125 DURABLE REMISSIONS WITH SGN-35 (BRENXTUMUB VEDOTIN): UPDATED RESULTS OF A PHASE 2 STUDY IN PATIENTS WITH RELAPSED OR REFRACTORY SYSTEMIC ANAPLASTIC LARGE CELL LYMPHOMA (SALCL)


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Introduction: sALCL is a CD30-expressing malignancy comprising ~2-3% of NHL cases. SGN-35 comprises an anti-CD30 antibody conjugated by a plasma-stable linker to the potent antimicrotubule agent, monomethyl auristatin E (MMAE). SGN-35 selectively induces apoptotic death of CD30+ cells by binding, internalizing, and releasing MMAE.

Methods: A phase 2, single-arm, multicenter study evaluated the efficacy and safety of SGN-35 in patients (pts) with relapsed or refractory sALCL. Pts received SGN-35, 1.8 mg/kg q3 wks as a 30-min. outpatient IV infusion for up to 16 cycles. The primary endpoint was the objective response rate (ORR) per an independent review facility (IRF) according to the investigator protocol.

Results: 58 pts were enrolled; 57% male, median age = 52 yrs (14-76). 72% of pts were ALK negative. Pts had received a median of 2 (1-6) prior systemic therapies. 62% of pts had primary refractory disease, 50% were refractory to their most recent prior therapy, and 22% had never responded to any prior therapy. At the time of primary efficacy analysis, ORR per IRF was 86% (50 of 58 pts) with CRs in 53% of pts (31 of 58). Median duration of objective response had not yet been reached; duration ranged from 0.3 to 45.3 wks. Of 15 pts with malignant cutaneous lesions at baseline, 14 (93%) had resolution of all lesions; median time to resolution was 4.9 wks. After achieving a remission with SGN-35, 7 pts received an alemtuzumab stem cell transplant (SCT) and 7 pts had an autologous SCT. Treatment-related AEs in ≥ 15% of pts were peripheral sensory neuropathy (9%), nausea (24%), fatigue (22%), diarrhea (19%), and neutropenia (17%). AEs ≥ Grade 3 in 21% of pts were neutropenia (23%), thrombocytopenia (14%), and peripheral sensory neuropathy (10%). No treatment-related Grade 3 events were observed.

Conclusions: SGN-35 induced objective responses in 86% of pts with highly refractory sALCL, including a high proportion of pts with manageable AEs. Updated response durability will be presented.

126 PRELIMINARY RESULTS FROM AN OPEN-LABEL, MULTICENTER, PHASE II STUDY OF BENDAMUSTINE IN RELAPSED OR REFRACTORY T-CELL LYMPHOMA FROM THE FRENCH GOELAMS GROUP: THE BENTLY TRIAL

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Introduction: The long-term outcome of adults with systemic anaplastic large-cell lymphoma (ALCL) is not known. Moreover the independent prognostic value of ALK expression remains debated.

Methods: Eligibility criteria included adults with confirmed diagnosis of systemic ALCL after immunohistopathological review and defined ALK expression status. Patients were retrieved from the GELA LNH87-LNH93-LNH98 prospective clinical trials.

Results: Of the 138 included patients with systemic ALCL, 64 (46%) were ALK+ and 74 (54%) were ALK-. They were treated between October 1987 and March 2003, and the stopping date was 1st January 2009. The median follow-up duration was 8 years. At diagnosis, patients with ALK+ ALCL were younger than those with ALK- ALCL (median age 31.5 vs 56 years, p<.0001) with significantly more patients < 40 years in ALK+ group (66% vs 23%, p<.0001). The performance status (PS) was poor (more than 1) in 16% (ALK+) vs 33% (ALK-) (p=.020). Most patients had advanced-stage disease (ALK+, 56%; ALK-, 67%). The IPI score was high (13-35) in 23% (ALK+) vs 48% (ALK-) (p=.030). The b2 microglobulin level available in 90/138 patients was > 3 mg/L in 12% (ALK+) vs 33% (ALK-) (p<.017). Number of extranodal sites > 1, bulky disease (mass > 10 cm), and elevated LDH had a similar distribution in ALK+ and ALK- patients. All but one patients received an anthracyclin-based regimen. Twenty two patients (ALK+, n=16; ALK-, n=6) underwent planned upfront high-dose therapy and autologous stem-cell transplantation (HDT-ASCT). The overall response rate to first-line treatment was better in ALK+ than in ALK- patients (89% vs 76%, p=.042). After 3 years, there was no relapse in ALK+ group, whereas 3/26 relapses in ALK- group (2 relapses after 5 years). The 8-year overall survival (OS) was 82% in ALK+ vs 49% in ALK- (p<.0001). Prognostic factors for OS identified by multivariate analysis were [2 microglob: (p=.004); age (p=.029) in the whole group and number of extranodal sites > 1 (p=.02) in ALK+ ALCL; b2 microglobulin (p=.01), liver involvement (p=.04), albumin (p=.01) and IPI (p=.007) in ALK- ALCL. OS at 8-year was
Angioimmunoblastic T-cell lymphoma (AIL) accounts for 15–20% of primary systemic T-cell lymphomas (PTCL) which usually have a poor prognosis. AIL is associated with EBV, presents often as advanced disease, accompanied by low performance status (PS), B symptoms and high LD. Median survival is < 3 years when treated with conventional chemotherapy.

The NLG-T-01 trial included 160 patients, age 18-67 yrs with systemic alk-negative PTCL in the Nordic countries during 2002-2007. Treatment consisted of CHOEP-14 x 6 followed by ASCT after BEAM or BEAC in responsive patients. Patients > 60 yrs received CHOP-14 as induction. A total of 30 AIL patients were enrolled (19% of all included). Median age was 57 yrs, range 39-67. PS was ≥2 in 8 patients (27%). 24 patients (80%) had stage III-IV, 22 (73%) had elevated LD, 20 (67%) had B symptoms and 3 (10%) had bulky disease.

Response status after 3 and 6 courses were CR/CRu in 50% and 63% of the patients, respectively. 20 of 30 AIL patients (67%) received BEAM / BEAC and ASCT. Overall response rate after 6 courses was 87% and for those who underwent ASCT 80%, indicating that some patients had rapid progressive disease after induction therapy or shortly after ASCT.

13 patients died, 10 of lymphoma, 2 due to toxicity, 1 of septicemia. In the present analysis, median follow up time is 32 months for the 17 AIL patients alive. The 4 yr progression free and overall survival are 47% and 50%, respectively. CHOEP-14 plus ASCT is effective and feasible as first line treatment of AIL, although early relapses remain a problem. The role of EBV and the addition of biological agents are being studied.