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Key efficacy data from the POLARIX trial explained

Roche: The POLARIX trial evaluated a modified regimen of R-CHOP called POLA-R-CHP in patients with previously untreated DLBCL. The primary endpoint of the trial was investigator-assessed progression-free survival. Dr Franck Morschhauser takes us through the results.

Dr Fanck Morschhauser (MD, PhD Professor of Hematology, University of Lille): The primary endpoint was met with a significant improvement in terms of PFS for R-CHP-POLA and a hazard ratio of 0.73, which means a 27% reduction in the relative risk of disease progression, relapse, or death compared to R-CHOP. And at two years, this resulted in a beneficial increment of 6.5% in terms of PFS.

Roche: What does a 6.5% increment in terms of PFS mean for patients? Dr Laurie H. Sehn puts this into perspective.

Dr Laurie H. Sehn (MD, MPH Clinical Assistant Professor with the BC Cancer Agency and University of British Columbia): And the question you're asking is this, meaningful clinically and, and for our patients. I would say that, when you look at the baseline of what R-CHOP can achieve, the bar is quite high already. And what we're really trying to do is make that difference for those patients that clearly are going to prove refractory or resistant to R-CHOP, to try to push that already relatively high curve up higher. So when you see that absolute difference of 6%, it really needs to be considered in the context of how high that curve is already. And I think much more relevant here is that hazard ratio of 0.73, which really tells you that out of every four patients that would potentially relapse on R-CHOP, you're now preventing one of those four patients from relapsing with, with the POLA combination.

Reference:
1. Tilly H, et al. N Engl J Med. 2022;386:351-63.

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