

# Vale la pena el uso de anti- CD20?

**LEX Puerto Varas, Chile**

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## Declaración de conflictos de interés

<b>Categoría</b>	
<b>Empleado</b>	NO
<b>Consultor</b>	NO
<b>Propiedad accionaria</b>	NO
<b>Fondos de investigación</b>	NO
<b>Honorarios por conferencias</b>	AbbVie, AstraZeneca, Beigene, Janssen, Varifarma
<b>Formar parte grupo de oradores</b>	AbbVie, AstraZeneca, Janssen
<b>Formar parte de Comité Asesor</b>	NO
<b>Otros</b>	NO

# Opciones:

- **Alternativa 1: Venetoclax - obinutuzumab x 1 año**
- Alternativa 2: Venetoclax - Acalabrutinib - obinutuzumab x 14 ciclos (Amplify)
- Alternativa 3: Venetoclax - IBTK guiado por mínima residual (estilo FLAIR)
- Alternativa 4: Venetoclax - IBTK x 1 año

# How will we determine whether doublets or triplets are better?

## Doublets

### Pros:

- Extensive trial experience
- Manageable toxicity

### Cons:

- Shorter PFS for patients with high genomic risk disease



## Triplets

### Pros:

- Potential for higher rates of uMRD

### Cons:

- More toxicity
- Less trial experience/  
no real-world experience

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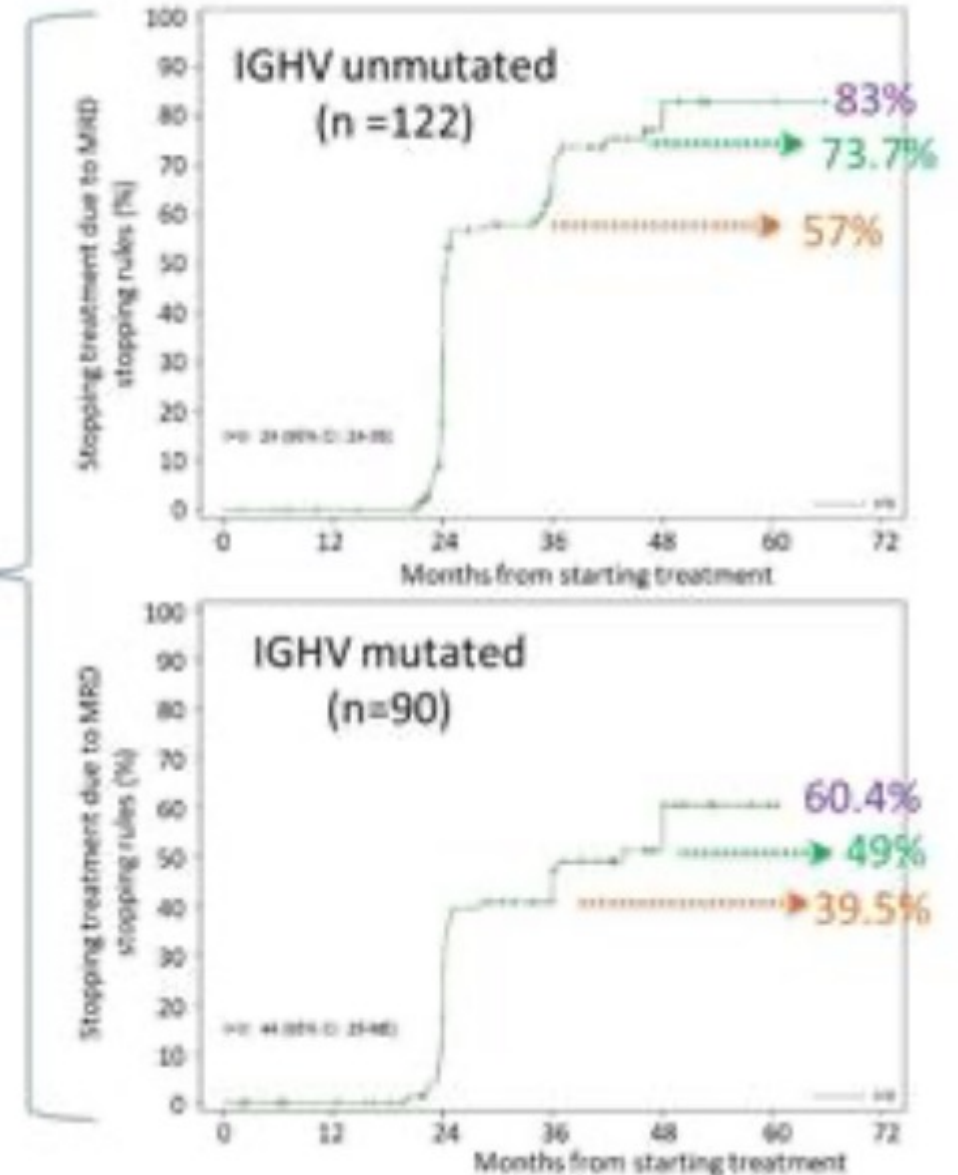
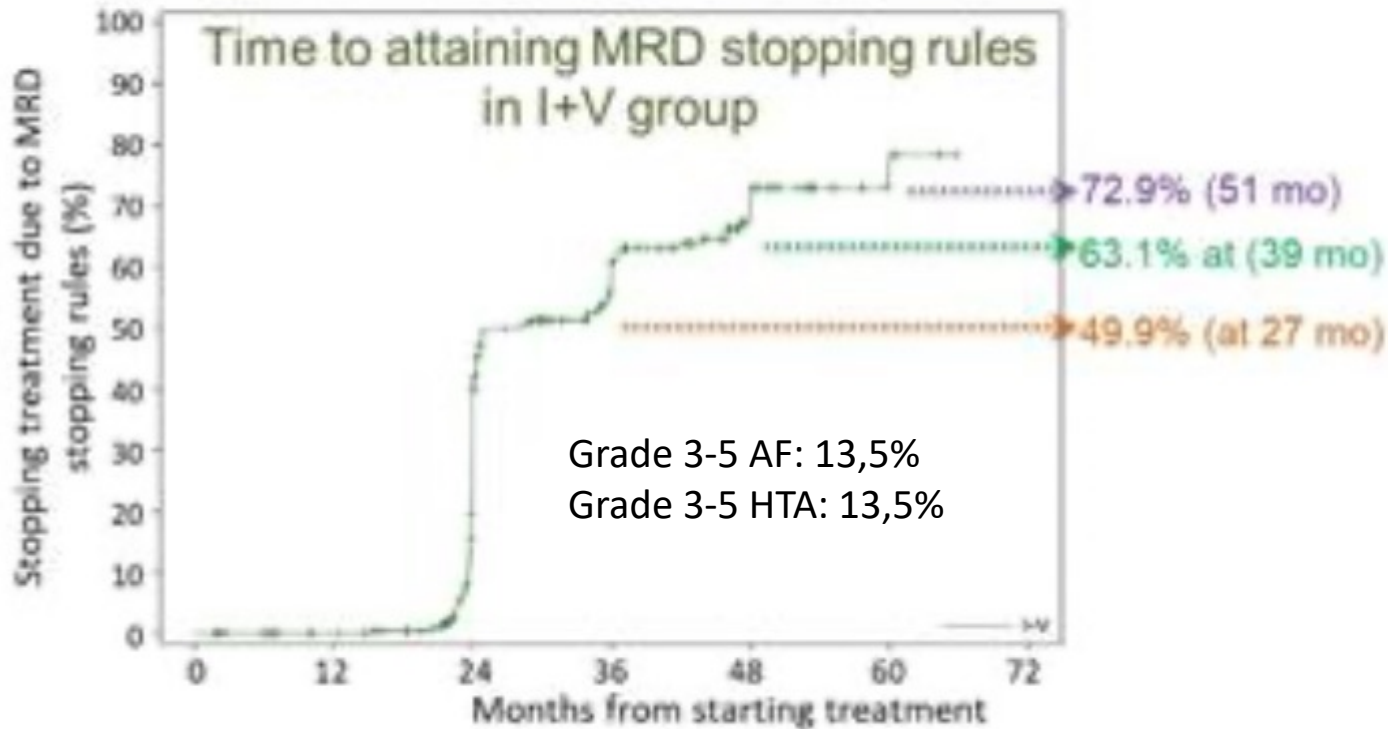
AMPLIFY will be helpful in long-term

hypothesis: Triplets will lead to deeper remissions in high-risk patients  
BUT the risk:benefit ratio will only favor these for young or very fit patients

# FLAIR I + V guiado por MRD

Treatment duration: 2 x time to achieve MRD-

SLP a 3a NM: 97%



\* MRD-guided treatment is not approved by FDA and EMA

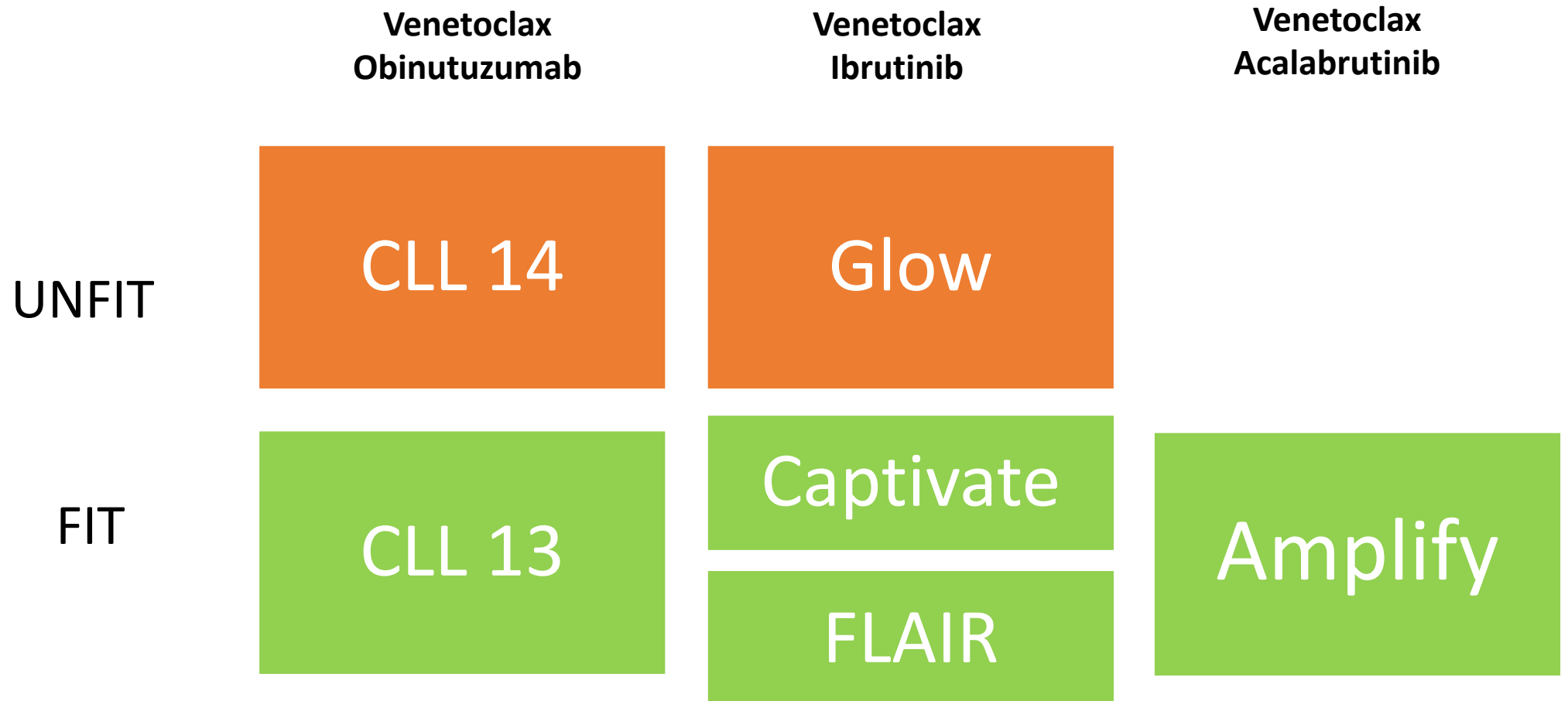
MRD was assessed in PB and BM by multiparameter flow cytometry with a detection limit of  $10^{-5}$ .

# Opciones:

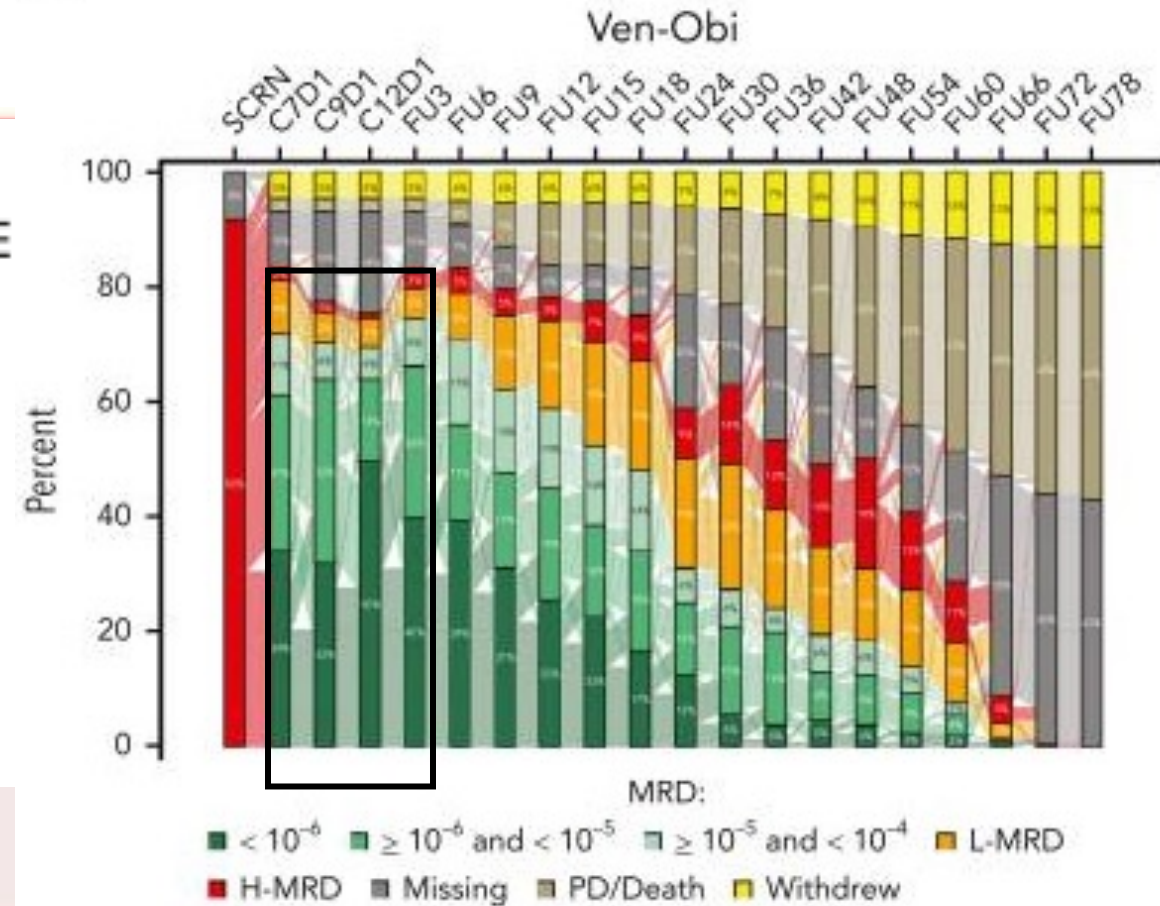
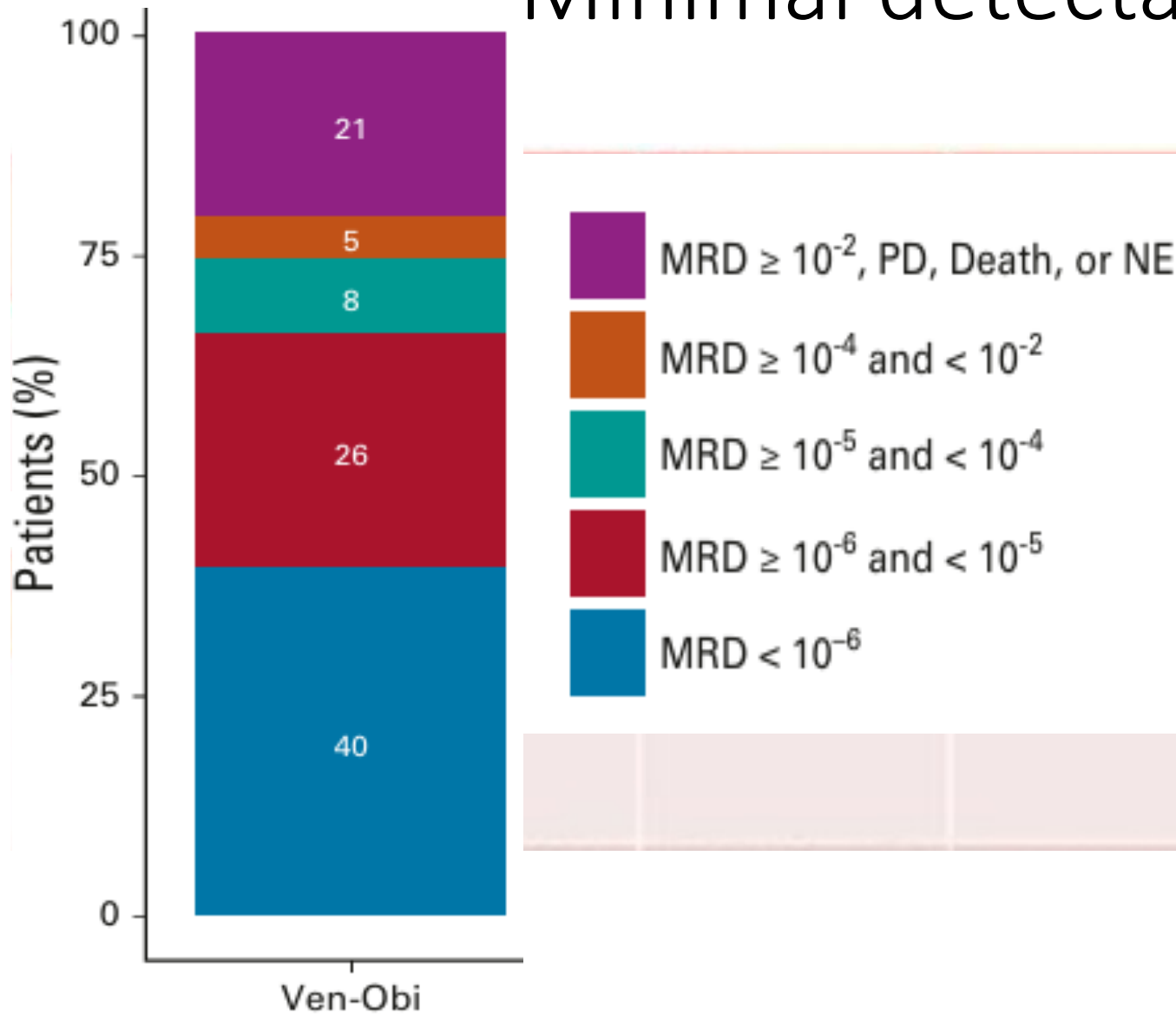
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# VENETOCLAX EN LLC: V + "X"

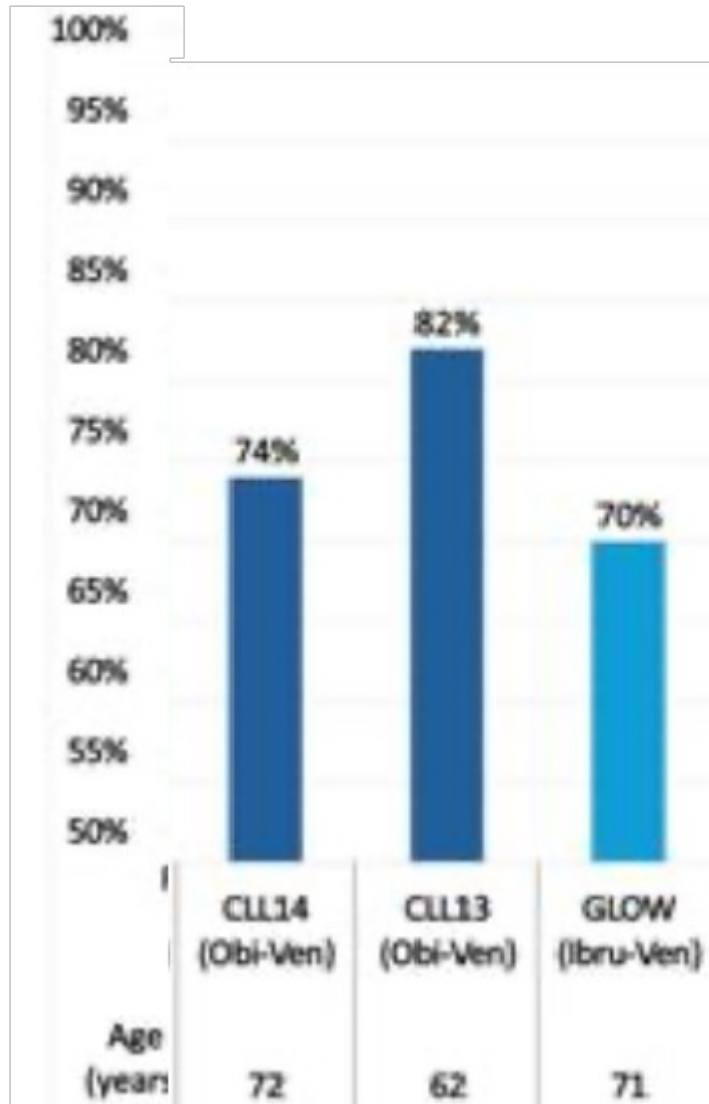
Terapia de duracion limitada y libre de quimioterapia en primera linea



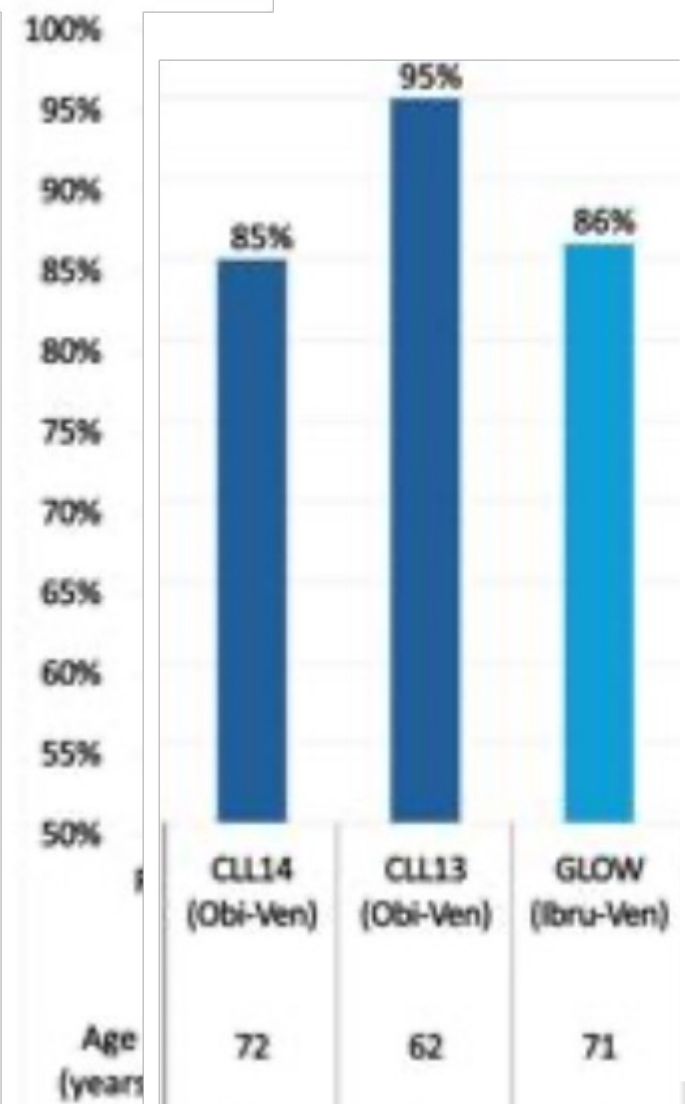
# Minimal detectable disease



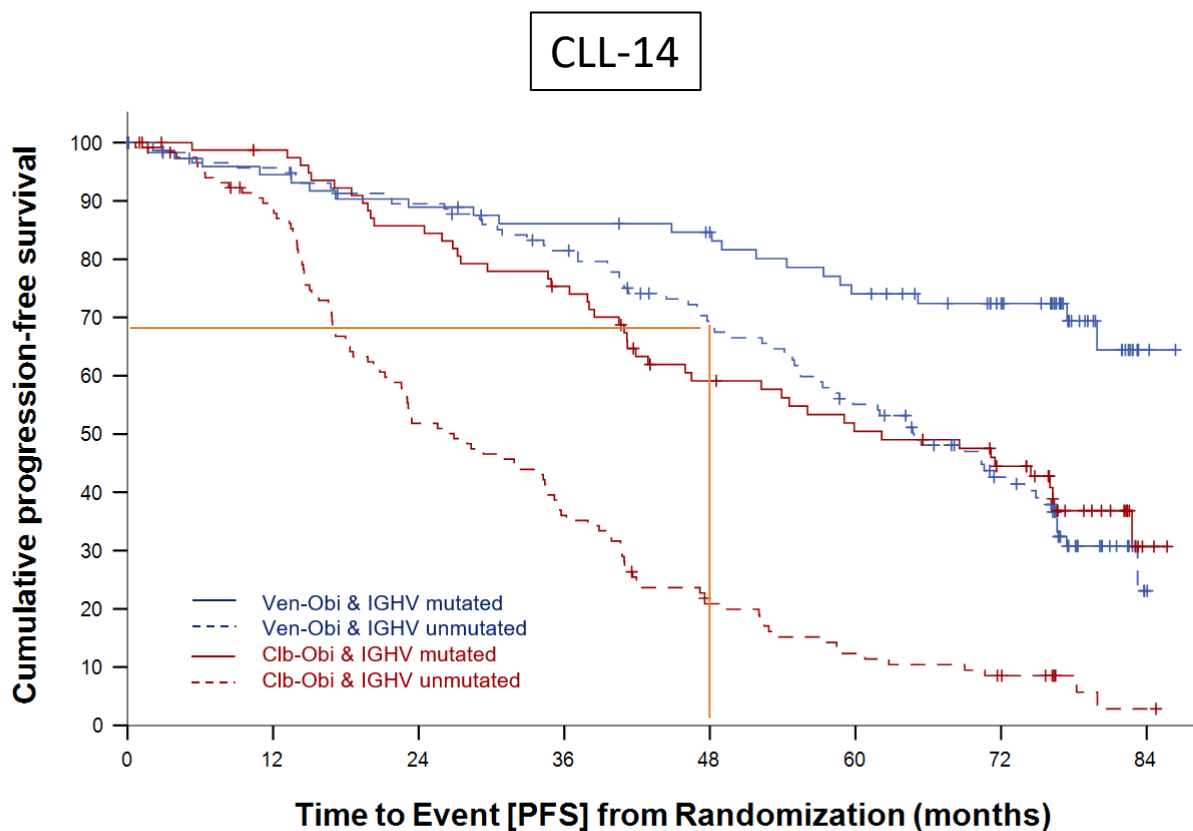
## PFS rates at 48 months by age/fitness



## OS rates at 48 months by age/fitness

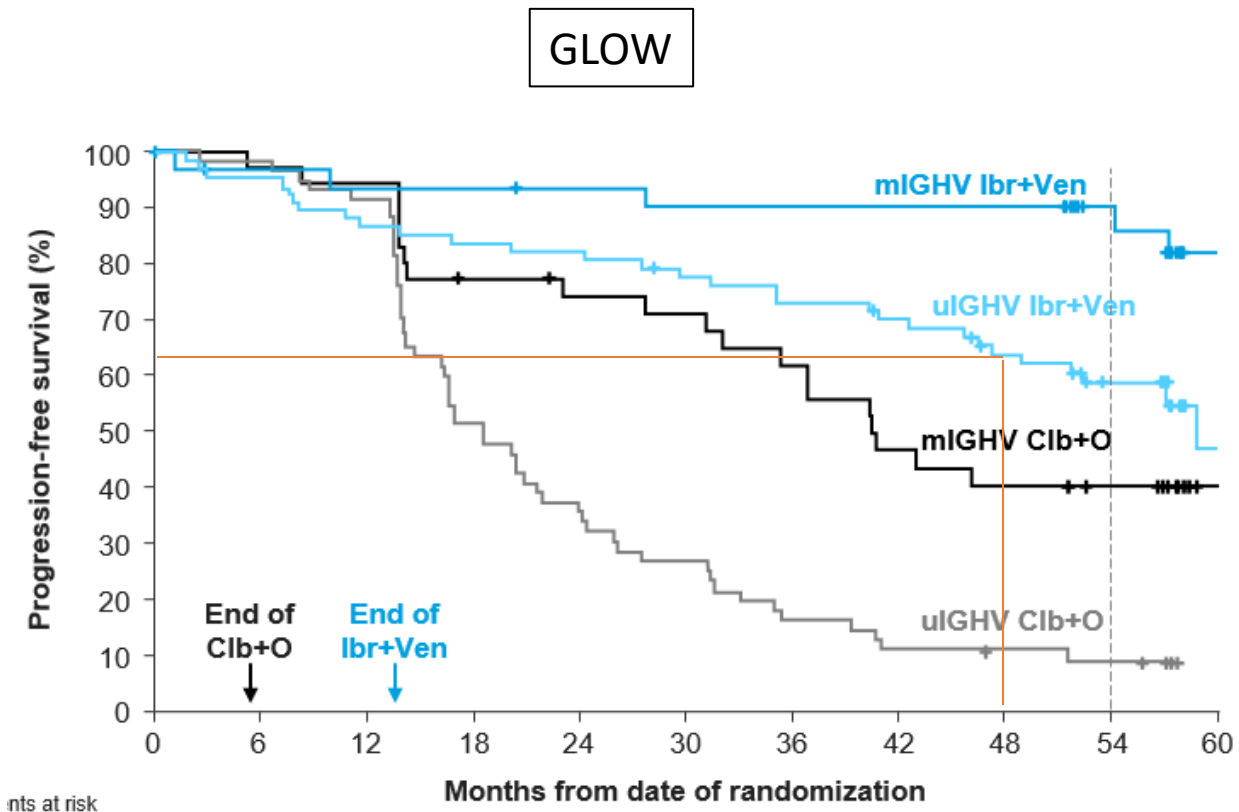


# Progression free survival by IGHV status (NM)



**SLP a 48m NM 69%**

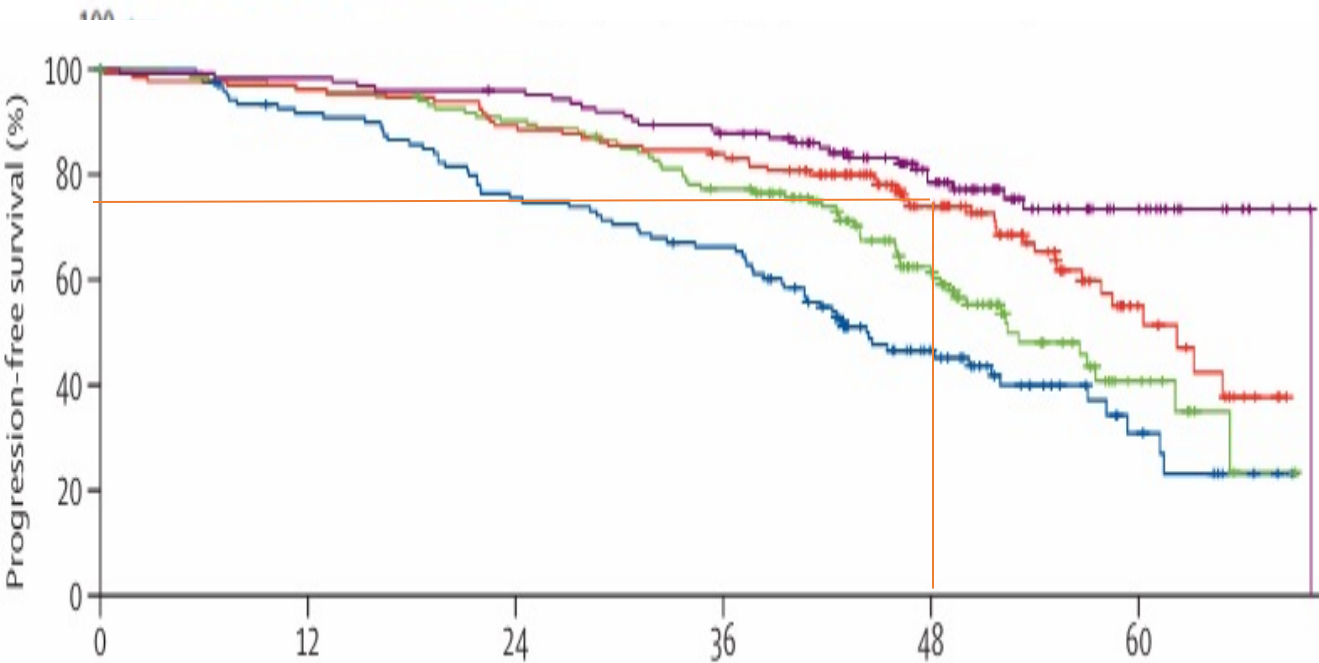
**TTNT: 85 m NM**



**SLP a 48m NM 63%**

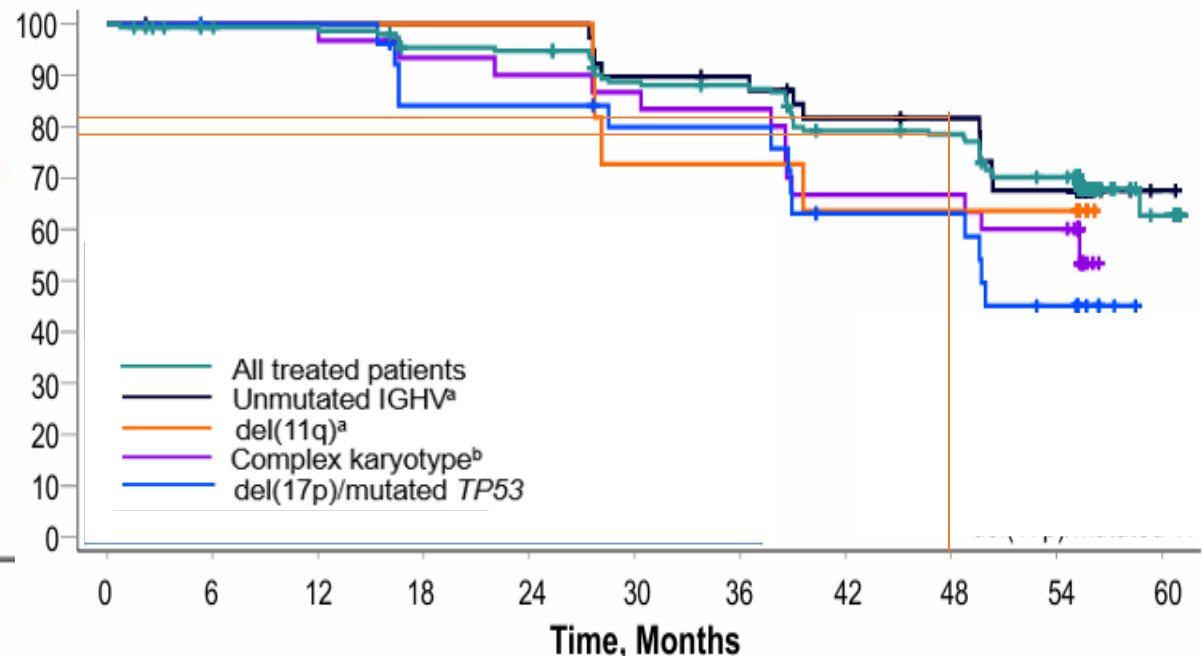
# Progression free survival by IGHV status

CLL-13



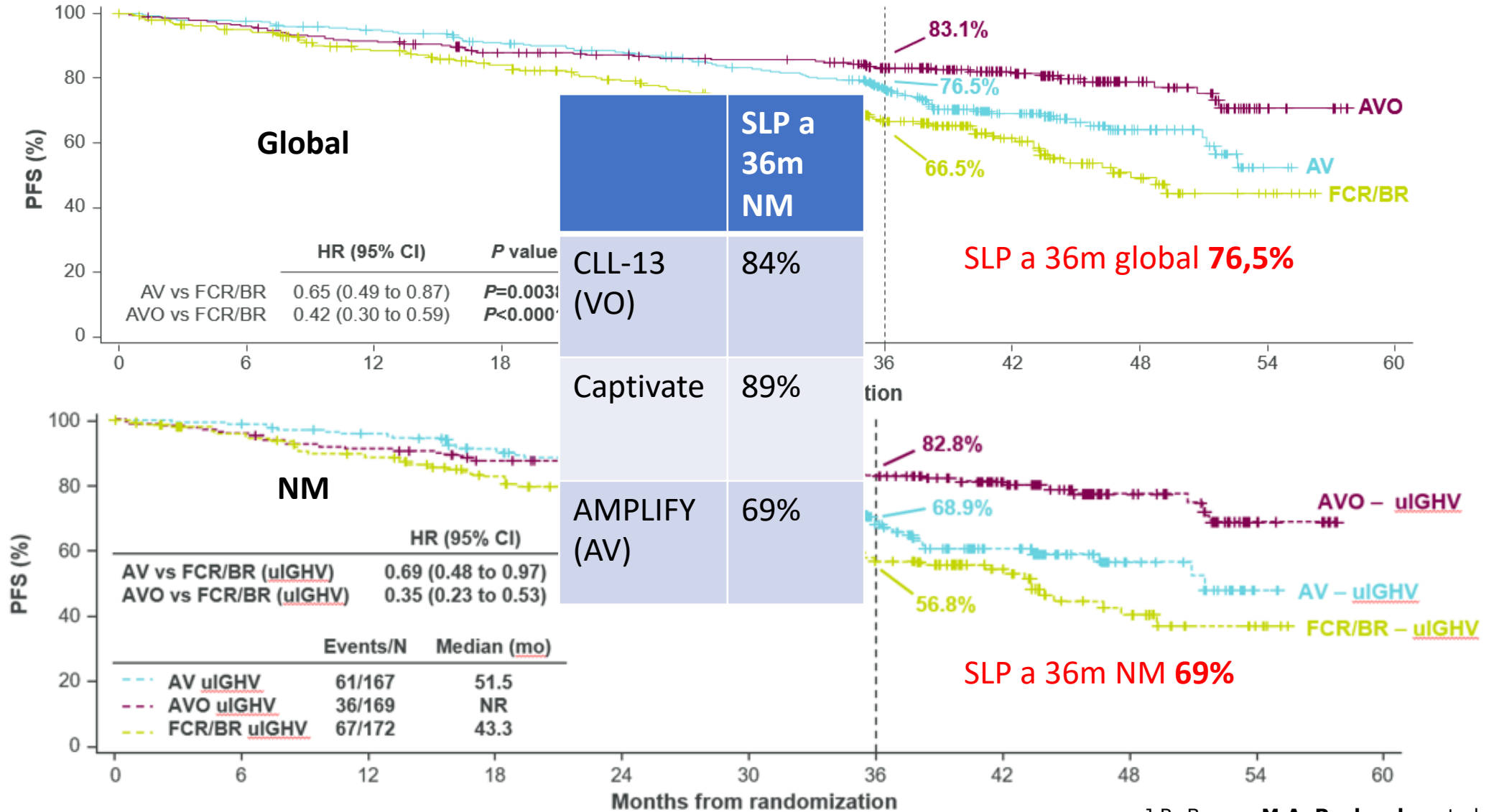
SLP a 48m global **82%**  
 SLP a 48m NM **74%**

CAPTIVATE



SLP a 48m global **79%**  
 SLP a 48m NM **82%**

# AMPLIFY: global progression free survival and by IGHV status



# Optimal balance of safety and efficacy

	treatment preference for genetic subgroups based on efficacy and tolerability			treatment-related logistics		adverse events, comorbidities and comedication					
	mIGHV	uIGHV	17p- / TP53 mut	finite duration and treatment-free interval	convenient initiation of therapy	accumulation of adverse events	bleeding risk	TLS risk	cardiovascular events	reduced renal function	infection risk during treatment
obinutuzumab + venetoclax	Green	Green	Light Green	Green	Orange	Green	Green	Yellow	Green	Orange	Yellow
ibrutinib + venetoclax	Green	Green	Light Green	Green	Yellow	Green	Light Green	Light Green	Orange	Yellow	Light Green



Color code rating for treatment options:

pro



con

1350

# Opciones:

- **Alternativa 1: Venetoclax - obinutuzumab x 1 año**
- Alternativa 4: Venetoclax - IBTK x 1 año
- Sin diferencias en eficacia (MDR-SLP) en población global y NM.
- Con un perfil de seguridad diferencial.

**¿Porqué no elegiría VO?**