Abstract: P1122

Title: RESULTS FROM THE FOLLICULAR LYMPHOMA (FL) OUTCOMES IN RELAPSED/REFRACTORY (R/R) PATIENTS TREATED WITH SYSTEMIC THERAPY IN A REAL-WORLD ASSESSMENT (FLORA) STUDY

Abstract Type: Poster Presentation

Topic: Indolent and mantle-cell non-Hodgkin lymphoma - Clinical

Background:

Odronextamab, an off-the-shelf CD20×CD3 bispecific antibody, has shown compelling efficacy (objective response rate [ORR] 80%, complete response [CR] rate 73%, median duration of response [DOR] 22.6 months) and a generally manageable safety profile in patients with heavily pretreated R/R FL in the single-arm ELM-2 trial (NCT03888105; Villasboas, et al. ASH 2023). The median progression-free survival (PFS) was 20.7 months and median overall survival (OS) was not reached. In the absence of a randomized control arm, a real-world study of patients with R/R FL treated with currently available therapies can help evaluate the results from ELM-2.

Aims:

To evaluate the effectiveness of currently available third-line or later (3L+) therapies in patients with R/R FL in a real-world setting.

Methods:

FLORA (NCT05338879) is a multicenter, retrospective, observational study, using electronic medical record or research databases, of patients with R/R FL who have received ≥2 prior lines of therapy (LOTs; including an anti-CD20 and an alkylator) and initiated 3L+ systemic therapy for FL between January 1, 2015, and December 31, 2020. After applying similar eligibility criteria to those in the ELM-2 trial, inverse probability of treatment weighting (IPTW) was used to balance key prognostic characteristics (age at start of LOT, ECOG PS, Ann Arbor stage, FLIPI score, number of prior LOTs, progression of disease after 2 years [POD24], chemo-immuno refractory/chemo resistant, refractory to last LOT, and serum lactate dehydrogenase) between the trial and the real-world cohorts. Patients were followed from the start of qualifying LOT until death, end of study (December 31, 2021), or loss to follow-up, whichever occurred first. The primary endpoint was ORR assessed by independent central review (ICR). Secondary endpoints included ICR-assessed CR rate, disease control rate (DCR), PFS, DOR, and OS (see Bachy, et al. ASH 2022). All patients in the ELM-2 trial provided informed consent.

Results:

Patients in FLORA (N=100) generally had less severe disease than trial patients prior to IPTW. The most commonly used regimens were chemotherapy plus anti-CD20 (46%), chemotherapy alone (13%), and anti-CD20 plus immunomodulatory agent (12%); overall, 77% received an anti-CD20–based regimen. The IPTW cohort had a median age of 61 years, 59% had POD24, 56% had high FLIPI, 60% were chemo-immuno refractory, 73% were refractory to last LOT, and the median (range) prior LOTs was 3 (2–8). In the IPTW cohort, ORR was 52%, CR rate 31%, and DCR 62%. Median PFS was 11.5 months, median OS was 26.1 months, and median DOR (responders in IPTW cohort: n=54) was 28.2 months. Given the lack of regular scans in routine practice (37% of responders did not have any subsequent ICR assessment after CR/PR), a sensitivity analysis that considered subsequent treatment as a progression event resulted in shorter median DOR (8.1 months) and median PFS (7.2 months).

Summary/Conclusion:

FLORA is a unique real-world study in 3L+ FL that attempted to retrieve scans from 100% of the eligible cohort

to conduct ICR. Patients in FLORA had markedly lower response rates than those treated with odronextamab in the R/R FL cohort of ELM-2. This study also showed that despite having relapsed or being refractory to ≥2 prior LOTs (including an anti-CD20 treatment), in routine practice most patients still received an anti-CD20–based regimen as their index treatment, highlighting the need for treatment options with different mechanisms of action that provide deep and durable responses and improve outcomes in this patient population.

Keywords: Real world data, Follicular lymphoma, Non-Hodgkin's lymphoma, Indolent lymphoma