Aggressive Lymphoma (Diffuse Large B-Cell and Other Aggressive B-Cell Non-Hodgkin Lymphomas)—Results from Prospective Clinical Trials: Immunotherapy

223 Late Effects of CD19-Targeted CAR-T Cell Therapy

Ana Cordeiro, et al.

The Abstract concludes: O*ur data suggest that long-term effects of CD19-targeted CAR-T cell therapy are acceptable. Most effects identified in our cohort were not severe, and many may have been related to prior or subsequent therapies (e.g. HCT before or after CAR-T cell therapy, or subsequent salvage treatments). Our data is consistent with recent published data demonstrating excellent long-term disease outcome for this heavily pre-treated population.*

224 A Phase I First-in-Human Clinical Trial of CD19-Targeted 19-28z/4-1BBL "Armored" CAR T Cells in Patients with Relapsed or Refractory NHL and CLL Including Richter's Transformation

Jae H. Park, et al.

The Abstract concludes: *Treatment with 19-28z/41BBL armored CAR T cells appears to be safe. No severe CRS was observed and severe NTX occurred in 8% of the pts with no case of cerebral edema. The overall CR rate of 57% is encouraging with 11 of the 12 pts remaining in CR at the time of this report. CR rates were higher in pts with large cell lymphoma (88%) compared to CLL (22%), though most of CLL pts received lower dose of CAR T cells (7 pts at DL1-3 vs. 2 pts at DL4). Pts with CLL may require higher doses of CAR T cells or incorporation of the CAR therapy in earlier lines of treatments. Detailed cytokine and CAR T cell expansion analysis in comparison to our previous cohort of pts treated with the 2nd generation 1928z CAR T cells will be presented.*

225 Phase I/II Trial of Multi-Target Chimeric Antigen Receptor-Modified T Cells (4SCAR2.0) Against Relapsed or Refractory Lymphomas

Lung-Ji Chang, et al.

The Abstract concludes: *These early results of the multi-target 4SCAR2.0 therapy for the treatment of highly resistant lymphomas have demonstrated increased safety and improved response rate. There is clear overall clinical benefit with the multi-target CART regimen as compared with the single CD19 CART treatment. Continued follow-up will determine whether the 4SCAR2.0 therapy can obtain long term overall survival in these pts.*

226 CD20-Tcb (RG6026), a Novel "2:1" Format T-Cell-Engaging Bispecific Antibody, Induces Complete Remissions in Relapsed/Refractory B-Cell Non-Hodgkin's Lymphoma: Preliminary Results from a Phase I First in Human Trial

Martin Hutchings, et al.

The Abstract concludes: *CD20-TCB is a novel 2:1 format T-cell-engaging bispecific antibody which already at suboptimal doses displays promising clinical activity in heavily-pretreated B-NHL. In addition, Gpt has shown clinical proof of principle as an approach to efficiently mitigate CRS. An update on safety and efficacy as well as biomarker data will be presented.*

227 Single-Arm Phase II Study of MOR208 Combined with Lenalidomide in Patients with Relapsed or Refractory Diffuse Large B-Cell Lymphoma: L-Mind

Gilles Andre Salles, et al.

The Abstract concludes: *MOR208 in combination with LEN has shown highly encouraging activity in patients with R-R DLBCL who were ineligible for HDC and ASCT and who had a poor prognosis. These results indicate a significant improvement in outcome for these patients who have very limited treatment options. MOR208 plus LEN was well tolerated in this population, without evidence of additive toxicity. Treatment and follow-up are currently ongoing, as are cell of origin and other biomarker analyses.*

228 Pembrolizumab in Patients with Relapsed or Refractory Primary Mediastinal Large B-Cell Lymphoma (PMBCL): Data from the Keynote-013 and Keynote-170 Studies

Philippe Armand, et al.

The Abstract concludes: *Together with the longer follow-up results of KN013, KN170, the largest prospective clinical trial in rrPMBCL, establishes the robust antitumor activity of pembrolizumab in this*

disease, with exceptionally durable responses and survival in responding patients. These results provided the basis for the FDA accelerated approval of pembrolizumab in patients with rrPMBCL.