



The 65th ASH Annual Meeting Abstracts

POSTER ABSTRACTS

623.MANTLE CELL, FOLLICULAR, AND OTHER INDOLENT B CELL LYMPHOMAS: CLINICAL AND EPIDEMIOLOGICAL**A Retrospective Analysis on the Efficacy and Safety of Obinutuzumab in the Treatment of Non-Hodgkin B Cell Lymphoma**Yangzhi Zhao, MDPH¹, Wei Guo¹, Jia Li¹, Xingtong Wang, MD², Xin Wan, MD¹, Junna Li, MD³, Ou Bai, MDPH⁴¹Department of Hematology, The First Hospital of Jilin University, Changchun, China²Department of Hematology, The First Hospital of Jilin University, Changchun, China³Department of Hematology, The first hospital of Jilin University, Changchun, China⁴The First Hospital of Jilin University, Changchun, China

Background: Obinutuzumab was approved by China's Drug Administration in June 2021, and there have been few real-world reports about efficacy and safety.

Objective: Analysis the efficacy and safety of Obinutuzumab in the treatment of non-Hodgkin B cell lymphoma in our center.

Methods: We analysed the non-Hodgkin B cell lymphoma patients who received Obinutuzumab combined with chemotherapy or maintenance treatment during September 2021 and July 2023, median follow up 9 months(1-20), to evaluate efficacy and safety.

Results: In all 165 patients, male 88(53%), female 77(47%), median 56 (26-83) years. FL 80 (48%), MZL 22 (13%), CLL/SLL 13 (8%), DLBCL 42 (25%), others 8 (5%). Newly diagnosed patients 114 (69%), relapsed/refractory 51 (31%). 124 patients received Obinutuzumab combined therapy, and 42 (25%) patients received Obinutuzumab maintenance treatment. Median treatment 4 cycles(1-11). I/II 33 (20 %), III/IV 131 (79 %). Low-medium group 91(55%), medium-high group 74(45%). ORR 66.7%, CRR 40.6%. 3 patients died of progression of disease. 1 elder patient died of pneumonia. Further subgroup analysis revealed, ORR(78% vs 22%, $p<0.001$)and CRR(81% vs 19%, $p=0.02$)of newly diagnosed patients were better than relapsed/refractory patients. There was no difference in CRR among different stages patients(I/II vs III/IV, 24% vs 76%, $p=0.424$), ORR(58% vs 42%, $p=0.373$)and CRR (63% vs 37%, $p=0.481$)between low-medium and medium-high patients. The patients received more than 4 cycles treatment with better ORR and CRR. The intensive treatment of Obinutuzumab in first cycle could improve ORR (87% vs 13%, $p=0.036$),and decreased IgM ($p=0.0016$), but didn't not affect CRR (87% vs 13%, $p=0.343$), IgG ($p=0.13$) and IgA ($p=0.41$). Maintenance treatment decreased IgM ($p=0.00064$)but not for IgG or IgA. In treatment related side effects, any adverse events were 42(25%), more than grade III were 18(11%), tumor lysis syndrome 11 (7%), only one patient need blood purification treatment and recovered. Liver injury 8 (5%) . All the infusion-related response 23(14%)were grade I-II. Only 2 patients delayed treatment because of the side effects.

Conclusion: Obinutuzumab is safe and effective in the treatment of non-Hodgkin B cell lymphoma, even for the III/IV or medium-high group patients will have similar results with I/II or low-medium patients. Further follow-up is still needed to determine the long-time efficacy and safety.

Key words: retrospective analysis, Obinutuzumab, non-Hodgkin lymphoma.

Disclosures No relevant conflicts of interest to declare.

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