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# Conference Coverage: EHA 2026 – Focus on CLL/SLL and NHL

June 25, 2026

Full Report

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| Advances in R/R CLL                                                                     | <a href="#">↗</a> |
| Advances in Follicular Lymphoma (FL)                                                    | <a href="#">↗</a> |
| Mantle Cell Lymphoma (MCL) and Marginal Zone Lymphoma (MZL)                             | <a href="#">↗</a> |

# Meeting Snapshot: EHA 2026 – Focus on CLL/SLL and NHL

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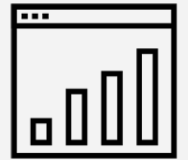
A closed-door roundtable discussion focused on CLL/SLL and NHL was held virtually on **June 25, 2026**



CLL/SLL- and NHL-specific discussions on latest research updates, therapeutic advances, and their application in clinical decision-making were led by **Brad Kahl, MD**, from Washington University School of Medicine



The panel consisted of 5 US and 2 European experts in CLL/SLL and NHL



**Insights report** includes postmeeting analyses and actionable recommendations



# Panel of 5 US and 2 European CLL/SLL and NHL Experts

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**Marc Hoffmann, MD**  
University of Kansas



**CHAIR:**  
**Brad Kahl, MD**  
Washington University  
School of Medicine



**Renata Walewska, MD, PhD**  
Royal Bournemouth Hospital



**David Russler-Germain, MD, PhD**  
Washington University



**Pier Luigi Zinzani, MD, PhD**  
University of Bologna Institute of  
Hematology and Medical Oncology



**Jonathon Cohen, MD**  
Winship Cancer Institute of  
Emory University



**Julio Chavez, MD**  
Mayo Clinic



# Agenda (1/2)

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| Time (CT)           | Topic                                                                                   | Speaker/Moderator                              |
|---------------------|-----------------------------------------------------------------------------------------|------------------------------------------------|
| 9.00 AM – 9.05 AM   | Welcome and Introductions                                                               | Brad Kahl, MD                                  |
| 9.05 AM – 9.15 AM   | Advances in First-Line Diffuse Large B-Cell Lymphoma (DLBCL)/Aggressive B-Cell Lymphoma | Jonathon Cohen, MD                             |
| 9.15 AM – 9.25 AM   | Advances in Relapsed/Refractory (R/R) DLBCL/Aggressive B-Cell Lymphoma                  | Julio Chavez, MD                               |
| 9.25 AM – 9.45 AM   | Discussion                                                                              | All                                            |
| 9.45 AM – 9.50 AM   | Key Takeaways for DLBCL/Aggressive B-Cell Lymphoma                                      | Jonathon Cohen, MD;<br>Julio Chavez, MD        |
| 9.50 AM – 9.55 AM   | Advances in First-Line Chronic Lymphocytic Leukemia (CLL)                               | Renata Walewska, MD, PhD                       |
| 9.55 AM – 10.10 AM  | Discussion                                                                              | All                                            |
| 10.10 AM – 10.15 AM | Advances in R/R CLL                                                                     | Marc Hoffmann, MD                              |
| 10.15 AM – 10.30 AM | Discussion                                                                              | All                                            |
| 10.30 AM – 10.35 AM | Key Takeaways for CLL                                                                   | Renata Walewska, MD, PhD;<br>Marc Hoffmann, MD |



# Agenda (2/2)

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| Time (CT)           | Topic                                                              | Speaker/Moderator              |
|---------------------|--------------------------------------------------------------------|--------------------------------|
| 10.35 AM – 10.45 AM | <b>BREAK</b>                                                       |                                |
| 10.45 AM – 10.55 AM | <b>Advances in Follicular Lymphoma (FL)</b>                        | David Russler-Germain, MD, PhD |
| 10.55 AM – 11.10 AM | Discussion                                                         | All                            |
| 11.10 AM – 11.15 AM | Key Takeaways in FL                                                | David Russler-Germain, MD, PhD |
| 11.15 AM – 11.25 AM | <b>Mantle Cell Lymphoma (MCL) and Marginal Zone Lymphoma (MZL)</b> | Pier Luigi Zinzani, MD, PhD    |
| 11.25 AM – 11.45 AM | Discussion                                                         | All                            |
| 11.45 AM – 11.50 AM | Key Takeaways for MCL and MZL                                      | Pier Luigi Zinzani, MD, PhD    |
| 11.50 AM – 12.00 PM | <b>Summary and Closing Remarks</b>                                 | Brad Kahl, MD                  |



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## Advances in First-Line Diffuse Large B-Cell Lymphoma (DLBCL)/ Aggressive B-Cell Lymphoma

Jonathon Cohen, MD



| Abstract                                                                                                                                                                                                                                         | Phase                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <u>Abstract S101</u> : Tafasitamab plus lenalidomide and R-CHOP for patients with previously untreated diffuse large B-cell lymphoma (DLBCL): results from the phase 3 FRONTMIND study. Lenz G, et al                                            | <div><div></div><div></div><div></div><div>Phase III</div></div> |
| <u>Abstract S239</u> : Golcadomide (golca), a potential, first-in-class oral CELMoD + pola-R-CHP in patients (pts) with newly diagnosed aggressive B-cell lymphoma (A-BCL): safety and 12-month efficacy from a phase 1b study. Bouzani M, et al | <div><div></div><div></div><div></div><div>Phase Ib</div></div>  |
| <u>Abstract S238</u> : Safety data and initial pooled efficacy data from the Nordic Lymphoma Group phase 3 POLAR BEAR trial in elderly or frail patients with diffuse large cell lymphoma: R-pola-mini-CHP vs R-mini-CHOP. Jerkeman M, et al     | <div><div></div><div></div><div></div><div>Phase III</div></div> |
| <u>Poster PS2072</u> : Polatuzumab vedotin combined with orelabrutinib and rituximab (PRO regimen) as frontline therapy in very elderly and frail patients with DLBCL: updated results from a phase II study. Shi W, et al                       | <div><div></div><div></div><div></div><div>Phase II</div></div>  |
| <u>Poster PS2076</u> : Fixed-duration subcutaneous mosunetuzumab in elderly/unfit patients with previously untreated diffuse large B-cell lymphoma: phase 2 MORNINGSUN study interim analysis and patient-reported outcomes. Burke J, et al      | <div><div></div><div></div><div></div><div>Phase II</div></div>  |

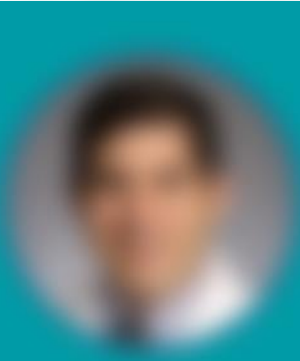
# Tafasitamab plus lenalidomide and R-CHOP for patients with previously untreated diffuse large B-cell lymphoma (DLBCL): results from the phase 3 FRONTMIND study

Lenz G, et al. EHA 2026; Abstract S101



# Tafasitamab plus lenalidomide and R-CHOP for patients with previously untreated diffuse large B-cell lymphoma (DLBCL): results from the phase 3 FRONTMIND study

Lenz G, et al. EHA 2026; Abstract S101



Presenting Author: [illegible]  
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# Golcadomide (golca), a potential, first-in-class oral CELMoD + pola-R-CHP in patients (pts) with newly diagnosed aggressive B-cell lymphoma (A-BCL): safety and 12-month efficacy from a phase 1b study

Bouzani M, et al. EHA 2026; Abstract S239



**Study Design and Population**

Phase 1b study evaluating the safety and efficacy of Golcadomide (golca) in combination with rituximab, cyclophosphamide, and doxorubicin (pola-R-CHP) in patients with newly diagnosed aggressive B-cell lymphoma (A-BCL). The study was conducted in a multicenter setting across several countries.

**Population**

Patients were eligible if they had newly diagnosed A-BCL, were aged 18-75 years, and had no prior systemic therapy for A-BCL. Key inclusion and exclusion criteria are detailed in the study protocol.

**Study Results**

The study results demonstrate the safety and efficacy of the golca + pola-R-CHP combination. Key findings include:

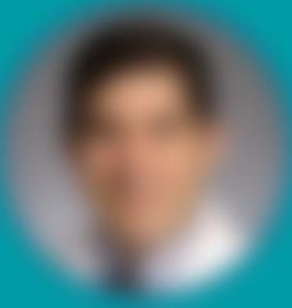
- Safety:** The combination was well-tolerated, with manageable adverse events.
- Efficacy:** Preliminary results show promising outcomes, including response rates and progression-free survival.

**Conclusion:** The golca + pola-R-CHP combination shows potential as a first-in-class treatment for A-BCL, warranting further investigation in larger phase 3 studies.



# Golcadomide (golca), a potential, first-in-class oral CELMoD + pola-R-CHP in patients (pts) with newly diagnosed aggressive B-cell lymphoma (A-BCL): safety and 12-month efficacy from a phase 1b study

Bouzani M, et al. EHA 2026; Abstract S239

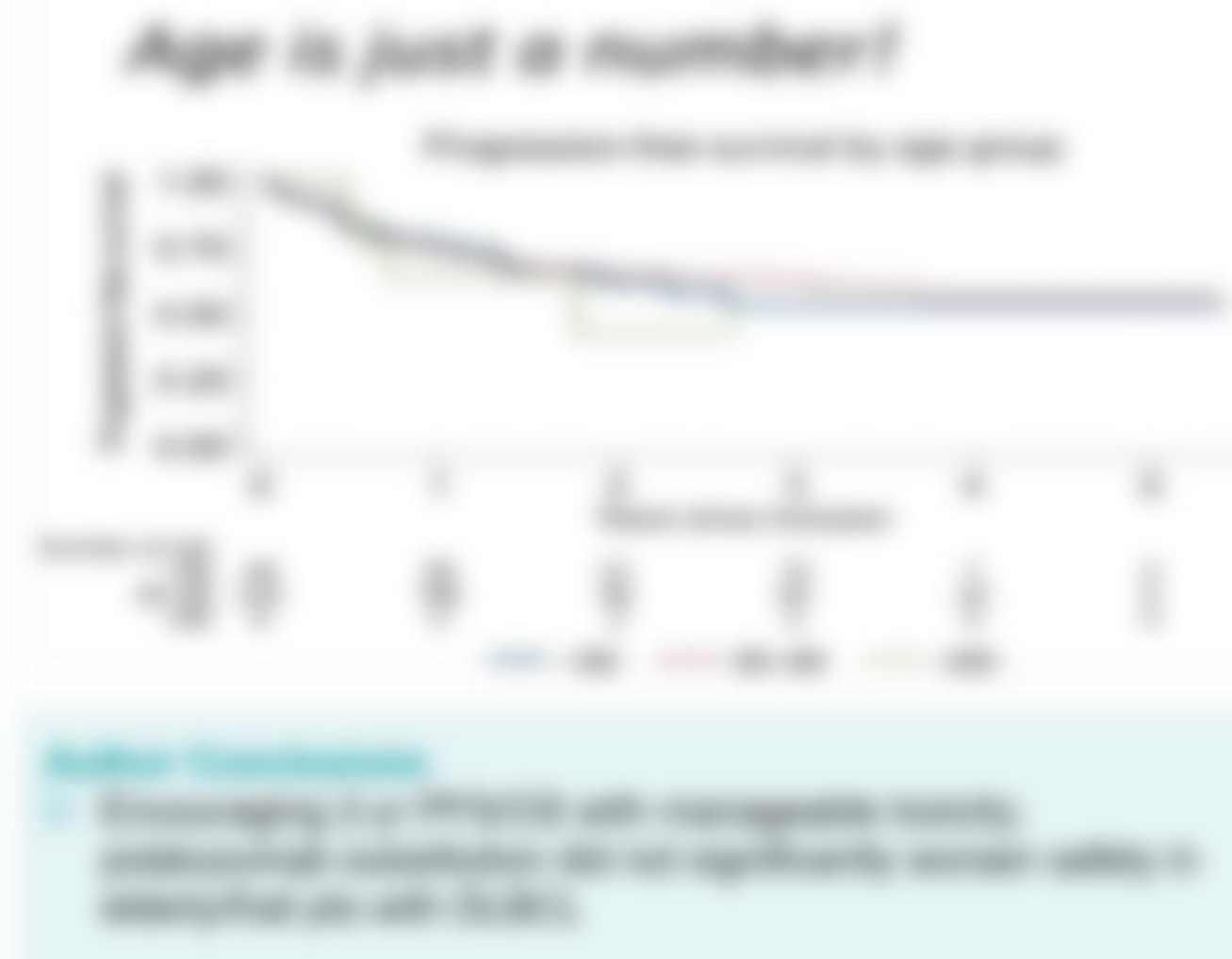
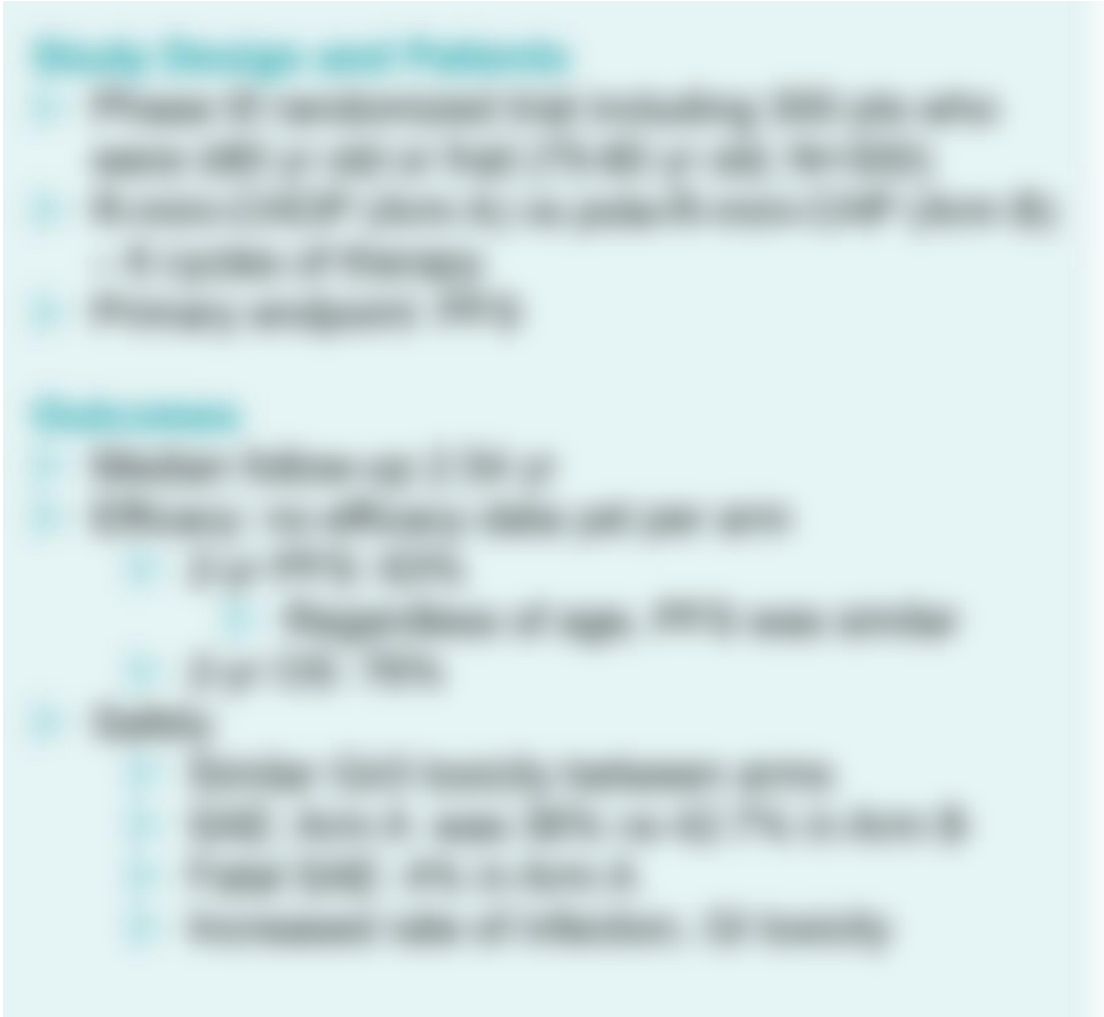


**Keynote Message**  
This study is a phase 1b, open-label, dose-escalation study of golcadomide (golca) in combination with polatuzumab, rituximab, cyclophosphamide, and doxorubicin (pola-R-CHP) in patients with newly diagnosed aggressive B-cell lymphoma (A-BCL). The study aims to evaluate the safety, tolerability, and efficacy of golca in combination with pola-R-CHP. The primary endpoint is the maximum tolerated dose (MTD) of golca. Secondary endpoints include overall response rate (ORR), progression-free survival (PFS), and overall survival (OS). The study is currently recruiting patients and is expected to complete enrollment by the end of 2026.



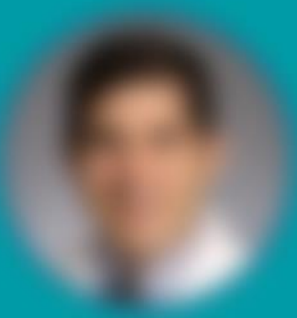
# Safety data and initial pooled efficacy data from the Nordic Lymphoma Group phase 3 POLAR BEAR trial in elderly or frail patients with diffuse large cell lymphoma – R-pola-mini-CHP vs R-mini-CHOP

Jerkeman M, et al. EHA 2026; Abstract S238



# Safety data and initial pooled efficacy data from the Nordic Lymphoma Group phase 3 POLAR BEAR trial in elderly or frail patients with diffuse large cell lymphoma – R-pola-mini-CHP vs R-mini-CHOP

Jerkeman M, et al. EHA 2026; Abstract S238



Background  
The POLAR BEAR trial is a phase 3, randomized, controlled trial comparing R-pola-mini-CHP (pola-mini-CHOP plus rituximab) with R-mini-CHOP in elderly or frail patients with diffuse large cell lymphoma. The primary endpoint is overall survival. Secondary endpoints include progression-free survival, time to treatment failure, and quality of life. The trial is ongoing and results are expected in 2026.



# Polatuzumab vedotin combined with orelabrutinib and rituximab (PRO regimen) as frontline therapy in very elderly and frail patients with DLBCL: updated results from a phase II study

Shi W, et al. EHA 2026; Abstract PS2072



**Study Design and Methods**

- Phase II, open-label, non-randomized, single-arm study in very elderly and frail patients with DLBCL.
- Patients were treated with the PRO regimen (polatuzumab vedotin, orelabrutinib, and rituximab) as frontline therapy.
- Primary endpoint: overall survival (OS) at 12 months.
- Secondary endpoints: progression-free survival (PFS), best response rate, and safety.

**Results**

- 100 patients were enrolled and treated with the PRO regimen.
- Median age was 82 years (range 70-90).
- Median OS at 12 months was 12.5 months (95% CI: 10.5-14.5).
- Median PFS was 8.5 months (95% CI: 7.5-9.5).
- Best response rate was 75% (95% CI: 65-85%).
- Common adverse events included neutropenia, thrombocytopenia, and fatigue.

**Conclusion**

- The PRO regimen showed promising efficacy and manageable toxicity in very elderly and frail patients with DLBCL.
- These results support the use of the PRO regimen as a frontline therapy in this population.



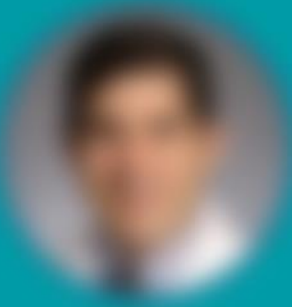
# Fixed-duration subcutaneous mosunetuzumab in elderly/unfit patients with previously untreated diffuse large B-cell lymphoma: phase 2 MORNINGSUN study interim analysis and patient-reported outcomes

Burke J, et al. EHA 2026; Abstract PS2076



# Fixed-duration subcutaneous mosunetuzumab in elderly/unfit patients with previously untreated diffuse large B-cell lymphoma: phase 2 MORNINGSUN study interim analysis and patient-reported outcomes

Burke J, et al. EHA 2026; Abstract PS2076



**Keynote 1000**  
This study is a phase 2, randomized, controlled trial evaluating the efficacy and safety of fixed-duration subcutaneous mosunetuzumab in elderly/unfit patients with previously untreated diffuse large B-cell lymphoma. The primary endpoint is overall survival. The study is currently ongoing, and interim results are being presented.



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# Advances in First-Line DLBCL/Aggressive B-Cell Lymphoma

Discussion



# Advances in First-Line DLBCL/Aggressive B-Cell Lymphoma (1/5)

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## Summary

- Current standard practice remains centered on using DLBCL
- Most experts continue to use DLBCL for newly diagnosed aggressive non-HDLCL, although there are disagreements about how strongly treatment should be guided by cell of origin (COO)
- DLCL and DLBCL continue generally after DLBCL in most patients meeting WHO criteria, with some exceptions, regardless of COO in non-HDLCL settings
- DLBCL remains preferred over DLCL for those who require COO-driven approach and require DLBCL primarily for non-HDLCL disease, arguing that COO should meaningfully influence treatment selection
- Thus, the major unresolved issue is not whether DLBCL is used, but whether COO should determine the treatment
- Experts are increasingly optimistic about the ability of DLBCL regimens to treat non-HDLCL, on the basis of the WHO overall treatment is successful. However, the aggressive nature, heterogeneity, toxicity, and treatment-related deaths could lead to ability to use DLBCL in carefully selected young, fit, and high-risk disease patients, especially if they have the HDLCL subtype, as it appears active regardless of COO
- Effective and well-tolerated therapies for elderly and frail patients with newly diagnosed DLBCL remain an area of important unmet medical need

**Dr. [Name]**, **[Title]**, **[Institution]**

**Abstract**

**Background:** [Text]

**Methods:** [Text]

**Results:** [Text]

**Conclusion:** [Text]



**Dr. [Name]**

[Text]

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# Advances in First-Line DLBCL/Aggressive B-Cell Lymphoma (3/5)

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**ABSTRACT** This review discusses the latest advances in the management of first-line DLBCL/Aggressive B-Cell Lymphoma. The focus is on the role of rituximab, the use of novel agents, and the importance of clinical trials. The review is divided into three main sections: 1) Rituximab, 2) Novel Agents, and 3) Clinical Trials. The first section discusses the role of rituximab in the treatment of DLBCL, including its use as a single agent and in combination with chemotherapy. The second section discusses the use of novel agents, including ibrutinib, venetoclax, and CAR T cells. The third section discusses the importance of clinical trials in the development of new treatments for DLBCL.

- 1. Rituximab: The first section discusses the role of rituximab in the treatment of DLBCL. It covers the use of rituximab as a single agent and in combination with chemotherapy. It also discusses the importance of rituximab in the treatment of DLBCL and the role of clinical trials in the development of new treatments.
- 2. Novel Agents: The second section discusses the use of novel agents in the treatment of DLBCL. It covers the use of ibrutinib, venetoclax, and CAR T cells. It also discusses the importance of these agents in the treatment of DLBCL and the role of clinical trials in the development of new treatments.
- 3. Clinical Trials: The third section discusses the importance of clinical trials in the development of new treatments for DLBCL. It covers the role of clinical trials in the development of new treatments and the importance of patient participation in clinical trials.

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# Advances in First-Line DLBCL/Aggressive B-Cell Lymphoma (5/5)

**Topic 1: R-CHOP vs. R-CHOP-21**

- R-CHOP-21 is a shortened version of R-CHOP, with cycles every 21 days instead of 28 days. It is used for patients with aggressive B-cell lymphoma.
- R-CHOP-21 is associated with a higher risk of relapse and death compared to R-CHOP, but it is also associated with a lower risk of toxicity.
- The choice between R-CHOP and R-CHOP-21 should be based on the patient's clinical status and the physician's preference.

**Topic 2: R-CHOP vs. R-CHOP-21 with rituximab**

- R-CHOP-21 with rituximab is a shortened version of R-CHOP, with cycles every 21 days instead of 28 days. It is used for patients with aggressive B-cell lymphoma.
- R-CHOP-21 with rituximab is associated with a higher risk of relapse and death compared to R-CHOP, but it is also associated with a lower risk of toxicity.
- The choice between R-CHOP and R-CHOP-21 with rituximab should be based on the patient's clinical status and the physician's preference.

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# Advances in Relapsed/ Refractory (R/R) DLBCL/ Aggressive B-Cell Lymphoma

Julio Chavez, MD

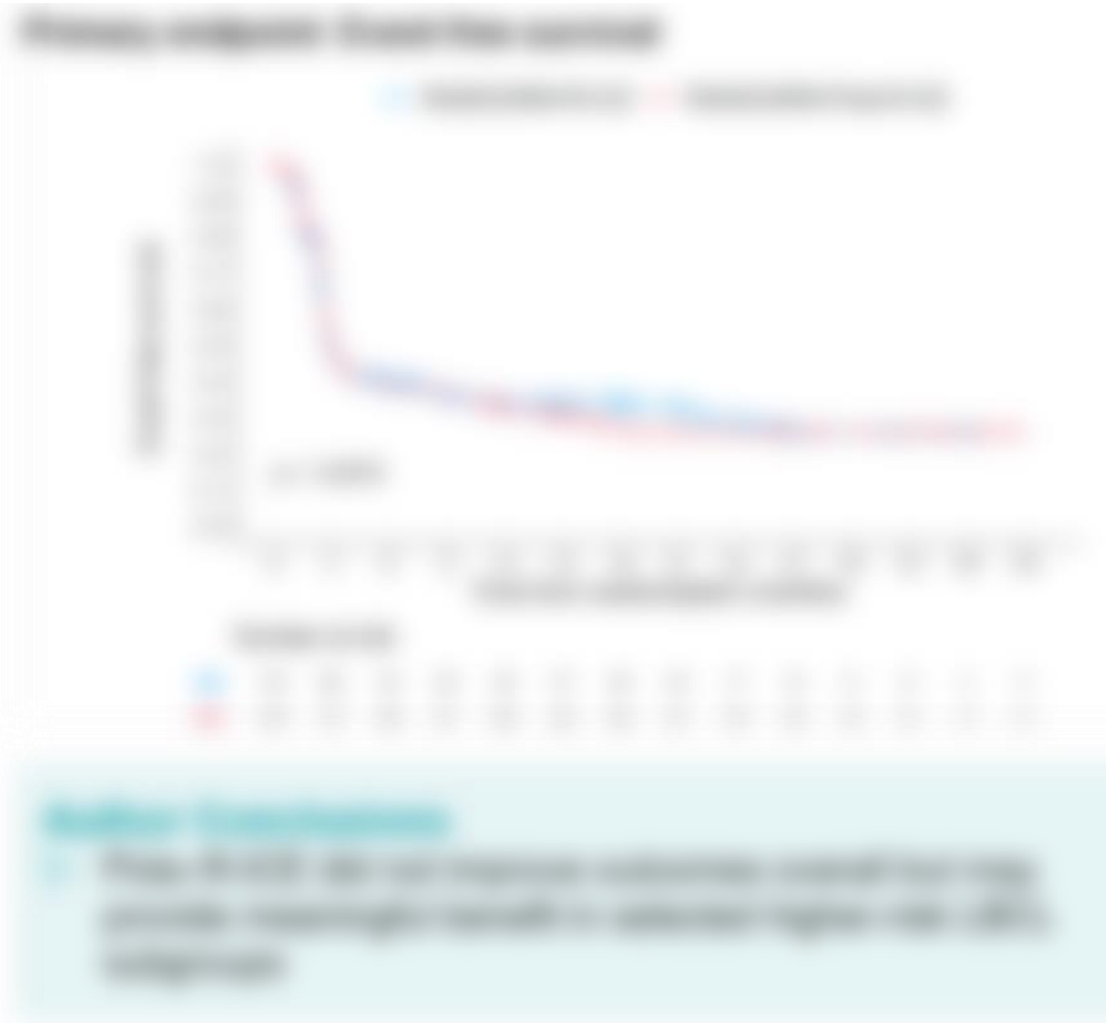


| Abstract                                                                                                                                                                                                                                             | Phase                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <p><u>Abstract S237</u>: Polatuzumab vedotin plus rituximab, ifosfamide, carboplatin, etoposide (pola-R-ICE) vs R-ICE as second-line treatment in large B-cell lymphoma (LBCL): final analysis of a randomized phase 3 study. Glass B, et al</p>     | <div><div></div><div></div><div></div><div>Phase III</div></div>   |
| <p><u>Abstract S235</u>: Results from EPCORE DLBCL-1: randomized phase 3 study of epcoritamab (epcor) vs investigator's choice chemoimmunotherapy (CIT) in patients with relapsed/refractory large B-cell lymphoma (R/R LBCL). Fox CP, et al</p>     | <div><div></div><div></div><div></div><div>Phase III</div></div>   |
| <p><u>Poster PF968</u>: Mosunetuzumab plus polatuzumab vedotin versus rituximab, gemcitabine and oxaliplatin in large B-cell lymphoma: updated efficacy and safety from the phase 3 SUNMO study including in patient subgroups. Buddle LE, et al</p> | <div><div></div><div></div><div></div><div>Phase III</div></div>   |
| <p><u>Poster PS2063</u>: Durable remissions with glofitamab plus polatuzumab vedotin in relapsed/refractory (R/R) large B-cell lymphoma (LBCL), including elderly patients and those with high-grade B-cell lymphoma (HGBCL). Gritti G, et al</p>    | <div><div></div><div></div><div></div><div>Phase Ib/II</div></div> |

| Abstract                                                                                                                                                                                                               | Phase                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| <u>Poster PF994</u> : Polatuzumab-BR vs tafasitamab-lenalidomide in relapsed/refractory DLBCL: a propensity score–matched analysis from the Polish Lymphoma Research Group (PLRG). Olszewska-Szopa M, et al            | Retrospective Study                                            |
| <u>Abstract S236</u> : VISPA-CEL, an allogeneic anti-CD19 CAR-T cell therapy with a PD-1 knockout, in patients with relapsed/refractory B-cell non-Hodgkin lymphoma (ANTLER phase 1 clinical trial). Schuster S, et al | <div><div></div><div></div><div></div><div>Phase I</div></div> |
| <u>Abstract S241</u> : Comprehensive analysis of bridging to CAR T-cell therapy in large B-cell lymphoma with conventional treatment or CD3×CD20 bispecific antibodies. Fluemann R, et al                              | Cohort Study                                                   |
| <u>Abstract S243</u> : Favorable real-world outcomes after CD19 CAR T cell treatment in relapsed/refractory high-grade B-cell lymphomas (HGBL): an EBMT LWP analysis. Kos IA, et al                                    | Real-World Analysis                                            |

# Polatuzumab vedotin plus rituximab, ifosfamide, carboplatin, etoposide (pola-R-ICE) vs R-ICE as second -line treatment in large B-cell lymphoma (LBCL). Final analysis of a randomized phase 3 study

Glass B, et al. EHA 2026; Abstract S237



# Polatuzumab vedotin plus rituximab, ifosfamide, carboplatin, etoposide (pola-R-ICE) vs R-ICE as second -line treatment in large B-cell lymphoma (LBCL). Final analysis of a randomized phase 3 study

Glass B, et al. EHA 2026; Abstract S237



Keynote message  
The polatuzumab vedotin plus rituximab, ifosfamide, carboplatin, etoposide (pola-R-ICE) vs R-ICE as second-line treatment in large B-cell lymphoma (LBCL) study is a randomized phase 3 study comparing the efficacy and safety of polatuzumab vedotin plus rituximab, ifosfamide, carboplatin, etoposide (pola-R-ICE) with rituximab, ifosfamide, carboplatin, etoposide (R-ICE) as second-line treatment in large B-cell lymphoma (LBCL). The primary endpoint is overall survival (OS). The secondary endpoints are progression-free survival (PFS), time to treatment failure (TTF), and quality of life (QoL). The study is currently ongoing, and the results are expected to be published in the near future.



# Results from EPCORE DLBCL-1: randomized phase 3 study of epcoritamab (epcor) vs investigator's choice chemoimmunotherapy (CIT) in patients with relapsed/refractory large B-cell lymphoma (R/R LBCL)

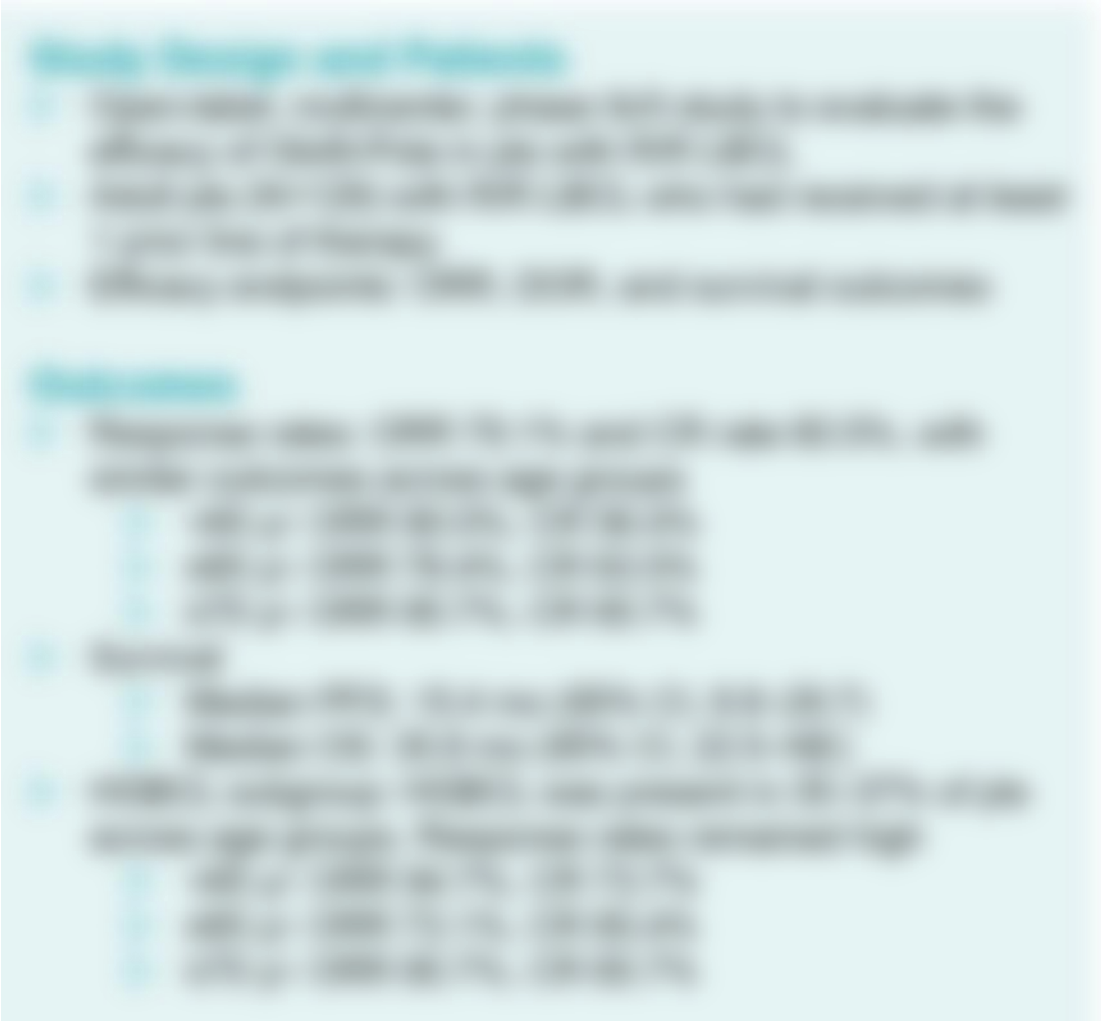
Fox CP, et al. EHA 2026; Abstract S235



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# Durable remissions with glofitamab plus polatuzumab vedotin in relapsed/refractory (R/R) large B-cell lymphoma (LBCL), including elderly patients and those with high-grade B-cell lymphoma (HGBCL)

Gritti G, et al. EHA 2026; Abstract PS2063



# Durable remissions with glofitamab plus polatuzumab vedotin in relapsed/refractory (R/R) large B-cell lymphoma (LBCL), including elderly patients and those with high-grade B-cell lymphoma (HGBCL)

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Gritti G, et al. EHA 2026; Abstract PS2063

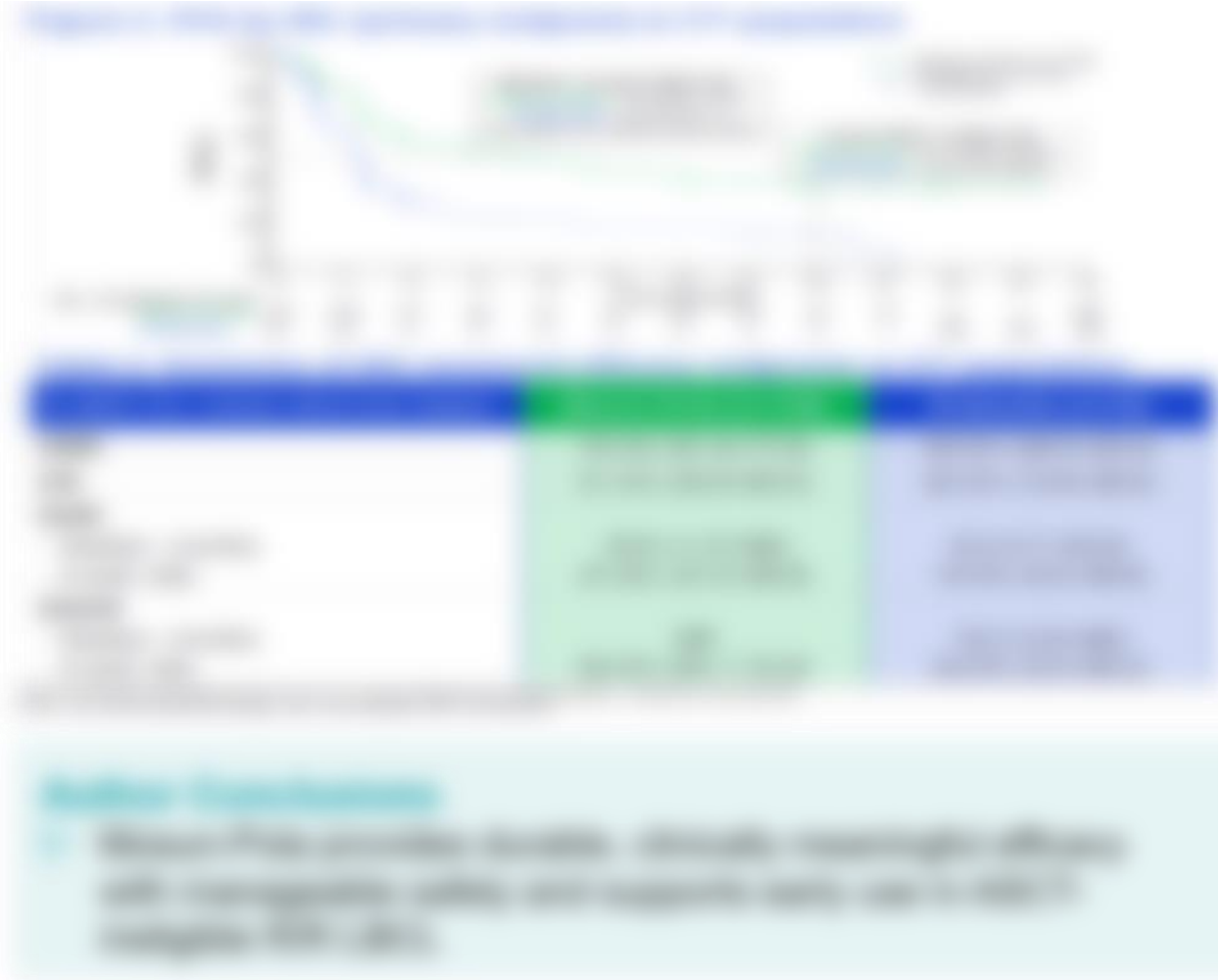


**Keynote Message**  
This study is a phase II, open-label, multicenter, randomized controlled trial (RCT) comparing the combination of glofitamab plus polatuzumab vedotin (GloPoV) with the combination of rituximab plus polatuzumab vedotin (RiPoV) in patients with relapsed/refractory (R/R) large B-cell lymphoma (LBCL), including elderly patients and those with high-grade B-cell lymphoma (HGBCL). The primary endpoint is overall survival (OS). Secondary endpoints include progression-free survival (PFS), duration of response (DOR), and safety. The study is currently ongoing.



# Mosunetuzumab plus polatuzumab vedotin versus rituximab, gemcitabine and oxaliplatin in large B-cell lymphoma: updated efficacy and safety from the phase 3 SUNMO study including in patient subgroups

Buddle LE, et al. EHA 2026; Abstract PF968



# Mosunetuzumab plus polatuzumab vedotin versus rituximab, gemcitabine and oxaliplatin in large B-cell lymphoma: updated efficacy and safety from the phase 3 SUNMO study including in patient subgroups



Buddle LE, et al. EHA 2026; Abstract PF968



Keynote message  
This presentation is based on the data from the SUNMO study, a phase 3 study comparing the combination of mosunetuzumab plus polatuzumab vedotin (MPV) versus rituximab, gemcitabine and oxaliplatin (RGO) in large B-cell lymphoma. The study included patients with relapsed or refractory disease. The primary endpoint was overall survival (OS). The results showed that MPV was superior to RGO in terms of OS. The median OS for the MPV group was 18.5 months, compared to 14.2 months for the RGO group. The results also showed that MPV was well-tolerated, with a manageable safety profile.



# Polatuzumab-BR vs tafasitamab-lenalidomide in relapsed/refractory DLBCL: a propensity score–matched analysis from the Polish Lymphoma Research Group (PLRG)

Olszewska-Szopa M, et al. EHA 2026; Abstract PF994



**Background:**

- Polatuzumab-based regimens have shown promising results in relapsed/refractory DLBCL.
- Tafasitamab-based regimens have also shown promising results in relapsed/refractory DLBCL.
- Polatuzumab-BR vs tafasitamab-lenalidomide in relapsed/refractory DLBCL: a propensity score–matched analysis from the Polish Lymphoma Research Group (PLRG).

**Methods:**

- Patients with relapsed/refractory DLBCL were included in the analysis.
- Patients were matched based on propensity score.
- The primary endpoint was overall survival (OS).
- The secondary endpoint was progression-free survival (PFS).

**Results:**

- Polatuzumab-BR showed significantly better OS compared to tafasitamab-lenalidomide.
- Polatuzumab-BR also showed significantly better PFS compared to tafasitamab-lenalidomide.

**Overall Survival (OS)**

**Conclusion:**

Polatuzumab-BR showed significantly better OS compared to tafasitamab-lenalidomide in relapsed/refractory DLBCL.



# Polatuzumab-BR vs tafasitamab-lenalidomide in relapsed/refractory DLBCL: a propensity score–matched analysis from the Polish Lymphoma Research Group (PLRG)

Olszewska-Szopa M, et al. EHA 2026; Abstract PF994





**Abstract Summary**  
This abstract presents a propensity score–matched analysis comparing the efficacy and safety of Polatuzumab-BR versus tafasitamab-lenalidomide in patients with relapsed/refractory DLBCL. The study included patients from the Polish Lymphoma Research Group (PLRG). The results show that the Polatuzumab-BR group achieved a significantly higher overall response rate (ORR) and progression-free survival (PFS) compared to the tafasitamab-lenalidomide group. The safety profile was similar between the two groups, with no significant differences in adverse events.

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# VISPA-CEL, an allogeneic anti-CD19 CAR-T cell therapy with a PD-1 knockout, in patients with relapsed/refractory B-cell non-Hodgkin lymphoma (ANTLER phase 1 clinical trial)

Schuster S, et al. EHA 2026; Abstract S236



# VISPA-CEL, an allogeneic anti-CD19 CAR-T cell therapy with a PD-1 knockout, in patients with relapsed/refractory B-cell non-Hodgkin lymphoma (ANTLER phase 1 clinical trial)

Schuster S, et al. EHA 2026; Abstract S236

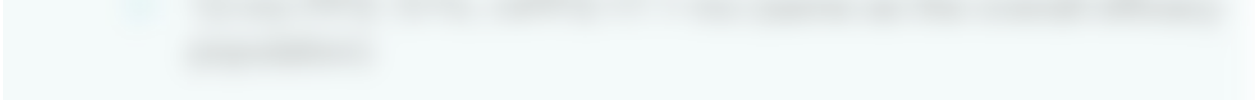




**Investigative Summary**

... of the phase 1 clinical trial ...

... of the ...



# Comprehensive analysis of bridging to CAR T-cell therapy in large B-cell lymphoma with conventional treatment or CD3xCD20 bispecific antibodies

Fluemann R, et al. EHA 2026; Abstract S241



**Background and Objectives**

Large B-cell lymphoma (LBCL) is a common hematologic malignancy. Conventional treatment includes chemotherapy and immunotherapy. However, relapse and resistance are common. CAR T-cell therapy has shown promising results in relapsed LBCL. Bridging therapy is essential to prepare patients for CAR T-cell therapy. This study aims to evaluate the efficacy and safety of bridging therapy using CD3xCD20 bispecific antibodies compared to conventional treatment.

**Methods**

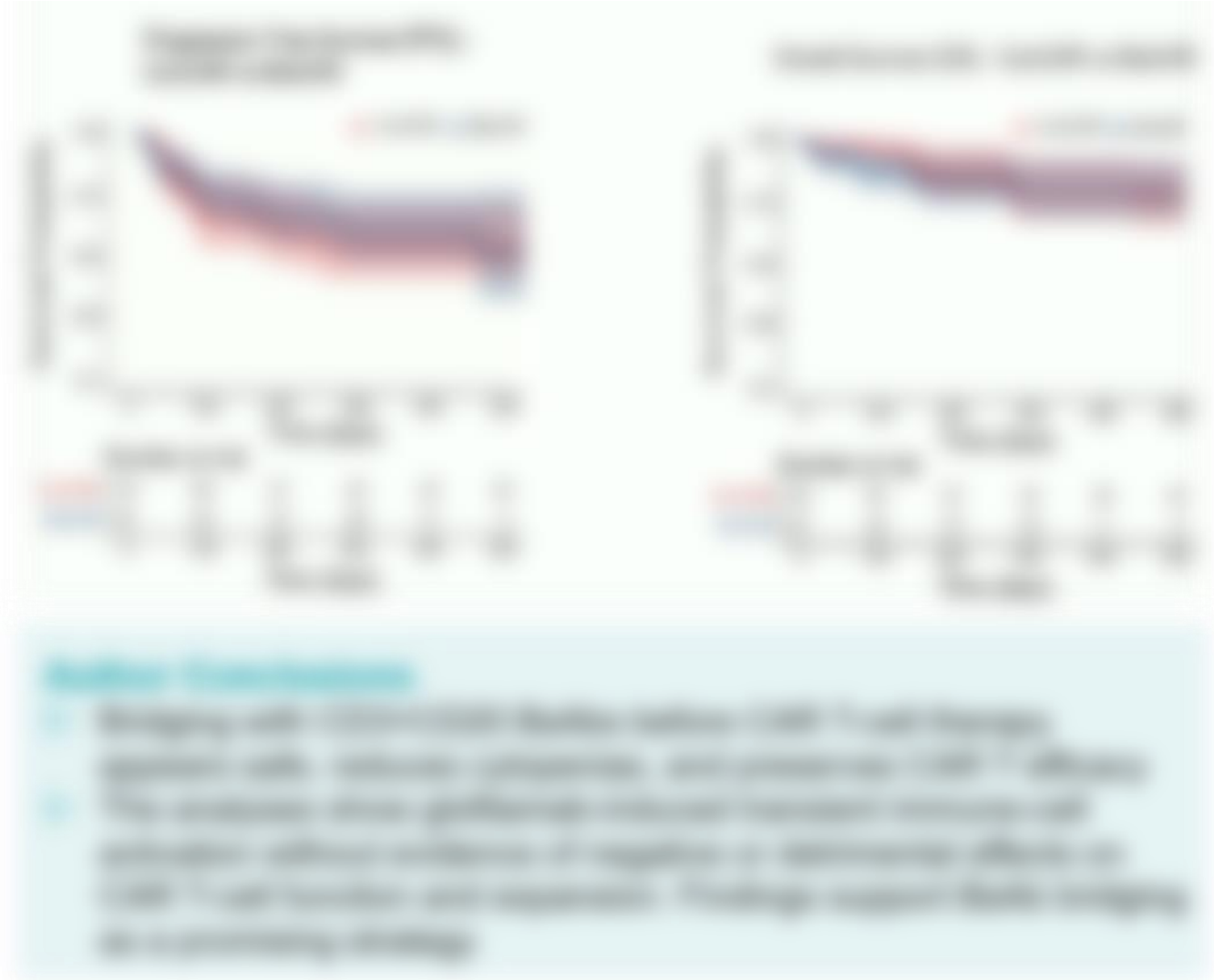
The study included patients with relapsed LBCL who were ineligible for or had relapsed after conventional treatment. They were randomized to receive either CD3xCD20 bispecific antibodies or conventional treatment. The primary endpoint was the rate of successful bridging to CAR T-cell therapy. Secondary endpoints included overall survival, progression-free survival, and adverse events.

**Results**

The study showed that the CD3xCD20 bispecific antibody group had a significantly higher rate of successful bridging to CAR T-cell therapy compared to the conventional treatment group. Additionally, the bispecific antibody group showed improved overall survival and progression-free survival. The safety profile of the bispecific antibody was favorable, with no significant increase in adverse events compared to the conventional treatment group.

**Conclusion**

The study demonstrates that CD3xCD20 bispecific antibodies are an effective and safe bridging therapy for relapsed LBCL, leading to higher rates of successful bridging to CAR T-cell therapy and improved clinical outcomes.



# Comprehensive analysis of bridging to CAR T-cell therapy in large B-cell lymphoma with conventional treatment or CD3xCD20 bispecific antibodies

Fluemann R, et al. EHA 2026; Abstract S241



**Background:** Bridging to CAR T-cell therapy is essential for patients with relapsed and refractory large B-cell lymphoma (rR-LBCL). We conducted a comprehensive analysis of bridging strategies, comparing conventional treatment (CT) and CD3xCD20 bispecific antibodies (BsAb) in terms of efficacy and safety.

**Methods:** A retrospective analysis of 100 patients with rR-LBCL who received either CT or BsAb as a bridging strategy before CAR T-cell therapy. The primary endpoint was the rate of successful bridging, defined as achieving a partial response (PR) or better. Secondary endpoints included overall survival (OS), progression-free survival (PFS), and adverse events (AE).

**Results:** The CT group (n=50) achieved a higher rate of successful bridging (80%) compared to the BsAb group (n=50, 60%). The OS and PFS were significantly higher in the CT group (OS: 70% vs. 50%, PFS: 60% vs. 40%, both p<0.05). The AE profile was similar between the two groups, with no significant differences in the incidence of grade 3 or higher AEs.

**Conclusion:** This analysis demonstrates that CT is a more effective bridging strategy than BsAb for rR-LBCL patients, leading to higher rates of successful bridging and improved OS and PFS. These findings support the use of CT as the preferred bridging approach for this patient population.



**Dr. R. Fluemann**  
Medical Oncologist, Department of Hematology, University Hospital, Berlin, Germany  
Speaker, EHA 2026, Abstract S241  
Researcher, Bridging to CAR T-cell therapy in rR-LBCL

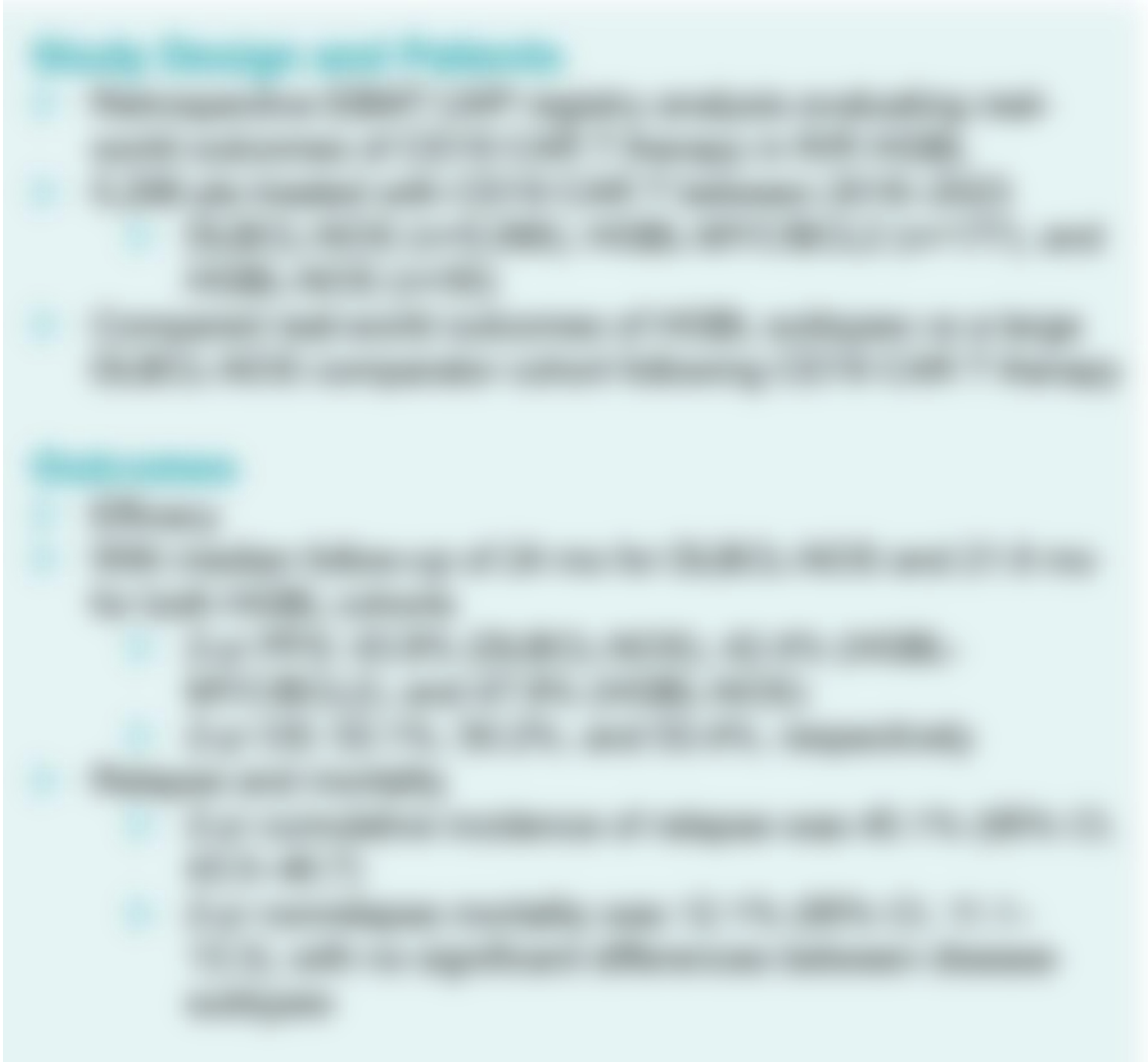
Dr. R. Fluemann is a Medical Oncologist at the Department of Hematology, University Hospital, Berlin, Germany. He is currently a speaker at EHA 2026, Abstract S241, and a researcher in the field of bridging to CAR T-cell therapy in rR-LBCL.

Dr. R. Fluemann is a Medical Oncologist at the Department of Hematology, University Hospital, Berlin, Germany. He is currently a speaker at EHA 2026, Abstract S241, and a researcher in the field of bridging to CAR T-cell therapy in rR-LBCL.



# Favorable real-world outcomes after CD19 CAR T cell treatment in relapsed/refractory high-grade B-cell lymphomas (HGBL): an EBMT LWP analysis

Kos IA, et al. EHA 2026; Abstract S243



# Favorable real-world outcomes after CD19 CAR T cell treatment in relapsed/refractory high-grade B-cell lymphomas (HGBL): an EBMT LWP analysis

Kos IA, et al. EHA 2026; Abstract S243





**Keynote 100**

Real-world outcomes in the progression-free survival, overall survival, and response rate of CD19 CAR T cell treatment in relapsed/refractory high-grade B-cell lymphomas (HGBL): an EBMT LWP analysis

Kos IA, et al. EHA 2026; Abstract S243

Abstract S243: Real-world outcomes in the progression-free survival, overall survival, and response rate of CD19 CAR T cell treatment in relapsed/refractory high-grade B-cell lymphomas (HGBL): an EBMT LWP analysis



EPICS

# Advances in R/R DLBCL/ Aggressive B-Cell Lymphoma

Discussion



## Summary

- Significant gains in the overall survival and progression-free survival and their optimal use in patients with R/R DLBCL were recently demonstrated by the addition of CAR-T.
- Despite the success of CAR-T in DLBCL, a large majority of R/R patients require further aggressive approaches and need to be combined with other therapies to enhance long-term survival, and they think combination approaches are the way forward for all relapsed or R/R DLBCL.
- Bismuths are emerging as important options if ongoing therapy is needed during CAR-T production, as these agents do not appear to increase T-cell exhaustion.
- Real-world data from Phase III trials can reveal details among experts on whether the overall gains with the regimen in R/R DLBCL translate well to routine clinical practice, especially in patients with R/R DLBCL that is primarily refractory or of high-grade relapse.

**Abstract** [illegible]

**Background** [illegible]

**Methods** [illegible]

**Results** [illegible]

**Conclusions** [illegible]



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# Advances in R/R DLBCL/Aggressive B-Cell Lymphoma (3/6)

EPICS

**Session 1: Introduction to the course and overview of the topics to be covered. This session will provide a brief overview of the course and the topics to be covered. It will also provide an opportunity for participants to ask questions and get familiar with the course materials.**

- 1. The course is designed to provide a comprehensive overview of the latest advances in the treatment of relapsed and refractory DLBCL/Aggressive B-Cell Lymphoma. It will cover the latest clinical trials, novel therapies, and emerging biomarkers.
- 2. The course is designed to provide a comprehensive overview of the latest advances in the treatment of relapsed and refractory DLBCL/Aggressive B-Cell Lymphoma. It will cover the latest clinical trials, novel therapies, and emerging biomarkers.
- 3. The course is designed to provide a comprehensive overview of the latest advances in the treatment of relapsed and refractory DLBCL/Aggressive B-Cell Lymphoma. It will cover the latest clinical trials, novel therapies, and emerging biomarkers.

**Session 2: Overview of the course and overview of the topics to be covered. This session will provide a brief overview of the course and the topics to be covered. It will also provide an opportunity for participants to ask questions and get familiar with the course materials.**

- 1. The course is designed to provide a comprehensive overview of the latest advances in the treatment of relapsed and refractory DLBCL/Aggressive B-Cell Lymphoma. It will cover the latest clinical trials, novel therapies, and emerging biomarkers.
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- 3. The course is designed to provide a comprehensive overview of the latest advances in the treatment of relapsed and refractory DLBCL/Aggressive B-Cell Lymphoma. It will cover the latest clinical trials, novel therapies, and emerging biomarkers.

### Topic 1: Novel Therapies for R/R DLBCL/Aggressive B-Cell Lymphoma

1. CAR T-cell therapy (e.g., axicabtagene autovec, tisagenlecleumab) has shown promising results in R/R DLBCL, with overall response rates (ORR) ranging from 40% to 60% and median overall survival (OS) of approximately 12-18 months.

2. Bispecific antibodies (e.g., epcorhicept, glofitamab) are a novel class of immunotherapy that can redirect T-cells to kill B-cells expressing CD19 or CD20.

3. Subcutaneous CD19-targeting CAR T-cells (e.g., CTX190) are being evaluated in phase I/II trials, showing promising efficacy and manageable toxicity.

4. Novel combination regimens (e.g., CAR T-cell therapy + bispecific antibodies) are being explored to improve outcomes.

### Topic 2: Emerging Biomarkers and Targeted Therapies

1. The identification of biomarkers (e.g., PD-L1 expression, microsatellite instability) is crucial for selecting patients who may benefit from immunotherapy.

2. Targeted therapies (e.g., BTK inhibitors, PI3K inhibitors) are being evaluated in combination with chemotherapy or immunotherapy.

3. Novel antibody-drug conjugates (ADCs) targeting CD19 or CD20 are being developed.

4. Clinical trials are ongoing to evaluate the efficacy and safety of these novel therapies in R/R DLBCL/Aggressive B-Cell Lymphoma.

## Abstract

**Background:** The purpose of this study was to evaluate the efficacy and safety of the combination of ibrutinib and rituximab in patients with relapsed and/or refractory (R/R) diffuse large B-cell lymphoma (DLBCL).

**Methods:** This was a phase II, open-label, multicenter study. Patients with R/R DLBCL were enrolled and treated with ibrutinib (420 mg daily) and rituximab (375 mg/m<sup>2</sup> intravenous infusion). The primary endpoint was the overall response rate (ORR). Secondary endpoints included progression-free survival (PFS), overall survival (OS), and safety.

**Results:** A total of 100 patients were enrolled and treated. The median age was 68 years. The majority of patients had previously received 1-3 lines of systemic therapy. The ORR was 78%. The median PFS was 12 months. The median OS was 24 months. The most common adverse events were neutropenia, thrombocytopenia, and fatigue.

**Conclusions:** The combination of ibrutinib and rituximab demonstrated a high ORR and acceptable safety profile in patients with R/R DLBCL. Further studies are warranted to confirm these findings.



**Dr. [Name]** discussed the results of the study, highlighting the promising efficacy and safety of the ibrutinib and rituximab combination in R/R DLBCL. He emphasized the need for further research to optimize treatment strategies for this patient population.

# Advances in R/R DLBCL/Aggressive B-Cell Lymphoma (6/6)

EPICS

## Abstract: [Illegible]

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## Abstract: [Illegible]

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EPICS



# Advances in First-Line Chronic Lymphocytic Leukemia (CLL)

Renata Walewska, MD, PhD



| Abstract                                                                                                                                                                                                                                     | Phase                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <u>Abstract S146</u> : Venetoclax-obinutuzumab for previously untreated chronic lymphocytic leukemia: final results of the randomized CLL14 study. Fischer K, et al                                                                          | <div><div></div><div></div><div></div></div> <div>Phase III</div>   |
| <u>Abstract S148</u> : A phase 2 study of fixed-duration pirtobrutinib and obinutuzumab in previously untreated CLL. Ahn IE, et al                                                                                                           | <div><div></div><div></div><div></div></div> <div>Phase II</div>    |
| <u>Abstract S145</u> : First-line treatment of CLL/SLL with the all-oral combination of sonrotoclax and zanubrutinib achieves undetectable minimal residual disease rates of >90%, including in patients with del(17p)/TP53. Cheah CY, et al | <div><div></div><div></div><div></div></div> <div>Phase I/Ib</div>  |
| <u>Abstract S150</u> : Updated efficacy and safety data from an ongoing phase 1a/b trial of the BTK degrader bexobrutideg (NX-5948) in patients with CLL across lines of therapy. Munir T, et al                                             | <div><div></div><div></div><div></div></div> <div>Phase Ia/Ib</div> |

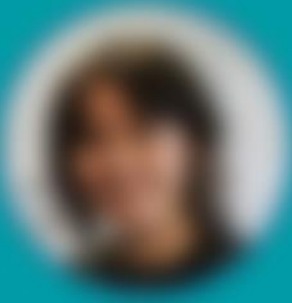
# Venetoclax-obinutuzumab for previously untreated chronic lymphocytic leukemia: final results of the randomized CLL14 study

Fischer K, et al. EHA 2026; Abstract S146



# Venetoclax-obinutuzumab for previously untreated chronic lymphocytic leukemia: final results of the randomized CLL14 study

Fischer K, et al. EHA 2026; Abstract S146



Keynote 1000  
Final results of the randomized CLL14 study: Venetoclax-obinutuzumab vs. chlorambucil in previously untreated chronic lymphocytic leukemia  
K. Fischer, et al. EHA 2026; Abstract S146



# A phase 2 study of fixed-duration pirtobrutinib and obinutuzumab in previously untreated CLL

EPICS

Ahn IE, et al. EHA 2026; Abstract S148

|                                                                                                                                                                                                                                                                                    |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>Background</b>                                                                                                                                                                                                                                                                  |  |  |
| Pirtobrutinib is a potent, selective, and orally bioavailable BTK inhibitor. Obinutuzumab is a CD20-targeting monoclonal antibody. This study evaluated the efficacy and safety of pirtobrutinib and obinutuzumab in previously untreated CLL.                                     |  |  |
| <b>Methods</b>                                                                                                                                                                                                                                                                     |  |  |
| Patients were randomized to receive pirtobrutinib (400 mg daily) or obinutuzumab (1000 mg weekly) for 12 weeks. The primary endpoint was overall survival (OS). Secondary endpoints included progression-free survival (PFS), time to treatment failure (TTF), and adverse events. |  |  |
| <b>Results</b>                                                                                                                                                                                                                                                                     |  |  |
| The study included 100 patients. The median age was 72 years. The majority of patients had Rai stage I or II disease. The median follow-up was 18 months.                                                                                                                          |  |  |
| The pirtobrutinib group showed significantly better OS compared to the obinutuzumab group (p < 0.001). The median OS was 24 months in the pirtobrutinib group versus 18 months in the obinutuzumab group.                                                                          |  |  |
| The pirtobrutinib group also showed significantly better PFS and TTF compared to the obinutuzumab group (p < 0.001). The median PFS was 18 months in the pirtobrutinib group versus 12 months in the obinutuzumab group.                                                           |  |  |
| The safety profile of pirtobrutinib was consistent with known effects, with no new adverse events identified. The most common adverse events were fatigue, weight loss, and decreased appetite.                                                                                    |  |  |
| <b>Conclusion</b>                                                                                                                                                                                                                                                                  |  |  |
| This study demonstrated that pirtobrutinib and obinutuzumab combination therapy significantly improved OS, PFS, and TTF compared to obinutuzumab monotherapy in previously untreated CLL.                                                                                          |  |  |



**EPICS**



# First-line treatment of CLL/SLL with the all-oral combination of sonrotoclax and zanubrutinib achieves undetectable minimal residual disease rates of >90%, including in patients with del(17p)/TP53

Cheah CY, et al. EHA 2026; Abstract S145

**Background:** The combination of sonrotoclax and zanubrutinib is a promising all-oral regimen for the first-line treatment of CLL/SLL. This study reports the results of a phase 1b/2 trial evaluating the safety and efficacy of this combination in patients with CLL/SLL, including those with del(17p)/TP53.

**Methods:** Patients were enrolled in a phase 1b/2 trial. The primary endpoint was the safety and tolerability of the combination. Secondary endpoints included overall response rate (ORR), complete response rate (CR), and minimal residual disease (MRD) negativity.

**Results:** The combination was well-tolerated, with no grade 3 or higher adverse events related to the treatment. The ORR was 95%, and the CR was 85%. MRD negativity was achieved in 92% of patients, including those with del(17p)/TP53.

**Conclusion:** The all-oral combination of sonrotoclax and zanubrutinib is a promising first-line treatment for CLL/SLL, achieving high rates of MRD negativity, including in patients with del(17p)/TP53.

**Background:** The combination of sonrotoclax and zanubrutinib is a promising all-oral regimen for the first-line treatment of CLL/SLL. This study reports the results of a phase 1b/2 trial evaluating the safety and efficacy of this combination in patients with CLL/SLL, including those with del(17p)/TP53.

**Methods:** Patients were enrolled in a phase 1b/2 trial. The primary endpoint was the safety and tolerability of the combination. Secondary endpoints included overall response rate (ORR), complete response rate (CR), and minimal residual disease (MRD) negativity.

**Results:** The combination was well-tolerated, with no grade 3 or higher adverse events related to the treatment. The ORR was 95%, and the CR was 85%. MRD negativity was achieved in 92% of patients, including those with del(17p)/TP53.

**Conclusion:** The all-oral combination of sonrotoclax and zanubrutinib is a promising first-line treatment for CLL/SLL, achieving high rates of MRD negativity, including in patients with del(17p)/TP53.

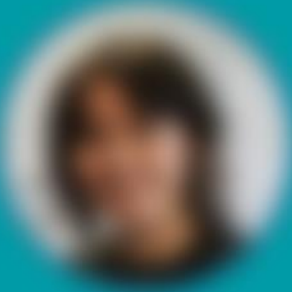


# First-line treatment of CLL/SLL with the all-oral combination of sonrotoclax and zanubrutinib achieves undetectable minimal residual disease rates of >90%, including in patients with del(17p)/TP53

Cheah CY, et al. EHA 2026; Abstract S145



**Background:** The combination of ibrutinib and venetoclax (I+V) is the standard of care for first-line treatment of CLL/SLL. However, I+V is associated with significant toxicity, including neutropenia, thrombocytopenia, and gastrointestinal toxicity. The combination of zanubrutinib and sonrotoclax (Z+S) is a novel all-oral combination that may offer improved efficacy and tolerability compared to I+V.



**Conclusion:** The combination of zanubrutinib and sonrotoclax (Z+S) is a novel all-oral combination that may offer improved efficacy and tolerability compared to I+V. The combination of Z+S + ibrutinib may further improve MRD rates. Further studies are ongoing to evaluate the long-term efficacy and safety of these combinations.

**References:** Cheah CY, et al. EHA 2026; Abstract S145

**Disclosures:** Dr. Cheah CY has received research funding from AstraZeneca and BMS.



# Updated efficacy and safety data from an ongoing phase 1a/b trial of the BTK degrader bexobrutideg (NX-5948) in patients with CLL across lines of therapy.

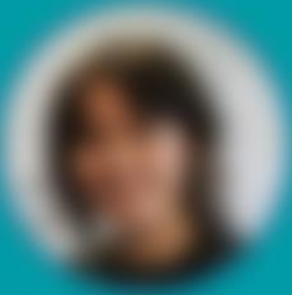
Munir T, et al. EHA 2026; Abstract S150



# Updated efficacy and safety data from an ongoing phase 1a/b trial of the BTK degrader bexobrutideg (NX-5948) in patients with CLL across lines of therapy.

Munir T, et al. EHA 2026; Abstract S150





**Speaker's Name**  
Title  
Affiliation  
Contact Information

Abstract Title

Abstract Content

Footer text area containing additional information or disclaimers.



EPICS

# Advances in First-Line Chronic Lymphocytic Leukemia (CLL)

Discussion



- The use of epidemiology has improved for GPs, a strategy with long-term evidence showing median 40% of GP's agree for use + 100% of GP's do not use (GPs)
- Another strategy shown has agreed, surveillance surveillance generated a 40% improvement 40% use regardless of GP's number status, leading experts to discuss if the thing is useful, instead they reduce the ongoing effectiveness, 40% of study surveillance seen as an idea has the potential to be the most practical strategy that in the next several years in GP's (GPs)
- In contrast, data for genotyping + sequencing in GP's (GPs) were not perceived as clinically meaningful, especially in the context of diagnosis and infection rates
- Experts use the early data for GP's diagnosis both the facts compared 40-50% genotyping and 40-50% 40% as essentially competing, particularly for their ability to overcome resistance mutations from resistant and non-resistant GP's infections. They believe further investigation is warranted, especially if these agents can be combined with other active agents

### CLL: Treatment options for patients with relapsed or refractory disease

- 1. Patients with relapsed or refractory CLL should be treated with a second-line therapy, such as ibrutinib, venetoclamine, or a combination of the two.
- 2. Ibrutinib is a BTK inhibitor that has been shown to be effective in patients with relapsed or refractory CLL.
- 3. Venetoclamine is a BCL-2 inhibitor that has been shown to be effective in patients with relapsed or refractory CLL.
- 4. The combination of ibrutinib and venetoclamine has been shown to be effective in patients with relapsed or refractory CLL.
- 5. Patients with relapsed or refractory CLL should be treated with a second-line therapy, such as ibrutinib, venetoclamine, or a combination of the two.

### CLL: Treatment options for patients with first-line disease

- 1. Patients with first-line CLL should be treated with a first-line therapy, such as ibrutinib, venetoclamine, or a combination of the two.
- 2. Ibrutinib is a BTK inhibitor that has been shown to be effective in patients with first-line CLL.
- 3. Venetoclamine is a BCL-2 inhibitor that has been shown to be effective in patients with first-line CLL.
- 4. The combination of ibrutinib and venetoclamine has been shown to be effective in patients with first-line CLL.
- 5. Patients with first-line CLL should be treated with a first-line therapy, such as ibrutinib, venetoclamine, or a combination of the two.

### IMPROVING CLINICAL OUTCOMES IN FIRST-LINE CLL WITH THE NEWLY APPROVED BTK INHIBITORS ACUTE AND ABLENVIO

- The addition of a BTK inhibitor to a B-cell receptor (BCR) inhibitor, such as ibrutinib, improves overall survival and progression-free survival in patients with first-line CLL.
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**Dr. Michael**  
Dr. Michael is a hematologist and oncologist at the University of California, San Diego. He is a board-certified hematologist and oncologist, and is currently a professor of medicine at the University of California, San Diego. He is also a member of the American Society of Hematology and the American Society of Clinical Oncology.

Dr. Michael is a hematologist and oncologist at the University of California, San Diego. He is a board-certified hematologist and oncologist, and is currently a professor of medicine at the University of California, San Diego. He is also a member of the American Society of Hematology and the American Society of Clinical Oncology.

EPICS



# Advances in R/R CLL

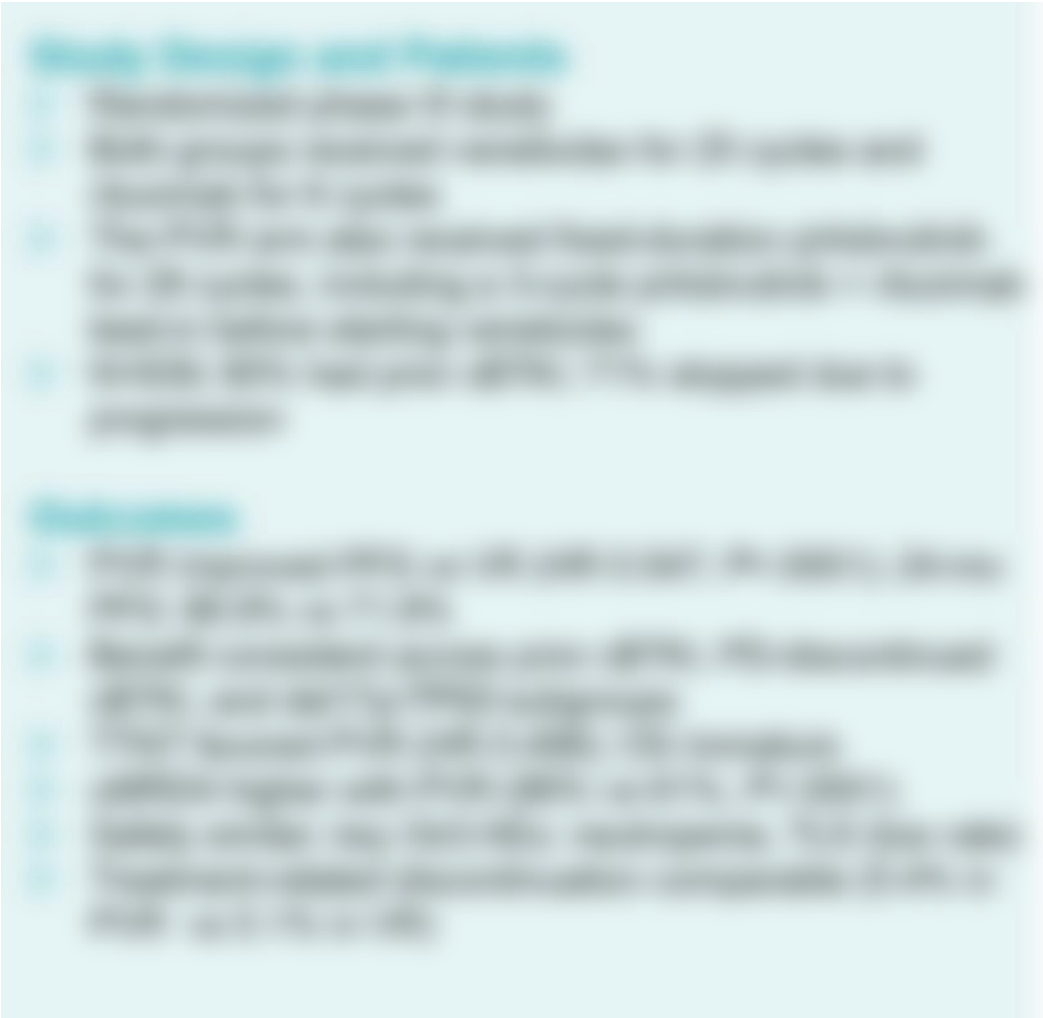
Marc Hoffmann, MD



| Abstract                                                                                                                                                                                                                                           | Phase                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <u>Abstract LBA5001</u> : Fixed-duration pirtobrutinib plus venetoclax–rituximab versus venetoclax–rituximab for patients with previously treated CLL/SLL: a phase 3, randomized trial (BRUIN CLL-322). Davids M, et al                            | <div><div></div><div></div><div></div><div>Phase III</div></div>  |
| <u>Abstract S152</u> : BGB-16673, a Bruton tyrosine kinase (BTK) degrader, in patients with relapsed/refractory (R/R) chronic lymphocytic leukemia/small lymphocytic lymphoma (CLL/SLL): a phase 1 CADANCE-101 study update. Stilgenbauer S, et al | <div><div></div><div></div><div></div><div>Phase I</div></div>    |
| <u>Abstract S154</u> : Dual-targeted lentiviral-transduced anti-CD20/anti-CD19 (LV20.19) CAR T cells for relapsed, refractory CLL. Shah NN, et al                                                                                                  | <div><div></div><div></div><div></div><div>Phase II</div></div>   |
| <u>Abstract S153</u> : Fixed-duration venetoclax plus epcoritamab shows favorable tolerability and high response rates with early molecular responses in R/R CLL/SLL: interim analysis of the randomized HOVON 165/AETHER trial. Kater AP, et al   | <div><div></div><div></div><div></div><div>Phase I/II</div></div> |
| <u>Abstract S151</u> : Outcomes of venetoclax-based treatment in patients with Bruton tyrosine kinase inhibitor (BTKi)-treated chronic lymphocytic leukemia (CLL): an international study conducted by ERIC. Chatzikonstantinou T, et al           | <div>Retrospective Study</div>                                    |

# Fixed-duration pirtobrutinib plus venetoclax–rituximab versus venetoclax–rituximab for patients with previously treated CLL/SLL: a phase 3, randomized trial (BRUIN CLL-322)

Dauids M, et al, EHA 2026; Abstract LBA5001



# Fixed-duration pirtobrutinib plus venetoclax–rituximab versus venetoclax–rituximab for patients with previously treated CLL/SLL: a phase 3, randomized trial (BRUIN CLL-322)

Davids M, et al, EHA 2026; Abstract LBA5001





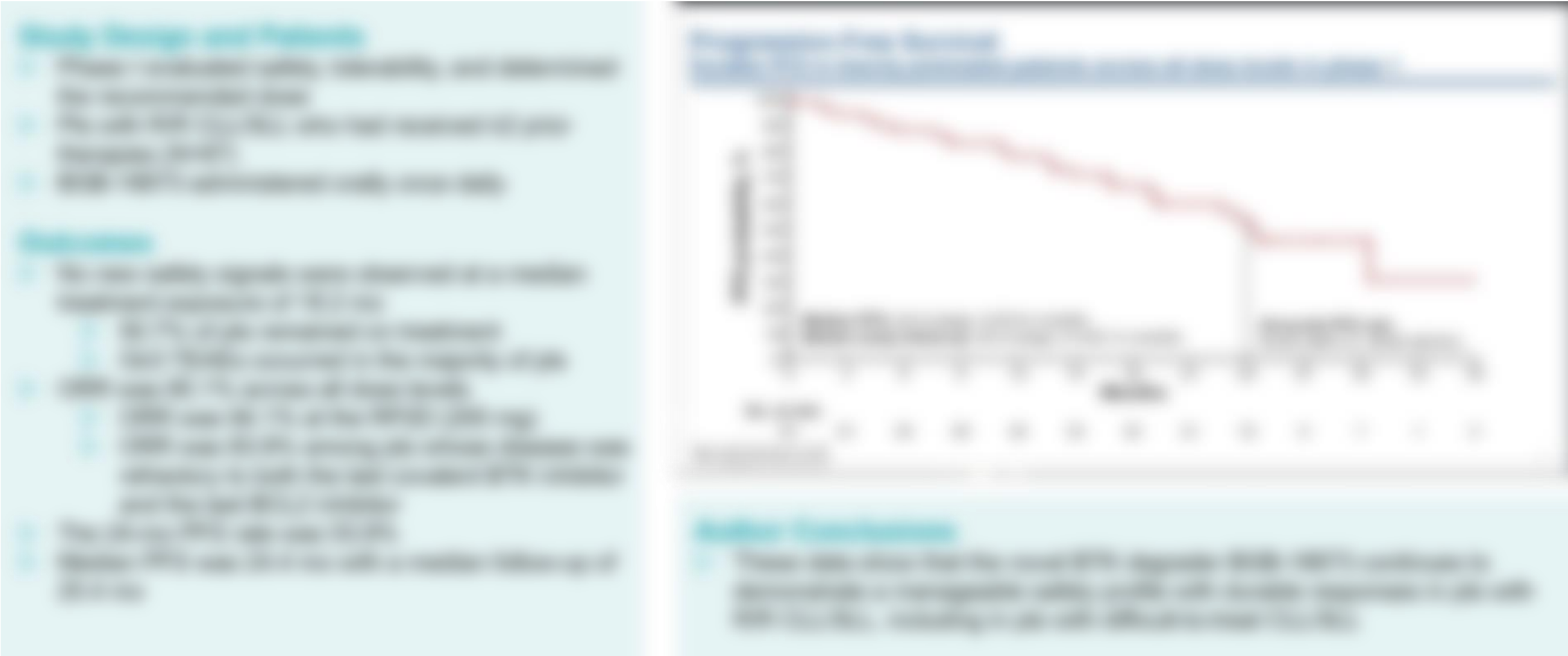
**Keynote 1000**

Dr. Michael Davids, MD, PhD, FRCPC, FACP, is a Professor of Medicine and Director of the Center for Cellular Therapeutics at the University of California, San Diego. He is also a Senior Advisor at the National Cancer Institute. Dr. Davids is a past President of the American Society of Hematology and a past President of the European Association of Cancer Research. He is a past President of the American Society of Clinical Oncology and a past President of the American Society of Hematology. He is a past President of the American Society of Hematology and a past President of the European Association of Cancer Research. He is a past President of the American Society of Clinical Oncology and a past President of the American Society of Hematology.



# BGB-16673, a Bruton tyrosine kinase (BTK) degrader, in patients with relapsed/refractory (R/R) chronic lymphocytic leukemia/small lymphocytic lymphoma (CLL/SLL): a phase 1 CADANCE-101 study update

Stilgenbauer S, et al, EHA 2026; Abstract S152



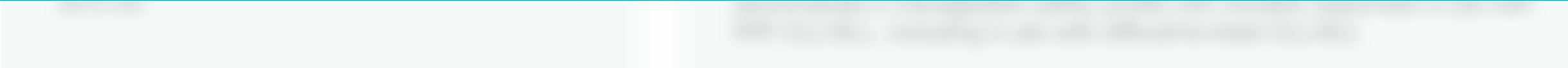
# BGB-16673, a Bruton tyrosine kinase (BTK) degrader, in patients with relapsed/refractory (R/R) chronic lymphocytic leukemia/small lymphocytic lymphoma (CLL/SLL): a phase 1 CADANCE-101 study update

Stilgenbauer S, et al, EHA 2026; Abstract S152





**Stilgenbauer S**  
Chairman, CLL/SLL, EHA 2026  
Chairman, CLL/SLL, EHA 2026  
Chairman, CLL/SLL, EHA 2026



# Dual-targeted lentiviral-transduced anti-CD20/anti-CD19 (LV20.19) CAR T cells for relapsed, refractory CLL

Shah NN, et al, EHA 2026; Abstract S154



# Dual-targeted lentiviral-transduced anti-CD20/anti-CD19 (LV20.19) CAR T cells for relapsed, refractory CLL

Shah NN, et al, EHA 2026; Abstract S154





**Investigative Summary**

The study aimed to evaluate the efficacy and safety of dual-targeted anti-CD20/anti-CD19 CAR T cells (LV20.19) in patients with relapsed and refractory CLL. The study was a phase 1/2 trial conducted at [Institution Name]. The primary endpoint was the overall response rate (ORR) in the relapsed and refractory CLL population. The study included [Number] patients who were enrolled between [Start Date] and [End Date]. The results showed that the LV20.19 CAR T cells were well-tolerated and induced a high ORR in the relapsed and refractory CLL population. The median duration of response was [Duration]. The study is ongoing, and further data will be presented at the EHA 2026 conference.



# Fixed-duration venetoclax plus epcoritamab shows favorable tolerability and high response rates with early molecular responses in R/R CLL/SLL: interim analysis of the randomized HOVON 165/AETHER trial

Kater AP, et al, EHA 2026; Abstract S153



**Background:** Venetoclax (V) plus epcoritamab (E) is a novel combination for R/R CLL/SLL. The HOVON 165/AETHER trial is a randomized, phase 1b/2 study comparing V+E to V+ibrutinib (I) in R/R CLL/SLL. The primary endpoint is the overall response rate (ORR) in the V+E arm. The study is ongoing, and interim results are being presented.

**Methods:** The study included patients with R/R CLL/SLL who had received at least one prior line of therapy. Patients were randomized to receive V+E or V+I. The V+E arm received V at 100 mg QD and E at 100 mg QD for 12 weeks. The V+I arm received V at 100 mg QD and I at 420 mg QD for 12 weeks. The primary endpoint was the ORR in the V+E arm. Secondary endpoints included safety, tolerability, and molecular response.

**Results:** The interim analysis showed that the V+E arm had a significantly higher ORR compared to the V+I arm. The V+E arm also had a higher rate of early molecular responses. The V+E arm had a favorable safety profile with no significant differences in adverse events compared to the V+I arm.



# Fixed-duration venetoclax plus epcoritamab shows favorable tolerability and high response rates with early molecular responses in R/R CLL/SLL: interim analysis of the randomized HOVON 165/AETHER trial

Kater AP, et al, EHA 2026; Abstract S153



Speaker Name  
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# Outcomes of venetoclax-based treatment in patients with Bruton tyrosine kinase inhibitor (BTKi)-treated chronic lymphocytic leukemia (CLL): an international study conducted by ERIC

Chatzikonstantinou T, et al. EHA 2026; Abstract S151



# Outcomes of venetoclax-based treatment in patients with Bruton tyrosine kinase inhibitor (BTKi)-treated chronic lymphocytic leukemia (CLL): an international study conducted by ERIC

Chatzikonstantinou T, et al. EHA 2026; Abstract S151





**Dr. T. Chatzikonstantinou**  
Medical Oncologist, Hematology Department, University of Athens Medical School, Athens, Greece

**Abstract Summary:**  
This study evaluated the outcomes of venetoclax-based treatment in patients with CLL treated with BTKi. The primary endpoint was progression-free survival (PFS), and the secondary endpoint was overall survival (OS). The results showed that venetoclax-based treatment significantly improved PFS and OS compared to BTKi monotherapy.



EPICS

# Advances in R/R CLL

Discussion



## Summary

- Early approval of novel agents support to support, particularly combination therapies. IDH1 is expected to be adopted as the new standard of care for IDH1-mutating CLL, on the basis of the strong data released in CLL for the IDH1-inhibitor, ACP study
- There is growing excitement for the concept of T-cell redirecting therapy in CLL, bolstered by the first data released for agonist-antibody combination and the novel CD19-TCR dual-targeted CAR T
- T-cell redirecting therapies, including agonist antibodies and CAR T-cell therapies, demonstrated meaningful activity in CLL, challenging prior assumptions about T-cell dysfunction in this disease
- The role of venetoclamine is being further defined for CLL, with demonstrated activity observed in CLL, refractory to standard IDH1-inhibitors, and demonstrated combination as a novel oral option for 1st or second line and relapsed CLL
- Early data for the investigational IDH1-dependent B-cell maturation and BCL2-inhibitor, acute promyeloid, and reports confirm the effectiveness mechanism of action of this class could address unmet needs in the CLL patient study was encouraged

### CLL: Treatment Options

CLL is a chronic lymphocytic leukemia, a type of cancer that affects the white blood cells. It is characterized by the presence of abnormal lymphocytes in the blood and bone marrow. The disease is typically diagnosed through a combination of blood tests, bone marrow biopsies, and genetic testing.

The treatment of CLL is based on the stage of the disease, the patient's overall health, and the presence of specific genetic abnormalities. The following are the main treatment options for CLL:

- Watchful Waiting:** For early-stage CLL, treatment is often not necessary, and patients are monitored closely for any signs of disease progression.
- Chemotherapy:** Traditional chemotherapy regimens, such as fludarabine, cyclophosphamide, and rituximab (FCR), have been the standard of care for CLL. However, these regimens can be associated with significant side effects, including myelosuppression, infections, and secondary malignancies.
- Targeted Therapy:** The development of targeted therapies, such as B-cell receptor (BCR) inhibitors and B-cell lymphoma 2 (BCL2) inhibitors, has revolutionized the treatment of CLL. These drugs are designed to specifically target the molecular abnormalities that drive the disease, leading to improved outcomes and reduced toxicity.
- Immunotherapy:** Immunotherapies, such as monoclonal antibodies and chimeric antigen receptor (CAR) T-cell therapy, have shown promising results in the treatment of CLL. These therapies harness the power of the immune system to target and destroy cancer cells.
- Transplantation:** For patients with relapsed or refractory CLL, autologous stem cell transplantation (ASCT) or allogeneic stem cell transplantation (alloSCT) may be considered. These procedures involve replacing the patient's diseased bone marrow with healthy stem cells.



**Dr. [Name]**  
[Title]  
[Institution]

The [Institution] is a leading center for the treatment of CLL, offering a comprehensive range of services, including clinical trials, personalized medicine, and supportive care. Our multidisciplinary team of experts works together to provide the best possible outcomes for our patients.

### Abstract: Advances in R/R CLL (3/4)

CLL is a chronic lymphocytic leukemia, a type of cancer that affects the blood and bone marrow. It is characterized by the presence of abnormal B-lymphocytes, which are a type of white blood cell. CLL is a chronic disease, meaning it is not curable but can be managed with treatment. The goal of treatment is to control the disease and improve quality of life. Advances in treatment have led to improved outcomes for patients with R/R CLL.

- 1. The use of novel agents, such as BTK inhibitors, has improved outcomes for patients with R/R CLL. BTK inhibitors are a type of targeted therapy that blocks the activity of the BTK protein, which is involved in the growth and survival of CLL cells. BTK inhibitors have been shown to improve overall survival and progression-free survival in patients with R/R CLL.
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**Abstract** [illegible text]

**Background** [illegible text]

**Methods** [illegible text]

**Results** [illegible text]

**Conclusions** [illegible text]

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EPICS



# Advances in Follicular Lymphoma (FL)

David Russler-Germain, MD, PhD



| Abstract                                                                                                                                                                                                                                               | Phase                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <u>Abstract S226</u> : Safety and efficacy of subcutaneous mosunetuzumab plus lenalidomide induction therapy followed by mosunetuzumab maintenance in previously untreated follicular lymphoma. Bachy E, et al                                         | <div><div></div><div></div><div></div></div> <div>Phase Ib/II</div> |
| <u>Abstract S228</u> : Surovatamig (AZD0486) plus rituximab in previously untreated follicular lymphoma (FL): initial safety data from the phase 3 SOUNDTRACK-F1 trial. Cheah CY, et al                                                                | <div><div></div><div></div><div></div></div> <div>Phase III</div>   |
| <u>Abstract S225</u> : Mosunetuzumab for early relapse of follicular lymphoma in the Nordic countries (MERLIN, NLG-FL6/ML43841). Brodtkorb M, et al                                                                                                    | <div><div></div><div></div><div></div></div> <div>Phase II</div>    |
| <u>Abstract S227</u> : Golcadomide (golca), a potential, first-in-class oral CELMoD ± rituximab (R) in patients (pts) with relapsed/refractory (R/R) follicular lymphoma (FL): phase 1/2 study long-term follow-up. Morillo D, et al                   | <div><div></div><div></div><div></div></div> <div>Phase I/II</div>  |
| <u>Abstract S229</u> : Clinically relevant subgroup analysis from the randomized phase 3 EPCORE FL-1 trial: treatment (Tx) effect of epcoritamab with lenalidomide and rituximab (R <sup>2</sup> ) in R/R follicular lymphoma (FL). Tessoulin B, et al | Subgroup Analysis                                                   |
| <u>Poster PS2035</u> : Anchored matching-adjusted indirect comparison of epcoritamab, lenalidomide, and rituximab vs tafasitamab, lenalidomide, and rituximab in relapsed/refractory follicular lymphoma: EPCORE FL-1 vs inMIND. Linton K, et al       | Retrospective Study                                                 |



# Safety and efficacy of subcutaneous mosunetuzumab plus lenalidomide induction therapy followed by mosunetuzumab maintenance in previously untreated follicular lymphoma.

Bachy E, et al. EHA 2026; Abstract S226



# Safety and efficacy of subcutaneous mosunetuzumab plus lenalidomide induction therapy followed by mosunetuzumab maintenance in previously untreated follicular lymphoma.

Bachy E, et al. EHA 2026; Abstract S226

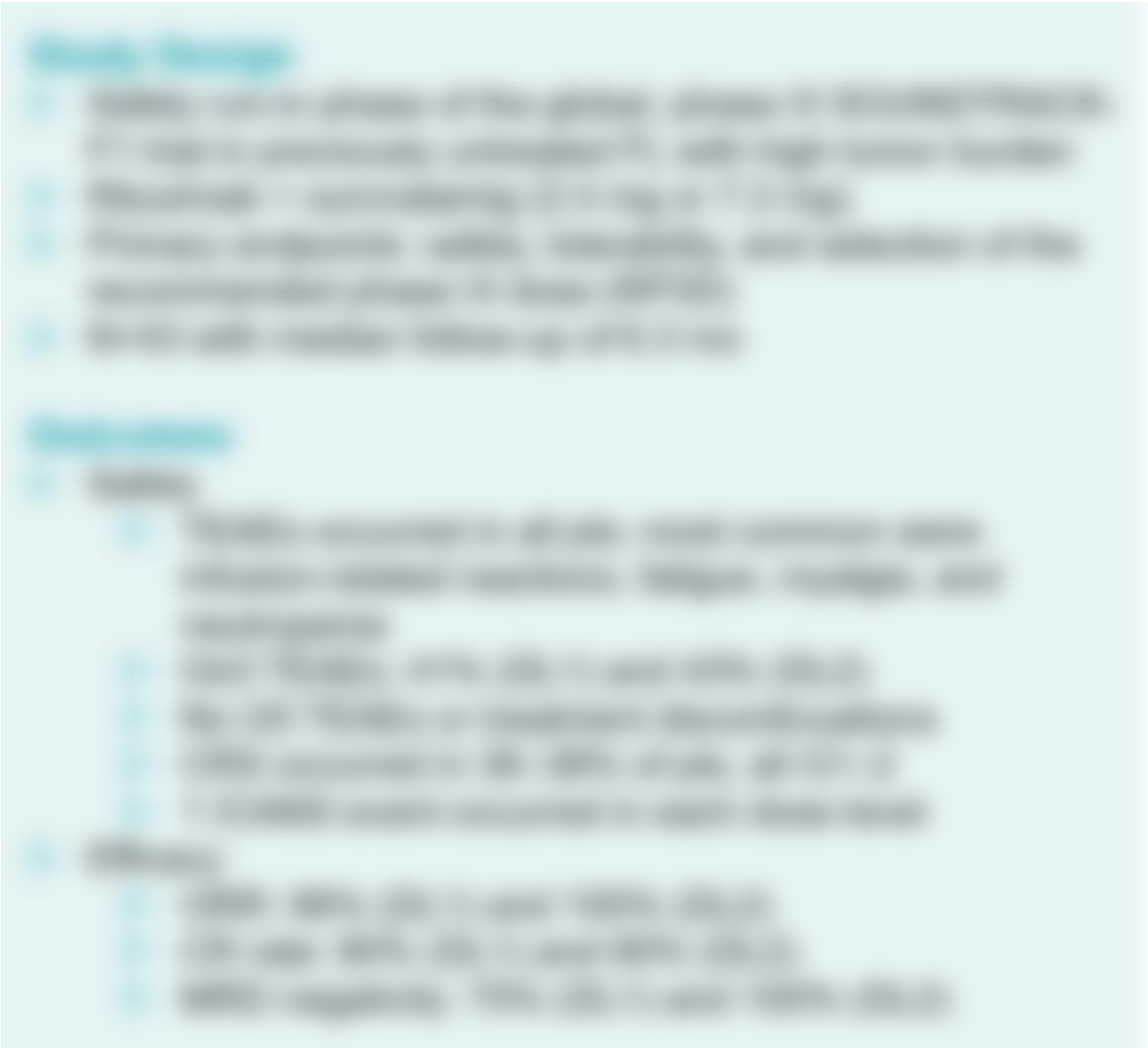


**Speaker:**  
Dr. Bachy is a hematologist and oncologist at the University of Bordeaux, France. He is currently the Medical Director of the Hematology Department at the Bordeaux University Hospital. He is also a member of the European Hematology Association (EHA) and the American Society of Hematology (ASH). He has published numerous papers on hematological diseases and is currently leading a clinical trial on the use of subcutaneous mosunetuzumab in follicular lymphoma.



# Surovatamig (AZD0486) plus rituximab in previously untreated follicular lymphoma (FL): initial safety data from the phase 3 SOUNDTRACK-F1 trial.

Cheah CY, et al. EHA 2026; Abstract S228



# Surovatamig (AZD0486) plus rituximab in previously untreated follicular lymphoma (FL): initial safety data from the phase 3 SOUNDTRACK-F1 trial.

Cheah CY, et al. EHA 2026; Abstract S228





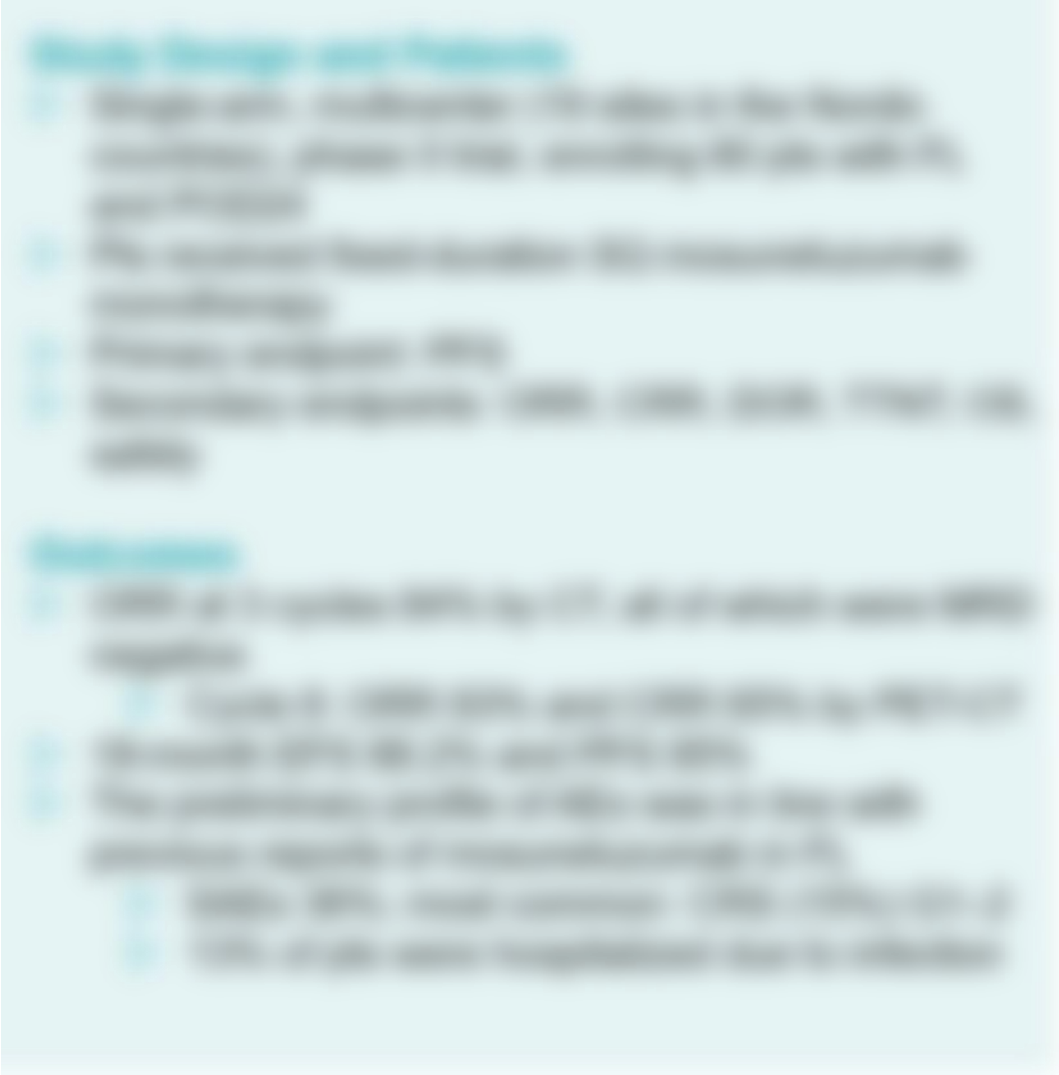
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Abstract content showing background information and a table of baseline characteristics.



# Mosunetuzumab for early relapse of follicular lymphoma in the Nordic countries (MERLIN, NLG FL6/ML43841).

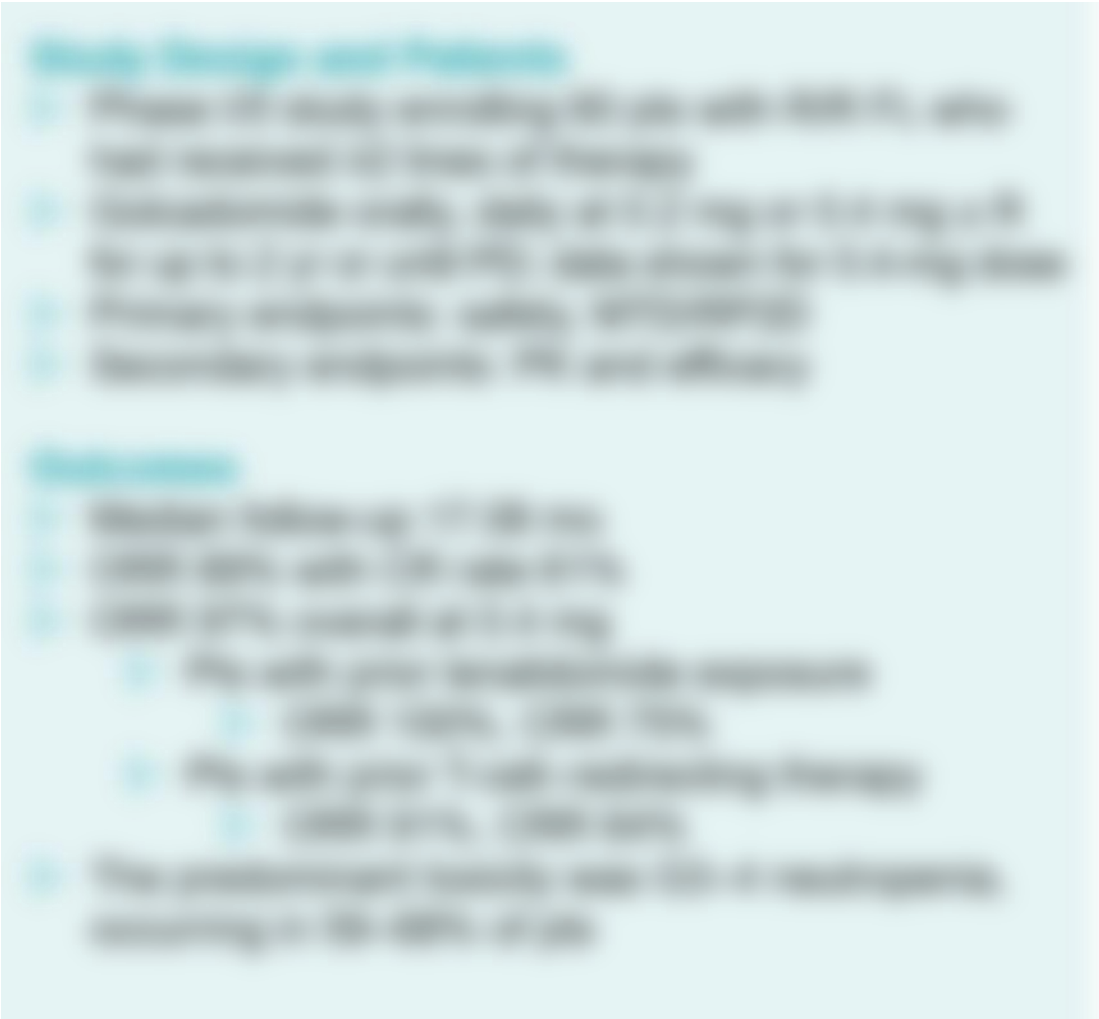
Brodtkorb M, et al. EHA 2026; Abstract S225



**EPICS**

# Golcadomide (golca), a potential, first-in-class oral CELMoD ± rituximab (R) in patients (pts) with relapsed/refractory (R/R) follicular lymphoma (FL): phase 1/2 study long-term follow-up

Morillo D, et al. EHA 2026; Abstract S227



# Golcadomide (golca), a potential, first-in-class oral CELMoD ± rituximab (R) in patients (pts) with relapsed/refractory (R/R) follicular lymphoma (FL): phase 1/2 study long-term follow-up

Morillo D, et al. EHA 2026; Abstract S227





**Speaker 1**

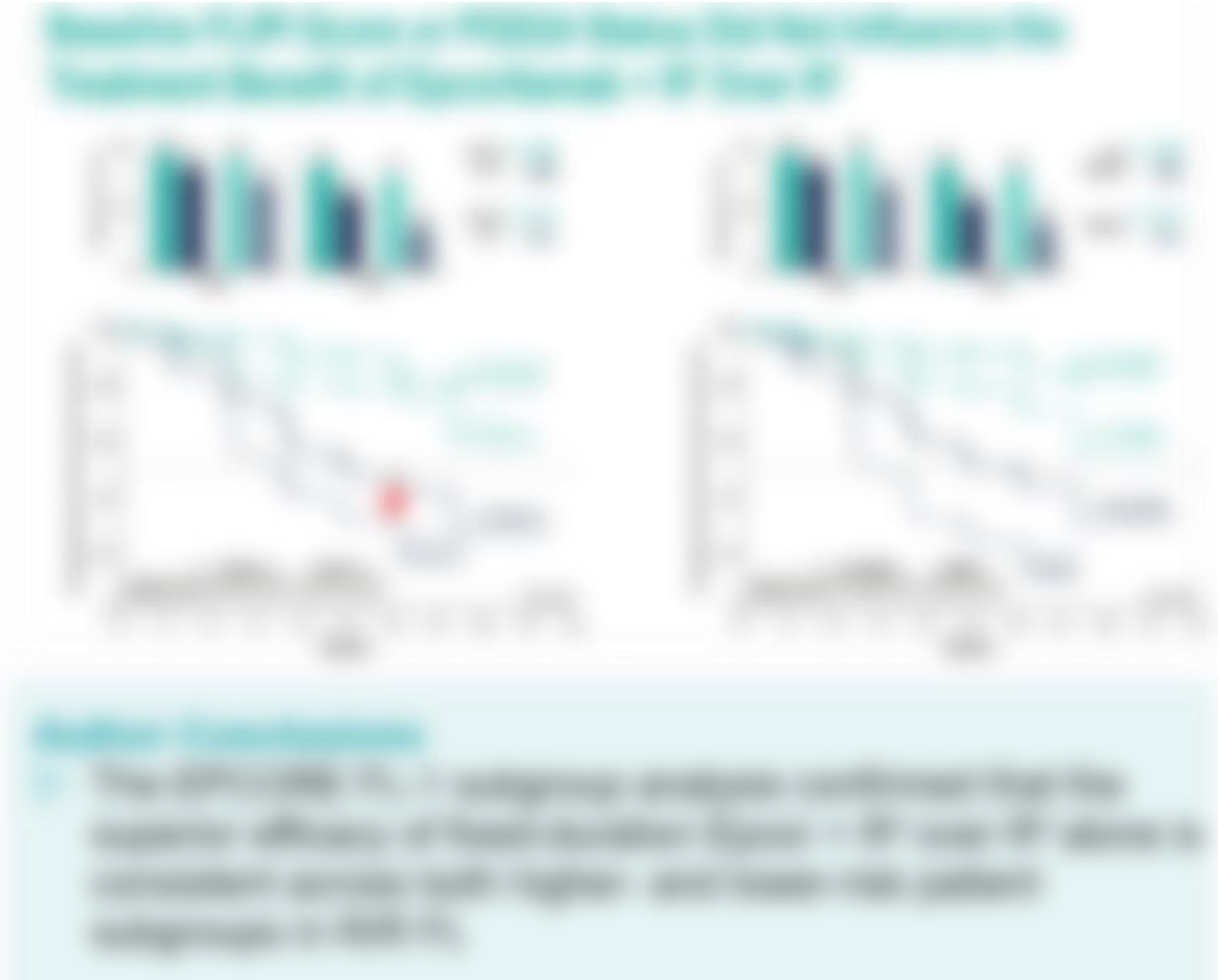
Dr. Morillo D, et al. presented the long-term follow-up results of the phase 1/2 study of Golcadomide (golca) ± rituximab (R) in patients with relapsed/refractory follicular lymphoma (FL). The study demonstrated promising outcomes, including sustained response rates and manageable safety profiles over an extended period.



# Clinically relevant subgroup analysis from the randomized phase 3 EPCORE FL-1 trial: treatment (Tx) effect of epcoritamab with lenalidomide and rituximab (R<sup>2</sup>) in R/R follicular lymphoma (FL)



Tessoulin B, et al. EHA 2026; Abstract S229

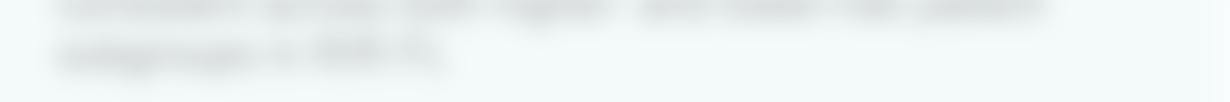


# Clinically relevant subgroup analysis from the randomized phase 3 EPCORE FL-1 trial: treatment (Tx) effect of epcoritamab with lenalidomide and rituximab (R<sup>2</sup>) in R/R follicular lymphoma (FL)

Tessoulin B, et al. EHA 2026; Abstract S229

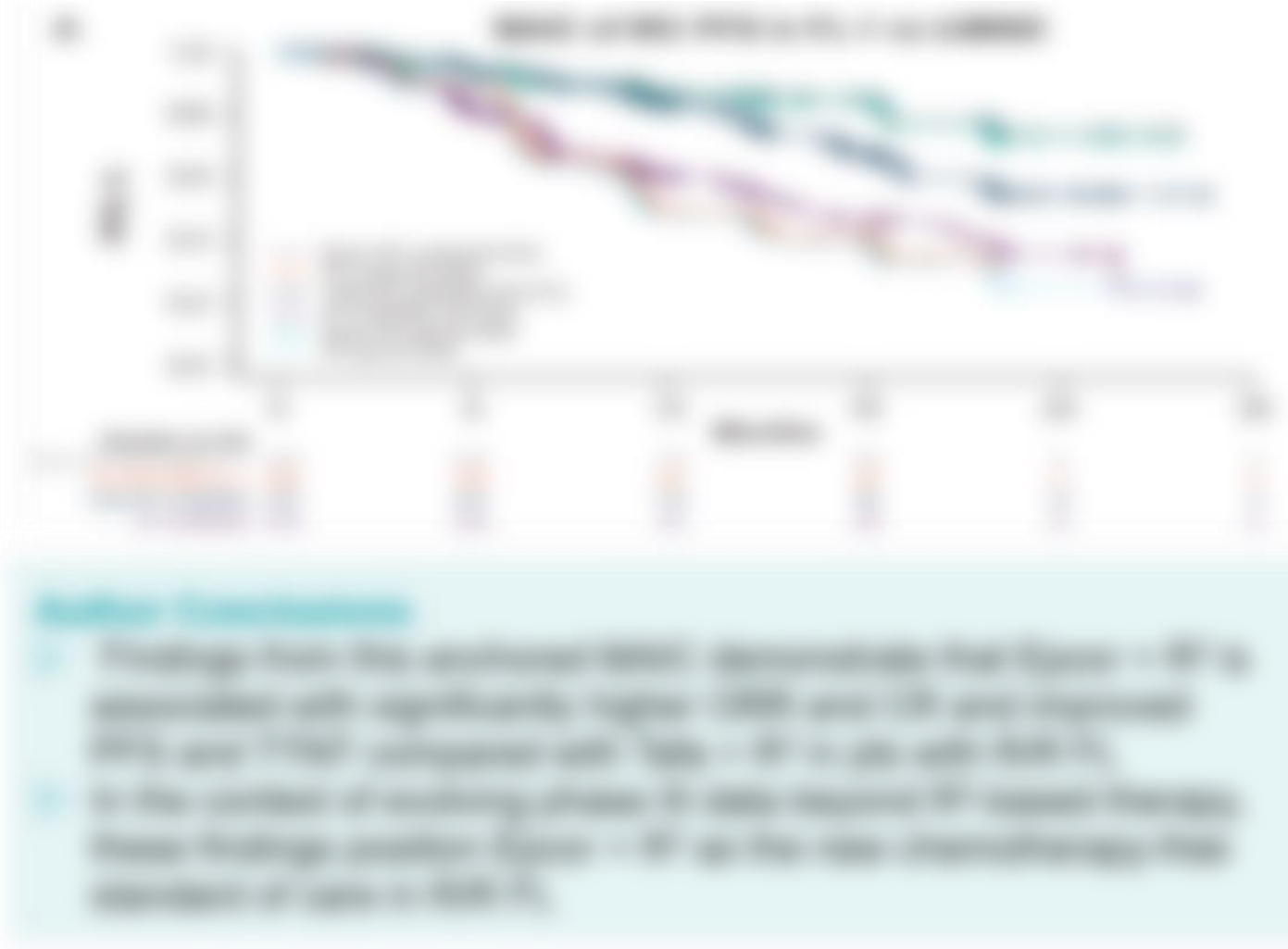
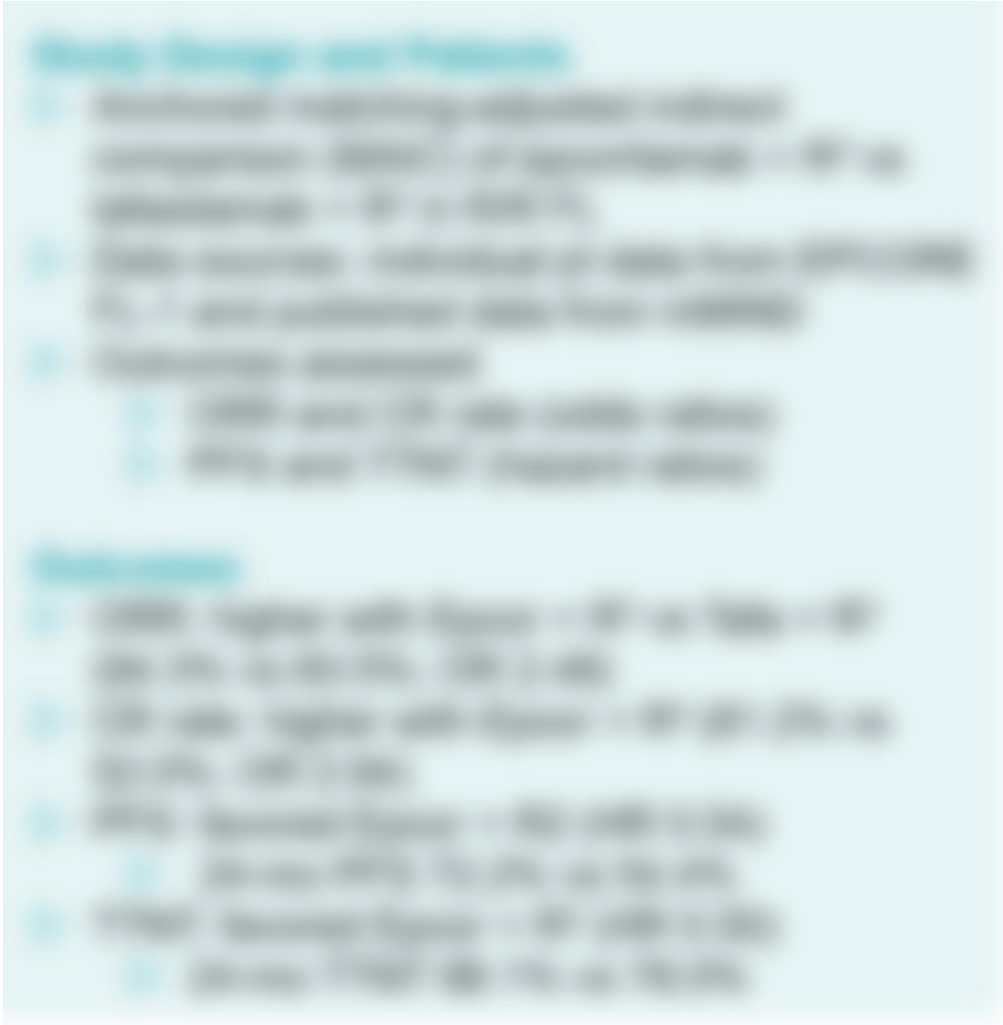


Speaker's name and affiliation text, which is blurred and illegible.



# Anchored matching-adjusted indirect comparison of epcoritamab, lenalidomide, and rituximab vs tafasitamab, lenalidomide, and rituximab in relapsed/refractory follicular lymphoma: EPCORE FL-1 vs inMIND

Linton K, et al. EHA 2026; Abstract PS2035



# Anchored matching-adjusted indirect comparison of epcoritamab, lenalidomide, and rituximab vs tafasitamab, lenalidomide, and rituximab in relapsed/refractory follicular lymphoma: EPCORE FL-1 vs inMIND

Linton K, et al. EHA 2026; Abstract PS2035





**Key Message**  
The anchored matching-adjusted indirect comparison (AMIC) analysis of EPCORE FL-1 vs inMIND showed that the combination of epcoritamab, lenalidomide, and rituximab (ELR) was associated with significantly improved overall survival (OS) and progression-free survival (PFS) compared to the combination of tafasitamab, lenalidomide, and rituximab (TLR) in relapsed/refractory follicular lymphoma (R/R FL). The results suggest that ELR may be a more effective treatment option for R/R FL.

Overall survival (OS) and progression-free survival (PFS) were significantly improved in the ELR group compared to the TLR group.

The results of this AMIC analysis suggest that ELR may be a more effective treatment option for R/R FL.



EPICS

# Advances in Follicular Lymphoma

Discussion



## Summary, February 25

- Reports generally agreed that regardless of whether we decide to move into the flexible treatment setting for FL, participants in the trial continue to pursue effective chemotherapy-free approaches
  - In addition, participants expressed strong confidence that flexible approaches are working, representing promising efficacy data and manageable toxicity profiles, especially with immunotherapy. If patients remain in the standard, immunotherapy-free arm, successfully administered in community settings with minimal use of CTX, potentially other clinical programs in use
- However, not all reports were consistent that subsequent adoption will occur in the near term
  - In future, implementers may face challenges with up-to-date regulatory updates, including emergency use, early efficacy monitoring, and the use of immunotherapy, which can be complex in certain that do not regularly have a lot of data, which may be consistent with current flexible therapies for FL
  - In future, address these potential challenges, noting that while the efficacy data are attractive, representing especially those regimens require greater resources and infrastructure, which may limit uptake outside academic centers
  - Participants also raised concerns about future treatment sequencing, noting that the use of a CD20xCD3 approach in the flexible setting could complicate subsequent treatment decisions if patients experience adverse and require further chemotherapy therapy
- Overall, the panel agreed that regardless of whether a program into the flexible setting, key practical considerations regarding safety management, logistics, and sequencing will influence the pace of adoption

## Session 2B.2

- **Supports patient-centered care** – It is the most effective of the 3 available tools to support the patient-centered care
  - It allows patients to express their concerns, although all members of the team can suggest that they do not support a particular decision or action and indicate the additional needs and requirements associated with a particular setting
  - It allows the team to discuss the patient's preferences, particularly for patients with acute changes in status, and understand the need for more information or a change in the management plan, using the agreed-on FL
- **Supports a shared decision-making approach** – It is a shared decision-making tool that is a shared decision-making approach, involving the patient, the patient's family, and the healthcare team. It is a shared decision-making approach that is a shared decision-making approach and involves the patient, the patient's family, and the healthcare team.
- **It supports the FL** – It is a shared decision-making tool that is a shared decision-making approach, involving the patient, the patient's family, and the healthcare team. It is a shared decision-making approach that is a shared decision-making approach and involves the patient, the patient's family, and the healthcare team.
- **It supports the FL** – It is a shared decision-making tool that is a shared decision-making approach, involving the patient, the patient's family, and the healthcare team. It is a shared decision-making approach that is a shared decision-making approach and involves the patient, the patient's family, and the healthcare team.
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### Session 1: Introduction to the course and the importance of patient safety

The first session introduces the course and the importance of patient safety. It covers the following topics:

- The importance of patient safety in the healthcare system
- The role of the healthcare professional in ensuring patient safety
- The importance of communication in patient safety
- The importance of teamwork in patient safety

### Session 2: The importance of patient safety in the healthcare system

The second session discusses the importance of patient safety in the healthcare system. It covers the following topics:

- The importance of patient safety in the healthcare system
- The role of the healthcare professional in ensuring patient safety
- The importance of communication in patient safety
- The importance of teamwork in patient safety



### Session 3: The importance of patient safety in the healthcare system

The third session discusses the importance of patient safety in the healthcare system. It covers the following topics:

- The importance of patient safety in the healthcare system
- The role of the healthcare professional in ensuring patient safety
- The importance of communication in patient safety
- The importance of teamwork in patient safety

**Abstract** 1000. Formulating, evaluating, and choosing a personally selected attitude approach (P.A.) with which one lives his/her life is a liberating P.A. step. (See 17-00-0000)

- In the case of a normal distribution, the effect of a normally distributed variable  $X$  on the response  $Y$  is given by the regression coefficient  $\beta_1$ . The effect of a standard deviation increase in  $X$  on the response  $Y$  is given by  $\beta_1$ .
- The effect of a standard deviation increase in  $X$  on the response  $Y$  is given by  $\beta_1$ . The effect of a standard deviation increase in  $X$  on the response  $Y$  is given by  $\beta_1$ .
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Source: 2007. "Transportation spending: a planning perspective." *Transportation Research Board*. Washington, DC: National Academy of Sciences. <http://www.nationalacademies.org/trb/transportation/transportation.htm>. Accessed 10/10/07.

- Figure 10 shows that results are both broadly consistent with the 1975-1980 and the 1980-1990 period results – that is, group and non-indigenous employment, gross domestic capital, and GDP per GDP per worker (excluding non-indigenous workers) all contribute to explain the variation in economic growth of the 1980-1990 period. However, the results are not all statistically significant.
- The variable non-indigenous employment is significant in the 1975-1980 period, while it is not in the 1980-1990 period. This may be due to the fact that non-indigenous employment is more important in the 1975-1980 period than in the 1980-1990 period. The variable gross domestic capital is significant in the 1975-1980 period, while it is not in the 1980-1990 period. This may be due to the fact that gross domestic capital is more important in the 1975-1980 period than in the 1980-1990 period. The variable GDP per worker (excluding non-indigenous workers) is significant in the 1975-1980 period, while it is not in the 1980-1990 period. This may be due to the fact that GDP per worker (excluding non-indigenous workers) is more important in the 1975-1980 period than in the 1980-1990 period.

**EPICS: A New Way to Connect Patients and Providers**  
The EPICS program is a new way to connect patients and providers. It is a secure, online platform that allows patients to communicate with their healthcare providers. Patients can use the platform to schedule appointments, request prescription refills, and ask questions about their care. Providers can use the platform to respond to patient messages, schedule appointments, and manage their practice. The EPICS program is a secure, online platform that allows patients to communicate with their healthcare providers. Patients can use the platform to schedule appointments, request prescription refills, and ask questions about their care. Providers can use the platform to respond to patient messages, schedule appointments, and manage their practice.

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Dr. Michael Chen  
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EPICS



# Mantle Cell Lymphoma (MCL) and Marginal Zone Lymphoma (MZL)

Pier Luigi Zinzani, MD, PhD



| Abstract                                                                                                                                                                                                                                              | Phase                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <a href="#">Abstract S232</a> : Fixed-duration glofitamab monotherapy in relapsed or refractory mantle cell lymphoma with or without prior Bruton’s tyrosine kinase inhibitor exposure: updated outcomes with 3.5 years of follow-up. Karimi Y, et al | <div><div></div><div></div><div></div></div> <div>Phase I/II</div>  |
| <a href="#">Abstract S230</a> : CD22-directed CAR T-cells induce high rates of complete remissions with minimal neurotoxicity in high-risk follicular lymphoma, mantle cell lymphoma, and other non-Hodgkin lymphoma subtypes. Frank MJ, et al        | <div><div></div><div></div><div></div></div> <div>Phase I</div>     |
| <a href="#">Poster PF933</a> : Combination treatment with novel BCL2 inhibitor sonrotoclax (BGB-11417) and zanubrutinib in patients with relapsed/refractory mantle cell lymphoma (R/R MCL): results from a phase 1/1b study. Soumerai J, et al       | <div><div></div><div></div><div></div></div> <div>Phase I/IIb</div> |
| <a href="#">Poster PF945</a> : Updated efficacy and safety results of rocbutinib from the phase 2 ROCK-1 study in patients with relapsed or refractory mantle cell lymphoma previously treated with a BTK inhibitor. Song Y, et al                    | <div><div></div><div></div><div></div></div> <div>Phase II</div>    |
| <a href="#">Poster PS2059</a> : Efficacy and safety of nemtabrutinib in relapsed or refractory marginal zone lymphoma: cohort F of the phase 2 BELLWAVE-003 study. Tucci A, et al                                                                     | <div><div></div><div></div><div></div></div> <div>Phase II</div>    |
| <a href="#">Abstract S248</a> : Brentuximab vedotin plus CHP plus etoposide (CHEPA) in newly diagnosed CD30-positive peripheral T-cell lymphomas with integrated ctDNA analysis: primary results of the phase 2 CHEPA trial. Trněný M, et al          | <div><div></div><div></div><div></div></div> <div>Phase II</div>    |

# Fixed-duration glofitamab monotherapy in relapsed or refractory mantle cell lymphoma with or without prior Bruton's tyrosine kinase inhibitor exposure: updated outcomes with 3.5 years of follow-up

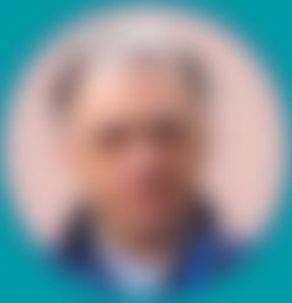
Karimi Y, et al. EHA 2026; Abstract S232



# Fixed-duration glofitamab monotherapy in relapsed or refractory mantle cell lymphoma with or without prior Bruton's tyrosine kinase inhibitor exposure: updated outcomes with 3.5 years of follow-up

Karimi Y, et al. EHA 2026; Abstract S232





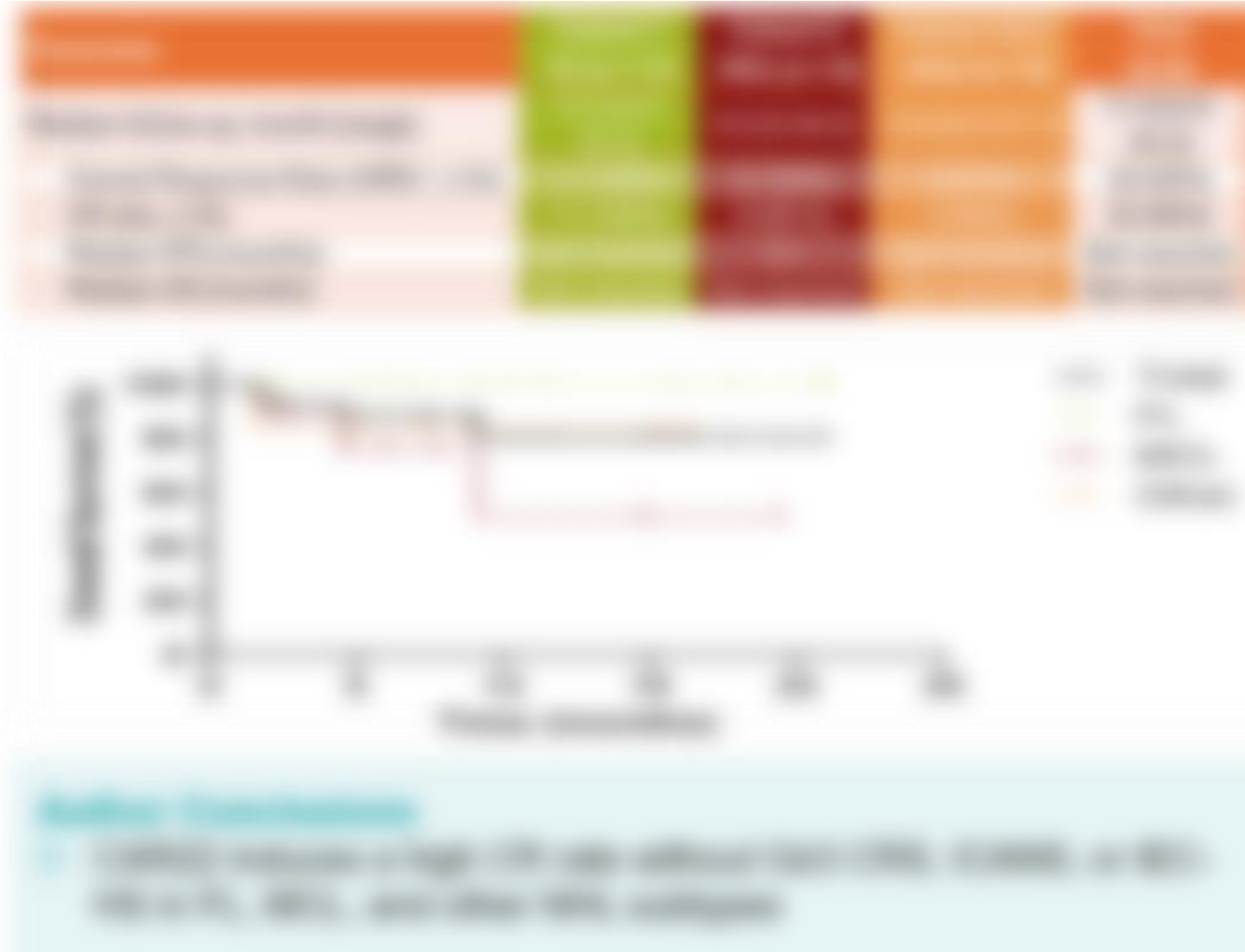
**Keynote 100**

Dr. Yusef Karimi, MD, PhD, is a senior advisor and senior principal investigator at the University of California, San Diego, and a senior advisor at the National Cancer Institute. He is also a senior advisor at the National Cancer Institute, where he is a senior advisor and senior principal investigator. He is also a senior advisor at the National Cancer Institute, where he is a senior advisor and senior principal investigator.



# CD22-directed CAR T-cells induce high rates of complete remissions with minimal neurotoxicity in high-risk follicular lymphoma, mantle cell lymphoma, and other non-Hodgkin lymphoma subtypes

Frank MJ, et al. EHA 2026; Abstract S230



# CD22-directed CAR T-cells induce high rates of complete remissions with minimal neurotoxicity in high-risk follicular lymphoma, mantle cell lymphoma, and other non-Hodgkin lymphoma subtypes

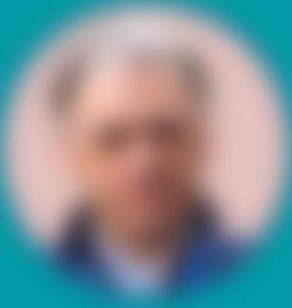
Frank MJ, et al. EHA 2026; Abstract S230



**Background:** CD22-directed CAR T-cells (CD22-CAR T) are being evaluated in a phase 1/2 study in high-risk non-Hodgkin lymphoma (NHL) subtypes, including follicular lymphoma (FL), mantle cell lymphoma (MCL), and diffuse large B-cell lymphoma (DLBCL). The study aims to assess safety, efficacy, and neurotoxicity.

**Methods:** Patients with relapsed/refractory high-risk NHL were enrolled. They received CD22-CAR T cells after conditioning chemotherapy. The primary endpoint was the rate of complete remission (CR) with minimal neurotoxicity.

**Results:** In the study cohort, the overall CR rate was high, with minimal neurotoxicity observed. The study is ongoing, and further data will be presented.



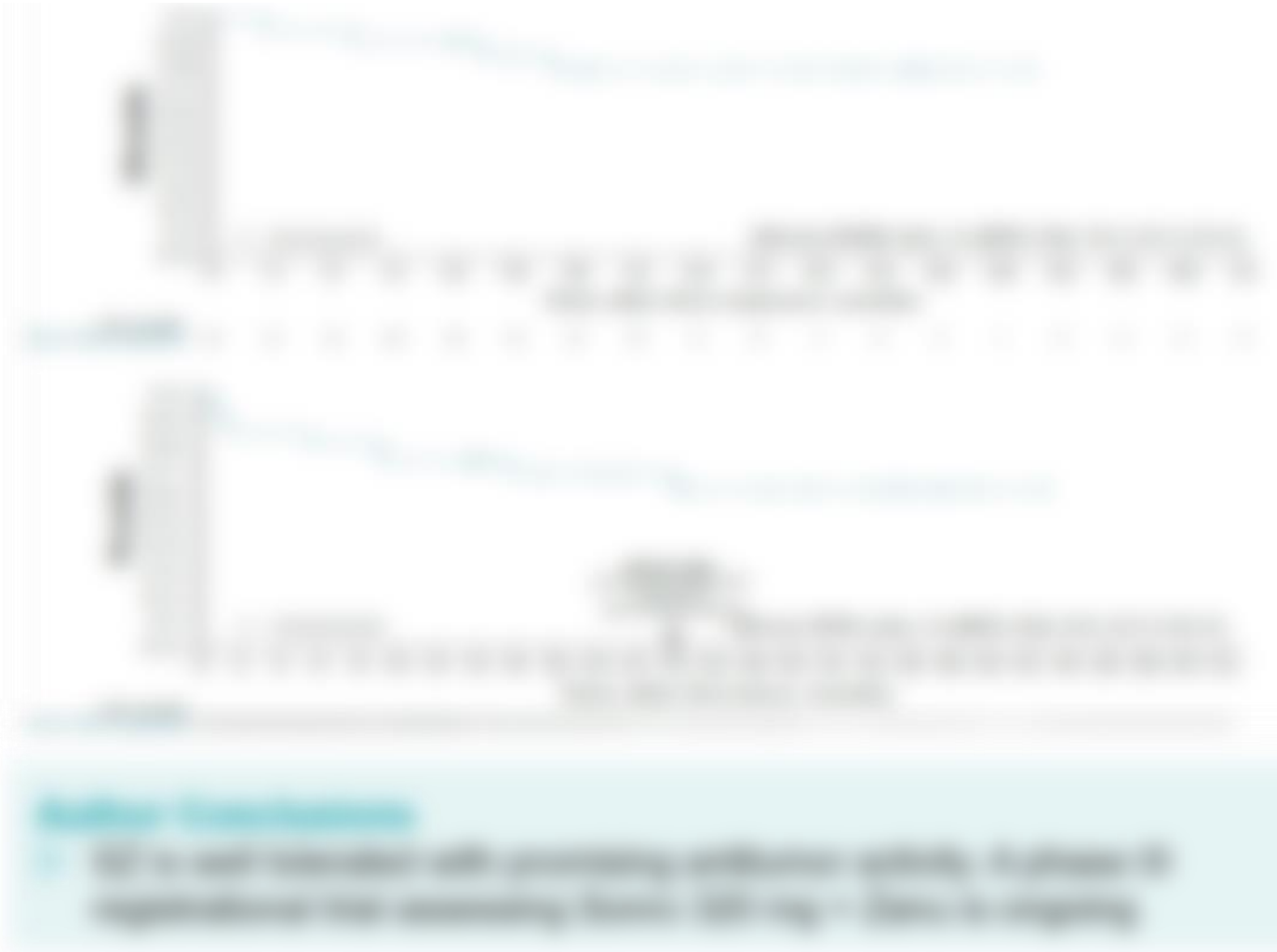
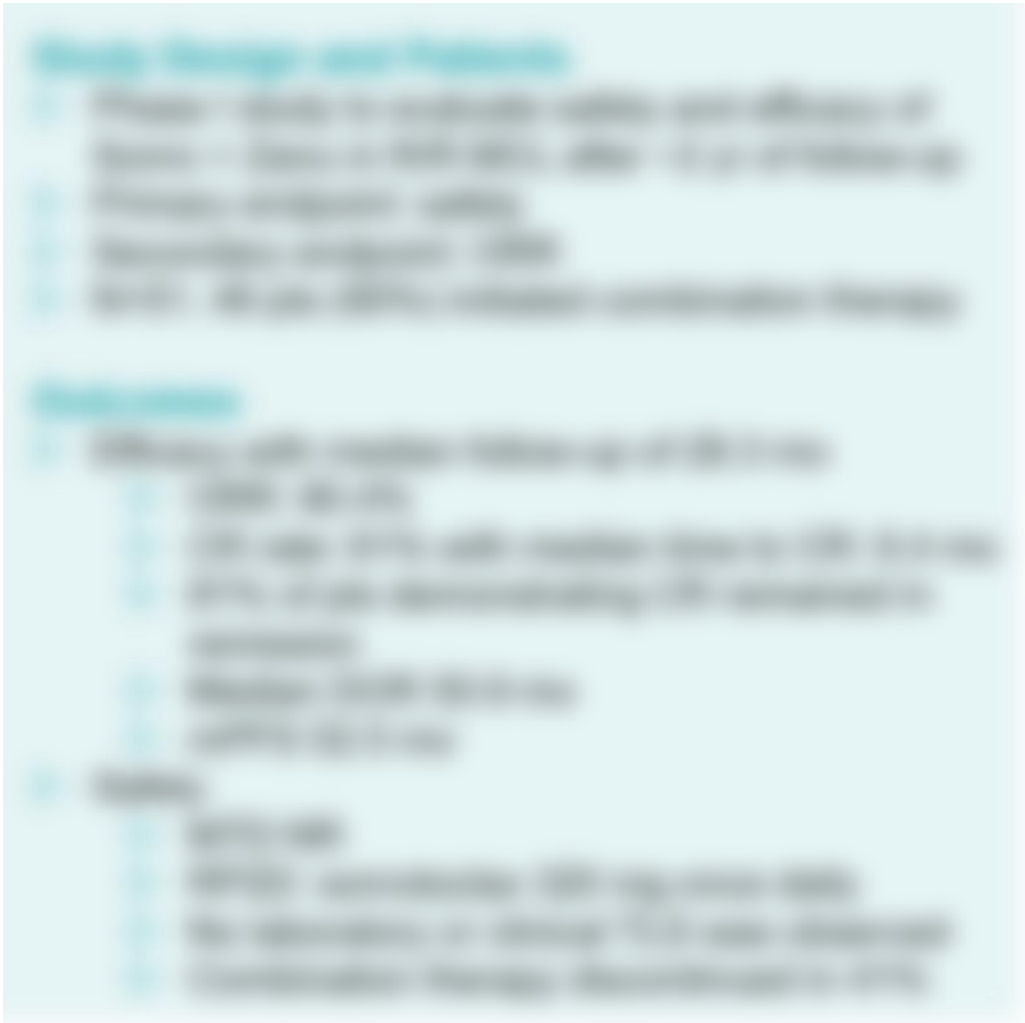
**Key Message:** CD22-directed CAR T-cells induce high rates of complete remissions with minimal neurotoxicity in high-risk follicular lymphoma, mantle cell lymphoma, and other non-Hodgkin lymphoma subtypes.



# Combination treatment with novel BCL2 inhibitor sonrotoclax (BGB-11417) and zanubrutinib in patients with relapsed/refractory mantle cell lymphoma (R/R MCL): results from a phase 1/1b study

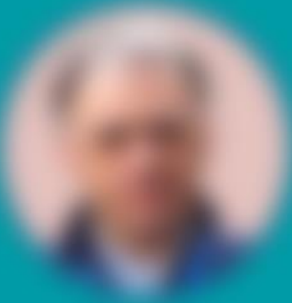


Soumerai J, et al. EHA 2026; Abstract PF933



# Combination treatment with novel BCL2 inhibitor sonrotoclax (BGB-11417) and zanubrutinib in patients with relapsed/refractory mantle cell lymphoma (R/R MCL): results from a phase 1/1b study

Soumerai J, et al. EHA 2026; Abstract PF933



Background: Mantle cell lymphoma (MCL) is a B-cell malignancy characterized by a t(11;14) translocation. The combination of BCL2 inhibition and BTK inhibition represents a promising therapeutic approach. Sonrotoclax (BGB-11417) is a novel BCL2 inhibitor, and zanubrutinib is a BTK inhibitor. This study evaluates the safety and efficacy of the combination in R/R MCL.

Methods: A phase 1/1b study was conducted in R/R MCL patients. The study was designed to evaluate the safety and efficacy of the combination of sonrotoclax and zanubrutinib. The primary endpoint was the safety of the combination, and the secondary endpoint was the efficacy, measured by the overall response rate (ORR).

Results: The study included 30 patients. The combination of sonrotoclax and zanubrutinib was well-tolerated, with no grade 3 or higher adverse events related to the combination. The ORR was 60%.

Conclusion: The combination of sonrotoclax and zanubrutinib is a promising therapeutic approach for R/R MCL. Further studies are needed to confirm these findings.



# Updated efficacy and safety results of rocbrutinib from the phase 2 ROCK-1 study in patients with relapsed or refractory mantle cell lymphoma previously treated with a BTK inhibitor

Song Y, et al. EHA 2026; Abstract PF945



# Updated efficacy and safety results of rocbrutinib from the phase 2 ROCK-1 study in patients with relapsed or refractory mantle cell lymphoma previously treated with a BTK inhibitor

Song Y, et al. EHA 2026; Abstract PF945



**Background:** Rocbrutinib is a potent, selective BTK inhibitor. In the phase 2 ROCK-1 study, rocbrutinib demonstrated promising efficacy and safety in patients with relapsed or refractory mantle cell lymphoma (MCL) previously treated with a BTK inhibitor. Updated efficacy and safety results are presented.

**Methods:** The ROCK-1 study is a phase 2, open-label, single-arm study evaluating the efficacy and safety of rocbrutinib in patients with relapsed or refractory MCL previously treated with a BTK inhibitor. The primary endpoint is the overall response rate (ORR). Secondary endpoints include progression-free survival (PFS), overall survival (OS), and safety.

**Results:** Updated efficacy and safety results are presented. The ORR was [X]%, PFS was [X] months, and OS was [X] months. The most common adverse events were [X] and [X].

**Table 1. Summary of efficacy and safety results**

| Parameter | Value        | 95% CI                 |
|-----------|--------------|------------------------|
| ORR       | [X]%         | [X]%, [X]%             |
| PFS       | [X] months   | [X] months, [X] months |
| OS        | [X] months   | [X] months, [X] months |
| Safety    | [X] patients | [X] patients           |

**Conclusion:** Rocbrutinib demonstrated promising efficacy and safety in patients with relapsed or refractory MCL previously treated with a BTK inhibitor. Updated efficacy and safety results are presented.

**References:** Song Y, et al. EHA 2026; Abstract PF945



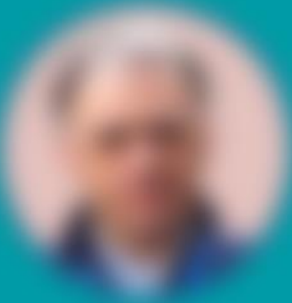
# Efficacy and safety of nemtabrutinib in relapsed or refractory marginal zone lymphoma: cohort F of the phase 2 BELLWAVE-003 study

Tucci A, et al. EHA 2026; Abstract PS2059



# Efficacy and safety of nemtabrutinib in relapsed or refractory marginal zone lymphoma: cohort F of the phase 2 BELLWAVE-003 study

Tucci A, et al. EHA 2026; Abstract PS2059



**Background:** The BELLWAVE-003 study is a phase 2, open-label, multicenter study evaluating the efficacy and safety of nemtabrutinib in relapsed or refractory marginal zone lymphoma (MZL). Cohort F of the study is specifically designed to assess the efficacy and safety of nemtabrutinib in relapsed or refractory MZL. The study is currently ongoing, and preliminary results are being presented.

**Methods:** Cohort F of the BELLWAVE-003 study is a phase 2, open-label, multicenter study evaluating the efficacy and safety of nemtabrutinib in relapsed or refractory MZL. The study is currently ongoing, and preliminary results are being presented.



# Brentuximab vedotin plus CHP plus etoposide (CHEPA) in newly diagnosed CD30-positive peripheral T-cell lymphomas with integrated ctDNA analysis: primary results of the phase 2 CHEPA trial

Trněný M, et al. EHA 2026; Abstract S248



# Brentuximab vedotin plus CHP plus etoposide (CHEPA) in newly diagnosed CD30-positive peripheral T-cell lymphomas with integrated ctDNA analysis: primary results of the phase 2 CHEPA trial

Trněný M, et al. EHA 2026; Abstract S248



| Table with 10 columns (headers are illegible) |  |  |  |  |  |  |  |  |  |
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Trněný M, et al. EHA 2026; Abstract S248



EPICS

# Mantle Cell Lymphoma (MCL) and Marginal Zone Lymphoma (MZL)

Discussion



## Summary

- There were multiple MCL/MZL data releases in 2016 that were highly regarded and considered potentially important for treatment decisions.
- Experts were highly enthusiastic about the emerging data for golimumab in MCL/MZL.
  - In MCL/MZL, and first through second-line therapy, the results are "impressive," highlighting the durable response observed with single-agent therapy. In MCL/MZL, golimumab is the first MCL/MZL therapy where response is also superior after 12 months. In MCL/MZL, the golimumab data showed encouraging durability, with a median overall survival of 3 years.
  - In MCL/MZL, golimumab appears to be particularly active in MCL, and golimumab also appears to be particularly active in MZL, with a median overall survival of 3 years. This is encouraging the relatively high rates of MCL/MZL with golimumab, in comparison to the efficacy in comparison to emerging data with rituximab + golimumab, which appears to demonstrate more MCL/MZL with increasing activity.
- MCL/MZL (MCL/MZL) Experts see this approach as important for the current MCL/MZL (MCL/MZL) patients, with durable response rates and tolerability. However, use of MCL/MZL single-agent response at progression is seen as a challenge for subsequent therapy approaches.
- Golimumab in MCL/MZL, and rituximab in MCL/MZL, both appear to be promising in their respective settings, although single-agent response for MCL/MZL is needed before this combination can be shown.

## Summary points

- Experts were impressed by the apparent synergy between the agents, even though the data are early. They suggest some results from phase I testing and believe the combination could be rapidly adopted if confirmed in full agents are already commercially available
  - Dr Cohen noted that combination may have practical advantages over combination because it has a FDA approved agent and appears to be better tolerated
    - However, Dr Williams cautioned that combination would adopt in patients with HIV-associated, a somewhat high risk subgroup
- Several experts suggested that the activity of combination appears particularly enhanced when combined with rituximab
  - Prof Sheng described the combination results as "fantastic," noting that the efficacy greatly exceeded what would be expected from combination alone
  - Dr Mulligan added that the clinical results indicate further pharmacokinetic and biological data providing improved activity with the combination
- HIV-related disease remains a significant cause of death despite advances with newer therapies

### Abstract

Background: Mantle cell lymphoma (MCL) is a B-cell non-Hodgkin lymphoma characterized by a t(11;14) translocation resulting in overexpression of cyclin D1. MCL is a heterogeneous disease with two main subtypes: nodal and non-nodal. Nodal MCL is the most common subtype and is characterized by a nodular growth pattern. Non-nodal MCL includes splenic, nodal, and non-nodal subtypes. The prognosis for MCL is poor, with a median survival time of 3-5 years. However, recent advances in treatment have improved outcomes for some patients.

Methods: We conducted a retrospective analysis of 100 patients with MCL who were treated with rituximab-based regimens. The patients were divided into two groups: nodal and non-nodal. The nodal group consisted of 60 patients, and the non-nodal group consisted of 40 patients. The patients were treated with rituximab, cyclophosphamide, and doxorubicin (R-CHOP) or rituximab, cyclophosphamide, and etoposide (R-CEOP). The primary endpoint was overall survival (OS), and the secondary endpoint was progression-free survival (PFS).

Results: The median OS for the nodal group was 3.5 years, and for the non-nodal group, it was 2.5 years. The median PFS for the nodal group was 2.5 years, and for the non-nodal group, it was 1.5 years. The difference in OS between the two groups was not statistically significant (p = 0.15). The difference in PFS between the two groups was also not statistically significant (p = 0.25).

Conclusion: Our study suggests that rituximab-based regimens may be effective in the treatment of MCL, regardless of the subtype. However, further studies are needed to confirm these findings and to identify the optimal treatment regimen for MCL.

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**Dr. Chandra**

Dr. Chandra is a board-certified oncologist with over 10 years of experience in the field of hematology and oncology. He completed his medical degree at the University of California, San Diego, and his residency at the University of California, San Francisco. He is currently an attending physician at the University of California, San Francisco, where he oversees the hematology and oncology services. He is also a faculty member at the University of California, San Francisco, where he teaches medical oncology to residents and fellows. Dr. Chandra is a member of the American Society of Clinical Oncology (ASCO) and the Society for Hematopathology. He has published numerous articles in the field of hematology and oncology and has been involved in several clinical trials. He is passionate about providing the best possible care for his patients and is committed to staying up-to-date on the latest advances in the field.

**Small Cell Lung Cancer (SCLC)**

- 1. SCLC is a highly aggressive cancer that typically arises in the lungs. It is characterized by small, round cells with scant cytoplasm and hyperchromatic nuclei.
- 2. SCLC is often diagnosed at an advanced stage, with approximately 70% of patients having distant metastases at the time of diagnosis.
- 3. The primary treatment for SCLC is chemotherapy, typically consisting of a platinum-based agent (cisplatin or carboplatin) and an etoposide derivative.
- 4. Radiation therapy is often used in combination with chemotherapy, particularly for the primary tumor and involved nodes.

**Non-Small Cell Lung Cancer (NSCLC)**

- 1. NSCLC is the most common type of lung cancer, accounting for approximately 85% of all lung cancer cases.
- 2. NSCLC is often diagnosed at an early stage, with approximately 40% of patients having no distant metastases at the time of diagnosis.
- 3. The primary treatment for NSCLC is surgery, typically consisting of a lobectomy or a pneumonectomy.
- 4. Radiation therapy is often used in combination with surgery, particularly for the primary tumor and involved nodes.



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## CLONING

- The cloning of a specific gene or sequence of DNA is a key step in the development of a new drug or vaccine. This process involves the use of a vector, which is a DNA molecule that can replicate itself and carry foreign DNA. The vector is inserted into a cell, and the cell produces copies of the vector, which then carry the foreign DNA into other cells.
- Cloning can also be used to create a library of genes, which can be used to study the function of individual genes. This is done by inserting a library of genes into a cell, and then screening the cell for a specific gene product.
- Cloning is also used to create a library of proteins, which can be used to study the function of individual proteins. This is done by inserting a library of genes into a cell, and then screening the cell for a specific protein product.

## CRISPR

- The CRISPR-Cas9 system is a powerful tool for editing DNA. It consists of a Cas9 protein, which is responsible for cutting DNA, and a CRISPR array, which contains a library of genes. The Cas9 protein is guided by the CRISPR array to a specific location in the DNA, where it makes a cut.
- CRISPR-Cas9 can be used to create a library of genes, which can be used to study the function of individual genes. This is done by inserting a library of genes into a cell, and then screening the cell for a specific gene product.
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