Mass General Brigham
Cancer Institute

CAR vs Bispecifics in Follicular Lymphoma:

One year later, still pro CAR

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Disclosures for Jeremy Abramson

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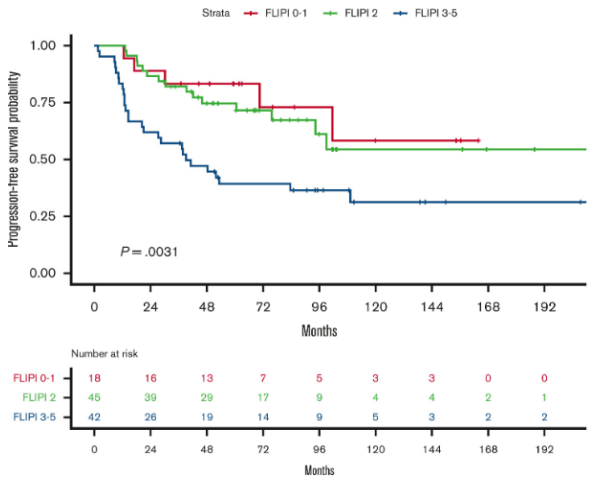
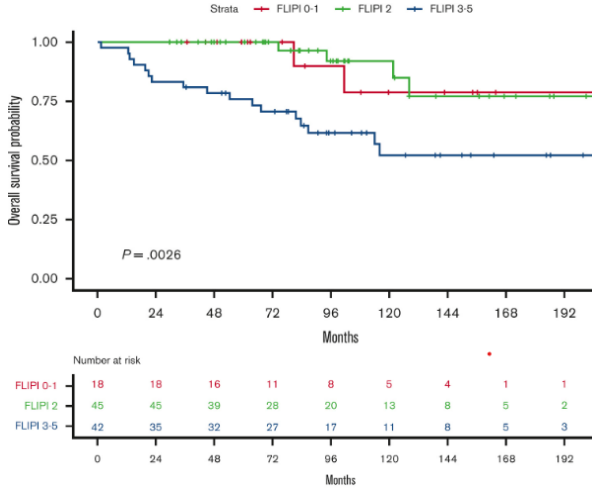
Follicular Lymphoma is not Always an Indolent Disease

FLIPI

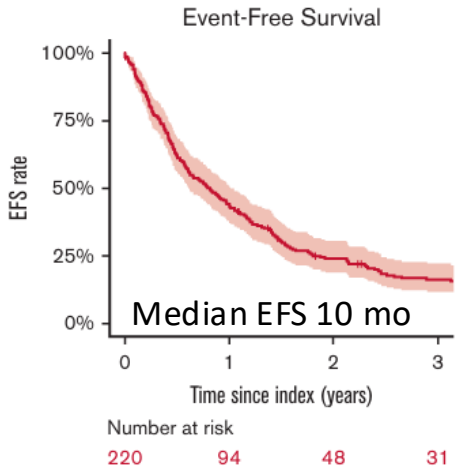
PFS

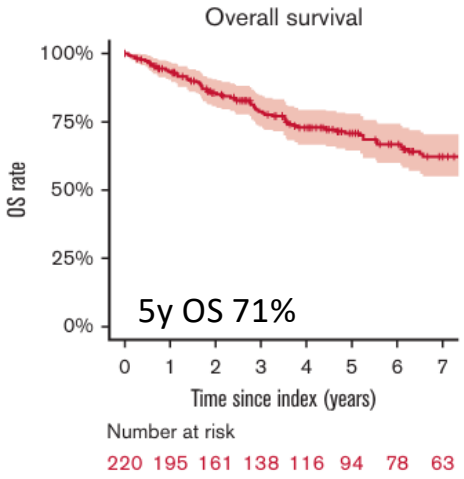


OS



POD24 in LEO

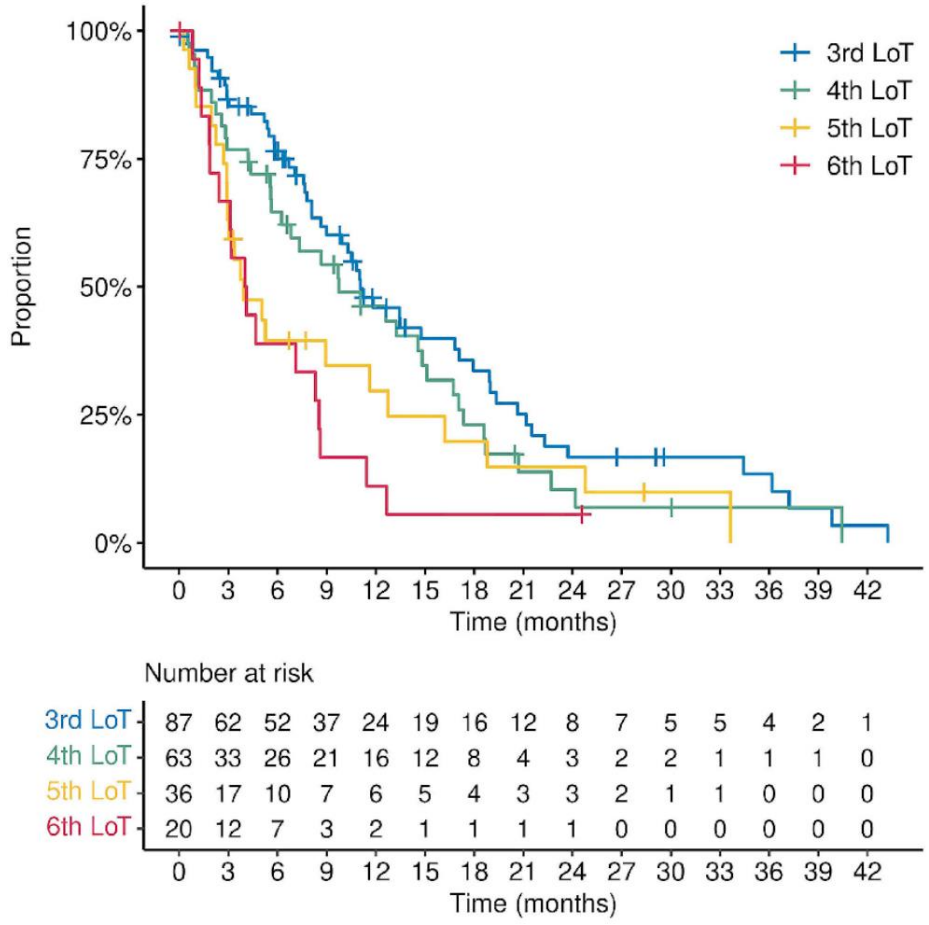




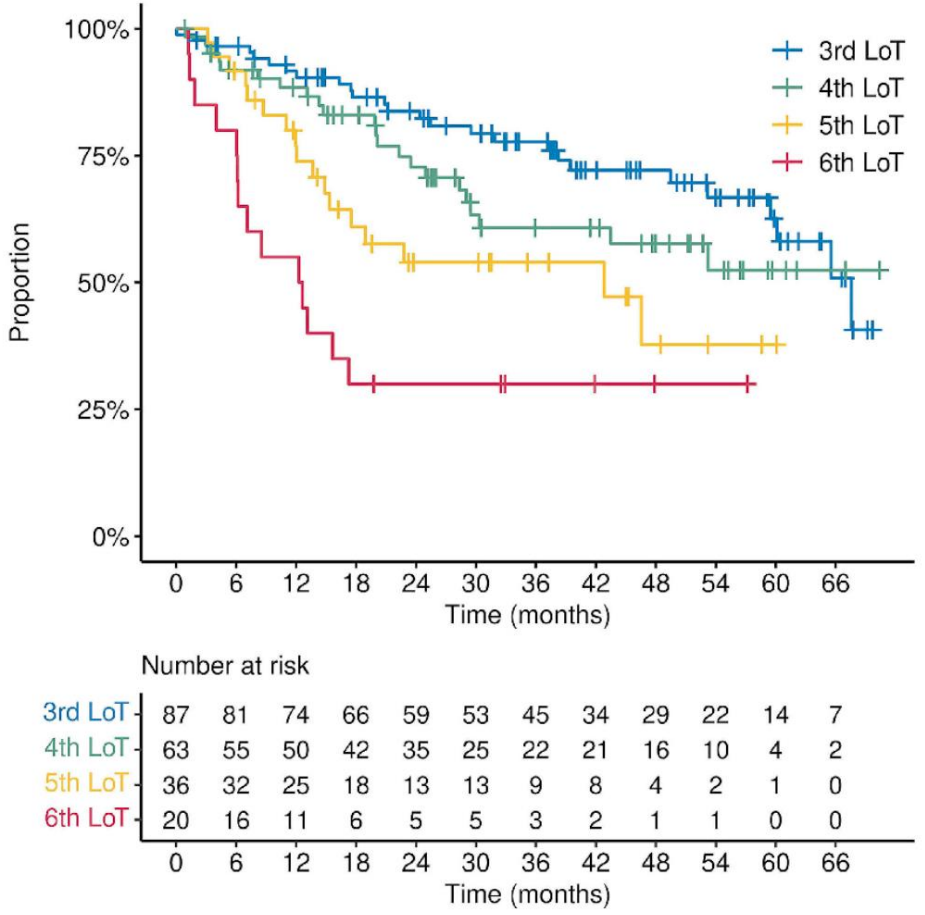
Rodriguez-Sevilla, et al. Blood Adv 2023; Ray, et al. Blood Adv 2025

Outcomes for Multiply Treated Follicular Lymphoma by Line of Therapy

Progression-free survival



Overall survival



Ghione, et al. Haematologica 2023

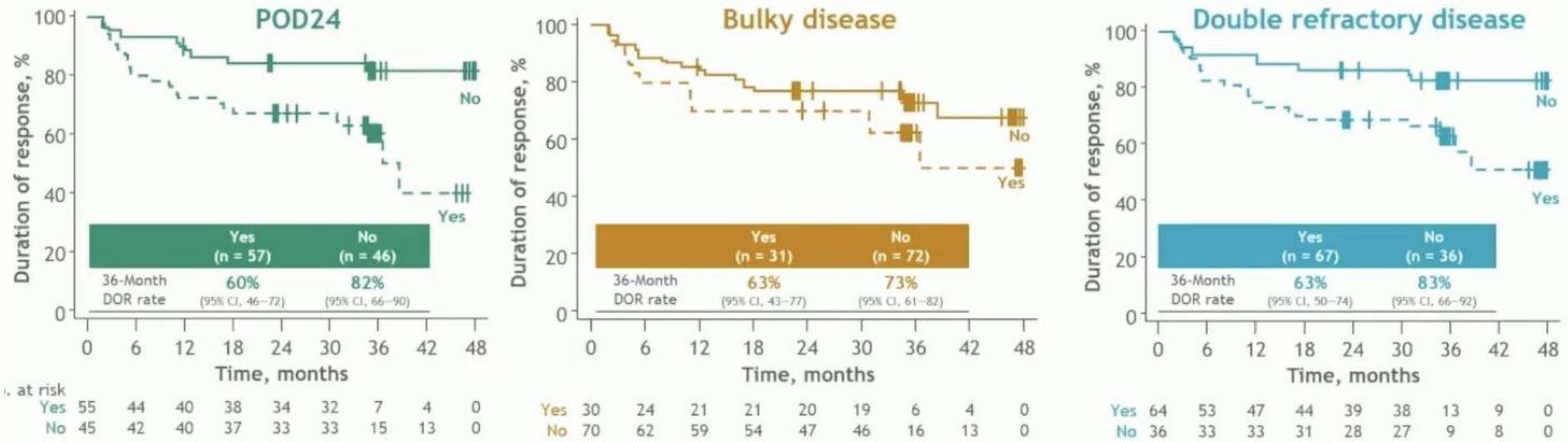
Three CAR T-cell products for 3rd line + follicular lymphoma

	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	68% at 36m	50% at 60m	50% at 60m
PFS in POD24	58% at 36m	41% at 60m	50% at 60m
CRS (Any/severe) %	58/1	49/0	82/7
NT (Any/severe) %	15/2	4/1	59/15
References	Morschhauser, et al. Nature Med 2024 Ahmed, et al. Proc ASH 2025	Fowler, et al. Nat Med 2022. Schuster, et al.Proc ASH 2025	Jacobson, et al. Lancet Onc 2022 Neelapu, et al. JCO 2025

TRANSCEND FL: Sustained Benefit Across High-Risk Subgroups

	POD24		Bulky		Double refractory	
	YES	NO	YES	NO	YES	NO
ORR	96%	98%	97%	97%	96%	100%
CRR	95%	93%	94%	94%	94%	94%

DOR

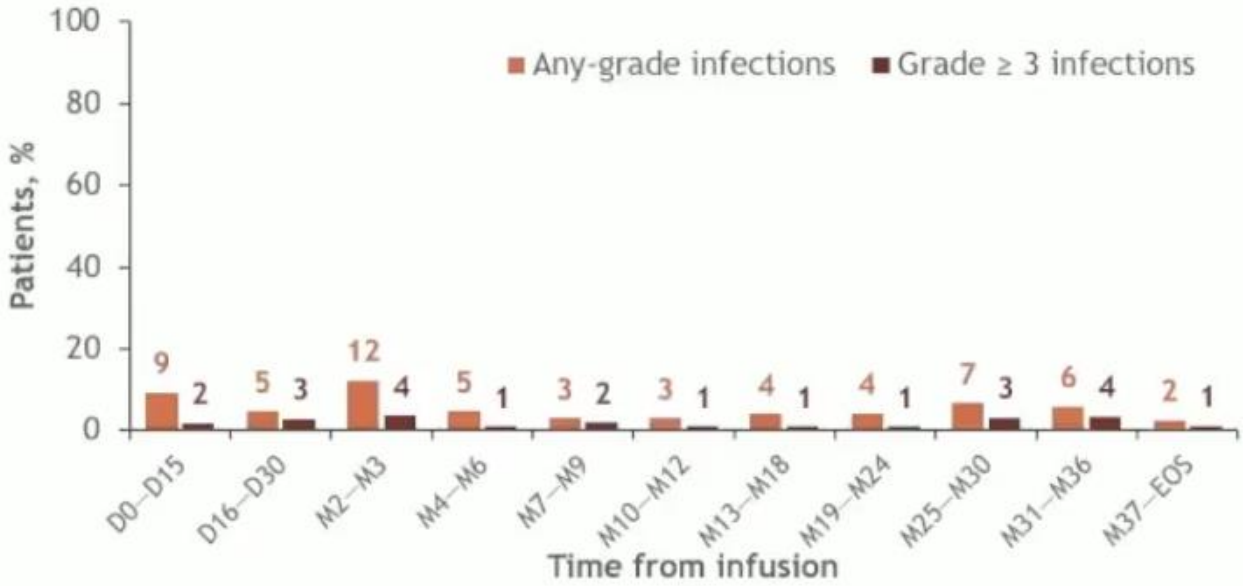


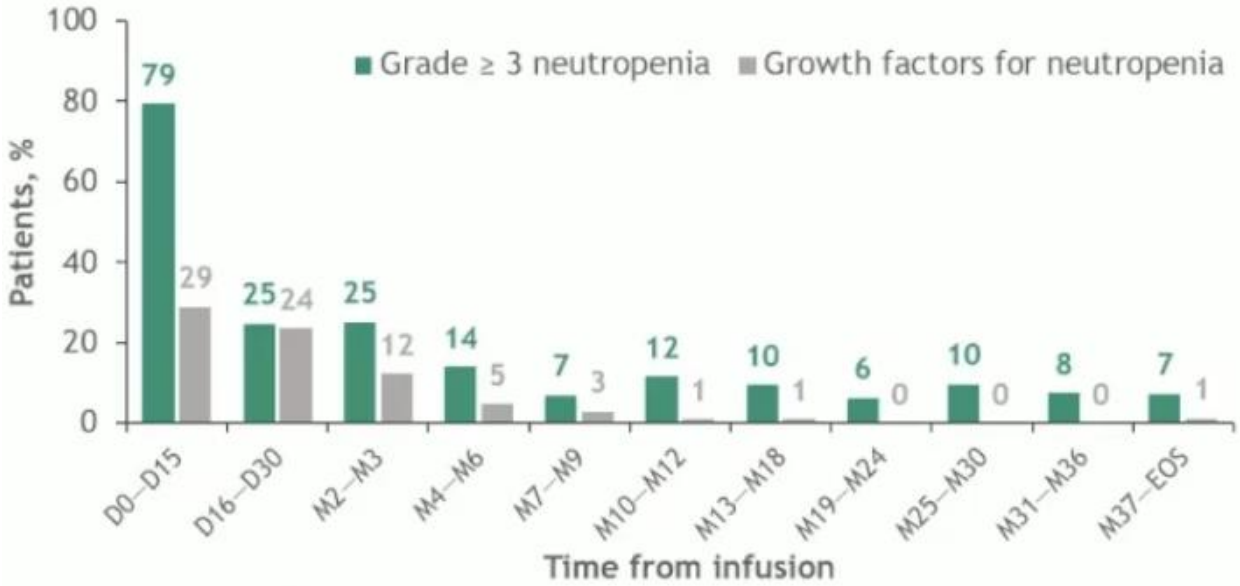
36-Month PFS rate

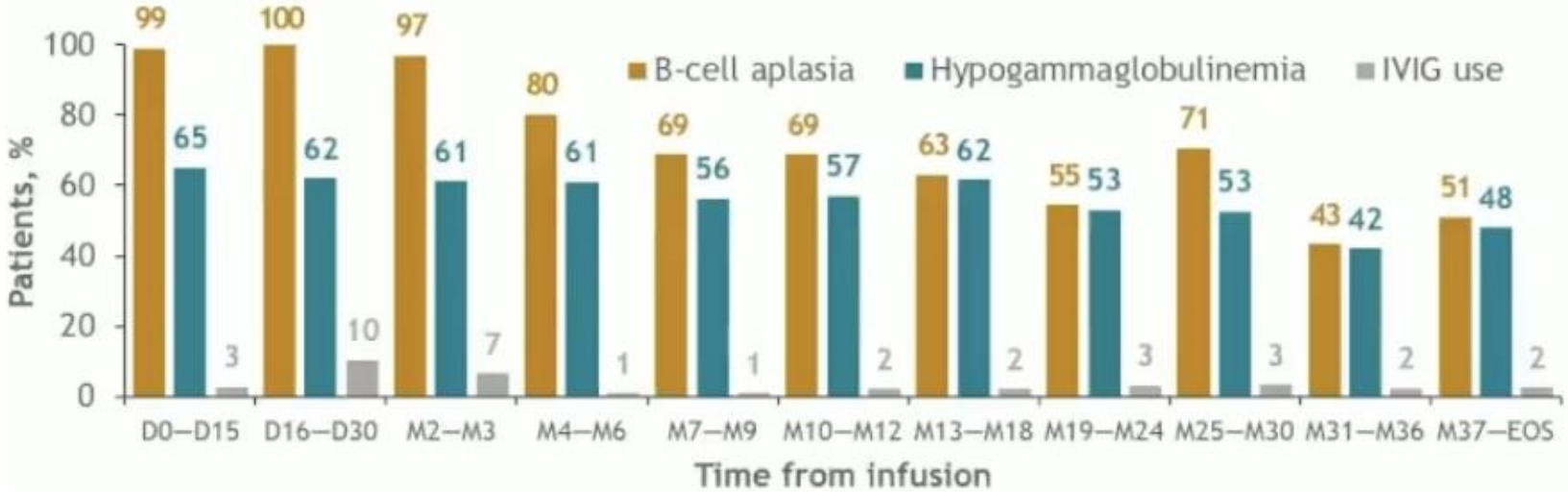
POD24 (n = 57)	No POD24 (n = 46)	Bulky disease (n = 31)	No bulky disease (n = 72)	Double refractory (n = 67)	Not double refractory (n = 36)
58% (95% CI, 43–70)	80% (95% CI, 65–89)	61% (95% CI, 41–75)	71% (95% CI, 58–80)	60% (95% CI, 47–71)	83% (95% CI, 66–92)

Ahmed, et al. Proc ASH 2025

Excellent long term safety

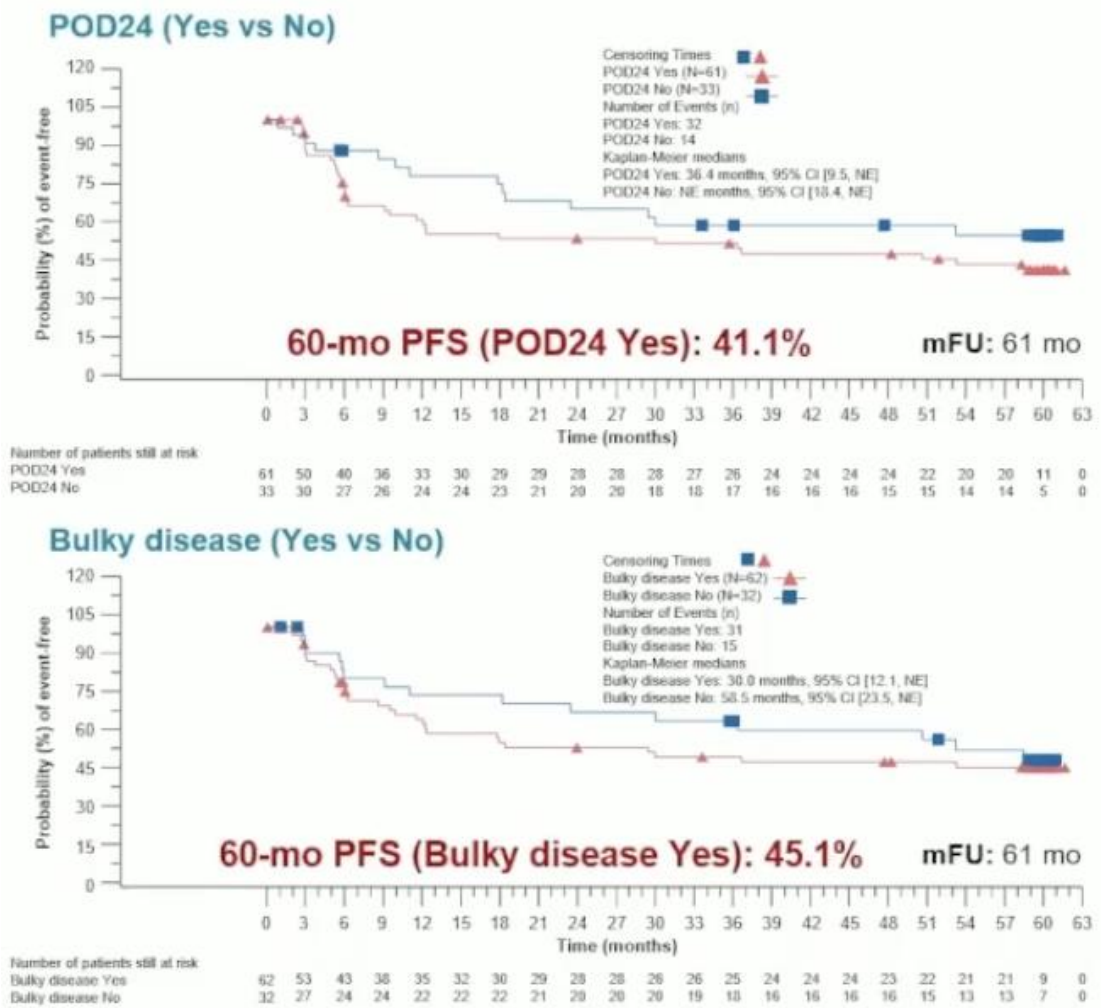


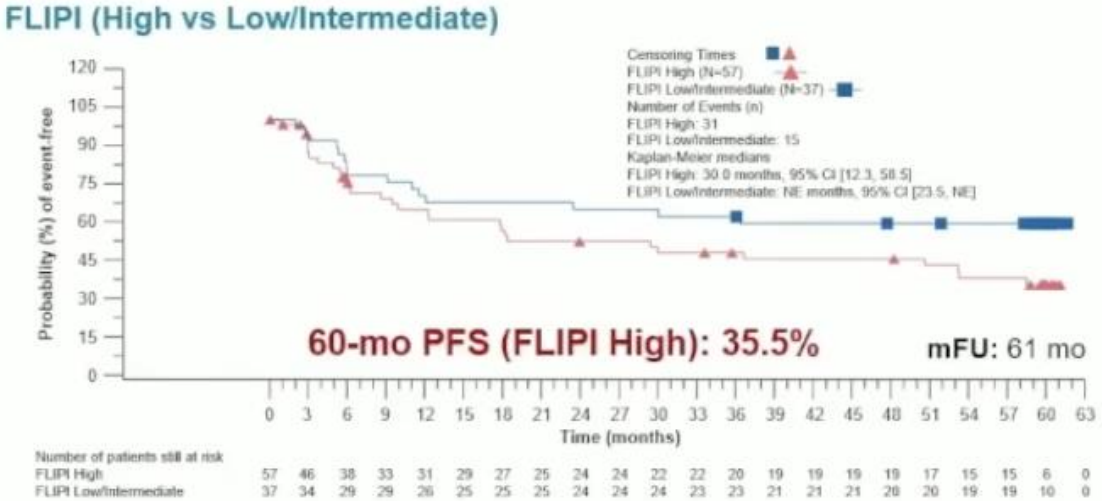


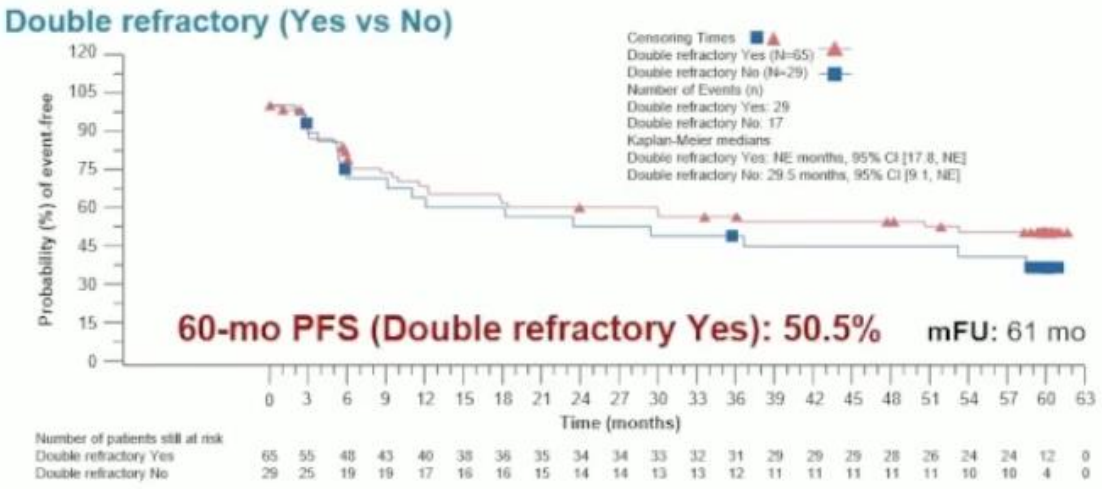


Ahmed, et al. Proc ASH 2025

ELARA: Sustained PFS Across High-Risk Subgroups

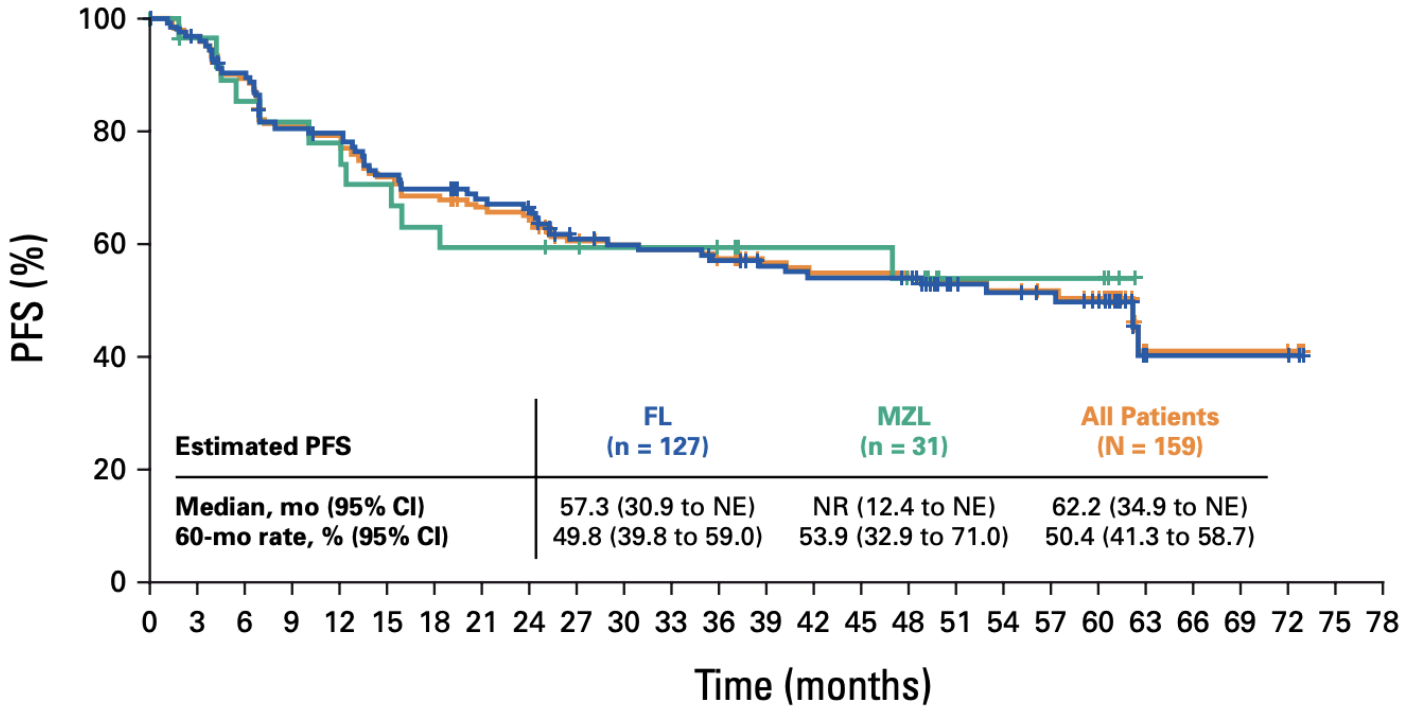






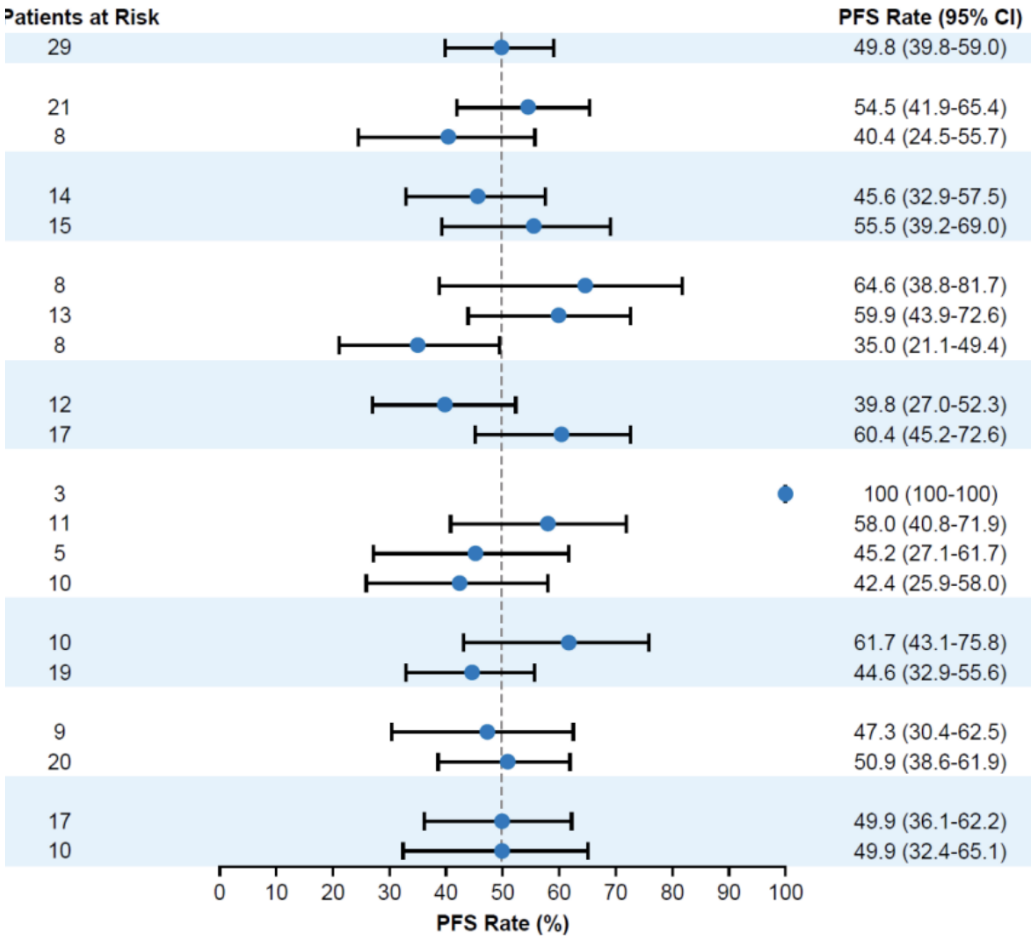
Schuster, et al. Proc ASH 2025

ZUMA-5: Sustained PFS Across High-Risk Subgroups



Number at risk:

FL	127	120	111	98	96	87	84	78	75	65	63	62	59	55	53	53	52	36	34	32	29	7	6	6	6	0
MZL	31	26	23	22	21	19	17	16	16	15	14	14	13	11	11	11	9	4	4	4	4	0				
All patients	159	146	134	120	117	106	101	94	91	80	77	76	72	66	64	64	61	40	38	36	33	7	6	6	6	0



Myths about CAR versus BsAb in Follicular lymphoma

1. They are equally effective
2. CARs have significantly more toxicity
3. CARs are easier to give

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
Mosunetuzumab	90	3	78%	60%	36% at 60 mo	44%	2%	0%	20%
Epcoritamab	128	3	82%	63%	Median 18 mo	67%	2%	0%	23%
Lisocabtagene maraleucel	107	3	97%	94%	68% at 36 mo	58%	1%	2%	11%
Tisagenlecleucel	97	4	86%	69%	50% at 60 mo	59%	0%	1%	9%

CAR T-cells are MORE EFFECTIVE in Relapsed/Refractory FL, and associated with FEWER INFECTIONS

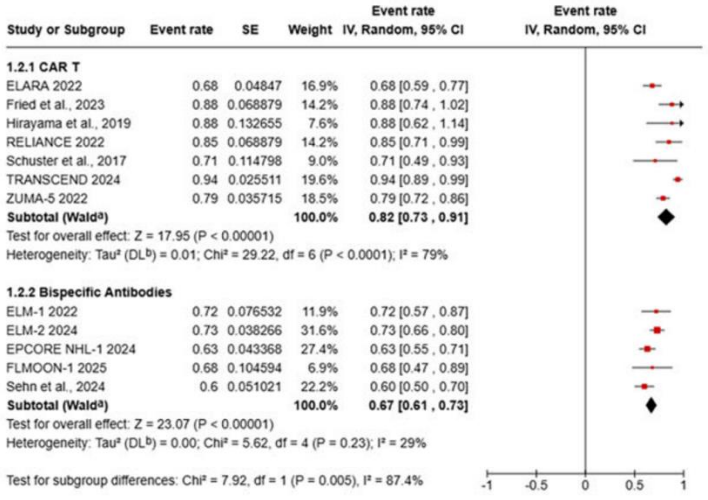
Budde, et al. Proc ASH 2025; Linton, et al. Lancet Haem 2024; Ahmed, et al. Proc ASH 2025; Schuster, et al. Proc ASH 2025

CAR vs Bispecifics in Relapsed/Refractory FL

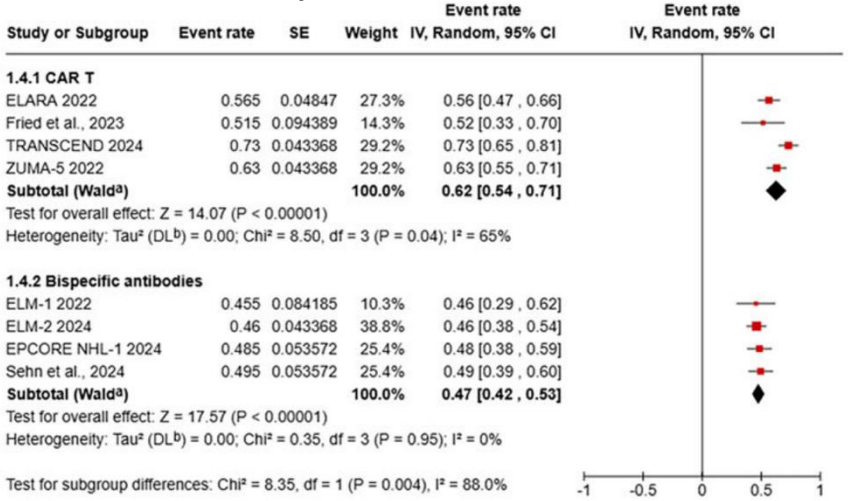
Metaanalysis confirms superior CAR efficacy including overall survival!

	CAR	Bispecific
CRR	82%	67%
2-year PFS	62%	47%
2-year OS	87%	76%

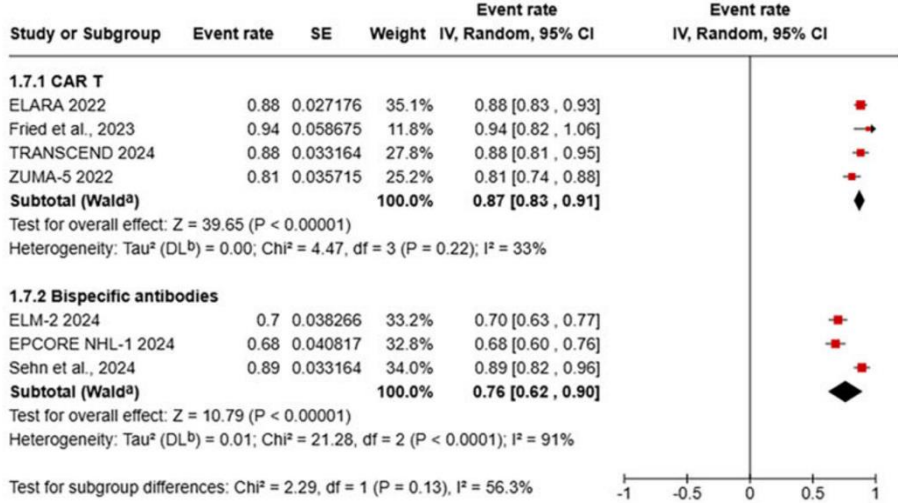
CRR



2-year PFS



2-year OS

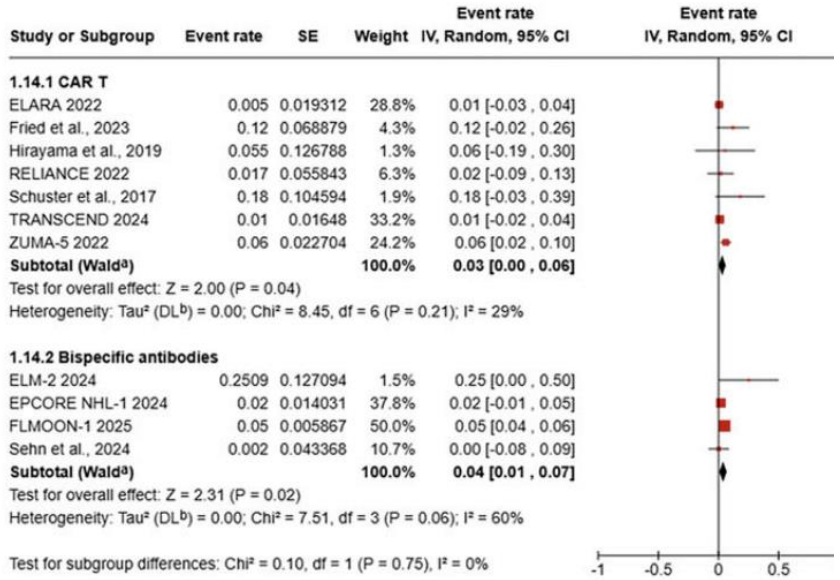


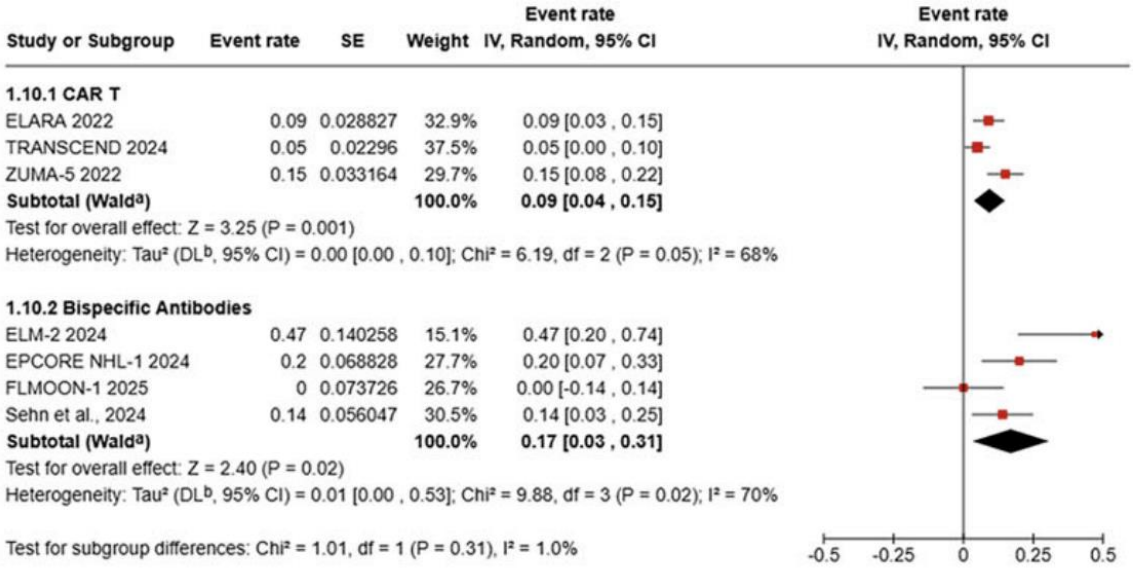
Ng, et al. Blood Ca J. 2025.

CAR vs Bispecifics in Relapsed/Refractory FL

Metaanalysis confirms higher infectious risk with bispecifics

	CAR	Bispecific
Severe CRS	3%	4%
Severe infection	9%	17%





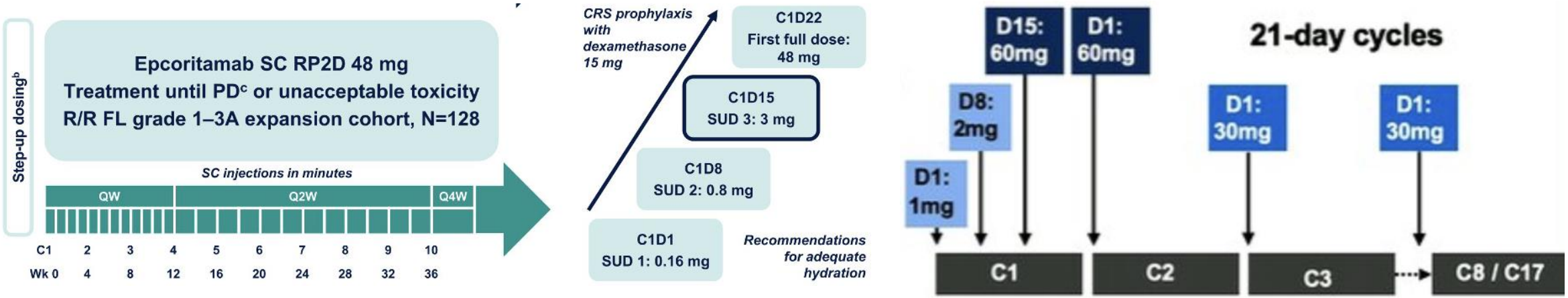
Ng, et al. Blood Ca J. 2025.

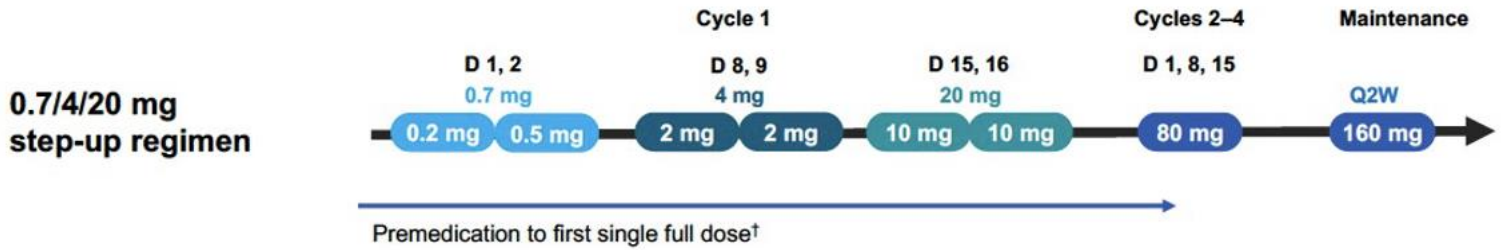
Logistics

CAR

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

Bispecific antibodies





Does this man look trustworthy to you???

CAR over BsAb in 3rd line or later follicular lymphoma

- CAR T-cells are MORE EFFECTIVE than BsAb based on higher CR and improved PFS, and may even improve overall survival
- CAR T-cells DO NOT have excess toxicity compares to BsAb with 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
- And frankly, bispecifics belong in 2nd line and ultimately 1st line follicular lymphoma, with CAR remaining preferred in high risk relapsed/refractory patients
- CAR T-cells should be preferred therapy for multiply pre-treated high-risk FL patients

Thank you for your attention!

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