¿Qué novedades nos trajo el 2024 en Linfomas?

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WOMEN in LYMPHOMA

Declaración de conflictos de interés

CATEGORÍA	
Empleado	No
Consultor	Takeda, BGB
Propiedad accionaria	No
Fondos de investigación	No
Honorarios por conferencia	Roche, Raffo, Janssen, Takeda, AZ, Sandoz, BGB, Abbvie
Formar parte del grupo de oradores	Takeda, Roche, AZ, Sandoz, Janssen, Abbvie
Formar parte del comité asesor	Takeda, Roche, Raffo, AZ, BGB, Abbvie
Fondos para un miembro de mi equipo de trabajo	No
Becas para asistencia a congresos/ actividades científicas formativas	Novartis, Roche, Takeda, Pfizer, Janssen, Abbvie, AZ, Sandoz
Otros	No

Agenda

- LLC/Linfoma Linfocítico
- Linfoma Folicular
- DLBCL
- Linfoma del Manto
- LH
- PTCL

LLC/Linfoma Linfocítico

- Combinaciones iBTK + iBCL2, tratamientos finitos, guiados por MRD en 1L
- Inhibidores no covalentes en enfermedad R/R
- BiTes y CART en enfermedad R/R

Fixed-Duration Acalabrutinib Plus Venetoclax with or without Obinutuzumab Versus Chemoimmunotherapy for First-Line Treatment of Chronic Lymphocytic Leukemia: Interim Analysis of the Multicenter, Open-Label, Randomized, Phase 3 AMPLIFY Trial

TN CLL (N=867)

Key inclusion criteria
- Age ≥18 years
- TN CLL requiring treatment per iwCLL 2018 criteria[1]
- Without del(17p) or *TP53*
- ECOG PS ≤2

Key exclusion criteria
- CIRS-Geriatric >6
- Significant cardiovascular disease

Stratification
- Age (>65 vs ≤65 years)
- IGHV mutational status
- Rai stage (≥3 vs <3)
- Geographic region

AMPLIFY: randomized, multicenter, open-label, Ph 3 trial

RANDOMIZE 1:1:1

- AV (14 cycles)
- AVO (14 cycles)
- FCR/BR[a] (6 cycles)

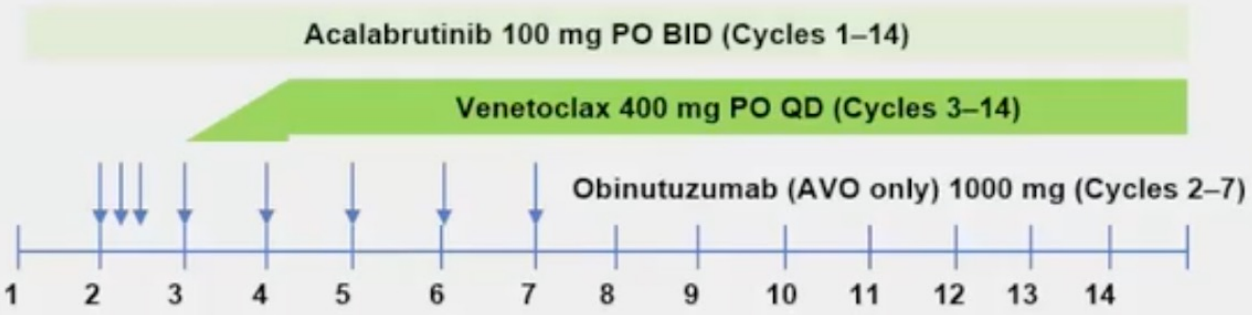
Crossover was not allowed

Primary endpoint: IRC-assessed PFS (AV vs FCR/BR)

If primary endpoint met, secondary endpoints tested in fixed sequential hierarchy:

1) IRC-PFS (AVO vs FCR/BR)
2) uMRD (AV vs FCR/BR)
3) uMRD (AVO vs FCR/BR)
4) OS (AV vs FCR/BR)
5) OS (AVO vs FCR/BR)

AV and AVO dosing schedule



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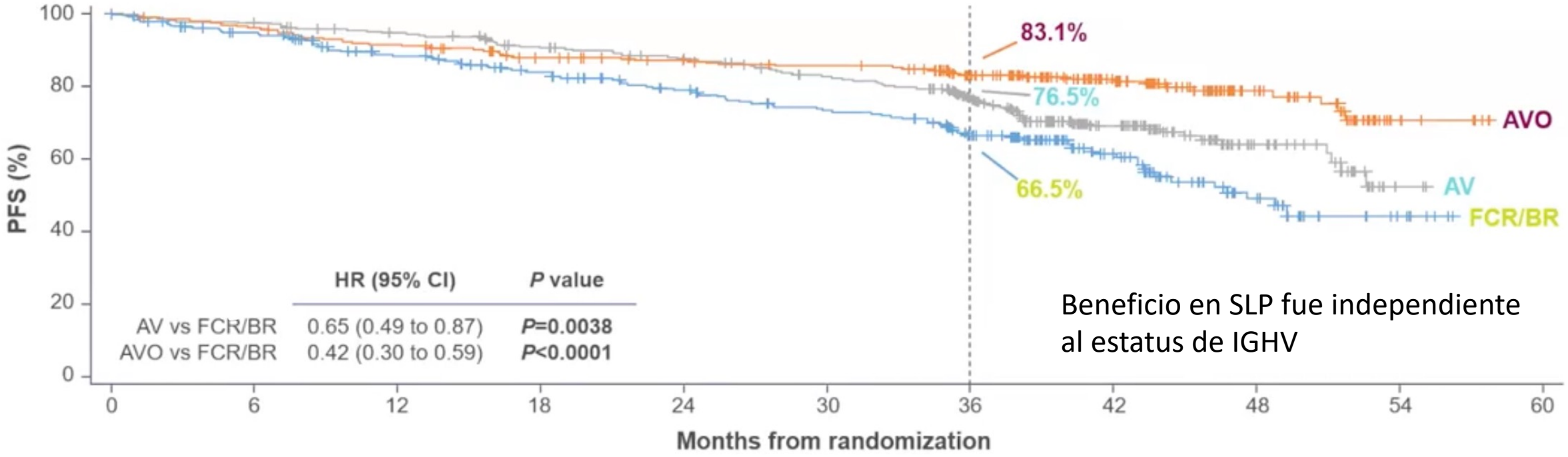


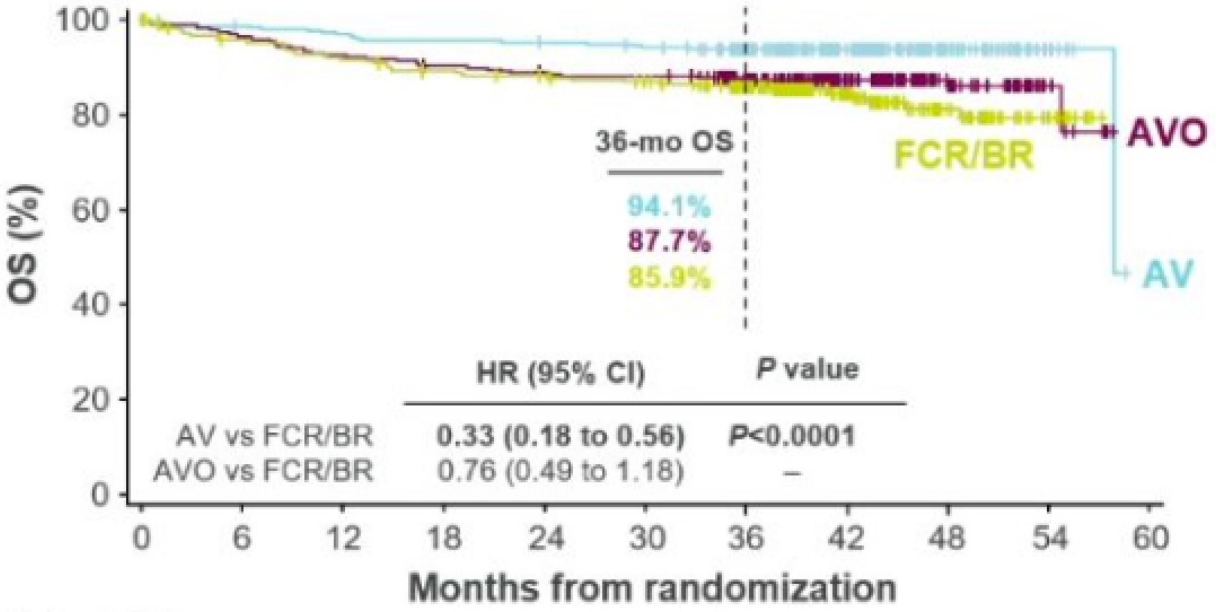
Beneficio en SLP fue independiente al estatus de IGHV

SLP media no alcanzada para AV y AVO y fue 46.7 meses para FCR/BR
Tasas de uMRD ($<10^{-4}$) en sangre periférica al final del tratamiento (pacientes evaluables): 45% (AV), 95% (AVO), 72.9 (FCR/BR)

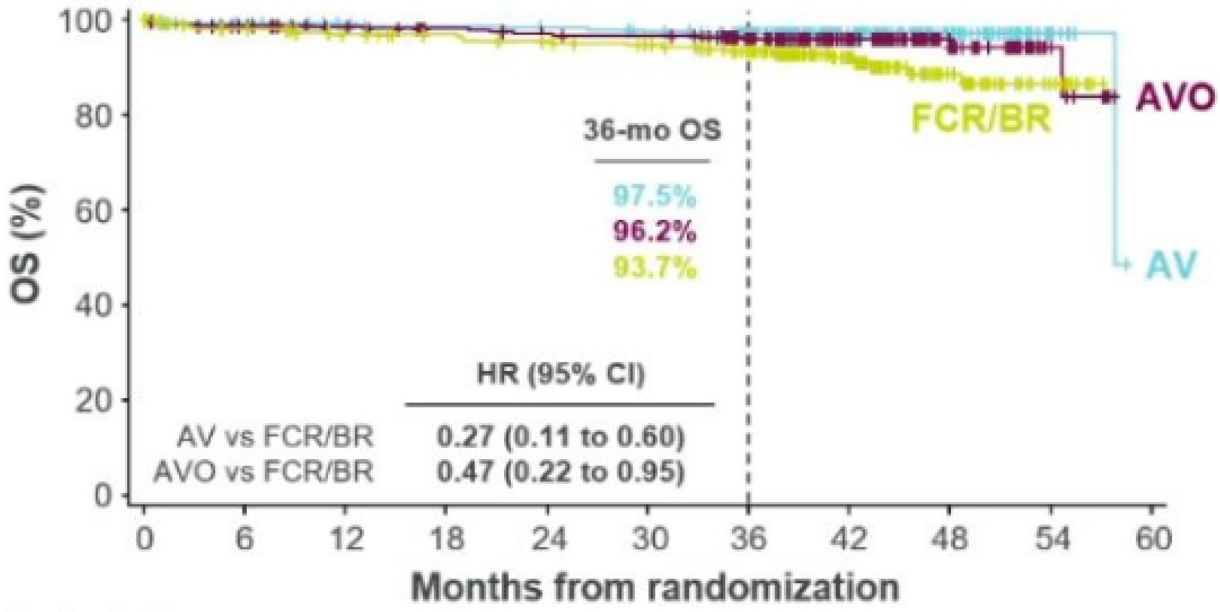
Brown J, et al ASH 2024 P1009

Fixed-Duration Acalabrutinib Plus Venetoclax with or without Obinutuzumab Versus Chemoimmunotherapy for First-Line Treatment of Chronic Lymphocytic Leukemia: Interim Analysis of the Multicenter, Open-Label, Randomized, Phase 3 AMPLIFY Trial

SG prolongada con AV vs FCR/BR



SG prolongada con AV y AVO vs FCR/BR
(Muertes por COVID censuradas)



Muertes por COVID: 10 (AV), 25 (AVO), 21 (FCR/BR)

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AMPLIFY Trial: Seguridad

	AV (n=291)	AVO (n=284)	FCR/BR (n=259)
Duration of exposure, median (range), mo	12.9 (1–18)	12.9 (0–18)	5.6 (1–11)
Summary of AEs			
Any AE	270 (92.8)	269 (94.7)	236 (91.1)
Any AE grade ≥3	156 (53.6)	197 (69.4)	157 (60.6)
Any serious AE	72 (24.7)	109 (38.4)	71 (27.4)
Serious AEs leading to death	10 (3.4)	17 (6.0)	9 (3.5)
AE leading to treatment discontinuation	23 (7.9)	57 (20.1)	28 (10.8)

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First-line venetoclax combinations versus chemoimmunotherapy in fit patients with chronic lymphocytic leukaemia (GAIA/CLL13): 4-year follow-up from a multicentre, open-label, randomised, phase 3 trial

Eligibility

Treatment-naïve, fit patients with CLL, ***no TP53*** aberrations **(centrally screened)**

- **CIT** FCR ≤65y, BR >65y
- **RV** rituximab, venetoclax | FD 12 months
- **GV** obinutuzumab, venetoclax | FD 12 months
- **GIV** obinutuzumab, ibrutinib, venetoclax | 12-36 months

Primary Endpoints

1. **uMRD rate** at MO15
2. **Progression-free survival**

→ Alpha split (0.025 each)

→ 97.5% CI for primary / secondary endpoints

La rama Ven-O-Ibru continuaba ibrutinib según EMR en sangre periférica

Key patient characteristics

Randomized patients (=ITT population): **n=296**

Median age:	**61 years** (range: 27-84)
Median CIRS score:	**2** (range: 0-7)
Unmutated IGVH:	**56%** of all patients
Complex karyotype:	**17%** of all patients

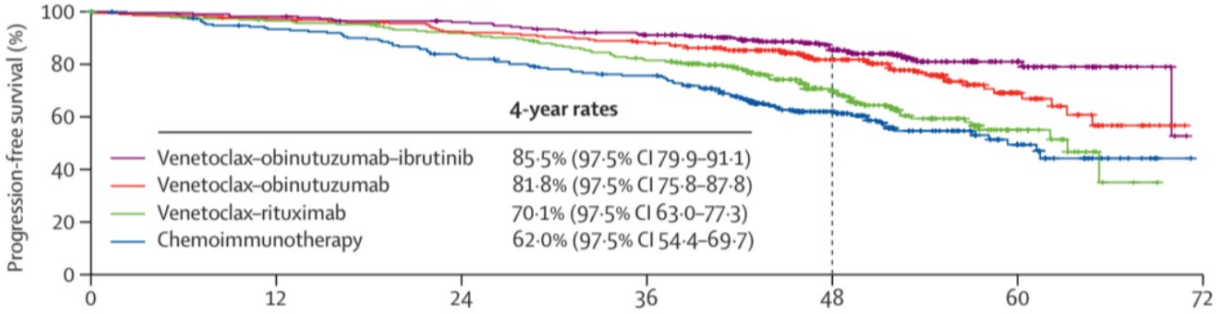
Furstenau M et al. Lancet Oncol. 2024 Jul;25(7):e284

Población con intención de tratar

Venetoclax-obinutuzumab-ibrutinib *vs* chemoimmunotherapy: HR 0·30 (97·5% CI 0·19–0·47), log-rank p<0·0001
Venetoclax-obinutuzumab-ibrutinib *vs* venetoclax-rituximab: HR 0·38 (97·5% CI 0·24–0·59), log-rank p<0·0001
Venetoclax-obinutuzumab-ibrutinib *vs* venetoclax-obinutuzumab: HR 0·63 (97·5% CI 0·39–1·02), log-rank p=0·031

Venetoclax-obinutuzumab *vs* chemoimmunotherapy: HR 0·47 (97·5% CI 0·32–0·69), log-rank p<0·0001
Venetoclax-obinutuzumab *vs* venetoclax-rituximab: HR 0·57 (97·5% CI 0·38–0·84), log-rank p=0·0011

Venetoclax-rituximab *vs* chemoimmunotherapy: log-rank p=0·10, proportional hazards assumption not satisfied

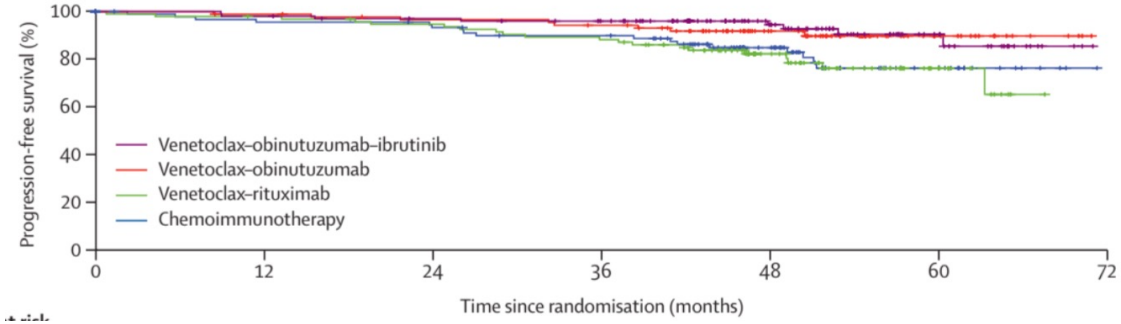


IGVH mutada

Venetoclax-obinutuzumab-ibrutinib *vs* chemoimmunotherapy: HR 0·40 (95% CI 0·17–0·92), p=0·030
Venetoclax-obinutuzumab-ibrutinib *vs* venetoclax-rituximab: HR 0·34 (95% CI 0·15–0·77), p=0·010
Venetoclax-obinutuzumab-ibrutinib *vs* venetoclax-obinutuzumab: HR 0·87 (95% CI 0·33–2·31), p=0·77

Venetoclax-obinutuzumab *vs* chemoimmunotherapy: HR 0·45 (95% CI 0·20–1·05), p=0·063
Venetoclax-obinutuzumab *vs* venetoclax-rituximab: HR 0·40 (95% CI 0·18–0·91), p=0·028

Venetoclax-rituximab *vs* chemoimmunotherapy: HR 1·13 (95% CI 0·59–2·15), p=0·72

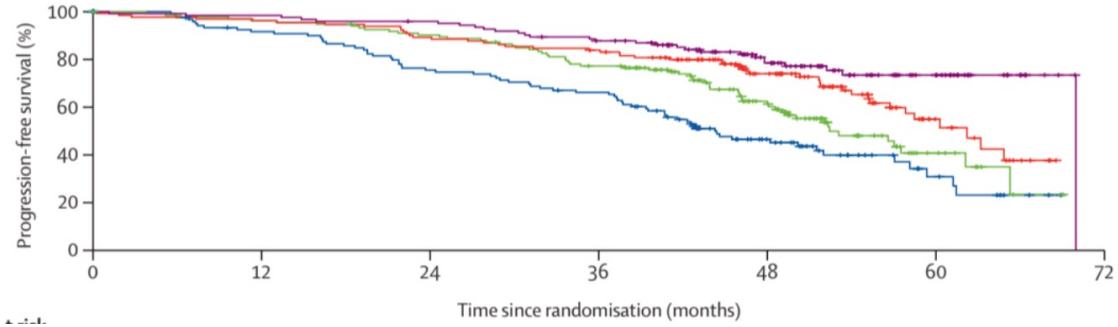


IGVH no mutada

Venetoclax-obinutuzumab-ibrutinib *vs* chemoimmunotherapy: HR 0·27 (95% CI 0·17–0·42), p<0·0001
Venetoclax-obinutuzumab-ibrutinib *vs* venetoclax-rituximab: HR 0·40 (95% CI 0·25–0·63), p<0·0001
Venetoclax-obinutuzumab-ibrutinib *vs* venetoclax-obinutuzumab: HR 0·58 (95% CI 0·36–0·94), p=0·025

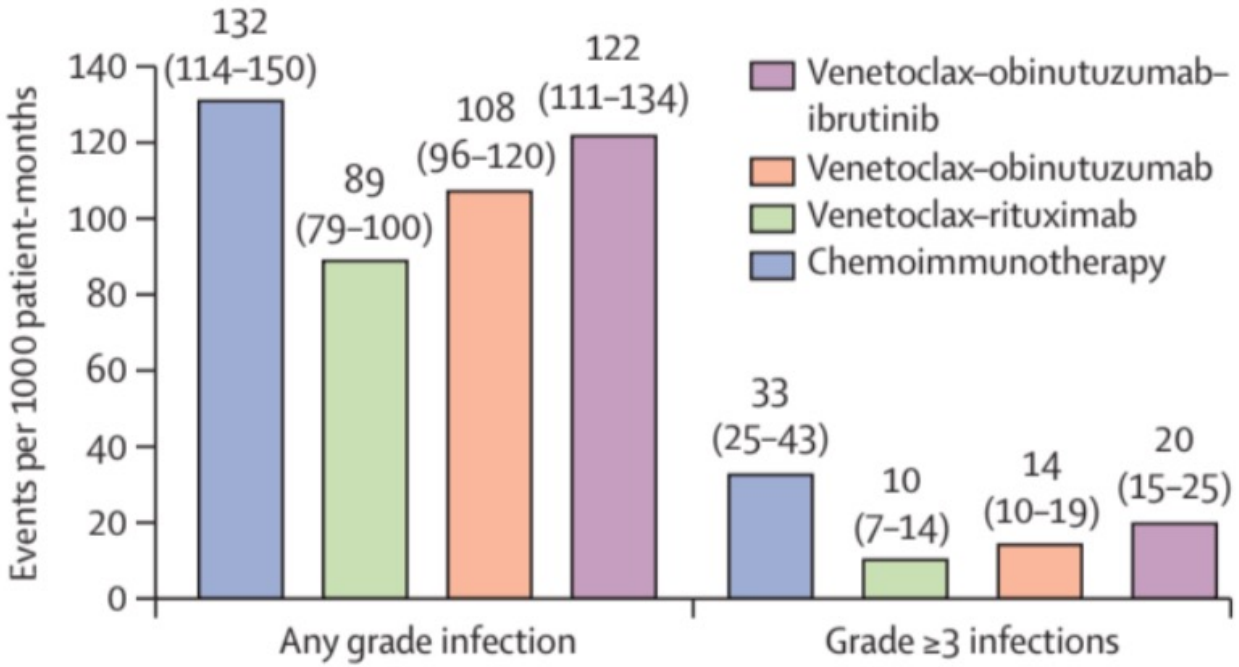
Venetoclax-obinutuzumab *vs* chemoimmunotherapy: HR 0·45 (95% CI 0·31–0·66), p<0·0001
Venetoclax-obinutuzumab *vs* venetoclax-rituximab: HR 0·65 (95% CI 0·45–0·96), p=0·030

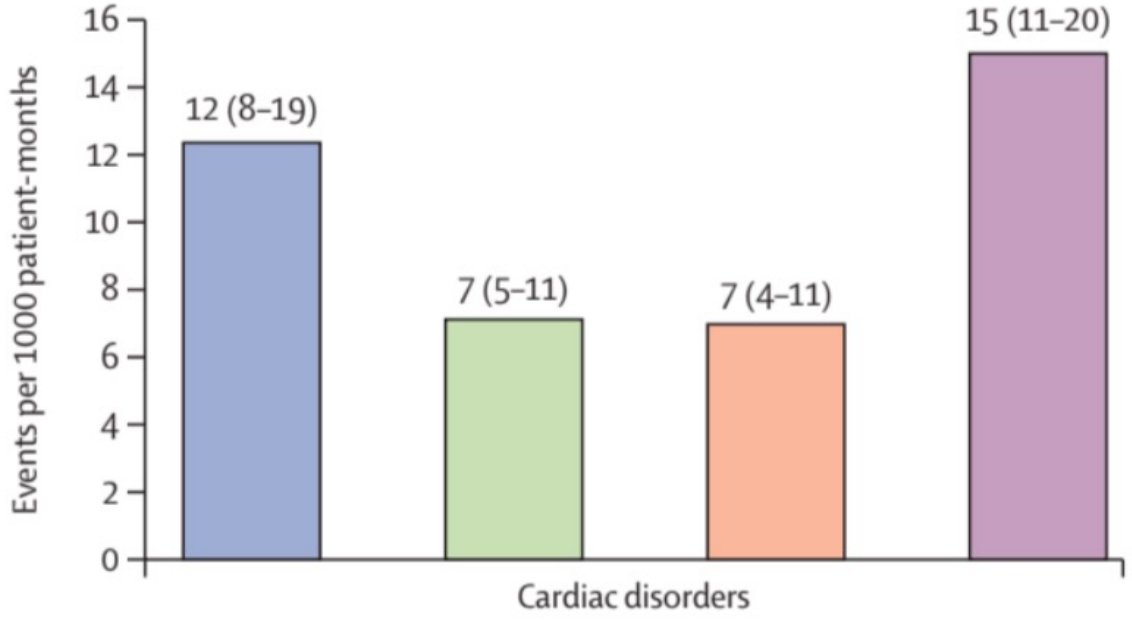
Venetoclax-rituximab *vs* chemoimmunotherapy: log-rank p=0·015, proportional hazards assumption not satisfied



La SLP a 4 años para las ramas fue: 62, 71, 81.8 y 85.5%. Si bien no hubo diferencia en sobrevida global, los pacientes con IGVH no mutada parecerían beneficiarse de estrategias basadas en EMR, no así los IGVH mutada

Furstenau M et al. Lancet Oncol. 2024 Jul;25(7):e284



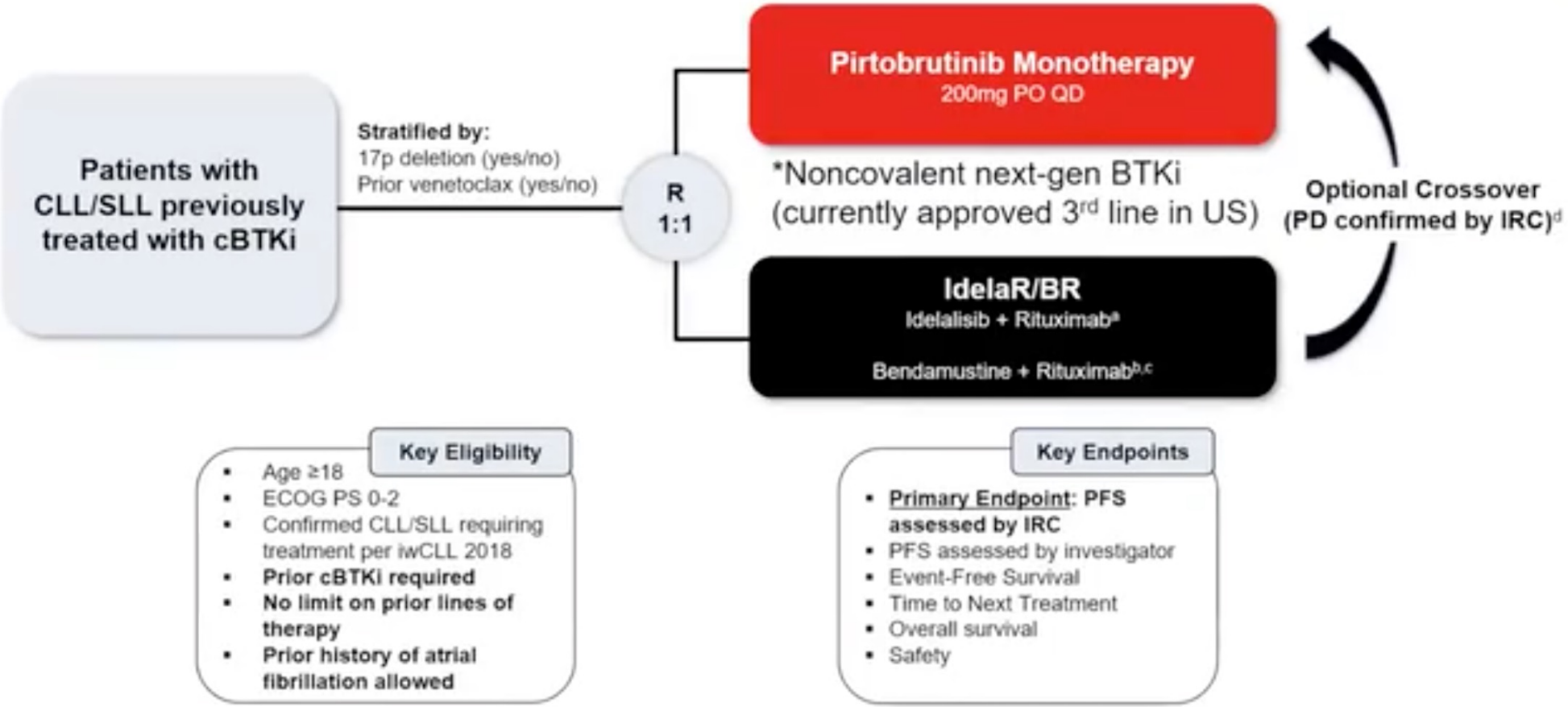


- Venetoclax-Obinutuzumab ➜ SLP superior a FCR en pacientes con IGVH mutada y menor toxicidad
- VenO ➜ Similar eficacia que I+V+obinutuzumab en pacientes con IGHV mutada
  - VenO ➜ es probable que reemplace a FCR en pacientes con IGHV mutada
- En pacientes con IGHV no mutados ➜ curva de SLP con VenO comienza a separarse de la de I+V+obinutuzumab
  - Seguimiento más prolongado para determinar la estrategia óptima
- No hay diferencia en SG en un seguimiento de 50.7 meses

Furstenau M et al. Lancet Oncol. 2024 Jul;25(7):e284

BRUIN CLL-321: Ensayo aleatorizado de fase III de pirtobrutinib frente a idelalisib más rituximab (IdelaR) o bendamustina más rituximab (BR) en leucemia linfocítica crónica/linfoma linfocítico de células pequeñas pretratado con inhibidor de BTK

Jeff P. Sharman , Talha Munir , Sebastián Grosicki , Lindsey Roeker , Juan M. Burke , Christine I Chen , Norberto Grzasko , George sigue , Zoltán Mátrai , Alessandro Sanna , Shuhua Yi , Ru Feng , Vu Minh Hua , Jadwiga Holodja , Wojciech Jurczak , Matías Ritgen , Lu Gui Qiu , Francesc Bosch , Catalina C. Coombs , Katherine Bao , Vishalkumar Patel , Bin Liu , Livia Compte , Ananya Guntur , Ying (Denise) Wang , Marisa Hill , Ching Ching Leow , Paolo Ghia , Paul M. Barr



Sharman J et al. ASH 2024

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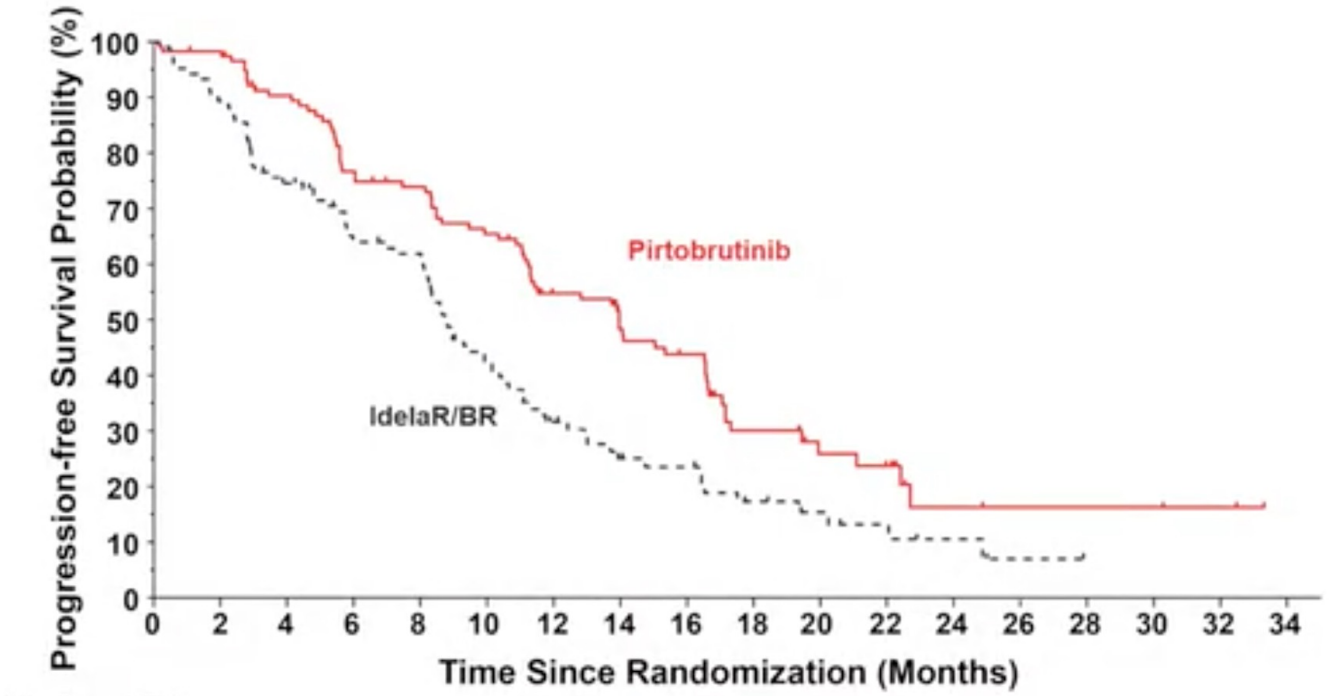

	Pirtobrutinib N=119	IdelaR/BR N=119
Número de eventos, n(%)	74 (62)	79 (66)
SLP media, meses (IC95%)	**14.0** (11.2-16.6)	**8.7** (8.1-10.4)
Mediana de seguimiento, meses	19.4	17.7
HR (IC95%)	**0.54** (0.39-0.75)	
Valor de p dos colas	0.0002	

Pirtobrutinib redujo el riesgo de progression o muerte un 46% de acuerdo a la evaluación realizada por el IRC

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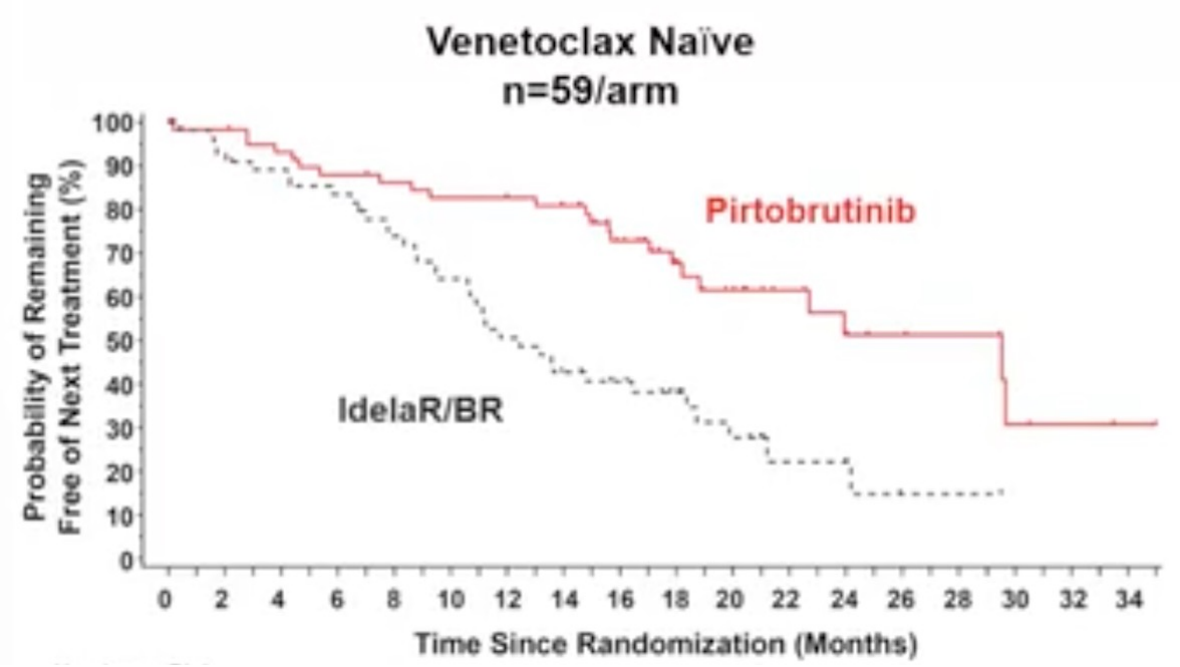
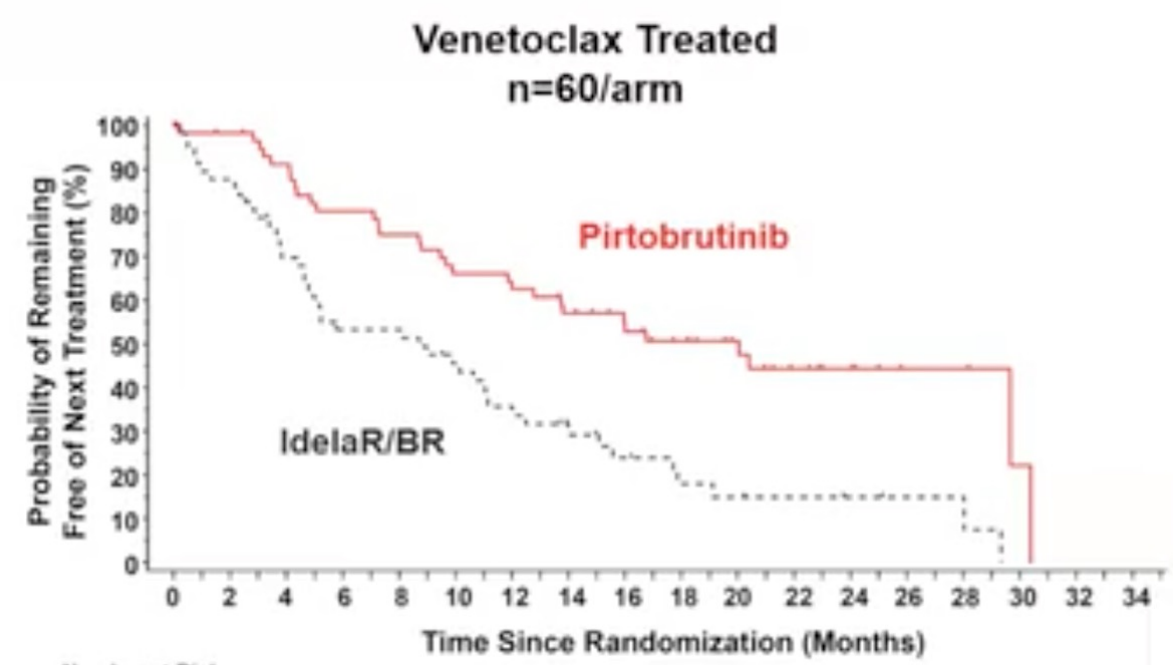
Tiempo al próximo tratamiento en la población Venetoclax Naïve y tratada





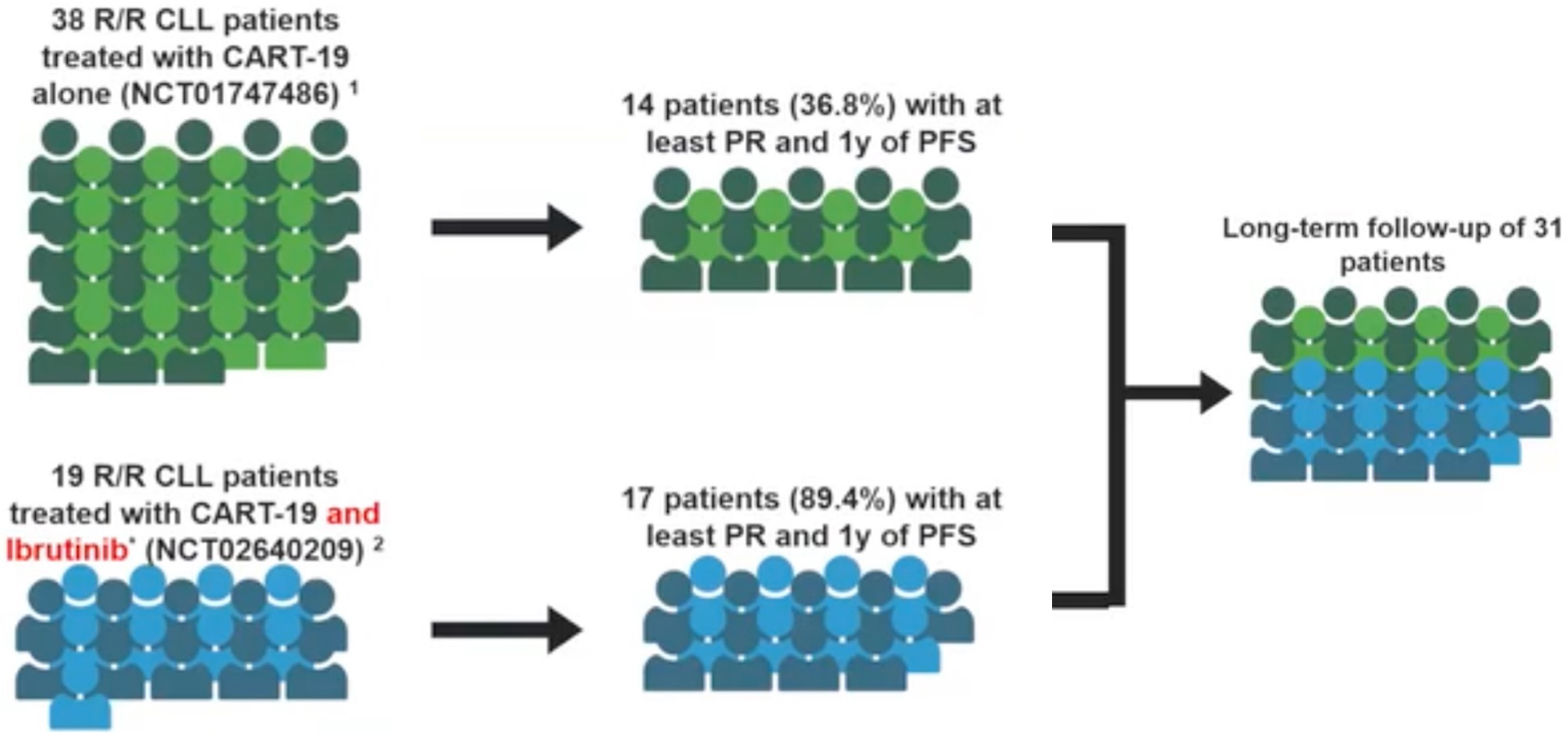
	Pirtobrutinib N=119	IdelaR/BR N=119
TTNT mediana en meses	**29.5**	12.5
HR (IC95%)	**0.36** (0.21-0.61)	
Valor de p (2 colas)	0.0001	

	Pirtobrutinib N=119	IdelaR/BR N=119
TTNT mediana en meses	**20.5**	8.7
HR (IC95%)	**0.37** (0.23-0.60)	
Valor de p (2 colas)	0.0001	

ASH 2024, Abstract #886

Curing CLL: Long-Term Outcomes of Chronic Lymphocytic Leukemia Patients with at Least One Year of Response to CART-19 Therapy

Benjamin F. Frost, Noelle Frey, Elizabeth O. Hexner, Stephen J. Schuster, Sunita D. Nasta, Alison W Loren, Jakub Svoboda, Daniel J. Landsburg, Bruce Levine, Joseph A. Fraietta, J. Joseph Melenhorst, Elizabeth Veloso, Wei-Ting Hwang, Carl H. June, David L. Porter, Saar Gill



*Patients were on ibrutinib for >6 months prior to CART-19 infusion with no more than PR, and they were continued on ibrutinib until at least 6 months of MRD negative status or development of a side effect requiring discontinuation

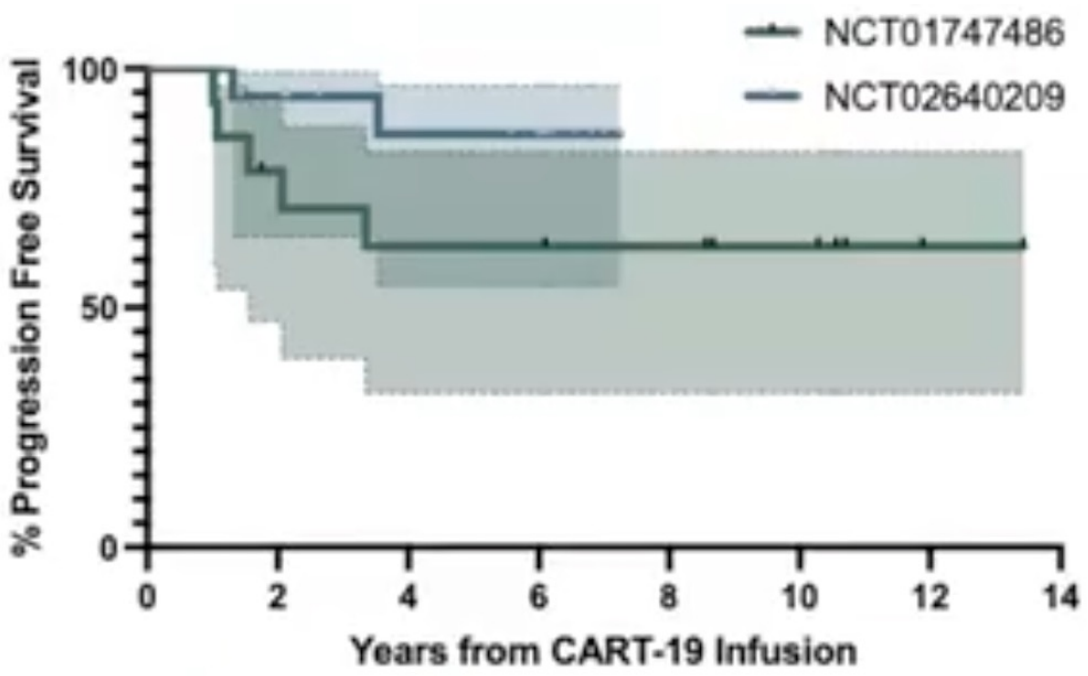
**11 (64.7%) patients stopped ibrutinib, 10 (90.9%) with continued response

ASH 2024, Abstract #588

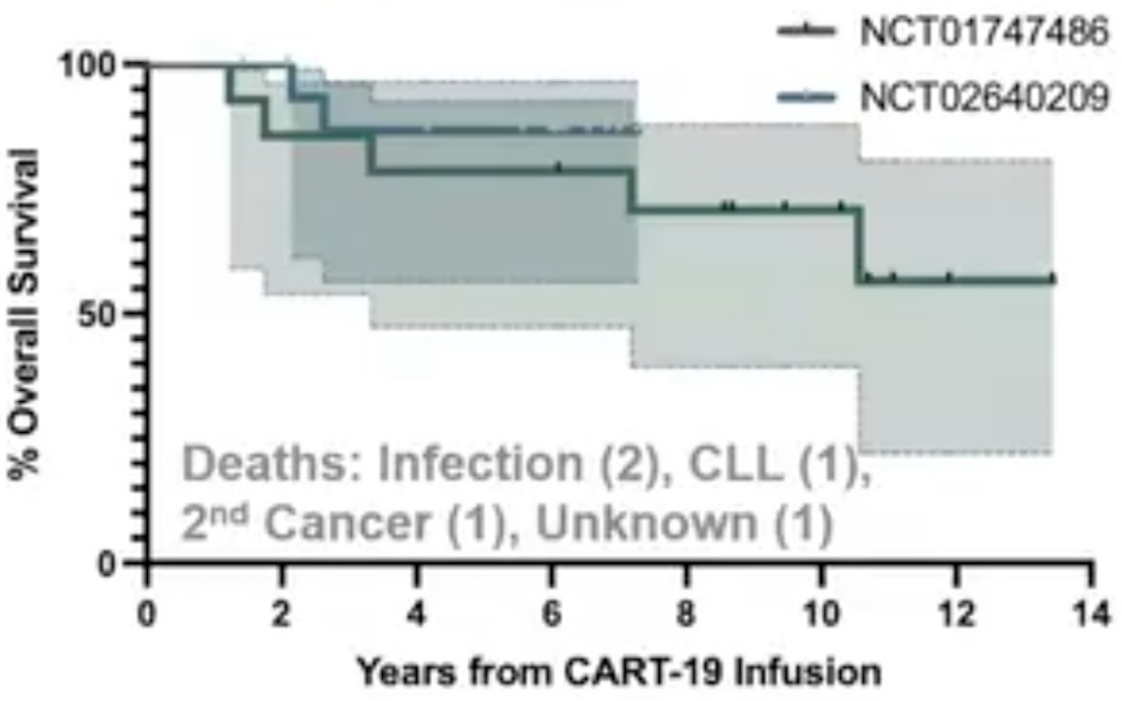
Mediana de seguimiento luego de la infusion 6.5 años (rango 1.2-13.4)

- 9.1 años (1.2-13.4) para NCT01747486 (CART19 sola)
- 6.1 años (1.4-7.3) para NCT02640209 (CART19 + Ibrutinib)

La respuesta a CART es duradera



Time (Years)	0	2	4	6	8	10	12	14
NCT01747486, No	14	10	8	8	7	5	1	0
NCT02640209, No	17	15	11	9	0	0	0	0



Time (Years)	0	2	4	6	8	10	12	14
NCT01747486, No	14	12	11	11	9	6	1	0
NCT02640209, No	17	16	13	10	0	0	0	0

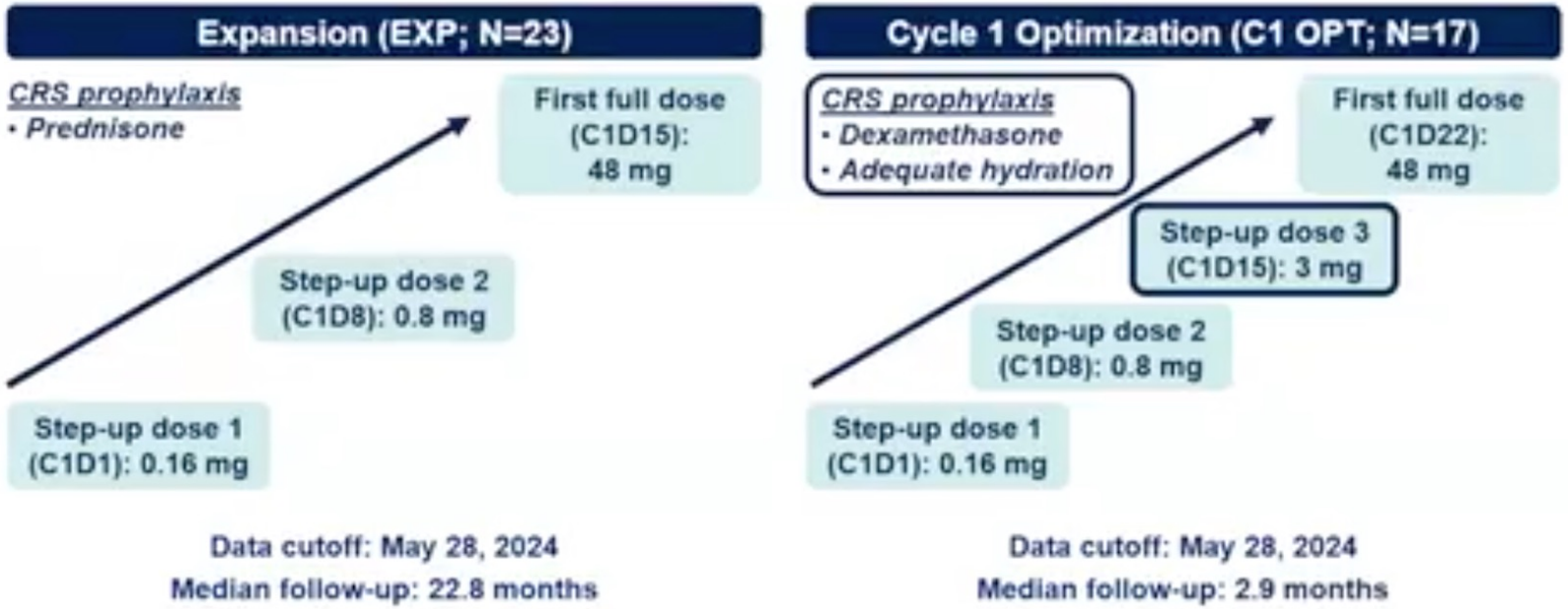
ASH 2024, Abstract #588

Epcoritamab Monotherapy in Patients (Pts) with Relapsed or Refractory (R/R) Chronic Lymphocytic Leukemia (CLL): Results from CLL Expansion and Optimization Cohorts of Epcore CLL-1

Alexey Danilov, Bita Fakhri, Farrukh T. Awan, Hans Herluf Bentzen, Herbert A. Eradat, Carsten Utoft Niemann, Fritz Offner, Christian Bjørn Poulsen, Thor Hoeyer, Mar Bellido, Damien Roos Weil, Alessandra Ferrajoli, Meghan C. Thompson, Jacob Haaber Christensen, Ann Janssens, Tamar Tadmor, Mazyar Shadman, Pegah Jafarinasabian, Jimin Zhang, Marcia Rios, Alexandra Kuznetsova, Rebecca Valentin, Arnon P. Kater

Key inclusion criteria

- CD20⁺ R/R CLL
- ≥2 prior lines of systemic therapy
- ECOG PS 0–2
- Measurable disease with ≥5×10⁹/L B lymphocytes (expansion only)
- No prior allogeneic HSCT



- **Primary endpoint (EXP):** Overall response rate
- **Primary endpoint (C1 OPT):** Incidence and severity of CRS, ICANS, and clinical TLS
- **Key secondary endpoints (EXP):** CR rate, time to response, MRD (PBMCs using the clonoSEQ® assay), and safety/tolerability

- To ensure patient safety and better characterize CRS, inpatient monitoring was required for at least 24 hours after each epcoritamab dose in C1

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Población de alto riesgo comparable en ambas cohortes

Characteristic	EXP N=23	C1 OPT N=17
Median age, years (range)	72 (55–83)	68 (56–81)
Male sex at birth, n (%)	17 (74)	14 (82)
Race, n (%)[a]		
White	19 (83)	14 (82)
Black or African American	0	1 (6)
Not reported	3 (13)	2 (12)
CLL characteristics (local lab), n (%)		
High risk		
Rai stage III–IV[b]	13 (57)	10 (59)
Binet stage C[c]	2 (9)	6 (35)
Beta-2 microglobulin >3.5 mg/L	19 (83)	10 (59)
IGHV unmutated	16 (70)	12 (71)
Unknown	3 (13)	3 (18)
TP53 aberration	15 (65)	10 (59)
Unknown	2 (9)	2 (12)

Treatment History	EXP N=23	C1 OPT N=17
Median time from initial diagnosis to first dose, **years** (range)	13 (6–19)	11 (6–18)
Median time from last treatment to first dose, **months** (range)	0.7 (0.1–49.4)	1.6 (−0.7–39.6)
Median number of prior lines of therapy (range)	**4 (2–10)**	**4 (2–10)**
≥4 prior lines of therapy, n (%)	14 (61)	9 (53)
Prior therapy, n (%)[d]	23 (100)	17 (100)
Chemoimmunotherapy	23 (100)	12 (71)
Small molecules		
BTK inhibitor[e]	23 (100)	17 (100)
Pirtobrutinib	1 (4)	5 (29)
Refractory to BTK inhibitor	20 (87)	16 (94)
BCL-2 inhibitor	19 (83)	15 (88)
Discontinuation due to progression	10 (43)	10 (59)
Relapsed <12 months from last dose	3 (13)	4 (24)

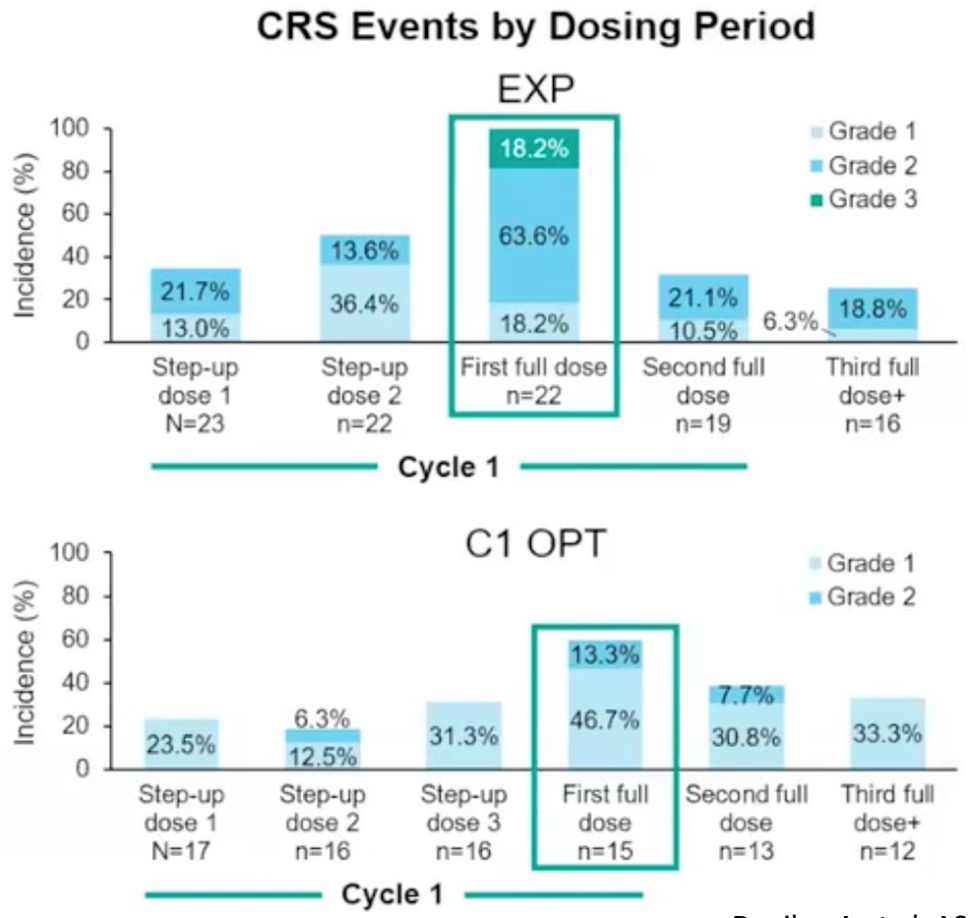
Danilov A et al. ASH 2024

Epcoritamab Monotherapy in Patients (Pts) with Relapsed or Refractory (R/R) Chronic Lymphocytic Leukemia (CLL): Results from CLL Expansion and Optimization Cohorts of Epcore CLL-1

Alexey Danilov, Bita Fakhri, Farrukh T. Awan, Hans Herluf Bentzen, Herbert A. Eradat, Carsten Utoft Niemann, Fritz Offner, Christian Bjørn Poulsen, Thor Hoeyer, Mar Bellido, Damien Roos Weil, Alessandra Ferrajoli, Meghan C. Thompson, Jacob Haaber Christensen, Ann Janssens, Tamar Tadmor, Mazyar Shadman, Pegah Jafarinasabian, Jimin Zhang, Marcia Rios, Alexandra Kuznetsova, Rebecca Valentin, Arnon P. Kater

La C1 OPT mitigó los EA de interés incluyendo ICANS y SLT clínico

	EXP N=23	C1 OPT N=17
CRS, n (%)	**22 (96)**	**14 (82)**
Grade 1	2 (9)	12 (71)
Grade 2	16 (70)	2 (12)
Grade 3	4 (17)	0
Treated with tocilizumab, n (%)	20 (87)	6 (35)
Leading to treatment discontinuation, n (%)	**0**	**0**
CRS resolution, n/n (%)	22/22 (100)	14/14 (100)
Median time to resolution, days (range)	3 (1–16)	3.5 (1–7)
ICANS, n (%)	**3 (13)**	**0**
Grade 1	1 (4)	0
Grade 2	2 (9)	0
Clinical TLS, n (%)	**1 (4)**	**0**
Grade 2	1 (4)	0



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Respuestas profundas a lo largo de los grupos

Response, n (%)	EXP mFU: 22.8 months					C1 OPT mFU: 2.9 months
	Full Analysis Set N=23	Response Evaluable n=21	*TP53* Aberration n=15	*IGHV* Unmutated n=16	Double Exposed[a] n=19	Response Evaluable n=10
Overall response[b]	**14 (61)**	**14 (67)**	**10 (67)**	**10 (63)**	**10 (53)**	**6 (60)**
Complete response	9 (39)	9 (43)	5 (33)	7 (44)	7 (37)	1 (10)
Partial response	5 (22)	5 (24)	5 (33)	3 (19)	3 (16)	5 (50)
Stable disease	4 (17)	4 (19)	2 (13)	3 (19)	4 (21)	2 (20)
Progressive disease	1 (4)	1 (5)	1 (7)	0	1 (5)	1 (10)

EXP MRD Negativity, n/n (%)[c]	uMRD4	uMRD6[d]
Overall response[b]	9/12 (75)	8/12 (67)
Complete response	7/7 (100)	6/7 (86)
Partial response	2/5 (40)	2/5 (40)
Full analysis set	9/23 (39)	8/23 (35)

- Dentro del seguimiento aún acotado el regimen C1 OPT no impresiona impactar en la eficacia del Epcoritamab
- La mayoría de los respondedores alcanzaron uMRD4 en sangre periférica, incluyendo todos los pacientes en RC que fueron testeados para MRD

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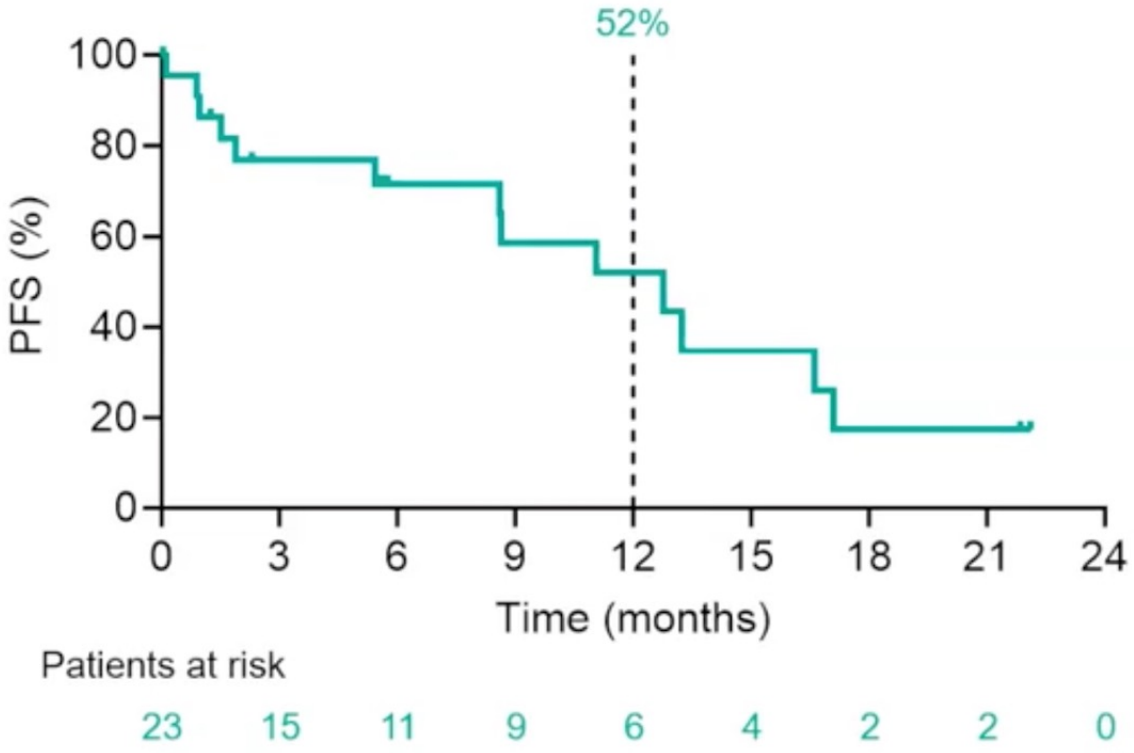
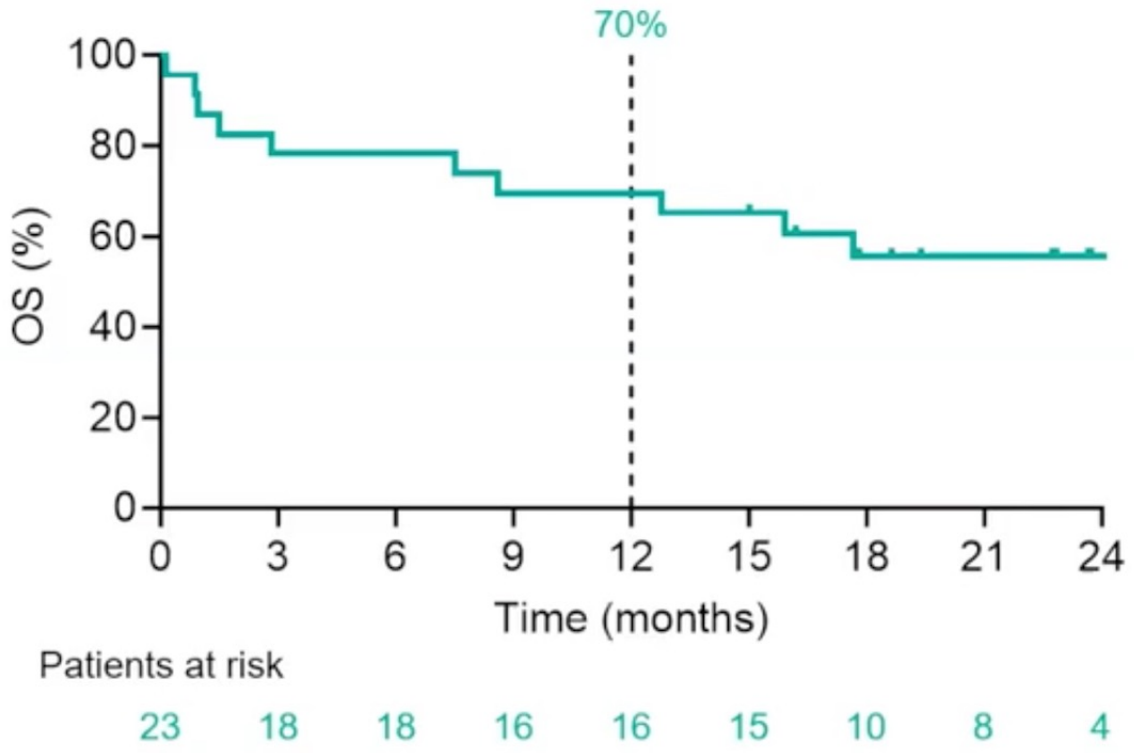
SLP y SG en cohorte de Expansión

SLP



SG



SLP media de 12.8 meses (IC95% 5.4-17.1)
SG media no alcanzada (IC95% 8.6-NA)

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Conclusiones LLC/ Linfoma linfocítico

- Tripletes probablemente mejores en pacientes de alto riesgo → a expensas de mayor toxicidad
  - Seguimiento más prolongado para determinar la estrategia óptima
- VenO → Similar eficacia que I+V+obinutuzumab en pacientes con IGHV mutada
  - VenO → es probable que reemplace a FCR en pacientes con IGHV mutada
- Tratamiento finito libre de quimioterapia en pacientes de alto riesgo → factible, guiado por MRD
- Pirtobrutinib como opción a doble refractarios
- CART y Bites → nueva Esperanza para pacientes doble/triple refractarios

Linfoma Folicular

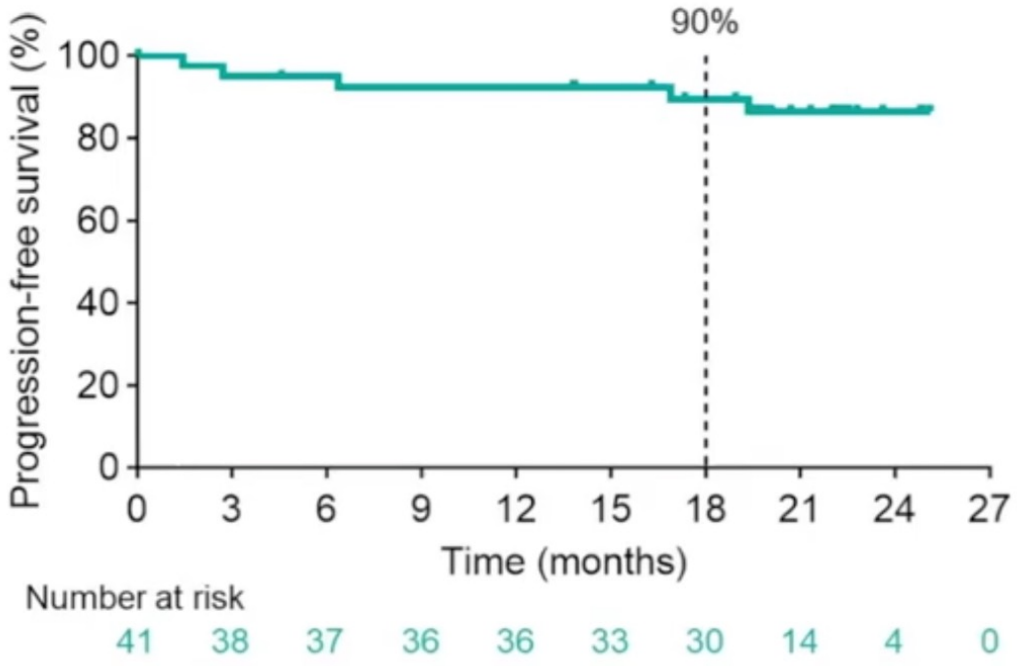
- Combinaciones con BiTes en 1L
- Combinaciones de nuevos anticuerpos, anticuerpos conjugados, inmunomoduladores y BiTes en enfermedad R/R

Epcoritamab With Rituximab + Lenalidomide (R^2) in Previously Untreated (1L) Follicular Lymphoma (FL) and Epcoritamab Maintenance in FL: EPCORE NHL-2 Arms 6 and 7

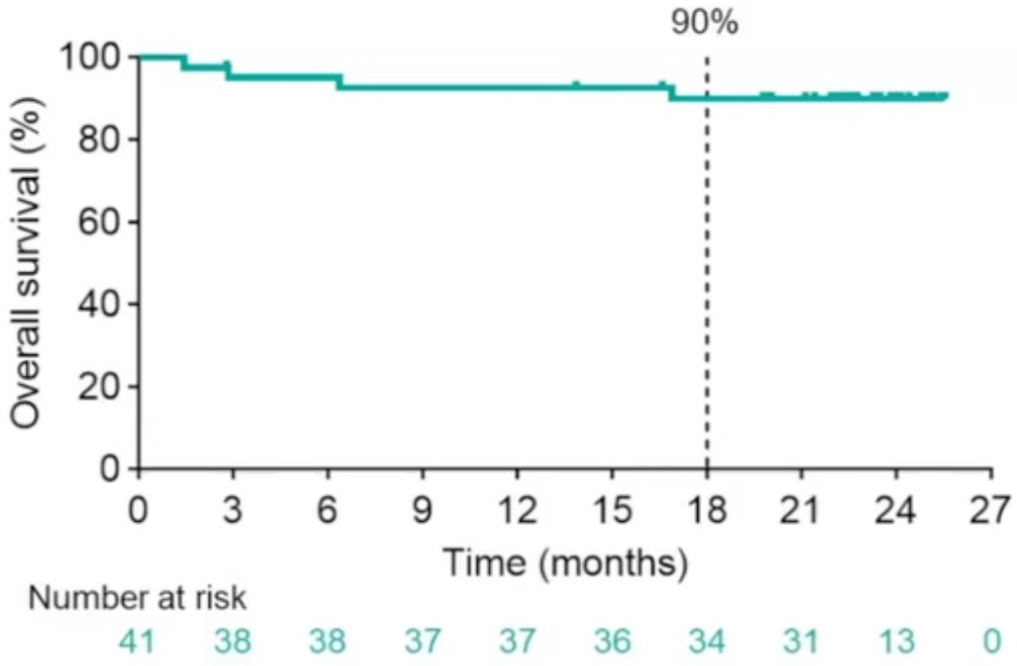
Lori A. Leslie, MD,[1] Lorenzo Falchi, MD,[2] Joost S.P. Vermaat, MD, PhD,[3] Gerardo Musuraca, MD, PhD,[4] David Belada, MD, PhD,[5] Marcel Nijland, MD, PhD,[6] Jacob Haaber Christensen, MD, PhD,[7] Fritz Offner, MD, PhD,[8] Daniela Hoehn, MD, PhD,[9] Jennifer Marek,[9] Liwei Wang, PhD,[9] Jian Mei, PharmD,[10] Pau Abrisqueta, MD, PhD,[11] **Joshua D. Brody, MD**[12]

ASCO 2024

SLP



SG



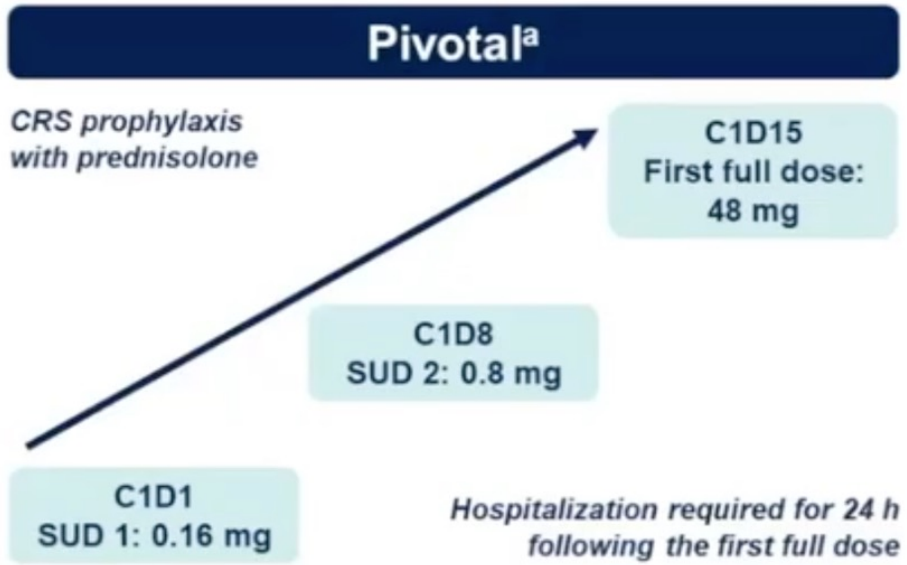
EPCORE NHL-1 Follicular Lymphoma (FL) Cycle (C) 1 Optimization (OPT) Cohort: Expanding the Clinical Utility of Epcoritamab in Relapsed or Refractory (R/R) FL

Julie M. Vose, MD, MBA,[1] Umberto Vitolo, MD,[2] Pieternella J. Lugtenburg, MD, PhD,[3] Martine E.D. Chamuleau, MD, PhD,[4] Kim M. Linton, MBChB, PhD,[5] Catherine Thieblemont, MD, PhD,[6] Kristina Sonnevi, MD, PhD,[7] Wojciech Jurczak, MD, PhD,[8] Adam J. Olszewski, MD,[9] Farrukh Awan, MD,[10] Craig Okada, MD, PhD,[11] Tatyana Feldman, MD,[12] Martin Hutchings, MD, PhD,[13] Elena Favaro, MD, PhD,[14] Daniela Hoehn, MD, PhD,[15] Zhu Li, MS, PhD,[15] Rebekah Conlon, BN,[16] Juan-Manuel Sancho, MD, PhD,[17] Julio C. Chavez, MD[18]

ASCO 2024

Key inclusion criteria

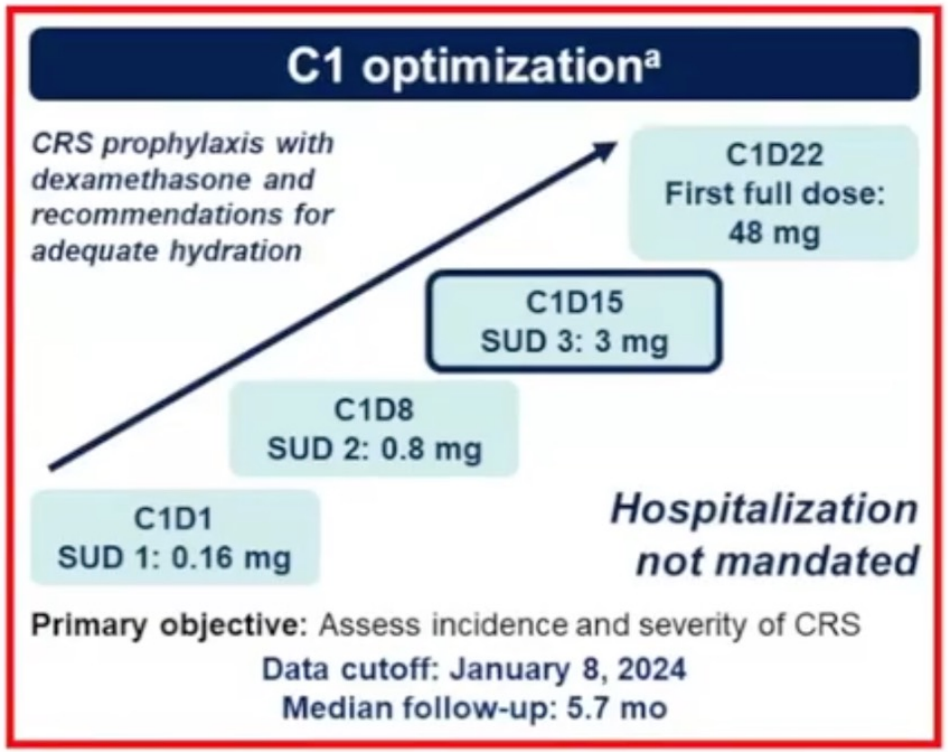
- R/R CD20+ FL grade 1–3A
- ECOG PS 0–2
- ≥2 prior lines of antineoplastic therapy, including ≥1 regimen with an anti-CD20 mAb
- Prior treatment with an alkylating agent or lenalidomide
- FDG-avid disease by PET/CT
- Prior CAR T allowed



Primary objective: ORR by independent review committee

Data cutoff: April 21, 2023

Median follow-up: 17.4 mo



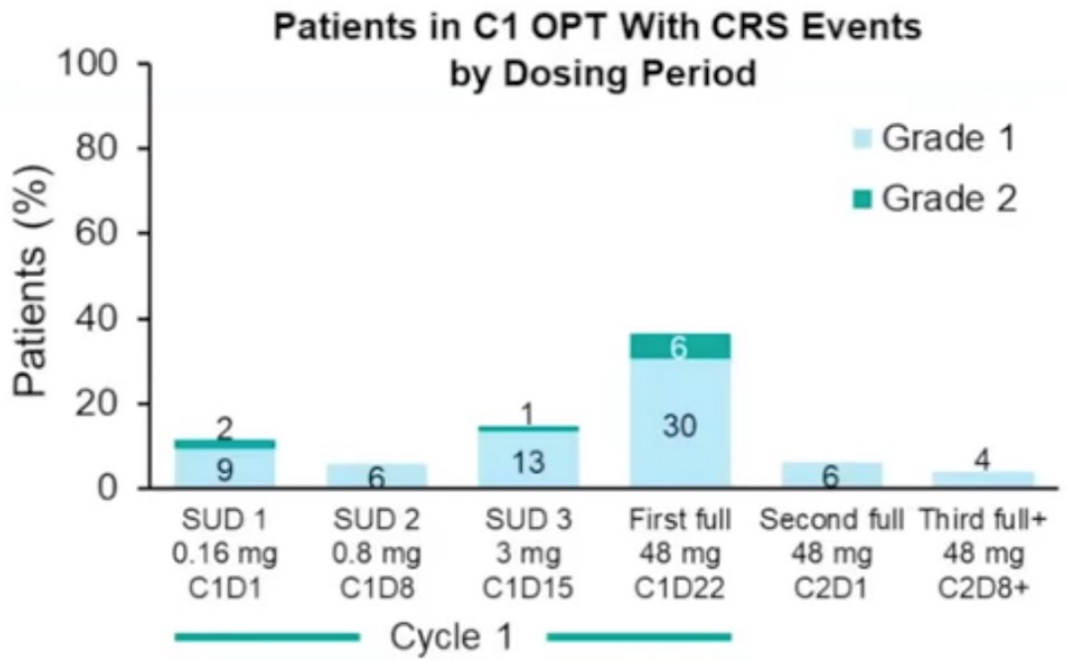
Primary objective: Assess incidence and severity of CRS

Data cutoff: January 8, 2024

Median follow-up: 5.7 mo

C1 OPT: Reducción significativa de CRS e ICANS

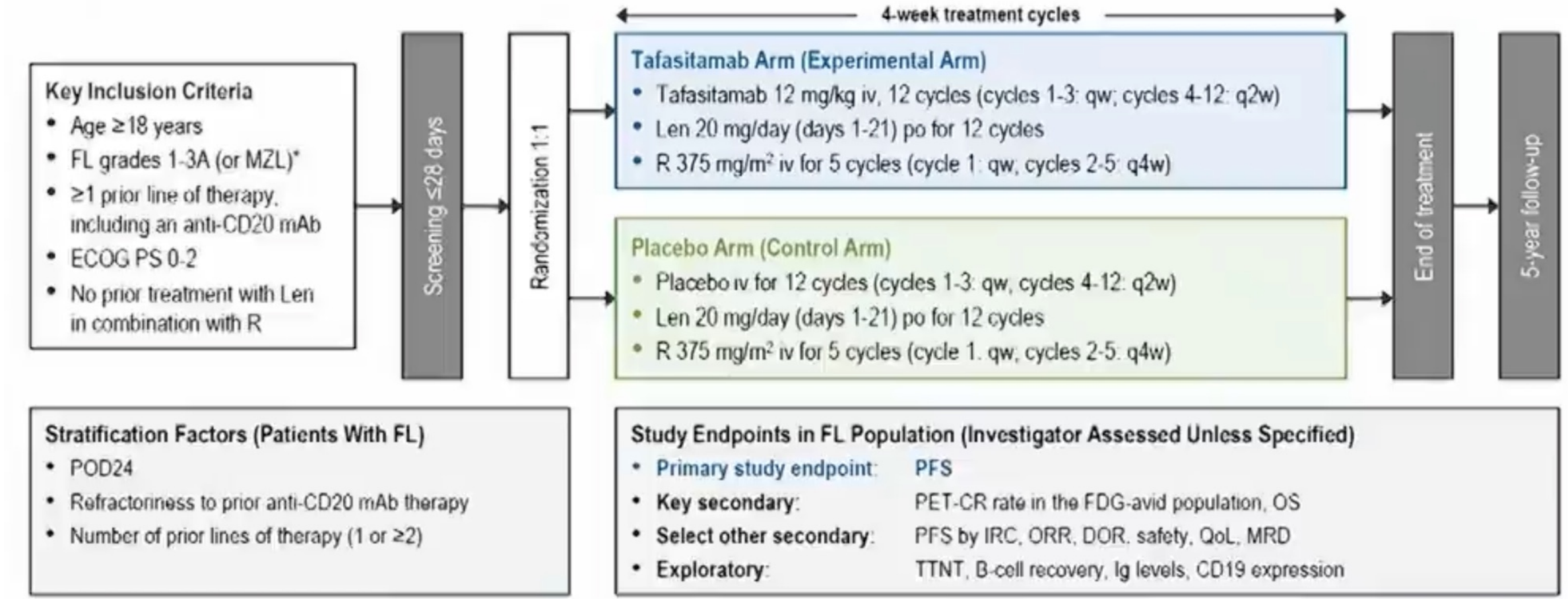
	Pivotal N=128	C1 OPT N=86
CRS,[a] n (%)	85 (66)	42 (49)
Grade 1	51 (40)	34 (40)
Grade 2	32 (25)	8 (9)
Grade 3	2 (2)	0
Treated with tocilizumab, n (%)	31 (24)	10 (12)
Leading to epcoritamab discontinuation, n (%)	**0**	**0**
CRS resolution, n/n (%)	**85/85 (100)**	**42/42 (100)**
Median time to resolution, d (range)	2 (1–54)	2 (1–14)
ICANS, n (%)	8 (6)[b]	0



- C1 OPT, hospitalización no mandatoria: 54% recibió su primera dosis plena con monitoreo ambulatorio (44/82). 77% CRS ambulatorio ➜ 100% identificó los signos/sítomas de SLC y recibió adecuado tratamiento en el tiempo adecuado
- En ambas cohortes la mayoría de los SLC ocurrió luego de la primera dosis plena en C1. Mediana de aparición 2.5 días en C1 OPT

Tafasitamab Plus Lenalidomide and Rituximab for Relapsed or Refractory Follicular Lymphoma: Results from a Phase 3 Study (inMIND)

Laurie H. Sehn, Stefano Luminari, Christian W. Scholz, Kai Hübel, Antonio Salar, Shankara Paneesha, Bjorn E Wahlin, Panayiotis Panayiotidis, Hui-Peng Lee, Ana Jiménez Ubieto, Juan-Manuel Sancho, Tae Min Kim, Eva Domingo Domenech, Takahiro Kumode, Christina Poh, Catherine Thieblemont, Dries Deeren, Edwin de Wit, Michael Arbushites, Marie-Laure Casadebaig, Marek Trneny



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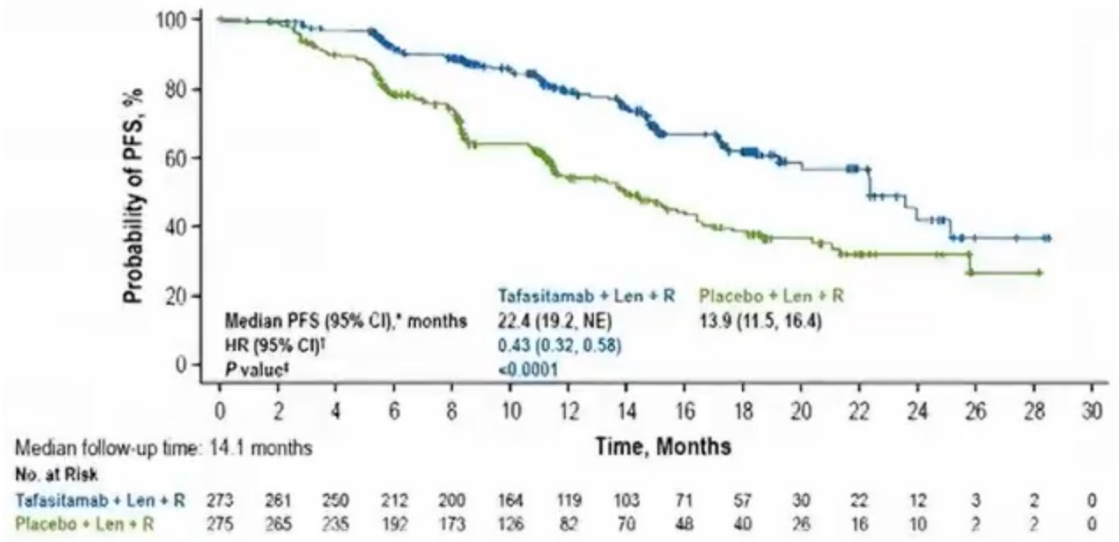
Variable	Tafasitamab + Len + R (n=273)	Placebo + Len + R (n=275)	Total (N=548)
Median age, years (range)	64.0 (36, 88)	64.0 (31, 85)	64.0 (31, 88)
≥75, n (%)	54 (19.8)	54 (19.6)	108 (19.7)
Male sex, n (%)	150 (54.9)	149 (54.2)	299 (54.6)
Median time since initial diagnosis of FL, years (range)	5.2 (0, 34)	5.5 (1, 33)	5.3 (0, 34)
ECOG PS at screening, n (%)			
0	181 (66.3)	192 (69.8)	373 (68.1)
1-2	92 (33.7)	83 (30.2)	175 (31.9)
Ann Arbor stage, n (%)			
I or II	52 (19.0)	50 (18.2)	102 (18.6)
III or IV	221 (81.0)	225 (81.8)	446 (81.4)
FL grade, n (%)			
1 or 2	203 (74.4)	203 (73.8)	406 (74.1)
3A	67 (24.5)	71 (25.8)	138 (25.2)
B symptoms, n (%)	63 (23.1)	67 (24.4)	130 (23.7)
FLIPI score, n (%)			
0-1	57 (20.9)	57 (20.7)	114 (20.8)
2	79 (28.9)	67 (24.4)	146 (26.6)
3-5	137 (50.2)	150 (54.5)	287 (52.4)
GELF criteria, n (%)	222 (81.3)	232 (84.4)	454 (82.8)
FL diagnosis confirmed by central pathology, n (%)	256 (93.8)	259 (90.5)	505 (92.2)

Tafasitamab Plus Lenalidomide and Rituximab for Relapsed or Refractory Follicular Lymphoma: Results from a Phase 3 Study (inMIND)

Laurie H. Sehn, Stefano Luminari, Christian W. Scholz, Kai Hübel, Antonio Salar, Shankara Paneesha, Bjorn E Wahlin, Panayiotis Panayiotidis, Hui-Peng Lee, Ana Jiménez Ubieto, Juan-Manuel Sancho, Tae Min Kim, Eva Domingo Domenech, Takahiro Kumode, Christina Poh, Catherine Thieblemont, Dries Deeren, Edwin de Wit, Michael Arbushites, Marie-Laure Casadebaig, Marek Trneny

PET-CR (FDG-Avid Population)	Tafasitamab + Len + R	Placebo + Len + R
Patients with FDG-avid disease at baseline	251	254
Patients with postbaseline PET assessments, n (%)*	201/251 (80.1)	205/254 (80.7)
PET-CR rate, % (95% CI)	**49.4** (43.1, 55.8)	**39.8** (33.7, 46.1)
Odds ratio (95% CI)	**1.5 (1.04, 2.13)**	
Nominal *P* value	**0.0286**	

ORR (ITT Population)	Tafasitamab + Len + R	Placebo + Len + R
Patients, n	273	275
Best overall response, n (%)†		
ORR, % (95% CI)	**83.5** (78.6, 87.7)	**72.4** (66.7, 77.6)
Odds ratio (95% CI)	**2.0 (1.30, 3.02)**	
Nominal *P* value	**0.0014**	



Sehn L et al ASH 2024 #LBA-1

Preferred Term, n (%)	Tafasitamab + Len + R (n=274)*	Placebo + Len + R (n=272)†	Total (n=546)
Any adverse event	272 (99.3)	270 (99.3)	542 (99.3)
Neutropenia	133 (48.5)	123 (45.2)	256 (46.9)
Diarrhea	103 (37.6)	77 (28.3)	180 (33.0)
COVID-19	86 (31.4)	64 (23.5)	150 (27.5)
Constipation	80 (29.2)	67 (24.6)	147 (26.9)
Rash	60 (21.9)	58 (21.3)	118 (21.6)
Fatigue	58 (21.2)	43 (15.8)	101 (18.5)
Cough	52 (19.0)	47 (17.3)	99 (18.1)
Pyrexia	52 (19.0)	44 (16.2)	96 (17.6)
Muscle spasms	49 (17.9)	49 (18.0)	98 (17.9)
Nausea	49 (17.9)	38 (14.0)	87 (15.9)
Infusion-related reaction	43 (15.7)	41 (15.1)	84 (15.4)
Thrombocytopenia	37 (13.5)	42 (15.4)	79 (14.5)
Pruritus	44 (16.1)	28 (10.3)	72 (13.2)

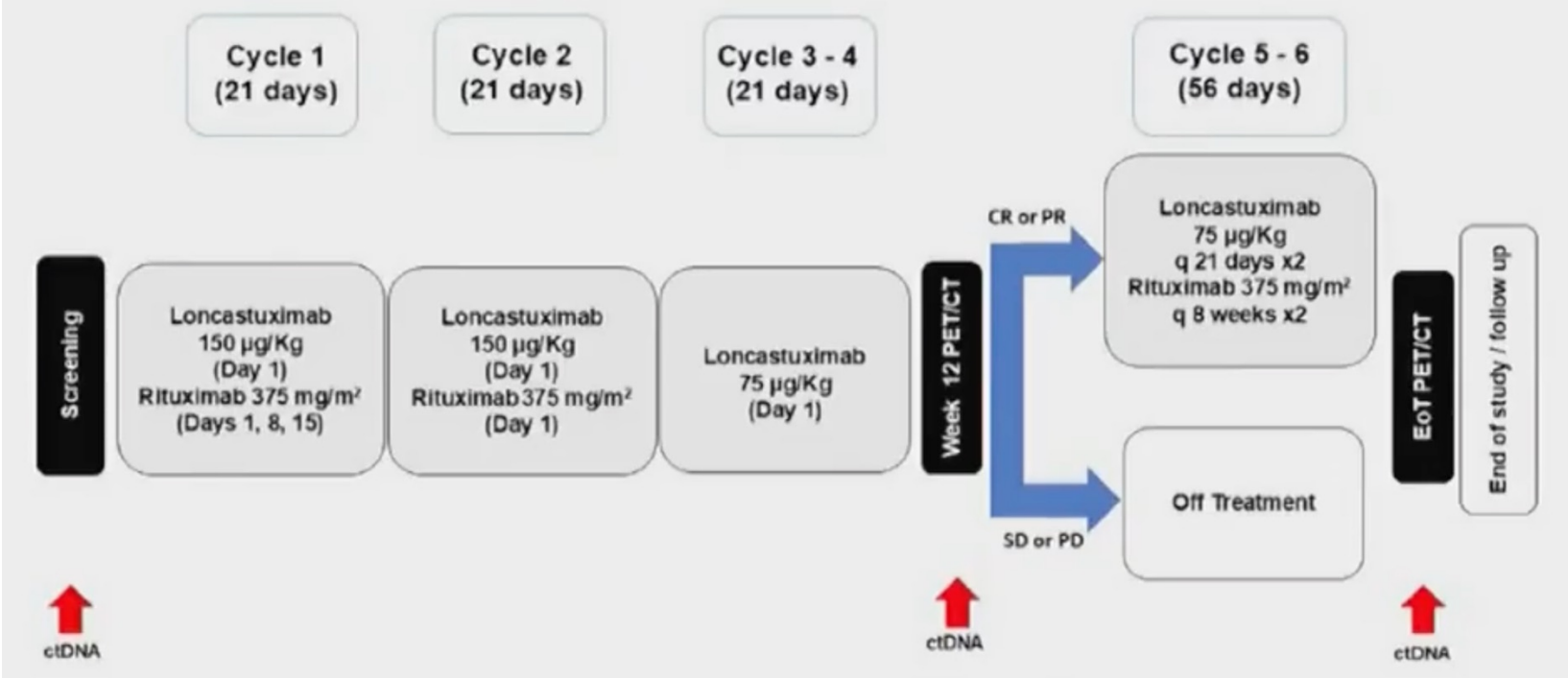
- La adición de tafa a len+R resultó en una mejora significativa y clínicamente significativa de la SLP (reducción del 57 % en el riesgo de progresión, recaída o muerte)
- Datos de SG son inmaduros → tendencia a favor de tafa
- Primer estudio en validar la combinación de dos mAb (anti-CD19 con anti-CD20) en el tratamiento del linfoma

Sehn L et al ASH 2024 #LBA-1

Loncastuximab Tesirine with Rituximab Induces Robust and Durable Complete Metabolic Responses in High-Risk Relapsed/Refractory Follicular Lymphoma

Juan Pablo Alderuccio, Alvaro J Alencar, Jonathan H. Schatz, Russ Kuker, David Sicre, Georgios Pongas, Isildinha M. Reis, Jay Y. Spiegel, Laura Medina Andara, Lazaros J. Lekakis, Joseph S. Gyedu, Jose Sandoval-Sus, Amer M. Beitinjaneh, Michele D. Stanchina, Asaad Trabolsi, Izidore S. Lossos, Joseph D. Rosenblatt, David S. Lessen, Craig H. Moskowitz

- Fase 2, rama única
- Desenlace: RC
- Criterios de inclusion:
  - LF G1-3A
  - Previamente tratado con al menos 1 línea sistémcia
  - Indicación de tratamiento: GELF, POD24, 2da recaída
  - ECOG 0-2
  - Función orgánica conservada
  - Enfermedad medible



Alderuccio JP et al. ASH 2024 #337 oral abstract

Loncastuximab Tesirine with Rituximab Induces Robust and Durable Complete Metabolic Responses in High-Risk Relapsed/Refractory Follicular Lymphoma

Juan Pablo Alderuccio, Alvaro J Alencar, Jonathan H. Schatz, Russ Kuker, David Sicre, Georgios Pongas, Isildinha M. Reis, Jay Y. Spiegel, Laura Medina Andara, Lazaros J. Lekakis, Joseph S. Gyedu, Jose Sandoval-Sus, Amer M. Beitinjaneh, Michele D. Stanchina, Asaad Trabolsi, Izidore S. Lossos, Joseph D. Rosenblatt, David S. Lessen, Craig H. Moskowitz

	n = 39	%
Refractory to last therapy	20	51
Relapsed FL	19	49
Median no, of prior lines, n (range)	1 (1-6)	
≥3 lines of therapy	11	28
Prior frontline regimens		
• R-CHOP	22	56
• Bendamustine with rituximab	10	26
• Rituximab	6	15
• Fludarabine, mitoxantrone, dexamethasone with rituximab	1	3

Alderuccio JP et al. ASH 2024 #337 oral abstract

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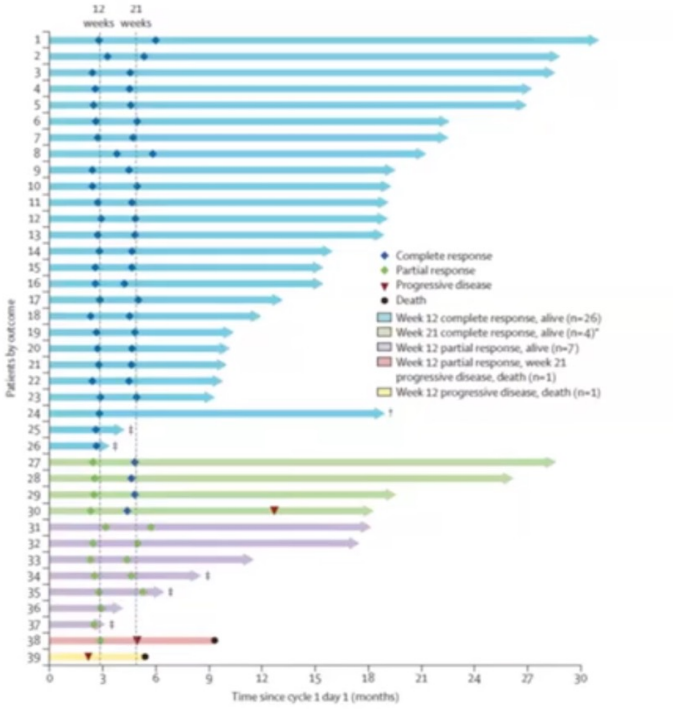
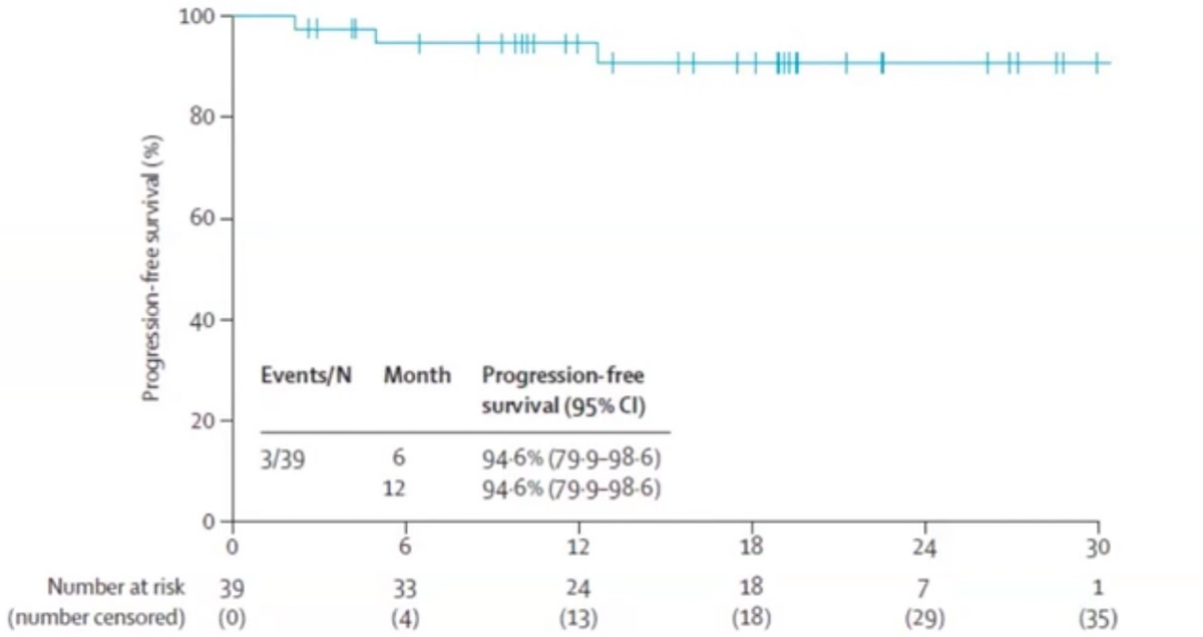




- R-Loncastuximab ➜ actividad significativa con una RMC robusta (RG 97.4%, RC 76.9% (similar en los distintos grupos)) y una SLP a 12 meses del 94,2 % en LF r/r de alto riesgo
- Nueva opción terapéutica en el LF R/R (cohorte de expansion en curso)

Alderuccio JP et al. ASH 2024 #337 oral abstract

Conclusiones Linfoma Folicular

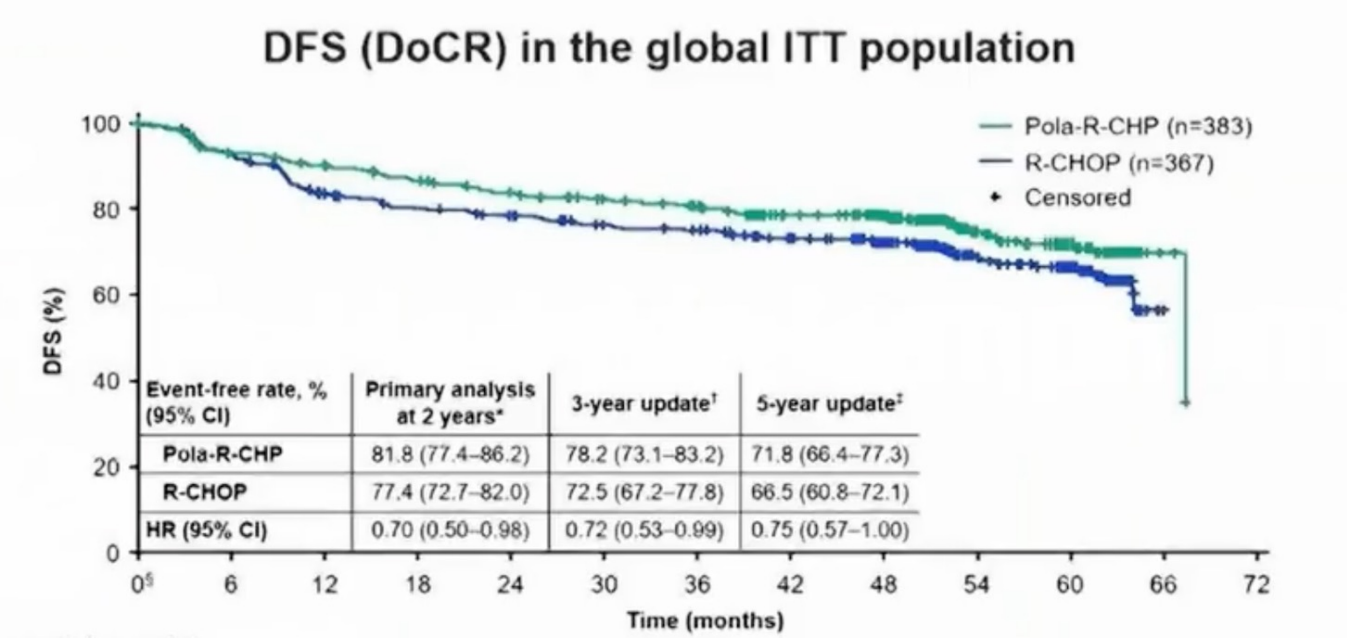
- Potenciales combinaciones libres de QTP desafiarán la 1L
- Combinaciones de nuevos anticuerpos, anticuerpos conjugados, inmunomoduladores y BiTes en enfermedad R/R: respuestas impactantes en poblaciones de alto riesgo y politratadas que modificarán el algoritmo terapéutico actual

DLBCL

- Consolidación de datos de ERC en 1L
- Combinaciones con Biespecíficos, inmunomoduladores y anticuerpos conjugados
- Enfermedad R/R

Análisis de cinco años del estudio POLARIX: un seguimiento prolongado confirma el impacto positivo de polatuzumab vedotin más rituximab, ciclofosfamida, doxorrubicina y prednisona (Pola-R-CHP) en los resultados

Gilles Salles , Franck Morschhauser , Laurie H. Sehn , Alex F. Herrera , Jonathan W. Friedberg , Marek Trněný , Georg Lenz , Jeff P. Sharman , Carlos Herbaux , Juan M. Burke , Mateo Matasar , Graham P. Collins , Canción de Yuqin , Antonio Pinto , Shinya Rai , Koji Izutsu , Calvin Lee , Saibah Chohan , Mateo Sugidono , Yanwen Jiang , Connie Lee Batlevi , Mark Yan , Jamie Hirata , Hervé Tilly , Christopher R. Flowers

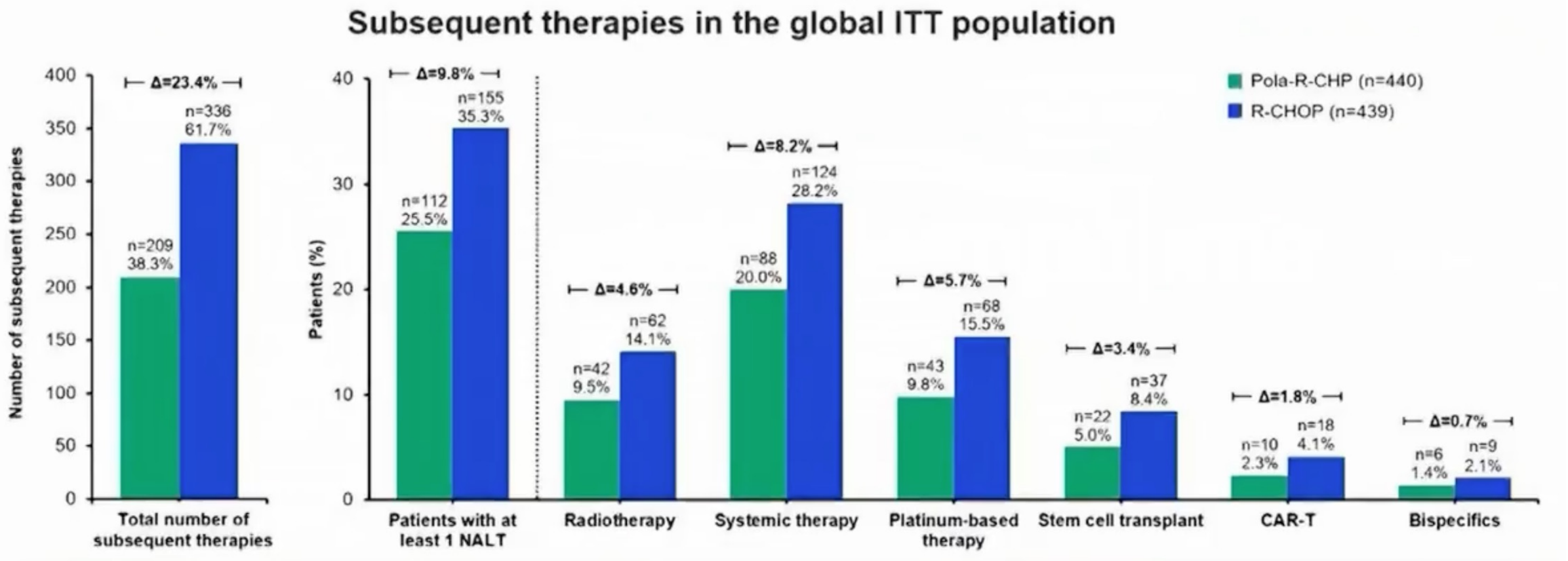


Event-free rate, % (95% CI)	Primary analysis at 2 years*	3-year update†	5-year update‡
Pola-R-CHP	81.8 (77.4–86.2)	78.2 (73.1–83.2)	71.8 (66.4–77.3)
R-CHOP	77.4 (72.7–82.0)	72.5 (67.2–77.8)	66.5 (60.8–72.1)
HR (95% CI)	0.70 (0.50–0.98)	0.72 (0.53–0.99)	0.75 (0.57–1.00)

- RC completes duraderas y sostenidas en el tiempo
- Seguimiento prolongado a 5 años peneficios sostenidos y significativos en la SLP y SLE
- Sin diferencias en SG. Mayor cantidad de muertes luego de 2 años en grupo R-CHOP→ interés en seguimiento más prolongado
- Sin cambios en perfil de seguridad

Salles G. et al ASH 2024

Pacientes tratados con Pola-R-CHP requirieron 23% menos terapias subsiguientes



El tipo de terapia subsiguiente refleja el lineamiento terapéutico y acceso en el momento de realizar el estudio

Seguridad: menos de 5% de diferencia en toxicidad hematológica en Pola-R-CHP vs R-CHOP, menos 2das neoplasias en la rama experimental

Salles G. et al ASH 2024

Fixed-Duration Epcoritamab + R-CHOP Induces High Complete Response Rates in Patients with Previously Untreated Diffuse Large B-Cell Lymphoma Withhigh-Risk Features: Long-Term Results from the Epcore NHL-2 Trial

Lorenzo Falchi, Fritz Offner, Sven de Vos, Joshua Brody, Raul Cordoba, Kim Linton, Sylvia Snauwaert, Michael Roost Clausen, Toshihiko Oki, Andrew J. Steele, Yi Hao, Kimberly G. Archer, Ali Rana, David Belada

Key inclusion criteria

- Newly diagnosed CD20+ DLBCL[a]
  - DLBCL, NOS
  - T-cell/histiocyte-rich DLBCL
  - Double-hit or triple-hit DLBCL[b]
  - FL grade 3B
- IPI score ≥3
- ECOG PS 0–2
- Measurable disease by CT or MRI
- Adequate organ function

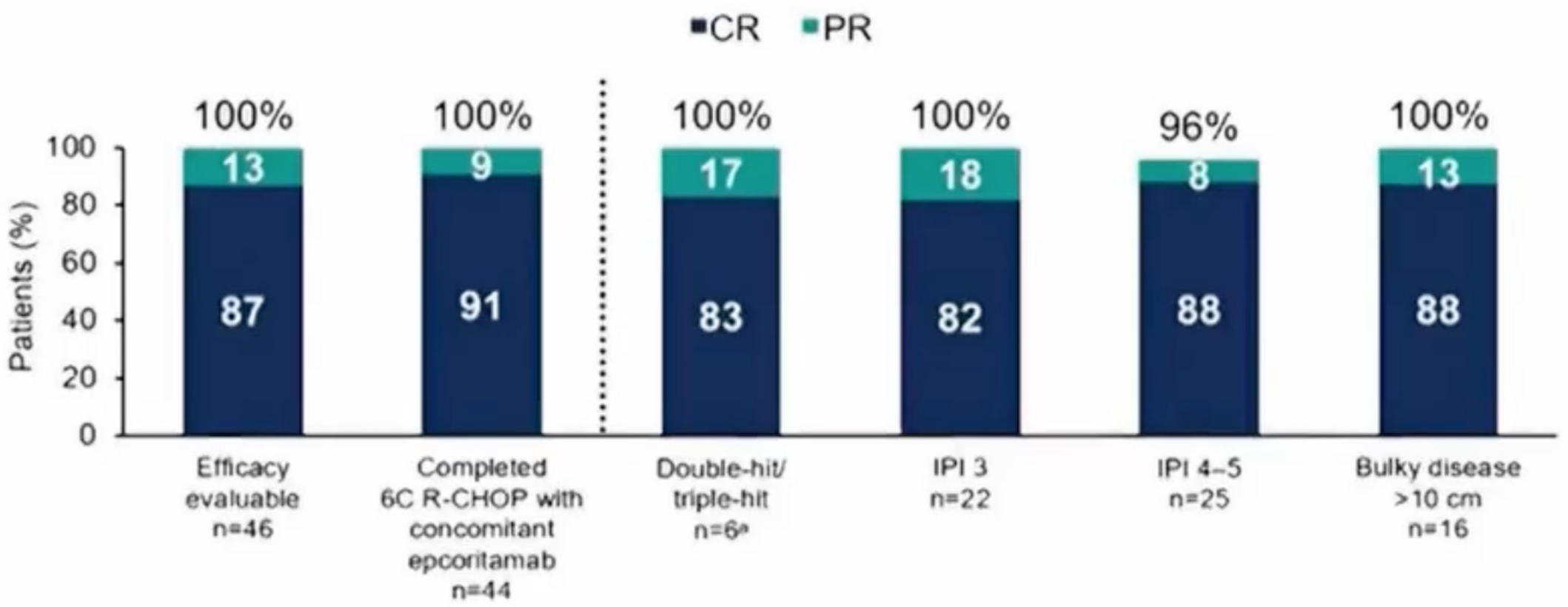
Data cutoff: May 15, 2024
Median follow-up: 27.4 mo

Treatment regimen: concomitant fixed-duration epcoritamab 48 mg + R-CHOP[c]

	Agent	C1–4	C5–6	C7+
	Epcoritamab SC 48 mg	QW	Q3W	Q4W Up to 1 year
R-CHOP	Rituximab IV 375 mg/m²	Q3W		
R-CHOP	Cyclophosphamide IV 750 mg/m²	Q3W		
R-CHOP	Doxorubicin IV 50 mg/m²	Q3W		
R-CHOP	Vincristine[d] IV 1.4 mg/m²	Q3W		
R-CHOP	Prednisone IV or oral 100 mg/d	D1–5 of each cycle		

- **Primary endpoint:** Overall response rate[e]
- **Key secondary endpoints:** CR rate, time to response, time to CR, DOR, DOCR, PFS, OS, MRD negativity, and safety/tolerability
  - MRD was assessed using the exploratory AVENIO ctDNA method

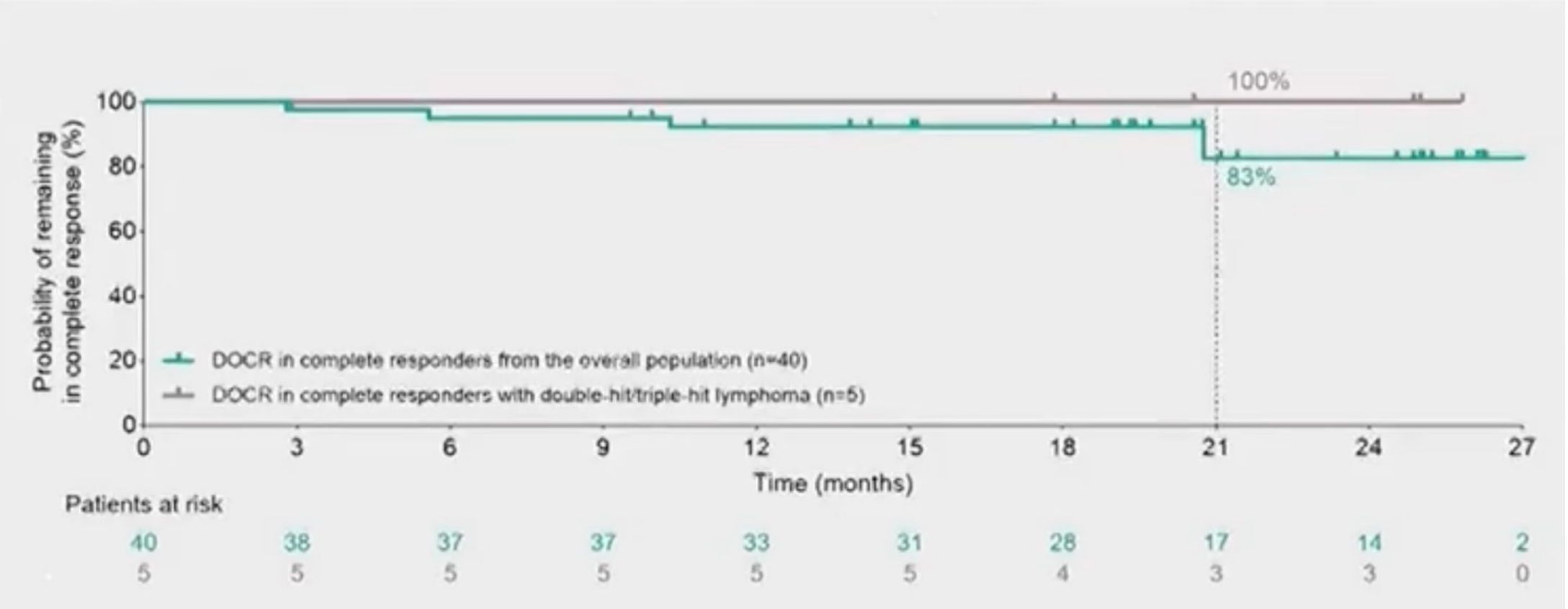
Altas tasas de RG y RC en los diferentes grupos de riesgo (n=46)



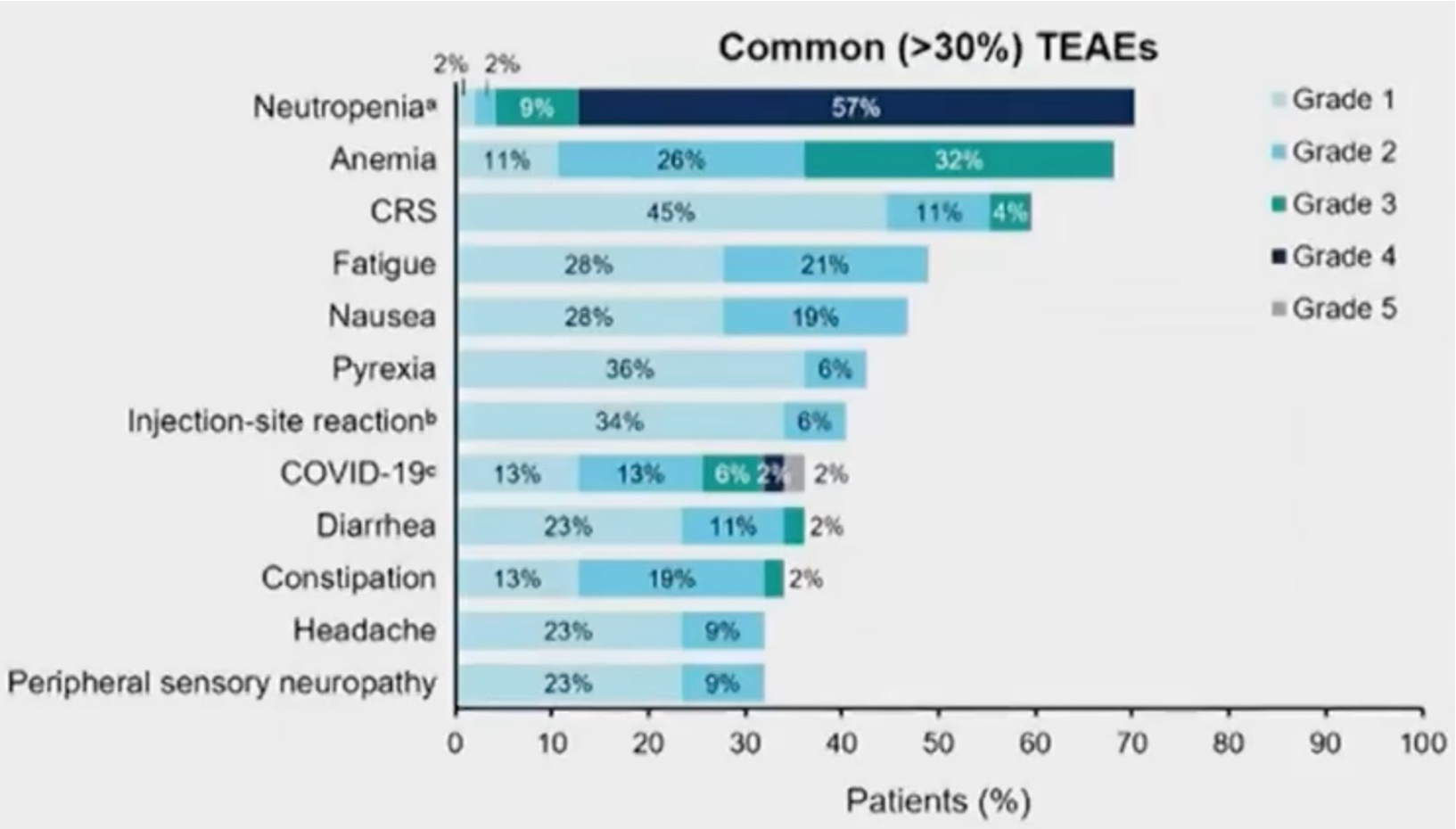
- Exposición:
- Mediana de exposición a Epco 11.5 meses (0.6-13.2)
- Mediana de intensidad de R-CHOP 95-98% para todos sus componentes
- 3 pacientes no completaron C6 (retiro del consentimiento, COVID G5, progresión)

ASH 2024

- Respuestas duraderas ➜ RG 100%, RC 87%
- 83% (5/6) de los pacientes doble/triple hit obtuvieron RC
- 91% EMR negativa en pacientes evaluables (30/33)
- SLP a 2 años 82%; OS 87%
- SLC G1 45%, mayoría luego de 1 dosis plena
- ICANS en 2 pacientes (G1 y G2), mediana de resolución 2.5 días



ASH 2024



Perfil de seguridad esperado

- 5 pacientes neutropenia febril
- 17 requirieron G-CSF
- 2 EA G5 (COVID, sepsis)
- Discontinuación:
  - COVID (n=2)
  - Sepsis (n=1)
  - Infección respiratoria (n=1)
- No hubo SLT

Fase 3 en curso de epcoritamab + R-CHOP en el LDCBG de 1L (NCT05578976)

ASH 2024

Epcore DLBCL-3 First Disclosure: Fixed-Duration Epcoritamab Monotherapy in Older (≥75 y), Anthracycline-Ineligible Patients with Previously Untreated Large B-Cell Lymphoma

Franck Morschhauser, David Belada, Johannes Duell, Wojciech Jurczak, Tae Min Kim, Won Seog Kim, Takahiro Kumode, Javier López Jiménez, Caressa Meert, Sergio Ortegon Alcaide, Catherine Thieblemont, Yajian Jiang, Mina Khoshdeli, Yanli Wang, Evelyn Guo, Daniela Hoehn, Sherida Woei-A-Jin

10% de los pacientes con DLBCL son inelegibles a antracicilinas

A phase 2, open-label trial evaluating the efficacy and safety of fixed-duration epcoritamab in older, anthracycline-ineligible adults with newly diagnosed LBCL

Key inclusion criteria

- Newly diagnosed CD20+ LBCL
  - DLBCL, NOS
  - T-cell/histiocyte-rich DLBCL
  - Double-hit or triple-hit DLBCL
  - FL grade 3B
- ICE score ≥8[a]
- ECOG PS 0–2
- Ineligible for anthracycline-based therapy/cytotoxic chemotherapy due to:
  - Age ≥80 y, or
  - Age ≥75 y with a comorbid condition[b]
- Measurable disease by CT or MRI

Data cutoff: September 21, 2024
Median follow-up: 9.5 mo (range, 0.4–17.7+)

1:1 RANDOMIZATION

Agent	C1–3	C4–12
Epcoritamab SC 48 mg[c]	QW	Q4W

Agent	C1–3	C4–12
Epcoritamab SC 48 mg[c]	QW	Q4W
Lenalidomide PO 10–20 mg	QD D1–21	QD D1–21

- **Primary endpoint:** CR rate per Lugano criteria[1]
- **Key secondary endpoints:** ORR, TTR, DOR, DOCR, PFS, OS, MRD negativity,[d] and safety

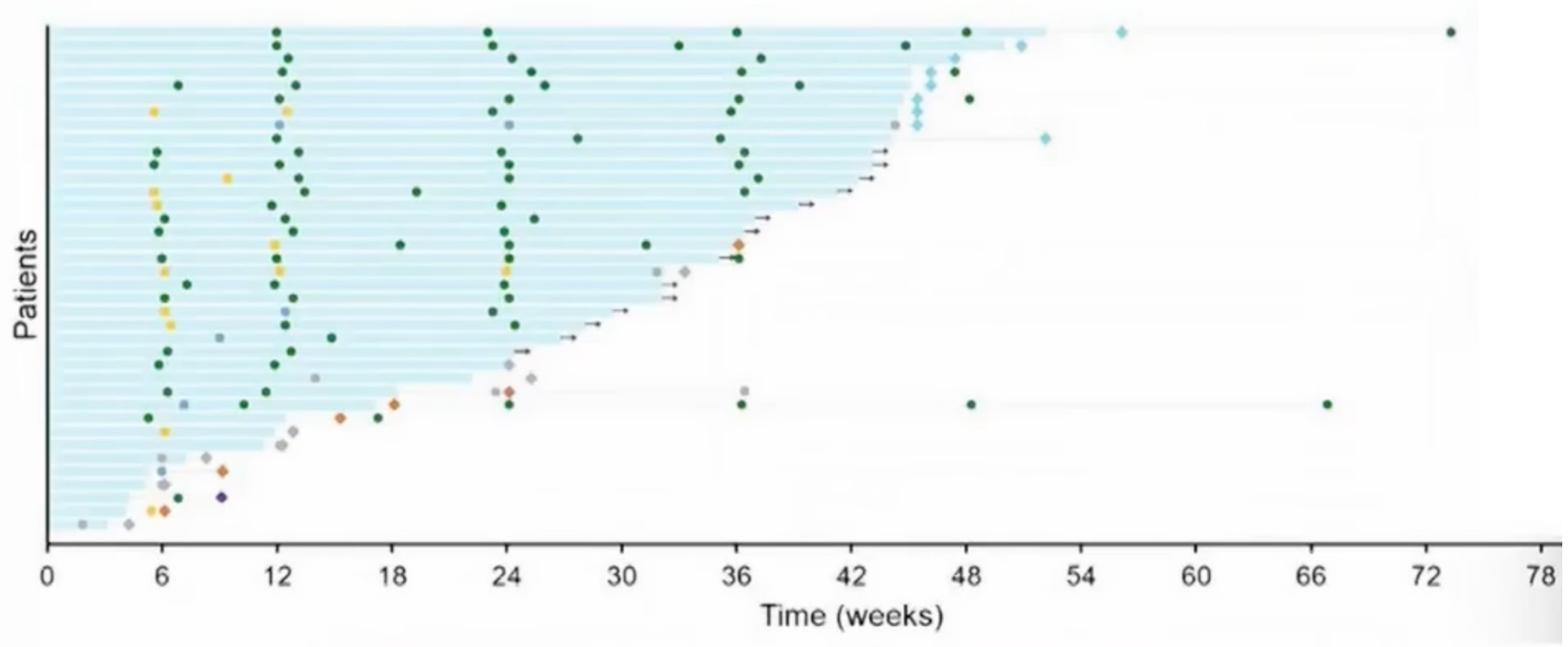
Morschauser F et al ASH 2024

Characteristic	N=45
Median age, y (range)	81 (77–95)
≥75 to <80 y, n (%)	8 (18)
≥80 to <85 y, n (%)	20 (44)
≥85 y, n (%)	17 (38)
Male sex at birth, n (%)	18 (40)
Race,[a] n (%)	
White	32 (71)
Asian	8 (18)
LBCL classification at baseline, n (%)	
DLBCL[b]	42 (93)
De novo, n/n (%)	40/42 (95)
Transformed from FL, n/n (%)	2/42 (5)
T-cell/histiocyte-rich LBCL	1 (2)
HGBL[b]	3 (7)
FL grade 3B	2 (4)
Cell of origin,[c] n (%)	
Germinal center B cell	22 (49)
Non–germinal center B cell or activated B cell	13 (29)
Unknown	7 (16)

Characteristic	N=45
ECOG PS, n (%)	
0–1	34 (76)
2	11 (24)
Ann Arbor stage, n (%)	
II	15 (33)
III	5 (11)
IV	25 (56)
IPI score, n (%)	
1–2	19 (42)
3–5	26 (58)
Renal function by CrCl, n (%)	
≥60 mL/min	12 (27)
30 to <60 mL/min	31 (69)
15 to <30 mL/min	2 (4)
Bulky disease per investigator,[d] n (%)	
<7 cm	31 (69)
7–10 cm	8 (18)
>10 cm	5 (11)
Median time from initial diagnosis to first dose, mo (range)	1.3 (0.2–45.7)

Contraindicación para antracicilinas:
78% HTA
71% alteración heptática
16% FA

Morschauser F et al ASH 2024



- SLP a 6 meses 73%
- SG a 6 meses 81%
- 9 muertes (6 progression, 3 EA)
- ICANS 16%
- Sangrado en SNC, leak capilar

Morschauser F et al ASH 2024

Brentuximab vedotin in combination with lenalidomide and rituximab in patients with relapsed/refractory diffuse large B-cell lymphoma: results from the phase 3 ECHELON-3 study

Jeong-A Kim,[1] Uwe Hahn,[2] Won-Seog Kim,[3] Isabelle Fleury,[4] Kamel Laribi,[5] Juan Miguel Bergua Burgues,[6] Krimo Bouabdallah,[7] Nicholas Forward,[8] Fontanet Bijou,[9] David MacDonald,[10] Craig A. Portell,[11] Herve Ghesquieres,[12] Grzegorz S. Nowakowski,[13] Christopher A. Yasenchak,[14] Evelyn Rustia,[15] Michelle Fanale,[15] Fei Jie,[15] Nancy L. Bartlett[16]

Key inclusion criteria

- R/R DLBCL with eligible subtypes[a]
- Age ≥18 years
- **≥2 prior lines of therapy**
- **Ineligibility for or disease relapse following HSCT or CAR T-cell therapy**
- ECOG PS 0-2
- FDG-avid, measurable disease

Key exclusion criteria

- Prior BV or Len
- Active cerebral/meningeal disease
- Grade ≥2 peripheral neuropathy

Randomization 1:1

Treatment groups[c]

BV+Len+R (n=112)

BV 1.2 mg/kg IV Q3W + Len 20 mg PO QD + R 375 mg/m^2 IV Q3W[b]

Placebo+Len+R (n=118)

Placebo IV Q3W + Len 20 mg PO QD + R 375 mg/m^2 IV Q3W[b]

Primary endpoint

- OS in ITT population

Secondary endpoints

- PFS_{INV} and ORR_{INV} using the response criteria per Lugano 2014 in ITT population
- $CR\ rate_{INV}$
- DOR_{INV}
- OS in CD30-positive population
- Safety and tolerability

Stratification

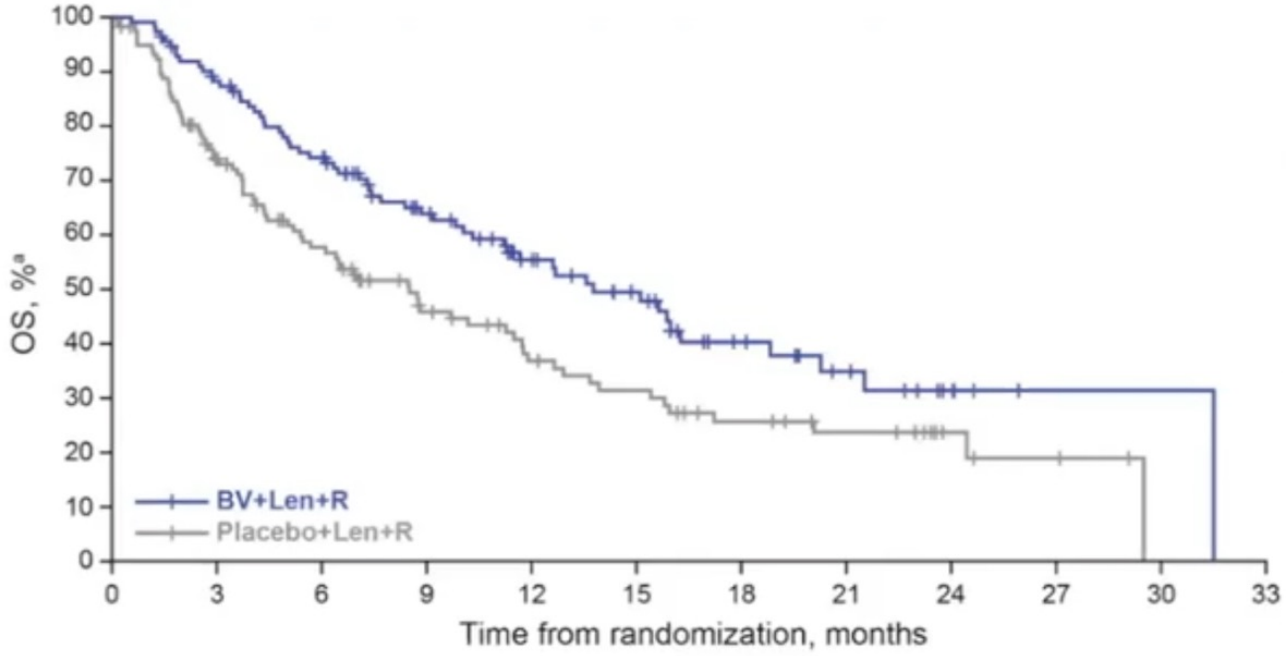
- CD30 status (≥1% vs <1%)
- Cell of origin (GCB or non-GCB)
- Prior treatment with CAR-T therapy (received or not)
- Prior treatment with SCT (received or not)

- Per protocol, G-CSF prophylaxis was required

Abstract LBA7005

Brentuximab vedotin in combination with lenalidomide and rituximab in patients with relapsed/refractory diffuse large B-cell lymphoma: results from the phase 3 ECHELON-3 study

Jeong-A Kim,[1] Uwe Hahn,[2] Won-Seog Kim,[3] Isabelle Fleury,[4] Kamel Laribi,[5] Juan Miguel Bergua Burgues,[6] Krimo Bouabdallah,[7] Nicholas Forward,[8] Fontanet Bijou,[9] David MacDonald,[10] Craig A. Portell,[11] Herve Ghesquieres,[12] Grzegorz S. Nowakowski,[13] Christopher A. Yasenchak,[14] Evelyn Rustia,[15] Michelle Fanale,[15] Fei Jie,[15] Nancy L. Bartlett[16]



	BV+Len+R (n=112)	Placebo+Len+R (n=118)
OS, median (95% CI), months	**13.8** (10.3-18.8)	**8.5** (5.4-11.7)
Hazard ratio (95% CI)[b]	0.629 (0.445-0.891)	
Log-rank *P* value[c]	.0085	
Events (deaths)	58	76
Follow-up, median (95% CI), months	15.5 (12.2-18.1)	18.9 (12.2-23.2)

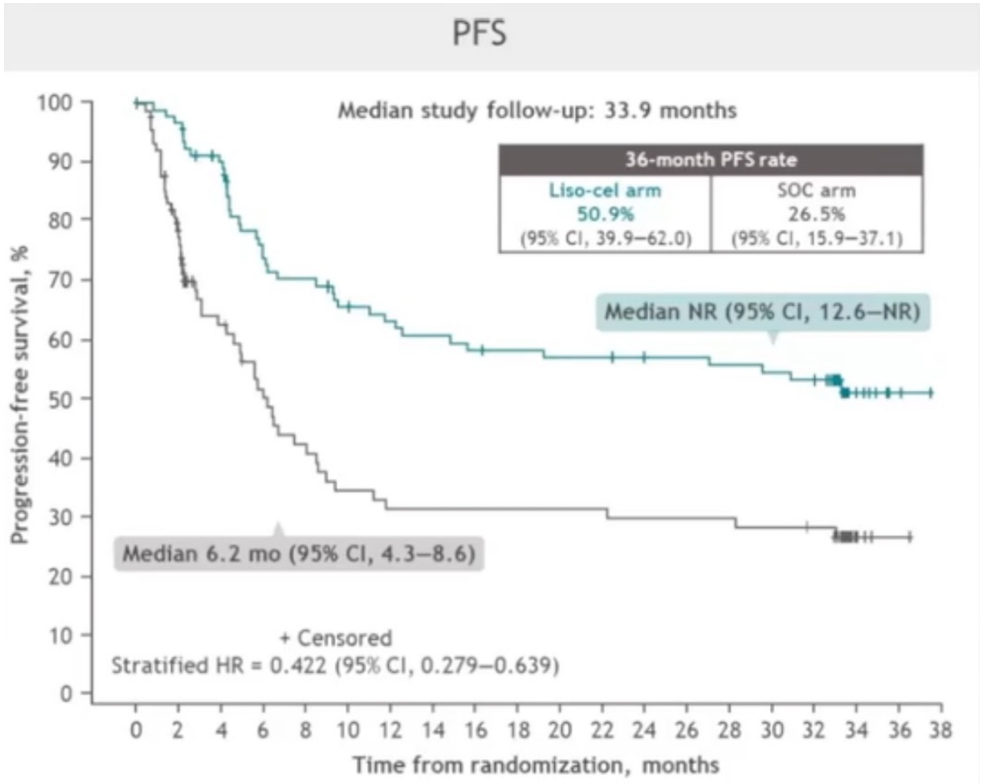
- End-point final alcanzado con mejoría significativa en la SG
- Bv + Len + R vs placebo + Len + R: Reducción de riesgo 37%
- Prolongó la SG en 5.3 meses vs placebo + Len + R

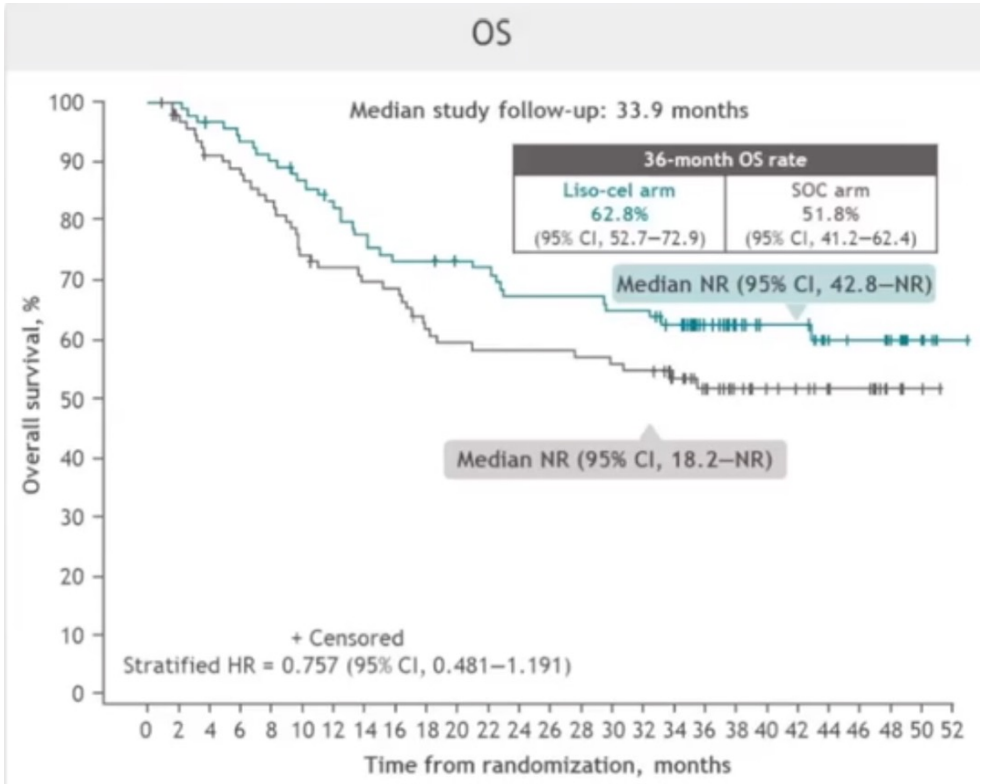
Abstract LBA7005

Lisocabtagene maraleucel vs standard of care with salvage chemotherapy followed by autologous stem cell transplantation as second-line treatment in patients with relapsed or refractory large B-cell lymphoma: 3-year follow-up from the randomized, phase 3 TRANSFORM study

Manali Kamdar, MD, MBBS,[1] Scott R. Solomon, MD,[2] Jon Arnason, MD,[3] Patrick B. Johnston, MD, PhD,[4] Bertram Glass, MD,[5] Veronika Bachanova, MD, PhD,[6] Sami Ibrahimi, MD,[7] Stephan Mielke, MD,[8] Pim Mutsaers, MD,[9] Francisco Hernandez-Ilizaliturri, MD,[10] Koji Izutsu, MD, PhD,[11] Franck Morschhauser, MD, PhD,[12] Matthew Lunning, DO,[13] Victor A. Chow, MD,[14] Josu Santamaria, MSc,[15] Silvia Colicino, PhD,[15] Ken Ogasawara, PhD, MPH,[16] Lara Stepan, BS,[14] Jeremy S. Abramson, MD, MMSc[17]

62% de los pacientes SOC cruzaron a liso-cel





Abstract 7013

A Randomized Phase II Study of Mosunetuzumab SC Plus Polatuzumab Vedotin Demonstrates Improved Outcomes Versus Rituximab Plus Polatuzumab Vedotin in Patients (Pts) with Relapsed or Refractory (R/R) Large B-Cell Lymphoma (LBCL)

Julio C. Chavez, Adam J. Olszewski, Mariana Bastos-Oreiro, Sarit E. Assouline, Izidore S. Lossos, Catherine Diefenbach, Nilanjan Ghosh, Dipenkumar Modi, Waleed Sabry, Seema Naik, Nirav N. Shah, Ronan Foley, Daniel J Hodson, Sneha Makadia, Song Pham, Elicia Penuel, Hao Wu, Wahib S. Ead, Iris To, Connie Lee Batlevi, Michael C. Wei, L. Elizabeth Budde

Key inclusion criteria

- Confirmed LBCL (DLBCL, HGBCL, or FL Grade 3b; trFL included)
- ≥1 prior line of therapy, including an anti-CD20-directed therapy

Objectives

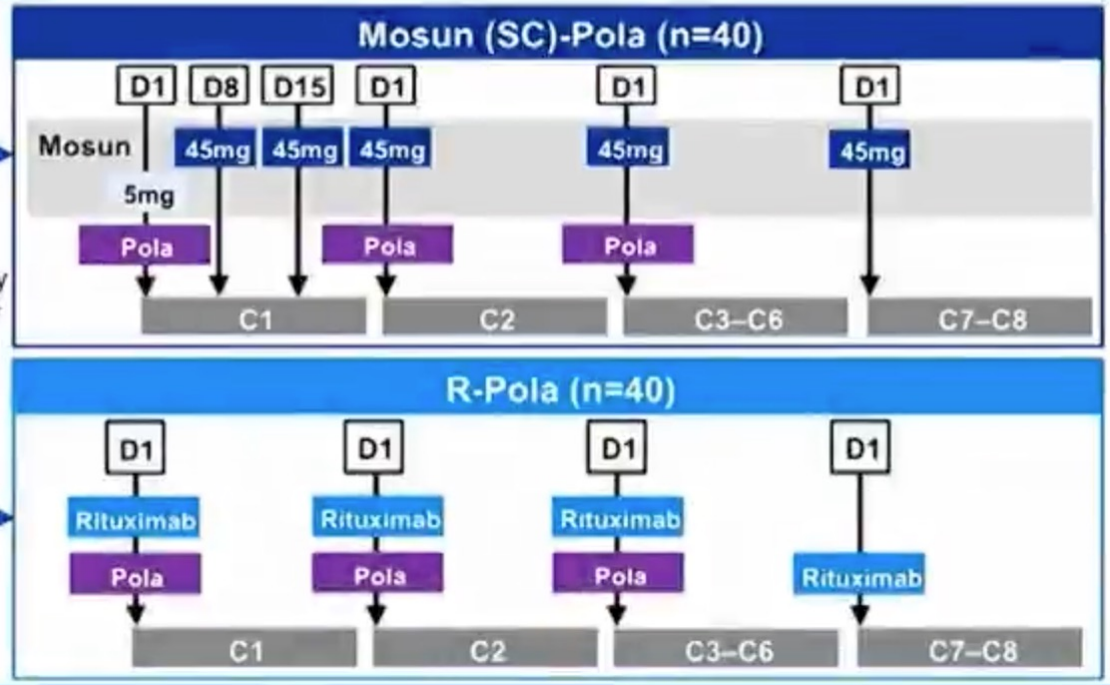
- Efficacy and safety of Mosun-Pola
- Primary endpoint: best ORR[1] by IRC

Mosun-Pola fixed duration administration

- **Mosun:** SC with step-up dosing in C1; total of 8 cycles
- **Pola:** 1.8mg/kg IV on D1 of C1–6
- **Rituximab:** IV (375mg/m^2) on D1 of C1–8
- **No mandatory hospitalization**
- **Premedications for CRS:** mandatory corticosteroids at C1; not required for C2 and beyond*
- **Retreatment:** permitted if there is PD following completion of treatment for pts on M-Pola achieving CR
- **Potential crossover:** Pts on R-Pola with PD during treatment/at EOT or with stable disease at EOT could cross over to receive Mosun-Pola (up to 8 cycles of cumulative Pola)

R† 1:1

Stratified by no. of prior therapies (1 vs ≥2)



Chavez J et al. ASH 2024

A Randomized Phase II Study of Mosunetuzumab SC Plus Polatuzumab Vedotin Demonstrates Improved Outcomes Versus Rituximab Plus Polatuzumab Vedotin in Patients (Pts) with Relapsed or Refractory (R/R) Large B-Cell Lymphoma (LBCL)

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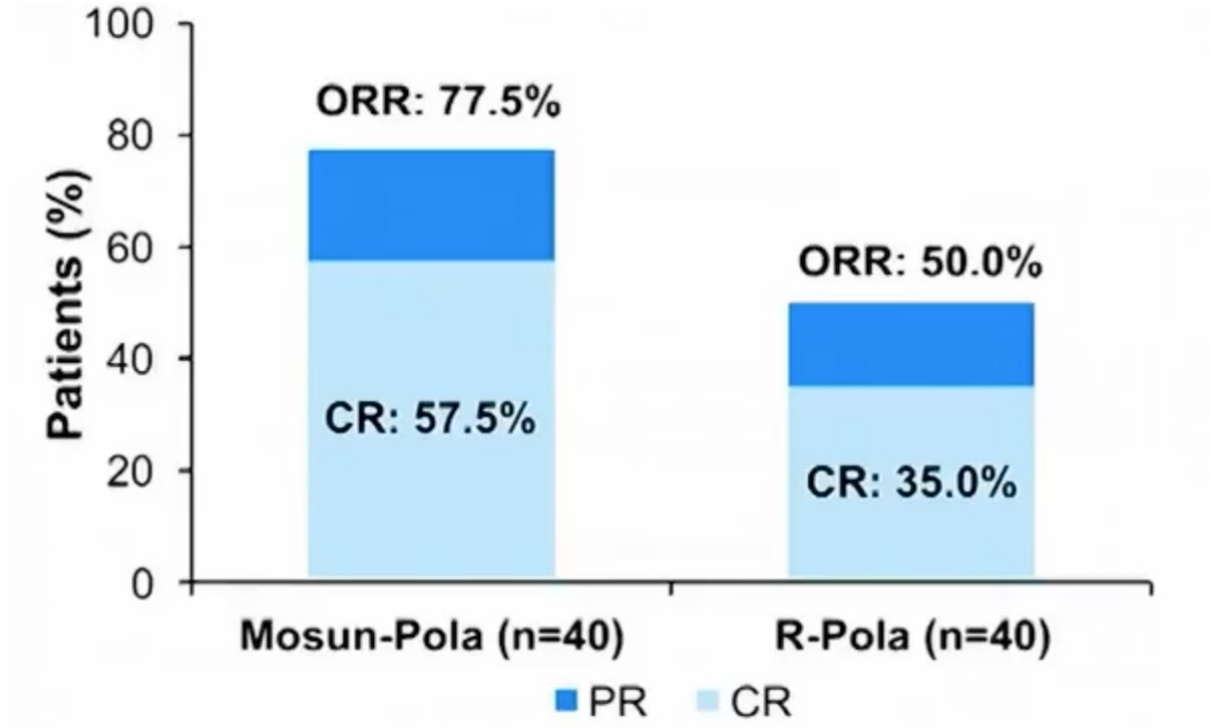

Efficacy endpoint, n (%) [95% CI]	Mosun-Pola (n=40)	R-Pola (n=40)
ORR	31 (77.5) [61.6–89.2]	20 (50.0) [33.8–66.2]
CR	23 (57.5) [40.9–73.0]	14 (35.0) [20.6–51.7]

Mosun + Pola mejoró la eficacia de R-Pola con un Δ de RG de 27.5% y un Δ de RC de 22.5%

Chavez J et al. ASH 2024

A Randomized Phase II Study of Mosunetuzumab SC Plus Polatuzumab Vedotin Demonstrates Improved Outcomes Versus Rituximab Plus Polatuzumab Vedotin in Patients (Pts) with Relapsed or Refractory (R/R) Large B-Cell Lymphoma (LBCL)

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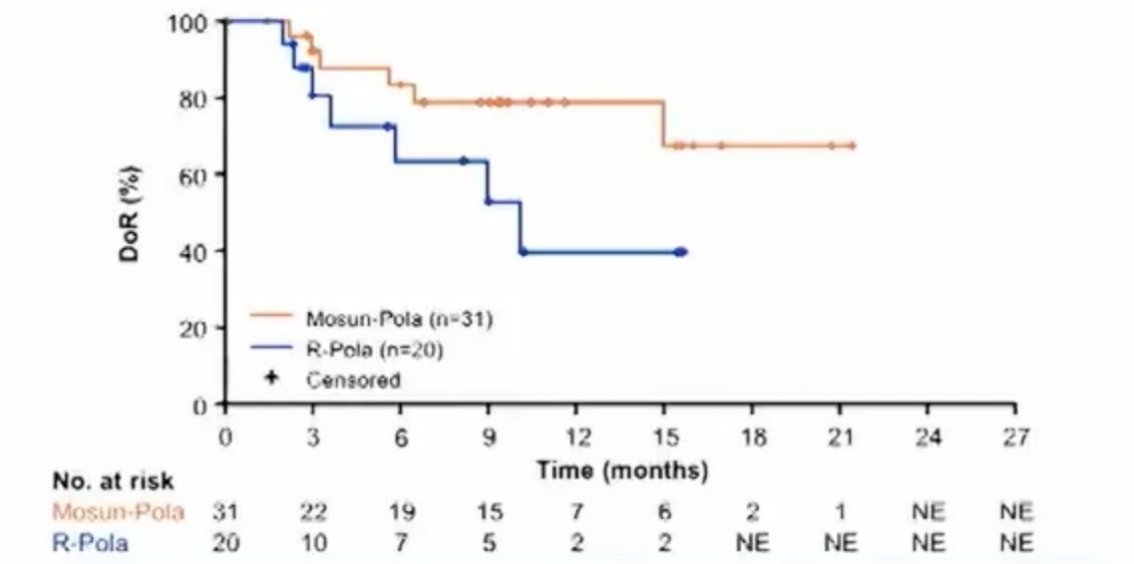
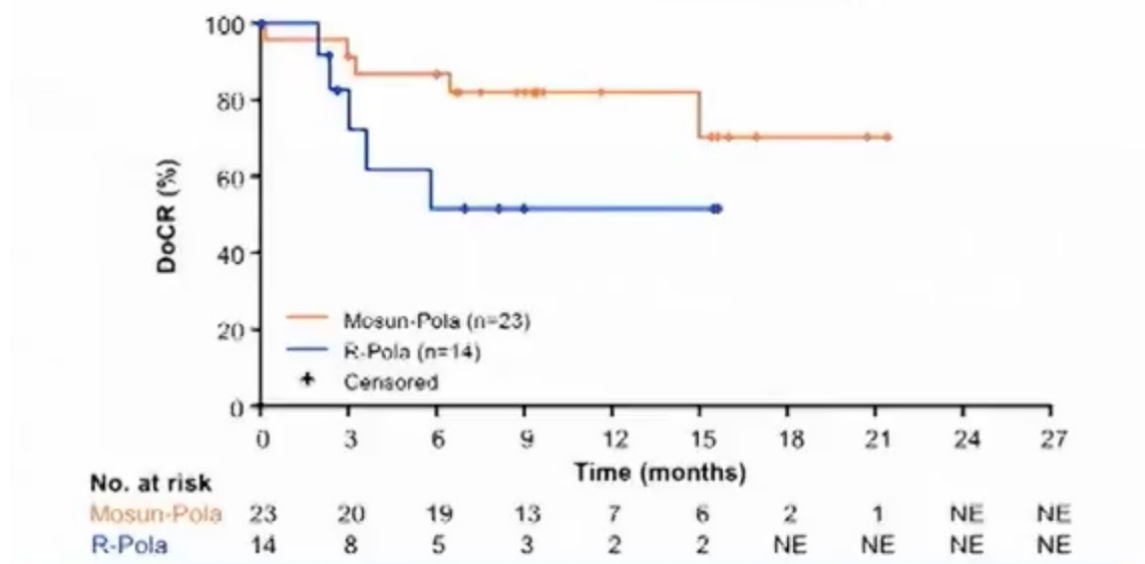


	Mosun-Pola (n=31)	R-Pola (n=20)
Median DoR, months (95% CI)	NE (15.0–NE)	10.1 (3.6–NE)
Hazard ratio (95% CI), p-value*	0.40 (0.13–1.19), p=0.0869	
6-month event-free rate, % (95% CI)	83.4 (68.4–98.3)	63.4 (37.1–89.8)
9-month event-free rate, % (95% CI)	78.7 (62.1–95.4)	52.8 (23.9–81.8)



	Mosun-Pola (n=23)	R-Pola (n=14)
Median DoCR, months (95% CI)	NE (15.0–NE)	NE (3.0–NE)
Hazard ratio (95% CI), p-value*	0.38 (0.11–1.32), p=0.1130	
6-month event-free rate, % (95% CI)	86.7 (72.8–100.0)	51.6 (20.6–82.5)
9-month event-free rate, % (95% CI)	81.9 (65.8–98.0)	51.6 (20.6–82.5)

Respuestas duraderas a 18 meses de seguimiento, datos inmaduros

Chavez J et al. ASH 2024

A Randomized Phase II Study of Mosunetuzumab SC Plus Polatuzumab Vedotin Demonstrates Improved Outcomes Versus Rituximab Plus Polatuzumab Vedotin in Patients (Pts) with Relapsed or Refractory (R/R) Large B-Cell Lymphoma (LBCL)

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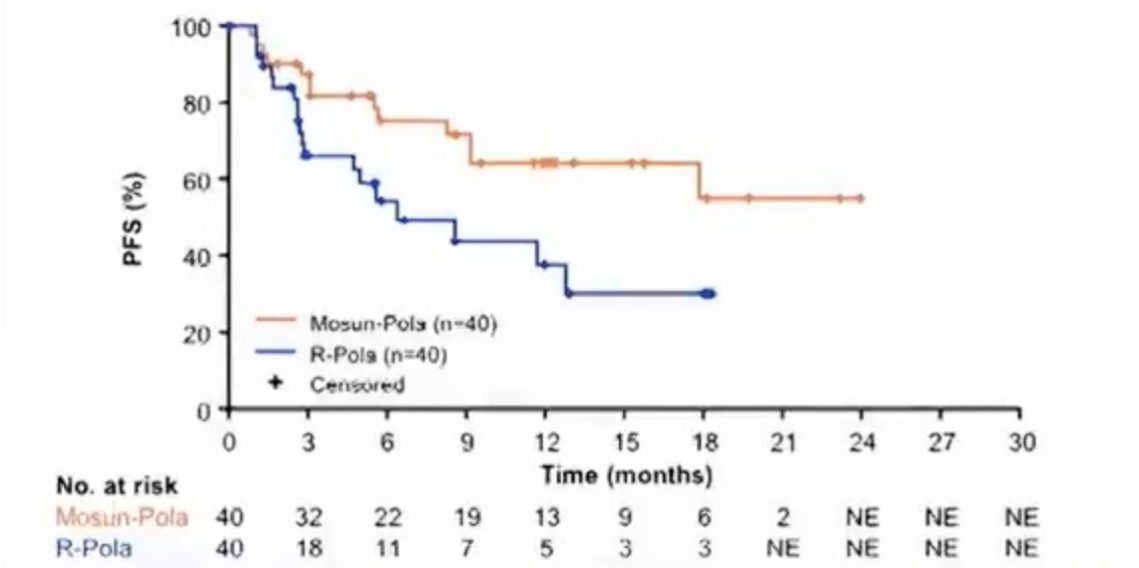
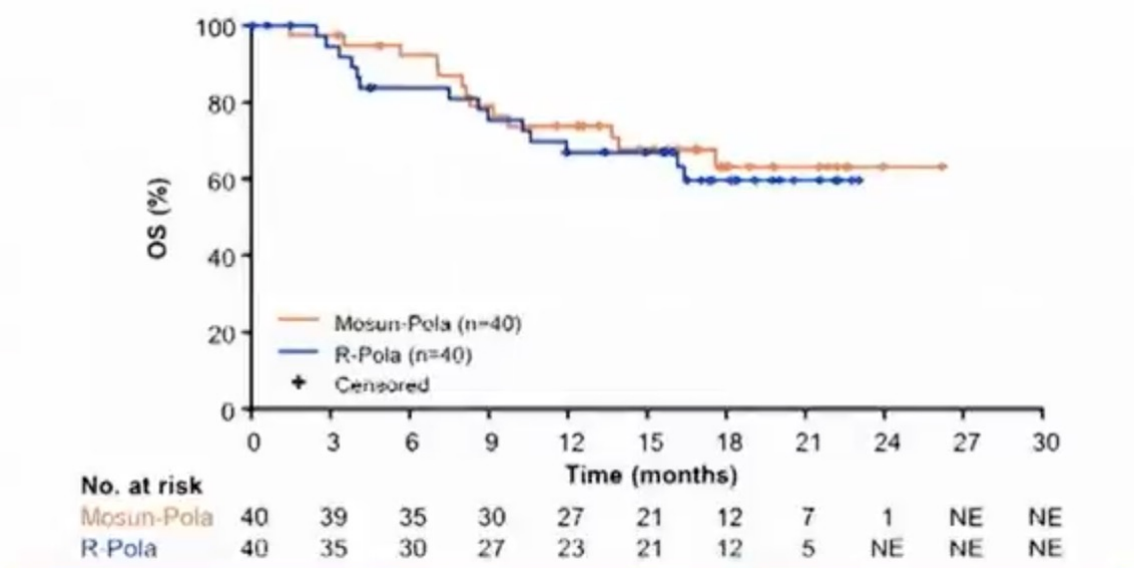


	Mosun-Pola (n=40)	R-Pola (n=40)
Median PFS, months (95% CI)	NE (9.2–NE)	6.4 (4.7–NE)
Hazard ratio (95% CI), p-value†	0.45 (0.22–0.92), p=0.0250	
9-month event-free rate, % (95% CI)	71.7 (56.6–86.8)	43.8 (24.4–63.3)
12-month event-free rate, % (95% CI)	64.2 (47.4–80.9)	37.6 (17.4–57.7)



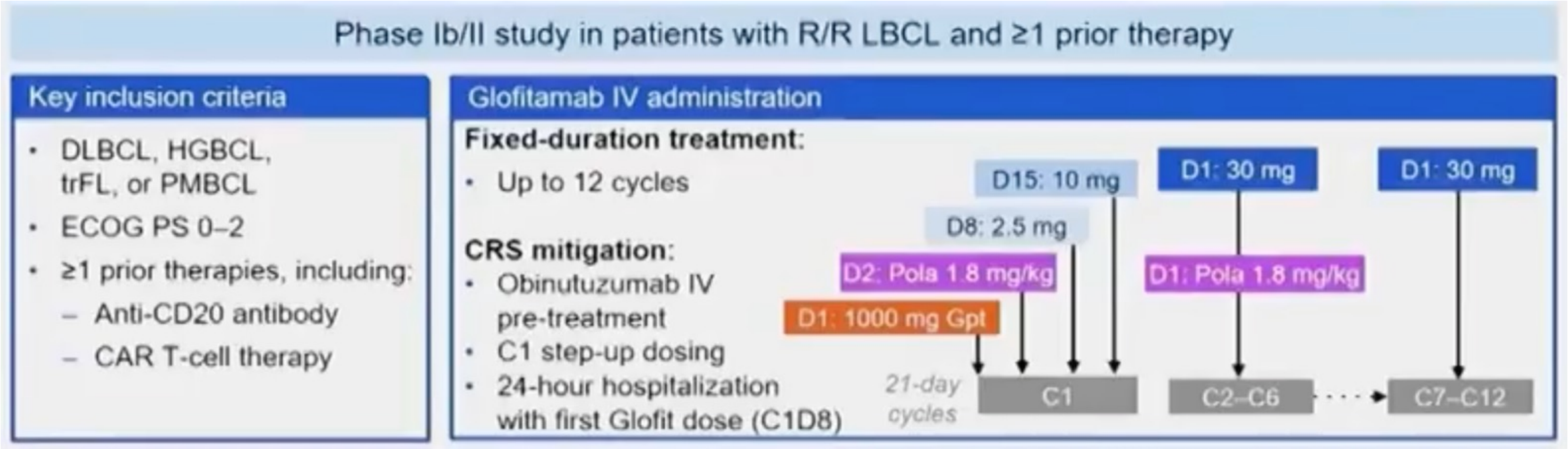
	Mosun-Pola (n=40)	R-Pola (n=40)
Median OS, months (95% CI)	NE (17.6–NE)	NE (16.2–NE)
Hazard ratio (95% CI), p-value†	0.85 (0.40–1.80), p=0.6644	
9-month event-free rate, % (95% CI)	79.1 (66.2–92.0)	75.4 (61.4–89.4)
12-month event-free rate, % (95% CI)	73.8 (59.9–87.8)	67.0 (51.7–82.3)

Seguimiento medio 12 meses, datos inmaduros

Chavez J et al. ASH 2024

Glofitamab in Combination with Polatuzumab Vedotin Maintains Durable Responses and a Manageable Safety Profile in Patients with Heavily Pre-Treated Relapsed/Refractory (R/R) Large B-Cell Lymphoma (LBCL) Including High-Grade B-Cell Lymphoma (HGBCL): Extended Follow-up of a Phase Ib/II Study

Martin Hutchings, Anna Sureda Balari, Francesc Bosch, Thomas Stauffer Larsen, Paolo Corradini, Abraham Avigdor, María José Terol, Antonio Rueda Dominguez, Antonio Pinto, Alan P Skarbnik, Raul Cordoba, Judit Mészáros Joergensen, Pier Luigi Zinzani, Ronit Gurion, Neta Goldschmidt, Wilfred Leung, Donghang Li, James Relf, Maneesh Tandon, Gila Sellam, Giuseppe Gritti



Hutchins M et al. ASH 2024

Glofitamab in Combination with Polatuzumab Vedotin Maintains Durable Responses and a Manageable Safety Profile in Patients with Heavily Pre-Treated Relapsed/Refractory (R/R) Large B-Cell Lymphoma (LBCL) Including High-Grade B-Cell Lymphoma (HGBCL): Extended Follow-up of a Phase Ib/II Study

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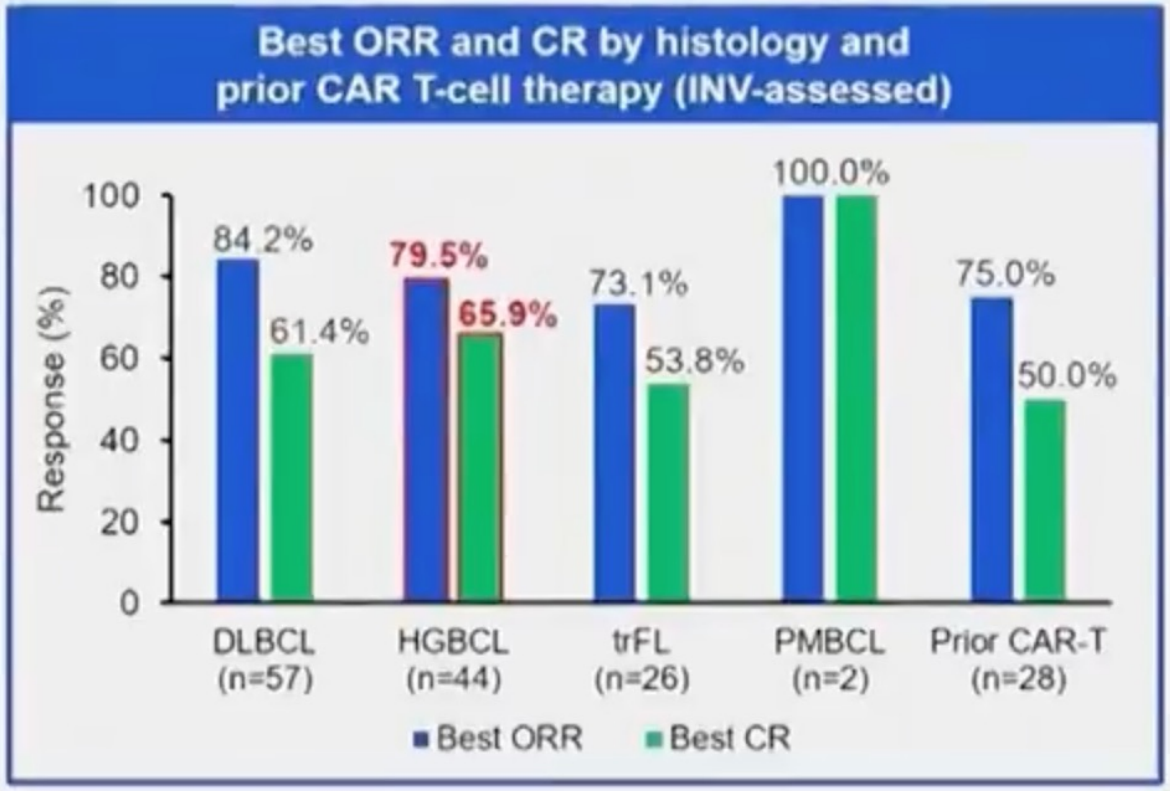
n (%) [95% CI]	By INV N=129	By IRC N=129
ORR	104 (**80.6**) [72.7–87.1]	101 (**78.3**) [70.2–85.1]
CR	80 (**62.0**) [53.1–70.4]	77 (**59.7**) [50.7–68.2]
PR	24 (18.6) [12.3–26.4]	24 (18.6) [12.3–26.4]
PD	16 (12.4) [7.3–19.4]	16 (12.4) [7.3–19.4]
DOR, median (months) [95% CI]	24.3 [15.0–37.8]	26.4 [10.9–44.3]



66% RC en pacientes con linfomas de alto grado

Hutchins M et al. ASH 2024

Epcoritamab Plus GemOx in Transplant-Ineligible Relapsed/Refractory DLBCL: Results From the EPCORE NHL-2 Trial

Joshua D. Brody ✉, Judit Meszaros Jørgensen, Dr, David Belada, Régis Costello, Marek Trněný, Umberto Vitolo, David John Lewis, Yasmin H. Karimi, Anna Sureda, Marc Andre, Björn E. Wahlin, Pieternella J. Lugtenburg, Tony Jiang, Kubra Karagoz, Andrew J Steele, Aqeel Abbas, Liwei Wang, Malene Risum, Raul Cordoba

Phase 1b/2 EPCORE® NHL-2 Arm 5

Key Inclusion Criteria

- R/R CD20+ DLBCL[a]
  - DLBCL, NOS
  - Double-hit or triple-hit DLBCL
  - FL grade 3B
  - T-cell/histiocyte-rich DLBCL
- Ineligible for ASCT (due to age, performance status, or failure of prior ASCT)

[a]*De novo* or histologically transformed from FL or nodal marginal zone lymphoma based on World Health Organization 2016 classification.

Treatment regimen: Epcoritamab SC 48 mg + GemOx IV

Agent	C1	C2	C3	C4	C5–9	C10+
Epcoritamab	QW	QW	QW	Q2W	Q2W	Q4W
Gemcitabine	Q2W					
Oxaliplatin						

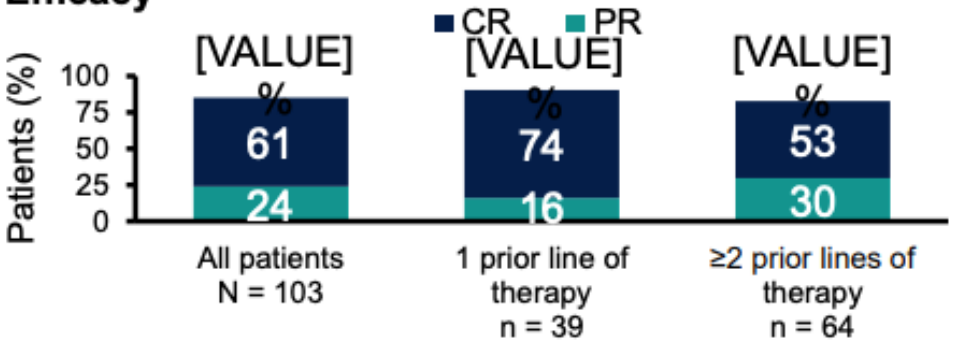
Brody J et al. ASH 2024

Epcoritamab Plus GemOx in Transplant-Ineligible Relapsed/Refractory DLBCL: Results From the EPCORE NHL-2 Trial

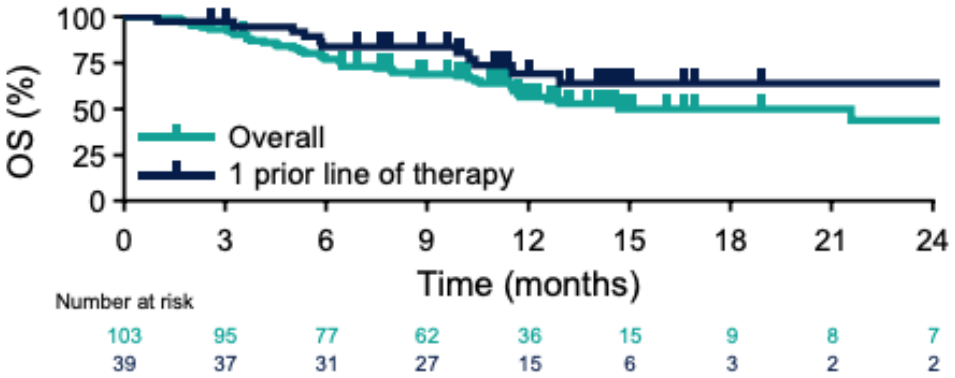
Summary of response in the overall population by IRC and investigator assessments

	IRC assessment N = 103	Investigator assessment N = 103
Overall response rate, n (%)	88 (85.4)	82 (79.6)
CR	63 (61.2)	60 (58.3)
PR	25 (24.3)	22 (21.4)
Stable disease, n (%)	3 (2.9)	7 (6.8)
Progressive disease, n (%)	8 (7.8)	9 (8.7)
Not evaluable, n (%)	4 (3.9)	5 (4.9)
Time to response, months, median (range)	1.5 (0.9–3.0)	1.5 (0.9–11.1)
Time to CR, months, median (range)	2.6 (1.3–22.1)	1.7 (1.3–10.7)

Efficacy



- Median DOCR was 23.6 months



- Epcoritamab combinado con GemOx produce respuestas profundas y duraderas en pacientes con LDCBG R/R no elegibles para trasplante en segunda línea o posterior
- Las tasas más altas de RG/RC en pacientes de segunda línea y en pacientes sin tratamiento previo con CART sugieren que este régimen podría mejorar los resultados como tratamiento precoz

Conclusiones DLBCL

- Polarix consolida sus resultados
- 1L estándar desafiada por combinaciones con BiTes (altas tasas de respuesta con buen perfil de seguridad)
- No hay claridad en la 1L para pacientes frágiles: introducción de BiTes solos o en combinación con anticuerpos conjugados o inmunomoduladores
- Excelente desempeño de combinaciones con BiTes en el escenario de la enfermedad refractaria: ¿desafían el lugar de las CART? ¿Cuál es el impacto en LATAM? ¿Puente a TALLO en pacientes jóvenes refractarios primarios o recaídos precoces en LATAM?

Linfoma del Manto

- 1L: Rol de iBTK en pacientes aptos (Triangle) y no aptos (Enrich) para ICT intensiva
- Enfermedad RR: estrategias libres de quimioterapia (iBTK + iBCL2, BiTes, CART)

Ibrutinib-Rituximab Is Superior to Rituximab-Chemotherapy in Previously Untreated Older Mantle Cell Lymphoma Patients: Results from the International Randomised Controlled Trial, Enrich

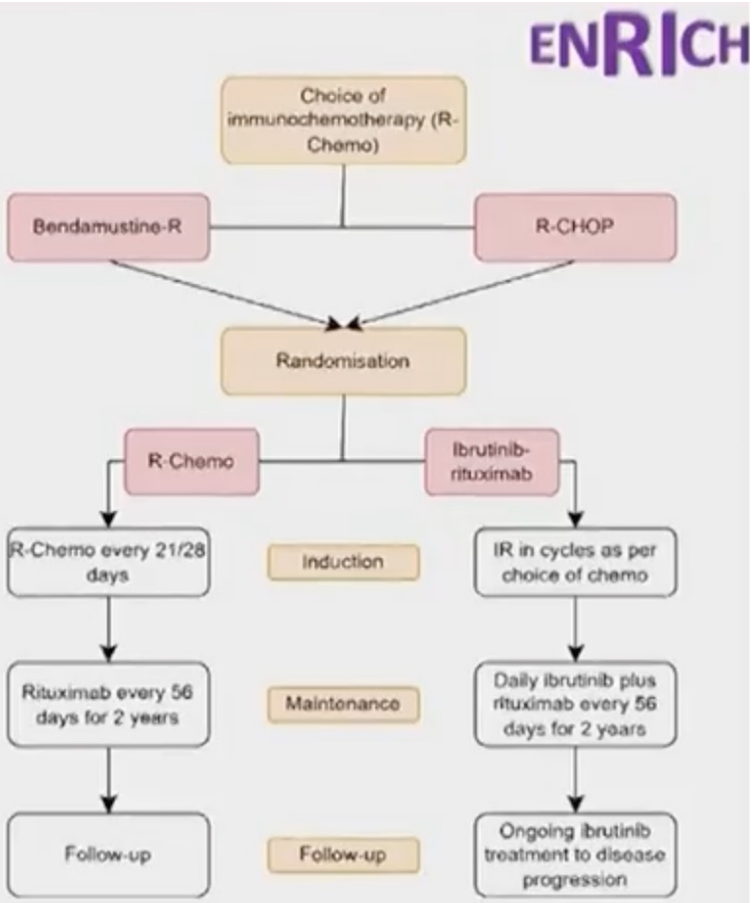
David John Lewis, Mats Jerkeman, Lexy Sorrell, David Wright, Ingrid Glimelius, Annika Pasanen, Jacob Haaber Christensen, Karin Fahl Wader, Andrew J. Davies, Nick Morley, Christopher McNamara, Christian Bjørn Poulsen, Jon Riise, Kristina Sonnevi, Ingemar Lagerlöf, Cathy Burton, Surita Dalal, Andrew Rawstron, Ruth M de Tute, Victoria Allgar, Sree Aroori, Mark Warner, Brian Wainman, Claire Scully, Jeanette Sanders, Carsten Utoft Niemann, Helle Toldbod, Nicola Crosbie, Mark J Bishton, Toby A. Eyre, Simon Rule

Trial design

Inclusion criteria
- 60 years or older
- Pathologically confirmed MCL, including either cyclin D1 overexpression or t(11;14)(q13;q32)
- Previously untreated, measurable (>1.5cm), stage II-IV MCL in need of treatment
- ECOG 0-2

Exclusion criteria
- Considered fit for stem cell transplantation
- CNS involvement
- Known serological positivity for HBC/HCV/HIV

Rituximab 375mg/m²
Ibrutinib - 560mg od
Bendamustine 90mg/m² D1+D2 of 28 day cycle
CHOP - (Cyclophosphamide 750mg/m², Doxorubicin 50mg/m², Vincristine 1.4mg/m², Prednisolone 100mg *5 days) 21 day cycle
Maintenance rituximab - 1400mg sc every 56 days



Lewis D et al ASH 2024

Ibrutinib-Rituximab Is Superior to Rituximab-Chemotherapy in Previously Untreated Older Mantle Cell Lymphoma Patients: Results from the International Randomised Controlled Trial, Enrich

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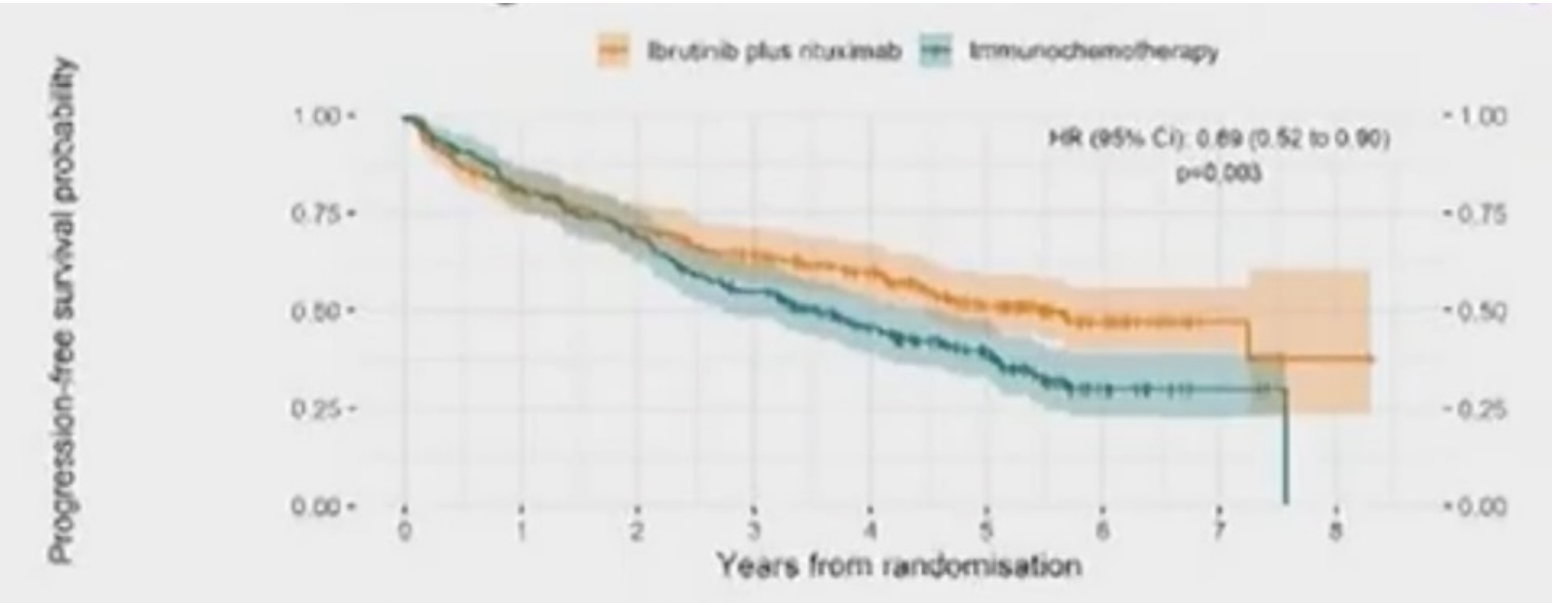

Mediana de seguimiento 47.9 meses
SLP (IC 95%)

- IR 65.3 meses (52.7-no evaluable)
- R-QTP 42.4 meses (32.7-55.3)

Lewis D et al ASH 2024

Ibrutinib-Rituximab Is Superior to Rituximab-Chemotherapy in Previously Untreated Older Mantle Cell Lymphoma Patients: Results from the International Randomised Controlled Trial, Enrich

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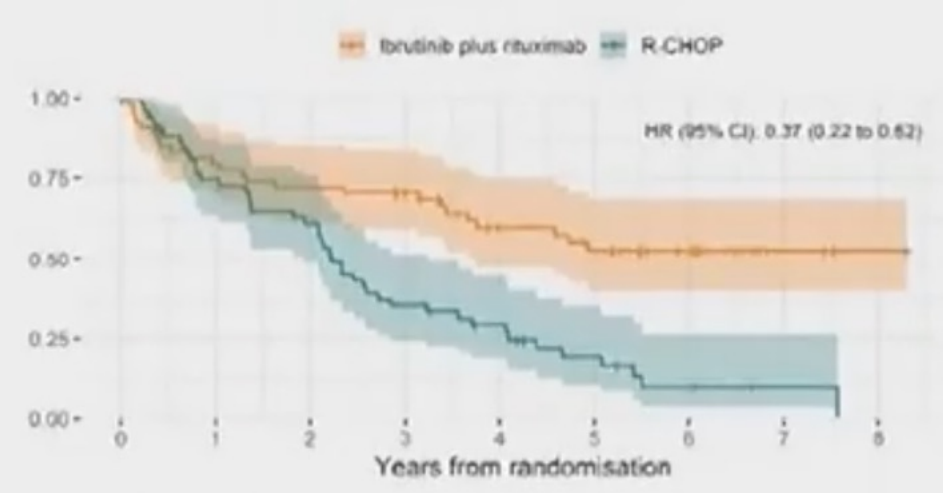
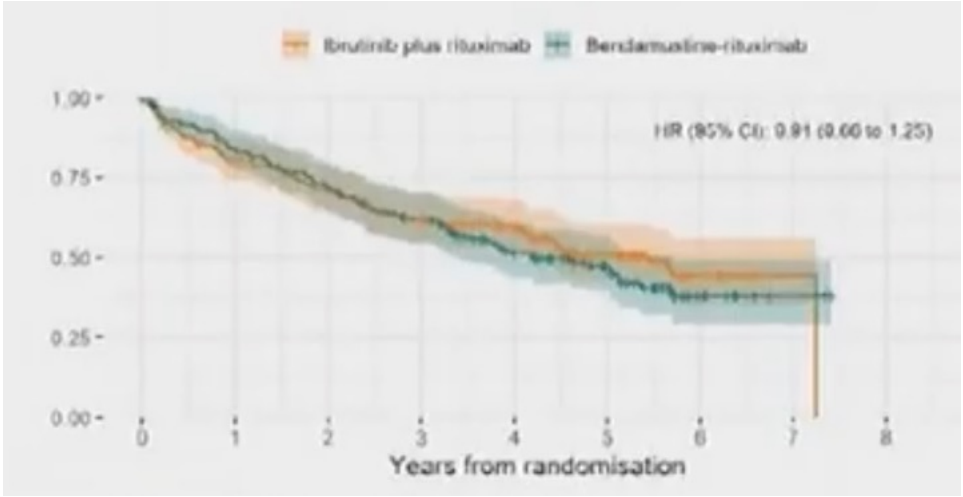
R-CHOP vs RI



SLP a 5 años (IC 95%)
- IR 52.4% (40.0-68.6)
- R-CHOP 19.2% (10.6-35.1)

R-Benda vs RI



SLP a 5 años (IC 95%)
- IR 50.8% (42.8-60.4)
- R-Benda 47.4% (39.5-56.9)

Lewis D et al ASH 2024

Impact of Rituximab Maintenance Added to Ibrutinib-Containing Regimens with and without ASCT in Younger, Previously Untreated MCL Patients: An Analysis of the Triangle Data Embedded in the Multiply Project

Marco Ladetto, Katja Gutmair, Jeanette K Doorduijn, Eva Gine, Mats Jerkeman, Jan Walewski, Martin Hutchings, Ulrich Mey, Jon Riise, Marek Trneny, Vibeke KJ Vergote, Piero Maria Stefani, Netanel A. Horowitz, Maria Gomes da Silva, Sirpa Leppä, Linmiao Jiang, Christiane Pott, Wolfram Klapper, Christian Schmidt, Michael Unterhalt, Martin Dreyling, Eva Hoster

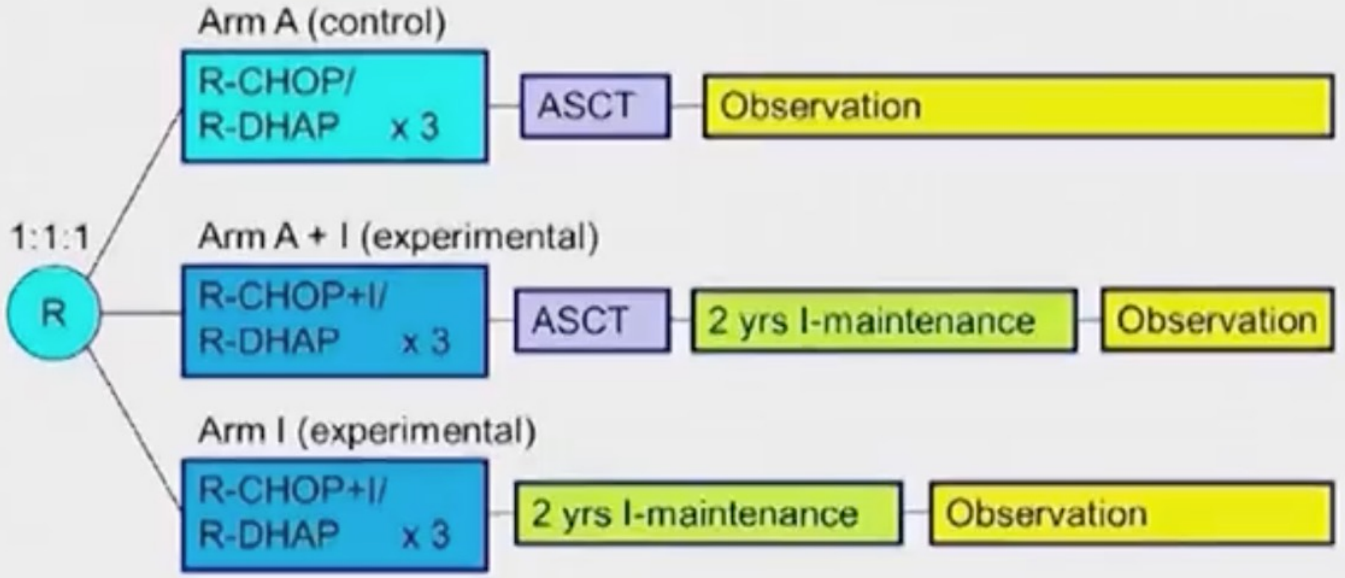
TRIANGLE: Trial Design

LMU KLINIKUM

- MCL patients
- previously untreated
- stage II-IV
- younger than 66 years
- suitable for HA and ASCT
- ECOG 0-2

- Primary outcome: FFS

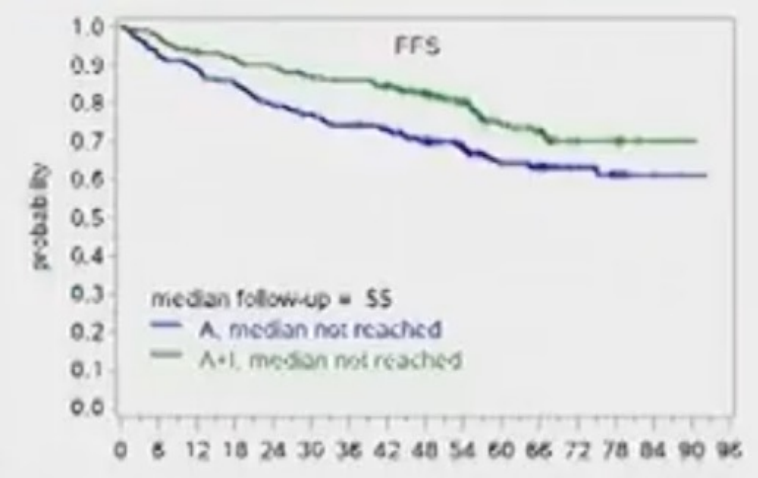
- Secondary outcomes:
  - Response rates
  - PFS, RD
  - OS
  - Safety



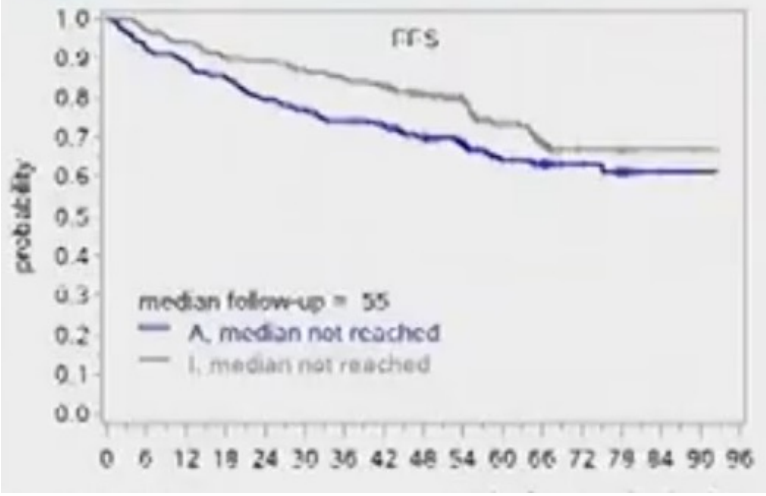
- R maintenance was added following national guidelines in all 3 trial arms
- Rituximab maintenance (without or with Ibrutinib) was started in 168 (58 %)/165 (57 %)/158 (54 %) of A/A+I/I randomized patients.

Dreyling et al. ASH 2024

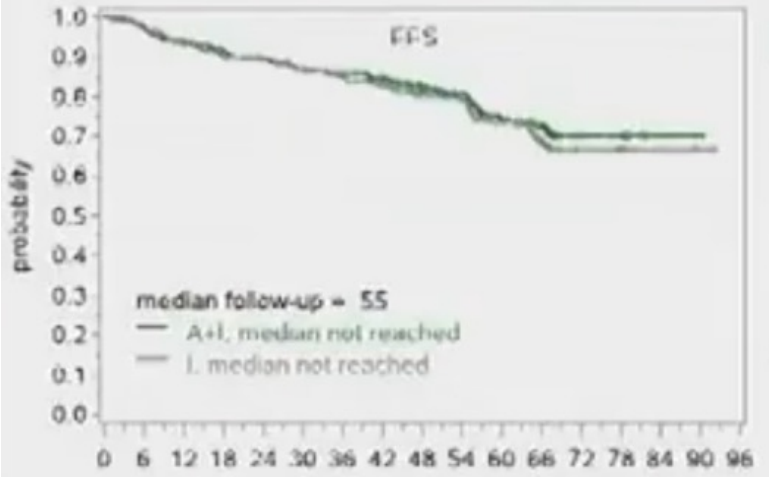
TRIANGLE: iBTK en inducción y mantenimiento



Superioridad de A + I vs A
- SLP a 4 años A + I 82%
- SLP a 4 años A 70%
- p=0.0026
- HR (A+I vs A): 0.64



Superioridad de A vs I RECHAZADA
- SLP a 4 años A 70%
- SLP a 4 años I 81%
- p=0.08 (una cola)
- HR (A vs I): 1.29
- Superioridad de I (dos colas) p=0.02

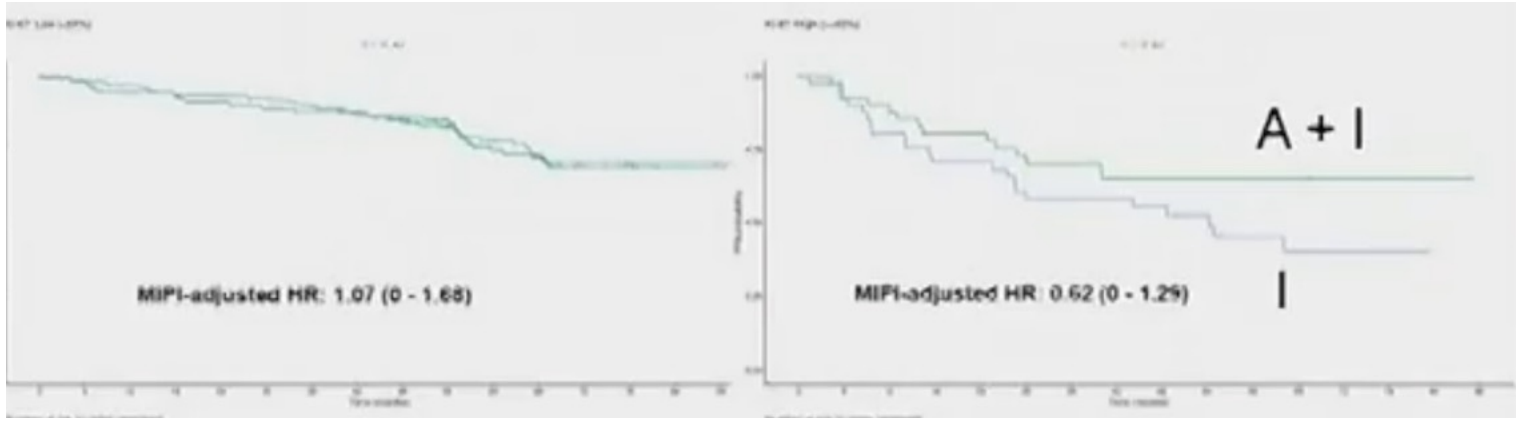


Superioridad de A + I vs I RECHAZADA
- SLP a 4 años A + I 82%
- SLP a 4 años I 81%
- p=0.21 (una cola)
- HR (A + I vs I): 0.83

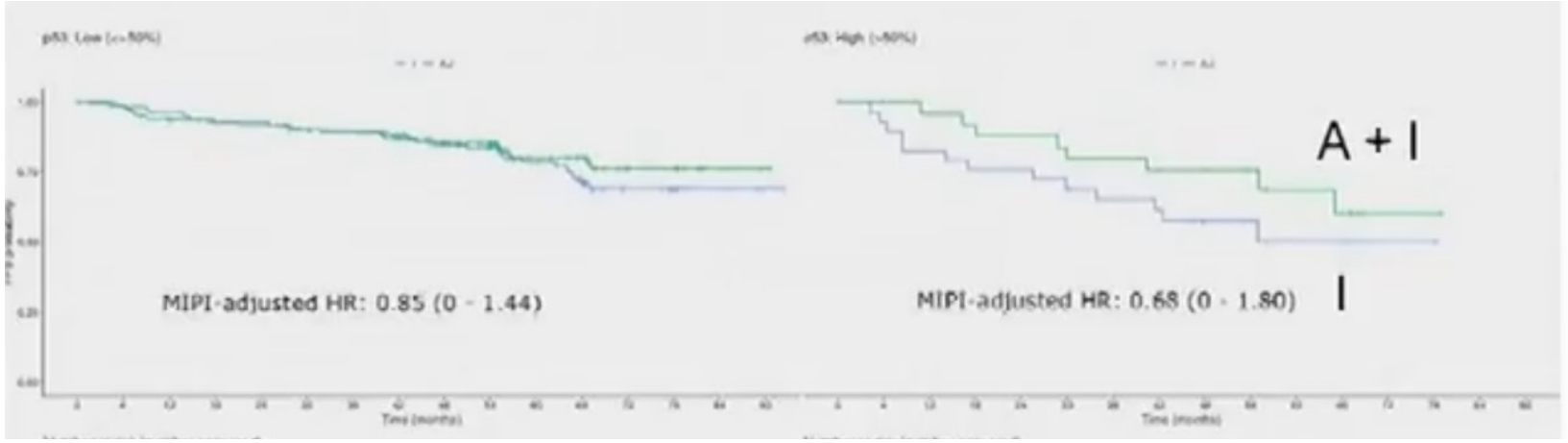
Dreyling et al. ASH 2024

TRIANGLE: iBTK SIN trasplante podria ser peor en pacientes con fenotipo de alto riesgo

A + I (supervivencia libre de falla) y Ki-67 (corte 50%)



A + I (supervivencia libre de falla) y alta expresión de p53



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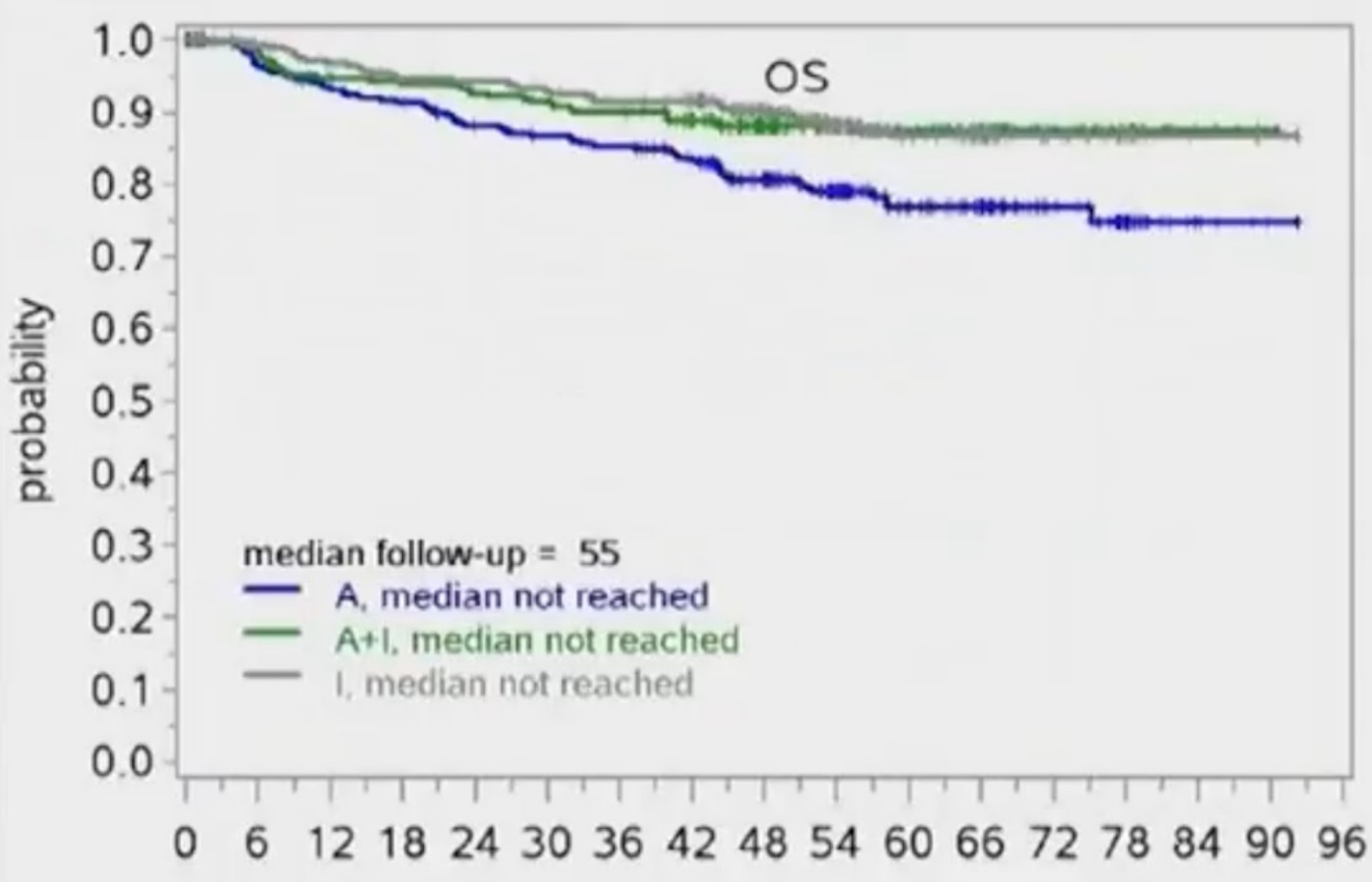
TRIANGLE: SG a 5 años

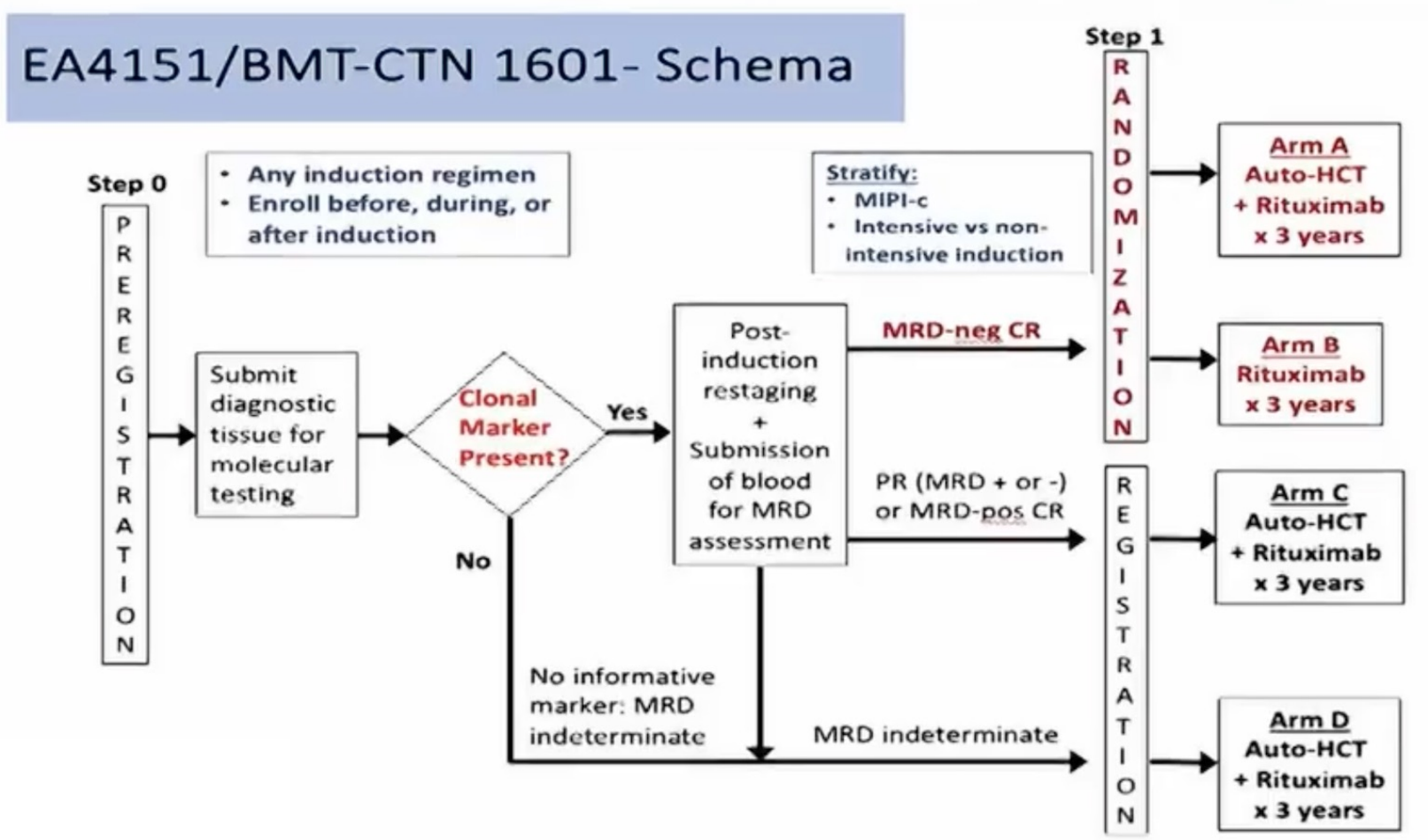


- SG a 4 años:
  - A: 81%
  - A + I: 88%
  - **I: 90%**
- Tests a 2 colas (α=5%)
  - A vs I: p=0.0019, HR 0.565
  - A vs A + I: p=0.0036, HR I= 0.587
  - A + I vs I: en marcha

Dreyling et al. ASH 2024

Lack of Benefit of Autologous Hematopoietic Cell Transplantation (auto-HCT) in Mantle Cell Lymphoma (MCL) Patients (pts) in First Complete Remission (CR) with Undetectable Minimal Residual Disease (uMRD): Initial Report from the ECOG-ACRIN EA4151 Phase 3 Randomized Trial

Timothy S. Fenske, Xin Victoria Wang, Brian G. Till, Kristie A. Blum, Matthew Lunning, Hillard M. Lazarus, Paul A.S. Fishkin, Lale Kostakoglu Shields, David W. Scott, Ann S. LaCasce, Patrick B. Johnston, Amanda F. Cashen, Leslie L. Popplewell, Robert M. Dean, Nausheen Ahmed, Nirav N. Shah, Nina D. Wagner-Johnston, Boyu Hu, Bhagirathbhai R. Dholaria, Richard F. Little, Jonathan W. Friedberg, John P. Leonard, Brad S. Kahl



MRD: clonoSEQ® en sangre periférica
Sensibilidad 10^{-6} (uMRD6)

Fenske T et al. ASH 2024

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Variable		Arm A (AutoHCT) N=257	Arm B (no AutoHCT) N=259	Arm C (MRD+) N=49	Arm D (MRD indet) N=85	Total N=650
Age	Median Range	**59** **(28-71)**	**61** **(27-70)**	60 (33-70)	60 (41-70)	60 (27-71)
Sex	Male Female	**81%** **19%**	**77%** **23%**	76% 24%	82% 18%	79% 21%
Race	White Black	**92%** **5%**	**92%** **5%**	87% 11%	96% 1%	92% 5%
Elev LDH		**66%**	**66%**	36%	32%	34%
MIPI-c	High/Hi-int Low/Low-int	**33%** **67%**	**37%** **63%**	42% 58%	42% 58%	37% 63%
Intensive induction	Yes No	**74%** **26%**	**74%** **26%**	69% 31%	68% 32%	73% 27%
BTK-i	Induction Maintenance	**7.4%** **0**	**7.7%** **0.4%**	6.1% 2.0%	5.9% 0	7.2% 0.3%

Fenske T et al. ASH 2024

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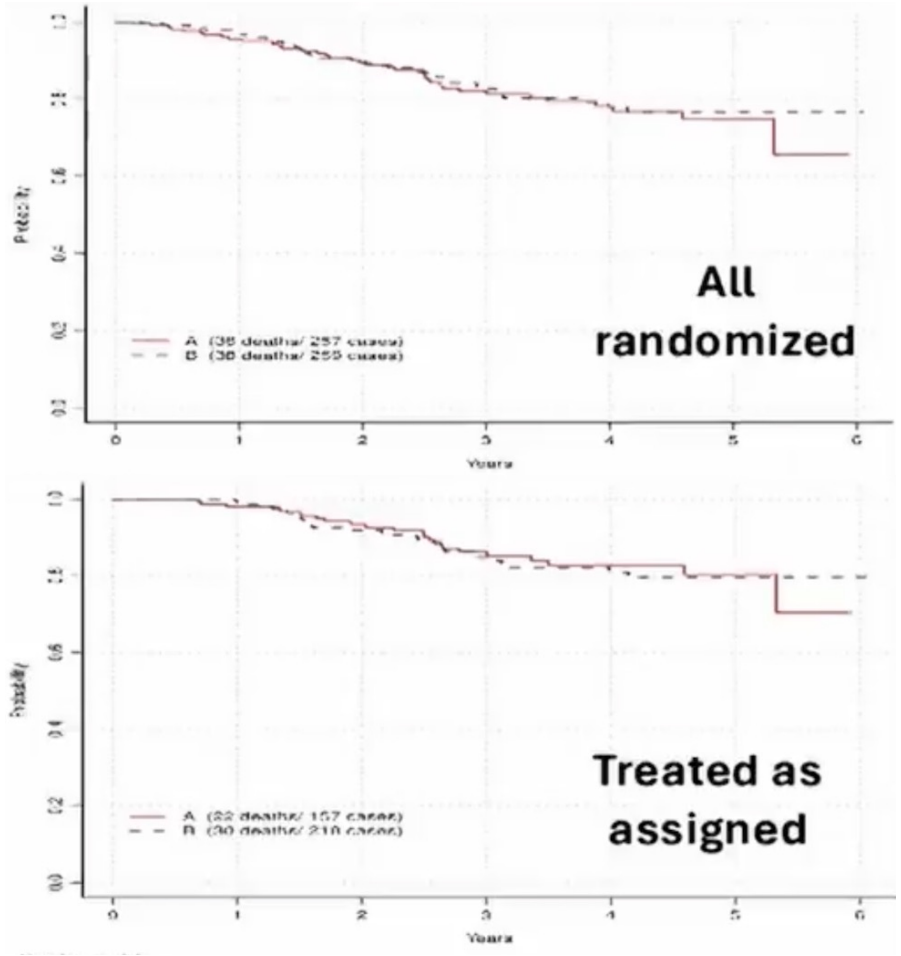

- Mediana de seguimiento 2.7 años: SG HR 0.984 para ramas A vs B (EMR neg post 1L → TAMO + mant vs Mantenimiento con R)
- SG HR estimado para ramas A vs B en todos los aleatorizados (n=516) y pacientes tratados según asignación (n=375): 1.11 (IC95 0.71-1.74, p=0.66) y 1.00 (IC95 0.58-1.74, p=0.99), respectivamente (cruzó el límite de la futilidad)
- SG a 3 años para las ramas A y B → 82.1% y 82.7% en todos los pacientes aleatorizados y 86.2% y 84.8% en los pacientes tratados según asignación

Sólo aplicable en nuestro medio en caso de poder determinar EMR del mismo modo

Fenske T et al. ASH 2024

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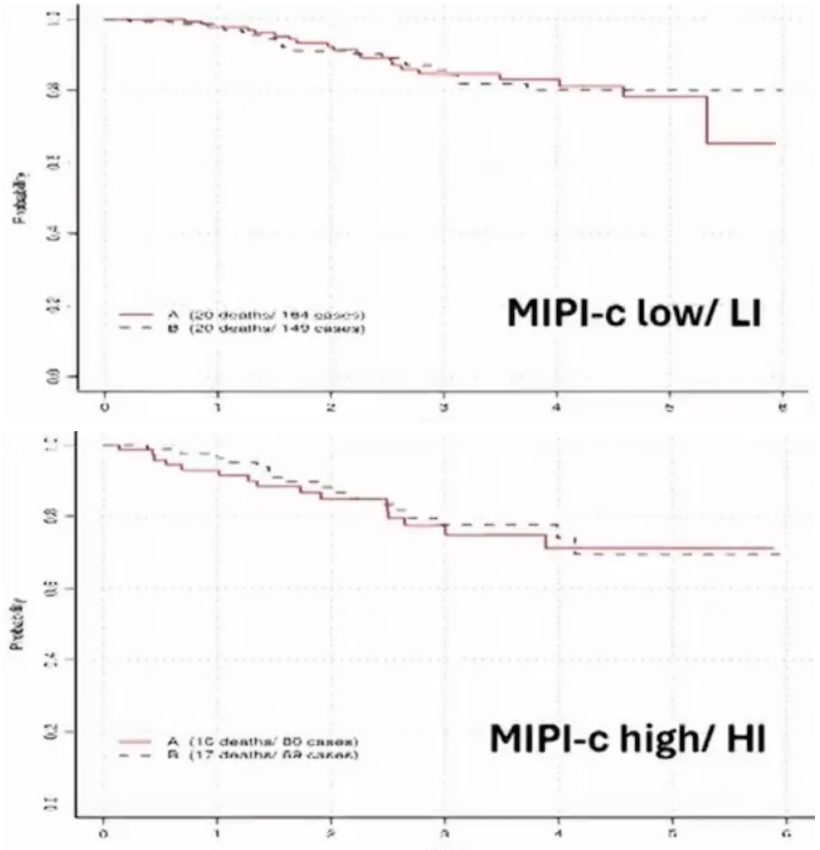
SG según MIPIc



- Para MIPIc bajo/intermedio-bajo: SG a 3 años 84.6% vs 85.7% para Ramas A vs B (p-0.96)
- Para MIPIc alto/intermedio-alto: SG a 3 años 77.4% vs 77.6% para rama A vs B (p=0.71)

Fenske T et al. ASH 2024

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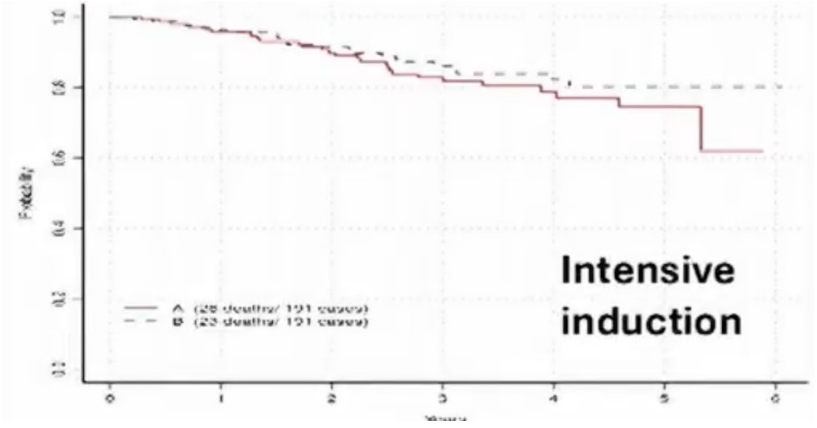
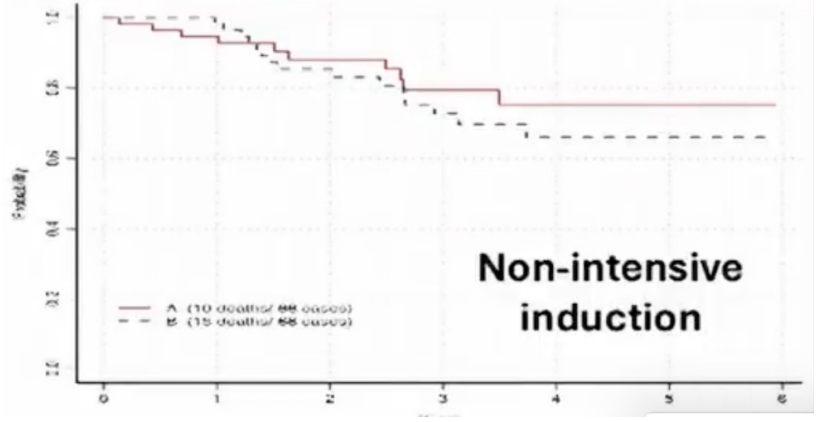
SG según inducción intensiva vs no intensiva





- Para inducción **intensiva**: SG a 3 años 83% vs 86.2% para Ramas A vs B (p=0.30)
- Para inducción **NO intensiva**: SG a 3 años 79.5% vs 72.8% para rama A vs B (p=0.48)

Fenske T et al. ASH 2024

Lack of Benefit of Autologous Hematopoietic Cell Transplantation (auto-HCT) in Mantle Cell Lymphoma (MCL) Patients (pts) in First Complete Remission (CR) with Undetectable Minimal Residual Disease (uMRD): Initial Report from the ECOG-ACRIN EA4151 Phase 3 Randomized Trial

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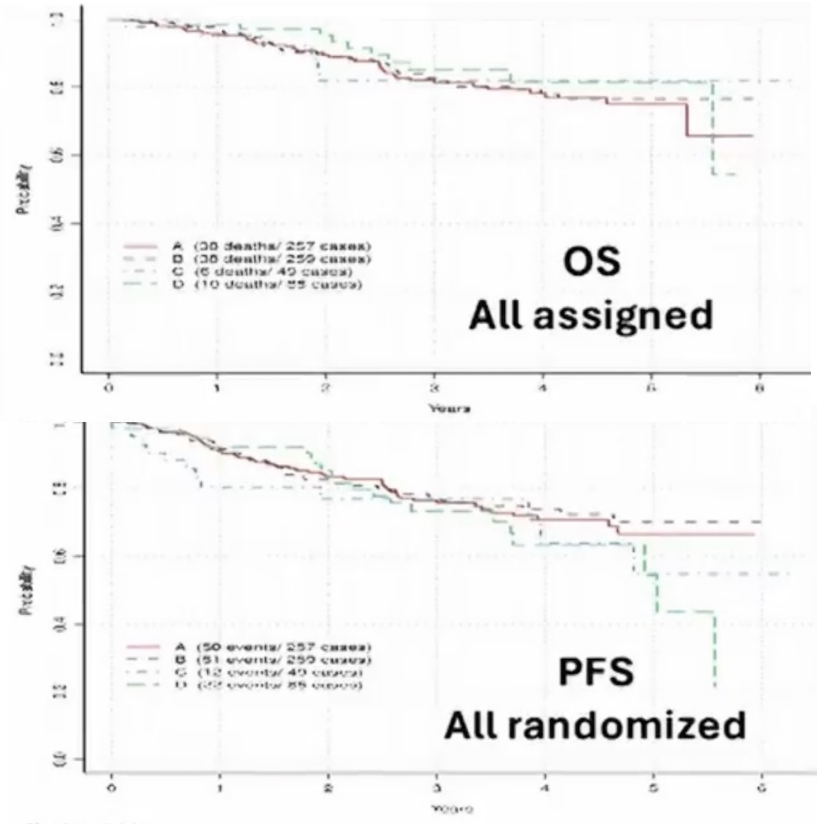
SG y SLP en ramas C y D (EMR positiva: TAMO y mantenimiento; EMR indeterminada: TAMO y mantenimiento con R)



- Para rama C y D: SG a 3 años 81.9% (IC95 69.6-96.4%) vs 85.1% (IC95 76-95.4%), respectivamente
- Para rama C y D: SLP a 3 años 76.9% (IC95 64.4-91.7%) vs 73.4% (IC95 62.7-85.9%), respectivamente

Sólo aplicable en nuestro medio en caso de poder determinar EMR del mismo modo

Fenske T et al. ASH 2024

Lack of Benefit of Autologous Hematopoietic Cell Transplantation (auto-HCT) in Mantle Cell Lymphoma (MCL) Patients (pts) in First Complete Remission (CR) with Undetectable Minimal Residual Disease (uMRD): Initial Report from the ECOG-ACRIN EA4151 Phase 3 Randomized Trial

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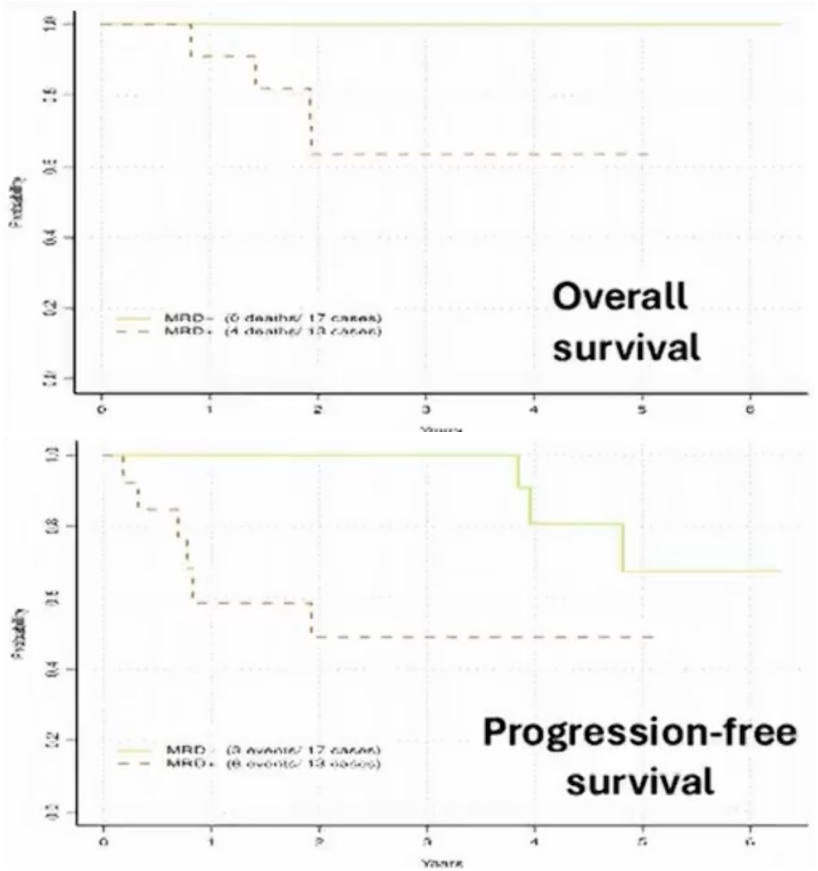
SG y SLP en ramas C (EMR positiva: TAMO y mantenimiento), según estatus de MRD post trasplante



- Análisis exploratorio en pacientes que convirtieron post TAMO a MRD negativa (uMRD6): SG a 3 años 100% vs 63% en los que permaneció positiva

- En forma similar, en pacientes que convirtieron post TAMO a MRD negativa (uMRD6): SLP a 3 años 100% vs 48% en los que permaneció positiva

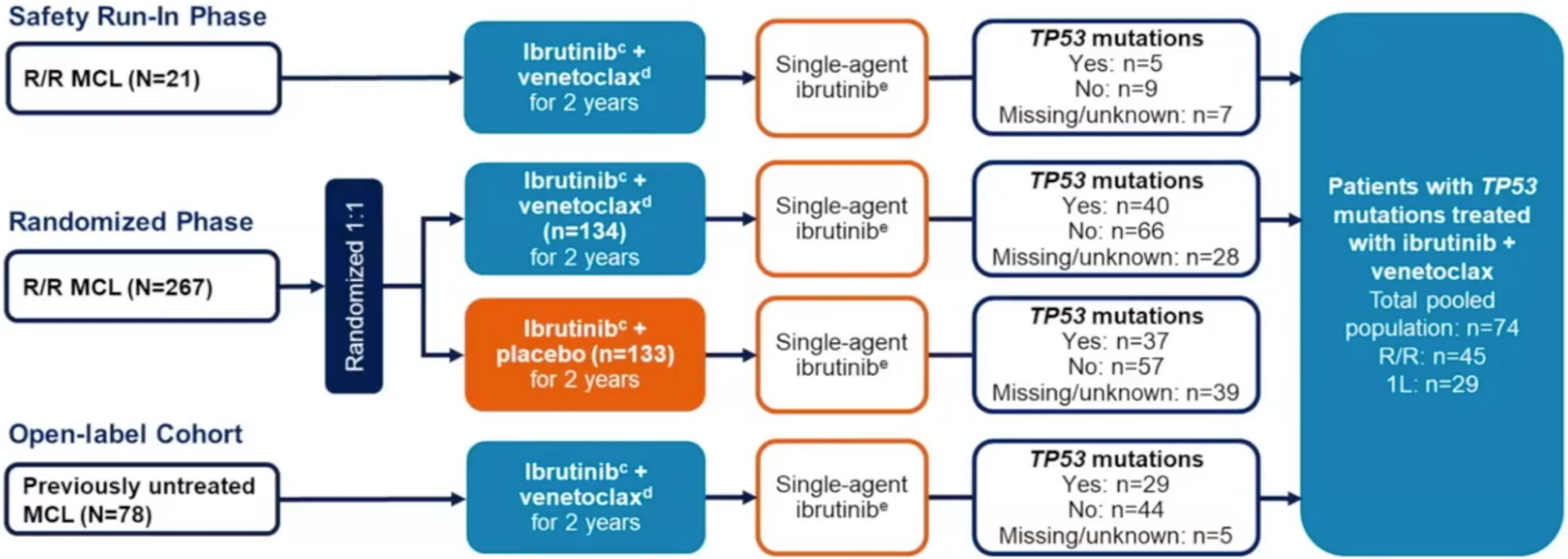
Sólo aplicable en nuestro medio en caso de poder determinar EMR del mismo modo

Fenske T et al. ASH 2024

Efficacy and Safety of Ibrutinib Plus Venetoclax in Patients With Mantle Cell Lymphoma and *TP53* Mutations in the SYMPATICO Study

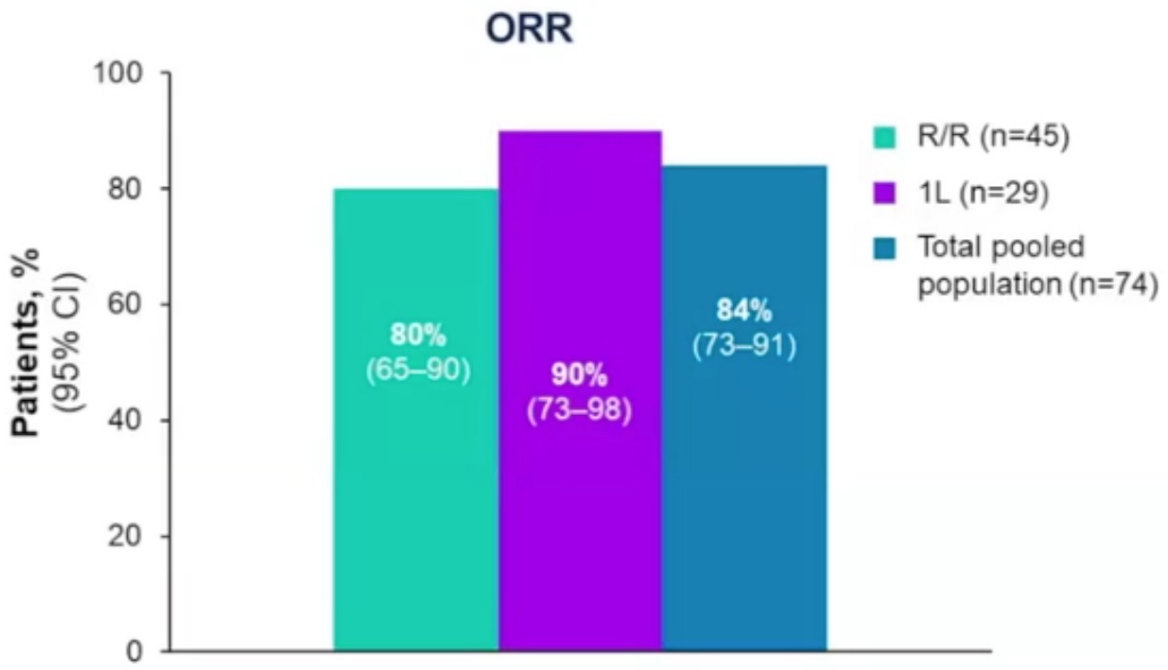
ASCO 2024

ERC multinacional, multicéntrico, Fase 3, controlado contra placebo
Se agruparon los datos (3 cohortes) de pacientes con mutación TP53 (sin deleciones) tratados con ibrutinib + venetoclax



Wang M et al Lancet Oncol 2025 Feb;26(2):200-213

Altas tasas se RC y respuestas duraderas incluso en pacientes con mutaciones de TP53



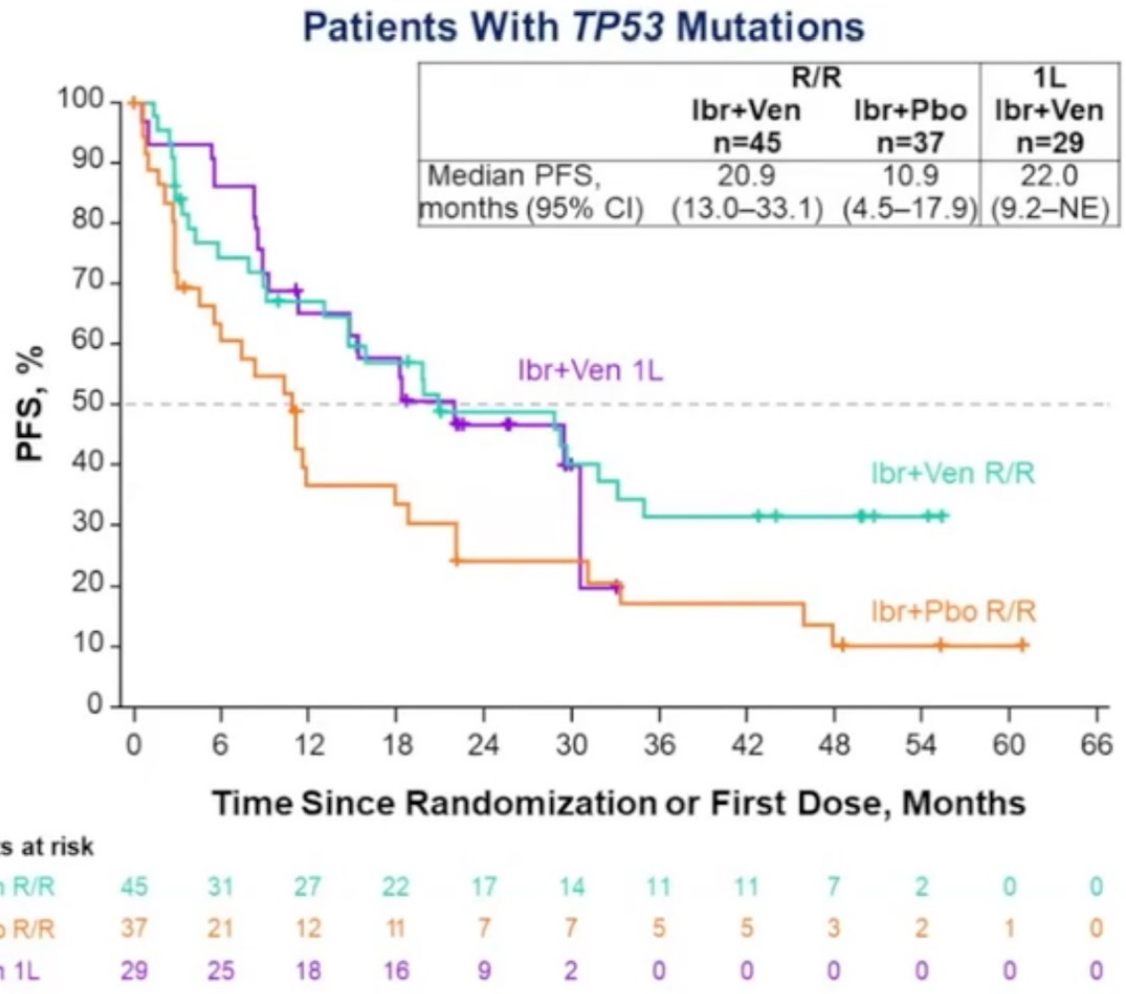
	R/R n=26	1L n=16	Total n=42
Median DOCR, months (95% CI)	NR (18.7–NE)	20.5 (5.4–NE)	32.2 (18.7–NE)

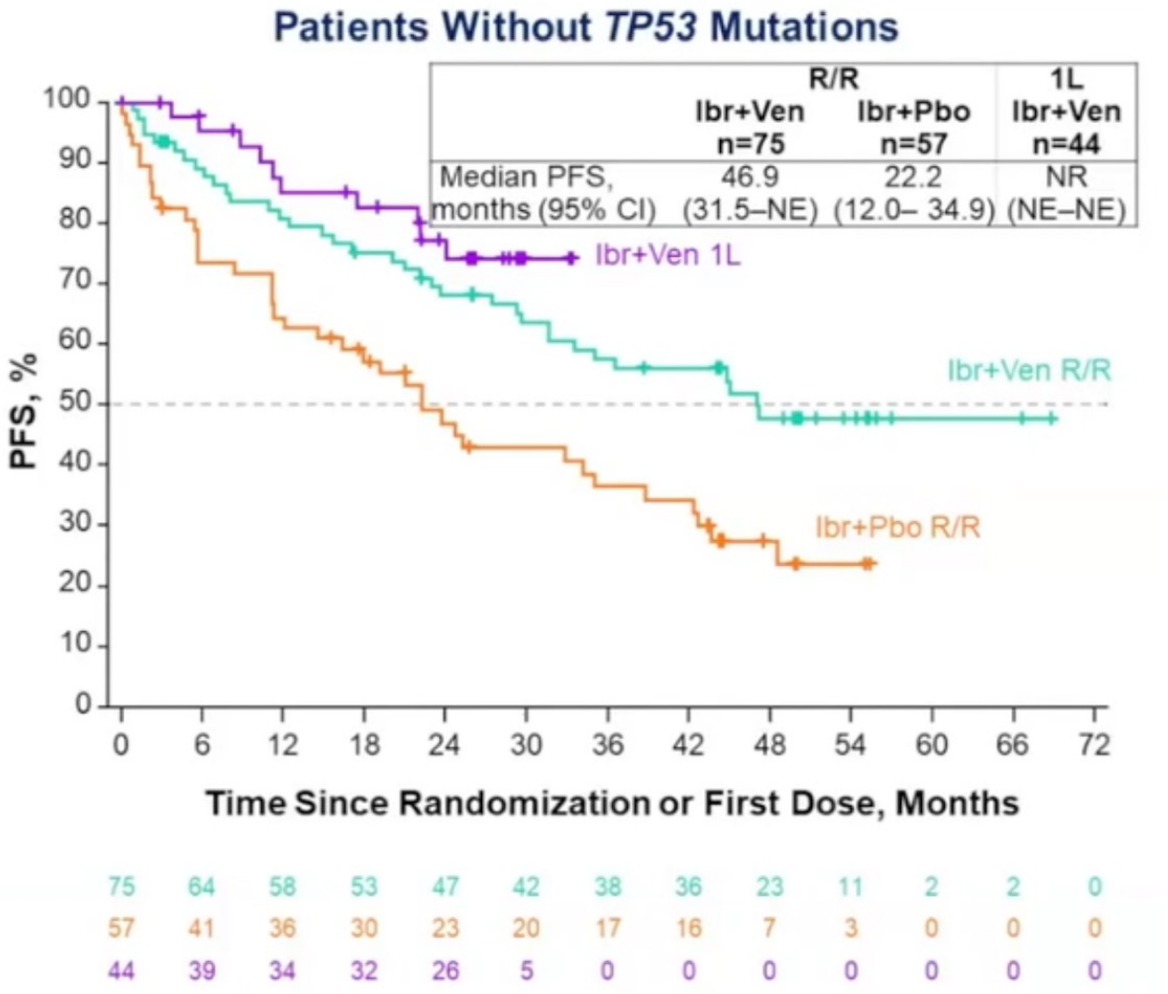
	R/R n=36	1L n=26	Total n=62
Median DOR, months (95% CI)	26.5 (16.8–NE)	20.5 (12.0–NE)	26.0 (16.8–32.2)

ASCO 2024

Wang M et al Lancet Oncol 2025 Feb;26(2):200-213

Beneficio en SLP en pacientes con y sin mutación de TP53

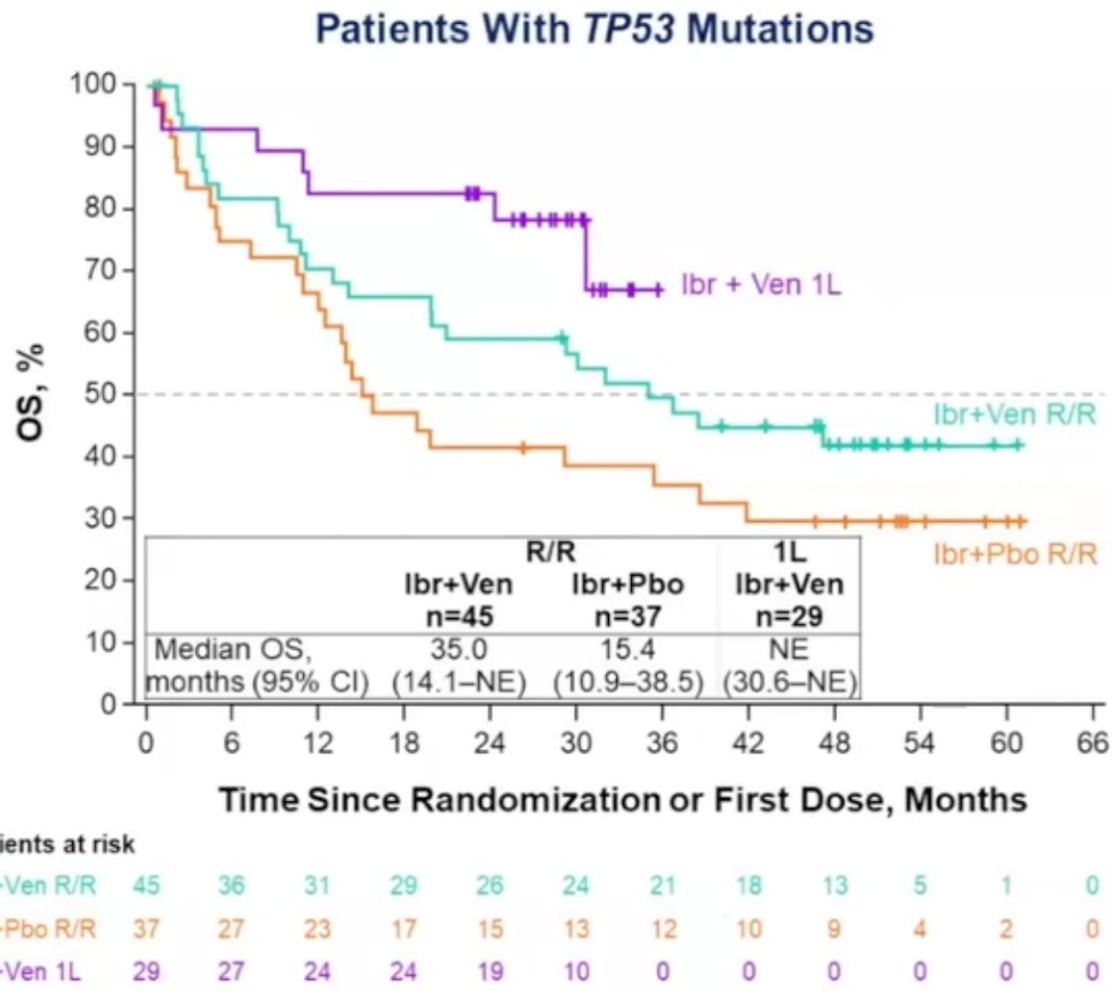


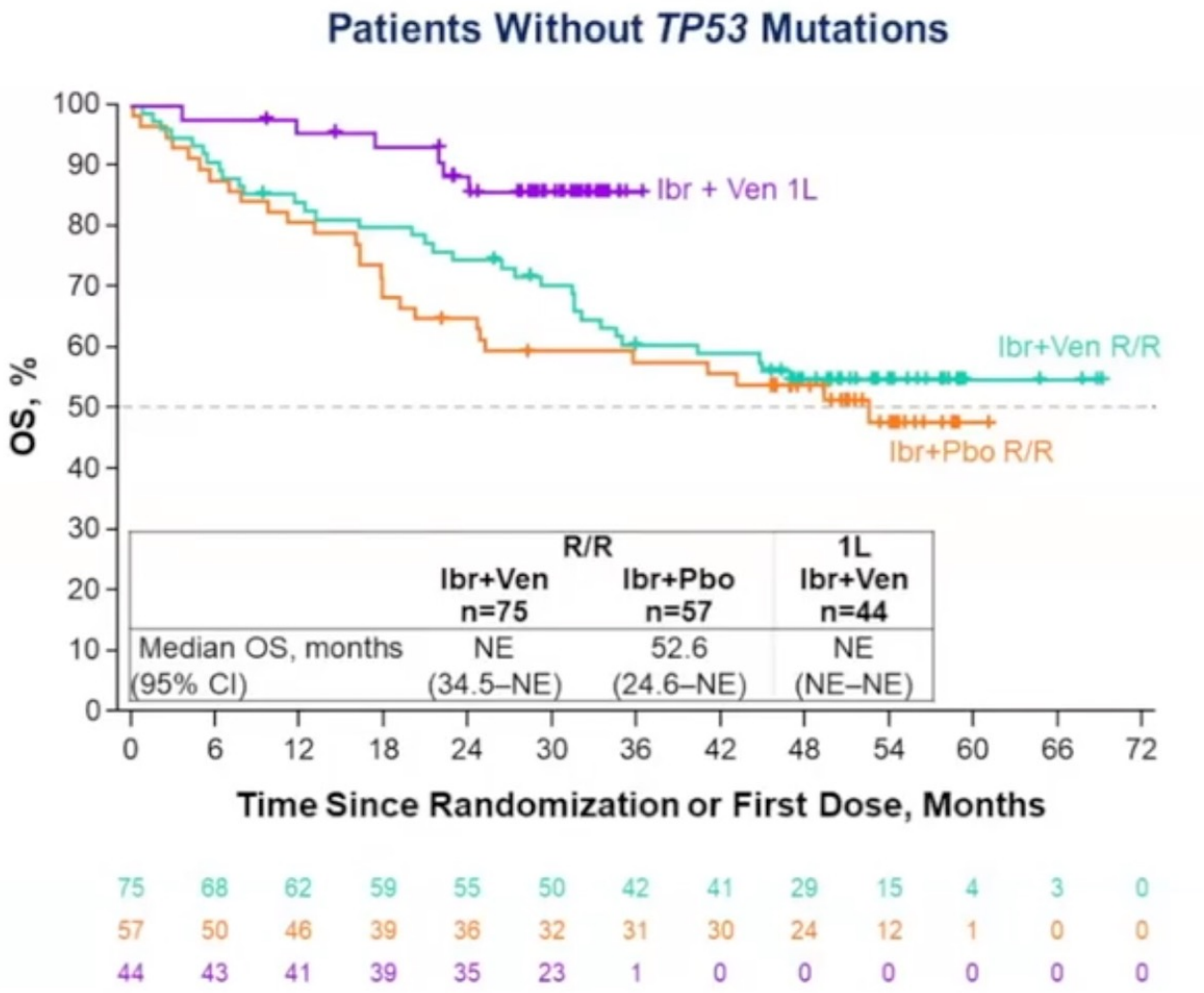


ASCO 2024

Wang M et al Lancet Oncol 2025 Feb;26(2):200-213

Beneficio en SG en pacientes con y sin mutación de TP53





ASCO 2024

Wang M et al Lancet Oncol 2025 Feb;26(2):200-213

Glofitamab Monotherapy in Patients with Heavily Pretreated Relapsed/Refractory (R/R) Mantle Cell Lymphoma (MCL): Updated Analysis from a Phase I/II Study

n (%) of patients unless stated		Prior BTKi (n=31)*	BTKi naïve (n=29)*	All patients (N=60)*
Median age, years (range)		70.0 (41–84)	72.0 (52–86)	72.0 (41–86)
Male		23 (74.2)	21 (72.4)	44 (73.3)
Ann Arbor stage III/IV		28 (90.3)	24 (82.8)	52 (86.7)
MIPI score ≥6		7 (22.6)	8 (27.5)	15 (25.0)
Median no. of prior lines (range)		3.0 (1–5)	2.0 (1–4)	2.0 (1–5)
Median time since last prior therapy to first study treatment, months (range)		1.3 (0.1–53.2)	7.4 (1.1–132.5)	2.4 (0.1–132.5)
Median time since last anti-CD20 therapy to first study treatment, months (range)		15.1 (0.7–159.0)	25.1 (1.4–132.5)	16.3 (0.7–159.0)
Refractory status	Refractory to any prior therapy	30 (96.8)	20 (69.0)	50 (83.3)
	Refractory to 1L therapy	17 (54.8)	14 (48.3)	31 (51.7)
	Refractory to last prior therapy	27 (87.1)	17 (58.6)	44 (73.3)

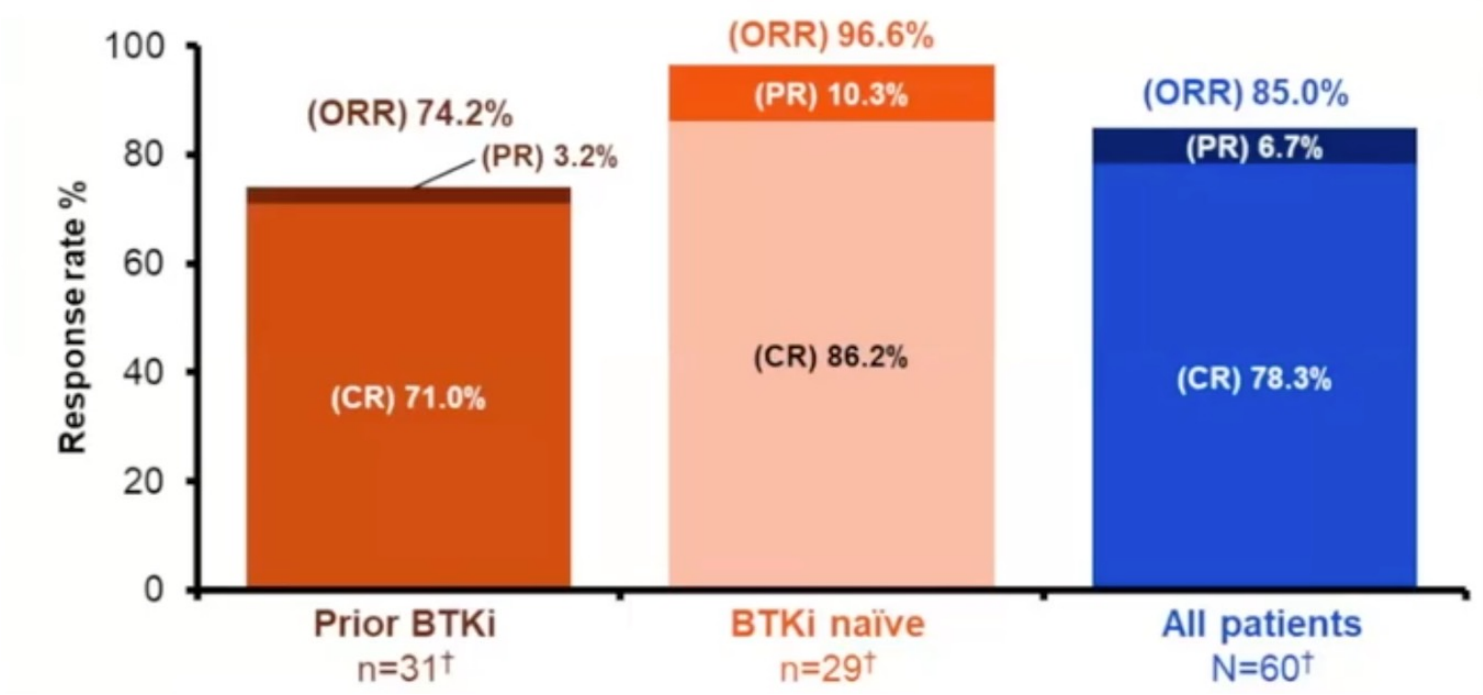
Patients with R/R MCL were heavily pretreated and highly refractory to their last prior therapy

A higher proportion of patients with prior BTKi therapy were refractory to their last prior therapy compared with BTKi-naïve patients

Pillips T et al ASCO 2024

Glofitamab Monotherapy in Patients with Heavily Pretreated Relapsed/Refractory (R/R) Mantle Cell Lymphoma (MCL): Updated Analysis from a Phase I/II Study

Respuesta evaluada por el Investigador



Tiempo medio de respuesta en los respondedores (51): 42 días IC95% 42-45

Altas tasas de RC y RG tanto en pacientes vírgenes de iBTK o expuestos

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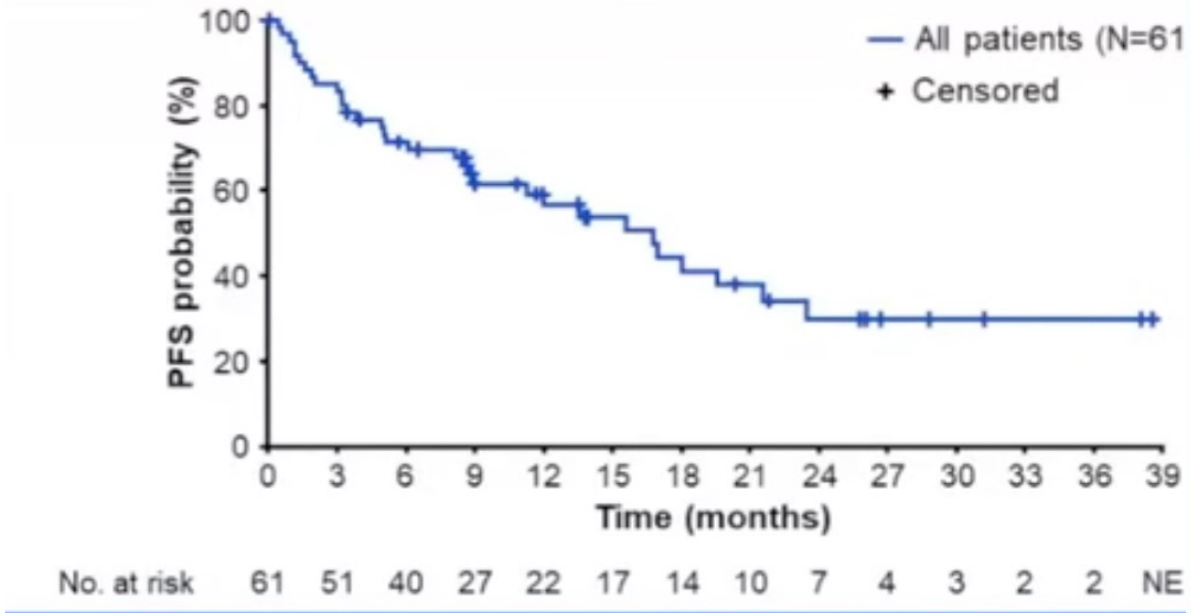
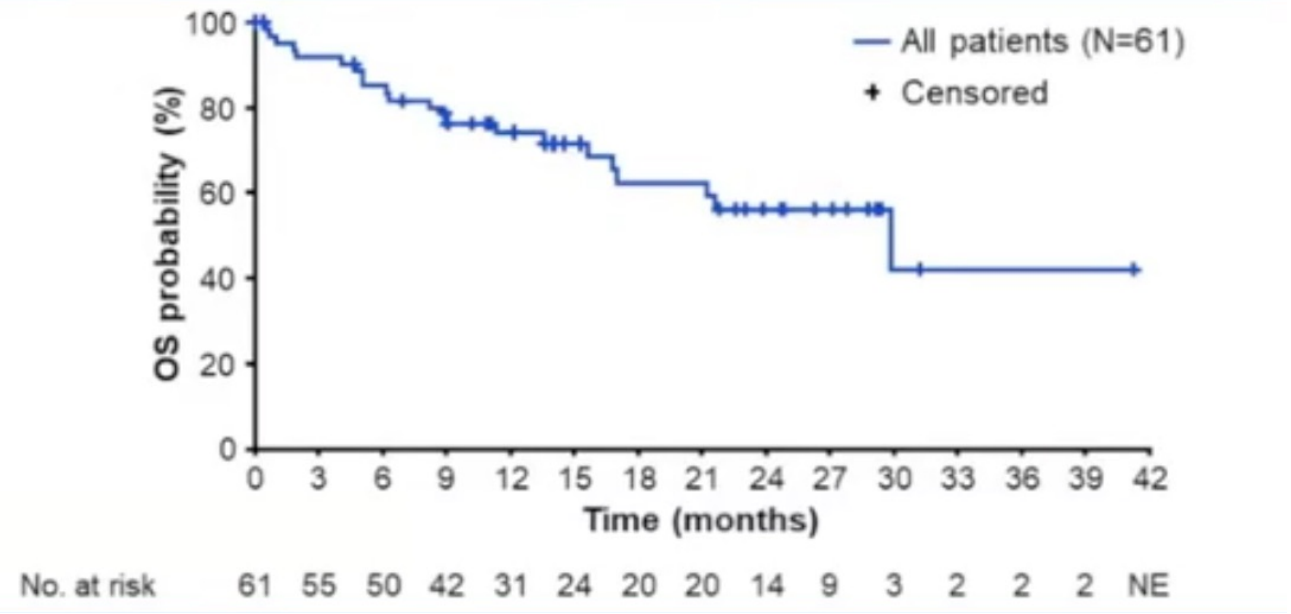
SLP



SG



	Prior BTKi n=32*	All patients N=61*
Median PFS follow-up, months (95% CI)	26.1 (13.5–31.2)	19.6 (11.9–26.1)
Median PFS, months (95% CI)	8.6 (3.4–15.6)	16.8 (8.9–21.6)
15-month PFS rate, % (95% CI)	33.0 (14.8–51.1)	54.0 (40.1–67.8)

	Prior BTKi n=32*	All patients N=61*
Median OS follow-up, months (95% CI)	24.7 (13.6–28.8)	21.8 (14.0–24.9)
Median OS, months (95% CI)	21.2 (9.0–NE)	29.9 (17.0–NE)
15-month OS rate, % (95% CI)	55.0 (36.5–73.6)	71.4 (59.3–83.5)

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Lisocabtagene maraleucel in patients with relapsed or refractory mantle cell lymphoma: subgroup analyses by number of prior systemic lines of therapy and by response to prior Bruton tyrosine kinase inhibitor from the TRANSCEND NHL 001 MCL cohort

M. Lia Palomba, MD,[1] Tanya Siddiqi, MD, MBBS,[2] Leo I. Gordon, MD,[3] Manali Kamdar, MD, MBBS,[4] Matthew Lunning, DO,[5] Alexandre V. Hirayama, MD,[6] Jeremy S. Abramson, MD,[7] Jon Arnason, MD,[8] Nilanjan Ghosh, MD, PhD,[9] Amitkumar Mehta, MD,[10] Charalambos Andreadis, MD, MS,[11] Scott R. Solomon, MD,[12] Ana Kostic, MD,[13] Ashvin Singh, MBS,[14] Ricardo Espinola, MD,[15] Rashmi Bhatnagar, MSc,[16] Anthony Raviele, PharmD,[14] Michael V

	Overall population (N = 83)	Number of prior lines of systemic therapy			Response to prior BTKi	
		≥ 2 (n = 81)	3–4 (n = 29)	5–11 (n = 26)	Not refractory (n = 35)	Refractory (n = 45)
DOR						
Median (95% CI),[a] months	15.7 (6.2–24.0)	14.5 (5.7–NR)	17.5 (3.3–NR)	6.7 (2.4–15.8)	24.0 (7.6–NR)	5.3 (2.3–15.8)
Median follow-up (95% CI),[b] months	22.8 (16.7–23.0)	22.6 (16.7–22.9)	22.8 (16.6–23.0)	22.8 (11.9–NR)	17.1 (11.7–23.0)	22.8 (16.6–22.8)
18-month rate, % (95% CI)[a]	42.7 (29.9–54.9)	43.0 (30.0–55.3)	45.6 (24.0–64.9)	24.5 (8.4–44.9)	58.0 (37.5–73.9)	28.6 (14.1–44.9)
PFS						
Median (95% CI),[a] months	15.3 (6.6–24.9)	12.3 (6.5–NR)	16.6 (2.6–NR)	7.4 (3.3–12.3)	24.0 (8.6–NR)	6.1 (3.1–16.5)
Median follow-up (95% CI),[b] months	23.5 (17.7–23.8)	23.5 (17.6–23.8)	23.7 (10.4–24.0)	18.0 (12.7–NR)	18.2 (12.4–24.0)	23.6 (17.6–23.7)
18-month rate, % (95% CI)[a]	43.9 (31.8–55.4)	44.2 (31.9–55.8)	46.0 (26.1–63.8)	23.5 (8.1–43.4)	58.0 (38.3–73.3)	30.2 (16.1–45.6)
OS						
Median (95% CI),[a] months	18.2 (12.9–36.3)	17.1 (11.1–36.3)	18.4 (6.7–NR)	13.5 (9.5–17.1)	36.3 (15.3–NR)	11.1 (6.1–17.1)
Median follow-up (95% CI),[b] months	24.0 (23.7–24.2)	24.0 (23.7–24.2)	23.7 (23.3–35.7)	35.2 (18.1–NR)	24.0 (18.1–26.8)	23.7 (23.6–24.0)
18-month rate, % (95% CI)[a]	50.8 (39.2–61.2)	49.5 (37.8–60.1)	57.2 (36.8–73.1)	28.2 (12.5–46.2)	68.9 (49.6–82.0)	34.3 (20.8–48.2)

La DOR, SLP y SG fue consistente a lo largo de todos los grupos aunque numéricamene menor en pacientes con ≥5 líneas y aquéllos refractarios a iBTK

Abst #7016

Conclusiones Linfoma del Manto

- 1L: iBTK tanto en inducción, inducción y mantenimiento, en pacientes aptos para tratamiento intensivo como no aptos se mostraron con eficacia comparable a mejor que ICT
- El grupo de alto riesgo debe considerarse en forma independiente, no se descarta el beneficio de consolidación con TAMO en este grupo, incluso con inducción y mantenimiento con iBTK
- Rol importante de EMR negativa en la determinación de la estrategia terapéutica ➜ su determinación representa una limitación en nuestro medio
- Enfermedad RR: estrategias libres de quimioterapia (iBTK + iBCL2, BiTes, CART)

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