

ROMA

HEMATOLOGY CONFERENCE

the lymphomas

Rome

October 15-16, 2026

Hotel nhow Roma



ROMA HEMATOLOGY
CONFERENCE

the lymphomas



SISTEMA SANITARIO REGIONALE

AZIENDA OSPEDALIERA UNIVERSITARIA
POLICLINICO UMBERTO I

Primary Mediastinal B Cell Lymphoma (PMBCL)

Maurizio Martelli

Hematology Sapienza University Roma

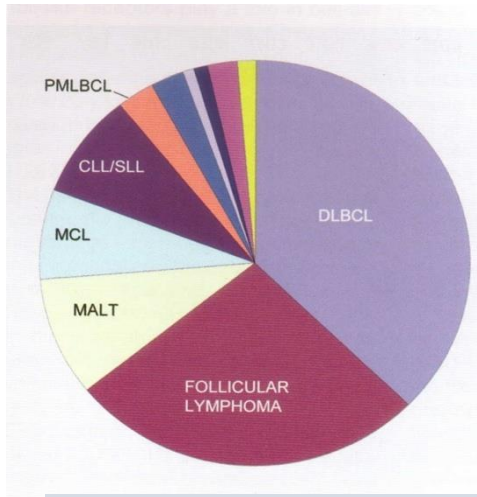
Rome Hotel nhow Roma

October 15-16, 2026

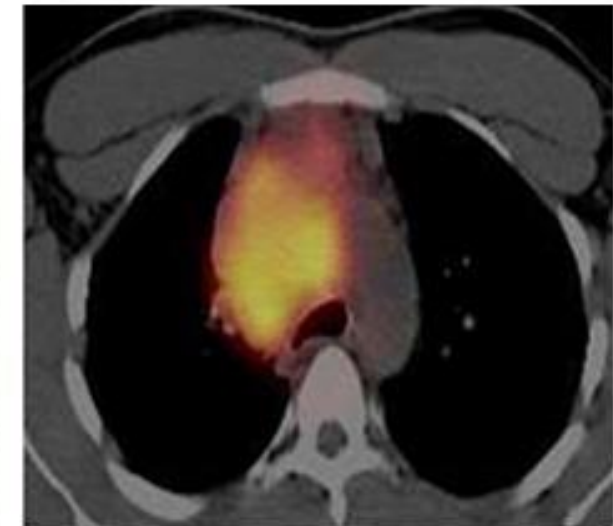
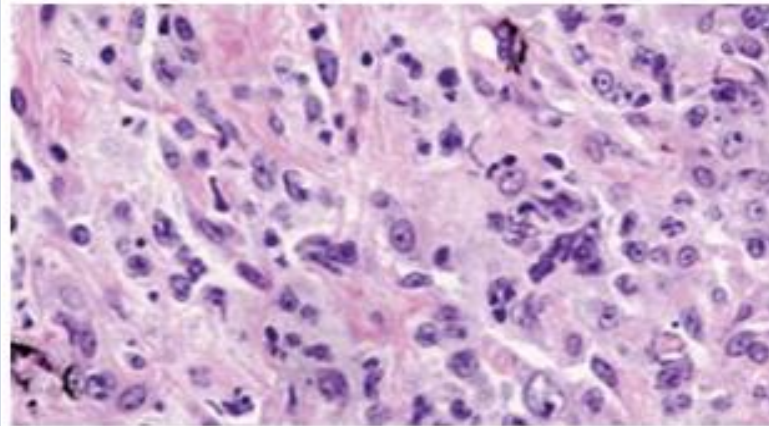
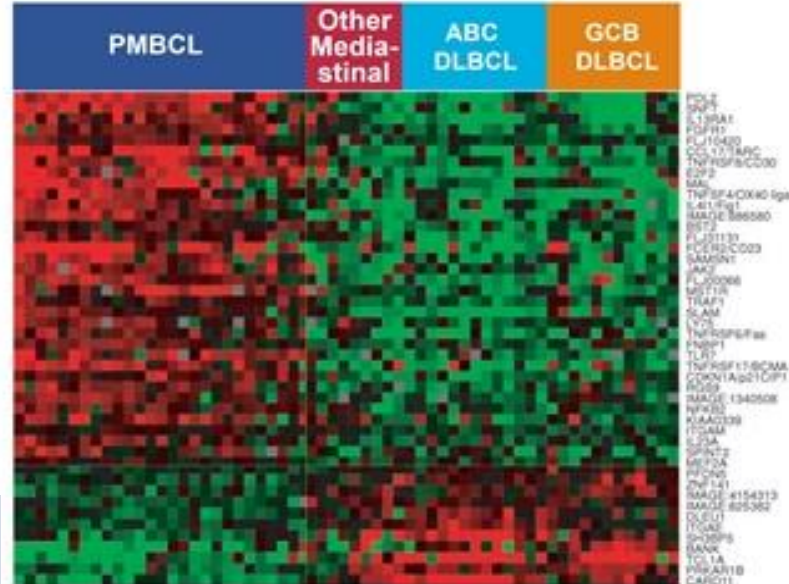
Disclosures of Maurizio Martelli

Company name	Research support	Employee	Consultant	Stockholder	Speakers bureau	Advisory board	Other
Abbvie			X		X	x	
Beigene						x	
Eli Lilly					X	x	
Recodati Rare disease					X	x	
Incyte			X			X	
Kite Gilead			X		X	x	
Novartis						X	
Janssen							
Roche			X		X	X	
SOBI						X	
Takeda						X	
BMS						x	

Distinctive features of PMBCL



CD20	100%
CD30	87%
CD23	70%
CD15	---
Bcl-6	80%
IRF4	75%
Bcl-2	80%
BOB.1/Oct-2	80%
MAL protein	70%



Borderland between PMBCL, MGZL and cHL

Extensive Gene Expression Overlap Between Hodgkin Lymphoma and Primary Mediastinal Large B Cell Lymphoma

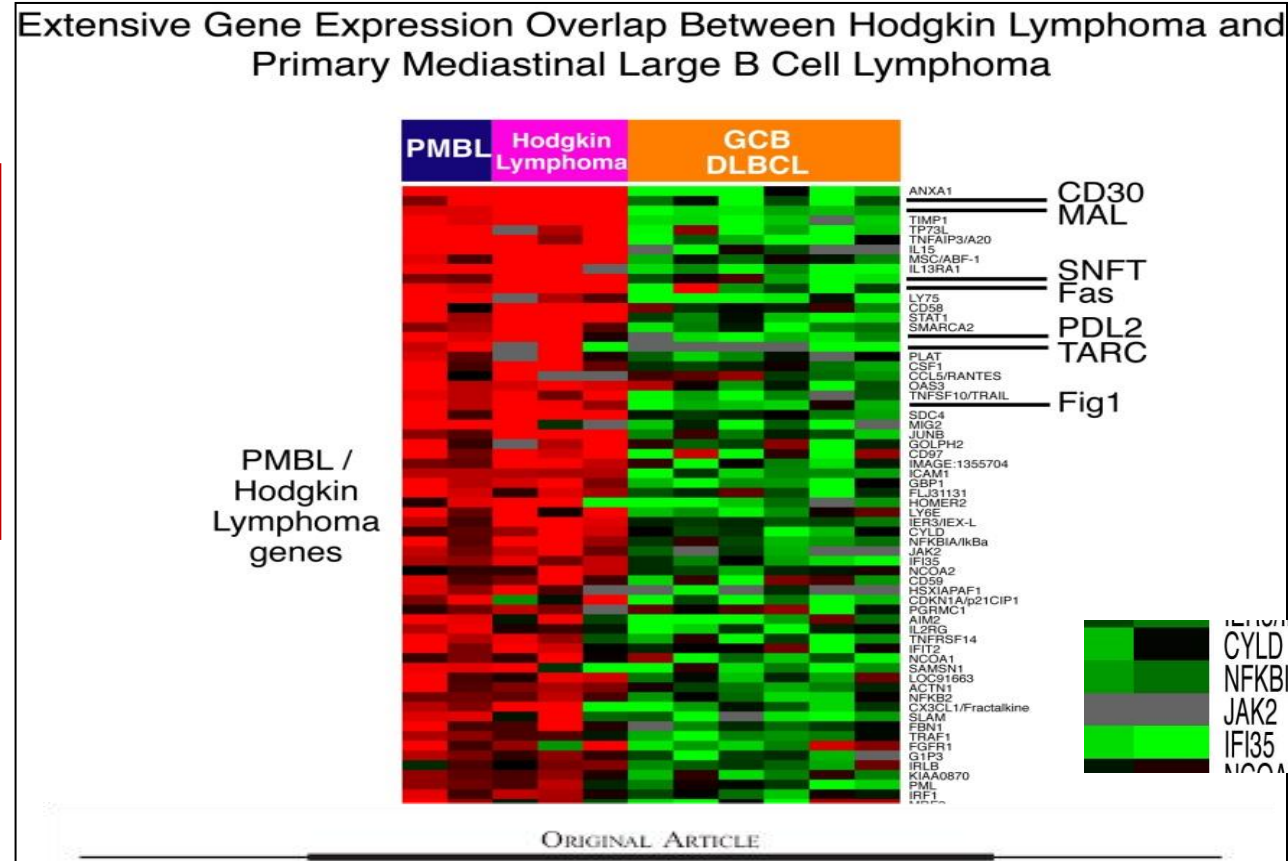
MGZL

HL, morphology

CD20+,CD15-

CD30+

OCT2+,BOB 1 +



MGZL

PMBCL morphology

CD20-,CD15+

CD30+,

OCT2+,BOB 1 +

PMBCL

CD20+;CD30+/- ;

CD15- ; OCT2 +;BOB.1+

ORIGINAL ARTICLE

(Am J Surg Pathol 2005;29:1411-1421)

Mediastinal Gray Zone Lymphoma

The Missing Link Between Classic Hodgkin's Lymphoma and Mediastinal Large B-Cell Lymphoma

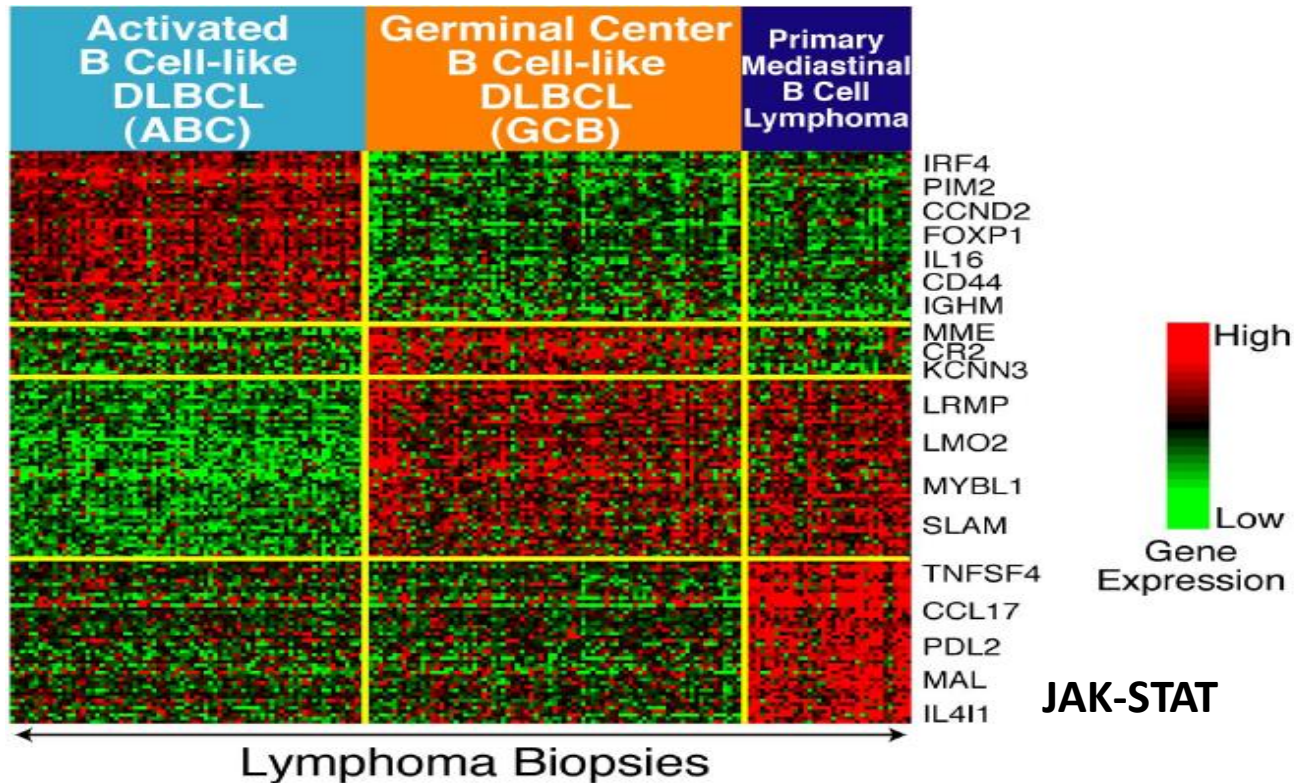
Alexandra Traverse-Glehen, MD,* Stefania Pittaluga, MD, PhD,*
Philippe Gaulard, MD,† Lynn Sorbara, PhD,* Miguel A. Alonso, PhD,‡
Mark Raffeld, MD,* and Elaine S. Jaffe, MD

Classical HL

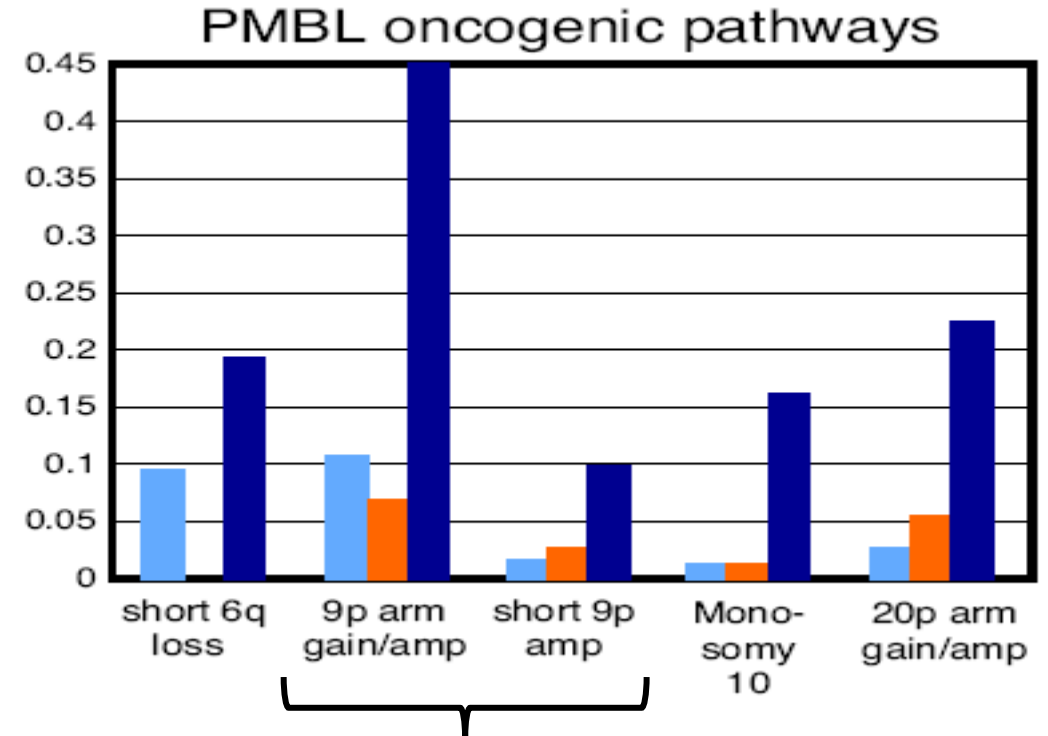
D20-/+ weak; CD30+; CD15+; OCT2-
BOB.1-

Genomic hybridization: amplification of JAK2, PDL1, PDL2

PMBL transcriptional signature:
constitutively activated JAK2



Recurrent amplification involving *JAK2*
is the underlying genetic basis



JAK2, PDL1, PDL2

Outline of discussion

- Front-line chemoimmunotherapy regimen
(*R-CHOP 21, R-CHOP 14, R-V/MACOP-B or more intensive DA-EPOCH-R*)
- Role of EOT PET-CT scan to evaluate the clinical response and if it can drive mediastinal RT
- Salvage therapy for Relapsed/ Refractory patients

Outline of discussion

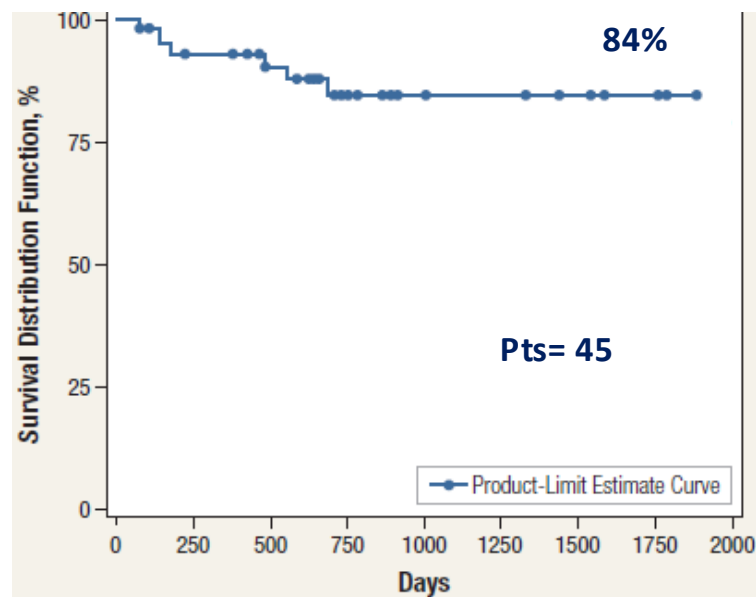
- Front-line chemoimmunotherapy regimen
(*R-CHOP 21, R-CHOP 14, R-V/MACOP-B or more intensive DA-EPOCH-R*)
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R-V/MACOP-B + mediastinal RT in PMBCL

(Italian experience)

Rituximab Combined With
MACOP-B or VACOP-B and Radiation Therapy
in Primary Mediastinal Large B-Cell Lymphoma:
A Retrospective Study

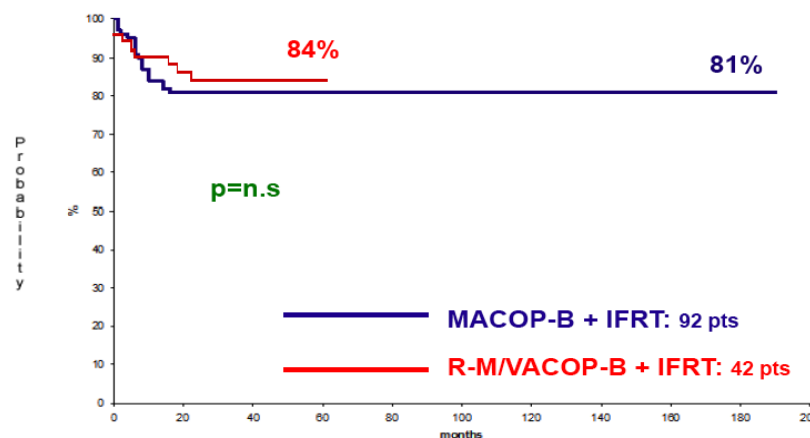
PFS



Zinzani et al Clin.Lymphoma Myeloma 2009

M-VACOP-B+/-Rituximab in
Primary Mediastinal Lymphoma:
Retrospective study in 134 pts

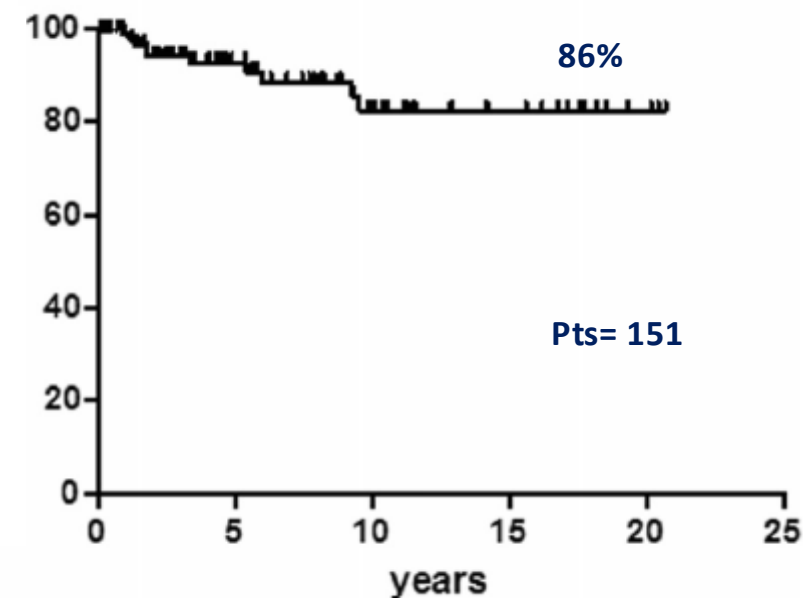
PFS



Martelli et al ICML 2011

Treatment and outcome of PMBCL :
a three decade monocentric experience
with 151 patients

DFS



Casadei et al Ann. of Hematology 2021

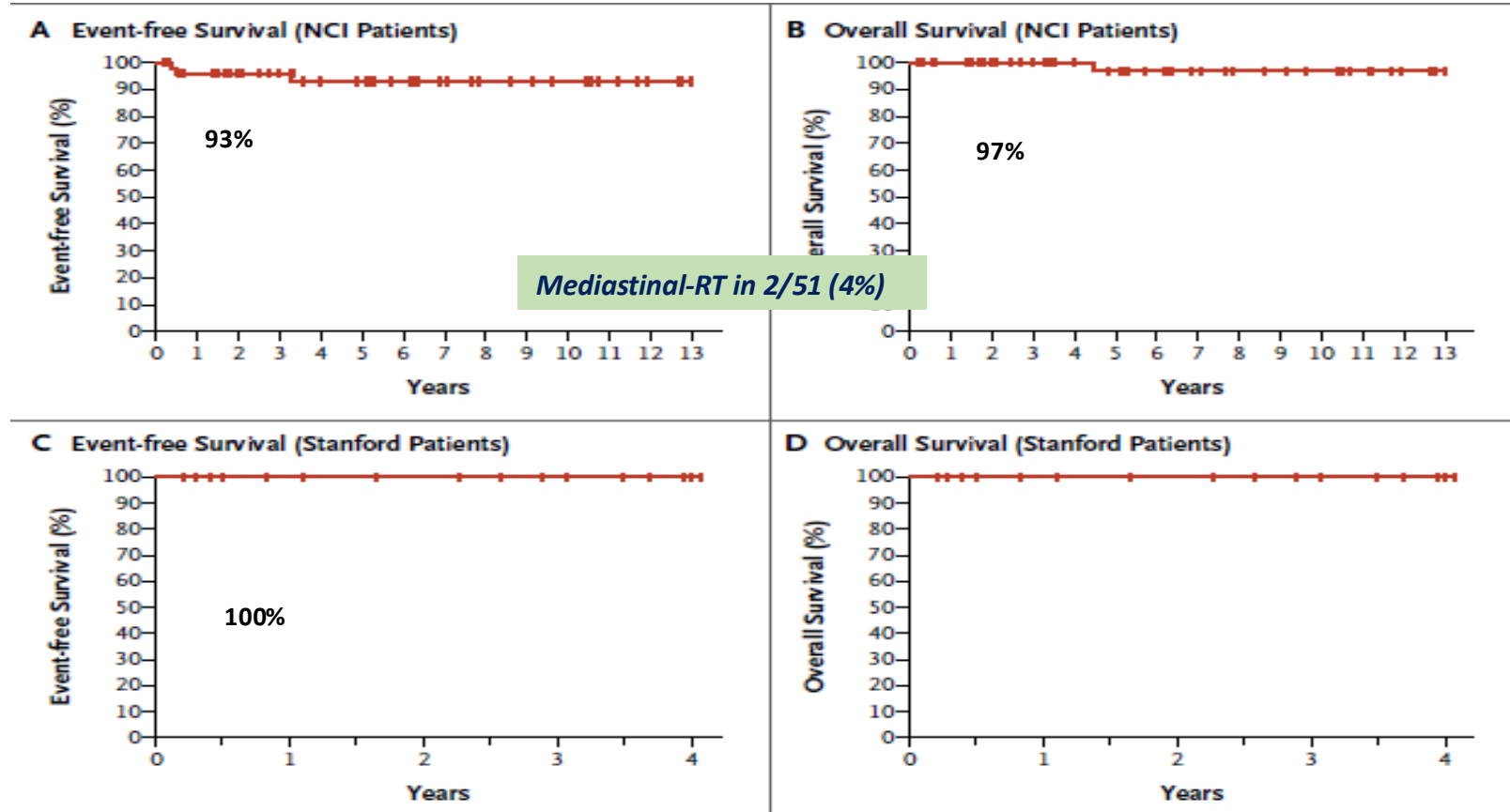
DA-EPOCH+R: NCI results

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

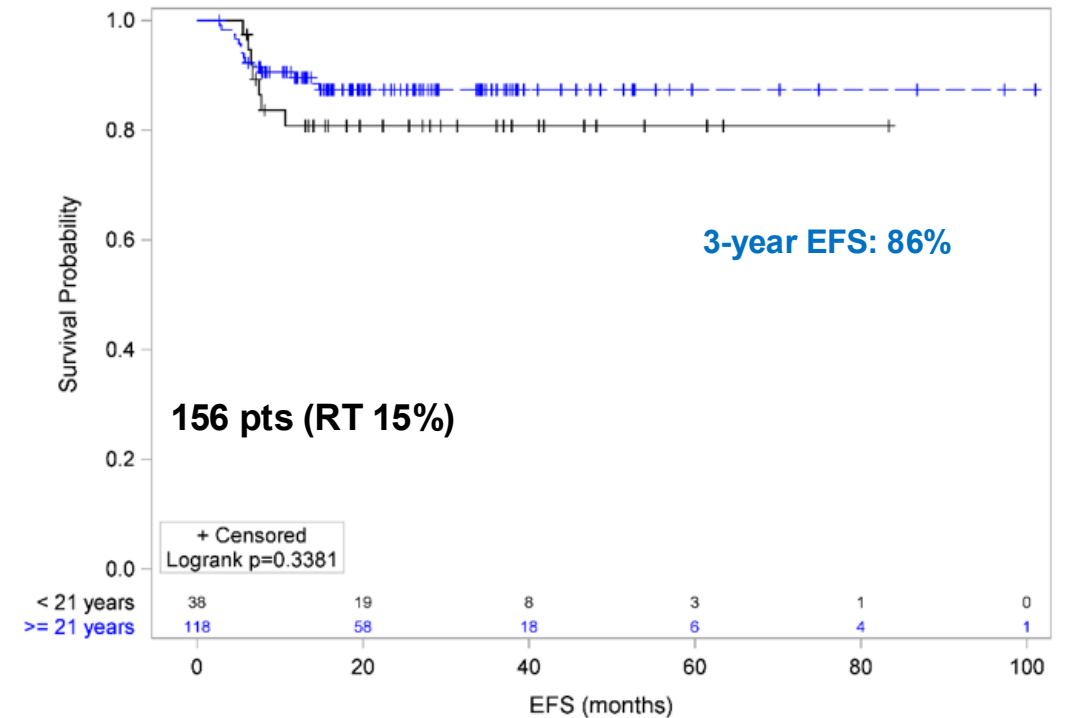
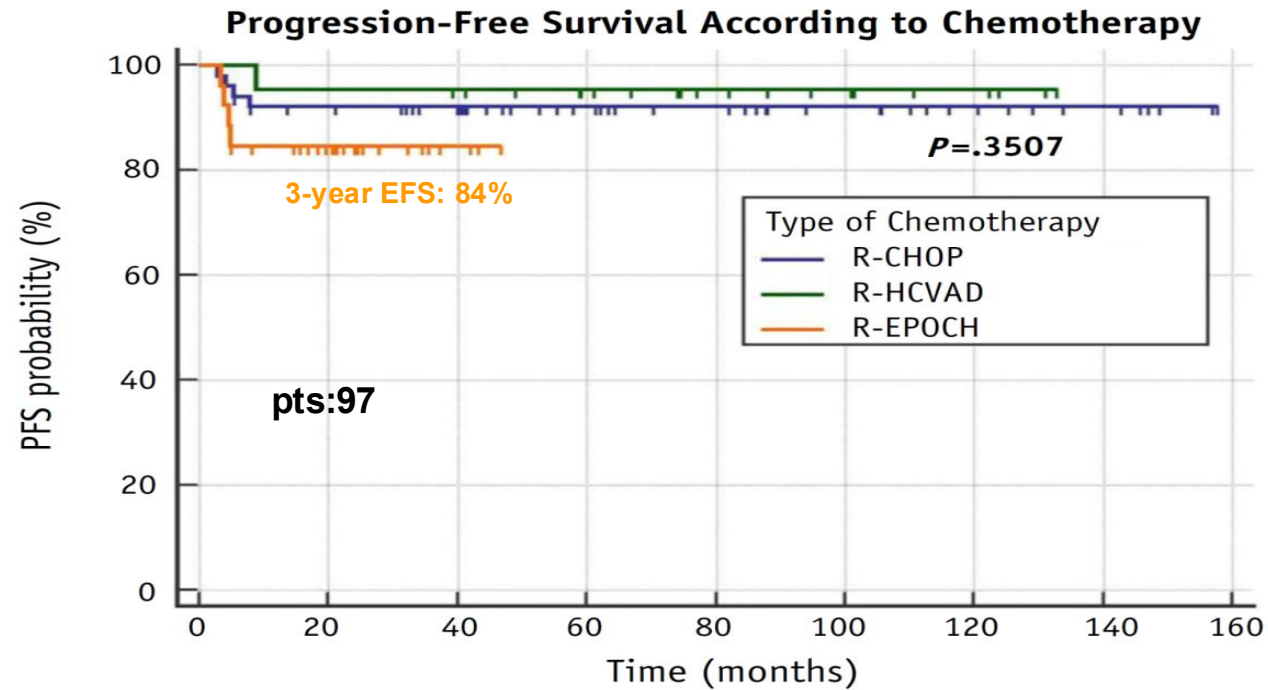
Dose-Adjusted EPOCH-Rituximab Therapy in Primary Mediastinal B-Cell Lymphoma

Kieron Dunleavy, M.D., Stefania Pittaluga, M.D., Ph.D., Lauren S. Maeda, M.D.,
Ranjana Advani, M.D., Clara C. Chen, M.D., Julie Hessler, R.N.,
Seth M. Steinberg, Ph.D., Cliona Grant, M.D., George Wright, Ph.D.,
Gaurav Varma, M.S.P.H., Louis M. Staudt, M.D., Ph.D., Elaine S. Jaffe, M.D.,
and Wyndham H. Wilson, M.D., Ph.D.

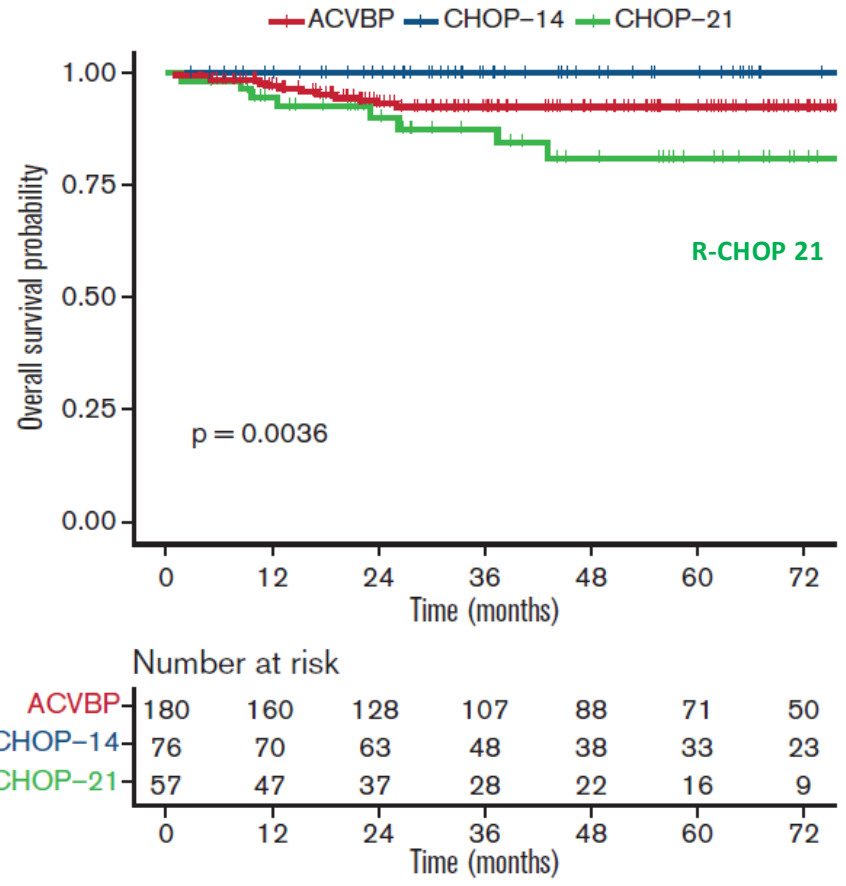
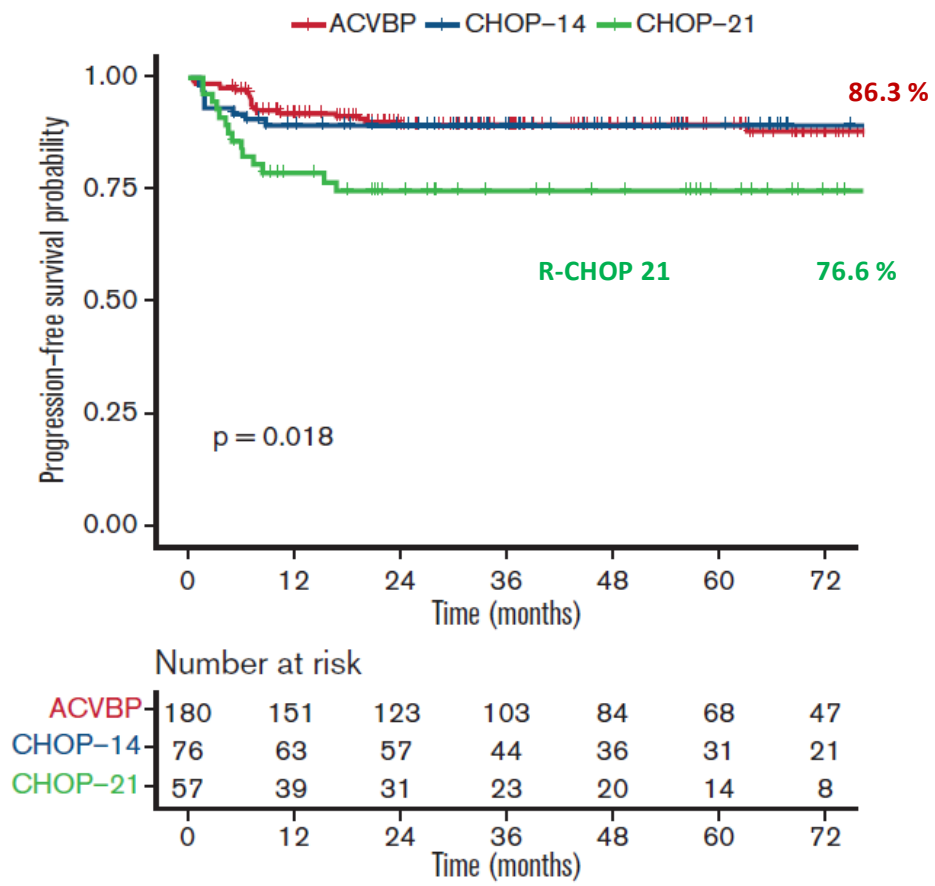


DA-EPOCH-R gives an high cure rate without the need of a mediastinal radiotherapy and should be considered the new standard therapy

First-line treatment : DA-EPOCH-R retrospective studies

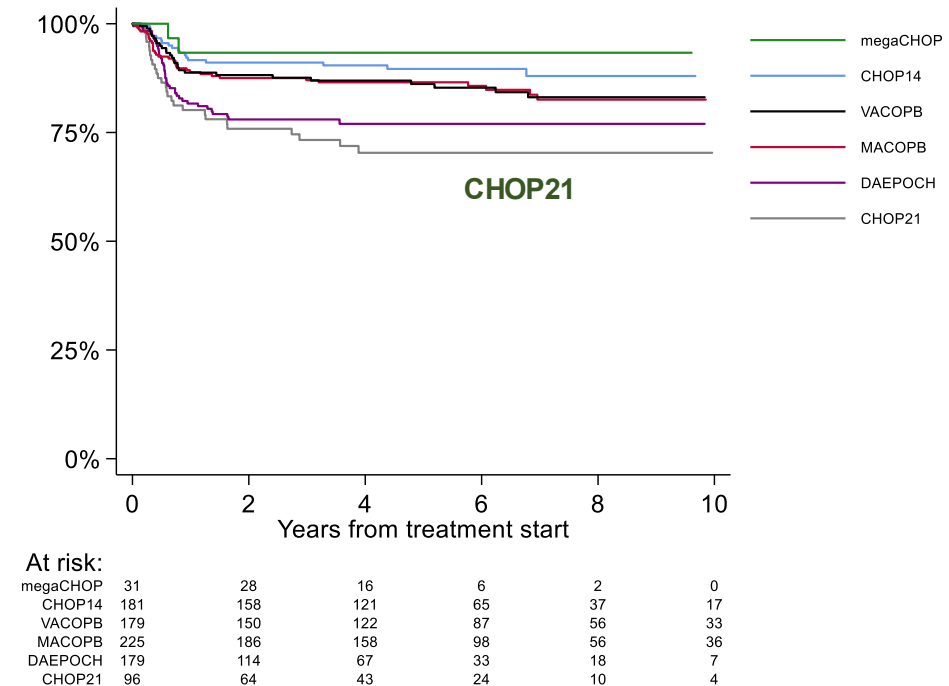
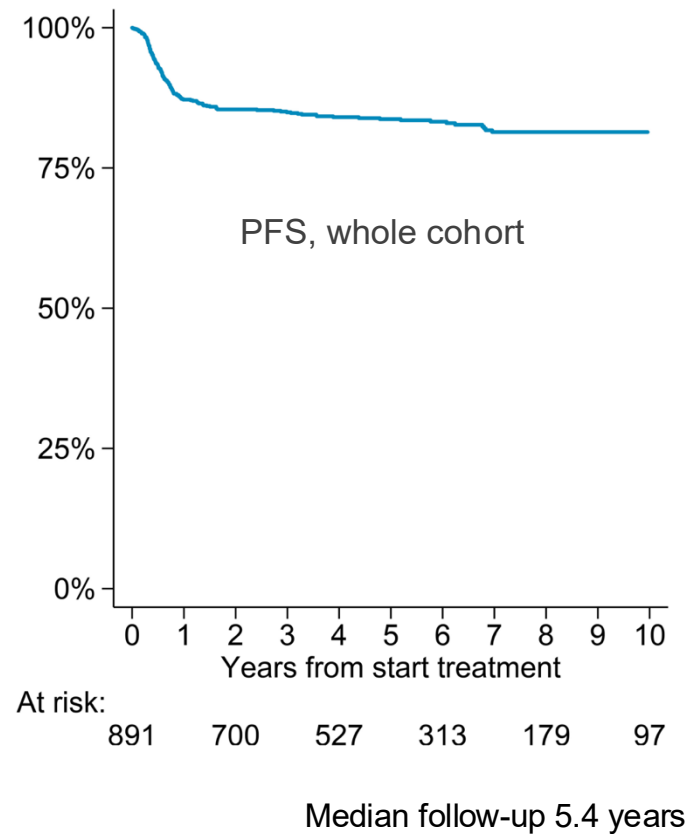


Outcomes after first-line immunochemotherapy for primary mediastinal B-cell lymphoma: a LYSA study



- Retrospective, multicenter analysis of adult patients with newly diagnosed PMBCL in 37 Italian hematological centers from **Jan 2007 to Dec 2019** in **891 patients with PMBCL**

- 5-year PFS 83%, OS 92%**
- Primary refractory disease in 7.4%**





blood[®]

Available online 15 September 2025



Recommended articles

No articles found.



Impact of immunochemotherapy regimens on outcomes of patients with primary mediastinal B-cell lymphoma in the IELSG37 trial

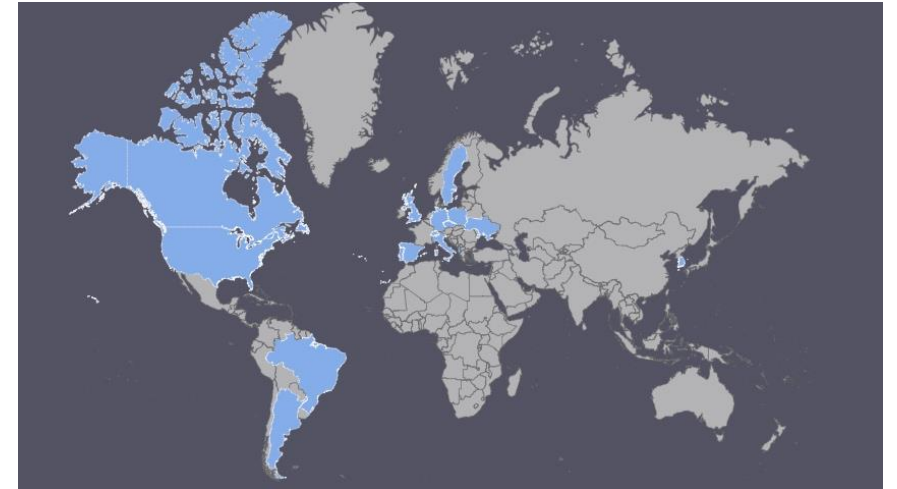
Emanuele Zucca^{* 1 2 3}  , Luca Ceriani^{* 2 3 4}, Giovannino Ciccone^{* 5},
Alice Di Rocco⁶, Maria Cristina Piroso^{1 2}, Iryna Kriachok⁷, Barbara Botto⁸,
Monica Balzarotti⁹, Alessandra Tucci¹⁰, Sara Veronica Usai¹¹,
Vittorio Ruggero Zilioli¹², Elsa Pennese¹³, Luca Arcaini^{14 15},
Anna Dabrowska-Iwanicka¹⁶, Andrés JM Ferreri^{17 18}, Francesco Merli¹⁹,
Weili Zhao²⁰, Luigi Rigacci^{** 21}, Claudia Cellini²², David Hodgson^{23...}
Maurizio Martelli^{* 6}



IELSG-37 prospective randomized International study

545 patients with PMBCL enrolled from **74 centres** in **13 countries**

- **Italy 380**
- UK 44
- Ukraine 25
- Switzerland 17
- Poland 15
- Czech Republic 14
- China 12
- Norway 11
- Canada 10
- Sweden 7
- Germany 5
- USA 3
- Portugal 2



Accrual
September 2012
August 2019

Front-line chemotherapy regimens



<i>Regimen</i>	<i>N</i>	<i>Percent</i>
R-CHOP21	98	18.0
R-CHOP14	146	26.8
R-V/MACOP-B	169	31.0
DA-EPOCH-R	88	16.1
R-megaCHOP	19	3.5
R-CHOEP	13	2.4
GMALL-BALL/NHL2002	12	2.2
<i>All</i>	<i>545</i>	<i>100.00</i>



N = 501

EOT-PET- metabolic response after front line therapy



Regimen *Deauville score (5-point scale), N (%)*

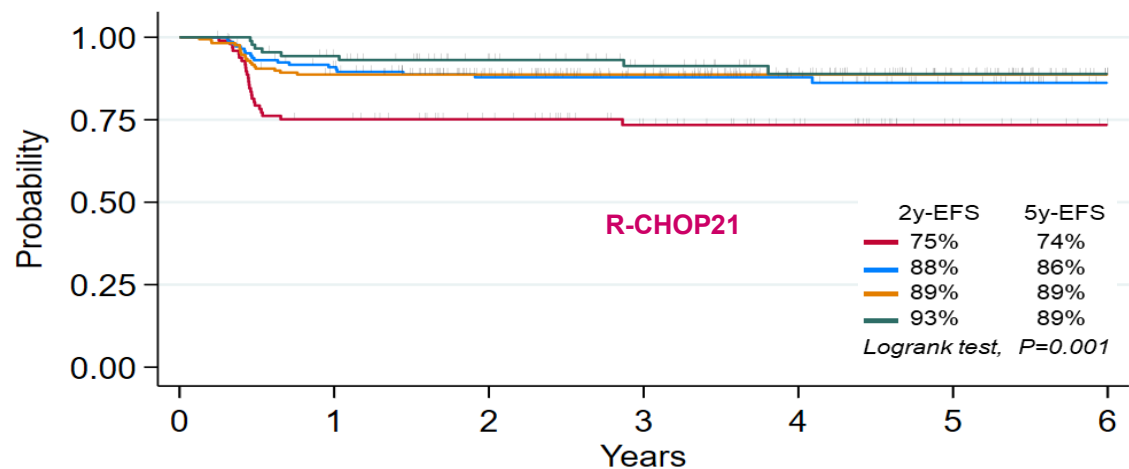
	1	2	3	4	5
R-CHOP21	3 (3)	25 (27)	23 (25)	20 (22)	21 (23)*
R-CHOP14	2 (2)	36 (26)	40 (28)	52 (37)	11 (8)
R-V/MACOP-B	4 (3)	33 (20)	53 (32)	61 (37)	15 (9)
DA-EPOCH-R	1 (1)	35 (41)	20 (23)	25 (29)	5 (6)

**P-value = 0.001*

EFS and OS by regimens



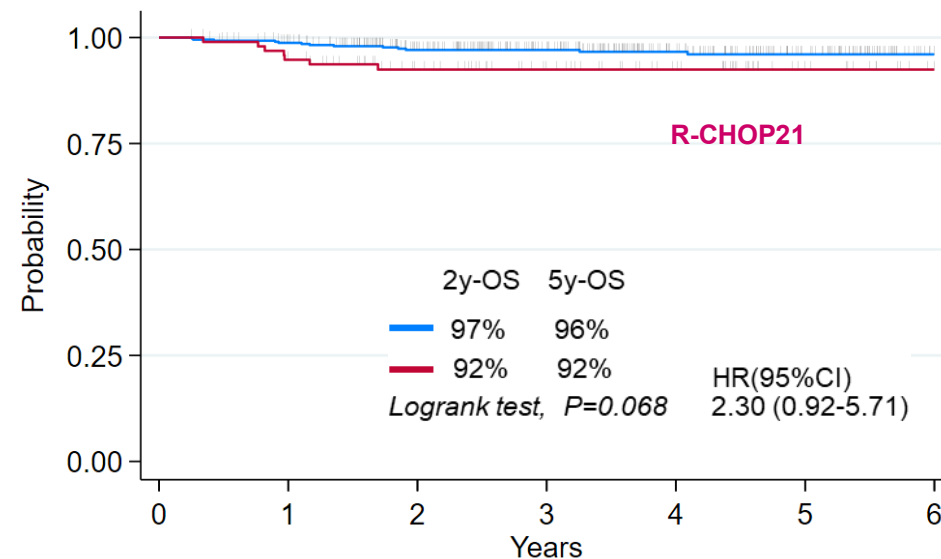
EFS



Number at risk

R-CHOP21	98	71	58	41	26	9	1
R-CHOP14	146	126	103	81	53	36	15
R-V/MACOP-B	169	146	123	95	66	44	15
DA-EPOCH-R	88	79	61	48	35	22	15

OS



Number at risk

Other regimens	403	384	313	239	162	108	46
R-CHOP21	98	89	70	52	36	13	2

Outline of discussion

- Front-line chemoimmunotherapy regimen
(*R-CHOP 21, R-CHOP 14, R-V/MACOP-B or more intensive DA-EPOCH-R*)
- Role of EOT PET-CT scan to evaluate the clinical response and if it can drive mediastinal RT
- Salvage therapy for Relapsed/ Refractory patients



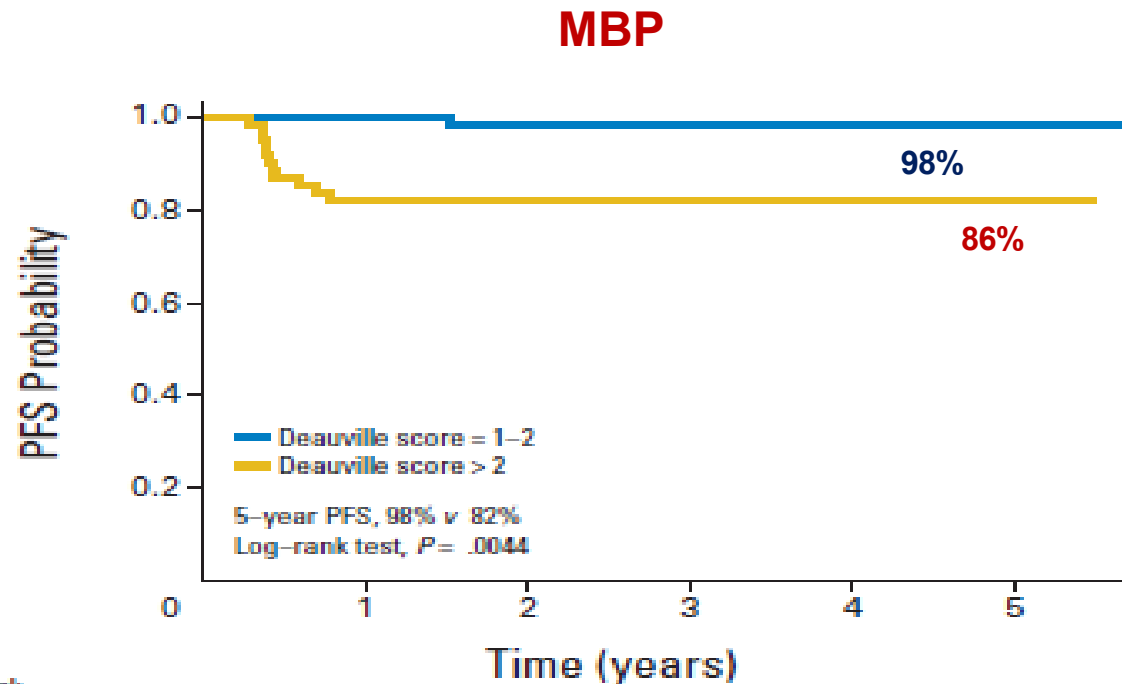
[¹⁸F]Fluorodeoxyglucose Positron Emission Tomography Predicts Survival After Chemoimmunotherapy for Primary Mediastinal Large B-Cell Lymphoma: Results of the International Extranodal Lymphoma Study Group IELSG-26 Study

Maurizio Martelli, Luca Ceriani, Emanuele Zucca, Pier Luigi Zinzani, Andrés J.M. Ferreri, Umberto Vitolo, Caterina Stelitano, Ercole Brusamolino, Maria Giuseppina Cabras, Luigi Rigacci, Monica Balzarotti, Flavia Salvi, Silvia Montoto, Armando Lopez-Guillermo, Erica Finolezzi, Stefano A. Pileri, Andrew Davies, Franco Cavalli, Luca Giovanella, and Peter W.M. Johnson

PFS according to PET response defined by the MBP and Liver cut-point

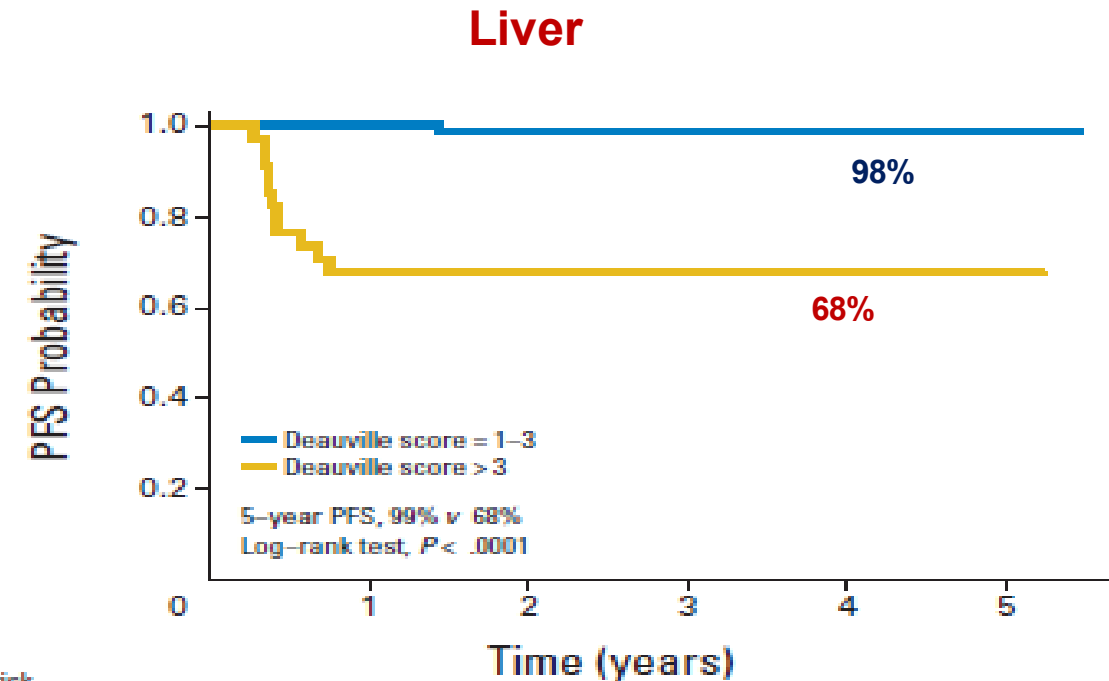


B



No. at risk						
Deauville score = 1-2	54	54	51	27	11	2
Deauville score > 2	61	50	48	21	9	2

D



No. at risk						
Deauville score = 1-3	81	81	77	42	18	3
Deauville score > 3	34	23	22	6	2	1

- **Negative post-therapy PET/CT scan** after R-CHT is significantly **associated with a longer PFS**.
- **Liver uptake** represents **a more appropriate cut-point** than **MBP** to identify those patients with **a significant increased risk of relapse or progressive disease**.

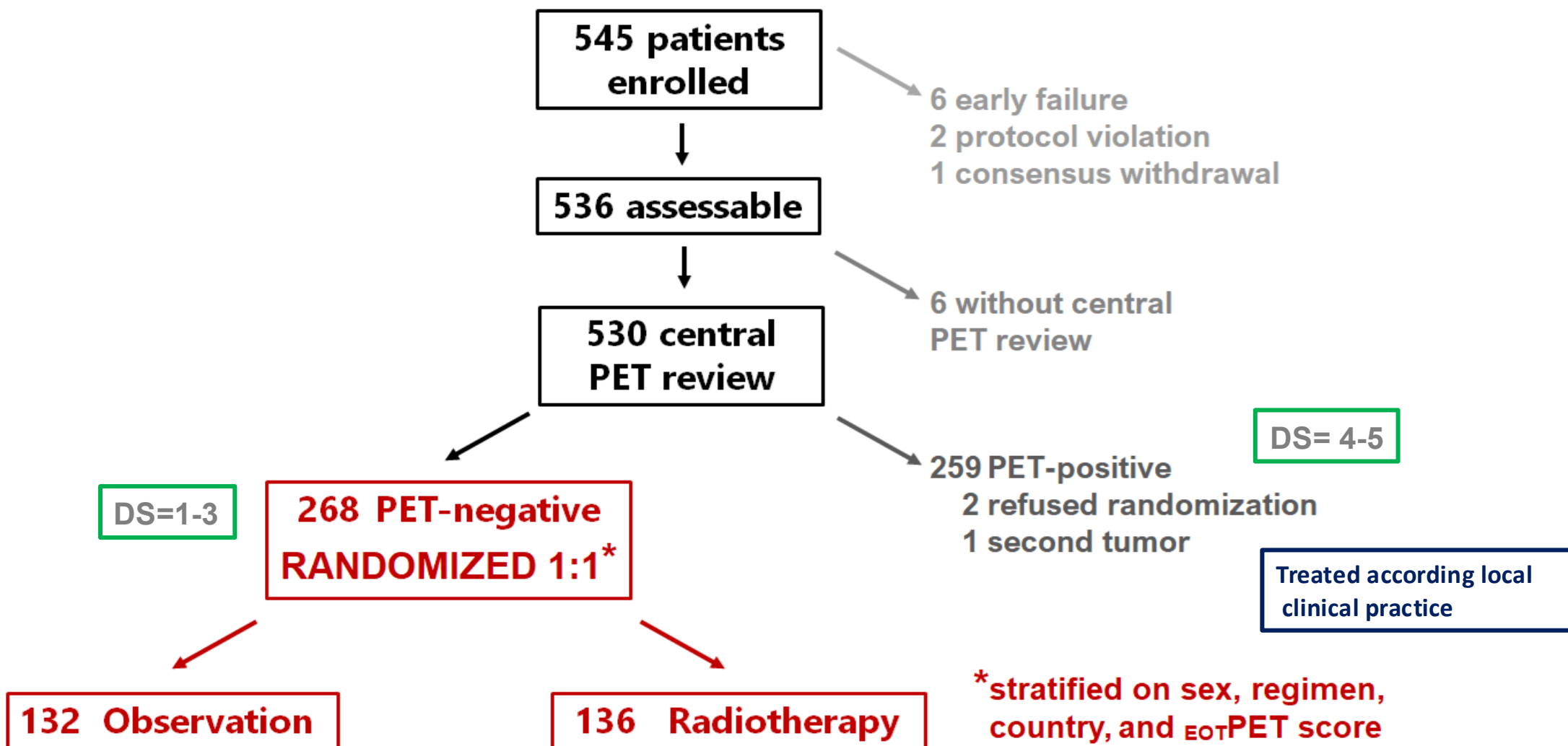
Original Reports | Hematologic Malignancy

Omission of Radiotherapy in Primary Mediastinal B-Cell Lymphoma: IELSG37 Trial Results

Maurizio Martelli, MD¹ ; Luca Ceriani, MD^{2,3,4} ; Giovannino Ciccone, MD, PhD⁵ ; Umberto Ricardi, MD⁶ ; Iryna Kriachok, MD⁷; Barbara Botto, MD, PhD⁸; Monica Balzarotti, MD⁹ ; Alessandra Tucci, MD¹⁰ ; Sara Veronica Usai, MD¹¹; Vittorio Ruggero Zilioli, MD¹² ; Elsa Pennese, MD¹³; Luca Arcaini, MD^{14,15} ; Anna Dabrowska-Iwanicka, MD¹⁶; Andrés J.M. Ferreri, MD^{17,18} ; Francesco Merli, MD¹⁹ ; Weili Zhao, MD²⁰ ; Luigi Rigacci, MD²¹ ; Claudia Cellini, MD²²; David Hodgson, MD²³ ; Codruta Ionescu, MD²⁴; Carla Minoia, MD, PhD²⁵; Elisa Lucchini, MD^{26,27} ; Michele Spina, MD²⁸ ; Alexander Fosså, MD^{29,30}; Andrea Janikova, MD³¹ ; Kate Cwynarski, MD³² ; George Mikhaeel, MD³³ ; Mats Jerkeman, MD³⁴ ; Alice Di Rocco, MD¹; Yana Stepanishyna, MD⁷ ; Umberto Vitolo, MD^{8,35} ; Armando Santoro, MD^{9,36} ; Alessandro Re, MD¹⁰ ; Benedetta Puccini, MD²¹; Jacopo Olivieri, MD²⁶ ; Luigi Petrucci, MD¹; Sally F. Barrington, MD³⁷ ; Bogdan Malkowski, MD³⁸; Ur Metser, MD³⁹ ; Annibale Versari, MD⁴⁰ ; Stephane Chauvie, PhD⁴¹ ; Jan Walewski, MD¹⁶ ; Marek Trneny, MD⁴² ; Franco Cavalli, MD²; Mary Gospodarowicz, MD²³ ; Peter W.M. Johnson, MD⁴³ ; Andrew Davies, MD⁴³ ; and Emanuele Zucca, MD^{2,4,44} ; on behalf of the International Extranodal Lymphoma Study Group (IELSG)

J Clin Oncol. 2024 Dec;42(34):4071-4083.

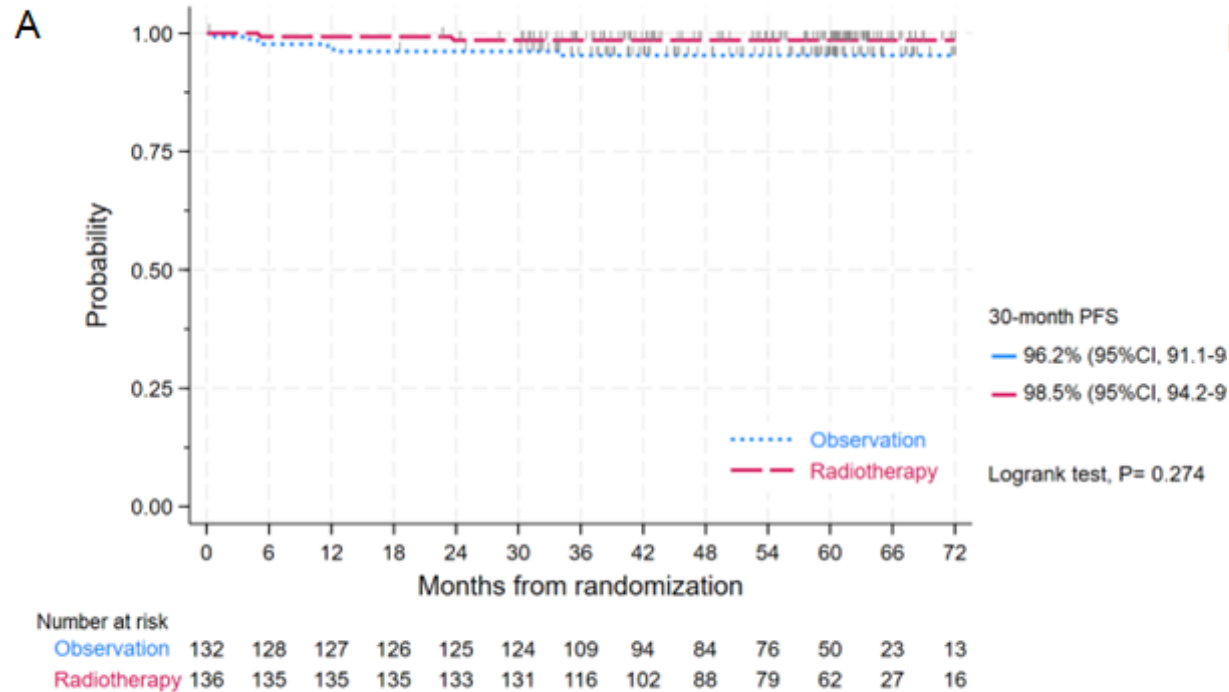
IELSG-37 prospective randomized International study



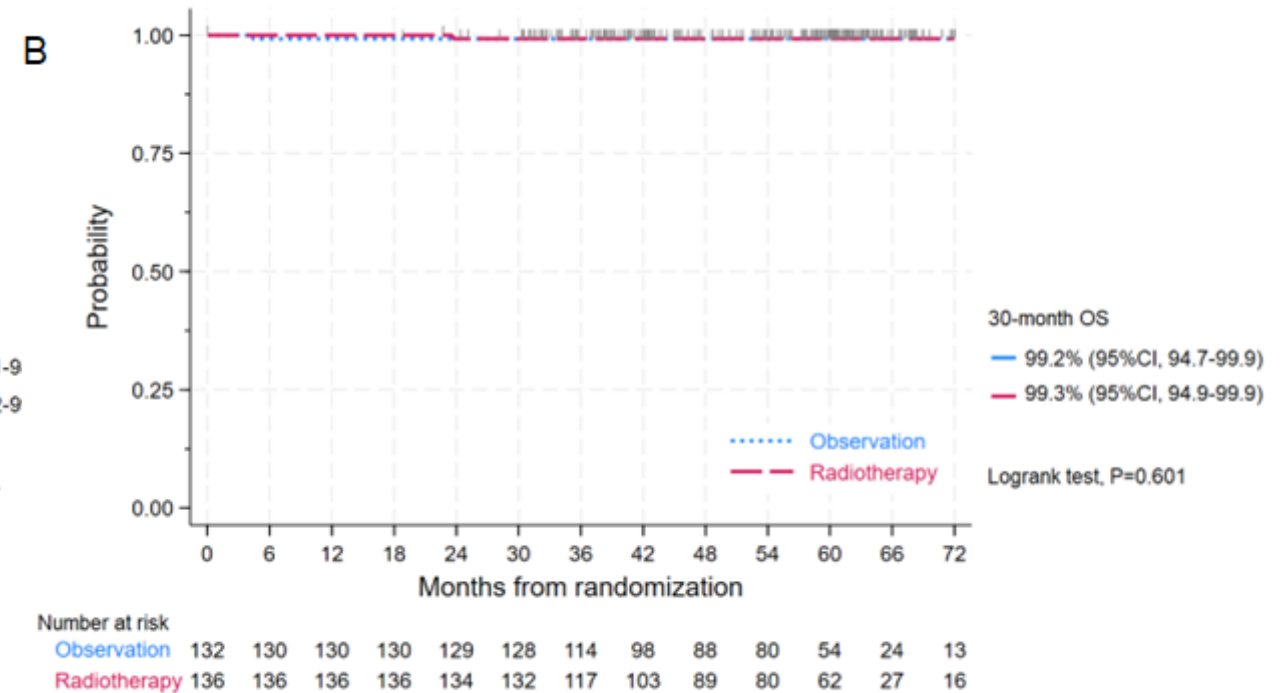
Baseline demographic and clinical features

Feature		Radiotherapy	Observation
Number of patients		136	132
Median age, years (IQR)		35.5 (29-46.5)	35.5 (29-46.5)
Sex, N (%)	Female	88 (65)	83 (63)
	Male	48 (35)	49 (37)
EGOG PS, N (%)	0	74 (54)	69 (52)
	1	50 (37)	54 (41)
	≥2	12 (9)	9 (7)
Bulky disease, N (%)	>10 cm	89 (65)	79 (60)
Elevated LDH, N (%)	>UNL	91 (67)	88 (67)
R-IPI score, N (%)	Low risk	30 (22)	31 (23)
	Intermediate risk	98 (72)	96 (73)
	High risk	8 (6)	5 (4)

PFS primary endpoint



OS secondary endpoint



Mediastinal RT may be safely omitted in patients with CMR (DS=1-3) after front-line immunochemotherapy

EOT-PET no CMR (DS= 4-5) after front line therapy

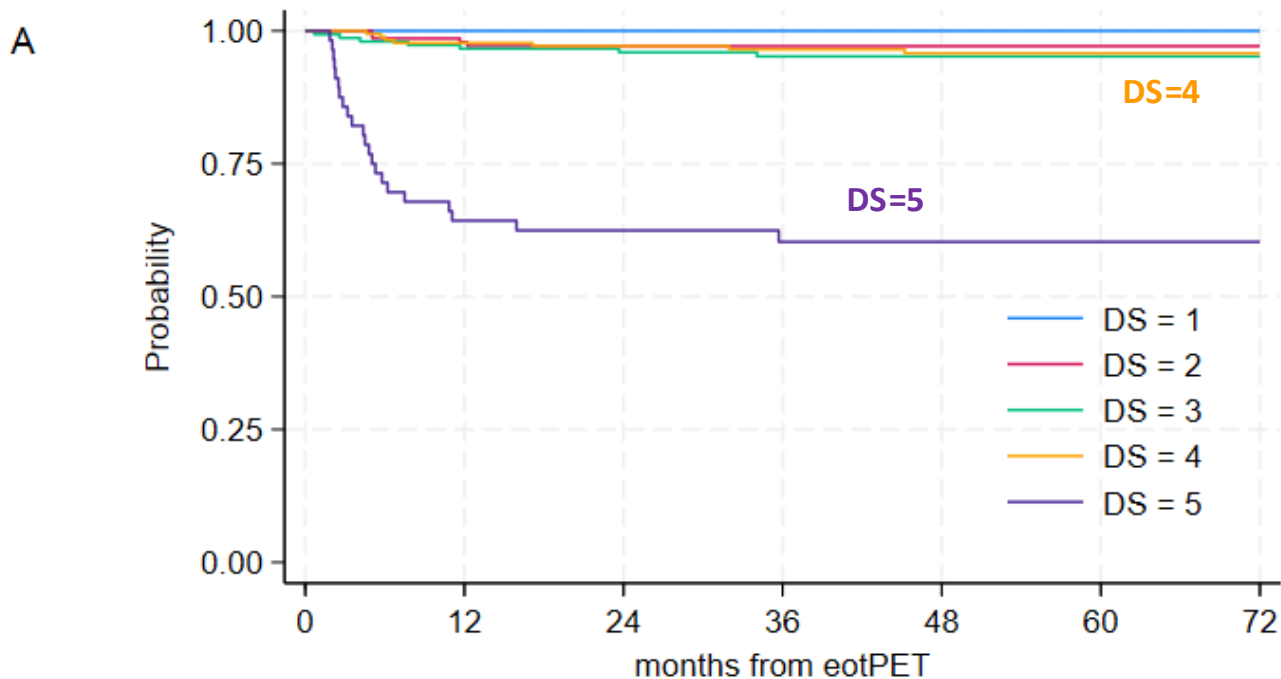
EOT- PET DS 4-5 (259 pts out of study) and treated according to local clinical practice

Regimen Deauville score (5-point scale), N (%)

	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
R-CHOP21	3 (3)	25 (27)	23 (25)	20 (22)	21 (23)*
R-CHOP14	2 (2)	36 (26)	40 (28)	52 (37)	11 (8)
R-V/MACOP-B	4 (3)	33 (20)	53 (32)	61 (37)	15 (9)
DA-EPOCH-R	1 (1)	35 (41)	20 (23)	25 (29)	5 (6)

**P-value = 0.001*

PFS according to DS=4 EOT- PET scan



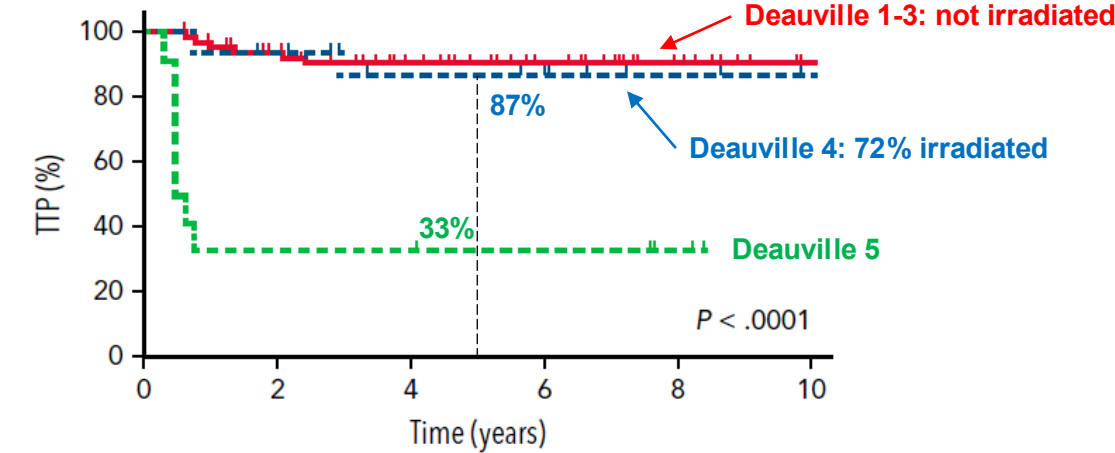
Number at risk

DS1	10	10	10	10	7	4	2
DS2	139	136	134	121	95	64	24
DS3	151	144	140	119	95	62	12
DS4	174	170	169	150	121	69	24
DS5	56	36	34	28	24	10	2

- DS-4 pts outcomes similar to those of pts achieving a CMR (DS 1-3)
- **Consolidation RT DS-4 140/174 (80%)**
- ASCT in 12 of 148 pts with RT
- ASCT in 4 of 15 DS4 pts with no RT

Good outcome of EOT-PET with DS= 4

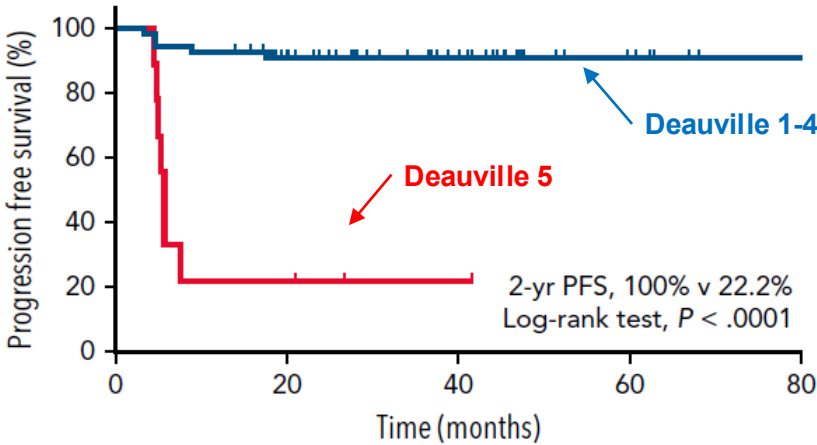
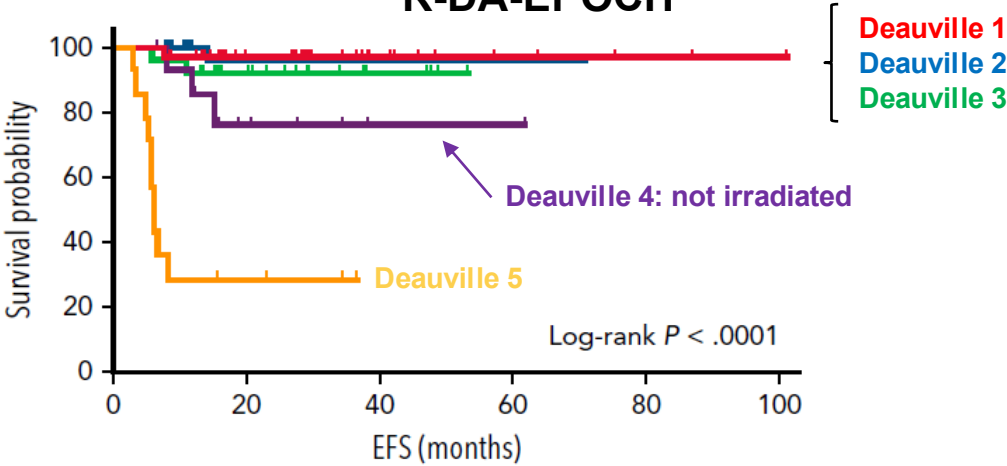
R-CHOP



Number at risk = 103

D1-3, DX	73	63	48	37	24	15
D4	18	17	12	10	7	5
D5	12	5	5	4	3	1

R-DA-EPOCH

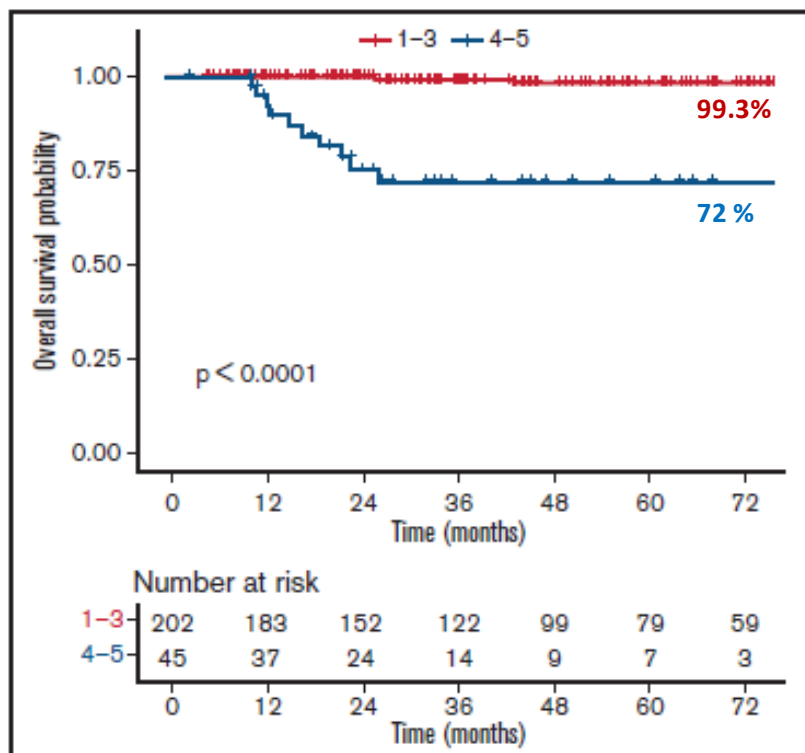


Hayden AR. *Blood*, 2020; 136: 2803-2811

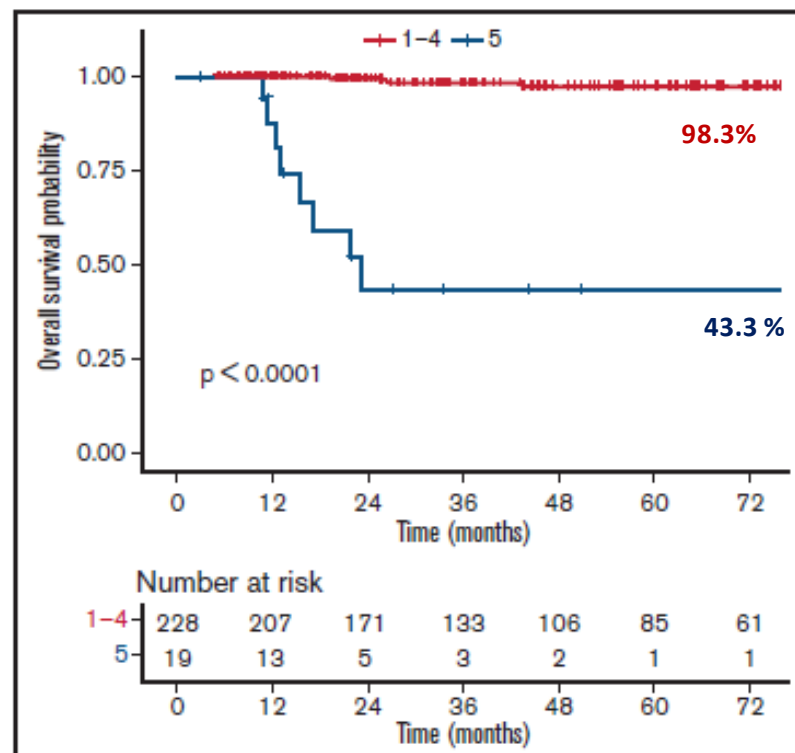
Pinnix CC. *Blood Adv*, 2018; 2: 1334-1343
Giulino-Roth L. *Br J Haematol*, 2017; 179: 739-747

Outcomes after first-line immunochemotherapy for primary mediastinal B-cell lymphoma: a LYSA study

OS according EOT–PET DS=1-3 vs DS= 4-5



OS according EOT–PET DS=1-4 vs DS =5



EOT-DS=4 good response $\Delta\text{SUV}_{\text{max}}$
EOT-PET>70%

EOT-DS=4 insufficient response
 $\Delta\text{SUV}_{\text{max}}$ EOT-PET $\leq$ 70%.

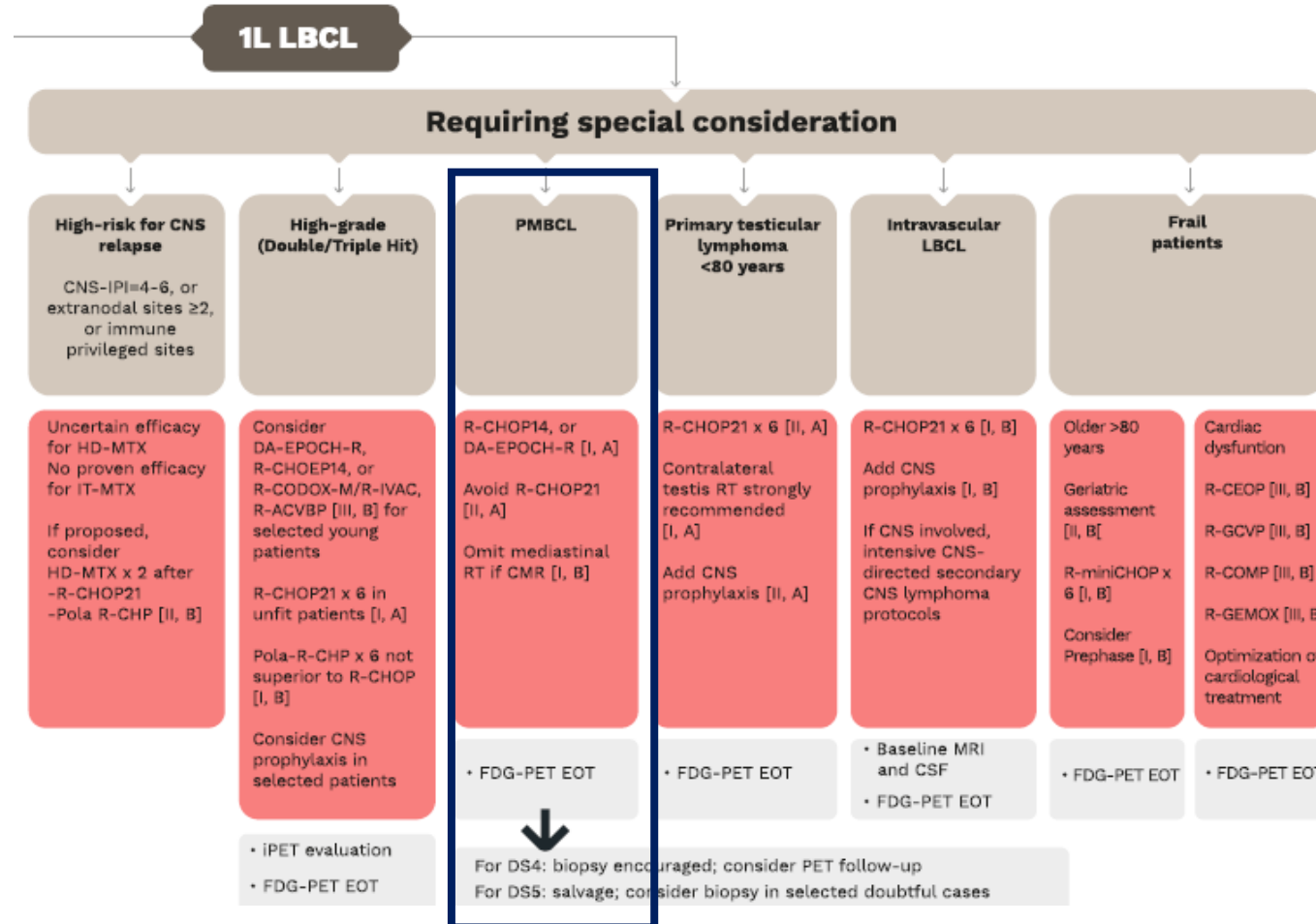
Only 17 (5,4%) patients received consolidation radiotherapy

Large B-cell lymphoma (LBCL): EHA Clinical Practice Guidelines for diagnosis, treatment, and follow-up

Received: 13 March 2025

Accepted: 6 August 2025

DOI: 10.1002/hem3.70207



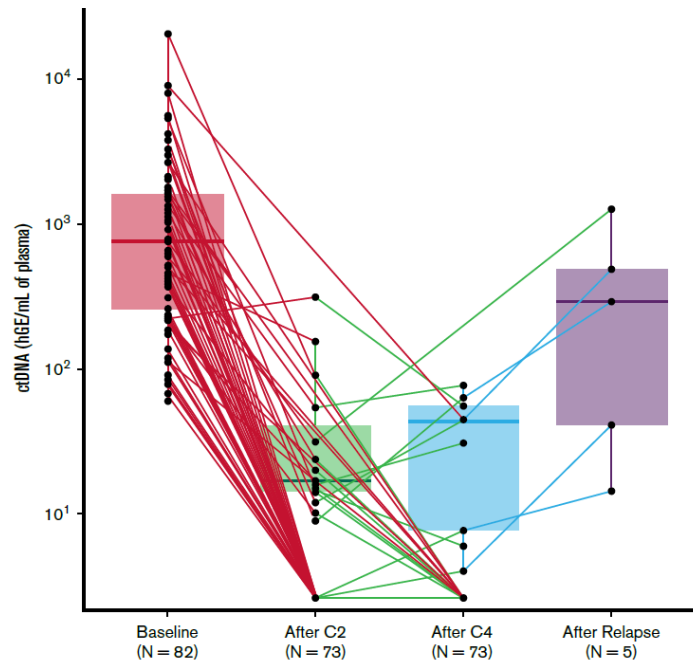
Recommendation for PMBCL ≤ 80

- Treat with R-CHOP14 or more intensified regimens including R-M/VACOP-B, R-ACVBP, and DA-EPOCH-R for patients <80 [I, A].
- Omit mediastinal RT in patients achieving CMR after chemoimmunotherapy [I, A].
- Avoid R-CHOP21 in favor of regimens with better outcomes [II, A].
- For DS4 cases, biopsy should be encouraged; consider follow-up with FDG-PET, namely, after DA-EPOCH-R. Consider RT evaluating long-term complications [II, B].
- DS5 cases require salvage treatment [I, B]. Consider biopsy in selected doubtful cases.

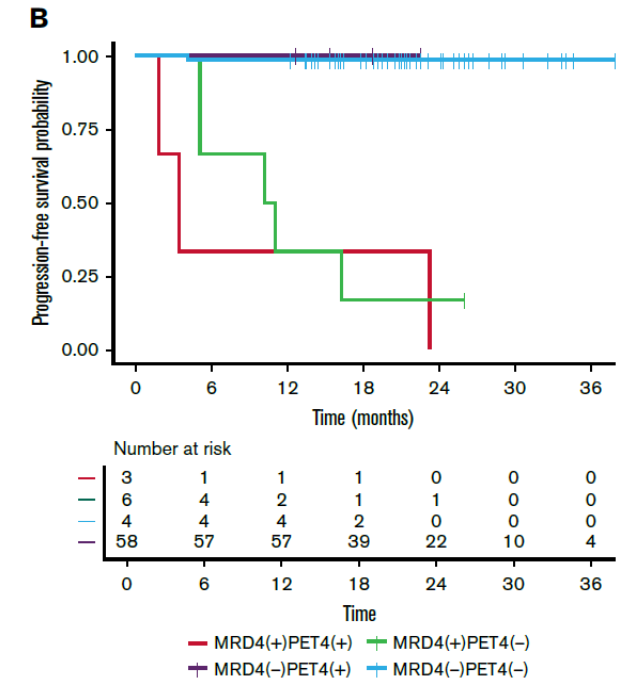
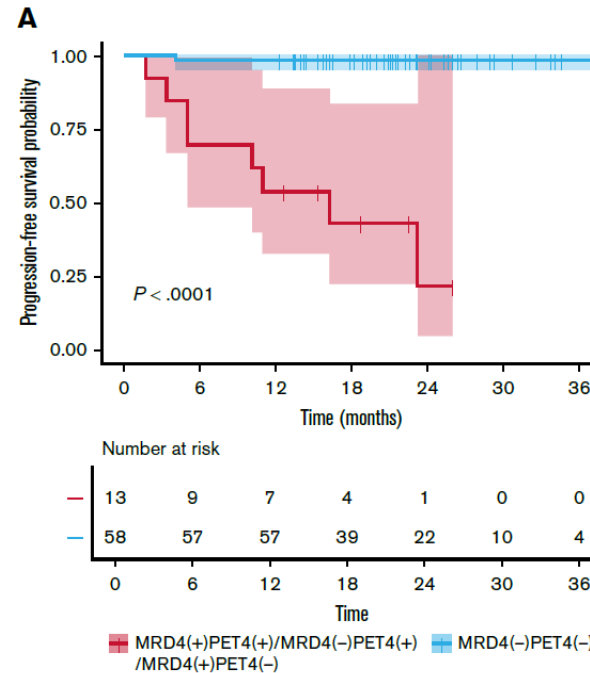
Interim assessment by circulating tumor DNA in primary mediastinal large B-cell lymphoma: a multicenter LYSA study

Key Points

- Genetic markers suitable for ctDNA-based MRD tracking were detectable in 98% of patients with PMBL.
- Combined PET negativity and undetectable MRD after 4 cycles of immunochemotherapy identifies patients with excellent prognosis.



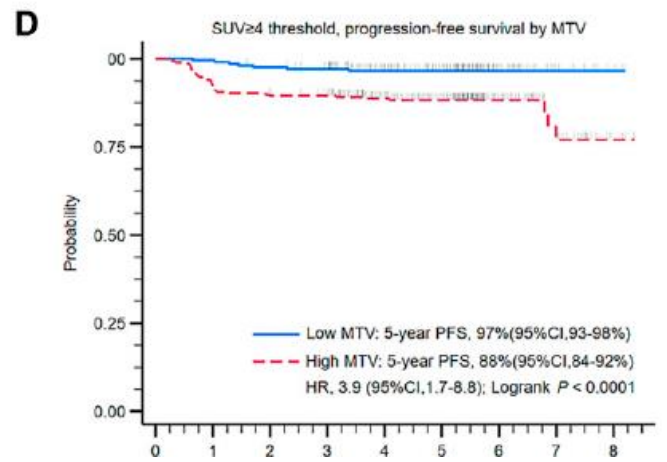
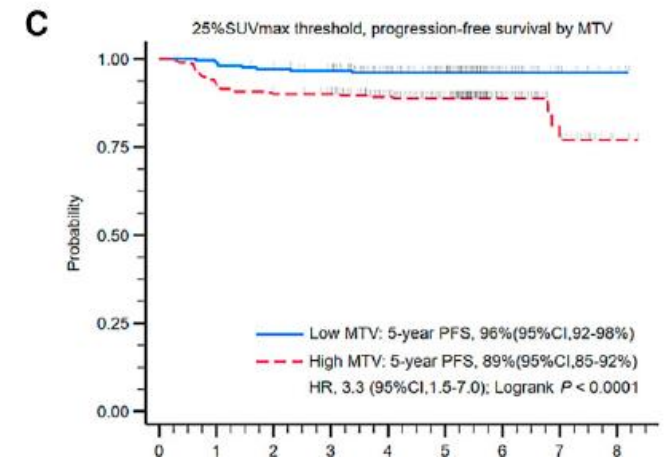
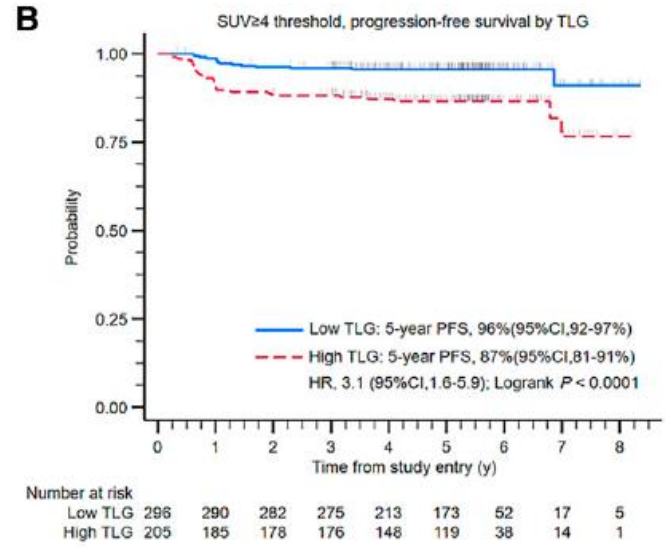
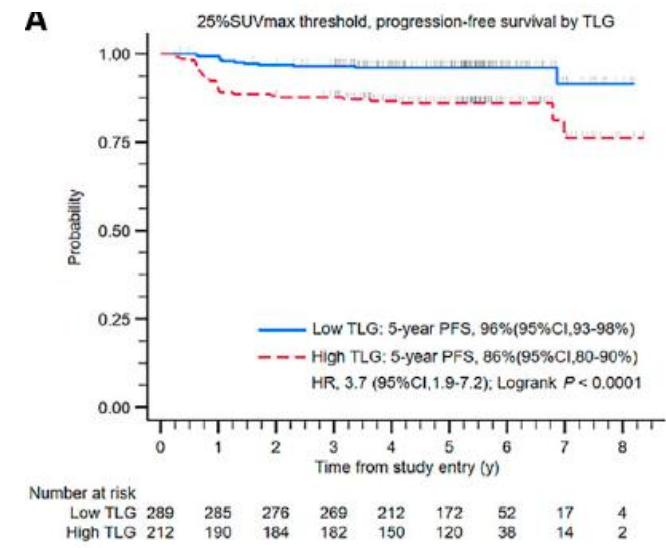
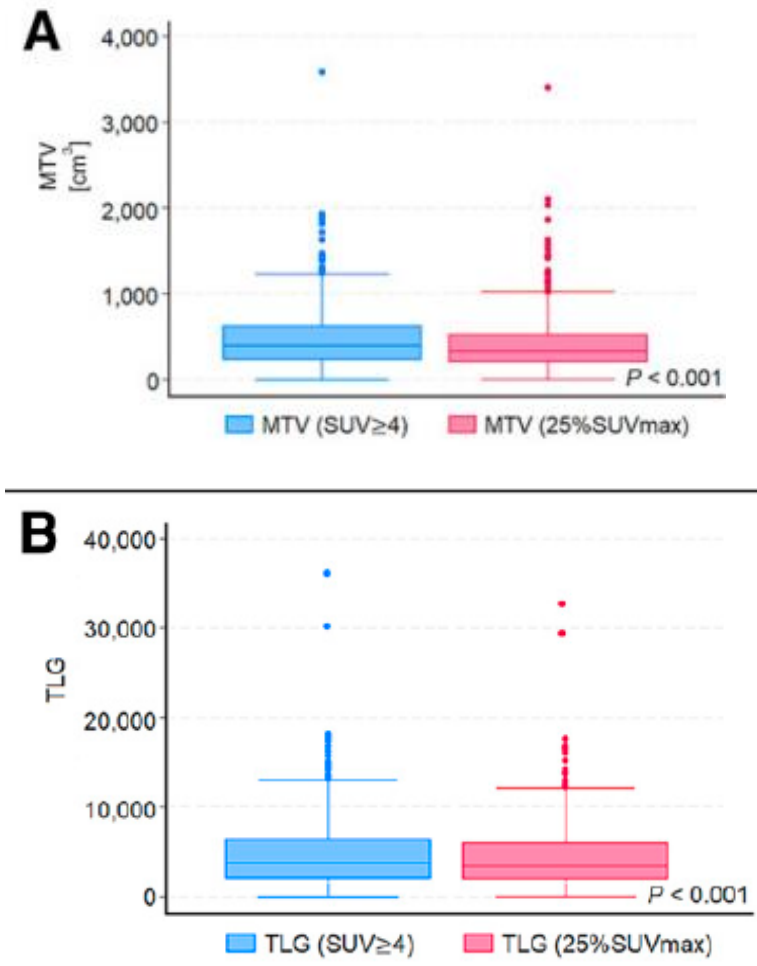
PMBCL = 84 pts R-CHOP14 or R-ACVB-P



PET-Based Risk Stratification in Primary Mediastinal B-Cell Lymphoma: A Comparative Analysis of Different Segmentation Methods in the IELSG37 Trial Patient Cohort



Luca Ceriani^{1,2}, Lisa Milan¹, Maria Cristina Piroso³, Maurizio Martelli⁴, Teresa Ruberto¹, Luciano Cascione², Peter W.M. Johnson⁵, Andrew J. Davies⁵, Giovannino Ciccone⁶, and Emanuele Zucca^{2,3}

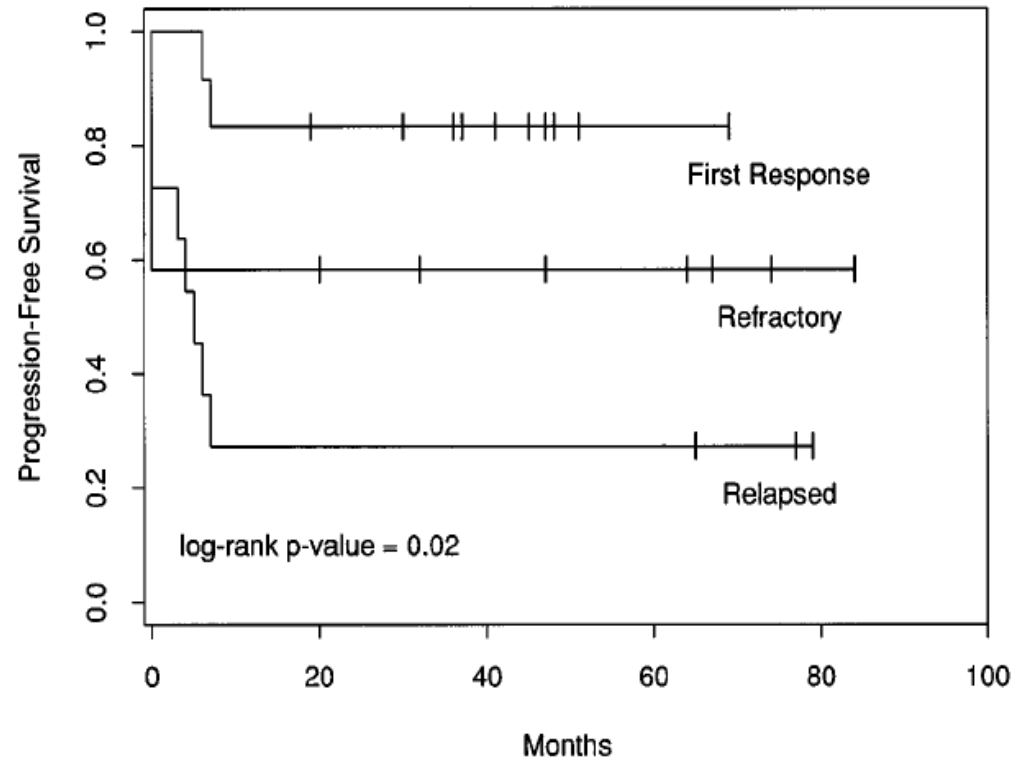


Outline of discussion

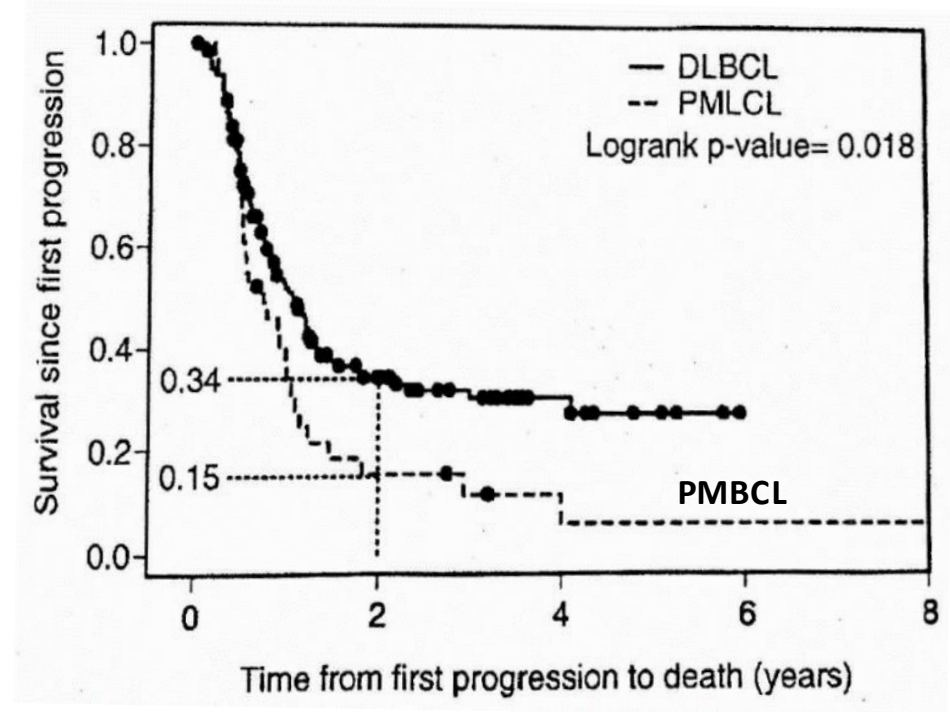
- Front-line chemoimmunotherapy regimen
(*R-CHOP 21, R-CHOP 14, R-V/MACOP-B or more intensive DA-EPOCH-R*)
- Role of EOT PET-CT scan to evaluate the clinical response and if it can drive mediastinal RT
- Salvage therapy for Relapsed/ Refractory patients

Salvage therapy in RR / PMBCL

- Relatively low incidence of relapse (15-20%) occur *within the first 18 months*
- The approach to “salvage” should be similar to that used in DLBCL (HDT/ASCT):
 - Chemosensitive disease after salvage chemotherapy is the most important prognostic factor ;
 - ***Inferior outcomes if compared to DLBCL: CR (25% vs 48%); 2yrs OS after relapse/progression (15% vs 34%).***



Sehn LH. Blood, 1998; 91: 717-723



Kuruvilla J. Leuk Lymphoma, 2008; 49: 1329-1336

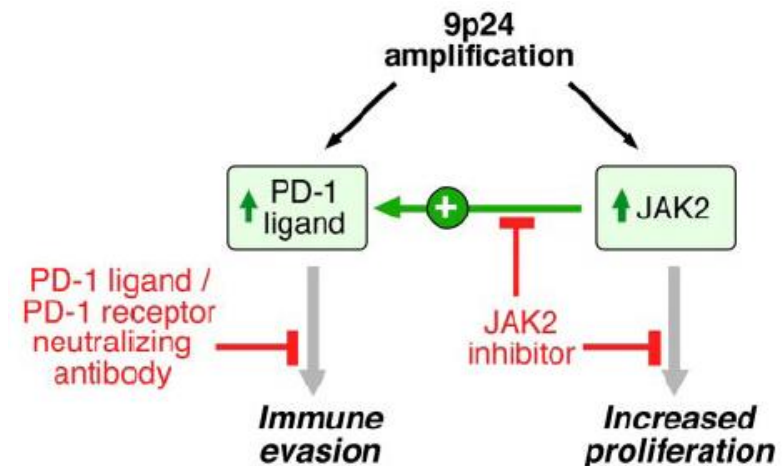
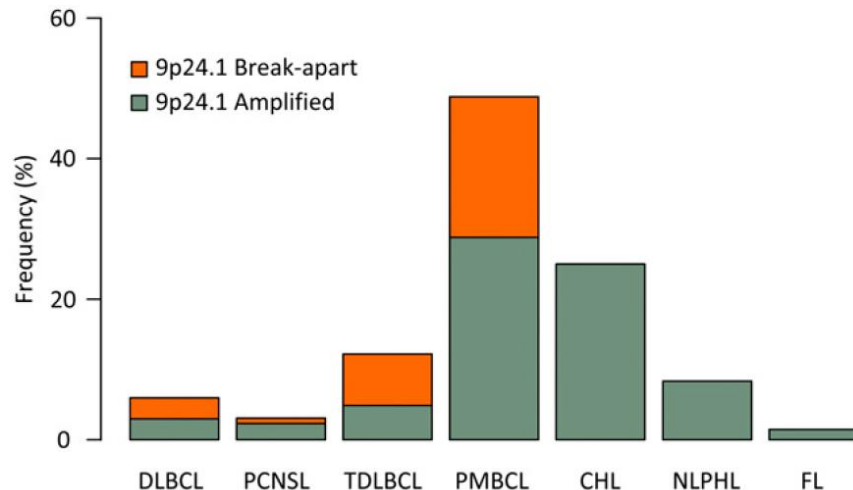
Anti-PD-1 immunotherapy in PMBCL: rationale

- PMBCL frequently shows amplification or rearrangements of the 9p24.1 locus (*programmed death ligand, PDL*).

Green MR. *Blood*, 2010; 116: 3268-3277 — Shi M. *Am J Surg Pathol*, 2014; 38: 1715-1723
Twa DDW. *Blood*, 2014; 123: 2062-2065

- This implies an **enhanced expression of the genes *PD-L1*, *PD-L2* and *JAK2***, which confer an immune-escape capability to the neoplasm.
- The blockade of the PD-1/PD-L1/PD-L2 interaction by means of monoclonal (and not-cytotoxic) **anti-PD-1 antibodies (check-point inhibitor)** has a sound rationale in relapsed and refractory disease.

Green MR. *Blood*, 2010; 116: 3268-3277 — Shi M. *Am J Surg Pathol*, 2014; 38: 1715-1723



Pembrolizumab in Patients With Relapsed or Refractory PMBCL

Data from the KEYNOTE-013 and KEYNOTE-170 Studies

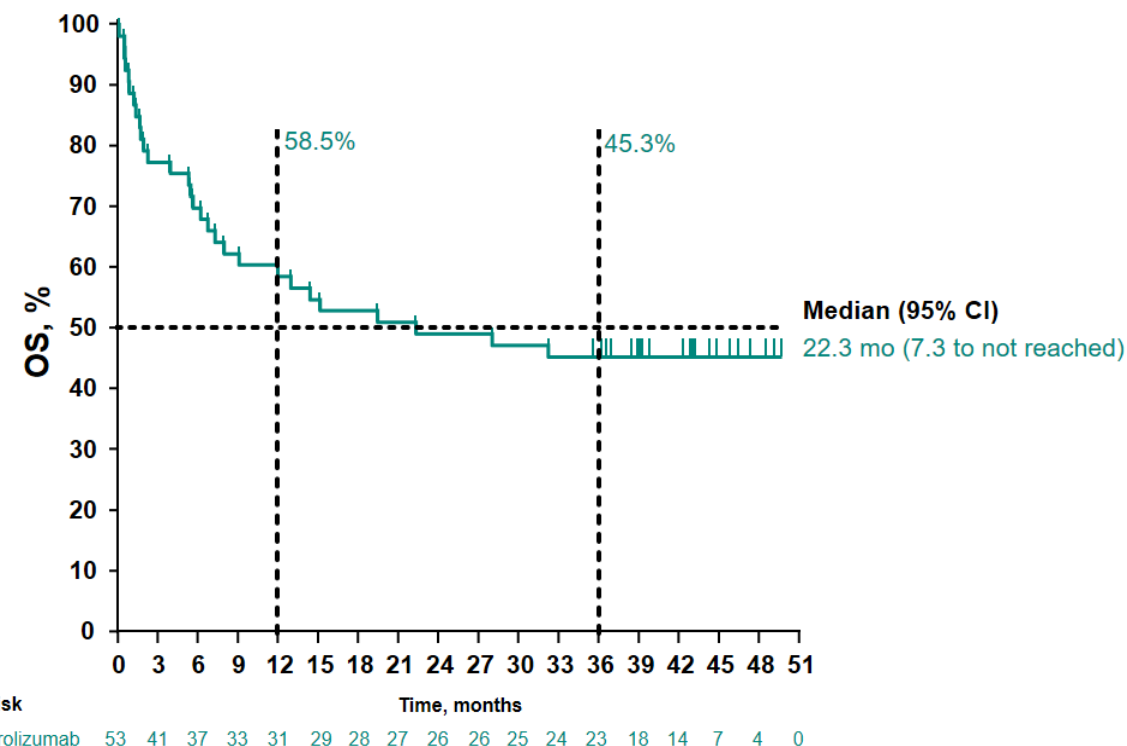
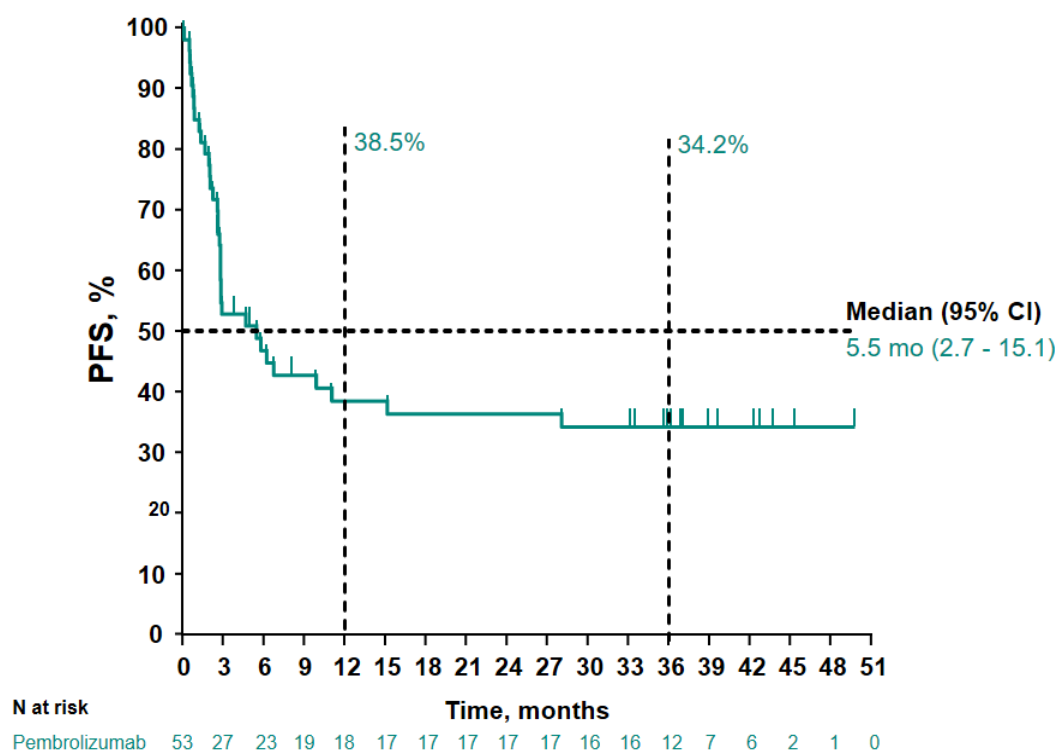
Response, n (%)	KEYNOTE-013 N = 21	KEYNOTE-170 N = 53
Overall response	10 (48)	24 (45)
Complete response	7 (33)	7 (13)
Partial response	3 (14)	17 (32)
Stable disease	5 (24)	5 (9)
Progressive disease	4 (19)	12 (23)
Non-evaluable/No assessment*	2 (10)	12 (23)

Data cutoff: April 4, 2018 (KN013); April 13, 2018 (KN170).

BICR, blinded independent central review; *Patients with insufficient data for assessment of response.

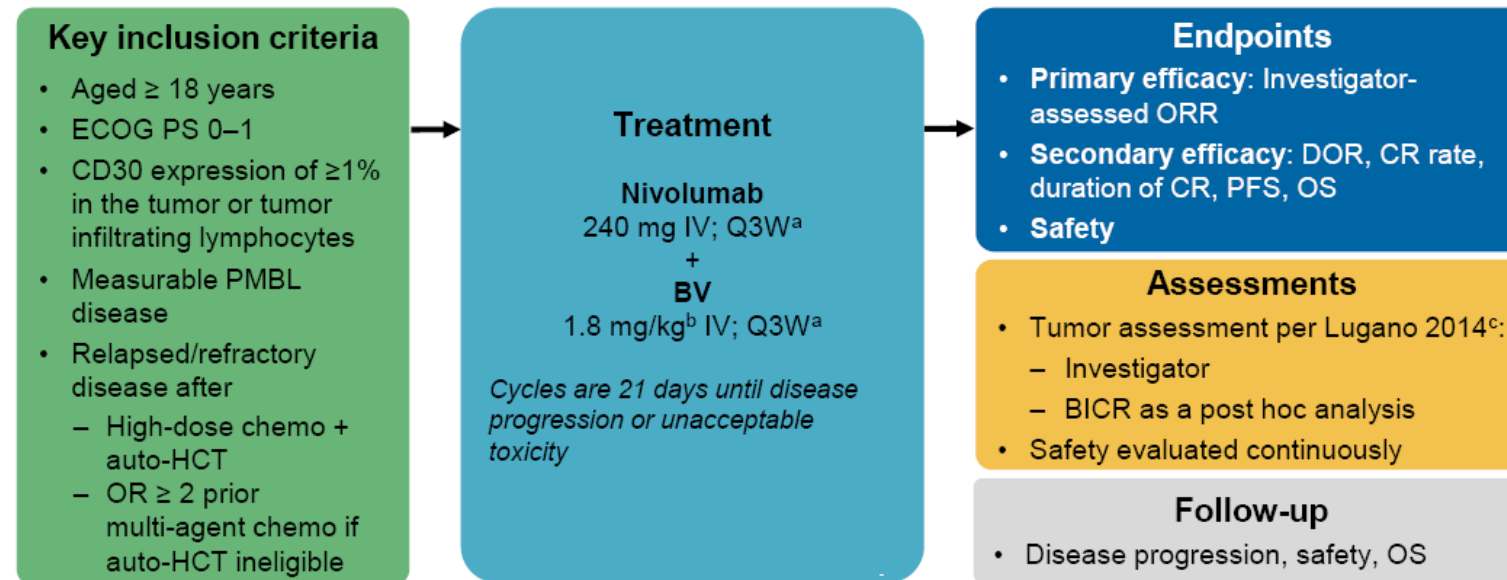
36 months update
KEYNOTE-170

Pembrolizumab in Relapsed or Refractory Primary Mediastinal Large B-Cell Lymphoma



Nivolumab Combined With Brentuximab Vedotin for Relapsed/Refractory Primary Mediastinal Large B-Cell Lymphoma: Efficacy and Safety From the Phase II CheckMate 436 Study

Pier Luigi Zinzani, MD, PhD¹; Armando Santoro, MD²; Giuseppe Gritti, MD, PhD³; Pauline Brice, MD⁴; Paul M. Barr, MD⁵; John Kuruville, MD⁶; David Cunningham, MD⁷; Justin Kline, MD⁸; Nathalie A. Johnson, MD⁹; Neha Mehta-Shah, MD¹⁰; Thomas Manley, MD¹¹; Stephen Francis, MS¹²; Manish Sharma, MD¹²; and Alison J. Moskowitz, MD¹³



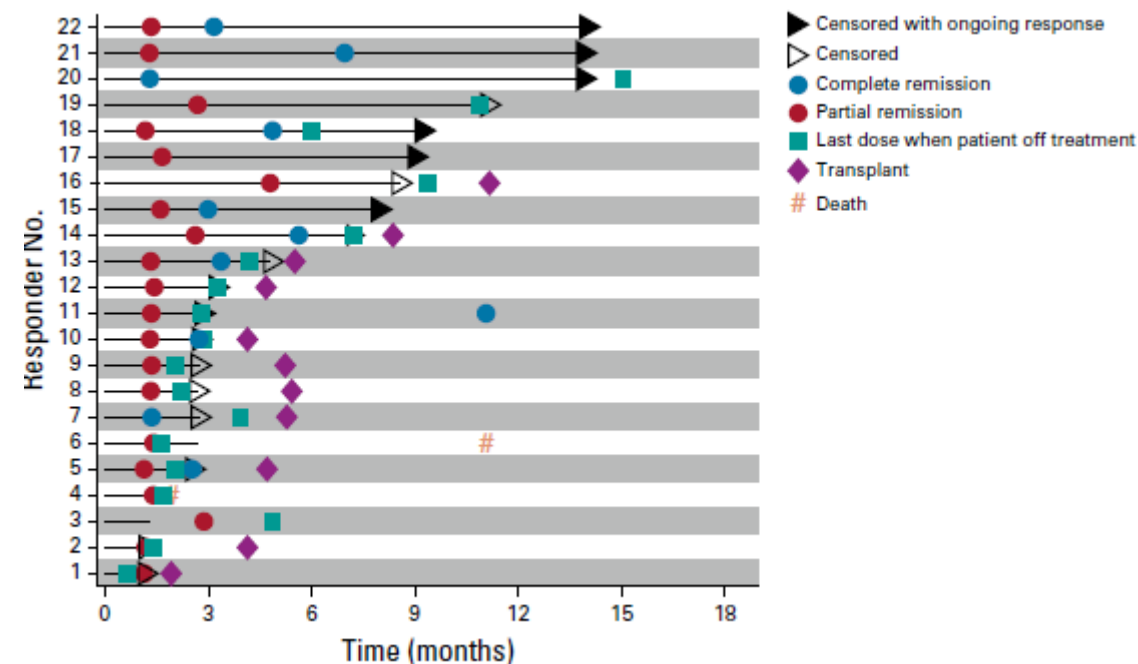
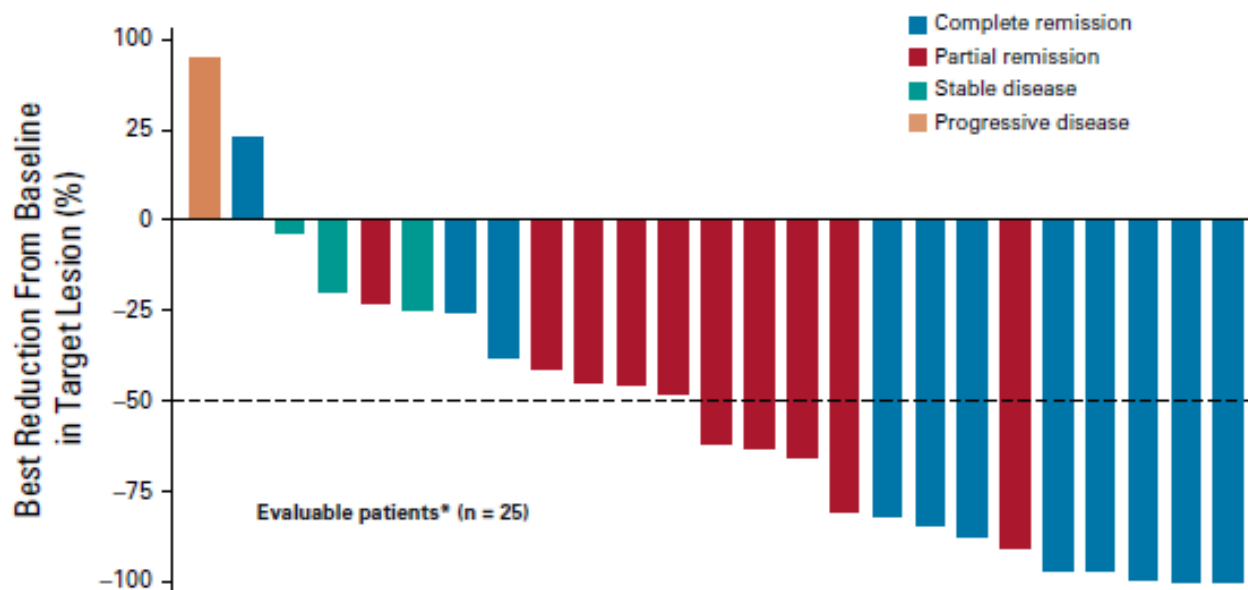
^aDay 1 of all cycles for all treatment, except first cycle of nivolumab which was given on day 8; ^bPrespecified dose modifications allowed; ^cPET/CT on week 6, 12, then Q9W for the subsequent 4 tumor assessment timepoints, and Q12W after the first year. Auto-HCT, autologous hematopoietic cell transplantation; BICR, blinded independent central review; CR, complete remission; CT, computed tomography; DOR, duration of response; ECOG, Eastern Cooperative Oncology Group; PET, positron emission tomography; PFS, progression-free survival; PS, performance status; Q3W, every 3 weeks; Q9W, every 9 weeks, Q12W, every 12 weeks.

Nivolumab Combined With Brentuximab Vedotin for Relapsed/Refractory Primary Mediastinal Large B-Cell Lymphoma: Efficacy and Safety From the Phase II CheckMate 436 Study

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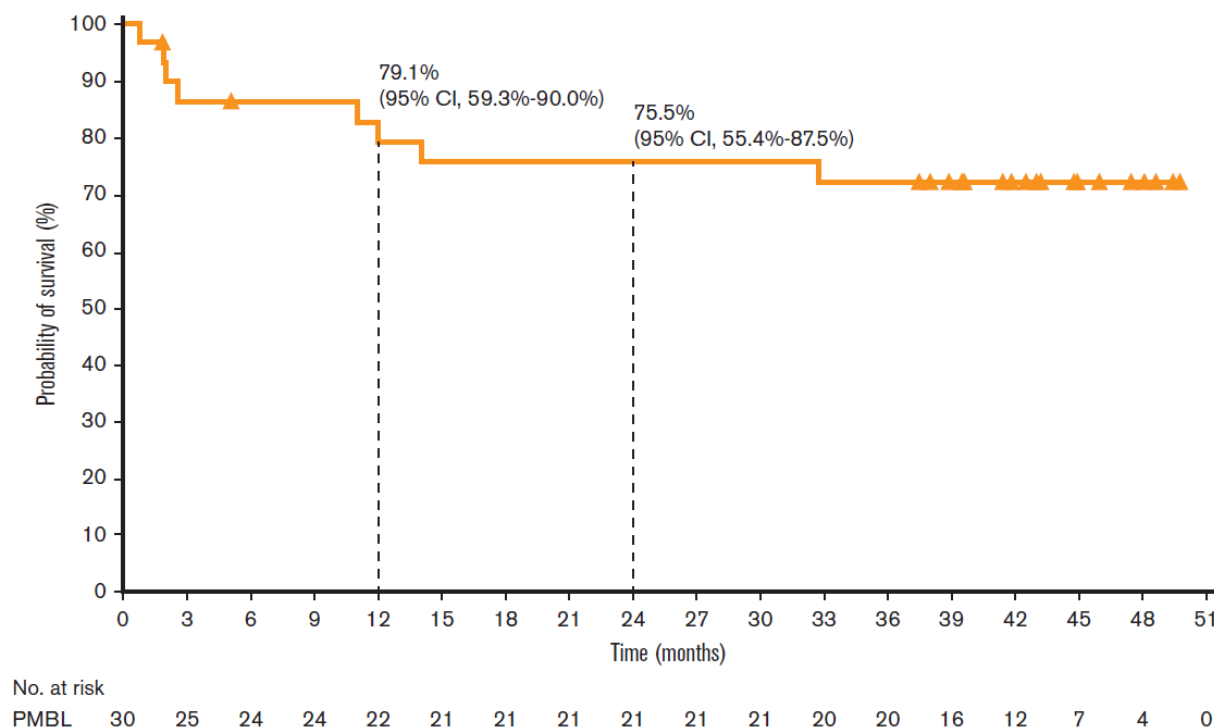
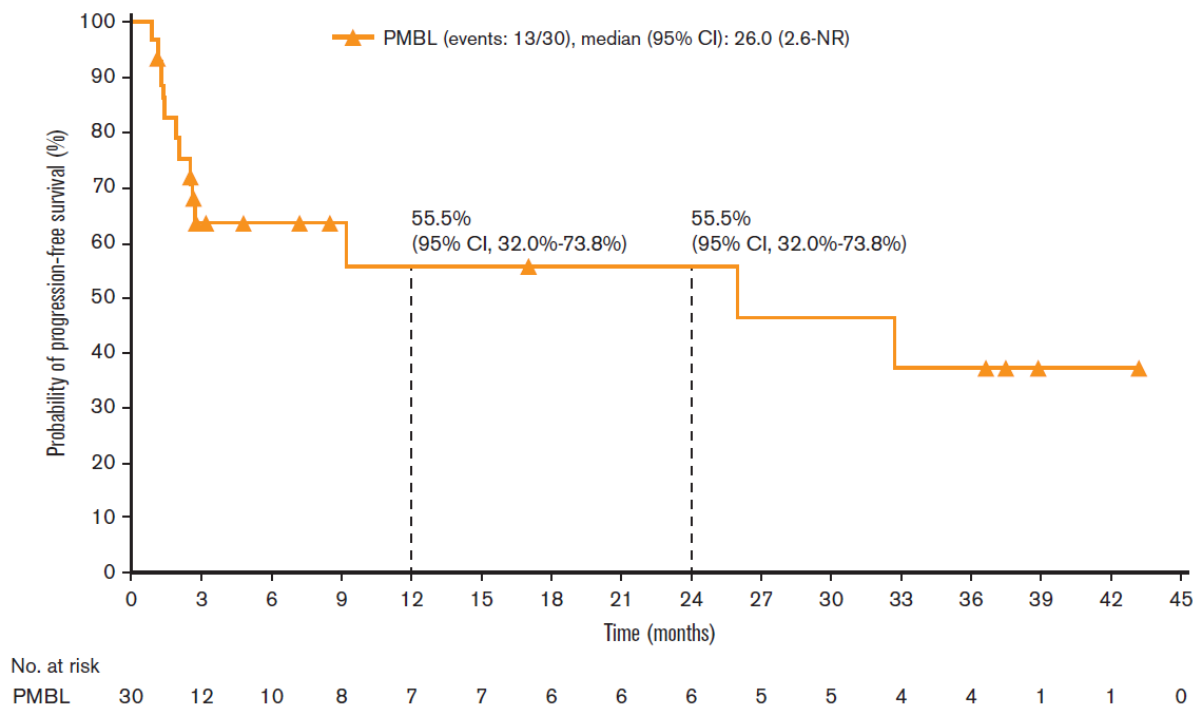
- 30 patients with R/R PMBCL(refractory 67%)
- median follow up 11 months
- **ORR = 22/30 (73%) , CR =11 (37%), PR= 11(37%)**
- Transplant 11pts (5 ASCT , 6 Allo)

A



Nivolumab Combined With Brentuximab Vedotin for Relapsed/Refractory Primary Mediastinal Large B-Cell Lymphoma: Efficacy and Safety From the Phase II CheckMate 436 Study

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12/22 (55%) responders proceeded to transplantation
50% of them were transplanted in CR

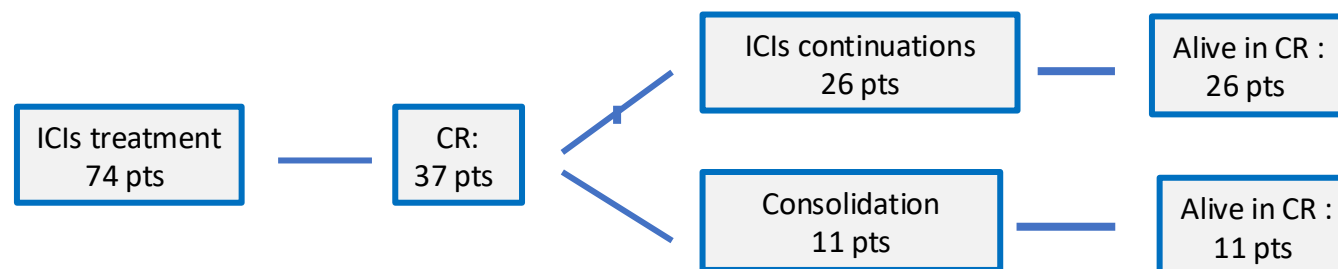
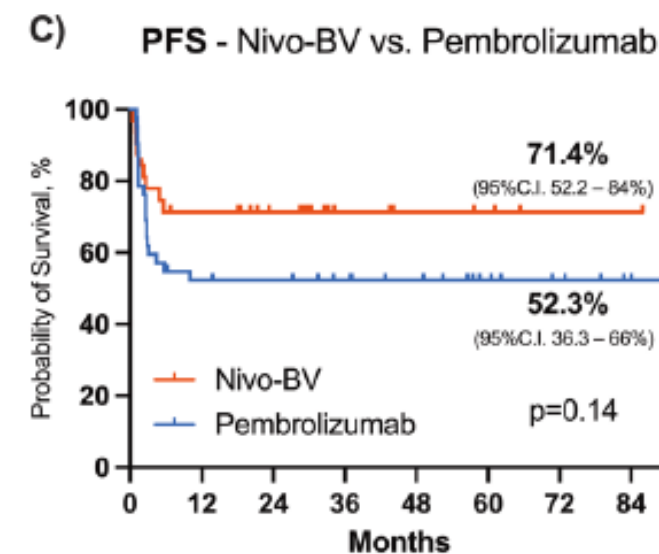
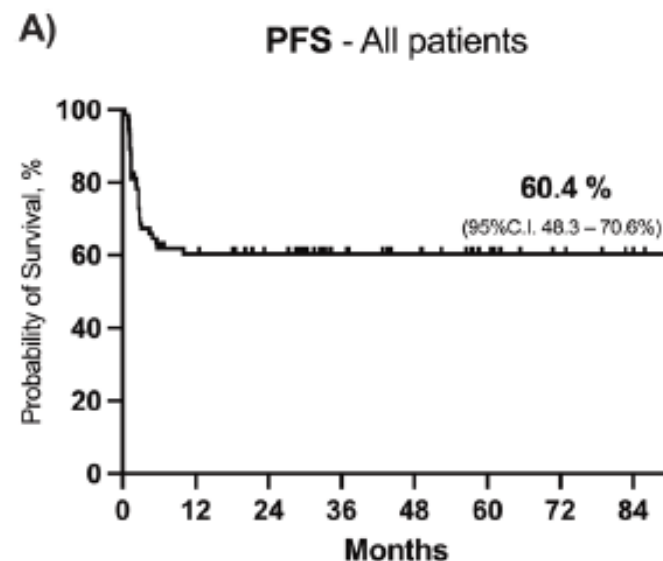
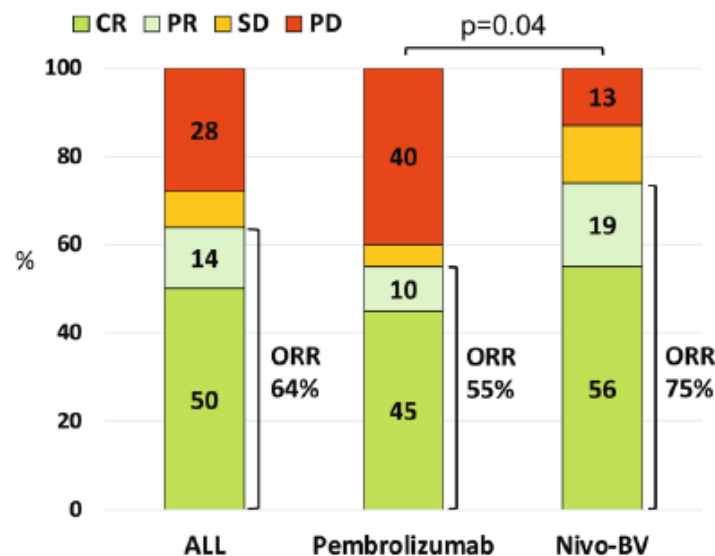


A Real-Life Multicenter Study of Checkpoint Inhibitors in Relapsed/Refractory Primary Mediastinal B-Cell Lymphoma

Total N=74

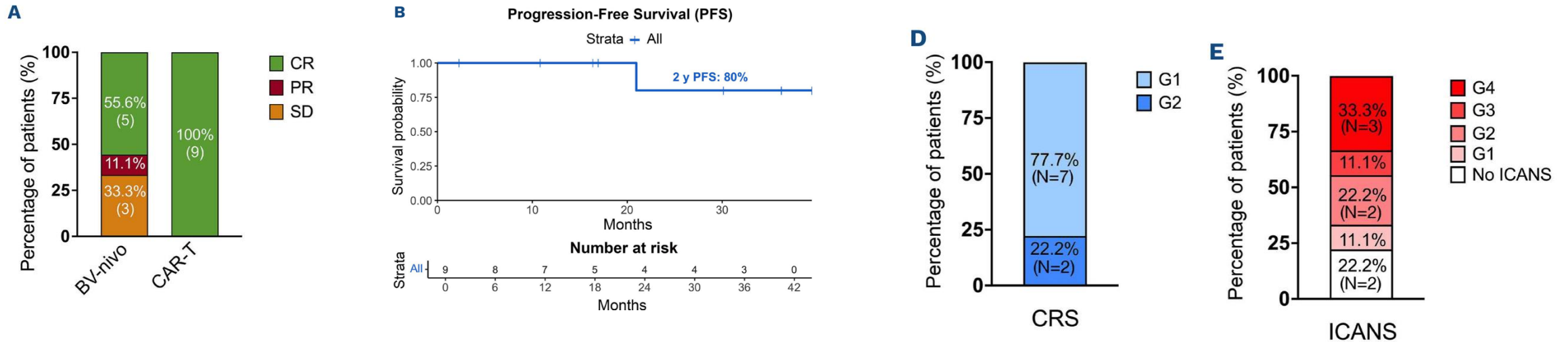
Pembrolizumab N=42

Nivo-BV N=32



BV-Nivolumab bridging to CAR-T

Single-center retrospective series (Humanitas), 2019–2024: 9 patients bridged with BV + nivolumab q3w, then axi-cel in all



Efficacy

- All refractory to the last line; median 2 prior lines; median 2 cycles of BV + nivolumab
- After bridging: CR 55.6%, PR 11.1%, SD 33.3%; no progression
- Day +90 after CAR-T: CR in 9 of 9
- 24-month PFS 80% (median follow-up 36 months)

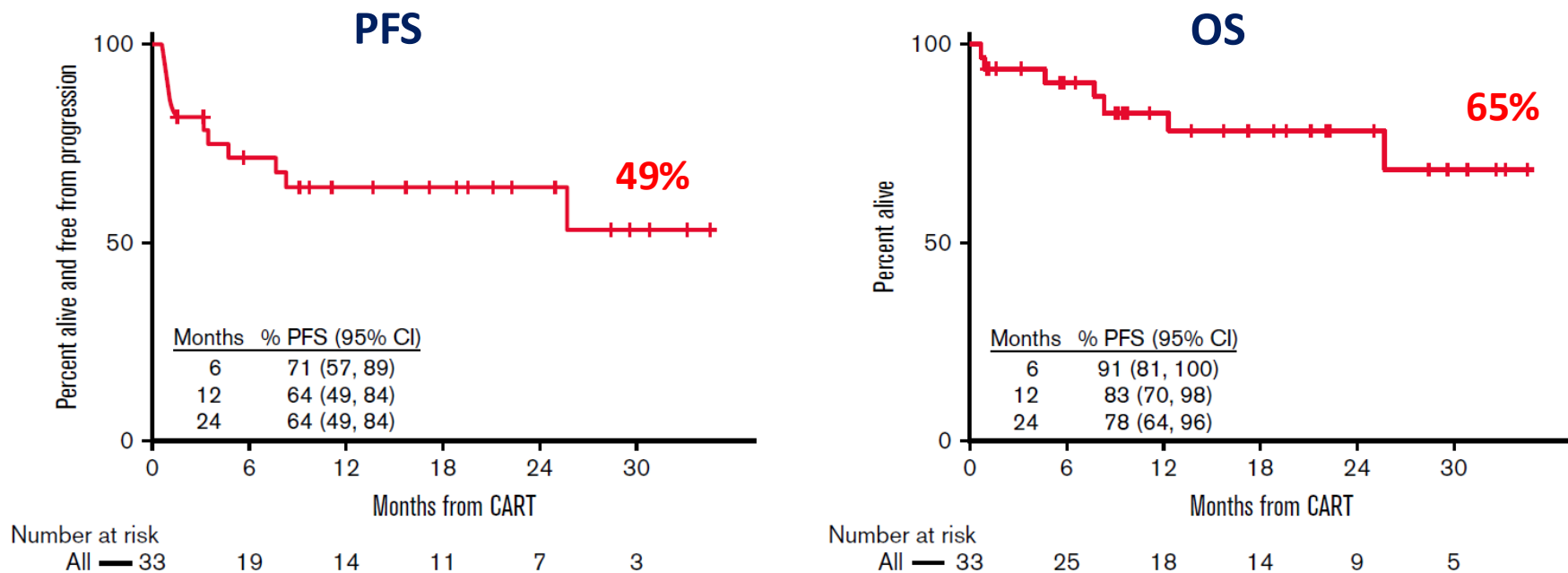
Safety

- CRS grade 1 in 7 and grade 2 in 2 patients; no grade ≥ 3
- ICANS grade 3–4 in 4 of 9 (grade 4 in 3), all reversible

Immunotherapy-only bridging to axi-cel: 9 of 9 patients in complete response at day +90

TO THE EDITOR:

Real-world outcomes of axicabtagene ciloleucel in adult patients with primary mediastinal B-cell lymphoma

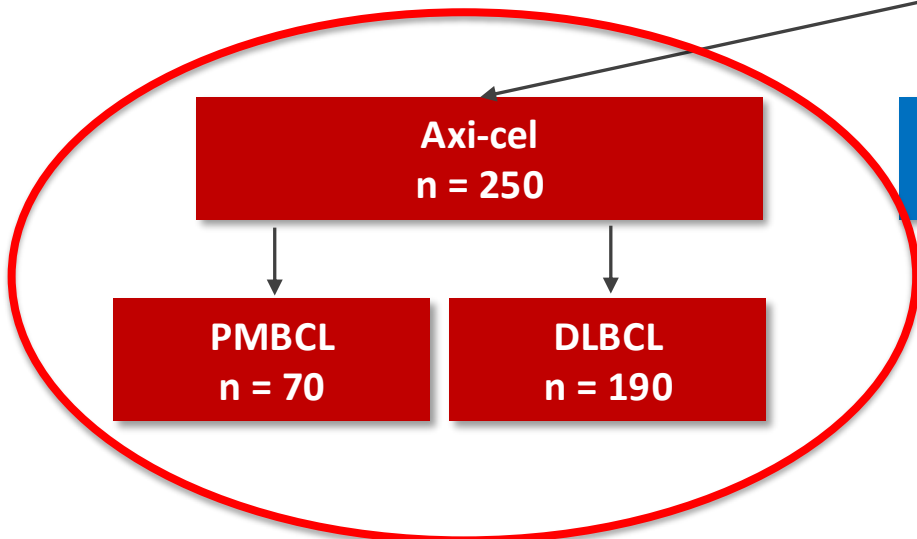
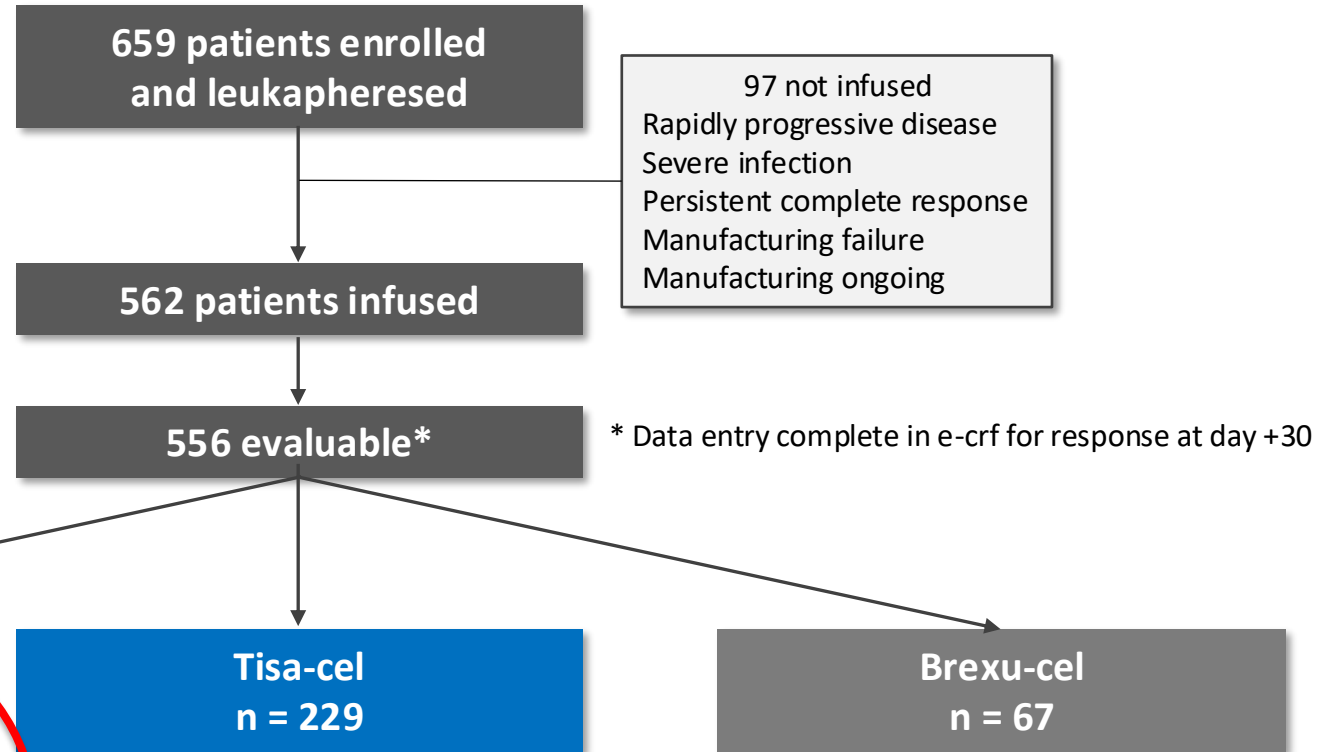


- 33 patients
- 42% with bulky disease
- 67% previously irradiated
- 30% with prior autologous transplant
- Median 3 (1-9) lines of therapy
- **ORR = 25 (76%) CRR= 22(67%)**

CART-SIE study

A multicenter prospective observational study on Chimeric Antigen Receptor (CAR) T-cell therapy for lymphoma: monitoring feasibility, efficacy, toxicity and biomarkers in a real life setting.

PI: Paolo Corradini (Milano)



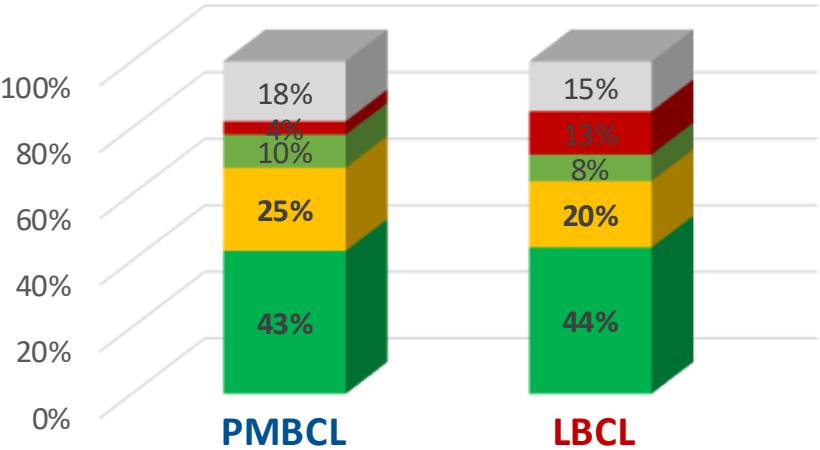
Patient flow: March 2019 – July 2023

Response (day +30 and + 90), PFS and OS after CAR-T infusion

median follow up 12.01 months

Day + 30: ORR **68%** vs. **64%**

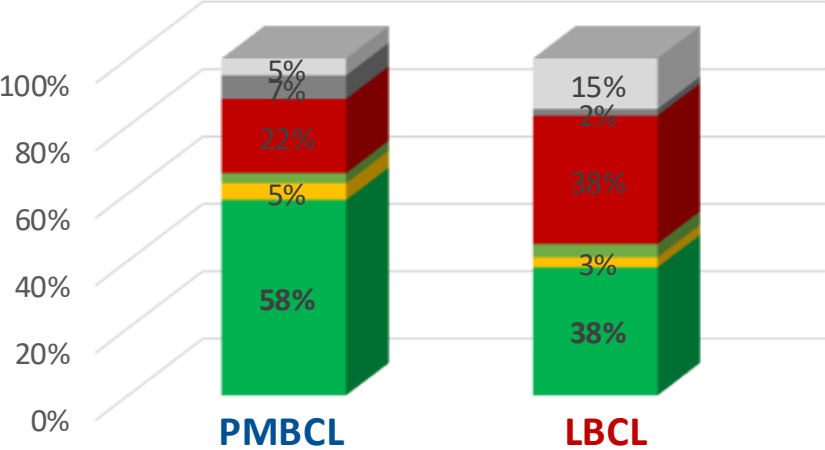
p 0.2018



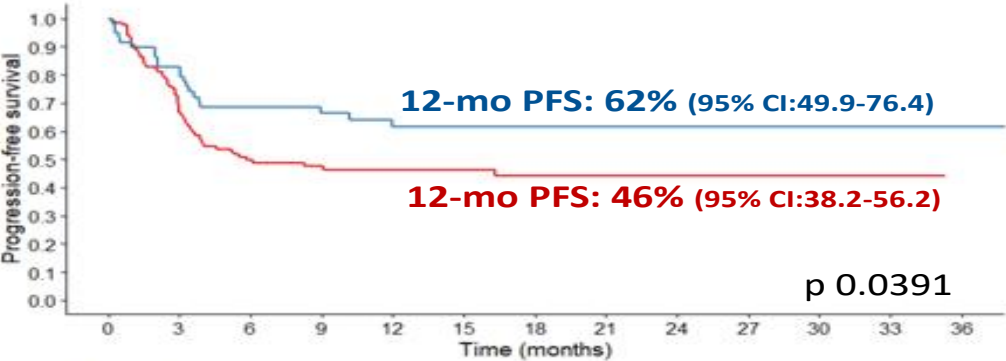
PFS
PMBCL vs. LBCL

Day + 90: ORR **63%** vs. **41%**

p 0.0183

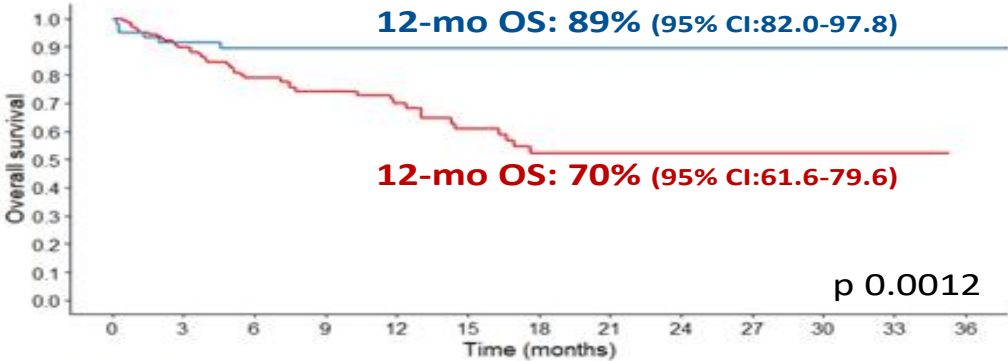


OS
PMBCL vs. LBCL



Histotype

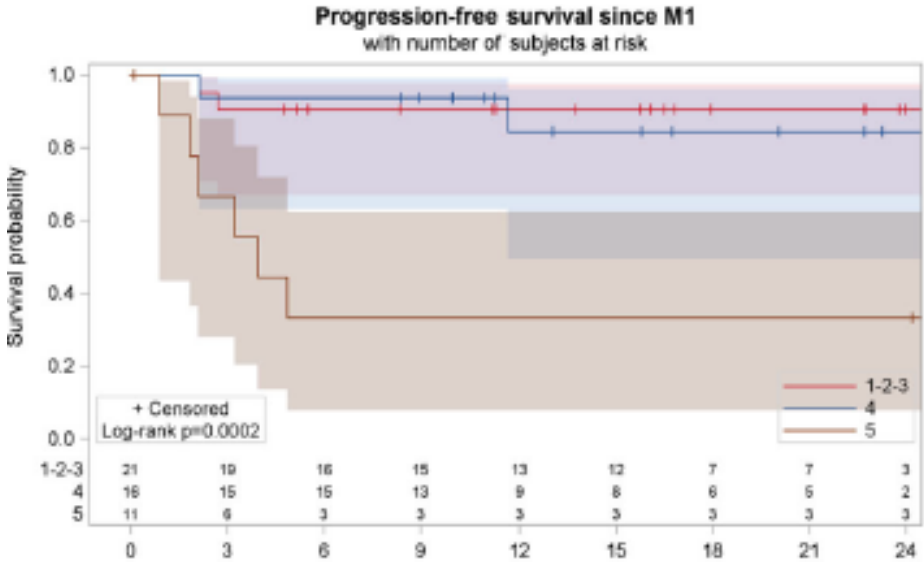
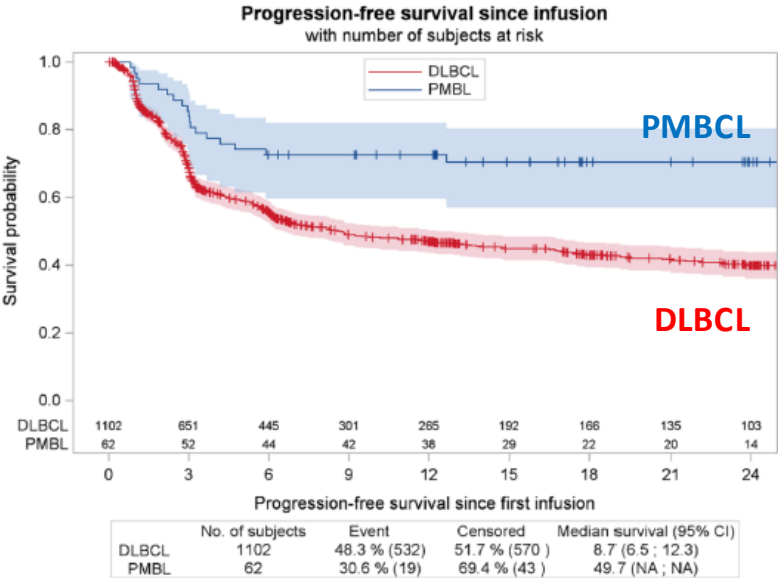
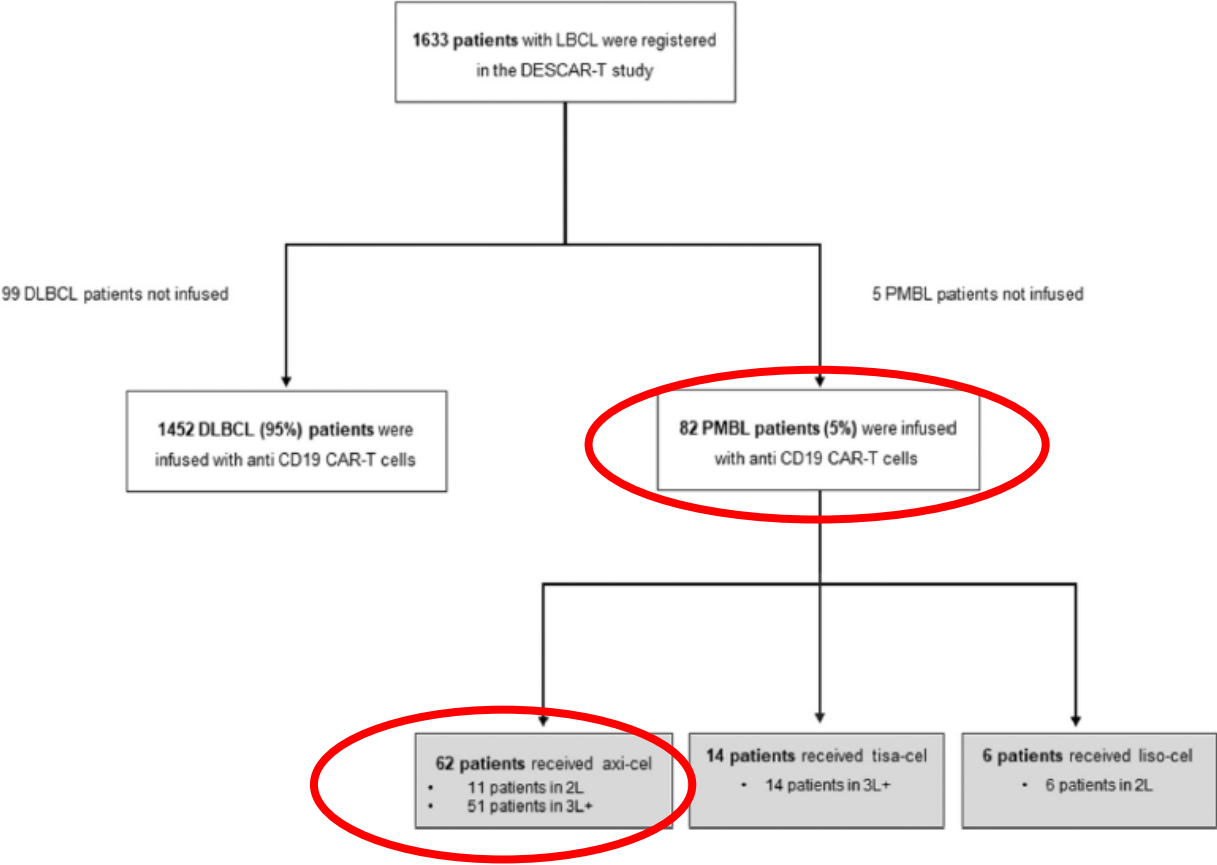
149 (0)	86 (17)	51 (32)	38 (43)	30 (50)	23 (57)	18 (61)	12 (67)	6 (73)	6 (73)	1 (78)	1 (78)	0 (79)
60 (0)	47 (3)	37 (5)	29 (12)	25 (14)	18 (21)	13 (26)	11 (28)	10 (29)	4 (35)	4 (35)	4 (35)	1 (38)



Histotype

149 (0)	112 (23)	77 (46)	60 (59)	48 (68)	31 (80)	21 (86)	14 (93)	6 (101)	6 (101)	1 (106)	1 (106)	0 (107)
60 (0)	50 (5)	45 (9)	38 (16)	35 (19)	26 (28)	20 (34)	17 (37)	15 (39)	6 (48)	6 (48)	6 (48)	2 (52)

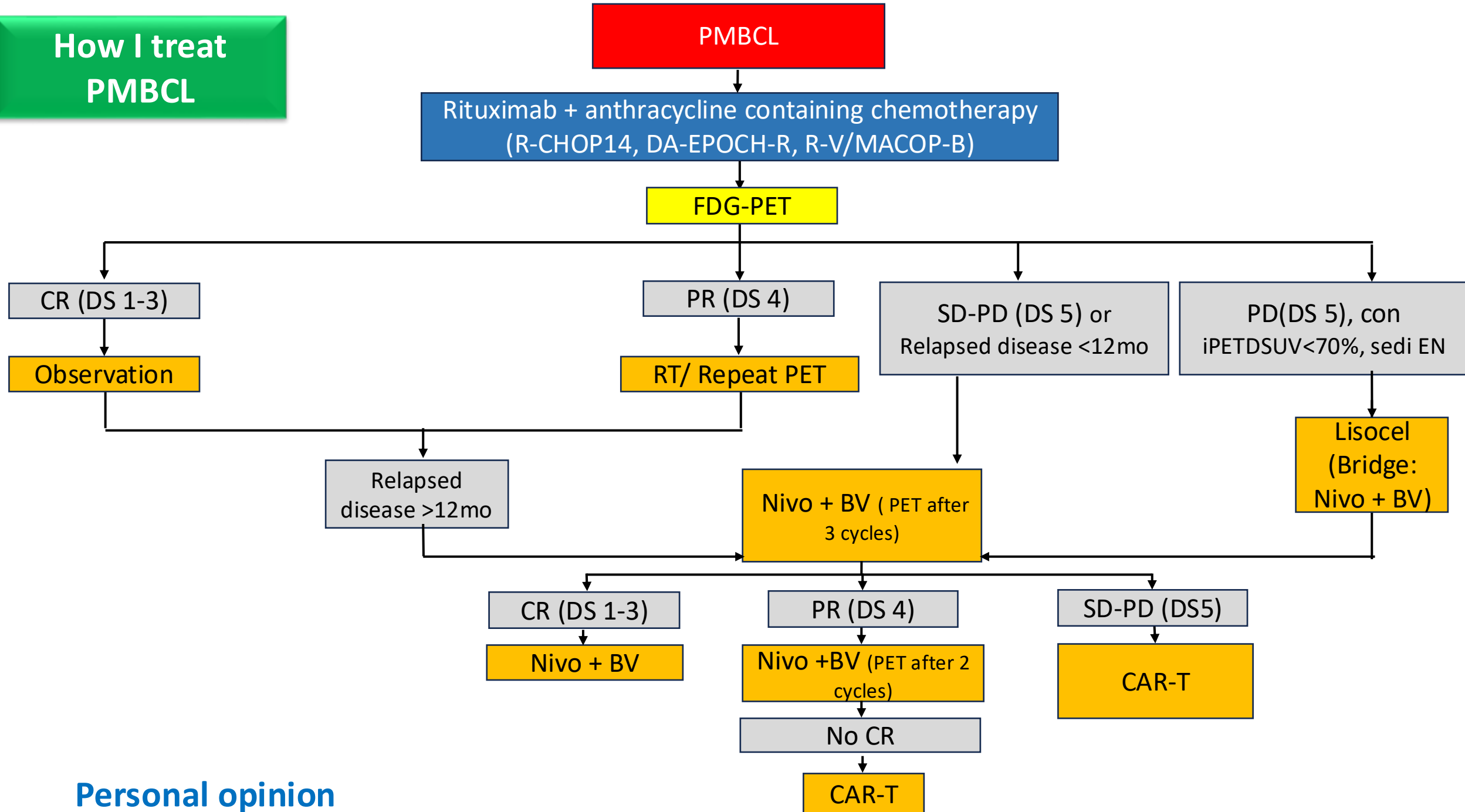
Outcomes of patients with relapsed or refractory primary mediastinal B-cell lymphoma treated with anti-CD19 CAR-T cells: CARTHYM, a study from the French national DESCAR-T registry



Take home messages

- **PMBCL** is a curable disease in nearly 80% of cases. Anthracycline and rituximab-containing regimens are the mainstay of first-line approaches.
- **R-CHOP21** is a suboptimal regimen and **should not be recommended** as front-line therapy .
- **Dose-dense R-CHOP14, R-V/MACOP-B** or **DA-EPOCH-R** regimens have similar outcome.
- **Consolidation RT** in patients with an **EOT-PET scan (DS=1-3)** should be **definitively be omitted** (IELSG-37)
- **The outcome** and the **role of consolidative RT** in patients with **EOT-DS=4** is still debated. A personalized approach to balance the risk vs benefit of surveillance PET or consolidation RT should be discussed for each patient. Future studies should be planned considering **EOT-CT-DNA** and **Δ SUVmax EOT-PET >70%**
- The poor prognosis of **RR-PMBCL** and **EOT-DS=5** is nowadays improved by **CART** or **check-point inhibitor (CPI)**
- It is unclear whether patients with **CMR (DS=1-3)** after **Pembro or Nivo+ BV** should receive a consolidation therapy (CART or ASCT) or simply observed
- **CART** if available, should be considered as second line for early high risk RR-PMBCL
- **CART** nowadays the **best option** for patients with **non-CMR** after **CPI** salvage chemotherapy.

How I treat PMBCL



Personal opinion



Alice Di Rocco
Luigi Petrucci
Livia Donzelli
Michela Ansuinelli
e gli specializzandi del gruppo N (linfomi Aggressivi)



Emanuele Zucca
Luca Ceriani

Grazie!

... a voi tutti per l'attenzione

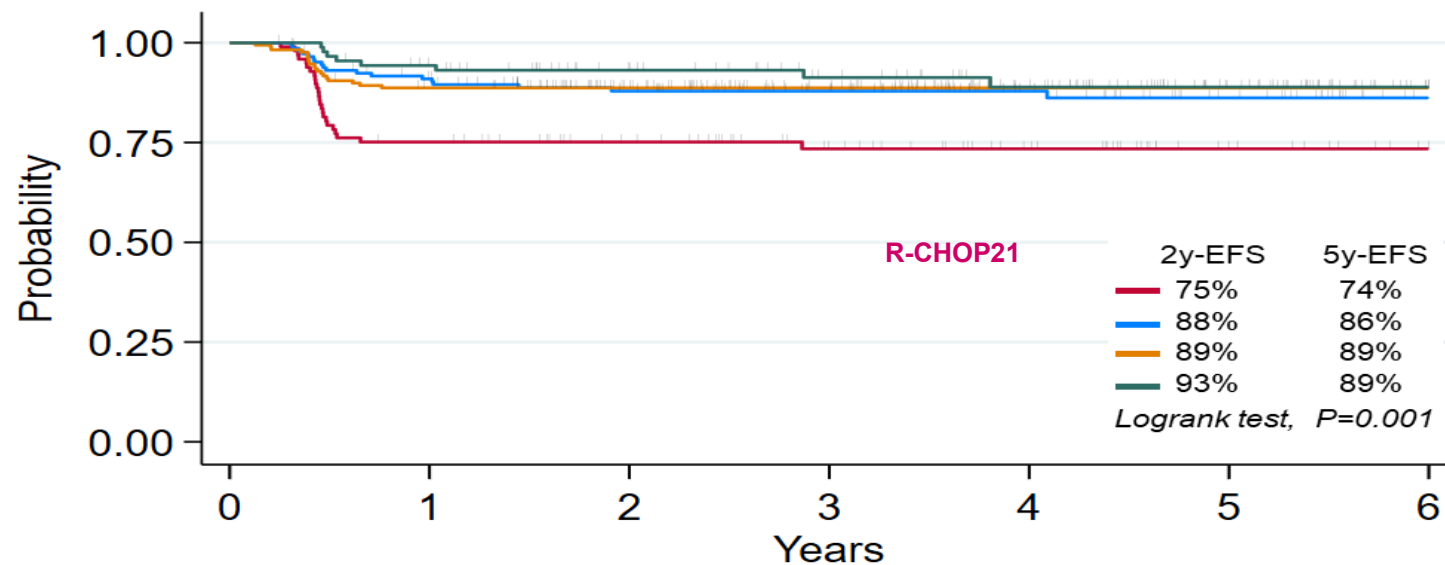


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Event-free survival by regimens



Number at risk							
R-CHOP21	98	71	58	41	26	9	1
R-CHOP14	146	126	103	81	53	36	15
R-V/MACOP-B	169	146	123	95	66	44	15
DA-EPOCH-R	88	79	61	48	35	22	15

Thank you for attention



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