

MANTLE CELL LYMPHOMA

P. Jain, J. Romaguera, K. Nomi, S. Zhang, et al.

COMBINATION OF IBRUTINIB WITH RITUXIMAB (IR) IS HIGHLY EFFECTIVE IN PREVIOUSLY UNTREATED ELDERLY (>65 YEARS) PATIENTS (PTS) WITH MANTLE CELL LYMPHOMA (MCL) – PHASE II TRIAL

Authors Conclusion from the abstract: IR combination in elderly pts with MCL as a frontline treatment was very effective and safe. This strategy provides an excellent frontline alternate to chemotherapy in elderly pts with MCL.

M. Wang, P. Jain, S. Zhang, K. Nomi, et al.

IBRUTINIB WITH RITUXIMAB (IR) AND SHORT COURSE R-HYPERCVAD/MTX IS VERY EFFICACIOUS IN PREVIOUSLY UNTREATED YOUNG PTS WITH MANTLE CELL LYMPHOMA (MCL)

Authors Conclusion from the abstract: IR followed by short course R-HCVAD/R-MTX as frontline treatment induced durable and profound remissions in young MCL pts. This strategy demonstrated excellent efficacy and safety and minimized the exposure to chemotherapy.

A. Zoellner, M. Unterhalt, S. Stilgenbauer, K. Hübel, et al.

AUTOLOGOUS STEM CELL TRANSPLANTATION IN FIRST REMISSION SIGNIFICANTLY PROLONGS PROGRESSION- FREE AND OVERALL SURVIVAL IN MANTLE CELL LYMPHOMA

Authors Conclusion from the abstract: After a prolonged median follow up of 14 years the mature results of our trial confirm a significantly prolonged PFS and OS after ASCT in first remission of mantle cell lymphoma. However, there was only a non-significant trend for PFS and no difference in OS in the

subset of patients treated with a Rituximab-containing induction therapy, potentially due to the reduced statistical power of this subgroup analysis. In the current study generation, the substitution of ASCT by the BTK inhibitor Ibrutinib is evaluated.

S. Le Gouill, A. Beldi-Ferchiou, V. Cacheux, G. Salles, et al.

[OBINUTUZUMAB PLUS DHAP FOLLOWED BY AUTOLOGOUS STEM CELL TRANSPLANTATION \(ASCT\) PLUS OBINUTUZUMAB MAINTENANCE PROVIDES A HIGH MRD RESPONSE RATE IN UNTREATED MCL PATIENTS, RESULTS OF LYMA-101 TRIAL, A LYSA GROUP STUDY](#)

Authors Conclusion from the abstract: The Lyma-101 trial successfully achieved its primary endpoint (84.9% of MRD BM negativity after induction) and demonstrates the high efficacy of O-DHAP as induction chemotherapy regimen before ASCT with an unprecedented high level of MRD negativity, which predict better PFS and OS. Longer FU is needed to evaluate patient outcome after O-DHAP/ASCT/Obinutuzumab on-demand maintenance. However, both PFS and OS are highly encouraging at one year.

Y. Song, K. Zhou, D. Zou, J. Zhou, et al.

[ZANUBRUTINIB IN PATIENTS WITH RELAPSED/ REFRACTORY MANTLE CELL LYMPHOMA](#)

Authors Conclusion from the abstract: Updated results of this study further substantiated the high activity of zanubrutinib resulting in a high rate of durable response in R/R MCL. The safety profile was consistent with previous reports of zanubrutinib treatment.

C. Visco, A. Di Rocco, M.C. Tisi, L. Morello, et al.

[OUTCOMES IN FIRST RELAPSED-REFRACTORY YOUNGER PATIENTS WITH MANTLE CELL LYMPHOMA: RESULTS FROM THE MANTLE-FIRST STUDY](#)

Authors Conclusion from the abstract: MANTLE-FIRST is the largest patient-level pooled retrospective analysis to characterize survival for a population of HDAC treated first r/r MCL. Time to POD confirmed its importance for treatment decisions, with allo-transplant being the only curative option in early-POD. Ibrutinib second line was associated with OS advantage, while R-BAC induced a higher CR rate and similar PFS.