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Abstract Title: Obinotuzumab Plus Bendamustine In Patients With Relapsed/Refractory Waldenstrom's Macroglobulinemia: The Experience Of One Center.
Special Instructions: Background:

Waldenstrom's Macroglobulinemia (WM) belongs to the group of indolent B-Non-Hodgkin's lymphomas, characterized by a mostly slowly progressing clinical course and recurrent relapses (Grunenberg and Buske 2019). Fortunately, recent years have seen considerable progress in establishing new treatment concepts. We present the results of a evaluating the combination of obinutuzumab plus bendamustine in relapsed/refractory (R/R) WM.

Patients and Methods:

All nine patients had measurable, relapsed WM with CD20 expression and required treatment. The goal was to determine efficacy- overal response rate (ORR), progression free survival (PFS), overal survival (OS) and safety of this treatment combination. During the induction phase, patients received obinotuzumab plus bendamustine for 8 cycles, followed by a maintenance phase with obinotuzumab alone for ≤2 years. Three patients with R/R WM were treated with the induction combination, and 6 patients participated in the maintenance phase.

Results:

The median age was 70 years (range 48- 86) and the median number of prior treatments was 2 (range 1-3). ORR was 100% at the end of induction phase; with 33,3% of patients achieving partial response; 33,3% of patients achieving very good partial response and 33,3% of patients achieving complete response. With a median follow-up of 90 months, median PFS and median OS were not reached. It is important to emphasize that all R/R WM patients treated with obinotuzumab plus bendamustine were pretreated with the median PFS after first linie treatment of 72 months (95% confidence interval [CI], 12.7-168.2) and median PFS after second line treatment of 34 months (95% CI, 4.1- 48.5). At least one adverse events (AE) of any grade occured in all nine treated patients. The most frequent AEs of any grade were neutropenia (55,5%), infection (33,3%) and thrombocytopenia (22,2%). The AE of grade 3 was herpes-zoster infection, occured in one patient.

Conclusion:

Our modest findings show that the combination of obinutuzumab plus bendamustine is effective in R/R WM patients. Even if the median follow-up is long enough (median 90 months), the apparent lack of number patients could give new meaning to targeting of this treatment.
Conference: IWWM12

Authors:

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