Kompetenznetz
Maligne Lymphome

Lymphom Kompetenz KOMPAKT

KML KONGRESSE

Expert:innen berichten zu
Lymphomen & Leukämien

EHA 2025

MAILAND, ITALIEN

12. – 15. Juni 2025

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Prof. Dr. med. Georg Heß
Universitätsmedizin Mainz

Mantelzell-Lymphom

Offenlegung potentieller Interessenskonflikte

LymphomKompetenz KOMPAKT – EHA 2025 Mailand, Italien wird in Kooperation mit fünf unterstützenden Firmen durchgeführt.
Meine persönlichen Disclosures betreffen:

- Consultancy: Abbvie, ADC, AstraZeneca, Beigene, BMS, GileadKite, Incyte, Janssen, Lilly, Milenyie, MSD, Novartis, Pierre Fabre, Roche, Sobi
- Honoraria: Abbvie, ADC, AstraZeneca, Beigene, BMS, GileadKite, Incyte, Janssen, Lilly, Milenyie, MSD, Novartis, Roche, Sobi
- Research Funding (to institution): Abbvie, GileadKite, Janssen,Lilly
- Patents and Royalties: not applicable
- Membership on an entity's Board of Directors or advisory committees: not applicable
- Discussion of off-label drug use: not applicable
- Travel grants: Incyte, Janssen, Pierre-Fabre

Kapitel 1

1. Therapielinie

IMPACT OF RITUXIMAB MAINTENANCE ON SURVIVAL AMONG PATIENTS WITH MANTLE CELL LYMPHOMA; A POPULATION-BASED COHORT STUDY

PF884

Floriske Stedema* - Wouter Plattel - Mirian Brink - Francien Huisman - Marcel Nijland

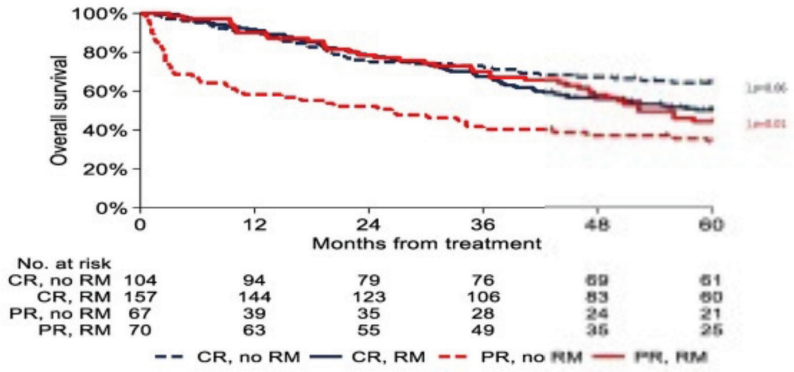
Impact of Rituximab Maintenance in MCL

Study Design:

- Dutch population-based study using NCR (1989–2020, n=4751)
- Assessed OS improvement with rituximab maintenance (RM)

Key Findings:

- 4-year OS improved: 39% (1989–2000) to 56% (2015–2020)
- RM improved OS in PR subgroup post R-CHOP (55% vs 38%)
- No benefit in CR subgroup or after intensive therapy (e.g., ASCT)



Reference: Stedema et al. HemaSphere 2025;9(S1): Abstract PF884

CAN MANTLE CELL LYMPHOMA BE CURED? INSIGHTS FROM 25 YEARS OF FOLLOW-UP IN THE NORDIC MCL2 AND MCL3 TRIALS

880

Trine Trab1, 2, Sara Ekberg3, 4, Christian Eskelund1, , Renate Berget Galleberg5, , Jon Riise6, , Unn Merete Fagerli7, 8, , Hanne, Skjerven Bersvendsen, , Idun Bakke Bø10, , Annika Pasanen11, , Aino Rönkä12, 13, , Hanne Kuitunen14, , Kristina Sonnevi, , Ingemar, Lagerlöf16, , Ida Tufvesson17, , Karin Hallén18, , Per-ola Andersson19, , Karin Papworth20, , Jaan Väärt21, , Ingrid Glimelius22, 23, , Urban, Jerlström24, , Hans Herluf Nørregaard Bentzen25, , Thomas Bech Mortensen26, , Simon Husby1, 2, , Tarec El-Galaly25, 27, 28, 29, , Arne, Kolstad30, , Riikka Räty31, , Anna Laurell32, , Christian Geisler1, , Kirsten Grønbæk1, 2, 33, , Mats Jerkeman*4

CAN MANTLE CELL LYMPHOMA BE CURED?

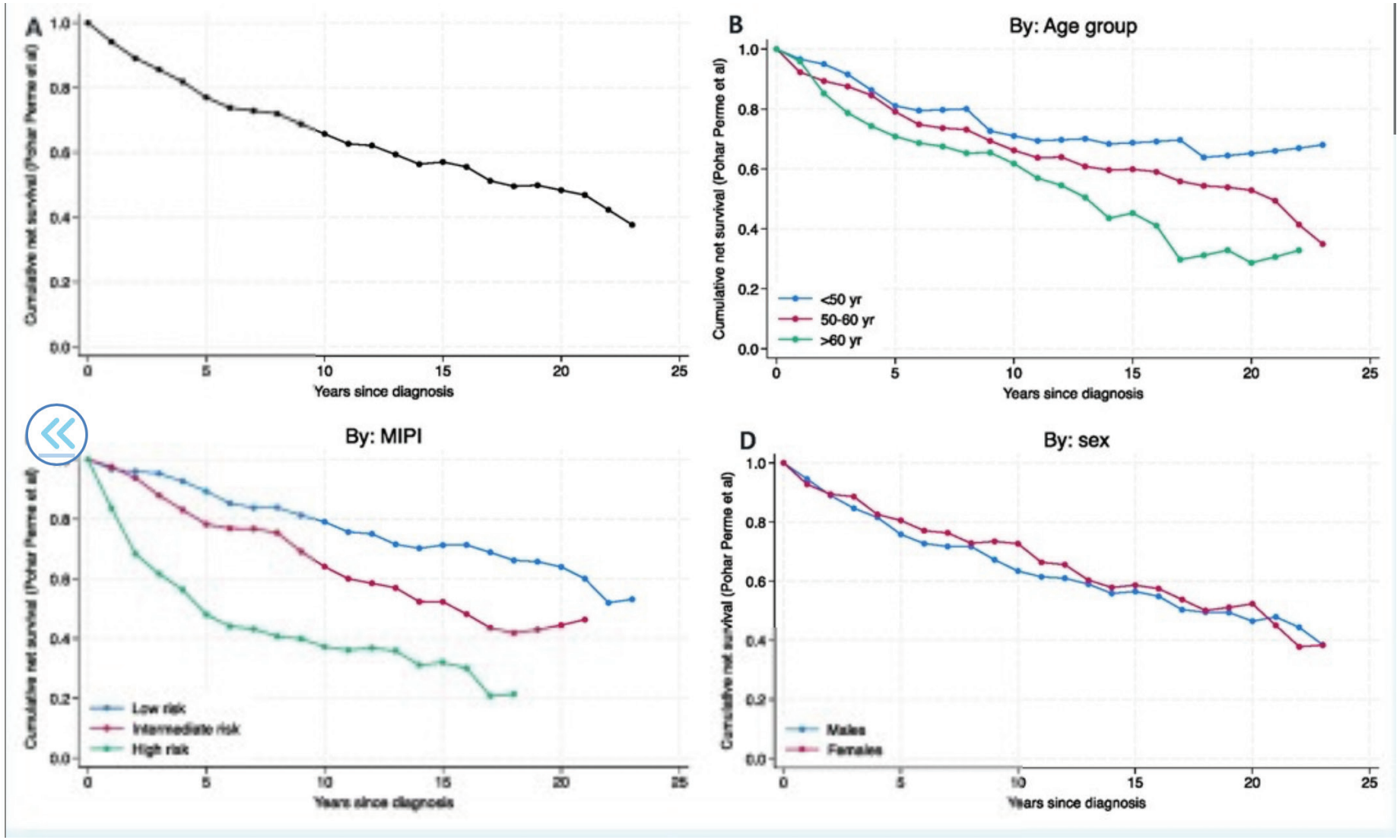
880

Study Design:

- MCL2/MCL3: <65y untreated MCL patients, intensive induction + ASCT
- Median follow-up: 18 years

Key Findings:

- 1 in 3 patients in sustained CR1
- RS plateau in <50y group suggests possible cure
- Relapse rate declined over time: 6.5/100 PY (5y) → 3.1/100 PY (15y)


A
Cumulative net survival (Pohar Perme et al)
Years since diagnosis
B
By: Age group
Cumulative net survival (Pohar Perme et al)
<50 yr
50-60 yr
>60 yr
Years since diagnosis
By: MIPI
Cumulative net survival (Pohar Perme et al)
Low risk
Intermediate risk
High risk
Years since diagnosis
D
By: sex
Cumulative net survival (Pohar Perme et al)
Males
Females
Years since diagnosis

EFFICACY OF RITUXIMAB-BENDAMUSTINE WITH OR WITHOUT ACALABRUTINIB IN PATIENTS WITH UNTREATED, HIGH-RISK MANTLE CELL LYMPHOMA: AN ANALYSIS OF THE PHASE 3 ECHO TRIAL

S233

Martin Dreyling*1, , Pier Luigi Zinzani2, , Miguel A. Pavlovsky3, , Kamal Bouabdallah4, , Mariana Bastos-Oreiro5, , Ellie John6, , Victoria Otero7, Andre Henri Goy

ECHO Trial: ABR vs PBR in High-Risk MCL

Study Design:

- Phase 3, randomized, double-blind ECHO trial (NCT02972840)
- Patients ≥65 years with untreated MCL; **62% classified as high-risk**
- Randomized to Acalabrutinib + BR (ABR) vs Placebo + BR (PBR)

Key Results:

- ORR: ABR 89.8% vs PBR 84.7%; CR: **ABR 67.9% vs PBR 47.5%**
- Median PFS: **ABR 49.5 mo vs PBR 36.0 mo** (HR 0.74; P=0.0432)
- OS trend favoring ABR, improved further after censoring COVID deaths
- Subgroup analysis showed PFS **benefit in TP53, Ki-67 ≥30%, blastoid MCL**
- Crossover to Acalabrutinib allowed post-progression

Kapitel 2

Rezidivtherapie

COMBINATION TREATMENT WITH NOVEL BCL2 INHIBITOR SONROTOCLAX (BGB-11417) AND ZANUBRUTINIB INDUCES HIGH RATE OF COMPLETE REMISSION FOR PATIENTS WITH RELAPSED/REFRACTORY MANTLE CELL LYMPHOMA

S234

Constantine S. Tam1, , Masa Lasica2, , Jacob D. Soumerai3, , Stephen S. Opat4, , Marc S. Hoffmann5, , Ramón García-Sanz6, , Johannes Schetelig7, , Talha Munir8, , Robert Weinkove9, 10, , Peter Browett11, , Eva González-Barca12, , Laura Magnano Mayer13, , Andrea Bernardelli14, , Jing-Zhou Hou15, , Yiqian Fang16, , James Hilger17, , Sheel Patel17, Raul Cordoba*18

Sonrotoclax + Zanubrutinib in R/R MCL

Study Design:

- Phase 1/2 (BGB-11417-101; NCT04277637)
- 49 patients with R/R MCL, Sonrotoclax dosed 80–640mg
- Zanubrutinib lead-in followed by combination; ramp-up to mitigate TLS

Key Results:

- ORR 77.8%; CR 62.2%; Median time to CR: 6.7 months
- 89% of CRs sustained at data cutoff; RP2D: 320mg
- Well tolerated: no TLS, atrial fibrillation, or major cardiac AEs
- Common AEs: neutropenia, diarrhea, infections; two deaths (non-drug-related)

GOLDILOX: FIRST EXPERIENCE OF SAFETY AND ACTIVITY OF TWO DOSING STRATEGIES OF PIRTOBRUTINIB AND GLOFITAMAB FOR MANTLE CELL LYMPHOMA IN PATIENTS PREVIOUSLY TREATED WITH COVALENT BTK INHIBITORS - AN ALLG STUDY

P1874

Chan Cheah*[1, 2], Adrian Minson[3], Janlyn Falconer[4], Ross Salvaris[5], Dana Hince[6], Eliza A. Hawkes[7], Sushrit Patel[8], Danielle Blunt[9], Jane Royle[10], David Kliman[11], Mannu Walia[12], David Westerman[3], David Ritchie[13], Rachel Koldej[13], Piers Blombery[3], Michael Dickinson[3, 14]

GOLDILOX Trial: Pirto + Glofitamab in MCL

Study Design:

- Phase 2 trial of Pirto (non-covalent BTKi) + Glofitamab (CD20xCD3 TCE)
- 16 patients post-cBTKi, incl. CAR-T and ASCT pre-treated

Key Results:

- CR 69%, ORR 77%, 100% MRD-negativity (n=9)
- Manageable CRS, no ICANS; G3 CRS/TLS led to revised steroid prophylaxis
- Encouraging activity in refractory population

Reference: Cheah et al. HemaSphere 2025;9(S1): Abstract PS1874

Figure 3 best ORR

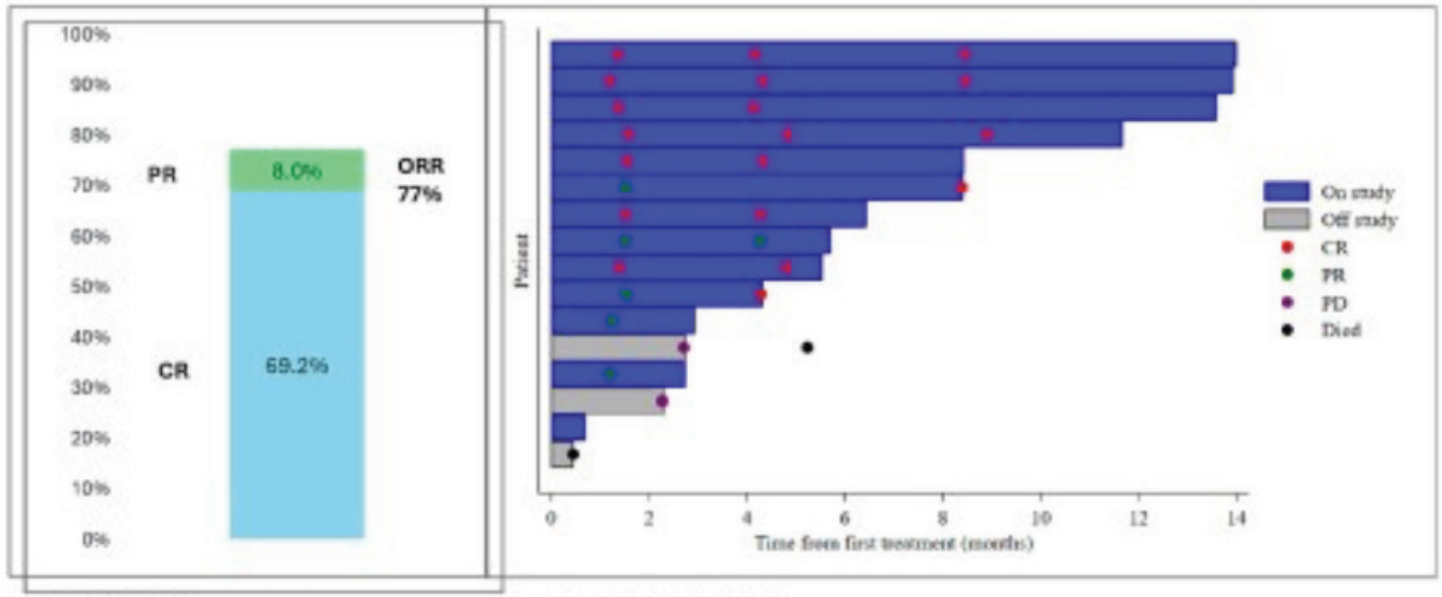


Figure 4 Swimmer's plot

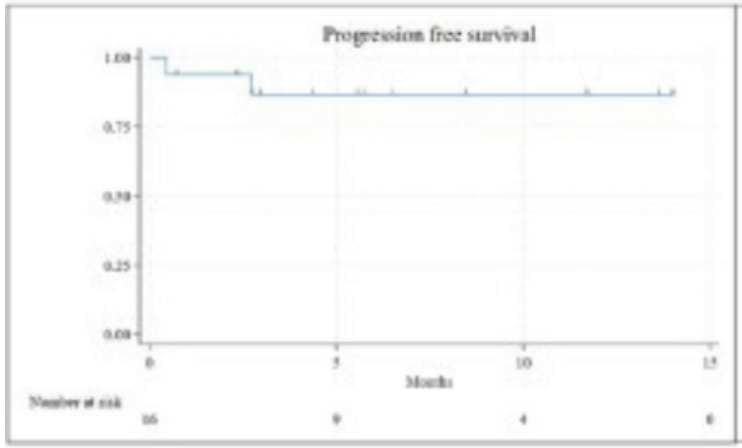


Figure 5 progression free survival

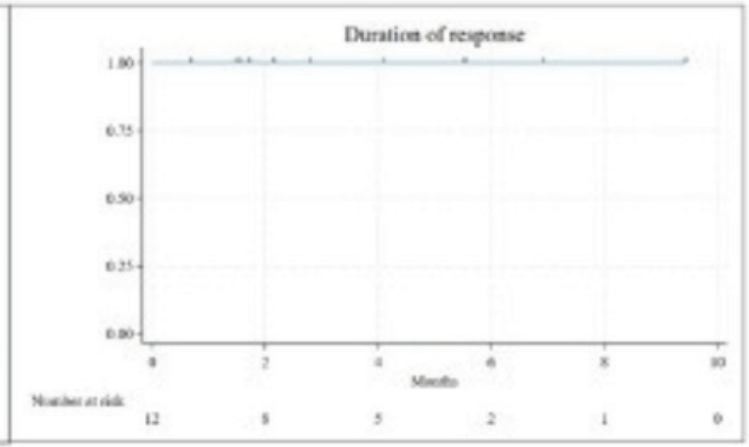
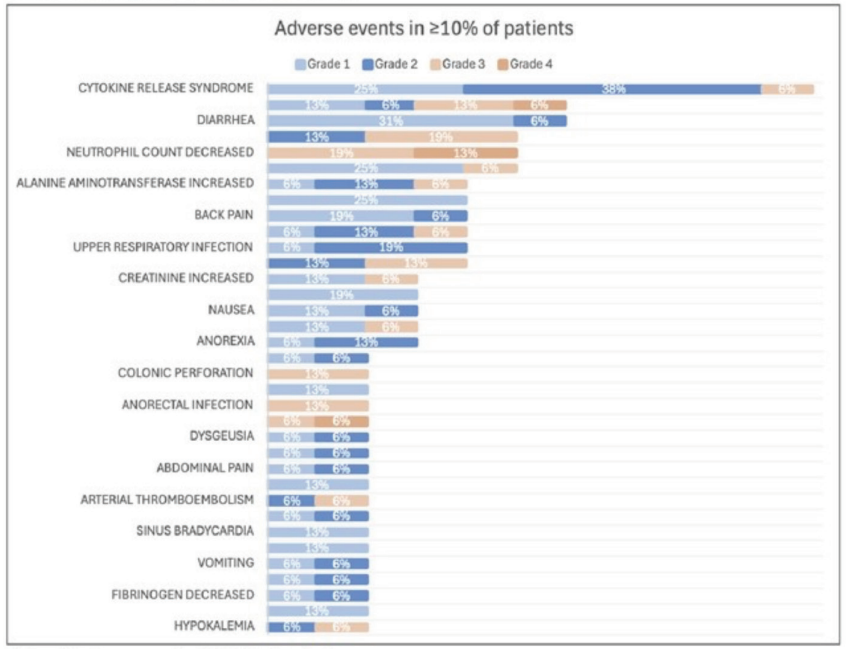


Figure 6 duration of response



ROR1 SMALL MOLECULE INHIBITOR OVERCOMES IBRUTINIB AND VENETOCLAX RESISTANCE IN MANTLE CELL LYMPHOMA (MCL)

1019

Wen Zhong*[1], Mohammad Hojjat Farsangi[1], Parviz Kokhaei[1], Johan Schultz[2], Thomas Olin[2], Anders Osterborg[1, 3], Håkan Mellstedt[1], Ali Moshfegh[1]

ROR1 Inhibition Overcomes BTKi/Ven Resistance

Study Design:

- Preclinical study using JEKO-1 MCL cell line models
- Resistance induced with Ibrutinib (Ibru), Venetoclax (Ven), or both
- Evaluated novel ROR1 inhibitor KAN571C

Key Results:

- KAN571C more cytotoxic to resistant cells vs naïve (EC50 ~130nM vs 298nM)
- Induced apoptosis via caspase 3 and PARP cleavage
- Reduced phosphorylation of ROR1, AKT, PI3K, β-catenin
- Targeting ROR1 disrupted survival signaling in resistant models

Reference: Zhong et al. HemaSphere 2025;9(S1): Abstract PF1019

Kapitel 3

RWE

IBRUTINIB DOSE MODIFICATION IN MANTLE CELL LYMPHOMA: AN ITALIAN REAL-LIFE MULTICENTER EXPERIENCE. RESULTS FROM THE REDOT MCL STUDY.

PF926

Francesca Maria Quaglia[1], Lara Mannelli[2], Luca Pagliaro*[3], Greta Scapinello[4], Luana Schiattone[5], Mirko Farina[6], Mattia Novo[7], Piera Angelillo[8], Roberta Sciarra[9], Elena Maiolo[10], Elisa Lucchini[11], Valeria Tomarchio[12], Chiara Ghiggi[13], Sabrina Pelliccia[14], Miriam Marangon[15], Luigi Marcheselli[16], Francesco Zaja[11, 17]

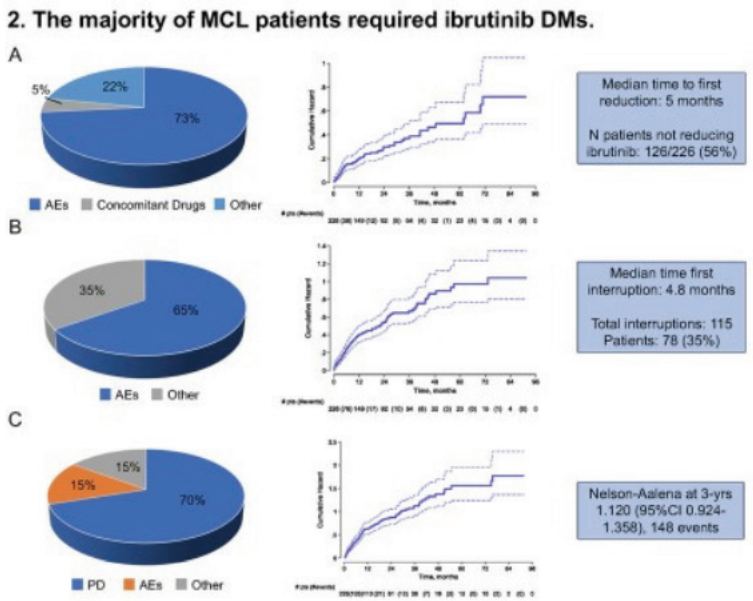
Ibrutinib Dose Adjustments: Real-World Outcomes

Study Design:

- REDOT MCL study: 226 R/R MCL patients across 14 Italian centers
- Evaluated effect of dose modifications (DM) on outcomes

Key Findings:

- 44% dose-reduced, 35% discontinued ibrutinib
- No significant difference in response, PFS, OS across dose levels
- Suggests flexibility in dosing without compromising efficacy



Reference: Quaglia et al. HemaSphere 2025;9(S1): Abstract PF926

REAL-WORLD BURDEN OF DISEASE, TREATMENT PATTERNS AND OUTCOMES IN PATIENTS WITH MANTLE CELL LYMPHOMA (MCL)

PF899

Alvaro J. Alencar*[1], Mei Xue[2], Po-Ya Chuang[3], Wesley Furnback[3], Keri Yang[2]

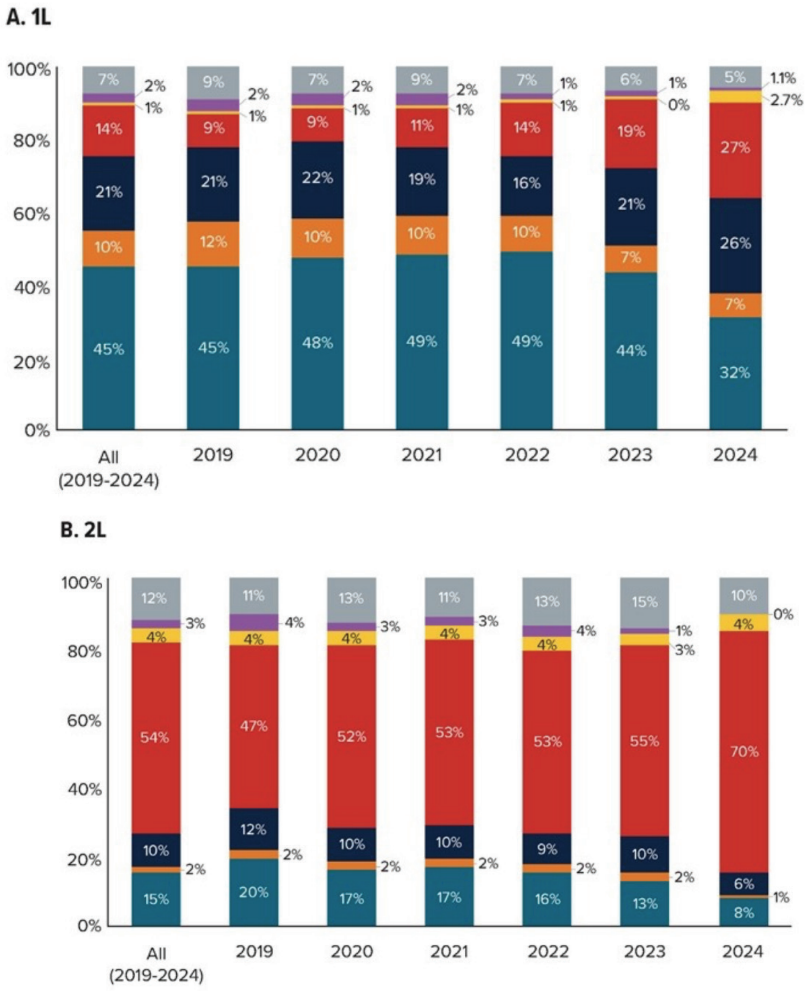
Real-World US MCL Patterns and Outcomes

Study Design:

- Retrospective analysis (2019–2024) using Symphony Integrated Datav
- >7,500 patients initiating 1L; >4,500 2L; >1,300 3L+ therapies

Key Findings:

- BTKi use increased in later lines (52% in 2L, 46% in 3L+)
- Chemotherapy (Bendamustine-based) use declined
- TTNT: 16.3 mo (1L), 17.7 mo (2L), 17.6 mo (3L+)
- HCRU highest for R-CHOP and B-based regimens; lowest for BTKi



Reference: Alencar et al. HemaSphere 2025;9(S1): Abstract PF899

Zusammenfassung | Take-Home-Messages

- Die Prognose der Pat. mit MCL werden kontinuierlich besser
- Die Integration zielgerichteter Substanzen in die Primärtherapie ist vielversprechend.
- Weitere neue Prinzipien werden erprobt
  - Bispezifische AK
  - ROR1
- Ergebnisse werden in den Alltag übertragen

- Und vielleicht: ist MCL doch (zum. teilweise) heilbar

Alle Kurzpräsentationen sind online unter

www.lymphome.de/eha2025

Für den Inhalt verantwortlich:

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Universitätsmedizin Mainz

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Die Firmen hatten keinen Einfluss auf die Inhalte.