Highlights nella leucemia linfatica cronica

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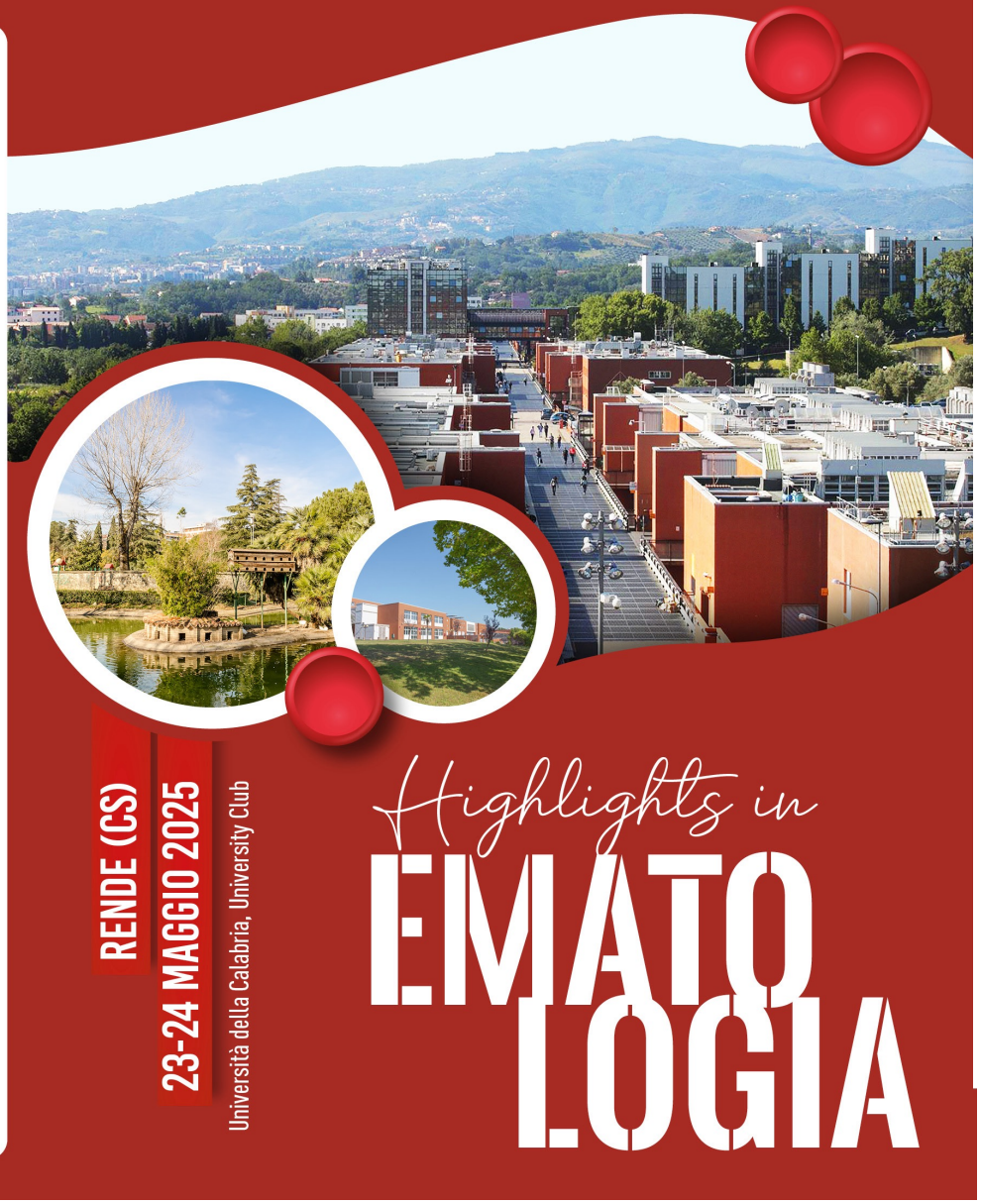
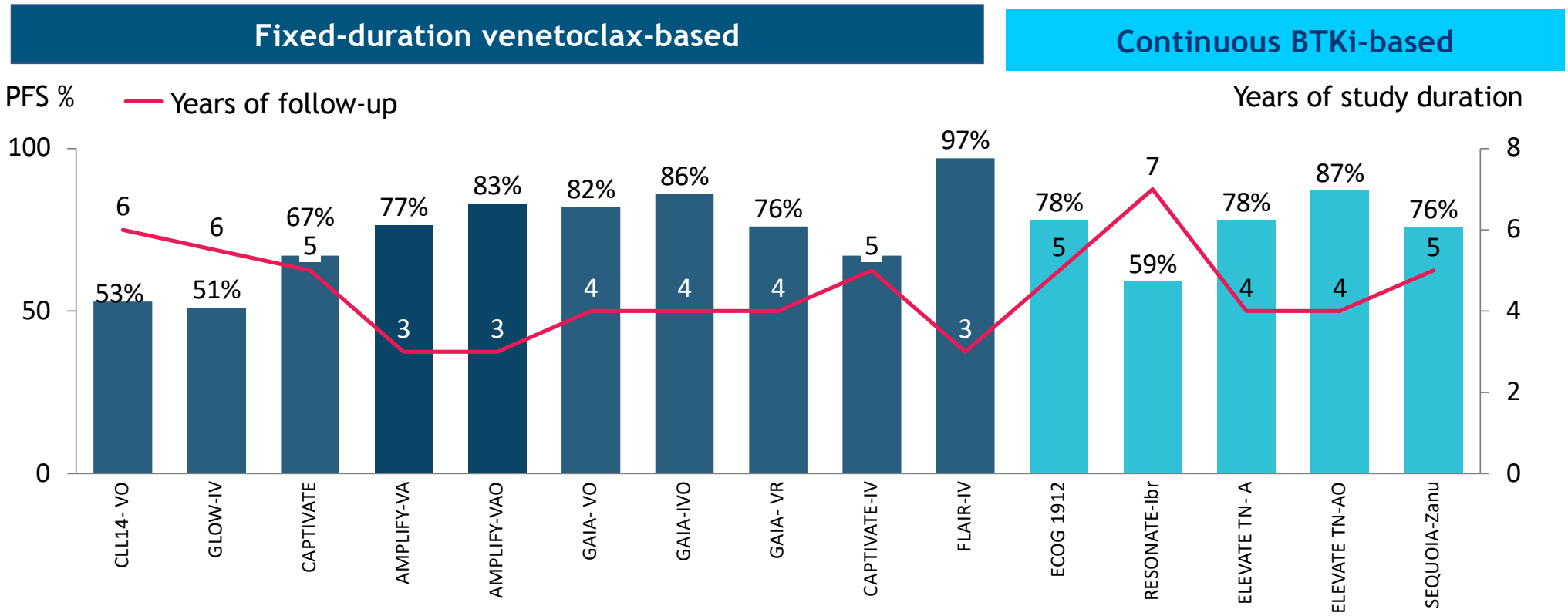
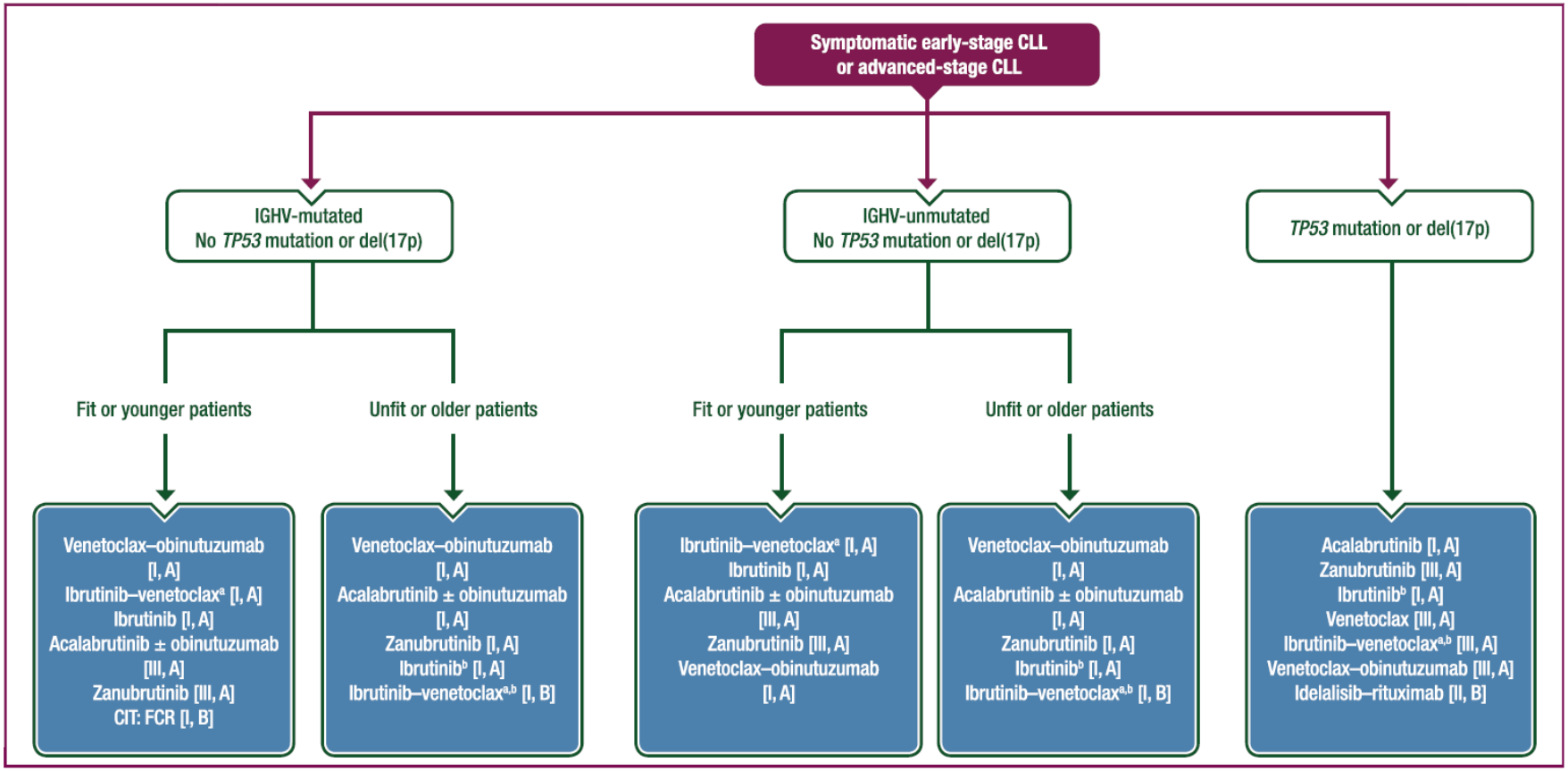


Key 1L treatments for CLL: PFS



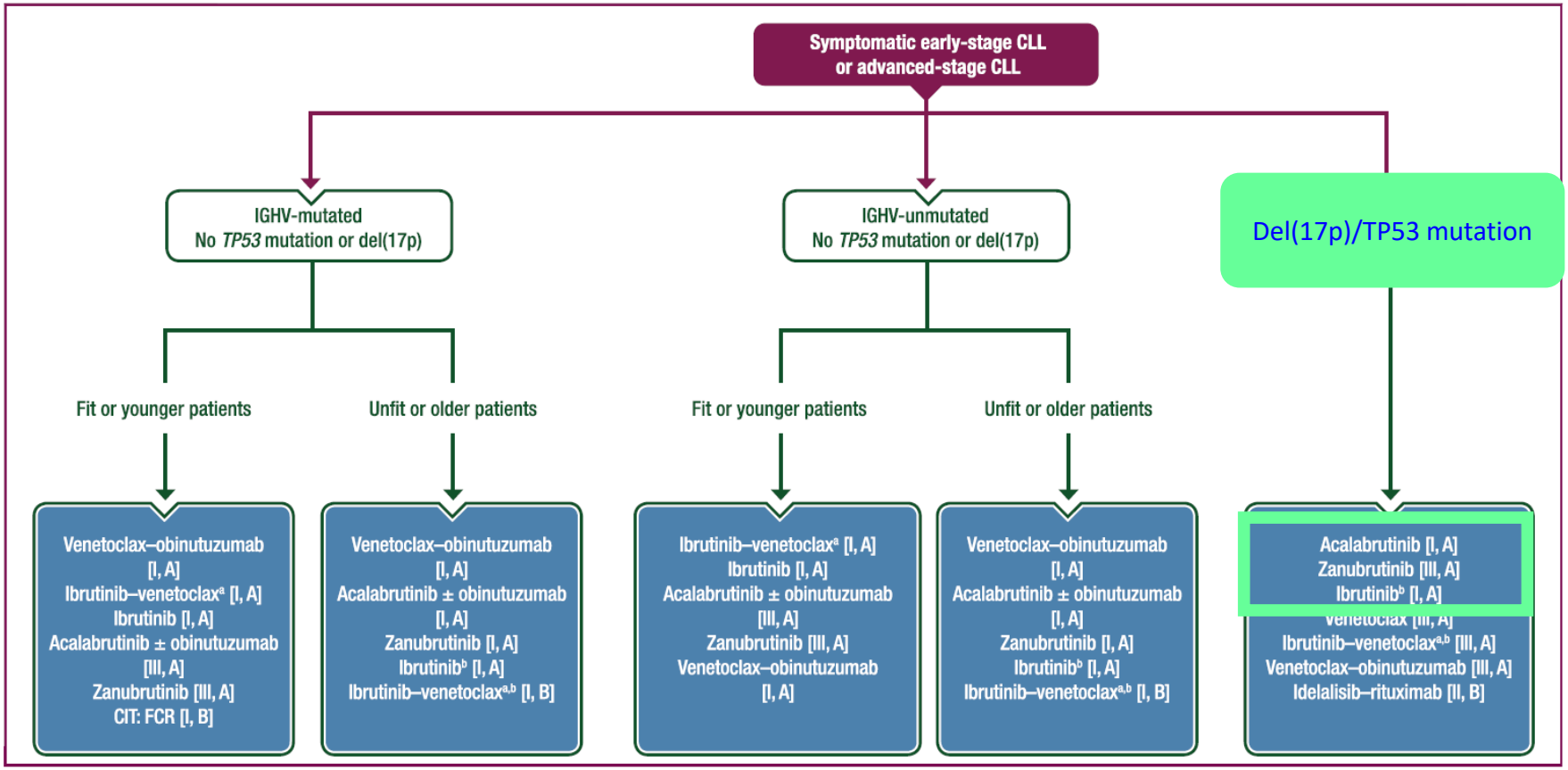
Al-Sawaf O, et al. Nat Commun 2023; Niemann CU, et al. ASH 2024, #1871; Wierda WG, et al. J Clin Oncol 2024; Brown JR, et al. N Engl J Med 2025; Fürstenau M, et al. Lancet Oncol 2024; Hillmen P, et al. ASH 2023, #631; Shanafelt T, et al. Blood 2022; Barr PM, et al. Blood Adv 2022; Sharman JP, et al. Leukemia 2022; Shadman M, et al. ASH 2024 #3249

2024 ESMO Treatment guidelines: 1L treatment for CLL



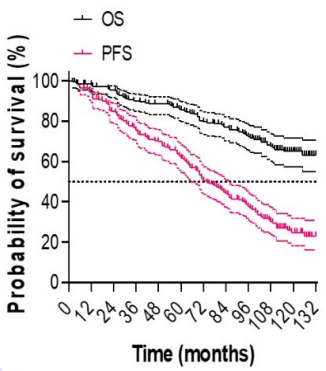
Eichhorst B & Ghia P Annals of Oncology, 2024

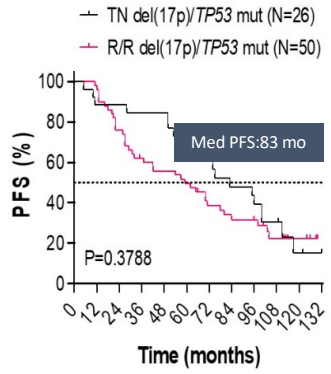
2024 ESMO Treatment guidelines: 1L treatment for CLL

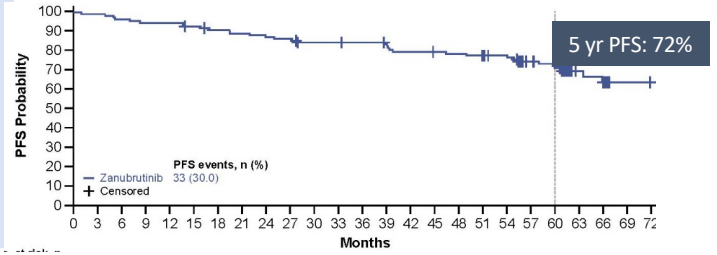


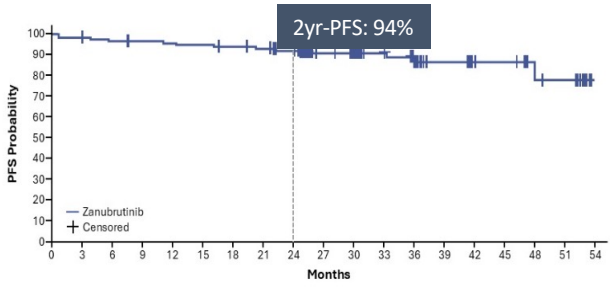
BTKi-based treatment in patients with CLL

IBRUTINIB OR IBRUTINIB PLUS RITUXIMAB IN PATIENTS WITH CLLIN PATIENTS WITH CLL: 10-YEAR FOLLOW-UP OF A Jan Burger et al, EHA abstr#1570 2025 EHA	**181 R/R pts** **27 TN pts with 17p aberr.** randomized Txt: **Ibr vs. Ibr+R**	Survival: Ibr=Ibr+R: Med. PFS: 74 months 10-year OS: 65% TN vs. R/R pts patients with TP53 aberration: higher med PFS (83 mo vs.59 mo).).
5-YEAR FOLLOW-UP OF THE SEQUOIA ARM C: FRONTLINE ZANUBRUTINIB IN PATIENTS WITH DEL(17P) AND TN CLL/SLL Mazyar Shadmanet al, EHA abstr. #1565 2025 EHA	**111 TN patients with del(17p)** **Zanubrutinib single agent**	ORR: 97.3% 60-month PFS 72.2% 60-month OS rate was 85.1%
SEQUOIA ARM D: ZANUBRUTINIB + VENETOCLAX FOR TN CLL/SLL Mazyar Shadmanet al, EHA abstr#1566 2025 EHA	**114 TN pts** **58% *TP*53 aberr.** 41% without *TP*53 aberr. **Zanubrutinib+ venetoclax**	total population 24-month PFS: 92% PB uMRD: 59%. *TP*53 aberr. population 24-month PFS: 94% PB uMRD: 59%

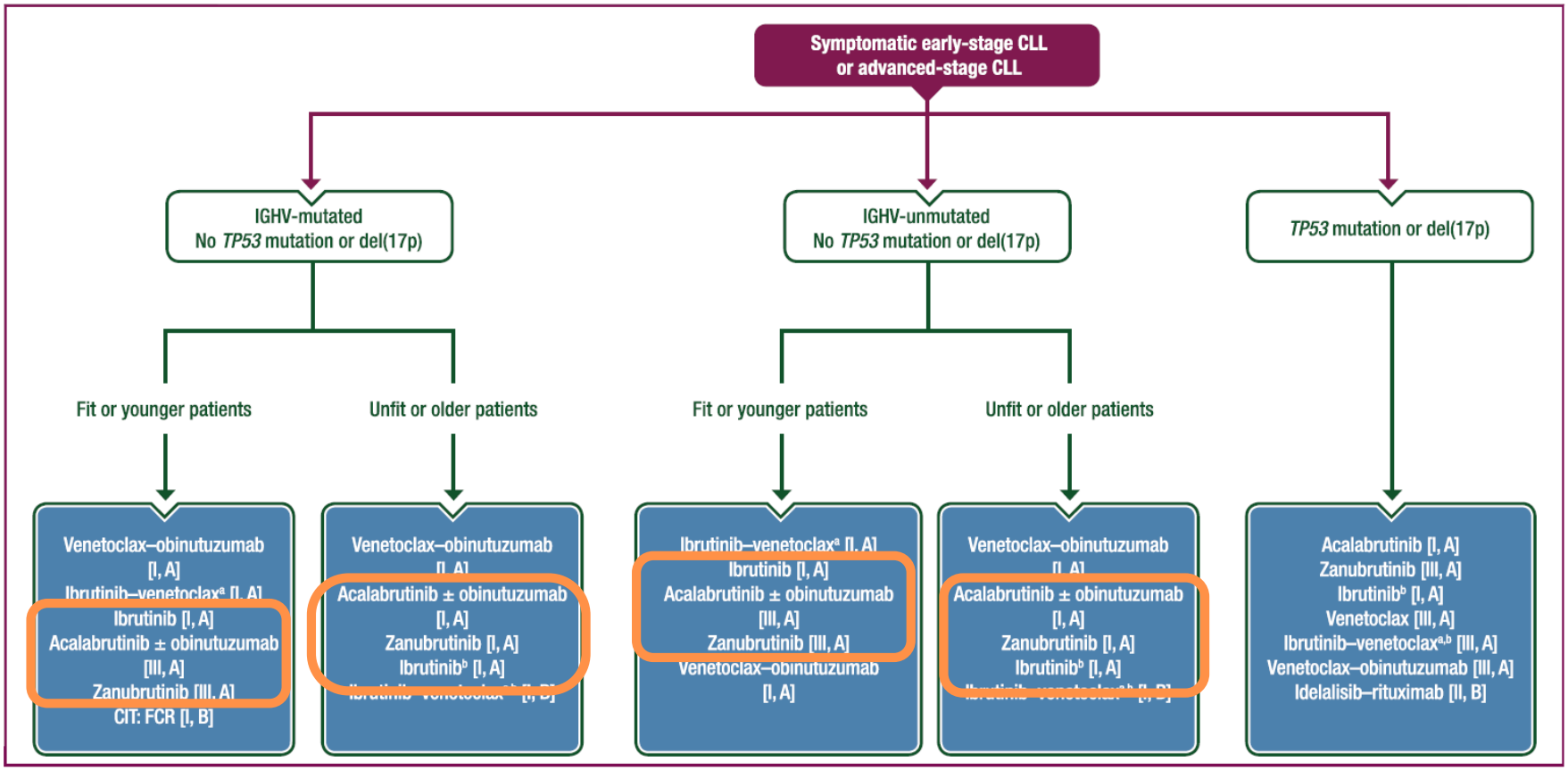








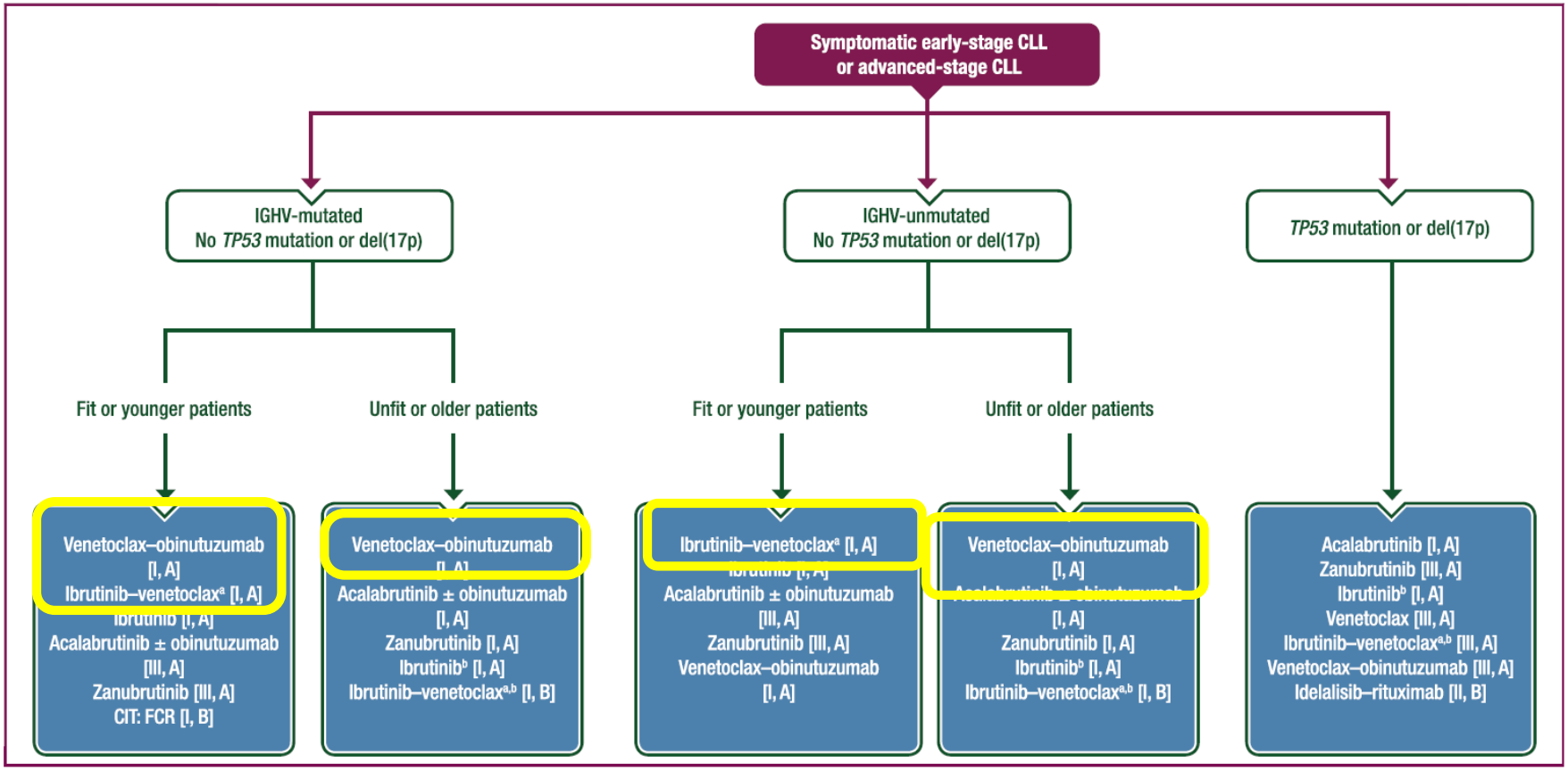
2024 ESMO Treatment guidelines: 1L treatment for CLL



Priority to
Time-Limited Therapy
for CLL patients
without *TP*53 disruption

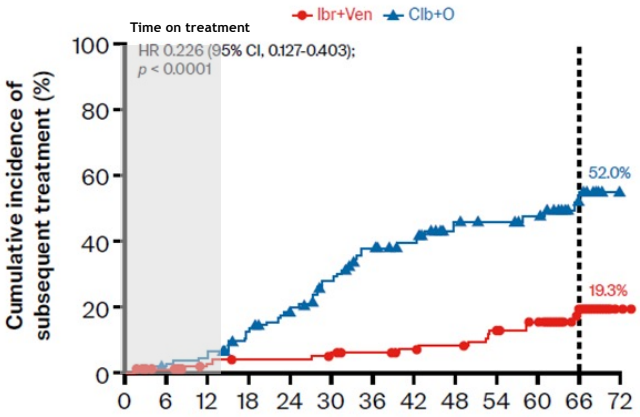
1. Efficacy
   - uMRD
   - PFS
   - Treatment-free interval
2. Reduced risk in BTK and BCL2 mutations
   Potential retreatment
3. Reduced risk of long term toxicities
4. Reduced costs
5. Patient preference

2024 ESMO Treatment guidelines: 1L treatment for CLL



1L Fixed-Duration treatment for CLL: TTNT

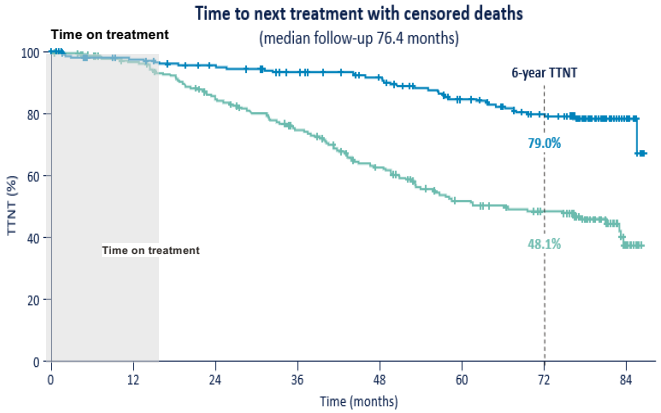
V+I - GLOW



5.5y TTNT
80,7%*

*calculated as 100 - 19,3

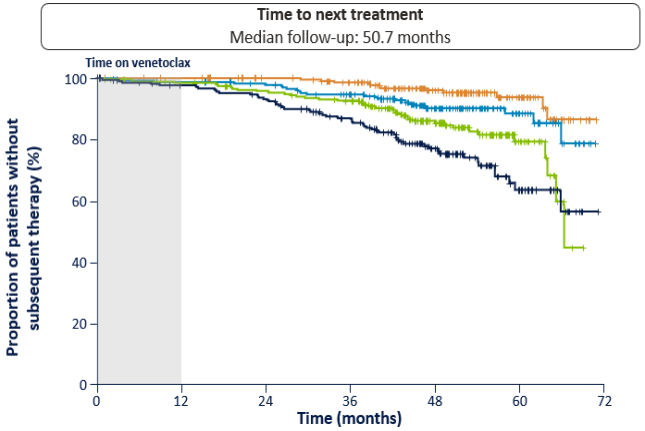
V+O - CLL14



6yTTNT
79,0%

Niemann et al. ASH 2024
Al-Sawaf O, *et al.* Blood 2024 Jul.
Fürstenau M, *et al. Lancet Oncol* 2024

V+O - CLL13

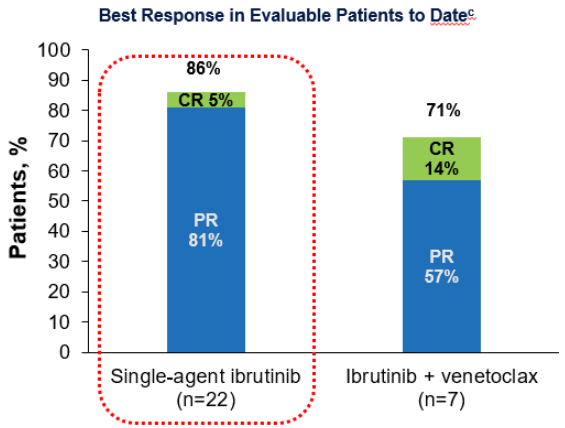


4y TTNT
90,4%

Retreatment

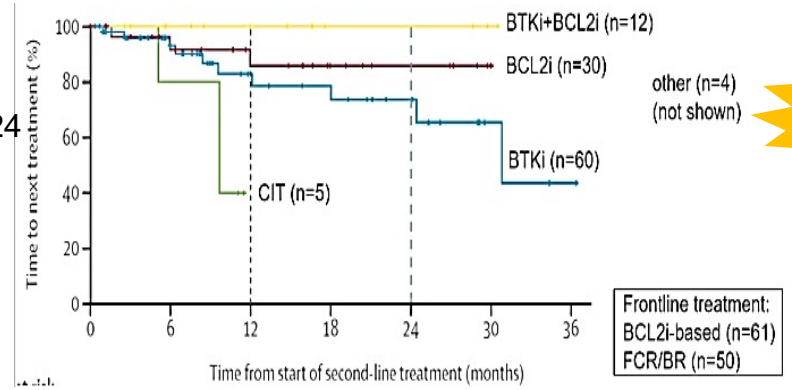
1L CAPTIVATE trial

Wierda et al.
ASCO. 2024



1L CLL13/GAIA trial

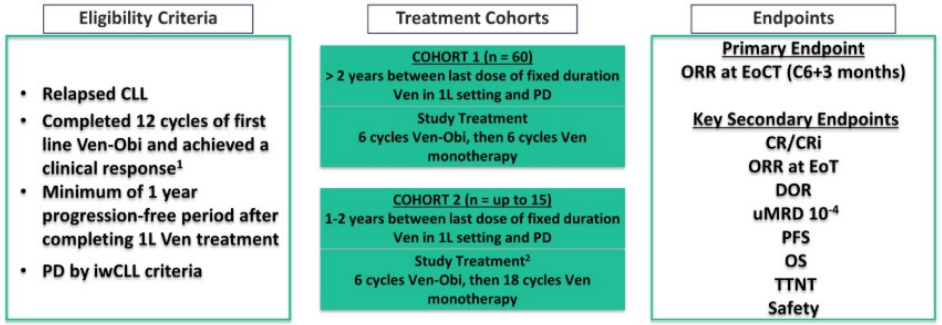
Fursteneau et al.
Lancet Oncol. 2024



2025 EHA

REVENG trial

RETREATMENT WITH VenO IN PATIENTS WITH RECURRENT CLL



.Cohort 1: at the EOCT (15 pts): ORR **100%, CR/CRi, 20%, uMRD, 85%**

Davids et al. EHA 2025, abstr.#575

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2025 EHA

AV IN CLL PATIENTS RELAPSING AFTER VEN+-ANTI CD20

HOVON 159/REVEAL trial

15 patients (prior VO, 47%; VR, 53%). Median time from prior TxT: 36 months

After cycle 26: ORR 100% (CR, 36%) with BM uMRD4: 21%

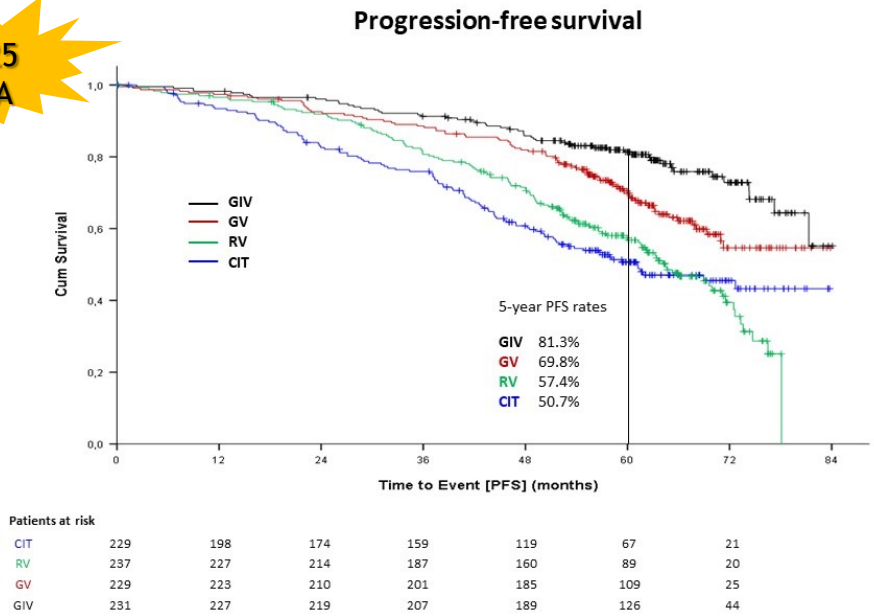
Median follow-up: 30 mo all pts alive, 1 pt with DP.

No events of TLS, bleeding, cardiac arrhythmia, or death.

Kersting et al.. EHA 2025, abstr.#1563

VENETOCLAX-IBRUTINIB-OBINUTUZUMAB PROLONGS PROGRESSION-FREE SURVIVAL COMPARED TO VENETOCLAX-CD20-ANTIBODY COMBINATIONS AND CIT IN TN CLL: FINAL ANALYSIS FROM THE PHASE 3 GAIA/CLL13 TRIAL

2025 EHA



Treatment comparisons

GIV *vs* **CIT**: HR 0.34, 97.5%CI: 0.24-0.50, *log-rank p<0.001*
GIV *vs* **RV**: HR 0.35, 97.5%CI: 0.24-0.51, *log-rank p<0.001*
GIV *vs* **GV**: HR 0.61, 97.5%CI: 0.41-0.91, *log-rank p=0.0046*

GV *vs* **RV**: HR 0.59, 97.5%CI: 0.42-0.81, *log-rank p<0.001*
GV *vs* **CIT**: *log rank p<0.001;* proportional hazards assumption not satisfied

RV *vs* **CIT**: *log-rank p=0.53*; proportional hazards assumption not satisfied

GIV prolongs PFS compared to the widely used standard of GV (benefit likely driven by the difference in pts with unmutated IGHV)

but …..**tolerability, quality of life and** OS have to be considered when comparing GIV and GV.

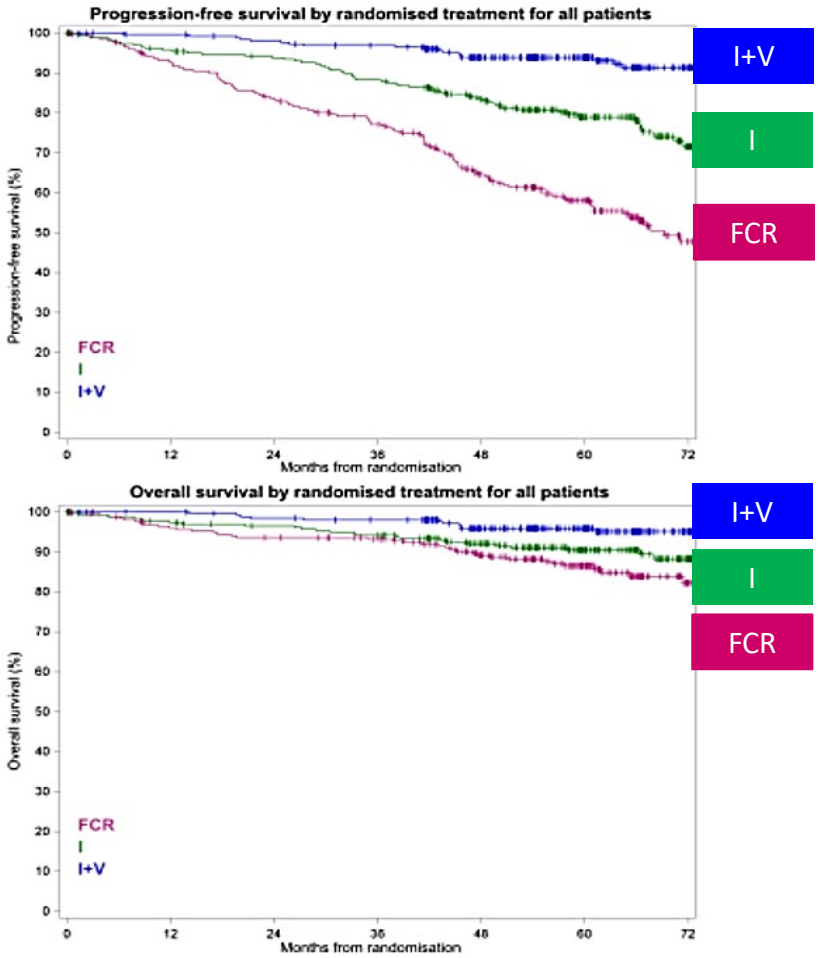
	% 5 yr-PFS			% 2L Txt
	All pts	U-IGHV	M-IGHV	
CIT	50.7	33.6	75.3	7.4
RV	57.4	48.3	71	12.5
GV	69.8	59	82.3	22.9
GIV	81	75.9	89.1	32.9

No difference in OS

IGHV independent prognostic factor for shorter PFS

Fürstenau et al., EHA 2025; S191

BRUTINIB PLUS VENETOCLAX WITH MRD-GUIDED DURATION OF TREATMENT IS SUPERIOR TO BOTH CONTINUOUS IBRUTINIB AND FCR FOR TN CLL: REPORT OF THE PHASE III UK FLAIR STUDY



	% pts with BM-uMRD at 9 mo	% 5yr PFS	% 5yr OS
I+V*	33.1	94.4	96
I	0	80.6	91.3
FCR	40.7	62.4	88.2

2025 EHA

- Rate of pts with uMRD increased over time

15 pts had sudden or cardiac deaths: 4 FCR, I, 8; I+V,3)

MRD stopping rules resulted in
44% patients stopping at 2 years, **10%** at 3 years and **5%** at 4 years

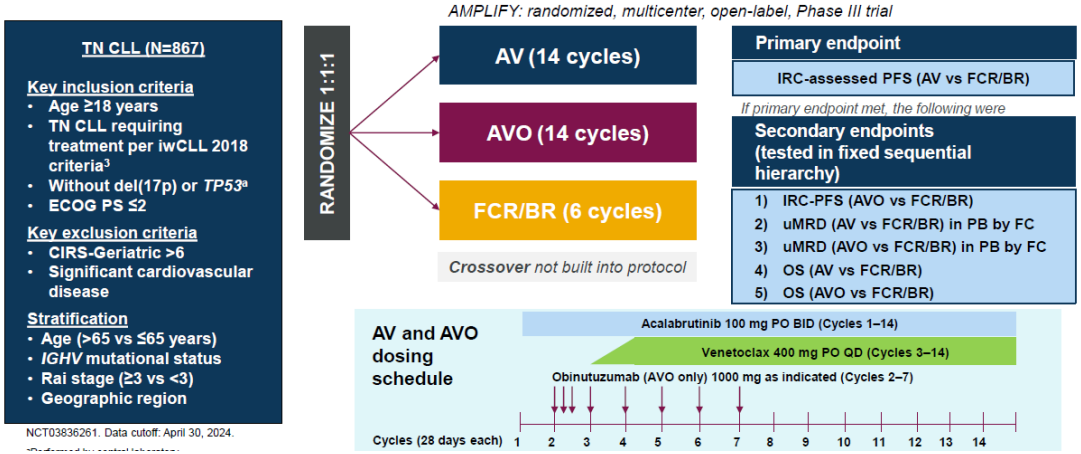
786 pts randomised to FCR, I, and I+V from 96 UK Centres

I+V significantly improved uMRD, PFS and OS rates compared to **I monotherapy and FCR** in untreated CLL.

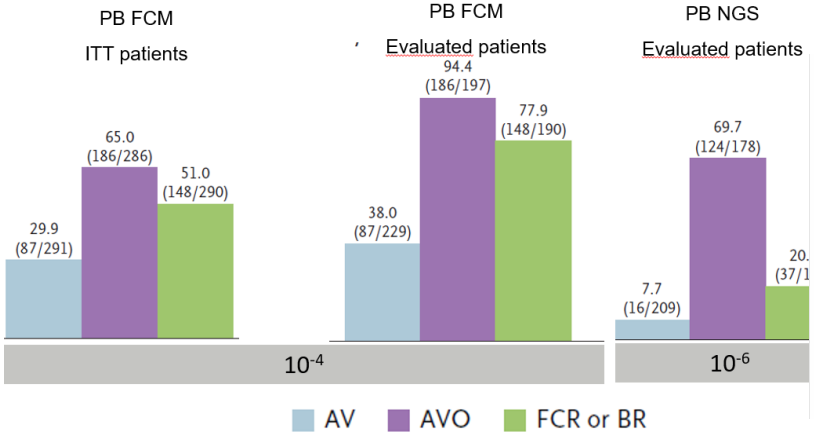
These results further substantiates the use of risk adapted approach in untreated CLL patients to optimise outcomes

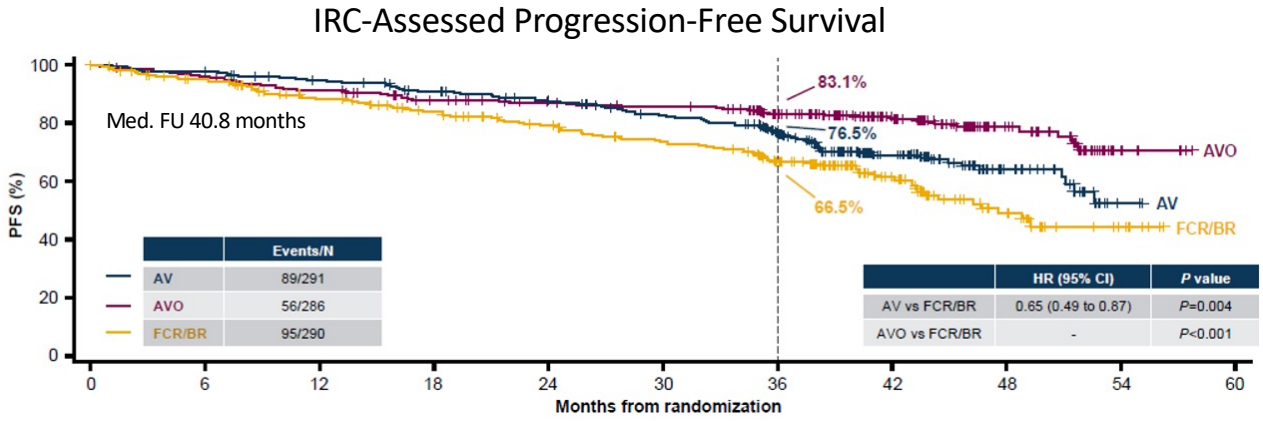
Munir et al EHA 2025, abstr.155

AMPLIFY: 1L Fixed-Duration Acalabrutinib + Venetoclax ± Obinutuzumab vs CIT in CLL



Characteristic	AV (n = 291)	AVO (n = 286)	FCR/BR (n = 290)
Median age, yr (range)	61 (31-84)	61 (29-81)	61 (26-86)
ECOG PS 2, n (%)	28 (9.6)	14 (4.9)	26 (9.0)
Rai stage			
▪ 0-II	154 (52.9)	170 (59.4)	163 (56.2)
▪ III-IV	137 (47.1)	116 (40.6)	127 (43.8)
del(11q) present	51 (17.5)	56 (19.6)	46 (15.9)
Unmutated *IGHV*	167 (57.4)	169 (59.1)	172 (59.3)

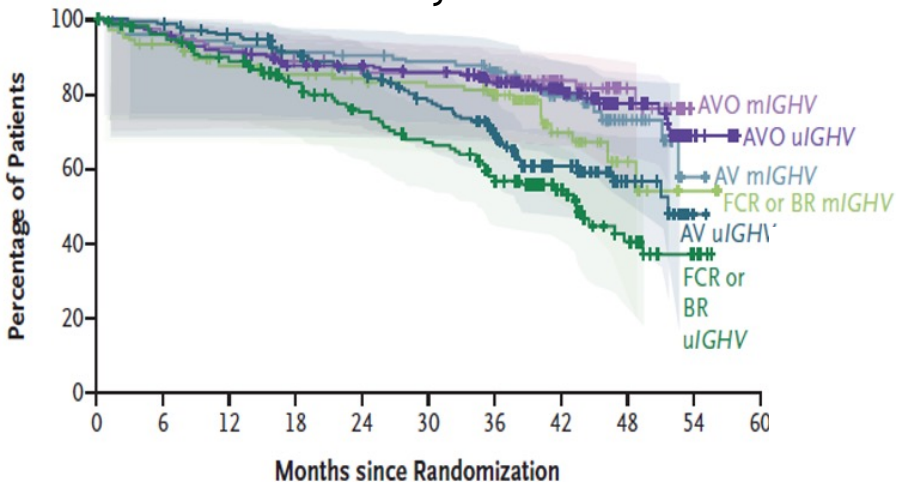




Brown et al., NEJM 2025

AMPLIFY: 1L Fixed-Duration Acalabrutinib + Venetoclax ± Obinutuzumab vs CIT in CLL

PFS by IGHV



	No. of Events/ Total No. of Patients	Median Progression-free Suvival	Progression-free Survival at 36 Months
		mo	%
AV mIGHV	28/124	NC	86.0
AV uIGHV	61/167	51.5	68.9
AVO mIGHV	20/117	NC	83.6
AVO uIGHV	36/169	NC	82.8
FCR or BR mIGHV	28/118	NC	79.9
FCR or BR uIGHV	67/172	43.3	56.8

AEs of Clinical Interest

AEs of Clinical Interest, n (%)	AV (n = 291)		AVO (n = 284)		FCR/BR (n = 259)	
	Any Grade	Grade ≥3	Any Grade	Grade ≥3	Any Grade	Grade ≥3
Any	222 (76.3)	136 (46.7)	242 (85.2)	188 (66.2)	185 (71.4)	141 (54.4)
Cardiac events	27 (9.3)	5 (1.7)	34 (12.0)	7 (2.5)	9 (3.5)	3 (1.2)
▪ Atrial fibrillation	2 (0.7)	1 (0.3)	6 (2.1)	2 (0.7)	2 (0.8)	2 (0.8)
▪ Ventricular tachyarrhythmias	2 (0.7)	0	3 (1.1)	0	0	0
Hypertension	12 (4.1)	8 (2.7)	11 (3.9)	6 (2.1)	7 (2.7)	2 (0.8)
Hemorrhage	94 (32.3)	3 (1.0)	86 (30.3)	6 (2.1)	11 (4.2)	1 (0.4)
▪ Major hemorrhage	3 (1.0)	3 (1.0)	8 (2.8)	6 (2.1)	2 (0.8)	1 (0.4)
Neutropenia	108 (37.1)	94 (32.3)	143 (50.4)	131 (46.1)	132 (51.0)	112 (43.2)
Infections	148 (50.9)	36 (12.4)	153 (53.9)	67 (23.6)	82 (31.7)	26 (10.0)
Secondary primary malignancy	15 (5.2)	5 (1.7)	12 (4.2)	5 (1.8)	2 (0.8)	0
▪ Excluding nonmelanoma skin cancer	8 (2.7)	5 (1.7)	7 (2.5)	4 (1.4)	1 (0.4)	0
TLS	1 (0.3)	1 (0.3)	1 (0.4)	1 (0.4)	8 (3.1)	8 (3.1)

2025 EHA — Munir et al. I+V vs A+V. abstr. 587 [I+V>AV]

2025 EHA — Munir et al. A+V vs. zanubrutinib. abstr. 1581 [Zanu>AV]

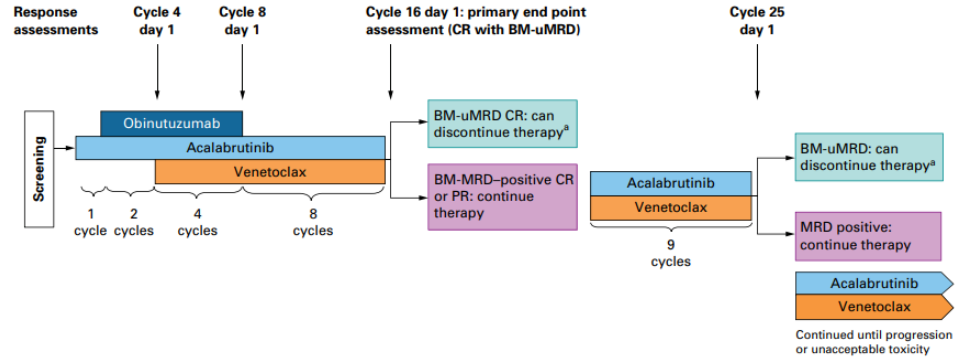
2025 EHA — Woyach et al. COVID-19 in AV-treated patients abstr.

2025 EHA — Kersting et al. . A+V in RR CLL abstr. 1563

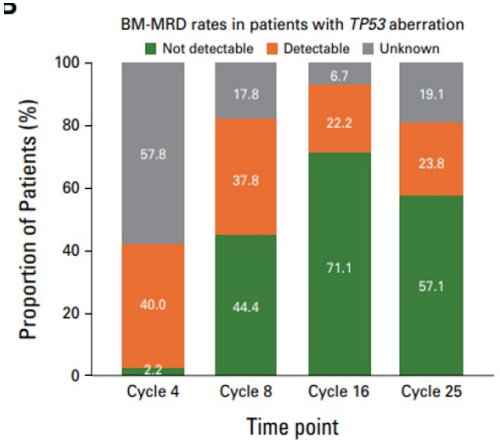
Brown et al., NEJM 2025

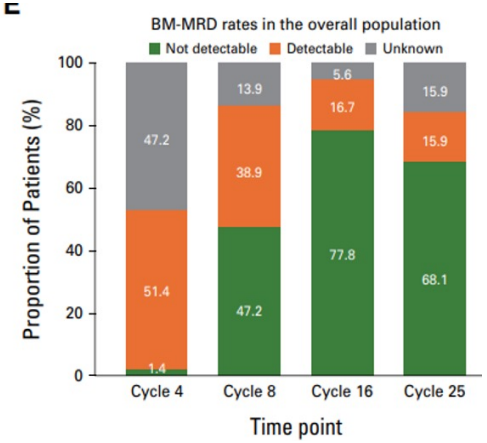
Acalabrutinib, Venetoclax, and Obinutuzumab in TN CLL patients with High-Risk Disease

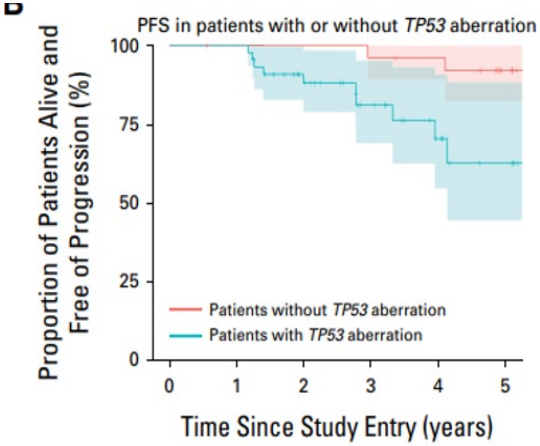
TN patients with CLL enriched for high-risk CLL, defined by TP53 aberration

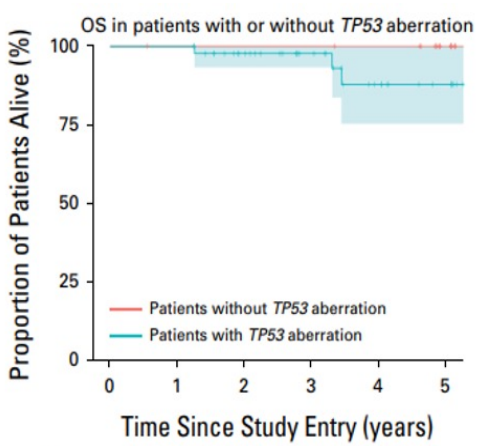


Characteristic	All Participants (N = 72)	*TP53* Aberration (n = 45)
Age, years, median (range)	63 (36-80)	65 (36-80)
Cytogenetics		
TP53 aberration	45 (62.5)	45 (100.0)
Del(17p) with *TP53* mutation	31 (43.1)	31 (68.9)
Del(17p) without *TP53* mutation or *TP53* unknown	3 (4.2)	3 (6.7)
TP53 mutation without del(17p) or del(17p) unknown	11 (15.3)	11 (24.4)
Del(13q)	33 (45.8)	19 (42.2)
Del(11q)	17 (23.6)	7 (15.6)
Trisomy 12	14 (19.4)	11 (24.4)
Del(6q)	4 (5.6)	2 (4.4)
IGHV status, unmutated	54 (75.0)	37 (82.2)
NOTCH1 mutation	12 (16.7)	8 (17.8)
SF3B1 mutation	13 (18.0)	11 (24.4)









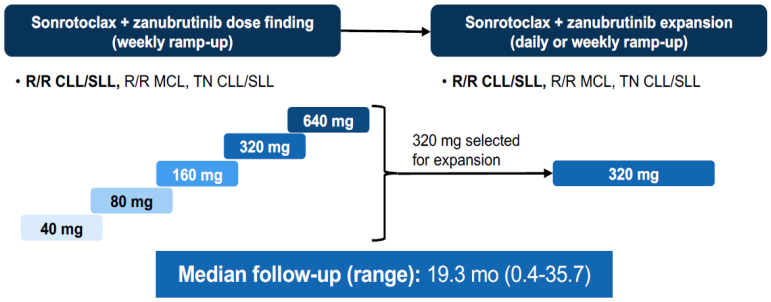
Davids et al. JCO 2025

Sonrotoclax and Zanubrutinib as 1L Treatment for CLL

Ongoing Phase 1/1b Study BGB-11417-101

Sonrotoclax: potent and selective BCL2 inhibitor with short half life (4 hours)

BCL2 Member Kinase	IC_{50} (nM)	
	Venetoclax	Sonrotoclax
BCL2	0.20 ± 0.015	0.014 ± 0.0021
BCL-xL	65 ± 9.1	28 ± 3.6
BCL-W	2730 ± 250	1803 ± 83
MCL1	>10000	>10000
BCL2A1	>10000	>10000

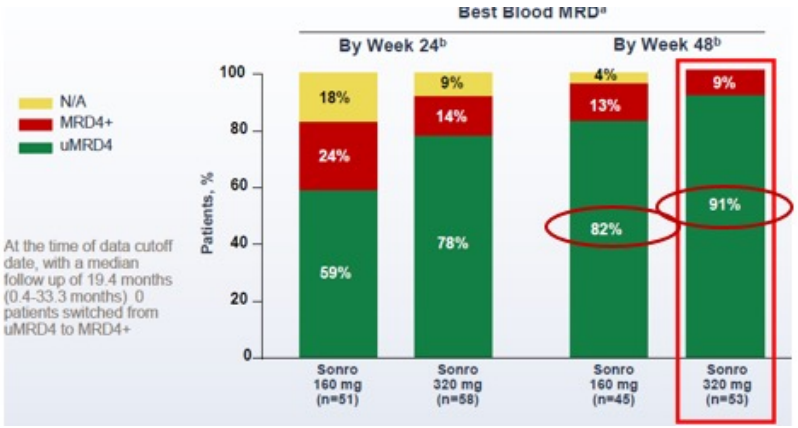


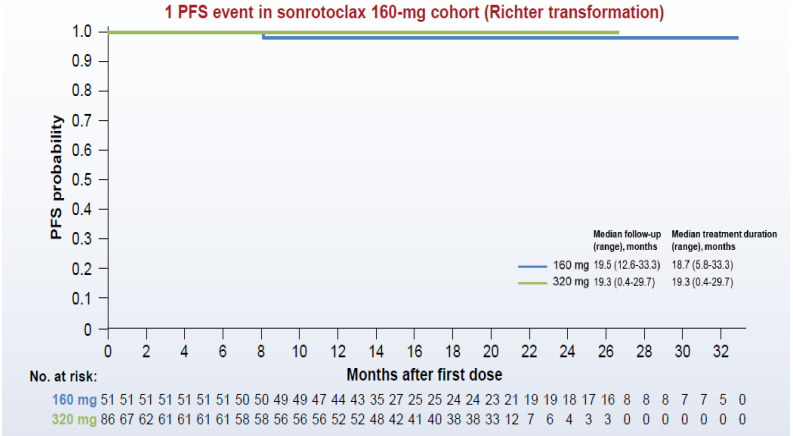
TN patients
zanubrutinib treatment
x 8-12 weeks

zanubrutinib combined with sonrotoclax daily ramp-up to
160 mg or 320 mg

Characteristics	Sonro 160 mg + zanu (n=51)	Sonro 320 mg + zanu (n=86)	All Patients (N=137)
Study follow-up, median (range), months	19.5 (12.6-33.3)	19.3 (0.4-29.7)	19.4 (0.4-33.3)
Age, median (range), years	63 (38-82)	61 (32-84)	62 (32-84)
Risk status, n/tested (%)			
del(17p)	5/45 (11.1)	6/77 (7.8)	11/122 (9.0)
TP53 muta	11/47 (23.4)	13/62 (21.0)	24/109 (22.0)
del(11q)	10/45 (22.2)	11/77 (14.3)	21/122 (17.2)
IGHV status, n/tested (%)			
Unmutated IGHV	32/47 (68.1)	32/60 (53.3)	64/107 (59.8)
High tumor bulk[b] at baseline, n/tested (%)	22/51 (43.1)	17/82 (20.7)	39/133 (29.3)

	Sonrotoclax	
	120 mg	320 mg
ORR	100%	
CR	41%	42%





No TLS
The most common grade ≥3 TEAE: neutropenia

2025 EHA

Sonrotoclax and zanubrutinib in R/R patients with CLL
Cheah et al. . abst. S159

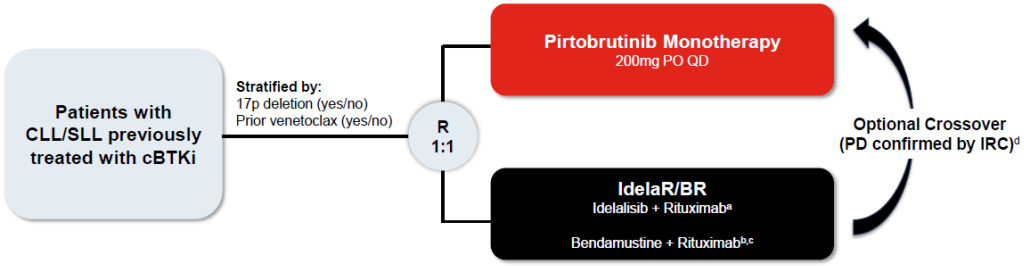
Soumerai et al. abstract #1012

BRUIN CLL-321:
Randomized phaze 3 Trial of Pirtobrutinib vs. Idelalisib + Rituximab or BR in BTK Inhibitor Pretreated CLL/SLL

EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

Jaypirca as monotherapy is indicated for the treatment of adult patients with relapsed or refractory CLL who have been previously treated with a BTK inhibitor.

Jaypirca as monotherapy is indicated for the treatment of adult patients with relapsed or refractory mantle cell lymphoma who have been previously treated with a Bruton's tyrosine kinase (BTK) inhibitor.



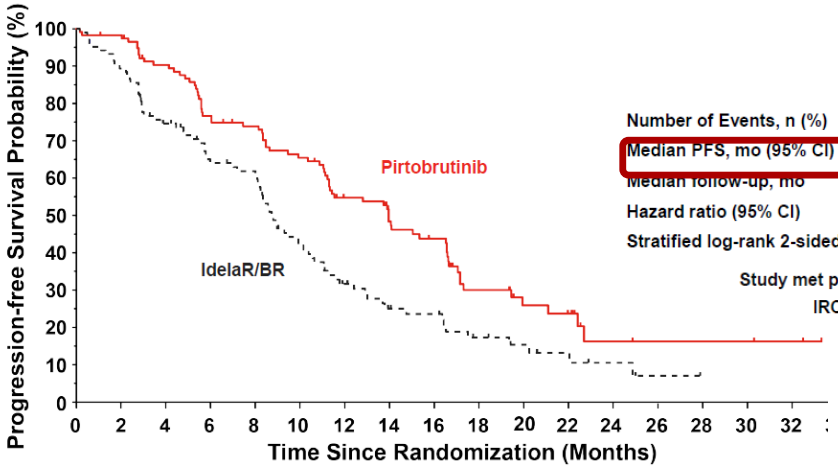
Key Eligibility

- Age ≥18
- ECOG PS 0-2
- Confirmed CLL/SLL requiring treatment per iwCLL 2018
- **Prior cBTKi required**
- **No limit on prior lines of therapy**
- **Prior history of atrial fibrillation allowed**

Key Endpoints

- **Primary Endpoint: PFS assessed by IRC**
- PFS assessed by investigator
- Event-Free Survival
- Time to Next Treatment
- Overall survival
- Safety

IRC-Assessed Progression-free Survival



	Pirtobrutinib n=119	IdelaR/BR n=119
Number of Events, n (%)	74 (62)	79 (66)
Median PFS, mo (95% CI)	**14.0** (11.2-16.6)	**8.7** (8.1-10.4)
Median follow-up, mo	19.4	17.7
Hazard ratio (95% CI)	**0.54 (0.39-0.75)**	
Stratified log-rank 2-sided p-value	0.0002*	

Study met primary endpoint at earlier data cut (Aug 2023)
IRC HR=0.58 (95% CI 0.38-0.89); p=0.01

Baseline Characteristics

Characteristic	Pirtobrutinib (n = 119)	IdelaR/BR (n = 119)
Median age, yr (range)	66 (42-90)	68 (42-85)
High-risk features, n/N (%)		
▪ 17p del and/or *TP53* mut	51/94 (54)	53/98 (54)
▪ *IGHV* unmut	90/97 (93)	74/93 (80)
▪ Complex karyotype	53/74 (72)	44/75 (59)
BTK C481S, n/N (%)	37/99 (37)	36/94 (38)
PLCγ2, n/N (%)	15/99 (15)	11/94 (12)
Median lines prior systemic therapy, n (range)	3 (1-13)	3 (1-11)
Prior therapy, n (%)		
▪ cBTKi	119 (100)	119 (100)
▪ Ibrutinib	100 (84)	106 (89)
▪ Acalabrutinib	17 (14)	20 (17)
▪ Zanubrutinib	10 (8)	7 (6)
▪ Other	5 (4)	3 (3)
▪ >1 prior cBTKi	17 (14)	18 (15)
▪ BCL-2 inhibitor	60 (50)	62 (52)
▪ Chemotherapy	81 (68)	83 (70)

Benefit in PFS seen in patients across all key risk-factor

Sharman et al., 2024 ASH, abstract #886

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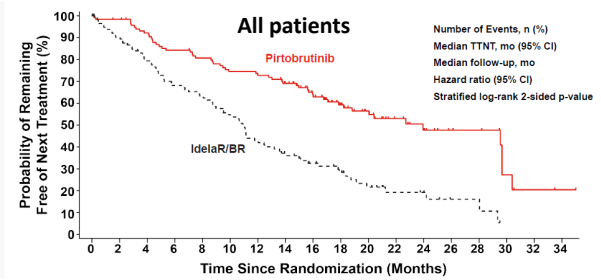
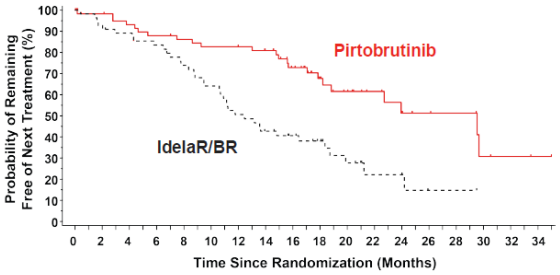
Time to Next Treatment or Death



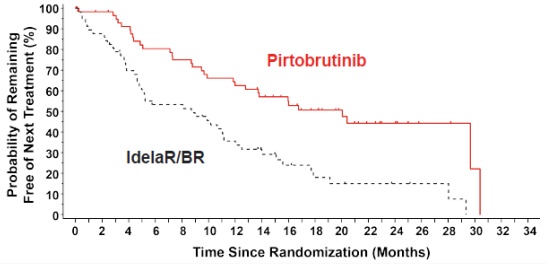
	Pirtobrutinib n=119	IdelaR/BR n=119
Number of Events, n (%)	54 (45)	82 (69)
Median TTNT, mo (95% CI)	**24.0** (17.8-29.7)	**10.9** (8.7-12.5)
Median follow-up, mo	20.0	20.2
Hazard ratio (95% CI)	**0.37 (0.25-0.52)**	
Stratified log-rank 2-sided p-value	<0.0001*	

Venetoclax Naïve



	Pirtobrutinib n=59	IdelaR/BR n=59
Median TTNT, mo (95% CI)	**29.5**	**12.5**
Hazard ratio (95% CI)	**0.36 (0.21-0.61)**	
Stratified log-rank 2-sided p-value	0.0001*	

Venetoclax Treated



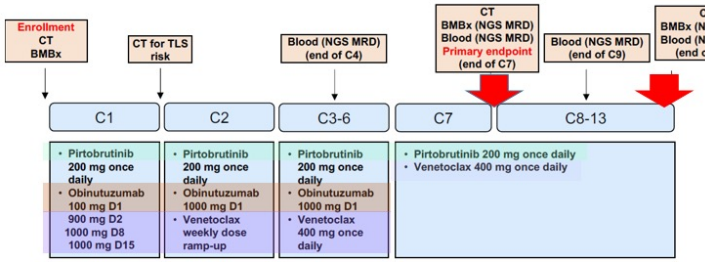
	Pirtobrutinib n=60	IdelaR/BR n=60
Median TTNT, mo (95% CI)	**20.0**	**8.7**
Hazard ratio (95% CI)	**0.37 (0.23-0.60)**	
Stratified log-rank 2-sided p-value	<0.0001*	

Adverse Events of Interest[a] (AEI)	Pirtobrutinib (n=116)	
	Any grade n (%)	Grade 3+ n (%)
Bleeding	25 (21.6)	4 (3.4)
Bruising	9 (7.8)	1 (0.9)
Petechiae and purpura	6 (5.2)	1 (0.9)
Hemorrhage	18 (15.5)	3 (2.6)
Anemia	24 (20.7)	13 (11.2)
Neutropenia	31 (26.7)	24 (20.7)
Thrombocytopenia	11 (9.5)	9 (7.8)
Infection	74 (63.8)	34 (29.3)
Infection without Covid-19	67 (57.8)	30 (25.9)
Atrial fibrillation and atrial flutter	3 (2.6)[a]	2 (1.7)
Hypertension	8 (6.9)	3 (2.6)

[a]2 of 3 patients with atrial fibrillation had a past medical history of atrial fibrillation

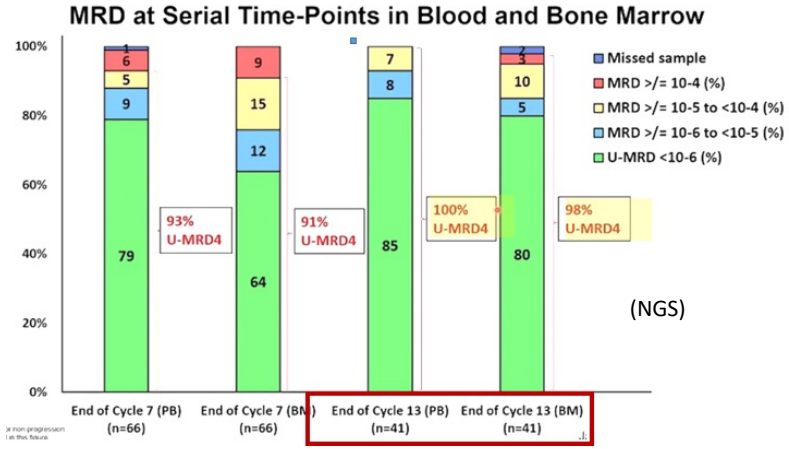
Sharman et al., 2024 ASH, abstract #886

Pirtobrutinib, Venetoclax, and Obinutuzumab (PVO) In TN patients with CLL



80 patients

Primary endpoint: %uMRD

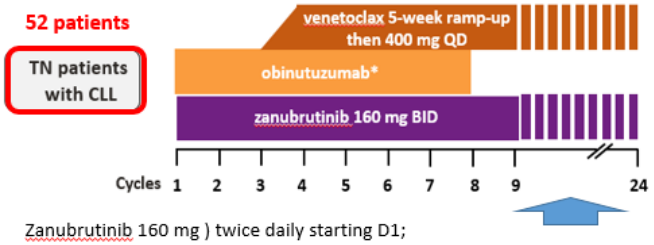


(NGS)

Higher 12m uMRD rate than I+V: 98% vs 52%
With a median FU of 11.9m no patient has progressed

Jain et al., 2024 ASH, abstract #1867

Zanubrutinib, Obinutuzumab, and Venetoclax (BOVen) in TN patients with CLL



Zanubrutinib 160 mg) twice daily starting D1;
Obinutuzumab 1000 mg IV D1 (split D1-2), 8, and 15 of C1, and D1 of C2-8;
Venetoclax ramp up started on C3D1).

9-24 cycles MRD-guided treatment

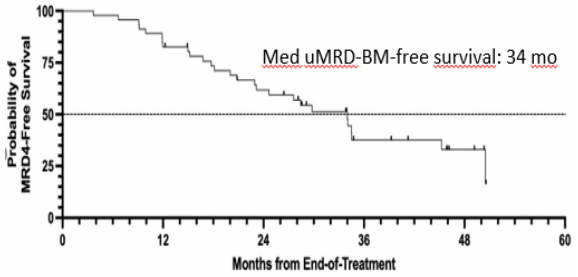
TD if uMRD4 in PB/BM

Recurrent MRD or PD: ZV retreatment for 12-24 cycles (stop if uMRD4 in PB/BM.

Best uMRD4 at EOT

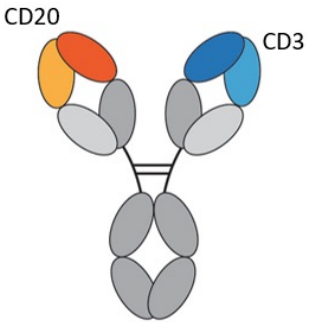
(FCM)

uMRD4BM -Free Survival



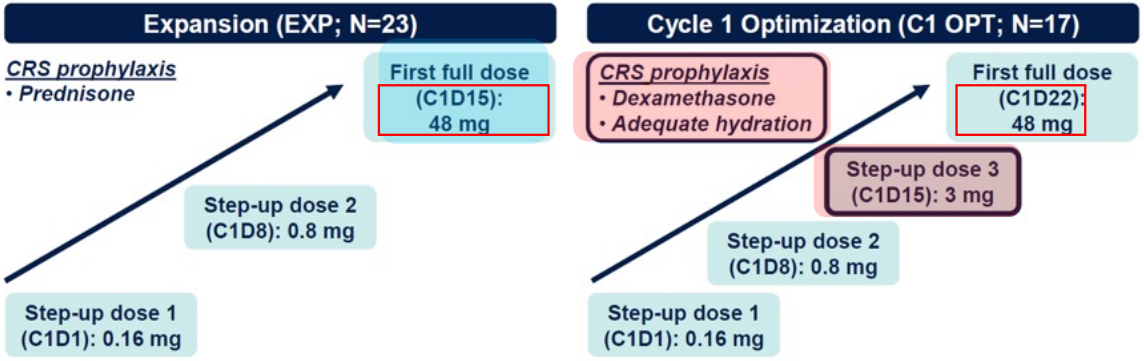
Soumerai et al., 2024 ASH, abstract #1867

EPCORE CLL1 Expansion and Cycle 1 Optimization Cohorts



Key inclusion criteria

- CD20+ R/R CLL
- ≥2 prior lines of systemic therapy
- ECOG PS 0–2
- Measurable disease with ≥5×10⁹/L B lymphocytes (expansion only)
- No prior allogeneic HSCT



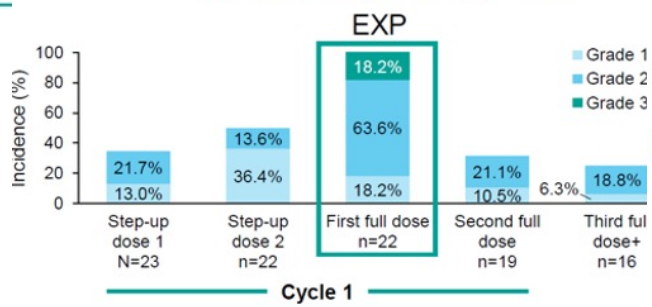
Data cutoff: May 28, 2024
Median follow-up: 22.8 months

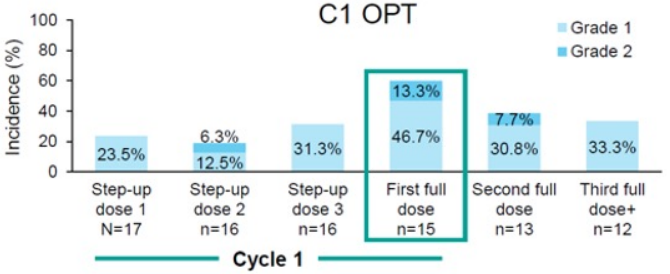
Data cutoff: May 28, 2024
Median follow-up: 2.9 months

Response, n (%)	EXP mFU: 22.8 months					C1 OPT mFU: 2.9 months
	Full Analysis Set N=23	Response Evaluable n=21	*TP53* Aberration n=15	*IGHV* Unmutated n=16	Double Exposed[a] n=19	Response Evaluable n=10
Overall response[b]	14 (61)	14 (67)	10 (67)	10 (63)	10 (53)	6 (60)
Complete response	9 (39)	9 (43)	5 (33)	7 (44)	7 (37)	1 (10)

EXP MRD Negativity, n/n (%)[c]	uMRD4	uMRD6[d]
Overall response[b]	9/12 (75)	8/12 (67)
Complete response	7/7 (100)	6/7 (86)
Partial response	2/5 (40)	2/5 (40)
Full analysis set	9/23 (39)	8/23 (35)

CRS Events by Dosing Period





Danilov et al., 2024 ASH, abstract #883

Efficacy and Safety of the BTK Degraders in patients with R/R CLL

BTK Degrader NX-5948 in 60 Patients with R/R CLL
(Phase 1 NX-5948 Study)

Shah et al., 2024 ASH, abstr. #885

N= 60 patients

Med prior Txt=4
BTK/PLCG2/BCL2 mutated ~50%

ORR at 16 weeks: 84.2%
CR: 0%

Response duration
>6months: 26.5%

BTK Degrader BGB-16673 in Patients with R/R CLL/SLL.
(Phase 1 CaDAnCe-101 Study)

Thompson et al., 2024 ASH, abstr. #885
Scarfò et al. EHA 2025, abstr. #158

2025 EHA

N=66 patients

Med prior Txt=4
BTK/PLCG2 mutated ~48%

*TP*53 aberr.: 65%
Triple exposed:58%

ORR: 80.3% - CR: 2%
- at 200 mg): 94%
- triple exposed pts:75%
- BTK mutated: 70.8%
- TP53 disrupted:76.7%

Med. FU: 13 mo.
Med PFS: NR

Transcend CLL 004 Study

Lisocabtagene Maraleucel Combined with Ibrutinib for Patients with R/R CLL)/SLL

Elegilility criteria

1) receiving BTKi with PD at entry
2) HR-disease and < CR after ≥ 6 mo on BTKi
3) *BTK/PLCγ2* mutation ± ibr PD
4) prior BTKi with no contraindications to ibr
5) PD on BTKi and received prior venetoclax.

Lymphodepletion

Fludarabine 30 mg/m² + **Cyclophosphamide** 300 mg/m² x 3 days

Dose Escalation

Liso-cel DL1 or DL2 + Ibrutinib 420 mg

Liso-cel
(2-7 d after FLU/CY)
DL1: 50 × 10^6 CAR T cells
DL2: 100 × 10^6 CAR T cells

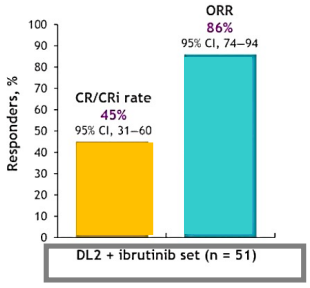
Dose Expansion

Liso-cel DL2 + Ibrutinib 420 mg

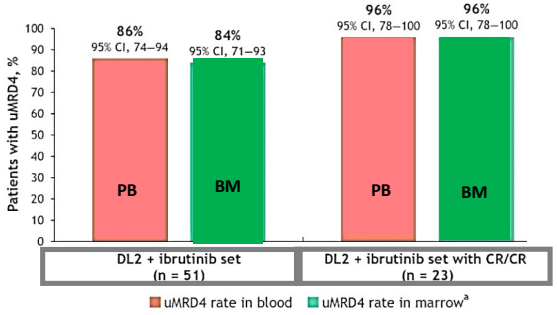
24 mos follow-up on study and long-term follow-up up to 15 yrs

56 received ibr + liso-cel
(DL1, n = 5; DL2, n = 51)

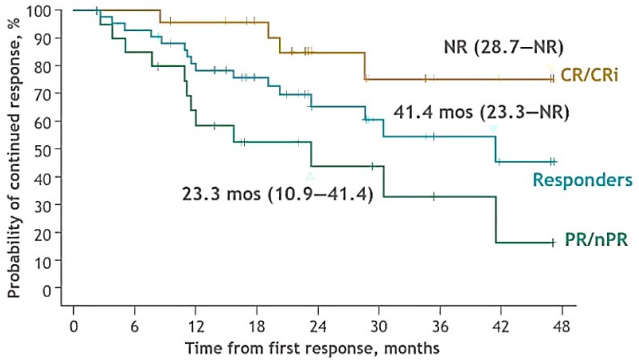
Response by INV



uMRD4



Duration of response



Safety

No TAES-related mortality
CRS 80% (Gr ≥3: 4%)
NE: 41% (Gr ≥3: 11%).

Gr3 HTN: 7% ; AF: 2%

Prolonged cytopenias:45%

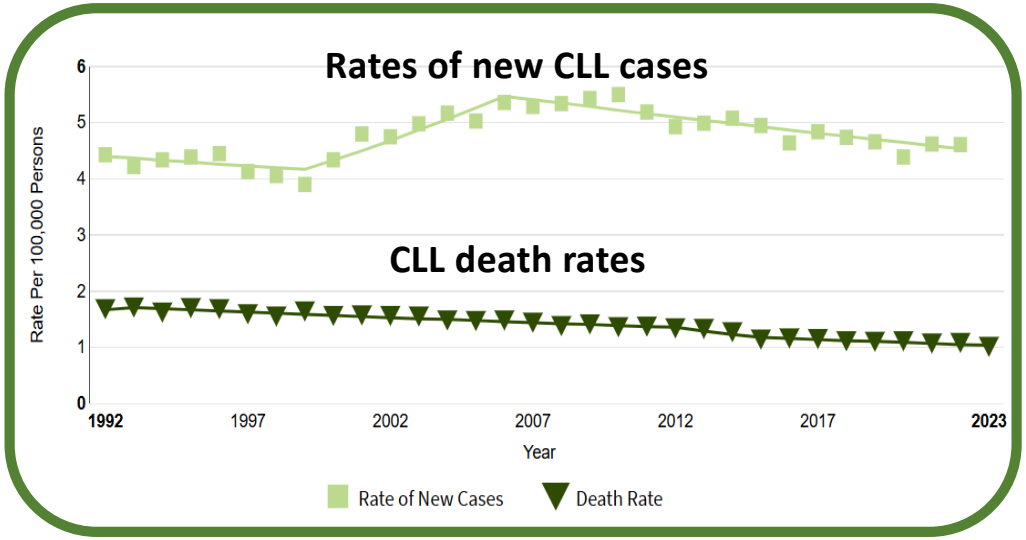
Median (IQR) on-study follow-up (including LTFU): 24.8 months (14.2–34.6)
Median (range) time to first response: 1 month (0.9–6.0)
Median (range) time to first CR/CRi: 3 months (0.9–12.1)
Liso-cel showed rapid expansion (median t_{max}, 10 d) and was detected up to 42 mo after infusion.

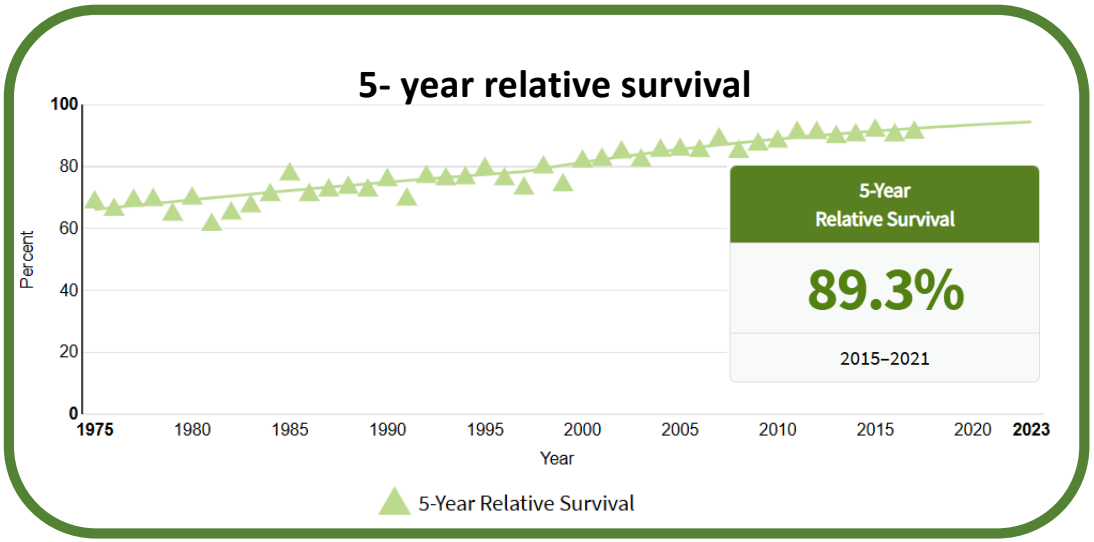
Liso-cel + IBR: higher ORR/CR rate and lower gr ≥ 3 CRS/NE rates vs liso-cel monotherapy

Wierda et al. ASH 2024. Abstract #887.

Cancer Stat Facts: Leukemia — Chronic Lymphocytic Leukemia (CLL)

NATIONAL CANCER INSTITUTE
Surveillance, Epidemiology, and End Results Program





Approximately 0.6 percent of men and women will be diagnosed with CLL at some point during their lifetime, based on 2018–2021 data, excluding 2020 due to COVID.

Age-adjusted death rates have been falling on average 1.9% each year over 2014–2023.