

Lymphom  
Kompetenz  
**KOMPAKT**



**KML KONGRESSE**

Expert:innen berichten zu  
Lymphomen & Leukämien



**18th ICML LUGANO**  
**17. – 21. Juni 2025**



**Prof. Dr. med. Barbara Eichhorst**  
Uniklinik Köln

# Grußwort

# Offenlegung potentieller Interessenskonflikte

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

<b>Anstellungsverhältnis, Führungsposition</b>	-
<b>Beratungs-/ Gutachtertätigkeit</b>	Janssen, AbbVie, AstraZeneca, BeiGene, MSD, Lilly, Galapagos
<b>Besitz von Geschäftsanteilen, Aktien oder Fonds</b>	
<b>Patent, Urheberrecht, Verkaufslizenz</b>	
<b>Honorare</b>	AbbVie, AstraZeneca, BeiGene, BMS, Lilly, MSD, Roche
<b>Finanzierung wissenschaftlicher Untersuchungen</b>	AbbVie, AstraZeneca, BeiGene, Genmab, Janssen, Lilly, Roche
<b>Andere finanzielle Beziehungen</b>	
<b>Immaterielle Interessenkonflikte</b>	



# 18<sup>th</sup> ICML | Lugano 2025

# Kapitel 1

## Zelluläre Therapien: CAR T -Zellen

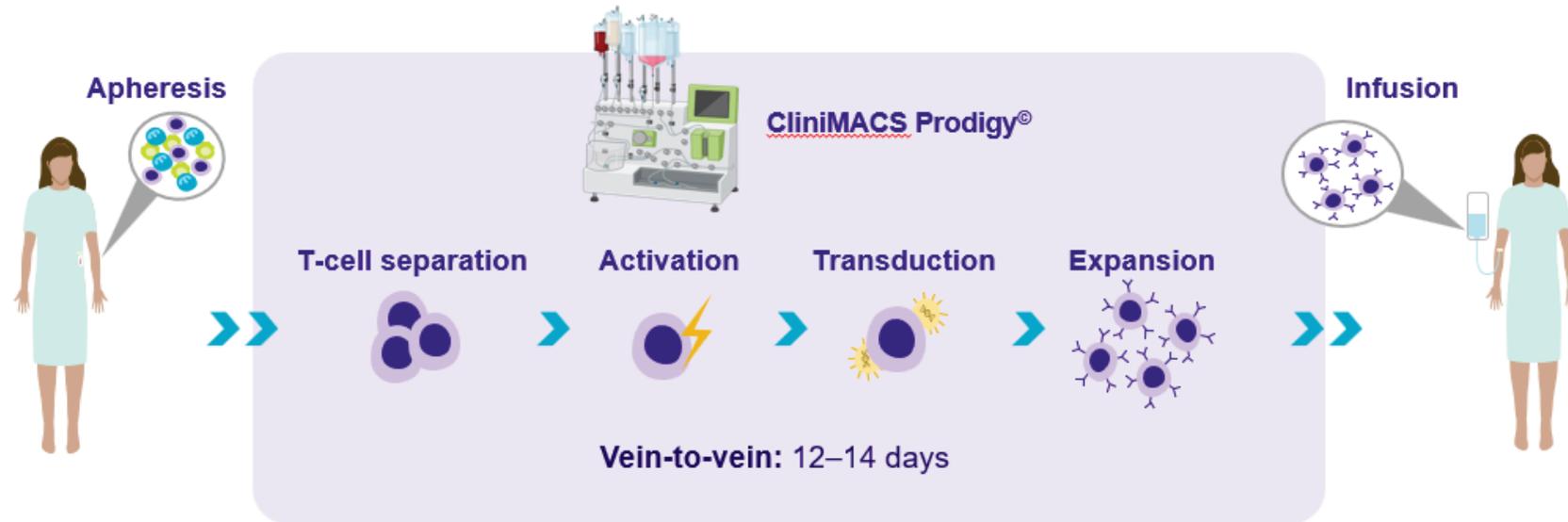
## DALY II

### **105: Interim Results from a Phase 2 Pivotal Study (DALY II USA) of Tandem CD20-CD19-Directed Non-Cryopreserved CAR-T Cells – Zamtocabtagene Autoleucel (Zamto-Cel) in Patients with Relapsed/Refractory Diffuse Large B Cell Lymphoma**

Nirav Shaw, Milwaukee, US

# DALY II: CD20-CD19 CART in DLBCL

## Studiendesign



N=69

### Inclusion criteria

- Adult patients with r/r DLBCL
- $\geq 2$  prior lines of treatment
- Measurable disease (Lugano 2014 classification<sup>1</sup>)

### Interim analysis

- First 59 evaluable patients with min 3 months FU after treatment\*
- LD regimen: Flu 30 mg/m<sup>2</sup> + Cy 300 mg/m<sup>2</sup>, d(-5) to (-3) or Bendamustine 90 mg/m<sup>2</sup>, d(-4) to (-3)

Lymphodepletion is initiated during manufacturing

Lymphodepletion chemotherapy

Zamto-cel |  $2.5 \times 10^6$  | CAR-T cells/kg

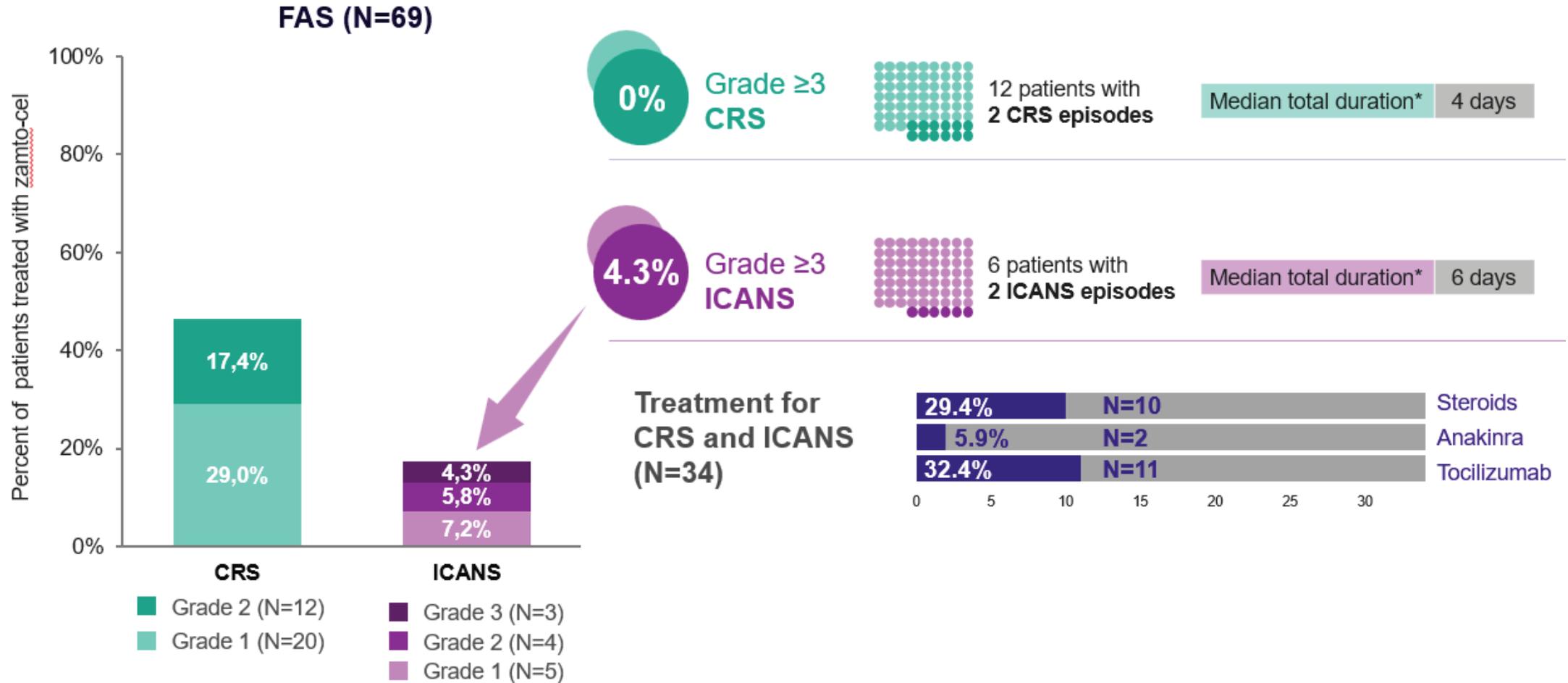
### Endpoints

**Primary:** ORR, defined as BOR of either CR or PR

**Secondary:** CRR at 1 and 6 months; DOR; PFS; OS; safety; PK; CD19 and CD20 antigen expression at relapse

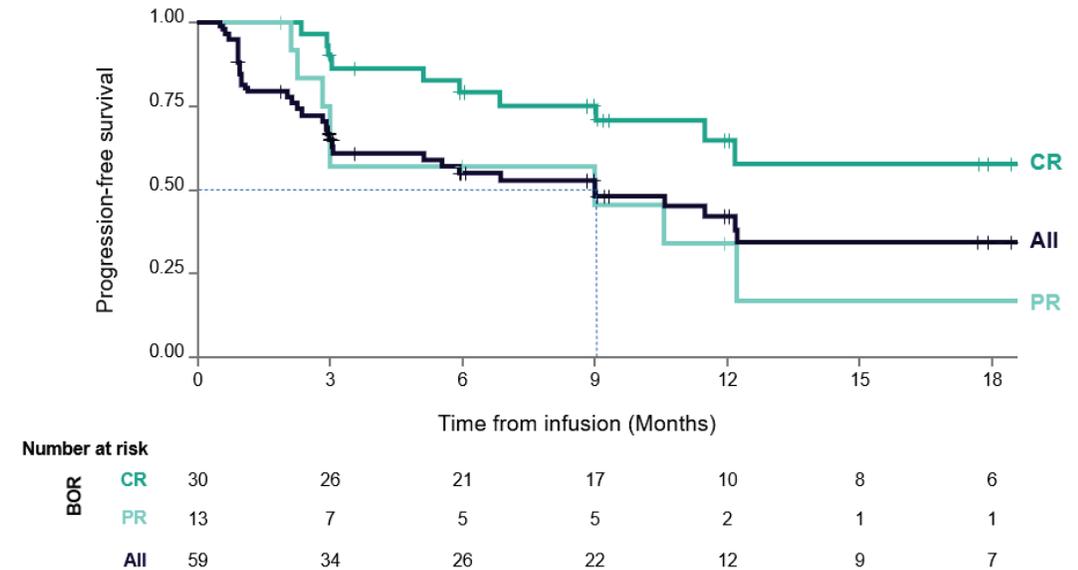
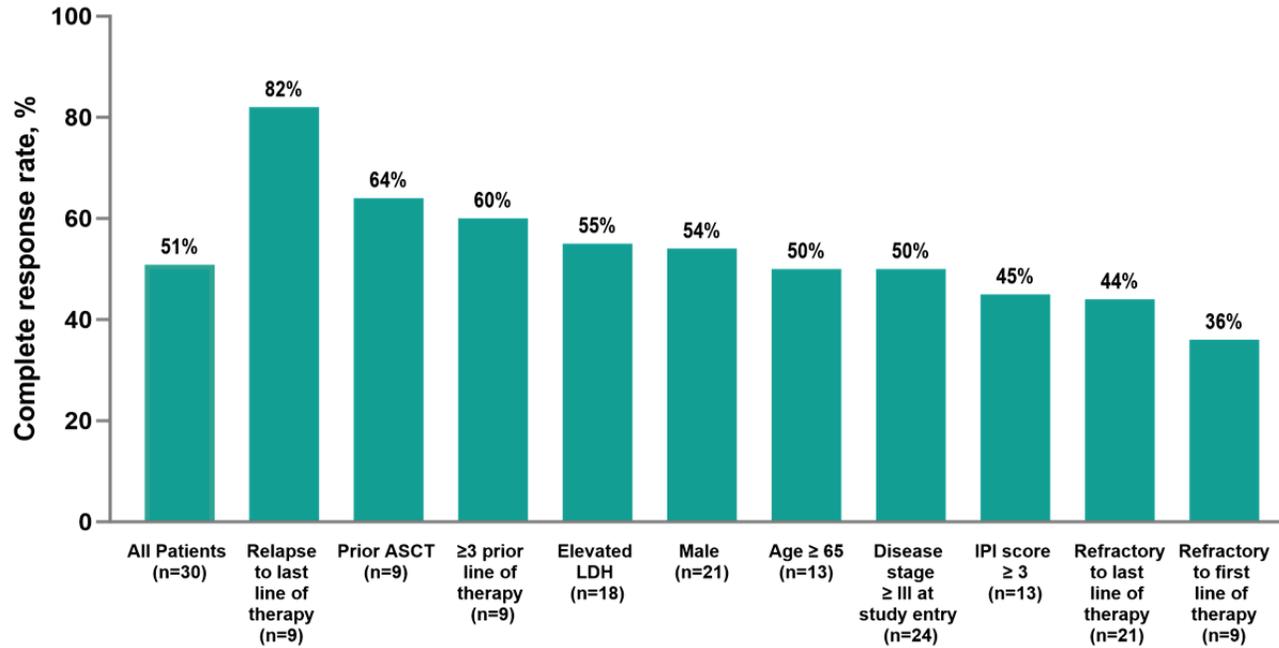
# DALY II: CD20-CD19 CART in DLBCL

## CRS und ICANS



# DALY II: CD20-CD19 CART in DLBCL

## Effektivität



# ZUMA-7

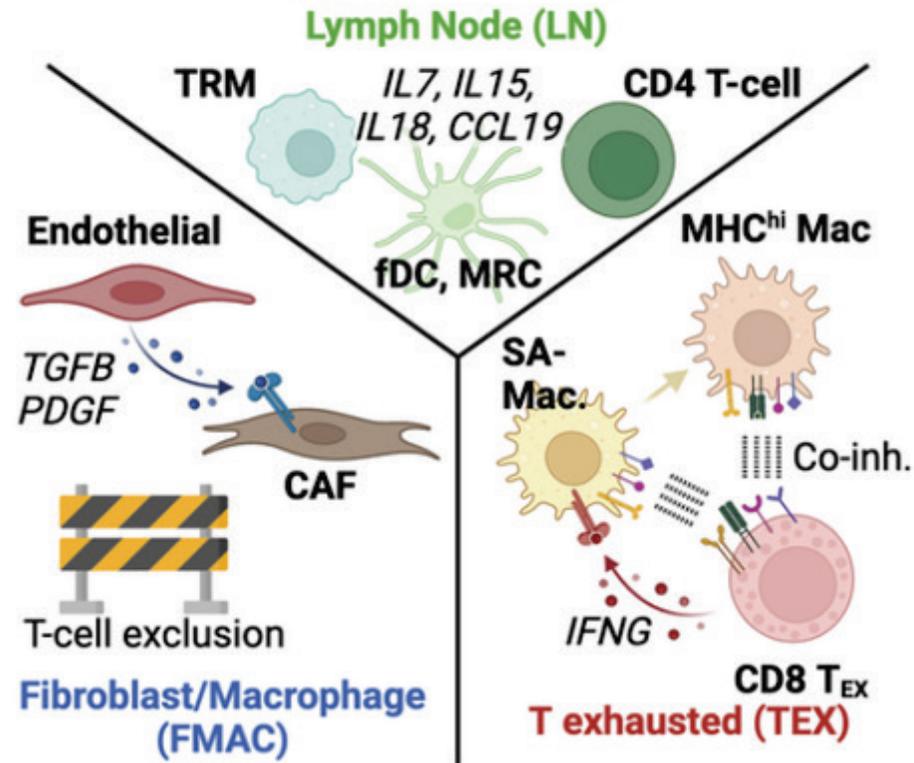
## **005: Large B-cell Lymphoma Microenvironment Archetype Profiles (LymphoMAPs) identify subgroups with greatest benefit from CD19 CAR T-cell therapy**

David Russler-Germain, St. Louis, US

# Lymphommikroenvironment Archetypen (LymphoMAPs)

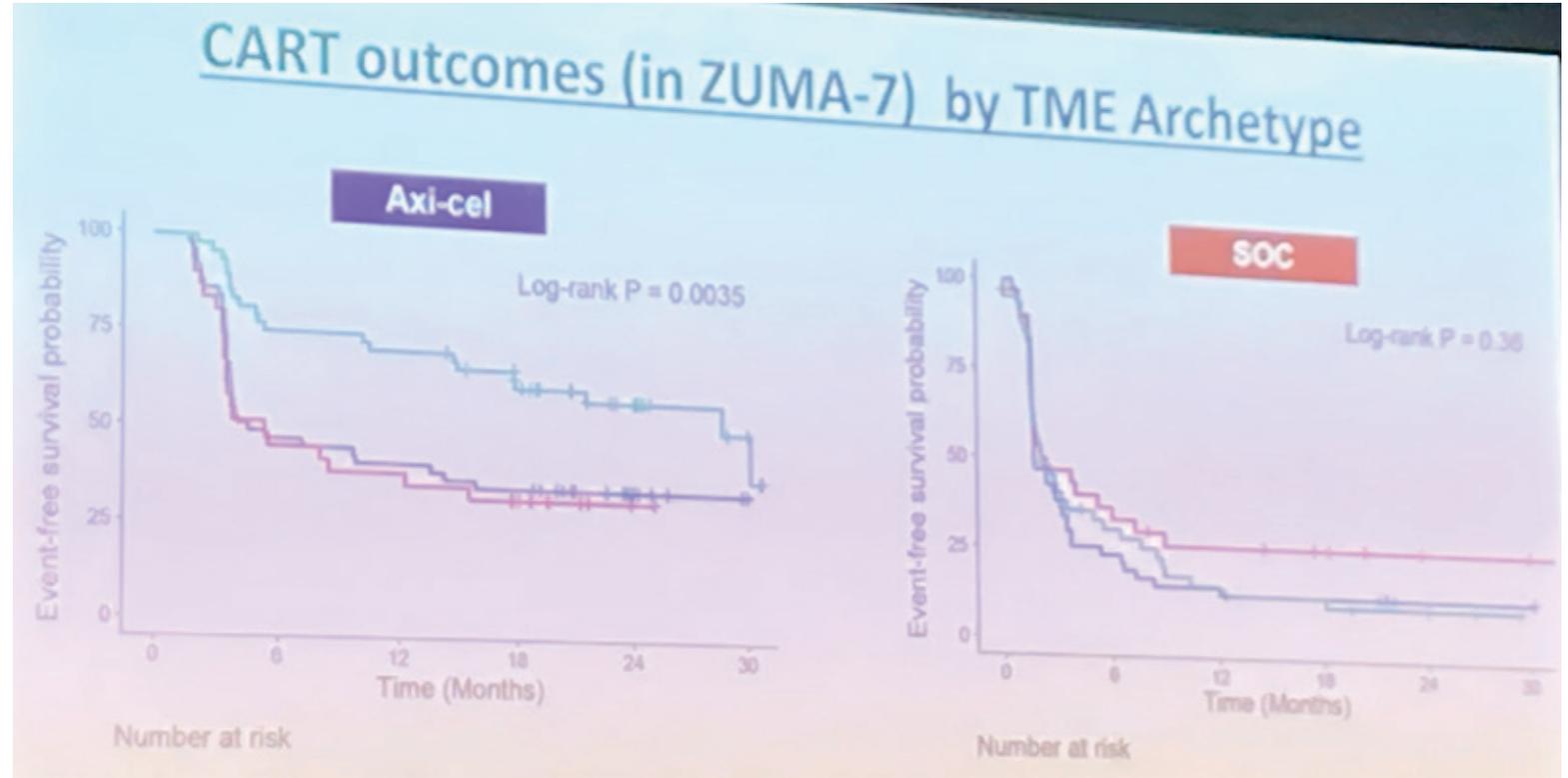
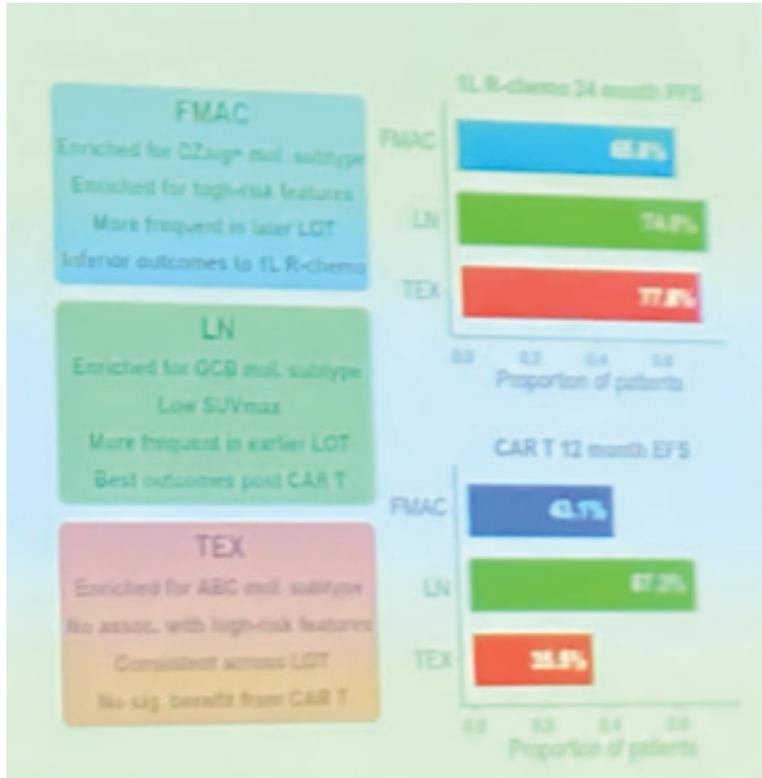
Klassifizierung von 227 LK Biopsien aus DLBCL Erstlinien und ZUMA-7-Studie mittels Single Cell und Bulk RNA Sequencing

## Lymphoma Microenvironment Archetypes (LymphoMAPs)



# Lymphommikroenvironment Archetypen (LymphoMAPs)

## PFS nach LymphoMAPs mit CAR-T-Zellen und SOC



# Kapitel 2

## Behandlung des älteren Patienten mit DLBCL

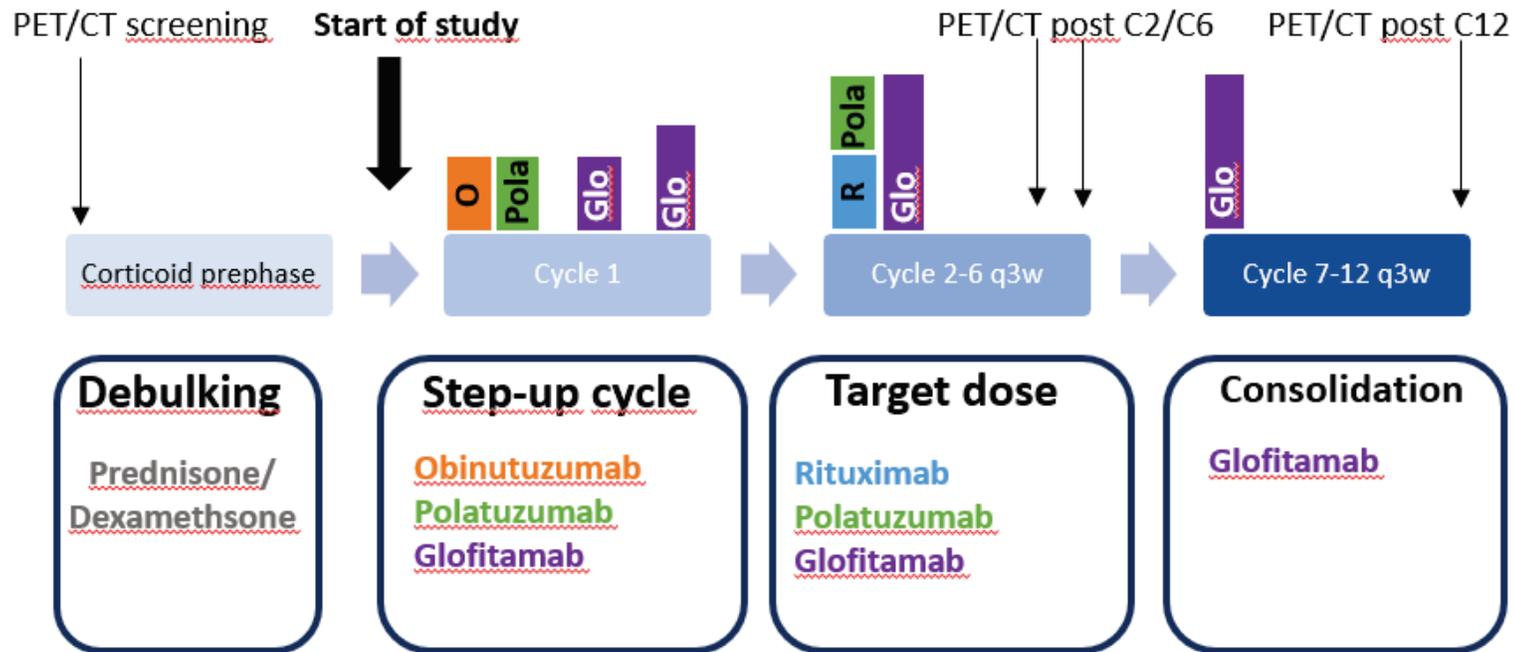
## R-Pola-Glo-Studie

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

Rebecca, Wurm-Kuczera, Berlin

# R-Pola-Glo-Studie in älteren / gebrechlichen Patienten

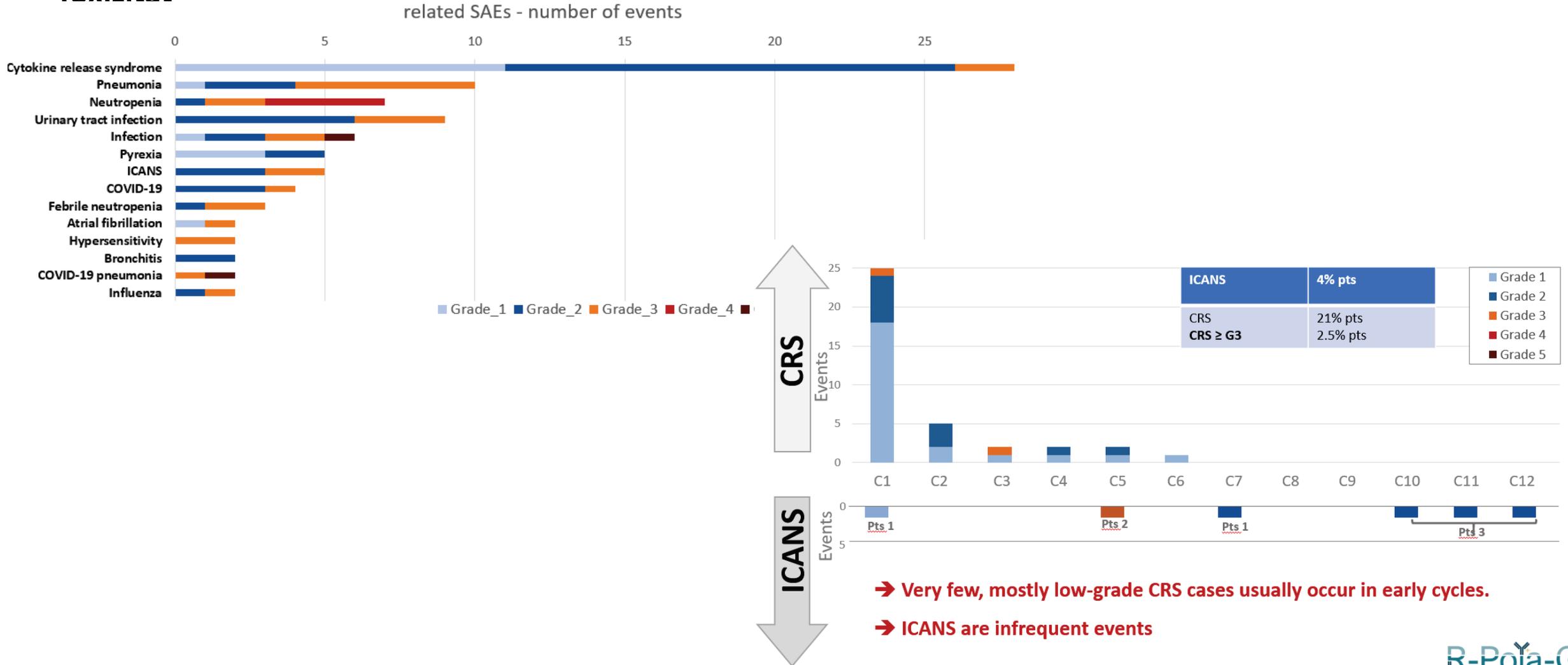
## Studiendesign



Patient characteristics	Patients n (%)
No. of patients, total	80 (100)
Gender (male)	41 (51.3)
Age [yrs], median [range]	80 [66 – 92]
IPI	Patients n (%)
IPI 1	11 (13.8)
IPI 2	17 (21.3)
IPI 3	26 (32.5)
IPI 4	21 (26.3)
IPI 5	5 (6.3)

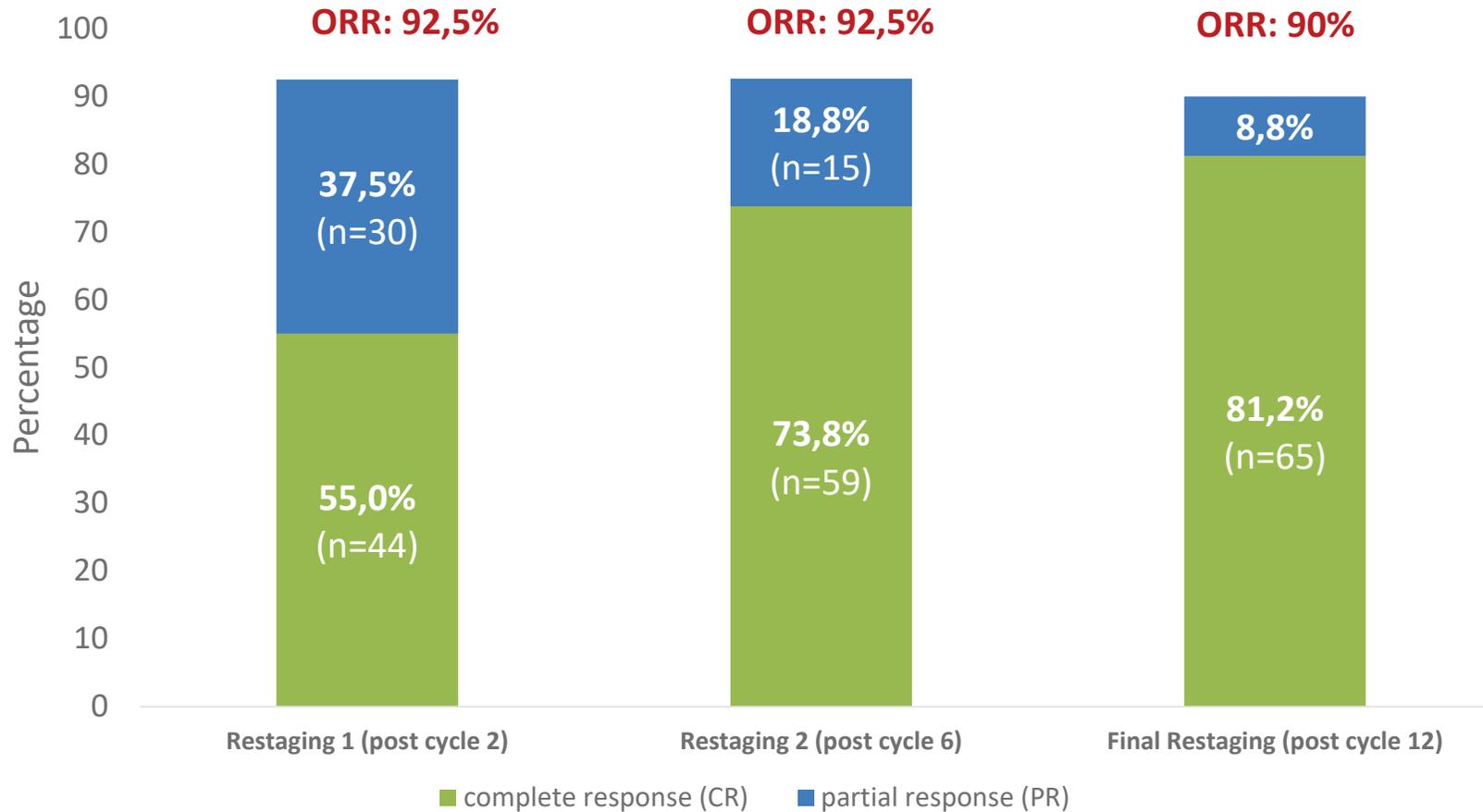
# R-Pola-Glo-Studie in älteren / gebrechlichen Patienten

## Toxizität



# R-Pola-Glo-Studie in älteren / gebrechlichen Patienten

## Ansprechen



# Kapitel 3

## T-Zell Lymphome

# NIVEAU-Studie

**064: Nivolumab + GemOx as second-line therapy for peripheral T cell lymphoma in transplant-ineligible patients: final analysis of a sub-cohort of the randomized NIVEAU trial**

Gerhard Held, Kaiserslautern

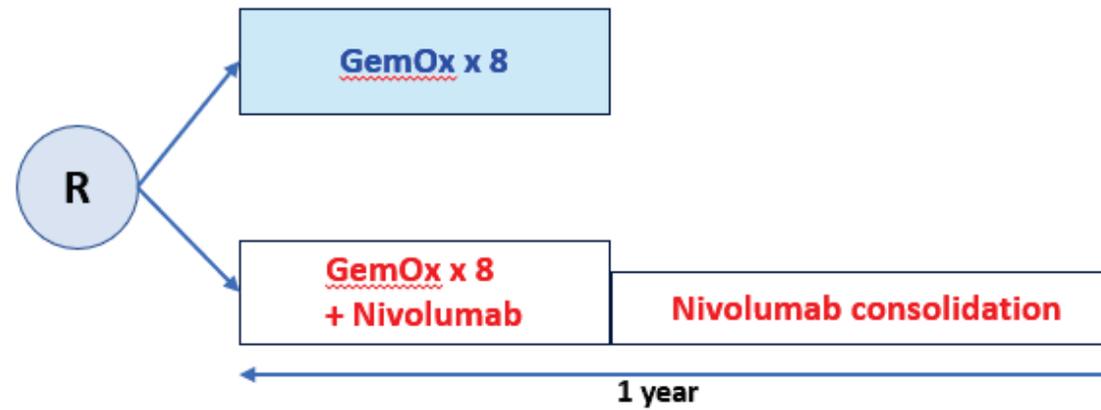
# NIVEAU-Studie

## Studiendesign

**Only the analysis of the PTCL sub-cohort is presented!**

### Key eligibility criteria

- **Aggressive Non-Hodgkin Lymphoma** (PTCL and Large B-cell lymphoma)
- **First relapse / progression**
- **Ineligible for highdose chemotherapy:**
  - Age > 65 years and/or
  - HCT-CI score > 2
  - Relapse after autologous transplantation and ineligible for allogeneic transplantation



### Primary endpoint

- 1-years PFS (INV)

### Secondary endpoints

- Response rates (INV)
- EFS, OS (INV)
- Toxicity

### Stratification factors:

- Study group
- time to treatment failure ( $\leq 12$  vs.  $> 12$  months)
- IPI score (0-2 vs. 3-5)

**Aim: 1-years PFS 27% -> 42%. (80% power,  $\alpha$ -error 5% (2-sided)), powered only for LBCL (n=320)**

# NIVEAU-Studie

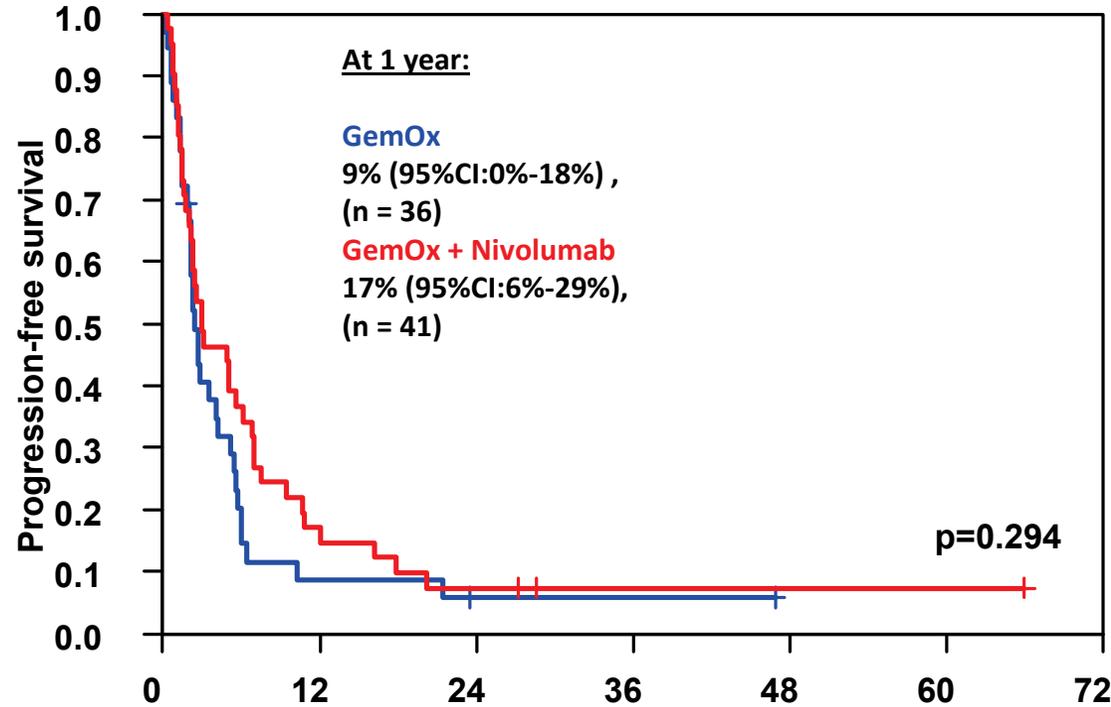
## Patientencharakteristika

	<u>GemOx</u> (n=36)	<u>GemOx + Niv</u> (n=41)	<u>p-value</u>	<u>Total</u> (n=77)*
<u>Female</u>	18 (50%)	16 (39%)	0.333	34 (44%)
<u>Age, median (range)</u>	73 (60, 83)	74 (53, 84)	0.678	<b>73 (53, 84)</b>
<u>Age &gt; 75 years</u>	14 (39%)	19 (46%)	0.510	33 (43%)
<u>LDH &gt; UNV</u>	26 (72%)	19 (46%)	0.021	45 (58%)
<u>ECOG &gt; 1</u>	4 (11%)	10 (24%)	0.132	14 (18%)
<u>Stage III/ IV</u>	31 (86%)	36 (88%)	1.000	67 (87%)
<u>IPI 3-5</u>	25 (69%)	29 (71%)	0.902	<b>54 (70%)</b>
<u>Primary progression</u>	15 (42%)	11 (27%)	0.170	<b>26 (34%)</b>
<u>first response ≤ 12 months</u>	25 (69%)	28 (68%)	0.913	53 (69%)

<u>Reference Pathology</u>	<u>GemOx</u> (n=36)	<u>GemOx + Niv</u> (n=40) *	<u>Total</u> (n=76)
EATL	0 (0%)	2 (5%)	2 (3%)
PTCL, NOS	6 (17%)	5 (13%)	11 (14%)
AITL	19 (53%)	20 (50%)	39 (51%)
ALCL, ALK-negative	0 (0%)	2 (5%)	2 (3%)
PTCL -TFH	4 (11%)	2 (5%)	6 (8%)
MEITL	0 (0%)	3 (8%)	3 (4%)
PTCL, no subtyping	0 (0%)	2 (5%)	2 (3%)
Other**	7 (19%)	4 (10%)	11 (14%)

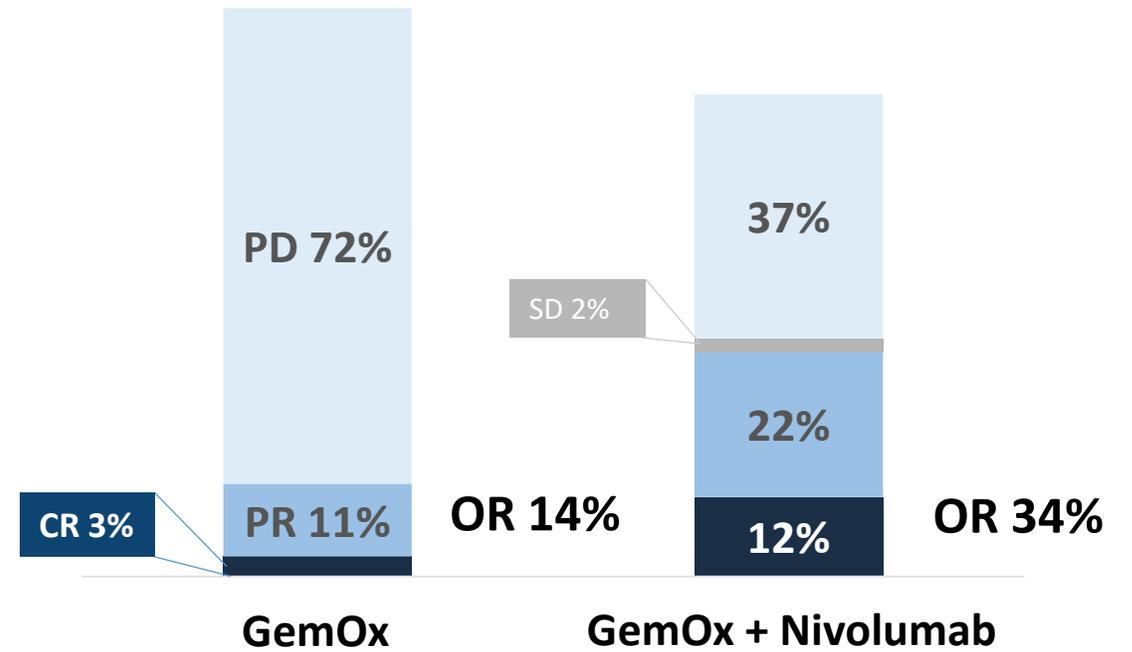
# NIVEAU-Studie

## PFS und Ansprechen

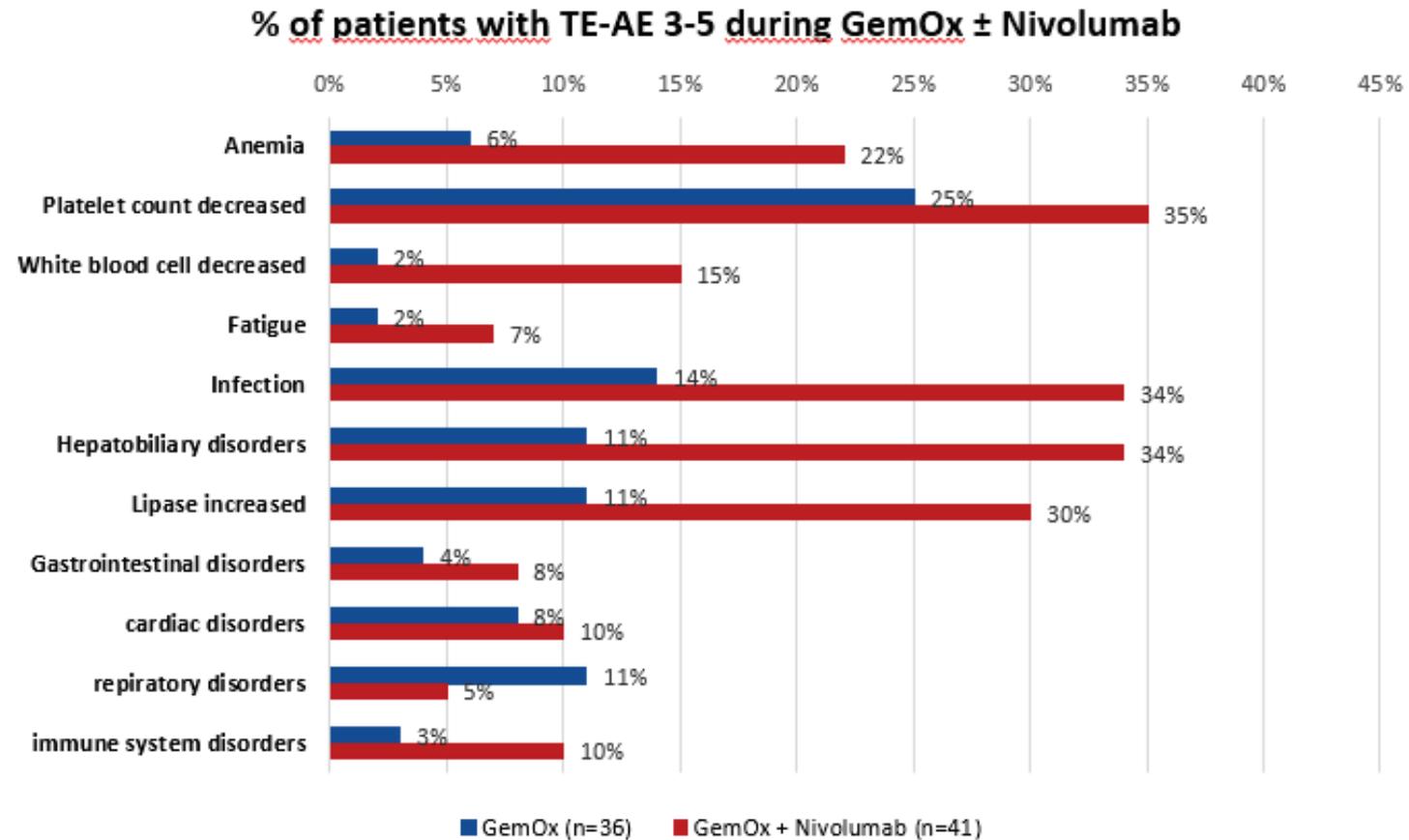


Under risk	Months					
GemOx	3	1	1	0	0	0
GemOx + Niv	7	3	1	1	1	0

## Response rates



## Toxizität



Alle Kurzpräsentationen sind online unter

**[www.lymphome.de/icml2025](http://www.lymphome.de/icml2025)**

Für den Inhalt verantwortlich:

Prof. Dr. med. Barbara Eichhorst

Uniklinikum Köln

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Das Informationsprojekt wird unterstützt von:

abbvie



*Lilly*

Die Firmen hatten keinen Einfluss auf die Inhalte.