ALLOGENEIC TRANSPLANT IN RELAPSED/REFRACTORY T CELL LYMPHOMAS IN THE ERA OF NEW DRUGS FOR SALVAGE THERAPY

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Allogeneic transplant (allo-HSCT) is a potentially curative option for patients with relapsed/refractory T-cell lymphoma. The combination of new drugs to get remission before transplant and reduce intensity conditioning (RIC) might be an optimal strategy to maximize disease control and reduce non-relapse mortality (NRM).
We report on 15 patients allografted between 2014-2024, with median age of 54 years (range 24-70) affected by: T-follicular helper (n= 5, 2 angioimmunoblastic-type), Anaplastic Large Cell Lymphoma (n=3, 2 ALK+ and 1 ALK-), Peripheral T-cell lymphoma NOS (n=3) Extranodal NK/T (n=2), Hepatosplenic (n=1), Mycosis fungoides (n=1).
Patients underwent HCT after a median of 3 lines of therapy (range 2-8), with a new drug being the last (Brentuximab, Duvelisib, Linprelisib, CKD 9-inhibitors, Valemetostat, Pembrolizumab); Thirteen out of fifteen (86.7%) achieved complete remission before allo-HSCT, with only one partial remission and one stable disease.
All patients received fludarabine-based RIC and three-drugs GVHD prophylaxis with calcineurin inhibitor and antimetabolite plus ATLG (n=13) or PT-Cy (n=2). Donors were: 8 HLA-matched unrelated, 4 mismatched unrelated (HLA 7/8), 2 matched sibling, 1 haploidentical.
Disease free survival (DFS) and Overall Survival (OS) at 6 months are 79.4% (95% C.I. 48.8%-92.9%) and 86.7% (95% C.I. 56.4%-96.5%); DFS and OS at 1 year 72.5% (95% C.I. 41.7%-88.6%) and 79.4% (95% C.I. 48.8%-92.9%). One-year incidence of relapse and NRM are 7% (95% C.I. 5%-28%) and 20% (95% C.I. 5%-44%), respectively.
At a median follow-up of 2.1 years, three patients (20%) died of drug-toxicity, infections and/or acute GVHD. Only one patient (6.7%) with Mycosis fungoides relapsed and is currently alive, on treatment with DLI.
Nine patients (60%) developed aGvHD, 6 (40%) grade II-IV and 2 (13.3%) grade III-IV; 5 (33.3%) developed cGvHD, 3 (20%) moderate-severe.
In our experience new drugs as bridge to allo-HSCT show encouraging clinical outcomes for patients with R/R T-cell lymphoma.