BERLIN 2025 ESMO congress

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Tarlatamab with first-line chemoimmunotherapy for extensive stage small cell lung cancer (ES-SCLC): DeLLphi-303 study

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Background

Tarlatamab with anti-PD-L1 achieved notable survival outcomes with manageable safety as maintenance therapy following 1L platinum-etoposide chemotherapy and anti-PD-L1 (1L chemo-IO) for ES-SCLC. In this phase Ib study (parts 2, 4, 7), the safety and efficacy of adding tarlatamab to 1L chemo-IO was assessed.

Methods

Patients (pts) had received 1 cycle of 1L chemo-IO prior to enrollment. On study, pts received 3 cycles of tarlatamab + 1L chemo-IO followed by tarlatamab + anti-PD-L1 Q3W until progression. Tarlatamab was administered 20 mg Q3W with a 1 mg step dose. Primary endpoints included dose-limiting toxicities (DLTs), treatment-emergent (TE), and treatment-related (TR) adverse events (AEs). Key secondary endpoints were objective response (OR), duration of response (DOR), progression-free survival (PFS), and overall survival (OS).

Results

Of 96 pts enrolled, 3 (3%) had DLTs. TEAEs and TRAEs were reported in all pts. The most common TRAEs were cytokine release syndrome (CRS, 56%), anemia (54%), and dysgeusia (46%). Grade (Gr) ≥ 3 TRAEs occurred in 72 pts (75%), most commonly neutropenia/neutrophil count decreased (44%), anemia (23%), and lymphopenia/lymphocyte count decreased (11%), primarily within the first two cycles. CRS (54% Gr 1-2; 2% Gr 3-4) and ICANS and associated neurological events (5% Gr 1-2; 1% Gr 3) TRAEs were mostly low grade. Other immune-related AEs were rare (2%). From a baseline scan after 1 cycle of 1L chemo-IO, OR rate following tarlatamab addition to 1L chemo-IO was 71%, with median DOR of 11.0 months (mo) (95% CI 6.7-not estimable). Median PFS was 9.0 mo. With a median follow-up time of 11.3 mo, the Kaplan-Meier estimate of OS at 12 mo was 81% (Table). Results from further follow-up will be presented.Table: 2757O

Safety and efficacy of tarlatamab + chemoimmunotherapy as 1L treatment for ES-SCLC

	Overall (N = 96)[a]
TEAE, n (%)	96 (100)
TRAE, n (%)	96 (100)
Grade 3	40 (41.7)[b]
Grade 4	31 (32.3)[b]
Fatal TRAE	1 (1.0)[c]
Leading to tarlatamab dose interruption/dose reduction	28 (29.2)
Leading to discontinuation of tarlatamab	7 (7.3)
Survival Kaplan-Meier estimates, % (95% CI)	
Median PFS	9.0 months (6.4, NE)
PFS, 6-month	67.5 (56.5, 76.3)

	Overall (N = 96)[a]
PFS, 9-month	51.6 (39.5, 62.4)
OS, 6-month	91.3 (83.4, 95.6)
OS, 12-month	81.1 (69.3, 88.7)

[a]One patient withdrew before receiving tarlatamab. [b]Worst grade. [c]Fatal TRAE of septic shock related to platinum-etoposide chemotherapy.

Conclusions

The combination of tarlatamab with chemo-IO for 1L treatment of ES-SCLC demonstrated manageable safety with encouraging initial survival outcomes, supporting further investigation of this combination in the phase III DeLLphi-312 study.

Clinical trial identification

NCT05361395.

Editorial acknowledgement

Medical writing support for the development of this abstract was provided by Sukanya Raghuraman, PhD, of Cactus Life Sciences, part of Cactus Communications, and Liz Leight, PhD, an employee of Amgen Inc., and was funded by Amgen Inc.

Legal entity responsible for the study

Amgen Inc.

Funding

Amgen Inc.

Disclosure

M. Wermke: Financial Interests, Personal, Advisory Board: Novartis, Boehringer Ingelheim, Bayer, Bristol Myers Squibb, ImCheck Therapeutics, Immatics, Pfizer, AstraZeneca, Tacalyx GmbH, Regeneron, Zymeworks, Daiichi Sankyo, PharmaMar, Iovance Biotherapeutics, Tknife, Genentech; Financial Interests, Personal, Invited Speaker: Boehringer Ingelheim, Synlab GmbH, Janssen, EMD Merck Serono, GWT TUD GmbH, Amgen, Novartis, MJH Life Sciences, Bristol Myers Squibb International; Financial Interests, Personal, Other, Member of DSMC: ISA Therapeutics; Financial Interests, Institutional, Funding: Roche; Financial Interests, Institutional, Research Grant: Iovance Biotherapeutics; Non-Financial Interests, Personal, Other, Congress Travel Cost Support: AstraZeneca, EMD Merck Serono, Janssen, Boehringer Ingelheim, Immatics, Daiichi Sankyo, Iovance. S. Lau: Financial Interests, Personal, Other, Honoraria: AstraZeneca; Financial Interests, Personal, Full or part-time Employment: AstraZeneca. M.T. Moskovitz: Financial Interests, Personal, Advisory Board: AstraZeneca, Roche, Pfizer, MSD, Bayer, Boehringer Ingelheim, Merck; Financial Interests, Personal, Invited Speaker: AstraZeneca, Roche, Pfizer; Financial Interests, Personal, Local PI: AstraZeneca, Roche, MSD, Bayer, Boehringer Ingelheim, Merck; Financial Interests, Personal, Other, Traveling: Roche; Financial Interests, Personal, Other, Dinner on conferences: Pfizer; Financial Interests, Personal, Other, Honorarium: MSD, BMS, Boehringer Ingelheim, Merck; Financial Interests, Institutional, Local PI: AbbVie. I. Demedts: Financial Interests, Personal, Other, invited speaker and participation in advisory board meetings: AstraZeneca, BMS, Boehringer Ingelheim, GSK, Lilly, MSD, Novartis, Pfizer, Roche, Takeda. K. Paulson: Financial Interests, Institutional, Local PI: Amgen, Merck, Iovance, Immunocore, Regeneron; Financial Interests, Personal and Institutional, Advisory Board: BMS. A. Swalduz: Financial Interests, Personal, Speaker, Consultant, Advisor, Consultant: Amgen, AstraZeneca, Roche, Pfizer, Takeda, Sanofi, Janssen; Financial Interests, Personal, Other, Personal fees: AstraZeneca, Roche, Pfizer, MSD, Boehringer Ingelheim, Daiichi Sankyo, Sanofi, Takeda, Janssen, Amgen; Financial Interests, Personal, Other, Support for meetings or travel: Roche, Janssen, Pfizer, Takeda. C. Waller: Financial Interests, Personal, Advisory Board: AstraZeneca, Boehringer Ingelheim, BMS, Pfizer, Roche, Takeda, Alvotech, Amgen, Lilly, Janssen, Accord-Healthcare, BIOCON, Daiichi Sankyo, PSI; Financial Interests, Personal, Invited Speaker: MSD, Merck, Novartis; Financial Interests, Personal, Other, Travel grant: Janssen, Daiichi Sankyo, BeiGene; Financial Interests, Institutional, Coordinating PI: BMS; Financial Interests, Institutional, Local PI: BMS. L. Paz-Ares: Financial Interests, Personal, Advisory Board, Speaker fees: Roche, MSD, BMS, AZ, Lilly, PharmaMar, BeiGene, Daiichi Sankyo, Medscape, PER; Financial Interests, Personal, Advisory Board: Merck Serono, Pfizer, Bayer, Amgen, Janssen, GSK, Novartis, Takeda, Sanofi, Boehringer Ingelheim, AbbVie, Gilead, Regeneron; Financial Interests, Personal, Other, Board member: Altum sequencing; Financial Interests, Personal, Other, lectures: AICME; Financial Interests, Personal, Other, Lectures: CCO; Financial Interests, Personal, Member of Board of Directors, spin-off (I have around 8% of stocks): Altum sequencing; Financial Interests, Personal, Member of Board of Directors: Stab therapeutics; Financial Interests, Personal, Ownership Interest, spin-off (10%): Stab Therapeutics; Financial Interests, Personal, Stocks/Shares, co-founder: Altum sequencing; Financial Interests, Institutional, Coordinating PI: Daiichi Sankyo, AstraZeneca, Merck Sharp & Dohme corp, BMS, Janssen-Cilag international NV, Novartis, Roche, Sanofi, Tesaro, Alkermes, Lilly, Takeda, Pfizer, PharmaMar, Cantargia; Financial Interests, Personal, Coordinating PI: Amgen; Financial Interests, Other, Member: AACR, ASCO, ESMO; Financial Interests, Other, Foundation Board Member: AECC;

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