

# SKIPPirr: Evaluating Prophylactic Strategies to Reduce the Incidence of IRRs With Amivantamab

## Rationale

- In CHRYSALIS, a phase 1 study, **IV amivantamab** has an IRR incidence of ~67% at first infusion<sup>1,a</sup>
- 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<sup>2</sup>

## SKIPPirr Study Design

SKIPPirr is a phase 2 prospective study (NCT05663866) that assesses 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 evaluates prophylactic approaches in 4 cohorts, with the dexamethasone 8 mg oral cohort reaching the expansion stage.<sup>b</sup>

### Limitation:

- The dexamethasone 8 mg oral cohort sample size is n=40. Further studies are needed to determine prophylactic regimens

### Key Eligibility Criteria

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

### Prophylactic IRR Approaches

- Dexamethasone (4 mg)**  
Oral BID on Day -1 (2 doses total)
- Dexamethasone (8 mg)**  
Oral BID on Days -2 and -1 before C1, and 1 dose 1h before C1D1 infusion (5 doses total)
- Montelukast (10 mg)**  
Oral on Days -4, -3, -2, -1 and C1D1 before infusion (5 doses total)
- Methotrexate (25 mg)**  
SC between Days -7 to -3 (1 dose total)

All patients also received standard IRR management

### Anticancer Therapies

- IV amivantamab<sup>c</sup>**  
1050 mg
- Oral lazertinib<sup>d</sup>**  
240 mg once daily

### Primary Endpoint

Incidence of IRR events on Cycle 1, Day 1<sup>e</sup>

One cohort tested in SKIPPirr reached the expansion stage: dexamethasone 8 mg oral cohort<sup>3</sup>

## Prophylactic schedule

### AT HOME

2 days before  
(Week 1, Day -2)

AM PM  
4 mg 4 mg 4 mg 4 mg  
Dexamethasone  
2 tablets twice daily  
(16 mg total daily dose)

1 day before  
(Week 1, Day -1)

AM PM  
4 mg 4 mg 4 mg 4 mg  
Dexamethasone  
2 tablets twice daily  
(16 mg total daily dose)

Adequate oral hydration is encouraged throughout the prophylaxis period

### IN CLINIC C1D1

1 hour before first  
amivantamab infusion  
(Week 1, Day 1)

4 mg 4 mg  
Dexamethasone  
4 mg x2 oral  
+ dexamethasone 10 mg IV  
+ antihistamines + antipyretics

IV  
amivantamab  
+  
lazertinib

In SKIPPirr, the Week 1, Day 1 dexamethasone dose is 10 mg IV. In the amivantamab Prescribing Information, the Week 1, Day 1 dexamethasone dose is 20 mg IV.<sup>2,3</sup>

## Rate of IRRs on C1D1

67.4%  
Standard IRR management<sup>1</sup>  
(historic; 256/380)

22.5% (95% CI, 10.8-38.5)  
Dexamethasone 8 mg  
IRR prophylaxis  
(9/40)

SKIPPirr is not a comparative study. Please refer to the limitation section for additional information.

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

- The most common IRR-related symptoms were nausea (8%), dyspnea (5%), and hypotension (5%). All symptoms were grade 1-2 (no grade ≥3)

<sup>a</sup>Based on an analysis of the CHRYSALIS study.

<sup>b</sup>Stage 1 n=6. Stage 2 n=16. Expansion stage n=40. See full presentation for more details.

<sup>c</sup>IV amivantamab: 1050 mg (1400 if ≥80 kg) once weekly for 4 weeks and then every 2 weeks thereafter.

<sup>d</sup>Administer lazertinib any time prior to amivantamab when given on the same day.

<sup>e</sup>Defined 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.

1. Park K, et al. *Lung Cancer*. 2023;178:166-171. 2. RYBREVANT® (amivantamab-vmjw) [prescribing information]. Horsham, PA: Janssen Biotech, Inc. 3. Lopes G, et al. Presented at the World Conference on Lung Cancer (WCLC); September 7-10, 2024; San Diego, CA, USA.