Results from Ongoing Phase 1/2 Clinical Trial of Tagraxofusp (SL-401) in Patients with Intermediate or High Risk Relapsed/Refractory Myelofibrosis

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Introduction and Highlights

- Tagraxofusp (SL-401) is a targeted therapy directed to CD123.
- A targeted Therapy Regimen (CTR) is a classic pharmacodynamic drug effect (PD) profile, an efficacy measure derived from the pharmacodynamic cell kill (CC) dose.
- In the Phase 1 study, worthy of continuing study.
- In 2013 trial, CD123 target.
- In the Phase 1 trial, Tagraxofusp demonstrated efficacy (improvements in splenomegaly) with manageable safety profile in patients with relapsed/refractory MF, with an area of high unmet medical need.
- Based on these encouraging results, next steps for the program are being evaluated including single agent combination and regimens directed to patients with relapsed/refractory MF, including patients with monosomy 12.

Background: Myelofibrosis (MF)

- MF is a myeloid malignancy characterized by clonal myeloproliferation, dysregulated bone marrow output, and release of cytokines.
- Myelofibrosis can be driven by a variety of etiologies, including prior hematopoietic malignancies, myeloproliferative neoplasms (MPN) such as myelofibrosis (MF) and primary myelofibrosis (PMF).
- High-risk MF patients (i.e., either presence of risk factors and/or poor prognosis) have a worse outcome than low-risk MF patients.
- MF patients exhibit a poor prognosis.
- MF patients generally have a very poor prognosis.

Safety and Tolerability

- Generally well-tolerated and manageable safety profile.
- No apparent cumulative AEs, including in the bone marrow, over multiple cycles.
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Efficacy

- All patients demonstrated improvements in baseline parameters.
- In patients with spleen size ≥20 cm, reductions in spleen size were observed in 100% (5/5) of patients with monosomy 12.
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Quality of Life Assessment

- SF-36 symptoms measured using CTR tool.
- SF-36, a validated instrument for measuring health-related quality of life (SF-36).
- Each symptom is scored from 0 to 100, with higher scores indicating better health-related quality of life.
- SF-36 has been widely used in clinical trials to assess health-related quality of life, and it is recommended that SF-36 be used as an outcome measure of clinical trials.

Conclusions and Next Steps

- Tagraxofusp, a CD123-directed therapy, demonstrated efficacy (improvements in splenomegaly) with a manageable safety profile, in patients with relapsed/refractory MF, on a variety of current medical need.
- Patient enrollment and follow up continues.
- Overall, results suggest that Tagraxofusp has the potential to be a valuable addition to the current armamentarium for patients with MF.

References

- Pemmaraju N et al. Blood 2015; 126:3085-95
- Pemmaraju N et al. Blood 2018; 131:1506-14
- Pemmaraju N et al. Blood 2022; 139:5296-305

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Abstract: Targeted Therapies in Myelofibrosis; ASH 2018; 2018; 9873-30

Dose: 12 mg/kg SC, q3w, until disease progression or toxicity

Data on file, pending publication.