

CONVEGNO INTERREGIONALE SIE

Delegazioni Umbria e Marche

Società Italiana di Ematologia

NOVITÀ TERAPEUTICHE NEI LINFOMI NON-HODGKIN E MIELOMA MULTIPLO: FOCUS SU ANTICORPI BISPECIFICI E CAR-T

Assisi, Sala Conciliazione, Comune di Assisi
4 Novembre 2026

Novità terapeutiche nei linfomi non-Hodgkin aggressivi

Guido Gini

Disclosures (1) – Guido Gini

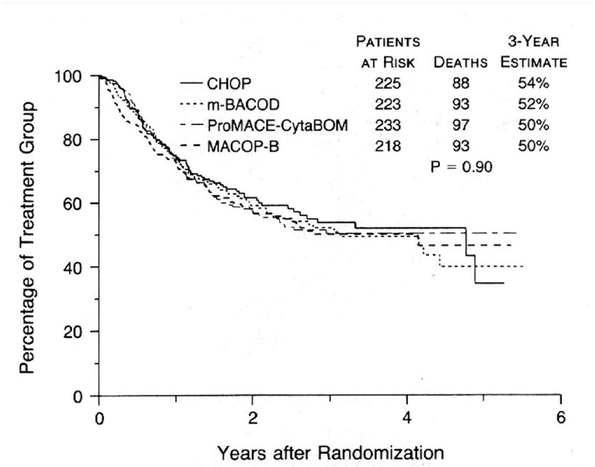
Company name	Research support	Employee	Consultant	Stockholder	Speakers bureau	Advisory board	Other
Roche					X	X	Educational activity
Incyte					X	X	Educational activity
Beone						x	Educational activity
Janssen						X	Educational activity
Takeda					x	X	Educational activity
Astrazeneca						X	Educational activity
Gilead					X		Educational activity
BMS					x	x	Educational Activity

Disclosures (2) – Guido Gini

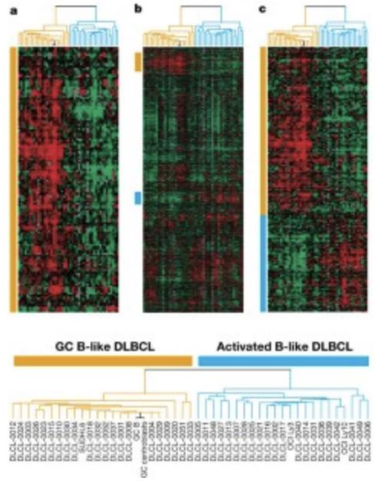
Company name	Research support	Employee	Consultant	Stockholder	Speakers bureau	Advisory board	Other
Sobi					X	X	Educational activity
Lilly					X	X	Educational activity
GSK						x	Educational activity
Abbvie						X	Educational activity

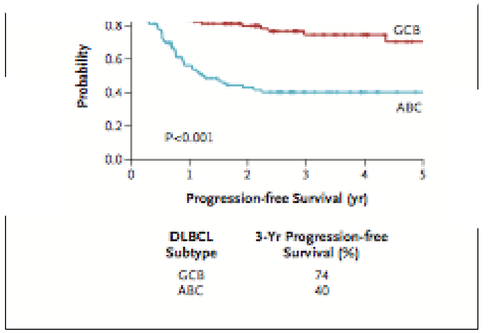
Agnostic front line approaches to LBCL: chemoimmunotherapy

1993 2000 2002



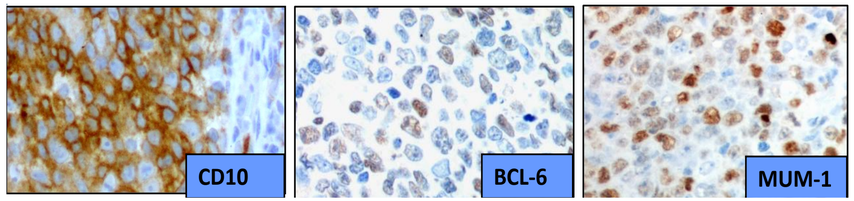
Fisher N Engl J Med 1993;328:1002-1006



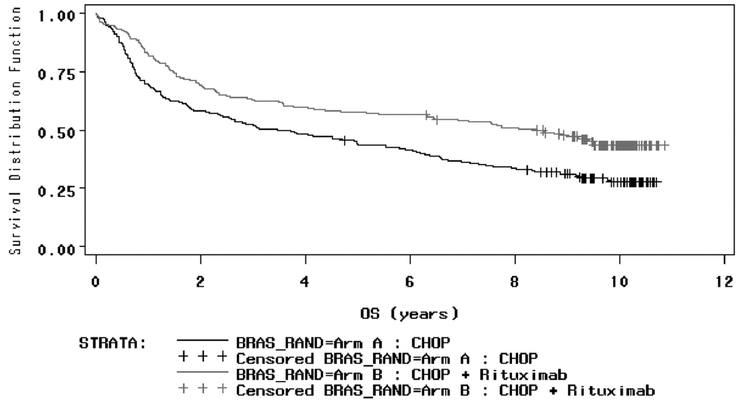


Alizadeh A et al, Nature 2000, **403:**503–511

Lenz G and Staudt L, N Engl J Med 2010;362:1417-29



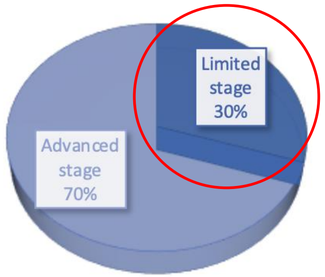
RCHOP: Long term survival ~ 60%

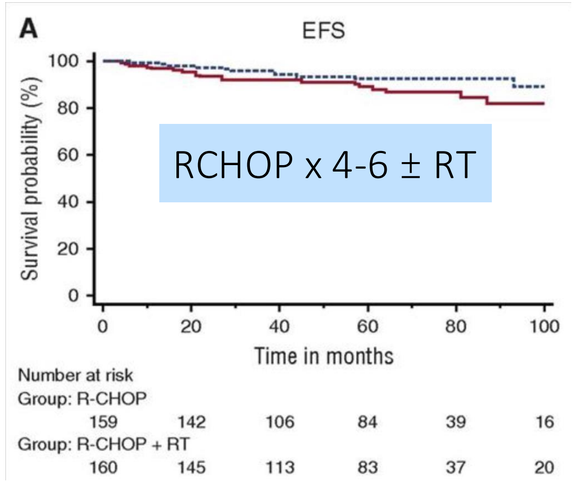


Coiffier B et al *Blood* (2010) 116 (12): 2040–2045

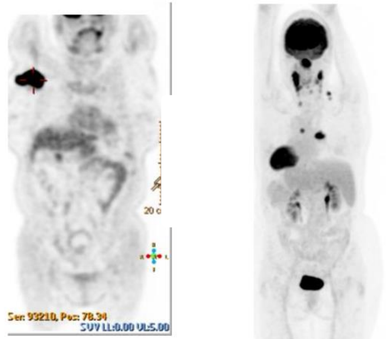
R-CHOP is very effective in patients with low risk disease

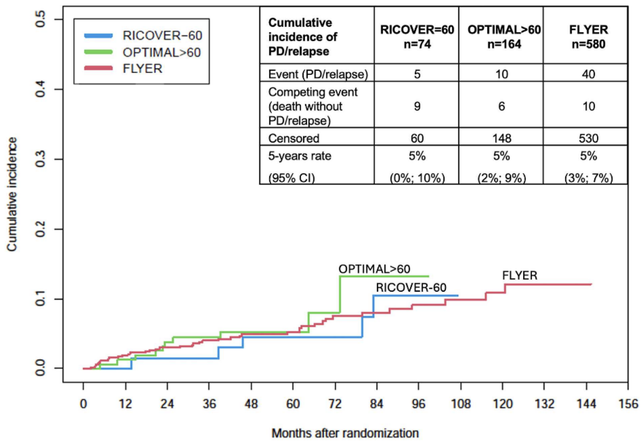
One third of patients have localized disease





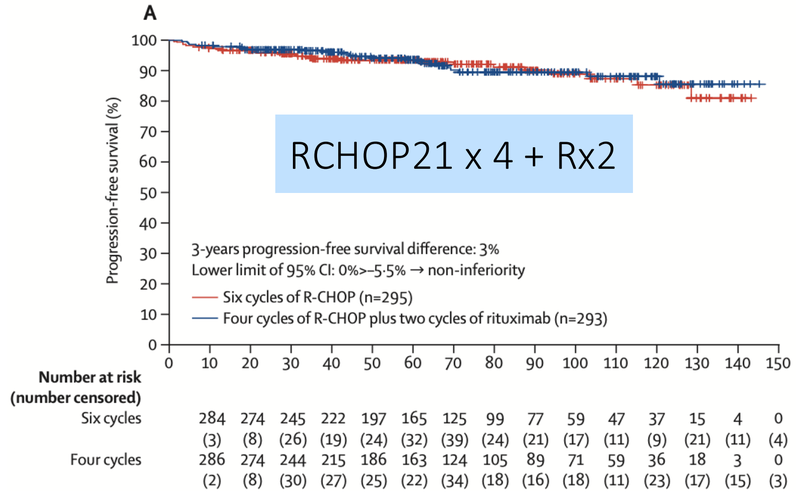
Lamy T et al, Blood. 2018; 131:174-181





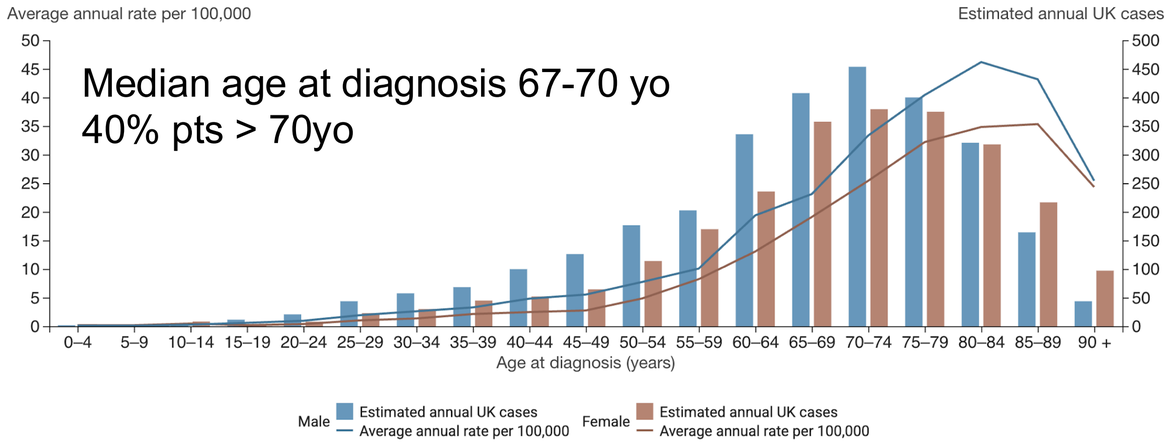
Cumulative incidence of PD/relapse	RICOVER=60 n=74	OPTIMAL>60 n=164	FLYER n=580
Event (PD/relapse)	5	10	40
Competing event (death without PD/relapse)	9	6	10
Censored	60	148	530
5-years rate (95% CI)	5% (0%; 10%)	5% (2%; 9%)	5% (3%; 7%)

Thurner L et al. Hematological Oncology 2025, pg 202

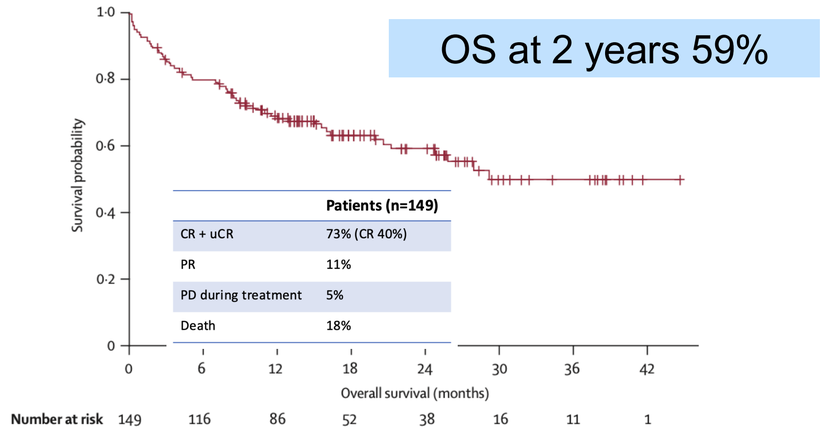


Poeshel V et al, Lancet 2019; 394: 2271–81

What about high risk patients?



HMRN. https://hmrn.org/factsheets#large_cell_lymphomas.



Peyrade et al , Lancet Oncol. 2011 May;12(5):460-8.

Improving outcomes: clinical trials building on chemimmunotherapy

R-miniCHOP + 5azacytidine ph2/3 NCT04799275

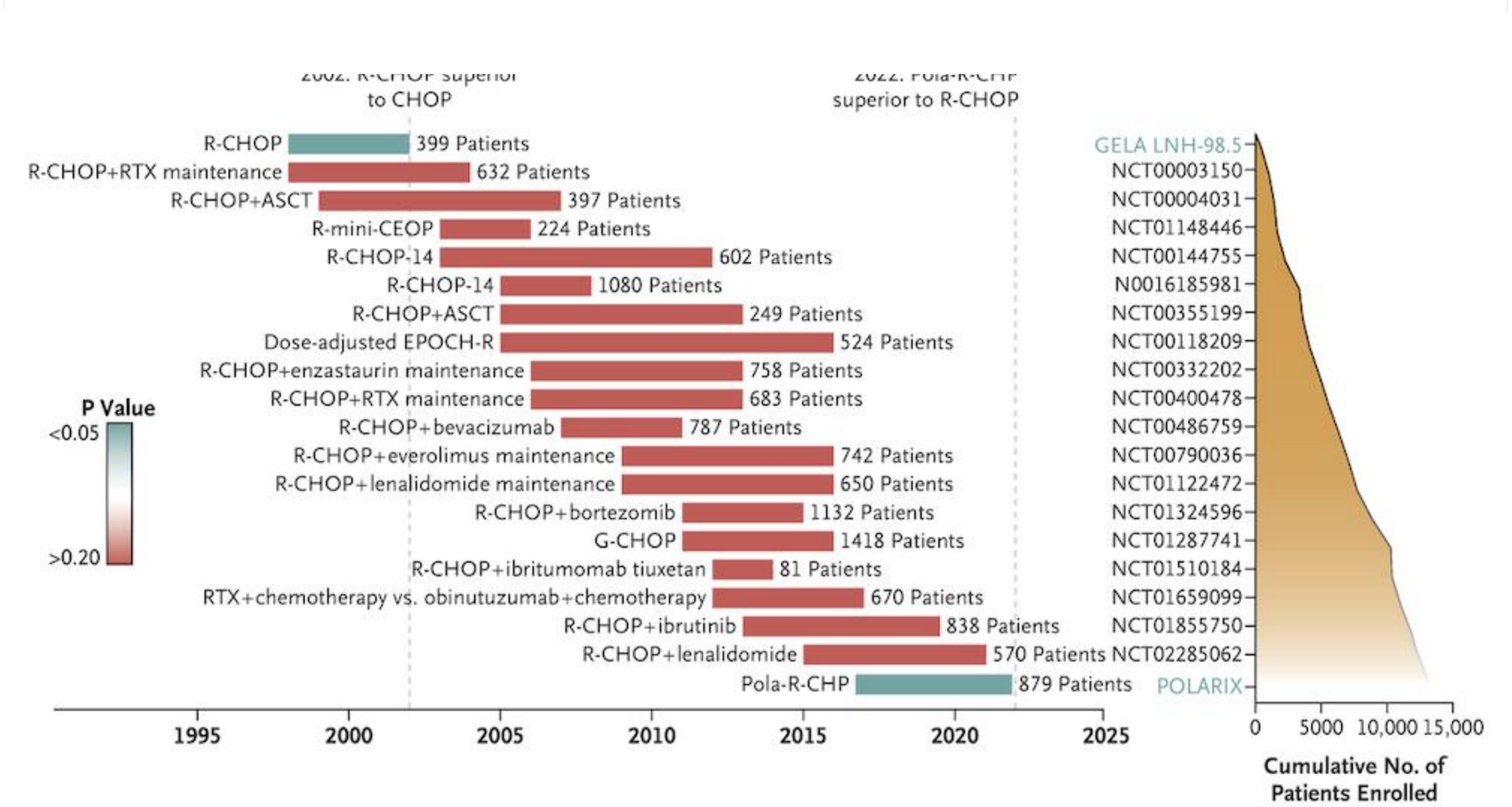
R-miniCHOP vs Pola R-miniCHP ph3 POLAR BEAR (NCT04332822)

R-miniCHOP + acalabrutinib (ARCHED / GLA 2022-1) NCT05820841

ZR2 vs R-miniCHOP (NCT05179733)

Inclusion criteria:
- Age, stage
- Comorbidities

Improving upon R-CHOP: 20 years of unsuccessful trials

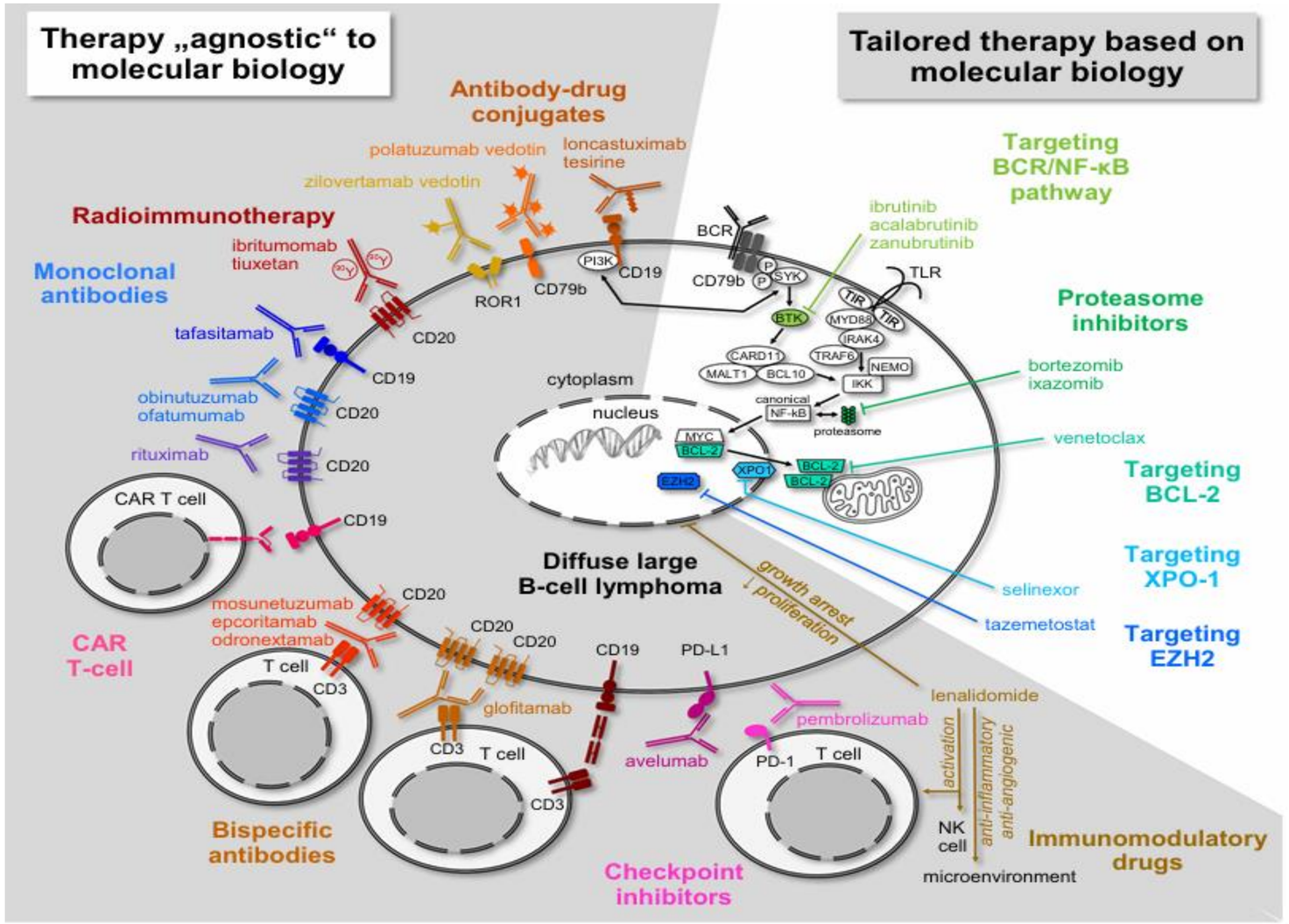


Palmer A et al. N Engl J Med 2023, 389:764-766

How to move beyond R-CHOP in aggressive lymphoma?

Novel Antibodies

Immune system engaging therapy



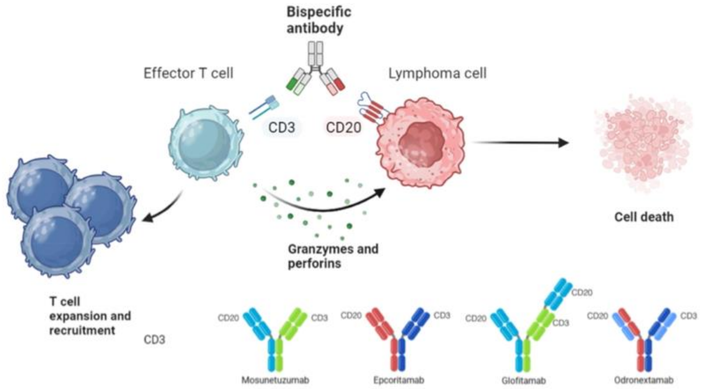
Targeting BCR/NF-kB pathways

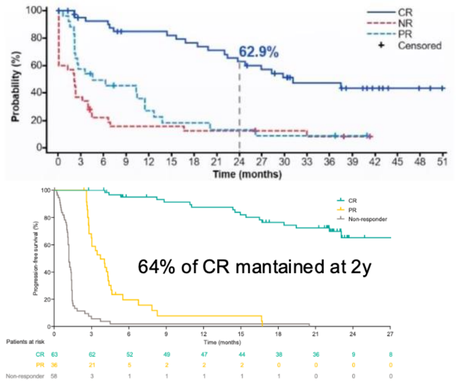
Proteasome Inhibitors

Targeting BCL-2

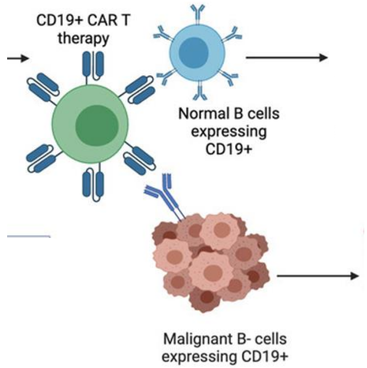
Agnostic treatments being tested at first line in DLBCL

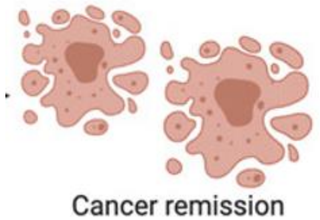
CD3-CD20 bispecific antibodies





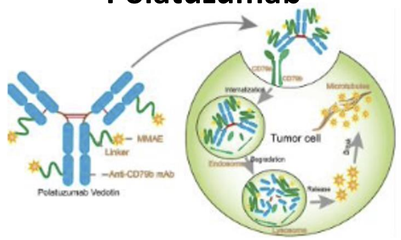
CAR T cells



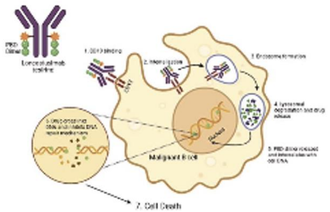


ADCs

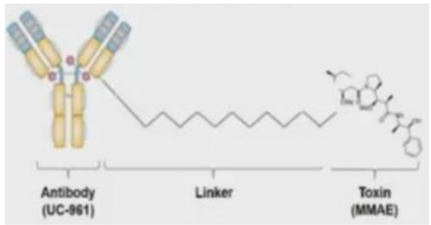
Polatuzumab



Loncastuximab



Zilovertamab



MoAb

Tafasitamab

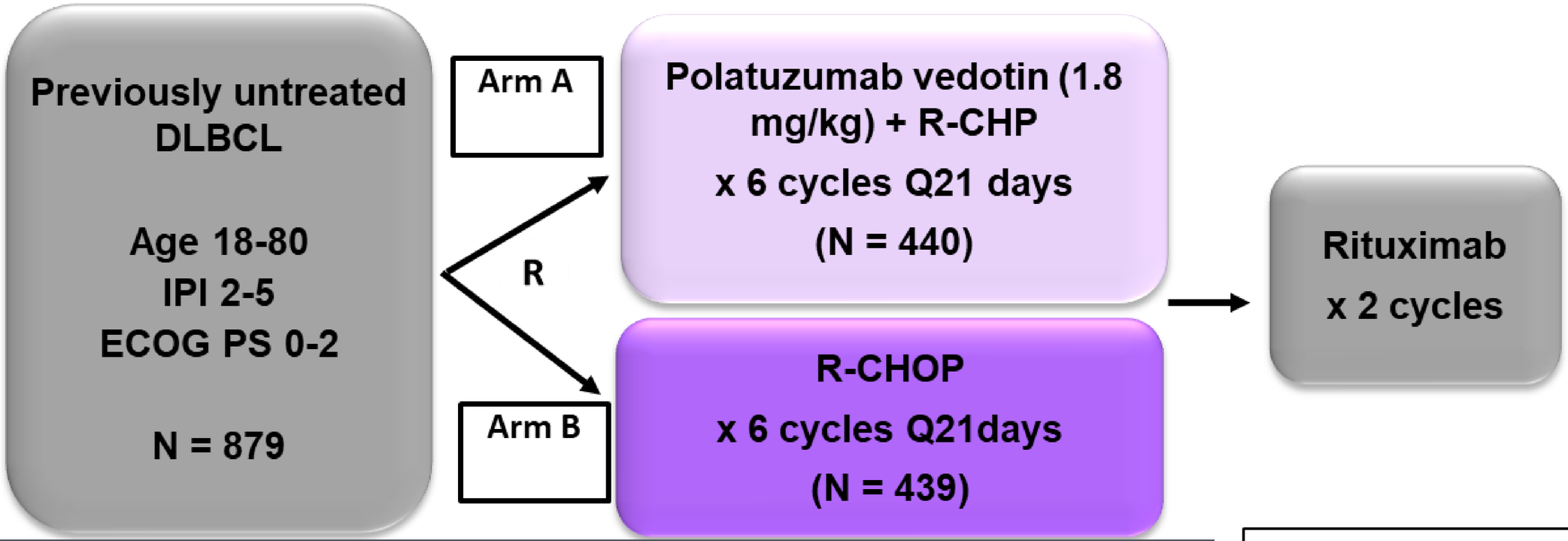
Humanized monoclonal anti-CD19 antibody

Functions as immunotherapy

Dickinson M et al, *Blood* (2024) 144 (Supplement 1): 865

Thieblemont C et al. Leukemia (2024) 38:2653–2662

POLARIX Study Design

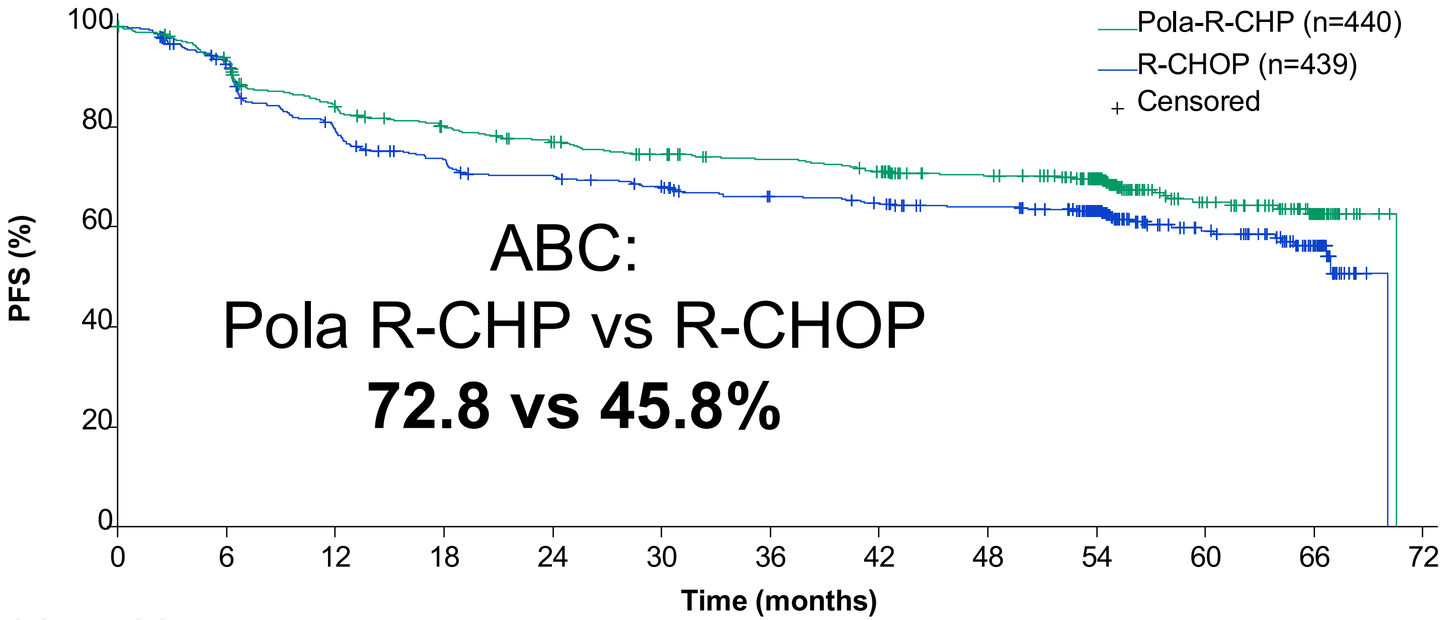


		Pola-R-CHP	R-CHOP	Total	Median PFS follow-up	Median OS follow-up
Global population	ITT‡	440	439	879	54.9 months	64.1 months
	Safety evaluable§	435¶	438#	873		

Primary endpoint: **PFS**

Tilly H, et al. *N Engl J Med*. 2022;386(4):351-363. Salles G, et al. *Blood*. 2024;144(Suppl 1):469.

5-Year PFS Higher with Pola-R-CHP than R-CHOP



Patients remaining at risk

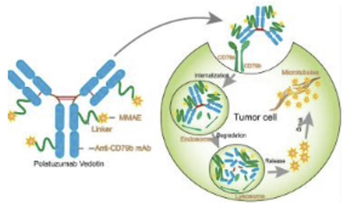
Pola-R-CHP	440	407	357	335	318	303	292	280	258	213	100	56	NE
R-CHOP	439	391	332	302	287	274	258	251	240	192	95	54	NE

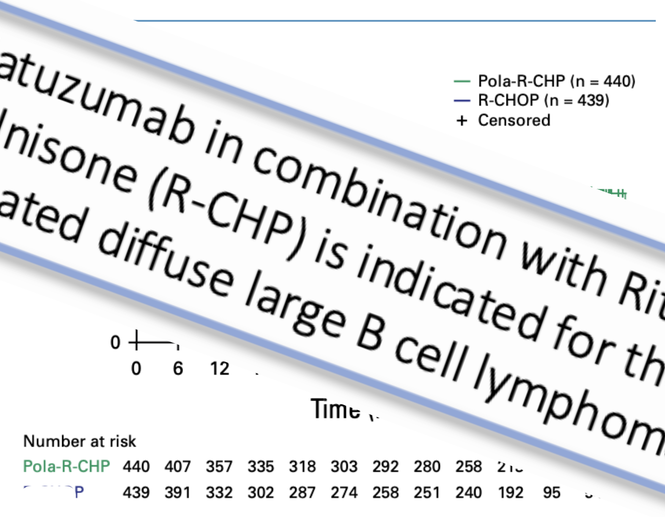
Event-free rate, % (95% CI)	Primary analysis at 2 years*	3-year update†	5-year update‡
Pola-R-CHP	76.7 (72.7-80.8)	71.8 (67.1-76.5)	64.9 (59.8-70.0)
R-CHOP	70.2 (65.8-74.6)	64.1 (59.1-69.1)	59.1 (54.0-64.3)
HR (95% CI)	0.73 (0.57-0.95)	0.76 (0.60-0.97)	0.77 (0.62-0.97)

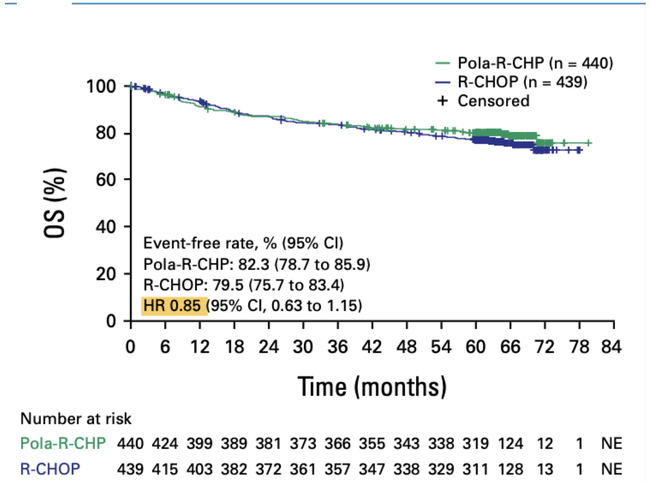
Tilly H, et al. *N Engl J Med*. 2022;386(4):351-363. Salles G, et al. *Blood*. 2024;144(Suppl 1):469. Hu B, et al. *Blood Adv*. 2025;9(10):2489-2499.

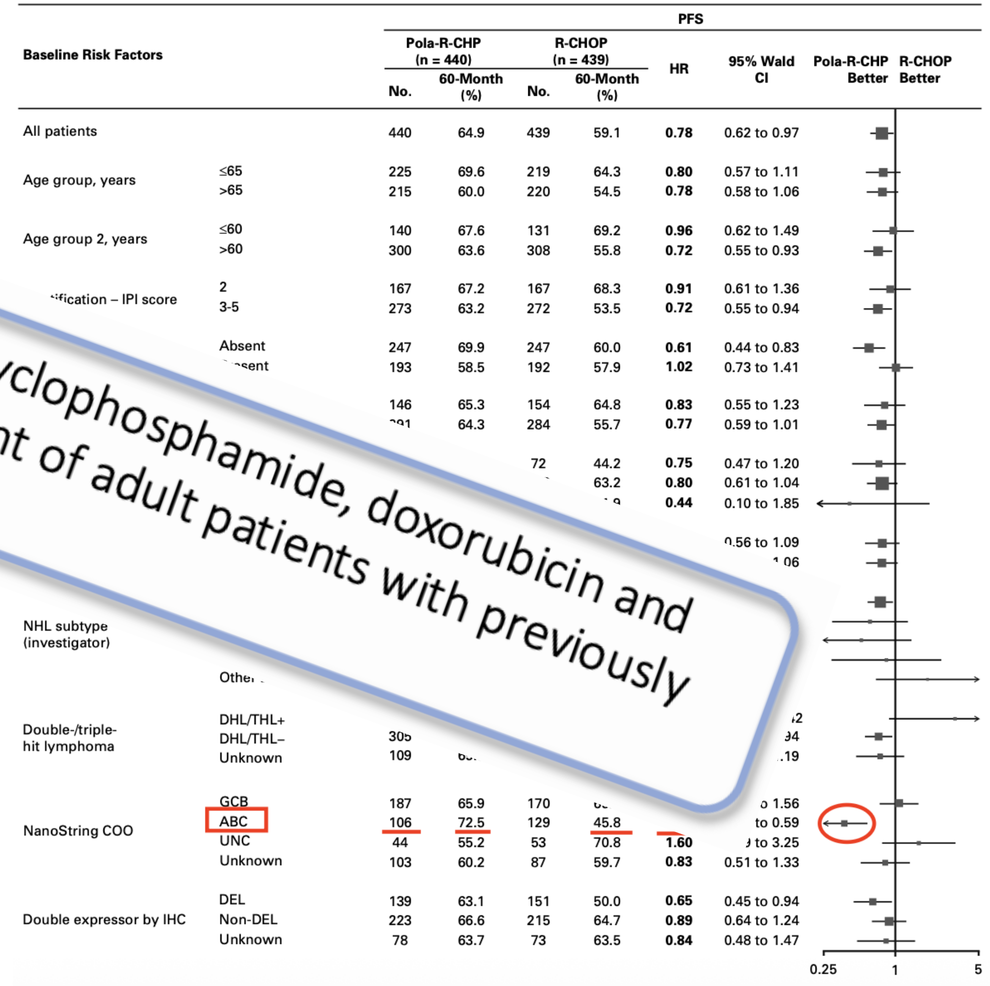
2022: R Polatuzumab CHP improved outcomes over RCHOP

Polatuzumab in combination with Rituximab, cyclophosphamide, doxorubicin and prednisone (R-CHP) is indicated for the treatment of adult patients with previously untreated diffuse large B cell lymphoma (DLBCL)









Tilly H, *et al. N Eng J Med* 2022;386:351–63

Morschhauser F et a. J Clin Oncol 2025, https://doi.org/10.1200/JCO-25-00925

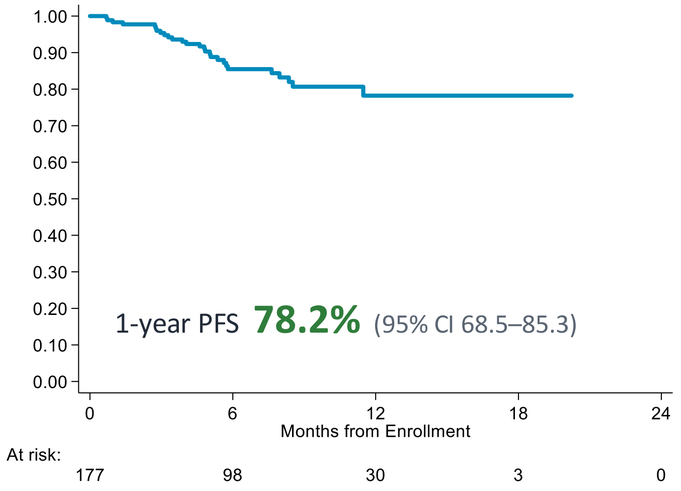
Primary analysis of the Polatuzumab Vedotin plus R-CHP (Pola-R-CHP) cohort of FIL-MAB, a prospective, multicenter Italian multicohort real-life study

		Total
		N=177
age60		137 (77.4%)
Sex	Female	86 (48.6%)
	Male	91 (51.4%)
Ann Arbor Stage	IV	139 (78.5%)
ECOG Performance Status	0	68 (38.4%)
	1	68 (38.4%)
	2	38 (21.5%)
	3	2 (1.1%)
Systemic B symptoms	Present	61 (34.5%)
LDH above Upper Limit of Normal	Yes	134 (75.7%)
Any Extra-Nodal sites?	Yes	129 (72.9%)
num_extra_nod_2_or_more		91 (71.7%)
Bone marrow involvement	Positive	34 (19.2%)
DLBCL subtype	De novo	128 (72.3%)
	Transformed by indolent lymphoma	12 (6.8%)
	High-grade B-cell lymphoma	15 (8.5%)
	T-cell/histiocyte-rich large B-cell lymphoma	4 (2.3%)
	PMBCL	6 (3.4%)
	Other {dlbcl_subtype_other}	11 (6.2%)
Local immunochemistry	GCB	40 (22.6%)
	ABC/non-GCB	65 (36.7%)
	NOS	25 (14.1%)
	Unknown	8 (4.5%)
	Not done	2 (1.1%)
Local FISH analysis	double/triple hit lymphoma with MYC and BCL2 and/or BCL6 rearrangements	8 (4.5%)
	Negative	77 (43.5%)
	Not done	55 (31.1%)
	Missing	37 (20.9%)
IPI score at study entry	Low-Risk (Score 0-1)	1 (0.6%)
	Low- Intermediate (Score 2)	9 (5.1%)
	High-Intermediate (Score 3)	84 (47.5%)
	High Risk (Score 4-5)	81 (45.8%)
	Missing	2 (1.1%)

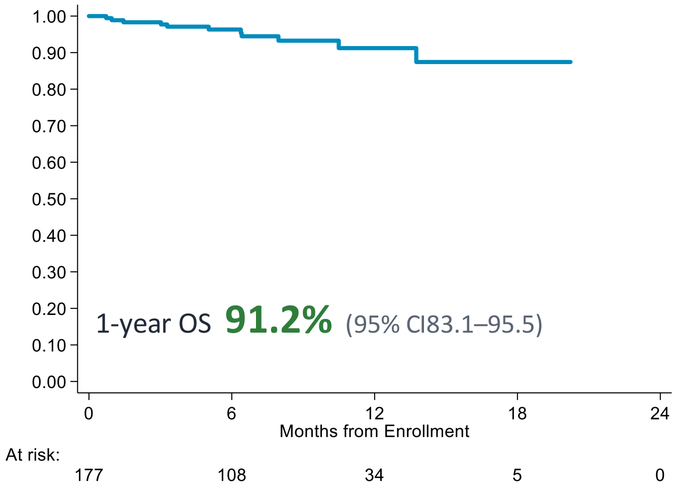
- The prospective FIL-MAB Pola-R-CHP cohort is the first European RW experience assessing this combination
  - **Median Age 67**
- Short FU: median FU 11 months (IQR: 7-15)
- G3-4 neutropenia in 15%
- G3-4 infections in 9%

FONDAZIONE ITALIANA LINFOMI

PFS



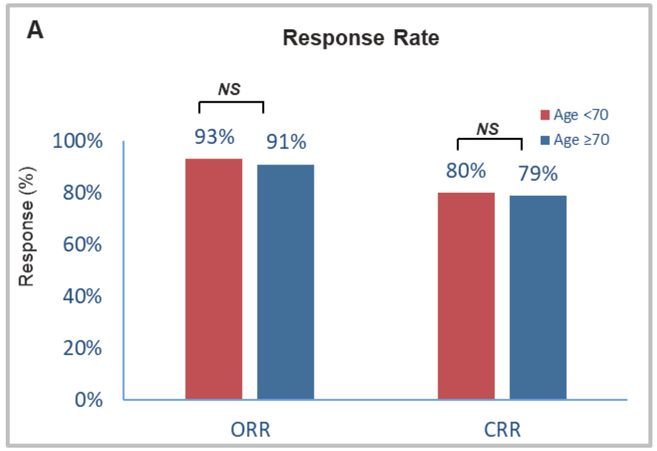
OS



Tavarozzi R, et al. EHA 2026. poster.

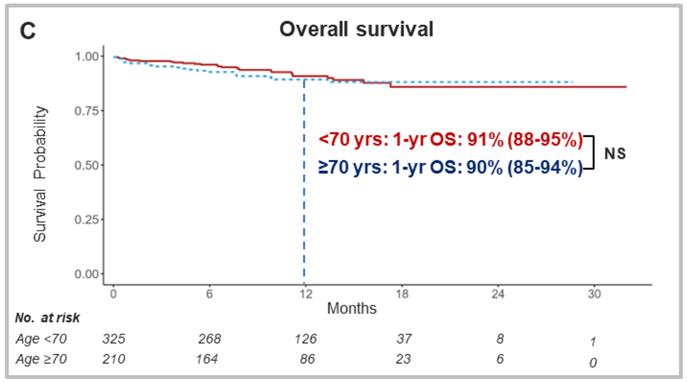
Real-World Outcomes of Frontline Polatuzumab-R-CHP and Impact of Frailty in Older Adults with Diffuse Large B-Cell Lymphoma

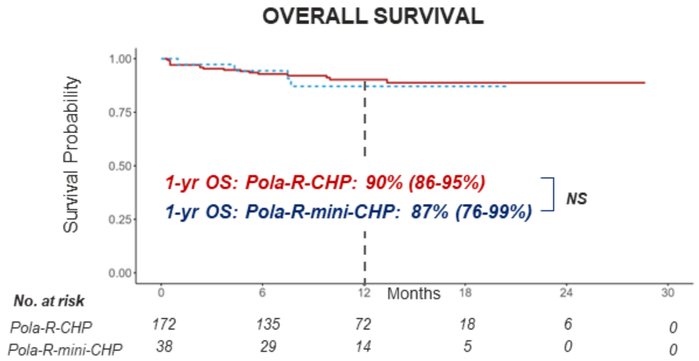
	Younger Adults Age < 70 (N = 325)	Older Adults Age ≥ 70 (N = 210)	P-value
Age	62 (53, 66)	75 (72, 77)	
Sex – no. (%)			0.6
Male	189 (58%)	128 (61%)	
ECOG Score			<0.001
0-1	274 (86%)	156 (77%)	
2+	44 (14%)	46 (23%)	
Stage			0.8
I	8 (2.5%)	5 (2.4%)	
II	31 (9.5%)	15 (7.1%)	
III	46 (14%)	37 (18%)	
IV	238 (73%)	152 (72%)	
Extranodal Dx			0.5
Yes	243 (76%)	163 (78%)	
LDH			0.7
< ULN	121 (37%)	73 (35%)	
> ULN	203 (63%)	135 (65%)	
IPI Score			<0.001
0 to 2	145 (45%)	49 (23%)	
3 to 5	180 (55%)	161 (77%)	



Median follow-up: 11.8 months

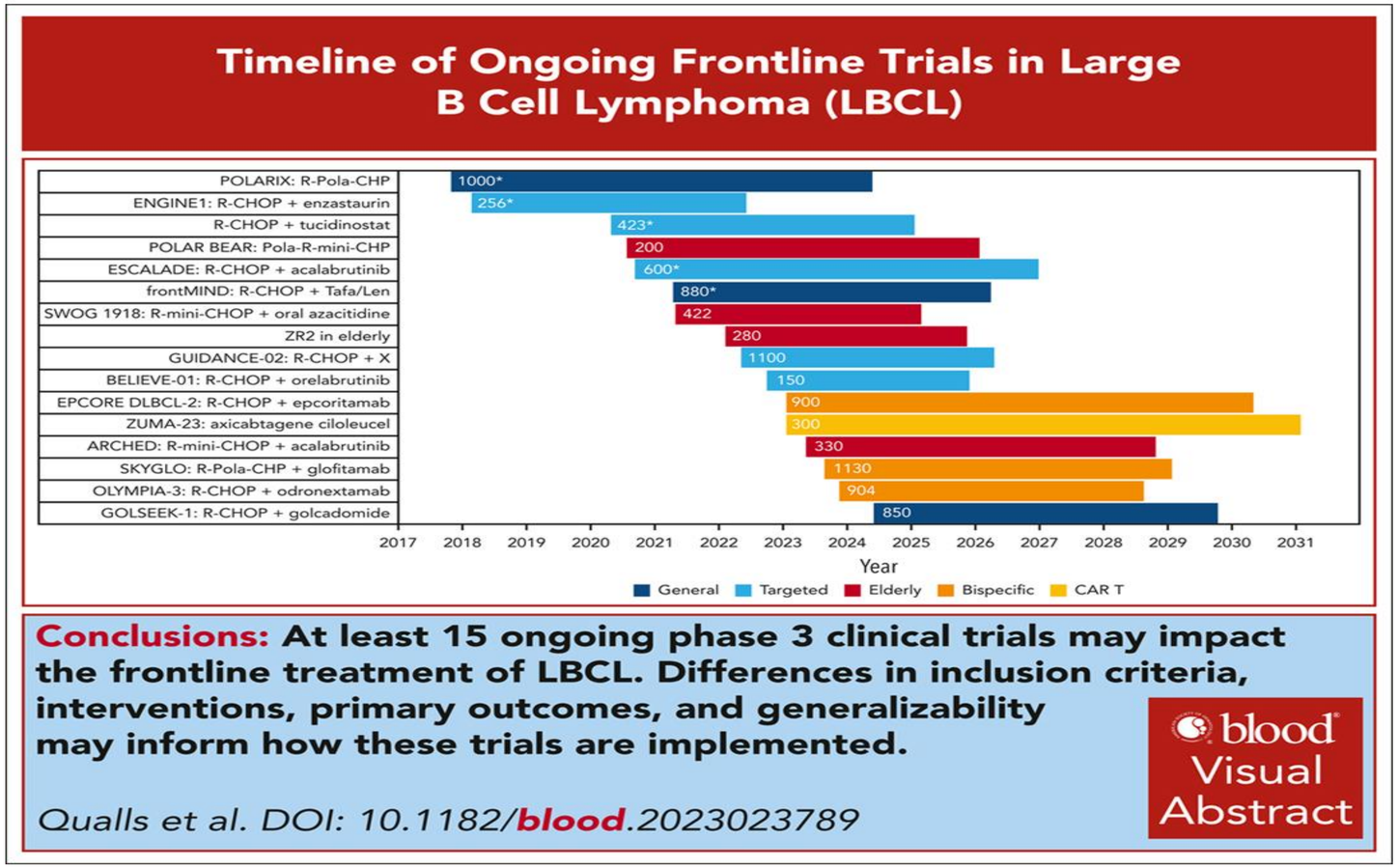
	Younger Adults Age < 70 (N = 325)	Older Adults Age ≥ 70 (N = 210)	P-value
Neutropenia, Grade 3+	88 (27%)	78 (38%)	0.017
Febrile neutropenia, Grade 3+	49 (15%)	31 (15%)	>0.9
Thrombocytopenia, Grade 3+	36 (11%)	45 (22%)	0.002
Peripheral Neuropathy – no. (%)	107 (34%)	86 (42%)	0.086
Grade 3+	3 (2.8%)	3 (3.5%)	>0.9
Cardiomyopathy	5 (1.6%)	13 (6.2%)	0.008
Infection, Grade 3+	65 (20%)	43 (21%)	0.8
Hospitalization	85 (26%)	79 (38%)	0.006
ICU Admission	16 (4.9%)	16 (7.7%)	0.3
Treatment Completion			0.2
Yes	289 (89%)	178 (85%)	
Discontinued	36 (11%)	32 (15%)	
Reason for Discontinuation			0.2
Progression	13 (36%)	6 (19%)	
Toxicity	10 (28%)	14 (44%)	
Other	13 (36%)	12 (38%)	





Iyengar V, et al; oral presentation ASH 2025, Blood (2024) 144 (Supplement 1): 2336.

The current landscape of frontline large B-cell lymphoma trials



David Qualls,Philippe Armand,Gilles Salles, The current landscape of frontline large B-cell lymphoma trials, Blood, 2025,

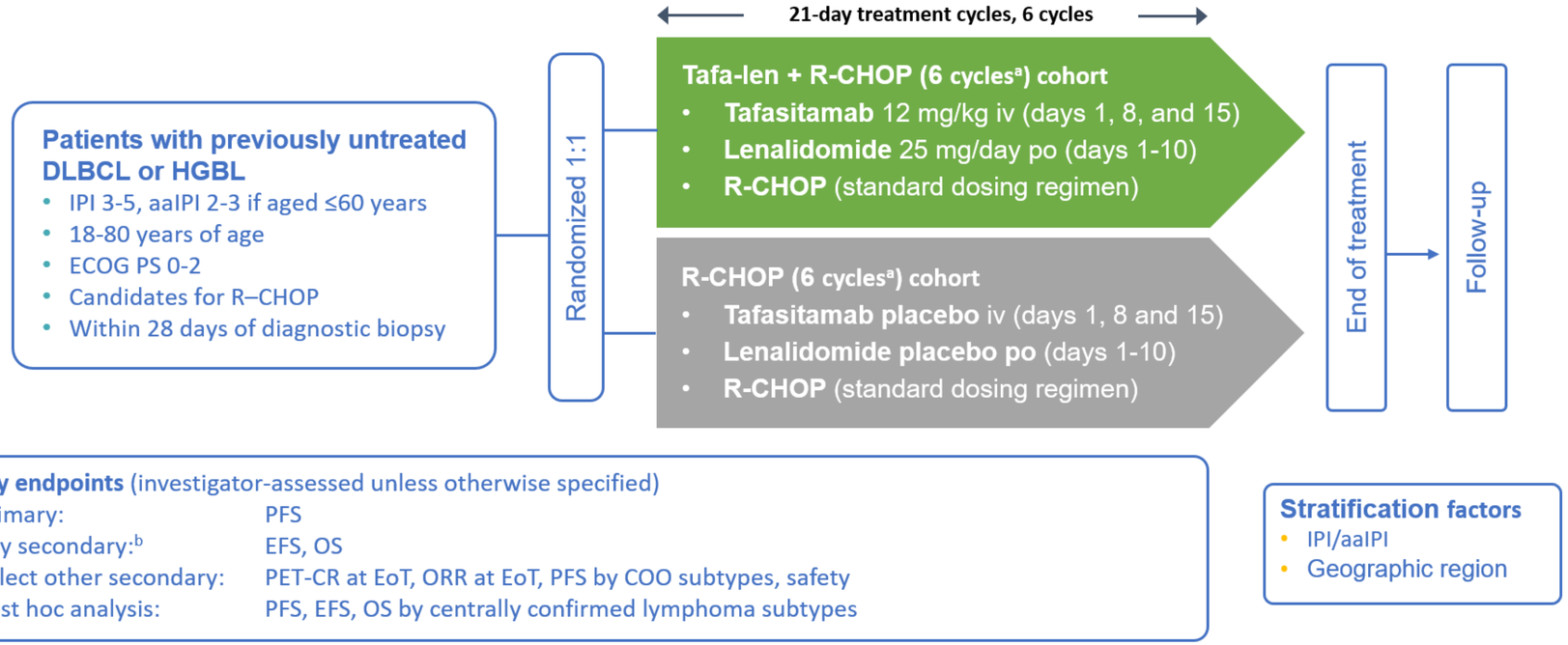
American Society of Hematology
Helping hematologists conquer blood diseases worldwide

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Tafasitamab plus lenalidomide and R-CHOP versus R-CHOP for first-line treatment of patients with high-risk diffuse large B-cell lymphoma (frontMIND): a global, phase 3, randomised, double-blind, placebo-controlled trial

*Georg Lenz, Marek Trněný, John M Burke, Grzegorz S Nowakowski, Christopher P Fox, Annalisa Chiappella, Johannes Duell, Young Woo Jeon, Chan Y Cheah, Jason Westin, Joseph Z Ye, Priscilla B Caguioa, David Belada, Ho-Jin Shin, Sung Yong Oh, Sandy Amorim, Matthew Ku, Heidi Mocikova, Javier López Jiménez, Gianluca Gaidano, Andreas Rosenwald, Roberto Chiarle, Philomena Colucci, Sonia Ioannidis, Lulu Cheng, Umberto Vitolo, on behalf of the frontMIND Study Investigators**

1L DLBCL · Current combinations



Study endpoints (investigator-assessed unless otherwise specified)

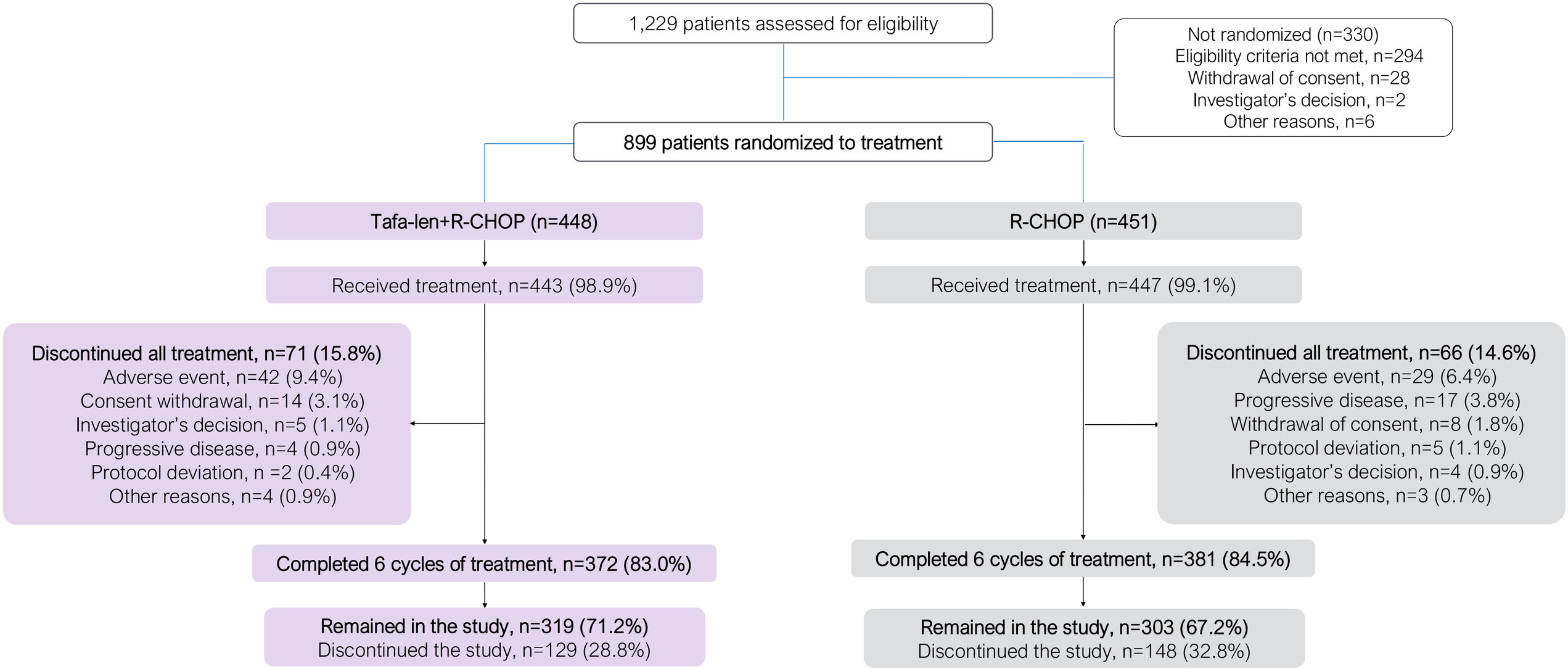
Primary:	PFS
Key secondary:[b]	EFS, OS
Select other secondary:	PET-CR at EoT, ORR at EoT, PFS by COO subtypes, safety
Post hoc analysis:	PFS, EFS, OS by centrally confirmed lymphoma subtypes

Stratification factors
- IPI/aaIPI
- Geographic region

899 **patients** with newly diagnosed, high-risk diffuse large B-cell lymphoma (**DLBCL**) or high-grade B-cell lymphoma (**HGBL**)

Lenz G. et al. Lancet 2026; ; Oral Abst ASCO2026

FRONTMIND : Patient Disposition



Data cut-off: October 20, 2025

Lenz G, et al. ASCO 2026. Oral presentation LBA7000.

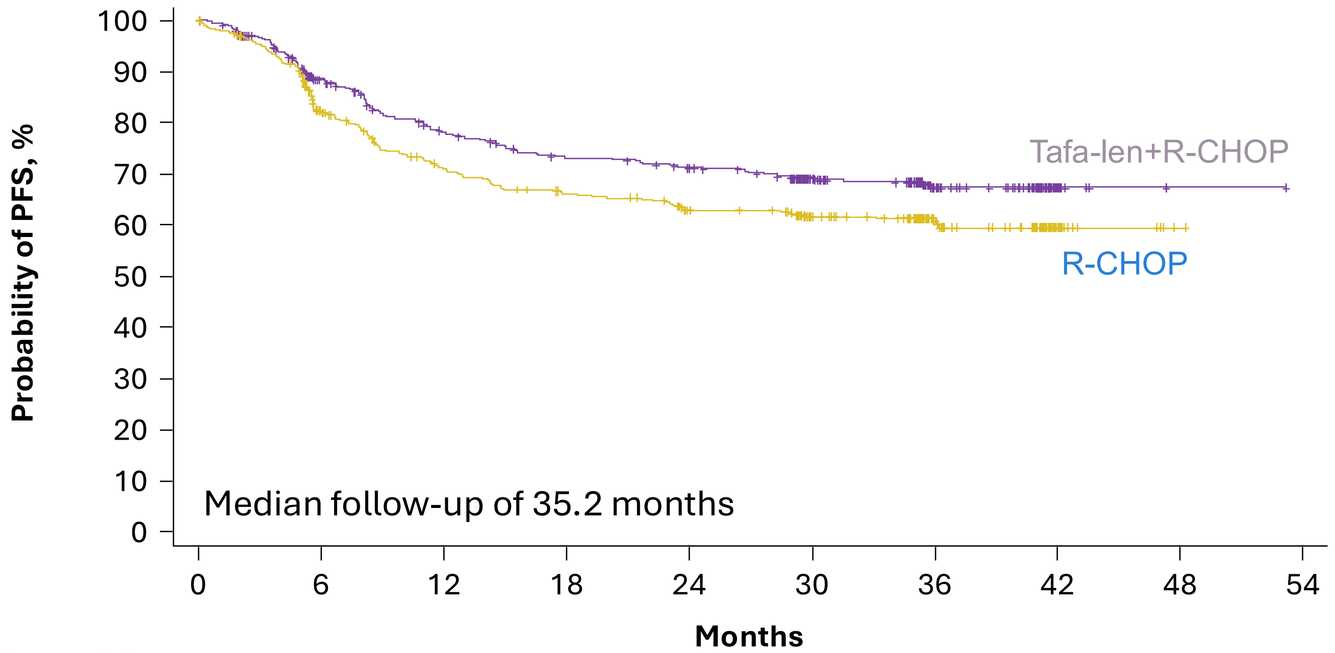
Participants' Baseline Characteristics
ITT Population

Characteristics, n (%) unless otherwise specified	Tafa-len + R-CHOP (n=448)	R-CHOP (n=451)	Total (N=899)
Median age, years (range)	65.0 (20-80)	65.0 (18-80)	65.0 (18-80)
Male sex	240 (53.6)	233 (51.7)	473 (52.8)
Ann Arbor stage III or IV	432 (96.4)	436 (96.7)	868 (96.6)
Extranodal involvement at ≥2 sites	173 (38.6)	175 (38.8)	348 (38.7)
Presence of bulky disease	254 (56.7)	231 (51.2)	485 (53.9)
ECOG PS at screening			
0-1	311 (69.4)	305 (67.6)	616 (68.5)
2	137 (30.6)	146 (32.4)	283 (31.5)
Elevated LDH level	369 (82.4)	376 (83.4)	745 (82.9)
Risk group (stratification factor)			
High-intermediate risk (IPI 3/aaIPI 2)	259 (57.8)	244 (54.1)	503 (56.0)
High risk (IPI 4–5/aaIPI 3)	186 (41.5)	202 (44.8)	388 (43.2)
Median DTI, days (Q1–Q3)	23.5 (17–28)	24.0 (18–28)	24.0 (18–28)
Cell of origin (per GEP; central GEP assessment), n/N (%)			
ABC-like	84/239 (35.1)	88/245 (35.9)	172/484 (35.5)
GCB-like	131/239 (54.8)	117/245 (47.8)	248/484 (51.2)
Unclassified	24/239 (10.0)	40/245 (16.3)	64/484 (13.2)
COO (per GEP; central assessment), results not available	209 (46.7)	206 (45.7)	415 (46.2)

Lymphoma subtype (local assessment)		
DLBCL	362 (81%)	361 (80%)
HGBL with *MYC* and *BCL2* and/or *BCL6* rearrangements	34 (8%)	37 (8%)
DLBCL coexistent with indolent follicular or MALT lymphoma	28 (6%)	17 (4%)
Follicular lymphoma grade 3b	9 (2%)	8 (2%)
Other‡	15 (3%)	28 (6%)

Lenz G, et al. ASCO 2026. Oral presentation LBA7000.

frontMIND: PFS by INV



No. at risk										
Tafa-Len+R-CHOP	448	333	282	259	248	191	107	13	1	0
R-CHOP	451	320	266	244	222	182	101	19	1	0

HR 0.75 (95% CI, 0.56-0.96);[a] *P*=0.0194

PFS rates: tafa-len plus R-CHOP vs R-CHOP

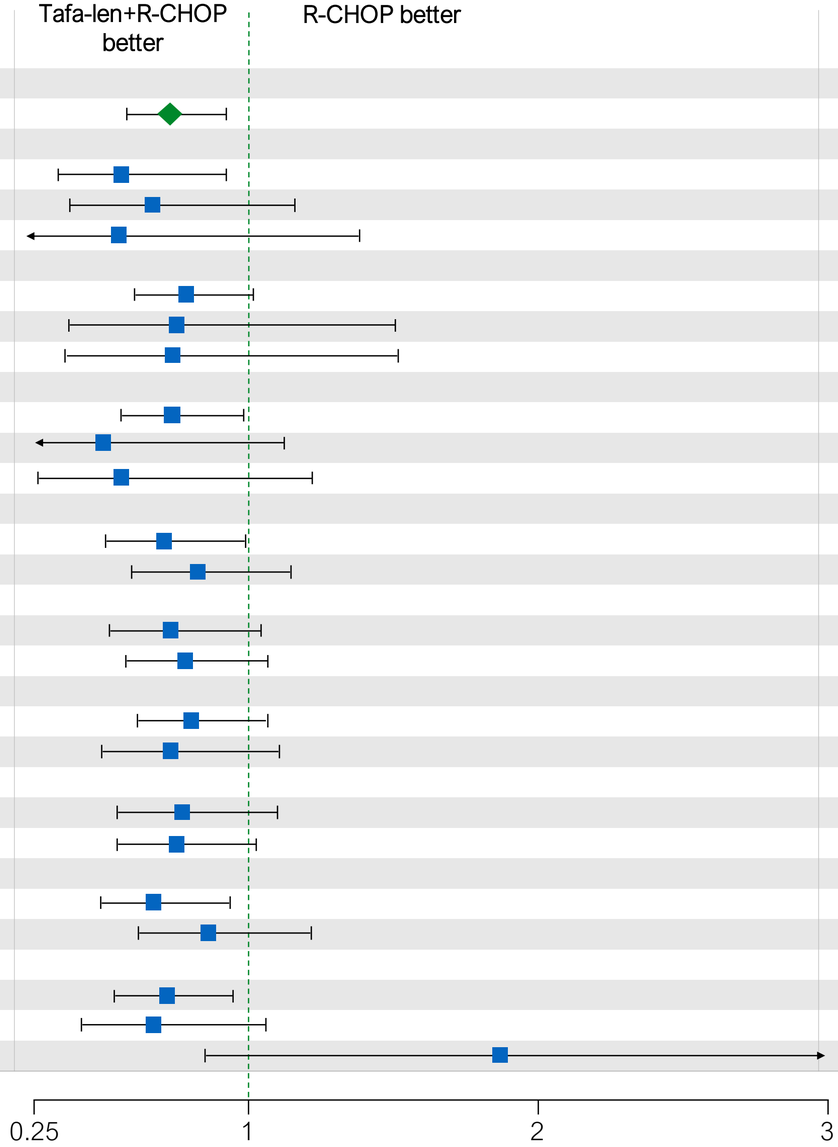
- At 2 years: 71.1% vs 62.2%, Δ=8.2%
- At 3 years: 67.3% vs 60.7%, Δ=6.6%

Tafa-len plus R-CHOP improved PFS compared with R-CHOP, with a 25% reduction in risk of progression or death

Lenz G, et al. ASCO 2026. Oral presentation LBA7000.

PFS by INV in Prespecified Subgroups

Variable	Tafa-len+R-CHOP Patient n/Event n	R-CHOP Patient n/Event n	HR (95% CI)
Subgroup			
All patients	448/121	451/155	0.75 (0.59-0.96)
COO by central deck			
ABC-like	84/27	88/44	0.59 (0.36-0.95
GCB-like	131/23	117/29	0.69 (0.40-1.19
Unclassified	24/7	40/16	0.58 (0.24-1.41)
Lymphoma subtype (LD)			
DLBCL	362/95	361/120	0.77 (0.59-1.01)
High-grade lymphoma	38/13	41/19	0.74 (0.37-1.51)
Other	48/13	49/16	0.73 (0.35-1.51)
Lymphoma subtype (CD)			
DLBCL	307/76	325/107	0.73 (0.54-0.98)
High-grade lymphoma	41/12	24/11	0.49 (0.22-1.12)
Other	43/11	33/14	0.55 (0.25-1.22)
IPI score			
IPI 3/aaIPI 2	259/56	244/75	0.70 (0.50-0.99)
IPI 4–5/aaIPI 3	186/64	202/79	0.82 (0.59-1.14)
Bulky disease			
Absent	194/50	220/75	0.73 (0.51-1.04)
Present	254/71	231/80	0.78 (0.56-1.07)
ECOG PS			
0-1	324/83	326/105	0.79 (0.59-1.05)
2	123/37	123/49	0.71 (0.47-1.09)
Age			
<65 years	222/53	218/68	0.77 (0.54-1.10)
≥65 years	226/68	233/87	0.75 (0.55-1.03)
Sex			
Male	240/59	233/83	0.67 (0.48-0.94)
Female	208/62	218/72	0.87 (0.62-1.22)
Geographic region			
EU, US, CAN, AUS, NZ	324/76	324/104	0.71 (0.53-0.95)
Asia	90/30	93/41	0.67 (0.42-1.07)
Rest of world	34/15	34/10	1.87 (0.84-4.17)



Trend towards PFS benefit for tafa-len plus R-CHOP vs R-CHOP in almost every prespecified subgroup

Lenz G, et al. ASCO 2026. Oral presentation LBA7000.

Safety Summary

Preferred term, n (%)	Tafa-len + R-CHOP (n=443)	R-CHOP (n=447)
Patients with ≥1 AE, n (%)		
Any-grade events	437 (98.6)	434 (97.1)
Any-grade TRAEs	423 (95.5)	407 (91.1)
Grade ≥3 TEAEs	384 (86.7)	340 (76.1)
Serious TEAEs	222 (50.1)	174 (38.9)
Fatal TEAEs	26 (5.9)	17 (3.8)
TEAEs leading to discontinuation of all components of treatment	23 (5.2)	24 (5.4)

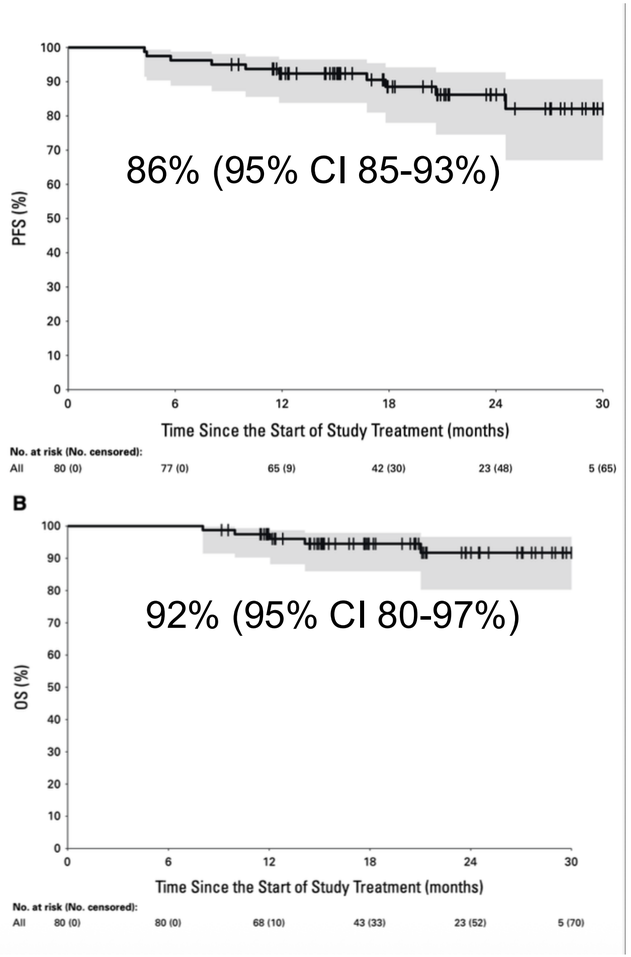
- Fatal TEAEs included higher rates of COVID-19 (7 [1.6%] vs 2 [0.4%]) and sepsis (7 [1.6%] vs 3 [0.7%]) with tafa-len plus R-CHOP vs R-CHOP

The most common TEAEs were cytopenias, infectious events, and non-hematologic toxicities

Lenz G, et al. ASCO 2026. Oral presentation LBA7000.

Front line trials with bispecific antibody combinations for LBCL

Trial*	Combination	N	ORR | CR (%)	PFS
Phase 1/2 trials with chemotherapy				
NCT03677141	Mosun + CHOP	40	85 | 85	2 years: 65%
NCT03677141	Mosun + Pola- CHP	40	85 | 73	2 years: 71%
NCT03467373	Glofit + R- CHOP	56	93 | 86	NR
NCT03467373	Glofit + Pola- R- CHP	24	100 | 96	NR
NCT04914741	Glofit + R- CHOP	40	100 |92	12 mo: 90%
NCT04914741	Glofit + Pola- R- CHP	40	100 | 92	12 mo: 95%
NCT04663347	Epcor + R- CHOP	47	100 | 87	2 years 74%
NCT05283720	Epcor + Pola + R- CHP	37	100 | 87	NR
NCT04663347	Epcor +R- miniCHOP	28	89 | 82	12 mo: 88%
Phase 1/2 chemo free or chemo light combinations				
NCT03677154	Mosun + Pola	108	55 | 45	NR
2022–003398- 51	R Ploa Glofit	80	90 | 82	NR
NCT05660967	Epcor + Lena	NR	NR	NR



Minson A et al. J Clin Oncol 2025, DOI https://doi.org/10.1200/JCO-25-00481

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

- **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

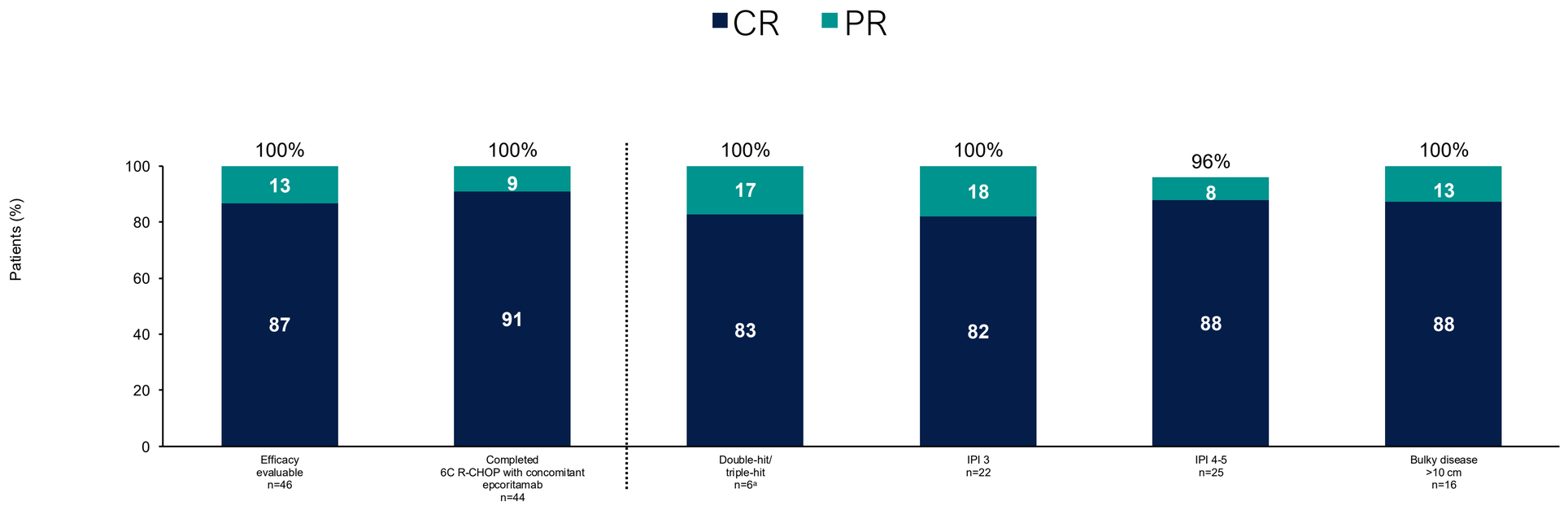
Treatment regimen: concomitant fixed-duration epcoritamab 48 mg + R-CHOP[c]

	Agent	C1-4	C5-6	C7+
	Epcoritamab SC 48 mg	QW	Q3W	Q4W Up to 1 year
R-CHOP	Rituximab IV 375 mg/m^2	Q3W		
	Cyclophosphamide IV 750 mg/m^2			
	Doxorubicin IV 50 mg/m^2			
	Vincristine[d] IV 1.4 mg/m^2			
	Prednisone IV or oral 100 mg/d	D1-5 of each cycle		

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

Falchi L, et al. *Blood*. 2024;144(Suppl 1):581.

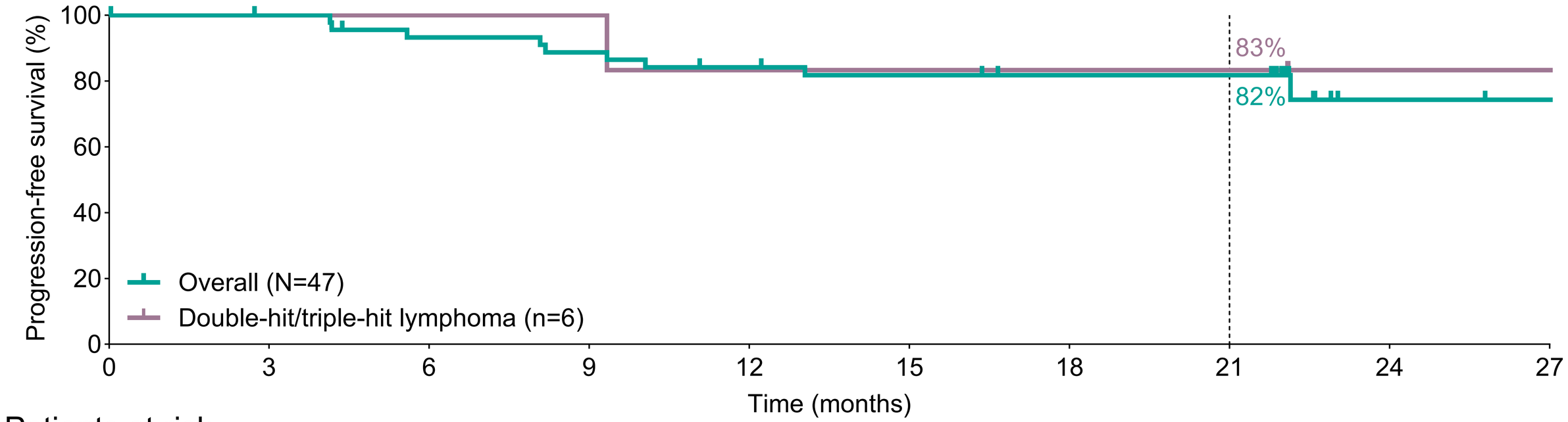
High CRR across High-Risk Subgroups



- Median duration of 11.5 mo of epcoritamab (range, 0.6-13.2)
- Median relative dose intensity of R-CHOP 95%-98% for all individual components
  - Three patients did not complete 6C (withdrawal of consent, PD, and grade 5 COVID-19)

Falchi L, et al. *Blood*. 2024;144(Suppl 1):581

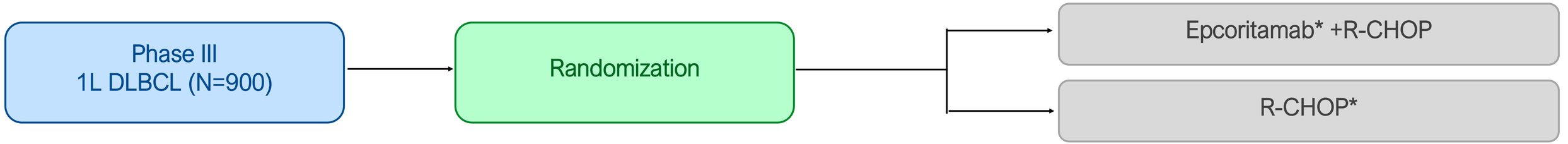
High Rates of Progression-Free Survival



Patients at risk

47	45	41	39	36	34	32	32	16	15
6	6	6	6	5	5	5	5	3	3

EPCORE® DLBCL-2: Epcoritamab + R-CHOP vs R-CHOP in 1L DLBCL



Objectives

Epcoritamab* +R-CHOP

- PFS in patients with IPI 3-5

Secondary

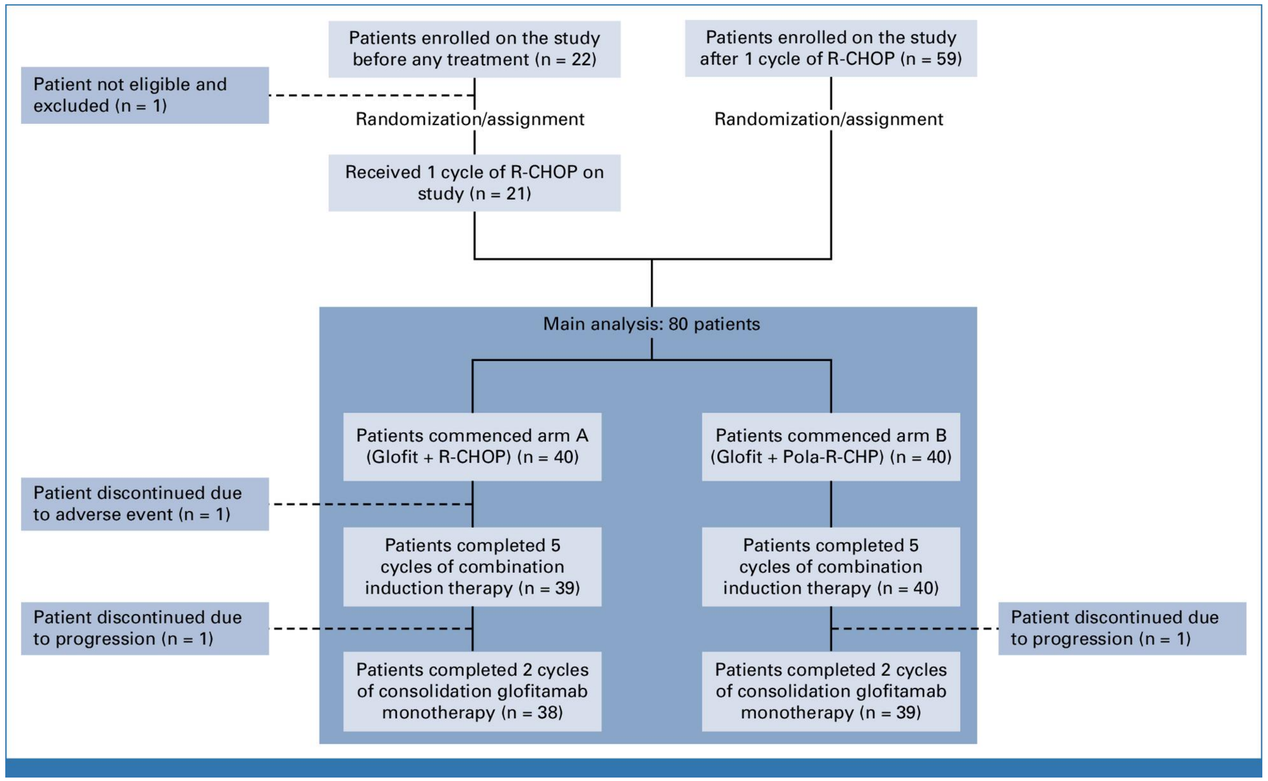
- PFS
- EFS
- CR
- OS
- MRD negativity

Key Inclusion Criteria

- Planned to receive treatment with 6 cycles of R-CHOP per investigator determination
- Newly diagnosed, histologically confirmed CD20+ DLBCL (de novo or histologically transformed from a diagnosis of FL)†
- Availability of archival or freshly collected tumor tissue at screening‡
- IPI score 2-5§
- ECOG PS 0-2 prior to initiating R-CHOP treatment‖
- ≥1 target lesion¶
- Laboratory values meeting the criteria laid out in the protocol
- LVEF ≥50% by multi-gated acquisition or transthoracic echocardiography at screening

ClinicalTrials.gov [www.clinicaltrials.gov]; NCT04628494

Glofit + R-CHOP vs R-CHOP: COALITION Study

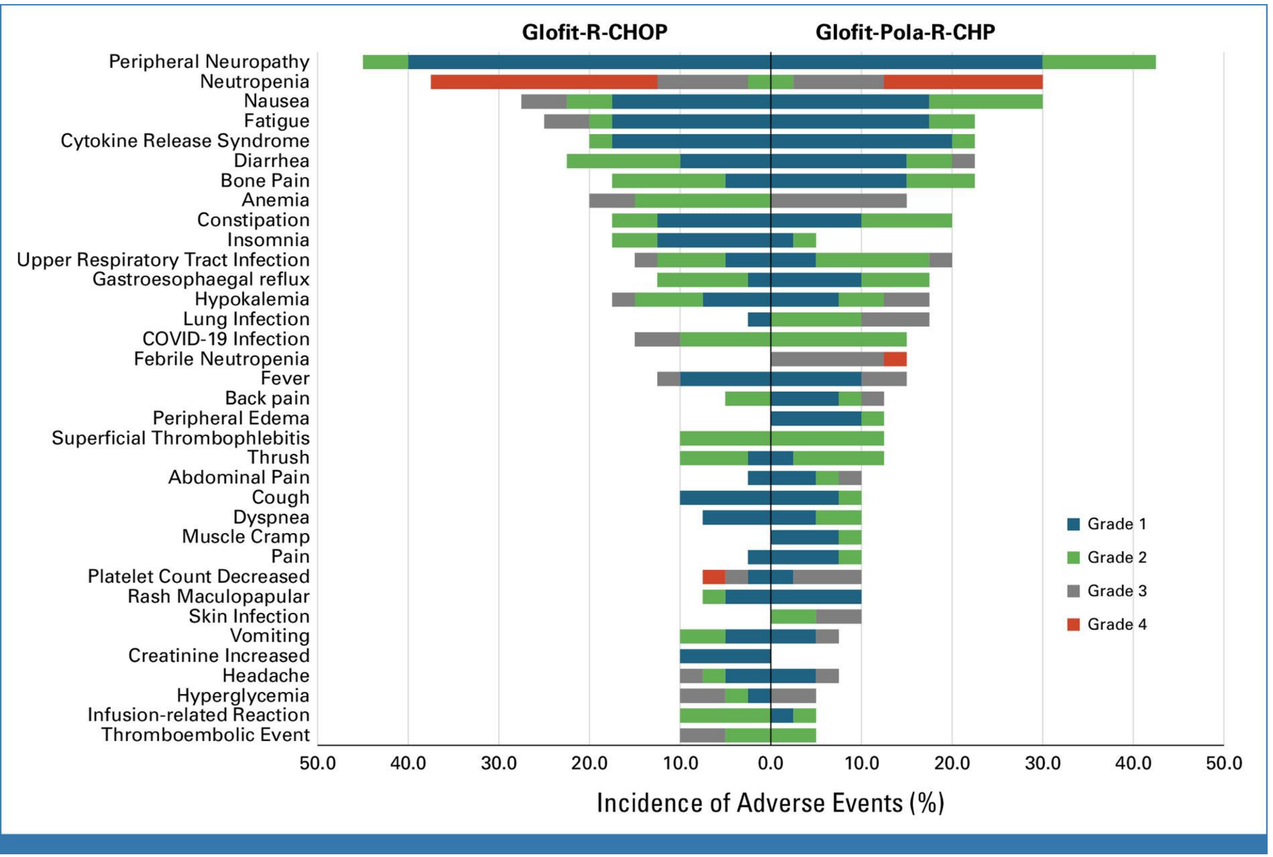


Enrolled July 2021 to June 2023
* Patients could enroll after 1 cycle of chemotherapy

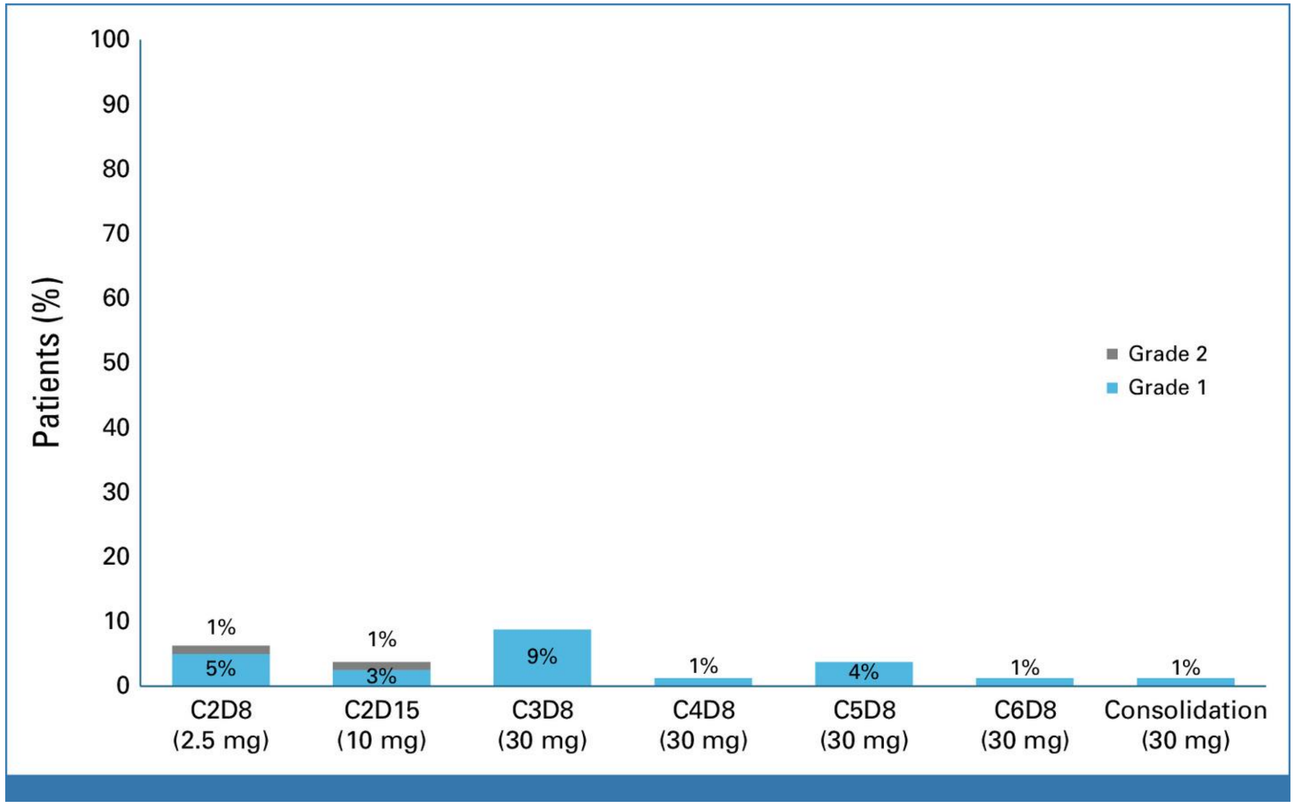
Key Patient Characteristics (80)	Arm A Glofit RCHOP (40)	Arm B Glofit R CHP Pola (40)
Age	58 (24-65)	60 (29-65)
IPI Score		
≤2	5 (12%)	8 (20%)
3	25 (62)	21 (52)
4	10 (25)	11 (28)
Histology		
DLBCL nos	31 (78)	30 (75)
DLBCL tiNHL	2 (5)	4 (10)
HGBL, NOS	3 (8)	1 (2)
HGBL with *MYC*, and *BLC2* or *BCL6* rearrangements	4 (10)	5 (13)

Minson A, et al. *J Clin Oncol*. 2025; JCO-25-00481

Adverse Events

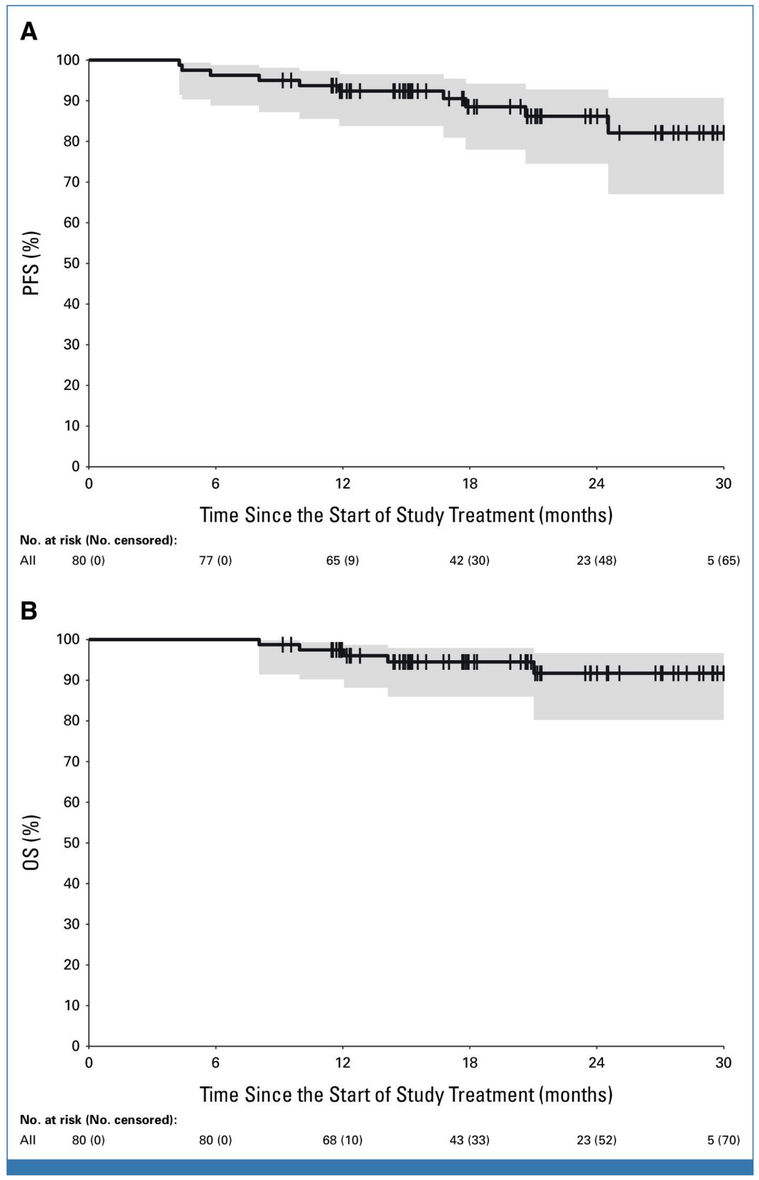


Grading and timing of CRS



Grade 3 AEs equal in both arms

Response to Therapy



Response to Therapy	Arm A (Glofit + RCHOP) (40)	Arm B Glofit RCHP Pola (40)
End of Induction Response		
CMR	27 (68%)	32 (80%)
PMR	11 (28%)	7 (18%)
PD	1 (2%)	0
24 month PFS*	86%	86%
24 month OS	92%	91%

*Durable responses across all subgroups

Minson A, et al. *J Clin Oncol*. 2025; JCO-25-00481

GO44145 (SKYGLO): Pola-R-CHP + Glofit vs Pola R-CHP in 1L DLBCL

Patients
- Previously untreated CD20+ LBCL
- Age 18-80
- IPI 2-5
- ECOG 0-2

N=1130 (estimated enrollment)

R 1:1

Pola-R-CHP + Glofitamab

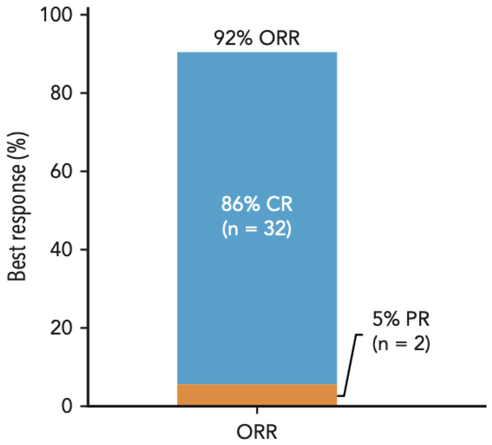
Pola-R-CHP

Primary Endpoint
- PFS determined by IRF

Secondary Endpoints
- PFS determined by investigator
- PFS in IPI 3-5 patients determined by investigator and IRF
- EFS
- CR rate
- ORR
- DOR
- DOCR
- DFS
- OS

ClinicalTrials.gov [www.clinicaltrials.gov]. https://clinicaltrials.gov/study/NCT06047080.

CD19 CAR T as front line treatment for DLBCL: ZUMA 12



ZUMA 23: phase 3 trial for HR LBCL

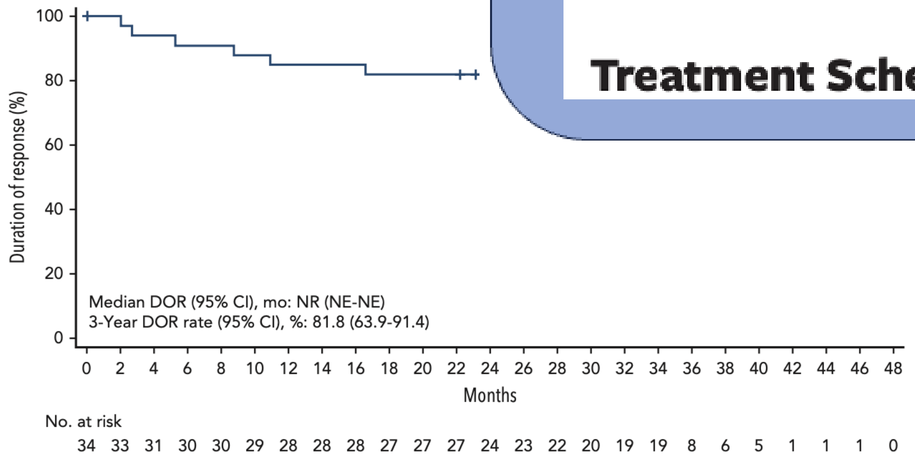
Phase 3
1L high-risk
(IPI ≥ 4)
LBCL
N≈300

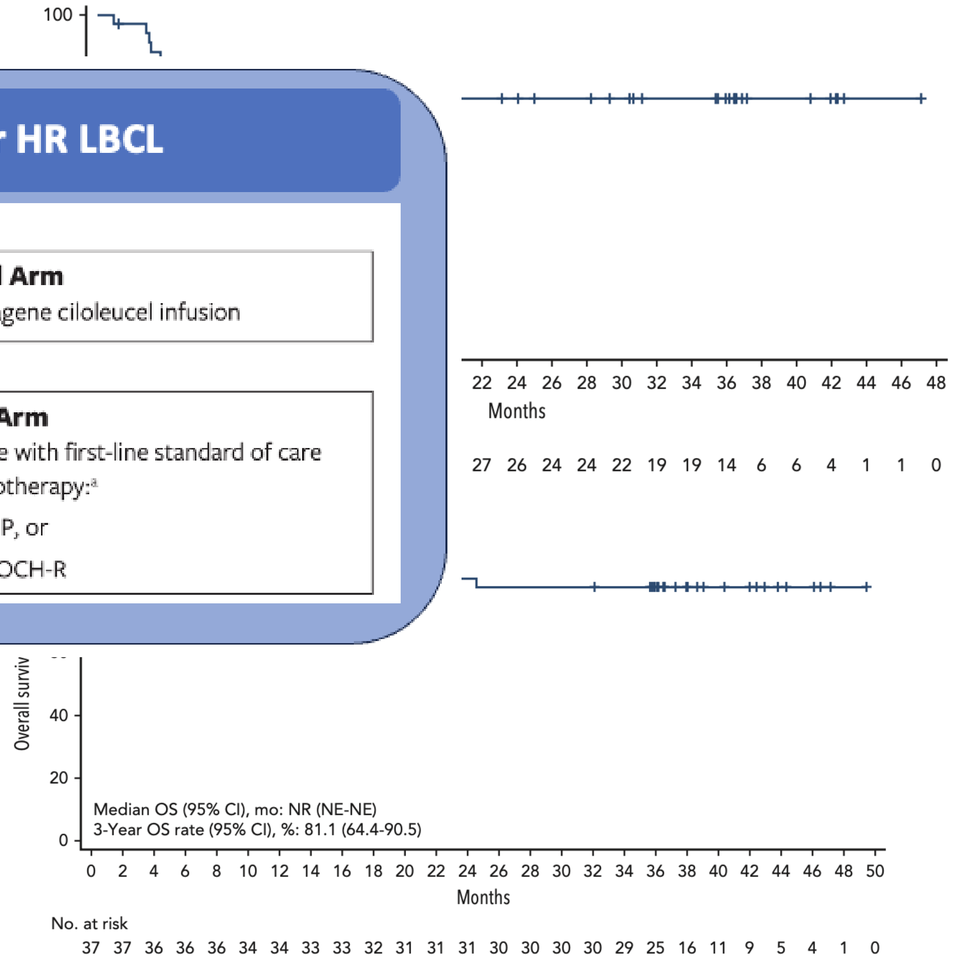
One cycle
R-chemotherapy

Axi-cel Arm
Axicabtagene ciloleucel infusion

SOCT Arm
Continue with first-line standard of care
R-chemotherapy:[a]
- R-CHOP, or
- DA-EPOCH-R

Treatment Schema





Chavez J et al. Blood 2025, 145: 2303

EHA Guidelines

Large B-cell lymphomas: first line and beyond

Thieblemont C., Gomes Da Silva M., Leppä S., Lenz G., Cottereau AS., Fox CP., Lopez-Guillermo A., Illidge T., Jurczak W., Eich H., Aurer I., Trneny M., Rosenwald A., Davies A., Zwezerijnen G., Bolanos N., Marković M., Jais JP., Broussais F., Dreyling M., Vitolo, U., Tilly H., Kersten MJ.



HemaSphere, 9: e70207. https://doi.org/10.1002/hem3.70207

Epcoritamab monotherapy in elderly 1L DLBCL: EPCORE DLBCL 3 study

Elderly/unfit 1L · Chemo-free

A 2-stage, open-label, phase 2 trial of fixed-duration epcoritamab in elderly patients with newly diagnosed LBCL and comorbidities

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:
  - ≥ 80 years of age, or
  - ≥ 75 years of age with a comorbid condition[b]
- Measurable disease by CT or MRI

1:1 RANDOMIZATION

Stage 1	C1–3	C4–12
Epcoritamab SC 48 mg[c]	QW	Q4W

Stage 2 (expansion)	C1–3	C4–12
Epcoritamab SC 48 mg[c]	QW	Q4W

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

Epcoritamab + lenalidomide not selected for stage 2

- Median Age: 82,5 yrs
- Fixed duration: 12 cycles
- Primary endpoint: CR rate
- Median Follow up: 18,1 months

Baseline Characteristics

	N = 66
Age, median (range), years	82.5 (76–95)
≥ 75 to < 80 years, n (%)	12 (18)
≥ 80 to < 85 years, n (%)	30 (45)
≥ 85 years, n (%)	24 (36)
Male sex at birth, n (%)	30 (45)
Race,[a] n (%)	
White	50 (76)
Asian	9 (14)
LBCL classification at baseline, n (%)	
DLBCL[b]	64 (97)
De novo, n/n (%)	60/64 (94)
Transformed from FL, n/n (%)	4/64 (6)
T-cell/histiocyte-rich LBCL	1 (2)
FL grade 3B	1 (2)
Cell of origin,[c] n (%)	
GCB	33 (50)
ABC/non-GCB	19 (29)
Unknown	12 (18)

	N = 66
ECOG PS, n (%)	
0	11 (17)
1	40 (61)
2	15 (23)
Ann Arbor stage, n (%)	
II	17 (26)
III	8 (12)
IV	41 (62)
IPI score, n (%)	
1–2	24 (36)
3–5	42 (64)
Renal function by CrCl,[d] n (%)	
≥ 60 mL/min	17 (26)
30 to < 60 mL/min	40 (61)
15 to < 30 mL/min	5 (8)
Bulky disease per investigator, n (%)	
< 7 cm	43 (65)
7–10 cm	14 (21)
> 10 cm	9 (14)
Time from initial diagnosis to randomization, median (range), months	1.4 (0.2–17.1)

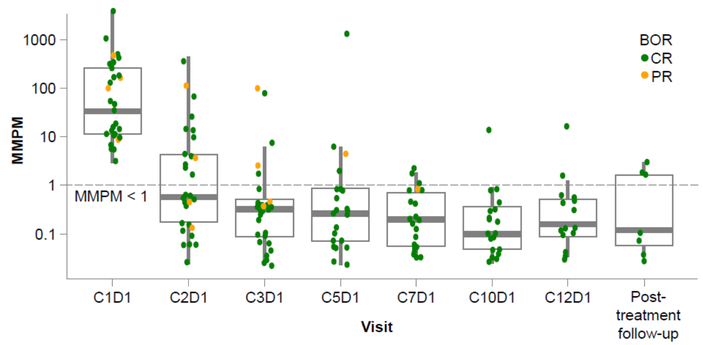
A total of 66 patients received epcoritamab monotherapy across stage 1 (n = 44) and stage 2 (n = 22). [a]Race was not reported or missing for 7 patients. Ethnicity data were not collected. [b]Four patients had double-hit lymphoma per central laboratory. [c]Cell of origin was not evaluated for 2 patients. [d]Renal function was ≥ 90 mL/min for 2 patients and missing for 2 patients. ABC, activated B-cell; GCB, germinal center B cell.

Vitolo U, et al. ASH 2025. Abstract 63.

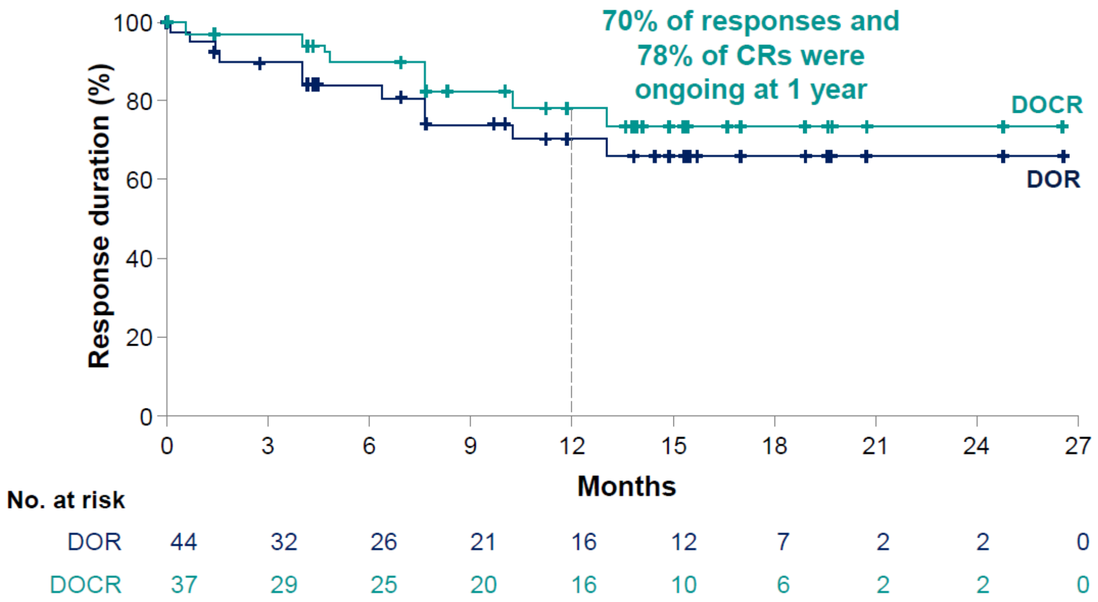
EPCORE DLBCL-3: response, depth and durability

Best Response	Response-Evaluable Population (n = 60)
ORR, n (%)	44 (73)
CR	37 (62)
PR	7 (12)
SD	5 (8)
PD	7 (12)
NA	4 (7)

High rates of MRD negativity



Responses Were Durable and Sustained Over Time



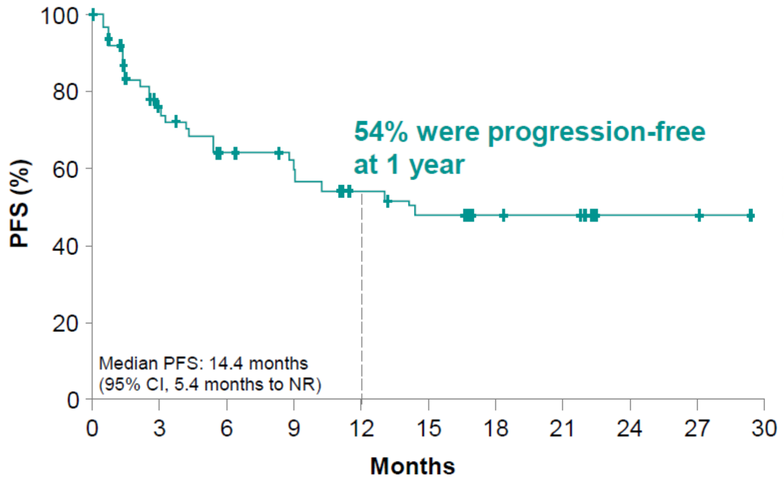
No. at risk										
DOR	44	32	26	21	16	12	7	2	2	0
DOCR	37	29	25	20	16	10	6	2	2	0

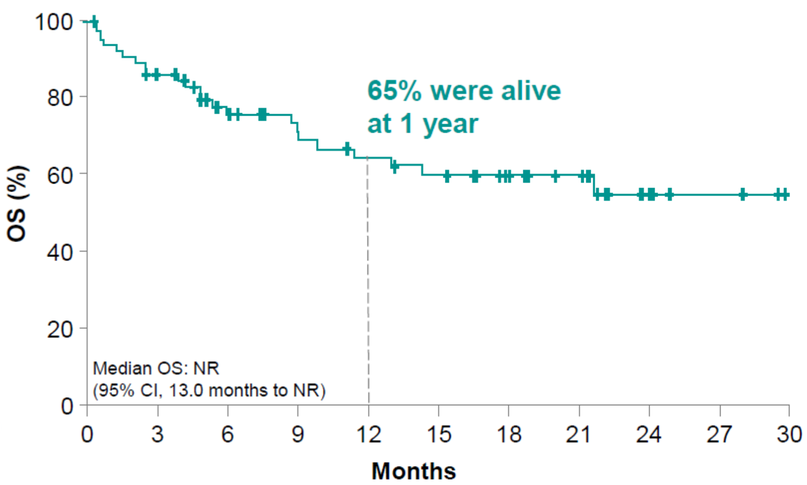
ORR 73% · CR 62% (n = 60)
70% of responses and 78% of CRs ongoing at 1 year; deep MRD clearance on treatment

Vitolo U, et al. ASH 2025. Abstract 63.

EPCORE DLBCL-3: survival and safety

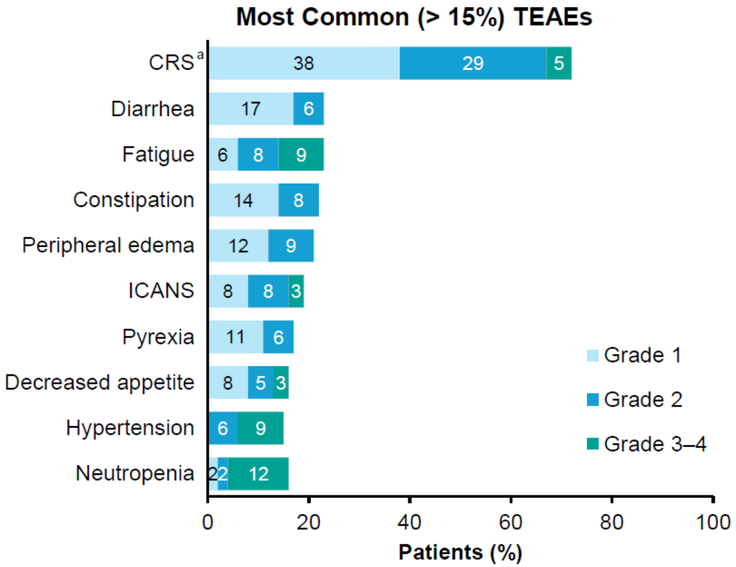
PFS and OS Sustained > 1 Year





No. at risk											
PFS	66	38	28	25	19	16	8	7	2	2	0
OS	66	54	40	33	28	25	20	15	6	3	0

Safety Profile



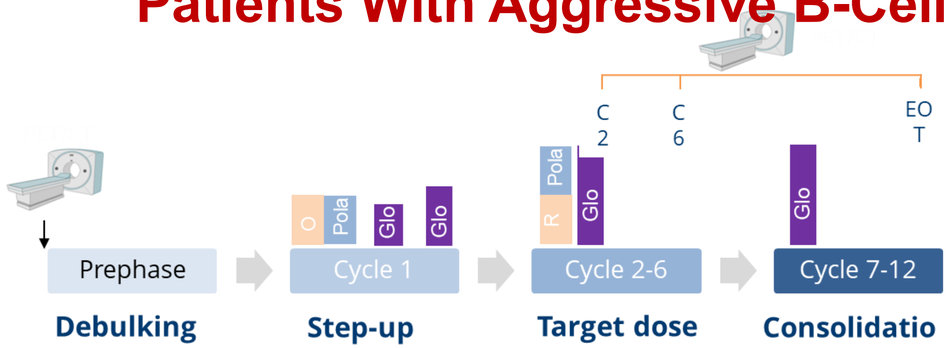
Median PFS 14.4 months · 54% progression-free and 65% alive at 1 year

CRS mostly grade 1–2 (grade ≥3: 5%); ICANS grade ≥3: 3% — in a frail population (≥80 years or ≥75 with comorbidities)

Vitolo U, et al. ASH 2025. Abstract 63.

Elderly/unfit 1L · Chemo-light

Phase II Frontline Chemolight R-Pola-Glo Trial Induces High and Durable Response Rates in Elderly and Medically Unfit/Frail Patients With Aggressive B-Cell Lymphoma



Indication

- **Untreated** patients >60 yo with LBCL
- Non-eligible for full dose R-CHOP

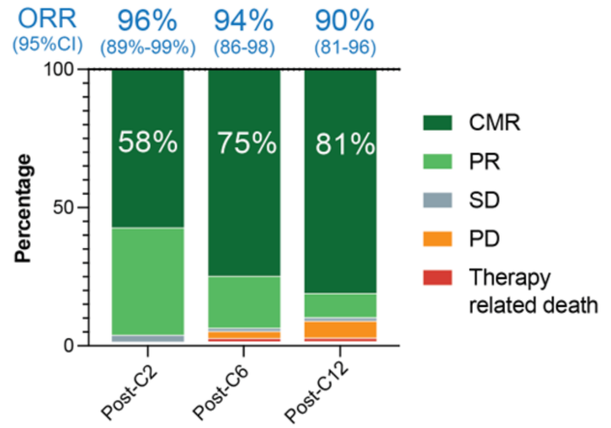
Study Design

- One-arm, multicenter phase II
- 30 centers in Germany and Austria
- **80 pts** (C1-6 mandatory inpatient)
- Mandatory prophylaxis

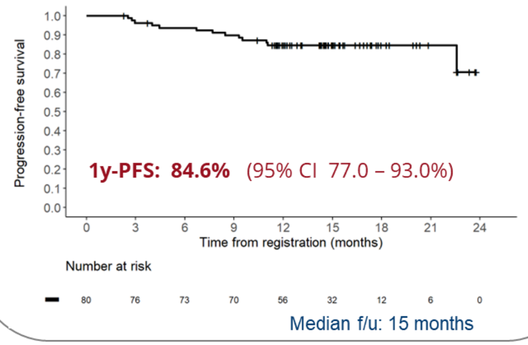
Endpoints

- *Primary:* **1y-PFS rate**
- *Secondary:*
  - Efficacy (OS, EFS)
  - Feasibility/Toxicity

Response Rate (n=80)



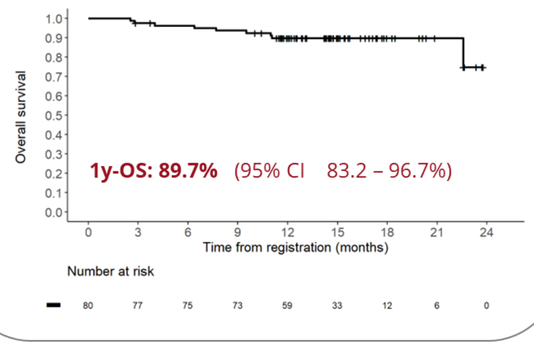
1-year Progression-free Survival (PFS)



1y-PFS: 84.6% (95% CI 77.0 – 93.0%)

Median f/u: 15 months

1-year Overall Survival (OS)



1y-OS: 89.7% (95% CI 83.2 – 96.7%)

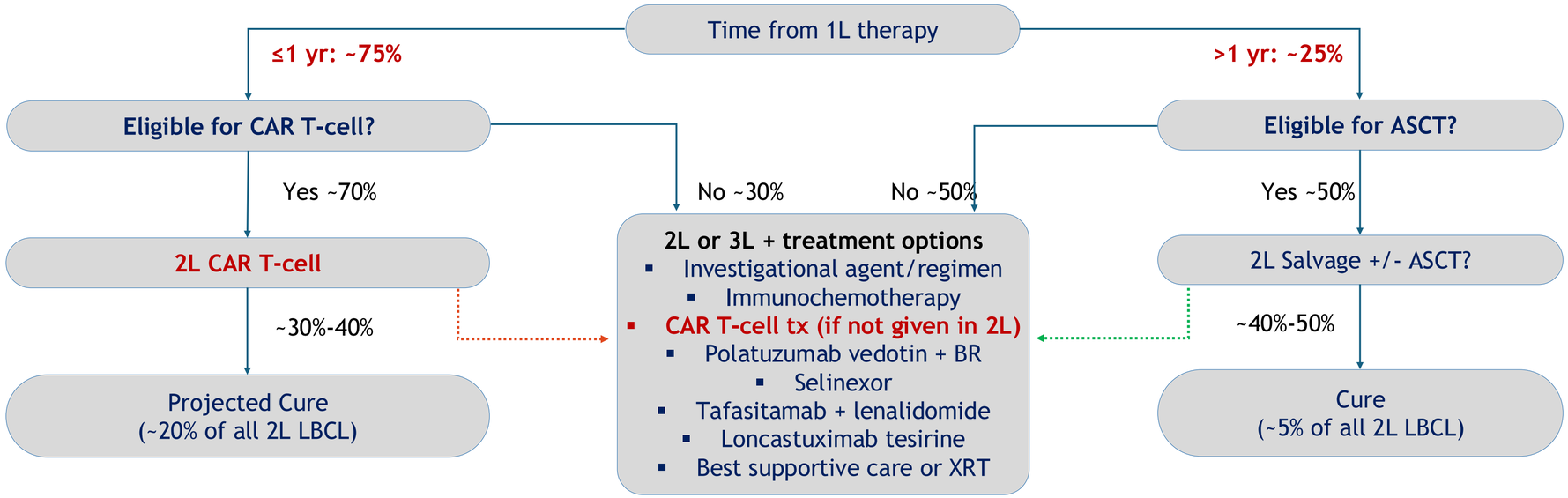
Infections

Infections	66% (n=53)
Grade 3	19% (n=15)
Grade 4	3% (n=2)
Grade 5, all COVID COVID+RSV Unknown	4% (n=3) 1 1 1

Chapuy B. et al, oral presentation ASH 2025 Blood (2025) 146 (Supplement 1): 61.

CD19-Targeted CAR T-Cell Therapy Has Dichotomized the Management of R/R DLBCL

New algorithm for Second-line Therapy of LBCL

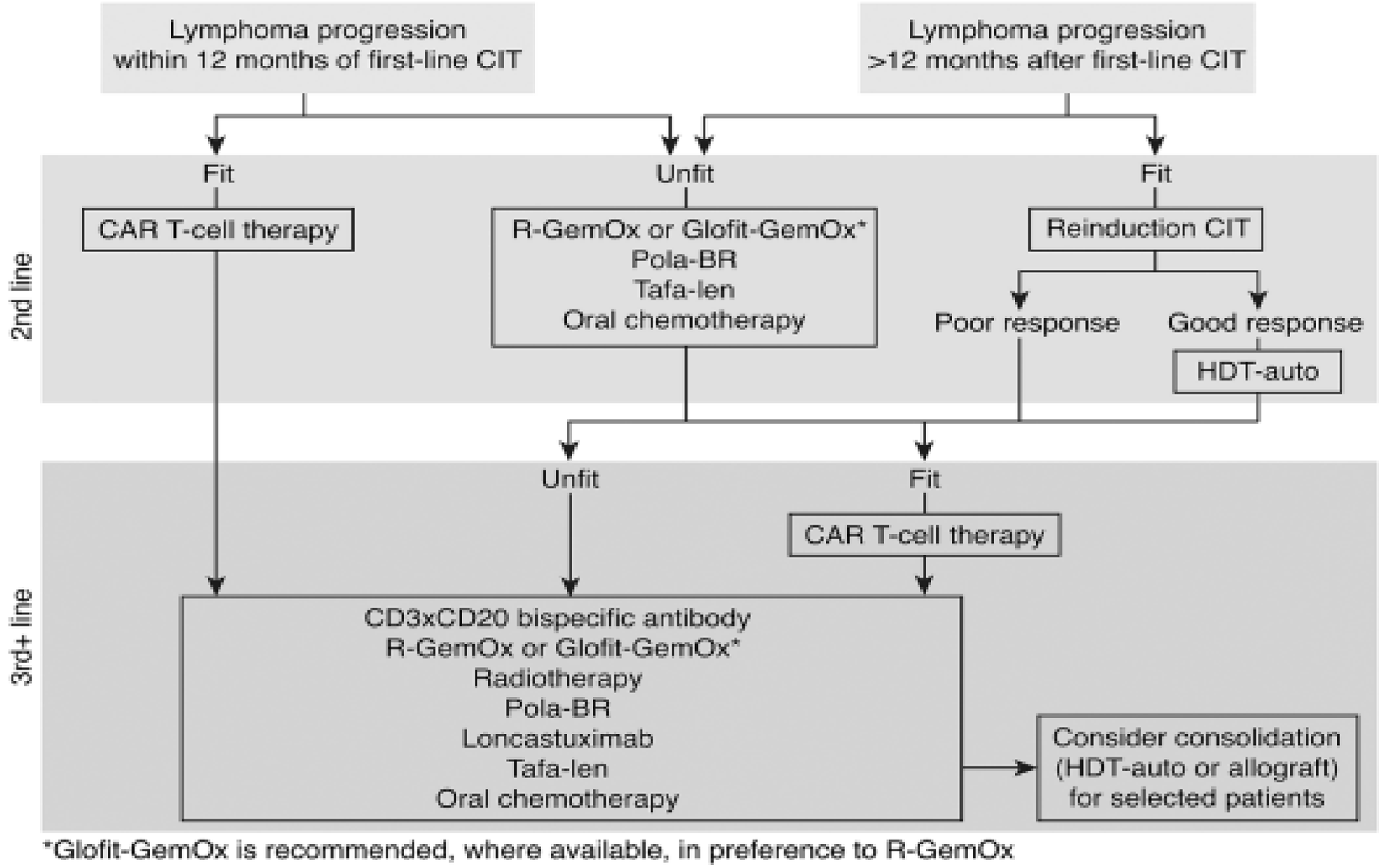


Timing of relapse is a key decision factor for selecting 2L therapy CART vs SOC within 12 months

Westin. Blood. 2022;139:2737.

Confidential - Internal Use Only

Updated guidelines from UK

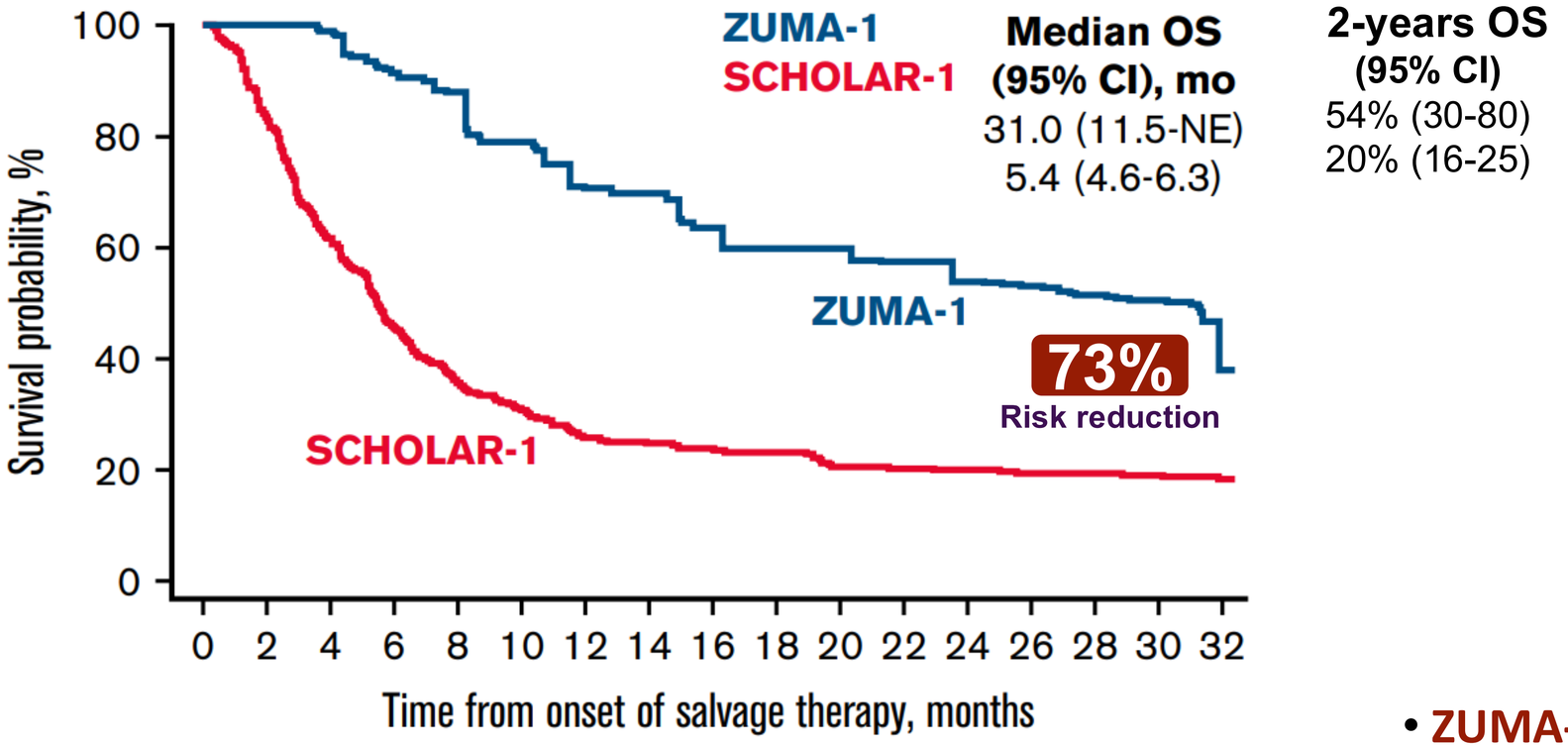


Recommended treatments for refractory or relapsed large B-cell lymphoma (rrLBCL).

Chaganti S, et al- BJH 2025

How has CAR-T therapy improved survival for patients with R/R-DLBCL

Retrospective and comparative analysis of confounder-adjusted OS between ZUMA1 (axi-cel) vs SCHOLAR-1 (SOC)



•SCHOLAR-1

•N = 636

• ORR = 26%; CR rate = 7%

• Median OS = 6.3 months

Crump et al. Blood 2017

• ZUMA-1

•N = 108

• ORR = 83%; CR rate = 58%

• Median OS = >18 months

Neelapu et al. N Eng J Med 2017

CD19 CAR T-Cell Therapy in Second-line LBCL: Randomized Phase III Trials

ZUMA-7

Adults with R/R LBCL with ≤12 mo of adequate 1L CIT (including anti-CD20 mAb and an anthracycline); intent to proceed to HDT-ASCT; ECOG PS 0-1
(N = 359)

- **Axicabtagene Ciloleucel*** (n = 180)
- **SoC†** (n = 179)

CR/PR → **HDT-ASCT** (n = 64)
< CR/PR → **Off-protocol tx, incl. immunotx**

*Optional bridging therapy limited to corticosteroids (no CIT). †SoC included R-GDP, R-DHAP/X, R-ICE, or R-ESHAP.

TRANSFORM

Adults with aggressive R/R NHL ≤12 mo after 1L tx with CD20-targeted agent and an anthracycline; eligible for HSCT; ECOG PS ≤1
(N = 184)

- **Lisocabtagene Maraleucel‡** (n = 92) → Crossover to liso-cel allowed if no response by 9 wk, PD, or start of new antineoplastic tx after ASCT
- **SoC §** (n = 92) → **HDT-ASCT**

‡Optional bridging therapy with CIT. § SoC included R-DHAP, R-ICE, or R-GDP.

BELINDA

Adults with aggressive NHL R/R <12 mo of 1L tx with CD20-targeted agent and an anthracycline; AHCT eligible; ECOG PS 0/1
(N = 322)

- **Tisagenlecleucel‖** (n = 162) → Crossover to tisagenlecleucel permitted for SoC at Wk 12 for nonresponders
- **SoC¶** (n = 160) → CR/PR → **HDT-ASCT**

‖Optional bridging therapy with CIT. ¶SoC included R-DHAP, R-ICE, R-GDP, or R-GemOx.

Primary Endpoint: EFS

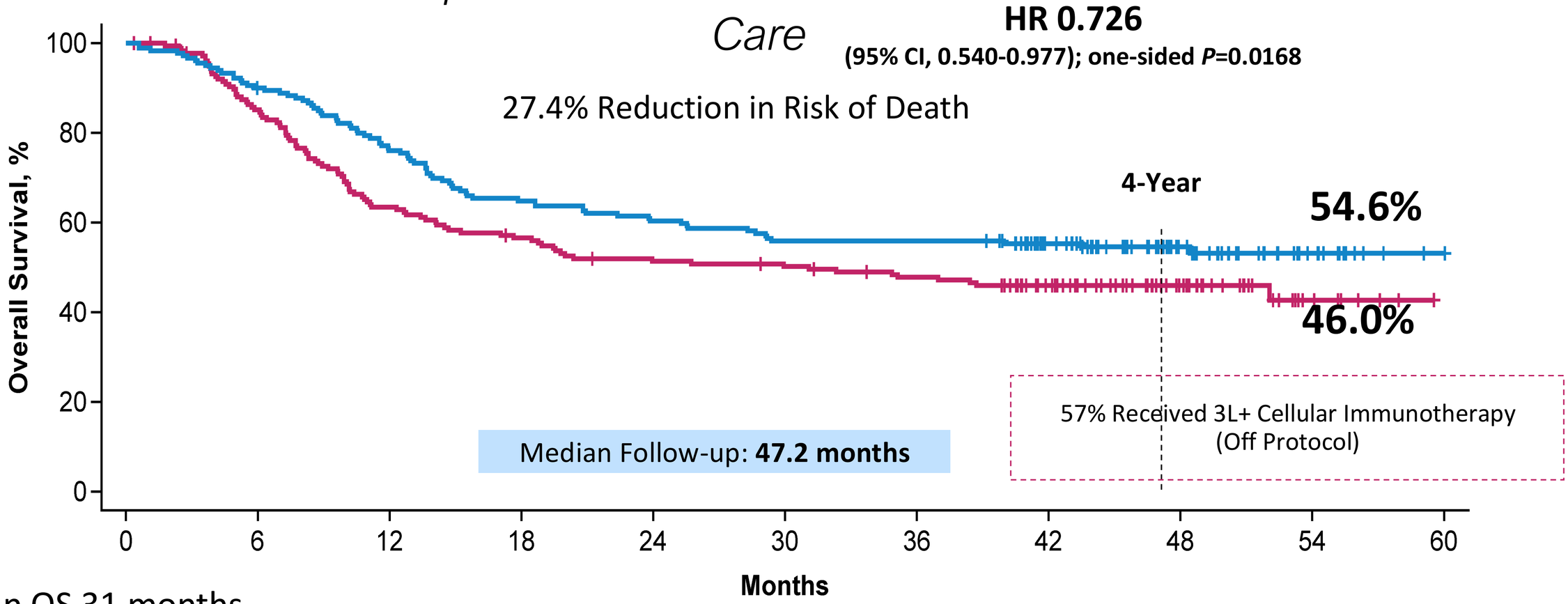
Locke. NEJM. 2022;386:640. Locke. ASH 2021. Abstr 2. Kamdar. Lancet. 2022;399:2294.
Kamdar. ASH 2021. Abstr 91. Bishop. NEJM. 2022. 386:629. Bishop. ASH 2021. Abstr LBA-6.

ORIGINAL ARTICLE

The NEW ENGLAND JOURNAL of MEDICINE

Survival with Axicabtagene Ciloleucel in Large B-Cell Lymphoma

✓ *Axi-Cel Improved Overall Survival Versus Standard of Care*

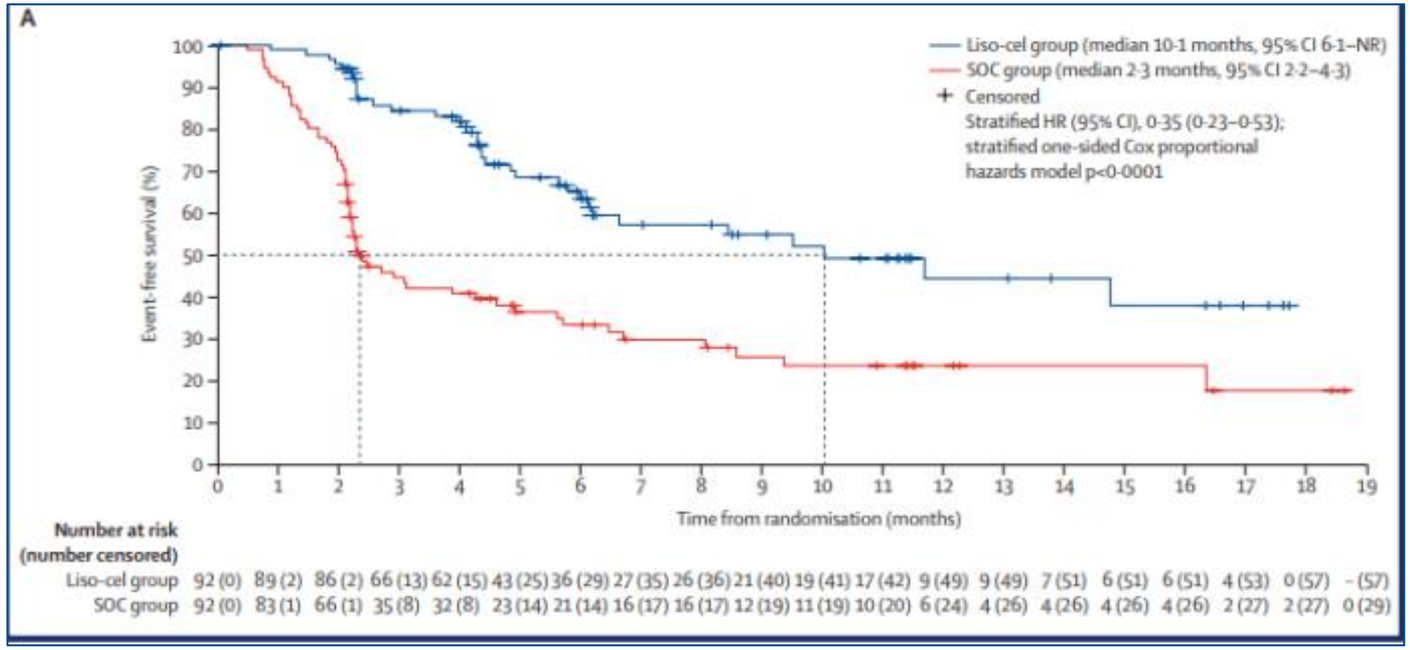


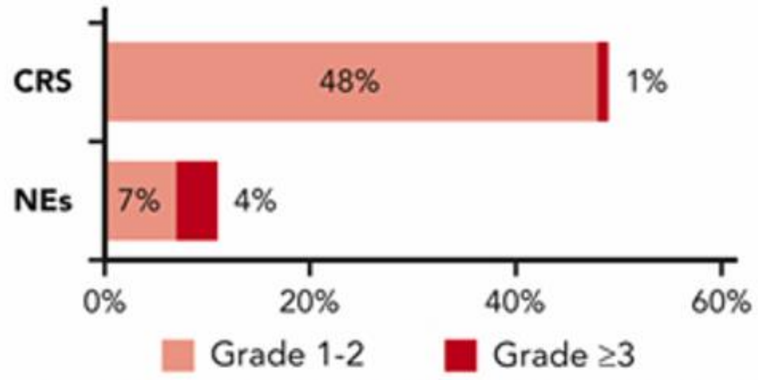
- Median OS 31 months

Westin JR , et al. *N Engl J Med.* 2023;

TRANSFORM: Lisocabtagene Maraleucel as Second-Line for Large B-Cell Lymphoma

- Adult transplant-eligible patients, ≤75 years old, with LBCL refractory to initial treatment or relapsed within 12 months of first-line therapy
- Liso-cel (n= 92) vs. Traditional salvage chemotherapy + BEAM/ASCT (n= 92)
  - Liso-cel: one cycle of bridging therapy with R-ICE, R-DHAP, or R-GDP allowed
- Higher CR with liso- cel (66%) vs. standard of care (39%)
- PFS: 14.8 vs. 5.7 months
- OS at 1 year: 79.1% vs. 64.2% (cross-over allowed)





No Grade 4 or 5 CRS or NEs

No prophylactic corticosteroids or vasopressors used

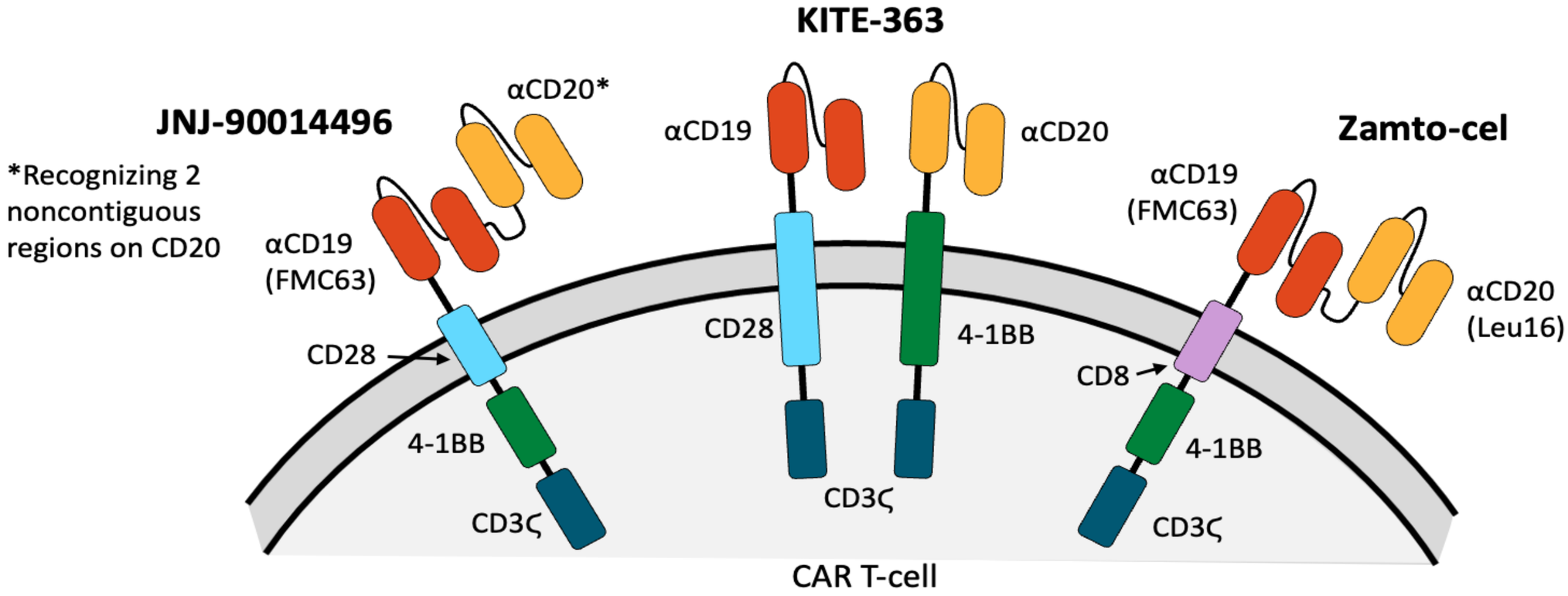
Kamdar M, et al. Blood 2021; 138 (suppl 1): 91

Novel CAR T-cell

- Rapcabtagene autoleucel
- Zamcabtagen autoleucel
- GLPG 5101
- huCART19-41BB-IL18
- KTE-363
- Cermacabtagene autoleucel
- CAR NK-cell

Dual-Target CAR T-cell

- Potentially improved efficacy vs single-target CAR T-cell therapy
- May prevent resistance due to antigen escape



STARGLO

Phase 3, open-label, randomised trial

Patients with R/R DLBCL (N=274)

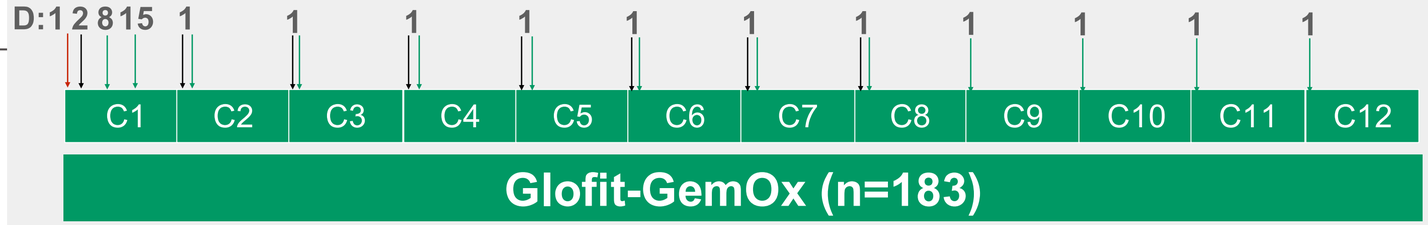
- R/R DLBCL NOS after ≥1 prior systemic therapy
- Patients with one prior line must be transplant ineligible
- ECOG PS 0–2

Stratification factors

- Relapsed vs refractory disease†
- 1 vs ≥2 prior lines of therapy

R 2:1

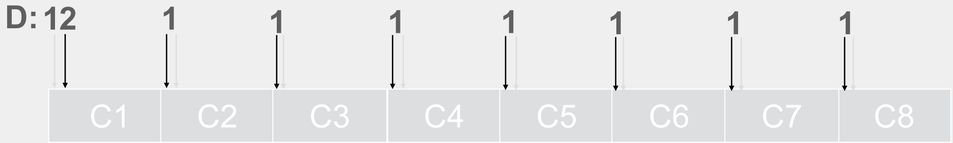
Glofitamab (C1 SUD;* 30mg C2–12)
Gem (1000mg/m²) + Ox (100mg/m²)
Gpt (1000mg)



Glofit-GemOx (n=183)

21-day cycles

Rituximab (375mg/m²)
Gem (1000mg/m²) + Ox (100mg/m²)



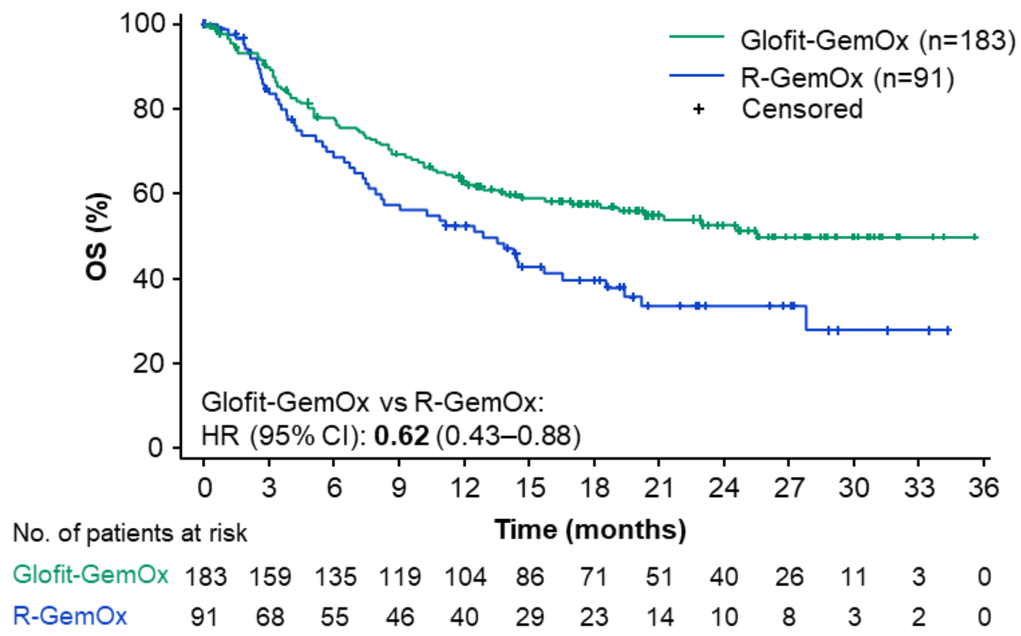
R-GemOx (n=91)

*Glofit 2.5mg on D8 and 10mg on D15. †Relapsed disease: recurrence following a response that lasted ≥6 months after completion of the last line of therapy; refractory disease: disease that did not respond to, or that progressed <6 months after, completion of the last line of therapy. C, cycle; D, day; ECOG PS, Eastern Cooperative Oncology Group performance status; DLBCL, diffuse large B-cell lymphoma; Gem-Ox, gemcitabine and oxaliplatin; Glofit, glofitamab; Gpt, obinutuzumab pretreatment; NOS, not otherwise specified; R 2:1, patients randomised in a 2:1 ratio; R, rituximab.

Abramson JS, et al. EHA 2024; Oral presentation (abstract#LB3438);
Abramson JS, et al. Lancet 2024;404(10466, Suppl).

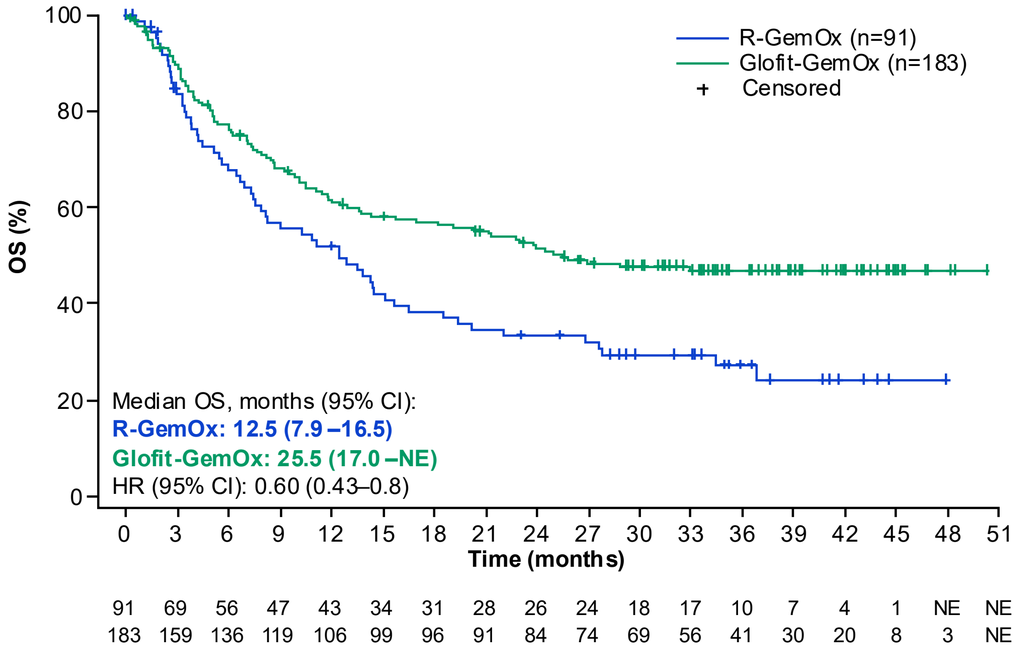
STARGLO: Primary endpoint: Overall survival

Updated analysis



	R-GemOx (n=91)	Glofit-GemOx (n=183)
Updated analysis (median follow-up: 20.7 months)		
OS, median (95% CI); months	12.9 (7.9–18.5)	25.5 (18.3–NE)
HR (95% CI)	**0.62** (0.43–0.88)	
p-value*	0.006	
24-month OS (95% CI)	33.5% (22.2–44.9)	52.8% (44.8–60.7)

Extended follow-up analysis

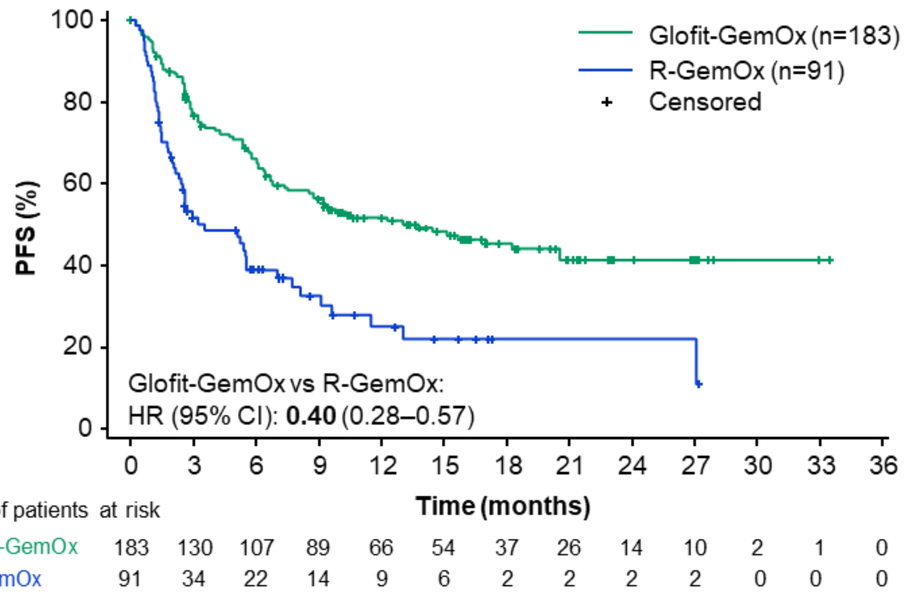


Outcome	R-GemOx (n=91)	Glofit-GemOx (n=183)
3-year follow-up analysis (median follow-up: 35.1 months [95% CI: 33.6–37.6])		
OS, median (95% CI); months	**12.5** (7.9–16.5)	**25.5** (17.0–NE)
36-month OS, % (95% CI)	**27.4** (17.3–37.5)	**47.1** (39.5–54.6)

Abramson JS, et al. EHA 2024; Oral presentation (abstract#LB3438); Abramson JS, et al. Lancet 2024;404(10466):1940–54. Abramson JS, et al. ASH 2025; Poster presentation (P-5519).

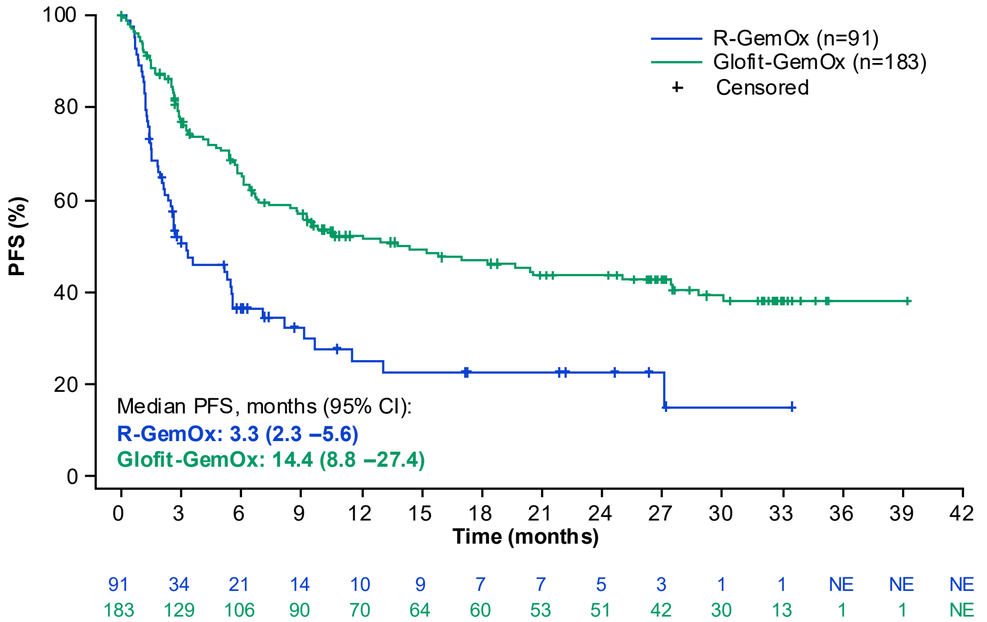
Progression-free survival by IRC assessment

Updated analysis



	R-GemOx (n=91)	Glofit-GemOx (n=183)
Updated analysis (median follow-up: 16.1 months)		
PFS, median (95% CI); months	3.6 (2.5–7.1)	13.8 (8.7–20.5)
HR (95% CI)	**0.40** (0.28–0.57)	
p-value*†	<0.0001	
12-month PFS, % (95% CI)	25.2 (13.6–36.9)	51.7 (44.0–59.4)

Extended follow-up analysis

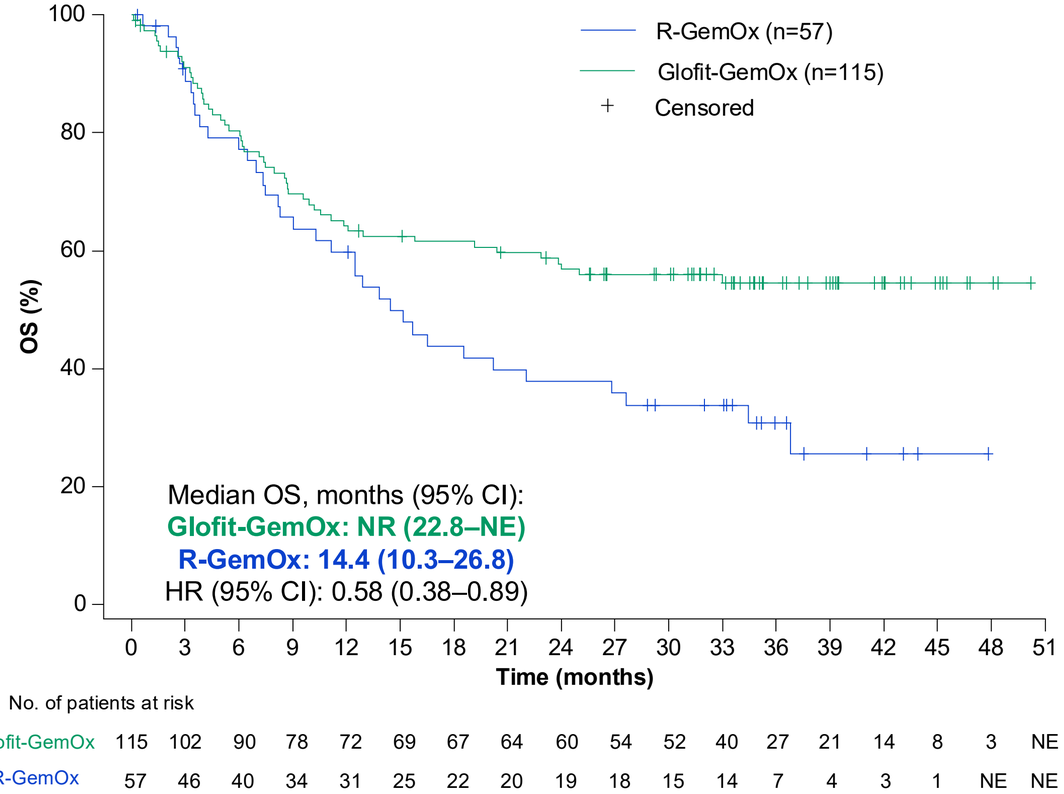


Outcome	R-GemOx (n=91)	Glofit-GemOx (n=183)
PFS, median (95% CI); months	**3.3** (2.3–5.6)	**14.4** (8.8–27.4)
30-month PFS, % (95% CI)	**15.2** (0.9–29.5)	**38.1** (29.8–46.3

Abramson JS, et al. EHA 2024; Oral presentation (abstract#LB3438), Abramson JS, et al. Lancet 2024;404(10466):1940–54 Abramson JS, et al. ASH 2025; Poster presentation (P-5519).

STARGLO: OS by line of therapy – 2L sub-group analysis

Overall survival in 2L patients[1]



Outcome[2]	R-GemOx 2L (n=57)	Glofit-GemOx 2L (n=115)	R-GemOx 3L+ (n=34)	Glofit-GemOx 3L+ (n=68)
Median follow-up: 35.1 months (95% CI: 33.6–37.6)				
OS, median (95% CI); months	14.4 (10.3–26.8)	NR (22.8–NE)	6.7 (4.2–14.3)	17.0 (10.7–25.8)
36-month OS, % (95% CI)	30.8 (17.7-44.0)	54.6 (45.2–64.0)	21.8 (6.7–36.9	33.2 (21.2–45.3)

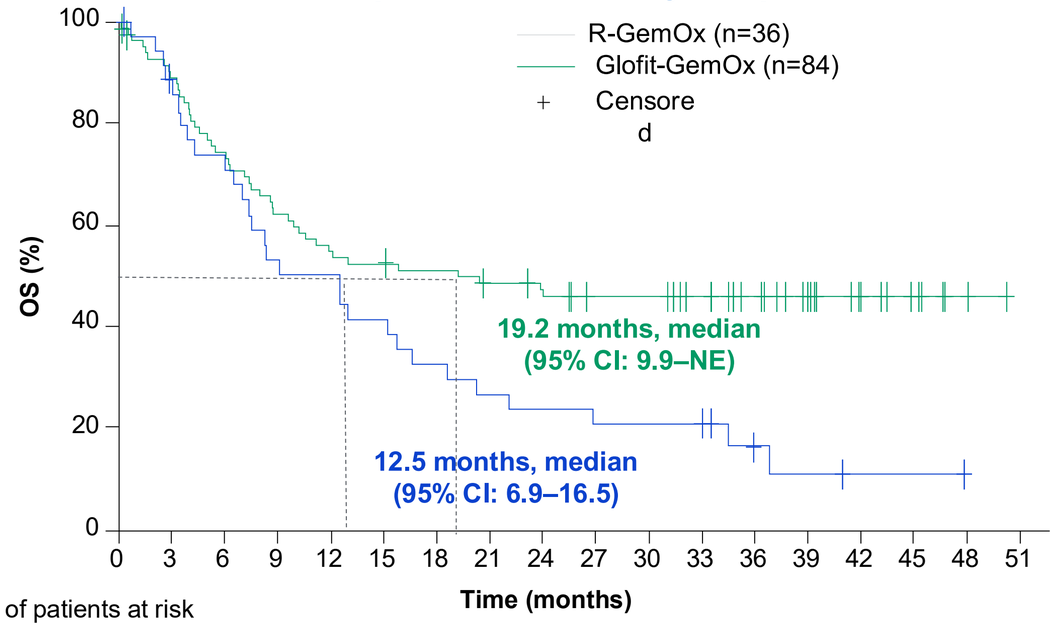
A clinically meaningful OS benefit was observed for Glofit-GemOx versus R-GemOx in 2L and 3L+ patients[1–3]

CCOD: May 1, 2025. 2L, second-line; 3L, third line; CI, confidence interval; GemOx, gemcitabine plus oxaliplatin; Glofit, glofitamab; HR, hazard ratio; NE, not evaluable; NR, not reached; OS, overall survival; R, rituximab.

1. Abramson JS, et al. ASH 2025; Poster presentation (P-5519;
2. Abdulhaq H, et al. ASH 2025; Poster presentation (P-3743);
3. Herbaux C, et al. ESH 2025; Poster presentation (P-6986893).

STARGLO: OS in 2L : *early and late relapse subgroups*

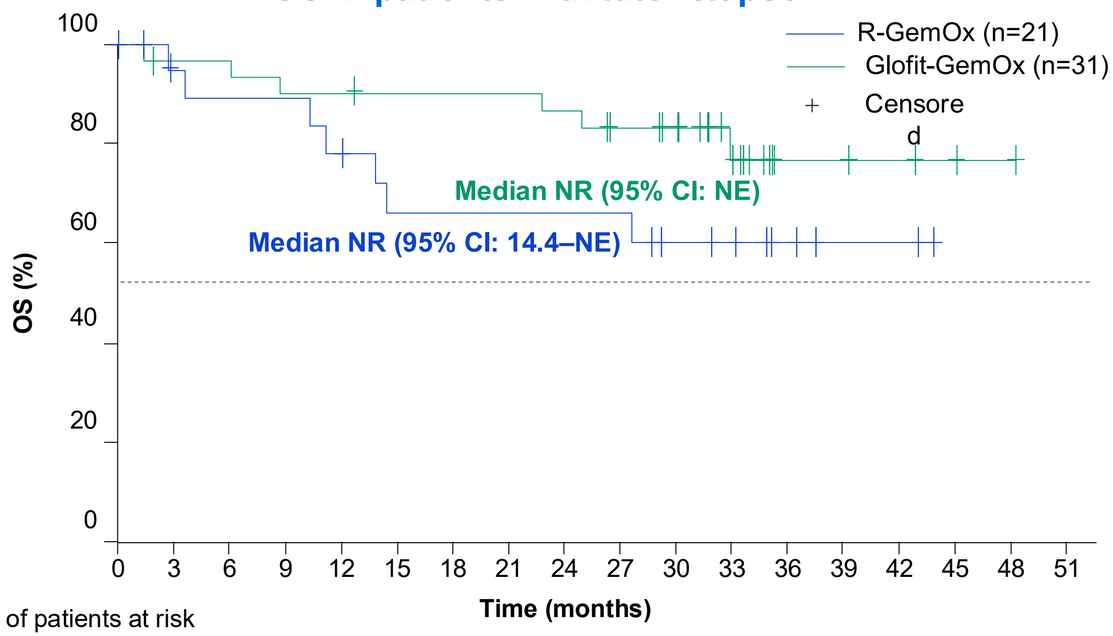
OS in patients with early relapse



No. of patients at risk

Glofit-GemOx	84	73	61	51	45	43	41	38	35	32	32	28	23	17	11	6	2	NE
R-GemOx	36	29	24	18	17	14	11	9	8	7	7	7	3	2	1	1	NE	NE

OS in patients with late relapse



No. of patients at risk

Glofit-GemOx	31	29	29	27	27	26	26	26	25	22	20	12	4	4	3	2	1	NE
R-GemOx	21	17	16	16	14	11	11	11	11	11	8	7	4	2	2	NE	NE	NE

- 36-month OS rates (95% CI) with Glofit-GemOx versus R-GemOx, respectively, were 46.1% (35.2–56.9) versus 16.5% (3.4–29.6) in patients with early relapse and 76.8% (59.5–94.1) versus 60.0% (36.9–83.1) in patients with late relapse in the 2L setting

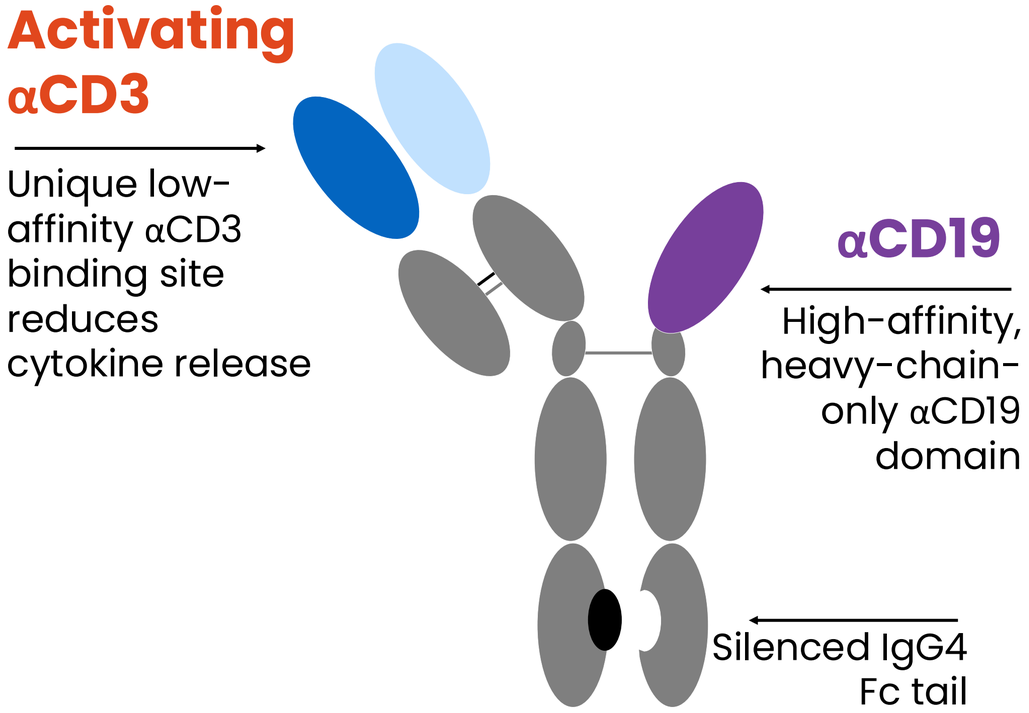
Longer OS was observed with Glofit-GemOx versus R-GemOx in 2L patients, regardless of time of relapse

CCOD: May 1, 2025. 2L, second-line; CI, confidence interval; GemOx, gemcitabine plus oxaliplatin; Glofit, glofitamab; NE, not evaluable; NR, not reached; OS, overall survival; R, rituximab.

Abdulhaq H, et al. ASH 2025; Poster presentation (P-3743).

Surovatamig (AZD0486): Novel CD19 x CD3 Bispecific Antibody

Surovatamig (AZD0486)



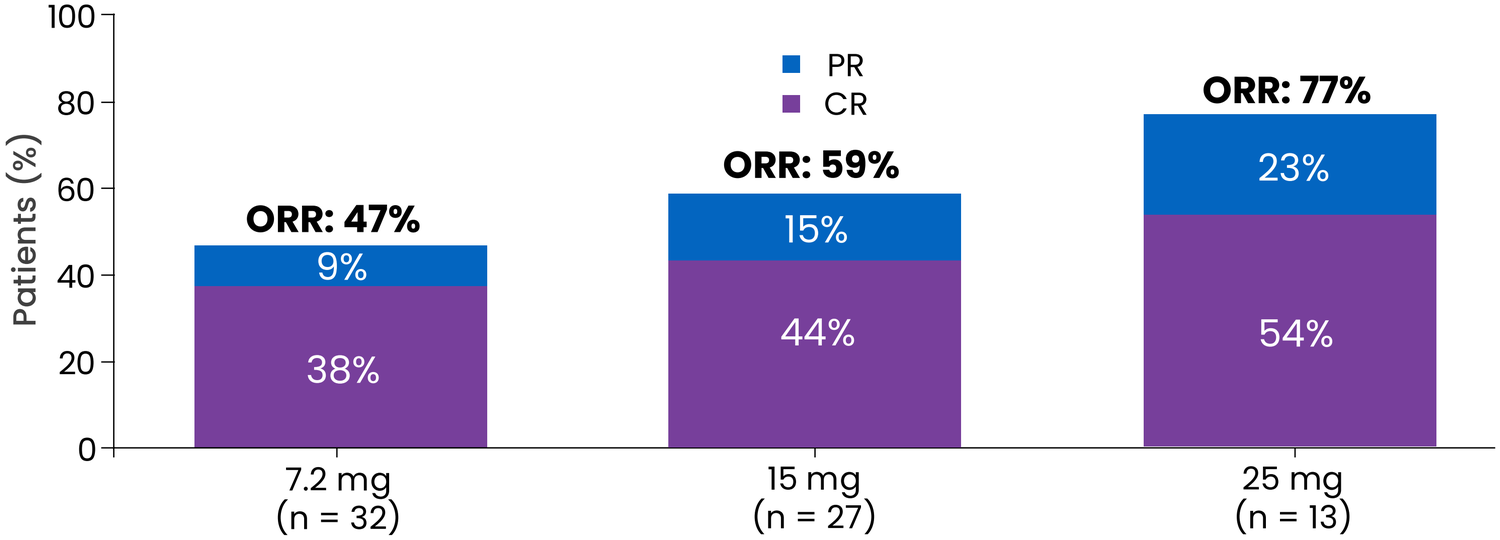
- Fully human CD3 x CD19 IgG4 bispecific T-cell engager
- Key design features:
  - Low-affinity αCD3 reduces cytokine release
  - Silenced Fc tail prolongs half-life and prevents nonspecific binding/ ADCC

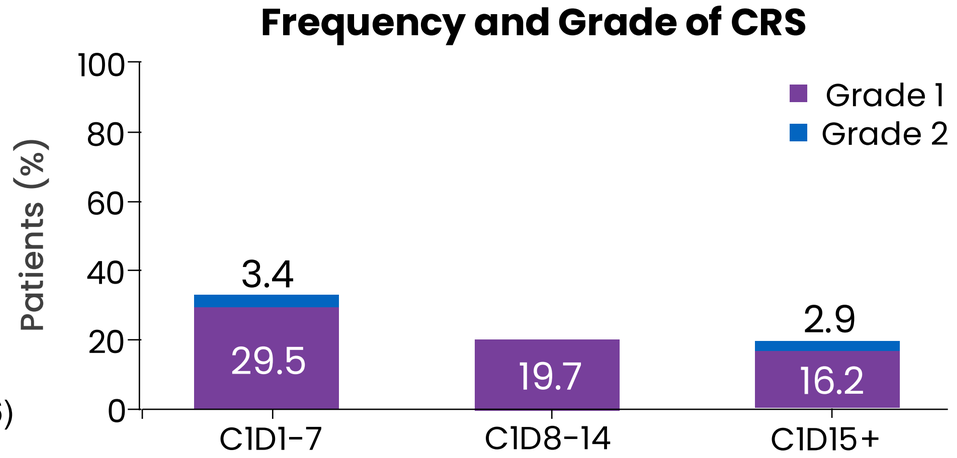
Gaballa. ASH 2024. Abstr 868.

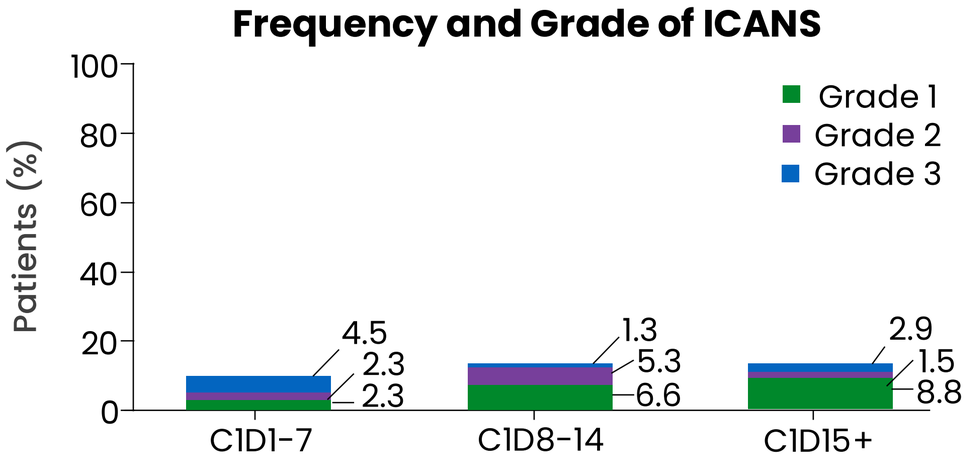
Surovatamig for R/R DLBCL

Baseline Characteristics	N = 106
Median age, yr (range)	68 (22-94)
Median prior tx (range)	3 (2-13)
Prior CAR T-cell tx, %	42
Refractory to last line of therapy, %	75

- Phase I study of surovatamig for R/R CD19+ B-NHL that was R/R to ≥2 prior lines of therapy (N = 106)

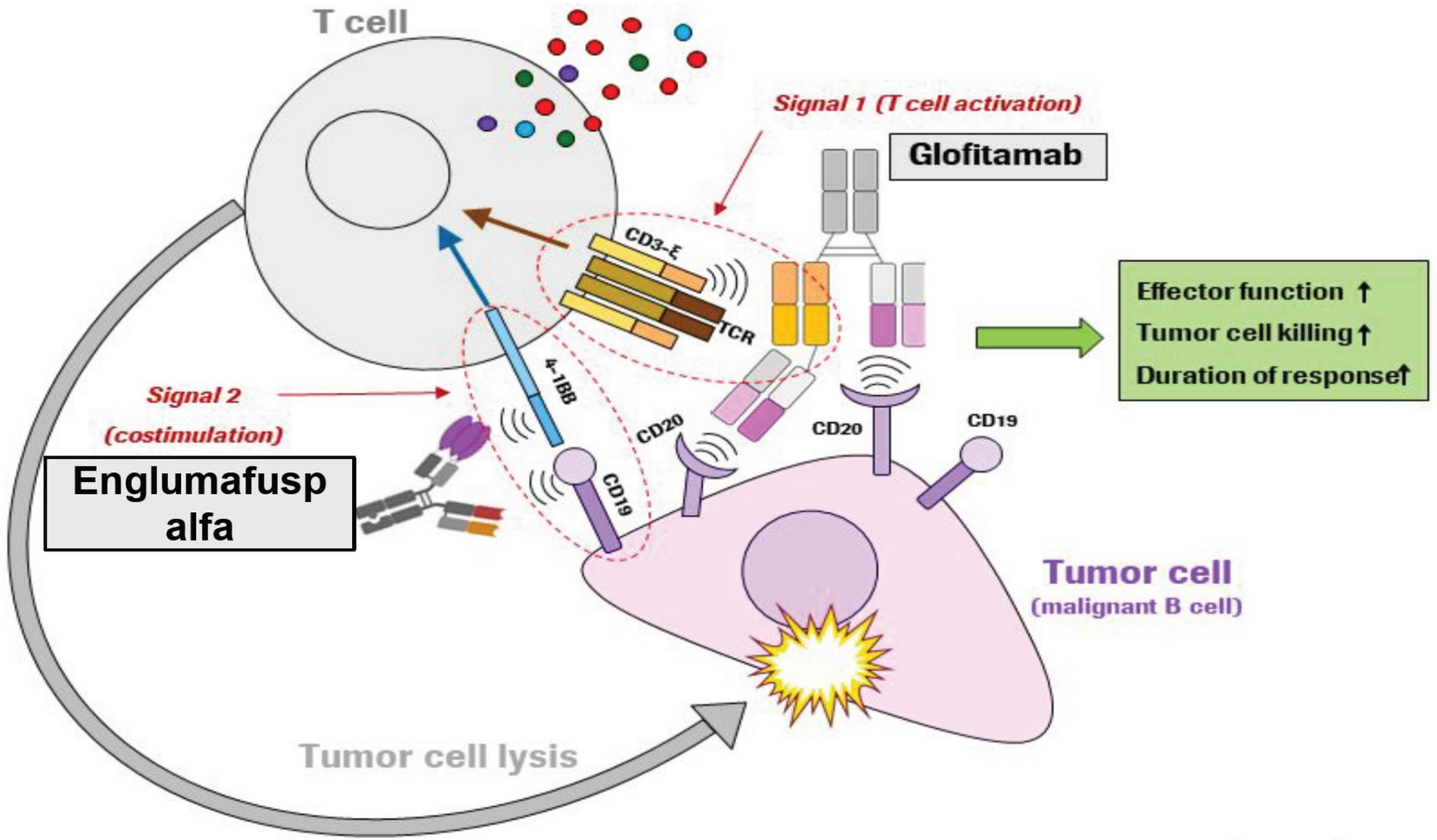






Kim. ASH 2025. Abstr 5514.

Englumafusp alfa mechanism of action



Claus et al, Sci Transl Med 2019.

Englumafusp alfa

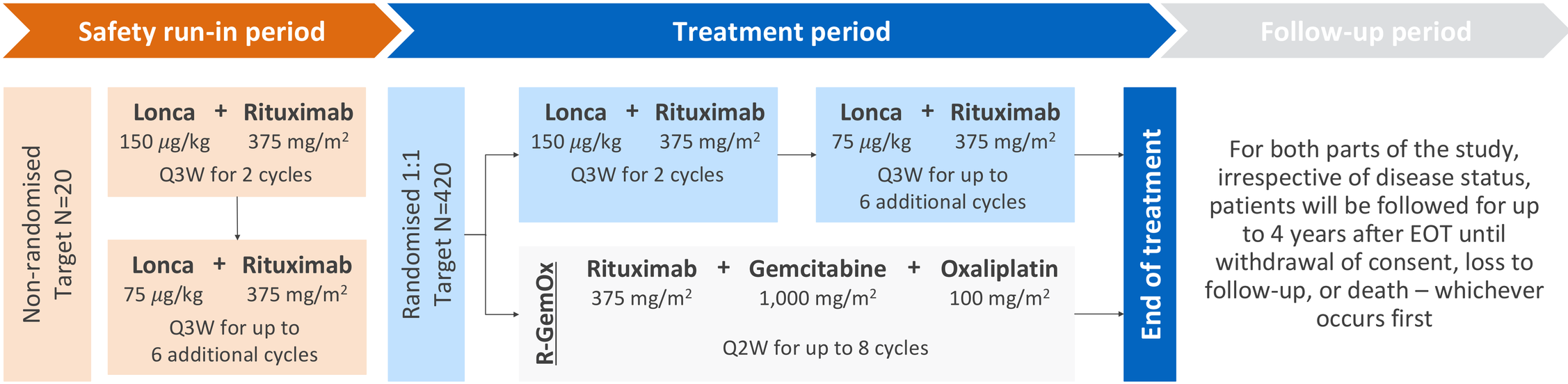
Response rates across all dosing levels in evaluable patients with 2L+ R/R aNHL

n (%)	n	BOR	CR
R/R aNHL			
2L+	83	56 (67.0)	47 (57.0)
3L+	70	46 (65.7)	37 (52.8)
R/R aNHL with prior CAR-T	42	26 (61.9)	20 (47.6)
R/R aNHL without prior CAR-T			
2L+	41	30 (73.2)	27 (66.0)
3L+	28	20 (71.4)	17 (60.7)
2L	13	10 (77.0)	10 (77.0)
R/R aNHL with *TP53* mutation	22	17 (77.0)	15 (68.0)

Morschhauser F et al, EHA 2024 (S237).

LOTIS-5 trial design:

Phase 3, randomized, open label multicenter trial of Lonca in combination with **rituximab** in R/R DLBCL/HGBL[1-2]



For both parts of the study, irrespective of disease status, patients will be followed for up to 4 years after EOT until withdrawal of consent, loss to follow-up, or death – whichever occurs first

EOT, end of treatment; Lonca, loncastuximab tesirine; Q2W, every 2 weeks; Q3W, every 3 weeks; R-GemOx, rituximab, gemcitabine, and oxaliplatin.
1. Carlo-Stella et al. EHA 2025 2. Clinicaltrials.gov NCT04384484.

LOTIS-7 study design and patient population[1]

Arm E evaluating Lonca + glofitamab in 2L+ LBCL

	Screening period (≤28 days)	Treatment period (cycles of 21 days)
Part 1 3+3 dose escalation	R/R DLBCL, HGBCL, trFL, FL (all grades), or MZL and ≥2 prior lines of therapy	Escalating doses of Lonca IV*,† + Glofit IV Q3W
Part 2 Dose expansion	R/R *de novo* DLBCL, HGBCL, trFL, or FL (Grade 3b) and ≥1 prior line of therapy	Lonca IV (Cycles 1–2: 120 or 150 µg/kg; Cycles ≥3: 75 µg/kg)‡ + Glofit IV (30 mg step-up dosing) Q3W

Lonca + glofit treatment sequence

C1					C2–8				C9–12‡
D1	D2	D3	D8	D15	D0	D1 (1–1.5 h) D1		D2	D1
Gpt, 1000 mg	Lonca IV, Q3W*,†		Glofit IV, 2.5 mg§	Glofit IV, 10 mg§		Lonca IV, Q3W*,†	Glofit IV, 30 mg§		Glofit IV, 30 mg§
Dex	Dex	Dex	Dex	Dex	Dex		Dex	Dex	

Study population

- Patients with ≥3L R/R B-NHL (part 1) and ≥2L R/R LBCL (part 2)
- ECOG PS of 0–2
- Prior ASCT (>100 days) or CAR-T (>100 days) is allowed
- Measurable disease per 2014 Lugano classification
- Excludes patients with clinically significant third-space fluid accumulation

Endpoints

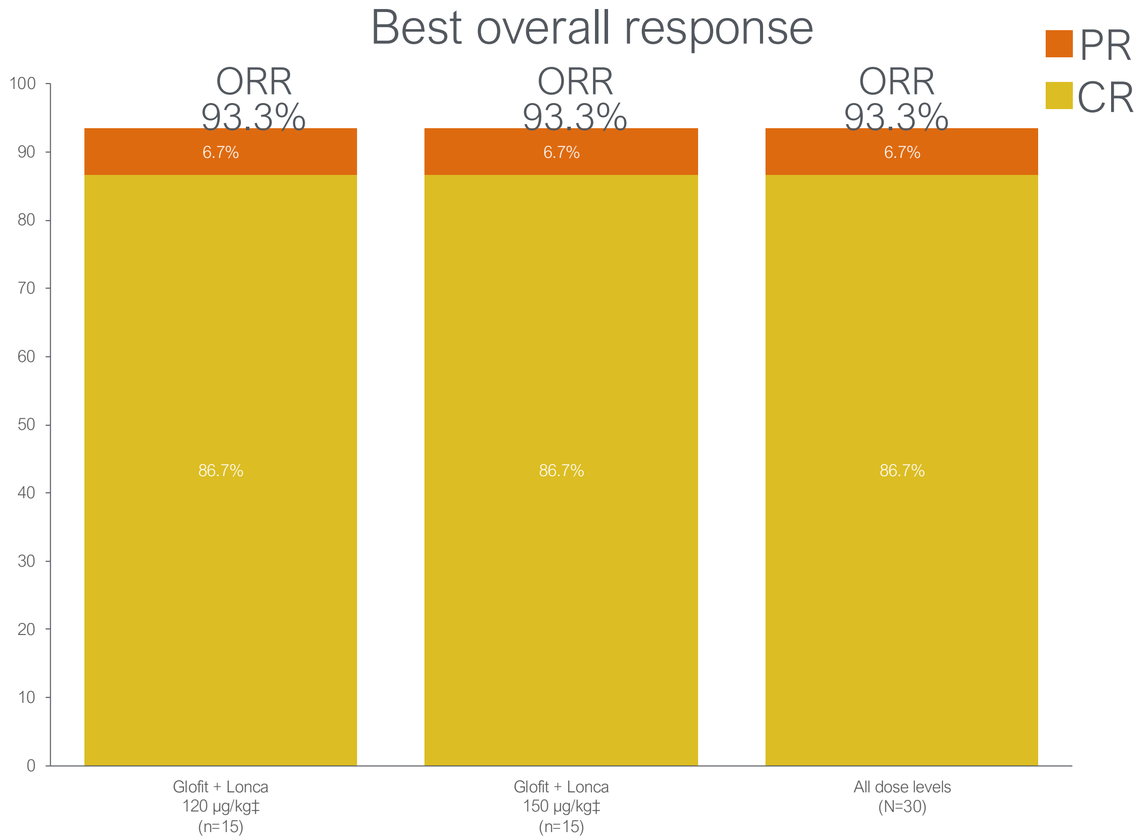
- **Primary:** Safety and tolerability; MTD and/or RDE
- **Secondary:** ORR, DOR, CR rate, PFS, RFS, OS, PK and immunogenicity
- **Exploratory:** Glofit concentration in circulation; biomarker and PK correlations with clinical outcomes

*Dose level 1, 90 µg/kg; dose level 2, 120 µg/kg; dose level 3, 150 µg/kg. †If the starting dose of Lonca is 120 µg/kg or 150 µg/kg, the dose will be reduced to 75 µg/kg for Cycles ≥3 per label. ‡Participants may continue glofit up to 12 cycles and may continue Lonca up to 8 cycles (or until disease progression, unacceptable toxicity, or other discontinuation criteria, whichever occurs first). The follow-up period is ≤2 years from the end of treatment. §The first dose of glofit on Cycle 1, Day 8 has a 24-hour mandatory hospitalisation; subsequent doses require hospitalisation if Grade ≥2 CRS occurs.
2L, second line; 3L, third line; ASCT, autologous stem cell transplantation; B-NHL, B-cell non-Hodgkin lymphoma; C, cycle; CAR-T, chimeric antigen receptor T-cell therapy; CR, complete response; CRS, cytokine release syndrome; D, day; dex, dexamethasone; DLBCL, diffuse large B-cell lymphoma; DOR, duration of response; ECOG PS, Eastern Cooperative Oncology Group performance status; FL, follicular lymphoma; glofit, glofitamab; gpt, Obinutuzumab; HGBCL, high-grade B-cell lymphoma; IV, intravenous; LBCL, large B-cell lymphoma; Lonca, loncastuximab tesirine; MTD, maximum tolerated dose; MZL, marginal zone lymphoma; ORR, overall response rate; OS, overall survival; PFS, progression-free survival; PK, pharmacokinetics; Q3W, every 3 weeks; RDE, recommended dose for expansion; RFS, relapse-free survival; R/R, relapsed or refractory; trFL, transformed follicular lymphoma.

1. Alderuccio et al. ICML 2025; Oral presentation #078.

Best overall response & duration of response[1]

Efficacy evaluable population (N=30)*



Characteristic, n (%)	Glofit + Lonca 120 µg/kg‡ (n=15)	Glofit + Lonca 150 µg/kg‡ (n=15)	All dose levels (N=30)
Median DOR§	(n=14) NE	(n=14) NE	(n=28) NE
Median time to first response (CR or PR), days	(n=14) 42.0	(n=14) 42.0	(n=28) 42.0
Median time to first CR, days	(n=13) 80.0	(n=13) 42.0	(n=26) 70.5

Data cutoff: April 14, 2025.
*The efficacy-evaluable population (N=30) included all patients who received ≥1 dose of the study drug with a valid baseline and ≥1 valid post-baseline disease assessment. Patients who did not have a post-baseline assessment owing to early clinical progression or death were also included. †Percentages do not add up to total due to rounding. ‡When the starting dose of Lonca is 120 µg/kg or 150 µg/kg, the dose will be reduced to 75 µg/kg for Cycles ≥3. §In the efficacy evaluable population, the DOR and probability of maintaining an event-free response were evaluated in responders (n=28), including all patients who had a best response of CR or PR.
CR, complete response; DOR, duration of response; glofit, glofitamab; Lonca, loncastuximab tesirine; NE, not estimable; ORR, overall response rate; PR, partial response.
1. Abramson et al. ICML 2025. Oral presentation #078.

Conclusions

- ✓ In less than 5 years the tretament landscape of DLBCL has dramatically changed with a significant improving in OS
- ✓ First line of therapy is rapidly changing
- ✓ We are progressively going towards a chemo –free approach in elderly DLBCL
- ✓ CAR-T bispecific Abs and ADC and their combinations are able to be effective and curative therapies in second and subsequent lines of treatment
- ✓ STARGLO combination will be the new standard for patients not candidates to CAR-T