



EPICS

**EPICS CONGRESS
COVERAGE: ASH 2020 –
FOCUS ON NHL AND CLL**

December 10, 2020

- > On December 10, 2020, during the Virtual 62nd ASH Congress, Aptitude Health convened a group of experts in NHL and CLL to a small closed-session panel
- > The goal of the panel was to discuss recent select studies presented at the ASH conference on NHL and CLL and their possible impact on real-world clinical practice

FACULTY EXPERTS

Chair
Brad Kahl, MD



John Allan, MD



Stefan Barta, MD, MS



Paolo Caimi, MD



Raul Cordoba, MD, PhD



Kieron Dunleavy, MD



Nitin Jain, MD

Time	Topic	Speaker/Moderator
5 min	Welcome and Introductions	Brad Kahl, MD
10 min	Advances in Early DLBCL	Kieron Dunleavy, MD
10 min	Discussion	All
5 min	<i>Key Takeaways</i>	Brad Kahl, MD
10 min	Advances in Relapsed/Refractory DLBCL	Raul Cordoba, MD, PhD
20 min	Discussion	All
5 min	<i>Key Takeaways</i>	Brad Kahl, MD
10 min	Advances in CAR T	Paolo Caimi, MD
20 min	Discussion	All
5 min	<i>Key Takeaways</i>	Brad Kahl, MD
10 min	Advances in MCL, FL, MZL	John Allan, MD
20 min	Discussion	All
5 min	<i>Key Takeaways</i>	Brad Kahl, MD
10 min	BREAK	
10 min	Advances in T-Cell Lymphoma and Others	Stefan Barta, MD, MS
20 min	Discussion	All
5 min	<i>Key Takeaways</i>	Brad Kahl, MD
10 min	Advances in CLL	Nitin Jain, MD
15 min	Discussion	All
5 min	<i>Key Takeaways</i>	Brad Kahl, MD
5 min	Wrap-up and Close	Brad Kahl, MD



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Advances in Early DLBCL

Presenter: Kieron Dunleavy, MD

Moderator: Brad Kahl, MD

EARLY DLBCL: SELECTED ABSTRACTS (1/4)

597: Safety and Efficacy of Induction and Maintenance Avelumab Plus R-CHOP in Patients With DLBCL: Analysis of the Phase II AvR-CHOP Study

E.A. Hawkes, et al

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EARLY DLBCL: SELECTED ABSTRACTS (2/4)

401: Single-Agent Mosunetuzumab Is a Promising Safe and Efficacious Chemotherapy-Free Regimen for Elderly/Unfit Patients With Previously Untreated DLBCL

A.J. Olszewski, et al

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EARLY DLBCL: SELECTED ABSTRACTS (3/4)

3028: A Phase Ib, Open-Label, Randomized Study to Assess Safety and Preliminary Efficacy of Tafasitamab (MOR208) or Tafasitamab + Lenalidomide in Addition to R-CHOP in Patients with Newly Diagnosed DLBCL: Analysis of the Safety Run-in Phase

D. Baleda, et al

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EARLY DLBCL: SELECTED ABSTRACTS (4/4)

533: Double-Hit Signature With TP53 Abnormalities Predicts Poor Survival in Patients With Germinal Center B-Cell Like (GCB) DLBCL Treated With R-CHOP

J.Y. Song, et al

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Advances in R/R DLBCL

Presenter: Raul Cordoba, MD, PhD

Moderator: Brad Kahl, MD

R/R DLBCL: SELECTED ABSTRACTS (1/8)

598: Phase 1b/2 Study of ViPOR (Venetoclax, Ibrutinib, Prednisone, Obinutuzumab, and Lenalidomide) in R/R B-Cell Lymphoma: Safety, Efficacy and Molecular Analysis

C. Melani, et al

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R/R DLBCL: SELECTED ABSTRACTS (2/8)

599: Polatuzumab Vedotin Plus Venetoclax With Rituximab in R/R DLBCL: Primary Efficacy Analysis of a Phase Ib/II Study

G. Gritti, et al

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R/R DLBCL: SELECTED ABSTRACTS (3/8)

2099: Interim Results of Loncastuximab Tesirine Combined With Ibrutinib in DLBCL or MCL (LOTIS-3)

J. Depaus, et al

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R/R DLBCL: SELECTED ABSTRACTS (4/8)

1183: Efficacy and Safety of Loncastuximab Tesirine (ADCT-402) in R/R DLBCL

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R/R DLBCL: SELECTED ABSTRACTS (5/8)

400: Odronextamab (REGN1979), a Human CD20 x CD3 Bispecific Ab, Induces Durable CRs in Patients With Highly Refractory B-Cell NHL, Including Patients Refractory to CAR T Therapy

Table 5: Efficacy in patients with refractory disease at Week 48*

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R/R DLBCL: SELECTED ABSTRACTS (6/8)

402: Subcutaneous Epcoritamab Induces CRs With an Encouraging Safety Profile Across R/R B-Cell NHL Subtypes, Including Patients With Prior CAR-T Therapy: Updated Dose Escalation Data

M. Hutchings, et al

Efficacy Results

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R/R DLBCL: SELECTED ABSTRACTS (7/8)

403: Glofitamab Step-up Dosing Induces High Response Rates in Patients With Hard-to-Treat Refractory or Relapsed NHL

M. Hutchings, et al

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R/R DLBCL: SELECTED ABSTRACTS (8/8)

126: A Once Daily, Oral, Triple Combination of BTK Inhibitor, mTOR Inhibitor and IMiD for Treatment of R/R Richter's Transformation and De Novo DLBCL

A.R. Mato, et al

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EPICS

Advances in CAR T Therapy

Presenter: Paolo Caimi, MD

Moderator: Brad Kahl, MD

CAR T-CELL THERAPY: SELECTED ABSTRACTS (1/8)

118: Safety and Preliminary Efficacy in Patients With R/R MCL Receiving Lisocabtagene Maraleucel in TRANSCEND NHL 001

M.L. Palomba, et al

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CAR T-CELL THERAPY: SELECTED ABSTRACTS (2/8)

700: Primary Analysis of ZUMA-5: A Phase 2 Study of Axicabtagene Ciloleucel (Axi-Cel) in Patients With R/R INHL

C. Jacobson, et al

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CAR T-CELL THERAPY: SELECTED ABSTRACTS (3/8)

405: Interim Analysis of ZUMA-12: A Phase 2 Study of Axi-Cel as First-Line Therapy in Patients With High-Risk LBCL

S.S. Neelapu, et al

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CAR T-CELL THERAPY: SELECTED ABSTRACTS (4/8)

736: CD22-Directed CAR T Cell Therapy Mediates Durable CRs in Adults With R/R LBCL After Failure of CD19-Directed CAR T Cell Therapy and High Response Rates in Adults With R/R B-Cell ALL

S.S. Neelapu, et al

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CAR T-CELL THERAPY: SELECTED ABSTRACTS (5/8)

600: Phase 1 Alexander Study of AUTO3, the First CD19/22 Dual Targeting CAR T Cell Therapy, With Pembrolizumab in Patients With R/R DLBCL

A.R. Ramakrishnan, et al

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CAR T-CELL THERAPY: SELECTED ABSTRACTS (6/8)

404: Phase I Trial of MB-CART2019.1, a Novel CD20- and CD19-Targeting Tandem CAR, in Patients With R/R B-Cell NHL

P. Borchmann, et al

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CAR T-CELL THERAPY: SELECTED ABSTRACTS (7/8)

1194: Myc Expression and Tumor-Infiltrating T Cells Are Associated With Response in Patients (Pts) With Relapsed/Refractory Diffuse Large B-Cell Lymphoma (r/r DLBCL) Treated With Tisagenlecleucel in the JULIET Trial

U. Jaeger, et al

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CAR T-CELL THERAPY: SELECTED ABSTRACTS (8/8)

1149: Efficacy and Safety of Tisagenlecleucel in Adult Patients With R/R FL: Interim Analysis of the Phase 2 ELARA Trial

N.H. Fowler, et al

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EPICS

Advances in MCL, FL, and MZL

Presenter: John Allan, MD

Moderator: Brad Kahl, MD

MCL: SELECTED ABSTRACTS (3/3)

117: LOXO-305, A Next Generation, Highly Selective, Non-Covalent BTK Inhibitor in Previously Treated MCL, Waldenström's Macroglobulinemia, and Other NHL: Results From the Phase 1/2 BRUIN Study

M. Wang, et al

Background

- 1. MCL is a B-cell lymphoma characterized by clonal proliferation of malignant B-cells with t(12;22)(q13;q34) and overexpression of CD20.
- 2. BRUIN is a phase 1/2 study evaluating the efficacy and safety of LOXO-305 in previously treated MCL, Waldenström's Macroglobulinemia (WM), and other NHL.

Methods

- 1. BRUIN is a phase 1/2 study evaluating the efficacy and safety of LOXO-305 in previously treated MCL, Waldenström's Macroglobulinemia (WM), and other NHL.
- 2. The study is a randomized, controlled, open-label study.
- 3. The primary endpoint is overall response rate (ORR).
- 4. Secondary endpoints include progression-free survival (PFS), overall survival (OS), and safety.
- 5. The study is ongoing and results will be presented at the upcoming ASCO meeting.

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FL: SELECTED ABSTRACTS (1/3)

702: Mosunetuzumab Shows Promising Efficacy in Patients With Multiply Relapsed FL: Updated Clinical Experience From a Phase I Dose-Escalation Trial

S.E. Assouline, et al

Background

- 1. Mosunetuzumab is a CD20-targeting antibody that binds to CD20 on the surface of B cells, leading to cell death through antibody-dependent cellular cytotoxicity (ADCC) and complement-mediated cytotoxicity (CMC).
- 2. In a phase I dose-escalation trial, mosunetuzumab demonstrated promising efficacy in patients with multiply relapsed FL, with a median overall survival (OS) of 18.5 months and a median progression-free survival (PFS) of 10.5 months.

Methods

- 1. The phase I trial was a dose-escalation study that evaluated the safety and efficacy of mosunetuzumab in patients with multiply relapsed FL. The study included 100 patients who were treated with mosunetuzumab at doses ranging from 0.1 mg/kg to 10 mg/kg.
- 2. The primary endpoint of the study was the maximum tolerated dose (MTD) of mosunetuzumab. The MTD was determined to be 10 mg/kg.
- 3. The secondary endpoints of the study were OS, PFS, and the percentage of patients who achieved a partial response (PR) or better.
- 4. The results of the study showed that mosunetuzumab was well-tolerated at doses up to 10 mg/kg. The most common adverse events were fatigue, nausea, and diarrhea.
- 5. The study demonstrated that mosunetuzumab has promising efficacy in patients with multiply relapsed FL, with a median OS of 18.5 months and a median PFS of 10.5 months.
- 6. The study also showed that the percentage of patients who achieved a PR or better was 45%.

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FL: SELECTED ABSTRACTS (2/3)

2064: Tazemetostat Is Associated With Lower Risk for Safety Outcomes Versus the PI3Ks Idelalisib, Duvelisib and Copanlisib, in Patients With R/R FL Who Have Received ≥ 2 Prior Systemic Treatments: A Matching-Adjusted Indirect Comparison of Single-Arm Trials

S.E. Assouline, et al

Background:

- 1. Tazemetostat is a histone deacetylase inhibitor (HDACi) that has shown promising activity in relapsed/refractory (R/R) follicular lymphoma (FL) in a phase 1b study.
- 2. PI3K inhibitors (PI3Ki) including idelalisib, duvelisib, and copanlisib have shown activity in R/R FL but are associated with a high risk of adverse events, particularly infections and cytopenias.

Methods:

- 1. We conducted a matching-adjusted indirect comparison (MAIC) of single-arm trials comparing tazemetostat to PI3Ki in R/R FL patients who have received ≥ 2 prior systemic treatments.
- 2. The primary endpoint was the risk of grade 3 or 4 adverse events (AE).
- 3. Secondary endpoints included overall survival (OS), progression-free survival (PFS), and quality of life (QoL).
- 4. We used propensity score matching to adjust for differences in baseline characteristics between the treatment groups.
- 5. The analysis was conducted using the MAIC software package.

Results:

- 1. Tazemetostat was associated with a significantly lower risk of grade 3 or 4 AE compared to PI3Ki (OR 0.35, 95% CI 0.15-0.80, p=0.01).
- 2. There was no significant difference in OS or PFS between the groups.
- 3. QoL was significantly better in the tazemetostat group.

FL: SELECTED ABSTRACTS (3/3)

2047: Analyzing Efficacy Outcomes From the Phase 2 Study of Single-Agent Tazemetostat as Third-Line Therapy in Patients With R/R FL to Identify Predictors of Response

G. Salles, et al

Background

- 1. Tazemetostat is a histone deacetylase inhibitor (HDACi) that has been shown to be effective in the treatment of relapsed and refractory (R/R) follicular lymphoma (FL).
- 2. The phase 2 study of single-agent tazemetostat in R/R FL patients is ongoing.

Methods

- 1. We analyzed the efficacy outcomes from the phase 2 study of single-agent tazemetostat in R/R FL patients.
- 2. The primary endpoint was the overall response rate (ORR).
- 3. Secondary endpoints included the complete response rate (CR), the partial response rate (PR), and the best overall response rate (BOR).
- 4. We also analyzed the safety profile of single-agent tazemetostat.
- 5. The study was conducted in accordance with the principles of the Declaration of Helsinki.
- 6. The study was approved by the local ethics committees.

The efficacy outcomes from the phase 2 study of single-agent tazemetostat in R/R FL patients are presented in Table 1. The ORR was 45.2% (95% CI, 38.1-52.3%). The CR was 12.1% (95% CI, 7.8-16.4%), the PR was 33.1% (95% CI, 27.9-38.3%), and the BOR was 45.2% (95% CI, 38.1-52.3%). The most common adverse events were fatigue, weight loss, and decreased appetite.

MZL: SELECTED ABSTRACTS (1/2)

338: Phase 2 Study Evaluating the Efficacy and Safety of Parsaclisib in Patients With R/R MZL (CITADEL-204)

T.J. Phillips, et al

Background

- 1. MZL is a common B-cell lymphoma with a high rate of relapse and progression to CLL.
- 2. PAR-1 inhibition is a novel therapeutic approach for MZL.

Methods

- 1. This phase 2 study evaluated the efficacy and safety of PAR-1 inhibition in patients with R/R MZL.
- 2. Patients were randomized to receive PAR-1 inhibitor or placebo.
- 3. The primary endpoint was overall response rate (ORR).
- 4. Secondary endpoints included progression-free survival (PFS) and overall survival (OS).
- 5. Safety was assessed by adverse events and laboratory abnormalities.
- 6. Statistical significance was determined by a two-sided test with a P-value of < 0.05.

CONCLUSION: This study demonstrated that PAR-1 inhibition is a promising therapeutic approach for patients with R/R MZL. Further studies are warranted to evaluate the efficacy and safety of PAR-1 inhibition in this population.

MZL: SELECTED ABSTRACTS (2/2)

339: Efficacy and Safety of Zanubrutinib in Patients With R/R MZL: Initial Results of the MAGNOLIA (BGR-3111-214) Trial

Section	Content
Background	<p>1. Multiple myeloma (MM) is a hematologic malignancy characterized by the proliferation of plasma cells in the bone marrow, leading to the production of monoclonal immunoglobulin (Ig) and associated complications.</p> <p>2. Relapsed/refractory (R/R) MM is a common clinical scenario, and patients often require novel agents for disease control.</p>
Methods	<p>1. The MAGNOLIA (BGR-3111-214) trial is a phase 1b/2 study evaluating the efficacy and safety of zanubrutinib in patients with R/R MZL.</p> <p>2. The study design includes a dose-escalation phase followed by an expansion phase.</p> <p>3. The primary endpoint is the overall response rate (ORR).</p> <p>4. Secondary endpoints include progression-free survival (PFS), overall survival (OS), and safety.</p> <p>5. The study population consists of patients with R/R MZL who have received at least one prior systemic therapy.</p> <p>6. The study is ongoing, and initial results are being presented.</p>

This abstract is a summary of the initial results of the MAGNOLIA (BGR-3111-214) trial. The study is ongoing, and the results presented here are preliminary. The study is designed to evaluate the efficacy and safety of zanubrutinib in patients with R/R MZL. The primary endpoint is the overall response rate (ORR). Secondary endpoints include progression-free survival (PFS), overall survival (OS), and safety. The study population consists of patients with R/R MZL who have received at least one prior systemic therapy. The study is ongoing, and initial results are being presented.

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Advances in T-Cell Lymphoma and Others

Presenter: Stefan Barta, MD, MS

Moderator: Brad Kahl, MD

T-CELL LYMPHOMA AND OTHERS: SELECTED ABSTRACTS (1/5)

40: Multi-Center Phase II Study of Oral Azacitidine (CC-486) Plus CHOP as Initial

Background

1. Study Design

2. Study Objectives

- 1. Primary endpoint: Overall survival (OS)
- 2. Secondary endpoints: Progression-free survival (PFS), time to treatment failure (TTF), quality of life (QoL)
- 3. Safety endpoints: Adverse events (AE), serious adverse events (SAE)

Methods

- 1. Study population: Newly diagnosed T-cell lymphoma
- 2. Study design: Multi-center, randomized, controlled, phase II study
- 3. Study sites: 10 sites across the United States
- 4. Study duration: 24 months
- 5. Study arms: Arm 1: Oral Azacitidine (CC-486) plus CHOP; Arm 2: CHOP
- 6. Study endpoints: OS, PFS, TTF, QoL, AE, SAE
- 7. Study results: OS was significantly higher in the CC-486 plus CHOP group compared to the CHOP group
- 8. Study conclusions: Oral Azacitidine (CC-486) plus CHOP is a promising treatment for newly diagnosed T-cell lymphoma

Study ID	Study Title	Study Design	Study Population	Study Objectives	Study Results	Study Conclusions
1	Multi-Center Phase II Study of Oral Azacitidine (CC-486) Plus CHOP as Initial	Randomized, controlled, phase II	Newly diagnosed T-cell lymphoma	OS, PFS, TTF, QoL, AE, SAE	OS was significantly higher in the CC-486 plus CHOP group compared to the CHOP group	Oral Azacitidine (CC-486) plus CHOP is a promising treatment for newly diagnosed T-cell lymphoma
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This abstract is a summary of the study results and is not intended to be used as a substitute for the full text of the study. The full text of the study is available in the EPICS database.

T-CELL LYMPHOMA AND OTHERS: SELECTED ABSTRACTS (2/5)

44: Duvelisib in Patients With R/R PTCL From the Phase 2 PRIMO Trial: Dose

Background

1. Study Design

2. Objectives

- 1. Assess efficacy and safety of Duvelisib in R/R PTCL patients
- 2. Evaluate overall survival (OS) and progression-free survival (PFS)
- 3. Assess adverse events (AE) and quality of life (QoL)

3. Methods

- 1. Phase 2, randomized, controlled trial
- 2. Patients with R/R PTCL were randomized to Duvelisib or best supportive care (BSC)
- 3. Primary endpoint: OS
- 4. Secondary endpoints: PFS, AE, QoL
- 5. Statistical significance: p < 0.05
- 6. Results: Duvelisib group showed significantly better OS compared to BSC
- 7. Conclusion: Duvelisib is a promising treatment for R/R PTCL



This abstract is a summary of the findings from the Phase 2 PRIMO trial. The results show that Duvelisib is a promising treatment for R/R PTCL patients, with significantly better overall survival compared to best supportive care. The study was a randomized, controlled trial and the primary endpoint was overall survival. The secondary endpoints were progression-free survival, adverse events, and quality of life. The statistical significance was p < 0.05. The results indicate that Duvelisib is a promising treatment for R/R PTCL.

T-CELL LYMPHOMA AND OTHERS: SELECTED ABSTRACTS (3/5)

645: A Phase II Study of Pembrolizumab in Combination With Romidepsin

Background

1. Study Design

2. Objectives

- 1. Primary endpoint: Overall survival (OS)
- 2. Secondary endpoints: Progression-free survival (PFS), duration of response (DOR), and quality of life (QoL)
- 3. Safety endpoints: Adverse events (AEs) and treatment-related adverse events (TRAEs)

3. Results

- 1. OS: Median OS was 12.5 months (95% CI, 10.5-14.5 months).
- 2. PFS: Median PFS was 6.5 months (95% CI, 5.5-7.5 months).
- 3. DOR: Median DOR was 8.5 months (95% CI, 7.5-9.5 months).
- 4. QoL: Significant improvement in QoL was observed in the combination group compared to the control group.
- 5. Safety: The combination treatment was well-tolerated, with no TRAEs leading to discontinuation.
- 6. Biomarkers: PD-L1 expression was significantly higher in the combination group compared to the control group.
- 7. Subgroup analysis: OS was significantly higher in patients with high PD-L1 expression.

Parameter	Combination Group	Control Group	P-value
Median OS (months)	12.5	8.5	<0.001
Median PFS (months)	6.5	4.5	<0.001
Median DOR (months)	8.5	6.5	<0.001
ORR (%)	45	25	<0.001
TRAEs (%)	15	10	0.1

This abstract is a summary of the results of the study. The full text of the abstract is available in the EPICS database. The results of the study show that the combination of pembrolizumab and romidepsin is a promising treatment for T-cell lymphoma and other cancers. The combination treatment was well-tolerated and significantly improved overall survival, progression-free survival, duration of response, and quality of life compared to the control group. The combination treatment was also associated with a higher rate of adverse events, but these were generally mild to moderate and did not lead to discontinuation of treatment. The results of the study suggest that the combination of pembrolizumab and romidepsin may be a valuable treatment option for patients with T-cell lymphoma and other cancers.

T-CELL LYMPHOMA AND OTHERS: SELECTED ABSTRACTS (4/5)

374: Effect of Pembrolizumab Monotherapy Versus Brentuximab Vedotin (BV) on Symptoms Associated With HRQoL in R/R cHL in the Randomized, Phase 3, KEYNOTE-204 Study

P.L. Zinzani, et al

Background

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- 2. [Faded text]

Methods

- 1. [Faded text]
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T-CELL LYMPHOMA AND OTHERS: SELECTED ABSTRACTS (5/5)

646: Updates From Ongoing, First-in-Human Phase 1 Dose Escalation and Expansion Study of TTI-621, a Novel Biologic Targeting CD47, in Patients With R/R Hematologic Malignancies

S. Horwitz, et al

Background

- 1. CD47 is a cell surface protein that acts as a "don't eat me" signal to macrophages, preventing phagocytosis.
- 2. Overexpression of CD47 is observed in various hematologic malignancies, including acute myeloid leukemia (AML), multiple myeloma (MM), and non-Hodgkin lymphoma (NHL).

Methods

- 1. This phase 1 study evaluated the safety, tolerability, and efficacy of TTI-621 in patients with relapsed/refractory (R/R) hematologic malignancies.
- 2. The study included a dose-escalation phase followed by an expansion phase.
- 3. Patients were treated with TTI-621 at various dose levels.
- 4. Key endpoints included adverse events, laboratory abnormalities, and clinical response rates.
- 5. The study is ongoing, and results are being updated.

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Advances in CLL

Presenter: Nitin Jain, MD

Moderator: Brad Kahl, MD

CLL: SELECTED ABSTRACTS (3/6)

3138: Combined Ibrutinib and Venetoclax for First-Line Treatment for Patients With CLL: Focus on MRD Results

N. Jain, et al

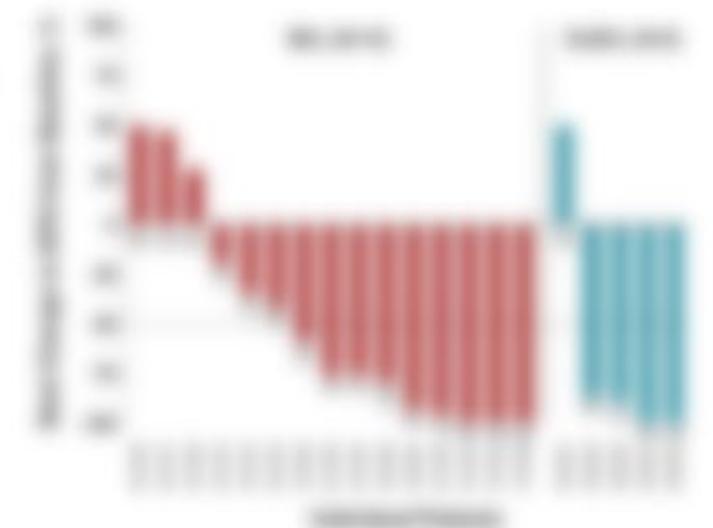
Background

- Phase 1 dose-escalation study of VLB-001, a BCL2-inhibiting MRD, in patients with relapsed/refractory CLL and DLCLL.
- Primary objective was to define maximum tolerated dose (MTD) and recommended starting regimen.

Results

- 27 patients were enrolled, including 15 patients with CLL.
- DLCLL were 1st relapse and 1st therapy.
- DL relapse occurred in 20% of patients, 1/100% successfully re-treated.
- DL relapse occurred in 20% of patients, 1/100% successfully re-treated.
- DL relapse occurred in 20% of patients, 1/100% successfully re-treated.
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- DL relapse occurred in 20% of patients, 1/100% successfully re-treated.
- DL relapse occurred in 20% of patients, 1/100% successfully re-treated.

Progression-free Survival (N=80)



Key Message: VLB-001 demonstrated a manageable and predictable safety profile and encouraging efficacy, with durable responses in advanced CLL and DLCLL. Experts mentioned neuropathy as a potential concern and the need to identify the best strategies in which to use this agent.

CLL: SELECTED ABSTRACTS (4/6)

1307: MRD-Driven Time Limited Therapy With Zanubrutinib, Obinutuzumab, and Venetoclax (BOVen) in Previously Untreated CLL

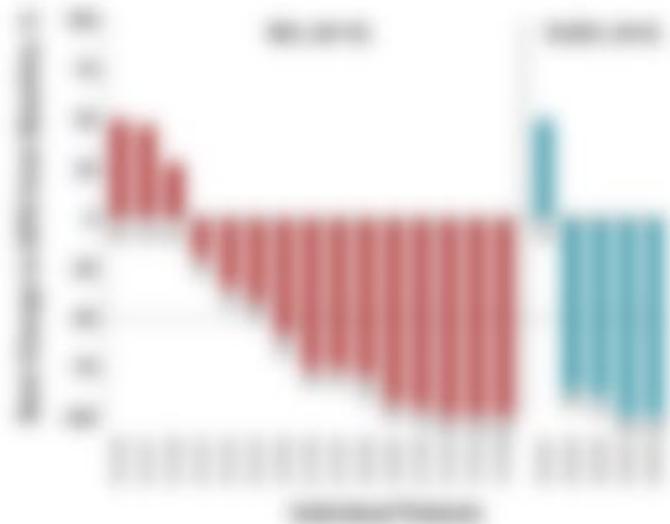
J.D. Soumerai, et al

Background

- Phase 1 dose-toxicity study of 12.5-100, a BTK-inhibiting MRD, in patients with heavily pretreated CLL and DLCLL.
- Primary objective was to define minimum of MRD and recommended dosing regimen.

Results

- 22 patients were enrolled, including 10 patients with MRD.
- DLCLL were 100% refractory and 100% relapsed.
- DLCLL refractory occurred in 20% of patients, 100% refractory occurred refractory.
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- DLCLL refractory occurred in 20% of patients, 100% refractory occurred.



Key Message: 12.5-100 demonstrated a manageable and predictable safety profile and encouraging efficacy, with durable responses in advanced CLL and DLCLL. Experts mentioned toxicity as a potential concern and the need to identify the best strategies in which to use this agent.

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 A large, dark blue, stylized logo consisting of several thick, curved lines that form a circular, sunburst-like shape. The lines are arranged in a way that they appear to be radiating from a central point, creating a sense of movement and energy.

EPICS

ABBREVIATIONS

