Targeted therapy in malignant lymphoma: clinical implications and perspectives

Michele Ghielmini

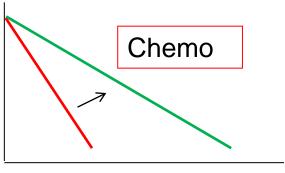
Oncology Institute of Southern Switzerland

Bellinzona



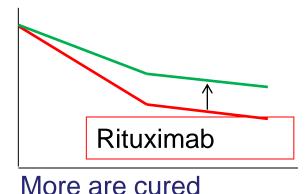
Improvement in lymphoma treatment: DLBCL

1st phase

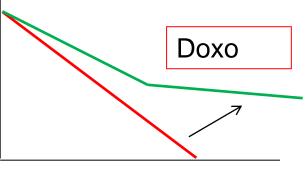


Survival improvement

3rd phase



2nd phase



Some are cured

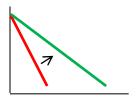
4th phase



All are cured, no side effects



Can targeted drugs move us along these steps?



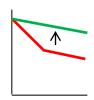
1st phase MCL



2nd phase FL



3rd phase PTCL

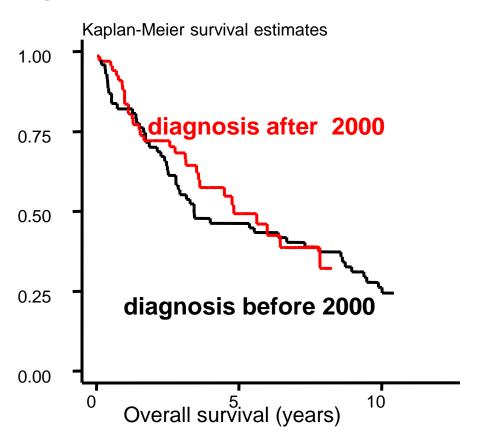


4th phase HL



Improvement in MCL

Survival



Median OS 4y > 5y

We want: improve survival

We need: more active treatment

A. Conconi, IOSI-Novara database



Phase I-II data (caution!) RR in relapse

Bortezomib 30%

Everolimus / Temsirolimus 20%

Lenalidomide 50%

Ibrutinib (PCI 32765) 60%

CAL 101 50%



Bortezomib

Everolimus / Temsirolimus

Lenalidomide

Ibrutinib

+ R-chemo

Bortezomib + Panobinostat

Everolimus as maintenance

Lenalidomide as maintenance



Ibrutinib + Rituximab/Bendamustine

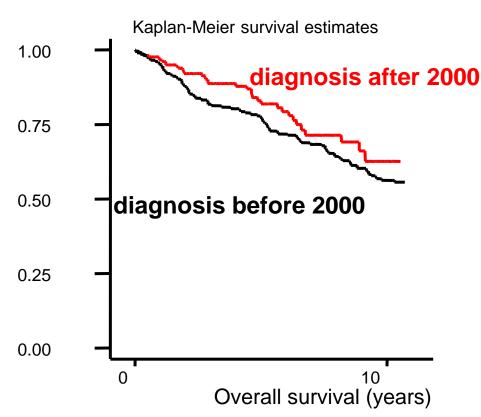
- Tested in 30 R/R CLL/SLL
- Presented at ASH 2011 / EHA 2012
- Feasable, well tolerated
- Efficacy better than historical controls w/o ibrutinib

O` Brian et al., EHA 2012



Improvement in FL

Survival



Median OS 12 y > 13 y

We want: a plateau

We need:
THE drug which
renders the disease
curable

A. Conconi, IOSI-Novara database

Phase I-II data (caution!) RR in relapse

Lenalidomide 50%

Inotuzumab ozogamycin 70%

SAR 3419 50%

Blinatumomab 80%

Ibrutinib (PCI 32765) 60%

CAL 101 60%



Lenalidomide

Ibrutinib + R-chemo

Inotuzumab ozo.

Inotuzumab ozogamycin + Temsirolimus Inotuzumab ozogamycin + Rituximab Lenalidomide as maintenance

Lenalidomide + Rituximab

40 treatment naive FL

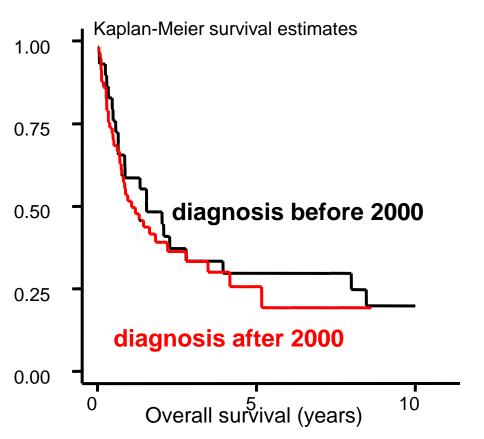
- 87% Clinical CR
- 87% Molecular CR
- 87% CR persistent at 14 m

Samaniego et al., ASCO 2012



Improvement in PTCL

Survival



Median OS 2 y > same

We want: improve cure rate

We need:
a drug synergistic with
CHOEP

A. Conconi, IOSI-Novara database



Phase I-II data (caution!) RR in relapse

Romidepsin / Belinostat /

Panobinostat / Vorinostat 25%

Alisertib 30%

Everolimus 60%

Denileukin diftitox 50%



Alisertib + Vorinostat

Belinostat + Zevalin

Belinostat + Bortezomib

Denileukin diftitox + chemo

Denileukin diftitox + CHOP

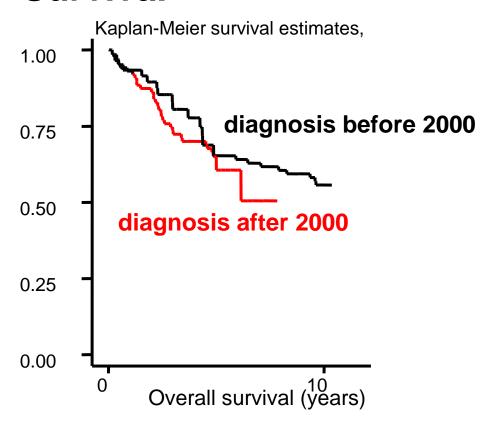
49 aggressive systemic T-cell lymphomas

- RR 65%
- CR 51%
- 20% severe toxicity

Foss at al., ASCO 2010

Improvement in Hodgkin Lymphoma

Survival



A. Conconi, IOSI-Novara database

Median OS 17 y > same

We want:
less side effects
active treatment for
relapse

We need:
drugs with a better
therapeutic index

Phase I-II data (caution!) RR in relapse

Brentuximab vedotin 45%

Panobinostat 30%

Everolimus 45%

Lenalidomide 20%



Brentuximab ved. + AVD

Brentuximab ved. after ABVD

Brentuximab ved. before HDCT

Brentuximab ved. after HDCT

Panobinostat + ICE

Panobinostat + Lenalidomide

Panobinostat + Everolimus



Panobinostat + Everolimus

- Phase I in 30 Hodgkin (12) or non-Hodgkin (18)
- All patients pretreated (median 3 regimes)
- 50% RR
- Safe and promising

Younes et al., ASH 2011

Conclusions

- Many new classes of targeted therapy
- Many promising drugs
- Next step: how to combine them with existing therapies (phase II)
- Will they bring the necessary improvement? (phase III)