

A Phase 1b/2, Open-Label Study Evaluating Gocatamig and Ifinatamab Deruxtecan for Extensive-Stage Small-Cell Lung Cancer

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*At the time the study was conducted.

OBJECTIVES

- PRIMARY**
- Evaluate the safety and tolerability of gocatamig and I-DXd–based regimens
 - Adverse events (AEs), dose-limiting toxicities (DLTs), and discontinuations of study intervention due to AEs
 - Evaluate objective response rate (ORR) per RECIST version 1.1 as assessed by blinded independent central review (BICR); objective response is defined as a complete response (CR) or partial response (PR)
- SECONDARY**
- Evaluate disease control rate (DCR) per RECIST version 1.1 as assessed by BICR; disease control is defined as confirmed CR, PR, or stable disease
 - Evaluate duration of response (DOR) per RECIST version 1.1 as assessed by BICR; for participants who achieve confirmed CR or PR, DOR is defined as the time from the first documented evidence of CR or PR until disease progression (PD) or death due to any cause, whichever occurs first
 - Evaluate progression-free survival (PFS) per RECIST version 1.1 as assessed by BICR; PFS is defined as the time from the first dose of study treatment or randomization to the first of documented PD or death due to any cause, whichever occurs first
 - Evaluate OS, defined as the time from the first dose of study treatment (safety run-in [part A] and arm 1 [part B]) or randomization (arms 2–4 [part B]) to death due to any cause
 - Characterize the pharmacokinetic (PK) profile of gocatamig and I-DXd, as assessed by pharmacokinetic parameters including area under the curve (AUC), maximum plasma concentration (C_{max}), and minimum plasma concentration (C_{trough})
 - Evaluate the immunogenicity of gocatamig and I-DXd, as assessed by antidrug antibodies to gocatamig and I-DXd

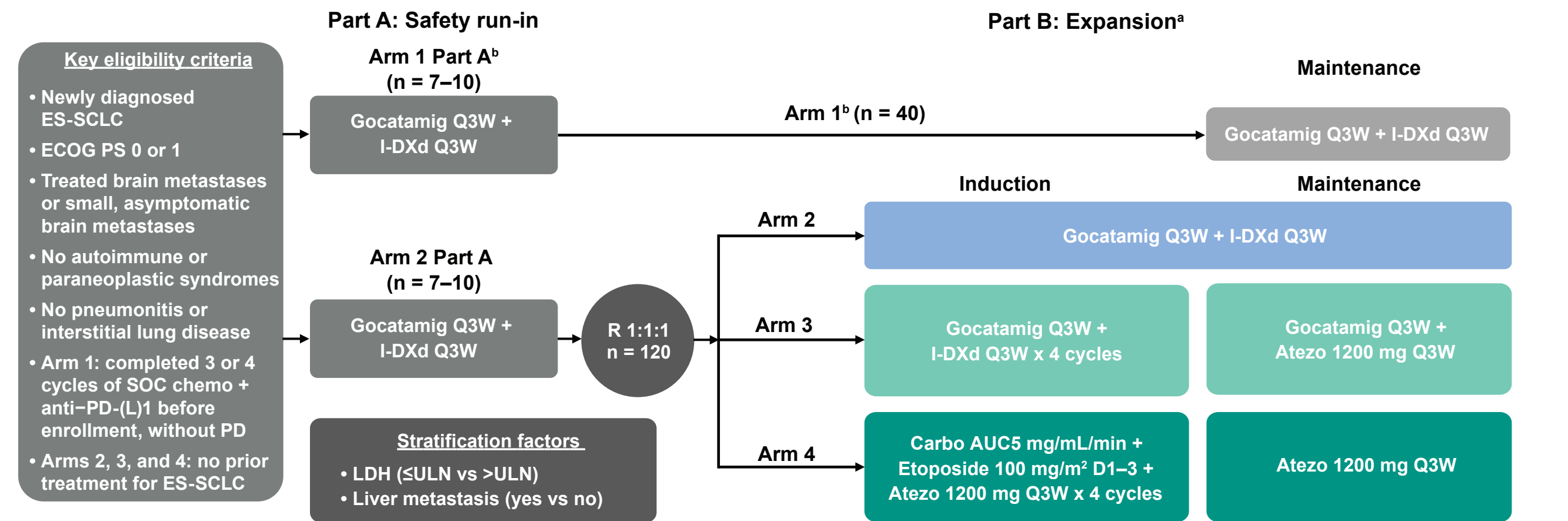
BACKGROUND

- Extensive-stage small-cell lung cancer (ES-SCLC) is a rapidly progressive disease with a high metastatic burden¹
- ES-SCLC initially responds to chemotherapy; however, recurrence is common, resulting in a poor prognosis¹
- Overall survival (OS) for ES-SCLC with the standard first-line regimen of platinum-based chemotherapy is approximately 10 months, with addition of a PD-(L)1 inhibitor to the standard regimen only extending OS by 2 months¹
- Two potential therapeutic targets expressed in SCLC include delta-like ligand 3 (DLL3) and B7 homolog 3 (B7-H3)^{2,3}
- Gocatamig is a DLL3-directed T-cell engager that initiates tumor cell killing upon simultaneous binding to T cells and DLL3 expressed on the surface of tumor cells
- Ifinatamab deruxtecan (I-DXd) is a B7-H3–directed antibody-drug conjugate comprising a B7-H3 monoclonal antibody linked to a DXd cytotoxic payload
- The MK-6070-003 study (NCT07227597) evaluates the combination of gocatamig and I-DXd in participants with ES-SCLC

METHODS

STUDY DESIGN, PARTICIPANTS, AND TREATMENT

Figure. MK-6070-003 study design (NCT07227597)



Atezo, atezolizumab; carbo, carboplatin; ECOG PS, Eastern Cooperative Oncology Group performance status; LDH, lactate dehydrogenase; Q3W, every 3 weeks; SOC, standard of care; ULN, upper limit of normal.
^aThe entry dosing level in part B will depend on the tolerated dosing level available from studies MK-6070-001, MK-6070-002, and MK-6070-003 part A.
^bInduction phase of arm 1 is given before enrollment as part of SOC.

Table. Key eligibility criteria

Inclusion criteria	Exclusion criteria
Aged ≥18 y	Pleural effusion, pericardial effusion, or ascites requiring recurrent drainage procedures
Has a histologically or cytologically confirmed diagnosis of ES-SCLC defined as stage IV (T any, N any, M1a/b/c) by AJCC 9th edition or T3–T4 due to multiple lung nodules that are too extensive or have tumor/nodal volume that is too large to be encompassed in a tolerable radiation plan	- Any history of pneumonitis/ILD irrespective of steroid use or current or suspected ILD - Clinically severe pulmonary compromise^b - History of clinically significant intracranial bleeding or spinal cord bleeding - Active neurologic paraneoplastic syndrome
Arm 1: completed 3 or 4 cycles of platinum + etoposide chemotherapy with concurrent approved anti-PD-(L)1 as first-line treatment ≤6 wk before enrollment without PD per RECIST version 1.1 by investigator^a	History of coronary/peripheral artery bypass graft and/or any coronary/peripheral angioplasty or clinically significant cardiovascular disease ≤6 mo before first dose of study drug
Arms 2, 3, and 4: previously untreated ES-SCLC	Other uncontrolled or significant cardiovascular disease
All arms: participants with prior limited-stage SCLC are permitted if the interval is >6 mo since the end of previous therapy and progression	History of arterial thrombosis ≤6 mo before the first dose of study drug
Measurable disease per RECIST version 1.1 by investigator	Chronic liver disease, including liver cirrhosis of Child-Pugh class B or C
ECOG PS of 0 or 1 assessed within 7 d before randomization	Unresolved grade ≥2 AEs from prior anticancer therapy^c
Adequate organ function	Receipt of prior therapy with an anti-PD-(L)1 or PD-L2 agent or another stimulatory or coinhibitory T-cell receptor^d
Provision of archival tumor tissue or newly obtained core, incisional, or excisional biopsy of a tumor lesion not previously irradiated	Receipt of prior therapy with a DLL3–targeted agent, orlotamab enoblituxumab, or other B7-H3–targeted agent
	Arm 1 only: receipt of prior systemic anticancer therapy within 3 wk or 5 half-lives before the first dose of study intervention
	Arm 1 only: receipt of any prior immunotherapy and discontinued due to a grade ≥3 immune-related AE or grade 2 myocarditis
	Receipt of prior radiotherapy ≤2 wk of start of study drug or presence of radiation-related toxicities requiring corticosteroids
	Ongoing treatment with immunosuppressive medications
	Additional malignancy that is progressing or has required active treatment ≤3 y
	Known active CNS metastases and/or carcinomatous meningitis

AJCC, American Joint Committee on Cancer; CNS, central nervous system; ILD, interstitial lung disease.
^aPrior systemic therapy for ES-SCLC other than the induction treatment chemotherapy + anti-PD-(L)1 is not allowed. Participants receiving rechallenge systemic therapy will be excluded.
^bResulting from intercurrent pulmonary illnesses, including but not limited to any underlying pulmonary disorder and potential pulmonary involvement caused by any autoimmune, connective tissue, or inflammatory disorders, prior pneumonectomy, or requirement for supplemental oxygen.
^cExcept alopecia, and participants with irreversible toxicity not reasonably expected to be exacerbated by any of the study drugs may be included after consultation with the sponsor.
^dNot applicable to participants in arm 1, who must have received SOC before enrollment.

REFERENCES

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ASSESSMENTS

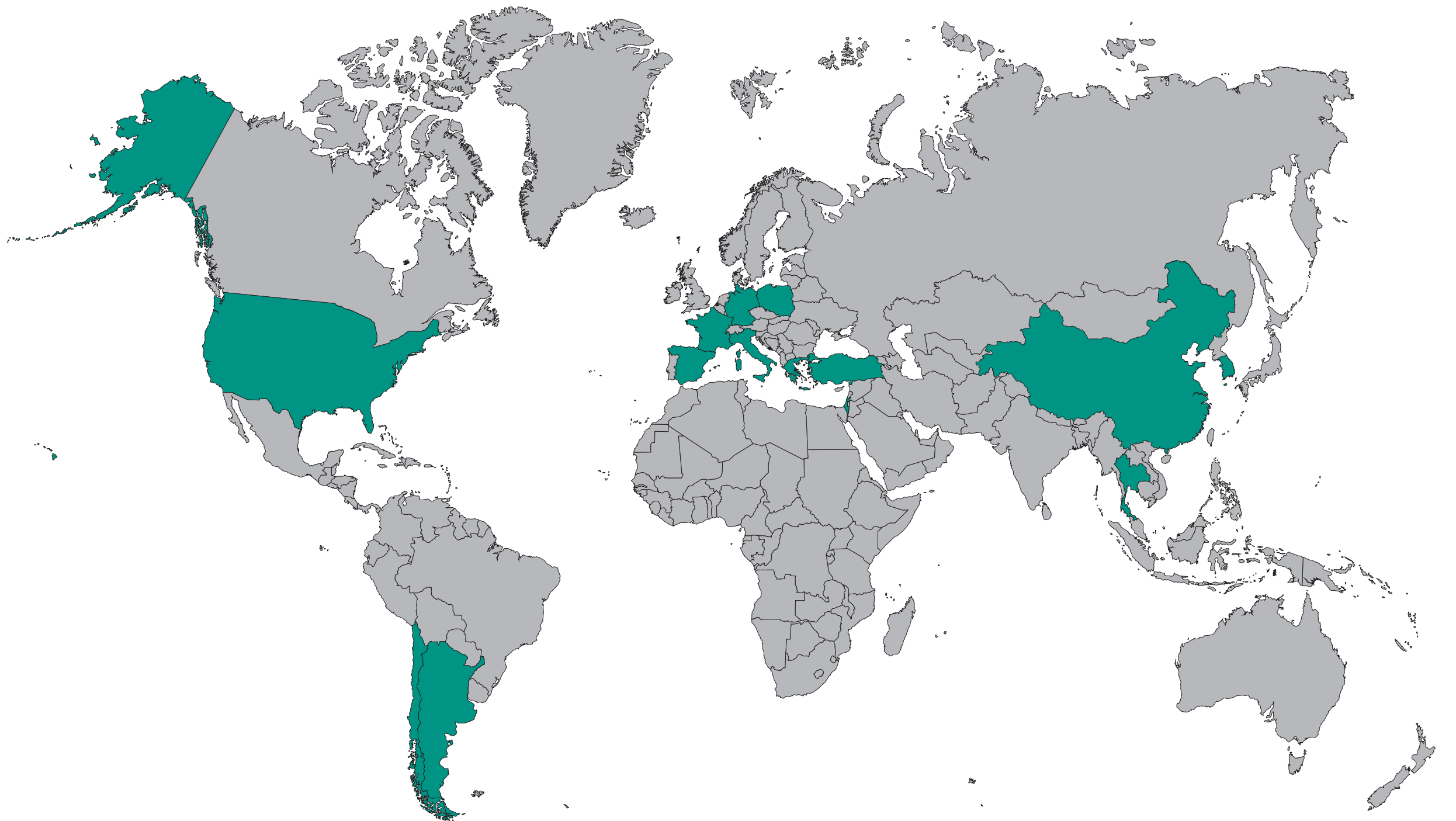
- Initial tumor scans, including computed tomography of the chest, abdomen, and pelvis, and brain and bone scans (magnetic resonance imaging preferred) are required ≤28 days before allocation or randomization
- Scans will be performed every 6 weeks for the first 48 weeks and every 12 weeks thereafter
- AEs will be monitored throughout the study and graded in severity according to the guidelines outlined in the National Cancer Institute Common Terminology Criteria for Adverse Events version 5.0

STATISTICAL ANALYSIS

- Efficacy will be analyzed in the intent-to-treat population for arms 2–4, which consists of all randomized participants
- Efficacy will be analyzed in the full analysis set population for arm 1, and supportive analysis of efficacy data will be performed for arm 2, consisting of all participants in parts A and B with a baseline scan showing measurable disease and who received ≥1 dose of study drug
- Safety analysis will be conducted in the all-participants-as-treated population, which consists of all participants who received ≥1 dose of study drug
- The unstratified Miettinen and Nurminen method will be used for pairwise comparison of ORR between treatment groups (arms 2–4)
 - Point estimates of ORR and DCR will be provided by treatment group and 95% CIs calculated with the exact binomial method by Clopper and Pearson for all 4 arms
- PFS and OS will be estimated using the nonparametric Kaplan-Meier method, and for arms 2–4, hazard ratios and their 95% CIs will be reported using an unstratified Cox proportional hazard model with a single treatment covariate and the Efron method of tie handling
- Safety will be summarized descriptively
- The estimate of the DLT rate and the 90% Bayesian credible interval based on a prior distribution of Beta (1,1) will be provided

CURRENT STATUS

- Enrollment began in January 2026 and is ongoing across 51 global sites, with 63 total global sites planned



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Plain Language Summary

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DISCLOSURES

Giannis Mountzios: Advisory / Consultation: AstraZeneca, BMS GmbH & Co. KG, Boehringer Ingelheim, MSD, Roche, GSK, GILEAD, Summit, Janssen; Travel, accommodations, expenses: AstraZeneca, BMS GmbH & Co. KG, Demo Pharmaceutical, Ipsen, MSD, Roche, GSK, GILEAD, Summit, Janssen; PI in sponsored clinical trials: AstraZeneca, BMS GmbH & Co. KG, Demo Pharmaceutical, Ipsen, MSD, Roche, GSK, GILEAD, Summit, Janssen, Nuvalent, ZaiLab, Genmab, OSE pharmaceuticals

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