CONVERGE-01: Dosimetry, randomized dose optimization, dose escalation, and efficacy of Ac-225 rosopatamab tetraxetan in participants with PSMA-positive castration-resistant prostate cancer

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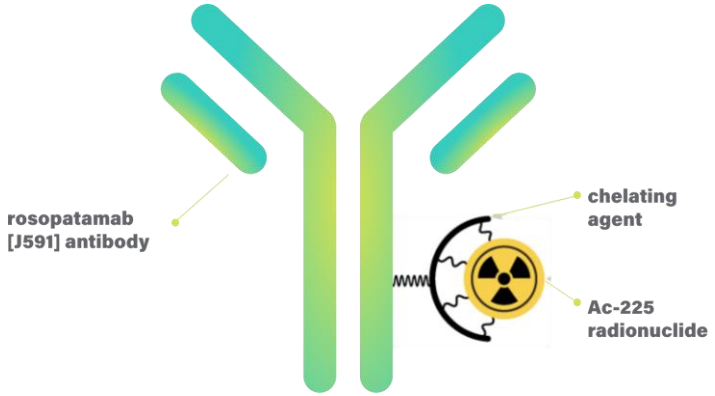
Background

- Prostate specific membrane antigen (PSMA) is a validated target in metastatic castration resistant prostate cancer (CRPC)
- Use of an alpha emitter as a radionuclide and a high affinity monoclonal antibody for protein targeting in PSMA-targeted radiopharmaceutical therapy (TRT) offer the promise of improved precision and potency as compared to alternative approaches
- Ac-225 rosopatamab tetraxetan (CONV01-α, formerly Ac-225-J591) has been evaluated for safety and efficacy in sequential investigator-initiated trials (Tagawa *et al. JCO* 2024[1], Nauseef *et al. AACR* 2023[2]) with encouraging results in patients with and without prior exposure to PSMA-directed Lu-177-small molecule-based TRT

Central Hypothesis

Delivery of a high energy alpha emitter via a high affinity monoclonal antibody will be safe and efficacious in patients with CRPC



Trial Design

Key Study-wide Inclusion Criteria

- Progressive CRPC
- PSMA PET+ via VISION[3]
- Prior treatment with ≥1 ARSI
- No prior PARPi, platinum chemotherapy
- History of 177-Lu-PSMA-RL: Without - Part 2; With - Part 3

Select Objectives and Endpoints

Part 1: Biodistribution of radiolabeled rosopatamab tetraxetan

Part 2:

- Safety and tolerability (CTCAE v5)
- Efficacy via proportion of PSA50s
- Biodistribution and PK profile
- Characterize 225-Ac dosimetry via Fr-221 and Bi-213

Part 3:

- Safety and tolerability (CTCAE v5)
- RP2D in 177-Lu-RL exposed patients
- Efficacy via proportion of PSA50s in patients treated at RP2D

Study Schema

CONVERGE-01[4]

Eligible patients enter directly into Part 2 or 3 with/without participation in Part 1

Part 1: Biodistribution Lead-In

In-111 rosopatamab tetraxetan 148 ±37 MBq on Day 1
(n=5)

177-Lu-Radioligand-Naïve

- **No prior treatment with PSMA-directed therapy**
- **No prior chemotherapy for CPRC**
- **Conventional imaging M0/M1**

R 1:1

Part 2: Dose Optimization

Ac-225 rosopatamab tetraxetan 60 kBq/kg on Days 1 & 15
(n=12)

Ac-225 rosopatamab tetraxetan 45 kBq/kg on Days 1 & 15
(n=6-12)

177-Lu-Radioligand-Exposed

- **Mandated prior treatment: 177-Lu-PSMA (617 or I&T)**
- **One prior exposure to taxane chemotherapy**
- **Conventional imaging M1**

Part 3: Dose Escalation and Expansion

Ac-225 rosopatamab tetraxetan on Days 1 & 15
(BOIN design, n≤36)

45 kBq/kg → **55 kBq/kg** → **60 kBq/kg**

Contact Information

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Citations

1 – Tagawa *et al*. 2024. *JCO*. PMID:37922438
2 – Nauseef *et al*. 2023. *AACR*.
3 – Kuo *et al*. 2022. *JNM*. PMID: 35086895
4 – https://clinicaltrials.gov/study/NCT06549465