

Duvelisib in indolent non-Hodgkin lymphoma

Treatment with duvelisib shows encouraging activity with manageable toxicity for patients with refractory, indolent non-Hodgkin lymphoma, according to a recent clinical trial.

In the open-label, single-arm, phase 2, DYNAMO trial, Ian Flinn (Sarah Cannon Research Institute, Nashville, TN, USA) and colleagues assessed the safety and activity of monotherapy with duvelisib, a phosphatidylinositol 3-kinase inhibitor, in patients with indolent non-Hodgkin lymphoma who were refractory to rituximab (either as monotherapy or in combination) and to chemotherapy or radioimmunotherapy. 129 patients who received a median of three previous lines of therapy were treated with oral duvelisib (25 mg twice daily in

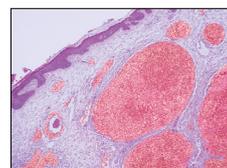
28-day cycles) until disease progression, unacceptable toxicity, or death. The primary endpoint of the study was the proportion of patients who achieved an objective response assessed by an independent review committee. Median follow-up was 32.1 months. 61 (47%) of 129 patients achieved an objective response (95% CI 38.4–56.3), of whom 19 (68%) of 28 patients had small lymphocytic lymphoma, 35 (42%) of 83 patients had follicular lymphoma, and seven (38%) of 18 patients had marginal zone B-cell lymphoma.

The most common treatment-emergent adverse events of all grades included diarrhoea (63 [49%] of 129 patients), nausea (38 [29%]), neutropenia (37 [29%]), and fatigue (36 [28%]); the most common

adverse events of grade 3 or worse were neutropenia (32 [25%]), anaemia (19 [15%]), and diarrhoea (19 [15%]).

“We now [have] an important addition to our choice of therapies for this very difficult to treat patient population,” Flinn said. However, Leo Gordon (Feinberg School of Medicine, Northwestern University, Chicago, IL, USA) shows more caution. “Overall, this is a modest step forward in the management of low-grade lymphomas and it is clear that while this may offer an option for some patients, much work remains to be done if we are to improve the outcome for this group of patients with refractory, low-grade lymphoma”, he said.

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Published Online
February 21, 2019
[http://dx.doi.org/10.1016/S1470-2045\(19\)30101-9](http://dx.doi.org/10.1016/S1470-2045(19)30101-9)

For more on the study by Flinn and colleagues see *Proc Am Soc Clin Oncol* 2019; published online February 11. DOI:10.1200/JCO.18.00915