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No potential sources of conflict of interest.

287 | SHORT-TERM DOSE-DENSE "CARMEN" THERAPY IS BETTER TOLERATED AND EVENLY EFFECTIVE THAN OTHER INTENSIFIED REGIMENS IN HIV- AND HIV+ PATIENTS WITH BURKITT LYMHOMA

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Introduction: Standard treatment for sporadic and immunodeficiency-associated Burkitt Lymphoma (BL) involves resource-heavy combinations, with long delivery times, and often dose-limiting toxicity, interruptions and increased treatment-related mortality (TRM), particularly in pts with large tumour burden or HIV infection. Over the last decade, BL pts have been treated with the dose-dense, short-term "CARMEN" therapy in Italian Centres. Positive safety and efficacy profiles in both HIV-negative and HIV/AIDS pts with BL have been reported [Ferreri et al. *Blood Adv*. 2022]. In a situation where comparative prospective trials are impractical, we analysed the feasibility, toxicity and efficacy of CARMEN and 4 other intensified regimens in BL pts treated at the 6 Italian centres where the CARMEN program was developed.

Methods: Pts ≤ 70 yo with BL treated with curative intent between 03/2009 and 10/2024 were included. CARMEN regimen details were previously reported (Ferreri et al. *Blood Adv*. 2022). Pts treated with other anthracycline-containing intensified regimens served as controls. Toxic deaths, interruptions/dose reductions, G ≥ 3 non-hematological toxicity, and G ≥ 3 infections were used to define feasibility and tolerability (Table).

Results: The study population included 153 consecutive BL pts treated with curative intent (median 48 ys, range 19–69; 116 males): 57 received CARMEN and 96 received other regimens: 73 GMALL, 13 R-HyperCVAD, 5 R-daEPOCH, 5 CODOXM-IVAC). Fifty-seven pts had HIV. There were no differences between CARMEN and controls in age (median: 43 vs. 49 yo), PS 2–4 (41% vs. 45%), advanced stage (86% vs. 78%), extranodal disease (86% vs. 77%), CNS involvement (14% vs. 11%), high LDH serum level (74% vs. 79%), and bulky disease (44% vs. 32%). CARMEN showed better feasibility, with only 11% requiring dose reduction or interruption, compared to 36% in other regimens (Table). It was also better tolerated, with significantly lower rates of G ≥ 3 infections and non-hematological toxicities, both in HIV+ pts and the entire series, along with lower opportunistic infections in HIV+ pts.

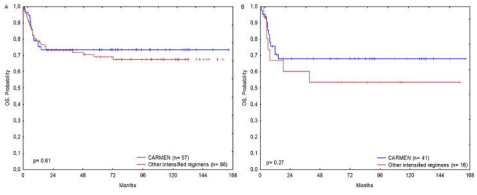
At a median follow-up of 84 (10–189) months, 39 CARMEN pts and 63 controls were relapse-free, with 5-yr PFS of 68% (95% CI: 66–70) and 66% (95% CI: 64–68), respectively. Of 109 pts alive: 42 were after CARMEN and 67 after other treatments, with 5-yr OS of 74% (95% CI: 73–75) and 69% (95% CI: 68–70), respectively (Figure A). HIV+ pts showed a trend to worse survival, but CARMEN was not inferior to the other combinations in this high-risk population (Figure B).

Conclusions: With the limitations of a retrospective cohort, this study shows that CARMEN achieves comparable outcomes to other standard intensified regimens, with significantly better tolerability in both HIV-negative and HIV+ BL pts. In addition to its short duration and good tolerability, CARMEN may reduce the risk of chronic toxicity and second tumours due to the limited use of doxorubicin, etoposide, and cyclophosphamide.

Table: Main toxic events (expressed as pts affected by at least one event)

	N°	Toxic deaths	Interruptions or dose reductions	Grade ≥3 Non-hematologic toxicity	Grade ≥3 infections	Grade ≥3 opportunistic infections
HIV-positive pts CARMEN	41	2 (5%)	5 (12%)	15 (37%)	6 (15%)	3 (7%)
HIV-positive pts Controls	16	1 (6%)	9 (56%)	12 (75%)	14 (88%)	6 (38%)
p value		0.83	0.0005	0.009	0.00001	0.005
HIV-negative pts CARMEN	16	0 (0%)	1 (6%)	4 (25%)	5 (31%)	1 (6%)
HIV-negative pts Controls	80	9 (11%)	26 (33%)	46 (58%)	51 (64%)	5 (6%)
p value		0.17	0.03	0.01	0.01	0.67
Whole series CARMEN	57	2 (4%)	6 (11%)	19 (33%)	11 (19%)	4 (7%)
Whole series Controls	96	10 (10%)	35 (36%)	58 (60%)	65 (68%)	11 (11%)
p value		0.12	0.0005	0.001	0.00001	0.37

Figure: Progression-free survival comparison CARMEN vs other intensified regimens in the whole series (A) and HIV+ patients (B)



Keywords: Aggressive B-cell non-Hodgkin lymphoma; Chemotherapy; Combination Therapies

No potential sources of conflict of interest.

Aggressive B-cell lymphomas outcomes

AGGRESSIVE B-CELL LYMPHOMAS OUTCOMES

288 | FIVE-YEAR ANALYSIS OF AN ASIA SUBPOPULATION WITH PREVIOUSLY UNTREATED DLBCL CONFIRMS POLA-R-CHP BENEFIT ON OUTCOMES: THE POLARIX STUDY

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