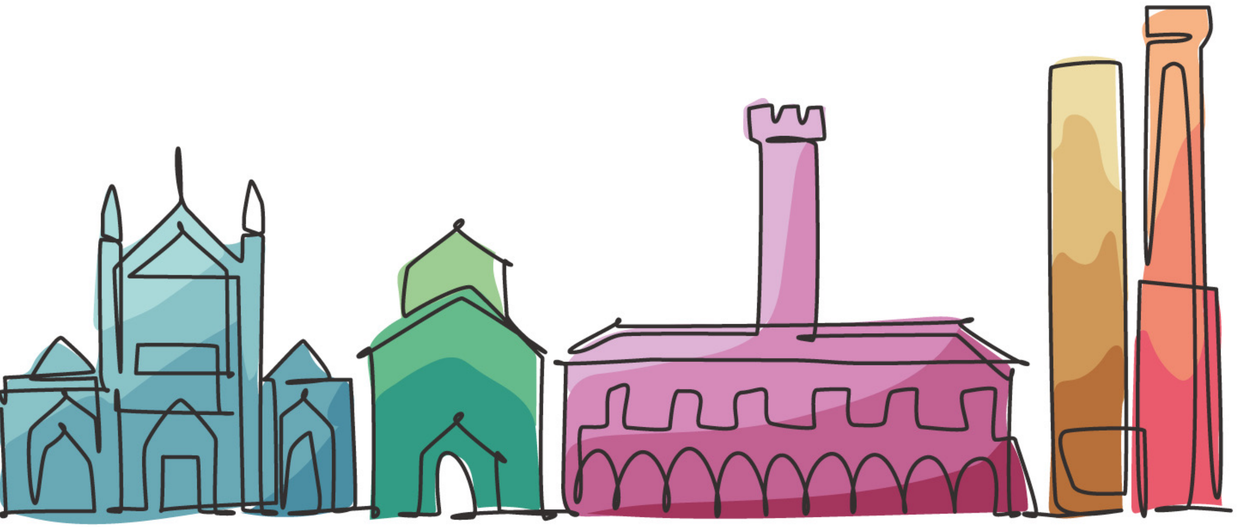
PRECEPTORSHIP



Un confronto sulla gestione delle malattie linfoproliferative al Sant'Orsola di Bologna

Bologna, NH DE LA GARE, 6 ottobre 2025

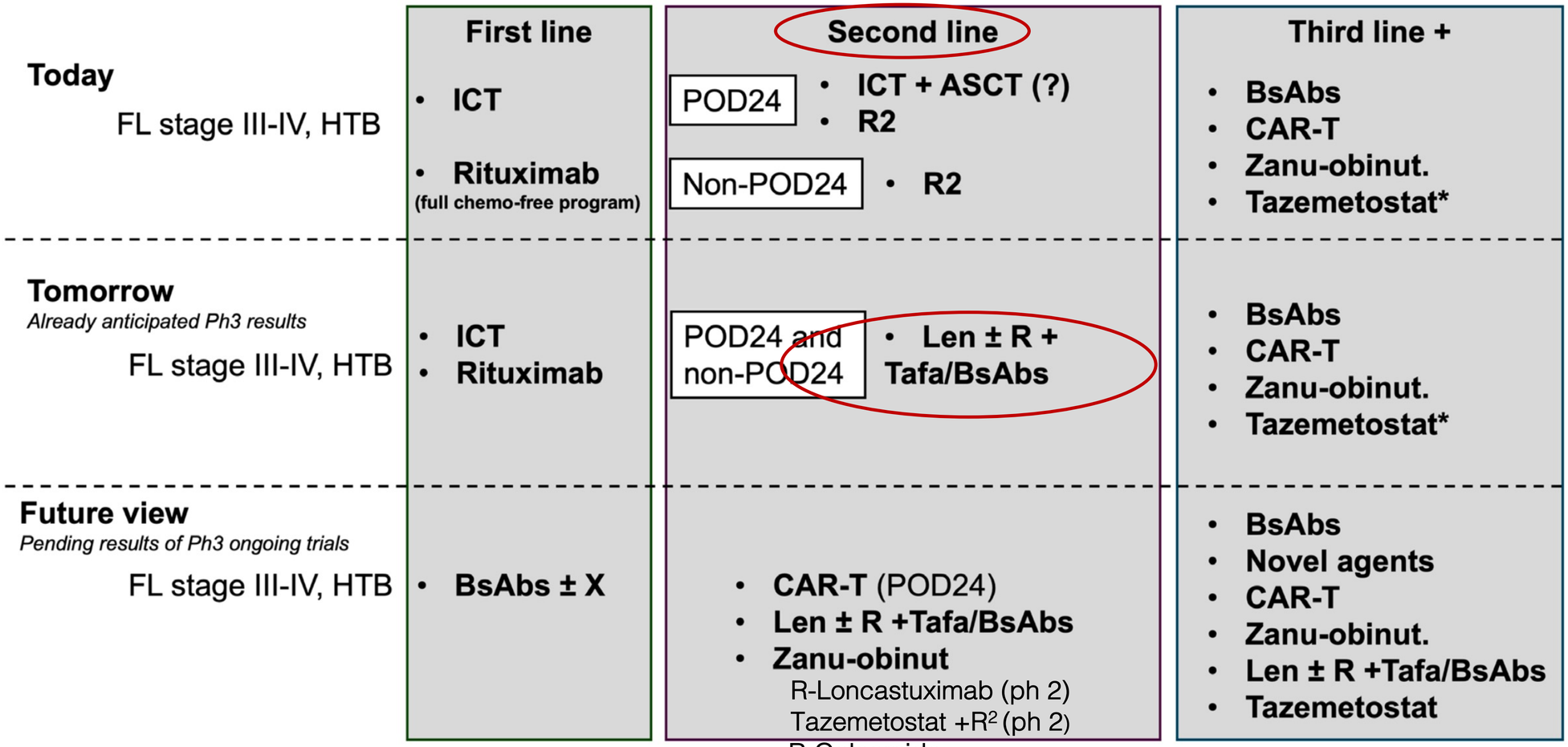
Linfoma Follicolare ….dietro l'angolo

Cinzia Pellegrini
IRCSS AOU di Bologna

Disclosure

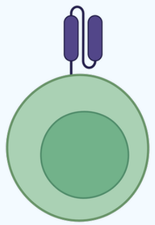
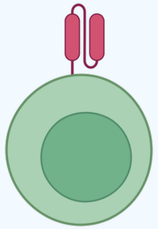
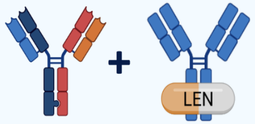
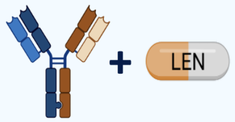
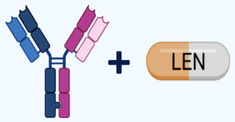
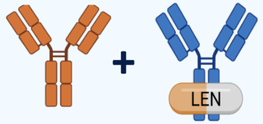
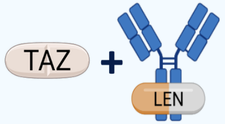
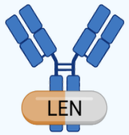
Company name	Research support	Employee	Consultant	Stockholder	Speakers bureau	Advisory board	Other
Roche					**x**		**x**
Gilead					**x**		**x**
Takeda						**x**	
Janssen-Cilag						**x**	
Abbvie					**x**		**x**
BeOne					**x**		

HTB FL New Era: Shifting from ICT to Novel Biological Tx



Modified from Luminari S et al, BJ Haem 2025

Selected Ph 3 Study Design in 2L FL with R^2 as Backbone

CAR T-cell therapies		anti-CD20xCD3 bsAbs			anti-CD19	Other targeted therapies	
ZUMA-22[1]	TRANSFORM FL[2]	EPCORE® FL-1[3]	Celestimo[4]	OLYMPIA-5[5]	inMIND[6]	SYMPHONY-1[7]	MAHOGANY[8]
axi-cel	liso-cel	epcoritamab + R^2	mosunetuzumab + len	odronextamab + len	tafasitamab + R^2	tazemetostat + R^2	zanubrutinib + R/O
							
vs	vs	vs	vs	vs	vs	vs	vs
Comparator: R-chemo or R^2					R^2 		
Primary Endpoint(s): PFS	PFS	ORR PFS	PFS	PFS	PFS	PFS	PFS

Adapted from: 1. NCT05371093. 2. NCT06313996. 3. NCT05409066. 4. NCT04712097. 5. NCT06149286. 6. NCT04680052. 7. NCT04224493. 8. NCT05100862 ■

2L FL - inMIND Phase 3 trial: Tafa+R+Lena vs Placebo+R+Lena

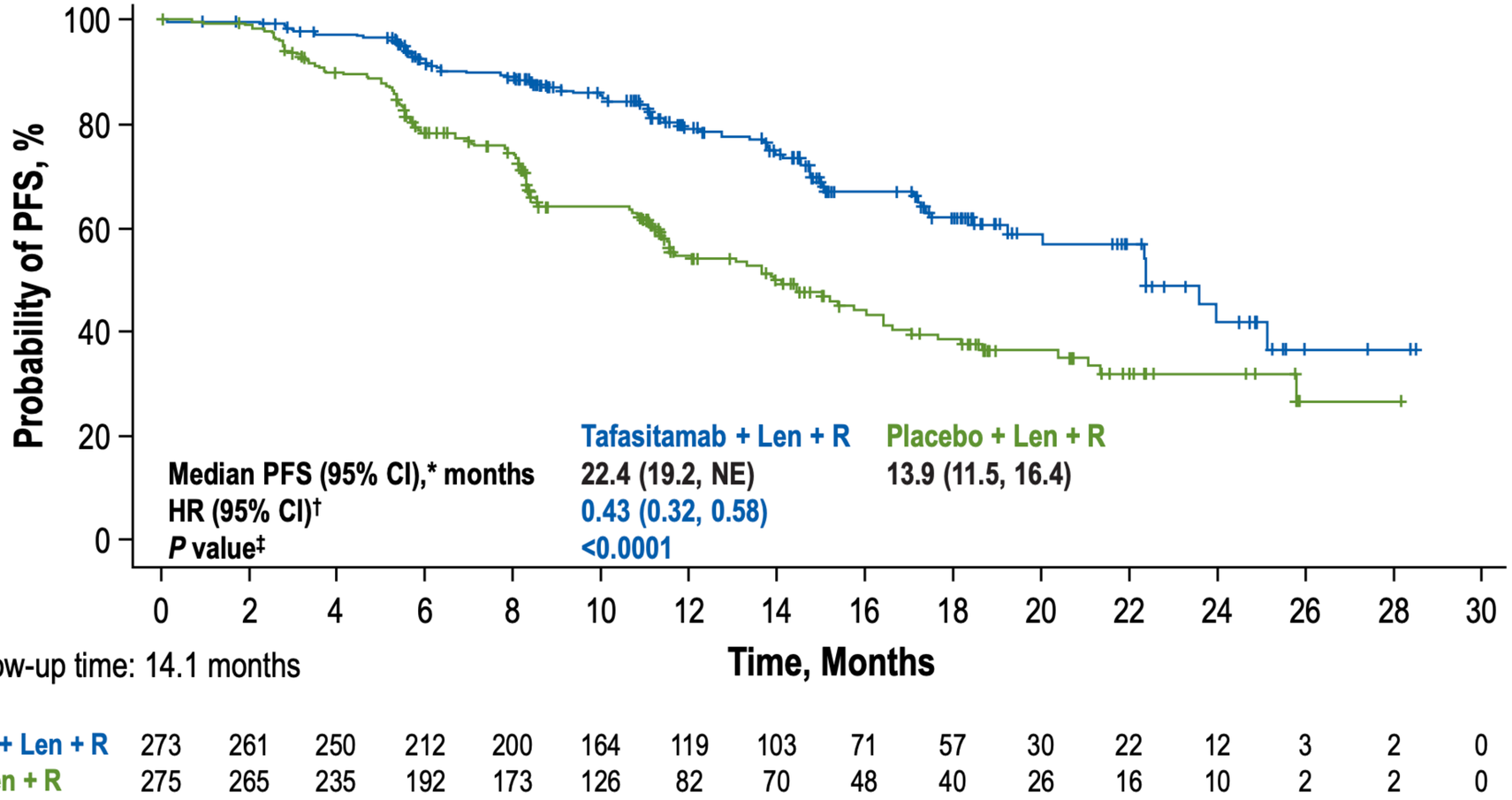
4-week treatment cycles

Variable	Tafasitamab + Len + R (n=273)	Placebo + Len + R (n=275)	Total (N=548)
Median number of prior lines of therapy (range)	1.0 (1, 7)	1.0 (1, 10)	1.0 (1, 10)
Number of prior lines of therapy, n (%)			
1	147 (53.8)	153 (55.6)	300 (54.7)
2	66 (24.2)	71 (25.8)	137 (25.0)
3	39 (14.3)	30 (10.9)	69 (12.6)
≥4	21 (7.7)	21 (7.6)	42 (7.7)
Time since last anti-lymphoma therapy, n (%)			
≤2 years	147 (53.8)	157 (57.1)	304 (55.5)
>2 years	126 (46.2)	118 (42.9)	244 (44.5)
POD24, n (%)	85 (31.1)	88 (32.0)	173 (31.6)
Relapsed/refractory status to last therapy, n (%)			
Relapsed	148 (54.2)	164 (59.6)	312 (56.9)
Refractory	112 (41.0)	97 (35.2)	209 (38.1)
Undetermined	13 (4.8)	14 (5.1)	27 (4.9)
Refractory to prior anti-CD20 therapy, n (%)	118 (43.2)	115 (41.8)	233 (42.5)

Sehn LH. *Blood (ASH annual meeting abstracts)*, 2024; 144 (S2): LBA-1

inMIND Trial 1st End-Point: PFS

ORR (ITT Population)	Tafasitamab + Len + R	Placebo + Len + R
Patients, n	273	275
Best overall response, n (%)‡		
CR	142 (52.0)	112 (40.7)
PR	86 (31.5)	87 (31.6)
SD	28 (10.3)	46 (16.7)
PD	7 (2.6)	20 (7.3)
NE	2 (0.7)	0
Not done	8 (2.9)	10 (3.6)
ORR, % (95% CI)	**83.5** (78.6, 87.7)	**72.4** (66.7, 77.6)
Odds ratio (95% CI)	**2.0 (1.30, 3.02)**	
Nominal *P* value	**0.0014**	



Median follow-up time: 14.1 months

No. at Risk

Tafasitamab + Len + R	273	261	250	212	200	164	119	103	71	57	30	22	12	3	2	0
Placebo + Len + R	275	265	235	192	173	126	82	70	48	40	26	16	10	2	2	0

Sehn LH. *Blood (ASH annual meeting abstracts)*, 2024; 144 (S2): LBA-1

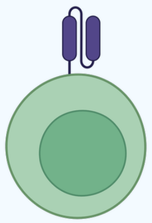
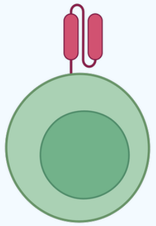
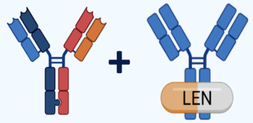
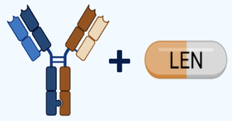
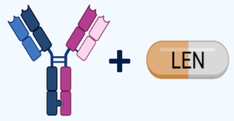
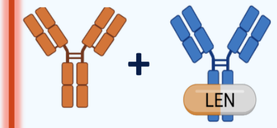
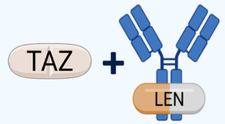
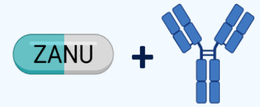
inMIND Trial: PFS Benefit is Observed in All Prespecified Subgroups

	Tafasitamab + Len + R # Events/# Patients	Censored	Placebo + Len + R # Events/# Patients	Censored	HR (95% CI)
Subgroup					
All patients	75/198		131/144		0.43 (0.32, 0.58)
Sex					
Male	40/110		78/71		0.38 (0.26, 0.56)
Female	35/88		53/73		0.51 (0.33, 0.80)
Age group 1					
<65 years	29/108		69/70		0.35 (0.23, 0.55)
≥65 years	46/90		62/74		0.53 (0.35, 0.80)
Age group 2					
<75 years	55/164		102/119		0.44 (0.31, 0.61)
≥75 years	20/34		29/25		0.58 (0.30, 1.12)
Race					
White	61/158		106/113		0.40 (0.29, 0.55)
Asian	11/29		21/21		0.34 (0.14, 0.81)
Other and missing	3/11		4/10		0.60 (0.08, 4.41)
Ethnicity					
Not Hispanic or Latino	62/166		112/114		0.39 (0.28, 0.53)
Hispanic or Latino	8/23		10/14		0.71 (0.24, 2.10)
Other and missing	5/9		9/16		1.07 (0.25, 4.56)
Geographic region					
Europe	52/124		88/105		0.53 (0.38, 0.76)
North America	8/30		11/13		0.12 (0.02, 0.55)
Rest of the world	15/44		32/26		0.33 (0.16, 0.68)
POD24					
Yes	29/56		52/36		0.43 (0.27, 0.69)
No	46/142		79/108		0.45 (0.31, 0.65)
Refractory to prior anti-CD20					
Yes	45/73		68/47		0.44 (0.30, 0.65)
No	30/125		63/97		0.44 (0.28, 0.68)
Number of prior lines					
1 line	36/110		61/86		0.48 (0.32, 0.74)
≥2 lines	39/88		70/58		0.41 (0.28, 0.61)

Accelerated Approval from FDA

Sehn LH. *Blood (ASH annual meeting abstracts)*, 2024; 144 (S2): LBA-1

2L Ongoing Ph 3 Trial with BsAbs and Lena as Backbone

CAR T-cell therapies		anti-CD20xCD3 bsAbs			anti-CD19	Other targeted therapies	
ZUMA-22[1]	TRANSFORM FL[2]	EPCORE® FL-1[3]	Celestimo[4]	OLYMPIA-5[5]	inMIND[6]	SYMPHONY-1[7]	MAHOGANY[8]
axi-cel	liso-cel	epcoritamab + R^2	mosunetuzumab + len	odronextamab + len	tafasitamab + R^2	tazemetostat + R^2	zanubrutinib + R/O
							
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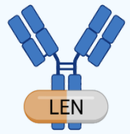
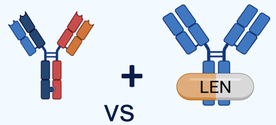
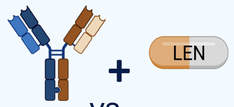
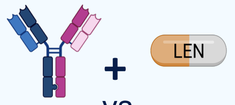
Comparator: R-chemo or R^2		R^2 					
Primary Endpoint(s): PFS	PFS	ORR PFS	PFS	PFS	PFS	PFS	PFS

Adapted from: 1. NCT05371093. 2. NCT06313996. 3. NCT05409066. 4. NCT04712097. 5. NCT06149286. 6. NCT04680052. 7. NCT04224493. 8. NCT05100862 ■

2L Ongoing Ph 3 Trial with BsAbs and Lena as Backbone

Phase 3 Trials	anti-CD20xCD3 bsAbs		
	EPCORE® FL-1[3]	**Celestimo[4]**	**OLYMPIA-5[5]**
	epcoritamab + R² 	**mosunetuzumab + len** 	**odronextamab + len** 
	R² 		
Data from Phase 1-2 studies available?	yes	yes	no
Trial	***Phase 2 EPCORE® NHL-2 Arm 2[9]***	***Phase 1b CO41942[10]***	--
N	111	29	
Most recent publication	Falchi L, et al. Abstract 342. ASH Annual Meeting 2024.	Morschhauser, et al. Abstract 128. ASH Annual Meeting 2021.	--

2L FL - Ph 2 EPCORE NHL2 arm 2: Epcoritamab + R^2

Fixed Duration Regimen (2 Years)

Key inclusion criteria

- R/R CD20$^+$ FL
  - Grade 1–3A
  - Stage II–IV
- ≥1 prior treatment, including an anti-CD20 antibody
- Need for treatment per GELF criteria[1]
- ECOG PS 0–2
- Measurable disease by CT or MRI
- Adequate organ function

Median fup: 28.2 mo (2,4-39)

Concomitant fixed-duration epcoritamab 48 mg + R^2 (28-day cycles up to 2 years)

	Agent	C1	C2	C3	C4–5	C6–9	C10–12	C13+
2–step-up-dose regimen[a]	Epcoritamab SC 48 mg							
	Cohort A[b]	QW			Q2W		Q4W	
	Cohort B[b]	QW		Q4W				
R^2	Rituximab IV 375 mg/m^2	QW	Q4W					
	Lenalidomide PO 20 mg/d	D1–21 of each cycle						

Primary endpoint: ORR per Lugano criteria[c]

Key secondary endpoints: CR rate, DOR, DOCR, PFS, TTNT, OS, MRD analysis,[d] and safety and tolerability

- 108 pts (efficacy + safety)
- Median pLOT: 1 (1-7)
- POD24: 50%
- Primary refractory: 36%
- Double refractory: 36%

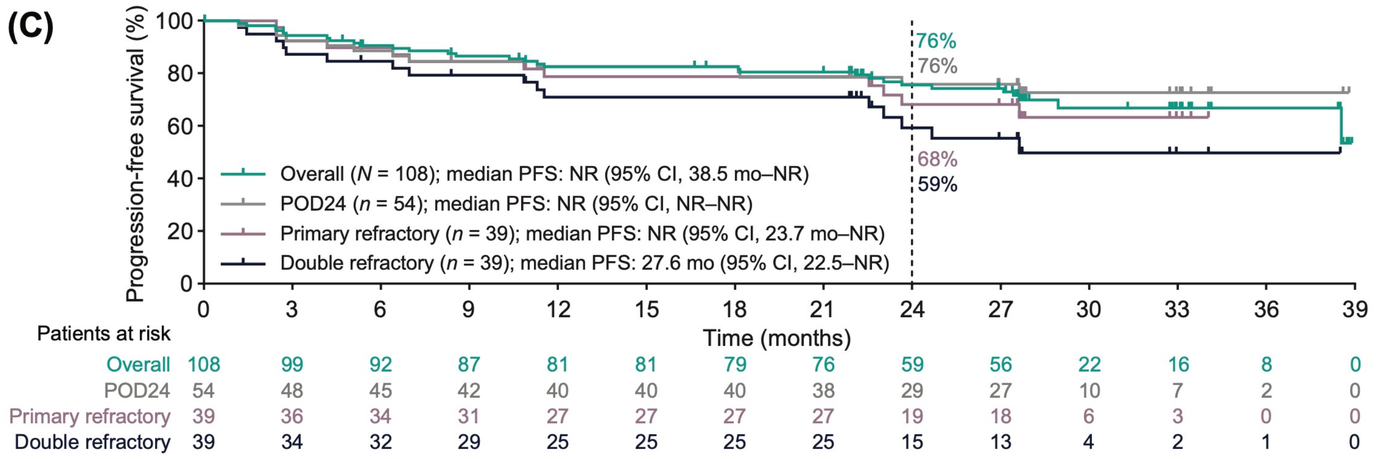
NCT04663347. [a]Patients received epcoritamab with 2 step-up doses (0.16 mg on C1D1 and 0.8 mg on C1D8) before the first full dose on C1D15, corticosteroid prophylaxis to mitigate CRS, and protocol-mandated hospitalization for 24 h after the first full dose. [b]Cohorts A and B enrolled 27 and 84 patients, respectively. [c]Tumor response was evaluated by PET-CT (or separate PET and CT/MRI when PET-CT was not available) obtained at 6, 12, 18, 24, 36, and 48 wk, and every 24 wk thereafter, until disease progression. [d]MRD was assessed in PBMCs using the clonoSEQ® assay (Adaptive Biotechnologies) with a cutoff of 10^{-6}. **1.** Brice P, et al. *J Clin Oncol*. 1997;15:1110-7.

Falchi L et al, Blood 2025

2L FL - Ph 2 EPCORE NHL2 arm 2: Epcoritamab + R^2

Outcomes, n (%)	Epcor + R^2 (N=108)
ORR	96%
CR	88%
MRD-negativity, any time	88%
Median Time to response, mo	1.4
Median DoCR, mo	NR

Common TEAEs, All Grades | Gr ≥3	Epcor + R^2 (N=108)
Neutropenia[a]	62% | 53%
COVID-19[b]	57% | 24%
CRS	52% | 2%
Diarrhea	46% | 4%
ISR[c]	44% | 0%
Fatigue	39% | 3%
Constipation	36% | 1%



Falchi L et al, Blood 2025

CELESTIMO (GO42909): Study design

Randomised, open-label, multicentre Phase III study of mosunezutumab (IV) and lenalidomide compared with rituximab and lenalidomide in patients with R/R FL

Eligibility

- Age ≥18 years
- Grade 1–3a CD20+ FL
- ECOG PS 0–2
- ≥1 prior systemic anti-lymphoma therapy
- Target enrolment (Randomised cohort): 400

Stratification factors

- POD 24 status
- Prior lines of therapy (1 vs ≥2)
- Refractoriness to anti-CD20 therapy

Randomised 1:1*

Arm A

Mosunetuzumab + lenalidomide
- Mosunetuzumab IV on C1 [D1 (1 mg), D8 (2 mg), D15 (30 mg)] q3w and C2–12 D1 (30 mg) q4w
- Lenalidomide on C2–12 D1 (20 mg) q4w

Arm B

Rituximab + lenalidomide
- Rituximab IV on C1 D1/D8/D15/22 and C3, 5, 7, 11 D1 (375 mg/m^2) q4w
- Lenalidomide on C2–12 D1 (20 mg) q4w

Arm C

Mosunetuzumab + lenalidomide
(US extension cohort, n=54 pts)

1° endpoint

PFS (IRC-assessed) in ITT

Efficacy follow-up: 5 years from time of randomisation

Secondary and other endpoints†

- PFS (INV-assessed) in ITT, CR rate (by PET-CT), ORR, OS, DOR, DOCR, time to deterioration in physical functioning and fatigue by EORTC QLQC30, safety, PK, immunogenicity, biomarker

https://clinicaltrials.gov/study/NCT04712097

Nastoupil L, et al. EHA 2022; Poster presentation (#P1125);

IRC, Independent Review Committee

CO41942: Mosunetuzumab (IV) + Len in 2L+ FL

Open-label, multicenter, Phase Ib study of mosunetuzumab + lenalidomide in patients with R/R FL

Eligibility

- CD20+ FL Grade 1–3a
- R/R to ≥1 prior chemo-immunotherapy regimen including an a CD20 antibody; prior lenalidomide allowed
- ECOG PS 0–2

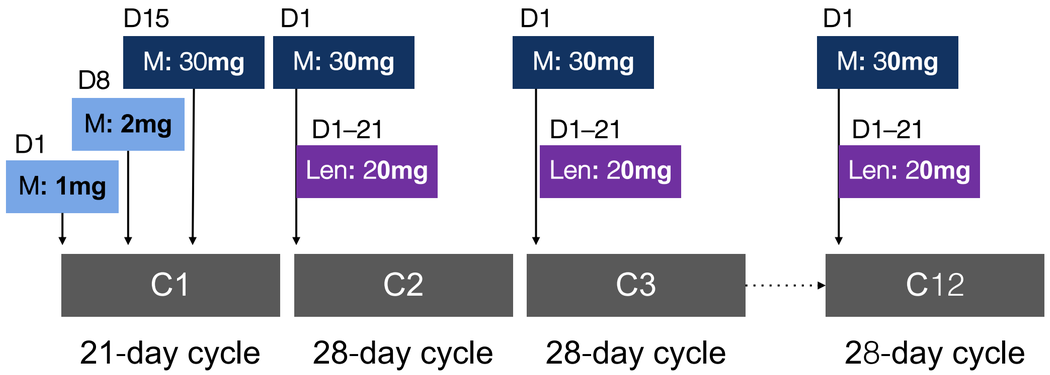
Mosun-Len administration (n=29)*

Mosunetuzumab

- Intravenous administration for 12 cycles (C1: Q3W; C2–12: Q4W)

Lenalidomide

- Oral administration for 11 cycles (C2–12)



- C1 step-up dosing for CRS mitigation
- No mandatory hospitalization

Endpoints

Primary:

- DLTs
- AE rate

Secondary:

- CR rate
- ORR
- DOR
- DOCR

*One patient from dose escalation, all other patients from dose expansion.
2L, second line; AE, adverse event; CRS, cytokine release syndrome; Q3W, once every 3 weeks; Q4W, once every 4 weeks .

Morschhauser F, et al. ASH 2021; Oral presentation (abstract #129);
Bishton M, et al. ASH 2022; Poster presentation (abstract #1544).

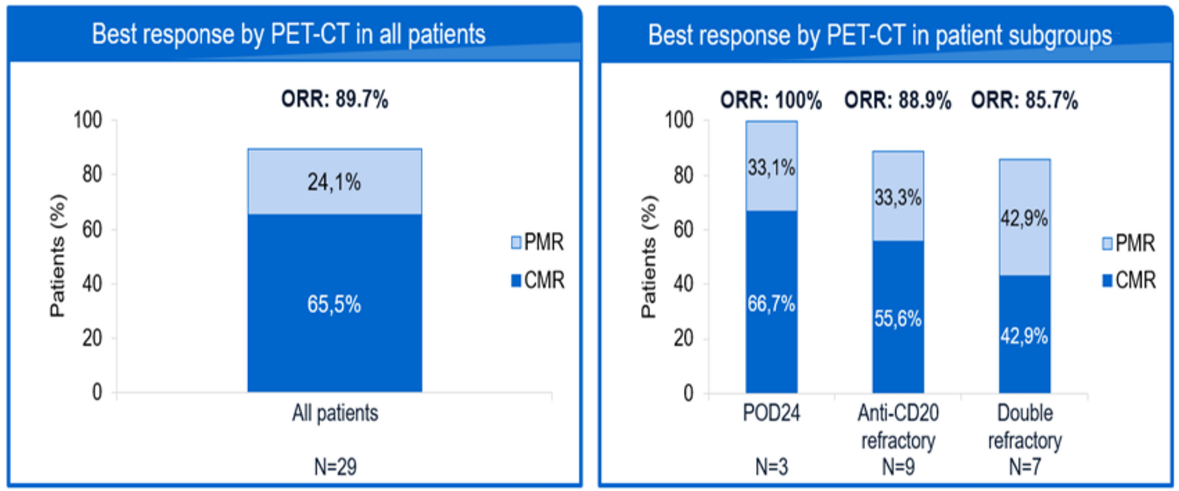
CO41942: Mosunetuzumab (IV) + Len in 2L+ FL

- Median duration of follow-up: 5.4 months (range: 3–12)

Baseline Characteristics

	N=29
Age in years, median (range)	59 (30–79)
Male	13 (44.8%)
Ann Arbor stage at study entry	
I–II	2 (6.8%)
III–IV	27 (93.1%)
FLIPI risk factors at study entry	
0–1	7 (24.1%)
2	8 (27.6%)
3–5	14 (48.3%)
Number of prior lines of therapy, median (range)	1 (1–6)
1 prior line	16 (55.2%)
≥2 prior lines	13 (44.8%)
Refractory to any prior aCD20 therapy	9 (31.0%)
Refractory to any prior aCD20 therapy AND an alkylating agent (double refractory)	7 (24.1%)
POD24	3 (10.3%)

Best response



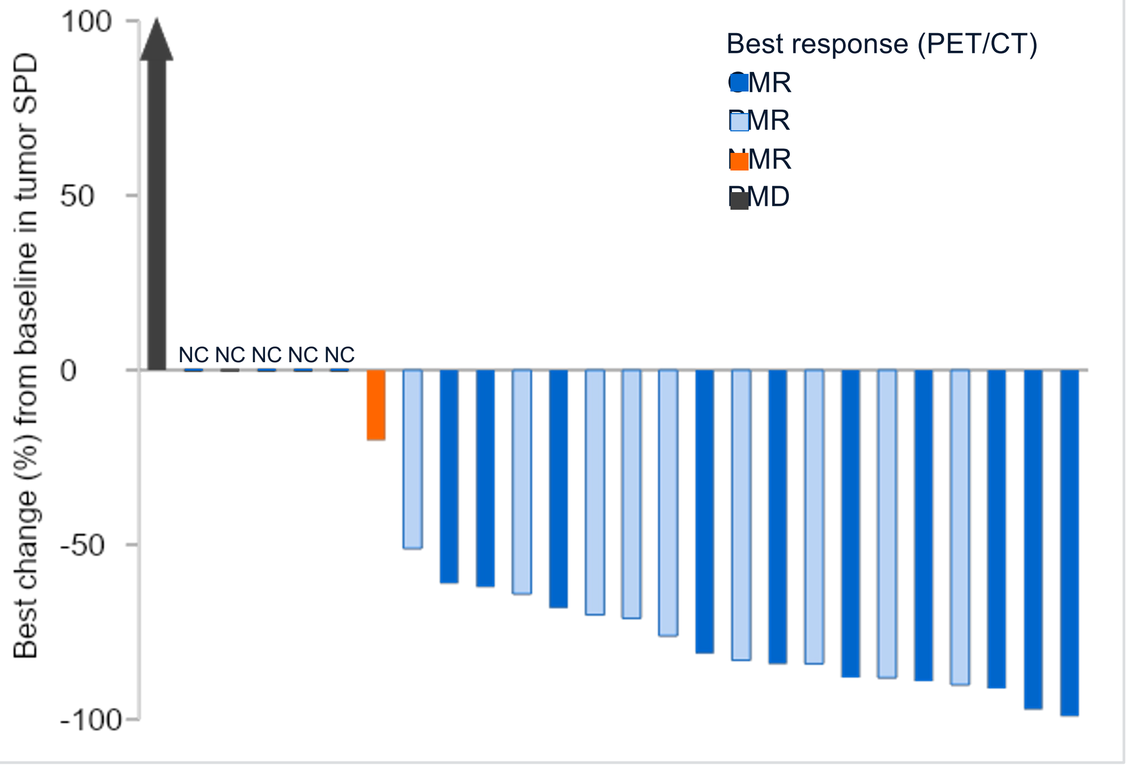
- Median time to first / best response: 2.5 mo (range: 1.4–5.3) / 2.5 mo (range: 1.4–10.7)

Morschhauser F. *British Society of Hematology BSH meeting*, 2022

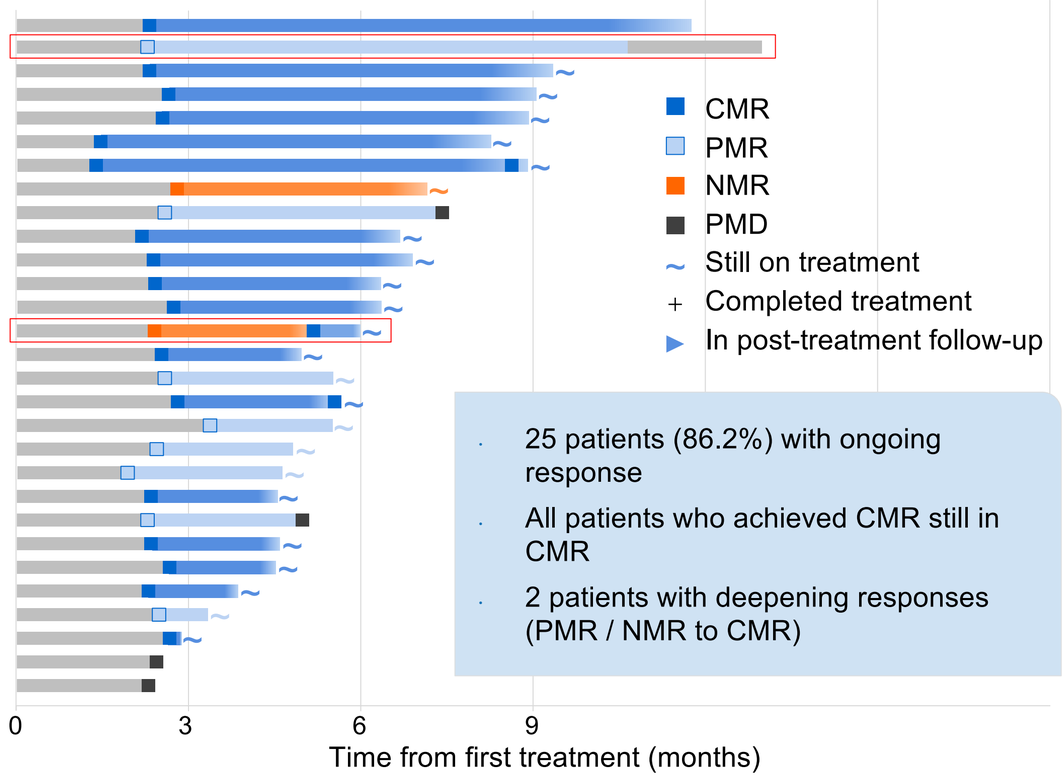
Change in tumour SPD and duration of response

- Median duration of follow-up: 5.2 months (range: 1–10); most patients (92.5%) had 3–9 months of follow-up at CCOD

Best percentage change from baseline in tumor SPD*



Duration of response



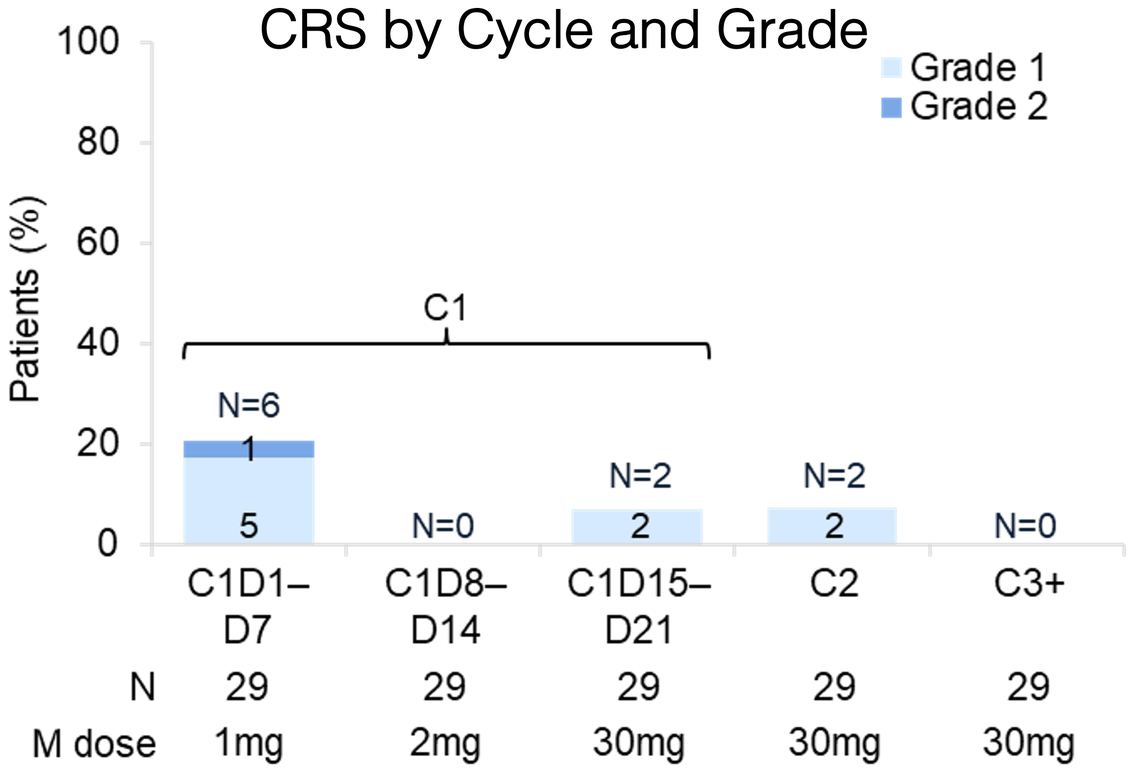
- 25 patients (86.2%) with ongoing response
- All patients who achieved CMR still in CMR
- 2 patients with deepening responses (PMR / NMR to CMR)

Data cut-off date: September 13, 2021.
*In all patients with ≥1 diagnostic CT scan at response assessment (N=26).
CCOD, clinical cut-off date; NC, no change; NMR, no metabolic response; PMD, progressive metabolic disease; SPD, sum of product diameters.

Morschhauser F, et al. ASH 2021; Oral presentation (abstract #129).

CRS was low grade and predominantly confined to C1

	N=29
CRS (any grade), n (%)* Grade 1 Grade 2 Grade ≥3	8 (27.6) 7 (24.1) 1 (3.4)† 0
Serious AE of CRS (any Grade), n (%)	4 (13.8)‡
Median time to first CRS onset, days (range)	1 (1–28)
Median CRS duration, days (range)	3 (2–5)
Corticosteroids for CRS management, n (%)	0
Tocilizumab for CRS management, n (%)	0
CRS leading to mosunetuzumab discontinuation, n (%)	0
CRS resolved, n (%)	8 (100)



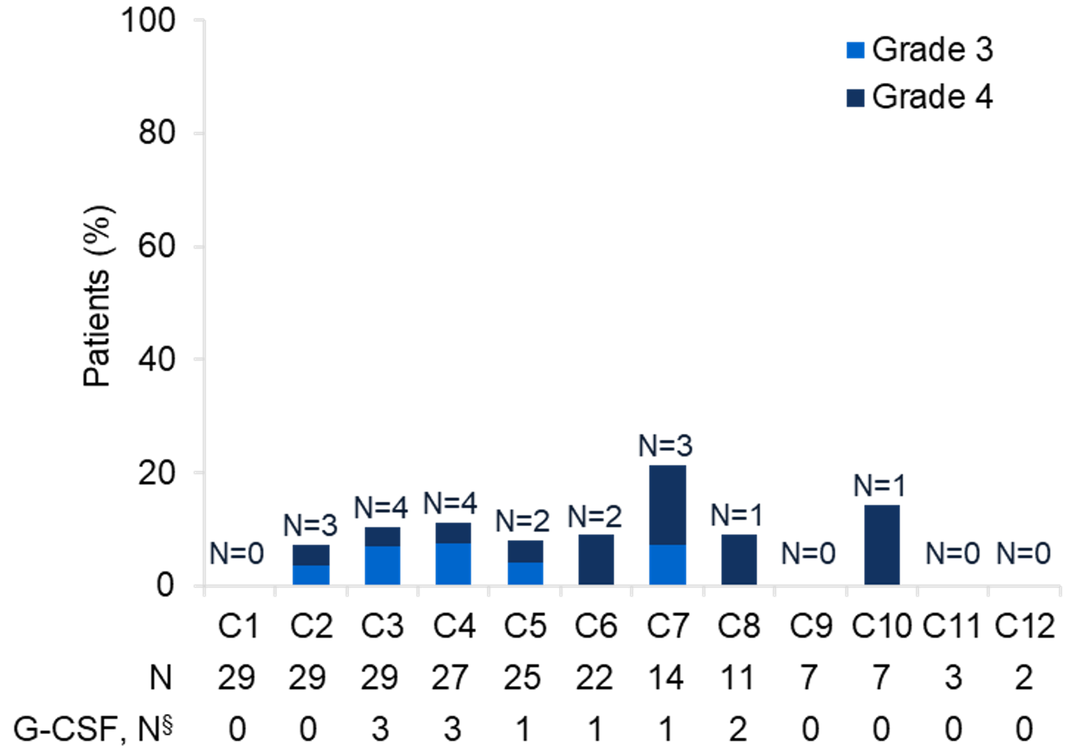
No increase in rate or severity of CRS with addition of lenalidomide

Morschhauser F, et al. ASH 2021; Oral presentation (abstract #129).

ICANS* and serious infections were uncommon

	N=29	
ICANS,* n (%) Grade 3	1 (3.4) 0	Amnesia (3.4%; Grade 1†). Ongoing No aphasia, seizures, encephalopathy or cerebral edema
Serious AE of infection,‡ n (%) Grade 3	2 (6.9) 2 (6.9)	Grade 3 pneumonia and Grade 3 urinary tract infection in 1 patient each. All resolved
Any neutropenia (all Grades), n (%) Grade 3 Grade 4	7 (24.1) 4 (13.8) 3 (10.3)	Febrile neutropenia (Grade 3) in 1 patient (duration: 5 days) was considered treatment related
Median time to neutropenia onset, days (range)	86 (41–189)	–
Median duration of neutropenia, days (range)	9 (4–29)	All neutropenia/febrile neutropenia resolved

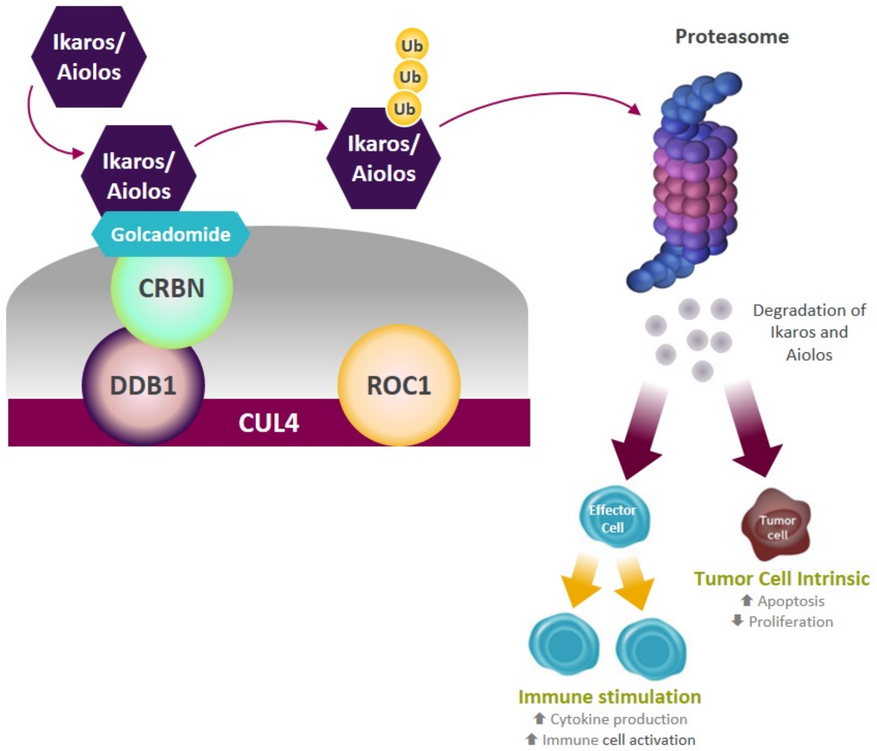
Neutropenia by Cycle and Grade

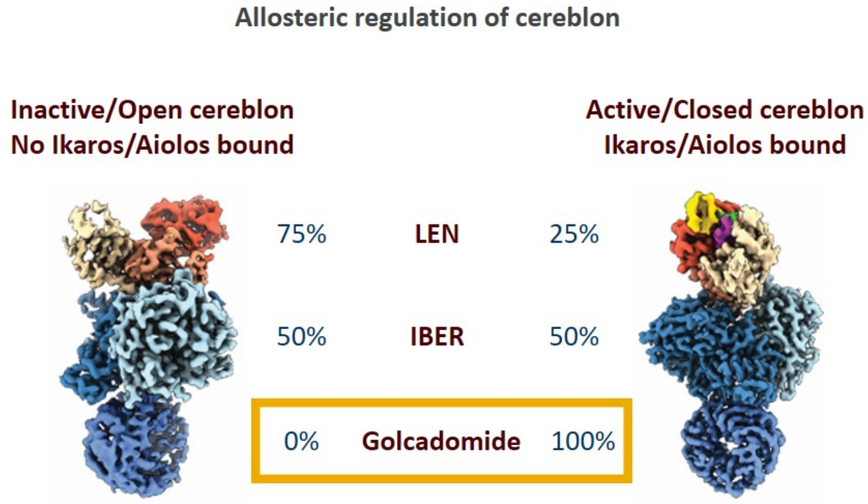


Data cut-off date: September 13, 2021.
*Mosunetuzumab-related neurological AEs potentially consistent with ICANS. †Graded per CTCAE;‡System Organ Class 'infections and infestations'. §One patient received G-CSF prophylaxis.
CTCAE, Common Terminology Criteria for Adverse Events; G-CSF, granulocyte-colony stimulating factor; ICANS, Immune effector cell-associated neurotoxicity syndrome.

Morschhauser F, et al. ASH 2021; Oral presentation (abstract #129).

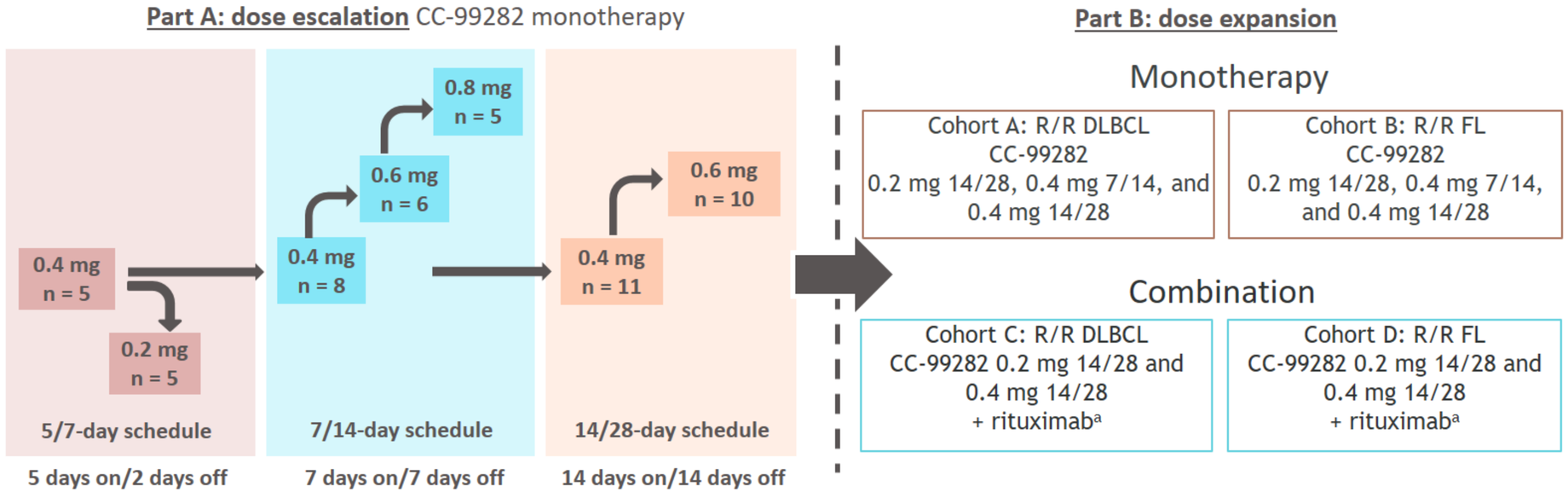
GOLCADOMIDE





Watson ER. *Science*, 2022; 378: 549-553

Golcadomide (GOLCA) ± Rituximab (RTX) Demonstrates Durable Efficacy and Is Well Tolerated in Patients (pts) with Relapsed/Refractory Follicular Lymphoma (R/R FL): Updated Results from the Phase 1/2 CC-99282-NHL-001 Study

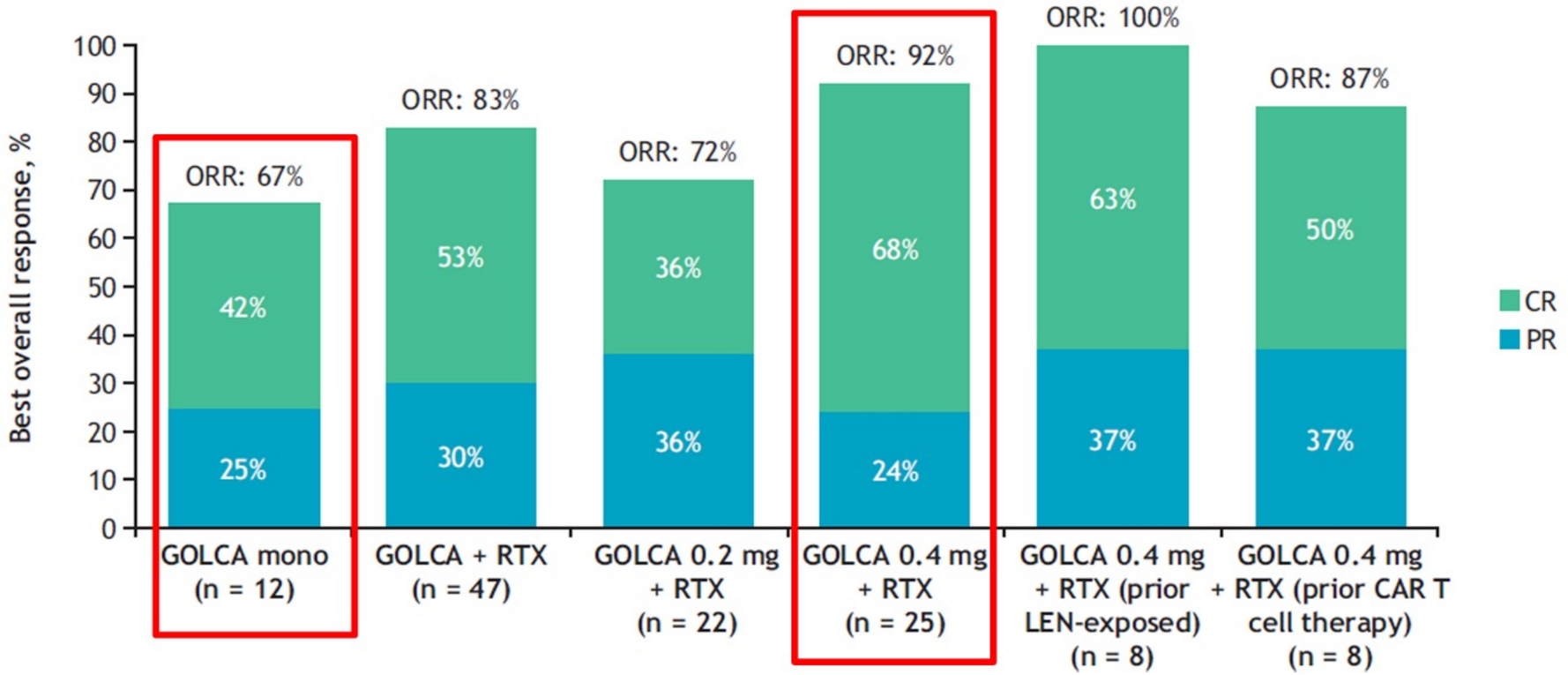


Duration of treatment is up to 2 years

[a]Rituximab dosing was 375 mg/m^2 on Days 1, 8, 15, and 22 of Cycle 1, and Day 1 of Cycles 2-5.

Chavez JC. *Blood (ASH annual meeting abstracts)*, 2024; 144 (S1): 3018a

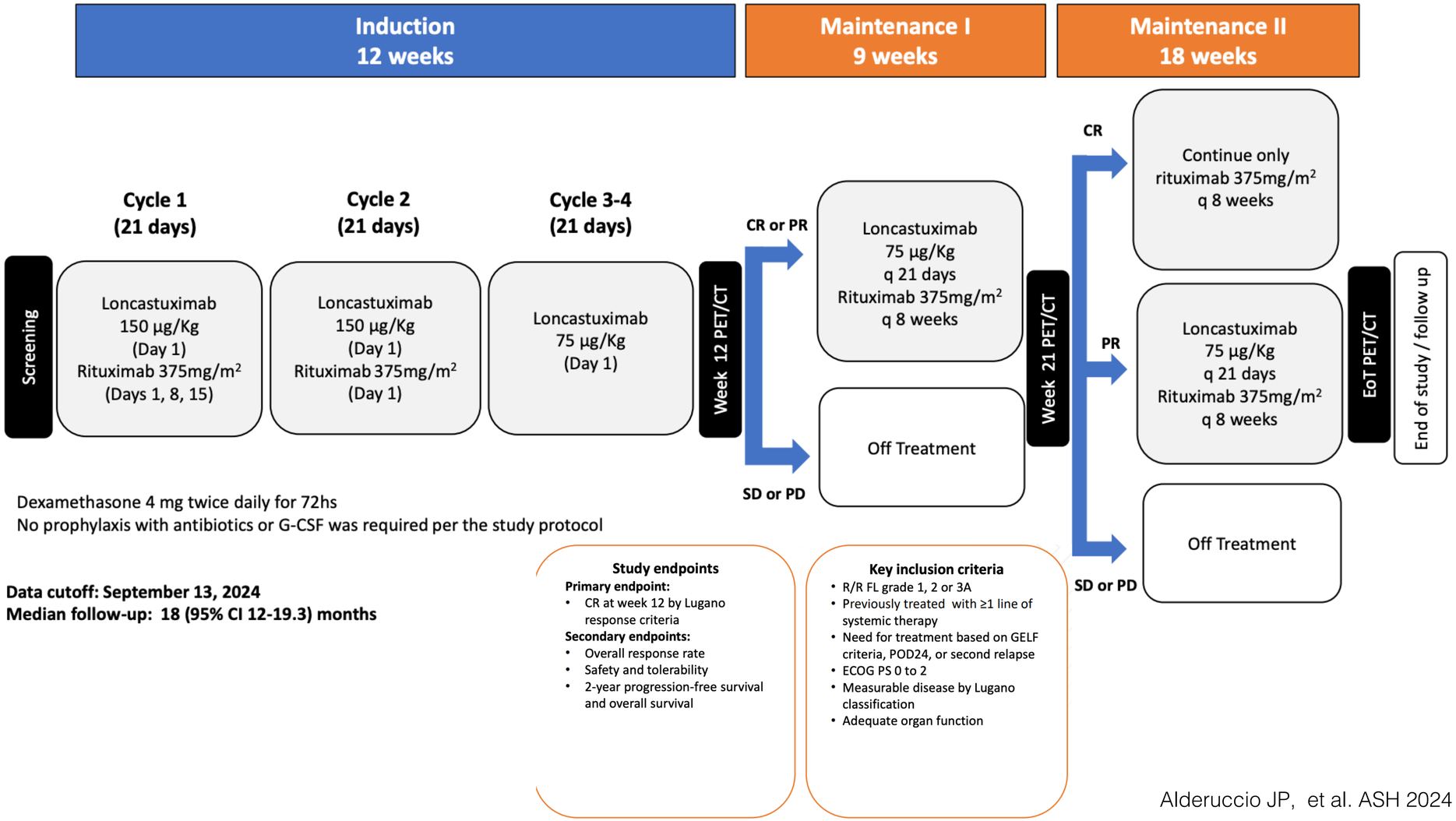
Golcadomide (GOLCA) ± Rituximab (RTX) Demonstrates Durable Efficacy and Is Well Tolerated in Patients (pts) with Relapsed/Refractory Follicular Lymphoma (R/R FL): Updated Results from the Phase 1/2 CC-99282-NHL-001 Study



Chavez JC. *Blood (ASH annual meeting abstracts)*, 2024; 144 (S1): 3018a

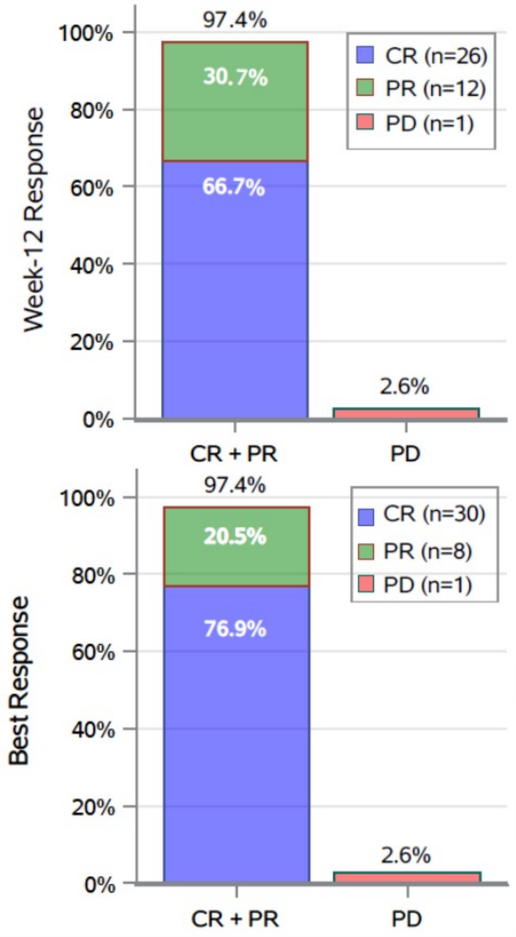
Phase 2 study in 2L FL – Loncastuximab + Rituximab

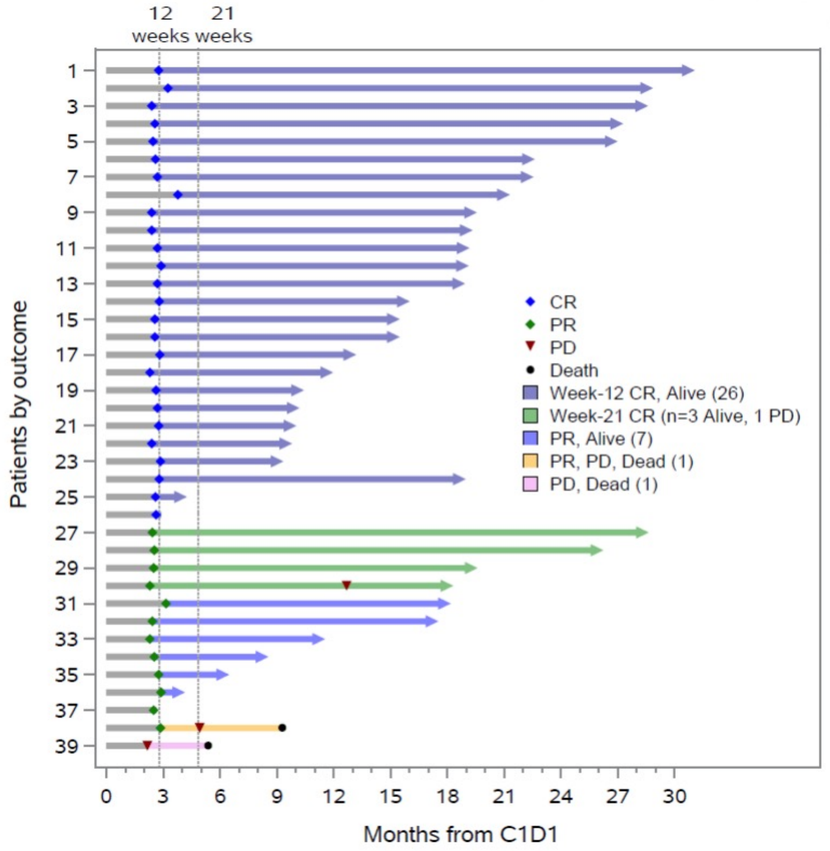
- FL gr 1-3A
- RR to at least 1 previous systemic tx



Alderuccio JP, et al. ASH 2024

2L – Loncastuximab + Rituximab





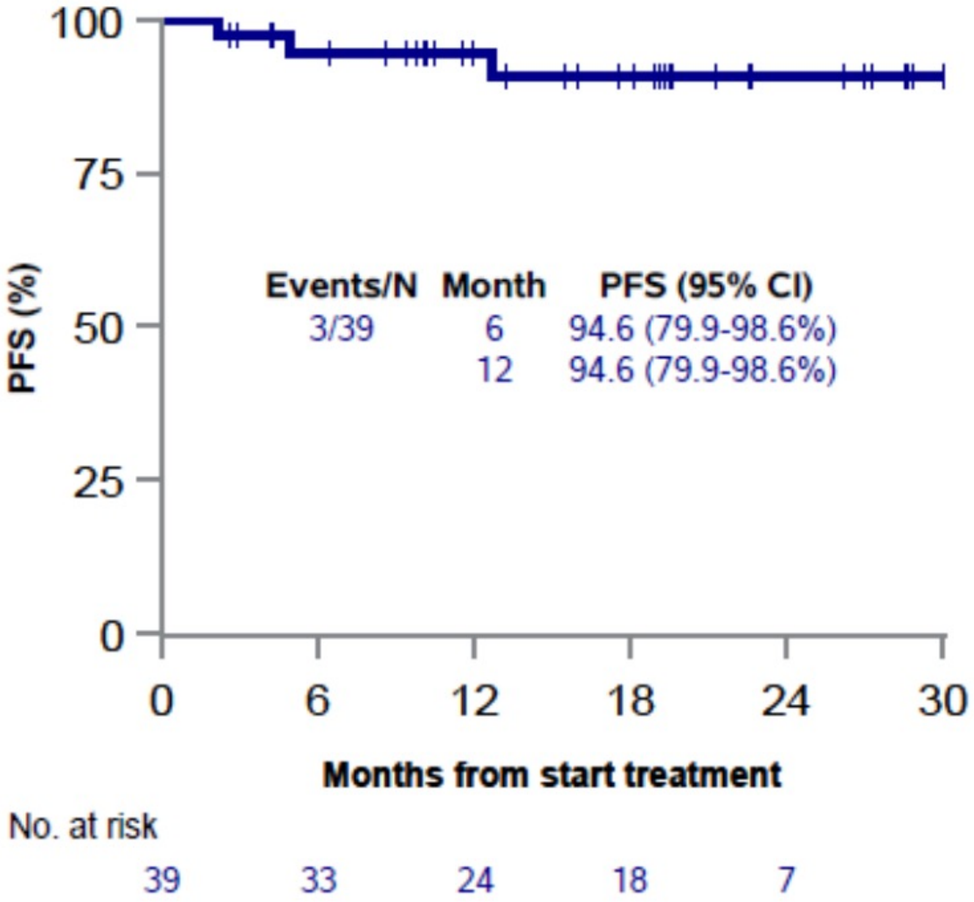
The null hypothesis was rejected (one-sided p<0.0001)

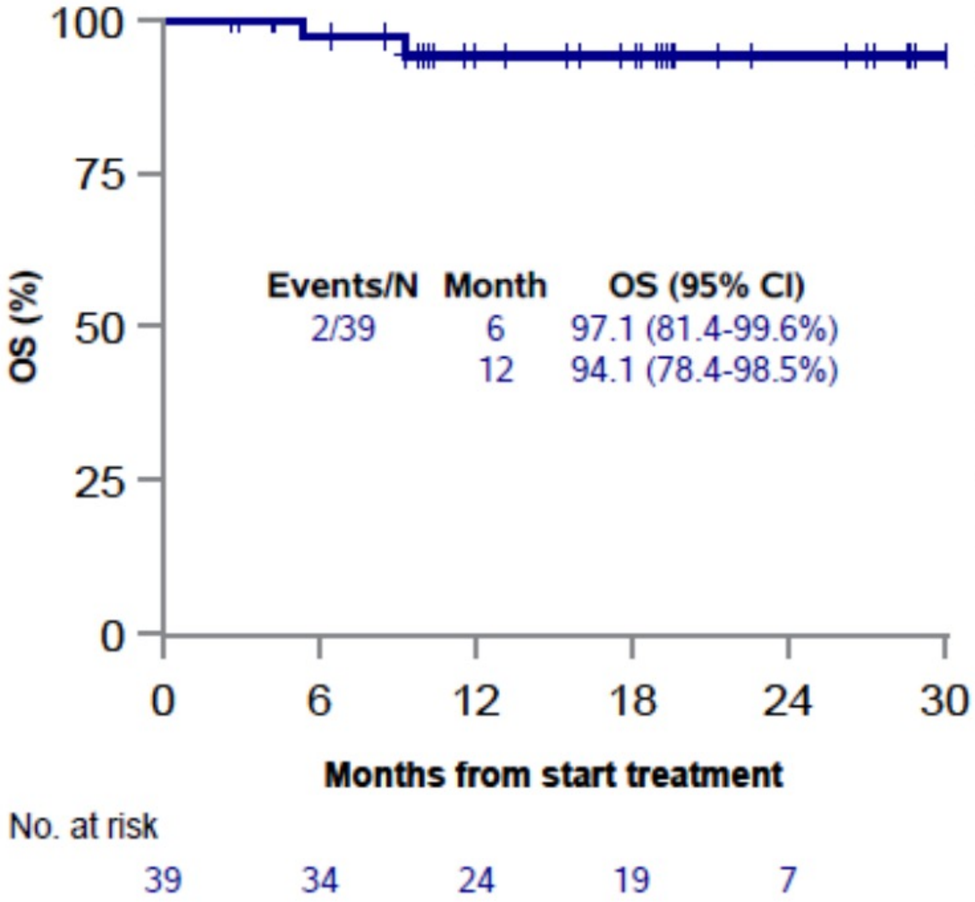
	n = 39	%
Refractory to last therapy	20	51
Relapsed FL	19	49
Median no, of prior lines, n (range)	1 (1-6)	
≥3 lines of therapy	11	28
Prior frontline regimens		
• **R-CHOP**	22	56
• **Bendamustine with rituximab**	10	26
• **Rituximab**	6	15
• **Fludarabine, mitoxantrone, dexamethasone with rituximab**	1	3

	n	Best ORR	Best CR rate
POD24	**20**	**100%**	**85%**
High risk FLIPI score	**24**	**96%**	**67%**
Prior transformed FL	**11**	**100%**	**73%**
Rituximab with an alkylating agent	**32**	**100%**	**75%**

Alderuccio JP, et al. ASH 2024

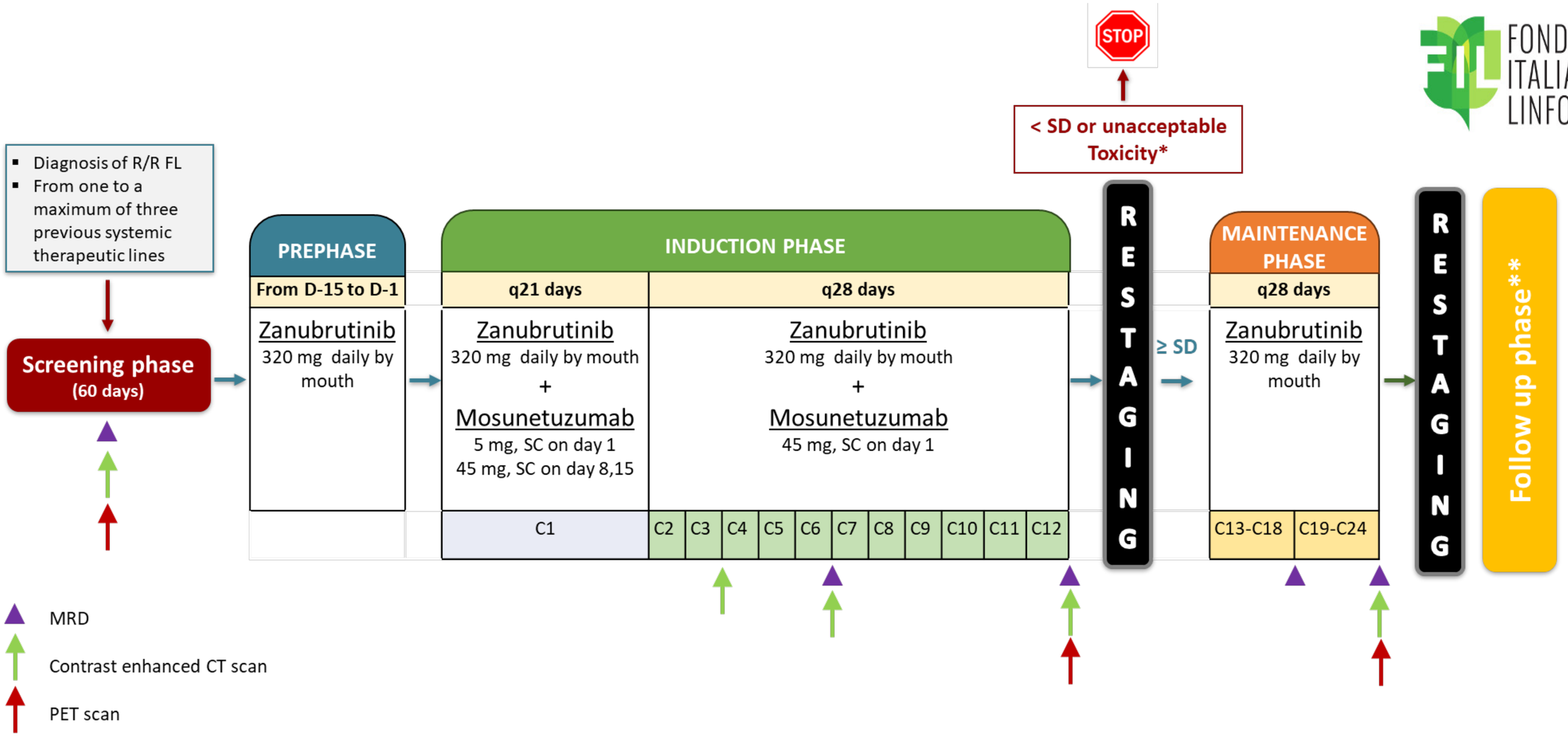
2L – Loncastuximab + Rituximab





Alderuccio JP, et al. ASH 2024

Phase 2 study in 2L FL – MOZART Study by FIL



Phase 1B study in 2L FL – Symphony-1 (Tazemetostat+R^2)

Dose-escalating 3+3 design

Patients with R/R FL (N=44)

TAZ (12 cycles):
400/600/800 mg PO BID*
Rituximab (5 cycles):
375 mg/m^2 IV†
Lenalidomide (12 cycles):
20/10 mg PO QD‡

RP3D:
800 mg BID TAZ (24 cycles)§

- **Primary endpoints:** Safety and tolerability, RP3D of TAZ in combination with R^2
- **Secondary endpoints:** PK parameters
- **Efficacy analysis (ITT):** Best overall response, PFS and DOR (investigator assessment, according to Lugano 2014 response criteria)[1]

- EZH2 is an important regulator of B cell development; gain of function mutations (MT EZH2) or uncontrolled upregulation of wild type (WT) EZH2 may lead to the development of FL, making EZH2 a therapeutic target in FL[2–4]
- TAZ is a small molecule inhibitor of the epigenetic enzyme EZH2[2–4]

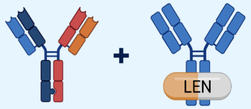
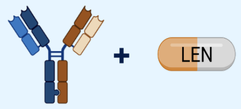
- TAZ is FDA-approved[5] for treatment of adult patients with:
  - R/R FL with MT EZH2 and ≥2 prior therapies
  - R/R FL with no satisfactory alternative treatment options

HTB FL New Era: Shifting from ICT to Novel Biological Tx

	First line	Second line	Third line +
Today FL stage III-IV, HTB	• **ICT** • **Rituximab** **(full chemo-free program)**	POD24: • **ICT + ASCT (?)** • **R2** Non-POD24: • **R2**	• **BsAbs** • **CAR-T** • **Zanu-obinut.** • **Tazemetostat***
Tomorrow *Already anticipated Ph3 results* FL stage III-IV, HTB	• **ICT** • **Rituximab**	POD24 and non-POD24: • **Len ± R + Tafa/BsAbs**	• **BsAbs** • **CAR-T** • **Zanu-obinut.** • **Tazemetostat***
Future view *Pending results of Ph3 ongoing trials* FL stage III-IV, HTB	• **BsAbs ± X**	• **CAR-T** (POD24) • **Len ± R +Tafa/BsAbs** • **Zanu-obinut**	• **BsAbs** • **Novel agents** • **CAR-T** • **Zanu-obinut.** • **Len ± R +Tafa/BsAbs** • **Tazemetostat**

Luminari S et al, BJ Haem 2025

Selected Ph 3 Study Design in 1L FL

	anti-CD20xCD3 bsAbs			anti-CD19xCD3 bsAb
EPCORE FL-2[1]	**OLYMPIA-1[2*]**	**OLYMPIA-2[3*]**	**MorningLyte[4]**	**SOUNDTRACK-F1[5]**
Induction:  **Epcor + R²**	 **Odron monotherapy**	 **Odron + CHOP/CVP**	 **Mosun + Len**	 **AZD0486 + R**
Maintenance:  ± epcor maintenance	 + odron maintenance	 ± odron maintenance	 + mosun maintenance	 + R maintenance
vs	vs	vs	vs	vs
Induction: • R/G-CHOP • R/G-Benda • R^2	• R-CHOP/CVP • R-Benda	• R-CHOP	• R/G-CHOP • R/G-Benda	• R-CHOP/CVP • R/Benda
Maintenance:  + R maintenance	 + R maintenance	 + R maintenance	 + R maintenance	 + R maintenance (with R-CHOP/CVP only)
Primary Endpoint(s): CR30, PFS	CR30	CR30	PFS	PFS

Adapted from: 1. NCT06191744. 2. NCT06091254. 3. NCT06097364. 4. NCT06284122. 5. NCT06549595

Epcoritamab with rituximab + lenalidomide (R2) in previously untreated (1L) follicular lymphoma (FL) and epcoritamab maintenance therapy in FL: novel results from EPCORE NHL-2 arms 6 and 7

Key inclusion criteria
- 1L CD20⁺ FL, G1-3a
- ECOG PS 0–2
- Measurable disease
- Adequate organ function

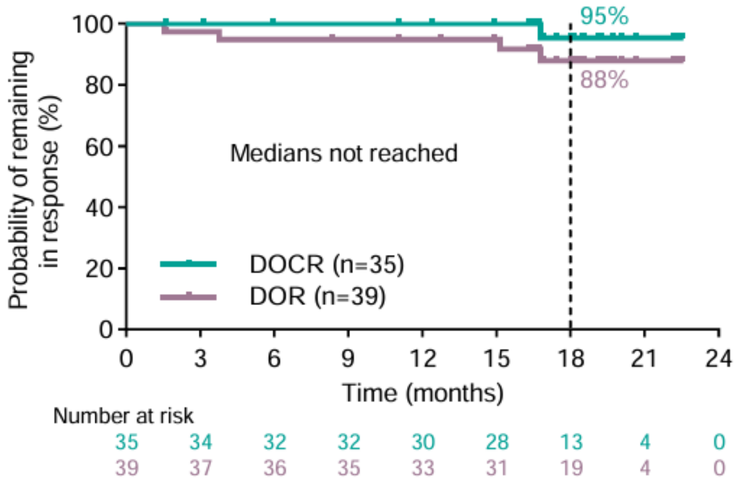
Arm 6 (1L FL) expansion, N=41

Epcoritamab (SC)	Rituximab (IV)	Lenalidomide (oral)
48 mg	**375 mg/m²**	**20 mg**
QW C1–2, Q4W C3+ (28 d/C)	QW C1, Q4W C2–6	QD for 21 d in C1–12
Treatment up to 2 y		

Median follow-up: 22.8 mo
Primary objective: Antitumor activity (ORR)
Key secondary endpoints: Safety, DOR, DOCR, PFS, OS

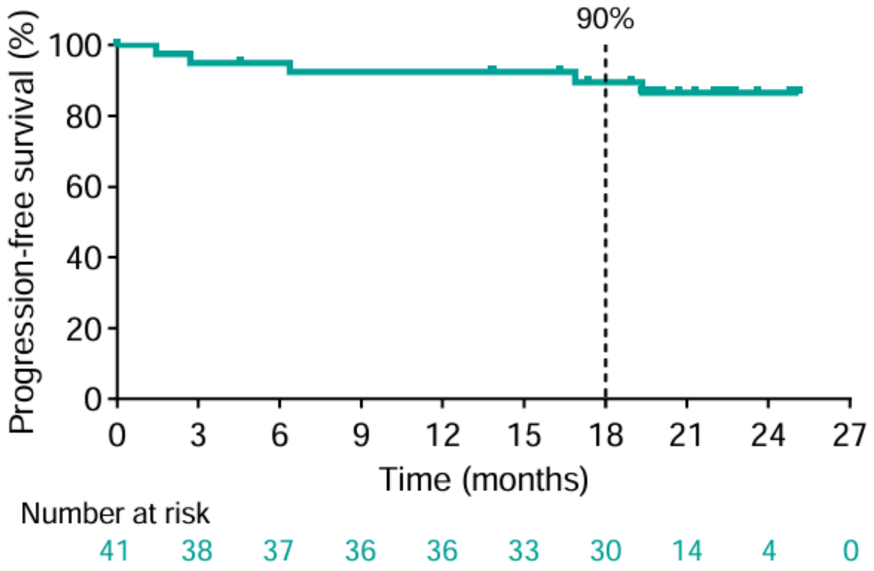
	N=41[a]
Overall response, n (%)	**39 (95)**
Complete response, n (%)	**35 (85)**
Partial response, n (%)	4 (10)
Progressive disease, n	0
Median time to response, mo (range)	2.7 (1.2–5.5)
Median time to CR, mo (range)	2.8 (1.4–11.4)

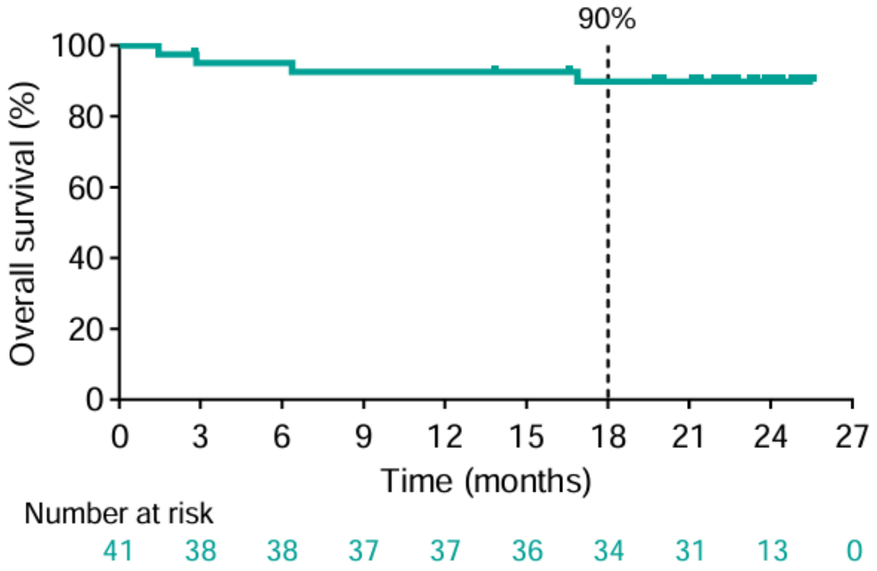
1L, previously untreated; DOCR, duration of complete response; DOR, duration of response; FL, follicular lymphoma; mo, month(s); R², rituximab + lenalidomide. Kaplan–Meier estimates of DOR and DOCR assessed by investigator. [a]A total of 2 patients were not evaluable.



Falchi L. *EHA meeting*, 2024

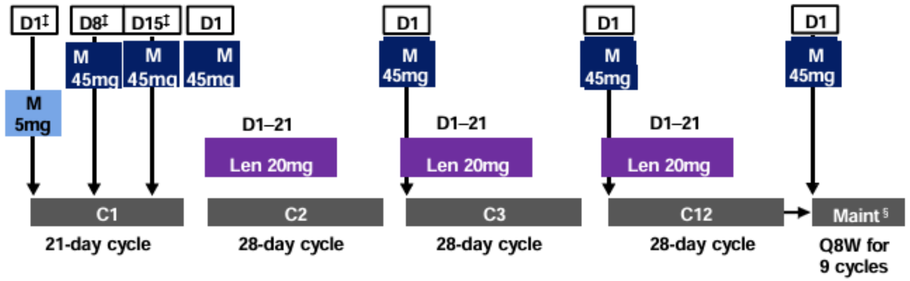
Epcoritamab with rituximab + lenalidomide (R2) in previously untreated (1L) follicular lymphoma (FL) and epcoritamab maintenance therapy in FL: novel results from EPCORE NHL-2 arms 6 and 7

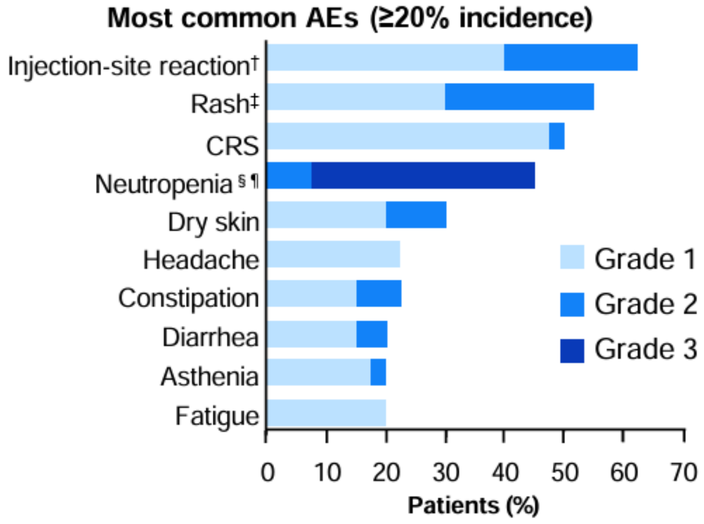




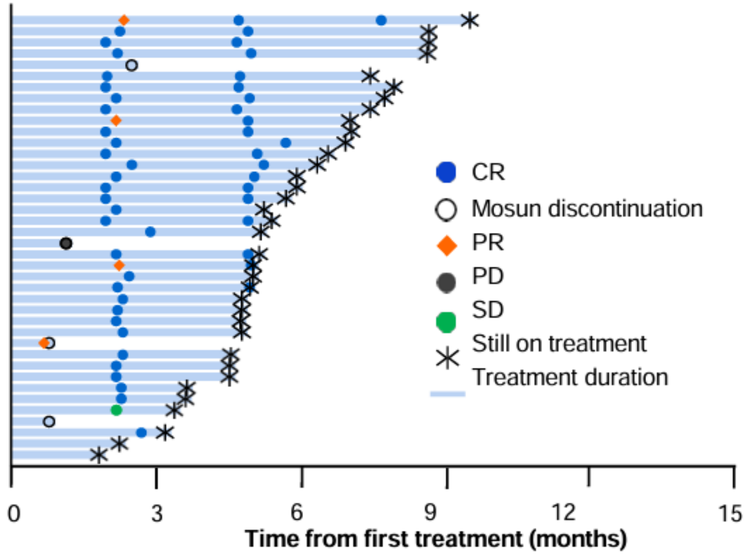
Falchi L. *EHA meeting*, 2024

Preliminary Findings of a Phase Ib/II Trial Indicate Manageable Safety and Promising Efficacy for Mosunetuzumab in Combination with Lenalidomide (M+Len) in Previously Untreated (1L) Follicular Lymphoma (FL)





- Median duration of follow-up: 5.2 months (range: 1–10)
- **Best ORR 92%; best CR 89%**



Morschhauser F. *Blood (ASH annual meeting abstracts)*, 2023; 142 (S1): 605a

First Line- Ongoing trial

NCT	Name	Phase	N.	Experimental arm	Control arm	Duration of therapy	Primary endpoint
NCT04663347	EPCORE FL-2	3	1095	Epcoritamab R^2	G/R-CHOP G/R-benda R^2	2.5 y	CR30, PFS
NCT06284122	MorningLyte	3	790	Mosunetuzumab-Lenalidomide	G/R-CHOP G/R-benda	1.5 y	PFS
NCT06091254	OLYMPIA-1	3	478	Odronextamab	R-CHOP R-CVP R-benda	2 y	CR30
NCT06097364	OLYMPIA-2	3	733	Odronextamab-CHOP/ CVP +/- O-maintenance	R-CHOP/CVP + R-maintenance	6 m vs 2.5 y	CR30
NCT06549595	SOUNDTRACK-F1	3	1015	AZD0486-rituximab +/- AZD0486 maintenance	R-CHOP/CVP + R-maintenance R-benda	6-12 m vs. up to 2.5 y	PFS
NCT06425302	Golseek 2	2	90	Rituximab-golcadomide (0.2 mg or 0.4 mg)	R-CHOP R-benda	Up to 2 y	CR