New treatment option for relapsed or refractory DLBCL

Polatuzumab vedotin—an antibody–drug conjugate that targets CD79b, a B-cell receptor component—could be an effective treatment for relapsed or refractory diffuse large B-cell lymphoma.

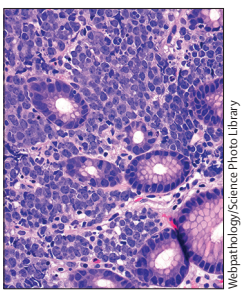
In phase 2 of a multicentre, open-label, phase 1b–2 trial, Laurie Sehn (University of British Columbia, Vancouver, BC, Canada) and colleagues randomly assigned 80 patients with transplantation-ineligible relapsed or refractory diffuse large B-cell lymphoma to polatuzumab vedotin combined with bendamustine and rituximab (n=40) or bendamustine and rituximab alone (n=40). The primary endpoint was independent review committee-assessed complete response. Secondary endpoints included progression-free survival and overall survival.

A significantly higher proportion of patients achieved a complete response with polatuzumab vedotin, bendamustine, and rituximab (16 [40%] of 40) than with bendamustine and rituximab alone (7 [17·5%] of 40; p=0·026). Progression-free survival was also significantly longer in the polatuzumab vedotin group (9·5 months [95% CI 6·2–13·9] *vs* 3·7 months [2·1–4·5]; hazard ratio [HR] 0·36 [95% CI 0·21–0·63]; p<0·001) as was overall survival (12·4 [95% CI 9·0–not estimable] *vs* 4·7 months [3·7–8·3]; HR 0·42 [95% CI 0·24–0·75]; p=0·002). Grade 3–4 adverse events that were more frequent in patients who received polatuzumab vedotin than in those who did not included neutropenia (18 [46·2%] of 39 *vs* 13 [33·3%] of 39) and anaemia (11 [28·2%] *vs* 7 [17·9%]).

"Patients with relapsed or refractory diffuse large B-cell lymphoma have limited treatment options", explained Sehn. "This randomised phase 2 trial demonstrates that the combination of polatuzumab with bendamustine and rituximab resulted in improved complete response rates, progression-free survival and overall survival, compared with bendamustine and rituximab alone. Importantly, a proportion of patients achieved durable control without need for further therapy."

Michael Crump (University of Toronto, Toronto, ON, Canada) commented: "The small sample size and phase 2 design, as well as the poor results reported with bendamustine and rituximab alone compared to previous reports suggests that further evaluation of this novel combination would be helpful."

Elizabeth Gourd



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For the **study by Sehn and colleagues** see *J Clin Oncol* 2019; published online Nov 6. DOI:10.1200/JCO.19.00172