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Blood 142 (2023) 6326–6328

The 65th ASH Annual Meeting Abstracts

ONLINE PUBLICATION ONLY

627.AGGRESSIVE LYMPHOMAS: CLINICAL AND EPIDEMIOLOGICAL

Complete Response As a Determinant of Survival in Plasmablastic Lymphoma Plasmablat- GELL001 Study

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Introduction
Plasmablastic lymphoma (LP) is a highly aggressive hematologic malignancy that has been recently described. Usually appears in immunocompromised patients, generally in the context of human immunodeficiency virus (HIV) coinfection, post-transplant status, or immunosenescence. To date, there is no standard care treatment in the first line, however, high-intensity regimens, generally EPOCH is the most described in the literature. We present the largest cohort of patients with Plasmablastic lymphoma published to date in the region, which includes patients diagnosed and treated in various medical centers in Latin America.
Methods
Data was collected from 11 medical centers throughout Latin America, including patients from Colombia, Argentina, Cuba, Ecuador, Mexico, and Paraguay. Data were recorded from a predetermined collection instrument, and unified in a single database.
Results
A total of 87 patients were diagnosed between 2008 and 2023. Twelve (n=12) were women (13.8%) and 75 men (86.2%), with an age between 18 and 76 years (median age 41 years). Most of the patients were under 50 years of age at debut (70.1%), and the majority were HIV positive (72.4%). Of the entire cohort, 82.8% presented advanced disease, only 16.1% presented

early disease. Extra-nodal involvement was observed in 76 patients (87.4%), being the most frequent sites of involvement the gastrointestinal tract (33 patients - 37.9%), followed by the bone marrow and oral cavity. Among the patients who received at least one dose of therapy, the IPI was available in 72.6%, being IPI 1 6.8%, IPI 2 19.2%, IPI 3 28.8%, IPI 4: 17.8%, missing data 27.4%. Regarding the first-line treatment, most patients received EPOCH n=61 (70%). After first-line treatment, 45.9% achieved a complete response, 9 patients (10.3%) achieved a partial response, 4 patients (4.6%) stable disease, and 29.9% of patients (n= 26) had refractory disease. It is important to mention that 14 patients died without starting treatment (16%), the majority due to complications related to lymphoma. Among the patients who started therapy, with a median follow-up of 15 months, progression-free survival was 34 months (1-108), and overall survival was not reached. Median overall survival was not reached in patients who achieved complete response and was only 11 months (7.9-14.1) in patients with partial response or less ($p<0.0001$). In the multivariate analysis, the only independent predictor of survival was reaching a complete response with a HR of 0.007 (0.1-0.345).

Conclusion

To the best of our knowledge, our series is the largest in the region where we found that the most important determinant of survival is the fact of achieving a complete response after first line of treatment.

Disclosures Martinez-Cordero: *Sanofi:* Research Funding. **Peña:** *Janssen:* Other: Congress Travel expenses. **Castillo:** *Loxo:* Consultancy, Research Funding; *Mustang Bio:* Consultancy; *Kite:* Consultancy; *Cellectar:* Consultancy, Research Funding; *BeiGene:* Consultancy, Research Funding; *AstraZeneca:* Consultancy, Research Funding; *Abbvie:* Consultancy, Research Funding; *Pharmacyclics:* Consultancy, Research Funding.

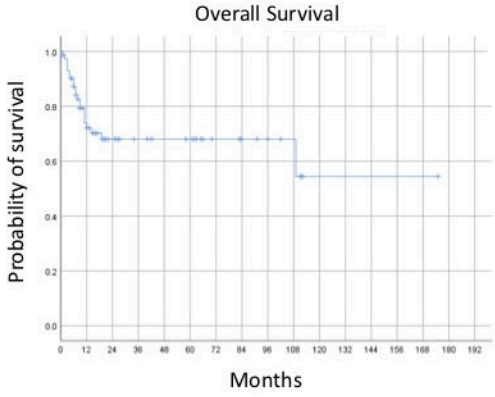
Characteristic	No. (%)
Age (years)	
Median (range)	41 (18-76)
< 50	61 (70.1%)
≥50	26 (29.9%)
Sex	
Female	12 (13.8%)
Male	75 (86.2%)
ECOG	
0-2	71 (81.6%)
≥3	6 (6.9%)
Stage	
Early	14 (16.1%)
Advanced	72 (82.8%)
HIV status	
Negative	24 (26.6%)
Positive	63 (72.4%)
Disease control	
Yes	52 (59.8%)
No	34 (39.1%)
EBER status	
Positive	57.5%
Negative	11.5%
No information	31%
IPI score	
1	5 (6.8%)
2	14 (19.2%)
3	21 (28.8%)
4	13 (17.8%)
5	0 (0.0%)
No information	20 (27.4%)
Bone marrow transplantation after first line	
Yes	3 (3.4%)
No	84 (96.6%)
Response to first-line therapy	
CR (metabolic)	37 (42.5%)
CR (non PET/CT)	3 (3.4%)
PR	9 (10.3%)
SD	4 (4.6%)
PD	26 (29.9%)
Non-evaluated	8 (9.2%)
ORR	49 (56.2%)

Extranodal disease	
Yes	76 (87.4%)
No	9 (10.3%)
Organ involved	
Oral cavity	10 (11.5%)
Bone Marrow	18 (20.7%)
CNS	1 (1.1%)
Gastrointestinal tract	33 (37.9%)
Bone	2 (2.3%)
Gonads	3 (3.4%)
Eyes	1(2.3%)
Lung	1 (1.1%)
Spleen	1 (1.1%)
Soft tissue and muscles	5 (5.7%)
Kidney	1 (1.1%)
Adrenal	1 (1.1%)
Prostate	1 (1.1%)
No information	10 (11.5%)
Bulky disease	
No	52 (59.8%)
Yes	34 (39.1%)
Immunophenotype	
CD20	
Negative	79 (90.8%)
Positive	6 (6.9%)
No information	2 (2.2%)
CD30	
Negative	59 (67.8%)
Positive	8 (9.2%)
No information	20 (23%)
Treatment lines	
1 line	56 (64.4%)
2 lines	22 (25.3%)
≥3 lines	5 (5.7%)
Lost patients	4 (4.6%)

Table 1. Patients´characteristics

Treatment protocol	n (%)
First-Line treatment regimen	
EPOCH	61 (70%)
CHOP	16 (18.3%)
Other*	6 (7.1%)
Lost patients	4 (4.6%)
CHOP-associated medications	
Bortezomib	8 (9.2%)
Rituximab	11 (12.6 %)
Brentuximab	0 (0%)

Table 2. Treatment Schedules
Other: HyperCVAD, vincristine + Prednisone; thalidomide + Cyclophosphamide + dexamethasone; thalidomide + dexamethasone; radiotherapy



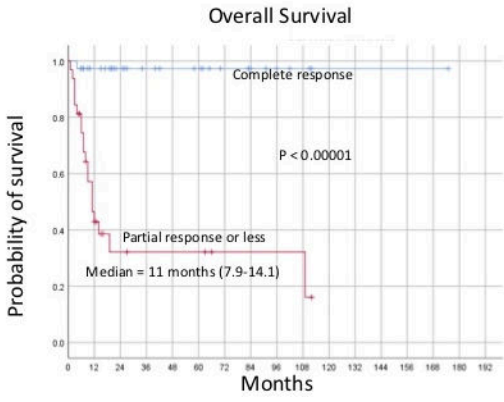


Figure 1

https://doi.org/10.1182/blood-2023-190960