

# Low immunogenicity of emicizumab ▼ in persons with haemophilia A

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## Disclosures

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## Key takeaways

- Emicizumab is associated with a low incidence of anti-drug antibody (ADA) development; importantly, ADAs with neutralising potential occurred in <1% of participants in Phase III clinical trials
- The efficacy of emicizumab was not impacted by ADAs without neutralising potential and the presence of ADAs did not impact the overall safety profile of emicizumab



# This analysis of clinical trial data assesses the immunogenicity of emicizumab and the impact of ADAs on its efficacy and safety in PwHA

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## Methods

- **Studies:** HAVEN clinical development programme (HAVEN 1–4<sup>1–4</sup>), along with three additional Phase III/IIIb studies (HAVEN 5,<sup>5</sup> HOHOEMI,<sup>6</sup> and STASEY<sup>7</sup>)
- **Participants:** PwHA with  $\geq 1$  ADA assessment post-emicizumab exposure were included in the analysis\*
- **Sample collection:** Blood samples were collected at baseline and at regular intervals during emicizumab treatment or 24 weeks post-last dose if discontinued
- **Assays:** ADAs were detected using an ELISA<sup>†</sup>
  - ADAs associated with a decline in PK and corresponding reduced PD effects were classified as ADAs with neutralising potential
  - Association between ADAs and bleeds/AEs were examined

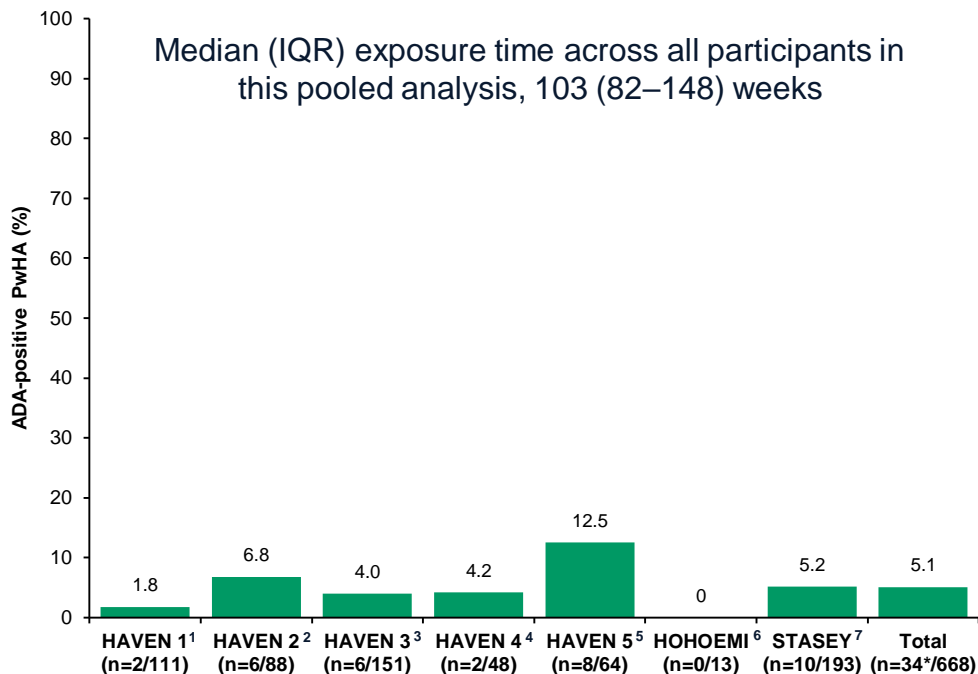
HAVEN 1, [NCT02622321](#); HAVEN 2, [NCT02795767](#); HAVEN 3, [NCT02847637](#); HAVEN 4, [NCT03020160](#); HAVEN 5, [NCT03315455](#); HOHOEMI, [JapicCTI-173710](#); STASEY, [NCT03191799](#).

\*Cut-off dates were: 15 May, 2020 (HAVEN 1–4 and STASEY), 21 June, 2019 (HAVEN 5) and 3 July, 2019 (HOHOEMI); <sup>†</sup>ADA positivity was assessed according to the recommendations of the American Association of Pharmaceutical Scientists Therapeutic Protein Immunogenicity Focus Group.<sup>8</sup>

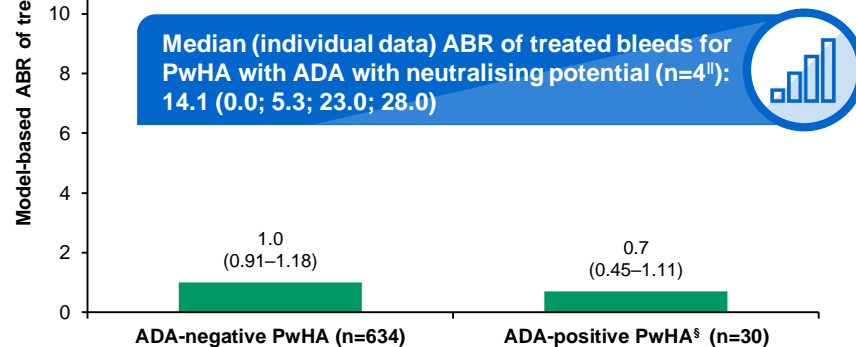
ADA, anti-drug antibody; AE, adverse event; ELISA, enzyme-linked immunosorbent assay; PD, pharmacodynamics; PK, pharmacokinetics; PwHA, persons with haemophilia A.

1. Oldenburg J, et al. *N Engl J Med.* 2017;377:809–18;
2. Young G, et al. *Blood.* 2019;134:2127–38;
3. Mahlangu J, et al. *N Engl J Med.* 2018;379:811–22;
4. Pipe SW, et al. *Lancet Haematol.* 2019;6:e295–e305;
5. Wang S, et al. Isth 2020;Poster # PB0957;
6. Shima M, et al. *Haemophilia.* 2019;25:979–87;
7. Jiménez-Yuste V, et al. Isth 2020;Poster # PB0958;
8. Shankar G, et al. *AAPS J.* 2014;16:658–73.

# Emicizumab is associated with a low incidence of ADAs and ADAs without neutralising potential did not impact emicizumab efficacy in PwHA



| ADA status                                | Median (IQR) efficacy duration† |
|---|---------------------------------|
| ADA-negative PwHA                         | 103 (80–144) weeks              |
| ADA-positive PwHA                         | 103 (78–160) weeks              |
| PwHA with ADA with neutralising potential | 57 (16; 50; 65; 80)‡ weeks      |



\*ADAs reported in 14/34 (41.2%) participants were detected only once; †The start of the efficacy period for each participant was the first day with available data and the end of the efficacy period was the day of clinical cut-off or treatment discontinuation; ‡Median (individual data); §Excluding PwHA with ADAs with neutralising potential; ||HAVEN 1, n=1 participant; HAVEN 2, n=2 participants; HAVEN 5, n=1 participant (n=4/668, 0.6% of total population); of these four, one participant in HAVEN 2 discontinued emicizumab due to a lack of efficacy and resumed pre-study treatment without complication. ADA, anti-drug antibody; CI, confidence interval; IQR, interquartile range; PwHA, person with haemophilia A.

- Oldenburg J, et al. *N Engl J Med.* 2017;377:809–18;
- Young G, et al. *Blood.* 2019;134:2127–38;
- Mahlangu J, et al. *N Engl J Med.* 2018;379:811–22;
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- Jiménez-Yuste V, et al. ISTH 2020;Poster # PB0958.

## No notable differences in safety profile were detected between ADA-positive and ADA-negative PwHA

|  | ADA-negative PwHA (n=634) | ADA-positive PwHA (n=34) |
|--|---------------------------|--------------------------|
| Median (IQR) duration of exposure,* weeks                                    | 103 (83–148)              | 100 (55–159)             |
| PwHA with ≥1 AE, n (%)   | 575 (90.7)                | 31 (91.2)                |
| PwHA with ≥1 treatment-related AE, n (%)                                     | 187 (29.5)                | 11 (32.4)                |
| PwHA with ≥1 SAE, n (%)  | 122 (19.2)                | 7 (20.6)                 |
| PwHA with ≥1 treatment-related SAE, n (%)                                    | 6 (0.9)                   | 1 (2.9) <sup>†</sup>     |
| PwHA with ≥1 ISR, n (%)  | 132 (20.8)                | 10 (29.4)                |
| PwHA with ≥1 hypersensitivity, anaphylactic or anaphylactoid reaction, n (%) | 2 (0.3)                   | 0 (0.0)                  |



Emicizumab is associated with a low incidence of ADA development; importantly, ADAs with neutralising potential occurred in <1%<sup>‡</sup> of participants



The efficacy of emicizumab was not impacted by ADAs without neutralising potential



ADAs did not impact the safety of emicizumab prophylaxis in PwHA

\*Safety data are for the period of emicizumab prophylaxis only; <sup>†</sup>Participant (from HAVEN 2) tested positive for ADAs with neutralising potential and discontinued emicizumab due to a lack of efficacy and resumed pre-study treatment without complication; <sup>‡</sup>A total of 4/668 (0.6%) of participants evaluable for immunogenicity analysis had ADAs with neutralising potential.

ADA, anti-drug antibody; AE, adverse event; CI, confidence interval; IQR, interquartile range; ISR, injection-site reaction; PwHA, person with haemophilia A; SAE, serious adverse event.