a OST (a CTS) Annals of Oncology

1014PD

Phase I/II, first in human trial with M7583, a Bruton's tyrosine kinase inhibitor (BTKi), in patients with B cell malignancies

<u>W. Jurczak</u><sup>1</sup>, S. Rule<sup>2</sup>, W. Townsend<sup>3</sup>, D. Tucker<sup>4</sup>, B. Sarholz<sup>5</sup>, J. Scheele<sup>6</sup>, J. Gribben<sup>7</sup>, P.L. Zinzani<sup>8</sup>

<sup>1</sup>Department of Haematology, Jagiellonian University, Krakow, Poland, <sup>2</sup>Department of Haematology, Plymouth University Medical School, Plymouth, UK, <sup>3</sup>Department of Haematology, University College London Hospitals NHS Foundation Trust, London, UK, <sup>4</sup>Department of Haematology, Torbay and South Devon NHS Trust, Torquay, UK, <sup>5</sup>R&D Global Biostatistics & Epidemiology, Merck KGaA, Darmstadt, Germany, <sup>6</sup>Global Clinical Development, Merck KGaA, Darmstadt, Germany, <sup>7</sup>Department of Haematology, Barts Cancer Institute, Queen Mary University of London, London, UK, <sup>8</sup>Institute of Hematology, <sup>8</sup>Le A. Seragnoli", University of Bologna, Bologna, Italy

Background: BTK is a key regulator in B-cell receptor-mediated signaling and its inhibition blocks several B-cell functions. Small molecule BTKi have been approved for the treatment of B-cell malignancies, such as resistant/refractory chronic lymphocytic leukemia (CLL), mantle cell lymphoma (MCL), and Waldenström's macroglobulinemia (WM). M7583 is a potent, highly selective BTKi, under investigation in a two-part, phase I/II trial (NCT02825836) in patients (pts) with refractory/resistant B cell malignancies.

Methods: In Part 1 (dose escalation), pts with refractory/resistant B cell malignancies received 28-day cycles of once-daily (QD) M7583, starting at 80 mg for 3 days followed by 160 mg with doses increasing according to an adaptive Bayesian design. Part 2 (dose expansion) will be in pts with diffuse large B cell lymphoma (DLBCL; activated B-cell subtype) or MCL who have failed 1–3 lines of therapy. Safety and tumor response (investigator's assessment according to Cheson/CLL/Owen criteria) are presented.

Results: As of 27/02/18, in Part 1, 14 pts have been enrolled into the first 4 dose levels (80/160 mg, 300 mg and 600 mg QD and 300 mg twice daily [BID]): 10 men, 4 women; age, 49–80 years; WM (n = 4), MCL (n = 6), marginal zone lymphoma (n = 2), CLL (n = 1), or DLBCL (n = 1). Treatment-emergent adverse events (TEAEs) were mainly mild to moderate in intensity with no dose-limiting toxicities reported. Six pts have had a total of 8 grade  $\geq 3$  TEAEs; only 1 TEAE was considered related to treatment (grade 4 neutropenia). One pt had 2 serious TEAEs (chest pain and fever) and 1 pt died (extensive progressive disease, cycle 1). Clinical benefit (stable disease [SD], complete [CR], minor [MR] or partial response [PR]) was observed in 12/14 pts: 6/6 pts who received 160 mg or 300 mg QD (3 PR, 1 MR, 2 SD), 3/5 pts treated with 600 mg QD (1 CR, 1 PR, 1 MR) and 3/3 pts on 300 mg BID (2 PR, 1 SD). Study is ongoing.

 ${\bf Conclusions:}\ M7583\ has\ been\ well\ tolerated\ with\ evidence\ of\ clinical\ benefit\ at\ all\ the\ doses\ investigated.\ M7583\ appears\ to\ have\ a\ favorable\ benefit:\ risk\ profile.$ 

Clinical trial identification: NCT02825836.

**Editorial acknowledgement:** Provided by Helen Swainston of Bioscript Group, Macclesfield, UK.

Legal entity responsible for the study: Merck KGaA, Darmstadt, Germany. Funding: Merck KGaA, Darmstadt, Germany.

Annals of Oncology a OSTraCTS

Disclosure: W. Jurczak: Advisory board: Sandoz Novartis, Roche, Janssen, Acerta, Abbvie, TG Therapeutics, Teva, Takeda, Spectrum, NovoNordisk, Mundipharma; Research funding: Celgene, Abbvie, Gilead, TG Therapeutics, Janssen, Acerta, Merck, Begene, Pharmacyclics, Pfizer, Roche, Sandoz – Novartis, Takeda, Teva, Servier. S. Rule: Consultancy/honoraria: Janssen, Roche, Astra-Zeneca, Celgene, Pharmacyclics, Gilead, Sunesis, TG Therapeutics, Napp, Kite; Research funding: Janssen, Roche; Travel, accommodation and expenses: Janssen, Roche. W. Townsend: Consultancy/honoraria: Roche, Gilead, B. Sarholz, J. Scheele: Employment: Merck KGaA. J. Gribben: Honoraria: Genentech/Roche, Abbvie, Acerta, Janssen, Celgene, TG Therapeutics, Kite, Karyopharm, AstraZeneca, Gilead, Novartis. P.L. Zinzani: Honoraria: Roche, Celgene, Gilead, J and J, BMS, Karyopharma, Millenium Pharmaceuticals, Bayer, Verastem, Merck, Servier; Advisory committee/board: Roche, Celgene, Gilead, J and J, BMS, Karyopharma, Millenium Pharmaceuticals, Bayer, Verastem, Merck, Servier: Advisory conflicts of interest.