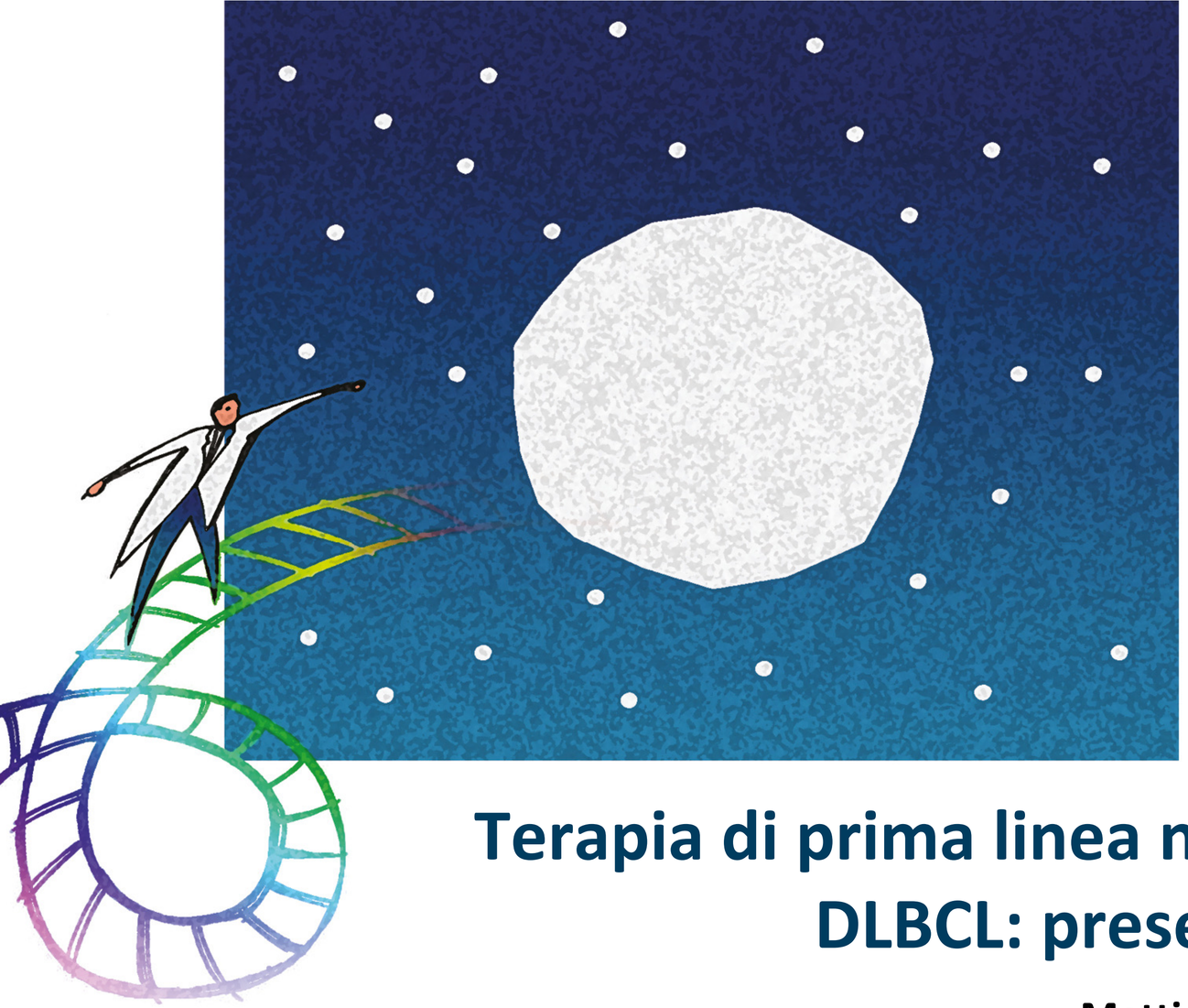


The young side of
LYMPHOMA

gli under 40 a confronto

Verona, Centro Congressi Camera di Commercio
26-27 settembre 2025

Terapia di prima linea nel paziente giovane con DLBCL: presente e futuro

Mattia Novo

SC Ematologia
AOU Città della Salute e della Scienza di Torino

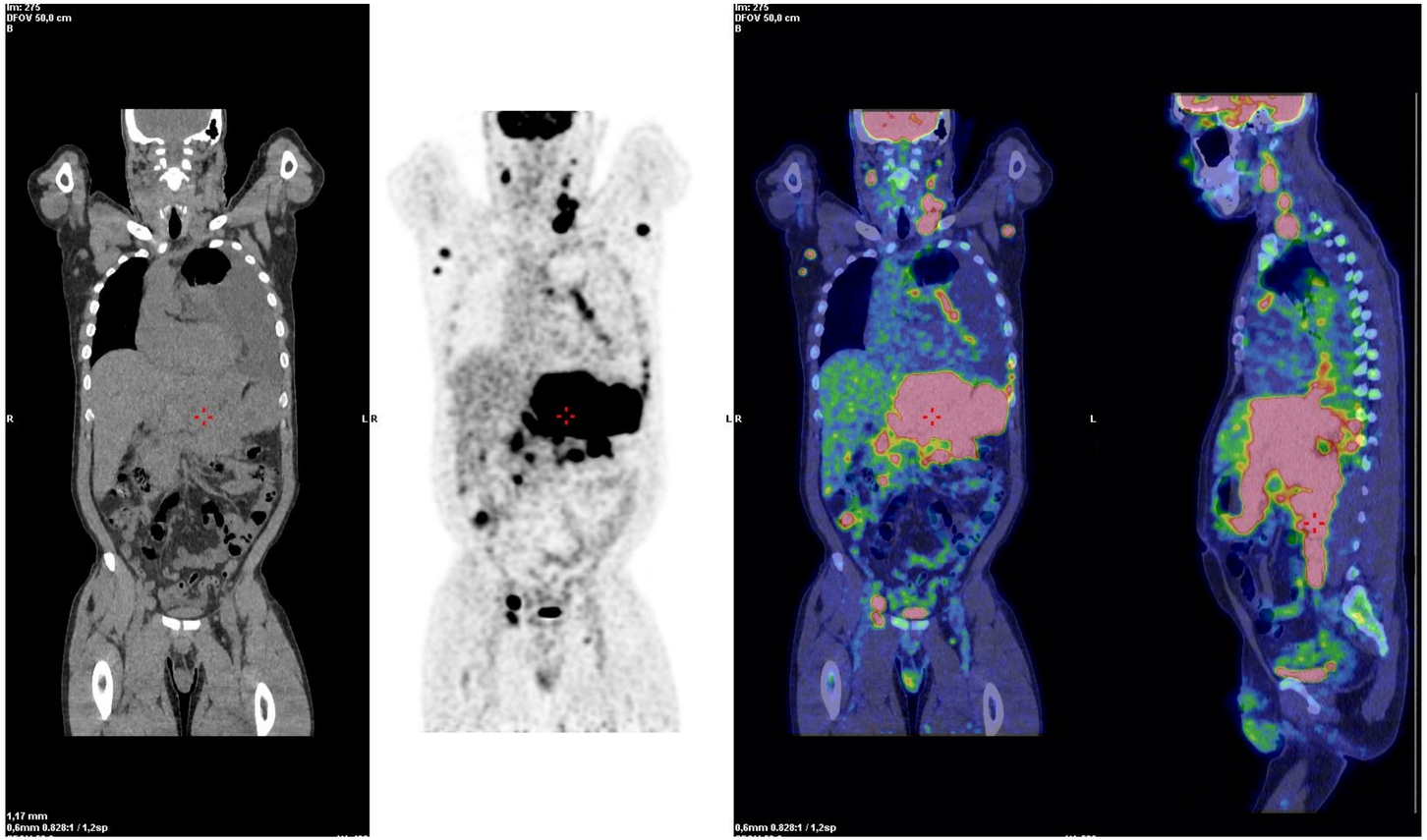
Disclosures of Mattia Novo

Company name	Research support	Employee	Consultant	Stockholder	Speakers bureau	Advisory board	Other
Abbvie						x	x
BMS						x	x
Istituto Gentili						x	

Alvaro, ♂ 40 aa

Anamnesi:
- Origini Filippine
- Fumatore (3-4 sigarette/die)
- no comorbidità

Giugno 2025
- Accesso in PS per dolore al fianco sn e febbre.
- EE: GB 9400/mmc, N 2150/mmc, Hb 12.2 g/dl, PLTs 612000/mmc, **LDH 421 (ULN 245),** creat 0.78 mg/dl



TC/PET: ***adenopatie*** *laterocervicali (SUVmax14.9), paratracheali, ascellari e mediastiniche (SUVmax 12.7), addominali, iliache e inguinali (SUVmax 13.1),* ***massivo versamento pleurico*** *sn con dislocazione* ***dell'aia cardiaca con captazione sul versante mediale*** *(SUVmax 6.2) di dubbia pertinenza (pleurica? Polmonare?),* ***captazione splenica*** *e coinvolgimento* ***peritoneale****, di* ***parete gastrica*** *e coinvolgimento di altri organi ipocondriaci tra cui* ***pancreas*** *e* ***surrene sn***

agobiopsia eco-guidata su linfonodo inguinale sn: linfoma Diffuso a grandi Cellule B a fenotipo non-GCB sec. Hans, CD20+, CD10- BCL6+,MUM1+, BCL2 +, MYC 60%, MIB1 90%
FISH MYC neg, BCL2 pos

DOMANDA n. 1

Paziente di 40 aa con diagnosi di DLBCL (non GCB), in stadio IVB (localizzazioni pleuropolmonari, gastrica, peritoneale, surrene), IPI 3, CNS IPI4 (stadio, LDH, sedi extranodali, surrene)

Quale terapia?

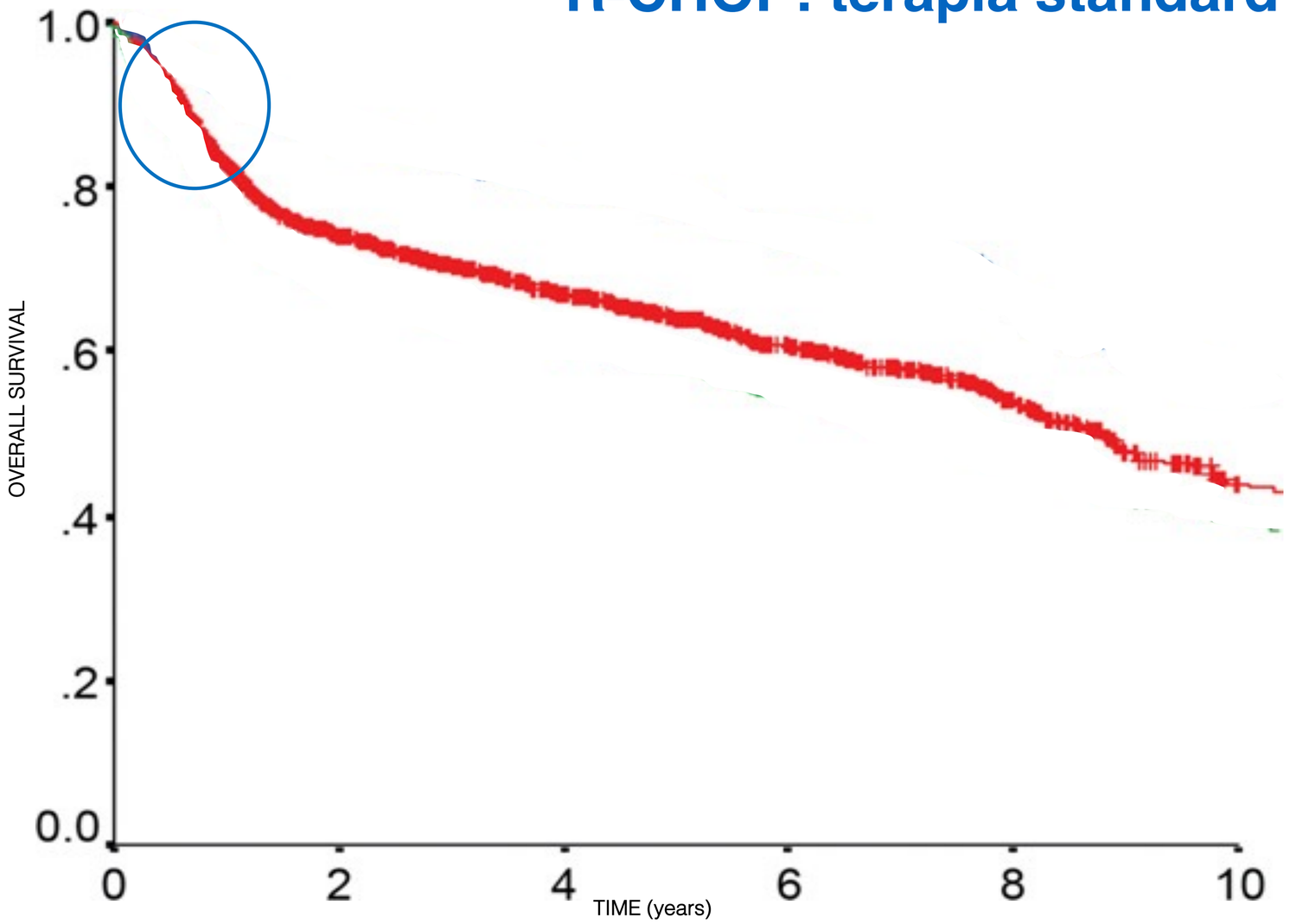
a. R-CHOP

b. R-DA-EPOCH

c. Pola-R-CHP

d. Trial Clinico

R-CHOP: terapia standard 1L DLBCL

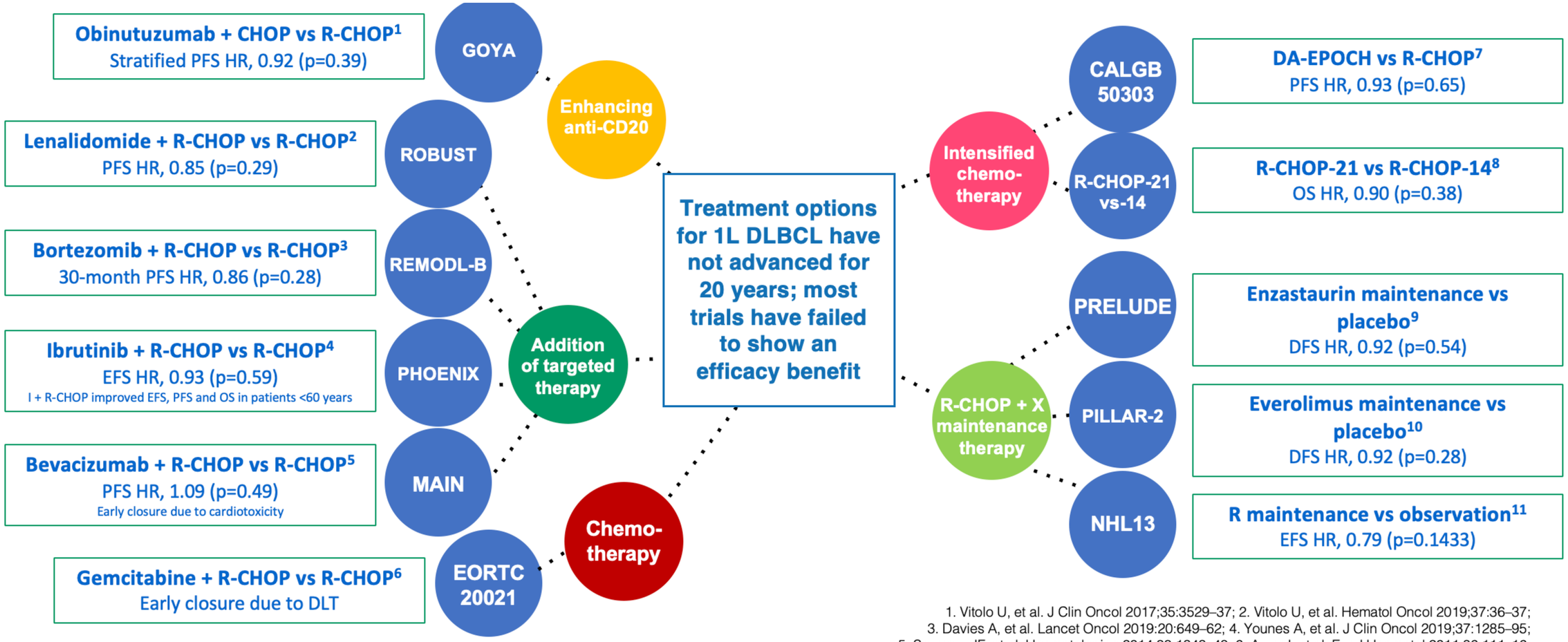


R-CHOP is insufficient in 35% of DLBCL:

- High-Risk “Clinical” (IPI 3-5)
- High-Risk “Biological”

Sehn LH and Salles G, NEJM 2021

How to improve R-CHOP



DA-EPOCH, dose-adjusted etoposide, prednisone, vincristine, cyclophosphamide, doxorubicin, and rituximab; DFS, disease-free survival; DLT, dose-limiting toxicity; EFS, event-free survival; HR, hazard ratio; I, ibrutinib; MTD, maximum tolerated dose; OS, overall survival.

1. Vitolo U, et al. J Clin Oncol 2017;35:3529–37; 2. Vitolo U, et al. Hematol Oncol 2019;37:36–37;
3. Davies A, et al. Lancet Oncol 2019:20:649–62; 4. Younes A, et al. J Clin Oncol 2019;37:1285–95;
5. Seymour JF, et al. Haematologica 2014;99:1343–49; 6. Aurer I, et al. Eur J Haematol 2011;86:111–16;
7. Bartlett NL, et al. J Clin Oncol 2019;37:1790–99; 8. Cunningham D, et al. Lancet 2013;381:1817–26;
9. Crump M, et al. J Clin Oncol 2016;34:2484–92; 10. Witzig TE, et al. Ann Oncol 2018;29:707–14;
11. Jaeger U, et al. Haematologica 2015;100:955–63.

POLARIX trial

- **Double-blind, randomized controlled**
- Collaboration with LYSA
- NCT03274492

Patients
- Previously untreated DLBCL
- Age 18–80 years
- IPI 2–5
- ECOG PS 0–2

N=879

Stratification factors
- IPI score (2 vs 3–5)
- Bulky disease (≥7.5cm vs absence)
- Geographic region*

R 1:1

ARM A

Polatuzumab vedotin 1.8mg/kg
R-CHP + vincristine placebo
Q21D x 6 cycles

→ **Rituximab** 375mg/m² Cycles 7 & 8

1 Cycle=21 days

ARM B

R-CHOP + polatuzumab vedotin placebo
Q21D x 6 cycles

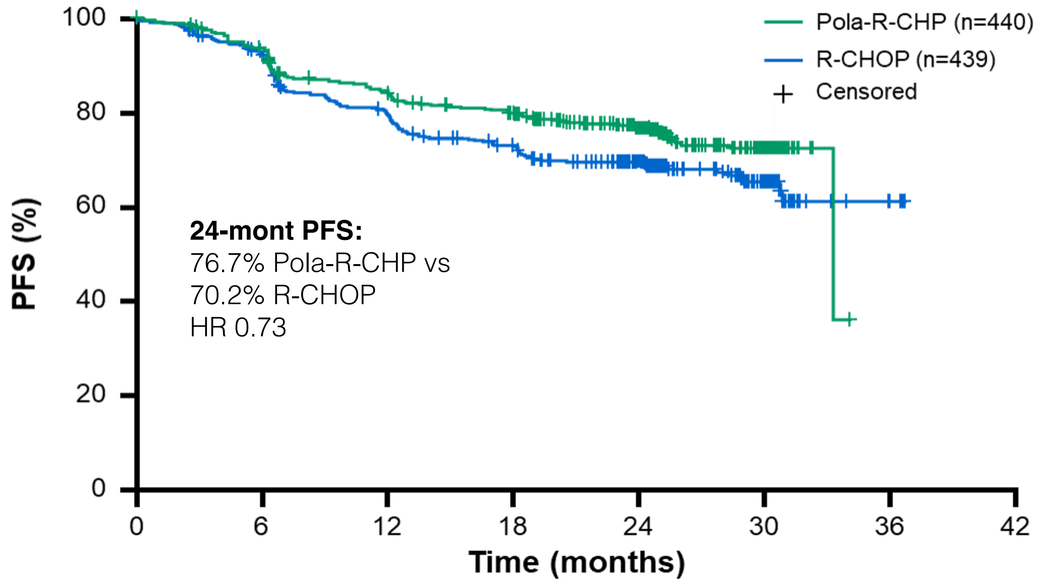
→ **Rituximab** 375mg/m² Cycles 7 & 8

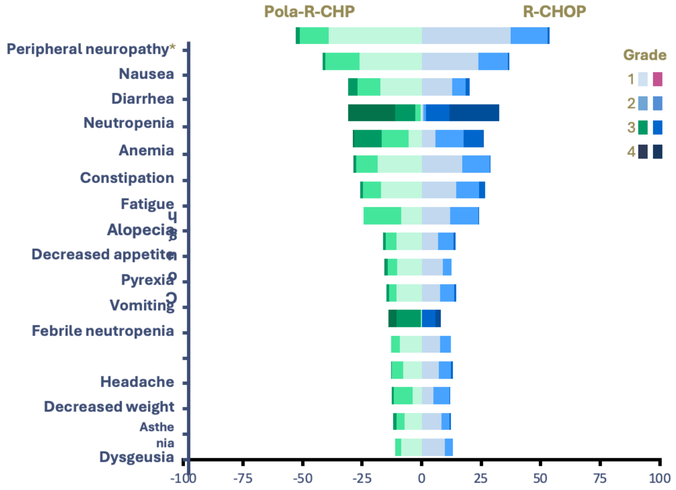
Primary endpoint	PFS by INV
Key secondary endpoints	$EFS_{efficacy}$ by INV, PET CR at EOT by BICR, OS, and safety

*Western Europe, United States, Canada and Australia vs Asia vs Rest of World. BICR, blinded independent central review; CR, complete response; ECOG PS, Eastern Cooperative Oncology Group performance status; $EFS_{efficacy}$, event-free survival for efficacy causes (time from randomization to the earliest occurrence of disease progression/relapse, death due to any cause, initiation of any non-protocol specified anti-lymphoma treatment, or biopsy-confirmed residual disease after treatment completion); EOT, end of treatment; INV, investigator; IPI, International Prognostic Index; LYSA, Lymphoma Study Association; PET, positron emission tomography; Q21D, every 21 days; R, randomization; R-CHP, rituximab plus cyclophosphamide, doxorubicin, prednisone.

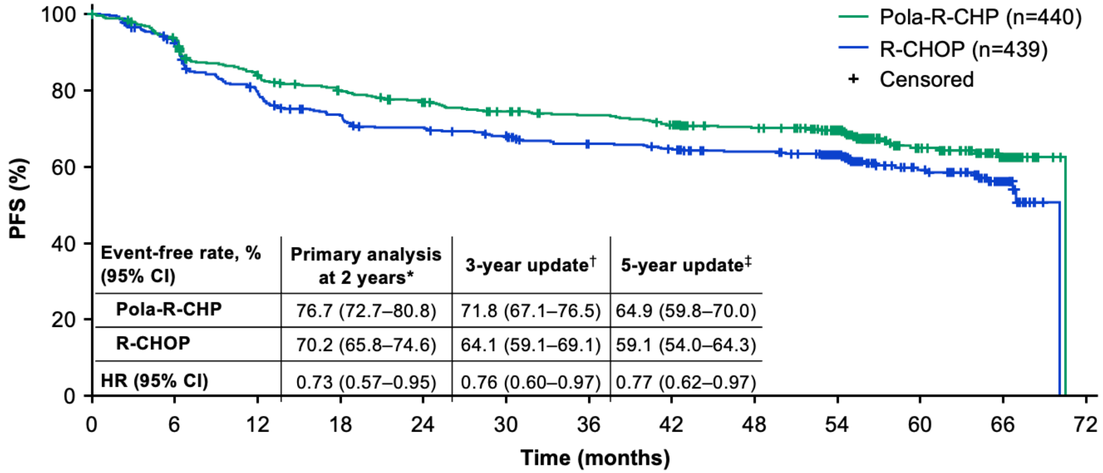
Tilly H et al, New Engl J Med 2022

Pola-R-CHP significantly improved PFS versus R-CHOP

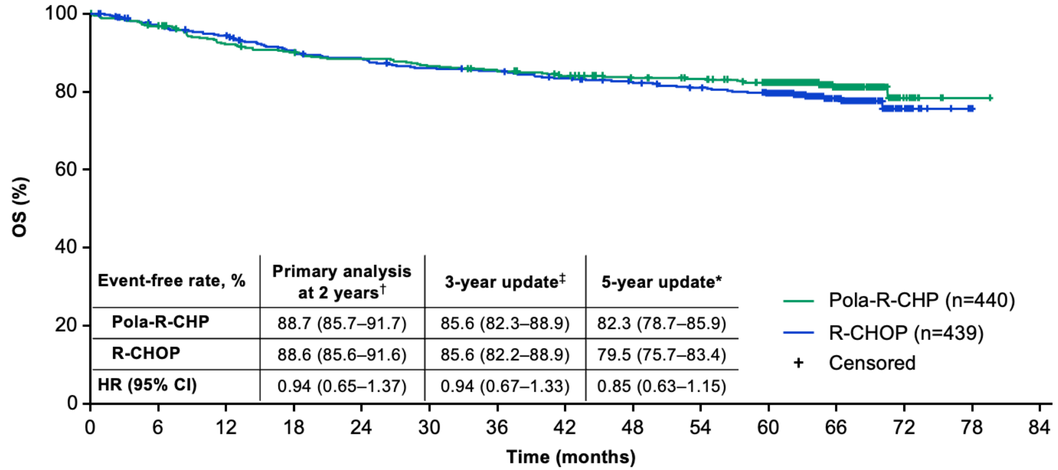




5-year follow-up analysis



Event-free rate, % (95% CI)	Primary analysis at 2 years*	3-year update†	5-year update‡
Pola-R-CHP	76.7 (72.7–80.8)	71.8 (67.1–76.5)	64.9 (59.8–70.0)
R-CHOP	70.2 (65.8–74.6)	64.1 (59.1–69.1)	59.1 (54.0–64.3)
HR (95% CI)	0.73 (0.57–0.95)	0.76 (0.60–0.97)	0.77 (0.62–0.97)



Event-free rate, %	Primary analysis at 2 years†	3-year update‡	5-year update*
Pola-R-CHP	88.7 (85.7–91.7)	85.6 (82.3–88.9)	82.3 (78.7–85.9)
R-CHOP	88.6 (85.6–91.6)	85.6 (82.2–88.9)	79.5 (75.7–83.4)
HR (95% CI)	0.94 (0.65–1.37)	0.94 (0.67–1.33)	0.85 (0.63–1.15)

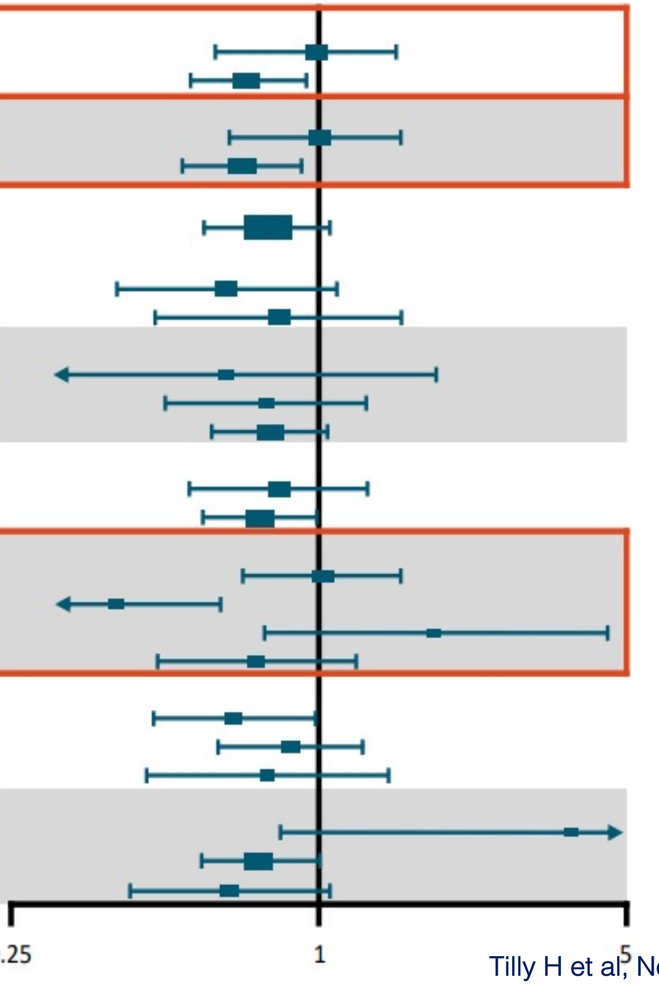
Patients remaining at risk

Pola-R-CHP	440	424	399	389	381	373	366	355	343	338	319	124	12	1	NE
R-CHOP	439	415	403	382	372	361	357	347	338	329	311	128	13	1	NE

Tilly H et al, New Engl J Med 2022; Salles.G et al; Oral Presentation ASH 2024

Investigator-assessed PFS by subgroup (unstratified)

Baseline Risk Factors	Total N	Pola-R-CHP (N = 440) n	Pola-R-CHP (N = 440) 2-Yr Rate	R-CHOP (N = 439) n	R-CHOP (N = 439) 2-Yr Rate	HR	95% Wald CI
Age group, yr							
≤60	271	140	74.1	131	71.9	0.9	(0.6-1.5)
>60	608	300	77.9	308	69.5	0.7	(0.5-0.9)
IPI score							
IPI 2	334	167	79.3	167	78.5	1.0	(0.6-1.6)
IPI 3-5	545	273	75.2	272	65.1	0.7	(0.5-0.9)
Geographic region							
Western Europe, United States, Canada, and Australia	603	302	78.6	301	72.0	0.8	(0.6-1.1)
Asia	160	81	74.3	79	65.6	0.6	(0.4-1.5)
Rest of world	116	57	70.8	59	67.3	0.9	(0.6-1.5)
Ann Arbor stage							
I-II	99	47	89.1	52	85.5	0.6	(0.2-1.8)
III	232	124	80.7	108	73.6	0.8	(0.5-1.3)
IV	548	269	72.6	279	66.1	0.8	(0.6-1.1)
Baseline LDH							
≤ ULN	300	146	78.9	154	75.6	0.8	(0.5-1.3)
> ULN	575	291	75.4	284	67.2	0.7	(0.5-1.0)
Cell of origin							
GCB	352	184	75.1	168	76.9	1.0	(0.7-1.5)
ABC	221	102	83.9	119	58.8	0.4	(0.2-0.6)
Unclassified	95	44	73.0	51	86.2	1.9	(0.8-4.5)
Unknown	211	110	73.8	101	64.3	0.7	(0.4-1.2)
Double expressor by IHC							
DEL	290	139	75.5	151	63.1	0.6	(0.4-1.0)
Non-DEL	438	223	77.7	215	75.7	0.9	(0.6-1.3)
Unknown	151	78	76.0	73	69.8	0.8	(0.4-1.5)
Double- or triple-hit lymphoma							
Yes	45	26	69.0	19	88.9	3.8	(0.8-17.6)
No	620	305	76.8	315	70.3	0.7	(0.5-1.0)
Unknown	214	109	78.5	105	66.4	0.6	(0.4-1.1)



Tilly H et al, New Engl J Med 2022

Newly released EHA guidelines: 1L DLBCL

0 risk factor	1 risk factor	≥ 2 risk factor
Stage I/II	Stage III, IV or Stage I/II with 1 risk factor (high LDH or poor PS)	Stage III-IV and high level LDH and/or poor PS and/or extranodal sites ≥ 2
<80 years	<80 years	<80 years
R-CHOP21 x 4 [I, B] If bulky ≥ 7.5 cm, consider R-CHOP21 x 6 * [I, A]	R-CHOP21 x 6 * [I, A]	**Pola-R-CHP x 6 [I, B]** **Consider R-CHOP21 X 6 [I, A]** **as alternative**
• iPET evaluation -not required for non-bulky (<7.5 cm) and ≤60 years -recommended for Bulky (>7.5 cm) or 60-80 • FDG-PET EOT	• iPET evaluation • FDG-PET EOT	• iPET evaluation • FDG-PET EOT

Dicembre 2023 rimborsabilità AIFA (IPI 3-5)

Thieblemont C, Gomes Da Silva M, Leppa S et al, Hemasphere 2025

Ricovero dal 3/7 al 9/7/25

- PL: chimico fisico nn, IF negativo
- Toracentesi: evacuazione 1100 cc di liquido siero-ematico
- **5/7/25 avvio I ciclo Pola-R-CHP**

Aggiornamento settembre 2025:

- regressione dei sintomi dopo ciclo 1
- TC 17/9 (post 4° ciclo): PR

treatment ongoing…

What next ?

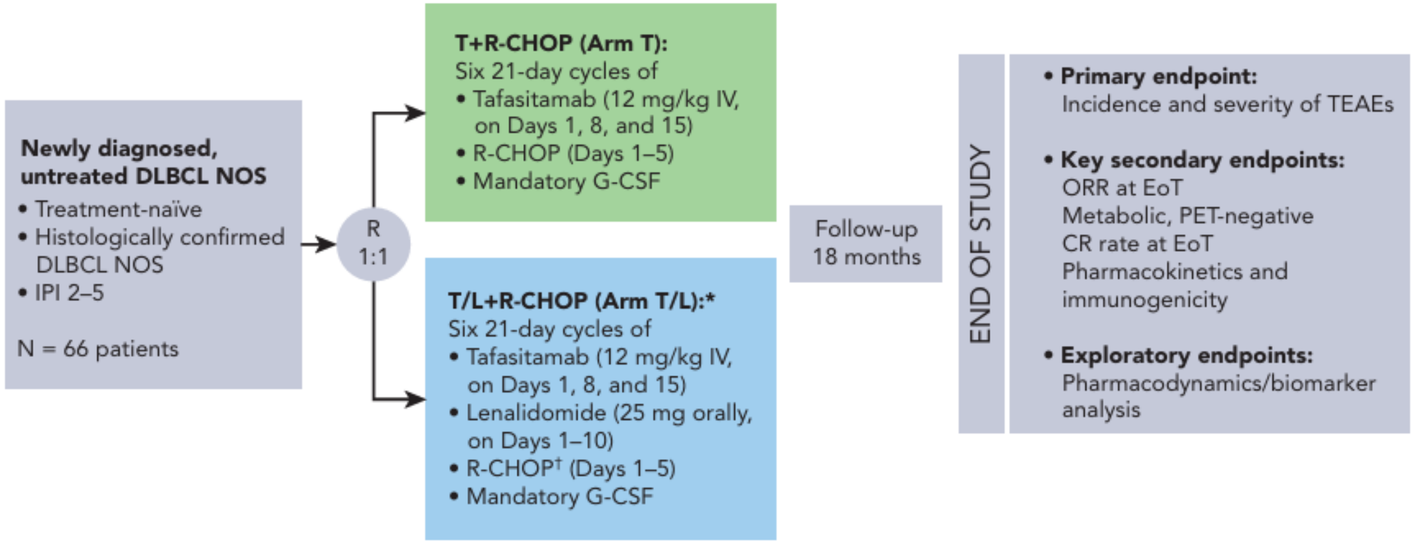
Moving beyond R-CHOP/Pola-R-CHP

- ✓ ‘’Agnostic’’ approach
- ✓ Biology-driven approach
- ✓ Chemo-free approach

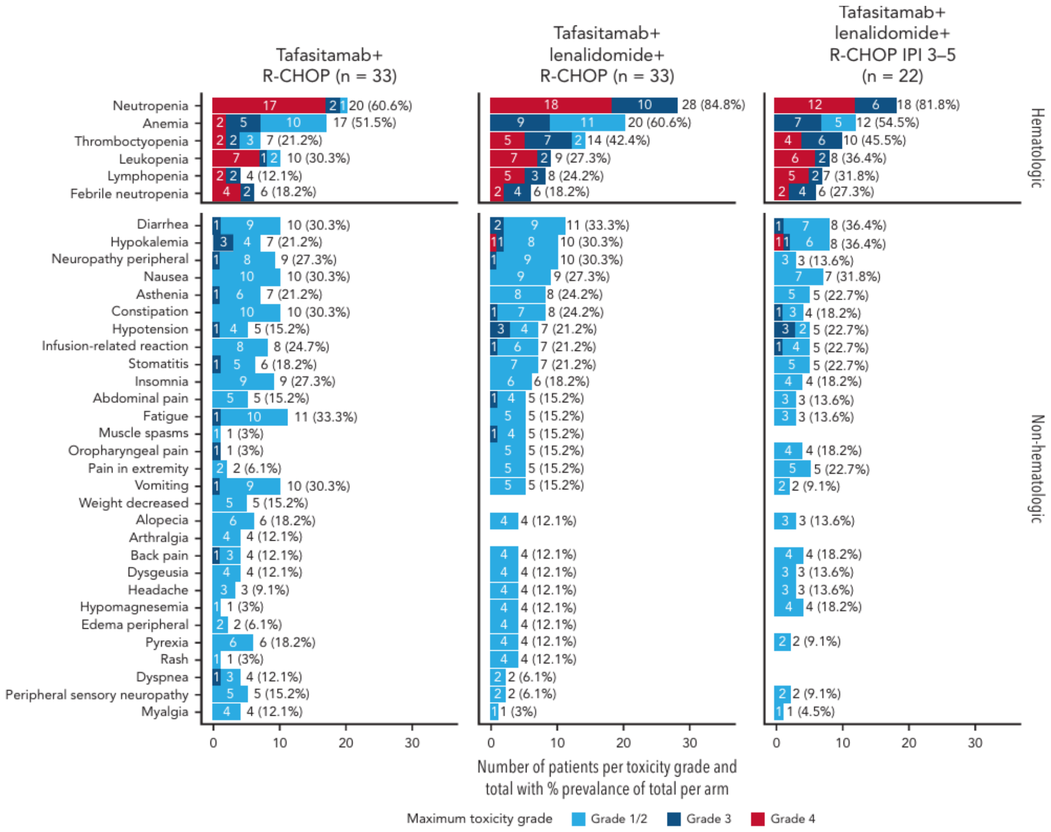
Moving beyond R-CHOP/Pola-R-CHP

- ✓ ''Agnostic'' approach
- ✓ Biology-driven approach
- ✓ Chemo-free approach

First-MIND study: open-label, randomized phase Ib study

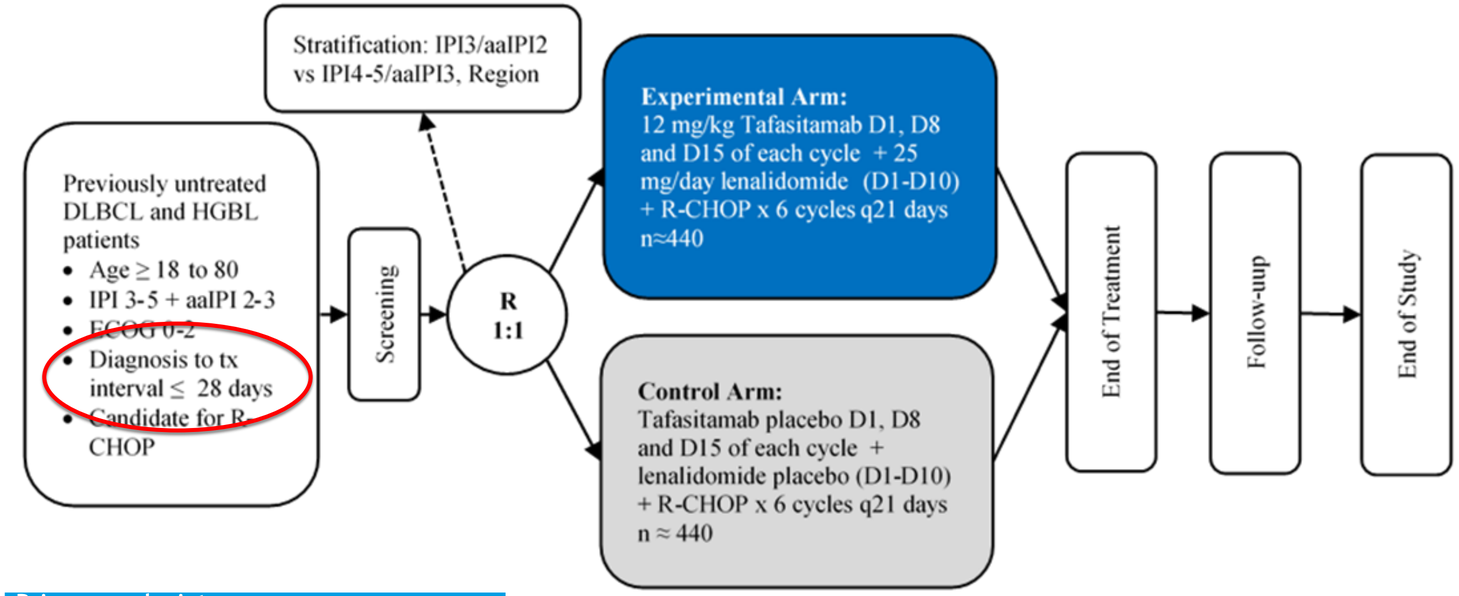


Event	Arm T (n = 33)	Arm T/L (n = 33)	Arm T/L IPI 3–5 (n = 22)
ORR, n (%) (95% CI)			
CR or PR (at EoT)	25 (75.8) (57.7-88.9)	27 (81.8) (64.5-93.0)	18 (81.8) (59.7-94.8)
CR or PR (best response across all visits)	30 (90.9) (75.7-98.1)	31 (93.9) (79.8-99.3)	20 (90.9) (70.8-98.9)
18-mo DoR rate, % (95% CI)	72.7 (52.7-85.3)	78.7 (58.5-89.9)	76.6 (48.8-90.5)
18-mo DoCR rate, % (95% CI)	74.5 (53.8-87.0)	86.5 (63.8-95.5)	80.0 (50.0-93.1)
24-mo PFS rate, % (95% CI)	72.7 (52.7-85.3)	76.8 (57.1-88.3)	73.6 (47.3-88.2)
24-mo OS rate, % (95% CI)	90.3 (72.9-96.8)	93.8 (77.3-98.4)	95.2 (70.7-99.3)



Beleda et al. Blood 2023

Front-MIND study: phase III, randomized, place-controlled study



Primary endpoint

- PFS* by INV, event driven
  - Primary analysis: 274 events
  - Interim analysis (futility): 100 events

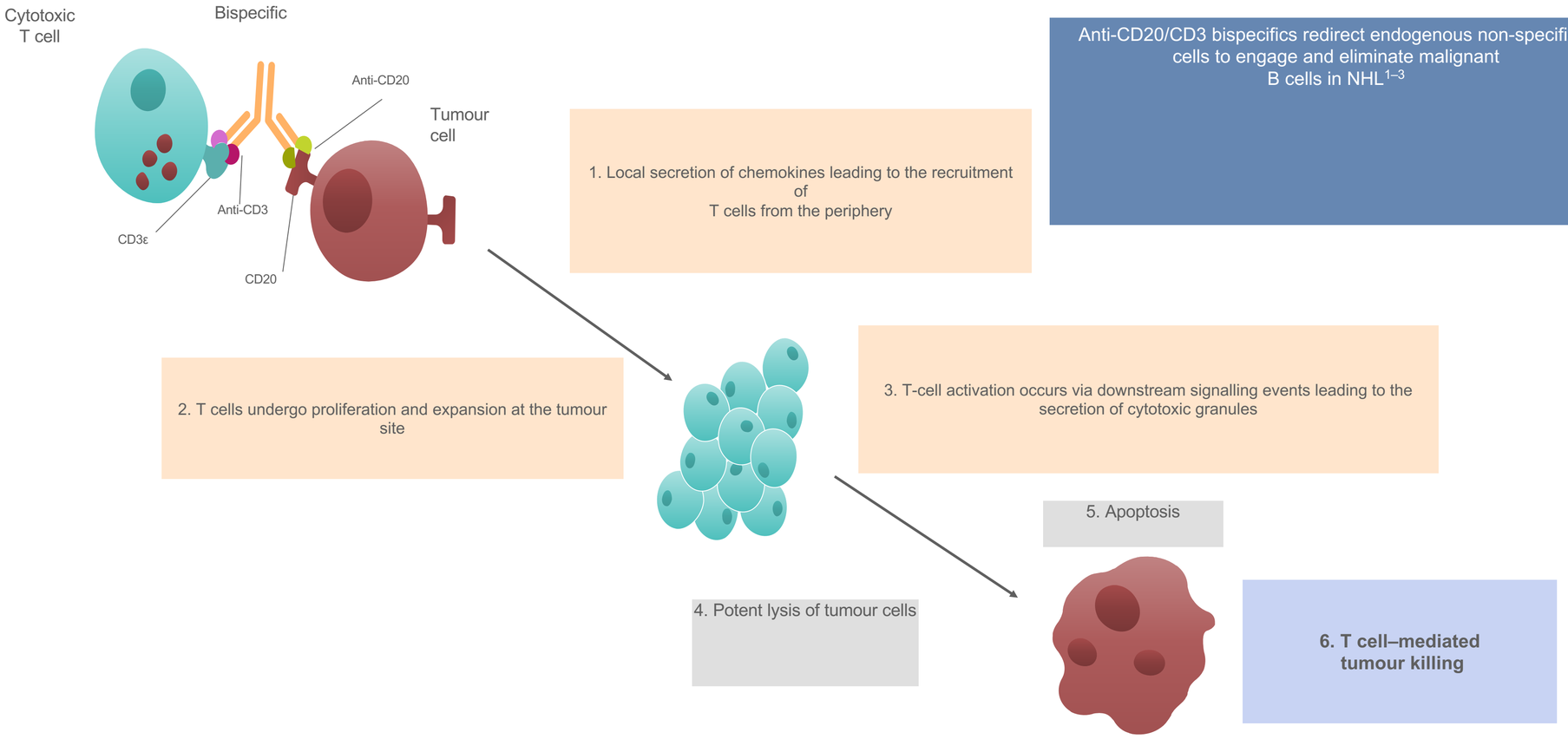
Sample size

- N= 880 incl. drop outs
- Assumptions
  - Projected PFS increase @36 months from~57% (control) to ~68%
  - HR = 0.70, Power: 83%
  - Accrual: 21 months (350 sites)
  - Annual Drop-out: 15%

Enrollment completed

Results pending..

CD3xCD20 Bispecific Antibodies

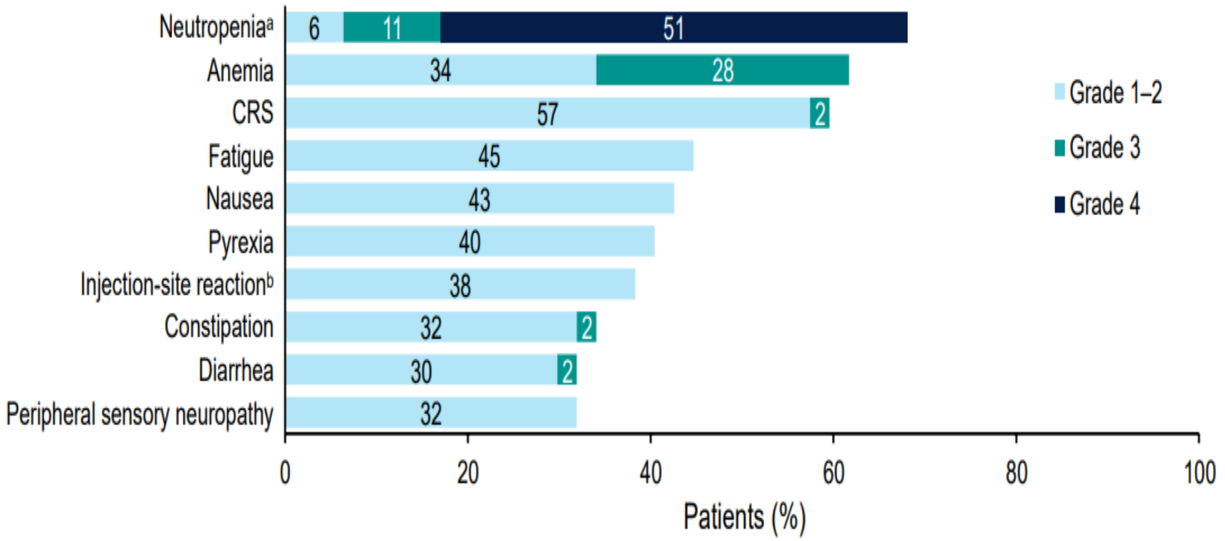


- ✓ Epcoritamab
- ✓ Glofitamab
- ✓ Odronextamab

EPCORE NHL-2 trial: Arm 1

Epco-R-CHOP

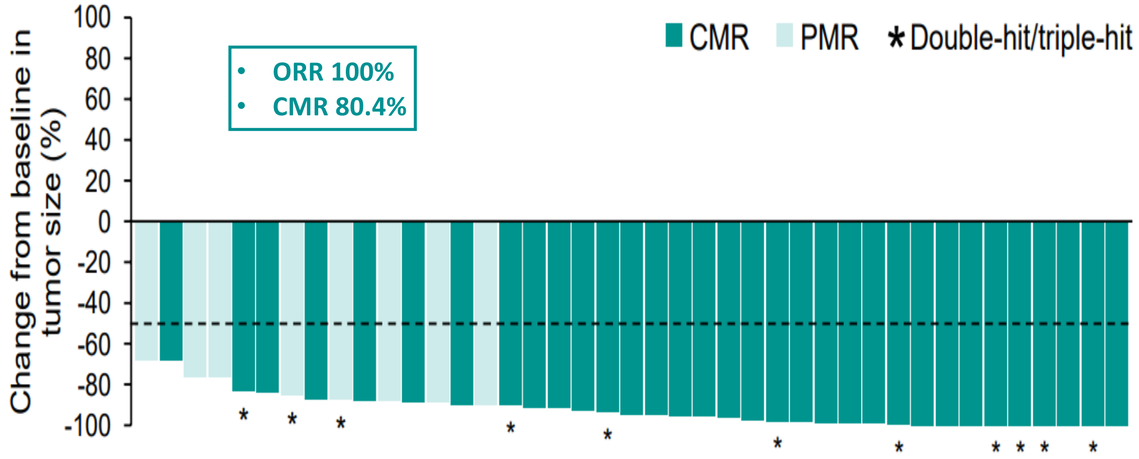
Treatment regimen: Concomitant epcoritamab SC 48 mg + R-CHOP			
Agent	**C1–C4**	**C5–C6**	**C7+**
Epcoritamab SC 48 mg	QW	Q3W	Q4W Up to 1 year
R-CHOP: Rituximab IV 375 mg/m^2	Q3W		
R-CHOP: Cyclophosphamide IV 750 mg/m^2			
R-CHOP: Doxorubicin IV 50 mg/m^2			
R-CHOP: Vincristine[d] IV 1.4 mg/m^2			
R-CHOP: Prednisone IV or oral 100 mg/d	D1–5 of each cycle		



- N= 46
- IPI ≥ 3
- median FU 14.2 months

- No TLS
- 2 ICANS (G1, G2)
- CRS C1D15

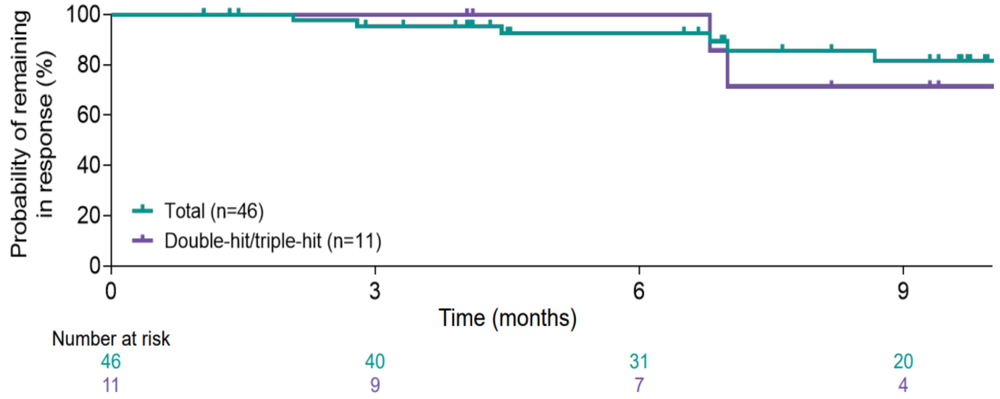
Falchi et al, EHA 2025



Epcoritamab + R-CHOP induced responses across all patients, including high-risk double-hit/triple-hit patients

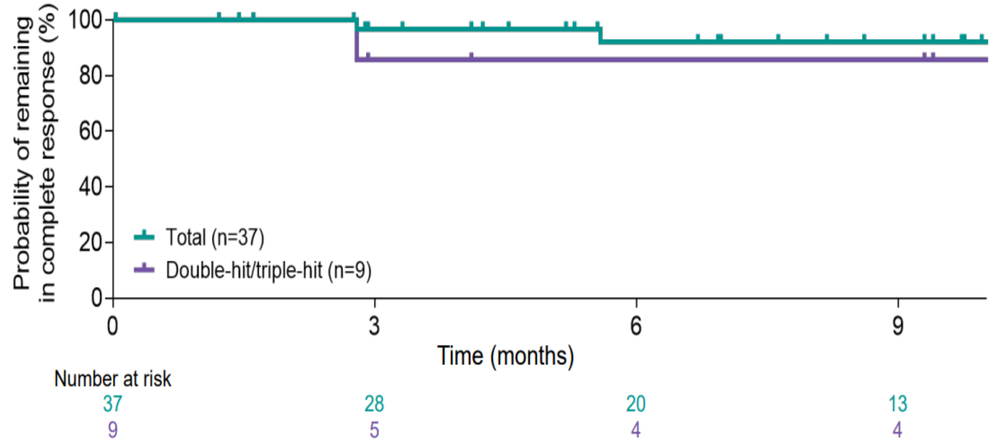
EPCORE DLBCL 2: A randomized phase III trial (Epco-R-CHOP vs. R-CHOP) is ongoing

Duration of Response



Median duration of response was not reached in the overall population

Duration of Complete Response



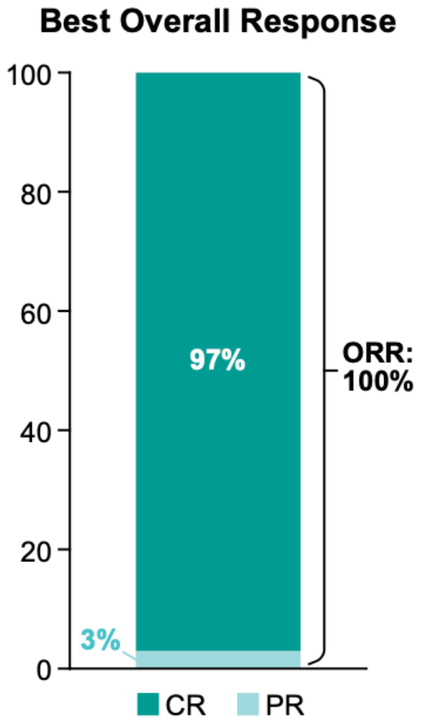
Median duration of complete response was not reached in the overall population

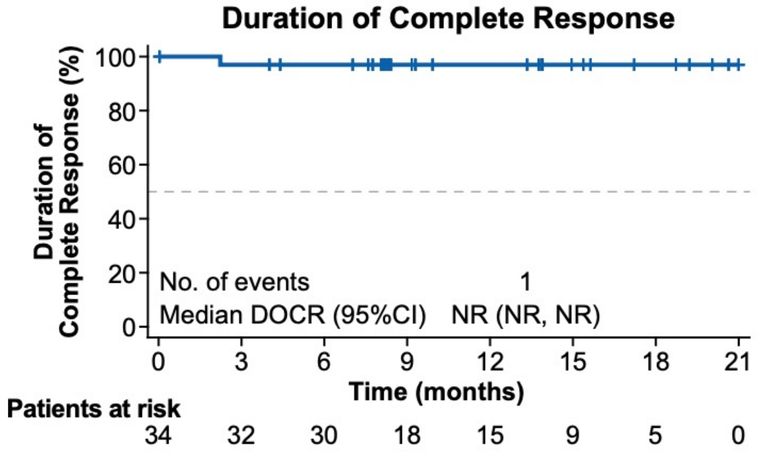
Falchi et al, EHA 2025

EPCORE NHL-5 trial - Arm 3: phase 1b/2

Epco-pola-R-CHP

	Arm 3: Epcoritamab + pola-R-CHP 1L DLBCL: Dose escalation and dose expansion (21-day cycle)[b]							
Agent	**C1**	**C2**	**C3**	**C4**	**C5**	**C6**	**C7**	**C8**
Epcoritamab	Step-up dosing: D1: SUD1 (0.16 mg) D8: SUD2 (0.8 mg) D15: full dose (24 mg or 48 mg)	D1, 8, 15: full dose (24 mg or 48 mg)			D1: full dose (24 mg or 48 mg)			
pola-R-CHP: Polatuzumab vedotin	D1 (1.8 mg/kg)							
pola-R-CHP: Rituximab	D1 (375 mg/m^2)							
pola-R-CHP: Cyclophosphamide	D1 (750 mg/m^2)							
pola-R-CHP: Doxorubicin	D1 (50 mg/m^2)							
pola-R-CHP: Prednisone	D1–5 (100 mg)							





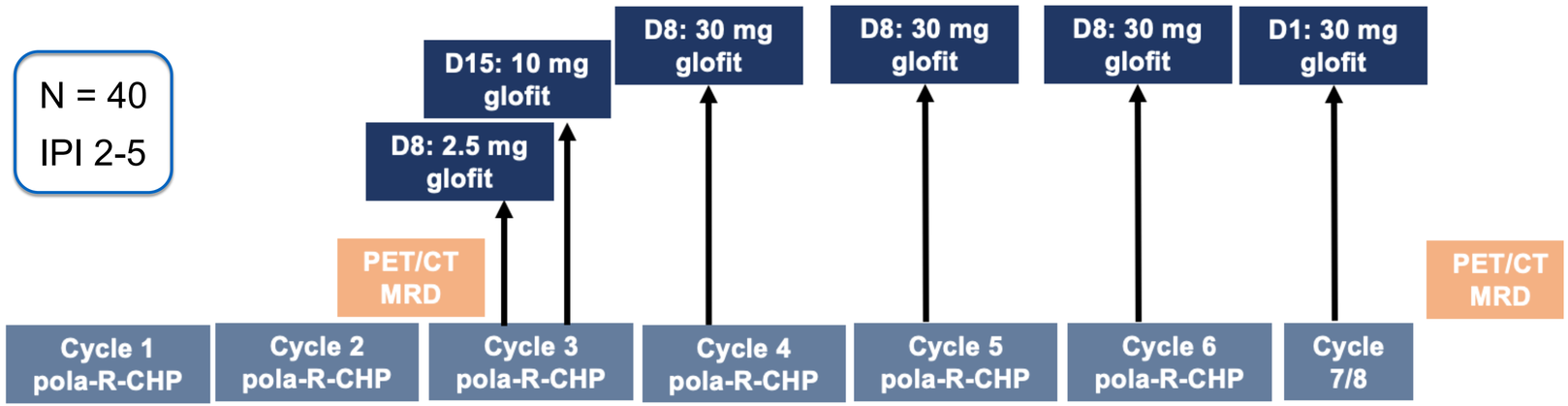
- N= 37
- IPI ≥ 3
- median FU 16.1 months

Kerr DA et al, ICML 2025

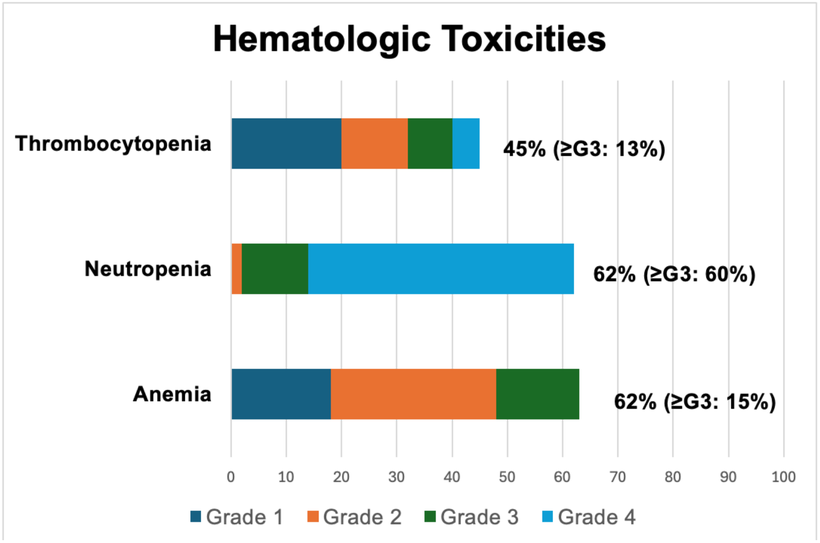
Glofi-pola-R-CHP

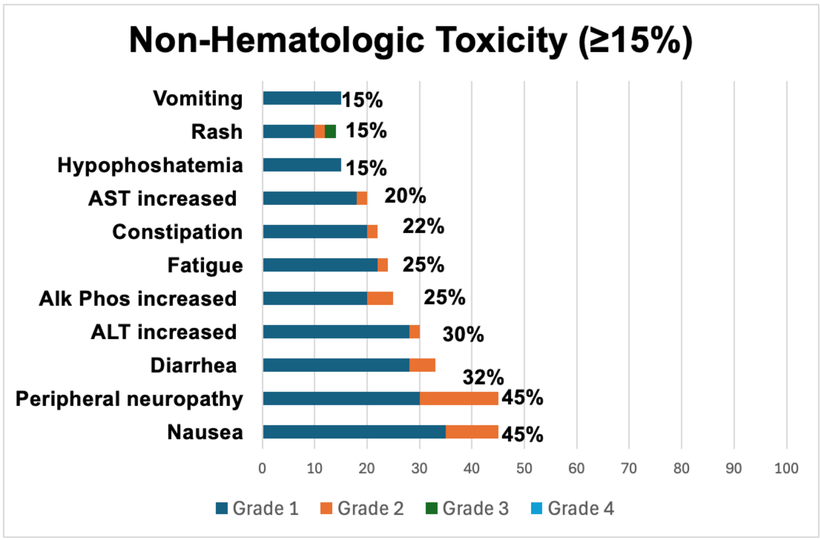
Open label, phase II study

N = 40
IPI 2-5



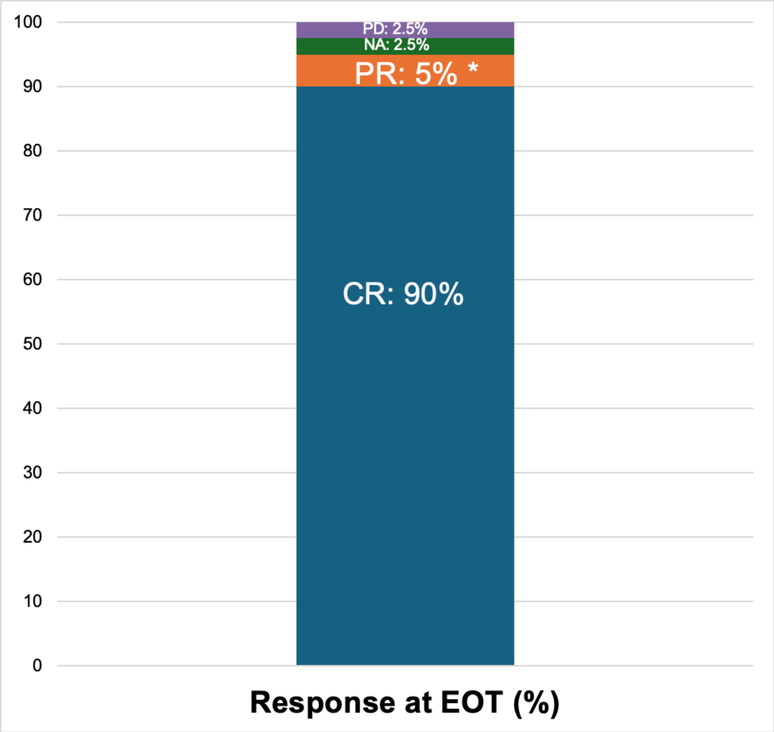
Primary Endpoint: EOT CMR



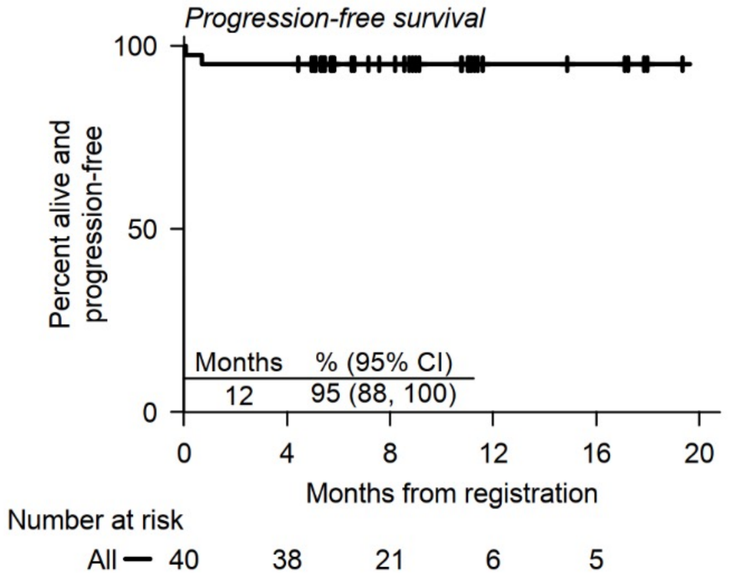


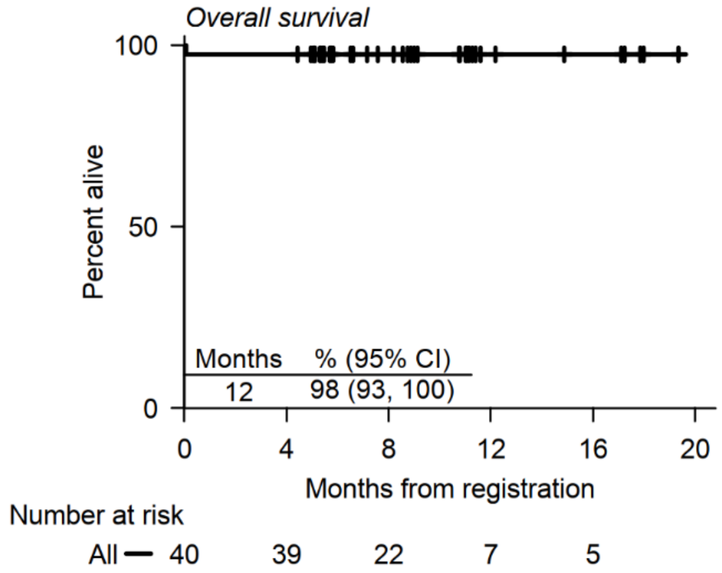
- Grade 1 CRS in 4 patients (10%)
  - 1 patient after 2.5 mg dose, improved with dexamethasone
  - 3 patients with fever after C6D8 (steroid premedication omitted)

Crombie JL el al ICML 2025



Median follow-up 8.7 months



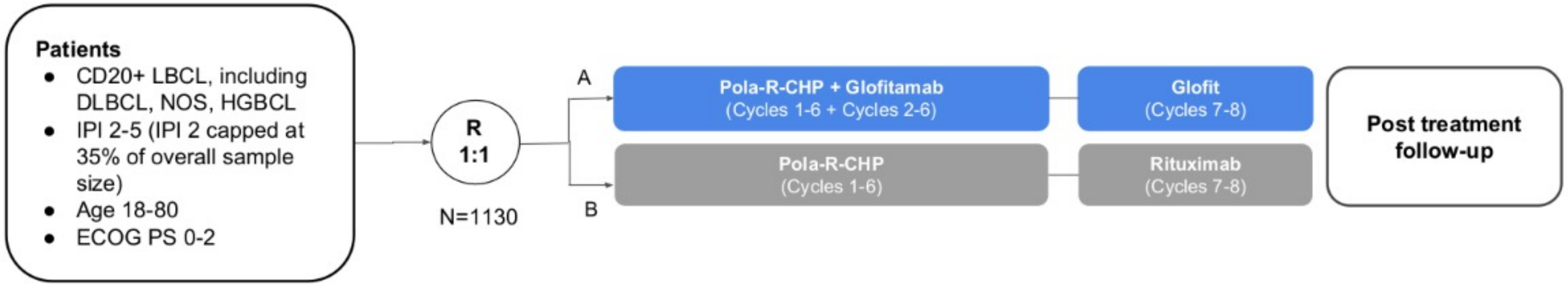


- Both patients with PR at EOT converted to CR without additional therapy

- 20 patients with EOT MRD testing by ClonoSEQ® (Adaptive): 19 MRD- (95%)

Crombie JL el al ICML 2025

SKYGLO: A randomized phase III trial is ongoing



Stratification Factors
- IPI 2 vs IPI 3-5
- bulky disease defined as one lesion ≥7.5 cm (present vs absent)

Primary EP: PFS with 2-year follow-up (IRC)

Key Secondary EPs*: PFS in IPI 3-5 (IRC), OS, $EFS_{efficacy}$ (IRC)
Selected Secondary EPs (no adjustment for multiplicity): PFC (INV), ORR, DOR, DOCR, DFS, safety, PK, PROs, ctDNA

Exploratory: Biomarkers

Recruiting..

Odronextamab

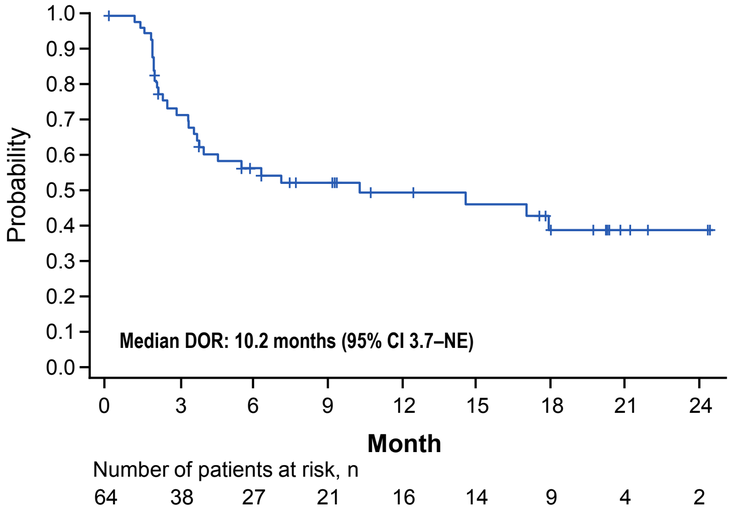
Treatment schedule

Cycle 1 (Step-up Dosing)	Cycle 2-4	Cycles 5+
Odronextamab IV D1,2: 0.7 mg > D8,9: 4 mg > D15,16: 20 mg	**Odronextamab** IV 80 mg D1, D8, D15	**Odronextamab** IV 160 mg Q2W

*21-day cycles.

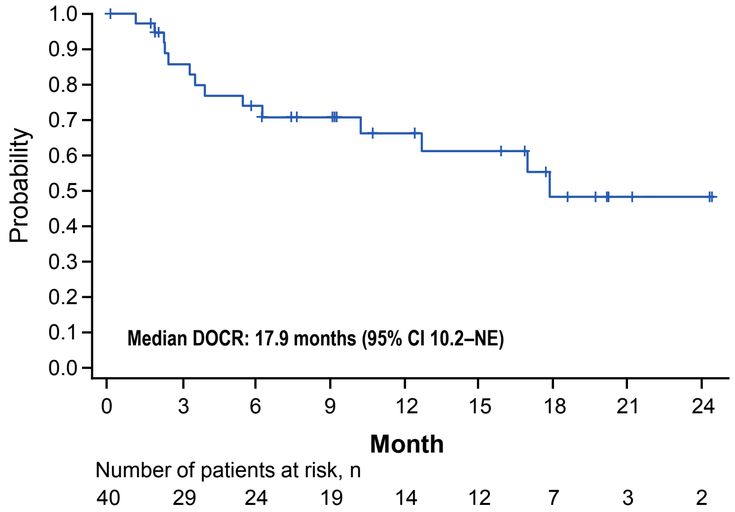
Odronextamab in patients with R/R Diffuse Large B-Cell Lymphoma

Duration of response – Independent central review



- 12-month DOR: 49.4% (95% CI: 35.0–62.2)
- 18-month DOR: 38.9% (95% CI: 23.9–53.6)

Duration of complete response – Independent central review



- 12-month DOCR: 66.4% (95% CI: 47.1–80.1)
- 18-month DOCR: 48.3% (95% CI: 26.1–67.4)

Data cut-off date: Sep 15, 2022.
CI, confidence interval; DOCR, duration of complete response; DOR, duration of response; NE, not evaluable.

OLYMPIA-3: Phase III open label study evaluating efficacy and safety of Odro-CHOP vs R-CHOP in 1L DLBCL is ongoing

Kim WS et al. ASH 2022

Moving beyond R-CHOP/Pola-R-CHP

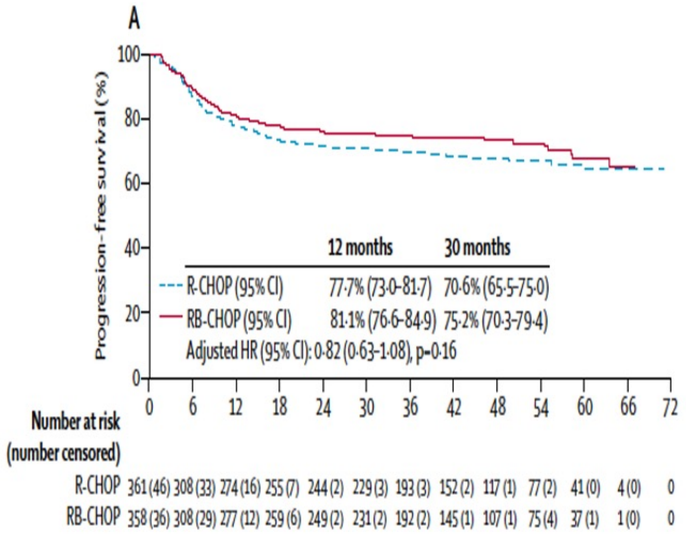
- ✓ ‘’Agnostic’’ approach
- ✓ Biology-driven approach
- ✓ Chemo-free approach

Moving beyond R-CHOP/Pola-R-CHP

- ✓ ''Agnostic'' approach
- ✓ Biology-driven approach
- ✓ Chemo-free approach

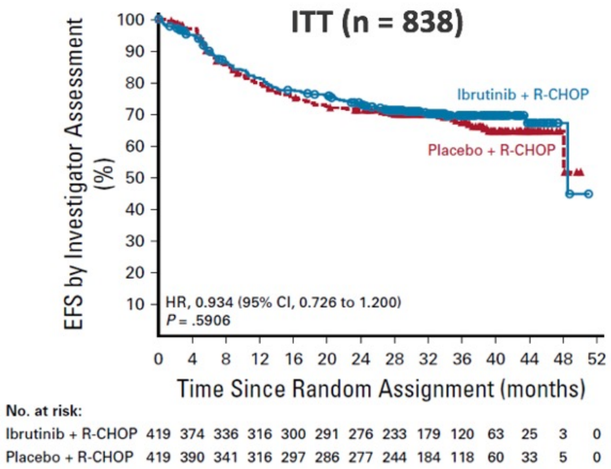
COO-Based approaches

R-CHOP + Bortezomib



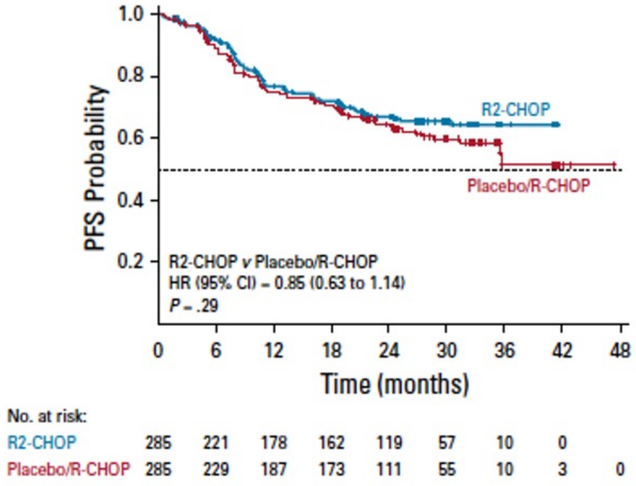
COO by DASL

R-CHOP + Ibrutinib



Non-GCB by IHC

R-CHOP + Lenalidomide

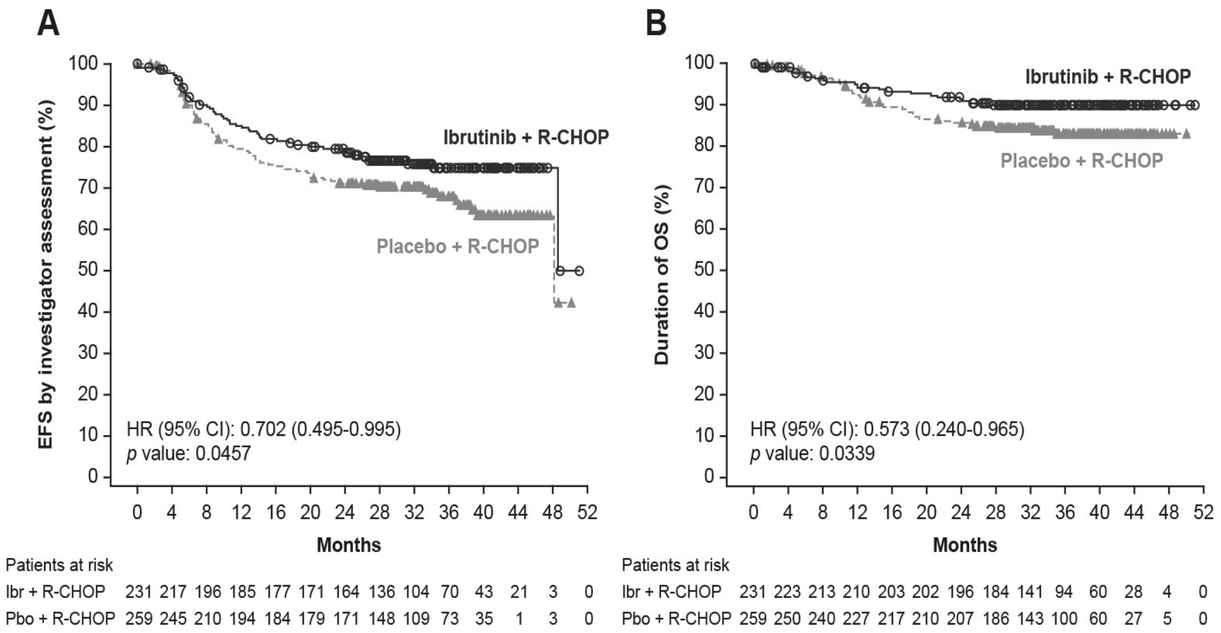


ABC by Lymph2Cx

Davies A, et al. Lancet Oncol 2019; Younes A, et al. J Clin Oncol 2019; Nowakowski G, et al. J Clin Oncol 2021.

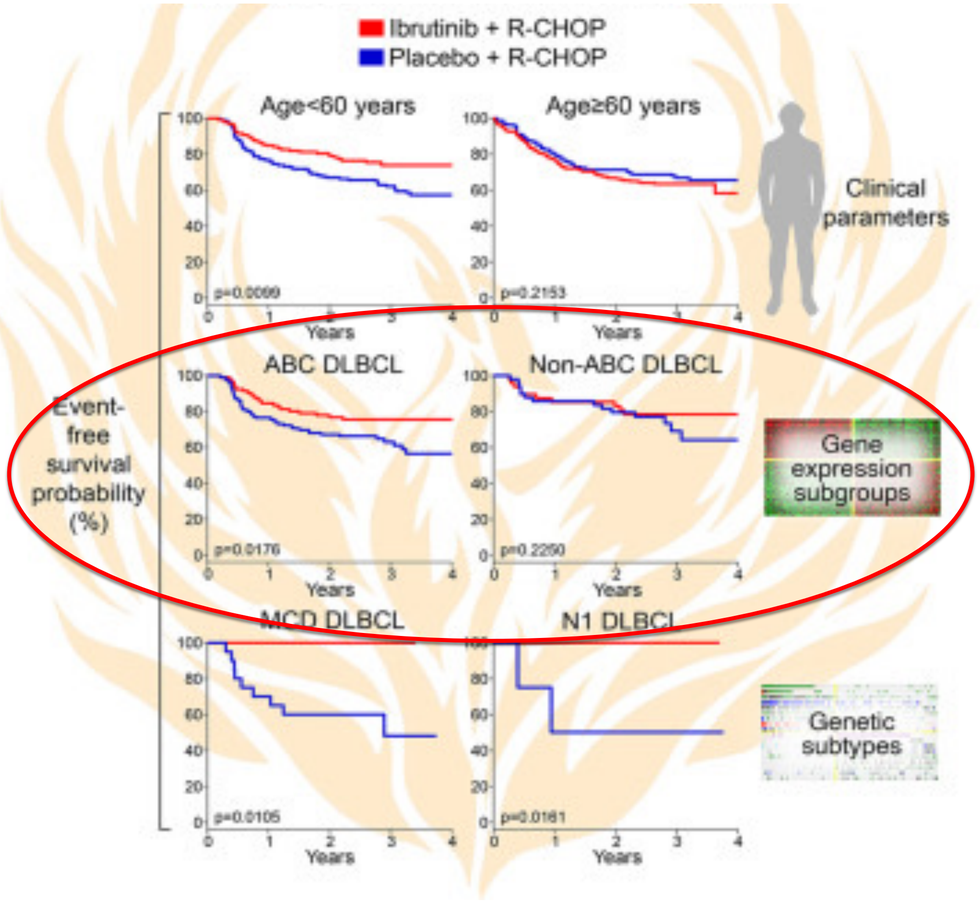
Phoenix trial: Subgroup analysis

✓EFS and OS in patients < 60 years



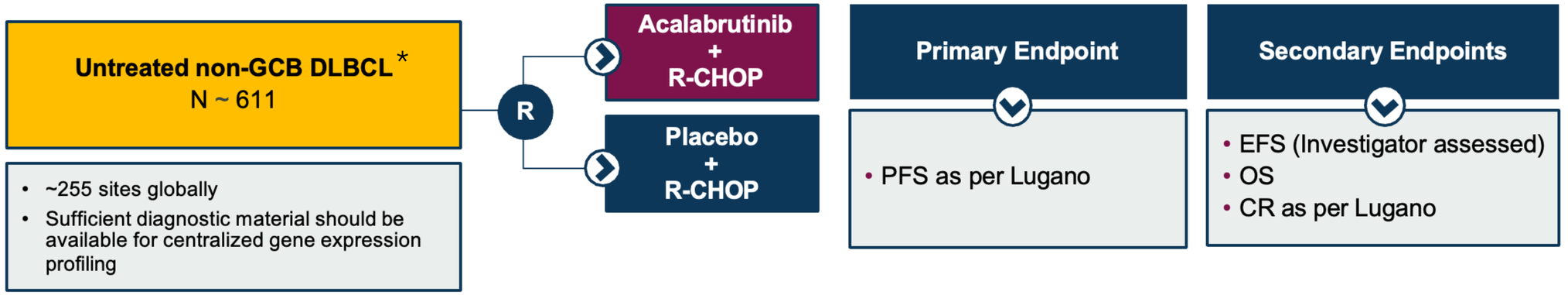
Johnson P et al, Blood 2019

✓By GEP : ABC DLBCL (n = 239, 70.2%)



Wilson W, et al Cancer Cell 2021

ESCALADE (ACE-LY-312): Phase III, Randomized, Double-Blind Study of Acalabrutinib + R-CHOP for 1L Non-GCB Subtype DLBCL



Key Inclusion Criteria

- Adults ≥18 and ≤75 years of age**
- Histologically documented DLBCL (confirmation of non-GCB subtype by centralized gene expression profiling)
- No prior treatment for DLBCL**
- ECOG performance status of 0 to 2
- Stage II–IV disease
- IPI score of 1–5

Key Exclusion Criteria

- Known CNS lymphoma or leptomeningeal disease
- Primary mediastinal lymphoma
- High-grade B-cell lymphoma with MYC and BCL2 and/or BCL6 rearrangements
- History of indolent lymphoma or CLL
- History of, or ongoing confirmed PML
- Significant cardiovascular disease

Key Trial Dates

Study start date: October 8, 2020

Estimated study completion date: February 5, 2027

Estimated primary completion date: February 5, 2027

Current status: Active, not recruiting

* By GEP

** first design ≤ 65 years, IPI 2-5

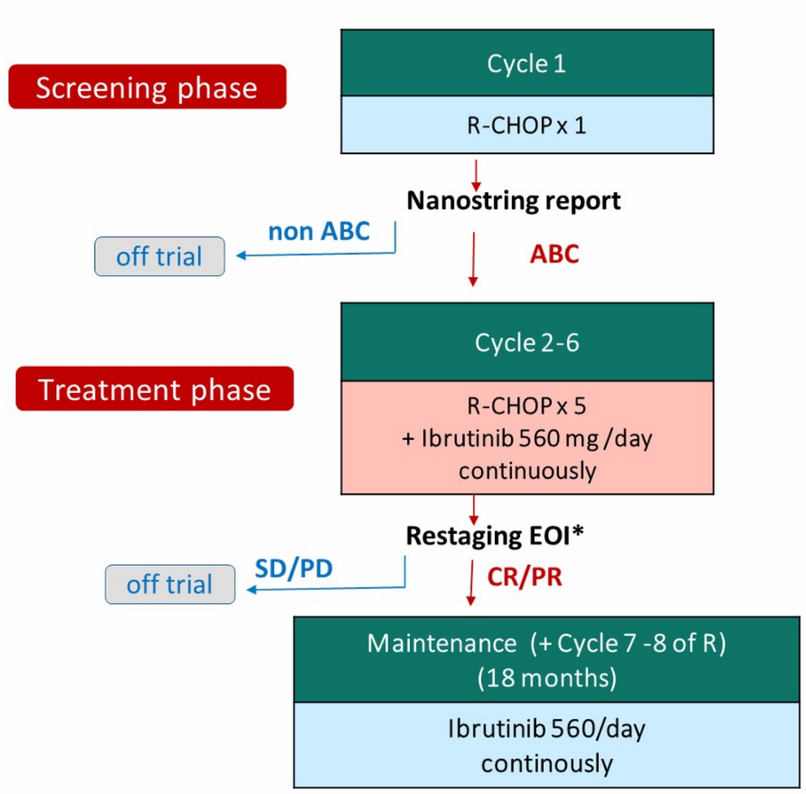
Enrollment completed

Results pending..

Phase II multicenter single arm study to evaluate the efficacy and safety of ibrutinib in combination to rituximab-CHOP followed by ibrutinib maintenance in untreated patients ABC-DLBCL at intermediate-high and high risk (IPI ≥2)

FONDAZIONE ITALIANA LINFOMI

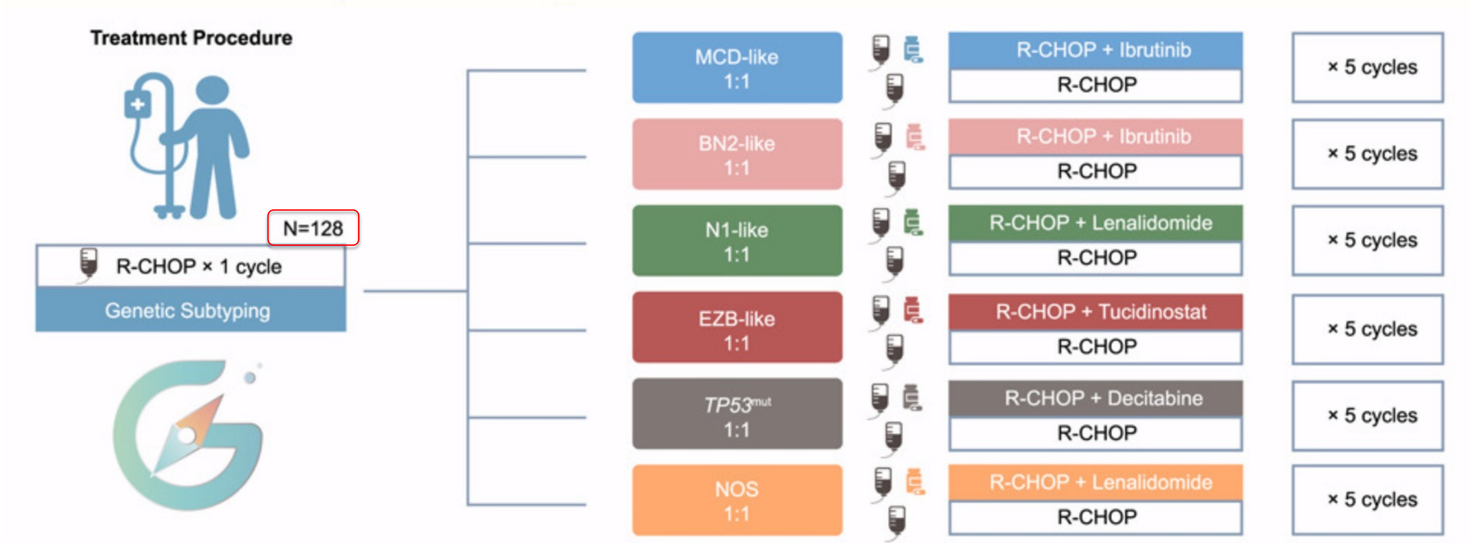
FIL_RI-CHOP

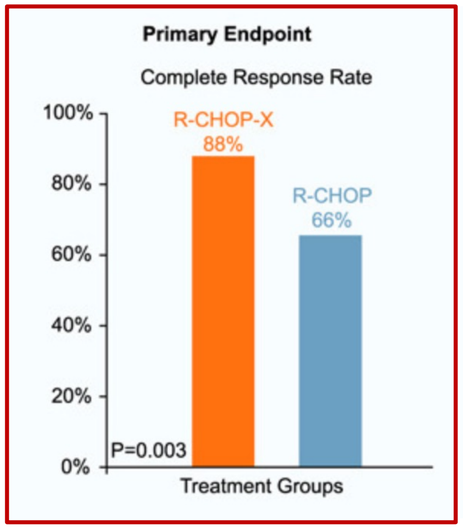


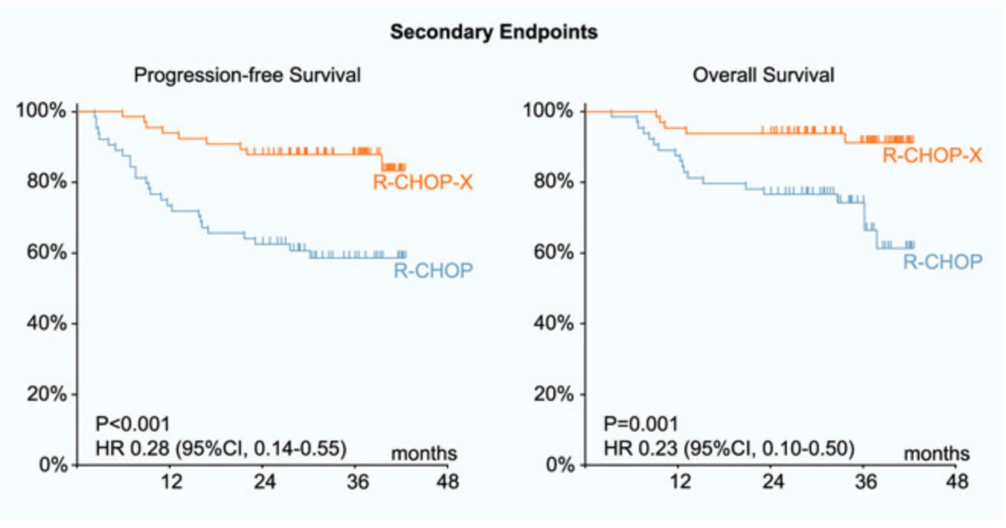
Totale pazienti screenati: **279 pazienti (204 screening failure** e **75 DLBCL-ABC)**

Results pending …

GUIDANCE-01 trial: Genetic subtype-guided immunochemotherapy in DLBCL







GUIDANCE-02: Phase III multicenter study evaluating efficacy of genetic-subtype-guided R-CHOP+X vs R-CHOP in 1L DLBCL is ongoing

Zhang Mu-Chen et al, Cancer Cell 2023

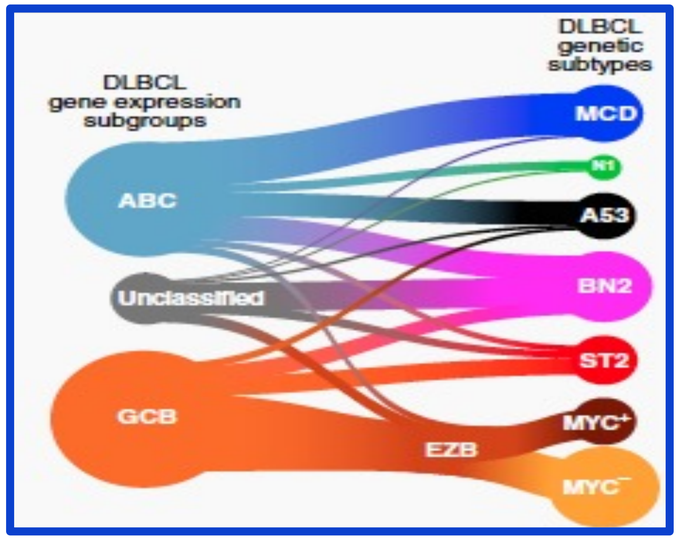
LymphoMATCH trial

Central pathology review

DLBCL
IPI 2-5

1 cycle CT allowed

Molecular classification



C5 (MCD)
- Pola R-CHP
- Pola R-CHP + BTKi

C4 (ST2)
- Pola R-CHP
- Pola R-CHP + JAK2i

C2 (A53)
- Pola R-CHP
- Pola R-CHP+ Agnositc Agent

C1 (BN2)
- Pola R-CHP
- Pola R-CHP + Pathway inhibitor

C3 (EZB)
- Pola R-CHP
- Pola R-CHP + EZH2 i

UNIV OF NORTH CAROLINA CHAPEL HILL

Moving beyond R-CHOP/Pola-R-CHP

- ✓ ‘’Agnostic’’ approach
- ✓ Biology-driven approach
- ✓ Chemo-free approach

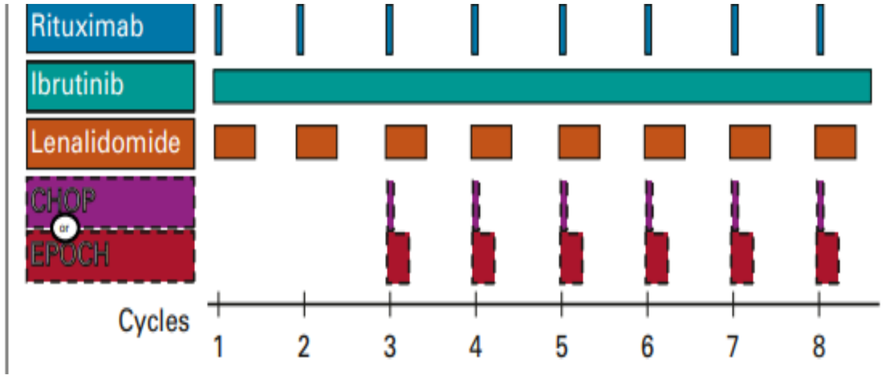
Moving beyond R-CHOP/Pola-R-CHP

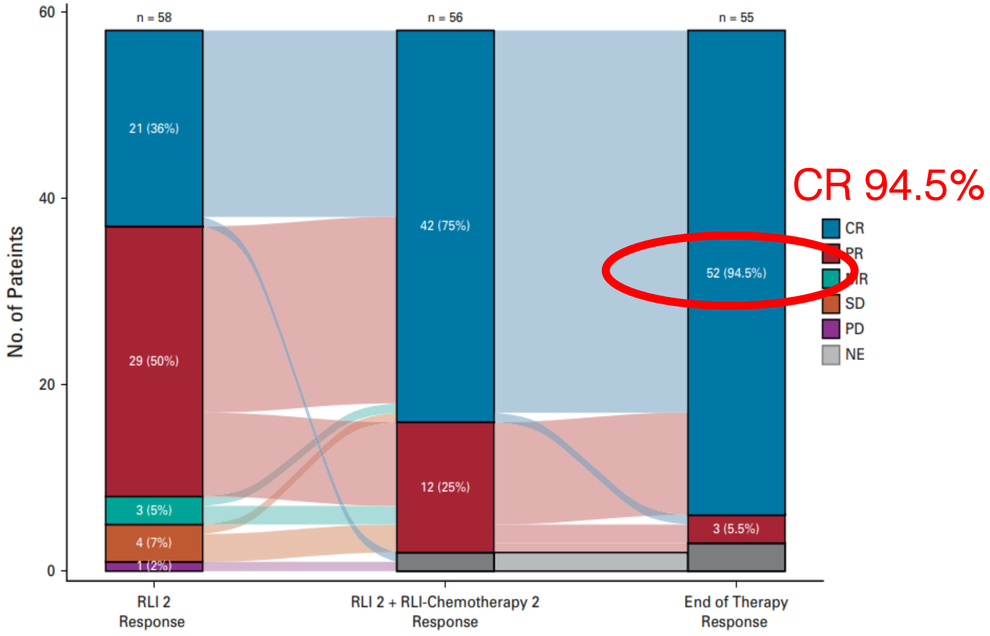
- ✓ ‘’Agnostic’’ approach
- ✓ Biology-driven approach
- ✓ Chemo-free approach

SMART START: R+Len+Ibrutinib (RLI) Lead-in Prior to Addition of Chemotherapy for 1L DLBCL

Phase II,
single center

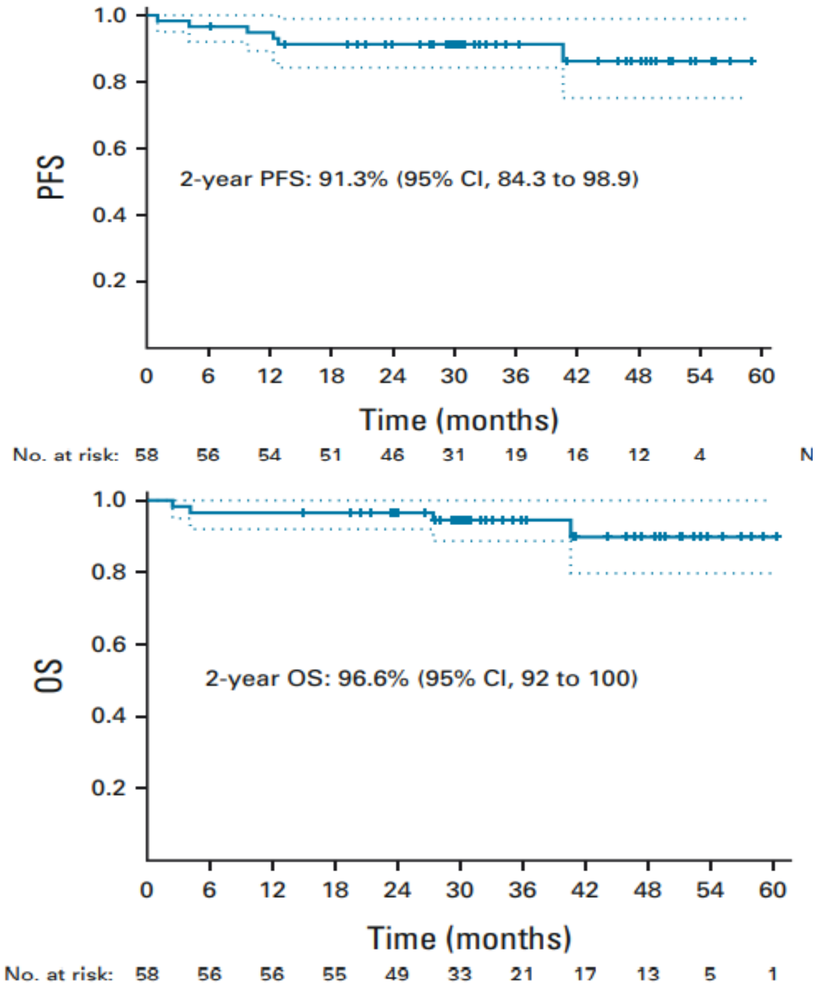
- N = 60 pts
- Non-GCB (IHC)
- IPI 3-5





CR 94.5%

Median follow-up 31 months



Westin J et al, J Clin Onc 2022

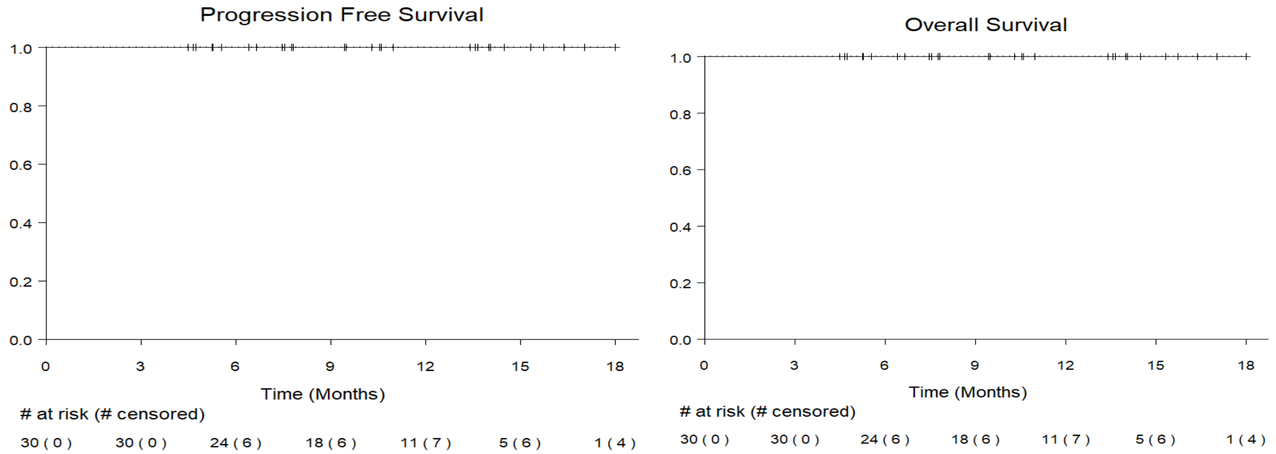
Smart Stop: Len + Tafa + R + Acalabrutinib Alone and with Chemotherapy for 1L DLBCL

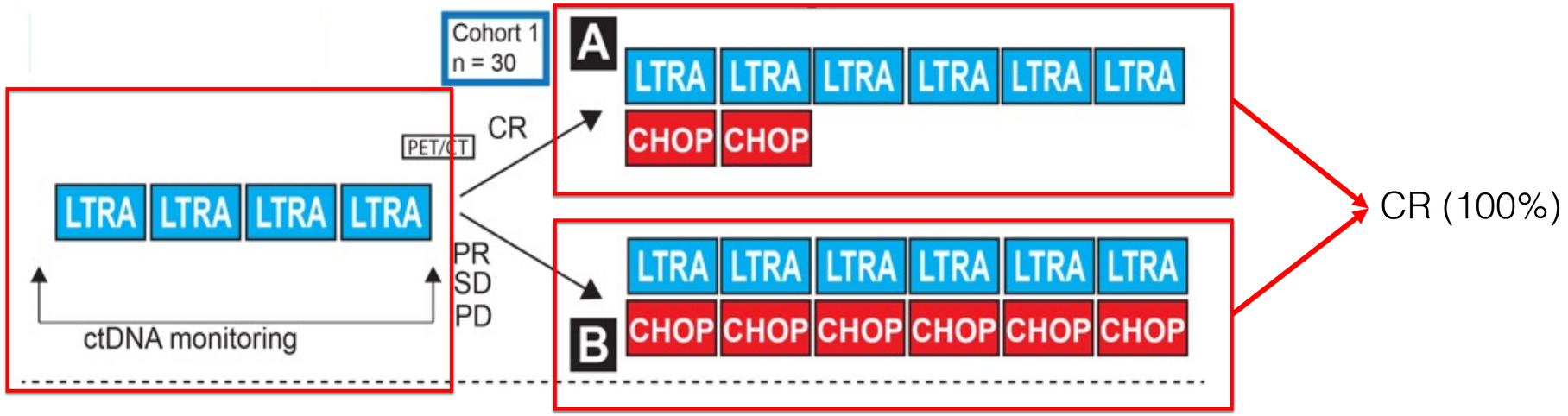
Phase II, Single center

Lenalidomide
Tafasitamab
Rituximab
Acalabrutinib

LTRA

Doses of "Smart Start" portion of the clinical trial, cycle = 21 days				
Drug Name	Dose	Route	Dosing per cycle	Day of therapy
Lenalidomide (L)	25mg	PO	Daily	1-10
Tafasitamab (T)	12mg/kg	IV	Weekly	1, 8, 15
Rituximab (R)	375mg/m2	IV	Once	1
Acalabrutinib (A)	100mg	PO	BID	1-21





CR n 19 (63%)

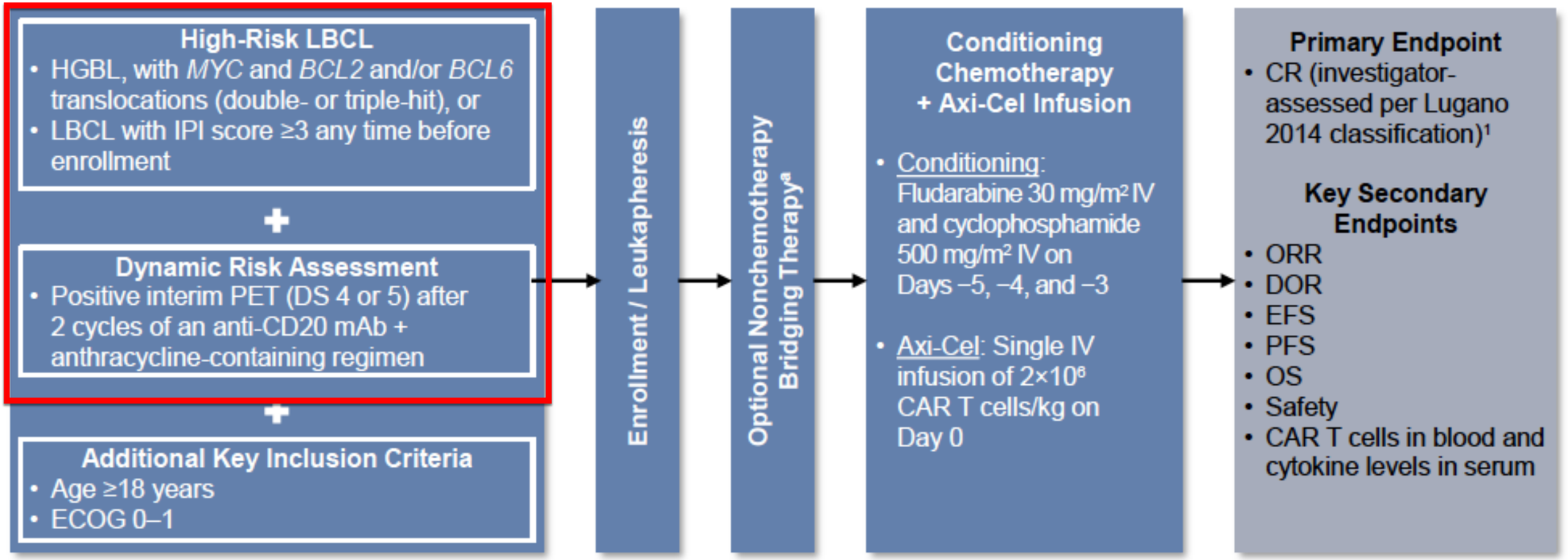
*preliminary data on 22/30 pts evaluable

Westin J, ASH 2023

Moving beyond R-CHOP/Pola-R-CHP

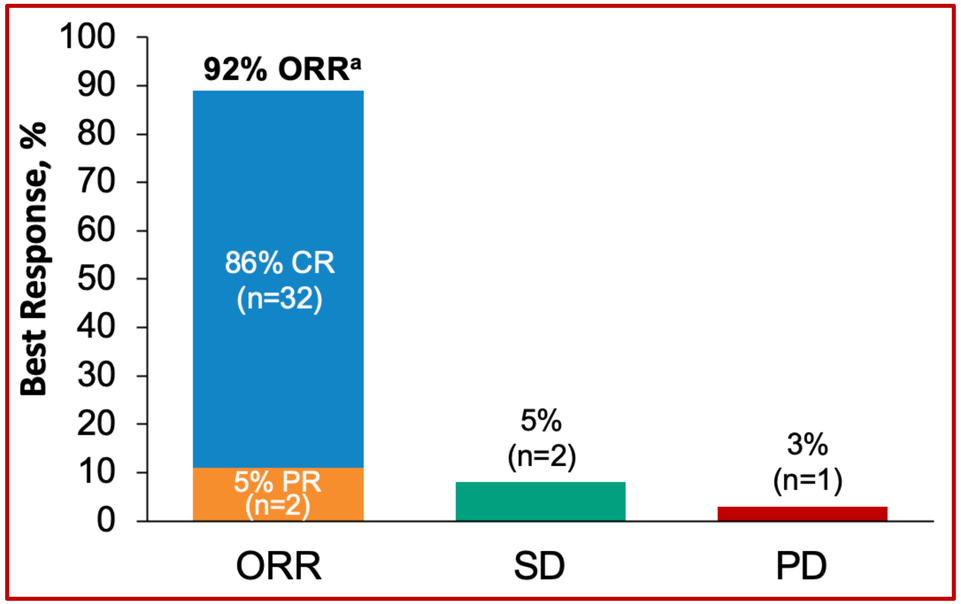
- ✓ ''Agnostic'' approach
- ✓ Biology-driven approach
- ✓ Chemo-free approach
- ✓ jumping ahead: CAR-T in front line

ZUMA-12: A Phase 2 Study of Axicabtagene Ciloleucel as 1L in Patients with High-Risk LBCL

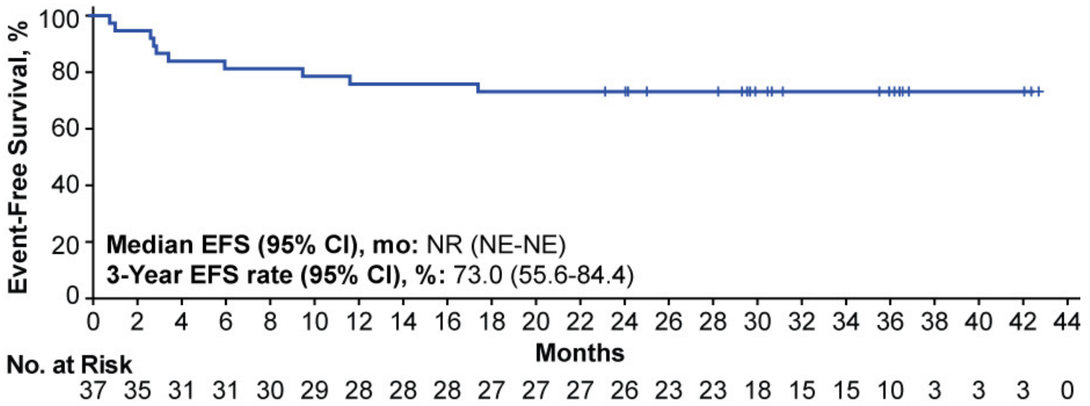


Neelapu SS, et al. Nature Med 2023; Chavez et al, ASH 2023

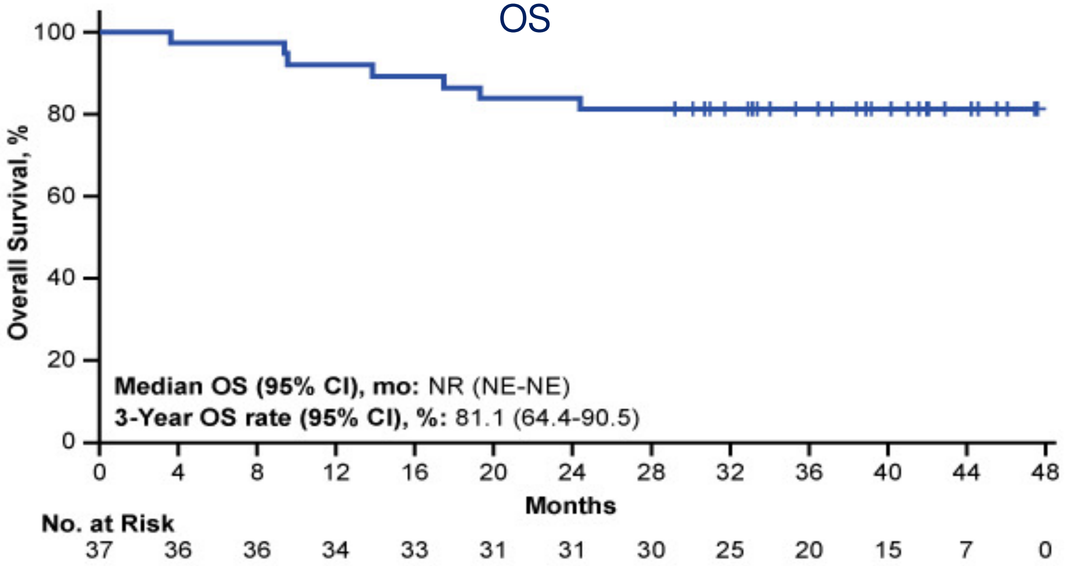
	Efficacy Evaluable n=37[b]
Overall CR rate, % (95% CI)	86 (71-95)
DHL/THL and IPI score ≥3 (n/N)	4/4 100 (40-100)
DHL/THL only (n/N)	5/6 83 (36-100)
IPI score ≥3 only (n/N)	23/27 85 (66-96)
Patients converted from PR/SD to CR, n (%)	9 (24)
PR to CR	8 (22)
SD to CR	1 (3)



EFS

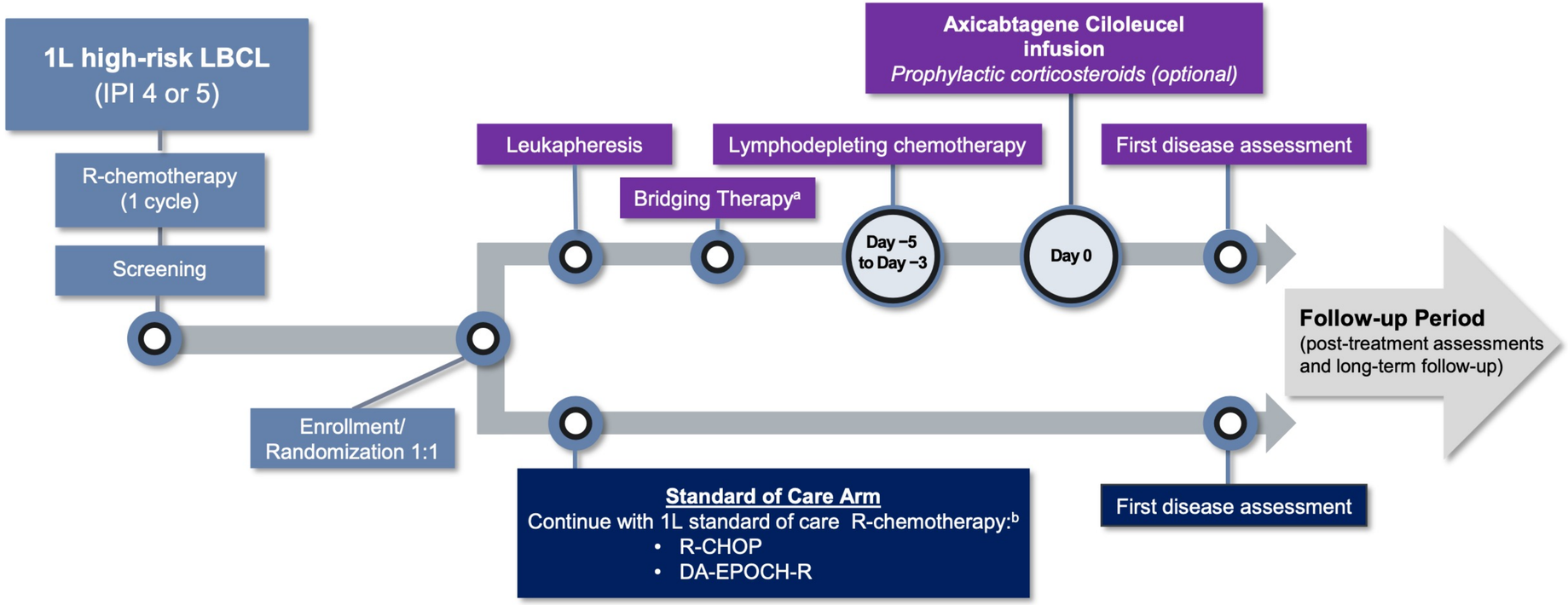


OS



Neelapu SS, et al. Nature Med 2023; Chavez et al, ASH 2023

ZUMA-23: an adaptive phase III, randomized, open-label, multicenter study to compare axi-cel vs SOC as 1L for high-risk LBCL



Primary Endpoint
- Event-free Survival

Secondary Endpoints
- Progression-free Survival[c]
- Overall Survival
- Complete remission rate
- Patient-reported outcomes/Quality of life
- Safety

Recruiting…

[a]Bridging therapy with R-CHOP or DA-EPOCH-R will be administered during the cell manufacturing period.
[b]Participants will receive the investigator's choice of either R-CHOP or DA-EPOCH-R for a total of 6 cycles (21-day cycle).
[c]By both blinded Central Assessment and Investigator Assessment

1L DLBCL ongoing phase III trials

Agent	Trial	Pts	N	Primary endpoint
Acalabrutinib	ESCALADE	nonGCB, IPI 1-5	600	PFS
Tafasitamab-len	FrontMIND	IPI 3-5	880	PFS
Glofitamab	SKYGLO	IPI 2-5	1130	PFS
Epcoritamab	EPCORE-DLBCL-2	IPI 2-5	900	PFS
Odronextamab	OLYMPIA-3	IPI 2-5	840	PFS
Axi-cel	ZUMA-23	IPI 4-5	300	EFS

DOMANDA n 2

Settembre 2030:
Paziente di 40 aa con diagnosi di DLBCL (non GCB), in stadio IVB (localizzazioni pleuropolmonari, gastrica, peritoneale, surrene), IPI 3, CNS IPI4 (stadio, LDH, sedi extranodali, surrene). Quale terapia 1L?

a. Pola-R-CHP
b. Tafa-Lena-R-CHOP
c. Acala-R-CHOP
d. Glofi-Pola-R-CHP
e. Epco-R-CHOP/(Pola-R-CHP)
f. Odro-CHOP
g. CAR-T

The young side of LYMPHOMA

gli under 40 a confronto

Verona, 26-27 settembre 2025

Grazie per l'attenzione !

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Città della Salute e della Scienza di Torino