

NEWSLETTER

Volume 1, DECEMBER 2020



ANNOUNCEMENT

- We are pleased to announce that National Cancer Grid (NCG) has approved HCC leukemia registry study project for funding.
- Next webinar on 16th January, 2021.

WE WELCOME ON BOARD NEW DATA ENTRY OPERATORS WHO ARE PLACED AT VARIOUS INSTITUTES

- Arnav Bordoli placed at Department of Clinical Hematology, Gauhati Medical College and Hospital Guwahati
- Ankit Tiwari placed at Department of Hematology at Army Hospital R& R, New Delhi
- Rajesh R placed at Department of Medical Oncology, Jawaharlal Institute of Postgraduate Medical Education and Research (JIPMER) , Puducherry
- Abhishek Sood placed at Department of Clinical Hematology- Oncology and Stem Cell Transplantation at Dayanand Medical College and Hospital, Ludhiana
- Mrs. Bommi.K placed at Department of Hematology, Christian Medical College, Vellore
- Aakriti Kapoor Kalra placed at Department of Internal Medicine, Post Graduate Institute of Medical Education & Research (PGIMER), Chandigarh
- Saranya Bhaskar placed at Department of Clinical Hematology and Medical Oncology of Malabar Cancer Centre (MCC), Kerala

HCC IS DEEPLY GRATEFUL TO ITS INDIVIDUAL & CORPORATE SUPPORTERS FOR THEIR GENEROSITY

CLINICAL TRIALS

Trial 1

Study Title: Induction Related Mortality Score in Acute Myeloid Leukemia: Prospective Validation Study

Primary Objective(s):

- To validate the Induction Mortality Score developed by HCC in a multicentre prospective cohort of patients with AML receiving induction therapy
- To develop an online calculator for induction mortality score in AML

Secondary Objective(s):

- To study the association of Induction Mortality score model with overall survival (OS)
- To study the association of Induction Mortality score model with event free survival (EFS)

Duration of study: 4 years

Date of Study commencement: 1st July, 2020

No of Centres participating in this study : 17

CTRI Registration No: CTRI/2020/07/026450

Trial 2

Study Title: Evaluation of the safety and efficacy of generic low-dose Dasatinib for frontline therapy in chronic phase chronic myeloid leukemia – A multi-center phase II single arm study

Primary Objective

- To evaluate the 12-month molecular response rate (Bcr-Abl <1%) of generic low dose dasatinib in newly diagnosed patients with chronic phase chronic myeloid leukemia

Secondary Objectives(s):

- To assess the time to molecular response (Bcr-Abl <1% and <0.1%)
- To assess the depth of response at defined time -points
- To assess adverse drug reactions in the study population
- To evaluate 1 year event-free survival and overall survival
- To assess any treatment failure or resistance to low dose dasatinib

Duration of Study: 2 years

Date of Study commencement: October 2020

No of Centres participating in this study: 12

CTRI Registration No: CTRI/2020/10/028317

COVID-19 HEMATOLOGICAL CANCERS REGISTRY OF INDIA (CHCRI)

Study Design: Observational [Patient Registry]

Estimated Enrollment : 750 participants

Observational Model: Case-Only

Time Perspective: Prospective and Retrospect

Duration: 6 Months

Actual Study Start Date : 1st November, 2020

WEBINAR SERIES APRIL – DECEMBER 2020

DATE	TOPIC	SPEAKER
24-04-2020	MANAGEMENT OF HEMATOLOGICAL MALIGNANCIES IN THE COVID ERA	DR ELIAS JABBOUR DR NAVAL G DAVER DR NITIN JAIN DR RANJANA H ADVANI DR SUNDAR JAGANNATH
22-05-2020	CURRENT EVIDENCE IN MANAGEMENT OF CLL & FUTURE DIRECTION	DR NITIN JAIN
08-08-2020	OVERVIEW OF CYTOMORPHOLOGY IN HEMATOLOGICAL MALIGNANCIES	BRIG DR TATHAGATA CHATTERJEE COL (DR) S VENKATESAN
29-08-2020	IMMUNOPHENOTYPING: BASIC INTERPRETATION FOR A CLINICIAN	DR PRASHANT TEMBHARE
12-09-2020	WHAT CAN OUR CHROMOSOMES TELL US? RELEVANCE OF CYTOGENETIC ASSESSMENT IN HEMATOLOGICAL MALIGNANCIES.	DR NANCY BERLY JANET A
26-09-2020	A PRIMER ON MOLECULAR TESTING IN HAEMATOLOGY MRD IN AML	DR MAHADAVI MADDALI DR NIKHIL PATKAR
24-10-2020	HOW TO EVALUATE AND INTERPRET FLOW CYTOMETRY BASED MRD	DR PRASHANT TEMBHARE
13-11-2020	LEVERAGING T-CELL ENGAGING IMMUNOTHERAPY FOR THE TREATMENT OF ACUTE LYMPHOBLASTIC LEUKEMIA	DR ELIAS JABBOUR DR HAGOP M KANTARJIAN DR NIKITA MEHRA DR PRASANTH GANESAN
12-12-2020	A BRAINSTORMING SESSION TO DISCUSS DATA FROM ASH 2020	EXPERT HEMATO-ONCOLOGISTS FROM HCC CENTERS
19-12-2020	CHRONIC LYMPHOCYTTIC LEUKEMIA	DR NITIN JAIN PROF RITU GUPTA DR PANKAJ MALHOTRA

A GLIMPSE OF ASH 2020

ASH 2020 Abstract no 343

NFE2E3 Mutations Impact AML Transformation and Overall Survival in Patients with Myelodysplastic Neoplasms (MPN): Lin-Pierre Zhao et al.

- NFE2E3 (nuclear factor erythroid 2) overexpression or enhanced truncated mutation in patients of MPN
- Aim: To evaluate the phenotypic characteristics and prognostic impact of NFE2E3 somatic mutations
- Cohort: 707 patients with NGS panel targeting 34 myeloid genes
- Phenotype: PV, PMF, ET, unclassified MPN
- Mutation profile: JAZF1/6177 (73.1%), CALR/14.1k (3.3%), NFE2E3 (3.3%)
- 64 (9.05%) patients harbored a NFE2E3 mutation with a variant allelic frequency (VAF) ≥ 0.5% and 36 had a VAF ≥ 5% (clinically significant)
- NFE2E3 mutations were present in 7.3%, 5.3% and 3.0% of PV, PMF and ET patients, respectively
- No significant association with clinical/molecular MPN characteristics

Rituximab with R-DA-EPOCH with or without Autologous Stem Cell Transplantation (ASCT) as First Line Treatment in Patients with Aggressive B-Cell Lymphoma with MYC and BCL2 and/or BCL6 Gene Rearrangements or Increase Copy Number

Previously reported short-term efficacy of R-DA-EPOCH in aggressive B-NHL with MYC+BCL2 +/-BCL6 (DHL/THL) (11) confirm preliminary results (2) to define role of ASCT

63 (51 DLBCL, 5 BCLU, 7 HGBCL)
Median age 63 yrs
54 (86%) Stage II/III, 41 (65%) High IPI, EN disease (79%)
FISH: 34 - DHL, 10 THL, 19 c-MYC-ICN, IHC: 81% - GCB, 73% DE

Median 6 cycles R-DA-EPOCH (Range 1-6)
112 pre-treated with one R-CHOP
24pts - AutoSCT (17 in CR, 6 in PR, 1 with PD)

CONCLUSION: Role of consolidative ASCT seems encouraging, but remains to be proven by prospective randomized studies.

ASH 2020 Abstract no: 123

Ibrutinib (Ibr) plus Venetoclax (Ven) for First-Line Treatment of Chronic Lymphocytic Leukemia (CLL)/Small Lymphocytic Lymphoma (SLL): 1-Year Disease-Free Survival (DFS) Results From the MRD Cohort of the Phase 2 CAPTIVATE Study

CAPTIVATE is a multicenter phase 2 study of first-line Ibr + Ven with 2 cohorts: Minimal Residual Disease (MRD) and Fixed Duration

For both cohorts, patients received 3 cycles of Ibr lead-in followed by 12 cycles of combined Ibr + Ven

Confirmed uMRD (58%, n=86) - Randomized to placebo vs Ibr
Not confirmed uMRD (42%, n=63) - Randomized to Ibr vs Ibr + Ven

Median duration of Rx: Ibr 28.6 months, Ven- 12.0 months

ASH 2020 Abstract No: 464

Hyper-CVAD and Sequential Blinatumomab in Adults with Newly Diagnosed Philadelphia Chromosome-Negative B-Cell Acute Lymphoblastic Leukemia: Results from a Phase II Study

Early incorporation of Blinatumomab in Ph-negative B-cell ALL would decrease the need for intensive chemotherapy, lead to deeper and more durable responses, and improve survival.

Methods: 14-59 years Ph negative B-ALL

Intervention: Hyper-CVAD alternating with high-dose methotrexate and cytarabine for up to 4 cycles, followed by 4 cycles of Blinatumomab with IT 8 doses, POMP with Blina maintenance

Primary end point: CR rates and MRD at end of induction

Median Follow up : 22 months

Conclusion: CR rates – 100%, MRD negativity – 97%; 2 year Durable remission rates – 79%; 2yr OS – 86%. Hyper CVAD with Blina is highly effective and well tolerated as front line therapy.

ASH 2020 Abstract No: 2910

Molecular Subtypes with Distinct Clinical Phenotypes and Actionable Targets in Adult B-Cell Precursor All Treatment According to GMALL Protocols

807 ALL patients were analyzed for genomic rearrangements (GMRs) and their clinical impact on response to therapy

Gene fusions were identified in 10.5% of ALL patients

Gene fusions were associated with distinct clinical phenotypes and response to therapy

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ASH abstract no: 143

Early Versus Late Autologous Stem Cell Transplant in Newly Diagnosed Multiple Myeloma: Long-Term Follow-up Analysis of the IFM 2009 Trial

100 patients (50 from each arm) who experienced 1st progression were included

Choice of 2nd line treatment and decision to perform an ASCT at relapse was based on investigator's discretion.

PF2 - time from randomization to progression on next line therapy or death from any cause

Second PFS - time from date of 1st progression to progression on next line therapy or death.

Conclusion: PFS2, 2nd PFS significantly longer in the MRD neg group.

MRD appears to predict outcome and might be used after induction to identify pts who probably do not require early ASCT

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