

WELCOMING REMARKS

Non-Hodgkin Lymphoma: Know Your Subtype



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Non-Hodgkin Lymphoma: Know Your Subtype



Lyneshia Johnson- WoodlandInternet Radio Show Host, Actress and Comedian NHL Patient since 2020



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Seattle Genetics: honoraria/consultation fee



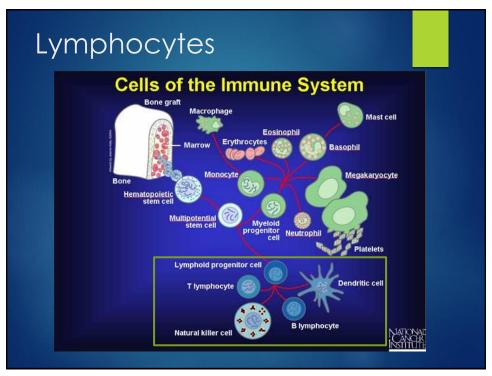
Non-Hodgkin Lymphomas: Know Your Subtype

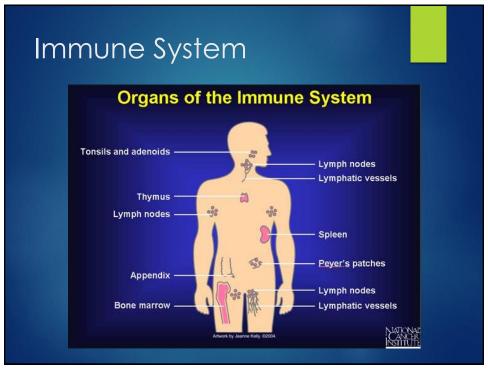
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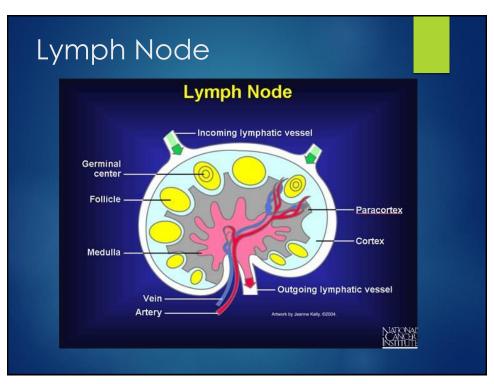
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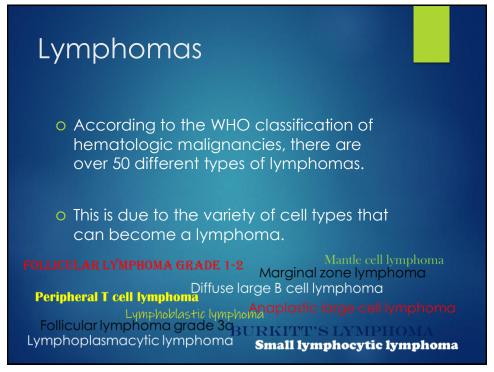
What are lymphomas?

- Cancers that arise from lymphocytes.
- Lymphocytes are the B-cells, T-cells, and NK cells of your immune system.

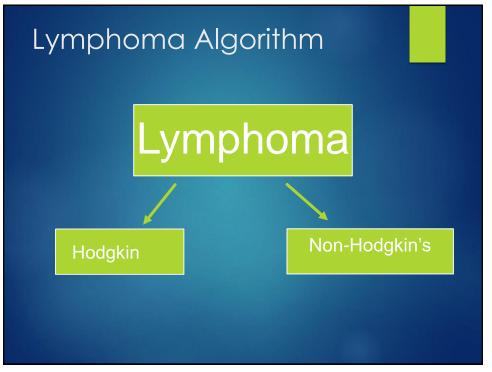


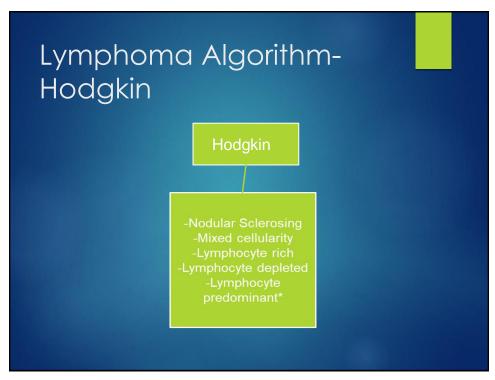




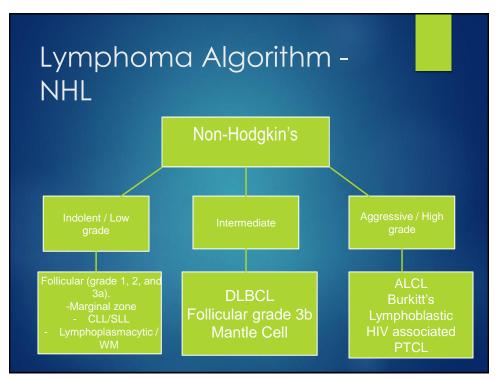








Hodgkin Lymphoma Cell of origin: B cell Cause: Unknown Distribution: Accounts for about 10-15% of all lymphomas in the US. Mainly found in late adolescent / young adults, but a second peak in incidence is seen in people > 55 Prognosis: Curable in about 80% of the cases. Treatment: Chemotherapy with a regimen called ABVD





The Good

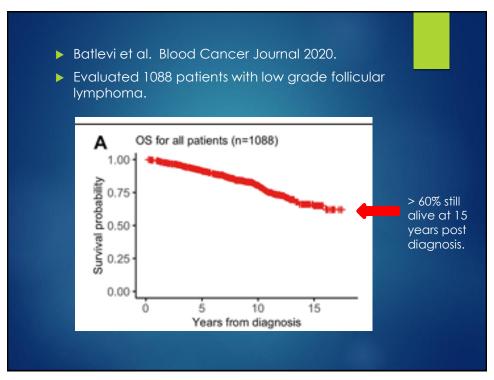


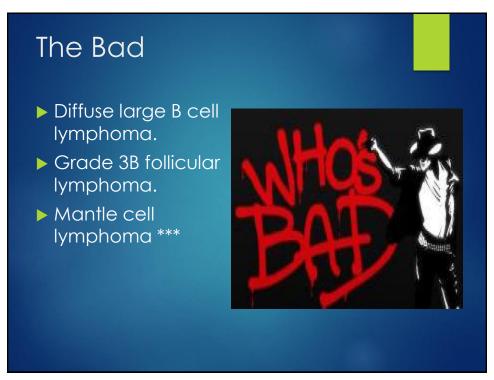
- Low grade follicular lymphomas (grade 1,2, 3A)
- Marginal zone lymphomas
- Small lymphocytic lymphoma / CLL
- Lymphoplasmacytic lymphoma / Waldenstrom's

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Why these are good.

- ▶ Very slow growing.
- People can live with these for years to decades.
- Some do not require treatment, and they can just be observed.
- "People die with these, not of these."

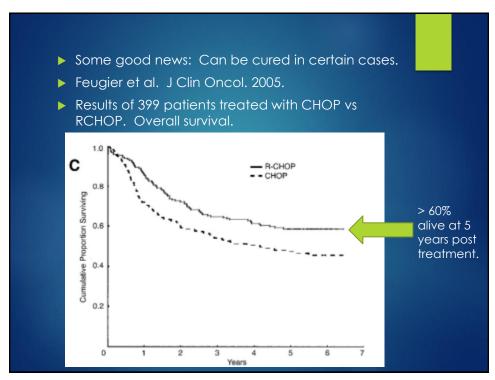




Why these are bad.

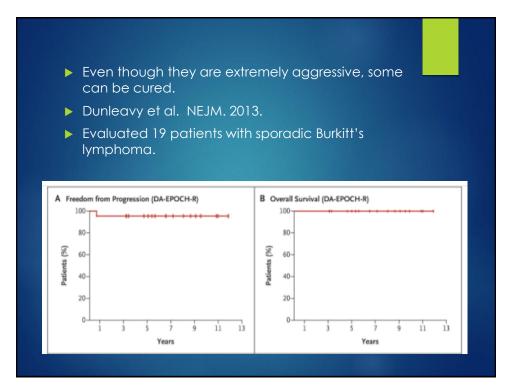
- ▶ Grow quickly
- ▶ Fatal without treatment
- ▶ Can NOT be observed

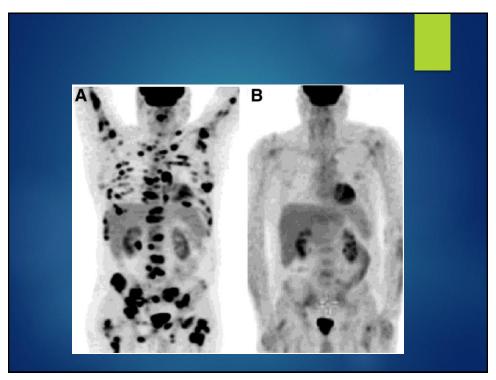
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- Knowing your lymphoma type is important for prognosis.
- Knowing your lymphoma type is also important for determining treatment.

Treatment Options PLIE Destrok's DUN PLUCK SPREAD REVIEW SPREAD REVIEW SPREAD REVIEW PROBLEM REVIEW PROB

Chemotherapy

- ▶ Chemicals that kill fast growing cells.
- Mainly work by attacking some part of the cell process necessary for replication and division (ie copying and splitting of DNA strands).
- ▶ Not specific for any one cell type.

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Chemotherapy

- Examples:
 - Cyclophosphamide
 - Doxorubicin / Daunorubicin
 - Vincristine
 - Gemcitabine
 - ▶ Bleomycin
 - Etoposide
 - Bendamustine
 - ▶ Etc.

Chemotherapy

- Pros:
 - Very effective at killing cells.
 - Works well on rapidly growing cells.
- ► Cons:
 - ▶ Not specific for cancer cells.
 - Will also kill other good cells in the body such as blood cells, hair cells, etc.

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Targeted Therapies

- Monoclonal antibodies
- Antibody drug conjugates
- Small molecule inhibitors
 - ▶ Bruton's Tyrosine Kinase (BTK) inhibitors
 - ▶ Phosphatidylinositol 3 kinase (PI3k) inhibitors
 - ▶ BCL2 inhibitors





Rituximab

- ▶ Only attacks cells that express CD20.
- If your lymphoma does not express CD20, then this treatment will not work.
- Know your type:
 - <u>Will not work</u> on T cell lymphomas or Hodgkin lymphomas.
 - ▶ Will work on most B cell lymphomas.

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Tafasitamab (Monjuvi)

- Monoclonal antibody against a protein called CD19.
- ▶ Will only work on cells that express this protein.
- ► CD19 positive lymphomas:
 - ▶ Diffuse large B cell
 - ▶ Follicular lymphoma
 - Marginal zone lymphoma
 - Some types of lymphoblastic lymphomas

Antibody Drug Conjugates (ADC)

- Antibodies that have a poison attached to them.
 - ▶ Brentuximab vedotin
 - ▶ Anti CD30 antibody plus MMAE (poison)
 - ▶ Polatuzumab vedotin
 - ▶ Anti CD79b plus MMAE
 - Loncastuximab tesirine
 - ▶ Anti CD19 antibody plus SG3199 (poison)

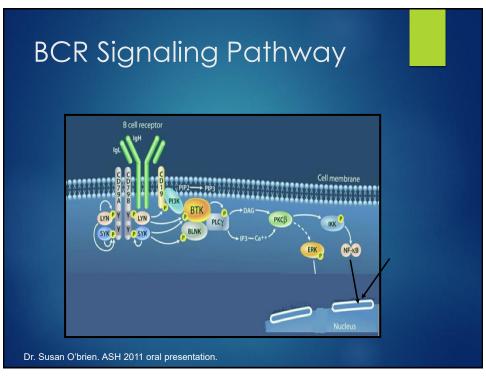
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ADC: Brentuximab vedotin (SGN-35) ADC monomethyl auristatin E (MMAE), potent antitubulin agent protease-cleavable linker anti-CD30 monoclonal antibody ADC blinds to CD30 ADC-CD30 complex traffics to lysosome MMAE disrupts microtubule network Apoptosis NCI bulletin December 2014.

Know your lymphoma type! Brentuximab vedotin Only works on lymphomas that have CD30 Classical Hodgkin Lymphoma Anaplastic Large Cell Lymphoma Some types of peripheral and cutaneous T cell lymphomas. Polatuzumab vedotin Only works on lymphomas that have CD79b These are mainly your mature B cell lymphomas such as DLBCL and follicular lymphoma.

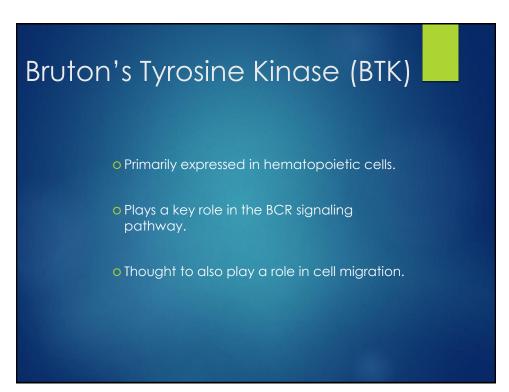
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Small Molecule Inhibitors/ B-Cell Receptor Inhibitors



B cell receptor (BCR) signaling pathway

- BCR signaling is required for lymphoma expansion and proliferation.
- Plays and intricate role in responding to the surrounding supporting cells (microenvironment).
- The BCR signaling pathway is composed of several different elements including kinases.
- Inhibitors of these kinases block signaling which can disrupt cell proliferation and induce cell death.





Ibrutinib

- Commonly used BTK inhibitor in CLL/SLL and mantle cell lymphoma.
- Works in other low grade B cell lymphomas with a specific mutation called MYD88.
- O Also works in some types of DLBCL:
 - o Study showed results varied based on subtype of DLBCL.
 - Overall response rate of 22% in all patients with DLBCL.
 - Response rate in a subtype called Activated B cell Type (ABC) was around 40%.

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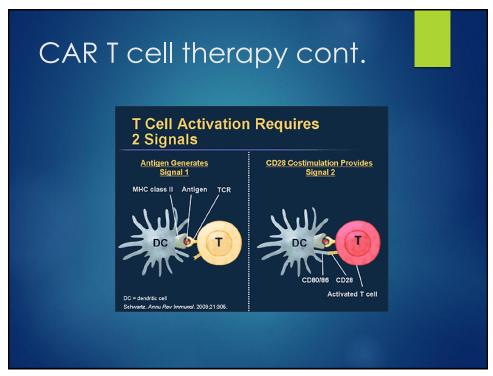
BTK inhibitors

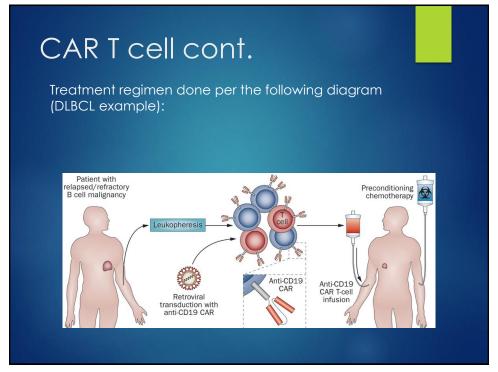
- Other BTKi now available:
 - Acalabrutinib
 - Approved in mantle cell and CLL / SLL.
 - •Zanabrutinib
 - OApproved for mantle cell, WM, and marginal zone lymphoma.



Chimeric Antigen Receptor T cells

- O Also known as CAR T-cell therapy.
- They are T cells obtained from the patient that are genetically modified to recognize a specific protein on the lymphoma cells.
- The I cells are also engineered to be more efficient "killers".





CAR T cell cont.

- Current FDA approved CAR T cell products in the US:
 - Brexucabtagene Autoleucel (Tecartus)
 - ▶ Anti CD19 CAR T cell approved for mantle cell.
 - Axicabtagene Ciloleucel (Yescarta)
 - ▶ Anti CD19 CAR T cell
 - Approved for DLBCL and Follicular lymphoma
 - Tisagenlecleucel (Kymriah)
 - ▶ Anti CD19 CAR T cell
 - Approved for DLBCL and certain types of lymphoblastic lymphoma / leukemia (ALL)
 - Lisocabtagene maraleucel (Breyanzi)
 - Anti CD19 CAR T cell approved for DLBCL

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Summary

- COMMUNICATION is KEY!
- Lymphoma is not just one type of cancer.
- There are over 50 different types of NHL defined in the WHO classification of hematologic malignancies.
- ▶ Diffuse large B cell is the most common type of intermediate / aggressive NHL.
- ▶ The type of lymphoma is important for prognosis and for guiding treatment.

The Benefits of Discussing Quality of Life Concerns with Your Healthcare Team

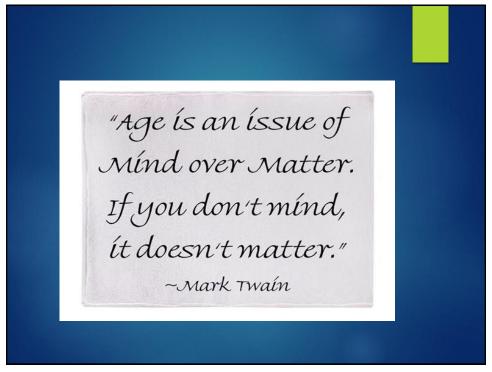
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Quality of Life Concerns

- In the aggressive diseases, QoL is not so much an issue.
- In the slow growing diseases, QoL becomes more of an issue.
 - ▶ Treatment duration
 - ▶ Treatment location
 - ▶ Transportation issues
 - Cost

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Non-Hodgkin Lymphoma: Know Your Subtype

- Ask a question by phone:
- Press star (*) then the number 1 on your keypad.
- Ask a question by web:
 - Click "Ask a question"
 - Type your question
 - Click "Submit"

Due to time constraints, we can only take one question per person. Once you've asked your question, the operator will transfer you back into the audience line.



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LLS EDUCATION & SUPPORT RESOURCES

HOW TO CONTACT US:

To contact an **Information Specialist** about disease, treatment and support information, resources and clinical trials:

- **Call:** (800) 955-4572
- Monday to Friday, 9 a.m. to 9 p.m. ET
- Chat live online: www.LLS.org/InformationSpecialists Monday to Friday, 10 a.m. to 7 p.m. ET
- Email: www.LLS.org/ContactUs

All email messages are answered within one business day.



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