consisting of cyclophosphamide and fludarabine before CAR-T infusion. The median follow-up was 2.4 months. Six patients experienced cytokine release syndrome (CRS, any grade), including 1 patient with CRS of grade 3 or higher. Immune cell-associated neurotoxicity syndrome (ICANS) of any grade occurred in 5 patients, including 2 patients with ICANS of grade 3 or higher. Four patients received tocilizumab and corticosteroids. The overall response rate (ORR) at 1-month was 62%, with 25% achieving a complete response (CR). Best ORR and CR were 87% and 37% respectively. The overall survival is presented in Figure 1.

The updated results will be available and presented during the 2021 ICML meeting.

Conclusion: To our knowledge, this study represents the largest cohort of patients treated with anti-CD19 CAR-T cells for R/R PCNSL. Despite a short follow-up, our results suggest that commercial CAR-T cells may be an efficient option to treat R/R PCNSL, with no unexpected toxicity. Large clinical trials are needed to confirm these encouraging results.

Keywords: Cellular therapies

Conflicts of interests pertinent to the abstract

M. Alcantara
Consultant or advisory role: Novartis, Janssen

S. Choquet
Consultant or advisory role: Novartis, Janssen, Roche, Celgene, Takeda, Sandoz, Sanofi

LENALIDOMIDE AND RITUXIMAB REGIMEN COMBINED WITH INTRAVITREAL METHOTREXATE FOLLOWED BY LENALIDOMIDE MAINTENANCE FOR PRIMARY VITREORETINAL LYMPHOMA: A PROSPECTIVE PHASE II STUDY

Y. Zhang, X. Zhang, Dong-m. Zou, L. Zhang, Mei-f. Zhang, D. Zhou, W. Zhang

Primary vitreoretinal lymphoma (PVRL) is a rare variant of primary central nervous system (CNS) lymphoma, for which currently there are no optimal treatment options. This prospective single-center study enrolled immunocompetent patients with newly diagnosed PVRL between August 2018 and January 2020. Patients received local and systemic therapies: intravitreal methotrexate (MTX, 400 μg, 0.1 mL) injections for 1 year (total 16 injections) and six cycles of the rituximab (375 mg/m² on day 1) and lenalidomide (25 mg on day 1–21; R2) regimen. Lenalidomide was maintained for 2 years in patients who had achieved a response. We enrolled 11 patients with a mean age of 58 (range, 48–70) years, of which 10 achieved complete remission at the first evaluation. The median follow-up period was 18.3 (range, 10.6–27.8) months, and the median progression-free survival was 12.7 months. Moreover, a total of eight patients relapsed. The most common adverse event (AE) was neutropenia, which occurred in seven patients (63.6%), followed by grade 3 ocular toxicities, including cataract formation, in six patients (54%). These findings suggest that the R2 regimen combined with intravitreal MTX, followed by lenalidomide maintenance, is a safe option for PVRL with moderate efficacy. This trial is registered with ClinicalTrials.gov (number NCT 03746223). EA – previously submitted to EHA 2021.

Keywords: Aggressive B-cell non-Hodgkin lymphoma, Extranodal non-Hodgkin lymphoma, Immunotherapy

No conflicts of interest pertinent to the abstract.

RITUXIMAB-DOSE-ADJUSTED EPOCH (R-DA-EPOCH) IN PRIMARY MEDIASTINAL LARGE B-CELL LYMPHOMA (PMLBCL): REAL-LIFE EXPERIENCE ON 190 PATIENTS FROM 3 MEDITERRANEAN COUNTRIES

T. Vassilakopoulos, B. Ferhanoglu, N. Horowitz, Z. Melliou, L. Kaynar, M. Zektser, A. Symeonidis, A. Piperidou, C. Kalpadakis, O. M. Akay, A. C. Atalar, E. Katodritiou, T. Leonidopoulou, S. Papageorgiou, T. Tadmor, O. Gutwein, S. Karakatsanis, C. Ganzel, G. Karianakis, G. Isenberg, G. Gainaru, E. Vrakidou, M. Palassopoulou, M. Ozgur, M. Siakantaris, S. Paydas