SINTOMA'25

8 A 10 DE MAIO

HOTEL INTERCONTINENTAL | SÃO PAULO

PARCERIA soho society of hematologic oncology

APOIO INSTITUCIONAL bp Educação e Pesquisa

SINTOMA'25

PARCERIA soho society of hematologic oncology

APOIO INSTITUCIONAL bp Educação e Pesquisa

Is finite duration therapy becoming infinite?

A terapia finita na LLC está se tornando infinita?

DANIELLE LEÃO

Hematologista e Pesquisadora Clínica

BP – A Beneficência Portuguesa de SP

CROMA Oncologia

DISCLOSURES - DECLARAÇÃO DE CONFLITOS DE INTERESSE

Patrocínio para esse evento	Sem patrocínio
Instituição	BP - Beneficencia Portuguesa de Sao Paulo e CROMA Oncologia
Participação em estudos clínicos (Indústria farmacêutica)	Roche, Novartis, GSK, Janssen, Millenium Takeda, ABBVIE, Daichii Sankyo, Pfizer, Celltrion, BMS, AstraZeneca, Viracta, Sandoz, AGIOS, Astellas, MEDAC, Onconova, MSD, Sanofi, Regeneron, Lilly, ADC Therapeutics, Libbs, Beigene
Participação em estudos clínicos (ITT, RWE ou registros)	T-Cell Project, HOLA registry, MMyBrave registry, REALITY WW, , Brazilian Group of CLL, Brazilian Group of Multiple myeloma, AML-Brazil, Coalizão COVID Brazil,
Palestrante	Janssen, AstraZeneca, Zodiac, Roche, Novartis, Takeda, AMGEN, Roche, Libbs, BMS, Celgene, Pfizer, ABBVIE, Sanofi, Pintfarma, Knight Therapeutics/United Medical
Membro de Advisory Board	Kite/Gilead, Knight Therapeutics/United Medical, Janssen, Novartis, AMGEM, Takeda, Roche, BMS, ABBVIE, Libbs, Celgene, Eurofarma,
Membro de Steering Committee	Janssen
Membro de Independent Data Monitoring Committee	Libbs /Mabxcience
Afiliação	ASH, EHA, ESO, IMS, CDCN (Castleman disease), ABHH (Associaçao Brasileira de Hematologia), Coordinator of Clinical Research Committee at ABHH, Myeloma Committee (ABHH), CLL Committee (ABHH), Lymphoma Committee (ABHH)

CLL TREATMENT

TRENDS IN CLL TREATMENT – 1L and RR

- New therapeutic combinations
- More fixed duration therapies
- MRD as a key endpoint
- Advances in targeted therapies
- CAR-T cell therapy and bispecific antibodies for R/R CLL

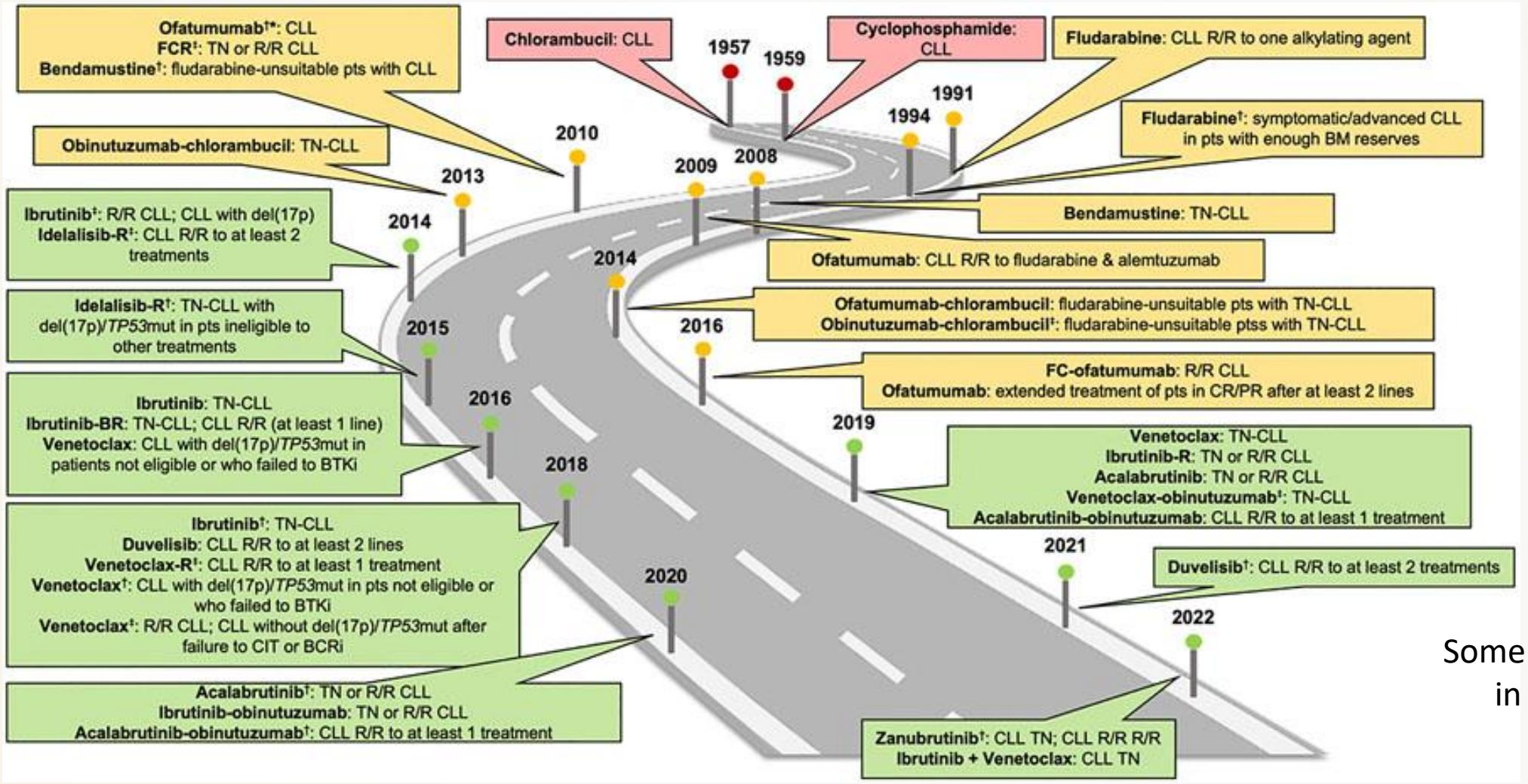
KEY FACTORS IN SELECTING CLL TREATMENT

- Age and comorbidities
- Treatment goal
- Line of treatment
- Prognostic stratification
- R/R CLL: Previous results and toxicity
- Risk of short, medium, and long-term toxicity
- Patient's socio-cultural profile (adherence, etc.)
- Patient expectations
- Access

Slide by the author

"The long and winding road"

Frontline Therapy in CLL



Some off Label in Brazil

Arguello-Tomaz M et al. Acta Haematol. 2023;147(1):47-59. doi:10.1159/000534730

TREATMENT OPTIONS FOR 1L CLL
- APPROVED IN BRAZIL -

FIXED DURATION

CHEMOFREE

- I + V = Ibrutinibe + venetoclax
- VenG = obinutuzumabe + venetoclax

IMMUNOCHEMOTHERAPY

- FCR
- G-clorambucil
- R- clorambucil

CONTINUOUS

BTKi

- Ibrutinibe
- Acalabrutinibe (+-G)
- Zanubrutinibe

(ESMO Guideline- for del17p/TP53 mut:

- Venetoclax)

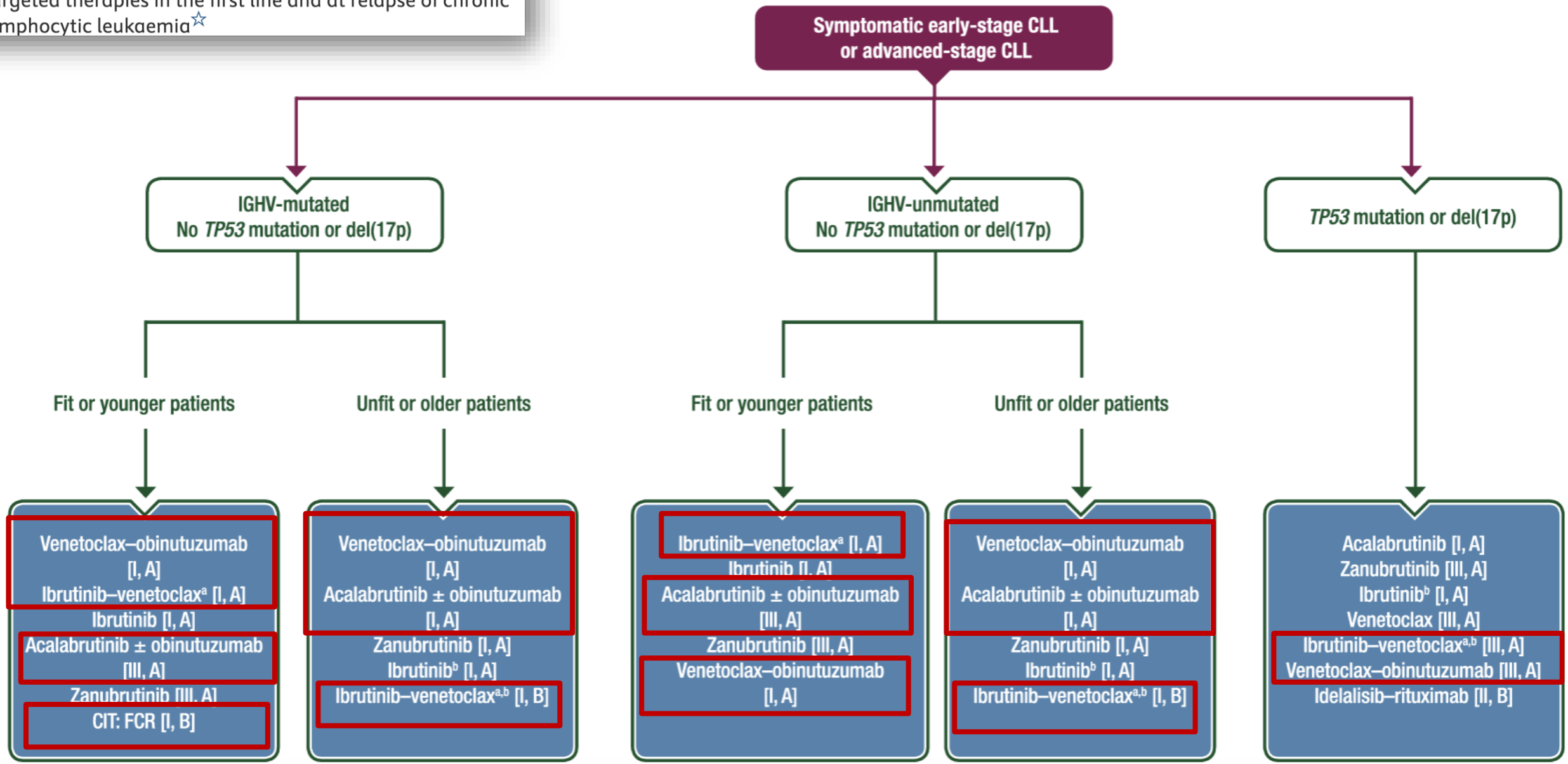
Slide by the author

ESMO ANNALS OF ONCOLOGY DRIVING INNOVATION IN ONCOLOGY

SPECIAL ARTICLE · Volume 35, Issue 9, P762-768, September 2024

ESMO Clinical Practice Guideline interim update on new targeted therapies in the first line and at relapse of chronic lymphocytic leukaemia☆

Ann Oncol. 2024 Sep;35(9):762-768.



Approved: April 2, 2025

National Comprehensive Cancer Network®

NCCN Guidelines Version 3.2025
Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma

SUGGESTED TREATMENT REGIMENS[a,b,c,d]

**** WITHOUT DEL17P/ TP53 MUTATION**

FIRST-LINE THERAPY[e]	
Preferred Regimens	**Other Recommended Regimens**
• BCL2i-containing regimens ▸ Venetoclax[f,h] + obinutuzumab (category 1) ▸ Venetoclax[f,h] + acalabrutinib ± obinutuzumab (category 1) • cBTKi-based regimens ▸ Acalabrutinib[f,g] ± obinutuzumab (category 1) ▸ Zanubrutinib[f,g] (category 1)	• BCL2i-containing regimen ▸ Venetoclax[f,h] + ibrutinib[f,g] • cBTKi-based regimen ▸ Ibrutinib[f,g,i] (category 1)

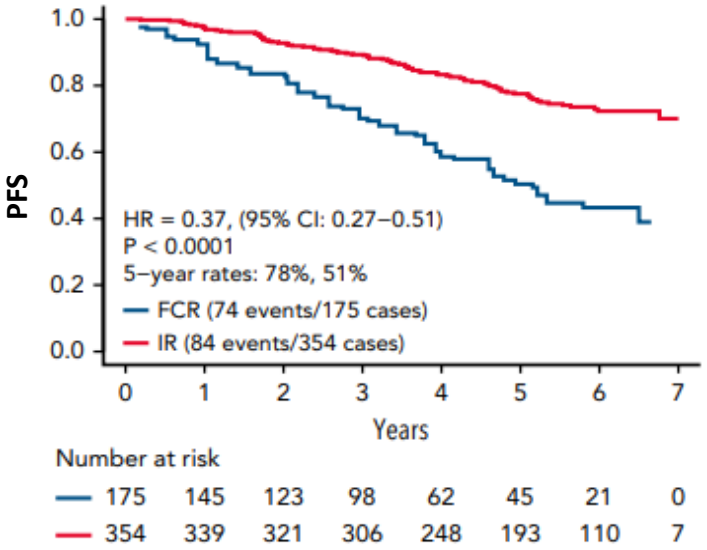
**** WITH DEL17P/ TP53 MUTATION** → **Similar, but without any category**

https://www.nccn.org/professionals/physician_gls/pdf/cll.pdf, access 01 MAY 2025

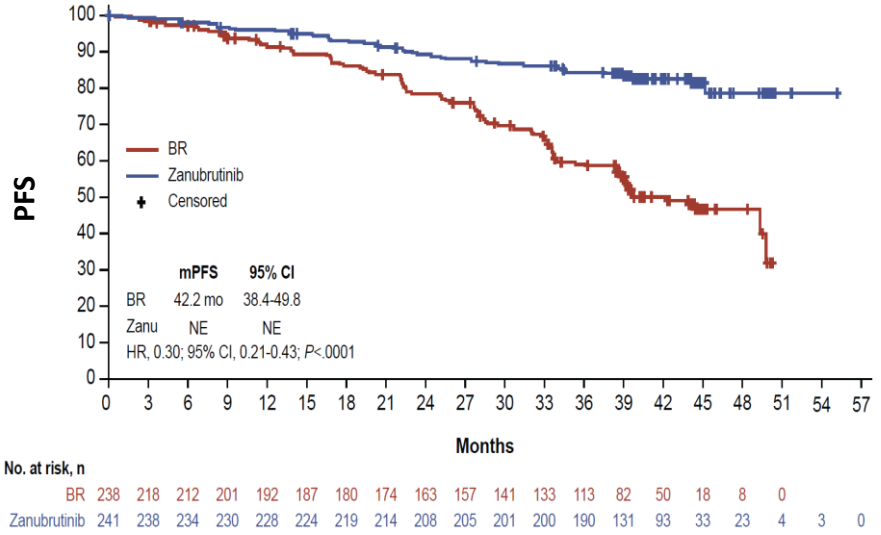
NEW DRUGS X IMMUNOCHEMOTERAPY

Young Fit → Elderly Unfit

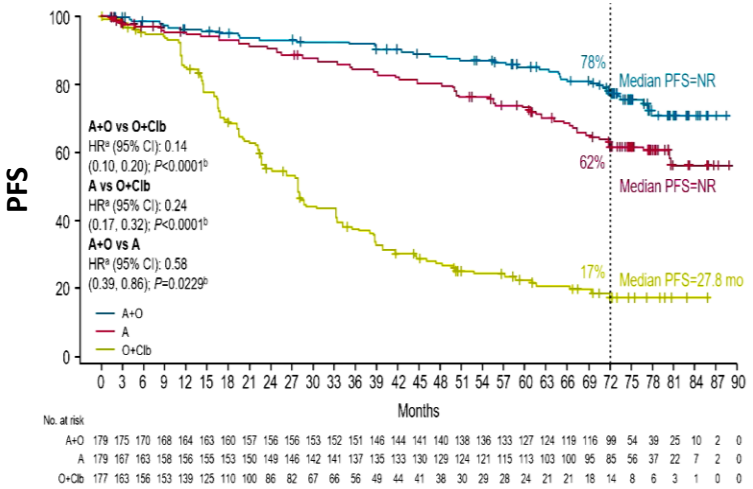
ECOG1912[1]
IR vs. FCR
Median FU: 70 months



SEQUOIA[2]
Zanubrutinib vs. BR
Median FU: 43.7 months



ELEVATE TN[3]
Acala vs. Acala-Obi vs. Clb-Obi
Median FU: 74.5 months

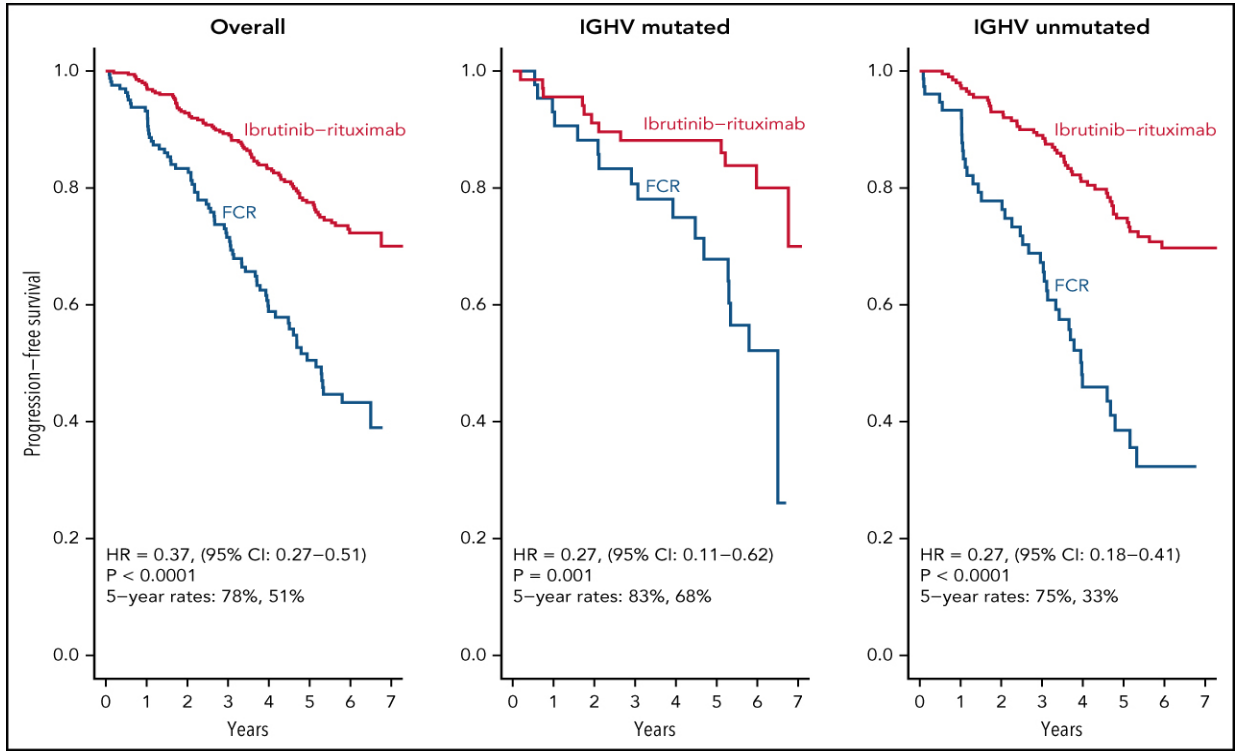


This slide includes data from different clinical trials. These data are meant for demonstration purposes only and are not meant for cross-trial comparison purposes.

A/Acala, acalabrutinib; BR, bendamustine-rituximab; cBTKi, covalent Bruton's tyrosine kinase inhibitor; CI, confidence interval; Clb, chlorambucil; ECOG, Eastern Cooperative Oncology Group; FCR, fludarabine-cyclophosphamide-rituximab; FU, follow-up; HR, hazard ratio; IR, ibrutinib-rituximab; (m)PFS, (median) progression-free survival; NE, not evaluable; NR, not reached; O/Obi, Obinutuzumab; Zanu, zanubrutinib.

1. Shanafelt TD *et al*. *Blood* 2022; 140 (2): 112–120. 2. Opat S *et al*. Poster presented at EHA2023; Frankfurt, Germany, June 8–11, 2023 (Abstract P265). 3. Sharman JP *et al*. Oral presentation 636 at ASH 2023; San Diego, CA, USA, December 9–12, 2023.

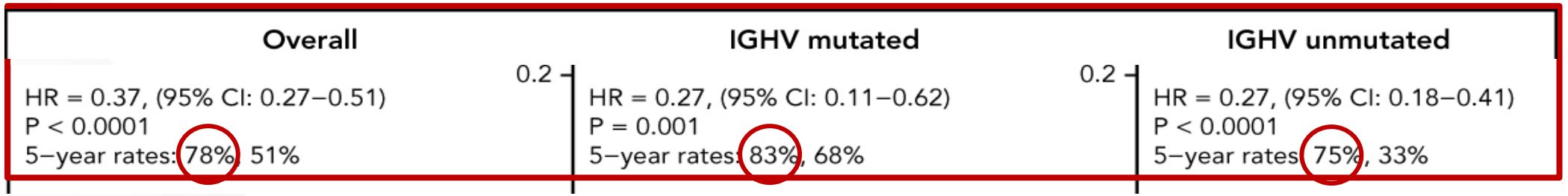
ECOG 1912 – FUP 6y - FCR X Chemofree treatment



Fludarabine:

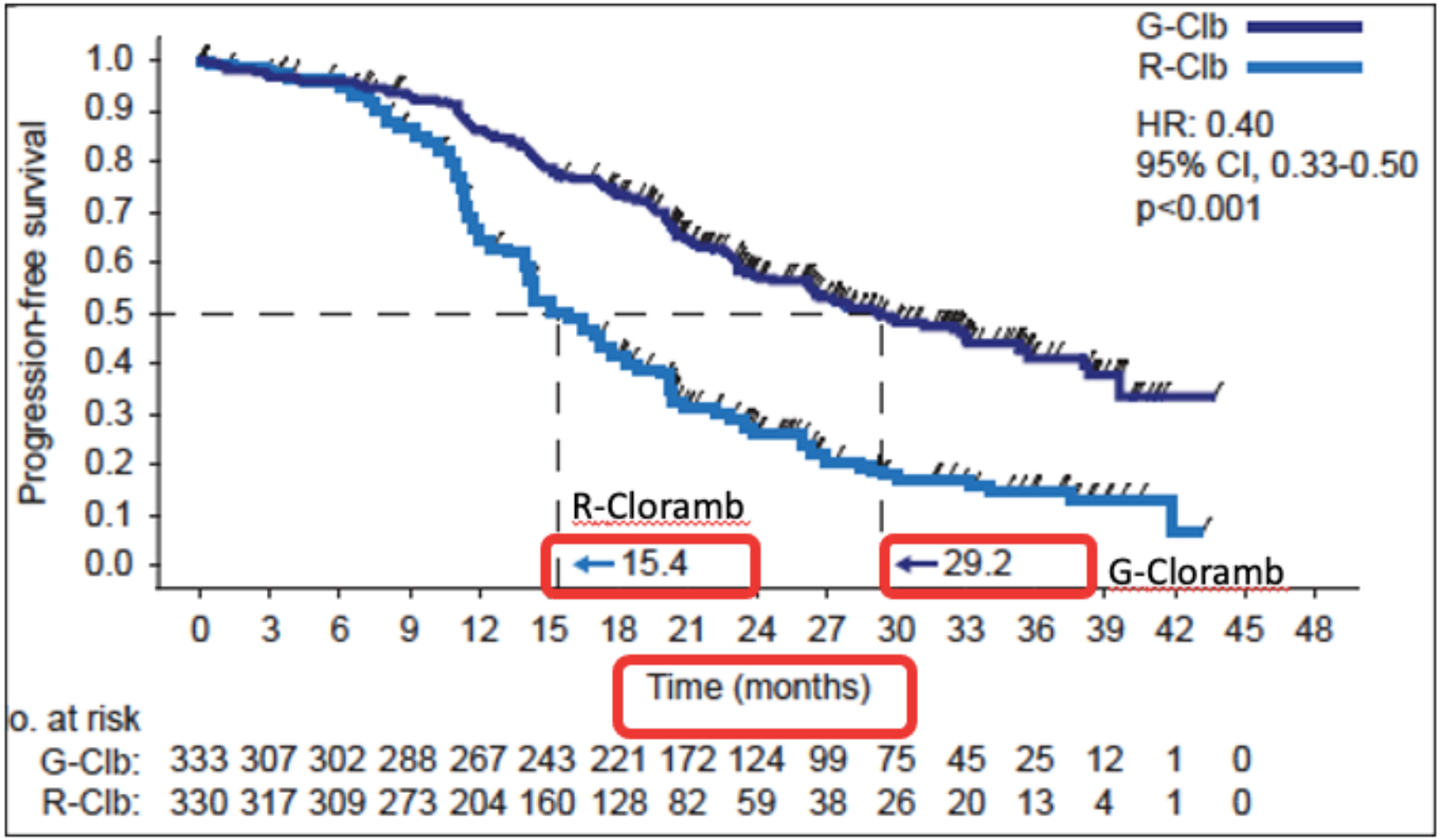
- Acute and long-term toxicity
- Infections
- Cytopenias
- Bone marrow hypocellularity, risk of MDS and AML of 6–10%*

Awan & Byrd. Clin Cancer Res. 2014;20(23):5869



Shanafelt T.D. et al. Blood (2022) 140 (2): 112

CLL11 – Chloramb x R-Chl x G-Chl



GOEDE ET AL, NEJM 2014

Chemofree fixed duration therapies – 1L CLL

(off label)*

1. **CLL14 :** Venetoclax + obinutuzumab (VenG) vs obinutuzumab + chlorambucil (G-Chl)
2. **CAPTIVATE**: Ibrutinib + venetoclax (I+V)
3. **GLOW** (Ph2): Ibrutinib + venetoclax (I+V) vs obinutuzumab + chlorambucil (G-Chl)
4. **AMPLIFY***: Acalabrutinib + venetoclax + obinutuzumab (AVO) vs

   Acala-venetoclax (AV) vs FCR/BR

1. **BGB-11417-204***(Ph2): Zanubrutinib + sonrotoclax (15 Cycles) *vs* Zanubrutinib (cont)

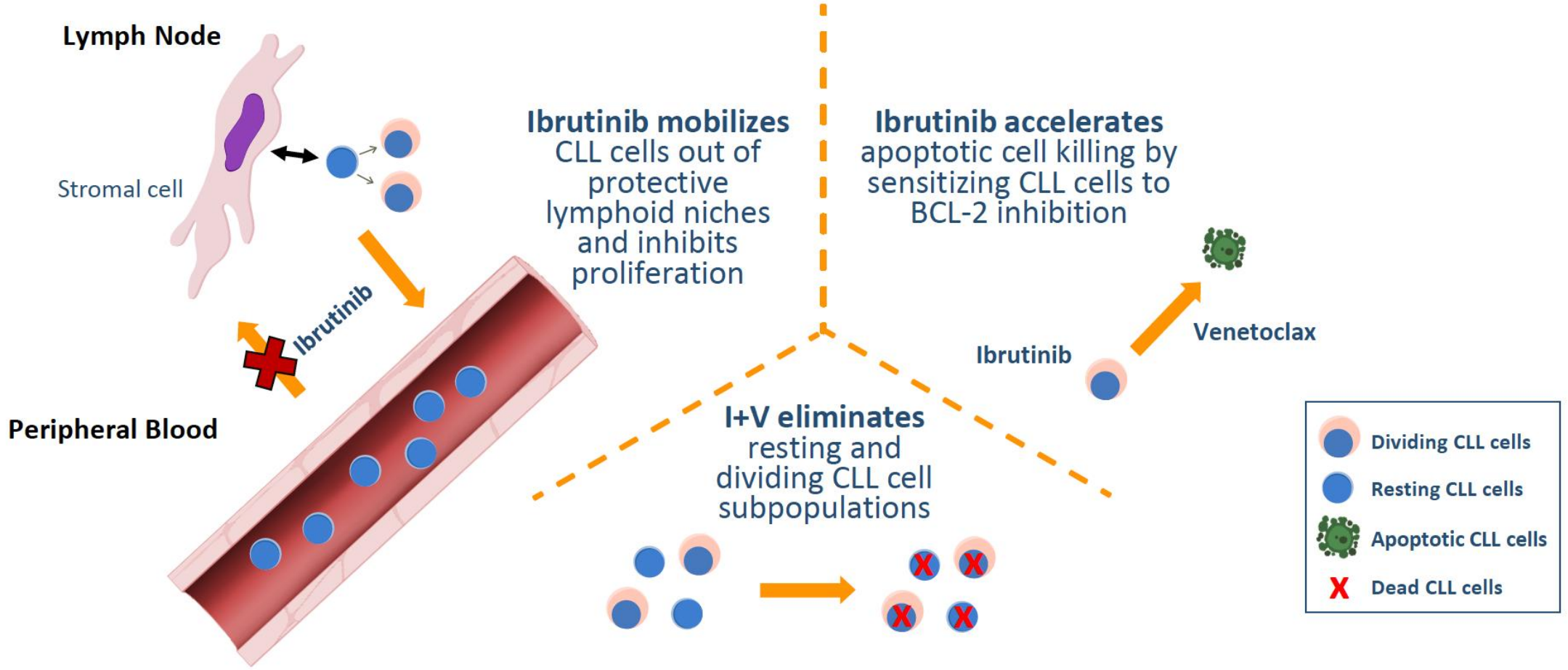
Slide by the author

AMPLIFY: Acalabrutinib-venetoclax +/- obinutuzumab

EMA: 25 APR 2025 – recommendation of approval by the Committee for Medicinal Products for Human Use (CHMP)

https://www.ema.europa.eu/en/medicines/human/variation/calquence-1, access 01 MAY 2025

Ibrutinib + Venetoclax: Distinct and Complementary Modes of Action That Work Synergistically[1-9]



CLL, chronic lymphocytic leukemia

EHA 2021, Kater AP, et al.

1. Lu P et al. *Blood Cancer J.* 2021; 11:39; 2. Deng J et al. *Leukemia.* 2017; 31:2075-2084; 3. Herman ES et al. *Clin Cancer Res.* 2015; 21:4642-4651; 4. Burger JA et al. *Leukemia.* 2020;34:787-798; 5. Shanafelt T et al. *N Engl J Med.* 2019;381:432-443; 6. Cervantes-Gomez, F. et al. *Clin. Cancer Res.* 2015; 21:3705–3715; 7. Slinger E, et al. *Blood.* 2017; 130: 3018-3018; 8. Haselager MV, et al. *Blood.* 2020 ;136:2918-2926; 9. Slinger E et al. Leukemia. 2017 Dec;31(12):2601-2607.

CAPTIVATE: Fixed duration cohort[1]

Phase 2 trial in TN CLL

Double-blind, placebo-controlled trial of ibrutinib vs placebo

Key Eligibility Criteria[2]

TN CLL/SLL
Active disease requiring treatment per 2008 iwCLL criteria
Age <70 years
ECOG PS 0-1

N=164

Monotherapy lead-in:
Ibr 420 mg PO QD x3 cycles[a]

Combination
Ibr 420 mg PO QD + ven 400 mg PO QD x12 cycles[a]

Pre-randomization

FIXED DURATION COHORT*

Follow-up

Upon progression, patients could be retreated with single-agent ibrutinib or FD I+V if they had durable response

- **Primary endpoint:** 1-year DFS rate in patients with confirmed undetectable MRD (uMRD) randomized to placebo vs ibrutinib
  - DFS rate: proportion of patients who remain free of MRD relapse (≥10-2 confirmed on 2 separate occasions), and without disease progression or death
- **Key secondary endpoints:** rates of uMRD, response, PFS, TLS risk reduction, and safety

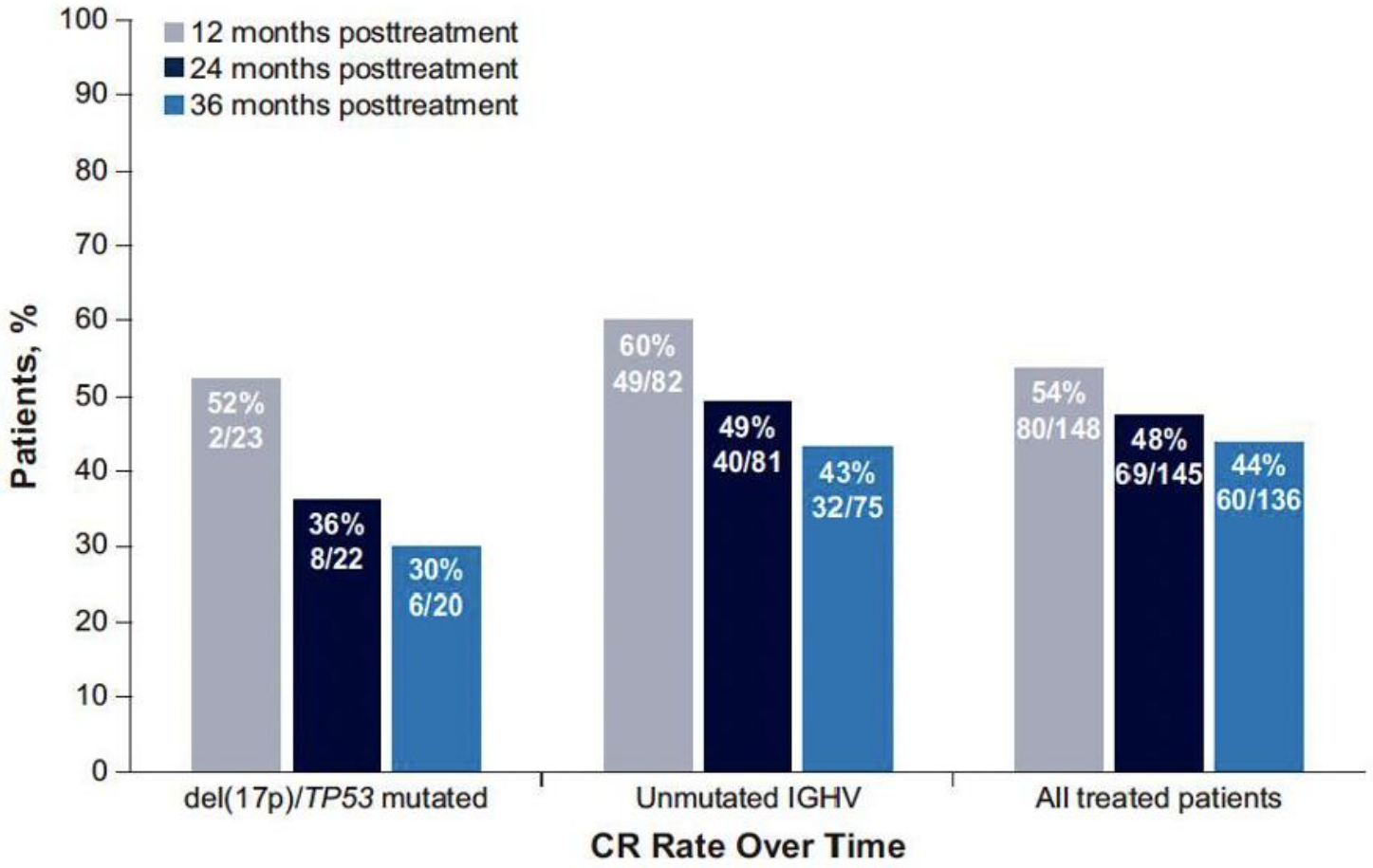
Patient main characteristics:

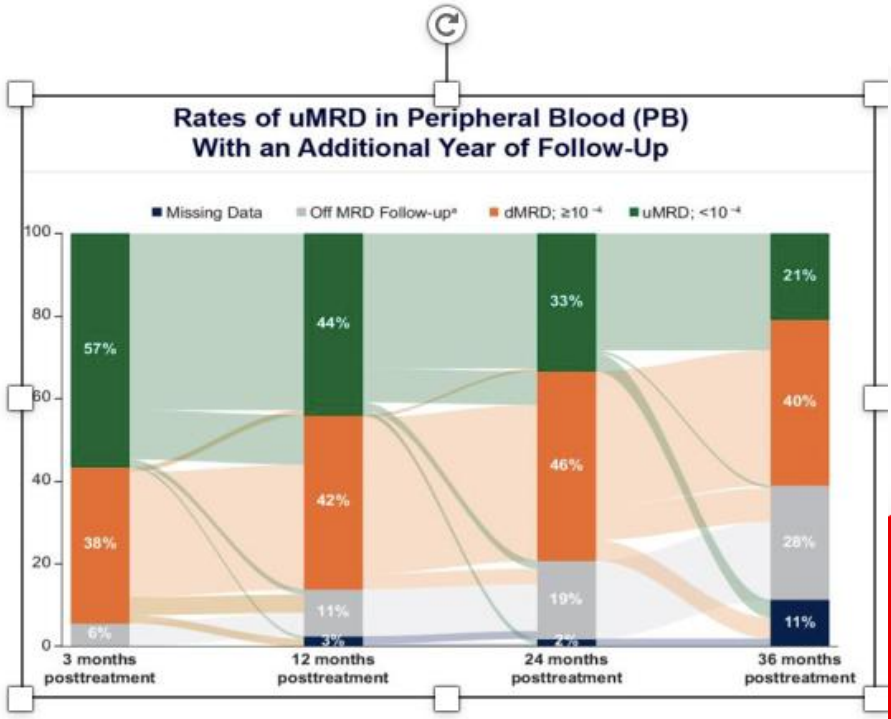
- Median age 60y (33-71)
- 13% del17p
- 10% mutated *TP53*
- 19% complex karyotype
- 56% unmutated IGHV
- 30% Bulky disease ≥5 cm

[a]1 cycle = 28 days; patients may have received 1 additional cycle while awaiting confirmation of undetectable MRD for randomization. [b]Stratified by IGHV mutation status. [c]Confirmed as having undetectable MRD (<10–4 by 8-color flow cytometry) serially over at least 3 cycles in PB, and undetectable MRD in both PB and BM. [d]Defined as having detectable MRD or undetectable MRD not confirmed serially or not confirmed in both PB and BM.

1. Siddiqi T, et al. EHA 2020. Oral Presentation. Abstract S158. 2. Wierda W, et al. ASH 2020. Oral Presentation 133.

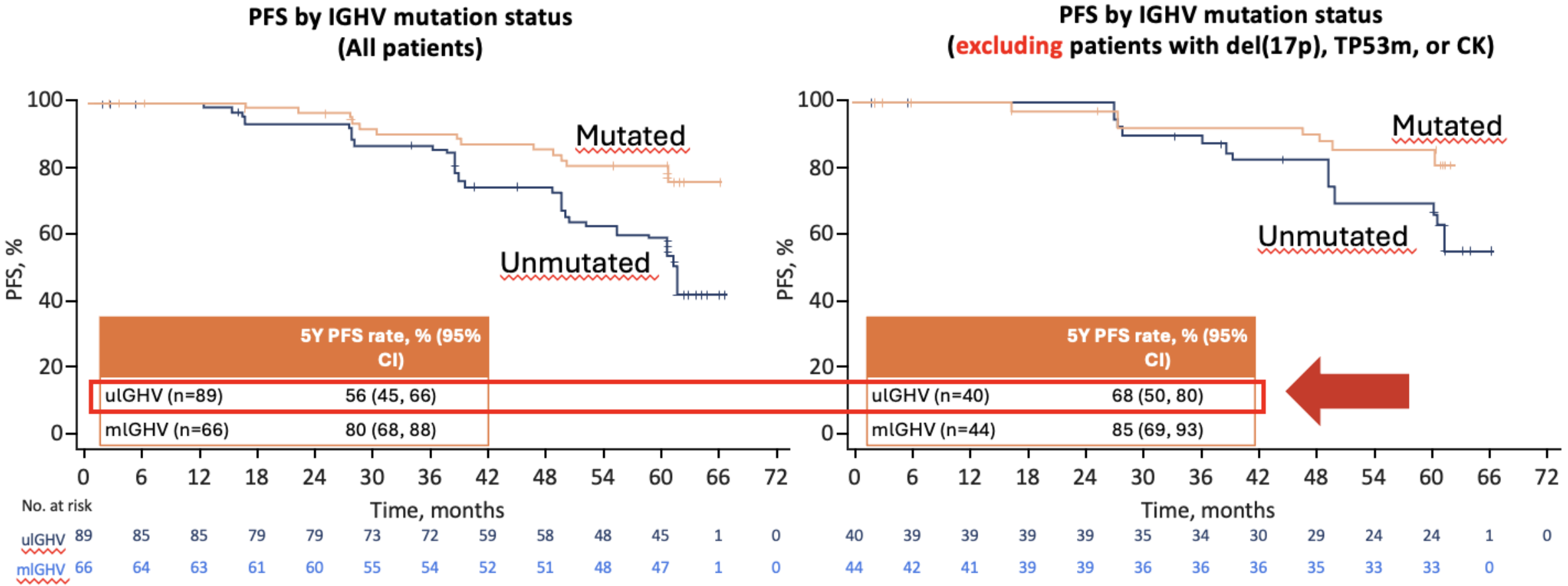
CAPTIVATE – FD COHORT – FUP 4 years





EHA 2023 Ghia P. et al. P617

CAPTIVATE: Outcomes in high-risk subgroups – 5.5 years Follow up



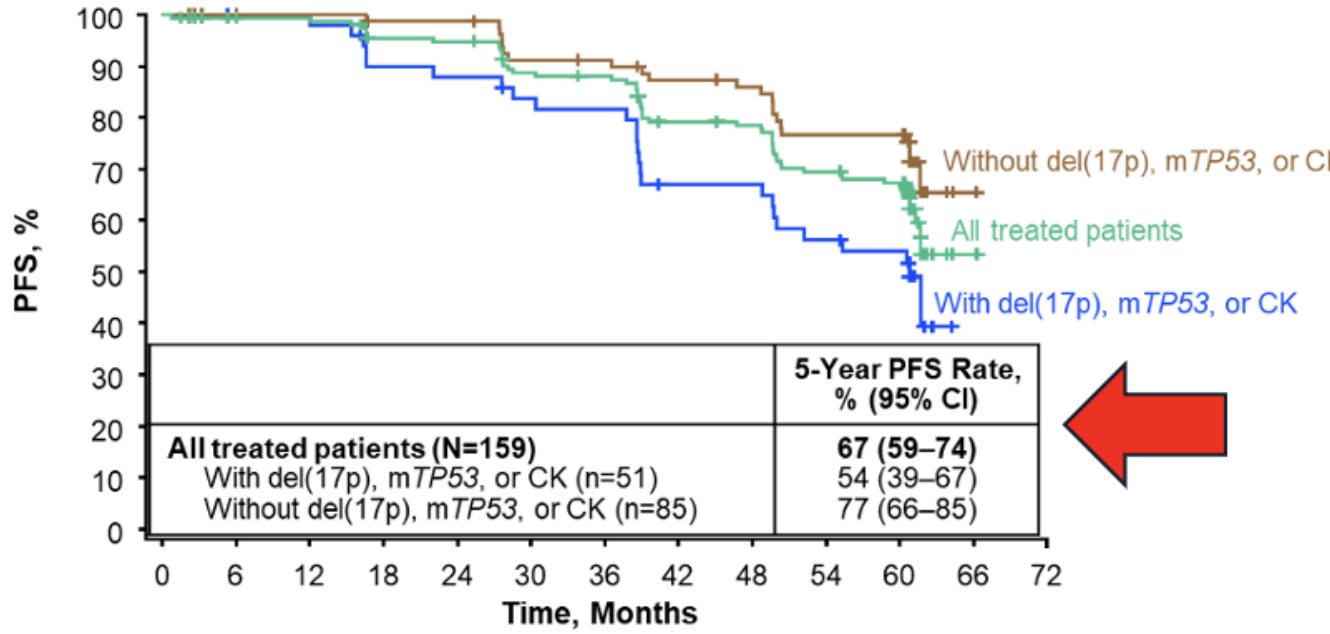
Wierda W et al. J Clin Onc 2024; 42 (16): 7009

CAPTIVATE:
Outcomes in high-risk subgroups – 5.5 years Follow up

Results: FD Cohort: PFS Rates

Median time on study: 61.2 months (range, 0.8–66.3)
Overall median PFS was not reached with up to 5.5 years of follow-up

PFS in All Treated Patients and by del(17p), m*TP53*, or CK Status



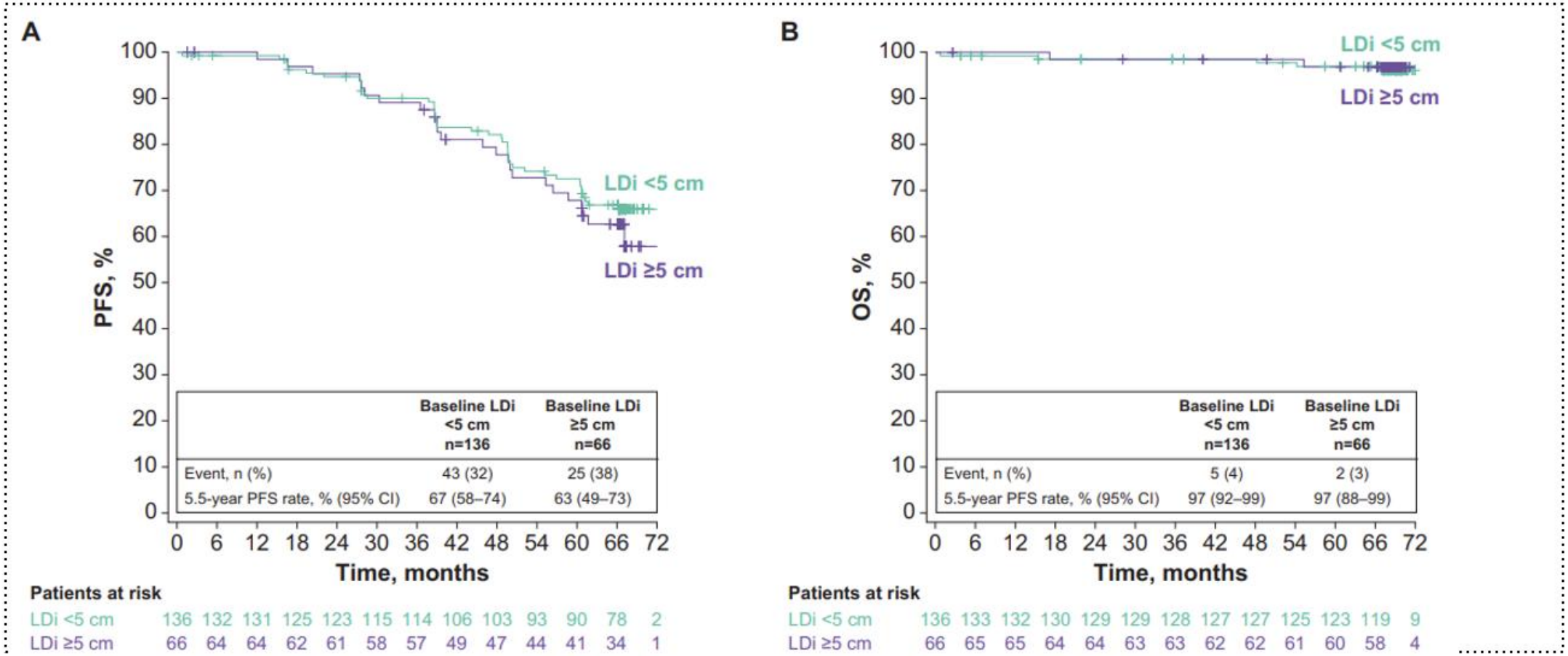
Patients at risk

All treated patients	159	153	152	144	143	132	130	115	113	100	96	3	0
With del(17p), m*TP53*, or CK	51	50	50	44	43	40	39	31	31	26	24	0	
Without del(17p), m*TP53*, or CK	85	82	81	79	79	72	71	67	65	58	58	1	0

5Y PFS rate, % (95% CI)	Present	Absent
del17p/mut TP53	41 (21, 59)	73 (64, 80)
Complex karyotype	57 (37, 72)	73 (61, 80)

Wierda W, et al. *J Clin Oncol*. 2024;42(16):7009.

CAPTIVATE:
PFS and OS in Bulky Lymphadenopathy at baseline

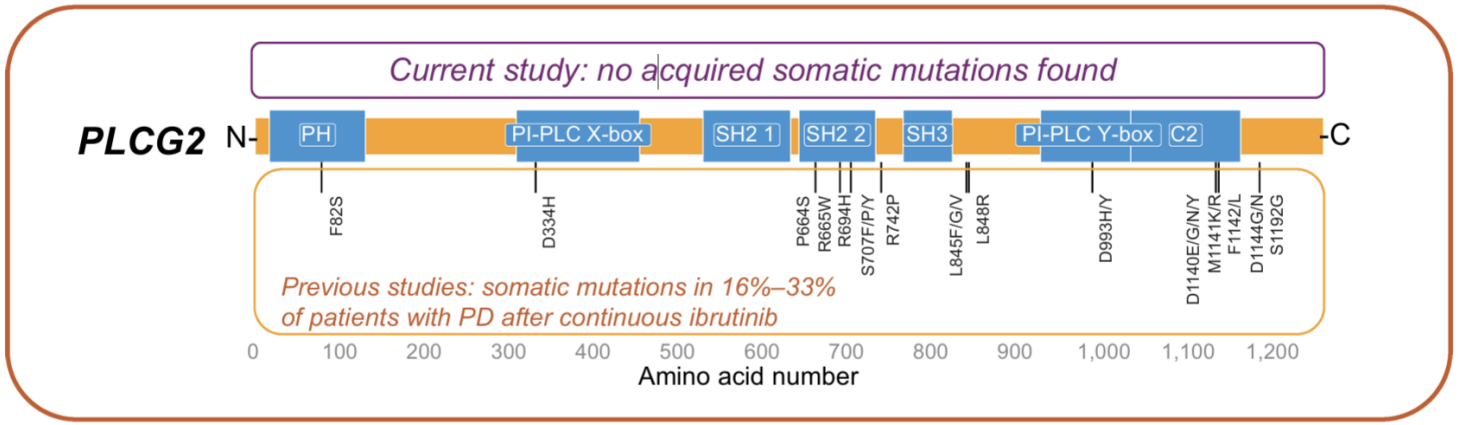


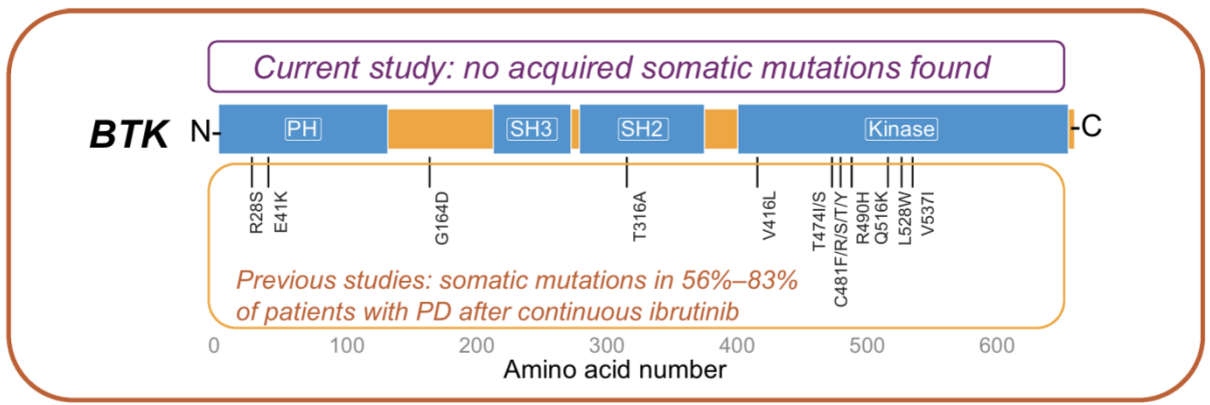
Wierda WG, et al. poster presented at ASH 2024. #1869

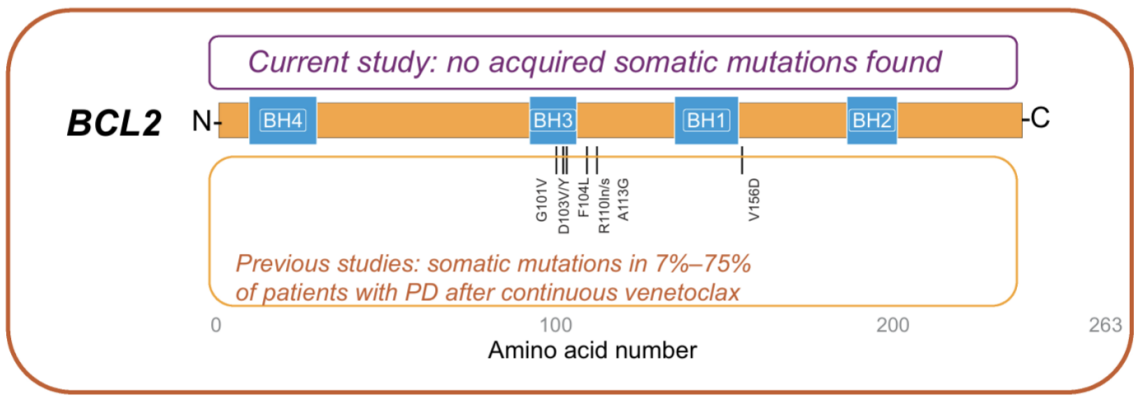
CLINICAL CANCER RESEARCH | CLINICAL TRIALS: TARGETED THERAPY

Absence of *BTK*, *BCL2*, and *PLCG2* Mutations in Chronic Lymphocytic Leukemia Relapsing after First-Line Treatment with Fixed-Duration Ibrutinib plus Venetoclax

Nitin Jain[1], Lisa J. Croner[2,3], John N. Allan[4], Tanya Siddiqi[5], Alessandra Tedeschi[6], Xavier C. Badoux[7], Karl Eckert[3], Leo W.K. Cheung[2,3], Anwesha Mukherjee[3], James P. Dean[3], Edith Szafer-Glusman[2,3], and John F. Seymour[8,9]



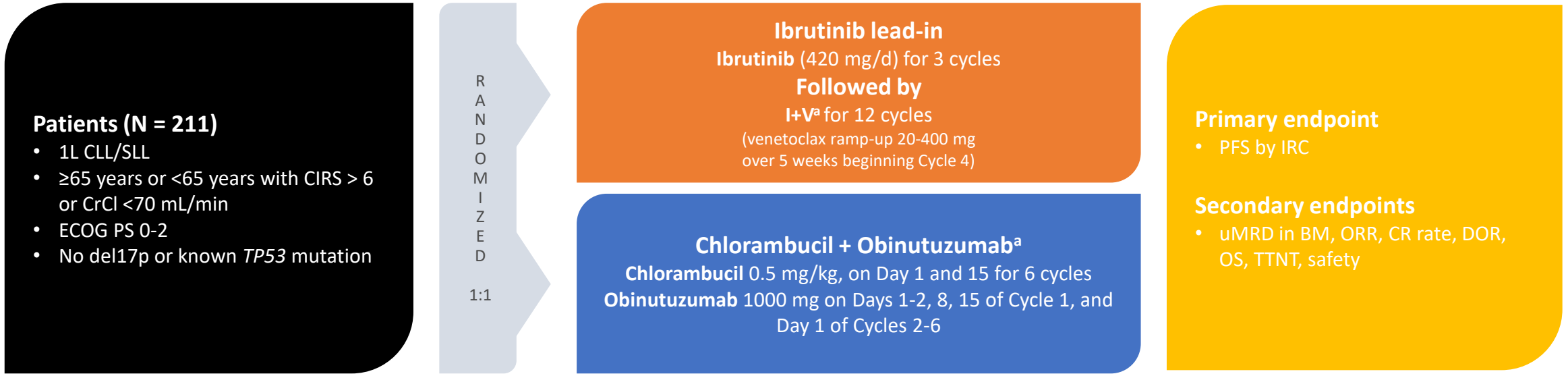




Jain N et al. Clin Cancer Res 2024;30(3):498

GLOW/CLL3011: Phase 3 study design

- I+V vs chlorambucil + obinutuzumab for elderly/unfit patients with previously untreated CLL/SLL



Stratified by IGHV mutational status and presence of del11q

Each cycle = 28 days

Median age 71 years

Objective: *To evaluate 1L, FD I+V vs Clb+O in in elderly/unfit patients without del17p mutation*

[a]Participants who develop PD may enter subsequent therapy phase to receive single-agent ibrutinib until PD or unacceptable toxicity.

1. Kater A, et al. Presented at EHA 2021 Virtual, June 9-17, 2021. Oral presentation LB1902. Clinicaltrials.gov. NCT03462719 (Accessed June 2022).

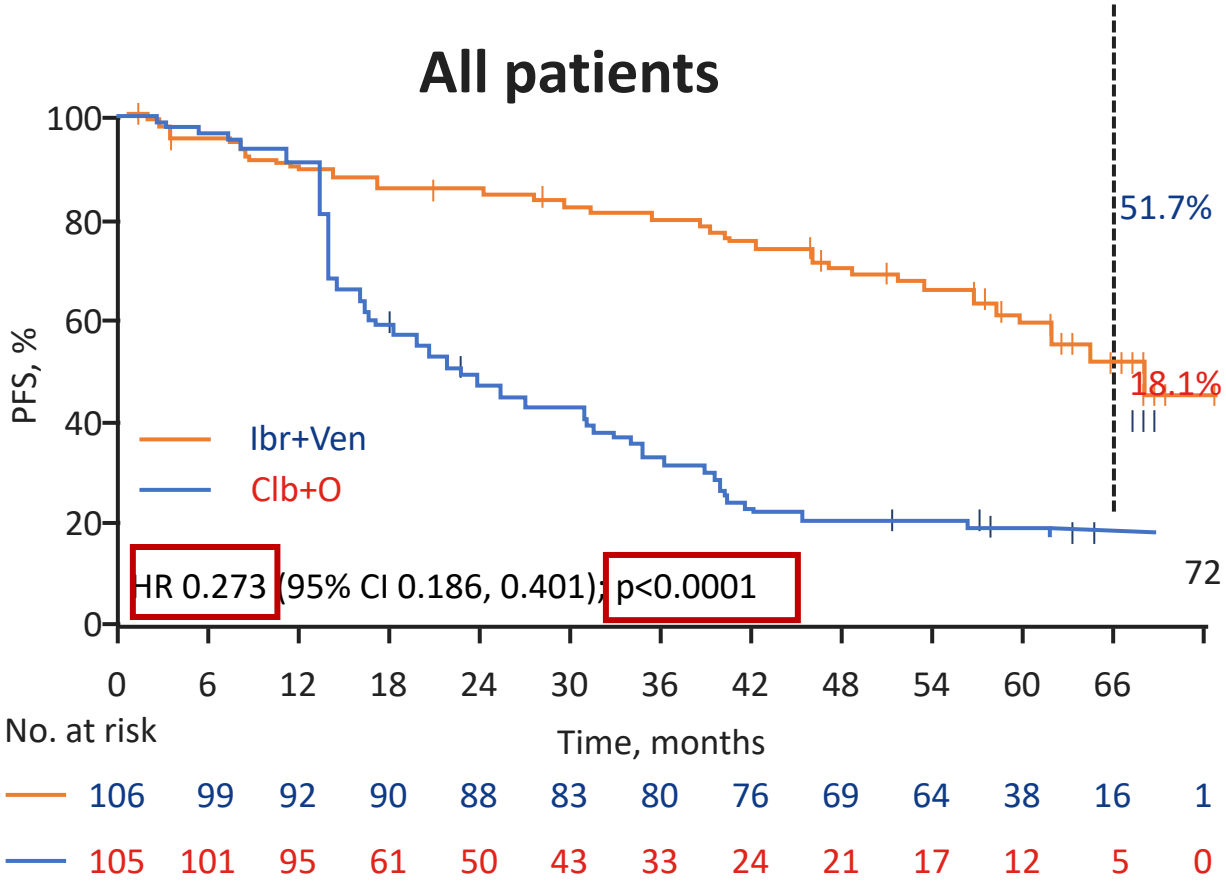
GLOW: Study Population Was Unfit, Median Age 71 Years

CHARACTERISTIC	I+V (N = 106)	Clb+O (N = 105)
Age, median (range), years	71.0 (47-93)	71.0 (57-88)
≥ 75 years, %	33.0	35.2
Male, %	55.7	60.0
ECOG PS 1-2, %	67.0	62.9
CIRS score, median (IQR)	9 (6-12)	8 (5-10)
> 6, %	**69.8**	**58.1**
CrCl, median (range) mL/min	66.5 (34.0-168.1)	63.2 (32.3-180.9)
Rai stage III-IV, %	57.3	52.5
Bulky disease ≥ 5 cm, %	39.0	36.2
Elevated LDH, %	**33.0**	**48.6**
Mutated IGHV,[a] %	25.5	25.7
Unmutated IGHV,[a] %	51.9	51.4
Del11q, %	18.9	17.1
***TP53* mutation, %**	6.6	1.9

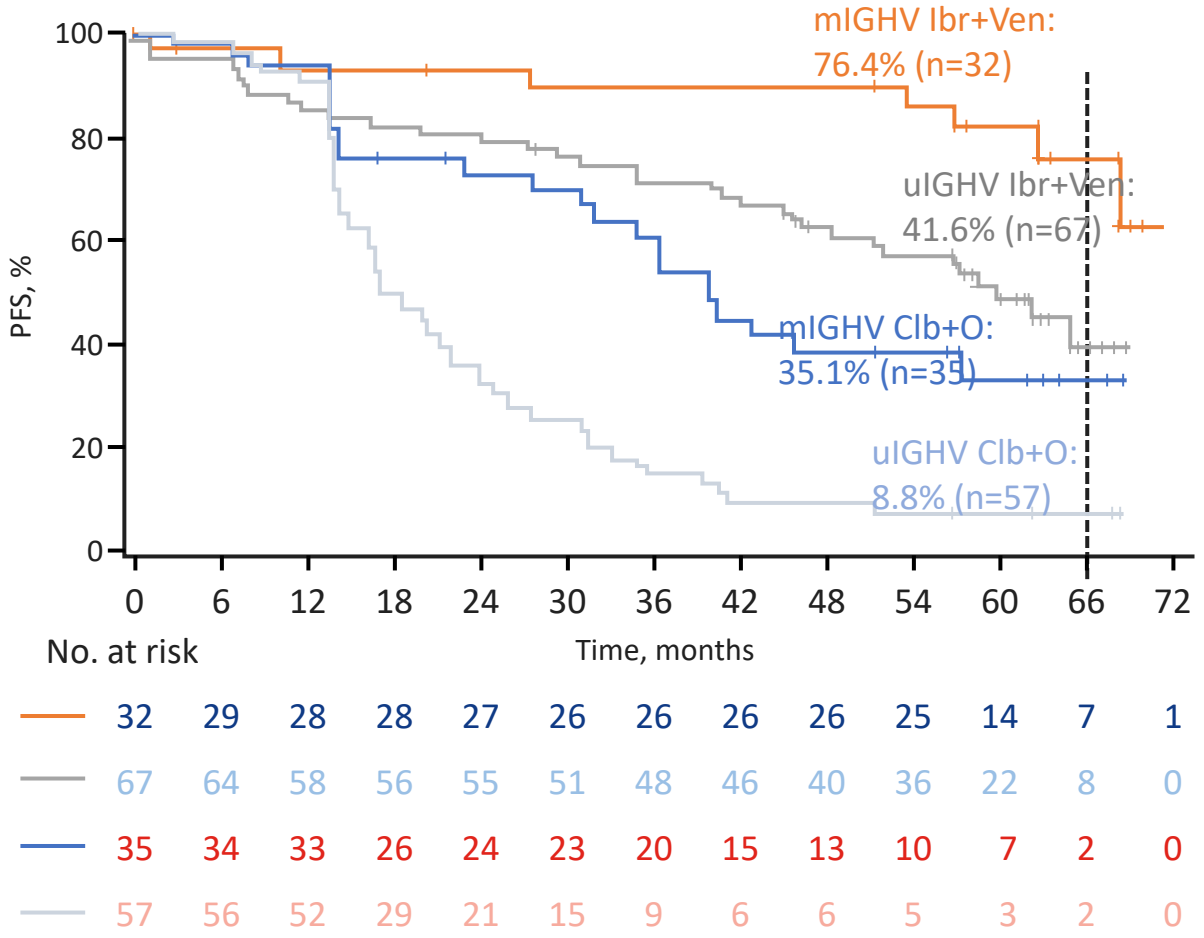
Kater et al. EHA 2021, Oral LB1902
Kater AP, et al. *NEJM Evid* 2022; 1 (7)

GLOW : Progression-free survival

All patients



According to IGHV status



I+V *vs* G-Clb

uIGHV: HR: 0.273 (95% CI 0.171, 0.434); p<0.0001

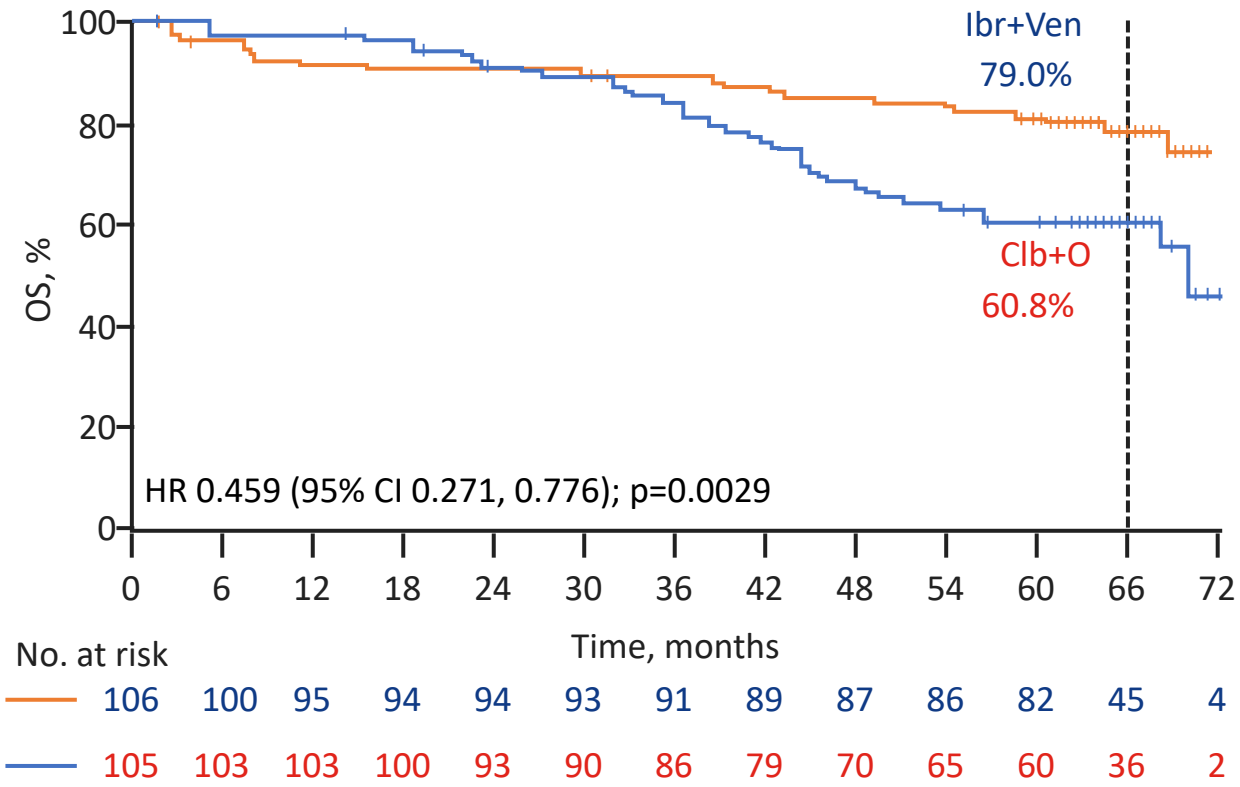
mIGHV: HR: 0.246 (95% CI 0.097, 0.619); p=0.0014

Nominal p-values are reported.

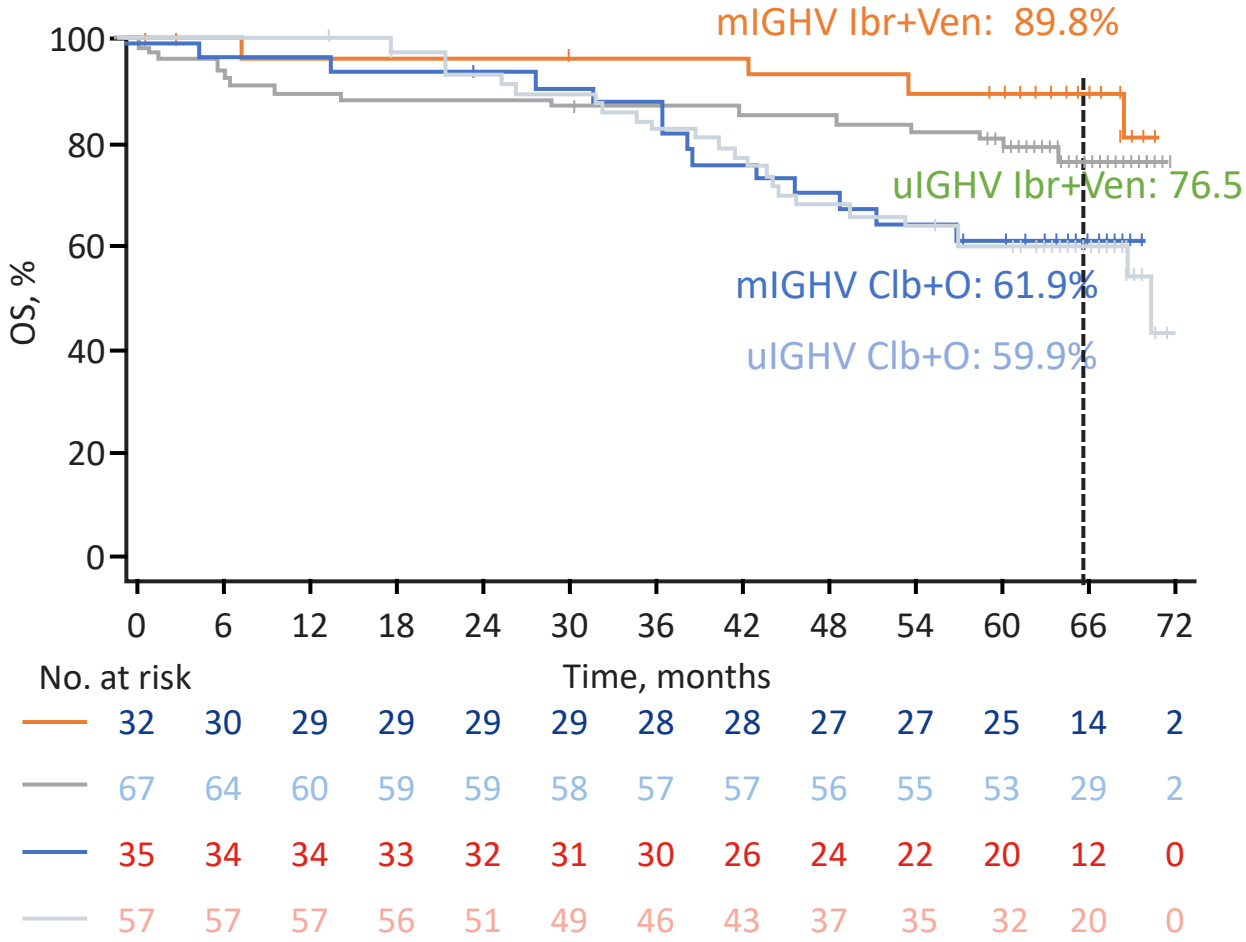
Niemann CU, et al. Presented at ASH 2024. Poster #1871.

GLOW: Overall survival

All patients



According to IGHV status

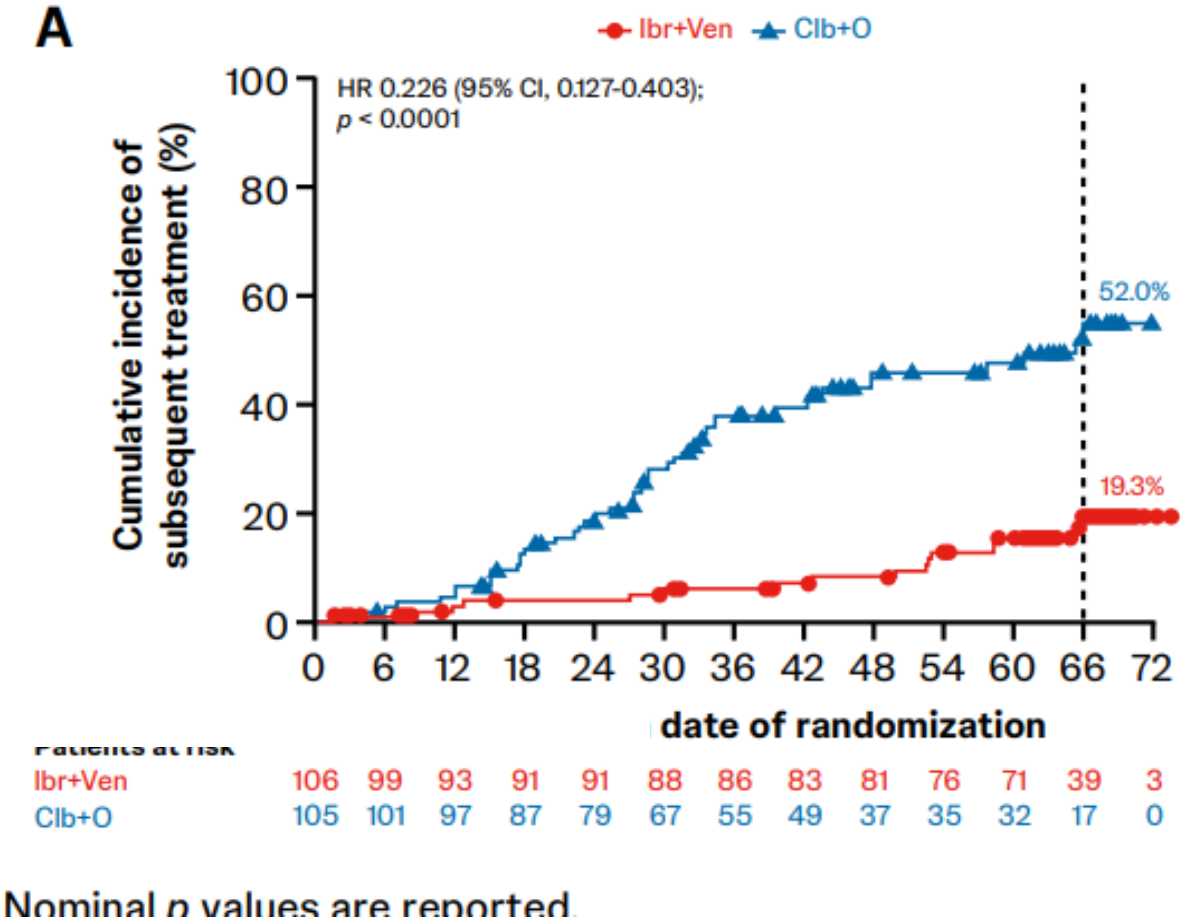


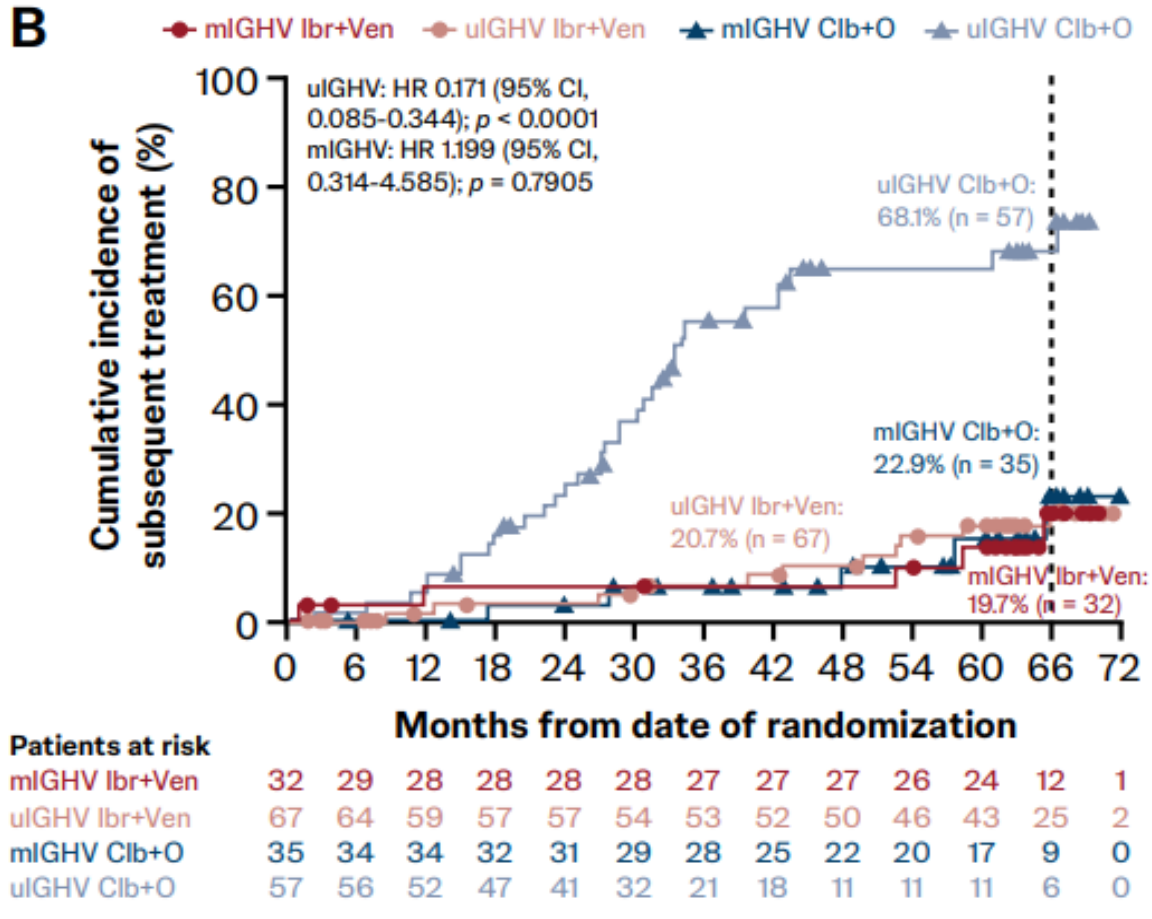
Nominal p-values are reported.

Niemann CU, et al. Presented at ASH 2024. Poster #1871.

GLOW : Time to next treatment

Figure 3: TTNT for all patients (A) and patients by IGHV status (B)





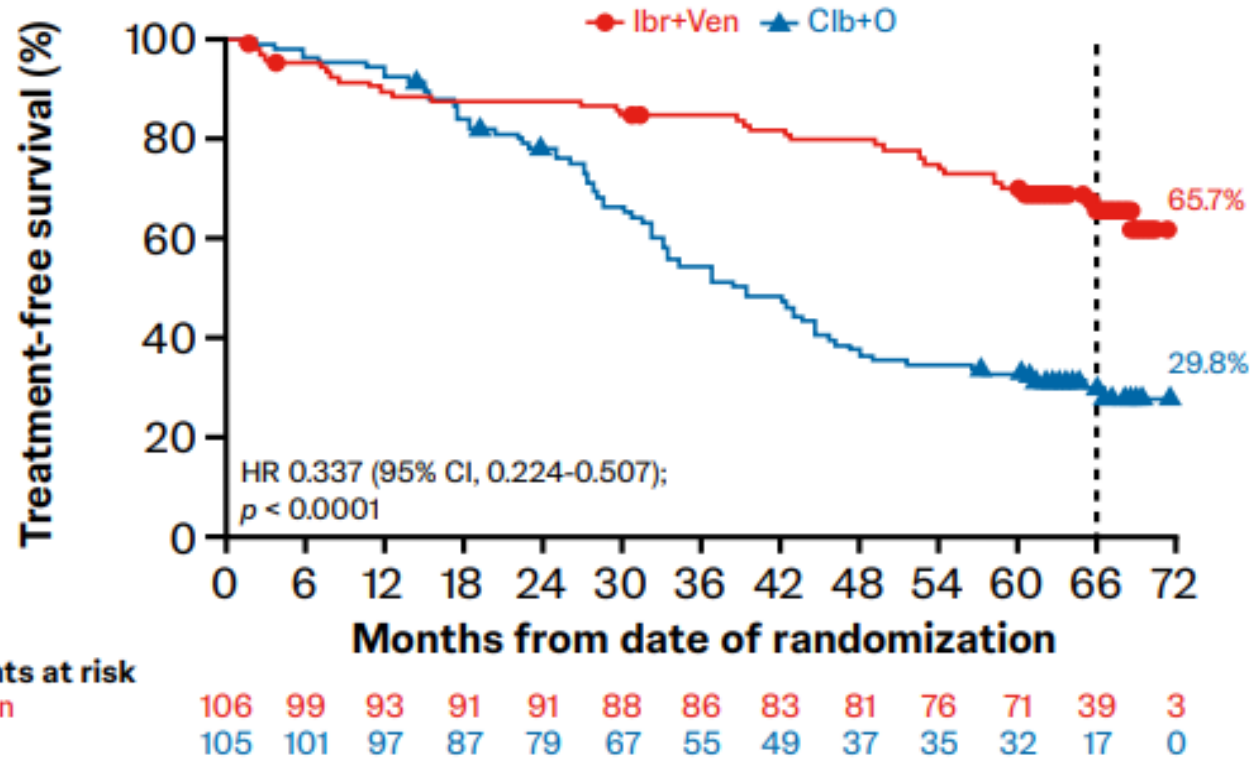
Nominal p values are reported.

Nominal p-values are reported.

Niemann CU, et al. Presented at ASH 2024. Poster #1871.

GLOW : Treatment free survival

Figure 4: Treatment-free survival for all patients



Nominal p-values are reported.

Niemann CU, et al. Presented at ASH 2024. Poster #1871.

GLOW: Summary of safety and TLS risk reduction

Grade ≥3 AEs occurring in ≥5% of patients	I+V (N=106)	Clb+O (N=105)
Median exposure, mo (range)	13.8 (0.7–19.5)	5.1 (1.8–7.9)
Any, %	75.5	69.5
Neutropenia[a]	34.9	49.5
Infections[b]	17.0	11.4
Thrombocytopenia	5.7	20.0
Diarrhea	10.4	1.0
Hypertension	7.5	1.9
Atrial fibrillation	6.6	0
Hyponatremia	5.7	0
TLS	0	5.7

- After 3 cycles of ibrutinib lead-in, <2% of patients remained at risk for TLS based on high tumor burden
- 2 (1.9%) patients in the I+V arm discontinued ibrutinib due to atrial fibrillation
- SAEs in ≥5% of patients for I+V vs Clb+O: infections (12.3% vs 8.6%) and atrial fibrillation (6.6% vs 0%)
- Rate of secondary malignancies at time of analysis: 8.5% for I+V vs 10.5% for Clb+O
  - NMSC: 3.8% vs 1.9%
  - Other: 4.7% vs 8.6%

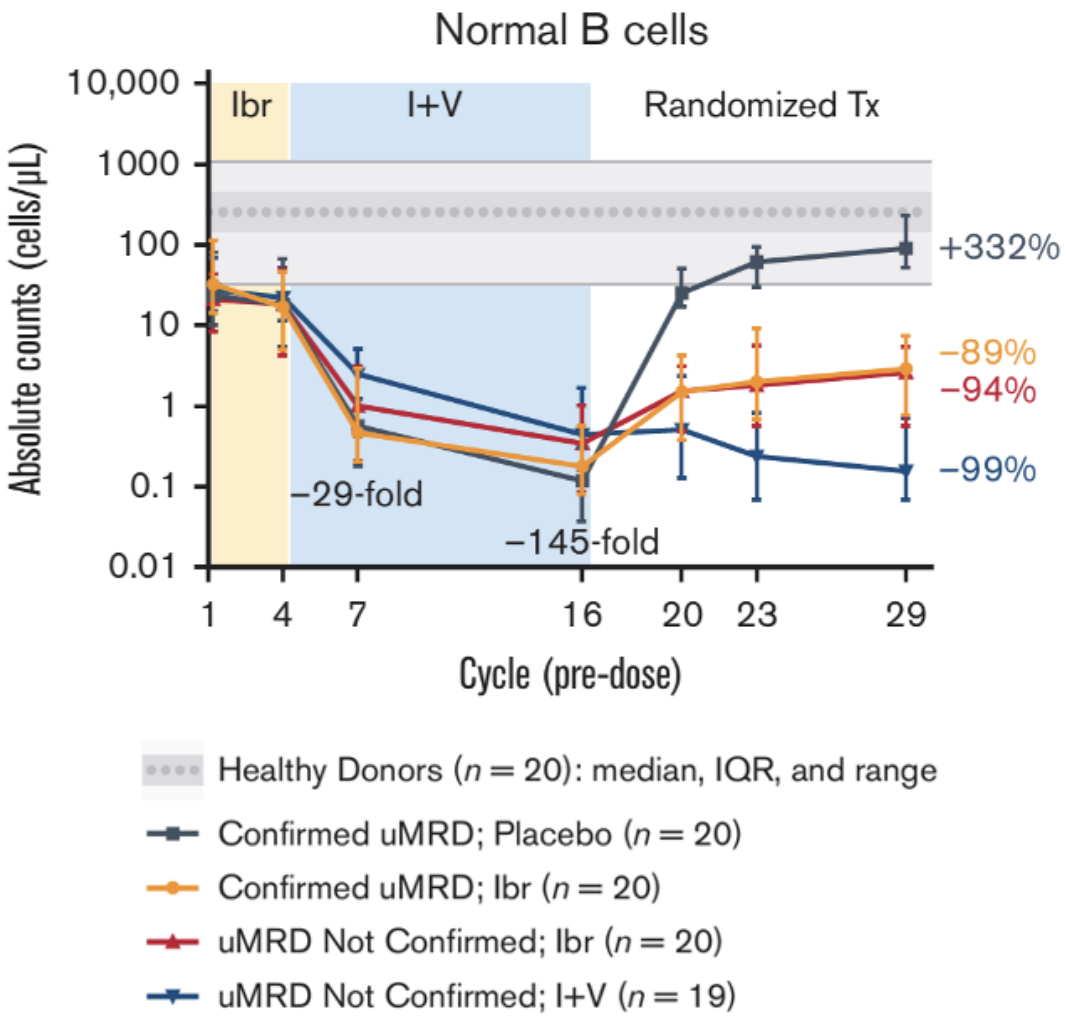
Follow-up: 27.7 months.

[a]Includes neutrophil count decreased; Grade ≥3 febrile neutropenia: 1.9% for I+V vs 2.9% for Clb+O. [b]INcludes multiple preferred terms.

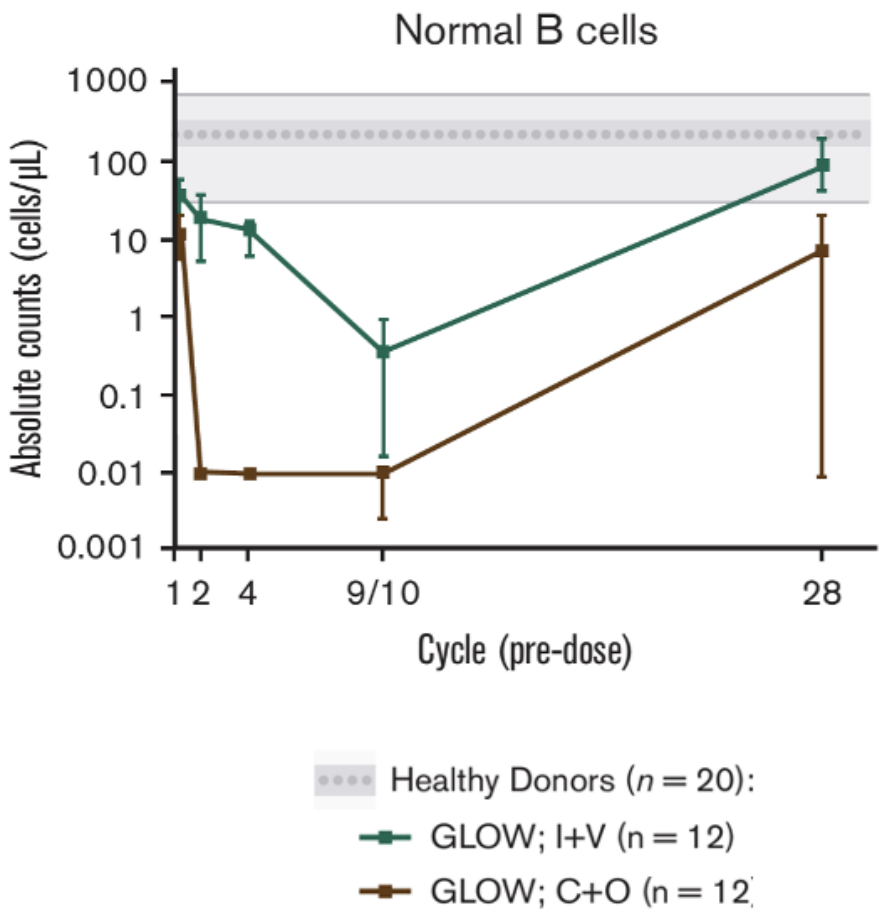
Kater AP, et al. NEJM Evid 2022;1(7). Kater AP, et al. EHA 2021. Oral presentation LB1902.

Immune restoration and I+V

CAPTIVATE TRIAL



GLOW TRIAL



Moreno C et al. Blood Adv 2023 ;7(18):5294

Janssen Research & Development*

Non-interventional Study Protocol

Prospective Cohort Study With Fixed-Duration Ibrutinib + Venetoclax (I+V) First-Line Treatment in Patients with Chronic Lymphocytic Leukemia in a Real-World Setting

REALITY-WW

Protocol 54179060CLL4032

REALITY WW: Prospective Cohort Study With FD I+V First-Line Treatment in Patients with CLL in a Real-World Setting

15th HAIMATUS 2024

Treatment Phase | **Follow-up Phase**

Primary Outcome on Interest: Overall Response Rate by the end of 15 treatment cycles

Key Inclusion Criteria
- ≥18 years
- Confirmed diagnosis of CLL/SLL requiring treatment per iwCLL 2018 guidelines
- Intention of therapy with I+V treatment according approved indication

N=200

Fixed Duration (15 cycles) I+V combination

Ibrutinib lead-in, 420 mg QD, for 1–3 cycles
Venetoclax dose ramp-up (from 20–400 mg over 5 weeks) from Cycle 4
Venetoclax 400 mg QD + **ibrutinib** 420 mg QD, orally, for 12 cycles through Cycle 15

Prospective follow-up for a minimum of 48 weeks ±4 weeks from premature discontinuation of I+V or the end of I+V treatment

Total duration: 4 years

REALITY-WW Steering Committee

15th HAIMATUS 2024

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Mayo Clinic, Rochester, MN, USA

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A Beneficencia Portuguesa de Sao Paulo, São Paulo, Brazil

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Ahmad Absi, MD
National Guard Health Affairs, Saudi Arabia

AMPLIFY: Fixed-duration acalabrutinib combinations in TN CLL

TN CLL (N=867)

Key inclusion criteria

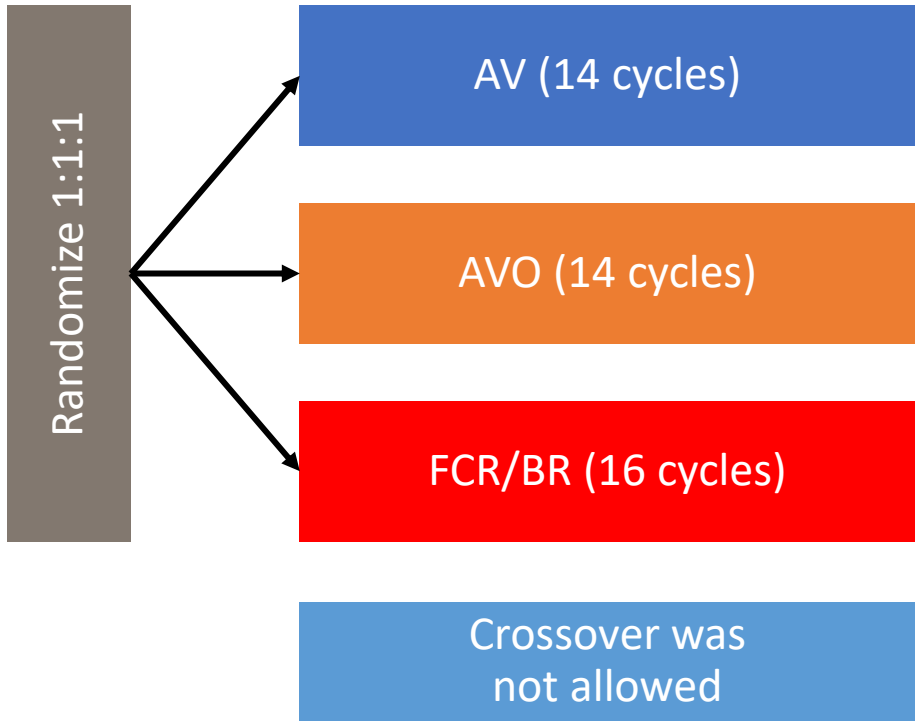
- Age ≥18 years
- TN CLL requiring treatment per iwCLL 2018
- Without dell(17p) or TP53
- ECOG PS ≤2

Key exclusion criteria

- CIRS-Geriatric >6
- Significant cardiovascular disease

Stratification

- Age (>65 vs ≤65 years)
- IGHV mutational status
- Rai stage (≥3 vs <3)
- Geographic region

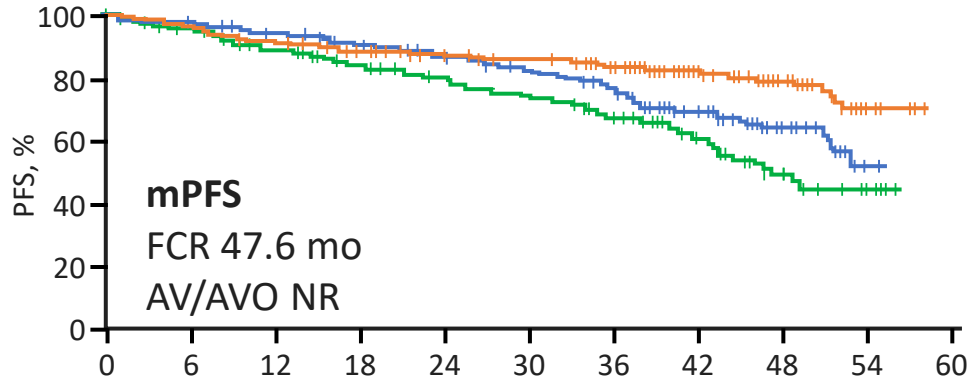


Brown JR, et al. *N Engl J Med.* 2025;392(8):748-762.

AMPLIFY: PFS by blinded independent central review

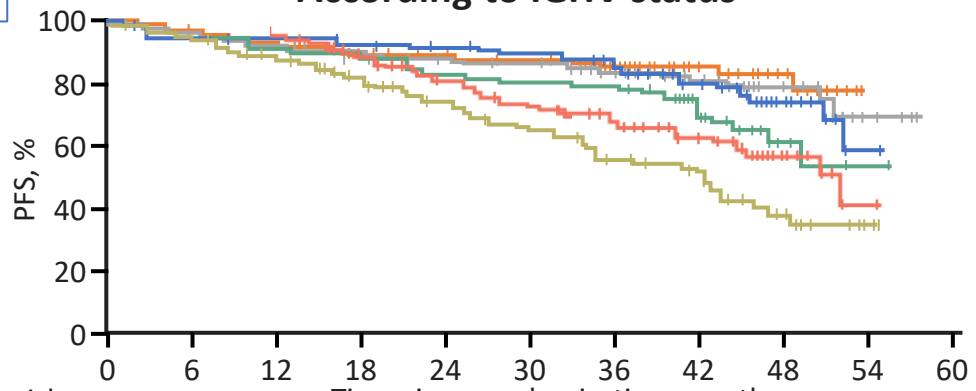
All patients

FOLLOW-UP 40.8 MONTHS



No. at risk											
AV	291	282	269	251	237	219	177	102	35	3	0
AVO	286	272	258	237	225	219	191	116	51	7	0
FCR/BR	290	236	208	189	170	154	127	66	28	6	0

According to IGHV status



No. at risk											
AV mIGHV	124	119	114	110	108	105	91	54	18	2	0
AV uIGHV	167	163	155	141	129	114	86	48	17	1	0
AVO mIGHV	117	111	106	96	89	86	73	41	15	0	
AVO uIGHV	169	161	152	141	136	133	118	75	36	7	0
FCR/BRmIGHV	118	99	86	81	76	72	65	28	9	2	0
FCR/BR uIGHV	172	137	122	108	94	82	62	38	19	4	0

	PFS -HR for PD or death (95% CI)	p-value
AV vs FCR/BR	0.65 (0.49, 0.87)	0.004
AVO vs FCR/BR	-	<0.001

	N	Events, n	mPFS, mo	36-mo PFS rate, %
AV mIGHV	124	28	NC	86.0
AV uIGHV	167	-61	51.5	68.9
AVO mIGHV	117	20	NC	83.6
AVO uIGHV	169	36	NC	82.8
FCR/BR mIGHV	118	28	NC	79.9
FCR/BR uIGHV	172	67	43.3	56.8

	HR for PD or death (95% CI)	p-value
AV vs FCR/BR mIGHV	0.67 (0.39, 1.14)	
AV vs FCR/BR uIGHV	0.69 (0.48, 0.97)	
AVO vs FCR/BR mIGHV	0.58 (0.32, 1.02)	
AVO vs FCR/BR uIGHV	-	<0.001

Brown JR, et al. *N Engl J Med.* 2025;392(8):748-762.

AMPLIFY: Adverse events

AEs, n (%)	AV (n=291)		AVO (n=284)		Chemoimmunotherapy (n=259)	
	Any Grade	Grade ≥3	Any Grade	Grade ≥3	Any Grade	Grade ≥3
Hypertension	12 (4.1)	8 (2.7)	11 (3.9)	6 (2.1)	7 (2.7)	2 (0.8)
Hemorrhage						
Any	94 (32.3)	3 (1.0)	86 (30.3)	6 (2.1)	11 (4.2)	1 (0.4)
Major	3 (1.0)	3 (1.0)	8 (2.8)	6 (2.1)	2 (0.8)	1 (0.4)
Neutropenia	108 (37.1)	94 (32.3)	143 (50.4)	131 (46.1	132 (51.0)	112 (43.2)
Infection	148 (50.9)	36 (12.4)	153 (53.9)	67 (23.6)	82 (31.7)	26 (10.0)
Second primary cancer						
Any	15 (5.2)	5 (1.7)	12 (4.2)	5 (1.8)	2 (0.8)	0
Excluding nonmelanoma skin cancer	8 (2.7)	5 (1.7)	7 (2.5)	4 (1.4)	1 (0.4)	0
Tumor lysis syndrome	1 (0.3)	1 (0.3)	1 (0.4)	1 (0.4)	8 (3.1)	8 (3.1)
Cardiac event						
Any	27 (9.3)	5 (1.7)	34 (12.0)	7 (2.5)	9 (3.5)	3 (1.2)
Atrial fibrillation or flutter	2 (0.7)	1 (0.3)	6 (2.1)	2 (0.7)	2 (0.8)	2 (0.8)
Ventricular tachyarrhythmia	2 (0.7)	0	3 (1.1)	0	0	0

Brown JR, et al. *N Engl J Med.* 2025;392(8):748-762.

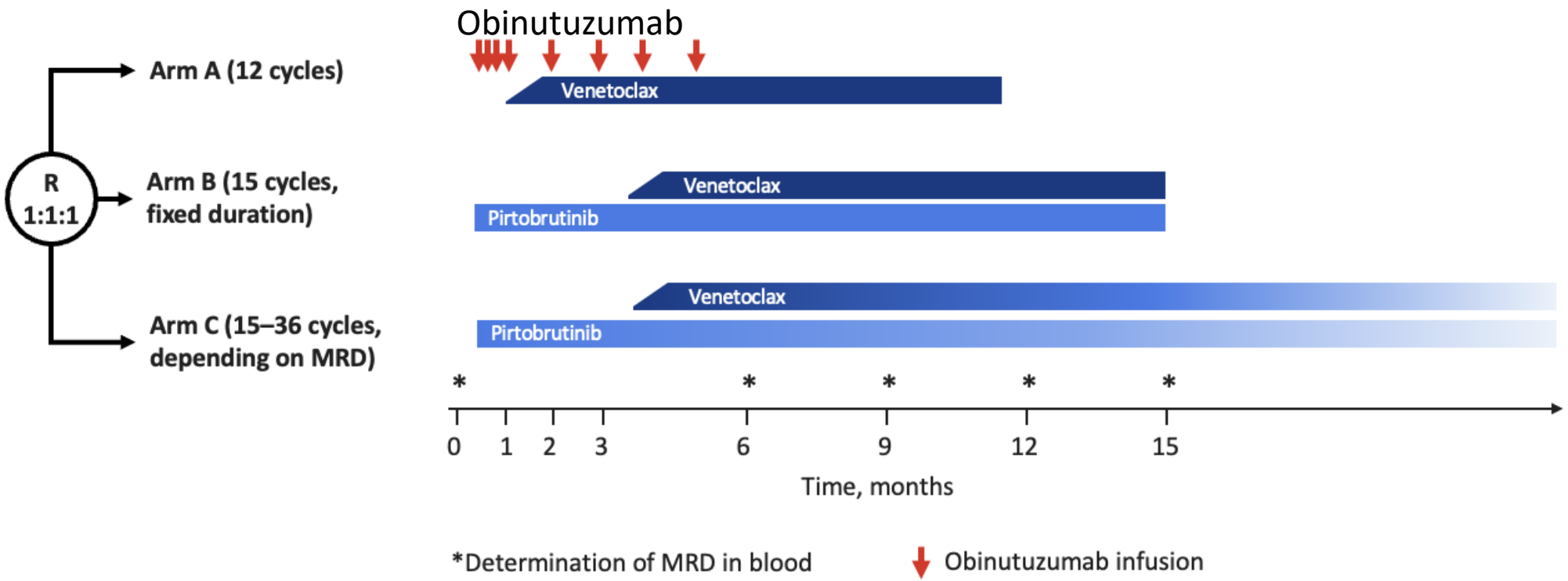
Chemofree fixed duration therapies guided by MRD– 1L CLL

1. **Ibrutinib + Venetoclax** (up to 6y...) vs **FCR**
2. **PVO -** Pirtobrutinib + Venetoclax + Obinutuzumab (Phase 2; 13-25 cycles
3. **BOVen:** Zanubrutinib + venetoclax (8-24 cycles)
4. **FLAIR**: Venetoclax + ibrutinib
5. **HOVON 158/ NEXT STEP - Ibrut+Ven --> if MRD+: Ibr + G**

Slide by the author

CLL18: Phase 3 - TN CLL/SLL

- Time-limited VenG *vs*
- Time-limited Ven + Pirto *vs*
- MRD-guided Ven + Pirto



Slide from the author

EUCT: 2023-510294-34-00, access 04 APR 2025

Vision for the future

- Better understanding of drug resistance
- Fixed duration treatments associating drugs and guided by MRD
- Other targets
- Better control for high risk CLL
- Better salvage therapies for double-refractory CLL and Richter's transformation
- Cure? - we hope so! Until there, at least, functional cure!

Slide by the author

Obrigada! Gracias! Thank you!

SINTOMA'25

PARCERIA soho society of hematologic oncology

APOIO INSTITUCIONAL bp Educação e Pesquisa

CROMA ONCOLOGIA

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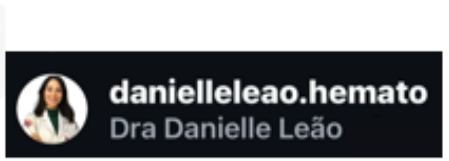
CONFIRA O CONTEÚDO ATUALIZADO
MOC-Hemato 2024



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