

Odronextamab setback sees Genmab/Abbvie pull ahead

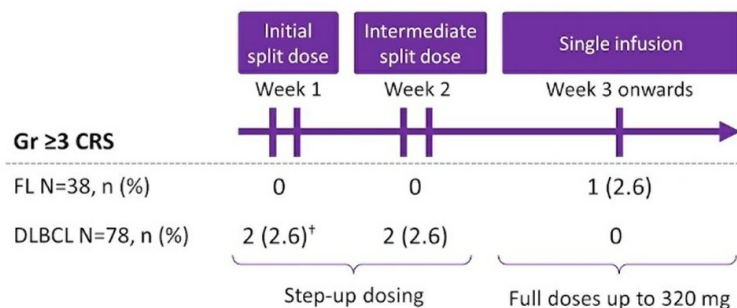


Jacob Plieth

Presentation at Ash of clinical data for odronextamab, the Regeneron anti-CD20 bispecific that [this week went on partial US clinical hold](#), had been greeted positively, spurred by generous praise from the study's primary investigator. Dr Rajat Bannerji, from Rutgers Cancer Institute of New Jersey, said odronextamab had achieved durable complete responses, with an "acceptable risk-benefit profile". But the hold might come as no surprise to those paying close attention to the data: [45% of patients suffered serious adverse events related to odronextamab, and five deaths were deemed treatment-related](#). The surprising part of the hold is that it was said to have been implemented to cut incidence of grade 3 or higher cytokine release syndrome. At this severity CRS occurred in just 10 of 136 lymphoma subjects in the trial, said Dr Bannerji, and no deaths were due to CRS. Some might now bemoan the odronextamab setback as bad news for patients, but biopharma's anti-CD20 bispecific pipeline is bursting at the seams, and Genmab/Abbvie's epcoritamab looks to be pulling ahead as best in class. That patients have been spared a toxic therapy and could soon face numerous better options should be welcomed.

Cytokine release syndrome

CRS, n (%)	DLBCL, n=78	FL Gr 1-3a, n=38	Other B-NHL,* n=20	Total, N=136
Gr 1	31 (39.7)	13 (34.2)	4 (20.0)	48 (35.3)
Gr 2	14 (17.9)	11 (28.9)	0 (0)	25 (18.4)
Gr 3	4 (5.1)	1 (2.6)	4 (20.0)	9 (6.6)
Gr 4	0 (0)	0 (0)	1 (5.0)	1 (0.7)
Total	49 (62.8)	25 (65.8)	9 (45.0)	83 (61.0)



- Majority of CRS events were mild or moderate in severity
- Majority of Gr ≥3 CRS events occurred with initial or intermediate odronextamab step-up doses
- Highest grade of CRS observed in patients with FL or DLBCL was Gr 3
- One episode of Gr 3 CRS occurred in FL patients
- CRS events resolved within a median of 2 days (range 1-41), with supportive care measures

Source: Dr Rajat Bannerji & Ash.

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