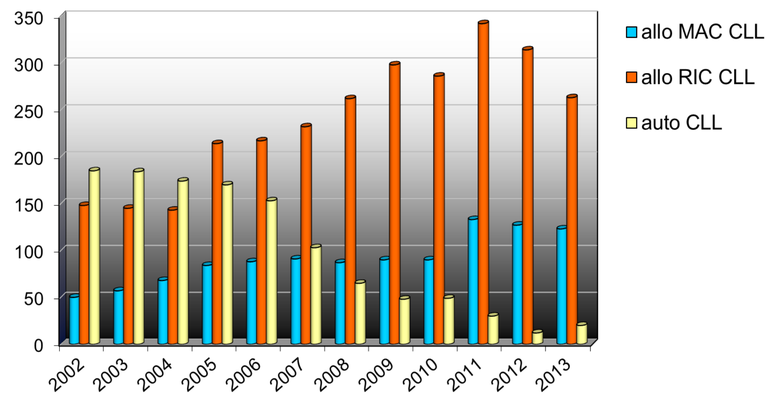
Chronic Malignancies Working Party
CLL & Plasma Cell Disorders

Activities of WP and Subcommittees
Chair: Nicolaus Kröger
Secretary: Stefan Schönland

Subcommittee Chronic Lymphocytic Leukemia

Chair: Johannes Schetelig, Vice-Chair: Michel van Gelder

Number of CLL transplants 2002-2013

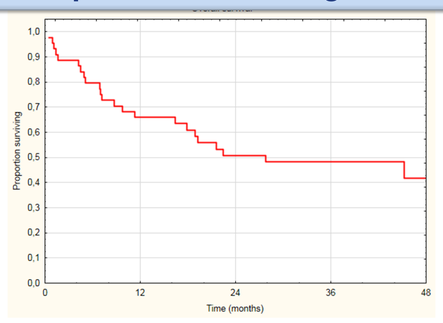


T-PLL Non-Interventional Study

T cell prolymphocytic leukemia (T-PLL) is arising from post thymic T lymphocytes and is very rare (estimated incidence < 1/million). It is characterized by severe illness with usually very high cell numbers at diagnosis, presence of splenomegaly and pleural as well as peritoneal exudates. The disease has a poor prognosis and the response to chemotherapy is transient and only limited. Better results were reported for alemtuzumab, where responding patients achieved a median survival of 15 months. The retrospective analysis of 41 patients treated with allo-HSCT showed that some T-PLL patients may benefit from this treatment modality (**Wiktor-Jedrzejczak W** et al. ***Leukemia. 2012; 26:972-6***). Extreme heterogeneity of the data suggested use of different criteria for diagnosis and different transplant approaches. Therefore, we have elaborated and posted on the **EBMT website** **consensus criteria for the diagnosis** and **recommended treatment strategy.**

In our prospective non-interventional study 55 patients have been included. Fulfilment of diagnostic and inclusion criteria were independently reviewed: 11 reports were disqualified and 44 reports were eligible for further analysis.

Overall Survival of T-PLL patients after allogeneic HCT

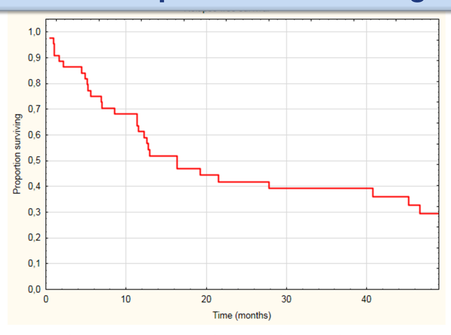


Median follow-up: 49.9 months
(95%CI 43.3-57.9)

3-year OS: 48%
(95% CI, 33-63%)

4-year OS: 42%
(95% CI, 26-57%)

Relapse Free Survival of T-PLL patients after allogeneic HCT



Median follow-up: 49.8 months
(95%CI 43.3-57.9)

3-year RFS: 39%
(95% CI, 24-53%)

4-year RFS: 30%
(95% CI, 16-44%)

Allo-HSCT may provide effective disease control in selected patients with T-PLL. The results seem to be slightly better than in the earlier retrospective analysis, which could be due to better patient selection and compliance with the EBMT recommendations. It is important to offer allo-HSCT to T-PLL patients early in the course of disease. This confirms the validity and usefulness of a prospective observational approach to generate data of better quality for an extremely rare disease.

Ibrutinib pre and/or post Allo-HSCT for CLL (NIS)

Ibrutinib before and/or after Allo-HSCT for Chronic Lymphocytic Leukemia or Mantle Cell Lymphoma: A joint project of the EBMT Chronic Malignancy and Lymphoma Working Parties, the French Cooperative Group for CLL and the Société Française de Greffe de Moelle et de Thérapie Cellulaire (SFGM-TC).

Objective 1 **Pre-transplant exposure**: assess feasibility, safety and efficacy of allo-HSCT after previous ibrutinib exposure **Endpoints** 1-year PFS (*primary*), 1-year NRM, incidence and grade of AGVHD, CIR, time to relapse after allo-HSCT, EFS, OS, time to engraftment

Objective 2 **Post-transplant exposure**: assess feasibility, safety and efficacy of ibrutinib administration after a previous allo-HSCT **Endpoints** safety (6-months NRM, *primary*), incidence of grade 2-4 AGVHD, response and duration of response to ibrutinib, incidence or aggravation of CGVHD, OS, prognostic factors for response.

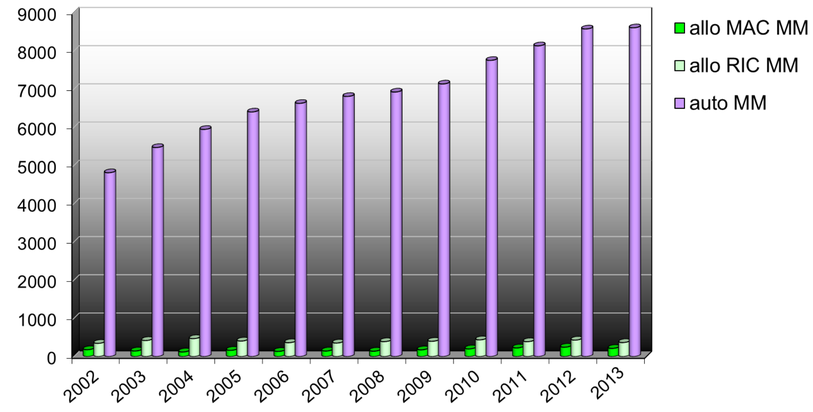
Result feasibility study 20 centres from 8 countries already confirmed their participation, expecting to collect a total number of more than 80 patients. Patients included N=6

Principal investigators **CMWP/CLL** **Mauricette Michallet** Centre Hospitalier Lyon Sud, France
LWP **Peter Dreger** University Hospital Heidelberg, Germany

Subcommittee Plasma Cell Disorders

Chair: Laurent Garderet, Vice-chair: Stefan Schönland

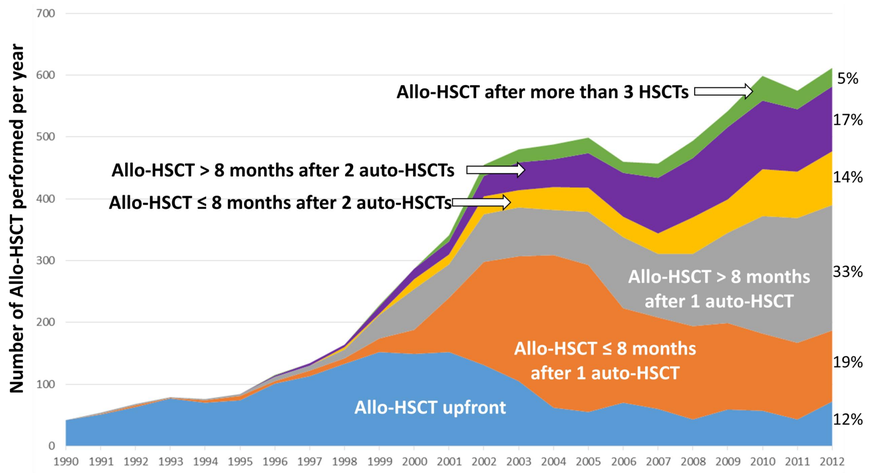
Number of MM transplants 2002-2013



Allo-HSCT in MM

Allogeneic Hematopoietic Stem Cell Transplantation for Multiple Myeloma: Evolution and Outcomes over More Than Two Decades within EBMT Centers. A Study from the EBMT Chronic Malignancies Working Party

Michallet M, Sobh M, Iacobelli S, van Biezen A, Dreger P, Petersen E, Schaap M, Bandini G, Volin L, Meijer E, Niederwieser D, Einsele H, Blaise D, Milpied N, Fegueux N, Finke J, Bunjes D, Cornelissen J, Garderet L, Nicolaus Kröger. ***EBMT Annual Meeting 2015, Istanbul, Abstract WP026***



Evolution of the use of Allo-HSCT for MM over time in Europe

Results will be presented by M. MICHALLET

Time: Tuesday 24 March, 14.15-14.30 h

Place: Harbiye Auditorium

Chronic Malignancies Working Party, Abstract WP026

Meetings & Educational Events

CMWP Business Meeting

EBMT 2015 Istanbul, Tuesday 24 March, 08.00 – 08.50 h

Subcommittees:

CLL	room 3B/06
MDS	room 3B/10
MPN	room 3B/11
PCD	room 3B/13

CMWP hematologists are looking for new blood. Join our activities and help us keep the flow going!

Chronic Malignancies Working Party Session

EBMT 2015, Istanbul, Tuesday 24 March, 13.45 – 15.15 h

Harbiye Auditorium

Business Meeting and Educational Event (MDS)

Helsinki, Finland, 11 & 12 September 2015

Host: Liisa Volin