

Eppur si muove...

La terapia nel MONDO LINFOMI

CASO CLINICO 1

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Disclosure

- ▶ Incyte Biosciences – advisory board
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Case report 1 - 2

- ▶ R/R DLBCL
 - ▶ Transplant/CART ineligible
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SECOND-LINE THERAPY (non-candidates for transplant)Preferred regimens (in alphabetical order)

- **GemOx** ± Rituximab
- **Polatuzumab vedotin** ± bendamustine ± Rituximab
- **Tafasitamab** + Lenalidomide

Other recommended regimens (in alphabetical order)

- **Cyclophosphamide + etoposide + prednisone** ± Rituximab (PO and IV)
- **CEOP** (cyclophosphamide, etoposide, vincristine, prednisone) ± Rituximab
- **DA-EPOCH** ± Rituximab
- **GDP** ± Rituximab

Useful in certain circumstances

- Bendamustine + Rituximab
- Ibrutinib, Lenalidomide ± Rituximab (non GCB DLBC)

CASE REPORT 1

- ▶ Male, 82 y
- ▶ Medical history: hypertension, cholecystectomy, IPB
- ▶ **Nov 2017 dx DLBCL+FL 3B, clinical stage IIA** (abdominal lymphnodes + inguinal bulky)
- ▶ IPI low
- ▶ Multidimensional geriatric assessment: **UNFIT** (age > 80 anni).

- ➔ **1st line: R-CHOP x 6 + 2 R + RT (inguinal bulky)** (Jun 2018)
- ▶ No relevant toxicities
- ▶ **Final CT and PET scan: complete remission, PET neg** (Aug 2018)

- ▶ Feb 2019: left leg edema, no B symptoms, ECOG 0, LDH normal
- ▶ CT scan: diffuse pathologic lymphnodes – clinical stage IIIA
- ▶ **Early Relapse/primary refractory (7 months)**
 - ➔ **2nd line: *R-GemOx x 4***
- ▶ **CT scan: partial remission**
 - ➔ ***R-GemOx x 4 (tot 8 cycles)*** (stop June 2019)
- ▶ No relevant toxicities
- ▶ CT and PET scan: **complete remission (DS2)**

- ▶ Follow up + 6 months (Jan 2020) CT and scan: **disease progression**
- ▶ **2nd Relapse (6 months)**
- ▶ Good PS, no significant comorbidities

- ➔ **3rd line: R-Bendamustine-Polatuzumab x 3 (EAP)**
- ▶ CT scan: **partial remission**
- ➔ **R-Bendamustine-Polatuzumab x 3 (stop Aug 2020)**

- ▶ AE: mild paresthesia
- ▶ CT and PET scan: **complete remission (DS 2)**

- ▶ Follow up + 6 months (Mar 2021) CT + PET scan: **disease progression**
(multiple lymphnodes + spleen)
- ▶ **3rd Relapse (6 months)**
- ▶ No B symptoms, ECOG 1
- ▶ Neurological symptoms (EMG: polyneuropathy SM – Vincristine, Oxaliplatin, Polatuzumab)
- ➔ **4th line: *Lenalidomide***
- ▶ After 4 cycles Lenalidomide (Jul 2021) CT scan: **disease progression**
(LDH 2000 –WBC 40.000/mmc – PLT 28.000/mmc)
- ▶ ECOG 1-2
- ➔ ***EDX+VP16 / Palliative Care***

CASE REPORT 2

- ▶ Female, 78 y
 - ▶ Medical history: hypothyroidism, cholelithiasis
 - ▶ Jun 2021 dyspnoea, gastroeintestinal haemorrhage
 - ▶ Hb 7.3 gr/dl → EGDS: dx **DLBCL non-GC**
 - ▶ **clinical stage IVA** (multiple lymphnodes + gastric + subcutaneous)
 - ▶ IPI High, CNS-IPI High
 - ▶ Multidimensional geriatric assessment: **FIT**
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CASE REPORT 2

➔ ***1st line: R-CHOP x 6 + 2 R + IT prophylaxis*** (Dec 2021)

- ▶ AE: febrile neutropenia
- ▶ anemia G2, thrombocytopenia G2
- ▶ anti-SARS-CoV-2 serology after 3 doses vaccine **NEGATIVE**
- ▶ **Interim CT and EGDS after 3 cycles: partial remission**
- ▶ **Final restaging: EGDS (negative) – CT and PET scan (partial remission)**

▶ **PARTIAL REMISSION**

➡ **2nd line: Feb 2022 – R-Bendamustine – Polatuzumab**

▶ AE: diffuse cutaneous rash G3 (Bendamustine?) → steroid

➡ **Mar 2022 3rd cycle R-Bendamustine-Polatuzumab**

Key points

- ✓ *R/R DLBCL Elderly*
 - ✓ *Geriatric Assessment (FIT – UNFIT)*
 - ✓ *Transplant ineligible – no CART*
 - ✓ *Second-Line Therapy - curative potential*
 - ✓ *Best sequence*
 - ✓ *Toxicities profile*
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Grazie per l'attenzione
