POLATUZUMAB-R-CHP IN PREVIOUSLY UNTREATED DIFFUSE LARGE B-CELL LYMPHOMA. A RETROSPECTIVE STUDY.

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Introduction

Diffuse large B-cell lymphoma is the most prevalent form of non-Hodgkin lymphoma, and CHOP-R has been the established treatment for years.

Polatuzumab, an antibody-drug conjugate that targets CD79b, has received approval in combination with rituximab, cyclophosphamide, doxorubicin, and prednisone (Pola-RCHP) for patients who have not been previously treated, based on the findings of the POLARIX phase 3 trial (Tilly et al, N Engl J Med 2017), although experience with polatuzumab in daily practice is still limited.

Characteristics	N Total 38
Male	26
Age median	58 (range 36-85)
Stage III-IV	30
IPI 3-5	17
DCLB subtype	GCB 17 ABC 16 NOS 5

Objectives

The objectives of this study are to assess effectiveness based on response and complete remission rates, safety using the CTCAE NCI v5.0 scale, and follow-up outcomes.

Methods

A retrospective, multicenter, and descriptive study was conducted across 9 Spanish centers from October 2023 to January 2025.

The inclusion criteria were patients aged over 18 with a diagnosis of DLBC lymphoma treated with Pola-RCHP as first-line therapy.

Response was assessed using PET-CT based on the 2007 International Working Group criteria for malignant lymphoma, toxicity was evaluated according to CTCAE v5.0, and data analysis was performed using the SPSS software.

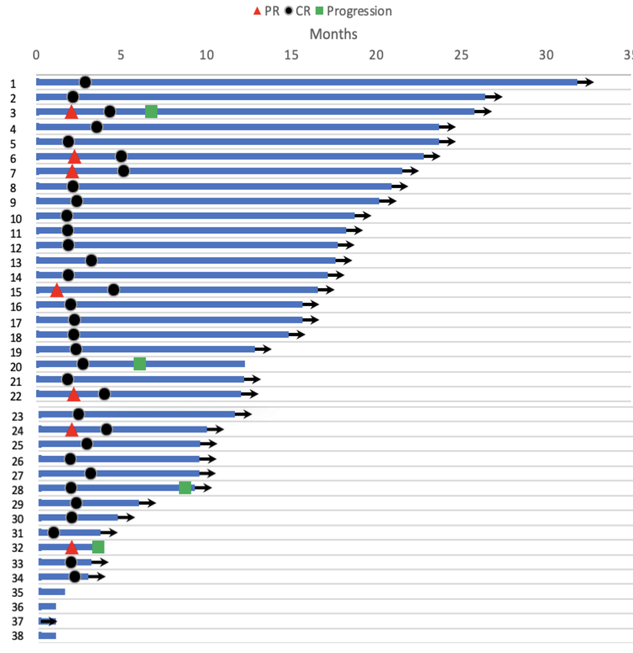
Results

A total of 38 patients (26 male) were included, with a median age of 58 (range 36-85). ECOG performance status was 0-1 in 92% of patients. Regarding DLBC subtypes, 45% had the germinal center B-cell like subtype and 42% the activated B-cell like subtype, with 81% in stages III-IV and 55% with an IPI score of 1-2.

At the time of reporting, 34 out of 38 patients had a PET-CT evaluation, showing an overall response rate (ORR) of 88% and a complete remission (CR) rate of 85%. Four patients experienced disease progression during follow-up, at 8.5, 6.8, 6, and 3.5 months.

Almost all patients (86%) required GCSF for primary prophylaxis. A total of 211 Pola-RCHP cycles were administered, with a delay in 19 cycles (9%), primarily due to neutropenia.

The most common side effects were febrile neutropenia (21%), anemia (10%), respiratory infections (10%), and peripheral neuropathy (8%).



Response Status	Completed Treatment 34
Overall Response-no(%)	30 (88%)
Complete Response-no(%)	29 (85%)
Partial Response-no(%)	1 (3%)
Progressive disease-no(%)	4 (12%)

Most Common Side Effects
1. Febrile Neutropenia (21%
2. Anemia (10%)
3. Respiratory Infections (10%)
4. Peripheral Neuropathy (8%)

Conclusion

Our study supports the effectiveness and safety observed in the POLARIX trial in real-world clinical practice.

The study is still ongoing to further expand and continue follow-up.

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