Kompetenznetz Maligne Lymphome

Lymphom Kompetenz KOMPAKT

KML KONGRESSE

Expert:innen berichten zu Lymphomen & Leukämien

EHA 2025

MAILAND, ITALIEN

12. – 15. Juni 2025

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PD Dr. med. Raphael Koch
Universitätsmedizin Göttingen

T-Zell-Lymphome

Offenlegung potentieller Interessenskonflikte

LymphomKompetenz KOMPAKT – EHA 2025 Mailand, Italien wird in Kooperation mit fünf unterstützenden Firmen durchgeführt.
Meine persönlichen Disclosures betreffen:

Anstellungsverhältnis, Führungsposition	Keine
Beratungs-/ Gutachtertätigkeit	Janssen, Secura Bio, Takeda
Besitz von Geschäftsanteilen, Aktien oder Fonds	Keine
Patent, Urheberrecht, Verkaufslizenz	Keine
Honorare	Takeda, Conmed, Novartis, Abbvie, Lilly, Janssen
Finanzierung wissenschaftlicher Untersuchungen	Inflection Bioscience
Andere finanzielle Beziehungen	Keine
Immaterielle Interessenkonflikte	Keine

Kapitel 1

T-Zell Lymphome bei älteren Patient*innen

- Klinische Charakteristika und Behandlungsergebnisse

S244: PERIPHERAL T-CELL LYMPHOMAS IN THE ELDERLY:

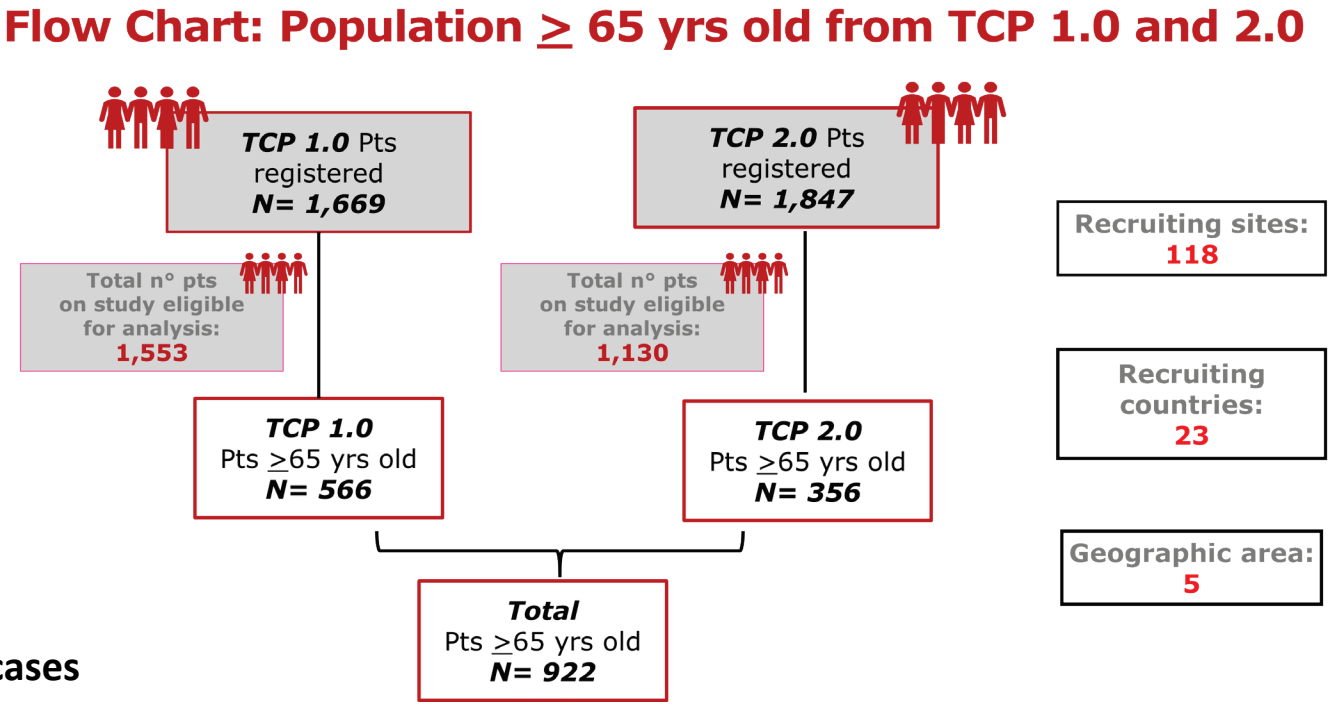
REPORT ON 922 PATIENTS FROM THE T-CELL PROJECT 1.0 AND 2.0.

Tetiana Skrypets*, Luana Conte, Onder Alpdogan, Nazar Shokun, Monica Civallero, Henry Miles Prince, Stewen M. Horwitz, Maria Elena Cabrera, Felicitas Hitz, Elisa Hawkes, Won Seog Kim, Ranjana Advani, Astrid Pavlovsky, Francine Foss, Armando López-Guillermo, Ciprian Tomuleasa, Alejandro Martín García-Sancho, Stefano Luminari and Massimo Federico

*Hematology and Cell Therapy Unit, Istituto Tumori Bari "Giovanni Paolo II", Bari, Italy

T-Cell Project 1.0 and 2.0

Patient cohort



~34% of pts ≥ 65 yrs old

- **TCP 1.0** - prospective international registry with **1,669 cases** registered with PTCLs at 77 institutions worldwide **2006-2018.**
- **TCP 2.0** - prospective international registry with **1,847 cases** registered with PTCLs at >120 institutions **since 2018**

T-Cell Project 1.0 and 2.0

Patient characteristics

	All pts ≥65 n(%)	65-74 yrs n (%)	≥75 yrs n (%)
	922 (100.0)	**571** (61.9)	**351** (38.1)
Follow-up (months)			
range	1-139	1-139	1-135
median	**41.5**	**44.5**	**39.6**
Age at diagnosis (yrs)			
median	72.00	69.00	79.00
Gender			
Female	392 (42.5)	233 (40.8)	159 (45.3)
Male	***530 (57.5)***	***338 (59.2)***	***192 (54.7)***
ECOG			
0-1	***604 (65.5)***	***388 (68.0)***	***216 (61.5)***
2-4	244 (26.5)	140 (24.5)	104 (29.6)
missing	74 (8.0)	43 (7.5)	31 (8.8)

	All pts ≥65 n (%)	65-74 yrs n (%)	≥75 yrs n (%)
	922 (100.0)	***571 (61.9)***	***351 (38.1)***
Ann Arbor Stage			
I-II	222 (24.1)	136 (23.8)	86 (24.5)
III-IV	***585 (63.4)***	***366 (64.1)***	***218 (62.1)***
Missing	115 (12.5)	69 (12.1)	47 (13.4)
B-symptoms			
YES	395 (42.8)	257 (45.0)	138 (39.3)
NO	***485 (52.6)***	***285 (49.9)***	***200 (57.0)***
Missing	42 (4.6)	29 (5.1)	13 (3.7)
Extranodal sites			
YES	***496 (53.8)***	***316 (55.3)***	***180 (51.3)***
NO	414 (44.9)	249 (43.6)	165 (47.0)
Lymph nodes involvment			
YES	***594 (64.5)***	***374 (65.5)***	***220 (62.7)***
NO	316 (34.3)	191 (33.5)	125 (35.6)
Missing	12 (1.3)	6 (1.1)	6 (1.7)

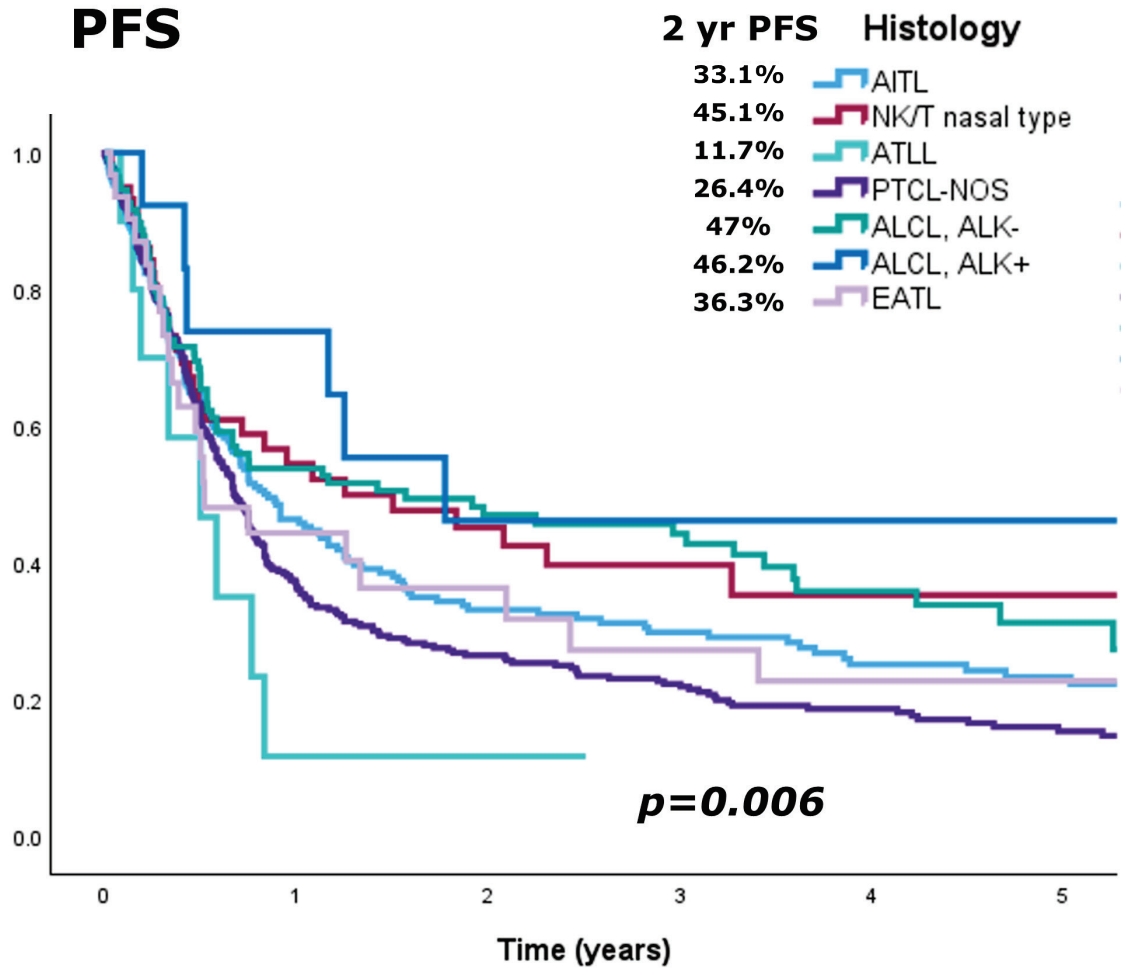
T-Cell Project 1.0 and 2.0

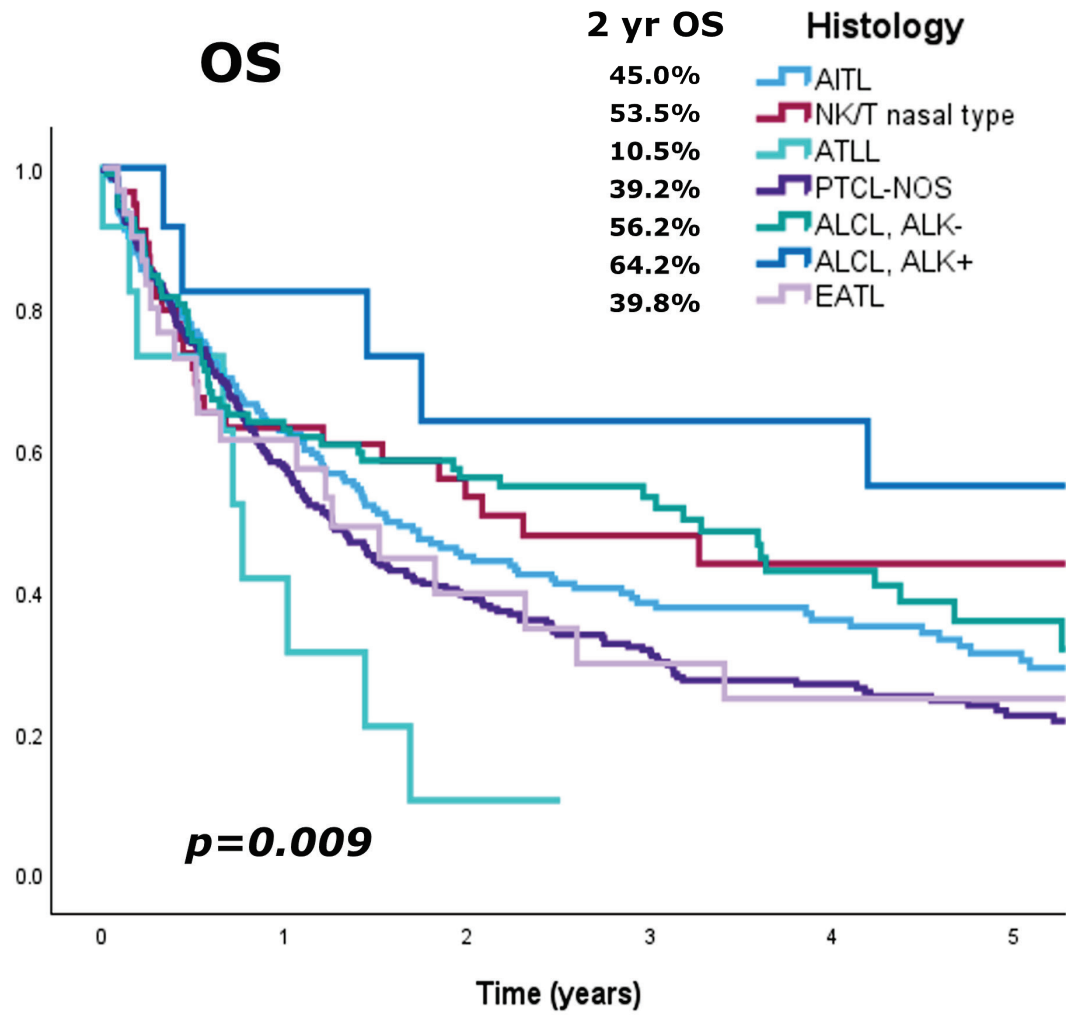
Patient characteristics

	All pts ≥65 n (%)	65-74 yrs n (%)	≥75 yrs n (%)
	922 (100.0)	*571 (61.9)*	*351 (38.1)*
PTCL-NOS	*376 (40.8)*	*222 (38.9)*	*154 (43.9)*
AITL	*240 (26.0)*	*145 (25.4)*	*95 (27.1)*
ALCL, ALK-	*116 (12.6)*	*77 (13.5)*	*39 (11.1)*
NK/TCL, nasal	*60 (6.5)*	*37 (6.5)*	*23 (6.6)*
EATL	*31 (3.4)*	*24 (4.2)*	*7 (2.0)*
ALCL, ALK+	13 (1.4)	10 (1.8)	3 (0.9)
ATLL	12 (1.3)	10 (1.8)	2 (0.6)
T-LGL	6 (0.7)	4 (0.7)	2 (0.6)
Gamma/deltaTCL	6 (0.7)	3 (0.5)	3 (0.9)
PTCL-TFH	5 (0.5)	4 (0.7)	1 (0.3)
SPTCL	5 (0.5)	2 (0.4)	3 (0.9)
F-PTCL	4 (0.4)	3 (0.5)	1 (0.3)
HSTCL	4 (0.4)	3 (0.5)	1 (0.3)
BIA-ALCL	2 (0.2)	2 (0.4)	0
MEITL	2 (0.2)	2 (0.4)	0
ITCL, NOS	2 (0.2)	2 (0.4)	0
ANKL	1 (0.1)	1 (0.2)	0
CLPD-NK	1 (0.1)	0	1 (0.3)
Missing	*36 (3.9)*	*20 (3.5)*	*16 (4.5)*

T-Cell Project 1.0 and 2.0

PFS and OS by HISTOLOGY for all pts >65 yrs old





T-Cell Project 1.0 and 2.0

INITIAL THERAPY for all pts >65 yrs:

Therapy regimen	N	%
Total	***762***	***100***
CHOP or CHOP-like	**457**	**60**
CHOEP/EPOCH	**111/11**	**14.6/1.4**
BV-CHP/BV-contained	**42**	**5.5**
CVP, MPV, HD-MTX, VACOP-B, MACOP-B	**34**	**4.5**
PLATINUM based chemotherapy	**26**	**3.4**
SMILE/SMILE-like/Asparaginase contained	**11**	**1.4**
Other	***70***	***9.2***

T-Cell Project 1.0 and 2.0

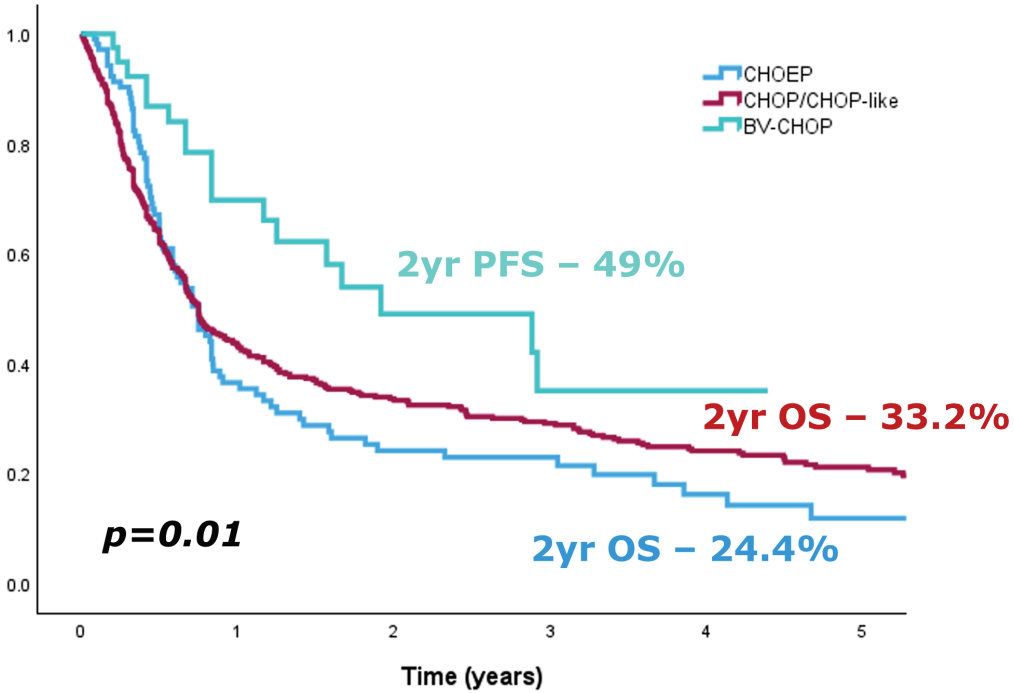
RESPONSE to INITIAL THERAPY for all pts >65 yrs:

Therapy regimen (N_{tot} pts)	N_{pts} with CR	CR %
Total (555 pts)	***252***	***45.4***
CHOP/CHOP-like *(N=417)*	**175**	***41.9***
CHOEP/EPOCH *(N=101)*	**49**	***48.6***
BV-CHP/BV-containing *(N=37)*	**28**	***75.7***

T-Cell Project 1.0 and 2.0

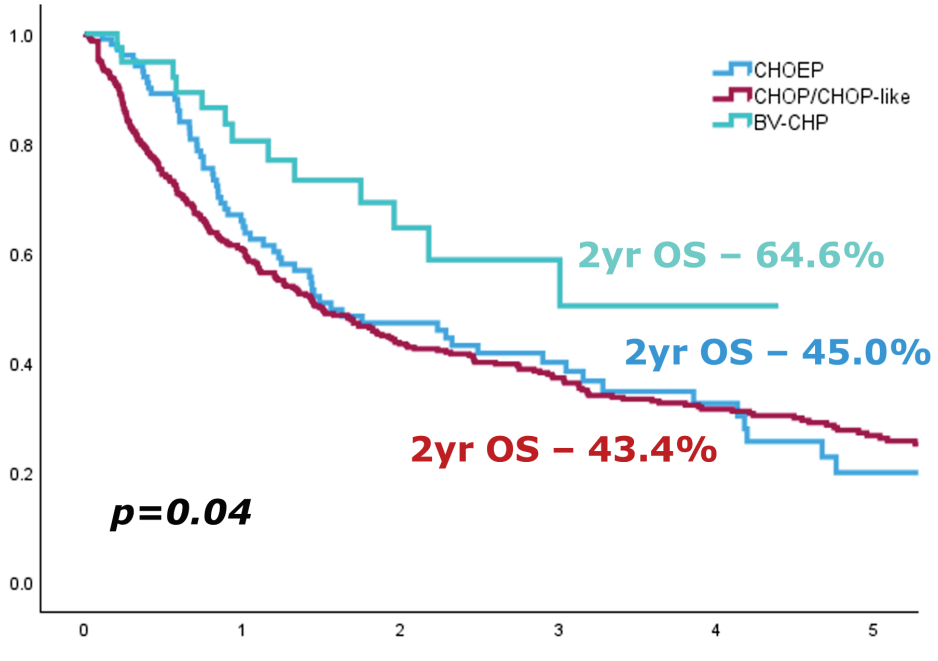
PFS and OS by THERAPY

PROGRESSION-FREE SURVIVAL



Patients at risk	Time (year)					
	0	1	2	3	4	5
CHOEP/EPOCH	121	39	24	18	9	4
PFS%	99.1	38.4	24.4	23.3	17.0	13.0
CHOP/CHOP-like	456	165	114	95	63	42
PFS%	99.8	43.1	33.2	29.0	24.0	21.1
BV-CHP	41	22	9	5	2	0
PFS%	97.5	69.7	49.0	35.0	35.0	/

OVERALL SURVIVAL



Patients at risk	Time (year)					
	0	1	2	3	4	5
CHOEP/EPOCH	121	66	40	27	14	6
OS%	99.1	65.7	45.0	38.7	29.8	20.1
CHOP/CHOP-like	456	230	147	118	83	53
OS%	99.8	60.6	43.4	37.2	31.4	26.6
BV-CHP	41	25	13	7	2	0
OS%	97.5	80.4	64.6	58.7	50.3	/

Kapitel 2

Brentuximab Vedotin + CHP in der Primärtherapie der non-sALCL mit niedriger CD30 Expression?

(PS1913) FRONTLINE BRENTUXIMAB VEDOTIN AND CHP IN PATIENTS WITH PERIPHERAL T-CELL LYMPHOMA WITH <10% CD30 expression

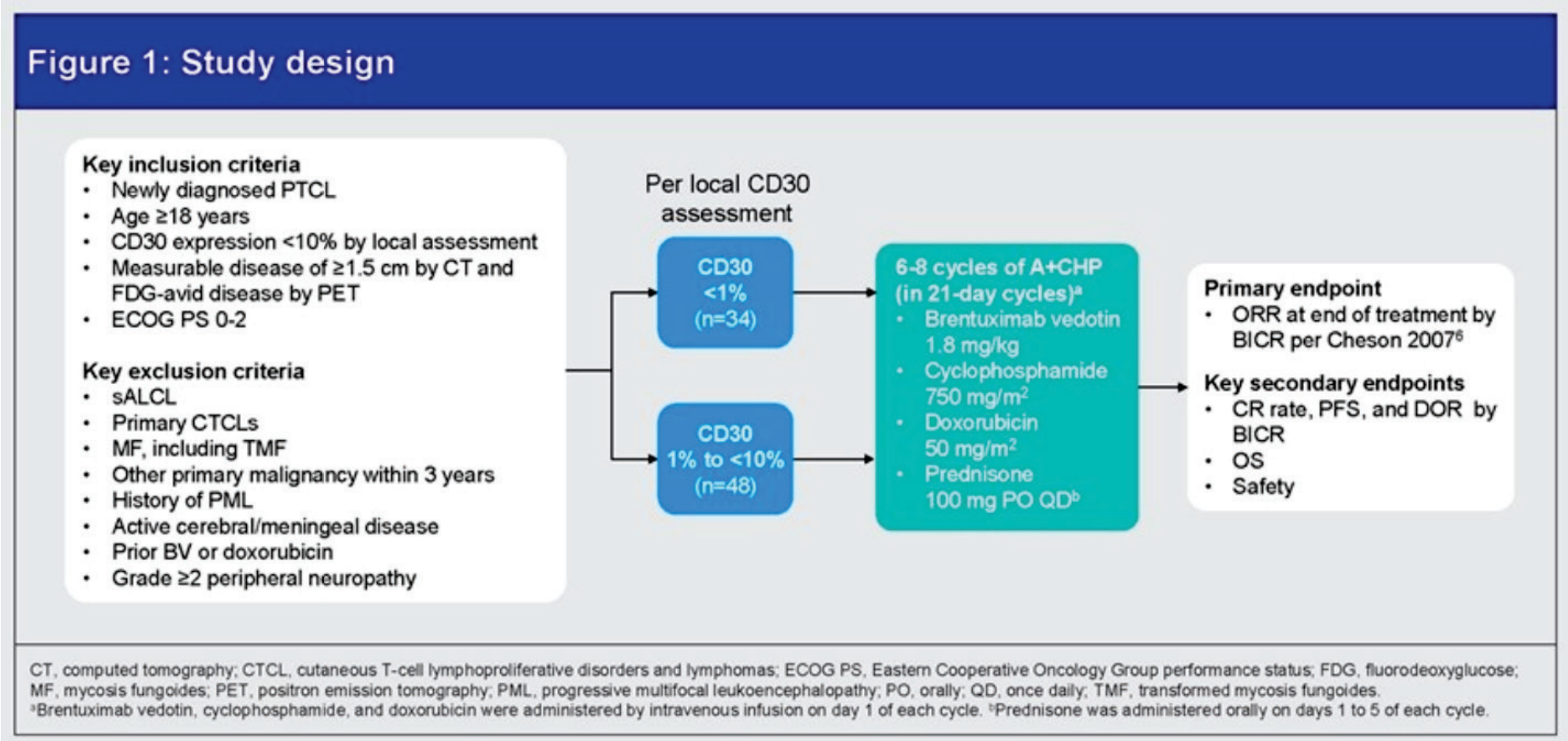
Primary analysis results from the phase 2 SGN35-032 study

Swaminathan Iyer*, Deepa Jagadeesh, Eva Domingo, Fabio Benedetti, Antonia Rodriguez Izquierdo, Kamal Bouabdallah, Umberto Vitolo, Tim Illidge, Jingmin Liu, Eeman Shaikh, Steven Horwitz

*The University of Texas MD Anderson Cancer Center, Houston, TX, United States of America

Brentuximab Vedotin in CD30 low non-sALCL

Study Design



Brentuximab Vedotin in CD30 low non-sALCL

Table 2: Response by BICR by CD30 status

	CD30 <1%	CD30 1% to <10%	Total
Per local CD30[a]	**n=34**	**n=48**	**N=82**
Response at EOT, n (%)[b]			
CR	19 (56)	33 (69)	52 (63)
PR	6 (18)	5 (10)	11 (13)
SD	0	3 (6)	3 (4)
PD	4 (12)	5 (10)	9 (11)
NE[c]	5 (15)	2 (4)	7 (9)
CR rate (95% CI), %[d]	56 (37.9-72.8)	69 (53.7-81.3)	63 (52.0-73.8)
ORR (95% CI), %[d]	74 (55.6-87.1)	79 (65.0-89.5)	77 (66.2-85.4)
Per central CD30[a]	**n=23**	**n=31**	**N=82[e]**
Response at EOT, n (%)[b]			
CR	12 (52)	22 (71)	52 (63)
PR	2 (9)	3 (10)	11 (13)
SD	1 (4)	1 (3)	3 (4)
PD	5 (22)	2 (6)	9 (11)
NE[c]	3 (13)	3 (10)	7 (9)
CR rate (95% CI), %[d]	52 (30.6-73.2)	71 (52.0-85.8)	63 (52.0-73.8)
ORR (95% CI), %[d]	61 (38.5-80.3)	81 (62.5-92.5)	77 (66.2-85.4)

EOT, end of treatment; NE, not evaluable; PD, progressive disease; PR, partial response; SD, stable disease.
[a]Based on response either at end of treatment or the first assessment after the last dose of study treatment. [b]CR, PR, SD, and PD per Cheson 2007 per independent assessor. CR, PR, SD, PD, and NE are mutually exclusive. [c]NE includes patient with no postbaseline response assessments. [d]Two-sided 95% exact CI, computed using the Clopper-Pearson method. [e]Per central testing, 28 patients either had CD30 ≥10% or were missing CD30 results.

Kapitel 3

JAK1 Inhibition als konsolidierende Strategie nach Primärtherapie?

(PS1937) MAINTENANCE THERAPY OF GOLIDOCITINIB, A JAK1 SELECTIVE INHIBITOR, IN PATIENTS WITH PERIPHERAL T CELL LYMPHOMAS AFTER FIRST-LINE SYSTEMIC THERAPY

UPDATES OF THE PHASE 2 STUDY (JACKPOT26)

Jie Jin*, Liling Zhang, Liqun Zou, Zengjun Li, Huijing Wu, Keshu Zhou, Lihua Qiu, Liping Su, Kaiyang Ding, Hui Zhou, Li Yu, Fei Li, Qing Xiao, Wenyu Li, Li'e Lin, Erhua Wang, Lijia Chen, Qingqing Cai

*The First Affiliated Hospital, Zhejiang University School of Medicine, Hangzhou, China

JACKPOT26

Study Design

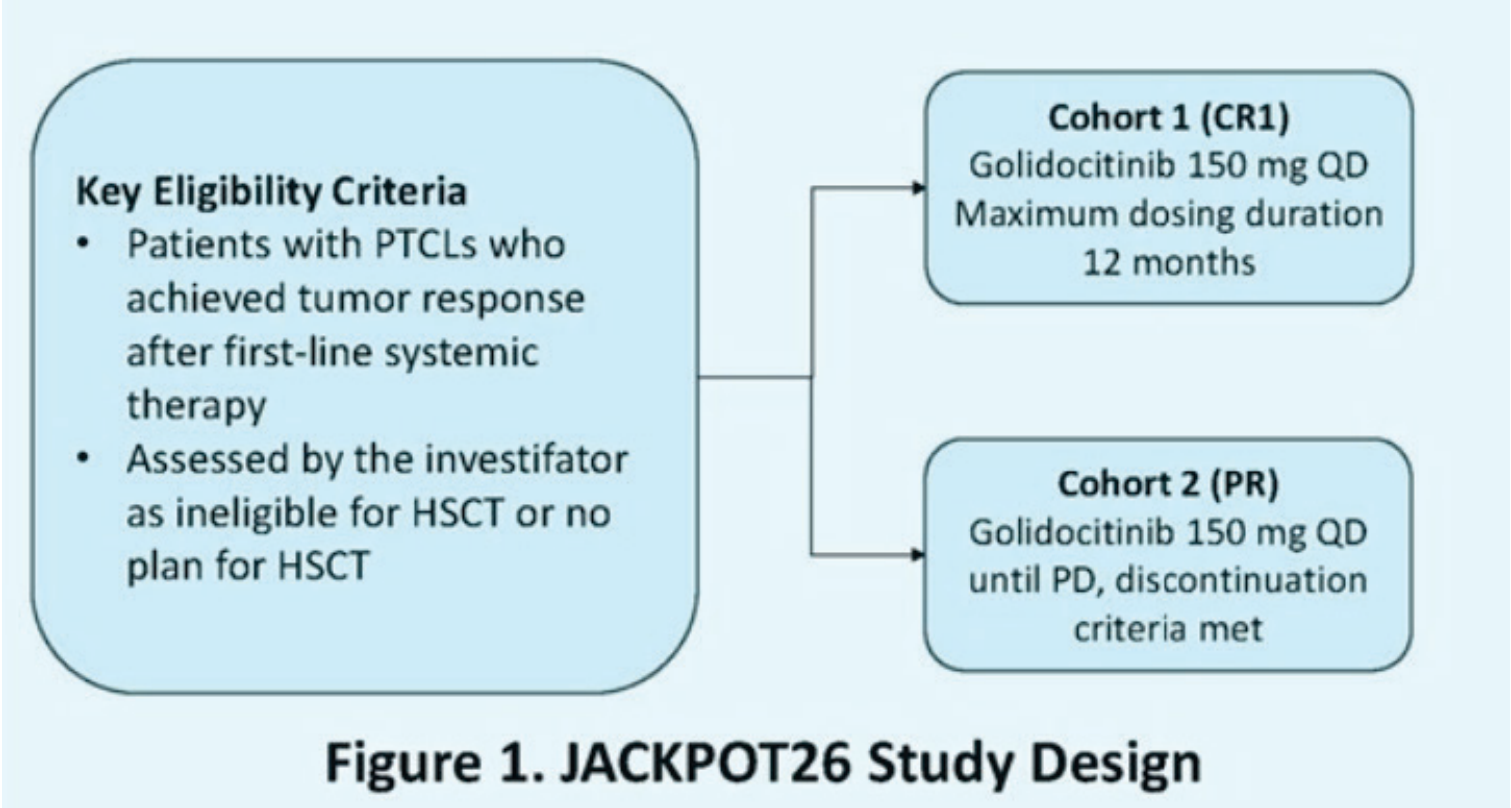


Figure 1. JACKPOT26 Study Design

JACKPOT26

Table 1. Patient Demographics and Baseline Characteristics

Category	Cohort 1 (CR1) N=30	Cohort 2 (PR) N=18
Median age(range), years	56.5 (25, 70)	61.5 (31, 74)
Age <65/≥65, n (%)	25 (83.3)/5 (16.7)	10 (55.6)/8 (44.4)
Female/Male, n (%)	14 (46.7)/16 (53.3)	9 (50.0)/9 (50.0)
ECOG PS 0/1, n (%)	22 (73.3)/8 (26.7)	11 (61.1)/7 (38.9)
PTCL subtype based on local diagnosis, n (%)		
AITL	8 (26.7)	7 (38.9)
NK/TCL	10 (33.3)	3 (16.7)
PTCL, NOS	6 (20.0)	7 (38.9)
ALCL ALK-	3 (10.0)	0 (0.0)
SPTCL	2 (6.7)	0 (0.0)
HSTCL	0 (0.0)	1 (5.6)
MEITL	1 (3.3)	0 (0.0)
Prior anti-cancer therapies, n (%)		
CHOP-based	20 (66.7)	15 (83.3)
Other*	10 (33.3)	3 (16.7)

* Other therapies include GEMOX, VDLP and DAPT.
AITL, angioimmunoblastic T cell lymphoma; ALCL, anaplastic large-cell lymphoma; ALK, anaplastic lymphoma kinase; ECOG PS, Eastern Cooperative Oncology Group Performance Status; NK/TCL, natural-killer/T cell lymphoma; PTCL, NOS, peripheral T cell lymphoma, not otherwise specified; SPTCL, subcutaneous panniculitis like T cell lymphoma.

1) Efficacy

- Cohort 1
  - ✓ 12-month and 24-month DFS rates were 82.1% and 74.2%, respectively.
  - ✓ In AITL, NOS and ALCL subtypes, 24-month DFS rates were 50.0%, 66.7% and not reached, respectively.
- Cohort 2
  - ✓ ORR was 50.0% (all complete response);
    - In 10 patients with measurable disease at baseline, ORR was 60.0%.
  - ✓ Median DoR was 23.9 months.
  - ✓ Median PFS was 17.4 months. The longest PFS was 35.9 months and the patient was still responding.

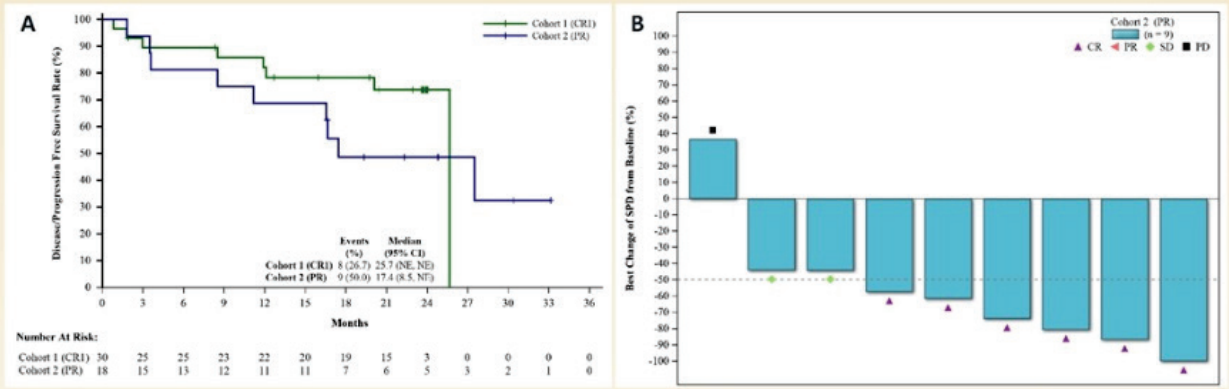


Figure 2: A. Kaplan-Meier Plot of Cohort 1 DFS/Cohort 2 PFS. B. Waterfall Plot of Best Change in SPD in Cohort 2

SPD, sum of products of perpendicular diameters; SD, stable disease, PD, progressive disease

2) Safety

- The most common ≥ grade 3 drug-related TEAEs included neutropenia, thrombocytopenia, leukopenia and lymphopenia, similar to TEAEs previously reported for golidocitinib.
- The majority of drug-related TEAEs were reversible and clinically manageable.
  - ✓ 16.7% had dose reduction due to drug-related TEAEs
  - ✓ 10.4% discontinued treatment due to drug-related TEAEs
  - ✓ No drug-related TEAEs with fatal outcome.

Table 2. Most Commonly Reported Drug-Related TEAEs

Preferred Term	Total (N=48), n (%)	
	All grades	Grade ≥3
Neutropenia	40 (83.3)	23 (47.9)
Leukopenia	36 (75.0)	15 (31.3)
Lymphopenia	16 (33.3)	7 (14.6)
Pneumonia	11 (22.9)	7 (14.6)
Thrombocytopenia	31 (64.6)	3 (6.3)
Herpes zoster	6 (12.5)	3 (6.3)
Upper respiratory tract infection	6 (12.5)	2 (4.2)
Cytomegalovirus infection	3 (6.3)	2 (4.2)
Hypertriglyceridaemia	9 (18.8)	2 (4.2)

Footnote: This table summarizes the ≥ grade 3 drug-related TEAEs in ≥ 2 patients by cut-off date. N includes all patients who received at least one dose of golidocitinib at the cut-off

Zusammenfassung | Take-Home-Messages

- T-CELL PROJECT: Die Analyse des multinationalen Registers verbessert die klinische Einschätzung älterer Pat. mit T-NHL und unterstreicht den *Medical Need.*

- *SGN35-032: BV-CHP zeigt klinische Aktivität bei Pat. mit non-sALCL und niedriger CD30 Expression*
  - *Verbesserung gegenüber CHOP / CHOEP?*

- *JACKPOT26: Phase 2 Ergebnisse zeigen einen möglichen Benefit einer Erhaltungstherapie mit Golidocitinib*

Alle Kurzpräsentationen sind online unter

www.lymphome.de/eha2025

Für den Inhalt verantwortlich:

PD Dr. med. Raphael Koch

Universitätsmedizin Göttingen

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Das Informationsprojekt wird unterstützt von:

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Die Firmen hatten keinen Einfluss auf die Inhalte.