Felzaratam in patients with anti-phospholipase A2 receptor autoantibody positive (anti-PLA2R+)
membranous nephropathy (MN): Interim results from the M-PLACE study

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Objective: Felzaratam (felzartamab), ananti-CD138 monoclonal antibody, is currently under evaluation for the treatment of patients with anti-PLA2R+ MN. To date, there is no therapy approved for this indication.

Methods: In this phase 1/2, open-label, multicenter study, patients with biopsy-proven anti-PLA2R+ MN, New York Heart Association (NYHA) class I or II, and eGFR ≥30 mL/min/1.73 m² were enrolled. Patients received 225.97 mg/kg of felzartamab, administered as a 2-hour intravenous infusion on Cycle 1, Day 1, followed by 2mg/kg weekly infusions on Days 1, 8, 15, and 22 of each 4-week cycle for up to 28 weeks.

Results: Through the data cut-off (27 August 2021), 31 patients had been enrolled (Cohort 1A: 15 patients; Cohort 1B: 16 patients; Cohort 2: 2 patients). All patients (100.0%) who received felzartamab in Cohort 1A had at least one treatment emergent adverse event (TEAE). The most common TEAEs were upper respiratory tract infection (50.0%), nasopharyngitis (43.3%), and headache (43.3%). Two patients had preexisting anti-drug antibodies (ADAs) with no observed impact on felzartamab PK following the first treatment. No new ADAs were observed in these patients. One patient with baseline levels of ADAs (1:16) lost their antibodies following anti-PLA2R Ab IgG titers reduction. More mature data will be obtained from all patients over the following months to evaluate if the observed immunological response is followed by a clinical response.

Conclusions: Based on the preliminary data, felzartamab was well-tolerated with a manageable safety profile and promising anti-PLA2R Ab IgG titers reduction, with a potential for durable clinical response.

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References