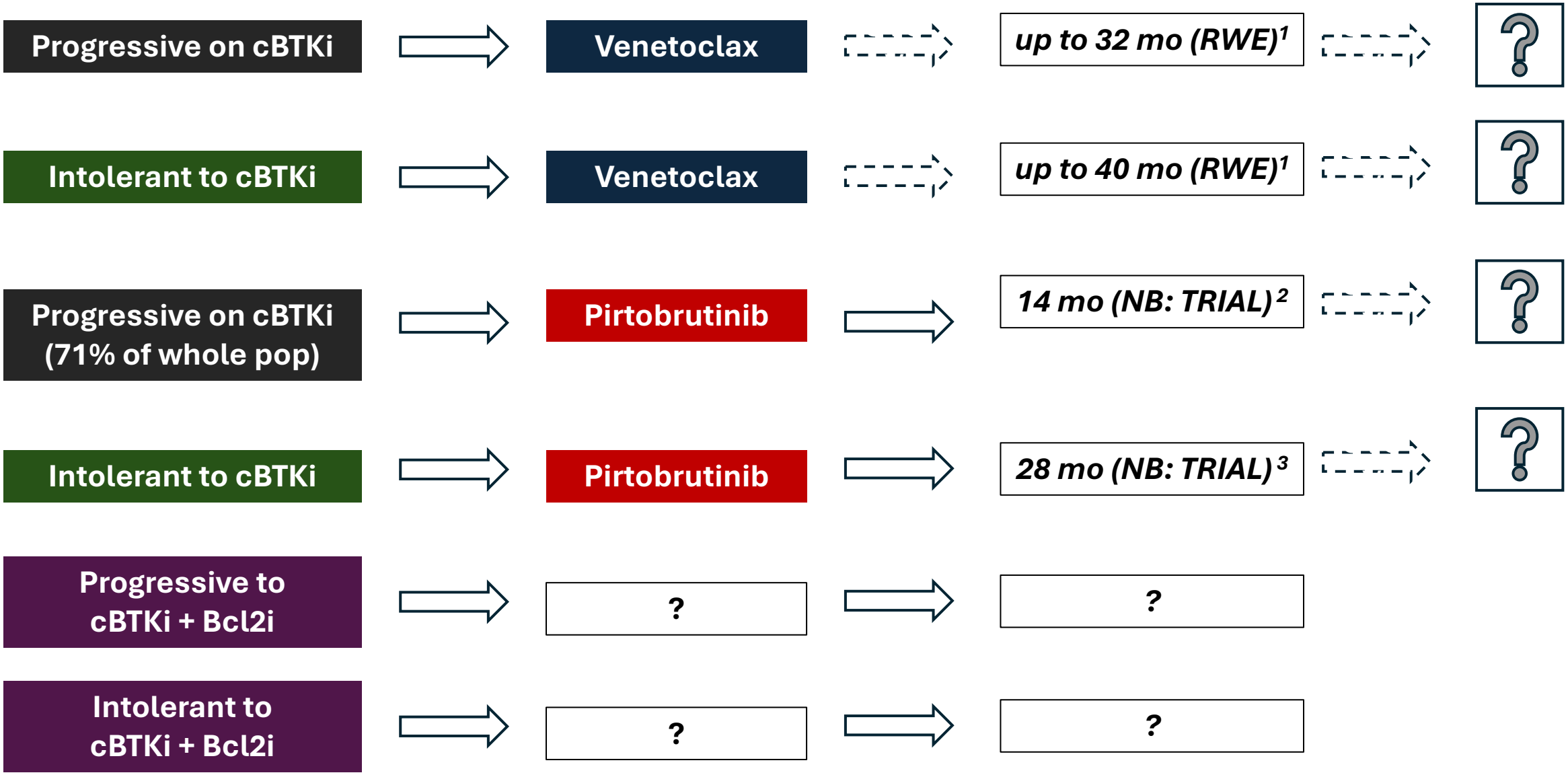
Outcomes after cBTKi

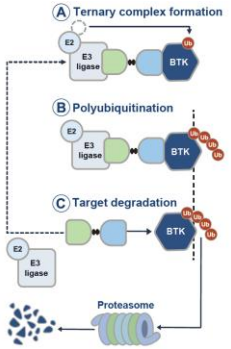


1 Gosh. AJH 2025; 2 Sharma, JCO 2025; 3 Shah, Haematologica 2025

BTK remains the target: BTK-degraders and c+ncBTKi

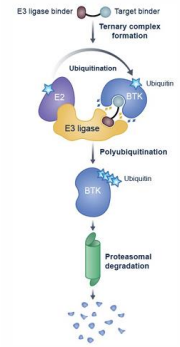
Ahn et al. *abs25-8349*

BGB16673-101



Omer et al. *abs25-4184*

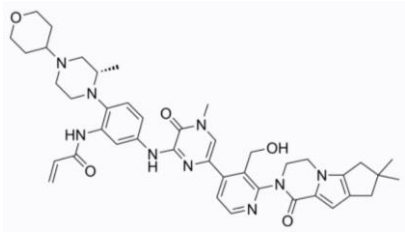
NX-5948-301



	BGB16673 (N=67)	Bexobrutideg (N=97)
mFU	18 mo	9 mo
M age	70 y	68 y
M prior lines (range) **cBTKi** **BCL2** **ncBTKi**	4 (2-10) 94% 82% 21%	4 (1-12) 98% 74% 32%
TP53/17p	66%	42% (*TP53*)
BTK/PLCG2 mut	54%	53%
ORR/CRR	86%/5%	79%/1% (*84 evaluable*)
TEAEs leading to discontin	18%	5.2%
1y PFS	79%	NA

Woyach et al. abs25-2620,

NCT04775745



Rocbrutinib targets:

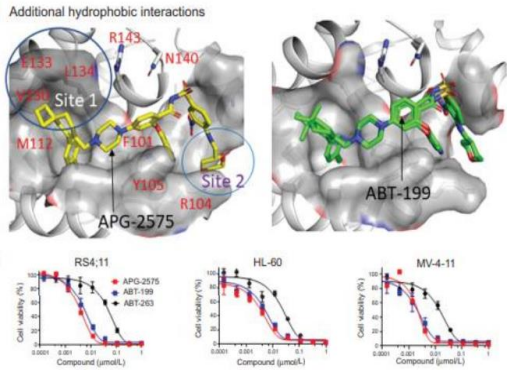
- WT BTK irreversibly
- C481 mutant BTK reversibly
- other nonC481 mutations

	Rocbrutinib (N=42)
mFU	30 mo
M age	66 y
M prior lines (range) **cBTKi** **BCL2** **ncBTKi**	4 (2-9) 100% 45% 21%
TP53/17p	59%
BTK/PLCG2 mut	No cum available
ORR/CRR	78%/0 (*23 evaluable*)
TEAEs leading to discontin	NA
Est mPFS	28 mo

Therapeutic Pathways Beyond BTK: novel BL2i

Zhou et al, *abs25-13909*

APG2575CC201



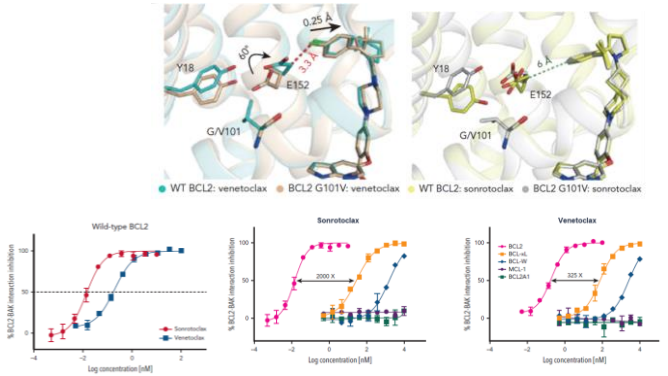
Eligible pts (both criteria):

- Prior BTKi
- High risk (prior CIT/TP53/uIGHV/CK)

5 days ramp-up
(20→600 mg)

Yi et al, *abs25-3885*

BGB-11417-202



Ph2 in China

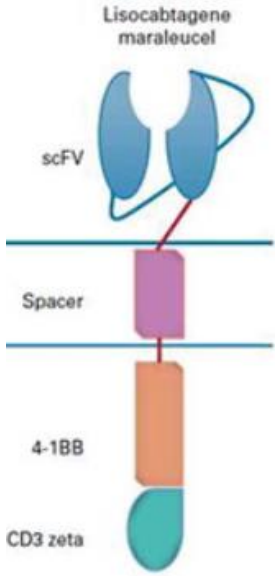
- BTKi-exposed
- Prior exposure to CIT or CIT ineligible
- No prior BCL2i

	Lisaftoclax (N=77)	Sonrotoclax (N=100)
mFU	22 mo	14 mo
M age	63 y	65 y
M prior lines (range) **cBTKi** **BCL2** **ncBTKi**	4 (2-9) 100% 45% 21%	2 (1-6) 100% 0 NR
TP53/17p	39%	38%
High CK	27%	NR
ORR	63%(*72 evaluable*)	76%
uMRD	21% (*55 evaluable*)	49%
mPFS	24 mo	Not reached at 14 mo

Therapeutic Pathways Beyond BTK: CAR-T

Huang et al, *abs25-2882*

lisocabtagene maraleucel (real world experience)



- 30 pts
- M age: 67 y
- M prior lines: 6

- cBTK+BL2:100%
- cBTK+BCL2+pirto: 90%
- TP53/17p: 67%
- CK: 27%

	Liso single (TRASCEND 004) (N=87)	Lyso+ibru (TRASCEND004) (N=56)	Lyso RWE (pirto as bridging in 60%)
ORR	44%	86%	87%
CRR	20%	45%	60%
CRR if prior pirto **yes** **no**	NA	NA	 72% 28%
uMRD	64%	86%	9/14 (64%)
CRS G3	8%	4%	10%
ICANS G3	19%	11%	13%

- **Come trattare i pazienti precedentemente esposti a cBTKi?**

- **Gli studi in corso con nuovi farmaci rendono il trapianto una procedura ormai obsoleta nella CLL?**