Kompetenznetz Maligne Lymphome

Lymphom Kompetenz KOMPAKT

KML KONGRESSE

Expert:innen berichten zu Lymphomen & Leukämien

KML-Expert:innen berichten

17th ICML 2023 LUGANO

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Expert:innen berichten zu Lymphomen & Leukämien

Prof. Dr. med. Barbara Eichhorst
Klinik I für Innere Medizin| Uniklinik Köln

Chronische lymphatische Leukämie (CLL)

Offenlegung potentieller Interessenskonflikte

LymphomKompetenz KOMPAKT – ICML2023 wird in Kooperation mit fünf unterstützenden Firmen durchgeführt.
Meine persönlichen Disclosures betreffen:

Anstellungsverhältnis, Führungsposition	
Beratungs-/ Gutachtertätigkeit	AbbVie, AstraZeneca, BeiGene, Kite, Lilly, Janssen, MSD, Miltenyi
Besitz von Geschäftsanteilen, Aktien oder Fonds	
Patent, Urheberrecht, Verkaufslizenz	
Honorare	AbbVie, AstraZeneca, BeiGene, Kite, Janssen, MSD, Roche
Finanzierung wissenschaftlicher Untersuchungen	AbbVie, Astra Zeneca, BeiGene, Janssen, Roche
Andere finanzielle Beziehungen	
Immaterielle Interessenkonflikte	

CLL Therapie-Algorithmus DCLLSG

Stage	del(17p) or *TP53*mut	Fitness	IGHV	Therapy
Inactive disease, Binet A-B, Rai 0-II	Irrelevant	Irrelevant	Irrelevant	None
Active disease or Binet C or Rai III-IV	Yes	Irrelevant	Irrelevant	Ibrutinib/acalabrutinib/zanubrutinib[1] or venetoclax + obinutuzumab or ventoclax + ibrutinib or idelalisib-rituximab (if contraindications for other options)
	No	Go go	M	Venetoclax + obinutuzumab[2] or ibrutinib/acalabrutinib/zanubrutinib[1] or FCR (BR above 65 years)
			U	Ibrutinib/acalabrutinib/zanubrutinib[1] or venetoclax+obinutuzumab or ventoclax + ibrutinib or FCR (BR above 65 years)
		Slow go	M	Venetoclax + obinutuzumab or ibrutinib/acalabrutinib/zanubrutinib[1,2] or ventoclax + ibrutinib or chlorambucil-obinutuzumab
			U	Venetoclax + obinutuzumab or ibrutinib/acalabrutinib/zanubrutinib[1,2] or ventoclax + ibrutinib

CLL Therapie-Algorithmus DCLLSG

Stage	del(17p) or *TP53*mut	Fitness	IGHV	Therapy
Inactive disease, Binet A-B, Rai 0-II	Irrelevant	Irrelevant	Irrelevant	**ICML 024**: Ibrutinib versus placebo in patients with asymptomatic, treatment-naïve early stage chronic lymphocytic leukemia (CLL): Final results of the CLL12 trial. P. Langerbeins, Cologne: siehe Bericht vom EHA
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CLL Therapie-Algorithmus DCLLSG

<table>
<tr><th>Stage</th><th>del(17p) or TP53mut</th><th>Fitness</th><th>IGHV</th><th>Therapy</th></tr>
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<tr><td rowspan="2">Slow go</td><td>M</td><td rowspan="2">ICML 025: Venetoclax-Obinutuzumab for previously untreated chronic lymphocytic leukemia: 6-year results of the randomized CLL14 study. O. Al-Sawaf, Cologne: siehe Bericht vom EHA</td></tr>
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Kapitel 1

Der BTK inhibitor Zanubrutinib in der Erstlinie

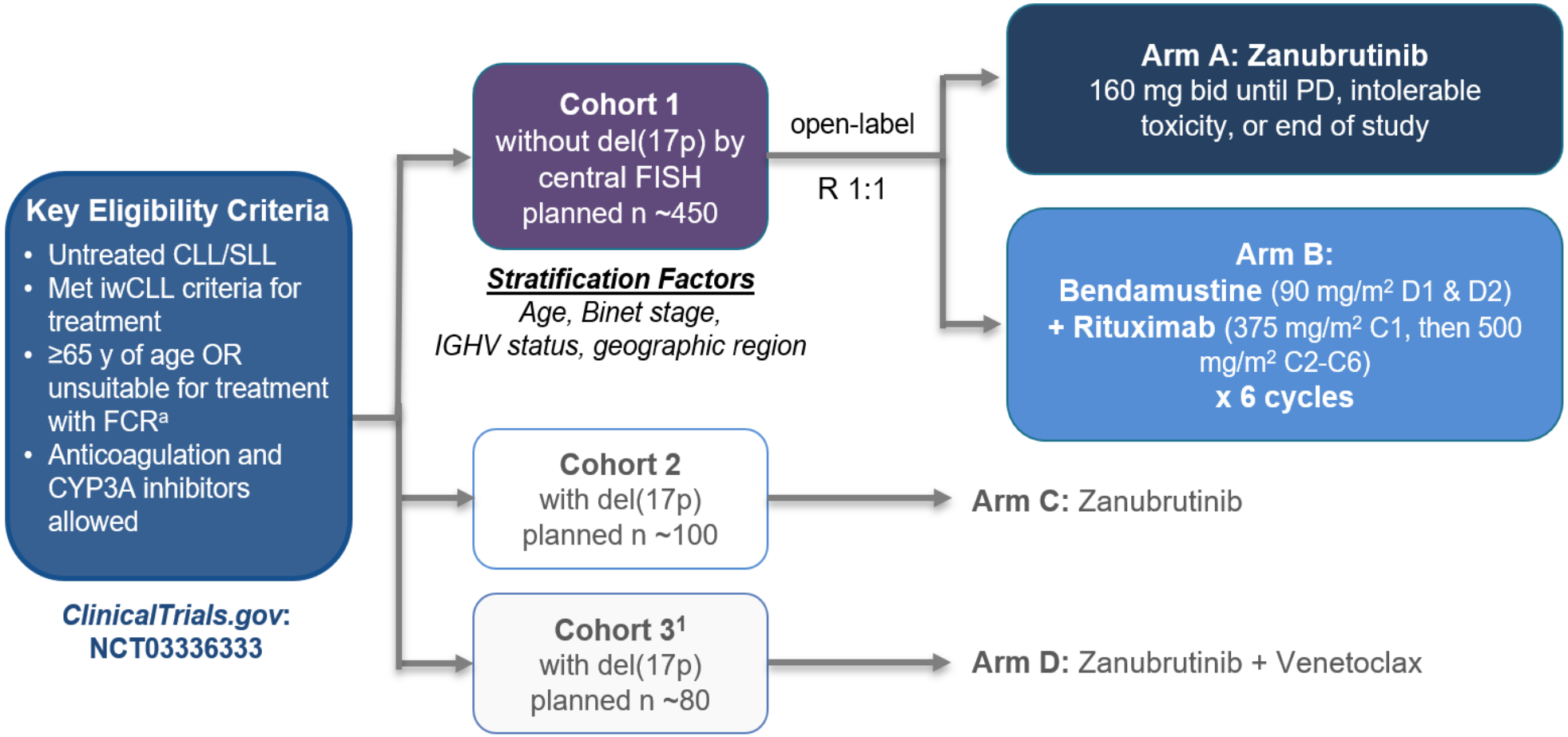
SEQUOIA-Studie: Zanubrutinib vs BR

154: Zanubrutinib (zanu) vs bendamustine + rituximab (BR) in patients (pts) with treatment-naïve (TN) CLL/SLL: Extended follow-up of the SEQUOIA study

M. Shadmann, Seattle, US

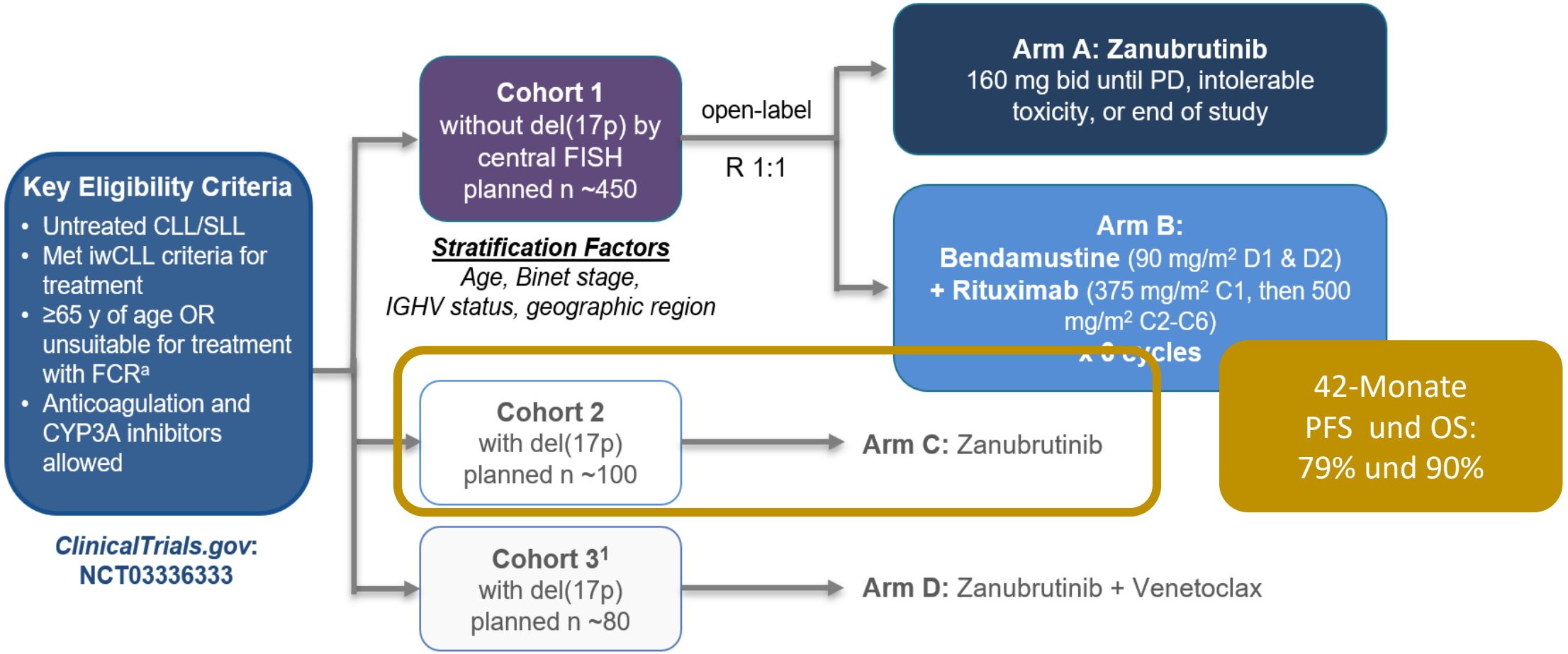
SEQUOIA Studie

Studiendesign



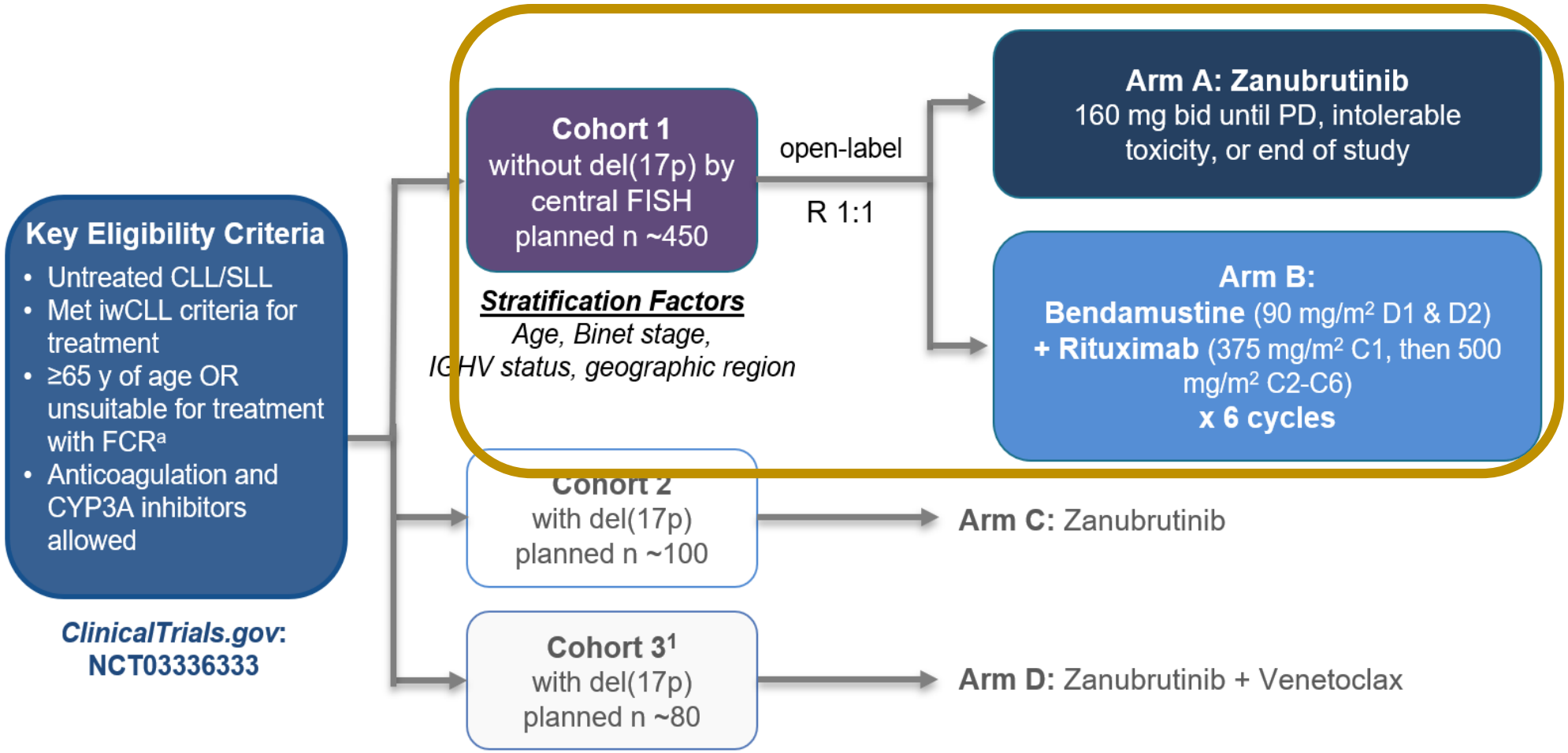
SEQUOIA Studie

Studiendesign + Ergbnisse Cohorte 2



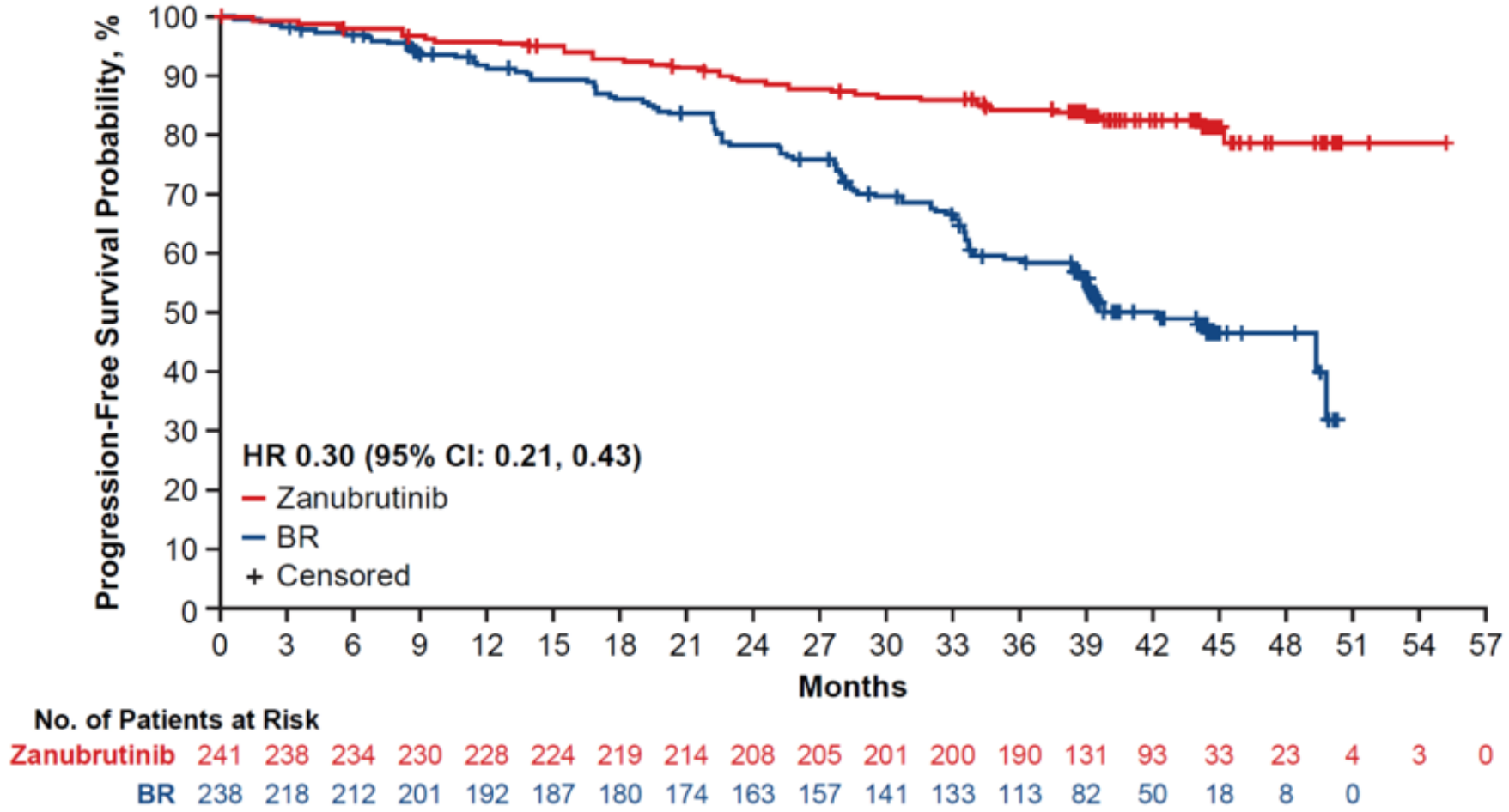
SEQUOIA Studie

Studiendesign: Cohorte 1



SEQUOIA Studie

Endpunkt Progressions-freies Überleben nach 43.7 Monaten Beobachtungszeit



OS-Rate bei 42 Monaten:

Zanubrutinib	89%
BR	88%

Kapitel 2

Kombination Ibrutinib + Venetoclax in der Erstlinientherapie

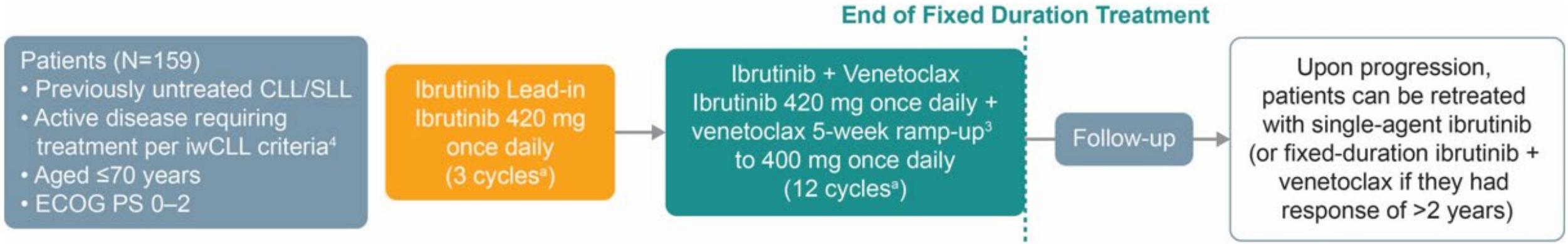
CAPTIVATE-Studie: Ibrutinib + Venetoclax

155: Fixed-duration ibrutinib + venetoclax in chronic lymphocytic leukemia (CLL)/small lymphocytic lymphoma (SLL): 4-y follow-up from the FD cohort of the phase 2 CAPTIVATE study

Paolo Ghia, Milano, Italien

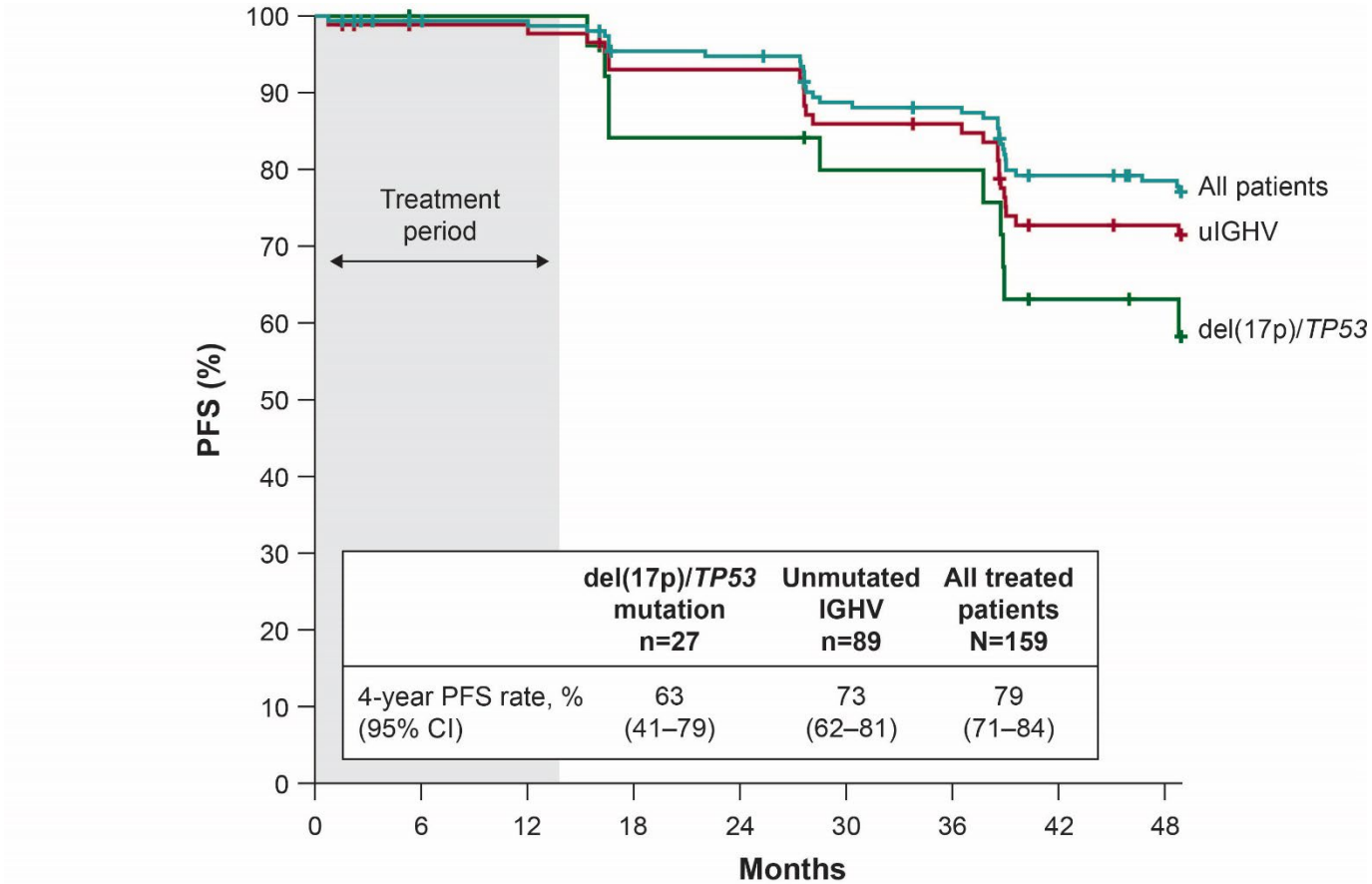
CAPTIVATE: Ibrutinib + Venetoclax Therapie mit fester zeitlicher Begrenzung

Studiendesign: 2 Kohorten (MRD-gesteuert und zeitlich feste Begrenzung)



CAPTIVATE: Ibrutinib + Venetoclax Therapie mit fester zeitlicher Begrenzung

Progressions-freies Überleben von 159 Patienten nach median 49.8 Monaten Beobachtung

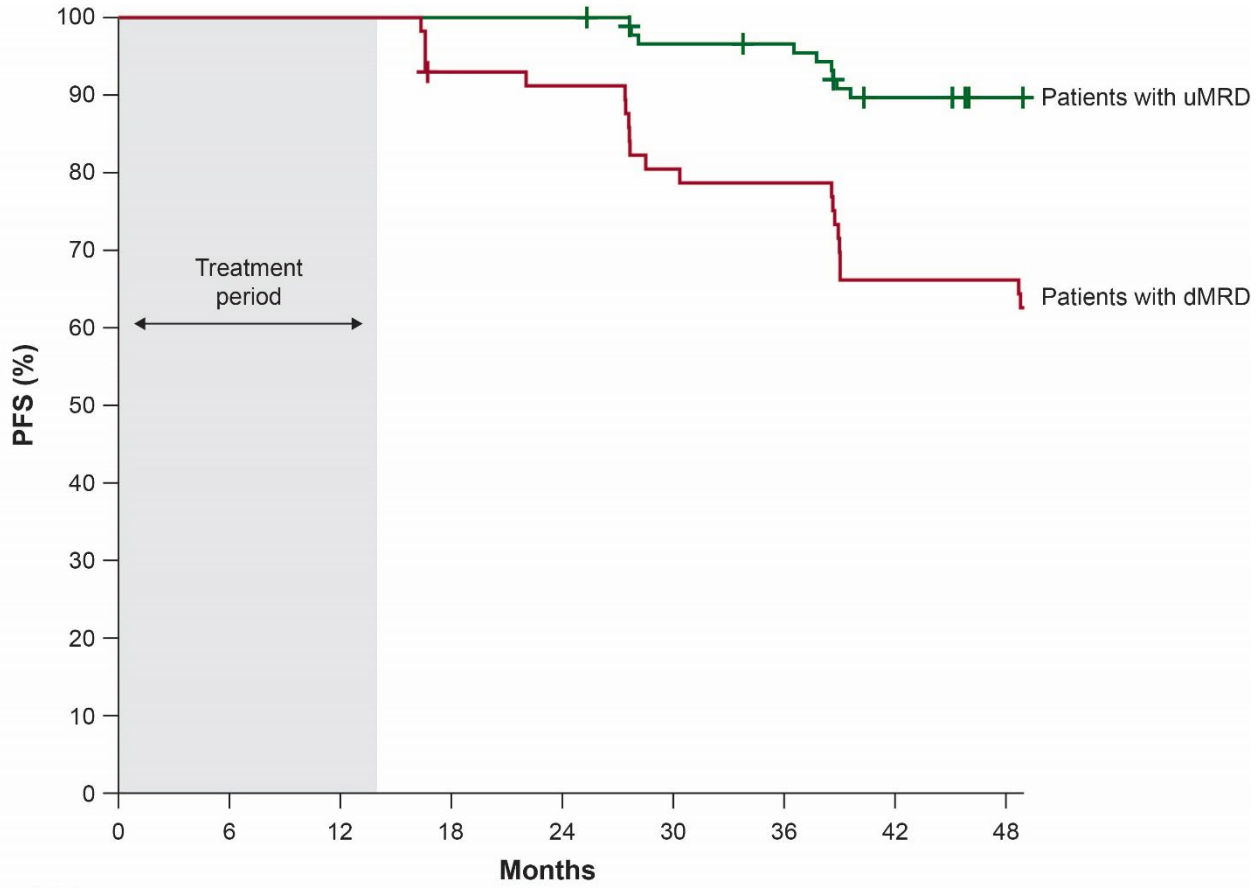


	del(17p)/*TP53* mutation n=27	Unmutated IGHV n=89	All treated patients N=159
4-year PFS rate, % (95% CI)	63 (41–79)	73 (62–81)	79 (71–84)

Patients at risk									
del(17p)/*TP53* mutation	27	26	26	21	21	19	19	14	13
Unmutated IGHV	89	85	85	79	79	73	72	59	58
All treated patients	159	153	152	144	143	132	130	115	111

CAPTIVATE: Ibrutinib + Venetoclax Therapie mit fester zeitlicher Begrenzung

Progressions-freies Überleben: Landmarkanalyse nach MRD Status nach Therapieende



Patients at risk									
Patients with uMRD	90	90	90	90	90	85	84	76	73
Patients with dMRD	57	57	57	52	51	45	44	37	37

CAPTIVATE: Ibrutinib + Venetoclax Therapie mit fester zeitlicher Begrenzung

Ergebnisse der ersten Rezidivtherapie nach IV

Patient	Baseline high risk features[a]				Response to FD ibrutinib + venetoclax[a]		Response to retreatment with ibrutinib
	del(17p)	TP53 mutated	uIGHV	Complex karyotype	PFS (months)	Best response	Best Response
1	No	No	Yes	Unknown	38.6	CR	CR
2	No	No	Yes	No	20.3	PR	PR
3	No	No	Yes	No	19.4	PR	PR
4	No	No	Yes	No	44.2	CR	PR
5	No	No	Yes	Yes	38.6	CR	PR
6	No	No	Yes	No	27.4	PR	PR
7	No	No	Yes	Yes	38.6	PR	PR
8	No	No	Yes	Yes	27.6	CR	PR
9	Yes	No	No	No	28.5	CRi	PR
10	Yes	No	Yes	Yes	16.6	PR	PR
11	No	No	Yes	No	36.5	CR	PR
12	No	No	No	No	27.4	PR	PR
13	No	No	No	Yes	22.0	PR	PR
14	No	No	No	Yes	30.4	PR	PR
15	No	No	Yes	Yes	38.6	CR	PRL
16	No	No	Yes	No	39.6	PR	SD
17	Yes	Yes	Yes	Yes	48.8	PR	PD[b]

Kapitel 3

Richter – Transformation:

Kombinationstherapie mit Ziel-gerichteten Substanzen

MOLTO Phase 2-Studie bei Richter Transformation

027: Efficacy and safety of MOLTO, a multicenter, open label, phase II clinical trial evaluating venetoclax, atezolizumab and obinutuzumab combination in Richter Syndrome

A. M. Frustaci, Milano, Italien

MOLTO-Studie bei der RT

Studiendesign

Key inclusion

- **DLBCL** type RT
- ≥18 yrs
- ECOG<3
- Previously **UNtreated** RT

(may have been treated for CLL)

Key exclusion

- CNS localization
- No prior atezo, obi or venetoclax
- No history of autoimmune disease

Data cut-off: Feb 2023

28 pts
First 9 included in the safety-run phase

First pts-in: Oct 2019
Last pts-in: Oct 2022

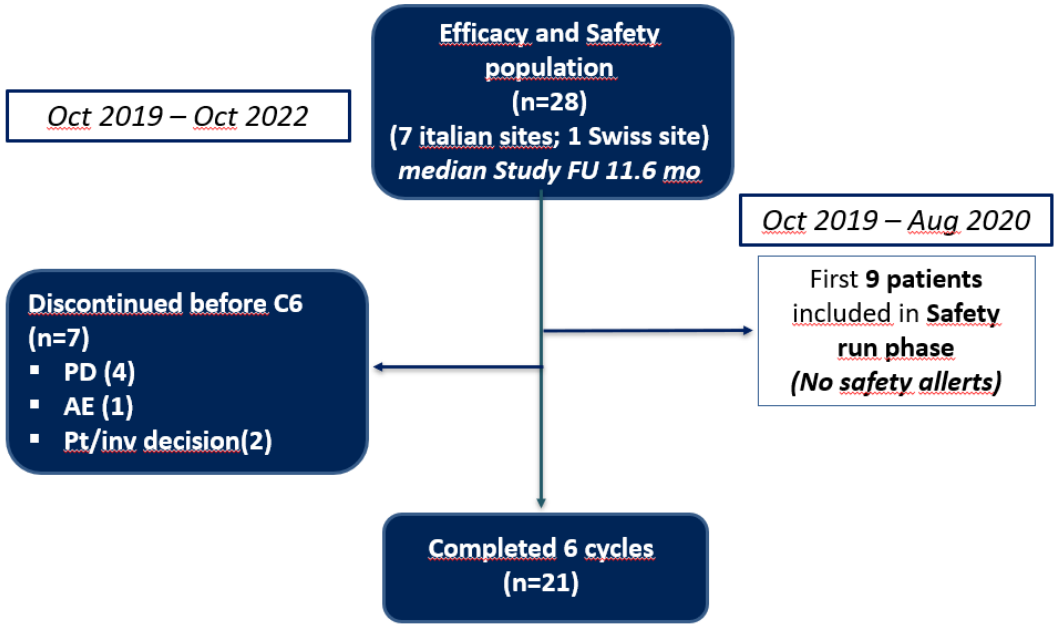
Study mFU: 11.6 months

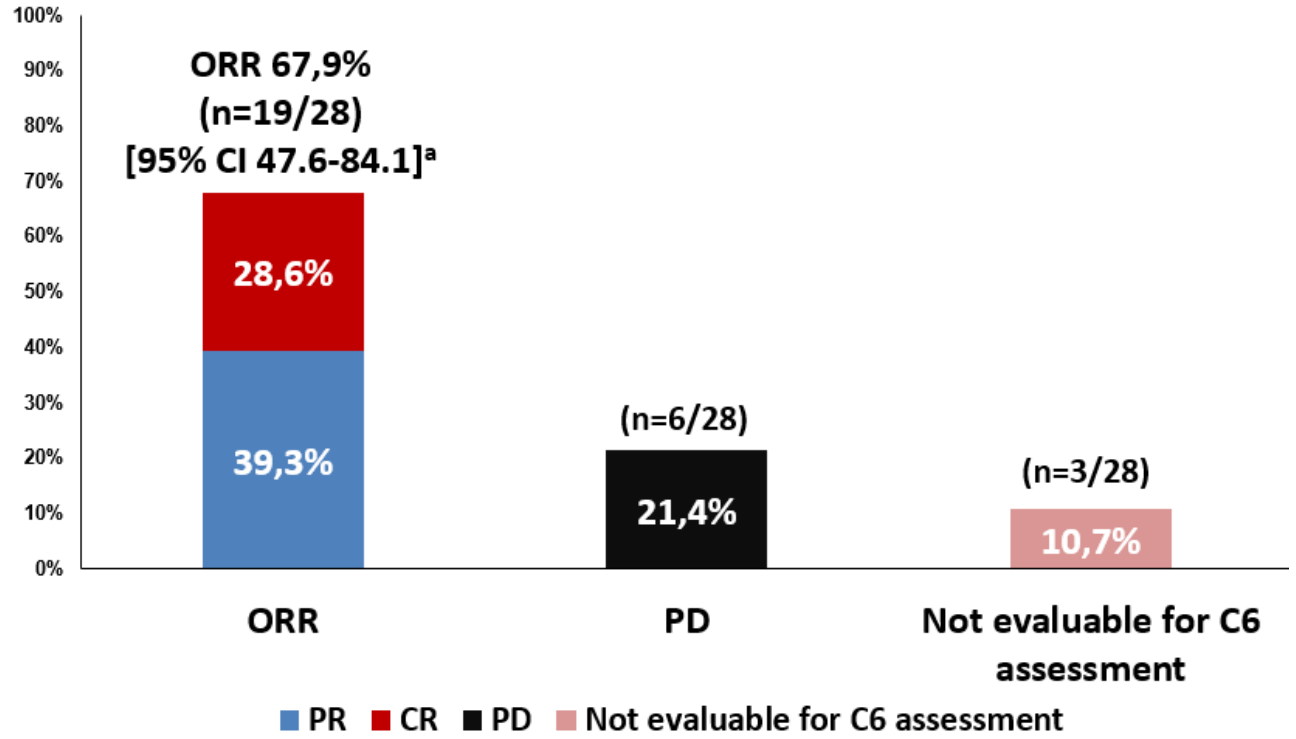
ObinutuzuMab
AtezOlizumab
VenetocLax
In RichTer
transfOrmation

Study identifier
NCT04082897

MOLTO-Studie bei der RT

Studienpopulation und Ansprechen in n = 28 Patienten



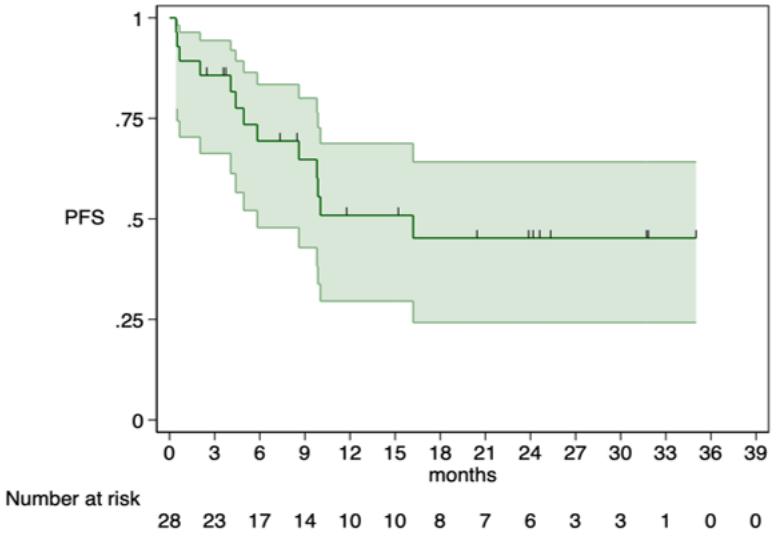


MOLTO-Studie bei der RT

Ergebnisse: PFS, EFS und OS

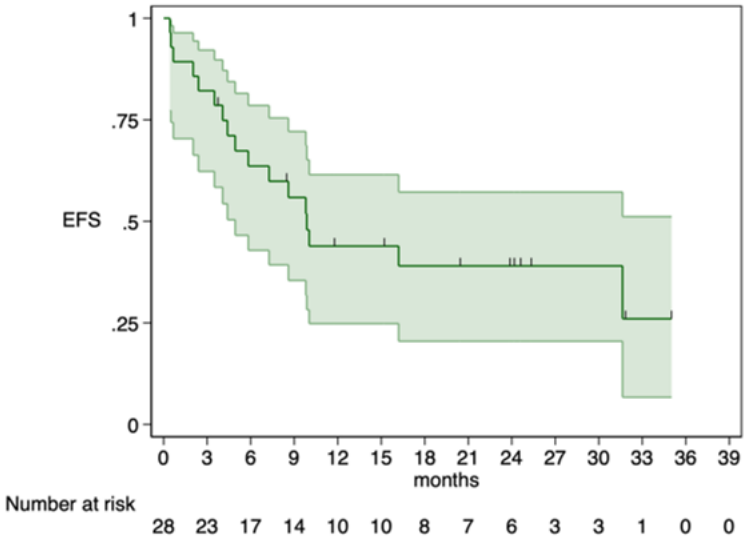
Time to Progression

12-mo TTP 50.9% [95%CI (29.6-68.8)]
(median 16.2 months)



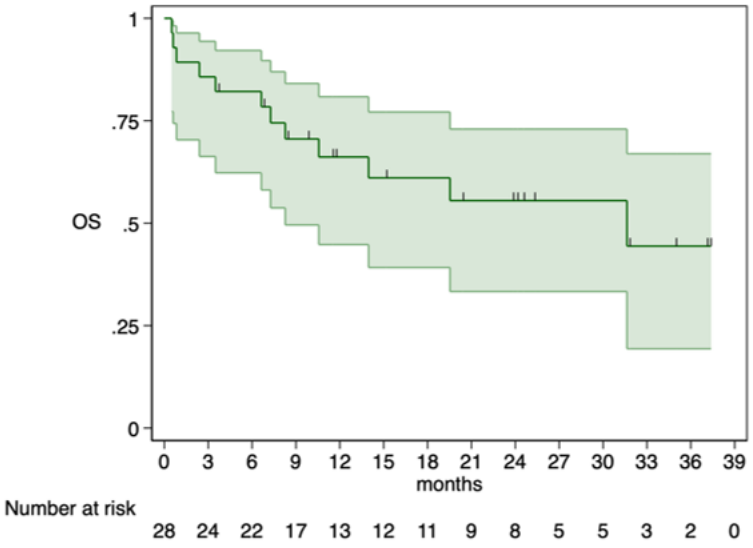
EFS

12-mo EFS 43.9% [95%CI (24.8-61.5)]
(median 9.9 months)



OS

12-mo OS 66.2% [95% CI (44.8.8-80.9)]
(median 31.6 months)



Die Kurzpräsentationen sind online unter

www.lymphome.de/icml2023

Für den Inhalt verantwortlich:

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Lymphom Kompetenz KOMPAKT

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Expert:innen berichten zu Lymphomen & Leukämien

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