Long-Term Efficacy and Safety of Zanubrutinib in Patients With Relapsed/Refractory (R/R) Marginal Zone Lymphoma (MZL): Final Analysis of the MAGNOLIA (BGB-3111-214) Trial

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INTRODUCTION
• Zanubrutinib (BGB-3111) is a potent and highly specific inhibitor of Bruton tyrosine kinase (BTK).
• BTK inhibition has antitumor activity in various B-cell malignancies.

RESULTS
• A total of 68 patients were enrolled in the study (Table 1).
  • Median follow-up was 28 months.
  • At the cutoff date, 24 patients were still receiving zanubrutinib.
• The most common reason for treatment discontinuation was progressive disease (PD).

METHODS
• MAGNOLIA was a phase 2, multicenter, open-label, single-arm study.
• Eligible patients were 18 years old, had R/R MZL, and received the CECO2-directed regimen, and had an Eastern Cooperative Oncology Group performance status (ECOG PS) of 0, 1, or 2.
• Patients with prior treatment with a BTK inhibitor were excluded.
• All patients received zanubrutinib monotherapy 160 mg twice daily (BID).
• Response to treatment was measured based on the Lugano classification for non-Hodgkin lymphomas (NH-07).
• Positron emission tomography (PET)-based criteria for patients with independent review committee (IRC)-confirmed fluorodeoxyglucose (FDG)-avid disease.
• Comparator oncology (CO)-based criteria for non-FDG-avid patients.
• Additional safety analysis in all evaluable patients using CT-based criteria.
• Adverse events were assessed and graded per the National Cancer Institute Common Terminology Criteria for Adverse Events (CTCAE).
• The data cutoff date was May 4, 2022.

CONCLUSIONS
• At a median follow-up of 28 months, zanubrutinib showed high response rates and durable disease control in R/R MZL.
• There were no new safety signals observed.
• These data support the use of zanubrutinib as treatment for patients with R/R MZL.

REFERENCES

DISCLOSURES
Conflict of interest: See Acknowledgments.

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Figure 1. Study Design

Figure 2. Patient Disposition

Figure 3. Best Response, n (%)

Figure 4. PFS by IRC (A), DOR by IRC (B), and OS (C) by MZL Subtypes

Table 1. Baseline Demographics and Disease History

Table 2. Best Overall Response by IRC and BID Assessment

Table 3. Cardiac TEAEs of Clinical Interest

Table 4. Additional Cardiac TEAEs

Table 5. Incidence of Selected AEs