

# THERANOSTICS INSIGHTS

## $^{225}\text{Ac}$ -Lintuzumab



### Radioisotope

Ac-225 Actinium-225  
actinide metal  
 $T_{1/2}$  : 9.9 days

### Production

$^{229}\text{Th}/^{225}\text{Ac}$  generators.  
Other methods under development

### Radiation

alpha particle ( $\alpha$ )

### Use

In clinical studies, in combination with different molecules for relapsed or refractory acute myeloid leukaemia (AML).

### Target/Mechanism

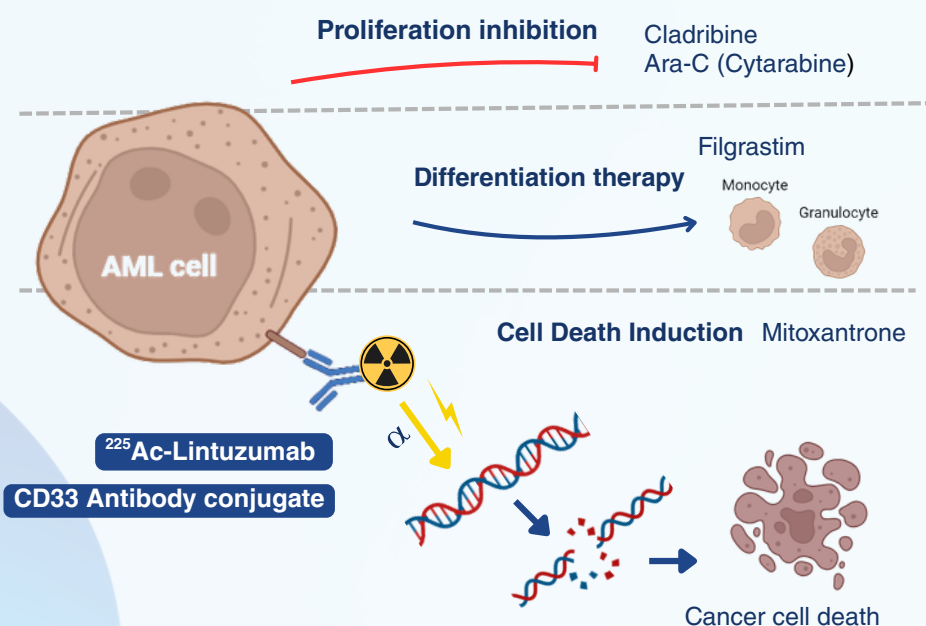
$^{225}\text{Ac}$ -Lintuzumab is a conjugated monoclonal antibody binding the CD33 receptors, expressed predominantly in AML cells. Thanks to the selective target, AML cells receive at a close range the high-energy  $\alpha$  particles, undergoing double-strand DNA breakage and cancer cell death.

### Insight

The NCT03441048 phase 1 study assessed the safety and efficacy of adding  $^{225}\text{Ac}$ -Lintuzumab to the CLAG-M chemotherapy regimen in relapsed or refractory AML.

#### Study design:

The protocol used a 3 + 3 dose-escalation design for  $^{225}\text{Ac}$ -Lintuzumab, and fixed dose for CLAG-M.  $^{225}\text{Ac}$ -Lintuzumab was administered as a single dose, after CLAG-M, on day 8 of therapy. 26 patients were enrolled in total.



**Results:** The combination regimen was well tolerated with, expected and manageable, myelotoxicity grade 3/4 adverse events. The composite complete remission (CRc) rates (CR/CRi) were 56.6% overall, 50% in patients with mutated TP53, and 38.5% in prior venetoclax-treated patients.

Measurable residual disease (MRD)-negativity was achieved in 8 of 12 responders. Estimated 2-year OS was 23.1%, and estimated 1-year PFS was 30.8%.