

Explaining the need to improve the outcome of 1L DLBCL treatment

Roche: The addition of rituximab to CHOP about 20 years ago brought about the last major improvement for the treatment of newly diagnosed DLBCL patients. Despite R-CHOP's success as the standard of care for over 20 years, 4 out of 10 patients relapse after treatment, and these relapsed patients face worse outcomes. Dr Hervé Tilly expands on this.

Dr Hervé Tilly (University of Rouen, France): As you know, for 20 years R-CHOP is considered the current front-line treatment for diffuse large B-cell lymphoma. However, only 60 to 70% of patient are cured with this regimen. In spite of many attempts to improve the front-line treatment during those years, there has been no meaningful improvement in outcome of these patients.

Roche: You may be asking why it is so important to prevent relapse after front-line treatment. Well, research shows that the majority of patients with relapsed refractory disease have poor outcomes. DLBCL treatment beyond first-line is resource intensive. Patients experience poor prognoses, and with disease progression, they also experience an increased risk of side effects.

Dr Herve Tilly and Professor Christopher Flowers put this into perspective from the patient's point of view.

Dr Hervé Tilly: It seems evident that for the patient it is much better to be in first complete remission than to have to receive the successive lines of treatment, even if it's still in survival.

Prof. Christopher Flowers (University of Texas, MD Anderson Cancer Center): Sure. I totally agree with Dr Hervé on that point that even though there are curative options in the relapse setting for DLBCL in the second line and potentially even in the third line, you know, you don't want to be the patient who has to go to a third line therapy to get your curative option. You would prefer to be cured upfront with the most effective therapy upfront.

Roche: Therefore, there is a need to improve the outcome of first-line treatment.

References:

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