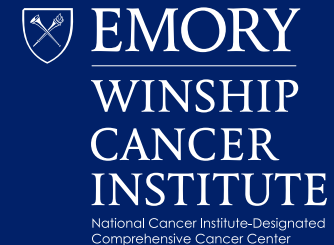




Where Science Becomes Hope

PATIENT-BASED PANEL DISCUSSION LYMPHOMA

- All Speakers: Drs. Armitage, Romancik, O'Brien, Chang, Koff, Lechowicz, Lopez, and Allen.
 - Case presented by Emory University Hematology-Oncology fellow: Rahul K Nayak, MD
- July 26th, 2024



CLINICAL COURSE

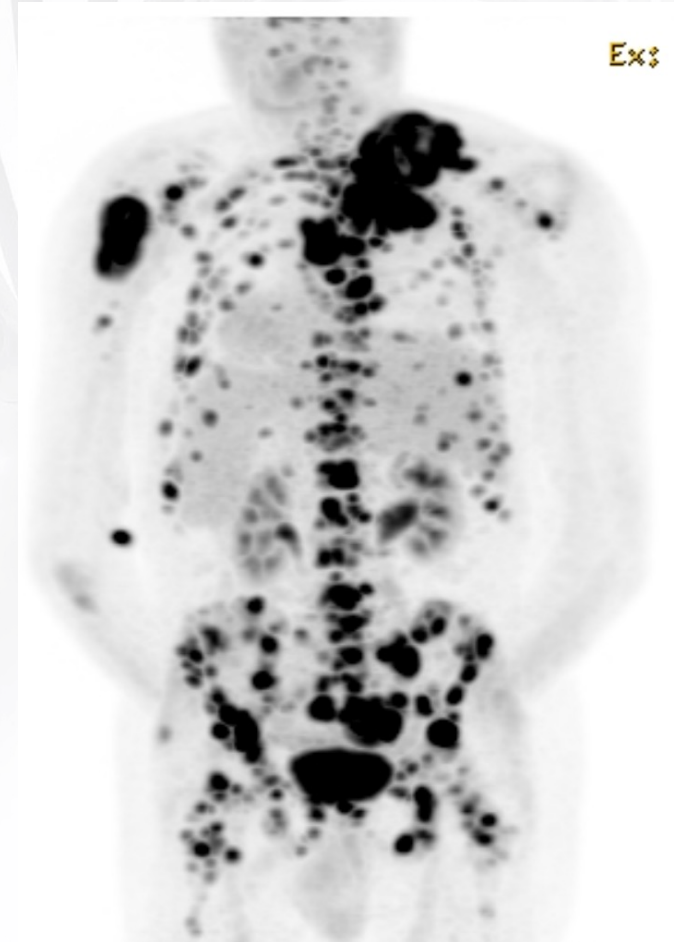
- **79M with HTN, HLD, BPH, GERD and who presented 10 years ago (~2014) with progressive lymphadenopathy with biopsy demonstrating DLBCL. At that time, he completed R-CHOP x6 cycles as well as IT chemotherapy with CR.**
- **Mar 2022: Presented with intermittent back pain and had PET scan which showed diffuse lymphadenopathy. CT guided biopsy demonstrated follicular lymphoma grade 1-2. He was initially observed.**
- **Aug 2023: Evidence of progressive disease with spleen, liver, and osseous involvement along with pleural effusion. He underwent bone biopsy which demonstrated large B-cell lymphoma with MYC rearrangement.**
- **Oct 2023: Received bridging Rituximab + Polatuzumab Vedotin.**
- **Dec 2023: Underwent CAR-T with Lisocabtagene maraleucel.**

PANEL DISCUSSION

- **Discuss your considerations for when and what to offer as bridging therapy (systemic therapy, radiation, etc) prior to CAR-T cell therapy.**

CLINICAL COURSE

- **Day 60 PET-CT showed significant improvement, but with focal uptake on R clavicle. Underwent 45 Gy radiation to R clavicle.**
- **He is now presenting with a painful supraclavicular mass. PET scan shows R supraclavicular LN conglomerate along with innumerable FDG avid osseous lesions, hepatic lesions, pancreatic lesions.**
- **Repeat biopsy: “extensive necrosis and focal cluster of atypical large degenerating cells strongly express CD20 immunostain.”**
- **1 cycle of R-GDP was given for rapidly progressive disease.**



PANEL DISCUSSION

- 1. This patient presented with aggressive relapse disease soon after CAR-T cell therapy what are your considerations for next line of therapy in this circumstance? What if the patient were an allo-SCT candidate?**
- 2. If the biopsy had reported CD19 expression (or loss of expression) status after CAR-T cell therapy would this have affected your choice of therapy? Why or why not?**
- 3. Is there a role for novel chemoimmunotherapy combinations for patients like this such as epcortimab + gemcitabine/oxaliplatin (EPCORE NHL-2), mosunetuzumab + polatuzumab vedotin, or the use of a BTK inhibitor?**