

(PB3902) GOLIDOCITINIB MITOXANTRONE HYDROCHLORIDE LIPOSOME CHIDAMIDE AND PREDNISONE (GO-MCP) IN RELAPSED/REFRACTORY PERIPHERAL T-CELL LYMPHOMA: A REAL-WORLD RETROSPECTIVE STUDY

Topic: 20. Other aggressive lymphomas

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Background

Peripheral T-cell lymphomas (PTCLs) are heterogeneous aggressive malignancies with poor outcomes. Patients are easily progressed to relapsed/refractory (R/R) diseases. The 3-year survival rate of R/R PTCLs was very low. Golitinib, an oral selective JAK1 inhibitor, has demonstrated promising therapeutic efficacy in R/R PTCLs in clinical trials. Accordingly, we designed the Go-MCP regimen, which combines golidocitinib with mitoxantrone hydrochloride liposome, chidamide, and prednisone, and conducted an observational study to evaluate its efficacy and safety.

Aims

To evaluate the efficacy, safety of Go-MCP regimen in patients with peripheral T-cell lymphoma, and provide a new treatment option.

Methods

Enrolled patients received the Go-MCP regimen: golidocitinib 150 mg once daily, mitoxantrone hydrochloride liposome 12 mg/m² on day 1, chidamide 15 mg twice weekly, prednisone 100 mg on days 1–5, in 21-day cycles. All recruited patients received ≥1 cycle of Go-MCP therapy. Response was assessed every 3–4 cycles via PET-CT or other appropriate imaging based on disease sites. Statistical analyses were conducted using R studio.

Results

Seven patients (2 male, 5 female) were enrolled, one discontinued due to herpes zoster. Histologic subtypes included PTCL-NOS (n=3), angioimmunoblastic T-cell lymphoma (n=2) and unclassifiable peripheral T-cell lymphoma (n=2).

At data cutoff, mean OS was 107 days (SD 53.5, range 39–190), and mean PFS was 105 days (SD 55.1, range 0–190). Patients received a median of 3.57 cycles (range 1–7) of standard-intensity Go-MCP.

Of note, one PTCL patient with CNS relapse after five cycles of CHOP (cyclophosphamide, doxorubicin, vincristine, and prednisone) and subsequent progression on second-line methotrexate/temozolomide with intrathecal therapy achieved CR on PET-CT after 7 cycles of Go-MCP. This result indicated promising efficiency in CNS relapse patients and in mitoxantrone exposure patients. Two enrolled patients have proceeded to autologous stem cell transplantation following Go-MCP treatment, with the longest progression-free survival (PFS) reaching 190 days to date, demonstrating deep remission of Go-MCP regimen.

The dominant treatment-related adverse events were hematologic toxicity and infections, but all adverse events were controllable and there were no fatal adverse events. Anemia and myelosuppression occurred in all patients. Grade 3 infections occurred in five patients (71.4%, including three of pulmonary infection, two of skin infection, and one of abdominal infection); No hemolysis or other hematolymphatic disorders were observed.

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Summary/Conclusion

In conclusion, the Go-MCP regimen demonstrates preliminary efficacy and a generally manageable safety profile in patients with R/R PTCL, but larger prospective studies with extended follow-up are needed to confirm its long-term therapeutic value.

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