REAL-WORLD OUTCOMES IN RELAPSE/REFRACTORY DLBCL PATIENTS WHO RECEIVED POLATUZUMAB VEDOTIN PLUS BENDAMUSTINE AND RITUXIMAB OR TAFASITAMAB PLUS LENALIDOMIDE BY LINE OF THERAPY

M. Hamadani[1], L. Liao[2], L. Wilson[3], A. Howarth[3], C. Flores Avile[3], L. Chen[2]

[1]Division of Hematology and Oncology, Medical College of Wisconsin, Milwaukee, WI, US
[2]ADC Therapeutics, New Providence, NJ, US
[3]Genesis Research, Hoboken, NJ, US

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INTRODUCTION

- Polatuzumab vedotin (Pola) combined with bendamustine and rituximab (BR) and tafasitamab (Tafa) combined with lenalidomide (Len) have been approved for patients with relapsed/refractory diffuse large B-cell lymphoma (r/r DLBCL).
- Notably Pola and Tafa registration trials included a significant proportion of second-line patients (49% in L-MIND[1] and 27% in GO29365 trial[2]), with only 6% of patients in L-MIND treated in fourth-line and 1% in fifth-line.
- The efficacy of these treatments in more heavily pretreated patients in the real world remains uncertain.

AIM

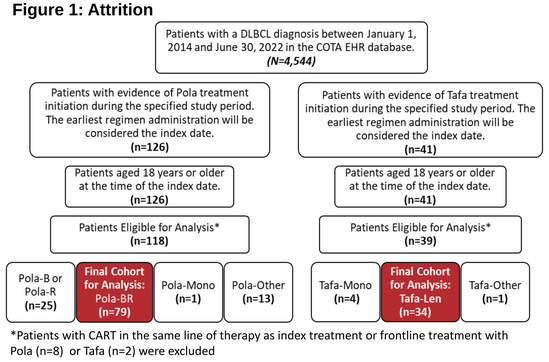
The objective of this study was:

- To examine the effectiveness of Pola-BR and Tafa-Len by line of therapy in patients with r/r DLBCL

METHODS

- Adults diagnosed with DLBCL between Jan 2014 and June 2022, treated with Pola or Tafa were identified from COTA EMR data (representing >200 sites of care in the US with an even split between academic and community practice).
- Outcomes were analyzed for patients who received Pola-BR or Tafa-Len. The date of treatment initiation was assigned as index date.
- Patient characteristics, complete response rate, overall response rate, progression-free survival (PFS), and overall survival (OS) were reported by line of therapy (2L vs 3L+). OS was defined as the time from index date to death, and PFS as the time from index date to disease progression, next line of therapy (not due to adverse event), or death.
- A total of 4,544 DLBCL patients were identified, of whom 118 were treated with Pola-containing therapy and 39 were treated with Tafa-containing therapy (**Figure 1**).

Figure 1: Attrition



*Patients with CART in the same line of therapy as index treatment or frontline treatment with Pola (n=8) or Tafa (n=2) were excluded

RESULTS: POLA-BR

- Of the 79 patients treated with Pola-BR, 46% received Pola-BR in 2L and 54% in 3L+.
- Among 2L Pola-BR patients, mean age was 72, 56% were male, and 11% had high-grade lymphoma compared to 64 years, 60%, and 12% in 3L+. Of patients treated in 3L+, 74% were treated in 3L, 12% in 4L, and 14% in 5L+. Median treatment duration was 2.0 months in 2L and 1.8 months in 3L+ (**Table 1**).
- Within a median follow-up of 12 months for 2L and 17 months for 3L+, a complete response was observed in 26% of 2L and 17% of 3L+ patients with an overall response rate of 61% in 2L and 58% in 3L+ (**Table 2**).
- Median PFS was 3.8 months in 2L and 3.7 months in 3L+ and median OS was 12 months in 2L and 7.1 months in 3L+ (**Figure 2**). There were 20 patients (25%) who later underwent CAR T-cell therapy. Upon censoring at CAR-T initiation, OS was 7.6 months in 2L and 6.7 months in 3L+.

Table 1: Pola-BR Patient Characteristics and Treatment Duration

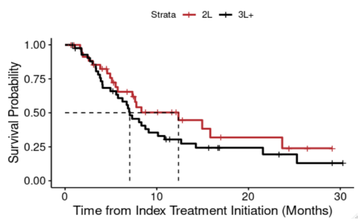
	2L (N=36)	3L+ (N=43)
Baseline Characteristics		
Age		
Median (Q1, Q3)	73 (69, 79)	65 (56, 74)
Mean (SD)	72 (12)	64 (15)
Gender, Male (%)	20 (56%)	26 (60%)
High-grade (%)	4 (11%)	5 (12%)
Prior Lines of Therapy		
1	36 (100%)	0 (0%)
2	0 (0%)	32 (74%)
3	0 (0%)	5 (12%)
4+	0 (0%)	6 (14%)
Treatment Duration (months)		
Median (Q1, Q3)	2.0 (1.2, 3.7)	1.8 (0.79, 3.5)
Mean (SD)	2.5 (1.9)	2.1 (1.6)

Table 2: Pola-BR Clinical Outcomes

	2L (N=36)	3L+ (N=43)
Median follow-up (months)[1]	12 (8.8, —)	17 (16, —)
Cellular Therapy		
CAR-T use (%) post Pola-BR	10 (28%)	10 (23%)
Clinical Outcomes		
Complete response (%)[2]	9 (26%)	7 (17%)
Overall response rate (%)[2]	22 (61%)	25 (58%)
Median PFS (months)	3.8 (2.2, 7.3)	3.7 (2.7, 5.3)
Median OS estimate (months)	12 (7.3, —)	7.1 (5.8, 11)
Median OS estimate (months) – censoring on CAR-T	7.6 (5.5, —)	6.7 (4.1, 13)

– Estimate not reached
[1]Reverse Kaplan-Meier estimator[3]
[2]ORR and CR were evaluated among patients who had any response in the data; 5% were excluded due to lack of response data

Figure 2: Overall Survival Among Pola-BR Patients



RESULTS: TAFA-LEN

- Of the 34 patients treated with Tafa-Len, 35% received Tafa-Len in 2L and 65% in the 3L+ setting.
- Among 2L Tafa-Len patients, mean age was 78 years, 42% were male, and 0% had high grade lymphoma compared to 70 years, 59%, and 18% in 3L+. Of patients treated in 3L+, 50% were in 3L, 23% in 4L, and 27% in 5L+. Median treatment duration was 3.3 months in 2L and 1.3 months in 3L+ (**Table 3**).
- Within a median follow-up of 7.1 months for 2L and 14 months for 3L+, a complete response was observed in 17% of 2L and 9.5% of 3L+ patients with an overall response rate of 58% in 2L and 27% in 3L (**Table 4**).
- Median PFS was 4.9 months in 2L and 1.9 months in 3L+. Median OS was 13 months in 2L and 6.0 months in 3L+ **(Figure 3).** No patients received CAR T-cell therapy in a subsequent line of therapy.

Table 3: Tafa-Len Patient Characteristics and Treatment Duration

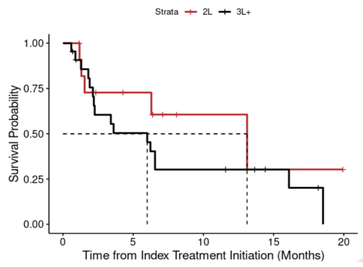
	2L (N=12)	3L+ (N=22)
Baseline Characteristics		
Age		
Median (Q1, Q3)	83 (75, 87)	68 (61, 80)
Mean (SD)	78 (12)	70 (12)
Gender, Male (%)	5 (42%)	13 (59%)
High-grade (%)	0 (0%)	4 (18%)
Prior Lines of Therapy		
1	12 (100%)	0 (0%)
2	0 (0%)	11 (50%)
3	0 (0%)	5 (23%)
4+	0 (0%)	6 (27%)
Treatment Duration (months)		
Median (Q1, Q3)	3.3 (3.2, 3.7)	1.3 (0.69, 2.3)
Mean (SD)	2.8 (1.5)	2.5 (2.9)

Table 4: Tafa-Len Clinical Outcomes

	2L (N=12)	3L+ (N=22)
Median follow-up (months)[1]	7.1 (4.3, —)	14 (14, —)
Clinical Outcomes		
Complete response (%)[2]	2 (17%)	2 (9.5%)
Overall response rate (%)[2]	7 (58%)	6 (27%)
Median PFS (months)	4.9 (2.0, —)	1.9 (1.5, 6.2)
Median OS estimate (months)	13 (6.3, —)	6.0 (2.2, —)

– Estimate not reached
[1]Reverse Kaplan-Meier estimator[3]
[2]ORR and CR were evaluated among patients who had any response in the data; 3% were excluded due to lack of response data

Figure 3: Overall Survival Among Tafa-Len Patients



CONCLUSIONS

- This real-world analysis showed a trend of worse outcomes associated with Pola-BR and Tafa-Len in 3L+ compared with 2L in patients with r/r DLBCL. In 3L+ setting, the CR, median PFS, and median OS were 17%, 3.7 months, and 7.1 months (6.7 months when censoring at CAR-T) for Pola-BR; and 9.5%, 1.9 months, and 6.0 months for Tafa-Len.
- Though real-world evidence (RWE) is not directly comparable with trial data due to differences in patient profiles, RWE provides an important reference of expected outcomes in real practice, supplemental to trial data.
- This analysis is limited by small sample size. Future study is needed to confirm the findings with a larger sample size and longer follow-up.

REFERENCES

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CONTACT INFORMATION

Laura Liao
Laura.liao@adctherapeutics.com