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

Dr. med. Thomas Weber
Universitätsklinikum Halle (Saale)

T-Zell-Lymphome (T-NHL)

Offenlegung potentieller Interessenskonflikte

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

Anstellungsverhältnis, Führungsposition	Keine
Beratungs-/ Gutachtertätigkeit	Takeda, MEI Pharma
Besitz von Geschäftsanteilen, Aktien oder Fonds	Keine
Patent, Urheberrecht, Verkaufslizenz	Keine
Honorare	Takeda
Finanzierung wissenschaftlicher Untersuchungen	Takeda, Ideogen, Clinigen, Estevé
Andere finanzielle Beziehungen	Keine
Immaterielle Interessenkonflikte	Keine

Kapitel 1

Verbesserung von CHOP

Targeted agents combined with CHOP compared with CHOP as the first-line therapy for peripheral T-cell lymphoma: preliminary results from a phase 2 GUIDANCE-03 Trial

Abstract #42

Mingci Cai et al.

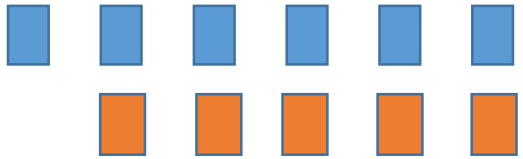
Targeted agents combined with CHOP compared with CHOP as the first-line therapy for peripheral T-cell lymphoma: preliminary results from a phase 2 GUIDANCE-03 Trial

Abstract #42

Phase II non-randomized

PTCL mit
Gewebe für NGS

CHOP + X
N = 48



TP53mut — Decitabine 5mg/m^2 i.v. d-5 bis -1

TET2/KMT2Dmut — Azacytidine 100 mg s.c. d-7 bis -1

CREBBP/EP300mut — Tuzidinostat 20 mg s.c. d1, 4, 8, 11

Keine Mutation — Lenalidomide 25 mg p.o.

CHOP
N = 48

Primärer Endpunkt CRR
Sekundärer Endpunkte u.a.
ORR, PFS, OS, Sicherheit

Targeted agents combined with CHOP compared with CHOP as the first-line therapy for peripheral T-cell lymphoma: preliminary results from a phase 2 GUIDANCE-03 Trial

Clinical Characteristics

	CHOPX (n=48)	CHOP (n=48)
Age (year): Median (IQR)	63 (56-69)	63 (54-69)
Gender-Male: n (%)	31 (65)	31 (65)
Stage III-IV: n (%)	37 (77)	41 (85)
Elevated LDH: n (%)	38 (79)	33 (69)
ECOG performance status 0-1: n (%)	43 (90)	39 (81)
IPI 2-5: n (%)	44 (92)	42 (87)
PIT 2-4: n (%)	34 (71)	31 (65)

Pathological Characteristics

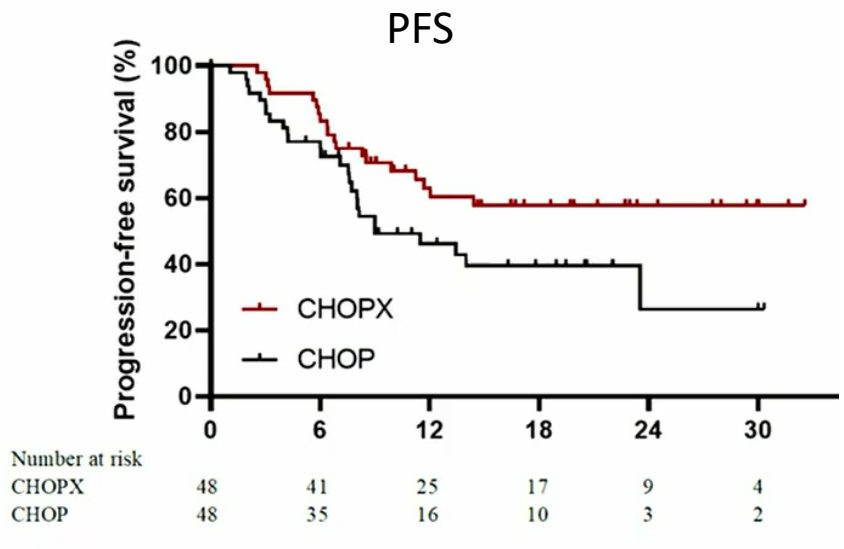
	CHOPX (n=48)	CHOP (n=48)
AITL, n (%)	32 (67)	29 (60)
PTCL-NOS, n (%)	8 (17)	10 (21)
ALK-ALCL, n (%)	3 (6)	4 (8)
MEITL, n (%)	5 (10)	3 (6)
HSTL, n (%)	/	2 (4)

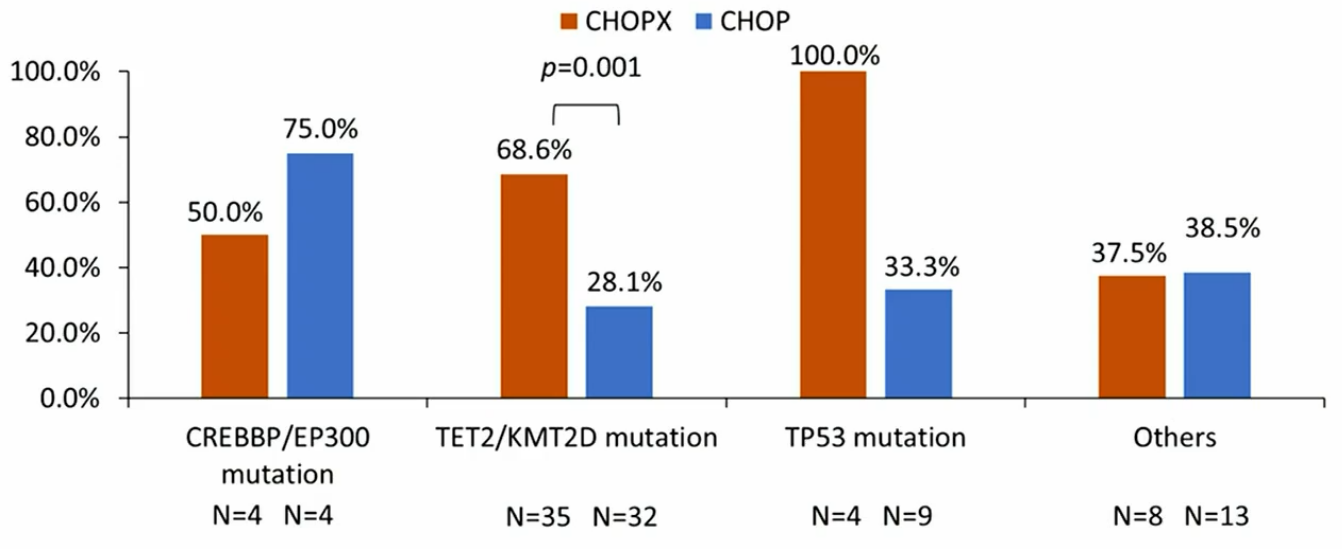
Targeted agents combined with CHOP compared with CHOP as the first-line therapy for peripheral T-cell lymphoma: preliminary results from a phase 2 GUIDANCE-03 Trial

Primary Endpoint: CR rate

	CHOPX (N=48)	CHOP (N=48)	*p* value
Response status, n(%)			
Complete response*	31 (64.6%)	16 (33.3%)	0.004
Partial response	2 (4.2%)	9 (18.8%)	
Stable disease	5 (10.4%)	9 (18.6%)	
Progressive disease	11 (22.9%)	14 (29.2%)	
Overall response rate	33 (68.8%)	25 (52.1%)	

Targeted agents combined with CHOP compared with CHOP as the first-line therapy for peripheral T-cell lymphoma: preliminary results from a phase 2 GUIDANCE-03 Trial





Median follow-up 19.7months

	CHOPX	CHOP
1-year PFS (95% CI)	63.0% (46.6%-74.8%)	46.1% (30.6%-59.8%)

Targeted agents combined with CHOP compared with CHOP as the first-line therapy for peripheral T-cell lymphoma: preliminary results from a phase 2 GUIDANCE-03 Trial

Adverse Events

Toxicity	CHOPX	CHOP
Treatment related grade 3-4 AEs (%): Hematological		
Neutropenia	65%	52%
Thrombocytopenia	14%	8%
Anemia	23%	17%
Febrile neutropenia	23%	19%
Treatment related grade 3 AEs (%): Non-hematological		
Infection	10%	4%
Nausea or vomiting	4%	2%
Increased aminotransferase	4%	2%
Fatigue	2%	2%

Romidepsin plus CHOP versus CHOP in Patients with Previously Untreated Peripheral T-Cell Lymphoma: final analysis of the Ro-CHOP trial

Abstract #41

Vincent Camus et al.

Romidepsin plus CHOP versus CHOP in Patients with Previously Untreated Peripheral T-Cell Lymphoma: final analysis of the Ro-CHOP trial

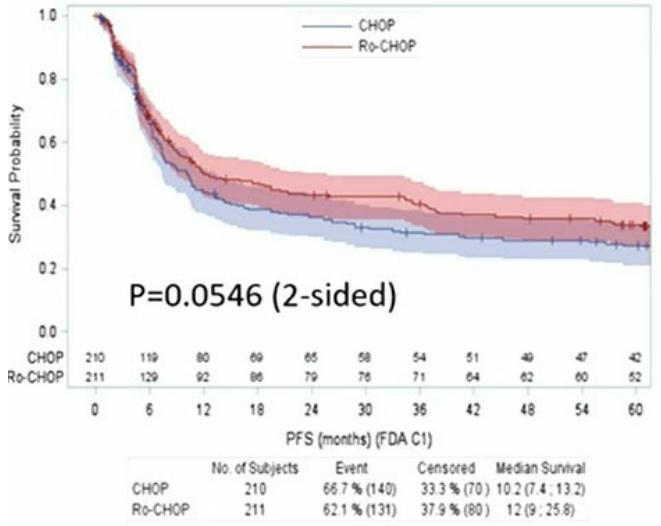
- Phase III, randomisiert
- Patienten:
  - PTCL (AITL, PTCL NOS, AKL$^-$ ALCL, EATL, HSTL)
  - 18-80 Jahre
  - keine konsolidierende SZT geplant
- Design:

  CHOP (n=208)

  vs.

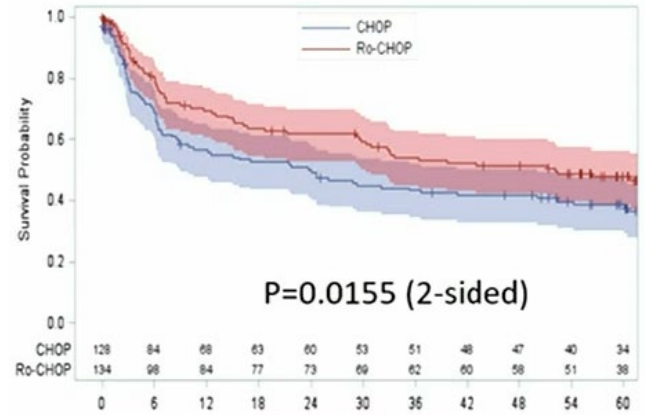
  Romidepsin + CHOP (n=210)
- Primärer Endpunkt: PFS
- Analyse, medianes FU 71,8 Monate

PFS



	No. of Subjects	Event	Censored	Median Survival
CHOP	210	66.7 % (140)	33.3 % (70)	10.2 (7.4 ; 13.2)
Ro-CHOP	211	62.1 % (131)	37.9 % (80)	12 (9 ; 25.8)

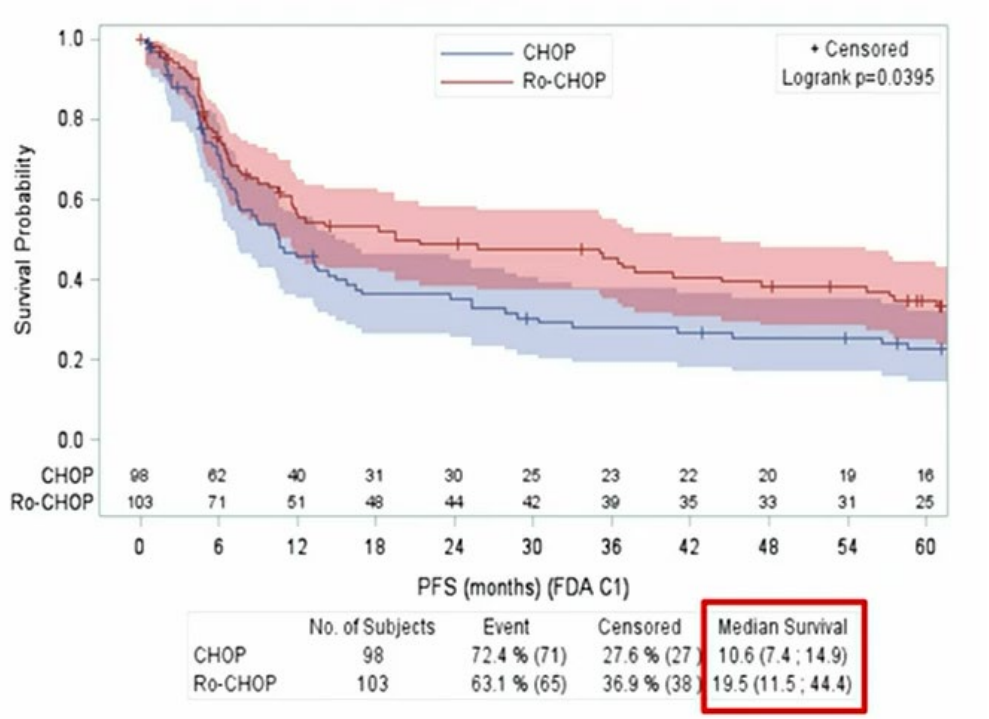
DOR (explorativ)



	No. of Subjects	Event	Censored	Median Survival
CHOP	128	62.5 % (80)	37.5 % (48)	24 (8.8 ; 50.1)
Ro-CHOP	134	50 % (67)	50 % (67)	52.2 (30.3 ; NA)

Romidepsin plus CHOP versus CHOP in Patients with Previously Untreated Peripheral T-Cell Lymphoma: final analysis of the Ro-CHOP trial

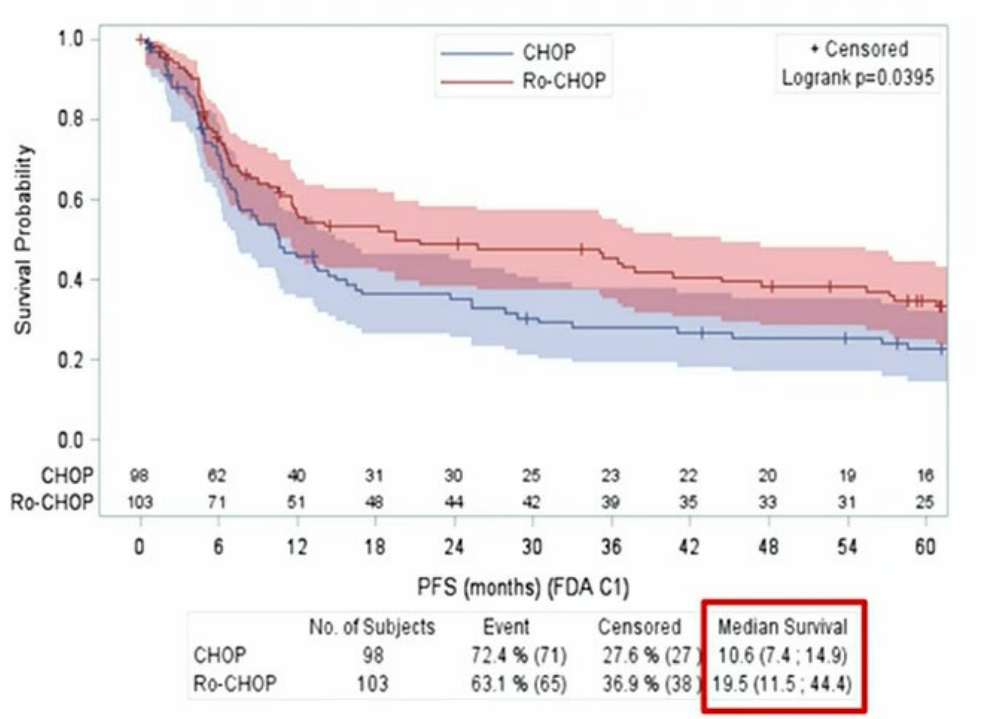
PFS TFH-PTCL



	No. of Subjects	Event	Censored	Median Survival
CHOP	98	72.4 % (71)	27.6 % (27)	10.6 (7.4 ; 14.9)
Ro-CHOP	103	63.1 % (65)	36.9 % (38)	19.5 (11.5 ; 44.4)

Romidepsin plus CHOP versus CHOP in Patients with Previously Untreated Peripheral T-Cell Lymphoma: final analysis of the Ro-CHOP trial

PFS TFH-PTCL



≥ 1 TEAE Leading to Dose Modification, n (%)	Ro-CHOP (n = 210)	CHOP (n = 208)
Romidepsin reduction	77 (37)	NA
Romidepsin interruption	132 (63)	NA
Romidepsin discontinuation	17 (8)	NA
CHOP reduction	54 (26)	31 (15)
CHOP interruption	75 (36)	42 (20)
CHOP discontinuation	7 (3)	6 (3)

Patients Completed All 6 Cycles Without Reduction or Interruption, n (%)	Ro-CHOP (n = 210)	CHOP (n = 208)
Romidepsin	62 (30)	NA
CHOP	112 (53)	125 (60)

Kapitel 2

Therapie rezidivierter/ refraktärer T-NHL

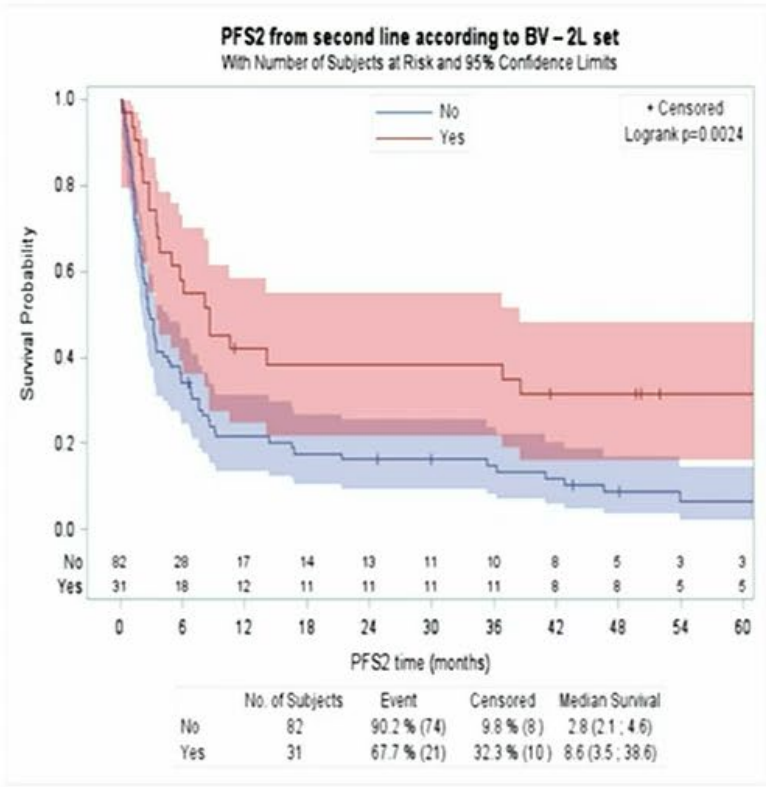
Romidepsin plus CHOP versus CHOP in Patients with Previously Untreated Peripheral T-Cell Lymphoma: final analysis of the Ro-CHOP trial

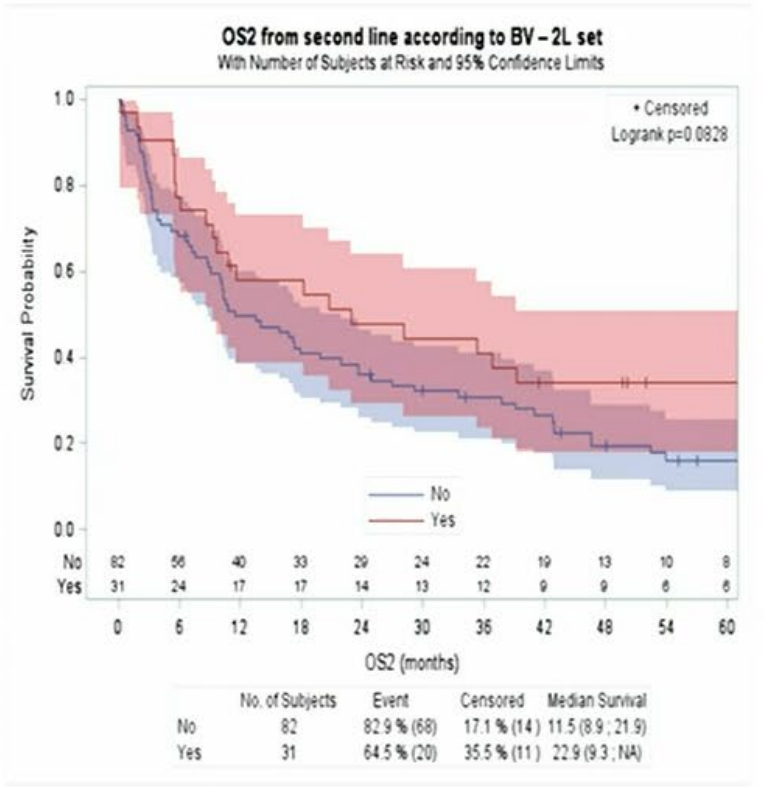
- 2L Therapie (n=251)
- Medianes Alter 66 Jahre
- Ann Arbor III-IV: 84,1%
- IPI 5: 28,7%

Therapie	**N**
Chemotherapie	
DHAOX	23 (9,2%)
DHAP	13 (5,2%)
ESHAP	18 (7,2%)
GDP	8 (3,2%)
ICE	17 (8,4%)
GemOx	21 (8,4%)
Bendamustin	21 (8,4%)
andere	130 (51,8%)
Brentuximab Vedotin	31 (12,4%)
Allogene SZT	14 (5,6%)
Autologe SZT	21 (8,4%)

Romidepsin plus CHOP versus CHOP in Patients with Previously Untreated Peripheral T-Cell Lymphoma: final analysis of the Ro-CHOP trial

2L inklusive Brentuximab Vedotin und PFS2





Golidocitinib in Treating Refractory or Relapsed Peripheral T- Cell Lymphoma: Primary Analysis of the Multinational Pivotal Study Results (JACKPOT8)

Abstract #43

Wonseog Kim et al.

Golidocitinib in Treating Refractory or Relapsed Peripheral T- Cell Lymphoma: Primary Analysis of the Multinational Pivotal Study Results (JACKPOT8)

Phase II JAK1i in r/r T-NHL

- Einschlusskriterien:
  - ≥ 1 Therapielinie
  - ≥ 18 Jahre
  - ECOG-PS 0-2
- Therapie:
  - Golidocitinib 150 mg QD bis Progress
- Endpunkte:
  - Primärer: ORR
  - Sekundär: Sicherheit OS, PFS

Patienten:

- 112 Patienten
- Medianes Alter 58 Jahre (20-79)
- Median 2 Vortherapien (1-3)
- Z. n. SCT 2 (1,8%)
- Histologie
  - PTCL NOS n=51 (45,5%)
  - AITL n =16 (14,3%)
  - ALCL n=11 (9,8%)

Golidocitinib in Treating Refractory or Relapsed Peripheral T- Cell Lymphoma: Primary Analysis of the Multinational Pivotal Study Results (JACKPOT8)

Sicherheit

Overview of Safety, n (%)	n = 112	
	all	drug-related
Any TEAE	106 (94.6)	99 (88.4)
Any TEAE with Grade ≥ 3	72 (64.3)	62 (55.4)
Any SAE	34 (30.4)	25 (22.3)
TEAE leading to dose interruption	52 (46.4)	42 (37.5)
TEAE leading to dose reduction	9 (8.0)	9 (8.0)
TEAE leading to drug discontinuation	8 (7.1)	7 (6.3)
TEAE with fatal outcome	2 (1.8)	1 (0.9)

Effektivität

ORR IRC 44%, CRR IRC 24%

Histology Subtypes[1]	Total Number of Subjects, n[2] (%)	ORR[3], n (%)	CRR[3], n (%)
PTCL, NOS	50 (56.8)	23 (46.0)	14 (28.0)
AITL	16 (18.2)	9 (56.3)	4 (25.0)
ALCL	10 (11.4)	1 (10.0)	0
NKTCL	3 (3.4)	2 (66.7)	1 (33.3)
Others	9 (10.2)	4 (44.4)	2 (22.2)

Mediane Zeit unter Therapie 1,6 Monate
DOR > 6 Monate

Kapitel 3

SZT und CAR-T-Zellen

Allogeneic transplantation in T-cell lymphoma: Lessons from the AATT study

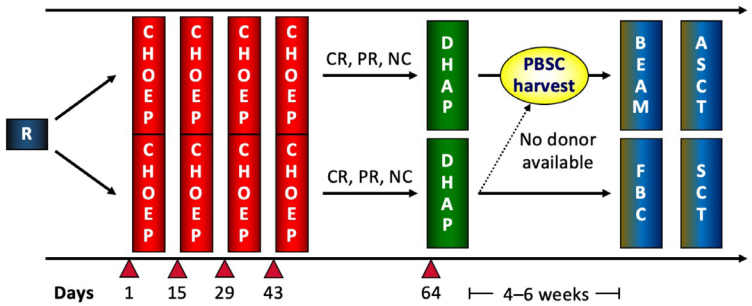
Poster # 378

O. Tournilhac*, B. Altmann*, B. Friedrichs, K. Bouabdallah, G. Cartron, M. Nickelsen, G. Wulf, M. Leclerc, A. Vilatte, P. Turlure, L. Sanhès, R. Houot, M. Roussel, L. de Leval, A. Rosenwald, P. Gaulard, P. Dreger, B. Glass, C. Latière, G. Damaj, G. Lenz, P. Reimer, A. Banos, K. Bilger, E. Durot, D. Sibon, E. Wagner, S. Nguyen, L. Trümper, M. Ziepert, N. Schmitz

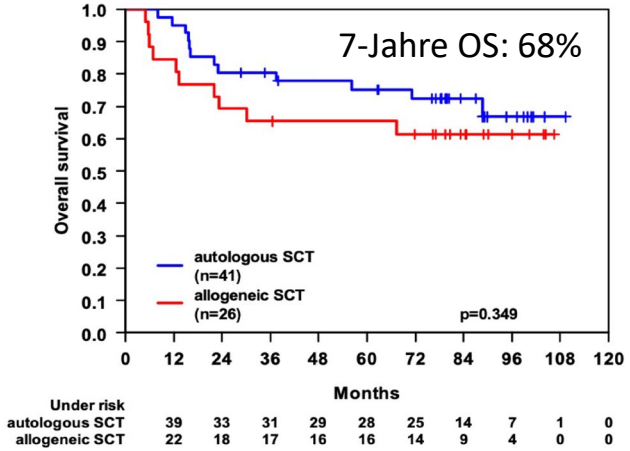
for the French (LYSA and SFGM-TC) and German Lymphoma Alliance (GLA).

Allogeneic transplantation in T-cell lymphoma: Lessons from the AATT study

- Patients 18-60 years
- ECOG 0-3
- Untreated peripheral TCL
- Except stage I and aaIPI 0



Gesamtüberleben, PP (n=67)



Allogeneic transplantation in T-cell lymphoma: Lessons from the AATT study

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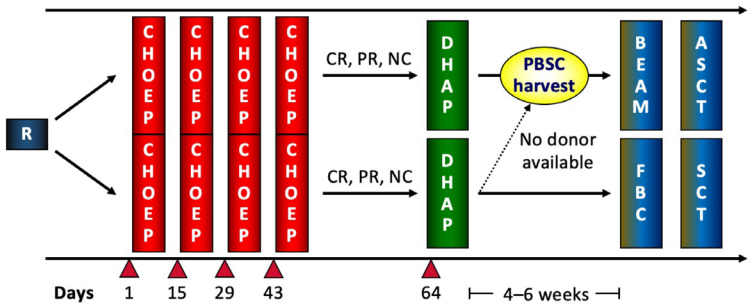

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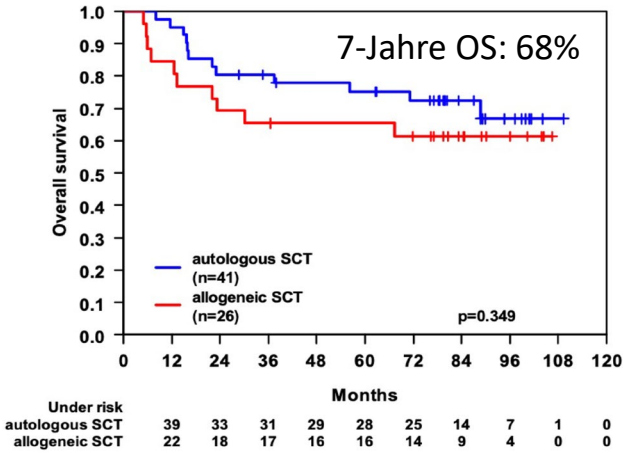
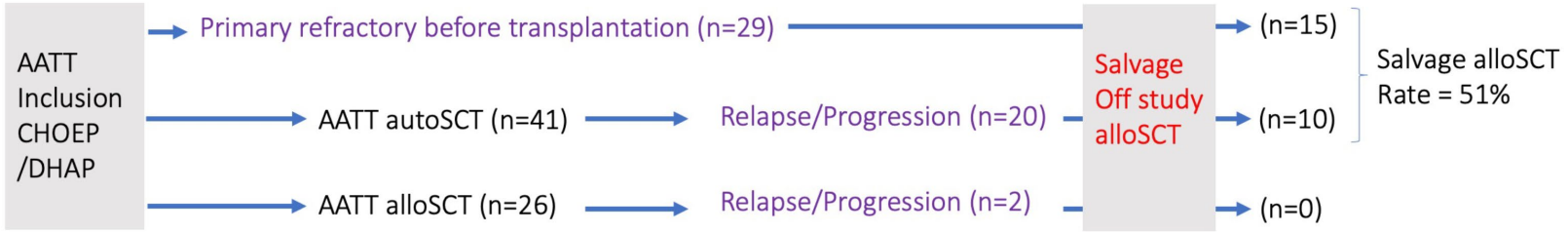
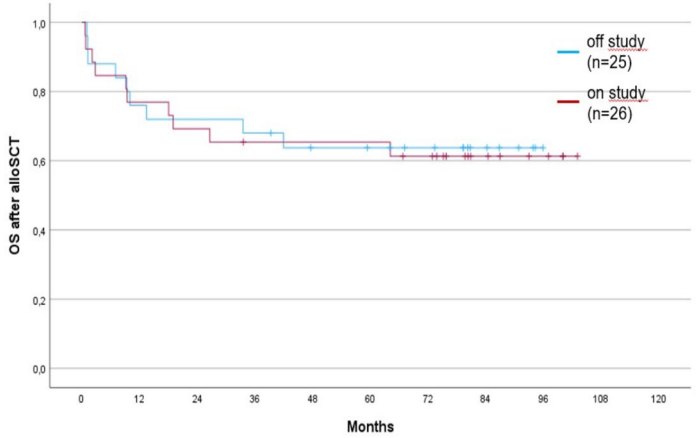




Gesamtüberleben



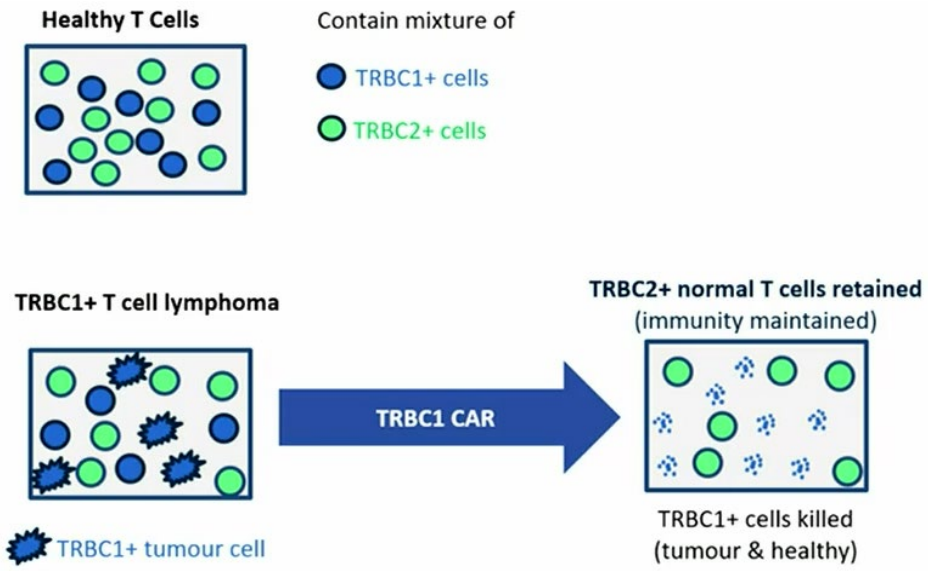
FIRST IN HUMAN STUDY OF AUTO4, A TRBC1-TRAGETTING CART T CELL THERAPY IN RELAPSED/REFRACTORY TRBC1-POSITIVE PERIPHERAL T-CELL LYMPHOMA

Abstract # 44

Kate Cwynarski et al.

FIRST IN HUMAN STUDY OF AUTO4, A TRBC1-TRAGETTING CART T CELL THERAPY IN RELAPSED/REFRACTORY TRBC1-POSITIVE PERIPHERAL T-CELL LYMPHOMA

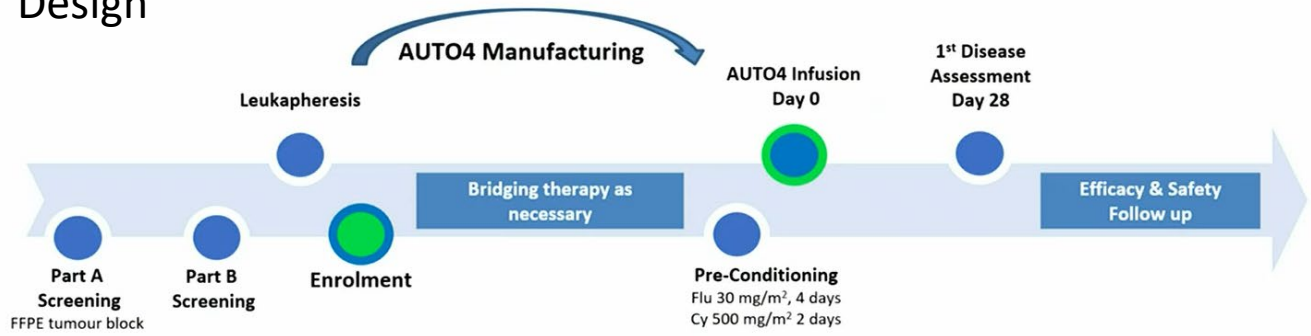
TRBC1-CART



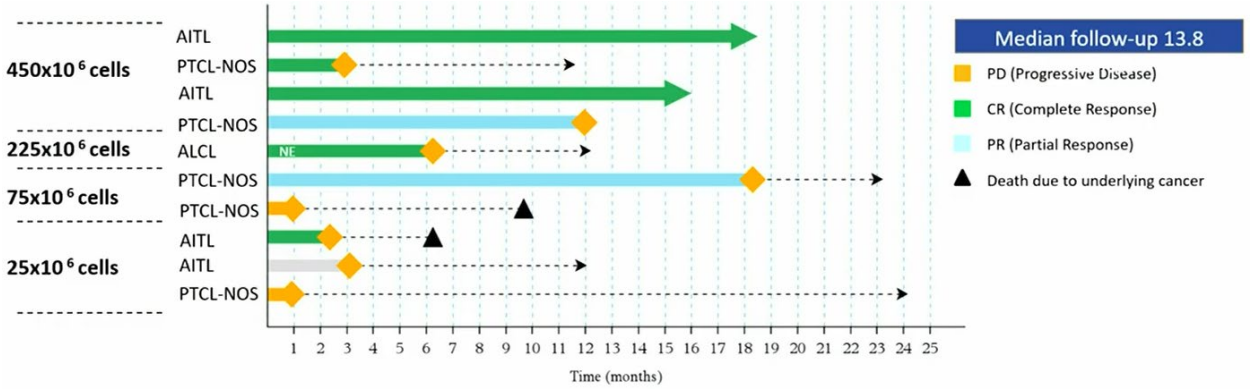
AUTO4 CART

- 30% T-NHL TRBC1+
- TBRC1 depletierte CART
- >5000x TBRC1 Affinität

Design



Effektivität



Toxizität

- CRS ≥ 3° 1/13, ICANS 0/13, Infektion ≥ 3° 1/13

Zusammenfassung – Take Home Massages

- Auswertungen von Guidance-03 und Ro-CHOP-Studie unterstützten die Daten zur Wirksamkeit von HDACi in TFH-PTCL, auch wenn kein aktuell Einsatz in der Routineversorgung zu erwarten ist.
- Analysen aus Ro-CHOP geben Indizien für eine gute Wirksamkeit von Brentuximab Vedotin-haltigen Regimen in r/r T-NHL.
- JAK1i Golidocitinib mit moderaten Ansprechem aber hoher Tox in r/r T-NHL.
- AATT Analyse zeigt Unterstreicht den Stellenwert der allogenen SZT in r/r T-NHL mit ähnlich gutem Gesamtüberleben wie für Patienten mit allogener SZT in 1. Remission.
- TRBC1 CART als möglicher zukünftiger Therapieansatz.

Die Kurzpräsentationen sind online unter

www.lymphome.de/icml2023

Für den Inhalt verantwortlich:

Dr. med. Thomas Weber

Universitätsklinikum Halle (Saale)

Kompetenznetz Maligne Lymphome

Lymphom Kompetenz KOMPAKT

KML KONGRESSE

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