



PATIENT CARE
RESEARCH
EDUCATION
COMMUNITY

Antibody Drug Conjugates and Bispecific Inhibitors in Lung Cancer

Chul Kim, MD, MPH

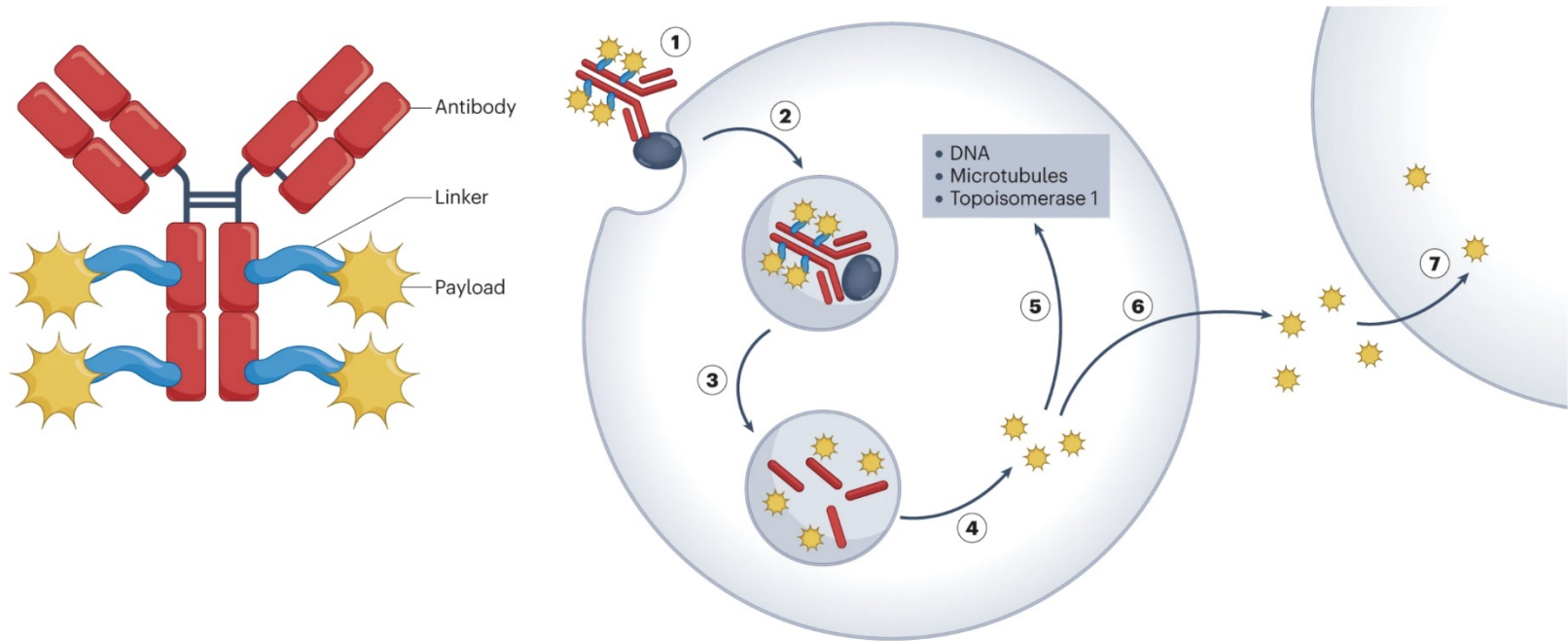
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Thoracic Medical Oncologist, Georgetown University Medical Center
Washington, DC, USA*



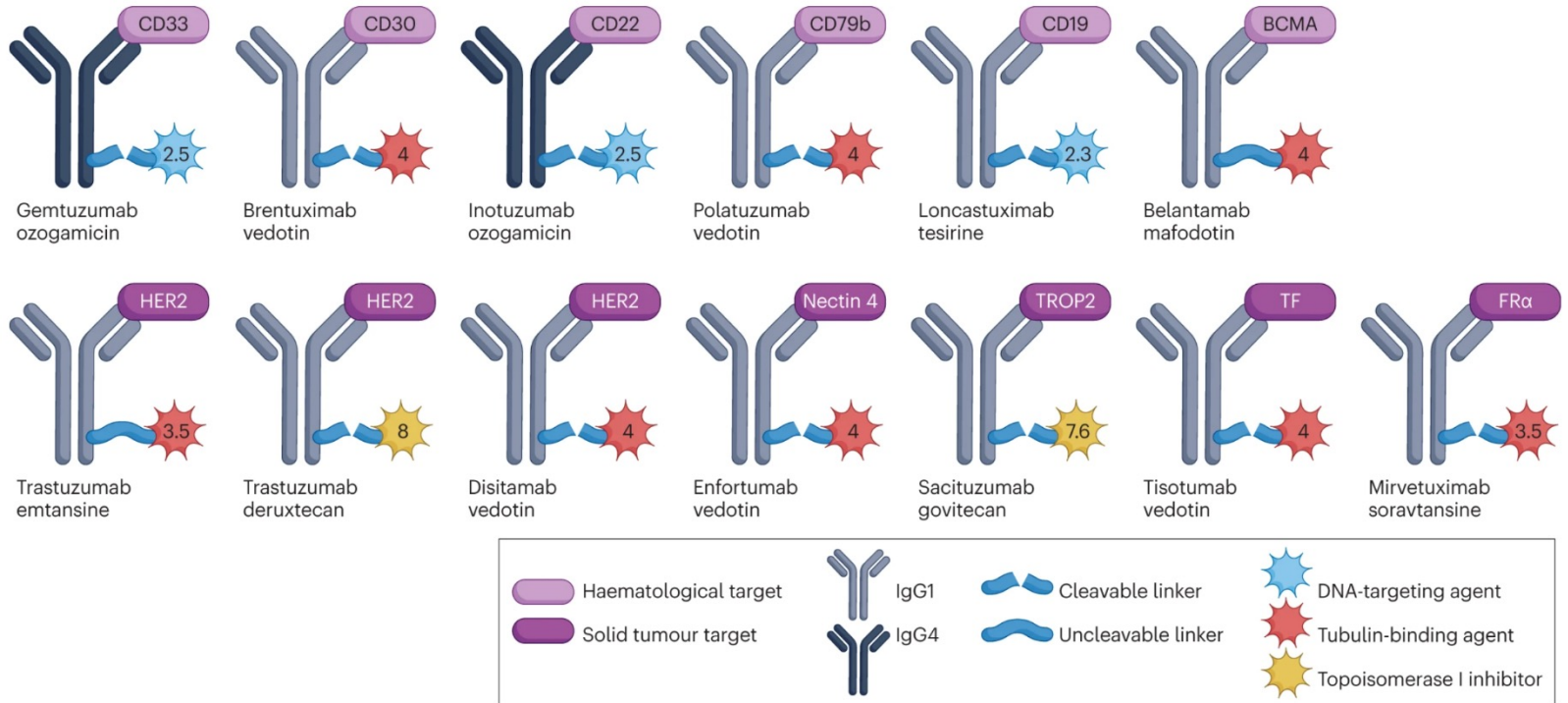
*A Comprehensive Cancer Center Designated
by the National Cancer Institute*

<http://lombardi.georgetown.edu>
Lombardi CancerLine: 202.444.4000

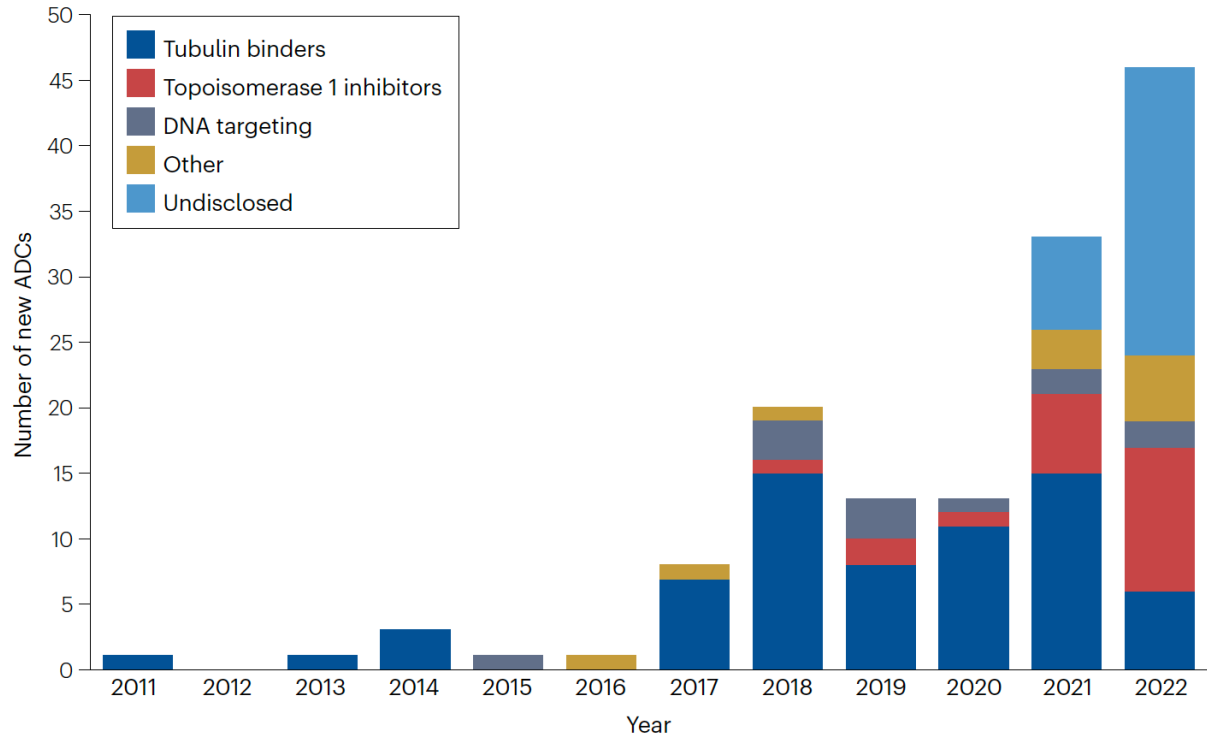
Structure and Mechanism of Action of Conventional ADCs



Main Characteristics of Approved ADCs



Number of ADCs Reaching Clinical Trials Between 2012 and 2022

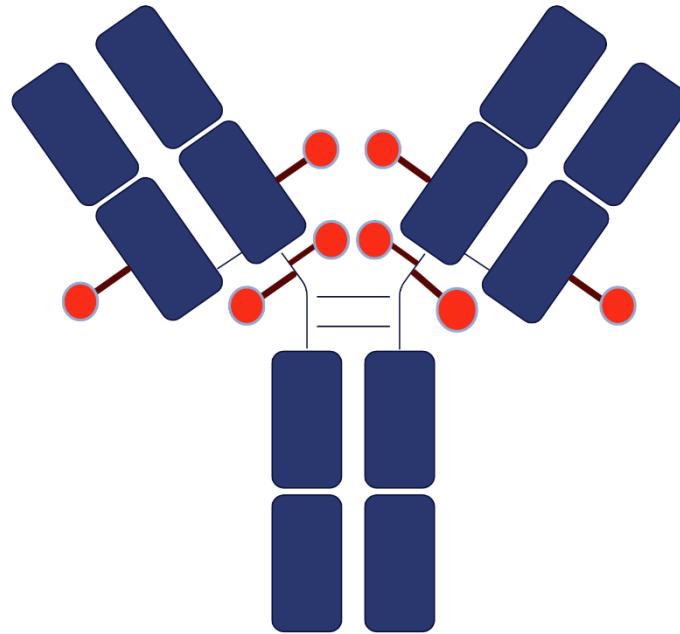


FDA-approved ADCs

Antibody Drug Conjugate	Target	Antibody Isotype	Payload	Payload MoA	Drug Antibody Ratio	Approved Disease Type(s)	Initial Year of Approval
Gemtuzumab ozogamicin	CD33	IgG4	N-acetyl-γ-calicheamicin	DNA double strand break	2-3	AML	2000
Brentuximab vedotin	CD30	IgG1	MMAE	Microtubule inhibitor	4	ALCL, Hodgkin lymphoma, PTCL	2011
Ado-trastuzumab emtansine	HER2	IgG1	DM1	Microtubule inhibitor	3.5	Breast cancer	2013
Inotuzumab ozogamicin	CD22	IgG4	N-acetyl-γ-calicheamicin	DNA double strand break	6	ALL	2017
Moxetumomab pasudotox*	CD22	IgG1	PE38	Immunotoxin	-	Hairy cell leukemia	2018
Fam-trastuzumab deruxtecan-nxki (T-DXd)	HER2	IgG1	DXd (exatecan derivative)	Topoisomerase 1 inhibitor	7.7	Breast cancer, NSCLC, gastric or gastroesophageal (GEJ) adenocarcinoma	2019
Polatuzumab vedotin-piiq	CD79	IgG1	MMAE	Microtubule inhibitor	3.5	DLBCL	2019
Sacituzumab govitecan	TROP-2	IgG1	SN-38	Topoisomerase 1 inhibitor	7.6	Breast cancer, urothelial cancer	2020
Enfortumab vedotin-efv	Nectin 4	IgG1	MMAE	Microtubule inhibitor	3.8	Urothelial cancer	2020
Tisotumab vedotin-tftv	Tissue factor	IgG1	MMAE	Microtubule inhibitor	4	Cervical cancer	2021
Loncastuximab tesirine-lpyl	CD20	IgG1	SG3199	DNA cleavage	2.3	Large B-cell lymphoma	2021
Mirvetuximab soravtansine	Folate receptor α	IgG1	DM4	Microtubule inhibitor	3.5	Ovarian, fallopian tube, or primary peritoneal cancer	2022

Trastuzumab Deruxtecan (T-DXd): Anti-HER2 ADC

Humanized anti-HER2 IgG1 antibody



Topoisomerase I inhibitor (DXd)

- Derivative of camptothecin analog exatecan
- Drug:antibody ratio: 7.7:1

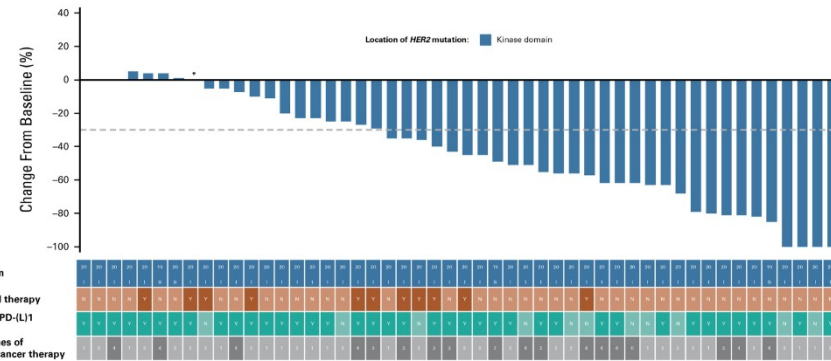
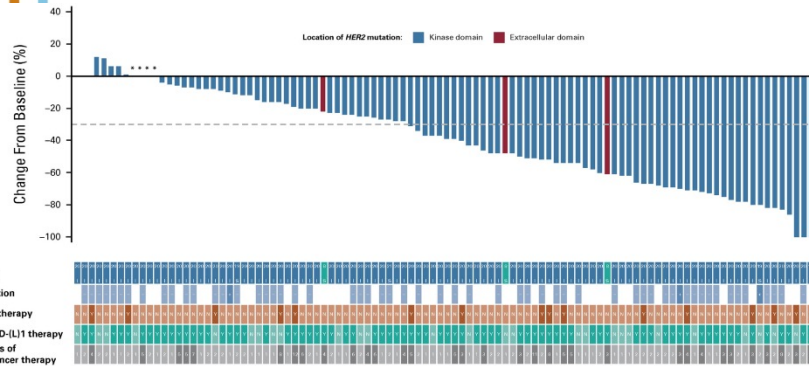
Linker

- Tetrapeptide-based cleavable linker
- Payload linked to cysteine residues of the antibody

DESTINY-Lung02: Trastuzumab Deruxtecan in Previously Treated *HER2*-mutant NSCLC

T-DXd 5.4 mg/kg (n=102)

T-DXd 6.4 mg/kg (n=50)



ORR=49.0%
DOR=16.8 months

ORR=56.0%
DOR=NE

Responses were consistent regardless of 1) *HER2* mutation type, 2) *HER2* amplification status, 3) presence or absence of baseline CNS metastases, 4) prior treatment.

DESTINY-Lung02: Safety Profile

5.4 mg/kg dose associated with better safety profile

TRAEs, %	T-DXd 5.4 mg/kg (n=101)	T-DXd 6.4 mg/kg (n=50)
Any grade	96.0	100
Grade \geq 3	38.6	58.0
Led to drug discontinuation	13.9	20.0
Led to drug reduction	16.8	32.0
Led to drug interruption	26.7	48.0
Leading to death	1	2

Adjudicated drug-related ILD, n (%)	T-DXd 5.4 mg/kg (n=101)	T-DXd 6.4 mg/kg (n=50)
Any grade	13 (12.9)	14 (28.0)
Grade 1	4 (4.0)	4 (8.0)
Grade 2	7 (6.9)	9 (18.0)
Grade 3	1 (1.0)	0
Grade 4	0	0
Grade 5	1 (1.0)	1 (2.0)

DESTINY-Lung04

Study population

- Unresectable, locally advanced or metastatic non-squamous NSCLC with *HER2* exons 19 or 20 mutations
- Treatment naïve for advanced disease
- LVEF \geq 50%
- ECOG 0-1

R
1:1
N = 264

Arm 1
T-DXd 5.4 mg/kg
N=132

Arm 2
Platinum-pemetrexed-
pembrolizumab
N=132

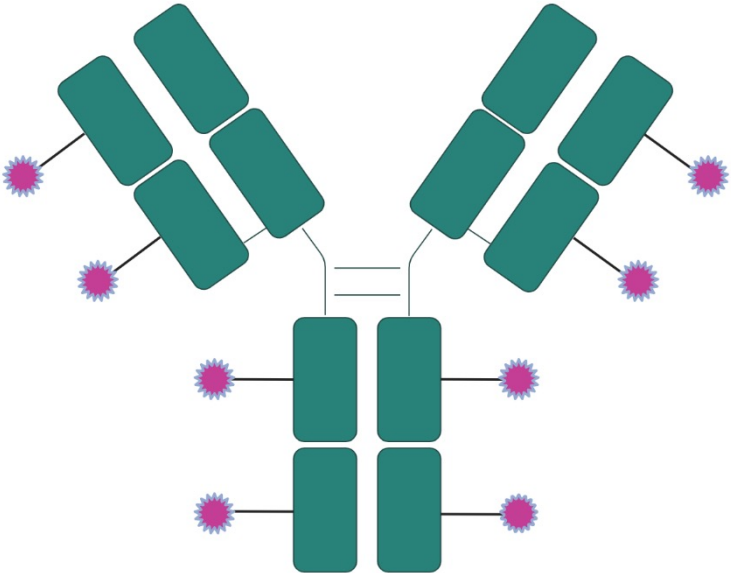
Patritumab Deruxtecan: Anti-HER3 ADC

Humanized anti-HER3 IgG1 antibody

- Targets HER3, an antigen expressed in 83% of NSCLC tumors, 85-100% of tumors harboring an activating EGFR mutation

Topoisomerase I inhibitor (DXd)

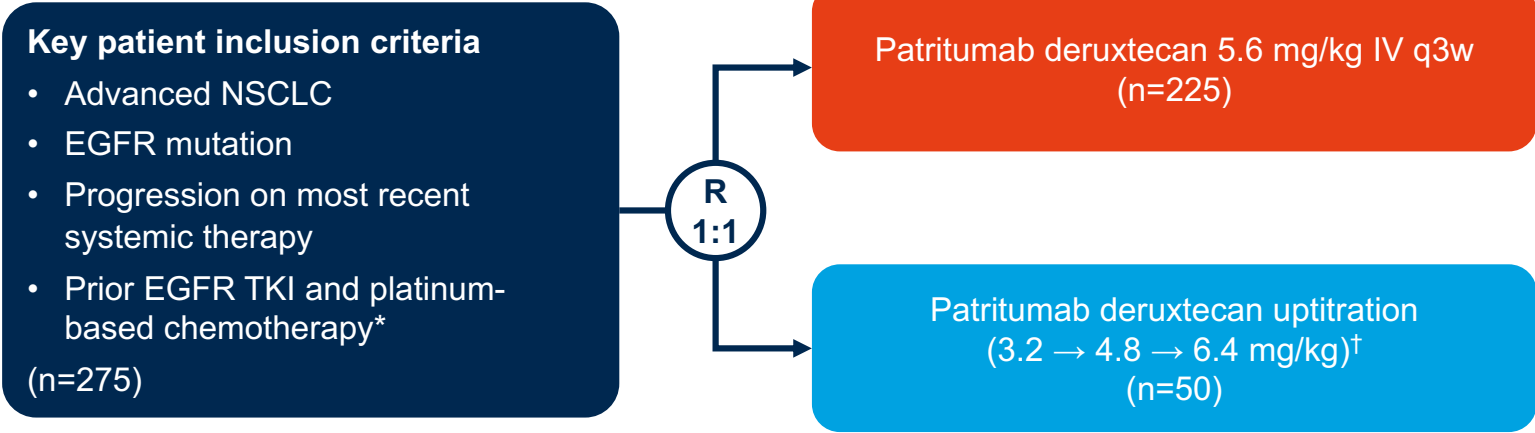
- Derivative of camptothecin analog exatecan
- Drug:antibody ratio: 8:1



Linker

- Tetrapeptide-based cleavable linker

HERTHENA-Lung01



Primary endpoint

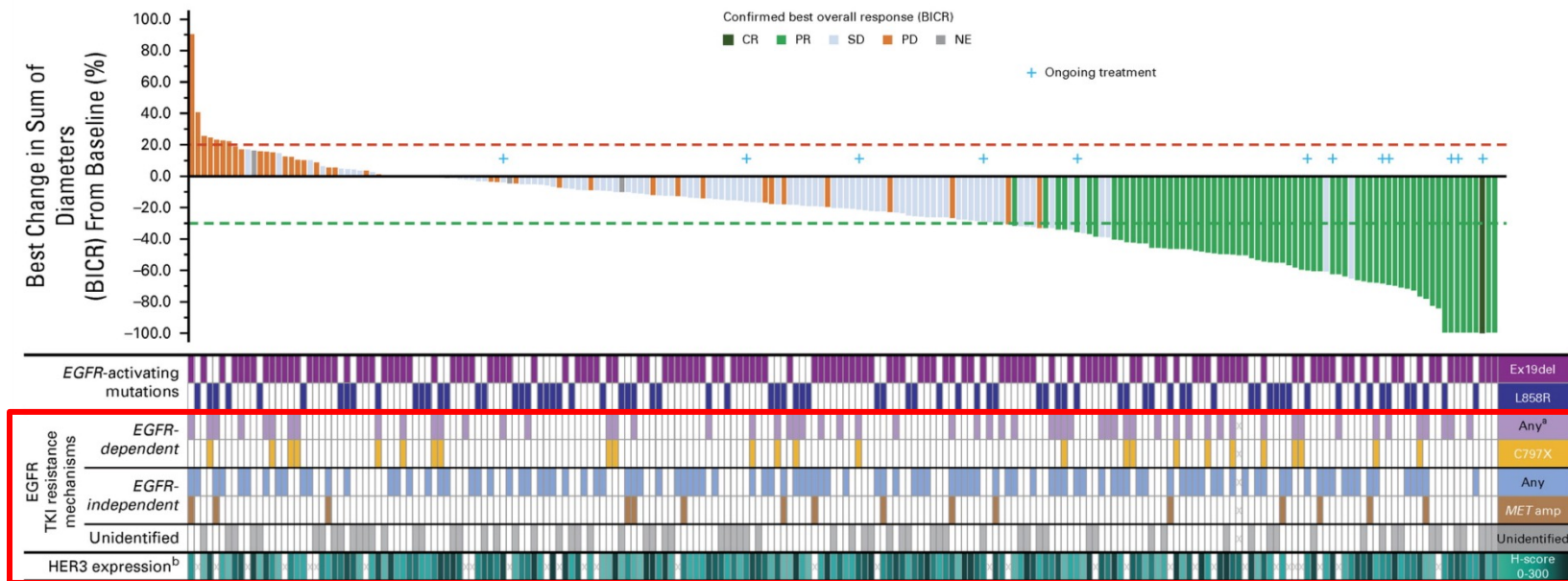
- ORR (BICR, RECIST v1.1)

Secondary endpoints

- DoR

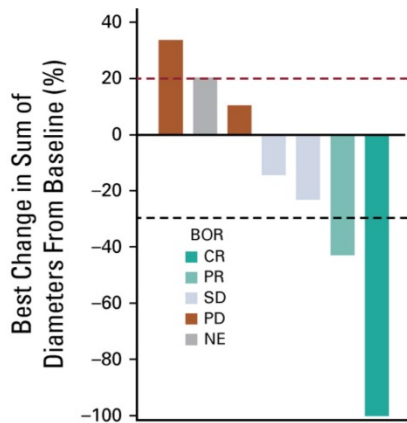
[†] Closed early based on prespecified assessment of data from the phase I U31402-A-U102 trial

Patritumab deruxtecan demonstrated antitumor activity after EGFR-TKI and platinum-doublet chemotherapy



- ORR=29.8%, mDOR=6.4 months
 - mPFS: 5.5 months
 - mOS: 11.9 months

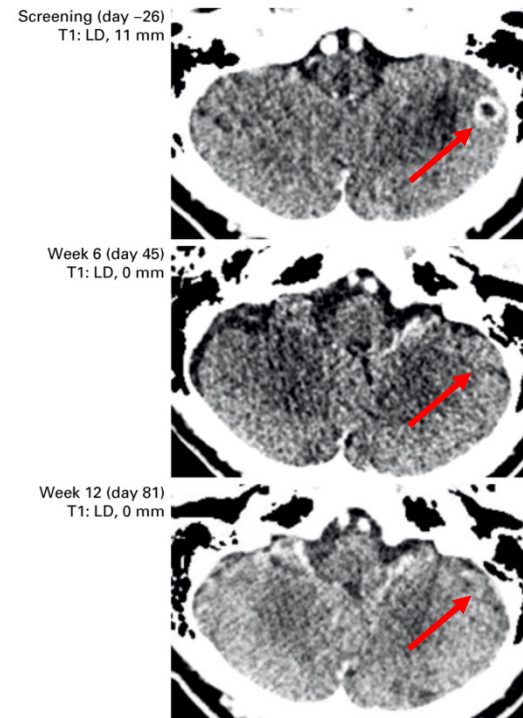
CNS Activity of Patritumab Deruxtecan



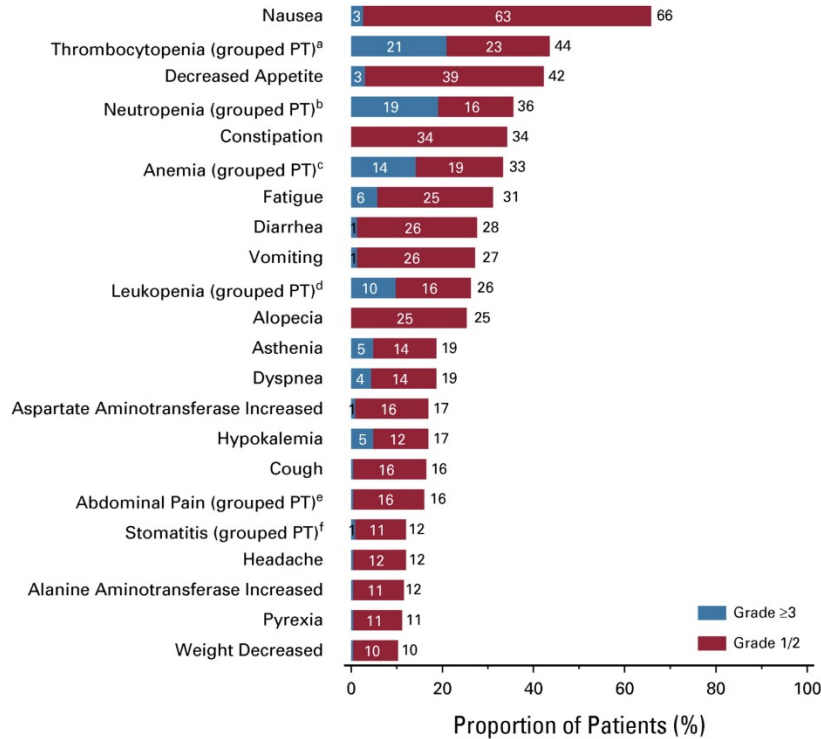
Intracranial ORR by CNS BICR	PD	NE	PD	SD	SD	PR	CR
ORR by BICR	PD	NE	PD	SD	SD	SD	PR

Patients with measurable target brain lesions

Result	Patients with brain metastasis at baseline (n=30)
cORR, No. (%)	10 (33.3)
CR, No. (%)	9 (30.0)
PR, No. (%)	1 (3.3)
SD, No. (%)	13 (43.3)
PD, No. (%)	4 (13.3)
NE, No. (%)	3 (10.0)
DOR (95% CI)	8.4 (5.8-9.2)



Safety Profile of Patritumab Deruxtecan



Adjudicated as drug-related ILD n (%)	HER3-DXd 5.6 mg/kg (n=225)
Any grade	12 (5.3)
Grade 1	1 (0.4)
Grade 2	8 (3.6)
Grade 3	2 (0.9)
Grade 4	0
Grade 5	1 (0.4)

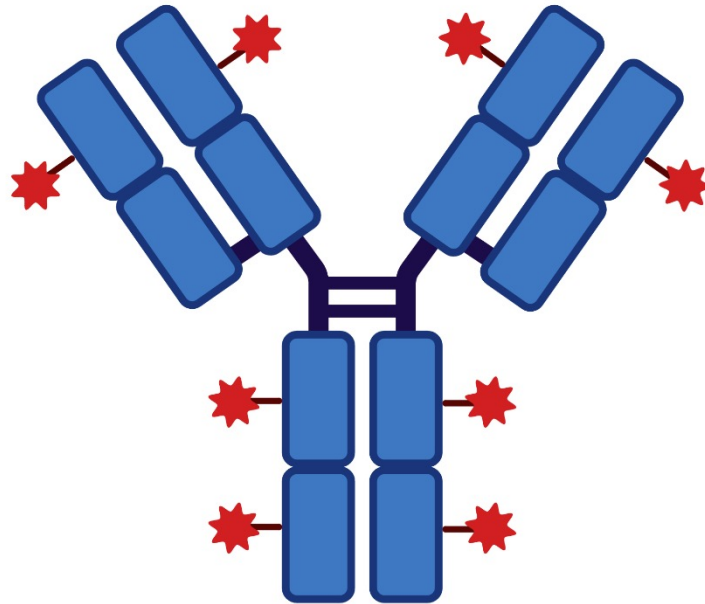
Sacituzumab Govitecan: Anti-TROP-2 ADC

Humanized anti-Trop-2 IgG1 antibody

- Targets Trop-2, an antigen expressed in many cancers
- High expression associated with poor outcomes

SN-38 payload

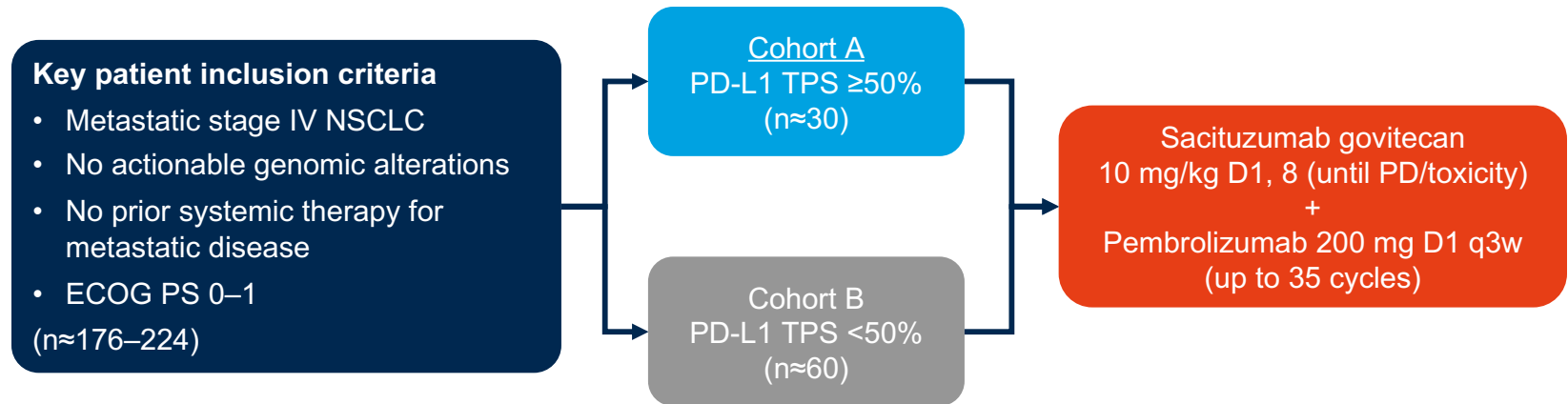
- Active metabolite of irinotecan
- More potent than parent compound irinotecan



Linker for SN-38

- High drug-to-antibody ratio (7.6:1)
- pH-sensitive hydrolysable linker for rapid release of payload at or inside tumor

EVOKE-02: Sacituzumab Govitecan and Pembrolizumab in 1L Metastatic NSCLC



Primary endpoints

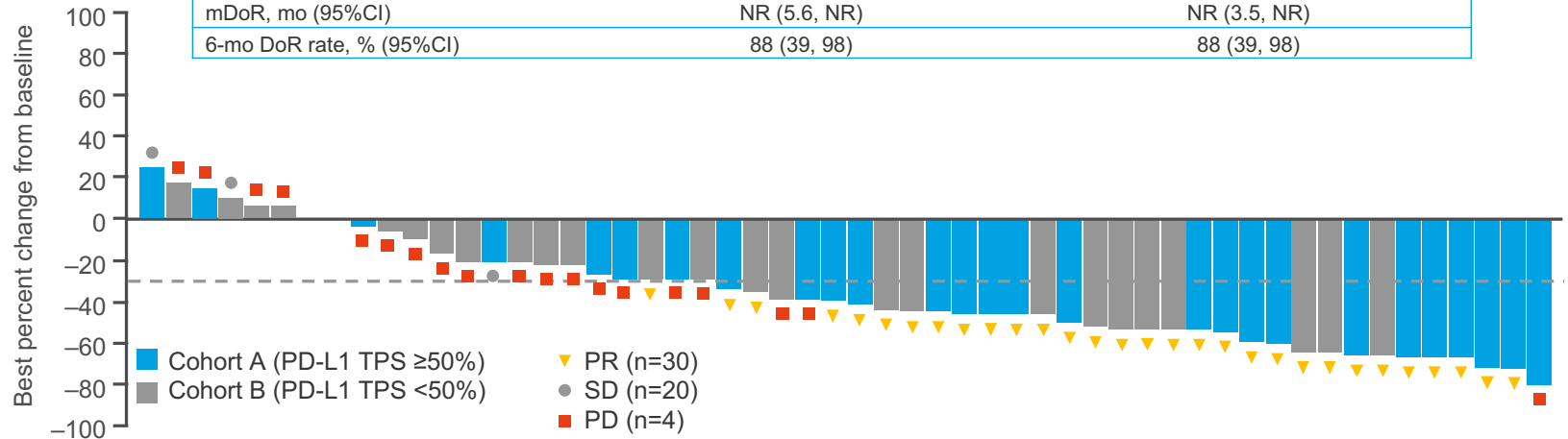
- ORR, DLTs

Secondary endpoints

- DCR, DoR, PFS, OS, safety

Antitumor Activity of 1L Sacituzumab Govitecan and Pembrolizumab

Efficacy	Cohort A (PD-L1 TPS \geq 50%)	Cohort B (PD-L1 TPS <50%)
	Sacituzumab govitecan + pembrolizumab (n=29)	Sacituzumab govitecan + pembrolizumab (n=32)
ORR, % (95%CI)	69 (49, 85)	44 (26, 62)
PR / cPR, n (%)	20 (69) / 18 (62)	14 (44) / 12 (38)
SD, n (%)	5 (17)	11 (34)
PD, n (%)	3 (10)	2 (6)
DCR, % (95%CI)	86 (68, 96)	78 (60, 91)
mDoR, mo (95%CI)	NR (5.6, NR)	NR (3.5, NR)
6-mo DoR rate, % (95%CI)	88 (39, 98)	88 (39, 98)



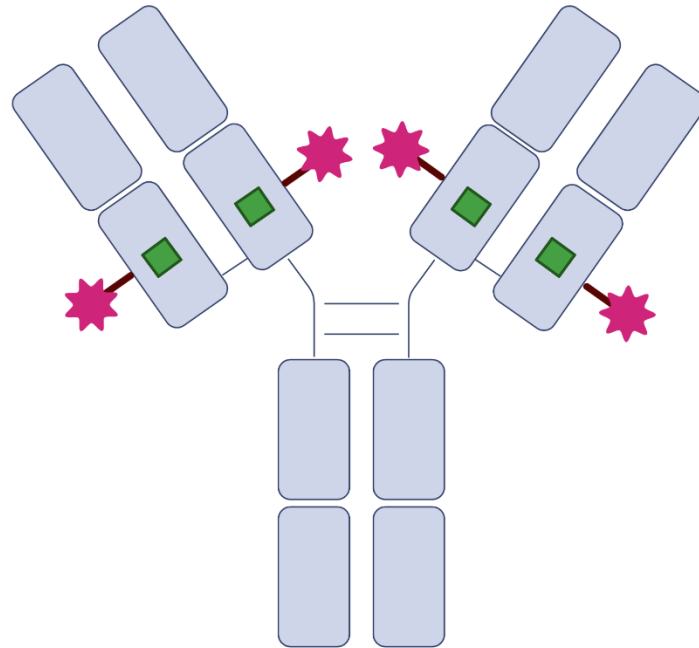
Datopotamab Deruxtecan: Anti-TROP-2 ADC

Humanized anti-Trop-2 IgG1 antibody

- Targets Trop-2, an antigen expressed in many cancers
- High expression associated with poor outcomes

Topoisomerase I inhibitor (DXd)

- Derivative of camptothecin analog exatecan
- Drug:antibody ratio: 4:1



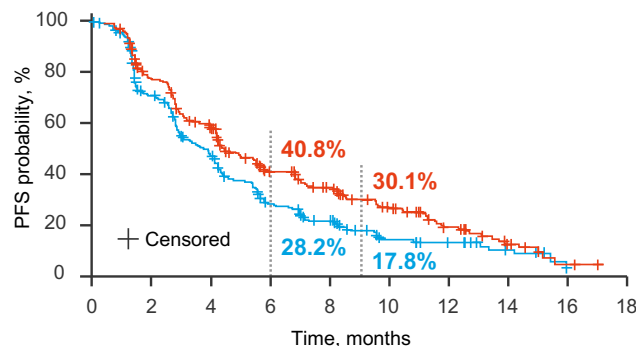
Linker

- Tetrapeptide-based cleavable linker
- Payload linked to cysteine residues of the antibody

TROPION-Lung01: Dato-DXd vs. Docetaxel

- Randomized phase III trial of Dato-DXd vs. docetaxel in previously treated advanced NSCLC

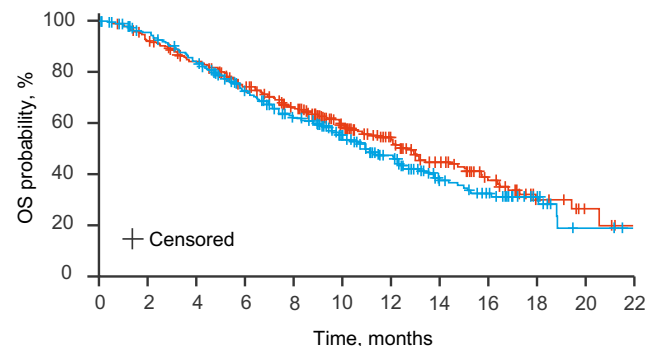
Progression-free survival



No. at risk										
— Dato-DXd	299	216	156	96	74	46	24	10	2	0
— Docetaxel	305	186	120	63	42	19	14	7	0	0

	Dato-DXd	Docetaxel
mPFS, mo (95%CI)	4.4 (4.2, 5.6)	3.7 (2.9, 4.2)
HR (95%CI); p-value	0.75 (0.62, 0.91); 0.004	
Prespecified boundary (2-sided)	0.008	

Interim overall survival

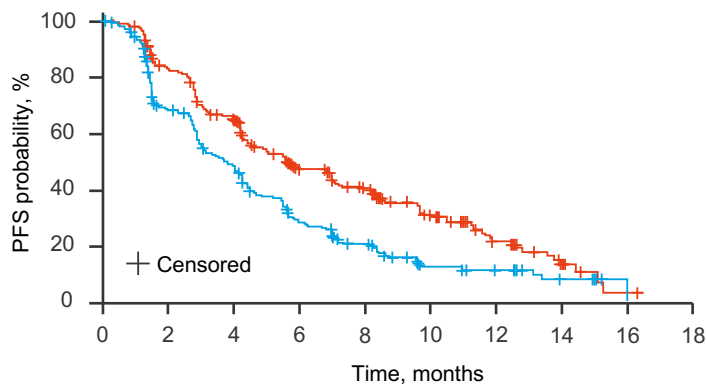


No. at risk												
— Dato-DXd	299	273	243	201	166	121	85	56	33	14	6	1
— Docetaxel	305	273	239	193	156	115	76	42	29	13	4	1

	Dato-DXd	Docetaxel
mOS, mo (95%CI)	12.4 (10.8, 14.8)	11.0 (9.8, 12.5)
HR (95%CI)	0.90 (0.72, 1.13)	

TROPION-Lung01: PFS by Histology

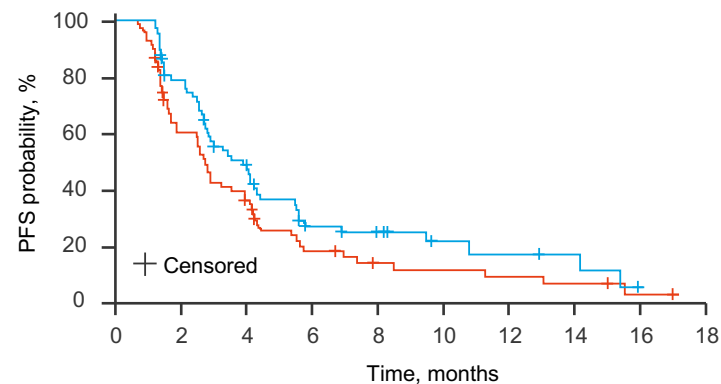
Nonsquamous



No. at risk		0	2	4	6	8	10	12	14	16	18
— Dato-DXd	229	178	134	86	68	41	20	7	1	0	
— Docetaxel	232	135	90	50	32	14	10	4	0	0	

	Dato-DXd	Docetaxel
mPFS, mo (95%CI)	5.6 (4.4, 7.0)	3.7 (2.9, 4.2)
HR (95%CI)	0.63 (0.51, 0.78)	
ORR, %	31.2	12.8
DoR, mo	7.7	5.6

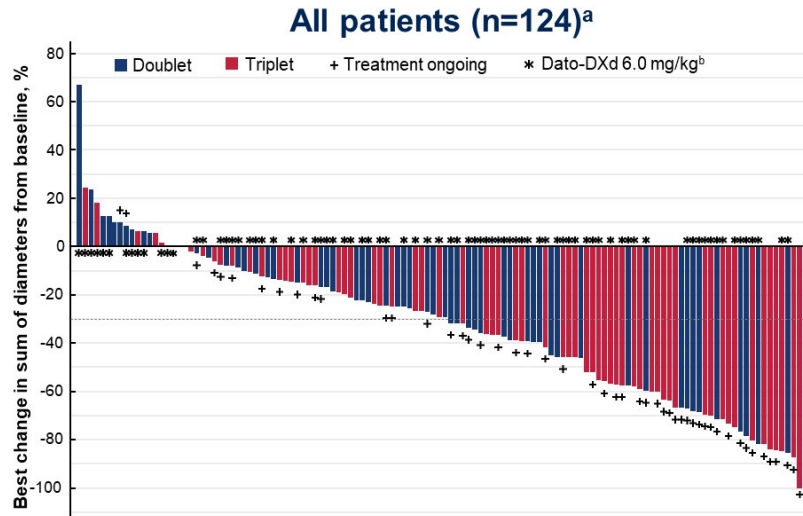
Squamous



No. at risk		0	2	4	6	8	10	12	14	16	18
— Dato-DXd	70	38	22	10	6	5	4	3	1	0	
— Docetaxel	73	51	30	13	10	5	4	3	0	0	

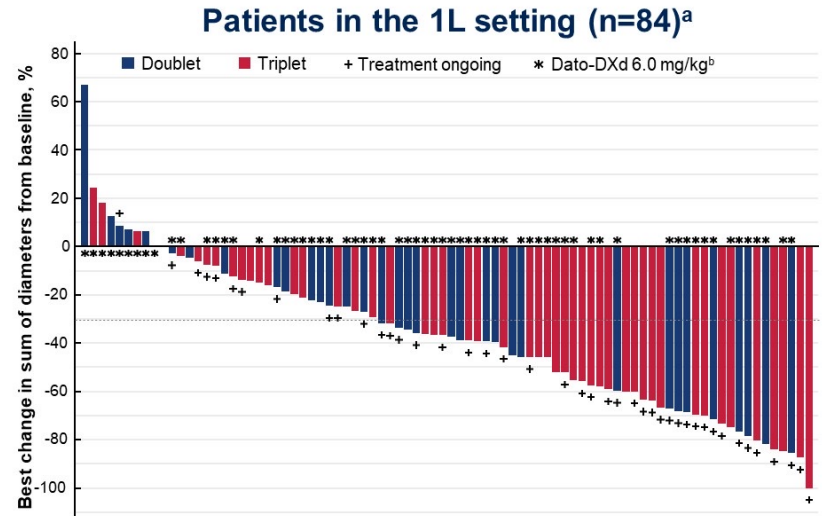
	Dato-DXd	Docetaxel
mPFS, mo (95%CI)	2.8 (1.9, 4.0)	3.9 (2.8, 4.5)
HR (95%CI)	1.38 (0.94, 2.02)	
ORR, %	9.2	12.7
DoR, mo	5.9	8.1

TROPION-Lung02: Dato-DXd + pembrolizumab +/- platinum CT



ORRs

- Doublet=38%
- Triplet=49%

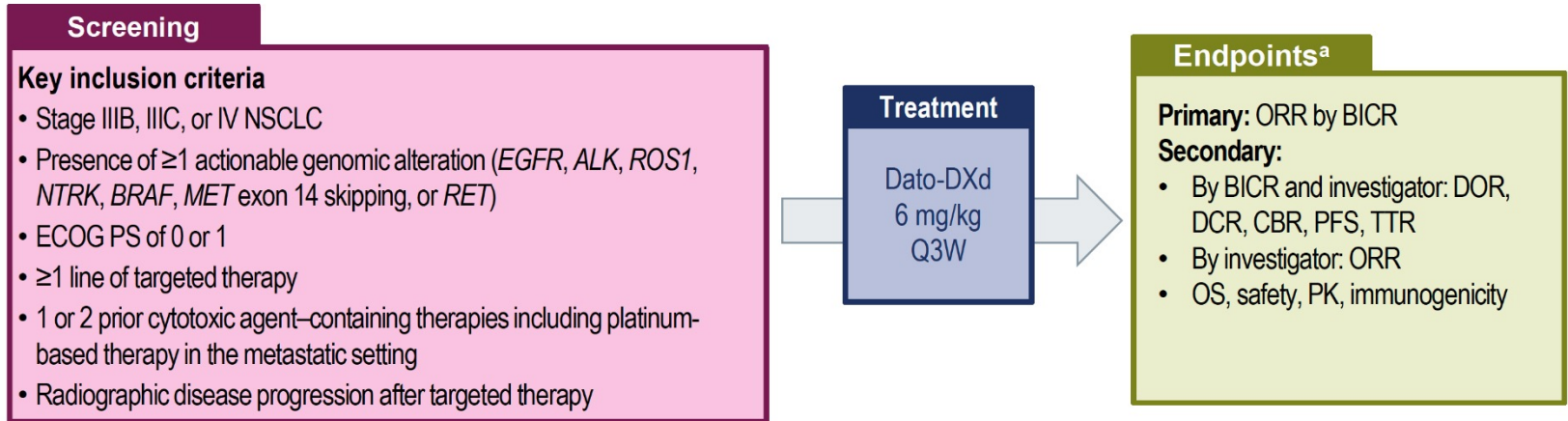


ORRs

- Doublet=50%
- Triplet=57%

TROPION-Lung05: Dato-DXd in NSCLC with Actionable Genomic Alterations

- Phase 2, single-arm study evaluating Dato-DXd in previously treated advanced NSCLC with actionable genomic alterations



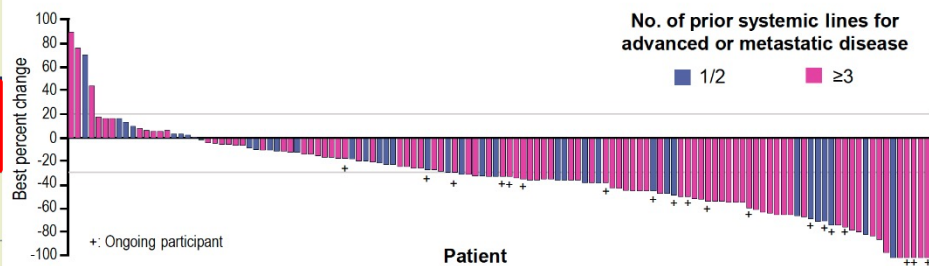
TROPION-Lung05: Efficacy Summary

Response per BICR	All treated patients (N=137)	Patients with EGFR mutations (N=78)	Patients with ALK rearrangement (N=34)
ORR confirmed, n (%) [95% CI]^a	49 (35.8) [27.8-44.4]	34 (43.6) [32.4-55.3]	8 (23.5) [10.7-41.2]
Median DOR (95% CI), months	7.0 (4.2-9.8)	7.0 (4.2-10.2)	7.0 (2.8-8.4)
DCR confirmed, n (%) [95% CI]^a	108 (78.8) [71.0-85.3]	64 (82.1) [71.7-89.8]	25 (73.5) [55.6-87.1]
Median PFS, (95% CI), months^b	5.4 (4.7-7.0)	5.8 (5.4-8.3)	4.3 (2.6-6.9)

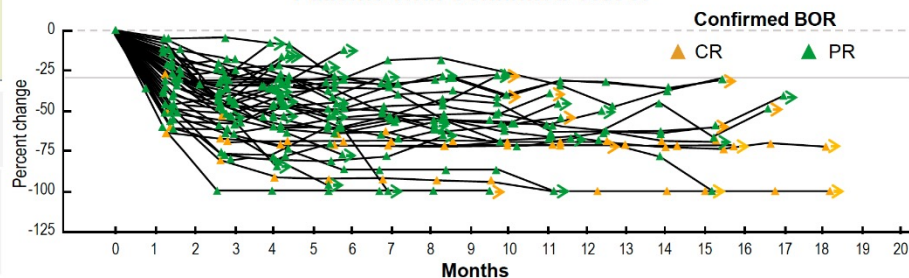
BOR: In the overall population (N=137), 4 patients (3%) achieved a CR and 45 (33%) achieved a PR

EGFR subset: Among patients with sensitizing or T790M mutations (N=68), the ORR was 49.1% in those previously treated with osimertinib

Best Percent Change From Baseline in Sum of Diameters of Target Lesions



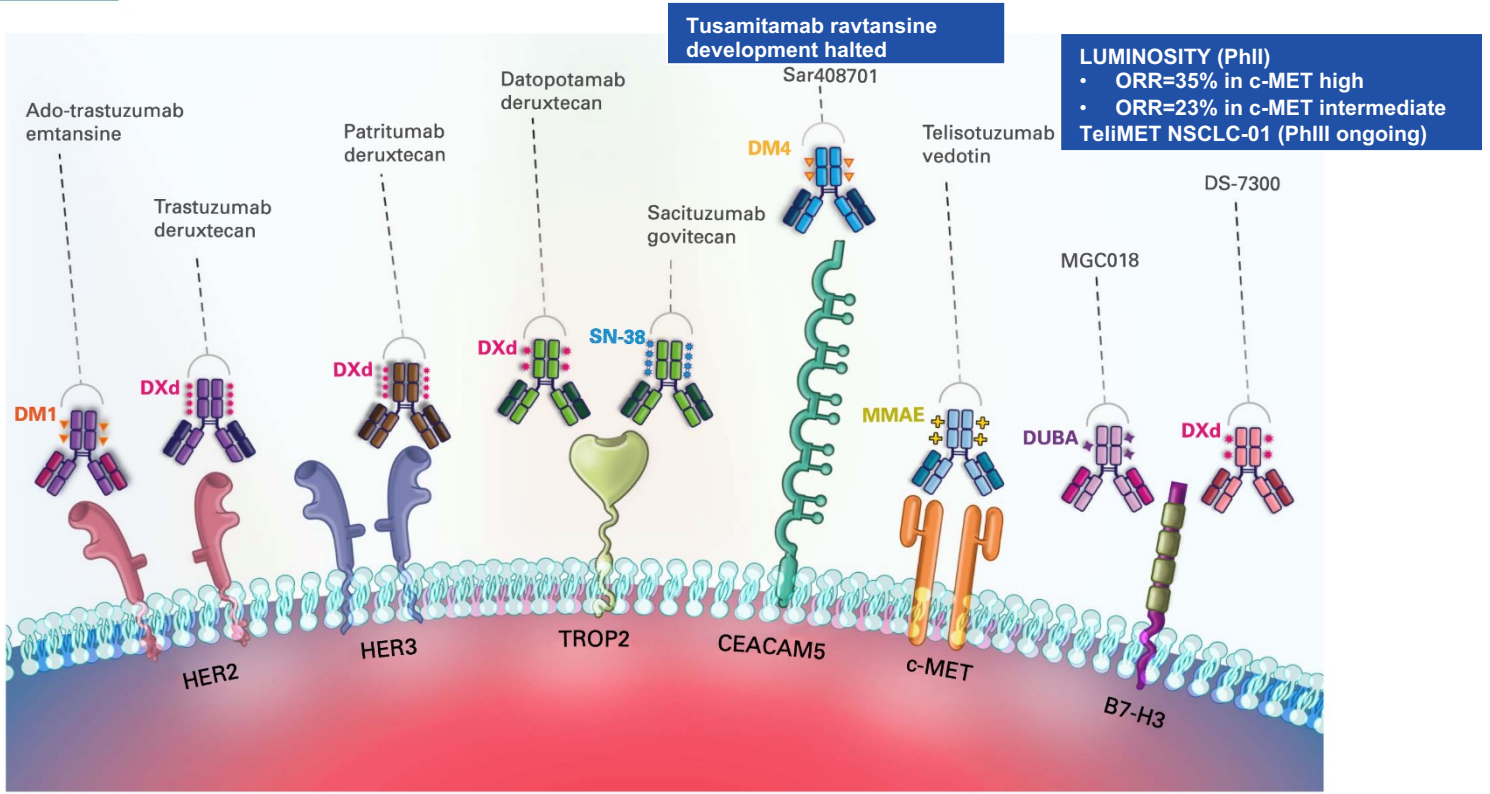
Percent Change From Baseline in Sum of Diameters of Target Lesions in Patients With Confirmed CR/PR^c



Randomized Trials of anti-TROP-2 ADCs in NSCLC

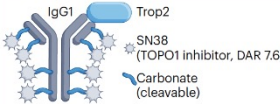
Trial Name	Study treatment	Comparator	Phase	Disease type	NCT
EVOKE-1	Sacituzumab Govitecan	Docetaxel	III	NSCLC	NCT05089734
EVOKE3 (KEYNOTE D46)	SacituzumabGovitecan Pembrolizumab	Pembrolizumab	III	NSCLC	NCT05609968
TROPION-Lung07	Dato-DXd Pembrolizumab Platinum	Pembrolizumab Pemetrexed Platinum	III	NSCLC	NCT05555732
AVANZAR	Dato-DXd Durvalumab Carboplatin	Pembrolizumab Platinum-based chemotherapy	III	NSCLC	NCT05687266

Expanding List of New Targets



Toxicities of Antibody Drug Conjugates

Sacituzumab govitecan



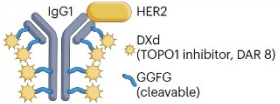
Disease indications

- Breast
- Urothelial

Toxicities

- Alopecia
- CINV, diarrhoea
- Cytopenias
- Fatigue

Trastuzumab deruxtecan



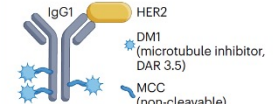
Disease indications

- Breast
- Gastric
- Lung

Toxicities

- CINV, diarrhoea
- ILD
- Cytopenias
- Alopecia

Trastuzumab emtansine



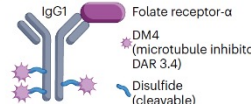
Disease indications

- Breast

Toxicities

- Thrombocytopenia
- Peripheral neuropathy
- Hepatotoxicity

Mirvetuximab soravtansine



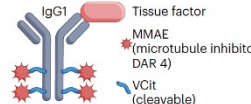
Disease indications

- Ovarian

Toxicities

- Ocular toxicity
- Peripheral neuropathy
- Nausea, diarrhoea
- Fatigue

Tisotumab vedotin



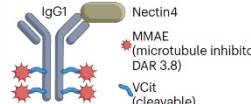
Disease indications

- Cervical

Toxicities

- Alopecia
- Ocular toxicity
- Bleeding
- Nausea

Enfortumab vedotin

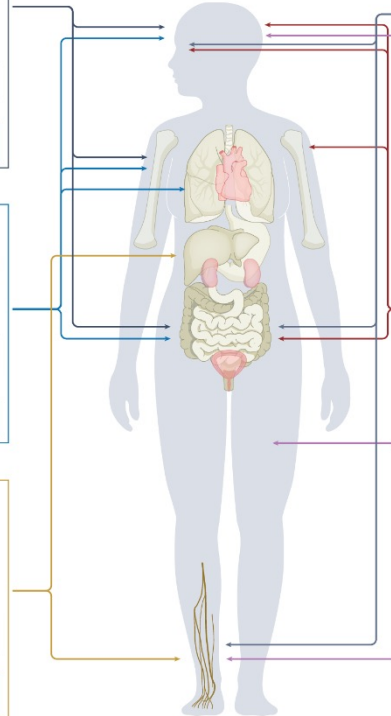


Disease indications

- Urothelial

Toxicities

- Alopecia
- Peripheral neuropathy
- Skin toxicity
- Fatigue

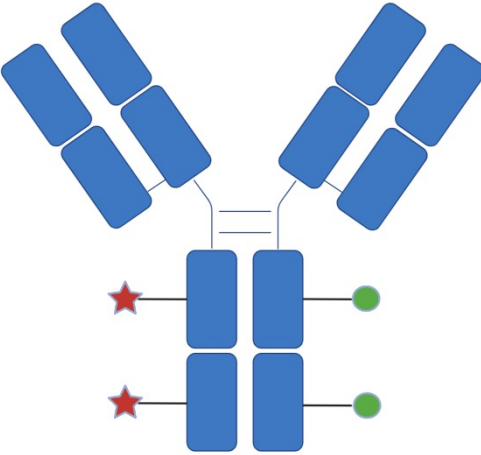


! Boxed warnings

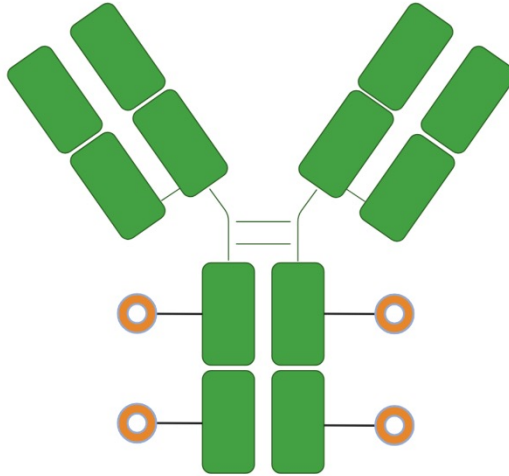
ADCs used in solid tumors	Toxicity
Trastuzumab emtansine	Hepatotoxicity, reduction in LVEF, fetal harm
Trastuzumab deruxtecan	ILD and pneumonitis, embryo-fetal harm
Enfortumab vedotin	Skin reactions
Sacituzumab govitecan	Neutropenia, diarrhea
Tisotumab vedotin	Ocular toxicity
Mirvetuximab soravtansine	Ocular toxicity

Enhanced and Novel Payloads

Dual-payload ADCs



ADCs with immune stimulating payloads (e.g. TLR agonists, STING)



Radionuclide-conjugated ADCs

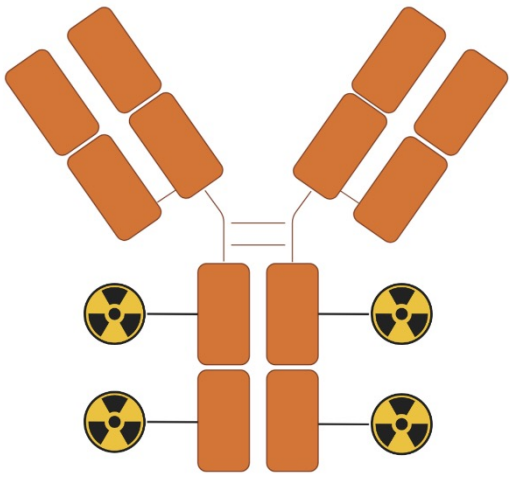
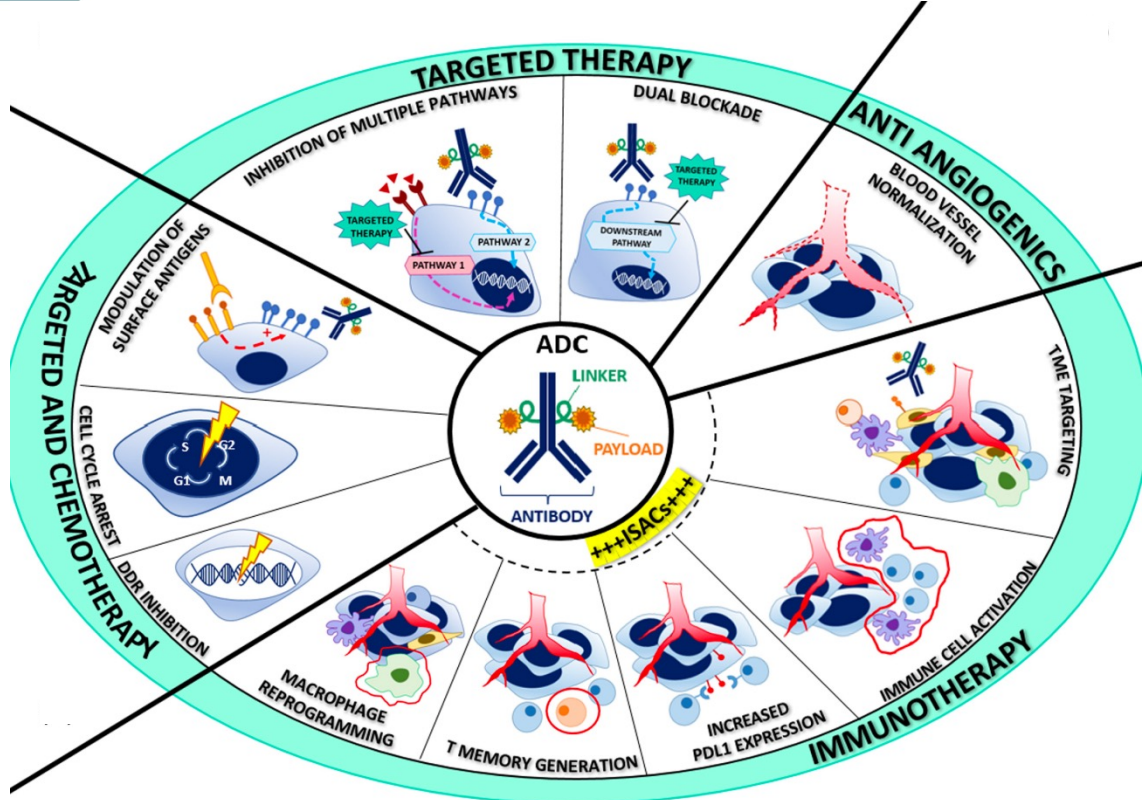
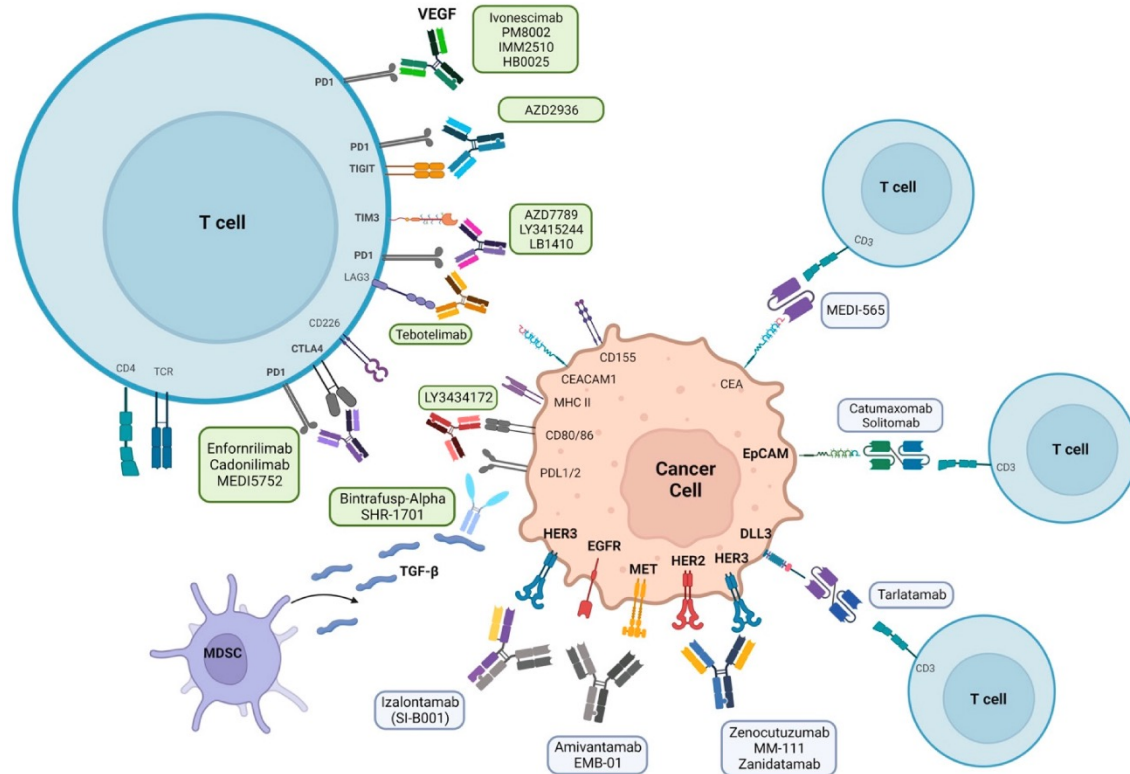


Figure modified from Tarantino et al. *CA Cancer J Clin* 2022

Combination Approaches



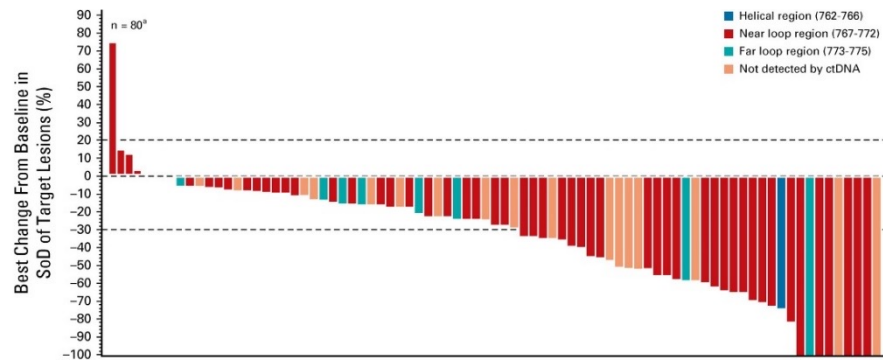
Bispecific Antibodies in Lung Cancer Therapeutics



Amivantamab in *EGFR* exon 20 insertion positive NSCLC

• CHRYSALIS

- Efficacy population (n=81)
 - **ORR: 40%**
 - Response seen regardless of location of the mutation
 - **mDOR: 11.1 months**
 - **mPFS: 8.3 months**
 - **mOS: 22.8 months**
- Safety population (n=114)
 - **Most common AEs: rash (86%), infusion-related reactions (66%), and paronychia (45%)**
- FDA accelerated approval in May 2021

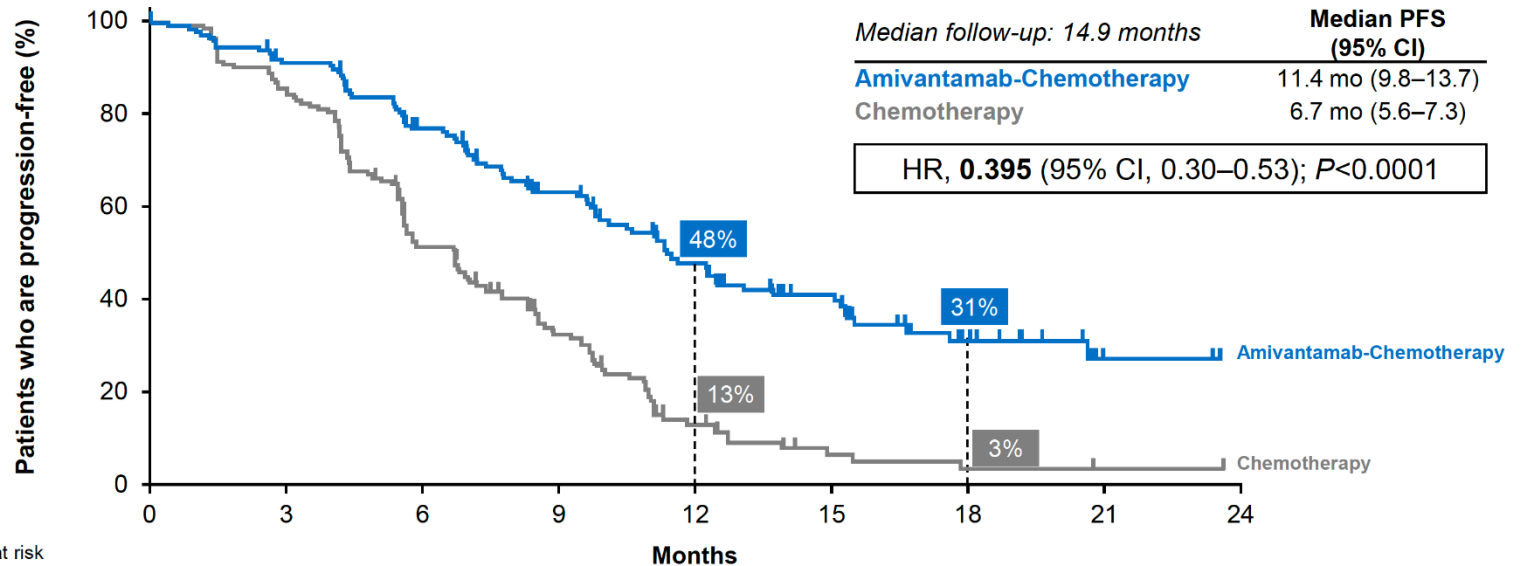


B

762 E (n = 0)	763 A (n = 1)	764 Y (n = 0)	765 V (n = 0)	766 M (n = 0)	767 A (n = 19)	768 S (n = 13)	769 V (n = 1)	770 D (n = 9)	771 N (n = 9)	772 P (n = 3)	773 H (n = 8)	774 V (n = 0)	775 C (n = 0)
Helical region (n = 1) ORR = 100% CBR = 100%					Near loop (n = 54) ORR = 41% CBR = 70%						Far loop (n = 8) ORR = 25% CBR = 75%		
Not detected by ctDNA (n = 18) ORR = 39% CBR = 83%													

PAPILLON – Improved PFS with Amivantamab plus Chemotherapy

Amivantamab-chemotherapy reduced risk of progression or death by 60%



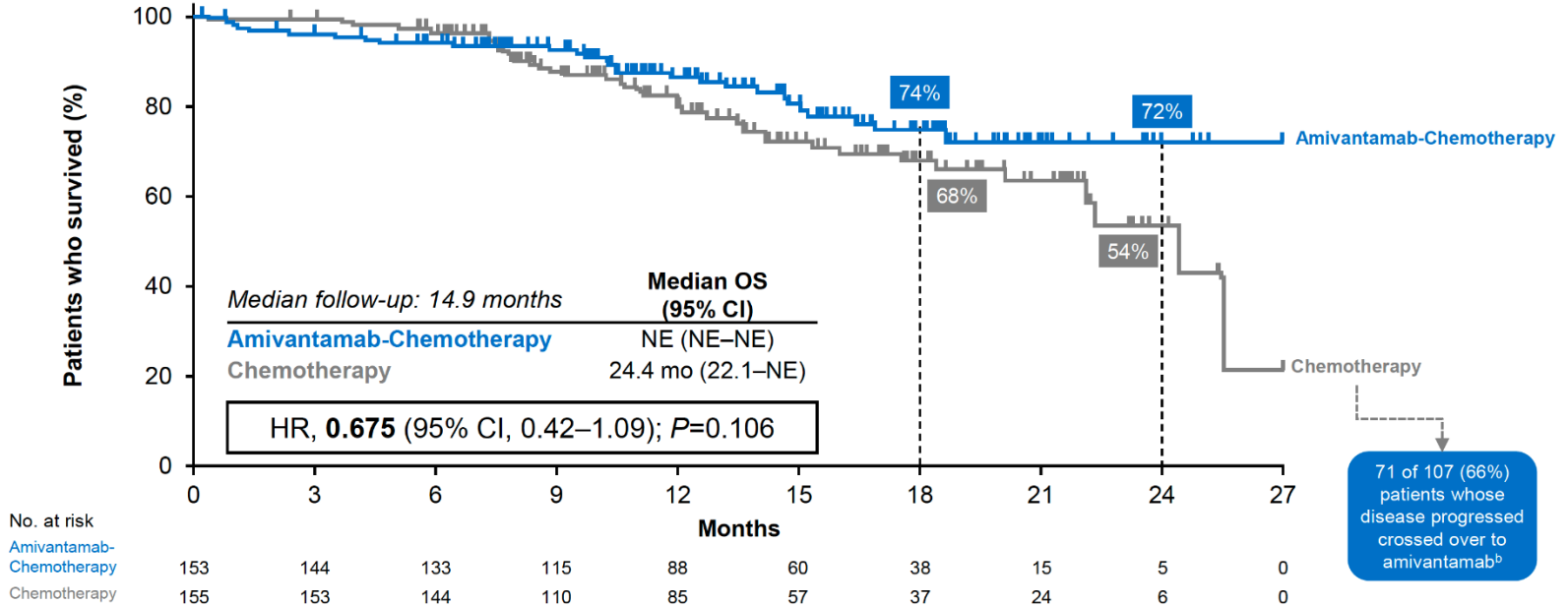
No. at risk

Amivantamab-Chemotherapy

Chemotherapy

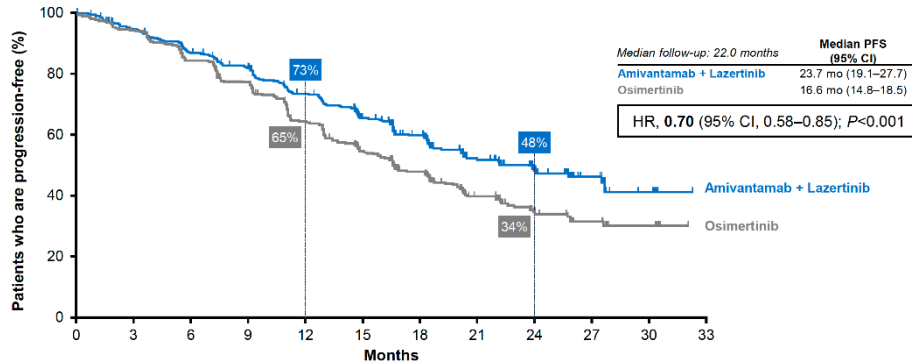
153	135	105	74	50	33	15	3	0
155	131	74	41	14	4	2	1	0

PAPILLON – Interim OS

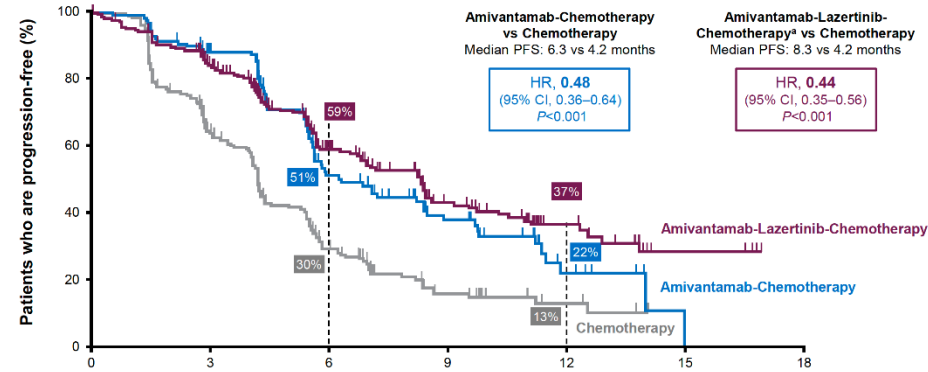


Combination Treatment with Amivantamab in 1L and 2L *EGFR*-mutant NSCLC

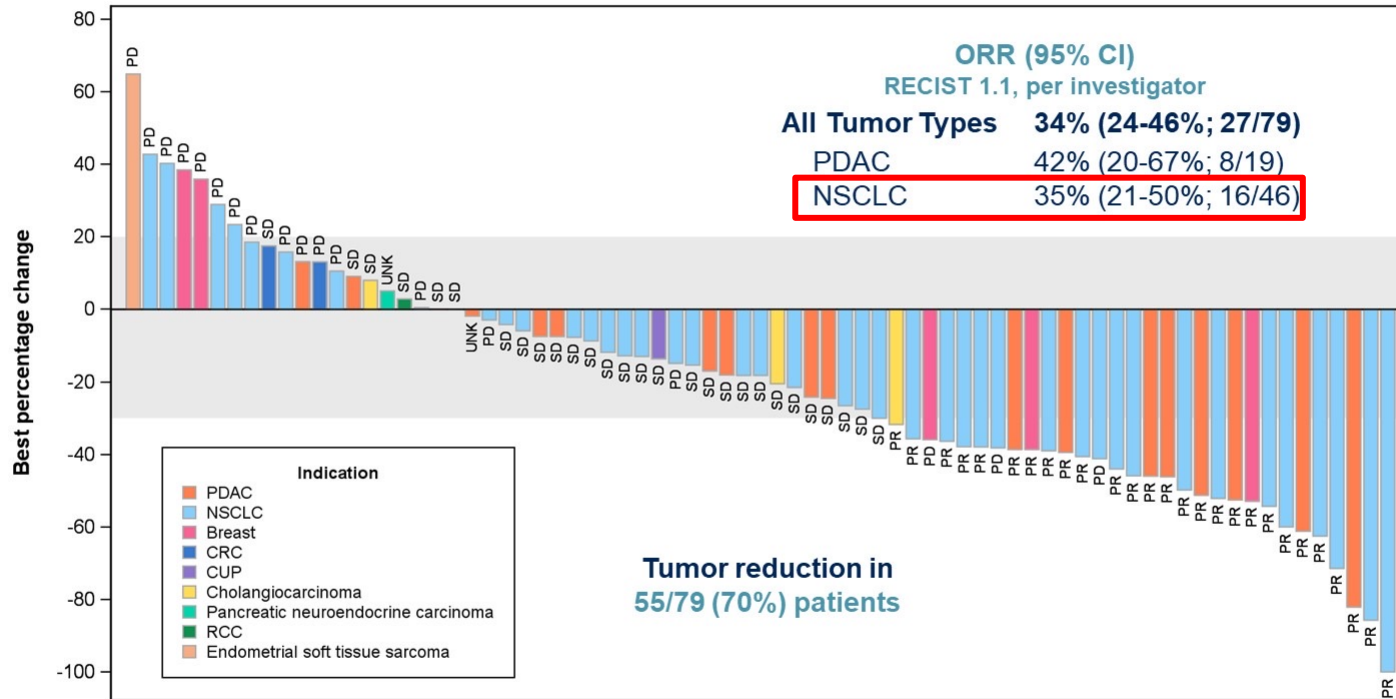
MARIPOSA



MARIPOSA-2



Zenocutuzumab – HER2 x HER3 Bispecific Antibody

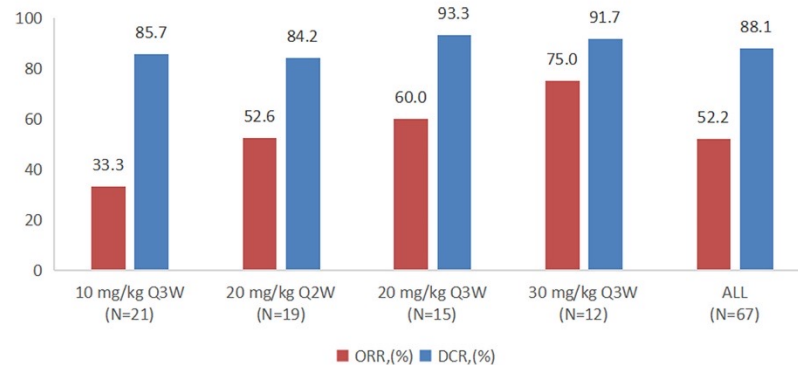
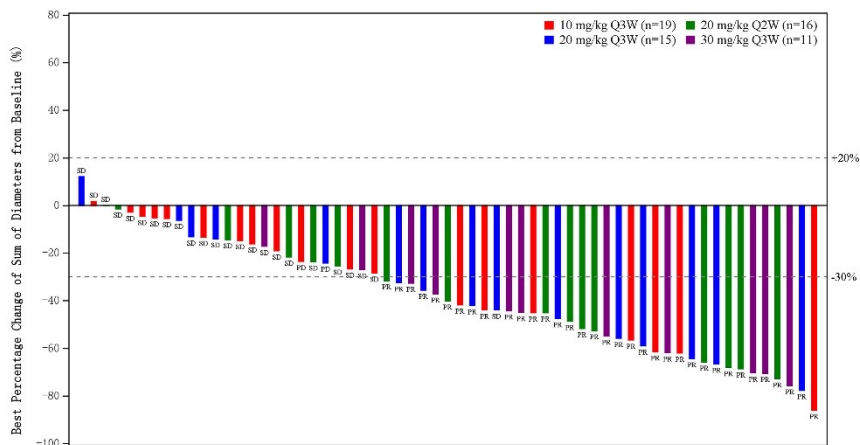


ESMO 2023
ORR in 79 patients with NSCLC = 37.2%

Ivonescimab - PD-1/VEGF Bispecific Antibody

HARMONI-5: Phase Ib study of ivonescimab as first- or second-line monotherapy in patients with advanced immunotherapy-naive NSCLC

Antitumor activity in patients with first-line advanced/metastatic NSCLC with PD-L1–positive tumors



Ongoing phase III trials in the U.S.

- **HARMONI:** Phase 3 study of ivonescimab + chemotherapy vs. placebo + chemotherapy in EGFR-mutant NSCLC after EGFR-TKI
- **HARMONI-3:** Phase 3 study of ivonescimab + chemotherapy vs. pembrolizumab + chemotherapy for the first-line treatment of metastatic squamous NSCLC

Conclusions

- ADCs and bispecific antibodies are reshaping the lung cancer treatment landscape, with trastuzumab deruxtecan and amivantamab currently being FDA-approved therapeutics in advanced NSCLC.
 - We will see more drugs in these categories entering the clinic in the near future.
 - Use of these drugs in early-stage lung cancer will increasingly be investigated.
- Optimizing patient selection, mitigating side effects, and unraveling resistance mechanisms are imperative.
- Further research is needed to explore novel targets, develop new payloads (for ADCs), and investigate combination approaches, all of which have the potential to enhance treatment outcomes.



Thank you for your attention

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