



IACH

Azacitidine and Venetoclax as a Dual-Therapy Bridge to Allogeneic Transplantation in Relapsed/Refractory Angioimmunoblastic T-cell Lymphoma

Mayur Dakh¹, Swapnil Tripathi¹, Diksha Samsukha¹, Himani Gupta¹, Narender Tejwani², Narender Agrawal¹

¹Department of Hemato-Oncology ²Department of Hemato-Pathology, Rajiv Gandhi Cancer Institute and Research Centre, New Delhi, India

N = 2

R/R AITL patients

2 cycles

Aza-Ven before allo-HSCT

2 / 2

Partial metabolic response

2 / 2

Completed allo-HSCT

CLINICAL PROBLEM

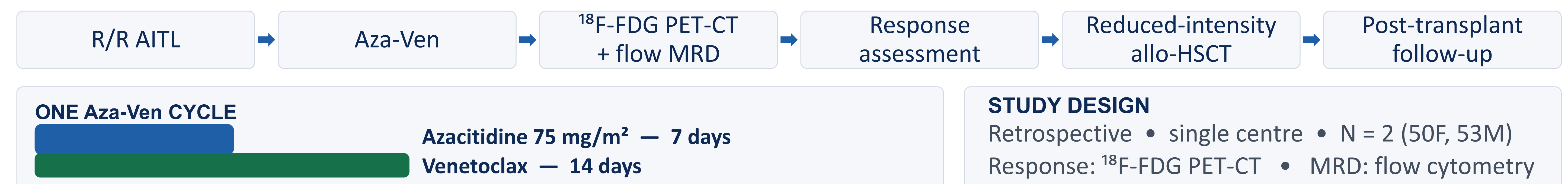
- AITL is a peripheral T-cell lymphoma of follicular helper T-cell origin.
- Relapsed/refractory (R/R) disease carries a median overall survival near six months.
- Allogeneic HSCT is the only potentially curative option.
- Cytotoxic salvage frequently causes cumulative toxicity that compromises allo-HSCT eligibility.

RATIONALE & OBJECTIVE

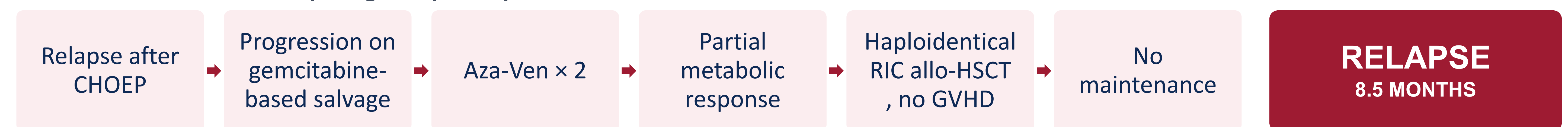
- AITL is a TFH-cell lymphoma enriched for recurrent epigenetic alterations involving TET2, DNMT3A, IDH2 and RHOA.
- Azacitidine targets this epigenetic dependence.
- Venetoclax inhibits BCL-2 and may synergize with azacitidine-mediated apoptotic priming.

OBJECTIVE : To describe the feasibility of Aza-Ven as a dual-therapy bridge to allo-HSCT in R/R AITL and to explore post-transplant maintenance.

STUDY DESIGN & AZA-VEN TREATMENT SCHEMA



PATIENT 1 50F | Stage III | EBV-positive



PATIENT 2 53M | Stage IV | EBV-negative



POST-TRANSPLANT CONTRAST



INTERPRETATION

- Aza-Ven achieved a partial metabolic response in 2/2 patients after two cycles, where CHOEP and gemcitabine-based salvage had failed.
- Both reached curative-intent allo-HSCT with preserved transplant fitness — prompt engraftment, no acute or chronic GVHD.
- Disease progressed through gemcitabine salvage without azacitidine in Patient 1, supporting activity of the doublet itself.
- Adds to prior azacitidine monotherapy data; TLS in Patient 2 mandates risk stratification and prophylaxis.
- N = 2, retrospective; prospective evaluation of Aza-Ven bridging warranted. Maintenance/DLI exploratory.

TAKE-HOME MESSAGE

Aza-Ven delivered disease control sufficient to bridge both patients with R/R AITL to curative-intent allo-HSCT after cytotoxic salvage had failed — with better tolerability, preserved transplant fitness, prompt engraftment and no GVHD. Aza-Ven merits prospective evaluation as a bridging strategy in R/R AITL.

KEY REFERENCES

Lemonnier F, et al. Blood 2018;132:2305-9 • Cerrano M, et al. Haematologica 2021;106:878-82 • Wei AH, et al. N Engl J Med 2020;383:2526-37

DISCLOSURES

No conflicts of interest. No funding. Written informed consent obtained from both patients.

CONTACT

Dr Narender Agrawal • Dept of Hemato-Oncology, RGCIRC, New Delhi • narendra_ag1@rediffmail.com

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