Kompetenznetz Maligne Lymphome

Lymphom Kompetenz KOMPAKT

KML KONGRESSE

Expert:innen berichten zu Lymphomen & Leukämien

EHA2024 HYBRID

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Expert:innen berichten zu Lymphomen & Leukämien

Prof. Dr. med. Michael Hallek
Innere Medizin I | Uniklinik Köln

Grußwort

Offenlegung potentieller Interessenskonflikte

LymphomKompetenz KOMPAKT – EHA2024 HYBRID wird in Kooperation mit sieben unterstützenden Firmen durchgeführt.
Meine persönlichen Disclosures betreffen:

Anstellungsverhältnis, Führungsposition	Direktor der Klinik I für Innere Medizin, Universitätsklinikum Köln
Beratungs-/ Gutachtertätigkeit	
Besitz von Geschäftsanteilen, Aktien oder Fonds	
Patent, Urheberrecht, Verkaufslizenz	
Honorare	
Institutionelle Förderung von Forschung	Roche, Gilead, Janssen, Bristol Myers Squibb, AbbVie, AstraZeneca
Andere finanzielle Beziehungen	
Immaterielle Interessenkonflikte	

Grußwort & Kongresshighlights

LymphomKompetenz KOMPAKT

- KML berichtet zum 7. Mal vom EHA, dem wichtigsten Kongress der europäischen Hämatologen – in diesem Jahr aus Madrid
- Zielsetzung des KML: Kompakte und aktuelle Information über neueste Studienergebnisse zu Leukämien & Lymphomen
- Für Ärztinnen & Ärzte, aber auch öffentlich abrufbar für Patient:innen und Angehörige

Grußwort & Kongresshighlights

LymphomKompetenz KOMPAKT

- 9 Themen | 9 Referent:innen in der Reihe

Lymphom
Kompetenz
KOMPAKT

KML KONGRESSE

Expert:innen berichten zu
Lymphomen & Leukämien

- Erstmals mit einem Leukämie SPECIAL, in dem auch aktuelles Wissen zur AML, CML und ALL weitergegeben wird

Prof. Dr. med. Barbara Eichhorst
Uniklinik Köln
Chronische lymphatische Leukämie (CLL)

Prof. Dr. med. Björn Chapuy
Charité Universitätsmedizin Berlin
Diffus großzelliges B-Zell-Lymphom (DLBCL)

Prof. Dr. med. Christian Buske
Universitätsklinikum Ulm
Morbus Waldenström (WM) & Marginalzonen-Lymphom (MZL)

Prof. Dr. med. Martin Dreyling
LMU Klinikum München
Mantelzell-Lymphom (MCL)

Prof. Dr. med. Kai Hübel
Uniklinik Köln
Follikuläres Lymphom (FL)

Prof. Dr. med. Peter Borchmann
Uniklinik Köln
Hodgkin Lymphom (HL)

Prof. Dr. med. Katja Weisel
Universitätsklinikum Hamburg-Eppendorf
Multiples Myelom (MM)

PD Dr. med. Lukas Frenzel
Uniklinik Köln
Leukämie SPECIAL

PD Dr. med. Elisabeth Schorb
Uniklinik Freiburg
Zentrales Nervensystem-Lymphom (ZNS)

Highlight 1

Multiples Myelom

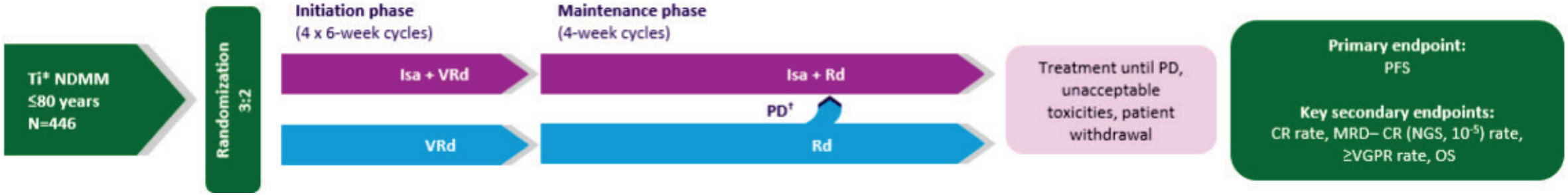
PHASE 3 STUDY RESULTS OF ISATUXIMAB, BORTEZOMIB, LENALIDOMIDE, AND DEXAMETHASONE (ISAVRD) VERSUS VRD FOR TRANSPLANT-INELIGIBLE PATIENTS WITH NEWLY DIAGNOSED MULTIPLE MYELOMA (IMROZ)

Abstract S100 (Pressekonferenz, Plenary Abstracts Session)

Dr Thierry Facon, University of Lille, and French Academy of Medicine, Department of Hematology, Paris, France

THIS IS ABSTRACT WAS ALSO PRESENTED AT ASCO 2024

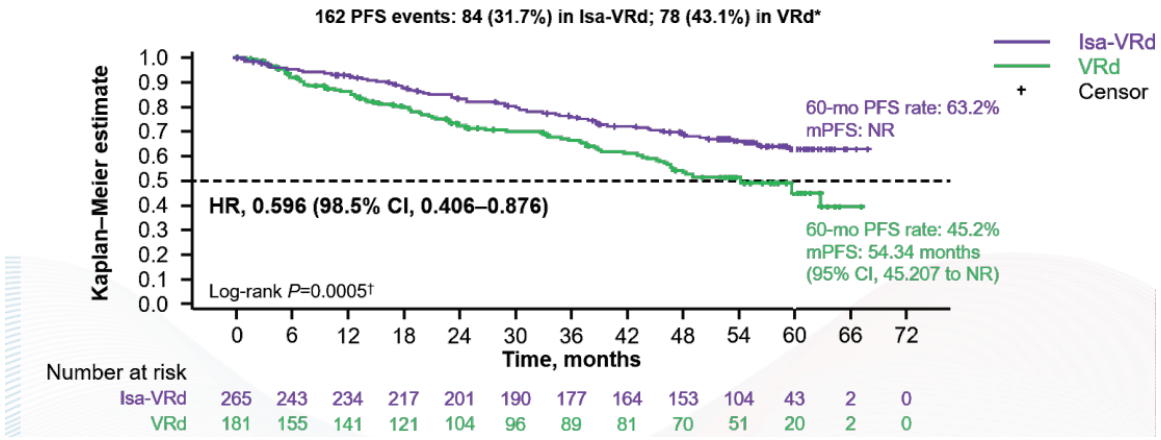
Kongresshighlights



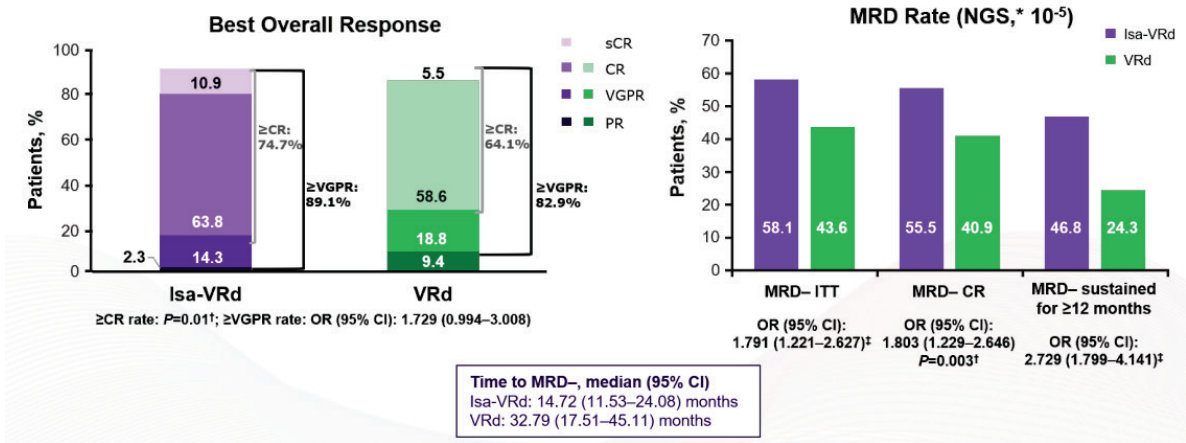
- IMROZ was a global, randomized, Phase 3 trial
- investigated the addition of isatuximab to VRd, an established triplet regimen, in transplant-ineligible multiple myeloma patients aged ≤80
- 446 patients were enrolled, with 265 receiving the Isa-VRd regimen and 181 receiving the VRd regimen during the induction phase

Kongresshighlights

Progression-free survival results



Depth of response results



Isa-VRd followed by Isa-Rd led to

- A statistically significant improvement in progression free survival
- Deep response rates with statistically significant improvements in CR and MRD- CR rates
- Improvement in MRD- and sustained MRD-
- Quality of life that maintained stable over time, with no negative impacts due to the addition of isatuximab
- A safety profile consistent with that of each agent

Highlight 2

Akute promyeloische Leukämie (APL)

FIRST RESULTS OF THE APOLLO TRIAL: A RANDOMIZED PHASE III STUDY TO COMPARE ATO COMBINED WITH ATRA VERSUS STANDARD AIDA REGIMEN FOR PATIENTS WITH NEWLY DIAGNOSED, HIGH-RISK ACUTE PROMYELOCYTIC LEUKEMIA

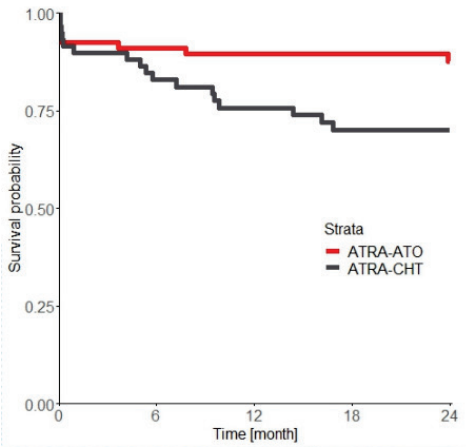
Abstract S102 (Pressekonferenz, Plenary Abstracts Session)

Dr Uwe Platzbecker, University Hospital Leipzig, Department for Hematology, Cellular Therapy, Hemostaseology and Infectious Diseases, Leipzig, Germany

Kongresshighlights

- High-risk APL (WBC at diagnosis > 10 GPt/l): ATRA + Chemotherapy (AIDA) gold standard
- ATRA/ATO not been studied in high-risk APL within randomized trials -> APOLLO
- Open label, prospective, multicenter, multinational phase III trial for high-risk APL
- ATO/ATRA plus 2x IDA vs. ATRA/CHT

| Result of research



Therapy	2-year survival	95% cofidence interval	P value
ATRA-ATO	88%	80% – 96%	0.02
ATRA-CHT	70%	59% - 83%	

Main factors for the significantly better EFS are incidence of molecular relapse and molecular resistance.

- First-line therapy with ATRA-ATO with two initial doses of idarubicin results in superior EFS compared to conventional ATRA/CHT
- New standard of care in patients with HR-APL?

Highlight 3

Hodgkin Lymphom

THE RANDOMIZED STUDY GHSG HD21 SHOWS SUPERIOR TOLERABILITY AND EFFICACY OF BRECADD VERSUS BEACOPP IN ADVANCED STAGE CLASSICAL HODGKIN LYMPHOMA

Abstract S225 (Pressekonferenz)

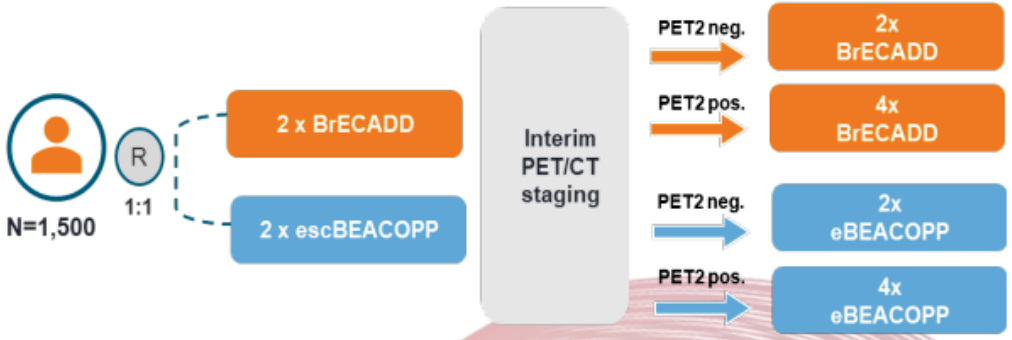
Dr Peter Borchmann, University of Cologne, and Center for Integrated Oncology Aachen Bonn Cologne Düsseldorf (CIO ABCD), and German Hodgkin Study Group (GHSG), Cologne, Germany

GHSG HD21 Study – Study Schema and Design

Drug	Day	BEACOPP (mg/m²)	BrECADD (mg/m²)
Bleomycin	**8**	**10**	-
Etoposide	1–3	200	150
Doxorubicin	1	35	40
Cyclophosphamide	1	1250	1250
Vincristine	**8**	**1.4**	-
Brentuximab ved.	1	-	**1.8 mg/kg**
Procarbazine	**1–7**	**100**	-
Prednisone	**1–14**	**40**	-
Dacarbazine	2–3	-	**250**
Dexamethasone	1–4	-	**40**

Changes aim at better feasibility, general reduction of organ damage and bone marrow suppression, reduction of peripheral neuropathy, gonadal toxicity (surrogate for infertility), and QoL.

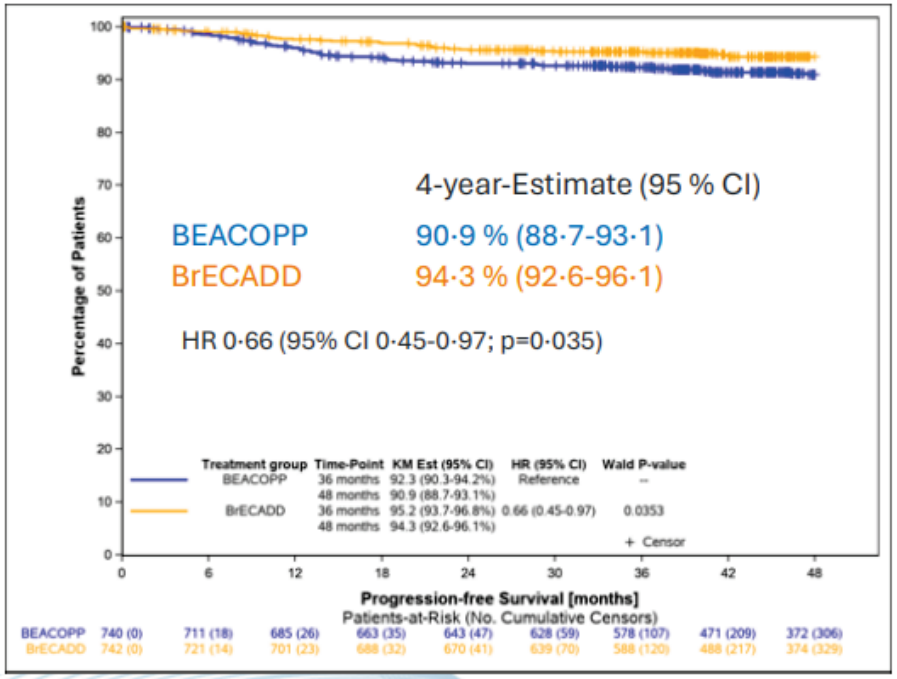
HD21 is an international (nine countries, 233 sites) phase III study of PET2-guided individualized eBEACOPP versus the novel BrECADD regimen in patients 18 - 60 yo



Co-primary objectives:
- Demonstrate reduced treatment-related morbidity (TRMB, i.e. acute and severe toxicities) with BrECADD.
- Demonstrate non-inferiority efficacy of 4-6 x BrECADD compared with 4-6 x BEACOPP in terms of PFS

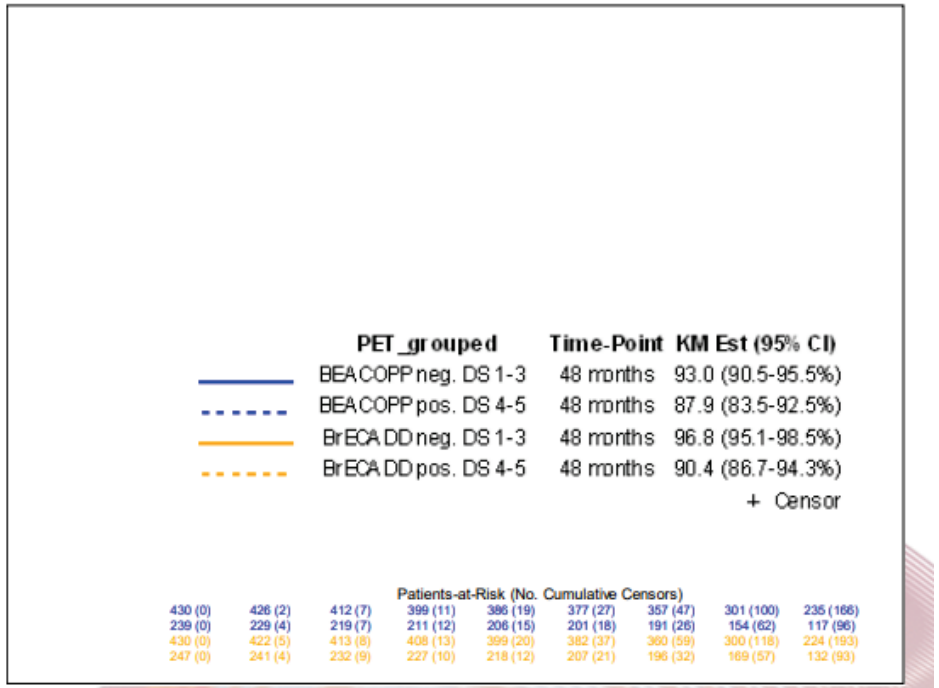
GHSG HD21 Study – PFS of BrECADD vs eBEACOPP

PFS eBEACOPP vs BrECADD (median FU 48 m)



Overall survival with BrECADD was 98.6% at 4y (eBEACOPP: 98.2%)

PFS according to PET2 status



64% of patients in HD21 were PET2-negative and treated with only 4 cycles (12 weeks)

| GHSG HD21 – Summary and Conclusions

- The novel BrECADD regimen is better tolerated than eBEACOPP determined by TRMB (i.e. severe organ or hematological toxicities)
  - > 99% of patients show no TRMB toxicities after one year, including resolution of PNP.
  - Gonadal function (FSH) recovers in > 95% of female patients and is thus comparable to recovery after the low-intensity ABVD-regimen.

- BrECADD is superior to eBEACOPP in terms of progression-free survival
  - Unprecedented PFS at 4 years of 94.3%.
  - PFS benefit observed in all large risk-groups, including PET2-positive patients.
  - 64% showing a metabolic complete response after 2 cycles already, thus requiring only a total of 4 cycles of BrECADD (12 weeks). In this particular patient cohort, PFS is 96.8% at 4 years.

➢ The overall risk-benefit ratio of PET2-guided individualized BrECADD is very good. We therefore recommend BrECADD as standard treatment option for advanced stage cHL patients.

Highlight 4

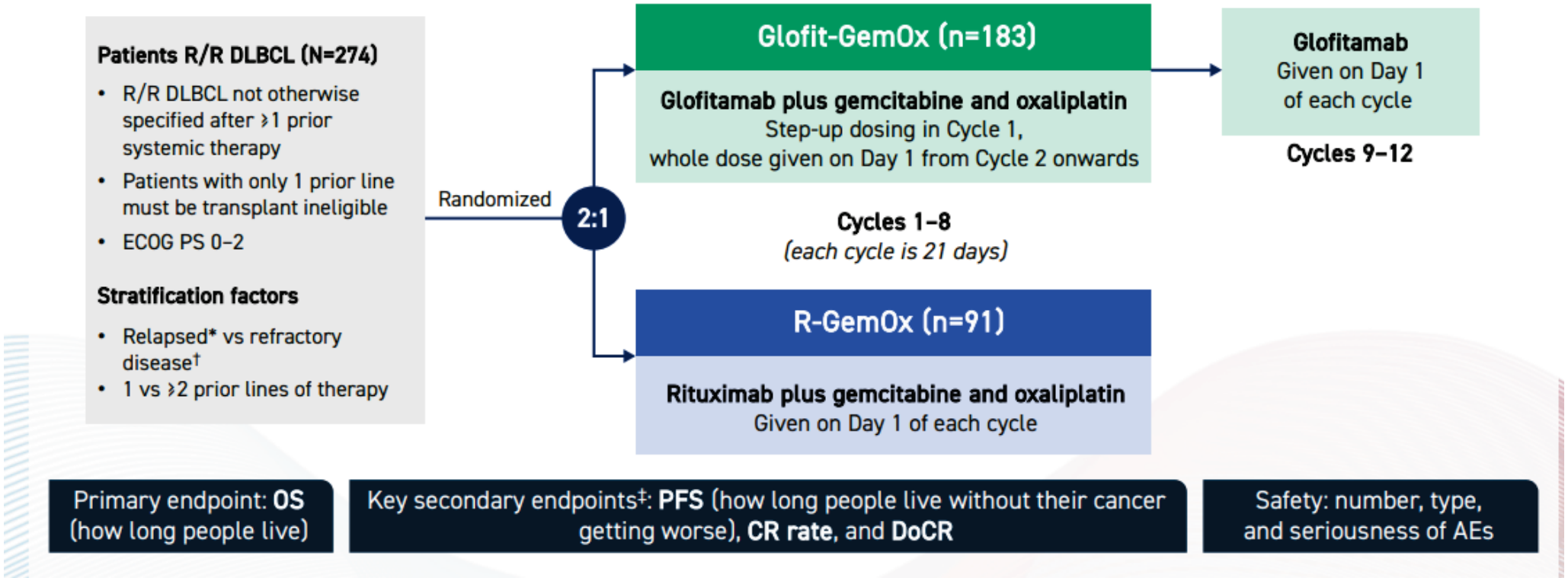
DLBCL

GLOFITAMAB PLUS GEMCITABINE AND OXALIPLATIN (GLOFIT-GEMOX) FOR RELAPSED/REFRACTORY (R/R) DIFFUSE LARGE B-CELL LYMPHOMA (DLBCL): RESULTS OF A GLOBAL RANDOMIZED PHASE III TRIAL (STARGLO)

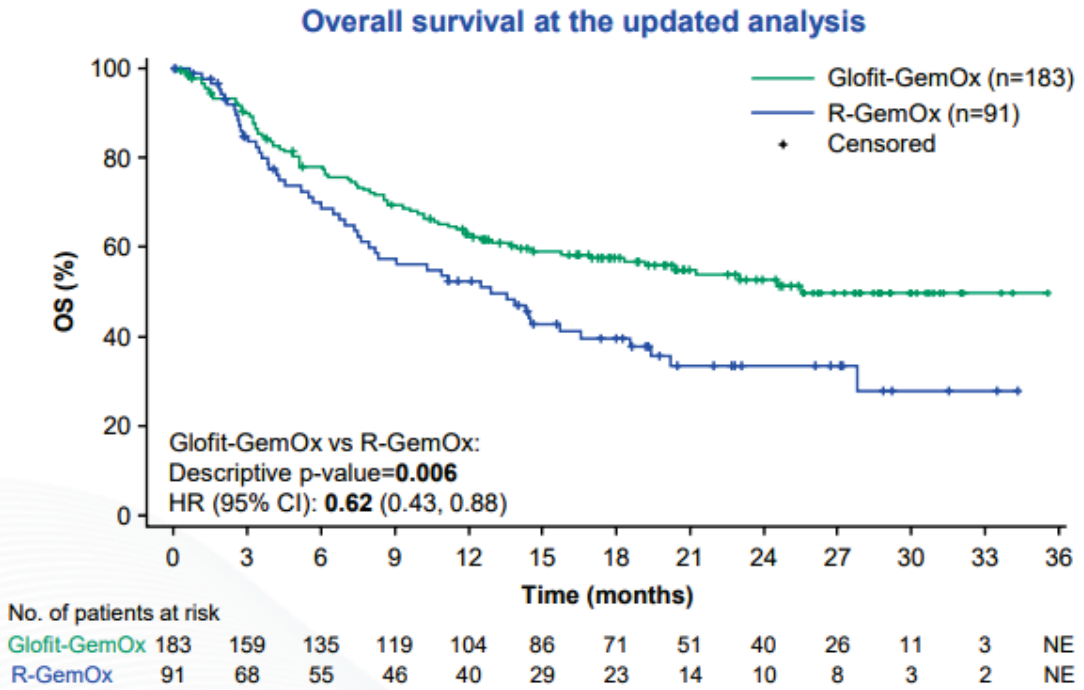
Abstract LB3438 (Pressekonferenz, Late Breaking Abstract, präsentiert in Plenary Abstract Session)

Dr Jeremy Abramson, Massachusetts General Hospital Cancer Center, Boston, MA, United States of America

STARGLO is a Phase III randomized trial evaluating Glofit-GemOx versus R-GemOx



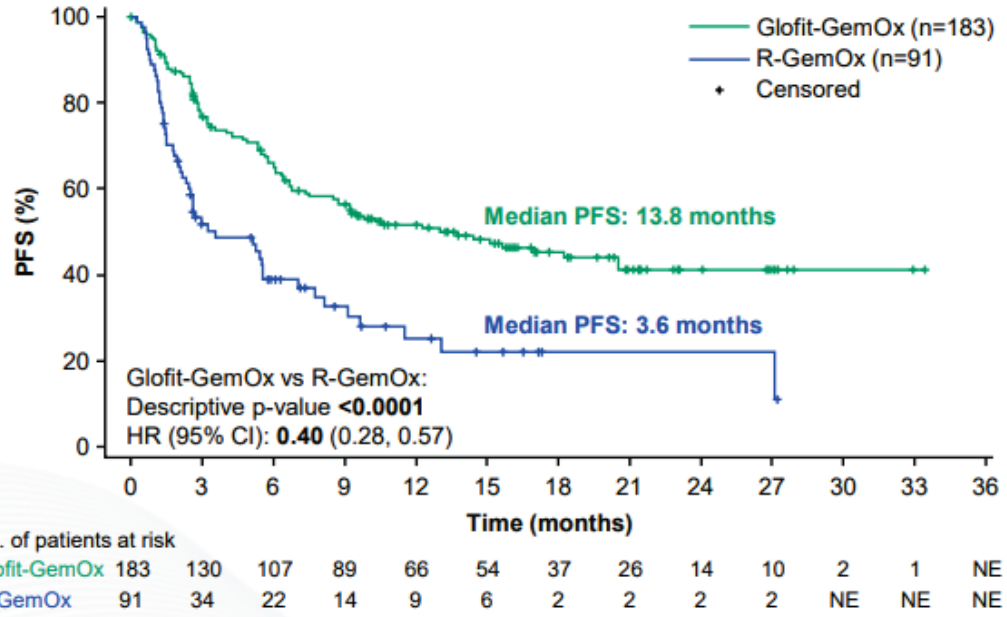
Statistically significant and clinically meaningful survival benefit with Glofit-GemOx



- **At updated analysis**
  - **20.7 months'** median follow-up
  - All patients have **finished treatment**
  - **38% lower risk of death with Glofit-GemOx** compared with R-GemOx
  - **Median OS was 25.5 months** with Glofit-GemOx (versus 12.9 months with R-GemOx)

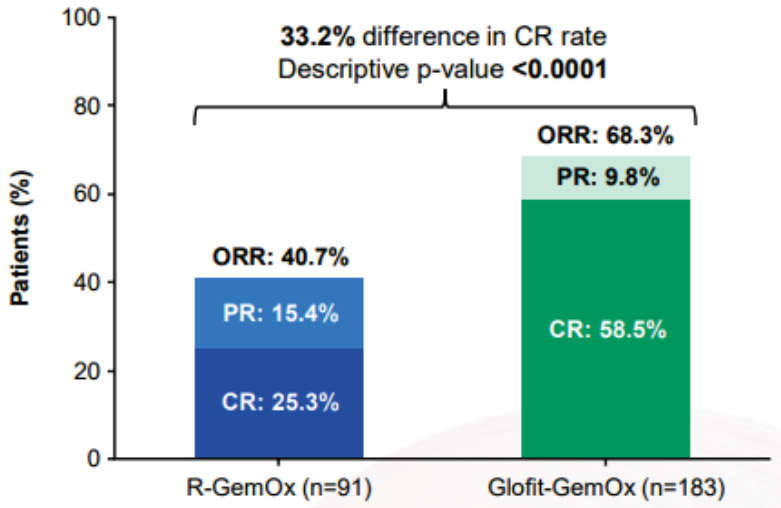
Key secondary endpoints of PFS and CR were met, with continued benefit at longer follow-up

PFS at the updated analysis



Statistically significant and clinically meaningful **PFS benefit** with Glofit-GemOx versus R-GemOx

Response rates at the updated analysis



Significantly higher CR rate with Glofit-GemOx compared with R-GemOx

Kongresshighlights

- Fixed duration glofitamab added to GemOx **improved survival outcomes and response rates** in transplant-ineligible patients with DLBCL after ⩾1 prior therapy
  - Median **OS doubled with Glofit-GemOx** (25.5 months) versus R-GemOx (12.9 months)
  - Median **PFS tripled with Glofit-GemOx** (13.8 months) versus R-GemOx (3.6 months)
  - **CR rate doubled with Glofit-GemOx** (58.5%) versus R-GemOx (25.3%)
- Glofit-GemOx was tolerable; **AEs were consistent** with the known risks of the study drugs
  - CRS associated with glofitamab was generally **low grade** and **primarily occurred in C1**
- **Glofitamab is the first CD20xCD3 bispecific antibody to demonstrate survival benefit in DLBCL in a randomized Phase III trial**; these results **support the use of Glofit-GemOx** for the treatment of R/R DLBCL

Highlight 5

CLL

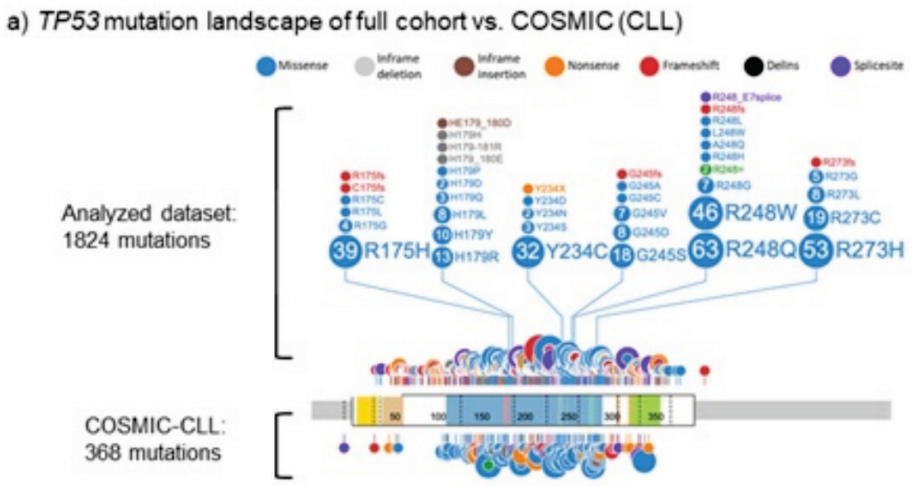
THE LANDSCAPE OF TP53 MUTATIONS AND THEIR PROGNOSTIC IMPACT IN CHRONIC LYMPHOCYTIC LEUKEMIA

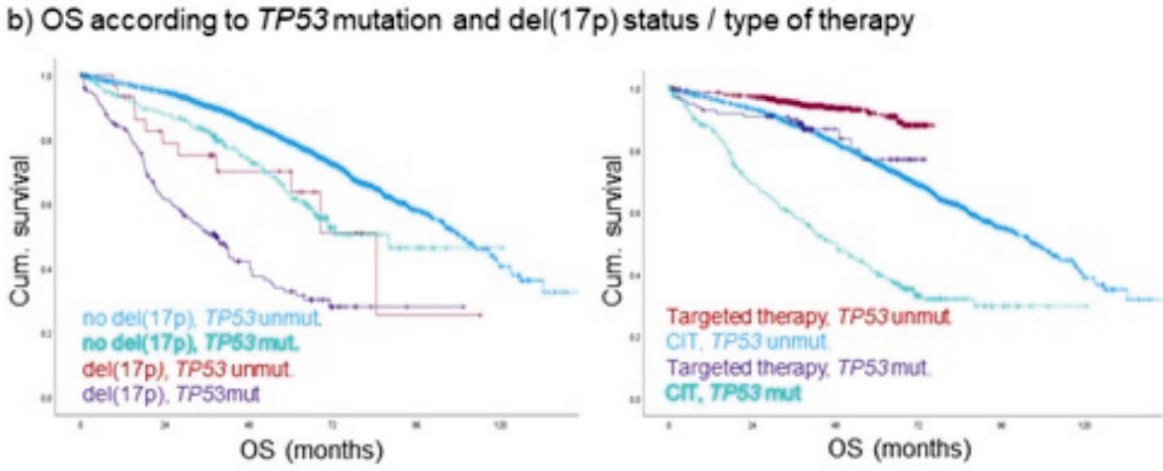
Abstract S101 (Plenary Abstract Session)

Dr. Consuelo Bertossi, Universitätsklinikum Ulm, Ulm, Germany

Kongresshighlights

- Description of the landscape of *TP53* mutations in CLL to investigate their prognostic impact across clinical trials, in consideration of genetic risk factors and treatment type
- DNA sequencing was performed in 10.051 patients from 39 clinical trials
- we identified 1.824 *TP53* alterations in 1.368 patients
- revealed key insights into the role of *TP53* in CLL, especially on the prognostic significance of various mutations, co-occurrent risk factors and different therapies.





Zusammenfassung | Take-Home-Messages

Lymphom Kompetenz KOMPAKT

KML KONGRESSE

Expert:innen berichten zu Lymphomen & Leukämien

- Es gibt eine Reihe neuer und sehr bemerkenswerter Ergebnisse – hier nur ein kleiner Auszug!
- KML-Berichte gehen ausführlich darauf ein!
- Schreiben Sie uns, wenn Sie weiterführende Fragen haben oder Informationen benötigen:

konsiliardienst@lymphome.de

Die Kurzpräsentationen sind online unter

www.lymphome.de/eha2024

Für den Inhalt verantwortlich:

Prof. Dr. med. Michael Hallek

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Kompetenznetz Maligne Lymphome

Lymphom Kompetenz KOMPAKT

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Expert:innen berichten zu Lymphomen & Leukämien

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