Abstracts

IBCL-025

Standardized Uptake Value Calculated from $^{111}$In-Ibritumomab Tiuxetan SPECT/CT is a Very Useful Predictor for Therapeutic Efficacy and Post-Treatment Neutropenia in Patients Treated by $^{90}$Y-IT

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Context: SUV measurement with $^{111}$In-Ibritumomab tiuxetan ($^{90}$Y-IT) SPECT/CT was a very useful predictor for the therapeutic effect and grade of post-treatment neutropenia due to $^{90}$Y-IT therapy. Background: $^{90}$Y-labelled Ibritumomab tiuxetan ($^{90}$Y-IT) therapy is one of radioimmunotherapy for indolent B-cell lymphoma. $^{111}$In-Ibritumomab tiuxetan single photon emission computed tomography/computed tomography (SPECT/CT) is used for imaging examination to exclude ineligible cases for $^{90}$Y-IT administration, which is actual therapeutic drug. Objective: To determine whether there is relationship between the tumor and bone marrow $^{111}$In-Ibritumomab tiuxetan uptake and the treatment effect and post-treatment cytopenia of $^{90}$Y-IT therapy. Design: Retrospective study, from January 2017 to March 2019. Patients: Consecutive patients treated with $^{90}$Y-IT therapy. Results: There were 13 cases (7 men and 6 women), including 12 cases who underwent $^{111}$In-Ibritumomab tiuxetan SPECT/CT. Median age was 68 (range, 59-89) years old. 11 of 13 cases were diagnosed as follicular lymphoma. Median number of previous regimens was 1 (1-3). Median level of soluble IL-2 receptor before $^{90}$Y-IT therapy was 792 (281-1550) U/ml. Median maximum SUV (SUV_max) in the tumor was 5.2 (0.22-22.8). Median mean SUV (SUV_mean) in the bone marrow was 2.69 (1.33-3.39). After $^{90}$Y-IT therapy, there were 4 cases with complete remission (CR), 4 cases with partial remission (PR), 2 cases with stable disease, and 1 case with progressive disease, respectively. The other cases have not been evaluated at this time. Median number of the lowest neutrophil and platelet count after $^{90}$Y-IT therapy were 546.5 (147-2230)/µL and 5.3 (1.7-9.1) x 10⁴/µL, respectively. In patients with CR and CR/PR achievement, the tumor SUV_max was significantly lower than the others (P<0.05, P<0.05). The cutoff values that predict CR and CR/PR using ROC analysis were 5.98 (AUC 0.893) and 8.69 (AUC 0.964), respectively. In patients whose neutrophils decreased less than 1000/µL after $^{90}$Y-IT therapy, the bone marrow SUV_max was significantly higher (P<0.05) and the cutoff value was 2.45 (AUC 0.857). Conclusions: SUV measurement with $^{111}$In-Ibritumomab tiuxetan SPECT/CT is a very useful predictor for the therapeutic effect and grade of post-treatment neutropenia due to $^{90}$Y-IT therapy. Keywords: ibritumomab tiuxetan, SPECT/CT, IBCL, indolent B-cell lymphoma

IBCL-064

Characterization of Duvelisib in Patients with Refractory Marginal Zone Lymphoma: Data from the Phase 2 DYNAMO Trial

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Context: Duvelisib, a first-in-class oral dual PI3-kinase-δ,γ inhibitor, is approved for the treatment of R/R CLL/SLL after ≥2 prior therapies and for follicular lymphoma (FL) after ≥2 prior systemic therapies. DYNAMO, a phase 2 trial that evaluated the safety and efficacy of duvelisib monotherapy in iNHL, including patients with marginal zone lymphoma (MZL). Patients were double refractory to rituximab-based therapy and chemotherapy or radioimmunotherapy. Objective: To characterize efficacy and safety of duvelisib for patients with MZL from DYNAMO. Design: DYNAMO was an open-label, single-arm trial in which patients received duvelisib 25 mg BID until disease progression or unacceptable toxicity. Primary endpoint was overall response rate (ORR) as assessed by independent review committee (IRC) per revised International Working Group criteria. Secondary endpoints included duration of response, progression-free survival (PFS) and safety. Results: Of the 129 patients in DYNAMO, 18 were of MZL histology, including 50% extranodal, 22.2% nodal, and 27.8% splenic subtypes. Median number of prior regimens was 2 (range, 1-8); 67% (n=12) were refractory to ≥2 regimens. The ORR per IRC was 39% (95% CI, 17.3%-64.3%), including 1 CR (ORR by subtype: 0% extranodal, 75% nodal, 80% splenic). Median time to response was 3.7 months. As of the data cutoff (18May2018) median duration of response had not been reached. The median PFS by IRC was 15.5 months (95% CI, 3.6-27.8 months). Adverse events (AEs) were mostly grade 1/2, the most common grade ≥3 AEs were neutropenia (28%) and diarrhea (17%). 33% of patients discontinued duvelisib due to AE(s), including 3 who were in PR at discontinuation. Follow-up imaging is not available for 1 patient, but the other 2 had sustained responses of
Survival Outcomes Following Idelalisib Interruption in the Treatment of Relapsed or Refractory Indolent Non-Hodgkin’s Lymphoma and Chronic Lymphocytic Leukemia

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Context: Idelalisib (Zydelig®, IDELA) is a PI3K d inhibitor approved for treatment of relapsed or refractory (R/R) follicular lymphoma and in combination with anti-CD20 for R/R chronic lymphocytic leukemia (CLL). Objective: To evaluate the impact of IDELA treatment interruption on duration of IDELA therapy (DoT), progression-free survival (PFS) and overall survival (OS) in patients with R/R indolent non-Hodgkin’s lymphoma (iNHL) and R/R CLL. Design: Retrospective analysis using data collected from patients with R/R iNHL treated with IDELA (Gopal et al., N. Engl. J. Med., 2014) or from patients with R/R CLL treated with IDELA + anti-CD20 (Furman et al., N. Engl. J. Med., 2014 and Jones et al., Lancet Haematol., 2017). Setting: Multi-site clinical trials. Interventions: IDELA interruption for at least one treatment day due to an AE. Main Outcomes: Comparison of IDELA DoT, PFS and OS of patients stratified by number of interruptions (0, 1 or ≥2) and by percentage of time off therapy (0, <8% and ≥8%). Results: Among iNHL patients, 62 of 125 (49.6%) interrupted therapy (31.2% with 1 and 18.4% with ≥2 interruptions) and among CLL patients, 157 of 283 (55.5%) interrupted therapy (27.2% with 1 and 28.3% with ≥2 interruptions). The most common AEs (any grade) leading to interruption were diarrhea, cytopenias/febrile neutropenia, hepatic toxicity and pneumonia. Patients without treatment interruption had a shorter DoT than patients with either 1 or ≥2 interruptions. Patients who experienced 1 or ≥2 treatment interruptions achieved a longer PFS and OS than patients with no interruption. To account for differences in DoT across the interruption groups, PFS and OS were compared based on percentage of time off therapy (≤8% time off therapy and >8% time off therapy).

Patients who interrupted with time off therapy ≤8%, but not >8%, had improved PFS and OS compared to patients who did not interrupt. Conclusions: In these clinical studies, both iNHL and CLL patients who interrupted therapy for a limited period had longer DoT and achieved longer PFS and OS than patients who did not interrupt. The impact of intermittent IDELA therapy on clinical outcomes should be confirmed with prospective clinical studies. Keywords: idelalisib, follicular lymphoma, CLL, intermittent therapy, IBCL, indolent B-cell lymphoma

Abstracts

Hairy Cell Leukemia: Results of the French Retrospective Cohort After 10 Years of Follow Up

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Objective: We realized an update of the French national retrospective cohort of hairy cell leukemias (HCL) after 10 years of follow up, focusing on second cancers. Design: Data were collected up to June 2018 thanks to a questionnaire sent to the members of the Société Française d’Hémato-oncologie, and centralized in the cohort database. To evaluate the excess of cancers in our cohort in comparison with the French general population, we calculated the standardized incidence ratio (SIR). Results: 279 patients (pts) from 19 centers were included (median age 59 years old (29-88)). 21% had an infectious disease at diagnosis, 23% had a familial history of cancer and 11% a personal history of cancer. The median follow up