HOSPITAL REGIONAL
UNIVERSITARIO DE MÁLAGA

EFFECTIVENESS OF AXICABTAGENE CILOLEUCEL IN CLINICAL PRACTICE FOR THE TREATMENT OF DIFFUSE LARGE B-CELL LYMPHOMA AFTER ≥ 2 LINES OF SYSTEMIC THERAPY

R. DÍAZ PERALES, C. ORTEGA DE LA CRUZ, M. ROUCO BLANCO RAJOY, A. BALLESTEROS FERNANDEZ, J.C. DEL RIO VALENCIA, C. GALLEGO FERNÁNDEZ, M.B. TORTAJADA GOITIA

Background and importance

Diffuse large B-cell lymphoma (DLBCL) is the most common lymphoproliferative neoplasm among non-Hodgkin lymphomas. Autologous Chimeric Antigen Receptor (CAR) T-cell therapies targeting CD19, such as **Axicabtagene ciloleucel** (axi-cel), have emerged as a promising treatment option. However, evidence on their **effectiveness** in real-world settings remains limited.

Aim and objectives

To evaluate the **effectiveness** of axi-cel as a third-line or later therapy in relapsed/refractory DLBCL.

Materials and methods

Observational, retrospective, descriptive and multicenter study from April 2019 to May 2025.

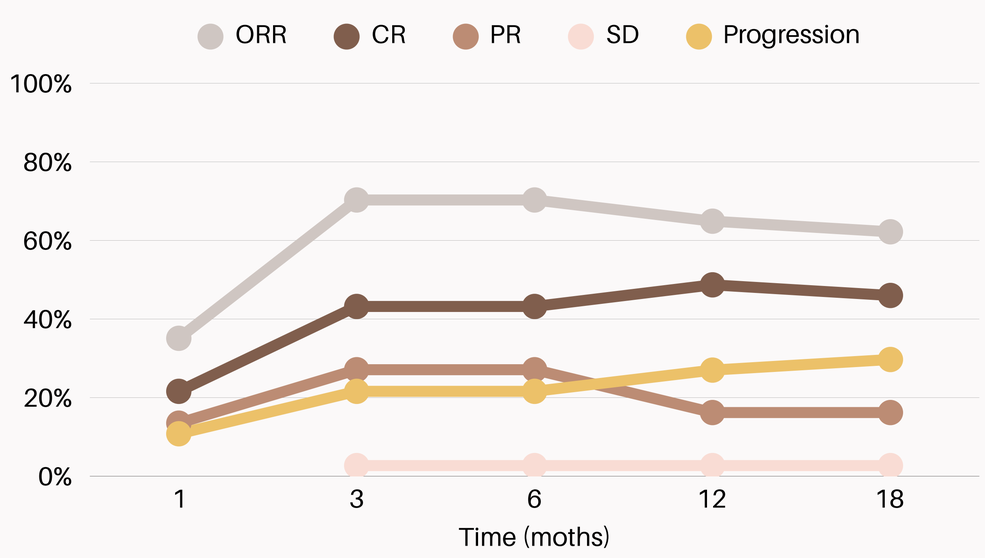
Variables:

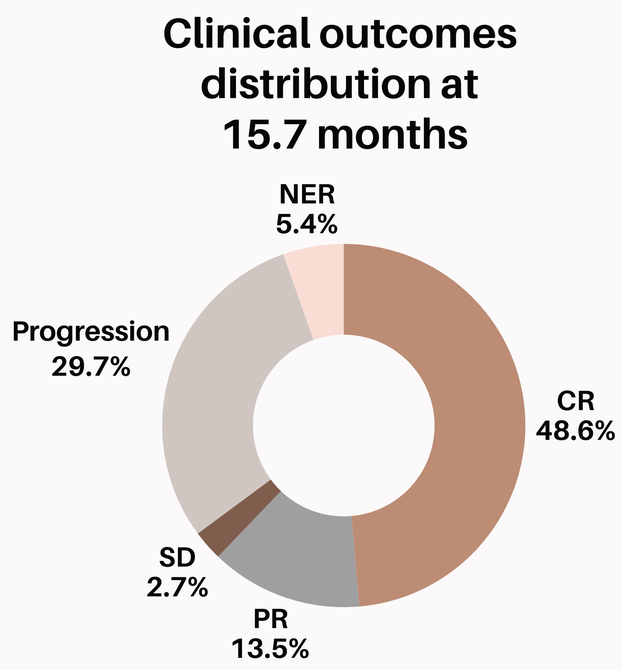
- **Demographic**.
- **Clinical**: disease, ECOG, previous transplant, treatment line, time from infusion to relapse, follow-up).
- **Effectiveness**: response [R] (Overall Objective R [ORR], Complete R [CR], Partial R [PR], Non Estudied R [NOE], Stable Disease [SD], Progression), Time Maintenance R (TMR), mortality, median Survival Free Progression (mSFP), median Overall Survival (mOS).

Data were analyzed using descriptive and survival (Kaplan–Meier) analysis.

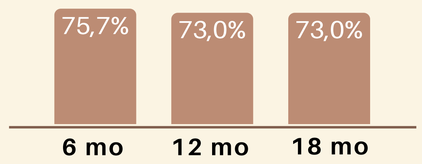
Results

37 patients (mean age 54.1±15.8 years; 59.7% male): 83,78% DLBCL, 6 with transformed follicular lymphoma. ECOG: 0-1. 7 prior transplants: 5 autologous. Axi-Cel was: 78.4% third-line; 18.9% fourth-line, 2.7% sixth-line. Median of 2.7 mo since last relapse. Median follow-up: 15.7 mo (0.4-62.2).





Overall Survival (OS)



mOS: Not Reached

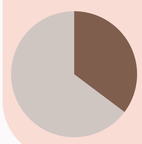
Estimated mPFS: 27.7 mo

Median TMR

14.0 mo

IQR: 12.8 mo
[0 - 61.3]

Mortality (35.1%, 13)



- Progression (6)
- Early Complications (4)
- Late Complications (3)

Conclusion and relevance

Axi-cel showed strong real-world effectiveness, with ORR, CR, and mPFS exceeding those reported in ZUMA-1 (pivotal trial). Results suggest a faster, deeper, and more sustained response, likely influenced by baseline profile, use of bridging therapy and different eligibility criteria. Overall, the data reinforce its role as a highly effective treatment strategy.

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