Kompetenznetz Maligne Lymphome

Lymphom Kompetenz KOMPAKT

KML KONGRESSE

Expert:innen berichten zu Lymphomen & Leukämien

65th ASH Meeting 2023

San Diego & virtuell

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Prof. Dr. med. Michael Hallek
Uniklinik Köln

Grußwort Kongresshighlights

Offenlegung potentieller Interessenskonflikte

LymphomKompetenz KOMPAKT – ASH2023 wird in Kooperation mit acht unterstützenden Firmen durchgeführt.
Meine persönlichen Disclosures betreffen:

Anstellungsverhältnis, Führungsposition	Direktor der Klinik I für Innere Medizin, Universitätsklinikum Köln
Beratungs-/ Gutachtertätigkeit	
Besitz von Geschäftsanteilen, Aktien oder Fonds	
Patent, Urheberrecht, Verkaufslizenz	
Honorare	
Institutionelle Förderung von Forschung	Roche, Gilead, Janssen, Bristol Myers Squibb, AbbVie, AstraZeneca
Andere finanzielle Beziehungen	
Immaterielle Interessenkonflikte	

Highlight 1

CAR-T-Cell vs. HDT mit autologer SZT

Autologous Transplant (auto-HCT) Is Associated with Improved Clinical Outcomes Compared to CAR-T Therapy in Patients (pts) with Large B-Cell Lymphoma (LBCL) Achieving a Complete Remission

Abstract #781 (Press Briefing Sunday, Dec. 10 at 7:30 a.m. - 8:30 a.m. Pacific time)

Mazyar Shadman, MD, MPH[1,2], *Kwang Wooahn, PhD*[3*], *Manmeet Kaur*[4*], *Mohamed A. Kharfan-Dabaja, MD, MBA*[5], *Alex F. Herrera, MD*[6], *Craig S Sauter, MD*[7] *and Mehdi Hamadani, MD*[8]

Autologous Transplant (auto-HCT) Is Associated with Improved Clinical Outcomes Compared to CAR-T Therapy in Patients (pts) with Large B-Cell Lymphoma (LBCL) Achieving a Complete Remission

Table-1: Selected baseline characteristics

	CAR-T	auto-HCT	P-value
Age, years	64	59	0.14
Extra-nodal disease	58%	63%	0.37
Refractory disease to first-line	29%	20%	0.22
Prior lines of therapy, n	3	2	**<0.01**
Early treatment failure (within 12 months)	72%	58%	**0.02**
Elevated LDH before treatment	37%	31%	**0.04**
high-grade B-cell lymphoma with MYC and BCL2 or BCL6 rearrangement	14%	27%	**0.03**

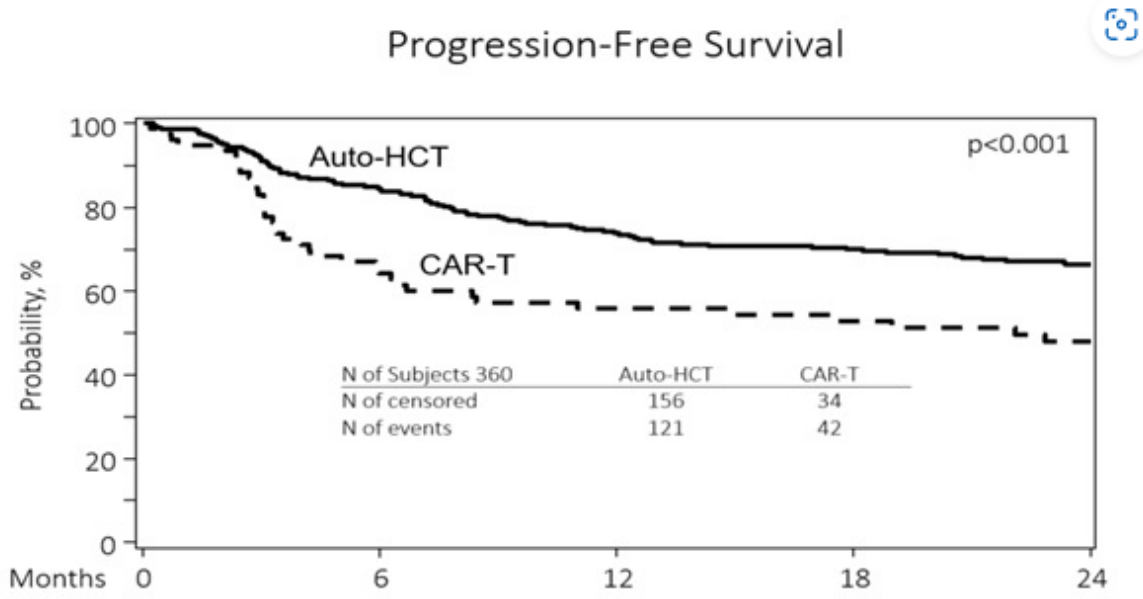


Figure-1: PFS in pts with LBCL who received auto-HCT vs. CAR-T while in CR

Conclusions: In pts with relapsed LBCL who achieve a CR, treatment with auto-HCT is associated with a lower relapse rate and an improved PFS compared to CAR-T, including in pts with early treatment failure (within 12 months). These results are in line with previously reported improved clinical outcomes with auto-HCT compared to CAR-T in pts in partial remission (Shadman et al. Blood, 2022). The data support utilization of auto-HCT in pts with relapsed LBCL achieving a CR.

Highlight 2

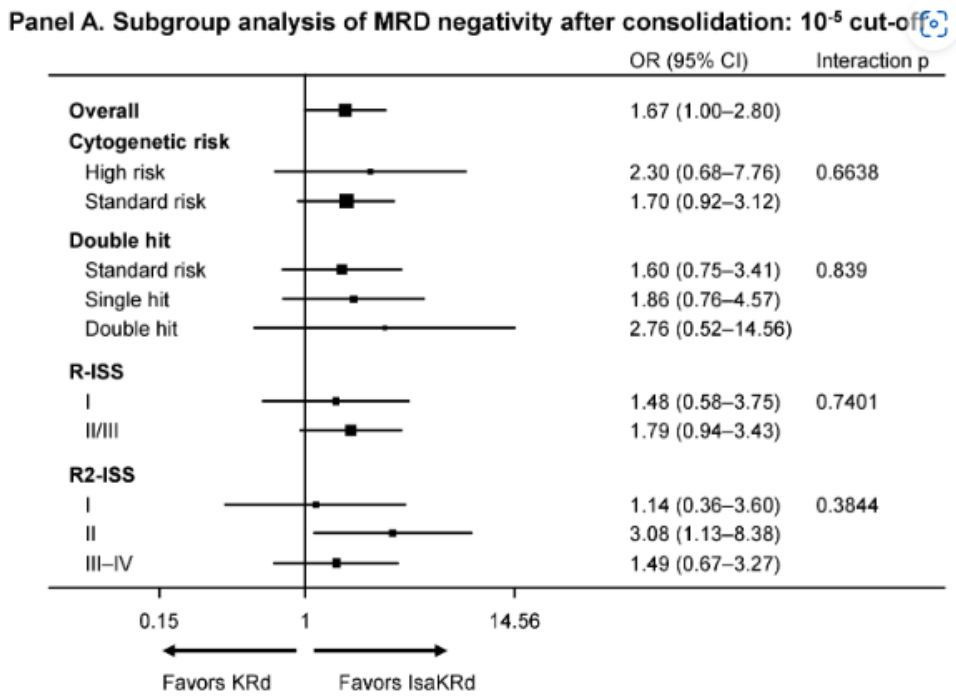
Multiples Myelom

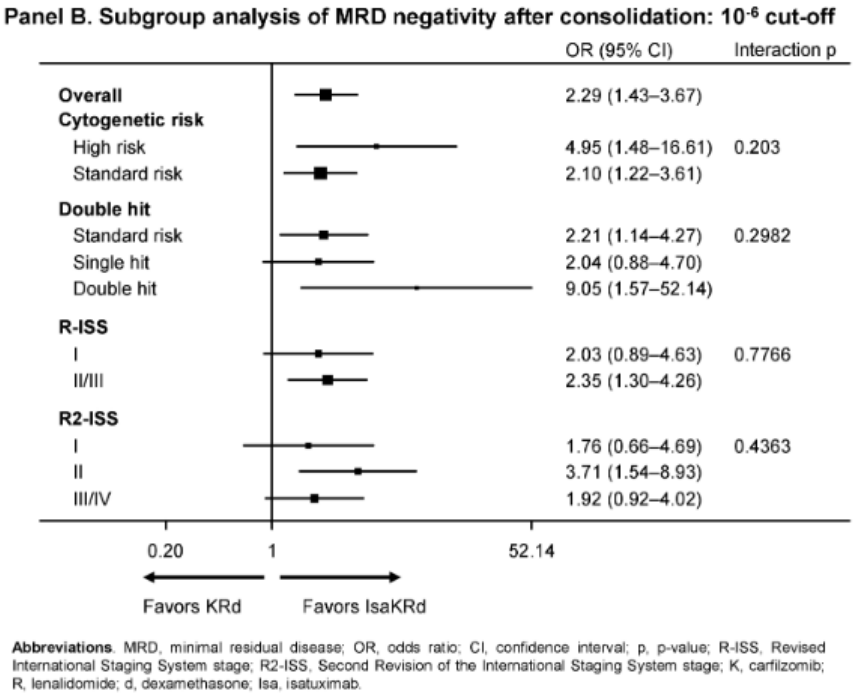
Results of the Phase III Randomized Iskia Trial: Isatuximab-Carfilzomib-Lenalidomide-Dexamethasone Vs Carfilzomib-Lenalidomide-Dexamethasone As Pre-Transplant Induction and Post-Transplant Consolidation in Newly Diagnosed Multiple Myeloma Patients

Abstract #004 (Plenary Scientific Session, Sunday, December 10, 2023: 2:00 PM-4:00 PM**)**

Francesca Gay, MD, PhD[1,2], Wilfried Roeloffzen, MD, PhD[3], Meletios A. Dimopoulos, MD, PhD[4], Laura Rosiñol, MD, PhD[5*], Marjolein van der Klift, MD, PhD[6*], Roberto Mina, MD[1,2*], Albert Oriol Rocafiguera, MD[7*], Eirini Katodritou, MD[8*], Ka Lung Wu, MD, PhD[9], Paula Rodriguez Otero, MD, PhD[10*], Roman Hajek, MD[11,12], Elisabetta Antonioli, MD[13*], Mark van Duin, PhD[14*], Mattia D'Agostino, MD[1,2*], Joaquin Martinez-Lopez, MD, PhD[15*], Elena M. van Leeuwen-Segarceanu, MD, PhD[16*], Paola Tacchetti, MD, PhD[17*], Niels W.C.J. van de Donk, MD, PhD[18], Katja Weisel, MD[19], Luděk Pour, MD[20*], Jakub Radocha, MD, PhD[21], Angelo Belotti, MD[22*], Fredrik Schjesvold, MD, PhD[23,24], Joan Bladé, MD, PhD[25*], Hermann Einsele, MD, PhD[26*], Pieter Sonneveld, MD, PhD[14], Mario Boccadoro, MD[27] and Annemiek Broijl, MD, PhD[28]*

Results of the Phase III Randomized Iskia Trial: Isatuximab-Carfilzomib-Lenalidomide-Dexamethasone Vs Carfilzomib-Lenalidomide-Dexamethasone As Pre-Transplant Induction and Post-Transplant Consolidation in Newly Diagnosed Multiple Myeloma Patients





Abbreviations. MRD, minimal residual disease; OR, odds ratio; CI, confidence interval; p, p-value; R-ISS, Revised International Staging System stage; R2-ISS, Second Revision of the International Staging System stage; K, carfilzomib; R, lenalidomide; d, dexamethasone; Isa, isatuximab.

Conclusion. In TE NDMM pts, the addition of isatuximab to KRd induction and consolidation significantly increased MRD negativity rates in every treatment phase as compared to KRd, with no new safety concerns. This benefit was retained in HiR pts.

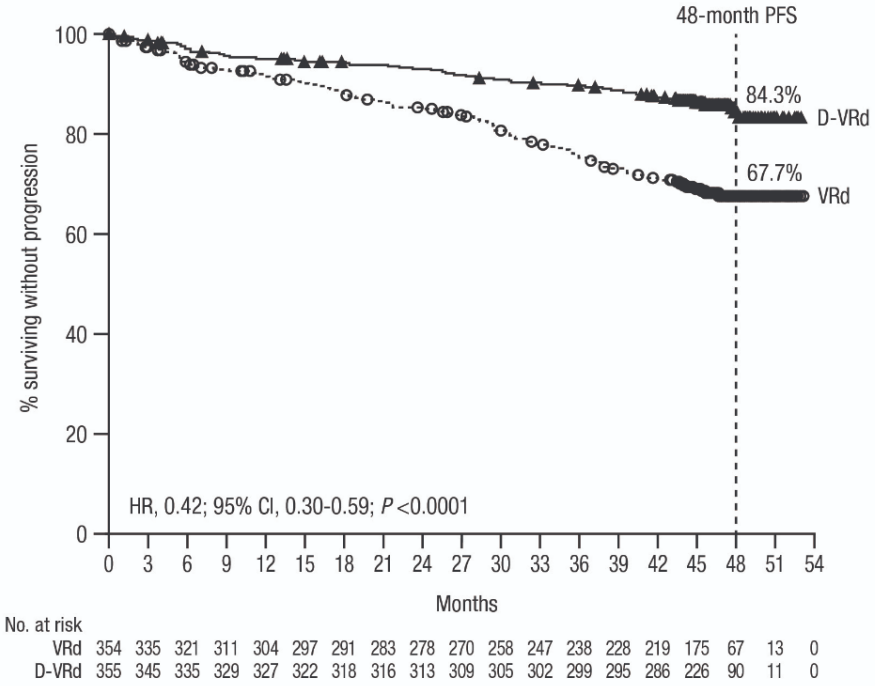
Phase 3 Randomized Study of Daratumumab (DARA) + Bortezomib, Lenalidomide, and Dexamethasone (VRd) Versus Vrd Alone in Patients (Pts) with Newly Diagnosed Multiple Myeloma (NDMM) Who Are Eligible for Autologous Stem Cell Transplantation (ASCT): Primary Results of the Perseus Trial

LBA-1 (Press Briefing LBA, Monday, Dec. 11 at 8:00 a.m. - 9:00 a.m. Pacific Time)

Pieter Sonneveld, MD, PhD[1], Meletios A. Dimopoulos[2], Mario Boccadoro, MD[3], Hang Quach, MD, FRACP, FRCPA, MBBS[4], P. Joy Ho, MBBS, FRACP, FRCPA[5], Meral Beksac[6], Cyrille Hulin, MD[7*], Elisabetta Antonioli, MD[8*], Xavier Leleu, MD[9], Silvia Mangiacavalli, MD[10*], Aurore Perrot, MD, PhD[11], Michele Cavo, MD[12*], Angelo Belotti, MD[13*], Annemiek Broijl, MD, PhD[1], Francesca Gay, MD, PhD[14], Roberto Mina, MD[14*], Inger S. Nijhof[15*], Niels W.C.J van de Donk, MD, PhD[16*], Eirini Katodritou, MD[17*], Fredrik Schjesvold, MD, PhD[18], Anna Sureda Balari, MD, PhD[19], Laura Rosiñol, MD, PhD[20*], Michel Delforge[21*], Wilfried Roeloffzen, MD, PhD[22*], Tobias Silzle, MD[23*], Annette Vangsted[24*], Hermann Einsele, MD, PhD[25*], Andrew Spencer, MBBS, MD, FRACP, FRCPA[26*], Roman Hajek, MD[27], Artur Jurczyszyn, MD[28*], Sarah Lonergan, BSc[1*], Tahamtan Ahmadi, MD, PhD[29*], Yanfang Liu[30*], Jianping Wang[31*], Diego Vieyra, PhD[31*], Emilie M.J. van Brummelen[32*], Veronique Vanquickelberghe[33*], Anna Sitthi-Amorn[31*], Carla J. de Boer[32*], Robin Carson, MD, BA[31], Paula Rodríguez Otero[34*], Joan Bladé, MD, PhD[35*] and Philippe Moreau, MD, PhD[36*]*

Phase 3 Randomized Study of Daratumumab (DARA) + Bortezomib, Lenalidomide, and Dexamethasone (VRd) Versus Vrd Alone in Patients (Pts) with Newly Diagnosed Multiple Myeloma (NDMM) Who Are Eligible for Autologous Stem Cell Transplantation (ASCT): Primary Results of the Perseus Trial

Figure. PFS with D-VRd versus VRd in transplant-eligible NDMM.



PFS, progression-free survival; D-VRd, daratumumab plus bortezomib/lenalidomide/dexamethasone; VRd, bortezomib/lenalidomide/dexamethasone; HR, hazard ratio; CI, confidence interval.

Conclusions: DARA SC combined with VRd in transplant-eligible pts with NDMM significantly improved PFS and increased depth of response (≥CR and MRD negativity), with consistent PFS benefit across clinically relevant subgroups. The safety profile was consistent with the known safety profiles for DARA SC and VRd. These data, together with results from the phase 2 GRIFFIN study, demonstrate the consistent and clinically meaningful benefit of quadruplet DARA plus VRd followed by D-R maintenance versus triplet VRd followed by R maintenance and support the combination of DARA plus VRd followed by D-R maintenance as a new standard of care for transplant-eligible NDMM.

Highlight 3

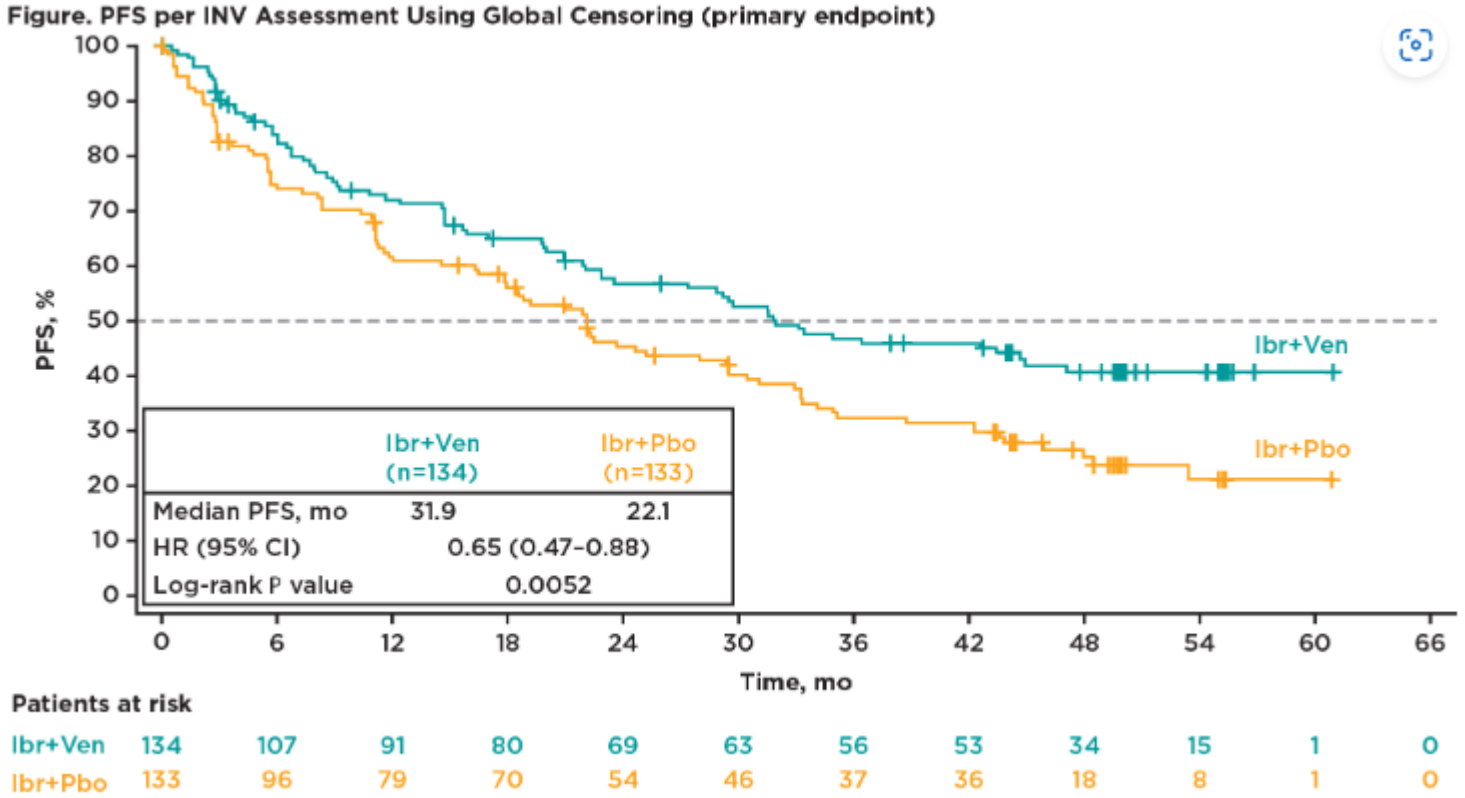
Mantelzell-Lymphom

Ibrutinib Combined with Venetoclax in Patients with Relapsed/Refractory Mantle Cell Lymphoma: Primary Analysis Results from the Randomized Phase 3 Sympatico Study

LBA-2 (Press Briefing LBA, Monday, Dec. 11 at 8:00 a.m. - 9:00 a.m. Pacific Time)

Michael Wang, MD1, Wojciech Jurczak, MD, PhD2, Marek Trněný, MD3, David Belada, MD4*, Tomasz Wrobel, MD, PhD5*, Nilanjan Ghosh, MD, PhD6*, Mary-Margaret Keating, MD7, Tom van Meerten, MD, PhD8*, Ruben Fernandez Alvarez, MD9*, Gottfried von Keudell, MD, PhD10, Catherine Thieblemont, MD11*, Frederic Peyrade, MD12*, Marc Andre, MD13*, Marc Hoffmann, MD14, Edith Szafer Glusman15*, Jennifer Lin, MS, MA15*, James P. Dean, MD, PhD15*, Jutta K. Neuenburg, MD, PhD15 and Constantine S. Tam, MD, MBBS16**

Ibrutinib Combined with Venetoclax in Patients with Relapsed/Refractory Mantle Cell Lymphoma: Primary Analysis Results from the Randomized Phase 3 Sympatico Study



Conclusion: The Ibr+Ven combination demonstrated a statistically significant improvement in PFS compared with Ibr+Pbo in pts with R/R MCL; CR rates and TTNT were also significantly improved with Ibr+Ven. OS was numerically but not significantly improved at this interim analysis. The safety profile of Ibr+Ven was consistent with known AEs for each agent, with no new safety signals observed. Overall, these results demonstrate a favorable benefit-risk profile for Ibr+Ven in pts with R/R MCL.

Highlight 4

Neue Daten zur CLL

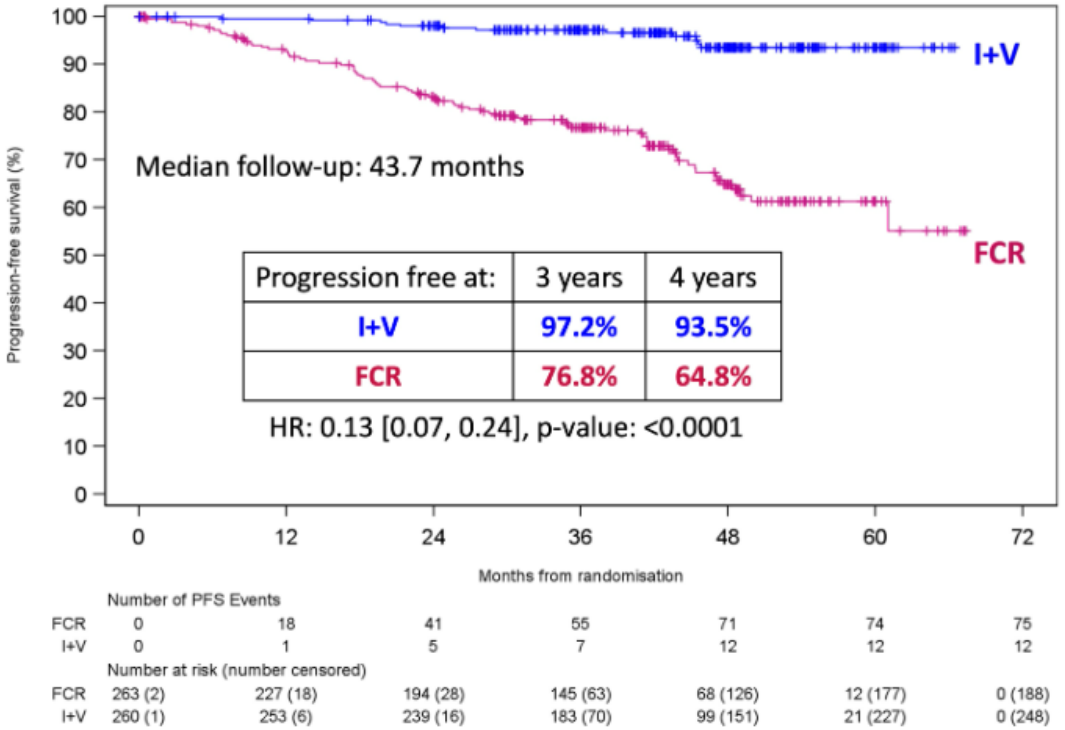
Ibrutinib Plus Venetoclax with MRD-Directed Duration of Treatment Is Superior to FCR and Is a New Standard of Care for Previously Untreated CLL: Report of the Phase III UK NCRI FLAIR Study

Abstract #631 (Press Briefing: Sunday, Dec. 10 at 7:30 a.m. - 8:30 a.m. Pacific time)

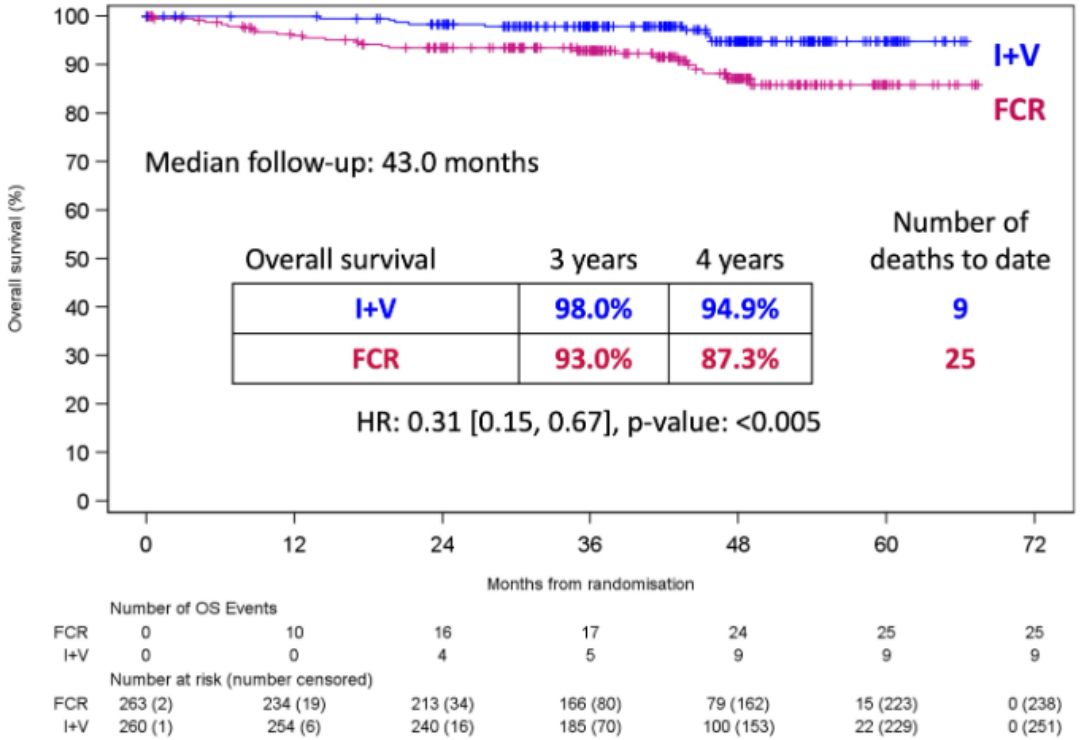
Peter Hillmen, MB ChB, PhD[1], David Allan Cairns, PhD[2], Adrian John Clifton Bloor, PhD, FRCPath, FRCP[3*], David Allsup, MD[4*], Kate Cwynarski, MBBS, PhD, FRCP, FRCPath[5*], Andrew Pettitt[6*], Shankaranarayana Paneesha, MD[7], Christopher P. Fox, MD, PhD[8], Toby A. Eyre[9*], Francesco Forconi, MD, PhD, DM, FRCPath[10*], Nagah Elmusharaf[11*], Ben Kennedy[12*], John G. Gribben, MD, DSc[13], Nicholas Pemberton[14*], Oonagh Sheehy[15*], Gavin Preston, PhD, MBBS, FRCP, FRCPath[16*], Anna Schuh, MD, PhD, FRCP, FRCPath[17], Dena Howard[18*], Anna Hockaday[18*], Sharon Jackson[18*], Natasha Greatorex[18*], Sean Girvan[18*], Sue Bell[18*], Julia Brown[19*], Nichola Webster[20,21*], Surita Dalal, PhD[20,21*], Ruth M de Tute, MSc, PhD, FRCPath[20*], Andrew Rawstron, PhD[22*], Piers EM Patten, FRCP, FRCPath, PhD[23,24] and Talha Munir, MBBS, MRCP, FRCPath, PhD[25*]*

Ibrutinib Plus Venetoclax with MRD-Directed Duration of Treatment Is Superior to FCR and Is a New Standard of Care for Previously Untreated CLL: Report of the Phase III UK NCRI FLAIR Study

Primary analysis of PFS in FCR vs. I+V



Overall Survival in FCR vs. I+V

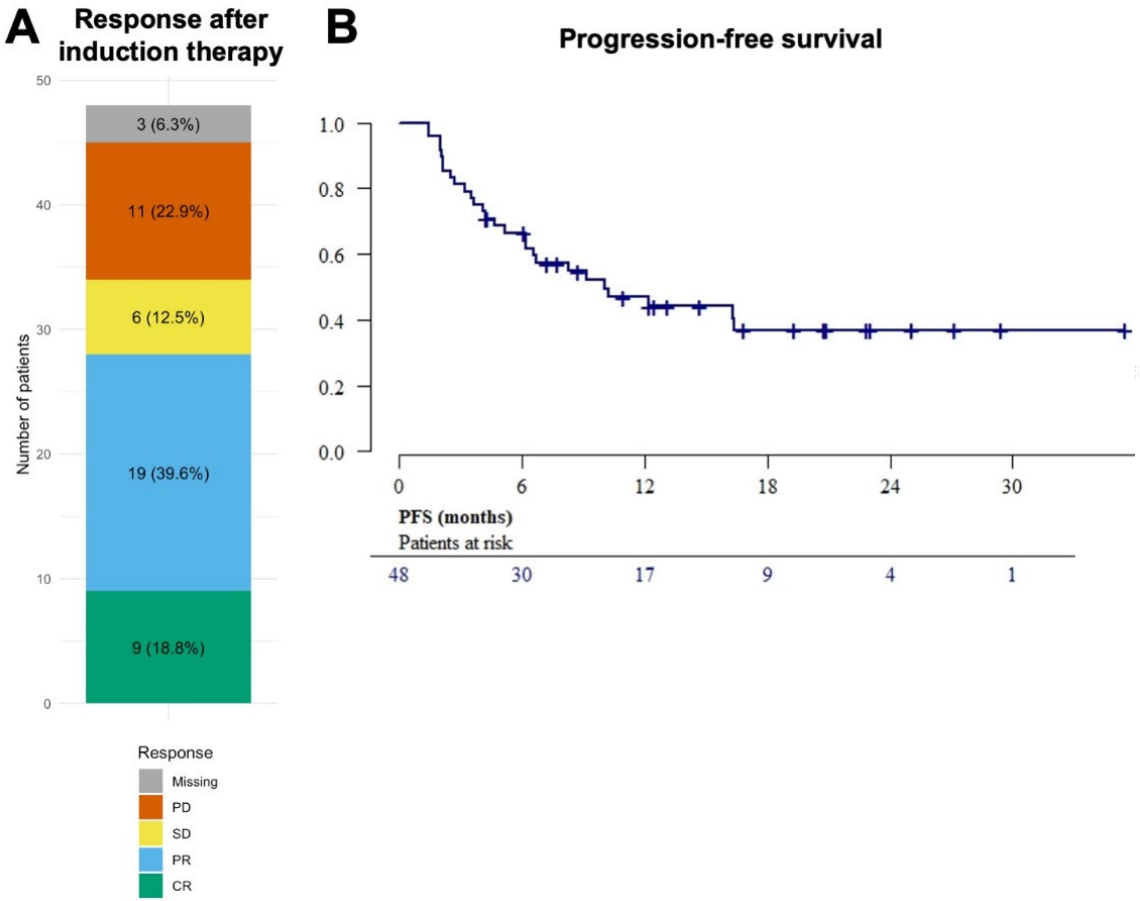


Tislelizumab Plus Zanubrutinib in Patients with Richter Transformation: Primary Endpoint Analysis of the Prospective, Multi-Center, Phase-II RT1 Trial of the German CLL Study Group

Abstract #204

Othman Al-Sawaf, MD[1], Rudy Ligtvoet, PhD[1], Sandra Robrecht, PhD[1*], Janina Stumpf[1*], Anna Maria Fink, MD[1*], Eugen Tausch, MD[2*], Christof Schneider, MD[3*], Sebastian Böttcher[4*], Martin Mikusko[5*], Matthias Ritgen[6*], Johannes Schetelig, MD, MSc[7], Julia Von Tresckow, MD[8*], Ursula Vehling-Kaiser, MD[9*], Clemens-Martin Wendtner, MD[10*], Kirsten Fischer, MD[1*], Karl Anton Kreuzer[11*], Stephan Stilgenbauer, MD[12], Philipp Bernhard Staber, MD, PhD[13], Carsten Utoft Niemann, MD, PhD[14*], Michael Hallek, MD[15,16*] and Barbara F. Eichhorst, MD[17]*

Tislelizumab Plus Zanubrutinib in Patients with Richter Transformation: Primary Endpoint Analysis of the Prospective, Multi-Center, Phase-II RT1 Trial of the German CLL Study Group



Conclusions

Combined checkpoint and BTK inhibition by tislelizumab plus zanubrutinib is an effective and well-tolerated treatment strategy for pts with RT. Responses are durable and overall survival in the RT1 study is encouraging given the otherwise poor prognosis of RT. Translational studies are ongoing to identify predictors of response to checkpoint inhibition in RT.

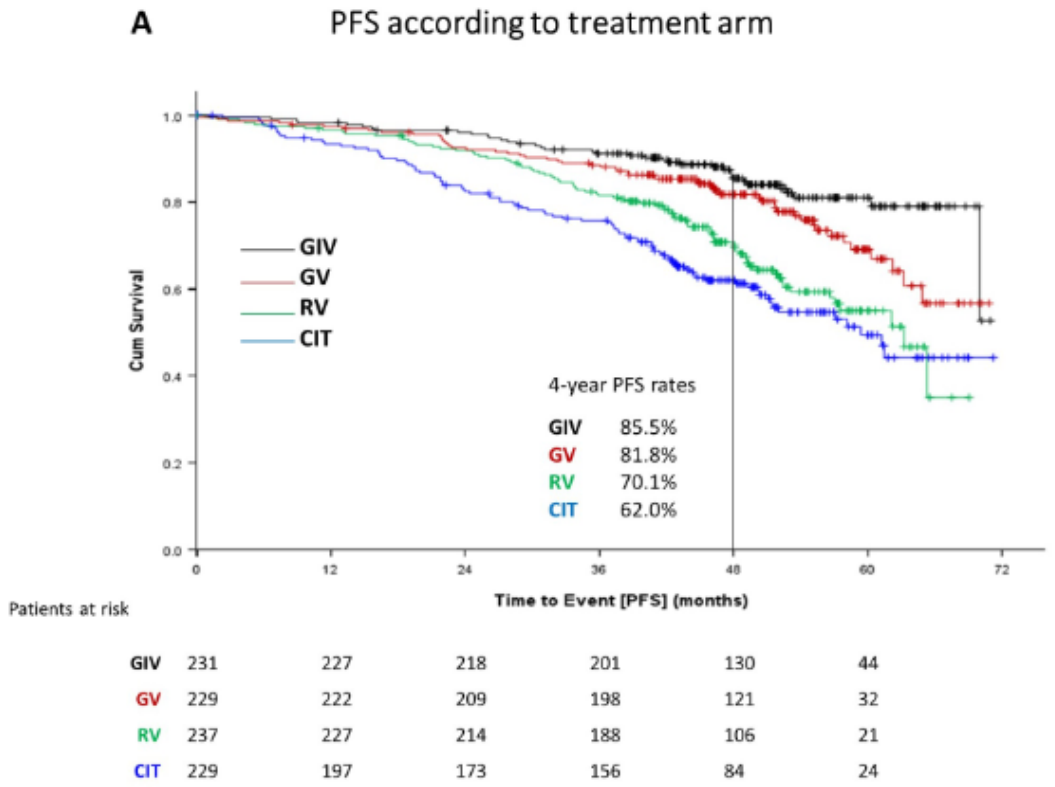
First-Line Venetoclax Combinations in Fit Patients with CLL: 4-Year Follow-up and NGS-Based MRD Analysis from the Phase 3 GAIA/CLL13 Trial

Abstract #635

Moritz Fürstenau, MD[1], Matthias Ritgen[2*], Sandra Robrecht, PhD[3*], Julia Von Tresckow, MD[4*], Can Zhang, PhD[5*], Anke Schilhabel[6*], Michael Gregor[7*], Patrick Thornton[8*], Philipp Bernhard Staber, MD, PhD[9], Tamar Tadmor[10*], Vesa Lindström[11*], Gunnar Juliusson, MD, PhD[12], Ann Janssens, MD[13*], Mark-David Levin[14*], Caspar Da Cunha-Bang, MD, PhD[15*], Christof Schneider, MD[16*], Neta Goldschmidt[17*], Elisabeth Vandenberghe, MD[18], Davide Rossi[19], Rudolf A. Benz, MD[20], Daniel Heintel[21*], Christian Bjørn Poulsen[22*], Ilse Christiansen, MD, PhD[23*], Henrik Frederiksen, MD, PhD[24], Lisbeth Enggaard[25*], Eduardus Posthuma[26*], Djamila Issa[27,28*], Hein Visser[29*], Mar Bellido, MD, PhD[30*], Nadine Kutsch[31*], Jan Dürig[32*], Alexander Stehle[33*], Matthias C. Voehringer, MD[34*], Sebastian Böttcher[35*], Clemens Schulte[36*], Florian Simon, MD[37*], Anna-Maria Fink, MD[3*], Kirsten Fischer, MD[3*], Emily Holmes[38*], Karl-Anton Kreuzer[37*], Monika Brüggemann, MD[39*], Eugen Tausch, MD[40*], Stephan Stilgenbauer, MD[40], Michael Hallek, MD[41*], Arnon P. Kater, MD, PhD[42], Carsten Utoft Niemann, MD, PhD[43*] and Barbara F. Eichhorst, MD[44]*

First-Line Venetoclax Combinations in Fit Patients with CLL: 4-Year Follow-up and NGS-Based MRD Analysis from the Phase 3 GAIA/CLL13 Trial

Figure 1



Highlight 5

Beiträge von KML-Mitgliedern/Gruppen

Beiträge von KML-Mitgliedern / Gruppen

#435

R-GemOx Plus Nivolumab Vs R-GemOx As Second-Line Therapy for Large B-Cell Lymphoma in Transplant-Ineligible Patients: Interim Analysis of the Niveau Trial, an International, Randomized Phase 3 Study of the AGMT, GLA, HOVON, Lysa and PLRGClinically Relevant Abstract

Sunday, December 10, 2023: 10:00 AM

Gerhard Held, MD1*, *Bettina Altmann, PhD2**, *Andrea Kerkhoff, MD3**, *Thomas Gastinne, MD4**, *Thomas Weber5**, *Rene-Olivier Casasnovas, MD6**, *Hervé Tilly, MD, PhD7*, *Maria Gomes Da Silva8**, *Jörg Hoffmann9**, *Sanne Tonino10**, *Stéphane Vigouroux11**, *Martin Dreyling, MD12*, *Violaine Safar, MD13**, *Marc Andre, MD14**, *Stephanie Mayer15**, *Franck Morschhauser, MD PhD16*, *Pierre Feugier17**, *Christian W. Scholz18*, *Anna Dabrowska-Iwanicka, MD19**, *Philippe Gaulard, MD20**, *Thierry Jo Molina, MD, PhD21**, *Andreas Rosenwald, MD22**, *Richard Greil, MD23*, *Ulrich Jaeger, MD24**, *Abraham Avigdor, MD25*, *Lorenz Thurner, MD26*, *Stephanie Maurer, MSc26**, *Markus Löffler2**, *Marita Ziepert, PhD2**, *Corinne Haioun, MD, PhD27*, *Viola Poeschel, MD28** *and Roch Houot, MD, PhD29**

R-GemOx Plus Nivolumab Vs R-GemOx As Second-Line Therapy for Large B-Cell Lymphoma in Transplant-Ineligible Patients: Interim Analysis of the Niveau Trial, an International, Randomized Phase 3 Study of the AGMT, GLA, HOVON, Lysa and PLRGClinically Relevant Abstract

Figure A:

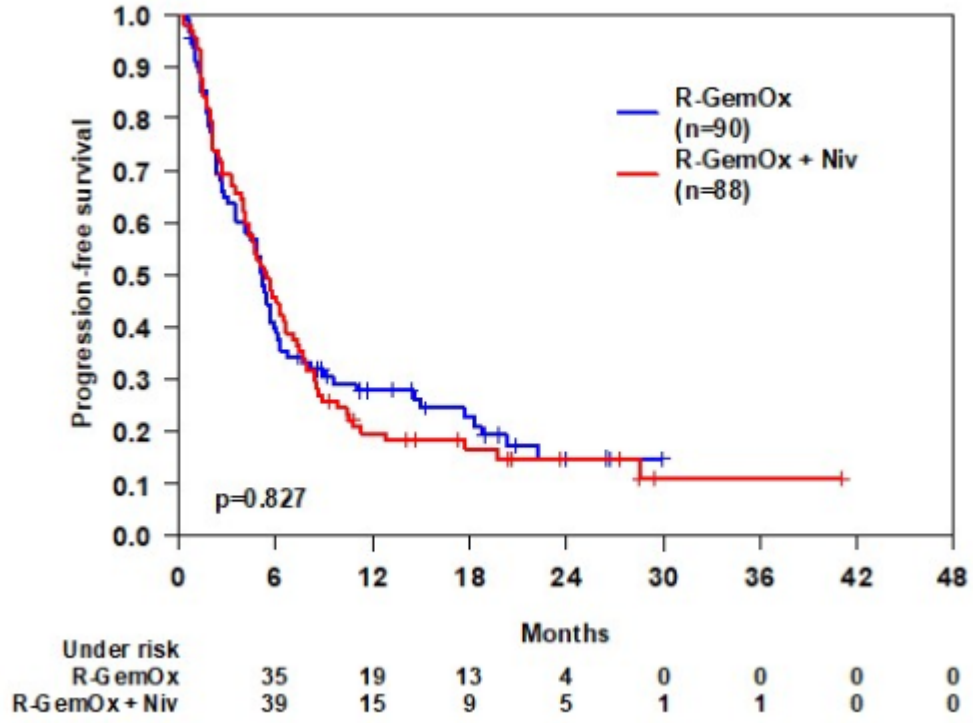
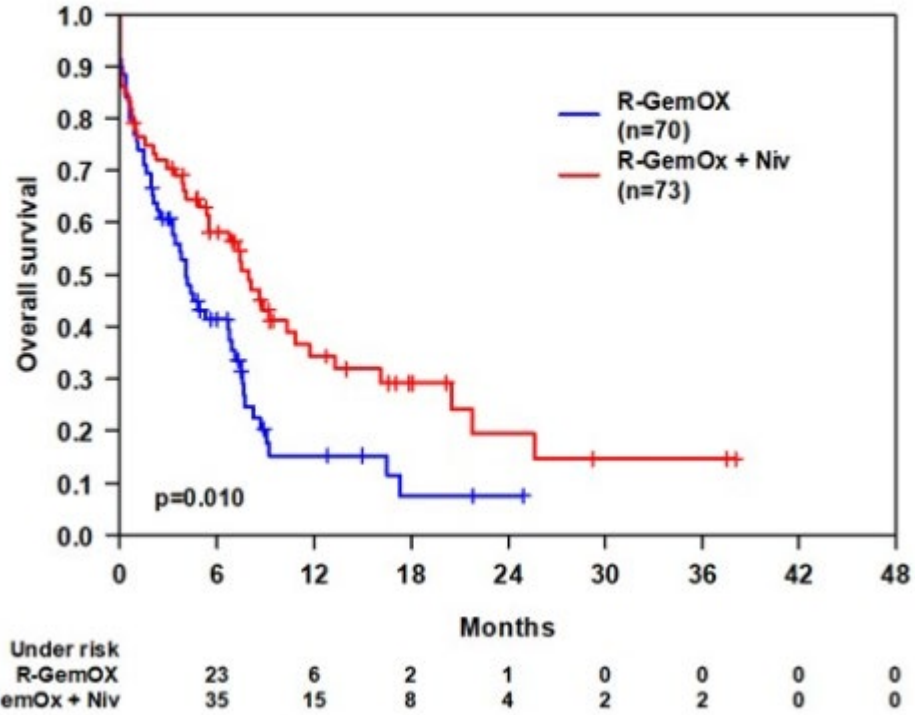


Figure B:



Die Kurzpräsentationen sind online unter

www.lymphome.de/ash2023

Für den Inhalt verantwortlich:

Prof. Dr. med. Michael Hallek

Uniklinik Köln

Kompetenznetz Maligne Lymphome

Lymphom Kompetenz KOMPAKT

KML KONGRESSE

Expert:innen berichten zu Lymphomen & Leukämien

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