ABCL-211
Comparison of Outcomes Between Patients with MYC Rearranged DLBCL and Double/Triple Hit High-Grade B-Cell Lymphoma: A Pan-London Retrospective Review

Dima El-Sharkawi,1 Sarkhara Sharma,1 Lucy Cook,2 Brian Hanley,2 Rosalyn Johnstone,3 Anita Arasaretam,3 Joanna Lazana,4 Paul Greaves,5 Amy Parkinson,5 Ying Peng,6 Shireen Kassam,4 Victoria Peacock,4 Richard Kaczmarski,7 Mark Bower,8 Betty Cheung,9 Corinne DeLord,10 Matthew Cross,1 Katherine Vroobel,11 Andrew Wotherspoon,11 Frances Aldridge,12 Jahanzaib Khwaja,13 Bhupinder Sharma,14 Matthew Cross,1 Katherine Vroobel,11 Andrew Wotherspoon,11 Frances Aldridge,12 Jahanzaib Khwaja,13 Bhupinder Sharma,14 Kate Cwynarski,13 Ruth Pettengell,6 Ian Chau,15 David Cunningham,15 Kikkeri Naresh,16 Sunil lyengar,7 Sophie Lindsay1

1Haematology, Royal Marsden Hospital, Sutton, United Kingdom; 2Haematology, Hammersmith Hospital, London, United Kingdom; 3Haematology, Royal Sussex County Hospital, Brighton, United Kingdom; 4Haematology, King’s College Hospital, London, United Kingdom; 5Haematology, Queen’s Hospital, Romford, United Kingdom; 6Haematology, St George’s Hospital, London, United Kingdom; 7Haematology, Hillingdon Hospital, Uxbridge, United Kingdom; 8Haematology, Chelsea and Westminster Hospital, London, United Kingdom; 9Haematology, Croydon University Hospital, Croydon, United Kingdom; 10Haematology, St Helier Hospital, Carshalton, United Kingdom; 11Histopathology, Royal Marsden Hospital, Sutton, United Kingdom; 12Clinical Cytogenetics, Royal Marsden Hospital, Sutton, United Kingdom; 13Haematology, University College Hospital, London, United Kingdom; 14Radiology, Royal Marsden Hospital, Sutton, United Kingdom; 15Department of Medicine, Royal Marsden Hospital, Sutton, United Kingdom; 16Histopathology, Hammersmith Hospital, Hammersmith, United Kingdom

Context: Chromosomal rearrangements enhancing the activity of the MYC proto-oncogene (MYC) and translocations affecting BCL2, BCL6 or both have been linked to adverse outcomes in Diffuse large B cell lymphoma (DLBCL). Objective: Capture trends in the management of patients with these chromosomal rearrangements. Methods: DLBCL patients with MYCr, double hit (DH) or triple hit (TH) were retrospectively identified at 9 London centres. Demographics, cytogenetics, treatment and outcomes were obtained from patient records and anonymised data were analysed. OS was defined as survival from date of diagnosis until death, censored at last follow-up. Median OS and follow-up time were calculated using the Kaplan Meier (KM) and reverse KM method respectively. Log-rank test was used to assess differences in median OS. Results: 101 patients were evaluated. 51 cases solely had MYC-r. 34 had DH and 16 TH. Median age was 65 years (Range 18-93). IPI was evaluable in 95 cases (0-2 in 28 and 3-5 in 67). There was no significant difference in median age or IPI comparing sole MYC-r to DH/TH cases. Of the 101 patients, 27 (17 MYC-r, 10 DH/TH) received either R-CODOX M/R-IVAC or DA R-EPOCH. 53 patients received R-CHOP or similar regimens with an equal split between MYC-r and DH/TH cases. The remaining had alternative treatments. With a median follow-up of 25 months, the median OS for patients with MYC-r was not reached (NR) versus 15 months for patients with DH/TH, p=0.2. In patients under 70 years, median OS for patients with DH/TH (n=36) was 13 months versus NR in the MYC-r patients (n=33), p=0.02. OS was 13 months in patients who received R-CHOP like chemotherapy (n= 23) and 15 months in those who had R-CODOX M/R-IVAC or DA R-EPOCH (n=10). Conclusions: Patients with DH/TH lymphomas had a dismal outcome irrespective of age and IPI. The data shows a trend towards better outcome in patients with sole MYC-r, those aged under 70 years had a significantly better outcome. Keywords: diffuse large B-cell lymphoma, ABCL, aggressive B-cell lymphoma

ABCL-224
A Phase 2b Study of Selinexor in Patients with Relapsed/Refractory (R/R) Diffuse Large B-Cell Lymphoma (DLBCL)


1University of Liverpool, Liverpool, United Kingdom; 2Azienda Ospedaliero-Universitaria Città della Salute e della Scienza di Torino, Torino, Italy; 3Addenbrooke’s Hospital, Cambridge, United Kingdom; 4Hackensack University Medical Center, Hackensack, New Jersey, United States; 5LUMC, Leiden, Netherlands; 6Hématologie Clinique, CHU Dijon, Dijon, France; 7St. Vincent’s Hospital Sydney, Darlinghurst, Australia; 8Institut Jules Bordet, Brussels, Belgium; 9Amsterdam UMC, Vrije Universiteit, Cancer Center, Amsterdam, Netherlands; 10Dr. B. R. A. Institute Rotary Cancer Hospital, New Delhi, India; 11Institut Paoli-Calmettes, Marseille, France; 12Hôpital Pitié Salpêtrière, Paris, France; 13Rabin MC, Petah Tiqwa, Israel; 14Cleveland Clinic, Cleveland, Ohio, United States; 15Medical University of Vienna, Vienna, Austria; 16Hospital Universitari Germans Trias i Pujol, Barcelona, Spain; 17Stony Brook University, Stony Brook, New York, United States; 18APHP, Saint-Louis Hospital, Hemato-oncology & Diderot university, Sorbonne Paris Cité, Paris, France; 19Hospital Universitario Virgen del Rocío, Sevilla, Spain; 20Teaching Hospital Mór Kaposi, Kaposvár, Hungary; 21Institute of Medical Sciences & SUM Hospital, Odisha, India; 22UZ Gent, Gent, Belgium; 23Lakon General Hospital, National and Kapodistrian University of Athens, Athens, Greece; 24Instytut Hematologii i
**ABCL-235**

The 6 Month Nightmare

Mohamed A. Ebrahim;1 Maryan Waheeb Fahmi,1 Shaimaa El-Ashwah,2 Layla M. Saleh,3 Shahira El-Etreby,4 Marwa M. Hamouda,5 Ashraf A. Khater,6 Sameh Shamaa1

1Medical Oncology Unit, Internal Medicine Department, Faculty of Medicine, Mansoura University, Mansoura, Egypt; 2Clinical Hematology Unit, Internal Medicine Department, Faculty of Medicine, Mansoura University, Mansoura, Egypt; 3Hematology-Clinical Pathology Unit, Faculty of Medicine, Mansoura University, Mansoura, Egypt; 4Hematology and Gastroenterology Unit, Internal Medicine Department, Faculty of Medicine, Mansoura University, Mansoura, Egypt; 5Department of Parasitology, Faculty of Medicine, Mansoura University, Mansoura, Egypt; 6Department of Surgical Oncology Mansoura University Hospital, Mansoura, Egypt

**Context:** R/R DLBCL patients who have received ≥2 lines of therapy, including those progressed post stem cell transplantation (SCT) or who are not candidates for SCT, have limited treatment options. Active novel therapies are needed to improve survival of these patients. Selinexor, a selective oral XPO1 inhibitor, leads to nuclear accumulation and activation of tumor suppressor proteins and reductions in c-Myc and Bcl-2 oncogenes. Single agent selinexor in heavily treated DLBCL demonstrated overall response rate (ORR) of 25.6% with complete response (CR) in 9.3%, in a phase 1 study. **Objective:** To confirm these findings, phase 2b study was initiated. **Methods:** Multicenter, open-label study in R/R DLBCL patients with 2-5 lines of prior therapy, who may have progressed post SCT or are not candidates for SCT. Patients were stratified by subtype (germinal center B-cell [GCB] or non-GCB) and treated with 60 mg selinexor BIW per 28-day cycle. **Main Outcome Measures:** Primary endpoint was ORR. Secondary endpoints included duration of response (DOR) and safety. **Results:** 129 patients were enrolled. Median age was 67 (54% >65). Median number of prior therapies was 2 (range 1-6), 34% received ≥3 prior therapies, and 31% had prior SCT. Most frequently reported related adverse events (AEs) [Grades 3, 4] included nausea (6%, NA), thrombocytopenia (28%, 12%), fatigue (9%, NA), anorexia (4%, 0%) and anemia (13%, 1%). Treatment-related serious AEs were reported in 20%. Of 89% discontinuing treatment, majority were due to progressive disease and 13.5% due to AEs. ORR was 28.3% (13 CRs and 23 PRs). ORR was 33.9% for GCB and 20.6% for non-GCB. Median time to response was 57 days (range 47-197), median DOR was 9.2 months; DOR for CR patients was 13.5 months. Median PFS was 3.6 months. Median OS was 9.0 months. Median OS was not reached in patients ≥PR and was 4.9 months in patients ≤stable disease (p<0.0001). **Conclusions:** Selinexor demonstrated deep and durable responses with no new safety signals. AEs were managed with dose modification and/or supportive care. Clinical benefit was observed across GCB and non-GCB subtypes. These results underscore the potential of selinexor as novel therapy for R/R DLBCL. **Keywords:** diffuse large B-cell lymphoma, selinexor, XPO1 inhibitor, ABCL, aggressive B-cell lymphoma

**ABCL-244**

Polatuzumab Vedotin in Combination with Bendamustine Plus Rituximab for the Treatment of Relapsed or Refractory Diffuse Large B-Cell Lymphoma: Our Experience

Tahir Darcin;1 Tuğçe Nur Yüregnoğlu,1 Derya Sahin,1 Mehmet Bakırtas,1 Semih Bascı,1 Alparslan Merdin,1 Jale Yıldız,1 Bahar Uncu Ulu,1 Aysegül Tetik,1

1Clinical Lymphoma, Myeloma & Leukemia Pathology Unit, Faculty of Medicine, Mansoura University, Mansoura, Egypt; 2Department of Medicine, Faculty of Medicine, Mansoura University, Mansoura, Egypt; 3Hospital Universitario La Paz, Madrid, Spain

**Context:** Egypt has the highest prevalence of hepatitis C virus (HCV) in the world. Direct antivirals (DAAs) showed a major progress for the treatment of chronic HCV infection with a cure rate of more than 90%, associated with reversibility of liver disease, lowered the risk of HCC and improved prognosis of patients with HCC or lymphoma. However, as any new introduced treatment, there may be unexpected adverse events for DAAs. **Objective:** Assessing the risk of malignancies development post-DAAs therapy. **Design:** Retrospective cohort study from 2016 to 2018. **Setting:** It was conducted at Gastroenterology, hepatology unit and Oncology Center Mansoura University. **Patients:** A total 180 patients (112 M; 68 F). **Interventions:** Sofosbuvir based regimen was used for all cases, it was either combined with daclatasvir-ribavirin in 84 patients, or with daclatasvir in 53 patients, or with ribavirin in 40 patients and with Simeprevir in 3 patients. A total of 136 patients achieved SVR after 12 weeks. **Main Outcomes Measures Incidence:** Median time post-DAA to develop malignancies and incidence of malignancies. **Results:** On follow up; 62 malignant patients were diagnosed after a median follow up time 4-6 months, followed by 35 patients within 7-9 months, 31 patients within 0-3 months and the remaining patients were after 10 months post-DAAs. The majority of reported patients were solid tumors 127 patients, while hematological malignancies 53%. HCC was the highest incidence in reported cases occurred in 84 patients, followed by DLBCL 32 patients, 55% of them stage (III/IV), breast cancer 22 patients, chronic lymphocytic leukemia and pancreatic adenocarcinoma 5 patients. Small cell lymphoma, occult primary adenocarcinoma 4 patients. Marginal zone lymphoma, Hodgkin disease, Non-Small Cell Lung Cancer and colorectal cancer 3 patients. Acute myeloid leukemia, multiple myeloma, ovarian and bladder cancer 2 patients. And only one patient with follicular lymphoma, chronic myeloid leukemia, soft tissue sarcoma and endometrial cancer. **Conclusions:** We shed the light on the possible link between DAAs and malignancies, also malignancies post-DAA were of aggressive nature. A careful risk-benefit should be considered during treatment with DAA agents in patients with hepatitis C virus. **Keywords:** DAA, HCV, malignancies, ABCL, aggressive B-cell lymphoma