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ONLINEPORTAL FÜR ONKOLOGIE UND ONKOLOGISCHE HÄMATOLOGIE

HIGH RISK LARGE B-CELL LYMPHOMAS

M.K. Gandhi, Brisbane (Australia), et al.

EBV+ CNS LYMPHOMAS HAVE A DISTINCTIVE TUMOR MICROENVIRONMENT AND GENETIC PROFILE, WHICH IS AMENABLE TO COMBINATION 3RD PARTY EBV- SPECIFIC CTL AND IBRUTINIB THERAPY

Authors Conclusion from the abstract: EBV+ CNSL in the immunosuppressed, have a tolerogenic TME with intact antigen presentation and expression of viral antigens, upregulated NFB signalling and absent CARD11 mutations. Results support combination strategies that cross the Blood Brain Barrier, to block NFB driven oncogenesis (ibrutinib), reconstitute EBV specific T cell immunity (3rd Party EBV specific CTL) and expand the TCR repertoire (ibrutinib). Findings led to an ALLG phase 1 clinical trial (ACTRN12618001541291).

S. Leppä, Helsinki (Finland), et al.

YOUNG HIGH RISK PATIENTS WITH DIFFUSE LARGE B-CELL LYMPHOMA INCLUDING BCL-2/MYC DOUBLE HIT LYMPHOMAS BENEFIT FROM DOSE-DENSE IMMUNOCHEMOTHERAPY WITH EARLY CNS PROPHYLAXIS

Authors Conclusion from the abstract: The results are encouraging with favorable survival rates, low toxic death rate and low number of CNS events.

G.S. Nowakowski, Rochester, MN (USA), et al.

SAFETY AND EFFICACY OF THE PD-L1 INHIBITOR DURVALUMAB WITH R-CHOP OR R2-CHOP IN SUBJECTS WITH PREVIOUSLY UNTREATED, HIGH-RISK DLBCL

Authors Conclusion from the abstract: Durva + R-CHOP combination therapy has an acceptable safety profile and demonstrates encouraging response rates in subjects with high-risk DLBCL including double-hit lymphoma.

M.S. Davids, Boston, MA (USA), et al.

INITIAL RESULTS OF A MULTICENTER PHASE 2 STUDY OF VENETOCLAX IN COMBINATION WITH DOSE- ADJUSTED R-EPOCH FOR PATIENTS WITH RICHTER'S SYNDROME (CRC-043)

Authors Conclusion from the abstract: Our initial data suggest that ven + da-R-EPOCH is a feasible regimen to treat RS. Expected toxicities from intensive chemoimmunotherapy were seen, without significant additional toxicity from ven, including no TLS with daily ven ramp-up. The 67% CR and PFS/OS of 10/16.3 mo are favorable in the context of historical results. Accrual is ongoing, and updated results will be presented.

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

IMPROVED OUTCOMES IN PATIENTS (PTS) WITH BCL2- POSITIVE DIFFUSE LARGE B-CELL LYMPHOMA (DLBCL) TREATED WITH VENETOCLAX (VEN) PLUS R-CHOP: RESULTS FROM THE PHASE 2 CAVALLI STUDY

Authors Conclusion from the abstract: Adding Ven to R-CHOP improved efficacy in BCL2 IHC+ 1L DLBCL pts versus matched GOYA controls. A higher rate of cytopenia, FN and infection was observed in CAVALLI vs GOYA; however, there was no increase in risk of death and the RDI of chemotherapy was similar.

E.A. Chong, Philadelphia, PA (USA), et al.

CD19-DIRECTED CAR T CELL THERAPY (CTL019) FOR RELAPSED/REFRACTORY DIFFUSE LARGE B-CELL AND FOLLICULAR LYMPHOMAS: FOUR YEAR OUTCOMES

Authors Conclusion from the abstract: At a median follow-up over four years, we demonstrate that a single infusion of CTL019 provides durable remissions in pts with relapsed/refractory DLBCL and FL. This is the longest follow-up for CTL019 therapy for relapsed/refractory B-cell lymphomas reported to date.