

**44P Global clinical trials validating bioequivalence with China-manufactured trastuzumab biosimilar, HLX02, and trastuzumab**

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**Background:** HLX02 is being developed to address the current global need for high-quality yet affordable trastuzumab biosimilar (trastuzumab) for patients with breast cancer.

**Methods:** Following the step-wise clinical approach for the development of biosimilar, we first enrolled 12 healthy males to evaluate safety and tolerability after a single infusion of HLX02 at 2, 4, 6 and 8 mg/kg. Upon successful demonstration of safety and PK (AUC<sub>0-∞</sub>, C<sub>max</sub>, AUC<sub>0-tau</sub>) equivalence between HLX02 and reference trastuzumab in 109 healthy males received a single infusion of 6 mg/kg either HLX02, trastuzumab sourced from EU or US, we subsequently conducted a multi-national, randomized, double-blind, parallel-controlled, phase 3 study (HLX02-BC01) investigating the efficacy and safety profiles of HLX02 and trastuzumab-EU with docetaxel in adult females with HER2+ breast cancer from ~83 centers in 4 countries. The primary efficacy endpoint was best overall response rate up to week 24 (ORR<sub>24</sub>), and safety endpoints included immunogenicity and incidence of adverse events.

**Results:** After different concentrations of HLX02 demonstrated acute and dose-dependent effect on serum concentration of 12 healthy males in a phase 1a clinical trial, a total of 109 healthy males was randomized to receive 6mg/kg of HLX02 (n = 37),trastuzumab-EU (n = 37) or trastuzumab-US (n = 35). The geometric mean ratio of the AUC<sub>0-∞</sub> [90% confidence intervals] for HLX02 / trastuzumab-EU, HLX02 / trastuzumab-US and trastuzumab-US / trastuzumab-EU were 0.914 [0.858-0.973], 0.950 [0.891-1.013] and 0.962 [0.902-1.025], respectively, all within the bioequivalence margin of 0.80-1.25 (Table). No deaths, SAE or ADA-positive results were observed in any of the treatment groups. Based on these results, 653 previously-untreated females with HER2-overexpressing metastatic breast cancer in China, Poland, Ukraine and Philippines were randomized in an ongoing phase 3 pivotal study.

**Table: 44P Pairwise comparison of AUC<sub>0-∞</sub> between HLX02, trastuzumab-EU and trastuzumab-US**

Comparison with Different Products	n	AUC <sub>0-∞</sub> Geo-LSMean (μg-h/mL)	AUC <sub>0-∞</sub> Ratio A/B	AUC <sub>0-∞</sub> 90% CI of Ratio
HLX02 vs trastuzumab-EU	37 37	19805.4 21679.0	0.914	(0.858-0.973)
HLX02 vs trastuzumab-US	37 35	19805.4 20847.3	0.950	(0.891-1.013)
trastuzumab-US vs trastuzumab-EU	35 37	20847.3 21679.0	0.962	(0.902-1.025)

**Conclusions:** The three-way PK and safety equivalence of HLX02 and reference trastuzumab were demonstrated leading to the pivotal phase 3 study which has completed the enrolment in June 2018. To the best of our knowledge, the ongoing phase 3 study was the first China-manufactured trastuzumab biosimilar being investigated in a global setting.

**Clinical trial identification:** NCT03084237 and EudraCT-ID: 2016-000206-10.

**Legal entity responsible for the study:** Shanghai Henlius Biotech, Inc.

**Funding:** Shanghai Biotech, Inc.

**Disclosure:** X. Zhang, A. Luk: Employment: Shanghai Henlius Biotech, Inc. E. Liu: Employment: Henlix Biotech, Inc. W. Jiang, S. Liu: Employment: Shanghai Henlius Biotech, Inc.; Stock ownership: Shanghai Henlius, Inc. All other authors have declared no conflicts of interest.