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Kompetenznetz
Maligne Lymphome

EHA2023 HYBRID

Kompetenznetz Maligne Lymphome

Lymphom Kompetenz KOMPAKT

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Expert:innen berichten zu Lymphomen & Leukämien

Prof. Dr. med. Christian Buske
Universitätsklinikum Ulm

Follikuläres Lymphom (FL)

Offenlegung potentieller Interessenskonflikte

LymphomKompetenz KOMPAKT – EHA2023 HYBRID wird in Kooperation mit sieben unterstützenden Firmen durchgeführt.
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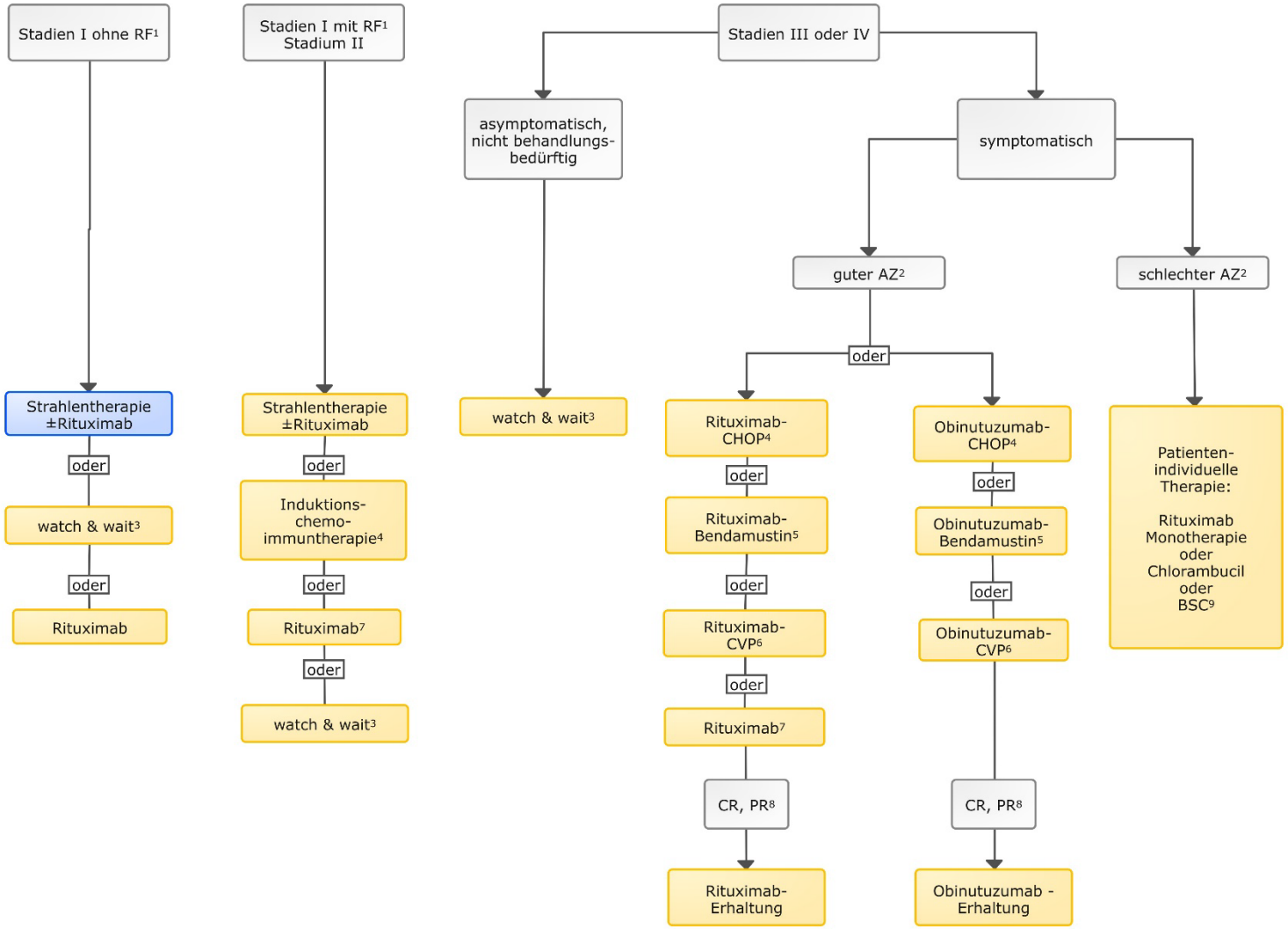
Besitz von Geschäftsanteilen, Aktien oder Fonds	--
Patent, Urheberrecht, Verkaufslizenz	--
Honorare	Roche, Janssen, AbbVie, Novartis, Bayer, Celltrion, Incyte, Pfizer, Beigene, BMS, Sobi
Finanzierung wissenschaftlicher Untersuchungen	Roche, Janssen, Bayer, Celltrion, MSD, Amgen, AbbVie
Andere finanzielle Beziehungen	
Immaterielle Interessenkonflikte	

Wo stehen wir beim FL?

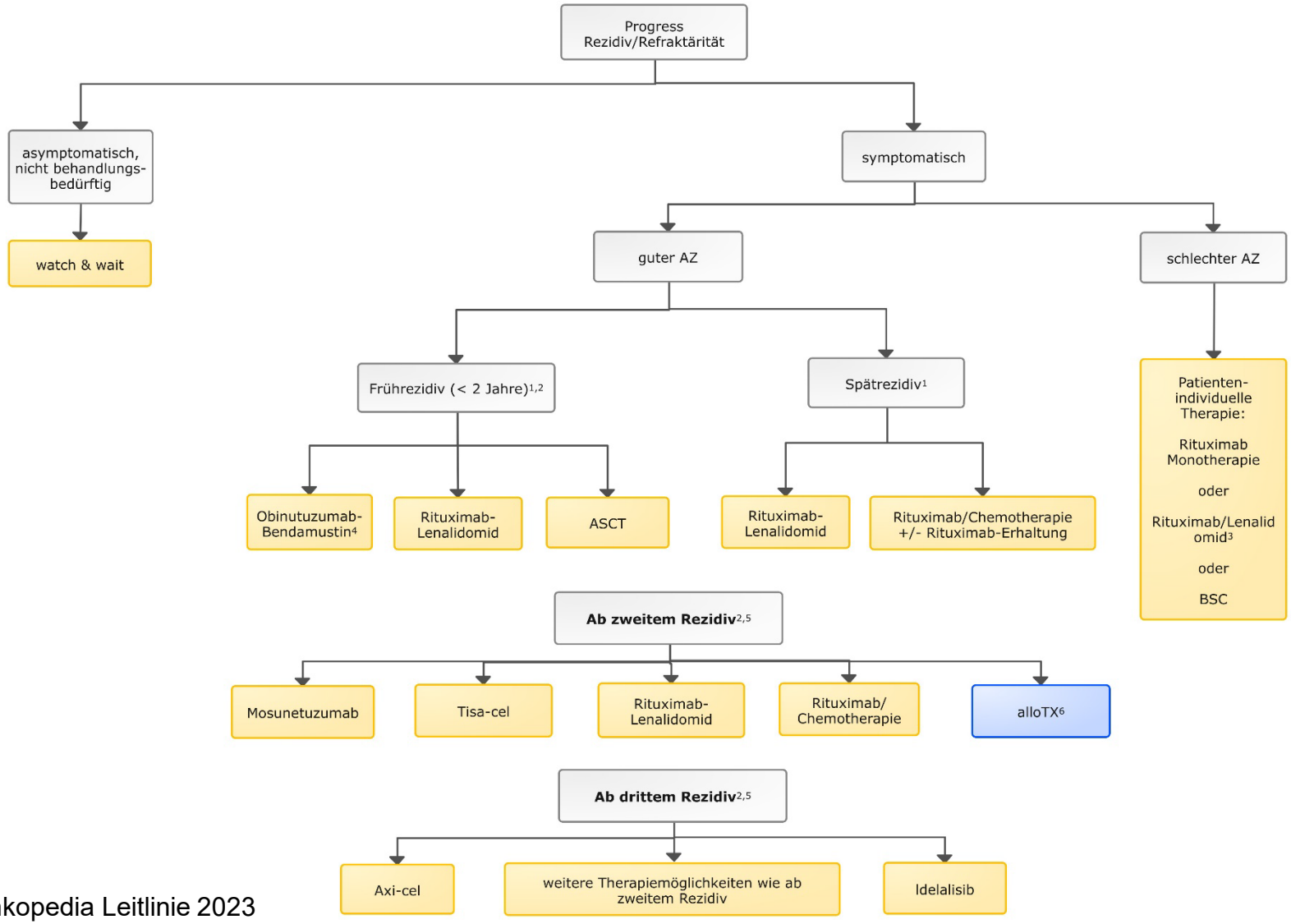
Update Onkopedia FL Erstlinie



Buske et al., FL Onkopedia Leitlinie 2023

Wo stehen wir beim FL?

Update Onkopedia FL Rezidiv



Buske et al., FL Onkopedia Leitlinie 2023

Kapitel 1

Rezidiviertes/Refraktäres FL:

Irgendeine Rolle noch für BTK Inhibitoren?

Kapitel 1: BTK Inhibitoren

POSTER ID P1080

ZANUBRUTINIB PLUS OBINUTUZUMAB VERSUS OBINUTUZUMAB IN PATIENTS WITH RELAPSED/REFRACTORY FOLLICULAR LYMPHOMA: UPDATED ANALYSIS OF THE ROSEWOOD STUDY

Presentation-Type
Poster Presentation

Speaker information
Judith Trotman (New South Wales, Australia)

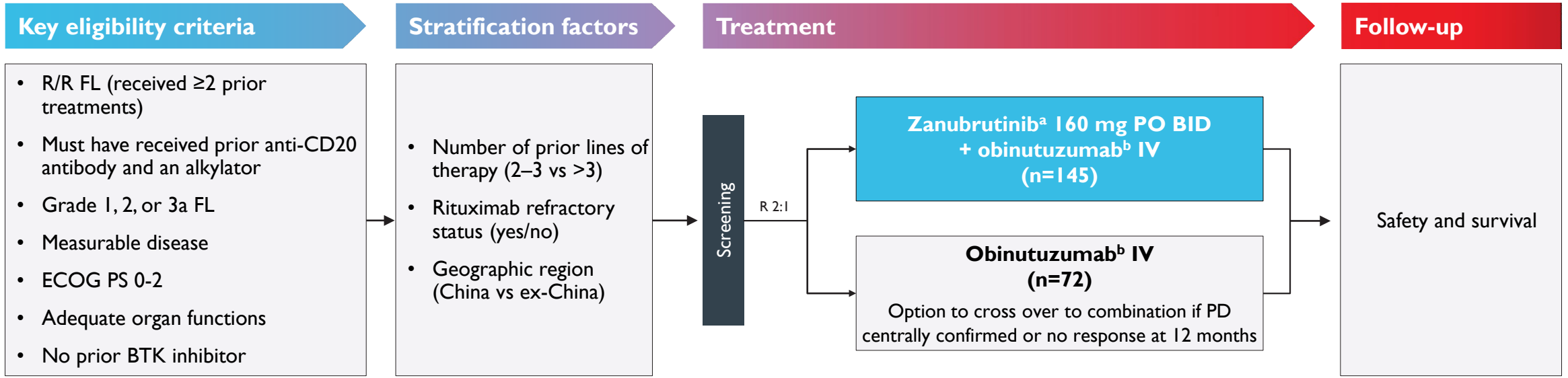
Study Design[1,2]

ROSEWOOD – Updated Analysis

Phase 2

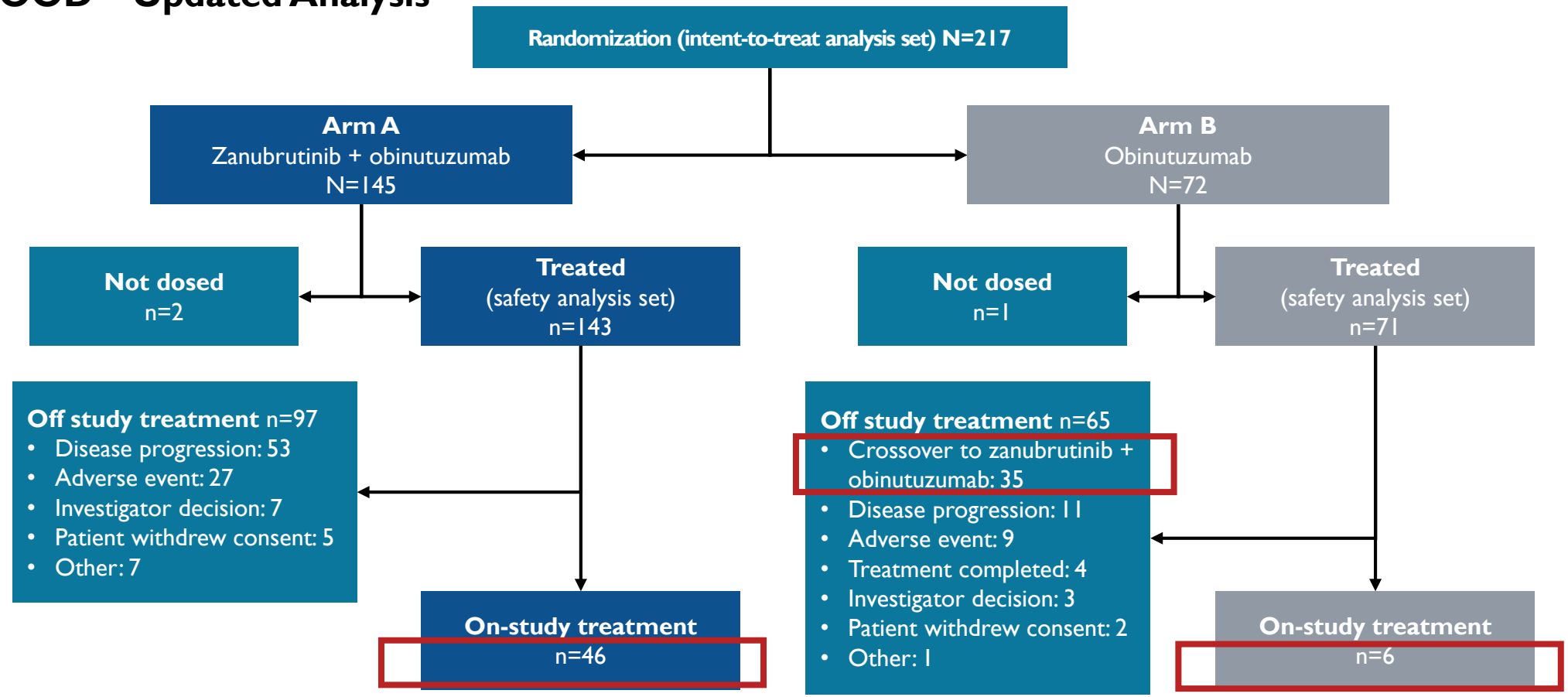
Study Identifier: BGB-3111-212, NCT03332017

Primary Endpoint: ORR by ICR per Lugano Classification[3]
Key Secondary Endpoints: ORR by investigator, DOR and PFS by ICR, OS, CR and CMR rate



Patient Disposition

ROSEWOOD – Updated Analysis



- A total of 217 patients from 127 sites in 17 countries/regions were randomized between November 2017 and June 2021
- Median follow-up for this analysis was 20.2 months

Patient Characteristics and Treatment Exposure

ROSEWOOD – Updated Analysis

Characteristic	Zanubrutinib + obinutuzumab (n=145)	Obinutuzumab (n=72)
Age, median (range), years	63.0 (31-84)	65.5 (32-88)
ECOG PS ≥1, n (%)	59 (40.6)	41 (57.0)
FLIPI score ≥3, n (%)	77 (53.1)	37 (51.4)
Ann Arbor stage III-IV, n (%)	119 (82.1)	60 (83.3)
Bulky disease (≥7 cm), n (%)	23 (15.9)	12 (16.7)
High LDH level (>ULN), n (%)	49 (33.8)	29 (40.3)
High tumor burden per GELF criteria, n (%)	83 (57.2)	40 (55.6)
Number of prior lines of therapy, median (range)	3 (2-11)	3 (2-9)
Refractory to rituximab, n (%)	78 (53.8)	36 (50.0)
Refractory to most recent line of therapy, n (%)	47 (32.4)	29 (40.3)
PD ≤24 months after starting first line of therapy, n (%)	50 (34.5)	30 (41.7)
Prior therapy		
Prior immunochemotherapy	143 (98.6)	71 (98.6)
Anthracyclines	118 (81.4)	57 (79.2)
Cyclophosphamide	136 (93.8)	68 (94.4)
Bendamustine	79 (54.5)	40 (55.6)

Treatment Exposure

- In the zanubrutinib plus obinutuzumab arm, median duration of zanubrutinib exposure was 12.2 months (range, 0.5-44.1 months)
  - 56.7% of patients received ≥12 cycles
  - Median relative dose intensity was 98.9% (range, 30.7%-100%)
  - Median number of obinutuzumab infusions was 11 (range, 3-20)
- In the obinutuzumab arm, median exposure was 6.5 months (range, 0.1-28.7 months)
  - Median number of infusions was 9 (range, 3-20)

Efficacy Outcomes

ROSEWOOD – Updated Analysis

Endpoint	Zanubrutinib + obinutuzumab (n=145)	Obinutuzumab (n=72)	2-sided P value
ORR by IRC, (95% CI), %	69.0 (60.8-76.4)	45.8 (34.0-58.0)	0.0012
CR	39.3	19.4	0.0035
PR	29.7	26.4	–
18-month DoR rate (95% CI), %	69.3 (57.8-78.2)	41.9 (22.6-60.1)	–
DOCR by IRC			
Median (95% CI), mo	NE (26.5-NE)	26.5 (2.7-NE)	–
18-month DOCR rate (95% CI), %	87.4 (73.8-94.2)	51.1 (21.0-74.9)	–
24-month OS rate (95% CI), %	77.3 (68.0-84.2)	71.4 (58.3-81.1)	–

- At the median study follow-up of 20.2 months, the difference in the ORR by IRC was 22.7% (95% CI, 9.0%-36.5%) in favor of zanubrutinib plus obinutuzumab

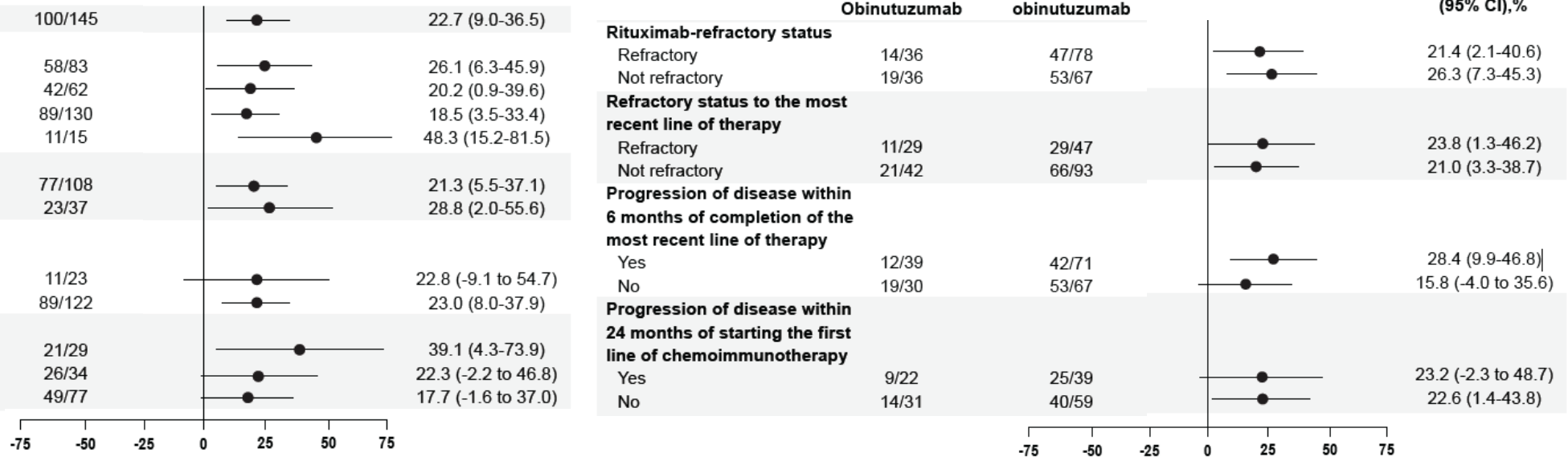
CI=confidence interval, DOCR=duration of complete response, DoR=duration of response, IRC=independent review committee, NE=not evaluable, ORR=overall response rate, OS=overall survival, PR=partial response,

Flowers C et al. Poster presented at ASCO 2023; abstract number: 7545

ORR by IRC in Predefined Subgroups

ROSEWOOD – Updated Analysis

Subgroup	Response/patients		Risk difference (95% CI),%
	Obinutuzumab	Zanubrutinib + obinutuzumab	
All patients in ITT	33/72	100/145	22.7 (9.0-36.5)
Age, years			
<65	14/32	58/83	26.1 (6.3-45.9)
≥65	19/40	42/62	20.2 (0.9-39.6)
<75	30/60	89/130	18.5 (3.5-33.4)
≥75	3/12	11/15	48.3 (15.2-81.5)
Prior lines of therapy			
2-3	27/54	77/108	21.3 (5.5-37.1)
>3	6/18	23/37	28.8 (2.0-55.6)
Bulky disease: any target lesion longest diameter ≥7 cm			
Yes	3/12	11/23	22.8 (-9.1 to 54.7)
No	30/60	89/122	23.0 (8.0-37.9)
FLIPI risk category			
Low (0-1)	3/9	21/29	39.1 (4.3-73.9)
Intermediate (2)	13/24	26/34	22.3 (-2.2 to 46.8)
High (≥3)	17/37	49/77	17.7 (-1.6 to 37.0)
Rituximab-refractory status			
Refractory	14/36	47/78	21.4 (2.1-40.6)
Not refractory	19/36	53/67	26.3 (7.3-45.3)
Refractory status to the most recent line of therapy			
Refractory	11/29	29/47	23.8 (1.3-46.2)
Not refractory	21/42	66/93	21.0 (3.3-38.7)
Progression of disease within 6 months of completion of the most recent line of therapy			
Yes	12/39	42/71	28.4 (9.9-46.8)
No	19/30	53/67	15.8 (-4.0 to 35.6)
Progression of disease within 24 months of starting the first line of chemoimmunotherapy			
Yes	9/22	25/39	23.2 (-2.3 to 48.7)
No	14/31	40/59	22.6 (1.4-43.8)



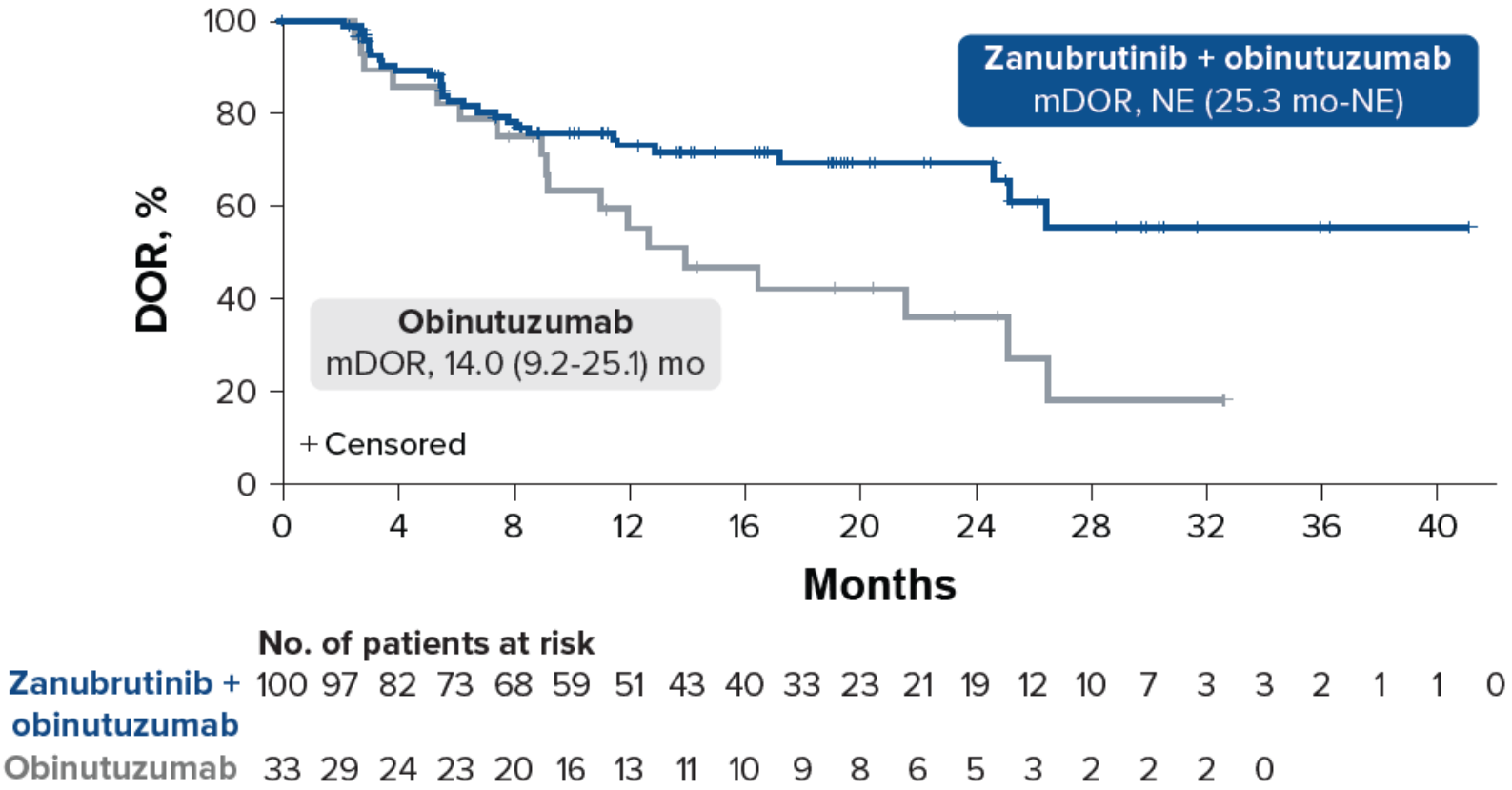
- Across prespecified subgroups of patients, zanubrutinib plus obinutuzumab showed consistent benefit over obinutuzumab

FLIPI=Follicular Lymphoma International Prognostic Index, IRC=independent review committee, ITT=intention-to-treat, ORR=overall response rate,

Flowers C et al. Poster presented at ASCO 2023; abstract number: 7545

Duration of Response by IRC

ROSEWOOD – Updated Analysis



- Median duration of response by IRC was 14.0 months with obinutuzumab and was not reached in the zanubrutinib plus obinutuzumab arm

DoR=duration of response, IRC=independent review committee, mDOR=median duration of response, mo=months, NE=not evaluable,

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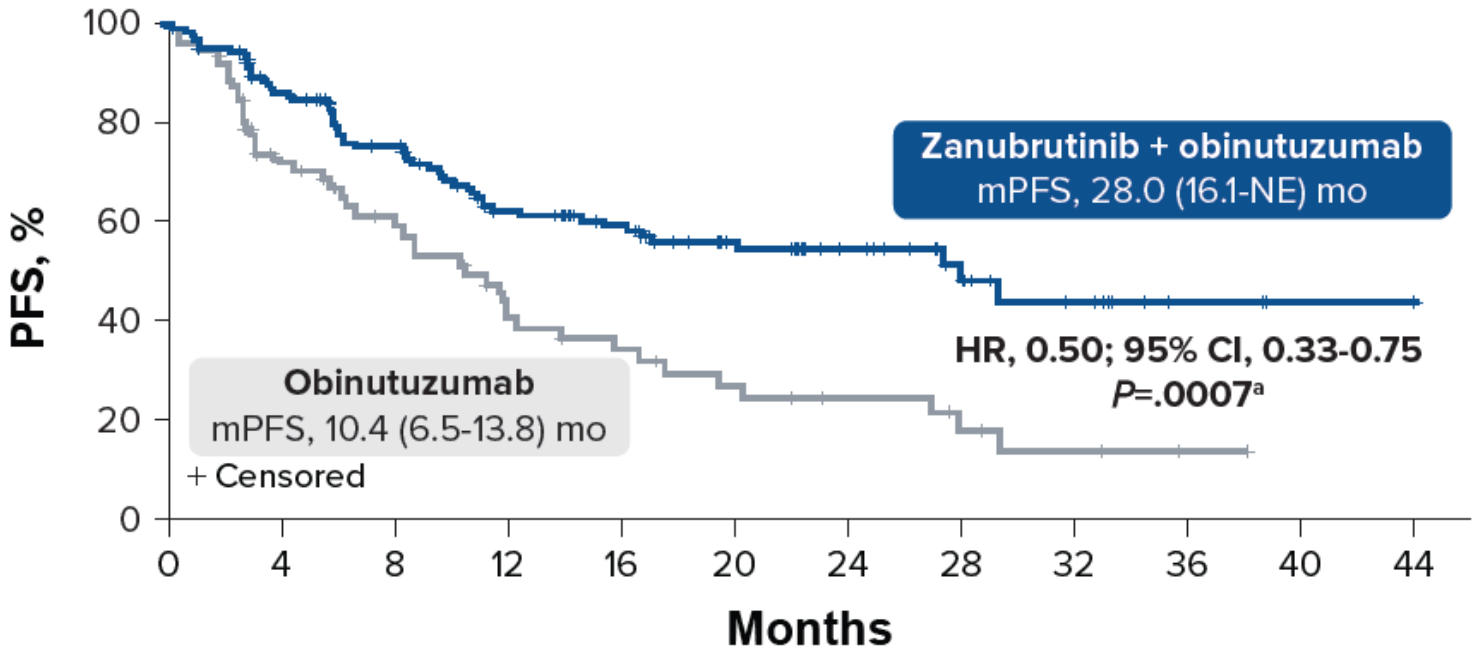
Progression-Free Survival by IRC

ROSEWOOD – Updated Analysis



No. of patients at risk

Zanubrutinib + obinutuzumab	145	135	116	96	92	79	67	62	56	45	38	35	25	22	15	10	9	5	3	3	1	1	0
Obinutuzumab	72	63	42	34	30	27	19	16	15	12	11	9	8	8	5	3	3	2	1	1	0		

- Median PFS was longer with zanubrutinib plus obinutuzumab vs obinutuzumab

[a]Descriptive 2-sided P value.

CI=confidence interval, HR=hazard ratio, IRC=independent review committee, mo=months, mPFS=median progression-free survival, NE=not evaluable, PFS=progression-free survival,

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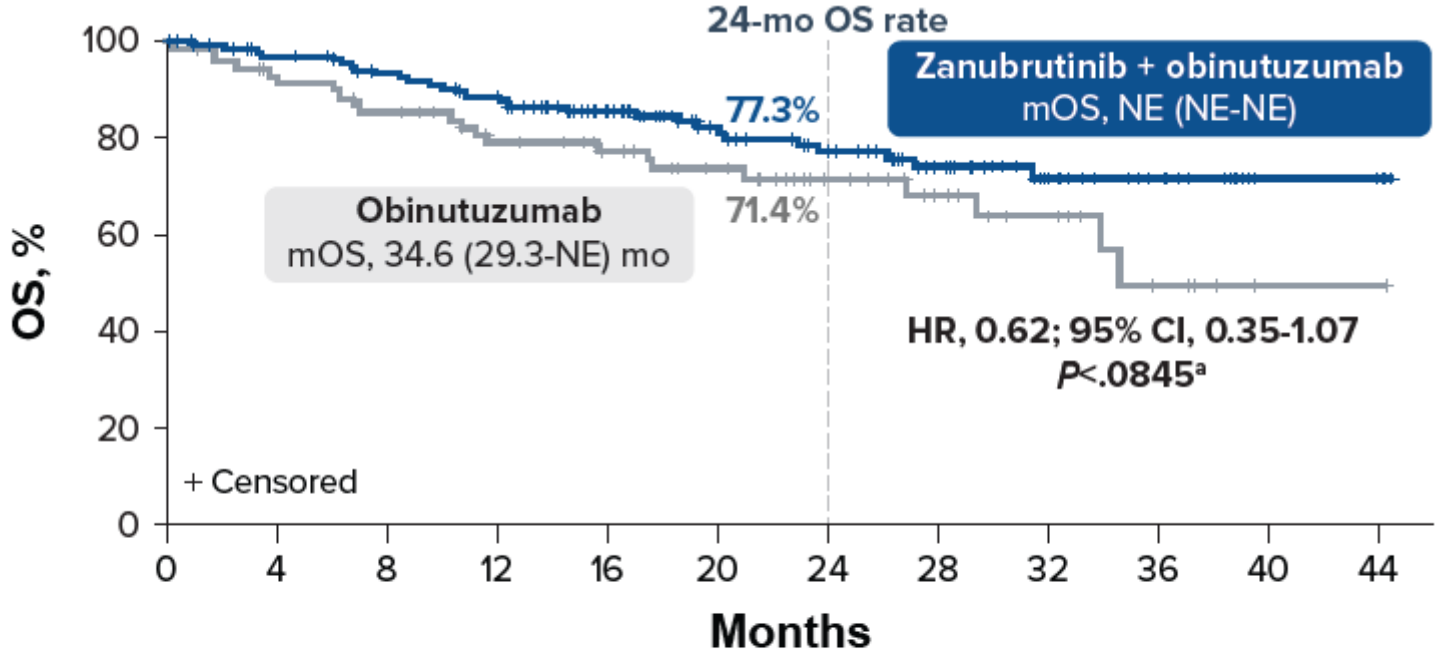
Overall Survival

ROSEWOOD – Updated Analysis



- The estimated overall survival rate at 24 months was numerically higher with zanubrutinib plus obinutuzumab vs obinutuzumab

[a]Descriptive 2-sided P value.

CI=confidence interval, mo=months, mOS=median overall survival, NE=not evaluable,

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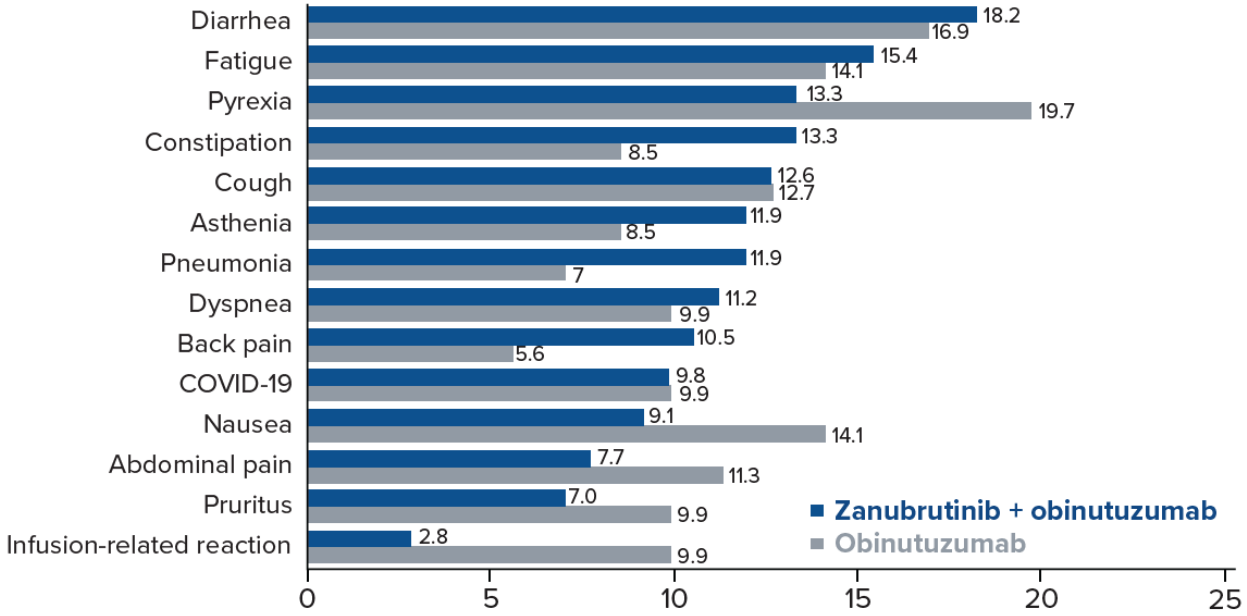
Nonhematologic TEAEs

ROSEWOOD – Updated Analysis



	Zanubrutinib + obinutuzumab (n=143)	Obinutuzumab (n=71)
Pneumonia	14 (9.8)	3 (4.2)
COVID-19	8 (5.6)	2 (2.8)
COVID-19 pneumonia	5 (3.5)	2 (2.8)
Diarrhea	4 (2.8)	1 (1.4)
Febrile neutropenia	3 (2.1)	1 (1.4)
Atrial fibrillation	2 (1.4)	0 (0)
Infusion-related reaction	1 (0.7)	3 (4.2)
Hypertension	1 (0.7)	1 (1.4)

- There were no unexpected safety findings with zanubrutinib plus obinutuzumab
- Among common nonhematologic TEAEs of any grade, pyrexia and infusion-related reactions occurred more frequently with obinutuzumab (>5% difference vs zanubrutinib plus obinutuzumab)

COVID=coronavirus disease, TEAE=treatment emergent adverse event,
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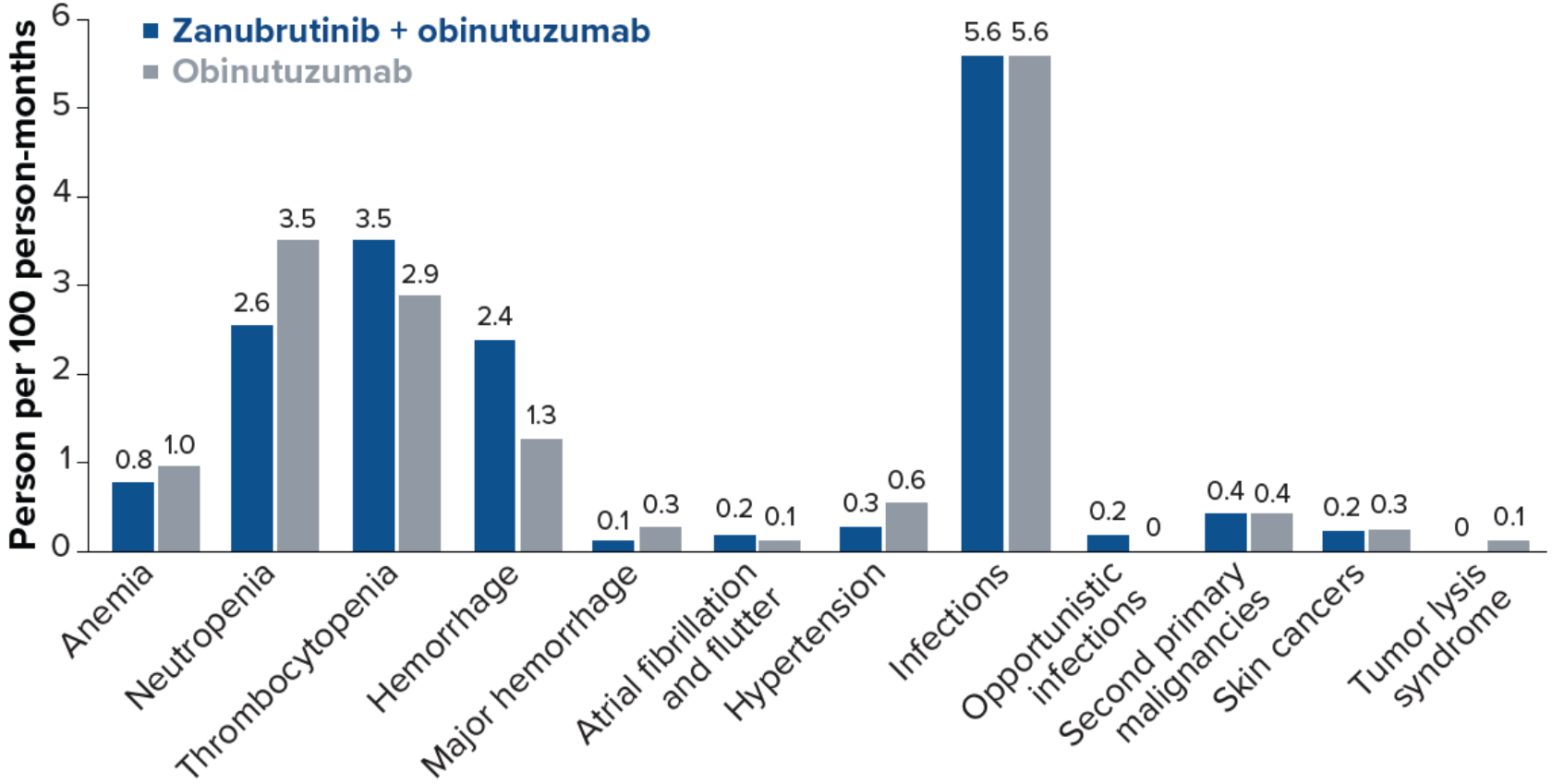
EAIRs for TEAEs of Special Interest

ROSEWOOD – Updated Analysis



- Incidences of atrial fibrillation and hypertension were low and similar in both treatment arms
- Two patients in each arm reported major hemorrhage

EAIR=exposure-adjusted incidence rate, TEAE=treatment emergent adverse event,

Flowers C et al. Poster presented at ASCO 2023; abstract number: 7545

Kapitel 2

Rezidiviertes/Refraktäres FL:

Bi-spezifische Antikörper? Weitere Daten?

Kapitel 2: bi-spezifische Antikörper

Presentation ID S222

EPCORITAMAB WITH RITUXIMAB + LENALIDOMIDE (R2) PROVIDES DURABLE RESPONSES IN PATIENTS WITH HIGH-RISK FOLLICULAR LYMPHOMA, REGARDLESS OF POD24 STATUS

Speaker information
Anna Sureda (Barcelona, Spain)

Room
Festhalle

Date
Friday, 9 June, 15:15 - 15:30 CEST

EPCORITAMAB WITH RITUXIMAB + LENALIDOMIDE (R^2) PROVIDES DURABLE RESPONSES IN PATIENTS WITH HIGH-RISK FOLLICULAR LYMPHOMA, REGARDLESS OF POD24 STATUS

Anna Sureda, MD, PhD,[1] Lorenzo Falchi, MD,[2] Sirpa Leppä, MD, PhD,[3] Joost S.P. Vermaat, MD, PhD,[4] Harald Holte, MD, PhD,[5] Martin Hutchings, MD, PhD,[6] Pieternella Lugtenburg, MD, PhD,[7] Sven de Vos, MD, PhD,[8] Pau Abrisqueta, MD, PhD,[9] Marcel Nijland, MD, PhD,[10] Reid W. Merryman, MD,[11] Jacob Haaber Christensen, MD, PhD,[12] Björn E. Wahlin, MD, PhD,[13] Kim M. Linton, MBChB, PhD,[14] Liwei Wang, PhD,[15] Aqeel Abbas, MS,[15] Ali Rana, MD, PhD,[15] Syed Quadri, PharmD,[16] David Belada, MD, PhD[17]

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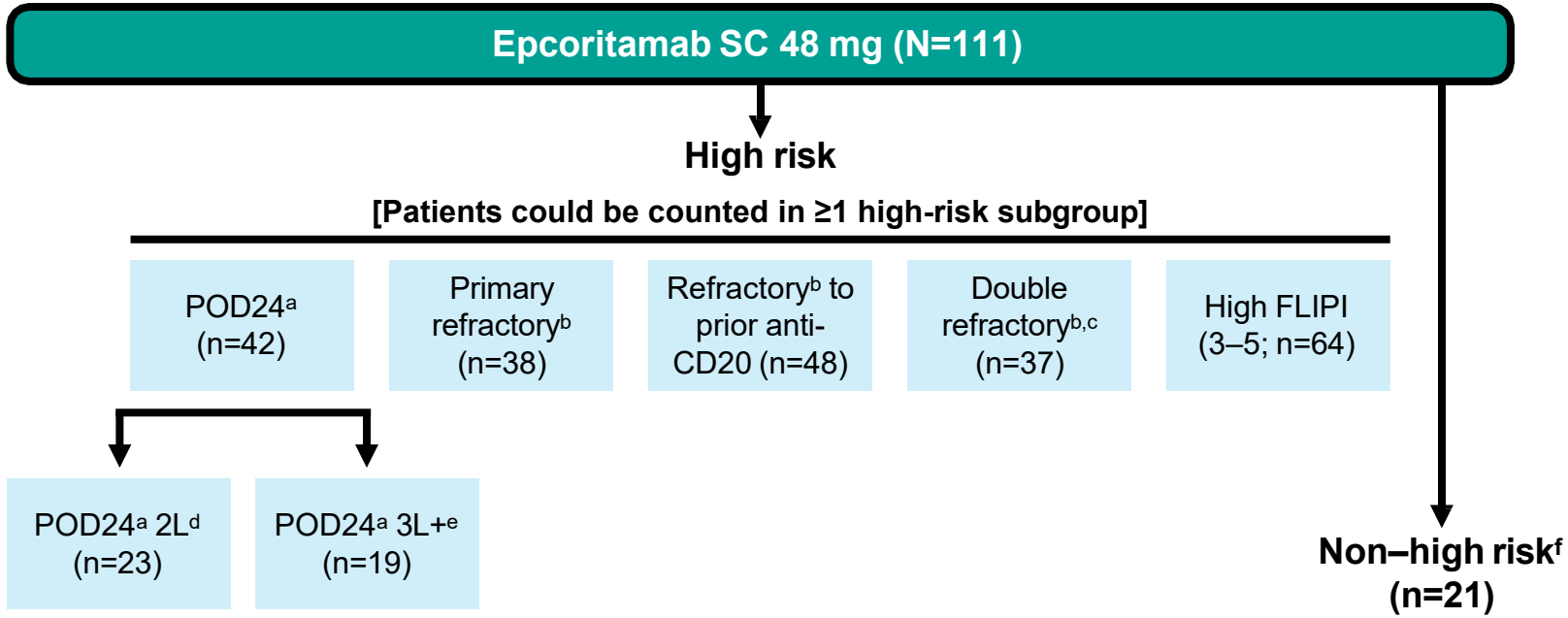
Presented at the European Hematology Association Annual Congress; June 8–11, 2023; Frankfurt, Germany, and virtual

Study Design and Patient Disposition

Key inclusion criteria

- R/R CD20+ FL
  - Grade 1, 2, or 3A
  - Stage II–IV
- Need for treatment based on symptoms or disease burden, as determined by GELF criteria[1]
- ECOG PS 0–2
- Measurable disease by CT or MRI
- Adequate organ function



Data cutoff: January 31, 2023
Median follow-up: 11.4 mo
Primary objectives: Safety and antitumor activity[g]

First pooled analysis for epcoritamab SC + R² in R/R FL patients

[a]POD24: Progression within 2 y of initiating first-line treatment that included chemoimmunotherapy. [b]Refractory: No response or relapse within 6 mo after therapy. [c]Double refractory: Refractory to both anti-CD20 and an alkylating agent. [d]Patients received epcoritamab SC in second line. [e]Patients received epcoritamab SC in third line or beyond. [f]Non–high risk: Patients who do not meet criteria for any of the predefined high-risk factors (eg, POD24, primary refractory, refractory to prior anti-CD20, double refractory, and high FLIPI). [g]Tumor response was evaluated by PET-CT obtained at 6, 12, 18, 24, 36, and 48 wk, and every 24 wk thereafter, until disease progression. **1.** Brice P, et al. *J Clin Oncol*. 1997;15:1110-7.

Treatment History and Prior Systemic Therapies

Treatment History	Total N=111
Median time from diagnosis to first dose, mo (range)	63 (4–331)
Median time from end of last line of therapy to first dose, mo (range)	17 (0.6–213)
Median number of prior lines of therapy (range)	1 (1–7)
1 prior line, n (%)	63 (57)
2 prior lines, n (%)	28 (25)
≥3 prior lines, n (%)	20 (18)

Prior Systemic Therapies, n (%)	Total N=111
Anti-CD20	111 (100)
Alkylating agents	103 (93)
Anthracyclines	71 (64)
PI3K inhibitor	9 (8)
IMiD	5 (5)
CAR T	2 (2)

Treatment Exposure and Disposition

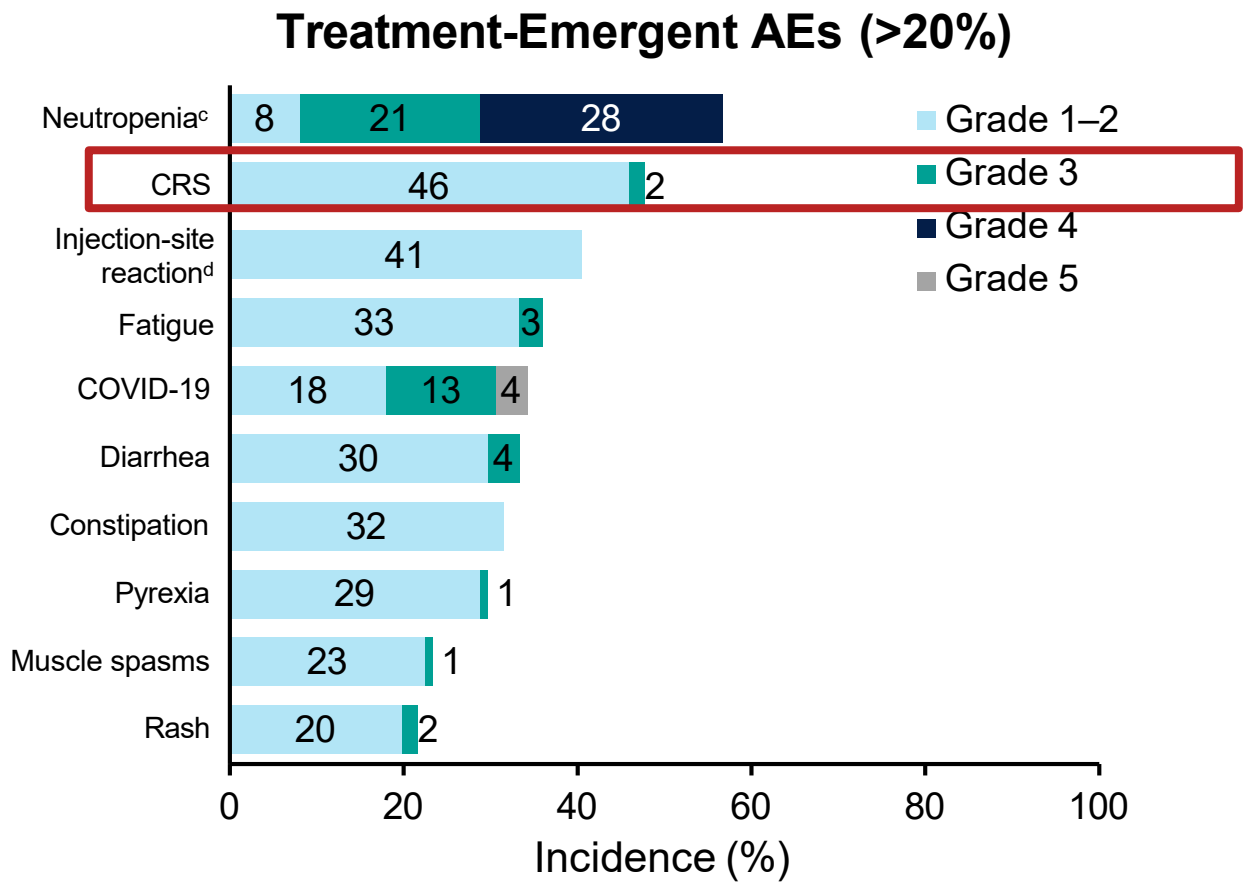
	Total N=111
Median follow-up, mo (range)	11.4 (2.1–22.1)
Epcoritamab SC treatment exposure	
Median number of treatment cycles initiated (range)	10 (1–25)
Median duration of treatment, mo (range)	9 (0.3–22)
Ongoing treatment, n (%)	81 (73)
Discontinued treatment, n (%)	30 (27)
AE	13 (12)
COVID-19	8 (7)
Other[a]	5 (5)
PD	12 (11)
Patient withdrawal	4 (4)
Other[b]	1 (1)

[a]Other AEs included cellulitis, colitis, dementia, mania, and neutrophil count decreased (n=1 each). Colitis and neutrophil count decreased were epcoritamab SC related. [b]Treatment-related immunosuppression and related infections outweighed the benefits of resuming treatment.

As of data cutoff, 73% of patients continued to receive treatment

Safety Profile

	Total N=111
Grade ≥3 TEAE, n (%)	84 (76)
Related to epcoritamab SC	45 (41)
ICANS, n (%)[a]	2 (2)
Median time to resolution, d (range)[b]	5.5 (4–7)
CTLS, n (%)	0
Epcoritamab SC dose delay due to TEAE, n (%)	68 (61)
Related to epcoritamab SC	32 (29)
Epcoritamab SC discontinuation due to TEAE, n (%)	14 (13)
Related to epcoritamab SC	**5 (5)**
Fatal TEAE (all COVID-19), n (%)	4 (4)



Findings are consistent with previous reports

[a]ICANS events were grade 1 and grade 2 (n=1 each). [b]Based on longest ICANS duration in patients with ICANS. [c]Combined term includes neutropenia and neutrophil count decreased; 4 patients (4%) had febrile neutropenia. [d]Combined term includes injection-site reaction, erythema, pain, pruritus, rash, and swelling.

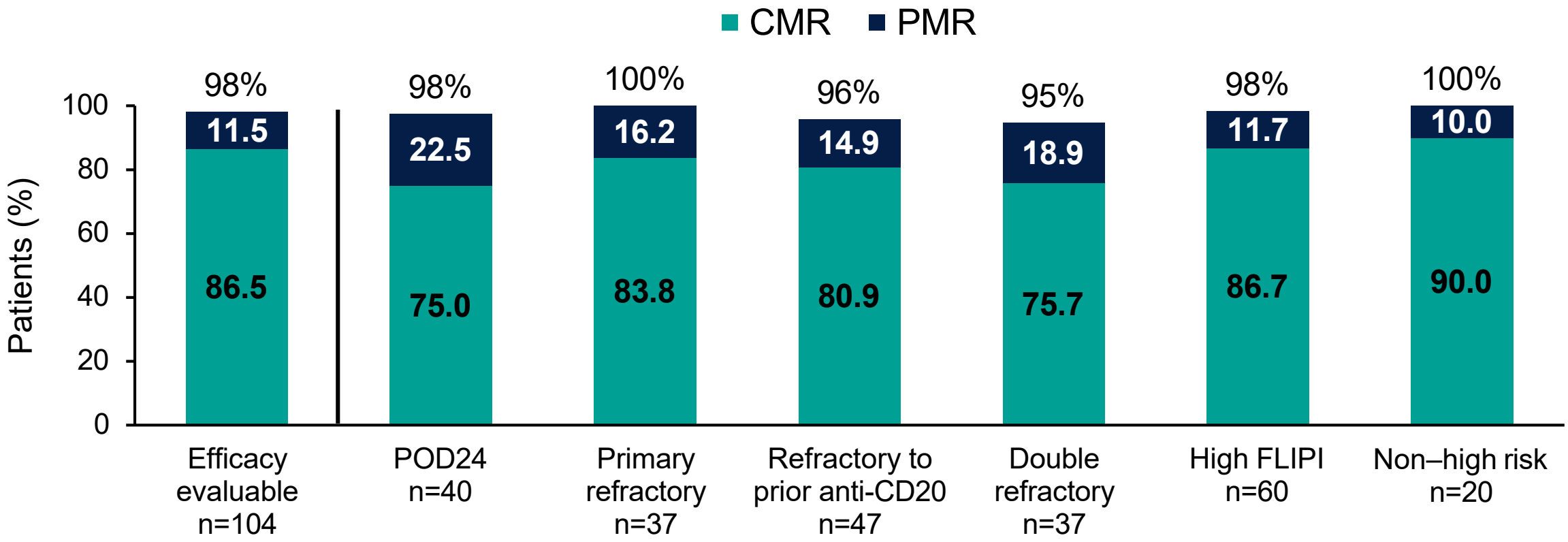
Antitumor Activity With Epcoritamab SC + R²

Response[a]	Efficacy Evaluable for Epcoritamab SC + R² n=104
Overall response	**98%**
CMR	87%
PMR	12%
Stable disease	1%
Progressive disease	1%

Data cutoff: January 31, 2023. Median follow-up: 11.4 mo (range, 2.1–22.1). [a]Based on modified response-evaluable population, defined as patients with ≥1 target lesion at baseline and ≥1 postbaseline response evaluation and patients who died within 60 d of first dose.

High overall response and CMR rates observed with epcoritamab SC + R²

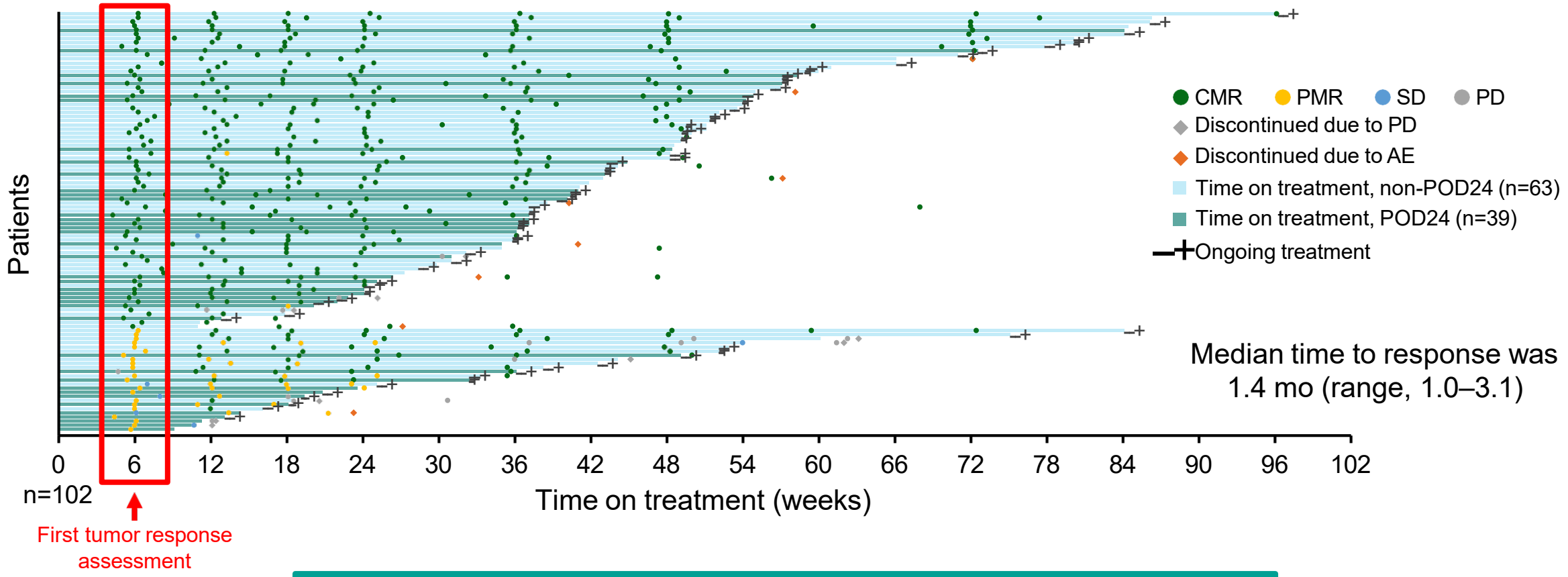
Antitumor Activity in Subgroups



High overall response and CMR rates regardless of subgroup

Data cutoff: January 31, 2023. Median follow-up: 11.4 mo (range, 2.1–22.1). Definitions for all subgroups available in Study Design and Patient Disposition.

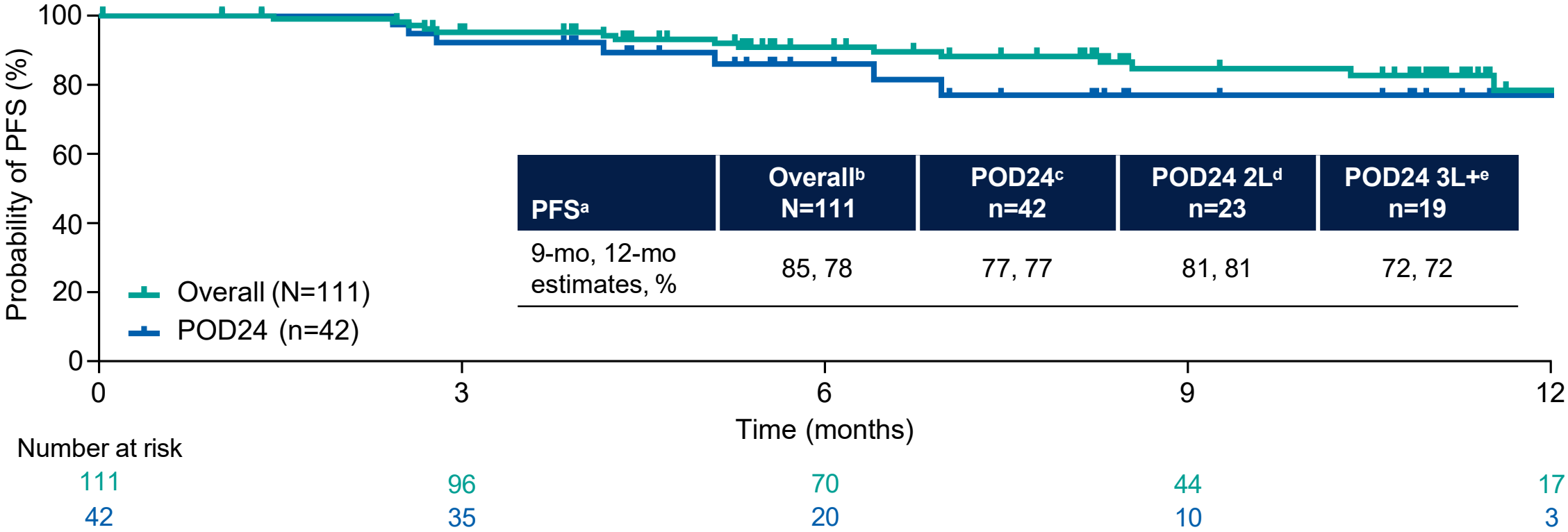
Onset and Durability of Responses



Responses occurred early and were deep and durable

Data cutoff: January 31, 2023. Per protocol, patients continued to receive scans if they discontinued treatment for reasons other than PD. Of 21 PMRs, 12 converted to CMRs, the majority by the second assessment; 3 of 4 SDs converted to PMRs by the second assessment.

Progression-Free Survival – Overall and POD24

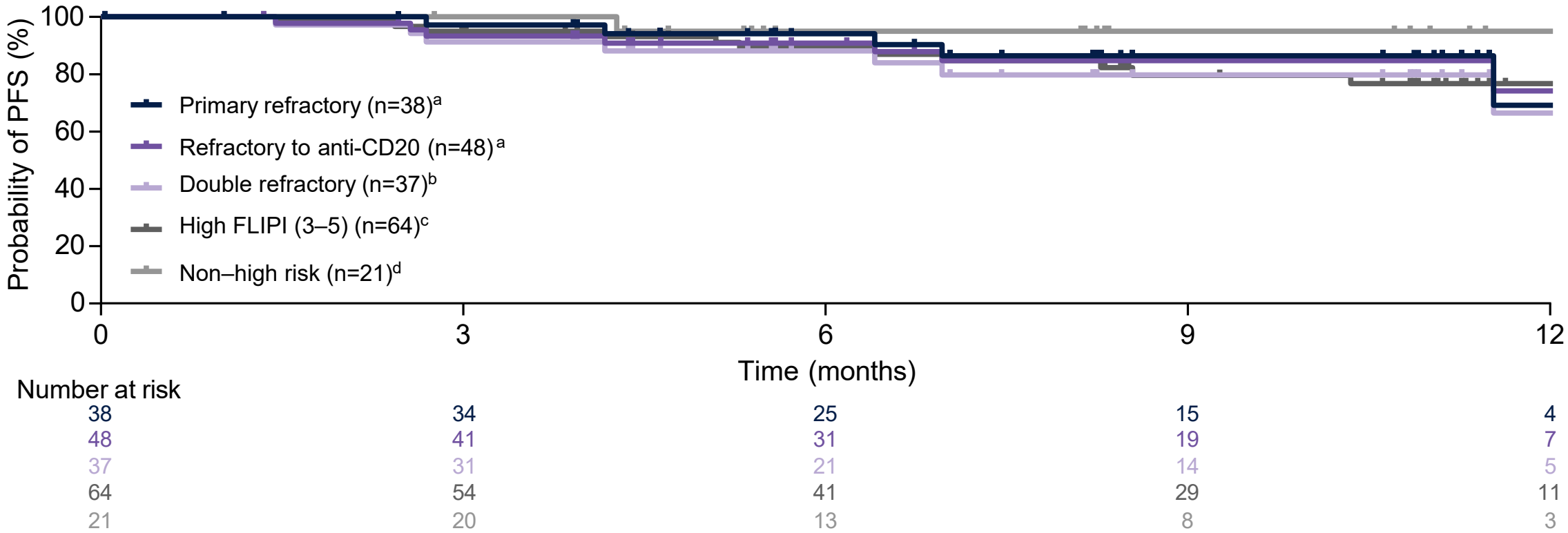


PFS[a]	Overall[b] N=111	POD24[c] n=42	POD24 2L[d] n=23	POD24 3L+[e] n=19
9-mo, 12-mo estimates, %	85, 78	77, 77	81, 81	72, 72

Epcoritamab SC + R² led to durable remissions, including in POD24 patients

Data cutoff: January 31, 2023. Definitions for all subgroups available in Study Design and Patient Disposition. [a]PFS is among full analysis set. [b]Median follow-up: 11.4 mo (range, 2.1–22.1). [c]Median follow-up: 9.5 mo (range, 2.4+ to 19.4). [d]Median follow-up: 9.2 mo (range, 3.0–19.4). [e]Median follow-up: 9.5 mo (range, 2.4+ to 16.7).

Progression-Free Survival – Other High-Risk Subgroups and Non–High Risk



Epcoritamab SC + R² led to durable remissions in other high-risk and non–high risk populations

Data cutoff: January 31, 2023. Definitions for all subgroups available in Study Design and Patient Disposition. [a]Median follow-up: 10.4 mo (range, 3.0–19.4). [b]Median follow-up: 10.1 mo (range, 3.0–19.4). [c]Median follow-up: 12.5 mo (range, 2.1–22.1). [d]Median follow-up: 11.2 mo (range, 3.7–19.0).

Kapitel 3

Rezidiviertes/Refraktäres FL:

CAR-T cells – Real World Data?

Kapitel 3: CAR-T Cells

Presentation ID S223

REAL-WORLD EARLY OUTCOMES OF AXICABTAGENE CILOLEUCEL FOR RELAPSED OR REFRACTORY FOLLICULAR LYMPHOMA

Speaker information
Caron Jacobson (Boston, United States of America)

Room
Festhalle

Date
Friday, 9 June, 15:30 - 15:45 CEST

Abstract S223

Real-World Early Outcomes of Axicabtagene Ciloleucel for Relapsed or Refractory Follicular Lymphoma

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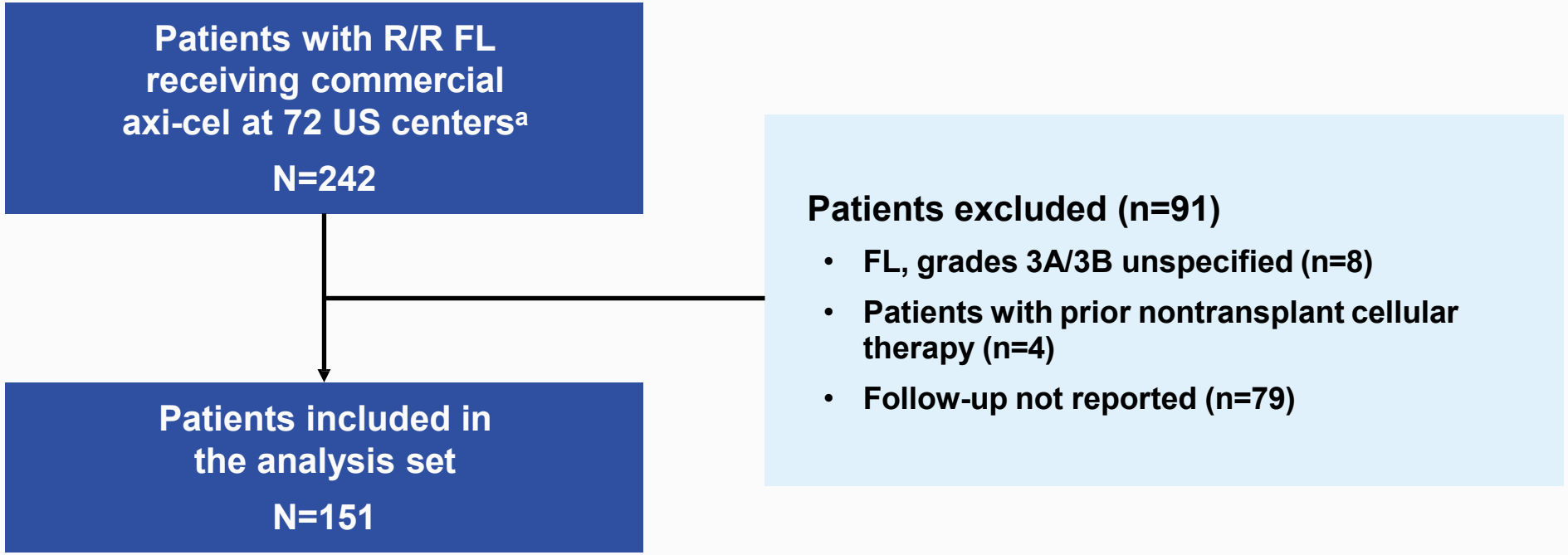
CIDR CELLULAR IMMUNOTHERAPY DATA RESOURCE

Analysis Population



- Data cutoff date: September 23, 2022
- Median follow-up: 6.2 months (95% CI, 6.0-6.3)
- Median time from leukapheresis to infusion was 28 days (IQR, 26-33)

[a] Identified from the CIBMTR registry.
Axi-cel, axicabtagene ciloleucel; CIBMTR, Center for International Blood and Marrow Transplant Research; FL, follicular lymphoma; IQR, interquartile range; R/R, relapsed/refractory; US, United States.

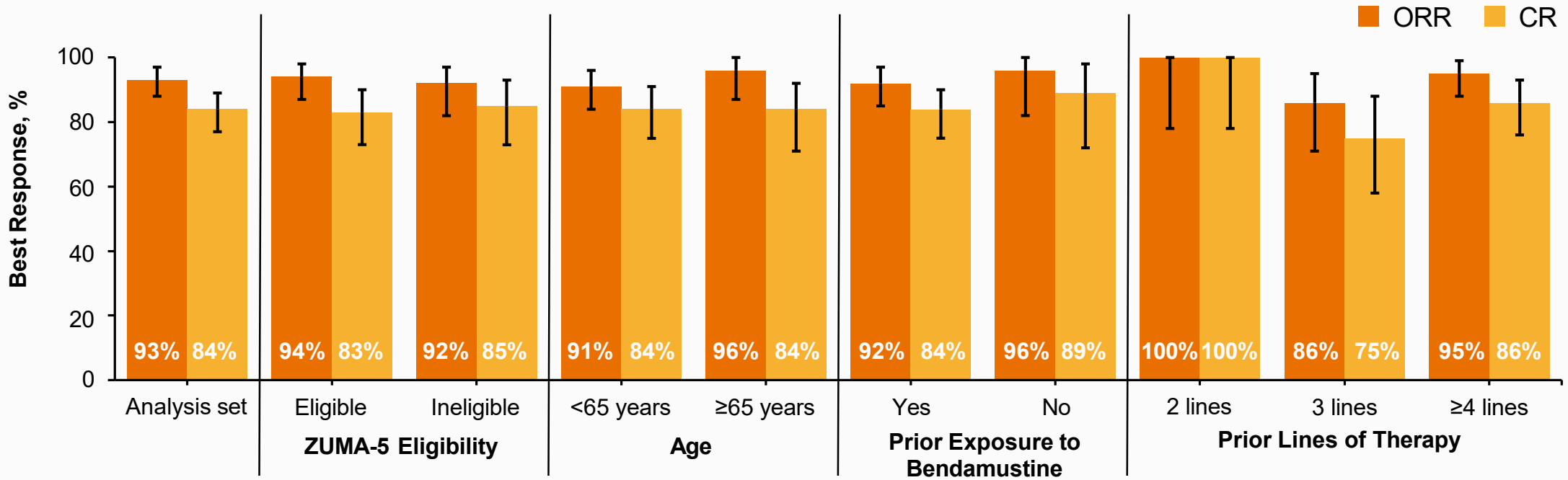
Baseline Characteristics for Analysis Set, by ZUMA-5 Eligibility, and by Age

Key Variable of Interest	Enrolled Patients in Analysis Set N=151	ZUMA-5 Eligibility[a]		Age	
		Eligible n=90	Ineligible n=61	<65 years n=95	≥65 years n=56
Median age (IQR), years	61 (55-68)	60 (54-68)	62 (55-69)	57 (51-61)*	70 (68-74)*
Male sex, n (%)	94 (62)	50 (56)*	44 (72)*	66 (69)*	28 (50)*
White race, n (%)	132 (87)	80 (89)	52 (85)	82 (86)	50 (89)
Hispanic ethnicity, n (%)	12 (8)	8 (9)	4 (7)	8 (9)	4 (7)
ECOG PS 0-1 at infusion,[b] n (%)	143 (98)	87 (100)	56 (95)	88 (97)	55 (100)
Clinically significant comorbidities,[c] n (%)	113 (75)	56 (62)*	57 (93)*	69 (73)	44 (79)
Disease stage at diagnosis[d]: III-IV, n (%)	79 (76)	46 (78)	33 (73)	57 (78)	22 (71)
Median no. of lines of prior therapies (IQR)	4 (3-5)	4 (3-5)	4 (3-5)	4 (3-5)	4 (3-5)
Prior bendamustine,[e] n (%)	107 (79)	62 (78)	45 (80)	69 (79)	38 (79)
Prior ASCT, n (%)	20 (13)	12 (13)	8 (13)	16 (17)	4 (7)
Elevated LDH prior to infusion,[f,g] n (%)	26 (28)	15 (26)	11 (32)	15 (26)	11 (32)
Chemoresistant prior to infusion,[h] n (%)	101 (80)	61 (82)	40 (77)	65 (78)	36 (84)
Median time from last line of therapy to infusion (IQR), months	7.1 (3.0-19.3)	7.9 (3.1-20.0)	5.8 (3.0-18.8)	5.6 (2.7-11.1)*	13.7 (4.6-25.7)*
Bridging therapy[i]: any type / systemic / radiation, n (%)	12 (9) / 10 (8) / 2 (2)	6 (8) / 5 (6) / 1 (1)	6 (11) / 5 (9) / 1 (2)	7 (8) / 7 (8) / 0	5 (10) / 3 (6) / 2 (4)
Outpatient,[j] n (%)	22 (15)	16 (18)	6 (10)	13 (14)	9 (16)

- Of 151 patients enrolled in the analysis set, 61 (40%) would have been considered ineligible for ZUMA-5
  - Reasons for ineligibility included comorbidities (70%), history of prior malignancy (18%), platelet count <75,000/μL (15%), pleura extranodal involvement (15%), cerebrovascular disease (11%), and ECOG PS ≥2 (5%)

[a] Reasons for ZUMA-5 ineligibility are not mutually exclusive. [b] The remaining 2% pertain to patients with an ECOG PS >1 or missing information.
[c] Comorbidities were defined per the HCT-CI and included a body mass index <20.5 (Sorror ML, et al. *Blood*. 2005;106:2912-2919). [d] Forty-seven patients did not report disease stage at initial diagnosis. [e] Sixteen patients did not report prior bendamustine exposure. [f] Elevated LDH is defined as above the upper limit of normal. [g] Fifty-nine patients did not report LDH prior to infusion. [h] Chemoresistance is defined as patients who had SD or PD prior to infusion. Twenty-five patients did not report chemoresistant status prior to infusion. [i] Nineteen patients did not report the presence or absence of bridging therapy.
[j] Planned number of outpatients.
*P<0.05 per Fisher's exact test.
ASCT, autologous stem cell transplantation; ECOG PS, Eastern Cooperative Oncology Group performance status; HCT-CI, hematopoietic cell transplantation-specified comorbidity index; IQR, interquartile range; LDH, lactate dehydrogenase; PD, progressive disease; PR, partial response; SD, stable disease.

Overall Response in Analysis Set, by ZUMA-5 Eligibility, Age, Prior Bendamustine Exposure, and Prior Lines of Therapy



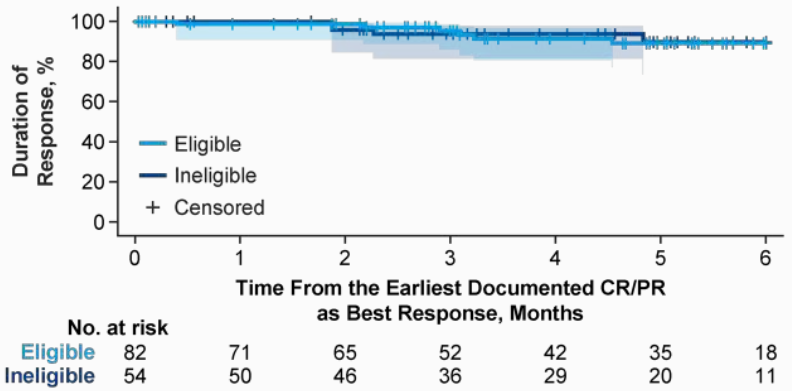
No. of patients	138	124	83	73	55	51	85	78	53	46	96	87	27	25	15	15	31	27	75	68
N	148	148	88	88	60	60	93	93	55	55	104	104	28	28	15	15	36	36	79	79

- Among 148 patients evaluable for response, for whom the median follow-up was 6.2 months, **138 patients (93%; 95% CI, 88-97) had an overall response, with 124 patients (84%; 95% CI, 77-89) achieving a CR**
- Overall response was comparable regardless of ZUMA-5 eligibility, age, prior exposure to bendamustine, and prior lines of therapy

Error bars denote 95% CIs.
CR, complete response; ORR, overall response rate.

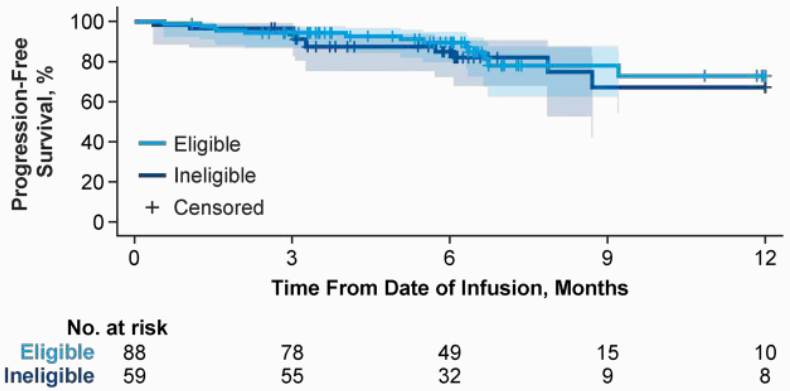
Duration of Response, Progression-Free Survival, and Overall Survival by ZUMA-5 Eligibility and by Age

Duration of Response



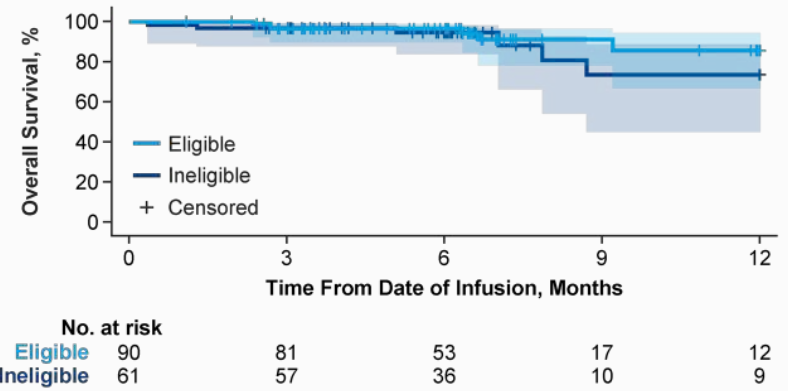
No. at risk							
Eligible	82	71	65	52	42	35	18
Ineligible	54	50	46	36	29	20	11

Progression-Free Survival



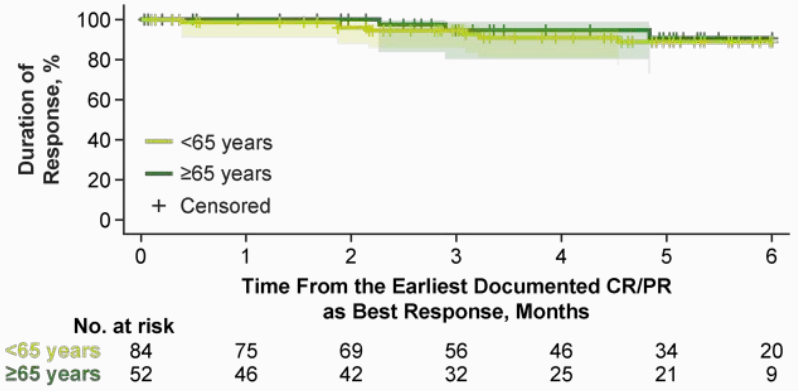
No. at risk						
Eligible	88	78	49	15	10	
Ineligible	59	55	32	9	8	

Overall Survival



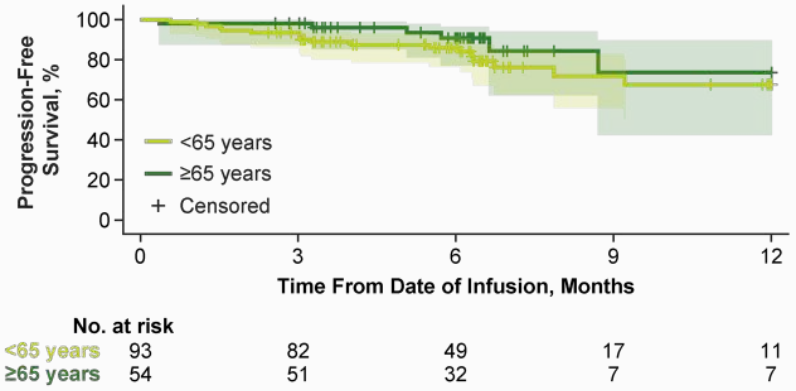
No. at risk						
Eligible	90	81	53	17	12	
Ineligible	61	57	36	10	9	

Duration of Response



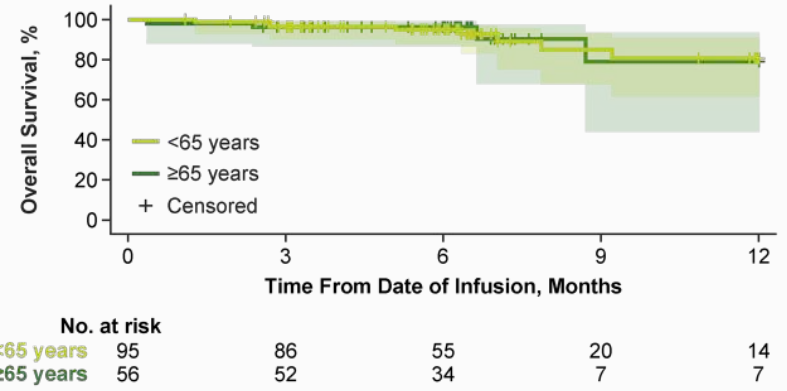
No. at risk							
<65 years	84	75	69	56	46	34	20
≥65 years	52	46	42	32	25	21	9

Progression-Free Survival



No. at risk						
<65 years	93	82	49	17	11	
≥65 years	54	51	32	7	7	

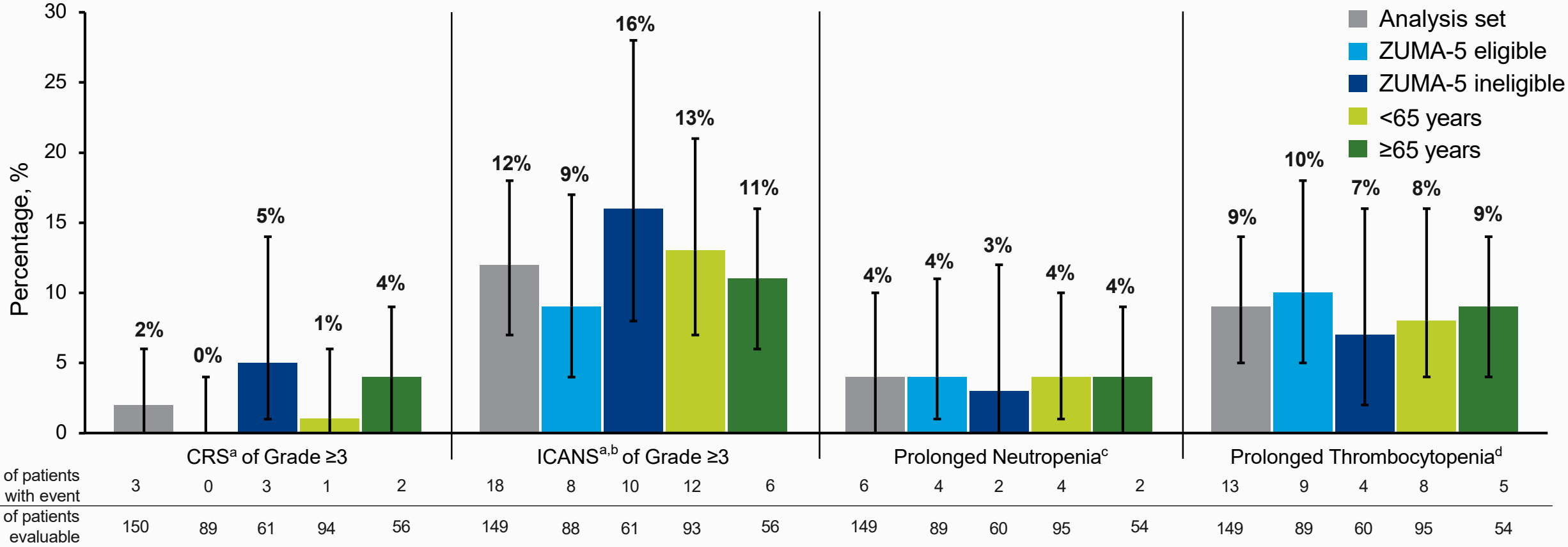
Overall Survival



No. at risk						
<65 years	95	86	55	20	14	
≥65 years	56	52	34	7	7	

Shaded bands denote 95% CIs.
CR, complete response; PR, partial response.

Grade ≥3 CRS, Grade ≥3 ICANS, and Prolonged Cytopenias in the Analysis Set, by ZUMA-5 Eligibility and Age



[a] CRS and ICANS were graded per ASTCT consensus criteria (Lee DW, et al. *Biol Blood Marrow Transplant.* 2019;25:625-638.). [b] Among patients who developed any-grade ICANS by Day 100. [c] Prolonged neutropenia is defined as failure to recover ANC ≥500/mm^3 and/or sustain 3 lab values within the first 30 days after infusion. [d] Prolonged thrombocytopenia is defined as failure to recover platelet count ≥20×10^9/L within the first 30 days after infusion.
ANC, absolute neutrophil count; ASTCT, American Society for Transplantation and Cellular Therapy; CRS, cytokine release syndrome; ICANS, immune effector cell-associated neurotoxicity syndrome.

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Zusammenfassung | Take-Home-Messages

- Die Innovation spielt sich momentan beim rezidivierten FL ab – (noch) keine praxisrelevanten neuen Daten für die Erstlinienbehandlung des FL
- Bi-spezifische Antikörper bestätigen ihre hohe Effektivität – beeindruckende Daten in Kombination mit Rituximab/Lenalidomid
- Real-World Daten CAR-T Zellen reflektieren gut die Ergebnisse aus den prospektiven klinischen Studien – hinsichtlich Effektivität und Toxizität
- Überraschend gute Ergebnisse für den BTK Inhibitor Zanubrutinib beim rez. FL – damit lebt das Konzept der BTK Inhibition beim FL weiter!

Die Kurzpräsentationen sind online unter

www.lymphome.de/eha2023

Für den Inhalt verantwortlich:

Prof. Dr. med. Christian Buske

Universitätsklinikum Ulm

Kompetenznetz Maligne Lymphome

Lymphom Kompetenz KOMPAKT

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