



# Where Science Becomes Hope

## PATIENT-BASED PANEL DISCUSSION LYMPHOMA

**All Speakers:** Drs. Armitage, Cohen, O'Brien, Chang, Koff, Lechowicz, Langston, and Allen.

**Case presented by Emory University Fellow:**  
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**EMORY**  
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**CANCER**  
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National Cancer Institute-Designated  
Comprehensive Cancer Center

**NCI**

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## CASE SUMMARY

62YOF with no significant PMH was in her normal state of health, had routine CBC in 2015 showed leuko/lymphocytosis with WBC of 11K (ALC 9.52K).

### Peripheral blood

Flow Cytometry: Pop of B cells + CD5, CD19, CD20, CD22, CD45, HLA-DR, kappa Ig light chain, and cyclin D1.

FISH: t(11;14) and subclone (30%) with del(17p) .

### Bone Marrow Biopsy Results:

IHC: Population of B cells + for CD5, CD19, CD20, CD22, CD45, HLA-DR, kappa Ig light chain, and cyclin D1. 30-40% BM involvement.

FISH: + t(11;14) and t(5;13); del(17) in 15.5%.

KARYOTYPE: 46,XX,t(5;13)(q35;q12),t(11;14)(q13;q32)[3]/46,XX[16]

**PET 6/19/15**: Showed only asymmetric uptake in R pharyngeal tonsil favored to be physiologic; otherwise, no FDG uptake.

**Diagnosis**: Leukemic, non-nodal mantle cell lymphoma with del(17p). Patient asymptomatic with ECOG 1

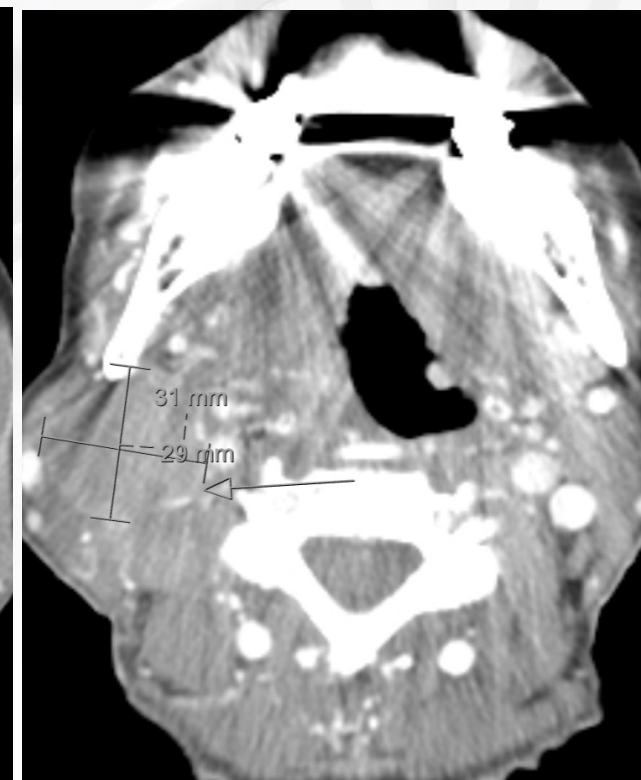
## PANEL DISCUSSION

1. How would you manage patient at this time?
2. Any indication for treatment?



## CLINICAL COURSE

- Given indolent disease, patient was managed with watchful waiting from 2015 to 2023
- ALC rose from 24.5K → 83.3K (2019-2022)
- PB FISH TP53 deletion in 90% cells (6/2022)
- BM biopsy (9/2022): Hypercellular (80%) with 90% involvement by MCL. FISH + t(11;14) and del(17p) in 83%.
- In 11/2023, developed rapidly enlarging R cervical LN with sx of discomfort, dysphagia, dysphonia, and acute rise in lymphocytosis consistent with rapidly progressive disease.
- **Labs 11/23:** WBC 147K (ALC 120k), Plt 180k, Hb 12, LDH 460, UA 3
- CT NCAP obtained on 12/3/23
- **Patient 70 YO with ECOG 1**



## PANEL DISCUSSION

1. What are the indications for treatment?
2. Would you consider obtaining tissue biopsy prior to treatment?
3. What regimen would you consider starting patient on at this time?
4. Does TP53 deletion impact treatment choice? If so, how?

## CLINICAL COURSE

- Started on **pre-phase with CyDex** 12/3 -12/6/23.
- Started DHAP C1D1 12/7/23 as part of **alternating R-DHAP/RCHOP** which is an adaptation of the transplant free arm of the TRIANGLE study.
- **Rituximab** delayed till 12/11/23 to minimize risk of infusion reaction in the setting of severe lymphocytosis
- Completed 4 cycles of chemotherapy 2/28/24
- PET after chemo 3/13/24 showed no LAD, no abnormal. Deauville score = X (due to diffused BM uptake likely from GCSF).
- BM biopsy 3/13/24 showed <1% involvement by MCL, detectable only by flow cytometry.

### Maintenance:

- Initiated maintenance with R-Zanubrutinib 4/10/2024 (plan for 2 years)
- HELD Zanu from 10/2/24 to 10/31/24 d/t G2-3 arthralgias
- DOSE-REDUCED Zanubrutinib to 80 mg BID 10/31/24, currently tolerating regimen

## PANEL DISCUSSION

1. what is the role of maintenance therapy?
2. what is/are the preferred agent(s)?
3. would you add BTKi to R-CHOP?
4. Does more recent data from ECHO and SHINE change your practice for frontline treatment?