Kompetenznetz Maligne Lymphome

Lymphom Kompetenz KOMPAKT

14.–17. Juni 2018

KML-Experten berichten vom EHA 2018 in Stockholm

Kompetenznetz Maligne Lymphome

Lymphom Kompetenz KOMPAKT EHA Stockholm 14.–17. Juni 2018

PD Dr. med. Barbara Eichhorst

Chronische lymphatische Leukämie (CLL)

Oberärztin der Klinik I für Innere Medizin der Uniklinik Köln |
Wiss. Sekretär Deutsche CLL Studiengruppe (DCLLSG) |
Mitglied Kompetenznetz Maligne Lymphome e.V.

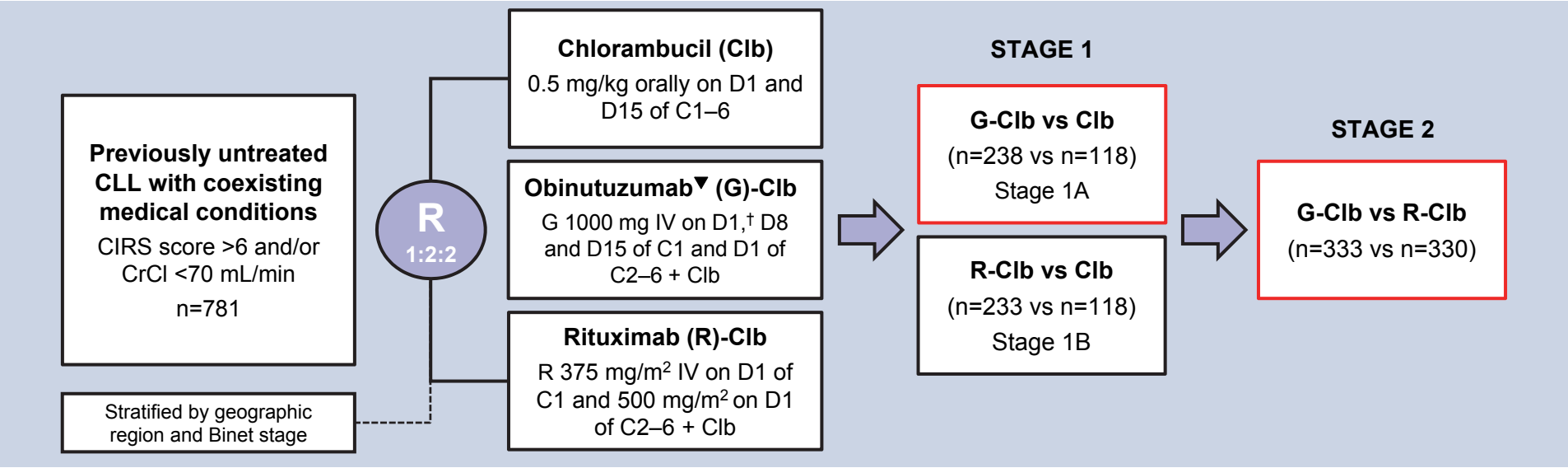
(S151) OVERALL SURVIVAL BENEFIT OF OBINUTUZUMAB OVER RITUXIMAB WHEN COMBINED WITH CHLORAMBUCIL IN PATIENTS WITH CHRONIC LYMPHOCYTIC LEUKEMIA AND COMORBIDITIES: FINAL SURVIVAL ANALYSIS OF THE CLL11 STUDY

Presenter: Valentin Goede, *Cologne, Germany*

Author(s): Valentin Goede, Kirsten Fischer, Martin JS Dyer, Lothar Müller, Lukas Smolej, Maria Chiara Di Bernardo, Andrea Knapp, Tina Nielsen, Michael Hallek

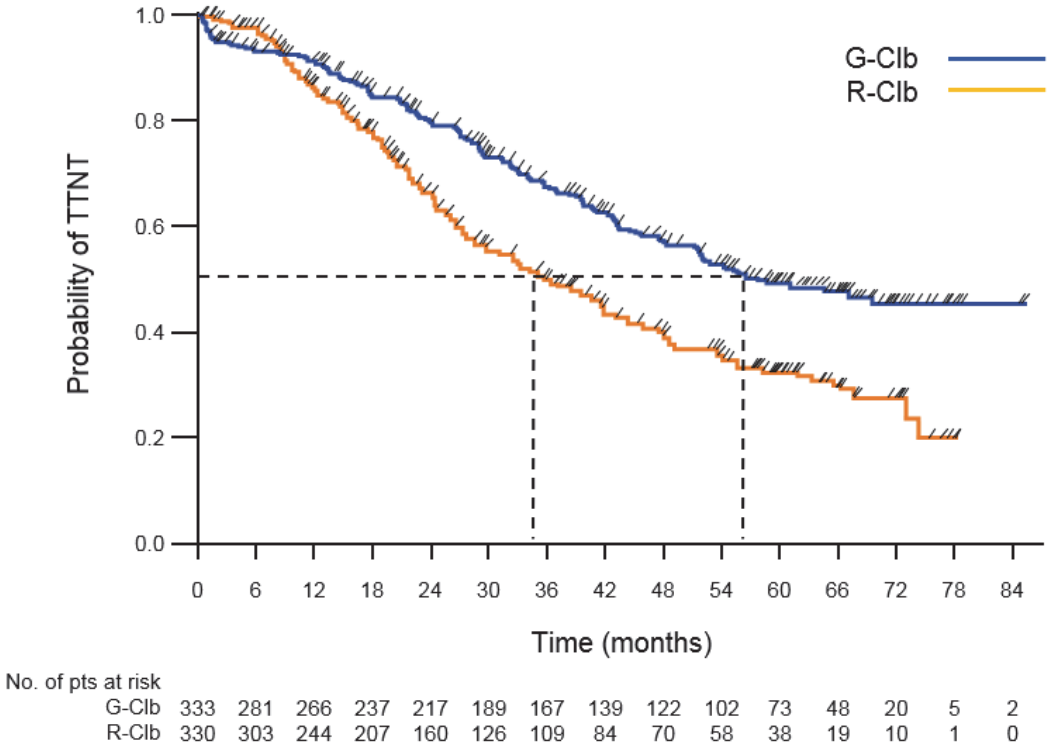
Überlebensvorteil von Chlorambucil + Obinutuzumab versus Chlorambucil + Rituximab bei komorbiden Patienten mit CLL

V. Goede, A. Knapp, K. Fischer et al., Abstract S151



Überlebensvorteil von Chlorambucil + Obinutuzumab versus Chlorambucil + Rituximab bei komorbiden Patienten mit CLL

V. Goede, A. Knapp, K. Fischer et al., Abstract S151

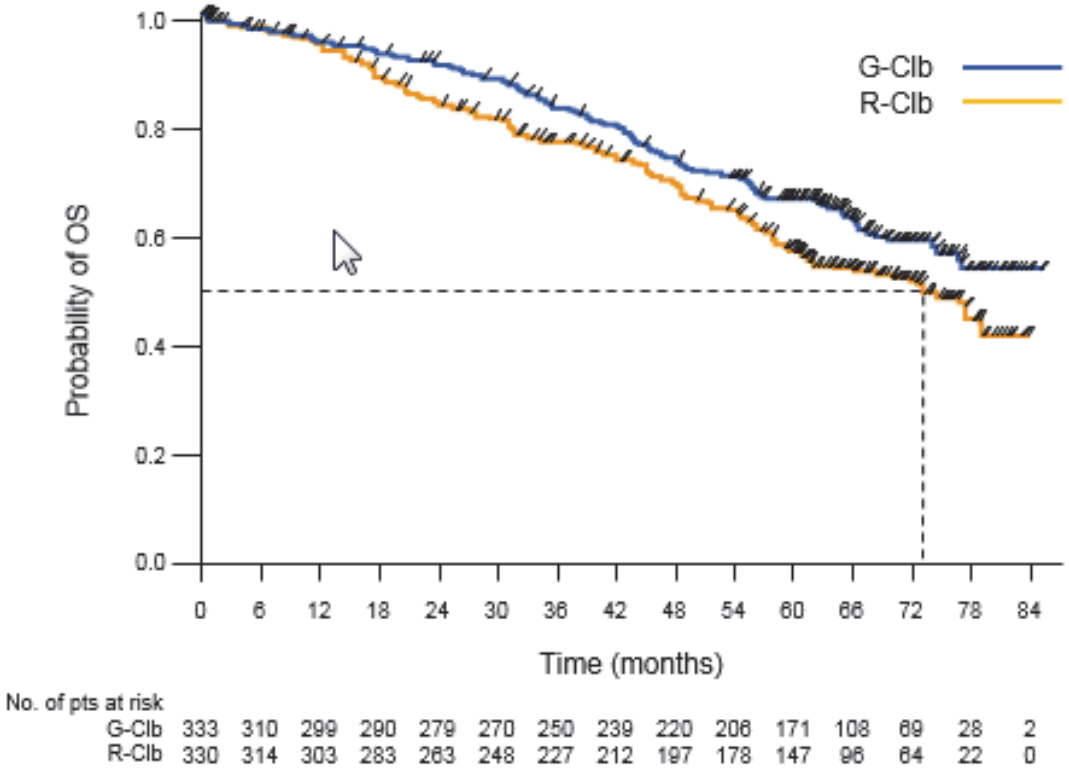


	G-Clb n=333	R-Clb n=330
Patients with events, n (%)	136 (40.8)	174 (52.7)
Median TTNT, months	56.4	34.9
HR (95% CI), p-value	0.58 (0.46–0.73), p<0.0001	

Median observation time: 59.4 months

Überlebensvorteil von Chlorambucil + Obinutuzumab versus Chlorambucil + Rituximab bei komorbiden Patienten mit CLL

V. Goede, A. Knapp, K. Fischer et al., Abstract S151



	G-Clb n=333	R-Clb n=330
Patients with events, n (%)	121 (36.3)	147 (44.5)
5-year OS, % (95% CI)	66 (61–72)	57 (51–62)
Median OS, months	NR	73.1
HR (95% CI), p-value	0.76 (0.60–0.97), p=0.0245	

Median observation time: 59.4 months

Überlebensvorteil von Chlorambucil + Obinutuzumab versus Chlorambucil + Rituximab bei komorbiden Patienten mit CLL

V. Goede, A. Knapp, K. Fischer et al., Abstract S151

	G-Clb vs Clb		G-Clb vs R-Clb	
N (%)	G-Clb n=241	Clb n=116	G-Clb n=336	R-Clb n=321
Prolonged neutropenia,* n/N	5/184 (3)	8/86 (9)	5 (2)	10 (4)
Late onset neutropenia,† n/N	37/213 (17)	10/90 (11)	45 (15)	36 (12)
Second malignancies‡	33 (14)	8 (7)	37 (11)	33 (10)
Squamous cell carcinoma	6 (2)	0 (0)	6 (2)	5 (2)
Basal cell carcinoma	5 (2)	1 (<1)	6 (2)	4 (1)

No new late-onset toxicity detected

(S805) HIGH, DURABLE MINIMAL RESIDUAL DISEASE (MRD) NEGATIVITY WITH VENETOCLAX + RITUXIMAB IN RELAPSED/REFRACTORY CLL: MRD KINETICS AND RESPONSES IN CYTOGENETIC RISK GROUPS IN PTS FROM PHASE 3 MURANO STUDY

Presenter: Peter Hillmen, *Leeds, UK*

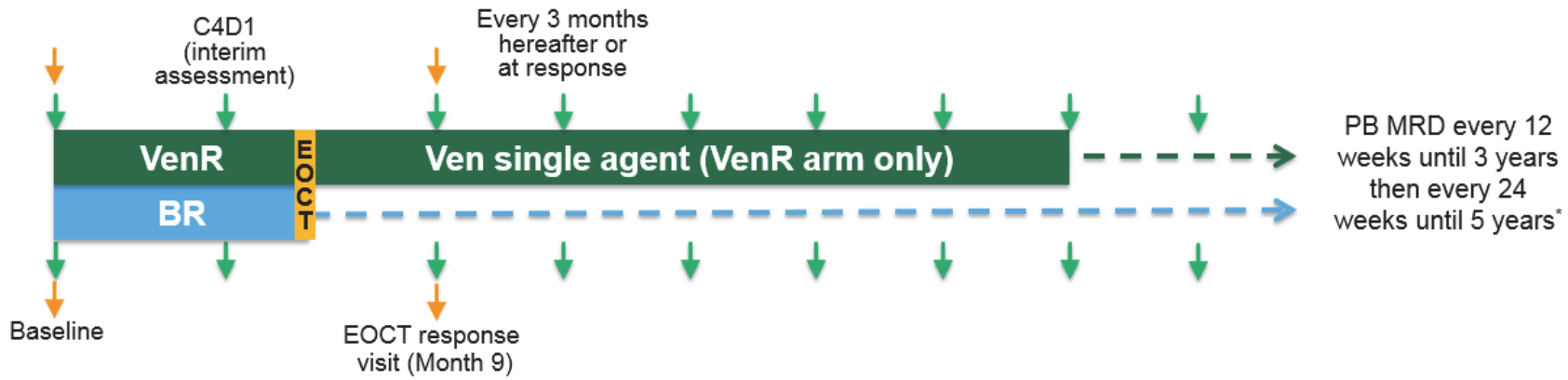
Author(s): Peter Hillmen, John F. Seymour, Anton W. Langerak, Barbara Eichhorst, Carolyn Owen, Sarit Assouline, Ann Janssens, Paula Marlton , Xavier Badoux, Rogier Mous, Brenda Chyla, Rod Humerickhouse, Michelle Boyer, Kathryn Humphrey, Elizabeth Punnoose, Jue Wang, Jenny Wu, Yanwen Jiang, Mehrdad Mobasher, Arnon P. Kater

Hohe Rate an anhaltender MRD-Negativität unter Venetoclax + Rituximab bei der R/R CLL

P. Hillmen, A. Janssens, A. Langerak et al., Abstract S 805

Assessment of MRD in MURANO

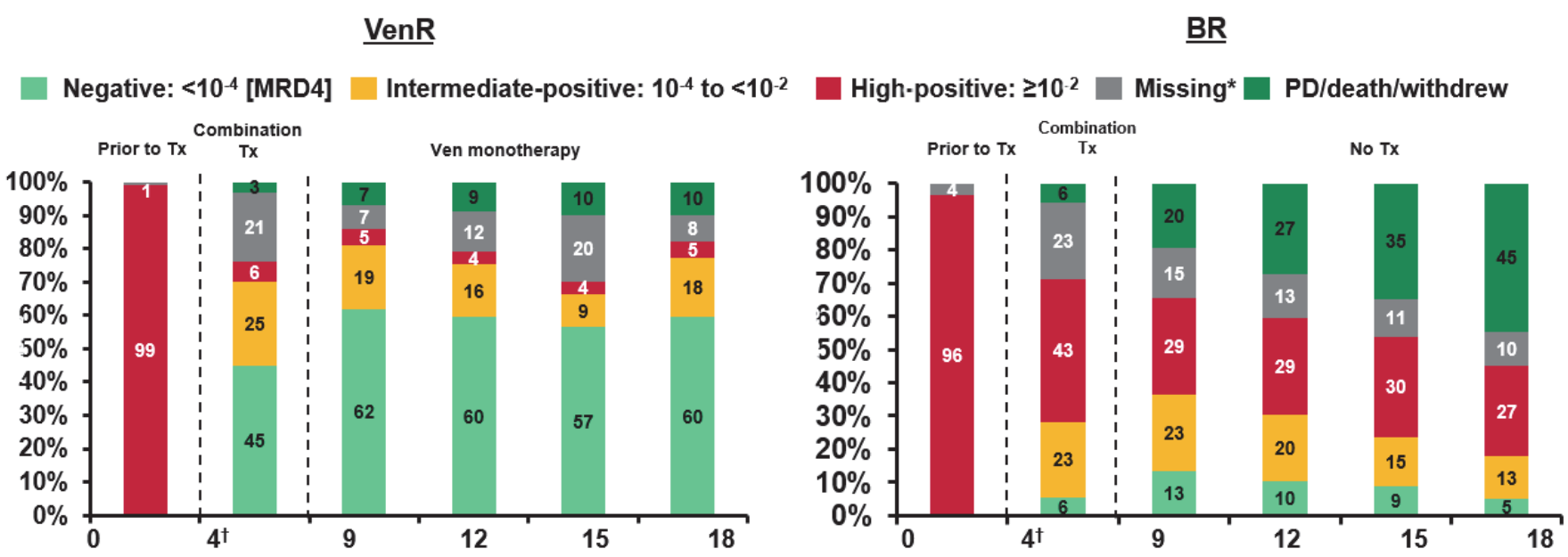
- MRD negativity: <1 CLL cell per 10 000 leukocytes (10^{-4})[1]
- Sample collection times for PB (↓) and BM (↓) identical in both arms



Hohe Rate an anhaltender MRD-Negativität unter Venetoclax + Rituximab bei der R/R CLL

P. Hillmen, A. Janssens, A. Langerak et al., Abstract S 805

Deep MRD Response Maintained Over Time with VenR vs BR

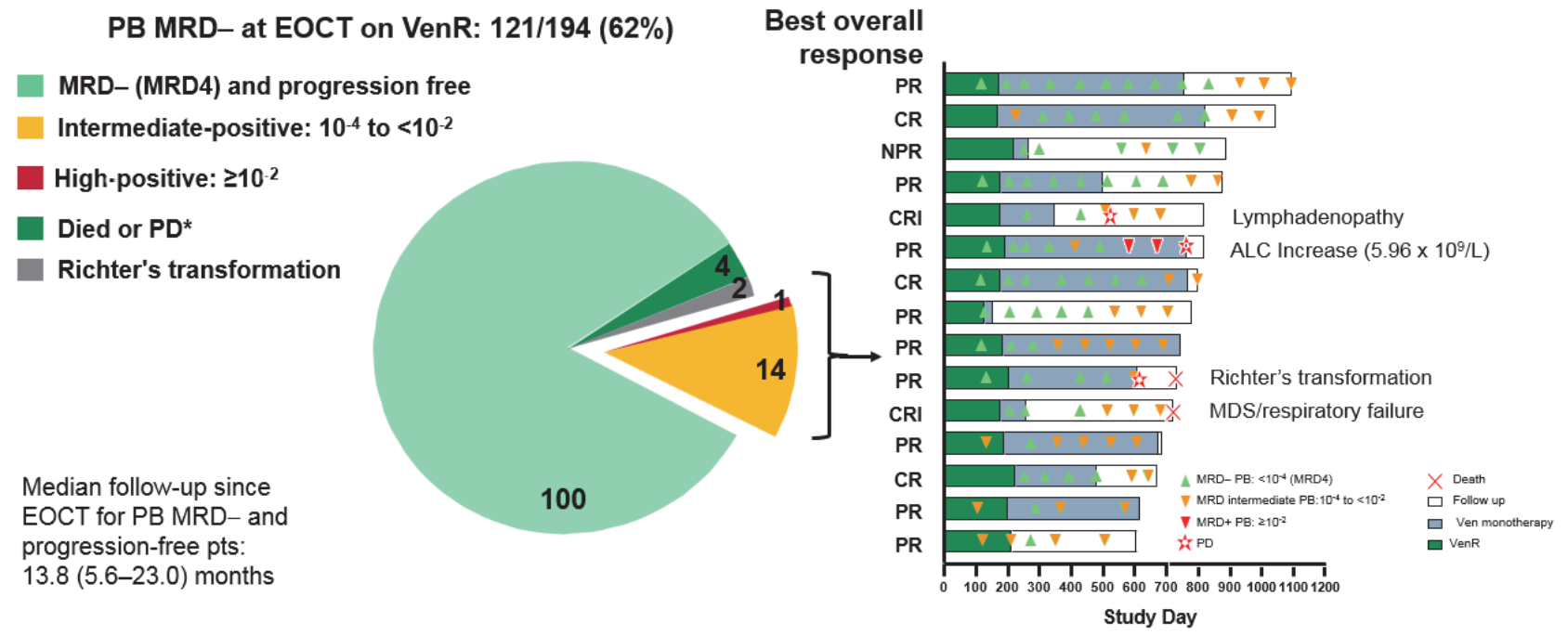


- Most MRD assay positive patients in the VenR arm were **intermediate-positive (10-4 to <10-2)**
- Most MRD assay positive patients in the BR arm were **high-positive: ≥10-2**

Hohe Rate an anhaltender MRD-Negativität unter Venetoclax + Rituximab bei der R/R CLL

P. Hillmen, A. Janssens, A. Langerak et al., Abstract S 805

Most Patients Who Achieved PB MRD– on VenR Remained MRD– and Progression Free



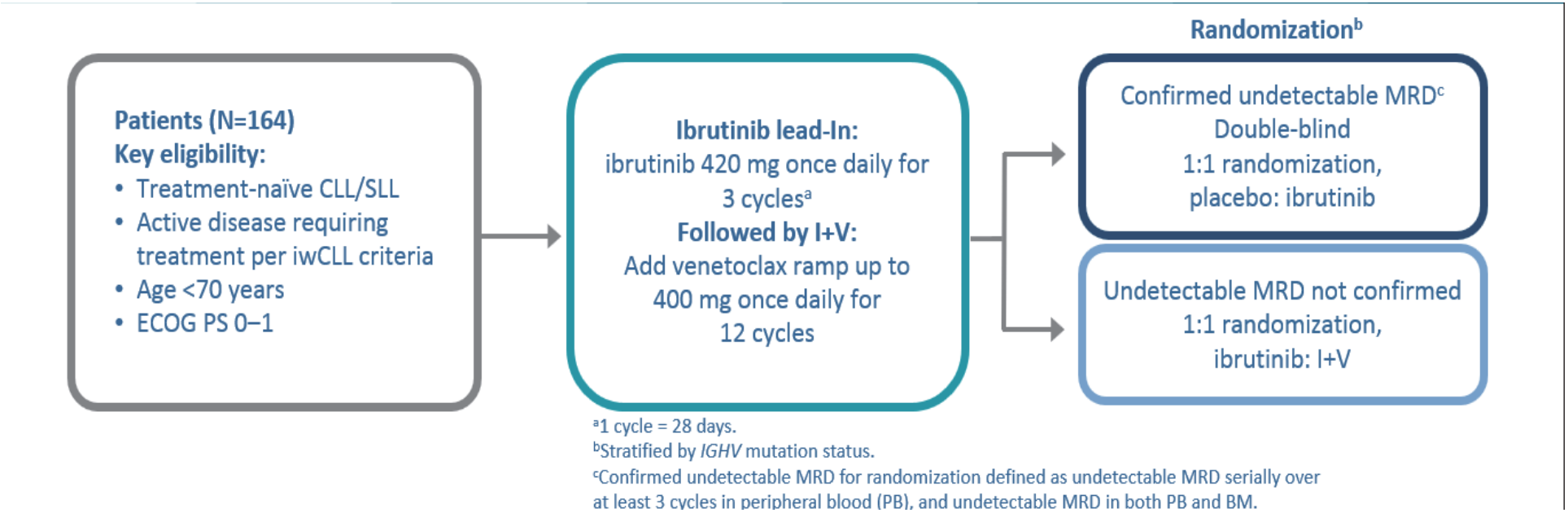
(S806) IBRUTINIB LEAD-IN FOLLOWED BY VENETOCLAX IN PATIENTS WITH CHRONIC LYMPHOCYTIC LEUKEMIA: PHASE 2 CAPTIVATE EARLY SAFETY AND EFFICACY RESULTS

Presenter: Paolo Ghia, *Milano, Italy*

Author(s): Paolo Ghia, Constantine Tam, Tanya Siddiqi, Ian Flinn, Xavier Badoux, Thomas Kipps, John Allan, Alessandra Tedeschi, John Pagel, Bryone Kuss, Eva Gonzalez-Barca, Karl Eckert, Cathy Zhou, Joi Ninomoto, James Dean, Danelle James, William Wierda

Kombinationstherapie mit Ibrutinib und Venetoclax: Phase II CAPTIVATE Studie

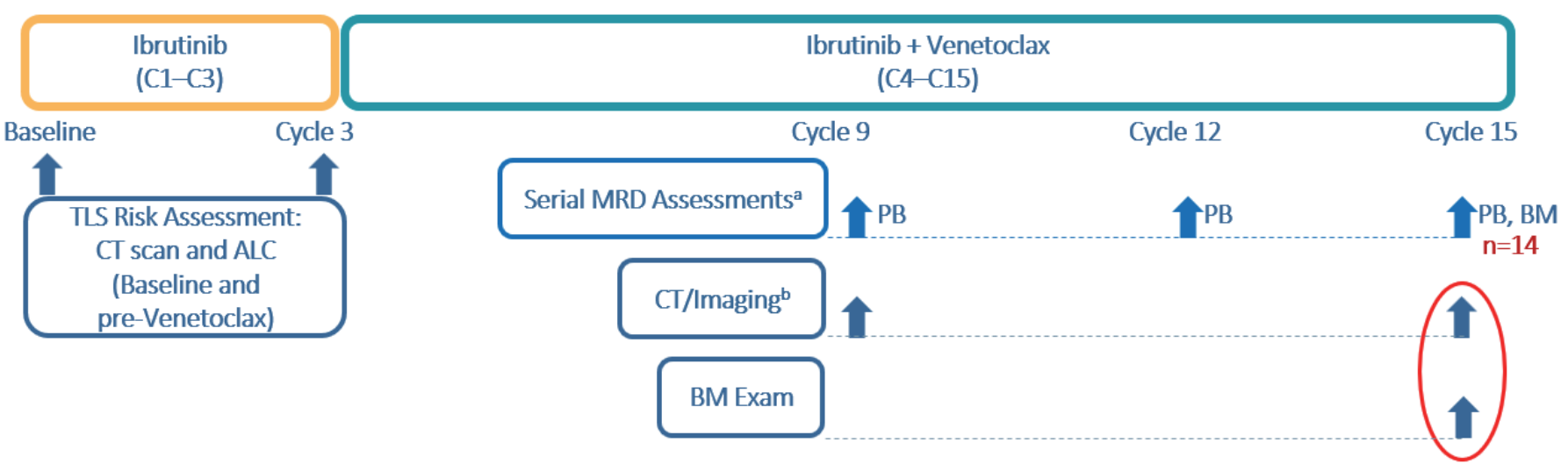
P. Ghia, A. Tedeschi, B. Kuss et al., Abstract S806



[a]1 cycle = 28 days.
[b]Stratified by *IGHV* mutation status.
[c]Confirmed undetectable MRD for randomization defined as undetectable MRD serially over at least 3 cycles in peripheral blood (PB), and undetectable MRD in both PB and BM.

Kombinationstherapie mit Ibrutinib und Venetoclax: Phase II CAPTIVATE Studie

P. Ghia, A. Tedeschi, B. Kuss et al., Abstract S806

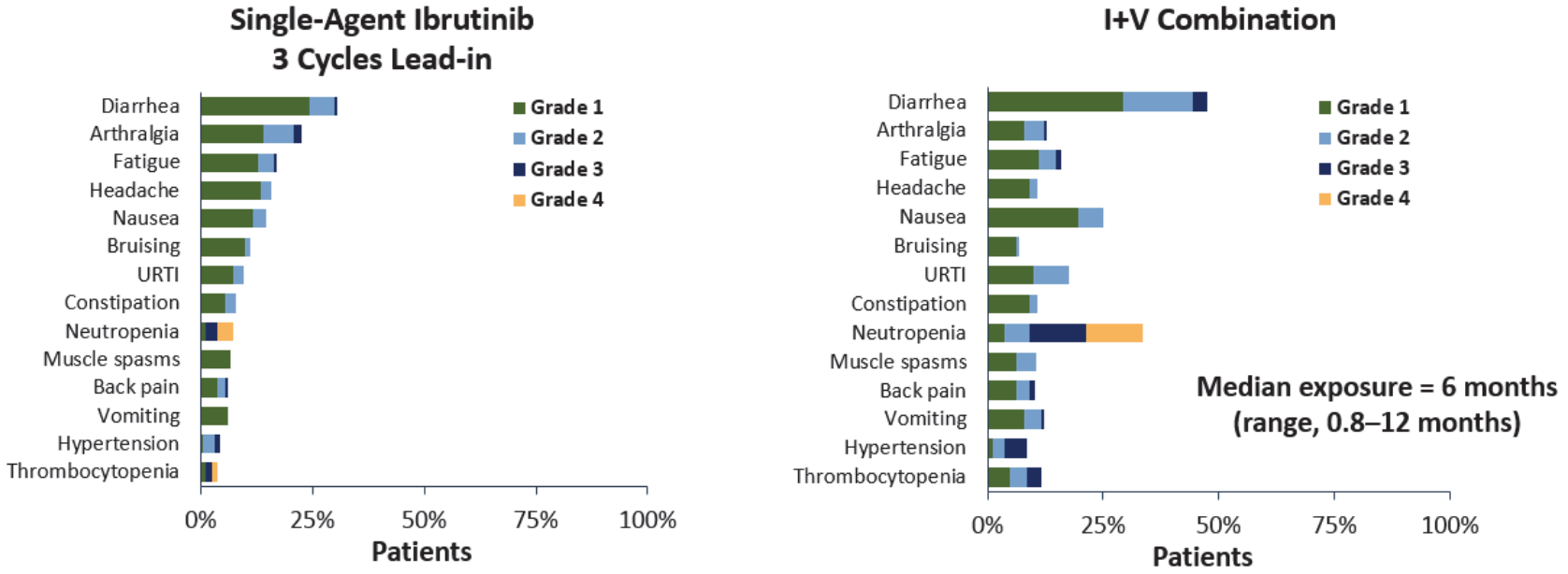


[a]Undetectable MRD definition: <1 CLL cell per 10,000 leukocytes ($<10^{-4}$) in PB or BM samples by 8-color flow cytometry.
[b]Assessment by physical exam at alternating 6 months (after completion of C6, C12) to ensure no progression.
[c]Hallek M, et al. *Blood*. 2008;111(12):5446-56.

ALC, absolute lymphocyte count; BM, bone marrow; PB, peripheral blood; TLS, tumor lysis syndrome.

Kombinationstherapie mit Ibrutinib und Venetoclax: Phase II CAPTIVATE Studie

P. Ghia, A. Tedeschi, B. Kuss et al., Abstract S806



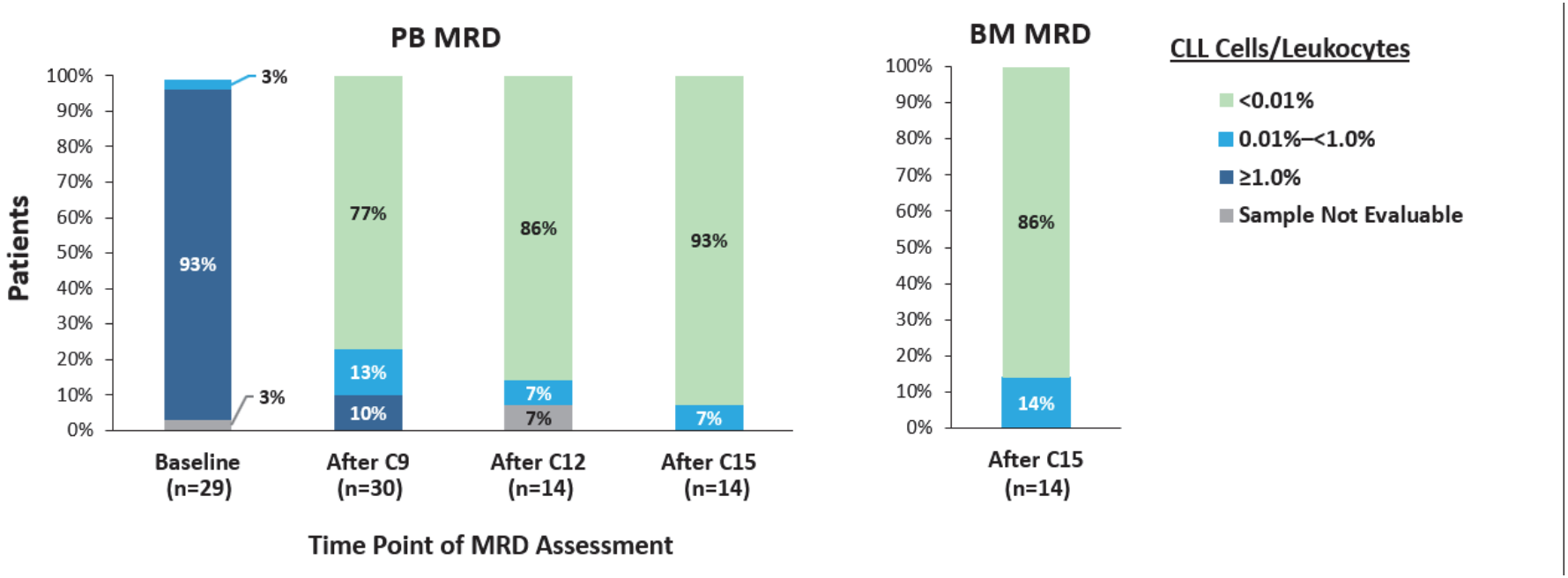
*Threshold based on any grade ≥15% or grade 3–4 ≥2% during whole study period; graphs show proportion of patients with new occurrence of AEs within each treatment period.
URTI, upper respiratory tract infection.

- Atrial fibrillation: 5 patients (3.0%; grade 3 in 1.2%) during ibrutinib lead-in; 7 patients (4.3%; grade 3 in 0.6%) during I+V combination; no grade 4 events
- Grade 3 infections: 4 patients (2.4%) during ibrutinib lead-in; 4 patients (2.4%) during I+V combination; no grade 4 infections

ASCO 2018, 1142 Wierda et al.

Kombinationstherapie mit Ibrutinib und Venetoclax: Phase II CAPTIVATE Studie

P. Ghia, A. Tedeschi, B. Kuss et al., Abstract S806



(S807) A PHASE IB/II STUDY OF DUVELISIB IN COMBINATION WITH FCR (DFCR) FOR FRONTLINE THERAPY OF YOUNGER CLL PATIENTS

Presenter: Matthew Davids, *Boston, USA*

Author(s): Matthew Davids, David Fisher, Svitlana Tyekucheva, Haesook Kim, Mikaela McDonough, John Hanna, Karen Francoeur, Josie Bazemore, Jeffrey Hellman, Ore Odejide, Philippe Armand, Jon Arnason, Jennifer Brown

Duvelisib (PI3K Gamma/Delta Inhibitor) in Kombination mit FCR: Phase IB/II Studie

M. Davids, D. Fisher, S. Tyekucheva et al., Abstract S807

- Erstlinientherapie von fitten Patienten mit CLL (n=32)
- FCR x 6 + Duvelsisib (dFCR):
  - Duvelisib 25 mg qd mit FCR und anschließend als Erhaltung
  - Duvelsisib 25 bid mit FCR und anschließend als Erhaltung
- Safety: 31% haben wegen Nebenwirkungen (Hämato-Tox !) < 6 x FCR erhalten und abgebrochen
- Efficacy: ORR 97%, CR 28%, BM: 81% MRD neg.

(S808) A PHASE 2 STUDY TO ASSESS THE SAFETY AND EFFICACY OF UMBRALISIB (TGR-1202) IN PATIENTS WITH CHRONIC LYMPHOCYTIC LEUKEMIA (CLL) WHO ARE INTOLERANT TO PRIOR BTK OR PI3K DELTA INHIBITOR THERAPY

Presenter: Anthony R. Mato, *New York, USA*

Author(s): Anthony R. Mato, Stephen J. Schuster, Nicole Lamanna, Ian W. Flinn, Jacqueline Barrientos, Suman Kambhampati, Bruce D. Cheson, Paul M. Barr, John M. Pagel, James A. Reeves, Frederick Lansigan, Jeffrey J. Pu, Alan Skarbnik, Gustavo Fonseca, Colleen Dorsey, Elizabeth T. Chatburn, Hanna Weissbrot, Jacob Svoboda,Eline T. Luning Prak, Patricia Tsao, Andrea Sitlinger, Chaitra S. Ujjani, Dana Paskalis, Peter Sportelli, Hari P. Miskin, Michael S. Weiss, Danielle M. Brander

Umbralisib (PI3K Delta Inhibitor) bei CLL Patienten, die Ibrutinib oder Idelalisib nicht vertragen haben

A. Mato, et al., Abstract S808

- 40 Patienten, die Ibrutinib (36) oder Idelalisib (4) nicht tolerierten

Umbralisib AEs in > 15% pts (n=40)				
Adverse Events (All Causality)	All Grades	% All Grades	GR 3/4	% GR 3/4
Diarrhea	17	43%	3	8%
Nausea	17	43%		
Thrombocytopenia	11	28%	4	10%
Insomnia	9	23%		
Neutropenia	9	23%	7	18%
Dizziness	8	20%		
Fatigue	8	20%		
Rash	7	18%	1	3%

Kompetenznetz Maligne Lymphome

Lymphom Kompetenz KOMPAKT EHA Stockholm 14.–17. Juni 2018

Die Kurzpräsentationen sind online unter

www.lymphome.de/eha2018

Für den Inhalt verantwortlich:

PD Dr. med. Barbara Eichhorst

Klinik I für Innere Medizin • Uniklinik Köln

Kompetenznetz Maligne Lymphome

Lymphom Kompetenz KOMPAKT EHA Stockholm 14.–17. Juni 2018

Das Informationsprojekt wird unterstützt von den Firmen

Celgene

HEXAL

janssen PHARMACEUTICAL COMPANIES OF Johnson & Johnson

Roche

Takeda ONCOLOGY

Diese hatten keinen Einfluss auf die Inhalte.