





## Allotransplant setting in CTCL European perspective

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# Background

### Allogeneic Stem Cell Transplantation for advanced CTCL

#### > Duvic, JCO 2010: 19 MF/SS patients

- Total skin electrontherapy + non-myeloablative conditioning
- Median follow-up: 19 months
- 6 deaths (median OS not reached), 8 relapses
- 2 year-OS: 79%, PFS: 53%

#### Duarte, JCO 2010: 60 MF/SS patients (36 MF/24 SS)

- Median follow-up: 3 years
- 1 year OS: 66%
- 3 year-OS: 54% (median OS not reached), 3 year-PFS: 34%

#### Duarte, JCO 2014: 60 MF/SS patients (36 MF/24 SS)

- Extended analysis with a median follow-up in survivors of 7 years
- 5 year OS: 46%, 7 year OS: 44%
- 5 year PFS: 32%, 7 year PFS: 30%
- Myeloablative conditioning associated with poorer NRM (non relapse mortality) and OS

(A) Long-term probability of overall survival (OS) and progression-free survival (PFS), and (B) cumulative incidence of nonrelapse mortality and disease relapse or progression after allogeneic hematopoietic cell transplantation in patients with mycosis fungoides



Rafael F. Duarte et al. JCO 2014;32:3347-3348

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## Background

### Allogeneic Stem Cell Transplantation for advanced CTCL

> Lechowicz MJ, Bone Marrow Transplantation 2014:

- 129 MF/SS patients
- NRM at 1 year: 19%, at 5 years: 22%
- Risk of disease progression at 1 year: 50%, at 5 years: 61%
- PFS at 1 year: 31%, PFS at 5 year: 17%
- OS at 1 year: 54%, OS at 5 year: 32%

# Methods

Retrospective multicentric study: 18 centers
(Paris Créteil Bordeaux Marseille Montpellier Limit

(Paris, Créteil, Bordeaux, Marseille, Montpellier, Limoges, Besançon, Clermont-Ferrand, Lyon, Caen, Rennes, Rouen, Nantes, Angers, Tours, Poitiers, Lille, Liège)

### Inclusion criteria

- Advanced CTCL
- Allogeneic Stem Cell Transplantation

### Study of

- Overall Survival (OS)
- Progression Free Survival (PFS)
- Relapse or Progression (REL)
- Treatment Related Mortality (TRM)
- Factors influencing OS, PFS, REL and TRM

## Patients, allogeneic stem cell transplant

- Inclusion of 37 patients
- 31 MF/SS
  - 26 MF, including 20 transformed MF
  - 5 SS, not transformed
  - Stage II-III (n=13)
  - Stage IV (n=18)

### 6 Non MF/SS

- 5 CD30+ Large T-cell lymphomas with disseminated nodal/visceral involvement
- 1 PCTCL-NOS
- Stage N2/N3 (n=3)
- Stage M1 (n=3)

## Allogeneic stem cell transplant

Median number of systemic treatments before allograft:
5 (2-11)

### • Status of disease before the graft:

- Complete Response (CR) or Very Good Partial Response (VGPR): n=18
- Partial Response (PR), Stable Disease (SD) or Progressive Disease): n=19

### Conditioning:

- Reduced Intensity Conditioning (RIC): n=25
- Myeloablative Conditioning (MAC): n=12

### • Donor:

- Sibling donor: n=17
- Phenoidentical unrelated donor: n=20

### In vivo T-cell depletion with Antithymocyte globulin: 16 patients

## **Evolution after allo-SCT**



# Uni and multivariate analyses

	TRM (%)		REL (%)		PFS	5 (%)	OS (%)		
	1 Year	2 Years	1 Year	2 Years	1 Year	2 Years	1 Year	2 Years	
All	18	18	49	56	39	31	65	57	
Age of the recipient									
<50 yrs	15	15	43	49	47	41	76	68	
>50 yrs	23	23	59	67	25	16	46	39	
р	NS		NS (p	NS (p=0.06)		0.03 (0.1*)		NS (p=0.05)	
Disease type									
T-MF	22	22	43	56	39	26	66	60	
Other PCTCL	13	13	55	55	39	39	63	52	
р	NS		Ν	NS		NS		NS	
Disease status at allo-HSCT									
VGPR or CR	26	26	24	24	56	56	74	74	
PR, SD or PD	11	11	71	83	24	12	56	43	
р	NS		0.004 (0.03*)		0.01 (0.2*)		NS (p=0.1)		
T-cell depletion									
Yes	0	0	79	79	21	10	66	44	
No	32	32	26	32	53	46	63	63	
р	0.02		0.002	0.002 (0.02*)		0.01 (0.04*)		NS	

## Cumulative incidence curves of TRM



## **Progression Free Survival (PFS)**



### Treatment Related Mortality / Overall Survival



# Conclusions

- Interesting results of allogeneic SCT for the treatment of advanced CTCL: Graft versus Leukemia effect
- After a median follow-up of 29 months, 19 patients relapsed, leading to a 2-year incidence of relapse of 56%
- Estimated 2-year OS was 57% and PFS 31%
- 3-year PFS higher
  - in patients with pre-transplant CR or VGPR (56%)
  - in patients who did not receive T-cell depletion with ATG (46%)
- 6 of 19 patients with post-transplant relapse achieved subsequent CR after salvage therapy, with a median duration of 41 months

de Masson et al, Haematologica 2014: 99; 2-9

# Limits and Perspectives

### • Limits of the study

- Retrospective
- Small patient numbers
- Insufficient follow-up (Chronic GVH ?)

### Remaining questions

- Improvement of Overall Survival ?
- Improvement of Quality of Life ?
- Best patients and optimal timing of allogeneic transplantation
- Perspective: National prospective controlled study
  - Patients included at the time of donor search
  - Comparison of patients treated with reduced intensity allo-SCT and patients treated with chemotherapy

## Inclusion criteria

### Patients eligibility criteria

- Age  $\geq$  18 and  $\leq$  65 ans
- Histopathologically confirmed diagnosis of ISCL-EORTC stage IIB-IVB CTCL
- Complete or very good partial response of the lymphoma disease (as defined by the international ISCL/EORTC criteria) at the time of registration
- Written informed consent given by the patient
- Contraception in women of childbearing age
- Search for an allogeneic BMT donor in progress or realized

#### And at least one of the following criteria

- Refractoriness or early relapse (i.e., within one year) after at least one line of systemic chemotherapy (PUVA, ECP, MTX, IFN, and retinoids)

- Early histological large-cell transformation, *i.e.*, within 2 years following diagnosis

- Histologically proven nodal (ISCL-EORTC N3) or extracutaneous visceral involvement by the lymphoma

# **Exclusion criteria**

- Prior allogeneic HSCT
- Other evolutive neoplastic disease or evolutive psychotic disease
- Left ventricular ejection fraction < 50% (as determined by trans-thoracic echocardiography)
- Carbone monoxide diffusion capacity < 50% of the theoretical value
- Creatinine clearance <50 ml/min
- Transaminases or bilirubin >2-fold the normal value in the absence of liver involvement by the lymphoma
- Patient with no health coverage
- Patient under guardianship or curatorship
- HTLV-1 associated lymphoma

# **Evaluation criteria**

• Primary endpoint : 3-year PFS using international criteria Death or Progression in Skin (mSWAT), Lymph nodes, Blood, Viscera

#### • Secondary endpoints :

#### - Comparative endpoints:

- Incidence of **disease relapse**. Relapse in skin, blood or lymph nodes is defined according to ISCL/ EORTC consensus criteria for the assessment of clinical endpoints and response criteria

- Non-relapse mortality, defined as any death not attributable to progression of the lymphoma disease
- Overall survival (time from inclusion to death from any cause).
- Biomarkers at inclusion and 1 year
- Evaluation of the quality of life using the French versions of the Skindex 29 and EORTC-QLQ-C30
- Evaluation of the medical costs (number of hospital days)

#### - In the alloHSCT group only:

- Incidence of neutrophil engraftment (day and proportion of patients reaching neutrophils >0.5x10<sup>9</sup>/L); and platelets recovery (day and proportion of patients reaching platelets > 20 x 10<sup>9</sup>/L without transfusion) after transplantation.
- Incidence and severity of acute GVHD (diagnosed and graded according to standard criteria).
- Incidence and severity of chronic GVHD (diagnosed and graded according to NIH criteria).

## Plan



Flow chart	Selection M-4	Inclusion <15 days before start of the conditioning DAY 0	M1	M2	M3	M6	M12	M24	M36	Progression
HLA typing and donor search	Х									
Informed consent	х									
Medical history	x									
Physical exam	х	х	х	х	х	х	х	х	х	x
Pregnancy test	Х									
WBC, liver and renal function	X	Х	Х	х	х	Х	х	Х	х	х
Chest Xrays, lung function tests (HSCT group)	x									
ECG and echocardiography (HSCT group)	x									
Inclusion criteria validation		x								
CRF	х	Х	х	х	х	х	х	х	х	x
Skin disease (mSWAT)	х	х	Х	х	х	Х	х	Х	х	х
Quality of life (Skindex-29)	х	x			х		х	х	х	
Thoracoabdopelvic CT scan	x	x			x		x	х	x	x
Sezary cells	Х	Х	х	х	х	х	х	х	х	х
Chimerism (HSCT group)					Х					х
Immune reconstitution (HSCT group)					x					
Blood biomarkers		х						х		
Number of hospital days since the last follow-up point			x	x	х	х	x	x	х	

Name	Surname	Town
BAGOT	Martine	Paris
SUCIE	Gerard	
BARETE	Stephane Stéphanie	Paris – Pitié
BOCCARA	Olivia	
SUARE7	Feline	Paris -Necker
FRANCK	Nathalie	Paris -Cochin
MAUBEC	Eve	Paris-Bichat
SAIAG	Philippe	Boulogne
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CORDONNIER	Catherine	Creteil
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<b>BEYLOT-BARRY</b>	Marie	Dordoouw
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BLAISE	Didier	Marseille
BONNET	Nathalie	Marsenie
MORTIER	Laurent	مااز ا
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VERNEUIL	Laurence	Caen
OUMEDALY	Reman	Cuon
ADAMSKI	Henri	Rennes
BERNARD	Marc	

Name	Surname	Town		
MACHET LISSANDRE	Laurent Séverine	Tours		
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GRANGE DELMER	Florent Alain	Reims		
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# Thank you for your attention