

Naxitamab-Related Adverse Events Within and Across Treatment Cycles in Patients With Relapsed/Refractory (R/R) High-risk Neuroblastoma

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INTRODUCTION

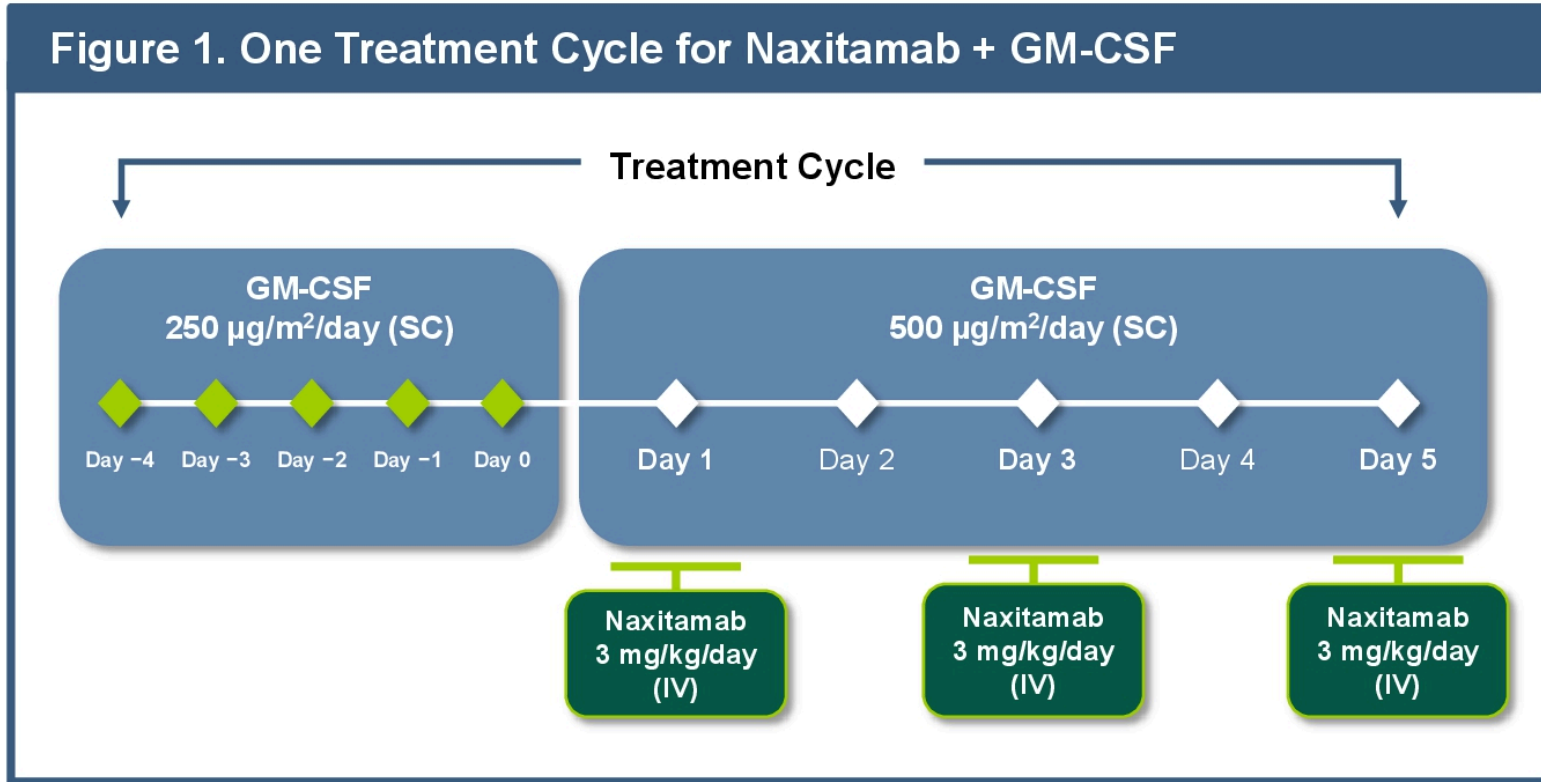
- Neuroblastoma is an aggressive childhood cancer associated with poor outcomes despite treatment advances^{1,2}
- Naxitamab, a GD2-binding mAb, is US Food and Drug Administration approved for use in combination with granulocyte-macrophage colony-stimulating factor (GM-CSF) for the treatment of R/R high-risk (HR) neuroblastoma with residual disease in the bone and/or bone marrow (BM) in patients ≥1 year of age³
 - A prespecified interim analysis of the ongoing phase 2 Trial 201 (NCT03363373) indicated that treatment with naxitamab in combination with GM-CSF produced clinically meaningful efficacy, with an overall response rate (ORR) of 50% and complete response (CR) observed in 38% of patients⁴
- Anti-GD2 mAbs, including naxitamab, are associated with adverse events (AEs), most commonly, infusion-related reactions³
 - Few studies have characterized the frequency and patterns of presentation for AEs
- A practical understanding of naxitamab-related AEs and their patterns of occurrence can help clinicians anticipate and manage those requiring intervention

OBJECTIVE

- This post hoc analysis reports the frequency and severity of naxitamab-related AEs across infusions and treatment cycles, based on data from a prespecified interim analysis of Trial 201 (data cutoff 31 December 2021)

METHODS

- Trial 201 is an ongoing phase 2 trial investigating the efficacy and safety of naxitamab plus GM-CSF in patients with R/R HR neuroblastoma with residual disease in bone/BM only
 - Patients with soft tissue or actively progressing disease were excluded
- Naxitamab was administered intravenously (IV) at 3 mg/kg/dose on Days (D) 1, 3, and 5 of each treatment cycle (C), with subcutaneous (SC) GM-CSF administration on Days -4 to 5 (**Figure 1**)
 - Treatment cycles were repeated every 4 weeks until CR or partial response (PR), followed by 5 additional cycles every 4 weeks
 - Subsequent cycles could be repeated every 8 weeks through 101 weeks from the first infusion at the discretion of the investigator



GM-CSF, granulocyte-macrophage colony-stimulating factor; IV, intravenous; SC, subcutaneous.

- AEs were evaluated for frequency and severity according to National Cancer Institute Common Terminology Criteria for Adverse Events (CTCAE), version 4.0
 - Frequency was defined as percent of patients reporting ≥1 events
 - Frequency of Grade ≥3 AEs was evaluated for C1-C5

RESULTS

- Baseline characteristics of the safety population (N=74) are presented in **Table 1**

Table 1. Baseline Patient and Disease Characteristics	
Characteristic	Safety Population ^a (N=74)
Patient characteristics	
Median age at enrollment, years (range)	6 (2-30)
Sex	
Male	45 (61)
Female	29 (39)
Race	
White	35 (47)
Asian	36 (49)
Black	2 (3)
Other	1 (1)
Disease characteristics	
MYCN status	
Amplification	8 (11)
Gain	2 (3)
Neither gain nor amplification	57 (77)
Unknown	7 (9)
INSS stage at diagnosis	
Stage 3	6 (8)
Stage 4	66 (89)
Unknown	2 (3)
Disease status	
Primary refractory	37 (50)
Relapsed ^b	37 (50)
2 Relapses	8 (11)
Prior treatment	
Treatment type	
Chemotherapy ^c	73 (99)
Surgery	66 (89)
Radiotherapy	30 (41)
ASCT	22 (30)
Anti-GD2 therapy	20 (27)
MIBG	6 (8)

Data are given as n (%), unless otherwise noted. ^aPatients exposed to naxitamab who began an infusion. ^b37 patients had relapsed at least once (of whom 8 patients had relapsed twice) before enrolling in Trial 201. ^cOne patient had prior chemotherapy recorded as part of immunotherapy and is not included in prior chemotherapy group. ASCT, autologous stem cell transplant; INSS, International Neuroblastoma Staging System; MIBG, meta-iodobenzylguanidine.

- All patients experienced at least 1 AE related to naxitamab or naxitamab + GM-CSF (hereafter referred to as naxitamab-related)
 - Most (81%) naxitamab-related AEs were Grade 1 or 2
- Naxitamab-related Grade ≥3 AEs reported in ≥10% of patients are shown in **Table 2**
 - There were no fatal naxitamab-related AEs

Table 2. Naxitamab-Related Grade 3 and 4 AEs Reported in ≥10% of Patients in Trial 201			
System Organ Class	Preferred Term	Patients (N=74)	
		Related AEs Grade 3 n (%)	Related AEs Grade 4 ^a n (%)
General disorders and administration site conditions	Pain ^b	40 (54)	N/A
Vascular disorders	Hypotension ^c	43 (58)	3 (4)
Skin and subcutaneous tissue disorders	Urticaria	14 (19)	N/A
Gastrointestinal disorders	Abdominal pain ^b	12 (16)	N/A
Respiratory, thoracic, and mediastinal disorders	Bronchospasm	13 (18)	0

^aN/A indicates events are of Grade 3 or lower as per CTCAE, version 4.0. ^bSome patients experienced more than 1 type of pain. ^cOne patient experienced Grade 3 and Grade 4 hypotension. AE, adverse event; N/A, not applicable.

- 44 patients (60%) experienced naxitamab-related Grade ≥3 hypotension (Grade 4, n=3)
 - The frequency of naxitamab-related hypotension Grade ≥3 decreased across cycles, from C1 (47%) to C5 (33%), and across infusions, from C1D1 (43%) to C1D3 (18%) and C1D5 (11%; **Figure 2A**)
 - Similar decreases across infusions were seen during C2 to C5
 - Of patients with naxitamab-related Grade ≥3 hypotension, 73% (32/44) had their first event C1D1
 - Of those, 29 patients had a second Grade ≥3 hypotension event of which 38% occurred on C1D3 and 34% occurred on C2D1
- 43 patients (58%) experienced naxitamab-related Grade ≥3 pain (including all preferred terms with the word “pain” except “vessel puncture site pain” and “procedural pain”; no Grade 4 pain)
 - The frequency of naxitamab-related pain Grade ≥3 decreased from C1 (53%) to C2 (37%), generally stabilizing thereafter, with frequencies consistent across infusions (**Figure 2B**)
 - Of patients with naxitamab-related Grade ≥3 pain, 77% (33/43) had their first event C1D1
 - Of those, 30 patients had a second Grade ≥3 pain event of which 90% occurred on C1D3
- 13 patients (18%) experienced naxitamab-related Grade ≥3 bronchospasm (no Grade 4 bronchospasm)
 - The frequency of naxitamab-related bronchospasm Grade ≥3 was relatively stable around 7% from C1 to C3, decreasing to 4% and 2% in C4 and C5, respectively
 - Patients generally experienced their first bronchospasm event on D1 infusions (12/13 [92%]) with few reported D3 and no D5 events
 - No consistent pattern was seen for second bronchospasm events
- 14 patients (19%) experienced naxitamab-related Grade ≥3 urticaria
 - No consistent pattern was seen for related Grade 3 urticaria

REFERENCES

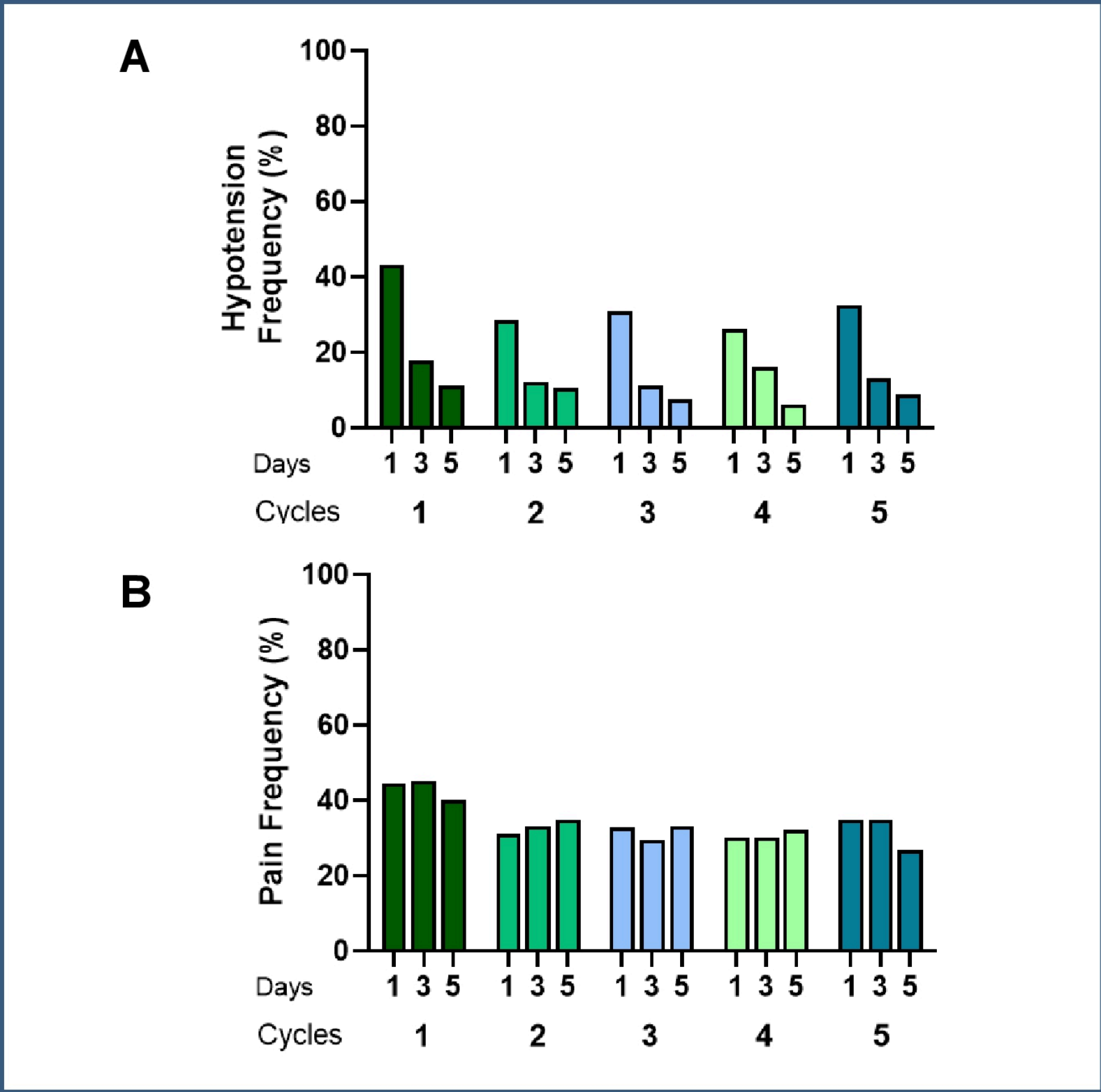
1. Pinto NR, et al. *J Clin Oncol*. 2015;33(27):3008-3017. 2. Whittle SB, et al. *Expert Rev Anticancer Ther*. 2017;17(4):369-386. 3. Y-mAbs Therapeutics, Inc. DANYELZA® (naxitamab-gqgk) injection, for intravenous use [prescribing information]. New York, NY: Y-mAbs Therapeutics, Inc.; March 2024. 4. Mora J, et al. SIOP Annual Conference, September 28-October 1, 2022, Barcelona, Spain and Virtually.

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Figure 2. Frequency of Naxitamab-Related Grade ≥3 (A) Hypotension and (B) Pain Across Cycles and Infusions



Pain includes all preferred terms with the word “pain,” excluding terms “vessel puncture site pain” and “procedural pain.”

- None of the Grade ≥3 AEs of hypotension, urticaria, pain or bronchospasm resulted in permanent treatment discontinuation

CONCLUSIONS

- The frequency of the most commonly reported naxitamab-related Grade ≥3 AEs changed over the course of therapy
- Hypotension was most often reported C1D1, decreasing across infusions and cycles
- Pain frequency peaked C1 and decreased in subsequent cycles, remaining stable across infusions
- Generally, most patients experienced their first event of pain, bronchospasm, or hypotension C1D1
 - For hypotension, most of the second events occurred on C1D3 or C2D1 and for pain, most of the second events occurred on C1D3
- These results underline the importance of initial and ongoing monitoring within and across treatment cycles to ensure appropriate and timely AE management

DISCLOSURES

JM: consultancy/advisory role, research funding, patents, royalties, or other intellectual property, and travel expenses from Y-mAbs. **DAM:** consultancy with Y-mAbs, Regeneron, RayzeBio Inc, Abbvie, Clarity Pharmaceuticals, US World Meds; travel expenses from Abbvie; speaker fees from Takeda Israel Ltd, Y-mAbs. **KN:** consultancy/advisory role with Bayer, Lilly. **JF:** research funding and other relationship (National PI) with Y-mAbs Therapeutics. **AW:** consultancy/advisory role with Recordati, Y-mAbs; travel expenses from Y-mAbs. **ARS:** consultancy/advisory role with EUSA Pharma and Sanofi; speakers' bureau for EUSA Pharma; travel expenses from EUSA Pharma and Roche. **JE, KT, and MD:** employment and equity interest in Y-mAbs Therapeutics. **GCC, LA, MB, and BHK:** no relevant disclosures.

Patterns of Improvement Following Initial Response in Patients Treated With Naxitamab for Relapsed/Refractory High-risk Neuroblastoma

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INTRODUCTION

- Neuroblastoma is the most common extracranial solid tumor in infants and children, accounting for ~10% of pediatric cancers and 15% of pediatric cancer-related deaths^{1,2}
 - Approximately 50% of patients present with high-risk (HR) neuroblastoma, frequently with metastatic disease affecting bone (51%-65%) and/or bone marrow (BM; 70%-89%)³⁻⁷
 - The bone and BM may act as a reservoir for residual disease, retaining neuroblastoma cells that survive intensive treatment and remain undetected, driving refractory disease and relapse^{8,9}
- Despite an intensive frontline treatment strategy, up to 20% of patients with HR neuroblastoma have refractory disease and ≥50% experience relapse, most often in bone/BM^{2,8,10,11}
- Naxitamab is a GD2-binding monoclonal antibody (mAb) that is US Food and Drug Administration approved in combination with granulocyte-macrophage colony-stimulating factor (GM-CSF) for treatment of patients ≥1 year old with relapsed or refractory (R/R) HR neuroblastoma in the bone/BM who have demonstrated partial response (PR), minor response (MR), or stable disease (SD) to prior therapy¹²
- While monitoring responses to naxitamab and other anti-GD2 monoclonal antibodies is essential, there is limited evidence on the timing and magnitude of improved responses following first assessment

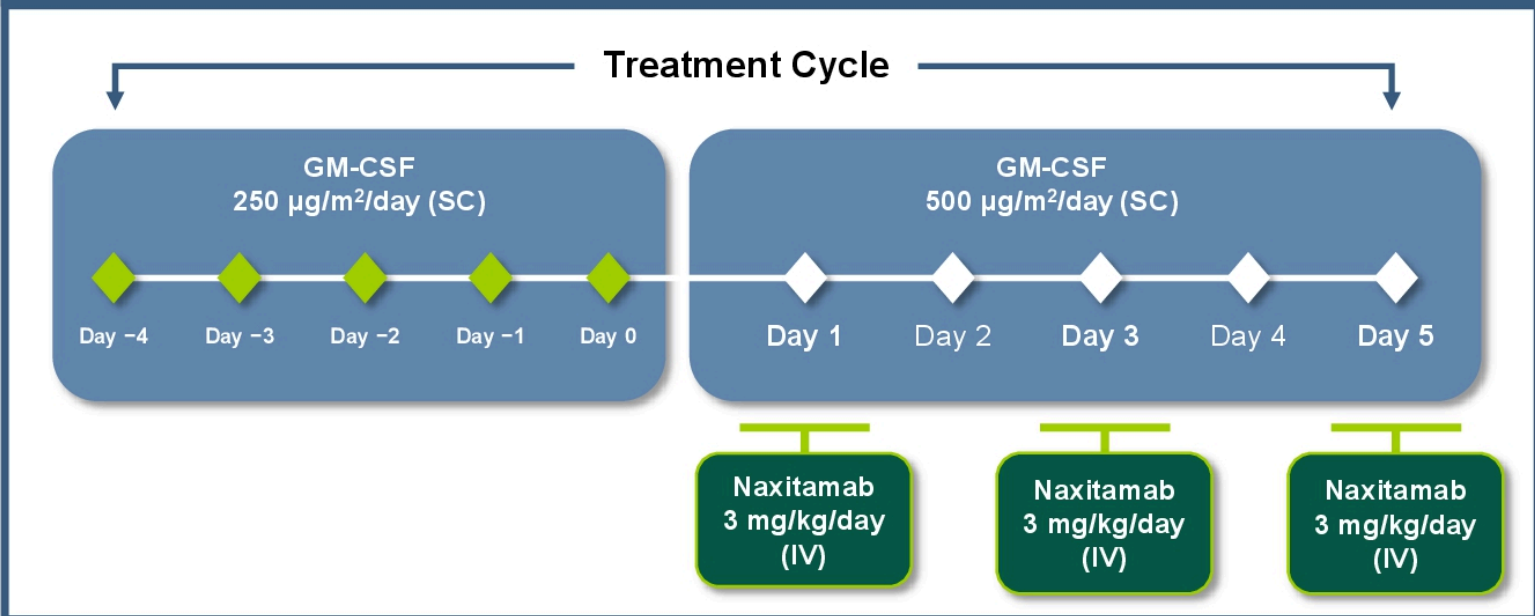
OBJECTIVE

- This post hoc analysis reports the patterns of improvement following initial response to naxitamab therapy, based on the results of a prespecified interim analysis of Trial 201 (NCT03363373, data cutoff 31 December 2021)

METHODS

- Trial 201 is an ongoing phase 2 trial investigating the efficacy and safety of naxitamab plus GM-CSF in patients with R/R HR neuroblastoma with residual disease in bone/BM only
 - Patients with soft tissue or actively progressing disease were excluded
- Patients classified as refractory were those with an incomplete response (PR, MR, or SD) per 2017 International Neuroblastoma Response Criteria (INRC)¹³ to induction therapy and residual disease in the bone/BM
- Patients classified as relapsed were those with an incomplete response to treatment for actively progressing or relapsed disease and residual disease in the bone/BM
- Naxitamab was administered in combination with GM-CSF as shown in **Figure 1**
 - Treatment cycles were repeated every 4 weeks until complete response (CR) or PR, followed by 5 additional cycles every 4 weeks
 - Subsequent cycles could be repeated every 8 weeks through 101 weeks from the first infusion at the discretion of the investigator

Figure 1. One Dosing Cycle for Naxitamab+GM-CSF



GM-CSF, granulocyte-macrophage colony-stimulating factor; IV, intravenous; SC, subcutaneous.

- The primary endpoint was overall response rate (ORR) during the naxitamab treatment period, comprising those with a CR or PR per the 2017 INRC assessed by independent review of images and BM pathology
 - Response assessments occurred between Cycles 2 and 3 (Week 6) and at prespecified timepoints thereafter

RESULTS

- Baseline characteristics are presented in **Table 1**

Table 1. Baseline Patient and Disease Characteristics	
Characteristic	Efficacy Population* (N=52)
Median age at enrollment, years (range)	6 (2-18)
Sex	
Male	31 (60)
Female	21 (40)
Race	
White	21 (40)
Asian	29 (56)
Black	2 (4)
MYCN status	
Amplification	7 (13)
Gain	1 (2)
Neither gain nor amplification	37 (71)
Unknown	7 (13)
INSS stage at diagnosis	
Stage 3	4 (8)
Stage 4	46 (88)
Unknown	2 (4)
Neuroblastoma location	
Bone only	29 (56)
BM only	2 (4)
Bone and BM	21 (40)
Baseline CS	
Median (range) ^b	3 (0-21)
CS ≤2	22 (42)
CS ≥3	30 (58)
Disease status	
Primary refractory	26 (50)
Relapsed	26 (50)
2 relapses	4 (8)
Treatment type	
Chemotherapy	52 (100)
Surgery	46 (88)
Radiotherapy	21 (40)
ASCT	14 (27)
Anti-GD2 therapy	13 (25)
MIBG	4 (8)

Data are given as n (%), unless otherwise noted. *All patients who began a naxitamab infusion, had evaluable disease in bone/BM at baseline per independent review, were anti-drug antibody negative, and had no preplanned radiotherapy for metastatic lesions. ^bCS of 0 reflects BM disease only. ASCT, autologous stem cell transplant; BM, bone marrow; CS, Curie score; INSS, International Neuroblastoma Staging System; MIBG, meta-iodobenzylguanidine.

- The ORR for Trial 201 was 50% (95% CI, 36%-64%; 26/52 patients)
- At the first response assessment, ORR was 37% (n=19), with 14 patients achieving CR
 - 9 patients, 17% of the overall efficacy population, showed improved post-Cycle 3 responses (**Table 2**)
- Among the 26 patients demonstrating an overall response during the trial, 6 patients (23%) achieved a response only after Cycle 3
 - 4 patients improved from MR to CR
 - 2 patients improved from SD to PR

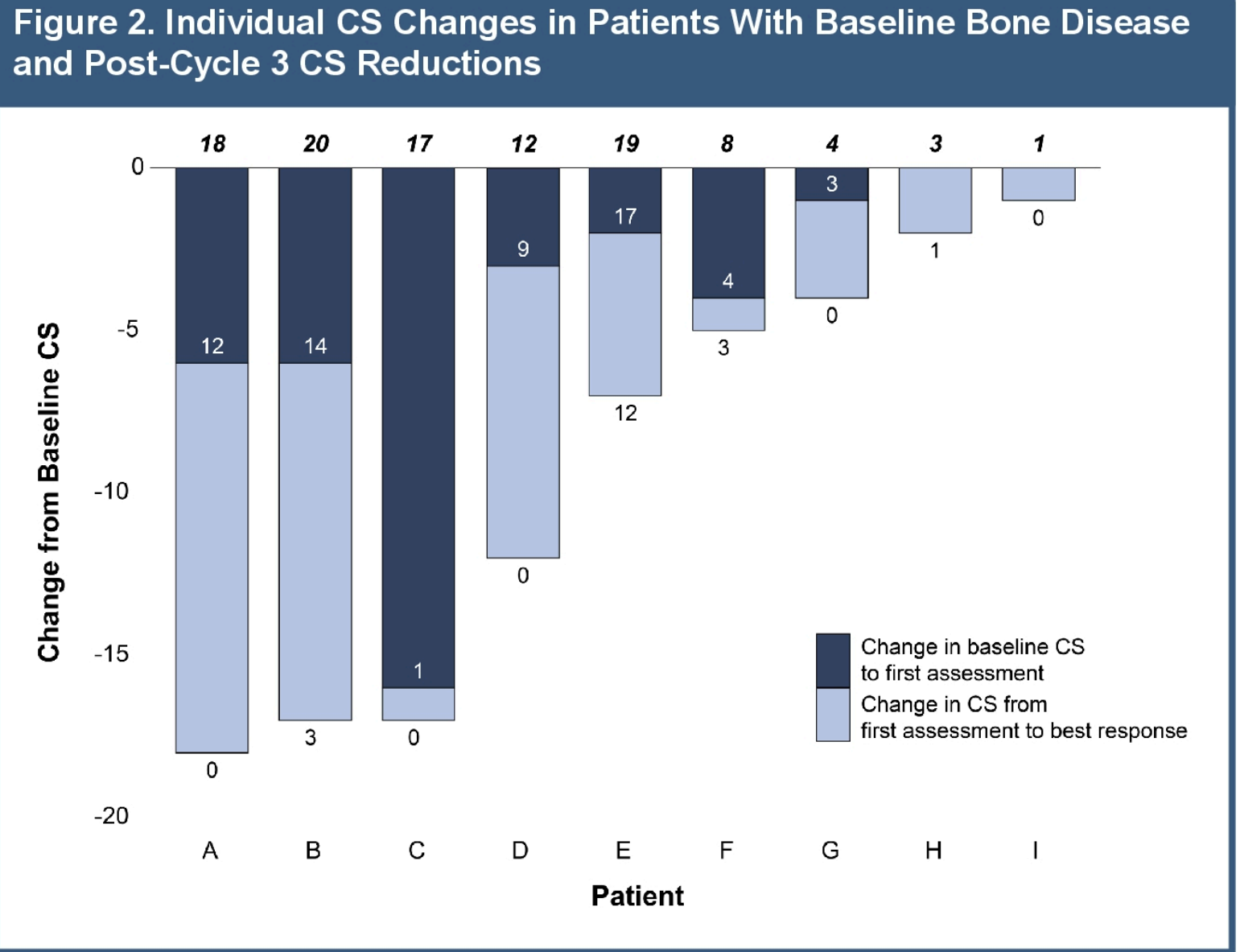
Table 2. Summary of Improved Responses After Cycle 3			
Response at Initial Assessment ^a	Best Response, n (n; Week Achieved)		
	CR	PR	MR
PR	2 (Week 18)	—	—
MR	4 (2 at Week 26, 2 at Week 30)	—	—
SD	—	2 (1 at Week 14, 1 at Week 26)	1 (Week 18)

One patient with nonevaluable disease at first assessment and, later, a PR was included in the ORR but excluded from this response improvement analysis. ^aBetween Cycle 2 and Cycle 3. CR, complete response; MR, minor response; ORR, overall response rate; PR, partial response; SD, stable disease.

- Among patients with baseline bone disease (bone only or bone + BM disease; n=50), post-Cycle 3 responses in the bone compartment improved in 6 patients (12%; **Table 3**)
 - Of these 6 patients, 5 had SD in bone at first assessment (between Cycle 2 and Cycle 3) and achieved CR or PR after Cycle 3
- Among patients with baseline bone disease who demonstrated additional post-Cycle 3 Curie score (CS) improvements, the CS improvements are shown in **Figure 2**, and changes to CS over time are shown in **Figure 3**
- Among patients with baseline BM disease (BM only or bone + BM disease; n=23), post-Cycle 3 responses in the BM compartment improved in 6 (26%; **Table 3**)
 - Of these 6 patients, 5 had initial SD in BM and achieved a CR after Cycle 3

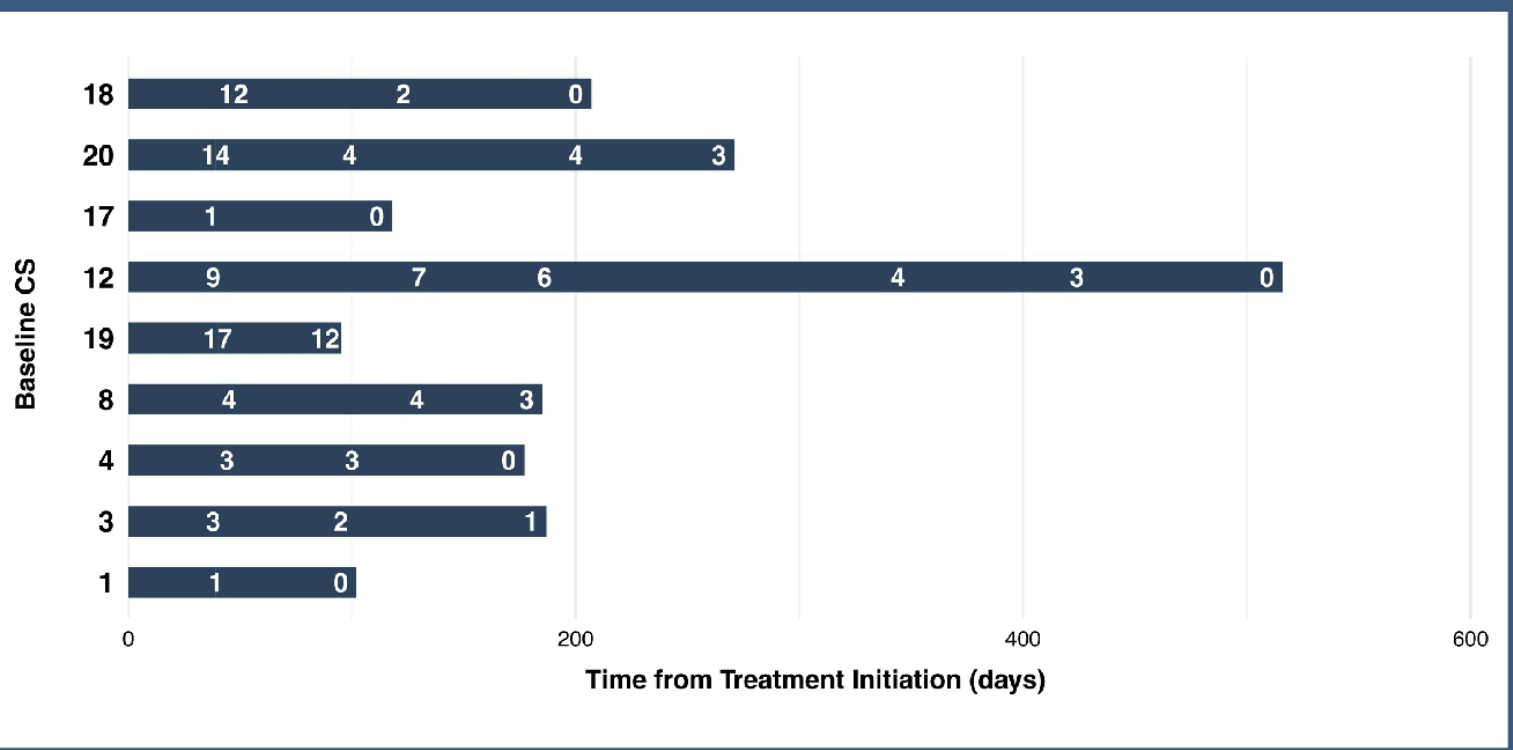
Table 3. Summary of Improved Responses After Cycle 3 in Patients With Baseline Disease in Bone (n=50) and BM (n=23)		
Response at Initial Assessment ^a	Response After Cycle 3 (n)	
	CR	PR
Disease in bone compartment		
SD	3	2
PR	1	—
Disease in BM compartment		
SD	5	—
MD	1	—

Bone and BM compartment analysis, since some patients had both bone and BM disease at baseline. ^aBetween Cycle 2 and Cycle 3. BM, bone marrow; CR, complete response; MD, minimal disease; PR, partial response; SD, stable disease.



Baseline CS values in italics. CS, Curie score.

Figure 3. Time to Best CS in Individual Patients With Baseline Bone Disease and Post-Cycle 3 CS Reductions



CS, Curie score.

- In the Trial 201 safety population (N=74), the adverse events (AEs) considered related to naxitamab+GM-CSF reported in ≥50% of patients were hypotension, pain, urticaria, pyrexia, bronchospasm, and tachycardia¹⁴
 - Related Common Terminology Criteria for Adverse Events (CTCAE) Grade ≥3 AEs reported in ≥10% of all patients included pain, hypotension, urticaria, and bronchospasm and were manageable with appropriate interventions

CONCLUSIONS

- A considerable proportion (23%) of patients achieved a CR or PR only after Cycle 3 (ie, after continued treatment following the first response assessment)
- Among these patients, most had initial SD within specific bone or BM compartments before achieving a post-Cycle 3 CR/PR
- Taken together, the results support the rationale for continued treatment of patients not achieving CR/PR at first response assessment

REFERENCES

- Park JR, et al. *Hematol Oncol Clin North Am*. 2010;24(1):65-86.
- Whittle SB, et al. *Expert Rev Anticancer Ther*. 2017;17(4):369-386.
- Ara T, DeClerck YA. *Cancer Metastasis Rev*. 2006;25(4):645-657.
- Berthold F, et al. *Paediatr Drugs*. 2017;19(6):577-593.
- Cotterill SJ, et al. *Eur J Cancer*. 2000;36(7):901-908.
- DuBois SG, et al. *J Pediatr Hematol Oncol*. 1999;21(3):181-189.
- Pinto N, et al. *Eur J Cancer*. 2019;112:66-79.
- Hochheuser C, et al. *Stem Cells Dev*. 2021;30(2):59-78.
- Uemura S, et al. *Front Oncol*. 2019;9:455.
- Modak S, Cheung NK. *Cancer Treat Rev*. 2010;36(4):307-317.
- Pinto NR, et al. *J Clin Oncol*. 2015;33(27):3008-3017.
- Y-mAbs Therapeutics, Inc. DANYELZA® (naxitamab-gqgk) injection, for intravenous use [prescribing information]. New York, NY: Y-mAbs Therapeutics, Inc.; March 2024.
- Park JR, et al. *J Clin Oncol*. 2017;35(22):2580-2587.
- Mora J, et al. SIOP Annual Conference, September 28-October 1, 2022, Barcelona, Spain and Virtually, 2022.

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DISCLOSURES JM: consultancy/advisory role, research funding, patents, royalties, or other intellectual property, and travel expenses from Y-mAbs. **DAM:** consultancy with Y-mAbs, Regeneron, RayzeBio Inc, Abbvie, Clarity Pharmaceuticals, US World Meds; travel expenses from Abbvie; speaker fees from Takeda Israel Ltd, Y-mAbs. **KN:** consultancy/advisory role with Bayer, Lilly. **JF:** research funding and other relationship (National PI) with Y-mAbs Therapeutics. **AW:** consultancy/advisory role with Recordati, Y-mAbs; travel expenses from Y-mAbs. **ARS:** consultancy/advisory role with EUSA Pharma and Sanofi; speakers' bureau for EUSA Pharma; travel expenses from EUSA Pharma and Roche. **KT and MD:** employment and equity interest in Y-mAbs Therapeutics. **GCC, LA, MB, and BHK:** no relevant disclosures.

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Naxitamab Chemoimmunotherapy Regimens Other Than With Irinotecan/Temozolomide for Patients With Relapsed/Refractory High-risk Neuroblastoma

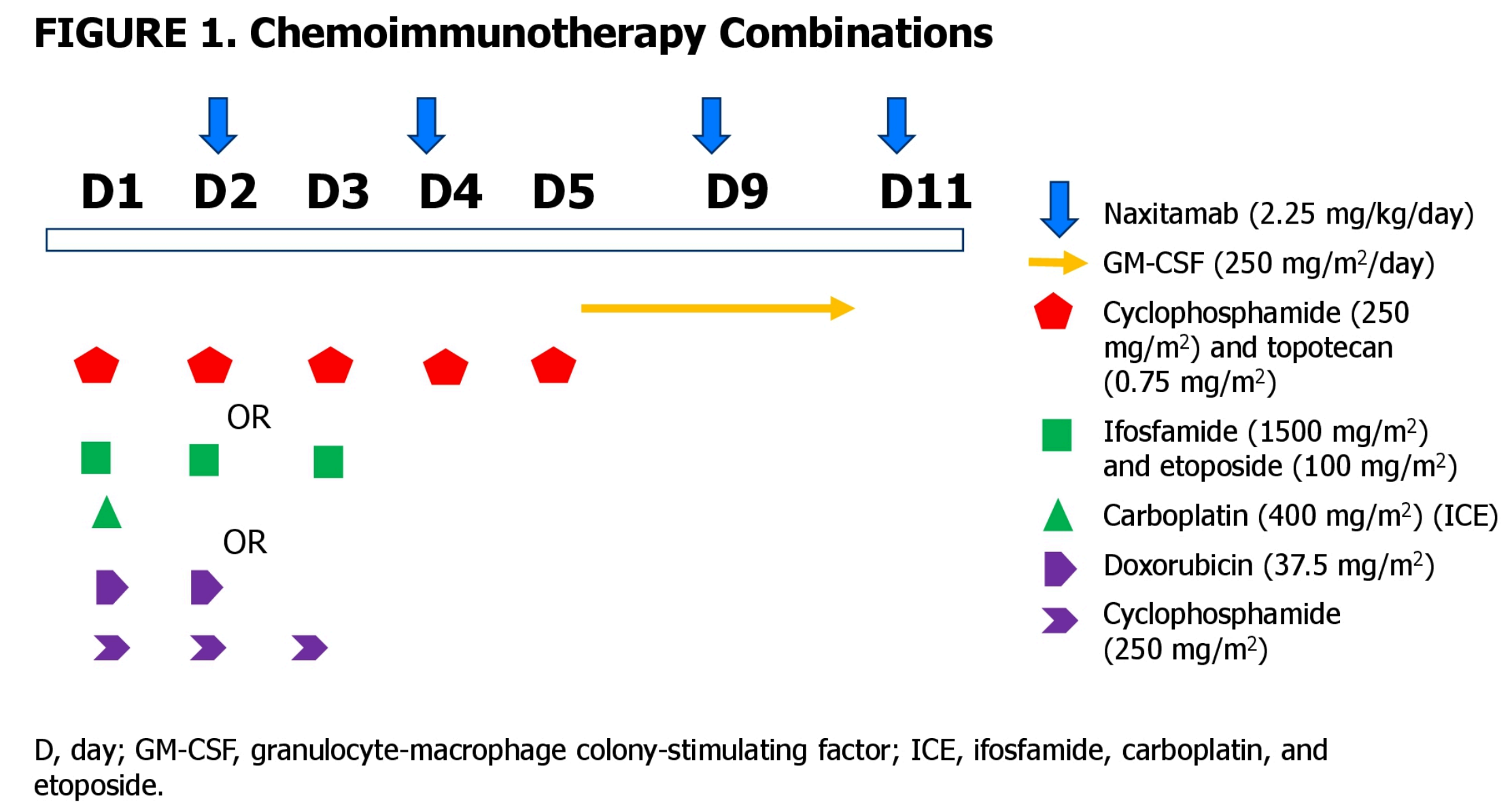
Cristina Larrosa, Margarida Simao, Juan Pablo Muñoz, Maite Gorostegui, Alicia Castañeda, Moira Garraus, and Jaume Mora
Pediatric Cancer Center, Sant Joan de Déu Hospital, Barcelona, Spain

BACKGROUND

- Patients with relapsed/refractory (R/R) high-risk (HR) neuroblastoma have a dismal prognosis with chemotherapy-only salvage regimens
- Naxitamab, a humanized anti-GD2 monoclonal antibody (mAb), when combined with irinotecan and temozolomide (I/T), has clinically meaningful efficacy in R/R HR neuroblastoma patients (NCT03189706)
- We aimed to investigate the potential synergy of naxitamab with other cytotoxics

METHODS

- Retrospective analysis of 29 patients treated at Hospital Sant Joan de Déu Barcelona with chemo-refractory disease, who received naxitamab in combination with chemotherapeutics other than I/T (**Figure 1**)
- Toxicity was measured by CTCAE v4.0 and responses by modified International Neuroblastoma Response Criteria (INRC)



RESULTS

- Twenty-nine patients received compassionate use of naxitamab + GM-CSF (1 patient received 2 different regimens). A total of 113 cycles (median 2, range 1-8) were administered on an outpatient basis.

- Main characteristics of our cohort are shown in **Table 1**
- Among the 26 patients treated with prior chemoimmunotherapy, 21 (81%) received naxitamab+irinotecan+temozolomide (**Figure 2**)

TABLE 1. Main Characteristics of the Treated Cohort

	N=30 n (%)
Status of disease at regimen entry	
Induction chemotherapy refractory	0 (0)
Refractory to induction and refractory treatment	12 (40)
First relapse	14 (46)
Second relapse	1 (3)
Third relapse	3 (10)
Prior chemoimmunotherapy	
Yes	26 (86)
Number of cycles (total; med)	167; med (5)
Prior best response to chemoimmunotherapy	
CR	4 (15)
PR	5 (19)
SD	13 (50)
PD	3 (11)
MR	1 (4)

- CR, complete response; MR, minor response; PD, progressive disease; PR, partial response; SD, stable disease.
- Among 29 patients receiving new combination regimens (1 patient received 2 regimens), 23 (79%) received cyclophosphamide and topotecan (**Figure 3**)
 - Overall response rate (ORR) was 30% and disease control rate (DCR) after 2 cycles 56.6% (**Figure 4**)
 - Prior sensitivity to chemoimmunotherapy regimens predicted better responses with the new combinations (**Figure 5**)
 - Three patients with prior PD demonstrated no improvement with an alternative regimen

FIGURE 2. Prior Therapy Combinations With Anti-GD2

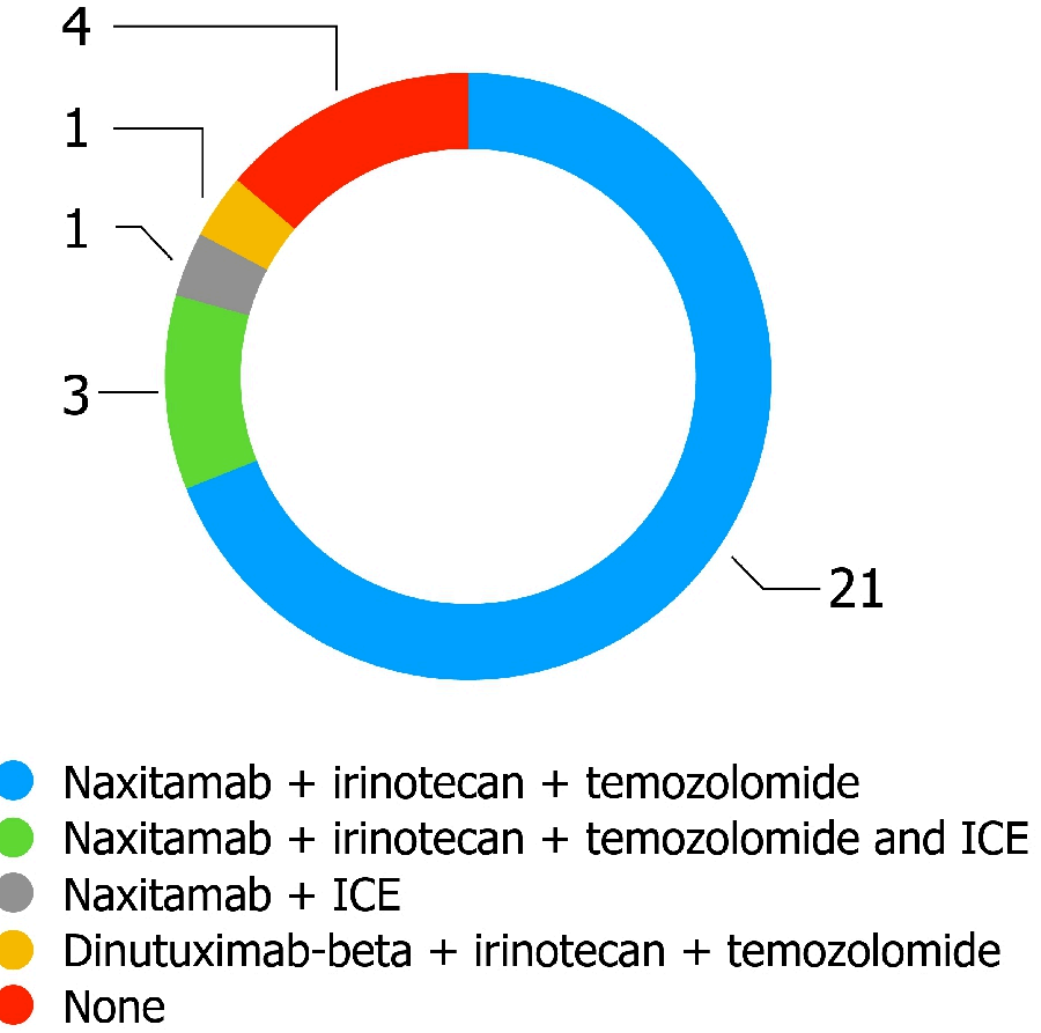


FIGURE 3. Chemotherapy Backbone Distribution Combined With Naxitamab and GM-CSF

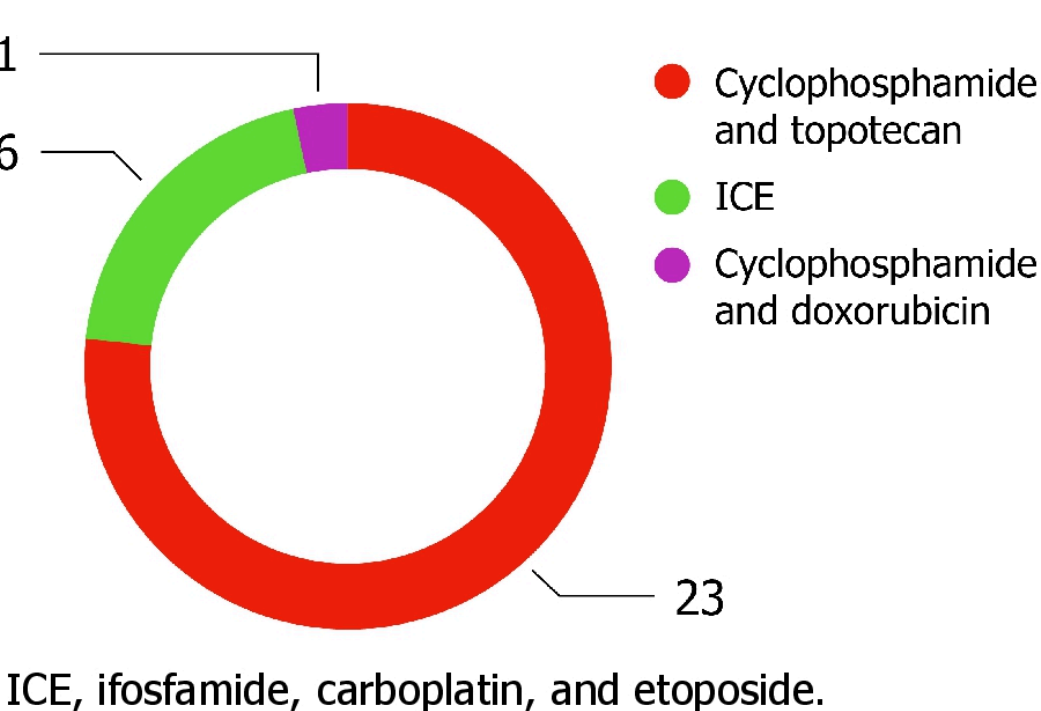


FIGURE 4. Overall Responses to Alternative Chemoimmunotherapy Combinations

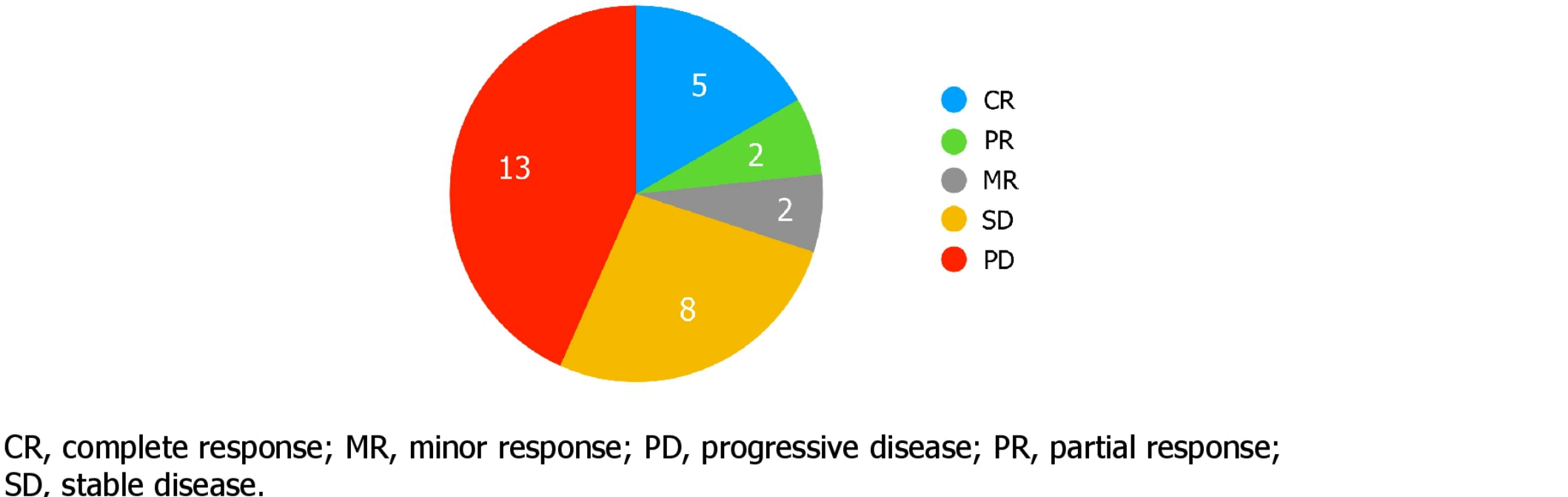
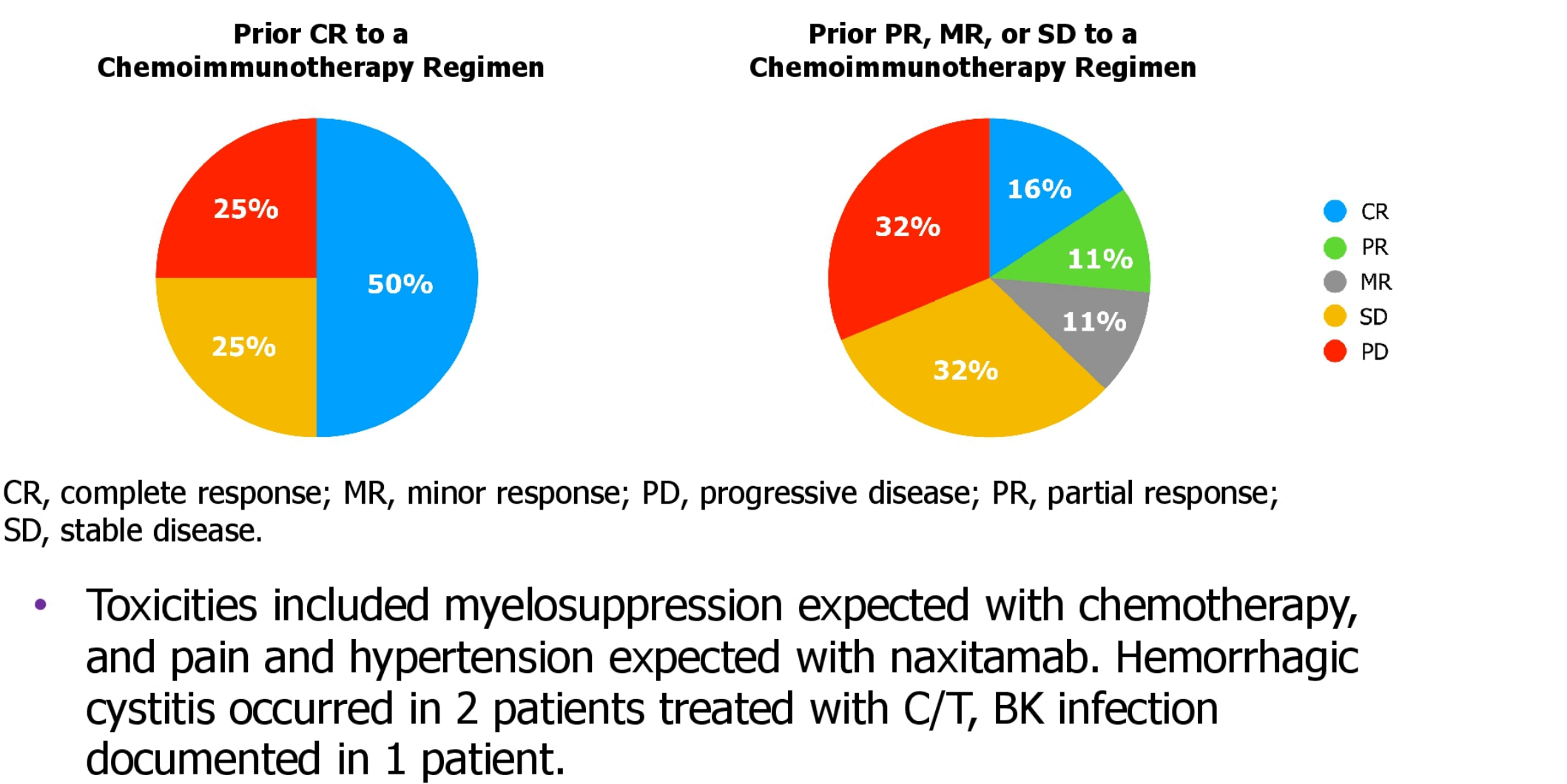


FIGURE 5. Overall Responses to Alternative Chemoimmunotherapy Combinations Based on Previous Responses to Chemoimmunotherapy Regimens



CONCLUSIONS

- Naxitamab-based chemoimmunotherapy with regimens other than I/T exhibited similar and manageable toxicity profiles
- ORR was 30%
- DCR after 2 cycles was 56.6%
- Patients who never responded to prior chemoimmunotherapy combinations progressed with the new combinations
- Best response was seen in patients who achieved CR with prior chemoimmunotherapy but ultimately progressed/relapsed