Abstract: PB2990

Title: TAFASITAMAB FOR THE TREATMENT OF RELAPSED/REFRACTORY (R/R) DIFFUSE LARGE B-CELL LYMPHOMA (DLBCL) IN THE US REAL-WORLD SETTING

Abstract Type: Publication Only

Topic: Aggressive Non-Hodgkin lymphoma - Clinical

Background:

Tafasitamab (tafa) is a CD19-targeting immunotherapy granted accelerated approval by the US FDA in combination with lenalidomide (len) for the treatment of R/R DLBCL in adults ineligible for autologous stem cell transplantation (ASCT). Since this approval, which was based on findings from the pivotal phase 2 L-MIND trial (Salles et al. *Lancet Oncol.* 2020;21:978-88), there has been a paucity of real-world studies (RWS) evaluating outcomes in patients who received tafa for R/R DLBCL in the community setting.

Aims:

To describe the characteristics, treatment patterns, and outcomes of patients who received tafa for R/R DLBCL across practice settings in the US.

Methods:

A retrospective multisite medical chart review was conducted in US adults who initiated tafa (+/- len) on or after Oct 21, 2020 for R/R DLBCL outside of clinical trial settings. Eligible patients had ≥4 months of follow-up after tafa initiation; however, patients who died during this period were also included. Participating physicians from Cardinal Health's Oncology Provider Extended Network (~83% from community oncology practices) abstracted data from patients' medical records into electronic case report forms. Data were summarized using descriptive statistics for all patients and by line of therapy in which tafa was received. Patients receiving tafa in fourth-line and beyond (4L+) were not analyzed separately due to low numbers.

Results:

The study included 181 patients in total, with a median (range) follow-up time of 6.5 (0.9-27.4) months since initiating tafa. Key patient characteristics, treatment patterns, and outcomes are summarized in the **Table**. At tafa initiation, most patients had an ECOG PS ≤2 (98%), Ann Arbor Stage III-IV (93%), and revised International Prognostic Index score 3-5 (80%). The majority of patients (72%) received tafa as 2L therapy for R/R DLBCL, 24% as 3L, 3% as 4L, and 2% as 5L. The median time (first to third quartile) from initial DLBCL diagnosis to tafa initiation was 20.0 (12.5-34.7) months. Prior to tafa, 12% had undergone ASCT and 3% had received chimeric antigen receptor T-cell therapy. The starting dose of concomitantly administered len varied: 68 (38%) received 25 mg; 44 (24%) 20 mg; 29 (16%) 15 mg; 31 (17%) 10 mg; 2 (1%) 5 mg; and 7 (4%) patients did not receive len. Doses of len were reduced in 19% of patients during treatment. Among the 60 patients who discontinued tafa, reasons included progression (confirmed by scan, 50%; defined clinically, 17%), toxicity (15%), patient/caregiver request (3%), complete response (2%), and others (13%). The real-world (rw) overall response rate for tafa was 76% (95% confidence interval [CI], 69%-82%), and rw complete response rate was 18% (95% CI, 13%-24%) among those with response data available. The rw progression-free survival probability at 6 months post tafa initiation was 0.8 (95% CI, 0.7-0.8). At data abstraction, 80% of patients were alive, of which 84% were receiving tafa.

Summary/Conclusion:

Findings from this RWS support the clinical benefit of tafa in early lines of therapy for R/R DLBCL, as demonstrated in L-MIND. The patient population was racially and ethnically diverse, with nearly 1 in 3 patients from typically underrepresented racial groups and 1 in 6 of Hispanic ethnicity. Further, most patients were treated in a community oncology setting, which is the most common treatment setting for patients with DLBCL

in the US. Most patients were still on tafa at time of data abstraction and follow-up was limited in duration. As such, longer follow-up is warranted to better understand long-term outcomes of tafa in this diverse patient population.

Keywords: Diffuse large B cell lymphoma, Immunotherapy, Real world data, Lymphoma