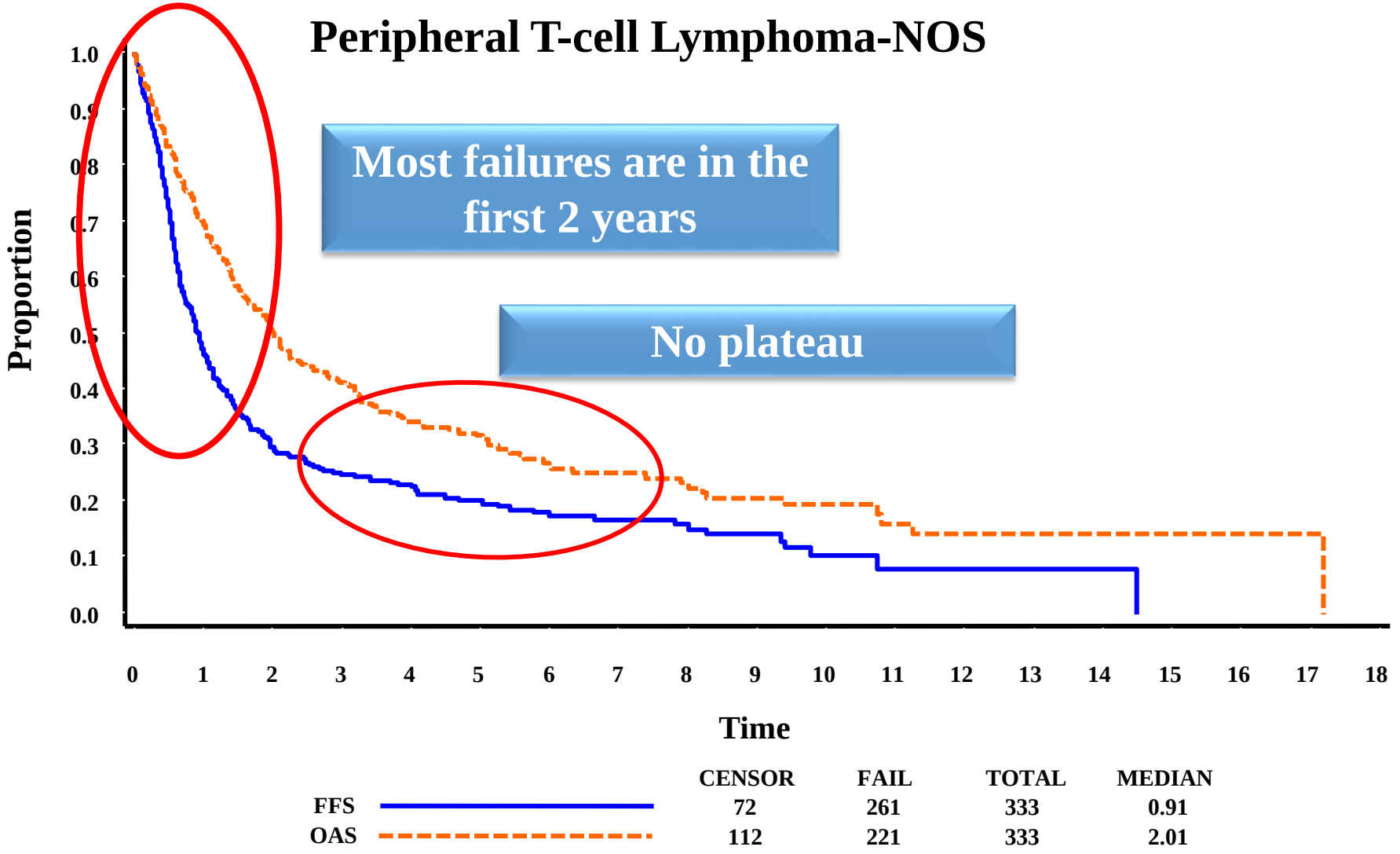
Should ASCT in 1st remission be the standard of care for patients with PTCL?

Against…..B **Pro**

Where we have been: Overall and Failure-free Survival



Armitage J, et al. *J Clin Oncol.* 2008;26:4124–4130**, International T-cell Classification Project**

Historical data with CHOP?

Selected Studies

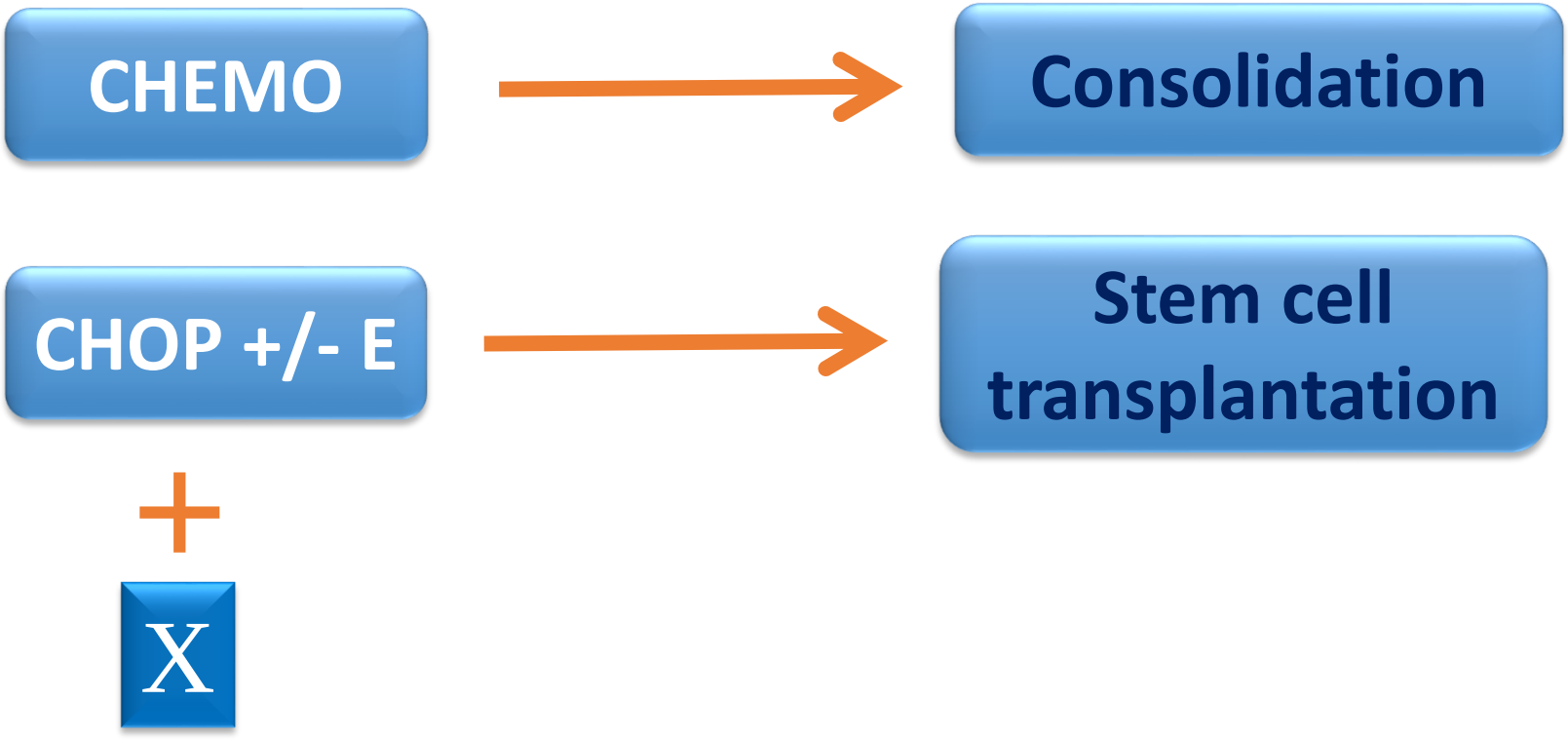
Reference	Treatment	Histology	N	ORR	CR	PFS / EFS
Savage KJ, et al.	Almost all	PTCL-US	117	84%	64%	29% (5 yr)
Reimer P, et al.	Prospective	AITL / ALCL			39%	ASCT
Simon KJ, et al.	CHOP vs VIP-rABVD, Prospective	PTCL (30) / AITL / ALCL	43	62%	39% (PTCL 29%)	41% (2 yr) Lower for PTCL

- **ORR 60-80+%**
- **CR 39-60+%**
- **Lack of durable remissions**

VIP-rABVD, etoposide, ifosfamide, cisplatin alternating with doxorubicin, bleomycin, vinblastine, dacarbazine (VIP-reinforced-ABVD).

Savage KJ, et al. *Ann Oncol*. 2004;15(10):1467-1475; Reimer P, et al. *J Clin Oncol.* 2009;27(1):106-113; Simon A, et al. *Br J Haematol*. 2013;151(2):159-166.

Current treatment approach for T-cell lymphomas: front-line



-Brentuximab vedotin ---
-Romidepsin
-Pralatrexate
-Belinostat
-Alemtuzumab

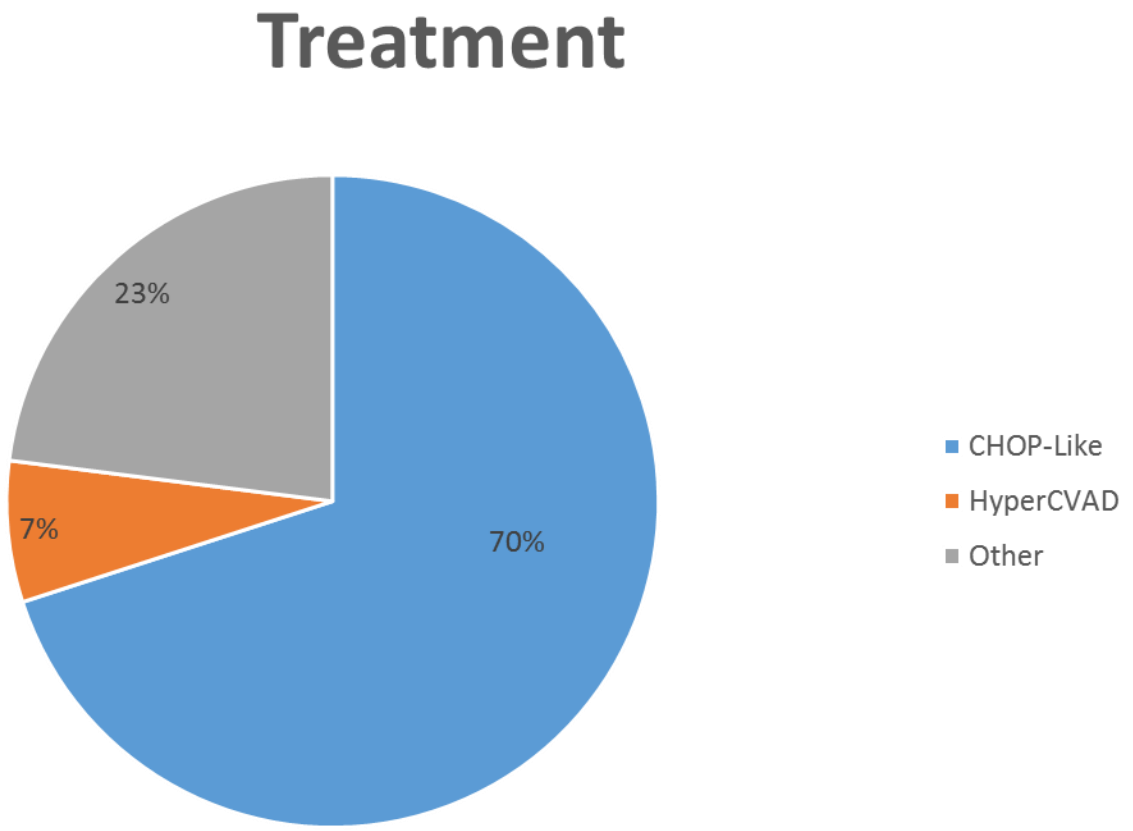
Peripheral T-cell lymphomas in a large US multicenter cohort: prognostication in the modern era including impact of frontline therapy

J. S. Abramson[1], T. Feldman[2], A. R. Kroll-Desrosiers[3], L. S. Muffly[4], E. Winer[5], C. R. Flowers[6], F. Lansigan[7], C. Nabhan[4], L. J. Nastoupil[6], R. Nath[3], A. Goy[2], J. J. Castillo[8], D. Jagadeesh[3], B. Woda[3], S. T. Rosen[9], S. M. Smith[4] & A. M. Evens[10*]

[1]Center for Lymphoma, Massachusetts General Hospital Cancer Center, Boston; [2]John Theurer Cancer Center, Hackensack University Medical Center, Hackensack; [3]Department of Hematology/Oncology, University of Massachusetts Medical School, Worcester; [4]Department of Hematology/Oncology, University of Chicago, Chicago; [5]Department of Hematology/Oncology, Rhode Island Hospital, Providence; [6]Department of Hematology/Oncology, Emory University School of Medicine, Atlanta; [7]Department of Hematology/Oncology, Dartmouth-Hitchcock Medical Center, Lebanon; [8]Department of Hematology/Oncology, Miriam Hospital, Providence; [9]Robert H. Lurie Comprehensive Cancer Center, Northwestern University, Chicago; [10]Department of Hematology/Oncology, Tufts Medical Center, Boston, USA

341 newly diagnosed patients from 2000-2011

PTCL NOS	31%
ALCL	26%
AITL	23%
NK-TCL	7%
ATLL	6%
Other	7%

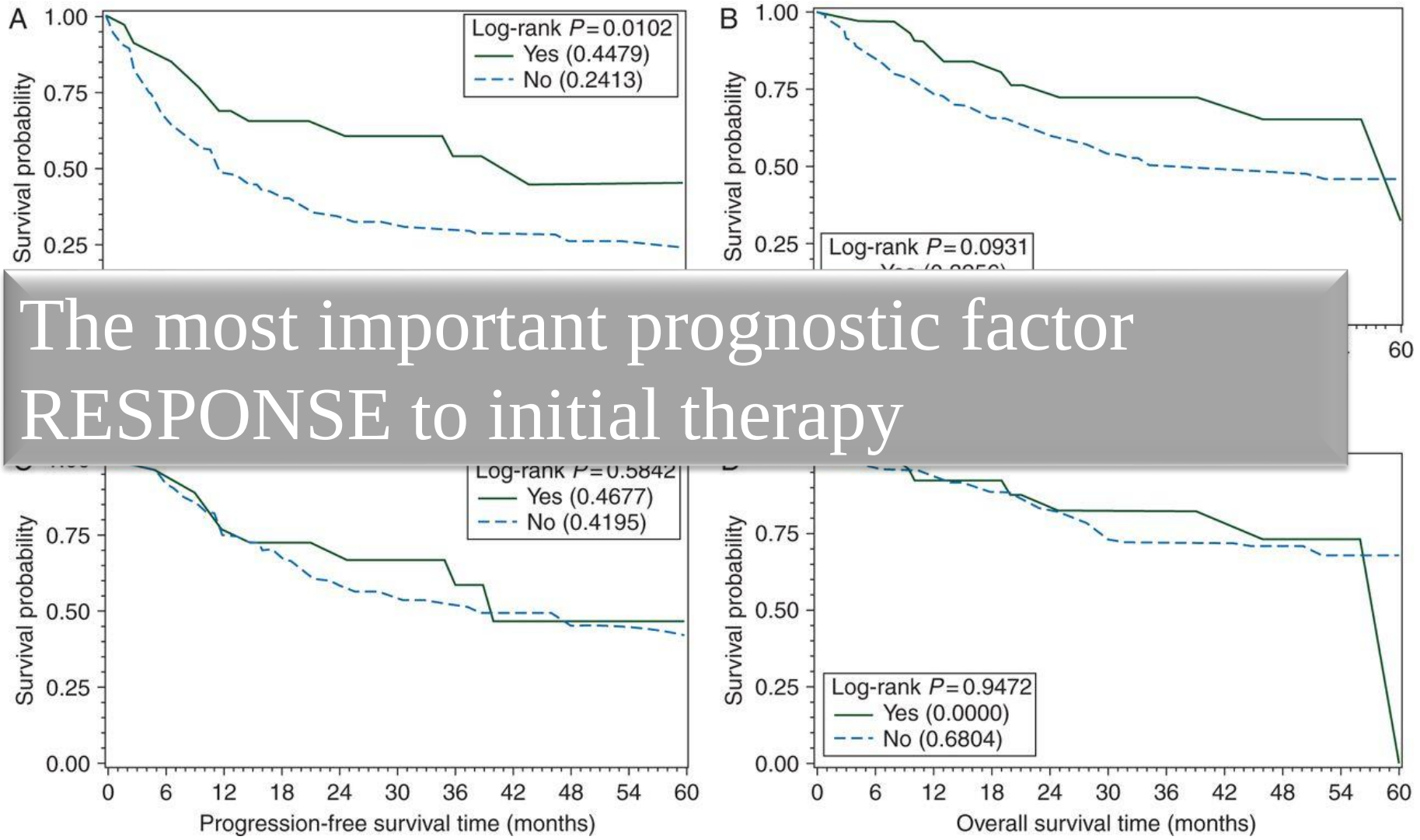


ORR 73%
24 % had primary refractory disease

33 patients (10%) underwent SCT in first remission
No benefit on MVA when controlling for CR, Stage, LDH, albumin

Abramson JS et al, Ann Oncol 2014, 25: 2211-17

PFS (A) and OS (B) by consolidative SCT in all patients, and PFS (C) and OS (D) by SCT limited to patients in CR following induction chemotherapy.



The most important prognostic factor
RESPONSE to initial therapy

J. S. Abramson et al. Ann Oncol 2014;25:2211-2217

Annals of Oncology

Autologous SCT in PTCL

Retrospective

Schetelig et al.	14	Diverse	86% CR	5yr-60%
Rodriguez et al				5yr-60%
Yamazaki et al.				3yr-72%
Rodriguez et al.	74	BEAM/BEAC/CVB/Cy+TBI	No data	5yr-68%
Feyler et al.	64	Diverse	No data	3yr-53%
Kyriakou et al	146	Diverse	70% CR	4yr-59%

Retrospective OS 53-72%

Prospective

Haioun et al.				No data
Gisselbrecht et				5yr-32%
Reimer et al.	83	Cy/TBI	58% CR	3yr-48%
Mercadal et al.	41	High-dose CHOP-ESHAP	51% CR	4yr-39%
D'Amore et al.	77	BEAM	71% CR	Short FU
Corradini et al.	62	Mito/Mel orBEAM	66% CR	12yr-34%
Rodriguez et al.	13	BEAM	65% CR	3yr-86%

Prospective OS 32-48%

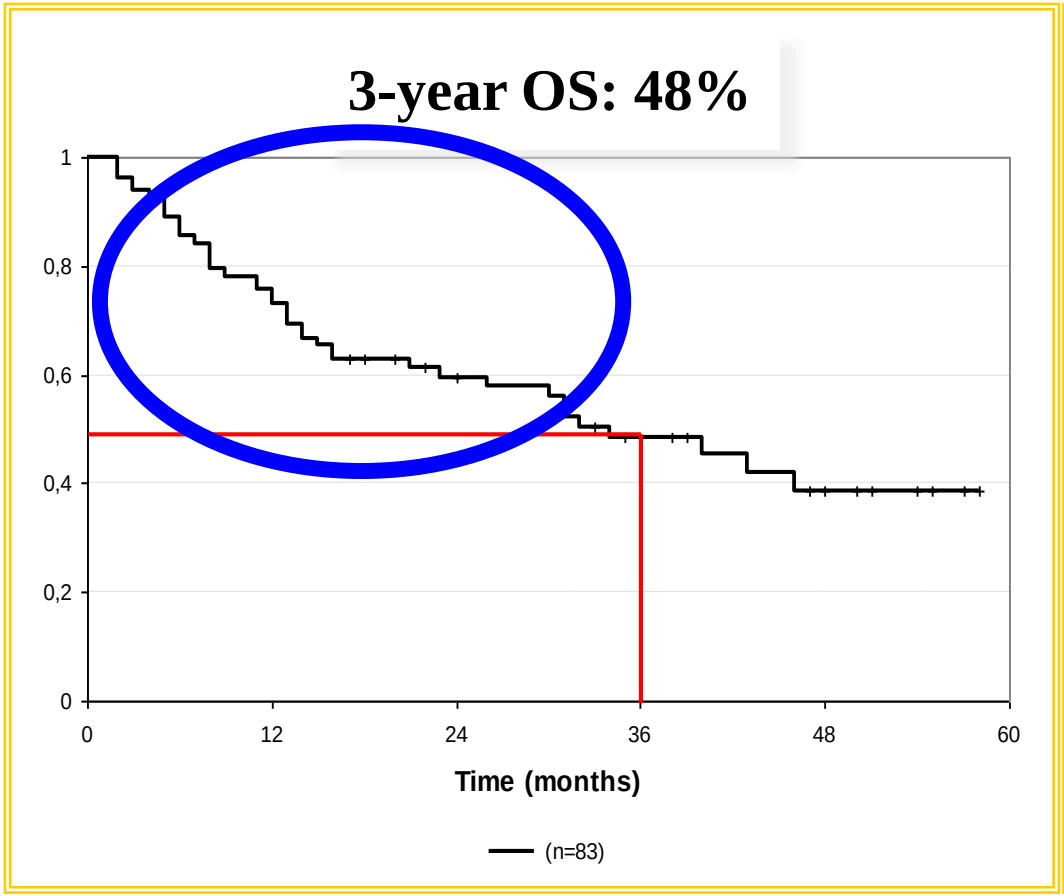
Autologous stem cell transplantation as first-line therapy in PTCL: Results of a prospective multicenter study

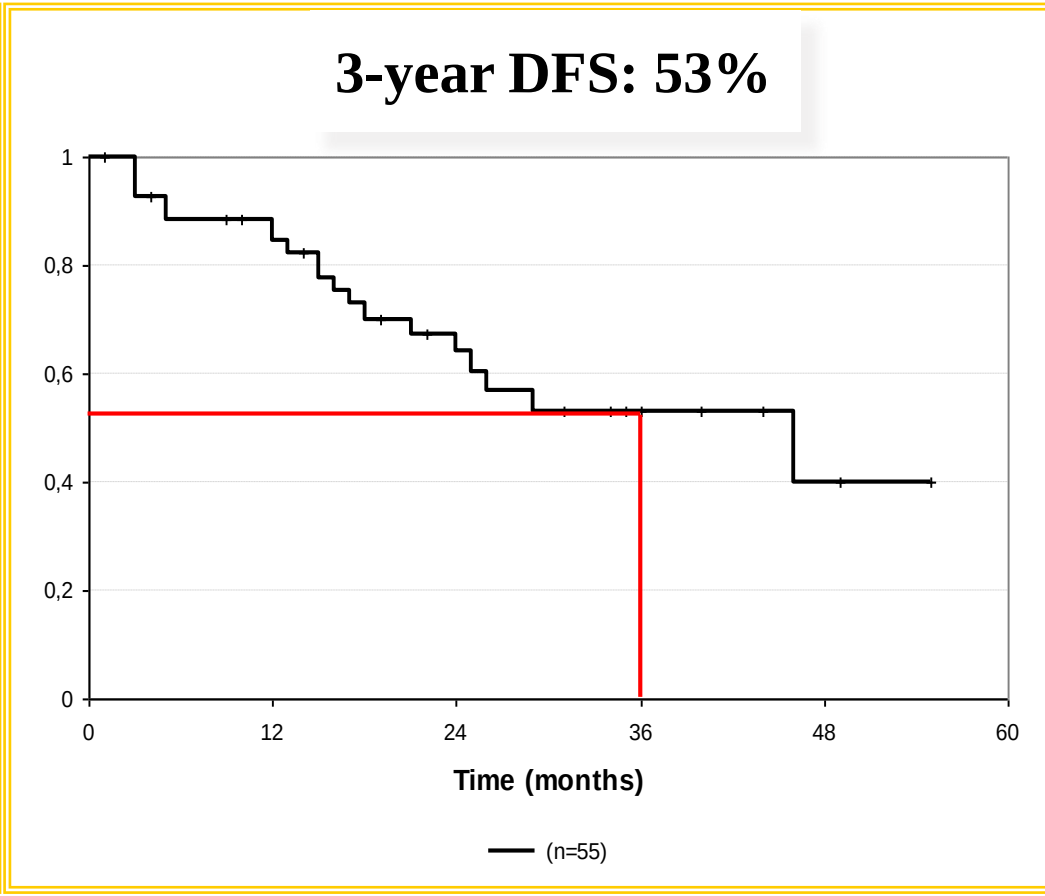
- N=83
- CHOP x 4-6
- IF CR/PR
  - mobilized with DexaBEAM or ESHAP
- TBI + CY-ASCT
- Median F/U: 33 months

PTCL	**39%**	
AITL	**33%**	
ALCL	**16%**	
Med age	**46.5**	**(30-65)**
AA-IPI	**L-LI**	**49%**
	HI-H	**51%**
CR/CHOP	**39%**	
PR/CHOP	**40%**	
ASCT	**66%**	
POD	**29%**	**(22% CHOP)**

Reimer, P. et al et al. JCO epub Nov2008

Autologous stem cell transplantation as first-line therapy in PTCL: Survival





Outcome

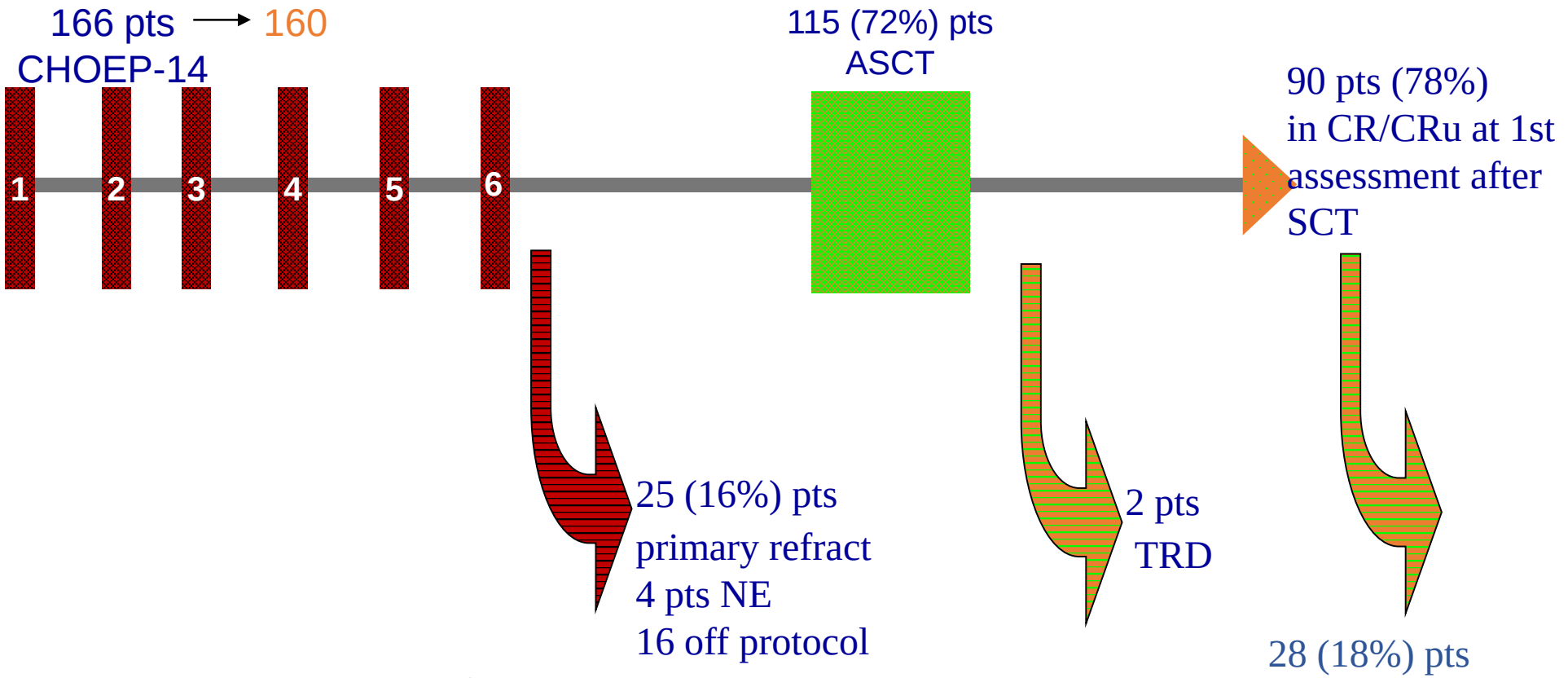
- 39% could not be transplanted due to PD
- 27% progressed after transplant

Reimer, P. et al et al. JCO epub Nov2008

JOURNAL OF CLINICAL ONCOLOGY ORIGINAL REPORT

Up-Front Autologous Stem-Cell Transplantation in Peripheral T-Cell Lymphoma: NLG-T-01

Francesco d'Amore, Thomas Relander, Grete F. Lauritzsen, Esa Jantunen, Hans Hagberg, Harald Anderson, Harald Holte, Anders Österborg, Mats Merup, Peter Brown, Outi Kuittinen, Martin Erlanson, Bjørn Østenstad, Unn-Merete Fagerli, Ole V. Gadeberg, Christer Sundström, Jan Delabie, Elisabeth Ralfkiaer, Martine Vornanen, and Helle E. Toldbod



Total of 26% did not reach transplant

Median age : 57

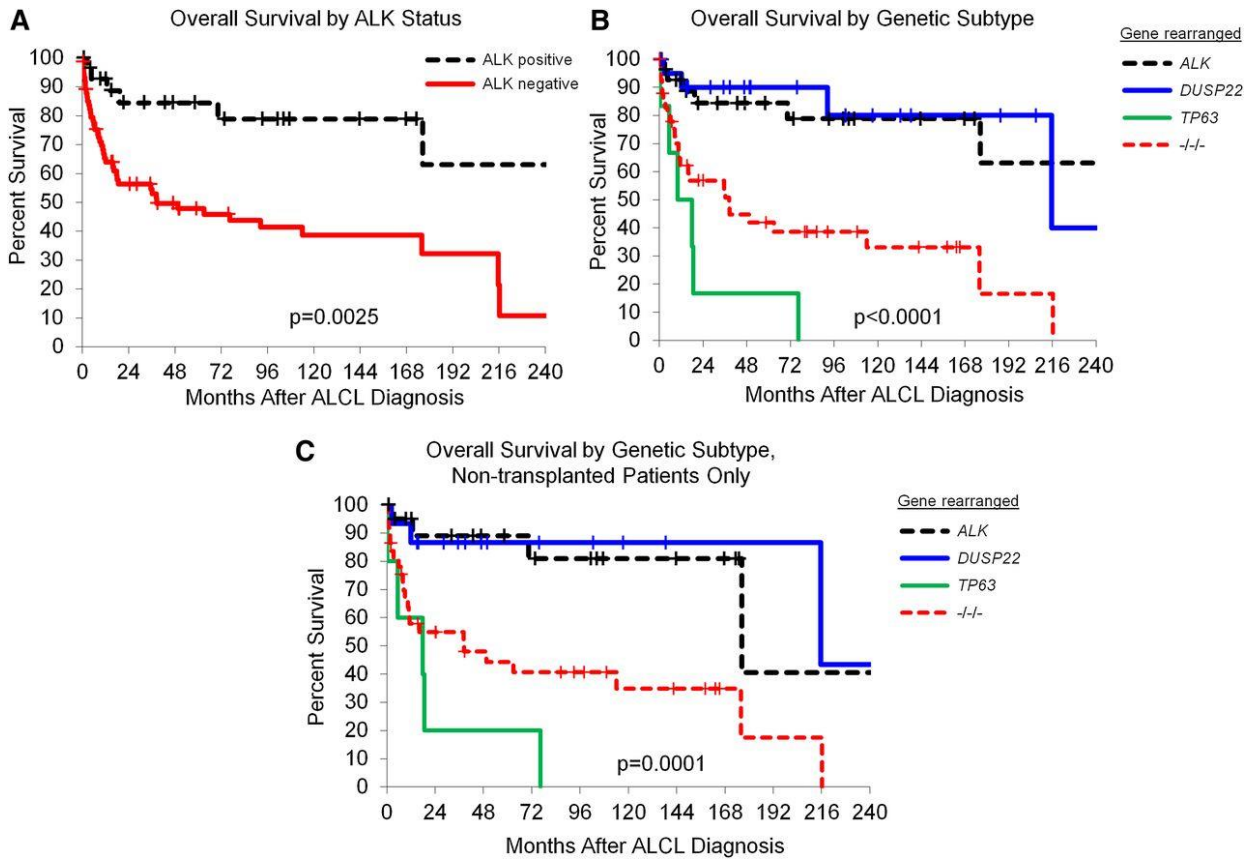
5-yr OS 51%, 5-yr PFS 44%

Best results in ALK – patients, PTCL-NOS 5-yr PFS 38%

Caveats in understanding role of ABMT

- Selection biases of series
- **Challenges and changes in pathologic classification**
- Non-uniform therapy
- **Molecular heterogeneity**
- **More effective treatment (s) ?**

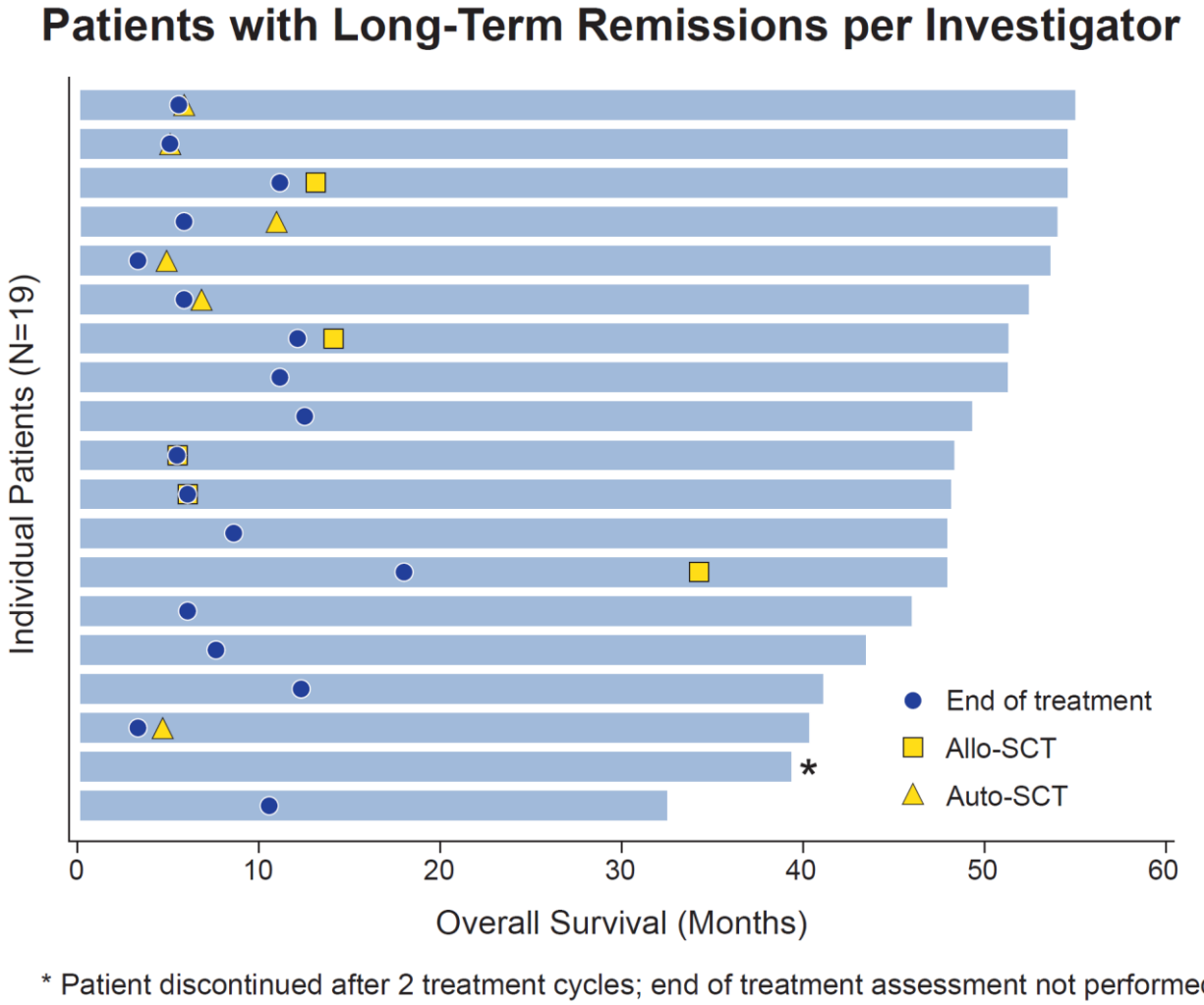
Outcomes in patients with ALK-ALCL based on genetic subtype



Edgardo R. Parrilla Castellar et al. Blood 2014;124:1473-1480

blood

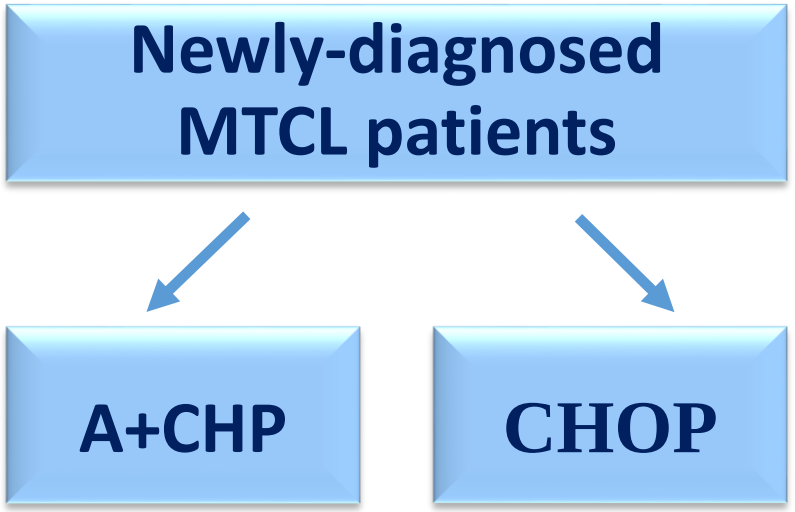
BV in Relapsed/Refractory ALCL Long-Term Follow-up



- 19 patients remain on study, free of progression, and without the start of new anticancer therapy, other than SCT (n=11)

ECHELON-2 Phase 3 Study

- Randomized, double-blind, placebo-controlled study to evaluate the efficacy and safety of brentuximab vedotin and CHP (A+CHP) vs CHOP for the frontline treatment of CD30+ MTCL*
- Enrolling approximately 300 patients at 130 sites in 14 countries (ClinicalTrials.gov #NCT01777152)



Stratified by:

- **MTCL histology: ALK-positive sALCL, all others**
- **IPI score: 0–1, 2–3, 4–5**

Autologous Transplantation

- **Prospective studies**
  - Moderately better PFS/OS than population based series with CHOP
  - Selection-
    - studies younger pts
    - frail pts less likely to go on a HDT study

- **Does not address the higher rates of non-responders in PTCL**
  - Primary refractoriness is still an unsolved problem in a substantial number of pts (25%-35%) on prospective trials

- **Does HDT-ASCT as consolidation improve results or is it just selecting for healthier people with chemosensitive disease?**
  - Randomized study?