

# **Zanubrutinib (BGB-3111) in NHL**

**Constantine Tam**

**St Vincent's Hospital  
Peter MacCallum Cancer Center  
University of Melbourne**

# BTKi in Waldenstrom Macroglobulinemia

---

- First-generation BTK inhibitor Ibrutinib has shown activity in WM and become a standard of care
  - Major response rate: 73% (including 16% very good partial response)
  - 68% 3-year event-free survival
- INNOVATE Study confirmed superiority of ibrutinib + rituximab vs placebo + rituximab

# Trial Design

## DOSE ESCALATION

Dose		Enrolled (WM)
40 mg	QD	4 (1)
80 mg	QD	5 (2)
160 mg	QD	6 (1)
320 mg	QD	6 (0)
160 mg	BID	4 (0)

## RP2D

320 mg QD  
or  
160 mg BID

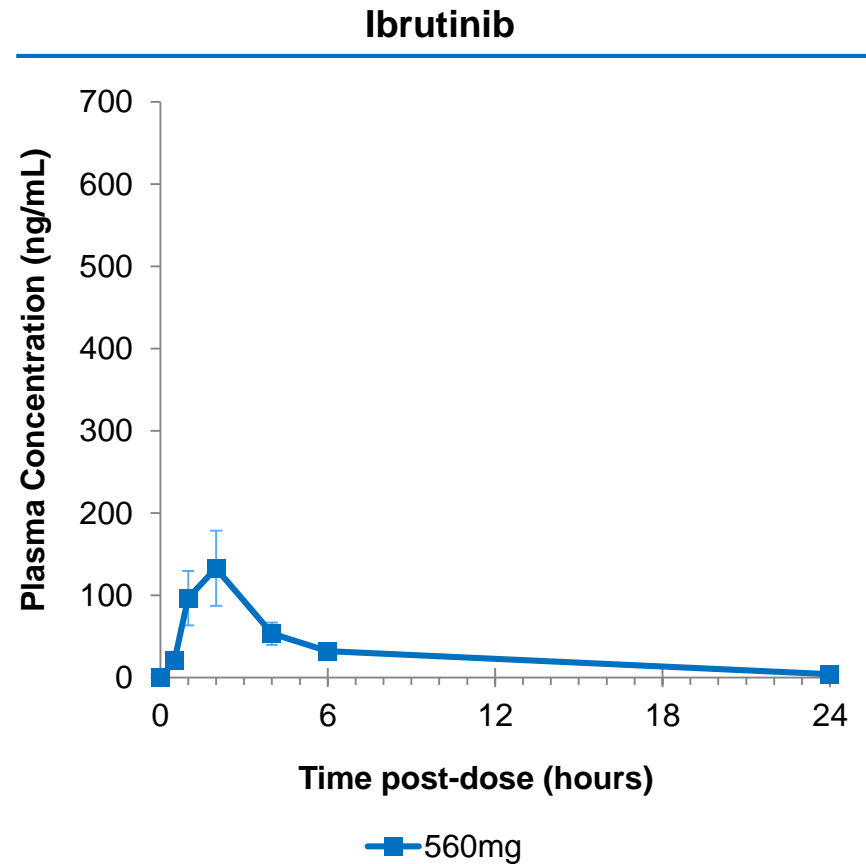
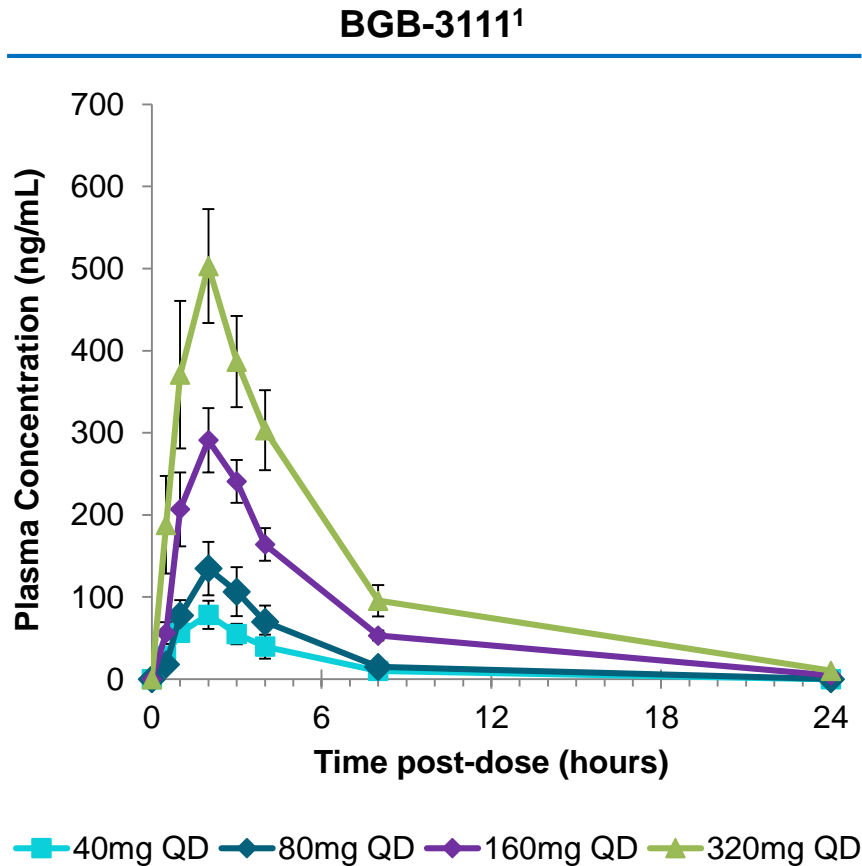
## DOSE EXPANSION

Population	RP2D Dose	Disease	Planned (WM enrolled)
Relapsed/Refractory	BID or QD	MCL, MZL, FL, GCB DLBCL, WM	40 (2)
Relapsed/Refractory	BID	Non-GCB DLBCL	40
Relapsed/Refractory	BID	CLL/SLL	70
Relapsed/Refractory	BID	WM	20 (20)
Relapsed/Refractory	QD	CLL/SLL	20
Relapsed/Refractory or Treatment-naïve	BID or QD	WM	50 (22)
Relapsed/Refractory	BID or QD	MCL	20
Treatment-naïve	BID or QD	CLL/SLL	20
Treatment-naïve	BID or QD	MCL	20
Relapsed/Refractory	BID or QD	HCL	10
Relapsed/Refractory	BID	iNHL	40
Relapsed/Refractory	BID	Richter Transform.	15
Relapsed/Refractory from prior btk-i	BID	WM	15

### Eligibility:

- ≥1 prior therapy (relapsed cohorts only)
- No available higher priority treatment
- ECOG 0-2
- ANC >1,000/μl, PLT >50,000/μl

# Plasma Exposure Comparison for BGB-3111 and Ibrutinib



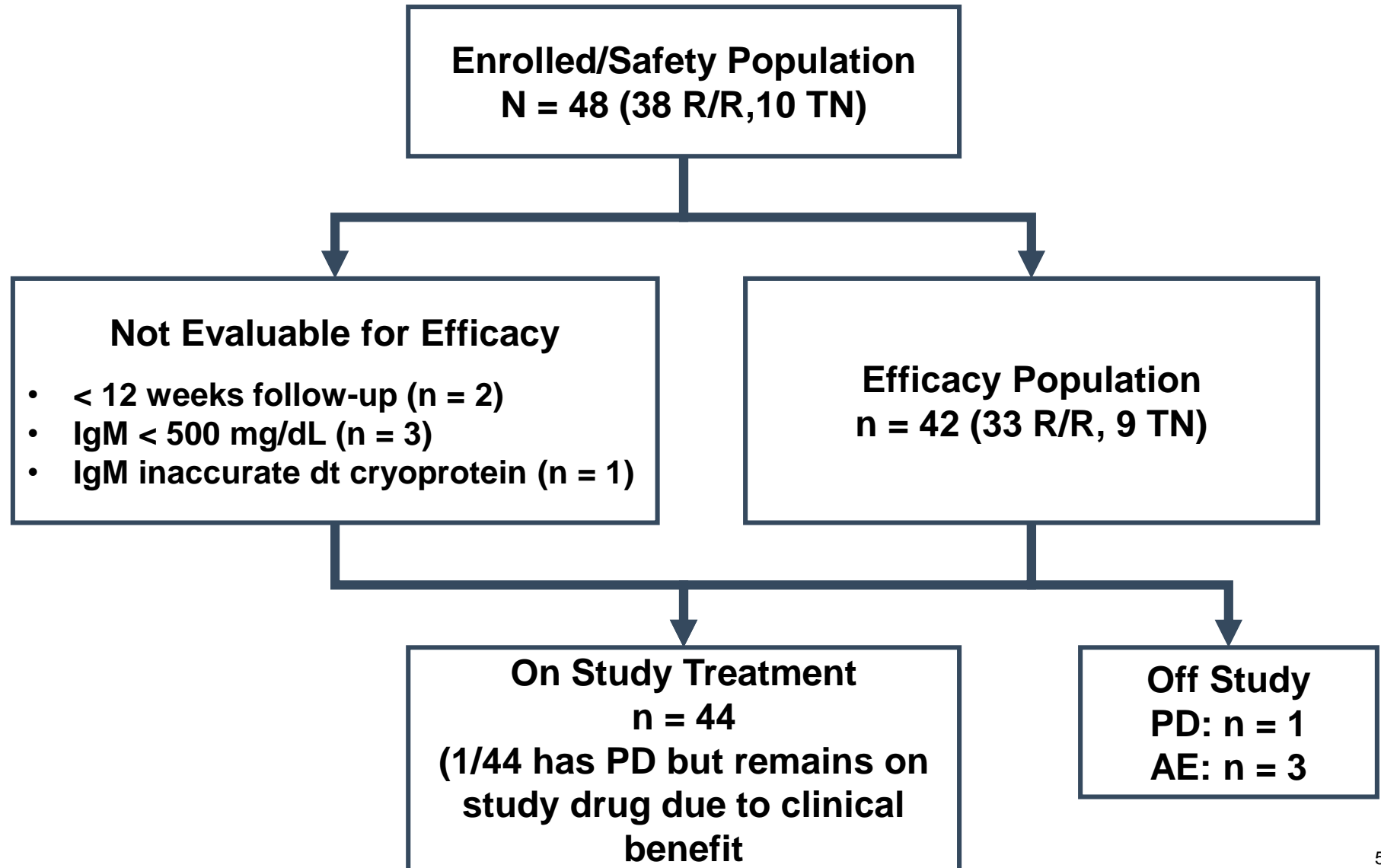
Adapted from Advani *et al*<sup>2</sup>

<sup>1</sup> Tam CS, et al. *Blood*. 2015;126:832.

<sup>2</sup> Advani RH, et al. *J Clin Oncol*. 2013;31:88-94.

# WM Patient Disposition

*As of March 31, 2017*



# Patient Characteristics

Characteristic	Total (N = 48)
Age, years, median (range)	66 (44-87)
ECOG Performance Status, n (%)	
0	14 (29)
1	34 (71)
Follow-up, months, median (range)	10.6 (1.4-30.5)
Prior Treatment Status, n (%)	
Treatment-naïve	10 (21)
Relapsed/refractory	38 (79)
Number of prior therapies, median (range)	1 (1-8)
Prior rituximab (% R/R pts)	28 (74%)
Genotype	
MYD88 <sup>L265P</sup> / CXCR4 <sup>WT</sup>	21 (43.8)
MYD88 <sup>L265P</sup> / CXCR4 <sup>WHIM</sup>	5 (10.4)
MYD88 <sup>WT</sup>	5 (10.4)
Unavailable	17 (35.4)

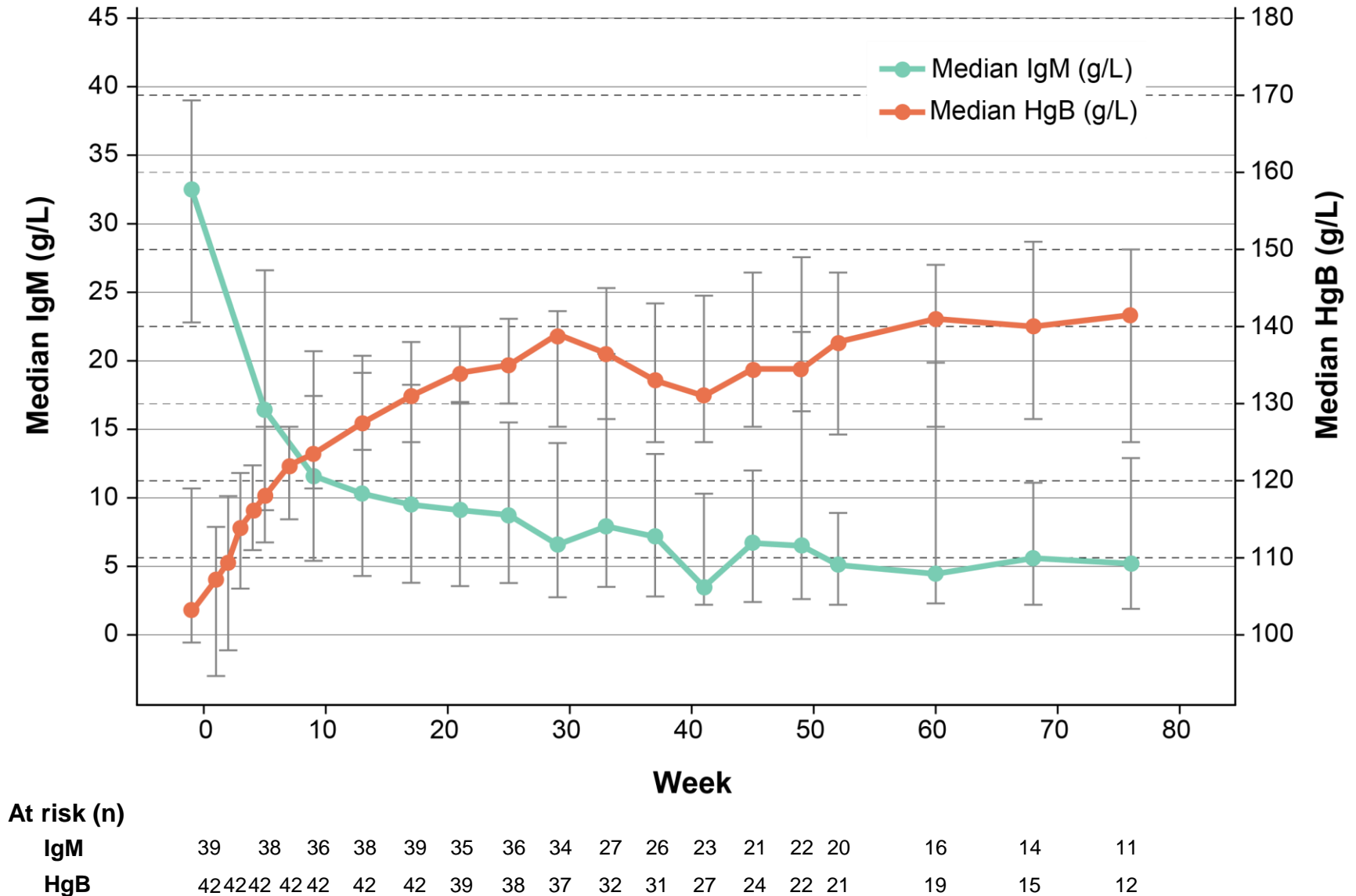
# Efficacy Summary (n = 42)

	Total
Median follow-up (range)	12.3 months (4.4-30.5)
Best Response (n = 42)	
CR	0
VGPR	18 (43%)
PR	14 (33%)
MR	6 (14%)
SD	4 (10%)
	<div> <div>90% ORR†</div> <div>76% MRR*</div> </div>
IgM reduction (median, %)	32.7 g/L to 6.1 g/L (81.3%)
Hemoglobin change (median)	104.5 g/L to 142 g/L
Lymphadenopathy reduction by CT (n, range)	45.5% (median) (16, 18.2%-81.4%)

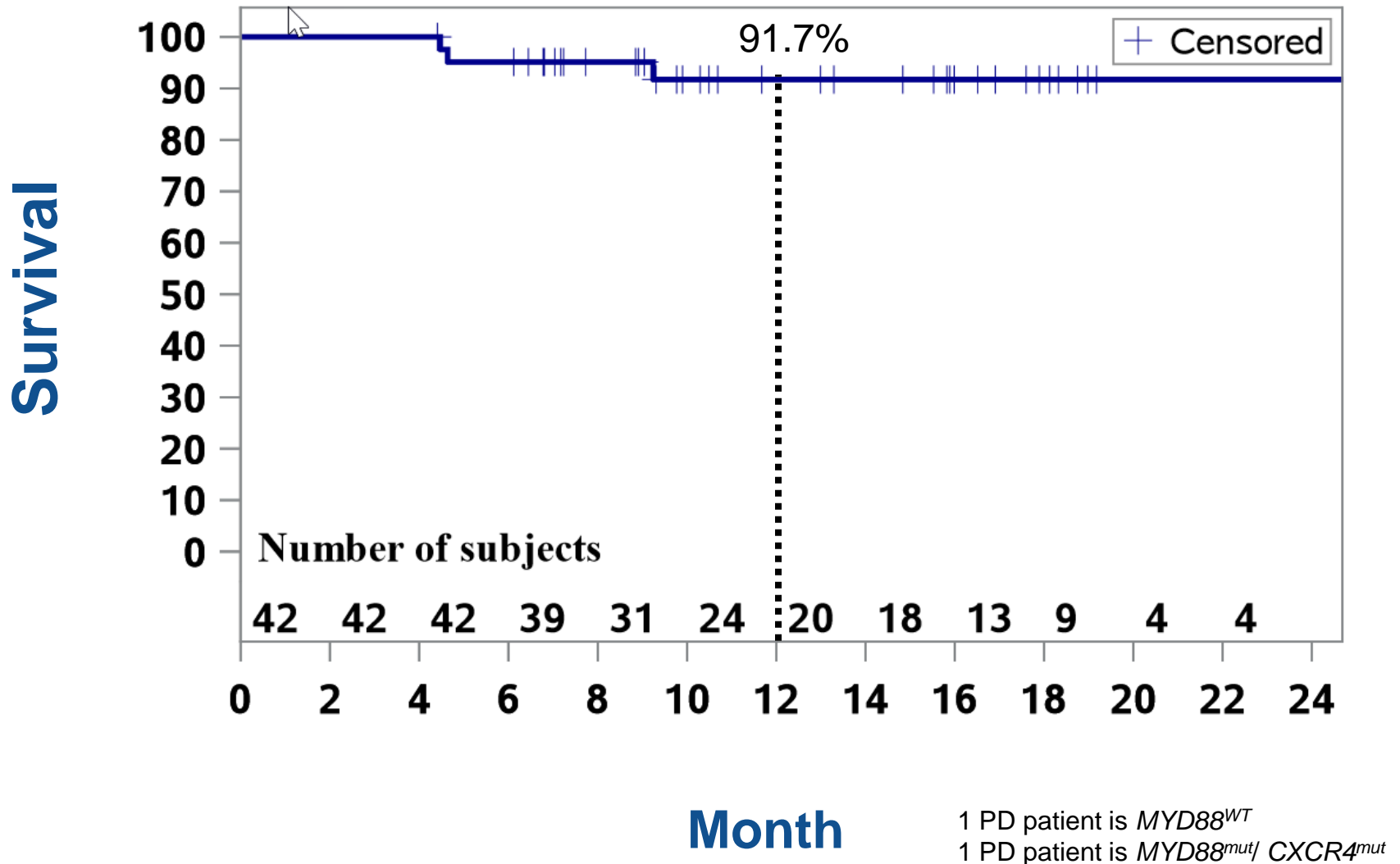
† Overall response rate

\* Major response rate

# Decreased IgM and Improved Hemoglobin Levels over time



# Progression-Free Survival



# BGB-3111 in Waldenstrom Macroglobulinemia

---

- Phase 3 Study of Zanubrutinib + Ibrutinib in WM now fully accrued.

## Zanubrutinib in Other NHL

---

- Phase I data summarized and presented at ASH 2017:
  - **Aggressive lymphoma** including R/R DLBCL and MCL
  - **Indolent lymphoma** including FL and MZL

# Trial Design: First-in-Human, Open-label, Multicenter, Phase 1b Study of Zanubrutinib in Patients With B-cell Malignancies

## DOSE ESCALATION

Dose		Enrolled (indolent, aggressive)
40 mg	QD	4 (0, 1)
80 mg	QD	5 (0, 1)
160 mg	QD	6 (0, 2)
320 mg	QD	6 (0, 1)
160 mg	BID	4 (0, 2)

## RP2D

**320 mg  
QD  
or  
160 mg  
BID**

## DOSE EXPANSION

Population	RP2D Dose	Disease	Planned
R/R	BID, QD	MCL, MZL, FL, GCB DLBCL	40
R/R	BID	Non-GCB DLBCL	40
R/R	BID	CLL/SLL	70
R/R	BID	WM	20
R/R	QD	CLL/SLL	20
R/R, TN	BID, QD	WM	50
R/R	BID, QD	MCL	20
TN	BID, QD	CLL/SLL	20
TN	BID, QD	MCL	20
R/R	BID, QD	HCL	10
R/R	BID	iNHL	40
R/R	BID	Richter Transform.	15
R/R or intolerant	BID	BTK-R/R WM	15

## Eligibility:

- World Health Organization-defined B-cell malignancy
- No available higher priority treatment
- Eastern Cooperative Oncology Group 0-2
- ANC >1,000/μL, platelets >100,000/μL\*
- Adequate renal and hepatic function
- No significant cardiac disease†

\*Growth factor/transfusion allowed. †Anti-coagulation allowed.

BID, twice daily; CLL/SLL, chronic lymphocytic leukemia/small lymphocytic lymphoma; DLBCL, diffuse large B-cell lymphoma; FL, follicular lymphoma; GCB, germinal center B-cell-like; HCL, hairy cell leukemia; iNHL, indolent non-Hodgkin lymphoma; MCL, mantle cell lymphoma; MZL, marginal zone lymphoma; Pop, population; RP2D, recommended phase 2 dose; QD, once daily; WM, Waldenström macroglobulinemia.

# Patient Characteristics

Characteristic	Indolent (FL, MZL) n = 34	Aggressive (DLBCL, MCL) n = 65	Total N = 99
Age, years, median (range)	65 (41-79)	70 (20-86)	68 (20-86)
ECOG Performance Status, (%)			
0	16 (47)	28 (43)	44 (44)
1	15 (44)	29 (45)	44 (44)
2	3 (9)	8 (12)	11 (11)
Prior treatment status			
Treatment-naïve, n (%)	0	2 (3)	2 (2)
Relapsed/refractory, n (%)	34 (100)	63 (97)	97 (98)
Number of prior therapies, median (range)	2 (1-8)	2 (1-10)	2 (1-10)
Bulky disease,* n (%)	0	3 (5)	3 (3)
Stage at Study Entry (per disease type)			
I	2 (6)	2 (3)	4 (4)
II	3 (9)	7 (11)	10 (10)
III	7 (21)	12 (18)	19 (19)
IV	22 (65)	43 (66)	65 (66)
LDH at baseline, median (range) in $\mu$ kat/L	4.1 (2.2-23.1)	4.4 (2-77.6)	4.2 (2-77.6)
DLBCL: GCB vs. non-GCB <sup>†</sup>	-	4 vs. 23	-

\* Any lymph node >10 cm in maximum diameter. <sup>†</sup>Defined by Hans algorithm.

DLBCL, diffuse large B-cell lymphoma; ECOG, Eastern Cooperative Oncology Group; GCB, germinal center B-cell like; LDH, lactate dehydrogenase; LN, lesion.<sup>13</sup>

# Follicular and Marginal Zone Lymphomas: Best Responses

Response (based on CT for majority of pts)	FL n = 17	MZL n = 9	Indolent Total N = 26
Median efficacy follow-up, mo (range)	7.8 (1.9-22.3)	7 (2.8-22)	7.5 (1.9-22.3)
Best Response, n (%)			
<b>ORR</b>	<b>7 (41)</b>	<b>7 (78)</b>	<b>14 (54)</b>
CR	3 (18)	0	3 (12)
PR	4 (24)	7 (78)	11 (42)
SD	7 (41)	2 (22)	9 (35)
PD	1 (6)	0	1 (4)
NE*	2 (12)	0	2 (8)

CR, complete response; NE, not evaluable; ORR, overall response rate; PD, progressive disease; PR, partial response; PR-L, partial response with lymphocytosis; SD, stable disease.

\* Both due to withdrawal of consent.

# DLBCL and Mantle Cell Lymphoma: Best Responses

Response (based on CT for majority of pts)	DLBCL* n = 26	MCL*** n = 32	Aggressive Total N = 58
Median efficacy follow-up, mo (range)	4.2 (0.1-24)	9.5 (0.8-31.9)	5.6 (0.1-31.9)
Best Response, n (%)			
<b>ORR</b>	<b>8 (31)</b>	<b>28 (88)</b>	<b>36 (62)</b>
CR	4 (15)	8 (25)	12 (21)
PR	4 (15)	20 (63)	24 (41)
SD	4 (15)	1 (3)	5 (9)
PD	13 (50)	1 (3)	14 (24)
NE**	1 (4)	2 (6)	3 (5)

CR, complete response; NE, not evaluable; ORR, overall response rate; PD, progressive disease; PR, partial response; PR-L, partial response with lymphocytosis; SD, stable disease.

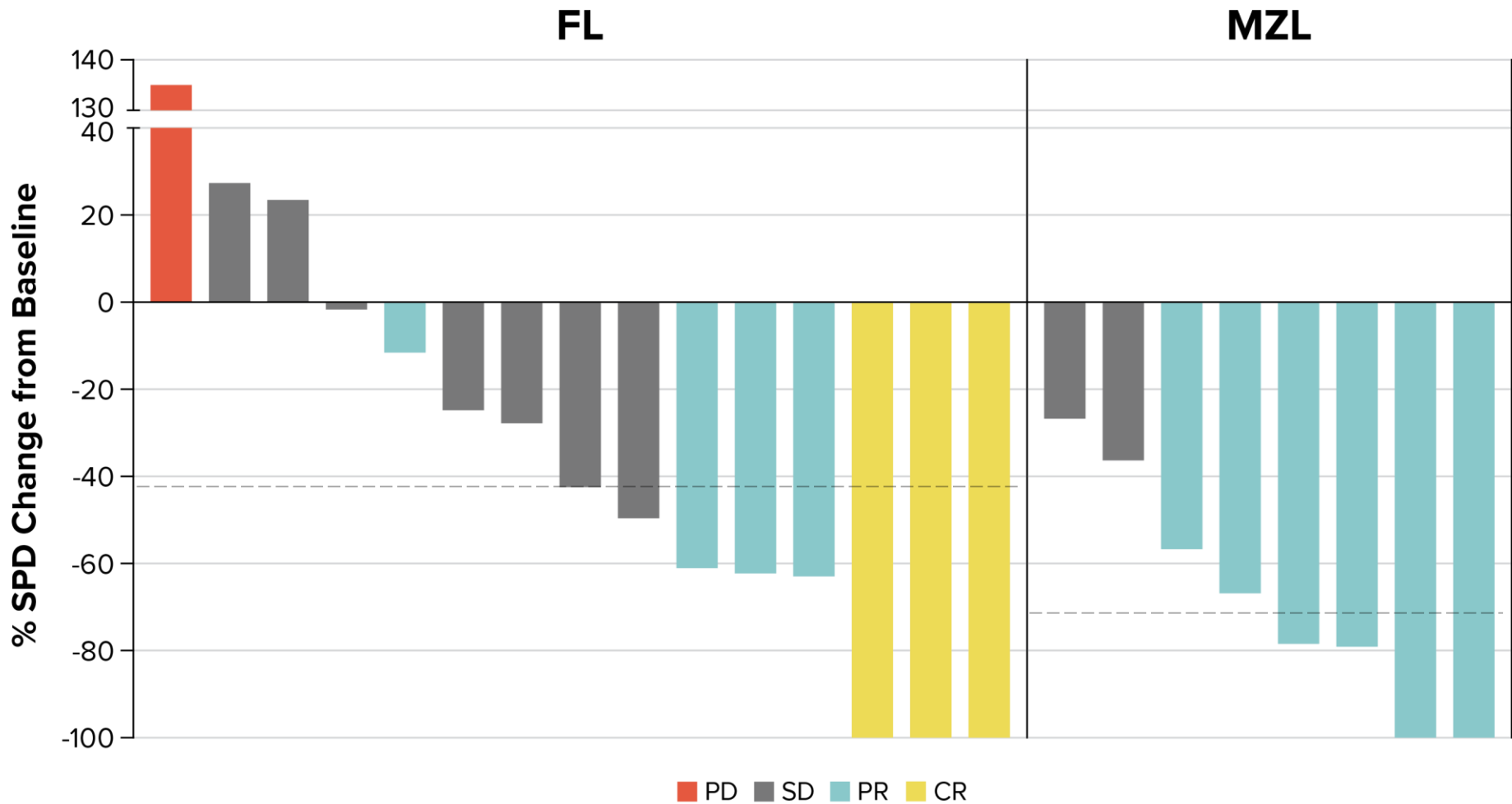
\*ORR was 25% (1 of 4) and 32% (7 of 22) for GCB and non-GCB, respectively.

\*\* n = 1 DLBCL withdrew consent, n = 2 MCL off study for adverse event before response assessment

\*\*\*In mantle cell patients treated with minimum of 320 mg/d ORR is 93% and CR is 28%

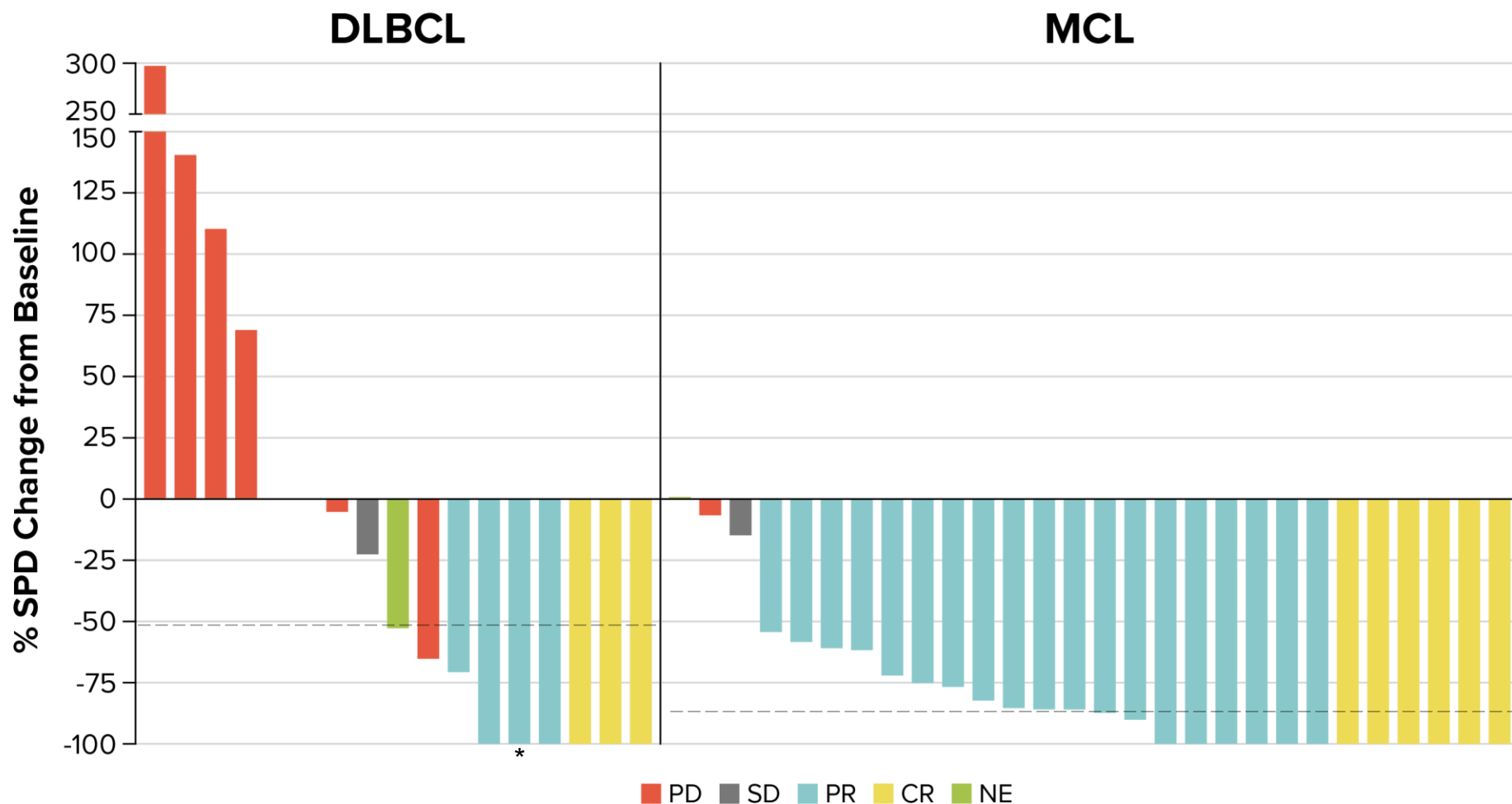
PET scanning not mandated for trial

# Indolent Lymphoma (FL, MZL): SPD Response



Note: 1 subject had no measurable lesions at baseline, 2 subjects did not have a post baseline scan.  
Dashed lines = median reduction in SPD (-42% for FL, -73% for MZL).  
SPD, sum of the products of lymph node diameters by CT scan.

# Aggressive Lymphoma (DLBCL, MCL): SPD Response



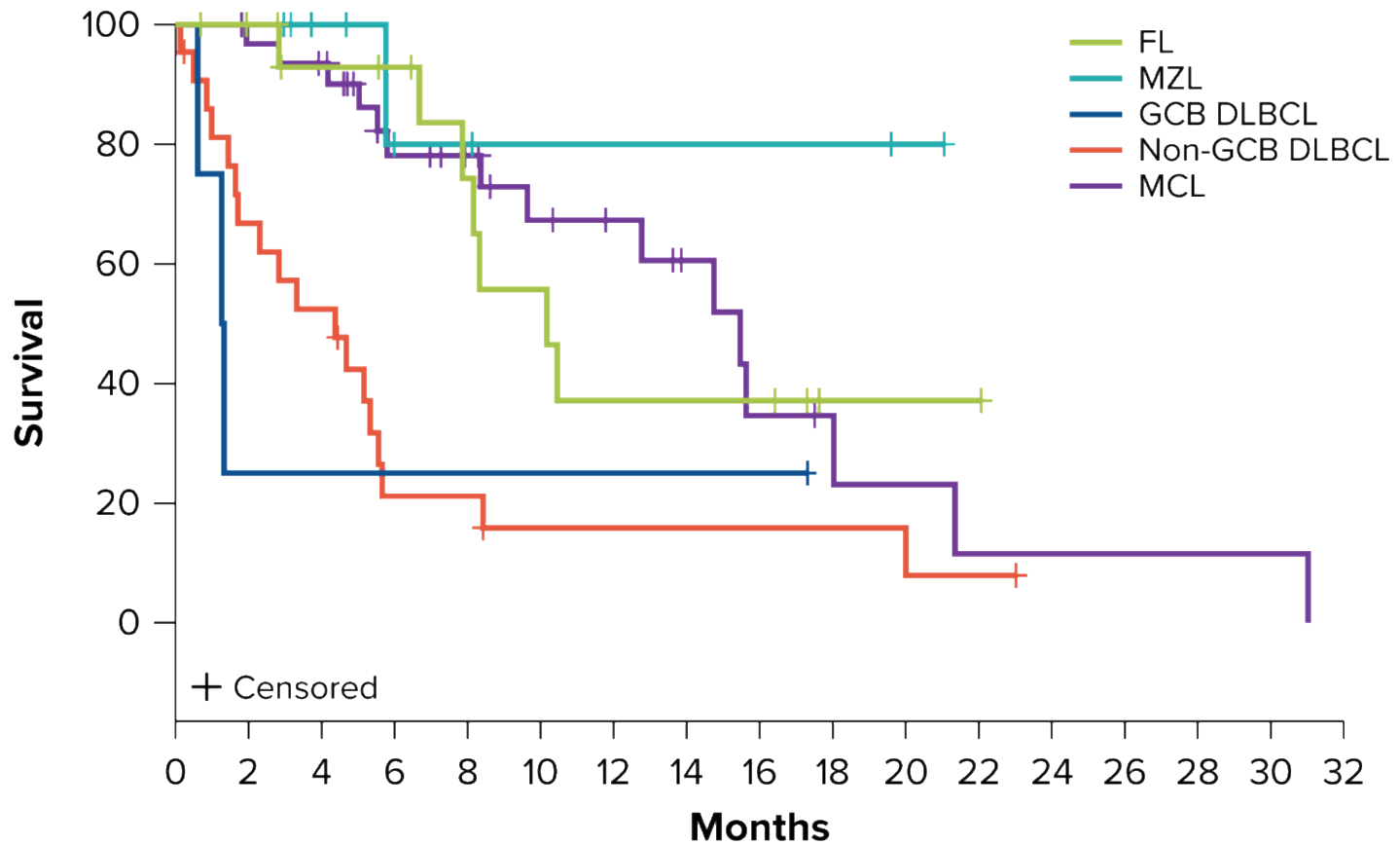
\*Patient had GBC-DLBCL.

Note: 4 subjects had no measurable lesions at baseline, 9 subjects did not have a post baseline scan.

Dashed lines = median reduction in SPD (-53% for DLBCL, -87% for MCL).

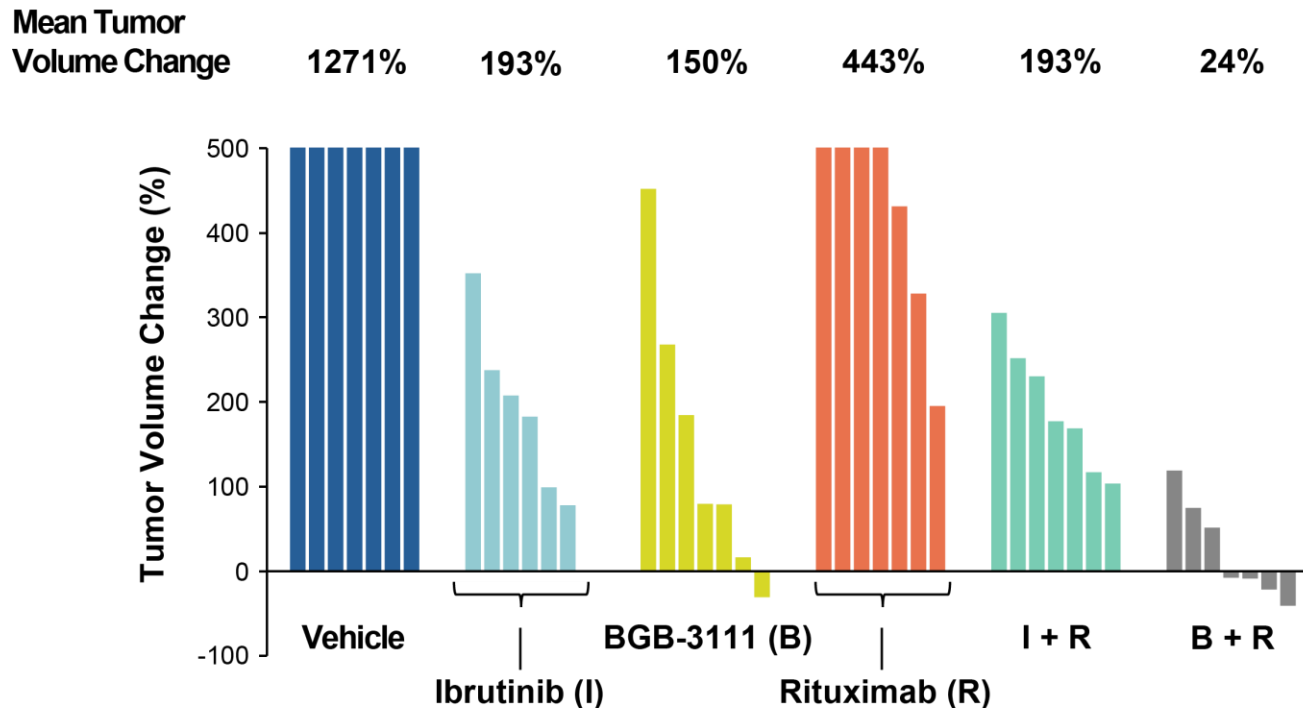
SPD, sum of the products of lymph node diameters by CT scan.

# Progression-Free Survival



		At risk (n)																
Non-GCB DLBCL	FL	17	15	12	11	8	6	4	4	4	1	1	1	0				
	MZL	9	9	6	3	3	2	2	2	2	2	1	0					
	GCB DLBCL	4	1	1	1	1	1	1	1	1	0							
	DLBCL	22	14	11	4	4	2	2	2	2	2	2	1	0				
	MCL	32	30	28	19	16	12	10	7	4	3	2	1	1	1	1	1	0

# BGB-3111 Does Not Impair Rituximab-Induced ADCC



- Published preclinical data suggest that off-target effects of ibrutinib may be detrimental to CD20 mAb-induced ADCC and the activity of the combination
- In a human MCL xenograft model, the combination of BGB-3111 and CD20 antibody demonstrated improved anti-tumor activity as compared to monotherapies and combination of ibrutinib and CD20 antibody

# Study Design: BGB-3111 in Combination with Obinutuzumab

## DOSE ESCALATION

Cohort	BGB-3111* (D1-28/28-day cycles)	Obinutuzumab	Patients Dosed
1a	320 mg QD	Cycle 1 D2: 100 mg Cycle 1 D3: 900 mg Cycle 1 D9 and D16: 1000 mg Cycles 2-6 D1: 1000 mg	4
1b	160 mg BID		5

\* BGB-3111 treatment continued until progression, death, or unacceptable toxicity.

† Cohort -1a and -1b will be opened if 2 or more DLTs are observed in Cohorts 1a and 1b.

### Eligibility:

- WHO defined B cell lymphoid malignancy
- ≥1 prior therapy (relapsed cohorts only)
- No available higher priority treatment
- ECOG 0-2
- ANC >1,000/μl, platelets >40,000/μl†
- Adequate renal and hepatic function
- No significant cardiac disease§

† Growth factor/transfusion allowed.

§Anti-coagulation allowed.

## DOSE EXPANSION

Pop	Disease	Planned
TN	CLL/SLL	20
R/R	CLL/SLL	20
R/R	non-GCB DLBCL	20
R/R	FL, MCL, MZL, and WM	20
R/R	FL	40

# Reduced IRR with BGB-3111 + Obinutuzumab

## Adverse Events of Special Interest

Event, n (%)	CLL/SLL (n = 45)		FL (n = 26)	
	All Grade	Grade ≥ 3	All Grade	Grade ≥ 3
Diarrhea	9 (20.0)	0	3 (11.5)	0
Serious hemorrhage*	0	0	0	0
Atrial fibrillation	0	0	0	0
Hypertension	3 (6.7)	1 (2.2)	1 (3.8)	1 (3.8)
Infusion-related reactions	11 (24.4)	1 (2.2)	2 (7.7)	0

\* ≥ Grade 3 hemorrhage, or central nervous system hemorrhage of any grade.

# Zanubrutinib + Obinutuzumab : Responses

	TN CLL/SLL (n = 20)	R/R CLL/SLL (n = 25)	FL (n = 21)
Median follow-up, mo (range)	11.4 (6.0-17.3)	12.7 (7.9-19.5)	12.1 (0.8-19.7)
Best Response, n (%)			
ORR	<b>19 (95.0)</b>	<b>23 (92.0)</b>	<b>16 (76.2)</b>
CR	7 (35.0)	5 (20.0)	8 (38.1)
PR	12 (60.0)	18 (72.0)	8 (38.1)
SD	1 (5.0)	1 (4.0)	2 (10.0)
PD	0	1 (4.0)	3 (15.0)

CLL/SLL, chronic lymphocytic leukemia/small lymphocytic lymphoma; CR, complete response; FL, follicular lymphoma; ORR, overall response rate; PD, progressive disease; PR, partial response; PR-L, partial response with lymphocytosis; R/R, relapsed/refractory; SD, stable disease; TN, treatment-naïve.

- ORR in patients with high-risk CLL/SLL
  - del17p/p53mut (n = 6): 83.3%
  - del11q (n = 6): 100%
  - Unmutated *IGHV* (n = 19): 94.7%

# Conclusions: Other NHL

---

- Activity in MCL is as expected for a potent BTK inhibitor
  - no clear efficacy advantages over ibrutinib and acalabrutinib
- High activity in MZL (ORR 78%)
  - Phase 2 study currently underway
- Obinutuzumab combination promising in follicular lymphoma
  - Phase 2 Zanu + GA101 vs GA101 underway