

Bispecific Antibodies in Indolent Lymphomas

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HPI

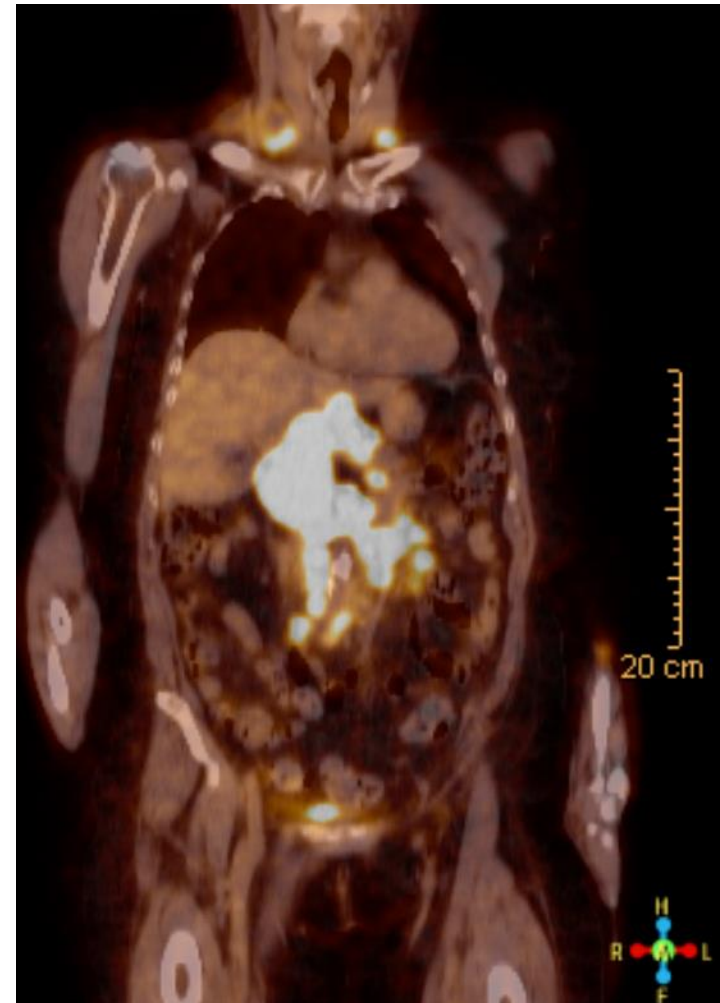
- 77 yo F, Hispanic, presented to PCP with: painless neck swelling over many months, 20lb unintentional weight loss, progressive pain in upper abdomen and low appetite
- **CT Neck Chest abdomen and Pelvis done on July/2019:**
- Diffuse abdominal and left inguinal lymphadenopathy
- Conglomerate of nodal masses at the left level 4 station (4.5 x 3.7 cm).
- Right level 4 and level 5 abnormal adenopathy (largest measures 2.2 x 2.3 cm at the right level 5 Station)

Referred to Hematology Oncology

Labs/ Imaging

- Hgb 13.8
- WBC 8.2
- Plts 245
- Diff: normal
- LDH **273**₍₁₂₀₋₂₄₆₎
- Na: 136
- K 4.5
- Bun/Cr 16/0.9
- AST 19
- ALT 12
- T bilirubin. 0.7

- SUV Max 13



PATHOLOGY

RIGHT SUPRACLAVICULAR LYMPHNODE BIOPSY

- FOLLICULAR LYMPHOMA WITH Ki-67 NUCLEAR PROLIFERATION INDEX OF 30%

Microscopy

- Histologic sections show involvement by lymphoma present in a diffuse and vaguely nodular pattern. The lymphoma cells are variable in size but predominantly small with cleaved nuclear contours (centrocytes). Relatively fewer large cells with open, vesicular chromatin and variably prominent nucleoli are seen (centroblasts). Centroblasts account for less than 15 cells per high power field in this limited sample and there is no definitive evidence of diffuse large B-cell lymphoma.

IHC:

- lymphoma cells are positive: CD20, CD10, PAX5, HGAL, BCL-6, and BCL-2
- negative for CD3, TdT, CD34, and CD5. Kappa and lambda light chain by RNA chromogenic in-situ hybridization highlight a kappa restricted population of cells. EBER cish negative.
- CD21 highlights focal FDC meshworks.

Choice of therapy?

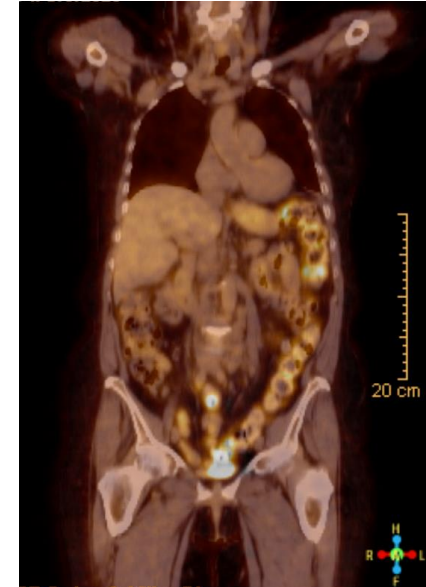
- Bendamustine + rituximab
- R-CHOP
- R2 (rituximab + lenalidomide)
- R-CVP
- Rituximab
- Obinutuzumab

Treated with Bendamustine +
rituximab > Complete Response

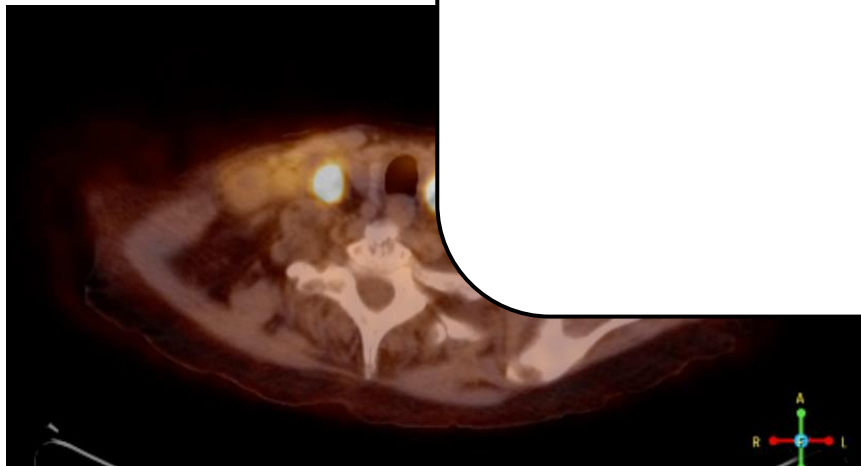
TREATMENT Lymphoma

- After 18 months worsening cervical lymphadenopathy

Treated with R2
> Complete Response



e)



- Rituximab
- Obinutuzumab

TREATMENT JOURNEY

- After 12 months of relapse, patient developed relapse and received CR3.

Treated with epcoritamab > Complete Response- ongoing at 7 months

- 18 months later, patient progresses

- Clinical Trial
- Salvage RICE chemotherapy followed by allogeneic SCT or autologous SCT