(PB3674) PROSPECTIVE EXPLORATION OF ZUBERITAMAB, LENALIDOMIDE COMBINED WITH ORELABRUTINIB (HRO) IN THE TREATMENT OF NEWLY DIAGNOSED MARGINAL ZONE LYMPHOMA.

Topic: 18. Indolent and mantle-cell non-Hodgkin lymphoma - Clinical

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Background

Marginal zone lymphoma (MZL) is a common B-cell non-Hodgkin lymphoma. Due to the high heterogeneity of MZL, there is no clear standard treatment regimen.

Aims

This study aims to prospectively explore the efficacy and safety of a novel chemotherapy-free regimen combining the new CD20 monoclonal antibody zuberitamab, lenalidomide, and orelabrutinib (HRO) as a first-line treatment in newly diagnosed MZL patients with treatment indications at the China-Japan Friendship Hospital starting from Sep 2025.

Methods

Eligible patients were adults aged ≥18 years with histologically confirmed newly diagnosed MZL. The treatment regimen includes 375mg/m² zuberitamab on days 1, 8, and 15 of the first cycle, followed by 375mg/m² zuberitamab on day 1 from the second cycle, lenalidomide 25mg on days 1-14, and orelabrutinib 150mg qd continuously orally, administered every 21 days for a total of 8 cycles. Subjects achieving PR or better after treatment will receive orelabrutinib monotherapy maintenance for a total of 2 years. The primary endpoint is the complete response rate (CRR), and secondary endpoints include overall response rate (ORR), progression-free survival (PFS), and overall survival (OS). Safety is assessed by monitoring adverse events (AE).

Results

A total of 7 patients have been included in this study, with males accounting for 71.4% (5/7). The median age at diagnosis is 78 years (range 48-84). All 7 patients have mucosa-associated lymphoid tissue extranodal marginal zone lymphoma (MALT), with the main affected sites including the lung, intestine, and orbit. Among them, 1 patient has large cell transformation, 5 patients (71.4%) are at Ann Arbor stage IV, 42.9% of the patients have an MZL-IPI score of 1, and 42.9% have an MZL-IPI score of 2.
Median treatment of 5 cycles (2-7), 5 patients were evaluable for efficacy, ORR was 80%, with 20.0% (1/5) achieving CR, median OS and PFS were not reached. 57.1% (4/7) of patients experienced AE, all were graded 1-2, common AEs included rash, liver function impairment, lymphocyte reduction. No atrial fibrillation or bleeding related to BTK inhibitors occurred.

Summary/Conclusion

The HRO regimen as first-line treatment for MZL, especially in elderly patients with high-risk features, is a safe and effective treatment strategy, and future research updates will include more follow-up data.