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KN026 in combination with chemotherapy for previously treated HER2-positive gastric or gastroesophageal carcinomas (GC/GEJC): Interim analysis of KC-WISE

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Background

There are unmet clinical needs for second or later line treatment of Her2-positive GC/GEJC. Anbenitamab (KN026), a novel bispecific antibody that binds two distinct domains of HER2, has shown encouraging efficacy for HER2-positive GC/GEJC. We report the interim efficacy and safety results from the multicenter, randomized, double-blind, phase III trial aimed to compare anbenitamab and placebo in combination with chemotherapy for HER2-positive GC/GEJC who failed previous therapy containing trastuzumab.

Methods

Patients with centrally confirmed HER2-positive GC/GEJC who failed previous therapy containing trastuzumab were randomized (1:1) to receive anbenitamab 30 mg/kg or placebo in combination with chemotherapy. Randomization was stratified by combined chemotherapy, HER2 expression, and previous lines of therapy. The primary endpoints were independent review committee (IRC) assessed progression-free survival (PFS) and overall survival (OS). The data cutoff date for the interim analysis was April 3, 2025.

Results

188 patients were enrolled and assigned to receive anbenitamab plus chemotherapy (anbenitamab group, N=95) or chemotherapy alone (control group, N=93). At the prespecified interim analysis, anbenitamab plus chemotherapy significantly improved PFS (median 7.1 vs. 2.7 months; hazard ratio [HR], 0.25; 95% confidence interval [CI], 0.17 to 0.39; P<0.0001), OS (median 19.6 vs. 11.5 months; HR, 0.29; 95% CI, 0.17 to 0.50; P<0.00001), and objective response rate (56% vs. 11%) compared with chemotherapy alone. Grade 3 or higher treatment-related adverse events occurred in 60% of the anbenitamab group and 45% of the control group, with neutropenia (30% vs. 22%) and leukopenia (21% vs. 25%) being most common. Treatment-related deaths were reported in 0 and 5 patients in the anbenitamab and control groups, respectively.

Conclusions

Compared with chemotherapy alone, anbenitamab plus chemotherapy demonstrated clinically meaningful superior PFS and OS in patients with HER2-positive GC/GEJ adenocarcinoma whose previous therapy containing trastuzumab had failed.

Clinical trial identification

NCT05427383.

Legal entity responsible for the study

Shanghai JMT-Bio Technology Co., Ltd.

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Disclosure

X. Wu, Y. Xie, K. Zou, L. She, L. Wang: Financial Interests, Personal, Full or part-time Employment: CSPC Zhongqi Pharmaceutical Technology (Shijiazhuang) Co., Ltd. All other authors have declared no conflicts of interest.