

Lacutamab in patients with relapsed and refractory Sezary Syndrome

Abstract # 2522

Poster # 169



SCAN ME

Lacutamab in patients with relapsed and refractory Sezary Syndrome: long term follow-up from the TELLOMAK phase 2 trial

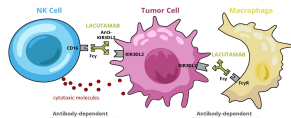
Martine Bagot¹, Youn H. Kim², Caroline Ram-Wolff¹, Larisa J. Geskin³, Pablo L. Ortiz-Romero⁴, Ellen Kim⁵, Neha Mehta-Shah⁶, Olivier Dereure⁷, Saskia Oro⁸, Marie Beylot-Barry⁹, Stéphane Dalle¹⁰, Eric Jacobsen¹¹, Frederick Lansigan¹², Lubomir Sokol¹³, Hélène Moins-Teisserenc¹⁴, Pier Luigi Zinzani¹⁵, Julien Viotti¹⁶, Christine Palva¹⁶, Agnès Boyer-Chamard¹⁶, Pierluigi Porcu¹⁷

¹ Department of Dermatology, Hôpital Saint Louis, Université Paris Cité, Inserm U978, Paris, France; ² Department of Dermatology, Multidisciplinary Cutaneous Lymphoma Program, Stanford University, Stanford, CA, United States; ³ Department of Dermatology, Columbia University, New York, NY, United States; ⁴ Department of Dermatology, Hospital 12 de Octubre Madrid, University Complutense, Madrid, Spain; ⁵ Department of Dermatology, University of Pennsylvania, Philadelphia, PA, United States; ⁶ Division of Oncology, Department of Medicine, Washington University in St. Louis, St. Louis, MO, United States; ⁷ Department of Dermatology, CHU Hospital, Université Montpellier, Montpellier, France; ⁸ Department of Dermatology, Hôpital Henri Mondor, Paris, France; ⁹ Department of Dermatology, Hôpital Henri Mondor, Paris, France; ¹⁰ Department of Dermatology, Centre Hospitalier Universitaire de Bordeaux - Inserm U133, Université Bordeaux, Bordeaux, France; ¹¹ Department of Medical Oncology, Dana-Farber Cancer Institute, Boston, MA, United States; ¹² Department of Dermatology, Dartmouth Hitchcock Medical Center, Lebanon, NH, United States; ¹³ Department of Hematology, St. Louis, MO, United States; ¹⁴ Department of Hematology, St. Louis, MO, United States; ¹⁵ Department of Hematology, St. Louis, MO, United States; ¹⁶ Department of Hematology, St. Louis, MO, United States; ¹⁷ Department of Hematology, St. Louis, MO, United States

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Introduction

- **Sezary syndrome (SS):** rare and aggressive cutaneous T-cell lymphoma (CTCL) with poor prognosis (10-20% 5-year survival), characterized by erythroderma, significant blood involvement, lymphadenopathy
- **KIR3DL2:** a killer immunoglobulin-like receptor, commonly expressed in ≥ 85% of SS patients
- **Lacutamab:** in development in CTCL and Peripheral T-cell lymphoma (PTCL)
 - Orphan drug designation for the treatment of CTCL (EMA and FDA)
 - PRIME (EMA) and Fast Track (FDA) designation for SS patients who have been treated by at least 2 prior systemic therapies
 - FDA Breakthrough Therapy Designation (BTD) in relapsed/refractory (R/R) SS after at least 2 prior systemic therapies including mogamulizumab (Feb 2025)
- **TELLOMAK:** phase 2 study (NCT03902184), evaluating lacutamab in patients with R/R MF or SS after at least 2 prior systemic therapies including mogamulizumab. We report here long-term follow-up SS results.



Lacutamab Mechanism of Action: first-in-class humanized anti-KIR3DL2 antibody

TELLOMAK Phase 2 Study in SS Patients

Patient baseline characteristics	Total N=63 N (%)	Safety profile	Total N=63 N (%)
Age in years, Median (range)	69 (42-86)	TEAEs	61 (96.8)
Sex, N (%)		Related TEAEs	36 (57.1)
• Male	37 (58.7)	Fatigue	12 (19.0)
• Female	26 (41.3)	Anthraxia	6 (9.5)
Stage at baseline, N (%)		Diarrhea	5 (7.9)
• Stage IVA1	41 (65.1)	Arthralgia	4 (6.3)
• Stage IVA2	22 (34.9)	Serious TEAEs	21 (33.3)
B2 blood involvement at baseline, N (%)	63 (100.0)	Serious related TEAEs	6 (9.5)
Nodal involvement at baseline, N (%)		Related Grade ≥3 TEAEs	13 (20.6)
• N2	6 (9.5)	Related TEAEs leading to discontinuation*	4 (6.3)
• N3	22 (34.9)	AEs leading to death**	5 (7.9)
• N4	17 (27.0)	Related AEs leading to death	1 (1.6)
T4 (erythema ≥ 80% BSA)*, N (%)	40 (63.5)		
Nb prior systemic lines, median (range)	5 (2-13)		
• 2, N (%)	11 (17.5)		
• 3-4, N (%)	19 (30.2)		
• ≥4, N (%)	33 (52.4)		
Prior mogamulizumab, N (%)	63 (100.0)		
Follow-up in months, Median (95%CI)	25.1 (21.0-29.4)		

*ASA Body Surface Area

*Toxic skin eruption, Skin fissures, Pruritus & A&T elevation, Hemorrhagic, Anaphylactic, Infection, Rash

**Deaths: Acute respiratory failure, Infection, Cardiac arrest, all not related and not considered as related per investigator (related to the disease per se)

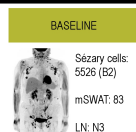
- TELLOMAK is a Phase 2 study evaluating lacutamab monotherapy in Cutaneous T-cell lymphoma (CTCL).
- Cohort 1 enrolled relapsed and/or refractory SS patients with ≥ 2 prior systemic therapies including mogamulizumab, a high unmet medical need population with no approved therapy.
- Lacutamab demonstrated a robust clinical activity in heavily pretreated (median 5 prior systemic therapies) SS patients with a favorable safety profile (ASH 2023) and a meaningful improvement in quality of life and pruritus (ASH 2024).
- Long-term follow-up data from TELLOMAK study confirm the meaningful clinical activity with global ORR 42.9% (95% CI 31.4-55.1) and an impressive median duration of response of 25.6 months (95% CI 11.0, NE).
- These promising results generated in a heavily pretreated population with no available standard therapy, strongly support the development of lacutamab for SS and MF (see poster #170).
- Moreover, the excellent tolerability of lacutamab in addition to preclinical data, strongly support further investigation in combination with other anti-lymphoma agents beyond CTCL.

Long-term follow-up data demonstrated the high response rate and long-lasting response with lacutamab in SS patients

Patient Case

51-year-old female

- 6 previous systemic lines of therapy
- Stage IVA2 (N3) at baseline
- Response ongoing sustained at W3:
 - Skin: PR at W5, CR at W13
 - Blood: CR at W5
 - LN: CR at W5
 - Global: PR at W5, CR at W13



Thank you

to all our investigators, experts, site staff (53 active sites), and ultimately the patients and their families

Long term efficacy results in SS patients

Best Response	Global N=63	In Skin N=63	In Blood N=63	In Lymph Nodes N=52*
CR (complete response), N (%)	6 (9.5)	9 (14.3)	21 (33.3)	9 (17.3)
PR (partial response), N (%)	21 (33.3)	24 (38.1)	11 (17.5)	6 (11.5)
SD (stable disease), N (%)	28 (44.4)	27 (42.9)	26 (41.3)	27 (51.9)
PD (progressive disease), N (%)	8 (12.7)	3 (4.8)	5 (7.9)	6 (11.5)
NE (not evaluable), N (%)	0	0	0	4 (7.7)
ORR, % (95%CI)	42.9 (31.4-55.1)	52.4 (40.3-64.2)	50.8 (38.6-62.7)	28.8 (18.3-42.3)
TTR, months, median (range)	2.8 (1-10)			
DoR, months, median (95% CI)	25.6 (11.0 – NE)			
PFS, months, median (95% CI)	8.3 (5.1-18.7)			

* Includes patients not involved at baseline who progressed in the LN

