

Dalla biopsia liquida al paziente: il valore prognostico

Che cosa abbiamo imparato nei disordini linfoproliferativi?

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- Prognostic impact of liquid biopsy in DLBCL
- Prognostic impact of liquid biopsy in Hodgkin lymphoma
- Prognostic impact of liquid biopsy in indolent lymphomas

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Clues potentially exploited from cfDNA/ctDNA





2020; Esfahani et al., Nat. Biotechnol. 2022; Mouliere et al., Sci Transl Med. 2018; Cristiano et al., Nature. 2019.

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Bologna

28 Febbraio – 1 Marzo 2025

ctDNA is a tool for DLBCL genotyping





Rossi *et al., Blood*. 2017

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Molecular cluster on lymph node biopsy

ABC cases



Schmitz et al., NEJM. 2018



Experimental workflow





Moia et al., Blood Advances. 2025

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Liquid biopsy reflects the molecular characteristics and clinical impact of molecular clusters identified on tissue biopsy









Moia et al., Blood Advances. 2025

100



Pretreatment ctDNA is a robust biomarker in DLBCL



• Pre-treatment levels of ctDNA correlate with Event Free Survival (EFS) in both first line and in relapsed/refractory DLBCL

Kurtz DM, et al., JCO, 2018



BN2/ST2 clusters predict outcome in patients with ctDNA levels >2.5 Log₁₀ hGE





Moia et al., Blood Advances. 2025

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^[18F]FDG-PET/CT radiomics features



SUVmax 20.1

SUVmax The peak of standardized uptake volume

Dmax





MTV Metabolic tumor volume



[18 F]FDG-PET image



TLG Total lesion glycolysis (MTV x SUV mean)



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The best PET/CT parameter cutoffs for predicting PFS

100



100

100

Maxstat test		Cumulative probabilit	50 - 25 - 0 -
PET parameter	cutoff	sd SUVn Q SUVn	nax < 17.66 - nax > 17.66 -
SUVmax	17.66	U	Grou
MTV	639.2 cm ³	(%	100 -
TLG	7138.34	ty of PFS ('	75 -
Dmax	39 cm	e probabili	50 -





Groups + Dmax < 39 cm + Dmax > 39 cm

Dondolin et al., ASH. 2024. #2980

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PET parameters, ctDNA levels and BN2/ST2 clusters

independently predict PFS: A three-variable prognostic model





PFS at 40 months : 92.0% 100 Cumulative probability of PFS (%) 75. PFS at 40 months 58.0% 50 PFS at 40 months 20.9% 25 HR <0.001 < 0.001 -< 0.001 0.004 -< 0.001 0.004 -25 50 75 100 0 Months Number at risk Group Low risk · 10 24 High risk 25 50 75 100 0 Months

Groups + Low risk + Intermediate risk + High risk

Low risk	-1 to 0.5 points
Intermediate risk	1 to 1.5 points
High risk	2.5 points



Groups + Low risk + Intermediate risk + High risk

Dondolin et al., ASH. 2024. #2980

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The liquid biopsy mirrors the genetics of cHL



Mutation identified both in gDNA and in ctDNA
Mutation identified in ctDNA
Mutation identified in gDNA

Spina et al., Blood. 2018



Distinct Hodgkin lymphoma subtypes identified on liquid biopsy (i)





Alig et al., Nature. 2024

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Distinct Hodgkin lymphoma subtypes identified on liquid biopsy (ii)

243 patients from German Hodgkin Study Group trials



Heger et al., JCO. 2024

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Distinct Hodgkin lymphoma subtypes identified on liquid biopsy (iii)



Genetic subtypes of cHL are driven by genetic instability rather than mutation clustering

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Whole-genome duplication is the sole genetic factor significantly linked to prognosis

Salehi et al., ASH 2024, #854



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Minimal residual disease analysis by ctDNA in CLL



CLL2-BAAG trial



ctDNA appears to reflect the residual CLL burden outside the PB as it had advantages in patients with predominantly nodal disease

Fürstenau et al., Clin Cancer Res. 2022



Correlation of baseline ctDNA levels with patient outcomes



580 hGE/mL was established as the optimal cut-off for POD24 prediction

Fernandez-Miranda et al., Clin Canc Res. 2023

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- Liquid biopsy recapitulates with a non-invasive approach the molecular landscape and the prognostic impact of DLBCL molecular clusters
- Liquid biopsy allows a non-invasive molecular characterization of Hodgkin lymphoma, improves patients' prognostic stratification and identifies potential therapeutic targets
- Liquid biopsy is less studied in indolent lymphoproliferative neoplasm, but initial evidences also suggest its potential prognostic impact in this context
- The integration of liquid biopsy, PET parameters and other clinical and histopathological features should be used to design clinical trials with novel agents for high-risk patients





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