

B-cell Depletion and Efficacy Outcomes with Ofatumumab: Subgroup Analysis from the Pooled Phase 3 ASCLEPIOS I and II Trials

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Background 

Methods 

Results 

Conclusions 



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Disclosures

Stephen L Hauser serves on the board of trustees for Neurona and on scientific advisory boards for Alector, Annexon, Bionure, and Molecular Stethoscope, and has received travel reimbursement and writing assistance from F. Hoffmann-La Roche Ltd for CD20-related meetings and presentations.

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Xavier Montalban has received speaking honoraria and travel expenses for participation in scientific meetings, and has been a steering committee member of clinical trials or participated in advisory boards of clinical trials in the past years with Actelion, Bayer, Biogen, Celgene, Merck, Novartis, Roche, Sanofi-Genzyme, Teva Pharmaceuticals, Excemed, MSIF and NMSS. He also received research support through his institution from Biogen, Merck, Novartis, Roche, Sanofi-Genzyme, and Teva Pharmaceuticals.

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Ludwig Kappos has received no personal compensation. His institution (University Hospital Basel) has received the following exclusively for research support: steering committee, advisory board and consultancy fees (Actelion, Almirall, Bayer, Biogen, Celgene/Receptos, Genzyme, Merck, Minoryx, Novartis, Roche, Sanofi-Aventis, Santhera and TG Therapeutics); For educational activities, the institution received payments and honoraria from Allergan, Almirall, Baxalta, Bayer, Biogen, CSL-Behring, Desitin, Genzyme, Merck, Novartis, Pfizer, Roche, Sanofi-Aventis, Shire, and Teva Pharmaceuticals. His institution received license fees for Neurostatus products and grants from Bayer, Biogen, Innosuisse, Novartis, the Swiss MS Society, the Swiss National Research Foundation and the European Union. In the last 12 months, Ludwig Kappos has served as International Steering Committee member or chair or local PI for the following studies: BIIB061 Phase 2 OCEAN, BIIB133 (Dapimab), ENDORSE (DMF; Biogen), FINGORETT (IIS) and FTY-UMBRELLA (fingolimod; Novartis), OCRELIZUMAB PHASE II EXT., OPERA, ORATORIO and extensions (ocrelizumab; Roche), POINT and OPTIMUM (ponesimod; Actelion), TOP (natalizumab; Biogen), EXPAND and Extension (siponimod; Novartis), ASCLEPIOS I/II and ALITHIOS (ofatumumab; Novartis), RADIANCE, SUNBEAM (ozanimod; Celgene), TERIFLUNOMIDE EXT and TERRIKIDS (teriflunomide; Sanofi-Aventis). Honoraria and other payments for all of these activities have been exclusively used for funding of research at the department.

Algirdas Kakarieka was an employee of Novartis at the time of submission of abstract to congress.

Bingbing Li, Roman Willi, Dieter A. Häring and **Martin Merschhemke** are employees of Novartis.

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Background



- Ofatumumab is the first fully human anti-CD20 monoclonal antibody, binds to two distinct non-continuous regions on a unique conformational epitope,^{1,2} giving rise to a low off-rate,³ and delivers potent and sustained effector activity¹
- In the Phase 3 ASCLEPIOS I and II trials, ofatumumab 20 mg s.c. monthly demonstrated superior efficacy versus oral teriflunomide 14 mg once daily, and a favorable safety profile in patients with RMS⁴
 - Relative reduction in ARR: 50.5% (p<0.001) in ASCLEPIOS I, and 58.5% (p<0.001) in ASCLEPIOS II
 - Risk reduction in 3- and 6-month CDW: 34.4% (p=0.002) and 32.5% (p=0.012) in the pre-specified pooled analysis

Objective

To evaluate the effect of ofatumumab 20 mg s.c. on B-cell depletion and efficacy outcomes in subgroups of patients defined by baseline demographic and disease characteristics from ASCLEPIOS I and II trials



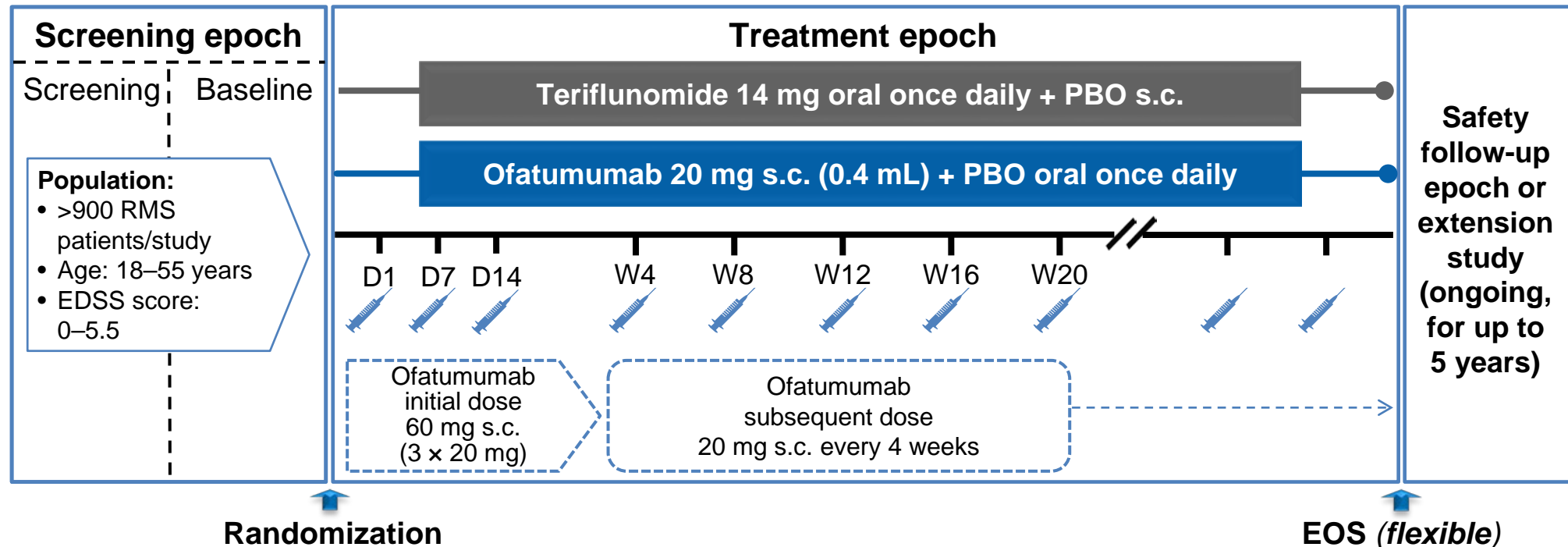


ASCLEPIOS I and II: Study design

Identical study designs, conducted in parallel



Double-blind, double-dummy, active comparator-controlled, parallel-group, multicenter, adaptive and flexible duration design trials (*maximum duration of up to 30 months*)



Patients received **ofatumumab 20 mg (0.4 mL) s.c.** injections on **Days 1, 7, and 14** (*initial dose*) and **every 4 weeks from Week 4** onwards (*subsequent dose*) or **teriflunomide 14 mg oral once daily**





Study outcomes and statistical analysis

ASCLEPIOS I and II (pooled analysis)



Outcomes	Assessments	Statistical method
<p>B-cell levels (over 96 weeks)</p> <ul style="list-style-type: none"> Median B-cell counts* Proportion of patients with B-cell counts ≤ 10 cells/μL 	<ul style="list-style-type: none"> By total population By quartiles of baseline body weight (kg) <ul style="list-style-type: none"> Q1 (< 60.1) Q2 ($\geq 60.1 - < 70.8$) Q3 ($\geq 70.8 - < 84.4$) Q4 (≥ 84.4) 	<ul style="list-style-type: none"> Descriptive statistics
<p>Efficacy outcomes (up to end of the study)</p> <ul style="list-style-type: none"> ARR 3mCDW 6mCDW 	<ul style="list-style-type: none"> By demographic subgroups <ul style="list-style-type: none"> Age Gender Body weight By baseline disease characteristics <ul style="list-style-type: none"> EDSS score Number of relapses in the previous 2 years Gd+ T1 lesions Prior DMTs 	<ul style="list-style-type: none"> Negative binomial regression model (ARR) Cox regression model (3mCDW and 6mCDW)

*B-cell counts were measured categorically in the categories of 0–4, 5–14, 15–24 up to 250 cells/ μL .

3mCDW, 3-month confirmed disability worsening; 6mCDW, 6-month confirmed disability worsening; ARR, annualized relapse rate; DMTs, disease-modifying therapies; EDSS, Expanded Disability Status Scale; Gd+, Gadolinium-enhancing; Q, quartile



Results



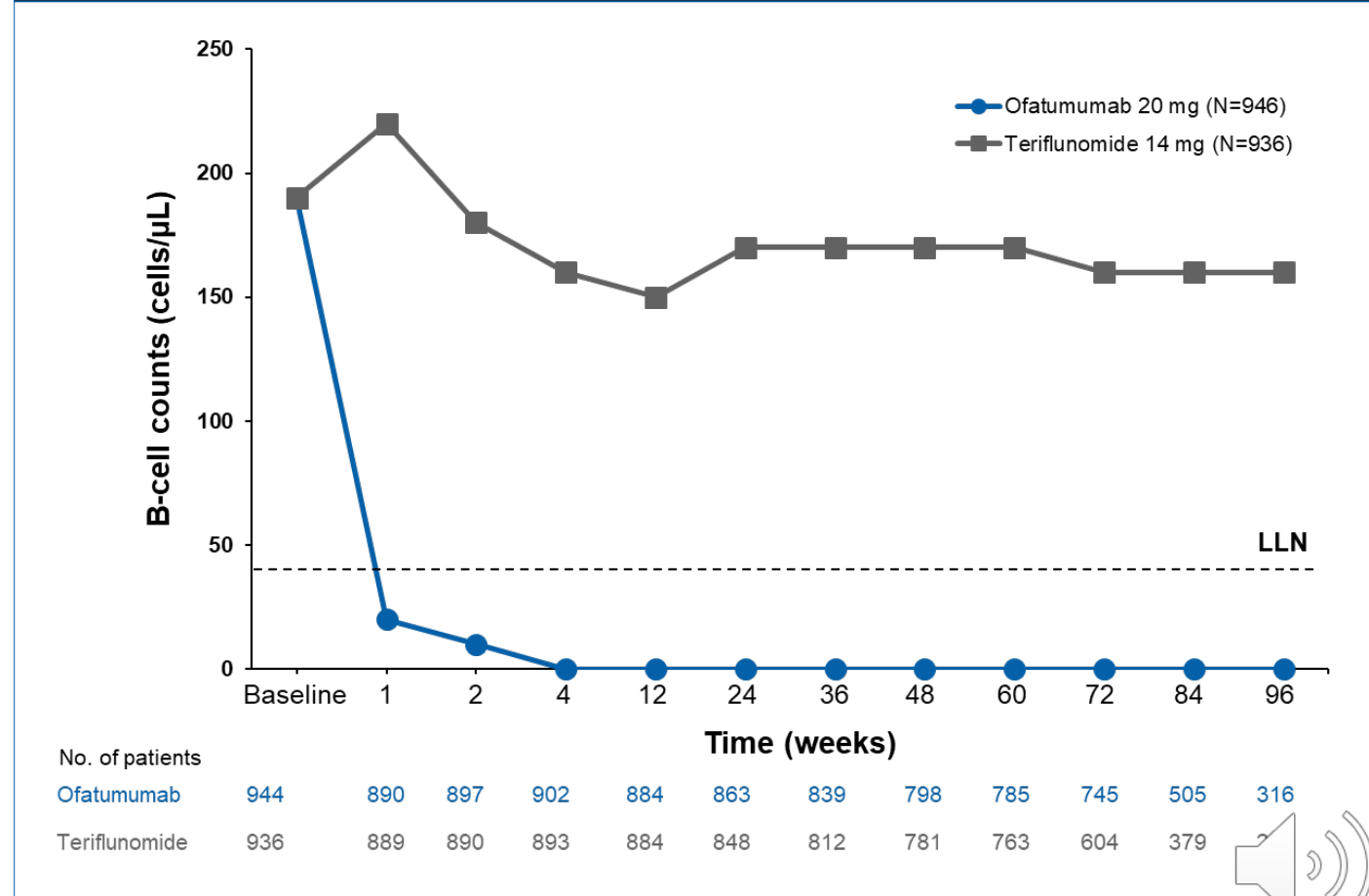
Effect on B-cell counts in the total population

ASCLEPIOS I and II (pooled analysis)



- Ofatumumab dosing regimen led to rapid B-cell depletion, from median B-cell counts of 190 cells/ μ L at baseline to ≤ 10 cells/ μ L by Week 2, and sustained at 0 cells/ μ L up to Week 96
- In the teriflunomide group, the median B-cell counts were in the range of 150–220 cells/ μ L throughout the observation period

Median B-cell counts over 96 weeks in the total study population



Results



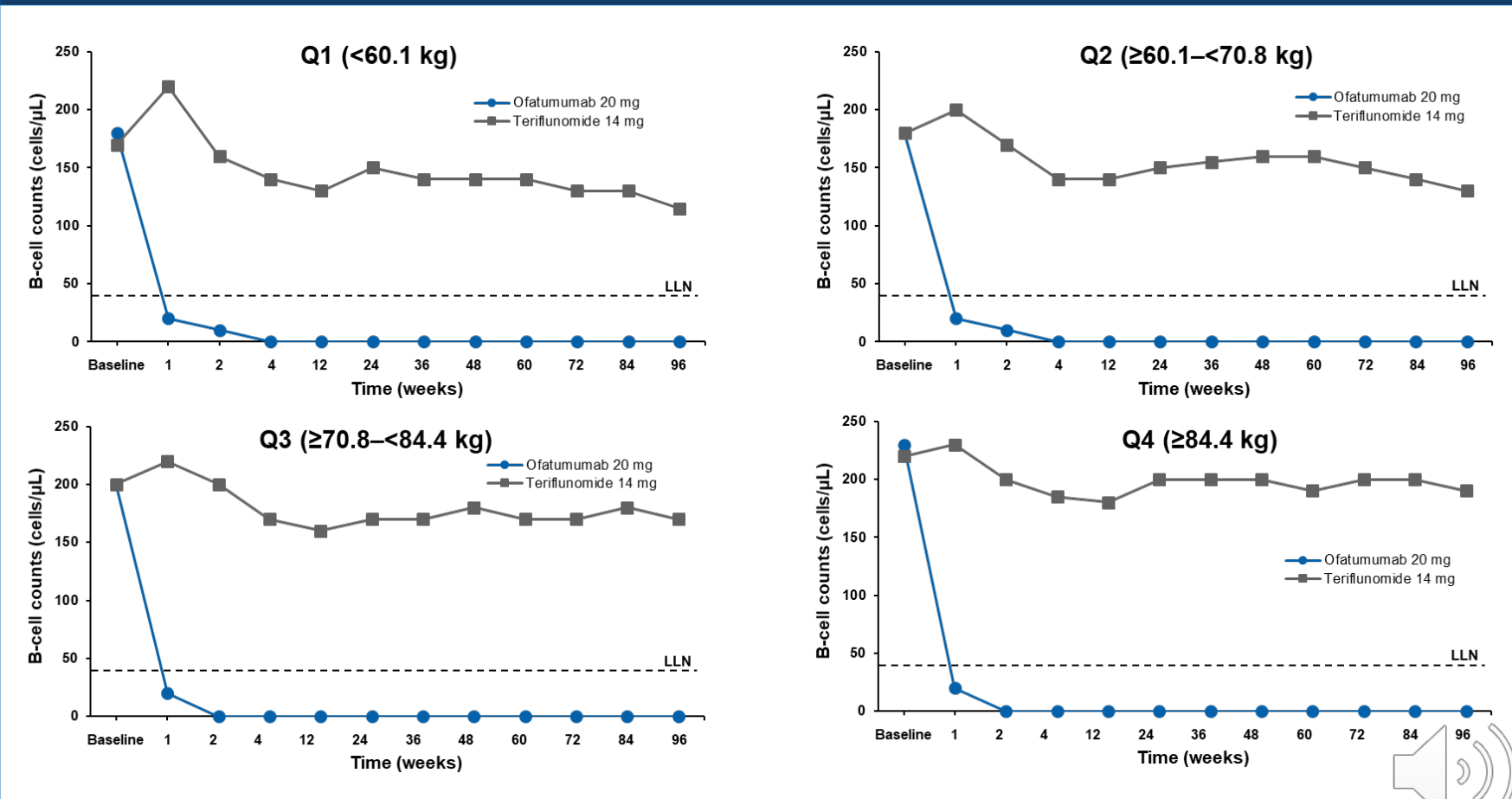
Effect on B-cell counts by body weight

ASCLEPIOS I and II (pooled analysis)



- Across all body weight subgroups, the median B-cell counts in ofatumumab-treated patients were 10 cells/ μ L by Week 2 and sustained at 0 cells/ μ L up to Week 96
- In the teriflunomide subgroups, B-cell counts were in the range of 115–230 cells/ μ L throughout the entire observation period

Median B-cell counts over 96 weeks in subgroups by quartiles of baseline body weight



LLN, lower limit of normal; Q, quartile

Results

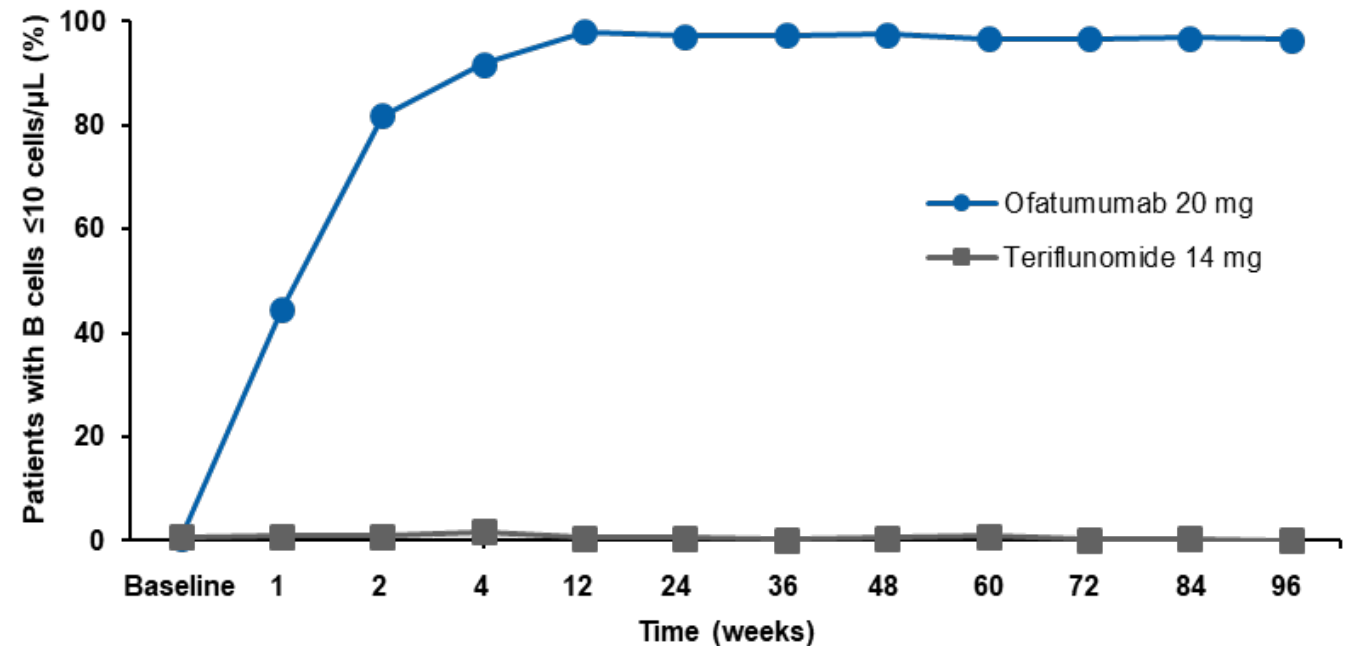


Proportion of patients with B-cell counts ≤ 10 cells/ μL in the total population



- 82% of ofatumumab-treated patients achieved B-cell counts ≤ 10 cells/ μL by Week 2 and 98% achieved this by Week 12, which was maintained at 96.5% up to Week 96. In the teriflunomide group, this was achieved in $<2\%$ of patients at any give time point

Proportion of patients with B-cell counts ≤ 10 cells/ μL over 96 weeks



Results

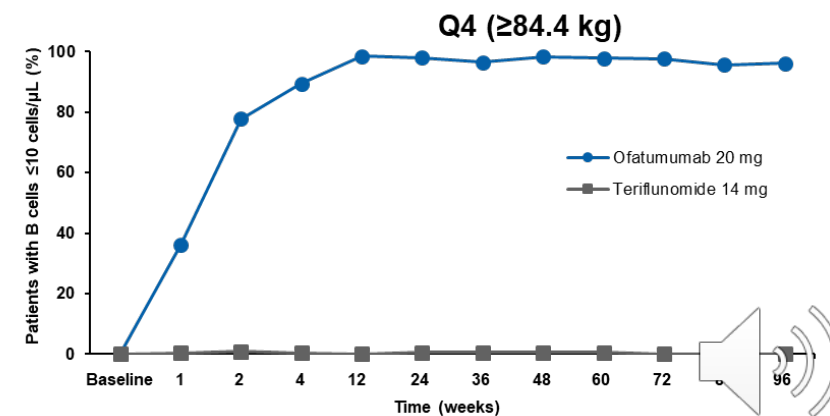
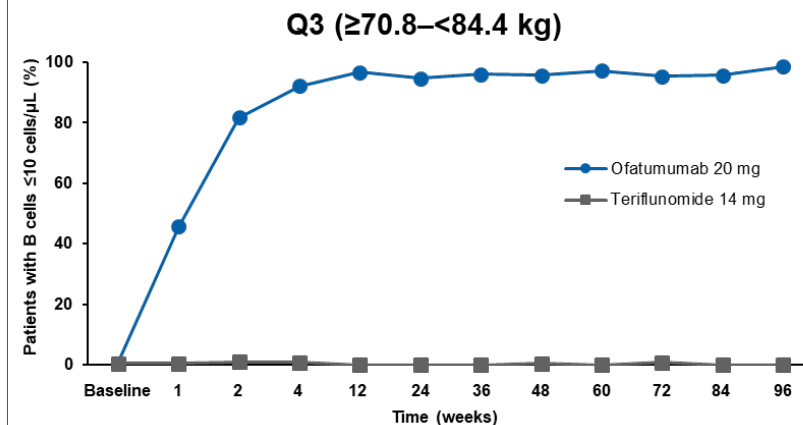
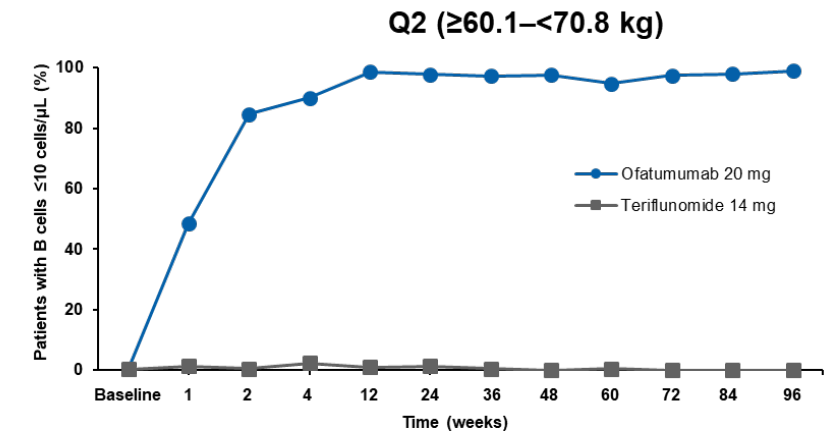
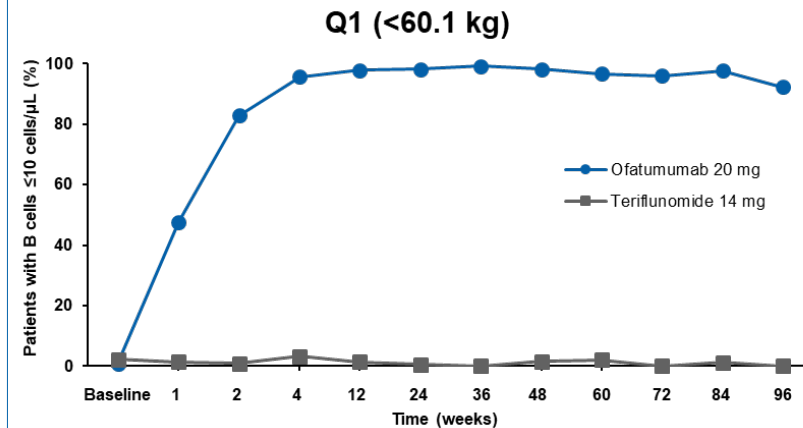


Proportion of patients with B-cell counts ≤ 10 cells/ μL by body weight subgroups



- Irrespective of the body weight, >92% of ofatumumab-treated patients achieved B-cell counts ≤ 10 cells/ μL by Week 96. In the teriflunomide group, across all body weight subgroups, this was achieved in <4% of patients at any give time point

Proportion of patients with B-cell counts ≤ 10 cells/ μL over 96 weeks in subgroups by quartiles of baseline body weight



Results



Effect on ARR across subgroups

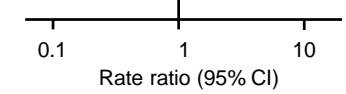
ASCLEPIOS I and II (pooled analysis)



- Ofatumumab demonstrated higher efficacy versus teriflunomide for ARR across all subgroups

ARR by subgroups

	Ofatumumab 20 mg N/Adj. rate (95% CI)	Teriflunomide 14 mg N/Adj. rate (95% CI)	Favours Ofatumumab 20 mg	Favours Teriflunomide 14 mg	Interact. P-value ^a
Overall	946/0.12 (0.10, 0.14)	936/0.26 (0.23, 0.29)	•		
Age (years)					0.049
≤40	529/0.12 (0.10, 0.15)	564/0.29 (0.25, 0.34)	•		
>40	417/0.12 (0.10, 0.16)	372/0.20 (0.16, 0.25)	•		
Gender					0.013
Female	637/0.13 (0.11, 0.16)	636/0.24 (0.21, 0.28)	•		
Male	309/0.09 (0.07, 0.13)	300/0.29 (0.23, 0.36)	•		
Body weight (kg)					0.198
Q1 (<60.1)	240/0.16 (0.12, 0.21)	227/0.24 (0.19, 0.31)	•		
Q2 (≥60.1–<70.8)	249/0.12 (0.09, 0.16)	224/0.28 (0.22, 0.35)	•		
Q3 (≥70.8–<84.4)	226/0.12 (0.09, 0.16)	244/0.25 (0.20, 0.32)	•		
Q4 (≥84.4)	231/0.09 (0.06, 0.13)	241/0.25 (0.20, 0.32)	•		
Baseline EDSS					0.023
≤3.5	670/0.10 (0.08, 0.12)	679/0.25 (0.21, 0.29)	•		
>3.5	276/0.18 (0.14, 0.23)	257/0.28 (0.22, 0.35)	•		
Number of relapses in the previous 2 years					0.560
≤2	695/0.10 (0.08, 0.12)	666/0.21 (0.18, 0.24)	•		
>2	251/0.19 (0.15, 0.25)	270/0.37 (0.30, 0.45)	•		
Gd+ T1 lesions at baseline					0.398
0	561/0.11 (0.09, 0.14)	584/0.23 (0.19, 0.27)	•		
>0	362/0.13 (0.10, 0.17)	338/0.31 (0.25, 0.37)	•		
Prior MS disease-modifying drug					0.829
Previously treated	560/0.14 (0.12, 0.17)	573/0.30 (0.26, 0.35)	•		
Treatment naïve	386/0.09 (0.07, 0.12)	363/0.18 (0.15, 0.23)	•		



^aP-value for the type-3 test of the treatment by subgroup interaction is a heterogeneity test (the treatment effect is similar between subgroups if the test is non-significant). Model was adjusted for study, treatment for the overall analysis, with additional co-factors of subgroup, treatment by subgroup interaction for subgroup analysis. Natural log of the time-in-study was used as offset to annualize the relapse rate.

Results



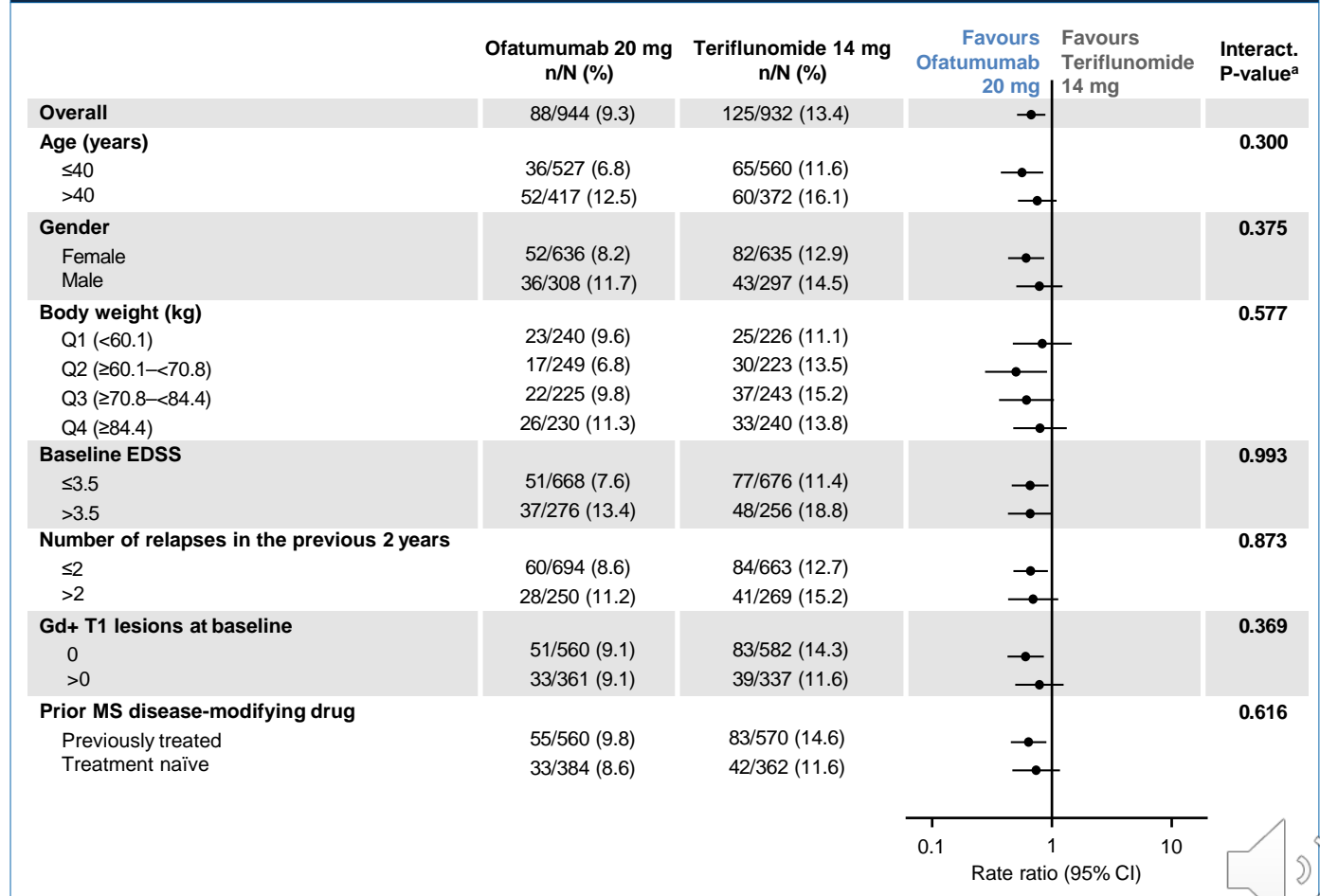
Effect on 3mCDW across subgroups

ASCLEPIOS I and II (pooled analysis)



- Reductions in 3mCDW favored ofatumumab versus teriflunomide across all subgroups and the treatment effect of ofatumumab was consistent among all subgroups

3mCDW by subgroups



^aP-value for the type-3 test of the treatment by subgroup interaction is a heterogeneity test (the treatment effect is similar between subgroups if the test is non-significant).

Model was adjusted for the study as stratum, treatment for the overall analysis, with additional co-factors of subgroup, treatment by subgroup interaction for subgroup analysis

Results



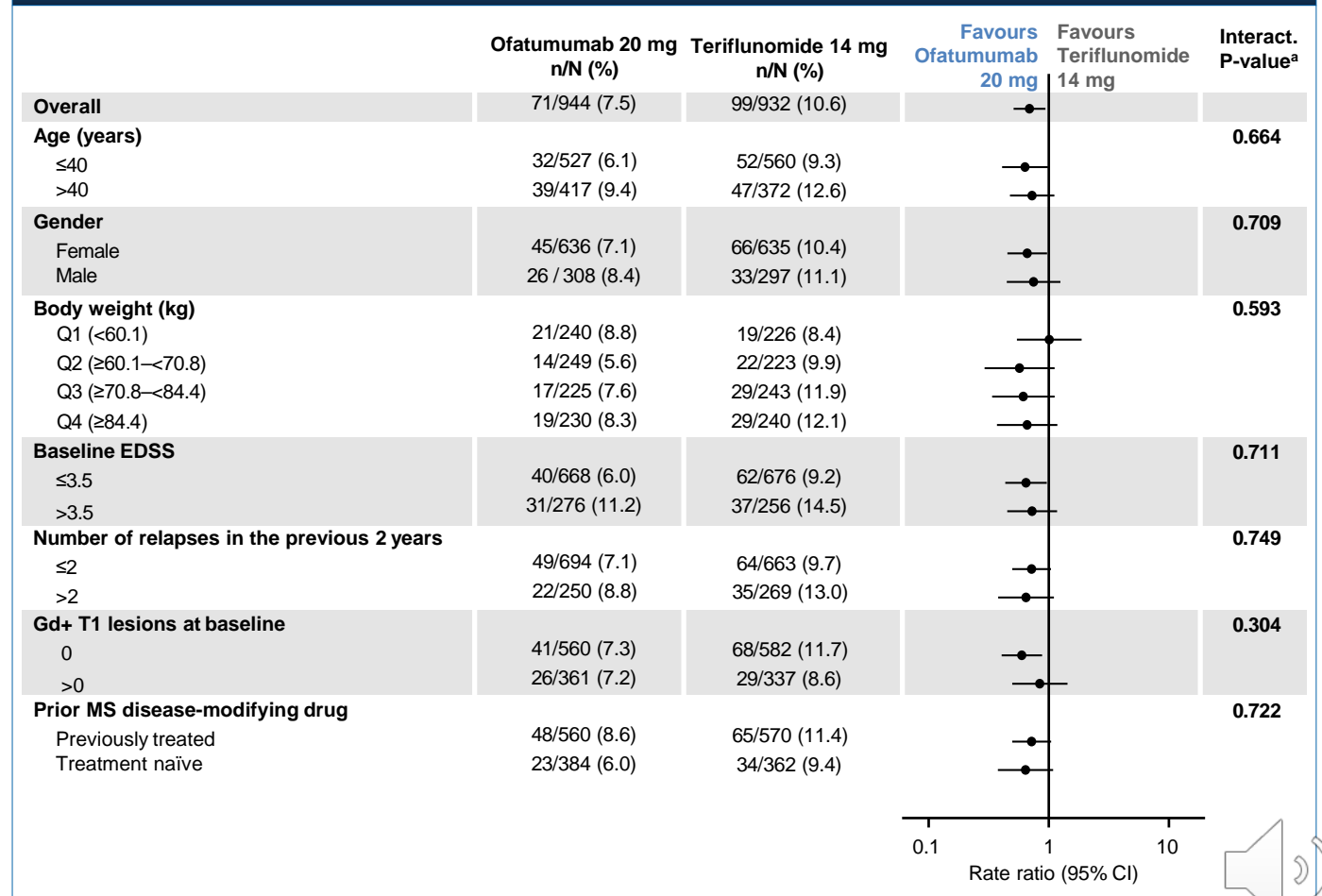
Effect on 6mCDW across subgroups

ASCLEPIOS I and II (pooled analysis)



- Reductions in 6mCDW favored ofatumumab versus teriflunomide across all subgroups and the treatment effect of ofatumumab was consistent among all subgroups

6mCDW by subgroups



^aP-value for the type-3 test of the treatment by subgroup interaction is a heterogeneity test (the treatment effect is similar between subgroups if the test is non-significant).

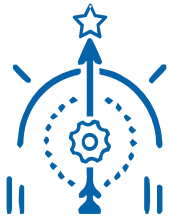
Model was adjusted for the study as stratum, treatment for the overall analysis, with additional co-factors of subgroup, treatment by subgroup interaction for subgroup analysis



Ofatumumab 20 mg with a monthly s.c. dosing regimen over 96 weeks versus teriflunomide:



Resulted in rapid B-cell depletion in all patients, demonstrating that the ofatumumab dosage regimen achieves and maintains low levels of B cells in patients independent of body weight



Demonstrated consistent treatment benefits on clinical (ARR) and disability (3mCDW and 6mCDW) outcomes across subgroups defined by baseline characteristics, similar to the effects observed in the overall pooled Phase 3 ASCLEPIOS I and II patient population¹



Thank you

