Società Italiana di Ematologia

Convegno Interregionale SIE
Delegazione Triveneto

NUOVE TERAPIE NEI LINFOMI B AGGRESSIVI E NEL MIELOMA MULTIPLO

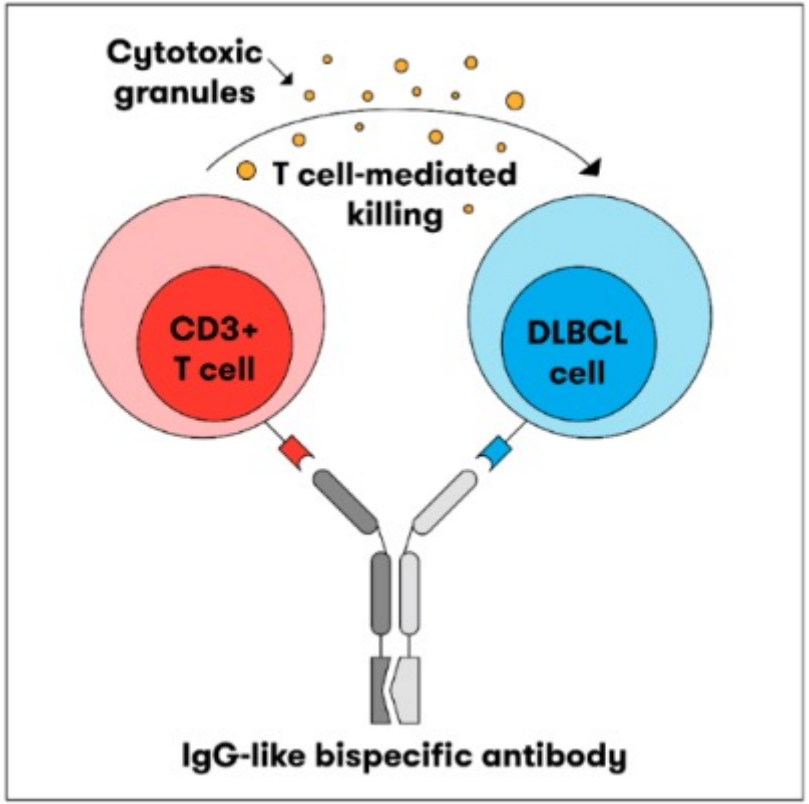
Bispecifici nella terapia di salvataggio dei linfomi B aggressivi

Andrea Bernardelli
UOC Ematologia AOUI Verona

CRO Aviano (PN) - 9 ottobre 2024

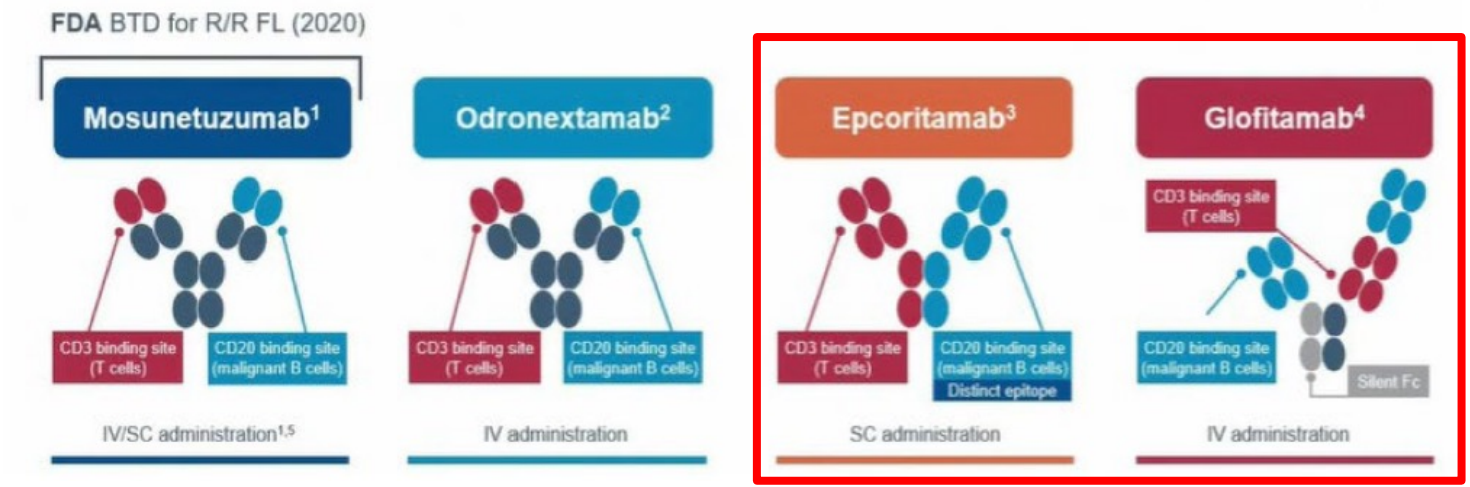
Convegno Regionale SIE

Company name	Research support	Employee	Consultant	Stockholder	Speakers bureau	Advisory board	Other
Takeda						x	
Gentili						x	
Kyowa Kirin						x	

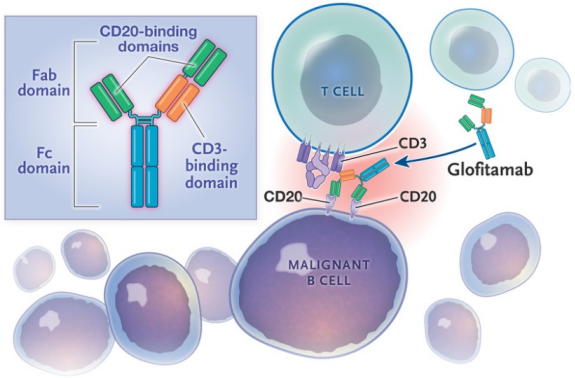


Baledran et al, J. Clin. Med. 2023

Bispecific antibodies antiCD20-antiCD3



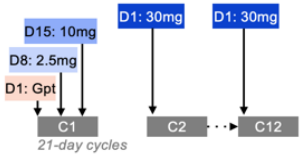
GLOFITAMAB: Single-arm pivotal Phase II expansion in patients with R/R DLBCL and ≥2 prior therapies



Glofitamab IV administration

Fixed-duration treatment
- Max. 12 cycles

CRS mitigation:
- Obinutuzumab pretreatment (1 x 1000mg)
- C1 step-up dosing
- Monitoring after first dose (2.5mg)

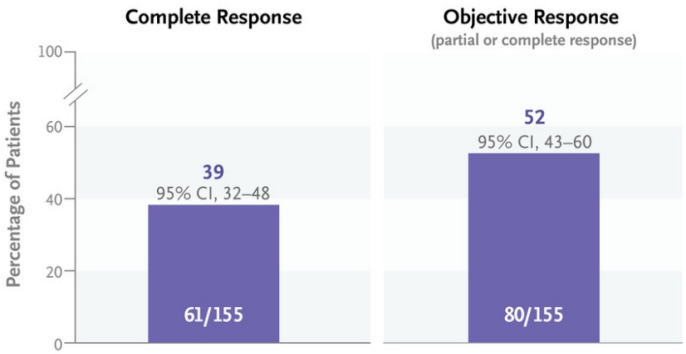


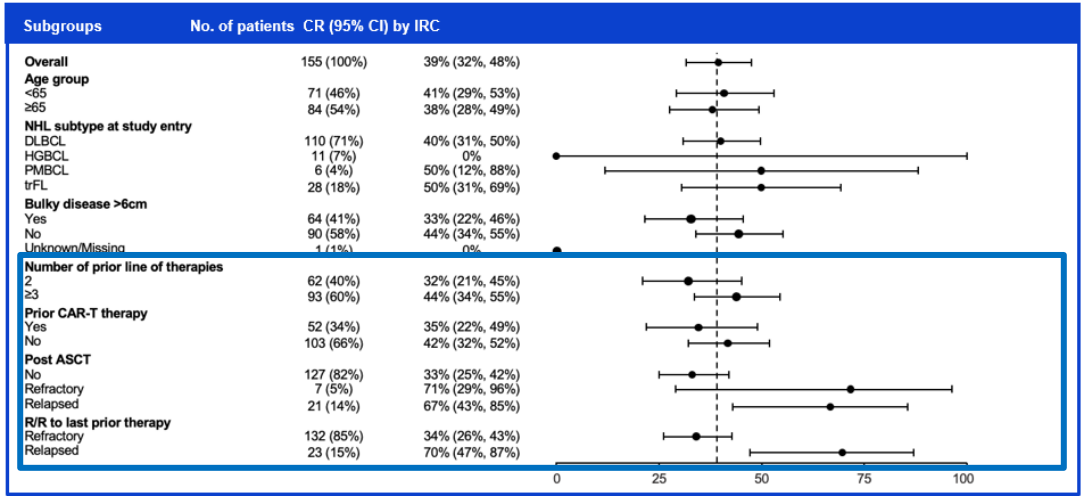
Dickinson et al, NEJM 2022

Table 1. Demographic and Clinical Characteristics at Baseline of All 154 Patients Treated at the Phase 2 Dose (Safety Population).*

Characteristic	Value
Median age (range) — yr	66 (21–90)
Male sex — no. (%)	100 (65)
ECOG performance-status score — no. (%)†	
0	69 (45)
1	84 (55)
Ann Arbor stage at time of study entry — no. (%)	
I	10 (6)
II	25 (16)
III	31 (20)
IV	85 (55)
Missing data	3 (2)
Non-Hodgkin's lymphoma subtype — no. (%)	
Diffuse large B-cell lymphoma, not otherwise specified	110 (71)
Transformed follicular lymphoma	27 (18)
High-grade B-cell lymphoma	11 (7)
Primary mediastinal B-cell lymphoma	6 (4)
Bulky disease at study entry	
>6 cm	64 (42)
>10 cm	18 (12)
Previous lines of therapy	
Median no. of lines (range)	3 (2–7)
Only 2 previous lines — no. (%)	62 (40)
≥3 previous lines — no. (%)	92 (60)
Previous therapy for lymphoma — no. (%)	
Anti-CD20 antibody	154 (100)
Anthracycline	149 (97)
CAR T-cell therapy	51 (33)
Autologous stem-cell transplantation — no. (%)	28 (18)
Relapsed or refractory status — no. (%)‡	
Refractory to any previous therapy	139 (90)
Refractory to last previous therapy	132 (86)
Primary refractory	90 (58)
Refractory to any previous anti-CD20 therapy	128 (83)
Refractory to previous CAR T-cell therapy	46 (30)

GLOFITAMAB: Single-arm pivotal Phase II expansion in patients with R/R DLBCL and ≥2 prior therapies





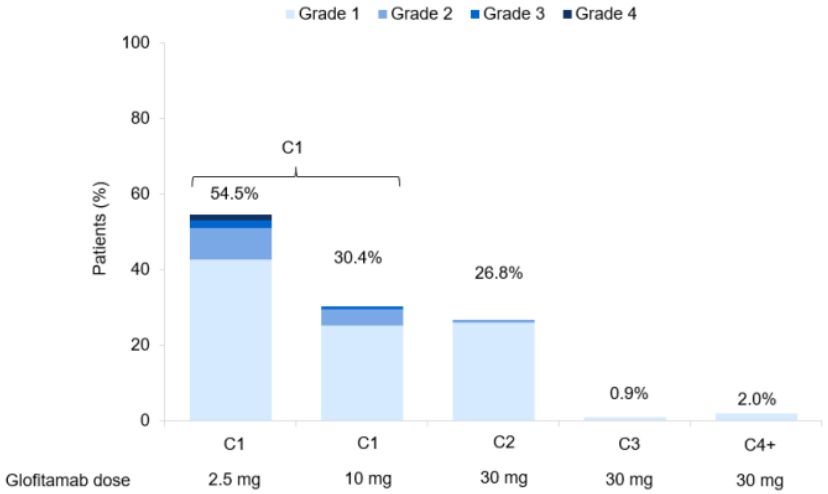
Median duration of follow-up: 12.6 months (range: 0–22)

Responses were achieved early: median time to first CR was 42 days (95% CI: 42–44)

Dickinson et al, NEJM 2022

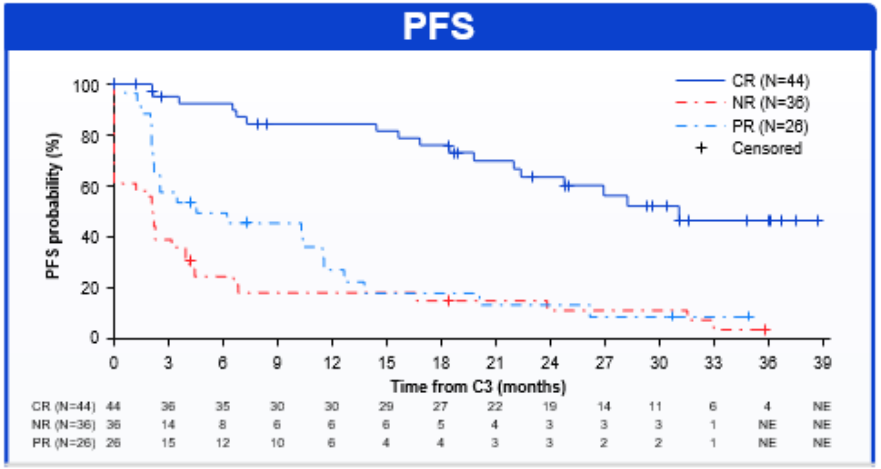
GLOFITAMAB: Single-arm pivotal Phase II expansion in patients with R/R DLBCL and ≥2 prior therapies

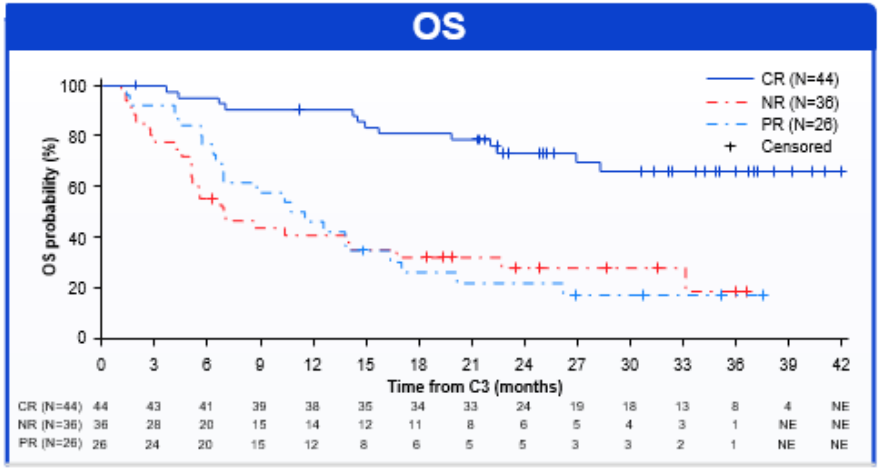
n (%)	N=154
CRS (any grade)*	97 (63.0)
Grade 1 (fever)	73 (47.4)
Grade 2	18 (11.7)
Grade 3	4 (2.6)
Grade 4	2 (1.3)
Median time to CRS onset from C1D8 dose, hours (range)	13.6 (6.2–51.8)
Corticosteroids for CRS management	27/97 (27.8)
Tocilizumab for CRS management	31/97 (32.0)
Infections (all grades)	59 (38.3)
Grade ≥3	23 (14.9)
Neutropenia† (all grades)	58 (37.7)
Grade ≥3	41 (26.6)
Febrile neutropenia (all grades)	4 (2.6)
Grade ≥3	4 (2.6)
Tumor flare events (all grades)	17 (11.0)
Grade ≥3	4 (2.6)
Neurologic AEs† (all grades)	59 (38.3)
Grade ≥3	5 (3.2)
ICANS‡ (derived)	
All grades (CTCAE)	12 (7.8)
Grade ≥3 (CTCAE)	4 (2.6)§



Dickinson et al, NEJM 2022

GLOFITAMAB: Single-arm pivotal Phase II expansion in patients with R/R DLBCL and ≥2 prior therapies, extendend follow up





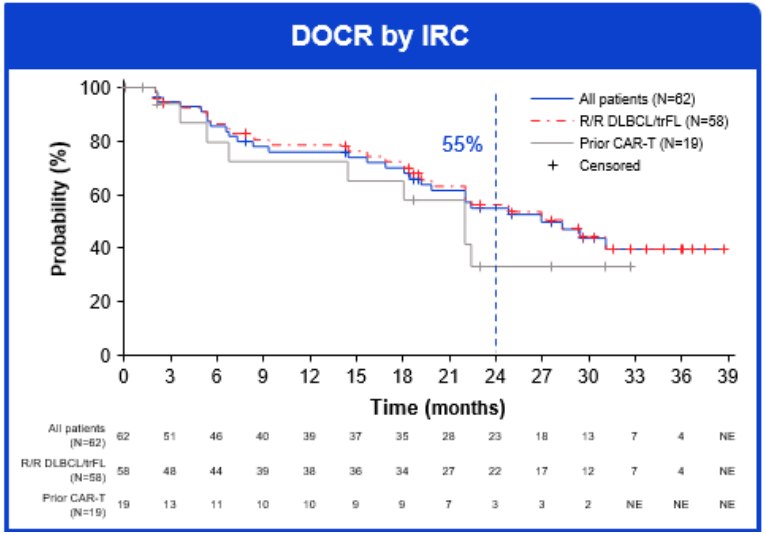
Median follow up: 32.1 months (range: 0–43)

CR: Median PFS, months (95% CI): 31.1 (22.4–NE)
Median OS, months (95% CI): NE (NE)

Hutchings M, et al. ASH 2023

GLOFITAMAB: Single-arm pivotal Phase II expansion in patients with R/R DLBCL and ≥2 prior therapies, extendend follow up

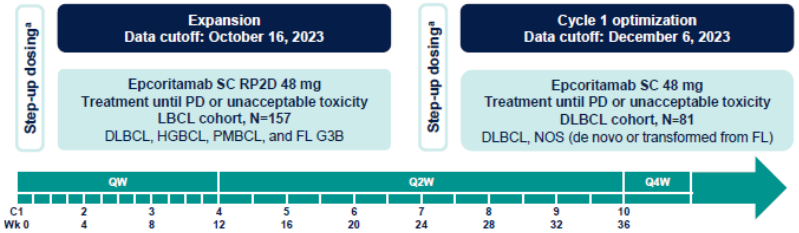
	All patients (N=155)*	R/R DLBCL/ trFL (N=132)[2†‡]	Prior CAR-T (N=52)†
ORR, n (%) [95% CI]	80 (52) [43.5–59.7]	74 (56) [47.2–64.7]	26 (50) [35.8–64.2]
CR rate, n (%) [95% CI]	62 (40) [32.2–48.2]	58 (44) [35.3–52.8]	19 (37) [23.6–51.0]
Median DOCR, months (95% CI)	26.9 (19.8–NR)	28.3 (19.8–NR)	22.0 (6.7–NR)
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)



Median follow up: 32.1 months (range: 0–43)

Hutchings M, et al. ASH 2023

Epcoritamab: in Relapsed or Refractory Large B-Cell Lymphoma: Dose Expansion in a Phase I/II: Trial EPCORE NHL1



Key inclusion criteria:

- R/R CD20+ mature B-cell neoplasm
- ECOG PS 0–2
- ≥2 prior lines of systemic antineoplastic therapy, including ≥1 regimen with an anti-CD20 mAb
- FDG PET–avid and measurable disease by CT/MRI
- Prior CAR T-cell therapy allowed

Characteristic	Patients (N = 157)
Age, years, median (range)	64 (20-83)
Age group, years, No. (%)	
< 65	80 (51.0)
65 to < 75	48 (30.6)
≥ 75	29 (18.5)
Male sex, No. (%)	94 (59.9)
Ann Arbor stage, No. (%)	
I/II	39 (24.8)
III	21 (13.4)
IV	97 (61.8)
Malignancy type	
DLBCL, No. (%)	139 (88.5)
De novo, No./n (%)	97/139 (69.8)
Transformed, No./n (%)	40/139 (28.8)
Unknown, No./n (%)	2/139 (1.4)
High-grade B-cell lymphoma, not otherwise specified, No. (%)	9 (5.7)
Primary mediastinal LBCL, No. (%)	4 (2.5)
Follicular lymphoma grade 3B, No. (%)	5 (3.2)
Central laboratory FISH analysis: Double-hit/ triple-hit lymphoma (*MYC* and *BCL2* and/or *BCL6* rearrangement), No./n (%)	13/99 (13.1)
International Prognostic Index, No. (%)	
0-2	55 (35.0)
≥ 3	82 (52.2)
Unknown	2 (1.3)
Not applicable	18 (11.5)
Time from initial diagnosis to epcoritamab initiation, years, median (range)[b]	1.6 (0.0-28.4)
Time from end of last therapy to first dose, months, median (range)	2.4 (0.0-153.0)
Median prior lines of antilymphoma therapy, No. (range)	3 (2-11)
Prior lines of antilymphoma therapy, No. (%)	
2	46 (29.3)
3	50 (31.8)
≥ 4	61 (38.9)
Primary refractory disease,[c] No. (%)	96 (61.1)
Refractory to last systemic therapy,[c] No. (%)	130 (82.8)
Refractory to ≥ 2 consecutive lines of therapy,[c] No. (%)	119 (75.8)
Prior autologous stem-cell transplant, No. (%)	31 (19.7)
Relapsed within 12 months after prior autologous stem-cell transplant, No./n (%)	18/31 (58.1)
Prior CAR T-cell therapy, No. (%)	61 (38.9)
Progressed within 6 months of CAR T-cell therapy, No./n (%)	46/61 (75.4)
Prior anthracycline therapy, No. (%)	154 (98.1)
First line	139 (88.5)
Second line	16 (10.2)

Thieblemont et al, JCO 2022

Epcoritamab: in Relapsed or Refractory Large B-Cell Lymphoma: Dose Expansion in a Phase I/II: Trial EPCORE NHL1

TABLE 2. Summary of Efficacy End Points (per IRC; Lugano Criteria) in Patients With Large B-Cell Lymphoma

End Point	Patients (N = 157)
Best overall response per IRC, No. (%)	
Overall response of CR or PR, No. (%) [95% CI]	99 (63.1) [55.0 to 70.6]
CR	61 (38.9) [31.2 to 46.9]
PR	38 (24.2)
SD	5 (3.2)
PD	37 (23.6)
Nonevaluable[a]	16 (10.2)
DOR, months, median[b] (range) [95% CI]	12.0 (0.0+ to 15.5+) [6.6 to not reached]
DOR among complete responders, months, median[b] (range) [95% CI]	Not reached (1.4+ to 15.5+) [12.0 to not reached]
Duration of CR, months, median[b] (range) [95% CI]	12.0 (0.0 to 14.9+) [9.7 to not reached]
PFS, months, median[b] (range) [95% CI]	4.4 (0.0+ to 16.9+) [3.0 to 7.9]
OS, months, median[b] (range) [95% CI]	Not reached (0.3 to 17.9+) [11.3 to not reached]
Time to response, months, median (range) [No.]	1.4 (1.0-8.4) [99]
Time to CR, months, median (range) [No.]	2.7 (1.2-11.1) [61]

MRD Negativity in Complete Responders

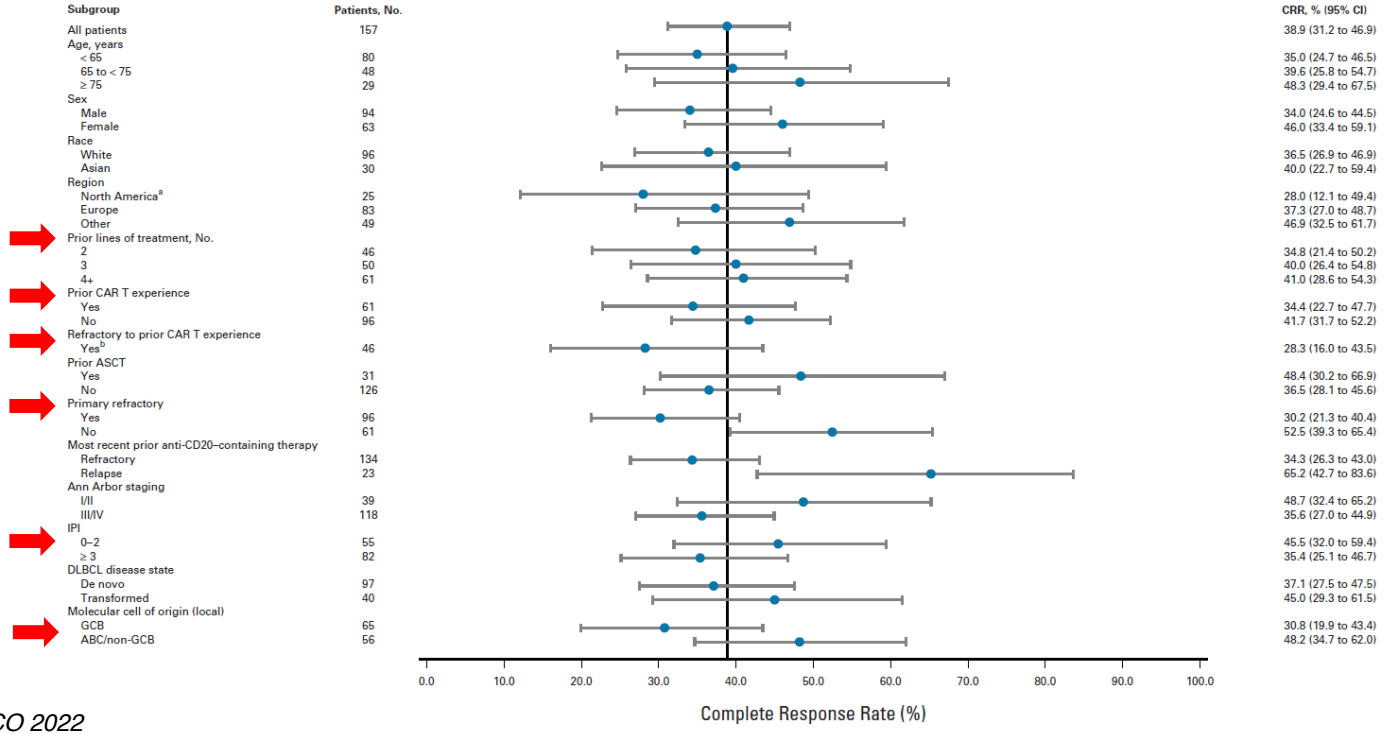
MRD-Negativity Rate, n (%)	LBCL, n=49[a]
At C3D1	39 (80)
At any time	45 (92)

[a]Based on MRD-evaluable patients (patients had ≥1 baseline or on-treatment MRD result and MRD was not negative at baseline) with complete response.

Thieblemont et al, JCO 2022

Thieblemont et al, EHA 2024

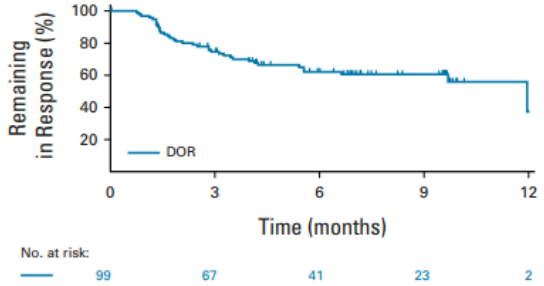
Epcoritamab: in Relapsed or Refractory Large B-Cell Lymphoma: Dose Expansion in a Phase I/II: Trial EPCORE NHL1

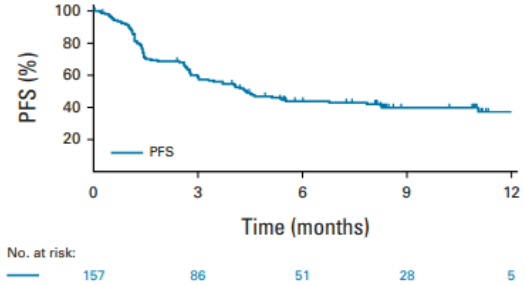


Thieblemont et al, JCO 2022

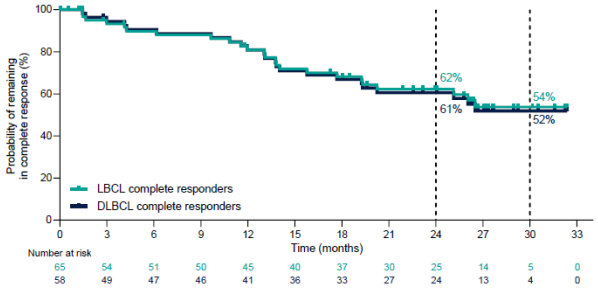
Epcoritamab: in Relapsed or Refractory Large B-Cell Lymphoma: Dose Expansion in a Phase I/II: Trial EPCORE NHL1

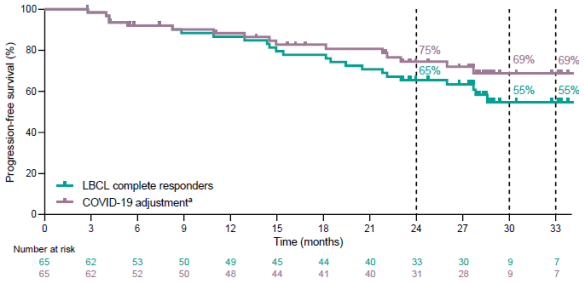
Thieblemont et al, JCO 2022





Thieblemont et al, EHA 2024





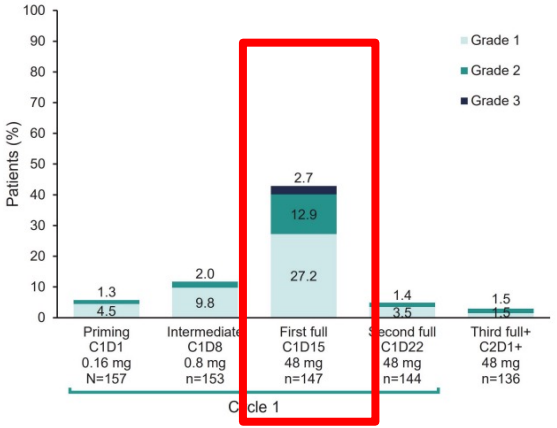
Epcoritamab: in Relapsed or Refractory Large B-Cell Lymphoma: Dose Expansion in a Phase I/II: Trial EPCORE NHL1

Safety Profile

Patients, n (%)	LBCL, N=157
Most common (>20%) TEAEs	
CRS	80 (51)
Fatigue	39 (25)
Pyrexia	39 (25)
Neutropenia	37 (24)
Diarrhea	35 (22)
Nausea	34 (22)
Anemia	33 (21)
COVID-19	32 (20)

	Expansion N=157	C1 Optimization N=81
CRS, n (%)[a]	80 (51)	30 (37)
G1	50 (32)	21 (26)
G2	25 (16)	8 (10)
G3	5 (3)	1 (1)
Treated with tocilizumab, n/n (%)[b]	23/80 (29)	13/30 (43)
Treated with corticosteroid,[c] n/n (%)[b]	17/80 (21)	6/30 (20)
Leading to treatment discontinuation, n (%)	1 (1)	0
CRS resolution, n/n (%)[b]	78/80 (98)	30/30 (100)
Median time to resolution (range),[b] d	2 (1–27)	2 (1–15)

[a]Graded by Lee et al 2019 criteria.[8] [b]Among patients with CRS. [c]Corticosteroids beyond those required per protocol for prophylaxis.



10 patients (6%) had ICANS; all events were G1–2 except one (G5)

46 patients (29%) had G≥3 serious infections
– Of 12 G5 infections, 9 were COVID-19; 2 of 3 treatment-related G5 AEs were infections: COVID-19 pneumonia and bacterial pneumonia
– Rates of treatment-related G≥3 infections were low for 12-wk treatment intervals up to week 144 (range, 0%–7%)
– 15 patients (10%) discontinued treatment due to infection

Thieblemont et al, JCO 2022

Thieblemont et al, EHA 2024

Drug	Mosunetuzumab[5]					Epcoritamab[6]					Glofitamab[7]					Odronextamab[8,9]				
Structure	Fully humanized IgG1 CD3×CD20 BsAb with 1:1 CD3:CD20 ratio of Fab arms					IgG-like anti-CD3×CD20 BsAb. Proprietary format, with point mutations in the Fab portion of the Fc of the antibody and heterodimerization.					Humanized mouse-derived BsAb with 1:2 CD3:CD20 ratio of Fab arms					Fully humanized IgG4 anti-CD3×CD20 BsAb developed using an Fc domain with a mutation in the protein A of the Fc portion				
Route of administration	IV					SC					IV					IV				
Dosing schedule	C1: days 1, 8, 15; C2+: day 1, every 21 d, for up to 8 cycles in CR or up to 17 cycles for PR or SD					C1-3: days 1, 8 ,15, and 22; C4-9: days 1 and 15; C10+: day 1, every 28 d until progression					C1: obin, day 1; glofit, days 8 and 15; C2-12: day 1, every 21 d					C1: days 1, 2, 8, 9, 15, 16 of a 21-d cycle; C2-4: days 1, 8, 15 of a 21-d cycle; C5+: day 1, every 14 d; If CR for at least 9 mo: day 1, every 28 d				
CRS mitigation																				
Step-up dosing	C1D1: 1 mg C1D8: 2 mg C1D15: 60 mg C2D1: 60 mg C3+D1: 30 mg					C1D1: 0.16 mg C1D8: 0.8 mg C1D15: 48 mg C1D22: 48 mg C2D1+: 48mg					C1D1: obin 1000 mg C1D8: 2.5 mg C1D15: 10 mg C2D1+: 30 mg					C1D1: 0.2 mg C1D2: 0.5 mg C1D8: 2 mg C1D9: 2 mg C1D15: 10 mg C1D16: 10 mg C2-C4: 80 mg (FL) or 160 mg (DLBCL) C5+: 160 mg (FL) or 320 mg (DLBCL)				
Premedications	(1) A/P 500-1000 mg, 30 min prior, for C1 and C2 (2) Diphenhydramine 50-100 mg, 30 min prior, for C1 and C2 (3) Dexamethasone 20 mg or methylprednisolone 80 mg, 1 h prior, for C1 and C2. Continue all premedications if CRS with prior dose.					(1) A/P 650-1000 mg, 30-120 min before C1 treatments (2) Diphenhydramine 50 mg, 30-120 min before C1 treatments (3) Dexamethasone 15 mg, 30-120 min before C1 treatments and for 3 consecutive days after. Continue dexamethasone thereafter if G2 or G3 CRS with prior dose.					(1) A/P 500-1000 mg, 30 min before all treatments (2) Diphenhydramine 50 mg, 30 min before all infusions (3) Dexamethasone 20 mg, 1 h before treatment on C1D8, C1D15, C2D1, and C3D1. Continue if CRS with prior dose.					(1) A/P 650 mg, 30-60 min prior, during step-up dosing, continue if IRR or CRS with prior dose (2) Diphenhydramine 25 mg, 30-60 min prior during step-up dosing, continue if IRR or CRS with prior dose (3) Dexamethasone 10 mg orally, 12-24 h before split dose, 20 mg IV on day of dosing, 10 mg orally on the day after step-up dosing. Following first full dose, dexamethasone 10 mg before dosing; continue if CRS with prior dose.				
Hospitalization	Optional					C1D15: 24-h admission					C1D8: 24-h admission					Performed during step-up dosing				
CRS occurrence	G1	G2	G3	G4	G5	G1	G2	G3	G4	G5	G1	G2	G3	G4	G5	G1	G2	G3	G4	G5
	26%	17%	1%	1%	0%	34%	15%	3%	0%	0%	47%	12%	3%	1%	0%	35%-39%	13% (DLBCL)	0%	0%	0%
	Time course for CRS onset C1D1: 23.3% C1D8: 5.6% C1D15: 36.4% C2D1: 10.3% C3+D1: 2.4%			Median time (h) to CRS onset C1D1: 5 C1D8: 20 C1D15: 27 C2D1: 38		Time course for CRS onset C1D1: 5.8% C1D8: 11.8% C1D15: 42.8% C1D22: 4.9% C3+ 3%			Median time (h) to CRS onset All doses: 24 C1D15: 20		Time course for CRS onset C1D8: 42.8% C1D15: 25.2% C2: 26% C3+: 0.9%			Median time (h) to CRS onset C1D8: 13.5 (range: 6-52)		Time course for CRS onset C1D1/2: 22%-24% C1D8/9: 27%-32% C1D15/16: 21%-35% C2D1: 14%-17% C2D8+: 9%-14%			Median time (h) to CRS onset All doses: 18-20	
Median duration of CRS	3 d (1-29 d)					2 d (range: 1-27 d)					30.5 h (range, 0.5-317 h)					8-10 h (range, 0.1-190 h)				
Neurotoxicity	G 1-2		G3	G4	G5	G1	G2	G3	G4	G5	G 1-2		G 3-4		G5	G 1-2		G 3-4		G5
	3%		0%	0%	0%	4.5%	1.3%	0%	0%	0.6%	5%		3%		0%	4% (DLBCL)		0%		0%

Crombie et al, Blood 2024

Bispecifici in seconda linea: Trials STARGLO e EPCORE NHL2

STARGLO: randomized Phase III trial in ASCT-ineligible patients with R/R DLBCL

Patients R/R DLBCL (N=274)
- R/R DLBCL NOS after ≥1 prior systemic therapy
- Patients with one prior line must be transplant ineligible
- ECOG PS 0–2

Stratification factors
- Relapsed vs refractory disease‡
- 1 vs ≥2 prior lines of therapy

R 2:1

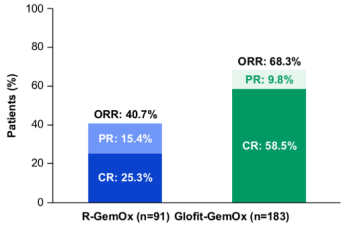
Glofit-GemOx (n=183)
Glofitamab plus gemcitabine and oxaliplatin*
Step-up dosing in Cycle 1,
30mg administered on Day 1 from Cycle 2 onwards

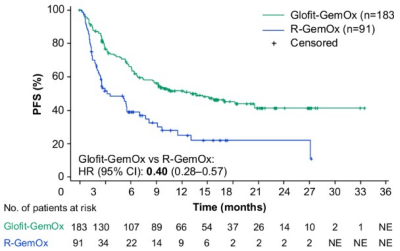
Cycles 1–8
(21-day cycles)

Glofitamab
30mg administered on Day 1 of each cycle

Cycles 9–12

R-GemOx (n=91)
Rituximab† plus gemcitabine and oxaliplatin
Administered on Day 1 of each cycle





Median OS of 25.5 months with Glofit-GemOx compared with 12.9 months with R-GemOx (HR 0.62)

Glofit-GemOx improved median PFS (13.8 vs 3.6 months) and CR rate (58.5 vs 25.3%) vs R-GemOx

Hutchings et al, ASH 2023

STUDY DESIGN: EPCORE® NHL-2 Arm 5

A phase 1b/2, open-label trial evaluating the safety and antitumor activity of epcoritamab SC + GemOx in adults with R/R DLBCL ineligible for ASCT

Key inclusion criteria
- R/R CD20+ DLBCL[a]
  - DLBCL, NOS
  - "Double-" or "triple-hit" DLBCL
  - FL grade 3B
  - T-cell/histiocyte-rich DLBCL
- Eligible for GemOx
- Ineligible for ASCT or prior ASCT failure
- ECOG PS 0–2
- FDG-avid disease by PET
- Adequate organ function

Data cutoff: December 15, 2023
Median follow-up (range): 13.2 mo (1.0+ to 34.6)

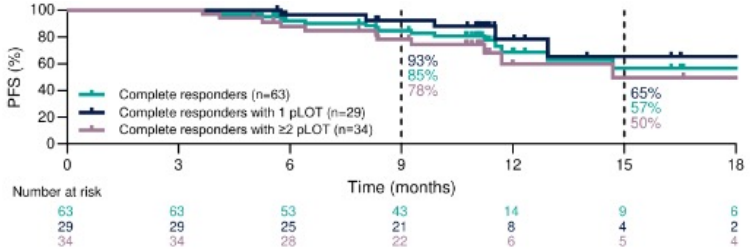
Treatment regimen: Concomitant epcoritamab SC 48 mg + GemOx

Agent	C1	C2	C3	C4	C5–9	C10+ until progression[a]
Epcoritamab SC 48 mg[b]	QW	QW	QW	Q2W	Q2W	Q4W
GemOx: Gemcitabine 1000 mg/m² IV	Q2W					
GemOx: Oxaliplatin 100 mg/m² IV	Q2W					

- **Primary objective:** Assess antitumor activity
- **Key secondary endpoints:** DOR, DOCR, TTR, PFS, OS, TEAEs

Best Overall Response	Investigator Assessment N=103[a]	IRC Assessment N=103[b]
Overall response rate, n (%)	82 (80)	88 (85)
Complete response	60 (58)	63 (61)
Partial response	22 (21)	25 (24)
Median time to response (range), mo	1.5 (0.9–11.1)	1.5 (0.9–3.0)
Median time to complete response (range), mo	1.7 (1.3–10.7)	2.6 (1.3–22.1)

[a]Five patients were not evaluable for response per investigator. [b]Four patients were not evaluable for response per IRC.



Cordoba et al, EHA 2024

Bispecifici in seconda linea: Trials STARGLO e EPCORE NHL2

STUDY DESIGN: EPCORE® NHL-2 Arm 4

A phase 1b/2, open-label trial evaluating the safety and antitumor activity of epcoritamab + R-DHAX/C in adults with R/R DLBCL who are eligible for transplant

Key inclusion criteria
- R/R CD20+ DLBCL
  - DLBCL, NOS
  - "Double-hit" or "triple-hit" DLBCL[a]
  - FL grade 3B
  - T-cell/histiocyte-rich DLBCL
- Eligible for R-DHAX/C and HDT-ASCT
- ECOG PS 0–2
- Measurable disease by CT or MRI
- Adequate organ function

Data cutoff: January 31, 2024
Median follow-up: 27.7 mo

Dose escalation, n=8

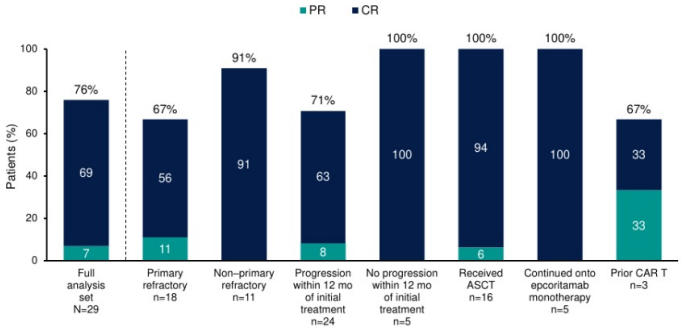
Step-up dosing[b]: **Epcoritamab (SC) 24 mg (n=3) or 48 mg (n=5)** QW C1–4, Q2W C5–9, Q4W C10+* + **R-DHAX/C** C1–3

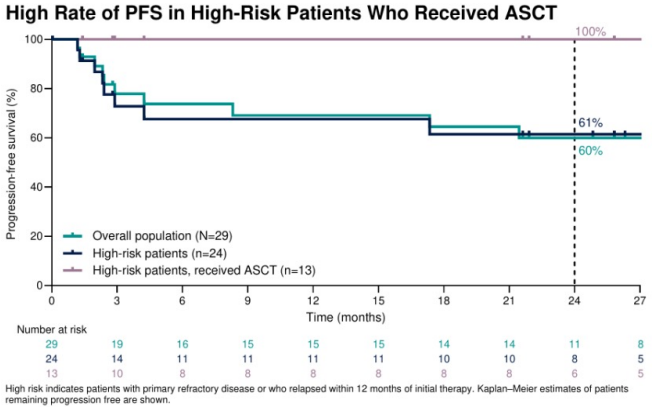
Expansion, n=21

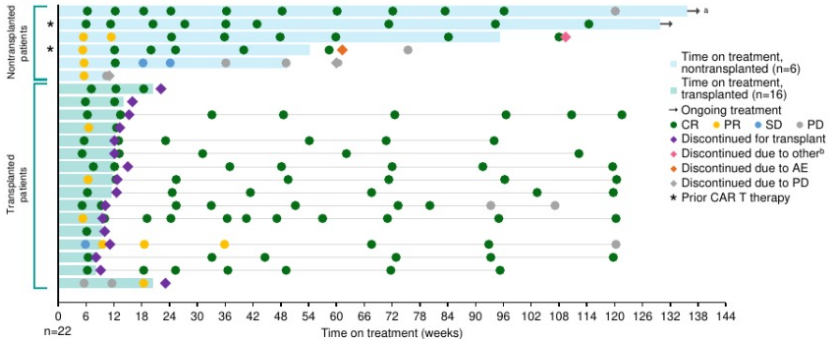
Step-up dosing[b]: **Epcoritamab (SC) 48 mg** QW C1–4, Q2W C5–9, Q4W C10+* + **R-DHAX/C** C1–3

Primary objectives: DLTs/Safety and tolerability
Key secondary objective: Antitumor activity

Primary endpoint: ORR per Lugano criteria[c]
*Epcoritamab treatment until HDT-ASCT or PD (whichever is earlier)







Abrisqueta et al, EHA 2024

Bispecifici in prima linea: Trial EPCORE NHL5

Key inclusion criteria: arm 3

- Adults ≥18 y
- Histologically confirmed CD20+ DLBCL[a]
  - DLBCL, NOS including de novo or histologically transformed from FL or MZL
  - HGBCL with *MYC* and *BCL-2* and/or *BCL-6* translocations (double-hit or triple-hit lymphoma)
  - FL grade 3B
- Newly diagnosed, treatment-naive disease
- No prior treatment with CD3/CD20 bispecific antibodies
- ECOG PS 0–2
- IPI score 2–5
- Measurable disease

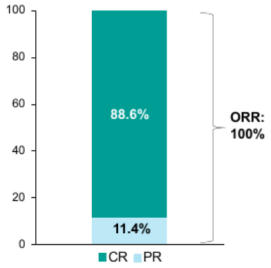
Epcoritamab + pola-R-CHP 1L DLBCL: Dose escalation and dose expansion (21-day cycle)

Agent	C1	C2	C3	C4	C5	C6	C7	C8
Epcoritamab	Step-up dosing (SUD): D1: SUD1 (0.16 mg) D8: SUD2 (0.8 mg) D15: full dose (24 or 48 mg)	D1, 8, 15: full dose (24 or 48 mg)			D1: full dose (24 or 48 mg)			
pola-R-CHP: Polatuzumab vedotin	D1 (1.8 mg/kg)							
pola-R-CHP: Rituximab	D1 (375 mg/m²)							
pola-R-CHP: Cyclophosphamide	D1 (750 mg/m²)							
pola-R-CHP: Doxorubicin	D1 (50 mg/m²)							
pola-R-CHP: Prednisone	D1–5 (100 mg)							

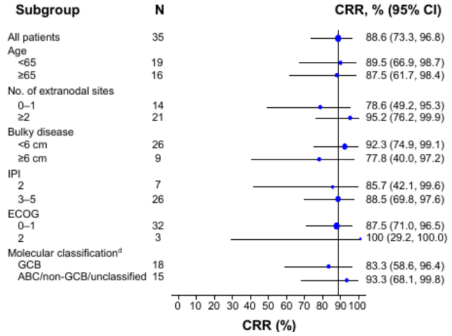
Premedication and CRS prophylaxis

- Diphenhydramine, acetaminophen, and corticosteroids were mandatory for CRS prophylaxis with the first 4 epcoritamab doses
  - Prednisone 100 mg for 4 days was initially recommended
  - Current recommendation is dexamethasone 15 mg for 4 days[b,c]
- G-CSF or pegylated G-CSF was mandatory and administered per local standard

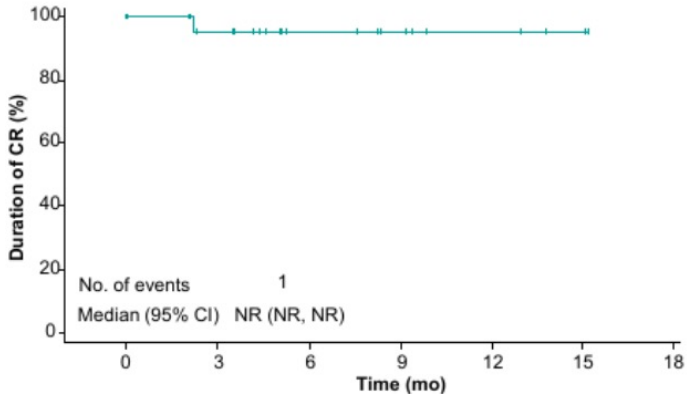
Best overall response[a]



Complete response in subgroups[b,c]



Duration of complete response



Lavie et al, EHA 2024

CAR T-cells	Bispecific Antibodies
Excellent efficacy	Excellent efficacy
Manufacturing process (3-4 weeks)	Available off-the-shelf
Usually inpatient, followed by period of time proximal to administering center for monitoring	Usually outpatient, initially with weekly visits that ultimately space out depending on product
"One and done"	Months (fixed duration) or continuous treatment
Requires lymphodepleting chemotherapy +/– bridging	No lymphodepleting chemotherapy or bridging
Higher risk of, and less predictable, CRS and NT	Less risk of, and more predictable, CRS and NT
Infections and cytopenias are common; likely higher rates and more prolonged	Infections and cytopenias are common; potentially lower rates but more follow up needed
Durable responses with years of follow up	Longer follow up needed for response durability

Haydu et al, Blood Adv 2024

Conclusioni

- Gli anticorpi bispecifici hanno dimostrato notevole efficacia in tutte le categorie di pazienti, comprese quelle a rischio elevato
- Hanno un buon profilo di tossicità, gestibili anche in ambiente ambulatoriale
- Possibile la sospensione in caso di eventi avversi severi
- Sono farmaci disponibili che possiamo iniziare immediatamente
- I dati più recenti sembrano dimostrare efficacia e la sicurezza di questi farmaci in combinazione con i trattamenti di seconda e prima linea

Grazie per l'attenzione

Convegno Regionale SIE