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EHA-GBMTA-AHA Hematology Tutorial

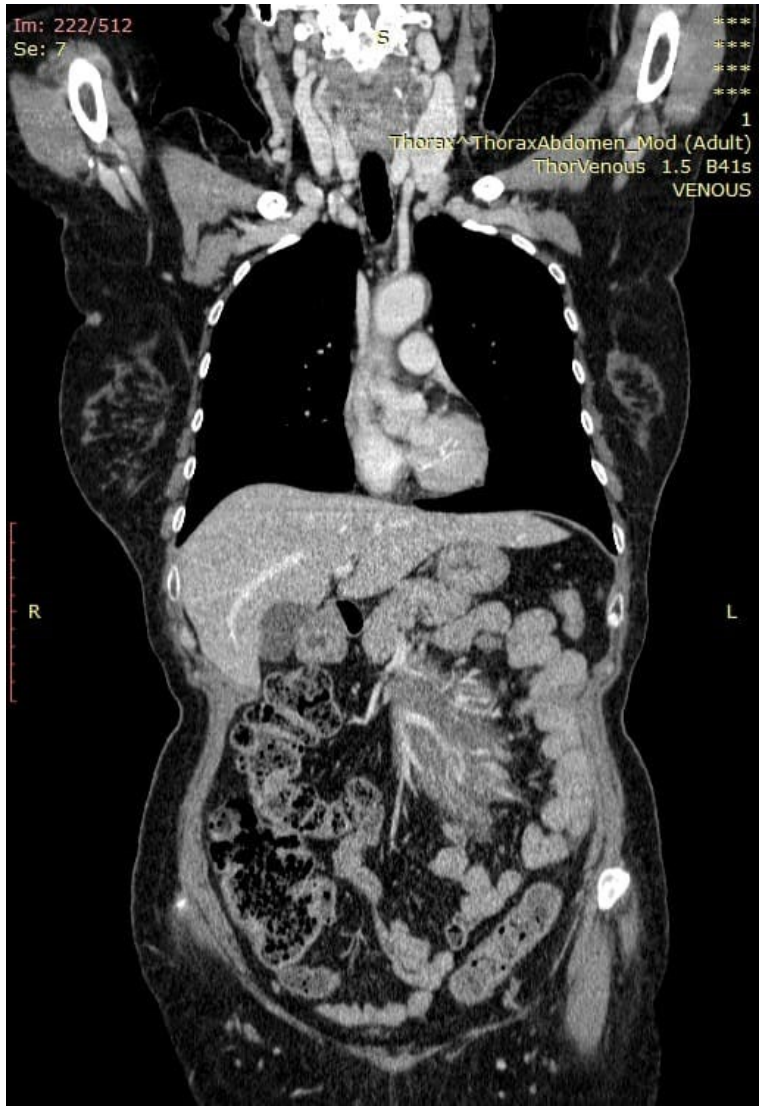
Aggressive non-Hodgkin lymphoma Case Presentation

Gevorg Saghumyan MD,
Yeolyan Hematology and Oncology Center

Nothing to disclose

Example: Patient History, findings

- The patient is a 70-year-old female who presented with symptoms of fatigue and abdominal discomfort. On computed tomography (CT) scanning, significant findings included mesenteric lymphadenopathy with a conglomerate measuring 12.6 x 10 x 6.0 cm, as well as paraaortic and pericaval lymphadenopathy with a maximum size of 2.6 cm.



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Example: Patient History, findings

- The patient underwent surgery for biopsy, during which her blood count and blood film were reported as normal. The pathological examination revealed diffuse large B-cell lymphoma (DLBCL)

- The patient has a medical history that includes Type II diabetes mellitus and psoriasis. Her current medications include metformin for diabetes management and aspirin, likely for cardiovascular protection given her age and comorbidities.

TREATMENT

R-CHOP 1st line treatment.

CT scan findings after four cycles of R-CHOP treatment, in August 2021. The findings indicated:

- Mesenteric conglomerate enlargement
- Periaortic lymph node enlargement-from 2.6 x 1.3 cm to 4.7 x 8.3 cm.
- Other lymph nodes no significant changes.

Relapsed/refractory (R/R) disease

Treatment

2nd line treatment

- Chimeric antigen receptor T cell (CAR T) therapy unavailable
- Not transplant candidate

Patient declined suggested rebiopsy option and refused alopecia-inducing chemotherapy

We have started treatment with BR (bendamustine-rituximab) with venetoclax 400 mg.

She has received **6 cycles**

Treatment: Outcome

- The CT scan results indicate a reduction in the size of a mesenteric conglomerate, measuring 3.8 cm x 4.0 cm and no visualization of periaortic or paracaval lymph nodes.
- Patient continues to receive maintenance therapy with venetoclax at a dosage of 400 mg daily.
- The progression-free survival (PFS) duration was 12 month.

In September 2022, the patient presented with **disease progression** characterized by an enlargement of a conglomerate of mesenteric lymph nodes measuring 9.2 x 7.8 x 5.0 cm.

Treatment

3rd line treatment

Ibrutinib 560 mg, daily

- Partial remission (PR), reduction of all intraabdominal lymph nodes.
- PFS duration was 7 month.
- Mild adverse events.
- Good quality of life.

Treatment: Outcome

2023 March, **Disease progression.**

- Patient’s condition was unstable.
- B symptoms, abdominal pain, swelling of the limbs, pneumonia, tachypnoea and tachycardia.
- CT scan: intraabdominal conglomerates 7.2 x 4.0 cm, 9.0 x 4.6 cm, 5.3 x 5.5 cm. Mediastinal - 3.0 cm, peripheral lymph nodes max size 4.5 cm.
- Normal blood smear.

Treatment

4th line treatment.

Lenalidomide 20 mg 21 day + rituximab 375 mg/m2, day 1 (every 4 weeks)

- After first cycle patient condition was stabilised. Reduction of lymph nodes.
- By the sixth cycle, ultrasound imaging revealed no visual evidence of lymph nodes.
- The patient also experienced an improvement in skin manifestations related to psoriasis, with reports indicating that these symptoms disappeared during the treatment course.
- Total 12 cycles.
- PFS 11 months.

Treatment: Outcome

2024 February.

- Patient exhibiting rapid disease progression
- Lymphadenopathy, B symptoms, pneumonia caused by *Pneumocystis jirovecii* (patient has received prophylactic cotrimoxazole), hydrothorax, and severe pancytopenia (1st time in whole treatment duration).
- Hospitalisation in Intensive Care Unit (ICU).

Treatment

5th line treatment

Selinexor/ bortezomib/ dexamethasone

No response. Severe adverse events.

Best supportive care

2024 April patient died (3 years overall survival (OS))

Summary

- R/R DLBCL remains a treatment challenge
- Management of transplant-ineligible patients or with chemotherapy-refractory disease is largely palliative
- There is no current standard treatment
- Ibrutinib, lenalidomide and venetoclax have a showing promising results in chemotherapy-refractory disease.
- Lenalidomide also had beneficial effects on autoimmune skin conditions.

Thank you for your attention

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EHA-GBMTA-AHA Hematology Tutorial: New aspects in diagnostic choices and treatment options of hematological malignancies

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September 2024, Saghumyan Gevorg