

Lymphom
Kompetenz
KOMPAKT



KML KONGRESSE

Expert:innen berichten zu
Lymphomen & Leukämien



18th ICML LUGANO
17. – 21. Juni 2025



Prof. Dr. med. Thomas Oellerich
Universitätsklinikum Frankfurt

Diffus großzelliges B-Zell-Lymphom (DLBCL)

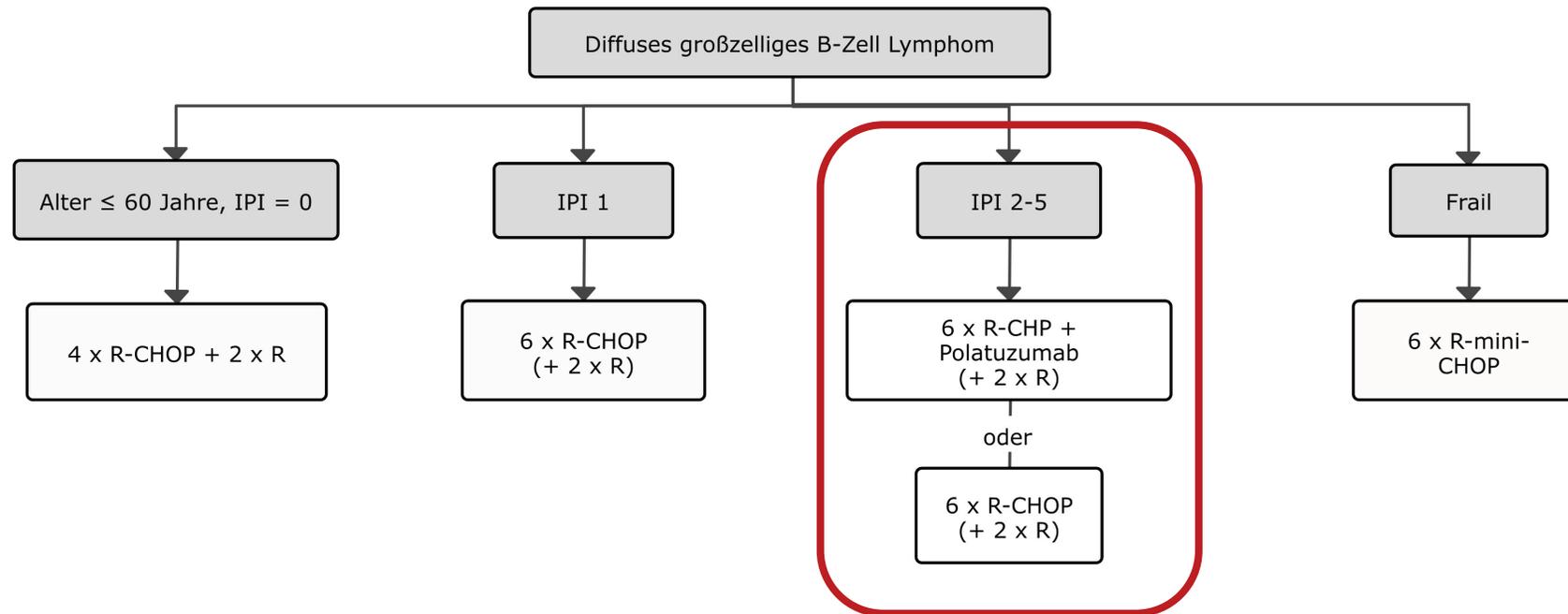
Offenlegung potentieller Interessenskonflikte

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

Anstellungsverhältnis, Führungsposition	Direktor, Klinik für Hämatologie, Onkologie, Hämostaseologie, Rheumatologie und Infektiologie, Universitätsmedizin Frankfurt
Beratungs-/ Gutachtertätigkeit	Abbvie, Beigene, BMS, Genmab, Gilead, Janssen, Kite, Kronos Bio, Merck KGaA, Roche, Sobi
Besitz von Geschäftsanteilen, Aktien oder Fonds	-
Patent, Urheberrecht, Verkaufslizenz	Verschiedene Patente zu Biomarkern für die molekulare Lymphom- und Leukämiediagnostik
Honorare	Abbvie, Beigene, BMS, Genmab, Gilead, Janssen, Kite, Kronos Bio, Merck KGaA, Roche, Sobi
Finanzierung wissenschaftlicher Untersuchungen	Gilead, Merck KGaA
Andere finanzielle Beziehungen	-
Immaterielle Interessenkonflikte	-

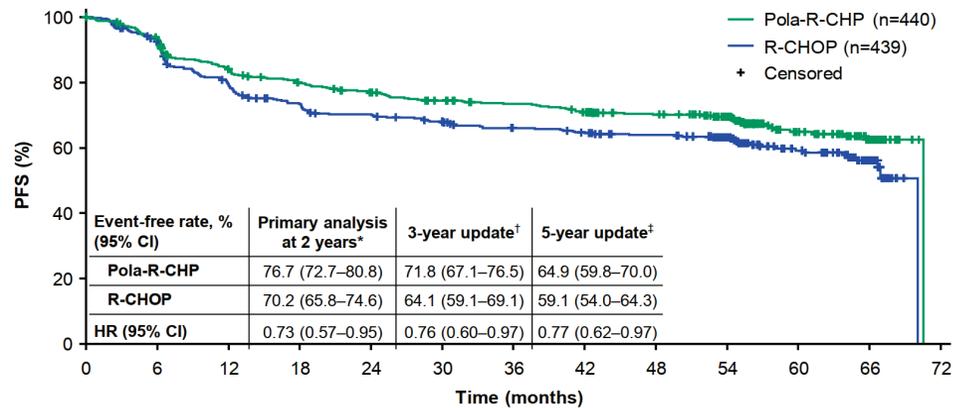
Kapitel 1

DLBCL Erstlinientherapie



Molecular classifier DLBclass suggests prognostic value for response to 1L Pola-R-CHP

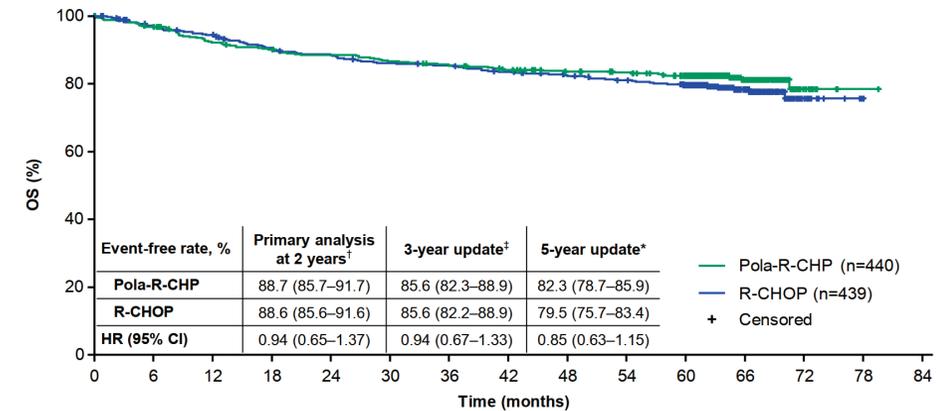
PFS in the global ITT population



Patients remaining at risk

	0	6	12	18	24	30	36	42	48	54	60	66	72
Pola-R-CHP	440	407	357	335	318	303	292	280	258	213	100	56	NE
R-CHOP	439	391	332	302	287	274	258	251	240	192	95	54	NE

OS in the global population*



Patients remaining at risk

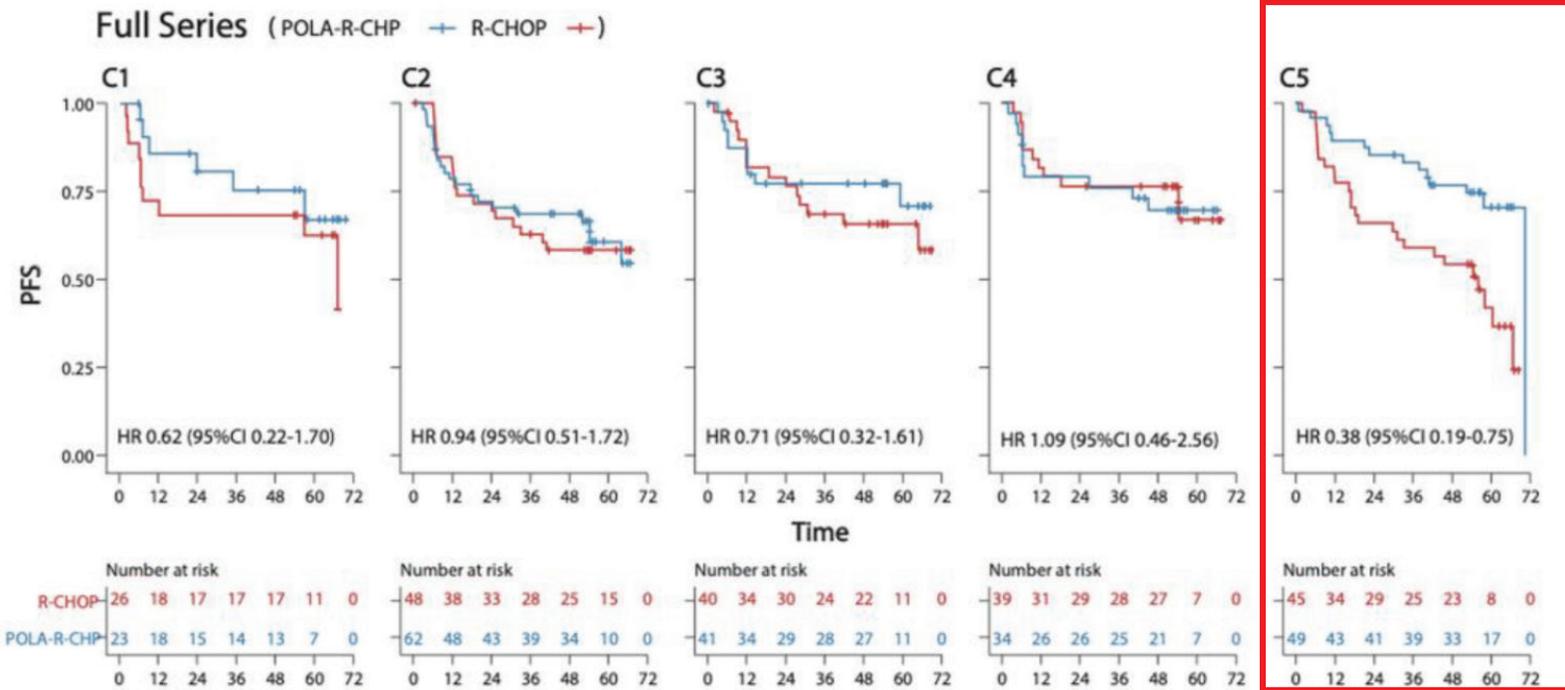
	0	6	12	18	24	30	36	42	48	54	60	66	72	78	84
Pola-R-CHP	440	424	399	389	381	373	366	355	343	338	319	124	12	1	NE
R-CHOP	439	415	403	382	372	361	357	347	338	329	311	128	13	1	NE

Salles G et al., ASH 2025, Oral Presentation #469

Molecular classifier DLBclass suggests prognostic value for response to 1L Pola-R-CHP

LBA1

Calabretta et al, ..., M. Shipp



comparable 5yr-PFS for C1-4

DLBclass 5

- characterized by
 - recurrent MYD88^{L265P}
 - CD79B gain-of-function mutations
 - enhanced B-cell receptor signaling
- Pola-containing regimen abrogated the predicted poor outcome, independent of
 - IPI score (2 vs. 3–5)
 - age (≤ 60 yrs vs. < 60 yrs)
 - cell-of-origin (activated B cell, germinal center B cell, unclassified, unknown) (HR 0.42 [95% CI: 0.21–0.82], $p = 0.01$)

A MULTICENTER PHASE II STUDY OF GLOFITAMAB PLUS POLATUZUMAB-R-CHP FOR PATIENTS WITH HIGH-RISK DIFFUSE LARGE B-CELL LYMPHOMA

74

J. L. Crombie, R. Redd, M. Forsyth, C. Carey, J. Mai, S. Re, A. S. LaCasce, O. Odejide, E. Parry, D. A. Qualls, C. E. Ryan, R. Merryman, D. C. Fisher, A. I. Kim, C. Jacobson, E. Jacobsen, J. R. Brown, I. E. Ahn, M. S. Davids, G. von Keudell, A. Alencar, M. Stanchina, C. Moskowitz, P. Armand, J. Alderuccio

Phase II Trial – 1L high-risk diffuse large B-cell lymphoma

1L aggressive B-NHL

DLBCL NOS
T-cell/histiocyte-rich LBL
Epstein-Barr virus-positive DLBCL, NOS
ALK-positive LBL
HHV8-positive DLBCL, NOS
High-grade B-cell lymphoma (HGBCL)
HGBCL with translocations of MYC and BCL-2, or MYC and BCL-6

IPI 2-5
ECOG 0-2

n = 40

Pola-R-CHP-Glofitamab

Glofitamab (Cycles 3-8, Q3W)

C3 D8:
2.5mg

C3 D15:
10mg

C4-8 D1:
30mg

Pola-R-CHP (Cycles 1-6, Q3W)

C1-6 D1-5:

Pol (1.8mg/kg), R (375mg/m²), Dox (50mg/m²), Cyc (750mg/m²), Pre (100mg)

Endpoints

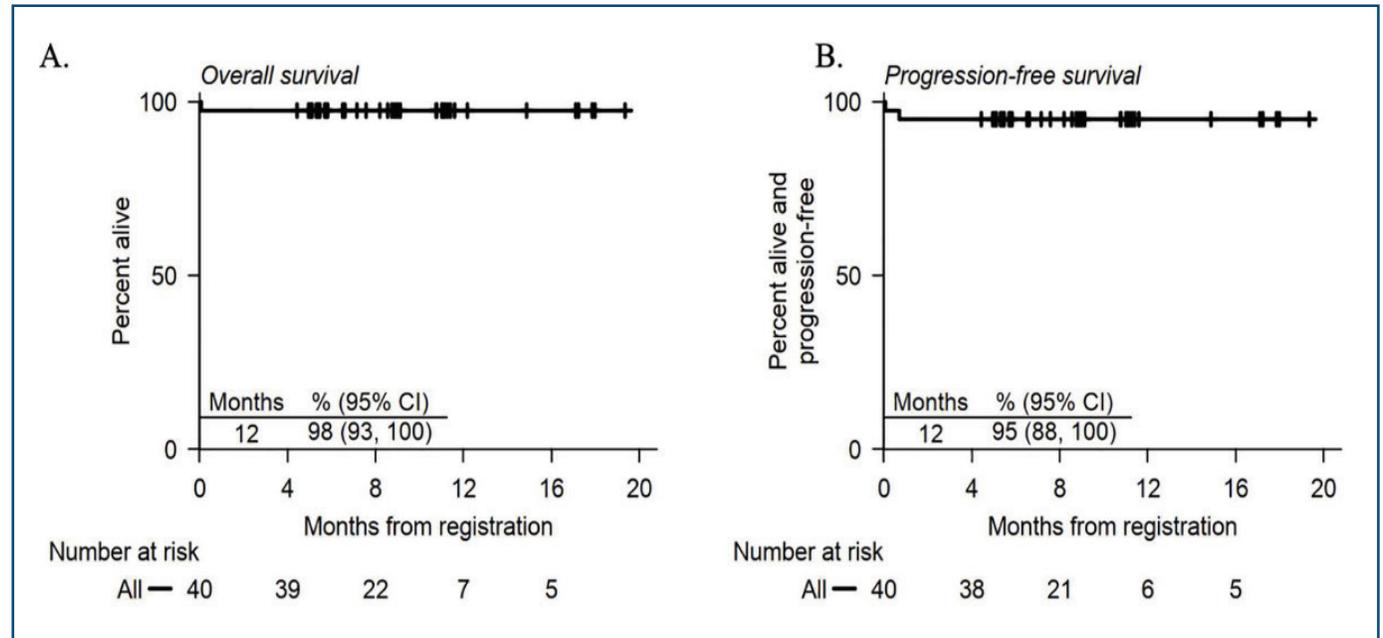
- Primary:
 - CR rate
- Secondary:
 - ORR/PR/SD
 - undetectable MRD rates at C3 and EOT
 - safety & tolerability

Phase II Trial – 1L high-risk diffuse large B-cell lymphoma

Patient characteristics	Patients n (%)
Gender (male)	23 (57%)
Age [yrs], median [range]	62 [35-86]
IPI score	2: 16 (40) 3: 17 (42) 4: 7 (18)
Stage III-IV	32 (80)
Subtype	DLBCL, NOS: 34 (86) DHL/THL: 5 (12.5)
Non-GCB (Hans Class.)	19 (47.5)

Safety

- No DLTs in the safety lead-in
- Most common toxicities:
 - anemia (62%, G3/4: 15%)
 - neutropenia (62%, G3/4: 60%),
 - thrombocytopenia (45%, G3/4: 13%)
 - nausea (45%, all G1/2)
 - peripheral neuropathy (45%, all G1/2)
- Febrile neutropenia in 5 pts. (12%)
- Glofitamab-specific adverse events:
 - CRS 5% (only G1)
 - no ICANS

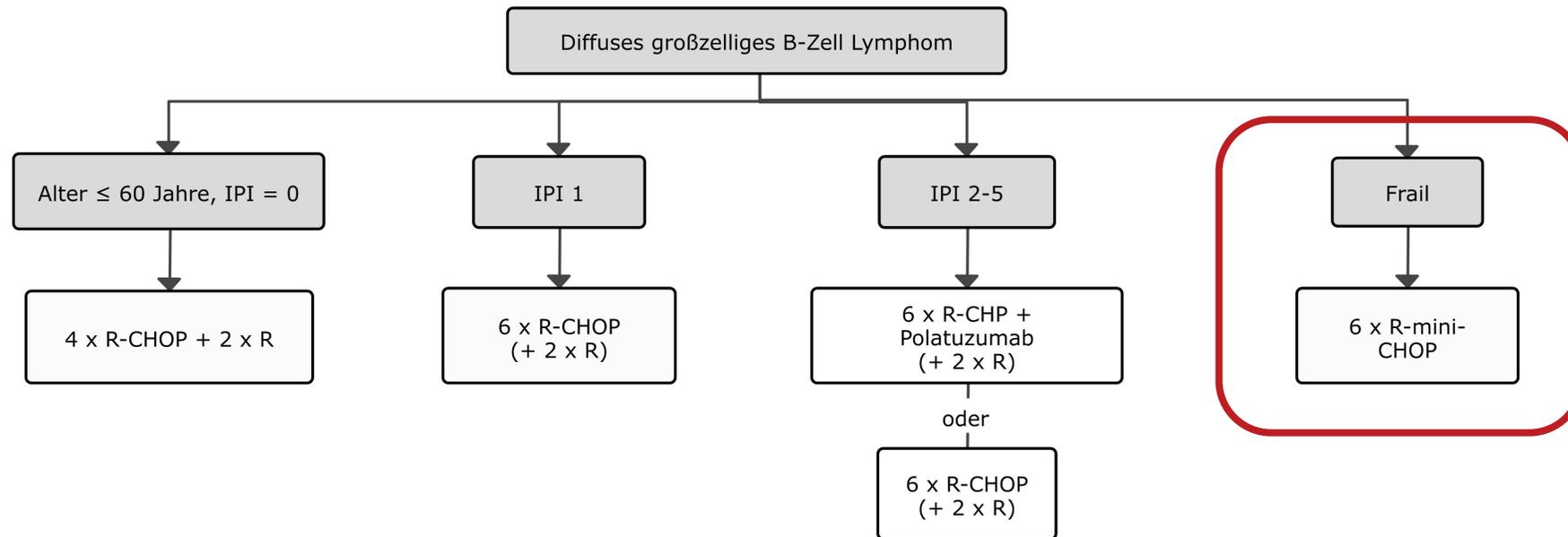


Response

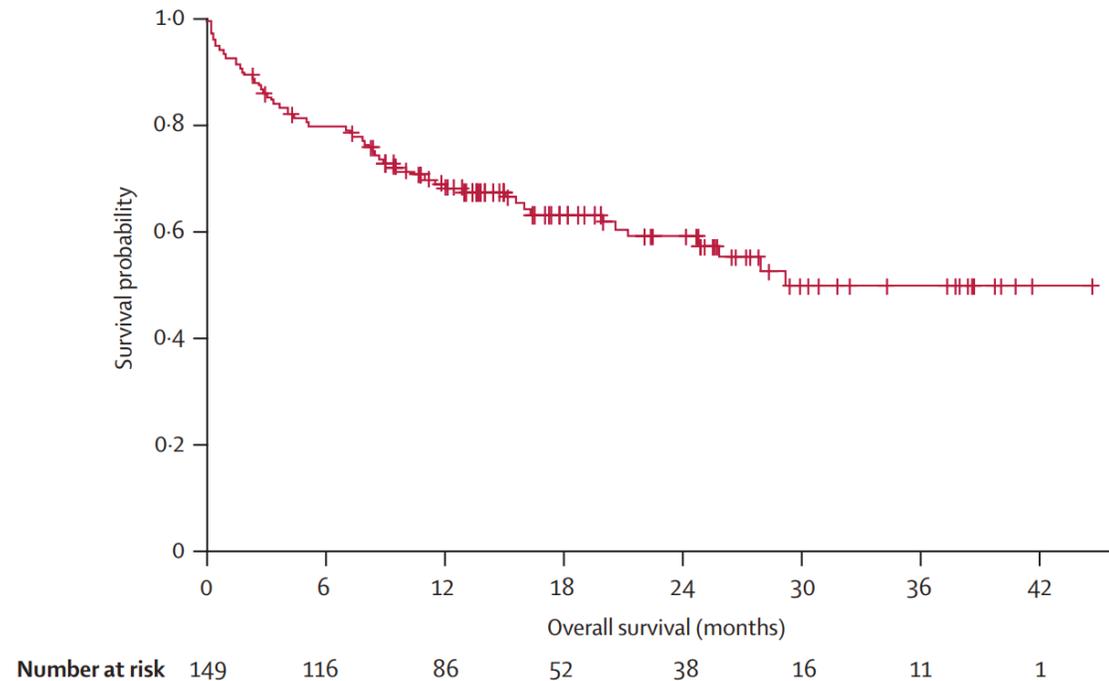
- ORR 95% (38/40)
- CRR: 80% (32/40)
- PFS: 95%

Kapitel 2

DLBCL Erstlinientherapie – Frail



R-miniCHOP in patients older than 80 years



- CR rate: 62%
- 2y-OS: 59%

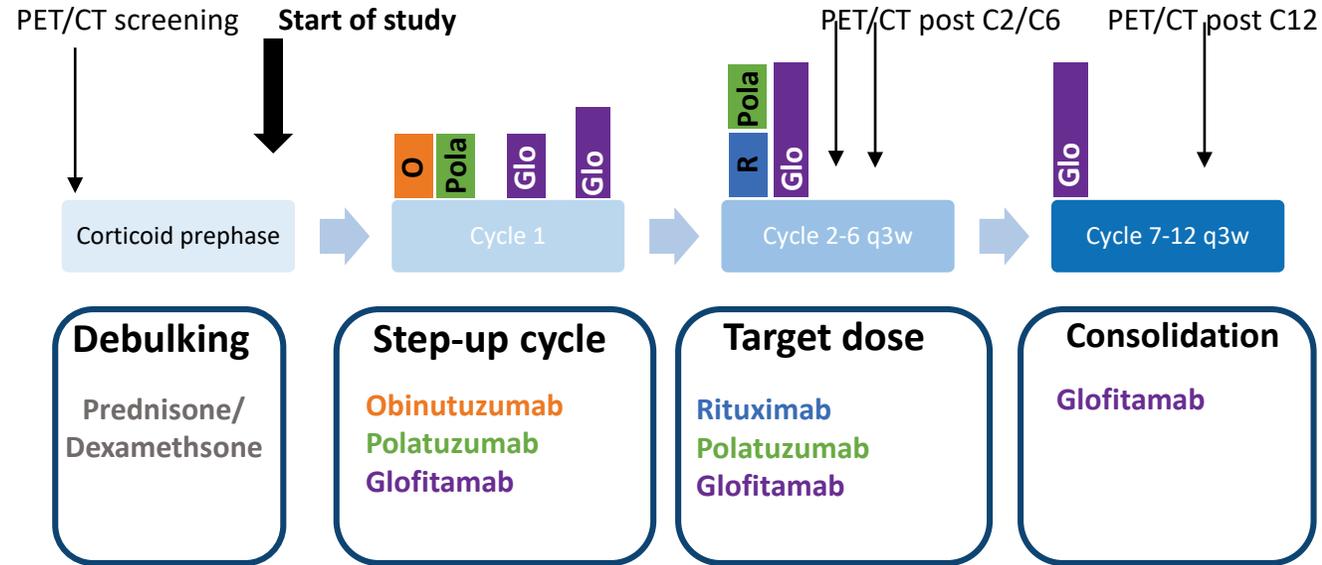
Peyrade et al, Lancet Oncol, 2011; 12: 460–68

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

159

Rebecca Wurm-Kuczera *, Thomas Melchardt *, Petra Pichler, Angela Huster, Andrea Kerkhoff, Michael Panny, Roland Schroers, Anna Ossami Saidy, Fabian Müller, Frederik Damm, Manuel Orlinger, Philipp Staber, Carsten Schwaenen, Ralph Michael, Luisa Wohn, Clemens A. Schmitt, Martin Hoffmann, Mathias Hänel, Johannes Duell, Simone Heyn, Stephanie Mayer, Thomas Weber, Peter Reimer, Natalia Rotter, Ulf Schnetzke, Bastian von Tresckow, Gabriel Kammerer, Julia Rasvina, Barbara Lehner, Thomas Mika, David Böckle, Corinna Leng, Anna Lena Illert, Bettina Altmann, Birte Friedrich, Ella Willenbacher, Dimitrios Mougiakakos, Christiane Pott, Salah-Eddin Al-Batran, Andreas Rosenwald, Dirk Hellwig, Sascha Dietrich, Bertram Glass, Georg Lenz, Ulrich Keller, Marita Ziepert, Richard Greil, Björn Chapuy

R-Pola-Glo Trial - r/r LBCL > 60y not eligible for full dose R-CHOP



Indication

- Aggressive large B-cell lymphoma
- Previously untreated pts > 60 years
- Not eligible for full dose R-CHOP-like therapy at discretion of the treating physician

Study Design

- One arm, multicentric Phase II
- Germany/Austria
- **Initial cohort: 80 pts**
- **extension cohort: 45 pts; total: 125 pts**
- 30 centers in Germany/Austria

Endpoints

- Primary: 1y PFS rate
- Secondary:
 - Efficacy
 - Feasibility and Toxicities
 - Exploratory
 - Feasibility of outpatient care. (extension cohort)

R-Pola-Glo Trial - r/r LBCL > 60y not eligible for full dose R-CHOP

Patient characteristics

Patient characteristics	Patients n (%)
No. of patients, total	80 (100)
Gender (male)	41 (51.3)
Age [yrs], median [range]	80 [66 – 92]
LDH > UNV	50 (63)
ECOG 0	13 (16.3)
ECOG 1	45 (56.3)
ECOG 2	21 (26.3)
Stage III	18 (22.5)
Stage IV	34 (42.5)
Extralymp. involvem. > 1	28 (35)
Bulky disease	30 (37.5)

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 Trial - r/r LBCL > 60y not eligible for full dose R-CHOP

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R-Pola-Glo Trial - r/r LBCL > 60y not eligible for full dose R-CHOP

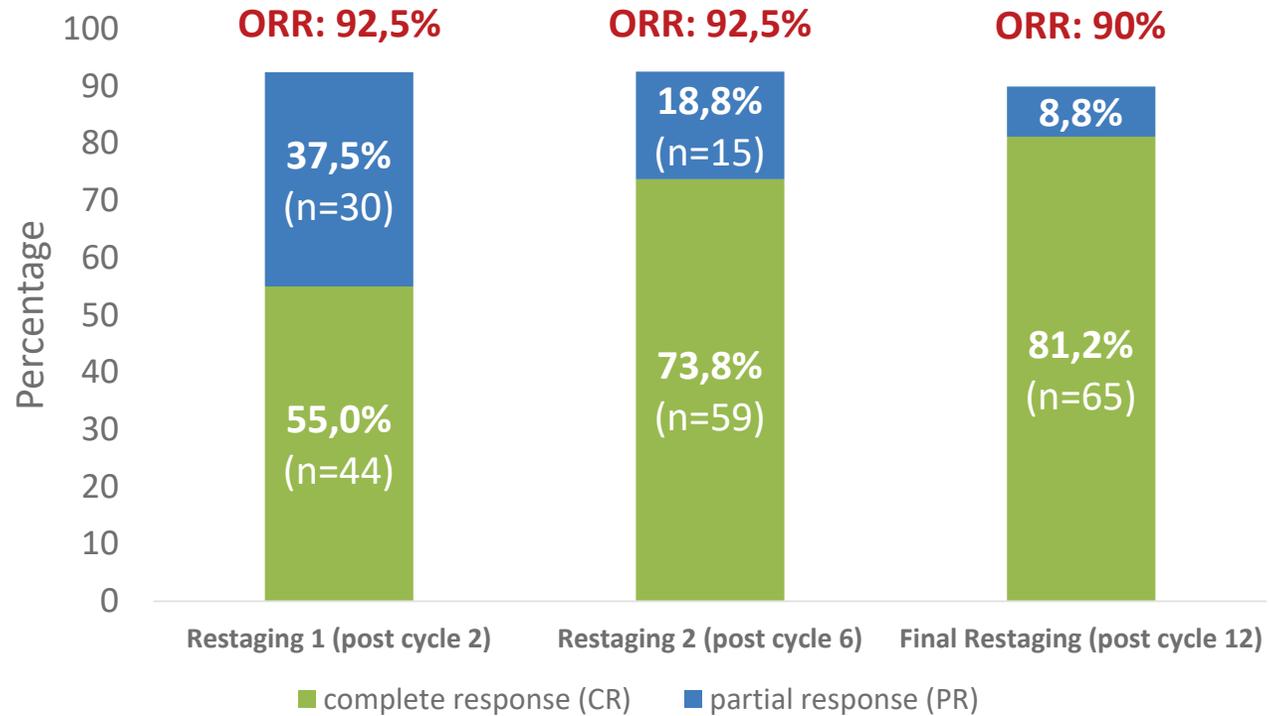
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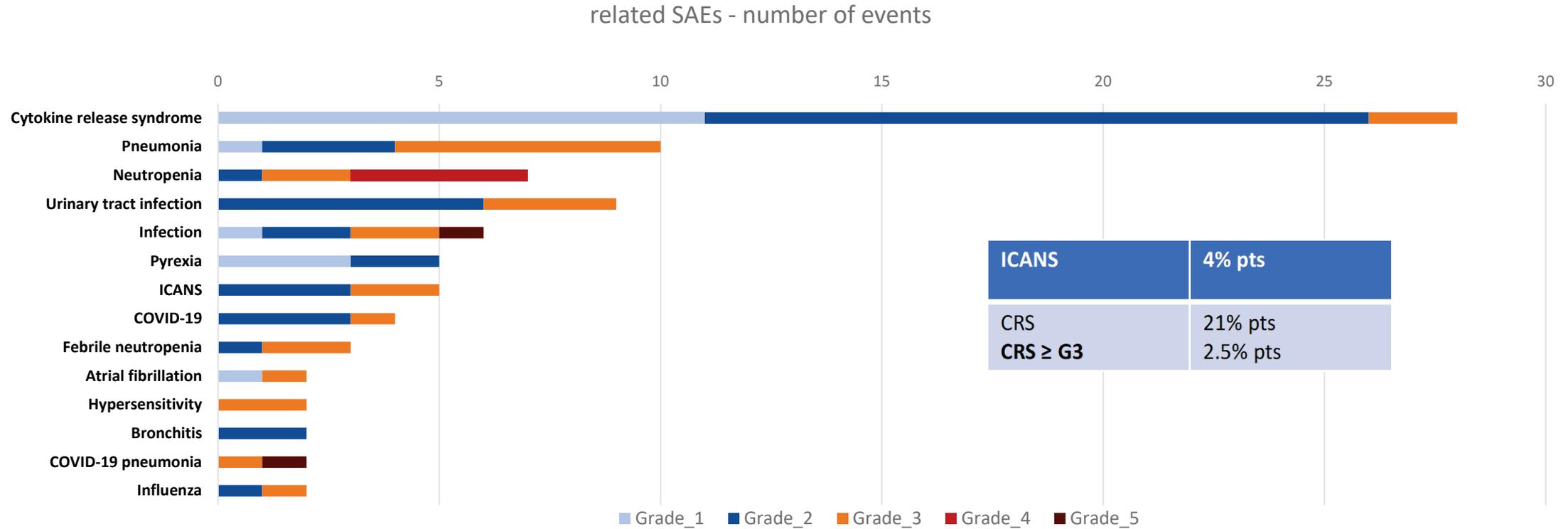
R-Pola-Glo Trial - r/r LBCL > 60y not eligible for full dose R-CHOP

Outcome



R-Pola-Glo Trial - r/r LBCL > 60y not eligible for full dose R-CHOP

Safety



EPCORE DLBCL-3: FIXED-DURATION EPCORITAMAB MONOTHERAPY IN OLDER (≥ 75 Y), ANTHRACYCLINE-INELIGIBLE PATIENTS WITH PREVIOUSLY UNTREATED LARGE B-CELL LYMPHOMA (LBCL)

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David Belada, Michal Kwiatek, Juan Miguel Bergua Burgues, Franck Morschhauser, MD, Johannes Duell, Wojciech Jurczak, Tae Min Kim, Won Seog Kim, Takahiro Kumode, Javier López Jiménez, Caressa Meert, Sergio Ortegon Alcaide, Catherine Thieblemont, Tony Jiang, Monica Wielgos-Bonvallet, Mina Khoshdeli, Yanli Wang, Stephanie McGoldrick, Evelyn Guo, Sherida Woei-A-Jin

A phase 2, open-label trial evaluating the efficacy and safety of fixed-duration epcoritamab in elderly patients with newly diagnosed LBCL and comorbidities

Key inclusion criteria

- Newly diagnosed CD20⁺ LBCL
 - DLBCL, NOS
 - T-cell/histiocyte-rich DLBCL
 - Double-hit or triple-hit DLBCL
 - FL grade 3B
- ICE score $\geq 8^a$
- ECOG PS 0–2
- Ineligible for anthracycline-based therapy/cytotoxic chemotherapy due to:
 - Age ≥ 80 y, or
 - Age ≥ 75 y with a comorbid condition^b
- Measurable disease by CT or MRI

Data cutoff: September 21, 2024
Median follow-up: 9.5 mo (range, 0.4–17.7+)

1:1 RANDOMIZATION

Agent	C1–3	C4–12
Epcoritamab SC 48 mg ^c	QW	Q4W
Agent	C1–3	C4–12
Epcoritamab SC 48 mg ^c	QW	Q4W
Lenalidomide PO 10–20 mg	QD D1–21	QD D1–21

- **Primary endpoint:** CR rate per Lugano criteria¹
- **Key secondary endpoints:** ORR, TTR, DOR, DOCR, PFS, OS, MRD negativity,^d and safety

EPCORE DLBCL-3

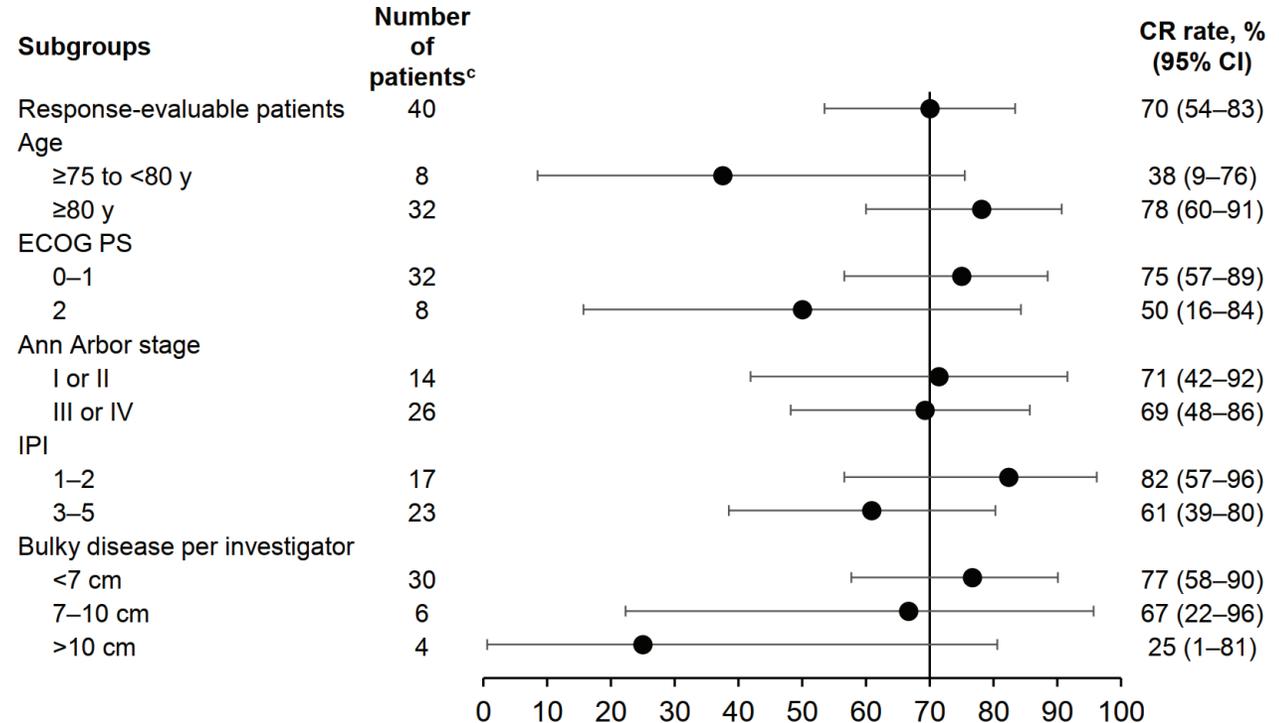
Characteristic	N=45
Median age, y (range)	81 (77–95)
≥75 to <80 y, n (%)	8 (18)
≥80 to <85 y, n (%)	20 (44)
≥85 y, n (%)	17 (38)
Male sex at birth, n (%)	18 (40)
Race, ^a n (%)	
White	32 (71)
Asian	8 (18)
LBCL classification at baseline, n (%)	
DLBCL ^b	42 (93)
De novo, n/n (%)	40/42 (95)
Transformed from FL, n/n (%)	2/42 (5)
T-cell/histiocyte-rich LBCL	1 (2)
HGBL ^b	3 (7)
FL grade 3B	2 (4)
Cell of origin, ^c n (%)	
Germinal center B cell	22 (49)
Non-germinal center B cell or activated B cell	13 (29)
Unknown	7 (16)

Characteristic	N=45
ECOG PS, n (%)	
0–1	34 (76)
2	11 (24)
Ann Arbor stage, n (%)	
II	15 (33)
III	5 (11)
IV	25 (56)
IPI score, n (%)	
1–2	19 (42)
3–5	26 (58)
Renal function by CrCl, n (%)	
≥60 mL/min	12 (27)
30 to <60 mL/min	31 (69)
15 to <30 mL/min	2 (4)
Bulky disease per investigator, ^d n (%)	
<7 cm	31 (69)
7–10 cm	8 (18)
>10 cm	5 (11)
Median time from initial diagnosis to first dose, mo (range)	1.3 (0.2–45.7)

^aRace was not reported or missing for 5 patients. Ethnicity data were not collected. ^bThree patients had double-hit lymphoma per central laboratory. ^cCell of origin was not evaluated for 3 patients. ^dBulky disease assessment was missing for 1 patient.

High CR and MRD-Negativity Rates

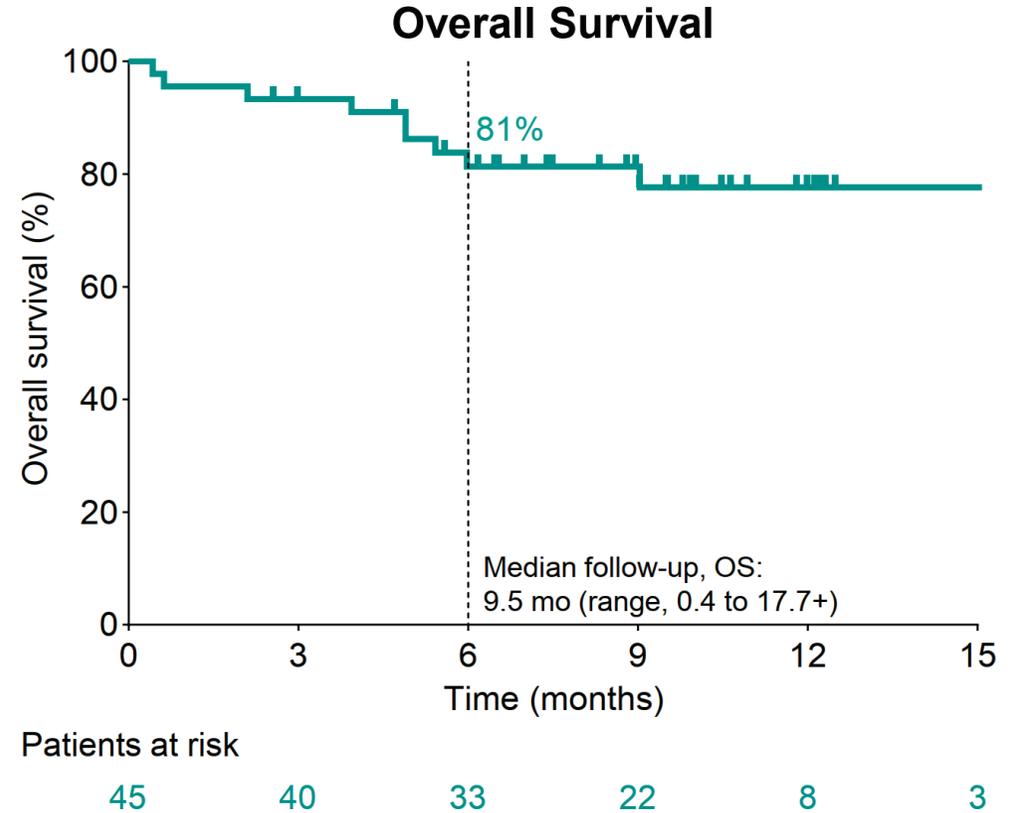
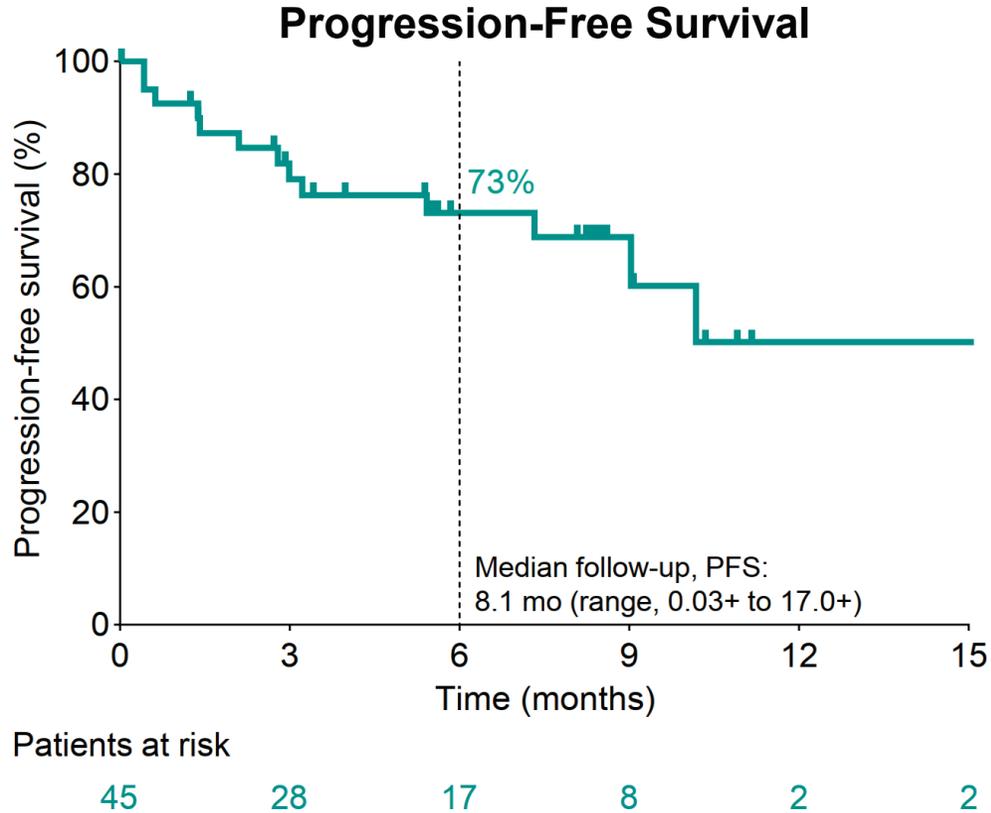
Best Response, ^a n (%)	Full Analysis Set ^b N=45	Response Evaluable ^c n=40
ORR	31 (69)	31 (78)
CR	28 (62)	28 (70)
PR	3 (7)	3 (8)
SD	2 (4)	2 (5)
PD	5 (11)	5 (13)
NA	7 (16)	2 (5)



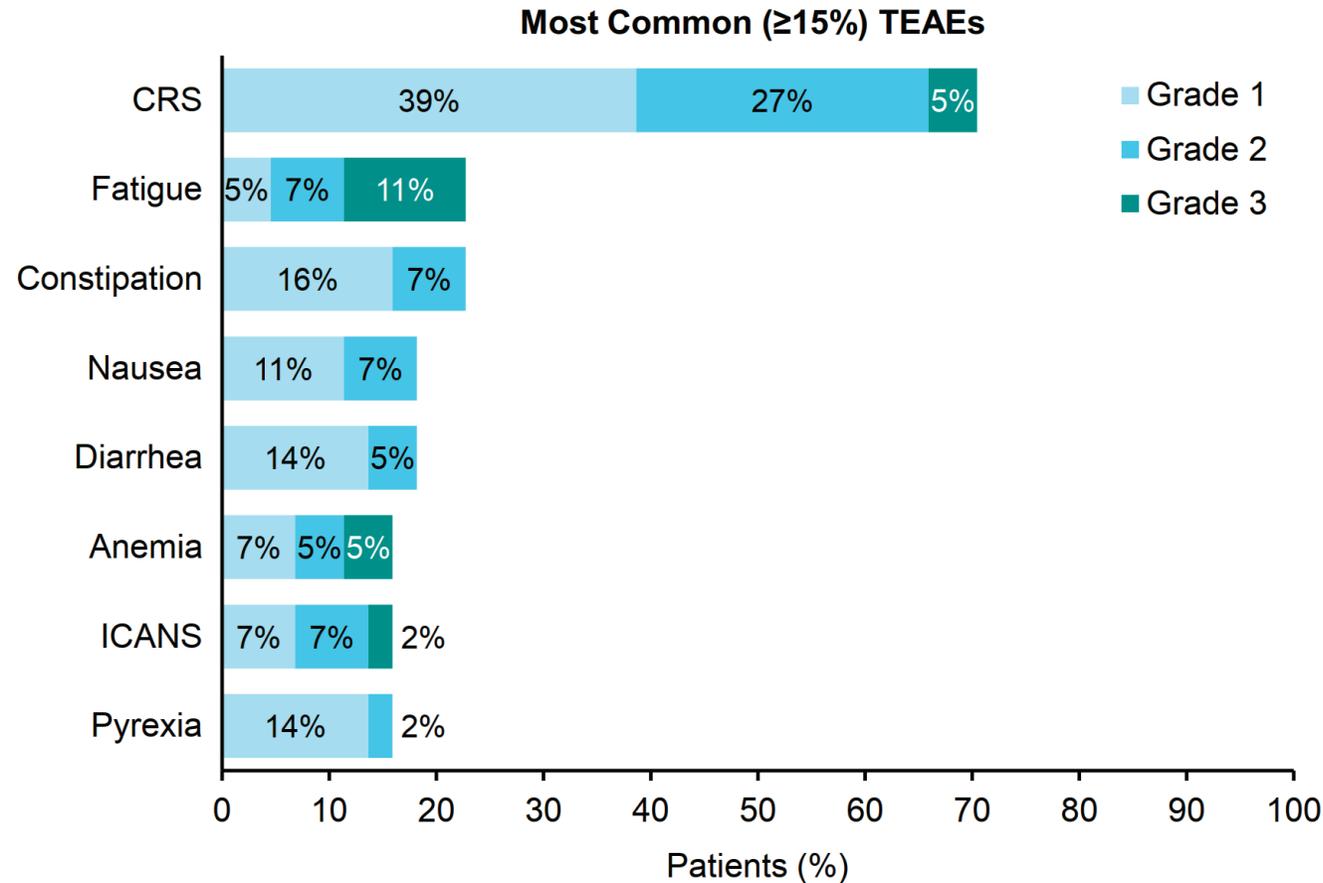
- 15 responders (14 with CR, 1 with PR) were evaluated for MRD; the MRD-negativity rate^d at C3D1 was 93% (14/15)

snapshot to the clipboard

Favorable Long-Term Survival



Epcoritamab Was Generally Well Tolerated



- 8 patients (18%) experienced a serious infection; 4 (9%) had serious COVID-19
- Neutropenia was reported for 4 patients (9%),^a with no cases of febrile neutropenia
- 8 patients (18%) experienced TEAEs that led to epcoritamab discontinuation^b
- 5 patients had fatal TEAEs (COVID-19 [n=2], CMV reactivation, TLS, tumor hemorrhage)

Kapitel 3

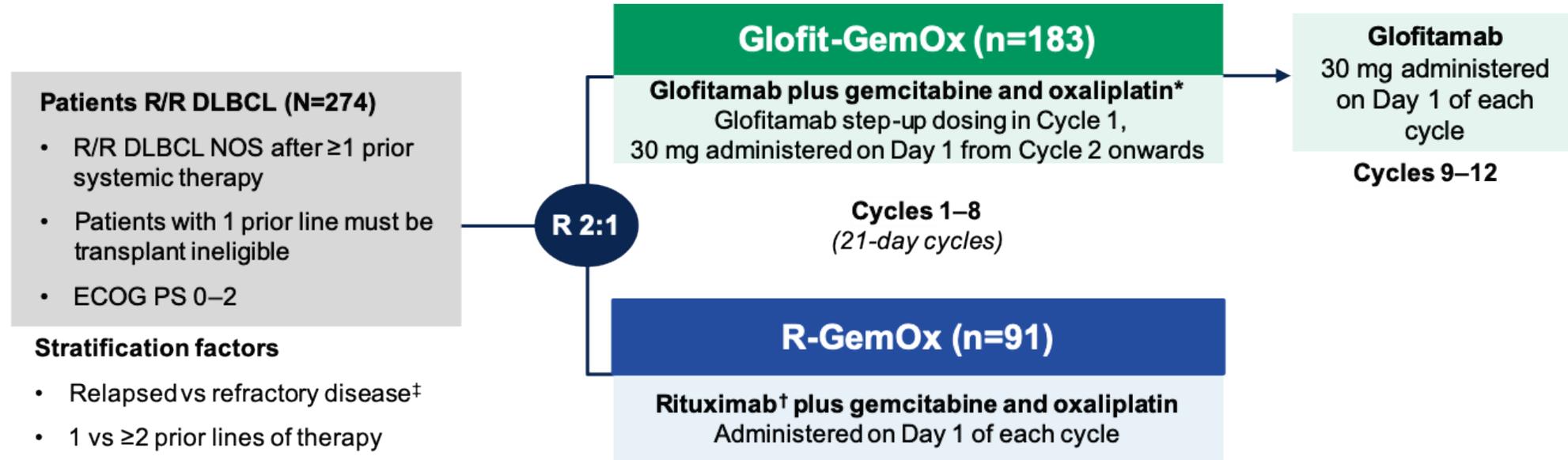
DLBCL Rezidivtherapie

Glofitamab plus gemcitabine and oxaliplatin (Glofit-GemOx) in patients (pts) with relapsed/refractory (R/R) diffuse large B-cell lymphoma (DLBCL): 2 year (yr) follow up of STARGLO

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Jeremy S. Abramson,¹ Matthew Ku,² Mark Hertzberg,³ Christopher P. Fox,⁴ Charles Herbaux,⁵ Hui-Qiang Huang,⁶ Dok Hyun Yoon,⁷ Won Seog Kim,⁸ Huilai Zhang,⁹ Haifaa Abdulhaq,¹⁰ William Townsend,¹¹ Estefania Mulvihill,¹² Victor Orellana-Noia,¹³ Richard Ta,¹³ Huang Huang,¹⁴ Martine Joanna Kallemeijn,¹² Anton Belousov,¹² Alessia Bottos,¹² Linda Lundberg,¹² Gareth P. Gregory¹⁵

Phase III STARGLO Trial - 2L+ r/r DLBCL NOS ineligible for ASCT



Primary endpoint:
OS

Key secondary endpoints:
PFS, CR rate, DoCR (all IRC-assessed)

Safety endpoints:
incidence, nature, and severity of AEs

Additional analyses:
landmark analysis at 1 year of patients in CR
at EOT, biomarkers, and immune recovery

*Gemcitabine 1000 mg/m² and oxaliplatin 100 mg/m². In C1, Gpt administered on D1, GemOx on D2, followed by Glofit 2.5 mg on D8 and Glofit 10 mg on D15; in C2–8, Glofit 30 mg and GemOx are administered on D1. [†]Rituximab 375 mg/m². [‡]Relapsed disease: recurrence following a response that lasted ≥ 6 months after completion of the last line of therapy; refractory disease: disease that did not respond to, or that progressed < 6 months after completion of the last line of therapy.

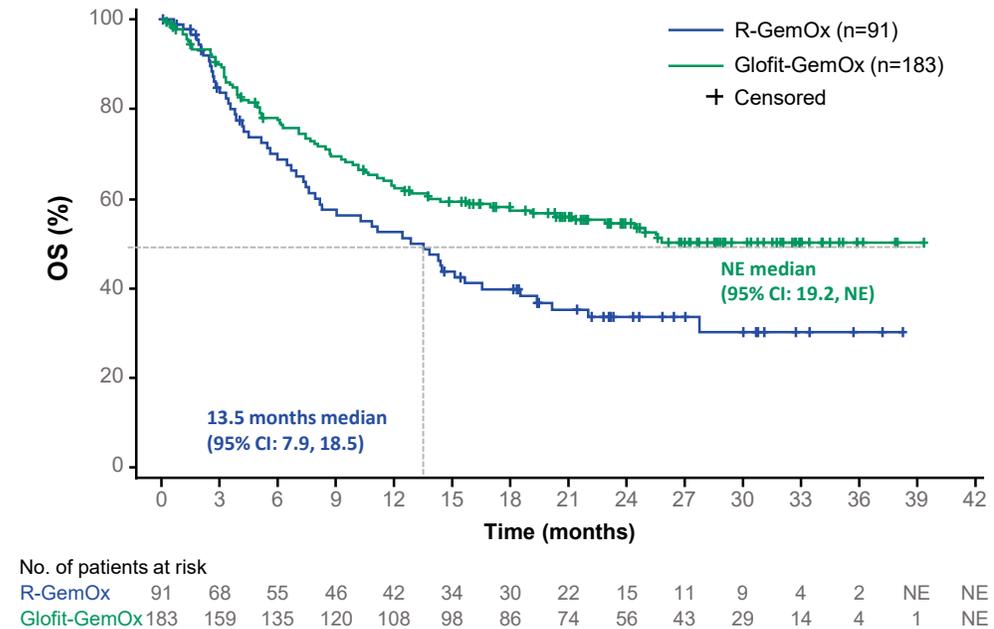
AEs, adverse events; C, cycle, D, day; DoCR, duration of complete response; ECOG PS, Eastern Cooperative Oncology Group performance status; EOT, end of treatment; Gpt, obinutuzumab pre-treatment; IRC, independent review committee; NOS, not otherwise specified;

R 2:1, patients randomized in a 2:1 ratio.

NCT04408638. Available from: <https://www.clinicaltrials.gov>.

Phase III STARGLO Trial - 2L+ r/r DLBCL NOS ineligible for ASCT

Overall survival with ~2 years of follow up



Outcome	R-GemOx (n=91)	Glofit-GemOx (n=183)
2-year follow up analysis (median follow up: 24.7 months)		
OS, median (95% CI); months	13.5 (7.9, 18.5)	NE (19.2, NE)
HR (95% CI)	0.60 (0.42, 0.85)	
p-value*	0.003	
24-month OS, % (95% CI)	33.6 (22.9, 44.2)	54.4 (46.8, 62.0)

- 26.9% of Glofit-GemOx-treated patients and 57.1% of R-GemOx-treated patients had received ≥ 1 NALT

Clinically meaningful OS benefit for Glofit-GemOx vs R-GemOx remains after 2 years of follow up

Polatuzumab Vedotin, Rituximab, Gemcitabine and Oxaliplatin (Pola-R-GemOx) for Relapsed/Refractory (R/R) Diffuse Large B-cell Lymphoma (DLBCL): Results from the Randomized Phase III POLARGO Trial

007 (Plenary Session)

Matthew Matasar,¹ Zhiming Li,² Theodoros P. Vassilakopoulos,³ Juan-Manuel Sancho,⁴ Andreas Viardot,⁵ Andrew McMillan,⁶ Mehmet Sinan Dal,⁷ Juliana Pereira,⁸ Jin Seok Kim,⁹ Lugui Qiu,¹⁰ Connie Lee Batlevi,¹¹ Rania Ibrahim,¹¹ Juana Hernandez,¹² Bruce McCall,¹¹ Yanwen Jiang,¹¹ Mark Yan,¹³ Will Harris,¹¹ Lisa Musick,¹¹ Corinne Haioun¹⁴

Phase III POLARGO Trial - 2L+ r/r DLBCL ineligible for ASCT

Key eligibility criteria

- DLBCL, NOS or history of transformation of indolent disease to DLBCL
- R/R disease after ≥ 1 prior line of treatment
- Ineligible for transplant

Safety run-in
Enrolled $n=15$

Pola-R-GemOx*
Q3W up to 8 cycles

Primary endpoint
Safety and tolerability

Randomized phase
Enrolled $n=255$

R
1:1

Pola-R-GemOx*
 $n=129$
Q3W up to 8 cycles

Primary endpoint
OS

R-GemOx
 $n=126$
Q3W up to 8 cycles

Key secondary endpoints
PFS (by INV)
CR[†] (by IRC)
ORR[†] (by IRC)

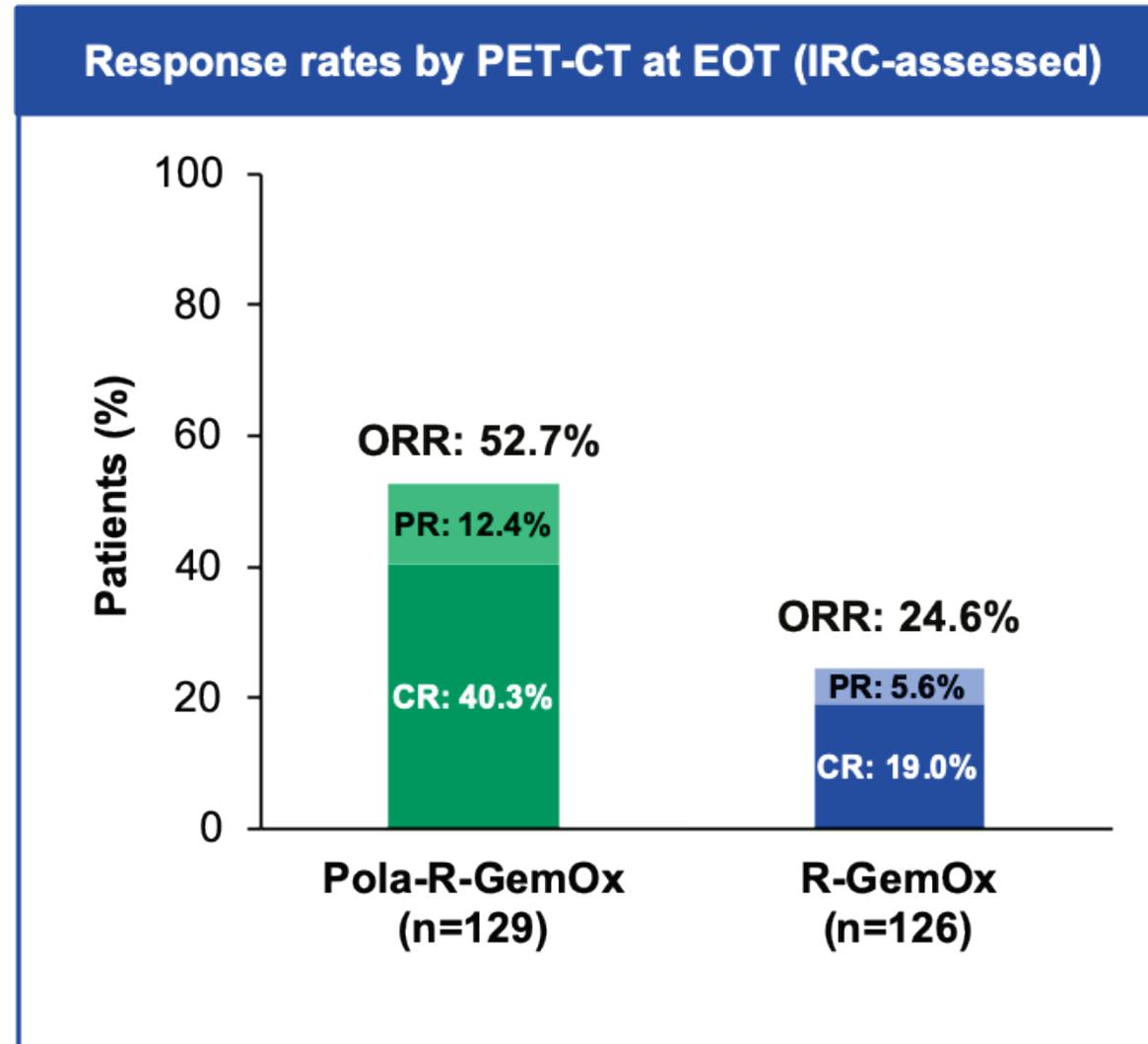
Stratification Factors

- Age (≤ 70 vs > 70 years)
- Prior lines of therapy (1 vs ≥ 2)
- Relapsed vs refractory

Phase III POLARGO Trial - 2L+ r/r DLBCL ineligible for ASCT

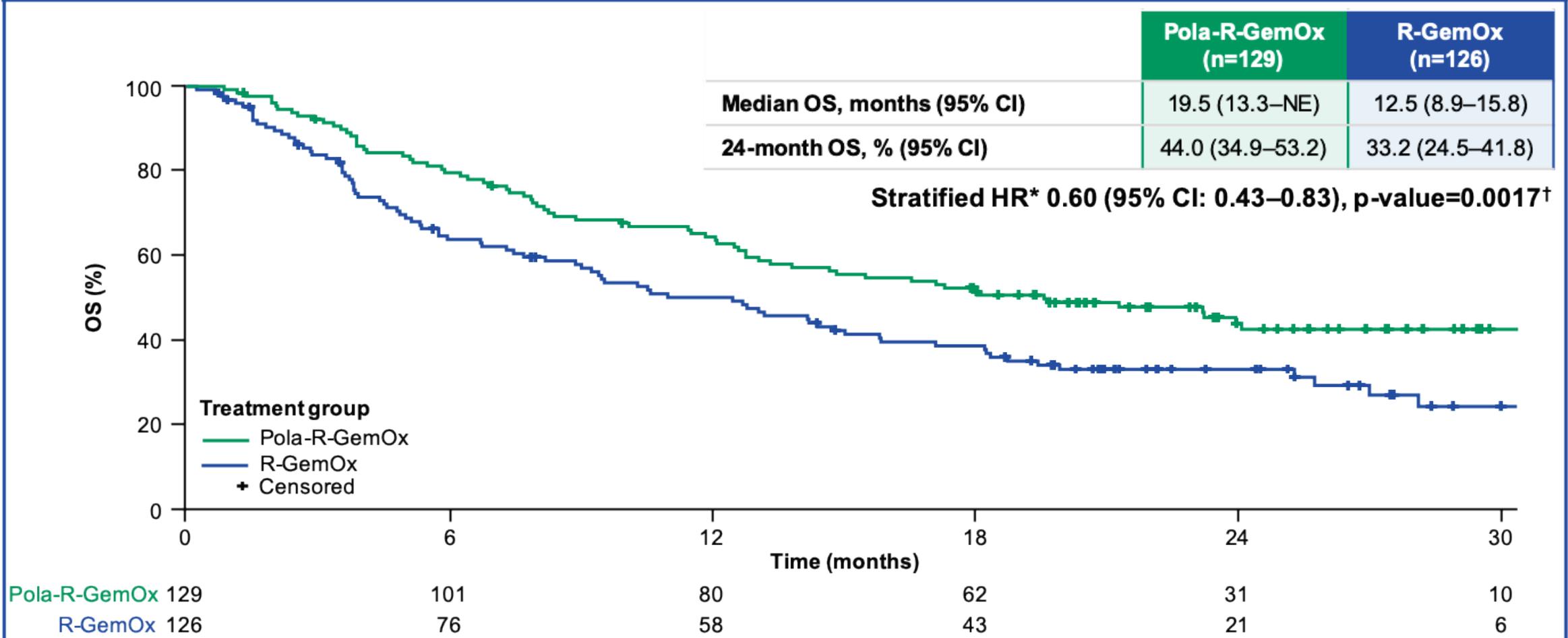
n (%), unless otherwise stated		Pola-R-GemOx (n=129)	R-GemOx (n=126)
Age, years	Median (range)	67 (20–85)	64 (24–89)
	>70 years	45 (34.9)	44 (34.9)
Geographical region	Western Europe, United States, Canada	32 (24.8)	37 (29.4)
	China, South Korea	42 (32.6)	34 (27.0)
	Brazil, Mexico, India, Turkey	55 (42.6)	55 (43.7)
ECOG PS	0–1	115 (89.1)	110 (87.3)
	2	14 (10.9)	16 (12.7)
Ann Arbor stage	I–II	32 (24.8)	28 (22.2)
	III–IV	97 (75.2)	98 (77.8)
IPI risk factor	0–2	66 (51.2)	63 (50.0)
	3–5	63 (48.8)	63 (50.0)
Histopathologic diagnosis	DLBCL, NOS	116 (89.9)	116 (92.1)
	Transformation from indolent disease	13 (10.1)	10 (7.9)
Bulky disease (≥7.5cm)	Present	23 (17.8)	25 (19.8)
Prior lines of therapy for lymphoma	1	81 (62.8)	81 (64.3)
	≥2	48 (37.2)	45 (35.7)
Primary refractory (DLBCL, NOS)	Yes	65/116 (56.0)	71/116 (61.2)
R/R to last prior therapy	Refractory	85 (65.9)	83 (65.9)
Cell of origin (central, GEP)	ABC	41 (31.8)	45 (35.7)
	GCB	48 (37.2)	50 (39.7)
	Unclassified	11 (8.5)	9 (7.1)
	Unknown	29 (22.5)	22 (17.5)

Phase III POLARGO Trial - 2L+ r/r DLBCL ineligible for ASCT



Phase III POLARGO Trial - 2L+ r/r DLBCL ineligible for ASCT

Median OS follow-up: 24.6 months (95% CI: 23.0–26.0)



Phase III POLARGO Trial - 2L+ r/r DLBCL ineligible for ASCT

Overall survival

Biomarker risk factors	Total n	N	Pola-R-GemOx (n=129)		R-GemOx (n=126)		HR	95% Wald CI	Pola-R-GemOx better	R-GemOx better
			Events	Median (months)	n	Events				
All patients	255	129	69	19.5	126	83	12.5	0.64	(0.47–0.89)	
Cell of origin (central)										
ABC	86	41	22	23.2	45	30	10.5	0.53	(0.31–0.93)	
GCB	98	48	23	23.9	50	33	11.0	0.54	(0.32–0.93)	
Unclassified	20	11	6	12.7	9	6	14.2	0.89	(0.28–2.84)	
Unknown	51	29	18	16.5	22	14	18.2	1.01	(0.50–2.02)	

Progression-free survival

Biomarker risk factors	Total n	n	Pola-R-GemOx (n=129)		R-GemOx (n=126)		HR	95% Wald CI	Pola-R-GemOx better	R-GemOx better
			Events	Median (months)	n	Events				
All patients	255	129	84	7.4	126	98	27	0.46	(0.34–0.62)	
Cell of origin (central)										
ABC	86	41	31	7.4	45	40	26	0.35	(0.21–0.57)	
GCB	98	48	28	7.9	50	36	28	0.47	(0.28–0.77)	
Unclassified	20	11	6	10.3	9	9	26	0.42	(0.14–1.24)	
Unknown	51	29	19	4.3	22	13	47	0.79	(0.39–1.61)	

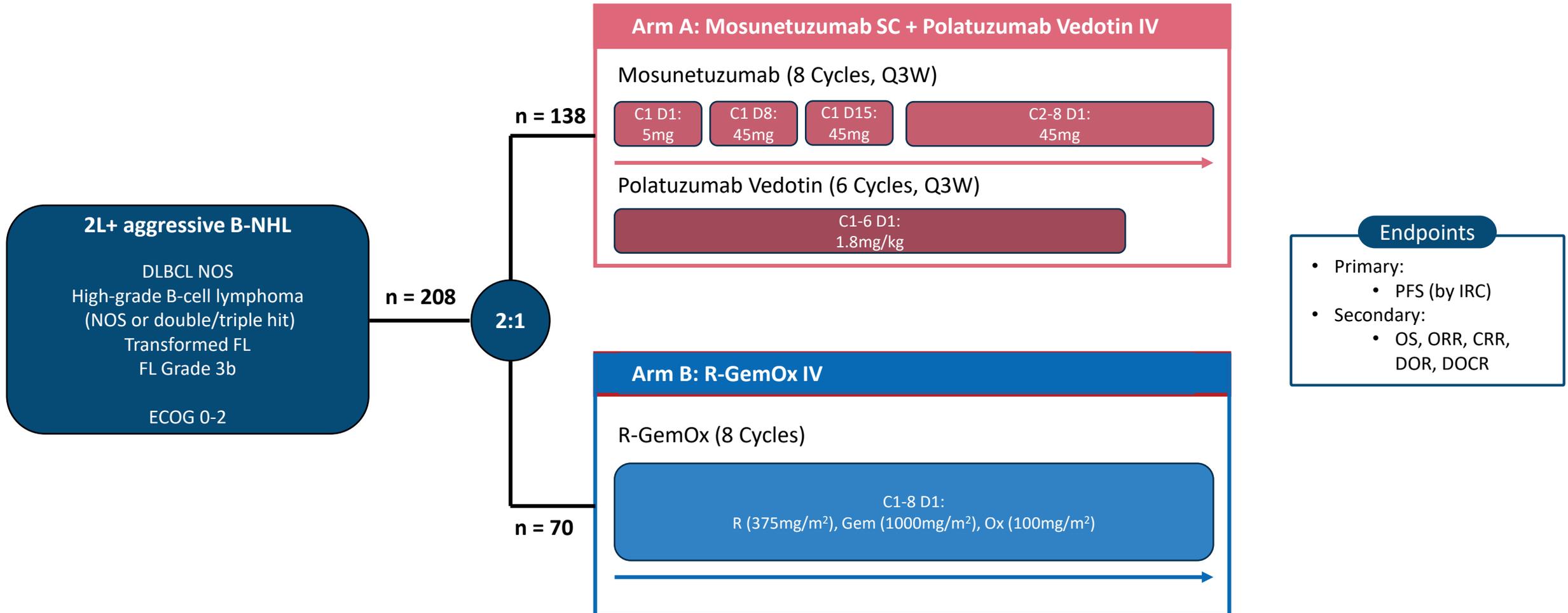
Cell of origin based on GEP.

MOSUNETUZUMAB PLUS POLATUZUMAB VEDOTIN IS SUPERIOR TO R-GemOx IN TRANSPLANT-INELIGIBLE PATIENTS WITH R/R LBCL: PRIMARY RESULTS OF THE PHASE III SUNMO TRIAL

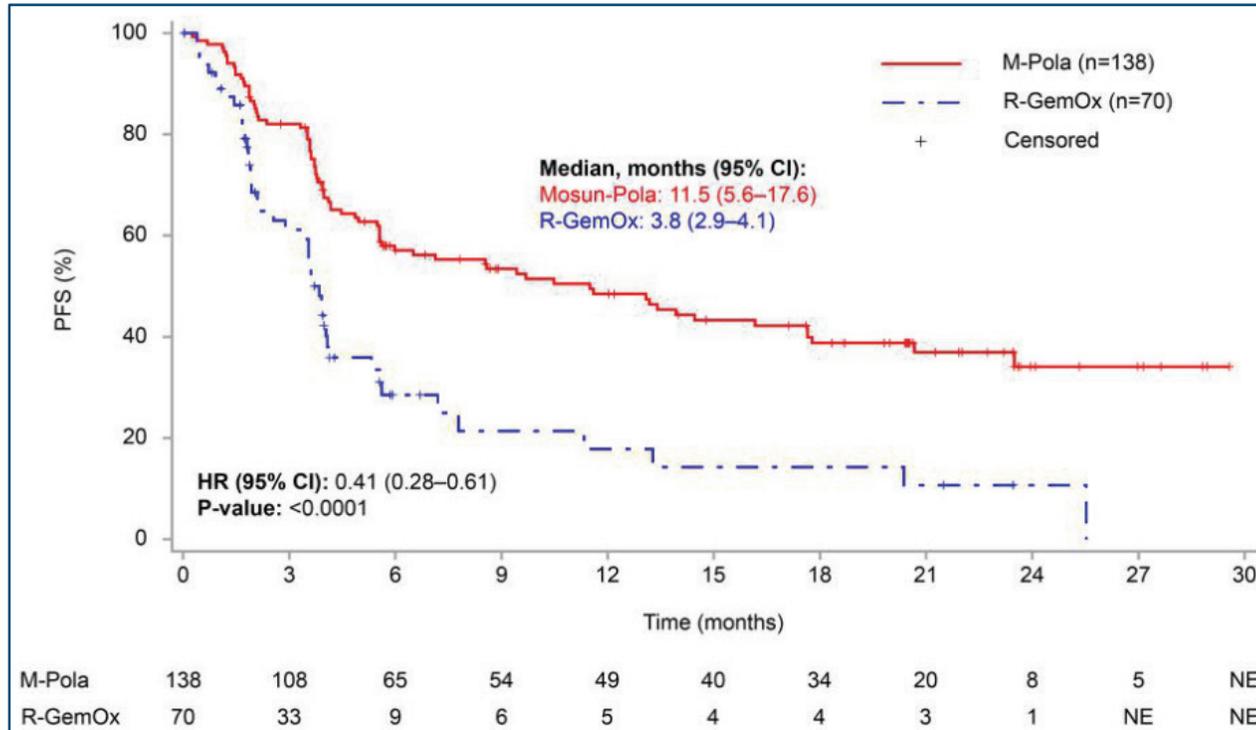
LBA3

J. Westin, H. Zhang, W. Kim, L. M. Fogliatto, D. Maruyama, D. L. C. D. Farias, L. Norasetthada, H. Hong, M. Ozcan, Y. Jeon, A. Pavlovsky, H. Goto, A. Olszewski, N. Shah, B. Hu, S. Yin, M. Janousek, J. Wang, C. L. Batlevi, M. C. Wei, L. E. Budde

Phase III SUNMO Trial - 2L+ r/r LBCL ineligible for ASCT



Phase III SUNMO Trial - 2L+ r/r LBCL ineligible for ASCT



- 2L vs. 3L+: 43.8% vs. 56.2%
- prim. refractory disease/early relapse vs. late relapse: 73.6% vs. 26.4%

Response

- Significantly improved median PFS for M-Pola:
 - 11.5 (95% CI: 5.6-17.6) vs. 3.8 (95% CI: 2.9-4.1)
 - Consistent across subgroups incl. primary refractory disease
- Significantly improved ORR:
 - 70.3% (M-Pola) vs. 40.0% (R-GemOx)
- Significantly improved CR rate:
 - 51.4% (M-Pola) vs. 24.3% (R-GemOx)
- OS trend favoring M-Pola:
 - HR 0.8 (95% CI: 0.54-1.20)

Safety

- Median no. of cycles received:
 - M-Pola 8 (range 1-8) vs. R-GemOx 5 (range 1-8)
- Mosunetuzumab-specific adverse events:
 - CRS in 25.9% of pts (Gr 1, 21.5%; Gr 2, 3.7%; Gr 3, 0.7%)
 - No ICANS
- Similar rates of higher-grade adverse events (M-Pola vs. R-GemOx):
 - Gr. 3-4: 58.5% vs. 57.9%
 - Gr. 5: 5.2% vs. 6.3%
- Favorable risk profile for M-Pola regarding:
 - Thrombocytopenia (8.9% vs. 65.6%)
 - Peripheral neuropathy (24.4% vs. 42.2%)

Take Home Messages

DLBCL Erstlinientherapie

- Größter Nutzen für Pola-R-CHP in der genetischen Subgruppe C5 (angereichert für MYD88 und CD79B Mutationen)
- Vielversprechende Phase 2 Daten für den Einsatz bispezifischer (CD3xCD20) Antikörper
 - in Kombination mit Pola-R-CHP
 - im Frail-Kollektiv (Chemo-light bzw. Chemo-free)

DLBCL Rezidivtherapie (ungeeignet für ASCT)

- Glofitamab-GemOx hinsichtlich OS (24.7 Monate medianes Follow-up) weiterhin R-GemOx signifikant überlegen
- Pola-R-GemOx (POLARGO Phase 3 Studie) hinsichtlich OS ebenfalls R-GemOx signifikant überlegen
- Mosun + Pola (MOSUN Phase 3 Studie) hinsichtlich PFS signifikant R-GemOx überlegen

Alle Kurzpräsentationen sind online unter

www.lymphome.de/icml2025

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Lymphom Kompetenz KOMPAKT



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