Lymphom Kompetenz KOMPAKT

EHA2020 VIRTUAL
11. – 14. Juni 2020

Kompetenznetz Maligne Lymphome

Vernetzt forschen.
Gut informiert entscheiden.

Prof. Dr. med. Georg Lenz

Aggressive Lymphome

- Medizinische Klinik A des Universitätsklinikums Münster
- Mitglied und Wissenschaftlicher Beirat im Kompetenznetz Maligne Lymphome e.V.

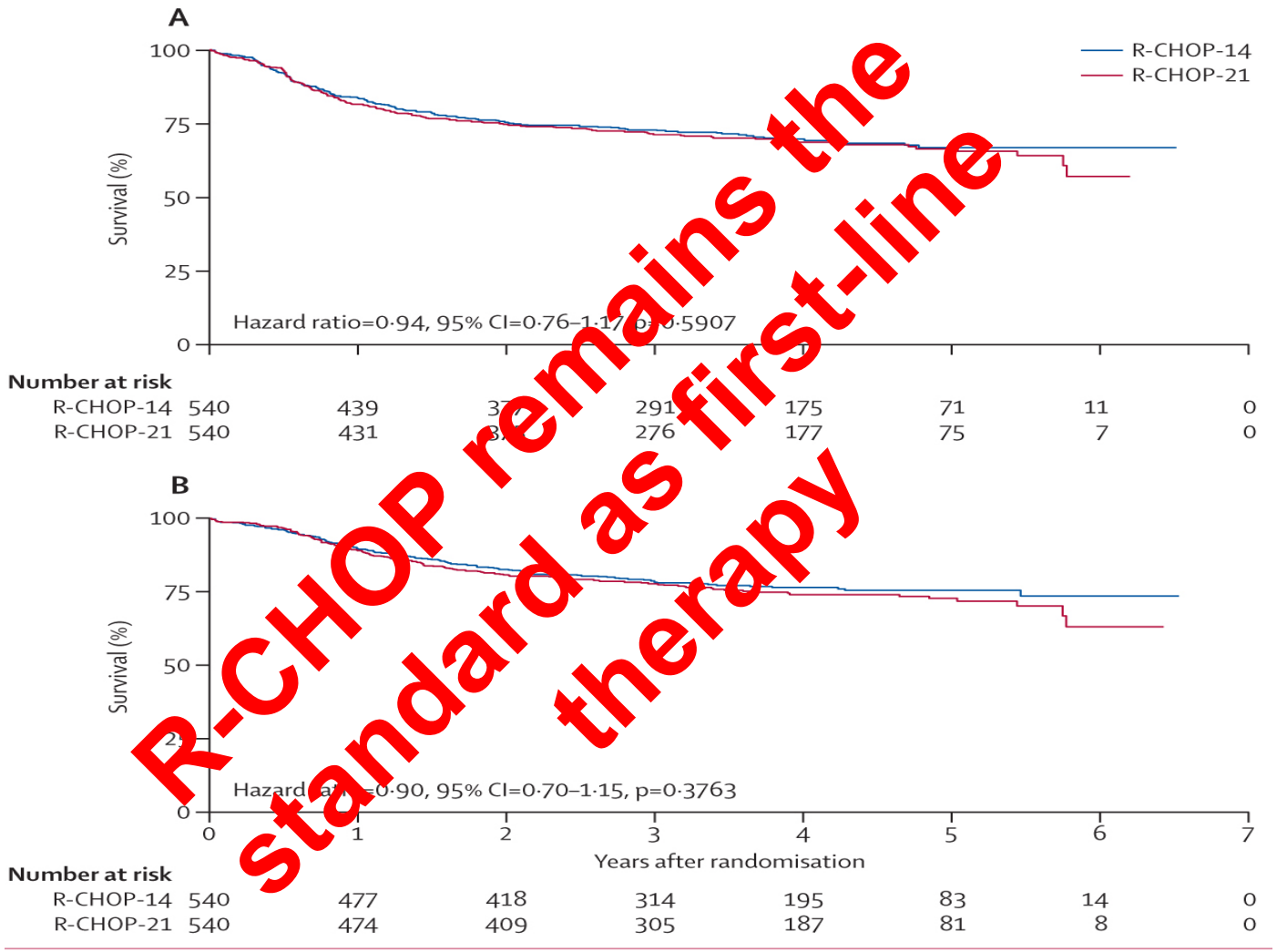
Darlegung potentieller Interessenskonflikte

Unternehmen	Interessenskonflikt
Roche	Advisory Board, invited speaker, research support
Gilead	Advisory Board, research support
Janssen	Advisory Board, invited speaker, research support
Bayer	Advisory Board, invited speaker, research support
Celgene	Advisory Board, invited speaker, research support
Novartis	Advisory Board, research support
AstraZeneca	Advisory Board, research support
Takeda	Advisory Board
BMS	Advisory Board
NanoString	Advisory Board
Abbvie	Invited speaker, advisory board
Morphosys	Advisory Board, research support

Kapitel 1

Erstlinientherapie

Aggressive NHL



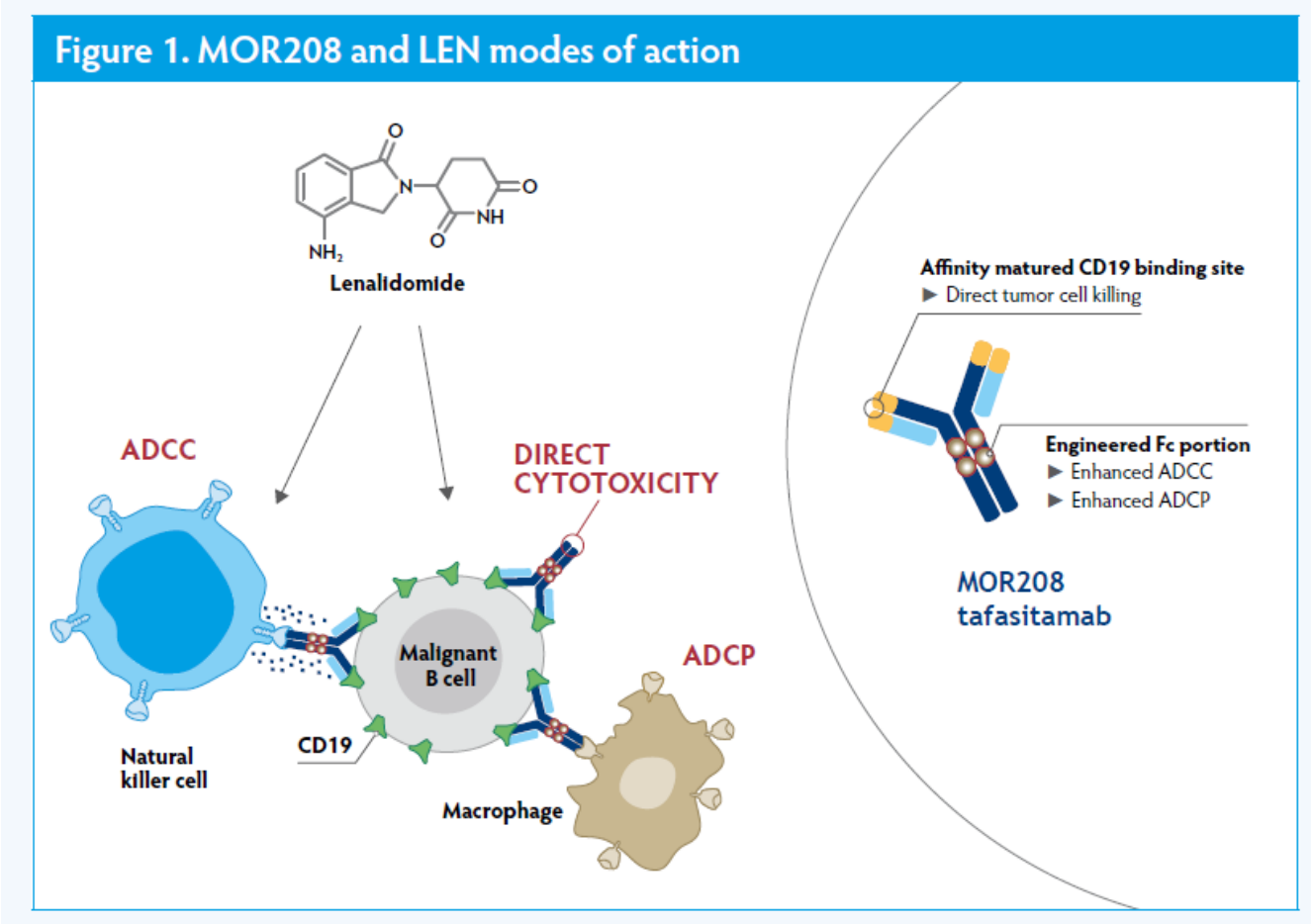
R-CHOP remains the standard as first-line therapy

Cunningham et al., Lancet, 2013

Kapitel 2

Neue therapeutische Ansätze bei Patienten mit rezidivierter/refraktärer Erkrankung

Efficacy of tafasitamab and lenaliomide



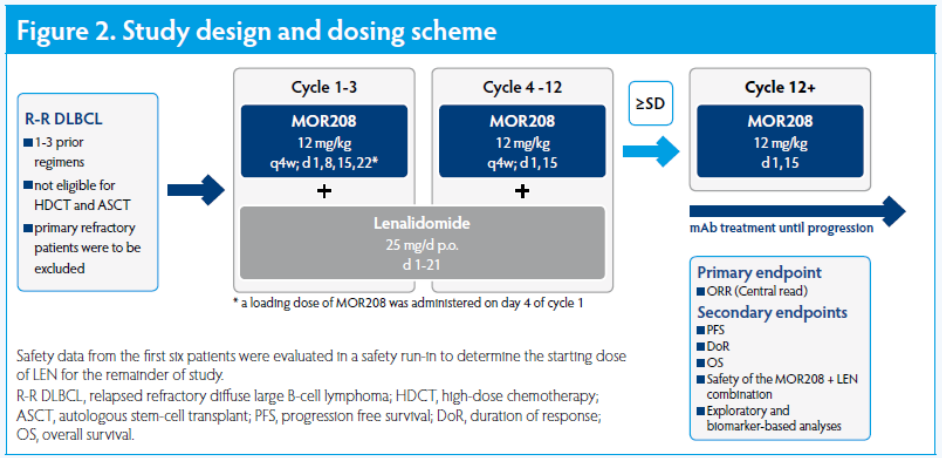
Maddocks K et al., ASCO 2019

LONG-TERM OUTCOMES FROM THE PHASE II L-MIND STUDY OF TAFASITAMAB (MOR208) PLUS LENALIDOMIDE IN PATIENTS WITH RELAPSED OR REFRACTORY DIFFUSE LARGE B-CELL LYMPHOMA

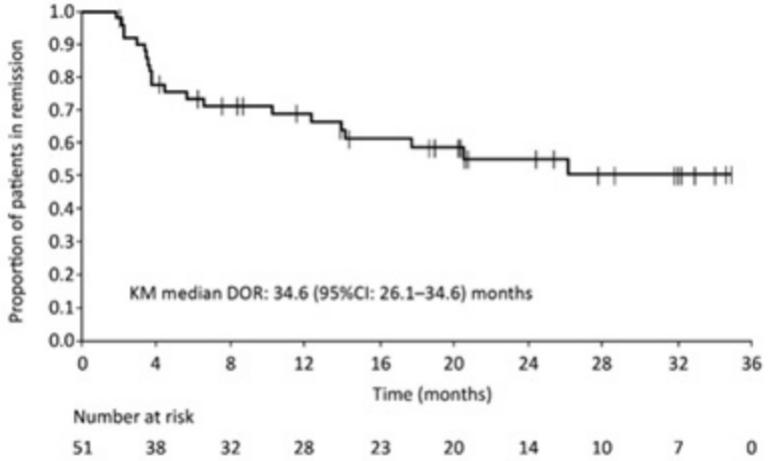
Author(s): Gilles Salles, Johannes Duell, Eva González-Barca, Wojciech Jurczak, Anna Marina Liberati, Sven de Vos, Zsolt Nagy, Aleš Obr, Gianluca Gaidano, Pau Abrisqueta, Nagesh Kalakonda, Marc André, Martin Dreyling, Tobias Menne, Olivier Tournilhac, Marinela Augustin, Maren Dirnberger-Hertweck, Johannes Weirather, Sumeet Ambarkhane, Kami J. Maddocks

EHA Library. Salles G. 06/12/20; 293691; EP1201

Update L-MIND study



Response	
ORR	58,8%
CR	41,3%
PR	17,5%



Salles et al. EHA, #EP1201

RE-MIND STUDY: COMPARISON OF TAFASITAMAB + LENALIDOMIDE (L-MIND) VS LENALIDOMIDE MONOTHERAPY (REAL-WORLD DATA) IN TRANSPLANT-INELIGIBLE PATIENTS WITH RELAPSED/REFRACTORY DIFFUSE LARGE B-CELL LYMPHOMA

Author(s): Pier Luigi Zinzani, Thomas Rodgers, Dario Marino, Maurizio Frezzato, Anna Maria Barbui, Claudia Castellino, Erika Meli , Annarita Conconi, Nicola Cascavilla, Federica Cavallo, Nathan H. Fowler, Bruce Feinberg, Sascha Tillmanns, Stephan Parche, Günter Fingerle-Rowson, Mark Winderlich, Sumeet Ambarkhane , Gilles Salles, Grzegorz Nowakowski

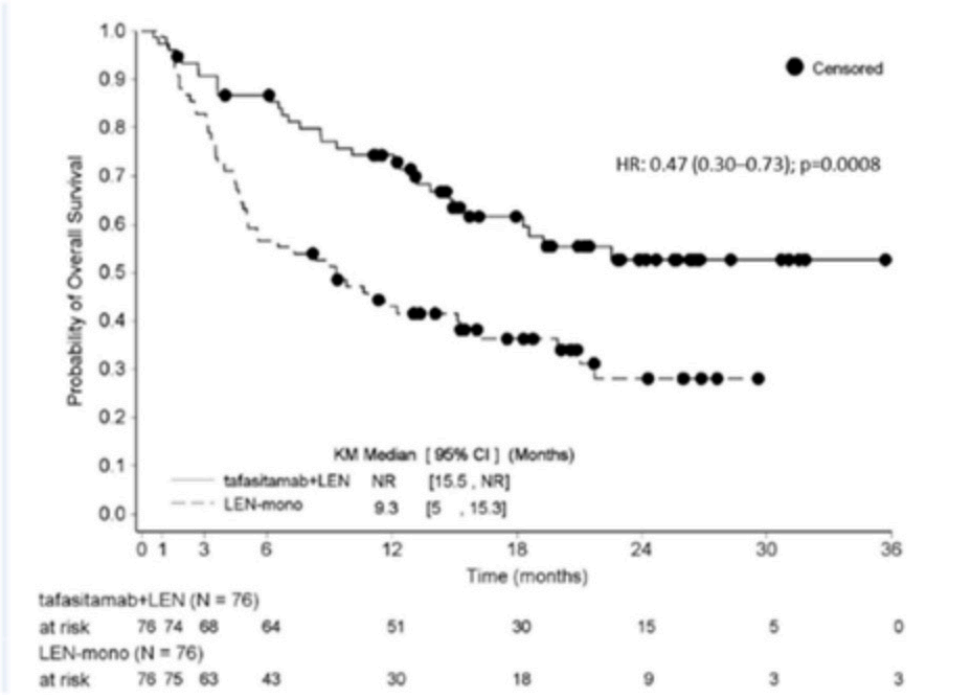
EHA Library. Zinzani P. 06/12/20; 295058; S238

Is L-MIND combination better than lenalidomide? Real-world comparison

Design

- 490 patients from 58 centers were included
- Patients were treated with initial dose of lenalidomide of 25 mg/day
- Nearest neighbor 1:1 matching methodology; balanced for nine parameters

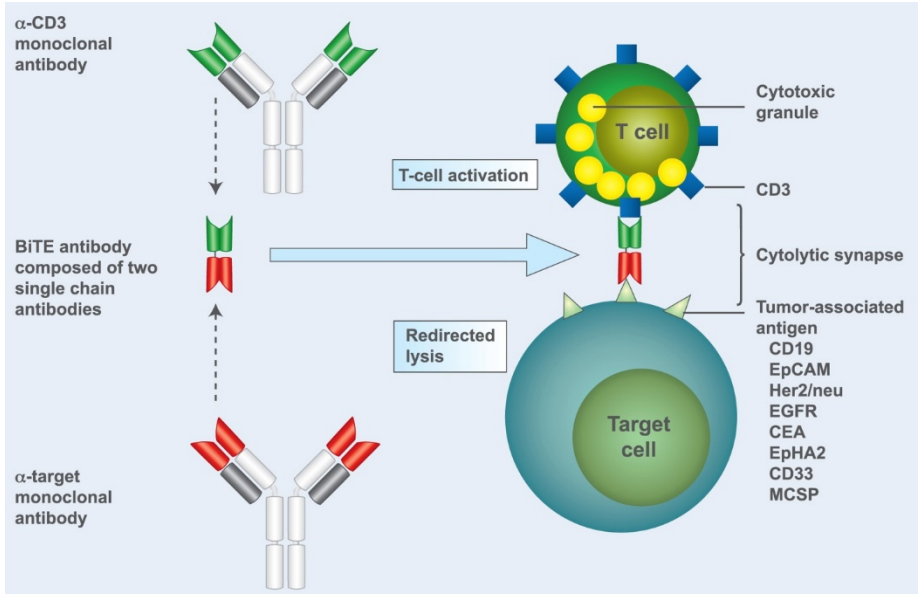
Figure 1. Overall survival



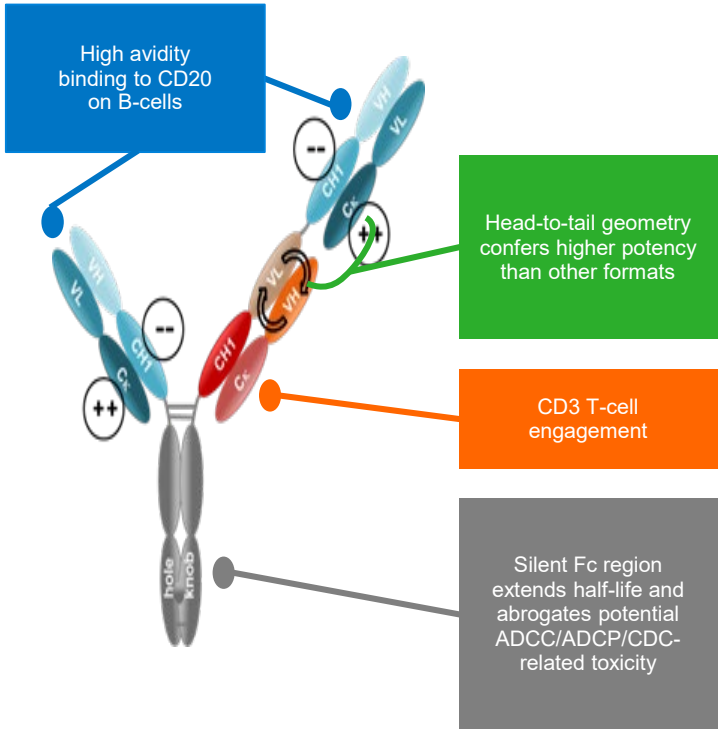
CI, confidence interval; HR, hazard ratio; KM, Kaplan–Meier; LEN, lenalidomide; Mono, monotherapy; NR, not reached.

Zinzani et al. EHA, #S238

Update bispecific antibodies



CD20-TCB



Baeuerle et al., Cancer Research, 2009

CD20-TCB IN RELAPSED OR REFRACTORY NON-HODGKIN LYMPHOMA: DURABLE COMPLETE RESPONSES AND MANAGEABLE SAFETY OBSERVED AT CLINICALLY RELEVANT DOSES IN PHASE I DOSE ESCALATION

Author(s): Michael J Dickinson, Franck Morschhauser, Gloria Iacoboni, Carmelo Carlo-Stella, Fritz C Offner, Anna Sureda, Gilles Salles, Joaquin Martinez-Lopez, Michael Crump, Linda Lundberg, Mark Dixon, Antonia Kwan, Michael C Wei, Ann-Marie E Bröske, David Carlile, Carol O'Hear, Martin Hutchings

EHA Library. J Dickinson M. 06/12/20; 293690; S241

Efficacy of CD20-TCB – NP30179 phase I study

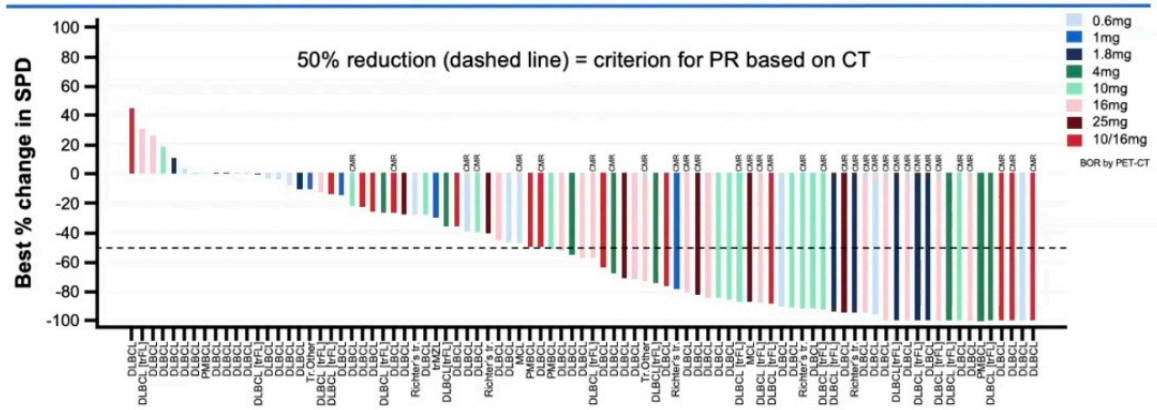
Trial design

- Patients with relapsed/refractory lymphoma received obinutuzumab on d-7
- Total n = 118 patients; n=102 patients with aggressive lymphoma (n=68 DLBCL; n=19 tFL)
- CD20-TCB doses: 0.6-25 mg

Dickinson et al. EHA, #S241

Efficacy of CD20-TCB – NP30179 phase I study

Antitumor activity* in aggressive non-Hodgkin lymphoma†

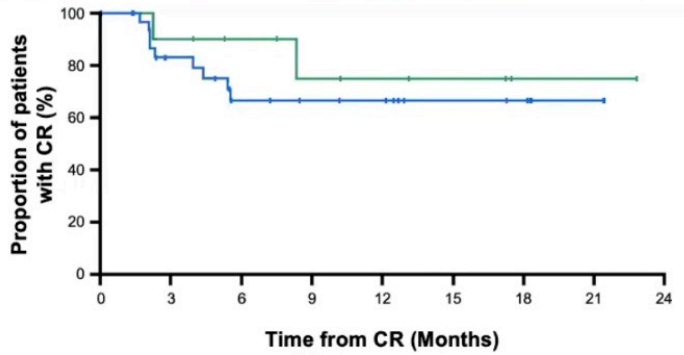


Clinical cut-off date: 17 April 2020. n.b. Patients enrolled in the 10/16mg cohort after September 2019 are not included as the data were captured in a separate database. *≥0.6mg cohorts; assessed by computed tomography (CT) and Lugano criteria.[1]
†Aggressive NHL includes DLBCL, transformed FL, PMBCL, MCL, transformed MZL and Richter's transformation
BOR, best overall response; CR, complete response; DLBCL, diffuse large B-cell lymphoma; FL, follicular lymphoma; MCL, mantle cell lymphoma; MZL, marginal zone lymphoma; PMBCL, primary mediastinal large B-cell lymphoma; PR, partial response; Richter's tr, Richter's transformation; SPD, sum of the longest diameters; tr, transformed

1. Cheson BD, et al. J Clin Oncol 2014;32:3059–68

PRESENTED AT: THE 25TH EUROPEAN HEMATOLOGY ASSOCIATION (EHA) CONGRESS. VIRTUAL EDITION | 11–14 JUNE 2020

Durable complete responses* were seen in patients with indolent and aggressive NHL (≥0.6mg cohorts)



Aggressive NHL†
- Median follow-up** (months): 10.2 (95% CI: 5.6, 17.3)
- Median DOCR (months): NR (95% CI: 5.5, NE)
- 24 ongoing CRs: 10 CRs for >12 months, 14 CRs for <12 months

Indolent NHL‡
- Median follow-up** (months): 10.2 (95% CI: 5.3, NE)
- Median DOCR (months): NR (95% CI: 8.4, NE)
- 9 ongoing CRs: 4 CRs >12 months, 5 CRs <12 months

Clinical cut-off date: 17 April 2020. n.b. Patients enrolled in the 10/16mg cohort after September 2019 are not included as the data were captured in a separate database. *Best response CR; **duration of CR is calculated as the duration between patients' first CR and loss of CR or patient's last assessment visit, whichever is earlier; †aggressive NHL includes diffuse large B-cell lymphoma, transformed FL, primary mediastinal large B-cell lymphoma, MCL, transformed marginal zone lymphoma and Richter's transformation; ‡indolent NHL includes patients with FL Grade 1–3a or unknown Grade. CI, confidence interval; CR, complete response; DOCR, duration of complete response; FL, follicular lymphoma; MCL, mantle cell lymphoma; NE, non-estimable; NHL, non-Hodgkin lymphoma; NR, not reached

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Tolerability

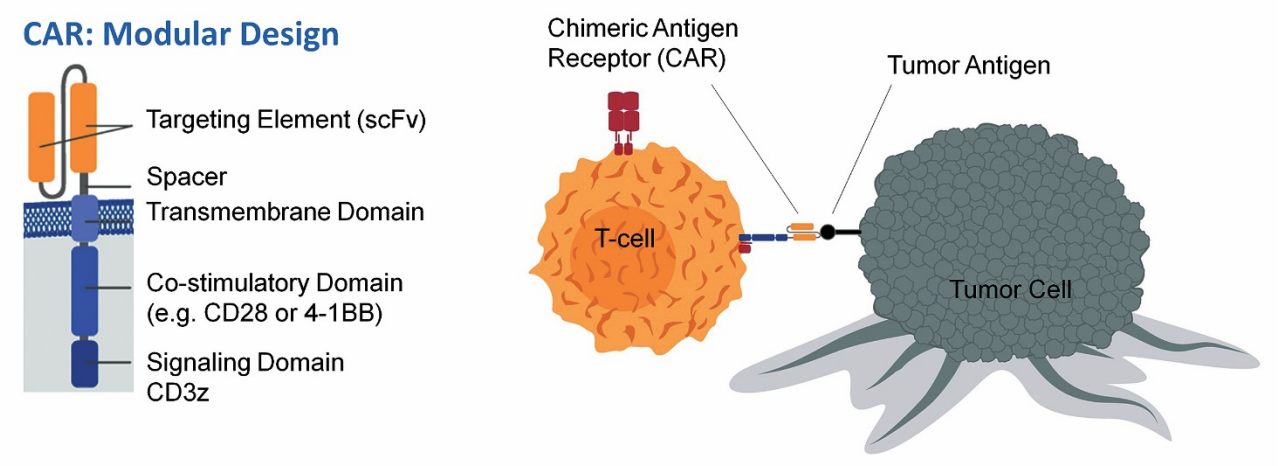
- Toxicities: CRS 55.1%, pyrexia 34.7%, neutropenia 34.7%

Dickinson et al. EHA, #S241

Kapitel 3

CAR-T Zell Therapien

Novel developments using CAR T-cells



Novel developments: identification of novel targets

PHASE 1 ALEXANDER STUDY OF AUTO3 THE FIRST BICISTRONIC CHIMERIC ANTIGEN RECEPTOR (CAR) TARGETING CD19 AND CD22 WITH PEMBROLIZUMAB IN PATIENTS WITH RELAPSED/REFRACTORY DIFFUSE LARGE B CELL LYMPHOMA

Author(s): Aravind Ramakrishnan, Maria Marzolini, Wendy Osborne, Eleni Tholouli, Carlos Bachier, Peter McSweeney, David Irvine, Yiyun Zhang, Muhammad Al-Hajj, Simon Thomas, Martin Pule, Vijay Peddareddigari, Nushmia Khokhar, Maud Jonnaert, Robert Chen, Kirit Ardeshna

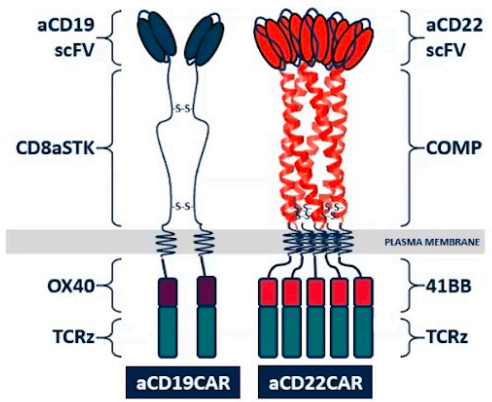
EHA Library. Osborne W. 06/12/20; 295060; S240

Efficacy of phase I Alexander study

AUTO3: First CD19 and CD22 Targeting Bicistronic CAR

Gamma Retroviral-Based Vector with RD114 Pseudotype

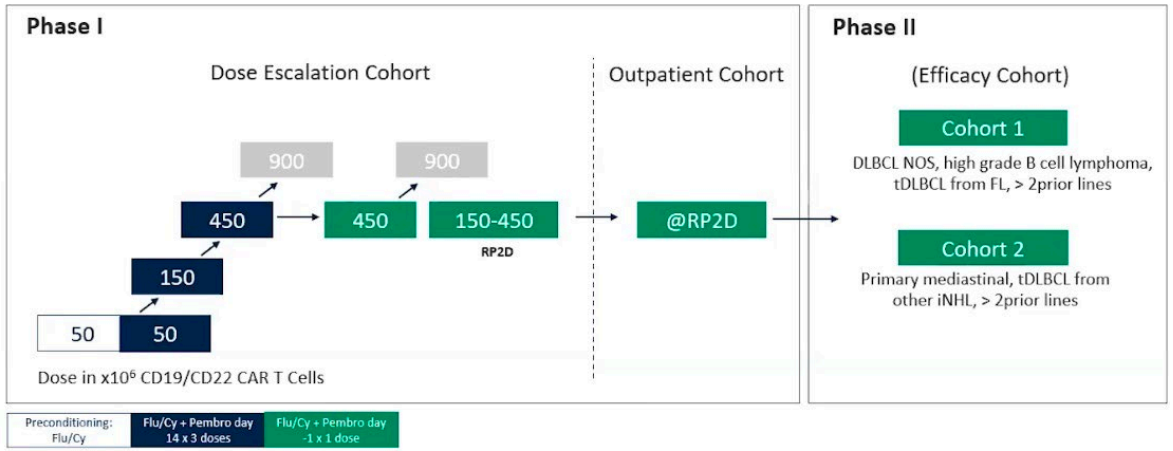
- Dual antigen targeting
- Two independent CARs delivered in single retroviral vector
- Humanized binders
- CD22 CAR with novel pentameric spacer
- OX40/41BB costimulatory domains designed to improve persistence
- Independently target CD19 and CD22



Alexander

Alexander Study Design

AUTO3-DB1, Single-Arm, Open-Label, Multi-Center, Phase 1/2 Study



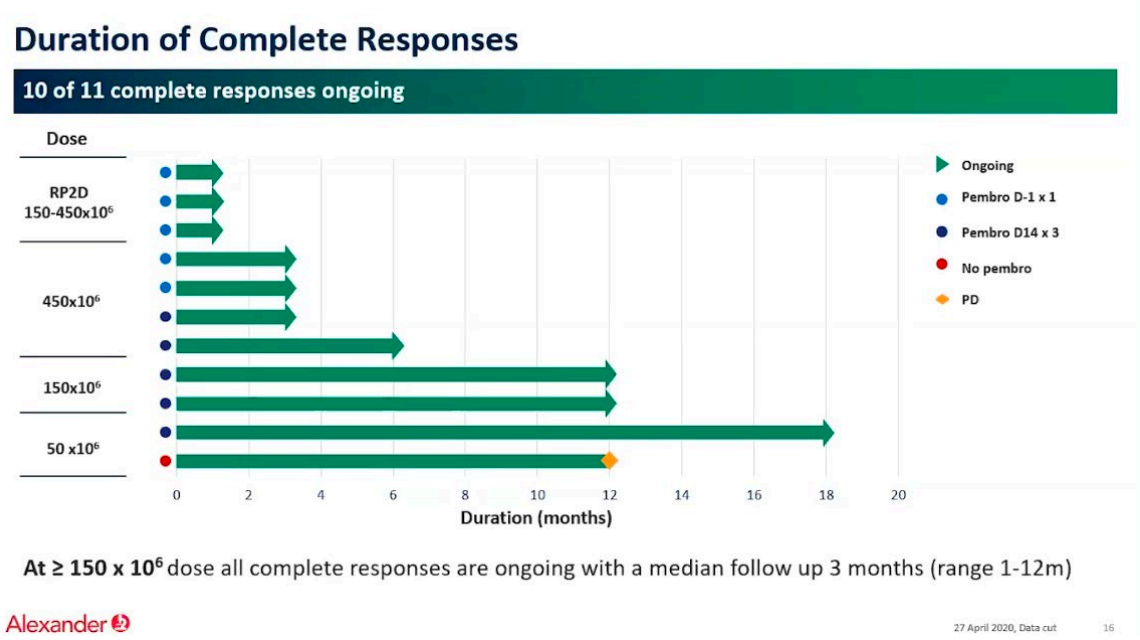
Alexander

Ramakrishnan et al. EHA, #S240

Efficacy of phase I Alexander study

Summary

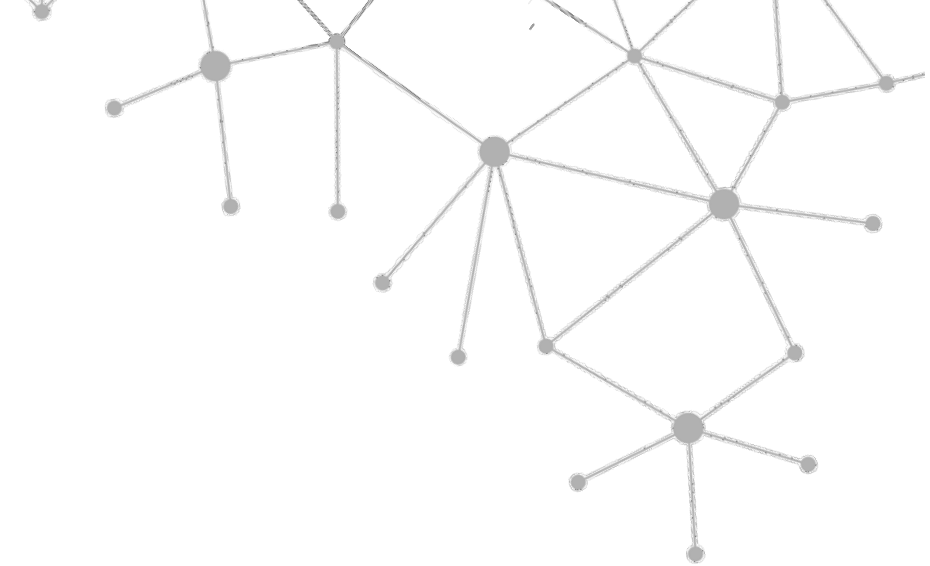
- 28 patients underwent leukapheresis, 27 successfully manufactured, 19 treated
- Median number of prior therapies: 3 (2-10); 89% had refractory disease
- Toxicity: neutropenia (89%), febrile neutropenia (16%), severe neurotoxicity (5%), severe CRS (0%)
- ORR 64%; CR 55%



Ramakrishnan et al. EHA, #S240

Aggressive NHL - Zusammenfassung

- R-CHOP bzw. R-CHOP-ähnliche Regime bleiben der Standard in der Erstlinientherapie bei Patienten mit DLBCL
- Vielversprechende Ergebnisse durch neue Antikörper bzw. Antikörperkombinationen bei Patienten mit rezidivierter/refraktärer Erkrankung
- Vielsprechende Ergebnisse durch neue CAR T-Zell Produkte zur Behandlung von Patienten mit rezidiviertem/refraktärem DLBCL



Die Kurzpräsentationen sind online unter

www.lymphome.de/eha2020

Für den Inhalt verantwortlich:

Prof. Dr. med. Georg Lenz

Medizinische Klinik A • Universitätsklinikum Münster

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