



Society for Immunotherapy of Cancer

Advances in Cancer Immunotherapy™

ACI: A Focus on Hematologic Malignancies Case Studies

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Case Study #1

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81 yo M

- MM dx'd 2016
 - Presented with anemia, Cr 1.49
- IgA kappa
- 1-4 copies of 1q; t(4:14)
- PET negative
- H/o HTN, cataracts, bradycardia

Treatment history

- Started on RVD (rev 5 ...?!?!?) but did not tolerate lenalidomide
- CyBorD x 4 cycles → VGPR
- Maintenance VD x 12 cycles then had PD
- Daratumumab x 7 cycles
- Carfilzomib : PD
- Elotuzumab + bortezomib → PD
- Cr 1.38 and CrCl = 44

What's the next best immunotherapy option?

- A) Isatuximab
- B) Belantamab mafodotin
- C) BCMA bispecific T cell engager
- D) BCMA-directed CAR T cell therapy



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Case Study #2

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A 24-year-old woman with stage IIIB nodular sclerosing Hodgkin lymphoma receives 6 cycles of brentuximab vedotin + AVD. An interim PET scan after cycle 2 shows a partial response (Deauville 4), but end of treatment PET scan after cycle 6 shows progression in the mediastinum (Deauville 5), with biopsy confirming refractory disease. How would you treat this patient?

- A. 30 Gy involved site radiotherapy
- B. 2 cycles of ICE followed by autologous stem cell transplantation (ASCT)
- C. 3 cycles of brentuximab + bendamustine followed by ASCT
- D. 2 cycles of pembrolizumab + GVD followed by ASCT
- E. 4 cycles of pembrolizumab followed by allogeneic SCT



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Case Study #3

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47 yo man with chronic RUQ pain x 2 years

- 3/10/14: CT abdomen with a 3.6 x 4.7 cm soft tissue mass in the mesentery
- 3/21/14: FNA of satellite RP lesion - CD10-positive monoclonal (kappa-restricted) B-lymphocyte population consistent with a follicular lymphoma.
- 5/6/14: PET/CT - a 4.8 x 3.7 cm soft tissue mass centered in the mid abdomen mesentery demonstrating increased metabolic activity with SUVmax of 16.
- 1/29/2016 - excisional biopsy c/w follicular lymphoma, grade 1-2

- 1/12/18 cramping abdominal pain -PET/CT: mild increase in size.
- 2/1/18 to 2/22/18: Weekly Rituximab x 4.
- 3/15/18: PET/CT with decrease in size of multiple areas including primary medial epigastric area but with persistently high SUV. Deauville 4.
- 6/5/18 CT a/p: Interval increase in retroperitoneal and mesenteric lymphadenopathy since 3/15/2018. Worsening cramping symptoms.
- What treatment you would recommend now?

- 3/7/19 Started R-bendamustine. Achieved PMR by scan with increased metabolic activity at single site.
- 12/16/19 biopsy of increasing metabolic lesions c/w Transformed DLBCL with double hit genetics.
- 1/16/2020 - 5/20/20 Started da-R-EPOCH. Completed 6 cycles and had a D2 response
- 9/24/20 PET/CT showed new retroperitoneal hypermetabolic nodule/left periaortic lymph node.
- Biopsy proven relapse of transformed DLBCL on 10/20/20.
- What treatment you would recommend now?

- **Axice1 12/15/20, achieved a PR with single residual site.**
- Between 2/9/21 and 3/5/21, he received 36 Gy of radiotherapy in 2 Gy daily fractions to the mesenteric lymphadenopathy, utilizing an intensity modulated radiotherapy plan.
- *6/25/21- progression by symptoms and PET.*
- What treatment you would recommend now?



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Case Study #4

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- 55 year old man with high-risk multiple myeloma with t(4;14). He was first diagnosed three years ago. Previous treatment includes:
 - VRD and autologous transplant followed by bortezomib and len matinenance. Relapsed within 15 months of transplant
 - Daratumumab, bortezomib and dex
 - Elotuzumab pomalidomide and dex
 - Carfilzomib, cyclophosphamide and dex
- Patient has a good performance status, grade 1 neuropathy, mild cytopenias and has developed extramedullary disease in skin and possibly lungs.
- **What treatment would you recommend for this penta-refractory patient?**

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