How to overcome the barrier of age and comorbidity in Allo-HSCT for hematological cancers

Pr Raynier Devillier, MD, PhD

March 29th 2023

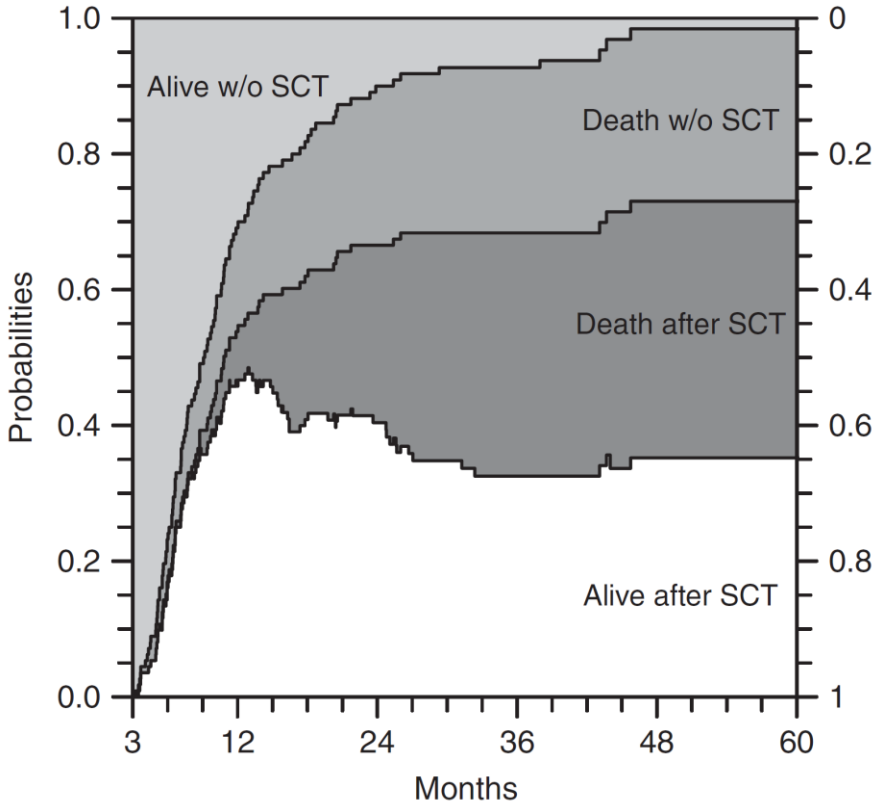
Disclosure

Jazz Pharma, Medac, Incyte, Sanofi, Astellas, MSD

Allo-HSCT improves outcome of older patients with AML or MDS

Prospective analysis of 172 patients

- Age 60 years (50-70)
- Int-2 or High risk IPSS
- No contraindication for Allo-HSCT



Robin Leuk 2015

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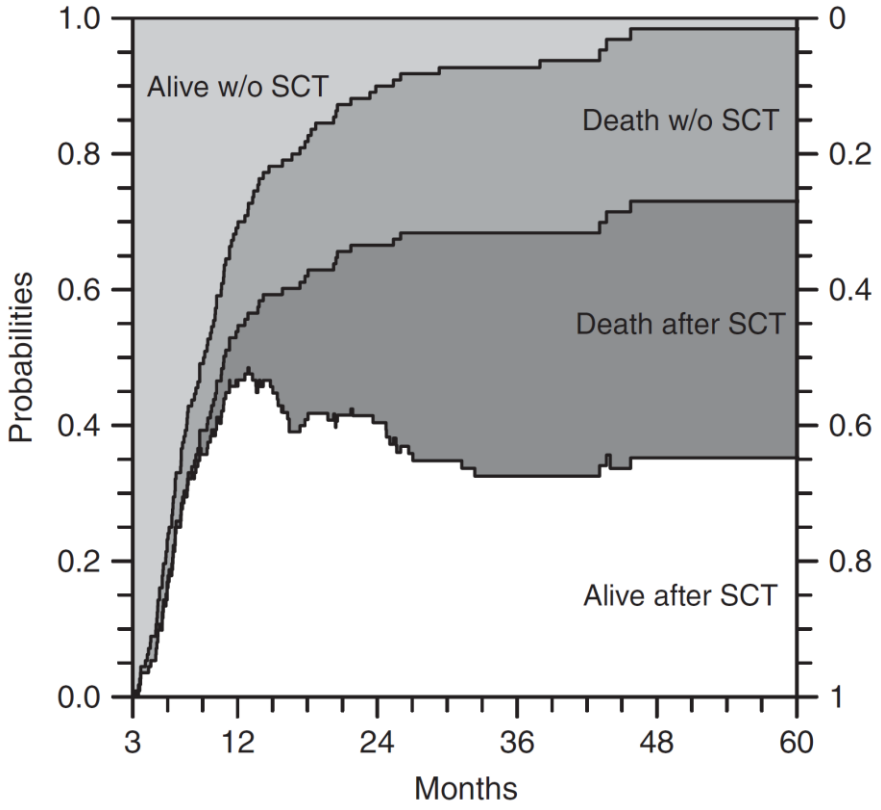

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Real Life Study of 507 patients

- Age: 60-70 y
- AML in CR1
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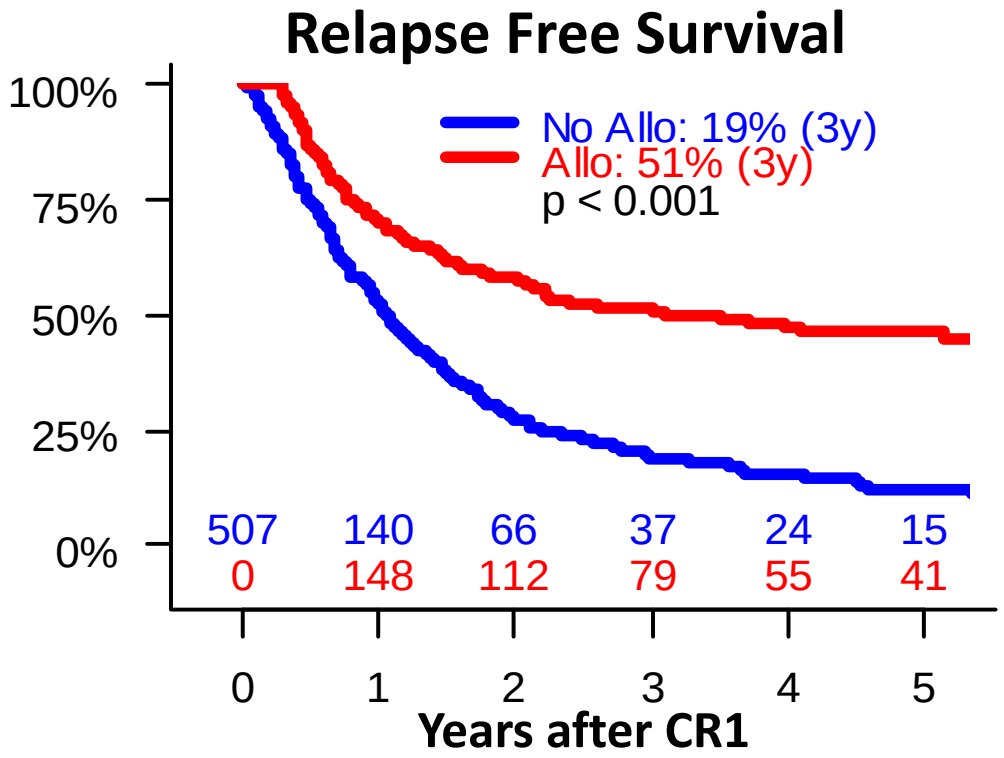
- Intensive chemo



Devillier Blood Advances 2021

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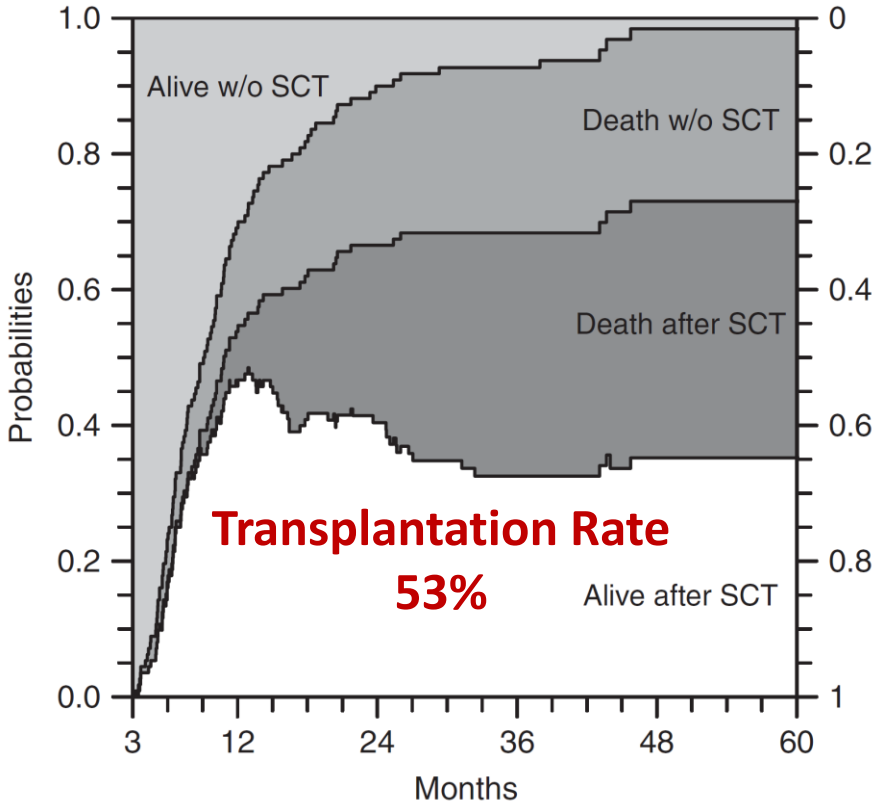

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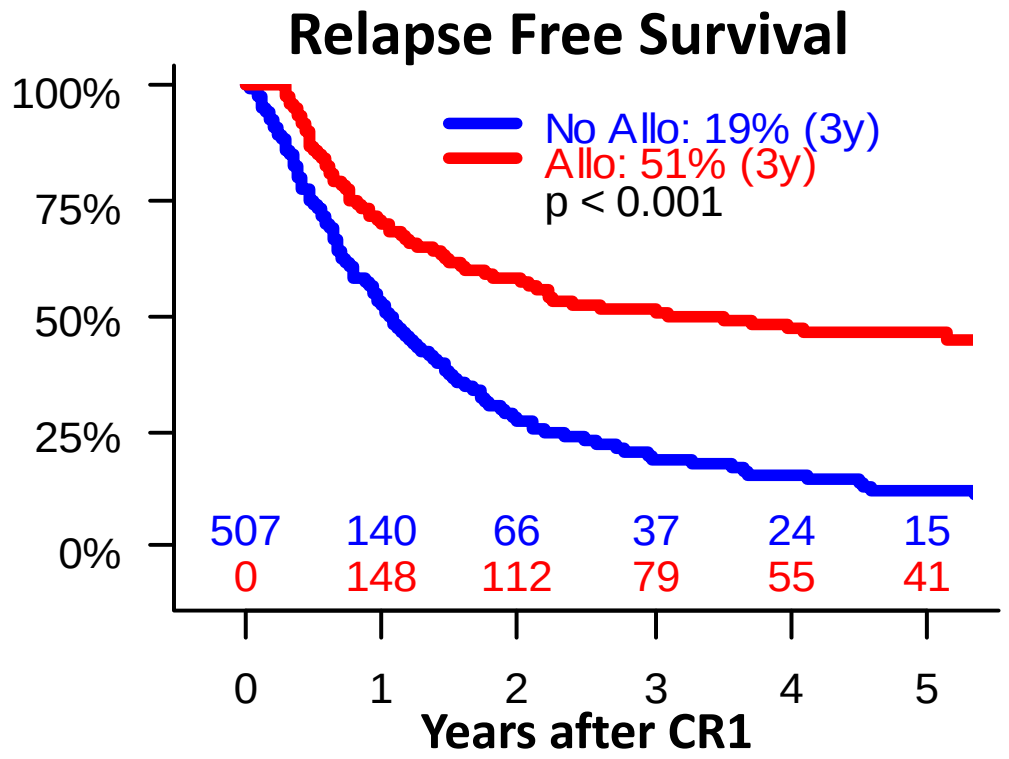

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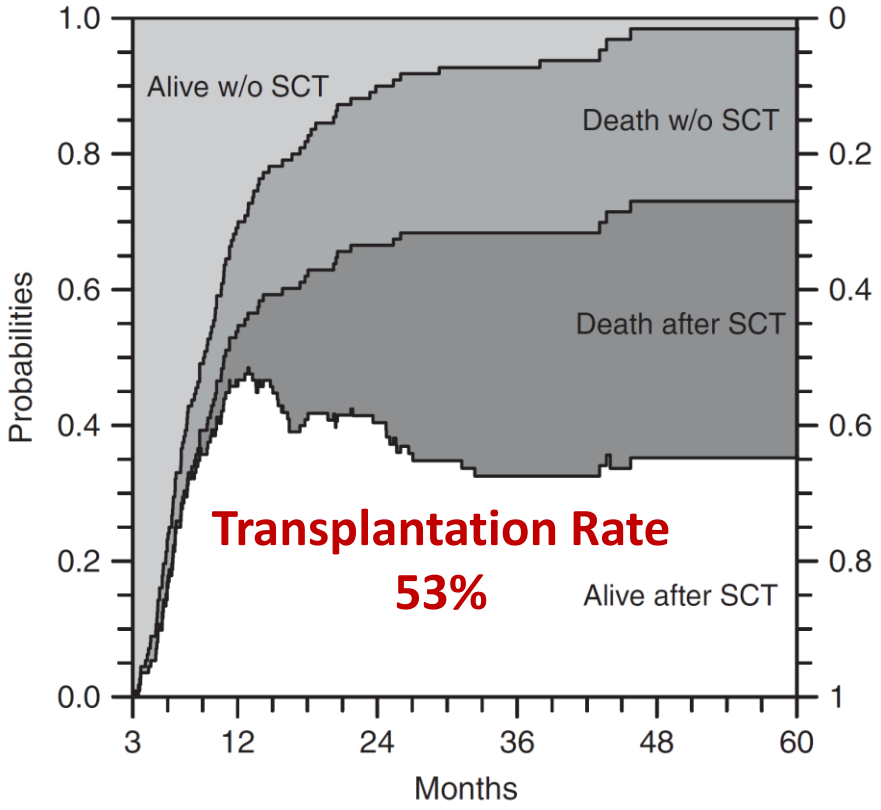

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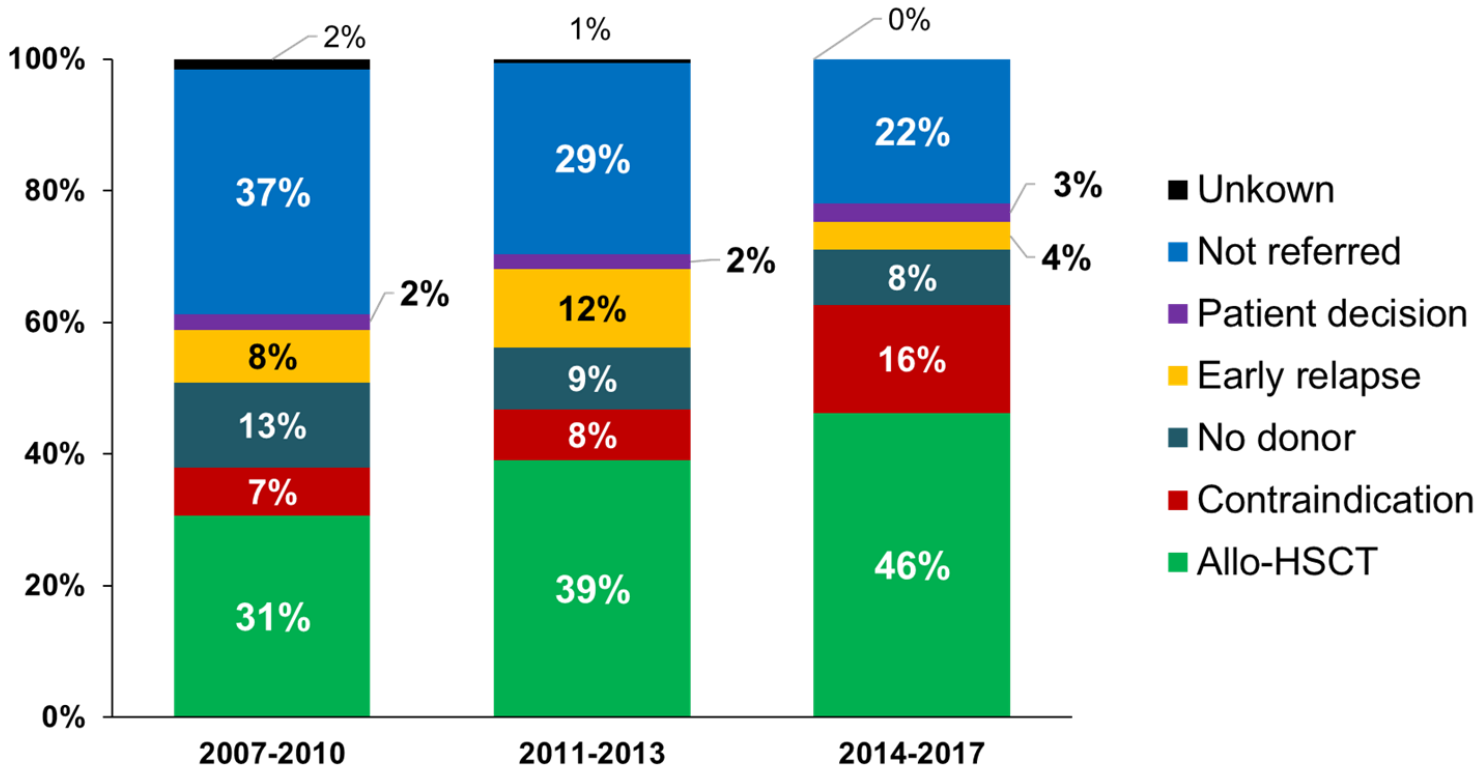

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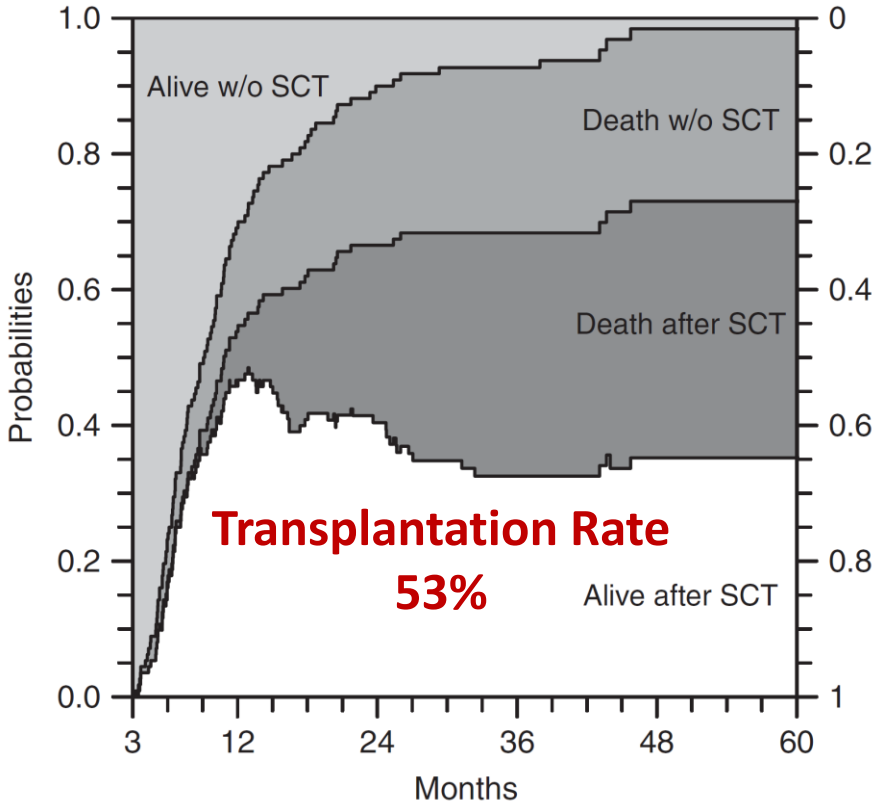

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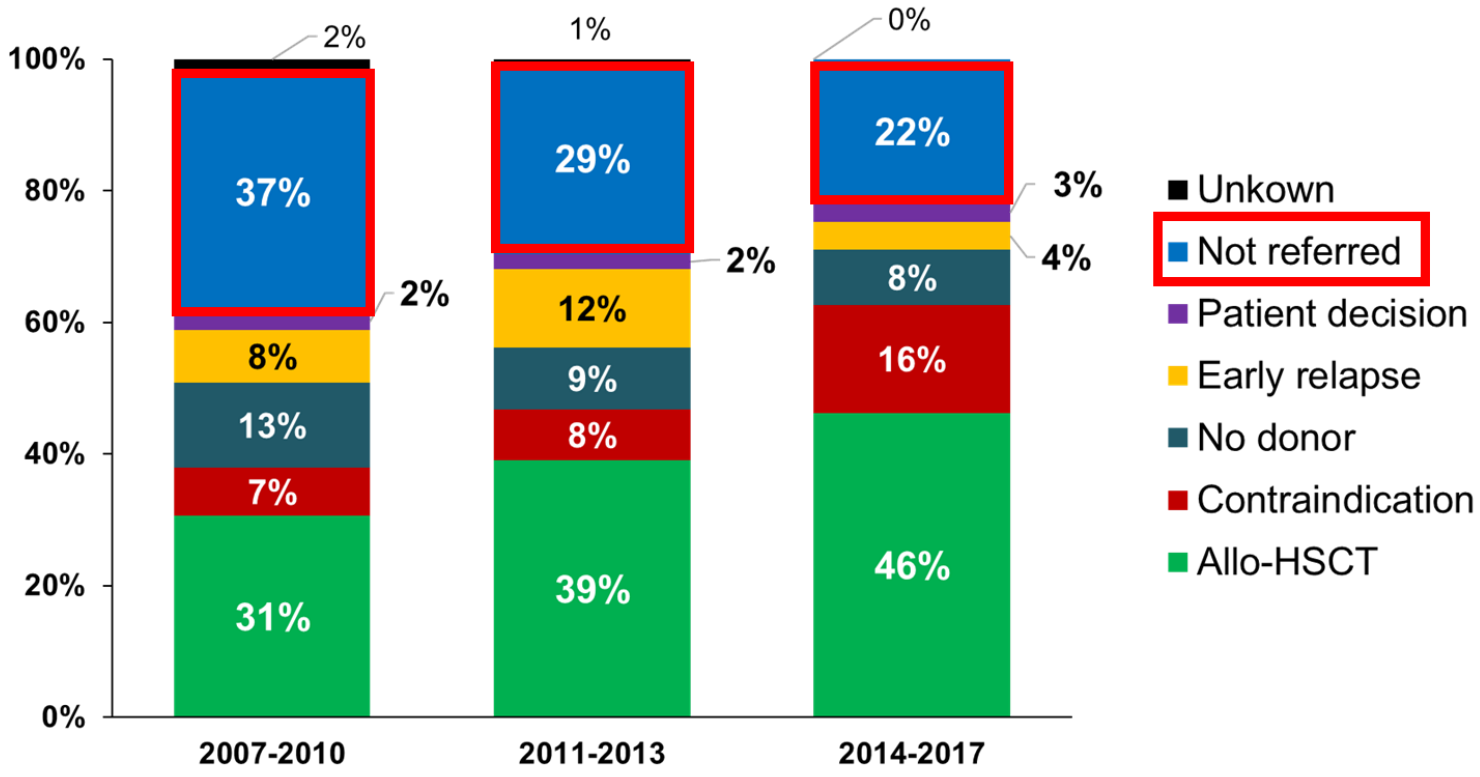

Devillier Blood Advances 2021

Barriers to Allo-HSCT (adults, USA)

Levels	Barriers/Factors Associated with Either Referral for or Receipt of HCT	Total No. of Studies	No. of Studies Indicating the Barrier Was Present*
Patient	Age [10,12,18,20-25,27,28,30,31,35,38-40]	17	16
	Gender/sex [10,12,21-28,30,31,36,38-40 35]	17	7
	Race [10,12,19-31,34,35,38-40]	20	16
	Insurance status and coverage [10-12,18,23,24,27,30-33,38-40]	14	12
	Comorbidity or medically unstable/ineligible (total number of or specific comorbidity, e.g., diabetes) [10,12,20,23,24,27,30,31, 37-39]	11	10
	Patient preference [11,18,20,24,30,37]	6	6
	Socioeconomic status (education, income, employment) [10,12,18,23-25,27,29]	8	7
	Donor/human leukocyte antigen-subtype availability† [11,18-20,30,31]	6	5
	Performance status [18,20,23,24,30]	5	3
	Social support [29-31,33]	4	3
	Psychiatric disability† [30,31]	2	2
	Substance use disorder [20,31]	2	2

Flannelly BBMT 2020

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- High risk disease
- Comorbidities and frailty
- Physician preference

Flannelly BBMT 2020

Barriers to Allo-HSCT (adults, USA)

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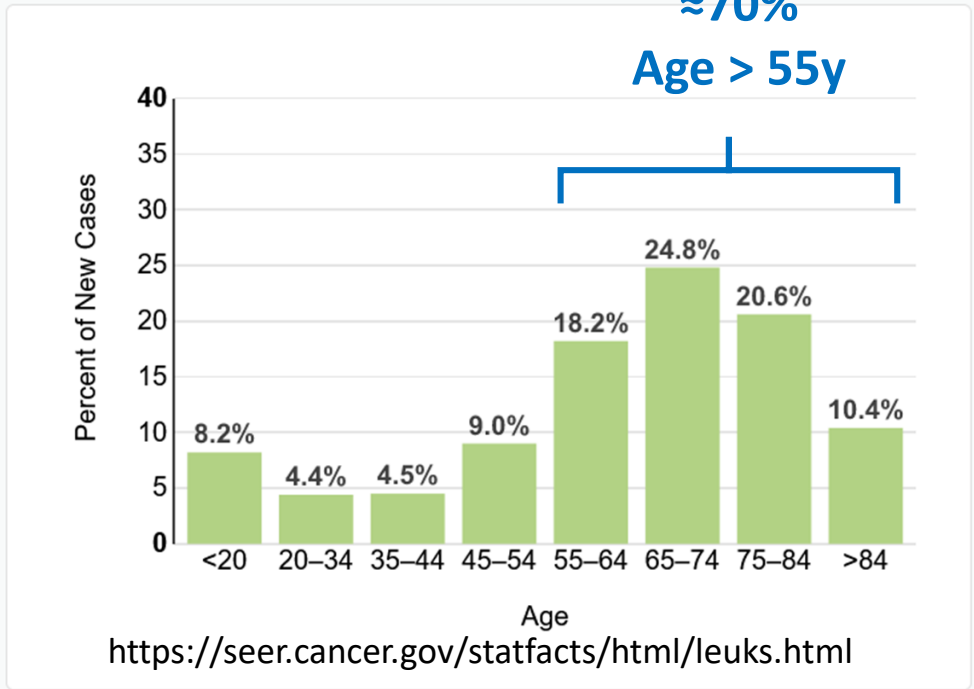
Percent of New Cases by Age Group: Leukemia



https://seer.cancer.gov/statfacts/html/leuks.html

Median Age At Diagnosis

67

- Physician preference

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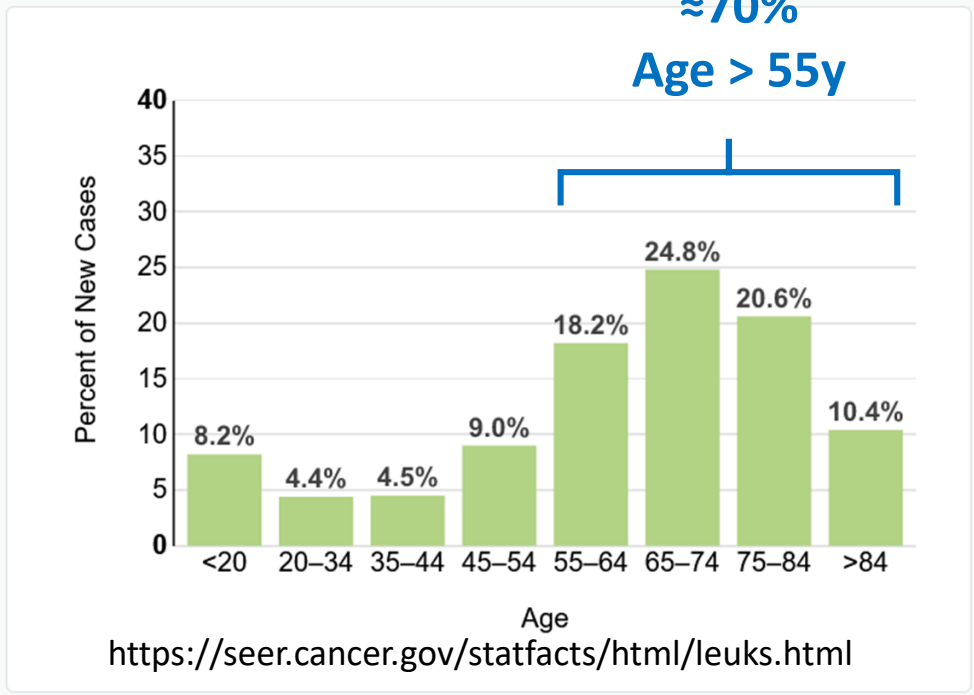

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Median Age At Diagnosis

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- Physician preference

Leukemia (1997) 11, 416–419

Allogeneic bone marrow transplantation for acute leukemia in patients over the age of 40 years

J-Y Cahn[1], M Labopin[2], A Schattenberg[3], J Reiffers[4], R Willemze[5], R Zittoun[6], A Bacigalupo[7], G Prentice[8], E Gluckman[9], P Herve[10], A Gratwohl[11] and N-C Gorin[12] on behalf of the Acute Leukemia Working Party of the European Group for Bone Marrow Transplantation (EBMT)

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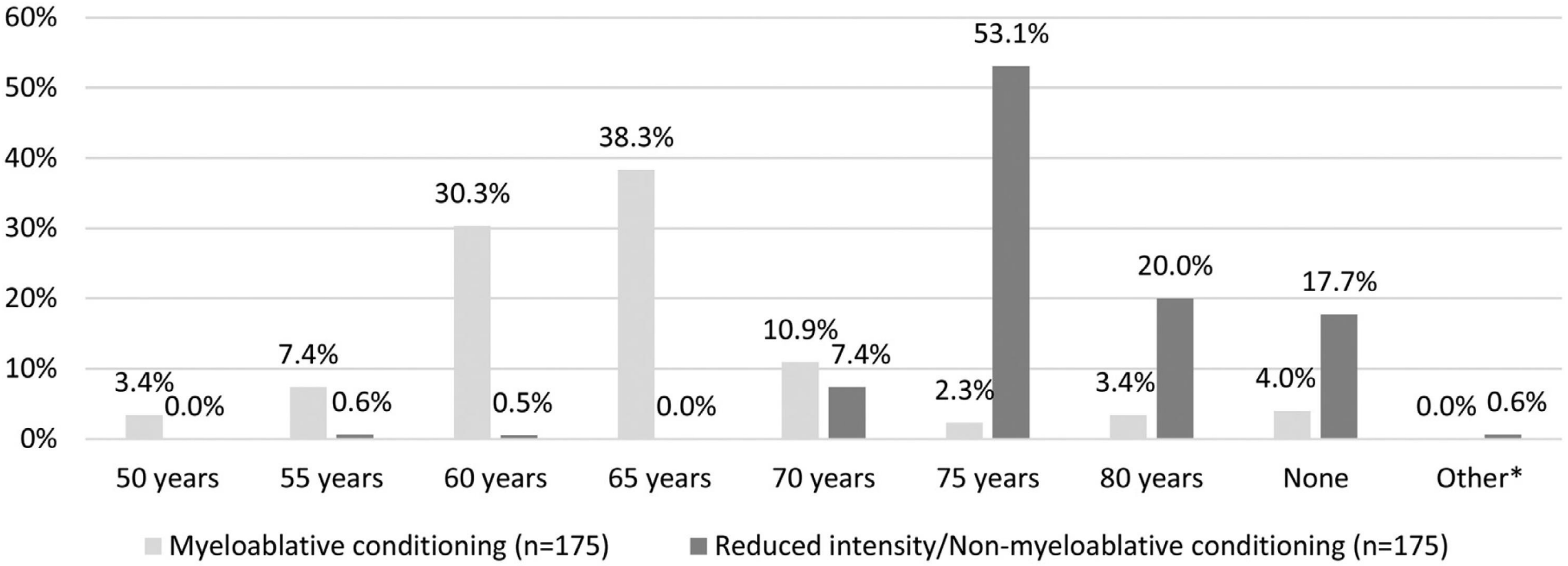
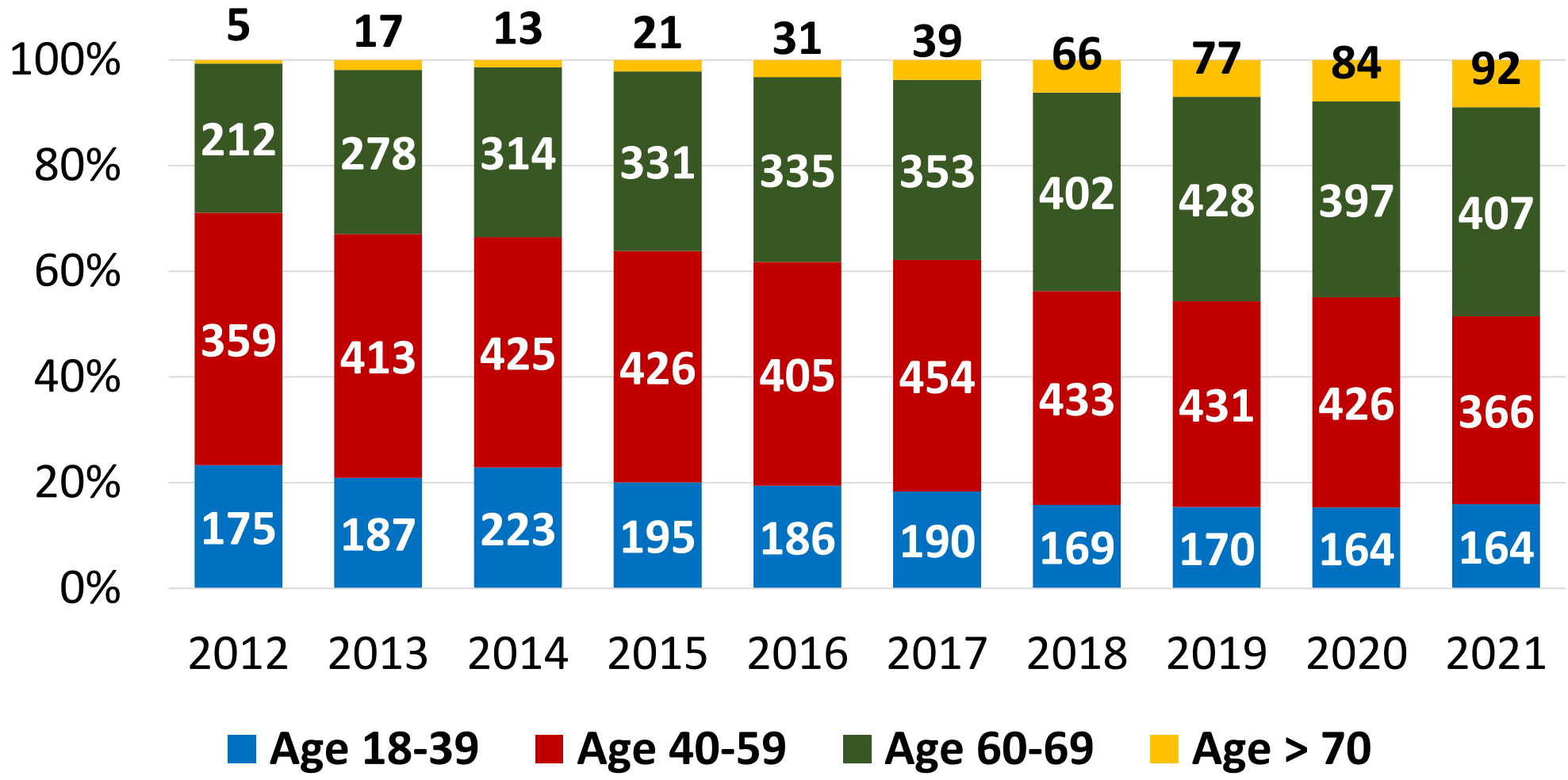
Barriers to Allo-HSCT : Physician perspective

Upper Age Limit: The Physician Point of View



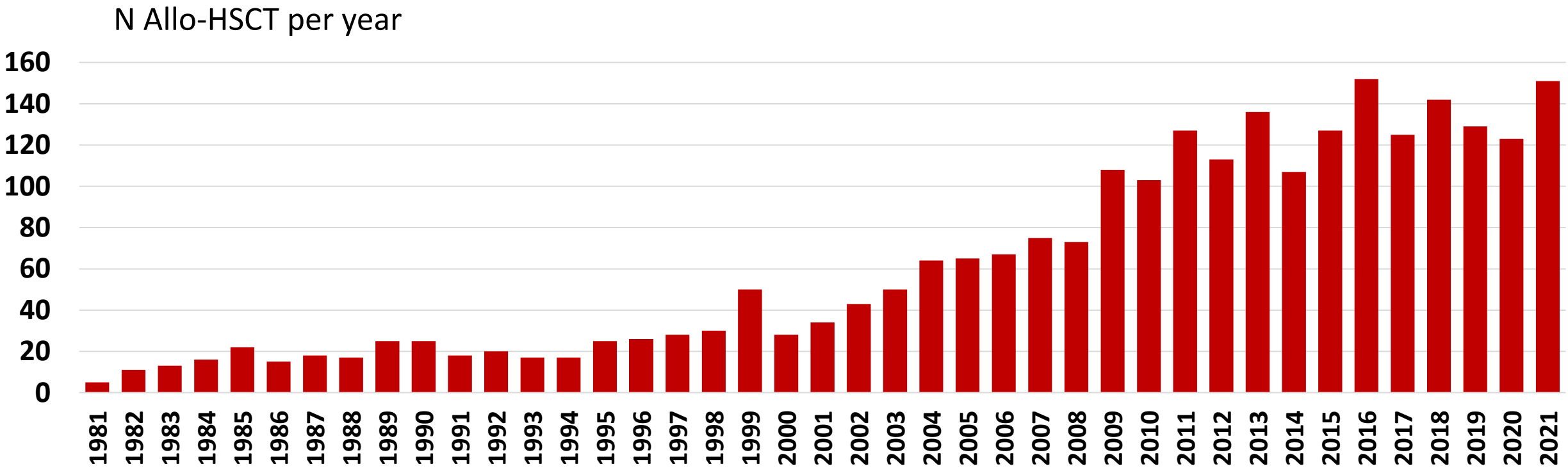
Mishra TCT 2021

Allo-HSCT for AML and MDS in France



Confidential data from SFGM-TC

Transplantation program at Paoli Calmettes Institute



Transplantation program at Paoli Calmettes Institute

Unrelated Donor Transplant

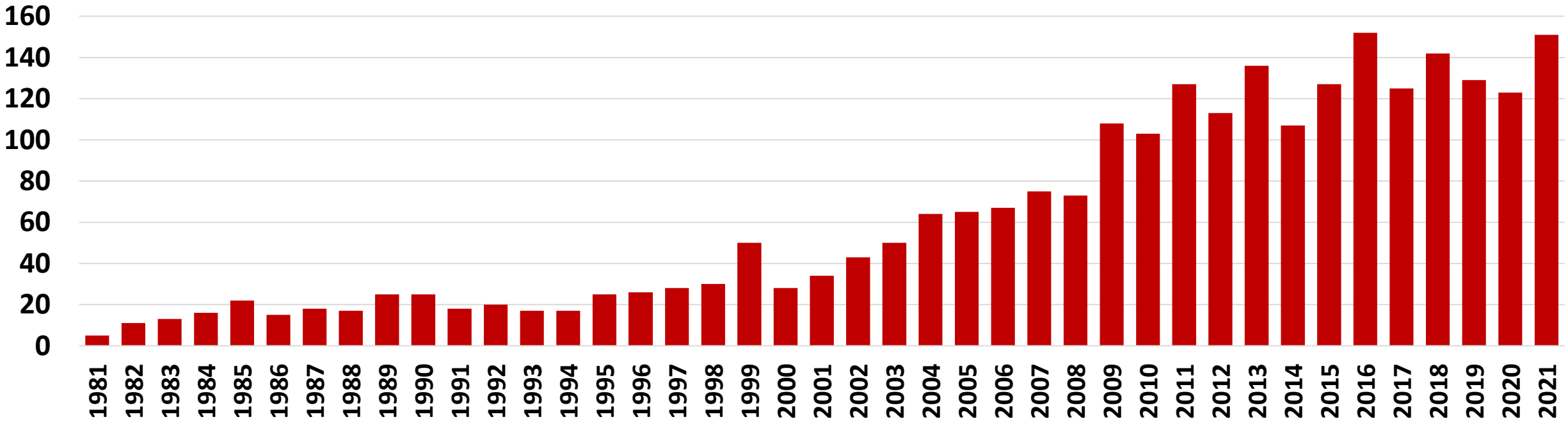
PBSC

DLI

Non Myeloablative / Reduced Intensity Conditioning

DNA Based HLA Typing

T Replete Haplo-SCT with PT-Cy



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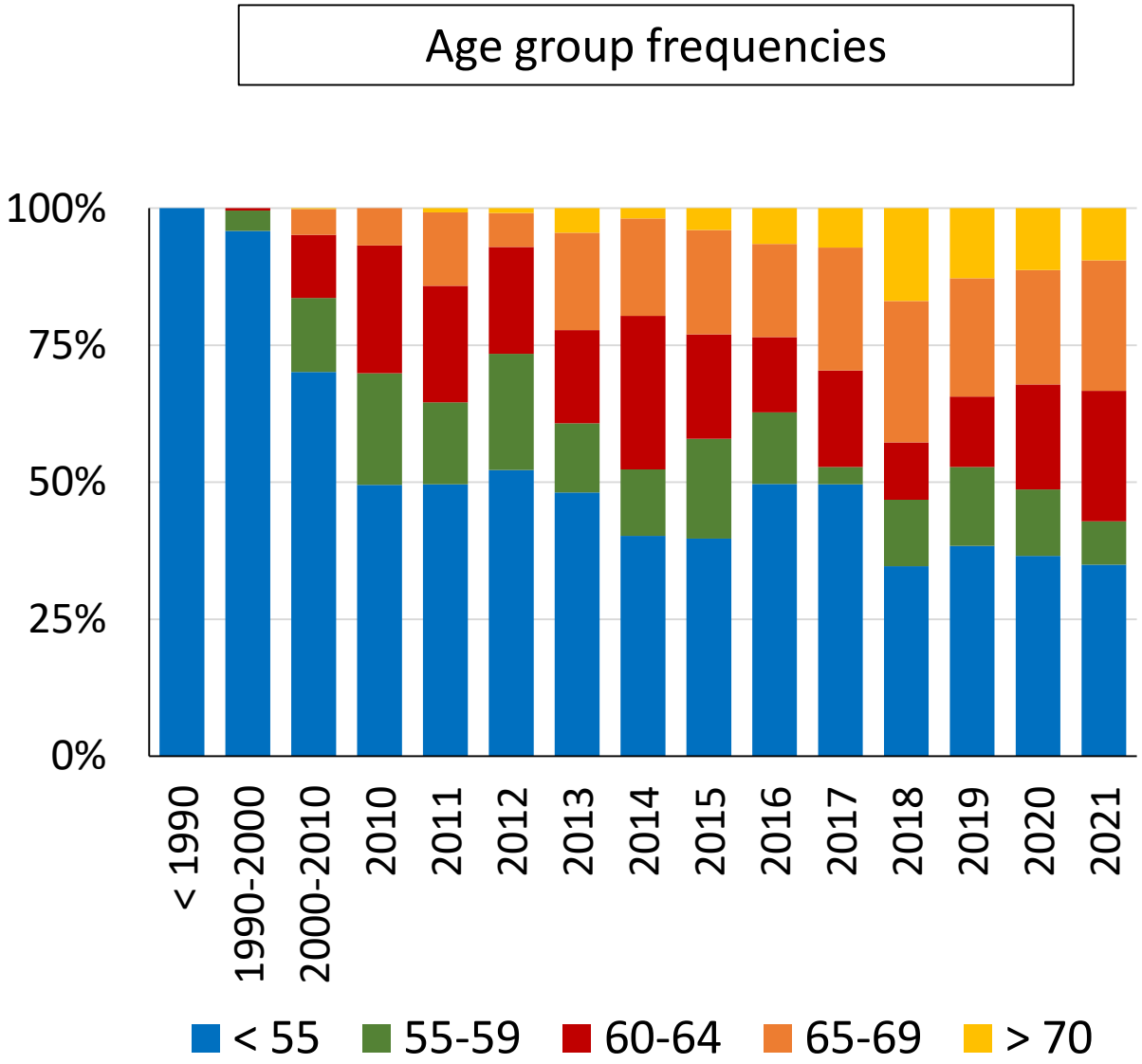

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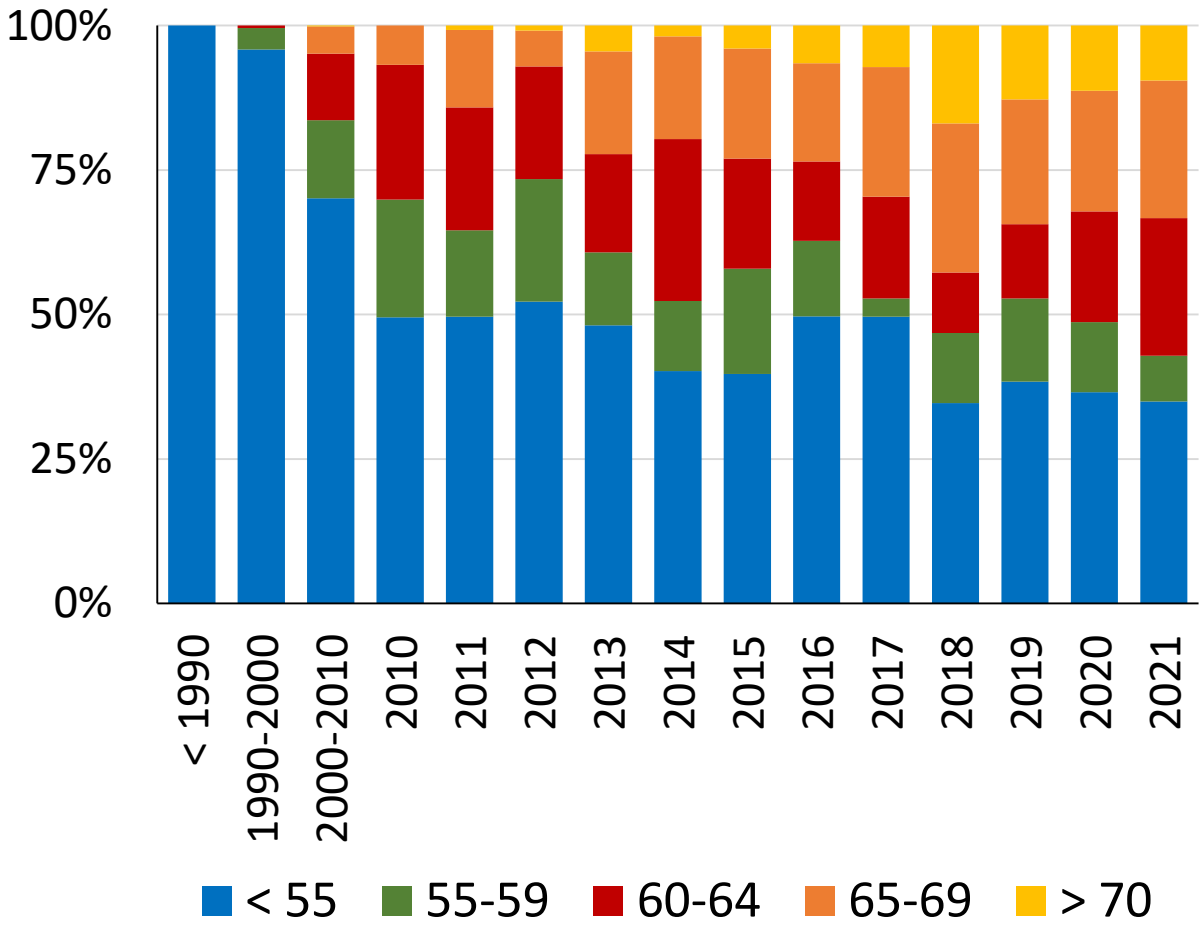
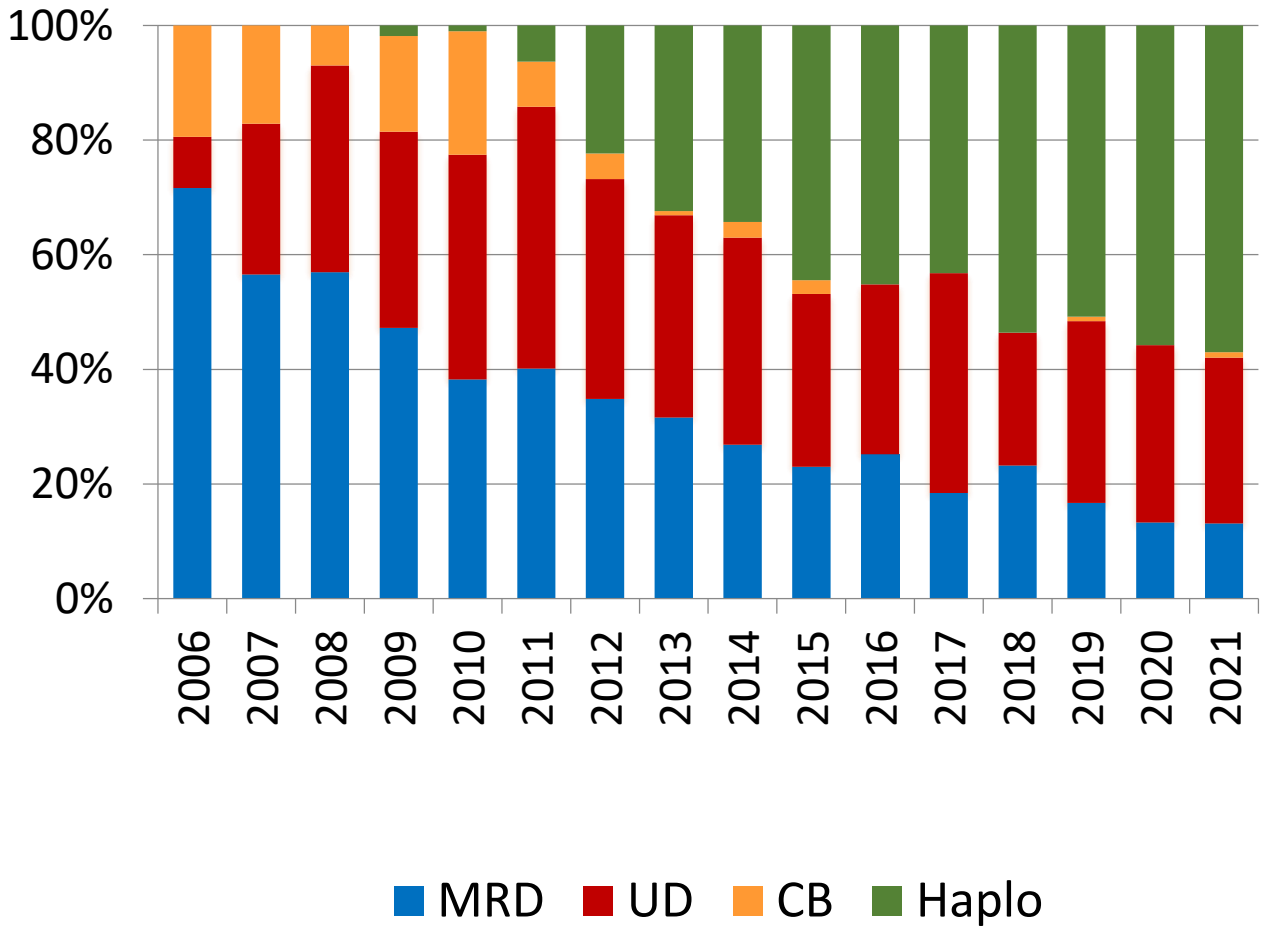
INSTITUT PAOLI-CALMETTES
unicancer Marseille

Age group frequencies



Donor group frequencies



Haplo-SCT with PT-Cy in older patients

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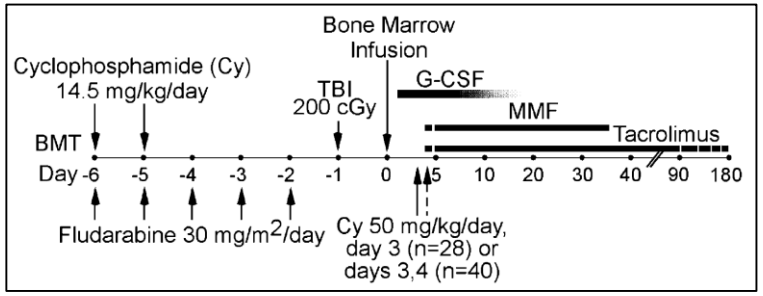
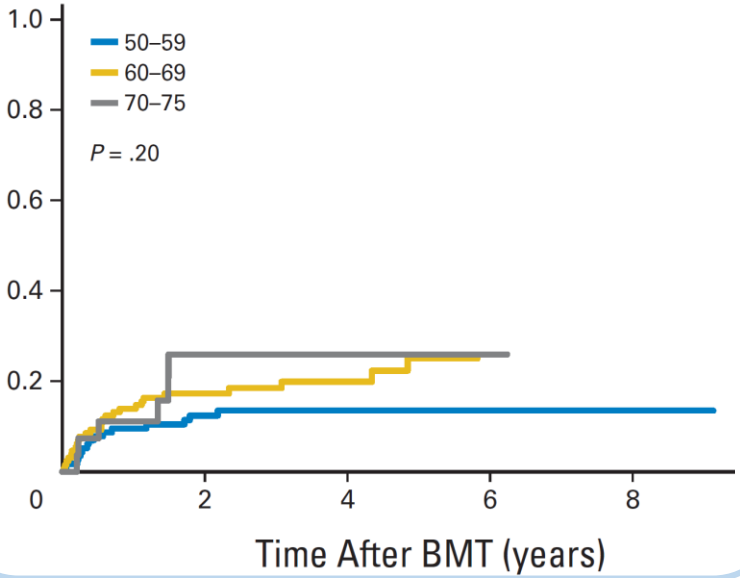
[3]Devillier EBMT 2022

Baltimore[1]

- NMAC CyFluTBI2
- Age > 50y
- Bone marrow





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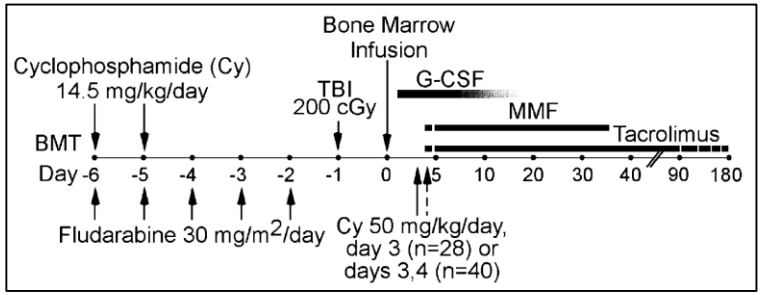
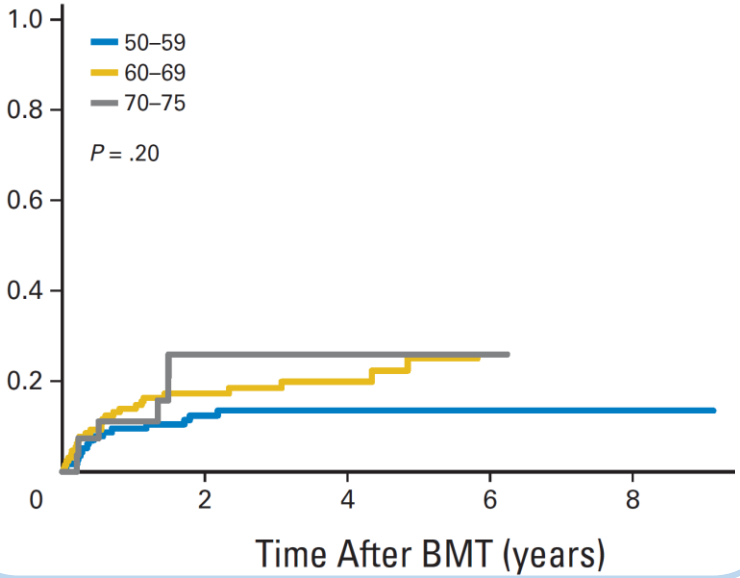
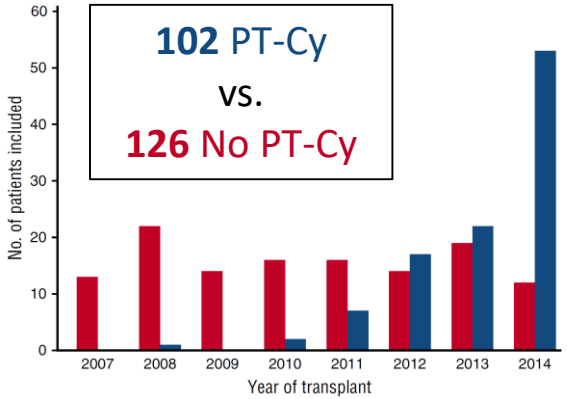
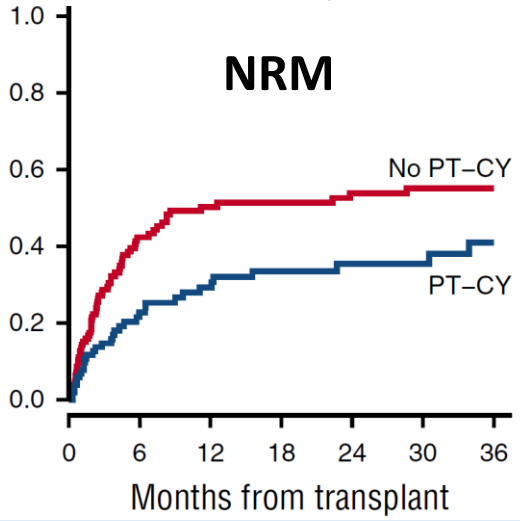




CMWP[2]

- N = 228 (2007-14)
- Age 56 y (46-64)
- MDS





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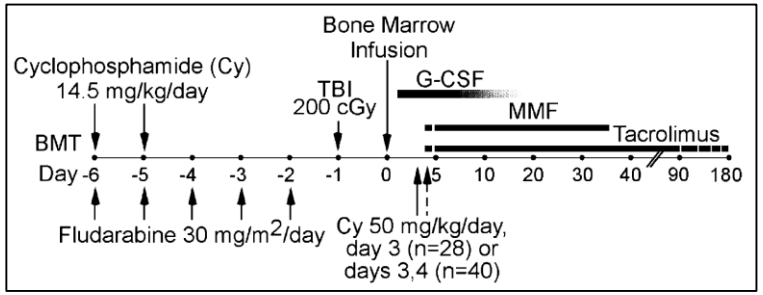

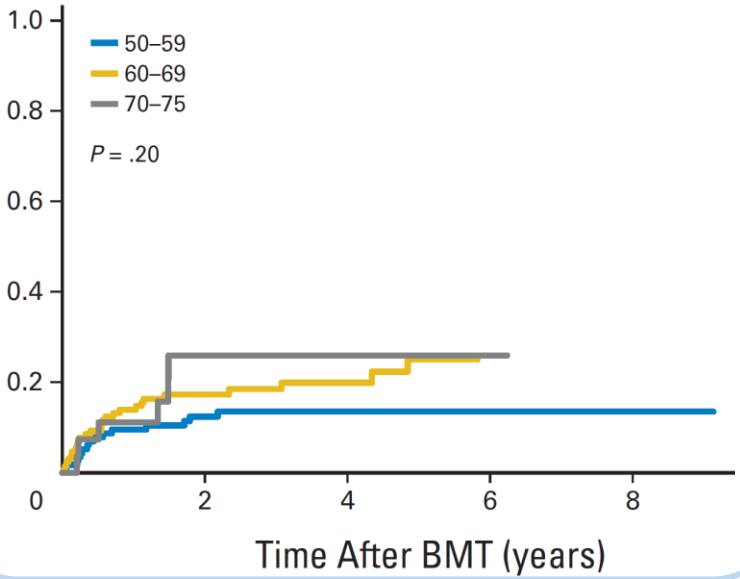

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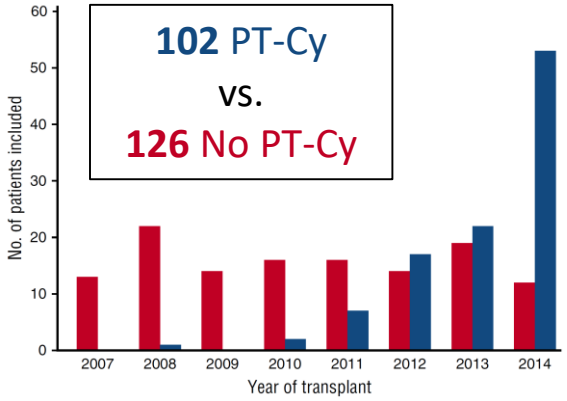
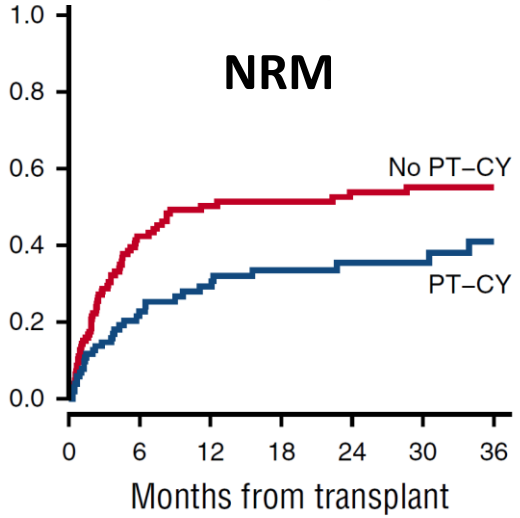
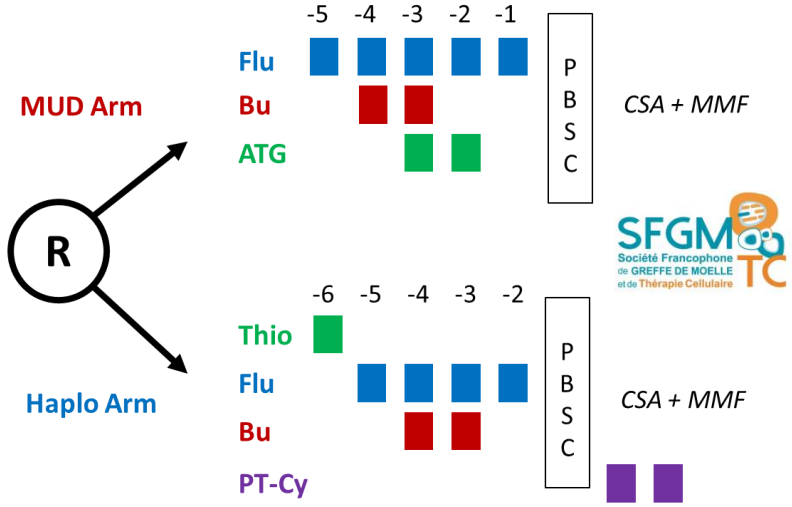
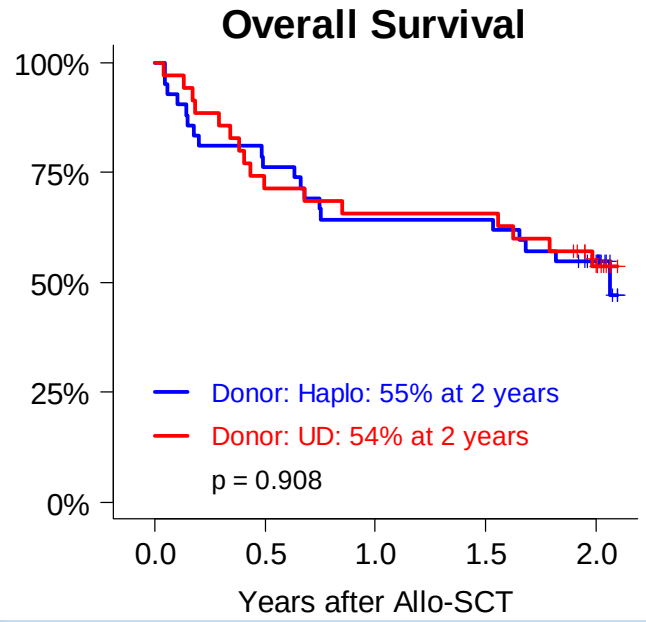




HAPLOMUD-ELDERLY[3]





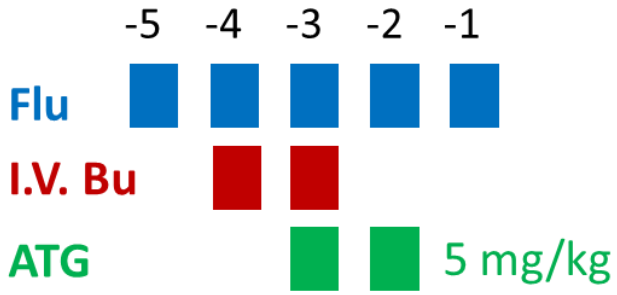
Flu-Bu-ATG RIC platform in older patients

Stem Cell Transplantation

ARTICLES

Low non-relapse mortality and long-term preserved quality of life in older patients undergoing matched related donor allogeneic stem cell transplantation: a prospective multicenter phase II trial

Didier Blaise,[1,2,3] Raynier Devillier,[1,2,3] Anne-Gaëlle Lecoroller-Sorriano,[4] Jean-Marie Boher,[5] Agnès Boyer-Chammard,[5] Reza Tabrizi,[6] Patrice Chevallier,[7] Nathalie Fegueux,[8] Anne Sirvent,[8] Mauricette Michallet,[9] Jacques-Olivier Bay,[10] Sabine Fürst,[1] Jean El-Cheikh,[1] Laure Vincent,[8] Thierry Guillaume,[7] Caroline Regny,[11] Noël Milpied,[6] Luca Castagna,[1] and Mohamad Mohty[7,12,13]



Selection criteria

- ✓ Age > 55 years
- ✓ Hematological disease
- ✓ Matched sibling donor
- ✓ PBSC

Blaise, Haematologica 2015 T2A: NCT00806767

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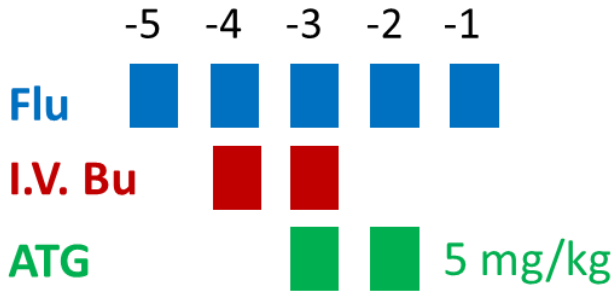

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Grade III-IV aGVHD: **3%**

NRM at day +100: **1%**

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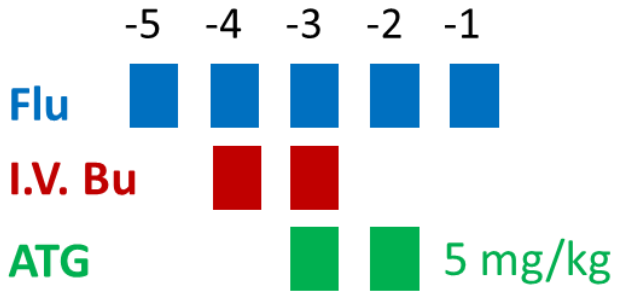

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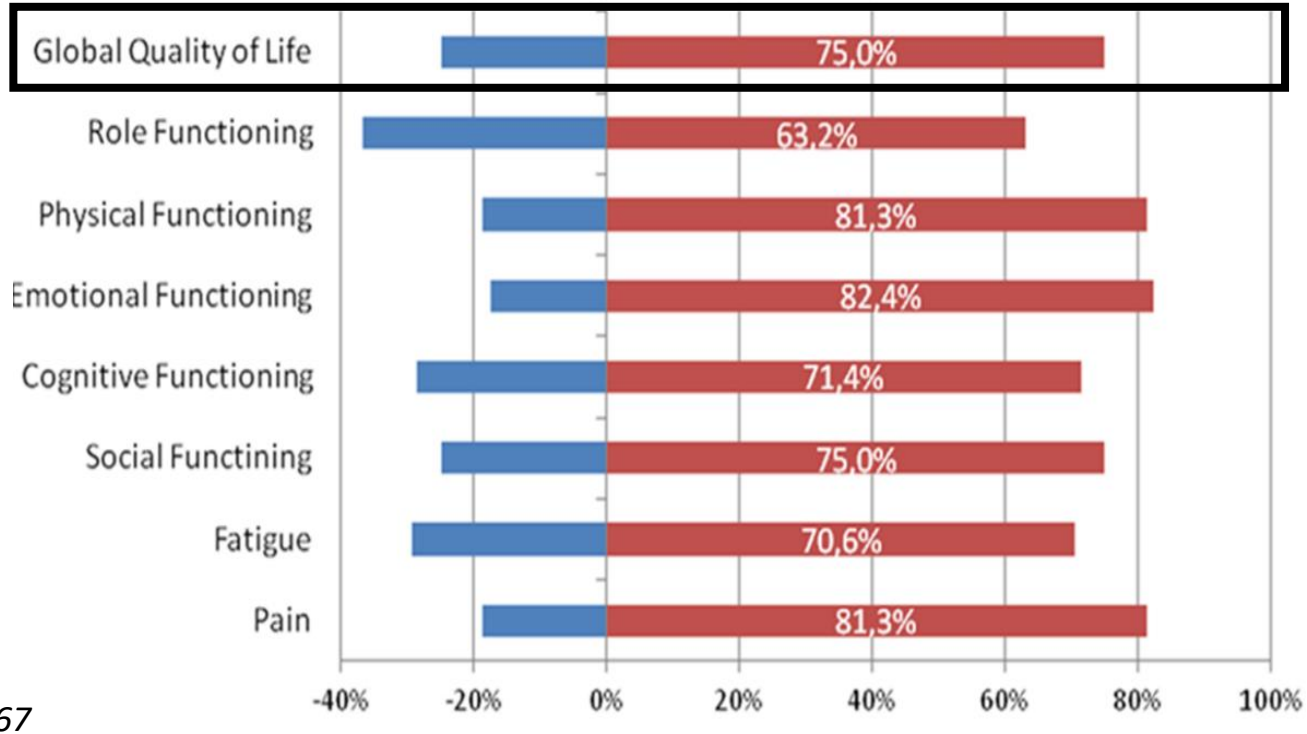

Impaired compared to before Allo-HSCT

Equal or better than before Allo-HSCT

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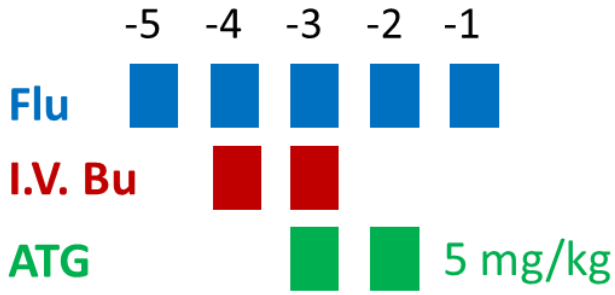
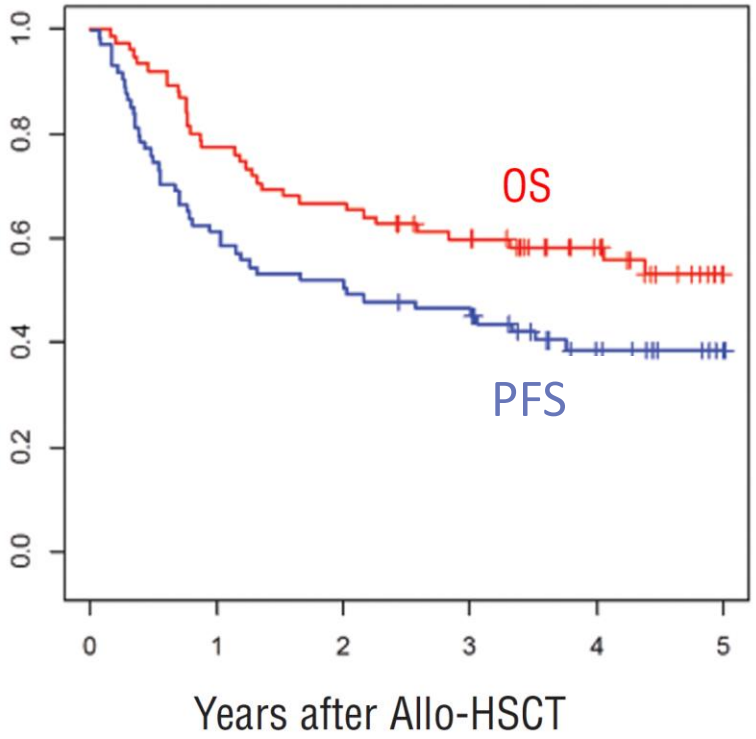


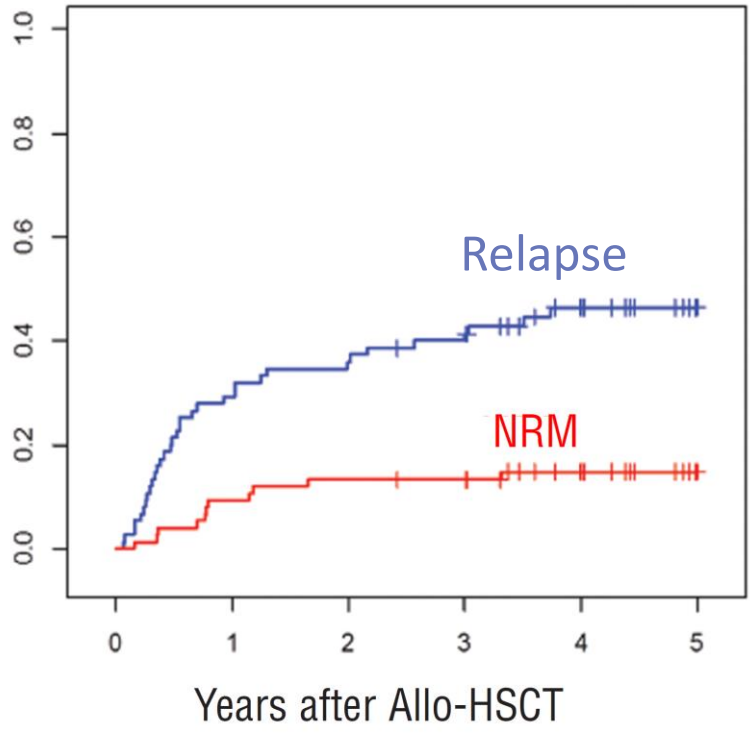
Selection criteria

- ✓ Age > 55 years
- ✓ Hematological disease
- ✓ Matched sibling donor
- ✓ PBSC

Grade III-IV aGVHD: **3%**

NRM at day +100: **1%**





Blaise, Haematologica 2015 T2A: NCT00806767

Flu-Bu-ATG RIC platform in older patients

Stem Cell Transplantation

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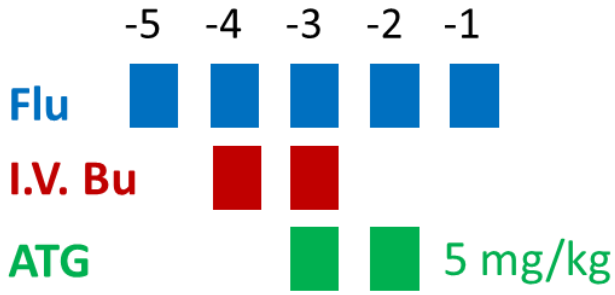
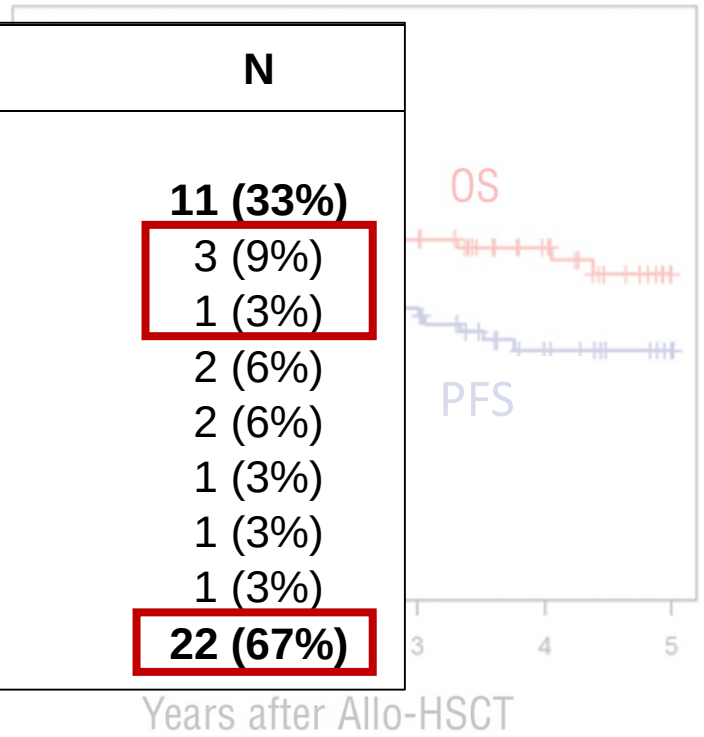
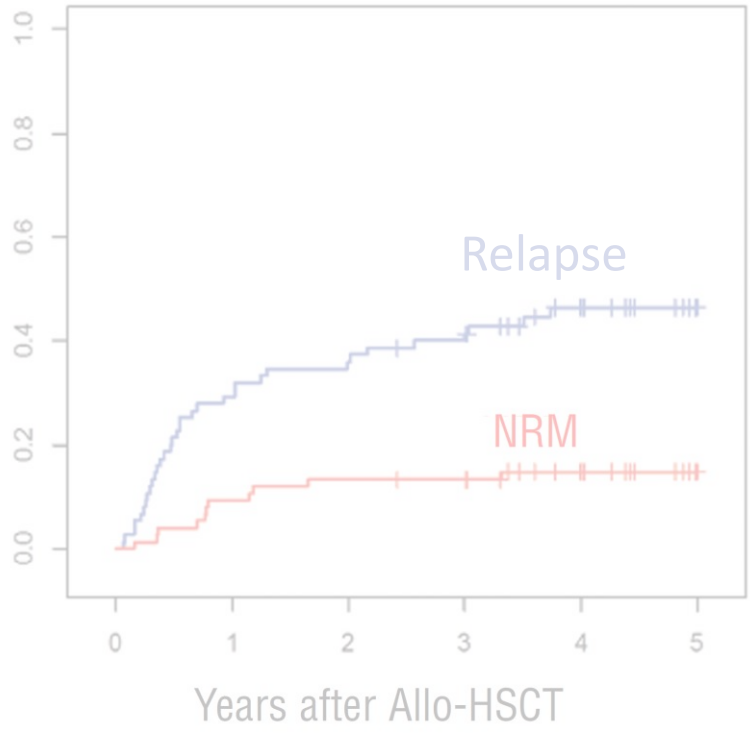


Causes of death	N
Non-relapse-related deaths	**11 (33%)**
Infection and chronic GVHD	3 (9%)
Infection and acute GVHD	1 (3%)
Infection without GVHD	2 (6%)
Secondary cancer	2 (6%)
Cerebral hemorrhage	1 (3%)
Acute coronary syndrome	1 (3%)
Liver Cirrhosis	1 (3%)
Relapse-related deaths	**22 (67%)**





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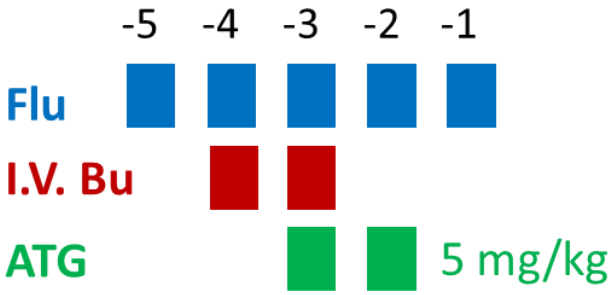

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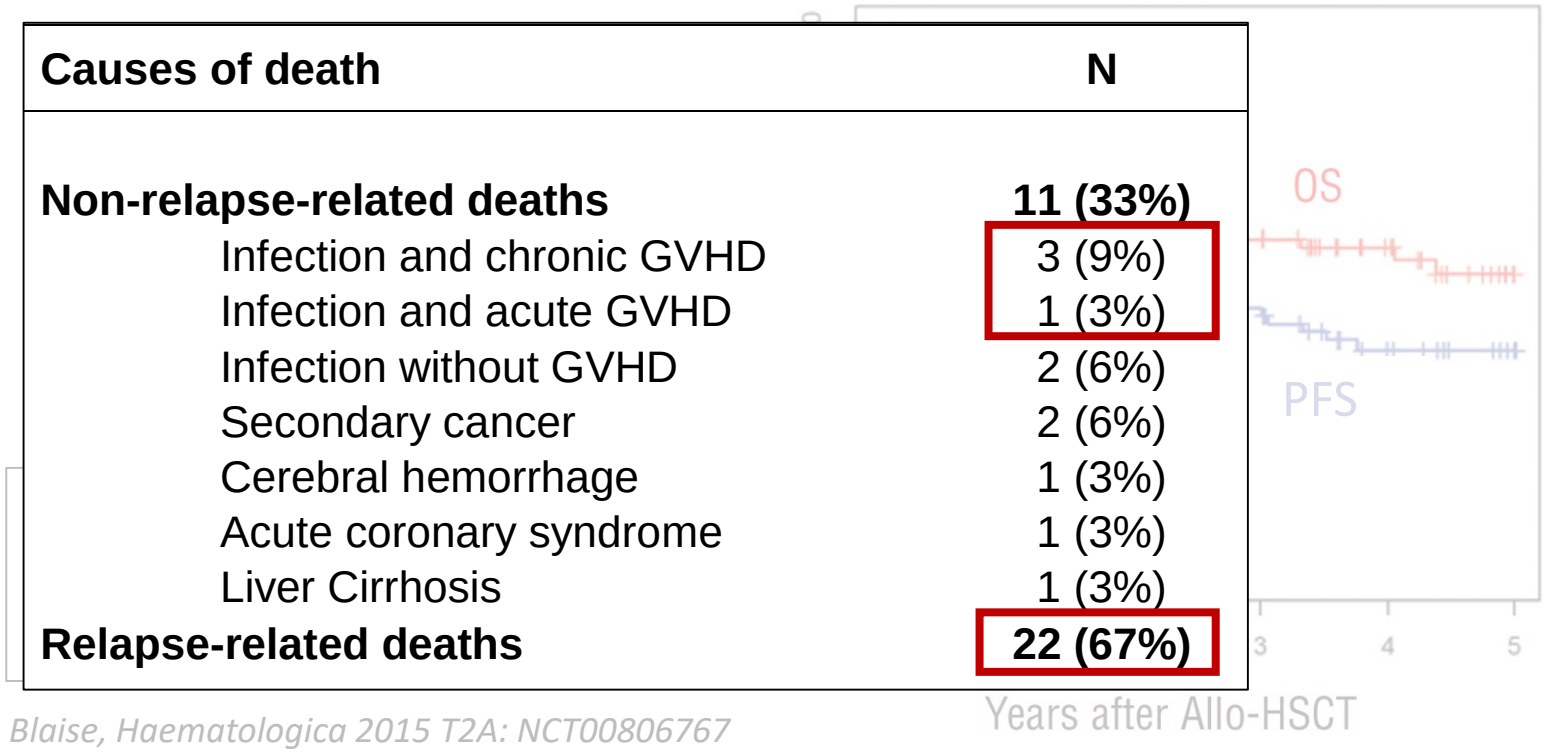


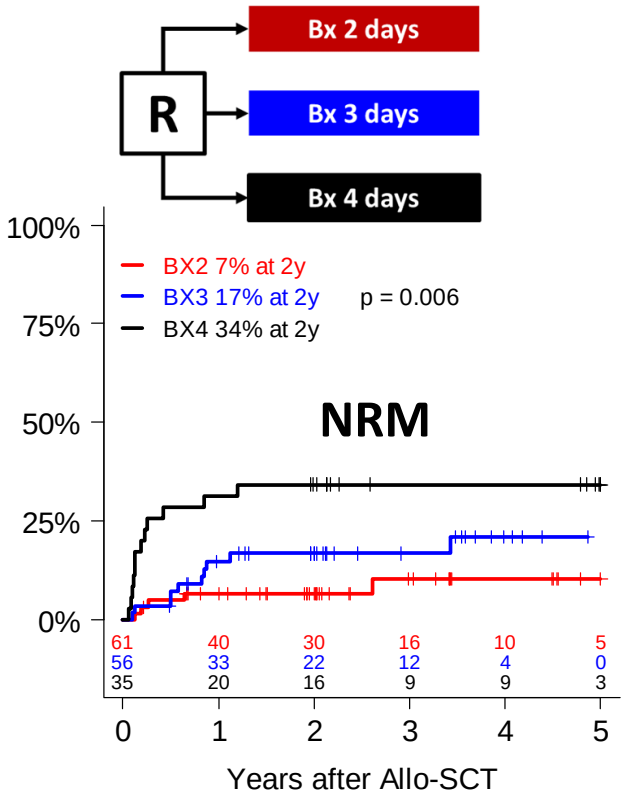
Cause	No. (%)
Relapse	53 (74.6)
aGVHD related	3 (4.2)
cGVHD related	6 (8.5)
PTLD	2 (2.8)
Sepsis	1 (1.4)
Secondary graft failure	1 (1.4)
Rectal cancer	1 (1.4)
Pneumonia	1 (1.4)
Pneumonitis	1 (1.4)
HHV-6 encephalitis	1 (1.4)
Sudden death	1 (1.4)

Blaise, Haematologica 2015 T2A: NCT00806767

Role of conditioning intensity in older patients

AAA trial

- Age 50 – 65 years
- HCT-CI ≥ 3
- CR AML and MDS
- MSD or UD



Devillier ASH 2022

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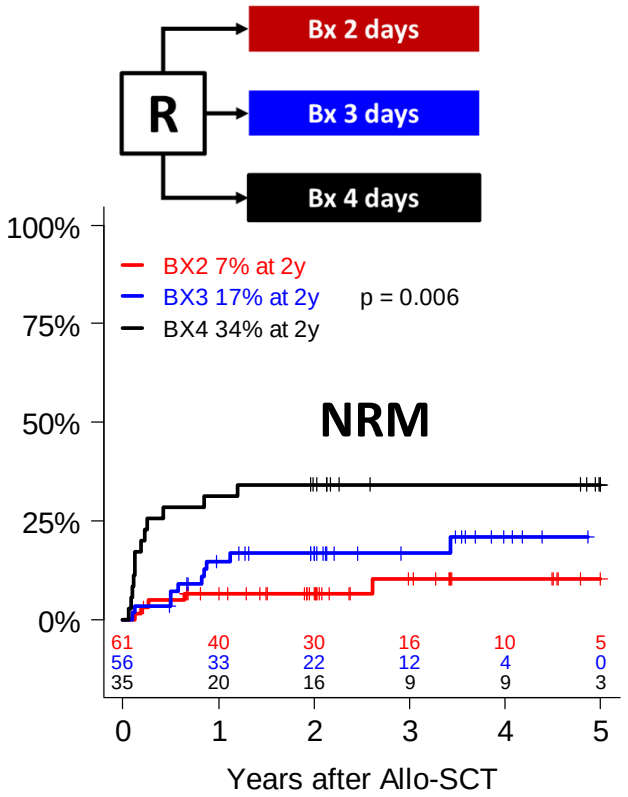
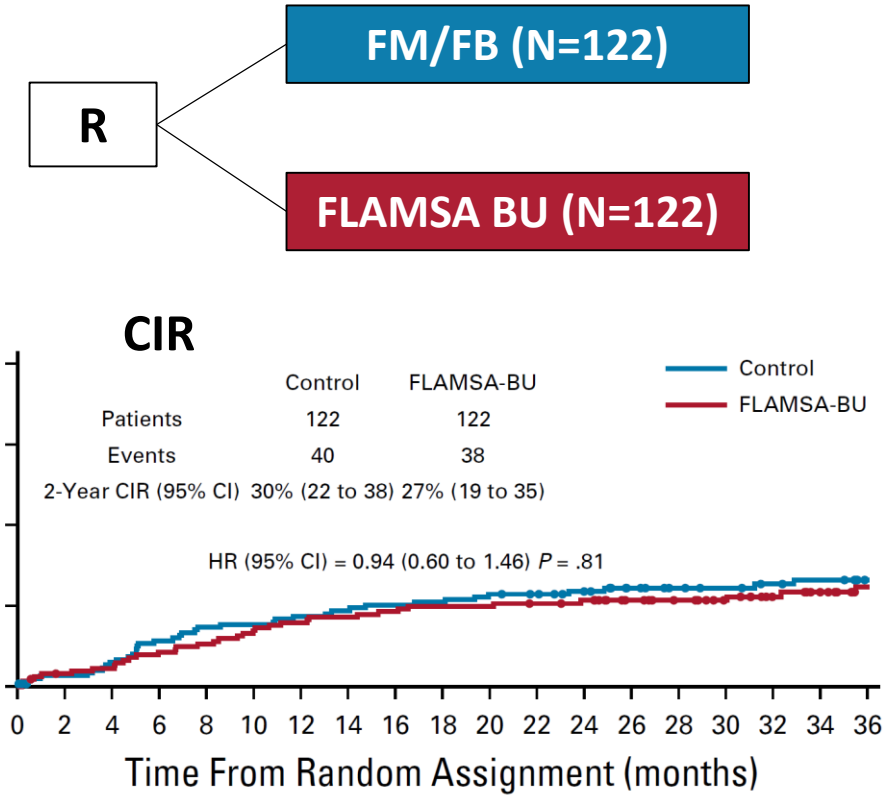


Devillier ASH 2022

FIGARO trial

- Age 59 years (22-75)
- AML and MDS
- MSD or UD



Craddock JCO 2021

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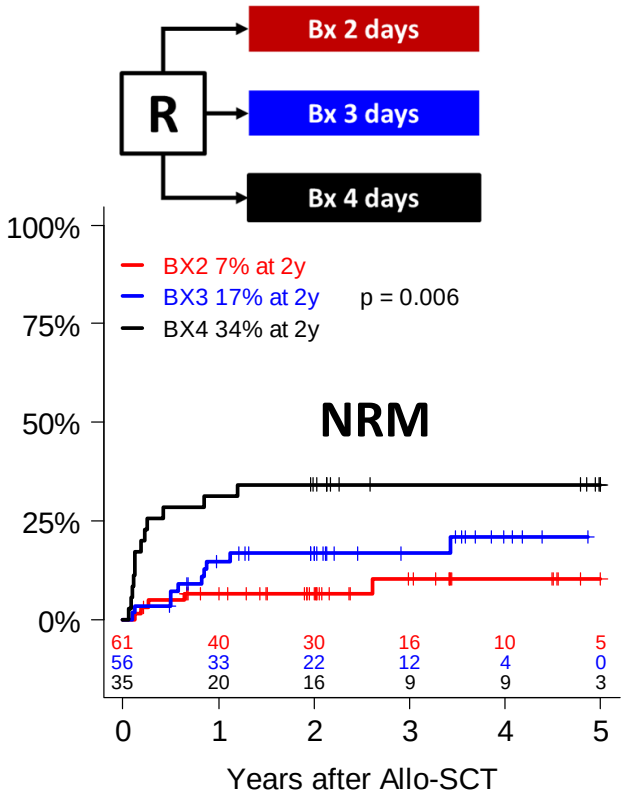

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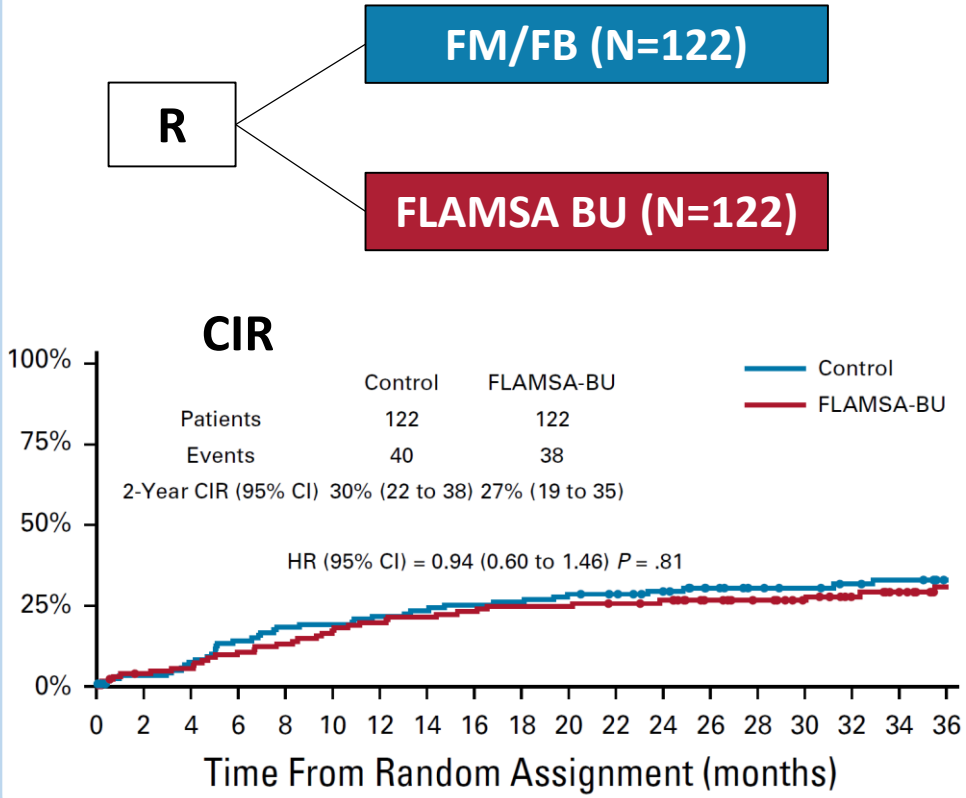
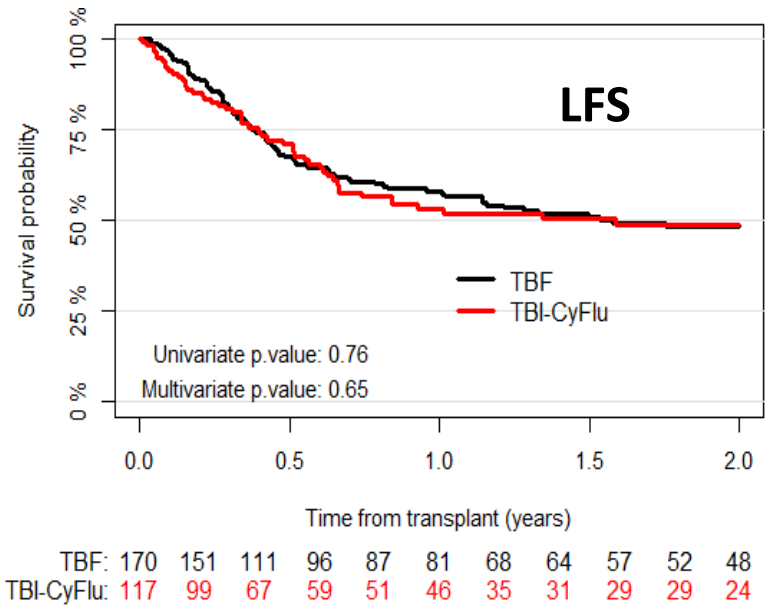


Craddock JCO 2021

EBMT / ALWP

- Age ≥ 60
- AML in CR
- Haplo PT-Cy

TBF-RIC n=170 vs. **CyFluTBI n=117**

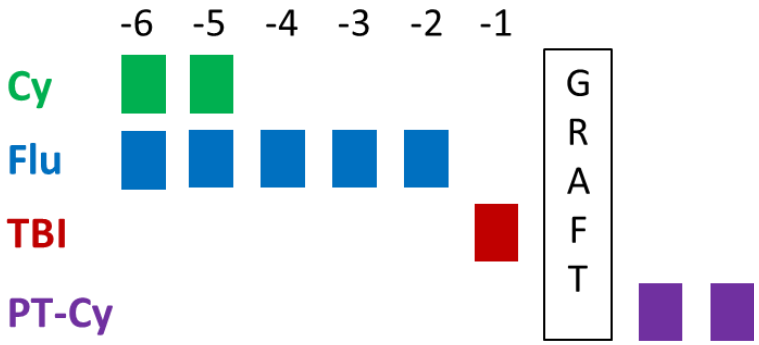


Devillier et al. BMT 2022

NMAC Haplo-SCT with PT-Cy : Age ≥ 70 years

N = 51

- Age ≥ 70
- AML or MDS
- Haplo-SCT
- PBSC
- NMAC regimen
- Intent to treat prophylactic DLI



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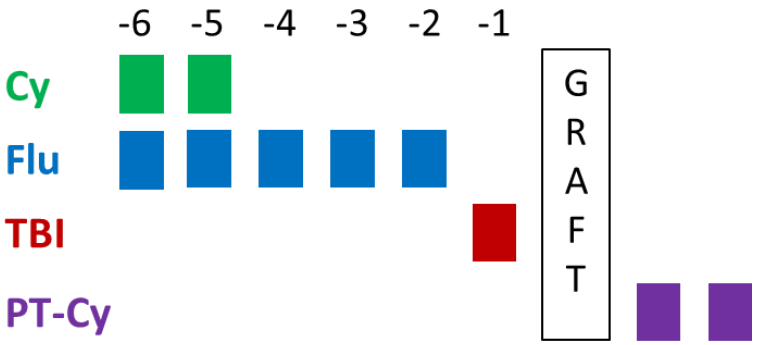

All patients (N=51)		N	%
Median Age, years [range]		72	[70-77]
AML	CR1	20	*39%*
	CR2	7	*14%*
	active disease	1	*2%*
MDS	CR	12	*24%*
	active disease	11	*22%*
DRI	Low	0	0%
	Intermediate	39	76%
	High or Very High	12	24%
HCT-CI	< 3	26	51%
	≥ 3	25	49%
Median Follow up, months [95%CI]		43	[34-49]

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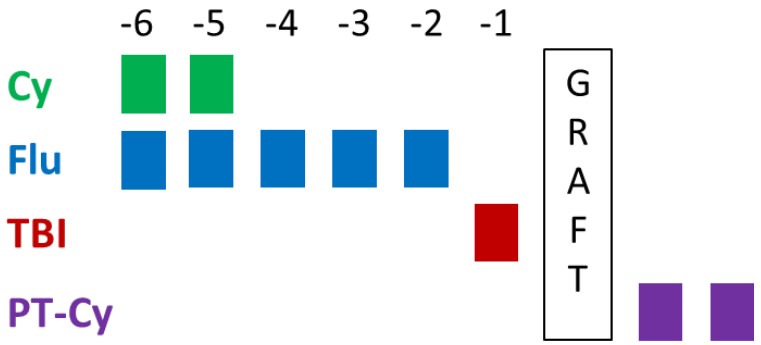
No early death
Day+100 NRM = 0%



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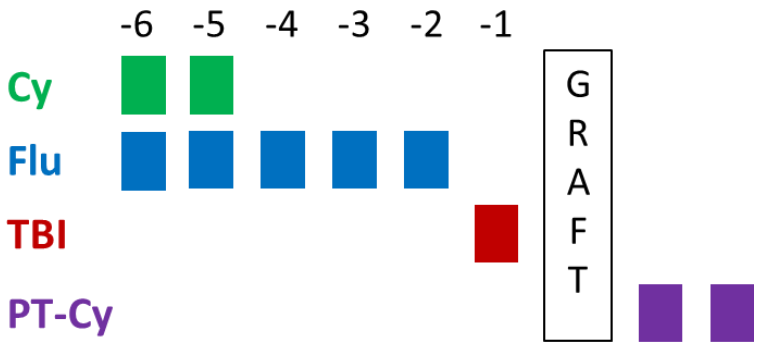

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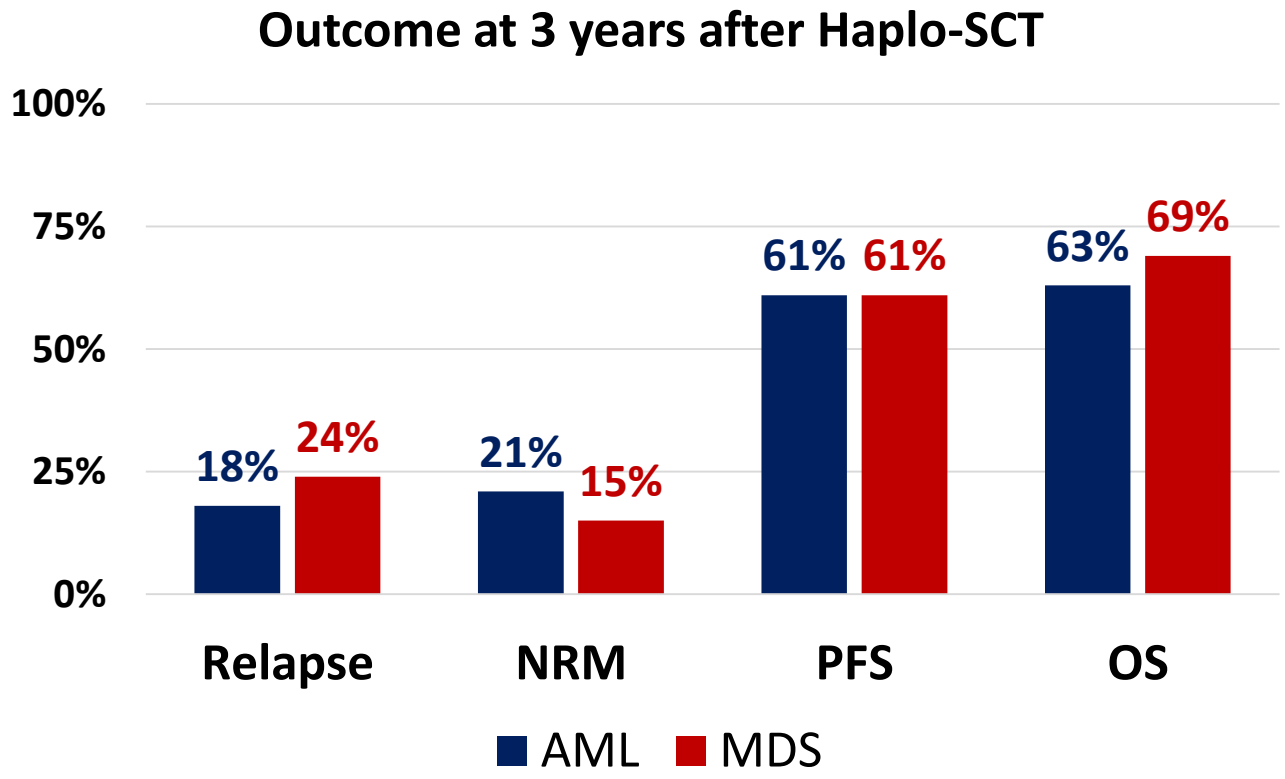

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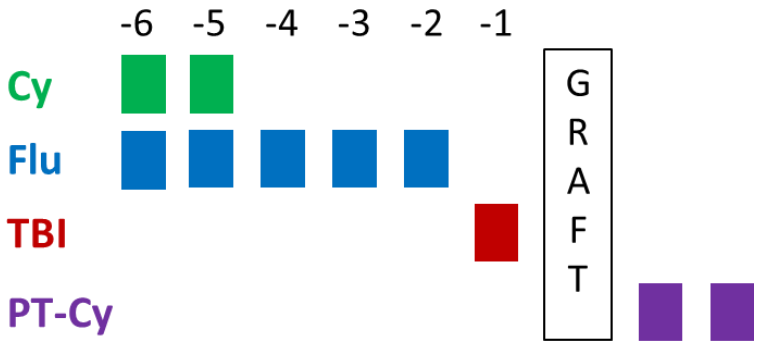

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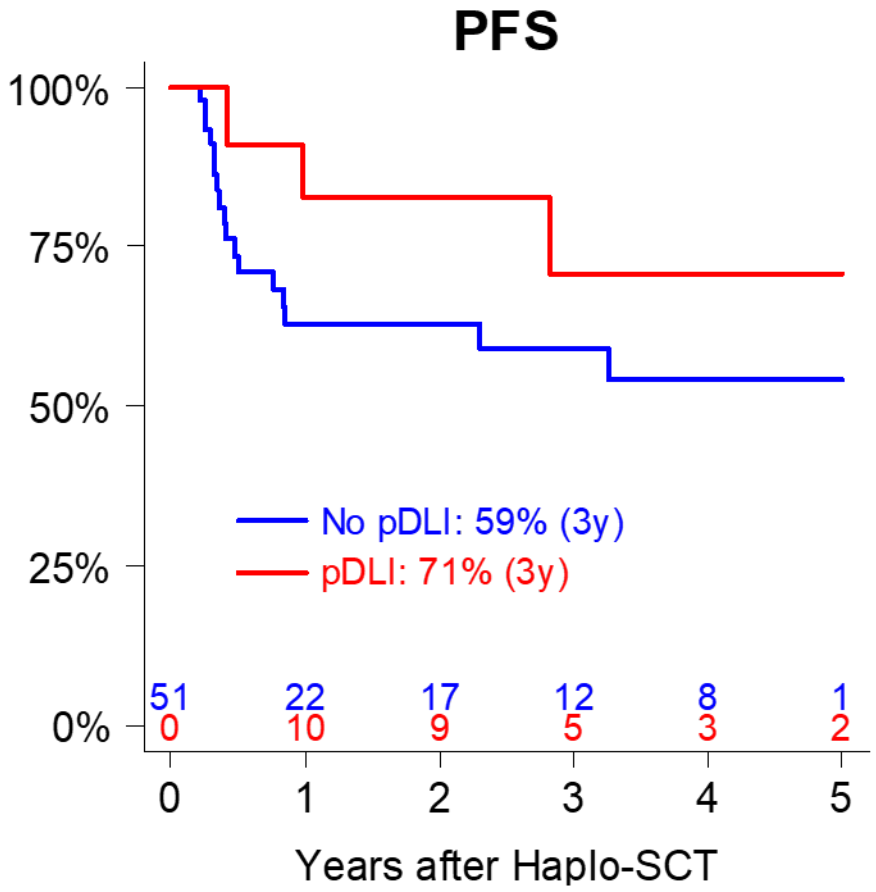

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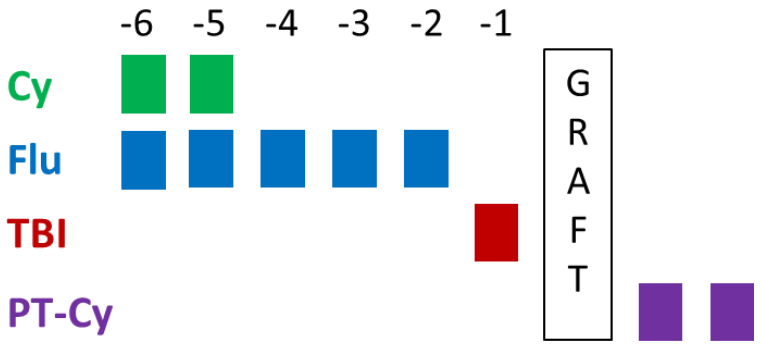

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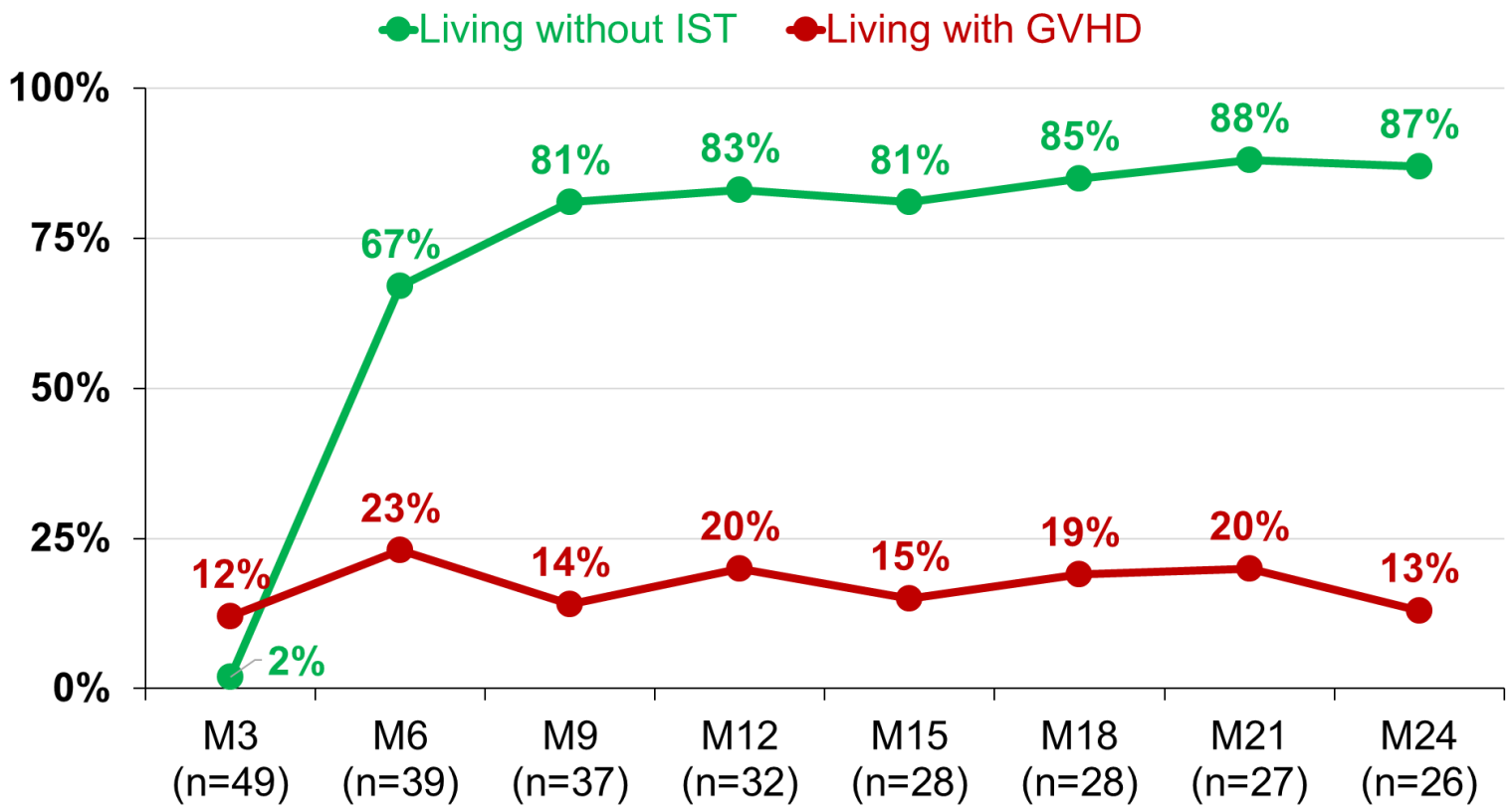

Prevalences are calculated on disease free patients

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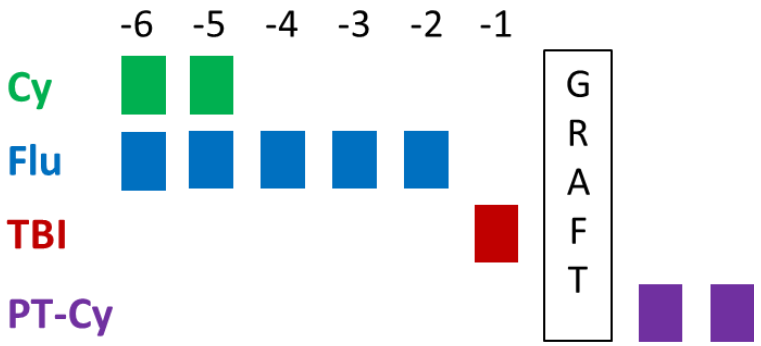


Causes of death (N=18)		
Relapse	9	50%
GVHD	3	17%
Encephalopathy	2	11%
Hemolytic anemia	1	6%
Tuberculosis	1	6%
Septic shock	1	6%
Secondary cancer	1	6%

Only 12 patients (24%) received pDLI

Allo-HSCT for older patients: issues, tools and perspectives

Suboptimal pre Allo-HSCT treatments

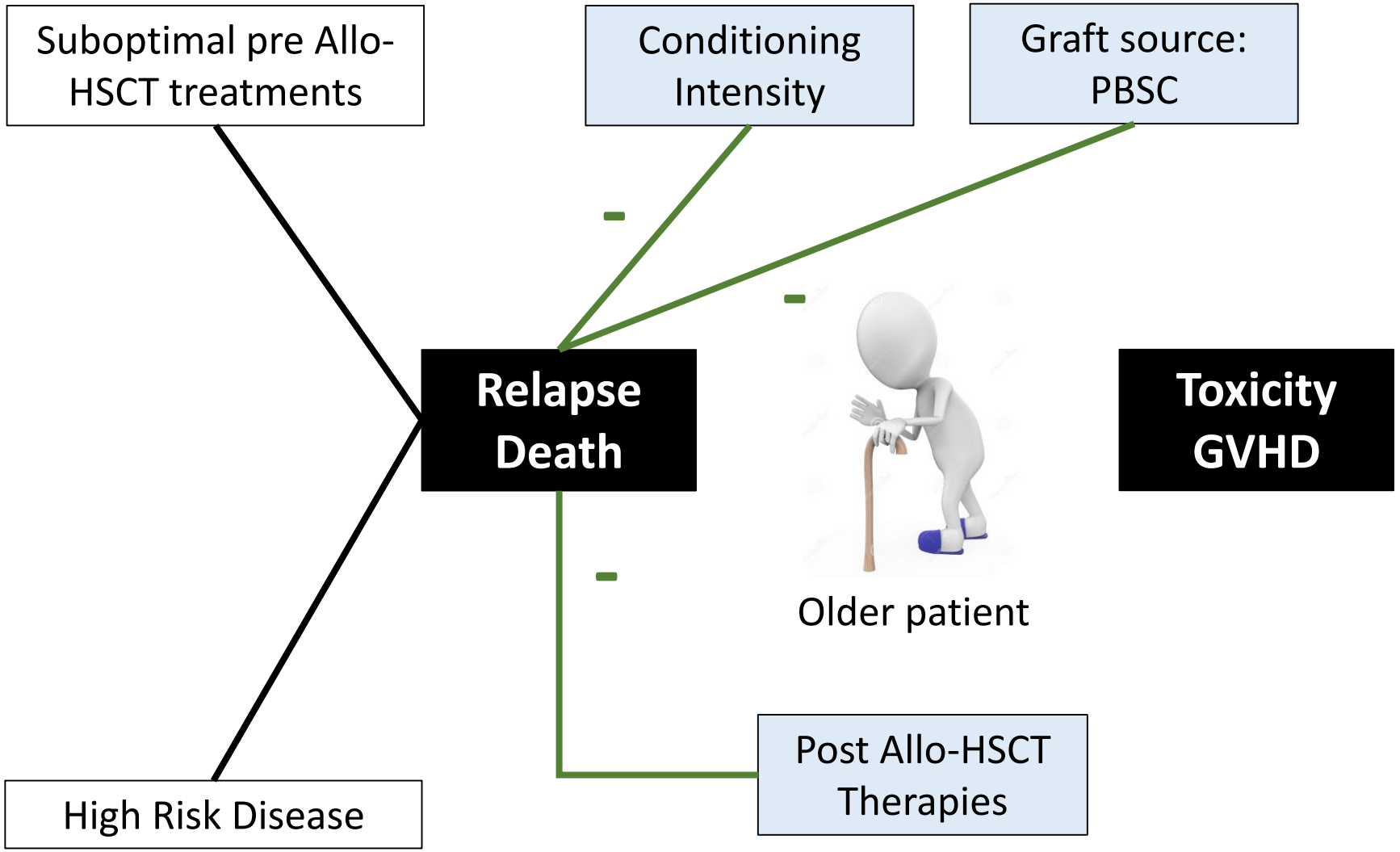
High Risk Disease

Relapse
Death

Older patient

Toxicity
GVHD

Allo-HSCT for older patients: issues, tools and perspectives



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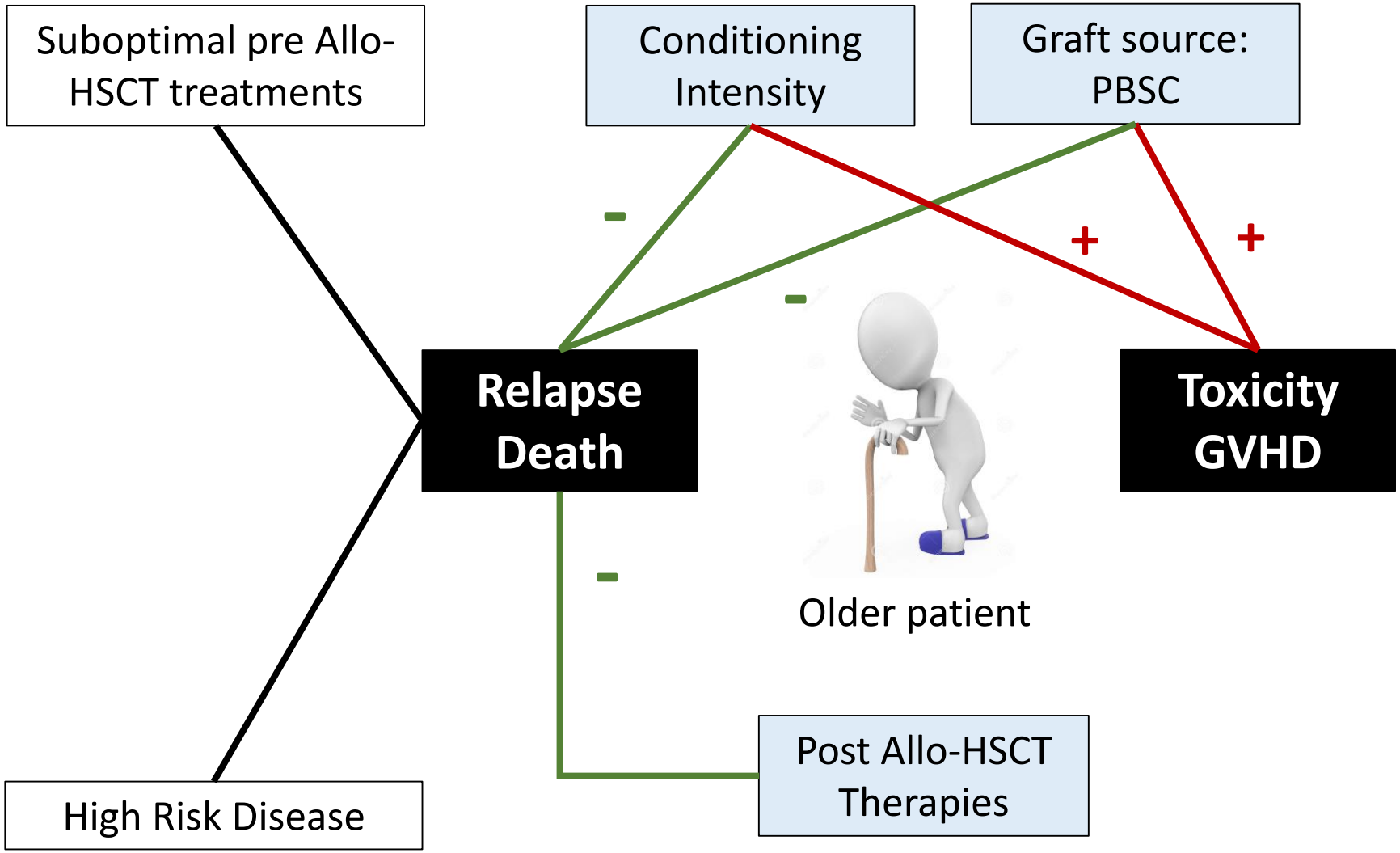

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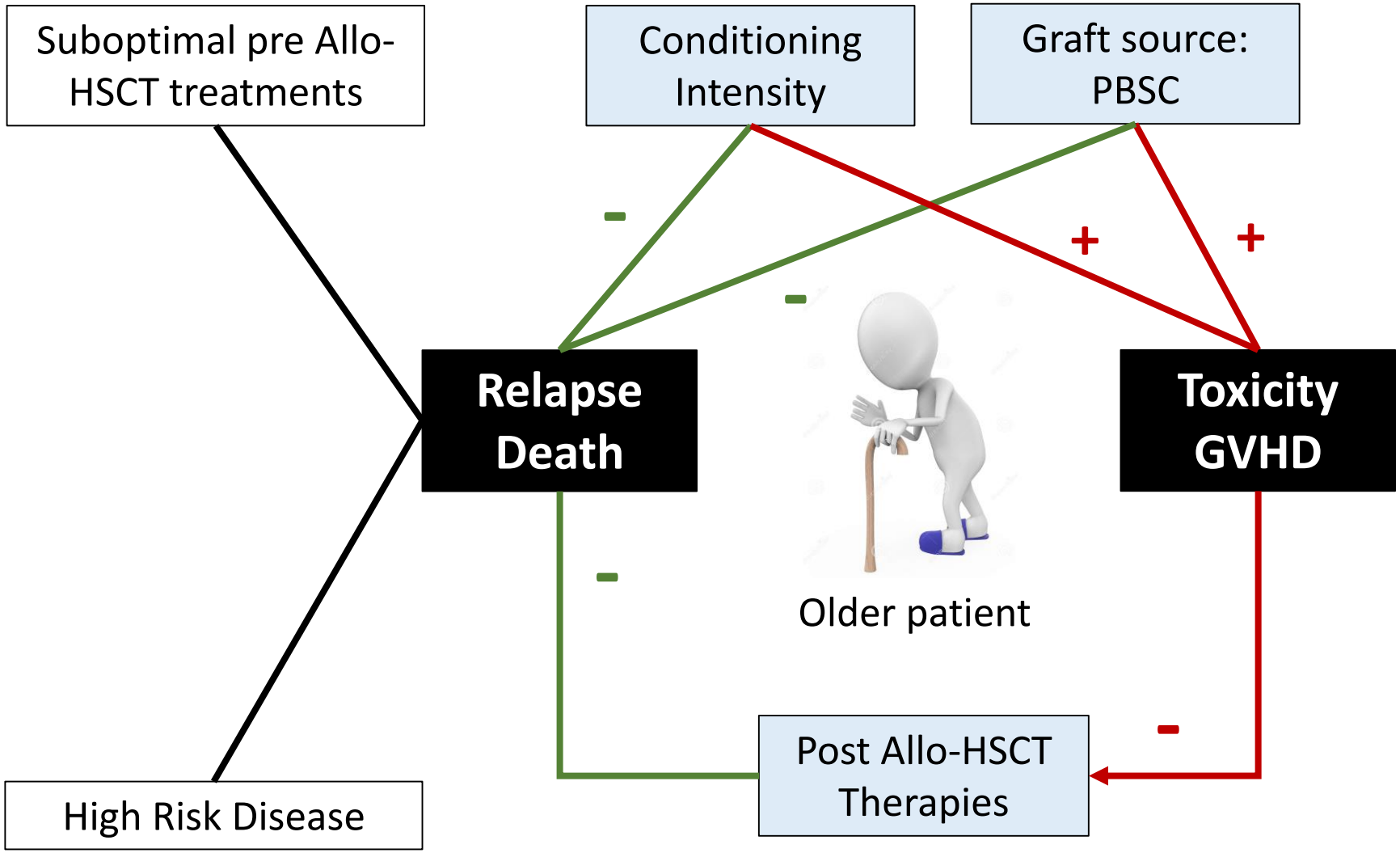

Optimization of Conditioning Regimen

Clofarabine

FLUCLORIC phase III trial

- Age > 18 y
- AML in CR
- RIC
- MSD or MUD

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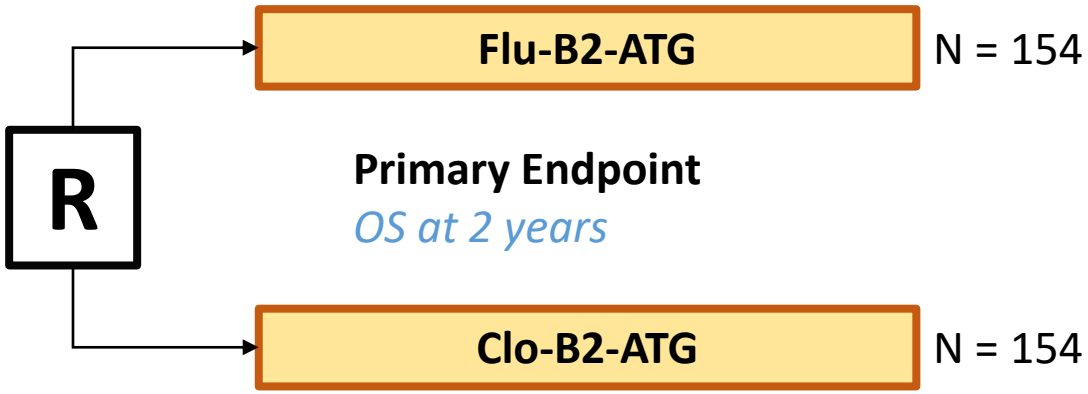

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Chevallier, SFGMTC

SFGM TC Société Francophone de GREFFE DE MOELLE et de Thérapie Cellulaire

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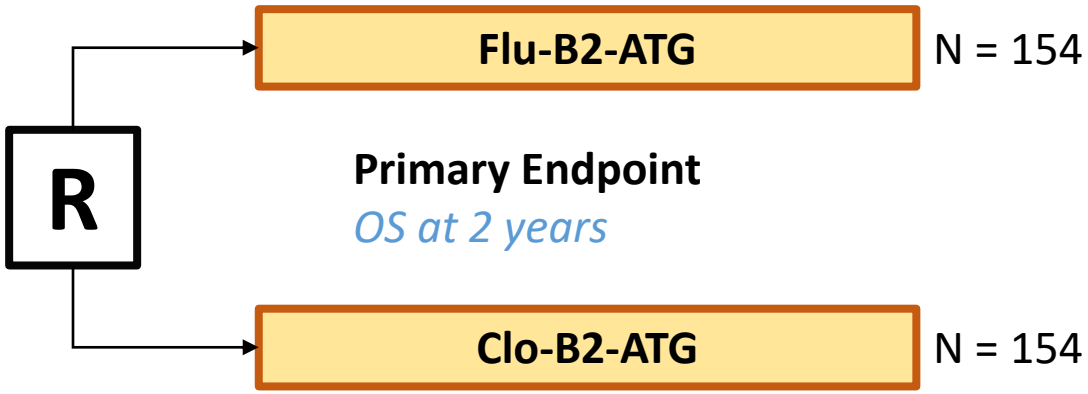

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Treosulfan

FT-RIC-HAPLO phase II trial

- AML in CR < 5% (ELN 2022)
- Age **60-75**
- Age < 60 with HCT-CI ≥ 3
- Haplo-SCT with PT-Cy
- PBSC

	-6	-5	-4	-3	-2
Fludarabine (mg/m²)	30	30	30	30	30
Treosulfan (g/m²)			10	10	10

N = 77

SFGM-TC Société Francophone de GREFFE DE MOELLE et de Thérapie Cellulaire

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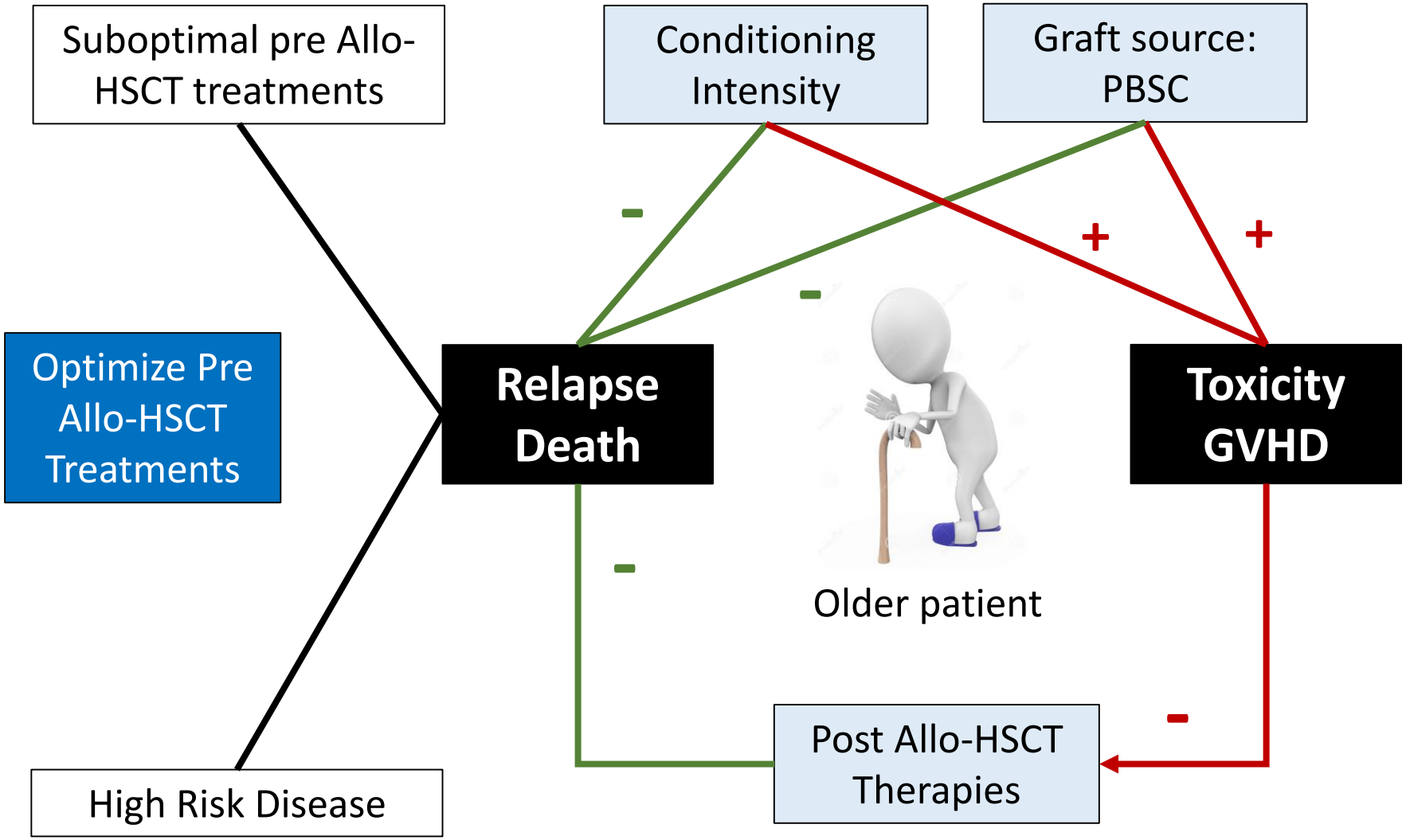
Allo-HSCT for older patients: issues, tools and perspectives



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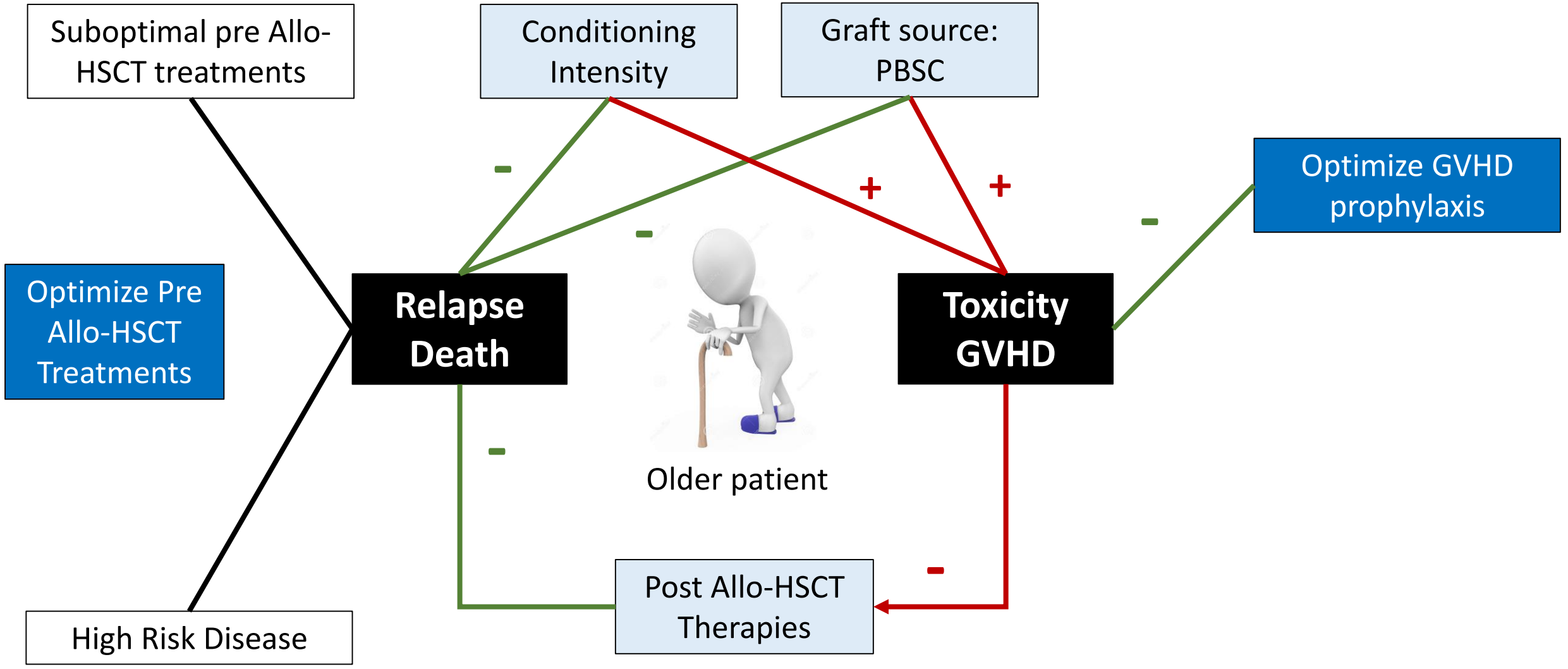
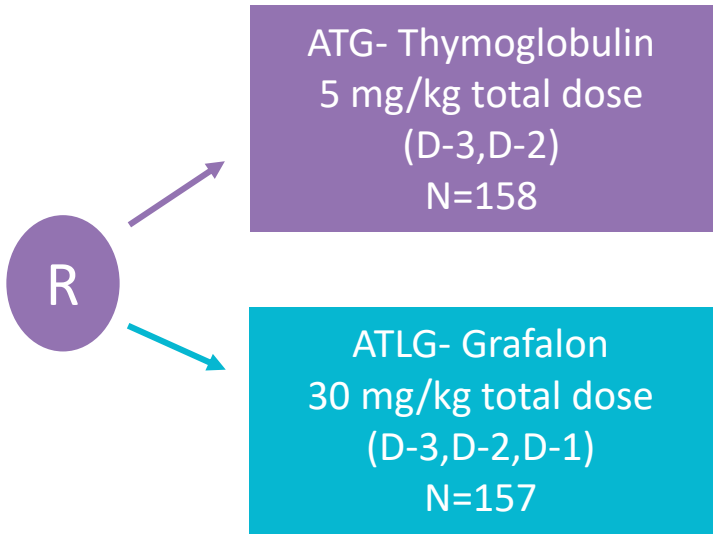


Optimization of GVHD Prophylaxis

ATG / HLA id

- AML CR1
- Age: 50–70 years
- HLA 10/10 MUD
- FT-RIC



Primary Endpoint

Day 100 incidence of grade II-IV acute GVHD

Rubio, SFGMTC

Optimization of GVHD Prophylaxis

ATG / HLA id

- AML CR1
- Age: 50–70 years
- HLA 10/10 MUD
- FT-RIC

R

- ATG- Thymoglobulin 5 mg/kg total dose (D-3,D-2) N=158
- ATLG- Grafalon 30 mg/kg total dose (D-3,D-2,D-1) N=157

Primary Endpoint

Day 100 incidence of grade II-IV acute GVHD

neovii

medac

Rubio, SFGMTC

PT-Cy / Haplo

R

- **PT-Cy 35 mg/kg/d d+3/+4** N = 72
- **PT-Cy 50 mg/kg/d d+3/+4** N = 72

Primary Endpoint

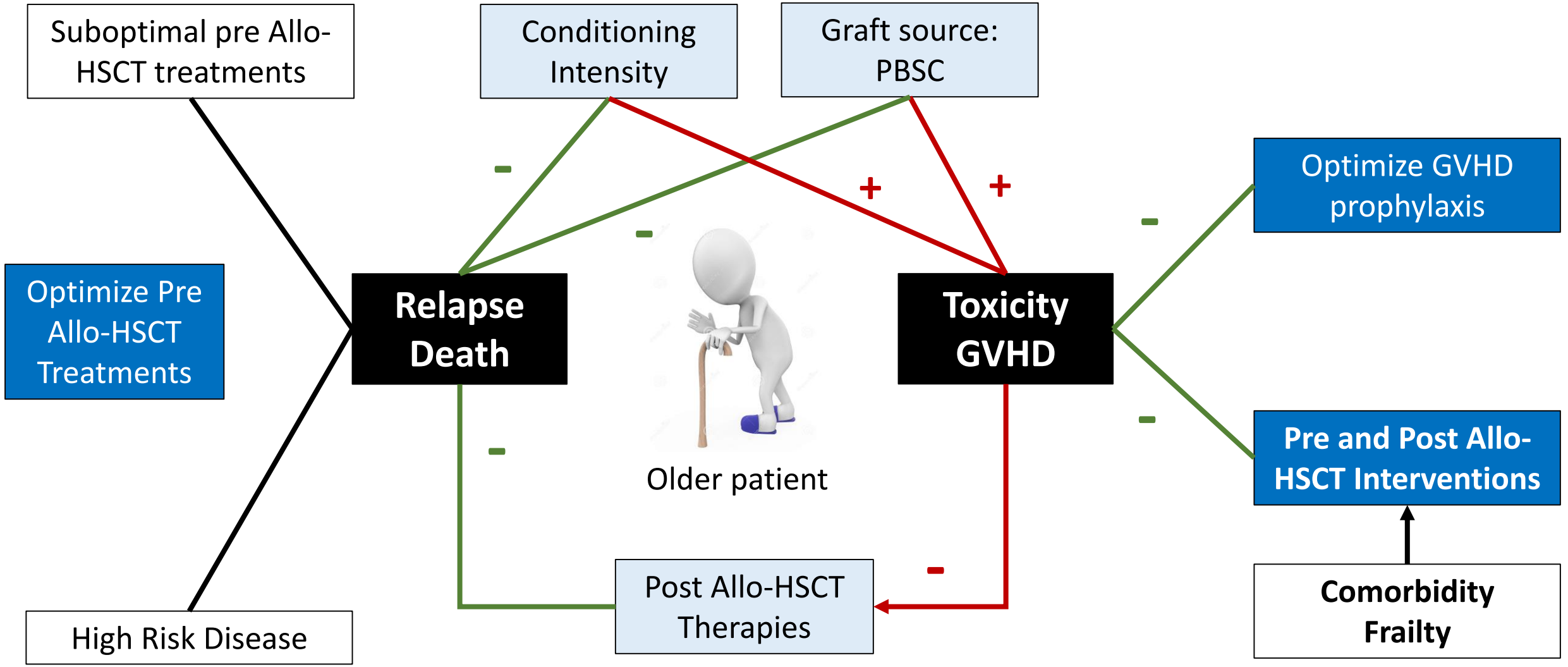
GRFES at 2 years

- Hematological cancer
- Adult patient
- Haplo-SCT with PT-Cy

Dulery, SFGMTC

Hôpitaux Universitaires Est Parisien SAINT-ANTOINE

Allo-HSCT for older patients: issues, tools and perspectives



The Issue of Predictive Scores in Older Patients

Poor Predictive Value of Conventional Scores in Older Patients

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Single center experience

	TRM		*OS*	
	HR (CI)	P-*value*	*HR (CI)*	P-*value*
HCT-CI score				
0–2	1	0.98	1	0.2
⩾3	0.98 (0.37–2.58)	—	0.6 (0.2–1.5)	—
Karnofsky				
>80%	1	0.55	1	0.6
⩽80%	0.74	—	0.8	—
PAM score				
⩽16	1	0.08	1	0.2
17–23	0.69 (0.13–3.72)	—	0.9 (0.2–4)	—
24–30	0.2 (0.02–2.43)	—	0.4 (0.1–3.1)	—
⩾31	4.2 (0.72–24.35)	—	4 (0.3–45.3)	—
EBMT score				
2–3	1	0.14	1	0.5
4–5	0.44 (0.14–1.32)	—	0.8 (0.3–1.8)	—

Castagna BMT 2011

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Poor Predictive Value of Conventional Scores in Older Patients

Single center experience

	TRM		*OS*	
	HR (CI)	P-*value*	*HR (CI)*	P-*value*
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⩾3	0.98 (0.37–2.58)	—	0.6 (0.2–1.5)	—
Karnofsky				
>80%	1	0.55	1	0.6
⩽80%	0.74	—	0.8	—
PAM score				
⩽16	1	0.08	1	0.2
17–23	0.69 (0.13–3.72)	—	0.9 (0.2–4)	—
24–30	0.2 (0.02–2.43)	—	0.4 (0.1–3.1)	—
⩾31	4.2 (0.72–24.35)	—	4 (0.3–45.3)	—
EBMT score				
2–3	1	0.14	1	0.5
4–5	0.44 (0.14–1.32)	—	0.8 (0.3–1.8)	—

Castagna BMT 2011

Phase II prospective trial

	N	NRM	*P*
Age			
< 60 years	33	12%	0.650
≥ 60 years	42	17%	
Karnofsky index			
90-100	48	7%	0.020
≤ 80	19	26%	
HCT-CI[15]			
0-2	26	20%	0.514
≥ 3	47	13%	

Blaise Haem 2015

The Issue of Predictive Scores in Older Patients

Poor Predictive Value of Conventional Scores in Older Patients

Haploidentical transplantation using posttransplant cyclophosphamide as GVHD prophylaxis in patients over age 70

HCT-CI score					
0–2	1	0.9	33	12%	0.650
⩾3	0.98 (0.37–2.58)		42	17%	
Karnofsky					
>80%	1	0.5			
⩽80%	0.74		48	7%	0.020
PAM score					
⩽16	1	0.0			
17–23	0.69 (0.13–3.72)		19	26%	
24–30	0.2 (0.02–2.43)				
⩾31	4.2 (0.72–24.35)				
EBMT score					
2–3	1	0.1	26	20%	0.514
4–5	0.44 (0.14–1.32)		47	13%	

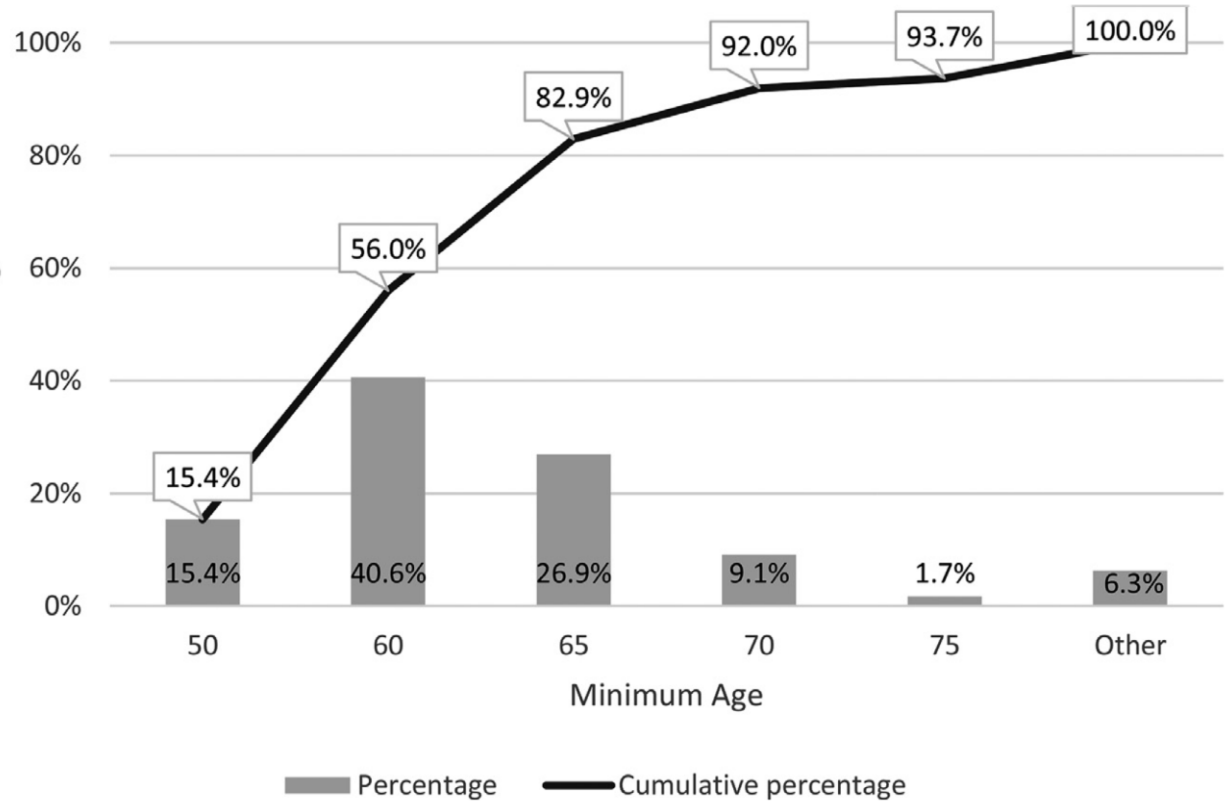
	NRM	
Univariate	**SDHR (95% CI)**	***P***
Patient age (per 1 y)	1.17 (0.98-1.31)	.09
DRI		
Low	0.35 (0.05-2.28)	.27
Intermediate	1	
High/very high	0.27 (0.04-2.04)	.20
HCT-CI score		
0 (low)	1	
1-2 (intermediate)	0.66 (0.26-1.66)	.38
⩾3 (high)	0.76 (0.29-1.99)	.58

Castagna BM

Imus Blood Adv 2019

The need of standardized evaluation tools : Geriatric assessment ?

Need of standardized toolkit to evaluate Allo-HSCT candidacy



Mishra TCT 2021

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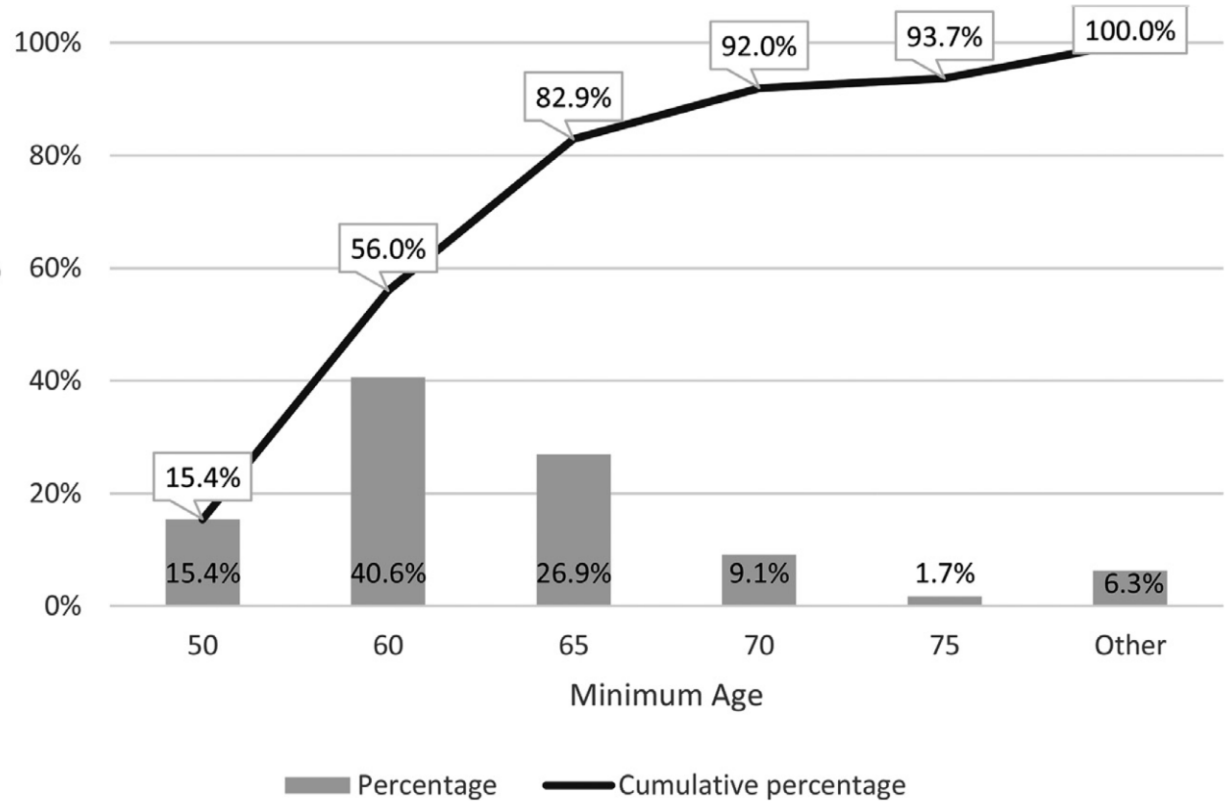
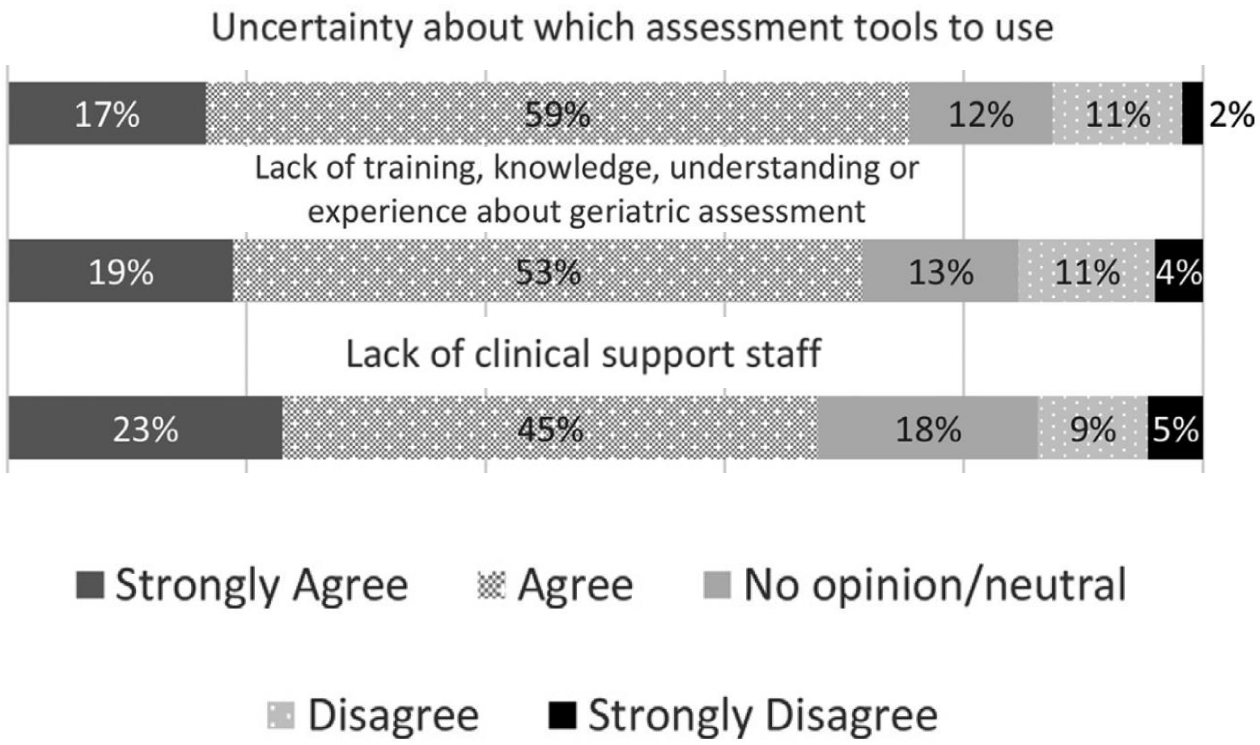


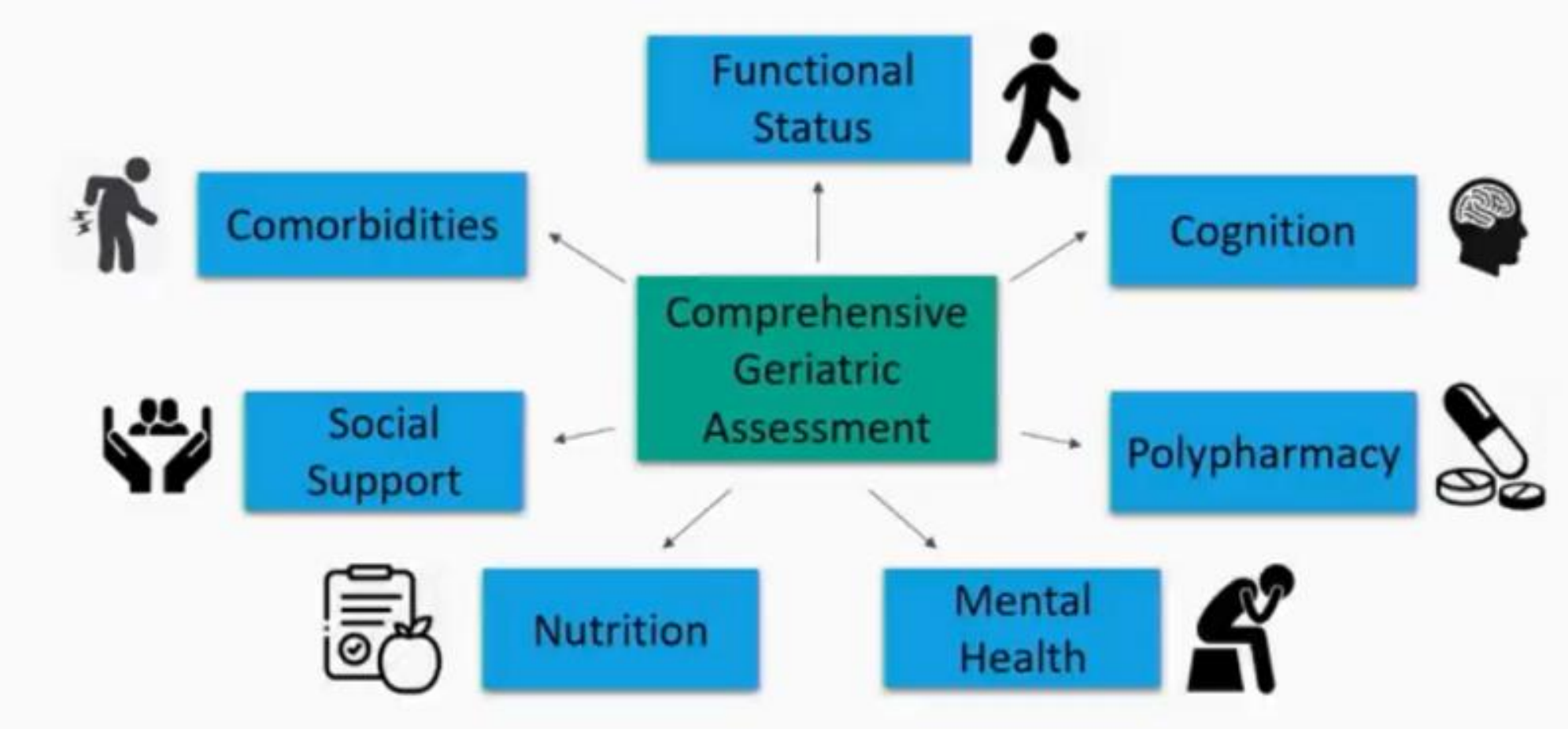
Barriers to Geriatric Assessment in patients older than 60 years



Mishra TCT 2021

Geriatric Assessment (GA)

Domains of Geriatric Assessment

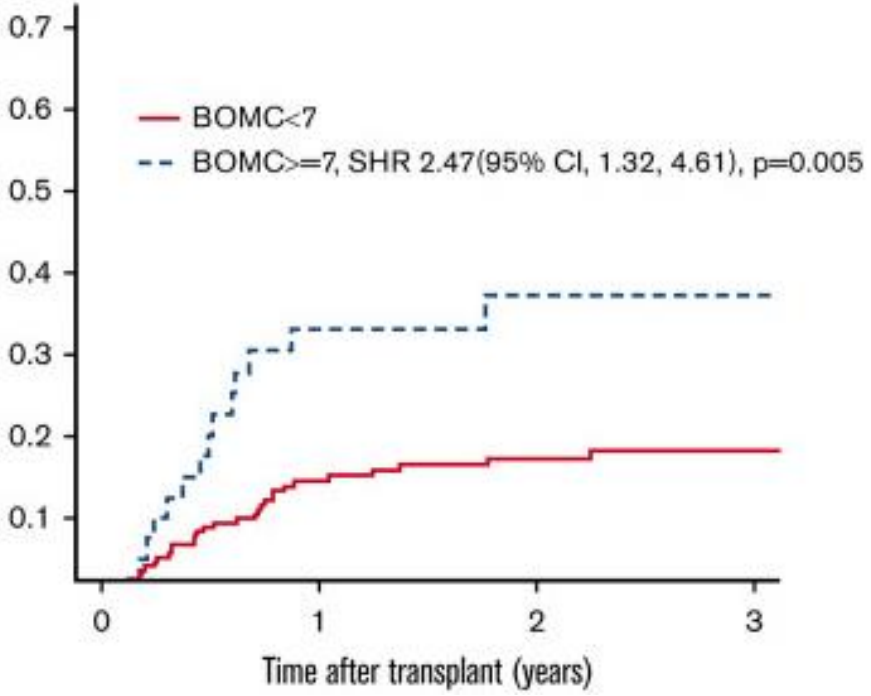


Olin R, TCT Tandem Meeting 2023

Geriatric Assessment (GA) : Prediction

Prediction of NRM according to GA metrics

Cognition



Olin Blood Adv 2020

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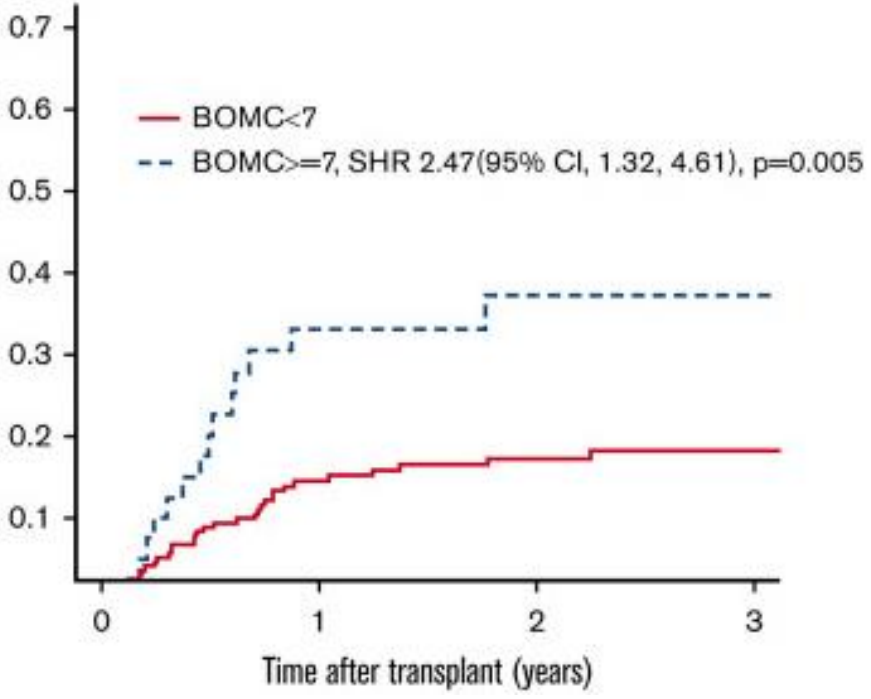
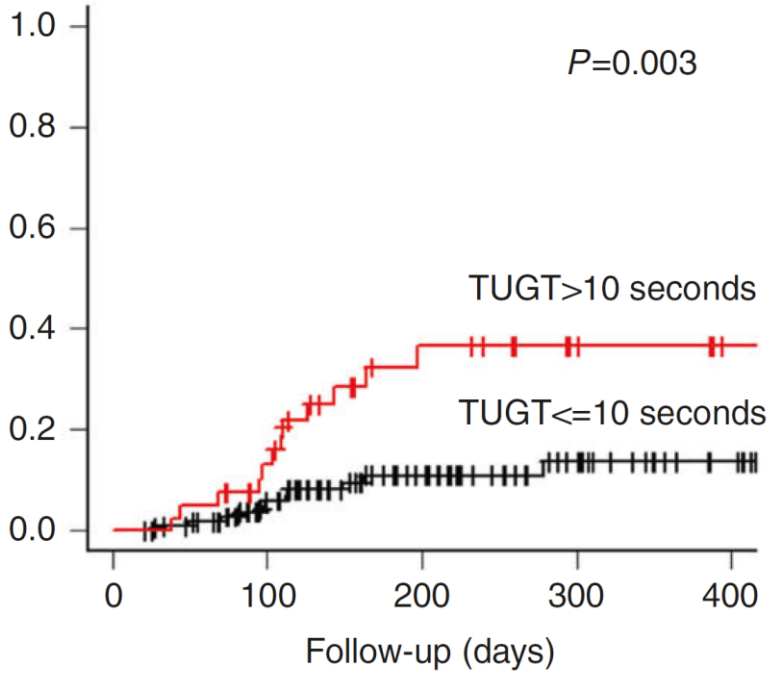


Olin Blood Adv 2020

Physical function



Salas BMT 2021

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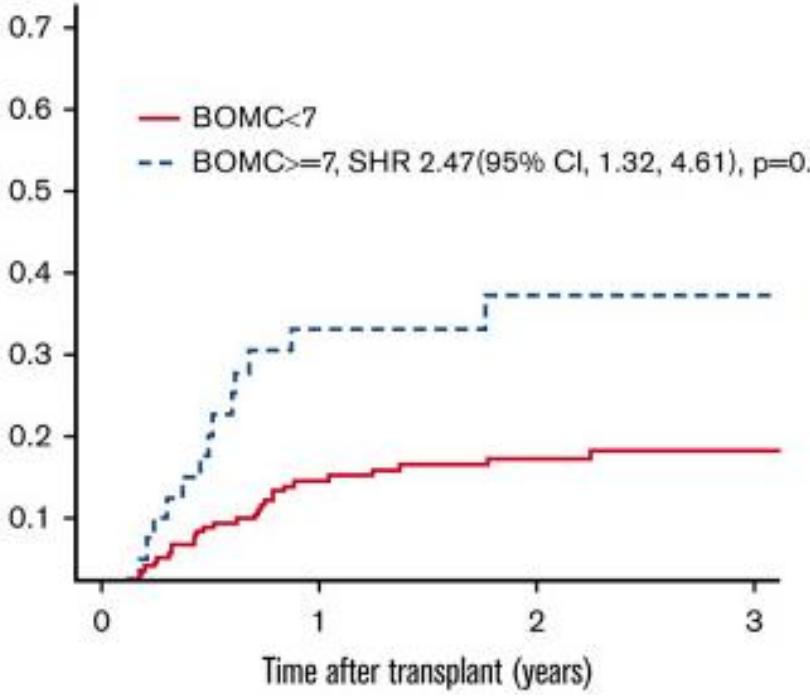

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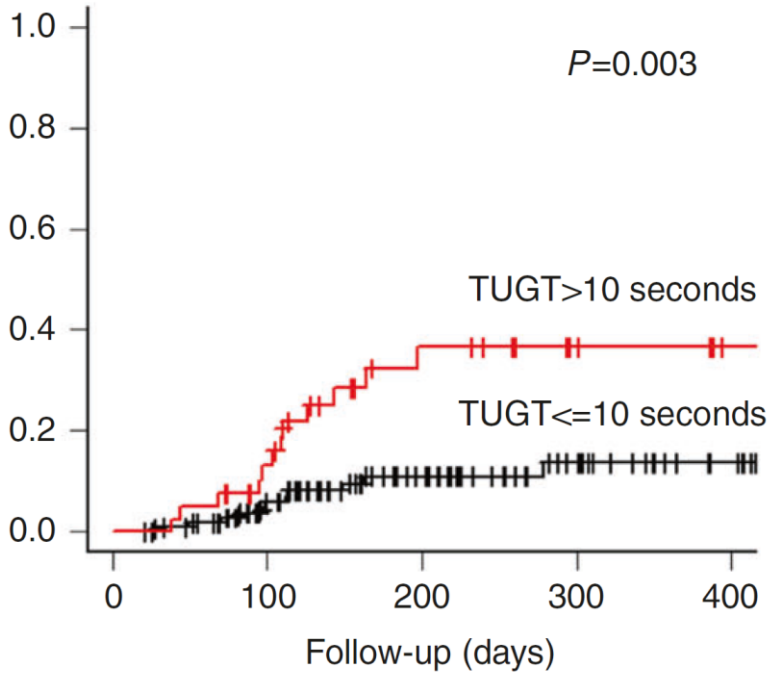
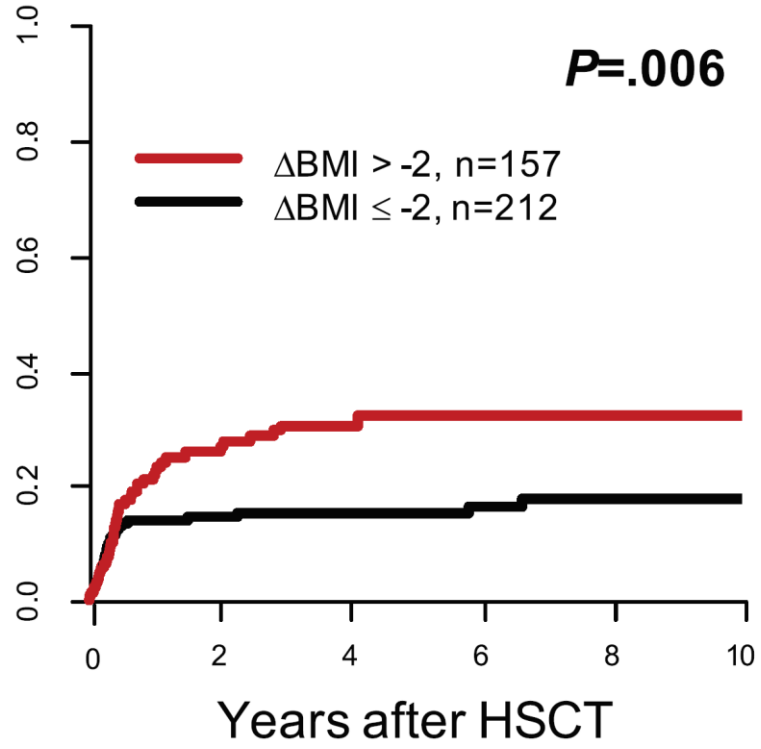
Physical function



Salas BMT 2021

Nutrition

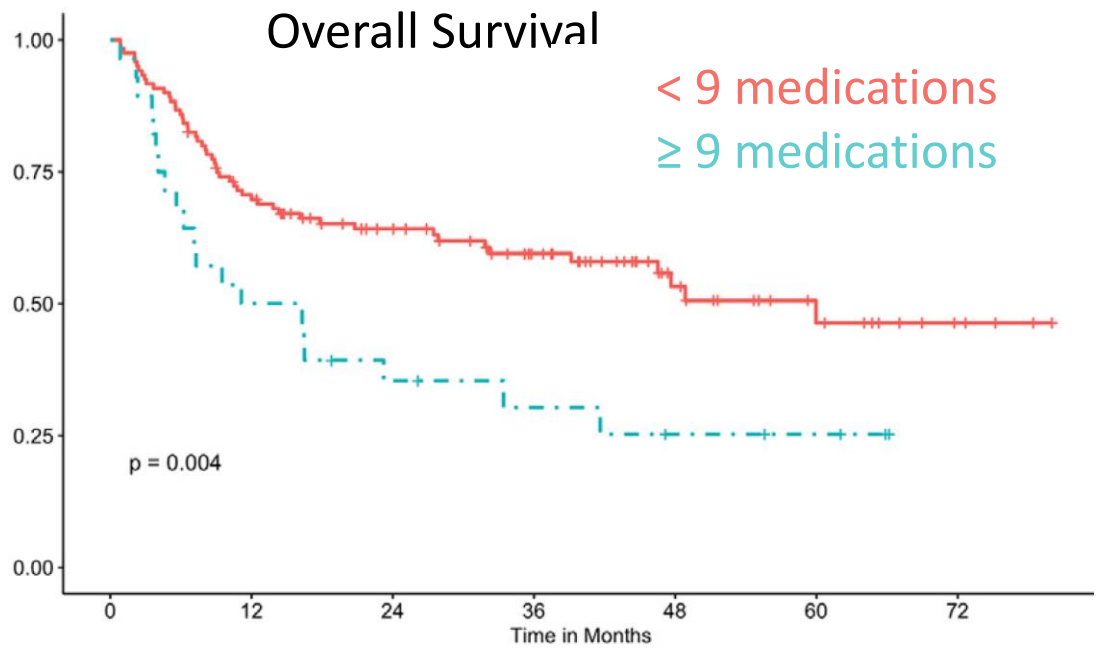


Brauer Hemasph 2021

Geriatric Assessment (GA) : Prediction

Impact of Polypharmacy Prior to Allogeneic Hematopoietic Stem Cell Transplantation in Older Adults

Matthew Sugidono[1], Mimi Lo[2], Rebecca Young[2], Kimberly Rosario[3], Yoonie Jung[3], Chiung-Yu Huang[4], Ying Sheng[4], Li-Wen Huang[5,6], Rebecca L. Olin[6,7,*]



Sugidono TCT 2021

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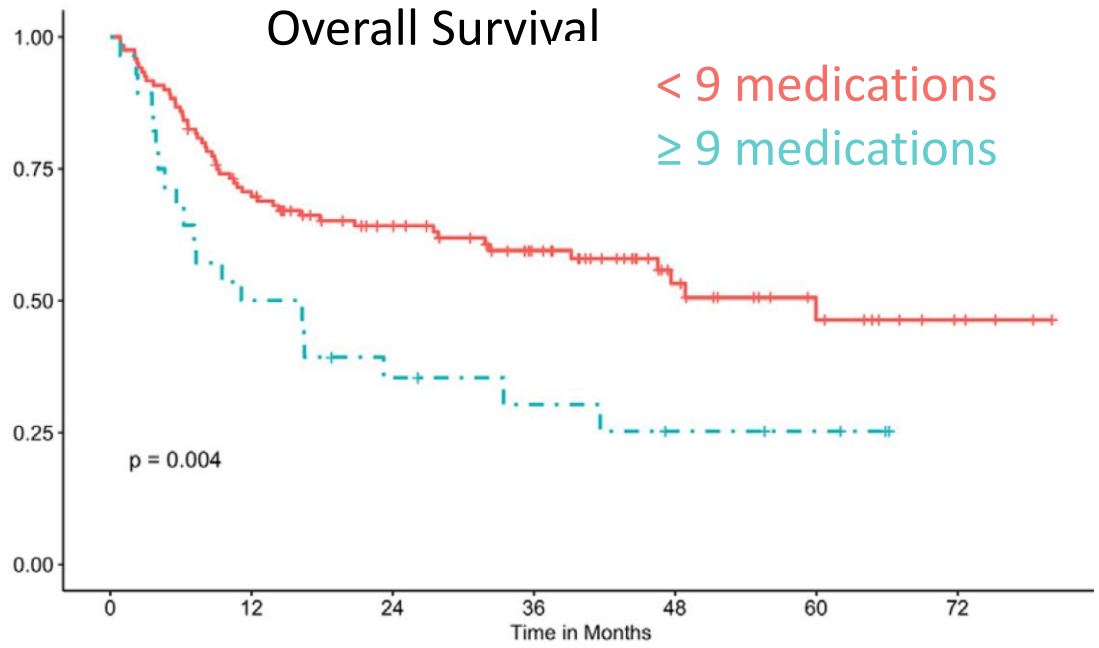


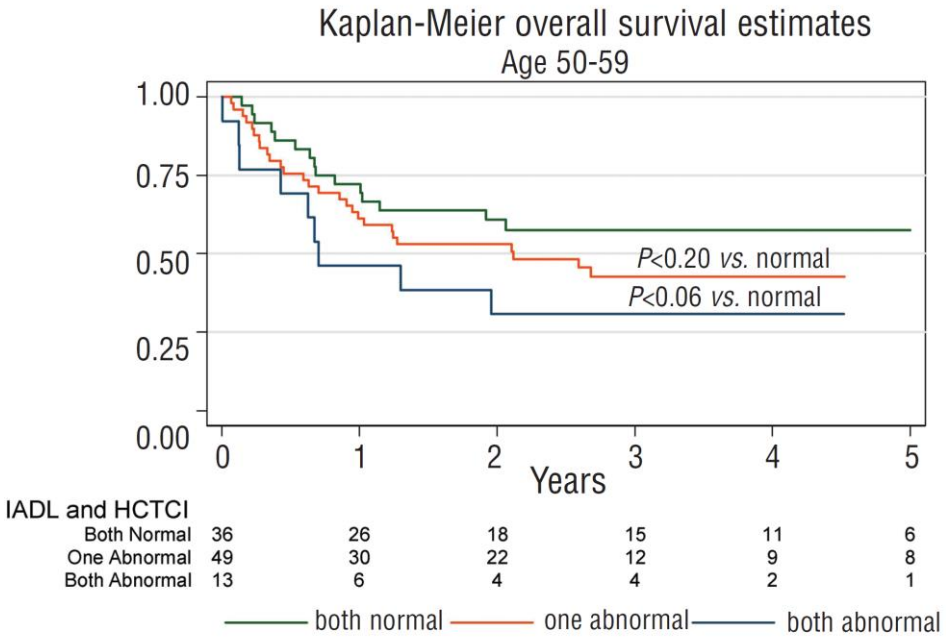
Medication Variables	Adjusted Analysis	
	Effect Size (95% CI)	*p*
Number of all medications	HR, 1.07 (1.01–1.12)	0.02
Number of scheduled medications	HR, 1.08 (1.00–1.15)	0.04
Nine or more scheduled medications	HR, 1.92 (1.11–3.32)	0.02
Number of PIMs	HR, 1.24 (1.00–1.54)	0.05
Number of DDIs	HR, 1.05 (0.99–1.12)	0.12
Number of DDIs (major)	HR, 1.07 (0.92–1.23)	0.38

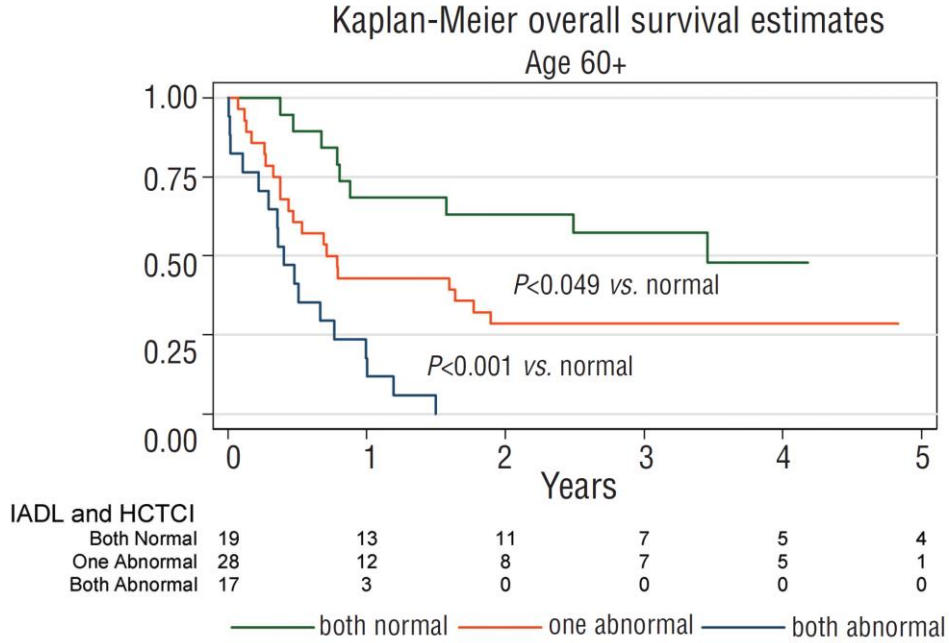
Sugidono TCT 2021

Geriatric Assessment (GA) combined with HCT-CI

Geriatric assessment to predict survival in older allogeneic hematopoietic cell transplantation recipients

Lori S. Muffly,[1] Masha Kocherginsky,[2] Wendy Stock,[1] Quynh Chu,[1] Michael R. Bishop,[1] Lucy A. Godley,[1] Justin Kline,[1] Hongtao Liu,[1] Olatoyosi M. Odenike,[1] Richard A. Larson,[1] Koen van Besien,[3] and Andrew S. Artz[1]





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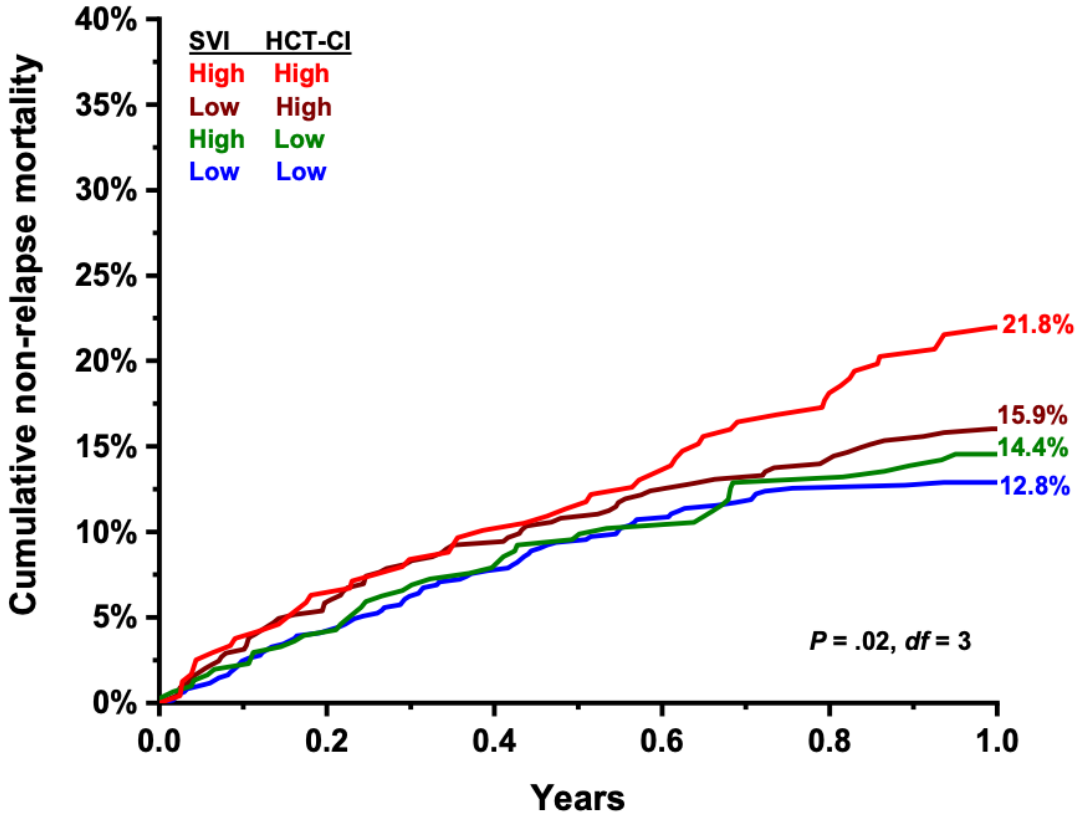
Variable	Total population			50-59 years			60-73 years		
	HR	95% CI	*P*	HR	95% CI	*P*	HR	95% CI	*P*
Main model variables									
Age >60	1.83	1.26-2.65	0.001	–	–	–	–	–	–
HCT-CI ≥3	1.56	1.07-2.28	0.02	1.50	0.88-2.53	0.13	1.72	0.99-2.98	0.05
Active disease at HCT	1.31	0.90-1.90	0.16	1.54	0.92-2.58	0.10	1.27	0.71-2.27	0.42
Myeloablative regimen	1.54	1.02-2.31	0.04	2.14	1.24-3.69	0.01	1.07	0.54-2.10	0.85
GA variables									
IADL impairment	2.38	1.59-3.56	<0.001	1.86	1.07-3.24	0.03	3.25	1.75-6.05	<0.001
Slow walk speed	1.80	1.14-2.83	0.01	1.16	0.60-2.28	0.66	3.27	1.68-6.39	0.001
Reduced mental health	1.67	1.13-2.48	0.01	1.55	0.92-2.62	0.10	1.87	1.01-3.49	0.04
Low albumin	1.52	0.94-2.46	0.09	1.23	0.57-2.63	0.60	2.62	1.26-5.47	0.01
High CRP	2.51	1.54-4.09	<0.001	1.89	0.94-3.79	0.07	3.13	1.52-6.46	0.002

Geriatric Assessment (GA) combined with HCT-CI

Social Vulnerability and Risk of Nonrelapse Mortality After Allogeneic Hematopoietic Cell Transplantation

Rusha Bhandari, MD, MS,[1] Jennifer Berano Teh, MD,[2,4] Tianhui He, MS,[2] Ryotaro Nakamura, MD,[3] Andrew S. Artz, MD, MS,[3] Marta M. Jankowska, PhD,[2] Stephen J. Forman, MD,[3] F. Lennie Wong, PhD,[2] Saro H. Armenian, DO, MPH[2,*]



JNCI J Natl Cancer Inst (2022) 114(11): djac150

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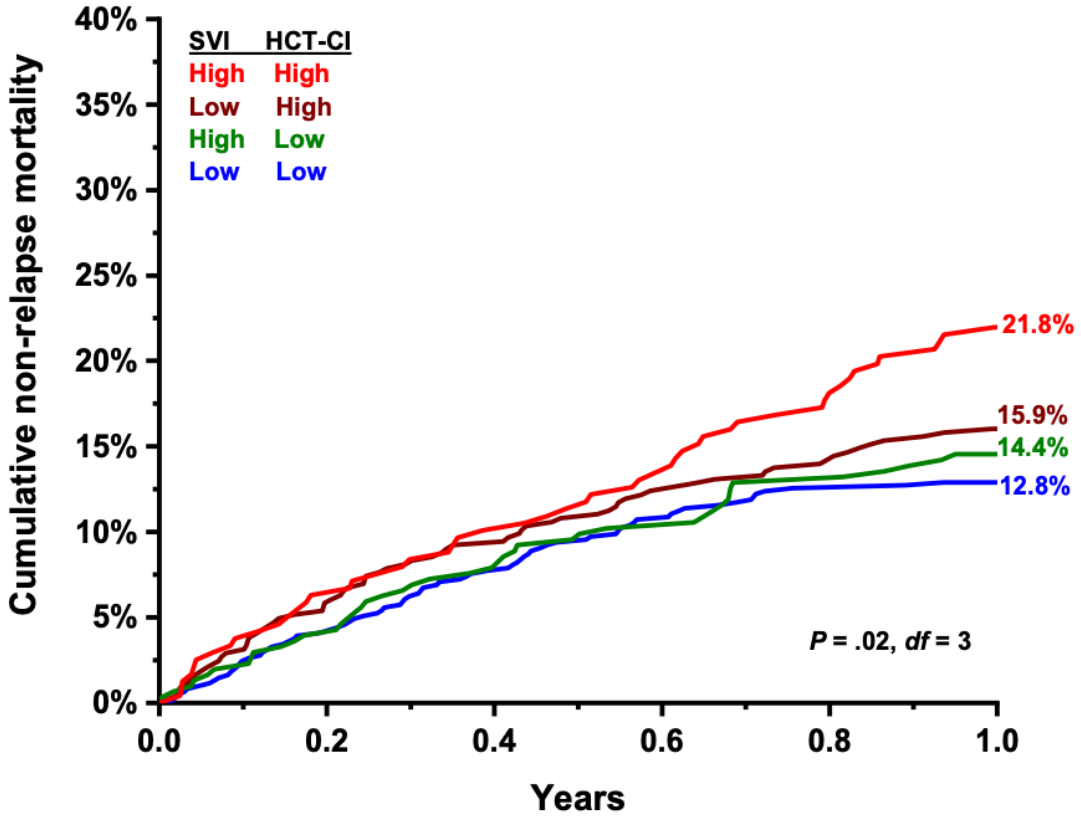
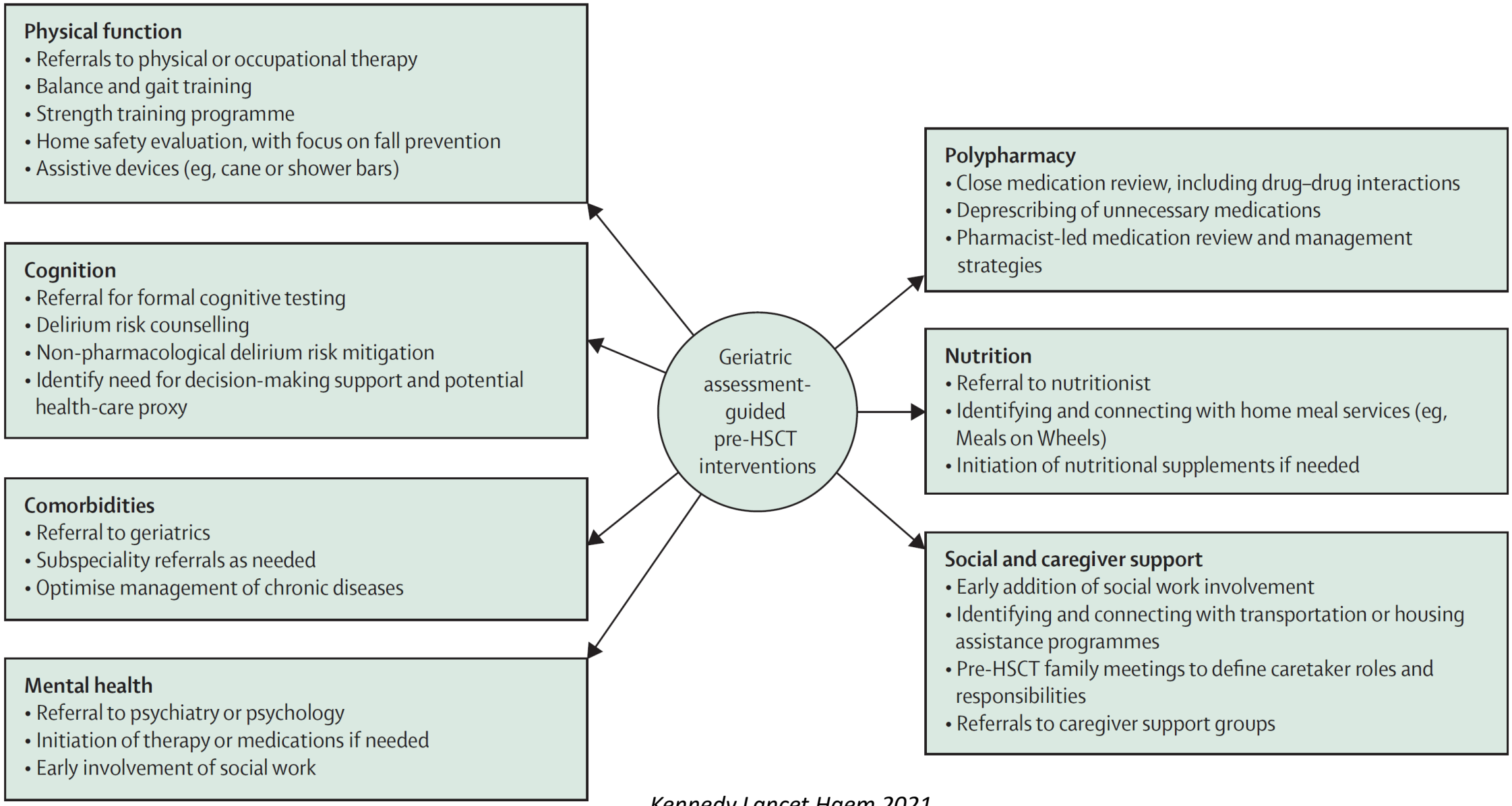


JNCI J Natl Cancer Inst (2022) 114(11): djac150

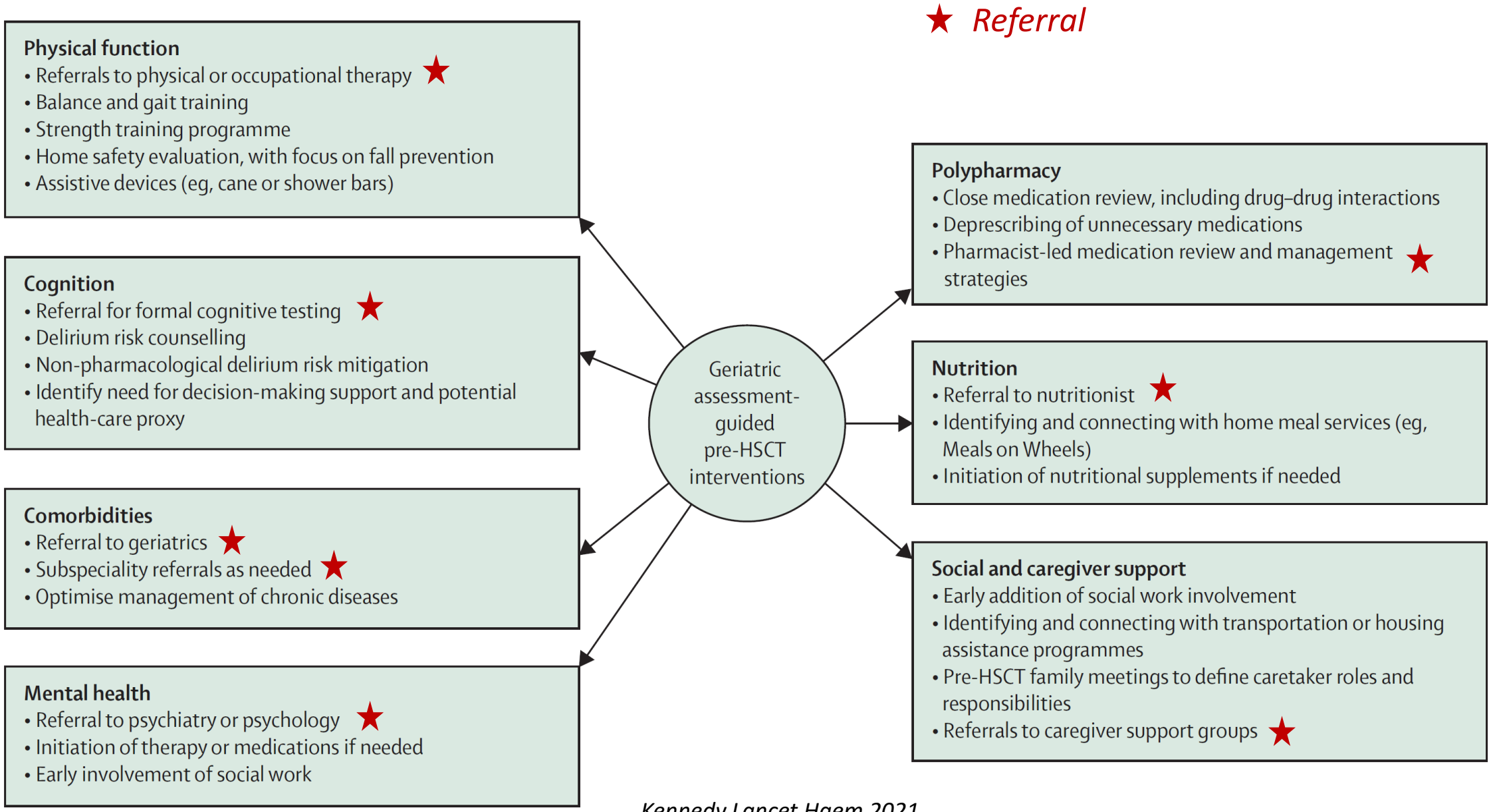
Covariable	sHR (95% CI)	*P*
Age at HCT	1.02 (1.01 to 1.02)	<.001
Relapse risk		
Low	1.00 (Referent)	—[d]
High	1.50 (1.17 to 1.92)	.002
Performance status	0.97 (0.96 to 0.99)	<.001
HCT-CI score	1.09 (1.03 to 1.15)	.006
HLA match		
Matched	1.00 (Referent)	—[d]
Haploidentical	1.92 (1.38 to 2.67)	<.001
Mismatched	1.48 (1.06 to 2.07)	.02
SVI overall (highest tertile)[b,c]	1.36 (1.04 to 1.78)	.02
SVI socioeconomic status (highest tertile)[b,c]	1.39 (1.06 to 1.81)	.02
SVI household composition and disability (highest tertile)[b,c]	1.31 (1.01 to 1.69)	.04
SVI minority status and language (highest tertile)[b,c]	1.33 (1.02 to 1.75)	.04
SVI housing and transportation (highest tertile)[b,c]	1.26 (0.97 to 1.63)	.09

Geriatric Assessment guided pre-HSCT interventions



Kennedy Lancet Haem 2021

Geriatric Assessment guided pre-HSCT interventions



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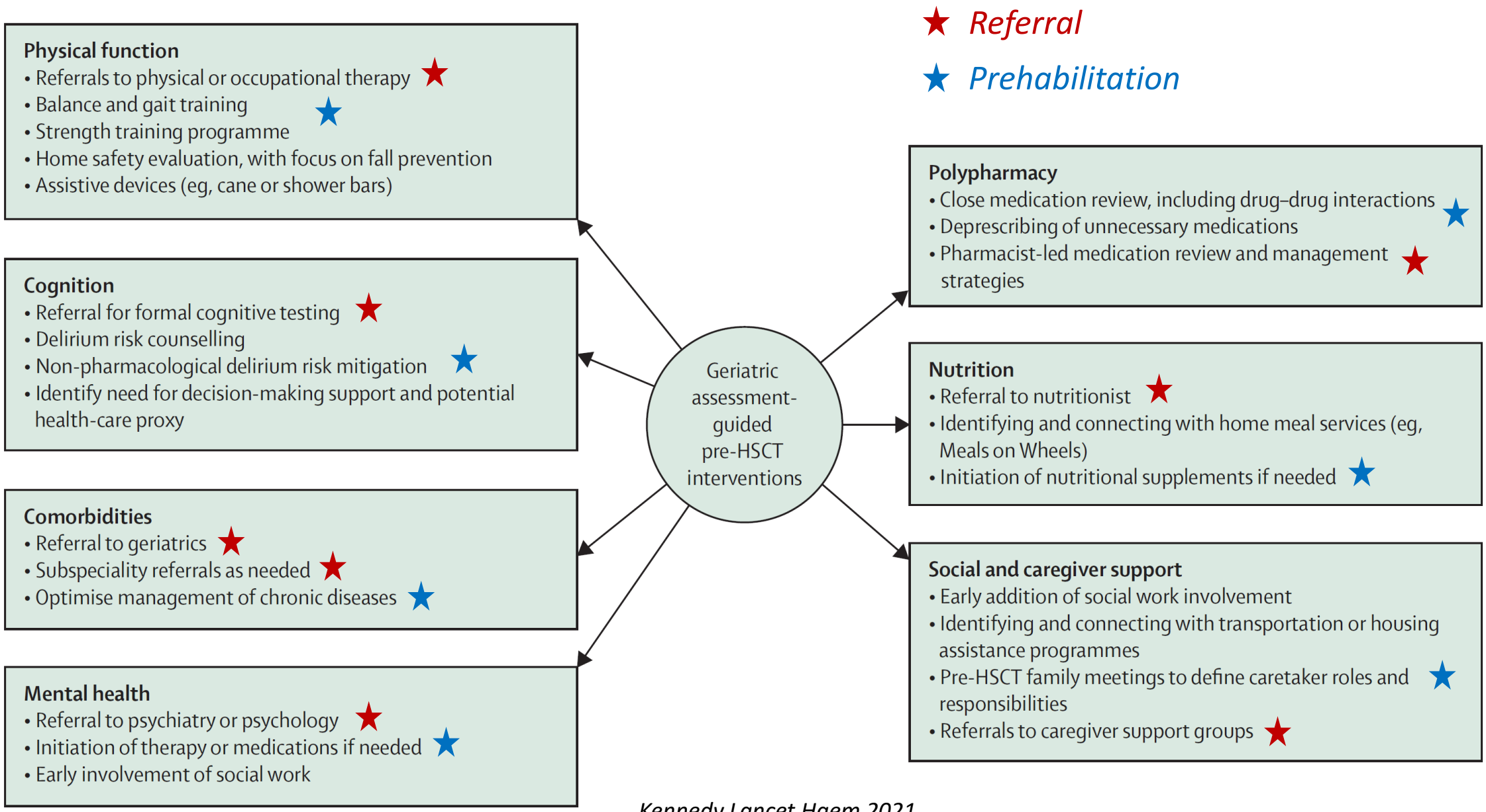

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Geriatric Assessment guided pre-HSCT interventions

Enhanced Recovery Stem-Cell Transplantation: Multidisciplinary Efforts to Improve Outcomes in Older Adults Undergoing Hematopoietic Stem-Cell Transplant

An Ngo-Huang, DO[1]; Rachel Ombres, MD[2]; Rima M. Saliba, PhD[3]; Nicholas Szewczyk, APN-C[3]; LaToya Adekoya, MOT[4]; Tacara N. Soones, MD[2]; Jill Ferguson, PharmD[5]; Rhodora C. Fontillas, DPT[4]; Alison M. Gulbis, PharmD[5]; Chitra Hosing, MD[3]; Partow Kebriaei, MD[3]; Richard Lindsay, PA-C[3]; David C. Marin, MD[3]; Rohtesh S. Mehta, MD[3]; Amin M. Alousi, MD[3]; Samer Srour, MD[3]; Betul Oran, MD[3]; Amanda L. Olson, MD[3]; Muzaffar H. Qazilbash, MD[3]; Zandra Rivera, APN-BC[3]; Richard E. Champlin, MD[3]; Elizabeth J. Shpall, MD[3]; and Uday R. Popat, MD[3]

JCO® Oncology Practice

MD Anderson Cancer Center

Prehabilitation	Geriatric assessment	Nutritional optimization	Pharmacological management	Nursing support
PM&R / PT / OT Medical oversight of prehabilitation needs Manage mobility concerns/barriers Optimize physical function, cognition, routines, sleep, and fatigue	Geriatrician Identify and manage geriatric syndromes and comorbidities Advance care planning	Clinical dietitian Diagnose, risk-stratify and manage malnutrition Maintain adequate nutrition	Clinical pharmacist Polypharmacy review Optimize meds and fluids	Inpatient nursing team Delirium screen Fall risk Functional screening Encourage ambulation

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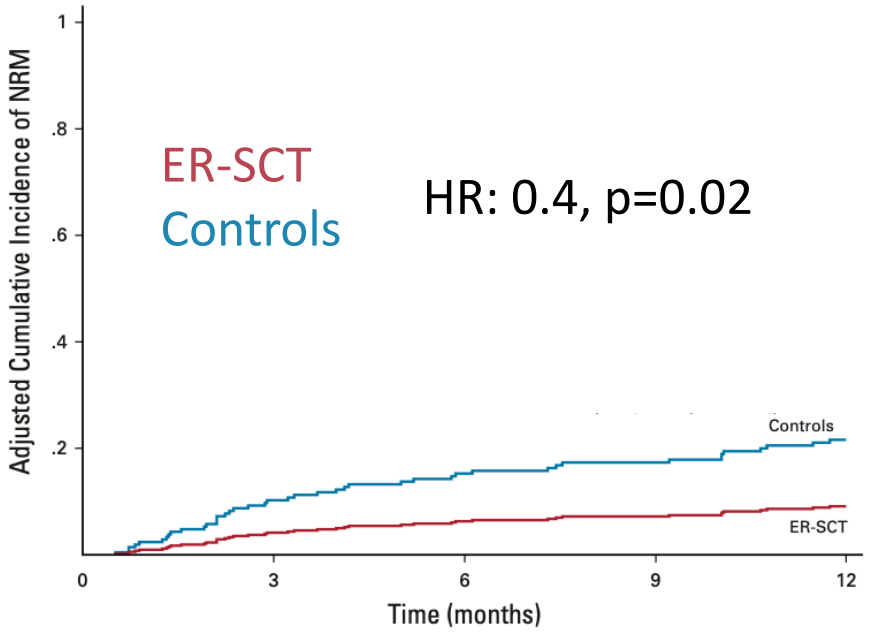
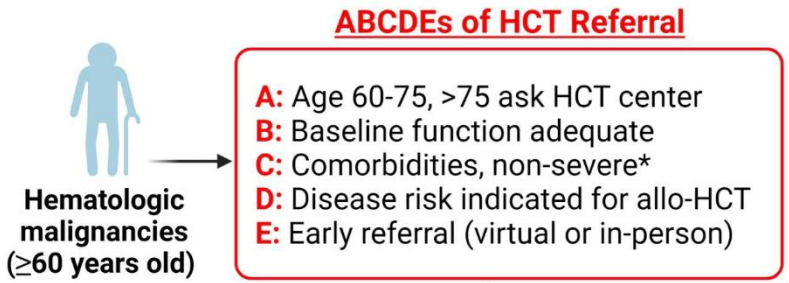


ER-SCT
Controls

HR: 0.4, p=0.02

A Specific Allo-HSCT Strategy To Solve the Puzzle



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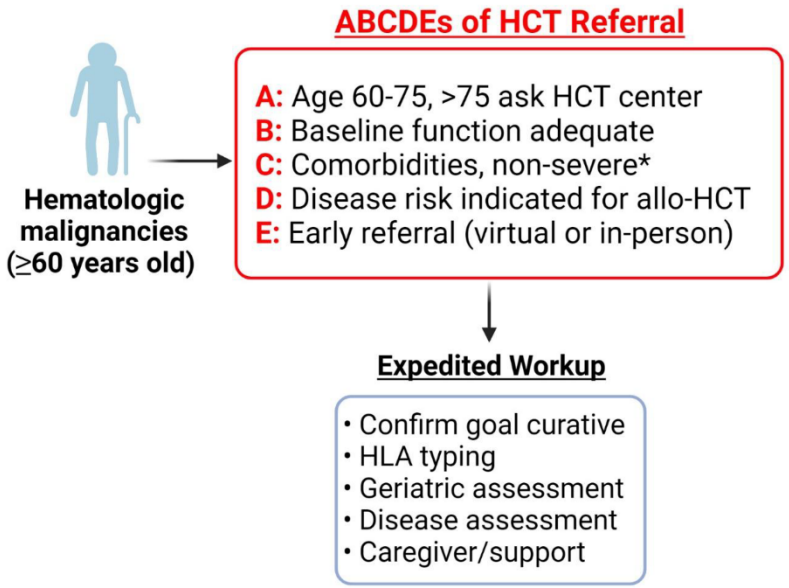

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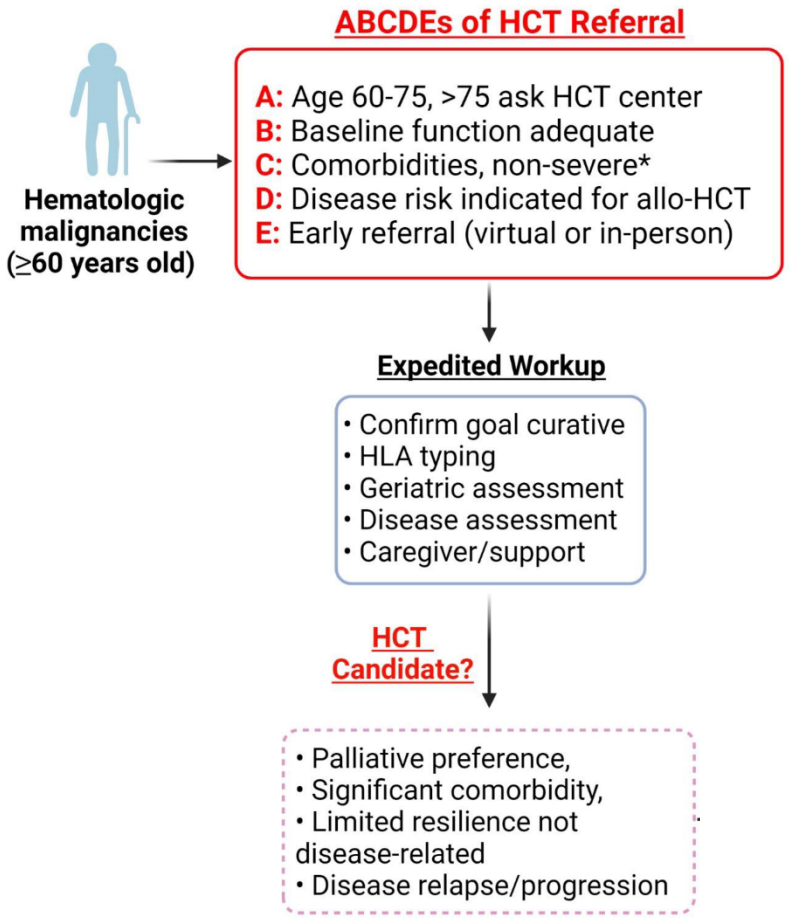

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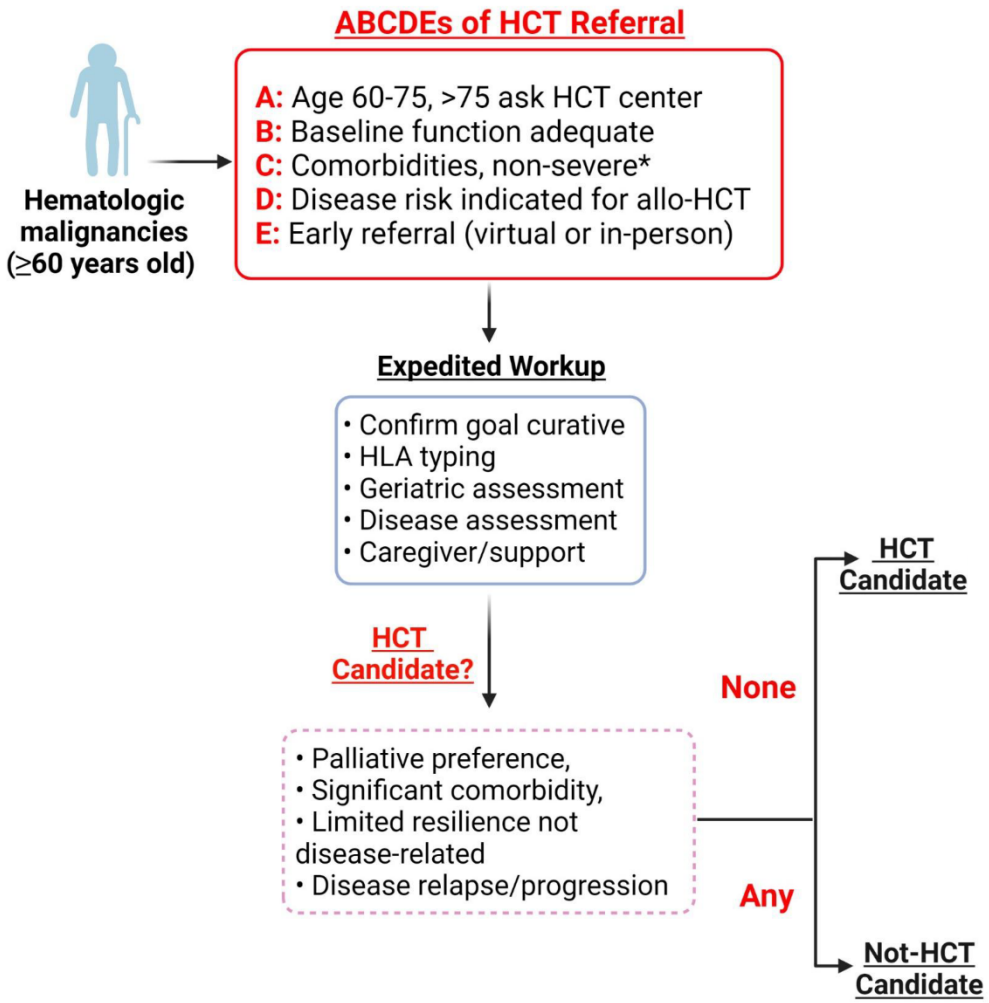

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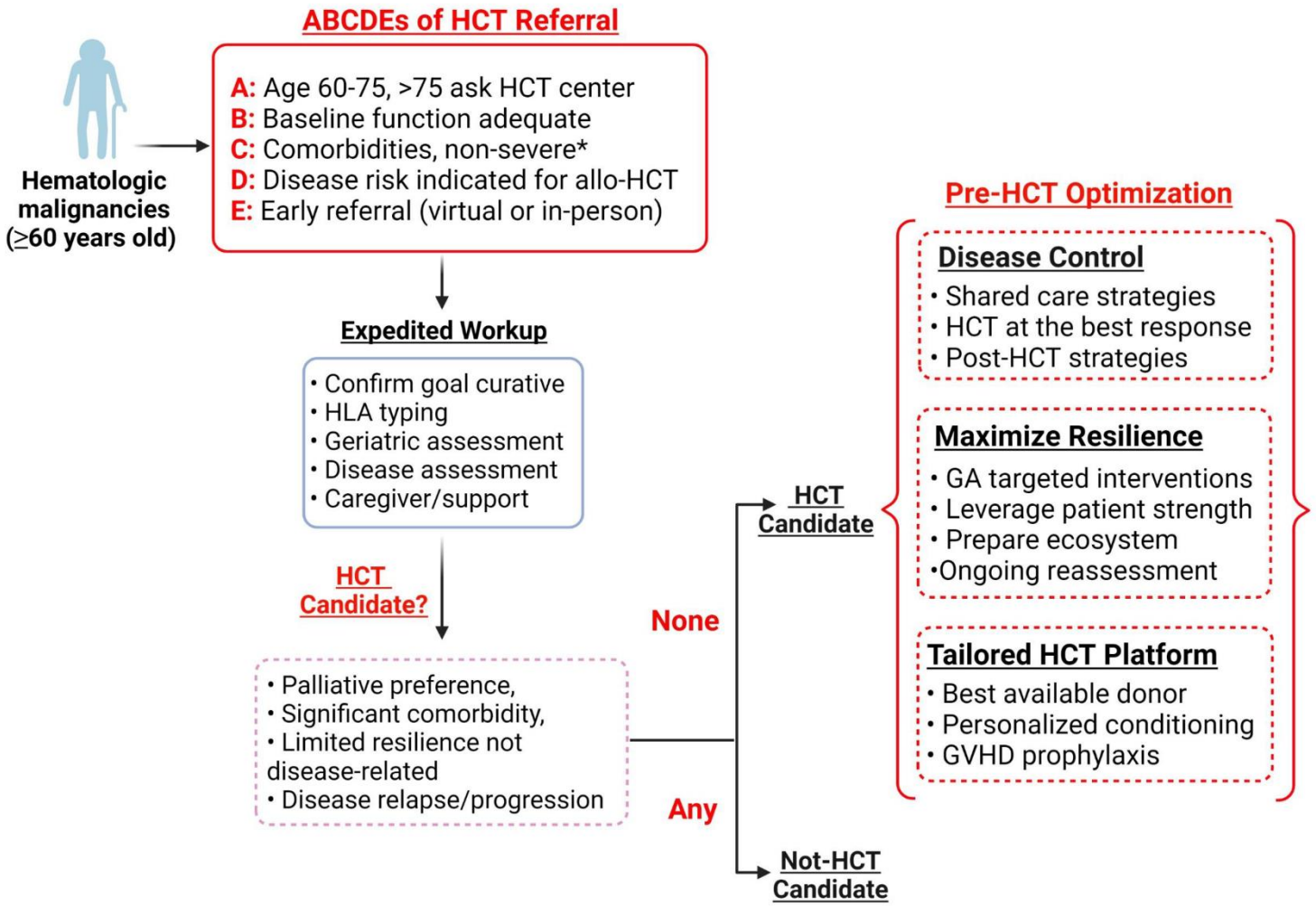

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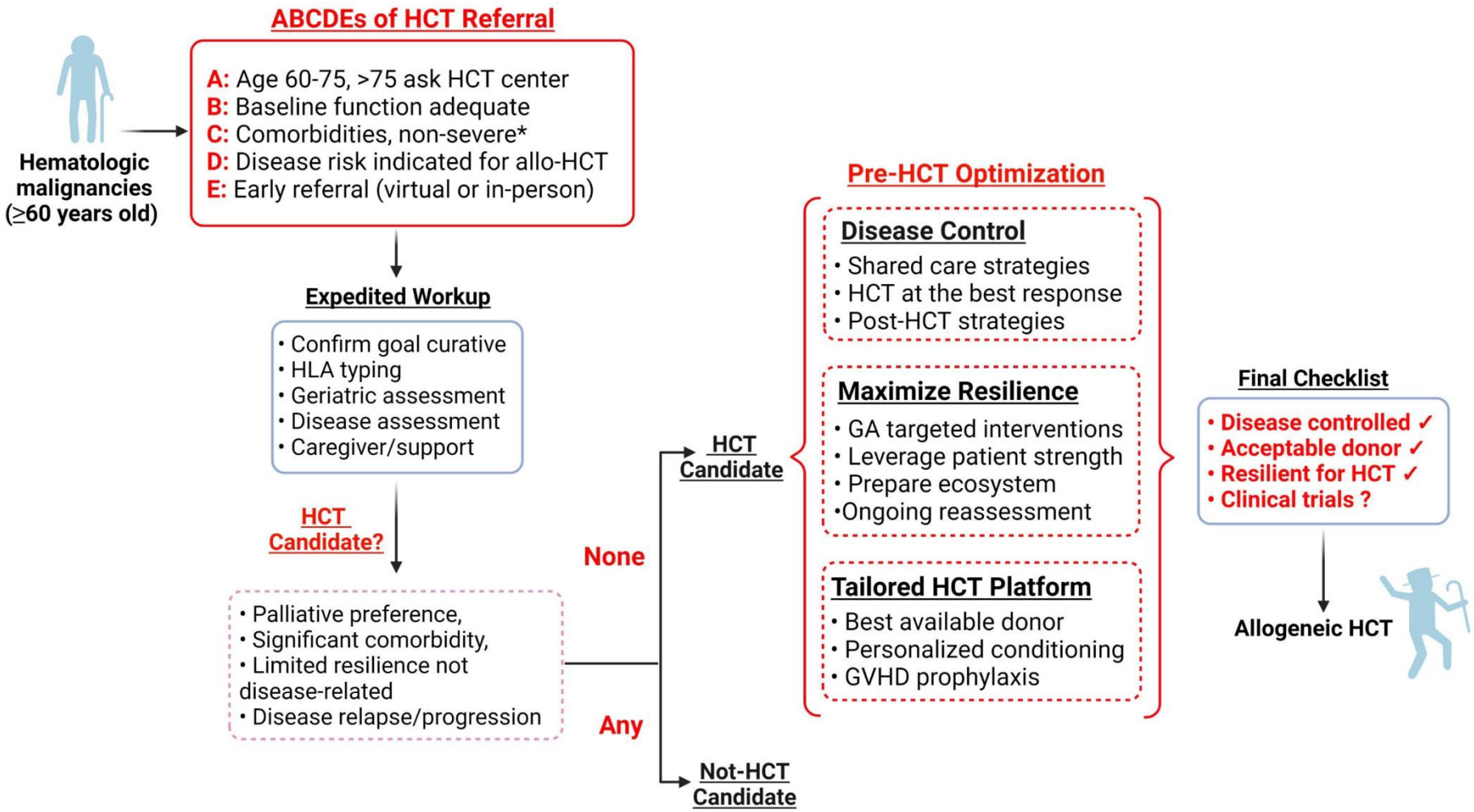

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Conclusions

1. No Chronological Age Limit

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2. Relapse is the main cause of death after Allo-HSCT

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3. Tailored Allo-HSCT platform = Personalized Approach

Conclusions

1. No Chronological Age Limit
2. Relapse is the main cause of death after Allo-HSCT
3. Tailored Allo-HSCT platform = Personalized Approach
    - Need of standardized geriatric assessment and Prehabilitation
    - Low early toxicity
    - Rehabilitation and supportive cares
    - Early post transplantation maintenance therapy

Acknowledgments

Transplant Program
- D Blaise
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- A Le Berrigaud
- J Nicolas

Cellular Therapy Unit
- C Chabannon
- C Lemarie
- B Calmels

Leukemia Unit
- N Vey
- A Charbonnier
- J Rey
- E D'Incan
- B Mohty
- C Saillard
- MA Hospital
- Y Hicheri
- S Garciaz
- V Maisano

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- D Olive
- J Nunes
- AS Chretien
- N Salem

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- A Ittel
- V Gelsi Boyer
- A Murati
- AC Lhoumeau
- AS Alary