CD16A Genotype May Predict Anti-HER2 Antibody Benefit

Primary

- Objective responses observed in refractory patients with various HER2+ tumor types
- ORR (including unconfirmed responses) = 28.6% (Compares favorably to benchmark mBC data from HER2+ mBC arm, multicenter Ph. 1b/2 trial of Tebotelimab + margetuximab combination)
- Median duration of response 44.4% (4/9) 57.1% (4/7) 50% (2/4) 50% (4/8) 50% (14/28)
- Disease control rate

Secondary

- Objective response rate in LAG-3 biomarker high patients vs 9% in biomarker low patients
- Patients demonstrating objective responses exhibit higher expression of both LAG-3 and PD-1
- Further analyses ongoing and will be extended to additional patients

Conclusions

- Tebotelimab + margetuximab combination generally well tolerated
- Safety profile consistent with independent monotherapies
- Evidence of antitumor activity observed among refractory patients with various HER2+ tumor types
- Objective responses documented in 17% (confirmed) and 34% (unconfirmed) across advanced HER2+ tumor types
- Early Phase 1 study data from PALAHA study
- All of response evaluable population decrease of target lesion burden
- Duration of response 44% confirmed responders: 4.2-8.3 months (patients ongoing)
- Majority of responding patients had baseline PD-L1 expression of 4%
- All responding patients carry favorable CD16A (LTR) allele (x: vIII, vIX)
- Baseline CD8+ and PD-1 IFN-γ expression associated with clinical response
- Margetuximab (MGD010) in patients with HER2+ Neoplasms
- *Patients demonstrating objective responses exhibit higher expression of both LAG-3 and PD-1 (vIII, vIX)