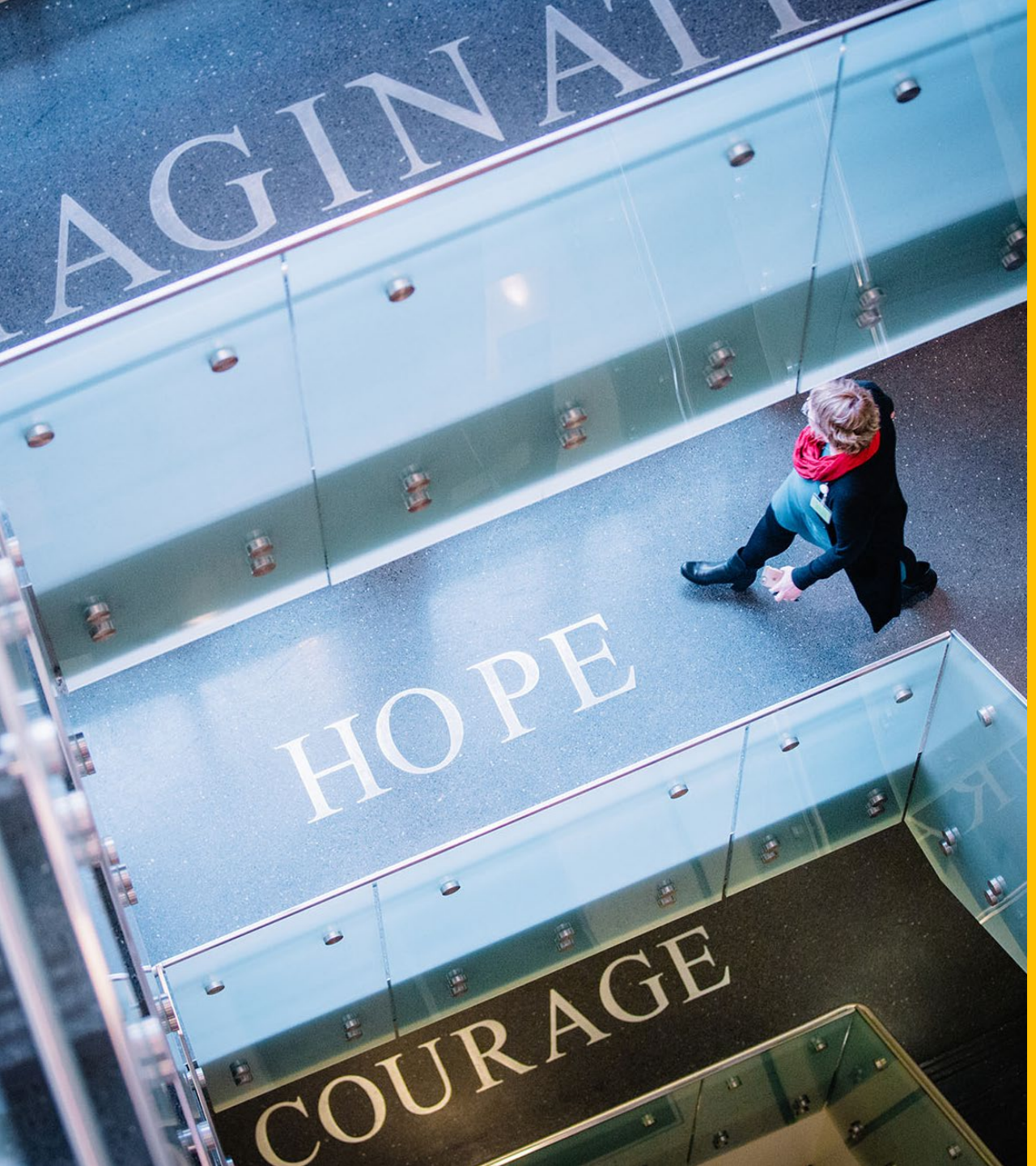


Patient-Based Panel Discussion Lymphoma

All Speakers: Drs. Romancik, Allen, O'Brien, Koff, & Armitage

Case presented by Emory University Heme-Onc fellow: Sarah J. Wood, MD

July 20th, 2023

EMORY WINSHIP CANCER INSTITUTE
National Cancer Institute Designated Comprehensive Cancer Center

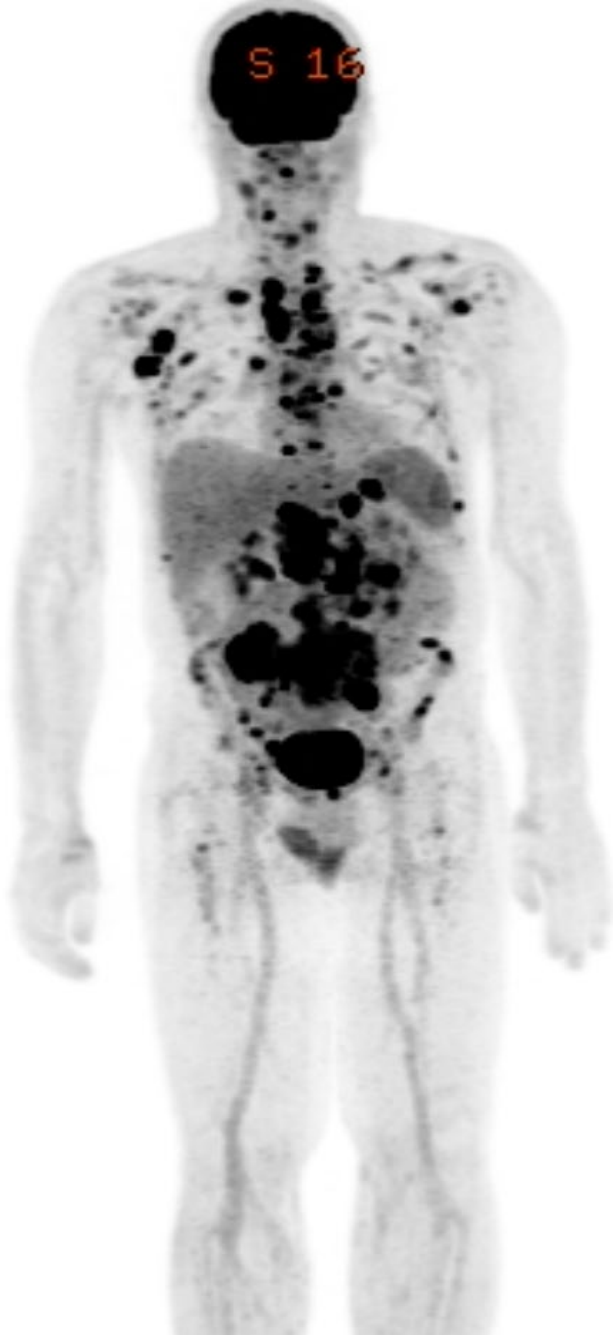
NCI Designated Comprehensive Cancer Center

Case Presentation

- Mr. JD is a 58 yo M w/ PMHx of well-controlled HIV (dx 1990s, VL UD, on ART) who underwent umbilical hernia surgery in May 2021.
- Intra-operatively, he was found to have findings concerning for an abdominal mass.
- Following this, he was referred for CT scan of abdomen and pelvis, which showed a large retroperitoneal mass measuring 7.3 x 6.1 cm w/ associated RP adenopathy (measuring 3.8 x 2.5 cm). In addition, there was a large mesenteric mass measuring 14.7 x 4.5 cm.
- Findings were concerning for an underlying lymphoma. He was referred to oncology for further evaluation where PET-CT and CT guided bx were ordered.

PET-CT

- In the chest, multiple mediastinal, hilar and axillary lymph nodes measuring up to 1.9 cm w/ SUV max 13.5. Small focus of uptake in posterior left pleura.
- In the abdomen & pelvis, multiple RP, porta hepatic, and mesenteric nodal conglomerations, measuring up to 4.3 x 2.2 cm w/ SUV max 23.6.
- In the osseous structures, multiple focal areas of uptake within the axial and appendicular.
- Overall findings concerning for diffuse lymphoma involving nodal groups above and below the diaphragm as well as extra nodal involvement.



Case Presentation

RP LN Biopsy 7/2021

- Focal aggregates of Large B Cells, consistent with B-Cell Lymphoma with a non-germinal center phenotype
- FISH positive for gain of MYC in 64% of cells & positive for t(14;18) in 16% of cells
- Fish negative for BCL6 translocation and MYC translocation

CSF fluid negative for involvement

Diagnosis: Stage IV HIV-associated DLBCL w/ diffuse nodal and osseous involvement

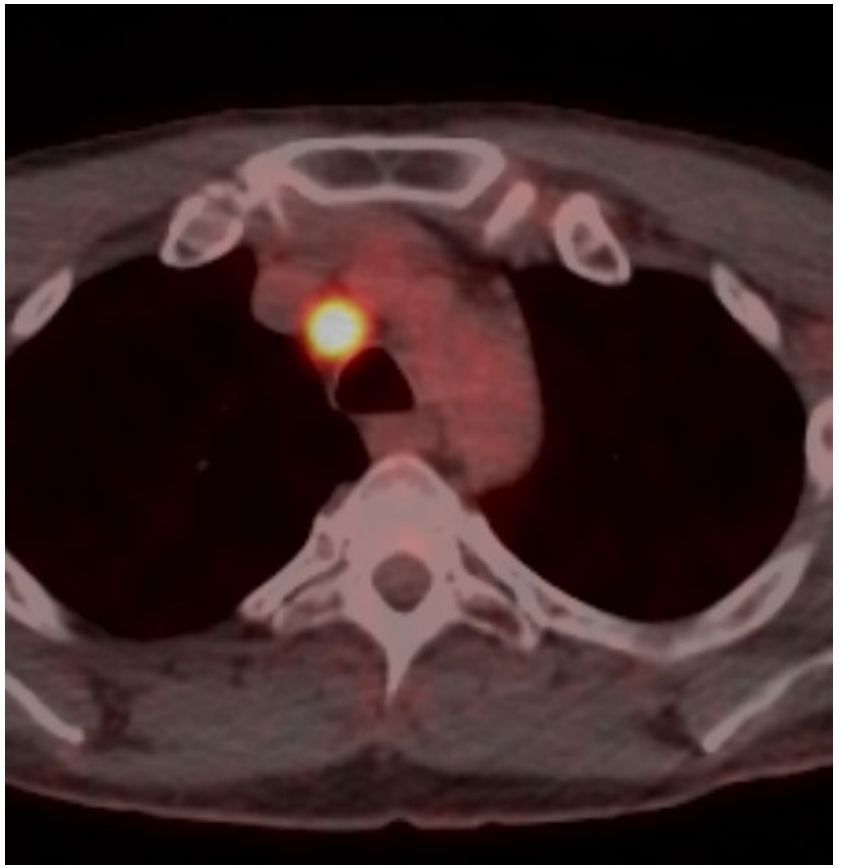
Case Presentation

- Given HIV-association, he was begun on dose-adjusted R-EPOCH.
- PET-CT after 4 cycles demonstrated significant partial response, with reduction in size, number and FDG avid lymph node conglomerates / soft tissue mass. Deauville score of 5.
- Completed 6 cycles of DA R-EPOCH 11/2021. Post treatment PET with interval resolution of previously described left level 4 and right level 5 nodes. Improved size and number of mesenteric nodes. Stable appearance of the RP mass. Deauville score = 3.
- Close-interval 3-month PET-CT (March 2022) with ongoing decreasing size & metabolic activity of LNs with no new or worrisome findings.

Relapse

- FDG PET/CT in October 2022 concerning for progression:
  - Increased size and FDG avidity of mediastinal and mesenteric lymphadenopathy
  - New FDG avid lymph nodes and new focal FDG uptake within the left iliac bone and left inferior pubic ramus
  - Findings have progressed since the prior study and are compatible with recurrence of patient's known diffuse large B-cell lymphoma per FDG PET/CT imaging

- Underwent bronch by IP where biopsy of paratracheal node confirmed **DLBCL relapse**



New FDG-avid paratracheal LN, 1.6 x 1.3 cm, SUV 14.5

Case Presentation

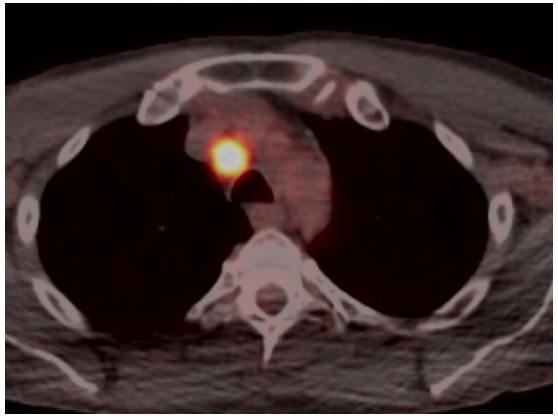
- Given early relapsing disease (<1 year), which is a known association with more aggressive disease biology, it was decided to proceed with CART (rather than auto transplant).

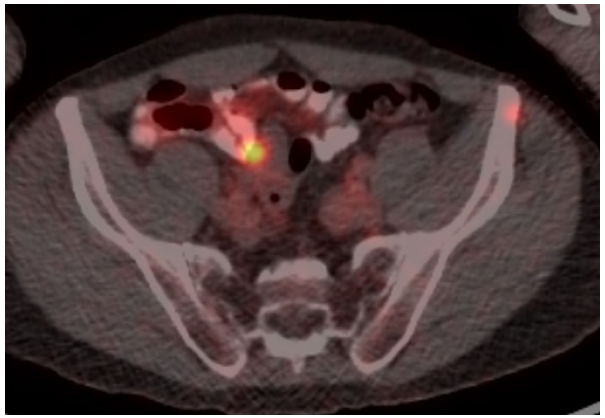
- He received bridging therapy with Gemcitabine, followed lymphodepleting (LD) chemotherapy, followed by admission with axicabtagene ciloleucel CAR-T infusion 12/27/22. Tolerated well with no significant adverse effect.

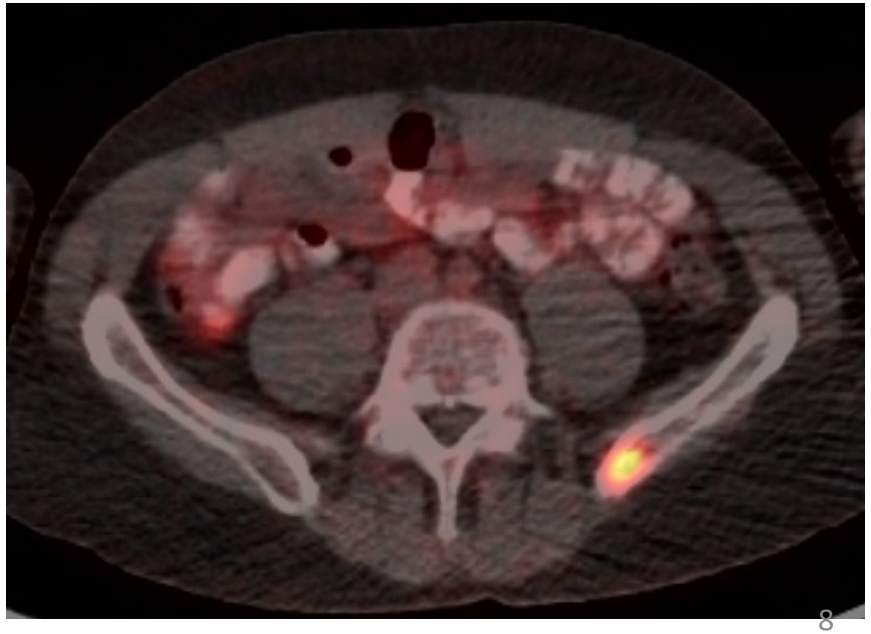
2nd Relapse

- PET-CT 3/2023 (3-month post CAR-T)
  - Progression of disease demonstrated by interval increase in size and metabolic activity of a paratracheal lymph node.
  - Interval increase in uptake of previously noted left iliac bone lesions and new metabolically active osseous lesions.
  - Deauville Score: 5

- Biopsy again confirmed relapsed disease







Case Presentation

- After failed CAR-T, pt was referred to Dr. Romancik for allogeneic transplant consideration.

- Treatment options at this juncture included allo-transplant versus salvage therapy with chemo or novel bispecific T-cell engager (BiTE) Epcoritamab.

- Of note, if pursued allo-transplant, would search for CCR5delta32 positive donors given HIV (potentially curative of HIV).

Conclusion

- He decided to pursue allogeneic transplant and is in the process of donor search & insurance approval.

- In the interim, given aggressive disease and active symptoms, initiated treatment with novel bispecific T-cell engager (BiTE) with Cycle 1, Day 1 on 6/20/2023.

- Current plan is for close-interval PET, with next steps to be determined thereafter: continuing BiTE versus pursuing allogeneic transplant.

Panel Discussion, Q&A

- At time of first relapse, Mr. JD was roughly 11 months s/p da-R EPOCH completion. Can you describe your approach when determining between auto-SCT and CAR-T in first relapse?

- CAR-T was pursued, but there is very little data on CAR-T in HIV patients, as they were excluded from the original trials. What is your experience in CAR-T with this patient population?

- In this case, should he demonstrate a response to BiTE on interval PET, would you continue this, or move to allogeneic transplant so as not to miss the window of opportunity?

Thank you