



Memorial Sloan Kettering
Cancer Center™

Today, how many PTCL patients are cured?

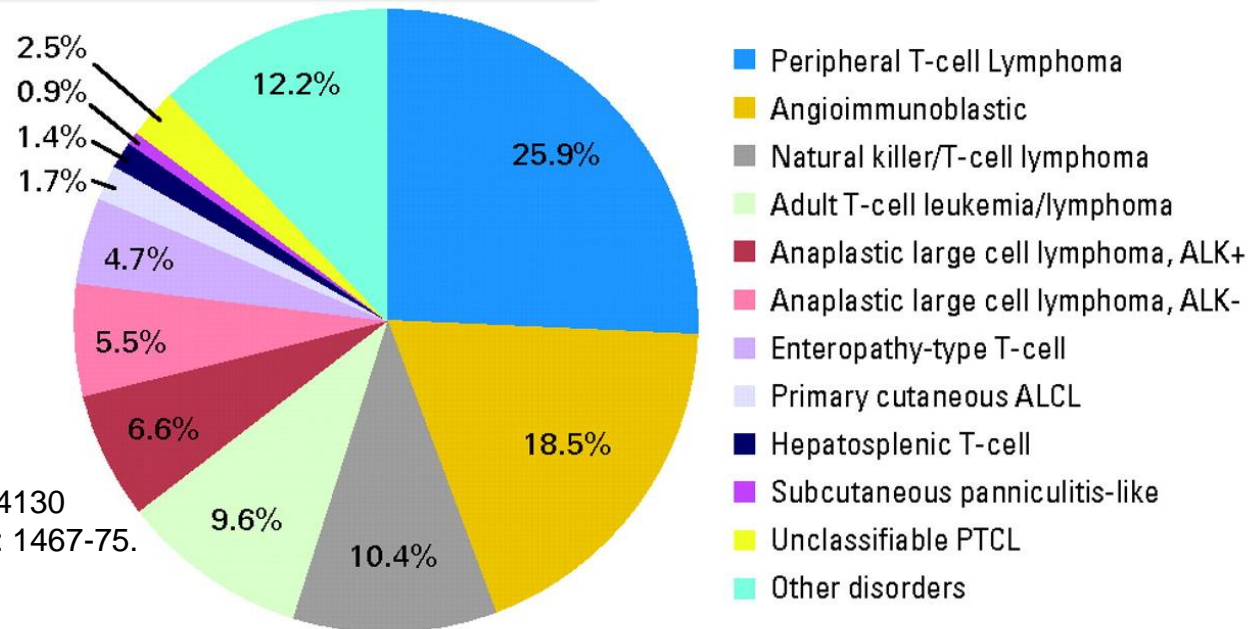
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Associate Attending
Lymphoma Service
Memorial Sloan Kettering Cancer Center

Today, how many PTCL patients are cured?

- Some...but not as many as we would like
- It depends
- On how you count
- And maybe, how hard you try?

Proportion of Major T-cell Subtypes: North America

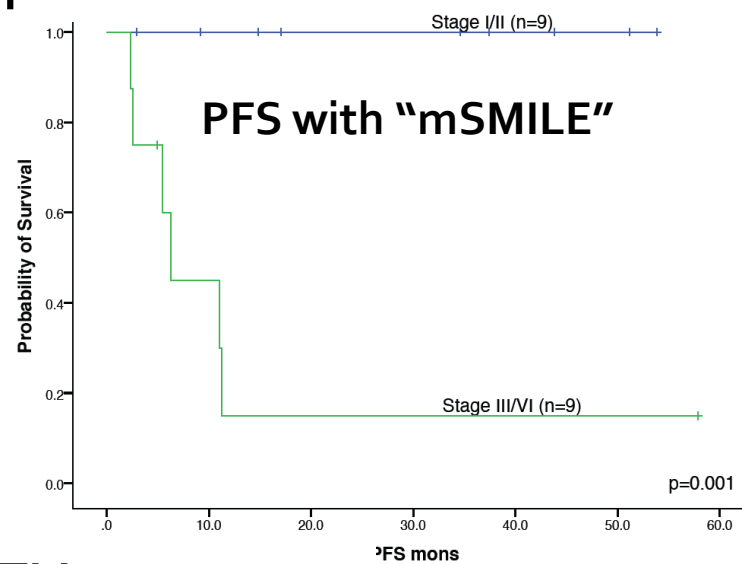
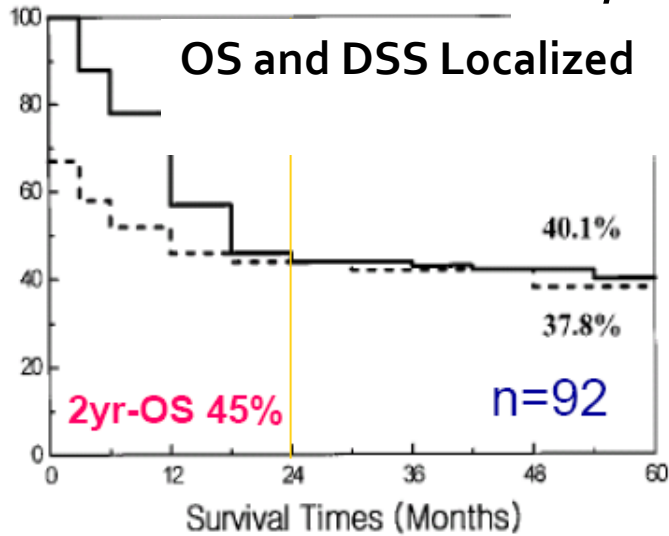
Registry	PTCL-NOS	AITL	ALCL, ALK +	ALCL, ALK -	NK/T	ATL	EATL
IPTCL (NA)	34%	16%	16%	8%	5%	2%	6%
BCCA	59%	5%	6%	9%	9%	NA*	5%
COMPLETE	34%	15%	11%	8%	6%	2%	3%



Vose JM, et al. *J Clin Oncol*. 2008;26:4124-4130
 Savage, K.J., et al.. *Ann Oncol*,2004.15(10): 1467-75.
 Foss, F.M., et al., *Blood*, 2012. 120(21).

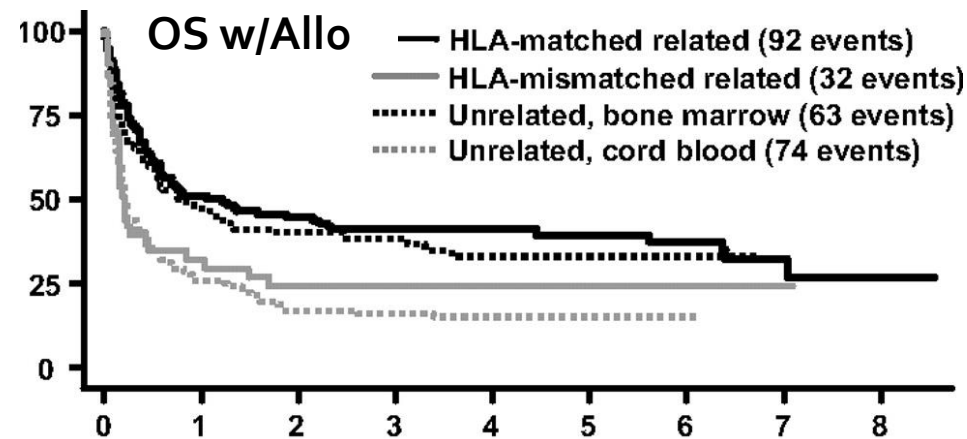
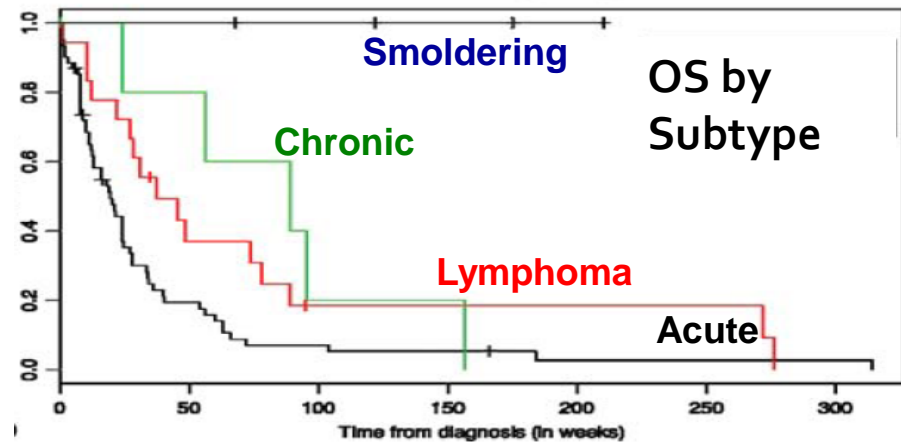
"Less Common" Subtypes of TCL

NK/T-cell Lymphoma

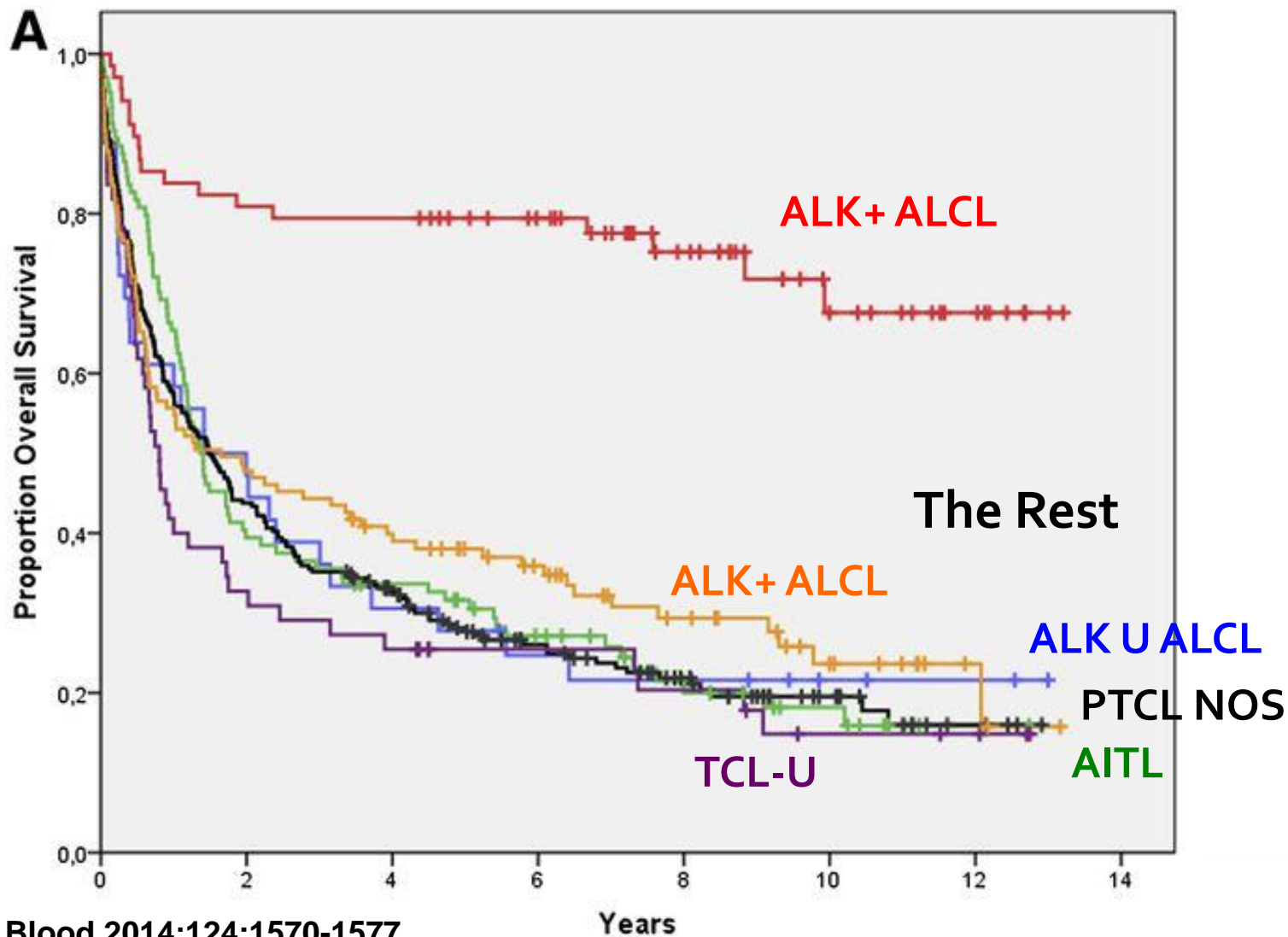


2/3-3/4
are
Stage I/II

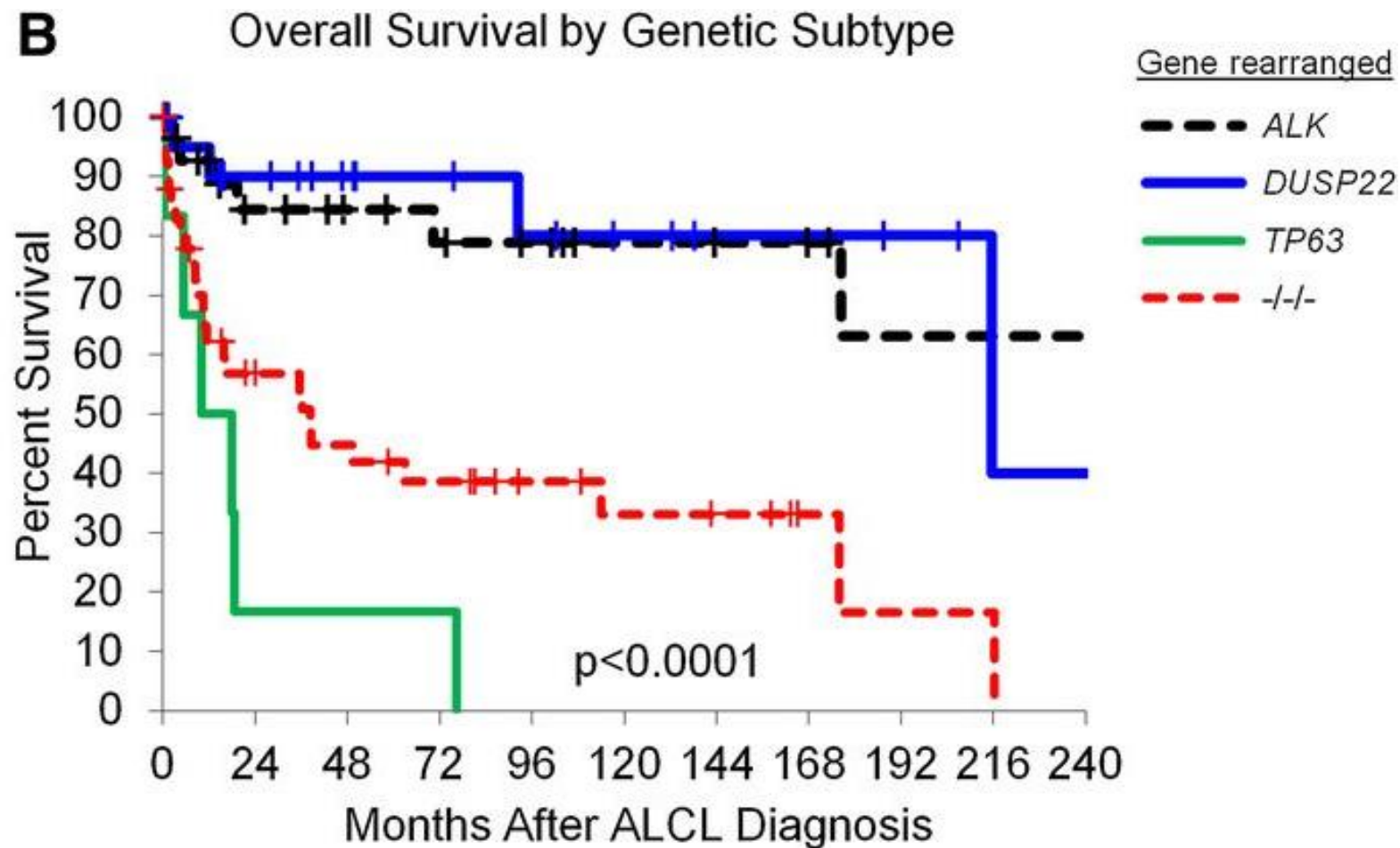
ATLL



TCL: Overall Survival Swedish National Registry



ALCL OS based on genetic subtype



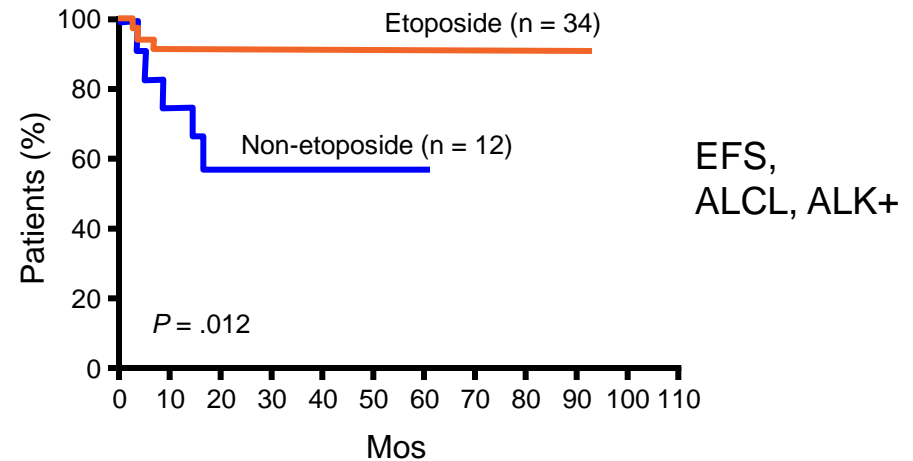
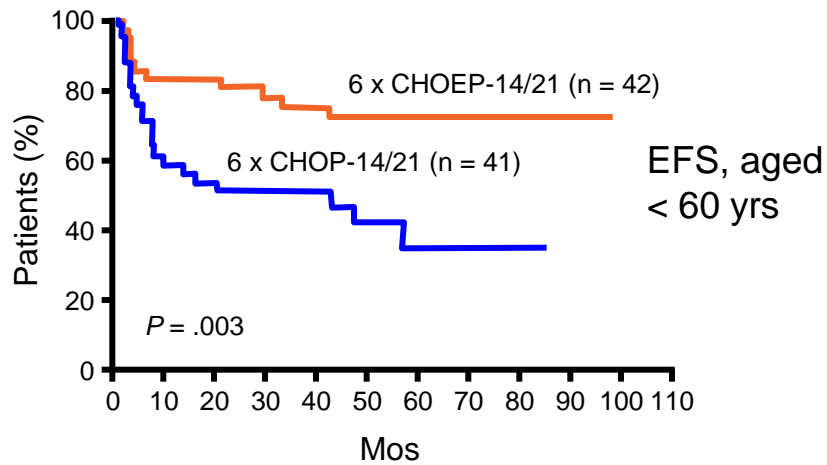
PTCL: Outcomes by Subtype and IPI

PTCL subtype	5-year OS*	5-year FFS*	5-year OS by IPI	
			0-1	4-5
PTCL-NOS				
IPTCL (1990-2002)	32%	20%	50%	11%
BCCA (1981-2000)	35%	29%	64%	22%
AITL				
IPTCL	32%	18%	56%	25%
BCCA	36%	13%	NR	NR
ALCL ALK-				
IPTCL	49%	36%	74%	13%
BCCA	34%	28%†	66%†	25%†
ALCL ALK+				
IPTCL	70%	60%	90%	33%
BCCA	58%	28%†	66%†	25%†

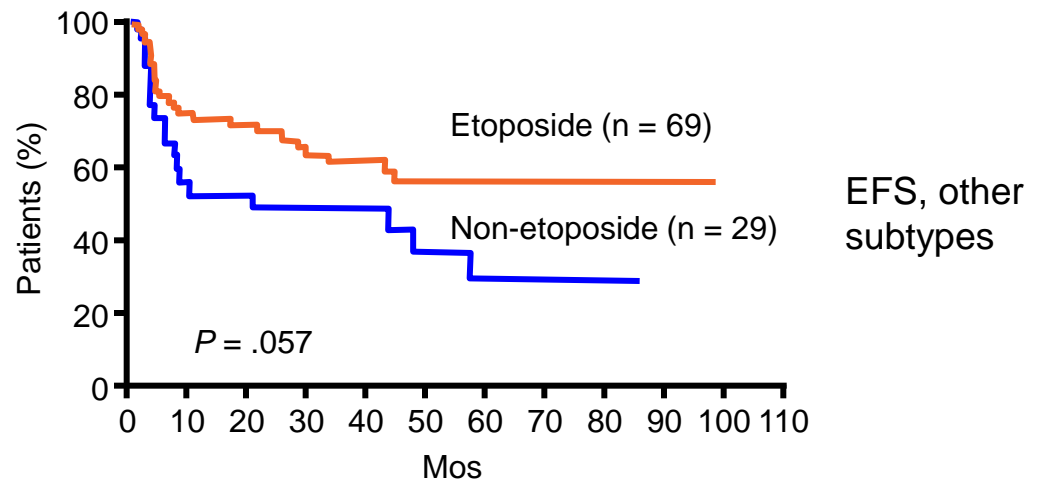
Today, how many PTCL patients are cured?

- For some subtypes many or most
 - Localized NK/T
 - ALK+ ALCL/ ALK- with DUSP22 rearranged?
- For some subtypes very few
 - ATLL
- For the most common subtypes
 - About 20-30% with CHOP

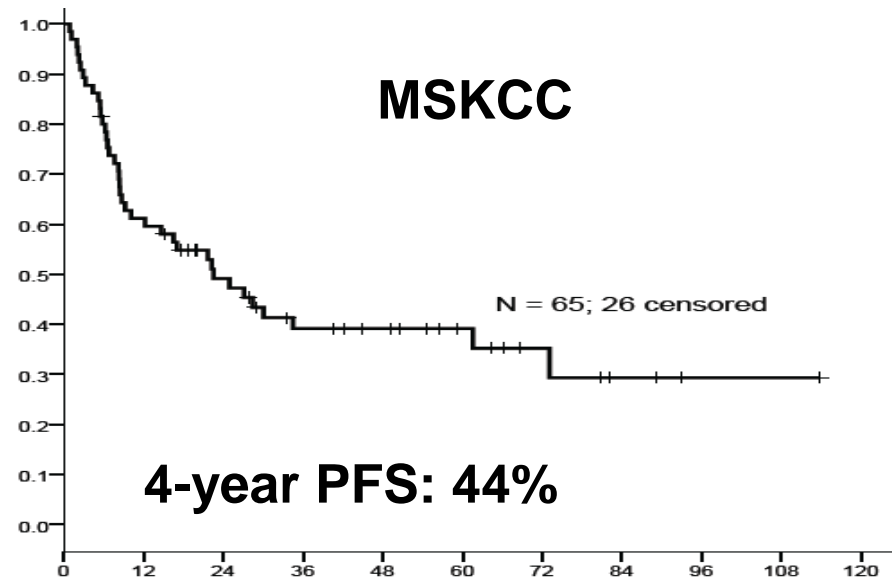
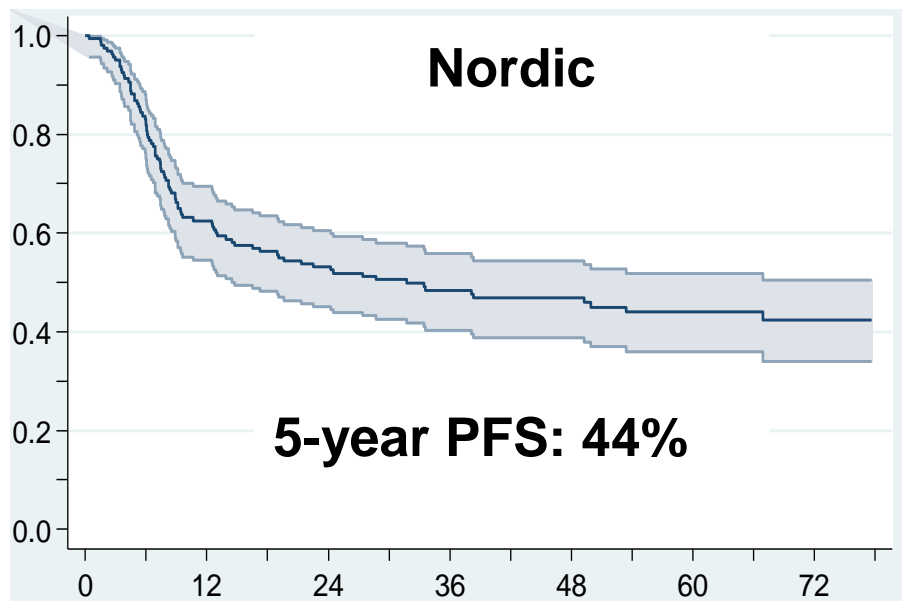
Adding Etoposide to CHOP: German Prospective High-Grade NHL Studies



PTCL Subtype	n
ALCL, ALK+	78
ALCL, ALK-	113
PTCL-NOS	70
AITL	28
Other	31
Total	320



Autologous stem cell transplantation as first-line therapy in PTCL



Swedish Registry

	Auto-SCT ITT (n = 128)	Non-auto-SCT (n = 124)
5 yr OS	48%	26%
5 yr PFS	41%	20%

- 1 D'Amore, et al. *J Clin Oncol.* 2012;30(25):3093-3099
- 2 Mehta et al. *CLLM* 2013 Dec;13(6):664-70
- 3 Ellin F et al. *Blood* 2014;124:1570-1577

CHOEP-ASCT Nordic Lymphoma Group

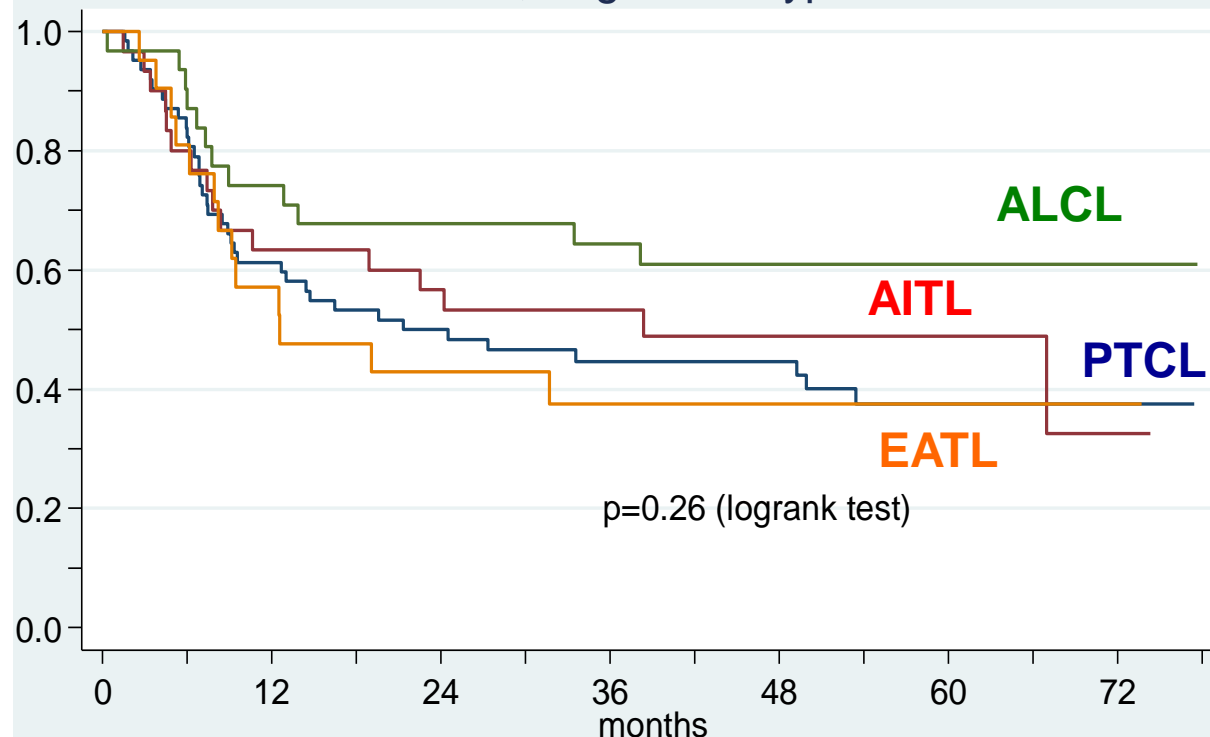
ND PTCL, N = 166
Med Age-57 years
ALK+/ALCL excluded

CHOEP x 4-6

CR
PR

HDT/ASCT
N = 115
90 CR 3-month post

PFS, largest subtypes

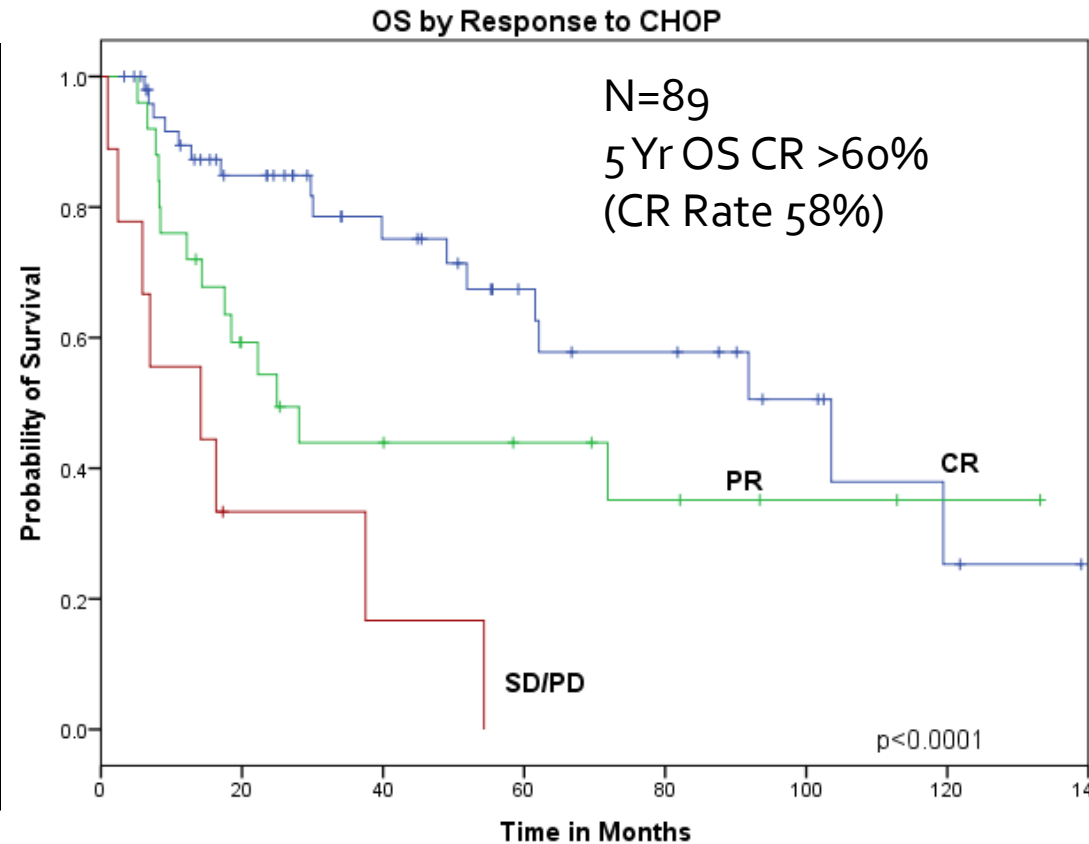


Subtype	5 yr PFS	5 yr OS
ALCL -	61	70
AITL	47	52
PTCL	38	49
EATL	38	48

Survival: Intent to Transplant: By Response to CHOP/CHOEP

PFS by Interim PET

N=61	% EFS		
	2 yrs	3 yrs	5 yrs
CR – IPI 0-2	78.9	66.2	66.2
CR – IPI >2	52.7	52.7	52.7
No CR IPI 0-2	32.3	21.5	21.5
No CR - High IPI >2	26.7	10.0	10.0



BCCA CHOP for PTCL, Analysis of Subjects with CR

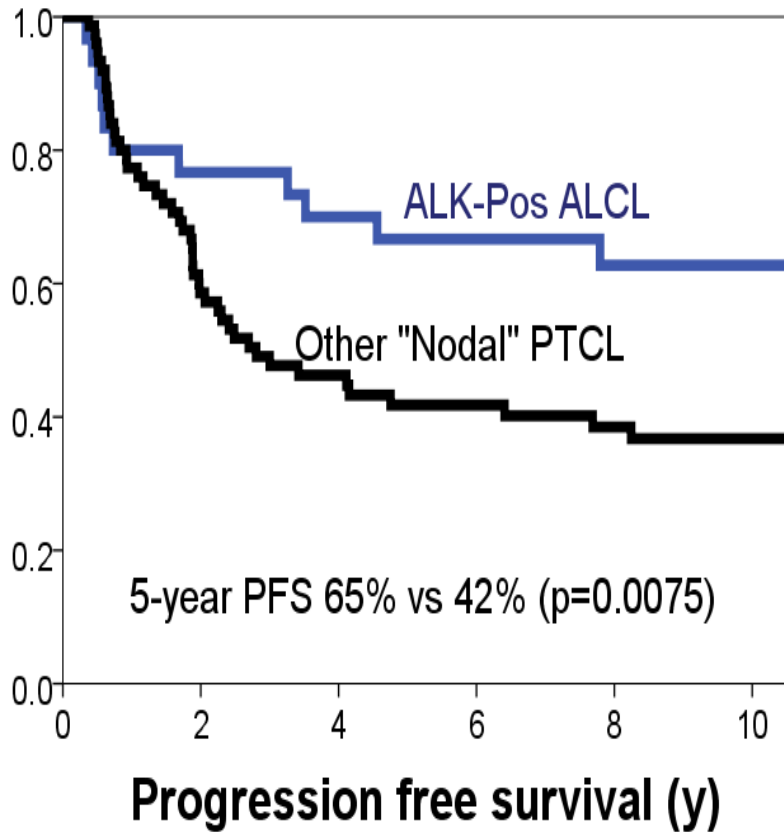
	BCCA	MSKCC
Clinical Features	N=75	N=65
Age > 60 Median Age (years)	56.5 (23-67)	58 (22-75)
Male sex	61%	65%
IPI Risk Group		
0-1 Low	20 (27%)	11 (17%)
2-3	42 (56%)	45 (69%)
4-5 High	13(17%)	9 (14%)

Lavoie et al. J Clin Oncol 32:5s, 2014 a8555

Mehta et al. Clin Leuk Lym 2013 Dec;13(6):664-70

PFS According to Response

BCCA, CR by CT



MSKCC, PFS by Interim PET

N=61	% EFS		
	2 yrs	3 yrs	5 yrs
CR – IPI 0-2	78.9	66.2	66.2
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Prospective multicenter studies in PTCL CHOP vs CHOEP

	CHOP ¹	CHOEP ²
N	83	118
PTCL	39%	39%
AITL	33%	19%
ALCL	16%	19%
IPI		
1	14%	28%
2	35%	32%
3	45%	19%
4-5	6%	21%
Med Age	47	57
ORR	79%	82%
CR	39%	51%

1)Reimer, P. et al et al. JCO vol 27, Jan 2009

2)D'Amore, et al. *J Clin Oncol.* 2012;30(25):3093-3099

Today, how many PTCL patients are cured?

- For the most common subtypes
 - About 20-30% with CHOP
 - Maybe 40+% with more aggressive strategies
 - As high as 60% in CR₁ pts with consolidation

- For the most common subtypes
 - How many are “eligible” for aggressive approaches?

Today, how many PTCL patients are cured?

- MSKCC
 - Approximately 2/3 of newly dx PTCL treated with intent to consolidate with ASCT
 - CR Rate 58%
- Swedish Registry report
 - Subset analysis: age <70, the most common subtypes
 - Approximately 50% treated with with intent to consolidate with ASCT
- More real world?

Histologic subtype distribution



according to LOCAL/CENTRAL DIAGNOSIS*

** if review not possible or not yet done local diagnosis is reported*

	N	%
PTCL-NOS	347	37
AITL	164	17
ALCL, ALK-	140	15
ALCL, ALK+	70	7
NKTCL	102	11
Enteropathy- type T-cell lymphoma	44	5
Hepatosplenic T-cell lymphoma	16	2
Subcutaneous panniculitis-like T-cell lymphoma	17	2
Peripheral gamma-delta T-cell lymphoma	10	1
Unclassifiable NK/T-cell	33	3

943

100

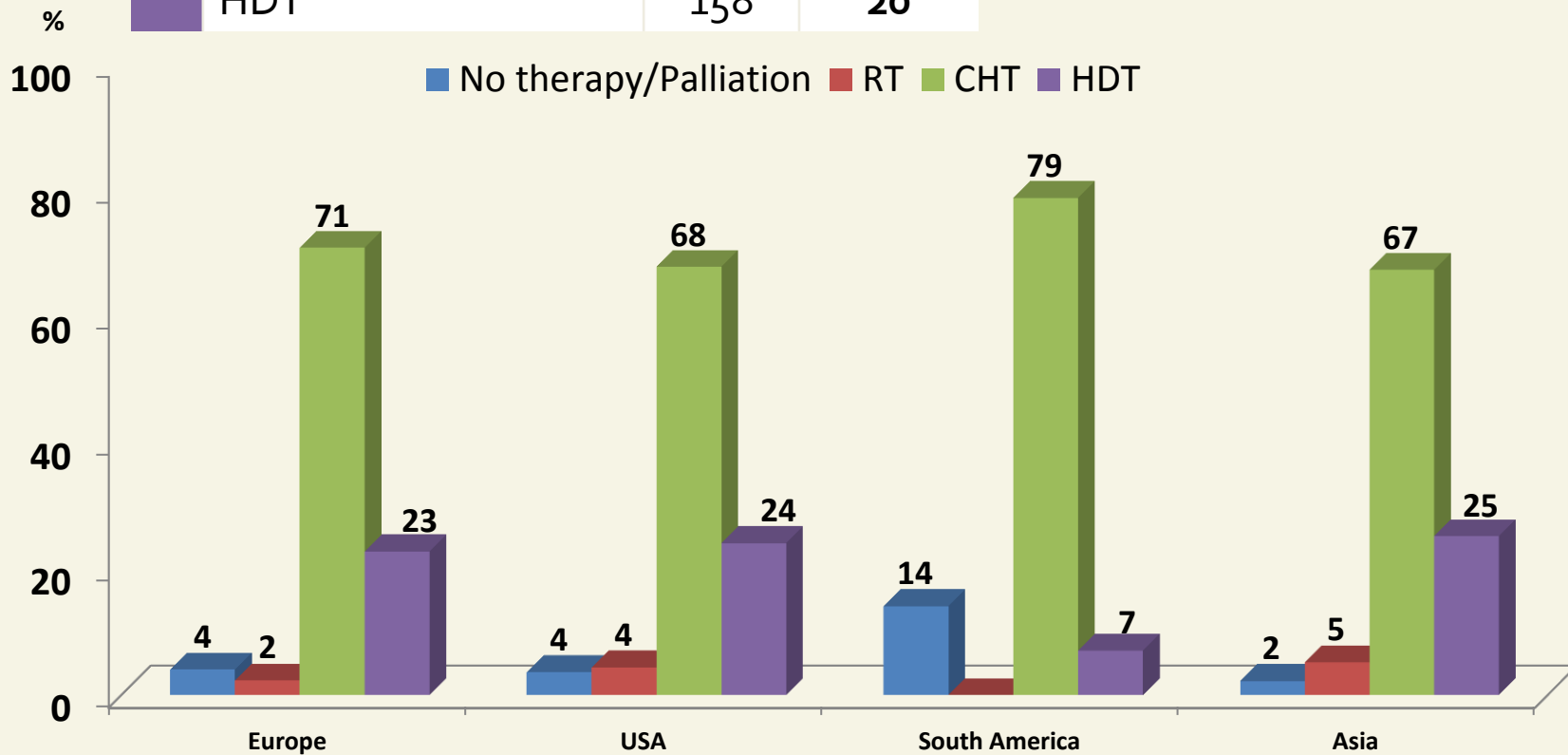
Type of Therapy by Region



	N	%
No Tx/palliation	46	6
RT	21	3
CHT	564	71
HDT	158	20

★ Includes

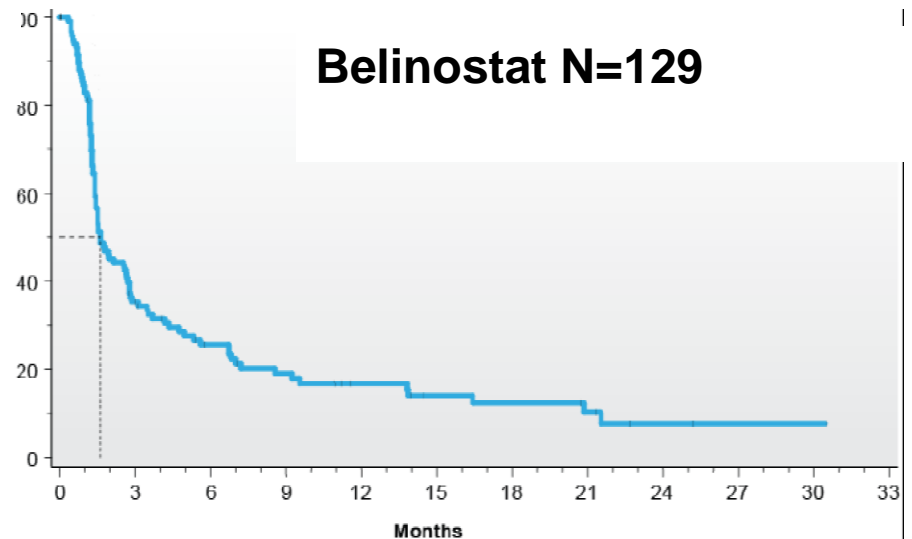
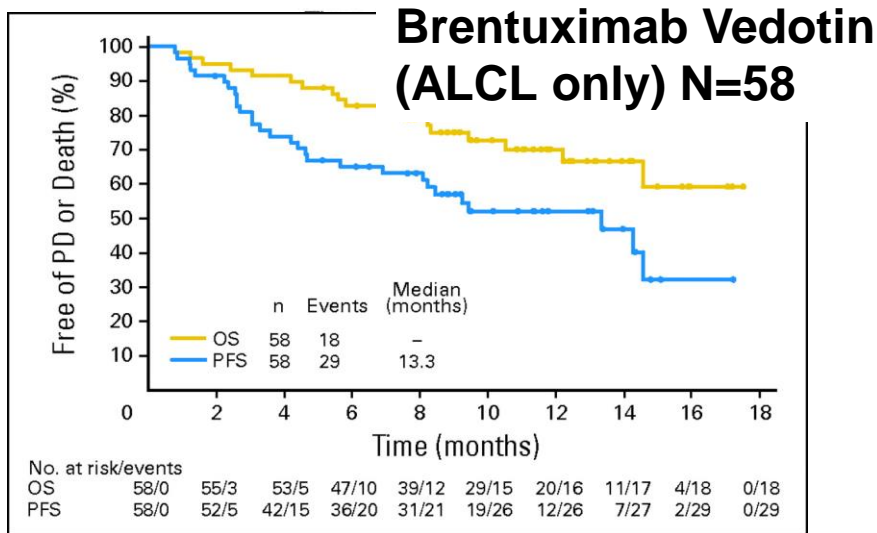
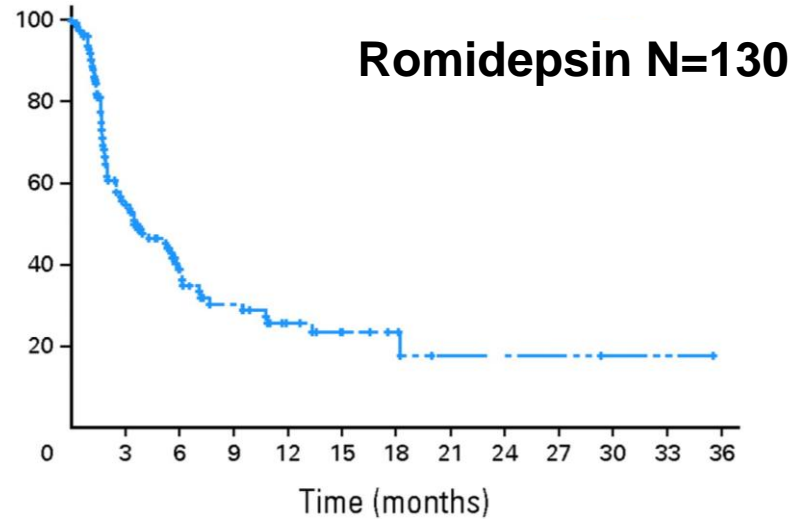
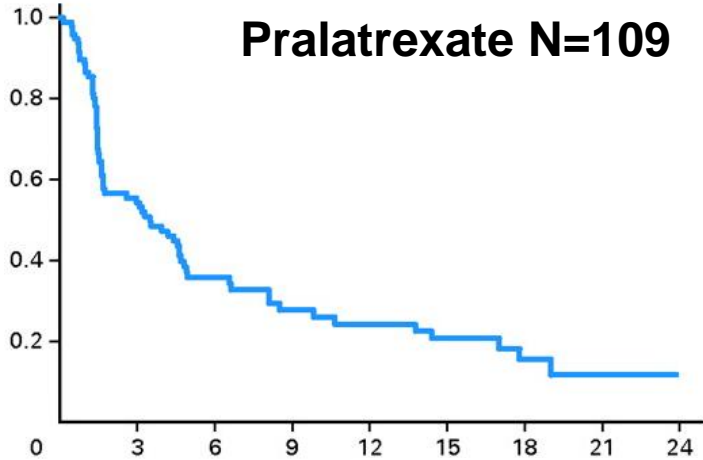
- ALL subtypes
- Tx in CR₁/PR₁ + Relapse



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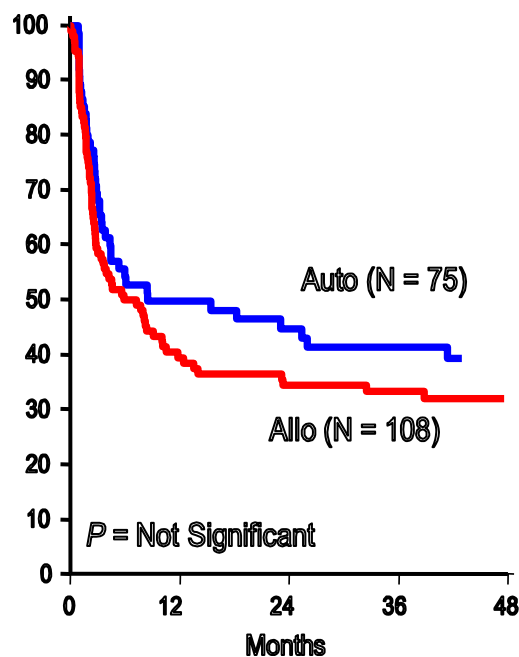
- For the most common subtypes
 - How many are “eligible” for aggressive approaches?
- In a motivated referral center->50%
- In the “real” world-maybe only 20% or less?
- Are patients cured at relapse?

Progression Free Survival: Relapsed/Refractory PTCL

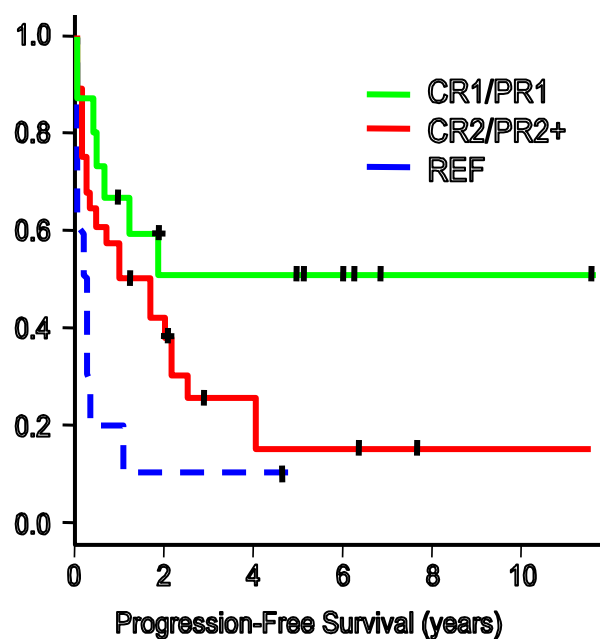


Autologous Transplantation in Relapsed PTCL

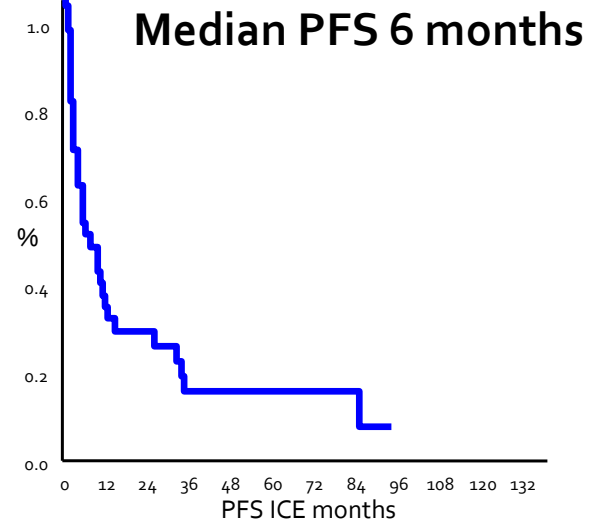
CIBMTR: PFS
excluding pt in CR1
(Most patients ALCL)



The Stanford Experience
Auto



MSKCC



Response to ICE 70% (28/40)

Received ASCT 68% (27/40)

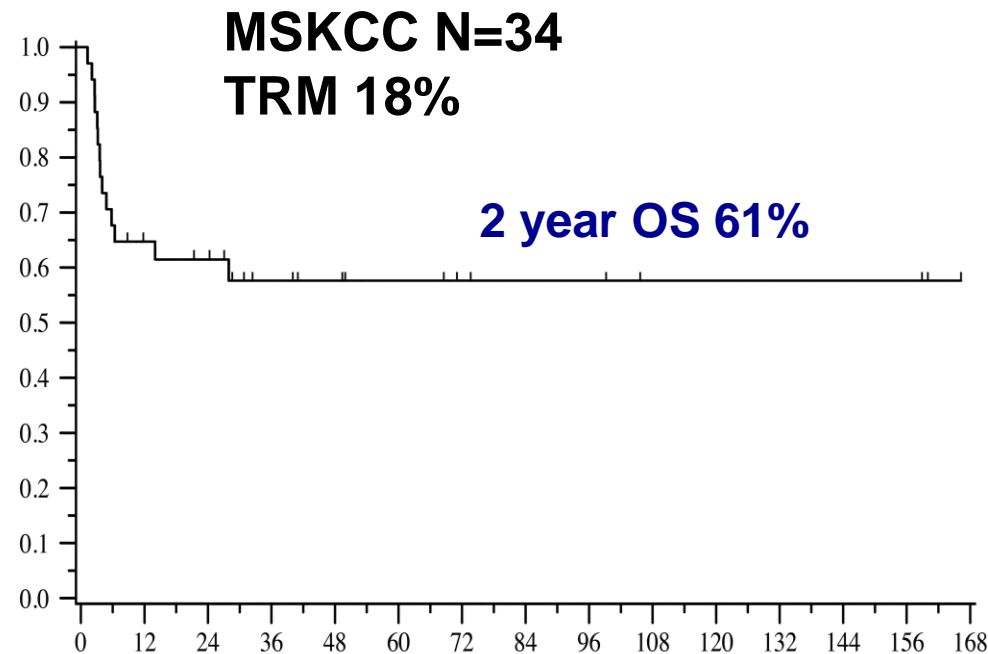
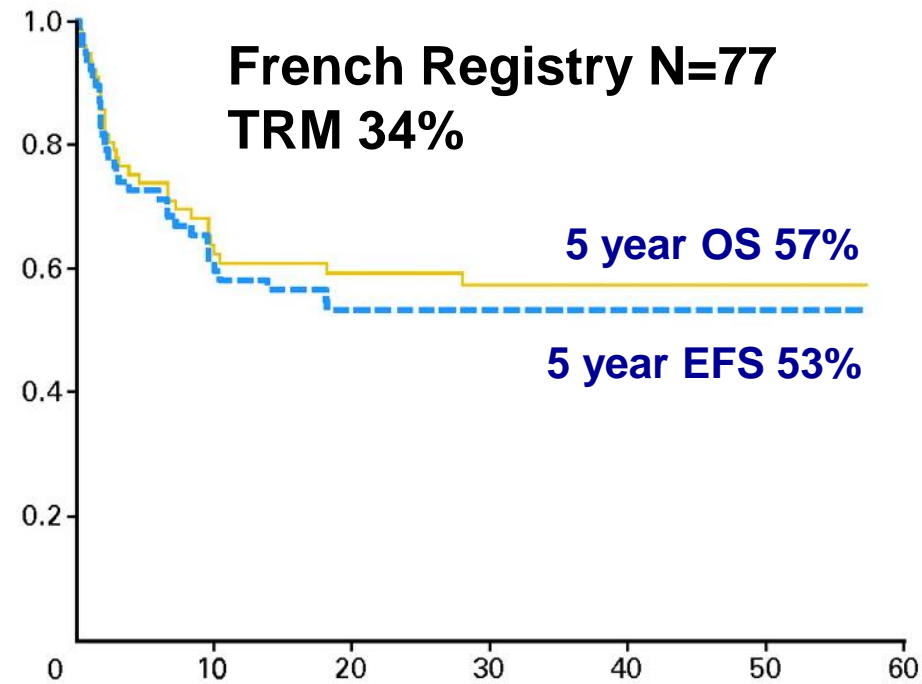
- Benefits are unclear. Most single institution studies show low PFS rates while registry data suggests better outcomes

Smith S, et al. *JCO* September 1, 2013 vol. 31 no. 25 3100-3109

Chen AI, et al. *Biol Blood Marrow Transplant.* 2008;14(7):741-747.

Horwitz et al, ASH Annual Meeting Abstracts 2005;106:2679.

Retrospective Analyses of Allogeneic Stem-cell Transplantation for PTCL



Le Gouill, S. et al. J Clin Oncol; 26:2264-2271 2008
Goldberg J. et al. Leuk Lymphoma. 2012 Jan 31

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- For some subtypes very few
 - ATLL
- For the most common subtypes
 - About 20-30% with CHOP
 - Maybe 40+% with more aggressive strategies
 - As many as 60% of those who achieve a CR?
- At Relapse
 - Some, but not too many