

# CAR vs Bispecifics in Follicular lymphomas

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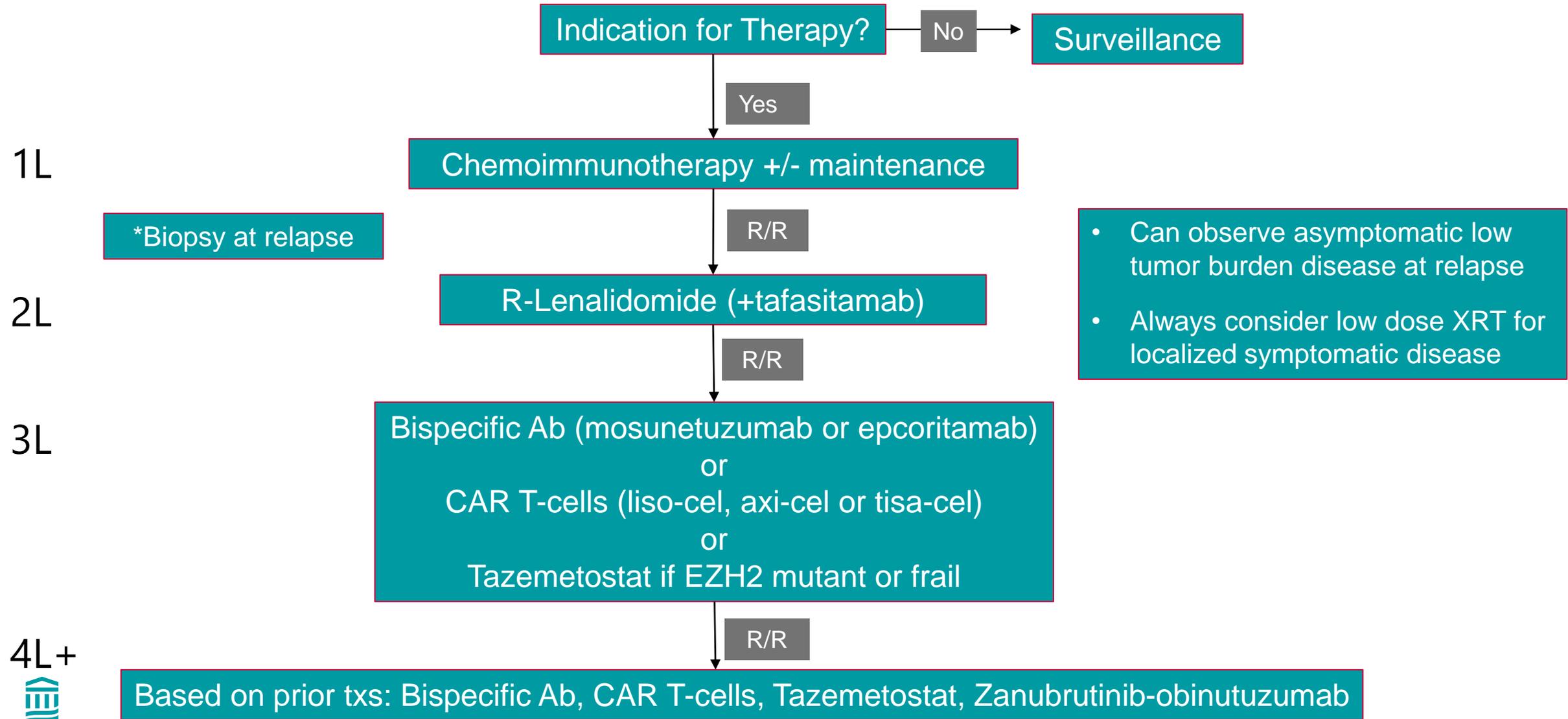
# Disclosures for Jeremy Abramson

Consulting for for AbbVie, ADC Therapeutics, Astra-Zeneca, BMS, Caribou Biosciences, Collectar, Foresight Diagnostics, Genentech, Genmab, Incyte, Interius, Janssen, Kite Pharma, Lilly, Miltenyi Biotec, Takeda

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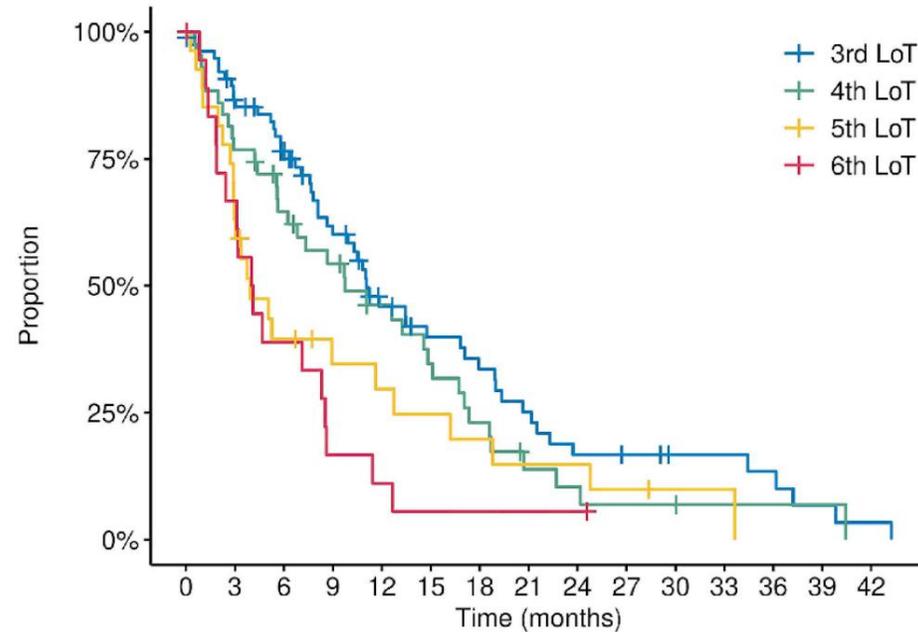


# My usual treatment paradigm for high tumor burden FL



# Outcomes for Multiply Treated Follicular Lymphoma by Line of Therapy

Progression-free survival

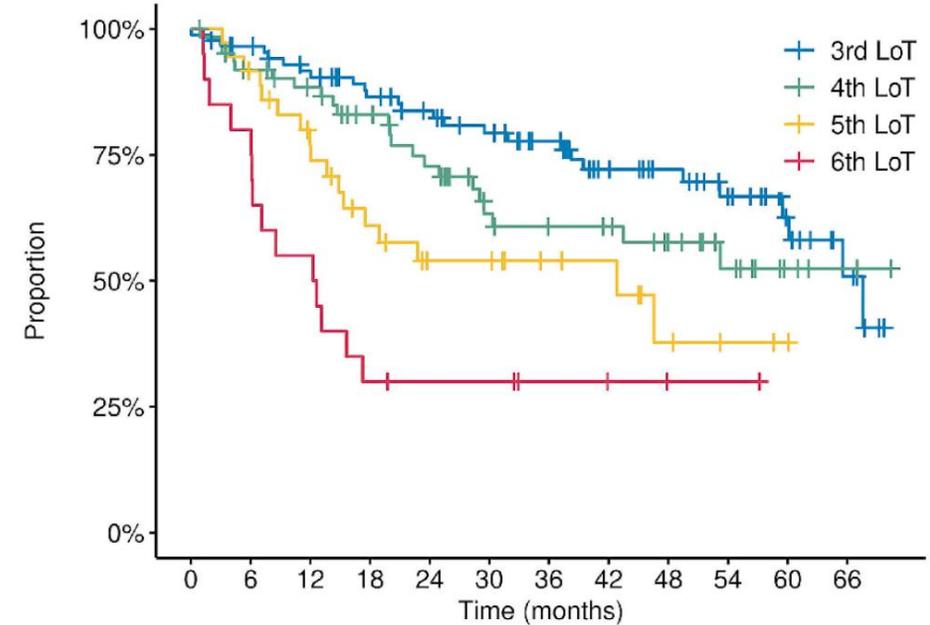


Number at risk

	0	3	6	9	12	15	18	21	24	27	30	33	36	39	42
3rd LoT	87	62	52	37	24	19	16	12	8	7	5	5	4	2	1
4th LoT	63	33	26	21	16	12	8	4	3	2	2	1	1	1	0
5th LoT	36	17	10	7	6	5	4	3	3	2	1	1	0	0	0
6th LoT	20	12	7	3	2	1	1	1	1	0	0	0	0	0	0

Time (months)

Overall survival



Number at risk

	0	6	12	18	24	30	36	42	48	54	60	66
3rd LoT	87	81	74	66	59	53	45	34	29	22	14	7
4th LoT	63	55	50	42	35	25	22	21	16	10	4	2
5th LoT	36	32	25	18	13	13	9	8	4	2	1	0
6th LoT	20	16	11	6	5	5	3	2	1	1	0	0

Time (months)



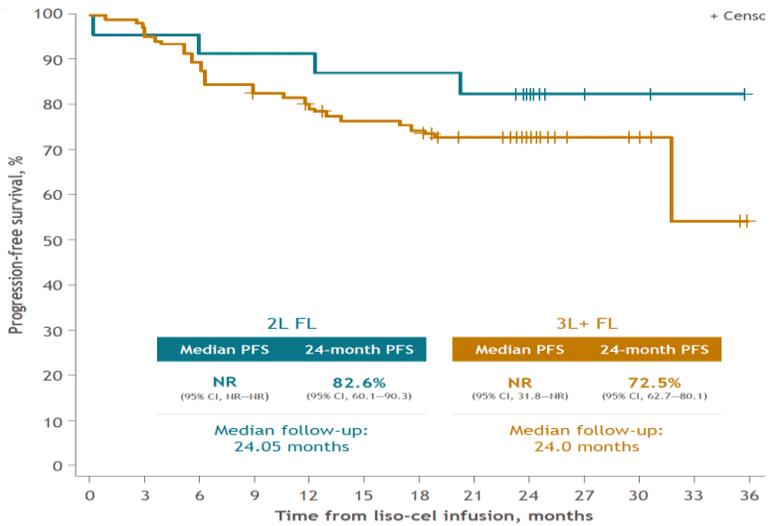
# Three CAR T-cell products for 3<sup>rd</sup> line + follicular lymphoma

	Lisocabtagene Maraleucel TRANSCEND-FL	Tisagenlecleucel ELARA	Axicabtagene Ciloleucel ZUMA-5
n	107	94	124
Median # prior lines	3	4	3
Chemorefractory	67%	78%	68%
POD24	54%	60%	55%
CR rate	94%	69%	79%
Median PFS, m	NR	53 mo	57 mo
PFS	73% at 24m	50% at 60m	50% at 60m
CRS (Any/severe) %	58/1	49/0	82/7
NT (Any/severe) %	15/2	4/1	59/19
References	Morschhauser, et al. Nature Med 2024 Nastoupil, et al. Proc ASH 2024	Fowler, et al. Nat Med 2022. Thieblemont, et al. Proc ASH 2024	Jacobson, et al. Lancet Onc 2022 Neelapu, et al. Proc ASH 2024



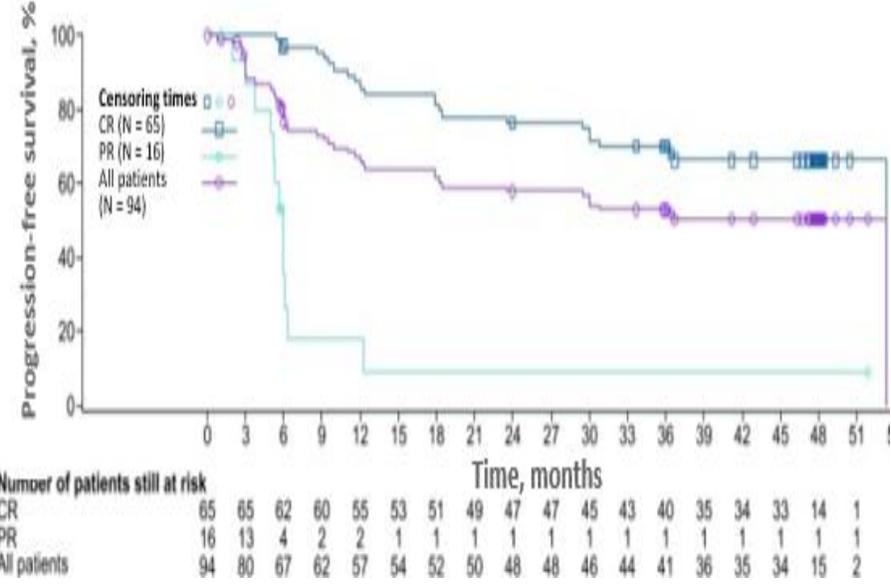
# PFS for CAR T-cells in 3<sup>rd</sup> line or later FL

## Liso-cel



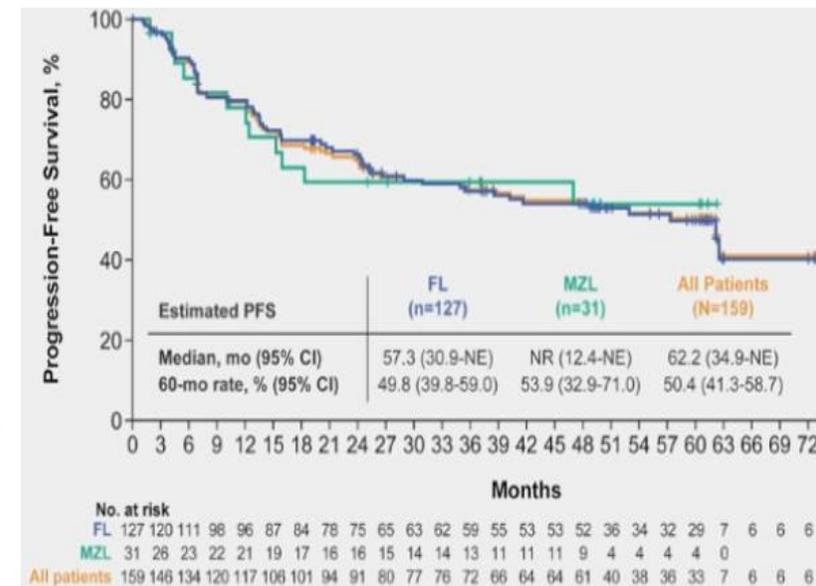
No. at risk	0	3	6	9	12	15	18	21	24	27	30	33	36
2L FL	23	22	21	21	21	20	20	19	12	2	2	1	0
3L+ FL	103	99	91	85	80	76	74	68	37	10	7	3	0

## Tisa-cel



50% at 60m

## Axi-cel

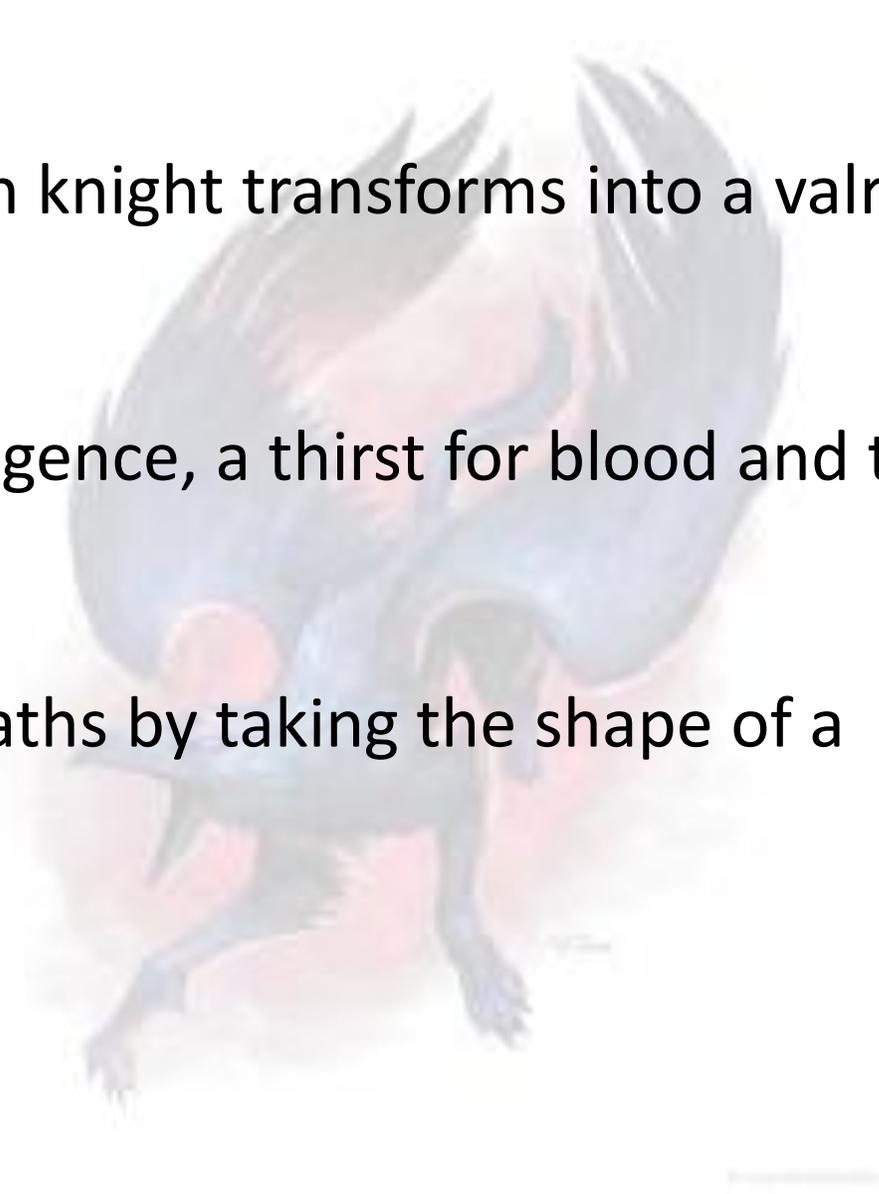
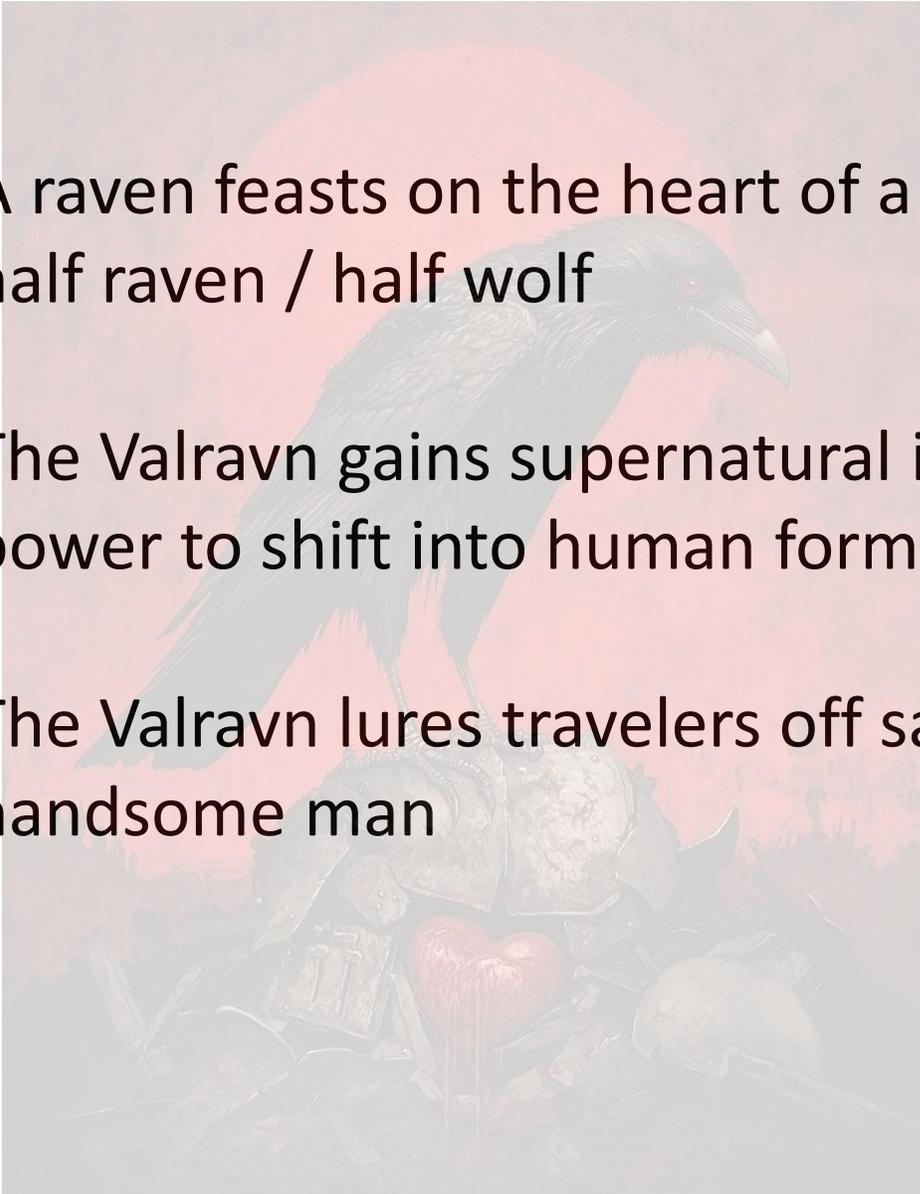


50% at 60m



# Danish mythology: The Valravne

- A raven feasts on the heart of a fallen knight transforms into a valravne: half raven / half wolf
- The Valravn gains supernatural intelligence, a thirst for blood and the power to shift into human form
- The Valravn lures travelers off safe paths by taking the shape of a handsome man



# Myths about CAR versus BsAb in Follicular lymphoma

1. They are equally effective
2. CARs have significantly more toxicity
3. CARs are significantly more complicated to administer and receive



# Summary of BsAb and CAR for relapsed FL in 3rd line+

Agent	N	Median prior	ORR	CRR	PFS	CRS	Severe CRS	Severe NE	Severe infection
<b>Mosunetuzumab</b>	90	3	78%	60%	Median 24 mo	44%	2%	0%	20%
<b>Epcoritamab</b>	128	3	82%	63%	Median 18 mo	67%	2%	0%	23%
<b>Odronextamab</b>	128	3	80%	73%	Median 28 mo	56%	6%	0%	42%
<b>Lisocabtagene maraleucel</b>	107	3	97%	94%	Median NR 73% at 24 mo	58%	1%	2%	11%
<b>Tisagenlecleucel</b>	97	4	86%	69%	Median 53 mo 50% at 60 mo	59%	0%	1%	9%
<b>Axicabtagene ciloleucel</b>	127	3	90%	79%	Median 57 mo 50% at 5y	82%	7%	19%	18%

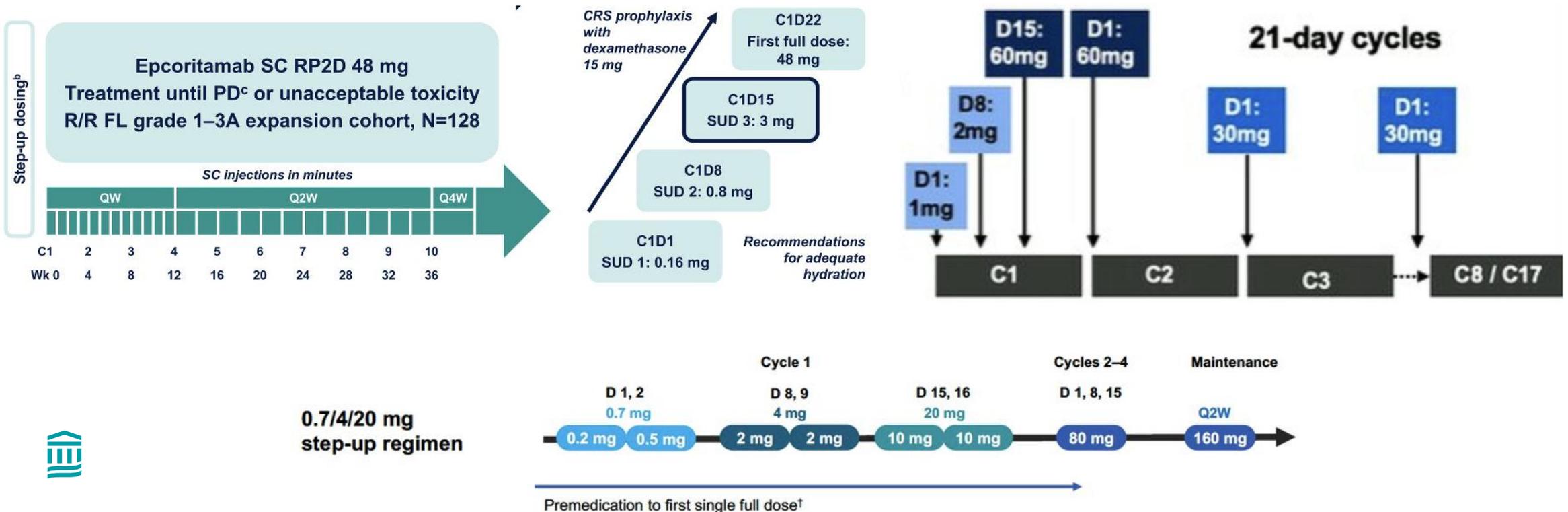


# Logistics

## CAR

- Apheresis, three days of outpatient LDC, one time CAR infusion (usually outpatient with liso-cel and tisa-cel), outpatient follow up

## Bispecific antibodies



# CAR over BsAb in 3<sup>rd</sup> line or later follicular lymphoma

- CAR T-cells are MORE EFFECTIVE than BsAb based on higher CR and improved PFS, which is important in heavily pre-treated patients
- CAR T-cells DO NOT have excess toxicity compares to BsAb with similarly low rates of severe CRS and NE, and LOWER rates of severe infections
- CAR T-cells have a FAVORABLE logistical profile due to “one and done” treatment
- CAR T-cells should be preferred therapy for multiply pre-treated FL patients



# A word about equipoise



Thank you for your attention!



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