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Polatuzumab-R-CHP in Previously Untreated Diffuse Large B-Cell Lymphoma: A Retrospective Study.

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INTRODUCTION

Diffuse large B-cell lymphoma (DLBCL) is the most common type of non-Hodgkin lymphoma, and CHOP-R has been the standard of care for years.

Polatuzumab, an antibody–drug conjugate targeting CD79b, has been approved in combination with rituximab, cyclophosphamide, doxorubicin, and prednisone (Pola-RCHP) in untreated patients based on the POLARIX phase 3 trial (Tilly et al, *N Engl J Med* 2017).

AIMS

The aims of this study are, firstly, to analyze, the management patterns of Pola-RCHP as front-line therapy in daily practice and secondly, to evaluate safety by the CTCAE NCI v5.0 scale and effectiveness based on the response rate and complete remission rate.

METHODS

A retrospective, multicenter and descriptive study (15-MDA-LNH-2023) was carried out in 8 Spanish centers between October 2023 and May 2024.

Inclusion criteria were age >18 and DLBCL diagnosis treated with Pola-RCHP as front-line therapy and not participating in a clinical trial.

Response was evaluated by PET-CT according to the 2007 International Working Group response criteria for malignant lymphoma; toxicity according to CTCAE v5.0 and data were analyzed using the IBM SPSS v2.0 program.

RESULTS

1st Line Pola-RCHP

Characteristics	N Total 28
Male	20
Age median	63 (40-85)
Stage III-IV	24
ECOG<2	25
IPI 3-5	14
Extranodal	17
DCLB type	GCB 13; ABC 10

RESPONSE STATUS

Response Status	Completed Treatment (21)
Overall Response-no(%)	19 (89)
Complete Response-no(%)	18(85)
Partial Response-no(%)	1(5.2)
Progresive disease-no(%)	2(10.5)
Patients who died	1(not releated to treatment)

A total of 28 patients were included. At the time of reporting, 21 of 28 patients included had finished the treatment plan reaching an ORR of 89% and a CR of 85% with 2 progressions.

In our cohort there were no deaths related to treatment and only one dose reduction due to repeated febrile neutropenia.

Almost every patient needed administration of GCSF in primary prophylaxis (88%).

Total Pola-RCHP cycles were 137, with a delay in 15 cycles (10.9%) due mainly to neutropenia.

ADVERSE EVENTS

Averse Event	N26
Neutropenia	23(88)
Febrile Neutropenia	7(26)
Anemia	4(15)
Respiratoy Tract Infections	4(15)
Pulmonary Thrombosis	2(7)
Constipation	2(7)
Peripheral Neuropathy	2(7)

CONCLUSIONS

Our study confirms in day-to-day practice the effectiveness and safety previously reported by the POLARIX phase 3 trial.
Our study is ongoing to expand patient recruitment, continue with follow-up, and provide new data for the future.

CONTACT INFORMATION

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