quimioterápico são a cardiomiopatia e insuficiência cardíaca descompensada. São fatores de risco para o desenvolvimento destas complicações o sexo feminino; a dose cumulativa maior que 400 mg/m$^2$; o uso concomitante de outros quimioterápicos cardiotóxicos como a ciclofosfamida; radioterapia prévia; rápida infusão da medicação, extremos de idade e doenças prévias com comprometimento cardiovascular. **Conclusão:** Conclui-se imprescindível uma busca ativa minuciosa do histórico do paciente oncológico em busca de doenças cardiovasculares prévias. Diante de esquema quimioterápico que contemple a doxorrubicina, é recomendado rastreamento precoce de lesão miocárdica, dando preferência à troponina ultrassensível ou técnica do Global Longitudinal Strain sobre a ecocardiografia. Sempre que identificado dano miocárdico, deve-se intervir precocemente com tratamento adequado e acompanhamento cardiológico de longa duração, pois estas lesões tendem a permanecer a longo prazo.

https://doi.org/10.1016/j.htct.2024.09.378

## REAL-WORLD SEQUENTIAL USE OF CD19-DIRECTED THERAPIES FOR RELAPSED OR REFRACTORY DIFFUSE LARGE B-CELL LYMPHOMA: TAFASITAMAB PRECEDING CHIMERIC ANTIGEN RECEPTOR T-CELL THERAPY

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**Objectives:** Potential CD19 antigen loss following CD19-directed therapy has raised concerns over sequential use of these therapies, and real-world data are limited. Tafasitamab, a CD19-targeting immunotherapy, combined with lenalidomide, is approved by the US Food and Drug Administration for treatment of relapsed or refractory diffuse large B-cell lymphoma (R/R DLBCL) in adults ineligible for autologous stem cell transplantation. Here, we examine characteristics and outcomes of patients who received tafasitamab for R/R DLBCL preceding CD19-directed chimeric antigen receptor T-cell (CAR-T) therapy in a real-world setting. **Material and methods:** In this retrospective, multisite, medical chart review study, participating physicians from Cardinal Health's Oncology Provider Extended Network abstracted data from US adults who initiated tafasitamab (with or without lenalidomide) on or after October 21, 2020, for R/R DLBCL outside clinical trial settings. Patients were required to have ≥4 months of follow-up after tafasitamab initiation unless deceased. Initial data collection (February-March 2023) identified 181 eligible patients, and follow-up data were collected approximately 10 months thereafter. Results for patients who received tafasitamab preceding CAR-T therapy were summarized using descriptive statistics. **Results:** Nine patients (median age at tafasitamab initiation, 63 years; 3 male; 6 White) received tafasitamab and lenalidomide (tafa+len) as a line of therapy immediately preceding CAR-T therapy. Median (Q1-Q3) follow-up time since tafasitamab initiation was 26.1 (18.0-28.0) months and after CAR-T administration was 9.3 (1.9-16.7) months. At tafasitamab initiation, 7 patients had Eastern Cooperative Oncology Group performance status 0-1 and 2 had primary refractory disease. Of the 9 patients, 4 had complete response, 4 had partial response, and 1 had stable disease as best real-world response to tafa+len; all discontinued tafasitamab due to disease progression. Median (Q1-Q3) tafasitamab therapy duration was 11.0 (8.1-14.1) months. Three patients had CD19 testing following tafasitamab discontinuation, and all test results were positive. Median (Q1-Q3) time from tafasitamab discontinuation to CD19 testing was 7 (6-9) days. Among the 9 patients, median (Q1-Q3) time from tafasitamab discontinuation to initiation of CAR-T therapy was 3.2 (2.3-3.6) months. Four patients had complete response, 3 had partial response, and 1 had progressive disease as best real-world response to CAR-T therapy; 1 patient was not evaluable. **Discussion:** These results suggest that in patients treated with tafasitamab, CD19 expression remains detectable following treatment discontinuation, and disease response can be achieved with subsequent CD19-directed CAR-T therapy. However, this study is limited by small sample size. **Conclusion:** This small real-world analysis demonstrated disease response to CD19-directed CAR-T therapy and detectable CD19 expression following tafasitamab treatment for R/R DLBCL. Further studies with larger sample sizes are warranted to confirm these findings. **Funding:** Incyte Corporation.

https://doi.org/10.1016/j.htct.2024.09.379

## REAL-WORLD USE OF TAFASITAMAB FOR RELAPSED OR REFRACTORY DIFFUSE LARGE B-CELL LYMPHOMA IN THE UNITED STATES BY AGE GROUP (> 70 YEARS AND 70 YEARS)

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**Objectives:** Diffuse large B-cell lymphoma (DLBCL) is an aggressive form of lymphoma that occurs more frequently in older adults. Tafasitamab, a CD19-targeting immunotherapy, combined with lenalidomide, was approved by the US Food and Drug Administration for treatment of relapsed or refractory (R/R) DLBCL in adults ineligible for autologous stem cell transplantation (ASCT). In a recent US real-world study of tafasitamab treatment for R/R DLBCL, more than half of the patients were older than 70 years. Here, we describe patient characteristics, treatment patterns, and outcomes observed in this study by