Eppur si muove...

La terapia nel MONDO LINFOMI

Caso clinico 2

Tetiana Skrypets

Anamnesi

- Paziente A, 83 anni
- No B-sintomi, solo astenia
- Non fumatore
- Anamnesi patologica remota:

  - Ipertrofia prostatica benigna
  - Ipertensione arteriosa
  - Sofferenza cerebrale ipossica
  - Versamento pericardico organizzato

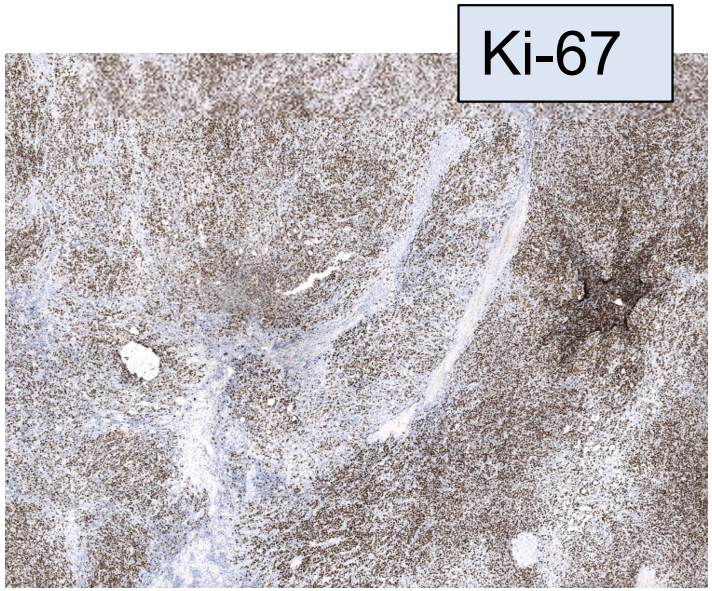
Diagnosi

- **TAC (16/06/2021)** l/nodi sede sovraclaveare 20x25 cm, versamento pleurico bilaterale, l/nodi in sede ilare dx 22x38 mm, ascellare dx 18x36 mm, l/nodi nelle catene addomino-pelviche 27x57 mm. Milza 15 cm
- **Esami ematici** – HGB 8.06 g/dL
- **Ferro 28 microgr/dL, Ferritina 668 ng/mL, Transferrina 180 mg/dL**
- **Anti-HBsAg** – 68.2 UI/L, **anti HBc** (core) – positive

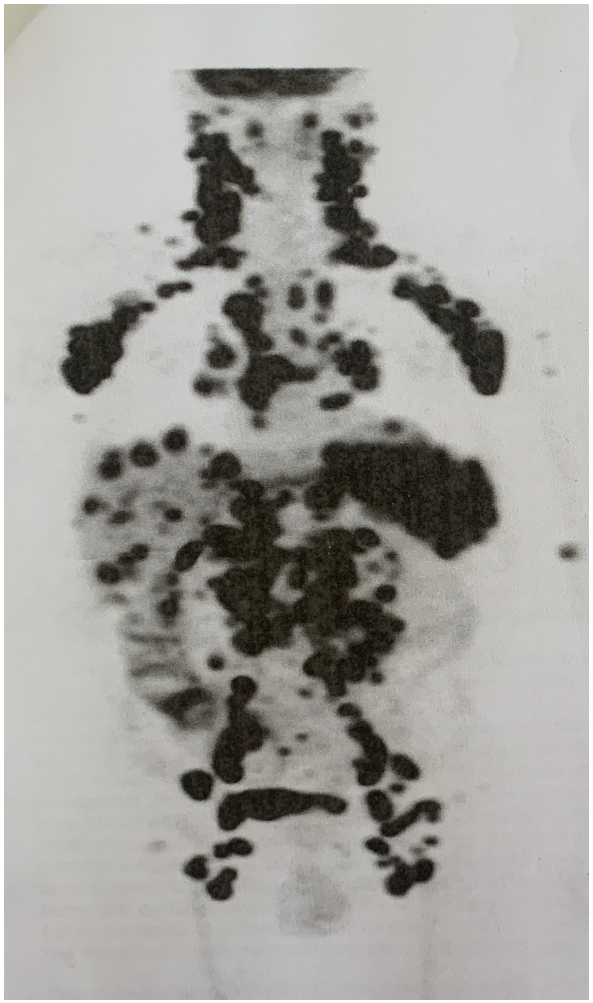
Biopsia (02/07/2021) – linfonodo inguine destro

DLBCL, non GCB (Hans)

CD20+, BCL6+, BCL2+, IRF4/MUM1 (80%) +, CD30+
CD23+/-, CD5-/CD3- (+ in linfociti T)
CD10-, EBV/LMP-
C-MYC (30%)
Ki67/Mib1: 85%
EBV (EBER) - negative
FISH** – no riarrangiamento del MYC e BCL2, **ma BCL6 +



Stadiazione



- **No infiltrazione osteomidollare**
- **PET/CT scan (07/2021)**
  - *Tutte le principali stazioni linfonadali sovra e sottodiaframmatiche* ***(SUVmax 18.2)***
  - *In ambito epatico multiple aree* ***(SUVmax 18.7)***
  - *Milza* ***(SUVmax 17.7)***

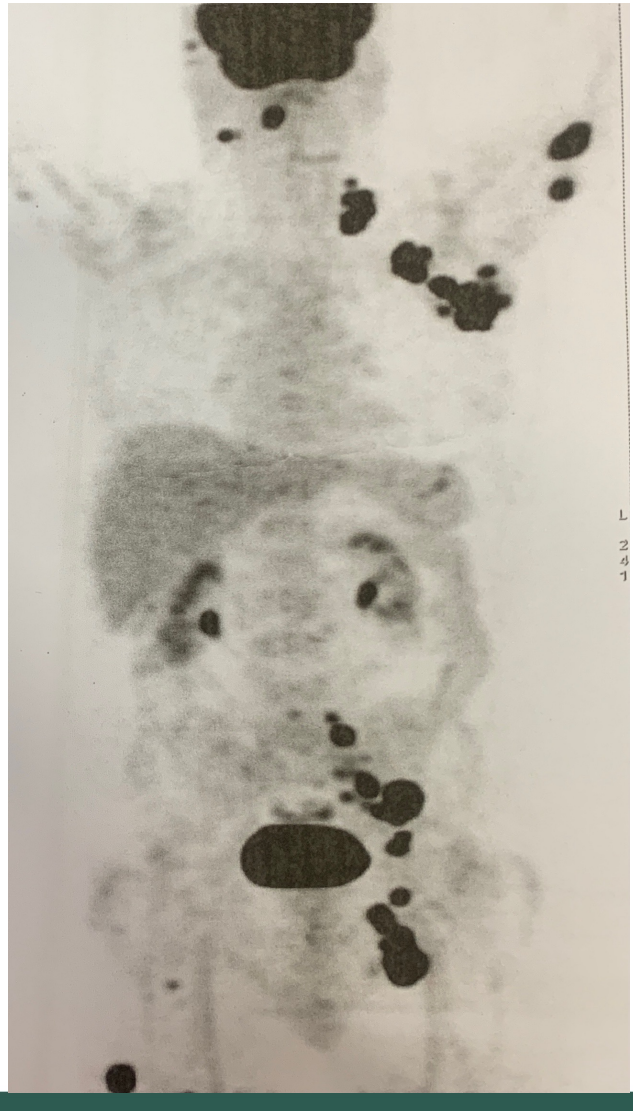
Linfoma non Hodgkin diffuso a grandi cellule B (non-GCB), Stadio ***IV,***
IPI 4 *(età, stadio, ECOG, LDH)*

Terapia – 1 linea

- **6xR-miniCOMP + 2R**

- **PET EOT (07/02/2022)**
- *laterocervicale dx, sovraclaveare sn, interpettorale ed ascellare sn* ***(SUVmax 34.4)***
- *Iliaca comune* ***(SUVmax 21.4) ed inguinale omolaterale (SUVmax 26.4)***
- *muscoli del braccio sinistro* ***(SUVmax 20.7), muscolo gluteo sn (SUVmax 27.5), quadricipite femprale (SUVmax 26.4),***
- *celiac lymph nodes 13 mm, mesenteric l/n 27x19 mm, right inguinal l/n 31, 38, 27, 23 mm, left inguinal – 13 mm, 17x10 mm with* ***SUVmax 6.2, 13,7, 14.6, 16.3***

DS 5



Terapia – 2 linea

- **2xR-Benda dal 28/02/22 al 29/03/22 (Polatuzumab vedotin non disponibile)**

National Comprehensive Cancer Network®

NCCN Guidelines Version 4.2022
Diffuse Large B-Cell Lymphoma

SECOND-LINE THERAPY[d,i,j]
(non-candidates for transplant)

Preferred regimens (in alphabetical order)
- GemOx ± rituximab
- Polatuzumab vedotin-piiq ± bendamustine ± rituximab[k,l]
- Tafasitamab-cxix[m] + lenalidomide

Other recommended regimens (in alphabetical order)
- CEOP (cyclophosphamide, etoposide, vincristine, prednisone) ± rituximab
- DA-EPOCH ± rituximab
- GDP ± rituximab or (gemcitabine, dexamethasone, carboplatin) ± rituximab
- Gemcitabine, vinorelbine ± rituximab (category 3)
- Rituximab

ESMO GOOD SCIENCE BETTER MEDICINE BEST PRACTICE

ESMO > Guidelines > Guidelines by topic > Haematological Malignancies

DIFFUSE LARGE B-CELL LYMPHOMA: ESMO CLINICAL PRACTICE GUIDELINES

Haematological Malignancies

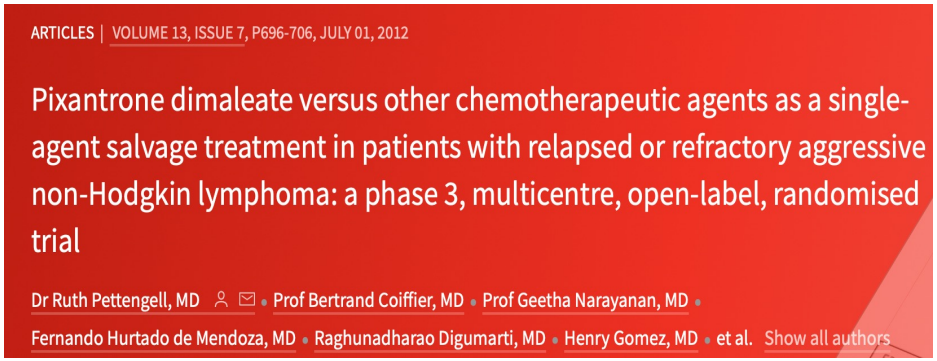
Published in 2015 – Ann Oncol (2015) 26 (suppl 5): v116-v125.

Authors: *H. Tilly, M. Gomes da Silva, U. Vitolo, A. Jack, M. Meignan, A. Lopez-Guillermo, J. Walewski, M. André, P. W. Johnson, M. Pfreundschuh, M. Ladetto*

PROGRESSIONE

Terapia – 3 linea

- **2xPixantrone (1-8 gg, 15 – severa neutropenia)**



Acta Haematol. 2021;144(3):259-263. doi: 10.1159/000509923. Epub 2020 Oct 9.

Effectiveness and Safety of Pixantrone for the Treatment of Relapsed or Refractory Diffuse Large B-Cell Lymphoma in Every-Day Clinical Practice: The Italian Cohort of the PIXA Registry

Pier Luigi Zinzani [1], Marco Bregni [2], Mario Spione [3], Manfred Mitterer [4], Gerardo Musuraca [5], Annamaria Bugli [6], Francesco Piazza [7], Antonello Pinto [8]

- minina cardiotossicità
- opzioni limitate
- è attualmente approvato in Italia in monoterapia in pazienti adulti con linfomi non Hodgkin B aggressivi recidivati o refrattari ad almeno due linee di terapia

PROGRESSIONE

Terapia – 4 linea...discussione muiltidisciplinare LymphoTEAM

Paziente anziano

Non eligibile CAR-T

Refrattario

Bispecifico? Terapia ad alto rischio di CRS

Comorbidità

ARTICLES | VOLUME 21, ISSUE 7, P978-988, JULY 01, 2020

Tafasitamab plus lenalidomide in relapsed or refractory diffuse large B-cell lymphoma (L-MIND): a multicentre, prospective, single-arm, phase 2 study

Prof Gilles Salles, MD † • Johannes Duell, MD † • Eva González Barca, MD • Prof Olivier Tournilhac, MD • Prof Wojciech Jurczak, MD • Prof Anna Marina Liberati, MD • et al. Show all authors • Show footnotes

Published: June 05, 2020 • DOI: https://doi.org/10.1016/S1470-2045(20)30225-4 • Check for updates

THE LANCET Oncology

CLINICAL TRIALS: IMMUNOTHERAPY | NOVEMBER 15 2021

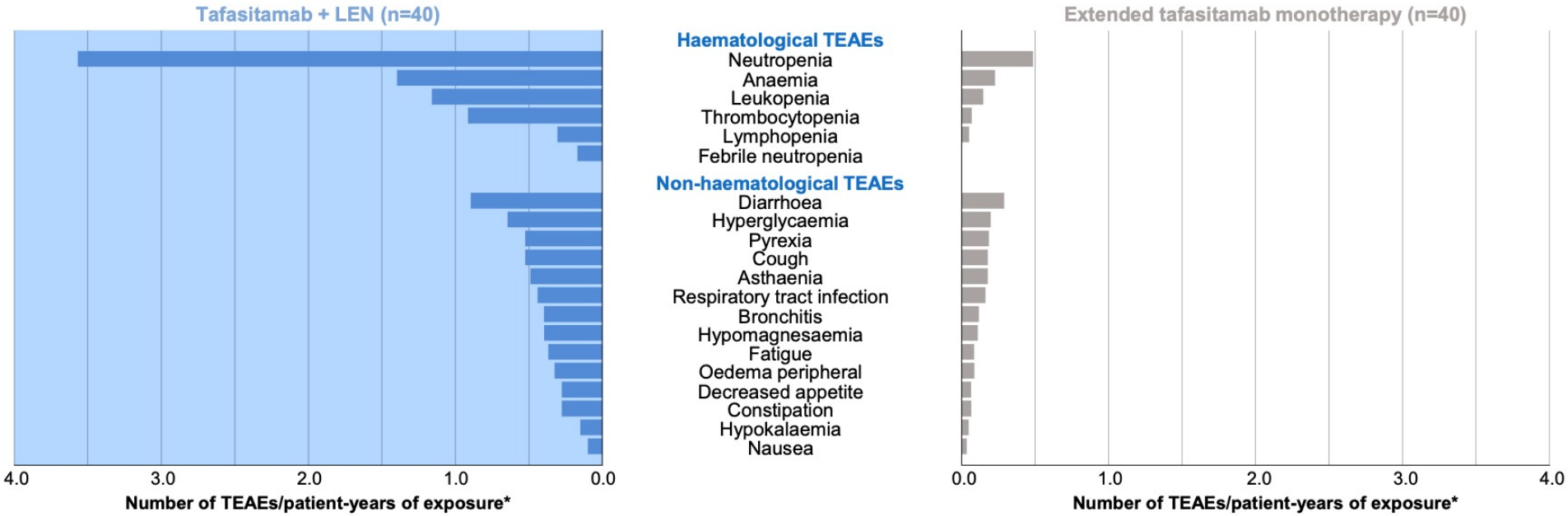
RE-MIND: Comparing Tafasitamab + Lenalidomide (L-MIND) with a Real-world Lenalidomide Monotherapy Cohort in Relapsed or Refractory Diffuse Large B-cell Lymphoma

Pier Luigi Zinzani ; Thomas Rodgers; Dario Marino ; Maurizio Frezzato; Anna Maria Barbui; Claudia Castellino; Erika Meli; Nathan H. Fowler; Gilles Salles ; Bruce Feinberg ; Nuwan C. Kurukulasuriya; Sascha Tillmanns; Stephan Parche; Debarshi Dey; Günter Fingerle-Rowson; Sumeet Ambarkhane; Mark Winderlich; Grzegorz S. Nowakowski

3-YEAR SAFETY BY L-MIND TREATMENT PHASE

(30 OCT 2020 CUT-OFF)

Numbers of AEs per patient-year by L-MIND treatment phase (any grade)



- Consistent with the 2-year analysis, incidence of TEAEs was lower during the tafasitamab monotherapy phase compared with the combination therapy phase

Conclusioni

- Buon profilo di tossicità dell'associazione tafasitamab+lenalidomibde
- Possibilità di richiedere la combinazione per uso nominative
- Non comorbidità relevanti
- Dosaggio di lenalidomide sarà modulato in base alla clearance della creatinine
- Terapia di supporto: profilassi della TVP con eparina a basso peso molecolare, profilassi primaria con G-CSF