Columvi® (glofitamab-gxbm) – New drug approval

- On June 16, 2023, Roche announced the FDA approval of Columvi (glofitamab-gxbm), for the treatment of adult patients with relapsed or refractory diffuse large B-cell lymphoma, not otherwise specified (DLBCL, NOS) or large B-cell lymphoma (LBCL) arising from follicular lymphoma, after two or more lines of systemic therapy.
    - This indication is approved under accelerated approval based on response rate and durability of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial(s).
- Columvi is a bispecific antibody that binds to CD20 expressed on the surface of B cells, and to CD3 receptor expressed on the surface of T cells. Columvi causes T-cell activation and proliferation, secretion of cytokines, and the lysis of CD20-expressing B cells. Columvi showed anti-tumor activity *in vivo* in mouse models of DLBCL.
- The efficacy of Columvi was established in a NP30179, an open-label, multicohort, single-arm study in patients with relapsed or refractory LBCL after two or more lines of systemic therapy. The efficacy population consisted of 132 patients with *de novo* DLBCL, NOS (80%) or LBCL arising from follicular lymphoma (20%). Columvi was administered for up to 12 cycles unless patients experienced progressive disease or unacceptable toxicity. Efficacy was based on objective response rate (ORR) and duration of response (DOR).
    - The ORR was 56% (95% CI: 47, 65).
    - The median DOR was 18.4 months (95% CI: 11.4, not estimable).
- Columvi carries a boxed warning for cytokine release syndrome (CRS).
- Additional warnings and precautions for Columvi include neurologic toxicity, serious infections, tumor flare, and embryo-fetal toxicity.
- The most common adverse reactions (≥ 20%), excluding laboratory abnormalities, with Columvi use were CRS, musculoskeletal pain, rash, and fatigue. The most common (≥ 20%) Grade 3 to 4 laboratory abnormalities were decreased lymphocyte count, decreased phosphate, decreased neutrophil count, increased uric acid, and decreased fibrinogen.
- Columvi dosing begins with a step-up dose schedule. Following completion of pretreatment with Gazyva® (obinutuzumab) on cycle 1 day 1, Columvi is administered as an intravenous (IV) infusion according to the step-up dose schedule in the table below.

Treatment cycle	Day	Dose of Columvi		Duration of infusion
Cycle 1	Day 1	Gazyva		
	Day 8	Step-up dose 1	2.5 mg	4 hours
	Day 15	Step-up dose 2	10 mg	
Cycle 2	Day 1	30 mg		4 hours
Cycle 3 to 12	Day 1	30 mg		2 hours

    - Columvi should be continued for a maximum of 12 cycles (inclusive of cycle 1 step-up dosing) or until disease progression or unacceptable toxicity, whichever occurs first.

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- Roche plans to launch Columvi in the coming weeks. Columvi will be available as 2.5 mg/2.5 mL and 10 mg/10 mL single-dose vials.