LymphomaHub

ASCO 2018

Highlights

lymphomahub.com

Scientific Education Support

LymphomaHub is delivered by Scientific Education Support (SES)

FOLLICULAR LYMPHOMA

- **PHASE III RELEVANCE study (abstract 7500) – Nathan Fowler**
  - R2 (rituximab + lenalidomide) vs R-chemo followed by rituximab maintenance in patients with ND FL
    - 1,030 patients included
    - Efficacy results were similar (ORR, CRu, DoR)
    - No superiority of R2 vs R-chemo in terms of PFS at 120 weeks
    - More Grade 3 / 4 neutropenia in the R-chemo arm (50%) compared with R2 (32%)
    - Longer follow-up needed for mature PFS and OS data

  Summary – Expert's interview
- **Current advances in FL – Sonali Smith**
  - Results of the RELEVANCE trial: longer follow-up needed
  - New PI3K inhibitor approved in the US (copanlisib)

  Expert's interview
- **Polatuzumab vedotin in combination with BR (abstract 7507) – Laurie Sehn**
  - Randomized controlled trial against BR – 80 R/R FL patients
    - Increase of low grade AEs (peripheral neuropathy) and grade 3-5 AEs (neutropenia, anemia and febrile neutropenia [but no infection])
    - No difference in CRR, mPFS and mOS

  Expert's interview
- **Phase 1b/2 of Hu5F9-G4 (abstract 7504) – Ranjana Advani**
  - Hu5F9-G4: first-in-class anti-CD47 antibody (5F9)
  - 7 patients with R/R FL
  - MTD not reached
  - In combination with rituximab: CRR = 43%, mDoR not reached

  Summary

DLBCL

- **TRANSCEND NHL 001 study (abstract 7505) – Jeremy Abramson**
  - JCAR017 (lisocabtagene maraleucel)
    - 102 patients included with R/R aggressive NHL
    - DLBCL cohort: ORR = 80%, CRR = 59%
    - 93% patients in remission at 6 months remained in remission at the latest follow-up
    - Most important Grade 3 / 4 events = neutropenia and fatigue, CRS: 37%, NE: 23%

  Summary
- **Durable responses with axi-cel in R/R DLBCL in the ZUMA-1 trial (abstract 3003) – Frederick Locke**
  - 108 patients treated with axi-cel (axicabtagene ciloleucel), follow-up: 15.4 months
    - ORR = 82%, CRR = 58%, mDoR = 11.1 months
    - Responders at 3 months have 80% chance to maintain their response at 1 year. Some PR converted into CR at 1 year

  Summary - **Expert's interview**
- **Polatuzumab vedotin in combination with BR (abstract 7507) – Laurie Sehn**
  - Randomized controlled trial against BR – 80 R/R DLBCL patients
    - Increase of low grade AEs (peripheral neuropathy) and grade 3-5 AEs (neutropenia, anemia and febrile neutropenia [but no infection])
    - CRR: 40% (*vs* 15%), mPFS: >6 months (*vs* 2 months), mOS: >11 months (*vs* <5 months)

  Expert's interview
- **Phase 1b/2 of Hu5F9-G4 (abstract 7504) – Ranjana Advani**
  - Hu5F9-G4: first-in-class anti-CD47 antibody (5F9)
    - 15 patients with R/R FL
    - MTD not reached
    - In combination with rituximab: CRR = 33%, mDoR not reached

  Summary

HL

- **Final analysis of the AHL2011 LYSA trial (abstract 7503) – Olivier Casasnovas**
  - 823 patients included with untreated HL – early PET-driven treatment de-escalation after 2 cycles of BEACOPPesc *vs* not PET- monitored strategy
    - mFU: 50.4 months – 4-y PFS: 87.1% v*s* 87.4%; 5-y PFS: 85.7% *vs* 86.2%; 4-y OS: 97.1% *vs* 96.9%; 5-y OS: 96.4% *vs* 95.2%

  Summary – Expert's interview – G. Salles's interview
- **Novel therapies for R/R HL beyond transplant – Catherine Diefenbach**
  - Not all relapsed patients are the same
    - 1st relapse and ASCT = SoC but for patients in CR2
    - BV: 35% CRR in 2nd line salvage prior to SCT, effective in consolidation post AST (mPFS: 42.9% *vs* 24.1%, but no difference in mOS)
    - BV + B: CRR: 76%, 18-months PFS: 75%
    - Nivolumab: CRR between 9% and 17%
    - BV + ipi: CRR = 48%, 1-y PFS = 58%
    - BV + nivo: CRR = 67%, 6-months PFS = 93%
    - Other new agents tested (mTORi, HDACi)
    - Allo-SCT: 3-y OS = 50% but 20% mortality

  Expert's interview
- **Risk-adapted treatment strategies for advanced-stage HL – Joseph Connors**
  - Brentuximab vedotin improves effectiveness of CT (improvement of curability?)
  - New agents tested in poorest prognostic patients

  Expert's interview

CLL

- **Ibrutinib and venetoclax in treatment-naïve CLL (abstract 7502) – William Wierda**
  - Undetectable MRD in 77% patients after 6 cycles and 79% after 12 cycles
  - No new safety signals

  Summary – **Expert's interview**
- **High and durable MRD- with venetoclax and rituximab in R/R CLL (abstract 7508) – Peter Hillmen**
  - MRD-: VenR = 84% *vs* BR = 23%
  - 83% of patients maintained MRD-, regardless of risk features

  Expert's interview
- **The potential of venetoclax for patients with 17p deletion – Michael Hallek**
  - Studied in high-risk patients (17p deleted. P53 mutated or complex karyotype)
  - Venetoclax in combination with rituximab (Murano trial) or ibrutinib (Captivate trial) or obinutuzumab induce long-lasting remissions (several years in the Murano trial) and MRD-

  Expert's interview
- **Role of chemo-immunotherapy in CLL – Susan O'Brien**
  - Relapse setting;
    - no role for chemotherapy
    - Retreatment with FCR or BR
    - Ibrutinib for 17p and 11q deleted patients
    - VenR
  - Front-line setting: SoC = FCR
    - Patients with IgVH mutation: FCR
    - Fit unmutated and elderly patients : ibrutinib

  Expert's interview

MISCELLANEOUS

FL

- **Retrospective analysis on biopsy-proven FL transformation in the rituximab era – Marek Trněný**
  - 1200 patients with FL, 546 relapses, 370 tFL; risk of transformation is ≈10%
  - Rituximab might reduce the risk of transformation

  Expert's interview
- **Definition and management of high-risk FL patients – Stefano Luminari**
  - The most important prognostic factor is the duration of response
  - Early relapses have to be considered as aggressive disease (intensified treatment with ASCT)

  Expert's interview

DLBCL

- **Real-time CoO subtype identification by genetic profiling (abstract 7548) – Greg Nowakowski**
  - Feasible on a global scale (mean time: 2.6 days) – ROBUST phase III trial
  - Incidence of ABC (355-38% in the US, 40% in Europe and 60% in Asia)

  Expert's interview
- **Tailored therapy for aged patients with aggressive lymphoma – Raoul Cordoba**
  - 3 different prognostic factors identified: age, IPI and co-morbidities to define 3 risk-groups: robust (to be treated as younger patients), vulnerable or frail

  Expert's interview

DLBCL, FL

- **Overview of immunotherapy – Carol Jacobson**
  - TRANSCEND study: CRR = 50%
  - Phase I monoclonal antibody anti CD47 + rituximab in FL, DLBCL
  - ORR = 50%, CR in 1/3 of patients. Very good safety profile

  Expert's interview

MISCELLANEOUS CONT'D

CTCL

- **Novel therapies for CTCL – Francine Foss**
  - BV (ALCANZA trial) efficient even in patients with very low expression of CD30
  - Mogamulizumab (anti CCR4), especially efficient in SZ
  - Other investigational agents (targeting CD25 or mRNA155)

Expert's interview

WM

- **Acalabrutinib in monotherapy (abstract 7501) – Roger Owen**
  - Efficient in treatment-naïve patients: 93% ORR, 24-months duration of response rate = 90%, 90% 24-m PFS, 24-m OS = 92%
  - Activity in R/R patients: 93% ORR, 24-months duration of response rate = 84%, 82% 24-m PFS, 24-m OS = 89%
  - Most common grade ≥3 AEs: neutropenia, pneumonia and low respiratory tract infection

Summary

CLL, FL and WM

- **Potential for CT-free future – Bruce Cheson**
  - FL: R2 regimen; WM: acalabrutinib; CLL: doublets with rituximab idelalisib, ibrutinib or venetoclax

Expert's interview

www.lymphomahub.com