

## NON-CLINICAL AND EARLY CLINICAL DATA WITH NEW COMBINATIONS

*A.R. Mato, New York, NY (USA), et al.*

### [PHASE I/II STUDY OF UMBRALISIB \(TGR-1202\) IN COMBINATION WITH UBLITUXIMAB \(TG-1101\) AND PEMBROLIZUMAB IN PATIENTS WITH REL/REF CLL AND RICHTER'S TRANSFORMATION](#)

**Authors Conclusion from the abstract:** The triple combination of umbralisib + ublituximab + pembrolizumab was well-tolerated. Responses were durable in BTK refractory, high risk pts, including two CRs in RT pts. Data suggests that time-limited therapy could be possible. Enrollment is ongoing in both the CLL and RT cohorts and an amendment is planned to evaluate the triplet combination of U2 + TG-1501 (PD-L1 mAb).

*S.D. Smith, Seattle, WA (USA), et al.*

### [PEMBROLIZUMAB WITH RCHOP IN PREVIOUSLY UNTREATED DIFFUSE LARGE B-CELL AND GRADE 3B FOLLICULAR LYMPHOMA: FINAL RESULTS OF A PHASE I TRIAL](#)

**Authors Conclusion from the abstract:** P + RCHOP did not show toxicity beyond what is expected with RCHOP, and was associated with a high CR rate in this trial. FDG avid lesions in pts with PR were commonly false positives. Significant PDL-1 tumor staining was seen in most pts tested, and appears to predict PFS; final PDL-1 results will be presented. Our data supports further comparative study of P+RCHOP in DLBCL.

*C.S. Tam, Melbourne (Australia), et al.*

### [ZANUBRUTINIB PLUS OBINUTUZUMAB IN PATIENTS WITH CHRONIC LYMPHOCYTIC LEUKEMIA/SMALL LYMPHOCYTIC LYMPHOMA \(CLL/SLL\) OR RELAPSED/ REFRACTORY \(R/R\) FOLLICULAR LYMPHOMA \(FL\)](#)

**Authors Conclusion from the abstract:** The combination of zanubrutinib plus obinutuzumab was generally well tolerated and active in patients with CLL/SLL and R/R FL. Few patients discontinued due to AEs. A Phase 2 trial comparing zanubrutinib plus obinutuzumab against obinutuzumab alone in R/R FL is ongoing.

*T. Shree, Stanford, CA (USA), et al.*

[A PHASE I/II TRIAL OF IBRUTINIB, INTRATUMORAL CPG AND LOCAL RADIATION IN PATIENTS WITH LOW- GRADE B-CELL LYMPHOMA: INTERIM CLINICAL AND CORRELATIVE RESULTS](#)

**Authors Conclusion from the abstract:** Early data suggest that the combination of oral ibrutinib, intratumoral CpG, and local low-dose radiation is safe and can generate systemic antitumor immune responses and systemic tumor shrinkage in low-grade lymphoma.

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

[EXTENDED FOLLOW-UP OF A PHASE I TRIAL OF IPILIMUMAB, NIVOLUMAB AND BRENTUXIMAB VEDOTIN IN RELAPSED HODGKIN LYMPHOMA: A TRIAL OF THE ECOG-ACRIN RESEARCH GROUP \(E4412\)](#)

**Authors Conclusion from the abstract:** All combinations were well tolerated, with mainly grade 1-2 immune toxicities, however deaths secondary to pneumonitis were noted in N containing cohorts. The ORR and CR rate in the N containing cohorts is superior to that of B-I doublet; the CR of B-N-I is higher than both doublet combinations and some patients have durable responses. It remains to be seen if a higher CR rate will eventually translate into more durable response rates. The ongoing randomized phase 2 study (E4412) is comparing the B-N doublet to the B-N-I triplet (NCT01896999).

*T.E. Cummin, Southampton (UK), et al.*

[HIGH EXPRESSION OF BCL-2 AND BCL-XL IN DIFFUSE LARGE B-CELL LYMPHOMA CONFER POOR PROGNOSIS BUT MAY BE REVERSIBLE BY COMBINED INHIBITION WITH BET INHIBITORS AND BH3 MIMETICS.](#)

**Authors Conclusion from the abstract:** We identified a varied landscape of expression of anti-apoptotic

BCL-2 proteins in DLBCL and highlighted the contribution of high BCL-xL expression to treatment resistance in DLBCL. High expression of anti-apoptotic BCL-2 family members also provides resistance to BETi. However, this could be overcome by use of specific BH3-mimetics targeting the relevant pro-survival BCL-2 member, involving mitochondrial priming.