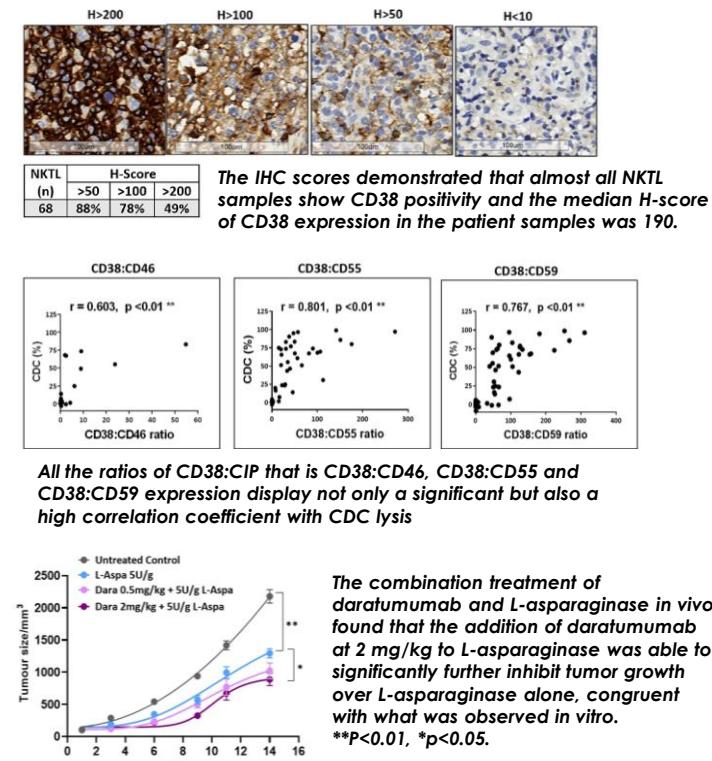


Determinants of response to Daratumumab in Epstein-Barr virus-positive natural killer and T-cell lymphoma

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Background

- The off-label usage of daratumumab in natural killer T-cell lymphoma (NKT) produced sustained remission in a patient with highly refractory disease
- This is corroborated by a phase II clinical trial which established that daratumumab monotherapy is well tolerated and displayed encouraging response in relapsed/refractory NKT patients
- However, little is known regarding the molecular factors central to the induction and regulation of the daratumumab-mediated antitumor response in NKT



- ✓ Characterizes CD38 as an effective target for a subset of NKT patients and the utilization of the CD38:CIP ratio as a more robust identifier for patient stratification and personalised treatment
- ✓ Elucidation of factors which sensitize the complement-mediated response provides an alternative approach toward optimizing therapeutic efficacy of daratumumab where CDC remains a known limiting factor
- ✓ Therefore, these results propose a strategic rationale for further evaluation of single or combined daratumumab treatment in the clinic for NKT

Findings

- Epstein-Barr virus-positive NKT patients significantly express CD38 with half exhibiting high expression
- Daratumumab effectively triggers Fc-mediated ADCC and CDC in a CD38-dependent manner, and daratumumab monotherapy and combination therapy with L-asparaginase significantly suppresses tumor progression *in vivo*
- Ablation of complement inhibitory proteins (CIP) demonstrate that CD55 and CD59 are critical for the induction of CDC, where CD55 and CD59 expression were significantly elevated in the late stages of NKT
- Increasing the CD38:CIP ratio potently augments complement-mediated lysis in cells previously resistant to daratumumab, and the CD38:CIP ratio has consistently demonstrated a statistically superior correlation to antitumor efficacy of daratumumab than CD38 or CIP expression alone

Clinical Significance



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