7th Annual

LEAD 2025

Enriching Experiences for Women in Hematology & Oncology

Updates in Non-Hodgkin Lymphoma

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Disclosures

Advisory board: AstraZeneca, Novartis, TerSera, Genentech/Roche (paid to institution)

Consultancy: Genentech/Roche (paid to institution)

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Agenda

Text	Trials
Diffuse Large B-Cell Lymphoma	• POLARGO • EPCORE NHL-5 • STARGLO • SUNMO
Mantle Cell Lymphoma	• ECHO
Follicular Lymphoma	• InMIND • MorningSun

Diffuse Large B-Cell Lymphoma

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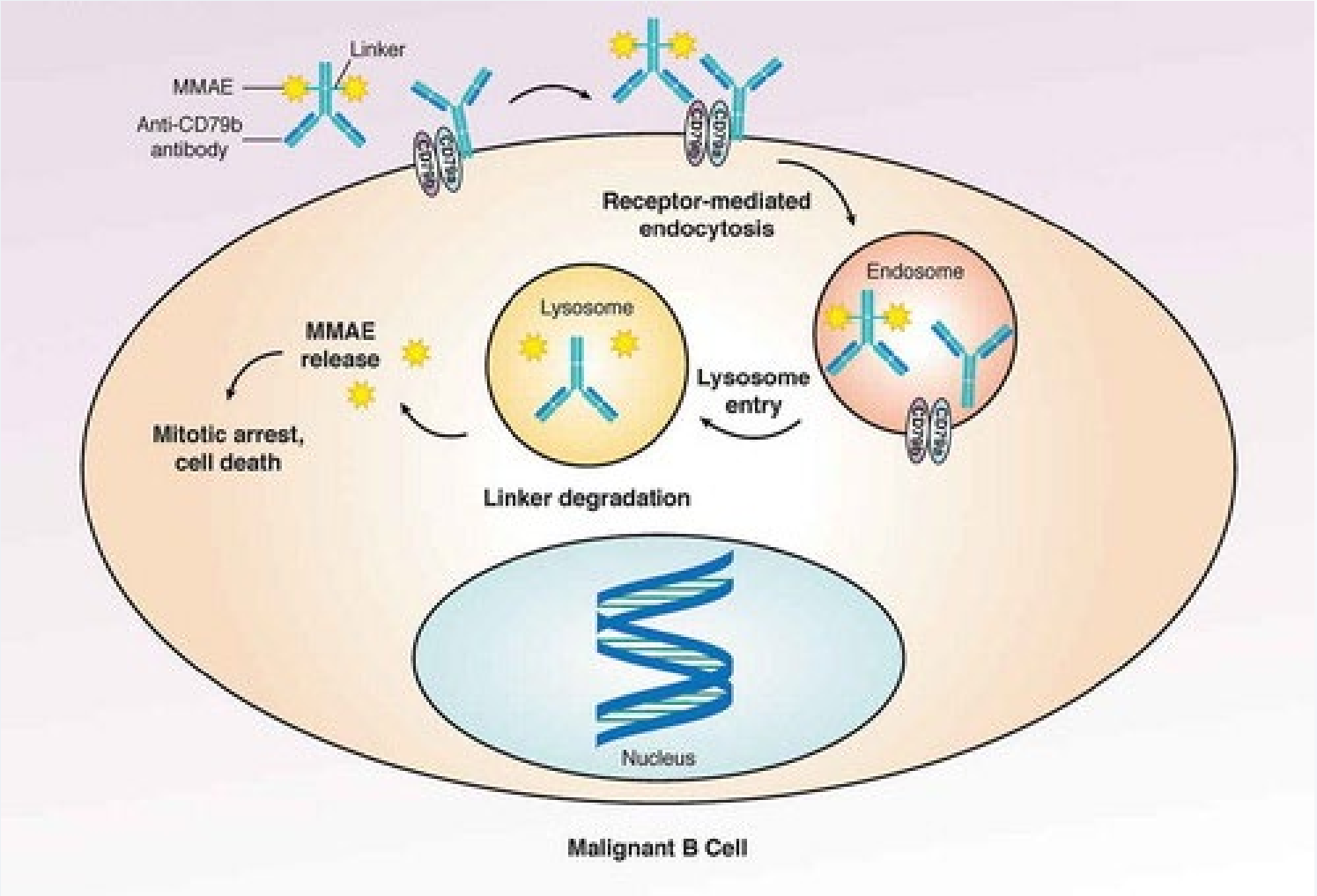
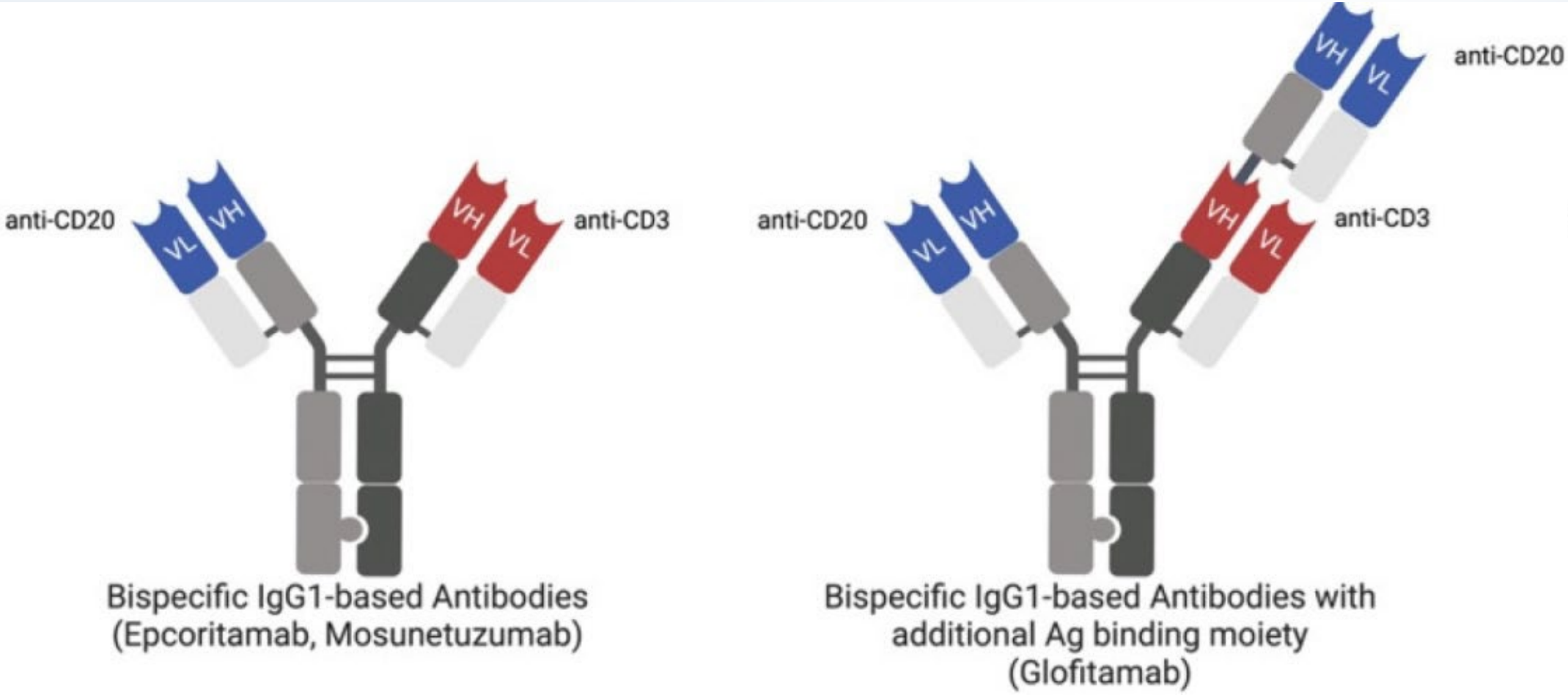
Polatuzumab Vedotin



Burke et al, Expert Review of Clinical Pharmacology 2020

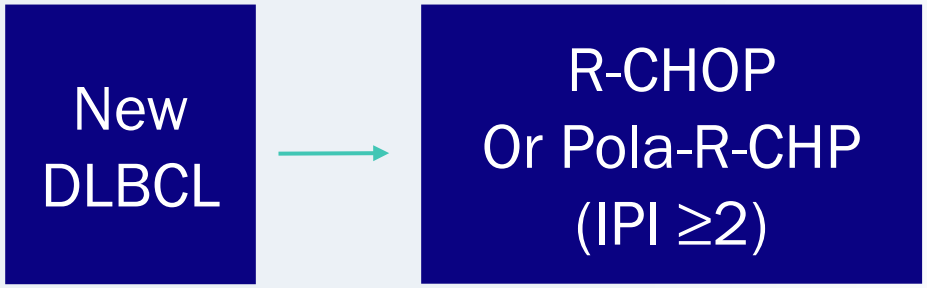
FDA Approved Bispecific Antibodies in NHL



Bisio et al, Cancers 2025

NCCN Guidelines for Current Management of 1L DLBCL

First-line Treatment



Consider treating with other than R-CHOP x 6 cycles:

- IPI ≥2 (Pola-R-CHP)
- Limited stage
- Testicular lymphoma
- High-grade B-cell lymphoma (formerly known as double-hit)
- Primary mediastinal
- HIV-associated
- Primary or secondary CNS lymphoma
- Older adults

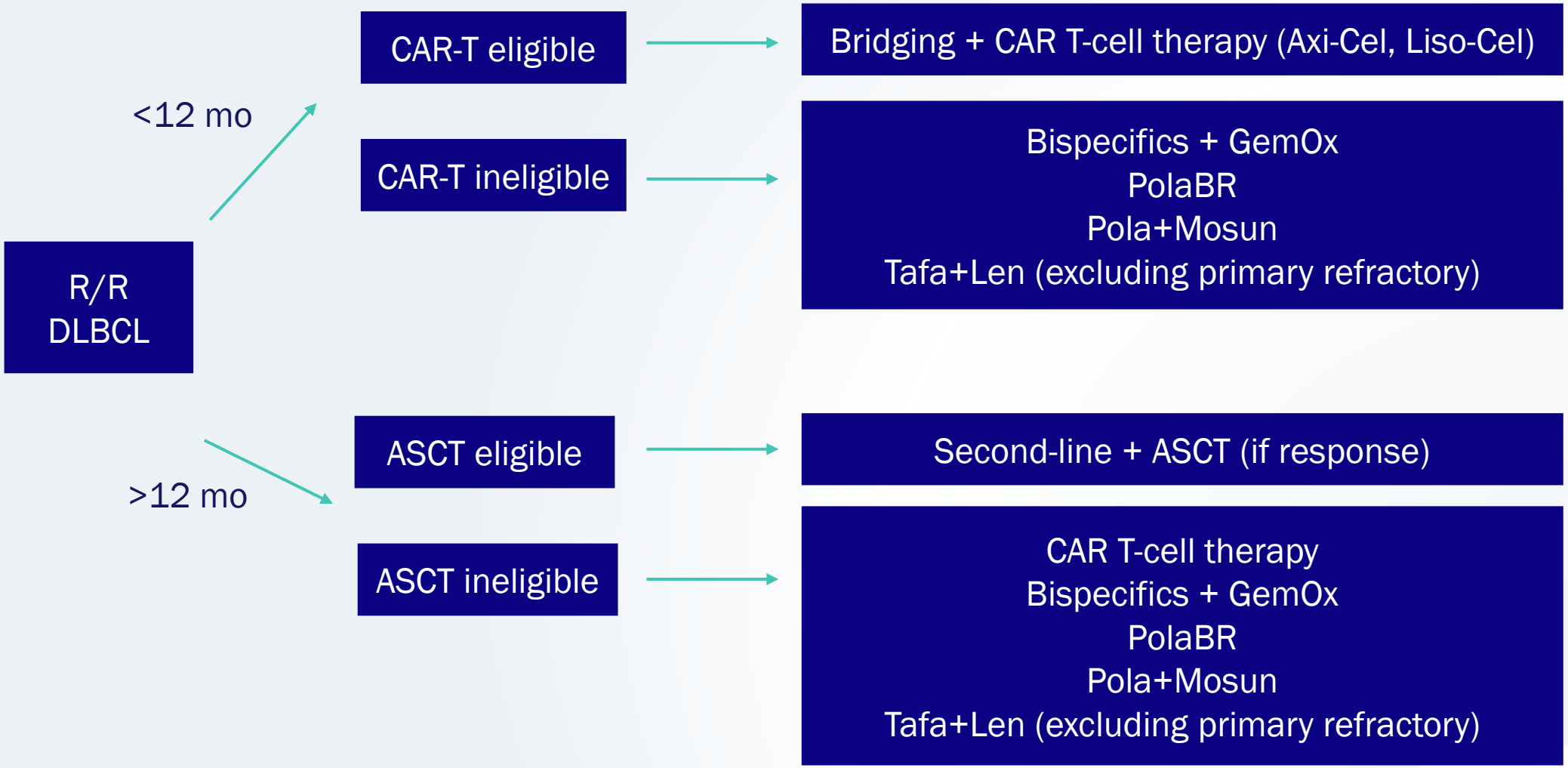
EPCORE-NHL-5: Epcoritamab + Pola-R-CHP for 1L DLBCL

- N=37 patients, median age 64, 51%F
- DLBCL IPI score 2-5, HGBCL, FL G3B
- Epcor+Pola+R-CHP x 6 cycles, then 2 cycles epcor
- 100% ORR, CR 97%, PR 3%
- Median time to response of 2.7 months (range 1.3-3.3), median time to CR 2.8 months (range 1.3-10.9)
- 2 year PFS not reached

Safety, n (%)	N=37
AEs, grade ¾	28 (76)
CRS, any grade	19 (51)
G1	13 (35)
G2	6 (16)
G≥3	0
Serious AEs, any grade	20 (54)
AEs leading to discontinuation	3 (8)

Kerr et al, EHA 2025

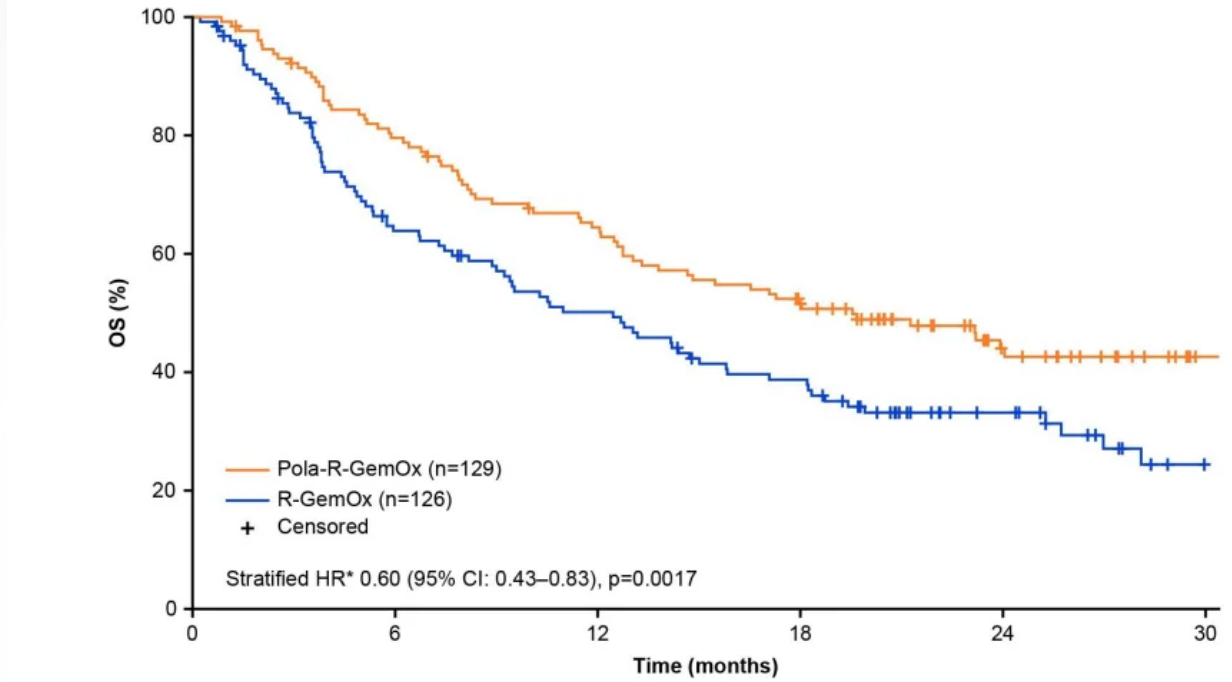
NCCN Guidelines for Current Management of R/R DLBCL



POLARGO: Rituximab, Gemcitabine and Oxaliplatin ± Polatuzumab Vedotin for R/R DLBCL

- Phase III RCT for ASCT-ineligible patients (N=270)
- Median age: 66 (range: 20–89)
- 65.2% had 1 prior line of therapy
- 58.1% had primary refractory disease
- Median OS:
  - Pola-R-GemOx: 19.5 months (95% CI: 13.3–NE)
  - R-GemOx: 12.5 months (95% CI: 8.9–15.8)

Figure: Kaplan–Meier estimates of OS in the randomized cohort



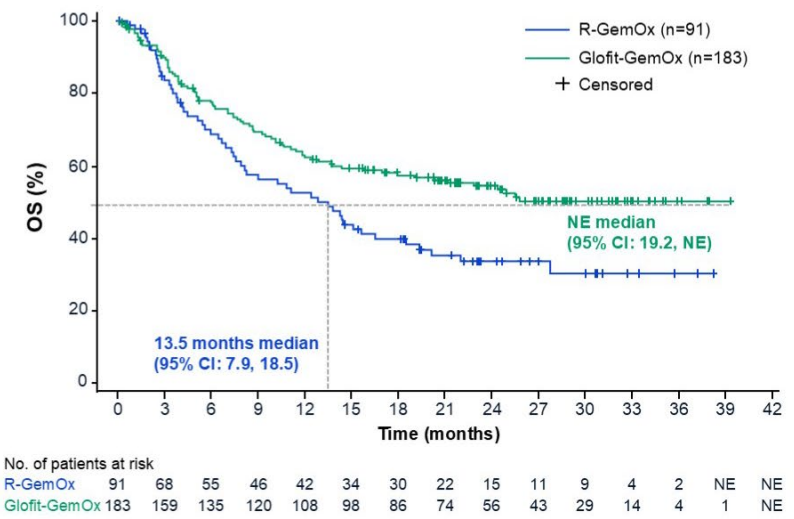
*Stratified by number of prior therapies (1 vs ≥2), refractoriness to last treatment, and age (≤70 years vs >70 years)

STARGLO: 2-year follow up of Glofitamab + GemOx in R/R DLBCL

- Phase III RCT for ASCT-ineligible patients with ≥1 prior line (N=274)
- Glofit-GemOx (cycles 1-8 of Glofit-GemOx, followed by cycles 9-12 Glofit) vs. R-GemOx (8 cycles)
- CRS grade 1: 32%, grade 2: 10.5%, grade 3: 2.3%
- ICANS: 4 patients (1.5%)

Sustained OS benefit observed with Glofit-GemOx

Overall survival with ~2 years of follow up



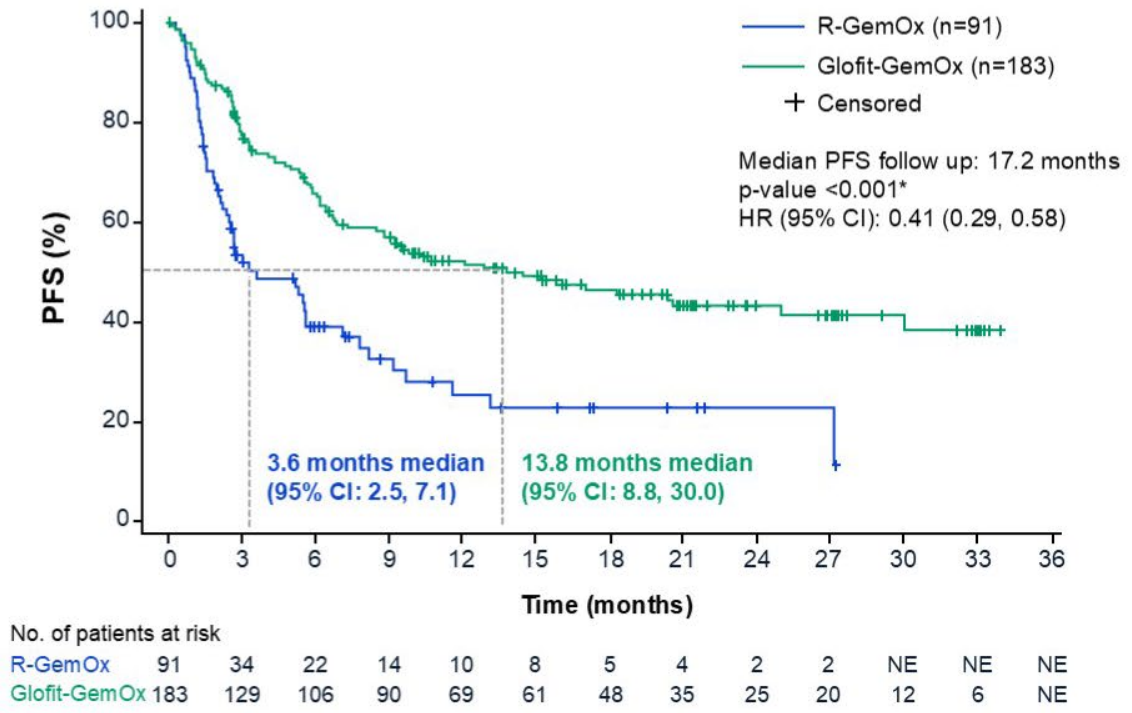
Outcome	R-GemOx (n=91)	Glofit-GemOx (n=183)
2-year follow up analysis (median follow up: 24.7 months)		
OS, median (95% CI); months	13.5 (7.9, 18.5)	NE (19.2, NE)
HR (95% CI)	**0.60** (0.42, 0.85)	
p-value*	0.003	
24-month OS, % (95% CI)	**33.6** (22.9, 44.2)	**54.4** (46.8, 62.0)

- 26.9% of Glofit-GemOx-treated patients and 57.1% of R-GemOx-treated patients had received ≥1 NALT

STARGLO: 2-year follow up of Glofitamab + GemOx in R/R DLBCL

Sustained PFS benefit observed with Glofit-GemOx

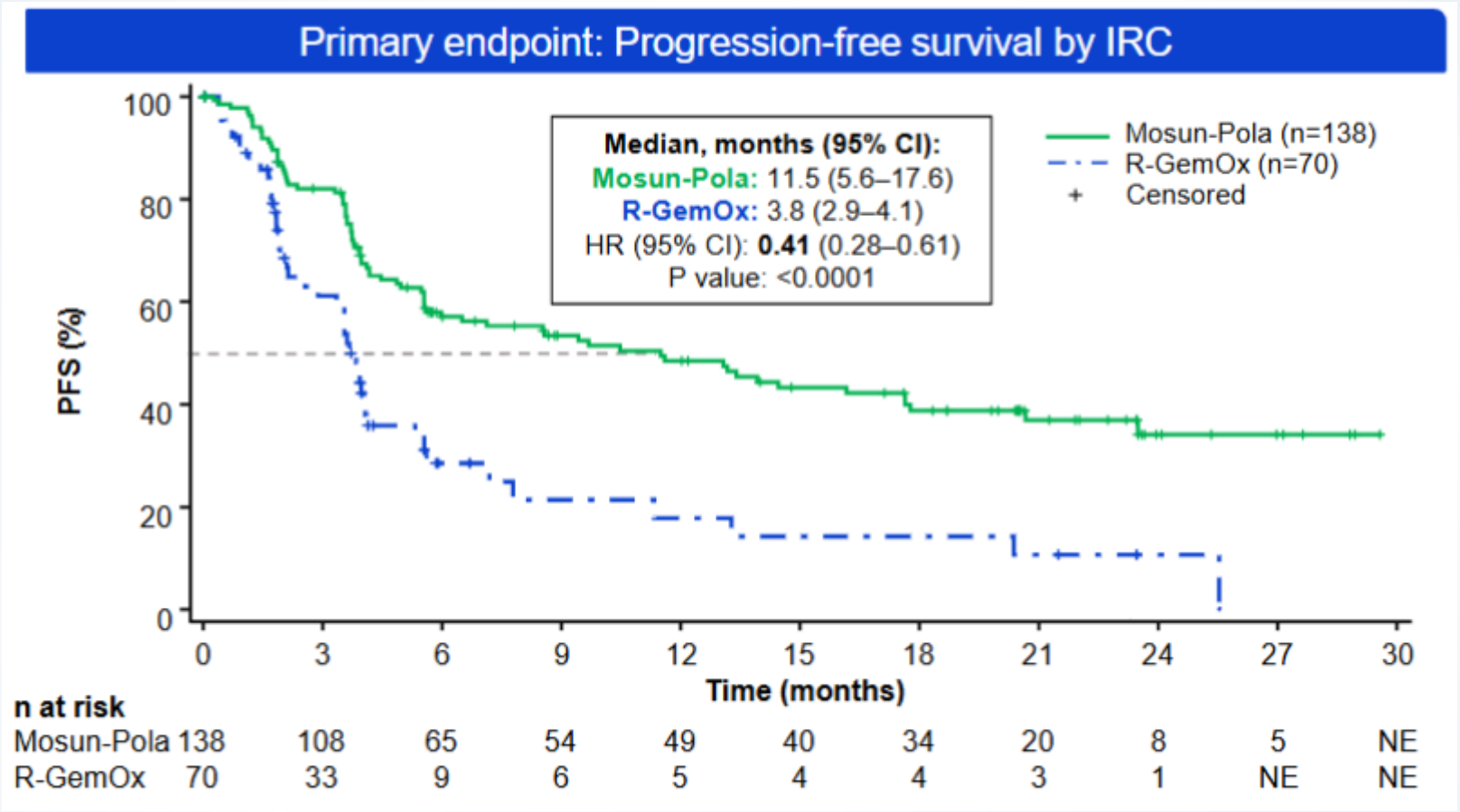
Progression-free survival with extended follow up



Outcome	R-GemOx (n=91)	Glofit-GemOx (n=183)
PFS, median (95% CI); months	**3.6** (2.5, 7.1)	**13.8** (8.8, 30.0)
18-month PFS, % (95% CI)	**23.0** (11.5, 34.4)	**46.5** (38.5, 54.5)
ORR, % (95% CI)	**40.7** (30.5, 51.5)	**68.3** (61.0, 75.0)
CR rate, % (95% CI)	**25.3** (16.8, 35.5)	**58.5** (51.0, 65.7)
DoCR, median (95% CI); months	24.2 (6.9, NE)	NE (27.2, NE)
Ongoing CR, % (n)	**17.6** (16)	**42.1** (77)

SUNMO: Mosunetuzumab + Polatuzumab vs R-GemOx in R/R DLBCL

- Phase III RCT for ASCT-ineligible patients with ≥1 prior line (N=208)
- M-Pola (Q21d) x 8 vs. R-GemOx (q14d) x 8
- CRS grade 1: 21.5%, grade 2: 3.7%, grade 3: 0.7%
- No ICANS



Westin et al, ICML 2025

Mantle Cell Lymphoma

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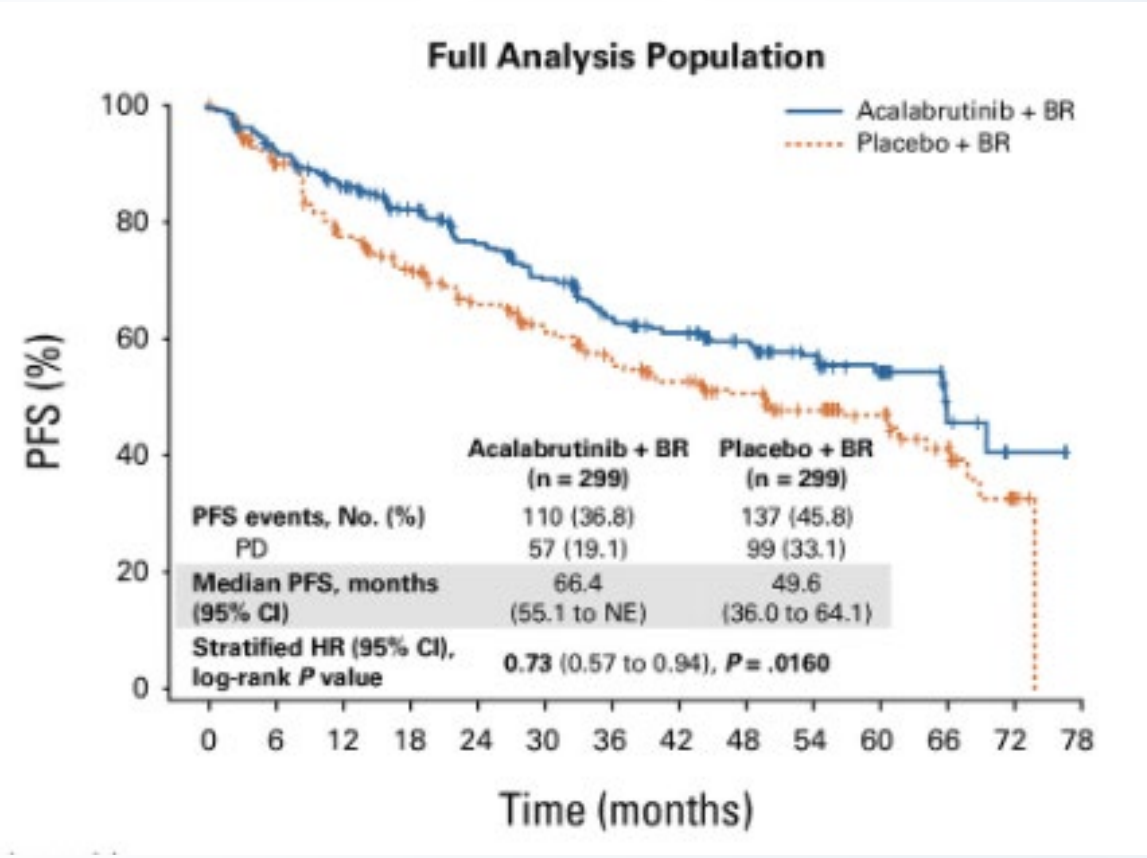
ECHO: Rituximab-Bendamustine ± Acalabrutinib in Untreated High-Risk MCL

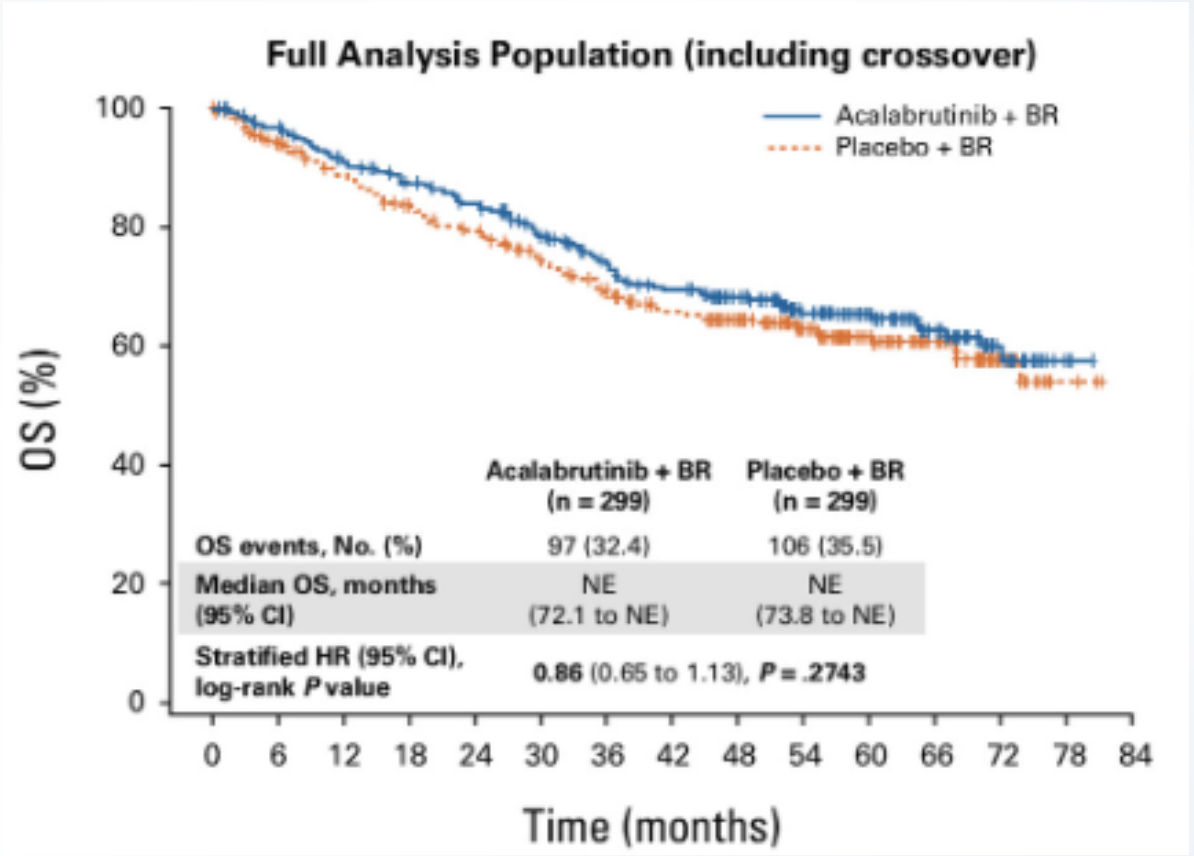
- Phase III, double-blinded, placebo-controlled RCT (N=598)
- Population: ≥65 y/o with untreated MCL
- Acalabrutinib (100 mg BID) vs. placebo + BR x 6 cycles, followed by rituximab maintenance x 2 years
- Median PFS 66.4 months in acalabrutinib arm vs. 49.6 months in placebo arm



Wang et al, JCO 2025; 43, 2276-2284

ECHO: Rituximab-Bendamustine ± Acalabrutinib in Untreated High-Risk MCL

- ORR 91%, CR 66.6% in acalabrutinib arm
- ORR 88%, CR 53.5% in placebo arm
- OS not significantly different (p=0.27)
- Benefit across all subgroups
- ≥Grade 3 AEs 88.9% in acalabrutinib arm vs. 88.2% in placebo arm



Wang et al, JCO 2025; 43, 2276-2284

Follicular Lymphoma

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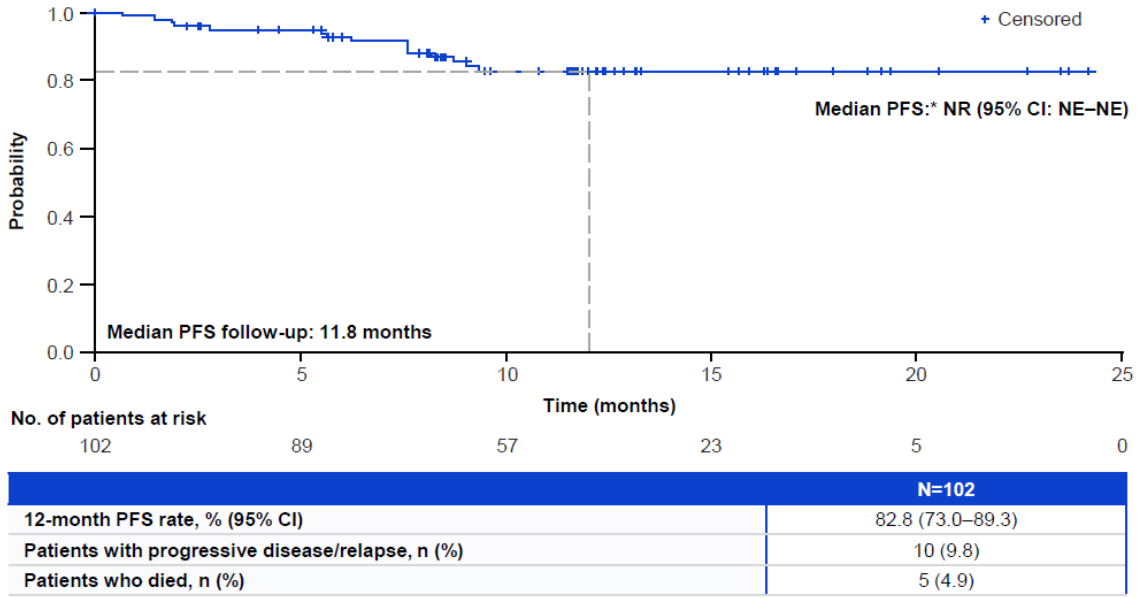
NCCN Guidelines for FL Management

First-Line Therapy	Second-Line Therapy
High Tumor Burden: • Bendamustine + obinutuzumab or rituximab • CHOP + obinutuzumab or rituximab • CVP + obinutuzumab or rituximab • Lenalidomide + Rituximab **Low Tumor Burden:** • Rituximab weekly x 4	• Bendamustine + obinutuzumab or rituximab • CHOP + obinutuzumab or rituximab • CVP + obinutuzumab or rituximab • Lenalidomide + rituximab • Tafasitamab + lenalidomide + rituximab (≥1 prior line including anti-CD20 mAb)

MorningSun: Fixed duration SC Mosunetuzumab in 1L FL

- Interim results of Phase II MorningSun study of high-tumor burden FL (N=102)
- Mosun SC was administered with step-up dosing in Cycle (C)1 (Day [D]1, 5mg; D8, 45mg; D15, 45mg) then 45mg on D1 for up to 17 cycles (1 year; 21-day cycles)
- 12-month PFS 82.8%
- ORR 87.3%, 60.8% CMR

Efficacy results: PFS



	N=102
12-month PFS rate, % (95% CI)	82.8 (73.0–89.3)
Patients with progressive disease/relapse, n (%)	10 (9.8)
Patients who died, n (%)	5 (4.9)

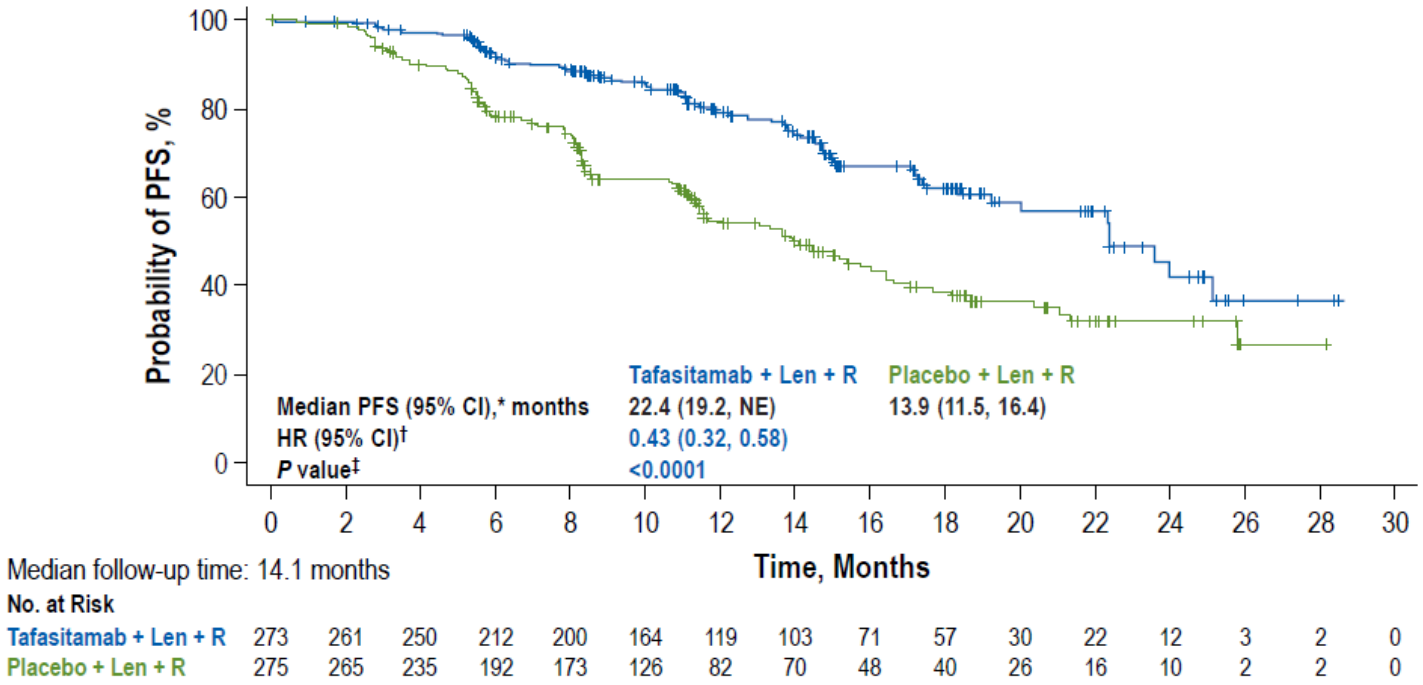
*PFS and other time-to-event endpoints, except for time to response, were immature at the current analysis period.
CI, confidence interval; NE, not estimable; NR, not reached.

Flinn and Budde et al, ASCO and ICML 2025

InMIND: Tafasitamab, Lenalidomide, Rituximab in R/R FL

- Phase III, double-blind, placebo-controlled RCT (N=548)
- Tafa+Len+Ritux vs. Placebo+Len+Ritux
- Median PFS 22.4 months vs. 13.9 months, p<0.0001
- PFS benefit across all subgroups
- OS data immature

Primary Endpoint: PFS by Investigator Assessment



Sehn et al, ASH 2024

SUMMARY

- Rapidly evolving therapeutic landscape
- Paradigm is shifting towards chemotherapy-free regimens
- Front-line combinations are now incorporating bispecific antibodies for DLBCL and FL
- For mantle cell lymphoma, BTK inhibitors are being incorporated into frontline regimens

THANK YOU

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