

Activity of idelalisib in high-risk follicular lymphoma with early relapse following front-line immunochemotherapy

Ajay K. Gopal, Brad S. Kahl, Christopher Flowers, Peter Martin, Brian K. Link, Stephen Ansell, Wei Ye, Brian Koh, Esteban Abella, Paul M. Barr, Gilles A. Salles, Jonathan W. Friedberg

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Background

- FL is the most common iNHL
- A high-risk cohort of patients with FL, POD at ≤ 24 months, and median survival of ~ 5 years following initiation of R-CHOP was recently identified
- **Objective:** to assess potential activity of idelalisib in this high-risk patient population

Study Design

- Study 101-09 was a single-group, open-label, phase II study of 125 patients with iNHL refractory to both rituximab and an alkylating agent, who were treated with a starting dose of 150 mg of idelalisib bid
- A subset of 46 patients enrolled in Study 101-09 were diagnosed with FL and received first-line immunochemotherapy, of which 37 experienced early POD
 - Demographics, baseline characteristics, and intertreatment intervals were summarized
 - PFS and OS were calculated using Kaplan-Meier estimates

Baseline Characteristics

		Early POD (n = 37)
Median age, years (range)		64 (33–84)
Female, n (%)		18 (49)
Histologic grade, n (%)	1 or 2 3A	33 (89) 4 (11)
FLIPI score ≥ 3, n (%)		21 (57)
Mean number of prior therapies (SD; range)		3.4 (1.4; 2–8)
Prior therapy, n (%)	R-CHOP BR R-CVP	21 (57) 7 (19) 5 (14)
Mean intertreatment interval, months (SD)	1st and 2nd line 2nd and 3rd line 3rd and 4th line 4th and 5th line	12.5 (6.1) 9.7 (9.3) 11.9 (12.0)* 11.8 (7.6) [†]
Median time to initiation of idelalisib, months (range)[‡]		30.3 (8.9–94.7)

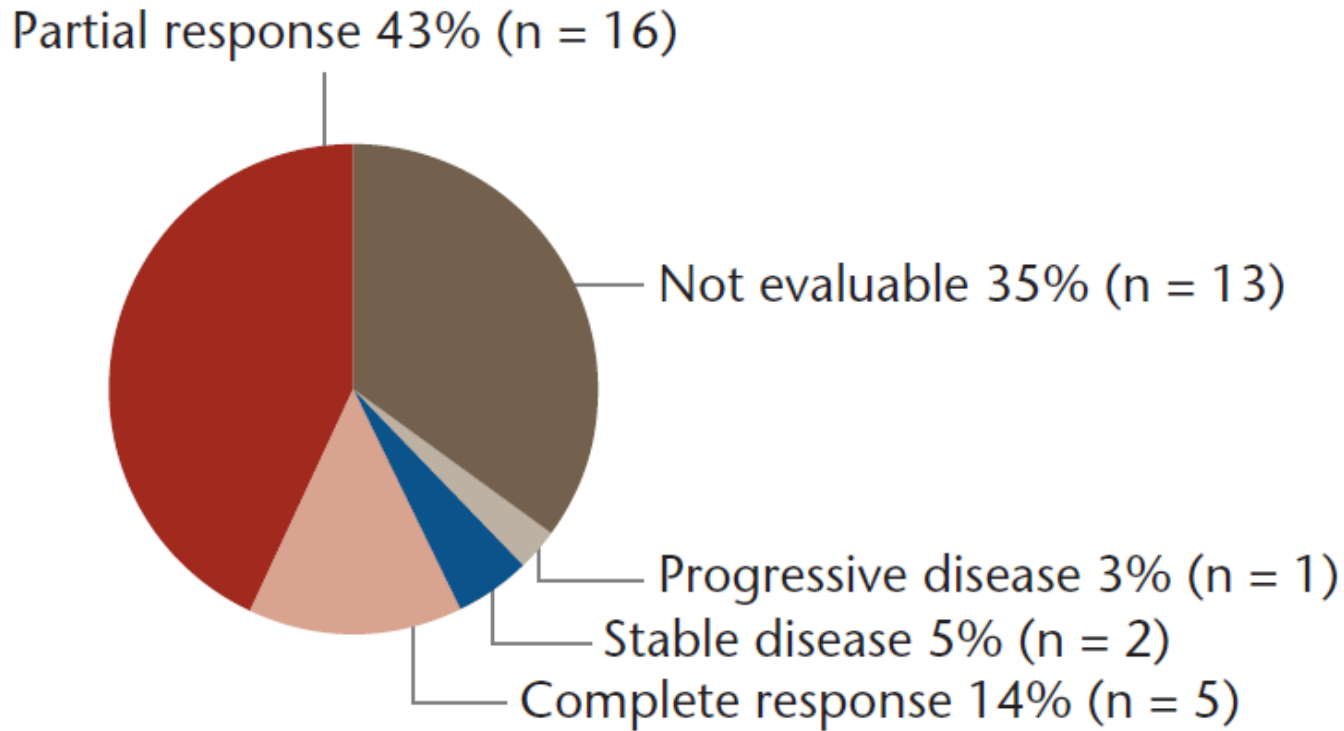
* n = 24 (65%).

[†] n = 15 (41%).

[‡] Measured from time of initiation of first-line therapy; no patient received idelalisib as second-line therapy.

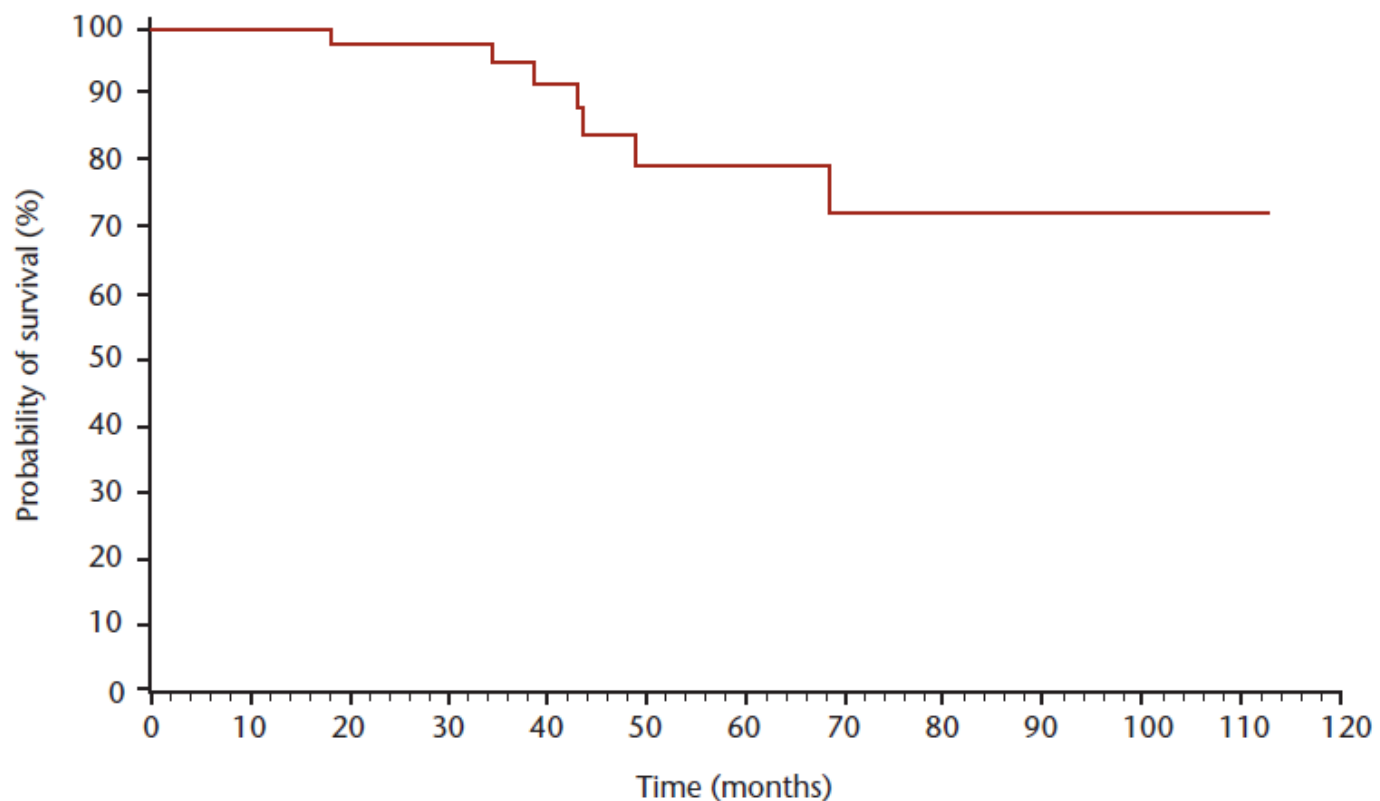
BR = bendamustine, rituximab; FLIPI = Follicular Lymphoma International Prognostic Index; POD = progression of disease; R-CHOP = rituximab, cyclophosphamide, doxorubicin, prednisone; R-CVP = rituximab, cyclophosphamide, prednisone; SD = standard deviation

Best Overall Response to Treatment with Idelalisib



- Median duration of response for patients with complete or partial response was 11.8 months (95% CI: 3.8–not evaluable)
- Estimated probability of survival (\pm SE) at 5 years following initiation of first-line treatment was 79% \pm 8%

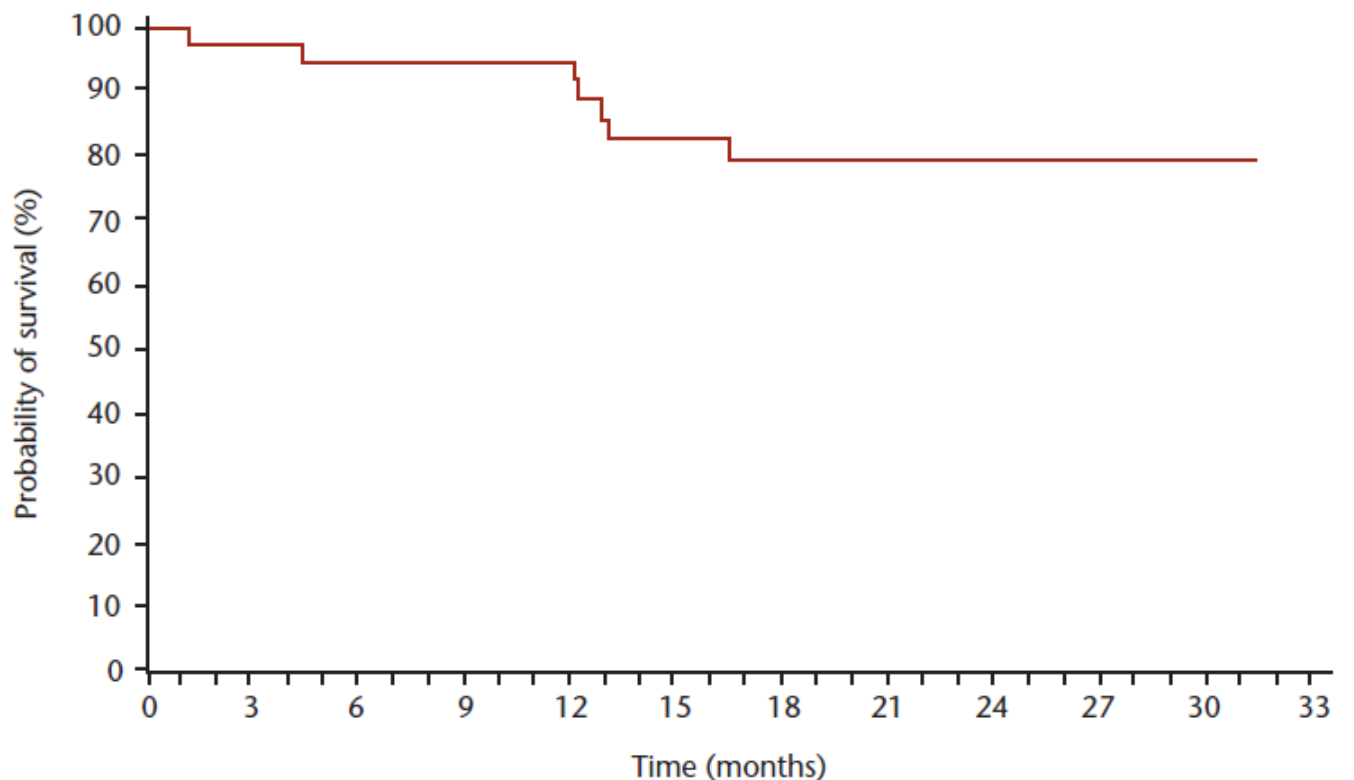
Overall Survival from Initiation of First-line Treatment



Patients at risk (events) 37 (0) 37 (0) 36 (1) 35 (1) 25 (3) 16 (6) 15 (6) 10 (7) 6 (7) 4 (7) 3 (7) 1 (7) 0 (7)

- Median OS following initiation of first-line immunotherapy was not reached during the course of the study

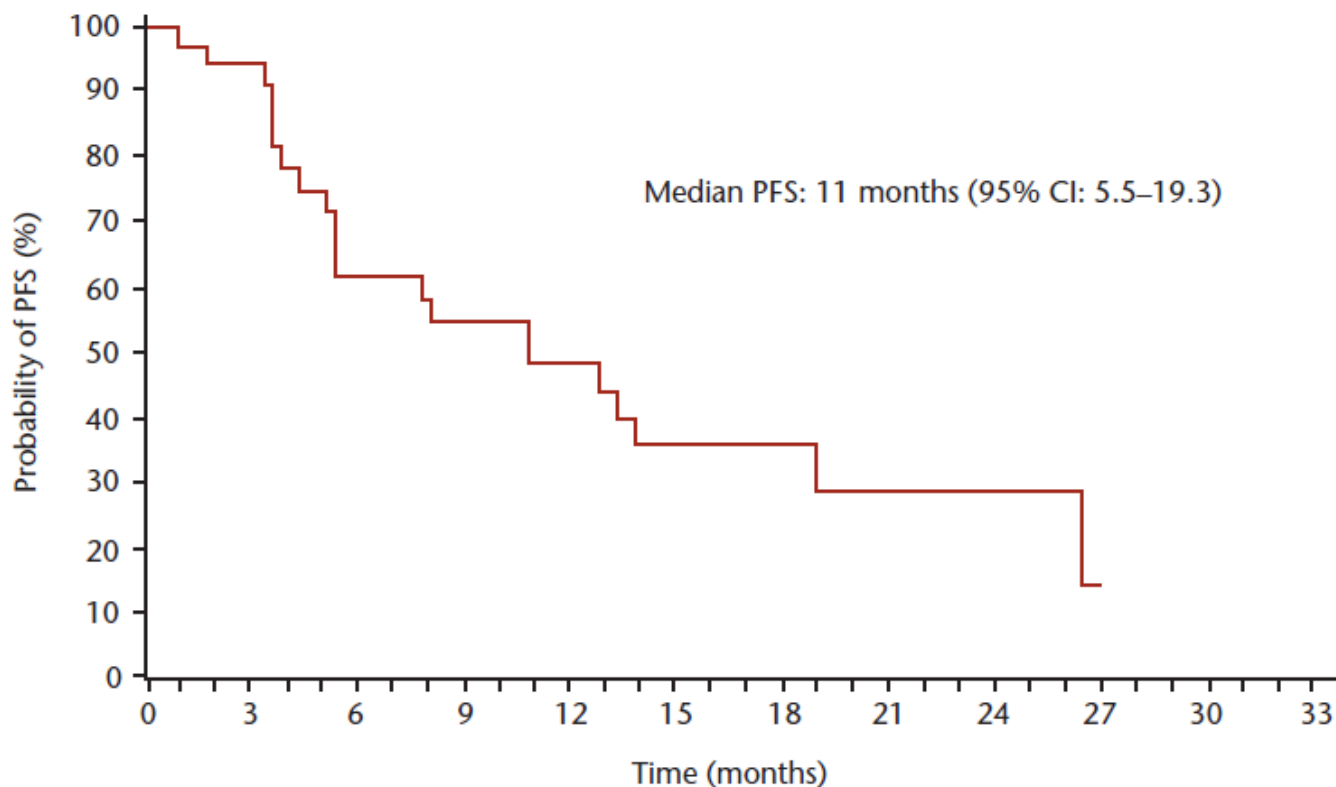
Overall Survival from Initiation of Idelalisib



Patients at risk (events) 37 (0) 34 (1) 33 (2) 32 (2) 32 (2) 27 (6) 20 (7) 16 (7) 8 (7) 5 (7) 2 (7) 0 (7)

- Estimated probability of survival (\pm SE) at 2 years following initiation of idelalisib was 79% \pm 7%
- Median OS following initiation of idelalisib was not reached during the course of the study

Progression-free Survival from Initiation of Idelalisib



Patients at risk (events) 37 (0) 30 (2) 18 (12) 16 (14) 12 (16) 9 (19) 7 (19) 3 (20) 2 (20) 1 (21) 0 (21) 0 (21)

- Estimated probability of PFS (\pm SE) at 2 years following initiation of idelalisib was 29% \pm 10%

Summary and Conclusion

- Idelalisib may have significant clinical activity in high-risk patients with FL and early relapse following first-line immunochemotherapy
- Given the limited sample size of the present analysis, further study in a larger population is warranted to ensure the generalizability of these findings
- Further consideration of investigational protocols featuring targeted therapies used both as monotherapy and in combination in high-risk patients with FL is also warranted