Kompetenznetz
Maligne Lymphome

Lymphom Kompetenz KOMPAKT

KML KONGRESSE

Expert:innen berichten zu
Lymphomen & Leukämien

EHA 2025

MAILAND, ITALIEN

12. – 15. Juni 2025

Kompetenznetz Maligne Lymphome

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Prof. Dr. med. Kai Hübel
Uniklinik Köln

Follikuläres Lymphom

Offenlegung potentieller Interessenskonflikte

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

Anstellungsverhältnis, Führungsposition	Oberarzt, Uniklinik Köln
Beratungs-/ Gutachtertätigkeit	Roche, BMS, Incyte, Recordati, AbbVie, Novartis, Gilead, BeiGene
Besitz von Geschäftsanteilen, Aktien oder Fonds	entfällt
Patent, Urheberrecht, Verkaufslizenz	entfällt
Honorare	Roche, Incyte, Recordati, BMS, Novartis, BeiGene, AbbVie
Finanzierung wissenschaftlicher Untersuchungen	Roche, Gilead, Incyte
Andere finanzielle Beziehungen	entfällt
Immaterielle Interessenkonflikte	entfällt

Kapitel 1

„Die neue Zweitlinie“

TAFASITAMAB (TAFA) PLUS LENALIDOMIDE (LEN) AND RITUXIMAB (R) FOR PATIENTS WITH RELAPSED OR REFRACTORY FOLLICULAR LYMPHOMA (R/R FL): RESULTS FROM THE PHASE 3 INMIND STUDY

Abstract # S230

Trneny M et al.

TAFASITAMAB PLUS LENALIDOMIDE AND RITUXIMAB IN RELAPSED OR REFRACTORY FOLLICULAR LYMPHOMA: A POST HOC ANALYSIS OF OUTCOMES BY POD24 STATUS FROM THE INMIND STUDY

Abstract # PS1877

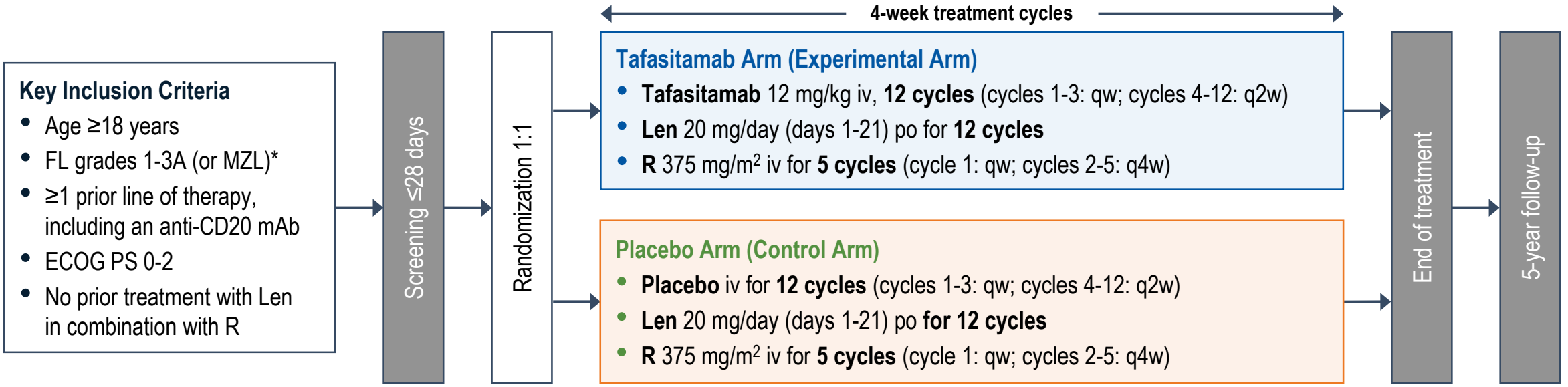
Trneny M et al.

CD19 EXPRESSION IS RETAINED IN PATIENTS WITH RELAPSED/REFRACTORY FOLLICULAR OR MARGINAL ZONE LYMPHOMA AFTER RECEIVING TAFASITAMAB, LENALIDOMIDE AND RITUXIMAB IN THE INMIND STUDY

Abstract # PF1006

Reinke S et al.

Studiendesign



Stratification Factors (Patients With FL)

- POD24
- Refractoriness to prior anti-CD20 mAb therapy
- Number of prior lines of therapy (1 or ≥2)

Primary Study endpoint: **PFS in FL population**

Other Study Endpoints in FL Population (Investigator Assessed Unless Specified)

- **Key secondary:** PET-CR rate in the FDG-avid population, OS
- **Select other secondary:** PFS by IRC, ORR, DOR, safety, QoL, MRD
- **Exploratory:** TTNT, B-cell recovery, Ig levels, CD19 expression

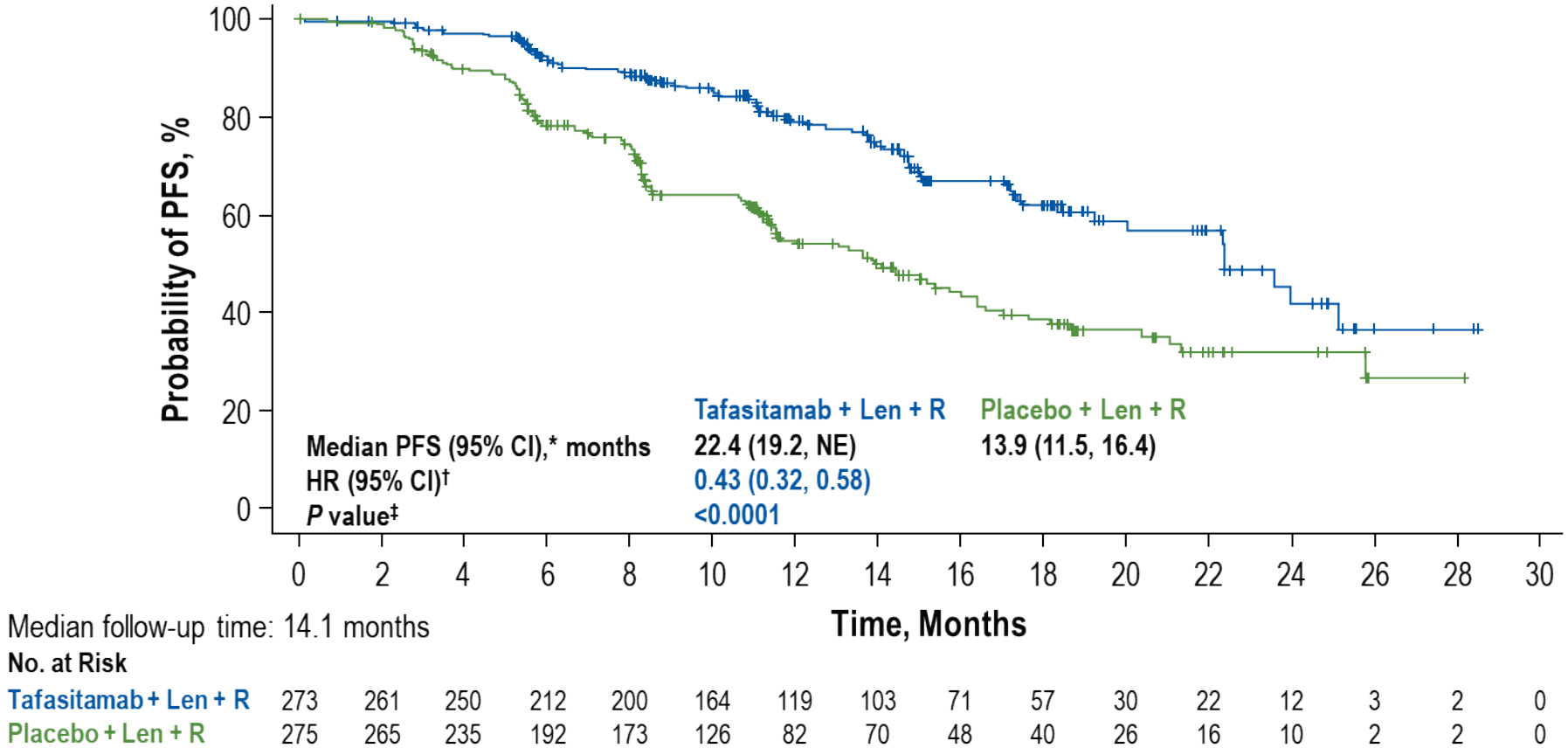
- Powered to assess PFS in the FL population, triggered when 174 investigator-assessed events occurred
- OS analysis planned after 5 years of follow-up

Therapieverlauf vor Studieneinschluss

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)

ITT population. ITT, intent-to-treat; Len, lenalidomide; POD24, disease progression within 24 months of initial diagnosis; R, rituximab.

Primärer Endpunkt: PFS (Investigator)

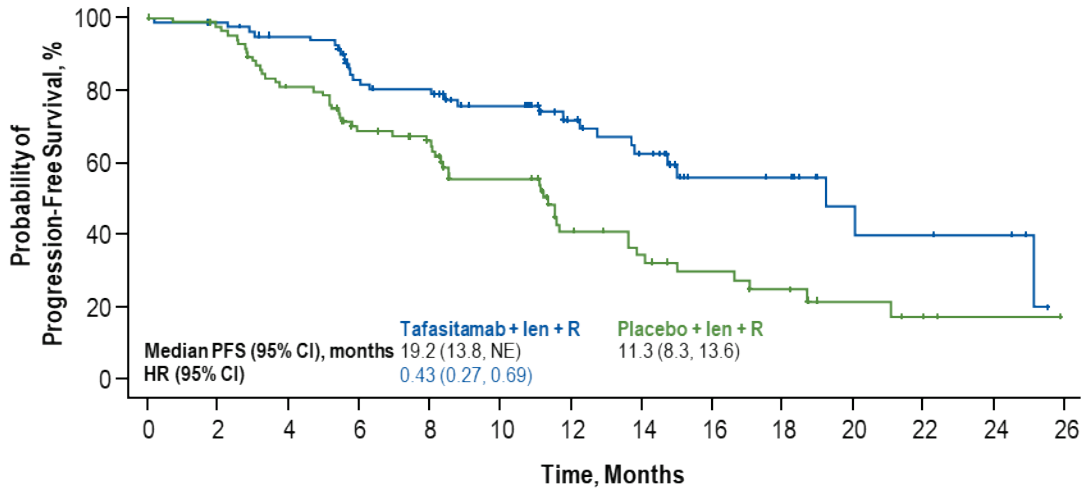


Significant improvement in PFS was observed with tafasitamab

ITT population. *Estimated using Kaplan-Meier method. †Estimated using a stratified Cox proportional hazard model. ‡Stratified log-rank test with a 2-sided significance level of 5%. CI, confidence interval; HR, hazard ratio; ITT, intent-to-treat; Len, lenalidomide; NE, not evaluable; PFS, progression-free survival; R, rituximab.

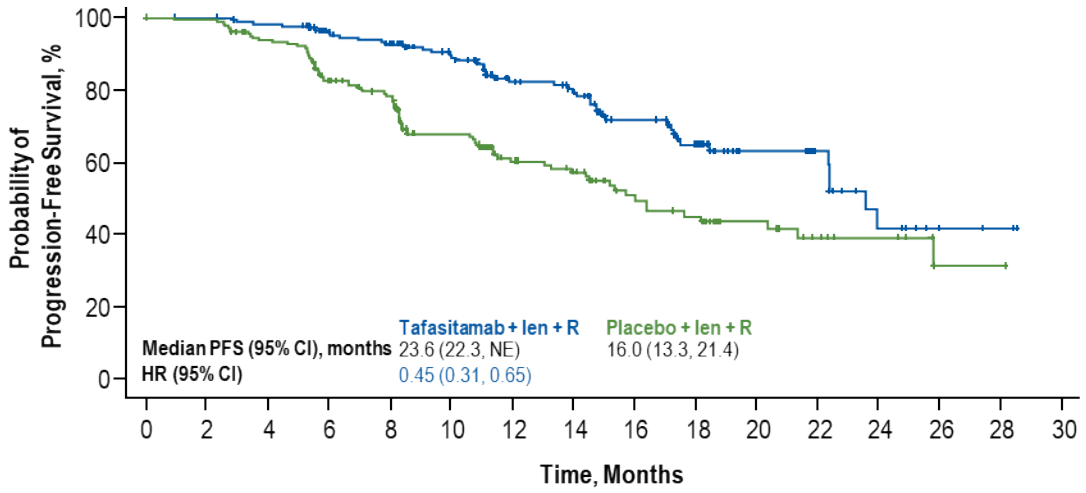
PFS-Subgruppenanalysen

POD24: Yes



No. at Risk														
Tafasitamab + len + R	85	81	75	60	57	46	32	25	13	12	6	5	4	0
Placebo + len + R	88	83	67	52	46	35	21	16	12	9	5	2	1	0

POD24: No

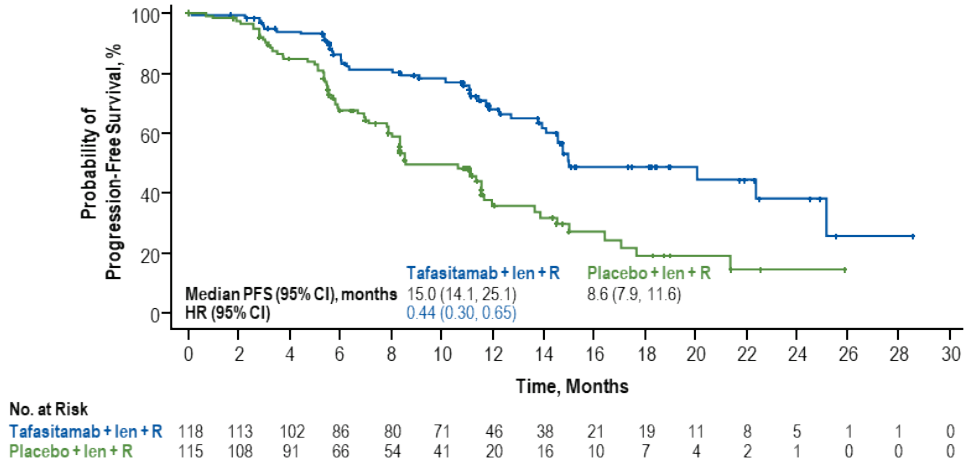


No. at Risk														
Tafasitamab + len + R	188	180	175	152	143	118	87	78	58	45	24	17	8	3	2	0
Placebo + len + R	187	182	168	140	127	91	61	54	36	31	21	14	9	2	2	0

*Post-hoc analysis. CI, confidence interval; DOCR, duration of complete metabolic or radiologic response; len, lenalidomide; NR, not reached; PFS, progression-free survival; POD24; progression of disease within 24 months of initial diagnosis; pts, patients; R, rituximab; tafa, tafasitamab.

PFS-Subgruppenanalysen

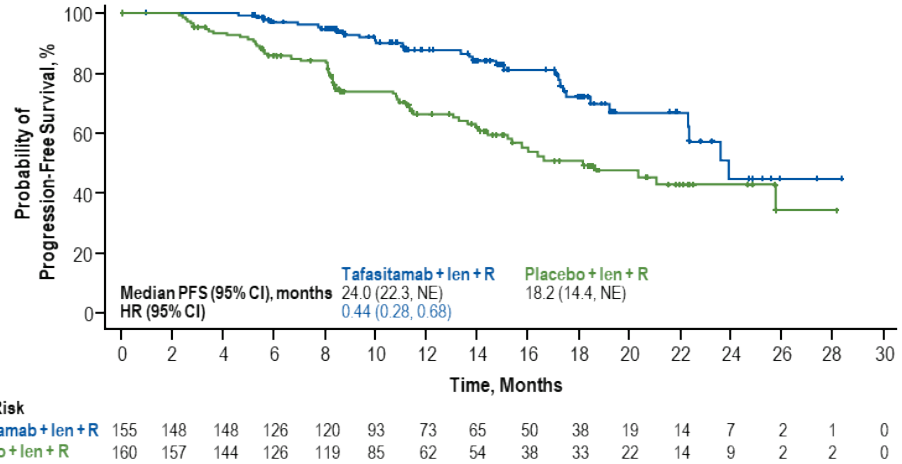
Anti-CD20 Refractory: Yes



No. at Risk

Tafasitamab + len + R	118	113	102	86	80	71	46	38	21	19	11	8	5	1	1	0
Placebo + len + R	115	108	91	66	54	41	20	16	10	7	4	2	1	0	0	0

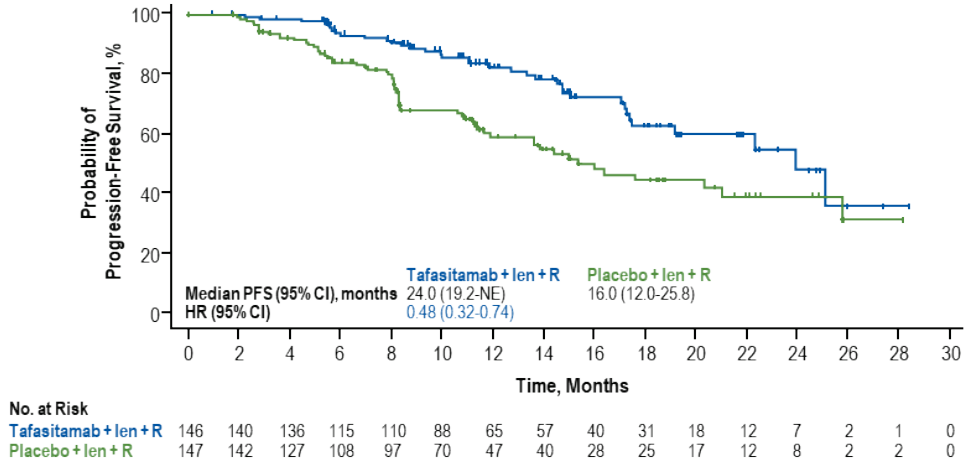
Anti-CD20 Refractory: No



No. at Risk

Tafasitamab + len + R	155	148	148	126	120	93	73	65	50	38	19	14	7	2	1	0
Placebo + len + R	160	157	144	126	119	85	62	54	38	33	22	14	9	2	2	0

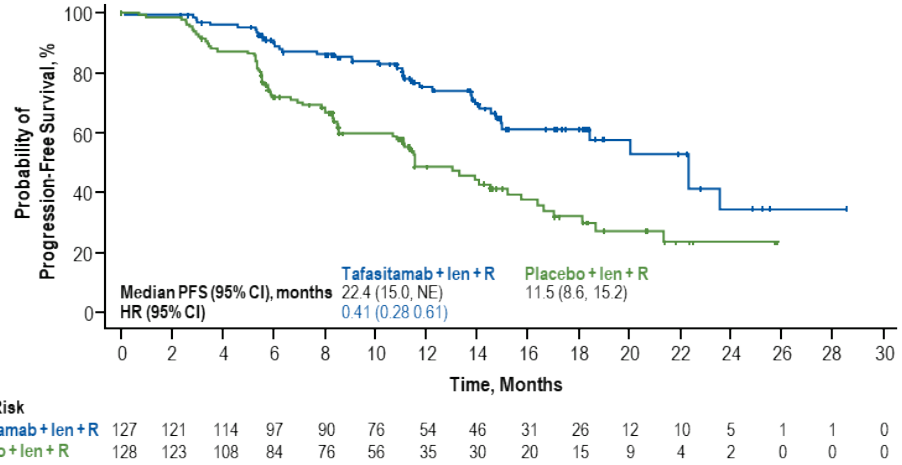
1 Prior Line (2L Treatment)



No. at Risk

Tafasitamab + len + R	146	140	136	115	110	88	65	57	40	31	18	12	7	2	1	0
Placebo + len + R	147	142	127	108	97	70	47	40	28	25	17	12	8	2	2	0

≥2 Prior Lines (3L+ Treatment)



No. at Risk

Tafasitamab + len + R	127	121	114	97	90	76	54	46	31	26	12	10	5	1	1	0
Placebo + len + R	128	123	108	84	76	56	35	30	20	15	9	4	2	0	0	0

*Post-hoc analysis. CI, confidence interval; DOCR, duration of complete metabolic or radiologic response; len, lenalidomide; NR, not reached; PFS, progression-free survival; POD24; progression of disease within 24 months of initial diagnosis; pts, patients; R, rituximab; tafa, tafasitamab.

CD19-Expression

- All end of treatment/safety follow-up samples containing tumour cells were CD19 positive; except 1 sample from a patient refractory to rituximab who received tafasitamab + len + R
  - The patient achieved a PR, although at screening 80% of tumour cells were CD19 negative and 20% stained weakly for CD19

CD19 Expression at End of Treatment or Safety Follow-up

Sample	Tafasitamab + Len + R (n=273)	Placebo + Len + R (n=275)
Total samples,* n	13	19
Lymphoma not detected, n (%)	5 (38)	3 (16)
CD19 positive,† n/N	7/8	16/16

CD19 antigen is preserved on tumour cells following treatment with tafasitamab

*Data represent samples from patients with FL, except for 2 patients with MZL (1 per arm) enrolled in the inMIND study. †CD19 expression by immunohistochemistry. FL, follicular lymphoma; Len, lenalidomide; MZL, marginal zone lymphoma; PR, partial response; R, rituximab.

Kapitel 2

Die Drittlinie: Bispezifische oder CARs?

LONG-TERM EFFICACY AND SURVIVAL OUTCOMES WITH ODRONEXTAMAB FOR PATIENTS (PTS) WITH RELAPSED/REFRACTORY FOLLICULAR LYMPHOMA (R/R FL): 2-YEAR FOLLOW-UP FROM THE PHASE 2 ELM-2 STUDY

Abstract #S235

Luminari S et al.

Studiendesign

ELM-2: Phase 2, open-label, multicohort, multicenter study of odronextamab monotherapy in patients with R/R B-NHL (NCT03888105)

Key eligibility criteria

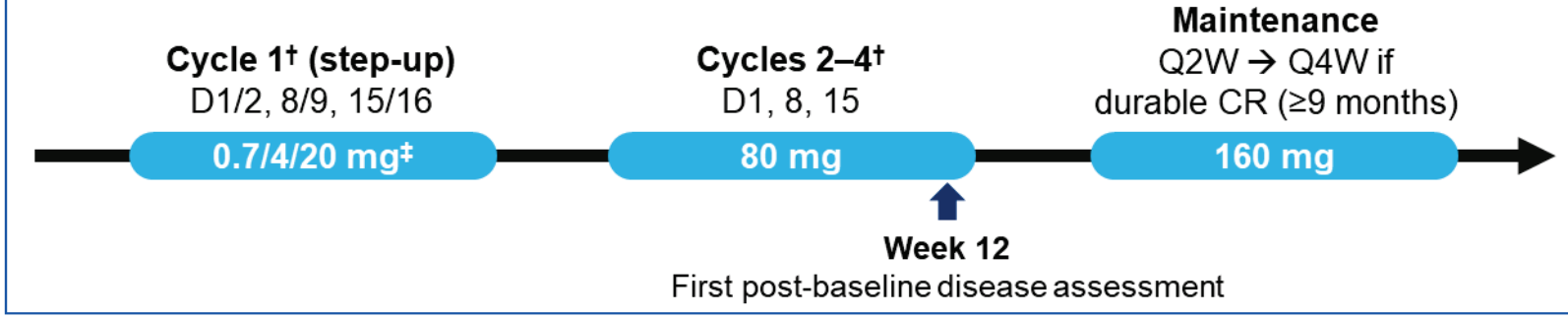
- Age ≥18 years
- FL Grade 1–3a*
- ECOG PS 0 or 1
- Refractory to or relapsed after ≥2 prior lines of systemic therapy including an anti-CD20 antibody and an alkylating agent

Measures taken to facilitate diverse, inclusive enrollment:[1]

- Diverse trial sites
- Translated consent forms
- Extended screening windows
- Broad eligibility criteria

Anti-infection prophylaxis including IVIg supplementation and antivirals was recommended, and PJP prophylaxis was mandated

Odronextamab IV administration



Primary endpoint

- ORR§ by ICR

Secondary endpoints

- ORR§ by local investigator
- DOR,§ PFS,§ and OS
- Safety and tolerability
- Patient-reported outcomes

*Per WHO 2017 classification;[2] †Each cycle = 21 days; ‡The study initiated with a Cycle 1 step-up regimen of 1/20 mg. This was modified to 0.7/4/20 mg to further mitigate the risk of CRS. Premedication administered during Cycle 1 step-up included dexamethasone, diphenhydramine, and acetaminophen; §According to Lugano criteria.[3]

B-NHL, B-cell non-Hodgkin lymphoma; CD, cluster of differentiation; CRS, cytokine release syndrome; D, Day; DOR, duration of response; ECOG PS, Eastern Cooperative Oncology Group performance status; FL, follicular lymphoma; ICR, independent central review; IV, intravenous; IVIg, intravenous immunoglobulin; ORR, objective response rate; OS, overall survival; PFS, progression-free survival; PJP, *Pneumocystis jirovecii* pneumonia; QXW, once every X weeks; R/R, relapsed/refractory; WHO, World Health Organization.

Patienten-Charakteristik

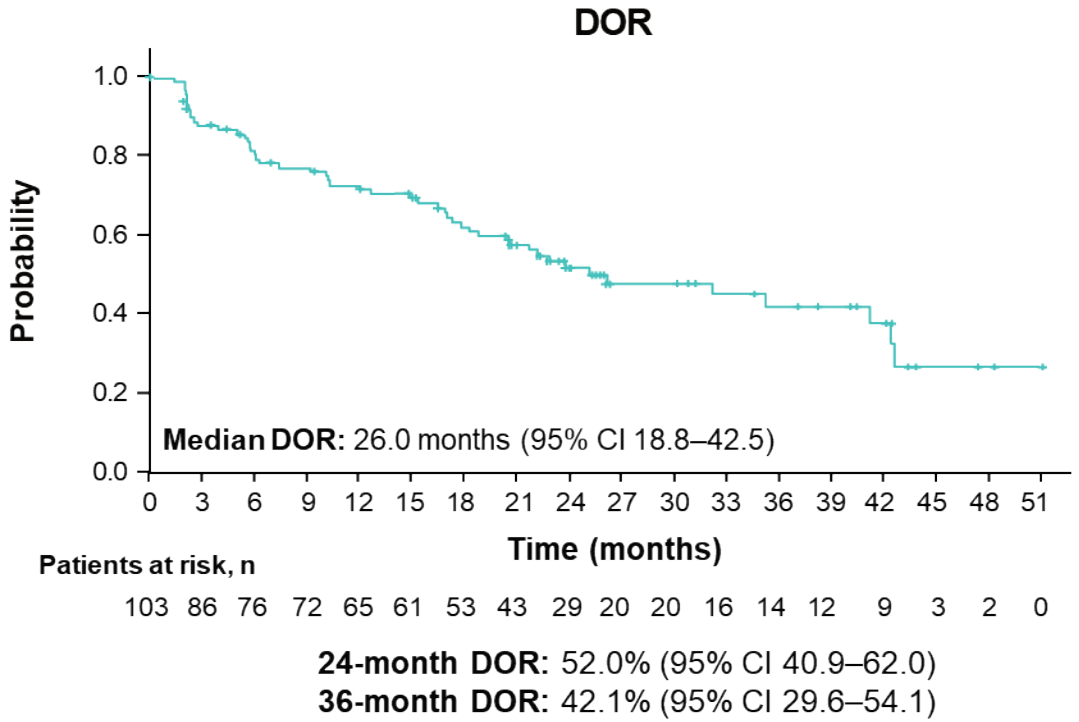
Patient and disease characteristics		N=128
Median age (range), years		61.0 (22–84)
Age, years, %	<65 / ≥65 to <75 / ≥75	61.7 / 28.9 / 9.4
Male, %		53.1
Race, %	White / Asian / Other / Unknown / NR	61.7 / 26.6 / 0.8 / 1.6 / 9.4
Ethnicity, %	Not Hispanic or Latino / Hispanic or Latino / NR	84.4 / 3.1 / 12.5
ECOG PS, %	0 / 1 / 2	50.8 / 48.4 / 0.8
Ann Arbor stage III–IV, %		85.2
FLIPI score, %	0–1 / 2 / 3–5	16.4 / 25.8 / 57.8
Bulky disease, %		14.1
Median number of prior lines of therapy (range)		3 (2–13)
Prior PI3K inhibitor, %		14.1
Prior R², %		13.3
Prior ASCT, %		30.5
Primary refractory, %		46.1
Refractory to last line of therapy, %		71.9
Refractory to anti-CD20 antibody, %		74.2
Double refractory to an alkylator and an anti-CD20 antibody, %		41.4
POD24, %		49.2

Data cut-off date: August 15, 2024.
ASCT, autologous stem cell transplant; CD, cluster of differentiation; ECOG PS, Eastern Cooperative Oncology Group performance status; FLIPI, Follicular Lymphoma International Prognostic Index; NR, not reported;

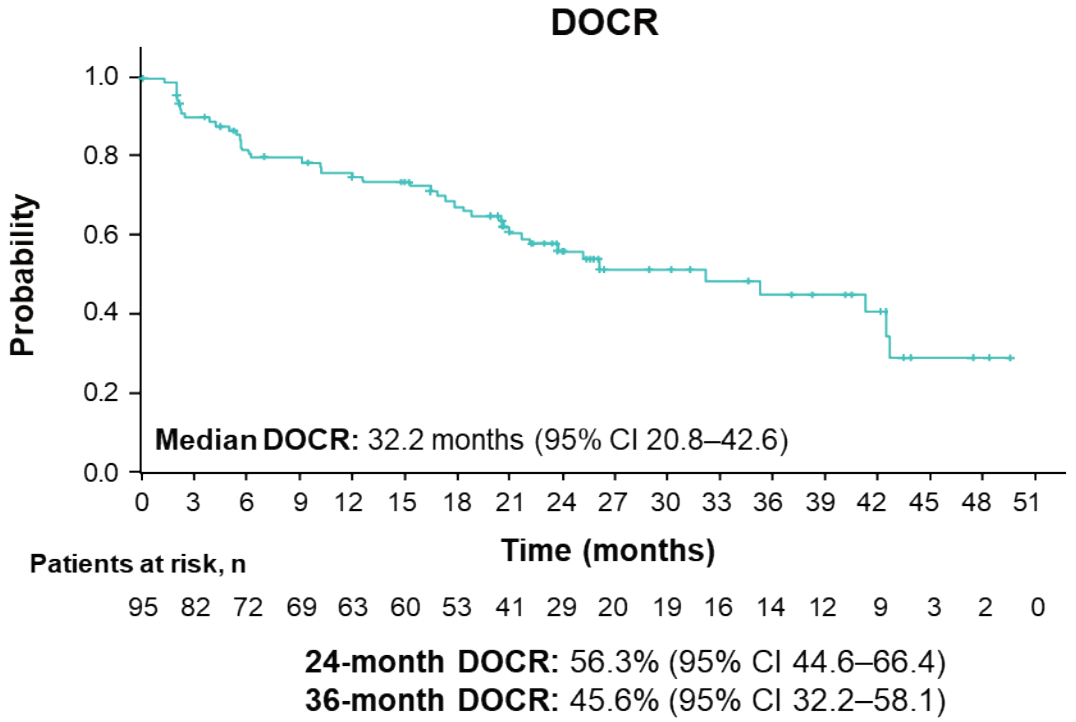
Therapieansprechen

n (%)	N=128
ORR*	103 (80.5) 95% CI 72.5–86.9
CR rate	95 (74.2) 95% CI 65.7–81.5

- Median follow-up duration: 28.3 months (95% CI 25.5–32.8)
- Of 47/128 patients who switched to Q4W dosing, 32 remained in CR at data cut-off



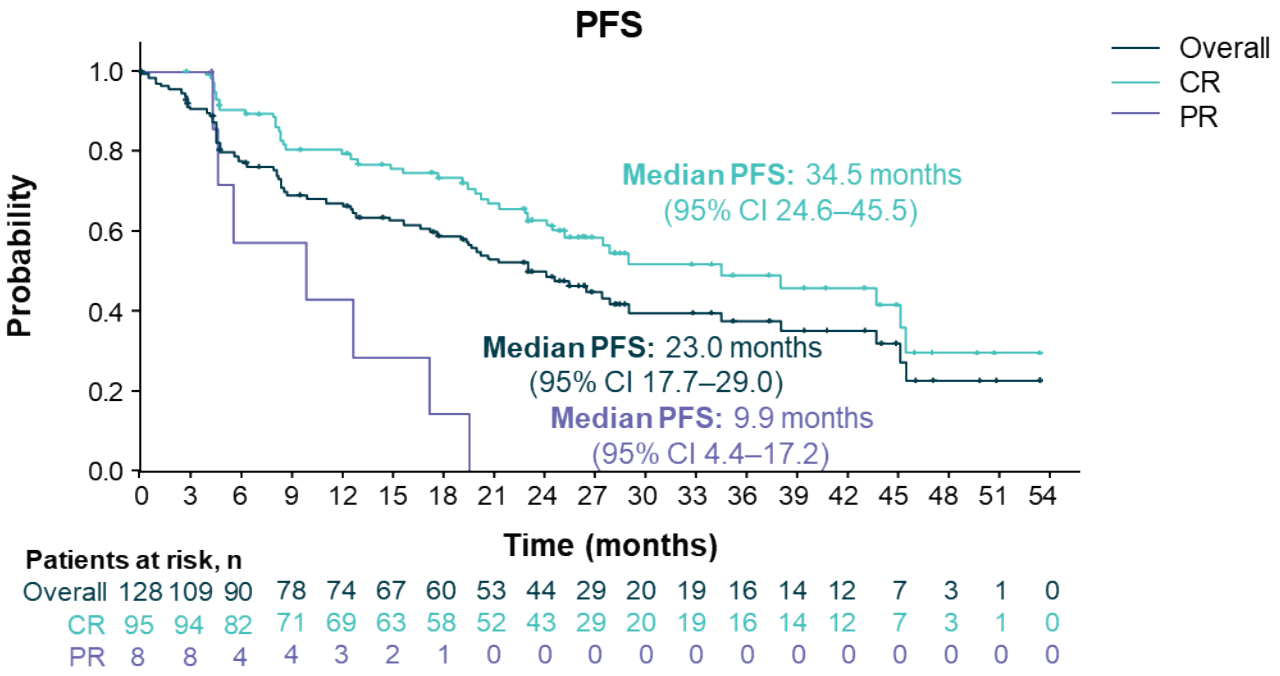
24-month DOR: 52.0% (95% CI 40.9–62.0)
36-month DOR: 42.1% (95% CI 29.6–54.1)



24-month DOCR: 56.3% (95% CI 44.6–66.4)
36-month DOCR: 45.6% (95% CI 32.2–58.1)

Data cut-off date: August 15, 2024.
Efficacy per ICR.
*CRs + PRs.

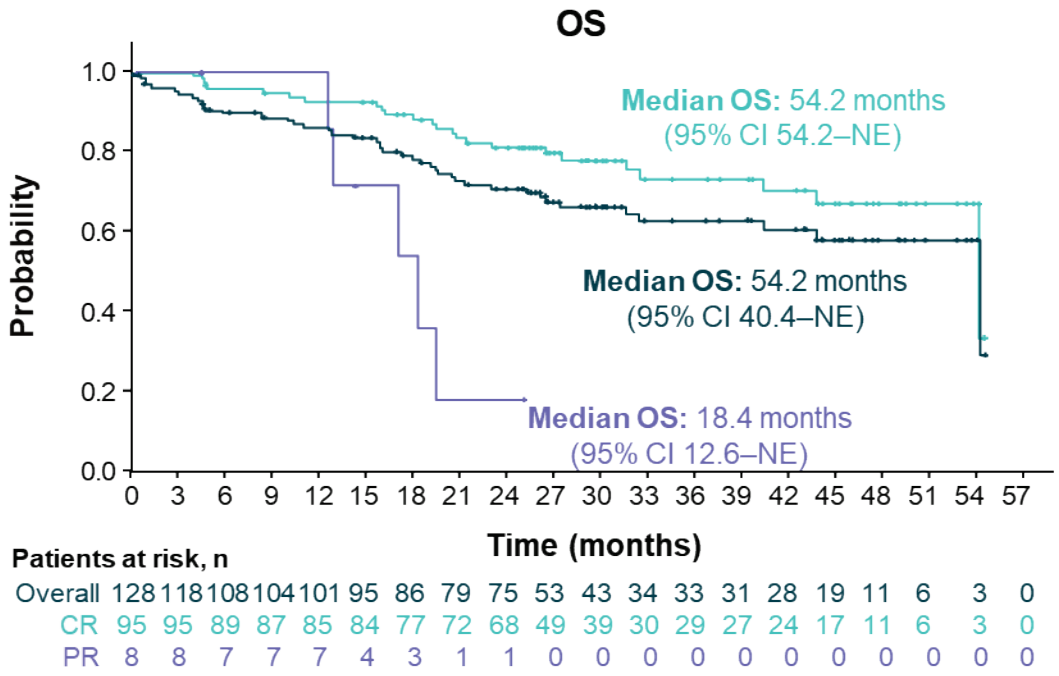
PFS



Patients at risk, n

Overall	128	109	90	78	74	67	60	53	44	29	20	19	16	14	12	7	3	1	0
CR	95	94	82	71	69	63	58	52	43	29	20	19	16	14	12	7	3	1	0
PR	8	8	4	4	3	2	1	0	0	0	0	0	0	0	0	0	0	0	0

PFS rate, % (95% CI)	All patients (N=128)	CR (n=95)	PR (n=8)
24 months	49.8 (40.1–58.7)	62.8 (51.6–72.2)	0 (NE–NE)
36 months	37.5 (27.2–47.8)	48.8 (35.9–60.6)	0 (NE–NE)



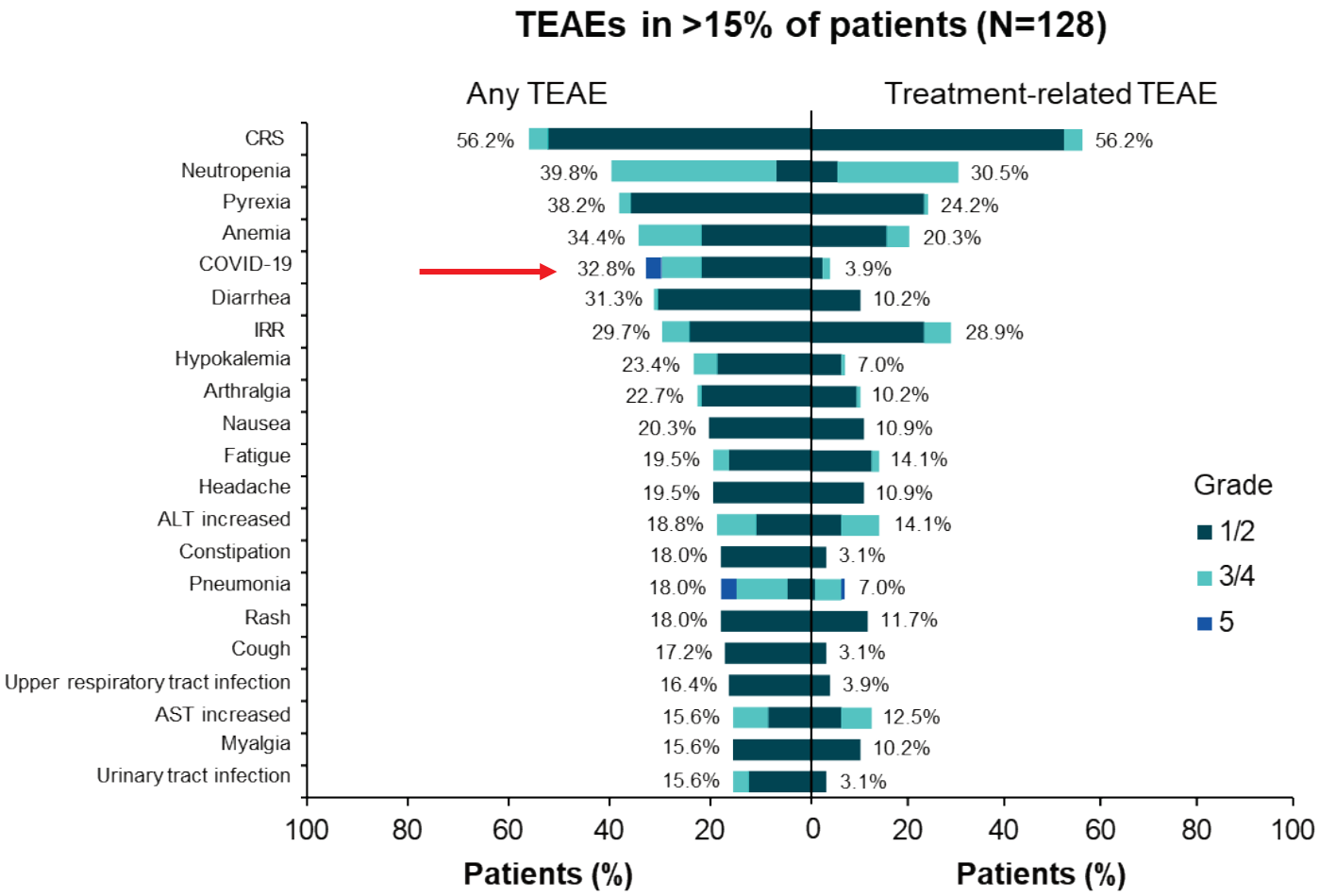
Patients at risk, n

Overall	128	118	108	104	101	95	86	79	75	53	43	34	33	31	28	19	11	6	3	0
CR	95	95	89	87	85	84	77	72	68	49	39	30	29	27	24	17	11	6	3	0
PR	8	8	7	7	7	4	3	1	1	0	0	0	0	0	0	0	0	0	0	0

OS rate, % (95% CI)	All patients (N=128)	CR (n=95)	PR (n=8)
24 months	70.9 (61.7–78.3)	81.1 (71.3–87.8)	17.9 (0.8–53.8)
36 months	62.6 (52.1–71.5)	73.2 (61.0–82.1)	NE (NE–NE)

Data cut-off date: August 15, 2024.

Nebenwirkungen



Data cut-off date: August 15, 2024.
Adverse events graded per National Cancer Institute Common Terminology Criteria for Adverse Events v5.0,[1] except CRS, which was graded per Lee DW, et al. 2019.[2] Data are reported for adverse event preferred terms.
ALT, alanine aminotransferase; AST, aspartate aminotransferase; CRS, cytokine release syndrome; IRR, infusion-related reaction; TEAE, treatment-emergent adverse event.
1. NCI. Common Terminology Criteria for Adverse Events (CTCAE) Version 5.0. https://ctep.cancer.gov/protocoldevelopment/electronic_applications/docs/ctcae_v5_quick_reference_5x7.pdf (accessed Mar 18, 2025); 2. Lee DW, et al. *Biol*

Infektionen

Infections, n (%)*	N=128 Patients with any infection	Patients with COVID-19 infection†
Any grade	102 (79.7)	47 (36.7)
Grade 1	7 (5.5)	9 (7.0)
Grade 2	39 (30.5)	16 (12.5)
Grade 3	36 (28.1)	14 (10.9)
Grade 4	4 (3.1)	0
Grade 5	16 (12.5)‡	8 (6.3)

- Serious infections or infestations were reported in 60 patients (46.9%)
- Study performed during the height of the COVID-19 pandemic[1]

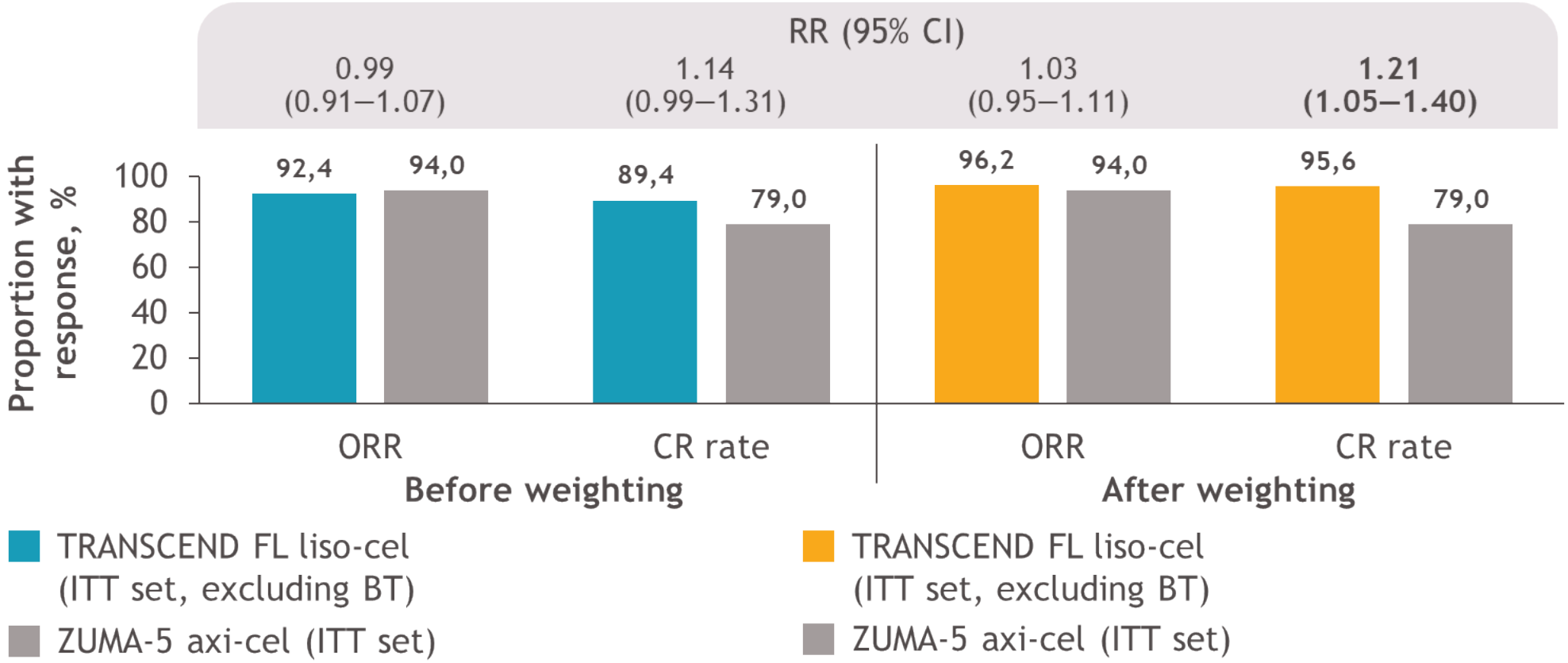
Data cut-off date: August 15, 2024.
*Adverse events graded per National Cancer Institute Common Terminology Criteria for Adverse Events v5.0;[4] †Incidence of COVID-19 equates to incidence of coronavirus infection (HLT), as all preferred-term infection events reported under this HLT were COVID-19 related; ‡Non–COVID-19 fatal infections: pneumonia (n=3), *Escherichia* sepsis, progressive multifocal leukoencephalopathy, pseudomonal pneumonia, sepsis, and systemic mycosis (n=1 each), and pneumonia plus sepsis in one patient. The patient with fatal systemic mycosis also had Grade 5 COVID-19 pneumonia.
HLT, high-level term.
1. Kim TM, et al. *Ann Oncol* 2024;35(11):1039–47; 2. Lutz C, et al. *BMC Immunol* 2023;24(1):2; 3. Rafei H and Rezvani K. *Br J Haematol* 2024;205(3):764–66; 4. NCI. Common Terminology Criteria for Adverse Events (CTCAE) Version 5.0.

MATCHING-ADJUSTED INDIRECT COMPARISON OF LISOCABTAGENE MARALEUCEL VERSUS AXICABTAGENE CILOLEUCEL AND TISAGENLECLEUCEL FOR TREATMENT OF THIRD-LINE OR LATER R/R FL: UPDATE WITH 24 MONTHS OF FOLLOW-UP

Abstract PF900

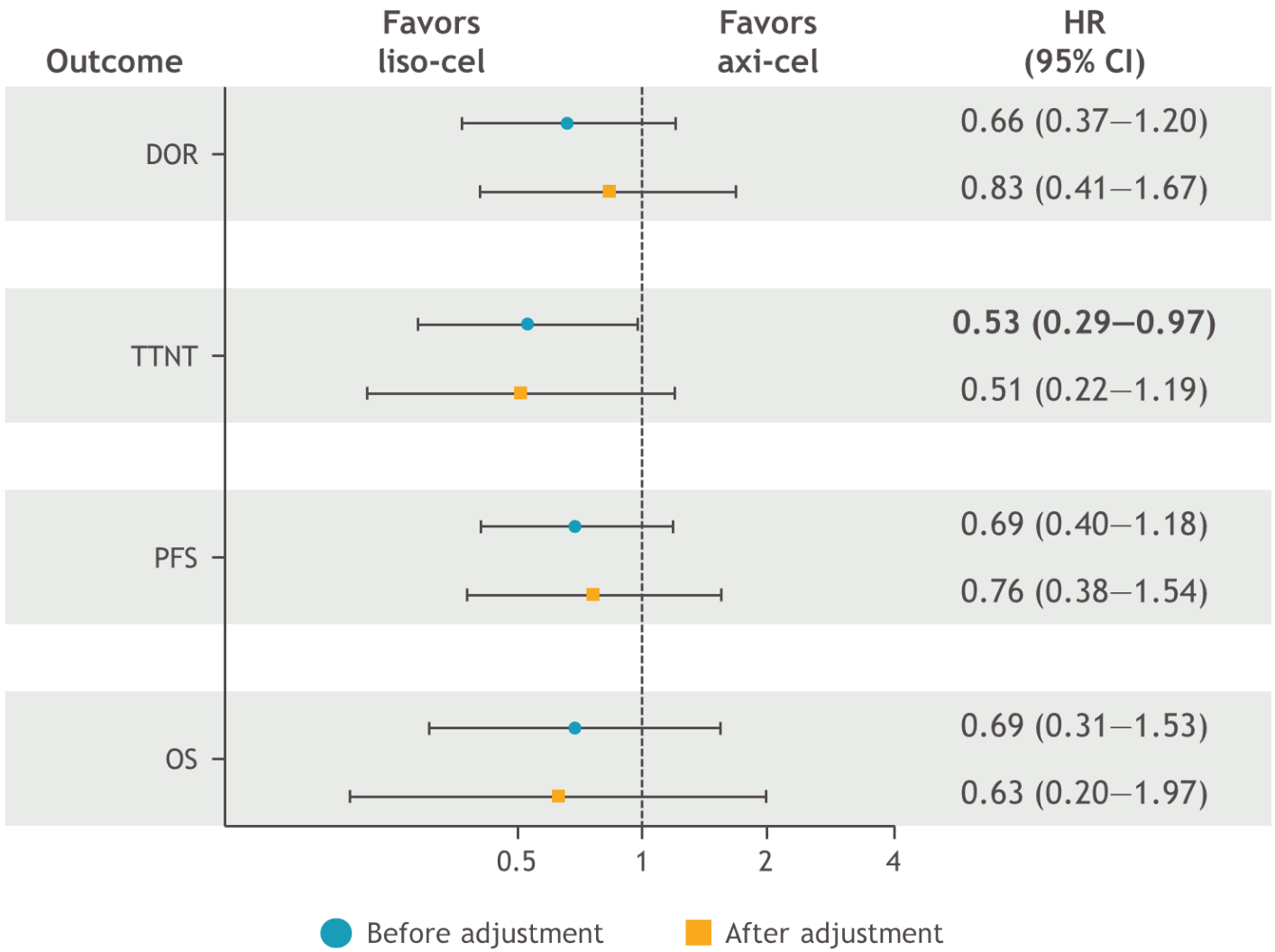
Boardman AP et al.

Ansprechen: Liso-Cel vs Axi-Cel



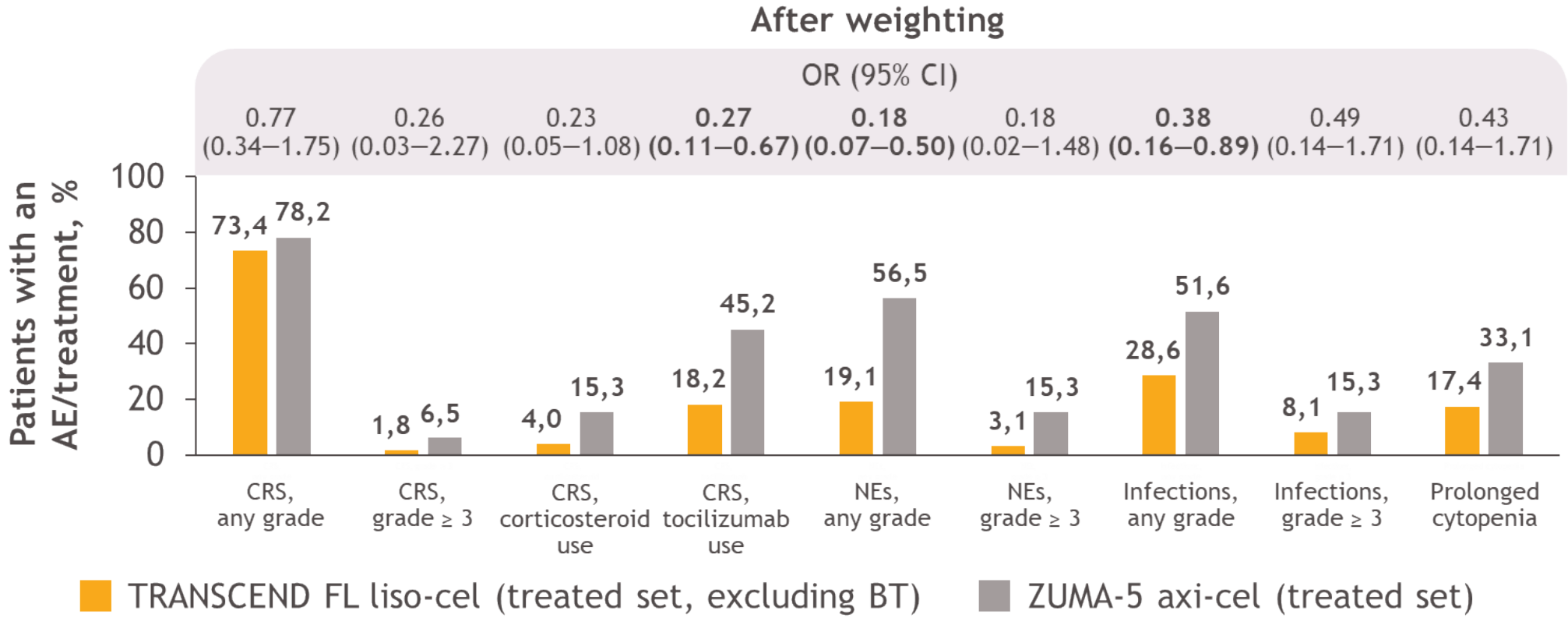
Significant results are in bold text.
[a]Axi-cel ITT set (N = 127); liso-cel ITT set, excluding BT before weighting (N = 66) and after weighting (ESS = 27.2).

Verlauf: Liso-Cel vs Axi-Cel



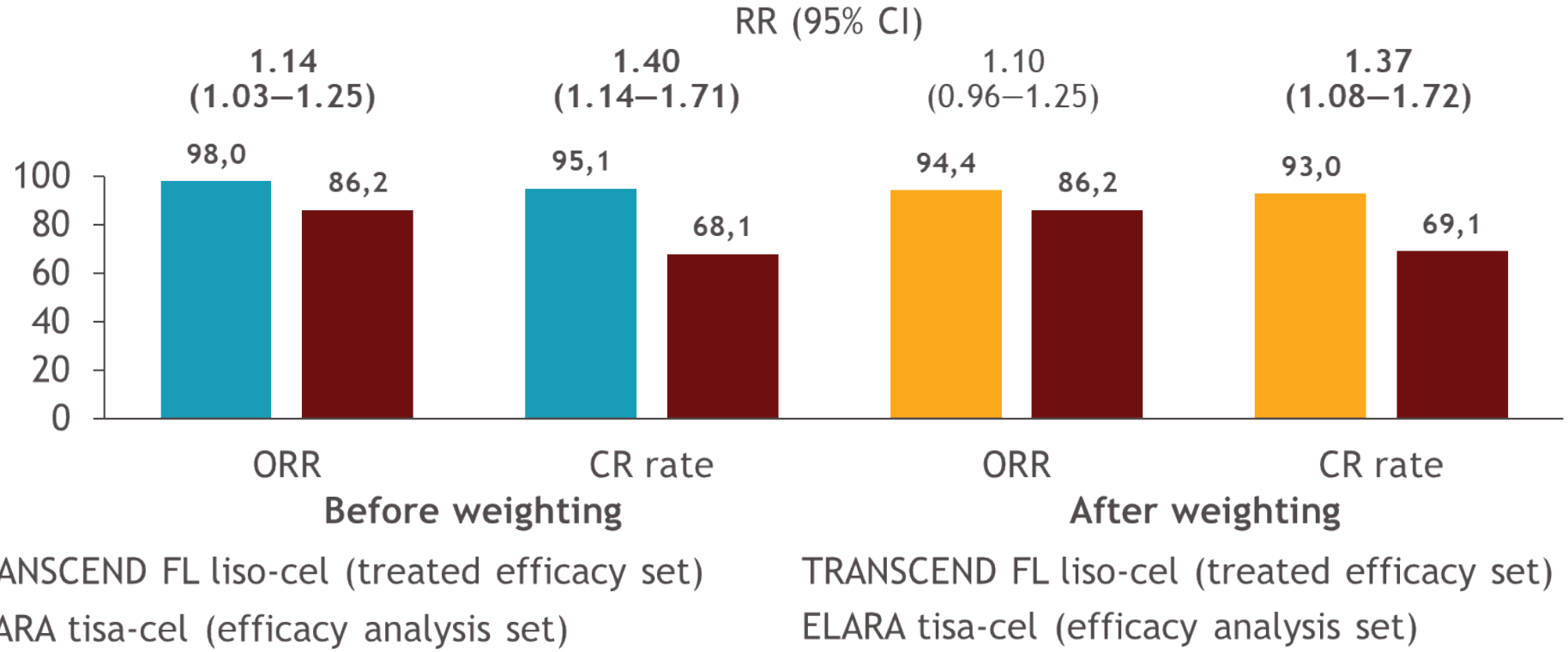
Significant results are in bold text.

Sicherheit: Liso-Cel vs Axi-Cel



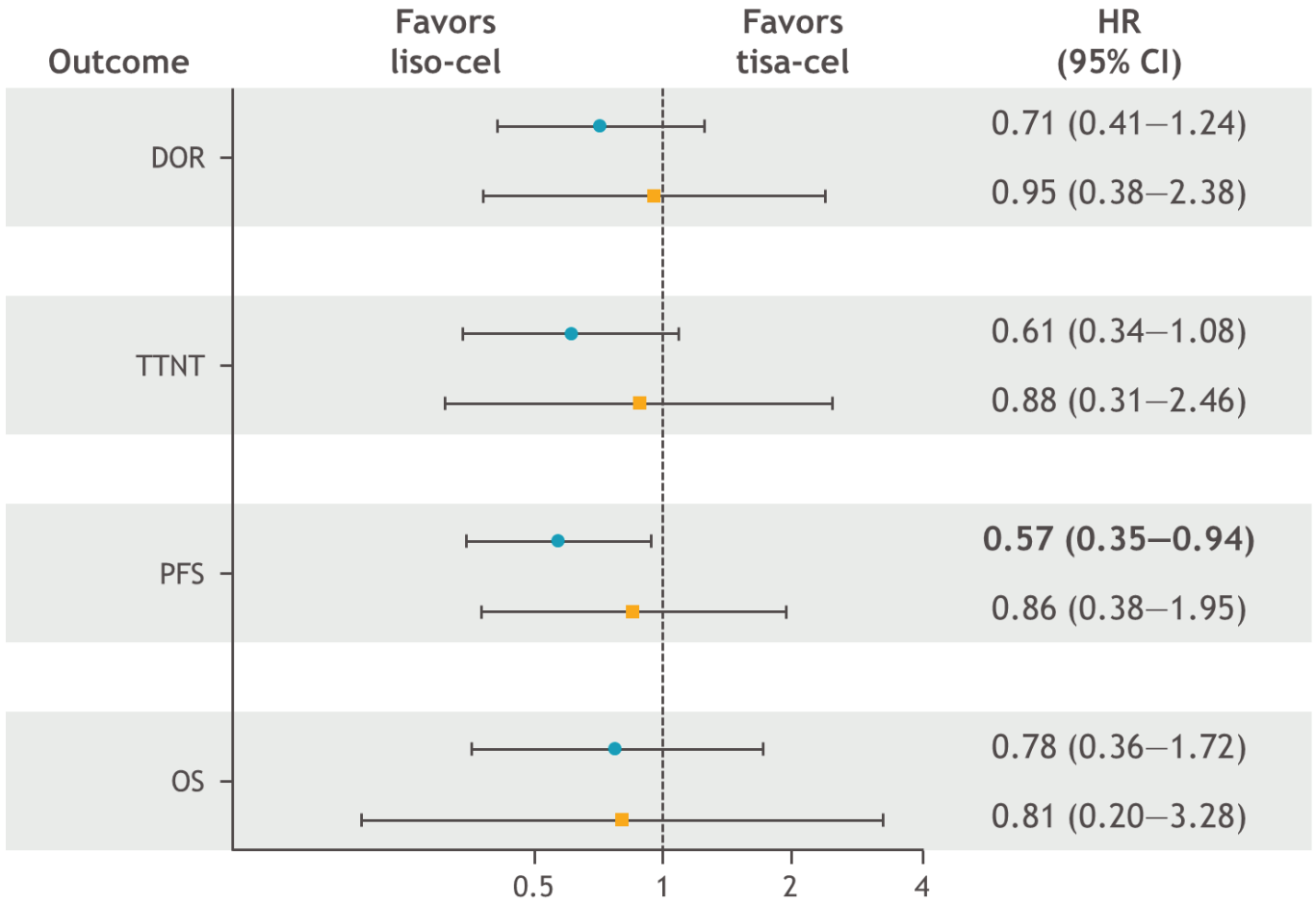
Significant results are in bold text.
[a]Axi-cel—treated set (N = 124); liso-cel—treated set, excluding BT before weighting (N = 63) and after weighting (ESS = 34.6).

Ansprechen: Liso-Cel vs Tisa-Cel



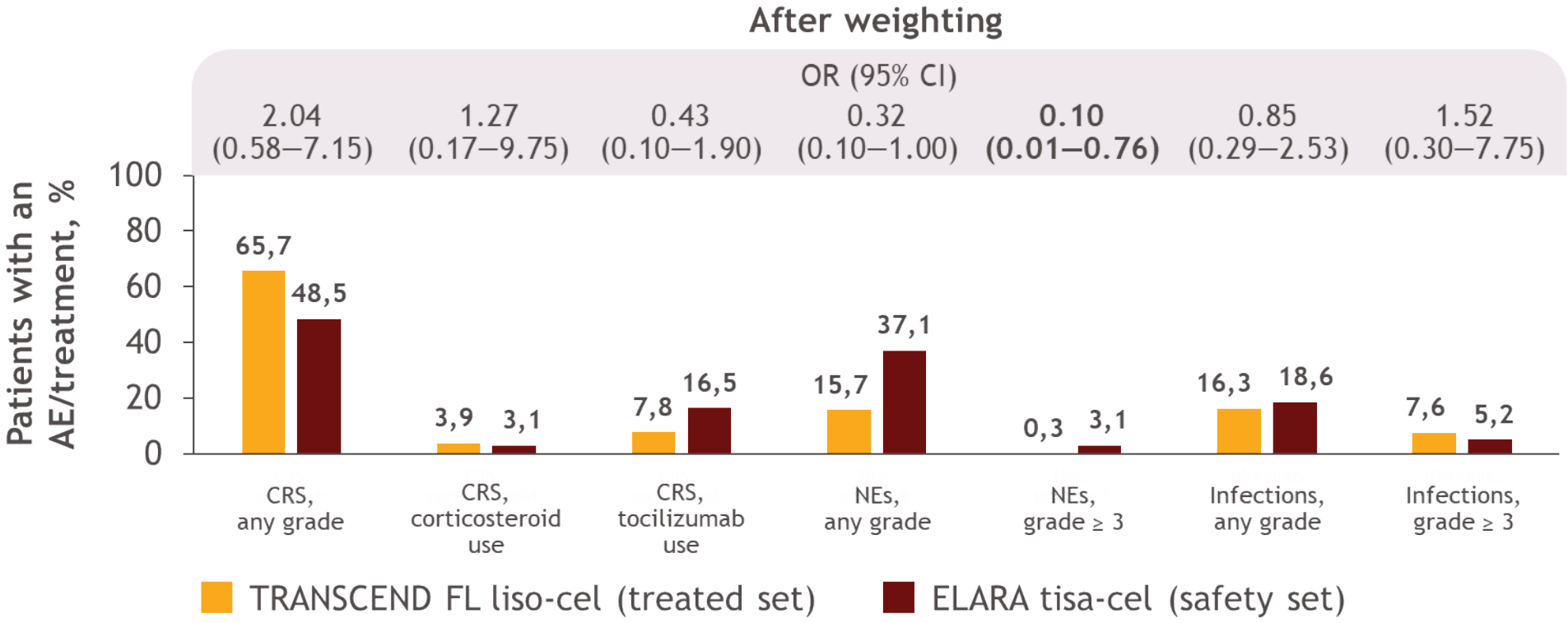
Significant results are in bold text.
[a]Tisa-cel efficacy analysis set (N = 94); liso-cel–treated efficacy set before weighting (N = 103) and after weighting (ESS = 19.7).

Verlauf: Liso-Cel vs Tisa-Cel



Significant results are in bold text.

Sicherheit: Liso-Cel vs Tisa-Cel



Significant results are in bold text.
The incidence of grade ≥ 3 CRS was 0% in ELARA; therefore, it was not possible to perform a comparison for this safety outcome.
[a]Tisa-cel safety set (N = 99); liso-cel–treated set before weighting (N = 107) and after weighting (ESS = 18.4).

Kapitel 3

Quo vadis BTK-Inhibitoren?

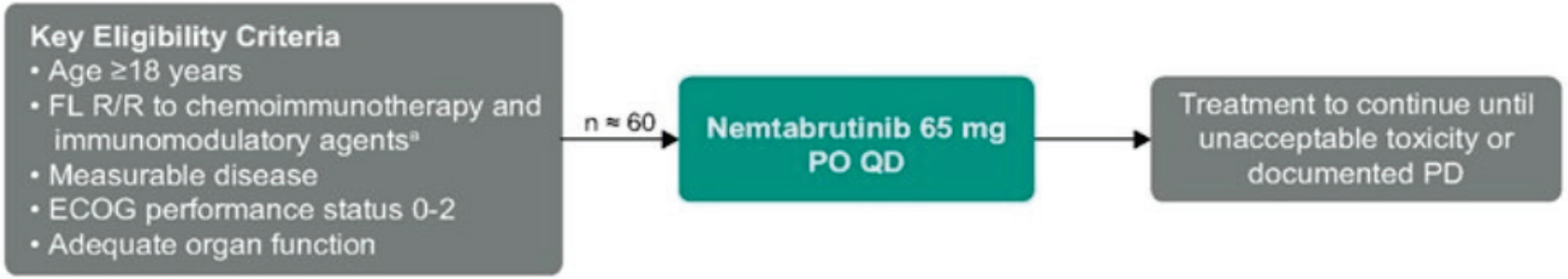
EFFICACY AND SAFETY OF NEMTABRUTINIB IN RELAPSED OR REFRACTORY FOLLICULAR LYMPHOMA: UPDATED ANALYSIS OF COHORT G OF THE PHASE 2 BELLWAVE-003 STUDY

Abstract #PS1887

Jurczak W et al.

Studiendesign und Risikopatienten

Figure 1. Study design and participants: BELLWAVE-003 cohort G



ECOG, Eastern Cooperative Oncology Group; PD, progressive disease; PO, by mouth; QD, once daily.
[a]Lenalidomide plus rituximab.

POD24	
Yes	21 (41)
No	30 (59)
Status of disease at screening	
Refractory	17 (33)
Relapsed	33 (65)
Relapsed and refractory	1 (2)
Time from diagnosis to treatment with study medication, median (range), years	6.1 (1.2-22.8)

Therapieansprechen

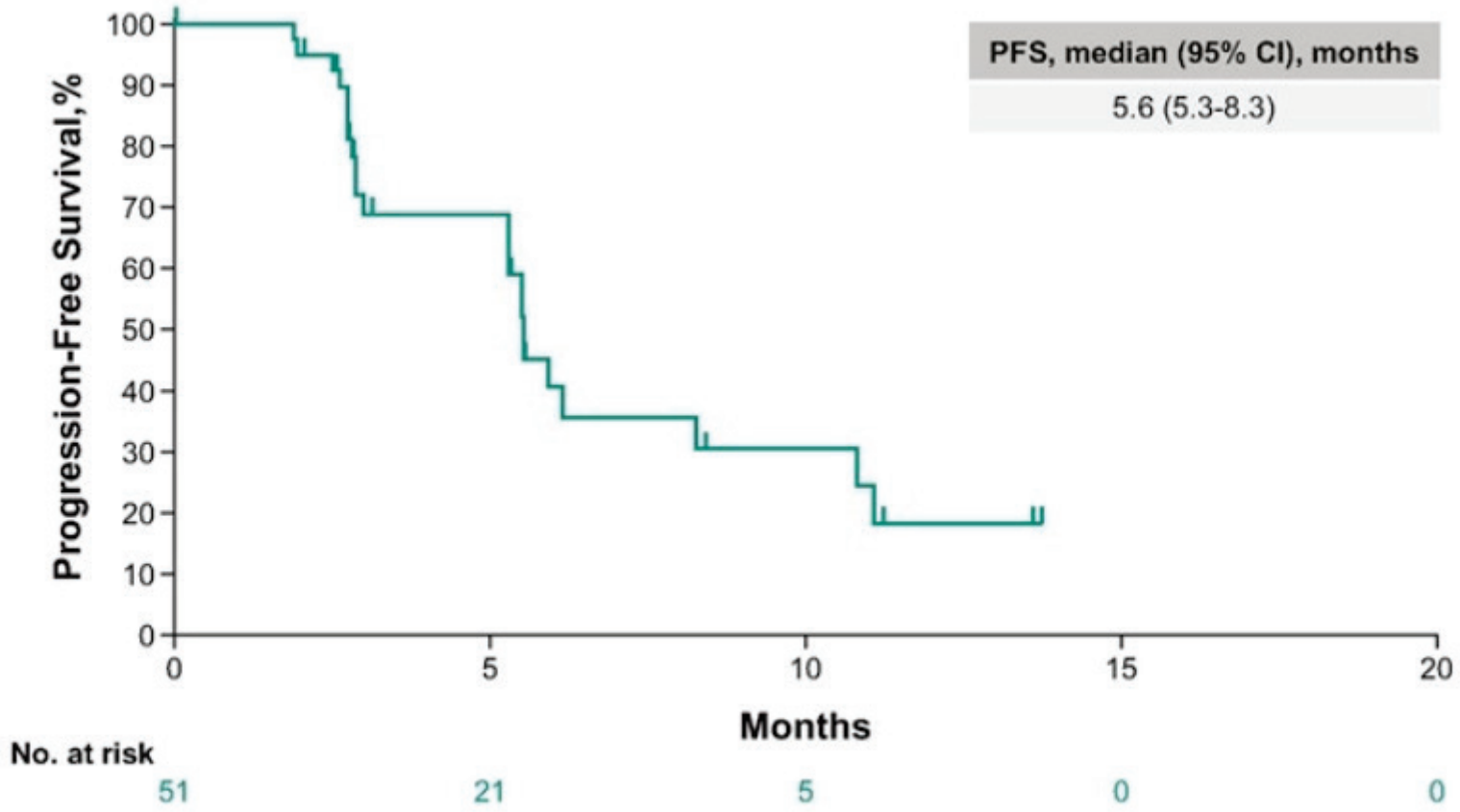
Efficacy

Table 2. Summary of best overall response and DOR per Lugano 2014 criteria by BICR

	FL n = 51
ORR, % (95% CI)	43 (29-58)
Best overall response, n (%)	
Complete response	3 (6)
Partial response	19 (37)
Stable disease	8 (16)
PD	10 (20)
Nonevaluable[a]	1 (2)
Not assessed/treatment ongoing[b]	4 (8)
Not assessed/discontinued treatment[c]	6 (12)
DOR, median (95% CI), months	3.3 (2.8-NR)
Range	0.0+ to 11.1+

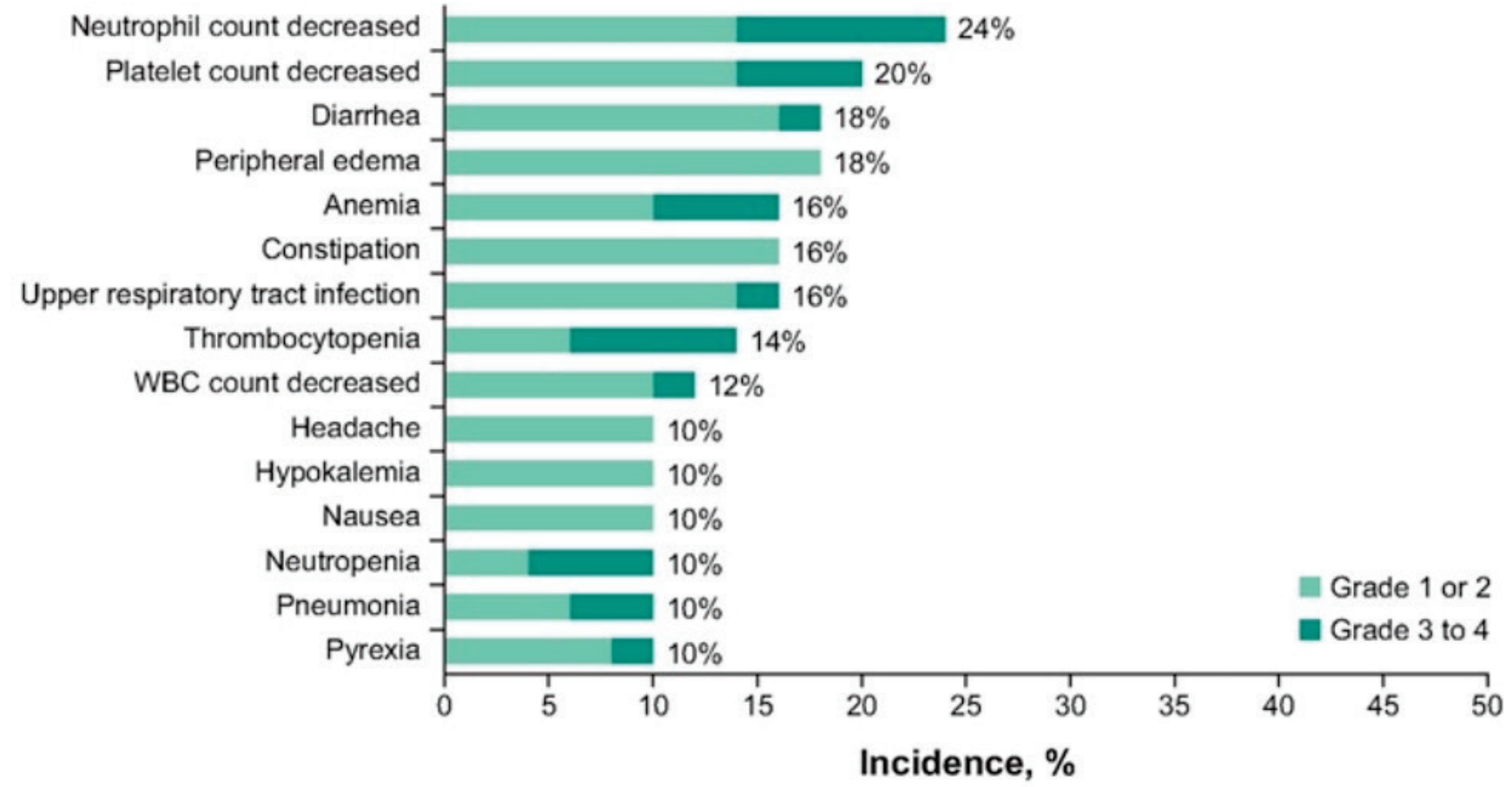
PFS

Figure 2. Kaplan-Meier estimates of PFS per Lugano 2014 criteria by BICR



Nebenwirkungen

Figure 3. AEs occurring in ≥10% of participants



WBC, white blood cell.

Zusammenfassung | Take-Home-Messages

- Die Kombination aus Tafasitamab, Lenalidomid und Rituximab wird einen neuen Standard in der Zweitlinie des FL definieren.
- Mit Odronextamab wird uns in Kürze ein weiterer effektiver bispezifischer AK ab der dritten Therapielinie zur Verfügung stehen. Die Infektionsrate muss sicher noch genauer evaluiert werden.
- Die Auswahl zwischen den CAR-T-Zellkonstrukten muss Patienten-individuell getroffen werden.
- BTK-Inhibitoren zeigen deutliche Unterschiede in ihrer Effektivität beim FL.

Alle Kurzpräsentationen sind online unter

www.lymphome.de/eha2025

Für den Inhalt verantwortlich:

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Lymphom Kompetenz KOMPAKT

KML KONGRESSE

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EHA 2025

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