POST-SAN DIEGO 2023
Novità dal Meeting della Società Americana di Ematologia

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Verona
Palazzo della Gran Guardia
15-16-17 Febbraio 2024

LINFOMI AGGRESSIVI
Salvataggio con MoAbs

Carmelo Carlo-Stella

Humanitas University, Milano

Disclosures of Carmelo Carlo-Stella

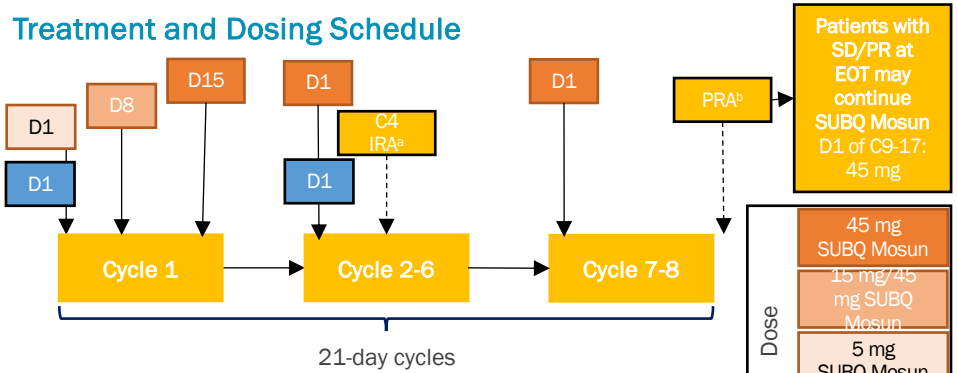
Company name	Research support	Employee	Consultant	Stockholder	Speakers bureau	Advisory board	Other
Sanofi	X		X			X	
ADC Therapeutics	X		X			X	
Karyopharm Tx						X	
Celgene/BMS						X	Honoraria
Incyte							Honoraria
Hoffmann-La Roche Ltd	X					X	Honoraria
Janssen Oncology							Honoraria
Takeda							Honoraria
Merck Sharp & Dohme						X	Honoraria
AstraZeneca							Honoraria
Gilead							Honoraria
Scenic Biotech						X	
AbbVie						X	

Initial Results From the Phase 1/2 Study of Mosunetuzumab + Pola in 1L for Elderly Unfit/Frail Patients With Previously Untreated DLBCL: Study Design and Patients

Key Eligibility Criteria

- Previously untreated DLBCL
- Aged ≥80 years OR aged 65-79 and considered ineligible for CIT
- ECOG PS 0-2

Treatment and Dosing Schedule



- SUBQ Mosun + Pola administration
  - Cohort C1 (n=7): 5/15/45 mg
  - Cohort C2 + C Expansion (n=101): 5/45/45 mg (target dose cohort)

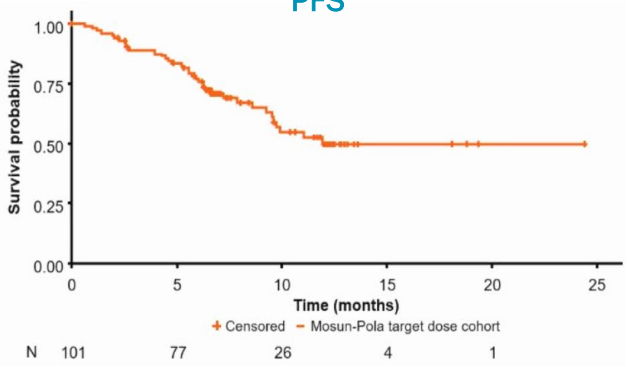
Primary endpoint: ORR by PET-CT at the PRA[c]
Secondary endpoints: Safety, immunogenicity, PK, PD

Patient Characteristics		Total (N=108)
Median age (range), years		81 (66-94)
≥80 years, n (%)		66 (61.1)
Female, n (%)		56 (51.9)
ECOG PS, n (%)	0	31 (28.7)
	1	56 (51.9)
	2	21 (19.4)
Simplified geriatric assessment,[d] n (%)	Fit	1 (0.9)
	Unfit	64 (59.3)
	Aged <80 years	41 (38.0)
	Aged ≥80 years	23 (21.3)
	Frail	43 (39.8)
Ann Arbor stage, n (%)	I-II	37 (34.3)
	III-IV	71 (65.7)
Extranodal involvement, n (%)		76 (70.4)
Elevated LDH, n (%)		59 (54.6)
Bulky disease (≥7.5 cm), n (%)		30 (27.8)

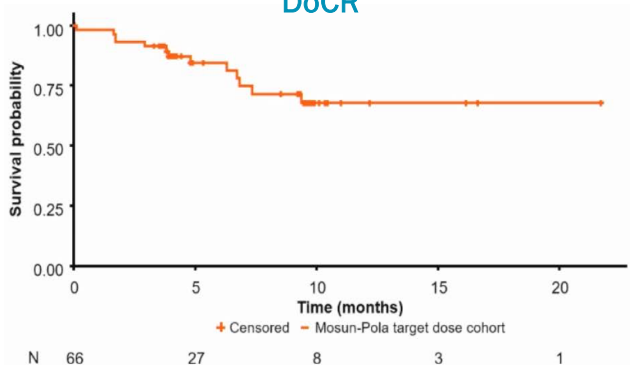
Data cutoff: August 5, 2023.
[a] In cycle 4 between D14 and D21. [b] 6-8 weeks after cycle 8 D1 or the final dose of study treatment for those who discontinue prematurely. [c] As assessed by IRC according to Lugano 2014 criteria. [d] Includes assessments of ADL, IADL, CIRS-G, and MNA-SF. Per local testing, aaIPI, age-adjusted IPI.
Olszewski A, et al. ASH 2023. Abstract 855.

Initial Results From the Phase 1/2 Study of Mosunetuzumab + Pola in 1L for Elderly Unfit/Frail Patients With Previously Untreated DLBCL: Efficacy

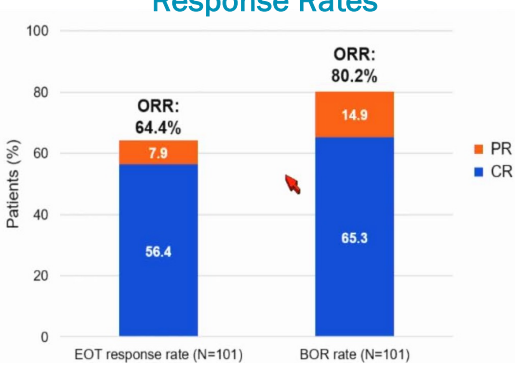
PFS



DoCR



Response Rates



	Mosun + Pola Target Dose Cohort (n=101)
Median PFS, mo (95% CI)	11.9 (9.5-NE)
Patient disposition	
Censored/no event at CCOD	64 (63.4)
Event	37 (36.6)
PD	12 (12)
Death	25 (25)

	Mosun + Pola Target Dose Cohort (n=66)[a]
Median PFS, mo	NE
Patient disposition	
Censored/no event at CCOD	53 (80.3)
Event	13 (19.7)
PD	2 (3)
Death after CR	11 (17)

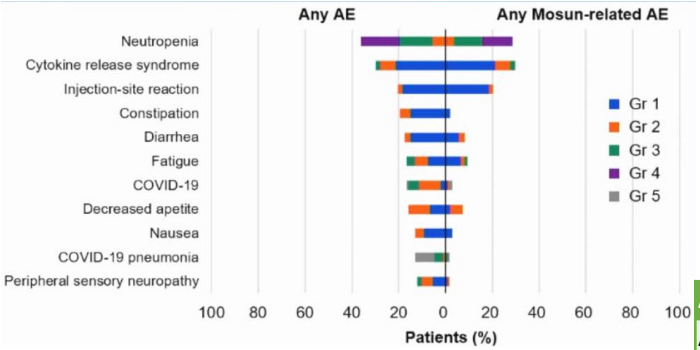
Response Rate, n (%)	EOT (n=101)	BOR (n=101)
ORR	65 (64.4)	81 (80.2)
CR	57 (56.4)	66 (65.3)
PR	8 (7.9)	15 (14.9)
SD	4 (4.0)	4 (4.0)
PD	10 (9.9)	4 (4.0)
ND	22 (21.8)[b]	12 (11.9)[c]

Data cutoff: August 5, 2023.

[a] Number of complete responders: 66/101 (65.3%). Median follow-up time: 12.6 mo (1-25). [b] 6 patients withdrew consent, 14 discontinued early due to AEs, 1 discontinued due to investigator decision, and 1 had early PD in C1. [c] 4 patients withdrew consent, 6 discontinued early due to AEs, 1 discontinued due to PI decision, 1 had early PD in C1.

Initial Results From the Phase 1/2 Study of Mosunetuzumab + Pola in 1L for Elderly Unfit/Frail Patients With Previously Untreated DLBCL: Safety

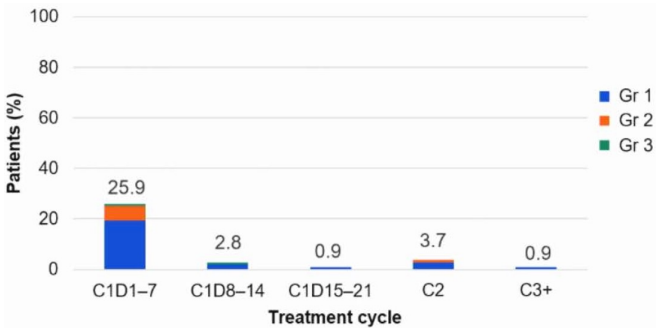
AEs in ≥10% of Patients



- 13/18 fatal AEs were infections
  - 10/13 (77%) were COVID-19

AE, n (%)	Total (N=108)
AE	107 (99.1)
Grade 3-4 AE	49 (45.4)
SAE	51 (47.2)
Grade 5 AE	18 (16.7)
AE leading to discontinuation	17 (15.7)
AE of interest	
Neutropenia[a]	39 (36.1)
Grade ≥3	33 (30.6)
Serious infection	27 (25.0)
Grade ≥3	25 (23.1)
ICANS-like events[b]	1 (0.9)
Grade ≥3	1 (0.9)[c]

Patients With CRS by Cycle and Highest Grade

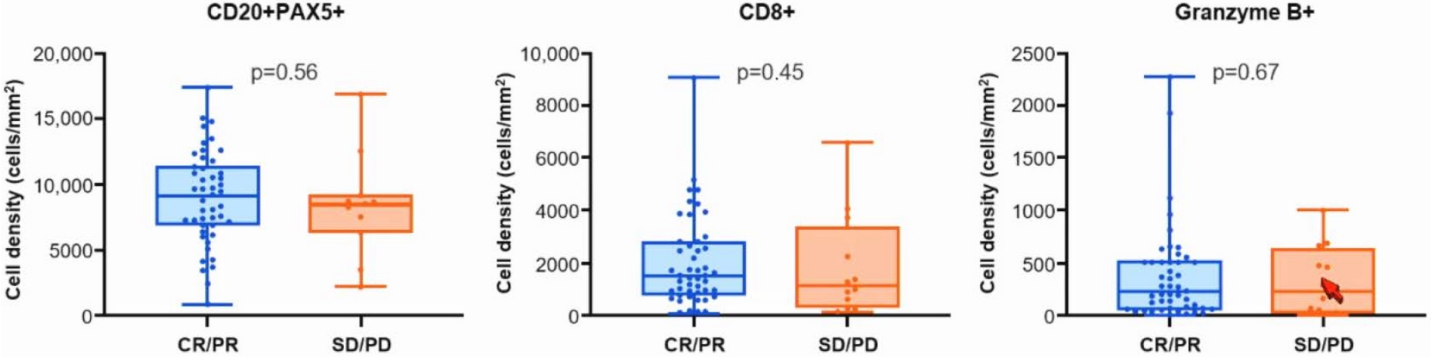


CRS Events	Total (N=108)
Any grade CRS, n (%)[d]	32 (29.6)
Grade 1	23 (21.3)
Grade 2	7 (6.5)
Grade 3	2 (1.9)
Serious CRS[e]	15 (13.9)
CRS leading to discontinuation	0
CRS duration in days, median (range)	2 (1-6)[f]

[a] 31 patients (28.7%) received G-CSF; no febrile neutropenia was reported. [b] Det
consistent with ICANS. [c] Grade 3 memory impairment occurred in 1 patient on
ASTCT 2019 criteria. [e] Any CRS involving hospitalization is deemed 'serious' and
symptoms; most 'serious' CRS cases were grade 1-2. [f] Median CRS duration calculated using total number of CRS events (39 events).
Olszewski A, et al. ASH 2023. Abstract 855.

Initial Results From the Phase 1/2 Study of Mosunetuzumab + Pola in 1L for Elderly Unfit/Frail Patients With Previously Untreated DLBCL: Tumor Response and Summary

Immunohistochemistry and Immunofluorescence Analysis From Pretreatment Biopsies



Authors' Conclusions

- Mosun + Pola showed durable activity in elderly unfit or frail patients with previously untreated DLBCL
- Elderly unfit or frail patients with previously untreated DLBCL may have increased risk for severe complications from infection, including COVID-19 infection
- Using simplified geriatric assessments in the study facilitated identification of patients for treatments with minimal chemotherapy, such as Mosun + Pola

Olszewski A, et al. ASH 2023. Abstract 855.

Initial Results From EPCORE NHL-5 of Subcutaneous Epcoritamab Plus Lenalidomide in Patients With R/R DLBCL: Study Design and Patients

Key Eligibility Criteria

- Histologically confirmed CD20+ DLBCL
- R/R disease with ≥1 prior anti-CD20 mAb-containing systemic tx
- ASCT ineligible or failed prior ASCT
- Prior CAR T-cell therapy allowed; prior CD3/CD20 bispecific antibodies not allowed
- ECOG PS 0-2

Arm 1
Epcoritamab + Len
12 × 28-d cycles
R/R DLBCL
(N=35)

Epcoritamab dosing schedule
C1D1: SUD1 (0.16 mg)
C1D8: SUD2 (0.8 mg)
C1D15, D22: full dose (48 mg)
Cycles 2-3, days 1, 8, 15, 22: full dose (48 mg)
Cycles 4-12, day 1: full dose (48 mg)

Len dosing schedule
Cycles 1-12: 25 mg qd on days 1-21

Premedication and CRS prophylaxis: diphenhydramine, APAP, and corticosteroids mandatory for CRS prophylaxis with first 4 epcoritamab doses

Objectives

- **Dose escalation:** safety, tolerability, and RP2D
- **Dose expansion:** safety, tolerability, and antitumor activity

Patient Characteristics, n (%)		Total (N=35)
Median age (range), years		72 (41-85)
Ann Arbor stage	I-II	11 (31)
	III	7 (20)
	IV	17 (49)
Subtype	DLBCL	31 (89)
	FL grade 3b	3 (9)
ECOG PS	0	24 (69)
	1	10 (29)
R-IPI	0	2 (6)
	1-2	10 (29)
	3-5	18 (51)
Extranodal disease at screening		22 (63)
Median # of prior LOT (range)		2 (1-4)
Median time from last anticancer therapy to first epcoritamab dose (range), mo		5.5 (0.7-150.6)
Prior systemic therapies	CAR T-cell therapy	8 (23)
	Stem cell transplant	2 (6)
Refractory disease	Primary refractory	15 (43)
	Refractory to ≥2 LOT	8 (23)

Mazza R, et al. ASH 2023. Abstract 438.

Initial Results From EPCORE NHL-5 of Subcutaneous Epcoritamab Plus Lenalidomide in Patients With R/R DLBCL: Disposition and Tx Exposure

Exposure and Disposition, n (%)		Total (N=35)
Median study follow-up (range), mo		8.2 (1.2-12.7)
Epcoritamab exposure	Median duration (range), mo	3.9 (0.03-11.4)
	# of cycles, median (range)	5 (1-12)
Ongoing epcoritamab treatment		17 (49)
Completed epcoritamab treatment		1 (3)
Discontinued epcoritamab treatment		17 (49)
Progressive disease		10 (29)
Patient withdrawal		3 (9)
No longer achieving clinical benefit		2 (6)
AE		2 (6)
Lenalidomide exposure	Median duration (range), mo	4.2 (0.13-11.4)
	# of cycles, median (range)	5 (1-12)
No lenalidomide dose reduction due to AEs		24 (69)
Discontinued lenalidomide only due to AE[a]		2 (6)

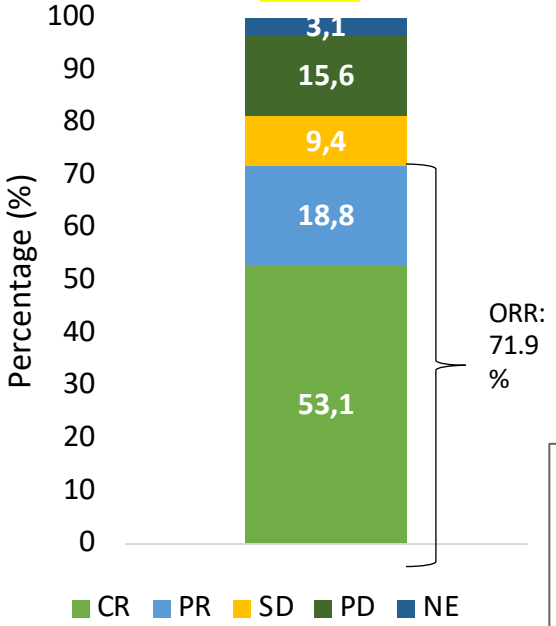
- Data cutoff: October 6, 2023
- Median follow-up: 8.2 mo

[a] 2 additional patients discontinued both epcoritamab and lenalidomide due to AEs.

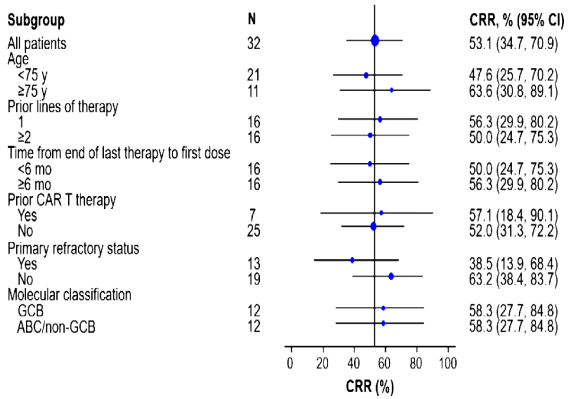
Mazza R, et al. ASH 2023. Abstract 438.

Initial Results From EPCORE NHL-5 of Subcutaneous Epcoritamab Plus Lenalidomide in Patients With R/R DLBCL: Efficacy

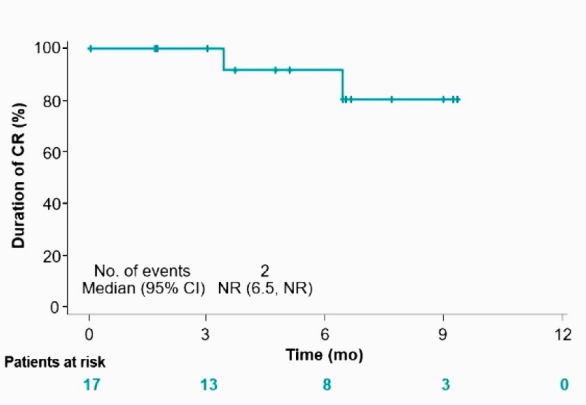
Best Overall Response Rate (N=32)



CR in Subgroups



Duration of CR



- Median time to response = 1.8 mo (range: 1.0-3.6)
- Median time to CR = 1.9 mo (range: 1.6-3.6)
- Median duration of CR was not reached
- Most patients achieved MRD-negative CR after 2 cycles of treatment

BOR	MRD negative at C3D1,[a] n (%)	Total
CR	10 (83)	12
PR	1 (20)	5
SD	1 (100)	1
PD	0	1
NE	0	1

[a] MRD was measured as plasma ctDNA at protocol-specified time points. ctDNA levels were quantified as mutant molecules per mL (MMPM). MRD negativity was analyzed using a threshold of <1 MMPM.

Mazza R, et al. ASH 2023. Abstract 438.

Initial Results From EPCORE NHL-5 of Subcutaneous Epcoritamab Plus Lenalidomide in Patients With R/R DLBCL: TEAE

TEAE	Total (N=35)
Any grade	35 (100)
Related to epcoritamab	31 (89)
Grade 3-4	30 (86)
Related to epcoritamab	23 (66)
Serious AE	26 (74)
Related to epcoritamab	23 (66)
Epcoritamab delay/interruption due to TEAE	28 (80)
Discontinued epcoritamab due to TEAE	2 (6)
Related to epcoritamab	1 (3)
Grade 5 TEAE[a]	3 (9)
Related to epcoritamab	0

Select TEAE ≥15%, (%)	Grade 1-2	Grade 3-4
CRS	57	11
Neutropenia	6	51
Thrombocytopenia	26	11
Cough	29	0
Constipation	26	0
Rash	26	0
Anemia	3	20
Pruritus	20	0
Asthenia	20	0
Diarrhea	20	0
Fatigue	14	3
Peripheral edema	17	0

- Most common grade ≥3 TEAE was neutropenia (51%); no events led to epcoritamab discontinuation

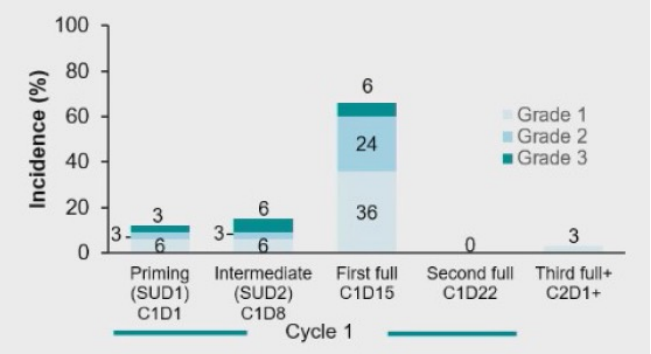
[a] All observed grade 5 TEAEs were due to disease progression.
Mazza R, et al. ASH 2023. Abstract 438.

Initial Results From EPCORE NHL-5 of Subcutaneous Epcoritamab Plus Lenalidomide in Patients With R/R DLBCL: CRS and Summary

CRS		Total (N=35)
CRS, n (%)		24 (69)
Grade 1		12 (34)
Grade 2		8 (23)
Grade 3		4 (11)
Median time to onset of first CRS event (range), d		16 (2-45)
CRS resolution, n (%)		24 (100)
Median time to resolution (range), d		2 (1-6)
CRS interventions, n (%)	Treated with tocilizumab	13 (54)
	Treated with corticosteroid	10 (42)
	Treated with both	7 (29)
Leading to epcoritamab discontinuation, n (%)		0

- CRS primarily low grade; all resolved
  - Most events occurred after first full dose during cycle 1
- 1 patient experienced ICANS grade 3; resolved after 2 days
- 1 patient experienced CTLS (grade 1)

CRS Incidence



Author's Conclusions

- Epcoritamab + lenalidomide showed durable responses in patients with R/R DLBCL (ORR = 72%; CR = 53%); median duration of CR was not reached
- Results showed a manageable safety profile with no new signals identified; cytokine peaks occurred immediately after first full dose
- MRD negativity was achieved early and sustained throughout treatment

[a] All observed grade 5 TEAEs were due to disease progression.

Mazza R, et al. ASH 2023. Abstract 438.

Glofitamab Monotherapy in R/R LBCL: Extended Follow-Up from a Pivotal Phase II Study and Subgroup Analyses in Patients with Prior CAR T-Cell Therapy and by Baseline TMTV

Martin Hutchings,[1] Carmelo Carlo-Stella,[2] Franck Morschhauser,[3] Lorenzo Falchi,[4] Emmanuel Bachy,[5] Guillaume Cartron,[6] Cyrus Khan,[7] Monica Tani,[8] Joaquin Martinez-Lopez,[9] Nancy L. Bartlett,[10] Antonio Salar,[11] Joshua Brody,[12] Sirpa Leppä,[13] Pauline Baumlin,[14] Estefania Mulvihill,[14] James Relf,[15] Saibah Chohan,[16] Derrick Kaufman,[17] Linda Lundberg,[14] Michael Dickinson[18]

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Presented at the 65th ASH Annual Meeting | December 9–12, 2023

Baseline characteristics

n (%)*		All patients (N=154)†
Median age, years (range)		66.0 (21–90)
Male		100 (64.9)
ECOG PS‡	0	69 (44.8)
	1	84 (54.5)
Ann Arbor stage	I/II	35 (22.7)
	III/IV	116 (75.3)
NHL subtype	DLBCL	110 (71.4)
	trFL	28 (18.2)
	HGBCL	10 (6.5)
	PMBCL	6 (3.9)
Bulky disease	>6cm	64 (41.6)
	>10cm	19 (12.3)

n (%)*	All patients (N=154)†
Median no. of prior lines, n (range)	3 (2–7)
2 prior lines	61 (39.6)
≥3 prior lines	93 (60.4)
Prior CAR-T	51 (33.1)
Refractory to prior CAR-T§	46 (29.9)
Prior ASCT	29 (18.8)
Refractory to any prior therapy	138 (89.6)
Refractory to last prior therapy	131 (85.1)
Refractory to first line of prior therapy	90 (58.4)
Refractory to any prior anti-CD20	128 (83.1)

The patient population was heavily pre-treated and highly refractory to prior therapy

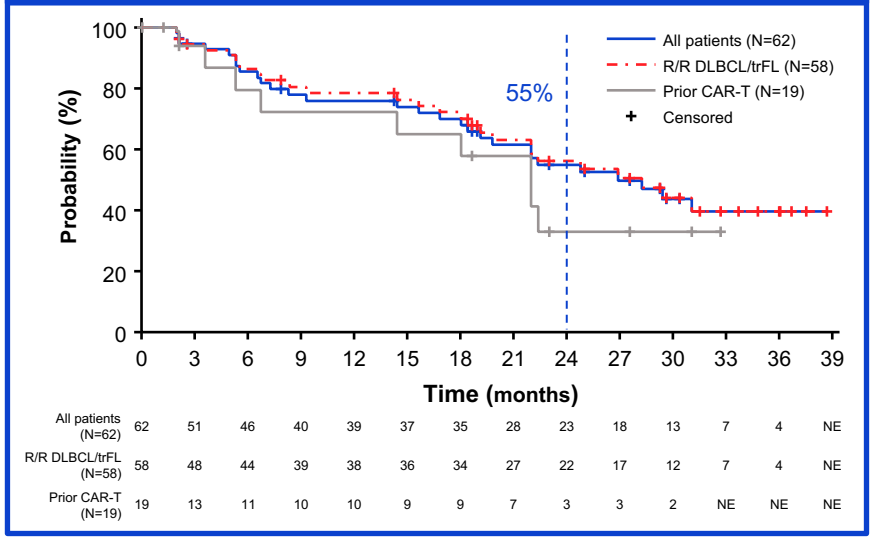
Clinical cut-off date: September 4, 2023. *Unless otherwise specified; †Safety-evaluable population (all treated patients; one patient enrolled in the intent-to-treat population did not receive any study drug and was excluded from the safety-evaluable population); ‡ECOG PS 2, n=1 (0.6%); one patient had an ECOG PS of 1 at enrolment, but deteriorated before the receipt of study treatment;[1] §Patients who had no response or relapsed within 6 months. ASCT, autologous stem cell transplant; CAR-T, chimeric antigen receptor T-cell; NHL, non-Hodgkin lymphoma; trFL, transformed follicular lymphoma.

1. Dickinson M, et al. N Engl J Med 2022;387:2220–31.

Response rates and DoCR

	All patients (N=155)*	R/R DLBCL/ trFL (N=132)[1†‡]	Prior CAR-T (N=52)[†]
ORR, n (%) [95% CI]	80 (52) [43.5–59.7]	74 (56) [47.2–64.7]	26 (50) [35.8–64.2]
CR rate, n (%) [95% CI]	62 (40) [32.2–48.2]	58 (44) [35.3–52.8]	19 (37) [23.6–51.0]
Median DoCR, months (95% CI)	26.9 (19.8–NR)	28.3 (19.8–NR)	22.0 (6.7–NR)
24-month DoCR, % (95% CI)	55.0 (41.1–68.8)	56.2 (41.9–70.4)	33.1 (7.2–59.0)
Median CR follow-up, months (range)	29.6 (0–39)	29.6 (0–39)	23.0 (0–33)
Ongoing CRs, n/N (%)	34/62 (55)	32/58 (55)	10/19 (53)

DoCR by IRC



- Median time on study: 32.1 months (range: 0–43)

With 32 months median follow-up, glofitamab showed high response rates and durable remissions across subgroups

*Intent-to-treat population (DLBCL, trFL, HGBCL, and PMBCL); †Patients in this subgroup had similar baseline characteristics to the overall population; ‡Primary efficacy population reported in the glofitamab USPI, all patients received at least one dose of glofitamab. CI, confidence interval; NE, not estimable; NR, not reached; USPI, United States prescribing information.

1. COLUMVI USPI. Available at: https://www.accessdata.fda.gov/drugsatfda_docs/label/2023/761309s000lbl.pdf.

Landmark analysis by response at Cycle 3

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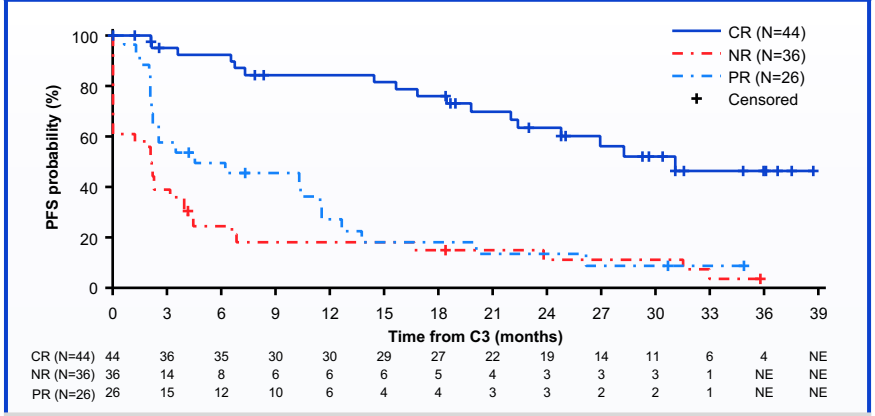
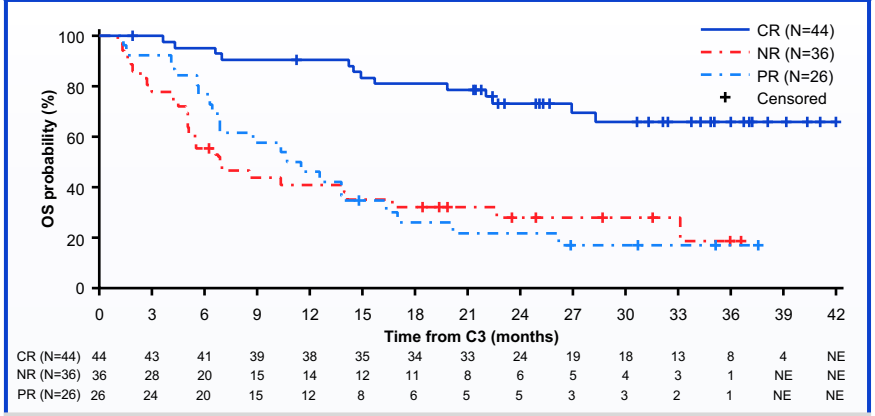


OS



Landmark PFS from C3 in patients with CR at C3*	N=44
Median PFS, months (95% CI)	31.1 (22.4–NE)
24-month PFS rate, % (95% CI)	63.5 (47.5–79.6)

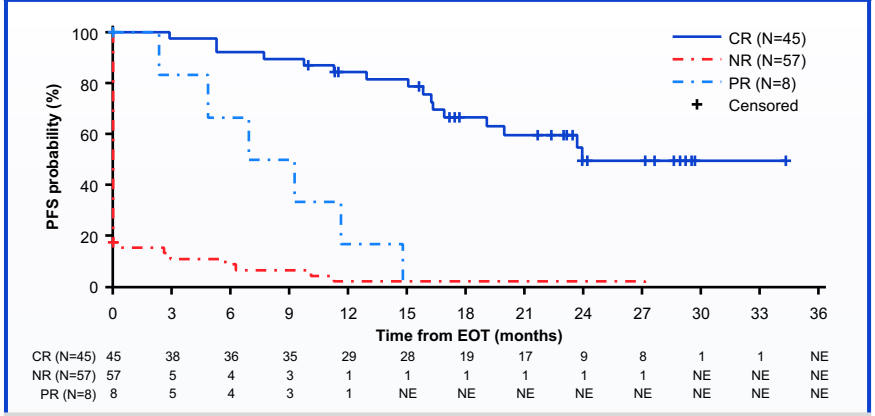
Landmark OS from C3 in patients with CR at C3*	N=44
Median OS, months (95% CI)	NE (NE)
24-month OS rate, % (95% CI)	73.4 (59.9–87.0)

A high proportion of patients with a CR at C3 remained progression-free and alive after 24 months

*KM estimates.

Landmark analysis by response at EOT

PFS



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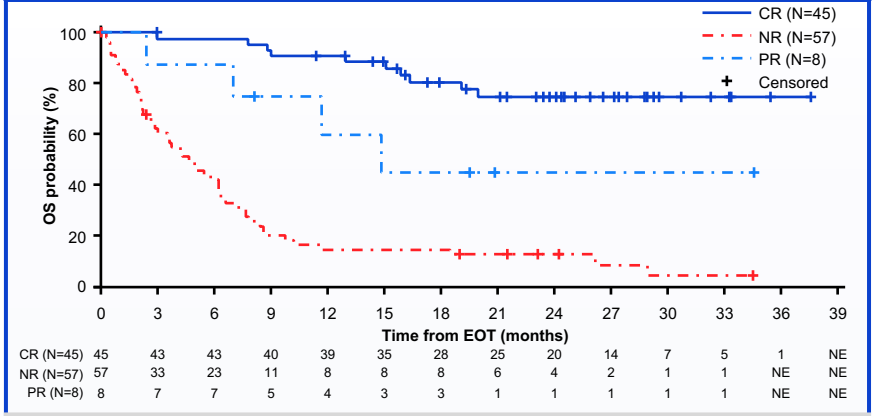


Landmark PFS from EOT in patients with CR at EOT*	N=45
Median PFS, months (95% CI)	24.0 (19.1–NE)
18-month PFS rate, % (95% CI)	66.6 (51.0–82.2)

Landmark OS from EOT in patients with CR at EOT*	N=45
Median OS, months (95% CI)	NE (NE)
18-month OS rate, % (95% CI)	80.7 (68.6–92.8)

Majority of patients with a CR at EOT remained progression-free and alive at 18 months after EOT

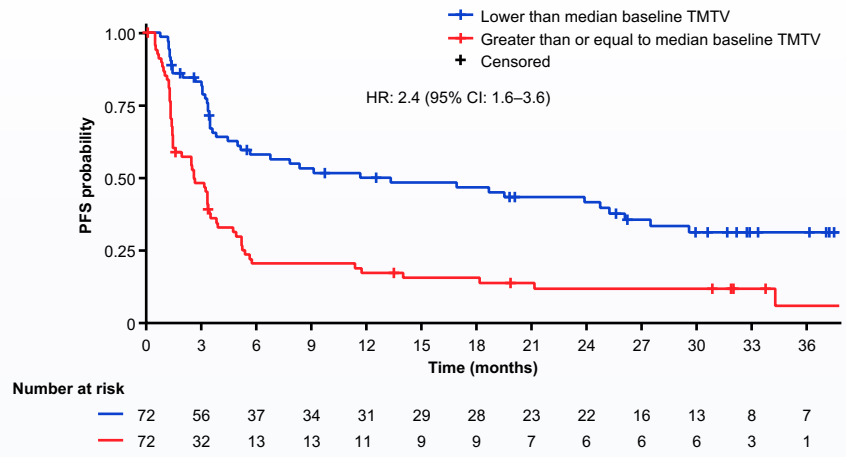
*KM estimates.
EOT, end-of-treatment.

Association between baseline TMTV and PFS

- Baseline TMTV was derived from baseline PET images using a semi-automated method with a threshold for TMTV of 2x the SUV_{mean} of the liver
- Median baseline TMTV was 128.7mL (range: 0–3820; n=144*)

	Baseline TMTV ≥ median (n=72)	Baseline TMTV ≤ median (n=72)
24-month PFS rate, % (95% CI)	11.8 (6.0–23.5)	41.6 (31.1–55.6)

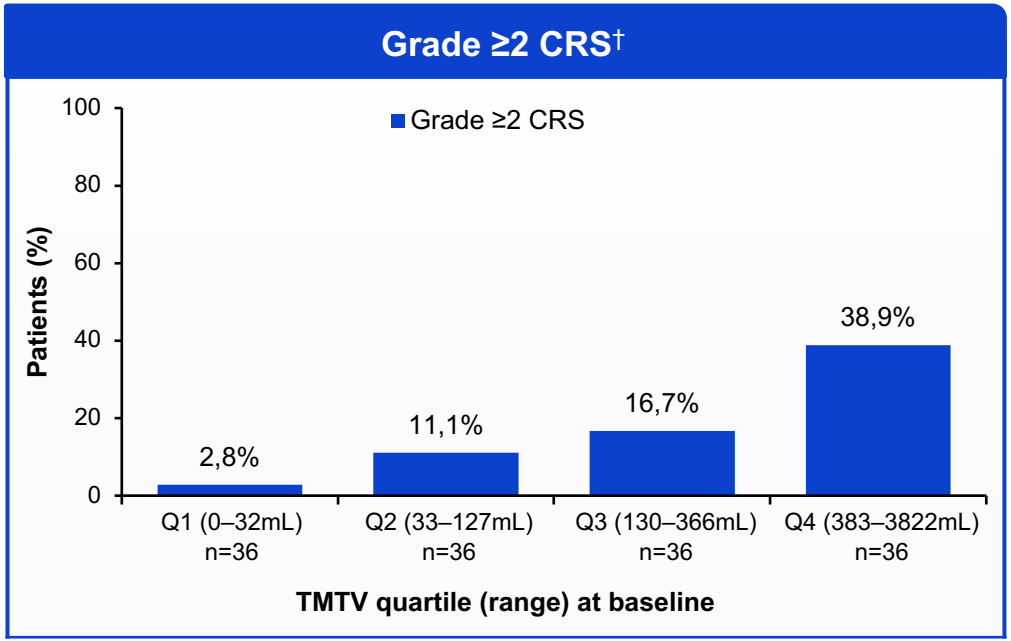
PFS by TMTV at baseline



Baseline TMTV may be prognostic for PFS

*Patients who received at least one dose of glofitamab. HR, hazard ratio; SUV, standardized uptake value; TMTV, total metabolic tumor volume.

Association between baseline TMTV* and CRS



- Most Grade ≥2 CRS events occurred with the first dose of glofitamab (C1D8, 2.5mg) and resolved before the next dose (C1D15, 10mg)

Higher baseline TMTV was associated with an increased risk of experiencing a Grade ≥2 CRS event

*Baseline TMTV (n=144) was derived from baseline PET images using a semi-automated method with a threshold for TMTV of 2x the SUV_{mean} of the liver; †Chi-square=16.273; degrees of freedom=1; p<0.0001.
Q, quartile.

Conclusions

- The majority of patients with a CR are in remission at 24 months' follow-up
  - CR rates and DoCR in patients with prior CAR T-cell therapy were consistent with the overall population
- Majority of patients with a CR at EOT were alive and event-free 18 months after EOT
- Higher baseline TMTV may be prognostic for lower PFS and was associated with an increased risk of experiencing Grade ≥2 CRS
- No new AEs were observed since the previous analysis, reflecting the advantage of the fixed duration of glofitamab treatment
- Fixed-duration glofitamab provides long-lasting remissions for patients with R/R LBCL

Loncastuximab in High-Risk and Heavily-Pretreated Relapsed/Refractory Diffuse Large B-Cell Lymphoma: A Real World Analysis from 21 US Centers

Oral Presentation #312
Ayers, et al.

Real-world analysis of Lonca in R/R DLCBL in the US

Retrospective chart review of R/R DLBCL patients treated with Lonca at 21 academic centres in the US

n (%)*	Real-world cohort (N=187)
Male	119 (64)
Age, years	
<65	72 (39)
65–75	66 (33)
>75	39 (21)
Histology	160
de novo DLBCL	85 (53)
HGBCL	40 (25)
DH/TH	37 (21)
Transformed DLBCL	28 (18)
Advanced stage disease	161 (86)
IPI >3	63 (77)
ECOG PS >2	13 (7)
eGFR <60	34 (19)
Bulky disease (>10 cm)	32 (17)
CNS involvement	12 (7)
Cell of origin	157
GCB	96 (61)
Non-GCB	61 (38)
Double expressor	61 (39)

n (%)*	Real-world cohort (N=187)
CD19 status overall	128
Positive	109 (85)
Negative	19 (15)
CD19 status post CAR-T	90
Positive	70 (78)
Negative	20 (22)

n (%)*	Real-world cohort (N=187)
Lonca line of therapy	
2nd or 3rd	36 (19)
>3rd	151 (81)
Primary refractory	47 (25)
Prior ASCT	31 (16)
Median time from ASCT (months)	25.9
Prior CAR-T	112 (60)
CAR-T as 2nd line	11 (10)
Median time from CAR-T (months)	7.7
Last response prior to Lonca	
CR	16 (9)
PR	15 (8)
PD	144 (77)

In the real-world cohort, there were 66 documented adverse events (35%)

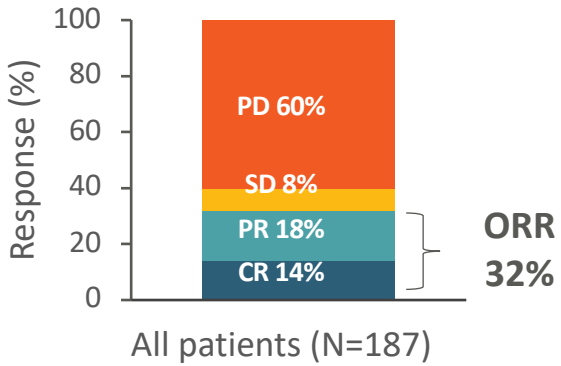
AEs led to Lonca discontinuation in 14%

n (%)	Incidence	Main reason for discontinuation
Pleural effusion	6 (3)	1 (<1)
Peripheral oedema	21 (11)	7 (4)
Pericardial effusion	1 (<1)	0 (0)
Rash	18 (10)	7 (4)
Cytopenias	31 (17)	13 (7)

* Unless otherwise specified. AE, adverse event; ASCT, autologous stem cell transplantation; CAR-T, chimeric antigen receptor T-cell therapy; CNS, central nervous system; CR, complete response; DH, double hit; DLBCL, diffuse large B-cell lymphoma; ECOG, Eastern Cooperative Oncology Group; eGFR, estimated glomerular filtration rate; GCB, germinal centre B-cell-like; HGBCL, high-grade B-cell lymphoma; IPI, international prognostic index; L, line; LDH, lactate dehydrogenase; Lonca, loncastuximab tesirine; ORR, objective response rate; OS, overall survival; PD, progressive disease; PFS, progression-free survival; PR, partial response; PS, performance score; R/R, relapsed or refractory; RW, real world; TH, triple hit.

Ayers et al, ASH 2023, #312

Real-world analysis of Lonca in R/R DLCBL in the US



Median duration of treatment was 42 days (LOTIS-2 was 45 days)

Response	mPFS (mo)
ORR	7.8
CR	NR
PR	6.3
SD	2.8
PD	0.9

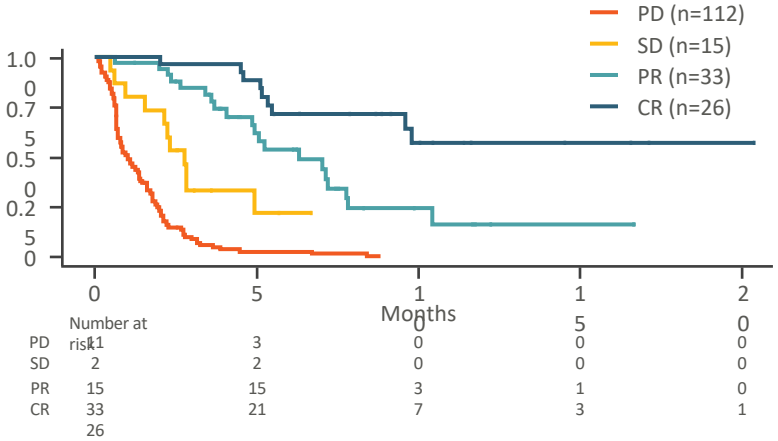
Progression-free survival

2.1 mos
mPFS

NR
mPFS in patients with CR

12%
12-month PFS

PFS by response to Lonca



CI, confidence interval; CR, complete response; DLBCL, diffuse large B-cell lymphoma; Lonca, loncastuximab tesirine; mos, months; (m)PFS, (median) progression-free survival; NR, not reached; ORR, overall response rate; PD, progressive disease; PR, partial response; R/R, relapsed or refractory; SD, stable disease.

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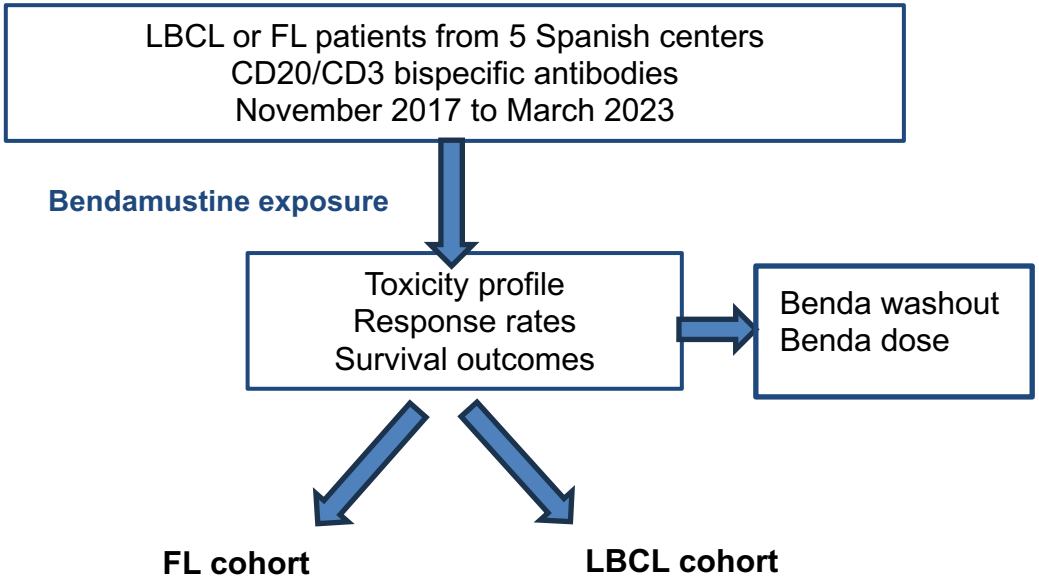
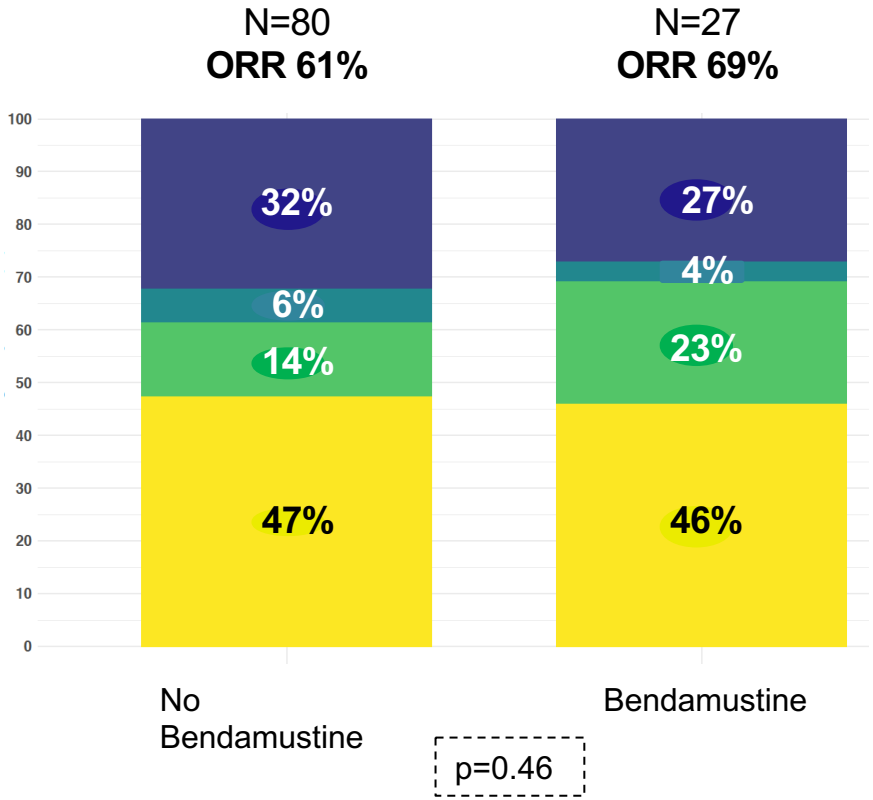
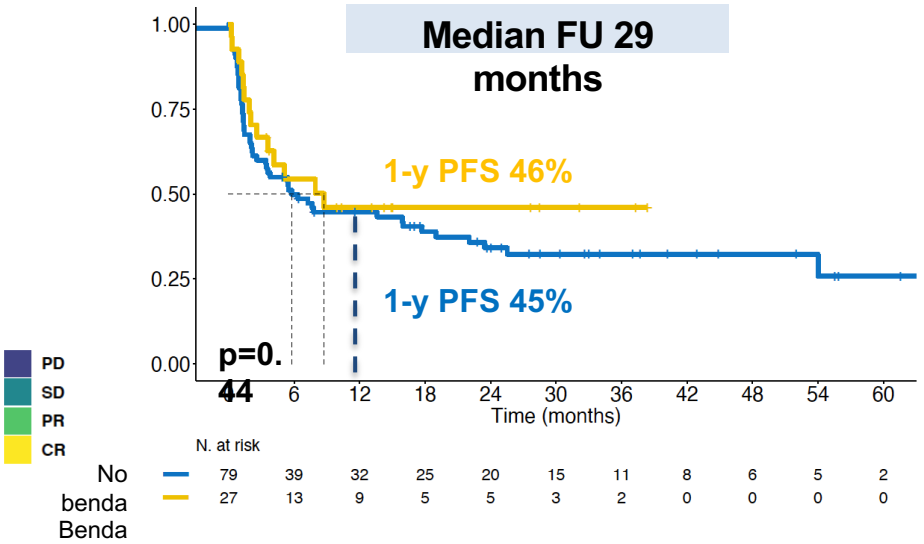
Bispecific Antibody Treatment Outcomes for Patients with B-Cell Lymphoma

- **Gloria Iacoboni**, Angel Serna, Victor Navarro, Ana Jimenez-Ubieto, Evelyn Valencia, Alberto Lopez-Garcia, Itziar Carro, Sergi Camarillas, Josu Iraola-Truchuelo, Lucia Medina, Gala Vega, Maria Pozas, Anna Sureda, Raúl Córdoba, Miguel Canales, Francesc Bosch,
- Pere Barba* and Pau Abrisqueta*



Results – Response rates in LBCL patients





Conclusions

1. Prior bendamustine exposure did not have a negative impact on CRS or neurologic toxicity after BsAb therapy.

2. Response rates between cohorts were similar, irrespective of prior bendamustine treatment. Survival outcomes did not differ between bendamustine-exposed and naïve patients.

3. More patients with a short washout before BsAb therapy are needed to explore the impact of recent bendamustine exposure on efficacy outcomes.