

Antibody-Drug Conjugates ... and others

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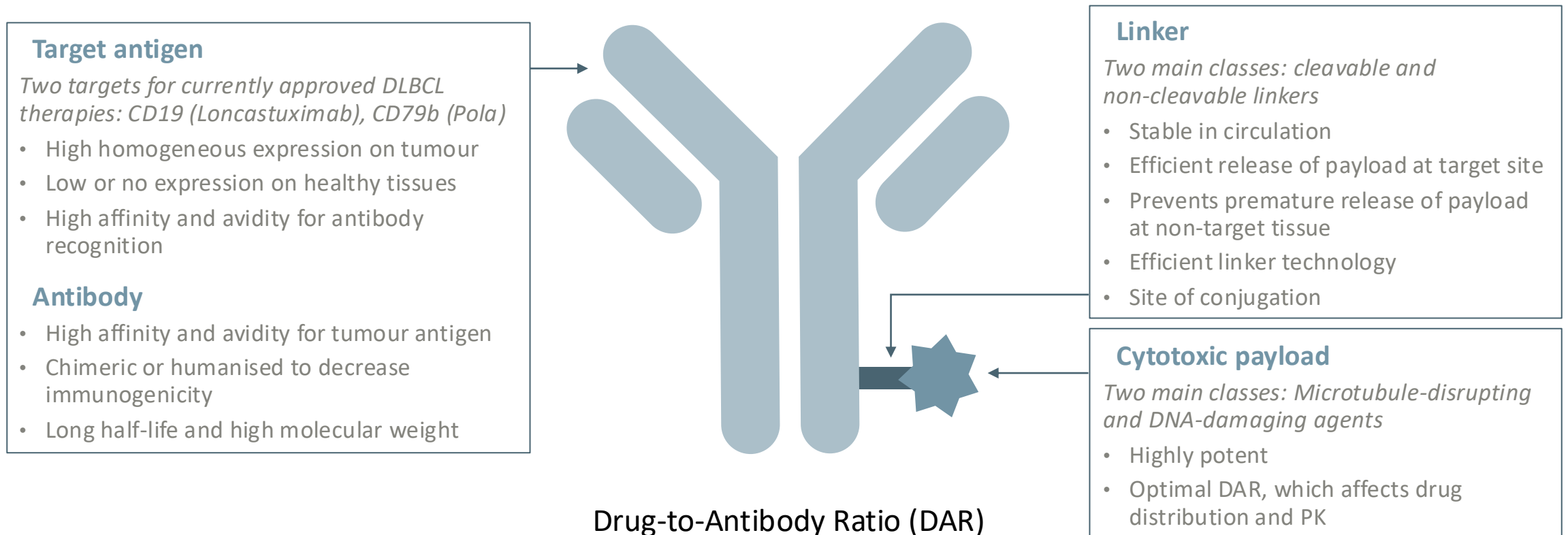
ROMA HEMATOLOGY CONFERENCE *The Lymphomas* - Rome October 15-16, 2026

Disclosures – Carmelo Carlo-Stella

- Advisory Board
 - Sanofi, ADC Therapeutics, Bristol-Myers Squibb/Celgene, Roche, Karyopharm, Novartis, Scenic Biotech, Janssen Oncology, SOBI, AbbVie, Regeneron
- Consultancy
 - Sanofi, ADC Therapeutics
- Honoraria
 - Janssen Oncology, AstraZeneca, Bristol-Myers Squibb, Merck Sharp & Dohme, Novartis, Takeda, Roche, Incyte, ADC Therapeutics, Gilead, SOBI, Eli Lilly
- Research Support
 - Sanofi, ADC Therapeutics, Roche

Antibody-drug-conjugates (ADCs) combine chemotherapy and targeted therapy to treat blood cancers

Key component of an antibody-drug conjugate (ADC)



Payload class defines anti-tumour MoA and toxicity^{1,2}

Commonly reported clinical toxicity or adverse events ¹	Tubulin polymerization inhibitors				DNA damaging agents				Topoisomerase inhibitors
	DM1	DM4	MMAF	MMAE	Calicheamicin	PBD	Camptothecin analogues	Duocarmycin	SN-38
Haematotoxicity									
Neutropenia	+	+	–	+	+	+	+	+	+
Thrombocytopenia	+	–	+	+	+	+	–	+	–
Anaemia	+	+	–	+	–	+	+	–	–
Neurotoxicity									
Peripheral neuropathy	+	+	–	+	–	–	–	–	–
Ocular toxicity									
Blurry vision, dry eye, corneal deposits and photosensitivity	–	+	+	–	–	–	–	–	–
Liver toxicity									
Increased ALT/AST	+	–	+	–	+	–	–	–	–
Veno-occlusive disease (VOD)	–	–	–	–	+	–	–	–	–
Skin toxicity									
Photosensitivity, dry skin	–	–	–	–	–	+	–	–	–
Serosal effusion									
Pleural	–	–	–	–	–	+	–	+	–
Pericardial	–	–	–	–	–	+	–	+	–
Peripheral oedema	–	–	–	–	–	+	–	+	–
Ascites	–	–	–	–	–	+	–	–	–

Payload classes are defined according to their anti-tumour mechanism of action^{1,2}

Payload classes are also associated with distinct clinical toxicity or adverse event profiles¹

MoA, mechanism of action; PBD, pyrrolobenzodiazepine.

1. Mahalingaiah et al. *Pharmacol Ther* 2019 2. Barreca et al. *Explor Target Antitumor Ther* 2022.

Approved ADCs in large B-cell lymphoma

ADC	Target / payload	Approved clinical use	Region
Polatuzumab vedotin Polivy	CD79b / MMAE Microtubule inhibition	EU: untreated DLBCL with R-CHP EU: R/R DLBCL with bendamustine + rituximab when ineligible for HSCT	EU + US ¹
Loncastuximab tesirine Zynlonta	CD19 / PBD dimer DNA cross-linking	Monotherapy for R/R DLBCL / HGBL after ≥2 prior systemic therapies	EU + US
Brentuximab vedotin Adcetris	CD30 / MMAE Microtubule inhibition	With lenalidomide + rituximab for R/R LBCL after ≥2 prior lines, when ineligible for autologous HSCT or CAR-T therapy	US only ²

¹ US polatuzumab first-line label: DLBCL NOS / HGBL with IPI ≥2. US R/R label: ≥2 prior therapies.

² FDA approved the brentuximab combination in February 2025. No EU DLBCL indication.

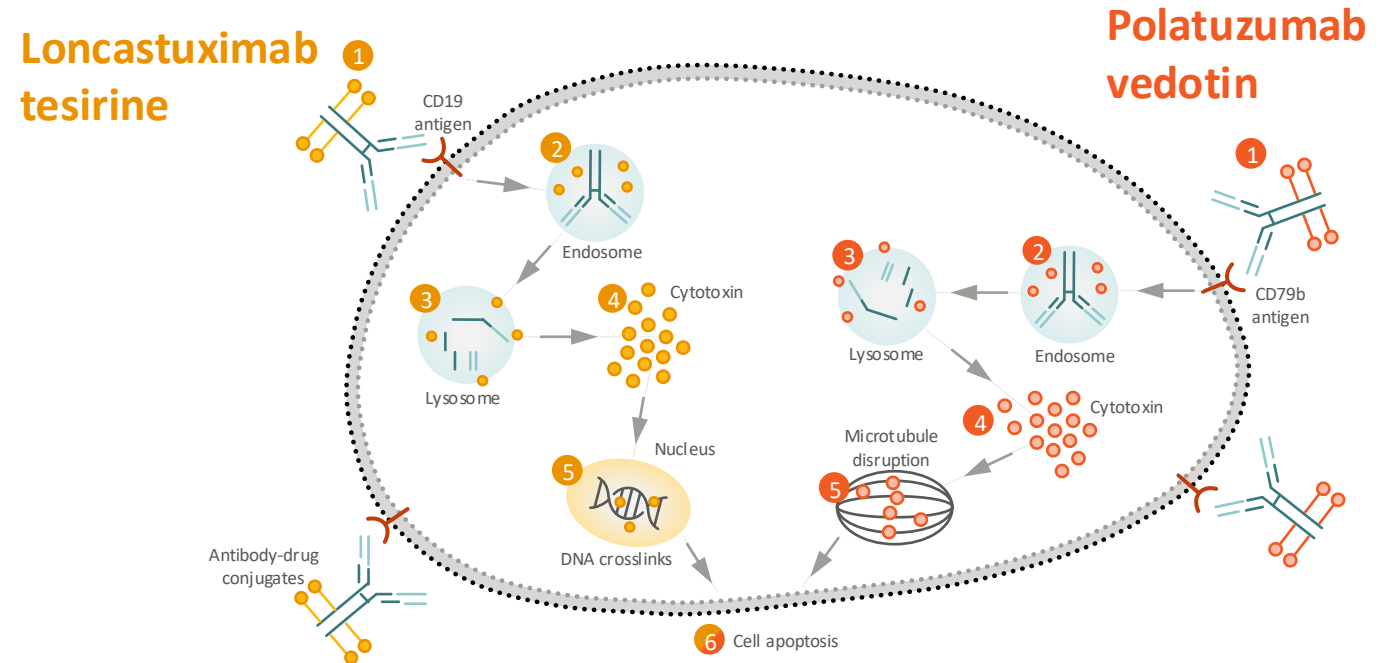
Investigational ADCs in large B-cell lymphoma

ADC	Target	Payload	Clinical development
Zilovertamab vedotin MK-2140 / VLS-101	ROR1	MMAE	Phase III: waveLINE-010, first-line DLBCL Additional phase II / II–III studies
CS5001 / LCB71	ROR1	PBD prodrug	Phase I/Ib: monotherapy and combinations First-line and R/R DLBCL cohorts
HDM2005	ROR1	MMAE	Phase I; phase Ib/II DLBCL combinations
IKS03	CD19	PBD prodrug	Phase I: advanced B-cell NHL NCT05365659
ABBV-319	CD19	Glucocorticoid receptor modulator	Phase I: R/R B-cell malignancies NCT05512390
MRG001	CD20	MMAE	Phase II: with orelabrutinib in R/R DLBCL
TRS005	CD20	MMAE	Phase II: R/R DLBCL Phase I/II: with CHP in untreated DLBCL
ARC-02	CD79b	MMAE	Phase I: B-cell NHL First patient dosed June 2026

Earlier clinical programmes: naratuximab emtansine (CD37), TRPH-222 (CD22), STRO-001 (CD74).
Continued active LBCL development was not confirmed. Completed studies do not establish an active programme.

ADCs in DLBCL: Mechanisms of action^{1,2}

1. ADC binding to target antigen
2. Internalisation via endocytosis
3. Degradation of ADCs in lysosomes
4. Release of cytotoxin
5. Cytotoxin action
6. Apoptosis of target cell



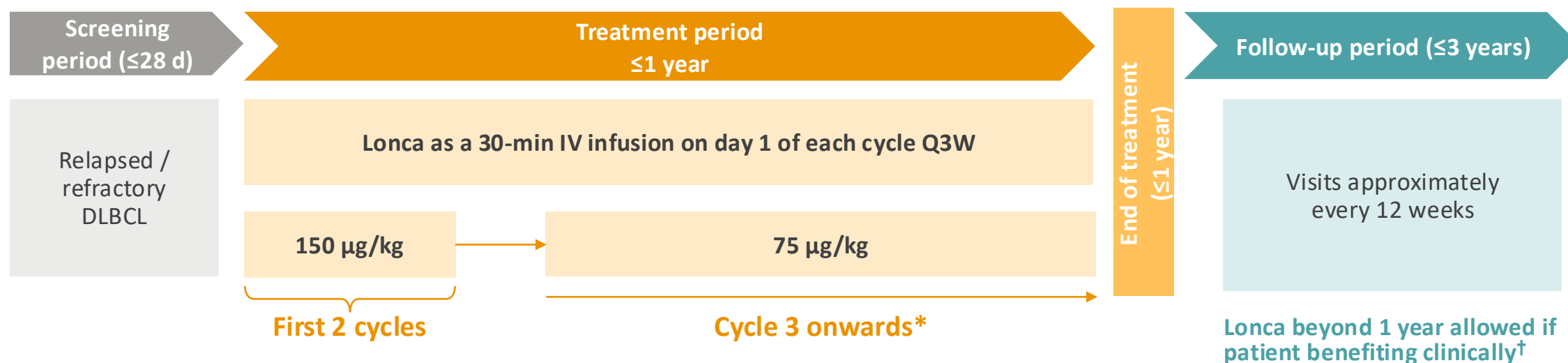
Each step of the MoA of ADCs can be subject to resistance, including downregulation of the target antigen, defects in binding/internalisation, alterations in microtubule dynamics, and reduced drug retention²

Lotis-2: Study design¹⁻³

Multicentre, open-label, single-arm, Phase 2 study

145 patients were enrolled in US, UK, Italy, Switzerland

Enrolment period: August 2018 – Sept 2019



- **Patients received oral dexamethasone premedication per protocol**
- **Disease assessment by central independent review using PET-CT at baseline, W6, W12, then Q9W until EOT**⁸
During the follow-up period, patients who discontinued Lonca for reasons other than PD or initiation of other anti-cancer therapy except SCT had imaging performed every 12 weeks until 1 year from EOT, then every 6 months, until progression up to 3 years from EOT
- **Data cut-offs:**
 - **Primary analysis:** April 6, 2020³, median follow-up of 7.3 months⁴
 - **Follow-up analysis:** March 1, 2021, median follow-up of 7.8 months⁵

* Patients continued on treatment for up to one year or until disease relapse or progression, unacceptable toxicity, death, major protocol deviation, pregnancy, or patient, investigator, or sponsor decision. [†] If agreed with the sponsor. d, days; DLBCL, diffuse large B-cell lymphoma; EOT, end of treatment; IV, intravenous; Lonca, loncastuximab tesirine; PD, progressive disease; PET-CT, positron emission tomography-computed tomography; Q3W, every 3 weeks; Q9W, every 9 weeks; SCT, stem cell transplantation; W, week.

1. ClinicalTrials.gov NCT03589469 2. LOTIS-2 study protocol 2019 3. Caimi et al. *Lancet Oncol* 2021 4. Data on file 5. Zinzani et al. ICML 2021.

Baseline Characteristics¹⁻³

Patient characteristics* (N=145)	
Sex, n (%)	
Female	60 (41)
Male	85 (59)
Age, years, median (min, max)	66.0 (23, 94)
Histology, n (%)	
DLBCL NOS	127 (88)
HGBL	11 (8)
PMBCL	7 (5)
Double/triple hit DLBCL [†] , n (%)	15 (10)
Double/triple expressor DLBCL, n (%)	20 (14)
Transformed DLBCL, n (%)	29 (20)
Disease stage [‡] , n (%)	
I–II	33 (23)
III–IV	112 (77)
ECOG performance status [§] , n (%)	
0	58 (40)
1	78 (54)
2	9 (6)

Patient treatment history (N=145)	
No. of previous systemic therapies [§] , median (range)	3 (2–7)
First-line systemic therapy response, n (%)	
Relapse	99 (68)
Refractory	29 (20)
Other [¶]	17 (12)
Last-line systemic therapy response, [#] n (%)	
Relapse	43 (30)
Refractory	84 (58)
Other [¶]	18 (12)
Refractory to all prior therapies, n (%)	
Yes	25 (17)
No	115 (79)
Other [¶]	5 (3)
Prior stem cell transplant, n (%)	
Allogeneic	2 (1)
Autologous	21 (14)
Both	1 (1)
Prior CAR T-cell therapy, n (%)	
Yes	13 (9)
No	132 (91)

* Data cut-off: March 1, 2021. [†] Some patients had a diagnosis of double-hit or triple-hit lymphoma based on institutional pathology before the WHO classification of HGBL with *MYC* and *BCL2* or *BCL6* rearrangements, or with *MYC* and *BCL2* and *BCL6* rearrangements. [‡] Disease stage at study entry. [§] Prior SCT is included. For patients who received an autologous transplant, the mobilisation regimen was considered a line of therapy if it was chemotherapy based and distinct from the other previous lines of treatment. ^{||} Refractory disease defined as no response to therapy. [¶] Other defined as unknown, not evaluable or missing. [#] If SCT is most recent line, the variable is defined as response to the therapy immediately preceding SCT.

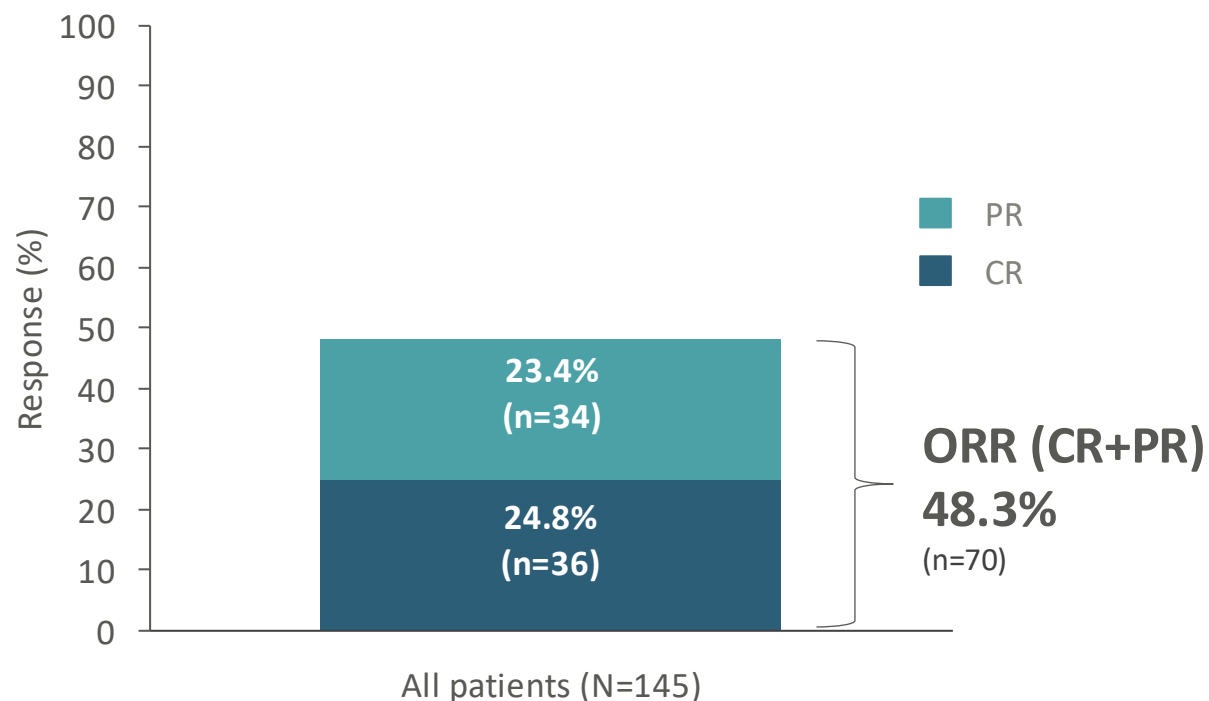
CAR, chimeric antigen receptor; DLBCL, diffuse large B-cell lymphoma; ECOG, Eastern Cooperative Oncology Group; HGBL, high-grade B-cell lymphoma with *MYC* and *BCL2* and/or *BCL6* rearrangements; NOS, not otherwise

specified; PMBCL, primary mediastinal B-cell lymphoma; SCT, stem cell transplant; WHO, World Health Organization.

1. Zinzani et al. ICML 2021 2. Caimi et al. *Lancet Oncol* 2021 3. Caimi et al. ASCO 2021 4. Data on file.

Efficacy: Primary endpoint¹

Follow-up analysis



- **ORR** by central review was 70/145 **48.3%** (95% CI:² 39.9–56.7)
- CR rate 24.8% (95% CI:² 18.0–32.7)
- PR rate 23.4% (95% CI:² 16.8–31.2)

Median time to first response
(CR or PR) was **41 days**

Mean number of Loncastuximab cycles administered: 4.6 (range 1–26)

Median number of Loncastuximab cycles administered: 3 (range 1–26)

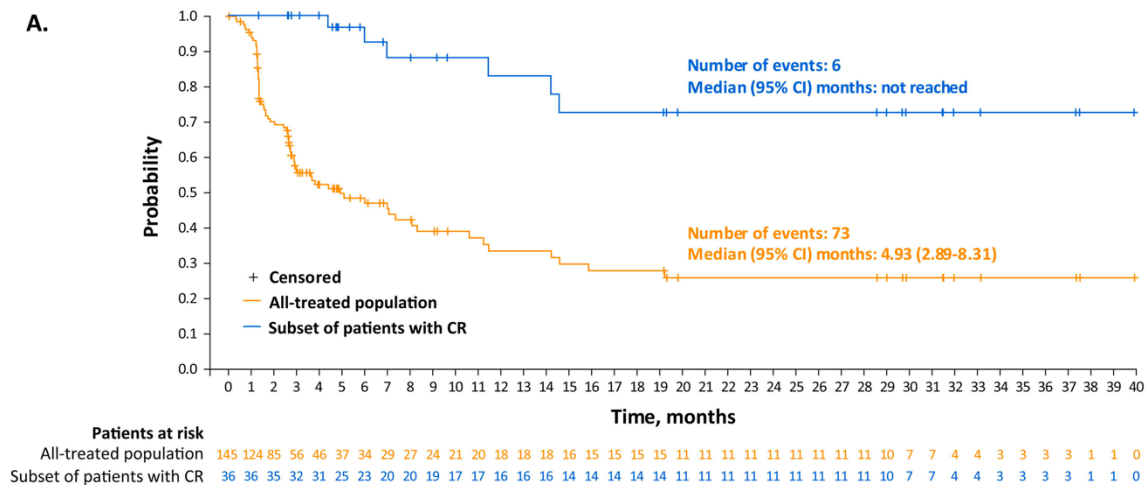
Mean number of Loncastuximab cycles in responders (n=70): 6.8 (range 1–26)

Data cut-off: March 1, 2021 (follow-up analysis). Response was assessed by central independent review. Updated results ≥17 months since patients received their first dose.

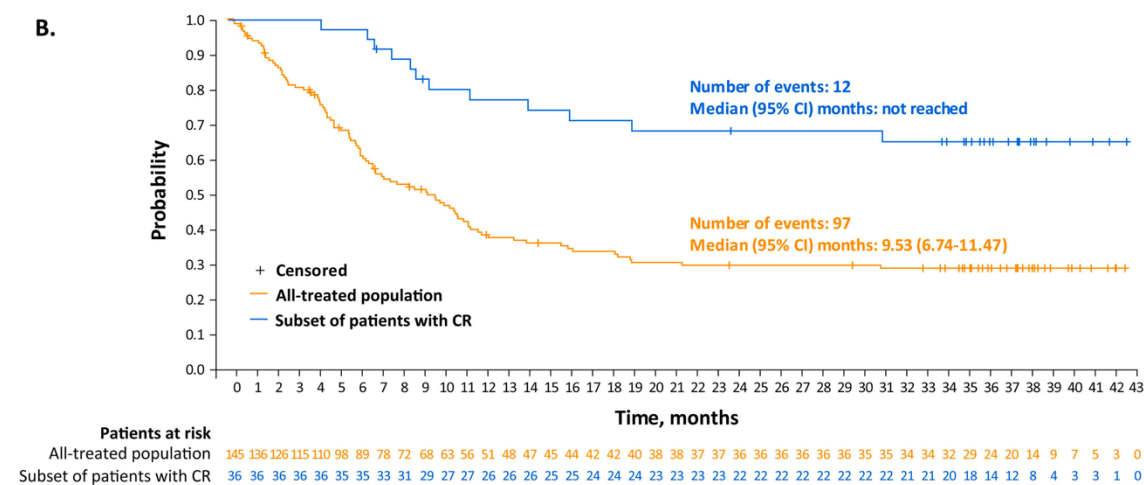
CR, complete response; Loncastuximab, loncastuximab tesirine; ORR, overall response rate; PR, partial response; SD, stable disease.

1. Zinzani et al. ICML 2021 2. Data on file.

PFS and OS



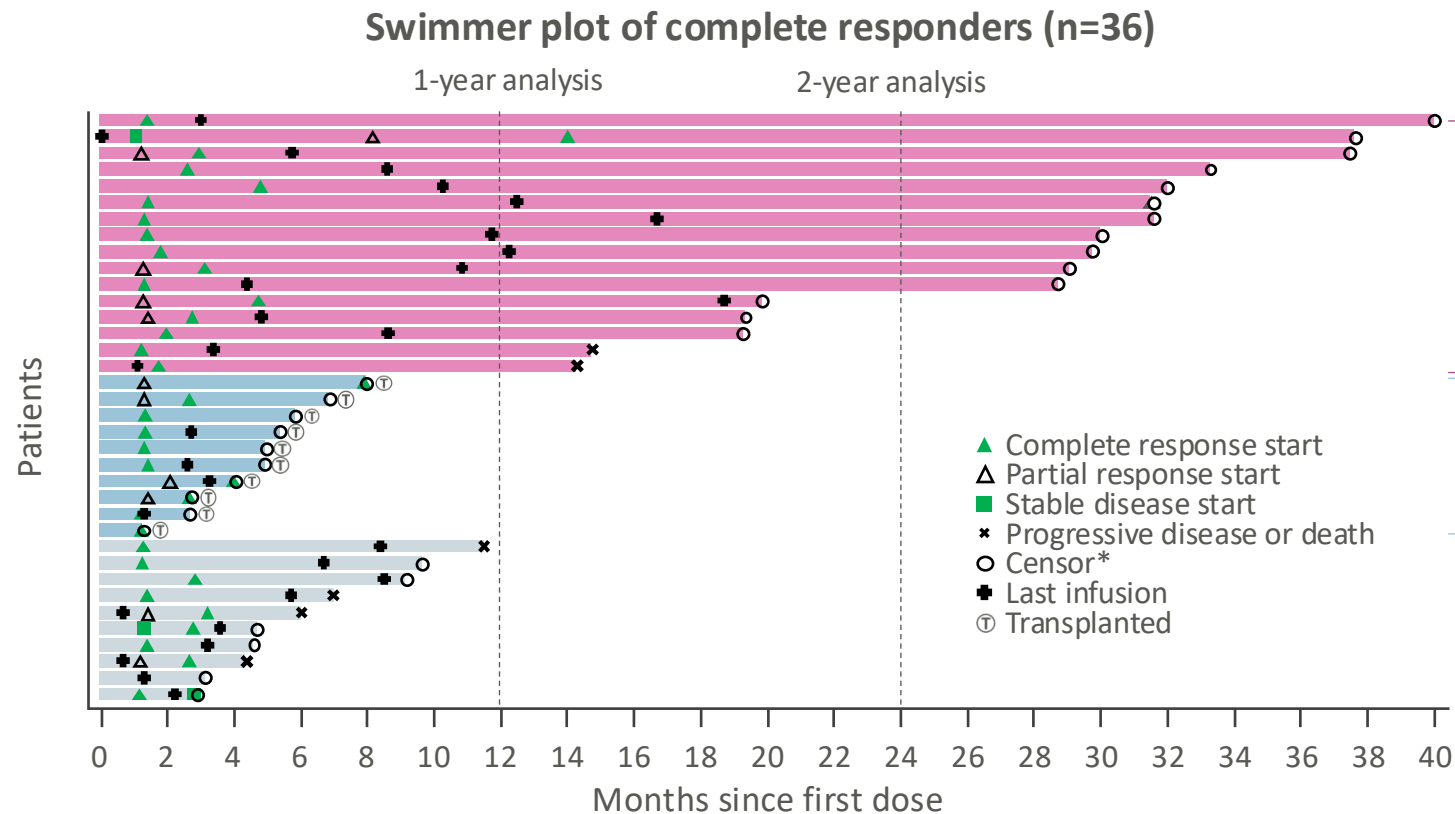
mPFS was 4.9 months



mOS was 9.5 months

Follow-up of complete responders¹

Final analysis: 2-year update



44% (n=16) and **31%** (n=11) of patients in CR were **event free** for **≥1 year** and **≥2 years**, respectively

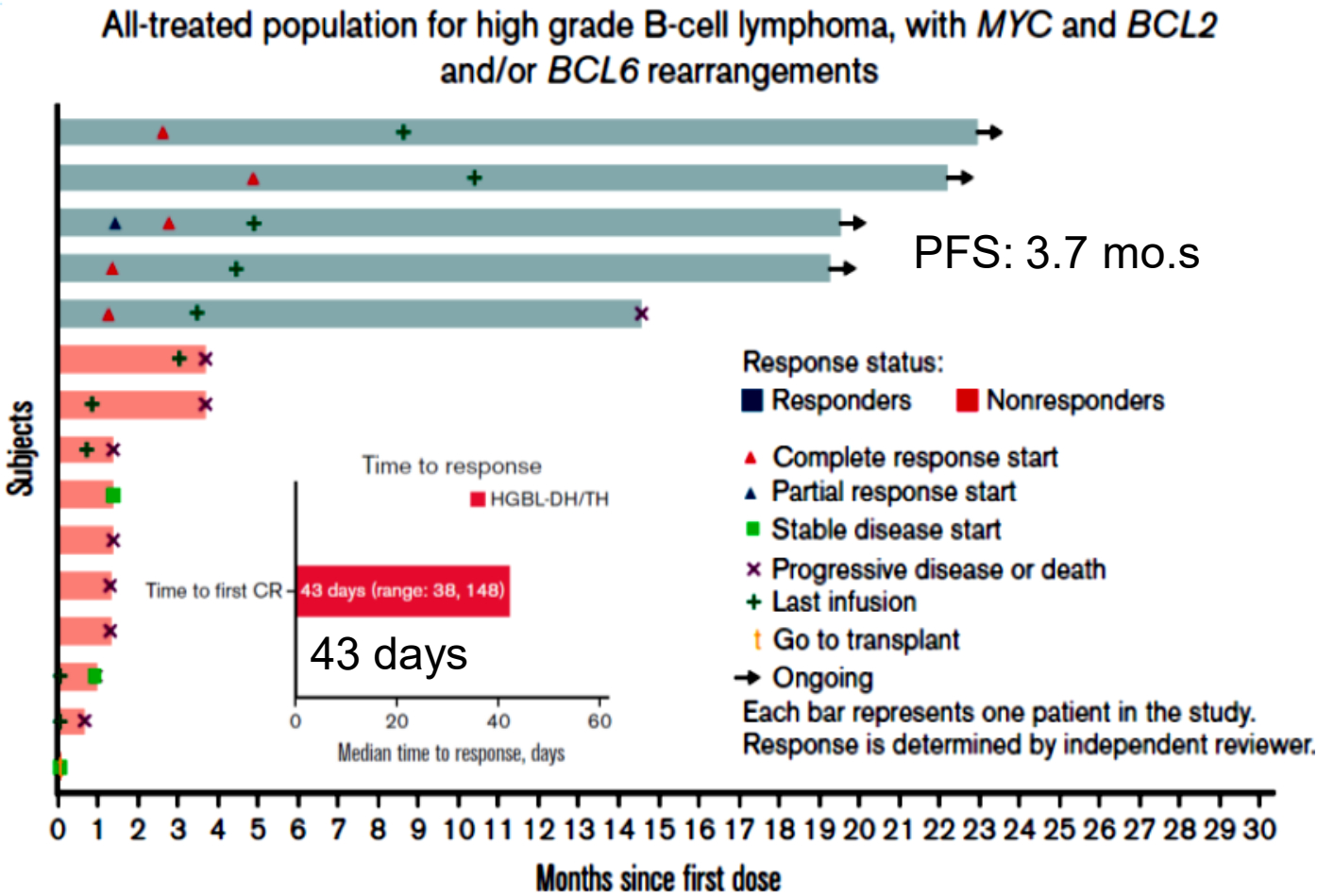
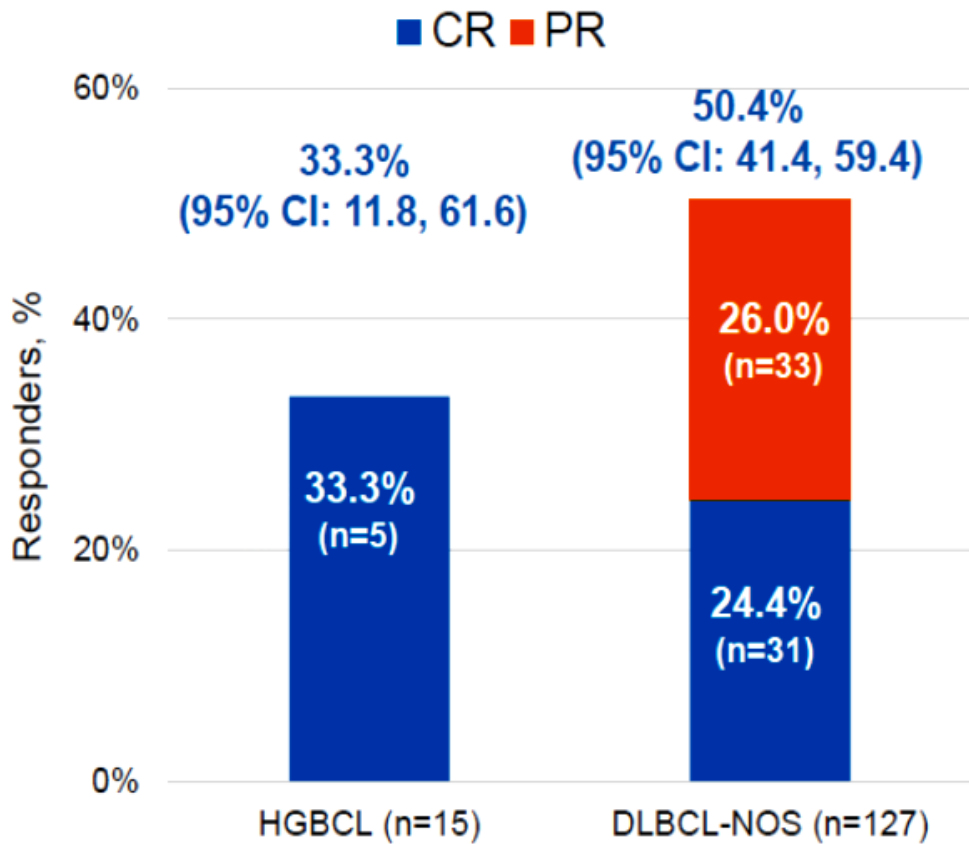
10 patients censored while in CR went on to **transplant**

The median duration of time patients with CR remained treatment-free post-Loncastuximab was 6.1 months (range: 1.0–37.5)

Data cut-off: 15 Sept 2022 (final analysis).
Each bar represents a patient's time in a study. Response was determined by an independent review.
* Reasons for censoring included: study discontinuation (10 patients; 4.2%), withdrawal (10 patients; 27.8%), new anticancer therapy (5 patients; 13.9%), progressive disease (3 patients; 8.3%), and death (3 patients; 8.3%).
† Reasons for study discontinuation included: patient with a CR included unacceptable toxicity (6 patients), withdrawal by subject (4 patients) and physician decision (3 patients).
‡ Censoring due to death, withdrawal, or study discontinuation.

Loncastuximab tesirine activity in HGBCL (LOTIS-2 subset analysis)

HGBCL/DLBCL NOS Response Rates



Real-world analysis of Lonca in R/R DLCBL in the US (1/3)

Retrospective chart review of R/R DLBCL patients treated with Lonca at 21 academic centres in the US

n (%)*	Real-world cohort (N=187)
Male	119 (64)
Age, years	
<65	72 (39)
65–75	66 (33)
>75	39 (21)
Histology	160
<i>de novo</i> DLBCL	85 (53)
HGBCL	40 (25)
DH/TH	37 (21)
Transformed DLBCL	28 (18)
Advanced stage disease	161 (86)
IPI >3	63 (77)
ECOG PS >2	13 (7)
eGFR <60	34 (19)
Bulky disease (>10 cm)	32 (17)
CNS involvement	12 (7)
Cell of origin	157
GCB	96 (61)
Non-GCB	61 (38)
Double expressor	61 (39)

n (%)*	Real-world cohort (N=187)
CD19 status overall	128
Positive	109 (85)
Negative	19 (15)
CD19 status post CAR-T	90
Positive	70 (78)
Negative	20 (22)

n (%)*	Real-world cohort (N=187)
Lonca line of therapy	
2 nd or 3 rd	36 (19)
>3 rd	151 (81)
Primary refractory	47 (25)
Prior ASCT	31 (16)
Median time from ASCT (months)	25.9
Prior CAR-T	112 (60)
CAR-T as 2 nd line	11 (10)
Median time from CAR-T (months)	7.7
Last response prior to Lonca	
CR	16 (9)
PR	15 (8)
PD	144 (77)

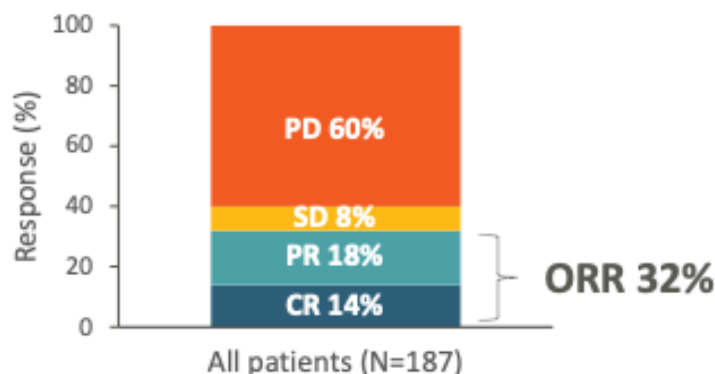
In the real-world cohort, there were 66 documented adverse events (35%)

AEs led to Lonca **discontinuation** in **14%**

n (%)	Incidence	Main reason for discontinuation
Pleural effusion	6 (3)	1 (<1)
Peripheral oedema	21 (11)	7 (4)
Pericardial effusion	1 (<1)	0 (0)
Rash	18 (10)	7 (4)
Cytopenias	31 (17)	13 (7)

* Unless otherwise specified. AE, adverse event; ASCT, autologous stem cell transplantation; CAR-T, chimeric antigen receptor T-cell therapy; CNS, central nervous system; CR, complete response; DH, double hit; DLBCL, diffuse large B-cell lymphoma; ECOG, Eastern Cooperative Oncology Group; eGFR, estimated glomerular filtration rate; GCB, germinal centre B-cell-like; HGBCL, high-grade B-cell lymphoma; IPI, international prognostic index; L, line; LDH, lactate dehydrogenase; Lonca, loncastuximab tesirine; ORR, objective response rate; OS, overall survival; PD, progressive disease; PFS, progression-free survival; PR, partial response; PS, performance score; R/R, relapsed or refractory; RW, real world; TH, triple hit.

Real-world analysis of Lonca in R/R DLCL in the US (2/3)



Median duration of treatment was 42 days (LOTIS-2 was 45 days)

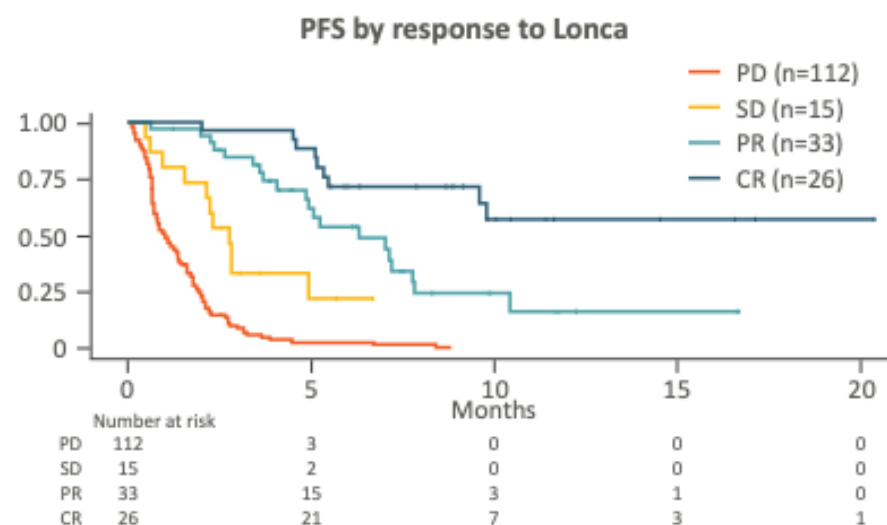
Response	mPFS (mo)
ORR	7.8
CR	NR
PR	6.3
SD	2.8
PD	0.9

Progression-free survival

2.1 mos mPFS

NR mPFS in patients with CR

12% 12-month PFS

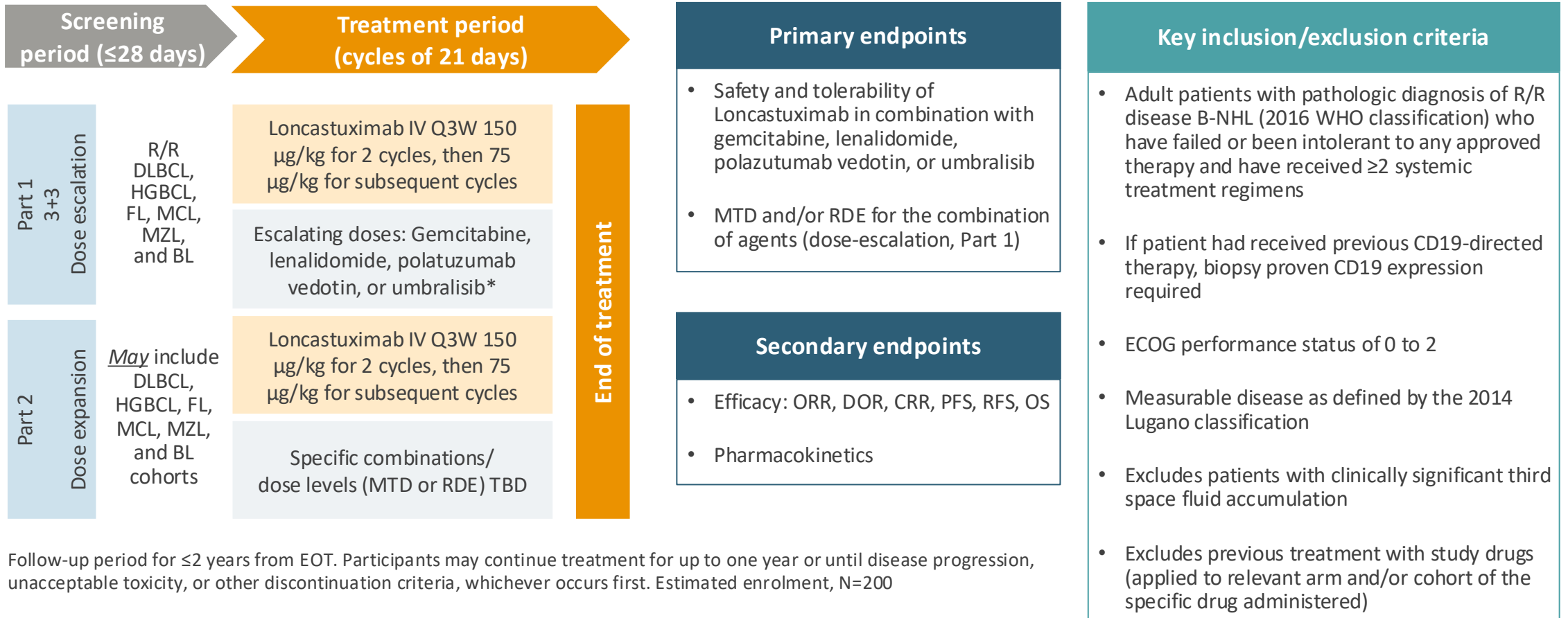


CI, confidence interval; CR, complete response; DLCL, diffuse large B-cell lymphoma; Lonca, loncastuximab tesirine; mos, months; (m)PFS, (median) progression-free survival; NR, not reached; ORR, overall response rate; PD, progressive disease; PR, partial response; R/R, relapsed or refractory; SD, stable disease.

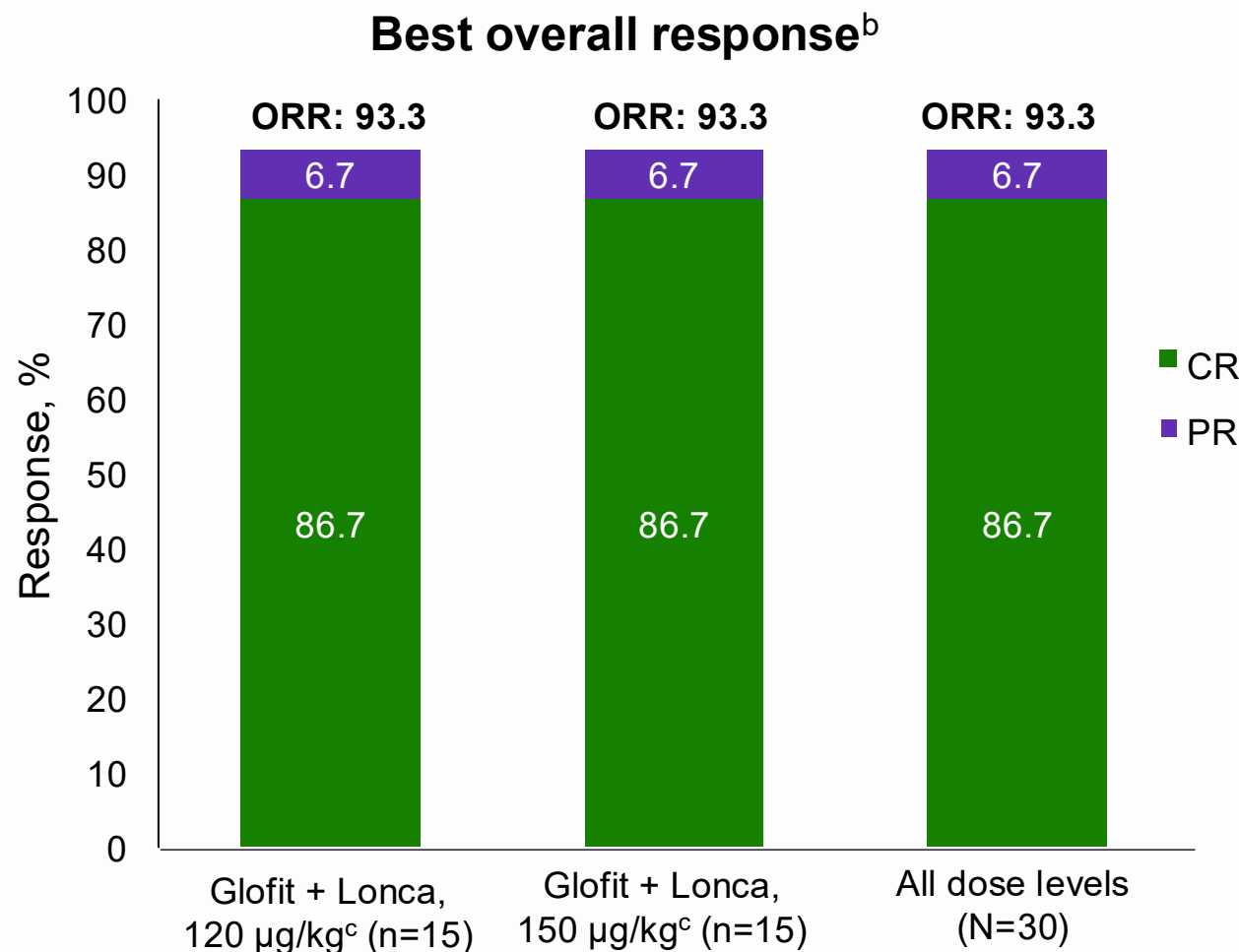
[Avers et al. ASH 2023. #312](#)

LOTIS-7 trial design:

Phase 1b trial of Loncastuximab in combination with other anticancer agents in R/R B-NHL¹

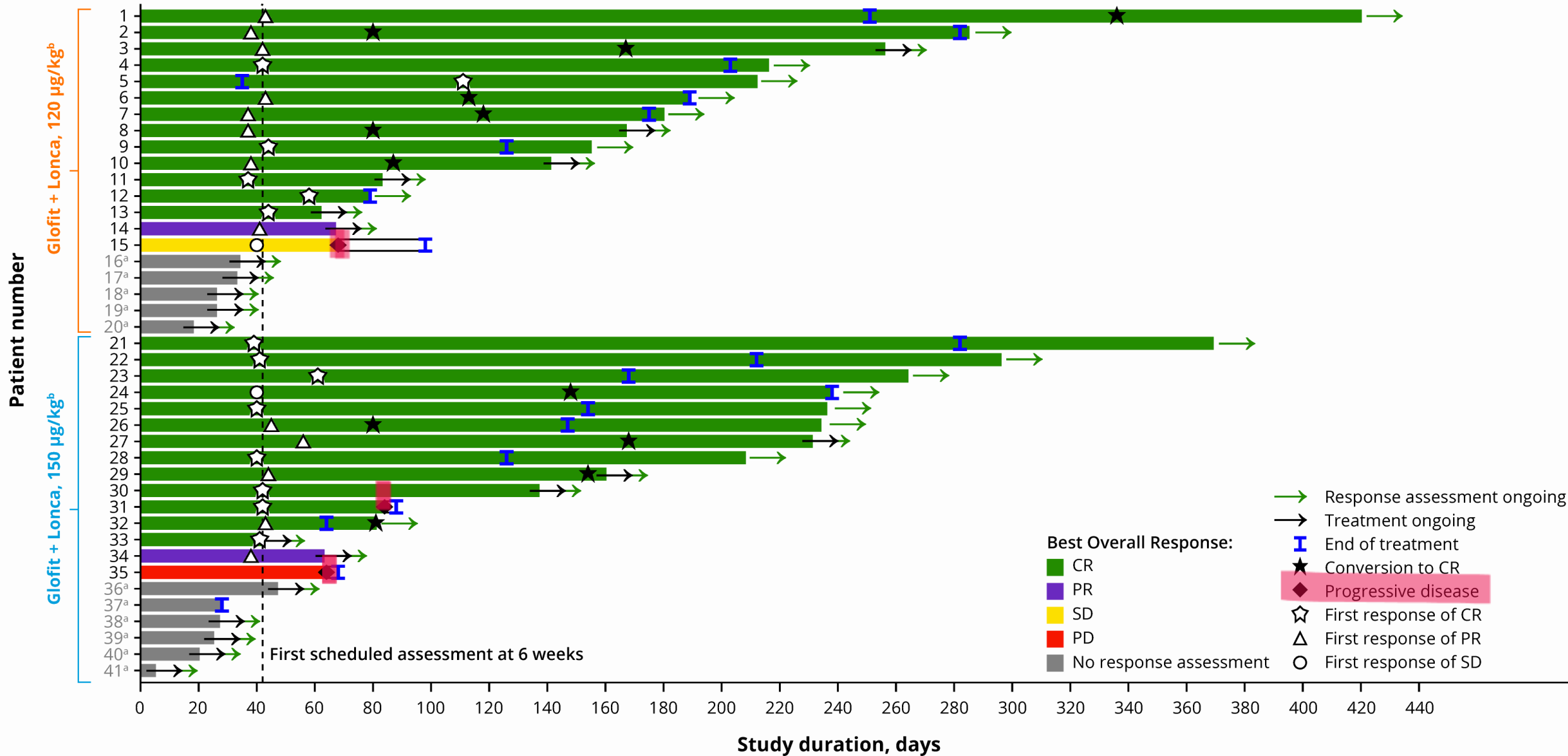


LOTIS-7: A PHASE 1B STUDY OF LONCASTUXIMAB TESIRINE PLUS GLOFITAMAB IN (R/R) DLBCL



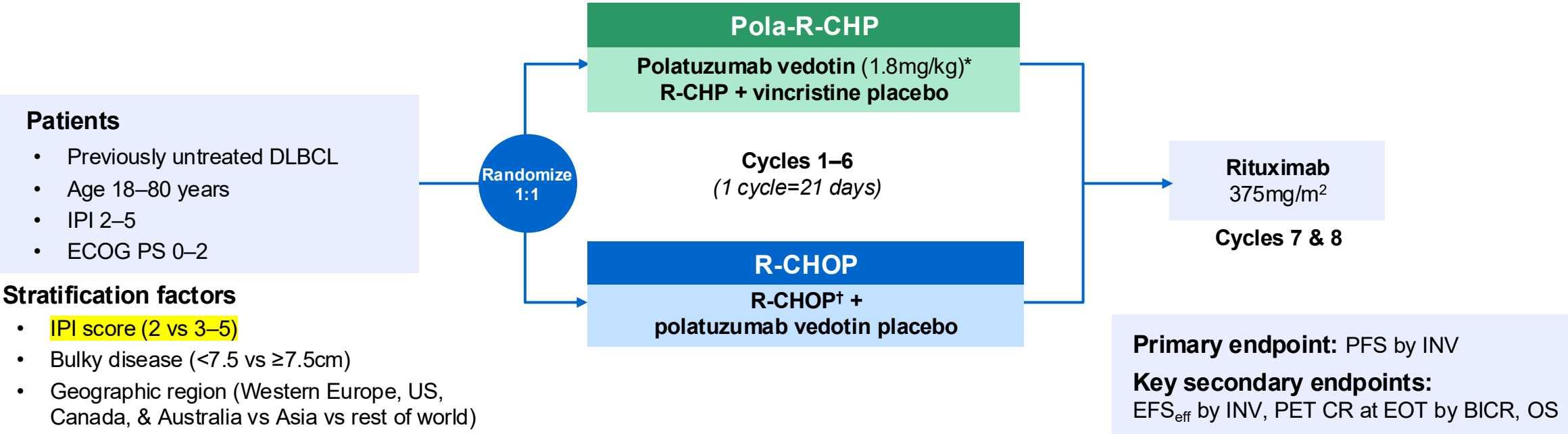
Duration of response			
Characteristic, n (%)	Glofit + Lonca, 120 µg/kg ^c (n=15)	Glofit + Lonca, 150 µg/kg ^c (n=15)	All dose levels (N=30)
DOR ^d Median	(n=14) NE	(n=14) NE	(n=28) NE
Time to first response (CR or PR) Median, days	(n=14) 42.0	(n=14) 42.0	(n=28) 42.0
Time to first CR Median, days	(n=13)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

EFFICACY OVER TIME (N=41)



Data cutoff: April 14, 2025.
Each bar represents 1 patient in the study. Response was determined by an independent reviewer.
CR, complete response; Glofit, glofitamab; Lonca, loncastuximab tesirine; PD, progressive disease; PR, partial response; SD, stable disease.
^aPatients were not yet efficacy evaluable because they had not reached the 6-week assessment (n=10) or had withdrawn before any assessment (Patient 39).^bWhen the starting dose of Lonca is 120 µg/kg or 150 µg/kg, the dose will be reduced to 75 µg/kg for Cycles ≥3.

POLARIX study design



		Pola-R-CHP	R-CHOP	Total	Median PFS follow-up	Median OS follow-up
Global population	ITT‡	440	439	879	54.9 months	64.1 months
	Safety evaluable§	435¶	438#	873		

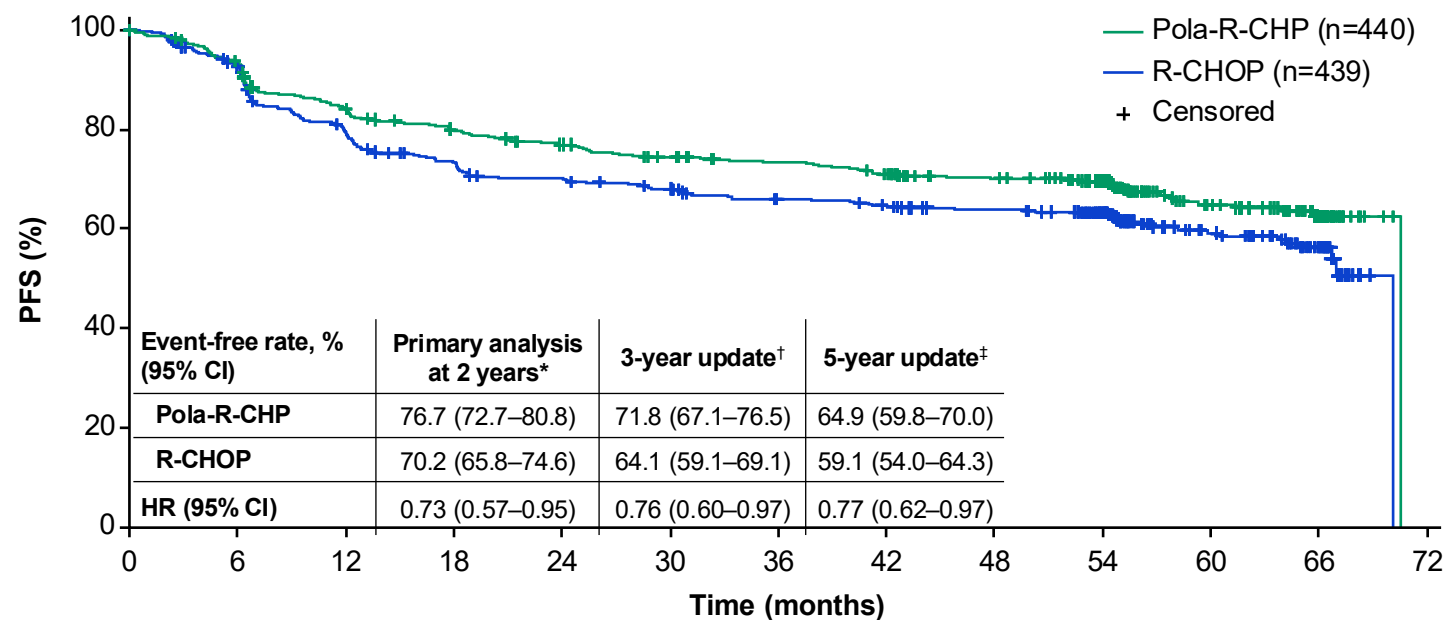
*IV on Day 1; †R-CHOP: IV rituximab 375mg/m², cyclophosphamide 750mg/m², doxorubicin 50mg/m², and vincristine 1.4mg/m² (max. 2mg) on Day 1, plus oral prednisone 100mg once daily on Days 1–5; ‡As randomized population; §As treated population; ¶One patient was randomized to Pola-R-CHP but did not receive polatuzumab vedotin; #One patient was randomized to R-CHOP but did not receive vincristine.
BICR, blinded independent central review; CR, complete response; DLBCL, diffuse large B-cell lymphoma; ECOG PS, Eastern Cooperative Oncology Group performance status; EFS_{eff}, event-free survival (efficacy); EOT, end of treatment; INV, investigator; IPI, International Prognostic Index; OS, overall survival; PET, positron emission tomography; PFS, progression-free survival; R, randomized; R-CHOP, rituximab, cyclophosphamide, doxorubicin, vincristine and prednisone.

Tilly H, et al. *N Eng J Med* 2022;386:351–63.

Salles G et al; Oral Presentation ASH 2024 (abstract #469).

Initial PFS benefit of Pola-R-CHP over R-CHOP is maintained at 5 years

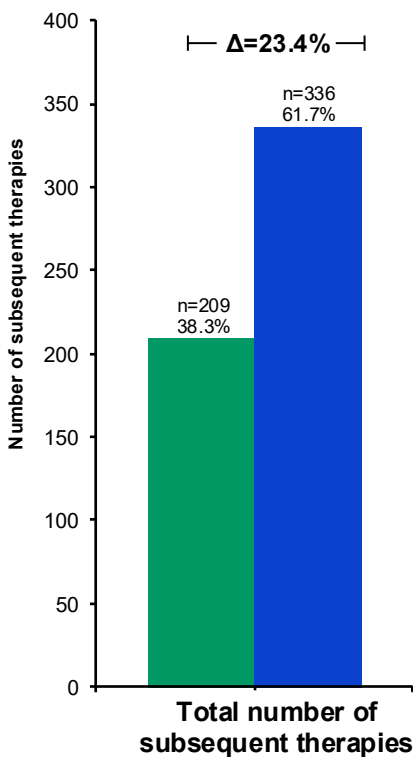
PFS in the global ITT population



Patients remaining at risk

Pola-R-CHP	440	407	357	335	318	303	292	280	258	213	100	56	NE
R-CHOP	439	391	332	302	287	274	258	251	240	192	95	54	NE

Subsequent therapies in the global ITT population

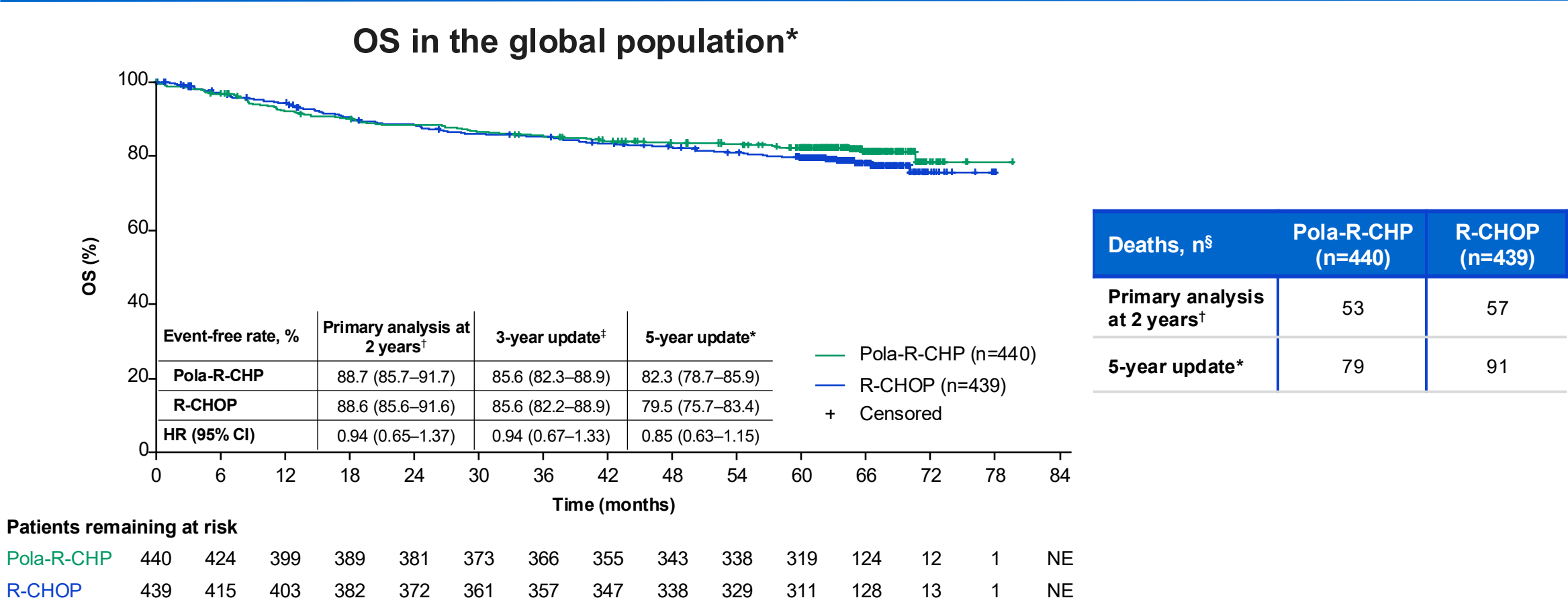


At the 5-year follow up, Pola-R-CHP had a **sustained and significant PFS benefit**, confirming results from the primary analysis of PFS at 2 years of follow up (HR 0.73).¹

*Data cut-off: June 28, 2021; †Data cut-off: June 15, 2022; ‡Data cut-off: July 5, 2024.
CI, confidence interval; HR, hazard ratio; NE, not evaluable.

1. Tilly H, et al. *N Eng J Med* 2022;386:351–63.

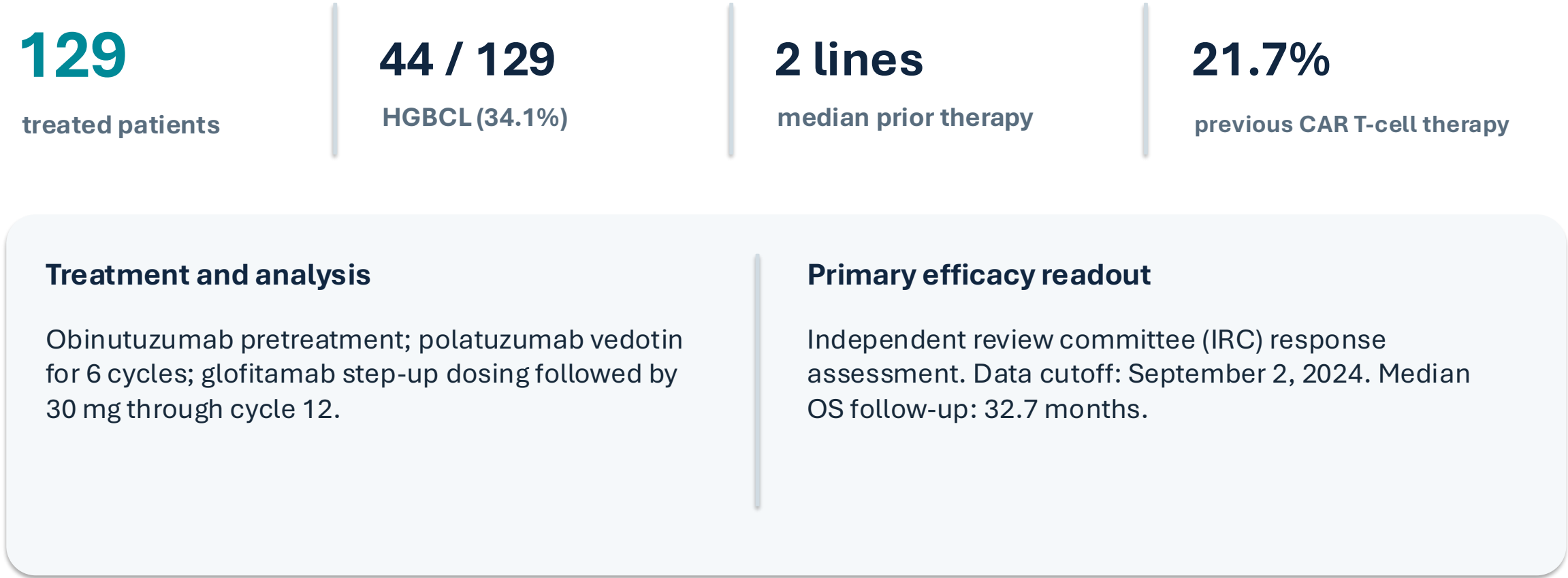
5-year overall survival shows favorable results for Pola-R-CHP-treated patients



After 5 years of follow-up, numerically fewer deaths were observed in the Pola-R-CHP versus R-CHOP arm, with an associated HR of 0.85 (0.63–1.15).

*Data cut-off: July 5, 2024; [†]Data cut-off: June 28, 2021; [‡]Data cut-off: June 15, 2022; [§]In addition to the known deaths, there were two patients (one in the Pola-R-CHP arm and one in the R-CHOP arm) who died due to an unknown cause and an unknown death date and were not counted as death events in the OS analysis.

Glofitamab + polatuzumab vedotin: efficacy in R/R LBCL



The study was open-label and single-arm; efficacy estimates are descriptive.

Polatuzumab vedotin & Glofitamab for R/R LBCL

Baseline characteristics

n (%), unless stated	N=129
Median age, years (range)	67.0 (23–84)
Gender, male	82 (63.6)
ECOG PS	
0–1	122 (94.6)
2	7 (5.4)
Disease type	
DLBCL	57 (44.2)
HGBCL*	44 (34.1)
DHL/THL†	29 (22.5)
trFL	26 (20.2)
PMBCL	2 (1.6)
Ann Arbor stage III–IV	99 (76.7)
Cell-of Origin‡	
GCB	62 (48.1)
Non-GCB (by IHC or GEP)	39 (30.2)
Unknown	28 (21.7)

n (%), unless stated	N=129
Bulky disease >7.5cm	38 (29.5)
IPI score	
0–1	26 (20.2)
2–3	70 (54.3)
4–5	33 (25.6)
Median lines of prior therapy, n (range)	2 (1.0–7.0)
1	53 (41.1)
2+	76 (58.9)
Prior anti-CD20 therapy	127 (98.4)
Refractory to prior anti-CD20 therapy	97 (75.2)
Prior CAR T-cell therapy	28 (21.7)
Refractory to prior CAR T-cell therapy	22/28 (78.5)
Refractory to any prior therapy	102 (79.1)
Primary refractory‡	80 (62.0)
Refractory to last line of prior therapy	92 (71.3)
Early relapse§	6 (4.7)

The patient population was **heavily pre-treated** and **highly refractory to prior therapy**.
 Median number of treatment cycles received: Glofit 10.5 (range: 1–17), Pola 6 (range: 1–12)

At the CCOD (September 2, 2024), 129 patients had received ≥1 dose of any study treatment. *Seven of the 44 (15.9%) patients with HGBCL also were diagnosed with trFL. †Local testing. ‡Relapse or no response within 6 months after 1L therapy. §Relapse 6–12 months after 1L therapy. CCOD, clinical cut-off date; DHL, double-hit lymphoma; GCB, germinal centre B-cell; IPI, International Prognostic Index; THL, triple-hit lymphoma.

Best IRC-assessed response by histology

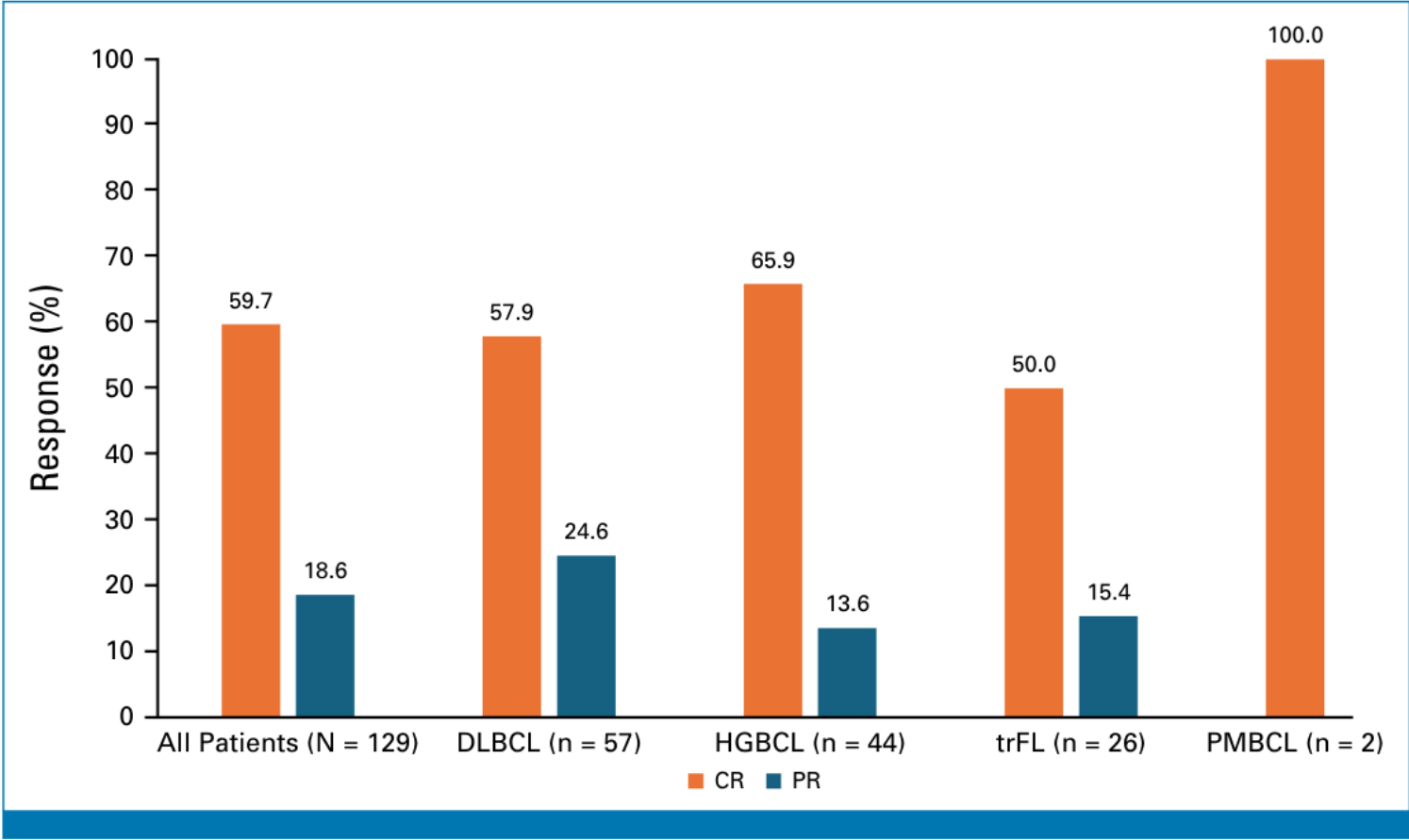
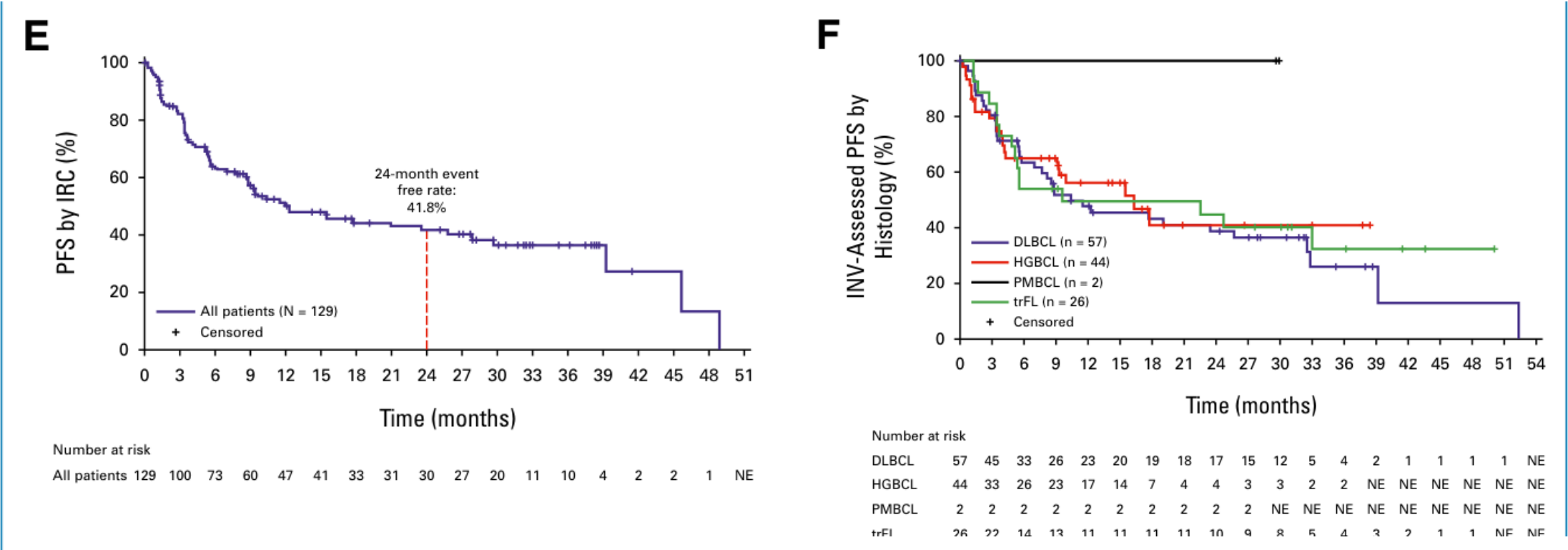


FIG 1. Best independent review committee–assessed overall response by histology. CR, complete response; DLBCL, diffuse large B-cell lymphoma; HGBCL, high-grade B-cell lymphoma; PMBCL, primary mediastinal B-cell lymphoma; PR, partial response; trFL, transformed follicular lymphoma.

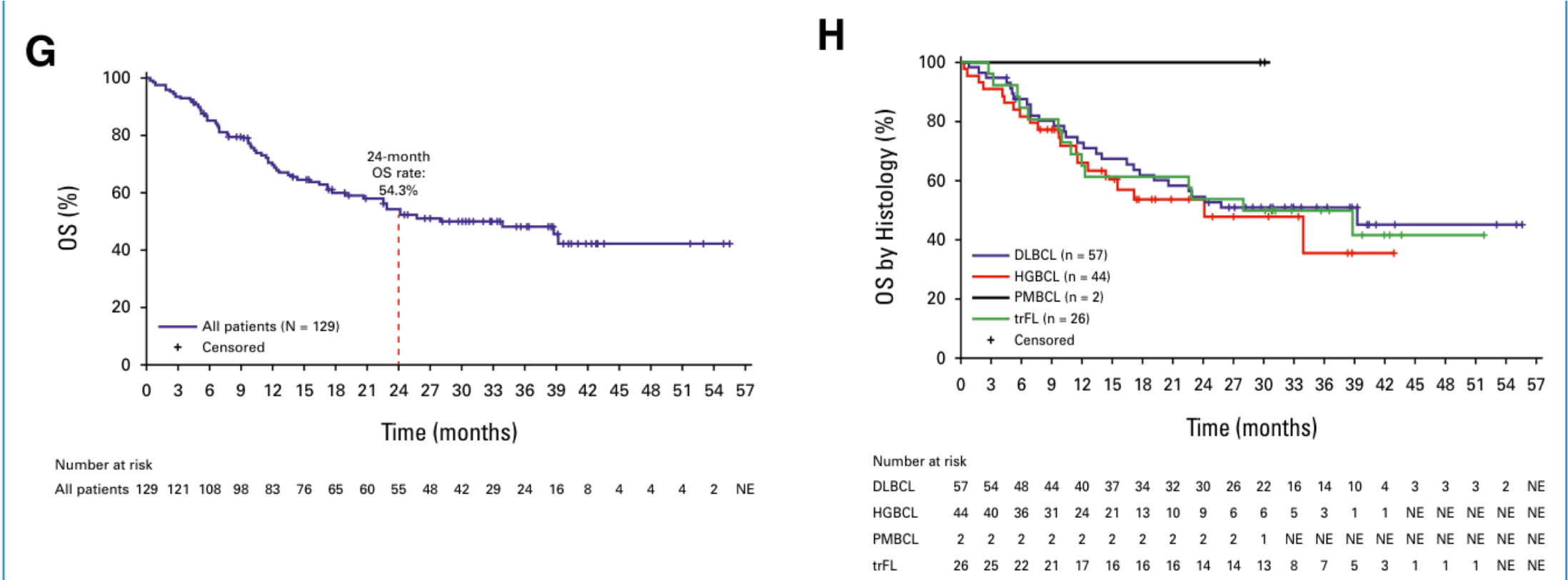
Progression-free survival: overall and by histology



Overall median PFS: 12.3 months (IRC; 95% CI, 8.8–27.7). Panel E shows a 24-month event-free rate of 41.8%.

Panel F is investigator-assessed PFS by histology. Curves are descriptive; panel labels, censoring marks, and numbers at risk are retained from the publication.

Overall survival: overall and by histology



Median OS: 33.8 months (95% CI, 20.6–NE); median follow-up 32.7 months. Panel G shows a 24-month OS rate of 54.3%.

OS was immature at the data cutoff. Panel H shows investigator-assessed OS by histology; curves are descriptive.



R-Pola-Glo – Chemo-light Frontline Therapy Induces High Response Rates with a Favorable Safety Profile in Elderly/Frail Patients with Aggressive Lymphoma

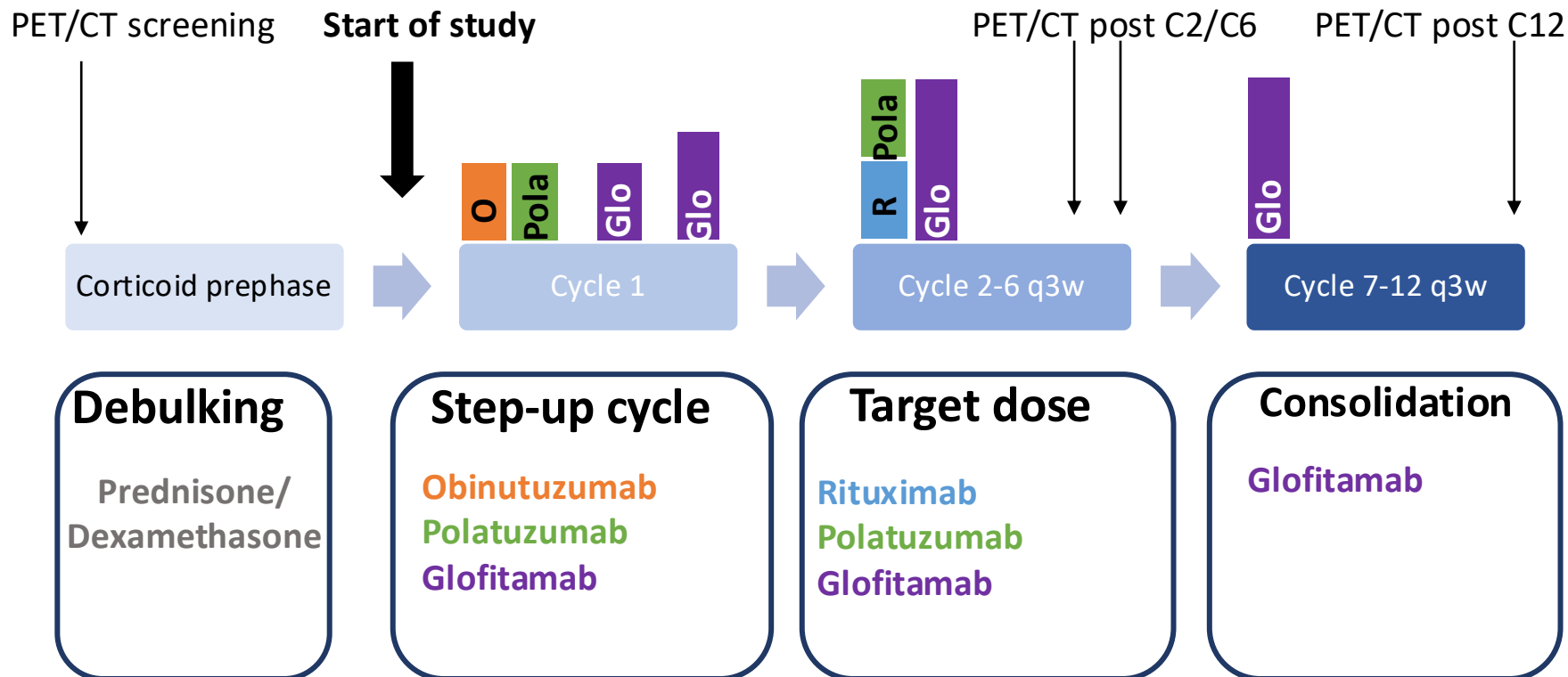
Rebecca Wurm-Kuczera *, Thomas Melchardt *, Petra Pichler, Angela Huster, Andrea Kerkhoff, Michael Panny, Roland Schroers, Anna Ossami Saidy, Fabian Müller, Frederik Damm, Manuel Orlinger, Philipp Staber, Carsten Schwaenen, Ralph Michael, Luisa Wohn, Clemens A. Schmitt, Martin Hoffmann, Mathias Hänel, Johannes Duell, Simone Heyn, Stephanie Mayer, Thomas Weber, Peter Reimer, Natalia Rotter, Ulf Schnetzke, Bastian von Tresckow, Gabriel Kammerer, Julia Rasvina, Barbara Lehner, Thomas Mika, David Böckle, Corinna Leng, Anna Lena Illert, Bettina Altmann, Birte Friedrich, Ella Willenbacher, Dimitrios Mougiakakos, Christiane Pott, Salah-Eddin Al-Batran, Andreas Rosenwald, Dirk Hellwig, Sascha Dietrich, Bertram Glass, Georg Lenz, Ulrich Keller, Marita Ziepert, Richard Greil, Björn Chapuy

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Presented at ICML, Lugano, June 20, 2025



Study Design



Indication

- Aggressive large B-cell lymphoma
- Previously untreated pts > 60 years
- **Not eligible for full dose R-CHOP-like therapy at discretion of the treating physician**

Study Design

- One arm, multicentric Phase II
- Germany/Austria
- **Initial cohort: 80 pts**
- **extension cohort: 45 pts; total: 125 pts**
- 30 centers in Germany/Austria

Endpoints

- Primary: 1y PFS rate
- Secondary:
 - Efficacy
 - Feasibility and Toxicities
 - Exploratory
 - Feasibility of outpatient care. (extension cohort)

- *Supportive treatment:*
antibacterial & antiviral prophylaxis & growth factor support.
- *Cycle 1-6:* Mandatory as inpatient in the initial cohort of 80 pts.

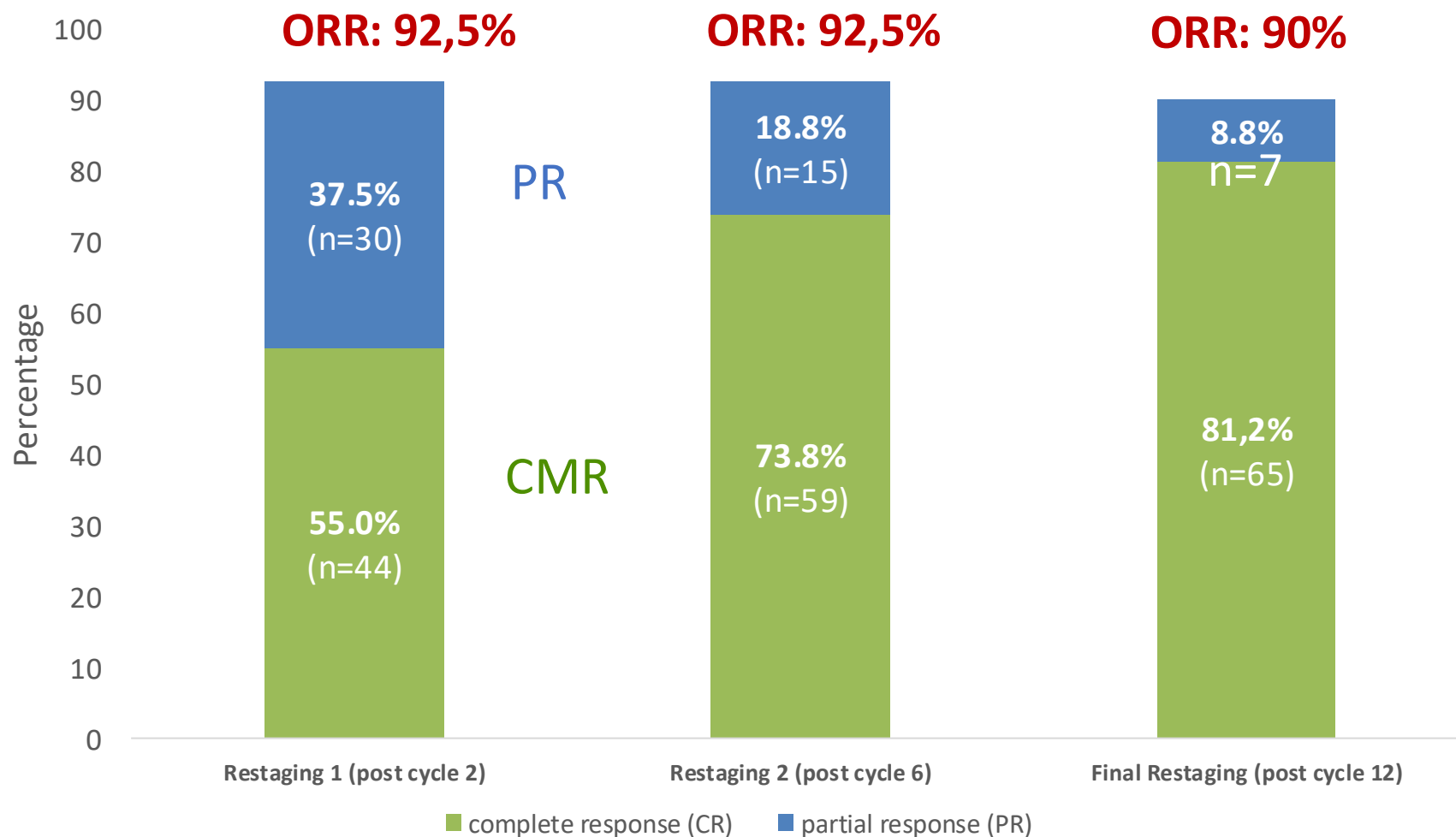
Patient Characteristics

Patient characteristics	Patients n (%)
No. of patients, total	80 (100)
Gender (male)	41 (51.3)
Age [yrs], median [range]	80 [66 – 92]
LDH > UNV	50 (63)
ECOG 0	13 (16.3)
ECOG 1	45 (56.3)
ECOG 2	21 (26.3)
Stage III	18 (22.5)
Stage IV	34 (42.5)
Extralymp. involvem. > 1	28 (35)
Bulky disease	30 (37.5)

IPI	Patients n (%)
IPI 1	11 (13.8)
IPI 2	17 (21.3)
IPI 3	26 (32.5)
IPI 4	21 (26.3)
IPI 5	5 (6.3)

➔ Patient profile aligns with the expected real-world profile of medical unfit/frail DLBCL patients with high treatment complexity.

Response Over Time – Initial Cohort (n=80)



➔ R-Pola-Glo has an overall response rate (ORR) of 90% with a 81.2% complete metabolic response rate (CMR) at end of treatment.

Conclusion

Chemotherapy-light R-Pola-Glo shows outstanding response rates and a manageable safety profile, supporting further clinical evaluation as a first-line treatment option for elderly, frail, or medically unfit patients with aggressive lymphoma.