

20TH

**INTERNATIONAL
ULTMANN
CHICAGO
LYMPHOMA
SYMPOSIUM**

APRIL 21-22, 2023

**Newly Diagnosed
Diffuse Large B-cell
Lymphoma: Case-
Based Discussion**



Presented by:
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Disclosures:

- Tara McCabe, NP-BC, MSN, AOCNP

I am an educational consultant for Seagen, Inc.

Rebecca Rosenbloom, RN, BSN

No relevant financial relationships to disclose

Case Presentation 1

- 46 year old male (dentist) without comorbid illnesses
- Presentation with painless groin adenopathy and fatigue, no B sxs
- Imaging revealed diffuse adenopathy, bone disease, and liver mass (stage IVAE)
- PET scan revealed homogenously and highly FDG avid disease
- LDH elevated
- Biopsy revealed non-germinal center DLBCL
CD20+ CD10- MUM1+, FISH neg for *myc* translocation (w/ *myc* amplifications)

How should such a patient be treated?

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- 46 year old man (dentist) without comorbid illnesses
- Presentation with painless groin adenopathy and fatigue (ECOG PS 1)
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Pola-R-CHP started: grade 2 nausea (oral intake limited w/o weight loss) with cycle 1 & 2 and neuropathy with cycle 3 (difficulty fine motor function)

Case Presentation 1: Neuropathy assessment/management?

Adverse event	Grade				
	1	2	3	4	5
Peripheral motor neuropathy	Asymptomatic, clinical or diagnostic observations only, intervention not indicated	Moderate symptoms, limiting instrumental ADL	Severe symptoms, limiting self-care ADL, assistive device indicated	Life-threatening consequences, urgent intervention indicated	Death
Peripheral sensory neuropathy	Asymptomatic, loss of deep tendon reflexes or paresthesia	Moderate symptoms, limiting instrumental ADL	Severe symptoms, limiting self-care ADL	Life-threatening consequences, urgent intervention indicated	Death
Neuralgia	Mild pain	Moderate pain, limiting instrumental ADL	Severe pain, limiting self-care ADL	–	–

Note: Data from National Cancer Institute.⁷

Abbreviations: NCI-CTC, National Cancer Institute – Common Toxicity Criteria; ADL, activities of daily living.

Activities of Daily Living (ADL)

*Instrumental ADL refer to preparing meals, shopping for groceries or clothes, using the telephone, managing money, etc.

**Self care ADL refer to bathing, dressing and undressing, feeding self, using the toilet, taking medications, and not bedridden.

Case Presentation 1: Dose Reductions

Table 5 Steps of Dose Reduction for Blinded Polatuzumab Vedotin/Placebo and Blinded Vincristine/Placebo

Dose Level	Blinded Polatuzumab Vedotin or Placebo ^a	Blinded Vincristine or Placebo ^a
Starting dose	1.8 mg/kg per cycle	100% of starting dose per cycle
First dose reduction	1.4 mg/kg per cycle	75% of starting dose per cycle
Second dose reduction	1.0 mg/kg per cycle	50% of starting dose per cycle
Third dose reduction	Discontinue drug	Discontinue drug

^a Placebo contains no active medicinal product but due to the blinded nature of the study, dosing of placebo will be modified per protocol guidelines.

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Pola-R-CHP: metabolic CR s/p cycle 3 and completed 6 cycles; back to work 2 months later!

Case Presentation 2

74 year old female with multiple comorbid illnesses (HTN, diabetes, GERD, COPD, bronchiectasis, and alpha-gal syndrome)

Presentation with bulky abdominal mass (>14 cm) with pain, early satiety, and 15 pound weight loss

Imaging revealed diffuse adenopathy, bilateral renal masses (stage IIIBX)

Biopsy revealed germinal center DLBCL

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What is alpha-gal syndrome?

- Alpha-gal syndrome (AGS) (also called red meat allergy or tick bite meat allergy) is a serious, potentially life-threatening allergic reaction
- Growing evidence suggests that AGS is triggered by the bite of a tick
 - due to specific IgE antibody to oligosaccharide galactose- α -1,3-galactose (alpha-gal)
- AGS symptoms occur after people eat red meat or are exposed to other products containing alpha-gal
 - Alpha-gal can be found in meat (pork, beef, rabbit, lamb, venison, etc) and products made from mammals (including gelatin [most capsules], cow's milk, and milk products)
- AGS is diagnosed through history, physical examination, and a blood test for specific antibodies to alpha-gal
 - AGS reactions typically occur 3-8 hours after eating
- Case reports of severe allergic reactions w/ (cetuximab and infliximab)
 - Cetuximab glycosylated with alpha-gal in mouse-derived cell line; rituximab produced in Chinese hamster ovary (CHO) cells with rare glycosylation

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Prednisone pre-phase given w/ improvement in oral intake and decreased pain (elevated blood sugars)

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CHOP and Rituximab given on separate days and rituximab over 2 days; acutely tolerated well (no allergic reaction); severe pancytopenia and neutropenic fever/pneumonia