(PS2132) REAL-WORLD INSIGHTS INTO CLINICAL FEATURES AND OUTCOMES IN EXTRANODAL T-CELL LYMPHOMAS: RESULTS FROM THE INTERNATIONAL T-CELL PROJECT 2.0 PROSPECTIVE COHORT STUDY.

Topic: 20. Other aggressive lymphomas

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Background

Extranodal T-cell lymphomas (EN-TCL) comprise a complex and heterogeneous group of malignancies often associated with an aggressive clinical course. Despite improvements largely due to asparaginase-based therapies in Natural killer/T-cell subtypes, real world data suggests that outcomes for advances disease remain poor. Utilizing data from the International T-cell Project 2.0 (TCP2.0), this study aimed to evaluate current treatment modalities and survival outcomes to better characterize this patient population.

Aims

To analyze the clinical characteristics, frontline treatment patterns, and survival outcomes of patients with extranodal T-cell lymphomas within the prospective TCP2.0 cohort.

Methods

We conducted a prospective analysis of 323 patients with EN-TCL enrolled in the TCP2.0 registry between 2018 and 2026. All cases were classified according to 2016 WHO criteria. The primary endpoint was 2-year progression-free survival (PFS), estimated using the Kaplan-Meier method with 95% Confidence Intervals (CI).

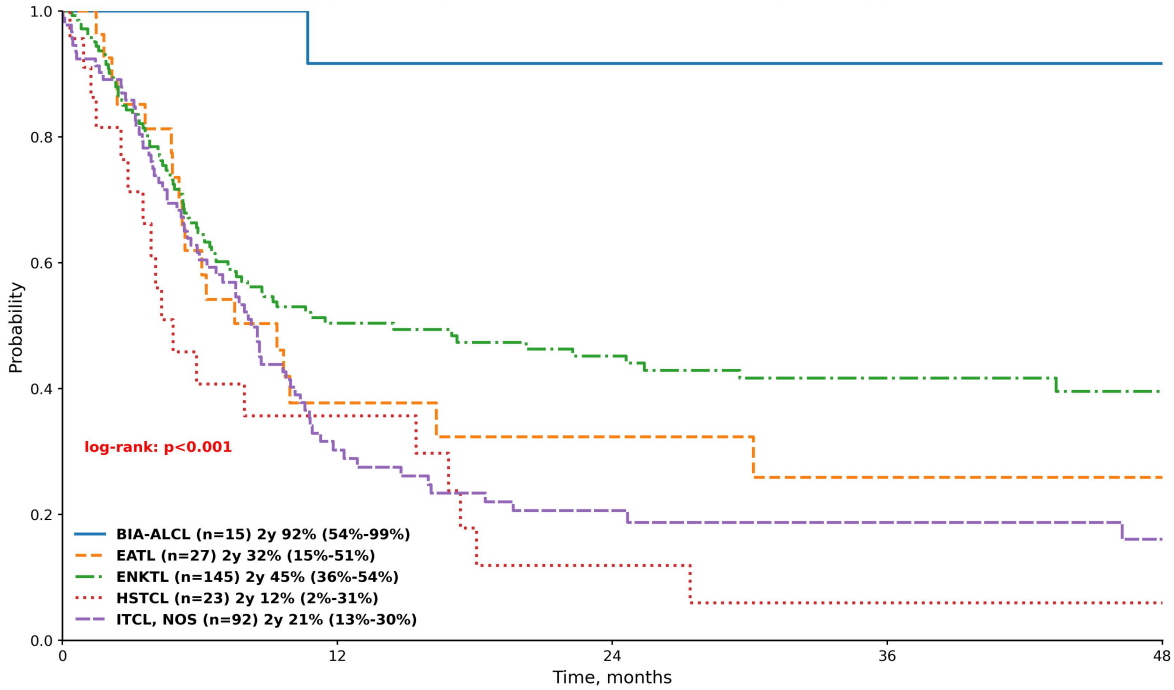
Results

Among the 323 patients, the most frequent subtypes were Extranodal NK/T-cell lymphoma, nasal type (ENKTL; N=145), Intestinal T-cell lymphoma, NOS (ITCL; N=92), Enteropathy-associated T-cell lymphoma (EATL; N=27), Breast implant-associated anaplastic large cell lymphoma (BIA-ALCL; N=15), Hepatosplenic T-cell lymphoma (HSTCL; N=23). Advanced-stage disease (Stage III-IV) was present in 51% of patients, and 47% exhibited B-symptoms at diagnosis, and 81% of the cohort maintained a favorable ECOG performance status (0-1). The high-risk group comprises 18% (N=38) and 13% (N=33) according to IPI and PIT, respectively. Frontline therapy was predominantly anthracycline-based, with CHOP (23%) and CHOEP (18%) being the most utilized regimens. Asparaginase-containing protocols were administered to 22% of patients. Consolidation with stem cell transplantation was performed in a subset of 35 cases, of which 27 (77%) were autologous (ASCT). The overall response rate (ORR) was 65%, with a complete response (CR) rate of 49%.
The 2-year PFS demonstrated significant variability across histological subtypes: for BIA-ALCL 92% (95% CI: 77–100), for ENKTL 45% (95% CI: 37–53), for EATL 32% (95% CI: 18–58), for ITCL, NOS 21% (95% CI: 13–32), for HSTCL 12% (95% CI: 3–43). Information about relapse was recorded in 122 (37.7%), and the second-line therapy information was presented in 85 (69.6%). The three most frequent regimes were Gemcitabine-based 17(20%), Asparginase-based 14(16%) and Platinum-based 11(13%). Only 2 patients received BV, and 9 received Pralatrexate. The response to second-line therapy was recorded in 34/85 (40%), with an ORR 36%, where 21% reached CR and 15% PR.

Summary/Conclusion

Our findings confirm that extranodal T-cell lymphomas, with the exception of BIA-ALCL, continue to carry a poor prognosis. The low utilization of transplant consolidation and a high rate of primary disease progression highlight a critical need for the integration of novel agents and intensified frontline strategies to improve long-term survival in this heterogeneous group.

Figure1. 2-years PFS based on histology subtypes



At risk					
BIA-ALCL	15	11	7	3	2
EATL	27	8	6	3	2
ENKTL	145	54	41	23	17
HSTCL	23	6	2	1	1
ITCL, NOS	92	22	13	7	6