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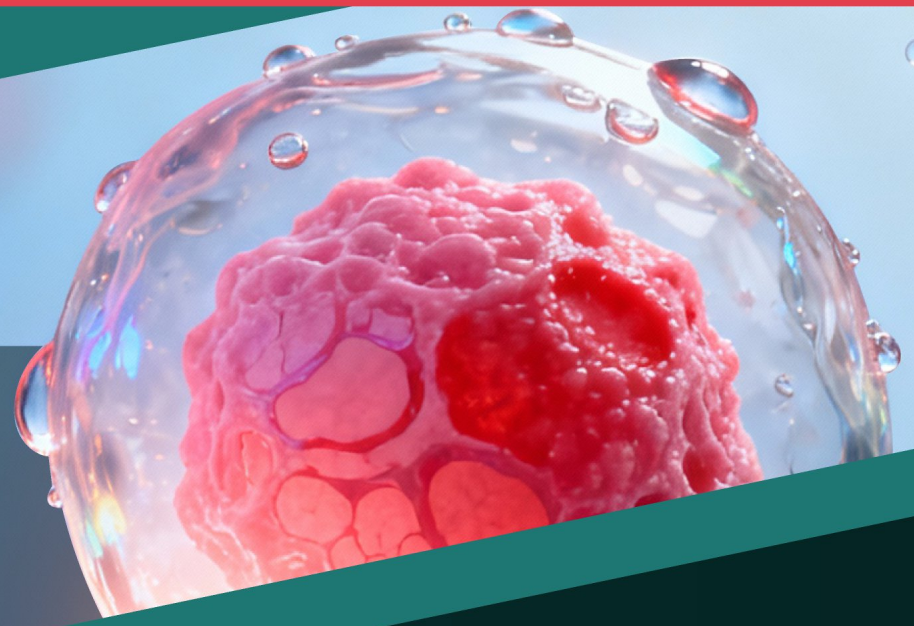

LO MEJOR DE
EHA - ASCO
2026

Lo mejor del Linfoma plasmablástico y asociados

Dr. Javier Romano

Hospital Prof. A. Posadas - Buenos Aires - Argentina

Multicéntrico retrospectivo (Italia, EEUU, Polonia), PBL entre 2000 y 2022.

✓ Características, tratamiento, resultados y factores pronósticos.

Primer análisis: evaluados 50p (45), median FU 134m.

Edad mediana / >60 años	**56y / 46%**
Síntomas B / ECOG >1	**28% / 23%**
Más de 1 sitio EN	**40%**
Estadío avanzado	**62%**
R-IPI High / CNS-IPI High	**50% / 23%**
HIV + / Mediana CD4	**44% / 99 cells/uL**
EBER + / EBV viremia	**72% / 57%**
CHOP-Like / EPOCH / MAGRATH/GMALL	
CT + Borte / RT / HD-CT - ASCT	**20% / 20% / 14%**
ORR / CR	**71% / 60%**
10y PFS / OS	**42% / 55%**

CLINICAL FEATURES, TREATMENTS AND OUTCOME OF PLASMABLASTIC LYMPHOMA: RESULTS FROM A PRELIMINARY ANALYSIS OF THE RETROSPECTIVE INTERNATIONAL PLALY STUDY ON BEHALF OF FIL, LEO/MER REGISTRY AND PLRG

Emanuele Ravano

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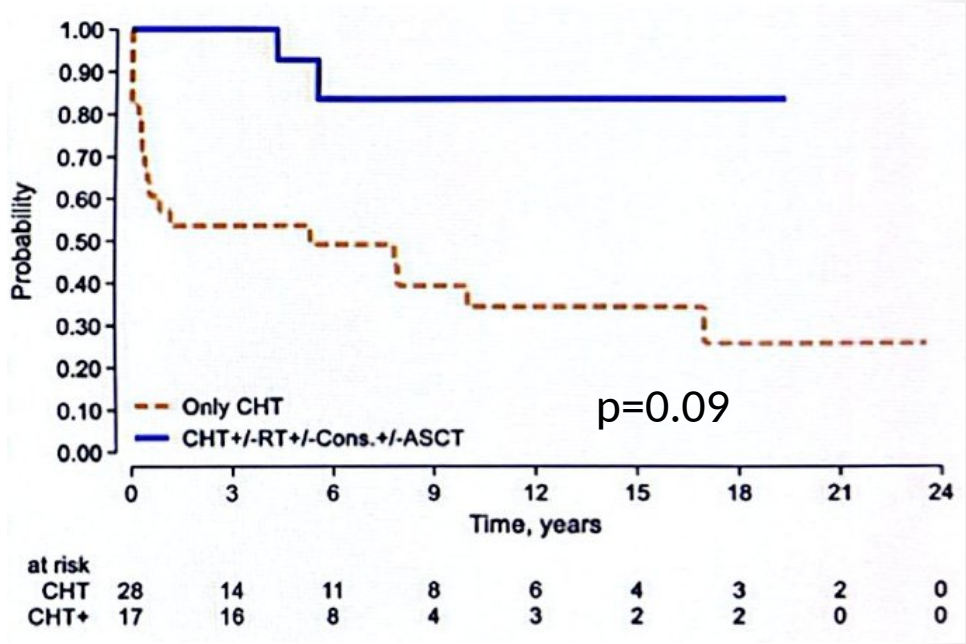

CONCLUSIONS

In this preliminary analysis new risk factors, such as **ECOG PS >1, >1 extranodal site and diagnosis before 2015,** have been identified; patients treated with upfront consolidation therapy tend to have better survival, which needs to be confirmed in the whole cohort we expected to enroll in the study.

AUTOLOGOUS HEMATOPOIETIC CELL TRANSPLANTATION FOR PLASMABLASTIC LYMPHOMA: A STUDY FROM THE EBMT LYMPHOMA WORKING PARTY

Joseph Kauer

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EBMT, retrospectivo 2016 - 2022.

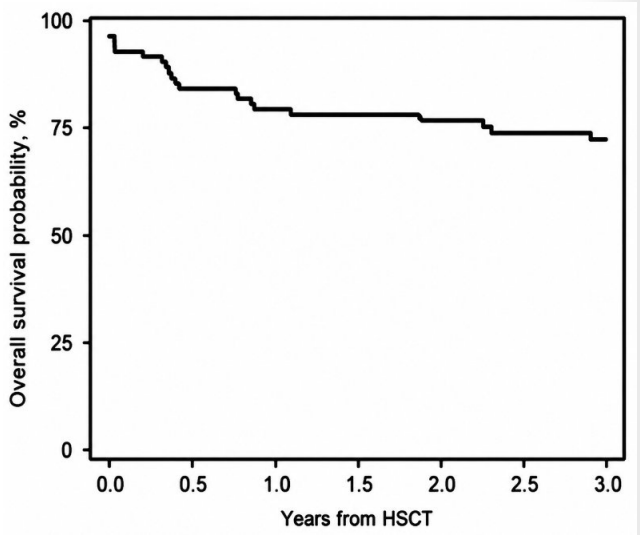
- ✓ Eficacia y seguridad de autotrasplante en PBL
- ✓ Revisión histopatológica y clasificación (ausencia CD20, EBV high, etc)

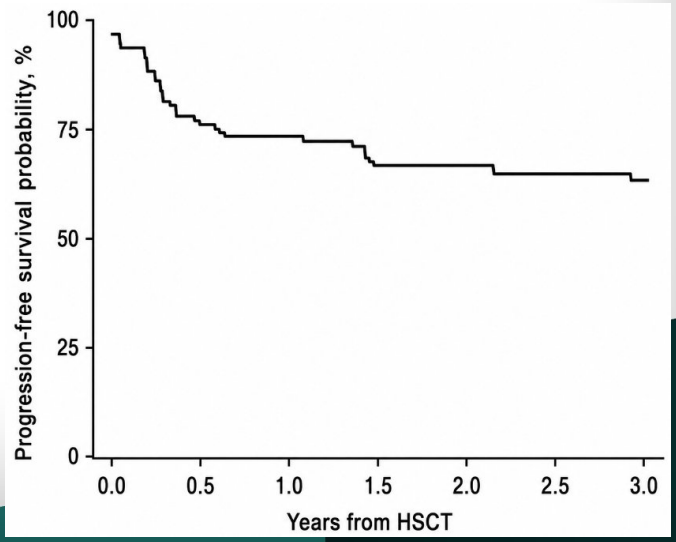
Variable	Total cohort n=78 (%)
Age at transplantation, median range (years)	51 (23 - 74)
Diagnosis-auto-HCT, median, range (months)	8 (3 - 291)
Sex = male	65 (83.3)
High risk IPI (4-5)	9 (16.
High-intermediate risk IPI (3)	16 (29)
Low-intermediate risk IPI (2)	22 (39)
First line therapy	44 (56)
Second line therapy	28 (36)
HIV positive at diagnosis	23 (32)
First line therapy = EPOCH	30 (39)
First line therapy = CHOP	30 (39)
Conditioning regimen = BEAM	51 (65)
CR prior to autoHCT	43 (55)
PR prior to autoHCT	31 (40)

- 44% recibió nuevos agentes + CT (bortezomib, daratumumab, etc).
- 4.5y median FU
  - 2y OS: 79%
  - 2y PFS: 64%
- HIV + tendencia a menor recaídas.

CONCLUSIONS

- **Largest patient cohort** on autoHCT in PBL with expert **pathological review**
- Autologous hematopoietic cell transplantation (autoHCT) is an **effective consolidation strategy** for PBL after first- or second-line therapy.
- It achieved a **2-year lymphoma-free survival of 64.1%,** suggesting improved outcomes compared to historical chemotherapy alone.
- These retrospective data **support the use of autoHCT** in eligible patients with PBL.





AN OPEN LABEL, PHASE 2 TRIAL EVALUATING DARATUMUMAB-BORTEZOMIB-DEXAMETHASONE COMBINATION IN RELAPSED OR REFRACTORY PLASMABLASTIC LYMPHOMA: THE DALYA TRIAL ON BEHALF OF THE FONDAZIONE ITALIANA LINFOMI

Dr. Andrés José María Ferreri

Author(s): Andrés José María Ferreri, Emanuele Ravano, Federico Erbella, Luisa Verga, Angela Ferrari, Roberta Battistini, Guido Gini, Francesco Piazza, Luca Nassi, Francesca Maria Quaglia, Agostino La Porta, Alessandro Nonis, Fabio Facchetti, Maurilio Ponzoni, Michele Spina, Alessandro Re

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FIL, Fase 2, rama única, Dara-Borte-Dexa en PBL R/R

- ✓ Evalúa actividad y tolerancia del tratamiento en el primer análisis.

METHOD

Main inclusion/exclusion criteria:

- age ≥18 yo
- Histologically confirmed PBL per WHO 2017
- CD38 expression in ≥5% tumour cells
- Relapsed/refractory to ≥1 prior line of chemotherapy
- Previous or not eligible for ASCT
- ECOG PS ≤3
- ≥1 measurable lesions
- Both HIV-negative and HIV-positive patients were eligible, provided HIV infection was controlled with cART.

Primary endpoint: best overall response rate (ORR: CR+PR) assessed per Lugano 2014 criteria.

Patients' characteristics	N= 15 (100%)
Age, median (range) - years	62 (33-80)
Males	14 (93)
Stage III-IV	13 (87)
Elevated LDH	11 (73)
Extranodal disease	12 (80)
IPI ≥2	15 (100)
Number of previous lines, median (range)	1 (1 - 3)
Previous autologous transplant	1 (7)

Treatment

Phase	Cycle #	Interval (days)	Daratumumab (subcutaneous)	Bortezomib (subcutaneous)	Dexamethasone (oral route)
Induction	1	21	1800 mg days 1,8, & 15	-	-
	2-3	21	1800 mg days 1,8, & 15	1,3 mg/m² days 1,4,8, &11	20 mg ds 1,2,4,5,8,9,11,12
	4-9	28	1800 mg on day 1	1,3 mg/m² days 1,4,8, &11	20 mg days 1,2,4,8,11
Maintenance	10-15	28	1800 mg on day 1	-	-

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Efficay	Patient number														
Time point	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Cycle 1 (D15-19)	PD	PD	PD	SD	PD	PR	PR	SD	SD	PR	SD	PD	SD	PD+	PR
Cycle 3 (D15-19)	PR	PD+	PR	PD+	PD+	PD+	CR	SD	PD+	PR	PD	PD+	PD		PD+
Cycle 6 (D15-19)			PD+					SD		PD+					
End of Induction	CR							SD							
Cycle 12 (D15-26)															
End of Treatment	PD+							SD							

Disease assessment at the various study time points for each enrolled patient. ORR = 40% (95%CI=15-65), 2 CR and 4 PR. PD: progressive disease; PR partial response, CR: complete response; SD: stable diseases.

Toxicity	Grade 3	Grade 4	Grade 5
Hematologic:	6	3	0
Recovered	4	3	0
Drug interrupted	4	2	0
Non-hematologic:	3*	0	1**
Recovered	2	0	0
Drug interrupted	2	0	1

*n=1 mucositis, n=1 COVID-19 and n=1 Ileo-typhlitis
**Septic shock

81 AEs:

68 (83%) grade 1-2

13 (16%) grade ≥3.

CONCLUSIONS

Daratumumab-bortezomib-dexamethasone met predefined efficacy criteria in the first step of the DALYA trial, showed acceptable toxicity, and supports further investigation of these agents in PBL, including future incorporation of these drugs into frontline therapy. Accrual is ongoing.

Age and HIV Status as Survival Predictors in HHV8-Positive Diffuse Large B-Cell Lymphoma: *The Largest Population-Based Analysis to Date.*

Gaelle C Haddad, M.D.[1], Hong Liang, PhD.[1], Chieh-Lin Fu, M.D.[1], Yehuda Galili, M.D[1], Chakra P Chaulagain, M.D.[1]

Cleveland Clinic

Retrospectivo descriptivo, 2004-2023, National Center Database, EEUU. **262 pts**

✓ Características, tratamiento, resultados y factores pronósticos.

Fig.1 Patients Baseline Characteristics

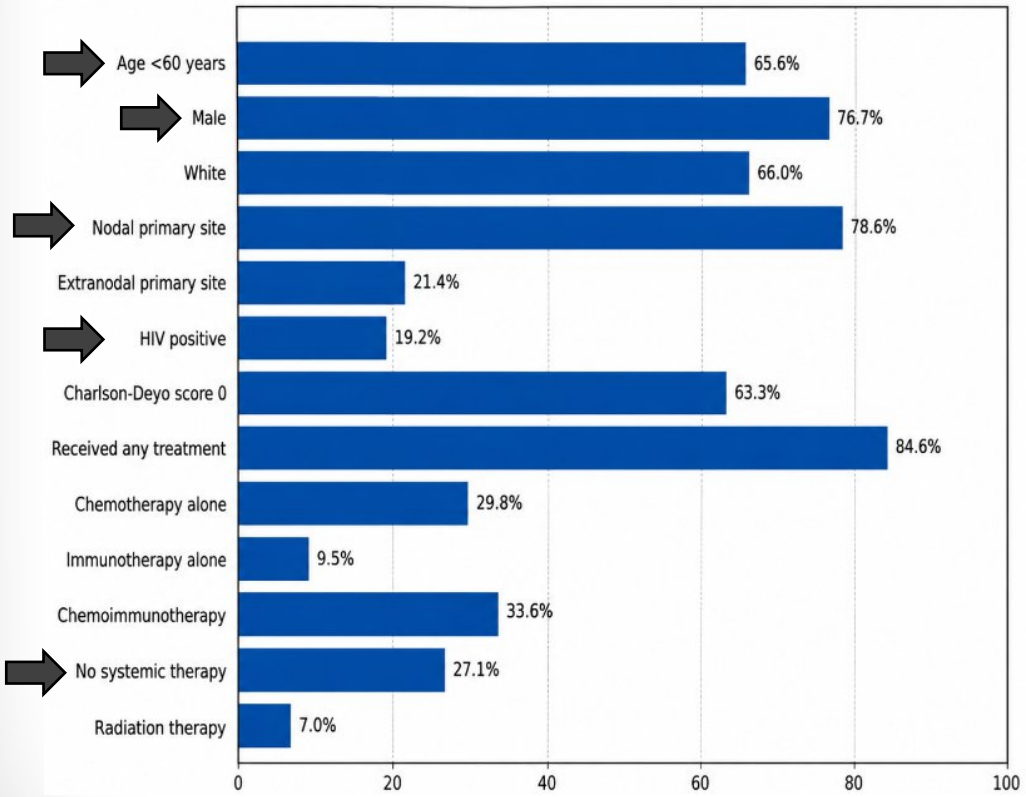

Fig 2. KM Survival Curve for the whole cohort

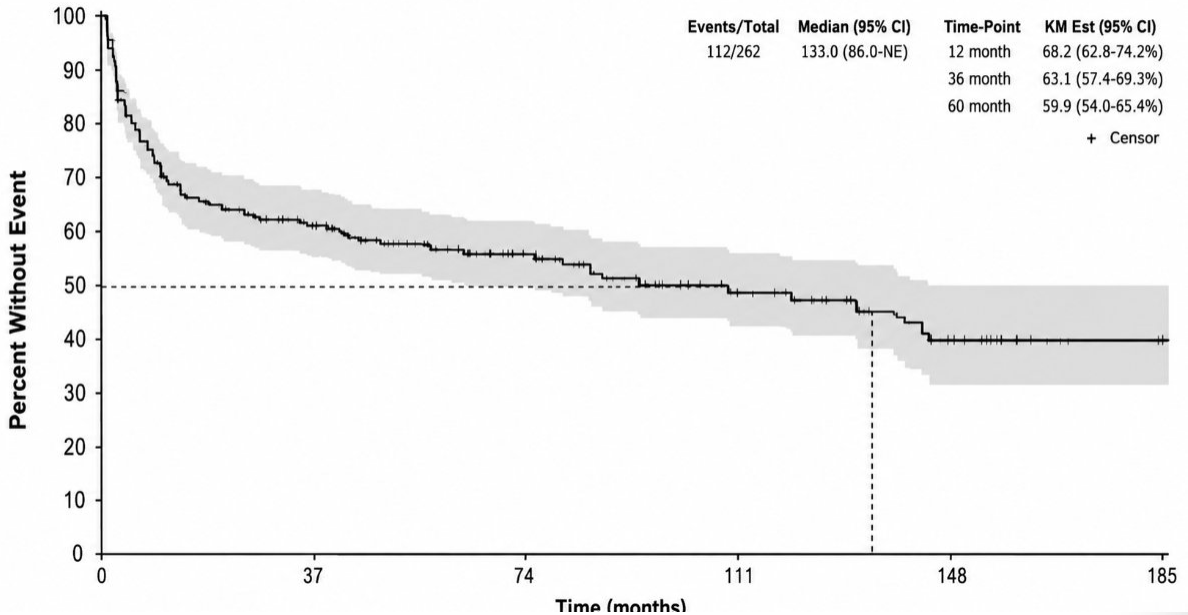

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Table 1. Multivariable Cox Regression

Factor	OR (95% CI)	p-value
Age		
Age <60 (ref)	1	
Age ≥60	2.20 (1.42–3.40)	**0.0004**
CDCC		
0 (ref)	1	
≥1 Morbidities	1.67 (1.14–2.44)	**0.0090**
Treatment		
No	2.16 (1.34–3.48)	**0.0016**
Yes (ref)	1	
HIV		
Negative (ref)	1	
Positive	2.56 (1.39–4.71)	**0.0026**
Unknown	0.96 (0.59–1.56)	0.8601

Conclusions

- HHV8+ DLBCL is a rare and aggressive lymphoma with poor long-term survival, frequently associated with multicentric Castleman disease, mainly affecting males with nodal involvement.
- Age ≥60 years, higher Charlson-Deyo score, HIV-positive status, and lack of systemic treatment independently predicted worse survival.
- Our study provides the largest cohort analysis of HHV8+ DLBCL to date.
- Further prospective studies with larger sample sizes are necessary to gain deeper insight into the pathogenesis and optimize treatment of this rare lymphoma.

Muchas Gracias

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