(PB3844) REAL-WORLD OUTCOMES OF BELINOSTAT IN RELAPSED REFRACTORY T-CELL LYMPHOMAS: A REPORT FROM THE LYMPHOMA STUDY GROUP OF TURKISH SOCIETY OF HEMATOLOGY

Topic: 20. Other aggressive lymphomas

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Background

T-cell lymphomas (TCL) comprise a rare group of non-Hodgkin lymphomas, and the outcomes are usually dismal. First-line therapy typically includes an anthracycline-based regimen. Unfortunately, this approach yields a low rate of complete responses, with a five-year survival rate of approximately 35% . Although treatment options are evolving, current approaches include salvage chemotherapy followed by autologous or allogeneic stem cell transplantation (auto-SCT or allo-SCT), as well as single-agent novel therapies, followed by allo-SCT. Belinostat is a pan-HDAC inhibitor approved for relapsed refractory peripheral T-cell lymphomas (PTCLs).

Aims

In this retrospective study, we analyzed the real-world outcomes of single-agent Belinostat in Turkish patients with relapsed refractory (RR) TCLs.

Methods

Fifty-nine patients with RR TCLs from 19 centers across Turkey were analyzed retrospectively . Clinical and follow-up data were obtained from medical records. Patients with RR TCLs who received at least one course of belinostat were included in the study. Patients who received belinostat for less than one course or those who received belinostat in combination with chemotherapy were excluded. Response to belinostat was assessed according to the 2014 Lugano Response Criteria for NHLs .

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Results

A total of 36 male and 23 female relapsed refractory patients with TCL were enrolled in the study, with a median age of 62 years . Most patients were diagnosed with TCL after 2019. The most frequent types of TCLs included peripheral T-cell lymphoma, not otherwise specified (PTCL, NOS), and angioimmunoblastic T-cell lymphoma (AITL). The majority of patients had advanced-stage disease. The International Prognostic Index (IPI) score was 1 for 24% of patients, 2 for 17%, 3 for 51%, and 4 for 8.5%. Anthracycline-containing chemotherapy, with or without etoposide, was the most preferred first-line therapy. The median number of previous lines of therapy before Belinostat was 2.5 , and the median number of Belinostat cycles was 2 . Ten patients (17%) proceeded to allo-SCT after Belinostat.
The overall response rate for Belinostat was 32% in evaluable patients. At the time of data analysis, 46% of patients were alive. The cause of death was disease progression in 72% of cases . The median follow-up period was 9 months . The median PFS was 3 months . The median OS was 12 months . Belinostat was well tolerated, with TEAEs primarily manifesting as mild (grade 1 or 2). The main adverse events included cytopenias, particularly neutropenia, and transaminitis .

Summary/Conclusion

The prevalence of specific TCL subtypes, particularly PTCL, NOS and AITL highlights the heterogeneity within TCLs. Our assessment of Belinostat revealed an overall response rate of 32%, indicating its potential efficacy in managing relapsed refractory T-cell lymphoma, although the response rate can be considered modest when contrasted with therapies used in other lymphomas . The median PFS of 3 months and OS of 12 months illustrates the aggressive nature of this malignancy .Adverse events associated with Belinostat were primarily mild, with notable instances of cytopenias and transaminitis, aligning with the established safety profile of histone deacetylase inhibitors.
Finally , while Belinostat exhibits certain therapeutic potential, further exploration through larger, randomized controlled trials is essential to delineate its role within the treatment spectrum of TCLs.