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SWISS ONCOLOGY & HEMATOLOGY CONGRESS

TKI with Blinatumomab vs. Chemotherapy in Ph+ B-ALL - a retrospective cohort study

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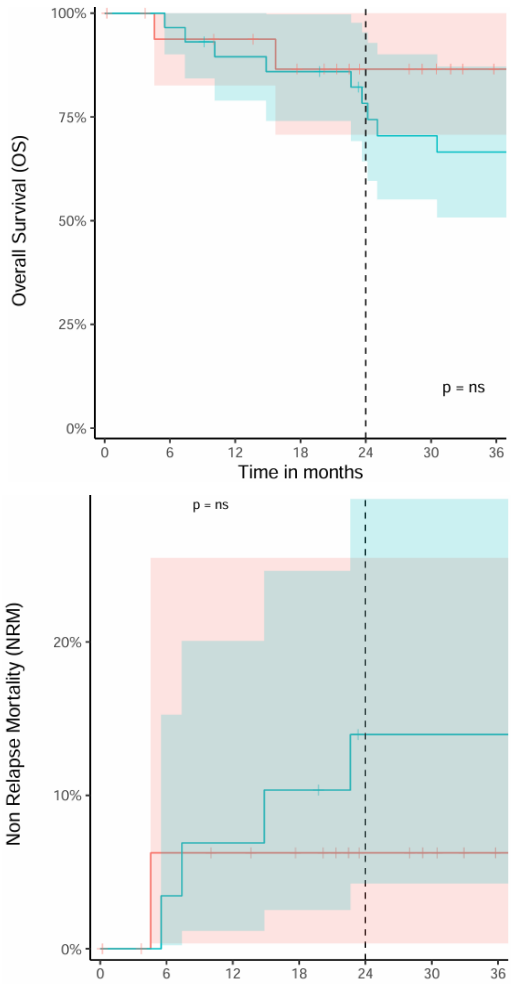

Background Added TKIs and blinatumomab have improved outcomes in Ph+ B-ALL. However, it remains unclear whether treatment with TKI and blinatumomab alone is as effective or possibly superior to standard chemotherapy and TKI.

Methods Here we report our single-center retrospective results of 18 patients with de novo (N=13) and relapsed (N=5) Ph+ B-ALL treated with TKI and blinatumomab compared to 29 patients treated with chemotherapy and TKI.

Results The **blinatumomab** patients were significantly **older** (median age 65 years vs. 48 years), had a higher incidence of **active CNS disease** (27.7% vs 0%) and were less likely to be consolidated with an **alloSCT** (33% vs 79%, $p<0.05$). Despite these differences, **OS, PFS and NRM were not statistically different** (2-year OS 87% vs 78%, PFS 81% vs 54%, NRM 6.3% vs 14%). While treatment-related **SAEs** were significantly **more frequent** in patients treated with chemotherapy and TKI, no significant difference was observed in the achievement of early molecular CR.

Conclusion Our results align with published prospective trials and suggest that the TKIs + blinatumomab combination is safe and effective in the treatment of Ph+ B-ALL.

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Abstract Category: Clinical hemato-oncology / Presented at SOHC 2024 from 20 – 22 November 2024