



LymphomaHub

62nd ASH Annual Meeting and Exposition

Practice-changing abstracts
in lymphoma and CLL

December 5–8, 2020

World-leading experts in lymphoma and CLL shared the top abstracts from ASH 2020 that they believe could have the greatest impact on clinical practice.

Here, we present comments from Lymphoma Hub Steering Committee members on prognostic factors for lymphoma, advances in chemotherapy-free treatment for CLL, expanding CAR T-cell therapy beyond DLBCL, and emerging antibody-based therapies for R/R B-cell NHL.



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[#705 The Burkitt Lymphoma International Prognostic Index \(BL-IPI\)](#)

“This is relevant clinical information for Burkitt lymphoma, a rare disease, coming from a large US dataset and posteriorly validated in other databases (in total > 1,000 patients). In the multivariable model, age ≥ 40 years, LDH $> 3 \times \text{ULN}$, PS ≥ 2 , and CNS involvement were selected as four independent prognostic factors. This new prognostic index, BL-IPI, allowed the identification of three prognostic groups for progression-free survival and overall survival. It could be helpful for future studies and easy to apply in clinical practice.”



Irene Biasoli

“A consortium has created and validated a new Burkitt lymphoma IPI which discriminates well between three prognostic subgroups. The four variables used are age, ECOG PS, LDH, and CNS involvement. This represents a valuable tool for clinical decision making, as well as study planning.”



Ulrich Jäger

[#120 Predictive Power of Early, Sequential MRD Monitoring in Peripheral Blood and Bone Marrow in Patients with Mantle Cell Lymphoma Following Autologous Stem Cell Transplantation with or without Rituximab Maintenance; Final Results from the LyMa-MRD Project, Conducted on Behalf of the Lysa Group](#)

“MRD monitoring strategies in MCL were studied as part of a prospective phase III trial in young patients with MCL - LyMa trail. These results showed that blood and marrow MRD pre-ASCT and post-ASCT were associated with progression-free survival and/or overall survival. Also, the concomitant use of PET improved outcome prediction and provides the rationale to design response adapted trials to tailor therapy in MCL.”



Irene Biasoli

[#282 Minimal Residual Disease Monitoring from Liquid Biopsy By Next Generation Sequencing in Follicular Lymphoma Patients](#)

“MRD detection in follicular lymphoma has evolved to the next level by using liquid biopsy results. The advantage is that this test is easy to apply and creates many more potential marker genes than the *BCL2*-IGH translocation. Preliminary data show some prognostic power.”



Ulrich Jäger

[#475 PET-Guided Strategy Improves the Safety of Beacopp-Based Treatment in Advanced Hodgkin Lymphoma: Prolonged Follow-up of the Lysa Ahl 2011 Phase 3 Study](#)

“This updated follow-up of the AHL2011 study confirms the excellent results of a PET-driven strategy to de-escalate to four cycles of ABVD in PET-negative patients after two cycles of escalated BEACOPP in more than 80% of patients with advanced Hodgkin lymphoma. This updated follow-up also showed a meaningful reduction in the risk of infertility in both men and women.”



Irene Biasoli

Advancing chemotherapy-free treatment for CLL

[#125 Five-Year Analysis of Murano Study Demonstrates Enduring Undetectable Minimal Residual Disease \(uMRD\) in a Subset of Relapsed/Refractory Chronic Lymphocytic Leukemia \(R/R CLL\) Patients \(Pts\) Following Fixed-Duration Venetoclax-Rituximab \(VenR\) Therapy \(Tx\)](#)

“The updated follow-up of the MURANO trial confirms the survival benefit of fixed-duration venetoclax-rituximab over bendamustine-rituximab among patients with relapsed/refractory CLL. Regarding the minimal residual disease monitoring strategy, among patients treated with venetoclax-rituximab, minimal residual disease at the end of treatment is a prognostic marker in terms of overall survival.”



Irene Biasoli

[#542 LOXO-305, A Next Generation, Highly Selective, Non-Covalent BTK Inhibitor In Previously Treated CLL/SLL: Results From The Phase 1/2 BRUIN Study](#)

“A new non-covalent BTK inhibitor that works in the setting of BTK resistance so could be another option for patients who develop resistance to ibrutinib or acalabrutinib (currently there is only venetoclax).”



Susan O'Brien

#1149 Efficacy and Safety of Tisagenlecleucel in Adult Patients with Relapsed/Refractory Follicular Lymphoma: Interim Analysis of the Phase 2 Elara Trial

“Two independent CAR T-cell studies with either axicabtagene ciloleucel or tisagenlecleucel show remarkable response rates in R/R follicular lymphoma. The data are expected to lead to approval and routine availability of CAR T-cells for follicular lymphoma.”



Ulrich Jäger

#544 Transcend CLL 004: Phase 1 Cohort of Lisocabtagene Maraleucel (liso-cel) in Combination with Ibrutinib for Patients with Relapsed/Refractory (R/R) Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma (CLL/SLL)

“Lisocabtagene maraleucel shows high efficacy with low toxicity when used in combination with ibrutinib in R/R CLL. This will add CAR T-cells to the armamentarium against CLL.”



Ulrich Jäger

#118 Safety and Preliminary Efficacy in Patients with Relapsed/Refractory Mantle Cell Lymphoma Receiving Lisocabtagene Maraleucel in Transcend NHL 001

“This study confirms the efficacy of CAR T-cells in R/R mantle cell lymphoma using lisocabtagene maraleucel.”



Ulrich Jäger

#403 Glofitamab Step-up Dosing Induces High Response Rates in Patients with Hard-to-Treat Refractory or Relapsed Non-Hodgkin Lymphoma

“Three different anti-CD20 x CD3 bispecifics showed high efficacy in heavily pretreated patients with aggressive or indolent B-cell NHL, including patients who relapsed after CAR T-cell therapy: Odronextamab, epcoritamab and glofitamab. This adds more players to this class of bispecific agents, which already includes blinatumomab and mosunetuzumab.”



Ulrich Jäger

#702 Mosunetuzumab Shows Promising Efficacy in Patients with Multiply Relapsed Follicular Lymphoma: Updated Clinical Experience from a Phase I Dose-Escalation Trial

“Novel data suggesting strong activity of mosunetuzumab in indolent and mantle cell lymphoma.”



Ulrich Jäger



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