

Faut-il greffer tous les LNH T? (*En 1^{ère} ligne*)

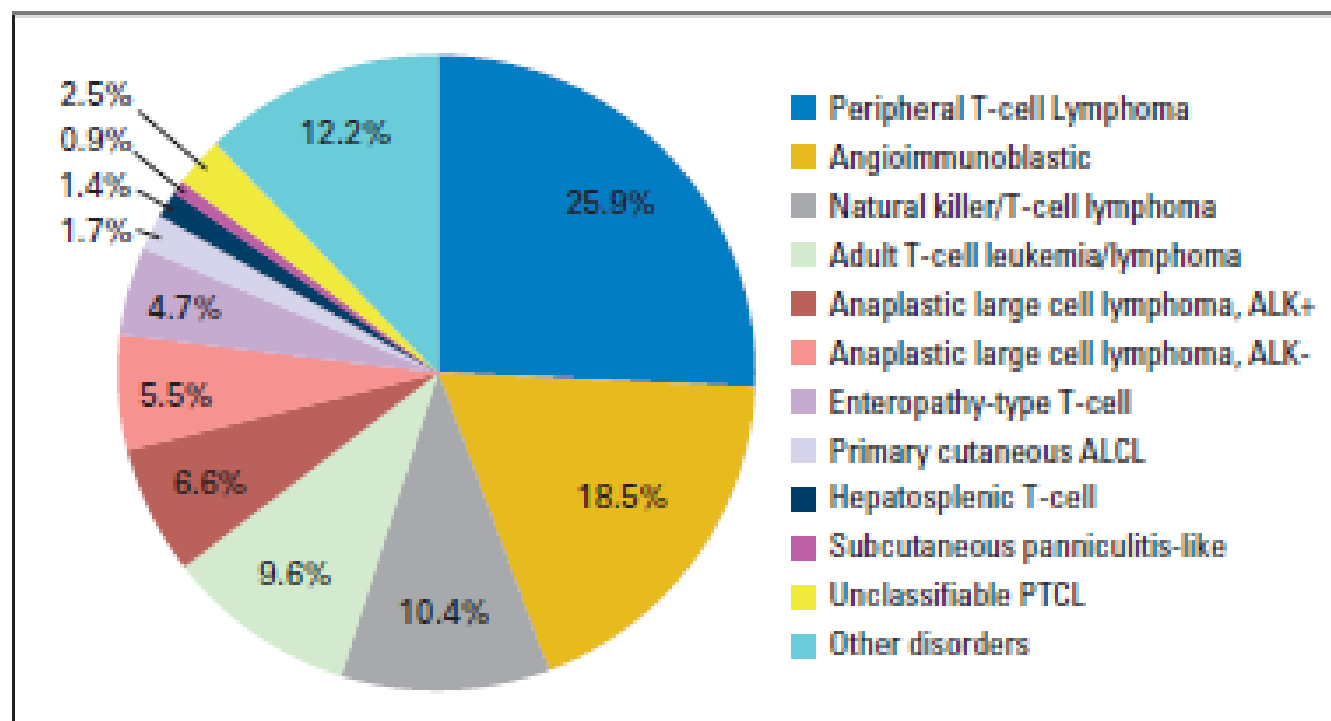
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Plan

- Le spectre des LNH T
- Le pronostic des LNH T
 - Avec les traitements « standards »
- L'autogreffe
- L'allogreffe
- Les essais randomisés
- Le rôle du PET-SCAN
- Conclusion

Le spectre des LNH T

International Peripheral T-Cell and Natural Killer/T-Cell Lymphoma Study: Pathology Findings and Clinical Outcomes



Le Pronostic des LNH T avec traitement standard

Index pronostiques

Table 3. Prognostic index in peripheral T-cell lymphomas

IPI (all patients)	K-IPI	PIT
Factors	Factors	Factors
1) Age (≤ 60 versus >60 years)	1) B symptoms	1) Age >60 years
2) Serum LDH ($\leq 1 \times$ normal versus $>1 \times$ normal)	2) Stage ≥ 3	2) ECOG PS ≥ 2
3) Performance status (0 or 1 versus 2–4)	3) LDH level $>1 \times$ upper normal limit	3) LDH level more than $1 \times$ normal value
4) Stage (I or II versus III or IV)	4) Regional lymph nodes (N1–N3, not M1)	4) BM involvement
5) Extranodal involvement (≤ 1 site versus >1 site)		
Index	Index	Index
Low = 0 or 1	Group 1: no adverse factors	Group 1: no adverse factors
Low intermediate = 2	Group 2: 1 factor	Group 2: 1 factor
High intermediate = 3	Group 3: 2 factors	Group 3: 2 factors
High = 4 or 5	Group 4: 3 or 4 factors	Group 4: 3 or 4 factors

Recommandations récentes pour le traitement des LNH T

BJH 2011
Dearden CE

PTCL NOS, ALK- ALCL
AITL:
CHOP + Auto

ESMO 2013
Dreiling M

Tous types sauf NK TCL

CHOP/CHOEP
Auto si IPI ou PIT \geq 2 et CR-PR

Italie 2014
Corradini P

Tous types sauf ALK+ ALCL

CHOP/CHOEP + Auto

ALK+ ALCL IPI $<$ 3
CHOP/CHOEP x 6 (pas d'auto)

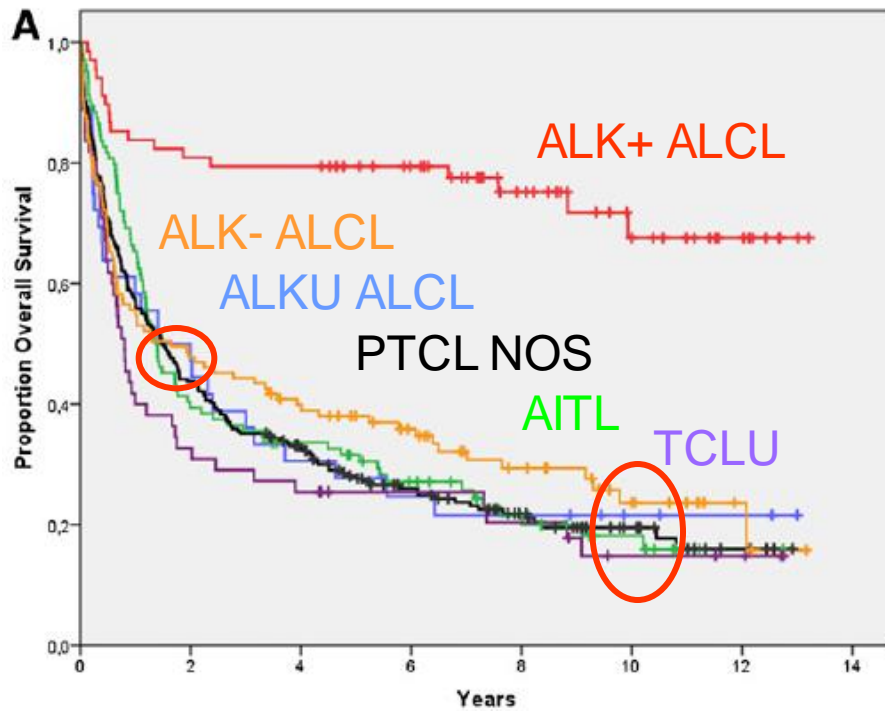
Real-world data on prognostic factors and treatment in peripheral T-cell lymphomas: a study from the Swedish Lymphoma Registry

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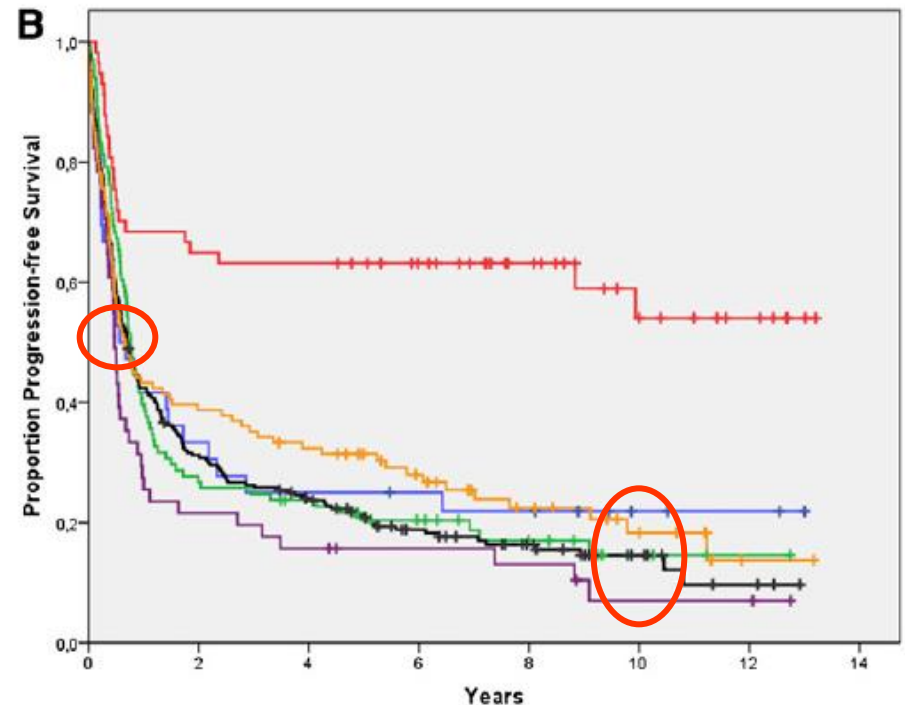
755 Pts (7,4% des LNH)

Age: 67 ans (18-96)

CHOP/CHOEP: 499 (84%)



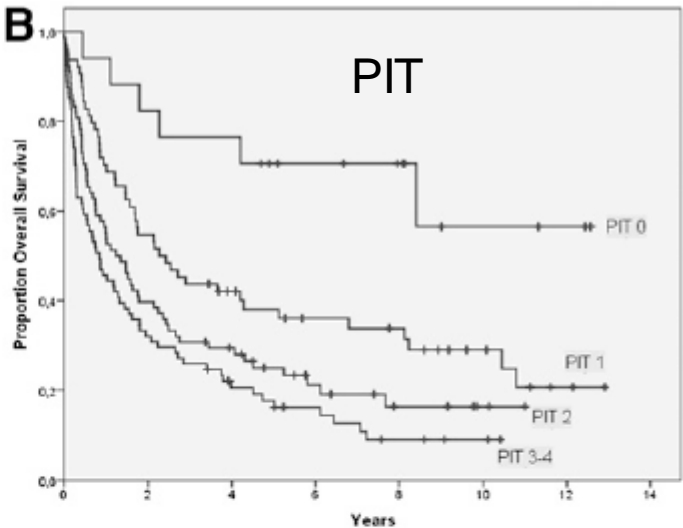
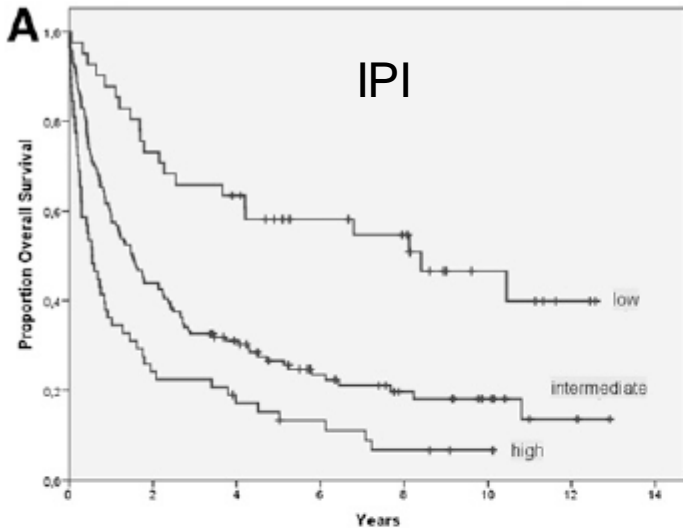
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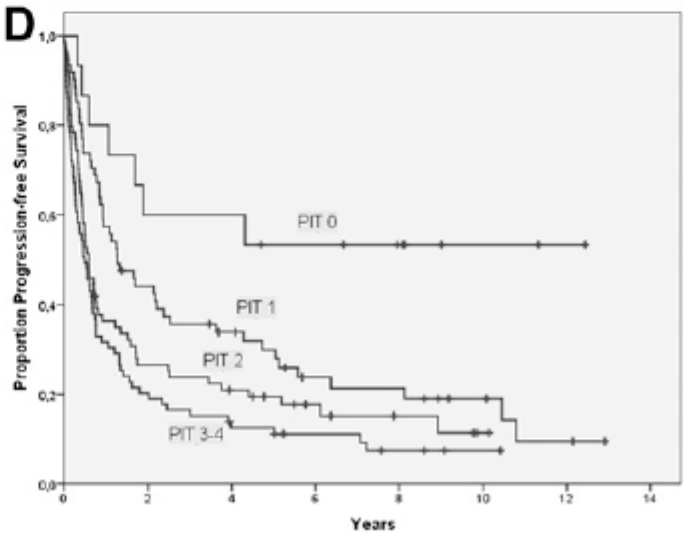
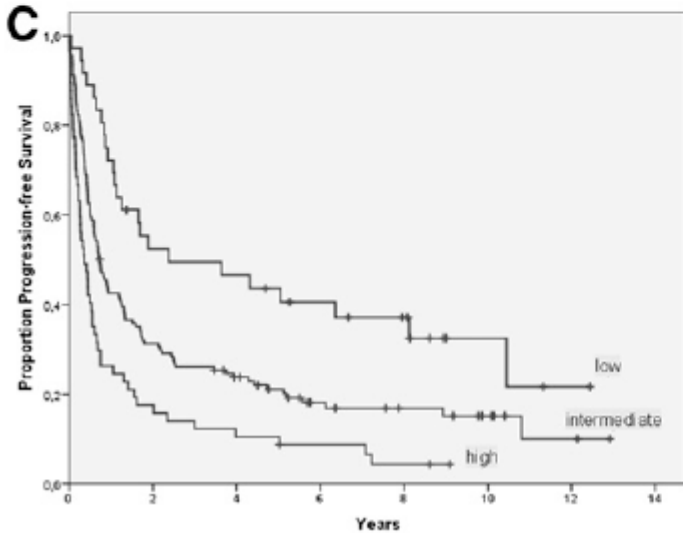
PFS

Real-world data on prognostic factors and treatment in peripheral T-cell lymphomas: a study from the Swedish Lymphoma Registry

OS



PFS



L'autogreffe

Autologous Stem-Cell Transplantation As First-Line Therapy in Peripheral T-Cell Lymphomas: Results of a Prospective Multicenter Study

Table 1. Clinical Characteristics of Patients at Diagnosis

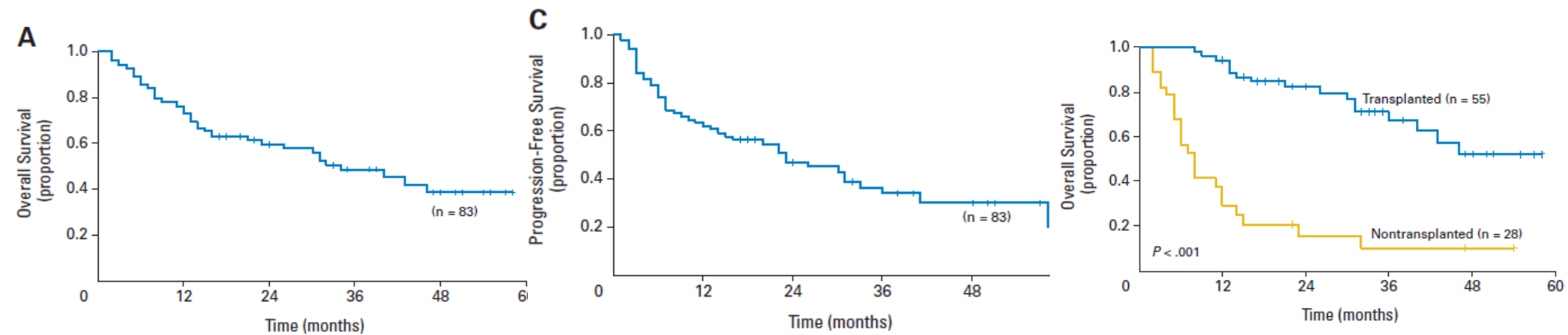
Characteristic	No. of Patients (N = 83)	%
Histology		
NOS	32	39
AIL	27	33
ALK-negative ALCL	13	16
Intestinal	5	6
Nasal type	4	5
Hepatosplenic	2	2
Age, years		
Median	46.5	
Range	30-65	

83 CHOPx 4-6

Progression: 18 CHOP
6 > CHOP

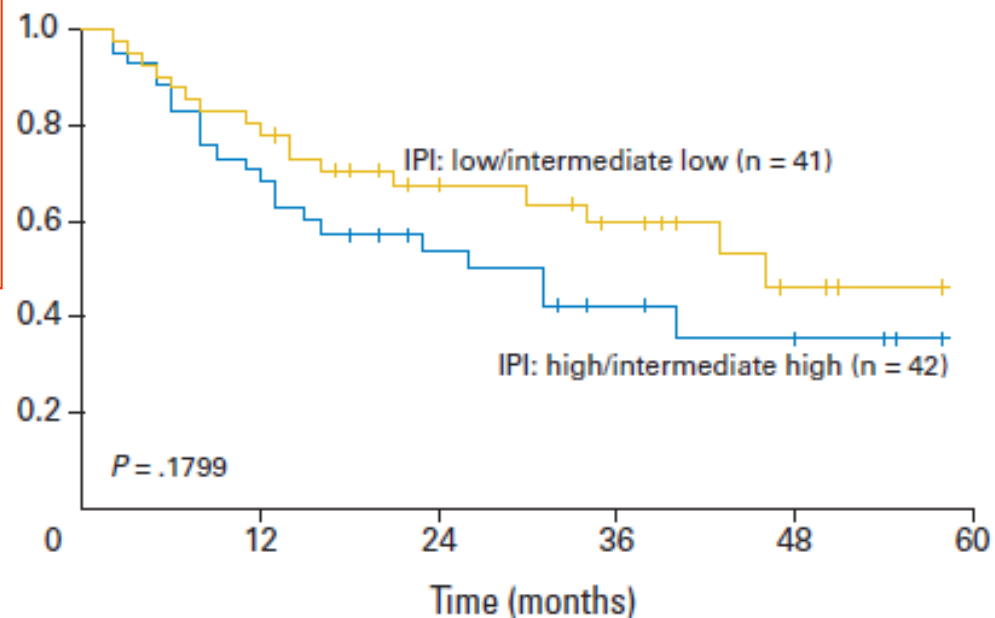
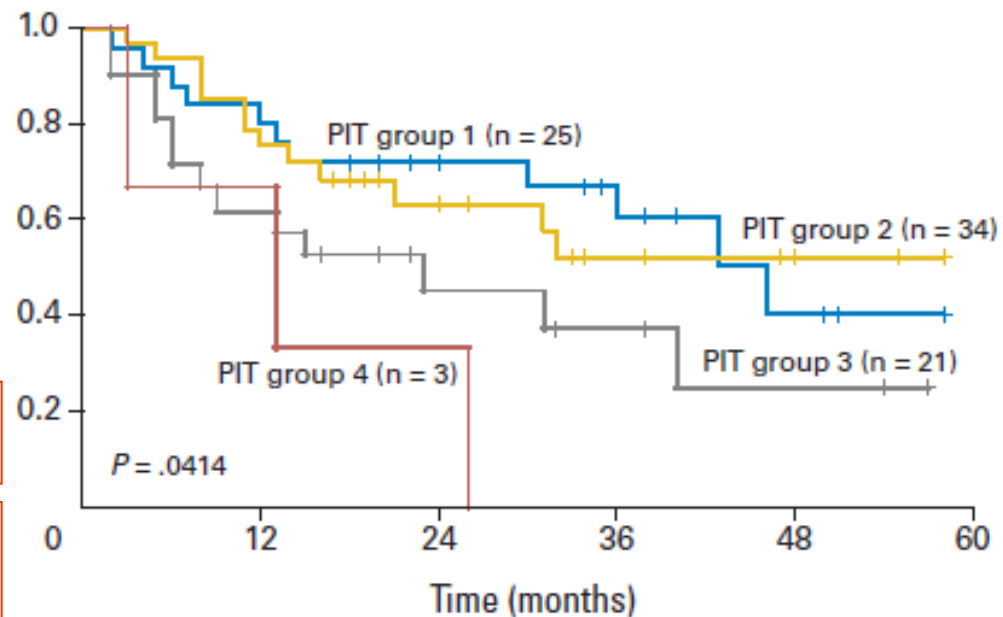
Refus: 2
DC Tox: 2

55 Autogreffes (66%)



Facteurs pronostiques survie

Characteristic	No. of Patients (N = 83)	%
aalPI score		
Low	12	14
Intermediate low	29	35
Intermediate high	37	45
High	5	6
PIT group		
1	25	30
2	34	41
3	21	25
4	3	4



Up-Front Autologous Stem-Cell Transplantation in Peripheral T-Cell Lymphoma: NLG-T-01

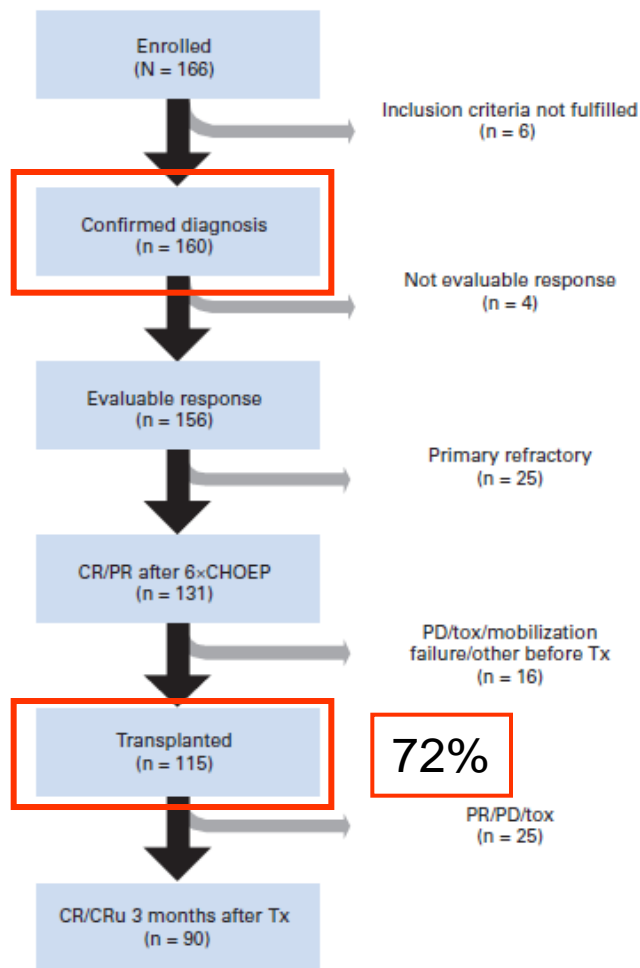
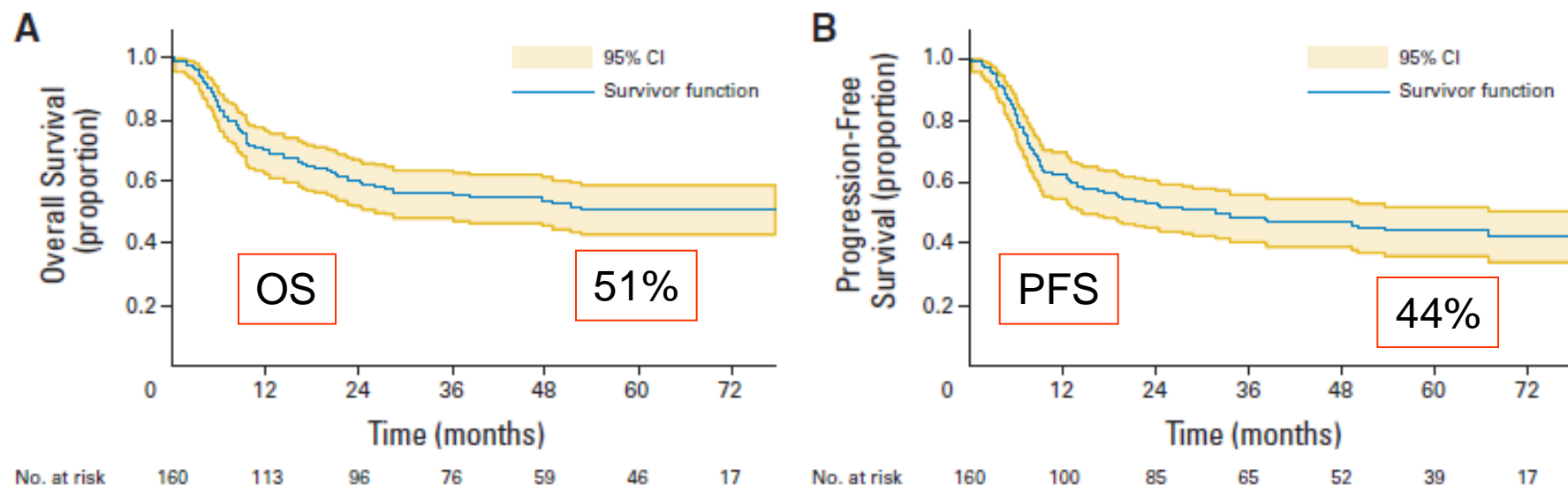


Table 1. Pretherapeutic Clinicopathologic Patient Characteristics (n = 160)

Characteristic	Patients	
	No.	%
Age, years		
Median	57	
Range	22-67	
Sex		
Male	107	67
Female	53	33
B symptoms	94	59
Elevated sLDH	99	62
PS $\geq 2^*$	46	29
Bulk	26	17
Clinical stage III to IV	129	81
BM involvement	41	26
IPI ≥ 2	115	72
Histologic subtype		
PTCL-NOS	62	39
ALK-negative ALCL	31	19
AILT	30	19
EATL	21	13
Panniculitis like	6	4
T/NK nasal type	5	3
Hepatosplenic	5	3

Up-Front Autologous Stem-Cell Transplantation in Peripheral T-Cell Lymphoma: NLG-T-01



Analyse multivariée

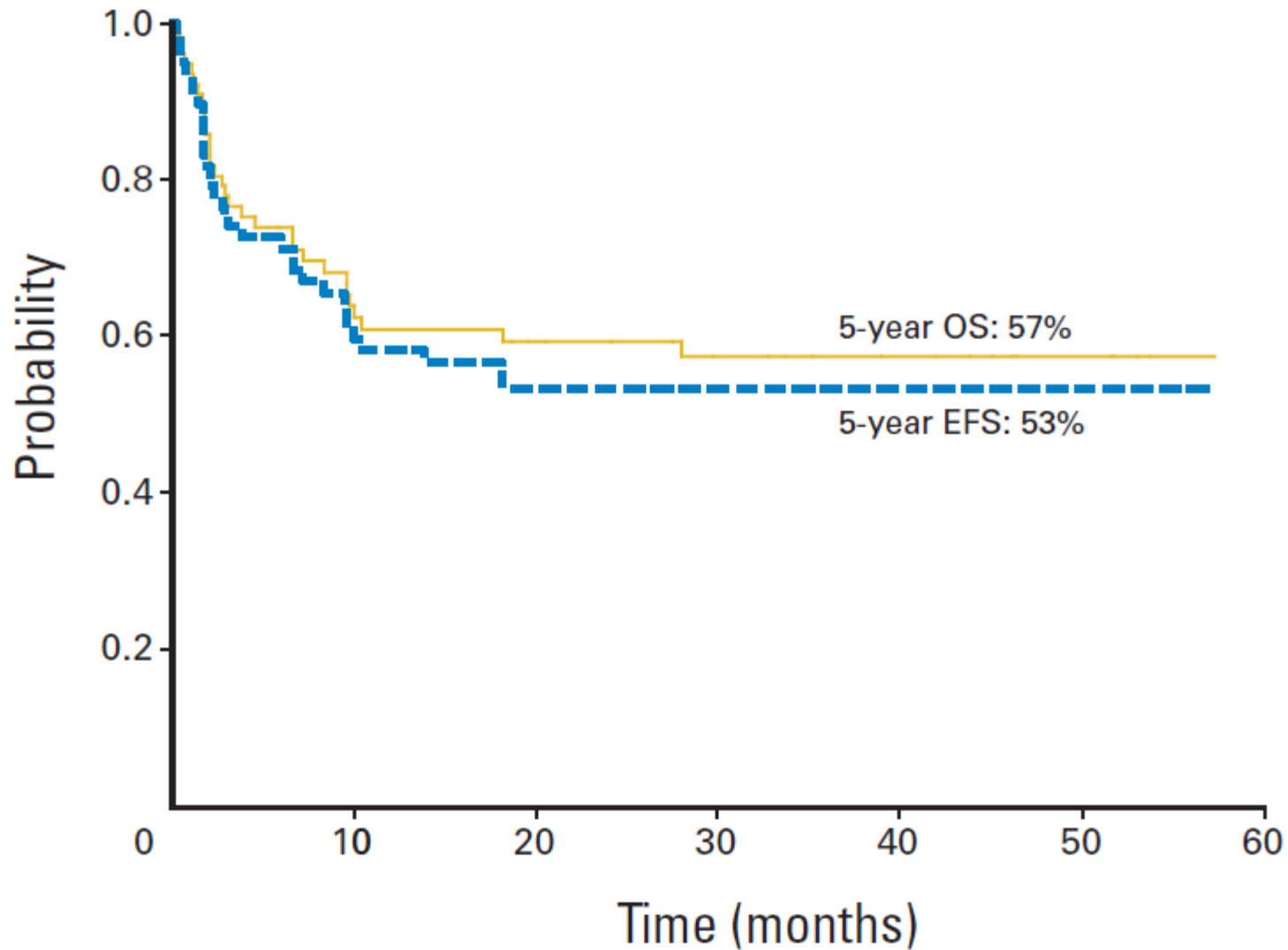
ALK-negative ALCL histology	0.46	0.23 to 0.93	.031	0.51	0.27 to 0.94	.030
Age (per year)*	1.03	1.00 to 1.05	.041	1.03	1.00 to 1.05	.028
PS \geq 2†	1.66	1.02 to 2.71	.041	1.69	1.08 to 2.67	.023
Female sex	0.61	0.36 to 1.04	.069	0.63	0.39 to 1.03	.064
BM involvement	1.50	0.92 to 2.44	.102	1.67	1.06 to 2.63	.027

Real-world data on prognostic factors and treatment in peripheral T-cell lymphomas: a study from the Swedish Lymphoma Registry

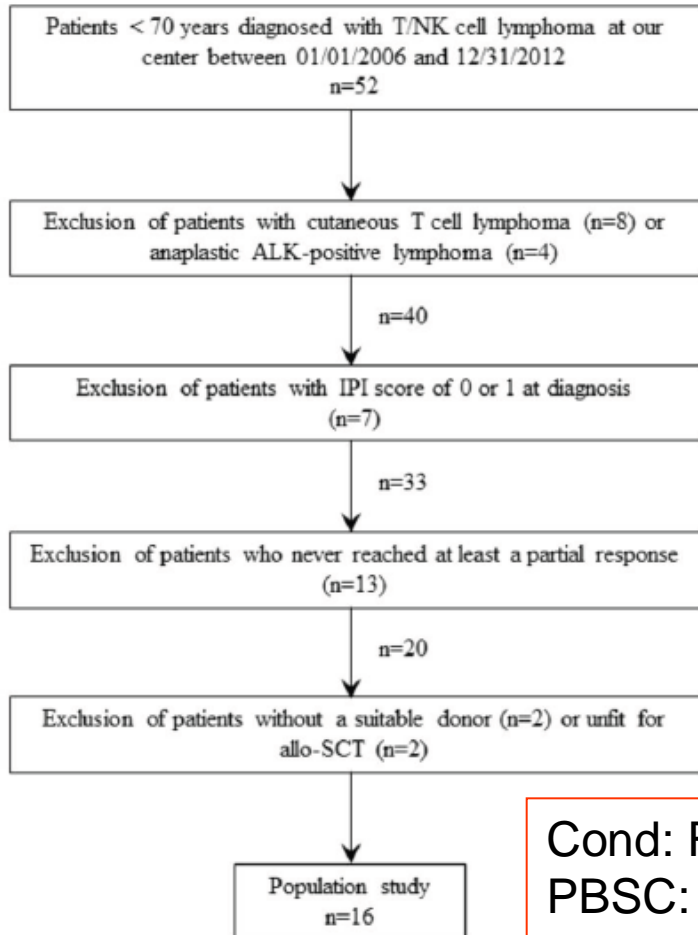
the results support the role of auto-SCT consolidation for EATL and nodal PTCLs except ALKpos ALCL. Our data also support that adding etoposide to CHOP has a beneficial effect in younger patients with these subtypes.

L'allogreffe

RIC-allo in pTCL. The French Experience

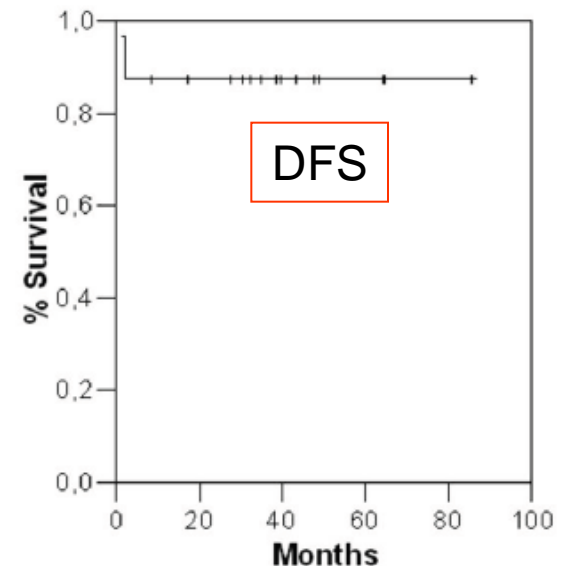
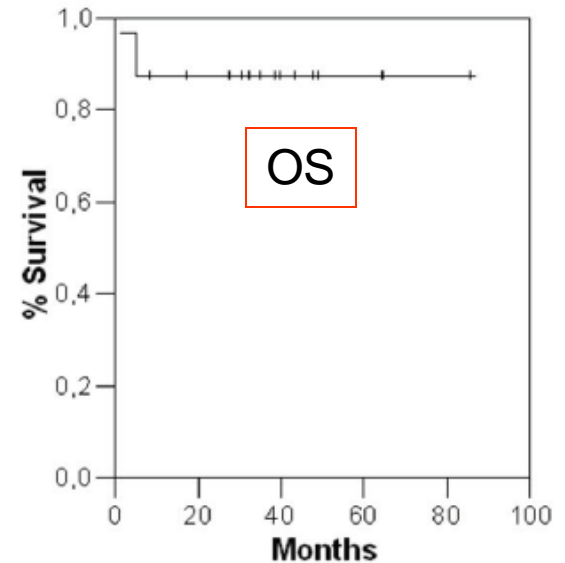


Allogeneic Stem-Cell Transplantation for Patients with High-Risk Peripheral T-Cell Lymphoma in First Response



Med FU: 50m
TRM:0
Rech: 2

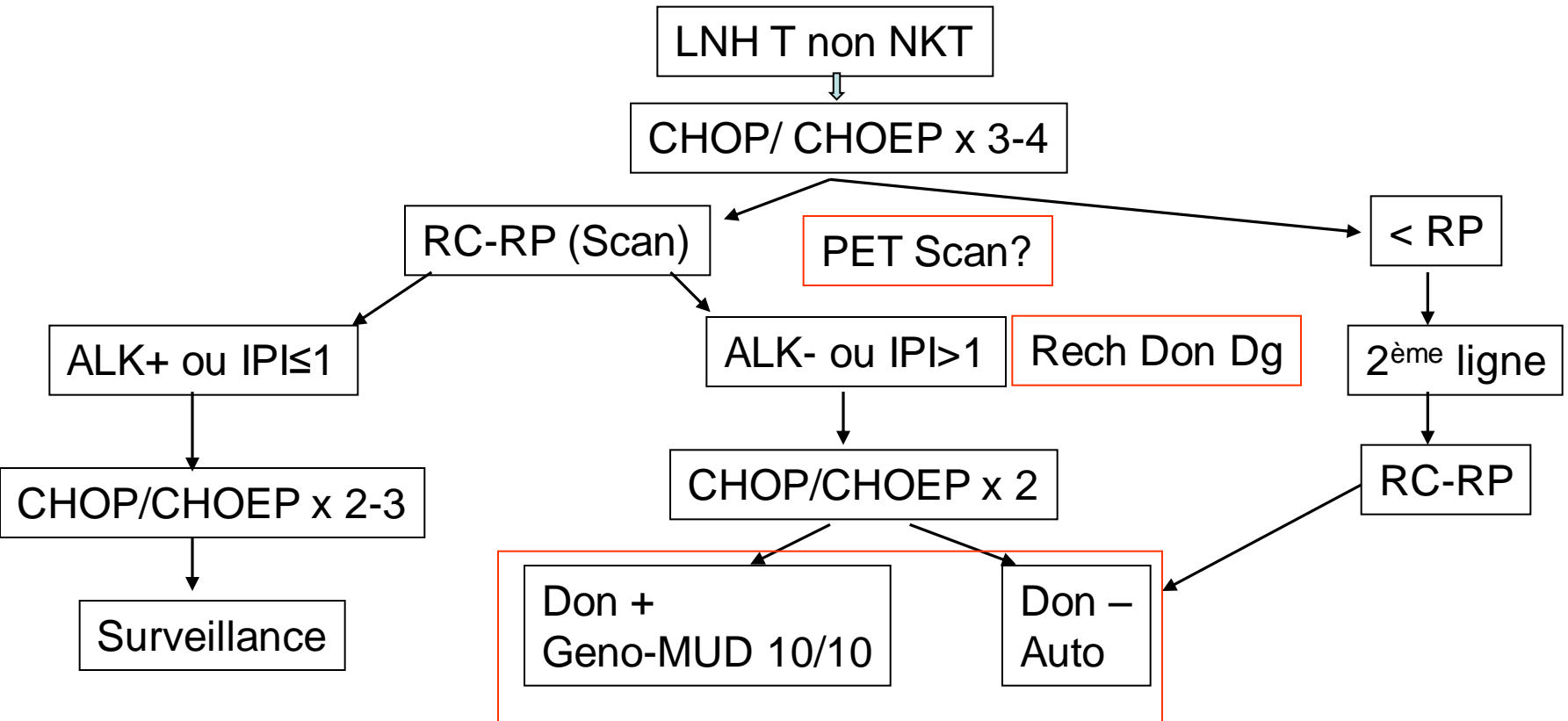
Cond: RIC:12 MAC:4
PBSC: 12 BM: 3 USP: 1
Geno: 7 MUD: 8 USP: 1



Les essais randomisés

AATT

Que faire?



« Nouveaux » traitements rechute ou refractaire

Table 4. Studies exclusively in relapsed/refractory PTCL

Agents	Patients	Central response review	ORR	CR	PFS (months)	DOR (months)	OS (months)
Romidepsin ²⁷	130	Yes	25%	15%	4	17	11.3
Belinostat ^{57*}	129	Yes	26%	10%	NA	8.3	NA
Pralatrexate ²⁸	111	Yes	29%	13%	3.5	10.5	14.5
Bendamustine ⁵⁸	60	No	50%	28%	3.6	3.5	6.2
Brentuximab vedotin ^{29†}	58	Yes	86%	57%	13.3	12.6	NR
Brentuximab vedotin ^{30‡}	34	No	41%	24%	2.6	7.6	NA
Gemcitabine ^{59§}	20	No	55%	30%	NA	NA	NA
Alemtuzumab ⁶⁰	14	No	36%	14%	NA	NA	NA