

KLK2-comPAS: A Phase 3, Randomized, Double-blind, Placebo-controlled Study of Pasritamig plus Best Supportive Care in Metastatic Castration-resistant Prostate Cancer

Kim N. Chi¹, Craig Gedye², Laurence Belkoff³, Pedro Barata⁴, Alice Bernard-Tessier⁵, Julie N. Graff⁶, Nobuaki Matsubara⁷, Shahneen Sandhu⁸, Michael T. Schweizer⁹, Mark Stein¹⁰, Gunhild von Amsberg¹¹, Bilal A. Siddiqui¹², Xiao X. Wei¹³, Mina Hosseini¹⁴, Kassie Kramer¹⁵, Fouad Moussa¹⁶, Sherry C. Wang¹⁷, Shiva Dibaj¹⁸, Daria Gaut¹⁵, Elena Castro¹⁹

¹BC Cancer Agency, Vancouver, BC, Canada; ²Icon Cancer Centre Adelaide, SA, Australia; ³Midlantic Urology, Bala Cynwyd, PA, USA; ⁴University Hospitals, Seidman Cancer Center, Cleveland, Ohio, USA; ⁵Institut Gustave Roussy, University of Paris-Saclay, Villejuif, France; ⁶Oregon Health & Science University, Portland, OR; ⁷National Cancer Center Hospital East, Chiba, Japan; ⁸Peter MacCallum Department of Oncology, University of Melbourne, Melbourne, Australia; ⁹Fred Hutch Cancer Center, University of Washington, Seattle, WA; ¹⁰Columbia University Medical Center, New York, NY, USA; ¹¹University Cancer Center Hamburg and Martini-Klinik, Hamburg, Germany; ¹²Department of Genitourinary Medical Oncology, The University of Texas MD Anderson Cancer Center, Houston, TX, USA; ¹³Division of Medical Oncology, Dana-Farber Cancer Institute, Boston, MA, USA; ¹⁴Johnson & Johnson, Raritan, NJ, USA; ¹⁵Johnson & Johnson, Los Angeles, CA, USA; ¹⁶Johnson & Johnson, Spring House, PA, USA; ¹⁷Johnson & Johnson, San Francisco, CA, USA; ¹⁸Johnson & Johnson, San Diego, CA, USA; ¹⁹Hospital Universitario 12 de Octubre, Madrid, Spain

KEY TAKE AWAYS

Pasritamig (PAS) is a first-in-class, KLK2xCD3 T cell engager targeting human kallikrein 2 (KLK2), a novel, prostate-specific target.¹

PAS demonstrated a favorable safety profile differentiated from prior T-cell engagers.^{2,3}

The comPAS study is evaluating PAS + BSC (best supportive care) vs placebo + BSC (NCT07164443).

This phase 3 trial will open at 163 clinical sites across 16 countries worldwide.

The trial is active and currently enrolling participants.

Introduction

- Metastatic castration-resistant prostate cancer (mCRPC), also termed androgen pathway modulation-resistant (APMR) in PCWG4⁴, remains an incurable disease with high morbidity and a median overall survival of approximately two years.⁵
- Human kallikrein 2 (KLK2) is highly specific to normal and malignant prostate tissue, including in late-stage mCRPC.¹
- Pasritamig (PAS) is a novel T cell engager (TCE). PAS is a humanized, IgG1-based bispecific antibody that targets KLK2-expressing cells via CD3 engagement, inducing T cell-mediated targeted cytotoxicity.¹
- In a first-in-human study in participants with mCRPC refractory to standard therapies, pasritamig demonstrated a favorable safety profile (<5% grade 3 or higher treatment-related adverse events and <10% cytokine release syndrome, all grade 1 – fever only) permitting fully outpatient administration.^{2,3}
- PAS achieved durable disease control and rPFS (median 7.9 months) that compare favorably to historical data in heavily pretreated participants with mCRPC.^{2,3}
- KLK2-comPAS is a double-blind, randomized, global phase 3 study to evaluate the safety and efficacy of pasritamig with BSC in participants with late-line mCRPC.

Figure 1: PAS simultaneously binds KLK2 on prostate cancer cells and CD3 receptor complexes on T cells, leading to T-cell activation and subsequent lysis of cancer cells

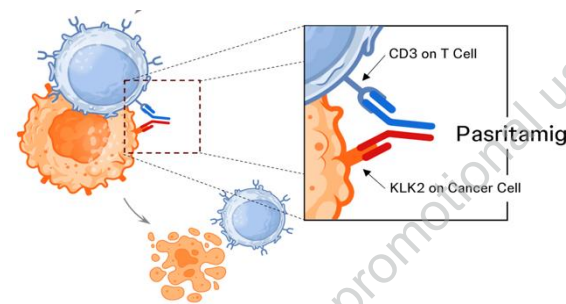
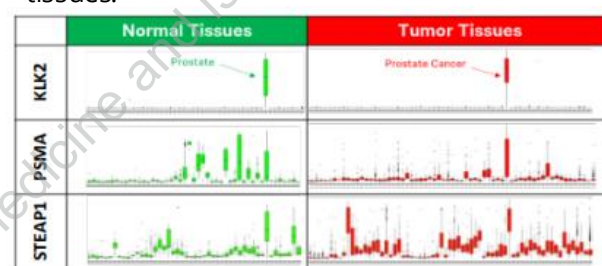


Figure 2: KLK2 is a novel target highly expressed on prostate cells (normal and malignant) with limited expression in other tissues.¹



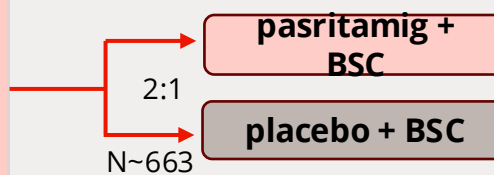
Methods

Key Eligibility

- Received all available life-prolonging therapies (ARPI, taxanes, RLT, PARPI for BRCAm) including at least one taxane and one ARPI
- ECOG 0-2
- PSA ≥2 ng/mL
- Adequate organ function
- Ongoing ADT or prior orchiectomy
- No visceral metastases
- No prior KLK2 or CD3 directed therapies
- No active autoimmune disease requiring immunosuppression

Study design

Figure 3: A global, randomized, double-blinded, placebo-controlled, phase 3 study evaluates the efficacy and safety of PAS plus best supportive care (BSC) or placebo plus BSC (NCT07164443)



Stratification factors:

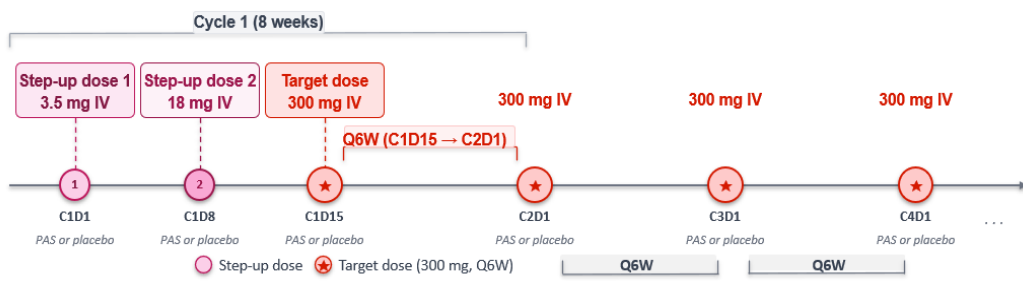
- prior PSMA-targeted RLT
- number of prior taxanes
- ECOG PS

Primary endpoint: OS

Key secondary endpoints:

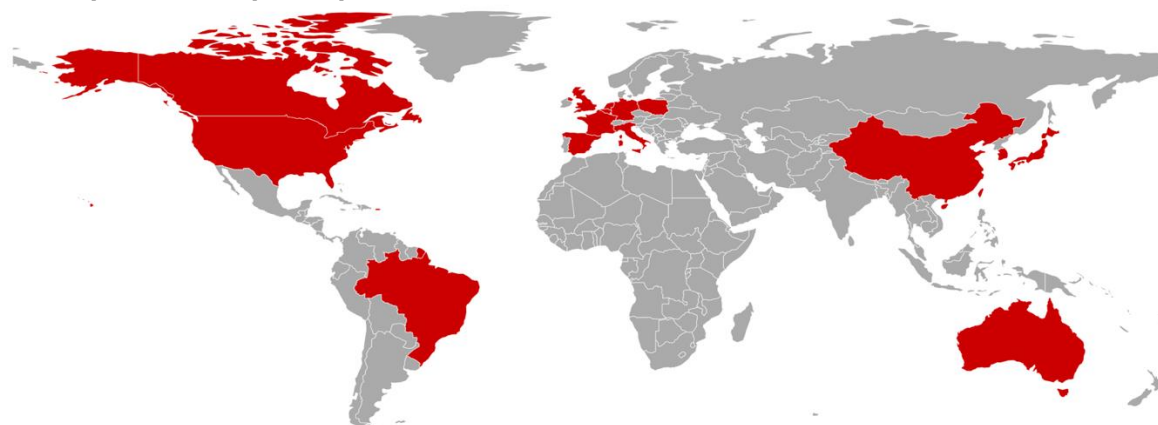
- rPFS (investigator-assessed per RECIST v1.1 and PCWG3)
- Time to symptomatic progression
- Time to skeletal-related event
- PFS (including clinical and/or unconfirmed bone progression)

Pasritamig (PAS) or placebo schedule



ADT = androgen deprivation therapy; APMR = androgen pathway modulation-resistant; ARPI = androgen receptor pathway inhibitors; BSC = best supportive care; CD3 = cluster of differentiation 3; KLK2 = human kallikrein 2; mCRPC = metastatic castration-resistant prostate cancer; PAS = pasritamig; PCWG = Prostate Cancer Clinical Trials Working Group; PARPi = poly ADP-ribose polymerase inhibitor; PSA = prostate-specific antigen; PSMA = prostate-specific membrane antigen; RLT = radioligand therapy; rPFS = radiographic progression free survival, RECIST 1.1 = Response Evaluation Criteria in Solid Tumors 1.1

Figure 5: Countries planned for participation in comPAS trial



References

- Shen F et al. Clin Can Res. 2025; doi: 10.1158/1078-0432.CCR-25-0950.
- Baldini C et al. ASCO Annual Meeting May 30-June 3, 2025; Chicago, IL, USA
- Xie MN et al. J Clin Oncol. 2025; doi: 10.1200/JCO-25-00678
- Armstrong AJ et al. J Clin Oncol. 2026; doi: 10.1200/JCO-25-02834.
- Freedland SJ et al. Prostate Cancer Prostat Dis. doi: 10.1038/s41391-023-00725-8



Please scan QR code for the Poster
Copies of this presentation are available through Quick Response (QR) Codes for personal use only and may not be reproduced without permission from ASCO or the author of this presentation.



Acknowledgments

We are grateful to the patients, their families/caregivers, and the clinical trial teams for their contribution to this study.

Honoraria/Consulting/Funding: Amgen, Astellas Pharma, AstraZeneca, Bayer, Bristol Myers Squibb, Janssen, Merck, Novartis, Sanofi, Pfizer, and Eli Lilly.

Research Funding: Research funding has been received from organizations including AstraZeneca, Bayer, Janssen, and Prostate Cancer Canada.