(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 easyly progressed to relapsed/refractory(R/R) diseases. The 3-year survival rate of R/R PTCLs was very low. Golcitinib, 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 a observational study to evaluate its efficacy and safety .

Aims

To evaluate the efficacy, safety of Go-MCP regiment 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 12mg/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 efficency 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.

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.