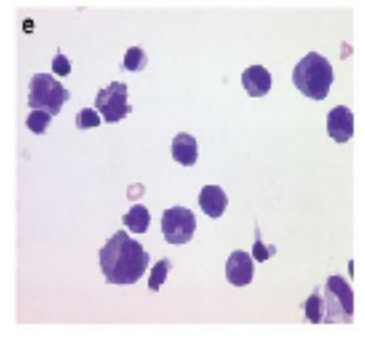


# High efficiency and tolerance of Temozolomide in relapse/refractory primary vitreo-retinal lymphoma (R/R PVRL) A retrospective multicentric study from the LOC network .

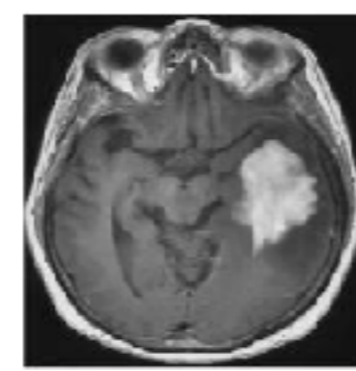


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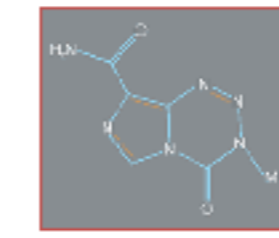
## CONTEXT



- ✓ PVRL is a very rare disease with **poor prognosis** and high level of relapse, especially in brain
- ✓ It often arises in **elderly patients** for whom intensive treatments are difficult
- ✓ There are **different classical treatments**:
  - local treatment (ocular radiotherapy, intra-ocular methotrexate)
  - systemic chemotherapy (methotrexate, aracytine, ifosfamide...)
  - immunomodulatory drugs (lenalidomide) under evaluation
  - autologous hematopoietic stem cell transplantation (ASCT) evaluated in R/R PVRL



**very few alternative therapeutics among R/R LVRP patients and elderly frail patients**



## TEMOZOLOMIDE



- ✓ Alkylating drug, orally administrated
- ✓ Excellent **bioavailability** in the central nervous system
- ✓ **Proven efficacy** in high-grade glioblastoma and primary central nervous system lymphoma (PCNSL)

## METHODS

- ✓ **Retrospective and multicentric study**
- ✓ R/R PVRL and/or patients not eligible for intravenous chemotherapy
- ✓ Temozolomide 150 or 200 mg/m<sup>2</sup>, 5 days every 4 weeks, orally administrated

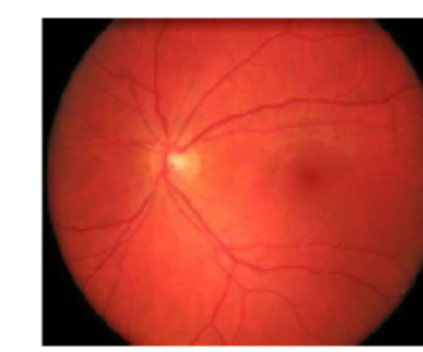


## CHARACTERISTICS 18 PATIENTS



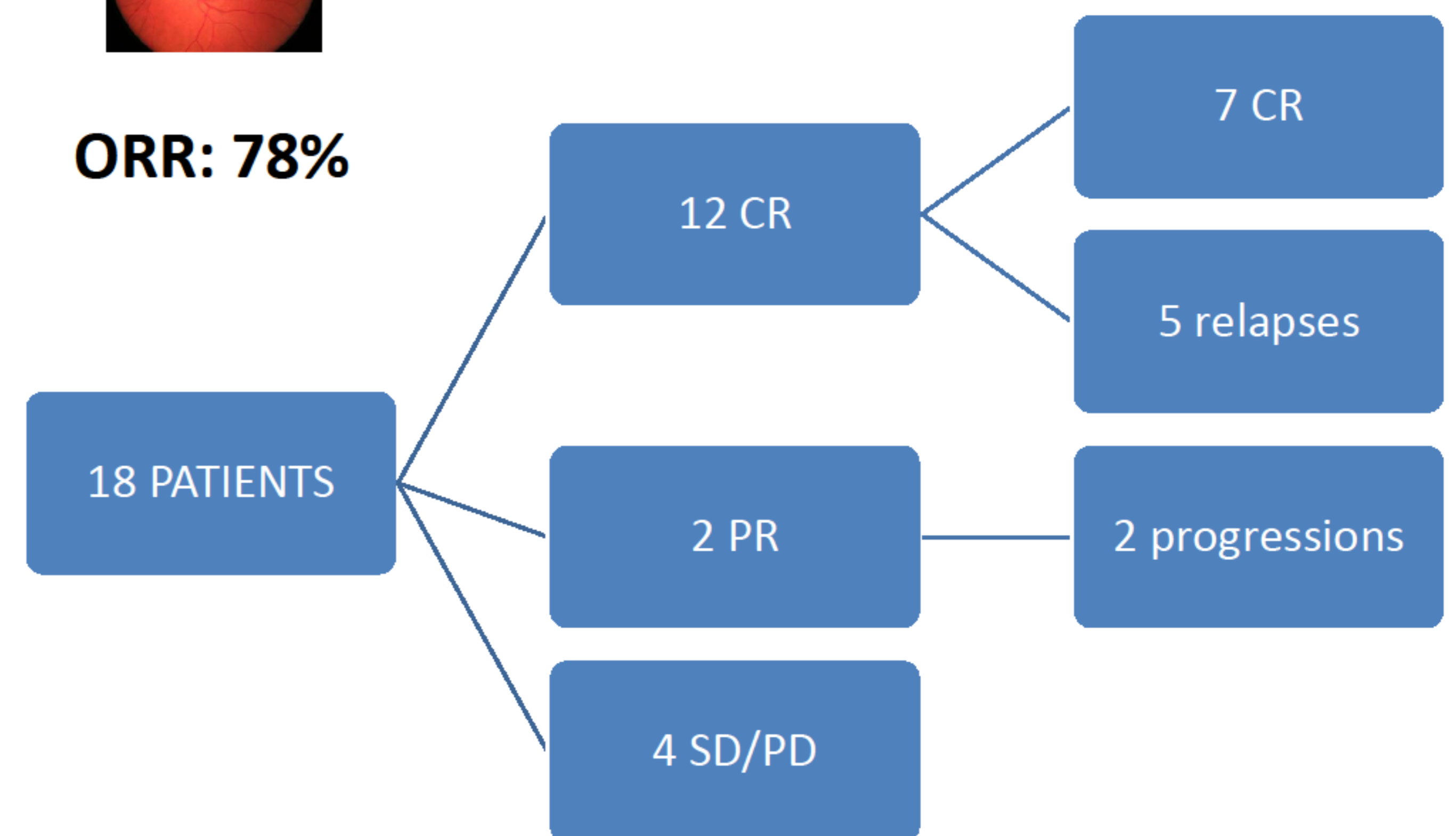
Median age at treatment by temozolomide: years (ranges)	74 (35-90)
Female sex: n (%)	13 (72)
Cerebral localization at treatment by temozolomide: n (%)	2 (11)
Median number of lines of treatment before temozolomide: n (ranges)	1 (0-4)
Number of patients treated by ASCT before temozolomide: n(%)	2 (11)
Median duration of temozolomide treatment: months (range)	5 (1-40)

Two patients were treated in first line by temozolomide, they were 85 and 89 years old.



## TREATMENT RESPONSE MEDIAN FOLLOW-UP: 21 MONTHS

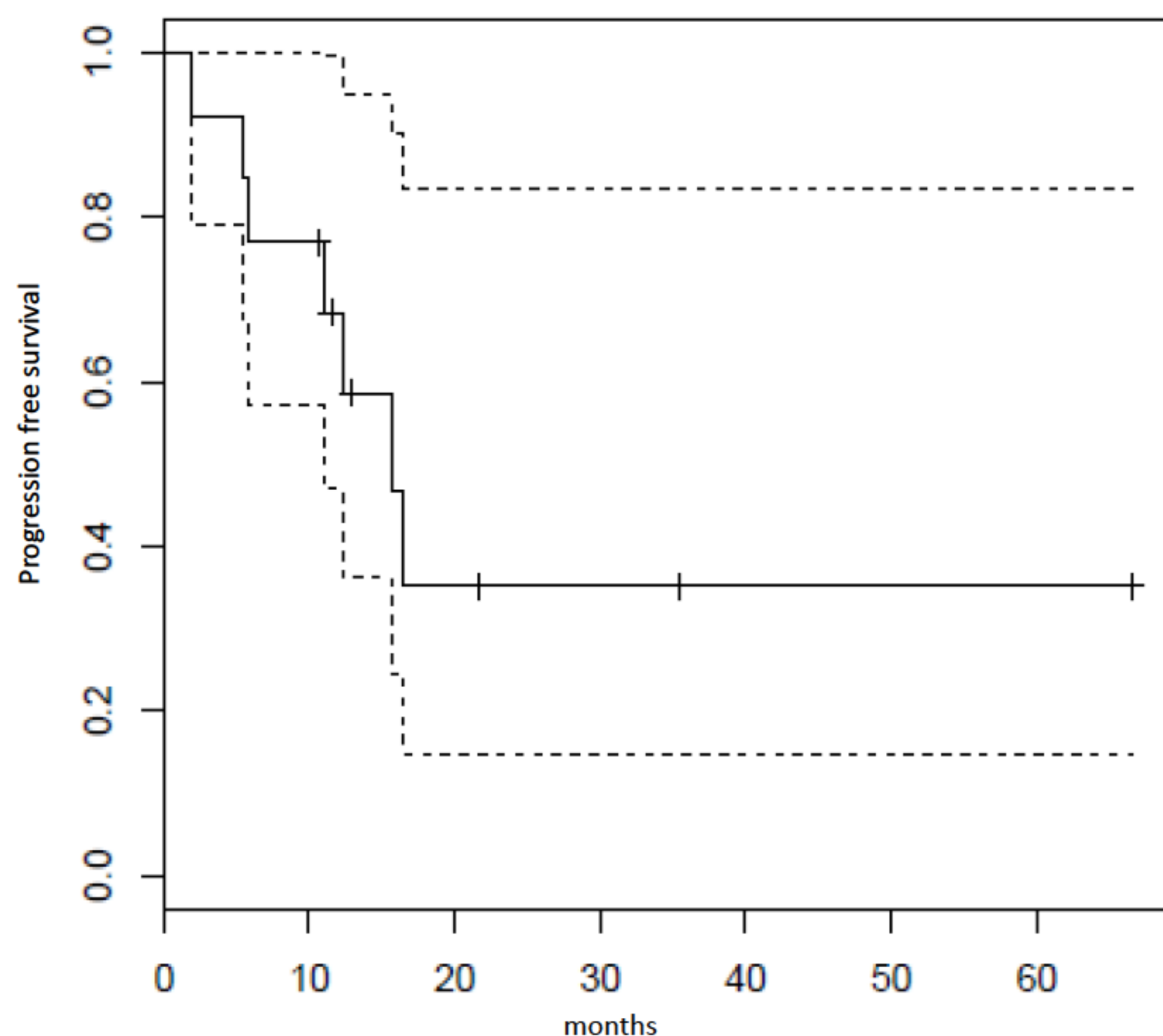
**ORR: 78%**



- ✓ among CR patients:
  - 2 patients were in relapse after ASCT, one is still in CR 75 months later
  - 2 were in relapse after lenalidomide
  - 1 patient had ocular and cerebral CR
  - 2 patients were treated in first line
- ✓ three patients were treated a second time with temozolomide and we obtained a new 12 months persistent CR and a new persistent PR

CR: complete response, PR: partial response, SD: stable disease, PD: progressive disease, ORR: overall response rate

## PROLONGED SURVIVAL MEDIAN PFS: 10,5 MONTHS MEDIAN OS NOT REACHED



1 patient lost to follow-up (at 16 months); 4 deaths due to CNS lymphoma

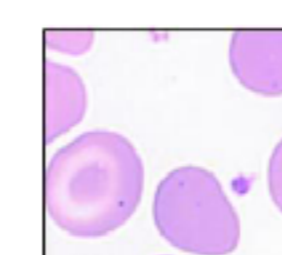
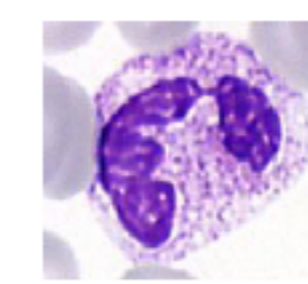
PFS: progression free survival; OS: overall survival

## CONCLUSION

- ✓ **First report** of temozolomide use in PVRL
- ✓ **Biggest study** with homogeneous treatment in R/R PVRL patients
- ✓ **High ORR (78%)** with **persistent** response until 6 years
  - ✓ CR in two patients in relapse after ASCT
  - ✓ CR in two patients in relapse after lenalidomide
  - ✓ CR in two elderly patients (>80 years old) in first line
  - ✓ CR in one patient with a cerebral and ocular relapse
- ✓ Safe toxicity profile

**Temozolomide is a safe and efficient treatment of R/R PVRL**

**Temozolomide is a safe and efficient treatment in first line PVRL in very old patients**



## TOXICITIES

Grade 3-4 neutropenia: n (%)	2 (11)
Grade 3-4 thrombopenia: n(%)	2 (11)
Grade 3-4 anemia: n(%)	1 (5)
Grade 3 nauseas: n (%)	1 (5)
Asthenia: n (%)	2 (11)
Liver toxicity: n(%)	0
Secondary cancers: n(%)	0
Treatment related deaths: n (%)	0