

QUARTO EVENTO NAZIONALE

SIE incontra i pazienti

Nuovi farmaci nei linfomi

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Bologna, Royal Hotel Carlton



DISCLOSURES

Consultant or advisory role	Advisory board: Roche, Janssen-Cilag, Verastem, Incyte, EUSA Pharma, Celgene/Bristol Myers Squibb, Kite/Gilead, ADC Therapeutics
Speakers' Bureau	EUSA Pharma, Novartis
Research funding	Gilead Sciences

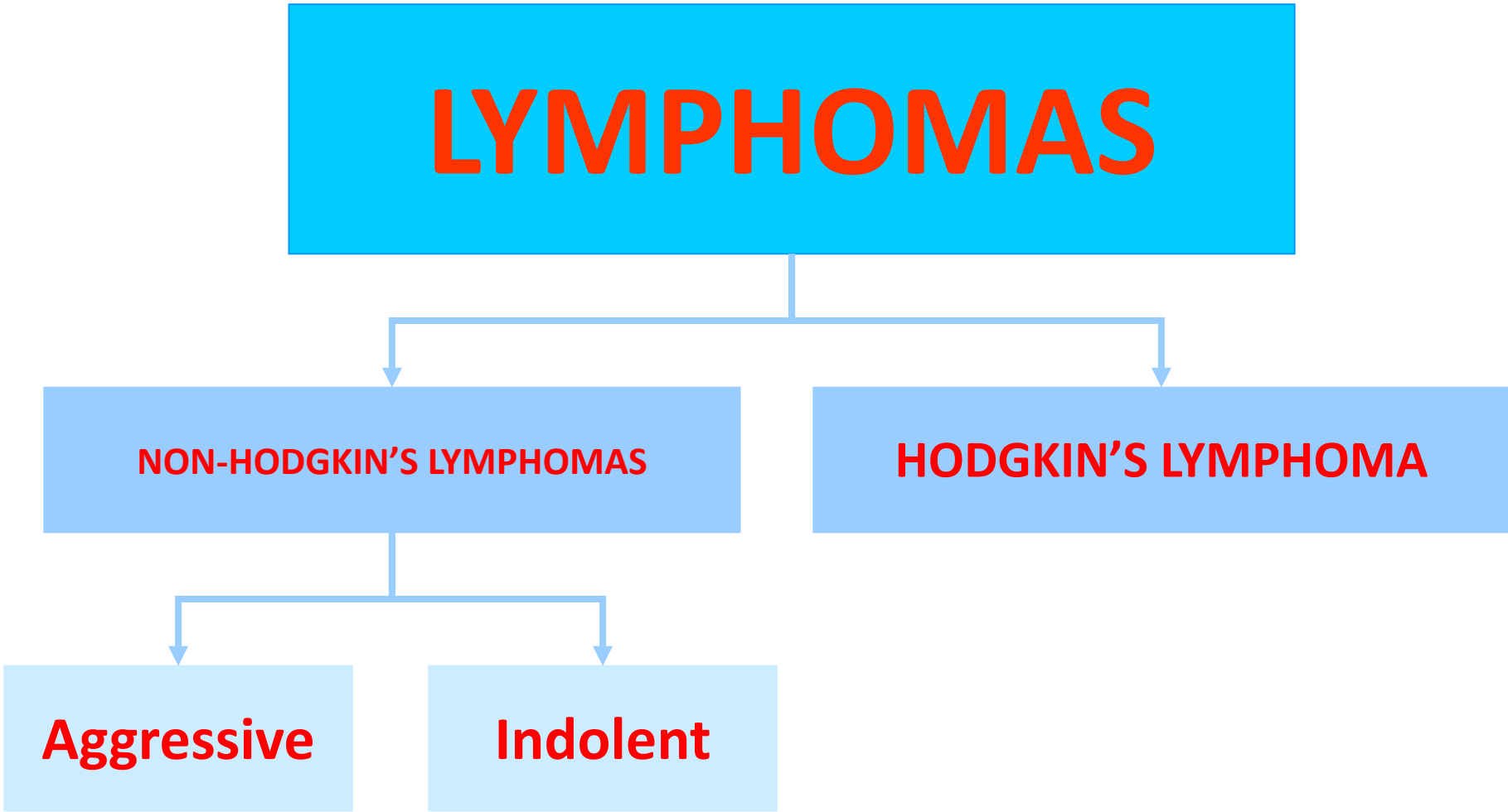
LYMPHOMAS

Lymphomas

Heterogeneous group of lymphoid neoplasms characterized by proliferation and accumulation of neoplastic lymphoid cells (clonal proliferation)

- From B and T cells
- **Different clinical presentation, natural history, response to therapy and outcome**

LYMPHOMAS



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graph TD; A[LYMPHOMAS] --> B[NON-HODGKIN'S LYMPHOMAS]; A --> C[HODGKIN'S LYMPHOMA]; B --> D[Aggressive]; B --> E[Indolent]
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The diagram is a hierarchical flowchart. At the top is a bright blue rectangular box containing the word 'LYMPHOMAS' in large, bold, orange capital letters. A vertical line descends from the center of this box and splits into two horizontal lines. Each horizontal line has a small arrowhead pointing downwards to a light blue rectangular box. The box on the left contains the text 'NON-HODGKIN'S LYMPHOMAS' in bold, red capital letters. The box on the right contains the text 'HODGKIN'S LYMPHOMA' in bold, red capital letters. From the bottom center of the 'NON-HODGKIN'S LYMPHOMAS' box, a vertical line descends and splits into two horizontal lines. Each horizontal line has a small arrowhead pointing downwards to a very light blue rectangular box. The box on the left contains the word 'Aggressive' in bold, red capital letters. The box on the right contains the word 'Indolent' in bold, red capital letters.

NON-HODGKIN'S LYMPHOMAS

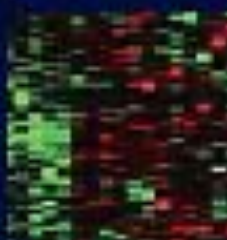
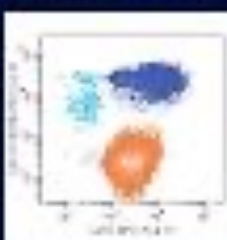
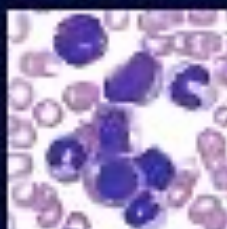
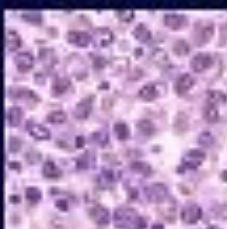
HODGKIN'S LYMPHOMA

Aggressive

Indolent

WHO Classification of Tumours of Haematopoietic and Lymphoid Tissues

Edited by Steven H. Swerdlow, Ellen Campo, Nancy Lee Harris, Elaine S. Jaffe,
Sabine A. Pileri, Harald Staudt, Jürgen Thiele & James W. Wardemann



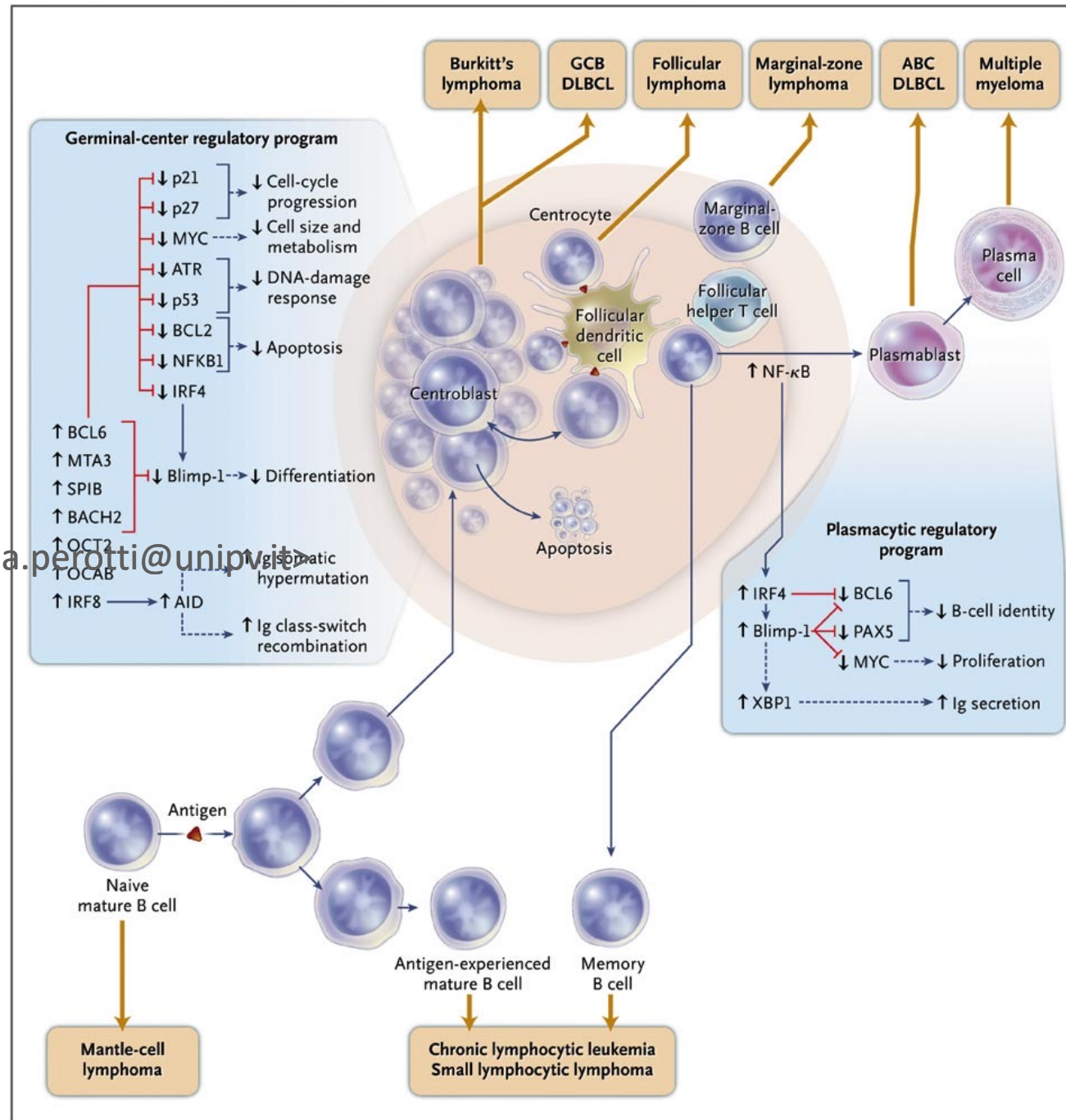
Complexity 1



Pieter Bruegel il Vecchio, Torre di Babele "Grande Torre", (114x155 cm), Kunsthistorisches Museum, Vienna

Complexity 2

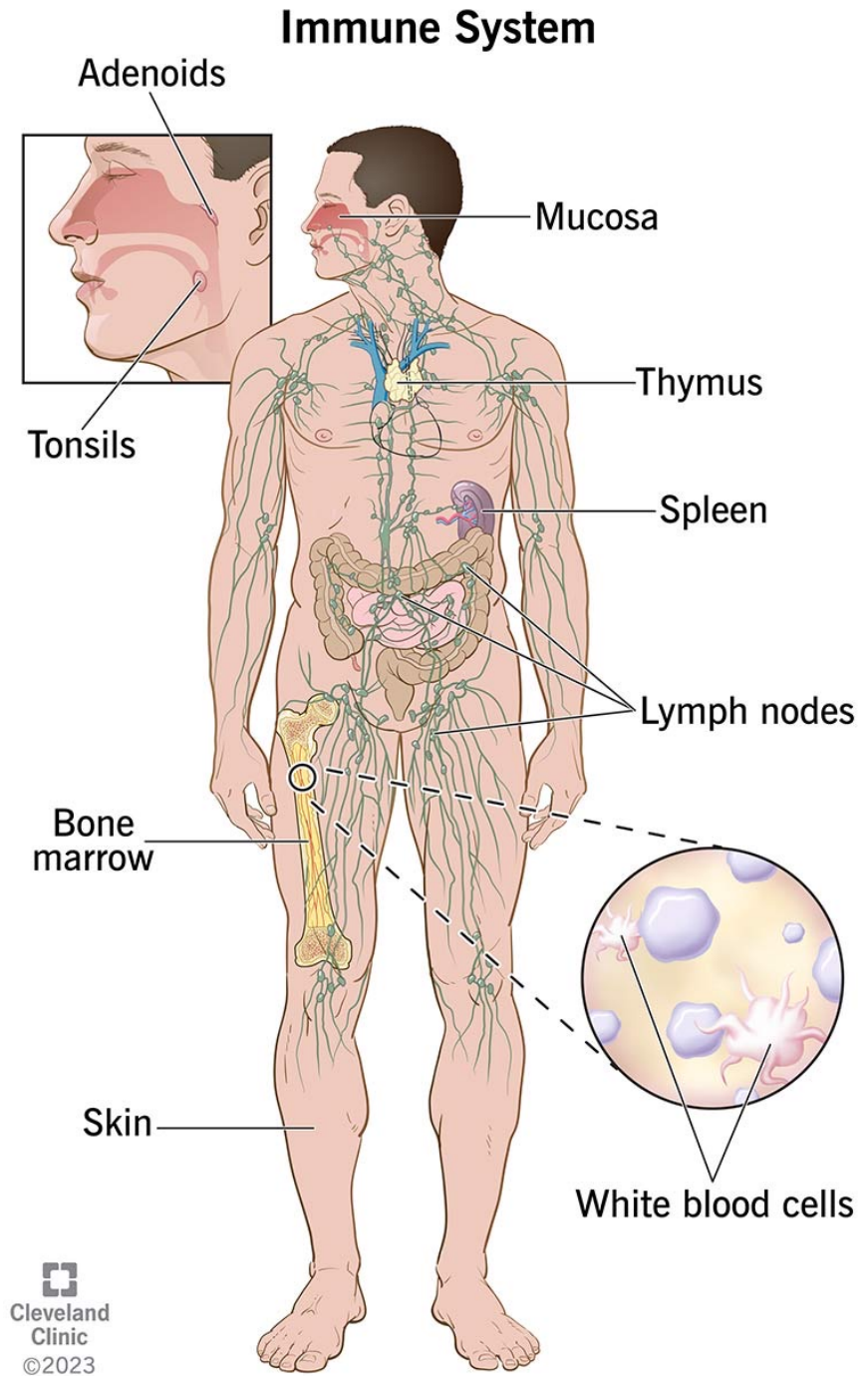
rosamarina.perotti@unipv.it



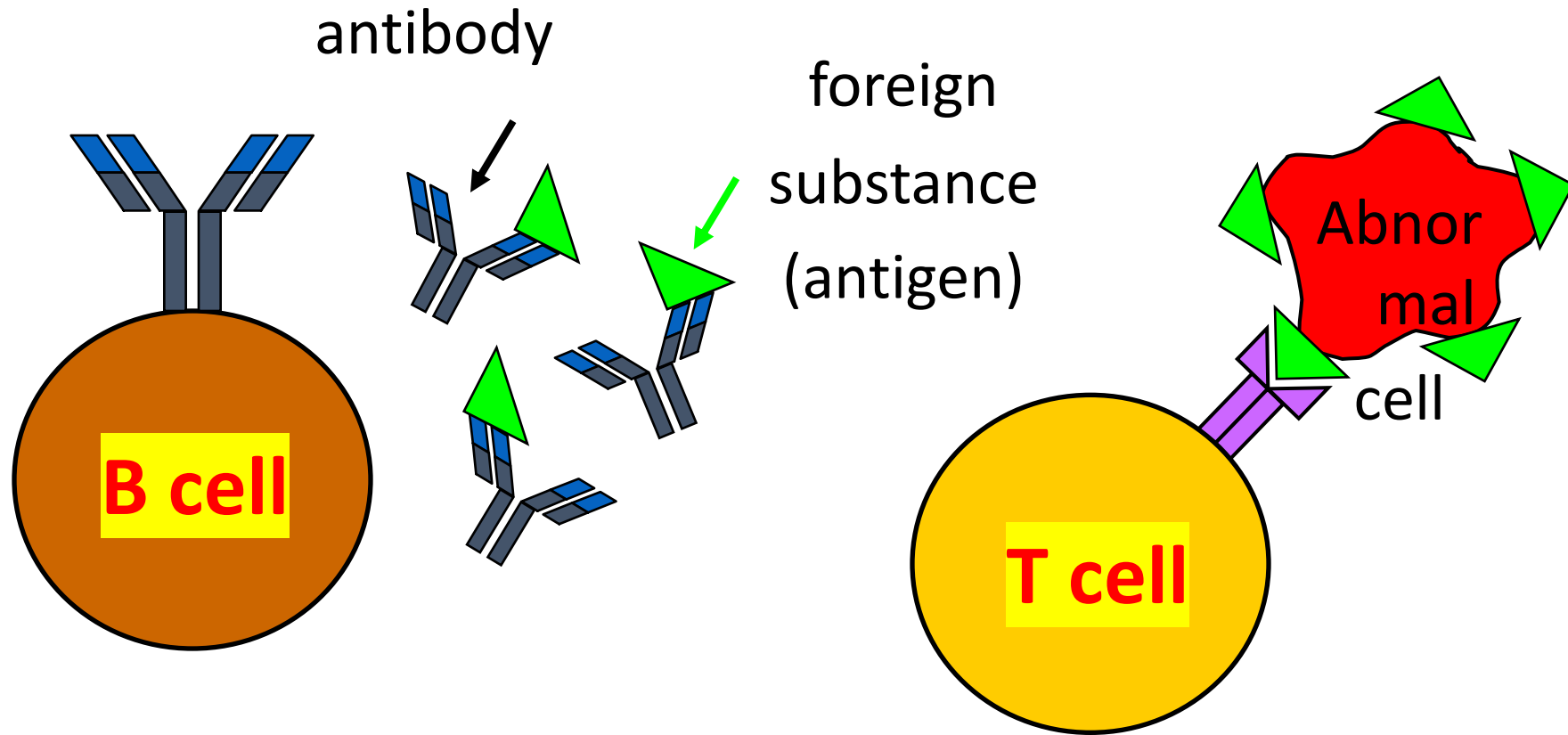
NEW DRUGS

Immune system

Site of disease
Defense against disease



Two arms of the immune system



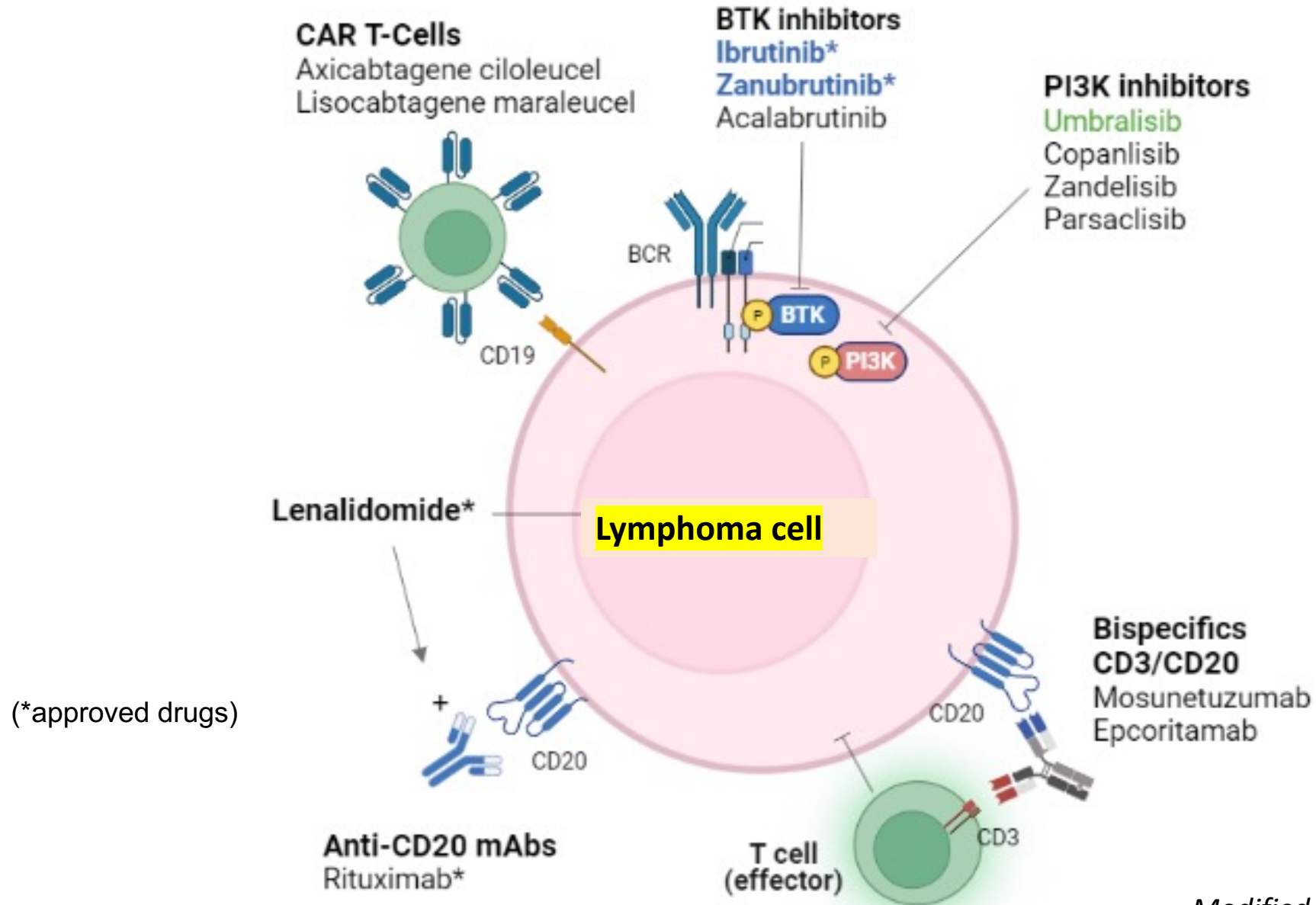
Function

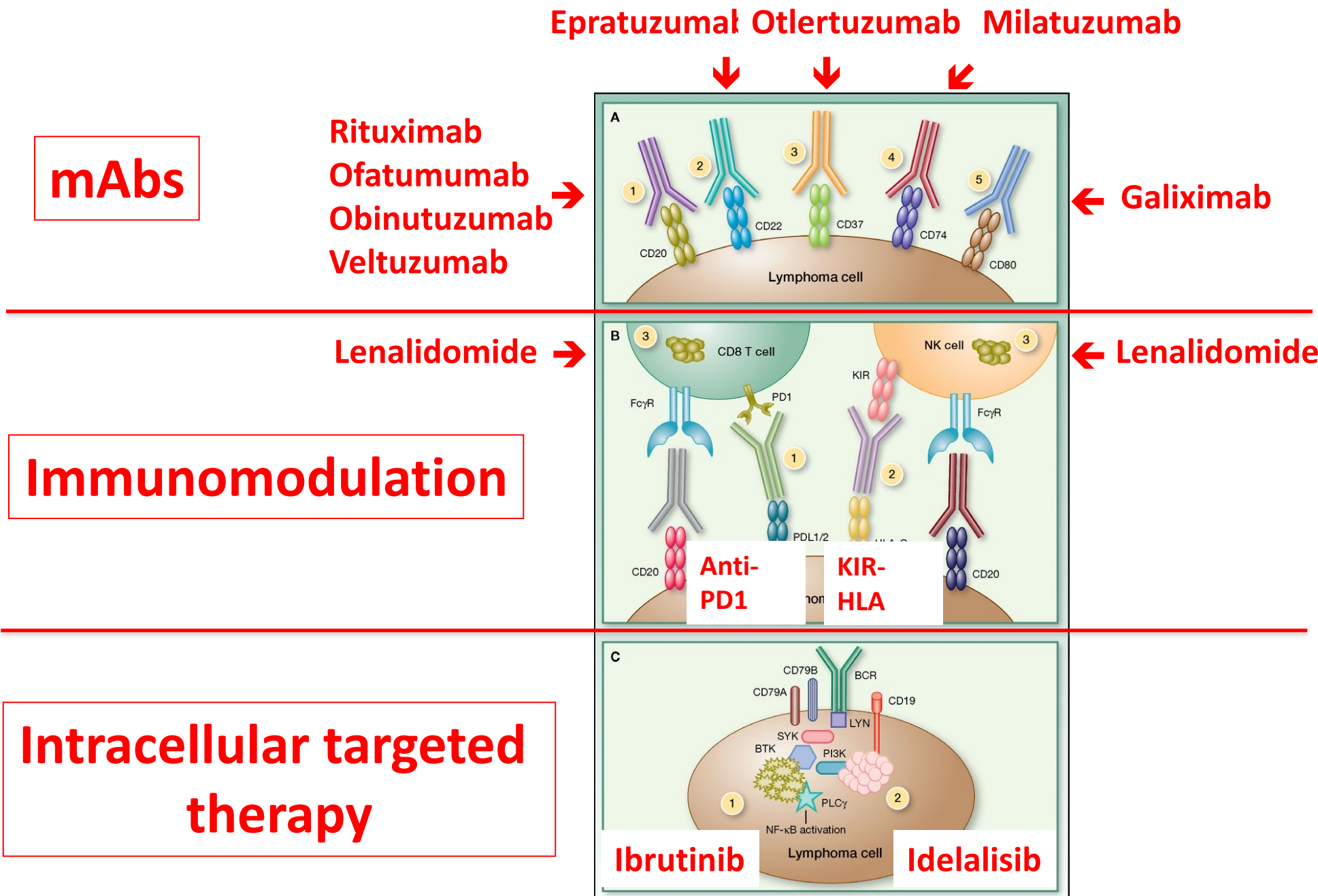
Make Antibodies

Kill abnormal cells

Make cytokines

Toward a chemo-free therapy ?

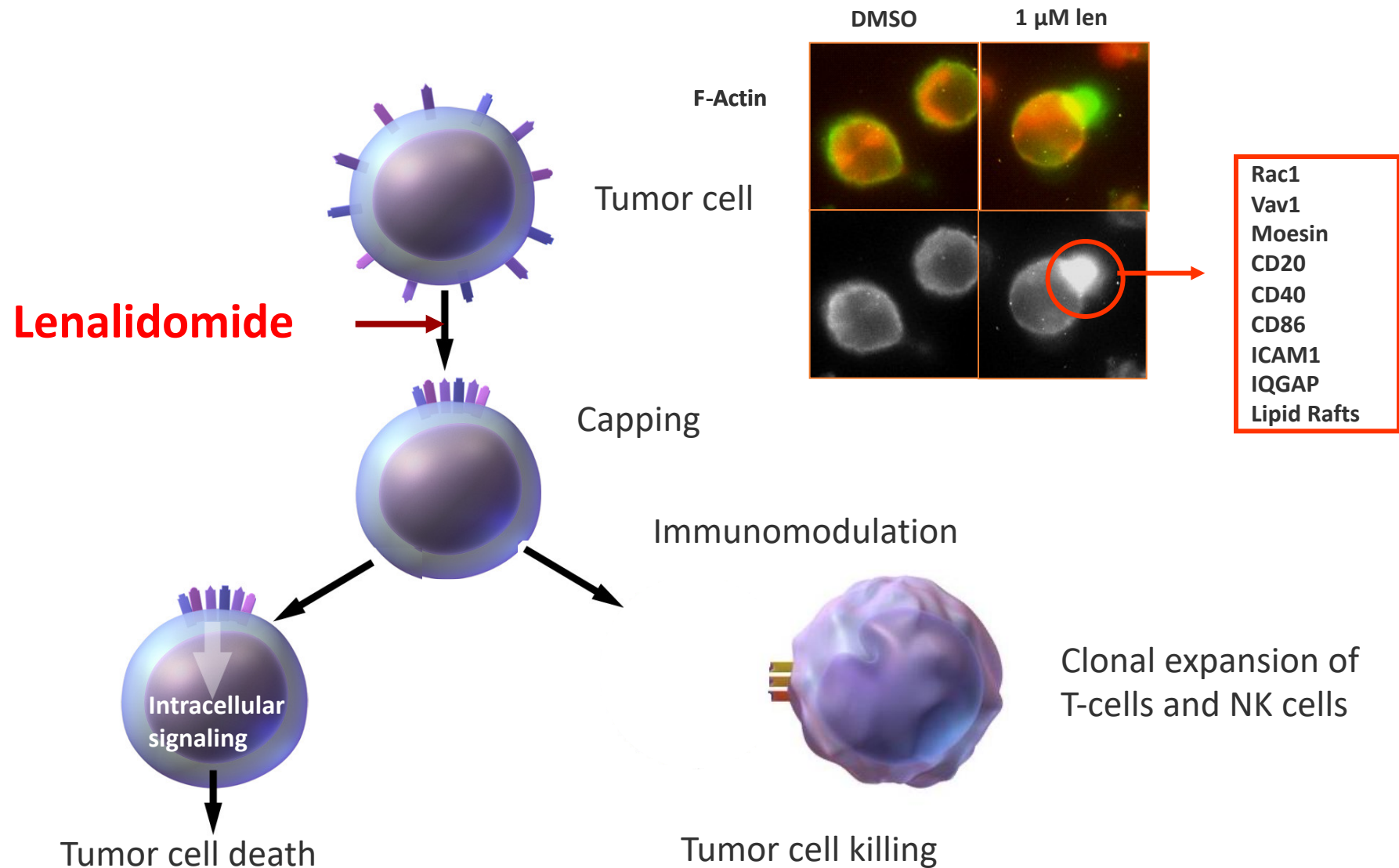




Immunomodulators and targeted treatment

- Lenalidomide (oral drug)
- BTK inhibitors (oral drugs)

Lenalidomide couples tumoricidal & immunomodulatory activity

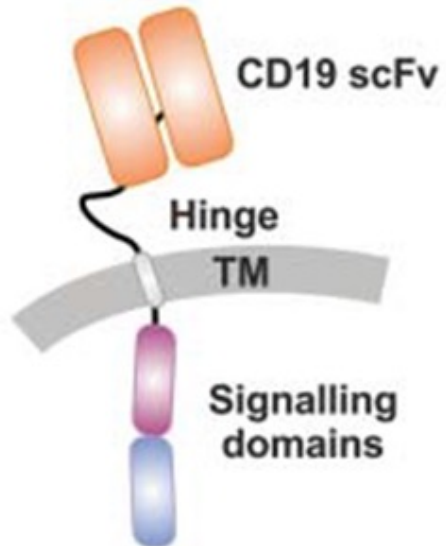


CD19 TARGETING STRATEGIES

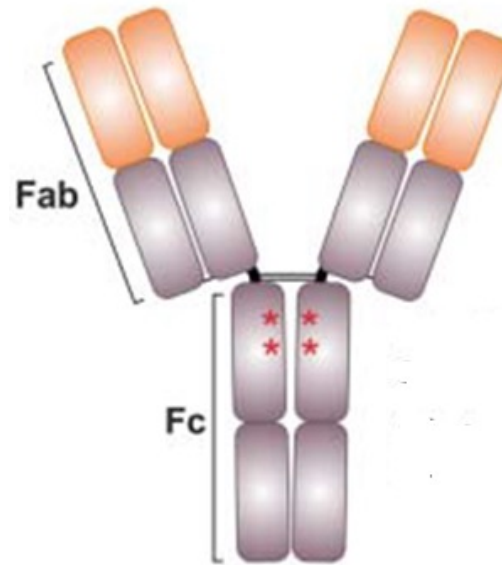
Tnb-486
(BITE)



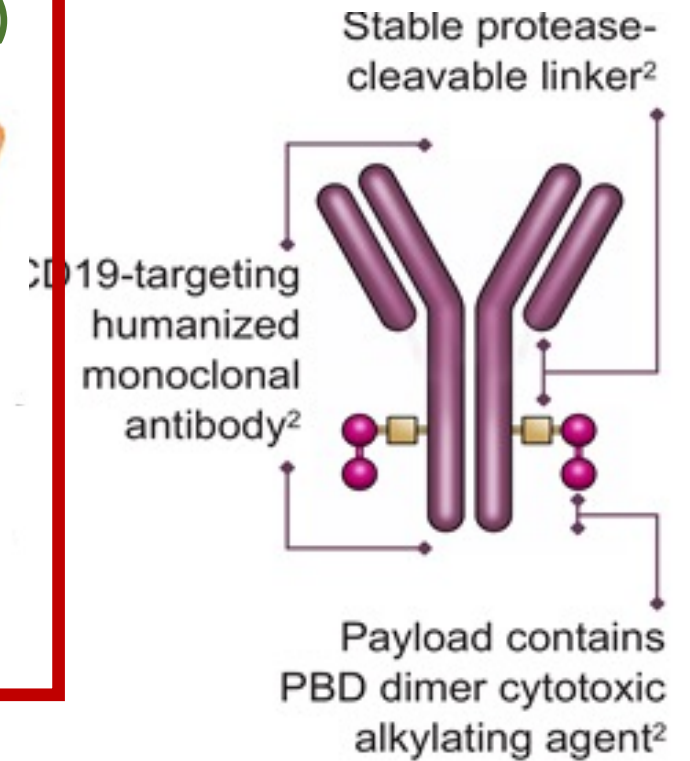
CAR-T cells



TAFASITAMAB
(engineered antibody)



ADC (Loncastuximab tesirine)



Mode of actions provide the rationale for tafasitamab + lenalidomide combination

Tafasitamab MoA

- Antibody Dependent Cellular Cytotoxicity via NK cells (ADCC)
- Antibody Dependent Cellular Phagocytosis (ADCP)
- Direct cytotoxicity

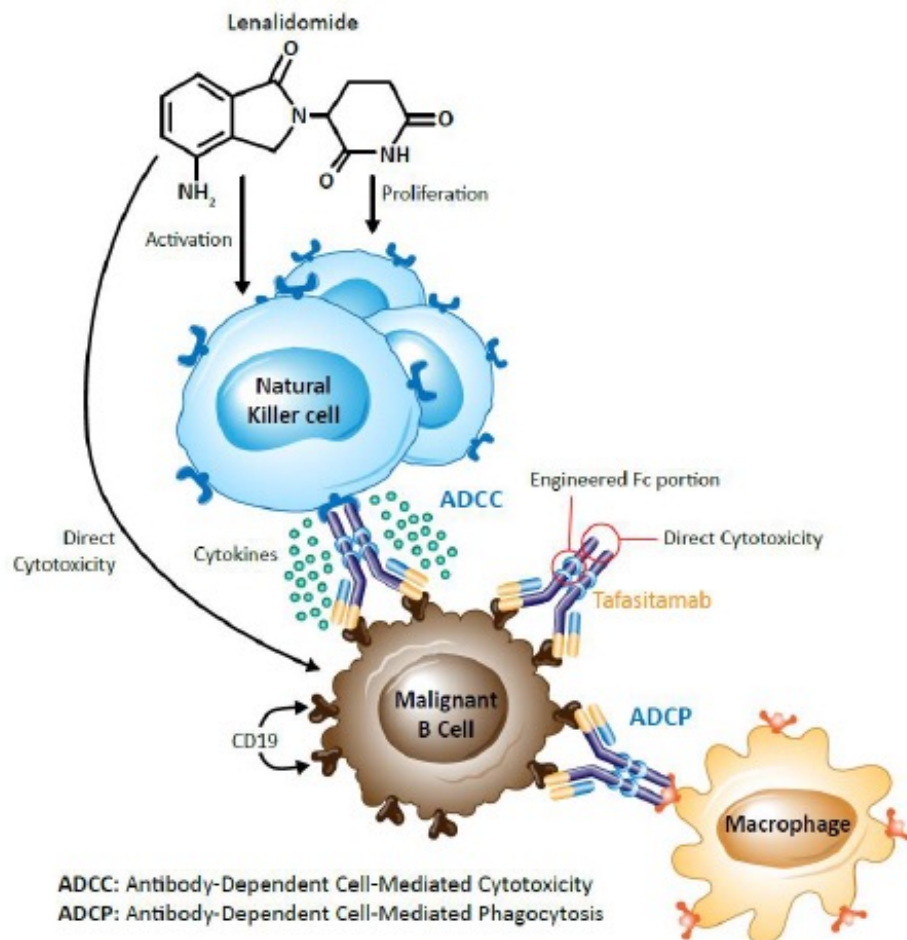


Lenalidomide MoA

- Direct cytotoxicity
- Increase NK cell numbers (ADCC)
- Activate NK cells



Increased anti-tumor effects



InMIND: Tafasitamab + R² vs R² Alone in R/R FL or MZL

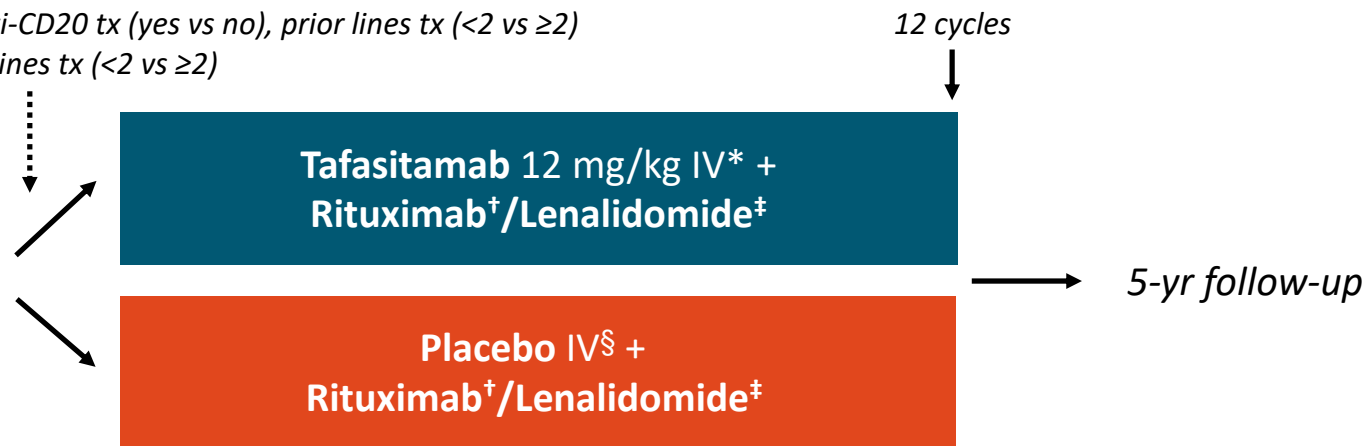
ASH 2024; Abstract LBA-1

- Global, double-blind, placebo-controlled, randomized phase III trial
 - Tafasitamab: Fc-engineered humanized anti-CD19 mAb

FL: POD24 (yes vs no), refractory to anti-CD20 tx (yes vs no), prior lines tx (<2 vs ≥2)

MZL: prior lines tx (<2 vs ≥2)

Adults with R/R
FL (grade 1-3a) or MZL
previously treated with
≥1 anti-CD20 mAb;
no prior R²;
ECOG PS 0-2
(Planned N = 618;
FL, 528; MZL, 60-90)
(N = 654)



*Tafasitamab given Days 1, 8, 15, 22 of cycles 1-3 and Days 1, 15 of cycles 4-12 on 28-day cycle.

†Rituximab dosed at 375 mg/m² IV; given on Days 1, 8, 15, 22 of cycle 1, then Day 1 of cycles 2-5.

‡Lenalidomide dosed at 20 mg PO QD given on Days 1-21 for 12 cycles. §Placebo given as 0.9% saline solution IV.

- Primary endpoint:** PFS by investigator per Lugano 2014 criteria in FL population
- Key secondary endpoints:** PFS in overall population, PET/CR at EOT and OS in FL population

Data cutoff June 22, 2018. ITT, intention to treat; NR, not reached; R-placebo, R plus placebo.

Sehn et al. ASH 2024

PFS by investigator assessment

**
*

New therapeutic agents and their targets

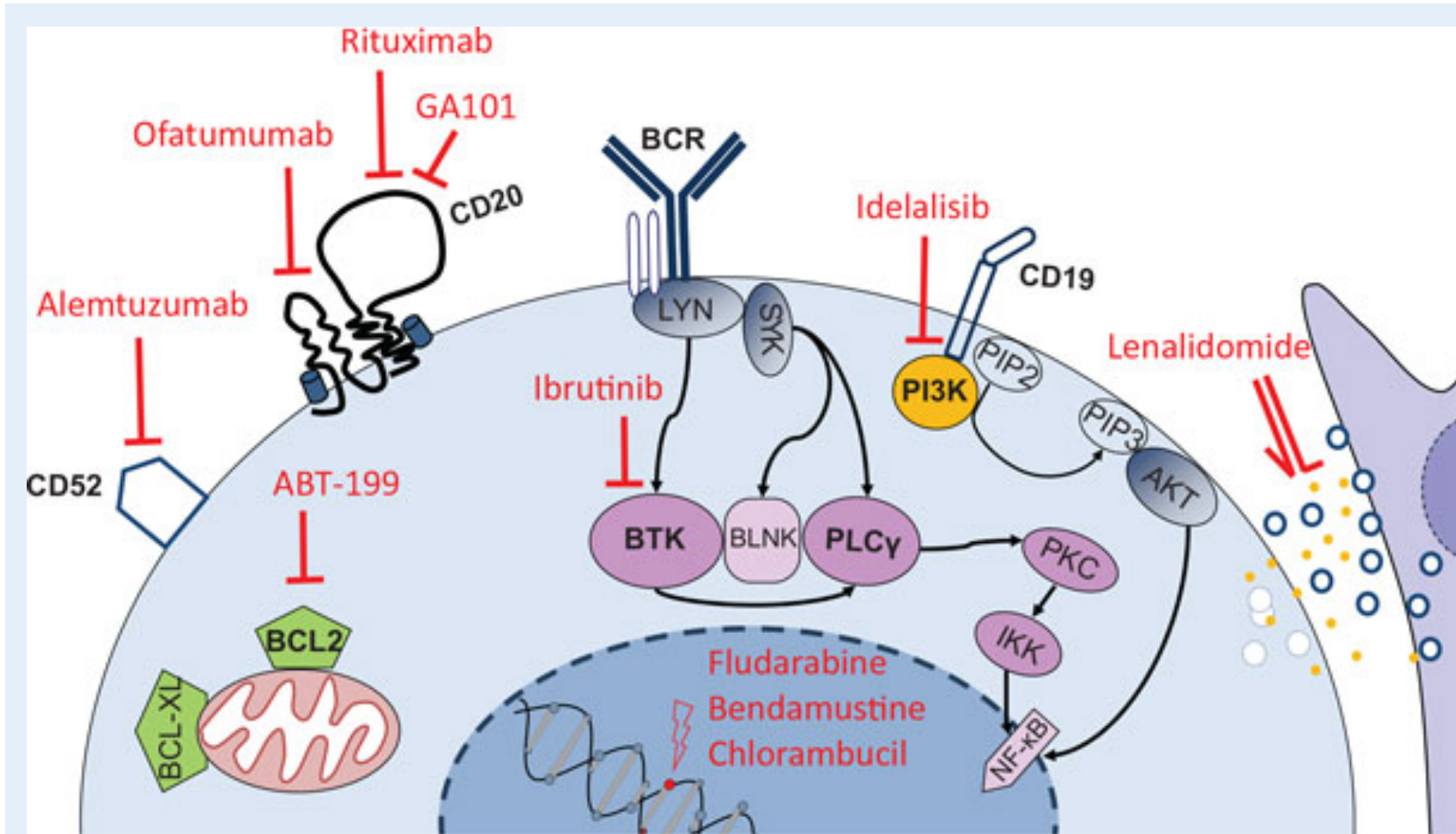


Figure 1.

New therapeutic agents and their targets in a chronic lymphocytic leukemia cell

BCL2, B-cell lymphoma 2; BCR, B-cell receptor; BTK, Bruton's tyrosine kinase; NFκB, nuclear factor kappa B; PI3K, phosphoinositide 3-kinase; PKC, protein kinase C; PLC, phospholipase C.

B-cell receptor (BCR) inhibitors

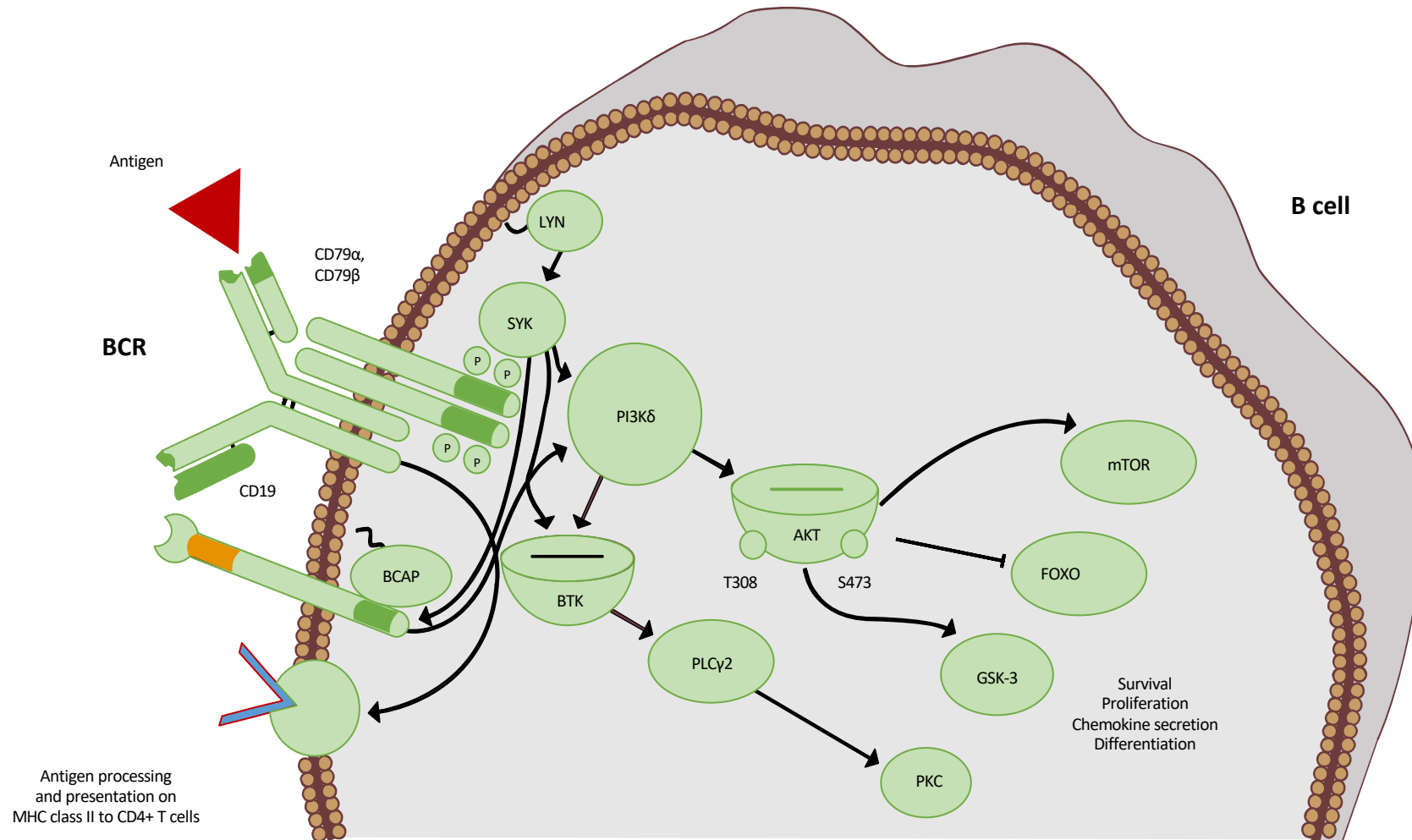
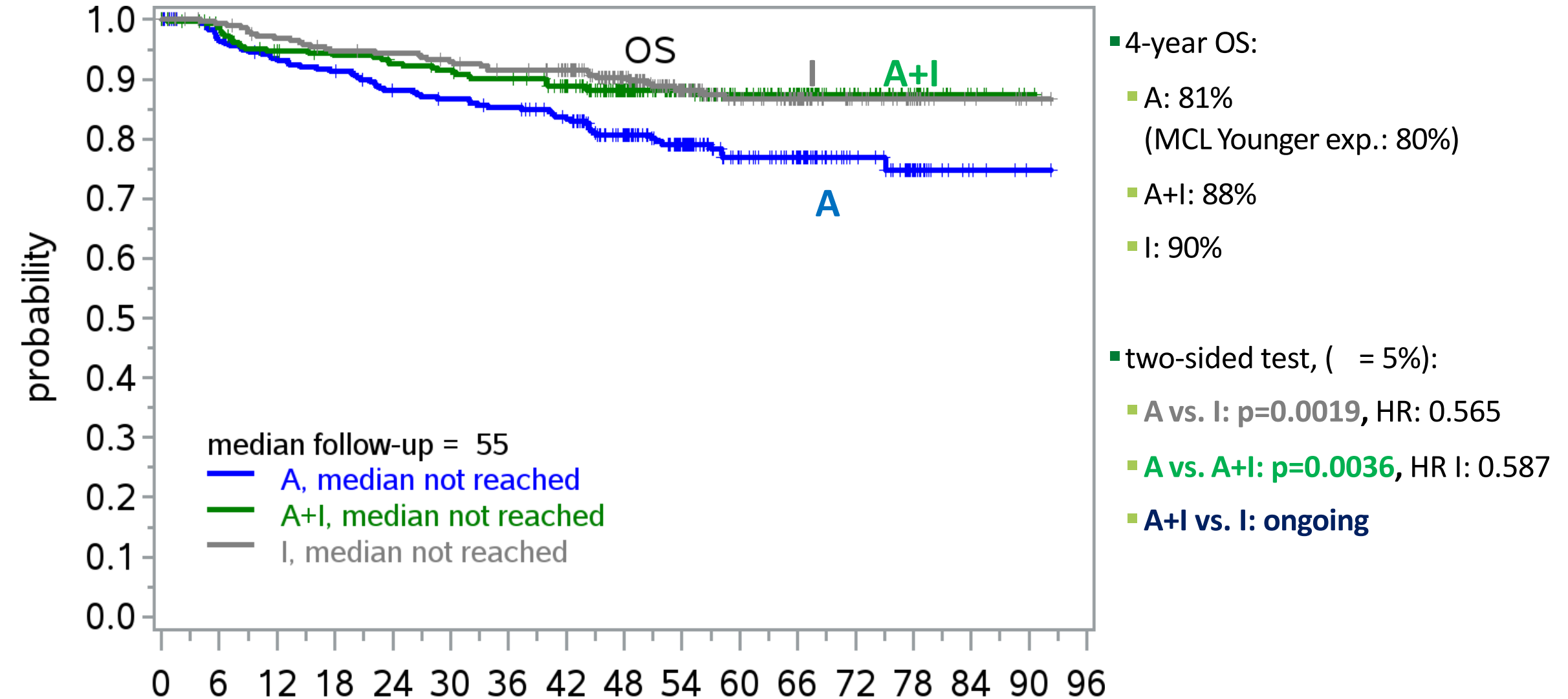


Figure adapted from: Davids MS & Brown J. *Leuk Lymphoma* 2012; 53:2362–2370; Wiestner A. *Haematologica* 2015; 100:1495–1507; Young RM & Staudt LM. *Nat Rev Drug Discov* 2013; 12:229–243

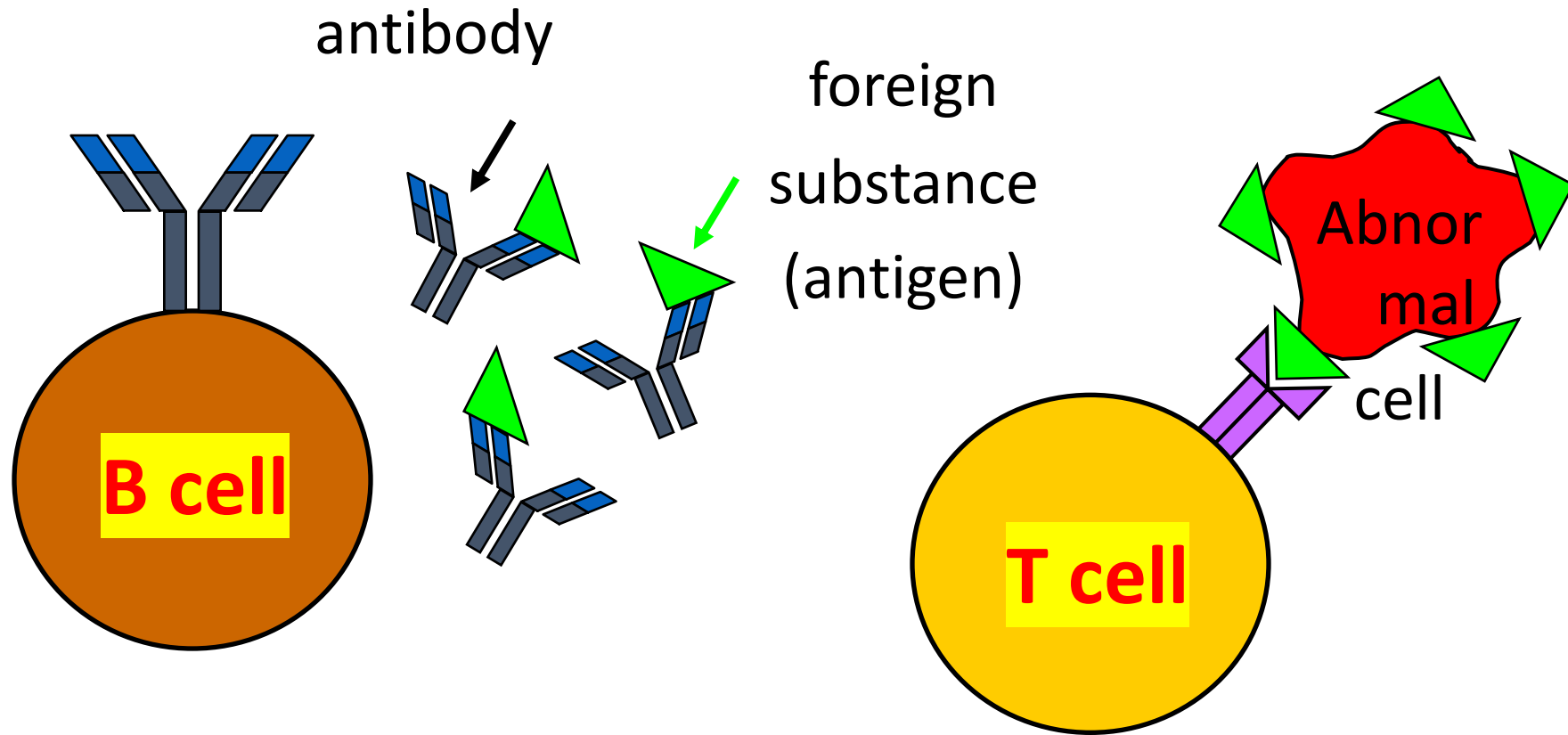


TRIANGLE: Overall survival



IMMUNE SYSTEM AGAIN

Two arms of the immune system



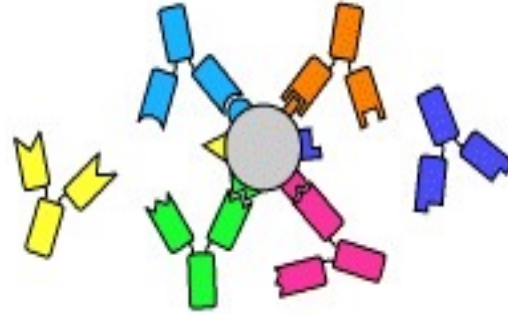
Function

Make Antibodies

Kill abnormal cells

Make cytokines

Antibodies as biological drugs



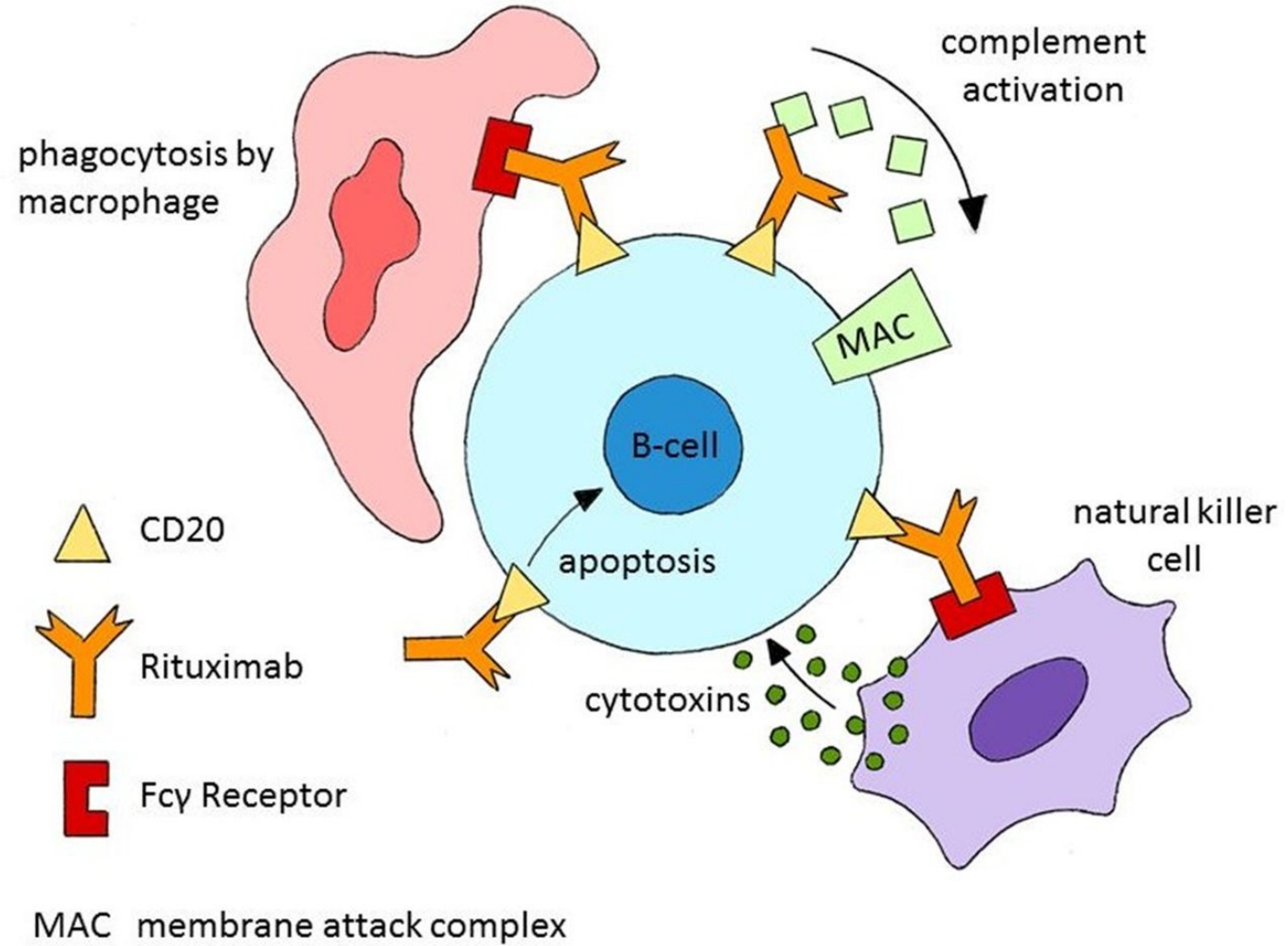
Antibodies are natural glycoproteins with high affinity and specificity for an antigen

Monoclonal antibodies

- Naked
- (Radioimmunoconjugates)
- Bispecific
- Drug-conjugated

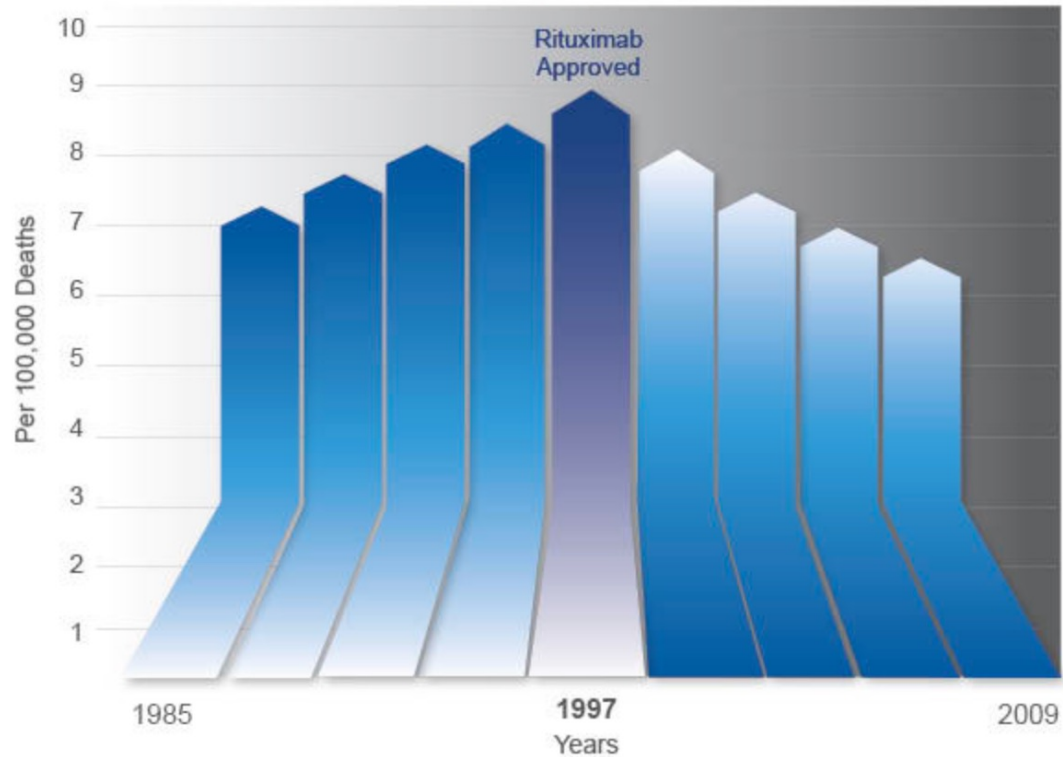
NAKED ANTIBODIES

Rituximab



Rituximab

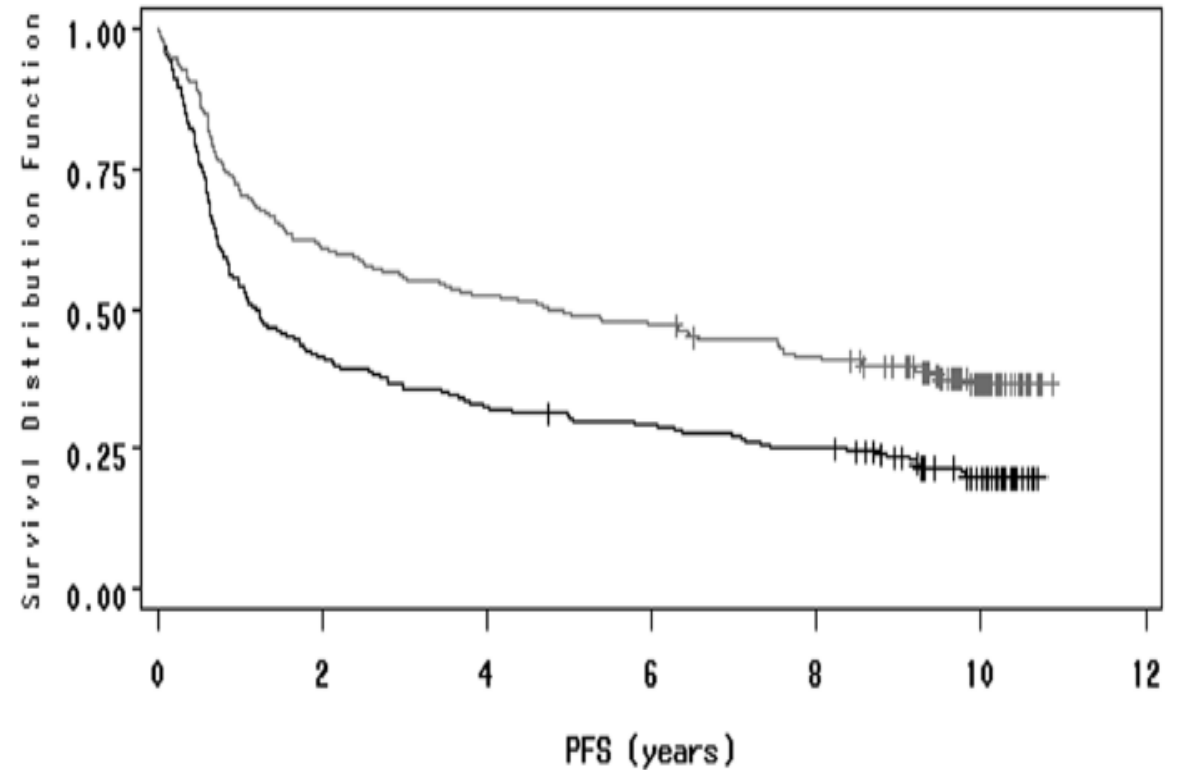
U.S. Non-Hodgkin Lymphoma Mortality Rates



Sources:

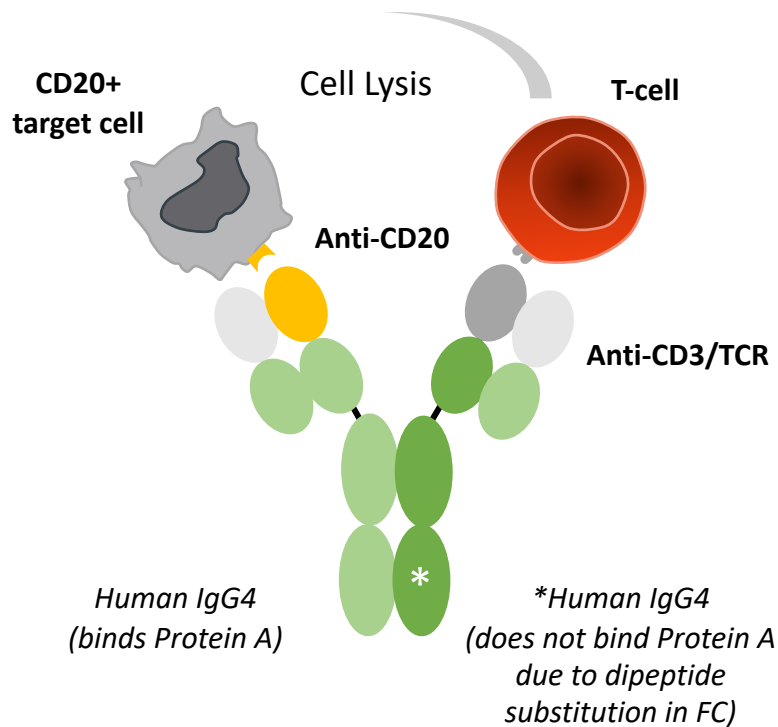
1. Life Sciences Foundation. Rituxan®. The first anticancer monoclonal antibody.
(<http://www.lifesciencesfoundation.org/events-Rituxan.html>)

2. SEER Stat Fact Sheets: Non-Hodgkin Lymphoma (<http://seer.cancer.gov/statfacts/html/nhl.html>)



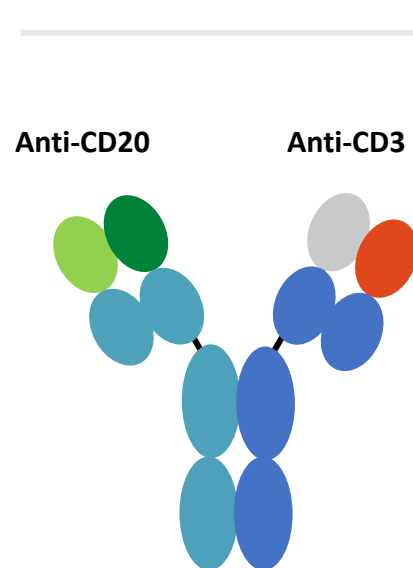
BISPECIFIC ANTIBODIES

CD20/CD3 bispecific antibodies in B-cell lymphomas



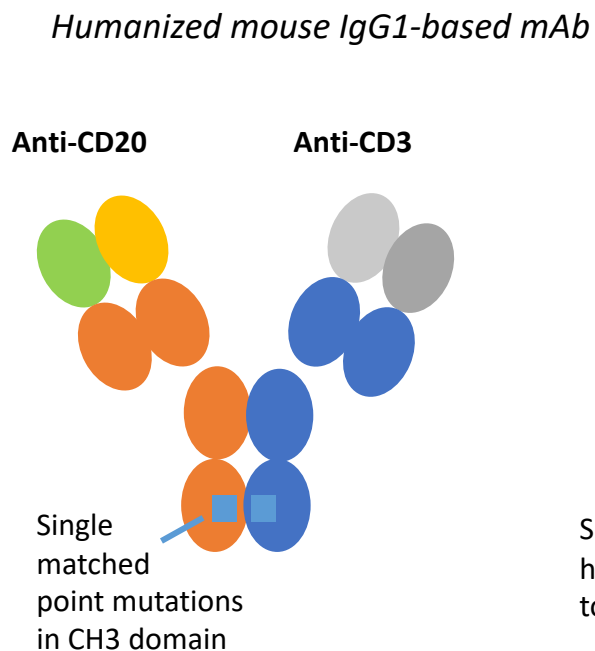
Odronextamab (IV)

Approval Status: Under FDA Review for 3L+ R/R FL and DLBCL



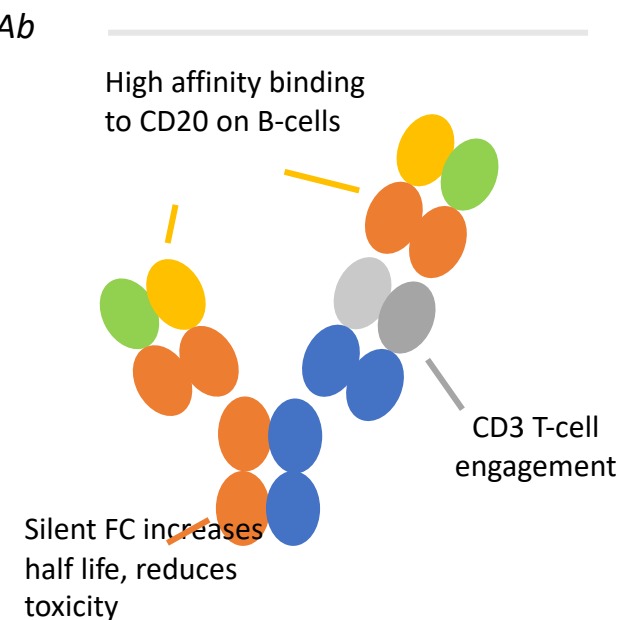
Mosunetuzumab (IV*)

FDA approved: 3L+ R/R FL



Epcoritamab (SC)

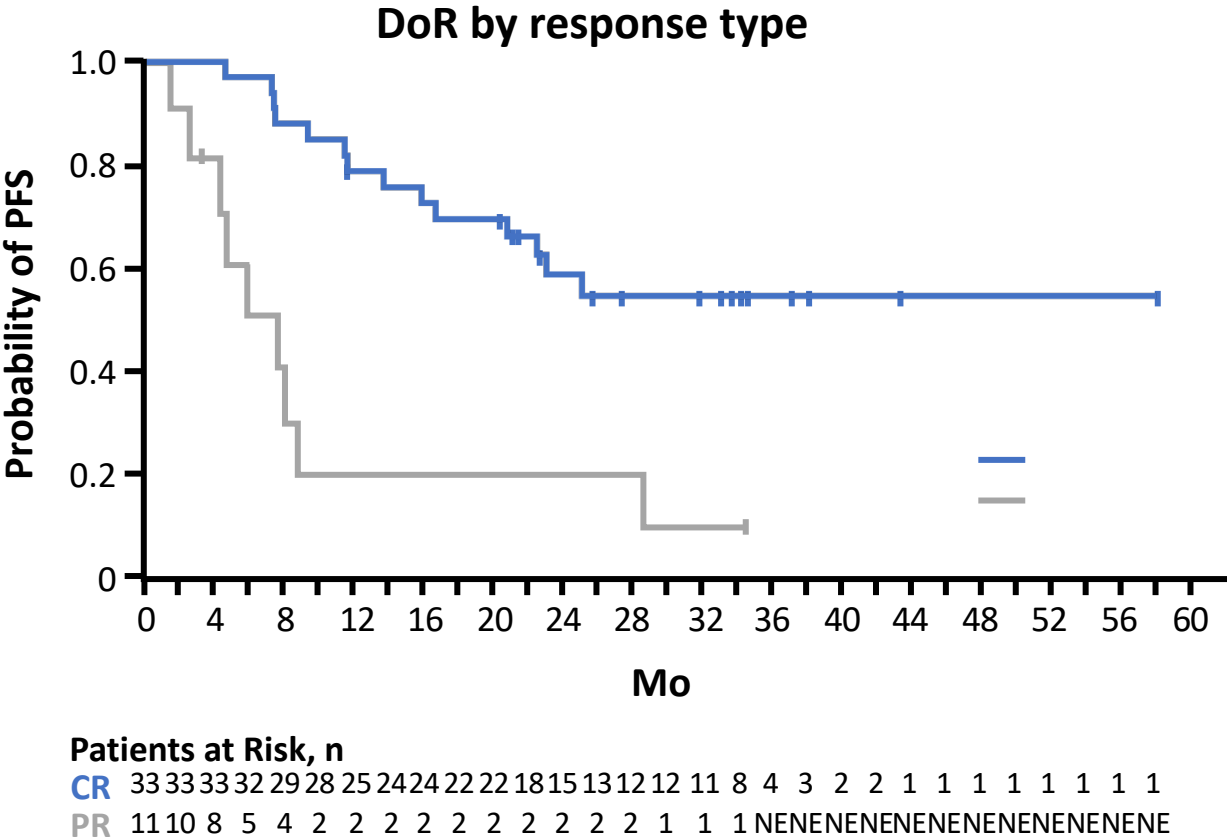
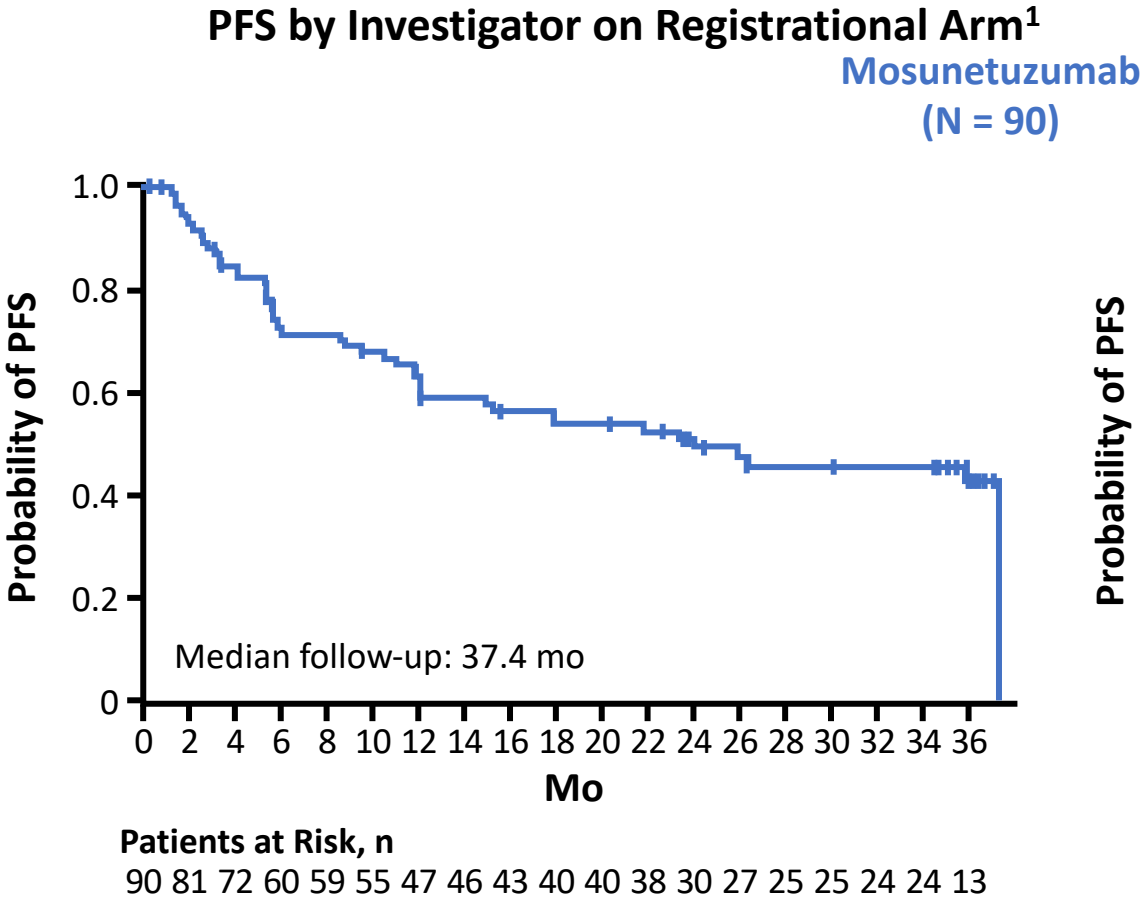
FDA approved: 3L+ R/R FL



Glofitamab (IV)

3L+ R/R DLBCL

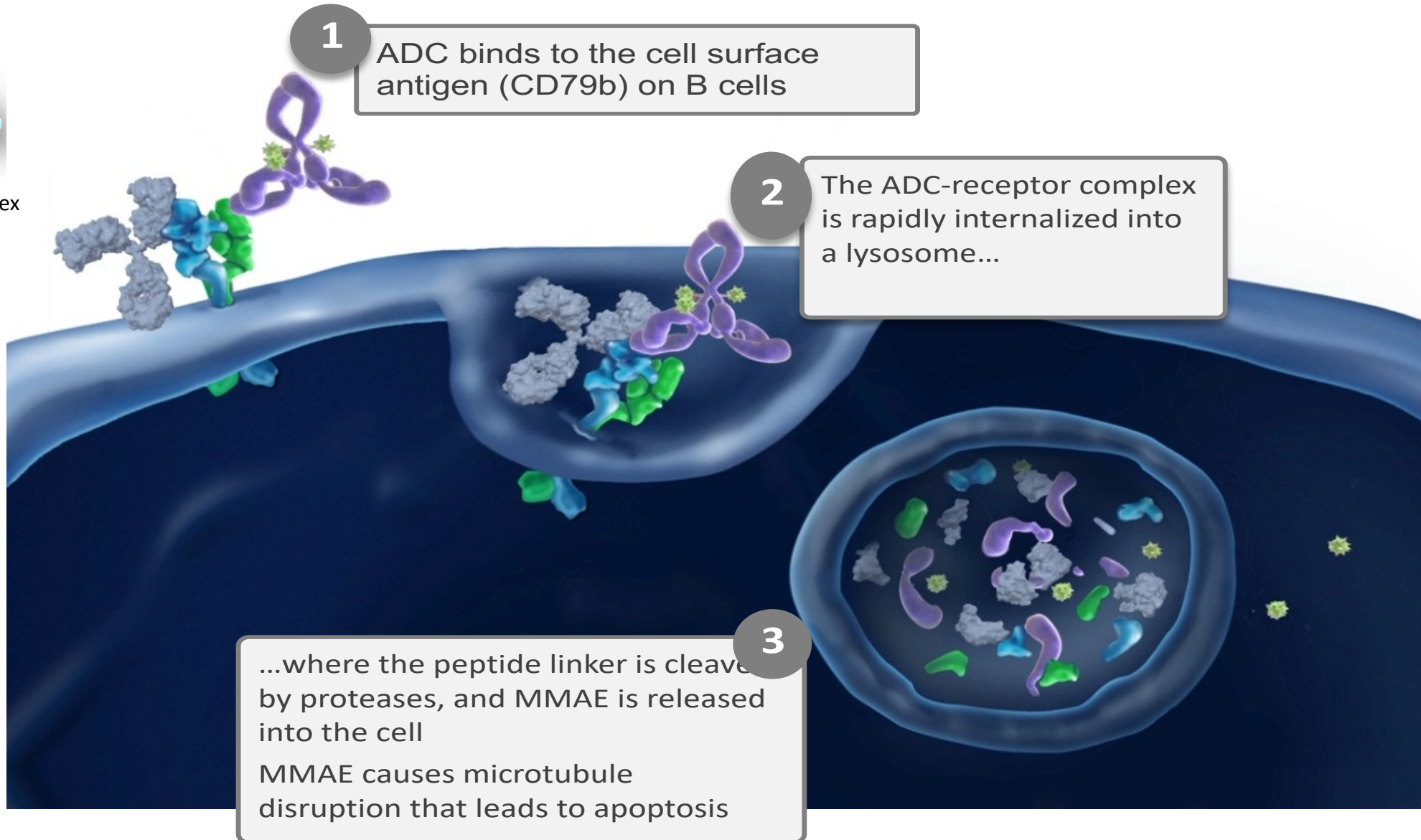
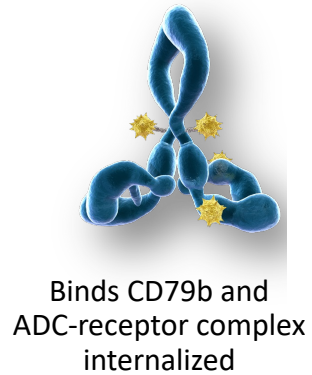
Mosunetuzumab Phase II Study (updates): efficacy



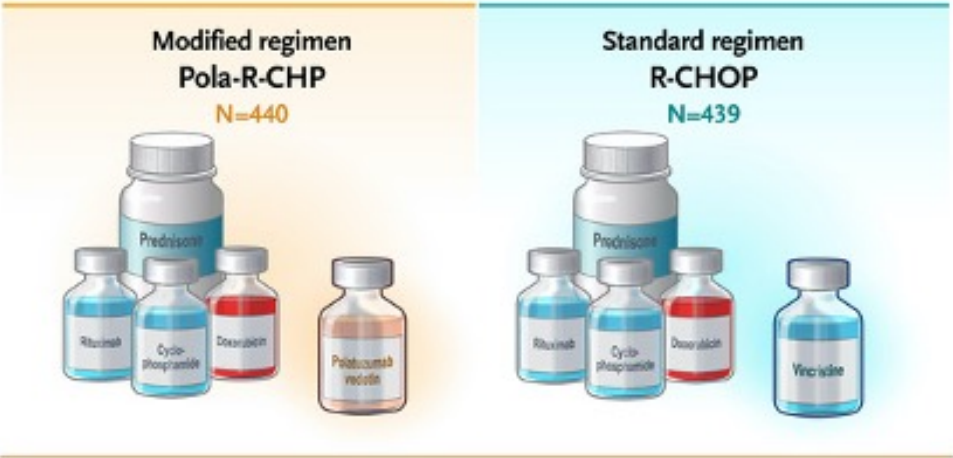
1. Schuster. ASH 2023. Abstr 603. 2. Budde. JCO. 2024.

DRUG-CONJUGATED

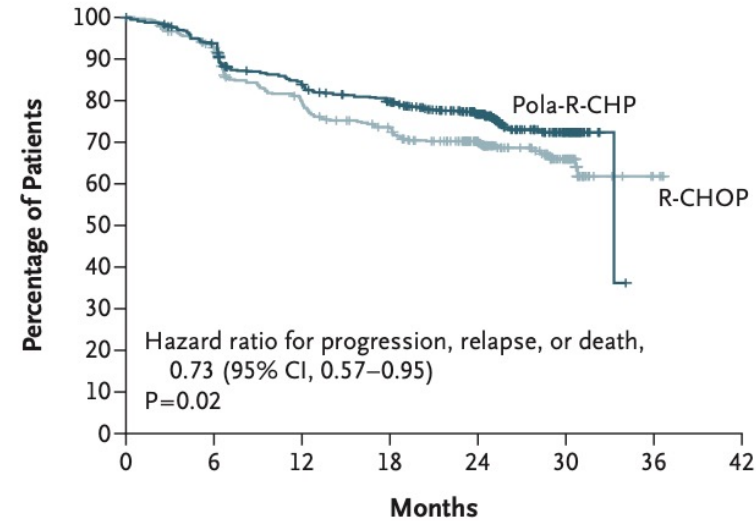
Polatuzumab vedotin: proposed mechanism of action



Polarix



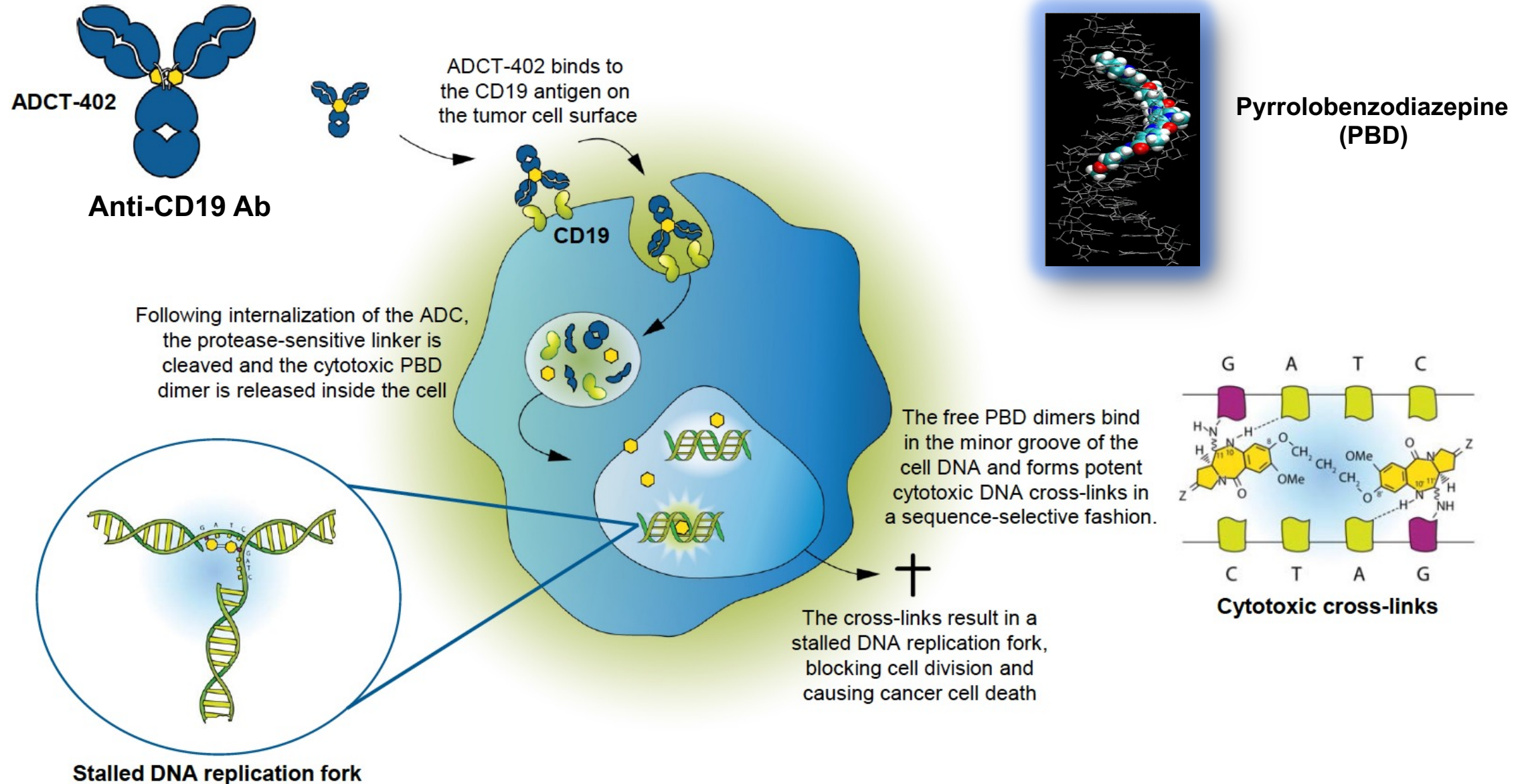
A Investigator-Assessed Progression-free Survival

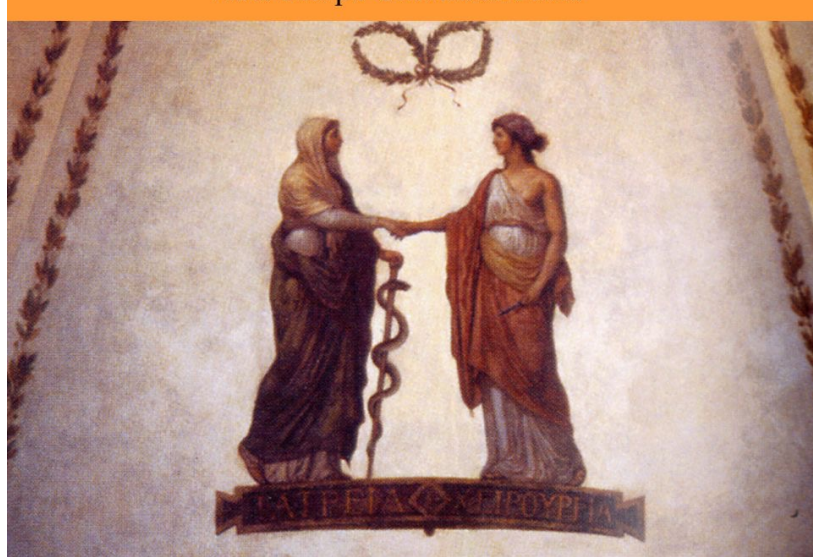


No. at Risk								
Pola-R-CHP	440	404	353	327	246	78	NE	NE
R-CHOP	439	389	330	296	220	78	3	NE

Baseline Risk Factors	Total N	Pola-R-CHP (N=440) n	Pola-R-CHP (N=440) 2-year Rate	R-CHOP (N=439) n	R-CHOP (N=439) 2-year Rate	Hazard Ratio	95% Wald CI	Pola-R-CHP Better	R-CHOP Better
Age group									
<60	271	140	74.1	131	71.0	0.9	(0.6 to 1.5)		
>60	608	300	77.9	308	69.5	0.7	(0.5 to 0.9)		
Sex									
Male	473	239	75.9	234	65.9	0.7	(0.5 to 0.9)		
Female	406	201	77.7	205	75.2	0.9	(0.6 to 1.4)		
ECOG PS									
0-1	737	374	78.4	363	71.2	0.8	(0.6 to 1.0)		
2	141	66	67.2	75	65.0	0.8	(0.5 to 1.4)		
IPI score									
0-2	224	167	70.2	167	78.6	1.0	(0.6 to 1.6)		
IPI 3-5	545	273	75.2	272	65.1	0.7	(0.5 to 0.9)		
Bulky disease									
Absent	494	247	82.7	247	70.7	0.6	(0.4 to 0.8)		
Present	385	193	69.0	192	69.7	1.0	(0.7 to 1.5)		
Geographic region									
Western Europe, United States, Canada, and Australia	603	302	78.6	301	72.0	0.8	(0.6 to 1.1)		
Asia	160	81	74.3	79	65.6	0.6	(0.4 to 1.5)		
Rest of world	116	57	70.8	59	67.3	0.9	(0.6 to 1.5)		
Ann Arbor stage									
I-II	99	47	89.1	52	85.5	0.6	(0.2 to 1.8)		
III	232	124	80.7	108	73.6	0.8	(0.5 to 1.3)		
IV	548	269	72.6	279	66.1	0.8	(0.6 to 1.1)		
Baseline LDH									
≤ULN	300	146	78.9	154	75.6	0.8	(0.5 to 1.3)		
>ULN	575	291	75.4	284	67.2	0.7	(0.5 to 1.0)		
No. of extranodal sites									
0-1	453	227	80.2	226	74.5	0.8	(0.5 to 1.1)		
≥2	426	213	73.0	213	65.8	0.7	(0.5 to 1.0)		
Cell-of-origin									
GCB	352	184	75.1	168	76.9	1.0	(0.7 to 1.5)		
ABC	221	102	83.9	119	58.8	0.4	(0.2 to 0.6)		
Unclassified	95	44	73.0	51	86.2	1.9	(0.8 to 4.5)		
Unknown	211	110	73.8	101	64.3	0.7	(0.4 to 1.2)		
Double expressor by IHC									
DEL	290	139	75.5	151	63.1	0.6	(0.4 to 1.0)		
Non DEL	438	223	77.7	215	75.7	0.9	(0.6 to 1.3)		
Unknown	151	78	76.0	73	69.8	0.8	(0.4 to 1.5)		
Double- or triple-hit lymphoma									
Yes	45	26	69.0	19	88.9	3.8	(0.8 to 17.6)		
No	620	305	76.8	315	70.3	0.7	(0.5 to 1.0)		
Unknown	214	109	78.5	105	66.4	0.6	(0.4 to 1.1)		

Loncastuximab Tesirine (ADCT-402)





Aula Scarpa, Teatro Anatomico, Università di Pavia (1758)