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

Prof. Dr. med. Bertram Glaß

Aggressive Lymphome

Chefarzt Hämatologie & Stammzelltransplantation am Helios Klinikum Berlin-Buch | Beiratsmitglied der German Lymphoma Alliance (GLA)

Dosisintensität und Radiatio bei agg B-NHL

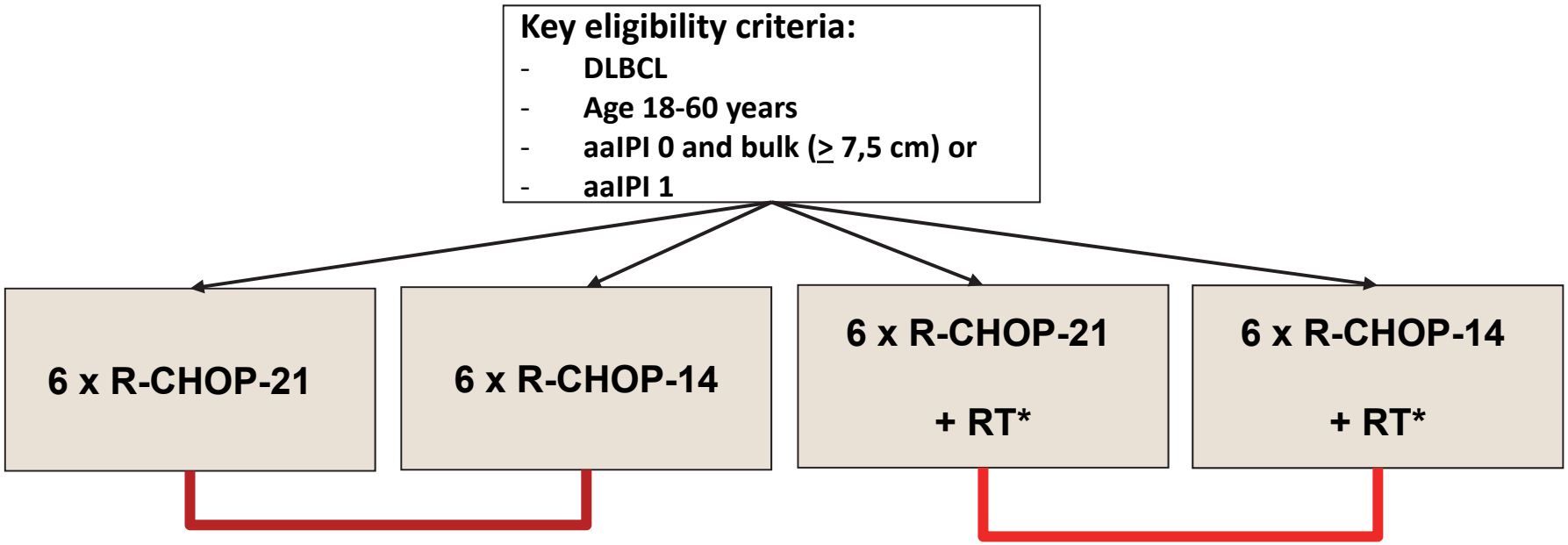
(S1545) RADIOTHERAPY TO BULKY AND EXTRALYMPHATIC DISEASE IN COMBINATION WITH 6XR-CHOP-14 OR R-CHOP-21 IN YOUNG GOOD-PROGNOSIS DLBCL PATIENTS: RESULTS OF THE 2X2 RANDOMIZED UNFOLDER TRIAL OF THE DSHNHL/GLA

Presenter: Gerhard Held, *Kaiserslautern, Germany*

Author(s): Michael Pfreundschuh, Niels Murawski, Marita Ziepert, Bettina Altmann, Martin Dreyling, Peter Borchmann, Stefano Luminari, Mathias Witzens-Harig, Judith Dierlamm, Mathias Haenel, Lorenz Truemper, Bernd Metzner, Eva Lengfelder, Ulrich Keller, Christian Ruebe, Christian Berdel, Norbert Schmitz, Gerhard Held, Viola Poeschel

UNFOLDER-Studie, Studiendesign

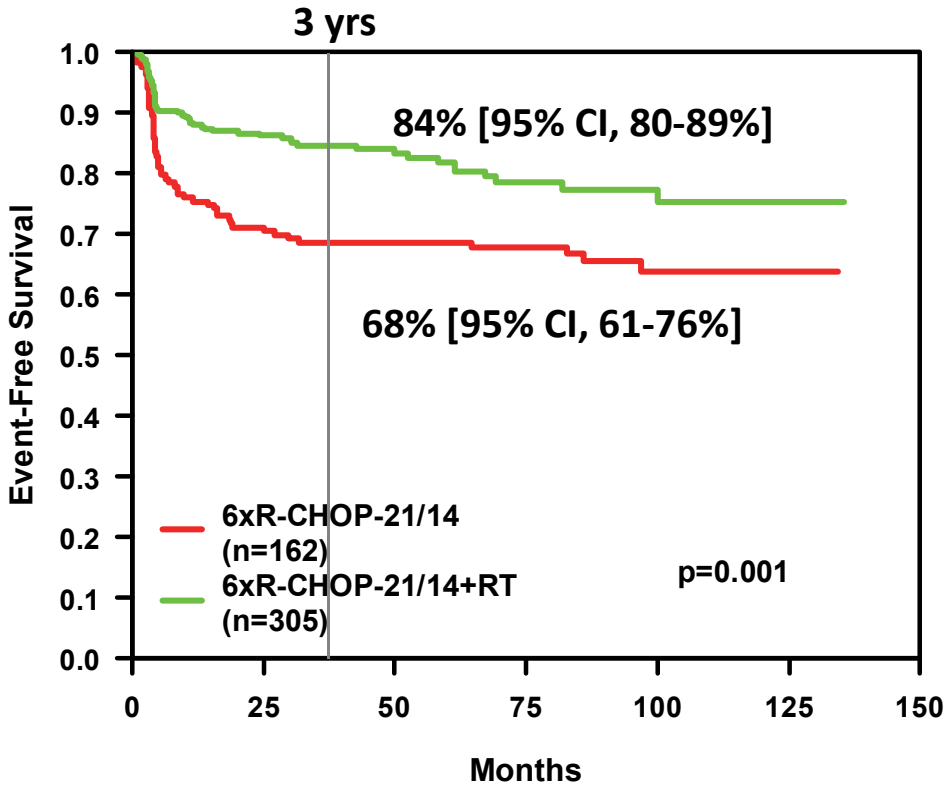
2 x 2 factorial Design -> Role of radiotherapy?



UNFOLDER-Studie, primärer Endpunkt EFS

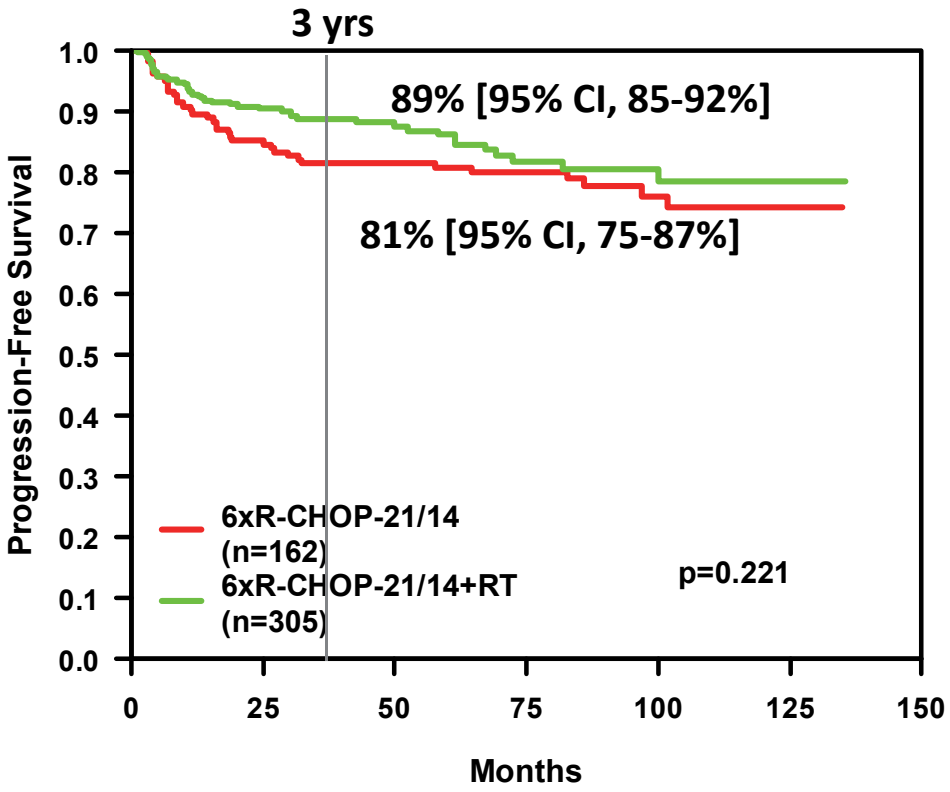
Radiotherapy vs. observation

2 x 2 factorial analysis

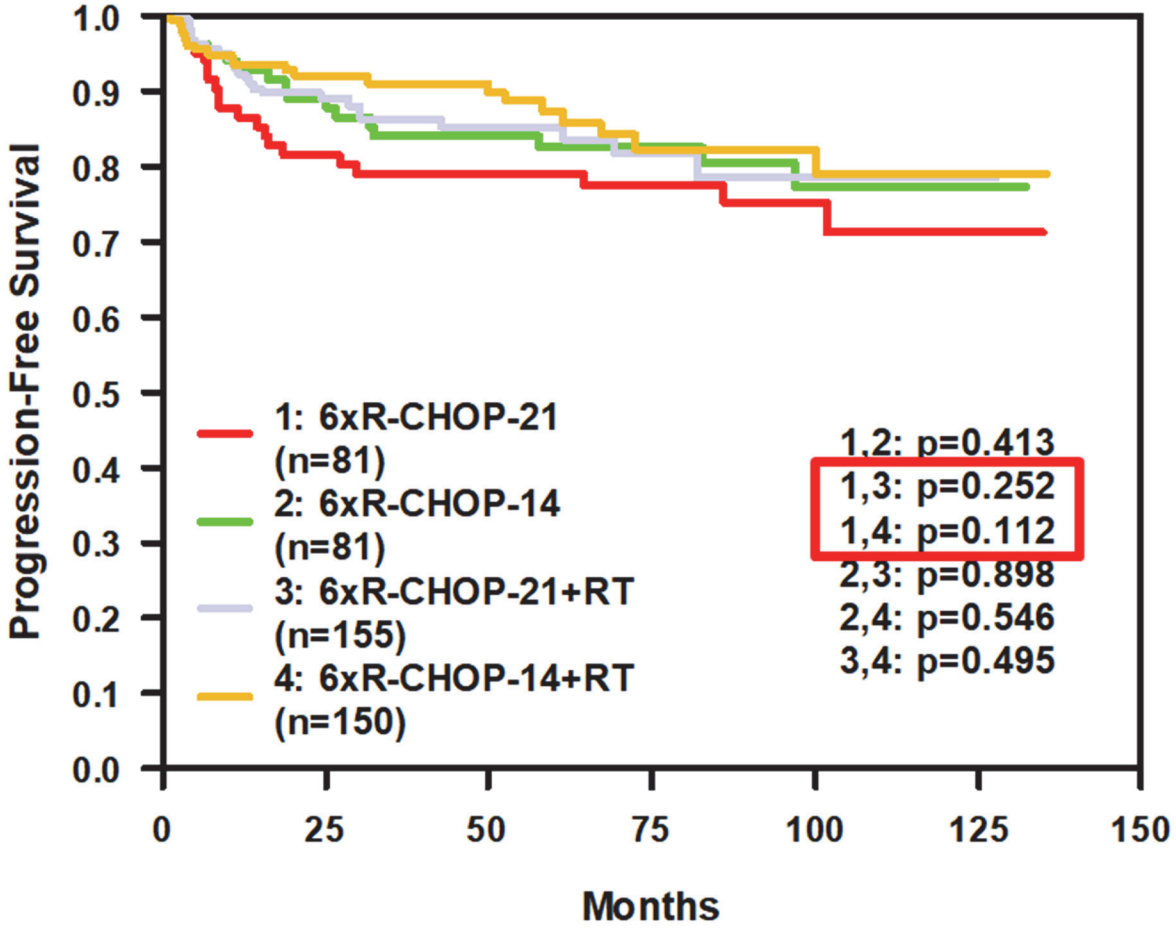


UNFOLDER-Studie, sekundärer Endpunkt PFS

Radiotherapy vs. observation

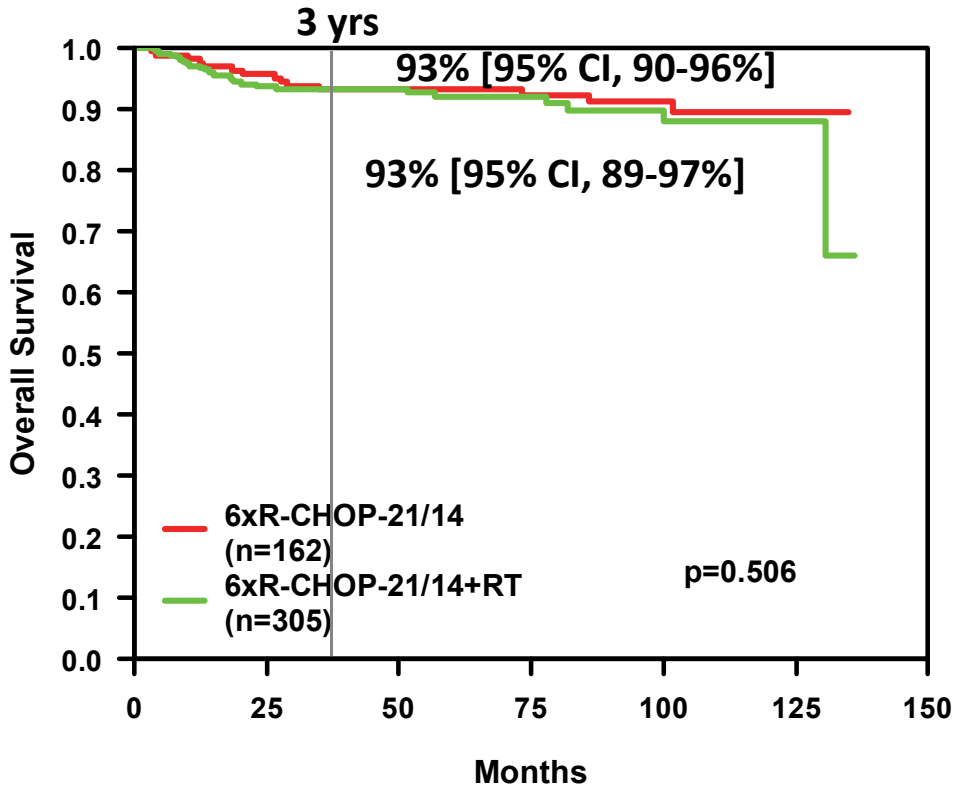


UNFOLDER-Studie, sekundärer Endpunkt PFS



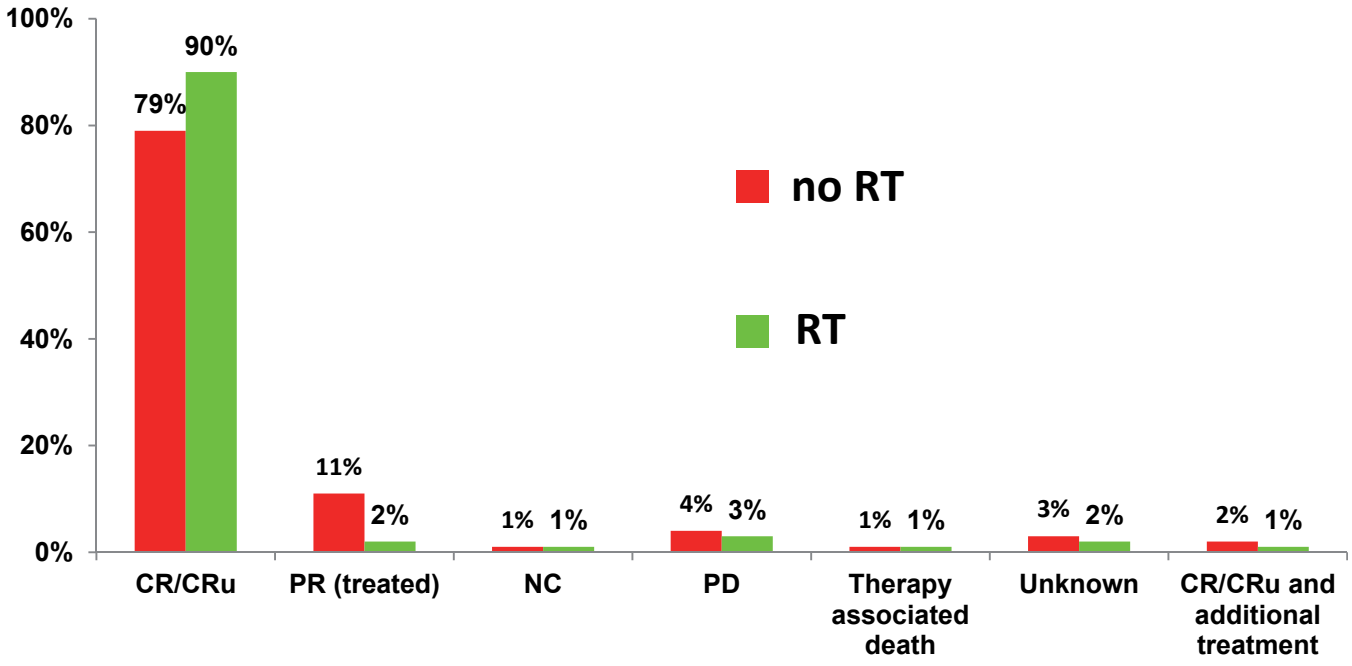
UNFOLDER-Studie, sekundärer Endpunkt OS

Radiotherapy vs. observation



UNFOLDER-Studie, response rates

Radiotherapy vs. observation



Rolle der Behandlungsintensität bei Patienten > 80 J

(S1546) SURVIVAL OF VERY ELDERLY PATIENTS WITH DLBCL ACCORDING TO TREATMENT INTENSITY IN THE RITUXIMAB ERA: A SWEDISH LYMPHOMA REGISTRY STUDY

Presenter: K. Sonnevi et. al , *Stockholm, Schweden*

Author(s): Kristina Sonnevi, Melén Christopher M, Henna Riikka Junlén, Björn Engelbrekt Wahlin

Patientenpopulation

- 799 Patienten > 80 Jahre
- 49% mit IPI > 1, 20% bulky disease
- Erfassung in unterschiedlichen Regionen Schwedens, keine Imbalancen hinsichtlich der Krankheits- und Komorbiditätscharakterstika
- Unterscheidung kurativer Ansatz (R-CHOP, R-CHOEP) vs. palliative Behandlung

Ergebnis

- HR für OS bei palliativem Ansatz: 2,5 (95% confidence interval [CI], 2,2-3,0)
- Regionen hatten unterschiedliche Häufigkeit eines kurativen Ansatzes
- Drei Regionen mit hohem Anteil (58%), zwei mit intermediärem Anteil (43%) und eine Region mit niedrigem Anteil (33%) kurative Behandlungen, $p < 0,001$
- HR für OS nach Regionen: HR 1,3 (95% CI 1,1-1,6) and HR 1,5 (95% CI 1,2-1,9) für Behandlung in Region mit intermediärem bzw. geringem Anteil kurativer Behandlungen.

Rezidivtherapie DLBCL, ältere Patienten

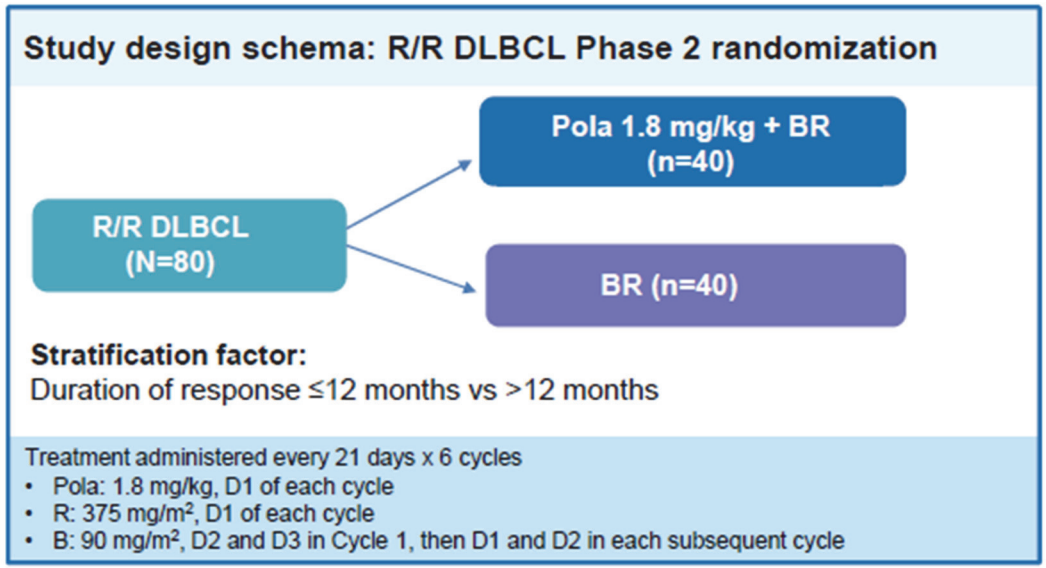
(S802) ADDING POLATUZUMAB VEDOTIN (POLA) TO BENDAMUSTINE AND RITUXIMAB (BR) TREATMENT IMPROVES SURVIVAL IN PATIENTS WITH RELAPSED/REFRACTORY DLBCL: RESULTS OF A PHASE 2 CLINICAL TRIAL

Presenter: L. Sehn, *Vancouver, Kanada*

Author(s): Laurie H. Sehn, Manali Kamdar, Alex F. Herrera, Andrew McMillan, Christopher Flowers, Won Seog Kim, Tae Min Kim, Muhit Özcan, Marek Trněný, Judit Demeter, Mark Hertzberg, Gilles Salles, Andrew Davies, Jamie Hirata, Ji Cheng, Grace Ku, Matthew J. Matasar

Pola-BR vs BR, Studiendesign (nur DLBCL)

Study design



B, bendamustine; D, day; DLBCL, diffuse large B-cell lymphoma; R, rituximab; R/R, relapsed or refractory

Pola-BR vs BR, Patientenpopulation (DLBCL)

Baseline characteristics

	Pola + BR (n=39)	*BR (n=39)*
Median age, years (range)	67 (33–86)	71 (30–84)
Male sex, n (%)	27 (69.2)	25 (64.1)
ECOG 2, n (%)	6 (15.4)	8 (20.5)
Bulky disease ≥7.5 cm, n (%)	9 (23.1)	15 (38.5)
Ann Arbor Stage III/IV, n (%)	33 (84.6)	35 (89.7)
Extranodal involvement, n (%)	26 (66.7)	29 (74.4)
IPI grade 3–5 at enrollment, n (%)	21 (53.8)	28 (71.8)
Median # of prior therapies (range) 1 line 2 lines ≥3 lines	2 (1–7) 11 (28.2) 14 (35.9) 14 (35.9)	2 (1–5) 13 (33.3) 9 (23.1) 17 (43.6)
Refractory to last treatment[1], n (%)	29 (74.4)	32 (82.1)
Duration of response to last treatment ≤ 12 months, n (%)	31 (79.5)	33 (84.4)
Received anti-CD20 agents	38 (97.4)	39 (100)

Pola-BR vs BR, Toxicity

Results – safety

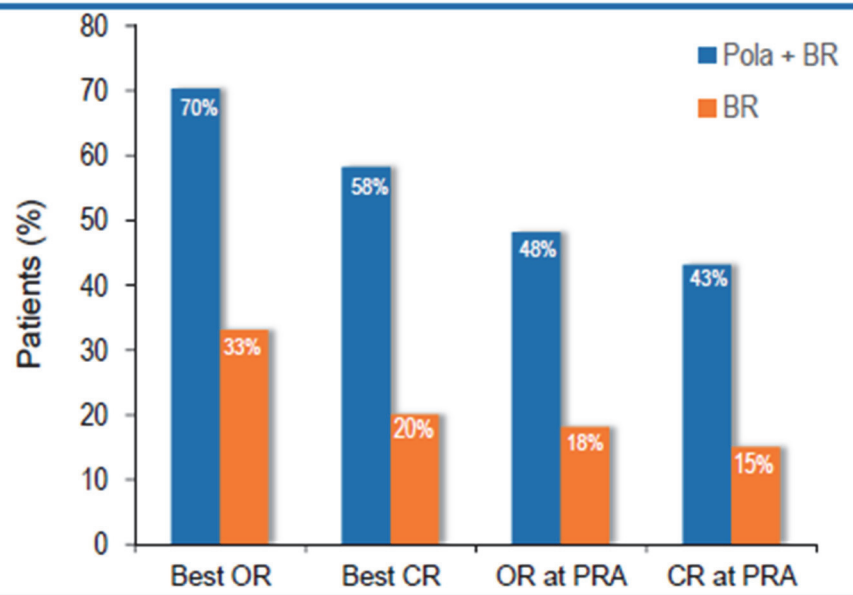
	Pola + BR (n=39)	*BR (n=39)*
Total number of patients with ≥1 AE	39 (100)	38 (97.4)
Grade 5 AE*, n (%)	6 (15.4)	7 (17.9)
SAE, n (%)	20 (51.3)	20 (51.3)
SAE occurring in ≥3 patients		
Infections, n (%)	8 (20.5)	10 (25.6)
Pneumonia, n (%)	3 (7.7)	3 (7.7)
Febrile neutropenia, n (%)	4 (10.3)	2 (5.1)
Neutropenia, n (%)	0	3(7.7)
Pyrexia, n (%)	4 (10.3)	1 (2.6)
Grade 3–4 AE, n (%)	33 (84.6)	26 (66.7)
Grade 3–4 AE occurring in ≥10% patients		
Neutropenia	18 (46.2)	14 (35.9)
Febrile neutropenia	4 (10.3)	2 (5.1)
Thrombocytopenia	13 (33.3)	8 (20.5)
Anemia	10 (25.6)	5 (12.8)
Infections	7 (17.9)	7 (17.9)

during follow-up

Data cut-off 3 May, 2017

Pola-BR vs BR, Results

Objective and complete response rates



- OR rates more than doubled in the pola + BR cohort and CR rates were almost tripled

Investigator-assessed best responses and responses at primary response assessment (PRA)

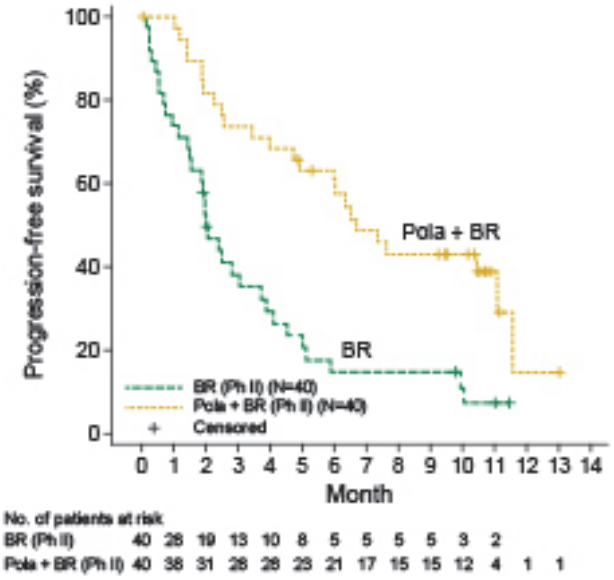
Data cut-off 3 May, 2017

Pola-BR vs BR, Results

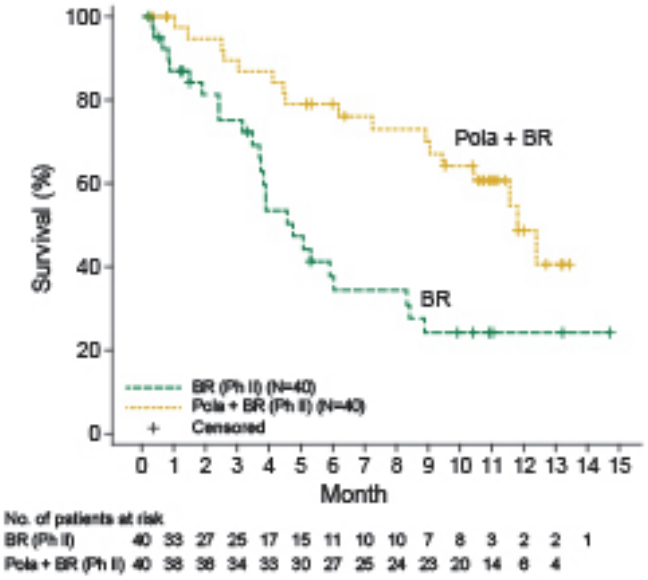
A. Efficacy (ITT)

	FL		DLBCL	
	Pola+BR (N=39)	BR (N=41)	Pola+BR (N=40)	BR (N=40)
IRC PET-CR, %	69	63	40	15
Median PFS, months (95% CI)	17 (13.4, NR)	17.3 (12.5, NR)	6.7 (4.9, 11.1)	2 (1.5, 3.7)
Median OS, months (95% CI)	NR	NR	11.8 (9.5, NR)	4.7 (3.7, 8.3)

B. Kaplan-Meier Curve for PFS, DLBCL



C. Kaplan-Meier Curve for OS, DLBCL



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Die Kurzpräsentationen sind online unter

www.lymphome.de/eha2018

Für den Inhalt verantwortlich:

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Hämatologie & Stammzelltransplantation | Helios Klinikum Berlin-Buch

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

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