

# Patterns of Care in Medical Oncology

## T-Cell Lymphoma

***CASE 6: A 45-year-old man diagnosed with celiac disease presents 12 months later with bowel obstruction and is diagnosed with enteropathy-associated T-cell lymphoma. He receives treatment on a SWOG protocol with cisplatin, etoposide, gemcitabine and methylprednisolone sodium succinate.***

***Approximately 18 months later, liver and lung lesions are detected on surveillance imaging. Biopsy confirms recurrent T-cell lymphoma, and the patient receives an investigational Aurora kinase inhibitor. He achieves a CR and then receives consolidation autologous transplant.***

***— Dr Friedberg***

## ***What is your typical induction therapy for peripheral T-cell lymphoma (PTCL)?***

	<b>CI</b>	<b>PO</b>
<b>I do not have any experience treating PTCL</b>	<b>0%</b>	<b>18%</b>
<b>CHOP</b>	<b>76%</b>	<b>68%</b>
<b>EPOCH</b>	<b>8%</b>	<b>0%</b>
<b>Pralatrexate</b>	<b>4%</b>	<b>4%</b>
<b>Fludarabine-based regimen</b>	<b>0%</b>	<b>6%</b>
<b>Other</b>	<b>12%</b>	<b>4%</b>

## ***What is your typical treatment for relapsed or refractory PTCL?***

	<b>CI</b>	<b>PO</b>
<b>I do not have any experience treating relapsed PTCL</b>	<b>4%</b>	<b>9%</b>
<b>Salvage regimen such as ICE, ESHAP or DHAP</b>	<b>48%</b>	<b>32%</b>
<b>Gemcitabine-based regimen</b>	<b>28%</b>	<b>5%</b>
<b>Pralatrexate</b>	<b>16%</b>	<b>37%</b>
<b>Romidepsin</b>	<b>4%</b>	<b>2%</b>
<b>Other*</b>	<b>0%</b>	<b>15%</b>

\* CHOP, fludarabine-based regimen, alemtuzumab, denileuken diftitox

## **PROPEL study: Single-agent pralatrexate in relapsed or refractory PTCL**

### **Efficacy (n = 109)**

<b>Complete response</b>	<b>Partial response</b>	<b>Overall response</b>
<b>11%</b>	<b>18%</b>	<b>29%</b>

### **Safety**

<b>Grade 3/4 thrombocytopenia</b>	<b>32%</b>
<b>Grade 3/4 mucositis</b>	<b>22%</b>
<b>Grade 3/4 neutropenia</b>	<b>22%</b>
<b>Grade 3/4 anemia</b>	<b>18%</b>

***In the past year, have you administered any of the following treatments to your patients with PTCL?***

	<b>CI</b>	<b>PO</b>
<b>Stem cell transplant</b>	<b>96%</b>	<b>35%</b>
<b>Pralatrexate</b>	<b>80%</b>	<b>39%</b>
<b>Vorinostat</b>	<b>32%</b>	<b>29%</b>
<b>Alemtuzumab</b>	<b>32%</b>	<b>21%</b>
<b>Denileukin diftitox</b>	<b>32%</b>	<b>18%</b>
<b>Romidepsin</b>	<b>32%</b>	<b>13%</b>

**CI n = 25; PO n = 82**

## **Activity of romidepsin in relapsed or refractory PTCL and cutaneous T-cell lymphoma (CTCL)**

	<b>PTCL</b>	<b>CTCL</b>
<b>Overall response (percent)</b>	<b>38</b>	<b>34</b>
<b>Complete response (percent)</b>	<b>15</b>	<b>6</b>
<b>Median duration of response (months)</b>	<b>10</b>	<b>14</b>

**Romidepsin resulted in clinically meaningful responses in CTCL and PTCL.**

***CASE 7: A 66-year-old man with heavily pretreated CTCL — he has received PUVA (psoralen with UVA therapy), TSEB (total skin electron beam therapy), oral bexarotene and denileukin diftitox — develops adenopathy, and biopsy reveals transformation to large T-cell lymphoma. He receives CHOP x 6 with achievement of a CR followed by consolidation autotransplant. The disease recurs 6 months after transplant, and the patient undergoes repeat skin electron beam therapy with prednisone.***

***— Dr Smith***

***In the past 2 years, have you cared for a patient with CTCL either receiving active treatment or under surveillance?***

	<b>CI</b>	<b>PO</b>
<b>% responding yes</b>	<b>64%</b>	<b>53%</b>

***In the past 2 years, have you administered any of the following agents to patients with CTCL? (Check all that apply)***

	<b>% responding yes</b>	
	<b>CI</b>	<b>PO</b>
<b>Denileukin diftitox</b>	<b>44%</b>	<b>36%</b>
<b>Romidepsin</b>	<b>37%</b>	<b>25%</b>
<b>Vorinostat</b>	<b>32%</b>	<b>39%</b>
<b>Bortezomib</b>	<b>12%</b>	<b>15%</b>
<b>Temozolomide</b>	<b>6%</b>	<b>13%</b>
<b>Belinostat</b>	<b>6%</b>	<b>0%</b>

***In general, how would you characterize the safety of each of the following agents?***

**Denileukin diftitox**

	<b>CI</b>	<b>PO</b>
<b>Somewhat to very safe</b>	<b>56%</b>	<b>43%</b>
<b>Somewhat to very unsafe</b>	<b>44%</b>	<b>29%</b>
<b>I don't know</b>	<b>0%</b>	<b>28%</b>

**Romidepsin**

	<b>CI</b>	<b>PO</b>
<b>Somewhat to very safe</b>	<b>84%</b>	<b>49%</b>
<b>Somewhat to very unsafe</b>	<b>8%</b>	<b>4%</b>
<b>I don't know</b>	<b>8%</b>	<b>47%</b>

***In general, how would you characterize the safety of each of the following agents? (continued)***

**Pralatrexate**

	<b>CI</b>	<b>PO</b>
<b>Somewhat to very safe</b>	<b>83%</b>	<b>68%</b>
<b>Somewhat to very unsafe</b>	<b>17%</b>	<b>2%</b>
<b>I don't know</b>	<b>0%</b>	<b>30%</b>