Bispecific antibodies in combination

Glofitamab

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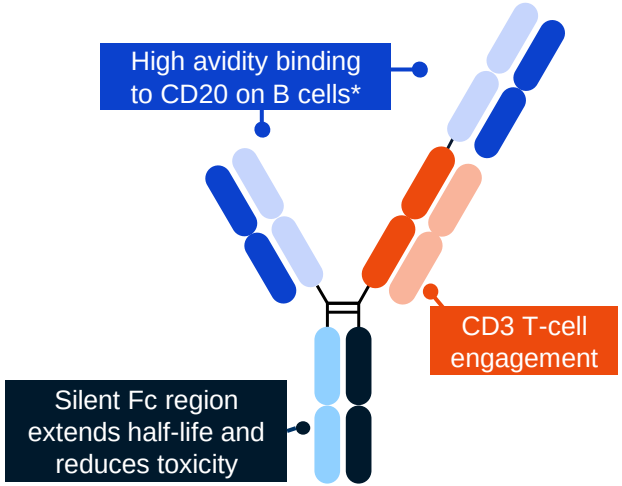
Conflicts of interest

Type of affiliation / financial interet	Name of the commercial company
Receipt of grant / research supports	None
Receipt of honoraria (including advisory board) or consultation fee:	Autolus, Bristol-Myers Squibb, Kite/Gilead, Janssen, Miltenyi, Abbvie, Regeneron, AstraZeneca, Sobi, Roche, Lilly.
Participation in a company-sponsored speaker’s bureau:	None
Stock shareholder:	None
Spouse / partner:	None
Other support (travel):	Abbvie, AstraZeneca, Kite/Gilead, Miltenyi, Roche, Bristol-Myers Squibb

Background

- **Glofitamab**
  - Redirects T cells to eliminate B cells
  - Off-the-shelf treatment, administered for a fixed duration of up to 12 cycles
- **Phase I/II experience (NCT03075696)**
  - Glofitamab has induced frequent and durable complete responses (CRs) and demonstrated a manageable safety profile in patients with R/R LBCL and other B-cell NHL subtypes
  - As a result, glofitamab monotherapy was approved by the FDA for use in patients with R/R LBCL after ≥2 prior lines of therapy

Glofitamab: *CD20xCD3 bispecific antibody with 2:1 format for increased potency vs 1:1 format*



*Obinutuzumab binds to the same CD20 epitope as glofitamab; †DLBCL NOS, HGBCL, PMBCL, trFL.
DLBCL, diffuse large B-cell lymphoma; HGBCL, high-grade B-cell lymphoma; LBCL, large B-cell lymphoma; NOS, not otherwise specified; PMBCL, primary mediastinal large B-cell lymphoma; trFL, transformed follicular lymphoma.

1. Bacac M, et al. Clin Cancer Res 2018;24:4785–4797;
2. NCT03075696. Available at: https://clinicaltrials.gov;
3. Dickinson MJ, NEJM 2022

Study overview

Single-arm pivotal Phase II expansion cohort in patients with R/R DLBCL and ≥2 prior therapies

Key inclusion criteria

- DLBCL NOS, HGBCL, transformed FL or PMBCL
- ECOG PS 0–1
- ≥2 prior regimens, including anti-CD20 antibody and anthracycline

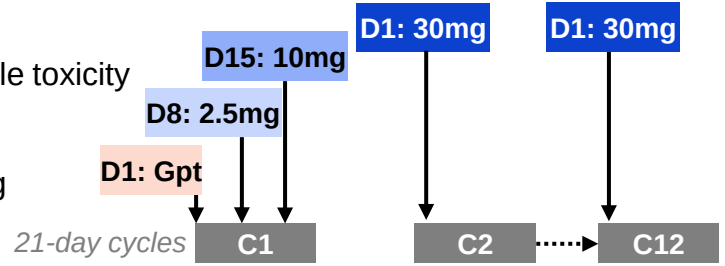
Glofitamab IV administration

Fixed-duration treatment

- 12 cycles, unless PD or unacceptable toxicity

CRS mitigation:

- obinutuzumab pretreatment 1000mg
- C1 step-up dosing



Endpoints

Primary: CR (best response) rate by IRC* – assessed vs 20% historical control CR rate

- pre-specified historical control CR rate based on a meta-analysis of 19 clinical trials in 1373 patients with R/R DLBCL
- planned enrolment 100 patients: 92% power to detect an increase in CR rate from 20% to 35%; MDD: 28%

Key secondary: ORR rate,† DoR, DoCR,† PFS, and OS

*by positron emission tomography-computed tomography (Lugano criteria)[1]; †by IRC and INV. BCL, B-cell lymphoma; CR, complete response; CRS, cytokine release syndrome; DoCR, duration of complete response; DoR, duration of response; ECOG PS, Eastern Cooperative Oncology Group Performance status; FL, follicular lymphoma; Gpt, obinutuzumab pretreatment; HGBCL, high-grade BCL; IRC, Independent Review Committee; INV, investigator; MDD, minimum detectable difference; NOS, not otherwise specified; ORR, overall response; OS, overall survival; PD, progressive disease; PFS, progression-free survival; PMBCL, primary mediastinal large BCL

1. Cheson et al. JCO 2014

Available bispecific antibodies for LBCL (3L+)

	Glofitamab NP30179	Epcoritamab EPCORE NHL-1	Odronextamab ELM-2
Patients	155	157	127
Duration	Fixed (12x)	Indefinite	Indefinite
Prior lines	3 (2–7)	3 (2–11)	2 (2–8)
Prior CAR-T	33%	39%	0
CR	40%	40%	32%
PFS, median	4.9 mo 1y-PFS 37%	4.4 mo 2y-PFS 28%	4.4 mo 2y-PFS ~20%
OS, median	12.6 mo 1y-OS 50%	18.5 mo 2y-OS 45%	9.2 mo 2y-OS ~30%
CRS, any (G≥3)	63% (4%)	51% (3%)	55% (5%)
ICANS, any (G≥3)	8% (3%)	6% (1%)	0

Dickinson M, NEJM 2022
Dickinson M, ASH Meeting 2024

Thiemblemont C, Leukemia 2024
Vose JM, ASH Meeting 2024

Kim WS, Nature Cancer 2025

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Dickinson M, NEJM 2022
Dickinson M, ASH Meeting 2024

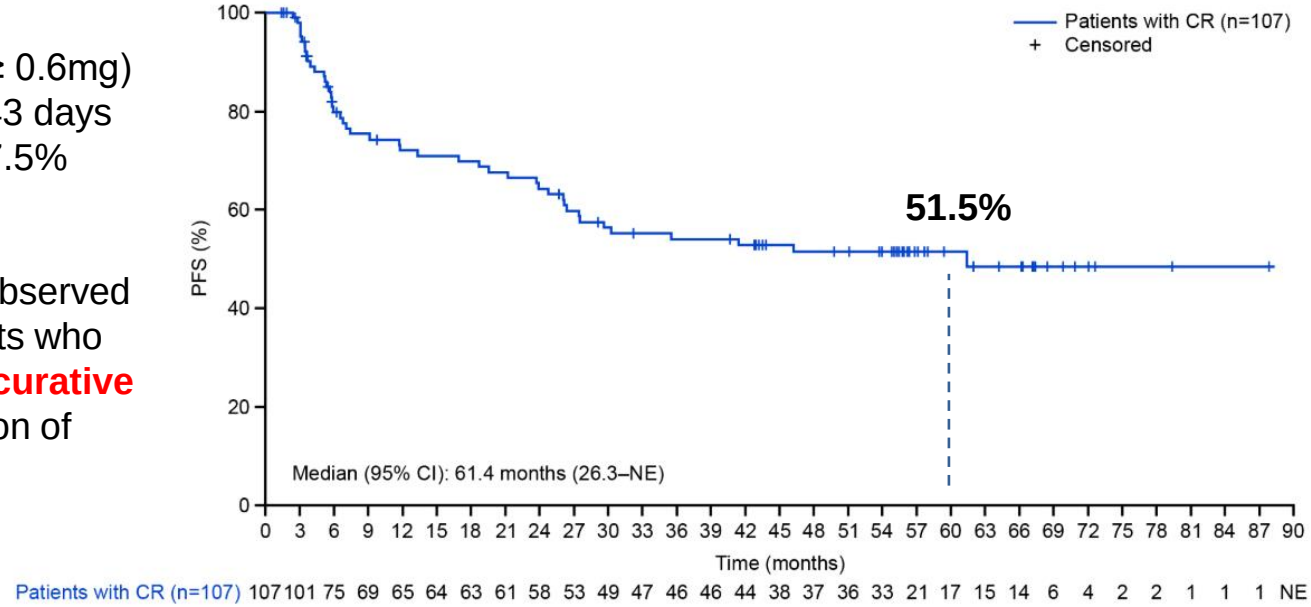
Thiemblemont C, Leukemia 2024
Vose JM, ASH Meeting 2024

Kim WS, Nature Cancer 2025

5y follow-up of patients with R/R large B-cell lymphoma who achieved a complete response with glofitamab (NP30179 trial)

107 patients in CR (glofit ≥ 0.6mg)
Median time to CR was 43 days
5-year OS rate was 67.5%

“The durable remissions observed with glofitamab in patients who achieved a CR suggest a **curative potential** in a proportion of patients”



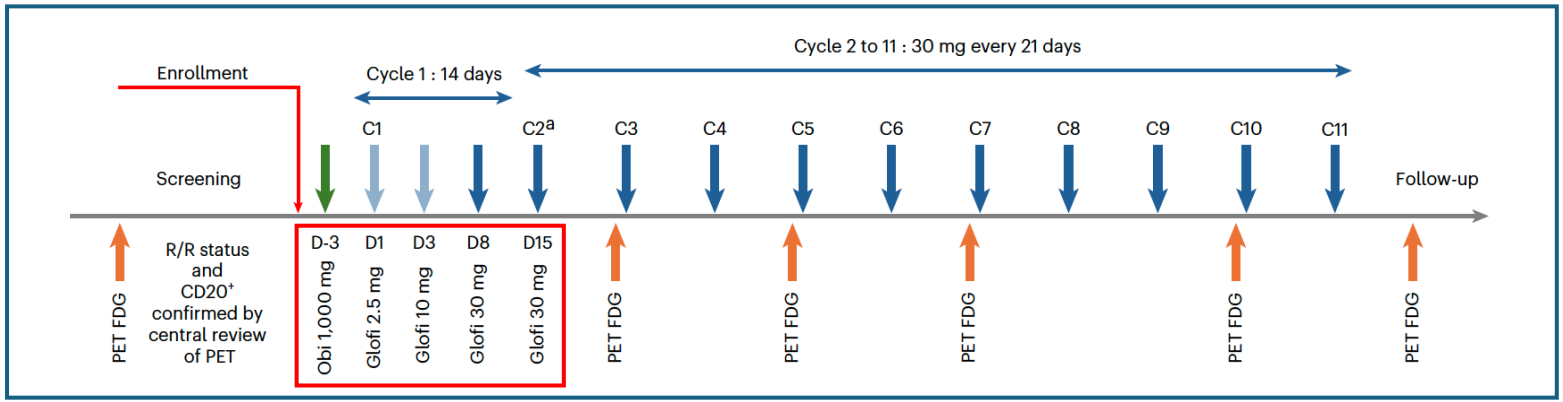
Patel K, EHA Meeting 2026

Similar efficacy with bispecific antibodies after CAR T-cell therapy

	Trial	N patients	N patients after CAR-T	Outcome
Glofitamab[1]	NP30179	154	51 (33%)	**35% CRR**
Epcoritamab[2]	EPCORE NHL-1	128	61 (39%)	**36% CRR**
Odronextamab[3]	ELM-1	85 (LBCL)	35 (41%)	**27% CRR**
Pola-BR[4]	GO29365	152	1	NA
Loncastuximab[5]	LOTIS-2	145	14 (10%)	**25% CRR**
Tafasitamab-Len[6]	L-MIND	81	none	-

[1]Dickinson et al; NEJM 2022; [2]Thieblemont et al, Leukemia 2024; [3]Bannerji et al., Lancet Haematol 2022;
[4]Sehn et al, Blood Adv 2022; [5]Caimi et al, Haematologica 2023; [6]Duell et al., Haematologica 2021

Glofitamab after CAR T-cell therapy (BICAR study, N=46)



Cartron G et al, Nat Cancer 2025

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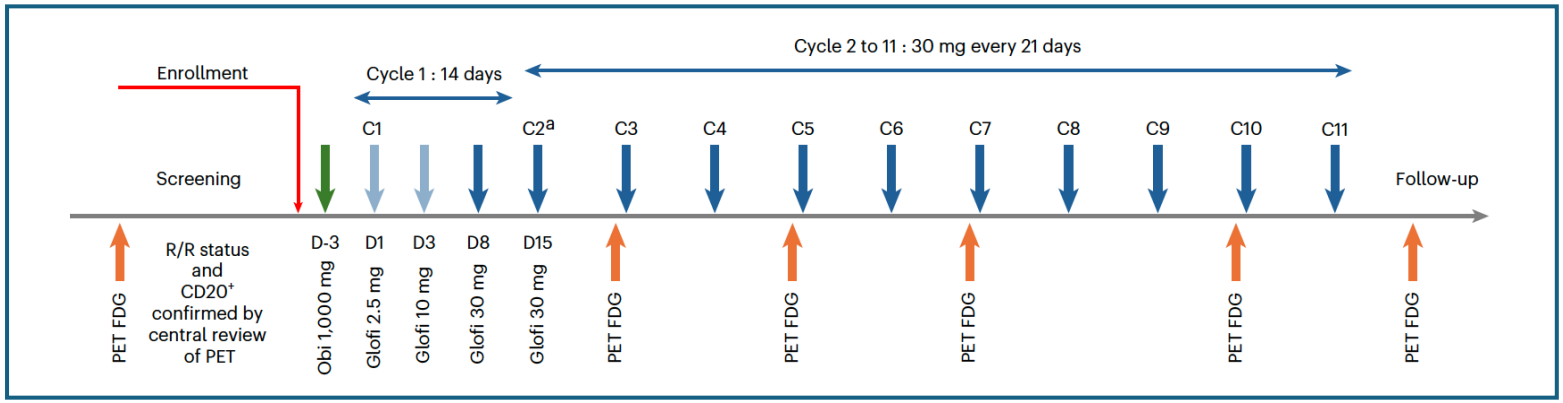
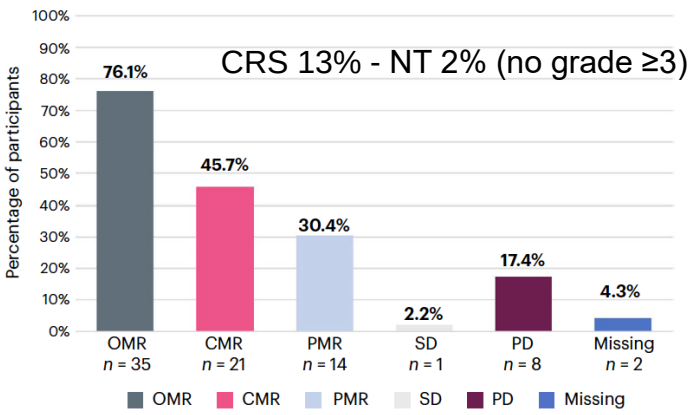
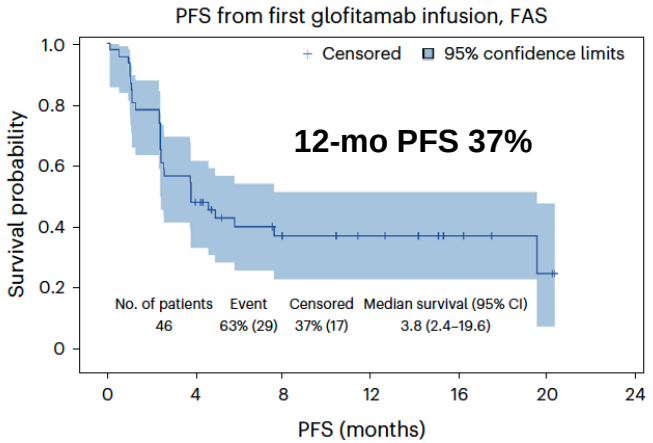
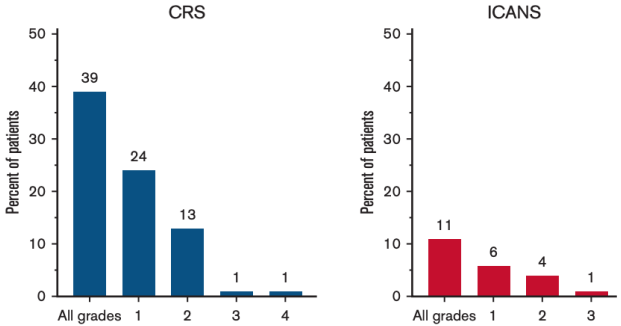


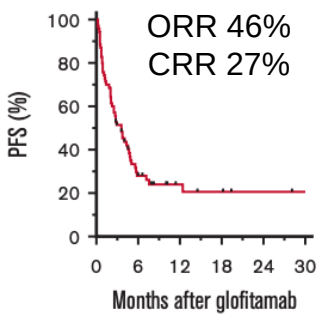


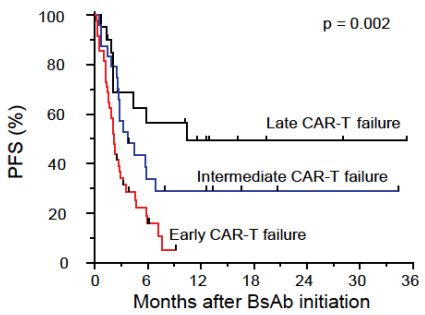


Cartron G et al, Nat Cancer 2025

Real world outcomes with glofitamab (N=70)







		PFS		OS	
Variable before Glo	**Category**	**HR (univariate)**	**HR (multivariate)**	**HR (univariate)**	**HR (multivariate)**
Age at Glo infusion	Continuous variable	*P* = .93	–	*P* = .44	–
Gender	Male/female	0.99 (0.55-1.78; *P* = .97)	–	0.89 (0.47-1.68; *P* = .71)	–
DLBCL, de novo	Yes vs no	1.45 (0.77-2.72; *P* = .25)	–	1.56 (0.78-3.11; *P* = .21)	–
HGBL with *MYC* and *BCL2* and/or *BCL6* rearrangements	Yes vs no	1.65 (0.72-3.76; *P* = .24)	–	1.60 (0.66 -3.88; *P* = .29)	–
Treatment lines before Glo	Continuous variable	*P* = .73	–	*P* = .81	–
Bendamustine within last 6 mos vs >6 mos/never	Yes vs no	**2.00 (1.11-3.62; *P* = .02)**	1.53 (0.79-2.97; *P* = .21)	1.81 (0.95-3.47; *P* = .07)	–
CAR-T naive	Yes vs no	**1.97 (1.06-3.63; *P* = .03)**	1.57 (0.80-3.06; *P* = .19)	**2.17 (1.12-4.20; *P* = .02)**	1.62 (0.79-3.31; *P* = .19)
Refractoriness to last therapy	Yes vs no	**2.62 (1.26-5.48; *P* = .01)**	1.59 (0.69-3.67; *P* = .28)	**2.58 (1.12-5.92; *P* = .03)**	1.97 (0.79-4.90; *P* = .14)
Bulky disease (>7.5 cm)	Yes vs no	**2.78 (1.51-5.09; *P* = .0009)**	1.83 (0.93-3.58; *P* = .08)	1.69 (0.87-3.26; *P* = .12)	–
LDH >400 U/L	Yes vs no	**1.89 (1.05-3.40; *P* = .03)**	**1.83 (1.00-3.35; *P* = .05)**	**2.10 (1.09-4.05; *P* = .03)**	**1.98 (1.02-3.83; *P* = .04)**

Shumilov E, Blood Advances 2025

1L	**SKYGLO (Ph3)** **Glofit + Pola-R-CHP** GO43075 (Ph2) Glofit + R-CHOP (high-risk) NP40126 (Ph1) Glofit + (R-CHOP, Pola-R-CHP)	**EPCORE-DLBCL-2 (Ph3)** **Epco + R-CHOP vs R-CHOP** EPCORE-DLBCL-3 (Ph2) Epco +/- Lenalidomide (frail/unfit) NHL-2 and NHL-5 (Ph2) Epco + (R-CHOP, R-mini-CHOP, Pola-R-CHP)	**OLYMPIA-3 (Ph3)** **Odro + R-CHOP**	GO40554 (Ph1/2) Mosun +/- Polatuzumab (frail/unfit)
2L	**STARGLO (Ph3)** **Glofit + GemOx** NP39488 (Ph1/2) Glofit + Polatuzumab	**EPCORE DLBCL-1 (Ph3)** **Epco monotherapy** **EPCORE DLBCL-4 (Ph3)** **Epco + Lenalidomide** NHL-2 and NHL-5 (Ph2) Epco + (R-DHAX/C, GemOx, R-ICE, Len, Ibr-Len, Golcadomide)	**OLYMPIA-4 (Ph3)** **Odro monotherapy** CLIO-1 (Ph1) Odro + Cemiplimab ATHENA-1 (Ph 1) Odro + REGN5837	**SUNMO (Ph3)** **Mosun + Polatuzumab** MorningSun (Ph2) Mosun monotherapy GO40516 (Ph2) Mosun + Polatuzumab
3L+	Glofitamab *(FDA and EMA)*	Epcoritamab *(FDA and EMA)*	Odronextamab *(only EMA)*	Mosunetuzumab *(follicular lymphoma)*

STARGLO trial design

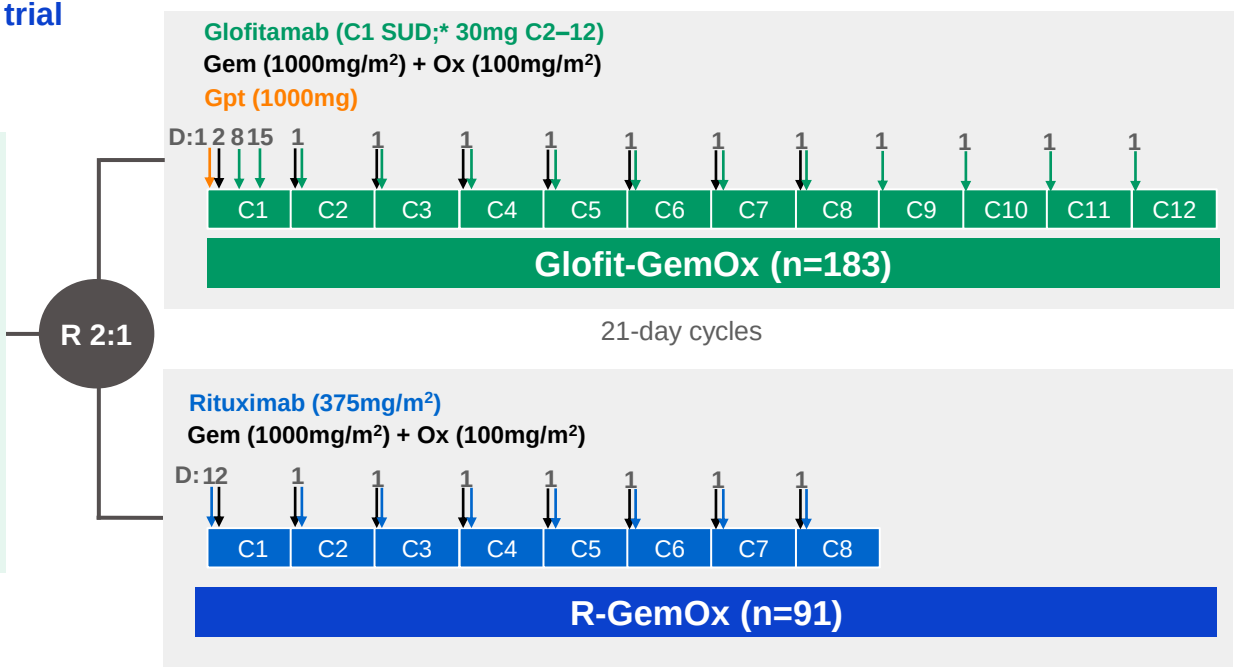
Phase 3, open-label, randomised trial

Patients with R/R DLBCL (N=274)

- R/R DLBCL NOS after ≥1 prior systemic therapy
- Patients with one prior line must be transplant ineligible
- ECOG PS 0–2

Stratification factors

- Relapsed vs refractory disease†
- 1 vs ≥2 prior lines of therapy



*Glofit 2.5mg on D8 and 10mg on D15. †Relapsed disease: recurrence following a response that lasted ≥6 months after completion of the last line of therapy; refractory disease: disease that did not respond to, or that progressed <6 months after, completion of the last line of therapy. C, cycle; D, day; ECOG PS, Eastern Cooperative Oncology Group performance status; DLBCL, diffuse large B-cell lymphoma; Gem-Ox, gemcitabine and oxaliplatin; Glofit, glofitamab; Gpt, obinutuzumab pretreatment; NOS, not otherwise specified; R 2:1, patients randomised in a 2:1 ratio; R, rituximab.

Abramson JS, et al. EHA 2024; Oral presentation (abstract#LB3438);
Abramson JS, et al. Lancet 2024;404(10466, Suppl).

STARGLO trial
Demographic and clinical characteristics at baseline – ITT population

Number (%) of patients unless stated	R-GemOx n=91	Glofit-GemOx n=183	Total N=274
Median age — years (IQR)	68 (55–73)	68 (59–74)	68 (58–74)
<65 years	35 (39)	67 (37)	102 (37)
≥65 years	56 (62)	116 (63)	172 (63)
Sex, male	53 (58)	105 (57)	158 (58)
Race			
Asian	51 (56)	86 (47)	137 (50)
Black or African American	1 (1)	2 (1)	3 (1)
White	33 (36)	82 (45)	115 (42)
Unknown	6 (7)	13 (7)	19 (7)
Geographical region			
Europe	26 (29)	62 (34)	88 (32)
North America	10 (11)	15 (8)	25 (9)
Asia or Australia	55 (60)	106 (58)	161 (59)
ECOG performance status			
0	44 (48)	72 (39)	116 (42)
1	36 (40)	89 (49)	125 (46)
2	8 (9)	19 (10)	27 (10)
Unknown	3 (3)	3 (2)	6 (2)
Ann Arbor stage	n=90	n=183	n=273
I–II	20 (22)	60 (33)	80 (29)
III–IV	70 (77)	123 (67)	193 (70)
Unkown	1 (1)	0	1 (<1)

Abramson JS, et al. EHA 2024; Oral presentation (abstract#LB3438);
Abramson JS, et al. Lancet 2024;404(10466):1940–54.

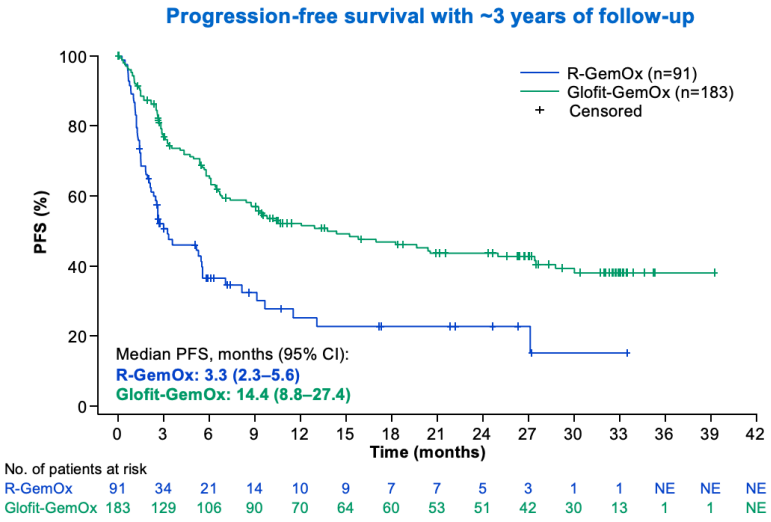
STARGLO trial
Demographic and clinical characteristics at baseline – ITT population

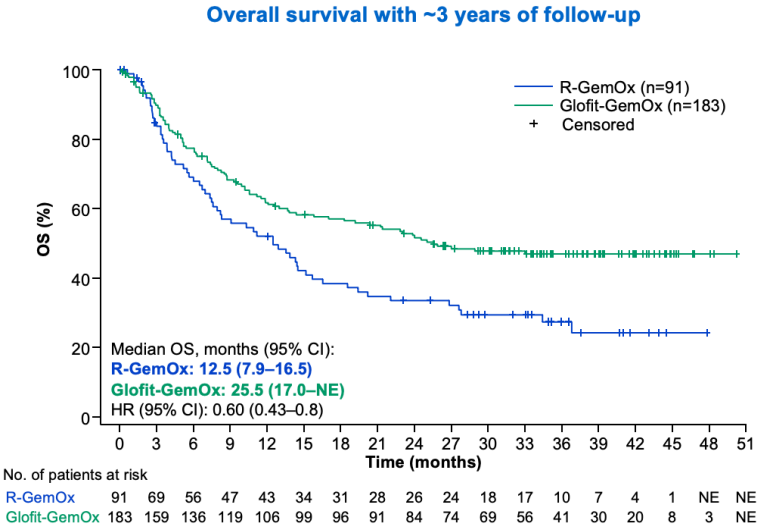
Number (%) of patients unless stated	R-GemOx n=91	Glofit-GemOx n=183	Total N=274
Number of risk factors for IPI			
0–1	13 (14)	48 (26)	61 (22)
2	28 (31)	42 (23)	70 (26)
3	30 (33)	49 (27)	79 (29)
4–5	17 (19)	38 (21)	55 (20)
Unknown	3 (3)	6 (3)	9 (3)
Cell of origin			
GCB	29 (32)	60 (33)	89 (33)
Non-GCB	50 (55)	103 (56)	153 (56)
Unknown	12 (13)	20 (11)	32 (12)
Bulky disease at study entry	n=90	n=183	n=273
Yes	14 (16)	23 (13)	37 (14)
No	76 (84)	160 (87)	236 (86)
Unknown	1 (1)	0	1 (<1)
Number of prior lines of therapy			
Median (IQR)	1 (1–2)	1 (1–2)	1 (1–2)
1	57 (63)	115 (63)	173 (63)
≥2	34 (37)	68 (37)	102 (37)

Abramson JS, et al. EHA 2024; Oral presentation (abstract#LB3438); Abramson JS, et al. Lancet 2024;404(10466):1940–54.

STARGLO trial

Glofit-GemOx vs R-GemOx for TNE patients with R/R DLBCL





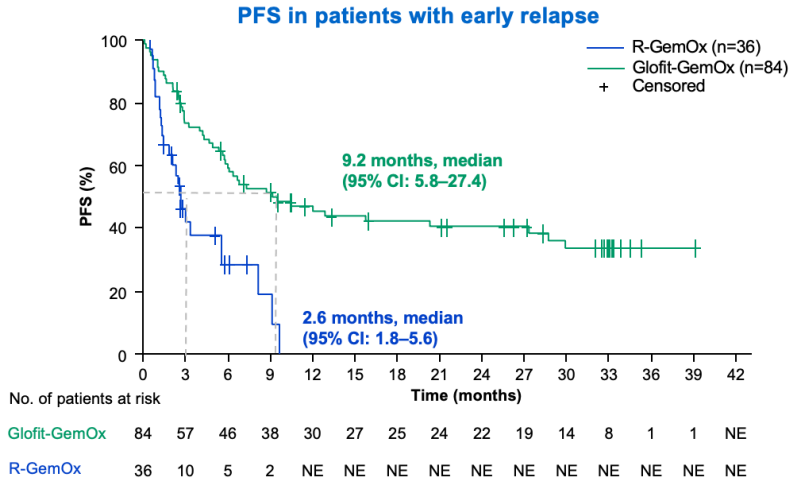
Outcome	R-GemOx	Glofit-GemOx
PFS, median mo	**3.3**	**14.4**
30-month PFS	**15%**	**38%**

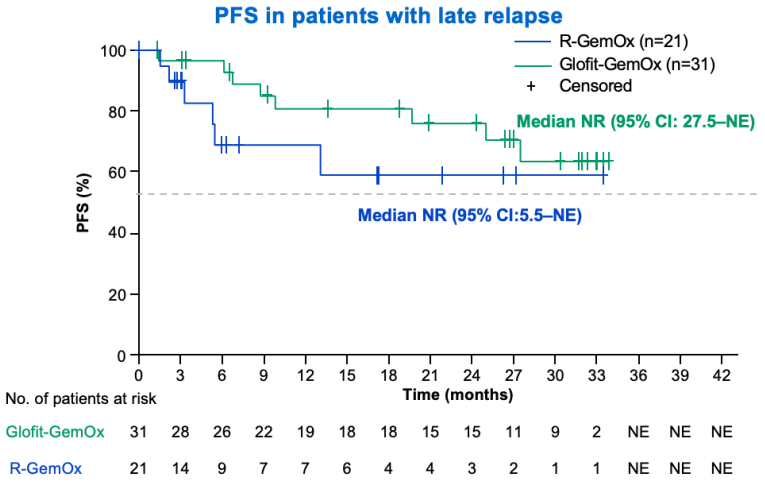
Outcome	R-GemOx	Glofit-GemOx
OS, median mo	**12.5**	**25.5**
36-month OS	**27.4%**	**47.1%**

Abramson JS et al, ASH Meeting 2025

STARGLO trial: Subgroup analyses

CRR with Glofit-GemOx vs R-GemOx were 56% vs 17% in early relapse and 84% vs 48% in late relapse





Abdulhaq H, et al. ASH Meeting 2025

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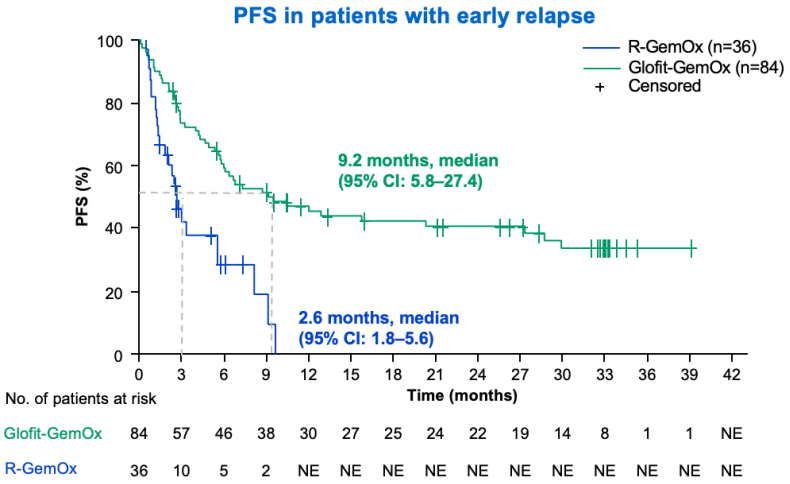
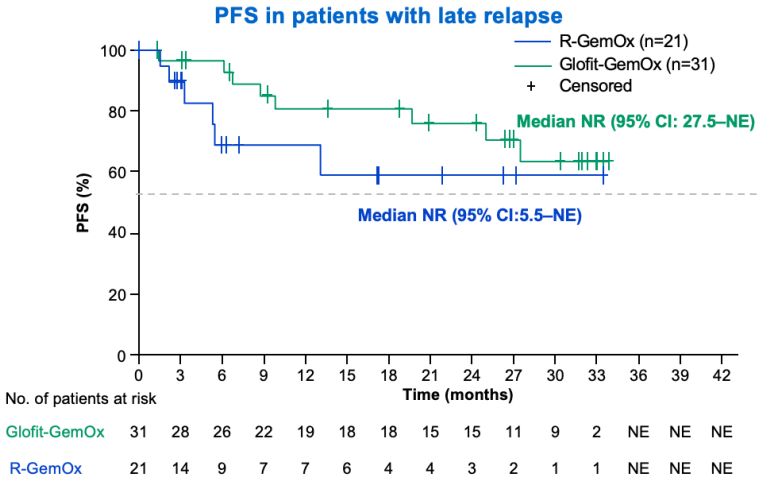




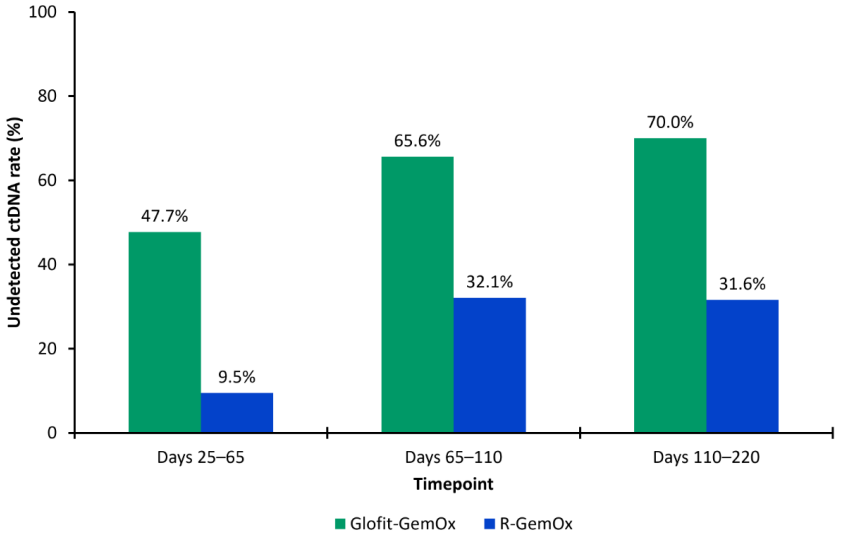
Outcome	<65 years		≥65 years		≥75 years	
	R-GemOx (n=34)	Glofit-GemOx (n=67)	R-GemOx (n=57)	Glofit-GemOx (n=116)	R-GemOx (n=20)	Glofit-GemOx (n=46)
Median OS, months (95% CI)	9.0 (5.5–34.4)	27.0 (13.7–NE)	13.8 (7.6–18.5)	25.0 (12.9–NE)	8.3 (3.8–15.7)	33.0 (20.4–NE)
36-month OS, % (95% CI)	32.3 (15.0–49.7)	47.6 (35.4–59.9)	25.5 (13.6–37.4)	46.6 (36.9–56.3)	NE (NE)	49.7 (32.6–66.8)
Median PFS, months (95% CI)	5.2 (1.5–5.6)	9.6 (5.8–NE)	3.0 (2.1–9.7)	15.8 (8.7–28.8)	2.6 (0.8–NE)	NR (17.0–NE)
CR rate, % (95% CI)	26.5 (12.9–44.4)	58.2 (45.5–70.2)	24.6 (14.1–37.8)	58.6 (49.1–67.7)	20.0 (5.7–43.7)	65.2 (49.8–78.7)

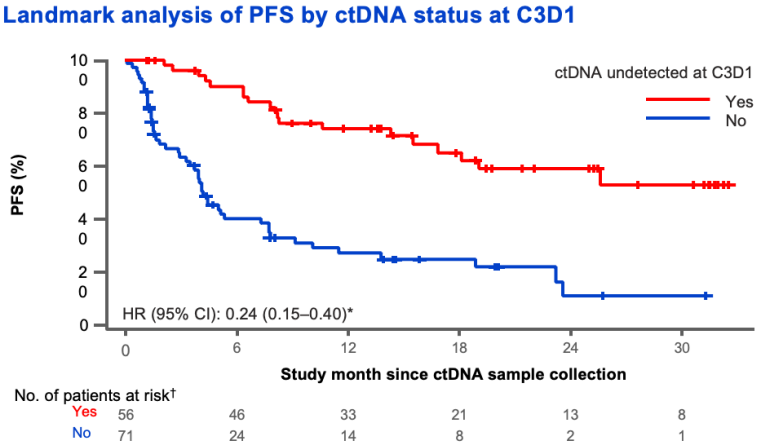
Abdulhaq H, et al. ASH Meeting 2025

TMTV and ctDNA as prognostic factors in the STARGLO trial

Glofit-GemOx showed improved PFS over R-GemOx irrespective of TMTV (125 cm^3, median)
(high: HR, 0.37, p<0.01; low: HR, 0.30, p<0.01)

Undetected ctDNA at C3 was associated with prolonged PFS and showed
greater prognostic value than PET-CR at C4

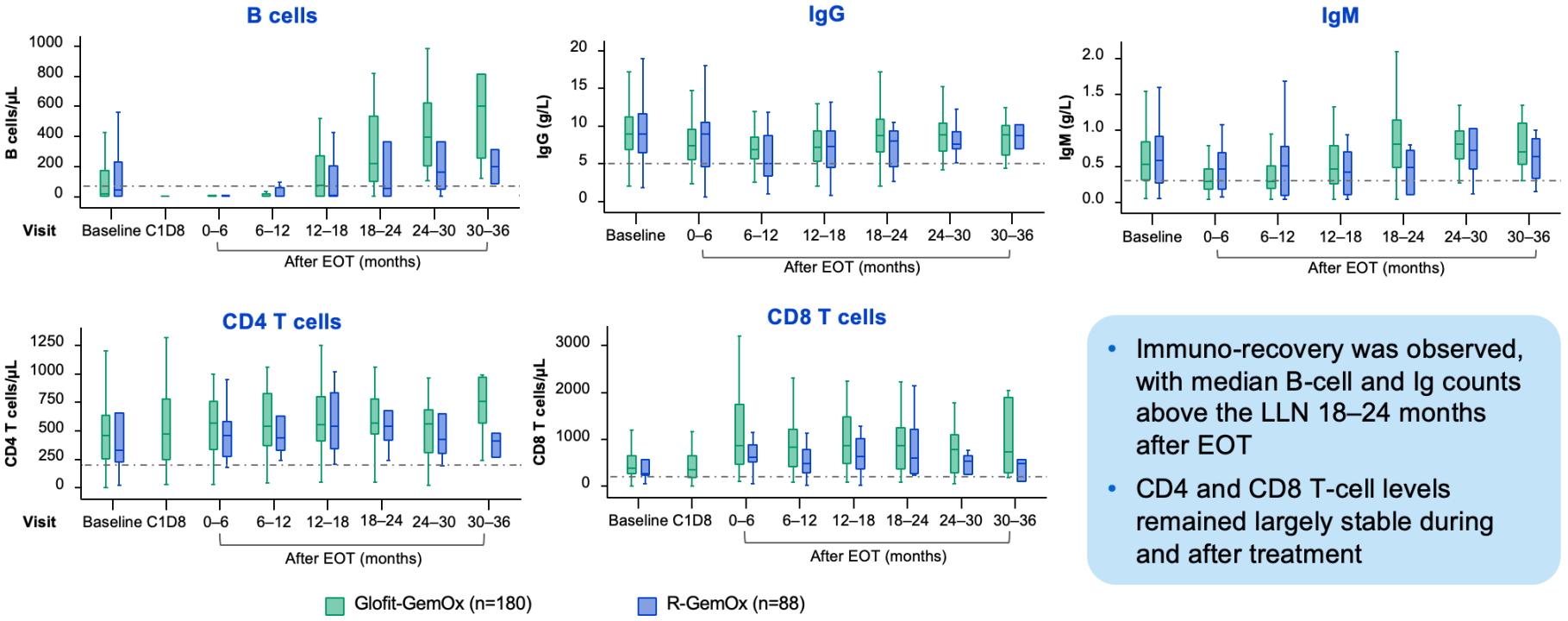




Abramson JS, et al. ICML 2025; Herrera A, et al. Blood 2022; Townsend W, EHA Meeting 2026

STARGLO trial

B-cell and T-cell dynamics during and after treatment



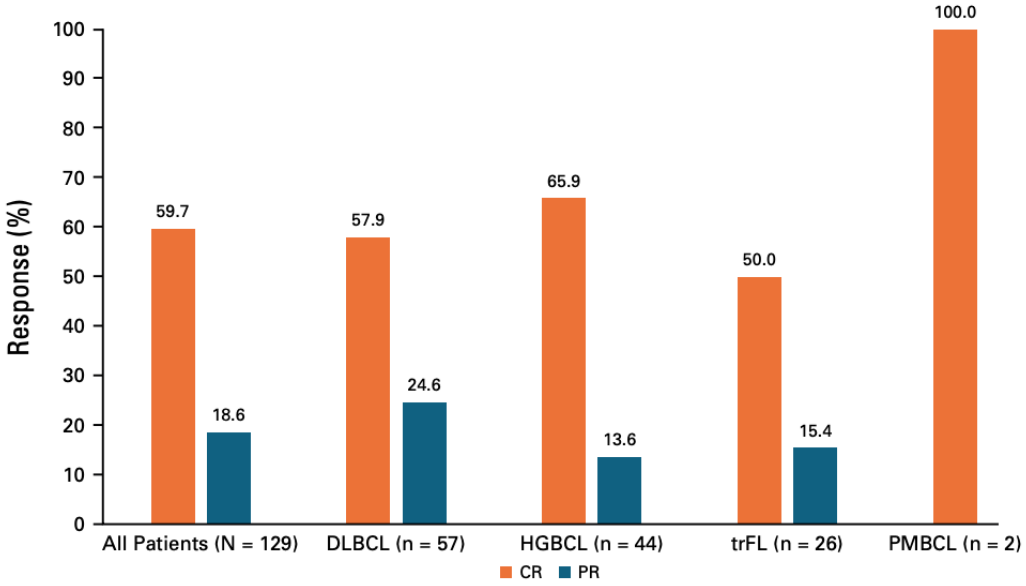
- Immuno-recovery was observed, with median B-cell and Ig counts above the LLN 18–24 months after EOT
- CD4 and CD8 T-cell levels remained largely stable during and after treatment

CCOD: May 1, 2025. Dotted lines represent LLN. Box plots show median and range; whiskers show 95% CI.
LLN = B cells, 70 cells/µL; IgG, 5g/L; IgM, 0.3g/L; CD4 T cells, 200 cells/µL; CD8 T cells, 200 cells/µL.
C, Cycle; CI, confidence interval; D, Day; EOT, end of treatment; Ig, immunoglobulin; LLN, lower limit of normal.

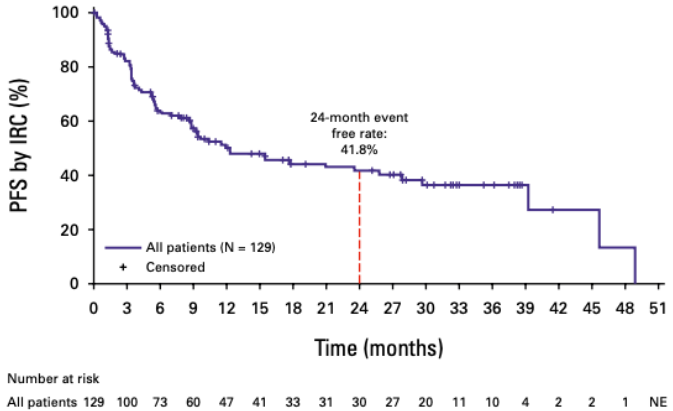
Abramson JS, et al. ASH Meeting 2025

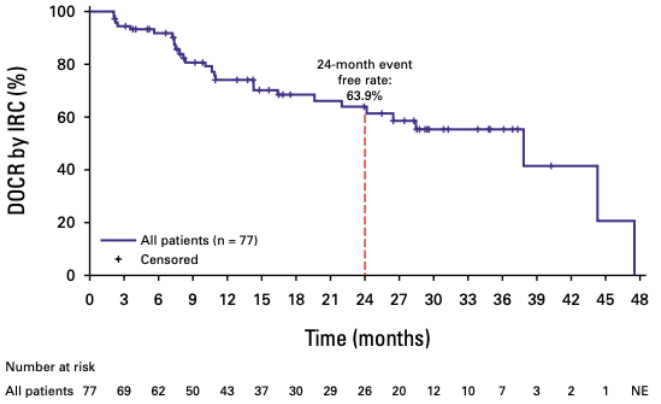
Glofitamab Plus Polatuzumab: A single-arm trial in 2L+ LBCL

Median age of 67 years (range, 23-84)
Median of 2 prior lines (range, 1-7)
Prior CAR-T in 22%



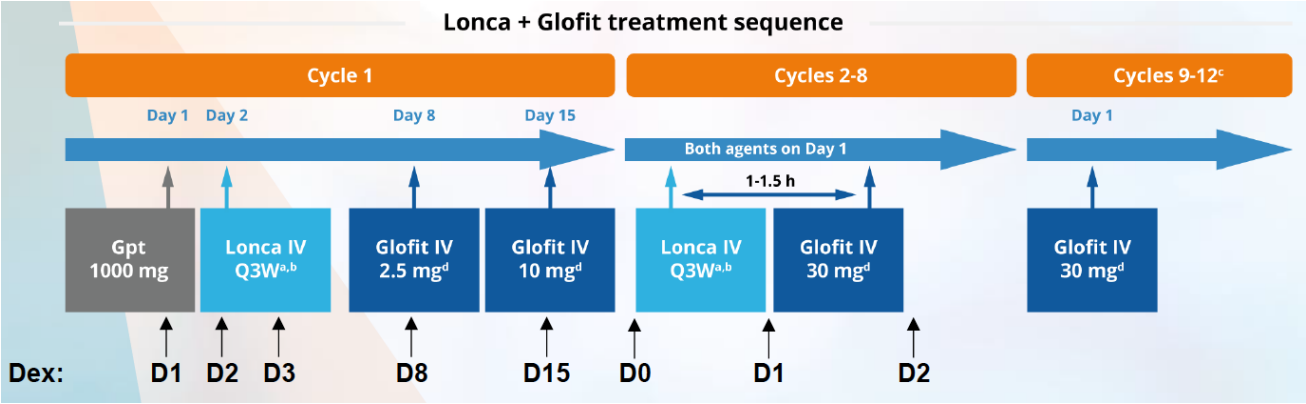
Similar CRR in GCB and non-GCB

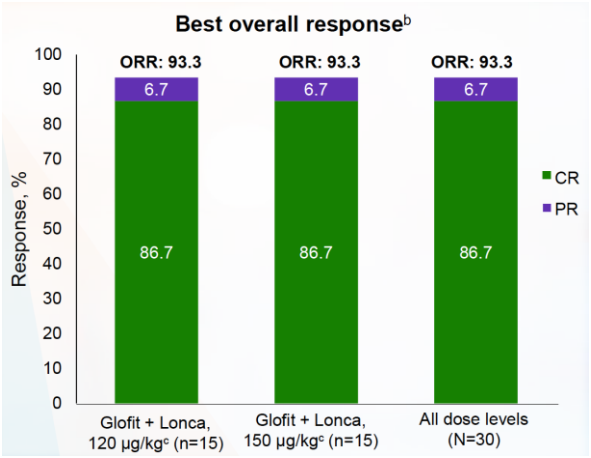




Hutchings M, Journal of Clinical Oncology 2025

Results From LOTIS-7: A Phase 1b Study of Loncastuximab Tesirine Plus Glofitamab in R/R DLBCL (N=41)





Characteristic, n (%)	Glofit + Lonca, 120 µg/kg[c] (n=15)	Glofit + Lonca, 150 µg/kg[c] (n=15)	All dose levels (N=30)
DOR[d] Median	(n=14) NE	(n=14) NE	(n=28) NE
Time to first response (CR or PR) Median, days	(n=14) 42.0	(n=14) 42.0	(n=28) 42.0
Time to first CR Median, days	(n=13) 80.0	(n=13) 42.0	(n=26) 70.5

Alderuccio JP, ICML Meeting 2025

Select ongoing 1L phase 3 studies

Study	Phase	N	Arms	Key Eligibility Criteria	Primary Endpoint	2025	2026	2027	2028
Targeted									
frontMIND[2]	3	899	• **TafaLen** + R-CHOP • R-CHOP	IPI 3-5 (age>60) aaIPI 2-3 (age ≤60)	PFS				
ESCALADE[3]	3	600	• **Acala** + R-CHOP • R-CHOP	Age ≤ 70 IPI 1-5 non-GCB	PFS				
BsAb									
EPCORE DLBCL-2	3	900	• **Epcoritamab** + R-CHOP • R-CHOP	Age ≤ 80 IPI 2-5	PFS				
SKYGLO	3	1130	• **Glofit** + Pola-R-CHP • Pola-R-CHP	IPI 2-5	PFS				
OLYMPIA-3	3	904	• **Odron** + CHOP • R+CHOP	IPI 3-5	PFS Safety				
CAR T									
ZUMA-23[4]	3	300	• **Axi-cel** • R-CHOP or DA-EPOCH-R	IPI score of 4-5	EFS				2031

Clinicaltrials.gov: 1. NCT05578976, 2. NCT04824092, 3. NCT04529772, 4. NCT05605899, 5. NCT03677154, 6. NCT04980222

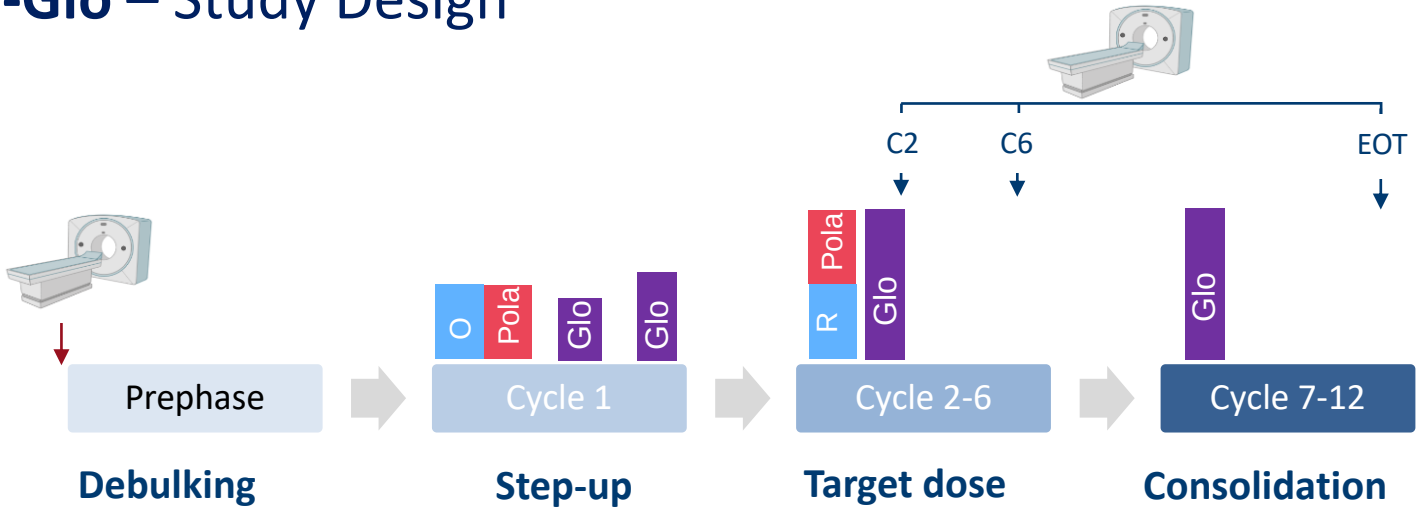
Estimated primary completion date (per clinicaltrials.gov)

Select ongoing 1L phase 3 studies and supporting phase 2 data

Study	Phase	N	Arms	Key Eligibility Criteria	Primary Endpoint	2025	2026	2027	2028
BsAb									
EPCORE DLBCL-2[1]	3	900	• Epcoritamab + R-CHOP • R-CHOP	Age ≤ 80 IPI 2-5	PFS AE profile				
NHL-2 arm 1[2]	1/2	47	• **Epcoritamab** + R-CHOP	IPI 3-5	ORR=100% CR=87% Gr 3+ CRS=4% Gr 3+ AEs=NR				
SKYGLO[3]	3	1130	• Glofit + Pola-R-CHP • Pola-R-CHP	IPI 2-5	PFS AE profile				
NCT03467373[4-5]	1	24	• **Glofit** + Pola-R-CHP	ECOG PS 0-3	ORR=100% CMR=92% Gr 3+ CRS=0% Gr 3+ AEs=71%				
OLYMPIA-3[6]	3	904	• Odron + CHOP • R+CHOP	IPI 3-5	PFS Safety AE profile				
ELM-2[7-8]	2	127	• **Odron**	ECOG PS 0 or 1	ORR=52% CR=32% Gr 3+ CRS=2% Gr 3+ AEs=84%				

Estimated primary completion date (per clinicaltrials.gov)

R-Pola-Glo – Study Design



Indication

- **Untreated** patients >60 yo with LBCL
- Non-eligible for full dose R-CHOP

Study Design

- One-arm, multicenter phase II
- 30 centers in Germany and Austria
- **80 pts** (C1-6 mandatory inpatient)
- Mandatory prophylaxis

Endpoints

- Primary: **1y-PFS rate**
- Secondary:
  - Efficacy (OS, EFS)
  - Feasibility/Toxicity

R-Pola-Glo – Patients Characteristics

Baseline Parameters

Cohort (N=80)	
Median age age > 85yo	80 (66-92) 19%
Advanced Stage (III/IV)	63% (50/80)
ECOG 2	28% (22/80)
LDH, > ULN	63% (50/80)
IPI 3-5	64% (51/80)

Simplified Geriatric Assessment (sGA)

	FIT	UNFIT		FRAIL
ADL	**≥5***	**<5***	**6***	**<6***
	and	*and/or*	*and*	*and/or*
IADL	**≥6***	**<6***	**8***	**<8***
	and	*and/or*	*and*	*and/or*
CIRS-G	**0 score = 3-4** and **≤8 score = 2**	**≥1 score = 3-4** and/or **>8 score = 2**	**0 score = 3-4** and **<5 score = 2**	**≥1 score = 3-4** and/or **≥5 score = 2**
	and	*and*	*and*	*and*
Age	**<80**	**<80**	**≥80**	**≥80**
R-Pola-Glo (n=79)	6 (7.6)	28 (35.4)	15 (19)	30 (38)

91.3% medical unfit/frail

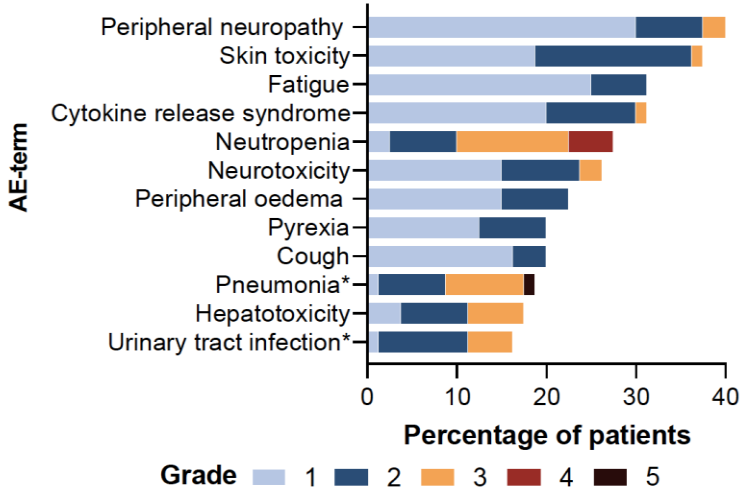
➔ Representative ”real world” cohort of medical unfit/frail patients with high treatment complexity.

R-Pola-Glo – Therapy Adherence and Overall Safety

Therapy Adherence and AEs

Cohort (N=80)	
Completing treatment as planned	80% (64/80)
AE, no grade 3-5 in any cycle	34% (27/80)
AE, grade 5	4% (3/80)

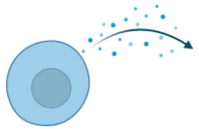
Most common AE terms

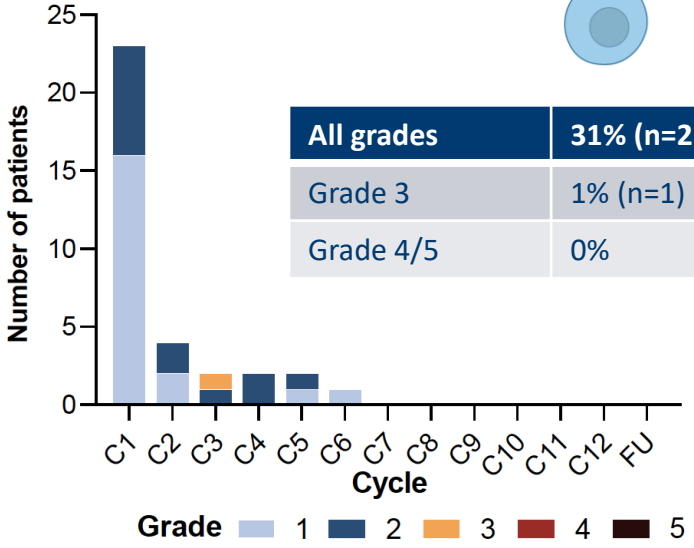


- ➔ Treatment was well tolerated with no unexpected adverse event
- ➔ Low treatment-related mortality.
- ➔ 34% of patients finished treatment with no AE grade 3-5 in any cycle.

R-Pola-Glo – CRS/ICANS

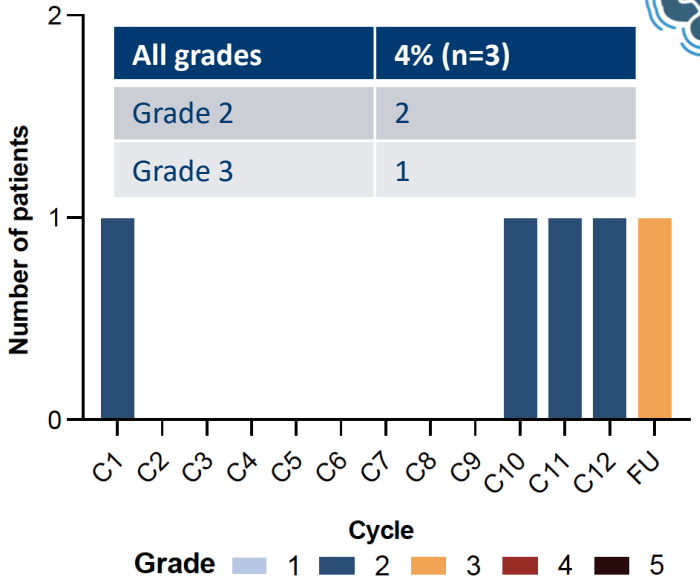
CRS





All grades	31% (n=25)
Grade 3	1% (n=1)
Grade 4/5	0%

ICANS



All grades	4% (n=3)
Grade 2	2
Grade 3	1

➔ CRS usually occurred at early cycles and low grade, and all resolved completely.

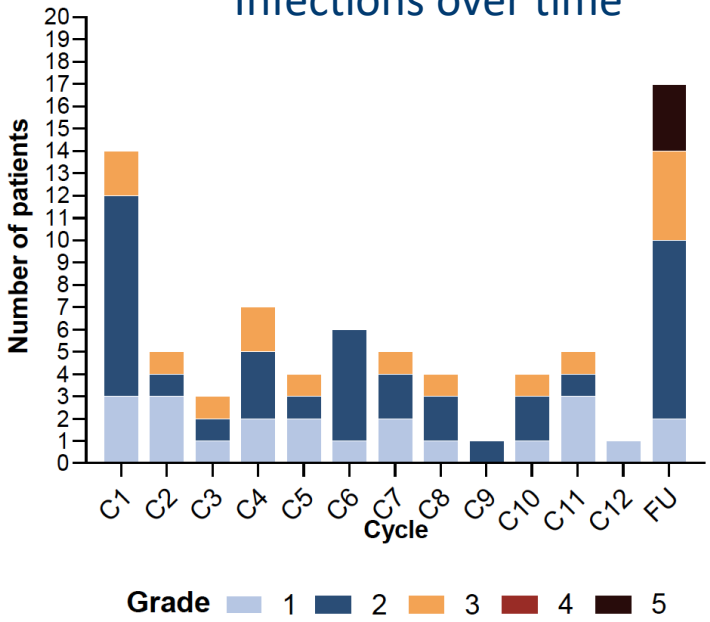
➔ ICANS occurred infrequently.

R-Pola-Glo – Infections over time and Cycle

Infections

Infections	66% (n=53)
Grade 3	19% (n=15)
Grade 4	3% (n=2)
Grade 5, all COVID COVID+RSV Unknown	4% (n=3) 1 1 1

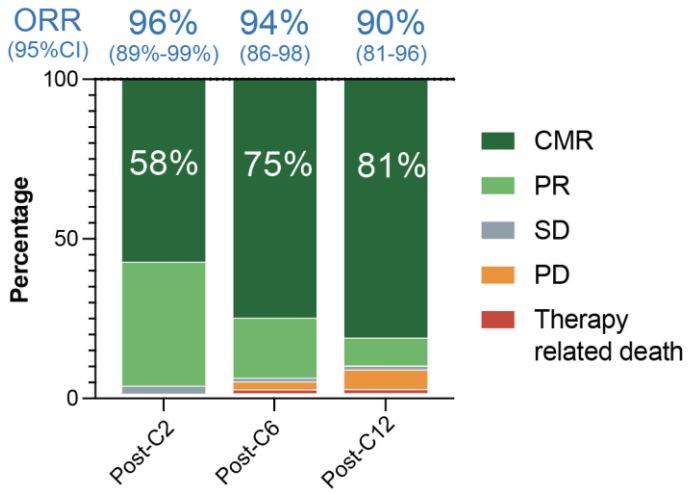
Infections over time



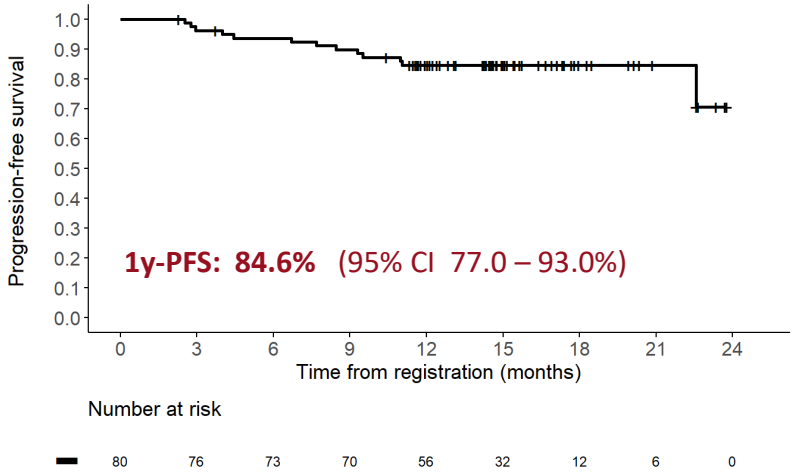
➔ Patients experienced manageable infections; only three grade 5 events occurred.

R-Pola-Glo – Efficacy

Response Rate (n=80)



1-year Progression-free Survival (PFS)

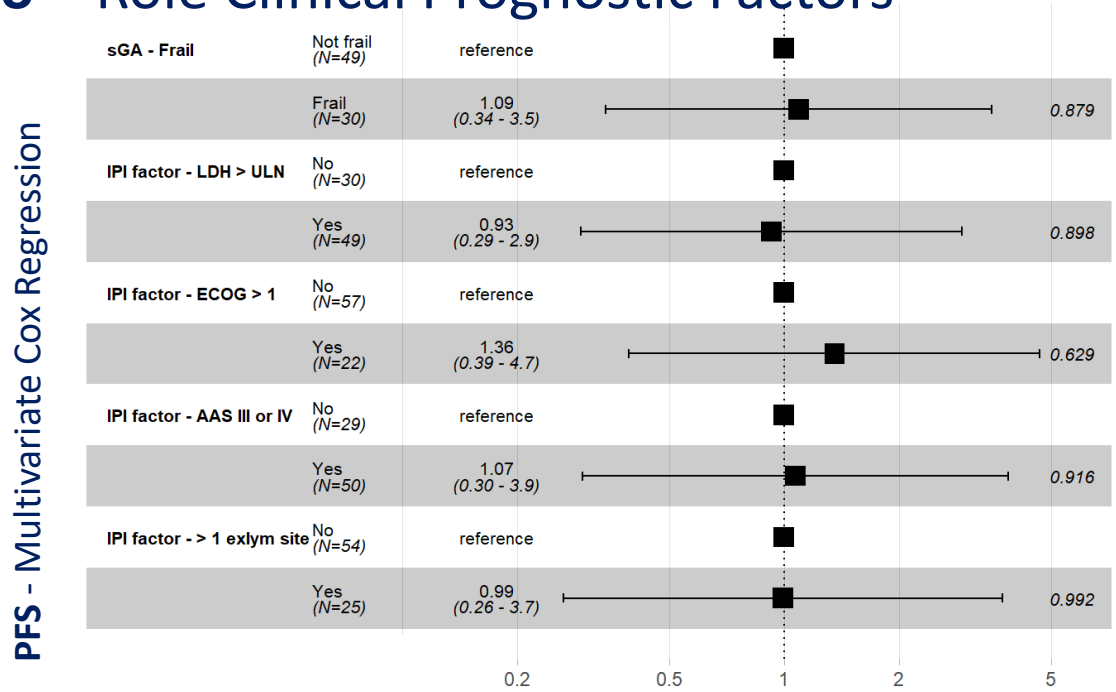


1y-PFS: 84.6% (95% CI 77.0 – 93.0%)

Median f/u: 15 months

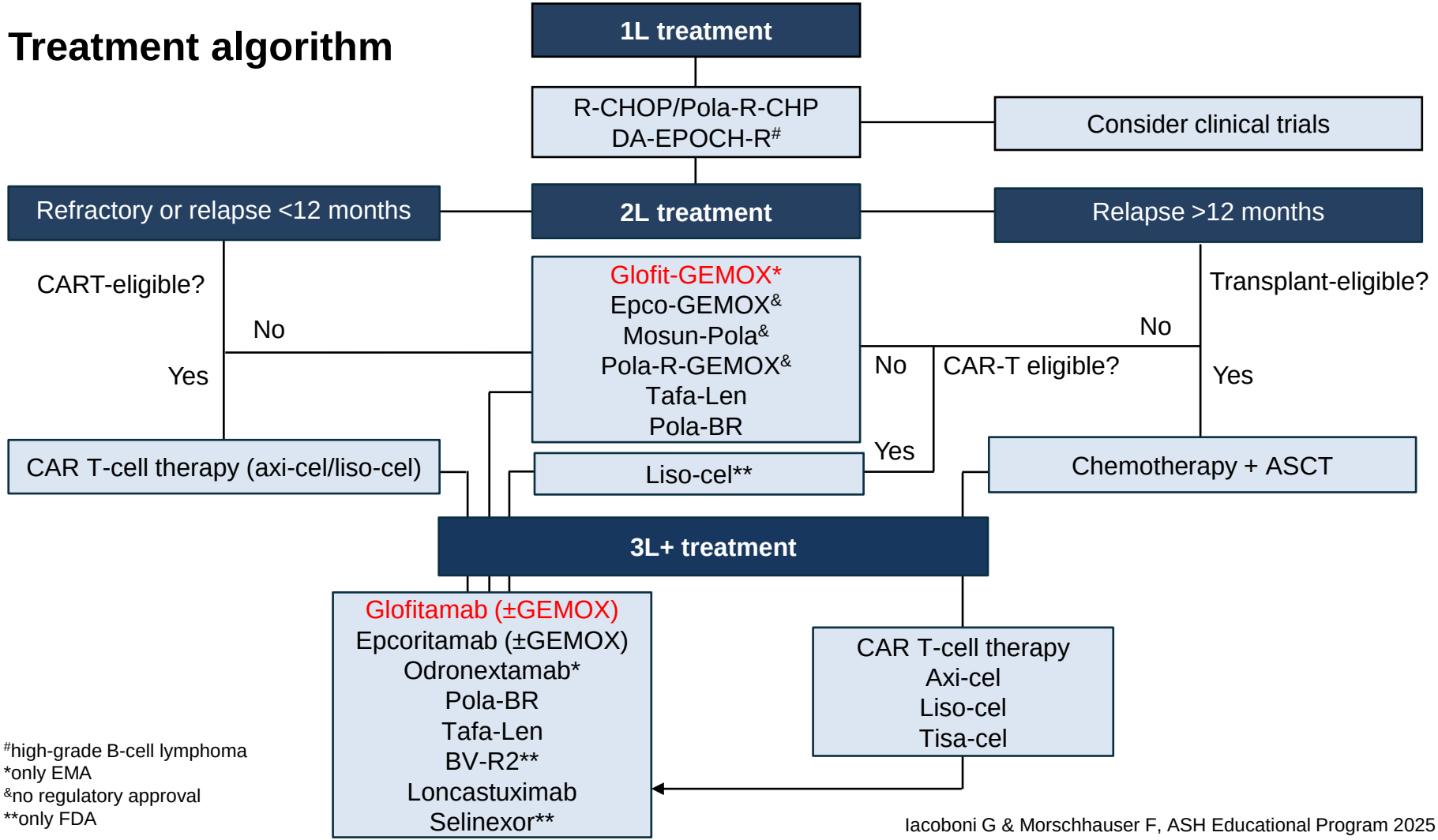
- ➔ CRR at cycles 2, 6, and EOT were 58%, 75%, and 81%.
- ➔ CMR conversions were observed after C6, highlighting the role of glofitamab consolidation.
- ➔ With a median FU of 15 months, the 1y-PFS and 1y-OS rates were 85% and 90%.

R-Pola-Glo – Role Clinical Prognostic Factors



➔ R-Pola-Glo mitigates the adverse prognostic impact of classical IPI factors, including LDH, both for PFS and OS.

Treatment algorithm



#high-grade B-cell lymphoma
*only EMA
&no regulatory approval
**only FDA

Iacoboni G & Morschhauser F, ASH Educational Program 2025

Thank you!