



The 65th ASH Annual Meeting Abstracts

ONLINE PUBLICATION ONLY**627.AGGRESSIVE LYMPHOMAS: CLINICAL AND EPIDEMIOLOGICAL****This Is a Title in Title Case: A Retrospective Study for 14 R/R DLBCL Patients**Jianzhen Shen¹, Xiaofan Li, MD PhD²¹Fujian medical University Union Hospital, Fuzhou, CHN²Department of Hematology, Fujian Institute of Hematology, Fujian Provincial Key Laboratory on Hematology, Fujian Medical University Union Hospital, Fuzhou, China

This study retrospectively analyzed 14 R/R DLBCL patients who received combined treatment of obutenib in Fujian Medical University Union Hospital from July 2021 to April 2023. Except for four patients using Orelabrutinib as post-second line treatment, all the other patients received 1 to 8 course Orelabrutinib as second line treatment. The combined chemotherapy regiments include R-EPOCH and R-DHAP. Among them, there were 8 males (57.1%) and 6 females (42.9%), with a median age of 56/57 (39-79) years. The median follow-up time was 11 (3-27) months. At the time of diagnosis, there were 12 cases (85.7%) in the Ann Arbor stage III-IV, 7 cases (50.0%) with an IPI score of 3-5, 6 cases (42.9%) with non GCB type, 8 cases (57.1%) with double expression, 2 cases (14.3%) with primary central nervous system lymphoma, and 6 cases (42.9%) with secondary central nervous system lymphoma. All patients had extranodal involvement, with 10 cases (71.4%) with ≥ 2 extranodal lesions and 8 cases (57.1%) with elevated LDH. At the end of treatment, the ORR and DCR were 42.9% and 28.6%, respectively, with a median PFS of 7 (95% CI: 4-12) months and a median OS not achieved. Among them, the ORR and DCR of central nervous system lymphoma were 75.0% and 50.0%, respectively, with a median PFS of 9.5 (95% CI: 6-22) months, and the median OS was not reached. Neutropenia (n=2, 14.3%) is the most common level 3/4 adverse event. No patient died due to adverse reactions. This study suggests that the combination of Orelabrutinib and chemotherapy has an excellent therapeutic effect in R/R DLBCL, especially in CNSL.

Disclosures No relevant conflicts of interest to declare.<https://doi.org/10.1182/blood-2023-188389>