The Evolving Landscape of Bispecific Antibodies in RR DLBCL

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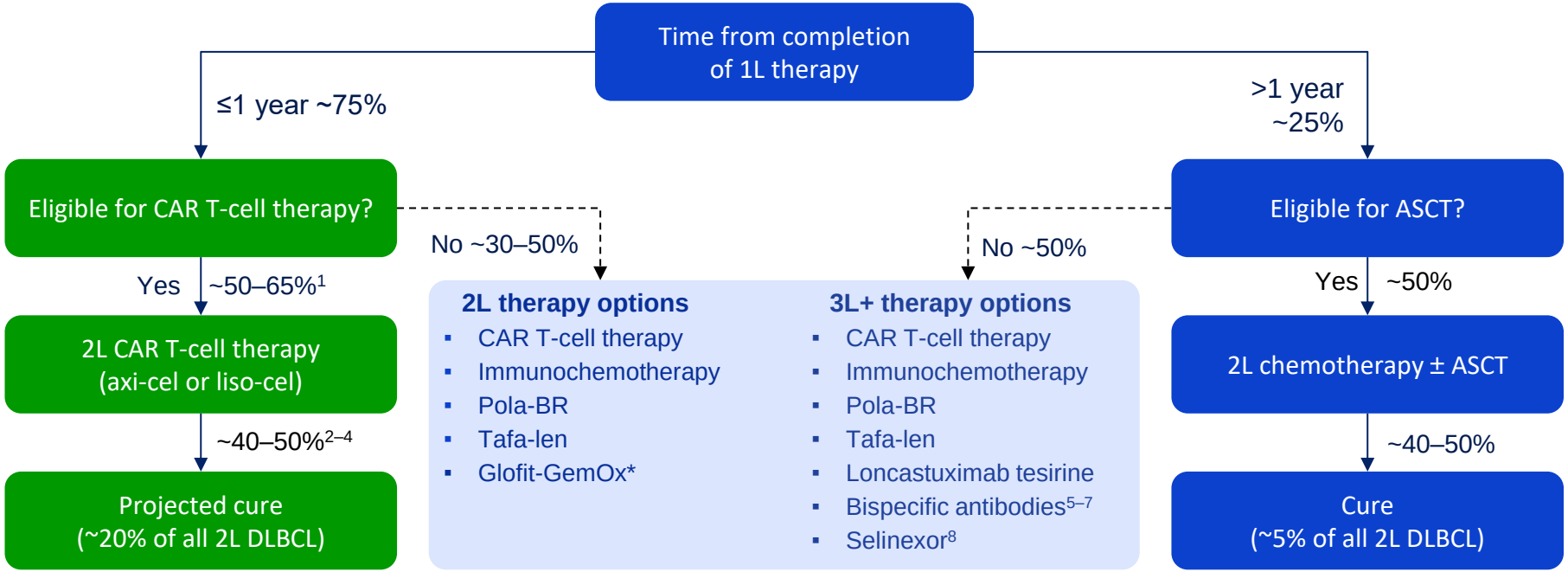
Outlines

- The challenge of RR DLBCL
- Bispecific antibodies
- Future bispecific combinations

Current treatment options in 2L+ DLBCL



*Approved in >30 countries. 1L, first line; 2L, second line; 3L, third line; ASCT, autologous stem cell transplant; CAR, chimeric antigen receptor; DLBCL, diffuse large B-cell lymphoma; Glofit-GemOx, glofitamab plus gemcitabine and oxaliplatin; liso-cel, lisocabtagene maraleucel; Pola-BR, polatuzumab vedotin plus bendamustine and rituximab; Tafa-len, tafasitamab-lenalidomide.

1. Puckrin R, et al. Transpl Cell Ther 2022;28:218.e1–e4; 2. Abramson J, et al. Blood 2023;141;1675–84; 3. Locke F, et al. N Engl J Med 2022;386:640–45; 4. Westin JR, et al. N Engl J Med 2023; 389:148–57; 5. TEPKINLY SmPC; 6. COLUMVI SmPC; 7. Ordspono SmPC; 8. XPOVIO USPI.

Current treatment options in 2L+ DLBCL

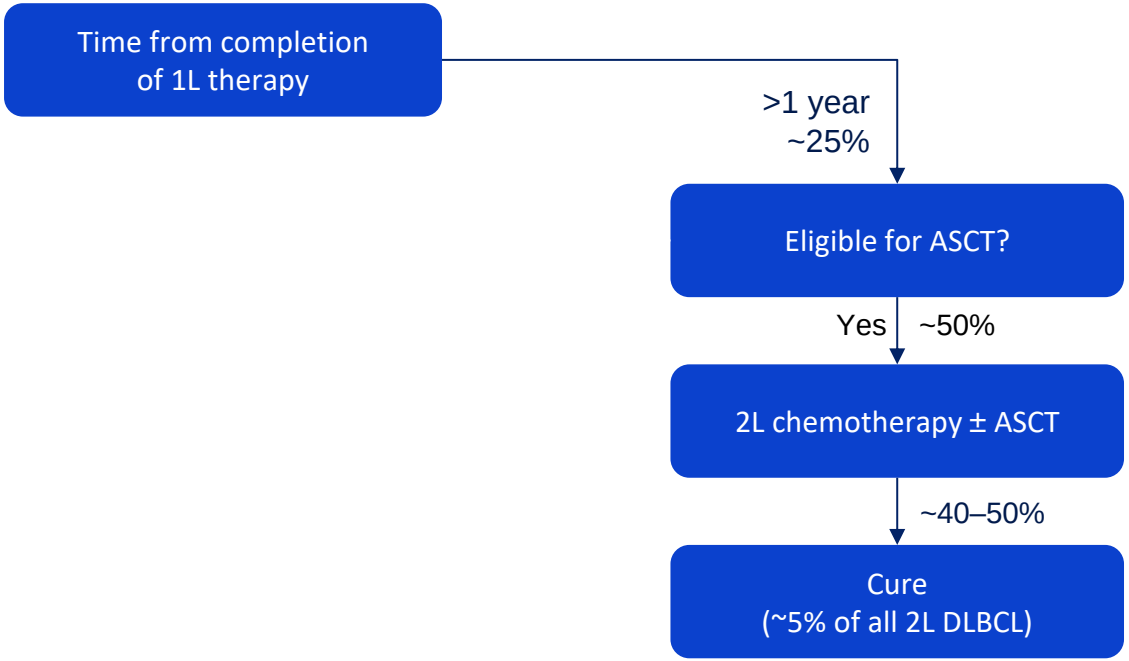
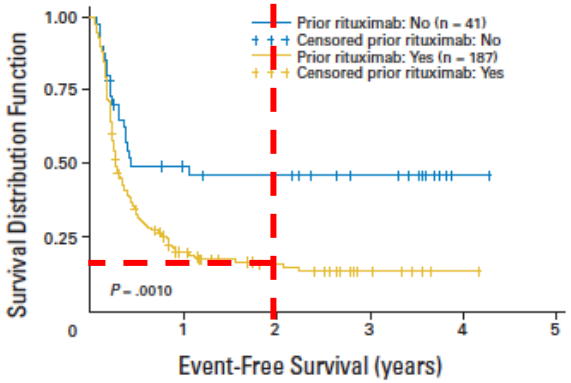


Figure adapted from Westin J & Sehn LH. Blood 2022;139:2737–46. © 2022 by The American Society of Hematology.

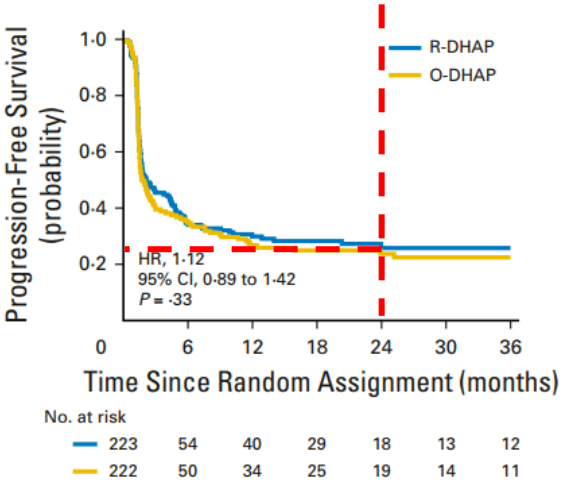
1. Puckrin R, et al. Transpl Cell Ther 2022;28:218.e1–e4; 2. Abramson J, et al. Blood 2023;141;1675–84;
3. Locke F, et al. N Engl J Med 2022;386:640–45; 4. Westin JR, et al. N Engl J Med 2023; 389:148–57;
5. TEPKINLY SmPC; 6. COLUMVI SmPC; 7. Ordspono SmPC; 8. XPOVIO USPI.

The effect of conventional therapy is limited in R/R DLBCL in modern era

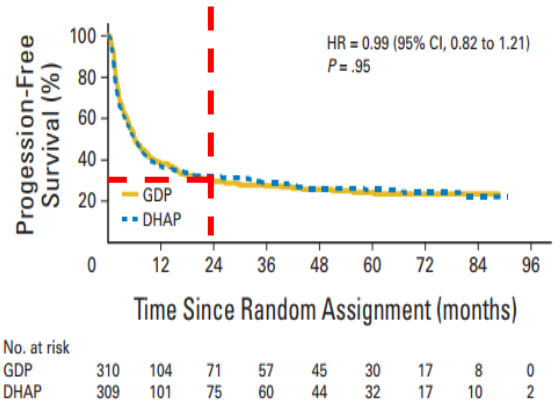
CORAL
(R-ICE, R-DHAP)



ORCHARRD
(O-DHAP, R-DHAP)



NCIC-CTG LY.12
(R-GDP, R-DHAP)

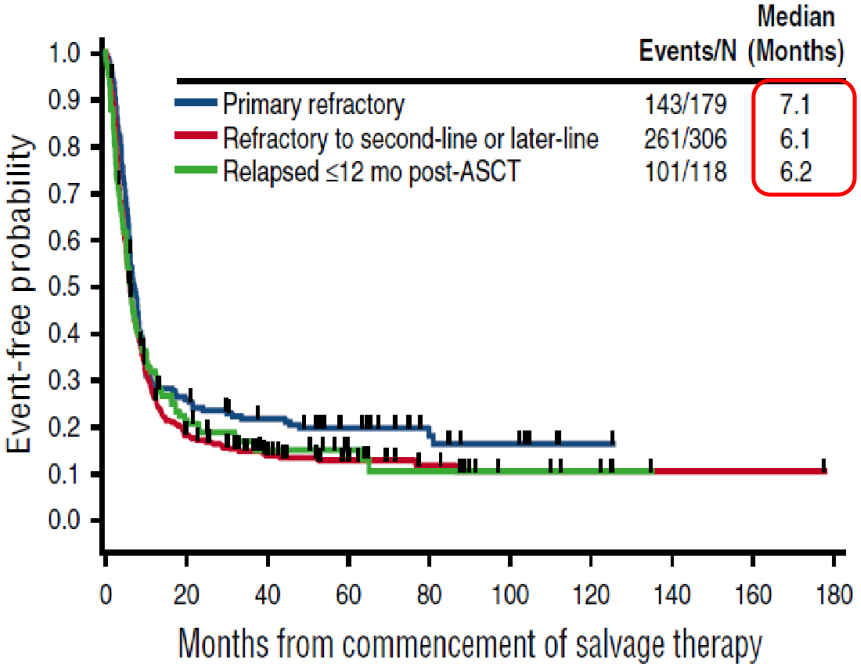


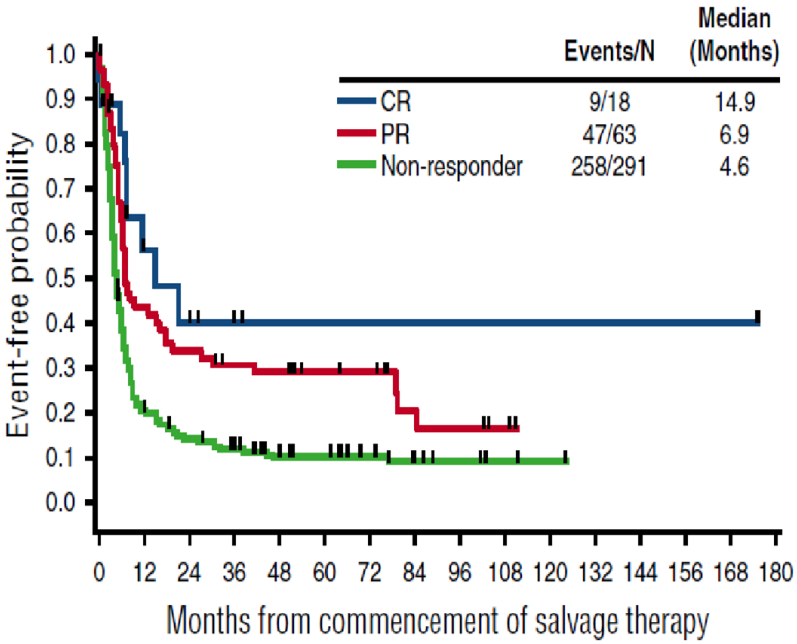
For patients planned for HDCT and ASCT
(which already means they are fit, not too old, and w/o co-morbid):

- The chance of cure is 25% incl. late relapses
- 10% (at best) in patients with < 1 year in remission

1. Gisselbrecht C, et al. J Clin Oncol 2010; 28(27): 4184-90.
2. Van Imhoff GW, et al. J Clin Oncol 2017; 35(5): 544-551.
3. Crump M, et al. J Clin Oncol 2014; 32(31): 3490-3496.

The Scholar 1 study highlights an unmet need in refractory DLBCL





Blood. 2017;130(16):1800-1808

HDCT-ASCT is the current standard of care for late chemosensitive relapses

Up to 40% of patients with DLBCL are refractory to, or relapse after, 1L therapy[1]

HDCT followed by ASCT is the standard of care for 2L treatment of patients with DLBCL who experience relapse ≥12 months after completing 1L treatment[2]

However, less than half of patients with relapsed DLBCL are eligible for ASCT[2]

ASCT is unsuitable for many older patients and those with comorbidities due to associated toxicities and risks[2]

Patients with relapsed DLBCL are also ineligible for ASCT if they are insufficiently chemosensitive to 2L chemotherapy[2]

1L, first line; 2L, second line; ASCT, autologous stem cell transplant; DLBCL, diffuse large B-cell lymphoma; HDCT, high dose chemotherapy.

1. Gisselbrecht C and Van Den Neste E. Br J Hematol 2018;182:633–43;
2. Westin J & Sehn LH. Blood 2022;139:2737–46.

Current treatment options in 2L+ DLBCL

*Approved in >30 countries. 1L, first line; 2L, second line; 3L, third line; ASCT, autologous stem cell transplant; CAR, chimeric antigen receptor; DLBCL, diffuse large B-cell lymphoma; Glofit-GemOx, glofitamab plus gemcitabine and oxaliplatin; liso-cel, lisocabtagene maraleucel; Pola-BR, polatuzumab vedotin plus bendamustine and rituximab; Tafa-len, tafasitamab-lenalidomide.

1. Puckrin R, et al. Transpl Cell Ther 2022;28:218.e1–e4; 2. Abramson J, et al. Blood 2023;141;1675–84; 3. Locke F, et al. N Engl J Med 2022;386:640–45; 4. Westin JR, et al. N Engl J Med 2023; 389:148–57; 5. TEPKINLY SmPC; 6. COLUMVI SmPC; 7. Ordspono SmPC; 8. XPOVIO USPI.

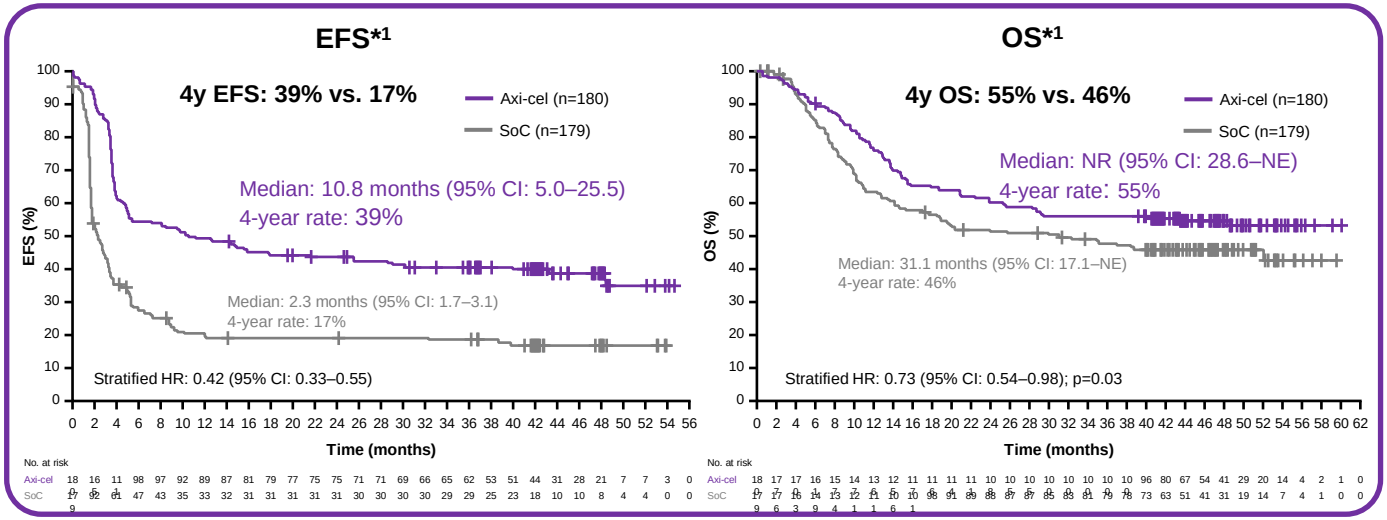
2L transplant-eligible

In the Phase III ZUMA-7 trial, axi-cel demonstrated improved survival outcomes versus SoC and no new safety signals at 4 years[1]

N=359[1,2]

- ✓ R/R LBCL after ≤12 months of adequate 1L chemotherapy
- ✓ ECOG PS 0 or 1
- ✗ Prior SCT, prior CD19-targeted therapy

Primary endpoint: EFS[2]



Safety of axi-cel (n=170)[2]

- CRS: **92%** (Grade ≥3: 6%)
- Neurotoxicity: **60%** (Grade ≥3: 21%)

Patients received either axi-cel or protocol-defined, investigator-selected, platinum-based chemoimmunotherapy for 2–3 cycles.
Patients with complete or partial response after chemoimmunotherapy proceeded to HDCT-ASCT.
*Median follow-up: 47.2 months.[1]
LBCL, large B-cell lymphoma; NR, not reached; SCT, stem cell transplant.

1. Westin J, et al. New Engl J Med 2023;389:148–57; 2. Locke F, et al. N Engl J Med 2022;386:640–45.

2L transplant-eligible

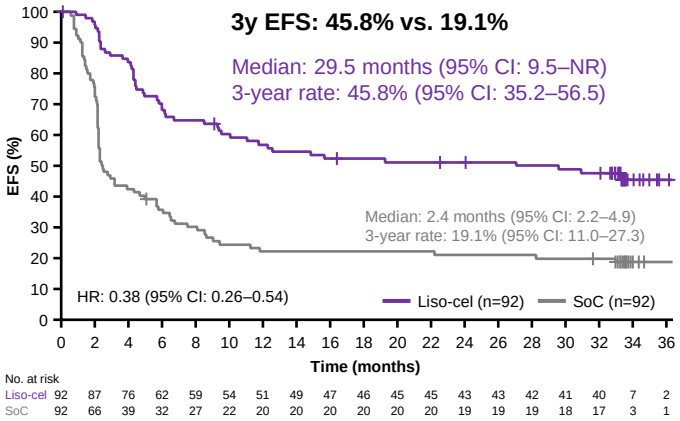
In the Phase III TRANSFORM trial, liso-cel improved survival outcomes versus SoC, with no new safety concerns after 3 years of follow-up[1]

N=184[1,2]

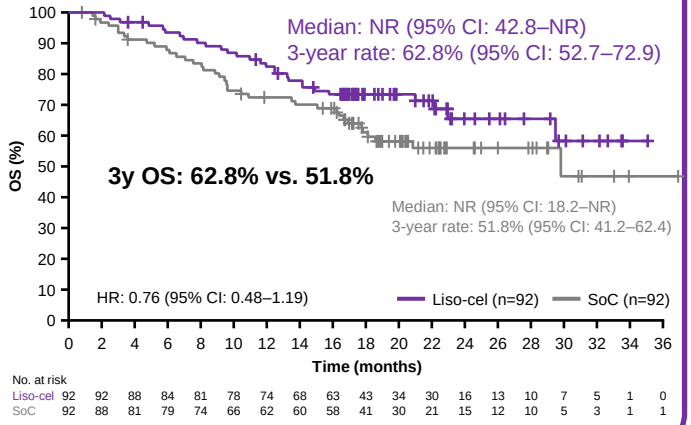
- ✓ R/R LBCL after ≤12 months of adequate 1L chemotherapy
- ✓ ECOG PS 0 or 1
- ✗ Prior SCT, prior CD19-targeted therapy

Primary endpoint: EFS[1,2]

EFS*[1]



OS*[1]



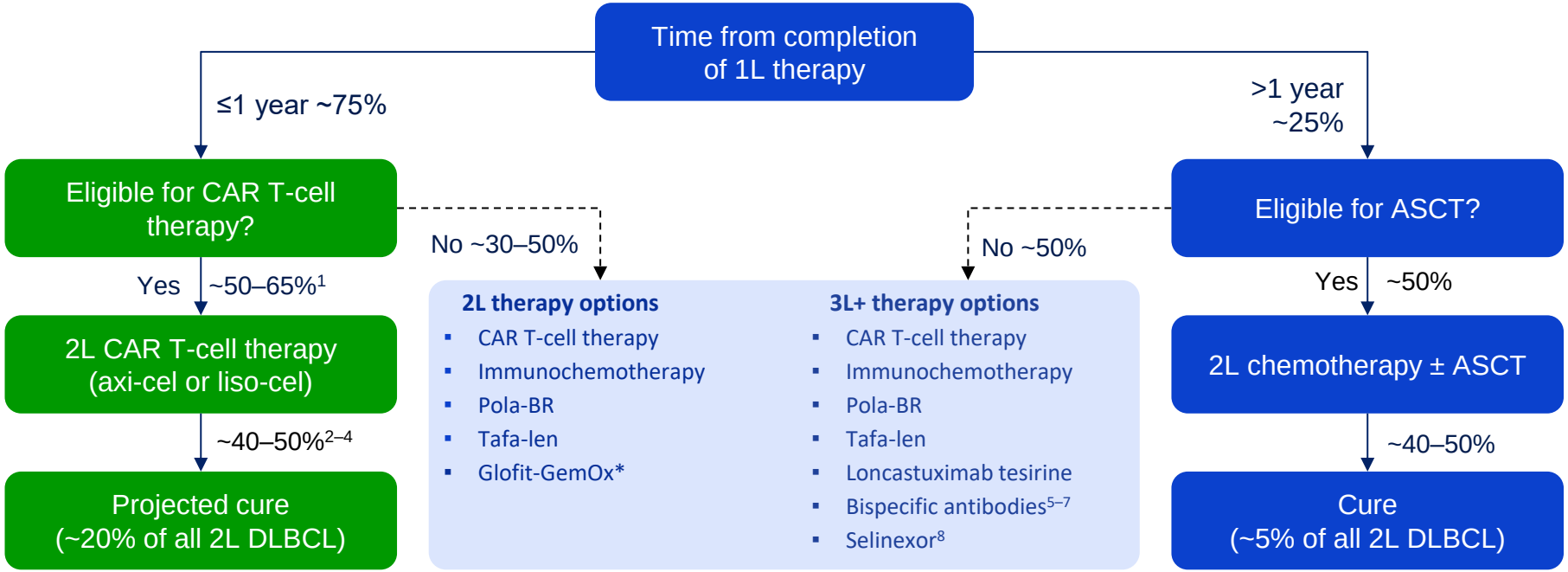
Safety of liso-cel (n=92)[2]

- CRS: **49%** (Grade ≥3: 1%)
- Neurotoxicity: **11%** (Grade ≥3: 4%)

Patients received either liso-cel or investigator's choice of immunochemotherapy (R-ICE, R-DHAP or R-GDP) for 3 cycles.
Patients with complete or partial response after immunocemotherapy proceeded to HDCT-ASCT.
*Median follow-up: 33.9 months.[1]
Liso-cel, lisocabtagene maraleucel.

1. Abramson J, et al. EHA June 2024; oral presentation (abstract #S272); 2. Abramson J, et al. Blood 2023;141;1675–84.

Current treatment options in 2L+ DLBCL



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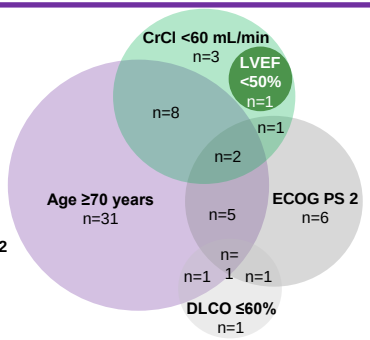
In the Phase II PILOT study, liso-cel provided a clinical benefit with no new safety signals at final analysis in patients with HSCT-ineligible R/R LBCL[1]

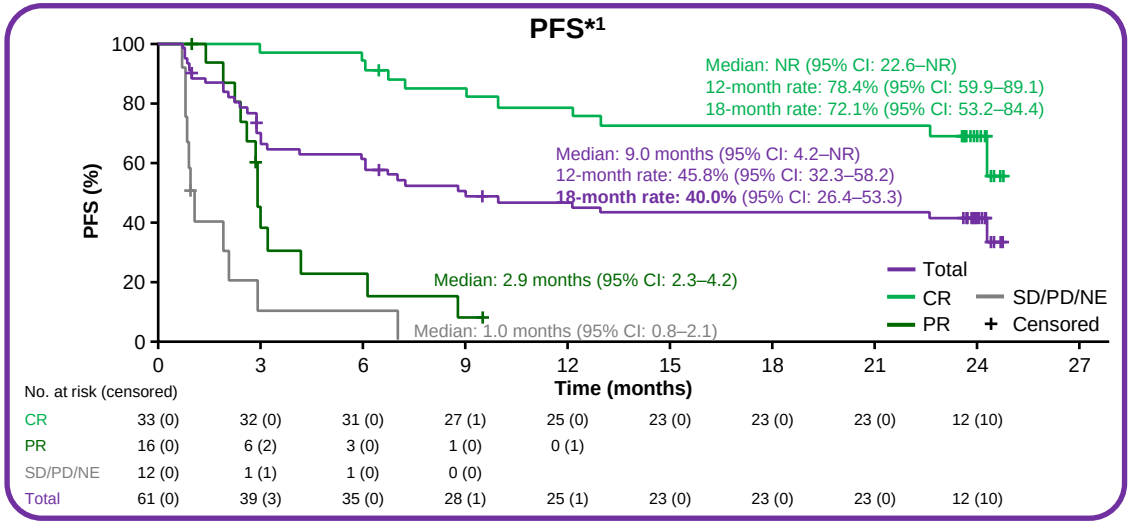
N=61[1,2]

- ✓ R/R LBCL
- ✓ Ineligible for HSCT
- ✓ Prior chemotherapy (including anthracycline and a CD20-targeted therapy)
- ✓ Met ≥1 transplant not-intended criterion by investigator

Primary endpoint: ORR[1,2]

A total of 20 (33%) patients met ≥2 of the 6 protocol-specified transplant not-intended criteria[2]





Safety (N=61)[1]

CRS: **37.7%**
(Grade 1/2: 36.1%; Grade 3: 1.6%)

Neurotoxicity: **31.1%**
(Grade 1/2, 26.2%; Grade 3: 4.9%)

*Median follow-up: 18.2 months.[1]

CrCl, creatine clearance; DLCO, diffusing capacity of the lung for carbon monoxide; HSCT, hematopoietic stem cell transplant; LVEF, left ventricular ejection fraction; PD, progressive disease; PR, partial response; SD, stable disease.

1. Sehgal A, et al. ASH December 2023; oral presentation (abstract #105);
2. Sehgal A, et al. Lancet Oncol 2022;23:1066–77.

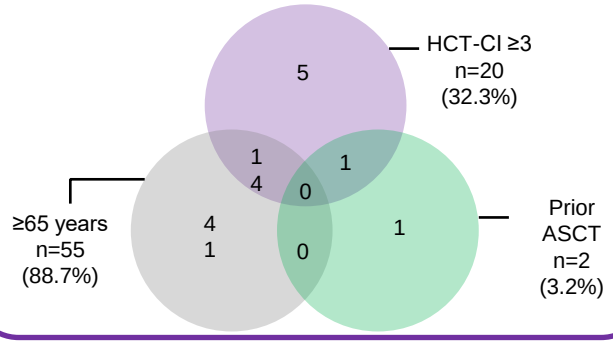
In the Phase II ALYCANTE study, axi-cel demonstrated high anti-tumor activity in HDCT/ASCT-ineligible patients with R/R LBCL

N=62

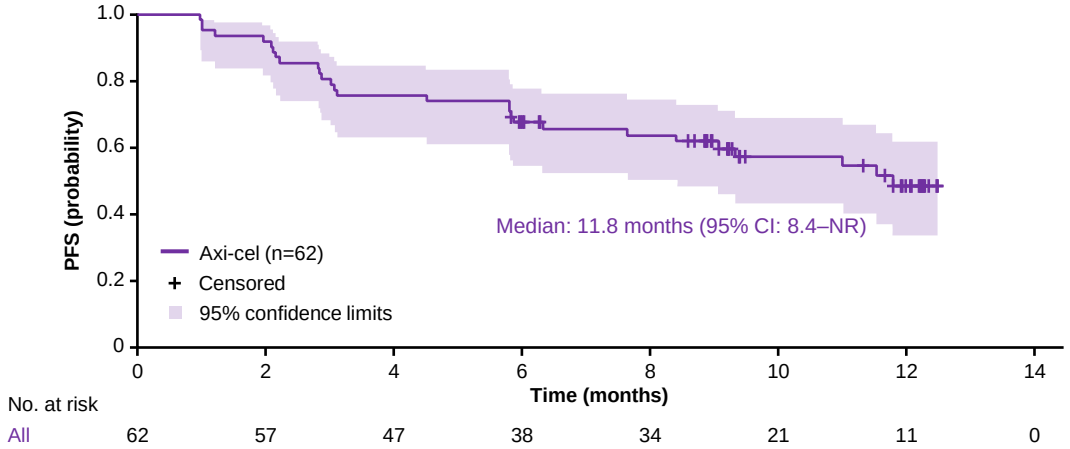
- ✓ R/R LBCL ≤12 months after 1L chemotherapy (including anthracycline and a CD20-targeted therapy)
- ✓ Ineligible for HDCT/ASCT
- ✗ Prior CD19-targeted therapy

Primary endpoint: CMR

Reasons for ineligibility for HDCT/ASCT



PFS*



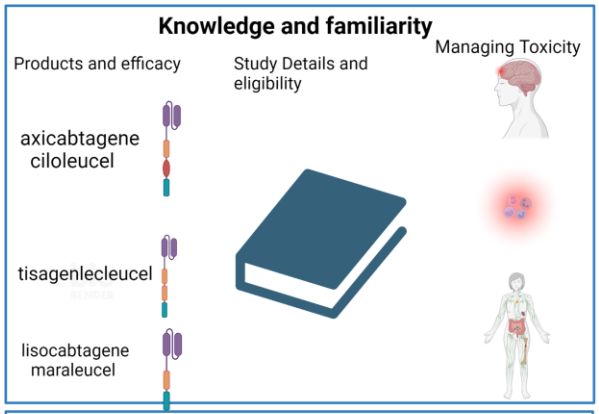
Safety (N=62)

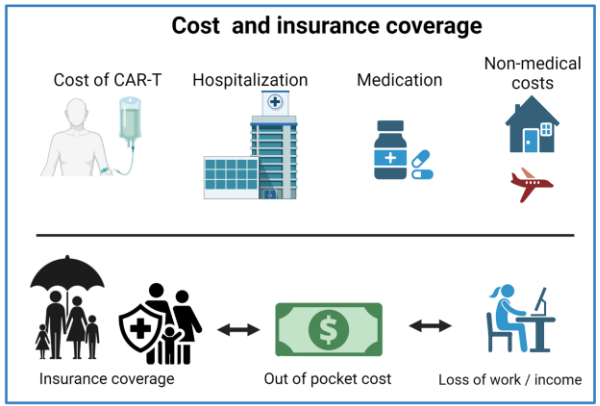
- CRS: 93.5% (Grade 1/2: 85.5%; Grade 3/4: 8.1%)
- ICANS: 51.6% (Grade 1/2: 37.1%; Grade 3/4: 14.5%)

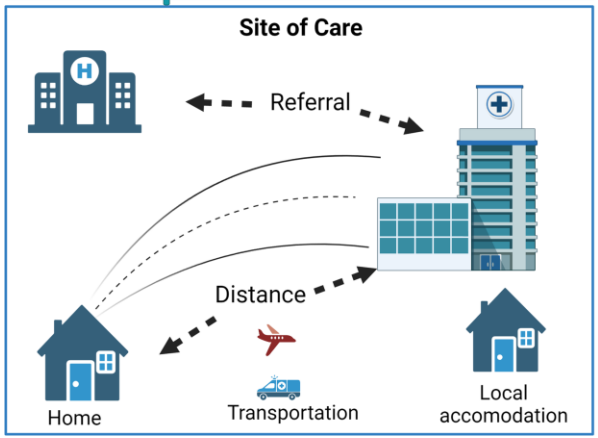
*Median follow-up: 12.0 months.
HCT-CI, hematopoietic cell transplantation-specific comorbidity index.

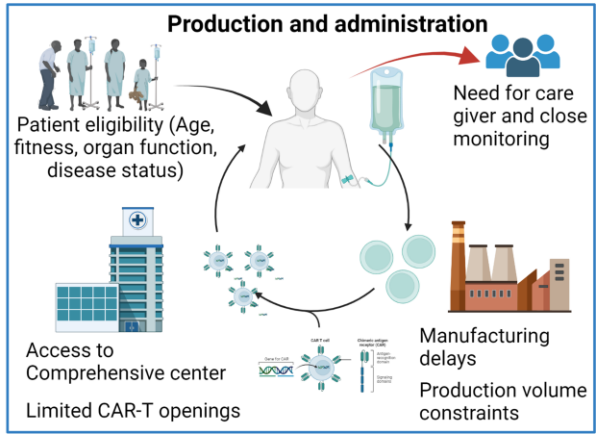
Houot R, et al. Nat Med 2023;29:2593–601.

Barriers to CAR T-cell therapy for DLBCL







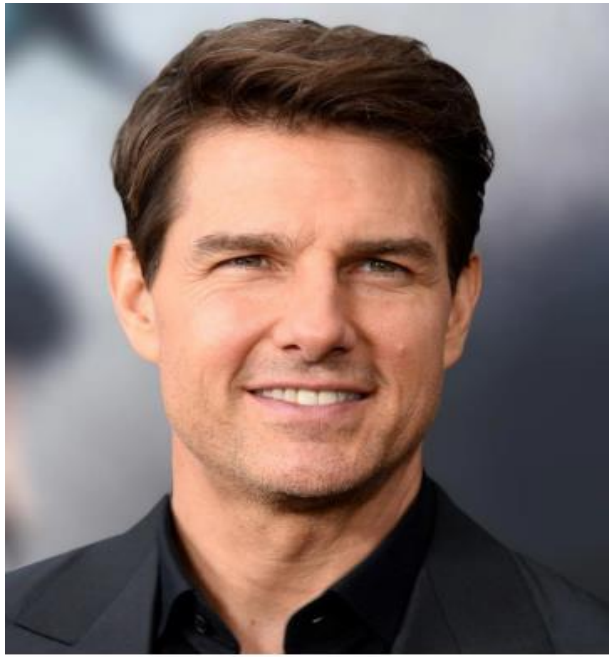


- Patient eligibility
- Rapid disease kinetics
- Complex manufacturing and coordination of care
- Accessibility to treatment center
- Toxicity management
- Cost effectiveness and Reimbursement
- High rate of treatment failure.

Nze C and Flowers CR. Hematology Am Soc Hematol Educ Program 2023:2023:382–85.

Which treatment is the SOC?

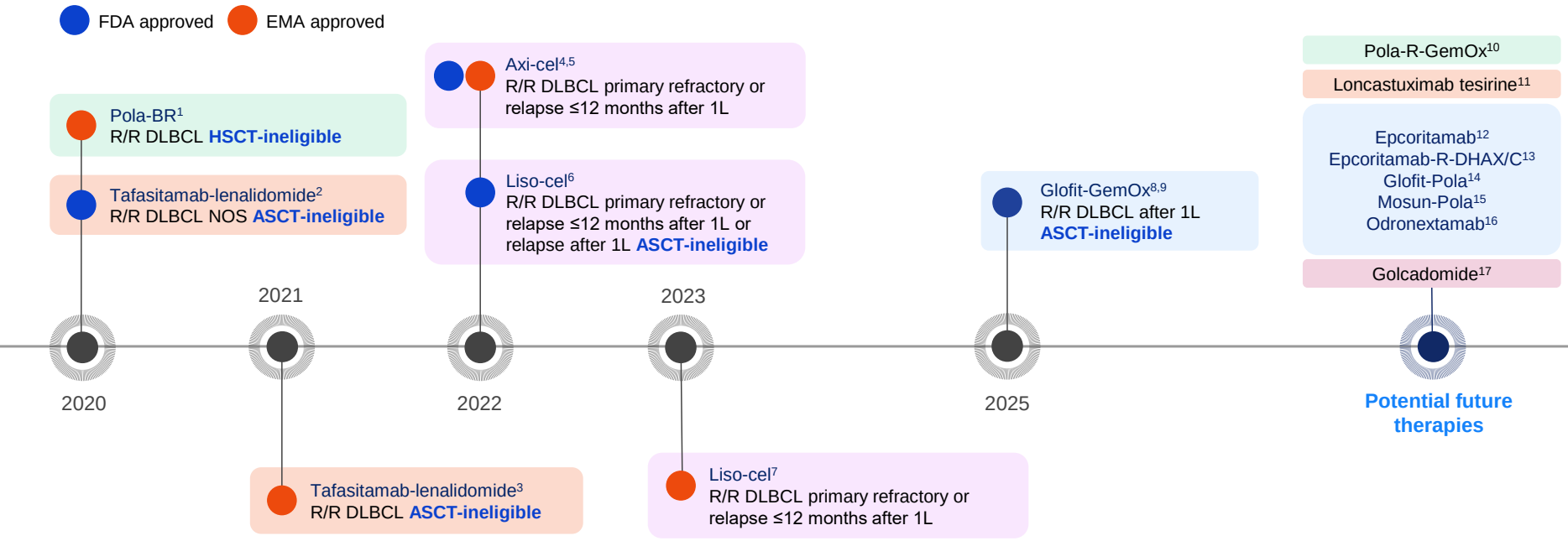
XX-cel



SOC

ADC | Anti-CD19 | CAR T-cell | Bispecific antibody | CELMoD

The 2L DLBCL treatment landscape is evolving[1–17]

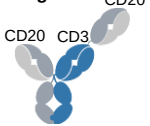


Slide content is under the speaker's responsibility and reflects their clinical experience.

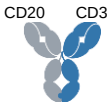
1. POLIVY SmPC; 2. MONJUVI USPI; 3. MINJUVI SmPC; 4. YESCARTA USPI; 5. YESCARTA SmPC; 6. BREYANZI USPI; 7. BREYANZI SmPC; 8. NCT04408638. Available at https://clinicaltrials.gov; 9. COLUMVI SmPC; 10. Matasar M, et al. J Clin Oncol 2022;40:7551; 11. NCT04384484. Available at https://clinicaltrials.gov; 12. NCT04628494. Available at https://clinicaltrials.gov; 13. Cordoba R, et al. Hemasphere 2022;6(Suppl.):1101–2; 14. NCT03533283. Available at https://clinicaltrials.gov; 15. Westin J, et al. ASCO 2023; abstract #TPS7586; 16. Crombie JL, et al. Blood 2023;142(Suppl. 1):4461–2; 17. Chavez JC, et al. Blood 2023;142:4496–8.

Current CD20xCD3 bispecific antibodies for DLBCL

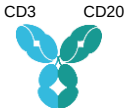
2+1 CrossMab IgG1



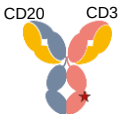
Knob-in-hole IgG1



DuoBody-CD3xCD20 IgG1



VELOCI-Bi IgG4



Agent	Route of administration	Half-life in days, median	Dosing schedule	Cycle length in days	Step-up doses as percentage of target dose, %	Duration of therapy	CRS mitigation: anti-CD20 pre-treatment	CRS mitigation: corticosteroid	Hospitalization recommendations	Visits in first 6 months
Glofitamab	IV	10	*Step-up*: D-7 GPT D1 2.5 mg D8 10 mg *Target*: 30 mg Q3W	21	8.3 33	Fixed: up to 12 cycles	Obinutuzumab 1,000 mg IV D-7	Dexamethasone 20 mg PO/IV for first 3 doses*	First dose	~12
Mosunetuzumab	IV	6-11	*Step-up*: D1 1 mg D8 2 mg D15 60 mg *Target*: D15 60 mg Q3W	21	1.6 3.3	Fixed: up to 17 cycles (8 if CR achieved, 17 if partial response or stable disease)	Nil	Dexamethasone 20 mg PO/IV or methylprednisolone 80 mg for first 4 doses	Nil mandated	~12
Epcoritamab	SC	8.8	*Step-up*: D1 0.16 mg D8 0.80 mg *Target*: 48 mg QW for C1-C3 then Q2W for C4-9, then Q4W C10+	28	0.33 1.7	Indefinite - to progression or intolerance	Nil	Dexamethasone 15 mg or equivalent for 4 days with each of the first 4 doses	First target dose	~18
Odronextamab	IV	14	*Step-up*: D1 0.7 mg D8 4 mg D15 20 mg *Target*: 160 mg QW for C2-4 320 mg Q2W C5+, then Q4W C9+ (if CR)	21	0.4 2.5 12.5	Indefinite - to progression or intolerance	Nil	Dexamethasone 20 mg 1 day prior, on days of dosing, and 1 day after dosing during step-up and first target dose	First 3 doses	~21

*Corticosteroid may be administered on day 1 of cycle 2 if significant cytokine release syndrome is observed during the first cycle. CRS: cytokine release syndrome; IV: intravenous; D: day; GPT: gazyva (obinutuzumab) pre-treatment; QW: weekly; Q2W: every 2 weeks; Q3W: every 3 weeks; Q4W: every 4 weeks; PO: oral; CR: complete response; SC: subcutaneously; C: cycle.

1. Adrian G Minson, Michael J Dickinson. Haematologica. *Vol.* 110 No. 7 (2025): July, 2025; 2.Engelberts PJ, et al. *EBioMedicine*. 2020;52:102625.; 3. Schuster SJ. *Hematological Oncology*. 2021;39(S1):113–116.;4. You G, et al. *Vaccines*. 2021;9:724.

Single-arm pivotal Phase II expansion in patients with R/R DLBCL and ≥2 prior therapies (NP30179)[1]

Key inclusion criteria

- DLBCL NOS, HGBCL, transformed FL or PMBCL
- ECOG PS 0–1
- ≥2 prior therapies, including:
  - anti-CD20 antibody
  - anthracycline

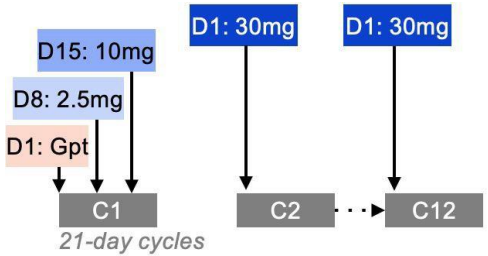
Glofitamab IV administration

Fixed-duration treatment

- Max. 12 cycles

CRS mitigation:

- Obinutuzumab pretreatment (1 x 1000mg)
- C1 step-up dosing
- Monitoring after first dose (2.5mg)



Endpoints

Primary: CR (best response) rate by IRC*

Key secondary: ORR rate,† DoR, DoCR,† PFS, and OS

*by PET-CT (Lugano criteria)[1]; †by IRC and investigator. BCL, B-cell lymphoma; CRS, cytokine release syndrome; CT, computed tomography; DLBCL, diffuse large B-cell lymphoma; ECOG, European Cooperative Oncology Group performance status; FL, follicular lymphoma;
Gpt, obinutuzumab pretreatment; HGBCL, high-grade BCL; IRC, Independent Review Committee; NOS, not otherwise specified; PET, positron emission tomography; PMBCL, primary mediastinal BCL

1. Dickinson M, et al. ASCO 2022 oral presentation (abstract #7500);
2. Cheson BD, et al. J Clin Oncol 2014

NP30179: baseline characteristics

n (%)*		All patients (N=154)†
Median age, years (range)		66.0 (21–90)
Male		100 (64.9)
ECOG PS‡	0	69 (44.8)
	1	84 (54.5)
Ann Arbor stage	I/II	35 (22.7)
	III/IV	116 (75.3)
NHL subtype	DLBCL	110 (71.4)
	trFL	28 (18.2)
	HGBCL	10 (6.5)
	PMBCL	6 (3.9)
Bulky disease	>6cm	64 (41.6)
	>10cm	19 (12.3)

n (%)*	All patients (N=154)†
Median no. of prior lines, n (range)	3 (2–7)
2 prior lines	61 (39.6)
≥3 prior lines	93 (60.4)
Prior CAR-T	51 (33.1)
Refractory to prior CAR-T§	46 (29.9)
Prior ASCT	29 (18.8)
Refractory to any prior therapy	138 (89.6)
Refractory to last prior therapy	131 (85.1)
Refractory to first line of prior therapy	90 (58.4)
Refractory to any prior anti-CD20	128 (83.1)

The patient population was heavily pre-treated and highly refractory to prior therapy

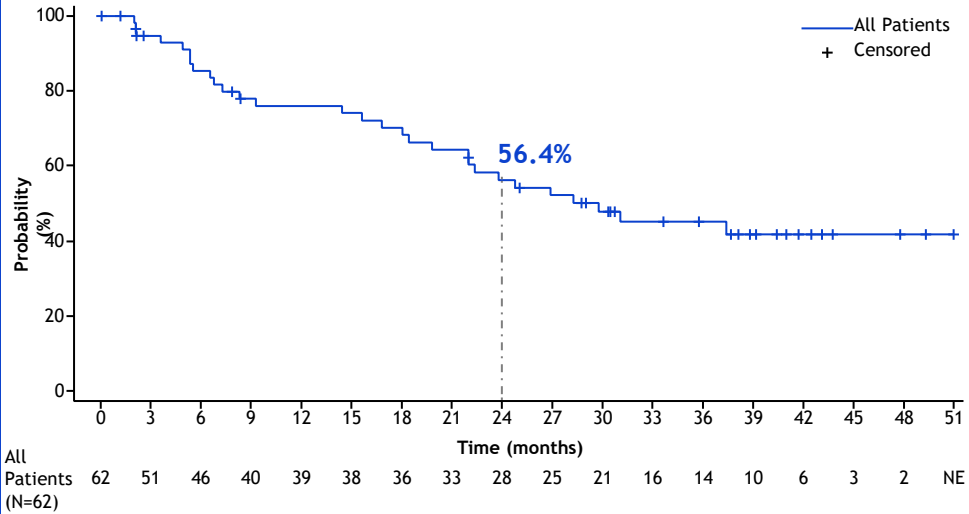
Clinical cut-off date: September 4, 2023. *Unless otherwise specified; †Safety-evaluable population (all treated patients; one patient enrolled in the intent-to-treat population did not receive any study drug and was excluded from the safety-evaluable population); ‡ECOG PS 2, n=1 (0.6%); one patient had an ECOG PS of 1 at enrolment, but deteriorated before the receipt of study treatment;[1] §Patients who had no response or relapsed within 6 months.
ASCT, autologous stem cell transplant; CAR-T, chimeric antigen receptor T-cell; NHL, non-Hodgkin lymphoma; trFL, transformed follicular lymphoma.

1. Dickinson M, et al. N Engl J Med 2022;387:2220–31.

NP30179: CR remained durable following fixed-duration glofitamab treatment

	(N=155)*
CR rate, n (%) [95% CI]	62 (40) [32.2–48.2]
ORR, n (%) [95% CI]	80 (52) [43.5–59.7]
Median DoCR, months (95% CI)	29.8 (22.0–NE)
24-month DoCR, % (95% CI)	56.4 (42.9–69.8)
Ongoing CRs, n/N (%)	33/62 (53.2)
Median CR follow-up, months (range)	37.7 (0–51)

DoCR by IRC



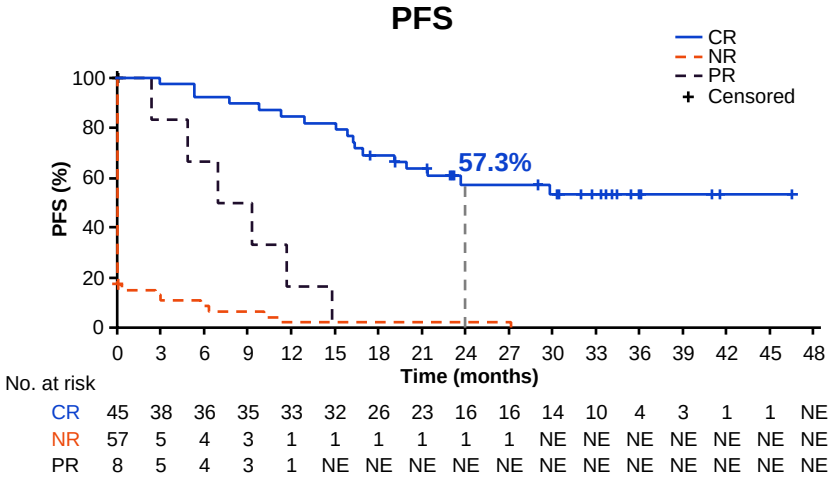
- Median time on study: 41.0 months (range: 0–52)

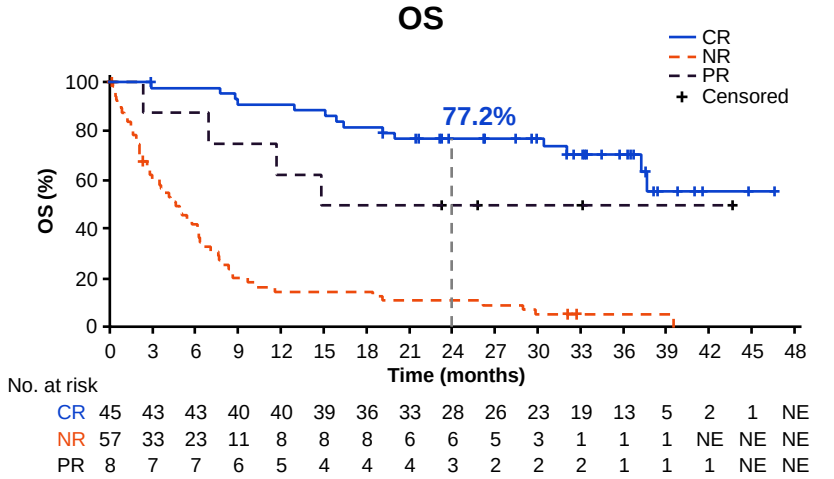
An estimated 56.4% of patients with a CR at any time remained in remission at 24 months

All responses in the table are based on the best overall response; *Intention-to-treat population; CI, confidence interval; NE, not estimable.

Dickinson MJ, et al. ASH December 2024; oral presentation (abstract #865).

NP30179: most patients with a CR at EOT remained progression-free and alive 24 months after treatment with fixed-duration glofitamab





Landmark PFS from EOT in patients with CR at EOT*	N=45
Median PFS, months (95% CI)	NE (20.0–NE)
24-month PFS rate, % (95% CI)	57.3 (41.2–73.4)

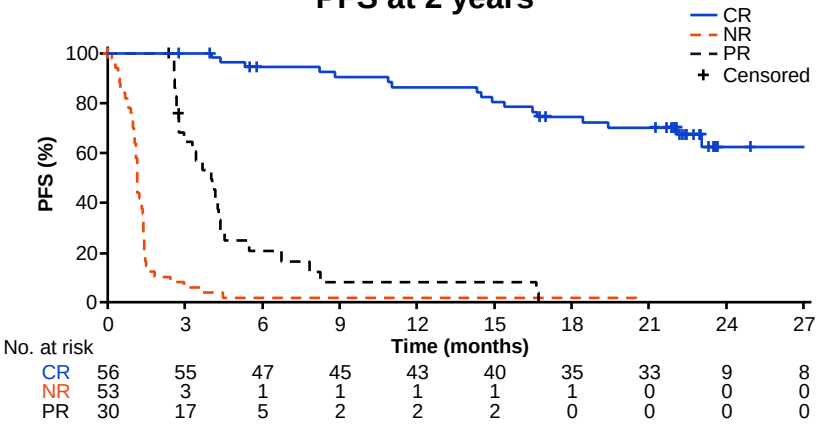
Landmark OS from EOT in patients with CR at EOT*	N=45
Median OS, months (95% CI)	NE (37.2–NE)
24-month OS rate, % (95% CI)	77.2 (64.8–89.6)

Median follow-up: 37.7 months (in patients with CR).
*Kaplan-Meier estimates.
NR, no response.

Dickinson MJ, et al. ASH December 2024; oral presentation (abstract #865).

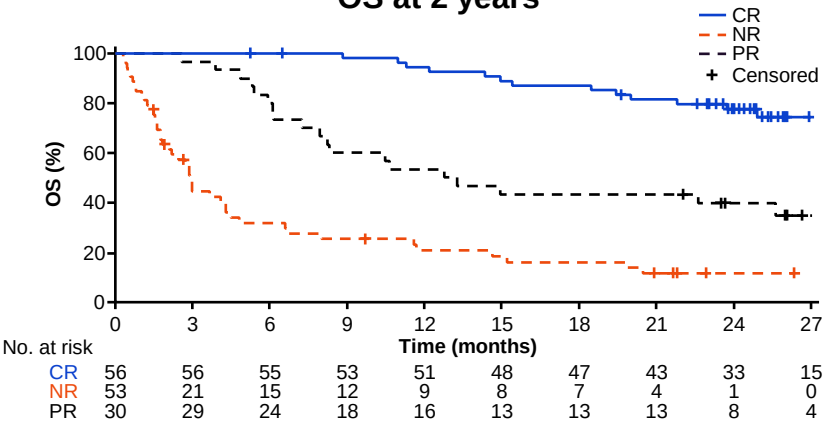
EPCORE NHL-1: treat-to-progression epcoritamab was associated with favorable long-term survival outcomes[1]

PFS at 2 years*[1]



Patients with CR (2-year follow-up)*[1]	n=56*
12-month PFS rate, % (95% CI)	86.4 (73.6–93.3)
24-month PFS rate, % (95% CI)	62.5 (45.2–75.7)
Patients with CR (3-year follow-up)†[2]	**n=65†**
Median PFS, months (95% CI)	37.3 (26.0–NR)
36-month PFS rate, %	96

OS at 2 years*[1]



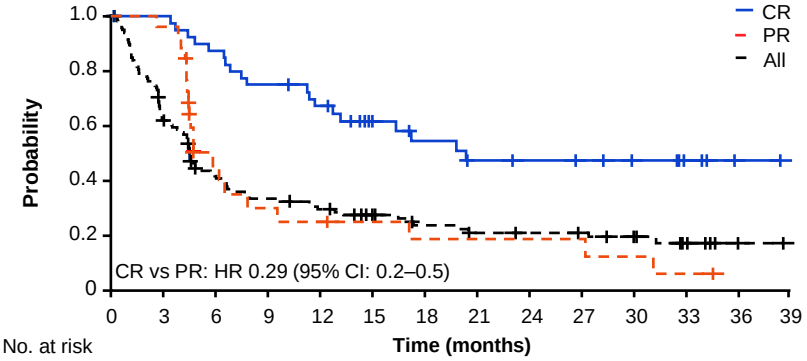
Patients with CR (2-year follow-up)*[1]	n=56*
12-month OS rate, % (95% CI)	94.4 (83.8–98.2)
24-month OS rate, % (95% CI)	77.4 (63.6–86.5)
Patients with CR (3-year follow-up)†[2]	**n=65†**
Median OS, months (95% CI)	NR (36.4–NR)
36-month OS rate, %	97

*DLBCL subpopulation (n=139); median follow-up: 25.5 months; †Overall LBCL population (N=157); median follow-up: 37.1 months

1. Thieblemont C, et al. Leukemia 2024;38:2653–62; 2. Cheah CY, et al. EHA June 2025; poster presentation (abstract #PF920).

ELM-2: treat-to-progression odronextamab demonstrated encouraging efficacy in heavily pre-treated patients with R/R DLBCL

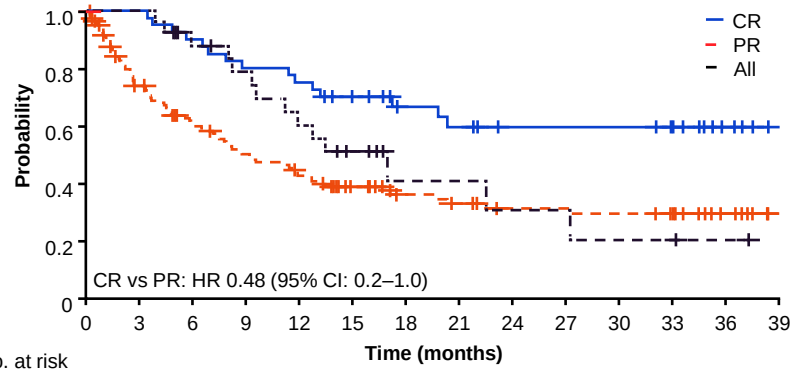
PFS



No. at risk

CR	40	40	35	30	26	18	15	12	11	10	8	4	1	0
PR	26	25	9	6	5	4	3	3	3	3	2	1	0	0
All	127	72	44	36	31	22	18	15	14	13	10	5	1	0

OS



No. at risk

CR	40	40	36	32	30	25	19	17	14	14	14	12	5	0
PR	26	26	20	17	13	9	4	4	3	3	2	2	1	0
All	127	87	68	55	46	35	24	21	17	17	16	14	6	0

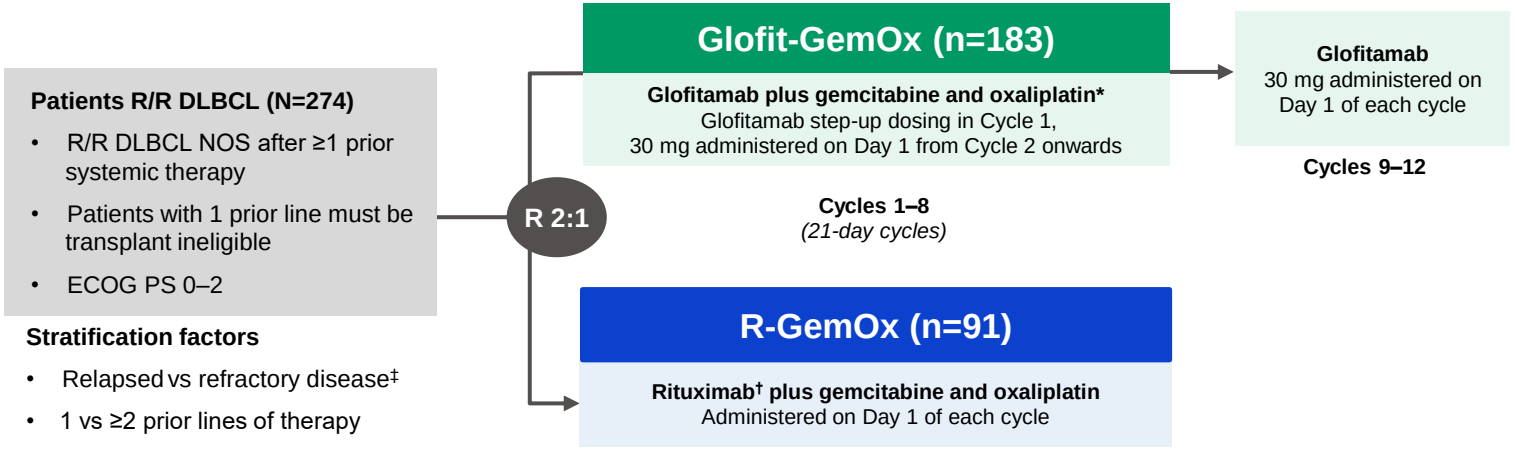
Median PFS, months (95% CI)	N=127
All patients	4.4 (3.6 – 5.9)
Patients with CR	20.4 (12.7–NE)
Patients with PR	5.8 (4.4–7.8)

Median OS, months (95% CI)	N=127
All patients	9.2 (6.5–12.7)
Patients with CR	NR (17.2–NE)
Patients with PR	17.0 (9.6–27.3)

Median follow-up: 29.9 months.

Kim WS, et al. Nat Cancer 2025;6:528–539.

STARGLO: randomized Phase III trial in ASCT-ineligible patients with R/R DLBCL



Primary endpoint:	**Key secondary endpoints:**	**Safety endpoints:**	**Additional analyses:**
OS	PFS, CR rate, DoCR (all IRC-assessed)	incidence, nature, and severity of AEs	landmark analysis at 1 year of patients in CR at EOT, subgroup analyses in 2L patients, ctDNA analyses, and immune recovery

*Gemcitabine 1000 mg/m^2 and oxaliplatin 100 mg/m^2. 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/m^2. ‡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.
2L, second-line; AEs, adverse events; C, cycle; ctDNA, circulating tumor DNA; 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; R 2:1, patients randomized in a 2:1 ratio.

NCT04408638. Available at: https:www.clinicaltrials.gov.

Baseline demographics and characteristics

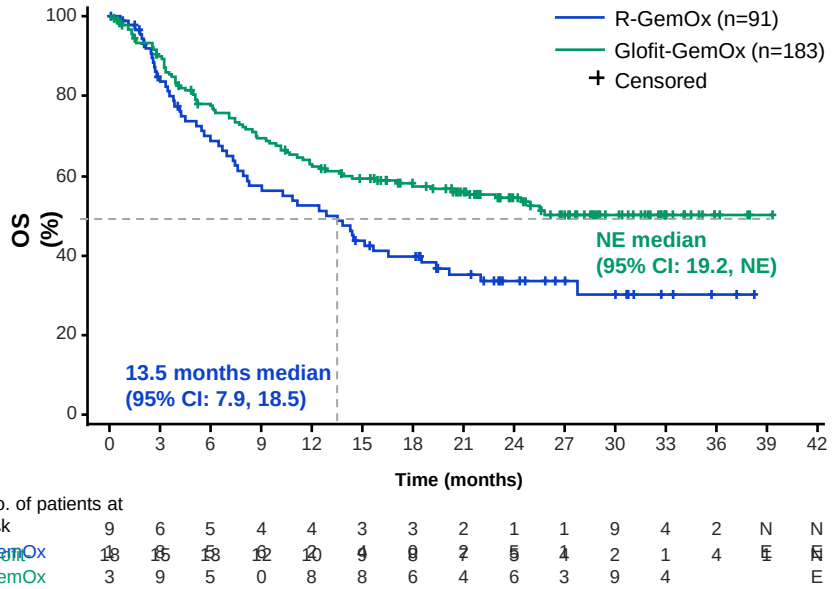
n (%), unless otherwise stated	R-GemOx (n=91)	Glofit-GemOx (n=183)
Age, years; median (range)	69.0 (20–84)	68.0 (22–88)
≥65 years	57 (62.6)	116 (63.4)
Sex, male	53 (58.2)	105 (57.4)
Race		
Asian	51 (56.0)	86 (47.0)
White	33 (36.3)	82 (44.8)
Black or African American	1 (1.1)	2 (1.1)
Unknown	6 (6.6)	13 (7.1)
Number of prior lines of therapy; 1 / ≥2	57 (62.6) / 34 (37.4)	115 (62.8) / 68 (37.2)
R/R status to last therapy; relapsed / refractory	37 (40.7) / 54 (59.3)	71 (38.8) / 112 (61.2)
Primary refractory*	47 (51.6)	106 (57.9)
ECOG PS	(n=88)	(n=180)
0–1 / 2	80 (90.9) / 8 (9.1)	160 (88.9) / 20 (11.1)
Ann Arbor staging	(n=90)	(n=183)
III–IV	70 (77.8)	122 (66.7)
Bulky disease	(n=90)	(n=183)
≥10 cm	14 (15.6)	23 (12.6)
Prior CAR T-cell therapy	8 (8.8)	14 (7.7)

CCOD: June 17, 2024. *Disease that did not respond to, or that progressed <6 months after completion of first-line therapy.
CCOD, clinical cut-off date; CAR, chimeric antigen receptor.

Abramson JS, et al. EHA 2024; Oral presentation (abstract#LB3438);
Abramson JS, et al. Lancet 2024;404(10466):1940–54.

Sustained OS benefit with Glofit-GemOx

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

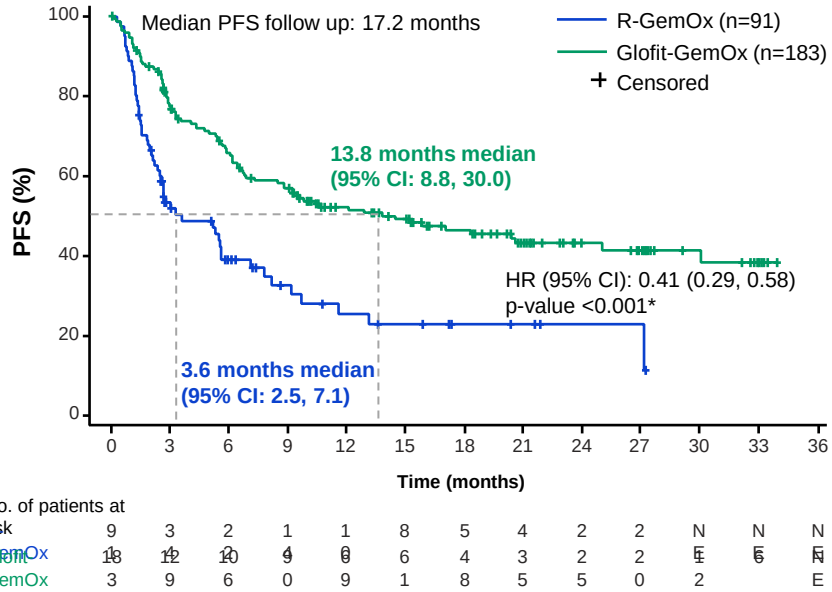
Clinically meaningful OS benefit for Glofit-GemOx versus R-GemOx remains after 2 years of follow up

CCOD: June 17, 2024. *p-value is descriptive.
CI, confidence interval; HR, hazard ratio; NALT, new anti-lymphoma treatment; NE, not evaluable.

Abramson JS, et al. ASCO 2025; Oral presentation (abstract #7015).

Sustained PFS benefit with Glofit-GemOx

Progression-free survival with extended follow up



Outcome	R-GemOx (n=91)	Glofit-GemOx (n=183)
PFS, median (95% CI); months	**3.6** (2.5, 7.1)	**13.8** (8.8, 30.0)
18-month PFS, % (95% CI)	**23.0** (11.5, 34.4)	**46.5** (38.5, 54.5)
ORR, % (95% CI)	**40.7** (30.5, 51.5)	**68.3** (61.0, 75.0)
CR rate, % (95% CI)	**25.3** (16.8, 35.5)	**58.5** (51.0, 65.7)
DoCR, median (95% CI); months	24.2 (6.9, NE)	NE (27.2, NE)
Ongoing CR, % (n)	**17.6** (16)	**42.1** (77)

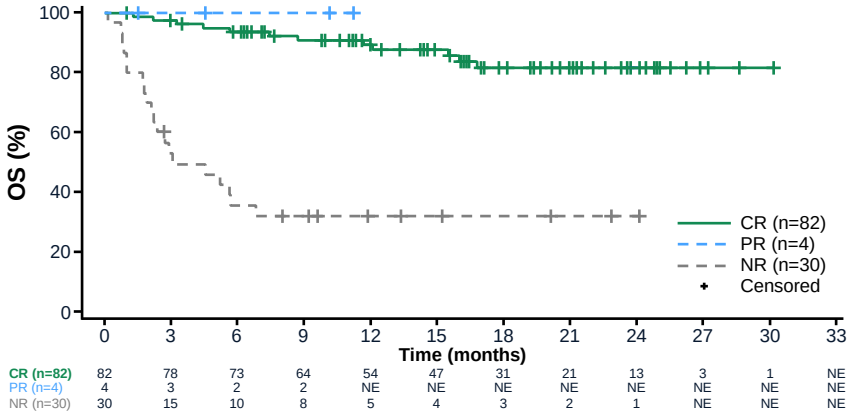
Patients treated with Glofit-GemOx showed a sustained PFS benefit versus R-GemOx after 2 years of follow up

CCOD: June 17, 2024. Median follow up for CR: 17.7 months. Outcomes were IRC-assessed. *p-value is descriptive.
ORR, overall response rate.

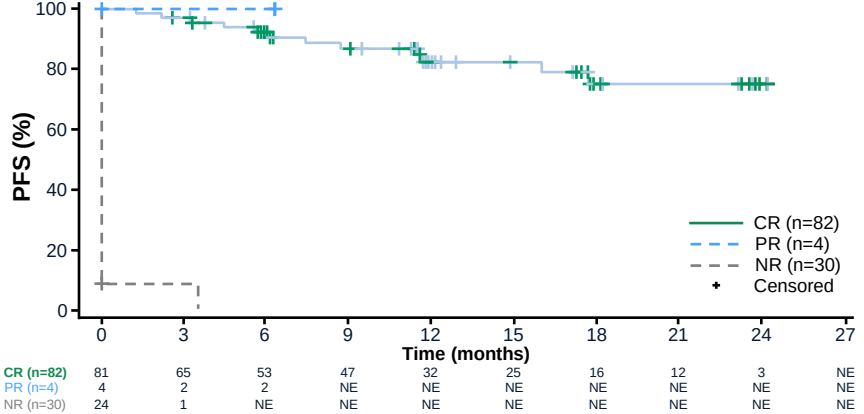
Abramson JS, et al. ASCO 2025; Oral presentation (abstract #7015).

Landmark analysis by response at EOT in Glofit-GemOx-treated patients

OS from EOT



PFS from EOT*



Landmark OS from EOT in patients with CR at EOT	n=82
Median OS, months (95% CI)	NE
12-month OS rate, % (95% CI)	89.3 (82.3–96.4)

Landmark PFS from EOT in patients with CR at EOT	n=82
Median PFS, months (95% CI)	NE (NE)
12-month PFS rate, % (95% CI)	82.4 (72.2–92.5)

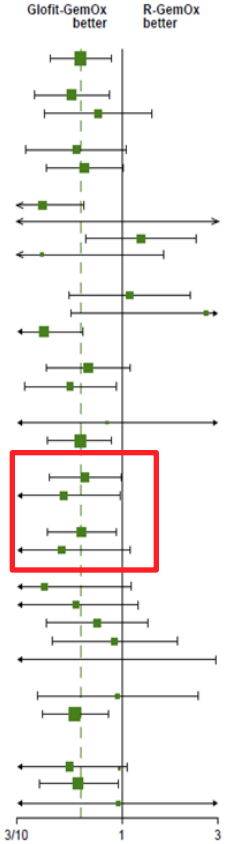
More than 80% of patients with a CR at EOT remained progression-free and alive 12 months after EOT

CCOD: June 17, 2024. *IRC-assessed. CI, confidence interval; CR, complete response; EOT, end of treatment; Glofit-GemOx, glofitamab plus gemcitabine and oxaliplatin; IRC, independent review committee; NE, not evaluable; NR, no response; OS, overall survival; PFS, progression-free survival; PR, partial response.

Abramson JS, et al. ASCO 2025; Oral presentation (abstract #2565).

Exploratory analysis: OS in prespecified subgroups

Baseline risk factors	Total n	R-GemOx (n=91) n	R-GemOx (n=91) Events	R-GemOx (n=91) Median (months)	Glofit-GemOx (n=183) n	Glofit-GemOx (n=183) Events	Glofit-GemOx (n=183) Median (months)	Hazard ratio	95% Wald CI
All patients	274	91	52	12·9	183	80	25·5	0·62	(0·44–0·89)
Sex									
Male	158	53	36	10·3	105	51	20·4	0·56	(0·37–0·86)
Female	116	38	16	20·2	78	29	NE	0·76	(0·41–1·40)
Age group									
<65	102	35	19	9·0	67	29	NE	0·59	(0·33–1·06)
≥65	172	56	33	14·3	116	51	22·9	0·65	(0·42–1·01)
Race									
Asian	137	51	35	8·2	86	36	NE	0·40	(0·25–0·65)
Black or African American	3	1	0	NE	2	1	NE	>999·99	(0·00–NE)
White	115	33	13	27·8	82	39	18·3	1·24	(0·66–2·33)
Unknown	19	6	4	12·9	13	4	NE	0·40	(0·10–1·61)
Enrolment by geographic region									
Europe	88	26	11	13·8	62	29	21·2	1·09	(0·54–2·18)
North America	25	10	2	NE	15	8	13·3	2·62	(0·56–12·34)
Asia/Australia*	161	55	39	8·3	106	43	NE	0·41	(0·27–0·64)
No. of previous lines of systemic therapy for DLBCL									
1	172	57	28	15·7	115	44	NE	0·68	(0·42–1·09)
≥2	102	34	24	6·7	68	36	18·3	0·55	(0·33–0·93)
Prior CAR T-cell therapy									
Yes	21	8	4	27·8	13	6	13·7	0·84	(0·23–3·01)
No	253	83	48	12·9	170	74	NE	0·62	(0·43–0·89)
Relapse or refractory to last line of therapy									
Refractory	166	54	36	7·5	112	61	11·9	0·65	(0·43–0·99)
Relapsed	108	37	16	27·8	71	19	NE	0·51	(0·26–0·98)
Refractory to first line of therapy									
Yes	153	47	34	7·3	106	59	10·2	0·60	(0·40–0·92)
No	121	44	18	27·8	77	21	NE	0·54	(0·29–1·01)
Total number of risk factors for IPI (derived)†									
Low (0–1)	61	13	6	NE	48	12	NE	0·41	(0·15–1·10)
Low-Intermediate (2)	70	28	14	18·5	42	16	NE	0·59	(0·28–1·20)
High-Intermediate (3)	79	30	20	14·3	49	26	21·2	0·75	(0·42–1·35)
High (4–5)	55	17	11	8·3	38	24	8·5	0·92	(0·45–1·88)
Unknown	9	3	1	0·6	6	2	NE	0·18	(0·01–2·93)
Bulky disease ≥10 cm									
Yes	37	14	7	11.1	23	13	12·0	0·95	(0·38–2·40)
No	236	76	45	13.5	160	67	NE	0·58	(0·40–0·85)
Unknown	1	1	0	NE	-	-	-	NE	NE
Cell of origin									
GCB	89	29	15	11·1	60	25	NE	0·55	(0·29–1·06)
Non-GCB (by IHC + non-GCB unclassified + ABC)	153	50	33	10·9	103	47	25·5	0·61	(0·39–0·96)
Unknown	32	12	4	20·2	20	8	NE	0·96	(0·28–3·21)



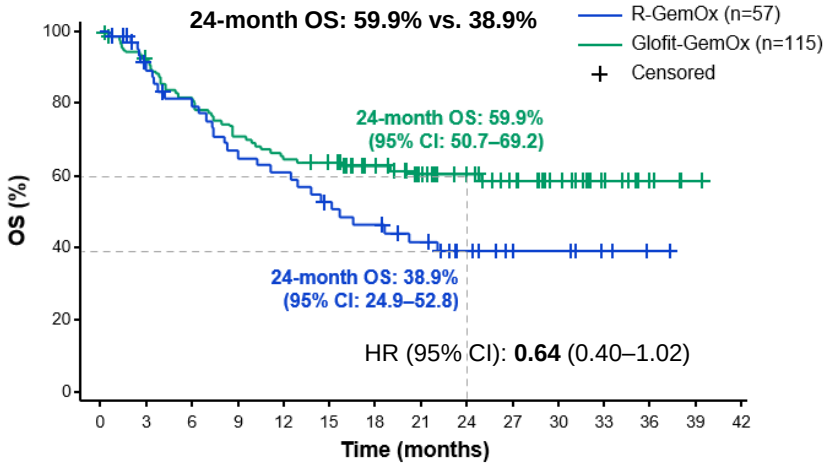
- Comparable results were observed in clinically relevant stratified subgroups: relapsed vs refractory and 2L vs 3L+
- Regional inconsistencies were observed, but interpretation was limited by wide CI and small patient numbers

CCOD: February 16, 2024. The size of the symbol is proportional to the size of the population in the subgroup. The vertical dashed line indicates the hazard ratio for all patients.*Includes: China, Taiwan, South Korea, and Australia.†Derived IPI 3–5 was the prespecified subgroup. 2L, second line; 3L, third line; ABC, activated B-cell; CAR, chimeric antigen receptor; CI, confidence interval; DLBCL, diffuse large B-cell lymphoma; GCB, germinal centre B-cell; GemOx, gemcitabine plus oxaliplatin; Glofit, glofitamab; IHC, immunohistochemistry; IPI, International Prognostic Index; ITT, intent-to-treat; NE, not estimable; OS, overall survival; R, rituximab.

Abramson JS, et al. Lancet 2024;404(10466):1940–54.

OS and PFS benefit with Glofit-GemOx in 2L patients

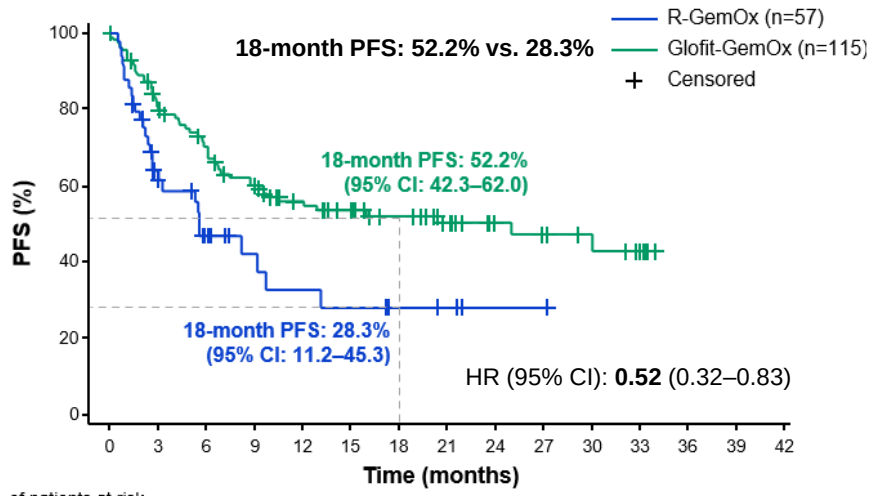
OS



No. of patients at risk

R-GemOx	57	45	39	33	30	25	22	17	11	7	6	3	1	NE	NE
Glofit-GemOx	115	101	90	78	72	68	58	49	36	28	20	10	4	1	NE

PFS



No. of patients at risk

R-GemOx	57	23	14	9	7	6	4	3	1	1	NE	NE	NE	NE	NE
Glofit-GemOx	115	85	72	60	48	42	32	25	17	14	10	5	NE	NE	NE

Outcome	R-GemOx (n=57)	Glofit-GemOx (n=115)
CR rate, % (n)	**28.1** (16)	**63.5** (73)
DoCR, median (95% CI); months	NE (6.5–NE)	NE (27.2–NE)

Abramson, et al. The Lancet 2024; Abramson, et al. Proc ICML 2025

Safety profile summary

n (%), unless otherwise stated	R-GemOx n=88	Glofit-GemOx (Glofit-exposed) n=172
Number of infusions, median (range)	4 (1–8)	12 (1–14)
Serious AEs	15 (17.0)	90 (52.3)
Grade ≥3 AEs	36 (40.9)	132 (76.7)
Grade 5 AEs	4 (4.5)	12 (7.0)
AE leading to any treatment discontinuation	11 (12.5)	44 (25.6)
CRS (any grade)	NA	77 (44.8)
Grade 3–4*	NA	4 (2.3)
ICANS (any grade)	NA	4 (2.3)
Grade 3–4*	NA	1 (0.6)
Infections (any grade)	26 (29.5)	95 (55.2)
Grade 3–4	8 (9.1)	29 (16.9)
Grade 5	3 (3.4)	6 (3.5)†

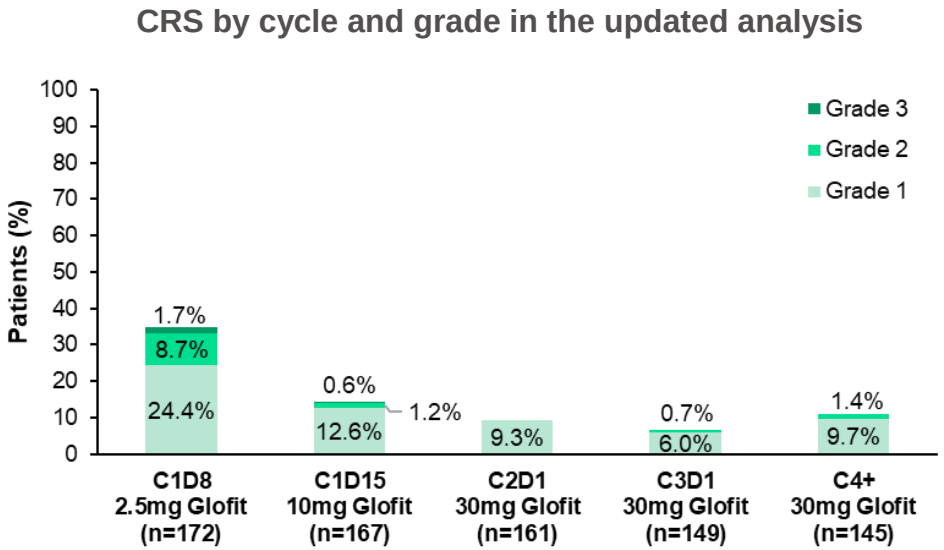
The Glofit-GemOx safety profile is unchanged compared to the primary analysis,[1] and is consistent with the known risk of the individual study drugs

CCOD: June 17, 2024. AEs, including ICANS, are graded by NCI CTCAE v5.0, CRS events are graded by ASTCT 2019. *No grade 4 events reported.
†3 patients had COVID-19, 1 patient had a respiratory tract infection (COVID-19 associated), 1 patient had pneumonia, and 1 patient had septic shock.
CRS, cytokine release syndrome; ICANS, immune effector cell-associated neurotoxicity syndrome; NA, not applicable.

1. Abramson JS, et al. Lancet 2024;404:1940–54.

Safety: CRS

n (%) of patients with ≥1 CRS AE*	Glofit-GemOx (Glofit exposed) n=172
Any grade†	76 (44.2)
Grade 1	54 (31.4)
Grade 2	18 (10.5)
Grade 3	4 (2.3)
Median time to first CRS onset, hours (IQR)	
2.5mg glofitamab (C1D8)	13.6 (10.4–22.1)
10mg glofitamab (C1D15)	32.4 (18.3–52.6)
Median duration of first CRS, hours (IQR)	
2.5mg glofitamab (C1D8)	23.0 (5.7–68.0)
10mg glofitamab (C1D15)	24.0 (9.0–33.0)
Tocilizumab only for CRS management, n / n (%)	28 / 76 (36.8)
Corticosteroids only for CRS management, n / n (%)	39 / 76 (51.3)



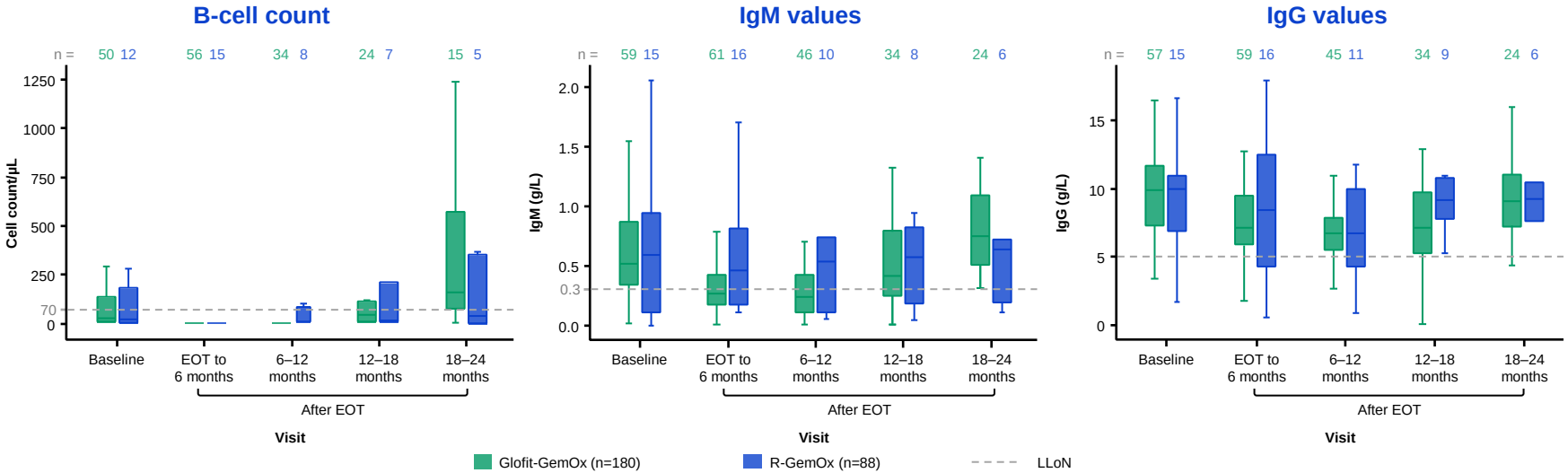
- Dexamethasone premedication was mandated to prevent/mitigate CRS prior to step-up doses and prior to all subsequent glofitamab doses until patients had received two 30mg target doses without a CRS event

CRS mainly occurred in C1 and was predominantly low grade

CCOD: March 29, 2023. AEs were assessed according to the National Cancer Institute Common Toxicity Criteria for Adverse Events (CTCAE; Version 5.0); CRS severity was determined according to the American Society for Transplantation and Cellular Therapy (ASTCT) grading criteria. *Unless otherwise specified. †No Grade 4 or 5 CRS events were reported. AE, adverse event; C, cycle; CRS, cytokine release syndrome; D, day; GemOx, gemcitabine and oxaliplatin; Glofit, glofitamab; IQR, interquartile range; R, rituximab.

Abramson JS, et al. EHA 2024; Oral presentation (abstract#LB3438); Abramson JS, et al. Lancet 2024;404(10466):1940–54.

Immune recovery after fixed-duration treatment



- Immune recovery (median B cells and IgM above LLoN) was observed at **around 18–24 months after EOT**
- Median IgG level was above LLoN already at EOT

Immune recovery is comparable between Glofit-GemOx-treated and R-GemOx-treated patients

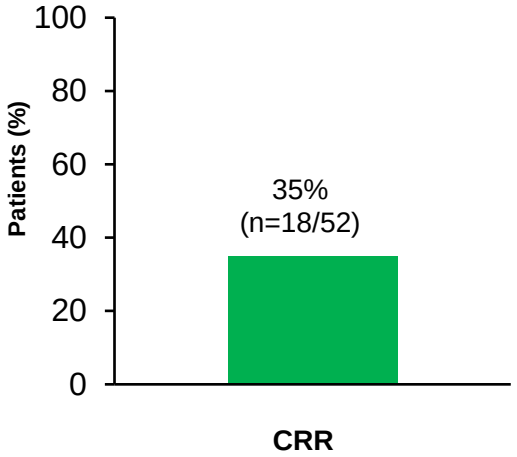
progression ±45 days from the analyzed time point. Patients with available data at each time point are shown. Outliers falling outside the box plot whiskers are excluded from the plot. Solid line within each box represents the median. LLoN: B cells, 70 cells/µL; IgM, 0.3 g/L; IgG, 5 g/L. IgG, immunoglobulin G; IgM, immunoglobulin M; LLoN, lower limit of normal.

Abramson JS, et al. ICML 2025; Oral presentation (abstract #076).

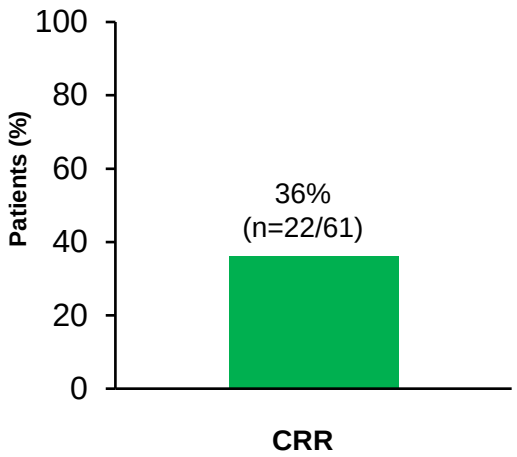
Sequencing

Bispecific antibodies remain effective in CAR T exposed pts

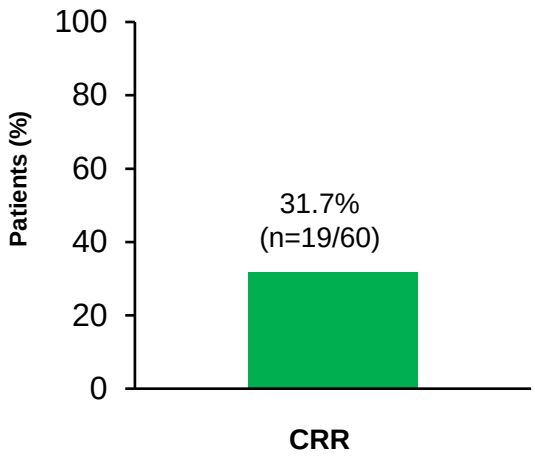
Glofitamab (NP30179)[1]
Median follow-up: 12.6 months



Epcoritamab (EPCORE NHL-1)[2]
Median follow-up: 25.1 months*

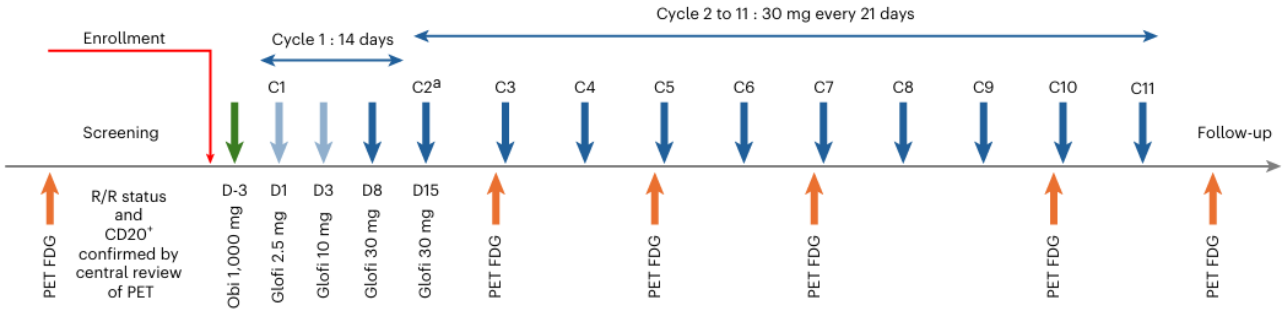


Odronextamab (ELM-1)[3]
Median follow-up: 16.2 months



1. Dickinson M, et al. N Engl J Med 2022; 2022;387:2220–31; 2. Thieblemont C, et al. Leukemia 2024;38:2653–62;
3. Topp MS, et al. Blood 2025;145:1498–1509.

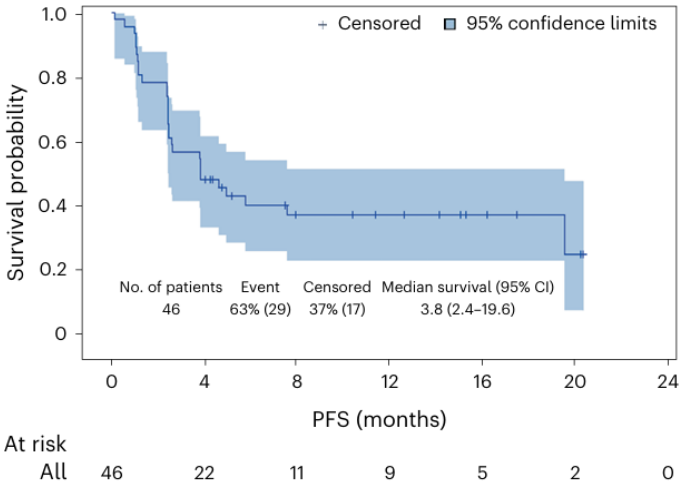
Glofitamab following CAR T-cell failure in DLBCL



Best Response	
Overall response	76%
Complete response	46%
Median DOR	20 mo
Median DOCR	NE

Baseline Characteristics	N=46
Mean age	60
Elevated LDH	35 (78%)
Median prior tx (range)	3 (2-5)
Prior SCT	8 (17%)
Refractory to last tx	5 (33%)
Median time from CAR, mo	4 (1-16)

Progression-free survival

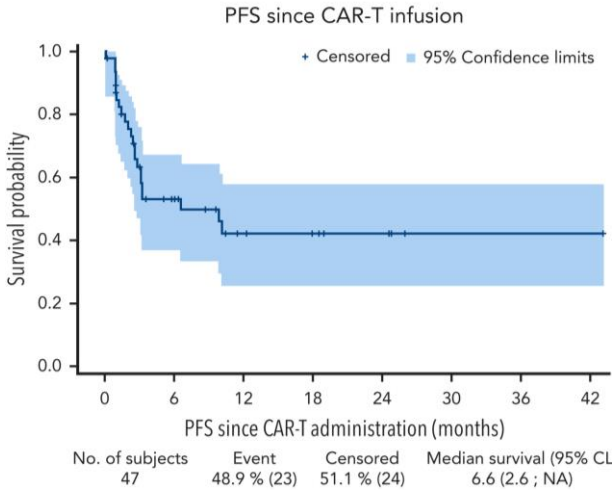


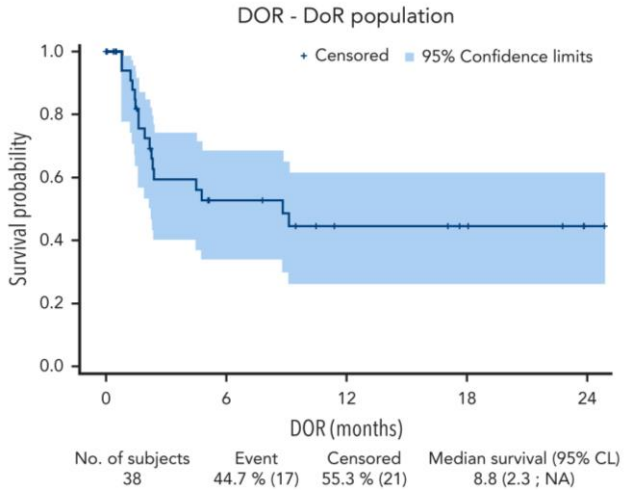
AESI	
CRS (gr 2)	4 (9%)
ICANS (gr 2)	1 (2%)
Tumor flare (gr 2)	5 (9%)

Cartron, et al. Nature Cancer 2025

Impact of anti-CD20 BsAb on future anti-CD19 CAR T-cell
Data from the DESCAR-T registry

- 47 patients treated with CAR T-cells after prior bispecific antibody

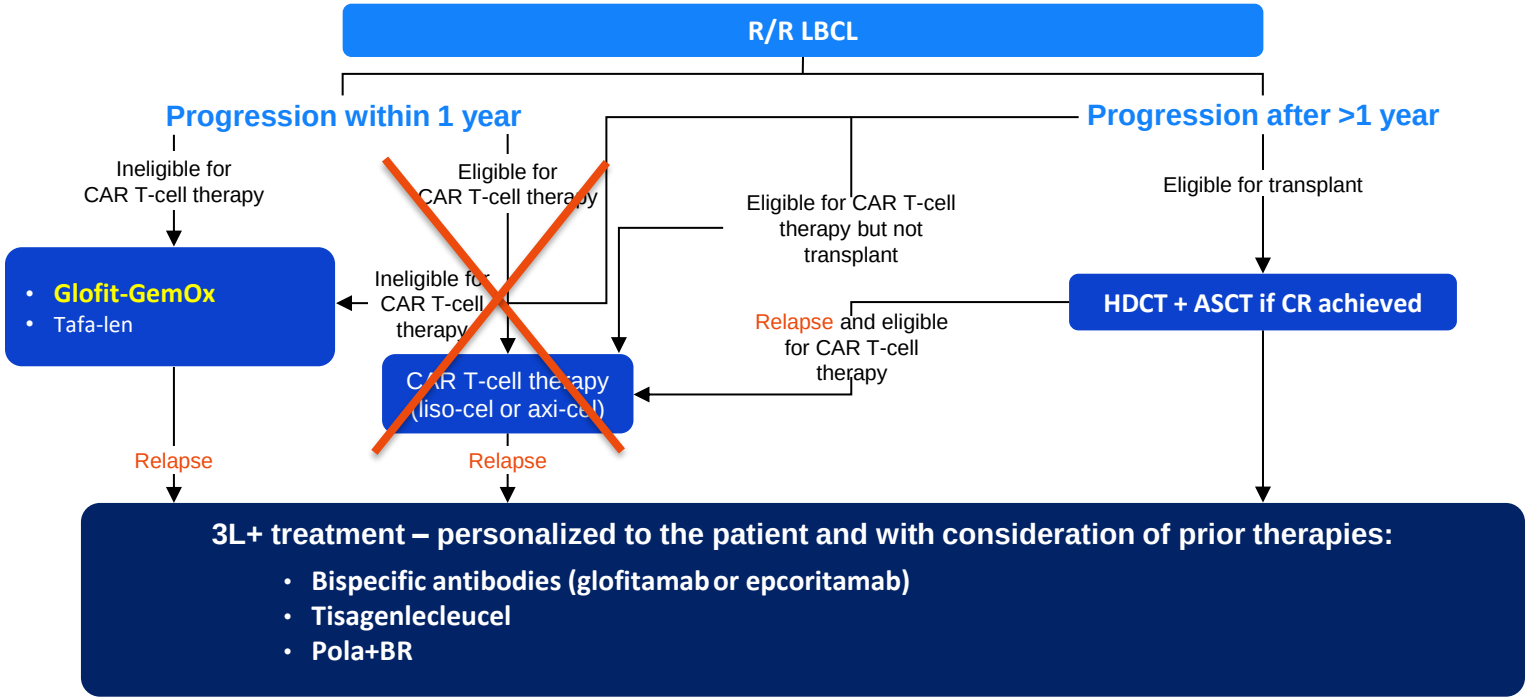




- NO difference in CR rate, PFS or OS compared to matched CAR-naive controls
- More data is needed, including in both pre- and post-apheresis settings

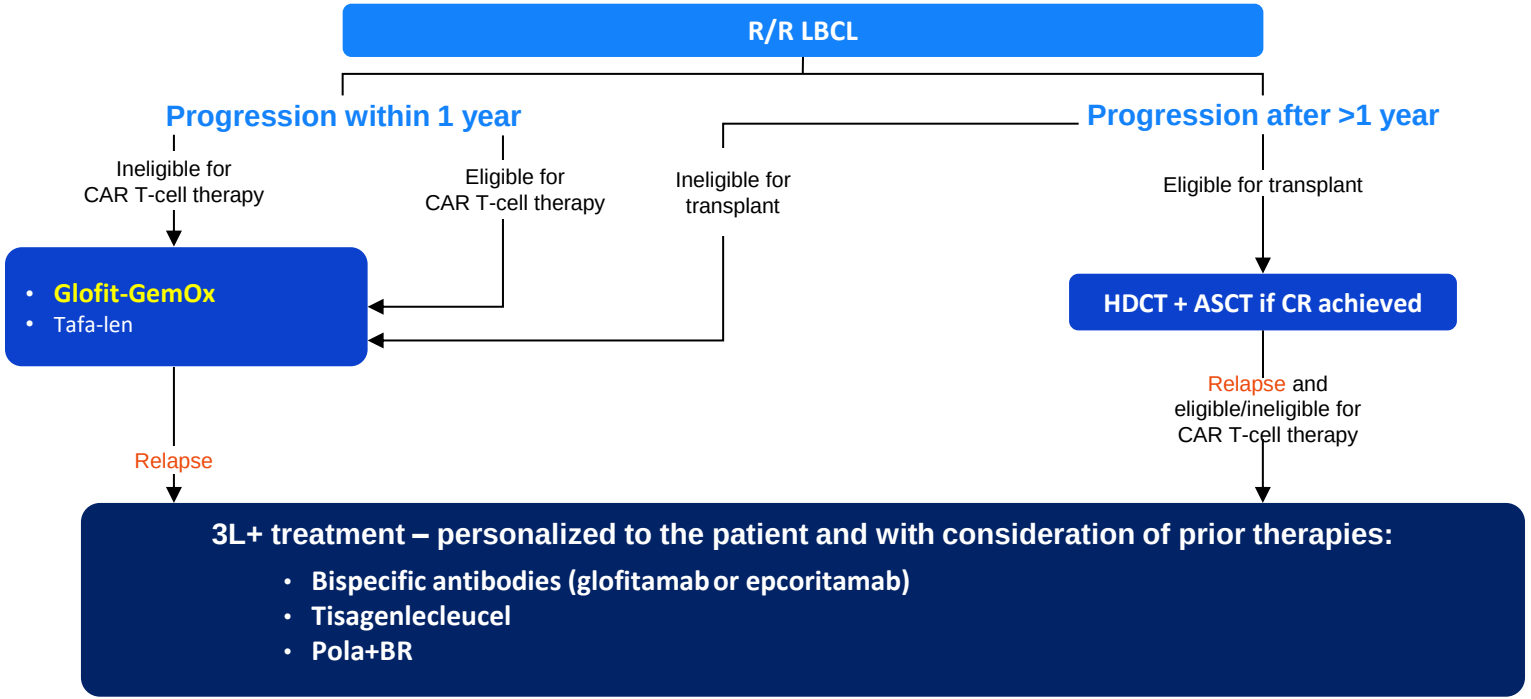
Crochet, et al. Blood 2024

My potential approach to R/R DLBCL in Taiwan



*Investigational drug/indication, not authorized; †FDA approved; not approved by the EMA; ‡Indication is FDA approved; not approved by the EMA.
EMA, European Medicines Agency; FDA, Food & Drug Administration; GCB, germinal center B-cell; PMBCL, primary mediastinal large B-cell lymphoma.

My potential approach to R/R DLBCL in Taiwan



*Investigational drug/indication, not authorized; †FDA approved; not approved by the EMA; ‡Indication is FDA approved; not approved by the EMA.
EMA, European Medicines Agency; FDA, Food & Drug Administration; GCB, germinal center B-cell; PMBCL, primary mediastinal large B-cell lymphoma.

Clinical Trials of Emerging Therapies and Combinations in DLBCL

A number of studies are ongoing to further explore options fo BsAb+X

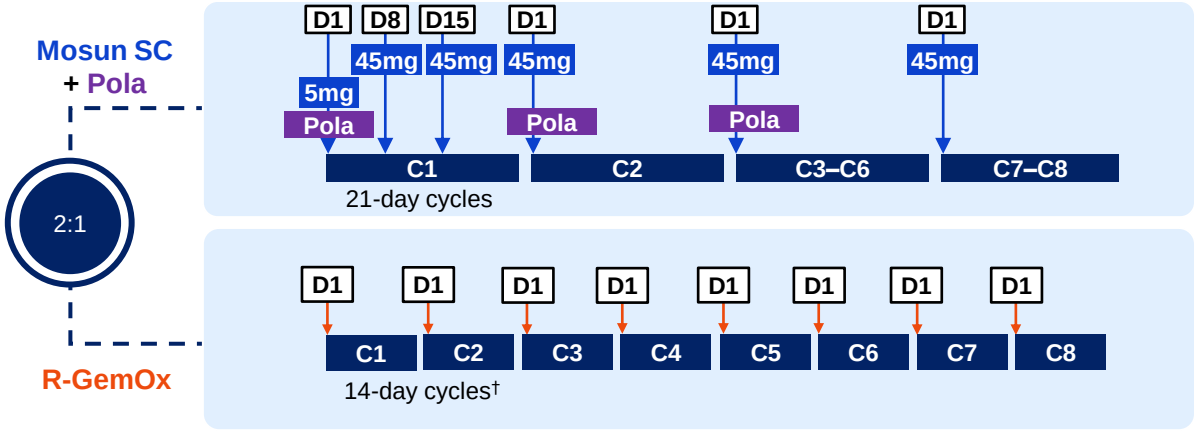
Disease setting	Trial ID/Name	Phase	Treatment	Patient population	N of patients	ORR/CRR, %	PFS/OS/DOR	CRS rates, %					Follow-up in months, median
								Total	G1	G2	G3	G4	
Second line and beyond	NCT04663347[91] EPCORE NHL-2	I/II	Epcor + R-DHAX/C*	Transplant eligible 2L+	29	76/69	2-year PFS 60% 2-year OS 86%	45	38	7	0	0	27.5
	NCT04663347[59,92] EPCORE NHL-2 (Arm 5)	I/II	Epcor + GemOx	Transplant ineligible 2L+	103	85/61	15-month DOCR 56%	52	28	23	1	0	13.2
	NCT05283720 EPCORE NHL-5	II	Epcor + Lenalidomide Olamide	Transplant eligible and ineligible 2L+	26	75/58	NR	73	65		8	0	NR
	NCT03533283[37] STARGLO	III	Glofit + GemOx *vs.* R-GemOx	Transplant ineligible 2L+	183	68/59	1-year PFS 52% 2-year OS 53%	44	31	11	2	0	20.7
	NCT05364424[93]	I	Glofit + R-ICE†	Transplant or CAR-T eligible 2L	41	78/69	NR	49	29	20	0	0	NR
	NCT04077723[64]	I/II	Glofit + Englumafusp alpha (CD19x4-1BB)	Transplant ineligible 2L+	83	67/57	1-year PFS 46%	55	49	13	1	0	16.2
	NCT05219513[28]	I	Glofit + RO7443904 (CD19xCD28)	Transplant ineligible 2L+	33	64/39	NR	59	36	19	0	4	NR
	NCT03533283[57,94]	I/II	Glofit + Pola	Transplant ineligible 2L+	129	80/62	Median PFS 12 months Median OS 39.2 months	43	27	15	1	0	23.5
	NCT03671018[56]	I/II	Mosun + Pola 2L+	Transplant ineligible 2L+	117	62/50	1-year PFS 46% 1-year OS 66%	17	10	4	3	0	23.9
	NCT05335018[95]	II	Glofitamab + Poseltinib + Lenalidomide	Transplant ineligible Primary refractory or 3L+	28	89/43	6-month PFS 55% 6-month OS 81%	19	14		5		3.6
	NCT03533283[67]	I/II	Glofit + Atezolizumab	Transplant ineligible	31	29/10	NR	42	24	18	0	0	NR

Adrian G Minson, Michael J Dickinson. Haematologica. *Vol.* 110 No. 7 (2025): July, 2025

SUNMO is a Phase III, open-label, randomized study of subcutaneous mosunetuzumab in combination with Pola in patients with R/R DLBCL[1,2]

Estimated enrolment N=222

- ✓ CD20+ aNHL
  - DLBCL, NOS
  - HGBCL DH/TH or NOS
  - trFL
  - FL Grade 3b
- ✓ ECOG PS 0–2
- ✓ ≥1 prior systemic therapy
- ✓ Ineligible for ASCT*



Randomization stratified by:

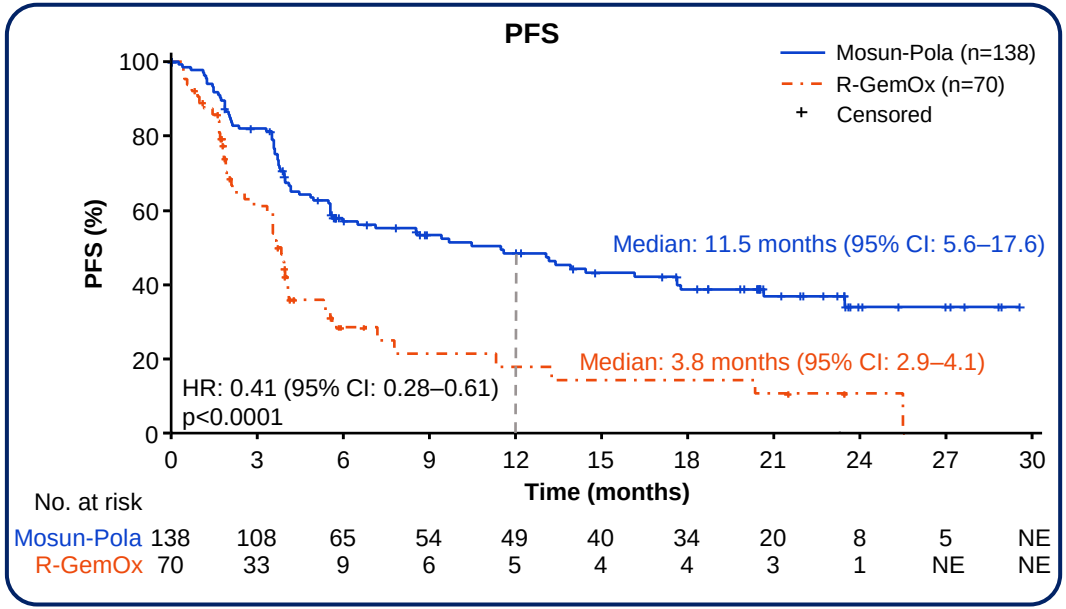
- Number of prior lines of therapy (1 vs ≥2)
- Response to last therapy (relapsed vs refractory)

Primary endpoint: ORR and PFS by IRF
Secondary endpoints: OS, CRR, ORR, DOR, DoCR, PFS by investigator, safety

Investigational drug/indication, not authorized.
*If only one prior line of therapy; †Adjustable to 21-day cycles or patients with cytopenia.
aNHL, aggressive non-Hodgkin lymphoma; CRR, complete response rate; D, day; DH, double hit; HGBCL, high-grade B-cell lymphoma; IRF, independent review faculty; Mosun, mosunetuzumab; NOS, not otherwise specified; Pola, polatuzumab vedotin; SC, subcutaneous; TH, triple hit; trFL, transformed follicular lymphoma.

1. Westin J, et al. ASCO June 2023; poster presentation (abstract #TPS7586); 2. Westin J, et al. ICML June 2025; oral presentation (abstract #LBA3).

As an outpatient therapy, Mosun-Pola significantly improves PFS versus R-GemOx in patients with R/R DLBCL



Efficacy (Mosun-Pola [n=138] vs R-GemOx [n=70])

ORR
70.3% vs 40.0%

CRR
51.4% vs 24.3%

Safety (Mosun-Pola [n=135] vs R-GemOx [n=64])

- CRS (Mosun-Pola only): Grade 1, 21.5%; Grade 2, 3.7%; Grade 3, 0.7%
- No ICANS reported
- Peripheral neuropathy: 24.4% vs 42.2%
- Thrombocytopenia: 8.9% vs 65.6%

Investigational drug/indication, not authorized. Median follow-up: 23.2 months.

Westin J, et al. ICML June 2025; oral presentation (abstract #LBA3).

Glofitamab in combination with polatuzumab vedotin maintains durable responses and a manageable safety profile in patients with heavily pre-treated relapsed/refractory (R/R) large B-cell lymphoma (LBCL) including high-grade B-cell lymphoma (HGBCL): extended follow-up of a Phase Ib/II study

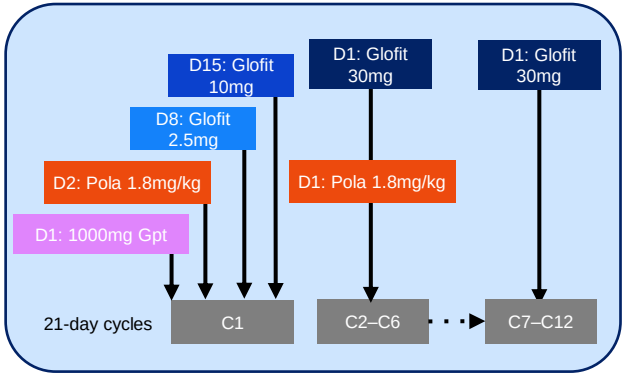
Martin Hutchings, Anna Sureda, Francesc Bosch, Thomas Stauffer Larsen, Paolo Corradini, Abraham Avigdor, María José Terol, Antonio Rueda Dominguez, Antonio Pinto, Alan Skarbnik, Raul Cordoba, Judit Jørgensen, Pier Luigi Zinzani, Ronit Gurion, Neta Goldschmidt, Wilfred Leung, Donghang Li, James Relf, Maneesh Tandon, Gila Sellam, Giuseppe Gritti

Presented at the 66th ASH Annual Meeting | December 7–10, 2024

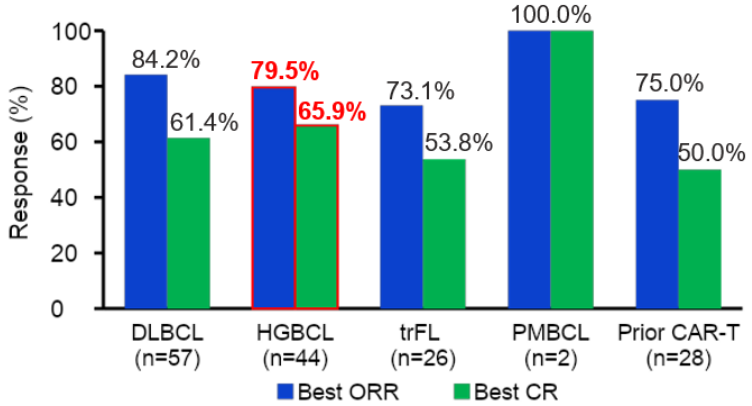
In the Phase Ib/II NP39488 study, Glofit + Pola demonstrated high response rates in heavily pretreated patients with R/R LBCL

N=129

- ✓ DLBCL, HGBCL, trFL, or PMBCL
- ✓ ECOG PS 0–2
- ✓ ≥1 prior therapies, including:
  - Anti-CD20 antibody
  - CAR T-cell therapy



Best ORR and CR by histology and prior CAR T-cell therapy (INV-assessed)



Safety

Common Grade ≥3 AEs (N=129)
- Neutropenia (32.6%)
- Serious infections (24.8%)

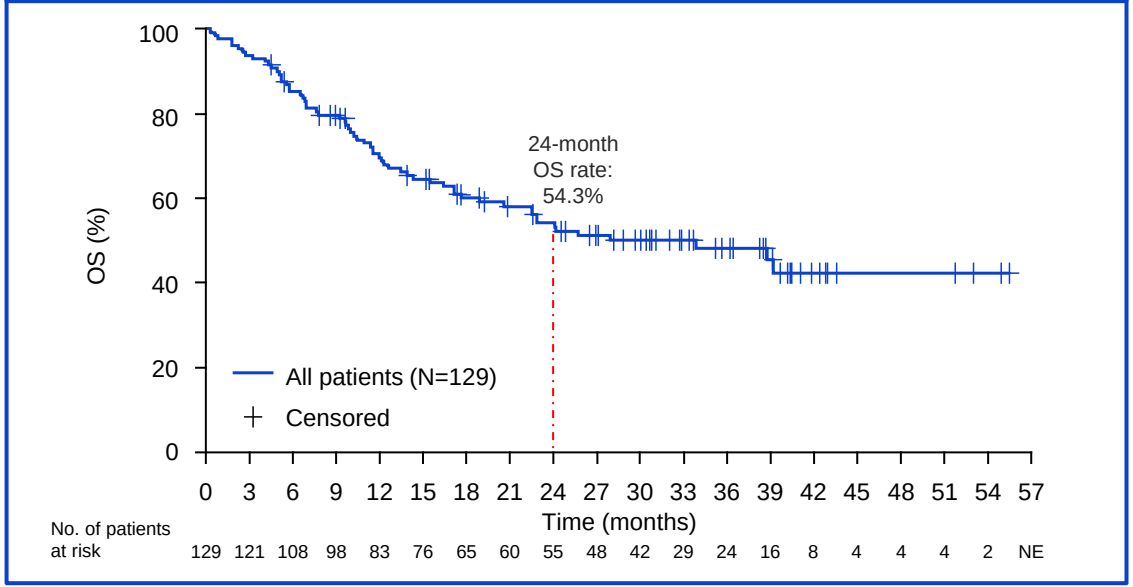
CRS by ASTCT Grade (n=126)
- Any grade: 44.0%
- Grade ≥3: 1.6%

Investigational drug/indication, not authorized. Clinical cut-off date: September 2, 2024.
ASTCT, American Society for Transplantation and Cellular Therapy.

Hutchings M, et al. ASH December 2024: oral presentation (abstract #988).

Glofit + Pola: overall survival

Overall survival



	N=129
Median OS, months (95% CI)	33.8 (20.6–NE)
24-month OS rate, % (95% CI)	54.3 (45.3–63.4)
Median OS follow-up, months (range)	32.7 (0–55.0)

The survival rate at 24 months was over 50%

Clinical cut-off date: September 2, 2024.
CI, confidence interval; Glofit, glofitamab; NE, not evaluable; No.; number; OS, overall survival; Pola, polatuzumab vedotin..

Hutchings M, et al. ASH 2024; oral presentation (abstract #988).

Englumafusp Alfa (CD19-4-1BBL) Combined with Glofitamab is Safe and Efficacious in Patients with R/R B-NHL: Extended Follow-Up Analysis of the Dose-Escalation Part of Phase I Trial BP41072

Martin Hutchings,[1] Michael Dickinson,[2] Giuseppe Gritti,[3] Carmelo Carlo-Stella,[4] William Townsend,[5] Francesc Bosch,[6] Nancy L Bartlett,[7] Guillaume Cartron,[8] Herve Ghesquieres,[9] Roch Houot,[10] Harriet Walter,[11] Fritz Offner,[12] Natalie Dimier,[13] Candice Jamois,[14] Lance Smith,[13] Sylvia Herter,[15] Deniz Sahin,[16] Abiraj Keelara,[14] Koorosh Korfi,[15] Jeremy Gallien,[14] Marie-Hélène Wasmer,[14] Heather Hinton,[16] Matt Whayman,[13] Isabel Prieto,[13] Georgios Kazantzidis,[14] Katharina Lechner,[17] Franck Morschhauser[18]

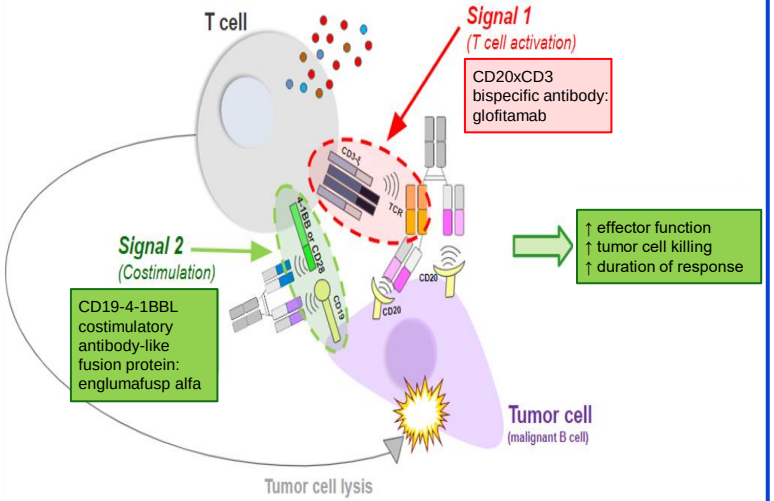
[1]Rigshospitalet and University of Copenhagen, Copenhagen, Denmark; [2]Peter MacCallum Cancer Center and Royal Melbourne Hospital, Melbourne, VIC, Australia; [3]ASST Papa Giovanni XXIII, Bergamo, Italy; [4]Humanitas University and IRCCS Humanitas Research Hospital, Milan, Italy; [5]University College London Hospitals NHS Foundation Trust, London, UK; [6]Hospital Universitario Vall d'Hebron, Barcelona, Spain; [7]Siteman Cancer Center, Washington University School of Medicine, St. Louis, USA; [8]CHU de Montpellier, Montpellier, France; [9]Hôpital Lyon Sud – Hospices Civils de Lyon, Lyon, France; [10]CHU de Rennes, Rennes, France; [11]The HOPE Clinical Trials Unit, Leicester, UK; [12]Universitair Ziekenhuis, Ghent, Belgium; [13]Roche Innovation Center Welwyn, Welwyn, UK; [14]Roche Innovation Center Basel, Basel, Switzerland; [15]Roche Innovation Center Zurich, Zurich, Switzerland; [16]F. Hoffmann-La Roche Ltd, Basel, Switzerland; [17]Roche Innovation Center Munich, Penzberg, Germany; [18]CHU de Lille, Lille, France

Presented at the 66th ASH Annual Meeting │December 7–10, 2024

Background

- Glofitamab (CD20xCD3 bispecific antibody)[1]
  - significant single-agent activity in R/R DLBCL (ORR: 52%; CR: 39%; mDOR: 18.4 months)[2]
  - engages B cell (CD20)
  - engages and activates T cell (CD3) **(signal 1)**
- Englumafusp alfa (CD19-4-1BBL costimulatory antibody-like fusion protein)[3]
  - engages B cell (CD19) and immune cell (4-1BBL)
  - elicits costimulatory signal **(signal 2)** that augments and prolongs T-cell activity
  - chemo-free approach that has the potential to enhance the anti-tumour activity of glofitamab

Englumafusp alfa mechanism of action[3]



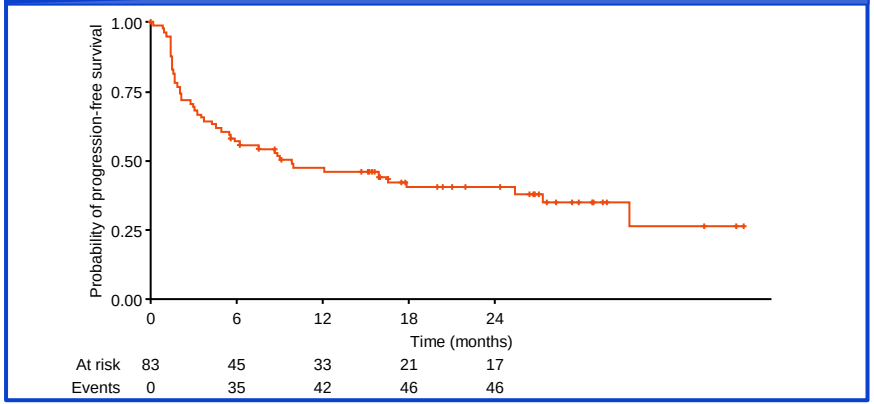
Aim: Present extended follow-up data from the dose-escalation part of the first-in-human BP41072 study* of glofitamab plus englumafusp alfa in patients with R/R NHL

*NCT04077723; CR, complete response; DLBCL, diffuse large B-cell lymphoma; mDOR, median duration of response; NHL, non-Hodgkin lymphoma; ORR, overall response rate; R/R, relapsed/refractory

1. Bacac et al. Clin Cancer Res 2018;24:4785–97
2. Dickinson et al. N Engl J Med. 2022;387:2220−31; 3. Claus et al. Sci Trans Med 2019

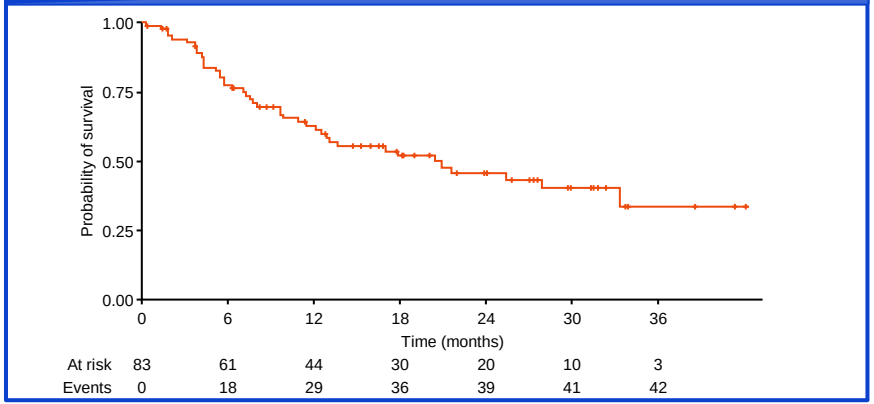
R/R aNHL population: PFS and OS across all englumafusp alfa dose levels

PFS in R/R aNHL patients (C2D8 schedule)*



	R/R aNHL (n=83)
Median PFS, months (95% CI)	9.9 (4.9, 25.4)
12-month PFS rate, % (95% CI)	45.8 (34.7, 56.8)
18-month PFS rate, % (95% CI)	40.4 (29.0, 51.7)

OS in R/R aNHL patients (C2D8 schedule)



	R/R aNHL (n=83)
Median OS, months (95% CI)	20.4 (12.5, 33.4)
12-month OS rate, % (95% CI)	61.1 (50.2, 72.1)
18-month OS rate, % (95% CI)	51.9 (40.4, 63.5)

mPFS and mOS not reached in the 2L subgroup (n=13) and 15.9 and 33.4 months in the no prior CAR-T subgroup (n=41)

Data cut-off: Sep 16, 2024; *median follow-up time: 25.8 months; mOS, median OS; mPFS, median PFS; OS, overall survival; PFS, progression-free survival

Bispecific antibodies in 1L DLBCL

Disease setting	Trial ID/Name	Phase	Treatment	Patient population	N of patients planned	Primary endpoint
First line	NCT05800366	II	Glofit + Pola-R-CHP	Fit IPI 2-5	40	CRR (after 8 cycles)
	NCT06050694 GRAIL	II	Pola-R-CHP or Glofit + Pola-R-CHP	Fit Patients with unfavorable response by ctDNA or PET after 2 cycles of treatment receive Glofit	40	Feasibility of ctDNA testing
	NCT06091865[96] OLYMPIA-3	III	Odro + CHOP *vs.* R-CHOP	Fit IPI 2-5	904	PFS
	NCT05578976[97] EPCORE DLBCL-2	III	Epcor + R-CHOP *vs.* R-CHOP	Fit IPI 2-5	900	PFS
	NCT06047080[98] SKYGLO	III	Glofit + Pola-R-CHP *vs.* Pola-R-CHP	Fit IPI 2-5	1,130	PFS
	NCT05660967 EPCORE DLBCL-3	III	Epcor ± Len	Unfit Age ≥80 or age 75-79 and unfit	180	CRR
	NCT06045247	II	Epcor + R-mini-CVP	Unfit Age ≥80 or age <80 and unfit	40	Safety

Adrian G Minson, Michael J Dickinson. Haematologica. *Vol.* 110 No. 7 (2025): July, 2025

Conclusions

- Results from conventional chemotherapeutic approaches are disappointing in early R/R DLBCL
- CAR T-cells offer curative intent therapy for relapsed LBCL in 2nd line and later LBCL, but remain inaccessible to most patients
- Glofit-GemOx is a highly active off the shelf time limited regimen for 2nd line and later non-transplant eligible DLBCL patients
- Numerous new immunotherapies and combination strategies are emerging which will continue to propel the field forward and improve outcomes for patients