

Letermovir (LTV) for Secondary Cytomegalovirus (CMV) Prevention in High Risk Hematopoietic Cell Transplant (HCT) Recipients: Interim Results of a Single Center, Open Label Study.

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BACKGROUND

- Letermovir (LTV) is effective for primary CMV prevention (ppx) after hematopoietic cell transplant (HCT).
- Limited data supports the efficacy of LTV as secondary ppx.

OBJECTIVES

- To evaluate the safety and efficacy of letermovir for secondary CMV prevention in high risk patients.

METHOD

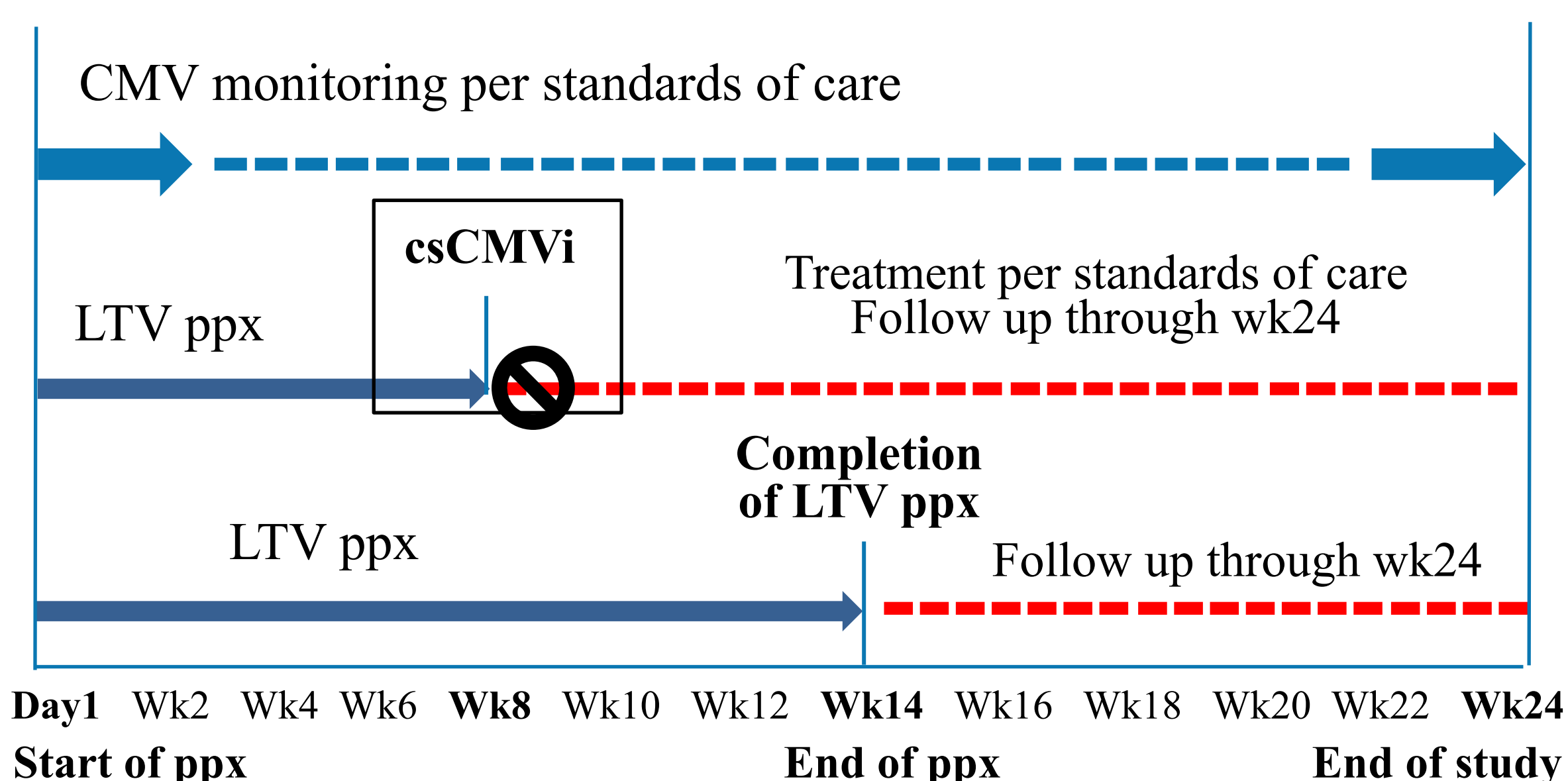
- Study design:** Prospective, single institution, open label study.
- Study period:** 08/19 to 02/21.
- Inclusion criteria**

Inclusion criteria	Exclusion criteria
CMV risk factors*	Breakthrough CMV on LTV
Treated csCMV infection	Known LTV resistance
<ul style="list-style-type: none"> CMV viral load at enrollment <136 IU/mL ≥2 consecutive viral loads <300 IU/mL 	
* One or more of: T-cell depletion, mismatched donor, GVHD.	

Endpoints

- Primary endpoint:** Clinically significant CMV infection (csCMVi) by week 14.
- Secondary endpoints:** LTV resistance, CMV end-organ disease (EOD) and adverse events (AE) related to LTV.

Treatment schema



Day1 Wk2 Wk4 Wk6 Wk8 Wk10 Wk12 Wk14 Wk16 Wk18 Wk20 Wk22 Wk24
Start of ppx End of ppx End of study

RESULTS

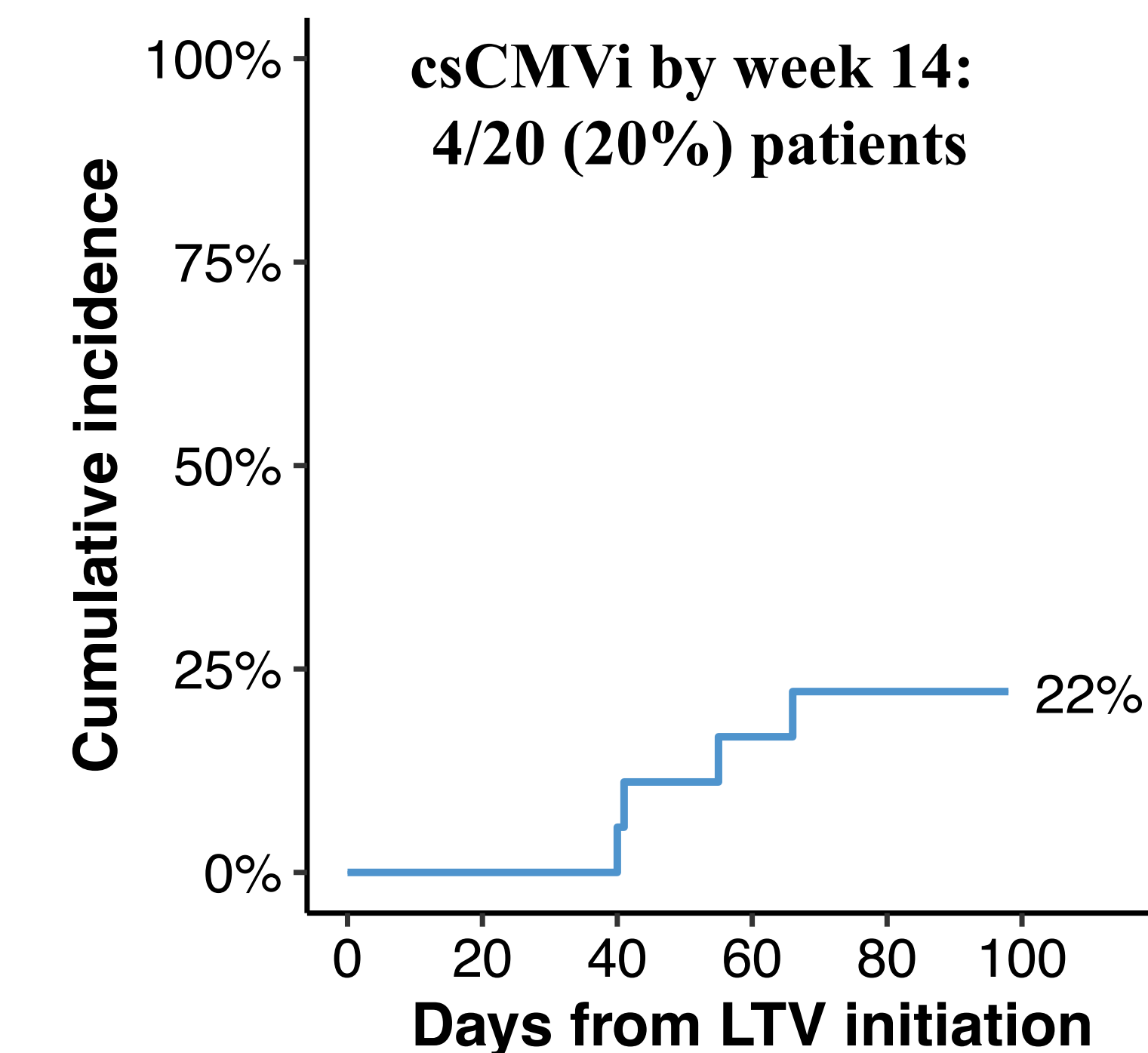
Baseline characteristics

Characteristic		N (%)
Recipient CMV serostatus	R+	17 (85)
	R-	3 (15)
High risk criteria	Ex-vivo T-cell depletion	9 (45)
	Haploidentical	3 (15)
	Mismatched unrelated	4 (20)
	GVHD	9 (45)
	GVHD at enrollment	5 (25)
	Systemic corticosteroids at enrollment	5 (25)
Prior letermovir prophylaxis		14 (70)
Time from HCT to enrollment	Days, median (IQR)	72 (34, 203)

Patient disposition

Events	N (%)
Completed LTV prophylaxis	14 (70)
Did not complete prophylaxis	6 (40)
Primary endpoint csCMVi	4 (20)
Death	1 (5)
Relapse*	1 (5)
Completed study (24 weeks f/u)	16 (80)
Did not complete study	4 (20)
Lost to follow up	0 (0)
Died	4 (20)

* Drug-drug interaction with investigational drug



- 2/4 pts with csCMVi had LTV resistance
- No patient developed CMV EOD

CONCLUSIONS

- Letermovir secondary prophylaxis was safe and prevented recurrent csCMVi in 80% of high risk patients, including patients with prior letermovir exposure.
- Our data supports the utility of letermovir for secondary CMV prevention following HCT.