Objective response rate of 82%, with 58% complete Conditioning axi-cel, axicabtagene ciloleucel.

ASCT, autologous stem cell transplant; axi-cel, axicabtagene ciloleucel; CAR, chimeric antigen receptor; DLBCL, diffuse large B cell lymphoma; PMBCL, primary mediastinal B cell lymphoma.

Screening and eliminates CD19-expressing cells (ζ/CD28-based signaling domain, which recognizes scFv, single-chain variable fragment.

– Safety and efficacy outcomes were assessed by quartiles of tumor burden


Sensitivity analysis by SPD

• Objective response rates of 82%, with 58% complete

Cohort 1

• 31% Grade ≥ 3 neurologic events

Table 5. SPD by Quartile

IPI score 3–4, n (%) 11 (34) 11 (33) 17 (57) 9 (69)

Bone marrow involvement, n (%) 3 (9) 2 (6) 2 (7) 2 (15)

Extranodal disease, n (%) 20 (63) 21 (64) 23 (77) 11 (85)

Splenic involvement, n (%) 2 (6) 4 (12) 7 (23) 2 (15)

Relapse post-ASCT, n (%) 0 11 (33) 8 (27) 6 (46)

therapy, n (%) 29 (91) 22 (67) 22 (73) 7 (54)

≥ 65 y, n (%) 13 (41) 11 (33) 15 (48) 11 (78)

Table 2. T-Cell Characteristics

Table 4. Summary of Safety by Prior Lines of Therapy

Table 3. Response Rates by Prior Lines of Therapy

Table 6. SPD by Quartiles


OBJECTIVES

To assess outcomes of axi-cel treatment by prior lines of therapy, in patients from Phase 1 and 2 of ZUMA-1

RESULTS

Figure 3. 2D/3D Tumor Study Design

Patients with more prior lines of therapy were more likely to have relapsed after DLI, as well have higher incident of CAR-related neurologic events (Table 2).

Patients who received tocilizumab had substantial reduction in cytokine release syndrome (CRS).

Figure 2. 3D Tumor Study Design

Figure 4. Objective Response and the 1-year Survival

Disclosures

Financial support was provided by Celladon, a Gilead Company; and Cellular BioMedicine Group, Inc.

CONCLUSIONS

• Axicabtagene ciloleucel demonstrated long-term clinical benefit for patients with refractory large B cell lymphoma, regardless of the number of prior lines of therapy and SPD.

• CAR peak expansion, area under the curve, and ranges are comparable across patients with 1-4 prior lines of therapy.

• Though all patients had substantial disease, higher rates of ongoing responses at 1 year were observed in patients with lower SPD and 1-4 prior lines.

• Lower rates of CRS and neurologic events were observed in patients with fewer (≤6) prior lines than the lowest quartile of SPD.

REFERENCES


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ASSESSMENTS AND STATISTICAL ANALYSES

• Safety and efficacy outcomes were assessed by number of prior lines of therapy: 1–2, 3–4, or ≥ 5

• Safety and efficacy outcomes were assessed by specific lines of prior therapy

• The primary endpoint was the incidence of product-related adverse events (PRAE) with CAR-related neurologic events.

• The incidence of product-related adverse events (PRAE) with CAR-related neurologic events. Index level SPD does not include non-target lesions and may not represent the totality of a patient’s disease.