I. Jarque
Consultant or advisory role: Sobi, Shionogi, Kiowa Kirin, Incyte, Grifols, Beigene, Pfizer, Novartis, Janssen, Gilead, AstraZeneca, Amgen, and Takeda
Other remuneration: Speaker Bureau fees from Pfizer, Novartis, Janssen, Gilead, AstraZeneca, Amgen, and Takeda

E. Iskierka-Jażdżewska
Consultant or advisory role: Abbvie, Sandoz, and AstraZeneca
Honoraria: Abbvie, Sandoz, AstraZeneca, Amgen, Janssen, and Novartis

C. Carpio
Consultant or advisory role: Regeneron Pharmaceuticals, Inc, and Takeda
Honoraria: AstraZeneca, Gilead, Novartis, and BMS

S. Ayyappan
Consultant or advisory role: Seattle Genetics, Fate Therapeutics, Beigene, Abbvie, ADC Therapeutics, Intellisphere, AstraZeneca, and TG Therapeutics
Other remuneration: Speaker Bureau fees from Total CME

J. Li
Employment or leadership position: Regeneron Pharmaceuticals, Inc.
Stock ownership: Regeneron Pharmaceuticals, Inc.

M. Ufkin
Employment or leadership position: Regeneron Pharmaceuticals, Inc.
Stock ownership: Regeneron Pharmaceuticals, Inc.

M. Zhu
Employment or leadership position: Regeneron Pharmaceuticals, Inc.
Stock ownership: Regeneron Pharmaceuticals, Inc.

A. Chaudhry
Employment or leadership position: Regeneron Pharmaceuticals, Inc.
Stock ownership: Regeneron Pharmaceuticals, Inc.

H. Mohamed
Employment or leadership position: Regeneron Pharmaceuticals, Inc.
Stock ownership: Regeneron Pharmaceuticals, Inc.

S. Ambati
Employment or leadership position: Regeneron Pharmaceuticals, Inc.
Stock ownership: Regeneron Pharmaceuticals, Inc.

W. S. Kim
Research funding: Merck, Kyowa-Kirin, Beigene, Boryung, Roche, and Sanofi

094 | SUBCUTANEOUS EPCORITAMAB INDUCES DEEP, DURABLE COMPLETE REMISSIONS IN RELAPSED/REFRACTORY LARGE B-CELL LYMPHOMA: LONGER FOLLOW-UP FROM THE PIVOTAL EPCORE NHL-1 TRIAL

C. Thieblemont[1], Y. Karimi[2], W. Jurczak[3], C. Y. Cheah[4], M. R. Clausen[5], D. Cunningham[6], Y. R. Do[7], D. J. Lewis[8], R. Gasiorowski[9], T. M. Kim[10], M. van der Poel[11], M. L. Poon[12], T. Feldman[13], K. M. Linton[14], A. Sureda[15], M. Hutchings[16], A. Cottereau[17], Y. Al Tabaa[18], M. Cota Stirner[19], Y. Liu[20], N. Kilavuz[20], M. Sacchi[20], P. Lugtenburg[21], H. Ghesquieres[22]
[1]*Assistance Publique & Hôpitaux de Paris (APHP), Hôpital Saint-Louis, Hémato-oncologie, Université de Paris, Paris, France,* [2]*University of Michigan Comprehensive Cancer Center, Ann Arbor, USA,* [3]*MSC National Research Institute of Oncology, Kraków, Poland,* [4]*Sir Charles Gairdner Hospital, Nedlands, Australia,* [5]*Vejle Hospital, Vejle, Denmark,* [6]*The Royal Marsden NHS Foundation Trust, Sutton, UK,* [7]*Keimyung University Dongsan Medical Center, Daegu, Korea,* [8]*University Hospitals Plymouth NHS Trust, Derriford Hospital, Plymouth, UK,* [9]*Concord Hospital, University of Sydney, Sydney, Australia,* [10]*Seoul National University Hospital, Seoul, Korea,* [11]*On behalf of the Lunenburg Lymphoma Phase I/II Consortium-HOVON/LLPC, Maastricht, Department of Internal Medicine, Division of Hematology, GROW School for Oncology and Developmental Biology, Maastricht, University Medical Center, Maastricht, Netherlands,* [12]*National University Hospital, Singapore, Singapore,* [13]*Hackensack Meridian Health Hackensack University Medical Center, Hackensack, New Jersey, USA,* [14]*The Christie NHS Foundation Trust and Manchester Cancer Research Centre, Manchester, UK,* [15]*Institut Català d'Oncologia, Hospital Duran i Reynals, IDIBELL, Universitat de Barcelona, L'Hospitalet de Llobregat, Barcelona, Spain,* [16]*Rigshospitalet, Copenhagen University Hospital, Copenhagen, Denmark,* [17]*Assistance Publique & Hôpitaux de Paris (APHP), Hôpital Cochin, Médecine Nucléaire, Université de Paris, Paris, France,* [18]*Centre Hospitalier Universitaire de Montpellier, Montpellier, France,* [19]*AbbVie, North Chicago, Illinois, USA,* [20]*Genmab, Princeton, New Jersey, USA,* [21]*On behalf of the Lunenburg Lymphoma Phase I/II Consortium-HOVON/LLPC, Erasmus MC Cancer Institute, University Medical Center, Department of Hematology, Rotterdam, Netherlands,* [22]*Hospices Civils de Lyon, Centre Hospitalier Lyon Sud, Pierre-Bénite, France*

Introduction: Outcomes are poor for patients with relapsed/refractory (*R/R*) large B-cell lymphoma (LBCL). Effective treatments that drive deep, durable responses and long-term benefit are needed. In the pivotal EPCORE™ NHL-1 trial (NCT03625037), single-agent epcoritamab showed high complete response (CR) and MRD-negativity rates and a manageable safety profile as an off-the-shelf, subcutaneous, CD3xCD20 T-cell–engaging bispecific antibody (Thieblemont et al. *J Clin Oncol*, 2022). We present updated results, including longer follow-up, in a challenging-to-treat population.
Methods: Patients with *R/R* $CD20^+$ LBCL received subcutaneous epcoritamab (step-up priming and intermediate doses followed by

Table. Outcomes for complete responders (n=62)

Median duration of response among complete responders, mo	20.8 (95% CI, 17.3–NR)		
Median progression-free survival, mo	NR (95% CI, 18.5–NR)		
Median overall survival, mo	NR (95% CI, NR–NR)		
	9 mo	**12 mo**	**15 mo**
Estimated complete responders remaining in response, %	91.2	85.2	79.0
Estimated progression-free survival, %	91.1	87.2	81.3
Estimated overall survival, %	98.3	95.0	88.3

Kaplan–Meier estimates.

48-mg full doses) in 28-d cycles: QW, cycles 1–3; Q2W, cycles 4–9; Q4W, cycles ≥10 until PD or unacceptable toxicity.

Results: As of 18 November 2022, of 157 patients (median age, 64 y) with LBCL (including DLBCL [*n* = 139; 12/88 double/triple-hit by FISH], HGBCL [*n* = 9], PMBCL [*n* = 4], and FL grade 3B [*n* = 5]), 36 remain on study treatment. Patients had a median of 1.6 y from initial diagnosis to first dose and a median of 3 (range, 2–11) prior treatment lines; 61% of patients had primary refractory disease, and 39% had prior CAR T, of whom 75% progressed within 6 mo of treatment. Median follow-up was 20 mo (range, 0.3+ to 28.2). Patients received a mean of 9.1 cycles. LBCL overall response and CR rates were 63.1% and 39.5%, respectively, and were consistent for DLBCL (61.9% and 39.6%, respectively). The median duration of CR was 20.8 mo. Median time to CR was 2.7 mo; 8 patients converted from partial response to CR at ≥36 wk. Median overall survival was 18.5 mo (95% CI, 11.7–not reached [NR]) for patients with LBCL and 19.4 mo (95% CI, 11.7–NR) for patients with DLBCL. Median overall survival was NR in patients who achieved CR. Additional outcomes for patients with CR are shown in the **Table**. The most common treatment-emergent AEs of any grade (G) were CRS (51%), neutropenia (24%), pyrexia (24%), fatigue (23%), nausea (22%), and diarrhea (21%). Nine patients (6%) had G1–2 ICANS, and 1 patient had a G5 event with confounding factors. Fatal treatment-emergent AEs occurred in 15 patients; 2 were considered related (COVID-19, ICANS). CRS was predominantly low grade (48% G1–2; 3% G3) and occurred following the first full dose (cycle 1, day 15). One patient discontinued treatment due to G1 CRS.

Conclusions: These data with longer follow-up reaffirm single-agent subcutaneous epcoritamab induces durable CRs with improved outcomes and a manageable safety profile in patients with *R/R* LBCL. No new safety signals were observed in these hard-to-treat patients. These impressive data support the ongoing phase 3 studies evaluating epcoritamab across different lines of treatment and in various combinations.

Encore Abstract—previously submitted to ASCO 2023

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Conflicts of interests pertinent to the abstract

C. Thieblemont
Consultant or advisory role: AbbVie, Amgen, BMS/Celgene, Cellectis, Gilead Sciences, Kite, Novartis, Roche, Incyte, Janssen, Takeda
Honoraria: AbbVie, Amgen, Bayer, Cellectis, Gilead Sciences, Incyte, Janssen, Kite, Novartis, Takeda
Research funding: BMS/Celgene, Hospira, Roche
Educational grants: AbbVie, Amgen, BMS/Celgene, Cellectis, Gilead Sciences, Kite, Novartis, Roche

W. Jurczak
Consultant or advisory role: Janssen, AstraZeneca, MEI Pharma, Lilly, Takeda, Roche, AbbVie, BeiGene
Research funding: AbbVie, Bayer, BeiGene, Celgene, Janssen, Roche, Takeda, TG Therapeutics, AstraZeneca, MEI Pharma, Lilly

C. Y. Cheah
Consultant or advisory role: Roche, Janssen, MSD, Gilead, Ascentage Pharma, AstraZeneca, Lilly, TG Therapeutics, BeiGene, Novartis, BMS
Honoraria: Roche, Janssen, MSD, Gilead, Ascentage Pharma, AstraZeneca, Lilly, TG Therapeutics, BeiGene, Novartis, BMS
Educational grants: BMS, Roche, AbbVie: Research Funding; Roche

M. R. Clausen
Consultant or advisory role: AbbVie, Janssen, Gilead, AstraZeneca, Genmab
Educational grants: AbbVie, Janssen, AstraZeneca, Genmab

D. Cunningham
Research funding: MedImmune/AstraZeneca, Clovis, Lilly, 4SC, Bayer, Celgene, Roche (All Paid to Institution, Royal Marsden Hospital)

D. J. Lewis
Consultant or advisory role: Janssen, Lilly, Roche, BeiGene, Kite

R. Gasiorowski
Honoraria: MSD, Otsuka, Novartis, Astellas, Janssen, AbbVie, Takeda

T. M. Kim
Consultant or advisory role: AstraZeneca, Boryung, F. Hoffmann-La Roche Ltd/Genentech, Janssen, Novartis, Sanofi, Takeda, Yuhan
Research funding: AstraZeneca-KHIDI (Outside This Work)

T. Feldman
Consultant or advisory role: AbbVie, AstraZeneca, Epizyme, Genmab, Gilead/Kite, Karyopharm, Takeda, Seagen
Other remuneration: Speakers Bureau: Seagen

K. M. Linton
Consultant or advisory role: AbbVie, BeiGene, BMS, Celgene, Genmab, Kite/Gilead, Roche
Research funding: AbbVie, ADC Therapeutics, AstraZeneca, BeiGene, BMS, Celgene, CellCentric, Genmab, Janssen, Kite/Gilead, MorphoSys, MSD, Nurix, Regeneron, Roche, Step Pharma, Viracta (All Paid to Institution)
Educational grants: Celgene
Other remuneration: Genmab: Member of the Epcoritamab Global Council; AbbVie, Celgene: Speakers Bureau

A. Sureda
Consultant or advisory role: Takeda, BMS/Celgene, Novartis, Janssen, MSD, Amgen, GSK, Sanofi, Kite, Mundipharma, Bluebird
Honoraria: Takeda, BMS/Celgene, Novartis, Janssen, MSD, Amgen, GSK, Sanofi, Kite
Research funding: Takeda
Educational grants: Takeda, BMS/Celgene, Roche
Other remuneration: Takeda, BMS/Celgene, Novartis, Janssen, MSD, Amgen, GSK, Sanofi, Kite: Speakers Bureau

M. Hutchings
Consultant or advisory role: AbbVie, Celgene, Genmab, Janssen, Roche, Takeda
Research funding: Celgene, Genentech, Genmab, Incyte, Janssen, Novartis, Roche, Takeda (All Paid to Institution)

A. Cottereau
Other remuneration: Genmab: Payments for PET Reviews, Made to a Research Account

M. Cota Stirner
Employment or leadership position: AbbVie

Y. Liu
Employment or leadership position: Genmab

N. Kilavuz
Employment or leadership position: Genmab

M. Sacchi
Employment or leadership position: Genmab

P. Lugtenburg
Honoraria: Celgene, Roche, Takeda, Genmab, AbbVie, Incyte, Regeneron
Research funding: Takeda, Servier

H. Ghesquieres
Consultant or advisory role: Gilead Sciences, Celgene, Janssen, Roche, Mundipharma, Takeda
Honoraria: Gilead Sciences, Celgene, Janssen, Roche, Mundipharma, Takeda

095 | GLOFITAMAB MONOTHERAPY IN PATIENTS WITH RELAPSED/REFRACTORY (*R/R*) LARGE B-CELL LYMPHOMA (LBCL): EXTENDED FOLLOW-UP AND LANDMARK ANALYSES FROM A PIVOTAL PHASE II STUDY

M. Dickinson[1], C. Carlo-Stella[2], F. Morschhauser[3], L. Falchi[4], E. Bachy[5], G. Cartron[6], C. Khan[7], M. Tani[8], J. Martinez-Lopez[9], N. Bartlett[10], A. Salar[11], J. Brody[12], S. Leppä[13], E. Mulvihill[14], L. Lundberg[14], J. Relf[15], Y. Xie[16], A. Bottos[14], K. Humphrey[15], M. Hutchings[17]
[1]*Peter MacCallum Cancer Centre, Royal Melbourne Hospital and The University of Melbourne, Melbourne, Victoria, Australia,* [2]*Humanitas University and IRCCS Humanitas Research Hospital, Milan, Italy,* [3]*Hôpital Claude Huriez and CHU de Lille, Lille, France,* [4]*Lymphoma Service, Memorial Sloan Kettering Cancer Center, New York, New York, USA,* [5]*Centre Hospitalier Lyon-Sud, Lyon, France,* [6]*CHU de Montpellier, Montpellier, France,* [7]*Allegheny Health Network, Pittsburgh, Pennsylvania, USA,* [8]*Ospedale Santa Maria delle Croci, Ravenna, Italy,* [9]*Department of Hematology, Hospital Universitario 12 de Octubre, Spanish National Cancer Research Center (CNIO), Complutense University Madrid, Madrid, Spain,* [10]*Siteman Cancer Center, Washington University School of Medicine, St. Louis, Missouri, USA,* [11]*Department of Hematology, Hospital del Mar, Passeig Maritim, Barcelona, Spain,* [12]*Tisch Cancer Institute, New York, New York, USA,* [13]*University of Helsinki and Helsinki University Hospital Comprehensive Cancer Center, Helsinki, Finland,* [14]*F. Hoffmann-La Roche Ltd, Basel, Switzerland,* [15]*Roche Products Ltd, Welwyn Garden City, UK,* [16]*F. Hoffmann-La Roche Ltd, Mississauga, Canada,* [17]*Rigshospitalet, Copenhagen, Denmark*

Introduction: Glofitamab is a CD20xCD3 bispecific antibody delivered in a fixed course of 12 three-weekly cycles. In a Phase II study (NCT03075696), glofitamab induced high complete response (CR) rates and had manageable toxicity in pts with *R/R* LBCL (Dickinson et al., 2022). We present an extended follow-up and a landmark analysis to assess the outcomes of pts in CR.