



EUROPEAN
HEMATOLOGY
ASSOCIATION

EHA-TSH Tutorial on Follicular Lymphoma

Tutored Clinical Case 1

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İzmir, Turkey
April 6-7, 2019



Clinical history

- A 67-year-old man with no significant past medical history presents to the haematology clinic because of abnormal CBC
- He reports no symptoms including GI tract



Physical Exam

- Temperature 36.7° C, heart rate 82/min, blood pressure 130/80 mm Hg
- He has no lymphadenopathy
- There was a slight enlargement of the spleen

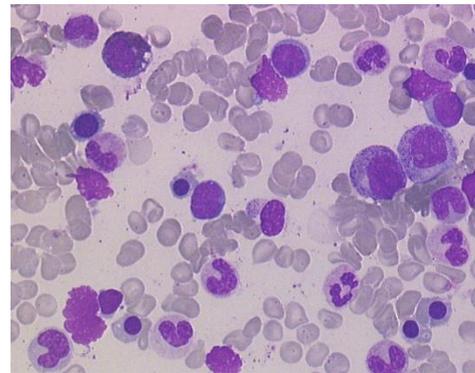
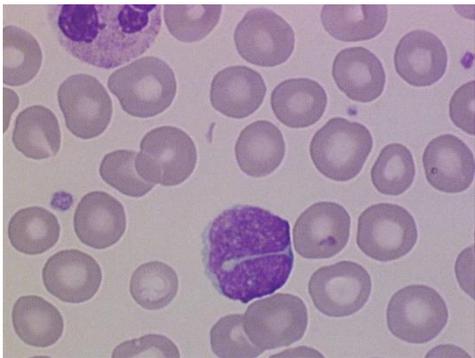


Laboratory

- WBC: $25.0 \times 10^9/l$
- Hct: 36%
- Hb: 120 g/l
- Platelets: $220 \times 10^9/l$
- LDH: 204 U/l (N<225)
- ALT: 25 U/l (3-36)
- AST: 20 U/l (0-35)
- Creatinine: 0.81 mg/dl (0.56-1)
- Gammaglobulins 9gr/l
- Albumin 35gr/l

Morphological exams

- CT of thorax and abdomen showed no abnormality
- Blood smear and bone marrow aspiration showed abnormal lymphocytes (30 % infiltration)



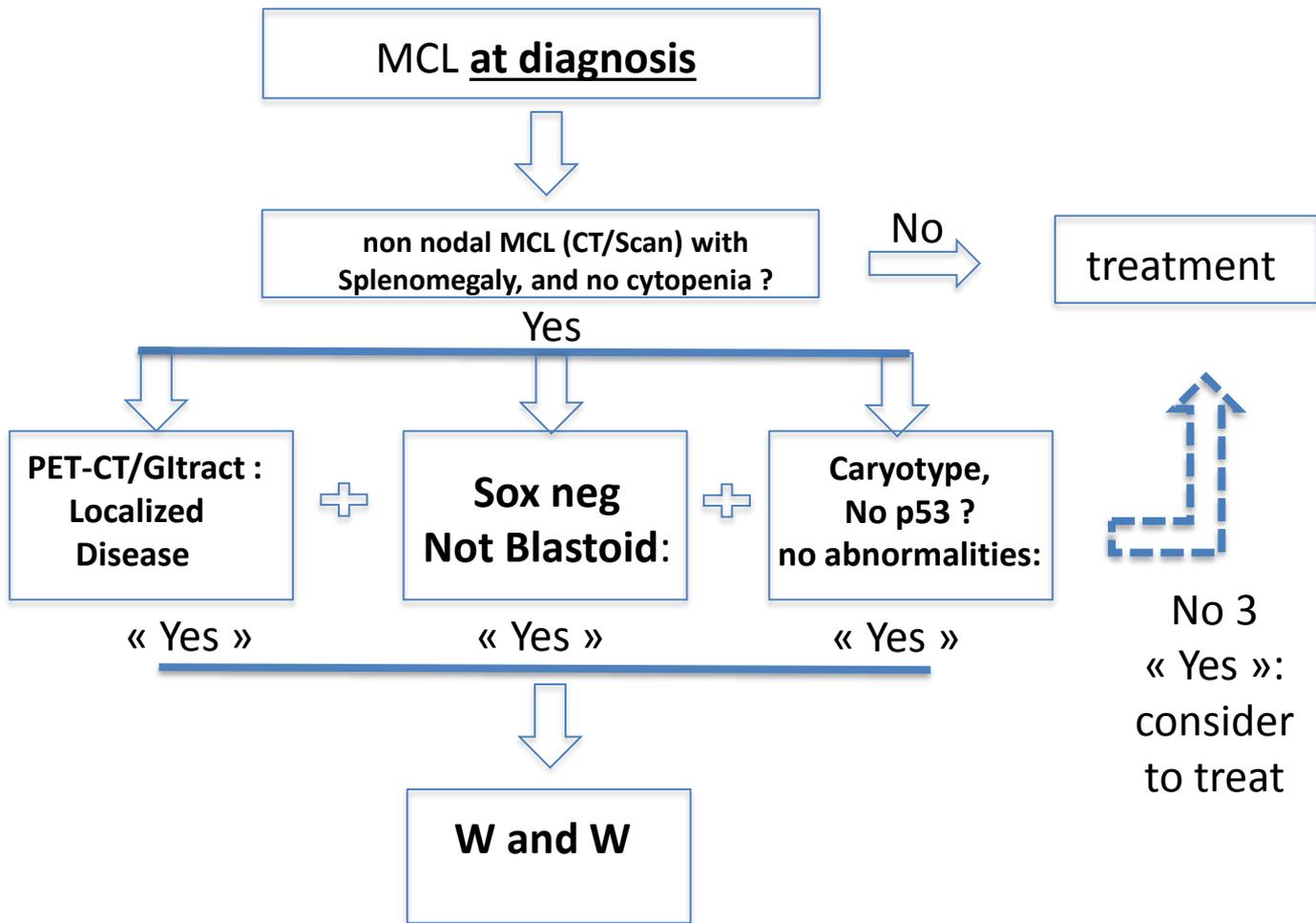
- Cytometry Population CD20/CD19, CD5, Lambda, KI67 low <10%
- Caryotype t (11; 14); FISH IgH -Cyclin D1



Treatment

Which treatment option would you recommend for this patient ?

- Indolent Mantle cell lymphoma
- No B symptom, no tumor except slight splenomegaly
- No cytopenia
- LDH level normal
- Normal karyotype except t(11; 14)



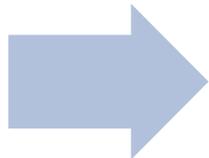


What I did

- I proceeded with watchful waiting

January 2010

- Watch & wait



June 2014

Bilateral inguinal,
axillaries adenopathies
Spleen enlargement

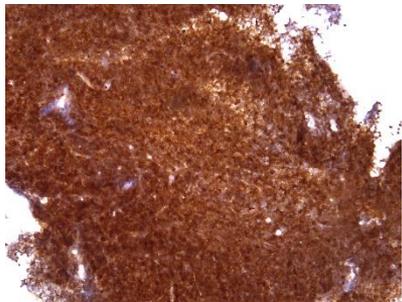


Laboratory and morphology

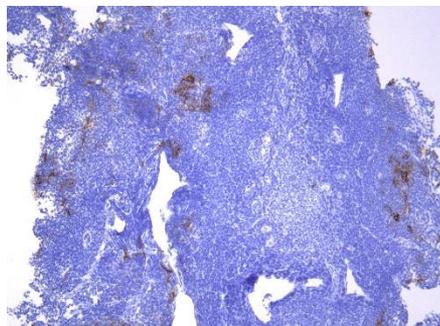
- Increase WBC to 35 G/L LDH 2N
- CT Scan ; Adenopathies Mediastinum, Abdominal, mesenteric and retroperitoneal, Enlargement of the spleen
- PET (SUV 8-12)
- No GI tract symptoms

Laboratory and morphology

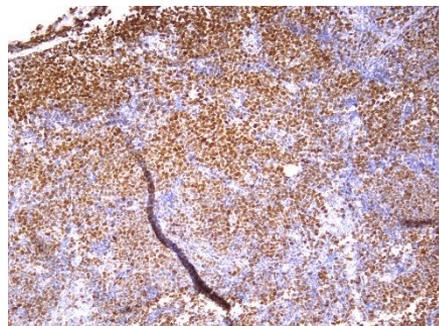
- Bone Marrow and lymph node biopsies showed
- Population CD20+, CD5+, Cyclin D1, CD23-, KI67+, p53 +
- Aggressive MCL



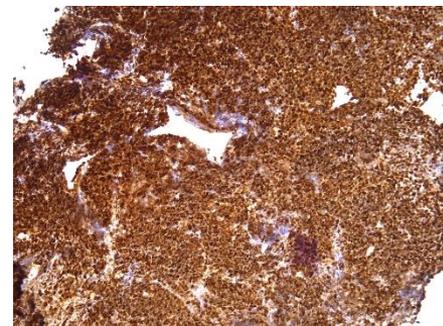
Cyclin D1+



CD23-



KI67+



p53+



Discussion

This patient has now a classical Mantle cell lymphoma ?

- High risk with high MIPI and KI67+ and p53+>30% of cells
- Age 71 years



Treatment

Which treatment option would you recommend for this patient ?

- Aggressive Mantle cell lymphoma of elderly
- R-BAC and Maintenance with Rituximab
- To be discussed V-RCAP+R, R-CHOP+R; R-CHOP/R-DHA +R, R-DHAOX+R, R-Benda+R
- R-Benda Ibru ???

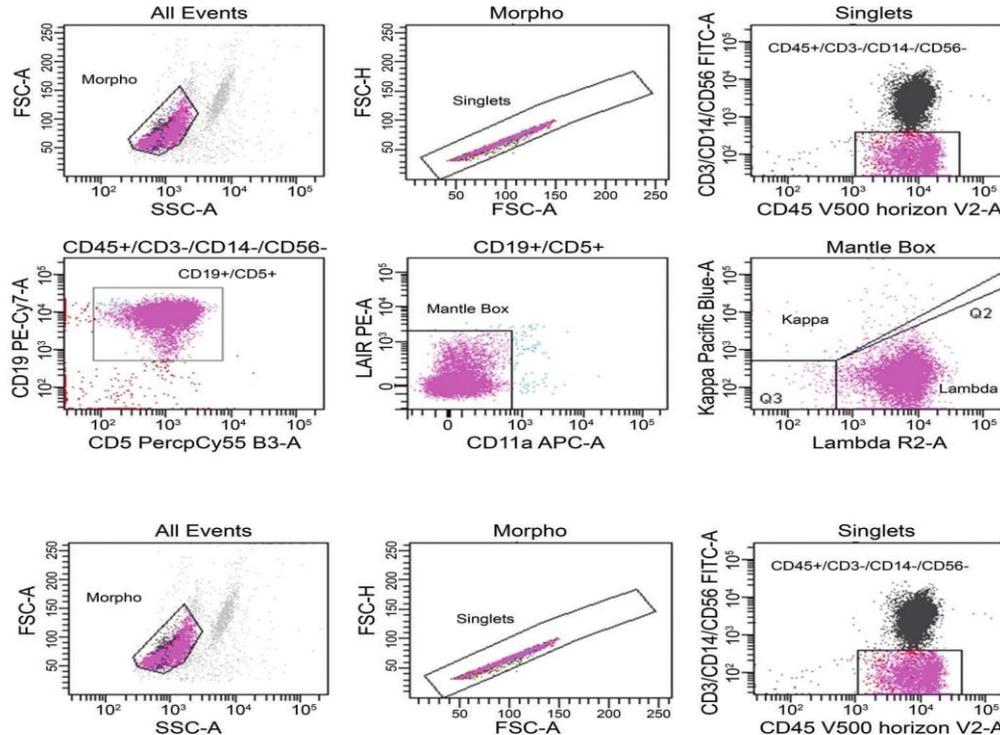
What I did

- Rituximab 375mg/m², D1 + Bendamustine 70 mg/m², D2-3, ARAC 800mg/m² D2-4 every 21/28 days for 6 cycles was given and Rituximab 375mg/m² every 2months for 2 years
- PET/CT imaging at end of therapy was consistent with a complete remission
- Follow -up MRD by Flow cytometry ?

Discussion

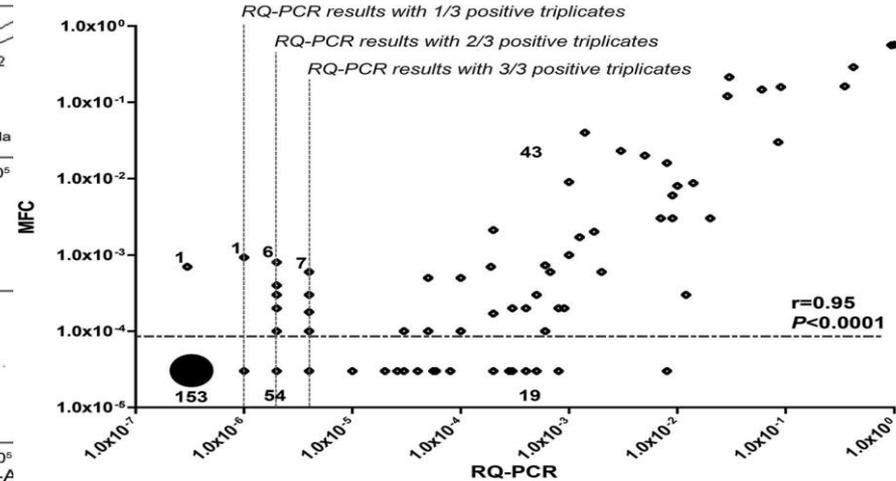
Is there a role for rituximab maintenance for MCL patients responding R-Benda and a role for preemptive treatment?

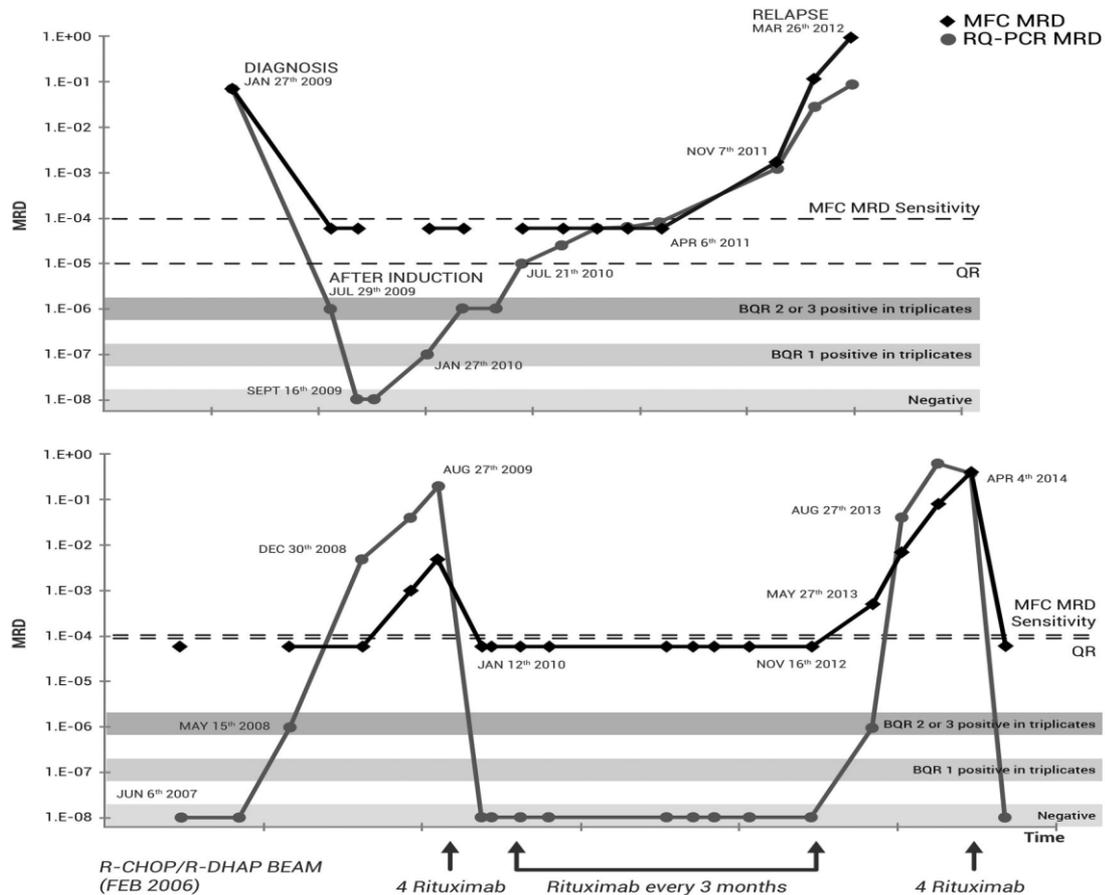
- Based on the results of the EMCL Network study R maintenance is the new gold standard of elderly MCL after R-CHOP
- The role of maintenance with regimens besides R-CHOP or R-DHAP is still a matter of debate.



Minimal residual disease monitoring by 8-color flow cytometry in mantle cell lymphoma: an EU-MCL and LYSA study

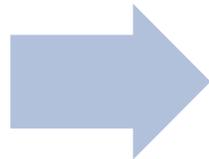
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January 2010

- Watch & wait



June 2014

- Bilateral inguinal, axillaries adenopathy
- Increased spleen size
- B symptoms
- Eyes paralysis with diplopia
- Headaches



Treatment

Which treatment option would you recommend for this patient ?

- High dose Methotrexate + Intrathecal injection MTX/Depo/AraC
- Ibrutinib 560mg
- To be discussed Ibru+venetoclax+GA101; Temsirolimus+Arac



What I did

- MTX 3gr/m² every two weeks and Intrathecal MTX/Depo/AraC
- Ibrutinib 560mg
- Still in CR three years later

LYMPHOID NEOPLASIA

Activity of ibrutinib in mantle cell lymphoma patients with central nervous system relapse

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