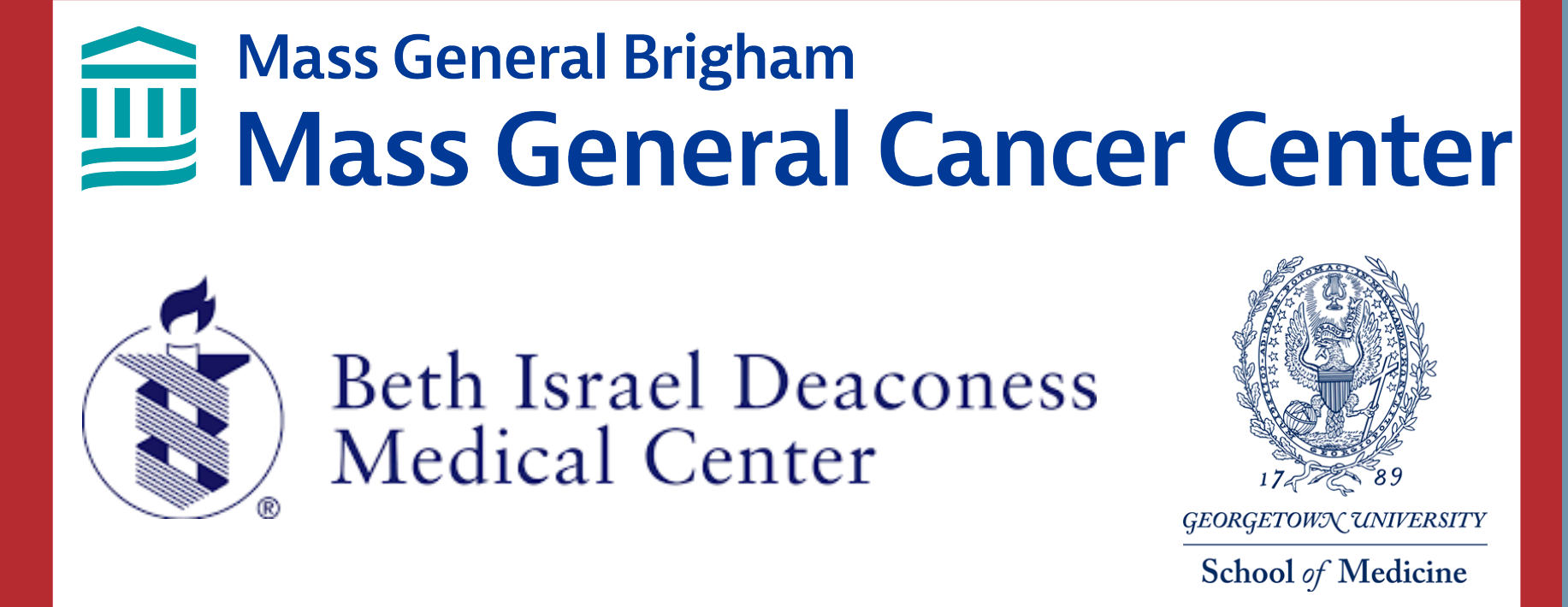




Incorporation of machine learning tools to predict global outcomes for patients with relapsed and refractory peripheral T and NK/T-cell lymphomas in the contemporary era

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BACKGROUND

Comparative efficacy of single agents (SA) to combination chemotherapy (CC) for patients with relapsed and refractory (R/R) T-cell lymphomas (TCLs) remains poorly defined. Here, we present preliminary results of an international collaborative study spanning multiple centers across 6 continents with diverse histological epidemiology, demographics, treatment patterns and drug access.

OBJECTIVES

- Primary objectives:
- Define global overall survival (OS) of R/R patients receiving 1st retreatment and beyond
- Compare OS by country, histological subtype, 1st retreatment (CC vs. SA), diagnosis period, PIT scores, relapsed vs. refractory
- Contrast ability to bridge to stem cell transplant for SA relative to CC
Exploratory objective:
- Incorporate novel machine learning tools such as synthetic interventions to build predictive models of response to SA and CC

METHOD

This is an ongoing retrospective study estimated to cumulate exhaustive treatment characteristics for 2000 patients with R/R TCLs treated with SA or CC from centers in USA (COMPLETE, MSKCC, MGH, DFCI, Yale), Brazil, South Korea (Samsung, Yonsei), Australia, Saudi Arabia, South Africa, Italy, and Japan. Except for T-LGLL and CTCL, all patients are eligible if they have a diagnosis of histologically confirmed PTCL between 2010 and 2021. Existing clinical records of participating institutions are utilized for eligibility. Patients are followed from lymphoma diagnosis to death or lost to follow-up. Survival was estimated and compared by Cox regression models. Random forest and regularized synthetic intervention analysis was applied to build predictive modeling.

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RESULTS

Table 1. Baseline demographic and clinical characteristics

Table with 10 columns: Characteristic, All (n=698), USA (n=311), Australia (n=69), Brazil (n=120), South Korea (n=123), South Africa (n=24), Saudi Arabia (n=13), Japan (n=38), P. Rows include Age at lymphoma diagnosis, Biological Sex, Race, Histological subtypes, Ann Arbor Stages, IPI scores, PIT scores, B symptoms, Extra nodal involvement, Bone marrow involvement, Performance status, Time to follow up, and Current Status.

RP values for the comparison between patients in different national cohorts were calculated using Kruskal-Wallis and chi-square tests for non-normally distributed continuous variables and categorical variables, respectively. BP values based on Fisher's exact test due to some small cell counts. Abbreviations: ATLL-Adult T-cell leukemia/lymphoma, ATLL-Angioimmunoblastic T-cell lymphoma, ALCL-Anaplastic large cell lymphoma, ALK-Anaplastic lymphoma kinase, ENKTCL-Enteropathy-associated T-cell lymphoma, ENKTCL-Extra nodal NK/T-cell lymphoma, HSTCL-Hepatopulmonary T-cell lymphoma, IPI-International Prognostic Index, IQR-Inter Quartile range, TPCL-T-cell prolymphocytic leukemia, PIT-Prognostic Index for T-cell lymphoma, PTCL-NOS-Peripheral T-cell lymphoma-not otherwise specified

Fig 1. OS of TCL by country

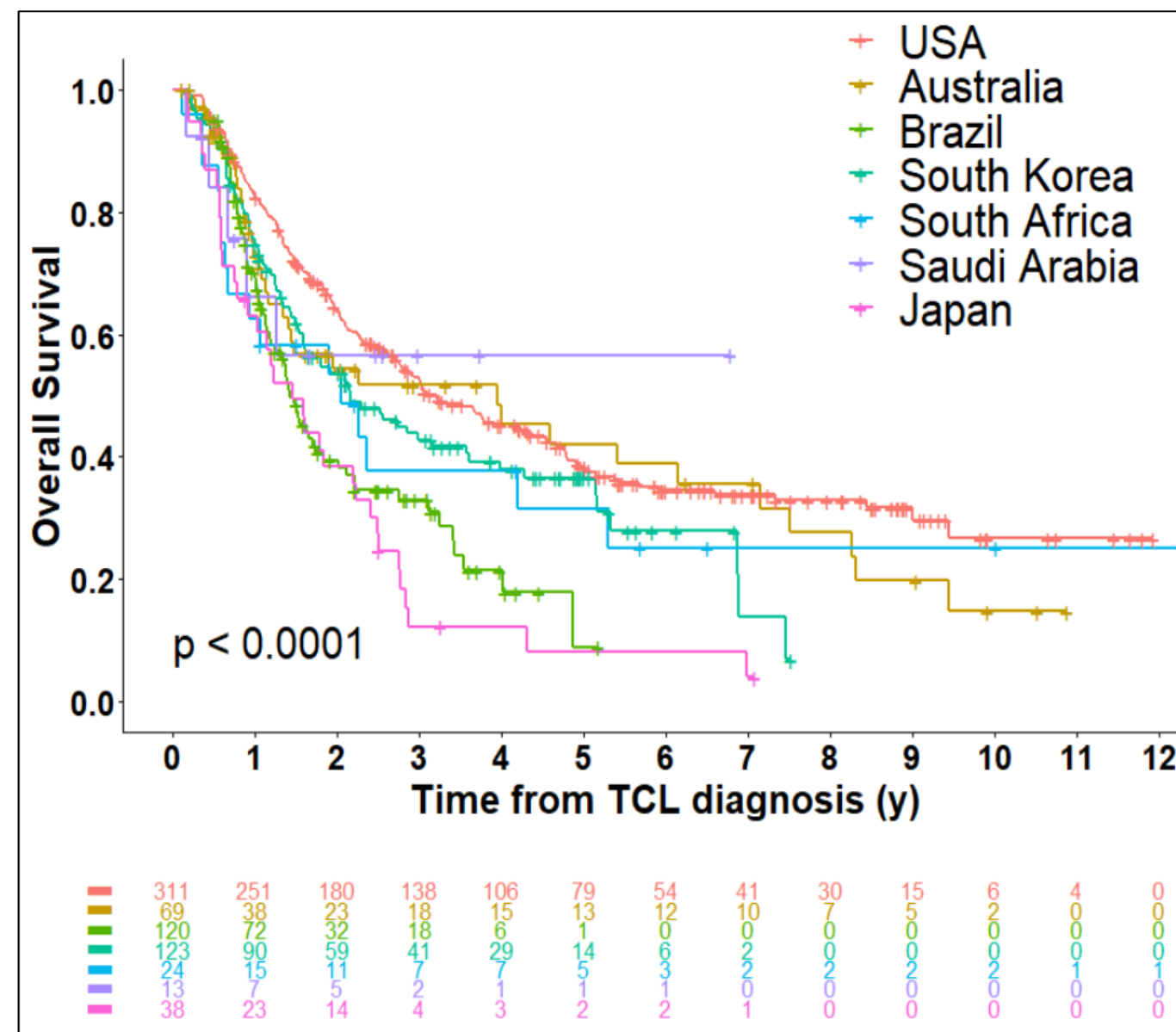


Fig 2. OS of TCL by histological subtype

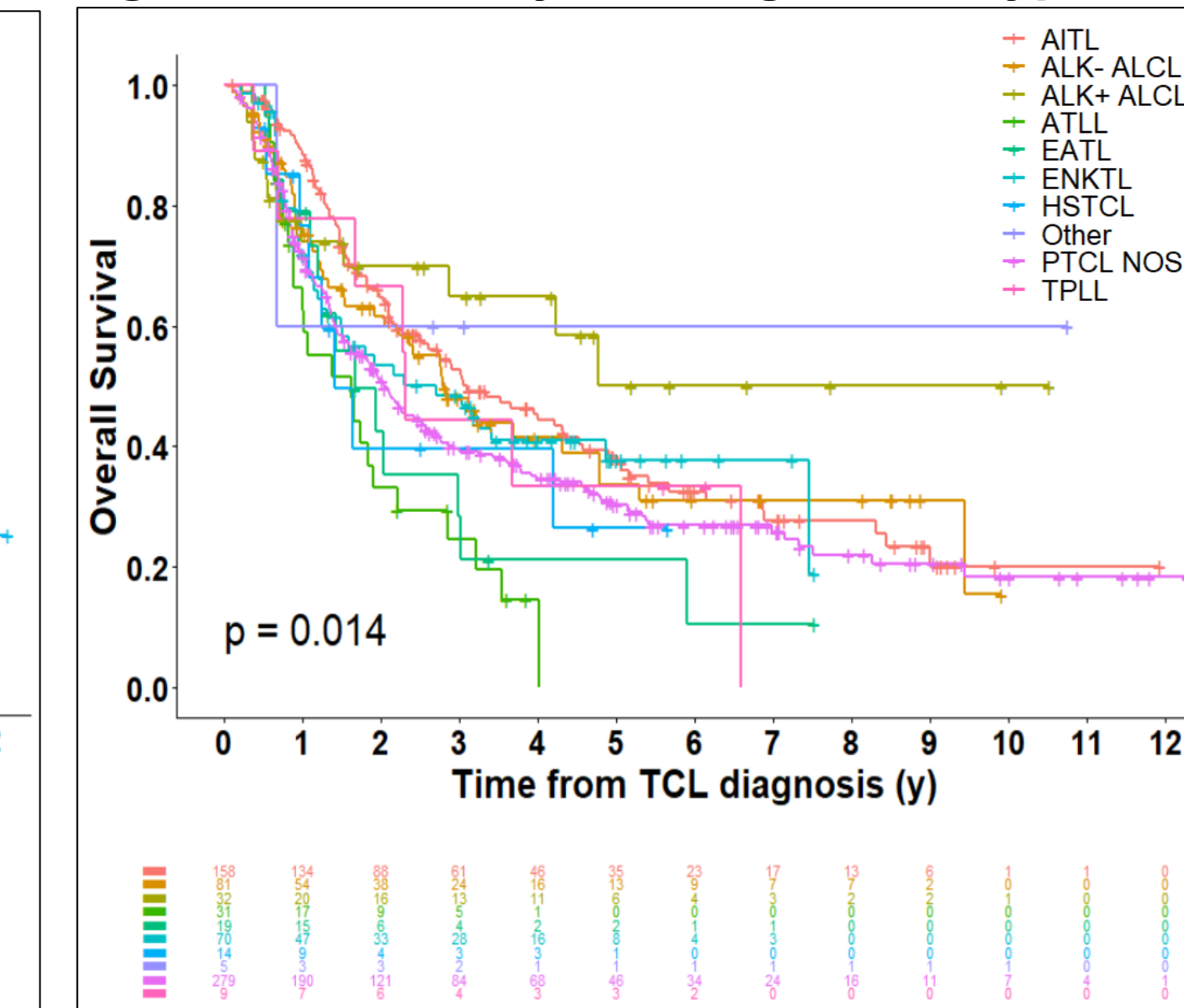


Fig 3. OS of TCL SA vs. CC

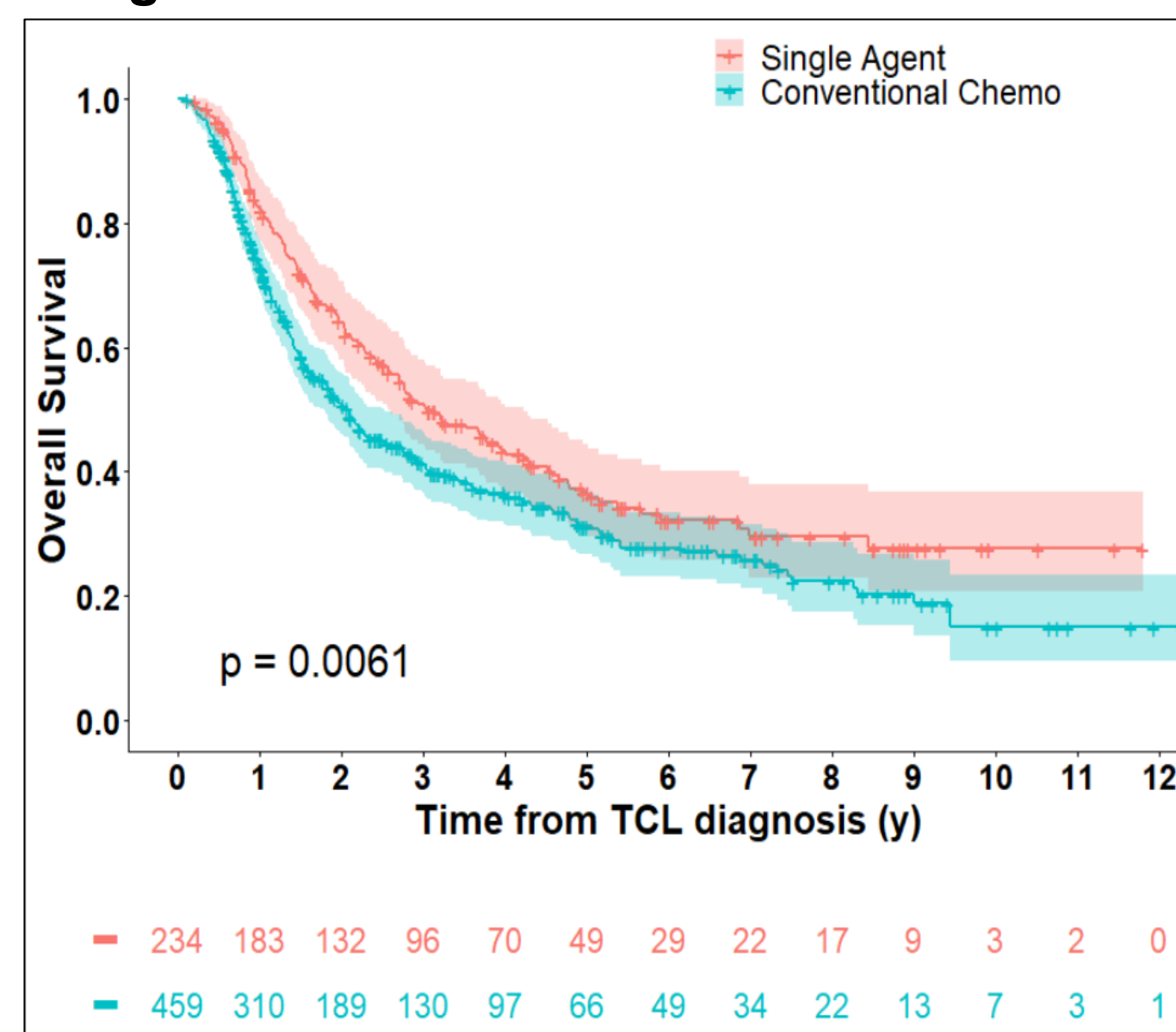


Fig 4. OS of TCL Relapse vs. Refractory

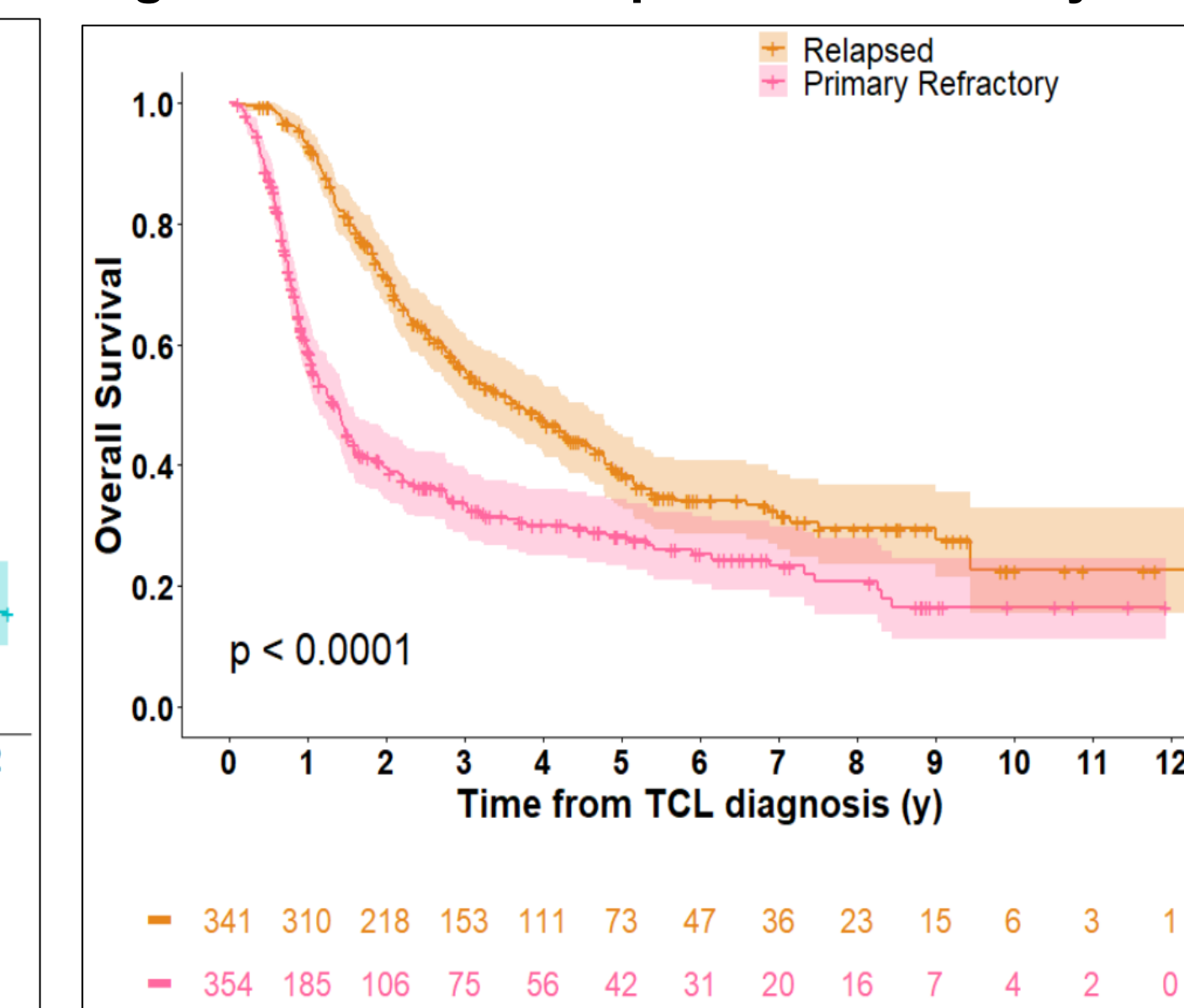


Fig 5. Prediction of survival probability with regularized synthetic intervention

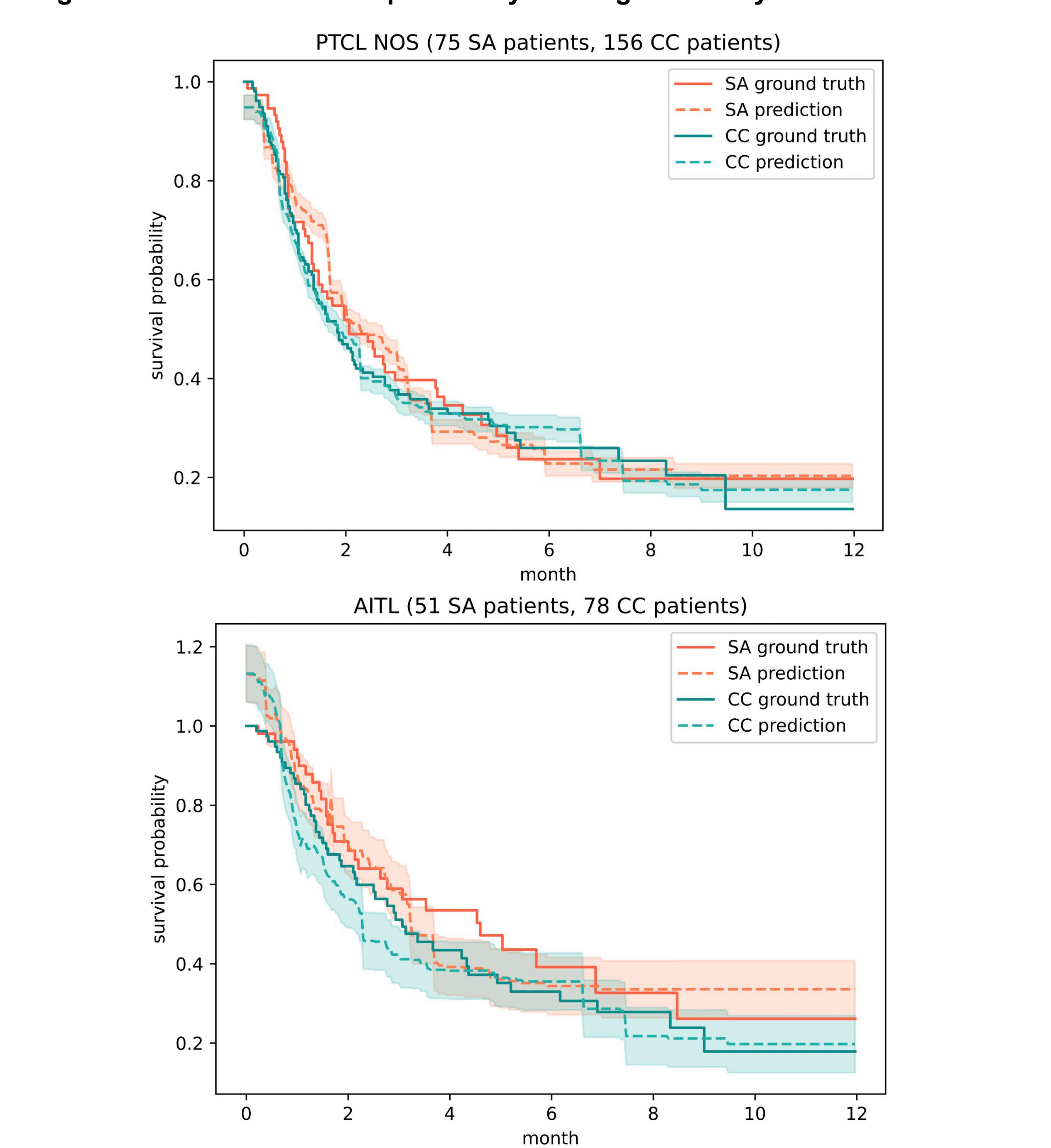


Table 2. Treatment characteristics

Table with 10 columns: Characteristic, All (n=698), USA (n=311), Australia (n=69), Brazil (n=120), South Korea (n=123), South Africa (n=24), Saudi Arabia (n=13), Japan (n=38), P. Rows include Relapsed/Primary Refractory, Initial Chemotherapy, Treatment Response, Second line therapy, and Achieved complete remission.

RP values for the comparison between patients in different national cohorts were calculated using chi-square tests for categorical variables. BP values based on Fisher's exact test due to some small cell counts. Abbreviation: CHOP-Cyclophosphamide +Hydroxydaunorubicin +Oncovin +Prednisone, CHOEP- Cyclophosphamide +Hydroxydaunorubicin +Oncovin +Etoposide +Prednisone, EPOCH-Etoposide phosphate +Prednisone +Oncovin +Cyclophosphamide +Hydroxydaunorubicin, CHP+BV- Cyclophosphamide +Doxorubicin +Prednisone +Brentuximab

Table 3. Cox regression / Random forest analysis/ Synthetic intervention

Table with 6 columns: HR (P value), Univariate, Multivariate. Rows include Treatment type, Histological subtype, PIT score at diagnosis, Country, Diagnosed period, Response to 1st treatment, and RANFOS SURVIVAL FOREST ANALYSIS.

CONCLUSIONS

This global study represents the first analysis of this type in R/R PTCL contrasting SA to CC and demonstrates that both strategies are comparable. Results confirm dismal prognosis for patients with primary refractory disease but also highlight improvements in OS in ALCL and ENKTCL in the last 5 years. We continue to enroll patients in our study and build better prediction models using state of the art synthetic intervention approaches to inform future clinical trials.

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