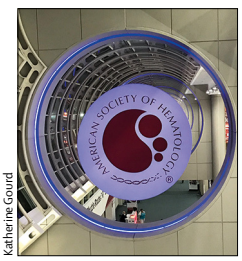
2018 American Society of Hematology Annual Meeting



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The 60th annual meeting of the American Society of Hematology was held in San Diego, CA, USA, on Dec 1–4, 2018

Elotuzumab in MM

Elotuzumab, lenalidomide, and dexamethasone in patients with high-risk smouldering multiple myeloma (MM) can prevent progression to symptomatic disease, according to phase 2 trial results presented by Irene Ghobrial (Dana-Farber Cancer Institute, Boston, MA, USA). 50 patients were given the combination, followed by mobilisation with cyclophosphamide or plerixafor and stem-cell collection for future transplant, and maintenance elotuzumab and lenalidomide. At a median follow-up of 29 months, 41 (84%) of 49 evaluable patients had an overall response. 2-year progression-free survival (primary endpoint) is still being assessed. The most common grade 3 or worse adverse events were hypophosphataemia (34%), neutropenia (26%), and decreased lymphocyte count (22%).

iFCG in CLL

Phase 2 trial results show that ibrutinib plus fludarabine, cyclophosphamide, and obinutuzumab (iFCG) has promising activity in previously untreated patients with chronic lymphocytic leukaemia (CLL). Nitin Jain (The University of Texas MD Anderson Cancer Center, Houston, TX, USA) and colleagues enrolled 43 patients with *IGHV*-mutated CLL and administered three courses of iFCG. The primary endpoint was complete remission or complete remission with undetectable minimal residual disease (U-MRD) in the bone marrow. At 3 months, 17 (40%) of 42 evaluable patients had achieved the primary endpoint, and all 42 had an overall response. At 12 months, all 28 patients still in the trial had U-MRD status; all 28 patients maintain U-MRD at a median follow-up of 10·1 months after stopping treatment.

Rigosertib and azacitidine for MDS

Combined rigosertib and azacitidine yields encouraging results in higher-risk myelodysplastic syndrome (MDS), according to results from the expansion cohort of a phase 1–2 trial. Shyamala Navada (Icahn School of Medicine at Mount Sinai, New York, NY, USA) and colleagues enrolled 55 patients with higher-risk MDS or non-proliferative acute myeloid leukaemia who were either hypomethylating agent (HMA) treatment-naive or had relapsed or refractory disease after HMA therapy. Patients received one of two doses of daily oral rigosertib (1120 mg [n=29] or 840 mg [n=26]), combined with standard-dose parenteral azacytidine. 40 patients had an overall response: 26 (90%) of 29 HMA-naive patients, and 14 (54%) of 26 refractory or relapsed patients. In the safety population, 33 (45%) of 74 patients had haematuria.

Loncastuximab tesirine for DLBCL

Loncastuximab tesirine, a new antibody-drug conjugate, shows acceptable safety and promising activity in diffuse large B-cell lymphoma (DLBCL), according to interim results from a phase 1 trial. John Radford (University of Manchester and The Christie NHS Foundation Trust, Manchester, UK) and colleagues enrolled 137 adults with relapsed or refractory DLBCL and gave them intravenous doses of the new agent (from 15 to 200 µg/kg) in the dose-escalation study. Grade 3 or worse treatment-emergent adverse events (mostly haematological) were reported in 100 (73%) of 137 patients, but were generally manageable. At doses of 120 µg/kg or higher, 55 (43%) of 127 evaluable patients had an overall response; median duration of response has not been reached at 5·5 months' median follow-up.

Ibrutinib in older CLL patients

Jennifer Woyach (The Ohio State University, Columbus, OH, USA) presented a phase 3 randomised controlled trial comparing standard bendamustine and rituximab chemoimmunotherapy, ibrutinib monotherapy, and ibrutinib and rituximab in older adults with chronic lymphocytic leukaemia (CLL). 547 patients (aged ≥65 years) with previously untreated, symptomatic CLL were enrolled and randomly assigned (1:1:1) to the three treatment groups. In 525 evaluable patients, at a median follow-up of 32 months, median progression-free survival was 41 months in the bendamustine and rituximab group, but was not reached in the ibrutinib group (hazard ratio [HR] 0·4) or the ibrutinib and rituximab group (HR 0·41). PFS outcomes were similar in both ibrutinib-based groups (HR 1·01). Adverse events were similar across the three groups, but grade 3 or worse haematological adverse events were more common in the bendamustine and rituximab group than in the other two groups.

Tagraxofusp in BPDCN

Naveen Pemmaraju (The University of Texas MD Anderson Cancer Centre, Houston, TX, USA) presented the results of a phase 2 trial of tagraxofusp in adults with blastic plasmacytoid dendritic cell neoplasm (BPDCN). Patients with previously untreated or relapsed/refractory BPDCN were treated with escalating doses of intravenous tagraxofusp. The established recommended dose was 12 µg/kg. 45 patients were enrolled (32 in the dose-finding and expansion cohorts, and 13 in a confirmatory stage). 35 (83%) of all 42 evaluable patients achieved an overall response. In the confirmatory stage, ten (77%) of 13 previously untreated patients achieved an overall response. The most common treatment-related adverse events were transaminitis, hypoalbuminaemia, and thrombocytopenia.

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