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THE EFFICACY OF SUBCUTANEOUS EPCORITAMAB VS STANDARD OF CARE (SCHOLAR-5) IN PATIENTS WITH RELAPSED/ REFRACTORY FOLLICULAR LYMPHOMA AFTER ≥2 SYSTEMIC THERAPIES: AN INDIRECT TREATMENT COMPARISON

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Introduction: Epcoritamab (epcor) is a novel, subcutaneous (SC) CD3xCD20 bispecific antibody that has shown single-agent efficacy and manageable safety in patients (pts) with relapsed/refractory (R/R) follicular lymphoma (FL). The EPCORE NHL-1 trial (NCT03625037) demonstrated that epcor provided deep and durable responses with a high overall response rate (ORR=82%) and complete response rate (CR=63%) in a population including difficult-to-treat pts with R/R FL after ≥2 systemic therapies (Linton et al, ASH 2023). SCHOLAR-5 (Ghione et al, 2023) is a real-world cohort of R/R FL pts treated with standard of care (SoC) after ≥2 prior lines of therapy (LoTs) from 2014 to 2020; SoC largely consisted of chemoimmunotherapy (CIT), but also included autologous stem cell transplant (ASCT) and immunomodulatory drugs in later LoTs. SCHOLAR-5 reported pt characteristics, response rates, and survival outcomes stratified by individual LoT (3, 4, or ≥5 LoTs). **Objectives:** No head-to-head data are available comparing the efficacy of epcor with SoC treatment with CIT. We conducted an unanchored, matching-adjusted indirect comparison of the efficacy of epcor with SoC. **Material and methods:** Methods: Baseline characteristics and outcomes for a pooled cohort of pts initiating ≥3 LoTs in SCHOLAR-5 were generated using a weighted average based on the reported sample size for each LoT. The indirect comparison was conducted by adjusting for imbalances in the key baseline characteristics between individual pt- level data on 128 pts from EPCORE NHL-1 (data cutoff April 21, 2023; median follow-up 17.4 months) and 206 pts pooled from SCHOLAR-5 to create balanced cohorts based on: age ≥65 years, sex, ECOG performance status, disease stages III/IV, FLIPI ≥3, bulky disease, prior ASCT, prior CAR T therapy, progression within 24 months after first LoT (POD24), refractory to last LoT, and proportion with ≥3 prior LoTs. Propensity score weights resulting from the adjustment were applied to estimate odds ratios (OR) for ORR and CR rates, while survival outcomes were additionally adjusted for the impact of the COVID-19 pandemic. Weighted Cox proportional-hazards models were used to estimate progression-free survival (PFS) and overall survival (OS) between the 2 treatments. **Discussion and conclusion:** Results: Compared with SCHOLAR-5, more pts in EPCORE NHL-1 (N = 128) had ECOG performance status of 0 (54.7% vs 36.6%), FLIPI ≥3 (60.9% vs 35.4%), POD24 (52.3% vs 26.8%), prior CAR T therapy (4.7% vs 0.0%), and ≥3 prior LoTs (63.3% vs 57.6%). After adjustment, compared with SoC, pts treated with epcor had higher response rates (ORR: 90.9% vs 56.8%; OR = 7.58; $p < 0.001$; CR: 73.7% vs 32.0%; OR = 5.95; $p < 0.001$). Furthermore, epcor-treated pts had improved PFS (hazard ratio [HR]=0.32 [95% CI: 0.19, 0.56]; $p < 0.001$) and OS (HR = 0.31 [95% CI: 0.16, 0.63]; $p = 0.001$) vs SoC. Findings from this cross-study analysis indicate that epcoritamab in R/R FL pts with ≥2 prior LoTs provides significantly higher response rates and improved survival compared with SoC, largely represented by treatment with CIT. Notwithstanding limitations of treatment comparisons outside of a head-to-head randomized clinical trial, the findings underscore the therapeutic benefits of SC epcoritamab over SoC/CIT. **Acknowledge:** Daniela Hoehn,7 - Genmab US Inc., Plainsboro, NJ, USA

References:

Ghione P, Palomba ML, Marcheselli L, Prica A, Mian M, et al. Outcomes of older patients with diffuse large B-cell lymphoma in the rituximab era: results from a multicenter study. Haematologica. 2022;108(3):822-32. doi:10.3324/haematol.2021.279694.

Linton K, Phillips EH, Phillips A, McMillan A, Cwynarski K, et al. Real-world outcomes in patients with relapsed/refractory diffuse large B-cell lymphoma receiving CAR-T therapy in the UK. Blood. 2023;142(Suppl 1):1655. doi:10.1182/blood-2023-178883.

Thieblemont C, Phillips T, Ghesquières H, Cheah CY, Clausen MR, et al. Lisocabtagene maraleucel versus standard of care with salvage chemotherapy followed by autologous stem-cell transplantation as second-line treatment in aggressive B-cell non-Hodgkin lymphoma (TRANSFORM): results from an open-label, randomised, phase 3 trial. J Clin Oncol. 2023;41(11):2238-47. doi:10.1200/JCO.22.02029.

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TIME TO ACCESS CARE: INEQUITIES IN THE NON-HODGKIN LYMPHOMA PATIENT JOURNEY ACROSS BRAZILIAN PUBLIC AND PRIVATE HEALTHCARE SYSTEMS

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Introduction: Lymphomas comprise a heterogeneous group of diseases, with more than 30 types, each possessing distinct clinical presentations, epidemiology, and pathological features. Early detection and diagnosis can be challenging, and delay in initiating therapy can adversely affect clinical outcomes in some types of lymphomas. In Brazil, a federal law known as the "30-day law" requires that patients with suspected cancer undergo diagnostic tests within 30 days. However, the Brazilian healthcare system is divided into public and private sectors, where access disparities are prevalent but not extensively documented in the literature. **Objectives:** This study aims to elucidate the key barriers and differences faced in diagnosing and staging non-Hodgkin lymphoma (NHL) across these sectors in Brazil. To this end, an online survey was conducted targeting hematologists treating adults with NHL nationwide. **Material and methods:** This is a cross-sectional study utilizing an online form with 49 objective questions, divided into three sections: respondent demographics, public sector experiences, and private sector experiences. **Results:** The survey was completed by 153 hematologists: 56% work in both sectors, 31% in private only, and 13% in public only. The majority of respondents practice in the Southeast region (54%), followed by the Northeast (23%), South (14%), and both the North and Center-West regions (4.5% each).The primary referring physicians in both settings are general practitioners, general surgeons, and head and neck surgeons. Over 50% of respondents indicated that the median time from suspicion of lymphoma to consultation with a hematologist exceeds four months in the public sector but is less than one month in the private sector. Additionally, 67% reported that it takes at least two months to perform a lymph node biopsy in the public sector, whereas 55% stated it takes between one and two weeks in the private sector. Regarding biopsy results, 46% in the public sector reported an average time of 15 to 30 days, while 58% in the private sector reported seven to 15 days. In both scenarios, 50% sometimes request a review of the anatomopathological diagnosis, considering the initial report inadequate. For the median time to perform a PET/CT scan, 28% in the public sector reported it takes more than one month, while 59% in the private sector estimated it takes seven to 15 days. Regarding the "30-day law," almost 40% in the public sector said it is rarely respected, with 34% indicating it is never respected, whereas, in the private sector, 51% said it is almost always respected, and 20% said it is always respected. No respondents in the public sector indicated it is always respected. **Discussion and conclusion:** This study highlights the significant differences in the patient journey for diagnosing and staging NHL in Brazil, emphasizing that the time to access care is a major discrepancy between the public and private sectors.

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TUMOR DE COLISÃO COMO RARA APRESENTAÇÃO DE LINFOMA DIFUSO DE GRANDES CÉLULAS B: RELATO DE CASO

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Introdução: O tumor de colisão consiste em duas ou mais neoplasias distintas em relação à morfologia e à imunohistoquímica, coexistindo em um único órgão. Também chamados de tumores sincrônicos, mantém bordas separadas, sem a presença de tecido não neoplásico entre os tumores primários. Na literatura, raros casos de linfomas associados a neoplasias sólidas foram descritos, sendo que o tipo histológico mais comum consiste no adenocarcinoma, com localização mais frequente no trato gastrointestinal. Em relação aos linfomas, a maioria dos casos compreende o Linfoma Não-Hodgkin Difuso de Grandes Células B (LDGCB) (21,7%) e o Linfoma de zona marginal extranodal (21,4%). Já os sarcomas correspondem a cerca de 3,4% das neoplasias sólidas encontradas nos tumores de colisão, evidenciando a apresentação atípica de sarcoma histiocítico associado a LDGCB. Apresentam fisiopatologia ainda não completamente elucidada, com provável sinergia entre linfoma e neoplasia sólida envolvendo mecanismos de imunossupressão e de inflamação, com diagnóstico de linfoma frequentemente incidental. Não há diretrizes estabelecidas para graduação tumoral, estadiamento, prognóstico e tratamento de tais tumores. Contudo, para tumores de colisão originados de diferentes linhagens celulares, o estadiamento e a terapêutica podem ser aplicados para cada tumor separadamente. O manejo pode envolver cirurgia, se condições clínicas adequadas, radioterapia, se lesão única, de menores dimensões, e quimioterapia sistêmica para doença disseminada. **Descrição do caso:** Paciente do sexo feminino, 32 anos, previamente hígida, apresentando há dois anos crescimento progressivo de massa em hemitórax direito associada à febre vespertina intermitente e à perda ponderal involuntária de 22 kg (29% peso corporal). Realizada tomografia computadorizada de tórax que evidenciou massa retropeitoral à direita medindo 10 cm, linfadenomegalias supraclavicular à direita (até 8 cm), axilar à esquerda (até 3,5 cm), hilar à direita (até 2,3 cm) e subcarinal (até 3,6 cm) além de lesões líticas acometendo difusamente o arcabouço ósseo torácico, algumas com áreas de lise óssea e algumas com componente de partes moles, com compressão de parênquima pulmonar adjacente, em cabeças dos úmeros,