Kompetenznetz Maligne Lymphome

Lymphom Kompetenz KOMPAKT

KML-Experten berichten

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Kompetenznetz Maligne Lymphome

Lymphom Kompetenz KOMPAKT

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Indolente Lymphome

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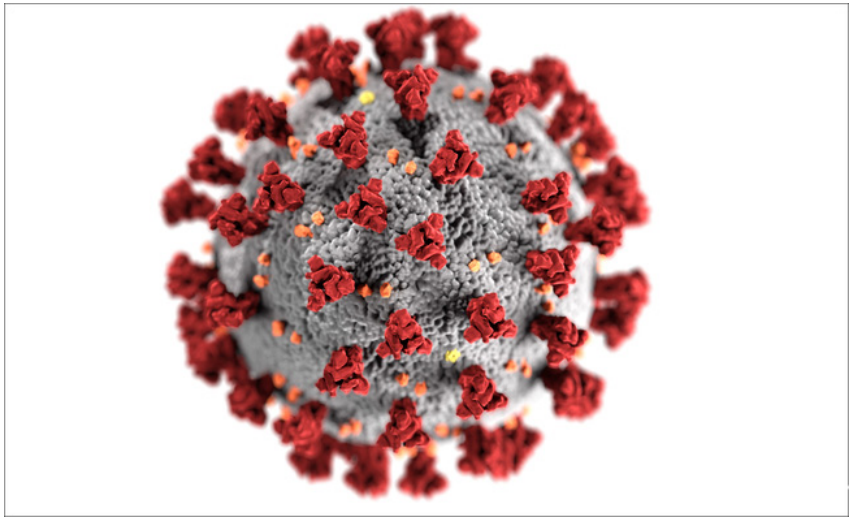
Offenlegung potentieller Interessenskonflikte

LymphomKompetenz KOMPAKT – EHA2021 wird in Kooperation mit sechs unterstützenden Firmen durchgeführt.
Meine persönlichen Disclosures betreffen:

Anstellungsverhältnis, Führungsposition	--
Beratungs-/ Gutachtertätigkeit	Roche, Janssen, Beigene, Celltrion, Pfizer, AbbVie
Besitz von Geschäftsanteilen, Aktien oder Fonds	--
Patent, Urheberrecht, Verkaufslizenz	--
Honorare	Roche, Janssen, Beigene, Celltrion, Pfizer, AbbVie
Finanzierung wissenschaftlicher Untersuchungen	Roche, Janssen, Amgen, Celltrion, AbbVie, Bayer, MSD
Andere finanzielle Beziehungen	--
Immaterielle Interessenkonflikte	--

Kapitel 1

COVID – 19 Infektionen bei Lymphompatienten – Mortalität, Einfluß von Therapien?



HIGH INCIDENCE OF PROLONGED COVID-19 AMONG PATIENTS WITH LYMPHOMA TREATED WITH B-CELL DEPLETING IMMUNOTHERAPY

Caroline Besson
Rémy Duléry – Sylvain Lamure

Introduction : Covid-19 among lymphoma patients

- One-month survival after Covid-19 among patients with any type of lymphoma: 62-81%
- Risk of early death increases with age and relapsed/refractory lymphoma disease
- **Persistence of SARS-CoV-2 appears as an emerging clinical issue** in immunocompromised patients

⇒ Description of prolonged forms of Covid-19 and their determinants

⇒ Outcomes of patients with prolonged Covid-19

⇒ Impact of lymphoma subtype, B-cell depletion and chemotherapy on the course of Covid-19

Williamson EJ, 2020, Passamonti F, 2020
Hueso T, 2020
Lamure, Dulery,..., Besson, eClinical Medicine, 2020

Patients and Methods

- Clinical epidemiology retrospective study in 16 French hospitals
- Inclusion of patients hospitalized for Covid-19 during the 1st months of the pandemic (March-April 2020)
- With former diagnosis of lymphoma, previous, ongoing or no treatment , in remission or progressive
- Prolonged length of in hospital stay (LOS) for Covid-19 defined as persisting or recurring hospitalization for Covid-19 symptoms > 30 days.
- LOS was analyzed as a competitor versus death

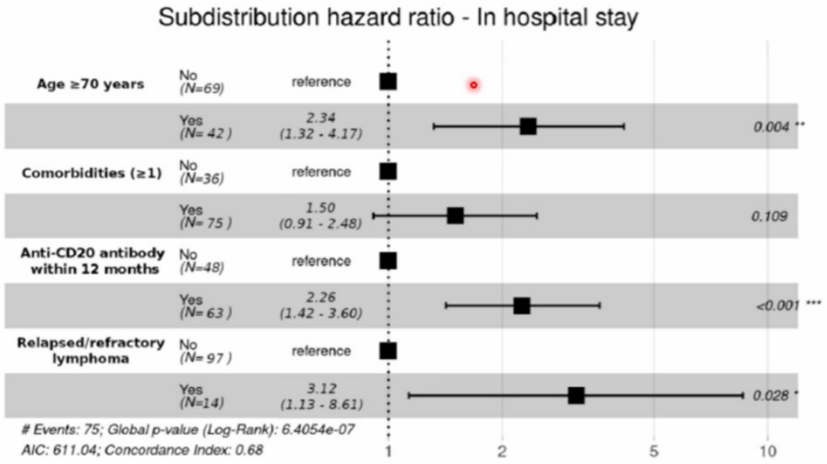
Patients Characteristics (1)

	Entire population (n = 111)	Died within 30 days (n = 24)	Prolonged LOS for Covid-19 (n = 32)	Survived > 30 days without prolonged LOS (n=55)
≥70, n (%)	42 (38)	17 (71)	10 (31)	15 (27)
Male gender, n (%)	70 (63)	16 (67)	20 (63)	34 (62)
Comorbidities, n (%)	75 (68)	21 (88)	22 (69)	32 (58)
Hodgkin lymphoma	9 (8)	1 (4)	1* (3)	7 (13)
Diffuse Large B Cell Lymphoma	42 (38)	15 (63)	10 (31)	17 (31)
Other B-cell lymphomas	52 (47)	6 (25)	21 (66)	25 (45)
T-cell lymphoma	8 (7)	2 (8)	0 (0)	6 (11)

Patients Characteristics (2)

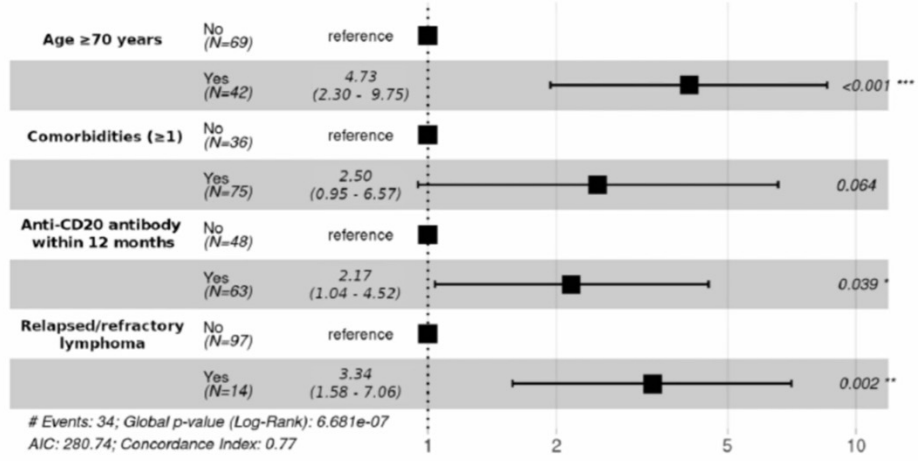
	Entire population (n = 111)	Died within 30 days (n = 24)	Prolonged LOS for Covid-19 (n = 32)	Survived > 30 days without prolonged LOS (n=55)
Anti-CD20 monoclonal antibody <12 month	63 (57)	15 (62)	26 (81)	22 (40)
Chemotherapy <12 month	79 (71)	18 (75)	26 (81)	35 (64)
Auto-HSCT <12 month	21 (19)	5 (21)	8 (25)	8 (15)
Complete remission	52 (47)	8 (33)	19 (59)	25 (46)
Partial remission	3 (3)	0 (0)	2 (6)	1 (2)
Ongoing therapy < 3 lines	30 (27)	10 (42)	5 (16)	15 (27)
Watch and wait	12 (11)	1 (4)	1 (3)	10 (18)
Relapsed/refractory	14 (12)	5 (21)	5 (16)	4 (7)

Multivariate analysis of factors associated with LOS



Dulery, Lamure,..., Besson, AM J Hematol, 2021, in press

Multivariate analysis of factors associated with overall survival



Dulery, Lamure,..., Besson, AM J Hematol, 2021, in press

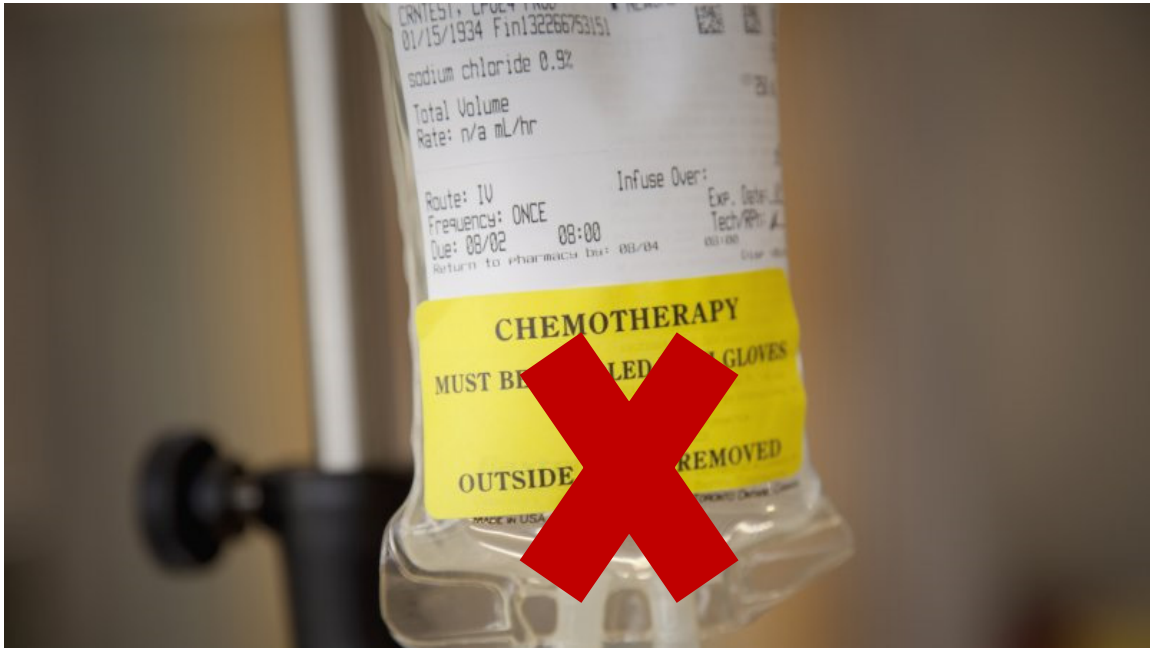
Conclusions

- Patients with B-cell lymphoma with Covid-19 have a high incidence (29%) of prolonged LOS for SARS-CoV-2 infection
- Administration of anti-CD20 therapy within the last 12 months is one of the main risk factors for longer LOS and death from Covid-19
- The risk of prolonged Covid-19 was also higher in patients ≥70 years or with relapsed/refractory disease

Kapitel 2

Chemotherapiefrei behandeln bei indolenten Lymphomen?

Quo vadis in follicular lymphoma?



CHRONOS-3: randomized Phase III study of copanlisib plus rituximab vs rituximab / placebo in relapsed indolent non-Hodgkin lymphoma

Professor Pier Luigi Zinzani, MD
IRCCS Azienda Ospedaliero-Universitaria di Bologna, Istituto di Ematologia "Seràgnoli", Bologna, Italy
Dipartimento di Medicina Specialistica, Diagnostica e Sperimentale, Università di Bologna, Bologna, Italy

Final Abstract Code: S211

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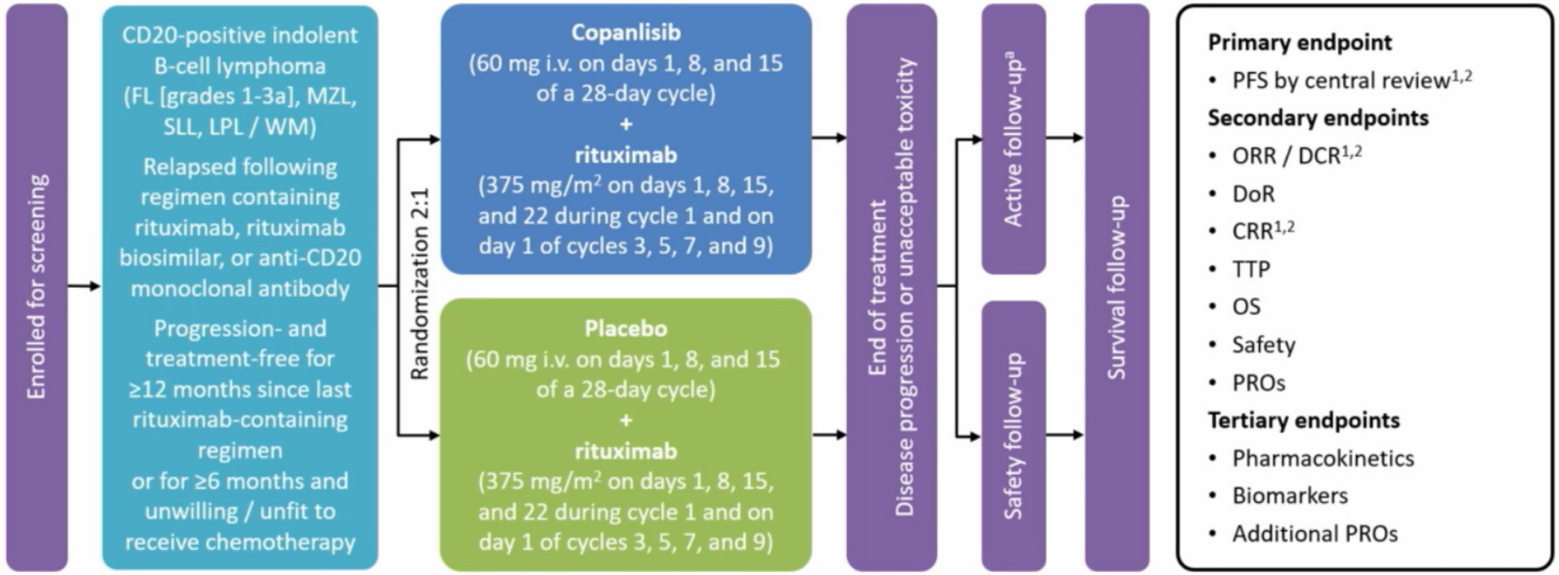
Study design



Patient-reported outcomes (PROs) reported as the time to deterioration or improvement in disease-related symptoms - physical (DRS-P) of at least 3 points as measured by the FLymSI-18 questionnaire (FLymSI = NCCN-FACT Lymphoma Symptom Index)

[a]Patients who discontinued treatment for any reason other than progressive disease entered active follow-up

CRR, complete response rate; DCR, disease control rate; DoR, duration of response; LPL / WM, lymphoplasmacytic lymphoma / Waldenström macroglobulinemia; MZL, marginal zone lymphoma; ORR, objective response rate; OS, overall survival; PFS, progression-free survival; PRO, patient-reported outcome; SLL, small lymphoplasmacytic lymphoma; TTP, time to progression

1. Cheson BD et al. J Clin Oncol 2007;25:579-586; 2. Owen RG et al. Br J Haematol 2013;160:171-176

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Patient characteristics

	Copanlisib + rituximab *n*=307	Placebo + rituximab *n*=151	Total *N*=458
Male, *n* (%)	153 (49.8)	85 (56.3)	238 (52.0)
Median age, years (range)	63 (28-91)	62 (34-85)	63 (28-91)
Medical history of diabetes, *n* (%)	45 (14.7)	22 (14.6)	67 (14.6)
Medical history of hypertension, *n* (%)	114 (37.1)	53 (35.1)	167 (36.5)
Histology of lymphoma, *n* (%)			
FL	184 (59.9)	91 (60.3)	275 (60.0)
Grade 1	56 (18.2)	31 (20.5)	87 (19.0)
Grade 2	88 (28.7)	40 (26.5)	128 (27.9)
Grade 3a	40 (13.0)	20 (13.2)	60 (13.1)
MZL	66 (21.5)	29 (19.2)	95 (20.7)
SLL	35 (11.4)	15 (9.9)	50 (10.9)
LPL / WM	22 (7.2)	16 (10.6)	38 (8.3)
Median time since last systemic therapy, months (range)	25.1 (1.0-192.5)	25.3 (0.8-161.2)	25.2 (0.8-192.5)
Median time since initial diagnosis, months (range)	62.8 (10.3-349.2)	72.4 (13.3-245.7)	63.2 (10.3-349.2)
Progression- and treatment-free for ≥12 months since last rituximab-containing regimen, *n* (%)	247 (80.5)	121 (80.1)	368 (80.3)
Unwilling / unfit to receive chemotherapy, *n* (%)	60 (19.5)	30 (19.9)	90 (19.7)
Previous lines of anti-cancer therapy, *n* (%)			
1	150 (48.9)	71 (47.0)	221 (48.3)
2	75 (24.4)	40 (26.5)	115 (25.1)
≥3	82 (26.7)	40 (26.5)	122 (26.6)

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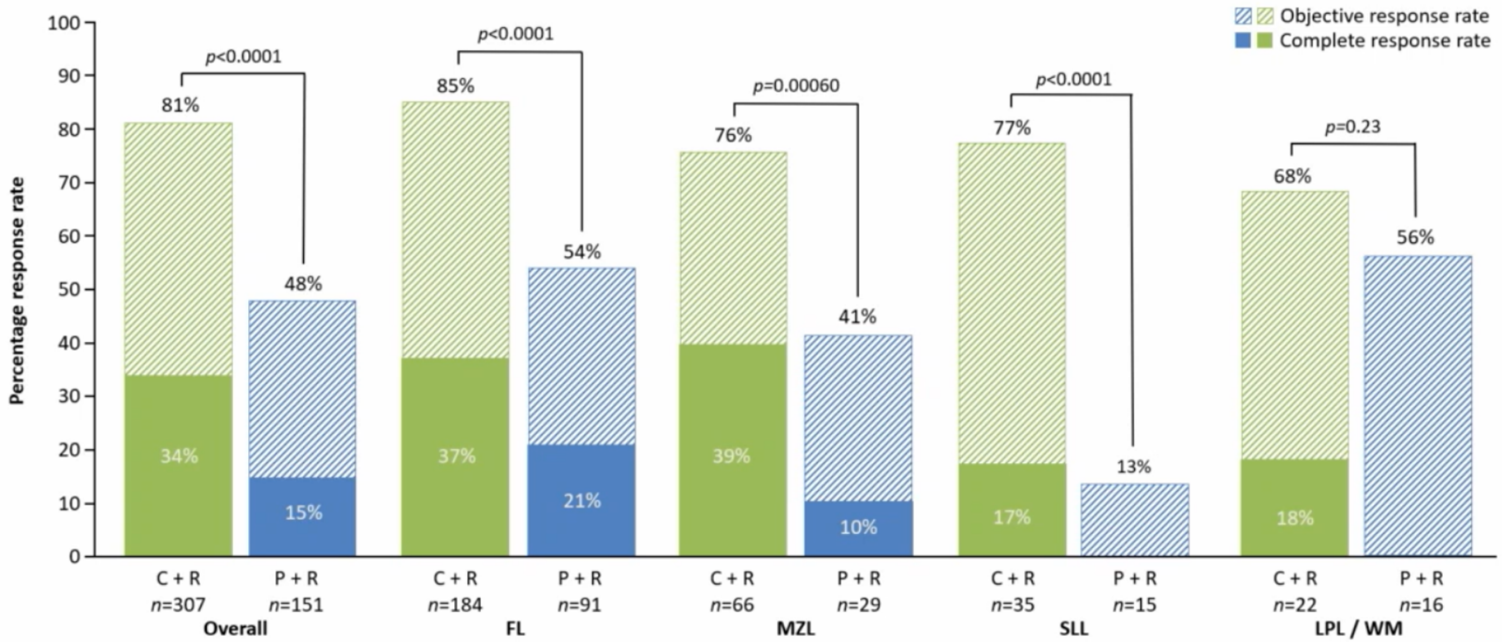
Objective response rate (independent review)



One-sided p-values are presented

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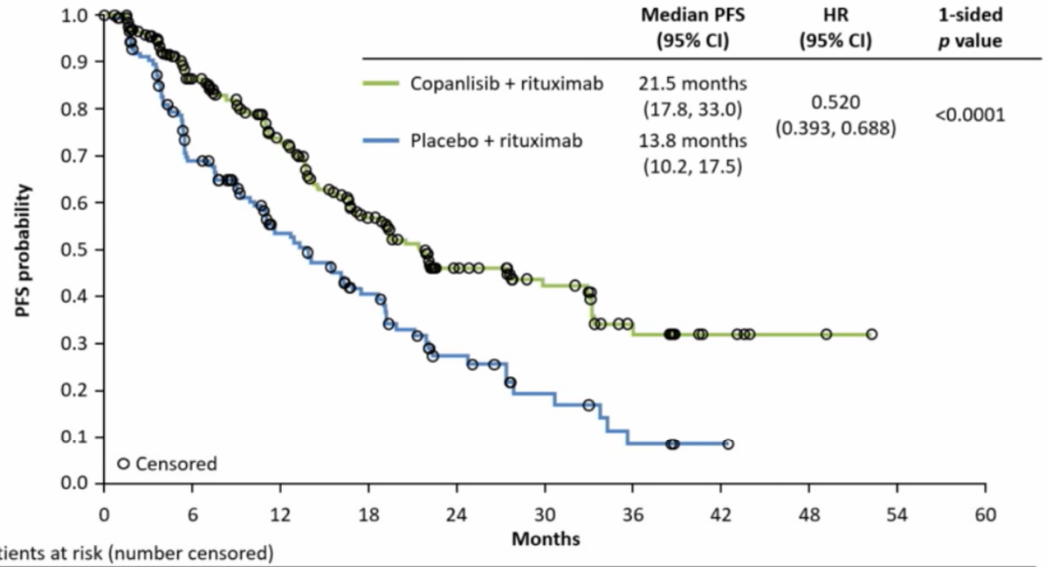
Primary endpoint: PFS in all patients with iNHL



	Median PFS (95% CI)	HR (95% CI)	1-sided *p* value
Copanlisib + rituximab	21.5 months (17.8, 33.0)	0.520 (0.393, 0.688)	<0.0001
Placebo + rituximab	13.8 months (10.2, 17.5)		

Number of patients at risk (number censored)

Copanlisib + rituximab	307 (0)	204 (67)	146 (97)	88 (125)	49 (149)	31 (164)	15 (175)	6 (183)	2 (187)	0 (189)	0 (189)
Placebo + rituximab	151 (0)	85 (26)	53 (41)	33 (49)	16 (56)	8 (60)	3 (61)	1 (63)	0 (64)	0 (64)	0 (64)

- Median follow-up of 19.2 months

CI, confidence interval; HR, hazard ratio

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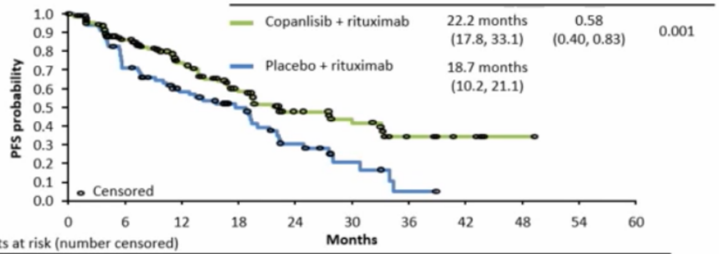
PFS across iNHL patient subsets

FL

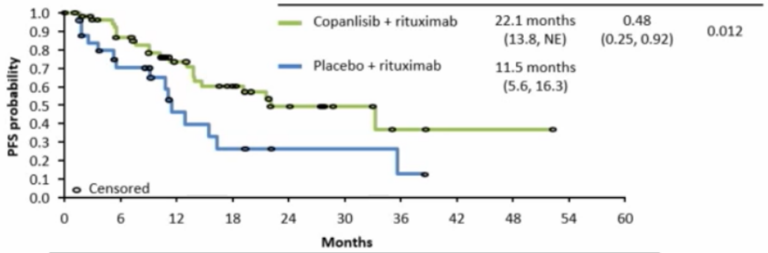


	Median PFS (95% CI)	HR (95% CI)	1-sided *p* value
Copanlisib + rituximab	22.2 months (17.8, 33.1)	0.58 (0.40, 0.83)	0.001
Placebo + rituximab	18.7 months (10.2, 21.1)		

Number of patients at risk (number censored)

Copanlisib + rituximab	184 (0)	121 (40)	87 (59)	53 (77)	30 (91)	20 (98)	9 (106)	4 (111)	1 (114)	0 (115)	0 (115)
Placebo + rituximab	91 (0)	56 (12)	37 (22)	25 (29)	12 (33)	5 (37)	1 (38)	0 (39)	0 (39)	0 (39)	0 (39)

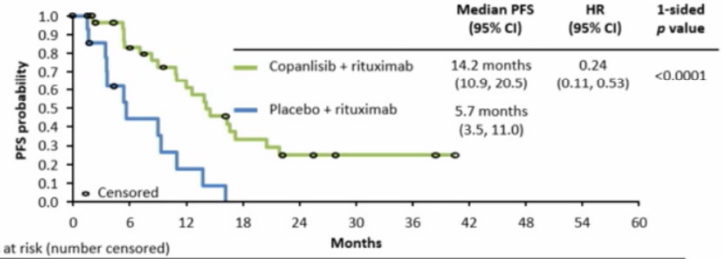
MZL



	Median PFS (95% CI)	HR (95% CI)	1-sided *p* value
Copanlisib + rituximab	22.1 months (13.8, NE)	0.48 (0.25, 0.92)	0.012
Placebo + rituximab	11.5 months (5.6, 16.3)		

	66 (0)	44 (15)	29 (24)	20 (28)	10 (35)	5 (40)	2 (42)	1 (43)	1 (43)	0 (44)	0 (44)
	29 (0)	15 (7)	7 (11)	4 (11)	2 (13)	2 (13)	1 (13)	0 (14)	0 (14)	0 (14)	0 (14)

SLL

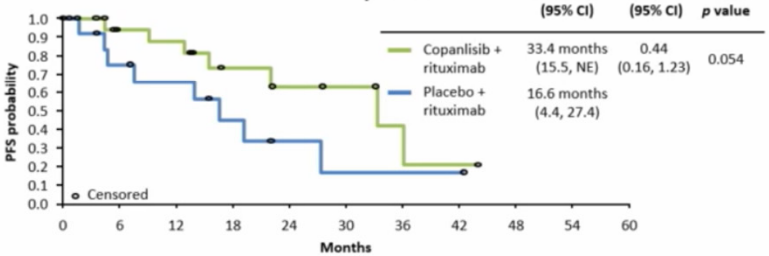


	Median PFS (95% CI)	HR (95% CI)	1-sided *p* value
Copanlisib + rituximab	14.2 months (10.9, 20.5)	0.24 (0.11, 0.53)	<0.0001
Placebo + rituximab	5.7 months (3.5, 11.0)		

Number of patients at risk (number censored)

Copanlisib + rituximab	35 (0)	24 (6)	16 (8)	8 (9)	4 (11)	2 (13)	2 (13)	0 (15)	0 (15)	0 (15)	0 (15)
Placebo + rituximab	15 (0)	5 (3)	2 (3)	0 (3)	0 (3)	0 (3)	0 (3)	0 (3)	0 (3)	0 (3)	0 (3)

LPL / WM



	Median PFS (95% CI)	HR (95% CI)	1-sided *p* value
Copanlisib + rituximab	33.4 months (15.5, NE)	0.44 (0.16, 1.23)	0.054
Placebo + rituximab	16.6 months (4.4, 27.4)		

	22 (0)	15 (6)	14 (6)	7 (11)	5 (12)	4 (13)	2 (14)	1 (14)	0 (15)	0 (15)	0 (15)
	16 (0)	9 (4)	7 (5)	4 (6)	2 (7)	1 (7)	1 (7)	1 (7)	0 (8)	0 (8)	0 (8)

NE, not evaluable

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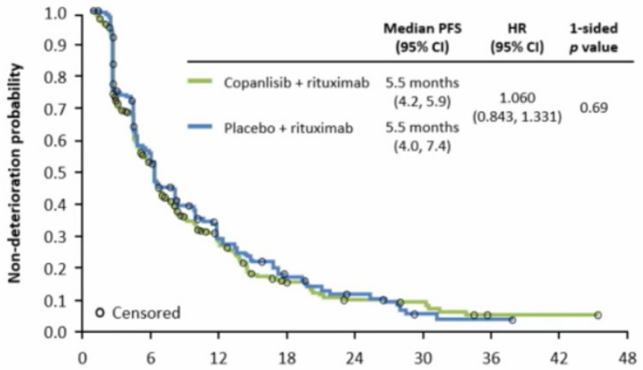
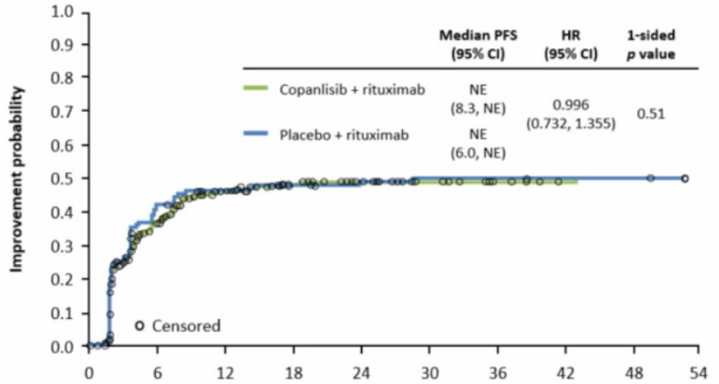
Time to deterioration (panel A) or improvement (panel B) in ≥3 points in patient-reported disease-related physical symptoms

A



Number of patients at risk									
Copanlisib + rituximab	307	101	47	20	10	5	1	1	0
Placebo + rituximab	151	56	28	15	8	2	1	0	0

B



Number of patients at risk										
Copanlisib + rituximab	307	133	89	73	63	55	49	45	44	0
Placebo + rituximab	151	76	63	56	52	49	49	48	47	0

Exploratory analyses
NE, not evaluable

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Conclusions

- The addition of copanlisib to standard rituximab treatment demonstrated broad and superior efficacy to rituximab monotherapy in patients with relapsed iNHL
- Copanlisib is the first PI3K inhibitor to be safely combined with rituximab and the first to demonstrate broad superior efficacy in combination with rituximab in all iNHL histologies
- There was no difference in patient-reported outcomes as measured by the FLymSI-18 questionnaire across the two treatment arms
- Overall, copanlisib plus rituximab represents a potential new treatment option for patients with relapsed disease across all subtypes of iNHL

PHASE 2 STUDY OF ZANUBRUTINIB IN PATIENTS WITH RELAPSED/REFRACTORY MARGINAL ZONE LYMPHOMA (MAGNOLIA STUDY)

Abstract EP783

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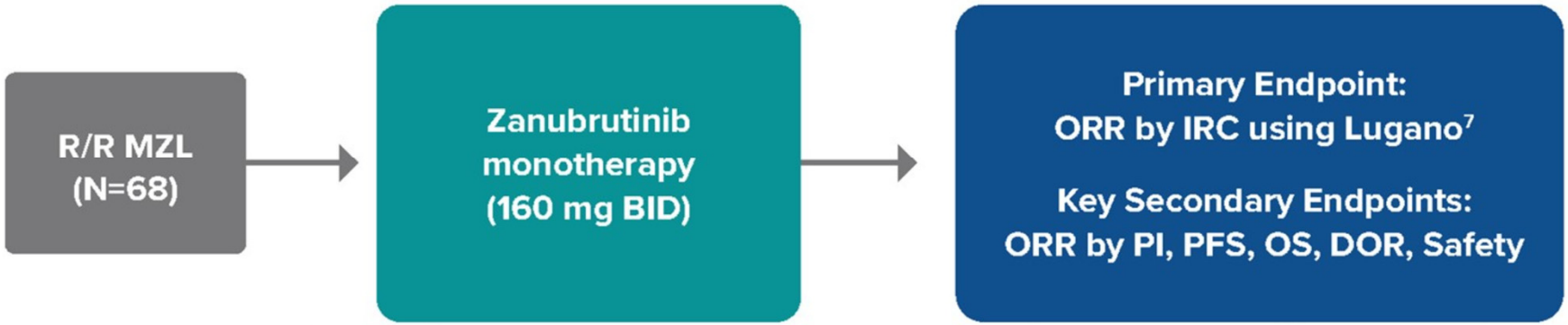
Figure 1. Study Schema



BID, twice a day; DOR, duration of response; IRC, independent review committee; MZL, marginal zone lymphoma; ORR, overall response rate; OS, overall survival; PFS, progression-free survival; PI, principal investigator; R/R, relapsed/refractory.

KEY ELIGIBILITY CRITERIA

- Age ≥18 years
- Histologically confirmed MZL including splenic, nodal, and extranodal subtypes
- Previously received ≥1 CD20-directed regimen, with documented failure to achieve at least partial response or documented progressive disease after the most recent systemic treatment
- Measurable disease by computerized tomography or magnetic resonance imaging
- Adequate organ function
- No prior BTK inhibitor exposure

RESULTS *(CONTINUED)*

Table 1. Patient and Disease Characteristics

Characteristic	Total (N=68)
Age, median (range), years	70 (37-95)
Age category, n (%)	
≥65 years	41 (60.3)
≥75 years	19 (27.9)
Male, n (%)	36 (52.9)
ECOG performance status, n (%)	
0-1	63 (92.6)
Disease status, n (%)	
Relapsed	44 (64.7)
Refractory	22 (32.4)
MZL subtypes, n (%)	
Extranodal	26 (38.2)
Nodal	26 (38.2)
Splenic	12 (17.6)
Unknown[a]	4 (5.9)
Lymphoma involvement in bone marrow, n (%)	29 (42.6)
Prior lines of systemic therapy, median (range)	2 (1-6)

[a]Four patients presented with both nodal and extranodal lesions; investigators were unable to classify the MZL subtype.
ECOG, Eastern Cooperative Oncology Group; MZL, marginal zone lymphoma.

Responses

Figure 3. ORR by (A) Independent Review and (B) Investigator Assessment

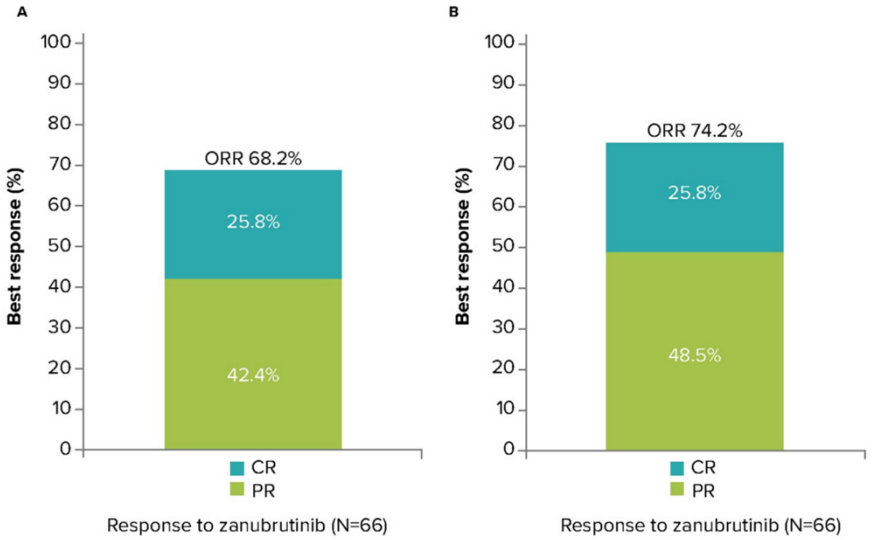


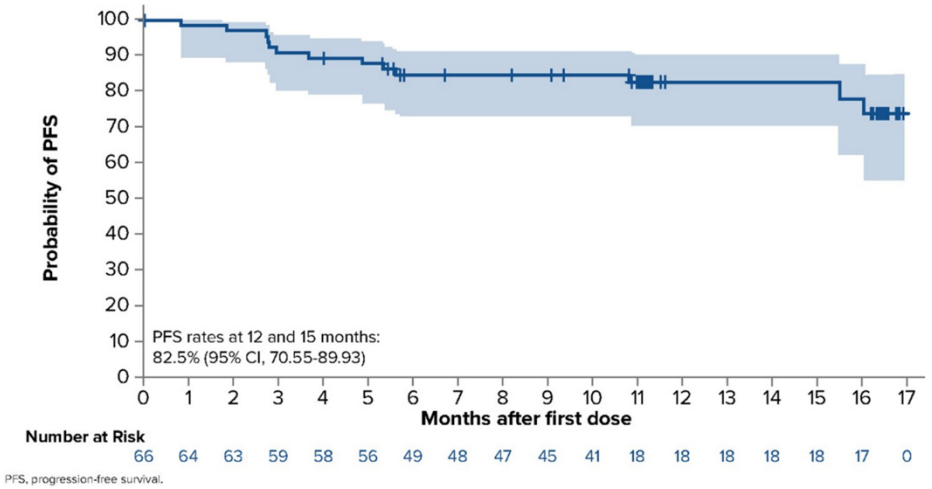
Table 2. Best Overall Response by Independent Review and MZL Subtypes

Best response	Extranodal (n=25)	Nodal (n=25)	Splenic (n=12)	Unknown (N=4)	Total (N=66[a])
ORR (CR or PR), n (%) 95% CI[b]	16 (64.0) (42.52-82.03)	19 (76.0) (54.87-90.64)	8 (66.7) (34.89-90.08)	2 (50.0) (6.76-93.24)	45 (68.2) (55.56-79.11)
Complete response	10 (40.0)	5 (20.0)	1 (8.3)	1 (25.0)	17 (25.8)
Partial response	6 (24.0)	14 (56.0)	7 (58.3)	1 (25.0)	28 (42.4)
Stable disease	4 (16.0)	5 (20.0)	3 (25.0)	1 (25.0)	13 (19.7)
Nonprogressive disease	1 (4.0)[c]	0	0	0	1 (1.5)
Progressive disease	(12.0)	1 (4.0)	1 (8.3)	1 (25.0)	6 (9.1)
Discontinued prior to first assessment	1 (4.0)[d]	0	0	0	1 (1.5)

Data cutoff: January 18, 2021.
[a]Two patients were excluded due to lack of central confirmation of MZL.
[b]Two-sided Clopper-Pearson 95% CI.
[c]One patient with FDG-avid disease missed the PET scan at Cycle 3 and was assessed as having nonprogressive disease by independent review due to missing PET scan. CT scan results showed stable disease at Cycle 3.
[d]One patient (extranodal MZL) withdrew consent prior to the first disease assessment.
CR, complete response; CT, computed tomography; FDG, fludeoxyglucose; MZL, marginal zone lymphoma; ORR, overall response rate; PET, positron emission tomography; PR, partial response.

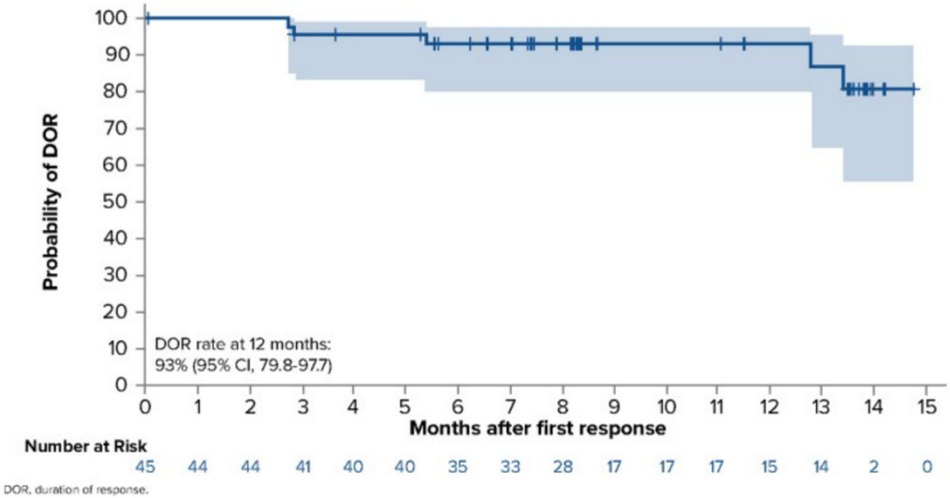
PFS and Duration of Response

Figure 6. PFS by Independent Review



PFS, progression-free survival.

Figure 7. DOR by Independent Review



DOR, duration of response.

Safety

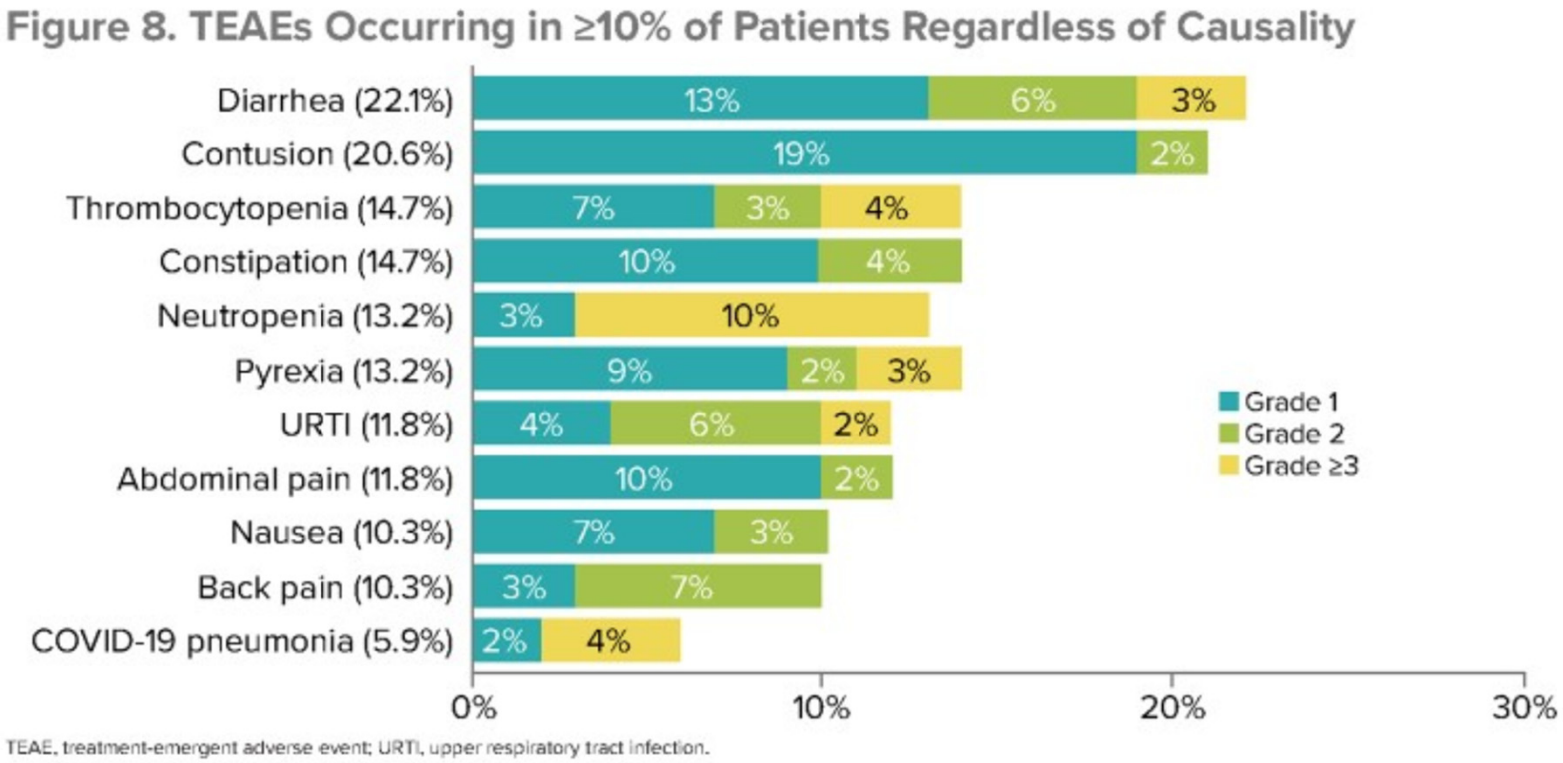


Figure 8. TEAEs Occurring in ≥10% of Patients Regardless of Causality
Diarrhea (22.1%)
13%
6%
3%
Contusion (20.6%)
19%
2%
Thrombocytopenia (14.7%)
7%
3%
4%
Constipation (14.7%)
10%
4%
Neutropenia (13.2%)
3%
10%
Pyrexia (13.2%)
9%
2%
3%
URTI (11.8%)
4%
6%
2%
Abdominal pain (11.8%)
10%
2%
Nausea (10.3%)
7%
3%
Back pain (10.3%)
3%
7%
COVID-19 pneumonia (5.9%)
2%
4%
Grade 1
Grade 2
Grade ≥3
0%
10%
20%
30%
TEAE, treatment-emergent adverse event; URTI, upper respiratory tract infection.

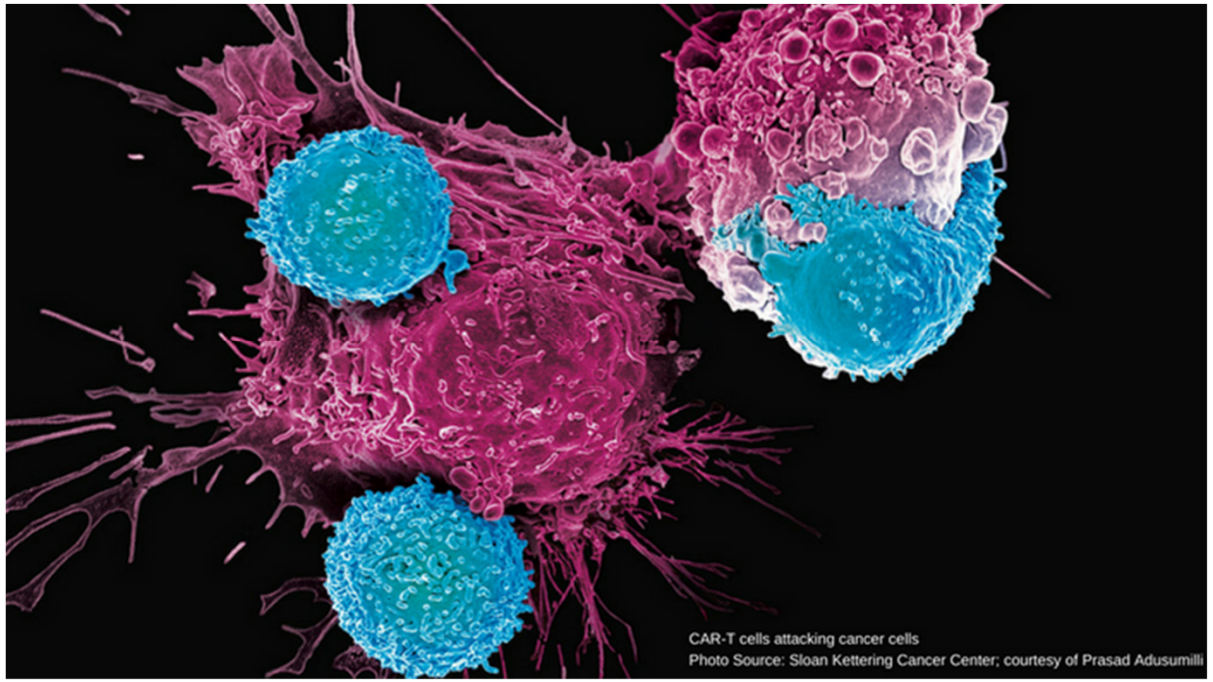
SUMMARY

- The MAGNOLIA study met its primary endpoint
- Zanubrutinib was highly active with a favorable safety profile in patients with R/R MZL
- After a median study follow-up of 15.7 months:
  - High ORR of 68.2% and CR rate of 25.8% by independent review
    - ORR higher than prespecified null ORR of 30% ($P<0.0001$)
    - Responses were observed in all MZL subtypes
  - Median PFS and median DOR not reached
    - 93% of responders were progression/death-free at 12 months after initial response
    - PFS rate was 82.5% at 15 months
  - Treatment discontinuation due to AEs occurred in 4 patients; none were considered related to zanubrutinib
  - Grade 5 AEs occurred in 3 patients (including 2 patients who died from COVID-19 pneumonia)
  - Atrial fibrillation/flutter occurred in 2 patients
  - No major hemorrhage was reported

Kapitel 3

CAR-T in indolenten Lymphomen?

CAR-Ts überall?



Outcomes in ZUMA-5 With Axicabtagene Ciloleucel (Axi-Cel) in Patients With Relapsed/Refractory Indolent Non-Hodgkin Lymphoma Who Had the High-Risk Feature of Progression Within 24 Months From Initiation of First Anti-CD20–Containing Chemoimmunotherapy (POD24)

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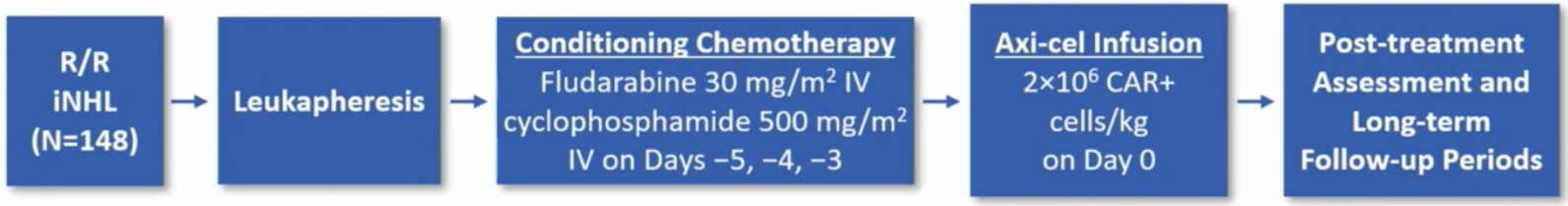
[1]Dana-Farber Cancer Institute, Boston, MA, USA; [2]University of South Florida H. Lee Moffitt Cancer Center and Research Institute, Tampa, FL, USA; [3]UPMC Hillman Cancer Center, Pittsburgh, PA, USA; [4]The Ohio State University Comprehensive Cancer Center, Columbus, OH, USA; [5]Banner MD Anderson Cancer Center, Gilbert, AZ, USA; [6]Memorial Sloan Kettering Cancer Center, New York City, NY, USA; [7]University of Rochester Medical Center - James P. Wilmot Cancer Center, Rochester, NY, USA; [8]Georgetown Lombardi Comprehensive Cancer Center, Washington, DC, USA; [9]Fred Hutchinson Cancer Research Center, Seattle, WA, USA; [10]Ronald Reagan University of California Los Angeles Medical Center, Santa Monica, CA, USA; [11]Columbia University Herbert Irving Comprehensive Cancer Center, New York City, NY, USA; [12]John Theurer Cancer Center, Hackensack, NJ, USA; [13]CHU de Lille, Univ Lille, INSERM U1286, Infinite, 59000 Lille, France; [14]Vanderbilt University Medical Center, Nashville, TN, USA; [15]Fox Chase Cancer Center, Philadelphia, PA, USA; [16]Kite, a Gilead Company, Santa Monica, CA, USA; [17]The University of Texas MD Anderson Cancer Center, Houston, TX, USA

ZUMA-5 Study Design



Key ZUMA-5 Eligibility Criteria

- R/R FL (Grades 1–3a) or MZL (nodal or extranodal)[a]
- ≥2 Prior lines of therapy that must have included an anti-CD20 mAb combined with an alkylating agent[b]

Patients and Analysis

- The updated efficacy analysis occurred when ≥80 treated patients with FL had ≥18 months of follow-up[c]
- Data cutoff date: September 14, 2020
- Axi-cel–treated patients with FL or MZL and available data on progression after an anti-CD20 mAb + alkylating agent were included in the POD24 analysis (N=129)

[a] Patients with stable disease (without relapse) >1 year from completion of last therapy were not eligible. [b] Single agent anti-CD20 antibody did not count as line of therapy for eligibility.
[c] Efficacy-evaluable patients included ≥80 treated patients with FL who had ≥18 months of follow-up after axi-cel infusion and treated patients with MZL who had ≥4 weeks of follow-up after axi-cel infusion as of the data cutoff date.
Axi-cel, axicabtagene ciloleucel; CAR, chimeric antigen receptor; FL, follicular lymphoma; iNHL, indolent non-Hodgkin lymphoma; IV, intravenous; mAb, monoclonal antibody; MZL, marginal zone lymphoma; POD24, progression of disease <24 months from initiating the first anti-CD20–containing chemoimmunotherapy; R/R, relapsed/refractory.

Baseline Disease Characteristics

Characteristic	With POD24 (n=81)	Without POD24 (n=48)
Disease type, n (%)		
FL	68 (84)	40 (83)
MZL	13 (16)	8 (17)
Median age (range), years	60 (34–78)	62 (42–79)
≥65 years, n (%)	26 (32)	18 (38)
Male, n (%)	42 (52)	32 (67)
Stage III-IV disease, n (%)	67 (83)	45 (94)
≥3 FLIPI, n/n (%)	30/68 (44)	17/40 (43)
High tumor bulk (GELF criteria), n (%)[a]	41 (51)	21 (44)
Median no. of prior therapies (range)	3 (1–10)[b]	3.5 (2–8)
≥3, n (%)	49 (60)	36 (75)
Prior PI3Ki therapy, n (%)	22 (27)	17 (35)
Prior lenalidomide, n (%)	25 (31)	19 (40)
Prior autologous SCT, n (%)	16 (20)	11 (23)
Refractory disease, n (%)[c]	62 (77)	30 (63)

- Baseline characteristics were generally similar among patients with and without POD24
  - Among evaluable patients with FL, median tumor burden by SPD was numerically similar in those with and without POD24 (2303 mm^2 vs 2839 mm^2)
  - In patients with MZL, median SPD appeared higher among those with POD24 than without POD24 (2028 mm^2 vs 954 mm^2)

[a] Disease burden, defined by GELF criteria: involvement of ≥3 nodal sites (≥3 cm diameter each); any nodal or extranodal mass with ≥7 cm diameter; B symptoms; splenomegaly; pleural effusions or peritoneal ascites; cytopenias; or leukemia. [b] Enrollment of 3 patients with FL who had 1 prior line of therapy occurred before a protocol amendment requiring ≥2 prior lines of therapy. [c] Progression <6 months of completion of the most recent prior treatment.

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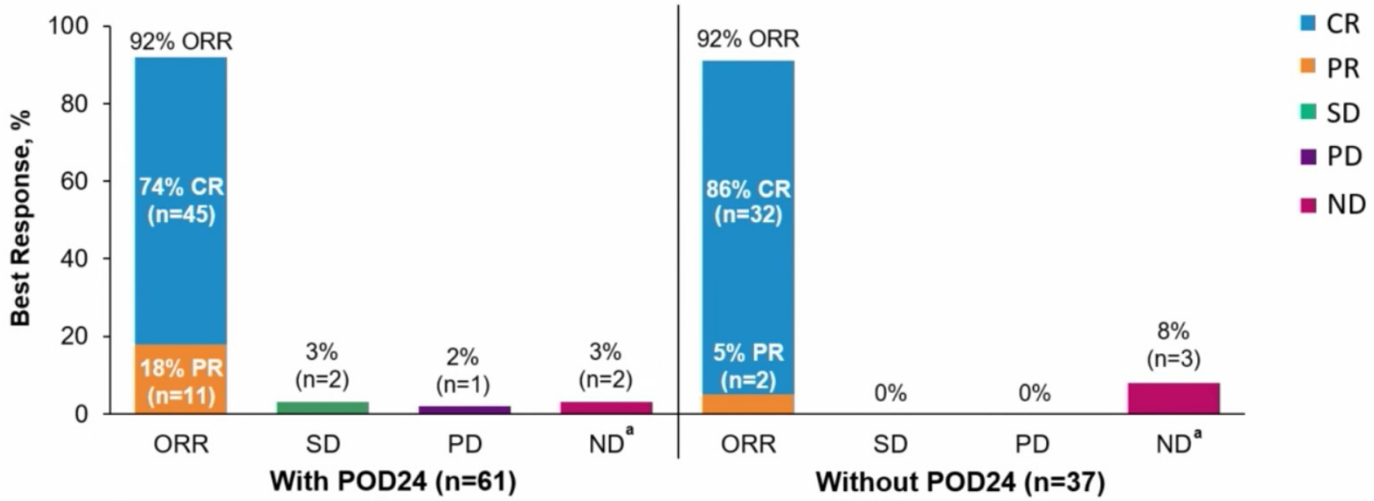
ORR by IRRC Assessment in Patients With iNHL by POD24 Status



- The ORR was similar among efficacy-evaluable patients with and without POD24

Assessed by an IRRC according to the Lugano Classification (Cheson BD, et al. *J Clin Oncol.* 2014;32:3059-68). [a] Among the 5 patients reported as ND, 4 (1 FL without POD24 ; 3 MZL) had no disease at baseline and postbaseline per IRRC but were considered with disease by the investigator; 1 patient with FL and POD24 died before the first disease assessment.
CR, complete response; FL, follicular lymphoma; IRRC, Independent Radiology Review Committee; MZL, marginal zone lymphoma; ND, not done/undefined; ORR, overall response rate; POD24, progression of disease <24 months from initiating the first anti-CD20–containing chemoimmunotherapy; PD, progressive disease; PR, partial response; SD, stable disease.

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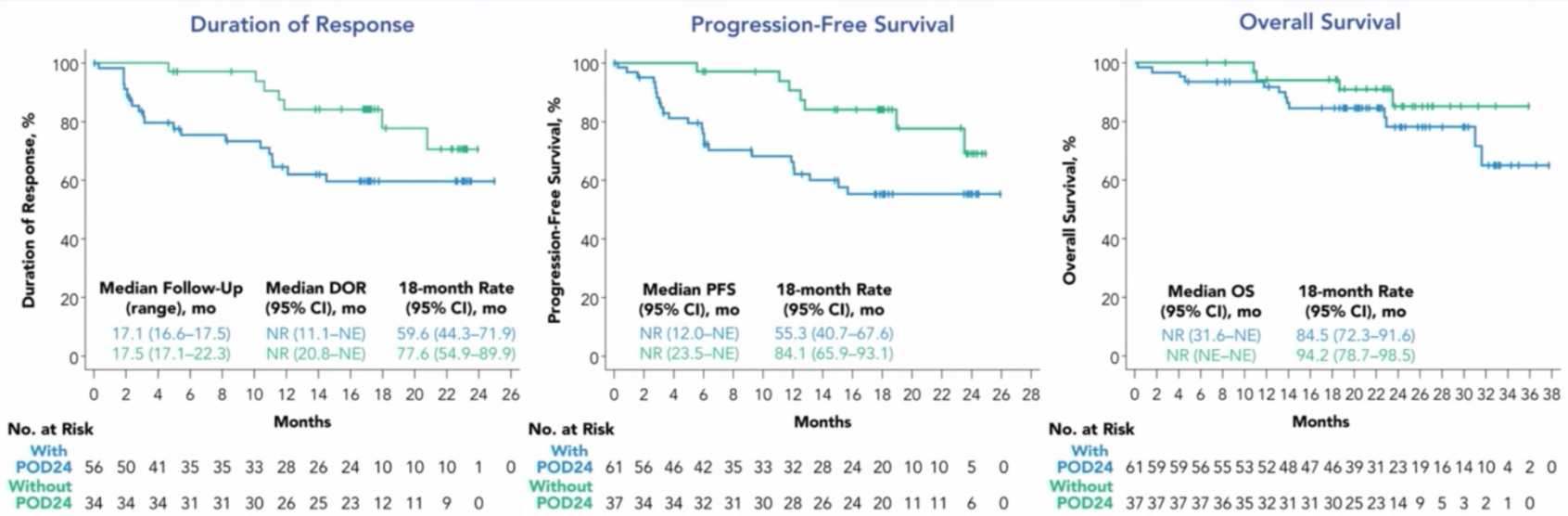
DOR, PFS, and OS in Patients With iNHL by POD24 Status



- With median follow-up of 17.1 months and 17.5 months at data cutoff, responses were ongoing in 52% of efficacy-evaluable patients with POD24 and 70% of those without POD24, respectively

DOR, duration of response; FL, follicular lymphoma; mo, month; MZL, marginal zone lymphoma; NE, not estimable; NR, not reached; OS, overall survival; PFS, progression-free survival; POD24, progression of disease <24 months from initiating the first anti-CD20–containing chemoimmunotherapy.

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Efficacy Outcomes Among Patients With FL and MZL by POD24 Status

Parameter	Follicular Lymphoma		Marginal Zone Lymphoma	
	With POD24 (n=49)	Without POD24 (n=29)	With POD24 (n=12)	Without POD24 (n=8)
ORR, n (%)	46 (94)	28 (97)	10 (83)	6 (75)
CR	38 (78)	26 (90)	7 (58)	6 (75)
PR	8 (16)	2 (7)	3 (25)	0 (0)
Median DOR (95% CI), months	NR (14.5–NE)	NR (20.8–NE)	11.1 (1.9–NE)	NR (10.6–NE)
18-mo rate (95% CI), %	63.9 (47.2–76.6)	78.2 (53.3–90.8)	NE (NE–NE)	75.0 (12.8–96.1)
Median PFS (95% CI), months	NR (13.1–NE)	NR (23.5–NE)	9.2 (2.8–NE)	NR (11.8–NE)
18-mo rate (95% CI), %	59.8 (43.7–72.6)	85.3 (65.4–94.2)	30.7 (5.1–62.6)	75.0 (12.8–96.1)
Median OS (95% CI), months	NR (31.6–NE)	NR (NE–NE)	NR (13.7–NE)	NR (18.7–NE)
18-mo rate (95% CI), %	85.7 (72.4–92.9)	93.1 (75.1–98.2)	76.4 (30.9–94.0)	100.0 (NE–NE)

CR, complete response; DOR, duration of response; FL, follicular lymphoma; mo, month; MZL, marginal zone lymphoma; NE, not estimable; NR, not reached; OS, overall survival; PFS, progression-free survival; POD24, progression of disease <24 months from initiating the first anti-CD20–containing chemoimmunotherapy; PR, partial response.

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Conclusions

- Axi-cel demonstrated a high rate of durable responses in patients with POD24 iNHL
  - Although medians for PFS were not reached in either group, estimated PFS rates at 18 months appeared lower in patients with POD24 than those without POD24
  - Among patients with FL, higher median pretreatment levels of analytes previously associated with relapse (CC17 and CCL22)[1] were observed in patients with POD24 than without POD24, potentially contributing to differences in the 18-month PFS rate
- Safety profiles were similarly manageable in patients with and without POD24
- Among patients with FL, post-treatment pharmacokinetic and pharmacodynamic profiles appeared largely comparable in patients with and without POD24
- Axi-cel may be a promising option for patients with POD24 iNHL, a population with particularly high-risk disease[2]

1. Plaks V, et al. AACR 2021. #CT036. 2. Casulo C and Barr P. *Blood.* 2019; 133(14):1540-1547.
Axi-cel, axicabtagene ciloleucel; CAR, chimeric antigen receptor; CCL, chemokine (C-C motif) ligand; FL, follicular lymphoma; iNHL, indolent non-Hodgkin lymphoma; PFS, progression-free survival; POD24, progression of disease <24 months from initiating the first anti-CD20–containing chemoimmunotherapy.

Vielen Dank!

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