuse large B-cell lymphoma, including in challenging-to-treat patients with poor prognosis[3]
  - Epcoritamab has a manageable safety profile with low-grade cytokine release syndrome events that have predictable onset
- An open-label, phase 1/2 trial demonstrated strong efficacy and manageable safety in patients with relapsed or refractory B-cell NHL (R/R B-NHL); providing an opportunity to understand the patient experience of epcoritamab

STUDY DESIGN

Eligibility criteria

- Patients aged ≥18 years who participated in the phase 1/2 clinical trial in the aggressive or indolent R/R B-NHL cohorts at the selected sites were eligible to participate in the qualitative interview

Interview methods

- Interviews lasted approximately 60 minutes and were conducted via telephone in the language of the country in which the clinical site was located
- Each interview followed the methods and procedures outlined in the qualitative interview procedure guide, and interviews were audio recorded

Data analysis

- Interview data were analyzed according to the qualitative analysis plan using a thematic qualitative data analysis approach

- A subset of patients in the phase 1/2 EPCORE NHL-1 (NCT03625037) trial of subcutaneous epcoritamab monotherapy for R/R B-NHL participated in interviews following either completion of their cycle 10 visit or upon early termination from the trial
- Individual, in-depth telephone interviews were conducted and transcribed
- Thematic analysis of the data identified dominant themes in patient reports

RESULTS

Patient Characteristics

- A total of 20 patients across 3 countries participated in interviews (**Table 1**)
  - 50% of the cohort were male; mean age was 66 years
  - Over half (55.0%) of patient interviews were conducted in France and the remaining 45% of interviews were conducted in the United States and United Kingdom
  - The majority (80.0%) of patients had large B-cell aggressive lymphoma, the remaining 20% had follicular lymphoma
- Nearly all patients (95%) received chemotherapy as prior treatment and 55% (n=11/20) had prior chimeric antigen receptor T-cell therapy (**Table 2**)

Symptom Improvements

- Of those who reported ≥1 symptoms at baseline, 88.2% (n=15/17) reported improvement in ≥1 symptoms, with fatigue (n=10/14; 71.4%), tumor size (n=5/7; 71.4%), and body pain (n=5/7; 71.4%) most frequently reported (**Table 3**)
- At the time of the interviews, all patients reported that current symptoms were either mild or nonexistent compared with their baseline symptoms

Table 1. Patient Characteristics

Characteristics	Total (N=20)
Country, n (%)	
United States	5 (25.0)
United Kingdom	4 (20.0)
France	11 (55.0)
NHL Cohort, n (%)	
Aggressive	16 (80.0)
Indolent	4 (20.0)
Trial participation, n (%)	
Interviewed after cycle 10 visit	14 (70.0)
Interviewed after early treatment	6 (30.0)
Sex, n (%)	
Male	10 (50.0)
Female	10 (50.0)
Age, y	
Mean (SD)	66 (13.5)
Range	21–84

NHL, non-Hodgkin lymphoma; SD, standard deviation.

Table 2. Prior Treatments Used for B-cell NHL, Reported by Patients

Reported Prior Treatments[a]	Total n (%)
Chemotherapy	19 (95.0)
CAR T therapy	11 (55.0)
R-CHOP	6 (30.0)
Immunotherapy[b]	5 (25.0)
Rituxan	3 (15.0)
Radiation therapy	3 (15.0)
Unknown clinical trial treatment	3 (15.0)
Rituximab plus lenalidomide	2 (10.0)
Stem cell transplantation	1 (5.0)
Bone marrow transplantation	1 (5.0)

CAR-T, chimeric antigen receptor T cells; R-CHOP, rituximab plus cyclophosphamide, doxorubicin, vincristine, prednisone.
[a]Patient reported; inclusion criteria required all patients to have had prior exposure to anti-CD20–containing regimen.
[b]Immunotherapy includes T-cell transfer therapy and monoclonal antibodies.

Table 3. Patient-Reported Symptoms at Baseline and Improvements With Treatment

Patients at Baseline, n		Patients Completing Cycle 10, n		Patients Terminating Prior to C10[a], n		Total Reporting Improvement, n
Symptom	Total N Reporting Symptom	Reporting Symptom at Baseline	Improved	Reporting Symptom at Baseline	Improved	
Fatigue/lack of energy	14	10	9	4	1[b]	10
Size of tumors that could be seen or felt	7	5	5	2	0	5
Body pain[c]	7	3	3	4	2	5
Weight loss	4	3	2	1	0	2
Night sweats	3	3	3	0	0	3
Fever	1	1	1	0	0	1
Sleep difficulties[c]	3	2	2	1	1	3
Lack of appetite	2	2	2	0	0	2
Breathlessness[d]	2	2	2	0	0	2
Nausea[d]	1	1	1	0	0	1
Weakness[d]	1	1	1	0	0	1
No symptoms at baseline	3	2	NA	1	NA	NA

NA, not applicable.
[a]Cycle 10. [b]One patient noticed improvement until cycle 3, then the symptom worsened/returned; the patient eventually terminated the study early. [c]Patients generally reported pain in the region of the lymphoma (eg, abdomen, underarm, groin, back). [d]Improvement in symptom was not systematically probed during the interviews; instead, patients spontaneously reported improvements.

Impact of Epcoritamab Treatment

- More than 60% of patients reported that subcutaneous epcoritamab had a positive impact on their daily activities (n=11/18; 61.1%)
- Some patients experienced positive impacts on their physical (n=7/16; 43.8%), emotional (n=7/18; 38.9%), and social functioning (n=7/17; 41.2%)
- The following quotes illustrate the impact that the study treatment had on a sample of patients' daily activities and physical/social/emotional functioning:

Yes, I can move about. I can go for a walk, Before that, I couldn't…I didn't feel like it. (IDI 17)

…it's like we're back to where we were before. I do the cleaning at home for the whole day, I cook…I was very tired before, and now I can do anything…I used to be a very dynamic woman, and the fact that I can cook for my little family, take care of my grandchildren, go anywhere and do anything… (IDI 11)

Oh boy. I'm happy about all of them [but] probably getting the weight back, that made me feel a lot better. I can taste food, and it tastes good, so I eat. (IDI 3)

I'm no longer depressed as I was during the initial phases, so I'd say that the whole process is a success. (IDI 4)

No, I am less stressed out. Because as I said, the disease was there. Now, since it's reduced, I am necessarily less stressed out. (IDI 12)

Getting strong, stronger, I think, probably, if I had to say one thing. Well, still I've got to take care, [but] the strength in the limbs is still gradually getting stronger…it's taking a bit of time but I'm convinced it will [continue to improve]. (IDI 9)

Satisfaction with Epcoritamab Treatment

- 80% of patients reported being either "very satisfied" or "satisfied" with subcutaneous epcoritamab as a treatment for R/R B-NHL (n=16/20)
- The following quotes provide insight into patients' satisfaction with the study treatment, satisfaction compared with previous treatments, and satisfaction of administration route

I was absolutely thrilled with the treatment. It worked. [Plus], this [treatment] left my immune system intact, and I was able to go to church. I was able to do a few things when the plague wasn't raging. I'm thrilled with it. As I said, last year, I went through 5 different treatments, [and] 2 of them put me in bed…some of them…did nothing. I feel like I wasted time. I wasted some of my health and energy, and [after] one of them, I got the scan back, and my tumors had tripled. (IDI 2)

The injection takes 5 minutes. When you have 7 hours of chemo, it doesn't compare. (IDI 12)

Yes, but with this one, I was less tired. I didn't have any nausea. I had no side effects, and…there's been a remission from March until now, and I hope that it'll continue on. (IDI 15)

I am satisfied because right now I am experiencing a complete remission, because it gives me hope for the future, because there are hardly any side effects, and the very few side effects I've experienced, we manage to make them disappear and because I can go on with my life normally. (IDI 16)

I am very satisfied with the treatment…because there is a complete remission now. We'll check that each month, but for now I am very satisfied. (IDI 15)

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