

Dexamethasone is associated with reduced frequency and intensity of cytokine release syndrome compared with alternative corticosteroid regimens as premedication for glofitamab in patients with relapsed/refractory large B-cell lymphoma

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<https://doi.org/10.3324/haematol.2024.286257>

Received: July 12, 2024.

Accepted: November 12, 2024.

Early view: November 28, 2024.

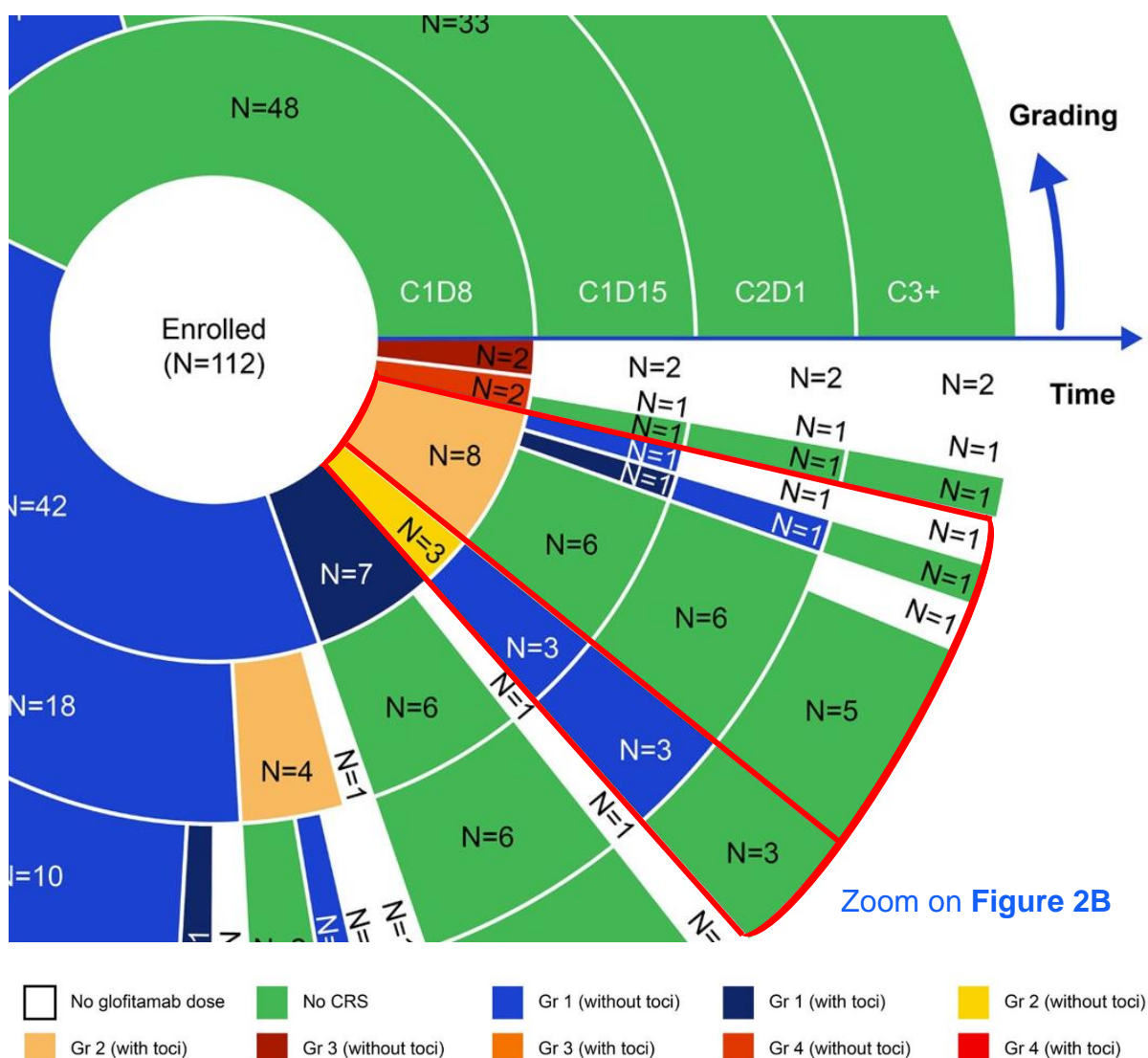
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Supplemental Digital Content

How to interpret the Sunburst Plots.¹



experience CRS events at Cycle 1 Day 15; one a Grade 2 event requiring tocilizumab, and the other a Grade 1 event treated with tocilizumab. Overall, most of the patients who did not receive tocilizumab after their CRS diagnosis continued to experience CRS at subsequent glofitamab doses, albeit at a similar or lower grade. The sunburst plot effectively illustrates the benefit of tocilizumab in managing CRS events induced by glofitamab, by demonstrating its effectiveness in minimizing CRS events compared to scenarios without tocilizumab administration.

Supplementary Table 1. Summary of AEs and CRS.

	Dex group (n=33)	Non-Dex group (n=112)
Any AE, n (%)	33 (100)	110 (98.2)
Glofitamab related*	32 (97.0)	108 (96.4)
Serious AEs, n (%)	12 (36.4)	58 (51.8)
Glofitamab related*	6 (18.2)	40 (35.7)
Grade ≥ 3 AE, n (%)	21 (63.6)	74 (66.1)
Glofitamab related*	16 (48.5)	53 (47.3)
Grade 5 AE, n (%)	2 (6.1)	8 (7.1)
Glofitamab related*	0 (0)	0 (0)
AE leading to glofitamab withdrawal/discontinuation, n (%)	2 (6.1)	8 (7.1)
Glofitamab related*	1 (3.0)	4 (3.6)
Neurological AEs, n (%)	12 (36.4)	46 (41.1)
Grade ≥ 3	0 (0)	3 (2.7)
AEs consistent with ICANS, n (%)	2 (6.1) [†]	4 (3.6) [‡]
Infection, n (%)	11 (33.3)	48 (42.9)
Grade ≥ 3	3 (9.1)	19 (17.0)
Grade 3/4 CRS, n (%)	1 (3.0)	5 (4.5)
Serious CRS[§], n (%)	5 (15.2)	27 (24.1)

Recurring CRS (any grade)[¶], n (%)	6 (18.2)	41 (36.6)
Grade ≥2	0 (0)	6 (5.4)
Median time to CRS onset, days (range)	1 (1-21)	2 (1-17)
Duration of CRS after first glofitamab dose, days (range)	2 (1-14)	2 (1-8)
Median time to CRS onset from Cycle 1 Day 8 (2.5 mg) dose^{**}, hours (range)	12.1 (5.2-34.6)	13.9 (5.7-50.8)
Median time to CRS resolution after Cycle 1 Day 8 (2.5 mg) dose, hours (range)	27.2 (5.7-316.7)	31.0 (0.0-167.9)

*As determined by the investigator. [†]Both Grade 1 events. [‡]Grade 1, n=2; Grade 3, n=1 (somnolence); Grade 5, n=1 (delirium). [§]Including prolonged hospitalization.

[¶]Patients with more than one CRS event. ^{**}From the start of infusion. AE: adverse event; CRS: cytokine release syndrome; Dex: dexamethasone; ICANS: immune effector cell-associated neurotoxicity syndrome.

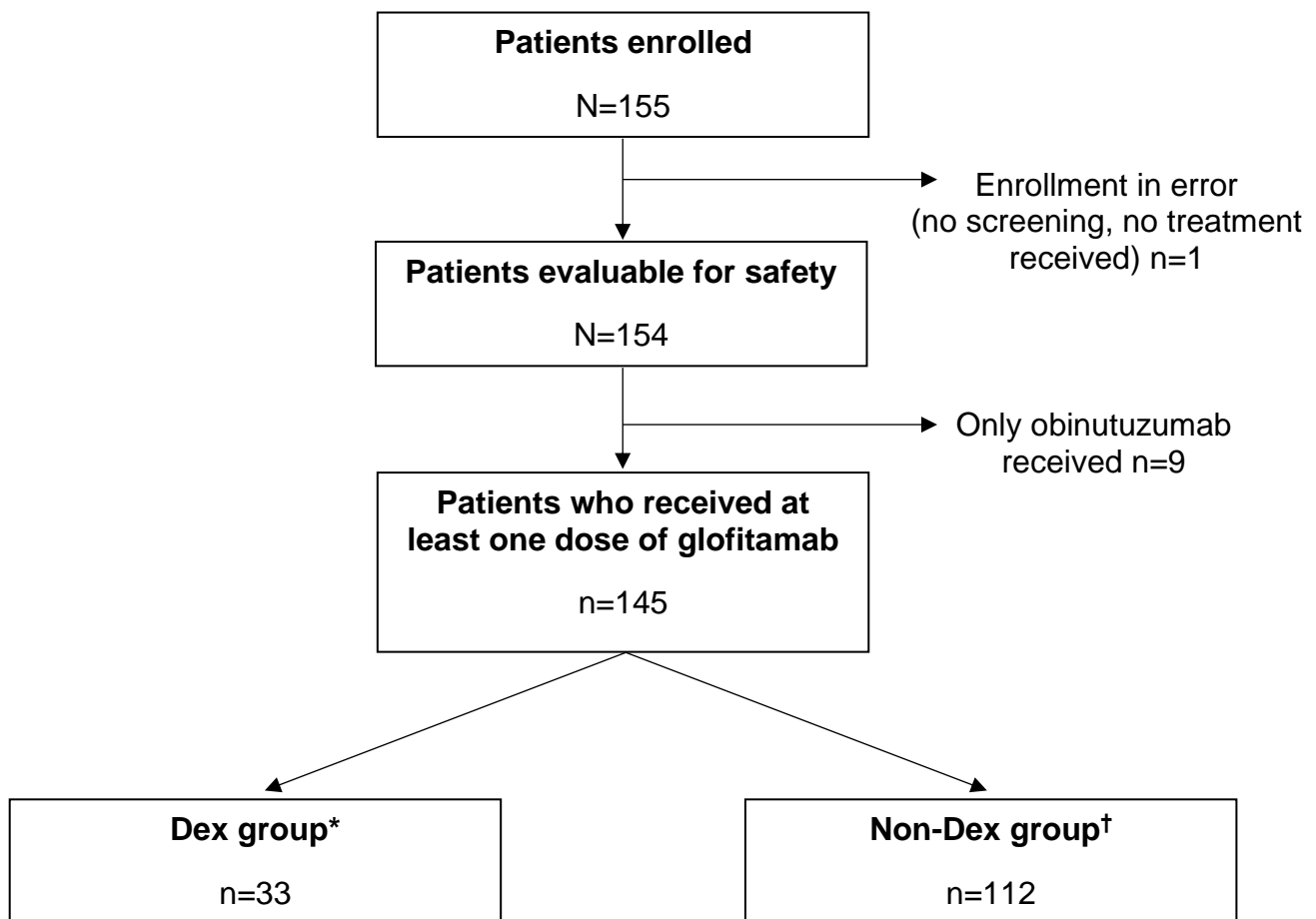
Supplementary Table 2. Responses in the Dex and non-Dex groups.

	Dex group (n=31)*	Non-Dex group (n=101)*
CR rate, n (%) [95% CI]	14 (45.2) [27.3-64.0]	44 (43.6) [33.7-53.8]
ORR, n (%) [95% CI]	16 (51.6) [33.1-69.9]	58 (57.4) [47.2-67.2]
DOCR, months [95% CI]	NE [15.6-NE]	28.3 [19.8-NE]
12-month DOCR rate, % [95% CI]	83.1 [61.5-100]	77.4 [64.4-90.4]
18-month DOCR rate, % [95% CI]	72.7 [45.9-99.5]	72.1 [58.0-86.1]
18-month PFS rate, % [95% CI]	31.8 [14.0-49.6]	35.5 [25.7-45.4]

*Patients with R/R DLBCL and trFL with ≥ 2 prior lines of therapy, only.

CI: confidence interval; CR: complete response; Dex: dexamethasone; DLBCL: diffuse large B cell lymphoma; DOCR: duration of complete response; ORR: overall response rate; PFS, progression-free survival; R/R: relapsed/refractory; trFL: transformed follicular lymphoma.

Supplementary Figure 1. Summary of study groups.^{2,3,4}



*Patients who had received premedication with Dex only. †Patients who had received premedication with other corticosteroids or a mixture of corticosteroids including some Dex. Dex: dexamethasone.

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