



The 65th ASH Annual Meeting Abstracts

POSTER ABSTRACTS

905.OUTCOMES RESEARCH-LYMPHOID MALIGNANCIES

Primary CNS Lymphoma in Latin America: A Grupo De Estudio Latinoamericano De Linfoproliferativos (GELL) Survey in 80 Cancer Centers in Latin America

Guilherme Fleury Perini, MD¹, Henry Idrobo, MD², Carolina Oliver, MD³, Seisha Alana Von Glasenapp, MD⁴, Denisse Castro, MD⁵, Luis Mario Villela Martinez, MD⁶, Brady Beltran, MD⁷, German R. Stemmelin, MD⁸, Myrna Candelaria, MD⁹, Perla R. Colunga-Pedraza, MD¹⁰, Joaquin Diaz, MD¹¹, Laura Korin, MD¹², Juan Ospina Idarraga¹³, Humberto Martinez-Cordero, MD¹⁴, Carlos Chiattoni, MD PhD^{15,16}, Maria Almeida Dias, MD¹⁷, Rosio Baena, MD¹⁸, Sally Rose Paredes, MD¹⁹, Marialejandra Torres Viera, MD²⁰, Rosa Oliday Rios Jiménez²¹, Fabiola Valvert, MD²², Fernando Warley, MSc, MD²³, Sofia Gabriela Rivarola, MD²⁴, Luciana A Guanchiale, PhD²⁵, Sabrina Ranero Ferrari, MD²⁶, Patricio Hernan Pereyra, PhD²⁷, Juan José Bogado Colmán²⁸, Marcos Hernandez²⁹, Virginia Abello, MD³⁰, Arianna Robles Rodriguez³¹, Macarena Roa³², Virgilio ALBERTO Salinas, MD³³, Jose Marcial Macias Abasto³⁴, Virginia Lema Spinelli³⁵, Marcelo Bellesso, MD³⁶, Luis Enrique Malpica Castillo, MD³⁷, Jorge J. Castillo, MD³⁸

¹ Hospital Israelita Albert Einstein, São Paulo, Brazil

² Universidad del Valle del Cauca, Cali, COL

³ British Hospital, Montevideo, Uruguay

⁴ Departamento de Hematología, Hospital Central Instituto de Previsión Social, Asunción, Paraguay

⁵ Hospital Nacional Edgardo Rebagliati Martins, Lima, Peru

⁶ Hospital Fernando Ocaranza., Hermosillo, Mexico

⁷ Hospital Edgardo Rebagliati, Lima, Peru

⁸ Hospital Británico BS.AS, Buenos Aires, ARG

⁹ Clinical Research, Instituto Nacional de Cancerología, Mexico, Mexico

¹⁰ Servicio de Hematología, Hospital Universitario "Dr. Jose Eleuterio Gonzalez", Universidad Autónoma de Nuevo León, Monterrey, Mexico

¹¹ German Clinic, Santiago De Chile, Chile

¹² CABA- Alexander Fleming Institute, Olivos, Argentina

¹³ Los COBOS Medical Center, Bogota, COL

¹⁴ Instituto Nacional de Cancerología, Bogotá, Colombia

¹⁵ Samaritano Hospital, Sao Paulo, Brazil

¹⁶ Santa Casa Medical School, Sao Paolo, Brazil

¹⁷ Federal da Bahia Hospital, Salvador, Brazil

¹⁸ Caja Petrolera De Salud, Cochabamba, BOL

¹⁹ Hospital Nacional Edgardo Rebagliati Martins. Lima Peru, lima, Peru

²⁰ Unidad Linfomas, Instituto Hematología y Oncología Universidad Central Venezuela, Caracas, Venezuela (Bolivarian Republic of)

²¹ Hospital Clínico Quirúrgico Hermanos Amejeiras, La Habana, Cuba

²² ICAN, Ciudad DE Guatemala, Guatemala

²³ Italian Hospital, Buenos Aires, Argentina

²⁴ Hospital Británico de Buenos Aires, CABA, Argentina

²⁵ Cordoba- Hospital Universitario, Vicente Lopez, Argentina

²⁶ Hospital de Clinicas, Montevideo, Uruguay

²⁷ Hospital Nacional A. Posadas, Buenos Aires, Argentina

²⁸ Sociedad Paraguaya de Hematología, Assuncion, Paraguay

²⁹ Metropolitano del norte universidad de Carabobo, Caracas, VEN

³⁰ Fundación Centro de Tratamiento e Investigación sobre Cáncer (CTIC), Bogota D.C, Colombia

³¹ Hematology, Hospital General de Occidente, Cdmx, MEX

³² Hospital Del Salvador, Santiago de Chile, Chile, Buenos Aires, ARG

³³ Sociedad Peruana de Hematología, LIMA, Peru

³⁴ Clínica Los Olivos, Cochabamba, Bolivia (Plurinational State of)

³⁵ Cátedra De Hematología Hospital De Clinicas, Montevideo, Uruguay

³⁶ Hemomed. São Paulo - Brazil, Sao Paulo, Brazil

³⁷ Department of Lymphoma and Myeloma, University of Texas MD Anderson cancer Center, Pearland, TX

³⁸ Dana-Farber Cancer Institute, Bing Center for Waldenström Macroglobulinemia, Boston, MA

Introduction: Primary Central Nervous System Lymphoma (PCNSL) is a rare and aggressive subtype of lymphoma, representing 4-6% of extranodal lymphomas. Management of PCNSL involves a multidisciplinary approach which includes neurosurgery, ophthalmology, radiotherapy, autologous stem cell transplantation (ASCT) and the use of novel agents such as BTK-inhibitors, immunomodulatory agents and chimeric antigen receptor T-cell (CAR-T cell) therapy. These strategies can be costly and not readily available in developing countries. GELL, a multinational group for studying lymphoproliferative disorders, conducted a multicenter international survey to investigate the diagnosis, clinical staging and treatment patterns in Latin America (LATAM).

Methods: We conducted an on-line survey consisting of 22 questions regarding diagnostic and treatment patterns of PCNSL in LATAM. All invited centers agreed to participate and contributed for the development of the survey. No identifiable patient information was abstracted at any time during the survey. Questions were structured based on 3 pillars: (1) diagnostic approach, including available biopsy procedures, immunohistochemistry markers, ophthalmology evaluation, flow cytometry and molecular testing; (2) first line therapy, including preferred regimens used for both transplant eligible and ineligible patients, and availability of novel agents, and (3) consolidation therapies including ASCT and whole brain radiation therapy (WBRT)

Results: A total of 90 surveys were completed from 80 cancer centers in LATAM. Geographical distribution of the participating cancer centers are as followed: Argentina (n=11), Bolivia (n=2), Brazil (n=9), Chile (n=5), Colombia (n=17), Cuba (n=1), Ecuador (n=5), Mexico (n=10), Panama (n=1), Paraguay (n=4), Peru (n=5), Dominican Republic (n=1), Uruguay (n=5) and Venezuela (n=4). Most centers treat up to 5 new cases of PCNSL/year (84%), with only 3 centers treating more than 15 cases/year. Stereotaxic biopsy was the preferred diagnostic procedure in 78%, and complete resection was done in a minority of centers (3%). Cerebrospinal fluid studies were done in 82% and flow cytometry was available in 87% of the centers. Only 65% of centers had access to PET-CT at diagnosis. Interestingly, 80% of the physicians performed bone marrow biopsy at diagnosis, and ophthalmology evaluation was not available in 20% of the centers. Regarding IHC markers, EBV-LEMP was available in 55% and PDL-1 in only 38% of the centers. FISH for Myc/Bcl2 was performed in 32% and molecular testing in only 23% of the centers. The median time for treatment initiation was 0-10 days in 36%, 10-20 days in 37% and >30 days in 26% of the centers. Regarding first line therapy, MATRIX regimen was the preferred regimen for fit transplant eligible patients in 53% of the participants. However, thiotepa was not readily available as per 45% of the survey participants. Methotrexate (MTX) with Cytarabine was the preferred regimen for 36% of participants. Interestingly, serum monitoring of MTX was not available in 27% of the centers. ASCT was the preferred consolidation regimen for transplant eligible patients (78%), and the most used conditioning regimen was BEAM (49%), suggesting an impact of not availability of thiotepa in these centers. For transplant ineligible patients, MTR (27%), MATRIX (22%) and R-MVP (19%) were the preferred regimens, and 32% of survey participants considered WBRT as the preferred consolidation for these patients. Regarding relapsed/refractory (R/R) PCNSL, MTX-based salvage therapy was the preferred regimen in 38%, followed by cytarabine based in 23% and BTK-inhibitor based in 20% of the participants. CAR-T cell therapy was available in only 3 centers.

Conclusion: Management of PCNSL is highly variable in LATAM. Access to targeted agents and novel therapies such as CAR-T cell therapy is limited. Moreover, most centers lack basic diagnostic approaches such as serum MTX level monitoring and ophthalmology evaluation. Lack of access to thiotepa was a common issue encountered by most cancer centers in LATAM. The use of thiotepa-containing regimens has demonstrated improved survivals both as consolidation and in the R/R setting. Thus, the absence of such agent in LATAM carries a profound impact on PCNSL outcomes in this area of the world. A retrospective evaluation on PCNSL outcomes is planned by the GELL group to better investigate our results.

Disclosures Perini: Takeda: Consultancy, Speakers Bureau; Abbvie: Consultancy, Speakers Bureau; Janssen: Consultancy, Speakers Bureau; Merck: Membership on an entity's Board of Directors or advisory committees, Speakers Bureau; MSD: Consultancy, Speakers Bureau; Lilly: Consultancy, Speakers Bureau; Astra zeneca: Consultancy, Membership on an entity's Board of Directors or advisory committees, Speakers Bureau. **Villela Martinez:** roche: Speakers Bureau; astra zeneca: Speakers Bureau; Merck Sharp and Dome: Speakers Bureau; TEVA: Speakers Bureau; Sanofi: Speakers Bureau. **Chiattonne:** ROCHE, ABBVIE, JANSSEN, AZ, LYLLI, TAKEDA: Honoraria; ROCHE, ABBVIE, JANSSEN, AZ, LYLLI, TAKEDA: Consultancy. **Castillo:** Pharmacyclics: Consultancy, Research Funding; BeiGene: Consultancy, Research Funding; Cellectar: Consultancy, Research Funding; AstraZeneca: Consultancy, Research Funding; Mustang Bio: Consultancy; Kite: Consultancy; Loxo: Consultancy, Research Funding; Abbvie: Consultancy, Research Funding.

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