3rd MEETING ON T-CELL AND NK-CELL BASED IMMUNOTHERAPIES FOR LYMPHOID MALIGNANCIES

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Bispecific Antibodies in Aggressive NHL

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HUMANITAS UNIVERSITY

BOLOGNA, ROYAL HOTEL CARLTON

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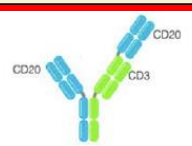
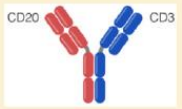
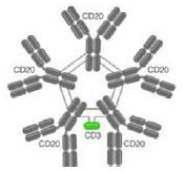
HUMANITAS CANCER CENTER

Disclosures of C. Carlo-Stella

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

Comparative characteristics of CD20XCD3 BsAb currently in development

Product name	Schematic depiction	Format	Technology	CD20:CD3 ratio	CD3 clone	CD20 clone	Fc silencing mutations*
Mosunetuzumab[18]		IgG1	Knobs-into-holes (different Fabs)	1:1	UCHT1v9 (CD3δε)	2H7 (type 1 epitope, identical to rituximab)	N297G (no FcγR binding)
Glofitamab[15]		IgG1	Head-to-tail fusion	2:1	SP34-der.(CD3ε)	By-L1 (type 2 epitope, identical to obinutuzumab)	IgG1-P329G-LALA (no FcγR binding)
Epcoritamab[16]		IgG1	Controlled Fab-arm exchange	1:1	huCACAO (SP34-der.)(CD3ε)	7D8 (type 1 epitope, shared by ofatumomab)	L234F,L235E,D265A (no FcγR,C1q binding)
Odronexamab[17]		IgG4	Heavy chains with different affinity	1:1	REG1250 (CD3δε)	3B9-10 (type 1 epitope, shared by ofatumomab)	Modified IgG4 (no FcγRIII binding)
Plamotamab[90]		IgG1	Fab-Fc x scFv-Fc	1:1	α-CD3_H1.30 (SP34-der.)(CD3ε)	C2B8_H1_L1 (type 1 epitope, shared by rituximab)	G236R, L328R (no FcγR binding)
IgM 2323[19]		IgM	IgM + modified J chain	10:1	Not reported	Not reported	No

*These Fc-silencing mutations do not abolish the binding of BsAb to neonatal FcR.

Clinical Characteristics – Pivotal data in 3L+ DLBCL

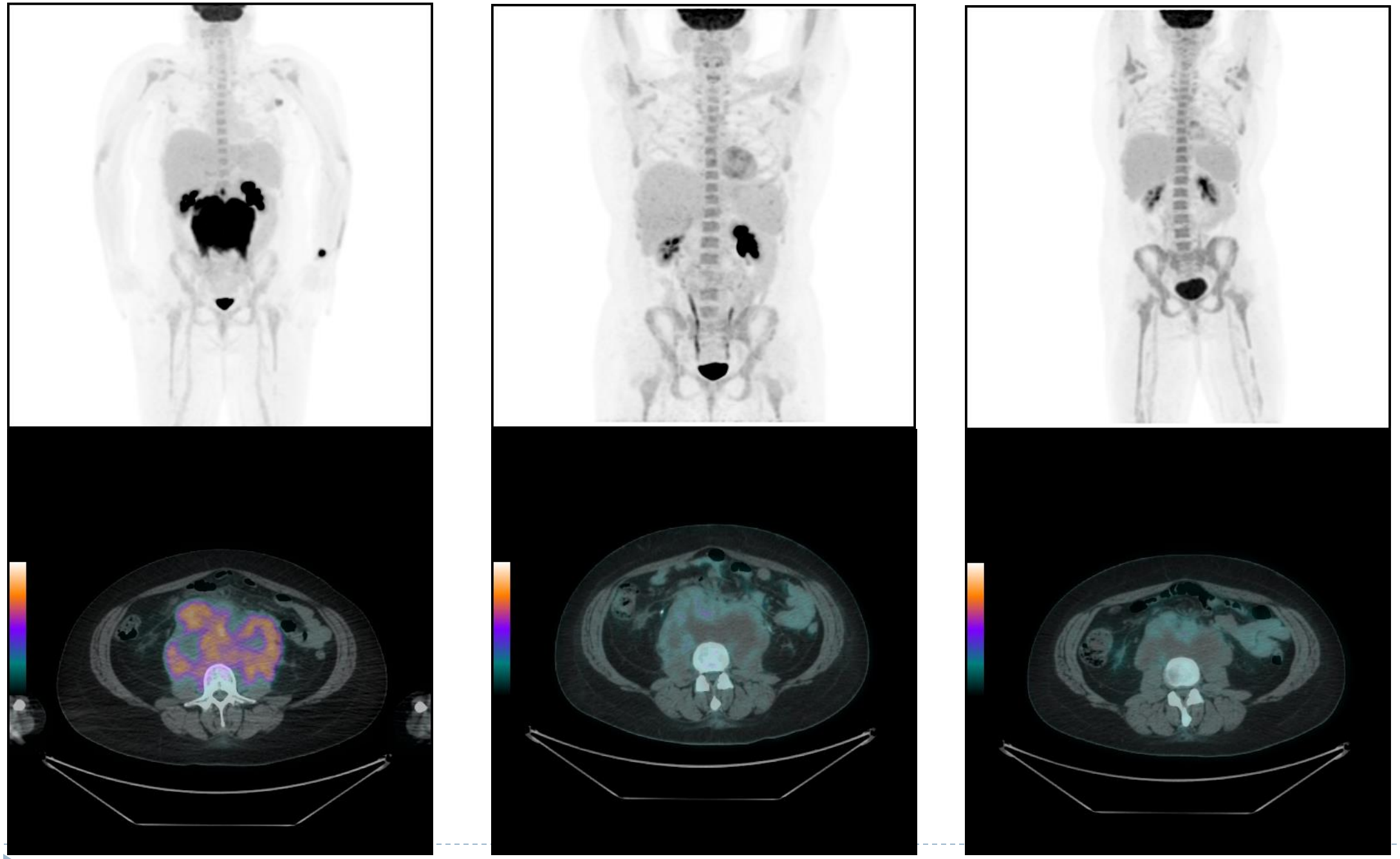
Characteristics	Glofitamab (n=155)*	Epcoritamab (n=157)**	Odronextamab*** (n=141)
Age (median, range)	66 (21-90)	64 (20-83)	66 (24-88)
Prior lines of therapy (median, range)	3 (2-7)	3 (2-11)	2 (2-8)
Primary refractory	58%	61%	57%
Refractory to last therapy	86%	83%	86%
HGBCL	7%	6%	18%
Transformed lymphoma	17%	25%	17%
PMBCL	4%	3%	0%
Prior CAR-T	33%	39%	0%
Prior ASCT	18%	20%	17%

*Dickinson M, NEJM 387:2220-2231, 2022; **Thieblemont C, JCO, 41:2238-2247, 2023; ***Ayyappan S, Blood 142: 436-38, 2023

Response rates at RP2D – Pivotal data in 3L+ DLBCL

Characteristics	Glofitamab (n=155)*	Epcoritamab (n=157)**	Odronextamab*** (n=141)
CRR	61 (39.5%) [95% CI: 31.6%, 47.5%]	61 (39%) [95% CI: 31–47]	39 (31%)
ORR	80 (51.6) [95% CI: 43.5%, 59.7%]	99 (63) [95% CI: 55–71]	66 (52%)

*Dickinson M, NEJM 387:2220-2231, 2022; **Thieblemont C, JCO, 41:2238-2247, 2023; ***Ayyappan S, Blood 142: 436-38, 2023



06/09/2020 (BL)

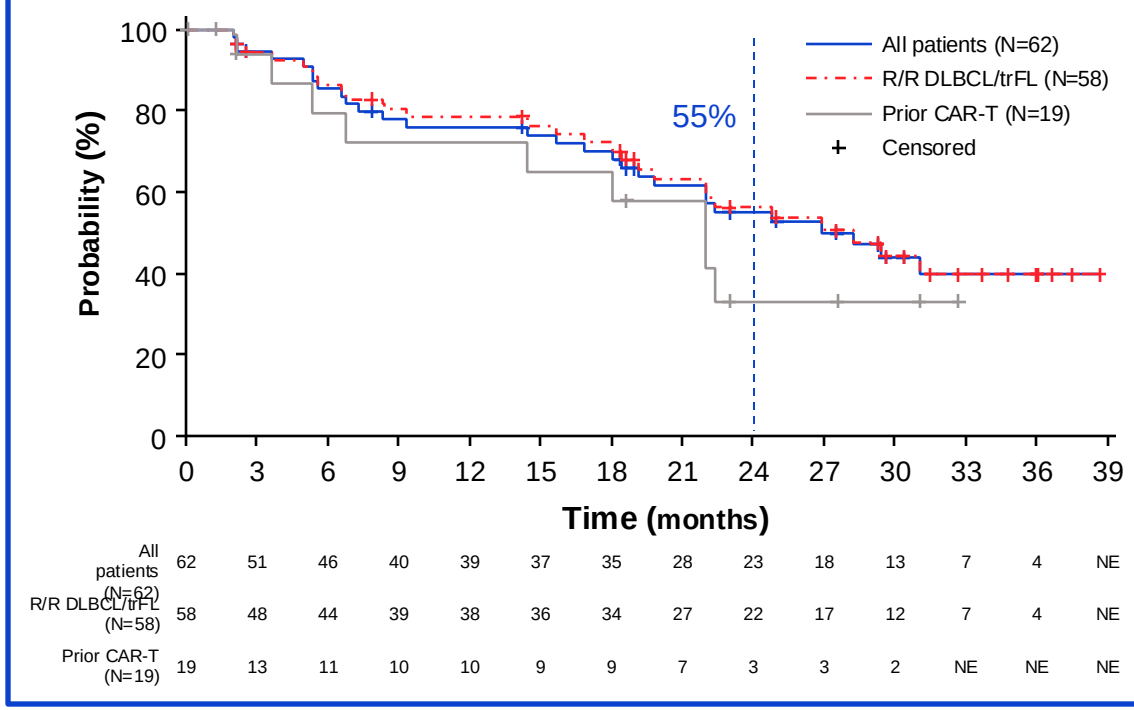
30/11/2020 1° assessment

14/01/2021 2° assessment

Glofitamab CR Remained Durable

	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)

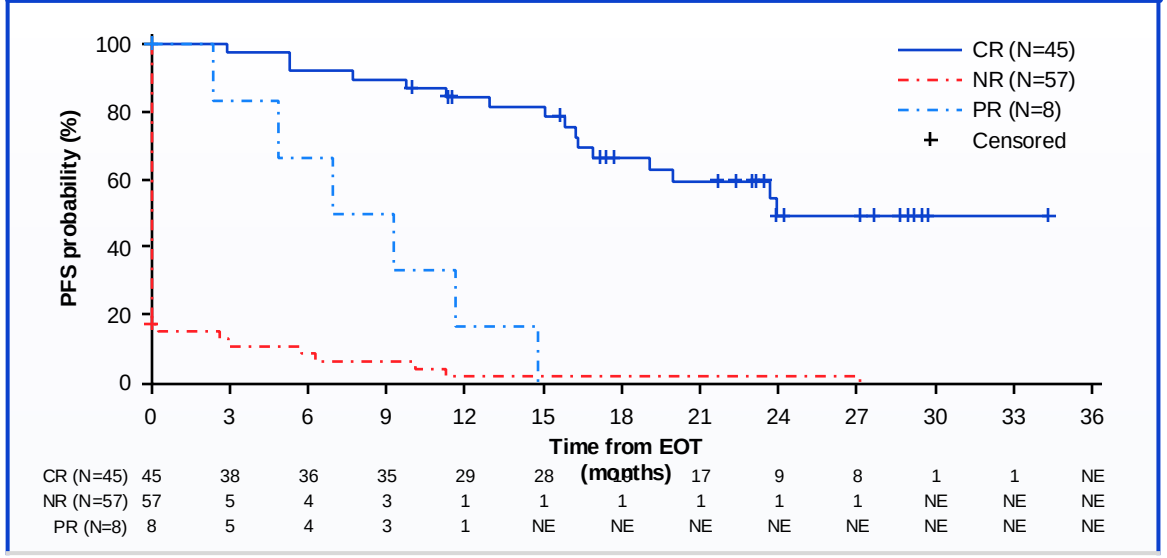
With 32 months median follow-up, glofitamab showed high response rates and durable remissions across subgroups

*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.

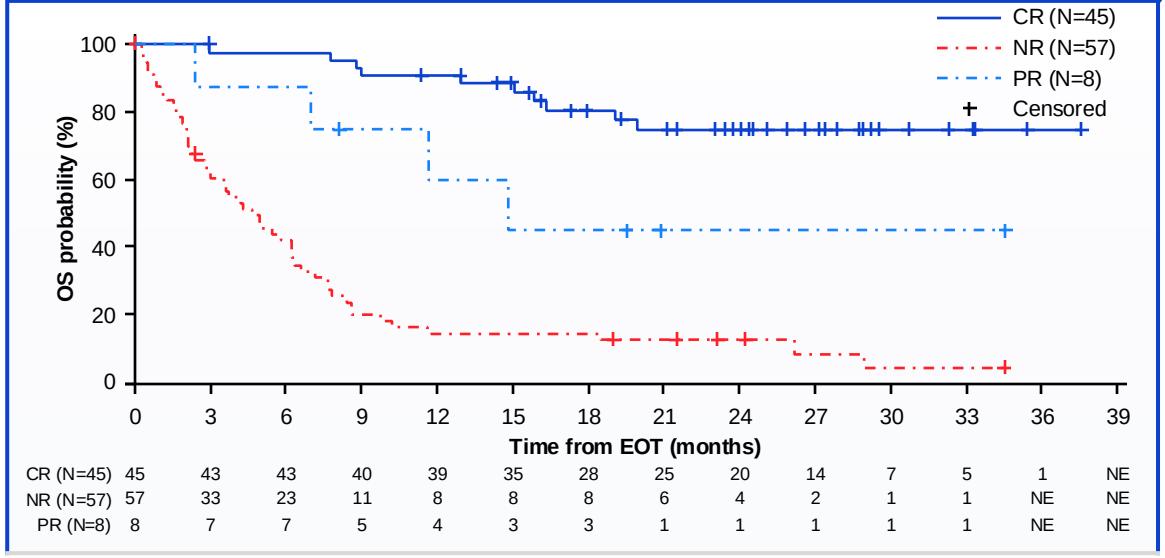
1. COLUMVI USPI. Available at: https://www.accessdata.fda.gov/drugsatfda_docs/label/2023/761309s000lbl.pdf

Landmark analysis by response at EOT

PFS



OS



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

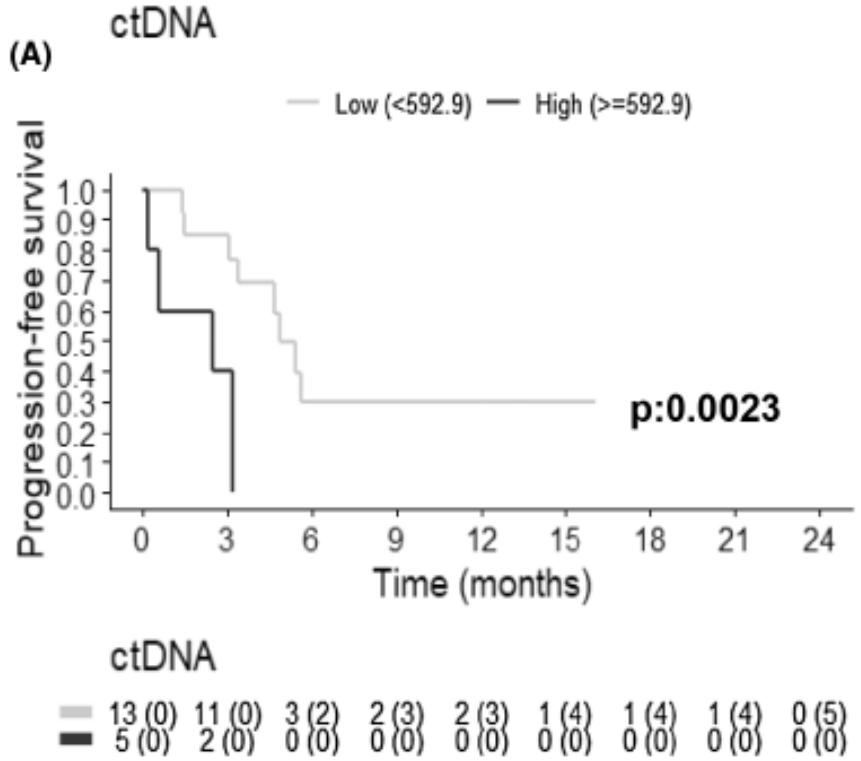
*KM estimates.
EOT, end-of-treatment.

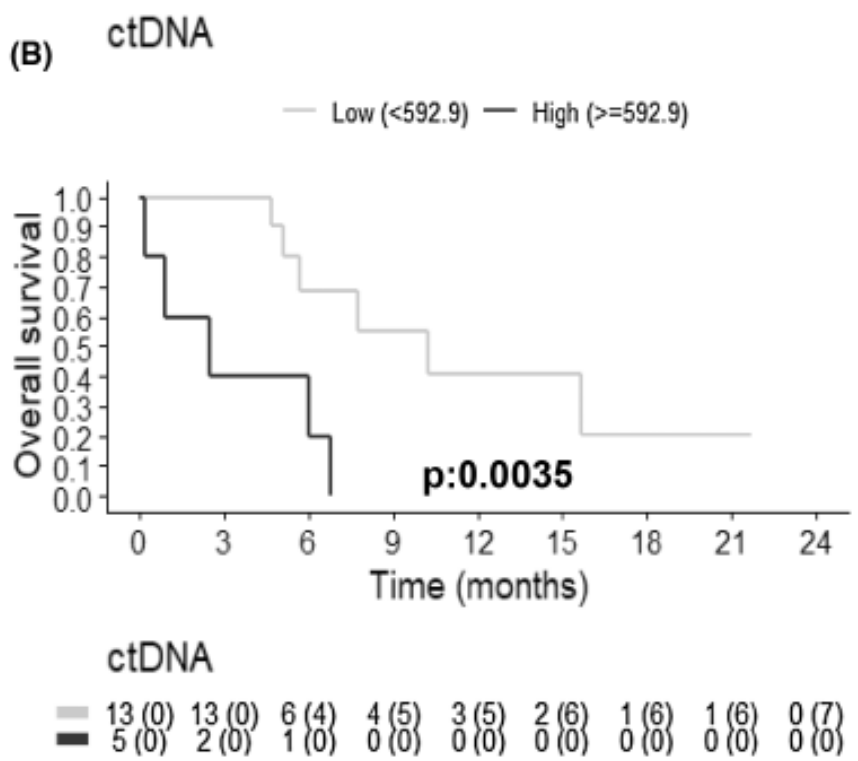
Hutchings M, et al. ASH 2023; oral presentation (abstract #433).

Outcome after chimeric antigen receptor (CAR) T-cell therapy failure in large B-cell lymphomas

Anna Dodero[1] | Stefania Bramanti[2] | Martina Di Trani[2] | Martina Pennisi[1] | Silva Ljevar[3] | Annalisa Chiappella[1] | Magagnoli Massimo[2] | Anna Guidetti[1,4] | Francesco Corrado[5] | Paulina Maria Nierychlewska[6] | Alice Di Rocco[7] | Daniele Lorenzini[8] | Rahal Daoud[9] | Chiara De Philippis[2] | Armando Santoro[2,5] | Carmelo Carlo-Stella[2,5] | Paolo Corradini[1,4]

Br. J. Haematol, 2023



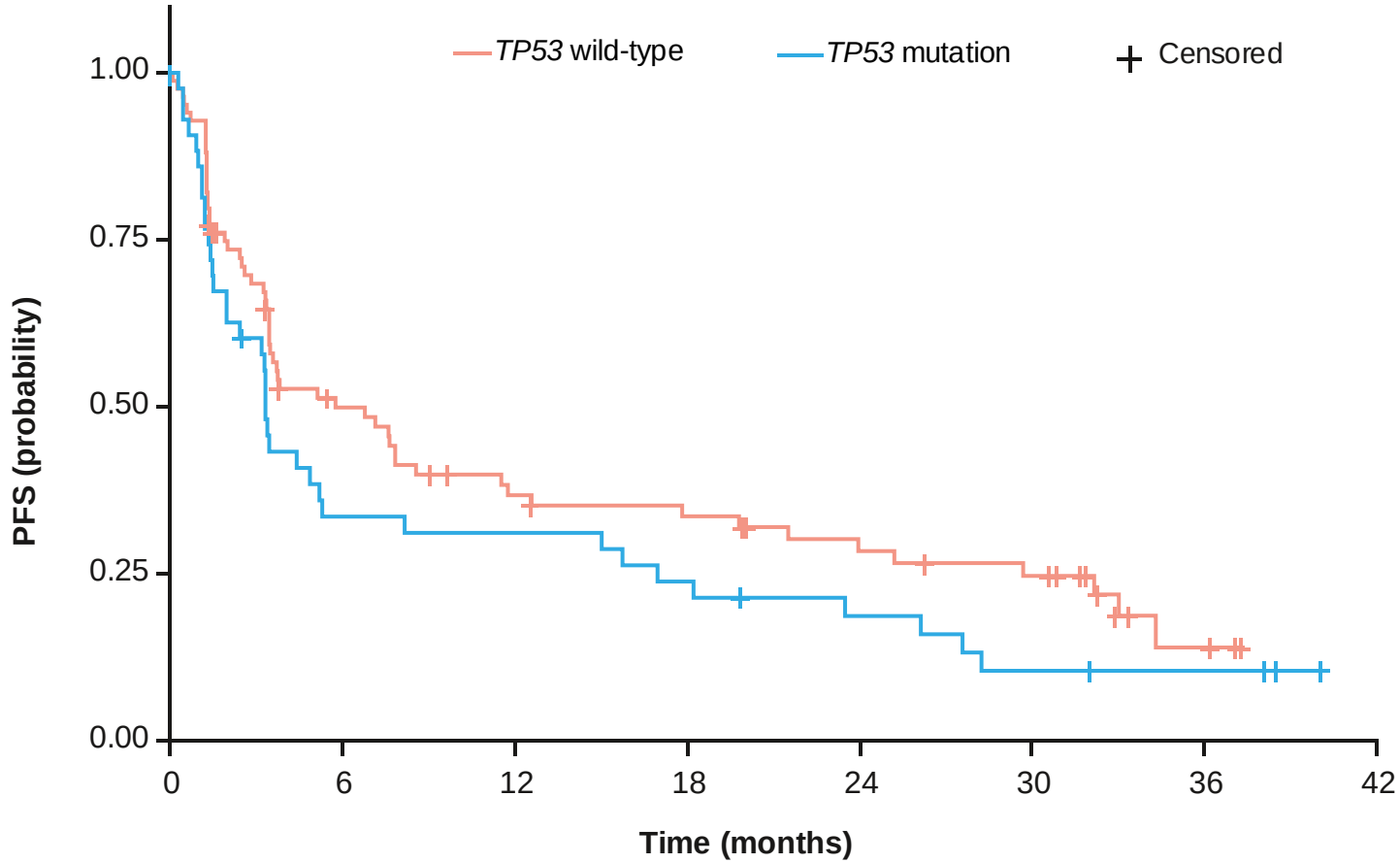


6-month PFS: 0% vs. 30%

6-month OS: 20% vs. 68%

Progression-Free Survival by TP53 Status

- At Baseline, TP53 mutations were detected in 33% (44/132) of patients
- CR rate for TP53 mutation was 25% (11/44) vs 43% (38/88) for TP53 wild-type patients
- Patients with TP53 mutation had a PFS comparable to TP53 wild-type patients (HR 1.34, 95% CI: 0.89–2.02)



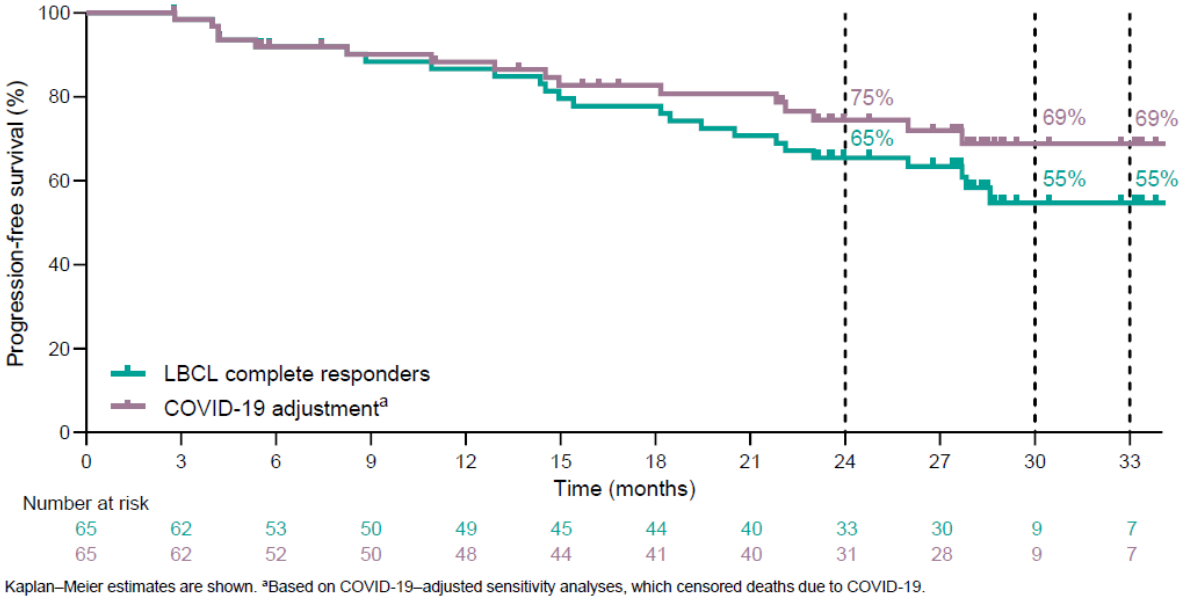
Number at risk

88	35	24	21	16	13	3	0
44	14	13	10	7	4	3	0

C. Carlo-Stella et al, poster, EHA 2024

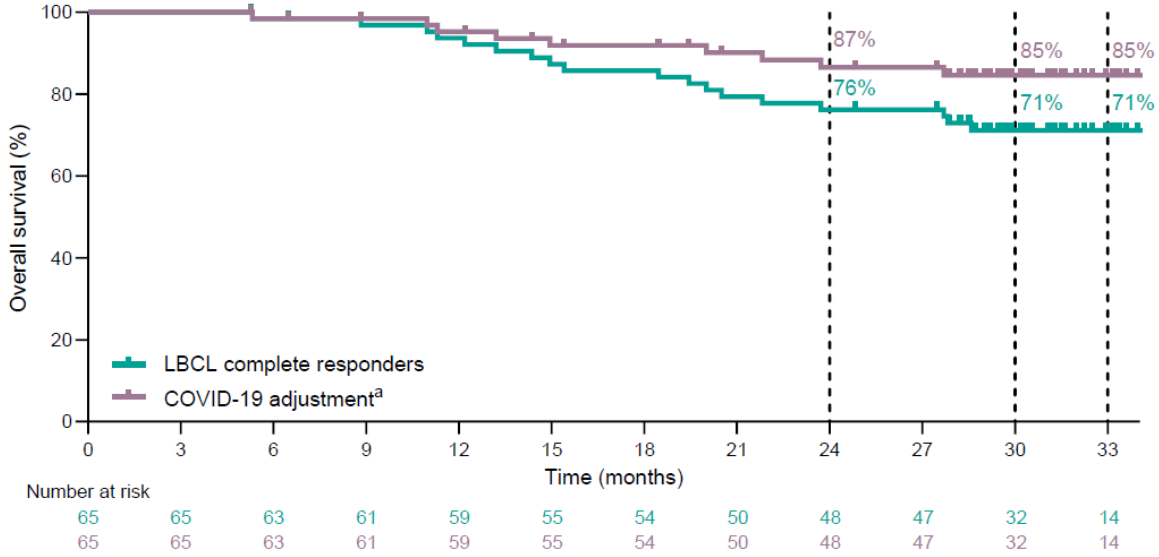
Epocoritamab CR Remained Durable

PFS



Kaplan–Meier estimates are shown. [a]Based on COVID-19–adjusted sensitivity analyses, which censored deaths due to COVID-19.

OS



Kaplan–Meier estimates are shown. [a]Based on COVID-19–adjusted sensitivity analyses, which censored deaths due to COVID-19.

Thieblemont C. et al. P1151, EHA 2024

Odronextamab - ELM-2 DLBCL Cohort

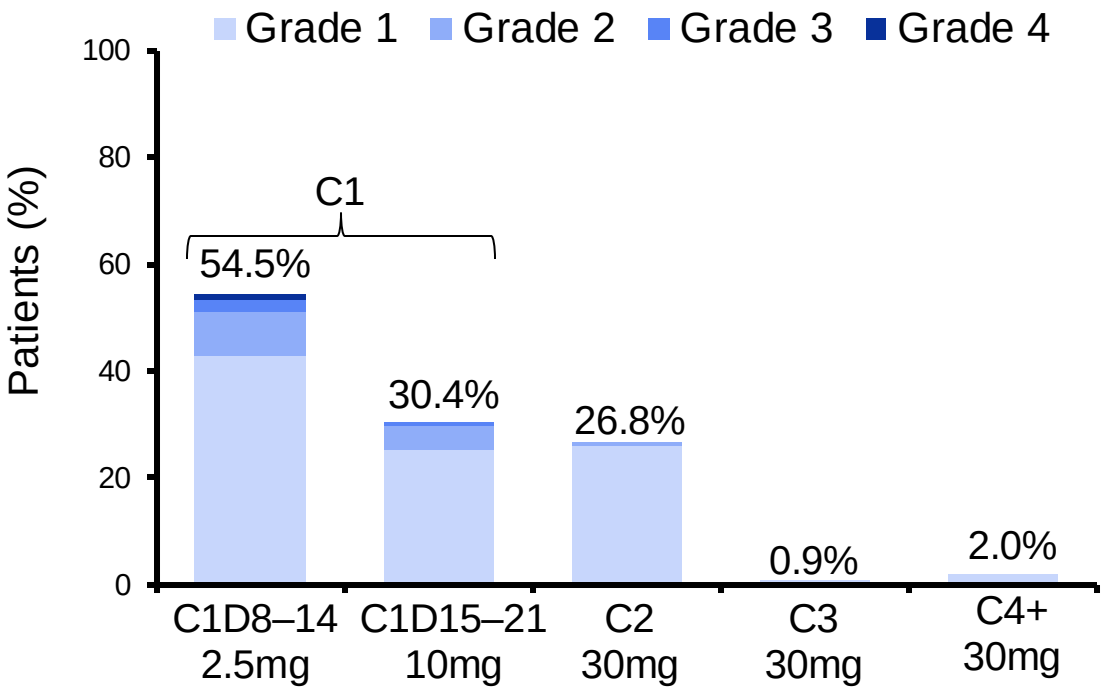
Response by ICR	All DLBCL (N = 127)
ORR, % (primary endpoint)	**52.0**
▪ CR	31.5
DoR	(n = 66)
▪ Median, mo (95% CI)	10.2 (5.0-17.9)
▪ 24-mo, % (95% CI)	36.9 (24.2-49.6)
DoCR	(n = 40)
▪ Median, mo (95% CI)	17.9 (10.2-NE)
▪ 24-mo, % (95% CI)	47.2 (29.7-62.9)

Parameter by Best Objective Response	CR (n = 40)
PFS by best response	
▪ Median, mo (95% CI)	20.4 (12.7-NE)
▪ 24 mo, % (95% CI)	47.5 (29.9-63.1)
OS by best response	
▪ Median, mo (95% CI)	NR (17.2-NE)
▪ 24 mo, % (95% CI)	59.6 (41.7-73.7)

- Median duration f/u for efficacy: 29.9 mo (95% CI: 20.4-32.6)

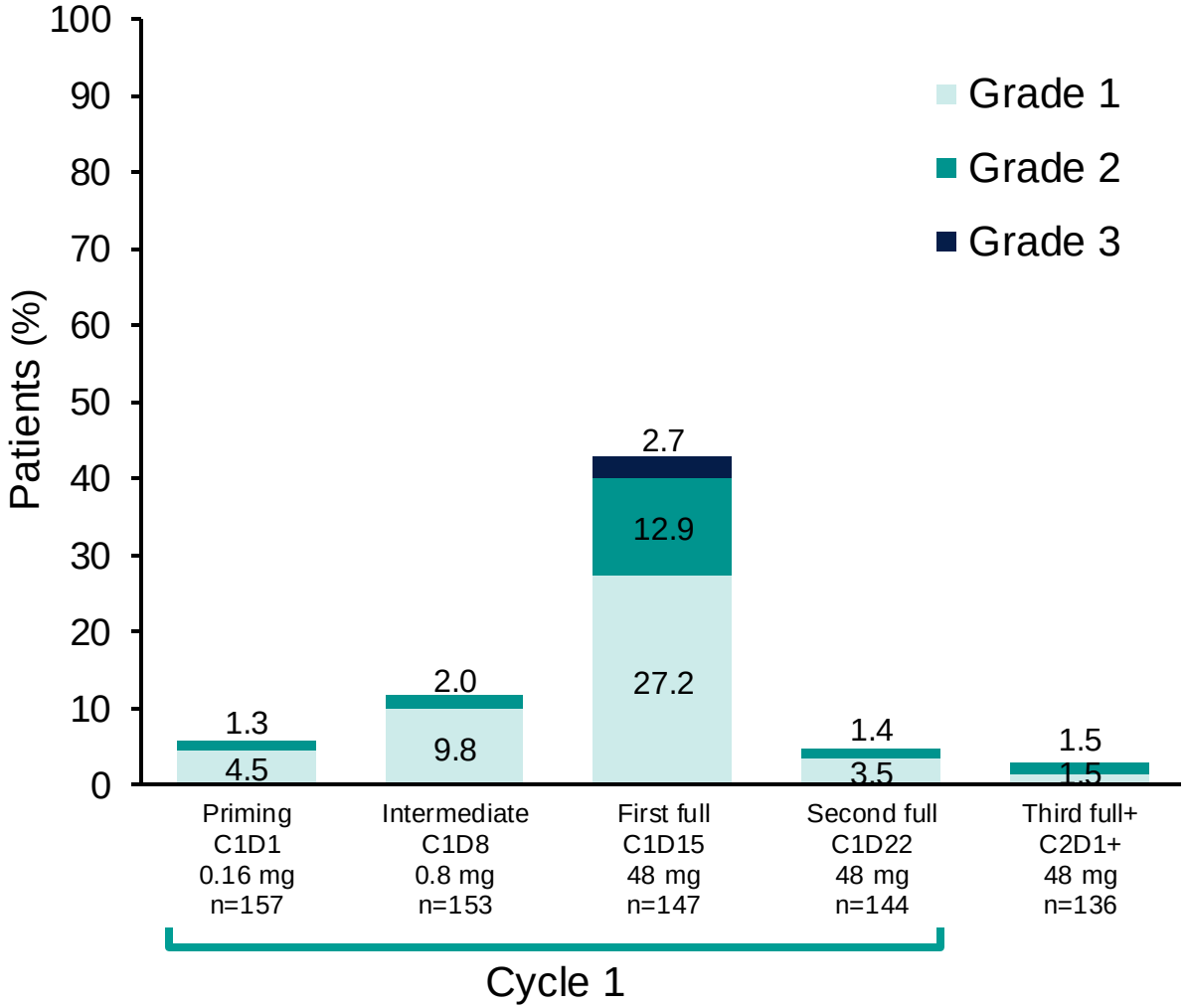
Ayyappan. ASH 2023. Abstr 436.

CRS Rates and Grades – Glofit *vs* Epco



CRS was mostly low grade, time of onset was predictable, and most events occurred during C1

Dickinson M, et al. ASCO 2022



Thieblemont C, et al. EHA 2022

Odronextamab - ELM-2 DLBCL Cohort - AEs

CRS	Cycle 1 0.7/4/20 mg Step-up Dosing (n = 60)
CRS, n (%) ▪ Grade 1 ▪ Grade 2 ▪ Grade 3 ▪ Grade ≥4	32 (53.3) 24 (40.0) 7 (11.7) 1 (1.7)* 0
Median time to onset CRS, hr (range)	18.00 (-3.4 to 221.0)
Median CRS duration, days (range)	2.00 (1.0-7.0)
Systemic steroid for CRS management, n (%)	13 (21.7)
Tocilizumab for CRS management, n (%)	15 (25.0)

*At Wk 6 in patient with pancreatitis.

Infections, n (%)	All DLBCL (N = 127)	
	Any TEAE	COVID-19
Any grade	82 (64.6)	23 (18.1)
Grade 1	4 (3.1)	2 (1.6)
Grade 2	29 (22.8)	5 (3.9)
Grade 3	33 (26.0)	11 (8.7)
Grade 4	1 (0.8)	0
Grade 5	15 (11.8)	5 (3.9)

- Most common infections: COVID-19 (16.5%), pneumonia (14.2%), URTI (8.7%), UTI (8.7%), *Pneumocystis jirovecii* pneumonia (6.3%)
- Treatment-related infections in 4.7% of patients required d/c of odronextamab

Ayyappan. ASH 2023. Abstr 436.

CD20:CD3 bi-specific antibody therapy – *other toxicities*

- **Neurological toxicity**
  - Difficult to interpret significance/relatedness in some datasets
  - CTCAE-defined neurologic AEs consistent with ICANS are uncommon and mostly mild e.g. Gd≥3 in 3% of patients with Glofitamab

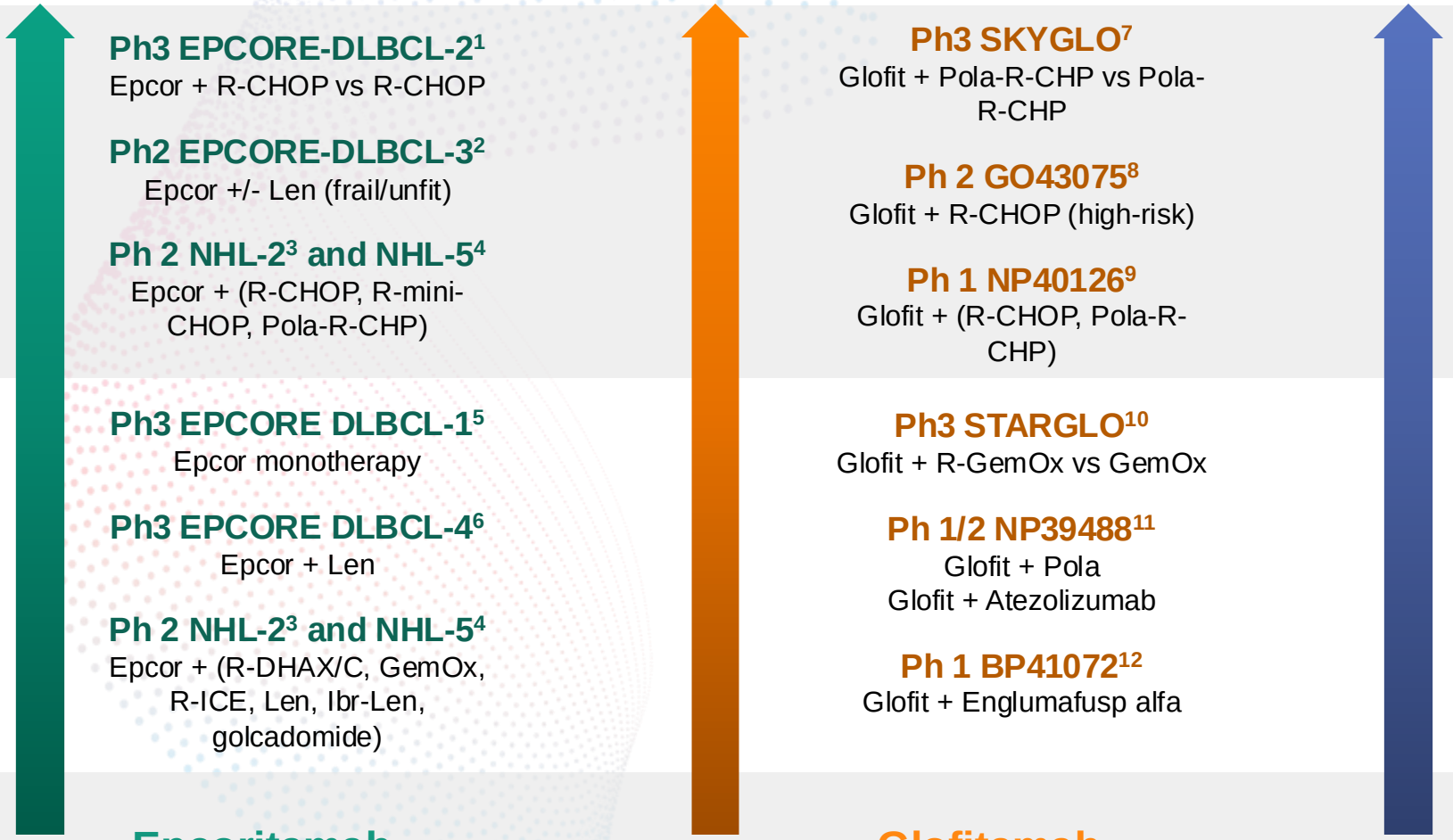
- **Cytopenias and infections**
  - Neutropenia common but febrile neutropenia rare; typically G-CSF responsive
  - No good data on hypogammaglobulinaemia, but this is observed very frequently
  - COVID-19 deaths reported in pivotal studies

- **Tumour flare**
  - Rare but warrants consideration in bulky sites with compartmental risk

Characteristics of Bispecific Abs

- Off-the-shelf treatment – eventually administered at fixed duration, reducing overall treatment burden
- Premedication but no lymphodepletion or bridging therapy
- Monotherapy induces high CR rates, even in high-risk pts (CAR-T exposed, P53mut)
- Durable CR in DLBCL with a high proportion of pts in CR beyond two years
- Predictable and manageable safety profile supports long-term disease control
- Limited CNS toxicity compared to other therapies
- MoA makes the bispecifics ideal for combination strategies
- Potential to enhance effectiveness and use in earlier lines of therapy

Bispecific Development in DLBCL



	Epcoritamab	Glofitamab	Odronextamab
1L	**Ph3 EPCORE-DLBCL-2**[1] Epcor + R-CHOP vs R-CHOP **Ph2 EPCORE-DLBCL-3**[2] Epcor +/- Len (frail/unfit) **Ph 2 NHL-2**[3] **and NHL-5**[4] Epcor + (R-CHOP, R-mini-CHOP, Pola-R-CHP)	**Ph3 SKYGLO**[7] Glofit + Pola-R-CHP vs Pola-R-CHP **Ph 2 GO43075**[8] Glofit + R-CHOP (high-risk) **Ph 1 NP40126**[9] Glofit + (R-CHOP, Pola-R-CHP)	**Ph 3 OLYMPIA-3**[17] Odro + CHOP vs R-CHOP
2L	**Ph3 EPCORE DLBCL-1**[5] Epcor monotherapy **Ph3 EPCORE DLBCL-4**[6] Epcor + Len **Ph 2 NHL-2**[3] **and NHL-5**[4] Epcor + (R-DHAX/C, GemOx, R-ICE, Len, Ibr-Len, golcadomide)	**Ph3 STARGLO**[10] Glofit + R-GemOx vs GemOx **Ph 1/2 NP39488**[11] Glofit + Pola Glofit + Atezolizumab **Ph 1 BP41072**[12] Glofit + Englumafusp alfa	**Ph3 OLYMPIA-4**[18] Odro monotherapy **Ph 1 CLIO-1**[19] Odro + cemiplimab **Ph 1 ATHENA-1**[20] Odro + REGN5837
3L			

DLBCL, diffuse large B-cell lymphoma; Epcor, epcoritmab; GemOx, gemcitabine+oxaliplatin; Glofit, glofitamab; Ibr, ibrutinib; Len, lenalidomide; Mosun, mosunetuzumab; Odro, odronextamab; Pola, polatuzumab; R, rituximab; SC, subcutaneous.

1. NCT05578976 2. NCT05660967. 3. NCT04663347. 4. NCT05283720. 5. NCT04628494. 6. epcore-trials.com/dlbcl-4/. 7. NCT06047080. 8. NCT04980222. 9. NCT03467373. 10. NCT04408638. 11. NCT03533283. 12. NCT04077723. 13. NCT03677154. 14. NCT05171647. 15. NCT05207670. 16. NCT03671018. 17. NCT06091865. 18. NCT06230224. 19. NCT02651662. 20. NCT05685173.

Glofitamab Monotherapy in Patients with Heavily Pretreated Relapsed/Refractory (R/R) Mantle Cell Lymphoma (MCL): Updated Analysis from a Phase I/II Study

Tycel Phillips,[1] Carmelo Carlo-Stella,[2] Franck Morschhauser,[3] Emmanuel Bachy,[4] Michael Crump,[5] Marek Trněný,[6] Nancy L. Bartlett,[7] Jan Zaucha,[8] Tomasz Wrobel,[9] Fritz Offner,[10] Audrey Filézac de L'Etang,[11] James Relf,[12] David J. Carlile,[12] Ben Byrne,[12] Estefania Mulvihill,[11] Linda Lundberg,[11] Michael Dickinson[13]

[1]City of Hope National Medical Center, Duarte, CA, USA; [2]Humanitas University and IRCCS Humanitas Research Hospital, Milano, Italy; [3]Centre Hospitalier Universitaire de Lille, France; [4]Hospices Civils de Lyon and Université Claude Bernard, Pierre-Bénite, France; [5]Princess Margaret Cancer Centre, Toronto, ON, Canada; [6]Charles University, Prague, Czech Republic; [7]Siteman Cancer Center, St. Louis, MO, USA; [8]Medical University of Gdańsk, Gdańsk, Poland; [9]Wroclaw Medical University, Wroclaw, Poland; [10]Dept Hematology Universitair Ziekenhuis, Gent, Belgium; [11] Basel, Switzerland; [12] , Welwyn Garden City, United Kingdom; [13]Peter MacCallum Cancer Centre, Melbourne, Australia

Presented at the 2024 American Society of Clinical Oncology (ASCO) Annual Meeting | May 31 – June 4, 2024

NP30179 Phase I/II study design

Study design[1]

- Multicenter, open-label, dose-escalation and dose-expansion study of glofitamab with Gpt

Glofitamab IV administration

- Fixed-duration treatment: maximum 12 cycles

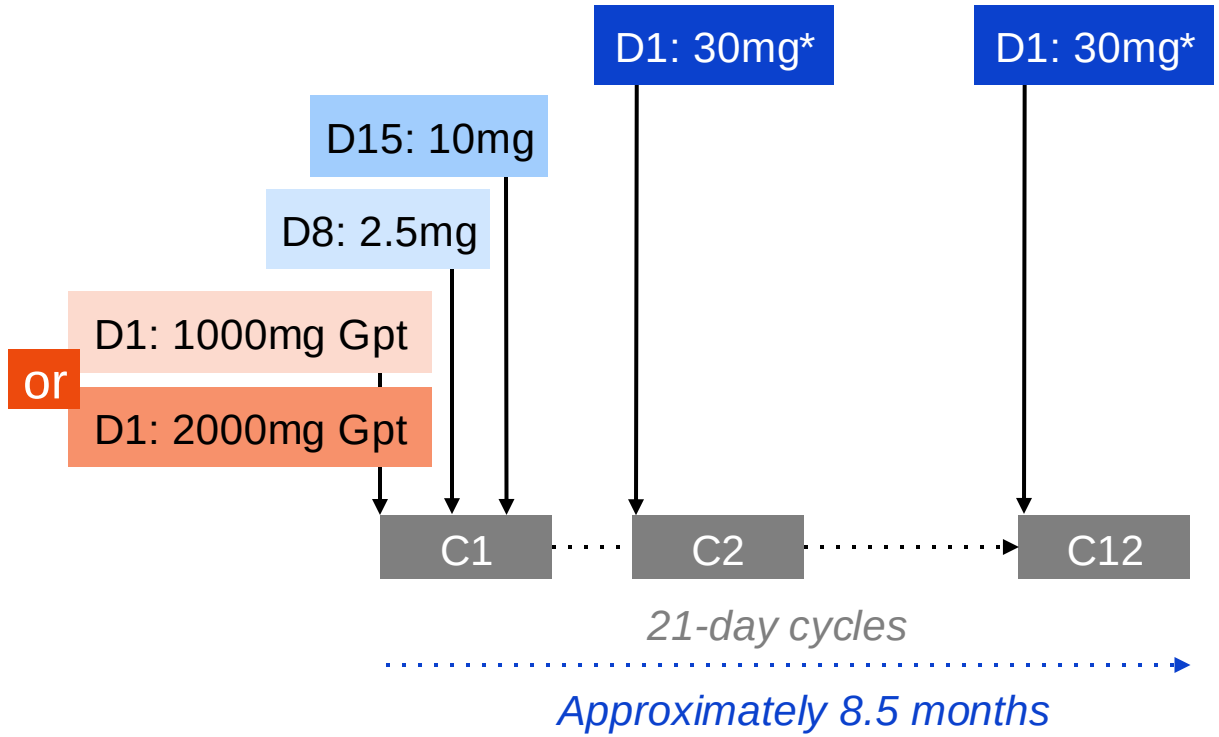
Population characteristics

- Age ≥18 years
- ≥1 prior systemic therapy
- ECOG PS 0 or 1

CRS mitigation

- Obinutuzumab pretreatment (1000mg or 2000mg)
- C1 step-up dosing
- Monitoring after first dose (2.5mg)

Dosing schedule



Clinical cut-off date: September 04, 2023.
*In the 1000mg Gpt cohort, two patients had 16mg glofitamab as their target dose in the dose escalation phase.
C, cycle; CRS, cytokine release syndrome; D, day; ECOG PS, Eastern Cooperative Oncology Group performance status; Gpt, obinutuzumab pretreatment; IV, intravenous.

1. NCT03075696. Available at: https:www.clinicaltrials.gov.

Baseline characteristics

n (%) of patients unless stated		Prior BTKi (n=31)*	BTKi naïve (n=29)*	All patients (N=60)*
Median age, years (range)		70.0 (41–84)	72.0 (52–86)	72.0 (41–86)
Male		23 (74.2)	21 (72.4)	44 (73.3)
Ann Arbor stage III/IV		28 (90.3)	24 (82.8)	52 (86.7)
MIPI score ≥6		7 (22.6)	8 (27.5)	15 (25.0)
Median no. of prior lines (range)		3.0 (1–5)	2.0 (1–4)	2.0 (1–5)
Median time since last prior therapy to first study treatment, months (range)		1.3 (0.1–53.2)	7.4 (1.1–132.5)	2.4 (0.1–132.5)
Median time since last anti-CD20 therapy to first study treatment, months (range)		15.1 (0.7–159.0)	25.1 (1.4–132.5)	16.3 (0.7–159.0)
Refractory status	Refractory to any prior therapy	30 (96.8)	20 (69.0)	50 (83.3)
	Refractory to 1L therapy	17 (54.8)	14 (48.3)	31 (51.7)
	Refractory to last prior therapy	27 (87.1)	17 (58.6)	44 (73.3)

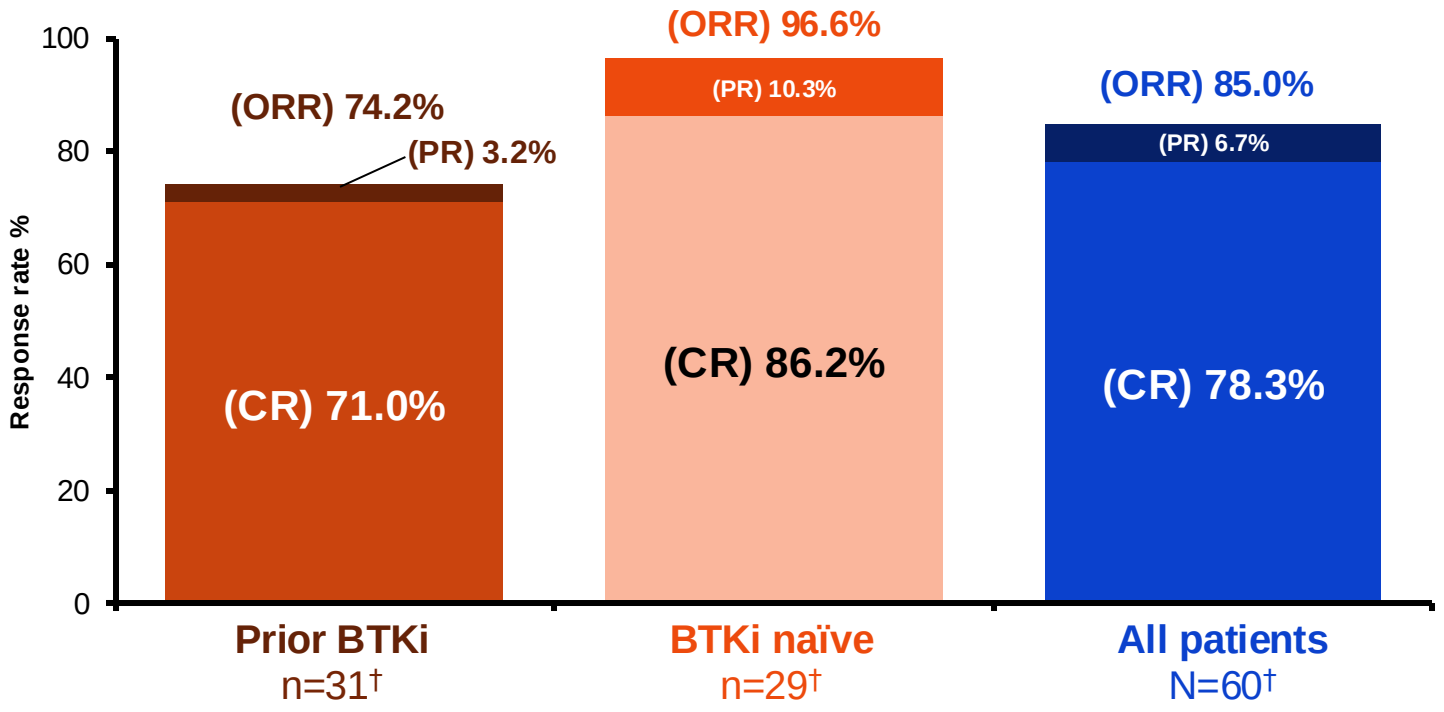
Patients with R/R MCL were heavily pretreated and highly refractory to their last prior therapy

A higher proportion of patients with prior BTKi therapy were refractory to their last prior therapy compared with BTKi-naïve patients

Clinical cut-off date: September 04, 2023.
*Efficacy evaluable population.
MIPI, mantle cell lymphoma international prognostic index.

Response rates

Response rates* in patients with R/R MCL



- Median time to first response among responders (n=51): **42 days** (95% CI: 42.0–45.0)

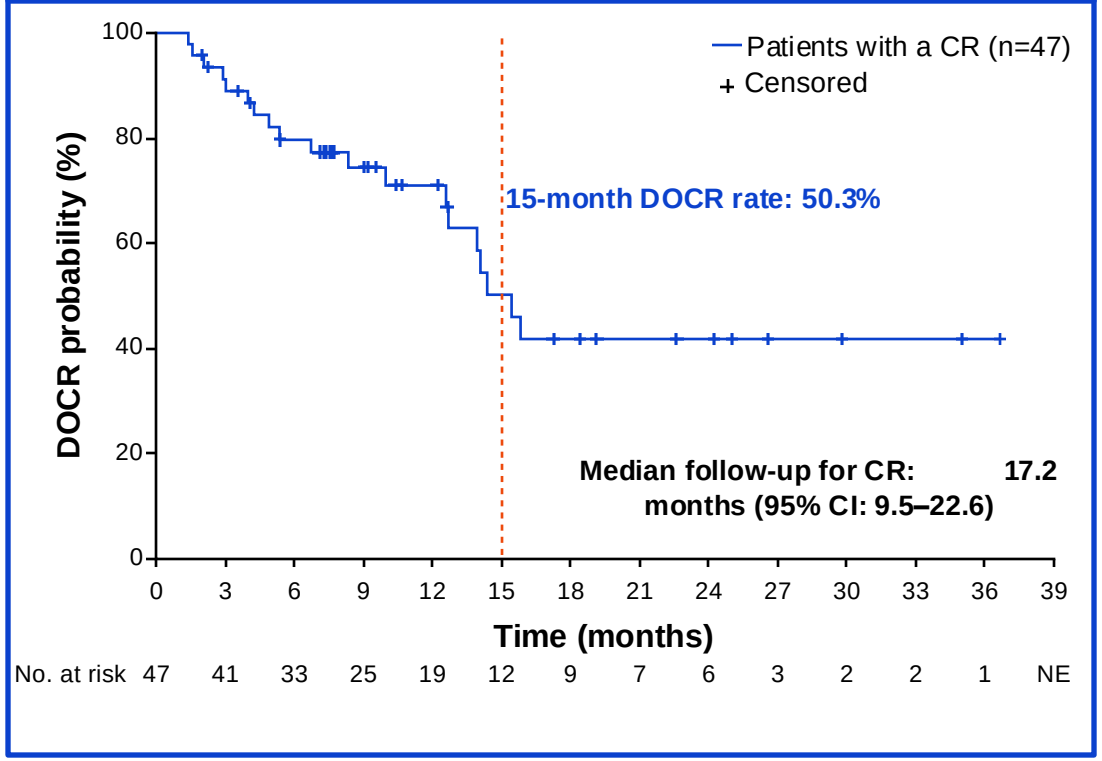
High CR and OR rates were observed in the overall population and in both BTKi-naïve patients and those with prior BKTi therapy

Clinical cut-off date: September 04, 2023.
*Investigator-assessed. †Efficacy evaluable population.
CI, confidence interval; ORR, overall response rate; PR partial response.

Duration of response

DOCR*	Prior BTKi n=22	All patients n=47
Median DOCR, months (95% CI)	12.6 (5.4–NE)	15.4 (12.7–NE)
15-month DOCR rate, % (95% CI)	33.5 (10.6–56.4)	50.3 (32.0–68.6)
Ongoing CR, n (%)	10 (45.5)	28 (59.6)
DOR*	**n=23**	**n=51**
Median DOR, months (95% CI)	12.6 (7.4–NE)	16.2 (12.6–NE)
15-month DOR rate, % (95% CI)	NA	59.7 (44.1–75.3)
Ongoing response, n (%)	10 (43.5)	28 (54.9)

DOCR*

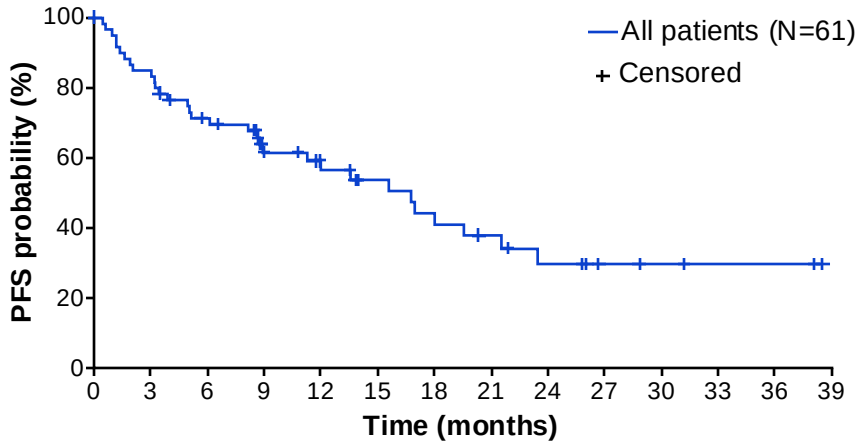


With 17 months' median follow-up, fixed-duration glofitamab monotherapy achieved **durable CRs** with the **majority of CRs (59.6%) still ongoing at data cut-off**

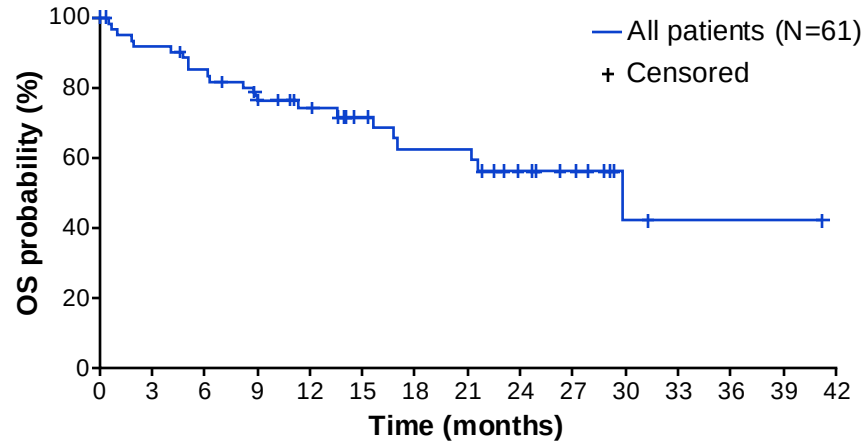
Clinical cut-off date: September 04, 2023.
*Investigator-assessed.
DOR, duration of response; DOCR, duration of complete response; NA, not available; NE, not estimable.

Time-to-event endpoints

PFS



OS†



	Prior BTKi n=32*	All patients N=61*
Median PFS follow-up, months (95% CI)	26.1 (13.5–31.2)	19.6 (11.9–26.1)
Median PFS, months (95% CI)	8.6 (3.4–15.6)	16.8 (8.9–21.6)
15-month PFS rate, % (95% CI)	33.0 (14.8–51.1)	54.0 (40.1–67.8)

	Prior BTKi n=32*	All patients N=61*
Median OS follow-up, months (95% CI)	24.7 (13.6–28.8)	21.8 (14.0–24.9)
Median OS, months (95% CI)	21.2 (9.0–NE)	29.9 (17.0–NE)
15-month OS rate, % (95% CI)	55.0 (36.5–73.6)	71.4 (59.3–83.5)

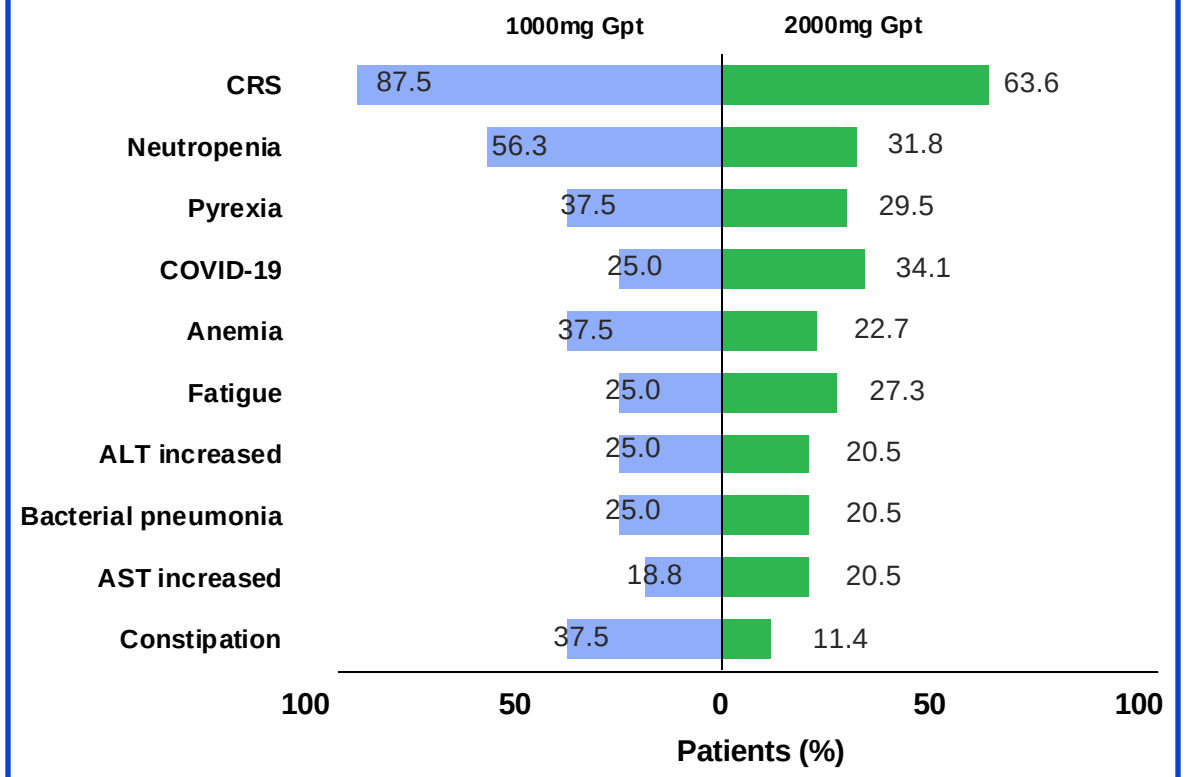
Clinically significant PFS and OS at 15 months were achieved with fixed-duration glofitamab

Clinical cut-off date: September 04, 2023.
*ITT population. †At the time of analysis, 22 patients had died, the majority due to PD (n=7) or COVID-19 (n=7); other causes of death were pneumonia (n=1), septic shock (n=1), cardiac arrest (n=1), and unknown/other (n=5). All patients who died due to COVID-19 had achieved a CR.
OS, overall survival; PD, progressive disease; PFS, progression-free survival.

Safety summary

AEs, n (%)	1000mg Gpt cohort (n=16)	2000mg Gpt cohort (n=44)	All patients (N=60)
Any grade AE	16 (100)	44 (100)	60 (100)
Glofitamab related	16 (100)	39 (88.6)	55 (91.7)
Serious AE	15 (93.8)	32 (72.7)	47 (78.3)
Glofitamab related	12 (75.0)	24 (54.5)	36 (60.0)
Grade 3/4 AE	13 (81.3)	26 (59.1)	39 (65.0)
Glofitamab related	13 (81.3)	22 (50.0)	35 (58.3)
Grade 5 AE	2 (12.5)	7 (15.9)	9 (15.0)
Glofitamab related	0	0	0

AEs with an incidence of ≥15% in all patients (N=60)



The incidence and severity of AEs were consistent with the known safety profile of glofitamab[1]

Clinical cut-off date: September 04, 2023.
AE, adverse event; ALT, alanine aminotransferase; AST, aspartate transaminase.

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

CRS summary

n (%)	1000mg Gpt cohort (n=16)	2000mg Gpt cohort (n=44)	All patients (N=60)
Any grade CRS*	14 (87.5)	28 (63.6)	42 (70.0)
Grade 1	4 (25.0)	18 (40.9)	22 (36.7)
Grade 2	6 (37.5)	7 (15.9)	13 (21.7)
Grade 3	2 (12.5)	3 (6.8)	5 (8.3)
Grade 4	2 (12.5)	0	2 (3.3)
Serious AE of CRS†	11 (68.8)	12 (27.3)	23 (38.3)

n (%)	1000mg Gpt cohort (n=16)	2000mg Gpt cohort (n=44)	All patients (N=60)
CRS management			
Tocilizumab	11 (68.8)	11 (25.0)	22 (36.7)
Corticosteroid	8 (50.0)	10 (22.7)	18 (30.0)
Tocilizumab and corticosteroids	6 (37.5)	7 (15.9)	13 (21.7)
ICU admission	5 (31.3)	4 (9.1)	9 (15.0)

The majority of CRS events were Grade 1/2, and a lower incidence of CRS was observed in the 2000mg versus 1000mg cohort

Clinical cut-off date: September 04, 2023.
*CRS by ASTCT consensus grading criteria.[1] †Serious AE of CRS is defined as per International Conference on Harmonisation of Technical Requirements for Registration of Pharmaceuticals for Human Use.
ASTCT, American Society for Transplantation and Cellular Therapy; ICU, intensive care unit.

1. Lee DW, et al. Biol Blood Marrow Transplant 2019;25:625–38.

Conclusions

- Fixed duration glofitamab monotherapy induced high response rates and durable responses in heavily pretreated patients with R/R MCL, including in patients with prior BTKi therapy
  - Durable responses were maintained beyond EOT
- The majority of patients with a CR at EOT remained progression-free and were alive 15 months post-EOT
- The observed safety profile was manageable and consistent with the known safety profile of glofitamab
  - CRS events were predominantly Grade 1/2 and most occurred during Cycle 1
  - A lower incidence of CRS was observed following glofitamab treatment in the higher Gpt dose cohort (2000mg vs 1000mg), this regimen is being used in the ongoing Phase III GLOBRYTE study[1]
  - Strategies to minimize COVID-19 related events will be implemented going forward
- Glofitamab monotherapy is a promising treatment option for patients with R/R MCL

1. NCT06084936. Available at: https:www.clinicaltrials.gov.