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CT-P10 VERSUS REFERENCE RITUXIMAB IN COMBINATION WITH CVP IN ADVANCED-STAGE FOLLICULAR LYMPHOMA: PHASE 3, DOUBLE-BLIND, RANDOMIZED TRIAL

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Introduction CT-P10 is the first biosimilar of innovator rituximab (RTX), approved for all indications by the EMA. CT-P10 has demonstrated PK and efficacy equivalence in rheumatoid arthritis (Yoo, ACR 2016). This study aimed to demonstrate non-inferiority (NI) of efficacy and PK equivalence between CT-P10 and RTX in naive AFL (NCT02162771).

Methods A total of 140 patients were randomized in a 1:1 ratio to receive CT-P10 or RTX (375 mg/m^2 i.v) plus CVP (cyclophosphamide, vincristine and prednisone) every 3 weeks over 8 cycles. Overall response rate (ORR) according to the 1999 IWG criteria was assessed by the independent review committee.

Results ORR of 97.0% and 92.6% and CR/CRu of 39.4% and 33.8% for CT-P10 and RTX groups, respectively, were observed after 8 cycles of therapy. Based on the ORR, the therapeutic NI of CT-P10 to RTX was demonstrated as the difference between the two groups was 4.3% and the one-sided 97.5% CI (-4.25%) was greater than the pre-defined NI margin (-7%).

At the median follow-up of 17 months, 10 patients in the CT-P10 group and 13 patients in the RTX group experienced disease progression or death. There was no statistically significant difference of PFS between the two groups (P-value: 0.4802, Hazard Ratio: 0.92 [95% CI 0.325-1.698]).

B-cell depletion was comparable from after the 1st infusion and up to the 8th cycle.

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Overall safety profile of CT-P10 was consistent with that of RTX (Table) and the proportion of patients with positive anti-drug antibody were similar between the two groups (4.3% and 2.9%) over 24 weeks. No progressive multifocal leukoencephalopathy or Hepatitis B virus reactivation was reported in both groups.

Table. Safety profile over 24 weeks

	CT-P10	RTX
N (%)	**(N=70)**	**(N=70)**
TEAE related to the study drug		
Treatment-emergent adverse event (TEAE)*	37 (52.9)	34 (48.6)
Serious TEAE*	6 (8.6)	4 (5.7)
Infusion-related reaction*	15 (21.4)	17 (24.3)
Infection*	6 (8.6)	9 (12.9)

* Difference between groups is not statistically significant.

Conclusions This study demonstrated therapeutic NI of CT-P10 to RTX plus CVP in previously untreated AFL. CT-P10 was well-tolerated and the safety profile including immunogenicity of CT-P10 was comparable to that of RTX over 8 cycles.