MOGAMULIZUMAB FOR RELAPSED ADULT T-CELL LEUKEMIA-LYMPHOMA: A SINGLE-INSTITUTE EXPERIENCE

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Introduction: Adult T-cell leukemia-lymphoma (ATL) is an aggressive peripheral T-cell neoplasm. In general, the disease is resistant to conventional chemotherapeutic agents, and involves nodal and extranodal sites. Mogamulizumab, which demonstrated antitumor activity for relapsed ATL patients in clinical trials, became available in the practical setting from 2012. However, it remains unclear how the efficacy of mogamulizumab is different in the involved sites and the timing of administration, respectively.

Material and Methods: We retrospectively analyzed seven patients with relapsed ATL who received mogamulizumab after April 2012 at Sasebo city general hospital.

Results: The median age at the administration of mogamulizumab was 64 years old (range, 57–80). The disease subtypes at relapse were acute type in 6 patients, and lymphoma type in 1 patient. The median number of regimens prior to mogamulizumab was 3 (range, 1–8). Mogamulizumab provided complete remission and partial remission in 1 and 1 patients, respectively; overall response rate was 28.6%. For all 7 patients, responses according to disease site were 66.7% for peripheral blood, 66.7% for skin, 20.0% for lymph node, and none for central nervous system site. Two patients, who obtained remission, experienced less number of prior regimens, and longer intervals from prior treatment to mogamulizumab in comparison to other 5 patients who did not obtained remission.

Discussion: Our results raised the possibility the objective response to mogamulizumab was associated with the involved sites and the history of prior treatments. Further investigations in larger study were required to reveal predictive factors for the response of mogamulizumab, including the clinical characteristics of disease and the adoptive timing of administration.