



# I “LINFOMI INDOLENTI”

Milano, Best Western Hotel Madison  
26-27 gennaio 2026



## Macroglobulinemia di Waldenström – Basi Biologiche

*Dr. Aldo M. Roccaro, MD, PhD*



ASST Spedali Civili di Brescia  
S.C. Clinical Trial Center, Laboratorio di Ricerca C.R.E.A.



# C.O.I. for Aldo M. Roccato

## Last two years

Company name	Research support	Employee	Consultant	Stockholder	Speakers bureau	Advisory board	Other
AstraZeneca <i>(Provider Dynamicon)</i>					X		
Daiiki-Sankyo <i>(Provider Dynamicon)</i>					X		
Beigene <i>(Provider CTP)</i>					X		
Roche <i>(Provider CTP)</i>					X		
Abbvie <i>(Provider CTP)</i>					X		
Janssen <i>(Provider CTP)</i>					X		

# *The Importance of Translational Research in Defining Mechanisms Underlying Waldenström's Macroglobulinemia Biology*

*Tumor Clone*

*Bone Marrow Niche*

*Tumor Cell-to-Bone Marrow Niche Interaction*

# *The Importance of Translational Research in Defining Mechanisms Underlying Waldenström's Macroglobulinemia Biology*

***Tumor Clone***

*Bone Marrow Niche*

*Tumor Cell-to-Bone Marrow Niche Interaction*

# Waldenström's Macroglobulinemia: Overview

---

✓ Lymphoplasmacytic lymphoma (WHO)

*Alaggio et al. Leukemia, 2022*

# Waldenström's Macroglobulinemia: Overview

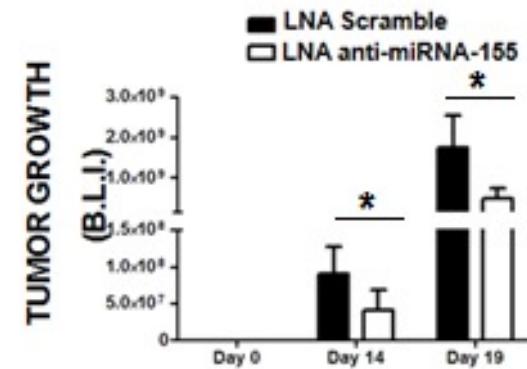
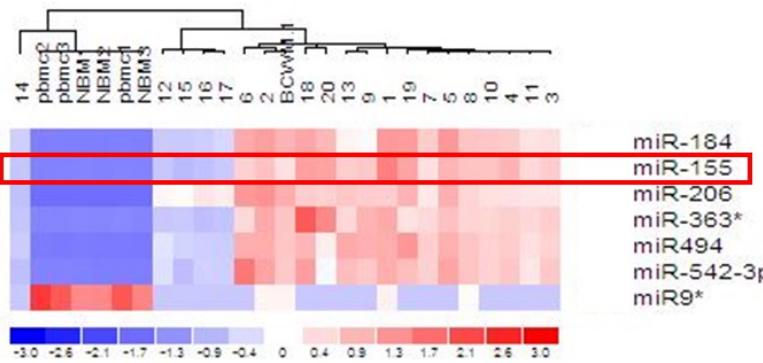
---

- ✓ Lymphoplasmacytic lymphoma (WHO)
- ✓ 1-2% of all hematologic neoplasms

*Alaggio et al. Leukemia, 2022*  
*Ghobrial et al. Lancet Onc, 2010*  
*Chen et al. Blood, 2006*

# Waldenström's Macroglobulinemia: Overview

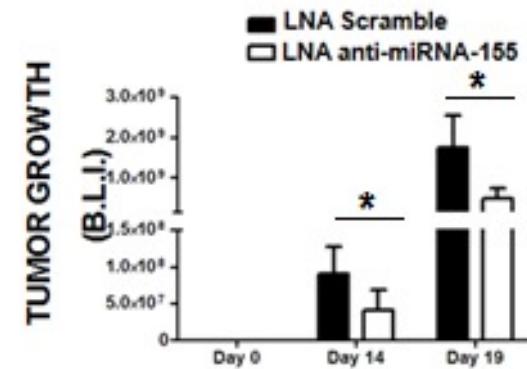
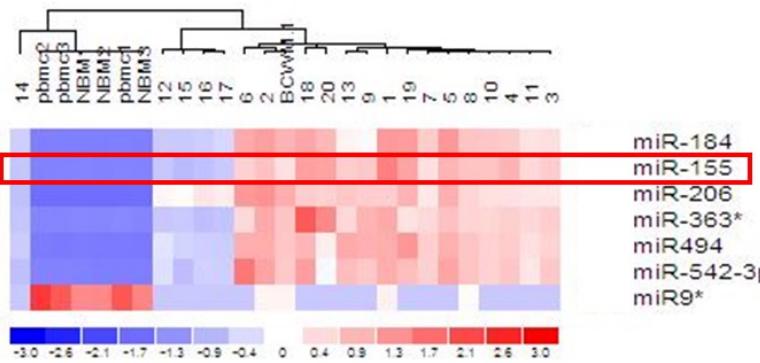
- ✓ Lymphoplasmacytic lymphoma (WHO)
- ✓ 1-2% of all hematologic neoplasms
- ✓ Specific miRNA signature



Alaggio et al. Leukemia, 2022  
Ghobrial et al. Lancet Onc, 2010  
Chen et al. Blood, 2006  
Roccaro et al. Blood, 2009  
Zhang et al. Blood, 2012

# Waldenström's Macroglobulinemia: Overview

- ✓ Lymphoplasmacytic lymphoma (WHO)
- ✓ 1-2% of all hematologic neoplasms
- ✓ Specific miRNA signature - 6q deletion



Alaggio et al. Leukemia, 2022  
Ghobrial et al. Lancet Onc, 2010

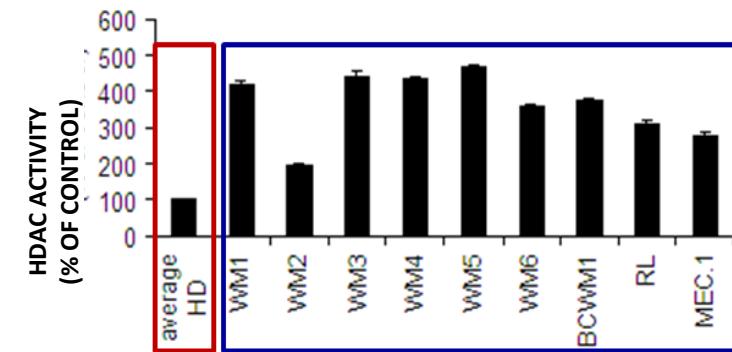
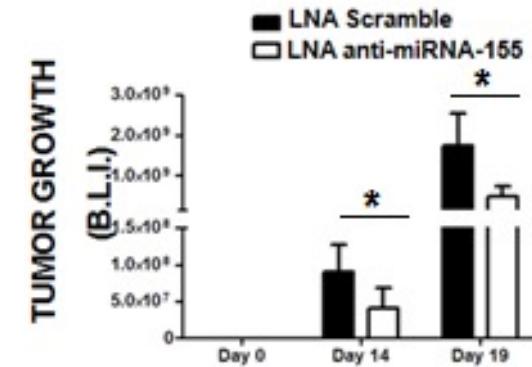
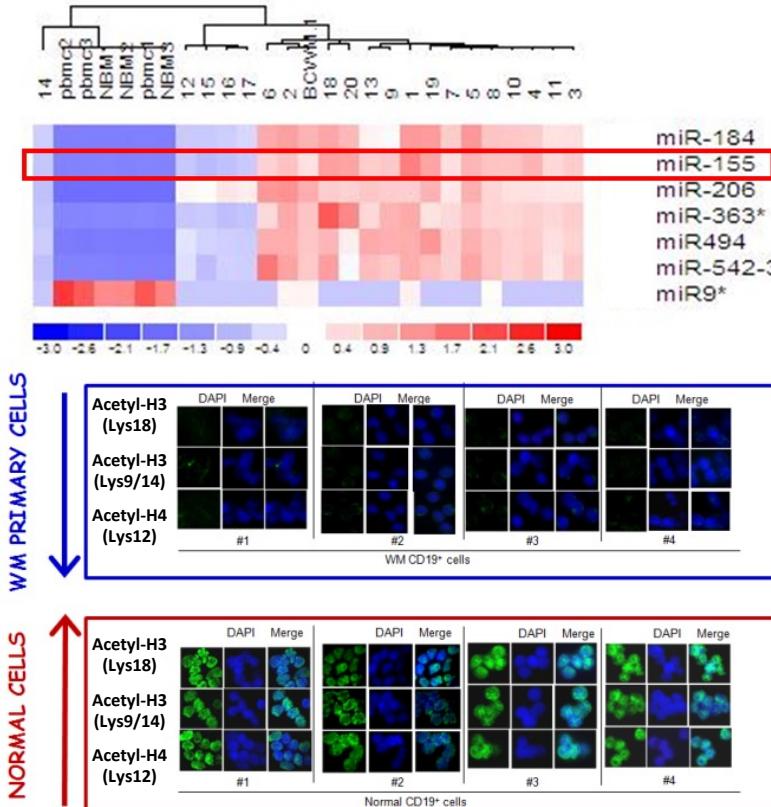
Chen et al. Blood, 2006

Roccaro et al. Blood, 2009

Zhang et al. Blood, 2012 – Treon Ann. Oncol, 2006

# Waldenström's Macroglobulinemia: Overview

- ✓ Lymphoplasmacytic lymphoma (WHO)
- ✓ 1-2% of all hematologic neoplasms
- ✓ Specific miRNA signature - 6q deletion
- ✓ Reduced histone acetylation and increased HDAC activity



Alaggio et al. Leukemia, 2022  
Ghobrial et al. Lancet Onc, 2010

Chen et al. Blood, 2006

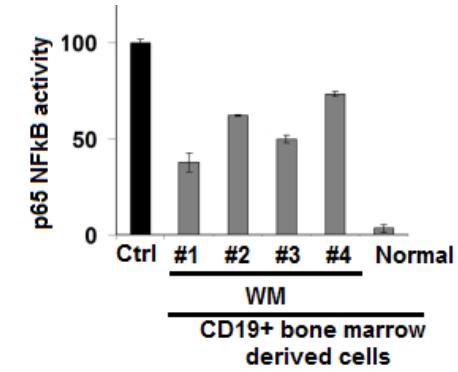
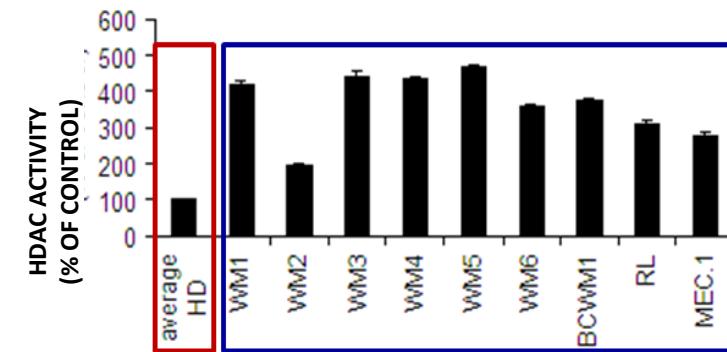
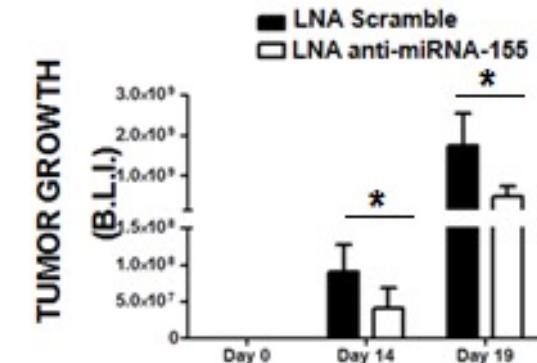
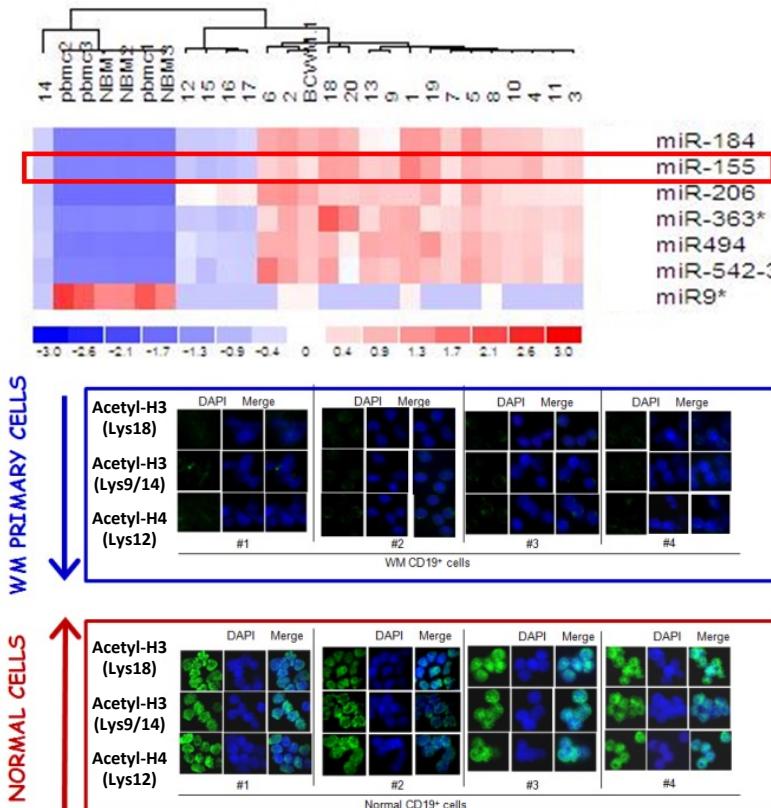
Roccaro et al. Blood, 2009

Zhang et al. Blood, 2012 – Treon Ann Oncol, 2006

Roccaro et al. Blood, 2010

# Waldenström's Macroglobulinemia: Overview

- ✓ Lymphoplasmacytic lymphoma (WHO)
- ✓ 1-2% of all hematologic neoplasms
- ✓ Specific miRNA signature - 6q deletion
- ✓ Reduced histone acetylation and increased HDAC activity
- ✓ Constitutive PI3K/Akt and NF $\kappa$ B pathways



Alaggio et al. Leukemia, 2022  
 Ghobrial et al. Lancet Onc, 2010  
 Chen et al. Blood, 2006  
 Roccaro et al. Blood, 2009  
 Zhang et al. Blood, 2012 – Treon Ann Oncol 2006  
 Roccaro et al. Blood, 2010  
 Leleu et al. Blood, 2007  
 Roccaro et al. Blood, 2010

# Waldenström's Macroglobulinemia: Focus on Somatic Mutations

- ✓ Lymphoplasmacytic lymphoma (WHO)
- ✓ 1-2% of all hematologic neoplasms
- ✓ Specific miRNA signature - 6q deletion
- ✓ Reduced histone acetylation and increased HDAC activity
- ✓ Constitutive PI3K/Akt and NFkB pathways
- ✓ **Recurrent somatic aberrations (90%: MYD88<sup>L265P</sup>; 30%: CXCR4<sup>C1013G</sup>)**



**Genomic scenario  
(somatic mutations)**

# Waldenström's Macroglobulinemia: a Model for Studying Lymphoplasmacytic Transformation

---

high prevalence  
of *MYD88*<sup>L265P</sup>



Genetic marker  
of the disease

# Waldenström's Macroglobulinemia: a Model for Studying Lymphoplasmacytic Transformation

high prevalence  
of *MYD88*<sup>L265P</sup>

Bone marrow infiltration  
of mutated B-lymphocytes  
and plasma cells



Genetic marker  
of the disease

Characterization of  
intratumor diversity



# Waldenström's Macroglobulinemia: a Model for Studying Lymphoplasmacytic Transformation

high prevalence  
of *MYD88*<sup>L265P</sup>

Bone marrow infiltration  
of mutated B-lymphocytes  
and plasma cells

Existence of the IgM MGUS  
premalignant condition

Genetic marker  
of the disease

Characterization of  
intratumor diversity

Observation of clonal evolution  
preceding full-blown disease status



# Waldenström's Macroglobulinemia: a Model for Studying Lymphoplasmacytic Transformation

high prevalence  
of *MYD88*<sup>L265P</sup>

Bone marrow infiltration  
of mutated B-lymphocytes  
and plasma cells

Existence of the IgM MGUS  
premalignant condition

Genetic marker  
of the disease

Characterization of  
intratumor diversity

Observation of clonal evolution  
preceding full-blown disease status



***WM provides a singular model for investigating lymphoplasmacytic transformation***

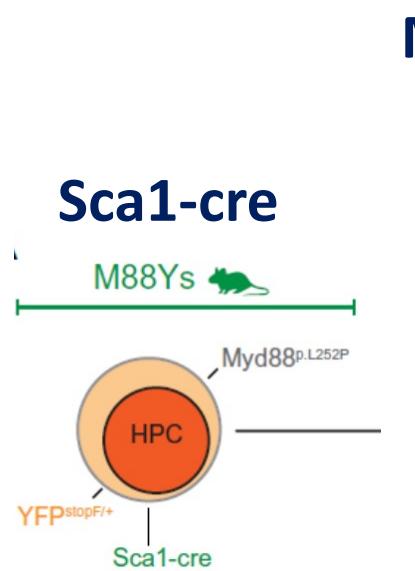
# MYD88<sup>L265P</sup>: the Only Player?

---

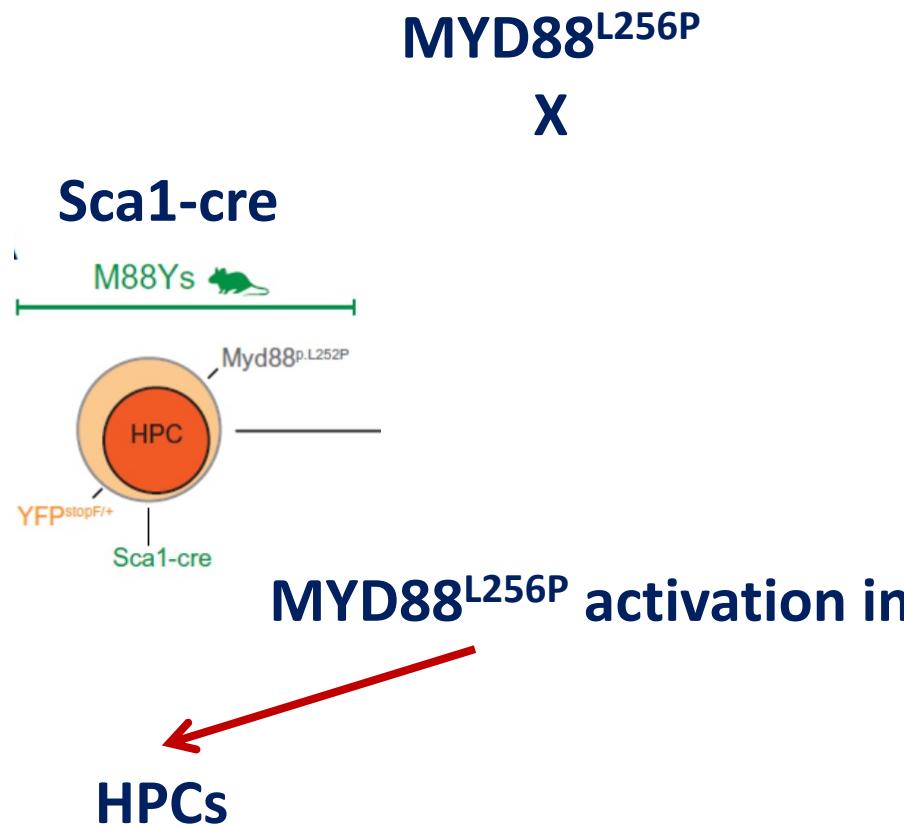
# Is MYD88<sup>L256P</sup> Present in Progenitor and Mature B-cell Sufficient to Drive WM Transformation?

**MYD88<sup>L256P</sup>**  
**X**

# Is MYD88<sup>L256P</sup> Present in Progenitor and Mature B-cell Sufficient to Drive WM Transformation?



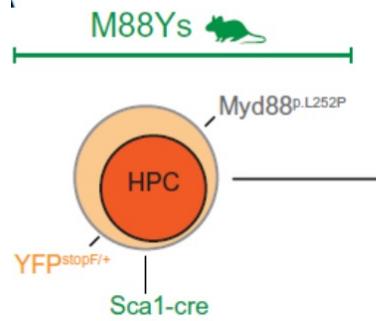
# Is MYD88<sup>L256P</sup> Present in Progenitor and Mature B-cell Sufficient to Drive WM Transformation?



# Is MYD88<sup>L256P</sup> Present in Progenitor and Mature B-cell Sufficient to Drive WM Transformation?

**MYD88<sup>L256P</sup>**  
X

**Sca1-cre**



**MYD88<sup>L256P</sup> activation in**

**HPCs**



**Spleen: myelomonocytic  
infiltration**

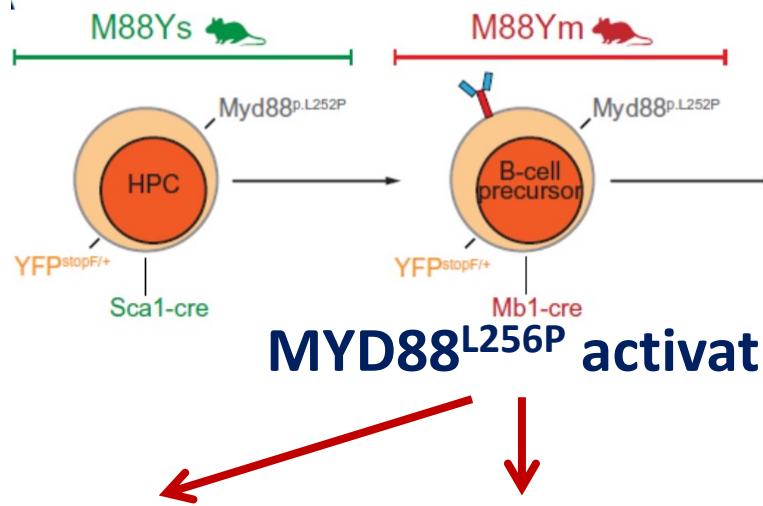
# Is MYD88<sup>L256P</sup> Present in Progenitor and Mature B-cell Sufficient to Drive WM Transformation?

**MYD88<sup>L256P</sup>**

**X**

**Sca1-cre**

**Mb1-cre**



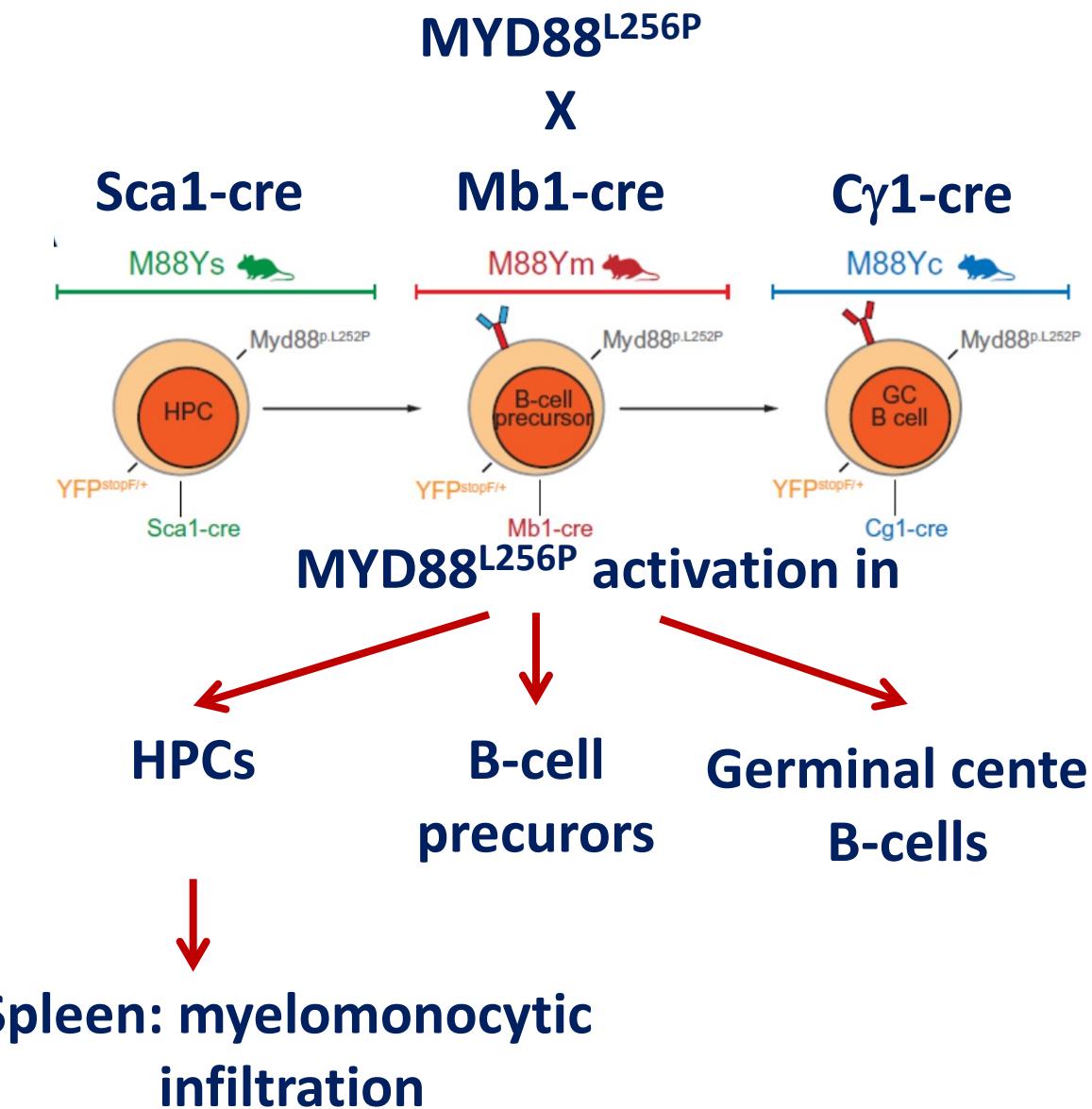
**MYD88<sup>L256P</sup> activation in**

**HPCs**

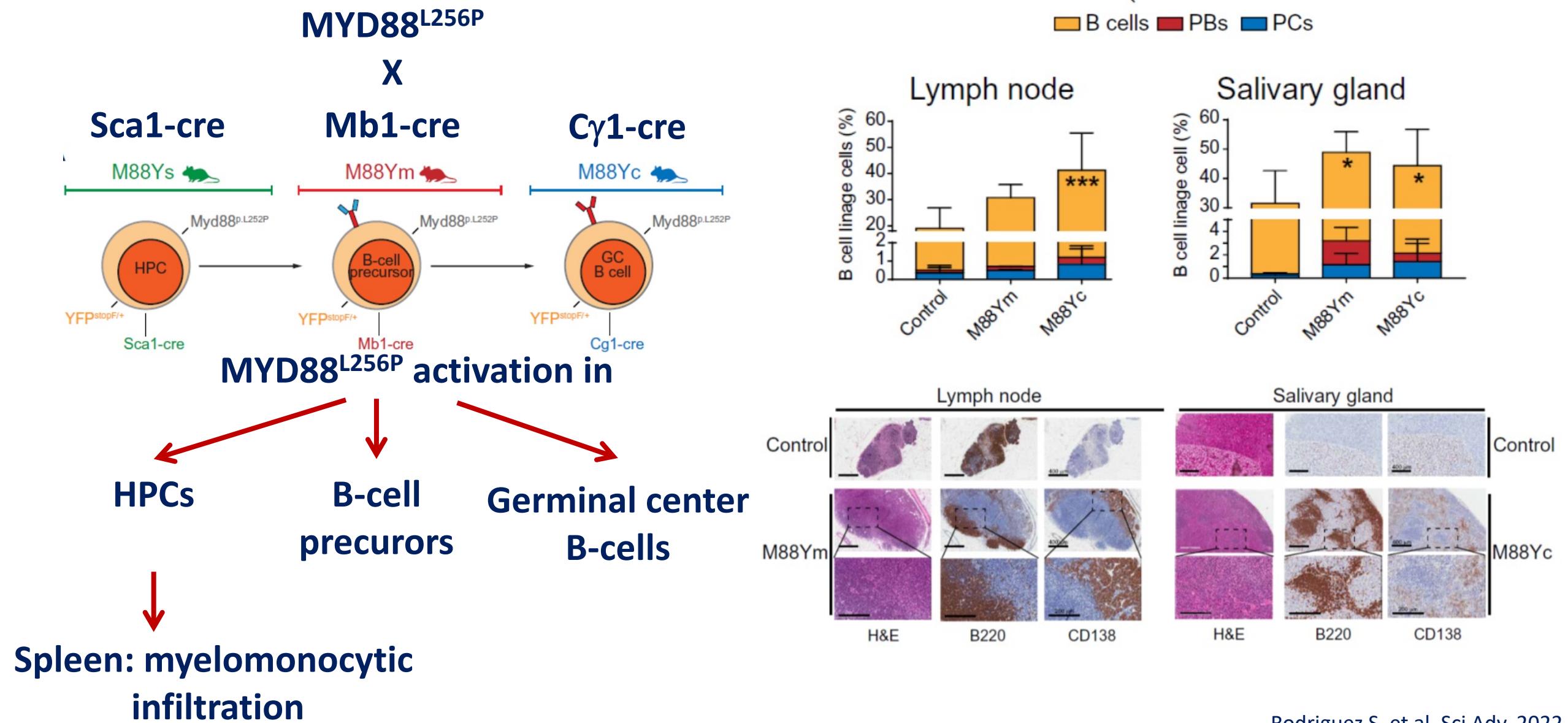
**B-cell  
precursors**

**Spleen: myelomonocytic  
infiltration**

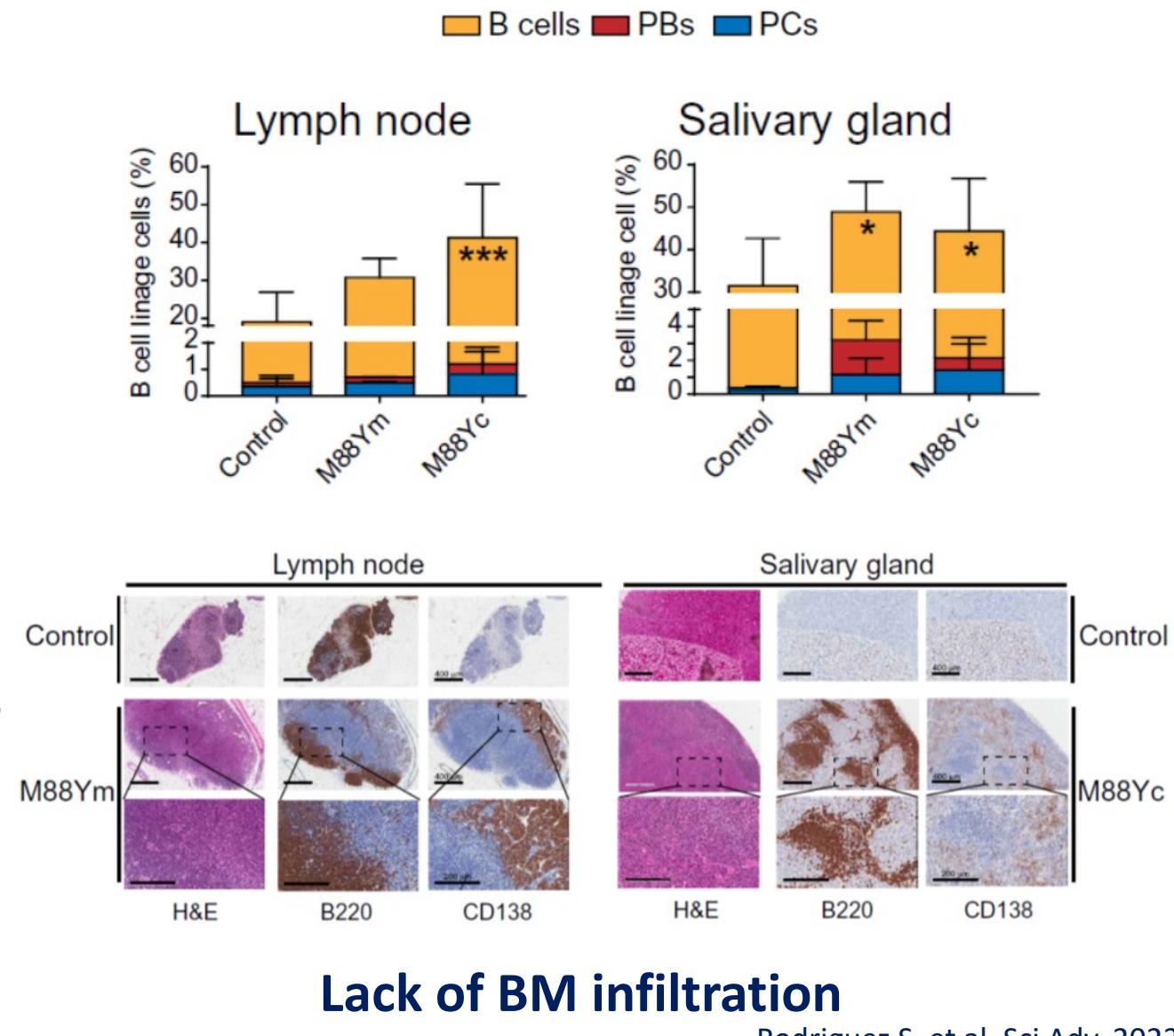
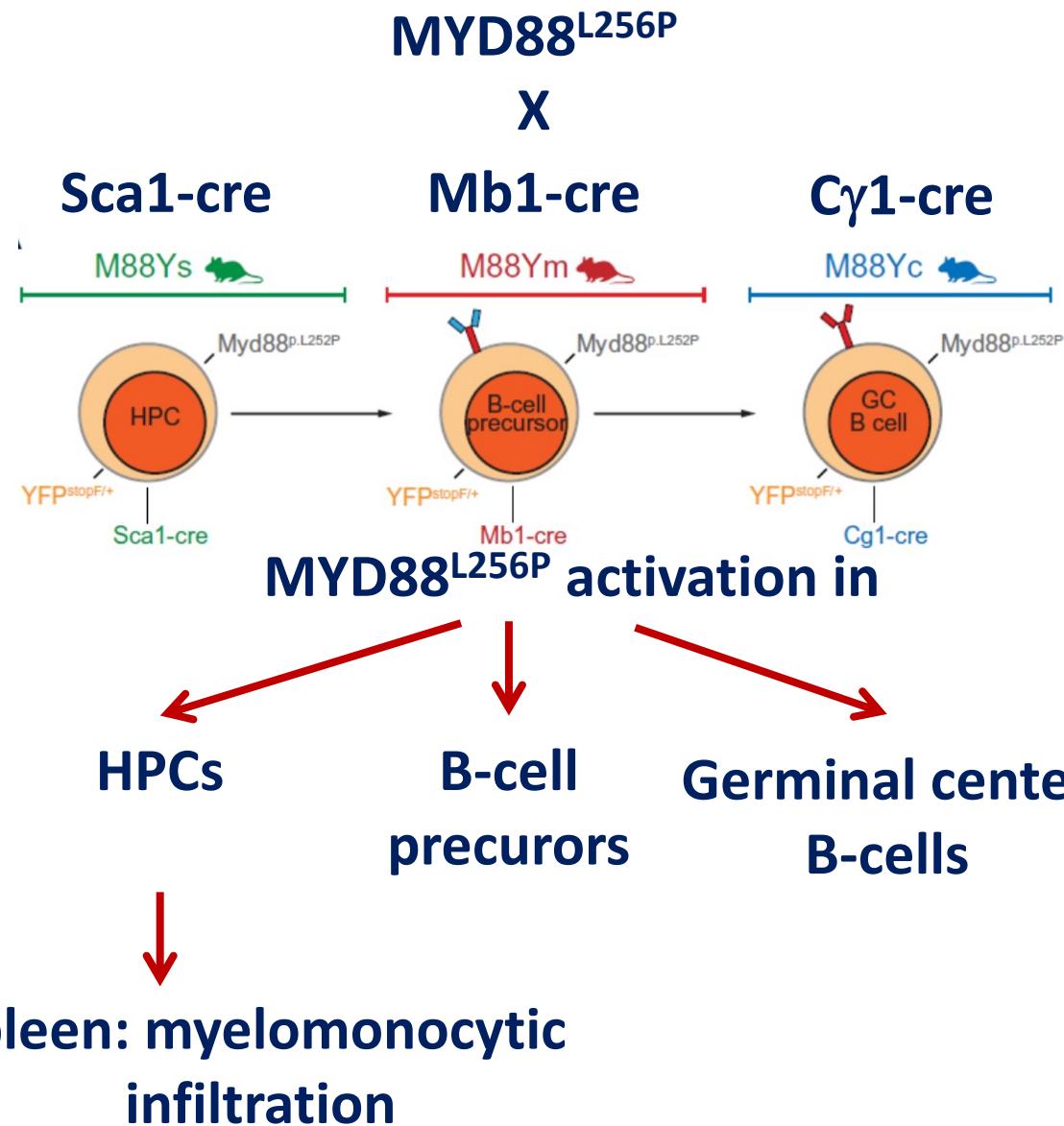
# Is MYD88<sup>L256P</sup> Present in Progenitor and Mature B-cell Sufficient to Drive WM Transformation?



# Is $\text{MYD88}^{\text{L256P}}$ Present in Progenitor and Mature B-cell Sufficient to Drive WM Transformation?



# Is MYD88<sup>L256P</sup> Present in Progenitor and Mature B-cell Sufficient to Drive WM Transformation?

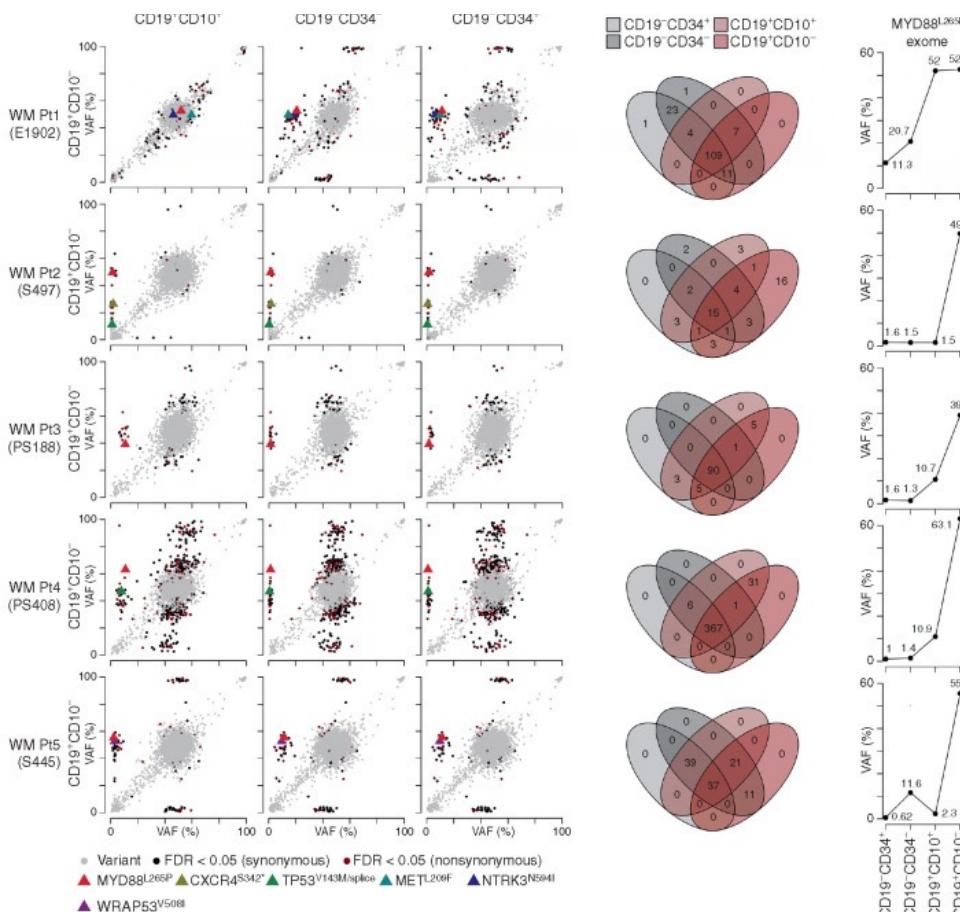


# Is MYD88<sup>L256P</sup> Present in Progenitor and Mature B-cell Sufficient to Drive WM Transformation?

---

**Mutated MYD88<sup>L256P</sup> alone is insufficient to induce WM transformation in mice**

# Is MYD88<sup>L256P</sup> Present in Progenitor and Mature B-cell Sufficient to Drive WM Transformation?



MYD88<sup>L256P</sup> mutation could be detected in pre-B progenitor compartments and involved the entire mature B-cell clone (100% of pts). Not detected in any fraction of HD marrow.

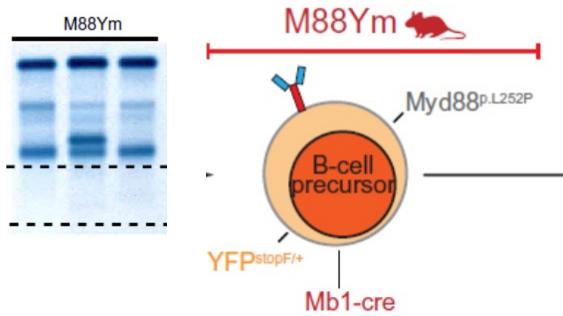
**Mutated MYD88<sup>L256P</sup> alone is insufficient to induce WM transformation in the human setting**

# Are Other Molecular Aberrations Required for WM Transformation in Addition to MYD88<sup>L265P</sup>?

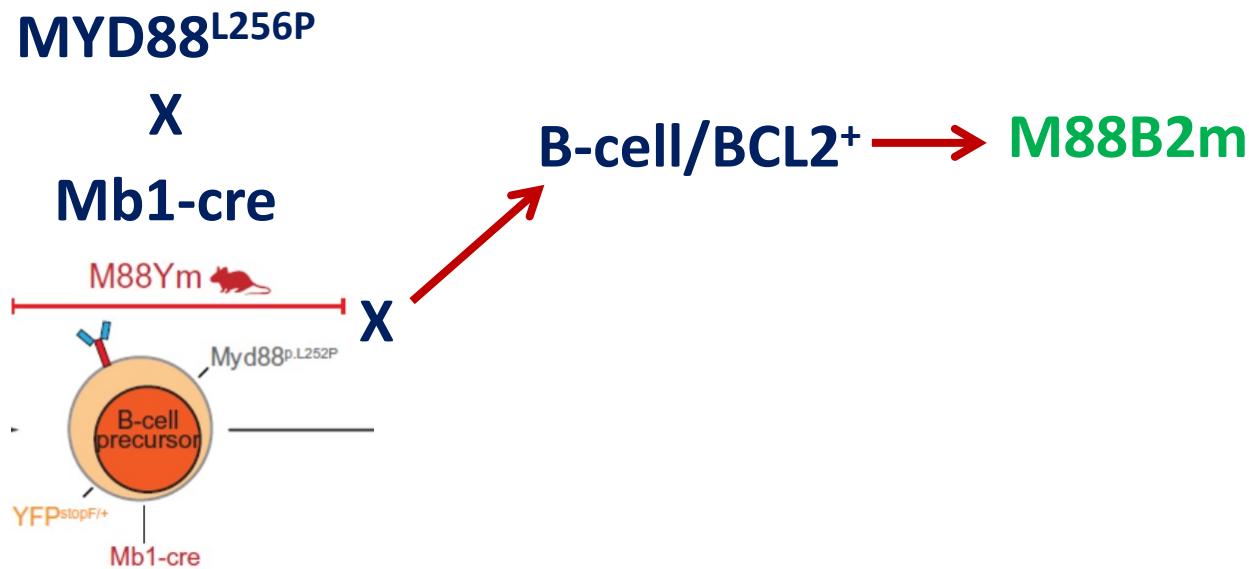
**MYD88<sup>L265P</sup>**

**X**

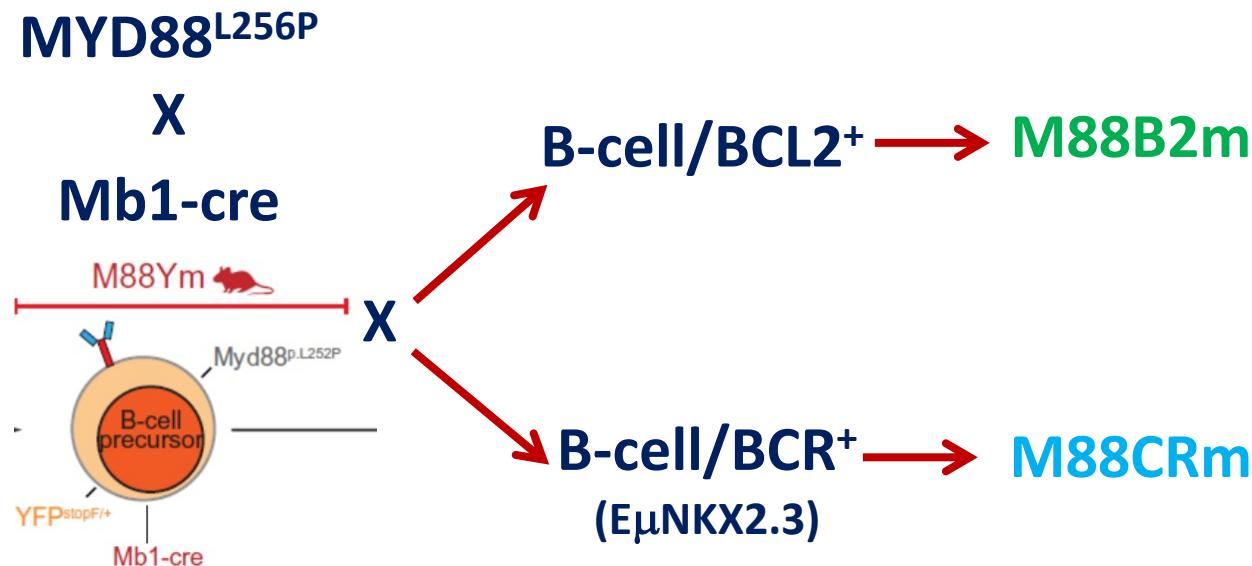
**Mb1-cre**



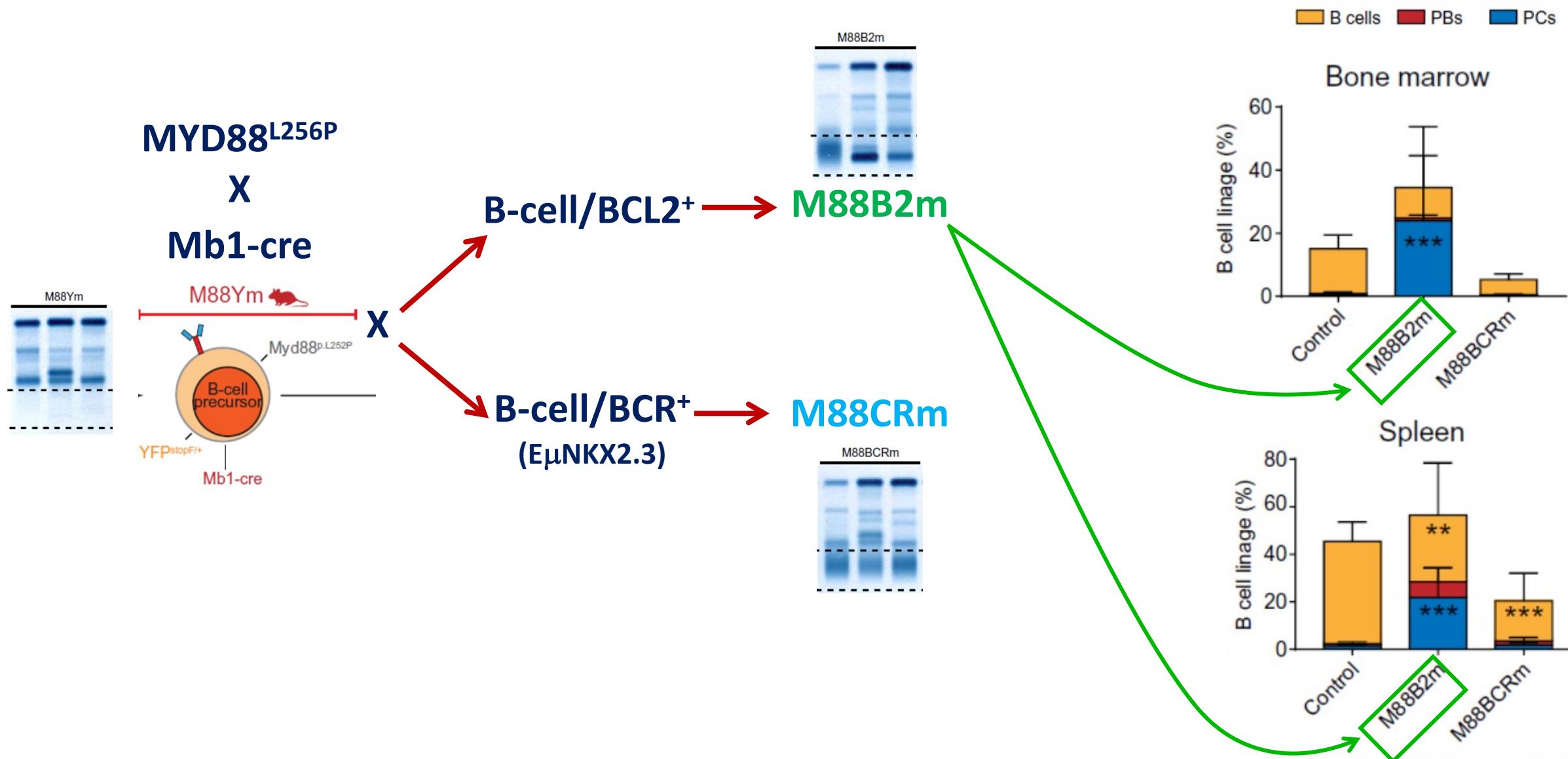
# Are Other Molecular Aberrations Required for WM Transformation in Addition to MYD88<sup>L265P</sup>?



# Are Other Molecular Aberrations Required for WM Transformation in Addition to MYD88<sup>L265P</sup>?



# Are Other Molecular Aberrations Required for WM Transformation in Addition to MYD88<sup>L265P</sup>?



# Are Other Molecular Aberrations Required for WM Transformation in Addition to MYD88<sup>L265P</sup>?

---

**Yes: co-occurrence of MYD88<sup>L265P</sup> and BCL2 overexpression or constitutive BCR signaling accelerates LPL/WM development**

# Waldenström's Macroglobulinemia: a Model for Studying Lymphoplasmacytic Transformation

MYD88<sup>L265P</sup> is detectable in most cases of IgM MGUS

after a median follow-up of 34 years, approximately 84% of individuals with IgM MGUS do not progress to WM

many patients with MYD88<sup>L265P</sup> do not develop a B cell malignancy



***Progression to WM is driven by both the cellular origin of the MYD88<sup>L265P</sup> and the emergence of cooperating genetic alterations***

Xu L.e t al. Blood, 2013

Jimenez C, et al. Leukemia, 2013

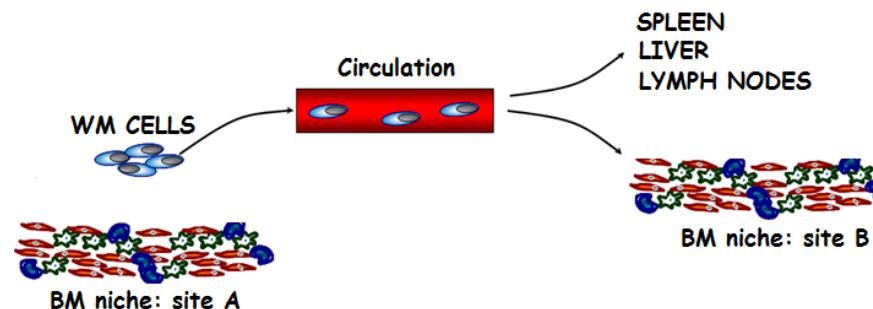
Kyle RA, et al. NEJM, 2018

# CXCR4-Genomic Aberrations: Role in WM Biology

Whole genome sequencing  
WM patients

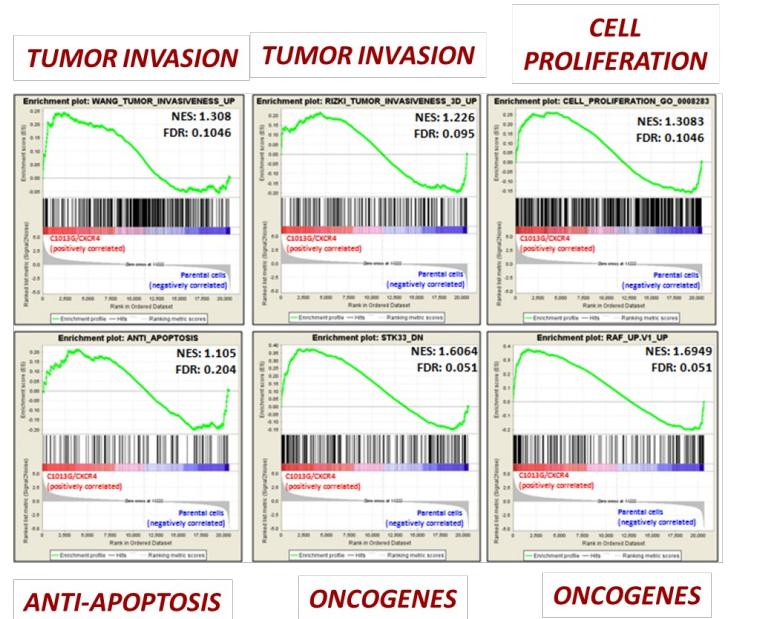
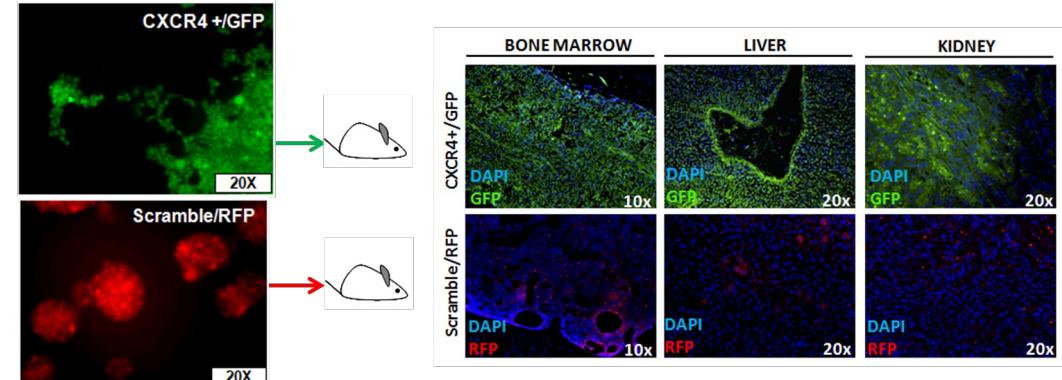
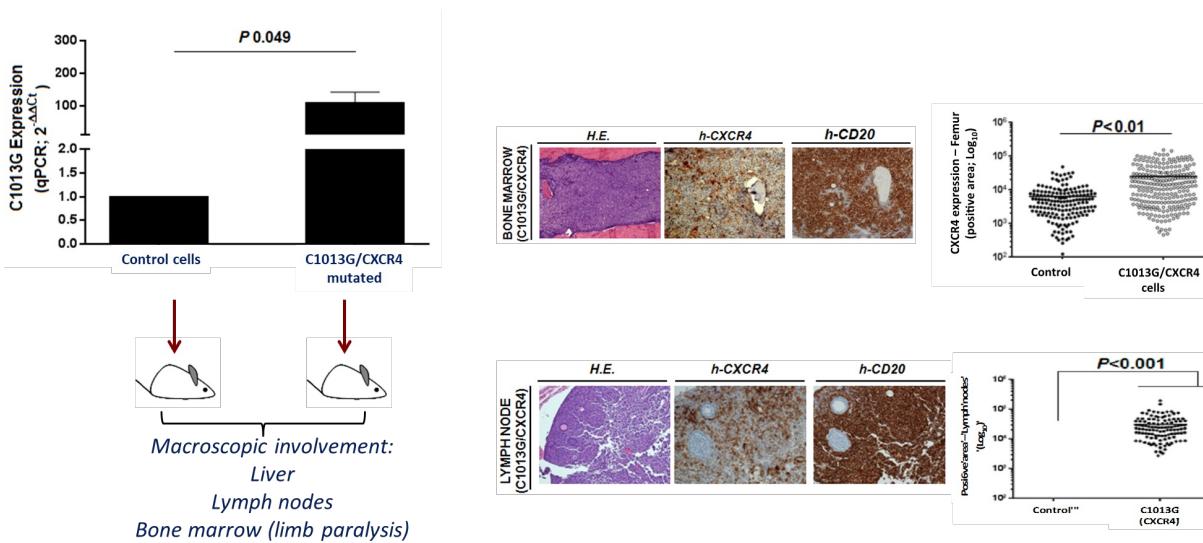
27% harboring aberrations within the  
carboxyl terminal domain of CXCR4

CXCR4-related somatic variant in primary WM cells may modulate WM biology



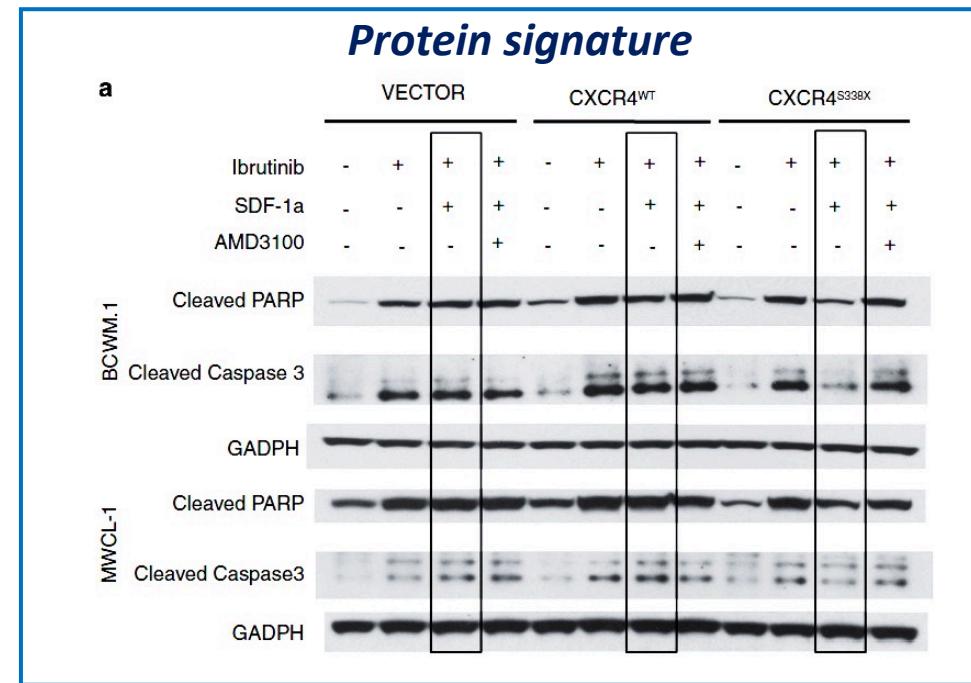
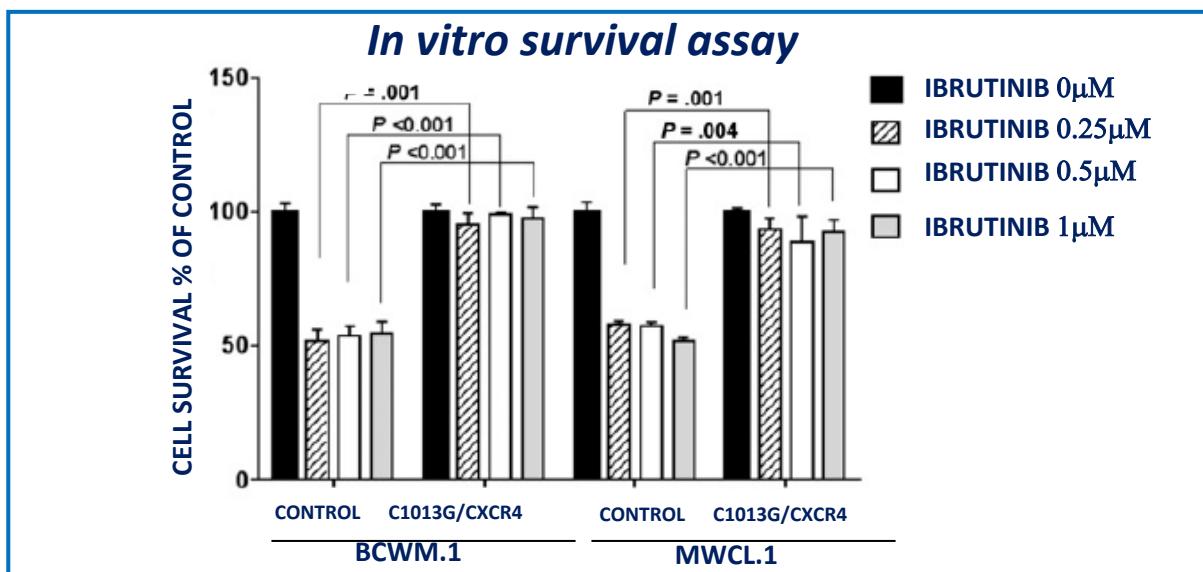
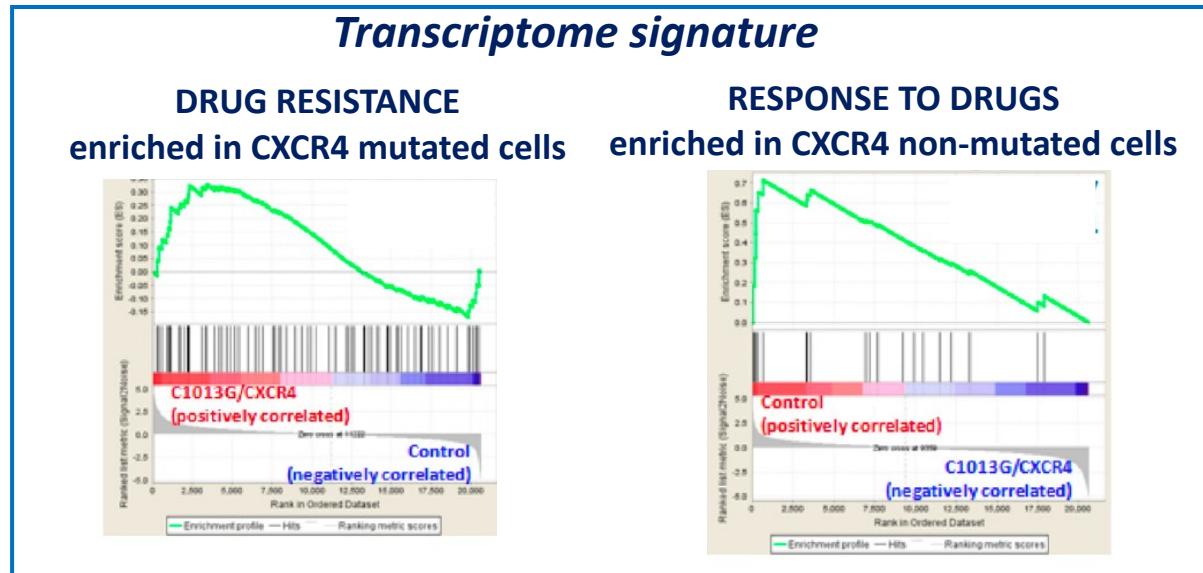
Hunter et al. Blood, 2013  
Roccaro et al. Cell Reports, 2014  
Roccaro et al. Cell Reports, 2015

# CXCR4<sup>C1013G</sup>: *in Vivo* Functional Role in WM



Functional relevance of **CXCR4<sup>C1013G</sup>** variant in WM:  
**- Oncogenic role**  
as shown both *in vivo* and at molecular level

# CXCR4<sup>C1013G</sup> Confers Resistance to Ibrutinib Therapy: Pre-Clinical Setting

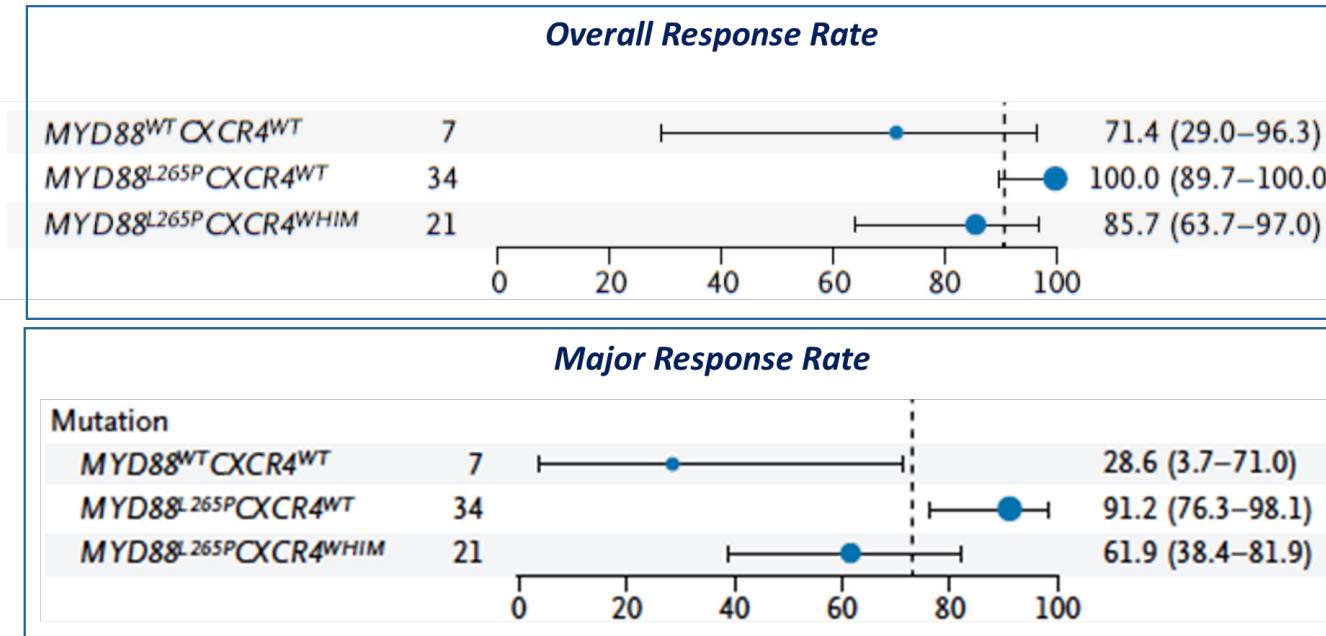


Roccaro et al. Blood, 2014

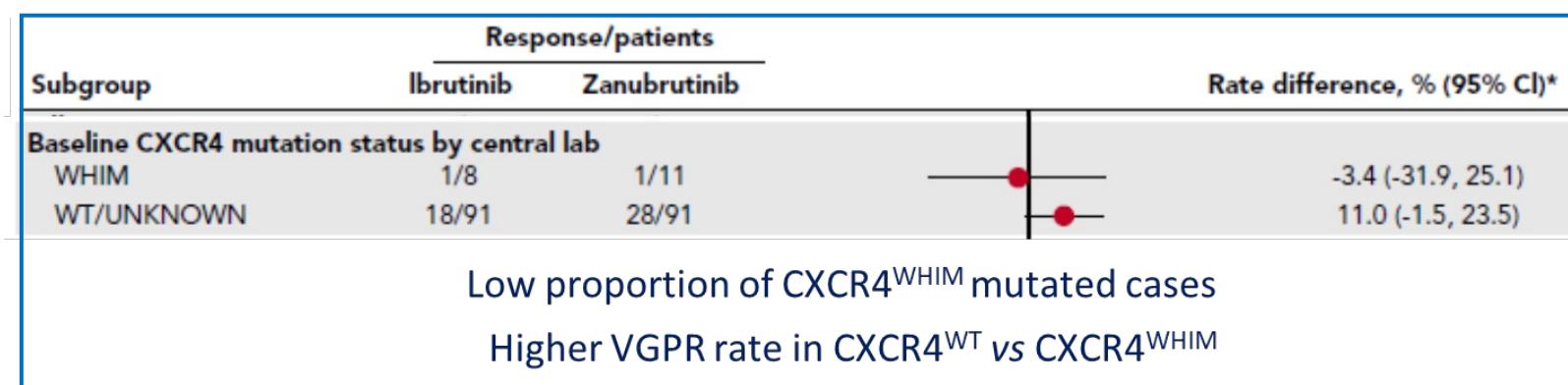
Cao et al. Leukemia, 2015

Treon et al. N Engl J Med, 2015

# CXCR4<sup>C1013G</sup> Confers Resistance to Ibrutinib Therapy: Clinical Setting

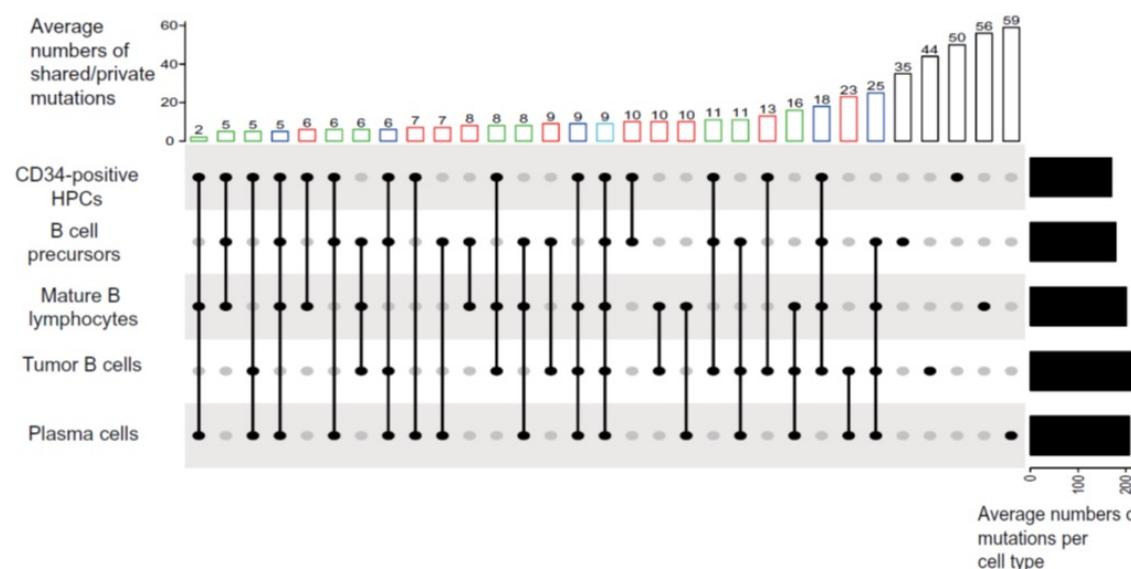
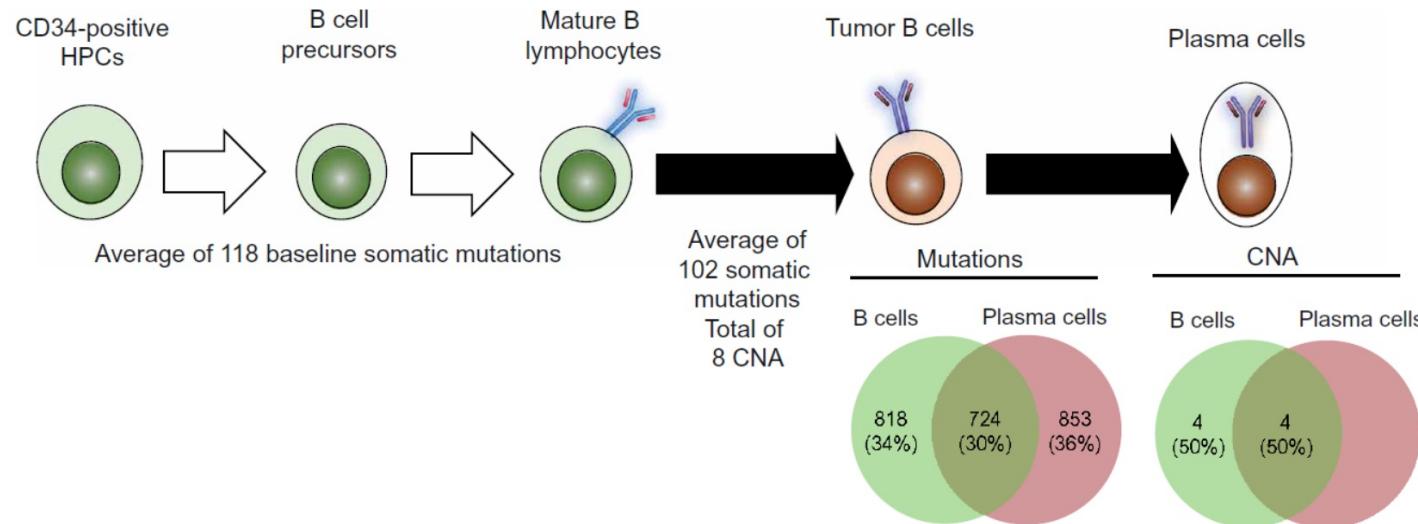


Treon et al. *N Engl J Med*, 2015



Tam et al. *Blood*, 2020

# Shared vs Unique Somatic Mutations Between Normal and Tumor Cells



shared somatic mutations  
between normal and tumor cells  
n. 156 (average)

somatic mutations  
unique to WM cells  
associated with progression

n. 44 (average)

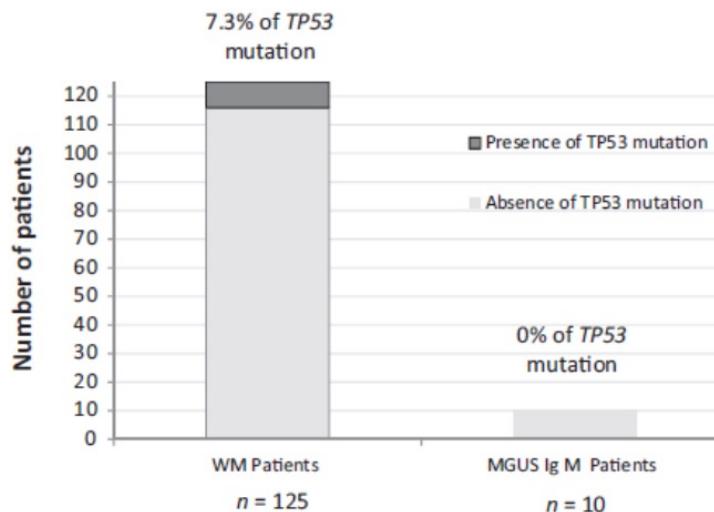
**CXCR4, IGLL5, NADH3**  
**TP53, DICER1**

# TP53 and Its Prognostic Significance in WM

WM: n. 125

IgM MGUS: n. 10

Sanger sequencing  
ultradeep-targeted sequencing

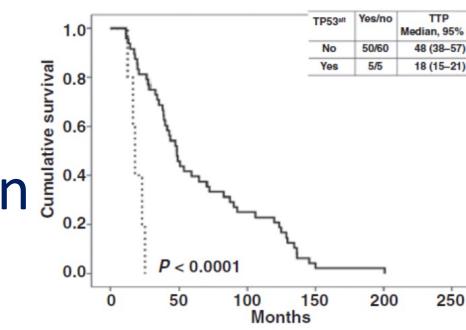
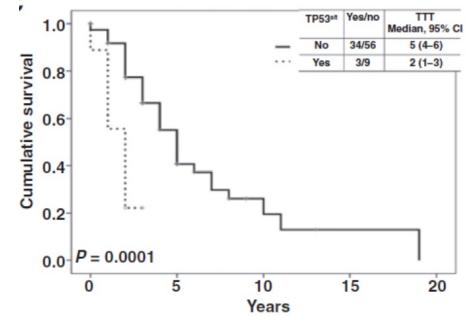
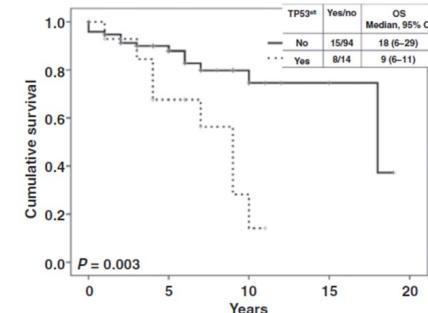


TP53 Mutation  
7.3% WM  
0% IgM MGUS

Overall Survival

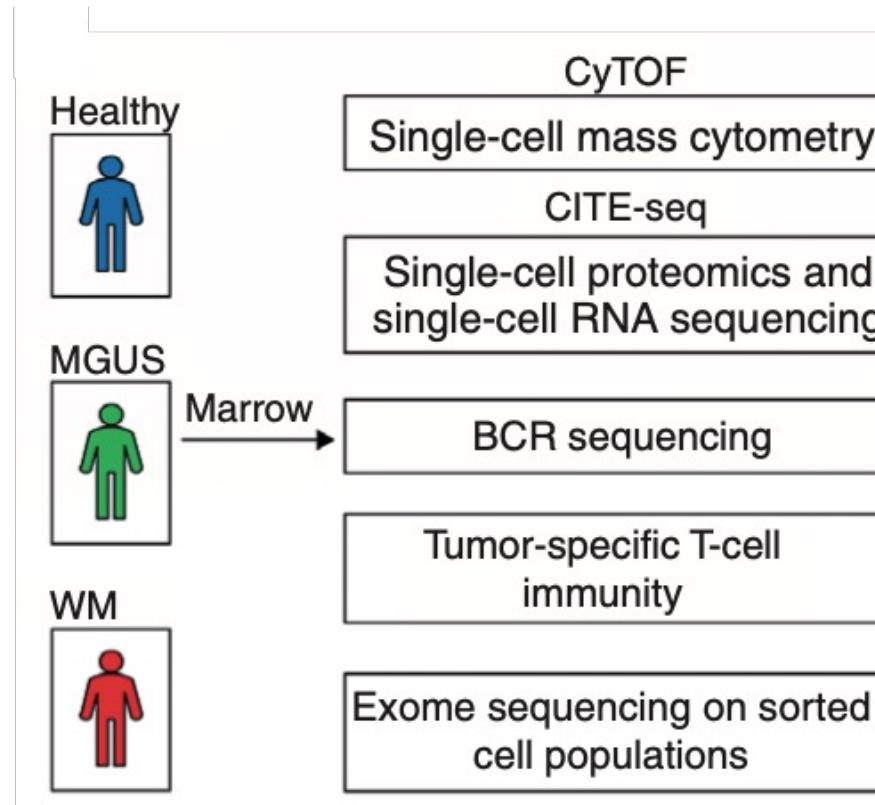
Time To Treatment

Time To Progression



TP53: negative prognostic impact in WM

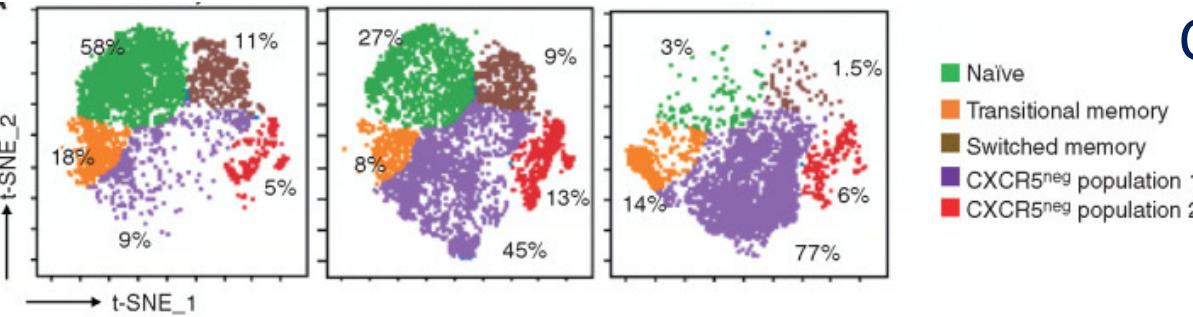
# How to Better Know and Investigate Potential Aberrations Going from IgM-MGUS Towards WM



# CD19<sup>+</sup> B Cells: Changes Going from HD to MGUS to WM

Healthy    MGUS    WM

CyTOF

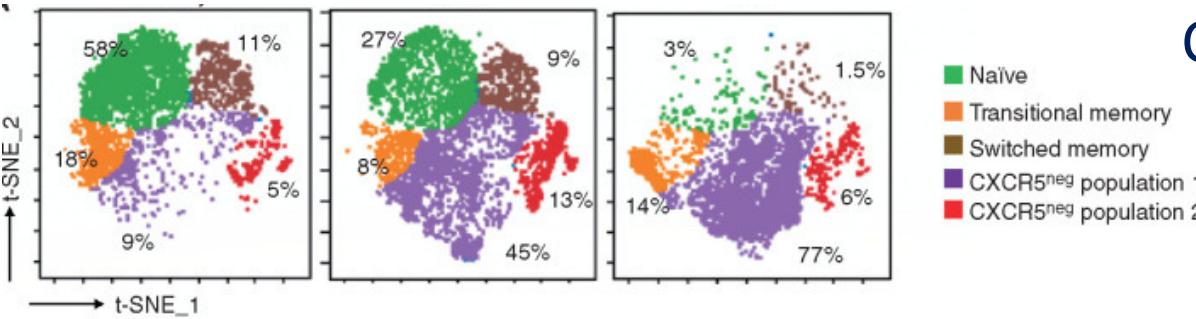


Changes in the B-cells evident as early as MGUS

- increase in CXCR5<sup>neg</sup> B cells
- decline in naïve B cells

# CD19<sup>+</sup> B Cells: Changes Going from HD to MGUS to WM

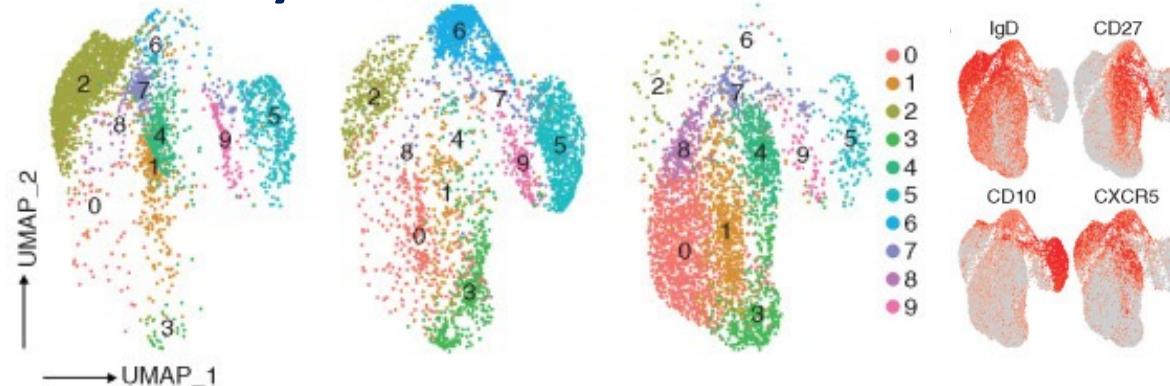
Healthy    MGUS    WM



Changes in the B-cells evident as early as MGUS

- increase in CXCR5<sup>neg</sup> B cells
- decline in naïve B cells

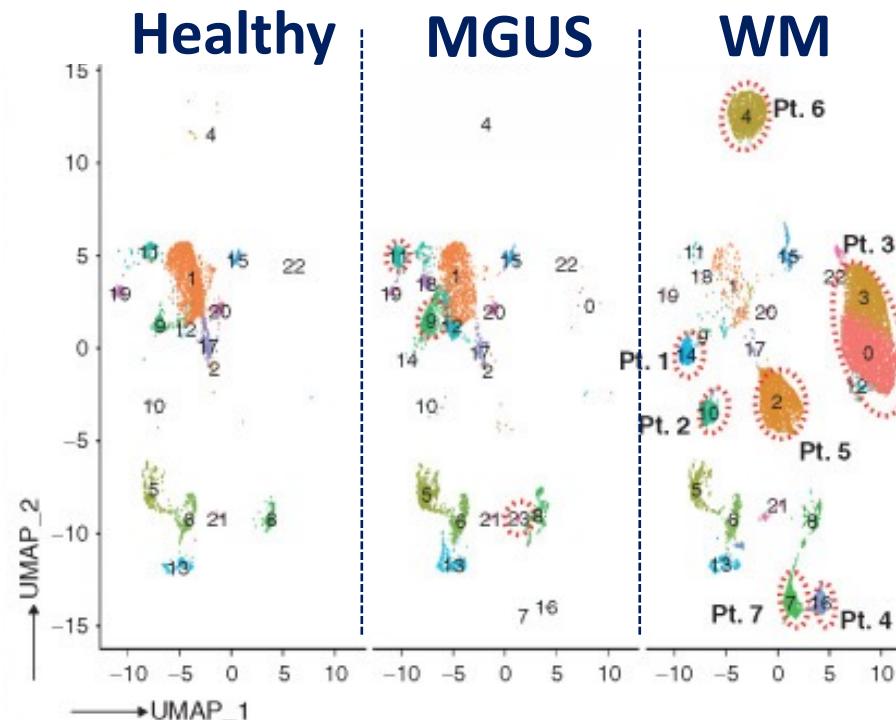
Healthy    MGUS    WM



CD19<sup>+</sup> B cells: 10 distinct clusters

- progressive loss of IgD<sup>+</sup>CD27<sup>-</sup> naïve B cells
- increase CXCR5<sup>neg</sup> B cells

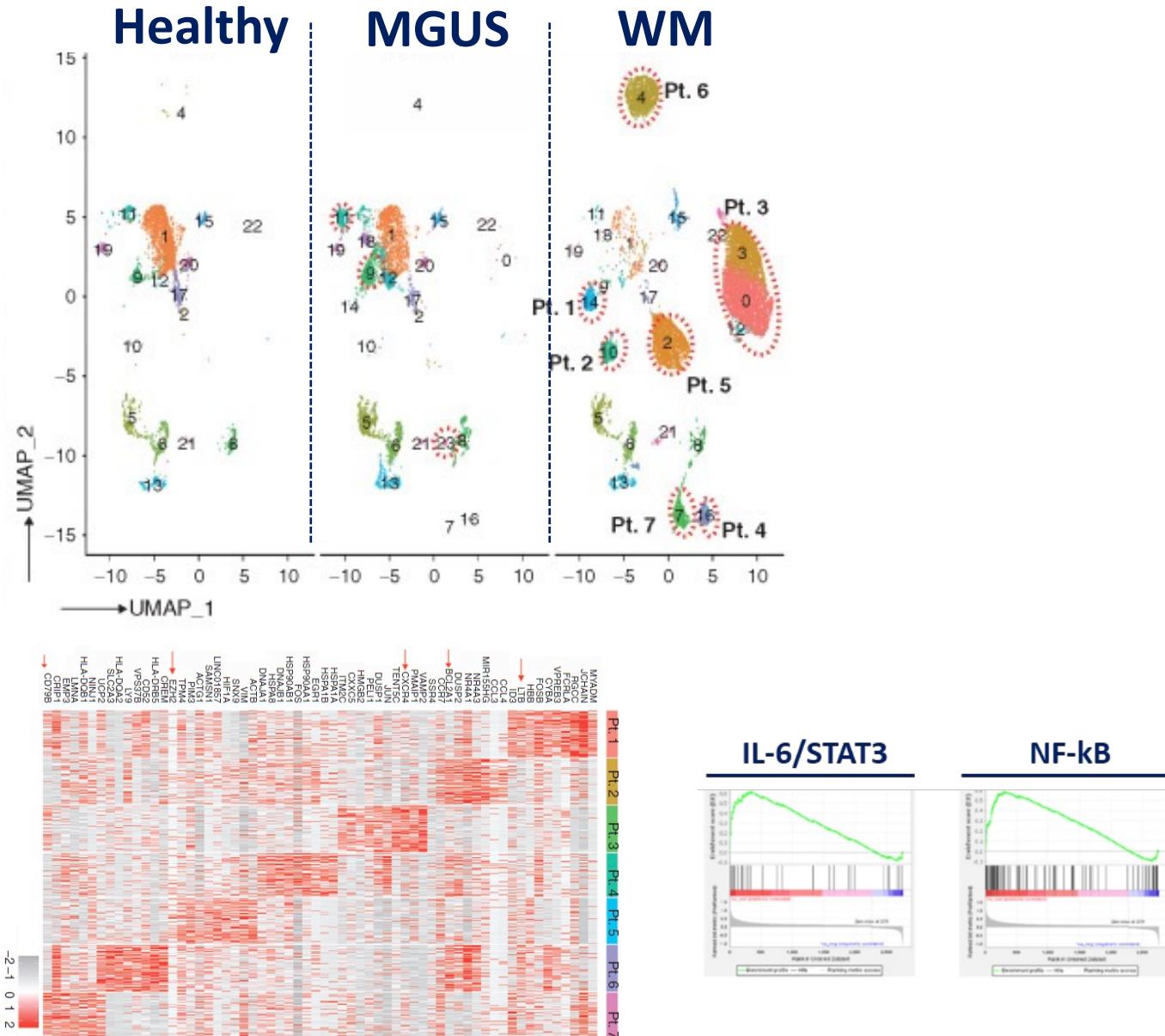
# CD19<sup>+</sup> B Cells: Changes Going from HD to MGUS to WM



CD19<sup>+</sup> B cell and transcriptome  
- existence of distinct clusters  
- each patient is transcriptionally distinct

Top genes characterizing specific clones:  
EZH2, CD79b, CXCR4, BCL2, and LT- $\beta$ /TNF- $\gamma$

# CD19<sup>+</sup> B Cells: Changes Going from HD to MGUS to WM



- CD19<sup>+</sup> B cell and transcriptome
  - existence of distinct clusters
  - each patient is transcriptionally distinct

Top genes characterizing specific clones:  
EZH2, CD79b, CXCR4, BCL2, and LT- $\beta$ /TNF- $c$

Overall:

- B cells from WM and IgM MGUS patients transcriptionally distinct vs HDs

Top pathways  
increased in WM and IgM MGUS B cells  
included NF- $\kappa$ B, IL6/STAT3

## Take-Home Points - I -

---

MYD88 mutation represents a pre-neoplastic event

Low frequency of MYD88 in HSCs: hard to think they act as Cancer-SCs

Progression to WM is driven by both the cellular origin of the MYD88<sup>L265P</sup> and the emergence of cooperating genetic alterations  
(i.e.:BCL2; BCR; CXCR4<sup>C1013G</sup>)

# *The Importance of Translational Research in Defining Mechanisms Underlying Waldenström's Macroglobulinemia Biology*

*Tumor Clone*

***Bone Marrow Niche***

*Tumor Cell-to-Bone Marrow Niche Interaction*

# *The Importance of Translational Research in Defining Mechanisms Underlying Waldenström's Macroglobulinemia Biology*

*Tumor Clone*

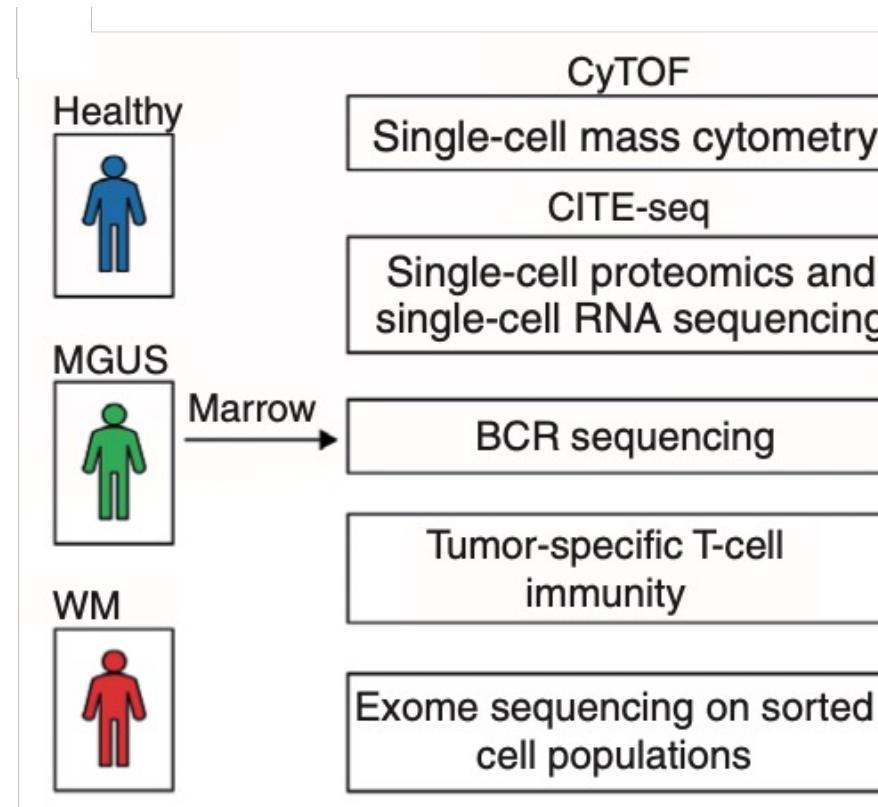
***Bone Marrow Niche***

*Tumor Cell-to-Bone Marrow Niche Interaction*

- ✓ *Bone marrow microenvironment*
  - ✓ *Myeloid compartment*
    - ✓ *Innate cells*
    - ✓ *T-cells*

# **How to Better Know and Investigate the Bone Marrow Milieu Going from IgM-MGUS towards WM?**

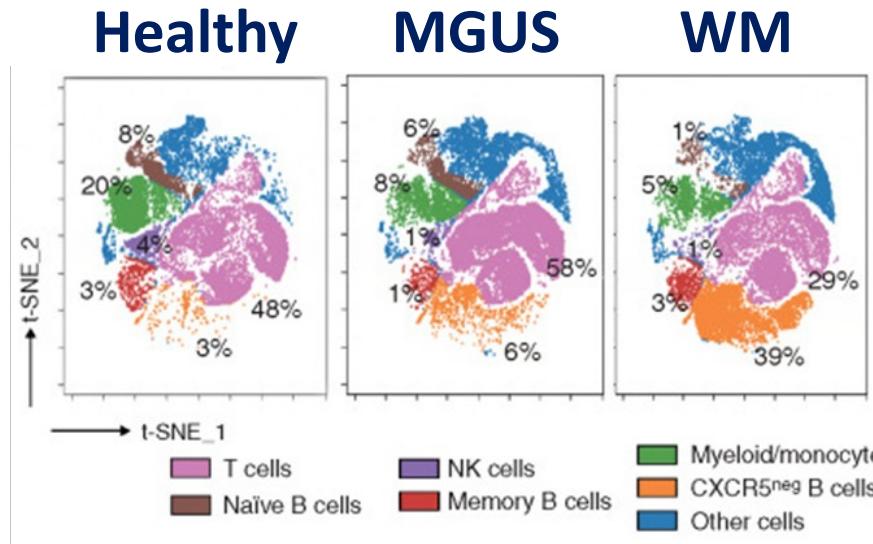
# How to Better Know and Investigate the Bone Marrow Milieu Going from IgM-MGUS towards WM?



# Changes in the Bone Marrow Microenvironment

## Comparing HDs, IgM MGUS, and WM

CyTOF

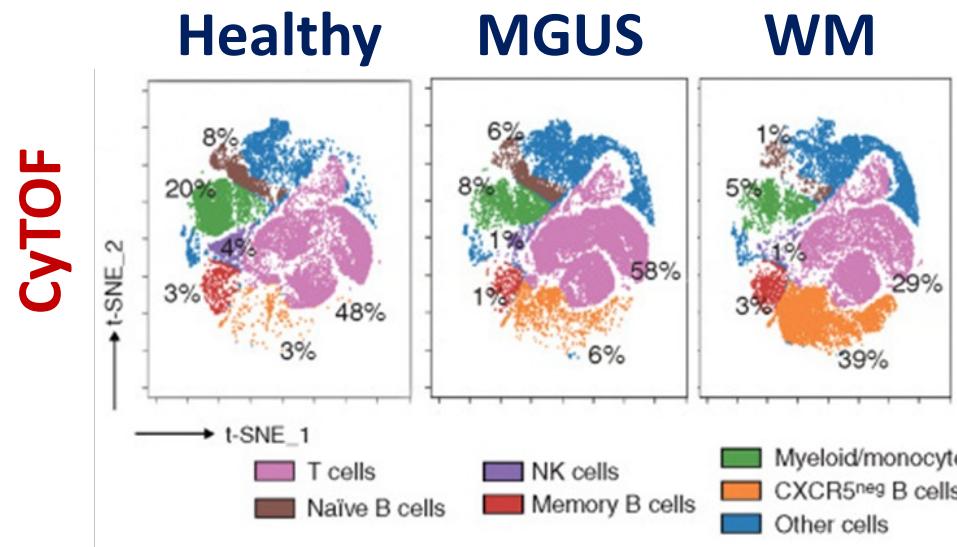


HD to IgM-MGUS to WM:

- increase in CXCR5<sup>NEG</sup> B cells in WM
  - decline in myeloid cells
  - increase in BM-T cells in MGUS

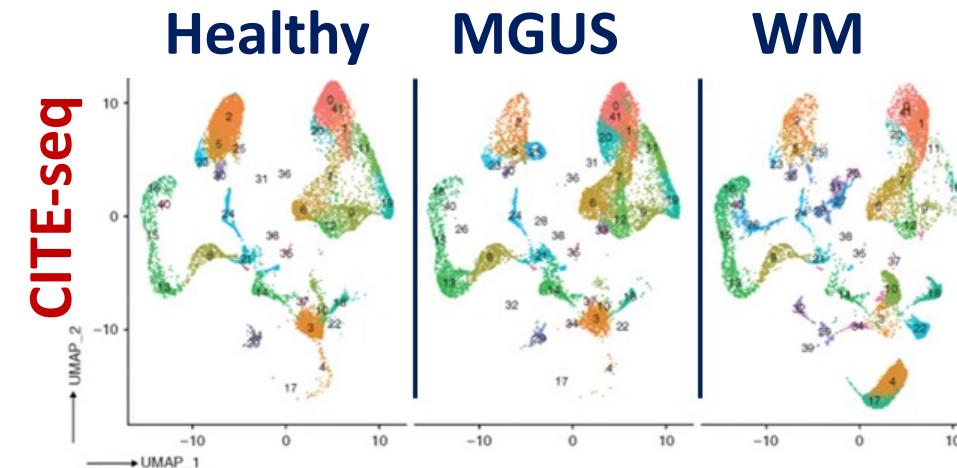
# Changes in the Bone Marrow Microenvironment

## Comparing HDs, IgM MGUS, and WM



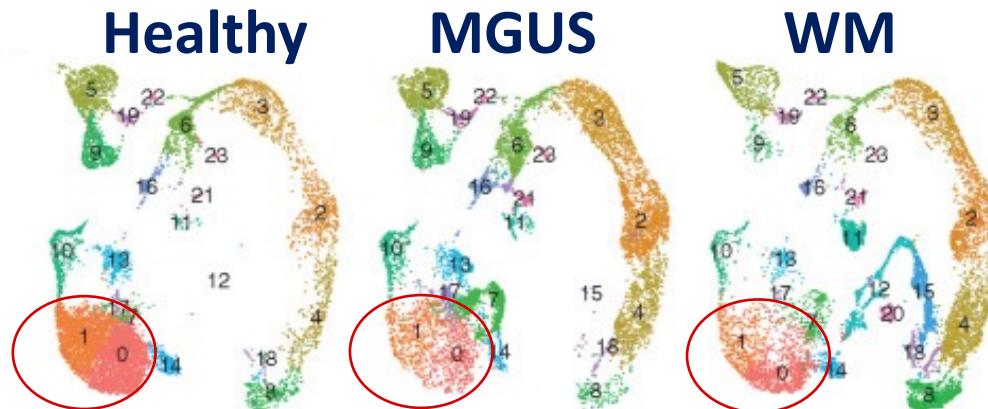
HD to IgM-MGUS to WM:

- increase in CXCR5<sup>NEG</sup> B cells in WM
  - decline in myeloid cells
  - increase in BM-T cells in MGUS



Overall:  
BM cells in WM and IgM-MGUS  
are characterized by alterations  
in several hematopoietic lineages vs HD

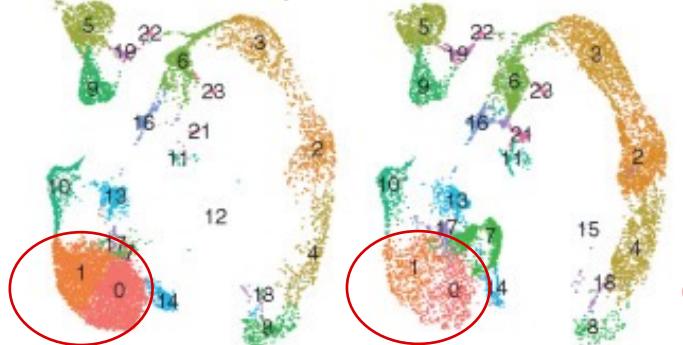
# Changes in the Myeloid Compartment



CD19-/CD3-depleted cells:  
CD14+/CD11c+ cells  
Both IgM-MGUS and WM showed  
- decline in classic monocytes (cluster #1)

# Changes in the Myeloid Compartment

Healthy



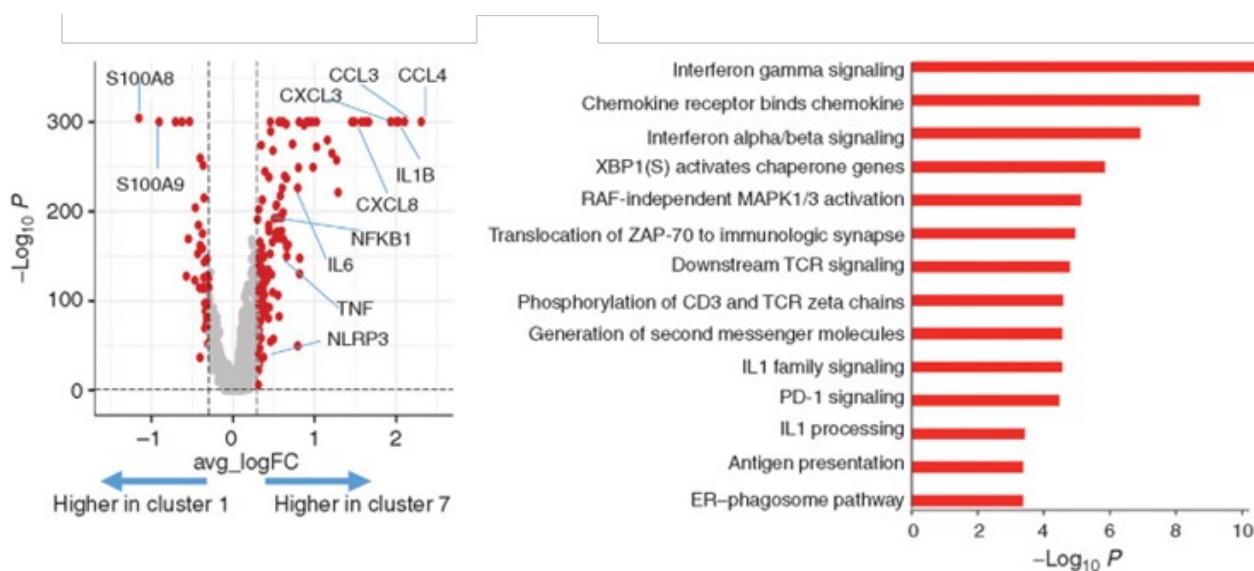
MGUS

WM

CD19-/CD3-depleted cells:

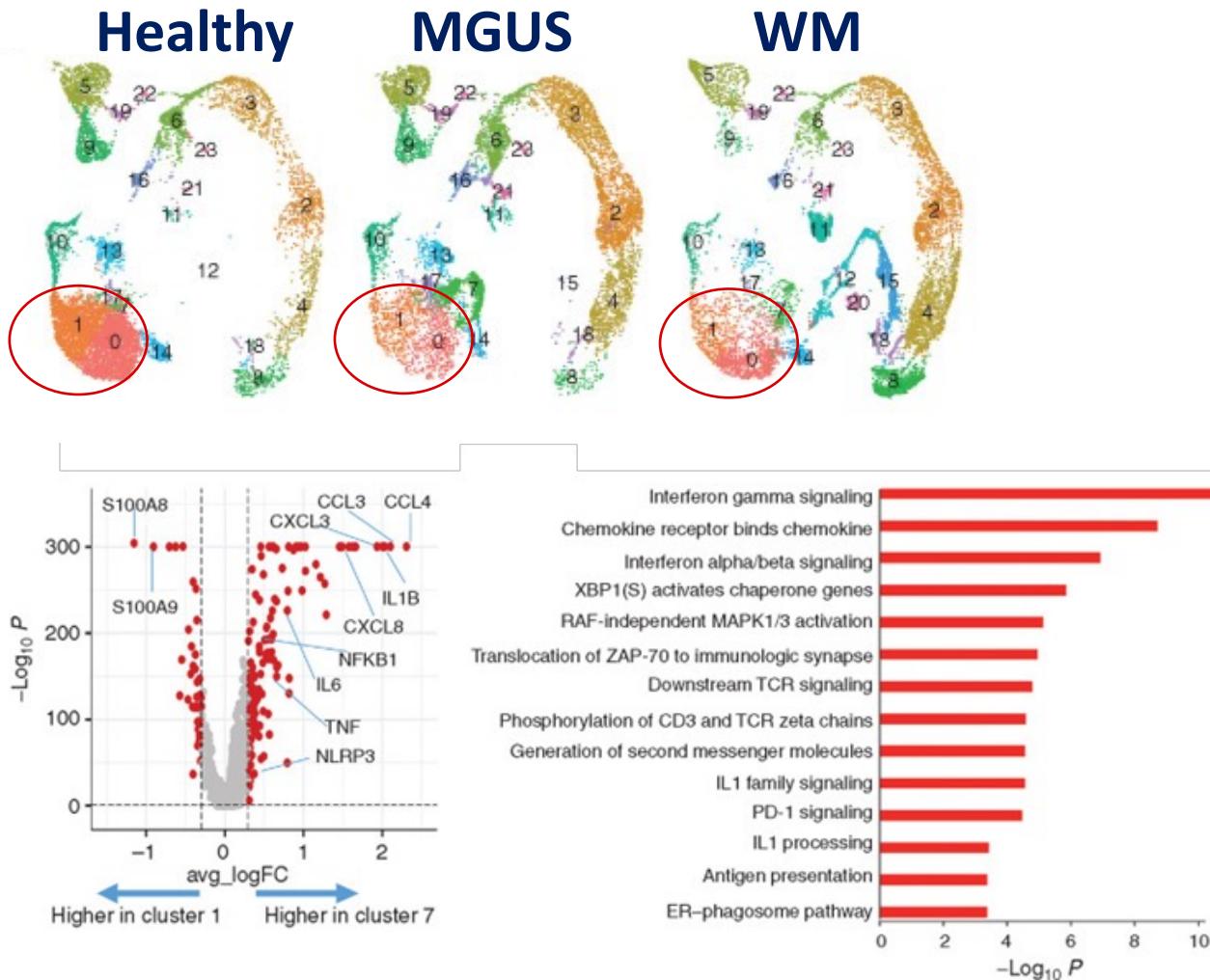
CD14+/CD11c+ cells

Both IgM-MGUS and WM showed  
- decline in classic monocytes (cluster #1)



Myeloid population:  
distinct genomic signature  
of inflammation-associated genes (IL1 $\beta$ ,  
CCL4, CCL3, IL6, NLRP3, CXCL3) (> in MGUS)

# Changes in the Myeloid Compartment



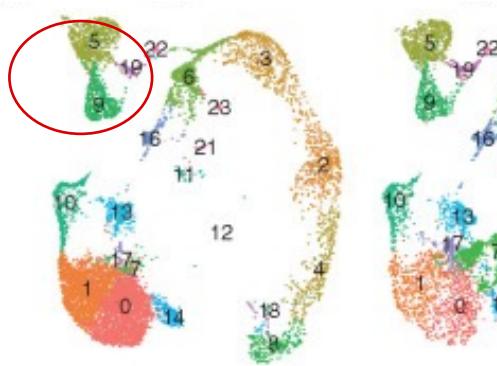
CD19-/CD3-depleted cells:  
CD14+/CD11c+ cells  
Both IgM-MGUS and WM showed  
- decline in classic monocytes (cluster #1)

Myeloid population:  
distinct genomic signature  
of inflammation-associated genes (IL1 $\beta$ ,  
CCL4, CCL3, IL6, NLRP3, CXCL3) (> in MGUS)

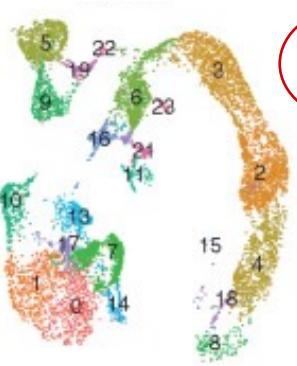
Together, these data suggest that activation of myeloid inflammation  
is an early feature of MGUS, occurring before the evolution of the malignant clone

# Changes in Innate Cells

Healthy



MGUS

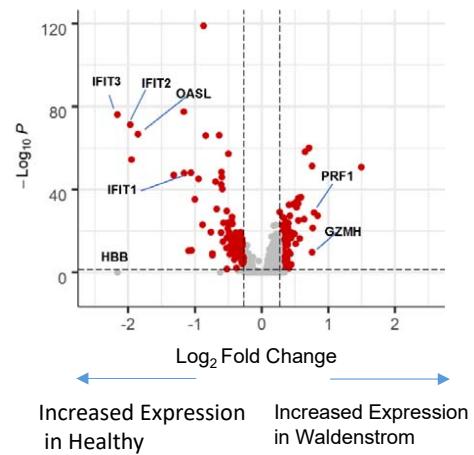


WM

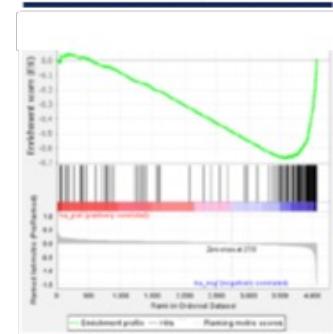


CD3-/CD56+ NK clusters:

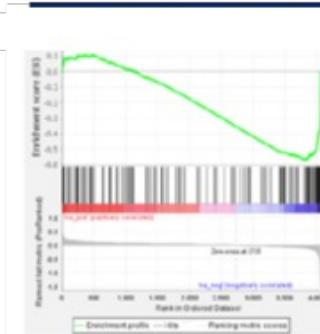
- prominent alterations in WM
- greater expression of lytic/exhaustion markers
- loss of IFN-signature



TNF- $\alpha$  signaling

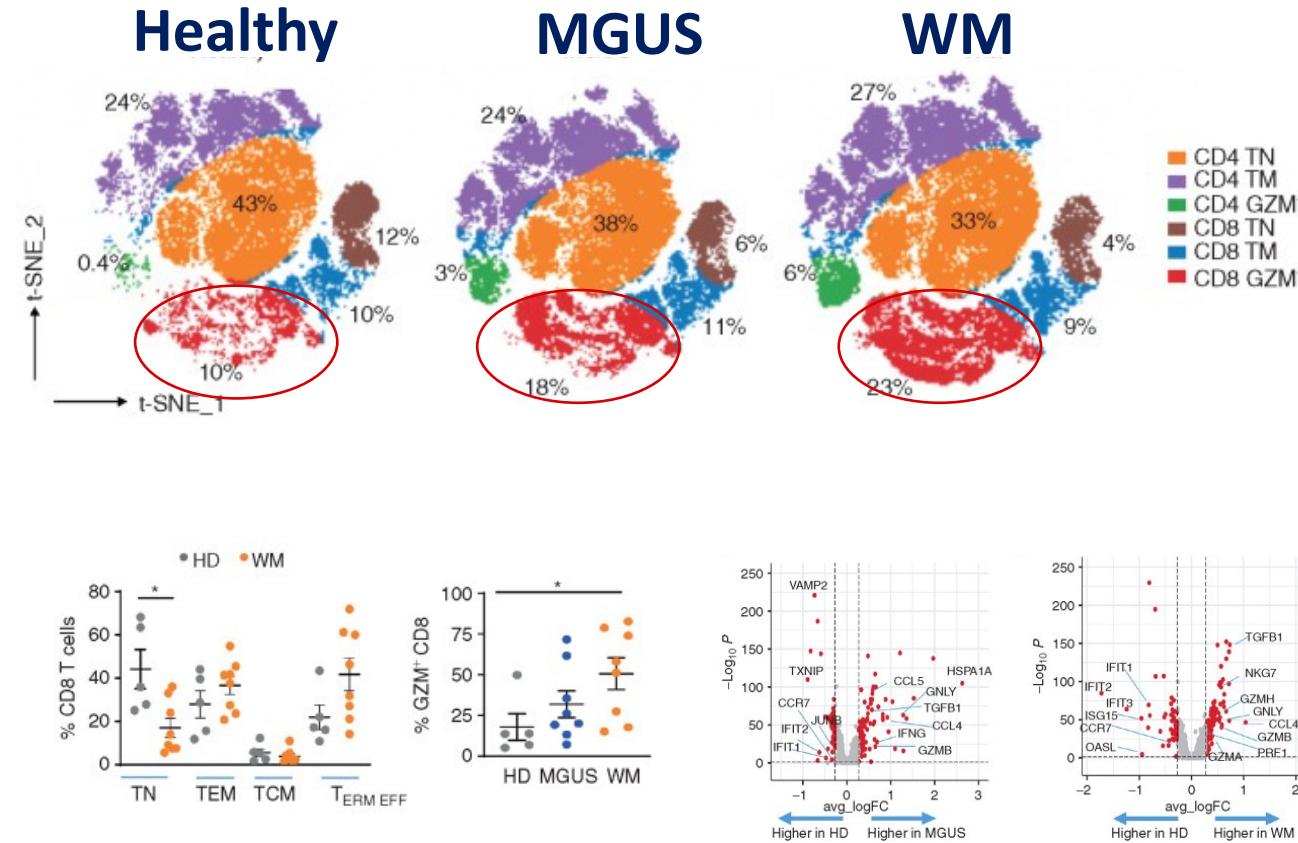


IFN-signaling



Immune exhaustion and dysfunction in NK cells with evolution of WM

# Changes in T Cells



T-cell niche:

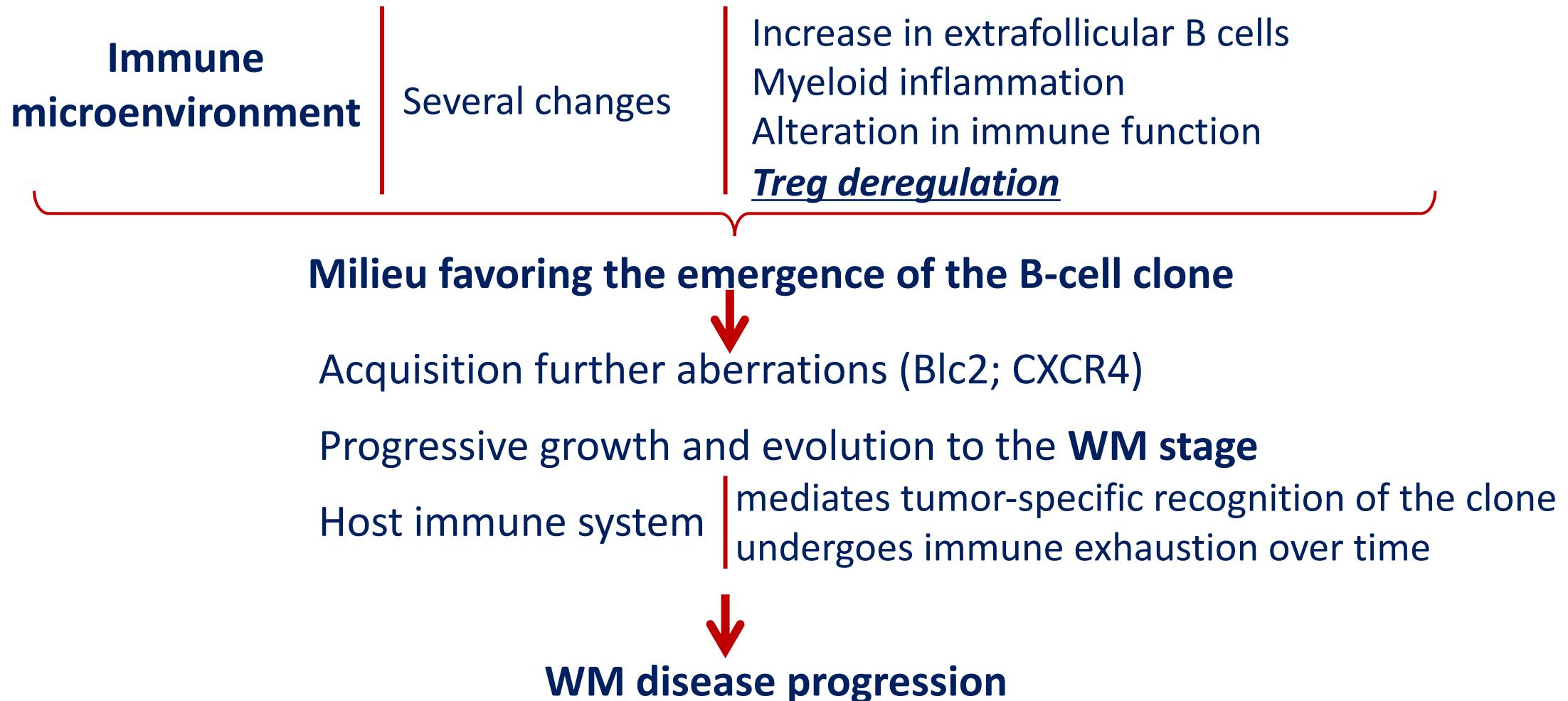
- decrease in naïve CD8 T cells
- increase CD8+/Granzyme+ T cells

Most prominent transcriptome changes in CD8+T cells:

- increased lytic genes and markers associated with T-cell exhaustion in WM/MGUS
- loss of IFN-response genes

Changes in the T-cell compartment begin early in MGUS, before the establishment of progressive malignant clone, and are characterized by progressive depletion of naïve T cells and enrichment of terminal effector T cells

## Take-Home Points - II -



# *The Importance of Translational Research in Defining Mechanisms Underlying Waldentröm's Macroglobulinemia Biology*

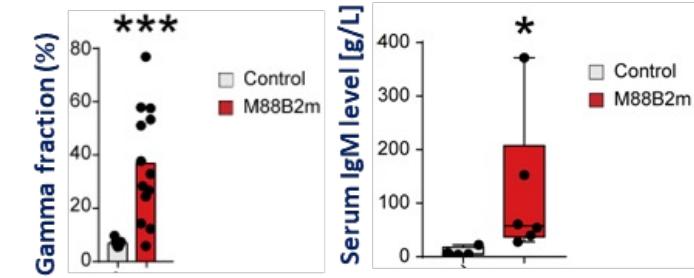
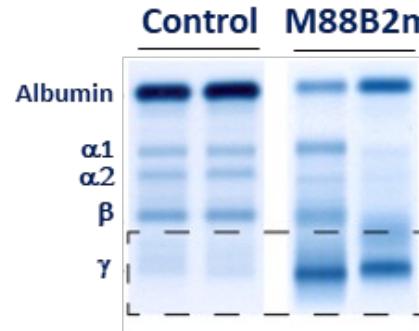
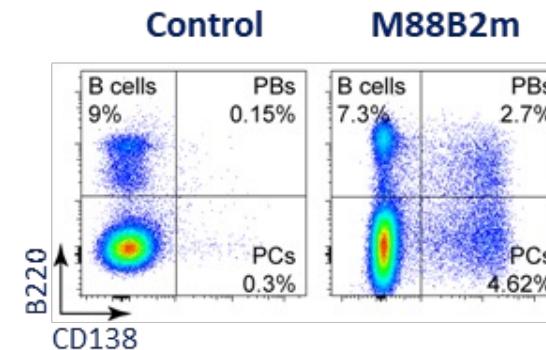
*Tumor Clone*

*Bone Marrow Niche*

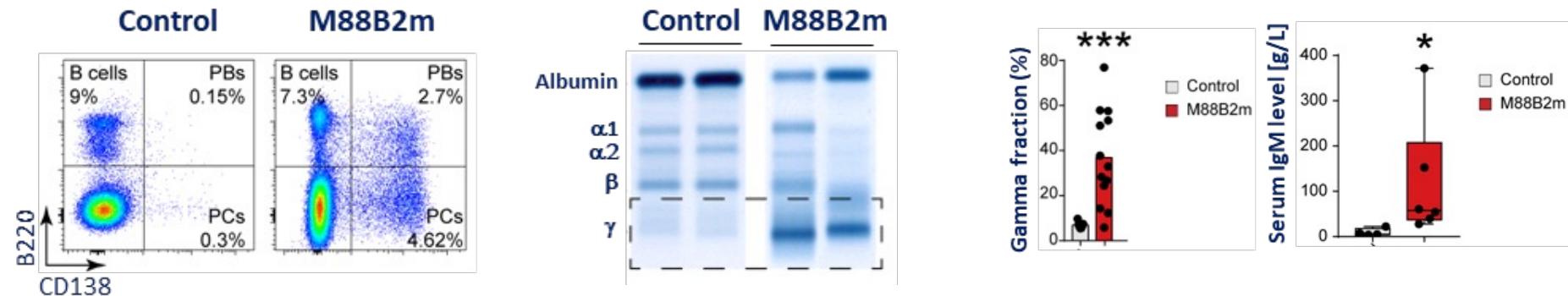
***Tumor Cell-to-Bone Marrow Niche Interaction***

***WM Cell-to-TREG cell Interaction***  
***Via***  
***CD40-CD40 ligand***

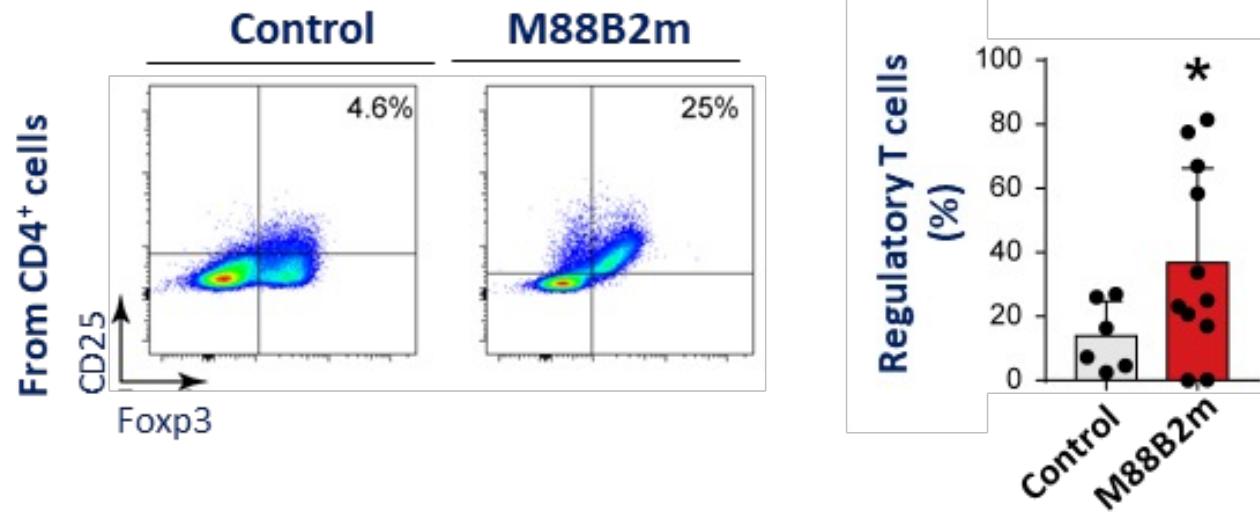
# Transgenic Murine Lymphoplasmacytic/WM Model Points Towards a Role of Treg in Supporting WM Biology



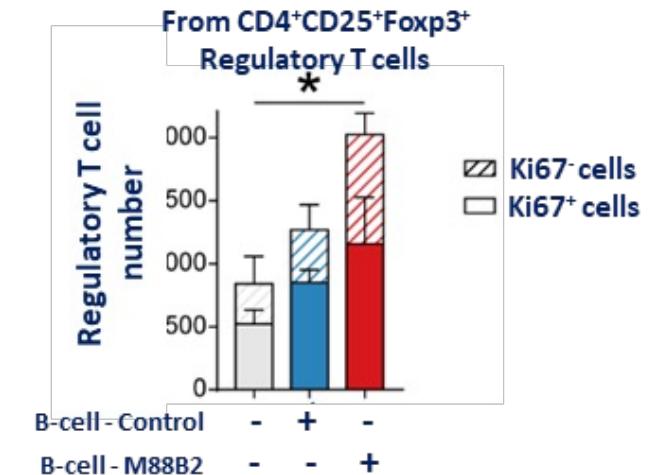
# Transgenic Murine Lymphoplasmacytic/WM Model Points Towards a Role of Treg in Supporting WM Biology



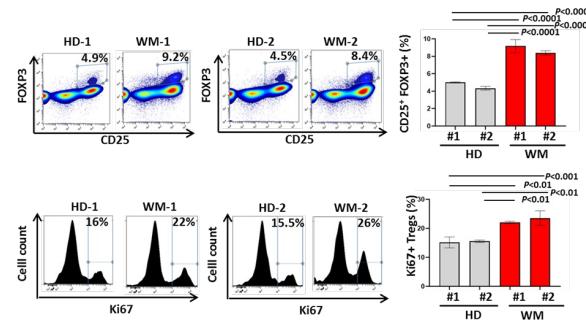
## Higher levels of Treg cells in the M88B2m model vs control mice



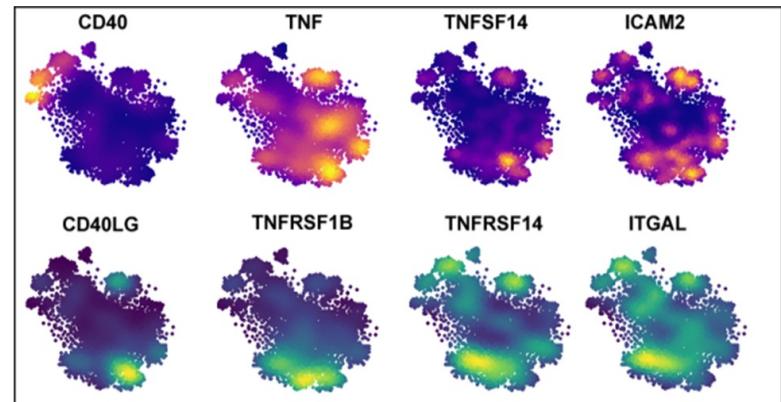
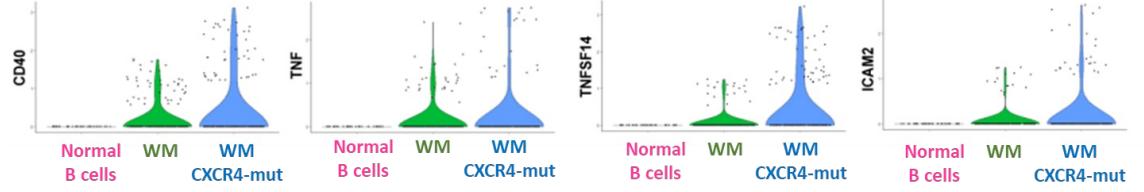
## WM murine cells recruited a higher number of more abundant Ki67<sup>+</sup> Treg cells



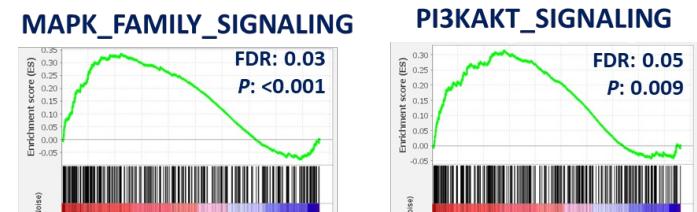
# Primary WM Cells: Impact on Treg-Induction and Treg-Proliferation



Enhanced Treg-proliferation exerted by WM primary cells as compared to normal-B cells

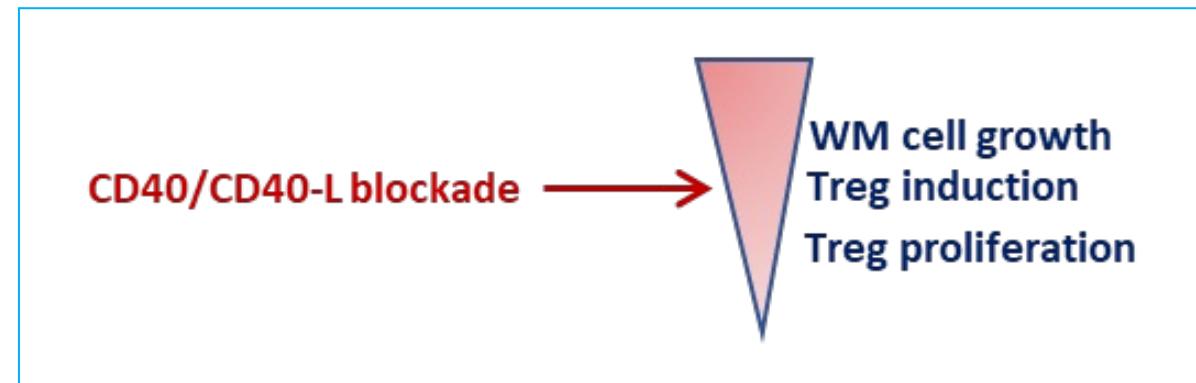
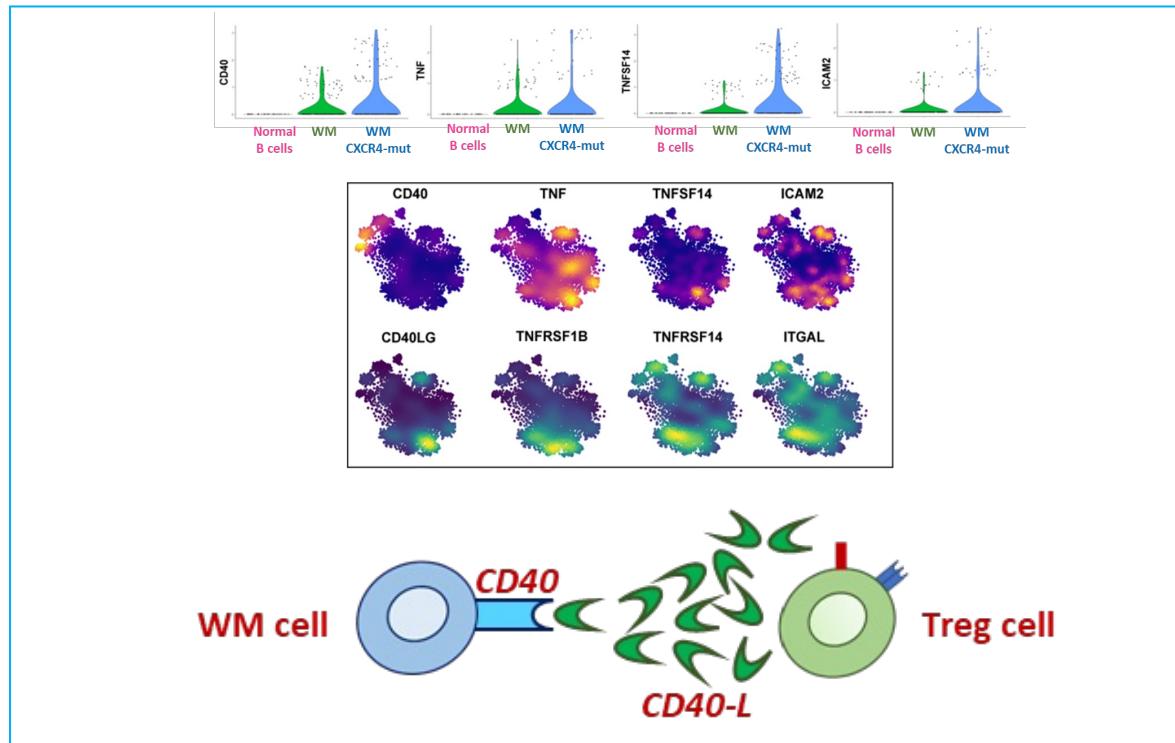
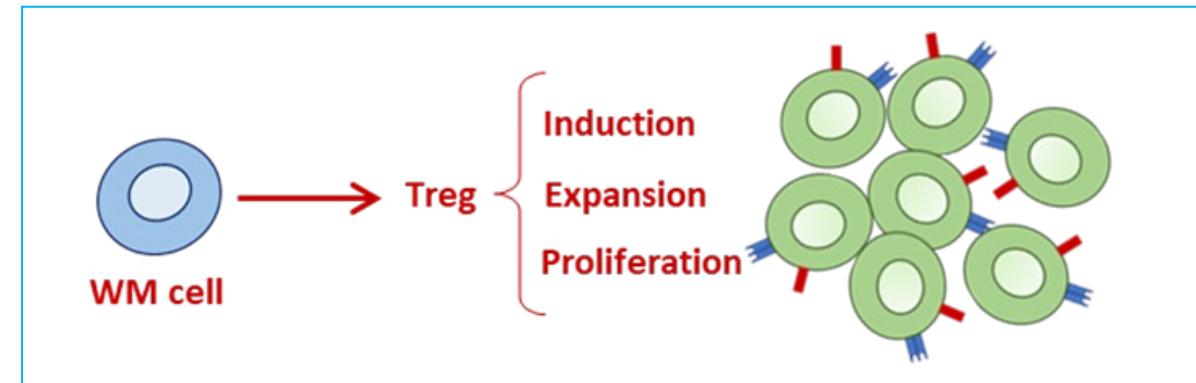
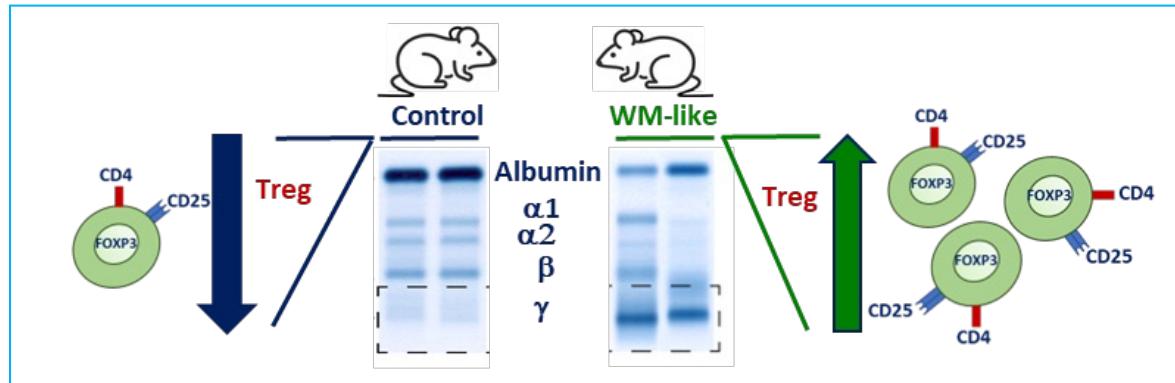


CD40: restricted on B-cells  
CD40L: Treg-counterpart

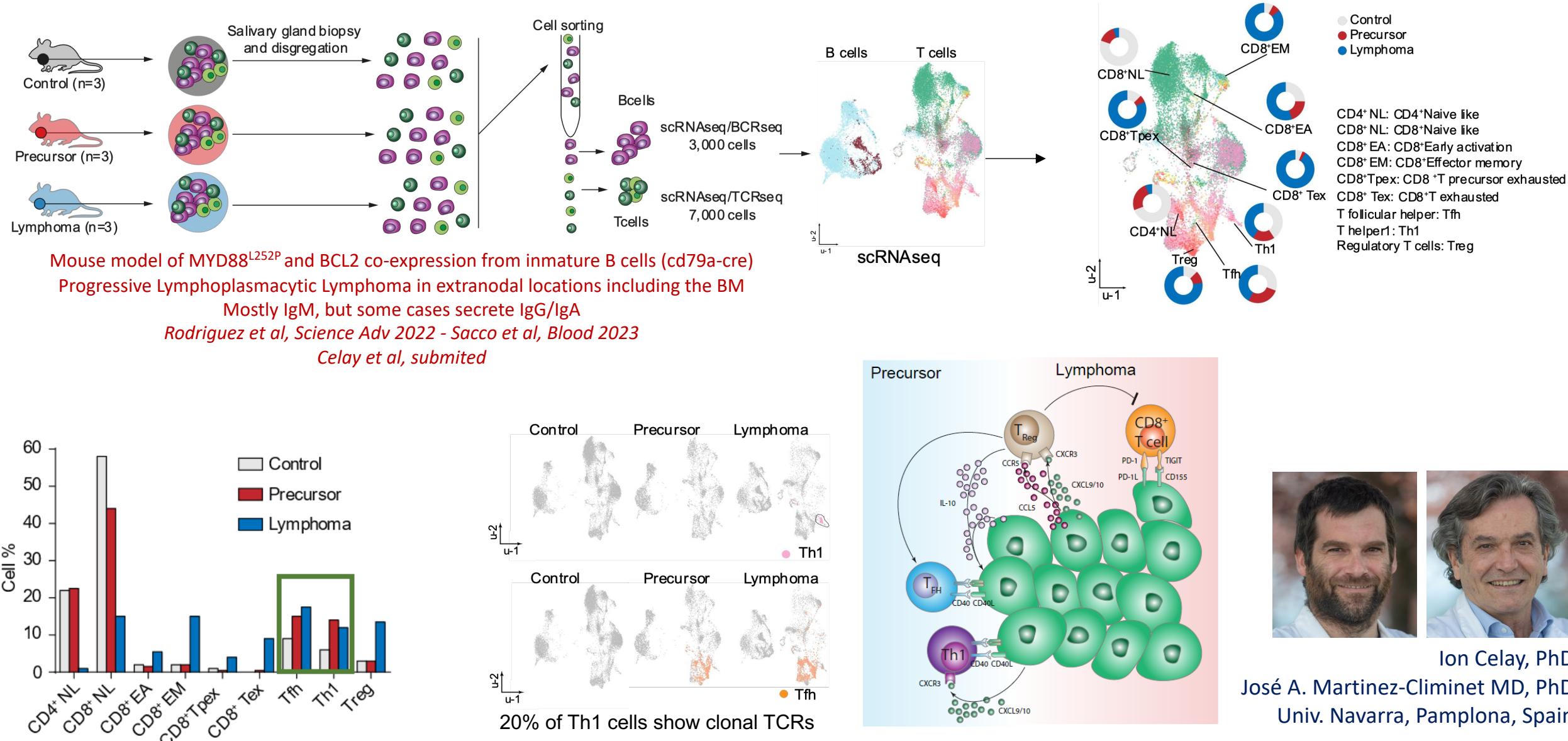


Enrichment for MAPK- and PI3K/AKT-related genes in WM- versus HD-derived Tregs

# Treg Cells Interact with WM Cells via CD40/CD40-Ligand Axis



# WM Cells Depend on CD4+ Th1 Cells for Survival via CD40:CD40L From Early Stages



## Take-Home Points - III -

---

Halting CD40/CD40-ligand interaction may represent a strategy to inhibit the Treg-mediated immunosuppressive in WM

# Translational Research: Novel Drug Discovery

MOLECULES	→ PEER-REVIED PUBLICATION	→ INITIATED CLINICAL TRIALS	PHASE
BMS936564 Anti-CXCR4 MoAb	Roccaro AM, Sacco A, Jimenez C, et al. Blood, 2014	BMS936564+Len+Dex (MM) (Pending in WM)	I
CARFILZOMIB proteasome inhibitor	Sacco A, Aujay M, Morgan B..., Roccaro AM*, Ghobrial IM* (*Co-last Authors) Clin Cancer Res, 2012	Carfilzomib + Rituximab + Dexamethasone	II
		Carfilzomib + Belinostat	I
		Carfilzomib	II
OPROZOMIB (ONX0912) proteasome inhibitor	Roccaro AM, Sacco A, Aujay M, et al. Blood, 2010	Oprozomib	II
PANOBINOSTAT (LBH589) HDAC inhibitor	Roccaro AM, Sacco A, Jia X, et al. Blood, 2010	Panobinostat	II
BORTEZOMIB proteasome inhibitor	Roccaro AM, Hideshima T, Raje N, et al. Cancer Res, 2006	376 Bortezomib-based clinical trials - MM 31 Bortezomib-based clinical trials - WM	II/III

# Translational Research: Novel Drug Discovery

MOLECULES	PEER-REVIED PUBLICATION	INITIATED CLINICAL TRIALS	PHASE
<b>OLAPTESED PEGOL</b> Oligonucleotide anti-SDF1	Roccaro AM, Sacco A, et al. Cell Reports, 2014	ola-PEG + Dex + Bortezomib (MM) ola-PEG + Rituximab + Bendamustine (CLL)	II
<b>EVEROLIMUS</b> (RAD001) mTOR inhibitor	Roccaro AM, Sacco A, Jia X, et al Clin Cancer Res 2012	Everolims+Bortezomib+/-Rituximab Everolimus +/- Bortezomib+Ritux+Dex Everolimus (first line)	I/II
		Everolimus + Lenalidomide Everolimus + Panobinostat Everolimus + Bortezomib Everolimus + Sorafenib	I/II
			I
			I/II

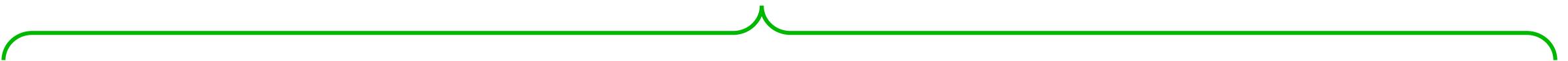
# Overall Summary

---

*Tumor clone*

*Bone marrow niche*

*Tumor cell-to-Bone marrow niche interaction*



*Novel insight into Waldenström's Macroglobulinemia biology*

*Identification of novel targets for novel therapeutical interventions*

# Acknowledgements



## **ASST Spedali Civili di Brescia**

### **Clinical Trial Center, Translational Res. and Phase I Unit**

Andrea Abate, Chiara Aquilina, Luisella Alessandrini, Gabriele Benini, Monica Boglioni, Giulia Campostrini, Greta Dasoli, Cristina Erconi, Francesca Filippini, Martina Gelmi, Cristina Gussago, Rossella Leopaldo, Raffaella Marcheselli, Nuzhat Noreen, Alessia Pantaleo, Matteo Regalzi, Fabio Rigali, Alessandra Rossi, Antonio Sacco, Anna Scalvini, Antonella Salvino, Margherita Sciumè, Sandra Sigala, Sara Taranto, Elena Tratta, Laura Zanotti



## **Hematology**

Marina Motta, Antonella Anastasia, Alessandra Tucci

## **ASST Niguarda, Milan**

Alessandra Tedeschi, Anna Maria Frustaci

## **University of Milan-Bicocca**

Rocco Piazza, Deborah D'Alberti, Silvia Spinelli, Daniele Ramazzotti

## **University of Bari**

### **Dtp. Of Biomedical Sciences and Human Oncology**

Vanessa Desantis, Antonio G. Solimando

## **University of Genoa**

### **Dept. of Hematology**

Michele Cea, Antonia Cagnetta, Debora Soncini



ASSOCIAZIONE ITALIANA  
PER LA RICERCA SUL CANCRO



EUROPEAN  
HEMATOLOGY  
ASSOCIATION



International Waldenstrom's  
Macroglobulinemia Foundation



LEUKEMIA &  
LYMPHOMA  
SOCIETY®



ASOCIAZIONE ITALIANA  
CONTRO LEUCEMIE  
LINFOMI E MIELOMA