Background: BTK is a key regulator in B-cell receptor-mediated signaling and its inhibition blocks several B-cell functions. Small molecule BTKi have been approved for the treatment of B-cell malignancies, such as resistant/refractory chronic lymphocytic leukemia (CLL), mantle cell lymphoma (MCL), and Waldenström’s macroglobulinemia (WM). M7583 is a potent, highly selective BTKi, under investigation in a two-part, phase I/II trial (NCT02825836) in patients (pts) with refractory/resistant B cell malignancies.

Methods: In Part 1 (dose escalation), pts with refractory/resistant B cell malignancies received 28-day cycles of once-daily (QD) M7583, starting at 80 mg for 3 days followed by 160 mg with doses increasing according to an adaptive Bayesian design. Part 2 (dose expansion) will be in pts with diffuse large B cell lymphoma (DLBCL; activated B-cell subtype) or MCL who have failed 1–3 lines of therapy. Safety and tumor response (investigator’s assessment according to Cheson/CLL/Owen criteria) are presented.

Results: As of 27/02/18, in Part 1, 14 pts have been enrolled into the first 4 dose levels (80/160 mg, 300 mg and 600 mg QD and 300 mg twice daily [BID]): 10 men, 4 women; age, 49–80 years; WM (n = 4), MCL (n = 6), marginal zone lymphoma (n = 2), CLL (n = 1), or DLBCL (n = 1). Treatment-emergent adverse events (TEAEs) were mainly mild to moderate in intensity with no dose-limiting toxicities reported. Six pts have had a total of 6 grade ≥3 TEAEs; only 1 TEAE was considered related to treatment (grade 4 neutropenia). One pt had 2 serious TEAEs (chest pain and fever) and 1 pt died (extensive progressive disease, cycle 1). Clinical benefit (stable disease [SD], complete [CR], minor [MR] or partial response [PR]) was observed in 12/14 pts: 6/6 pts who received 160 mg or 300 mg QD (3 PR, 1 MR, 2 SD), 3/5 pts treated with 600 mg QD (1 CR, 1 PR, 1 MR) and 3/3 pts on 300 mg BID (2 PR, 1 SD). Study is ongoing.

Conclusions: M7583 has been well tolerated with evidence of clinical benefit at all the doses investigated. M7583 appears to have a favorable benefit: risk profile.

Clinical trial identification: NCT02825836.

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The eradication of Helicobacter pylori (HPE) using antibiotics is success-
ful in treating localized extragastric MALToma. In this study, we aimed to assess whether first-
line HPE is effective in treating extragastric MALToma.

Methods:
This study enrolled 19 patients with extragastric MALToma (9, conjunctiva; 3, skin; 1, sinonasal; 1, retroperitoneum; 1, testicular; 1, spleen; 1, vaginal; and 1, endometrium) who were treated with eradication therapy. HPE was achieved in 10 (52.6%) out of 19 patients. The response rates (CR and PR) for patients with extragastric MALToma were 60.0% and 44.4%, respectively (P = 0.170). After a median follow-up of 20.20 months, 5 patients with CR remained in complete remission.

Conclusions:
We found that the presence of HP infection was observed in 6 (60.0%) of 10 antibiotic-
treated patients. Further investigation of the underlying mechanisms of extragastric MALToma remains unclear. Previous studies suggested that HP can be detected in extragastric mucosa areas. In this study, we aimed to assess whether first-line HPE is effective in treating extragastric MALToma.

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