FOLLICULAR LYMPHOMA

S. Dirnhofer, Basel (Switzerland), et al.

PROGNOSTIC IMPLICATIONS OF THE MICROENVIRONMENT IN FOLLICULAR LYMPHOMA UNDER RITUXIMAB AND RITUXIMAB+LENALIDOMIDE THERAPY; A TRANSLATIONAL STUDY OF THE SAKK35/10 TRIAL

Authors Conclusion from the abstract: Based on data from this prospective clinical trial on FL, we identified tumor microenvironmental characteristics which may allow prognostic stratification with respect to immuno- and combined immuno- and immunomodulatory therapy. Our analysis implicates that lenalidomide might help to overcome the adverse prognostic implication of higher amounts of regulatory T cells in the microenvironment of follicular lymphoma and that it may have particularly favorable effects in cases with higher amounts of TH2-equivalents as demonstrated by GATA3-positive T-cells. Additional analysis by gene expression profiling of the microenvironment may further contribute to a better understanding of this so far still underestimated component of follicular lymphoma.

P. Perez Galan, Barcelona (Spain), et al.

DECIPHERING THE CONTRIBUTION OF MACROPHAGES TO FOLLICULAR LYMPHOMA PATHOGENESIS: NEW INSIGHTS INTO THERAPY

Authors Conclusion from the abstract: In summary, these results support the role of M2 macrophages in FL pathogenesis and suggest that therapies manipulating FL-M2 crosstalk may be a new strategy, especially in combination with anti-B cell therapies.

C.L. Batlevi, New York, NY (USA), et al.

IMPACT OF PET IMAGING AND HISTOLOGIC TRANSFORMATION ON THE PROGNOSIS OF EARLY DISEASE PROGRESSION IN FOLLICULAR LYMPHOMA

Authors Conclusion from the abstract: Our study provides evidence that in the modern era of PET-based staging, PFS24 may not be a robust surrogate endpoint for OS. The improved outcomes in PET-staged patients with early progression may be associated with identification and exclusion of patients with transformed disease at time of therapy. Patients with early progression are at risk for early death. In contrast, patients with early progression and no evidence of transformation have an extended OS, suggesting aggressive upfront therapies may not be warranted in these patients.

M. Federico, Modena (Italy), et al.

RESPONSE ORIENTED MAINTENANCE THERAPY IN ADVANCED FOLLICULAR LYMPHOMA. RESULTS OF THE INTERIM ANALYSIS OF THE FOLL12 TRIAL CONDUCTED BY THE FONDAZIONE ITALIANA LINFOMI

Authors Conclusion from the abstract: In patients with intermediate-high risk FL according to FLIPI2 and requiring systemic therapy, omission of R-maintenance resulted in a significantly lower 3-year PFS, despite the attainment of a post-induction complete metabolic response.

F. Morschhauser, Lille (France), et al.

INTERIM UPDATE FROM A PHASE 2 MULTICENTER STUDY OF TAZEMETOSTAT, AN EZH2 INHIBITOR, IN PATIENTS WITH RELAPSED OR REFRACTORY FOLLICULAR LYMPHOMA

Authors Conclusion from the abstract: Tazemetostat 800 mg BID appears to be generally well tolerated with observed meaningful clinical activity and durability of response in pts with R/R FL. ORR was pronounced in pts with EZH2 activating mutations. Late onset responses have been reported on tazemetostat. Given the consistently favorable safety and low rates of discontinuation due to TEAEs, these encouraging phase 2 data demonstrate that EZH2 inhibition may be an important and effective therapeutic target in FL.

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