(PB3982) PROMISING OUTCOMES WITH DUAL EPIGENETIC THERAPY FOR OLDER PATIENTS (>70 YEARS) WITH NEWLY DIAGNOSED ANGIOIMMUNOBLASTIC T-CELL LYMPHOMA

Topic: 21. Lymphoma biology & translational research

Chao Hu[1], Chunmei Yang*[2], Hongyan Tong[3], Jie Jin[4]

[1]The First Affiliated Hospital, Zhejiang University School of Medicine, Department of Hematology, Hangzhou, China;[2]the First Affiliated Hospital, Zhejiang University School of Medicine, Department of hematology, Hangzhou, China; [3]The First Affiliated Hospital, Zhejiang University School of Medicine, department of hematoloy, Hangzhou, China; [4]The First Affiliated Hospital Zhejiang University School of Medicine, department of hematology, Hangzhou, China;

Background

Previous studies have reported that the median onset age of angioimmunoblastic T-cell lymphoma (AITL) is approximately 65 years, with a 5-year overall survival (OS) rate of only 30%. Elderly patients aged over 70 years cannot tolerate conventional intensive chemotherapy and have poorer performance status, with a 5-year OS rate of less than 20%. Therefore, novel therapeutic strategies are urgently needed to improve the current situation. The abnormal epigenetic modifications in the development and progression of AITL have garnered considerable attention. Three recurring-mutation genes (TET2, DNMT3A and IDH2), involved in the regulation of DNA methylation, were high-frequency mutation rate in AITL patients. And, hypoacetylated histones are associated with closed the development of AITL. Previous studies demonstreated that azacitidine combined with chidamide was effective in patients with R/R AITL and had a favorable safety profile.

Aims

Hence, this study aimed to investigate the efficacy and safety of chidamide combined with azacitidine in the treatment of newly diagnosed elderly AITL patients (>70 Years).

Methods

We enrolled elderly patients (>70 Years) with newly diagnosed AITL treated with chidamide plus azacitidine in the Department of Hematology, the First Affiliated Hospital of Zhejiang University. Patients received 5-azacytidine at 75 mg/m2 subcutaneously for 5 consecutive days every 21 days and oral chidamide at 20 mg twice a week. The primary endpoint of the study is to explore the efficacy and safety.

Results

Enrollment of patients into the study occurred from March 15, 2024, to July 15, 2025, and comprised a cohort of 7 patients. The median age was 71 years (range, 71-81), with 57.1% being female. All patients presented with advanced disease (stage III-IV). Three patients had a poor performance status (ECOG ≥2), and the median international prognostic index (IPI) was 3 at the time of diagnosis. Among the patients, 3(42.9%) had elevated lactate dehydrogenase and 4 (57.1%) had bone marrow involvement. The best ORR was 85.7% (6/7), with a complete remission rate (CR) of 42.9% and partial remission rate (PR) of 42.9%. Patients were monitored until either the date of death or the last follow-up date. The median duration of follow-up was 13.6 months. The median progression-free survival (PFS) and OS was not estimable. The 1 year PFS and OS rate was 85.7% and 100%, respectively. Treatment was generally well tolerated with expected side effects. Treatment-emergent grade 3 to 4 hematologic toxicities included neutropenia (57.1%), thrombocytopenia (57.1%) and anemia (42.9%), with febrile neutropenia (28.6%). Grade 3 to 4 nonhematologic toxicities included 42.9% fatigue and 28.6% diarrhea.

Summary/Conclusion

Chidamide combined with azacitidine shows favorable efficacy, few adverse reactions and good tolerability in elderly patients (>70 Years) with AITL, which is worthy of further clinical promotion and application.