ABCL-206

Real-World Use of Tafasitamab for Relapsed or Refractory Diffuse Large B-Cell Lymphoma in the United States by Age Group (>70 Years and ≤70 Years)

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Objective

- The purpose of this analysis was to report characteristics, treatment patterns, and outcomes by age at tafasitamab initiation (>70 years and ≤70 years), among patients who received tafasitamab for R/R DLBCL identified as part of a previously reported RWS[6]

Conclusions

- **Despite meaningful comorbidity burden and limitations in performance status, 88% of patients >70 years of age who were alive at time of most recent follow-up were still receiving tafasitamab**
- **The real-world overall response rates observed support the clinical benefit of tafasitamab among older (>70 years) as well as younger (≤70 years) patients with R/R DLBCL**
- **Longer follow-up is warranted to better assess long-term outcomes with tafasitamab**

Abbreviations

ASCT, autologous stem cell transplant; CAR-T cell, chimeric antigen receptor T cell; CI, confidence interval; DLBCL, diffuse large B-cell lymphoma; NCI, National Cancer Institute; OPEN, Oncology Provider Extended Network; Q1, first quartile; Q3, third quartile; R/R, relapsed or refractory; RWS, real-world study.

Disclosures

Epperla: Research funding – *BeiGene, Incyte Coporation, Lilly*; Speakers' bureau – *BeiGene, Genentech, Novartis*; Honoraria, consulting, advisory boards – *ADC Therapeutics, Lilly, Merck, Novartis*. **Nastoupil:** Honorarium – *AbbVie, ADC Therapeutics, Bristol Myers Squibb, Caribou Biosciences, Denovo Biopharma, Daiichi Sankyo, Genentech, Genmab, Gilead Sciences/Kite Pharma, Incyte Corporation, Janssen, Merck, Novartis, Regeneron, Takeda*; Research support – *Bristol Myers Squibb, Caribou Biosciences, Daiichi Sankyo, Genentech, Genmab, Gilead Sciences/Kite Pharma, Janssen, Merck, Novartis, Takeda*. **Zimmerman Savill:** Former employment and stock ownership – *Cardinal Health*. **Feinberg, Pathak:** Employment and stock ownership – *Cardinal Health*. **Galvin, Amoloja, Saverno:** Employment and stock ownership – *Incyte Corporation*. **Vukcevic:** Former employment and stock ownership – *MorphoSys*.

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Introduction

- DLBCL is an aggressive form of lymphoma that occurs more frequently in older adults (median age at diagnosis in the United States, 67 years)[1]
- Comorbid conditions and poorer functional status are factors associated with older patients that can impact DLBCL treatment decision-making and outcomes[2,3]
- Tafasitamab is a CD19-targeting immunotherapy, which received accelerated approval by the US Food and Drug Administration in combination with lenalidomide for the treatment of patients with R/R DLBCL ineligible for ASCT[4,5]
- In a recent US RWS of tafasitamab for R/R DLBCL, more than half of the patients receiving tafasitamab were over 70 years of age[6]
  - Here, we report results from this RWS according to patient age at tafasitamab initiation (>70 years and ≤70 years)

Methods

Study Design and Data Source

- Retrospective multisite medical chart review
- Physicians from Cardinal Health's Oncology Provider Extended Network (OPEN) abstracted demographic, clinical, treatment, and outcomes-related data from eligible patients' medical records **(Table 1)** into electronic case report forms
  - OPEN is a geographically diverse, electronic medical records/group purchasing organization–agnostic community of >7000 oncologists/hematologists based in private practice and hospitals across the United States
- Data collection occurred between February 22, 2023, and March 29, 2023

Table 1. Patient Selection Criteria

Inclusion Criteria	• Initiation of tafasitamab for R/R DLBCL on or after October 21, 2020* • Age ≥18 years at tafasitamab initiation • ≥4 months of follow-up since tafasitamab initiation (otherwise eligible patients who died during this 4-month interval were also included)
Exclusion Criteria	• Received tafasitamab as part of an interventional clinical trial

*Concomitant use of lenalidomide was not a requirement for study eligibility.

Statistical Analysis

- Results were summarized by patient age at tafasitamab initiation (>70 years and ≤70 years) using descriptive statistics
- The Kaplan-Meier method was used to measure time-to-event outcomes (eg, duration of treatment)

Results

Prescriber Characteristics

- The final dataset of 181 patients was contributed by 23 providers
  - Twenty-four providers contributed data on 182 patients; 1 patient received tafasitamab only as bridge therapy for CAR-T and was therefore excluded from the final study population
- The majority of providers (83%) were from community oncology practices

Patient Demographics and Characteristics

- A total of 181 patients initiated tafasitamab treatment for R/R DLBCL; median age at tafasitamab initiation was 71.1 years
- Patient characteristics by age group are summarized in **Table 2**
  - Of the 181 patients, 56% were >70 years of age and 44% were ≤70 years of age at tafasitamab initiation
  - Approximately half of patients ≤70 years of age and less than a quarter >70 years of age had no comorbidities associated with the NCI Comorbidity Index[7]

Treatment and Utilization Patterns

- Overall, the median (Q1-Q3) follow-up time from tafasitamab initiation to data collection was 6.5 (5.0-8.6) months
- Treatment and utilization patterns are summarized in **Table 3**
- Most patients (96%) received tafasitamab in combination with lenalidomide
- At the time of data abstraction, 75% of patients (n=76) >70 years of age and 86% (n=68) of patients ≤70 years of age were still alive, of whom 88% (n=67) and 79% (n=54) were still receiving tafasitamab, respectively

Treatment Outcomes

- Real-world best responses among patients are presented in **Table 4** and **Figure 1**
- The real-world progression-free survival probability (95% CI) at 6 months following tafasitamab initiation was 0.8 (0.7-0.8) for the >70 years group and 0.8 (0.7-0.9) for the ≤70 years group

Table 2. Demographic and Clinical Characteristics of Patients Who Received Tafasitamab for R/R DLBCL by Age

Variable	>70 Years of Age (n=102)	≤70 Years of Age (n=79)
Sex at birth, male, n (%)	54 (52.9)	48 (60.8)
Age at tafasitamab initiation, median (Q1-Q3), years	75.2 (72.2-79.3)	64.2 (59.9-67.3)
Race, n (%)		
White	65 (63.7)	51 (64.6)
Asian	6 (5.9)	5 (6.3)
Black/African American	25 (24.5)	15 (19.0)
Other*	6 (5.9)	8 (10.1)
Ethnicity, n (%)		
Hispanic/Latino/Latina	19 (18.6)	12 (15.2)
Non-Hispanic/Non-Latino/Non-Latina	82 (80.4)	67 (84.8)
Unknown	1 (1.0)	0
NCI Comorbidity Index at tafasitamab initiation: Number of unique comorbidities (categorical), n (%)		
0	23 (22.5)	39 (49.4)
1	33 (32.4)	25 (31.6)
2	22 (21.6)	9 (11.4)
3	18 (17.6)	4 (5.1)
≥4	6 (5.9)	2 (2.5)
Ann Arbor stage at tafasitamab initiation, n (%)		
I	0	0
II	7 (6.9)	3 (3.8)
III	28 (27.5)	30 (38.0)
IV	65 (63.7)	46 (58.2)
Unknown	2 (2.0)	0
Cell of origin, n (%)		
GCB	55 (53.9)	26 (32.9)
Non-GCB/ABC	16 (15.7)	23 (29.1)
Unknown	31 (30.4)	30 (38.0)
ECOG PS at tafasitamab initiation, n (%)		
0-1	47 (46.1)	48 (60.8)
≥2	55 (53.9)	31 (39.2)
R-IPI score at tafasitamab initiation, n (% of patients with data available)†		
0 (very good prognosis)	0	0
1-2 (good prognosis)	13 (14.0)	20 (26.3)
3-5 (poor prognosis)	80 (86.0)	56 (73.7)

*Includes patients who are Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, of mixed race, or of unknown race. †93 and 76 patients in the >70 and ≤70 years group, respectively, had data available to calculate R-IPI score.
ABC, activated B cell; ECOG PS, Eastern Cooperative Oncology Group performance status; GCB, germinal center B cell; R-IPI, revised International Prognostic Index.

Table 3. Treatment Patterns in Patients Who Received Tafasitamab for R/R DLBCL by Age

Variable	>70 Years of Age (n=102)	≤70 Years of Age (n=79)
Line of therapy in which tafasitamab was received, n (%)		
2	81 (79.4)	49 (62.0)
3	19 (18.6)	24 (30.4)
4+	2 (2.0)	6 (7.6)
Received ASCT prior to tafasitamab, n (%)	3 (2.9)	18 (22.8)
Received CAR-T cell therapy prior to tafasitamab, n (%)	2 (2.0)	4 (5.1)
Median (95% CI) duration of tafasitamab treatment, months	10.5 (8.1-NE)	14.1 (11.3-16.8)
Median (Q1-Q3) follow-up from tafasitamab initiation, months	6.1 (5.0-8.1)	7.1 (5.0-10.0)

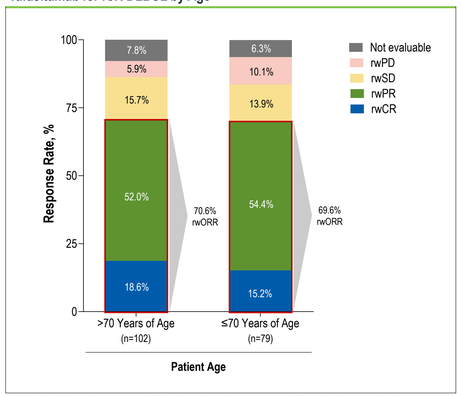
NE, not evaluable.

Table 4. Real-World Best Response in Patients Who Received Tafasitamab for R/R DLBCL by Age

Variable	>70 Years of Age (n=102)	≤70 Years of Age (n=79)
Best response		
rwORR (95% CI), %	70.6 (61.7-79.4)	69.6 (59.5-79.8)
rwCRR (95% CI), %	18.6 (11.1-26.2)	15.2 (7.3-23.1)
Response criteria utilized for best response, n (%)*		
Cheson 2007	19 (18.6)	26 (32.9)
Lugano	75 (73.5)	47 (59.5)
Other	0	1 (1.3)
No response available	8 (7.8)	5 (6.3)

*Categories not mutually exclusive, thus may not total to 100%.
rwCRR, real-world complete response rate; rwORR, real-world overall response rate.

Figure 1. Real-World Best Responses Among Patients Who Received Tafasitamab for R/R DLBCL by Age



rwCR, real-world complete response; rwORR, real-world overall response rate; rwPD, real-world progressive disease; rwPR, real-world partial response; rwSD, real-world stable disease.

Study Limitations

- The median follow-up of 6.5 months is relatively short and may have contributed to large variability for some of the outcomes
- RWS analyses include bias in data due to unobserved/missing data
- The findings may not be representative of all patients who receive tafasitamab therapy
- Source document verification was not conducted
- A lack of uniform assessment criteria for certain variables such as disease response may have impacted study findings