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#### CAR T vs bispecifics: how to manage toxicity and sequencing: Experience in lymphoma

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ALL, acute lymphocytic leukemia; BCMA, B cell maturation antigen; BCR, B cell receptor; CAR, chimeric antigen receptor; CD, cluster of differentiation; DLBCL, diffuse large B cell lymphoma; GPRC5D, G protein-coupled receptor class c group 5 member d; MCL, mantle cell lymphoma.





Recognition of target antigen by the CAR induces T-cell activation, expansion and cell-mediated cytotoxicity



CRS, cytokine release syndrome; ICANS, immune cell-associated neurotoxicity syndrome; IEC-HLH, immune effector cell-associated hemophagocytic lymphohistiocytosis. Adapted from June CH, et al. Science. 2018;359(6382):1361-1365.







### Pivotal CAR-T studies in R/R aggressive B-NHL >2L

Study	NHL subtypes	N	Best ORR (%)	Best CR (%)	PFS 1y (%)	Median PFS (mo)	OS 1y (%)	Median OS (mo)
ZUMA1 <sup>1</sup> Axicabtagene ciloleucel (Axicel), Kite/Gilead	DLBCL / HGBCL / PMBCL / tFL	108	83	58	44	5,9	~60	NR
JULIET <sup>2</sup> Tisagenlecleucel (Tisacel), (Novartis)	DLBCL / HGBCL / tFL	111	52	40	~33	2,9	49	12
TRANSCEND NHL 001 <sup>3</sup> Lisocabtagen maraleucel (Lisocel), Juno/BMS	DLBCL / HGBCL / PMBCL / tFL / tiNHL / FL 3b	344	74	54	44	6,8	58	21,1

Cross trial comparisons cannot be inferred.

2L, second line; CAR; chimeric antigen receptor; CR, complete response; DLBCL, diffuse large B cell lymphoma; FL, follicular lymphoma; HGBCL, high-grade B cell lymphoma; mo, months; NHL, non-Hodgkin's lympoma; NR, not reached; ORR, overall response rate; OS, overall survival; PFS, progression-free survival; PMBCL, primary mediastinal large B-cell lymphoma; R/R, relapsed/refractory; tFL, testicular follicular lymphoma; y, year. 1. Neelapu SS et al, N Engl J Med. 2017: 377: 2531-2544; 2. Schuster S et al, N Engl J Med. 2019: 380: 45-56; 3. Abramson JS et al, Lancet 2020: 396: 839-8520.





D 90

D 180 Cured !

D, day; DLBCL, diffuse large B cell lymphoma. Images courtesy of Prof Vandenberghe.

### Pivotal CAR-T studies in R/R aggressive B-NHL >2L

#### **Overall survival**



#### Cross trial comparisons cannot be inferred.

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 Neelapu SS et al. N Engl J Med 2017;377:2531-2544. 2. Locke FL, et al. Lancet Oncol. 2019;20(1):31-42. 3. Schuster SJ, et al. N Engl J Med. 2019;380(1):45-56. 4. Schuster SJ, et al. Lancet Oncol. 2021 Oct;22(10):1403-1415. 5. Abramson JS, et al. Lancet. 2020 Sep 19;396(10254):839-852.





# Eligible B-NHL entities > 2L (Belgium)

WHO	2016	Tisacel	Axicel
Diffus	se large B-cell lymphoma NOS		
Other	· lymphomas of large B-cells		
٦	Γ-cell/histiocyte-rich large B-cell lymphoma		
F	Primary diffuse large B-cell lymphoma of the CNS		
F	Primary cutaneous diffuse large B-cell lymphoma leg type		
E	BV-positive diffuse large B cell lymphoma, NOS		
[	Diffuse large B-cell lymphoma associated with chronic inflammation		
l	ymphomatoide granulomatosis		
l	arge B-cell lymphoma with IRF4 rearrangement		
F	Primary mediastinal (thymic) large B-cell lymphoma	$>\!\!\!<$	
I	ntravascular large B-cell lymphoma		
A	ALK-positive large B-cell lymphoma		
F	Plasmablastic lymphoma		
ł	HV-8 positive diffuse large B-cell lymphoma		
F	Primary effusion lymphoma		
ł	High grade B-cell lymphoma with MYC and BCL2 and/or BCL6 rearrangements		
ŀ	High grade B-cell lymphoma NOS		

B-cell lymphoma, unclassifiable with features intermediate between DLBCL and classic Hodgkin lymphoma

2L, second line; ALK, anaplastic lymphoma kinase; BCL, B cell lymphoma; CNS, central nervous system; HHV, human herpes virus; IRF4, interferon regulatory factor 4; MYC, myelocytomatosis oncogene; NHL, non-Hodgkin's lymphoma; NOS, not otherwise specified; WHO, World Health Organization. Leticia Quintanilla-Martinez. *Hematological Oncology*. 2017;35(S1):37–45; <u>www.riziv.fgov.be</u>





# CAR-T studies vs. SOC in R/R aggressive B-NHL in 2L

Study	NHL subtypes	N (Exp arm vs. SOC)	Bridging	Primary endpoint	
ZUMA-7 <sup>1,2</sup> Axicabtagene ciloleucel	DLBCL NOS/ HGBCL/ tFL	170 vs 168	Corticosteroids only	EFS	٧
BELINDA <sup>3</sup> Tisagenlecleucel	DLBCL NOS / HGBCL/ PMBCL/ FL3b	162 vs 160	Chemotherapy	PFS	X
TRANSFORM study <sup>4</sup> Lisocabtagen maraleucel	DLBCL NOS/ HGBCL/ tiNHL/ PMBCL / FL 3b	92 vs 91	Chemotherapy	EFS	٧

2L, second line; CAR; chimeric antigen receptor; DLBCL, diffuse large B cell lymphoma; EFS, event-free survival; Exp, experimental; FL, follicular lymphoma; HGBCL, high-grade B cell lymphoma; NHL, non-Hodgkin's lympoma; NOS, not otherwise specified; PFS, progression-free survival; PMBCL, primary mediastinal large B-cell lymphoma; R/R, relapsed/refractory; SOC, standard of care; tFL, testicular follicular lymphoma. 1. Locke FL, et al. N Engl J Med. 2022 386:640-654. 2. Westin JR, et al. N Engl J Med. 2023 389:148-157. 3. Bishop MR, et al. N Engl J Med 2022; 386:629-639. 4. Abramson JS, et al. Blood. 2023 141:1675-1684.





### CAR-T studies vs SOC in R/R aggressive B-NHL in 2L



Cross trial comparisons cannot be inferred.

2L, second line; CAR, chimeric antigen receptor; EFS, event-free survival; NHL, non-Hodgkin's lymphoma; OS, overall survival; PFS, progression-free survival; R/R, relapsed/refractory; SoC, standard of care. 1. Westin JR, et al. N Engl J Med. 2023 389:148-157. 2. Abramson JS, et al. Blood. 2023 141:1675-1684.



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### CAR-T studies vs SOC in R/R aggressive B-NHL in 2L

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2L, second line; CAR, chimeric antigen receptor; EFS, event-free survival; LBCL, large B cell lymphoma; NHL, non-Hodgkin's lymphoma; OS, overall survival; PFS, progression-free survival; R/R, relapsed/refractory; SoC, standard of care. 1. Westin JR, et al. N Engl J Med. 2023 389:148-157. 2. Abramson JS, et al. Blood. 2023 141:1675-1684.

# **CAR T-cells vs bispecific T-cell engagers**

- One-time therapy versus therapy until progression
- How to sequence? Very limited data
- Today in Belgium: tafasitamab (CD19/CD3) >= 2L
  - Not eligible for autologous stem cell transplantation (ASCT) and not eligible for CD19-directed CAR-T cell therapy
  - Patients... previously treated with CD19-directed therapies... including... CD19-directed CAR-T cell therapy... are excluded
- Others
  - Glofitamab (CD20/CD3) (Dickinson MJ, et al. N Engl J Med. 2022 387:2220-2231)
  - Epcoritamab (CD20/CD3) (Hutchings M, et al. Lancet. 2021 398:1157-1169)

1L, first line; ASCT, autologous stem cell transplantation; CAR, chimeric antigen receptor; CD, cluster of differentiation. Belgisch Centrum voor Farmacotherapeutische Informatie. Available from: https://h.bcfi.be/nl/ampps/192666?cat=a Accessed December 2023.





### **CAR T-cell toxicities of special interest**



CRS, cytokine release syndrome; ICANS, immune cell-associated neurotoxicity syndrome; IEC-HLH, immune effector cell-associated hemophagocytic lymphohistiocytosis. Adapted from June CH, et al. Science. 2018;359(6382):1361-1365.





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### Pivotal CAR-T studies in R/R aggressive B-NHL: toxicity and safety issues

Beyond 2L	Axicel <sup>1</sup> n=108	Tisacel <sup>2</sup> n=111	Lisocel <sup>3</sup> n=344
Cytokine release syndrome all grades/grade 3-4 (%)	93/ <mark>13</mark>	58/22	42/2
Neurotoxicity all grades/grade 3-4 (%)	64/ <mark>28</mark>	21/12	12/10

As 2L therapy	Axicel <sup>4</sup> n=170	Tisacel⁵ n=162	Lisocel <sup>3</sup> n=92
Cytokine release syndrome all grades/grade 3-4 (%)	92/ <mark>6</mark>	61 <mark>/5</mark>	49/1
Neurotoxicity all grades/grade 3-4 (%)	60/21	10/ <mark>2</mark>	11/4

Second line; CAR; chimeric antigen receptor; NHL, non-Hodgkin's lympoma; R/R, relapsed/refractory; SOC, standard of care.
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Male, 25y B-ALL in second relapse after MUD Tx



ALL, acute lymphocytic leukemia; CAR, chimeric antigen receptor; CRS, cytokine release syndrome; d, day; IL, interleukin; MUD, matched unrelated donor; toci, tocilizumab; Tx, treatment; y, year. Case courtesy of Prof Vandenberghe.







Male, 25y B-ALL in second relapse after MUD Tx

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Male, 25y B-ALL in second relapse after MUD Tx

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#### D5

- urgent transfer to Medical Intensive Care in CRS grade 3
- precipitous evolution to grade 4 with multiple organ failure/MAS

respiratory failure distributive shock capillary leak type 2 NSTEMI acute kidney injury rhabdomyolysis MAS presumed ICANS

#### D48 discharged from hospital

Now > d730 after CAR T: continuing remission, chronic kidney failure, hypogammaglobulinemia, resumed work





## Immune cell-associated neurotoxicity syndrome (ICANS)

#### Table 6

ASTCT ICANS Consensus Grading for Adults

Neurotoxicity Domain	Grade 1	Grade 2	Grade 3	Grade 4
ICE score*	7-9	3-6	0-2	0 (patient is unarousable and unable to perform ICE)
Depressed level of consciousness <sup>†</sup>	Awakens spontaneously	Awakens to voice	Awakens only to tactile stimulus	Patient is unarousable or requires vigorous or repetitive tactile stimuli to arouse. Stupor or coma
Seizure	N/A	N/A	Any clinical seizure focal or gen- eralized that resolves rapidly or nonconvulsive seizures on EEG that resolve with intervention	Life-threatening prolonged seizure (>5 min); or Repetitive clinical or electrical seizures without return to baseline in between
Motor findings <sup>‡</sup>	N/A	N/A	N/A	Deep focal motor weakness such as hemiparesis or paraparesis
Elevated ICP/ cerebral edema	N/A	N/A	Focal/local edema on neuroimaging <sup>§</sup>	Diffuse cerebral edema on neuroimaging; decere- brate or decorticate posturing; or cranial nerve VI palsy; or papilledema; or Cushing's triad

ICANS grade is determined by the most severe event (ICE score, level of consciousness, seizure, motor findings, raised ICP/cerebral edema) not attributable to any other cause; for example, a patient with an ICE score of 3 who has a generalized seizure is classified as grade 3 ICANS.

N/A indicates not applicable.

\* A patient with an ICE score of 0 may be classified as grade 3 ICANS if awake with global aphasia, but a patient with an ICE score of 0 may be classified as grade 4 ICANS if unarousable.

Tremor Dysgraphia Mild difficulty with expressive speech (especially naming objects) Impaired attention Apraxia Mild lethargy

Wide awake, muted, totally non responsive

Convulsive or nonconvulsive seizures, responding to R/ Unarousable patient

Convulsive or non-convulsive status epilepticus





# **Risk management program**

- Patient selection (ECOG 0-1)
- Patient monitoring (parameters, ICE-score)
- Differential diagnosis
  - CRS: neutropenic fever
  - ICANS: neurological complications in cytopenic and immunocompromised host
- Rapid escalation of therapy may be required
  - Imaging, neurology dept, ICU-department







CRS, cytokine release syndrome. Yacoub-Agha et al. Haematologica, 2020; 105: 297

CRS





#### \*In children less than 30 kg, TOCILIZUMAB is given at the dose of 12 mg/kg.



**ICANS** 

ICANS, immune cell-associated neurotoxicity syndrome. Yacoub-Agha et al. Haematologica, 2020; 105: 297







CAR T cells, accelerating medicine

Novel cellular medicine (ATMP) Living drug Targeted but "agnostic"

Expanding to other malignancies, autoimmunity, transplant rejection ...

Novel research domain

Novel biotech industry

ATMP, advanced therapy medicinal products; CAR, chimeric antigen receptor.