NEW DRUG COMBINATIONS

G. Salles, Lyon (France), et al.

PRIMARY ANALYSIS RESULTS OF THE SINGLE-ARM PHASE II STUDY OF MOR208 PLUS LENALIDOMIDE IN PATIENTS WITH RELAPSED OR REFRACTORY DIFFUSE LARGE B-CELL LYMPHOMA (L-MIND)

Authors Conclusion from the abstract: The combination of MOR208 and LEN was well tolerated and has shown encouraging activity and long lasting responses in pts with R-R DLBCL, who have poor prognosis and urgently need effective therapies. Primary analysis results of the study with a recent cut-off (November 30, 2018) and a longer follow-up will be presented at this conference.

M. Dickinson, Melbourne (Australia), et al.

BET INHIBITOR RG6146, VENETOCLAX, AND RITUXIMAB IS A HIGHLY ACTIVE REGIMEN IN RELAPSED/REFRACTORY (R/R) DLBCL: INITIAL REPORT OF PHASE 1B SAFETY, BIOMARKER, AND RESPONSE DATA

Authors Conclusion from the abstract: RG6146, venetoclax, and rituximab is a tolerable, highly active regimen [46% ORR (25% CR)] with durable responses in R/R DLBCL and tFL. These results suggest the regimen is a valuable treatment option for heavily-pretreated R/R DLBCL patients.

C. Diefenbach, New York, NY (USA), et al.

POLATUZUMAB VEDOTIN (POLA) + OBINUTUZUMAB (G) + LENALIDOMIDE (LEN) IN PATIENTS (PTS) WITH RELAPSED/REFRACTORY (R/R) FOLLICULAR LYMPHOMA (FL): PHASE IB/II INTERIM ANALYSIS

Authors Conclusion from the abstract: The safety profile of Pola-G-Len is consistent with known profiles of the individual drugs. Response rates at EOI with Pola-G-Len are promising, with high CR compared with available R/R FL treatments.

A.D. Zelenetz, New York, NY (USA), et al.

THE PI3KΔ INHIBITOR ME-401 ± RITUXIMAB IN RELAPSED/REFRACTORY (R/R) FOLLICULAR LYMPHOMA (FL), CHRONIC LYMPHOCYTIC LEUKEMIA (CLL), AND SMALL LYMPHOCYTIC LYMPHOMA (SLL)

Authors Conclusion from the abstract: ME-401 achieves a high rate of durable responses in R/R FL and CLL/SLL. IS appears to reduce the incidence of irAEs and maintain responses. POD on IS can be successfully retreated by reverting to CS. A global study is enrolling pts with R/R FL randomized to ME-401 by IS or CS after 2 cycles of CS, with switch to IS for irAEs and switch to CS if POD on IS (NCT03768505).

S.M. Ansell, Rochester, MN (USA), et al.

INVESTIGATING SAFETY AND PRELIMINARY EFFICACY OF AFM13 PLUS PEMBROLIZUMAB IN PATIENTS WITH RELAPSED/REFRACTORY HODGKIN LYMPHOMA AFTER BRENTUXIMAB VEDOTIN FAILURE

Authors Conclusion from the abstract: The combination of AFM13 and pembrolizumab is well-tolerated with most AEs mild to moderate in nature. The ORR of 88% compares favorably to the historical data of pembrolizumab in a similar RRHL population, with the CR rates of 42% and 46% by local and independent assessment, respectively, approximately doubling that of pembrolizumab (CR rates 22-25%)^2.

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L. Falchi, New York, NY (USA), et al.

TARGETING THE PERIPHERAL T-CELL LYMPHOMA (PTCL) EPIGENOME WITH ORAL 5-AZACYTIDINE AND ROMIDEPSIN: RESULTS AND CLINICAL-MOLECULAR CORRELATIONS FROM A PHASE 2 STUDY

Authors Conclusion from the abstract: The AZA-ROMI combination is well tolerated and highly active in PTCL patients, particularly AITL or PTCL-TFH. TET2 mutations may portend a higher likelihood of response. Sequencing data from the entire study population will be presented (NCT01998035).