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ABBV-400, a c-Met protein-targeting antibody-drug conjugate (ADC), in patients (Pts) with advanced EGFR wildtype (WT) non-squamous (NSQ) non-small cell lung cancer (NSCLC): Results from a phase I study

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Background

c-Met (also known as MET) protein is often overexpressed in NSCLC. ABBV-400 is an ADC composed of the c-Met–targeting mAb telisotuzumab conjugated to a novel topoisomerase 1 inhibitor payload. A phase 1 study (NCT05029882) of ABBV-400 in adults with advanced solid tumors is ongoing; in dose escalation (N=57), ABBV-400 had a tolerable safety profile and promising efficacy. Here, we present dose expansion results from the *EGFR* WT NSCLC cohort.

Methods

Pts with *EGFR* WT NSQ NSCLC that had progressed after platinum, ICI, and/or targeted therapy were enrolled. Pts received ABBV-400 at 2.4 (n=39) or 3.0 (n=9) mg/kg Q3W. Primary objectives included ABBV-400 safety, tolerability, PK, and preliminary efficacy. Tumor tissue c-Met protein expression was assessed centrally by IHC.

Results

In total, 48 pts were enrolled in the *EGFR* WT cohort. Median age was 66 yr (32–85). Median prior therapies was 2 (1–9). Median treatment duration was 3.5 mo (0.7–10.6) and median follow-up was 3.7 mo. TEAEs of any grade (G)/G≥3 occurred in 100%/63% pts, with most common being hematologic (65%) and gastrointestinal (60%). TEAEs of any G in ≥35% of pts were anemia (54%), nausea (42%), decreased appetite (38%), and neutropenia (35%); TEAEs G≥3 in ≥10% of pts were anemia (25%) and neutropenia (15%). The any G unadjudicated interstitial lung disease/pneumonitis rate was 6%. TEAEs leading to discontinuation/reduction occurred in 10%/33% of pts. Efficacy is shown in the table. Preliminary ORR was 44%. Exploratory biomarker analysis is ongoing to establish the association between c-Met protein expression and treatment response. With 30 of 48 pts still on treatment, time-to-event endpoints were not reached.

Conclusions

ABBV-400 has a tolerable safety profile and antitumor activity in pts with NSQ *EGFR* WT NSCLC, warranting further investigation. Evaluation of ABBV-400 in other NSCLC subtypes is ongoing.Table: 1257MO

Preliminary efficacy[a]

Outcome	NSQ *EGFR* WT NSCLC (n=48)
Best overall response,[b] n (%)CRPRSDPDNE/Not assessed	021 (43.8)20 (41.7)3 (6.3)4 (8.3)
ORR,[b] n (%)	21 (43.8)
CBR,[b] n (%)CBR duration:>12 wk>24 wk	41 (85.4)30 (62.5)23 (47.9)

[a]Time-to-event endpoints (PFS, DOR, OS) are immature.[b]Confirmed responses.CBR, clinical benefit rate; CR, complete response; NE, not estimated; NSQ, non-squamous; ORR, objective response rate; PD, progressive disease; PR, partial response; SD, stable disease

Clinical trial identification

NCT05029882.

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Legal entity responsible for the study

AbbVie Inc.

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Disclosure

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