

SKIPPirr: Evaluating Prophylactic Strategies to Reduce the Incidence of Infusion-related Reactions (IRRs) With Amivantamab

Rationale

- ➔ In CHRYSALIS, a phase 1 study, intravenous (IV) amivantamab has an IRR incidence of ~67% at first infusion^{1,3}
- ➔ Standard mitigation approaches in clinical trials include a **split first dose of amivantamab over 2 days in the first cycle** and premedication with oral or IV antihistamines, oral or IV antipyretics, and IV glucocorticoids^{1,2}

SKIPPirr Study Design

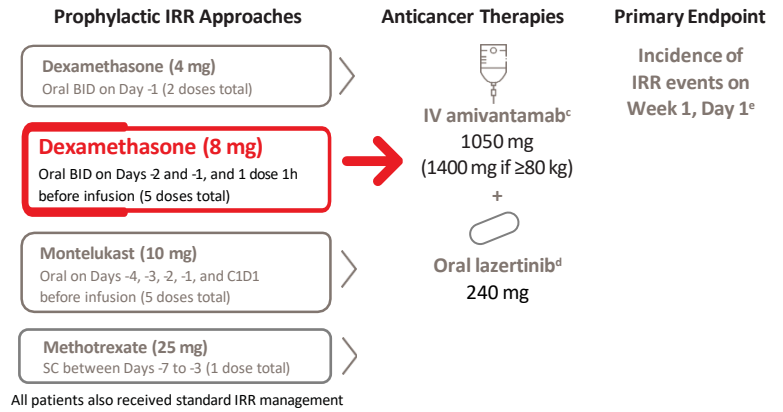
SKIPPirr was a phase 2 prospective study (NCT05663866) that assessed prophylactic strategies administered prior to amivantamab infusion in order to reduce the incidence and/or severity of first-dose IRRs. This Simon's 2-stage study design evaluated prophylactic approaches in 4 cohorts, with the dexamethasone 8 mg oral cohort reaching the expansion stage.^b

Limitation:

- The dexamethasone 8 mg oral cohort sample size is n=40

Key Eligibility Criteria

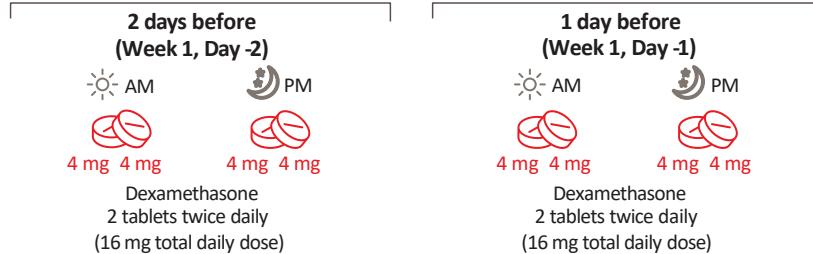
- EGFR Ex19del or L858R advanced/metastatic NSCLC
- Progression on or after prior treatment with osimertinib and platinum-based chemotherapy
- ECOG PS 0-1



One cohort tested in SKIPPirr reached the expansion stage: oral dexamethasone 8 mg cohort³

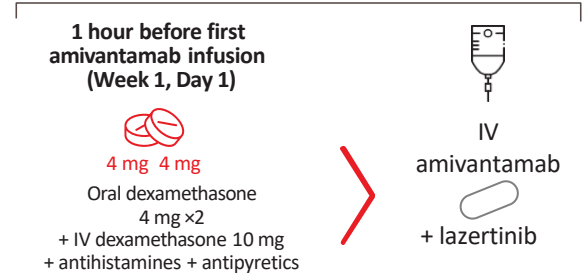
Prophylactic schedule

AT HOME



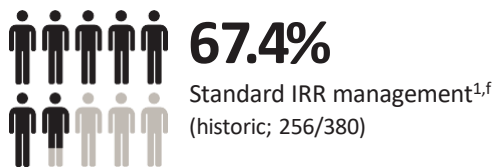
Adequate oral hydration is encouraged throughout the prophylaxis period

IN CLINIC C1D1

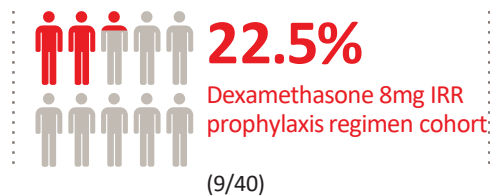


In SKIPPirr, the Week 1, Day 1 IV dexamethasone dose is 10 mg. In the amivantamab Prescribing Information, the Week 1, Day 1 IV dexamethasone dose is 20 mg.^{2,3}

Rate of IRRs on C1D1



No grade ≥3 IRRs with dexamethasone 8 mg prophylaxis vs 2% with standard IRR management



- ➔ ~3-fold reduction in rate of IRRs compared with historical data¹
- ➔ No grade ≥3 IRRs observed. All symptoms were grade 1 to 2
- ➔ Most common IRR-related symptoms were nausea (8%), dyspnea (5%), and hypotension (5%)

➔ SKIPPirr is not a comparative study. Please refer to the full publication for additional information.

Administration time of amivantamab IV infusion on C1D1^g

Standard IRR management^{1,f}



Dexamethasone 8mg IRR prophylaxis regimen cohort
4.4 h

^aBased on an analysis of the CHRYSALIS study.

^bStage 1: n=6. Stage 2: n=16. Expansion stage: n=40. See full publication for more details.

^cIV amivantamab: 1050 mg (1400 if ≥80 kg) once weekly for 4 weeks and then every 2 weeks thereafter.

^dAdminister lazertinib any time prior to amivantamab when given on the same day.

^eDefined as IRR events with onset within 24 hours of the start of the C1D1 amivantamab infusion and prior to the start of the C1D2 infusion.

^fStandard IRR management included premedication with antihistamines, antipyretics, and glucocorticoids.

^gBy C1D15 and onward, the median duration of amivantamab infusion was approximately 2.3 hours for all cohorts.

BID, twice daily; C1D1, Cycle 1, Day 1; C1D2, Cycle 1, Day 2; C1D15, Cycle 1, Day 15; ECOG PS, Eastern Cooperative Oncology Group performance status; EGFR, epidermal growth factor receptor; h, hour; IRR, infusion-related reaction; IV, intravenous; NSCLC, non-small cell lung cancer; SC, subcutaneous.

1. Park K, et al. *Lung Cancer*. 2023;178:166-171. 2. RYBREVANT® (amivantamab-vmjw) [prescribing information]. Janssen Biotech, Inc.; 2025.

3. Spira AI, et al. *J Thor Oncol*. 2025;S1556-0864(25)00051-6.