HOT NEWS

NELLE SINDROMI LINFOPROLIFERATIVE:
la storia continua

Il linfoma mantellare

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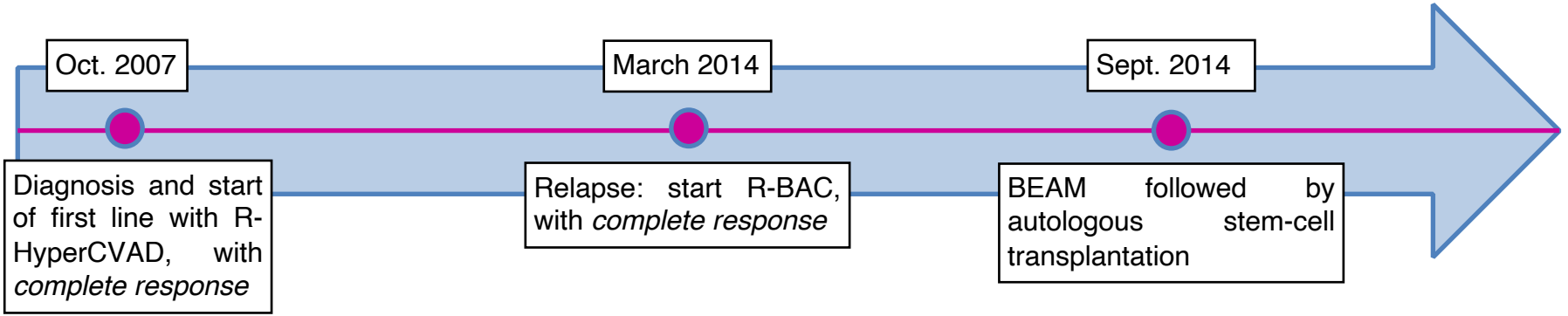
VERONA

3 Luglio 2023
Grand Hotel Des Arts

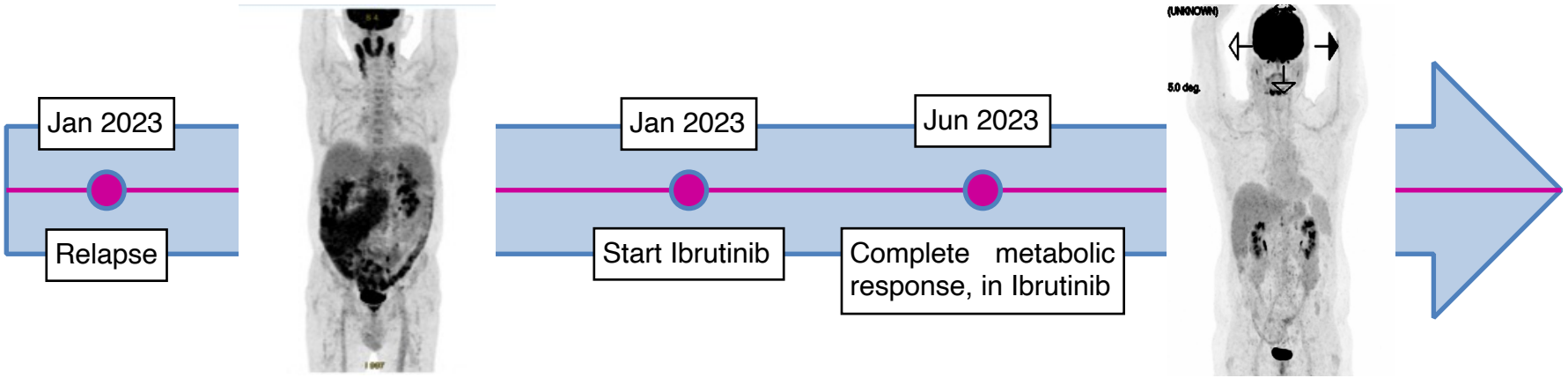
Disclosure: I have no actual or potential conflict of interest in relation to this presentation.

- Male, 47 yrs
- Past medical history: not relevant
- Oct. 2007: diagnosis of classical MCL, stage IVA (bone marrow, spleen, retroperitoneal lymphadenopathy and gastrointestinal tract), MIPI score high-risk (6,2 points), Ki-67 1%
- March 2014 (relapse): classical MCL with major rectal bleeding, stage IVA (abdominal lymphadenopathy and gastrointestinal tract), MIPI score int-risk (5,7 points), Ki-67 20%



- Jan 2023 (relapse): classical MCL, stage IVA (bone marrow, lymphadenopathy on both sides of the diaphragm, spleen and gastrointestinal tract), MIPI score int-risk (5,8 points), Ki-67 20%, TP53 wt. SUVmax at PET/CT: 8,6

- Progression after two previous lines of treatment: he is proposed for Ibrutinib



Conclusion & Discussion (pre-Ibrutinib era):

- Heterogeneity of Mantle cell lymphoma and role of prognostic factors (e.g POD24, pleomorphic and blastoid variants, MIPI, TP53, Ki67%, …).
- The best therapy includes high-dose cytarabine with rituximab with the addition of an autograft as consolidation.
- R-HyperCVAD: approximately 30% of the population is still free from lymphoma progression with a median observation time of 10 years.

Simon Rule, Frontline therapy and role of high-dose consolidation in mantle cell lymphoma. Blood 2016; *C.W.Eskelund* et al. BJH 2016; *O.Hermine* et al. Lancet 2016; *D.Chihara* et al BJH 2015; *F.Massaro* et al. BJH 2020; *C.Visco* et al. BJH 2019; *E.Silkenstedt* et al. BJH 2021.

Conclusion & Discussion (pre-Ibrutinib era):

- R-BAC regimen: in the relapse setting, responses of 80% (70% CR), with a 2-year PFS rate of 70%.
- Autologous or Allogeneic stem cell transplantation (SCT): for relapsed chemotherapy-sensitive MCL, either auto-SCT or allo-SCT may be effective (chance for long-term remission and survival is lower with auto-SCT)
- Median PFS after RIC-allo-SCT was 30,1 months and median OS was 62 months, with TRM at 1-yrs and 3-yrs 28% and 32%, respectively.

C.Visco et al JCO 2013; *T.S.Fenske* et al JCO 2014; *B.Tessoulin* et al Bone Marrow Transplantation 2016.

Conclusion & Discussion (Ibrutinib era):

- In the relapse/refractory setting Ibrutinib is a standard-of-care 2L treatment (earlier use is of benefit).
- In patients with 2L Ibrutinib: median PFS 25,4 months, DOR 35 months, OS 61 months.
- In CR patients with 2L Ibrutinib: median PFS 68,5 months, DOR 66,4 months, OS NR with a 5-yrs OS rate of 83%.
- Ibrutinib is effective in late and early-POD (improved outcome compared to standard therapy in eary-POD; less toxicity).

M.Dreyling et al HemaSphere 2022; R.McCulloch et al BJH 2021; C.Visco et al Leukemia 2020.

Conclusion & Discussion (Ibrutinib and CAR-T cell era):

- ZUMA-2: 1-yrs PFS of 61%, 1-yrs OS of 83%, 1-yrs NRM of 3%.
- Allo-SCT is still complicated by a significant NRM due to infections and GVHD, while the safety profile of CAR-T is acceptable.
- EBMT guidelines: role of allo-SCT was modified, it is now considered only an option, while CAR-T-cell therapy is the standard of care.
- ASTCT, CIBMTR, and EBMT clinical practice recommendations for cellular therapies in MCL: CAR-T-cell therapy is recommended as the standard of care for patients with R/R MCL.

M.Wang et al JCO 2022; *P.N.Munshi* et al Transplantation and Cellular Therapy 2021; *J.A.Snowden* et al Bone Marrow Transplantation 2022;

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