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The significance of the POLA-R-CHP results for 1L DLBCL patients

Roche: Replacing vincristine with polatuzumab vedotin in first-line DLBCL treatment reduced the risk of relapse by up to one in four patients. Dr Laurie Sehn gives her view on the importance of these results obtained in the POLARIX trial.

Dr Laurie H. Sehn (MD, MPH Clinical Assistant Professor with the BC Cancer Agency and University of British Columbia): Everybody understands the history that R-CHOP has been the standard of care for decades and the reality is that, despite trying to intensify chemotherapy and add in novel agents, thus far, all of the previous studies have been negative. So the one thing that we should stress, that this is the first positive study in upfront DLBCL that we've seen since the introduction of novel agents, and it is statistically significant. The study met its primary endpoint. I think the one thing I'll point out is that the follow-up for progression-free survival is fairly mature. So we've got a median follow-up that takes us beyond two years, and what we understand is that the majority of the relapses do occur in the first two years, so the fact is that this is demonstrating that with the addition of the polatuzumab, we're actually reducing the risk of relapse with the hazard ratio of 0.73. And when I try and get my head around it, it really means that one out of every four people that would have relapsed are prevented from relapsing with the use of polatuzumab and we all know that although there are downstream options for these patients in general what we want to do is try and cure them with front-line therapy. And we know that the stakes become a lot higher once they do relapse. There's a chance of cure with secondary therapies, but it's still been relatively small to date. I would say preventing relapse in the front-line and with this substantial reduction, I would argue that it is clinically meaningful.

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

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