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Datopotamab deruxtecan (Dato-DXd) + rilvegostomig (rilve) in patients (pts) with locally advanced or metastatic urothelial cancer (a/mUC): Results from the phase II TROPION-PanTumor03 study

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Background

TROPION-PanTumor03 (NCT05489211), a phase 2, multicentre, open-label trial is evaluating Dato-DXd (a TROP2-directed antibody-drug conjugate), as monotherapy or in combination, in several tumour types. We present results from pts with a/mUC who received Dato-DXd + rilve, an Fc reduced anti-PD-1/TIGIT bispecific antibody (anti-TIGIT component derived from COM902 [Compugen]).

Methods

Pts with histologically documented unresectable a/mUC were enrolled in two eligible populations: 1L population, no prior systemic therapy in the a/mUC setting (progression >12 months after platinum-based neoadjuvant or adjuvant therapy permitted), and ineligible for cisplatin-based chemotherapy (CT); 2L population, had received previous platinum-based CT in the a/mUC setting or progressed <12 months after platinum-based neoadjuvant or adjuvant therapy. All pts received Dato-DXd 6 mg/kg Q3W IV + rilve. Primary endpoints were confirmed objective response rate (ORR), and safety/tolerability. Secondary endpoints included progression free survival (PFS), duration of response (DoR) and disease control rate (DCR).

Results

At data cut-off (17 Feb 2025), 22 and 18 pts had received Dato-DXd + rilve in the 1L and 2L populations, respectively. Median pt age was 71 (1L) and 66 (2L) years. Median duration of follow-up: 1L, 6.7 months (range 2.6–15.3 months); 2L, 6.9 months (range 4.1–13.6 months). In the 1L population, ORR was 68.2% (95% CI: 45.1, 86.1); DCR was 95.5% (80% CI: 83.4, 99.5) at 12 weeks; median DoR and median PFS were not reached (NR). In the 2L population, confirmed ORR was 33.3% (95% CI: 13.3, 59.0); DCR was 83.3% (80% CI: 66.6, 93.7) at 12 weeks; median DoR was NR; median PFS was 12.5 months (95% CI: 6.1, NR). Safety is summarised in the Table.

Conclusions

Dato-DXd in combination with rilve showed encouraging efficacy and a manageable safety profile in pts with a/mUC. Table: 3072MO

Incidence of AEs, n (%)	Dato-DXd + rilve	
	1L (n=22)	2L (n=18)
TRAEs	21 (95.5)	17 (94.4)

Incidence of AEs, n (%)	Dato-DXd + rilve	
	1L (n=22)	2L (n=18)
Grade ≥3 TRAEs	4 (18.2)	7 (38.9)
Any TRAE leading to:		
Dose reduction of any study treatment	12 (54.5)	4 (22.2)
Dose interruption of any study treatment	6 (27.3)	6 (33.3)
Discontinuation of any study treatment	2 (9.1)	2 (11.1)
Death	0	0
Most common TRAEs:		
Stomatitis, all grades	9 (40.9)	10 (55.6)
Grade ≥3	0	1 (5.6)
Nausea, all grades	3 (13.6)	7 (38.9)
Grade ≥3	0	0
Ocular surface events related to any study treatment	1 (4.5)	1 (5.6)
Adjudicated drug-related interstitial lung disease	1 (4.5)*	1 (5.6)*

AEs, adverse events; TRAEs, treatment-related AEs (related to any study treatment). *Grade 2.

Clinical trial identification

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Legal entity responsible for the study

AstraZeneca.

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Disclosure

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