



# When the MMA Referee Steps In DLBCL: Bringing Friend and Foe Closer Together

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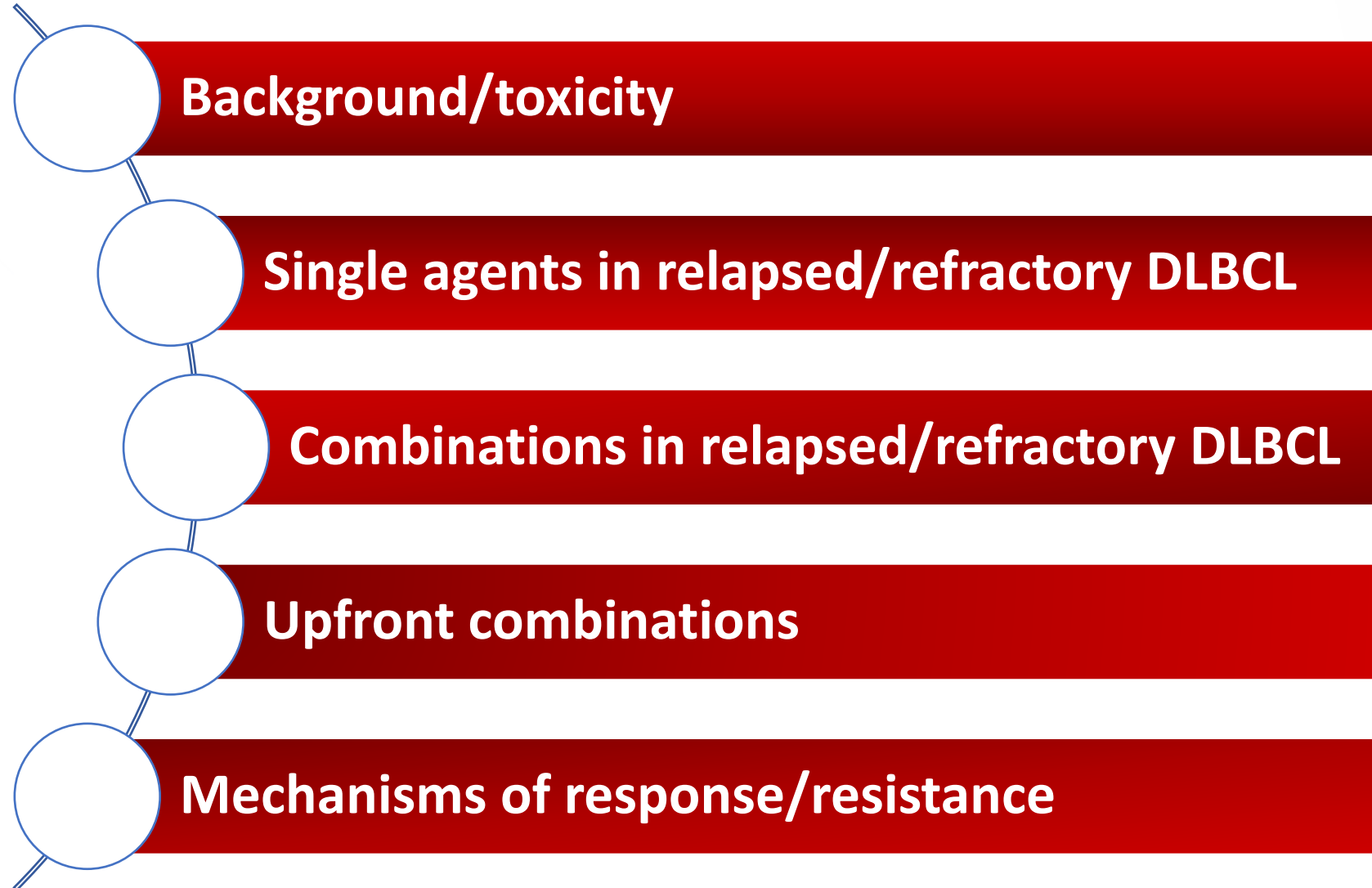
Dana Farber Cancer Institute

Harvard Medical School

# Disclosures

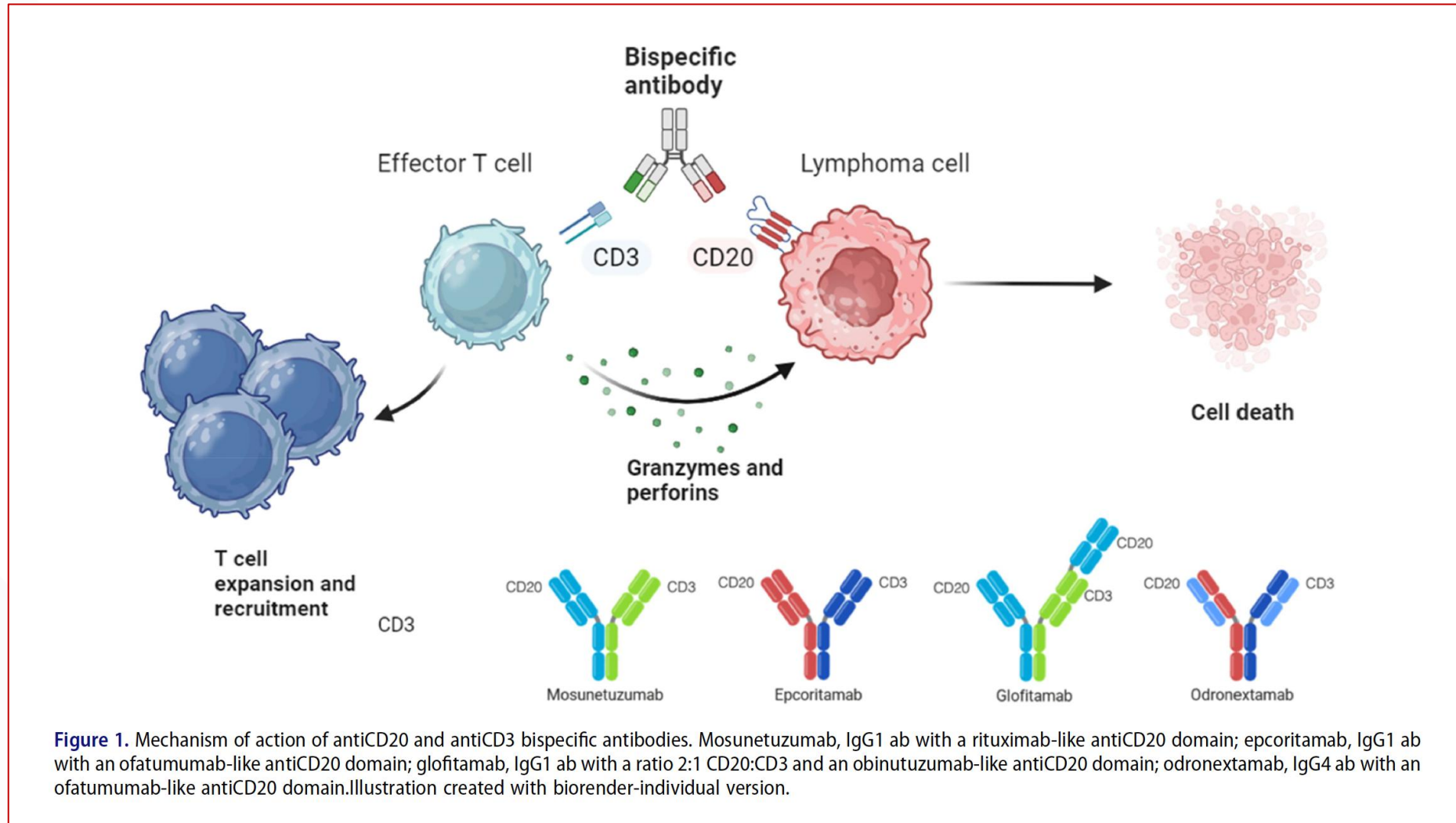
Name of Company	Research support	Employee	Consultant	Stockholder	Speaker's Bureau	Scientific Advisory Board	Other
Genmab						X	
Pierre Fabre			X				
Research to Practice					X		
Kite Pharma			X				

# Outline

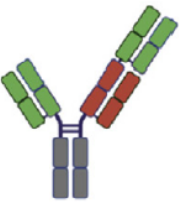




# Background/toxicity

# Mechanism of action of CD20 bi-specific antibodies



# Bispecific Antibodies in DLBCL

Bispecific	Structure	Approvals		Large B-cell lymphoma			
		FDA	EMA	N	OR, %	CR, %	
Glofitamab <sup>4-6</sup>		Humanized mouse IgG1 antibody Bivalent CD20 and monovalent CD3ε binding Modified Fc region abolishes FcγR and complement C1q binding	Approved in June 2023 for R/R DLBCL or LBCL	Approved in July 2023 for R/R DLBCL	154	52	39
Epcoritamab <sup>7-9</sup>		Humanized mouse heterodimeric IgG1 antibody Monovalent CD20 and CD3ε binding Modified Fc region minimizes FcγR and complement C1q binding	Approved in May 2023 for R/R DLBCL	Approved in September 2023 for R/R DLBCL	157	63	39
Odronextamab <sup>10-13</sup>		Fully human IgG4 heterodimeric antibody Monovalent CD20 and CD3ε binding Modified Fc region of the anti-CD3ε heavy chain to reduce protein A binding Common kappa light chain from anti-CD3ε	CR letters issued in March 2024 for R/R FL and DLBCL	Approved in August 2024 for R/R FL and DLBCL (2 prior lines)	127	52	31

# Bi-specific antibody dose/schedule and toxicity

## Epcoritamab

## Glofitamab

<p>C1D1: 0.16 mg C1D8: 0.8 mg C1D15: 48 mg C1D22: 48 mg C2D1+: 48mg</p> <p>(1) A/P 650-1000 mg, 30-120 min before C1 treatments (2) Diphenhydramine 50 mg, 30-120 min before C1 treatments (3) Dexamethasone 15 mg, 30-120 min before C1 treatments and for 3 consecutive days after. Continue dexamethasone thereafter if G2 or G3 CRS with prior dose.</p> <p>C1D15: 24-h admission</p>	<p>C1D1: obin 1000 mg C1D8: 2.5 mg C1D15: 10 mg C2D1+: 30 mg</p> <p>(1) A/P 500-1000 mg, 30 min before all treatments (2) Diphenhydramine 50 mg, 30 min before all infusions (3) Dexamethasone 20 mg, 1 h before treatment on C1D8, C1D15, C2D1, and C3D1. Continue if CRS with prior dose.</p> <p>C1D8: 24-h admission</p>
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### CRS

Epcoritamab					Glofitamab				
G1	G2	G3	G4	G5	G1	G2	G3	G4	G5
34%	15%	3%	0%	0%	47%	12%	3%	1%	0%
Time course for CRS onset			Median time (h) to CRS onset		Time course for CRS onset			Median time (h) to CRS onset	
C1D1: 5.8% C1D8: 11.8% C1D15: 42.8% C1D22: 4.9% C3+ 3%			All doses: 24 C1D15: 20		C1D8: 42.8% C1D15: 25.2% C2: 26% C3+: 0.9%			C1D8: 13.5 (range: 6-52)	
2 d (range: 1-27 d)					30.5 h (range, 0.5-317 h)				
G1	G2	G3	G4	G5	G 1-2		G 3-4		G5
4.5%	1.3%	0%	0%	0.6%	5%		3%		0%

### NT

**Caution: risk of infection with or without hypogammaglobulinemia**



**Single agent relapsed/  
refractory DLBCL**

# Glofitamab in relapsed/refractory LBCL

Pivotal single-arm Phase II study in patients with R/R LBCL and  $\geq 2$  prior therapies

## Key inclusion criteria

- DLBCL NOS, HGBCL, transformed FL, or PMBCL
- ECOG PS 0–1
- $\geq 2$  prior therapies, including:
  - Anti-CD20 antibody
  - Anthracycline

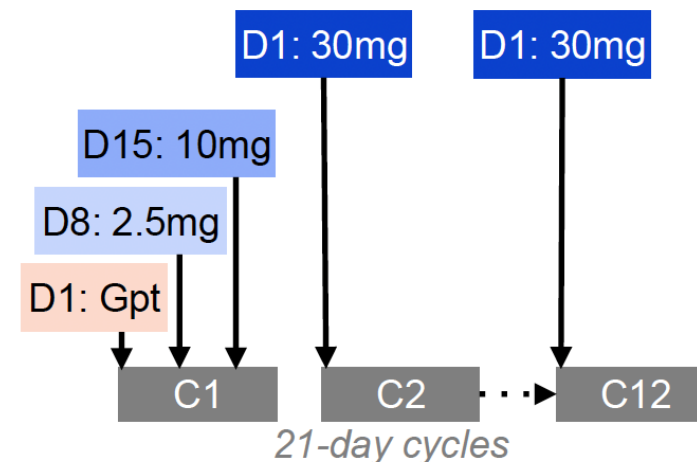
## Glofitamab IV administration

### Fixed-duration treatment:

- Q3W
- Up to 12 cycles (8.5 months)

### CRS mitigation:

- Obinutuzumab IV pre-treatment (1000mg)
- C1 step-up dosing
- Monitoring after first glofitamab dose (2.5mg)



## Endpoints

- **Primary:** CR rate (as best response) by IRC\*
- **Key secondary:** ORR<sup>†</sup>, DoR<sup>†</sup>, DoCR<sup>†</sup>, PFS, OS

## Analyses

- **Landmark:** PFS and OS by response (CR at EOT)
- **Biomarker:** ctDNA kinetics, immune recovery (B-cell, IgG and IgM)

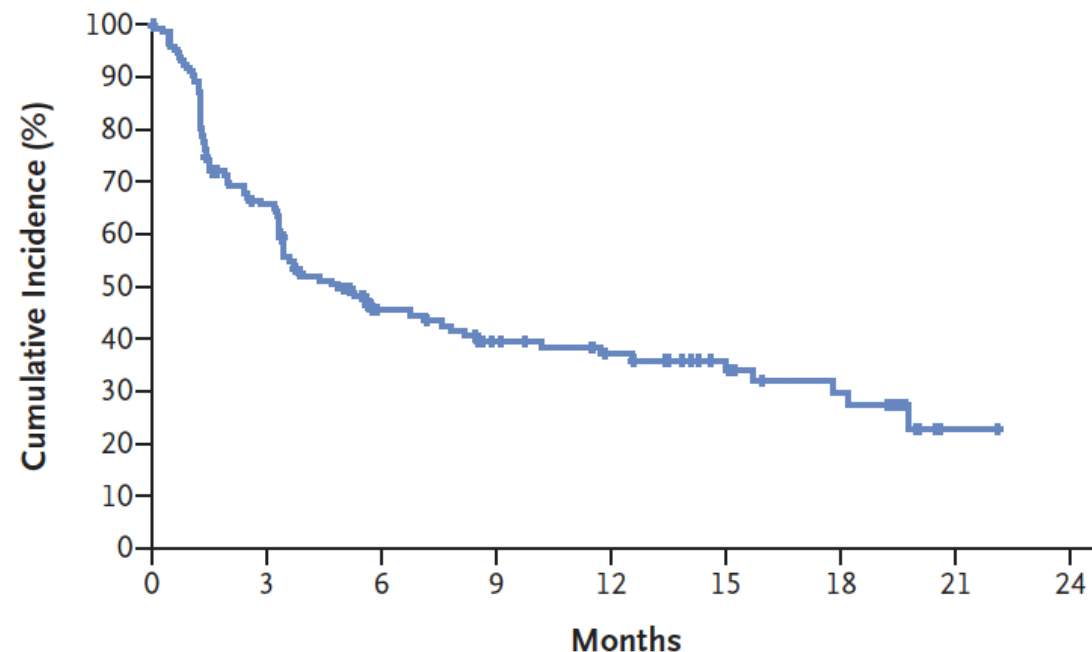
# Glofitamab with 39% CR and median PFS 4.9 months

**Table 2. Efficacy According to Independent Review Committee and Investigator Assessment (Intention-to-Treat Population).\***

Outcome	Assessment According to Independent Review Committee (N=155)	Assessment According to Investigator (N=155)
<b>Complete response</b>		
No. of patients with response	61	58
Percentage of patients (95% CI)	39 (32–48)	37 (30–46)
<b>Objective response</b>		
No. of patients with response	80	89
Percentage of patients (95% CI)	52 (43–60)	57 (49–65)
<b>Duration of complete response<sup>†</sup></b>		
Median (95% CI) — mo	NR (16.8–NR)	19.8 (18.2–NR)
Complete response at 12 mo (95% CI) — %	78 (64–91)	72 (59–86)
<b>Duration of objective response<sup>‡</sup></b>		
Median (95% CI) — mo	18.4 (13.7–NR)	10.4 (6.8–NR)
Objective response at 12 mo (95% CI) — %	64 (51–76)	49 (37–61)
Median time to first complete response (range) — days <sup>†</sup>	42 (31–308)	43 (31–274)
<b>Progression-free survival</b>		
Median (95% CI) — mo	4.9 (3.4–8.1)	3.8 (3.3–5.4)
Alive without progression at 12 mo (95% CI) — %	37 (29–46)	30 (22–38)
<b>Overall survival</b>		
Median (95% CI) — mo	—	11.5 (7.9–15.7)
Alive at 12 mo (95% CI) — %	—	50 (41–58)

**Median 3 prior lines of therapy  
s/p CAR-T: 33%**

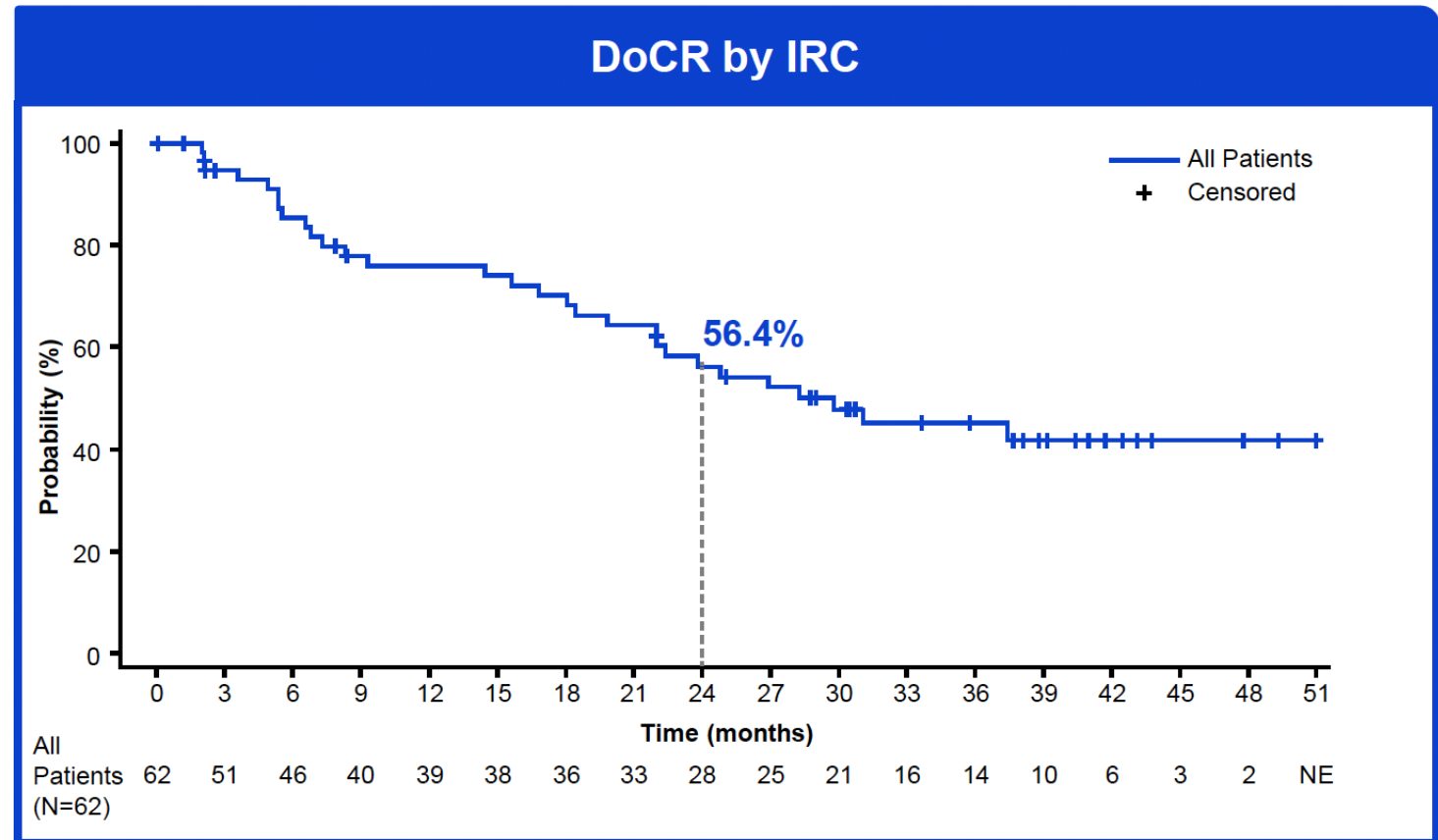
**Progression-free Survival in the Main Analysis Cohort**



**No. at Risk** 155 92 47 35 29 18 13 1 0

# At 2 years, 56% of complete responders remain in remission

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



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

# Epcoritamab in relapsed/refractory LBCL

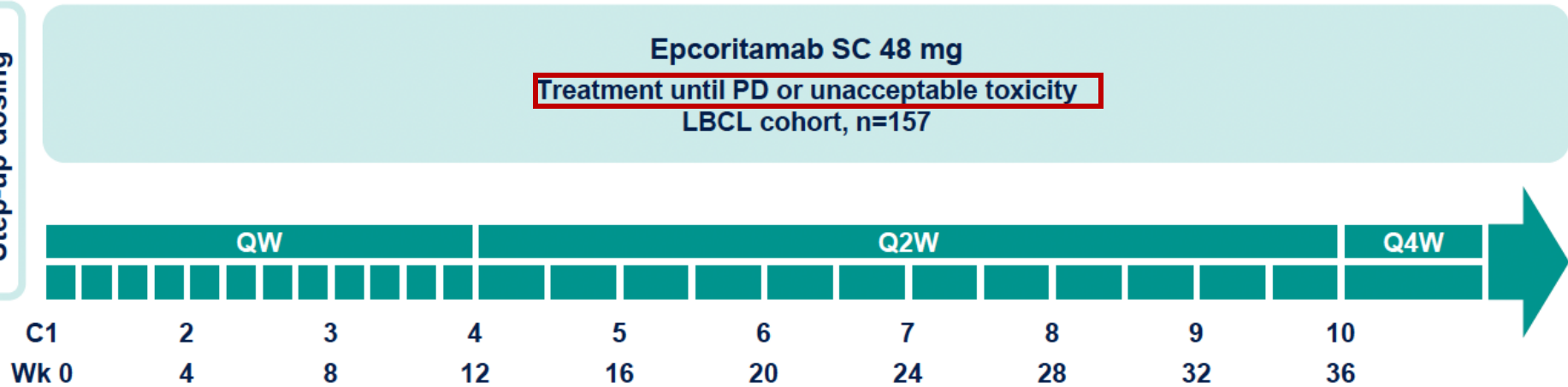
## Dose expansion

### Key inclusion criteria:

- R/R CD20<sup>+</sup> LBCL
  - DLBCL (*de novo* or transformed)
  - “Double-” or “triple-hit” DLBCL<sup>a</sup>
  - PMBCL
  - HGBCL
  - FL G3B
- ECOG PS 0–2
- ≥2 prior lines of antineoplastic therapy, incl ≥1 anti-CD20 mAb
- Measurable disease by CT/MRI
- Prior CAR T therapy allowed

**Median follow-up: 37.1 mo**

Step-up dosing<sup>b</sup>



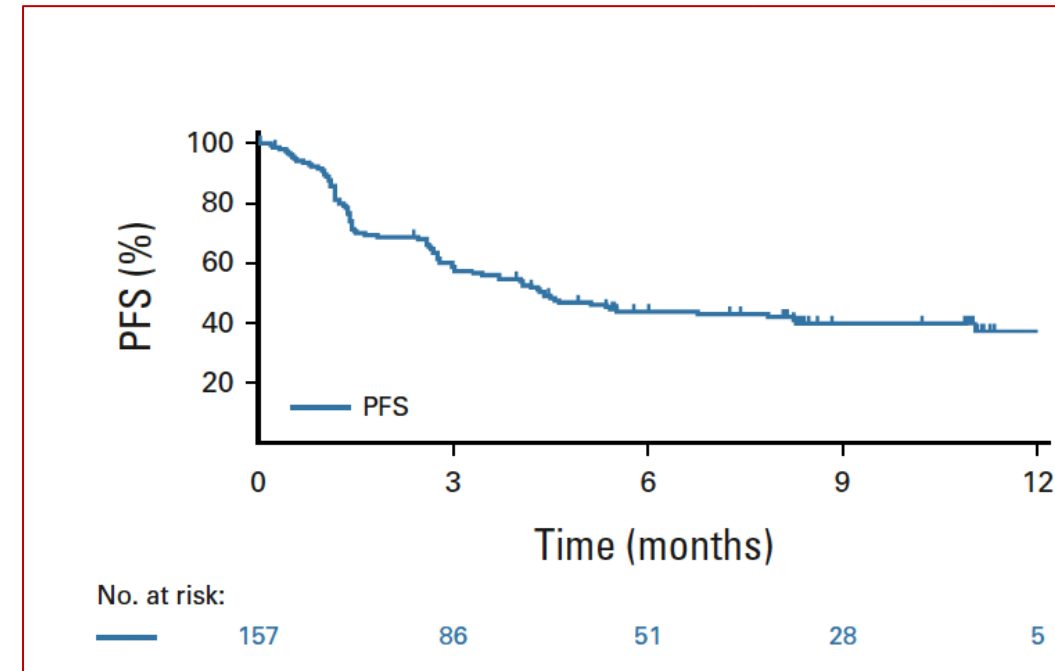
- **Primary endpoint:** ORR per Lugano criteria<sup>1</sup>
- **Key secondary endpoints:** CR, DOR, DOCR, PFS, OS, TTNT, MRD- rate, and safety/tolerability
- Exploratory MRD analyses of ctDNA were performed using the clonoSEQ<sup>®</sup> NGS assay<sup>c</sup>

**Thieblemont et al. JCO 2022/Vose et al. ASH 2025.**

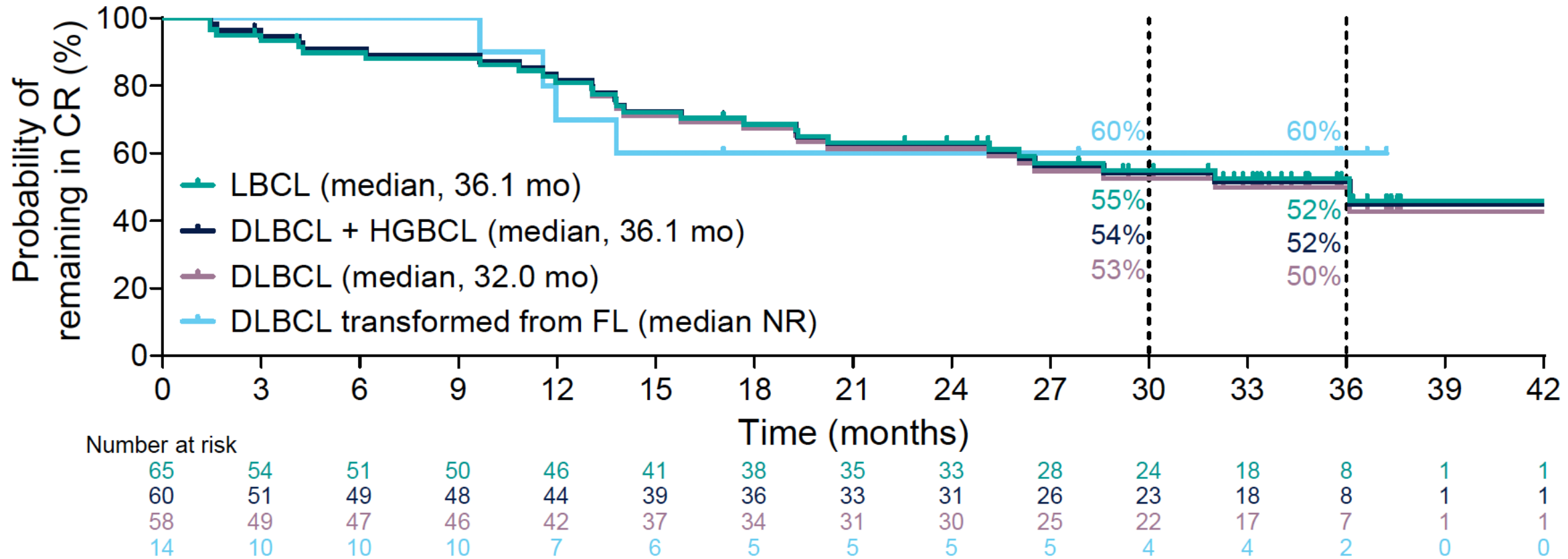
# Epcoritamab with 39% CR and median PFS 4.4 months

**Median 3 prior lines of therapy  
s/p CAR-T: 39%**

End Point	Patients (N = 157)
Best overall response per IRC, No. (%)	
Overall response of CR or PR, No. (%) [95% CI]	99 (63.1) [55.0 to 70.6]
CR	61 (38.9) [31.2 to 46.9]
PR	38 (24.2)
SD	5 (3.2)
PD	37 (23.6)
Nonevaluable <sup>a</sup>	16 (10.2)
DOR, months, median <sup>b</sup> (range) [95% CI]	12.0 (0.0+ to 15.5+) [6.6 to not reached]
DOR among complete responders, months, median <sup>b</sup> (range) [95% CI]	Not reached (1.4+ to 15.5+) [12.0 to not reached]
Duration of CR, months, median <sup>b</sup> (range) [95% CI]	12.0 (0.0 to 14.9+) [9.7 to not reached]
PFS, months, median <sup>b</sup> (range) [95% CI]	4.4 (0.0+ to 16.9+) [3.0 to 7.9]
OS, months, median <sup>b</sup> (range) [95% CI]	Not reached (0.3 to 17.9+) [11.3 to not reached]
Time to response, months, median (range) [No.]	1.4 (1.0-8.4) [99]
Time to CR, months, median (range) [No.]	2.7 (1.2-11.1) [61]



# Durable Complete Responses beyond 3 years



**Durable Complete Responses > 2 years indicate the curative potential of epcoritamab**



# **Combinations in relapsed/refractory DLBCL**

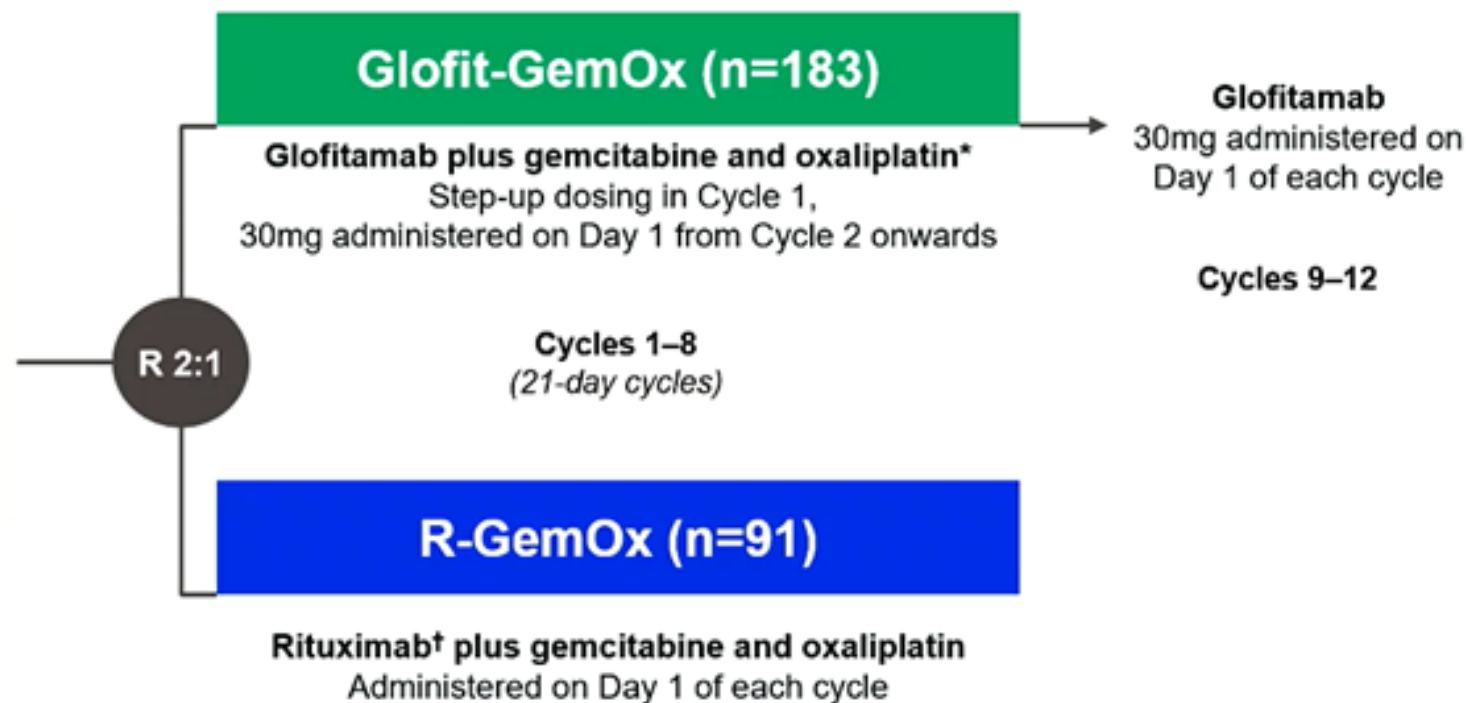
# STARGLO: randomized phase 3 study in ASCT ineligible patients

## Patients R/R DLBCL (N=274)

- R/R DLBCL NOS after  $\geq 1$  prior systemic therapy
- Patients with one prior line must be transplant ineligible
- ECOG PS 0–2

## Stratification factors

- Relapsed vs refractory disease<sup>†</sup>
- 1 vs  $\geq 2$  prior lines of therapy



\*Gemcitabine 1000mg/m<sup>2</sup> and oxaliplatin 100mg/m<sup>2</sup>. In C1, Gpt administered on D1, GemOx on D2, followed by glofit 2.5mg on D8 and glofit 10mg on D15; in C2–8, glofit 30mg and GemOx are administered on D1. <sup>†</sup>Rituximab 375mg/m<sup>2</sup>. <sup>‡</sup>Relapsed disease: recurrence following a response that lasted  $\geq 6$  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. ASCT, autologous stem cell transplant; C, cycle; D, day; ECOG PS, Eastern Cooperative Oncology Group performance status; Gpt, obinutuzumab pre-treatment; NOS, not otherwise specified; R 2:1, patients randomized in a 2:1 ratio.

# Starglo: majority of patients enrolled in Asia and Europe with <10% with prior CAR-T exposure

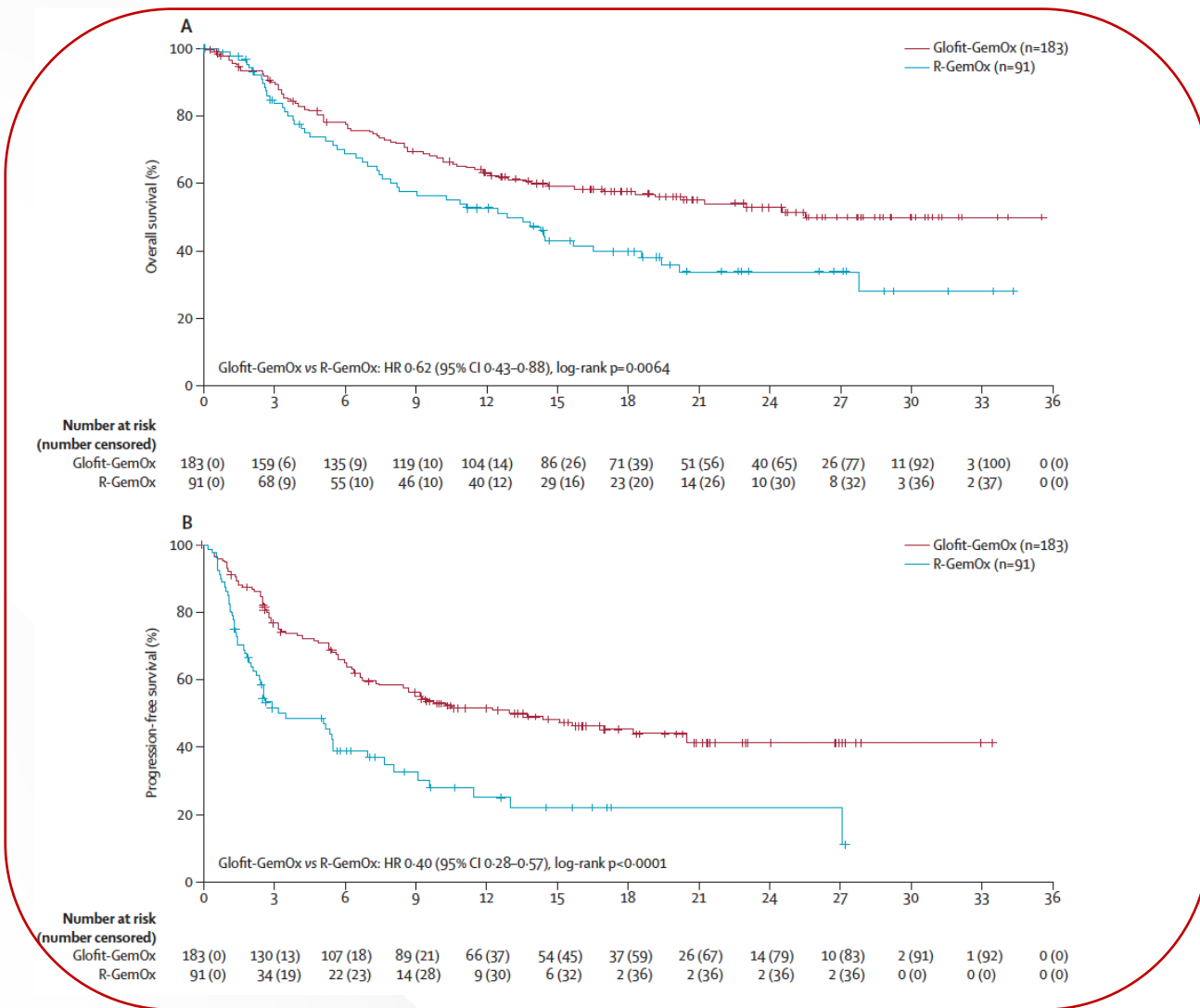
	R-GemOx (n=91)	Glofit-GemOx (n=183)	Total (N=274)
<b>Age, years</b>			
Median (IQR)	68 (55-73)	68 (59-74)	68 (58-74)
<65	35 (39%)	67 (37%)	102 (37%)
≥65	56 (62%)	116 (63%)	172 (63%)
<b>Sex</b>			
Male	53 (58%)	105 (57%)	158 (58%)
Female	38 (42%)	78 (43%)	116 (42%)
<b>Race</b>			
Asian	51 (56%)	86 (47%)	137 (50%)
Black or African American	1 (1%)	2 (1%)	3 (1%)
White	33 (36%)	82 (45%)	115 (42%)
Unknown	6 (7%)	13 (7%)	19 (7%)
<b>Geographical region</b>			
Europe	26 (29%)	62 (34%)	88 (32%)
North America	10 (11%)	15 (8%)	25 (9%)
Asia or Australia*	55 (60%)	106 (58%)	161 (59%)
<b>ECOG performance status</b>			
0	44 (48%)	72 (39%)	116 (42%)
1	36 (40%)	89 (49%)	125 (46%)
2	8 (9%)	19 (10%)	27 (10%)
Unknown	3 (3%)	3 (2%)	6 (2%)

	R-GemOx (n=91)	Glofit-GemOx (n=183)	Total (N=274)
<b>Number of risk factors for IPI‡</b>			
0-1	13 (14%)	48 (26%)	61 (22%)
2	28 (31%)	42 (23%)	70 (26%)
3	30 (33%)	49 (27%)	79 (29%)
4-5	17 (19%)	38 (21%)	55 (20%)
Unknown	3 (3%)	6 (3%)	9 (3%)
<b>Cell of origin</b>			
Germinal centre B cell	29 (32%)	60 (33%)	89 (33%)
Non-germinal centre B cell§	50 (55%)	103 (56%)	153 (56%)
Unknown	12 (13%)	20 (11%)	32 (12%)
<b>Bulky disease¶</b>			
Yes	14 (16%)	23 (13%)	37 (14%)
No	76 (84%)	160 (87%)	236 (86%)
Unknown	1 (1%)	0	1 (<1%)
<b>Number of previous lines of therapy  </b>			
Median (IQR)	1 (1-2)	1 (1-2)	1 (1-2)
1	57 (63%)	115 (63%)	172 (63%)
≥2	34 (37%)	68 (37%)	102 (37%)

(Table 1 continues in next column)

	R-GemOx (n=91)	Glofit-GemOx (n=183)	Total (N=274)
(Continued from previous column)			
<b>Previous CAR T-cell therapy</b>			
No	83 (91%)	170 (93%)	253 (92%)
Yes	8 (9%)	13 (7%)	21 (8%)
<b>Previous ASCT</b>			
Yes	3 (3%)	8 (4%)	11 (4%)
No	88 (97%)	175 (96%)	263 (96%)
<b>Relapsed or refractory to any previous therapy**</b>			
Refractory	58 (64%)	125 (68%)	183 (67%)
Relapsed	33 (36%)	58 (32%)	91 (33%)
<b>Relapsed or refractory to last line of therapy  </b>			
Refractory	54 (59%)	112 (61%)	166 (61%)
Relapsed	37 (41%)	71 (39%)	108 (39%)
<b>Relapsed or refractory to first line of therapy</b>			
Refractory	47 (52%)	106 (58%)	153 (56%)
Relapsed	44 (48%)	77 (42%)	121 (44%)
<b>Relapsed or refractory to any previous anti-CD20 therapy</b>			
Refractory	55 (60%)	117 (64%)	172 (63%)
Relapsed	34 (37%)	64 (35%)	98 (36%)
Unknown	2 (2%)	2 (1%)	4 (1%)

# Glofitamab arm associated with improved PFS and OS



	Total N	R-GemOx (n=91)		Glofit-GemOx (n=183)			HR (95% CI)	
		n	Events	Median (months)	n	Events		Median (months)
<b>All patients</b>	274	91	52	12.9	183	80	25.5	0.62 (0.44-0.89)
<b>Sex</b>								
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)
<b>Age group (years)</b>								
<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)
<b>Race</b>								
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)
<b>Geographical region</b>								
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 or Australia*	161	55	39	8.3	106	43	NE	0.41 (0.27-0.64)
<b>Number of previous lines of systemic therapy for diffuse large B-cell lymphoma</b>								
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)
<b>Previous CART-cell therapy</b>								
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)
<b>Relapsed or refractory to last line of therapy</b>								
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)
<b>Refractory to first line of therapy</b>								
Yes	153	47	34	7.3	106	59	10.2	0.60 (0.40-0.92)
No (relapsed)	121	44	18	27.8	77	21	NE	0.54 (0.29-1.01)
<b>Total number of risk factors for IPI (derived)†</b>								
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)
<b>Bulky disease ≥10 cm</b>								
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	0	0	NE	NE
<b>Cell of origin</b>								
Germinal centre B cell	89	29	15	11.1	60	25	NE	0.55 (0.29-1.06)
Non-germinal centre B cell†	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)

# Mosunetuzumab plus polatuzumab in relapsed/refractory LBCL

## Key inclusion criteria

- Confirmed LBCL (DLBCL, HGBCL, or FL Grade 3b; trFL included)
- $\geq 1$  prior line of therapy, including an anti-CD20-directed therapy

## Objectives

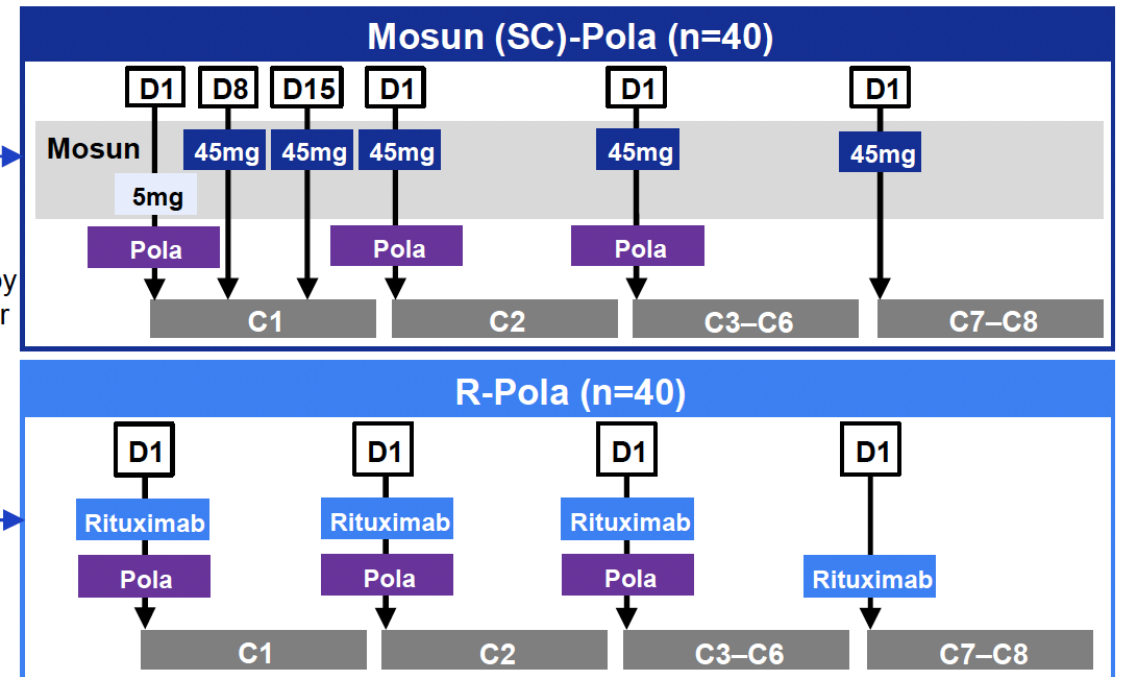
- Efficacy and safety of Mosun-Pola
- Primary endpoint: best ORR<sup>1</sup> by IRC

## Mosun-Pola fixed duration administration

- **Mosun:** SC with step-up dosing in C1; total of 8 cycles
- **Pola:** 1.8mg/kg IV on D1 of C1–6
- **Rituximab:** IV (375mg/m<sup>2</sup>) on D1 of C1–8
- **No mandatory hospitalization**
- **Premedications for CRS:** mandatory corticosteroids at C1; not required for C2 and beyond\*
- **Retreatment:** permitted if there is PD following completion of treatment for pts on M-Pola achieving CR
- **Potential crossover:** Pts on R-Pola with PD during treatment/at EOT or with stable disease at EOT could cross over to receive Mosun-Pola (up to 8 cycles of cumulative Pola)

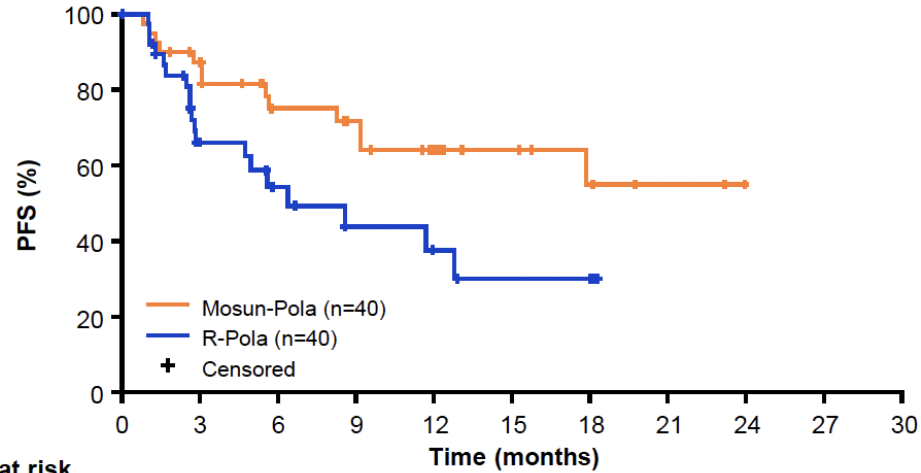
R<sup>†</sup>  
1:1

Stratified by  
no. of prior  
therapies  
(1 vs  $\geq 2$ )



# Encouraging PFS and OS in the mosun/pola group

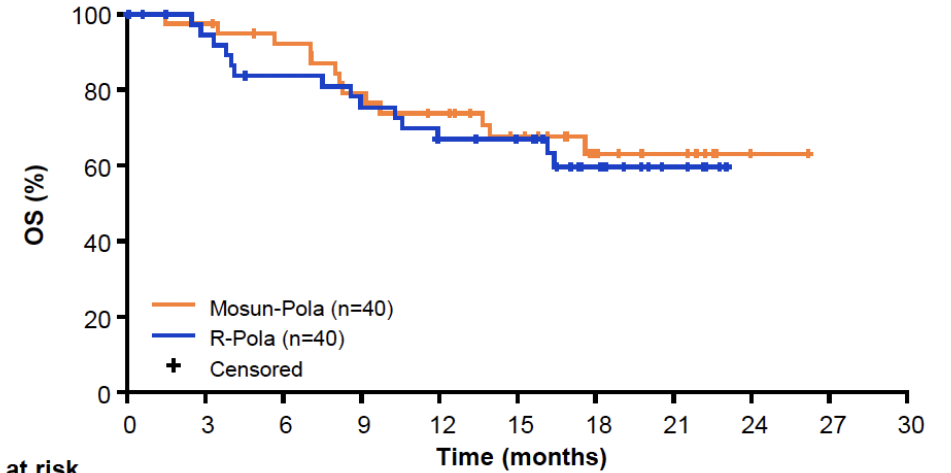
## IRC-assessed PFS



No. at risk	Time (months)										
	0	3	6	9	12	15	18	21	24	27	30
Mosun-Pola	40	32	22	19	13	9	6	2	NE	NE	NE
R-Pola	40	18	11	7	5	3	3	NE	NE	NE	NE

	Mosun-Pola (n=40)	R-Pola (n=40)
Median PFS, months (95% CI)	NE (9.2–NE)	6.4 (4.7–NE)
Hazard ratio (95% CI), p-value <sup>†</sup>	0.45 (0.22–0.92), p=0.0250	
9-month event-free rate, % (95% CI)	71.7 (56.6–86.8)	43.8 (24.4–63.3)
12-month event-free rate, % (95% CI)	64.2 (47.4–80.9)	37.6 (17.4–57.7)

## OS\*

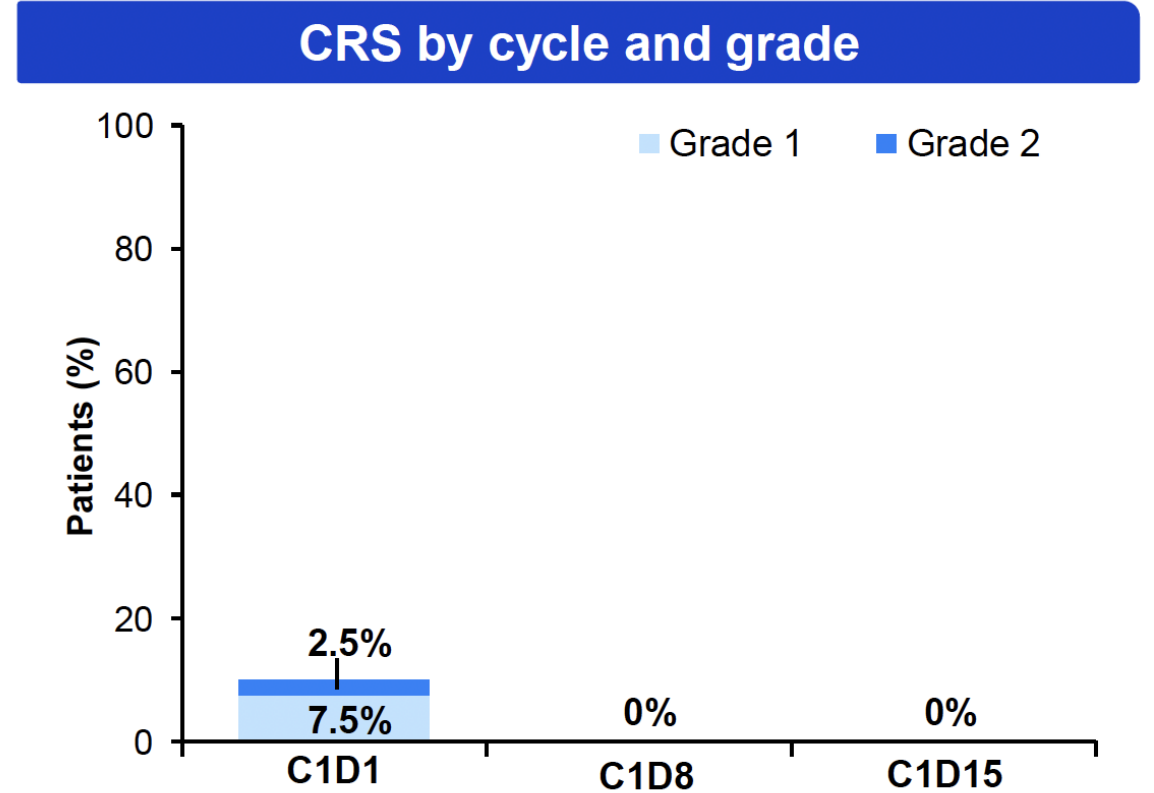


No. at risk	Time (months)										
	0	3	6	9	12	15	18	21	24	27	30
Mosun-Pola	40	39	35	30	27	21	12	7	1	NE	NE
R-Pola	40	35	30	27	23	21	12	5	NE	NE	NE

	Mosun-Pola (n=40)	R-Pola (n=40)
Median OS, months (95% CI)	NE (17.6–NE)	NE (16.2–NE)
Hazard ratio (95% CI), p-value <sup>†</sup>	0.85 (0.40–1.80), p=0.6644	
9-month event-free rate, % (95% CI)	79.1 (66.2–92.0)	75.4 (61.4–89.4)
12-month event-free rate, % (95% CI)	73.8 (59.9–87.8)	67.0 (51.7–82.3)

# CRS occurred only during cycle 1 and was mostly grade 1

CRS by ASTCT criteria <sup>1</sup>	Mosun-Pola (n=40)
<b>Any grade, n (%)*</b>	4 (10.0)
Grade 1	3 (7.5)
Grade 2	1 (2.5)
Grade ≥3	0
Median CRS duration, days (range)	3 (2–5)
Median time to onset, days (range)	2 (2–3)
<b>CRS management, n (%)</b>	
Corticosteroids	4 (10.0)
Tocilizumab	1 (2.5)
Low-flow oxygen	1 (2.5)
Events resolved, %	100



# Front line combinations

# Fixed duration Epcoritamab plus RCHOP in LBCL

## Key inclusion criteria

- Newly diagnosed CD20<sup>+</sup> DLBCL<sup>a</sup>
  - DLBCL, NOS
  - T-cell/histiocyte-rich DLBCL
  - Double-hit or triple-hit DLBCL
  - FL grade 3B
- IPI score 3-5
- ECOG PS 0–2
- Measurable disease by CT or MRI
- Adequate organ function

Data cutoff: May 15, 2024

Median follow-up: 27.4 mo

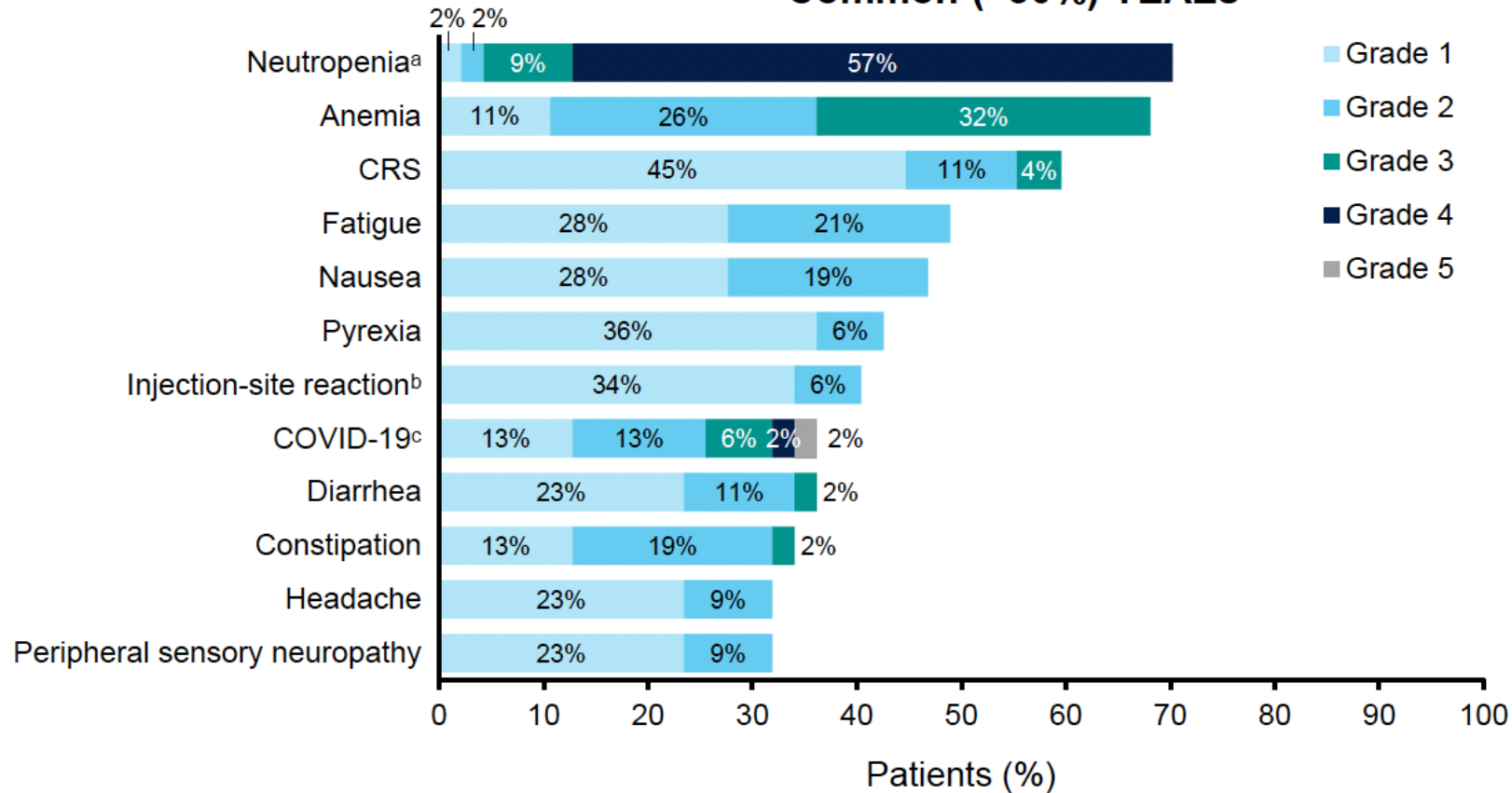
## Treatment regimen: concomitant fixed-duration epcoritamab SC 48 mg + R-CHOP<sup>b</sup>

Agent	C1–4	C5–6	C7+
Epcoritamab SC 48 mg	QW	Q3W	Q4W Up to 1 year per protocol
R-CHOP	Q3W		
Rituximab IV 375 mg/m <sup>2</sup>			
Cyclophosphamide IV 750 mg/m <sup>2</sup>			
Doxorubicin IV 50 mg/m <sup>2</sup>			
Vincristine IV 1.4 mg/m <sup>2</sup>			
Prednisone IV or oral 100 mg/d	D1–5 of each cycle		

- **Primary objective:** Antitumor activity based on best overall response (at any time point)<sup>c</sup>
- MRD negativity was assessed as a secondary endpoint using AVENIO ctDNA

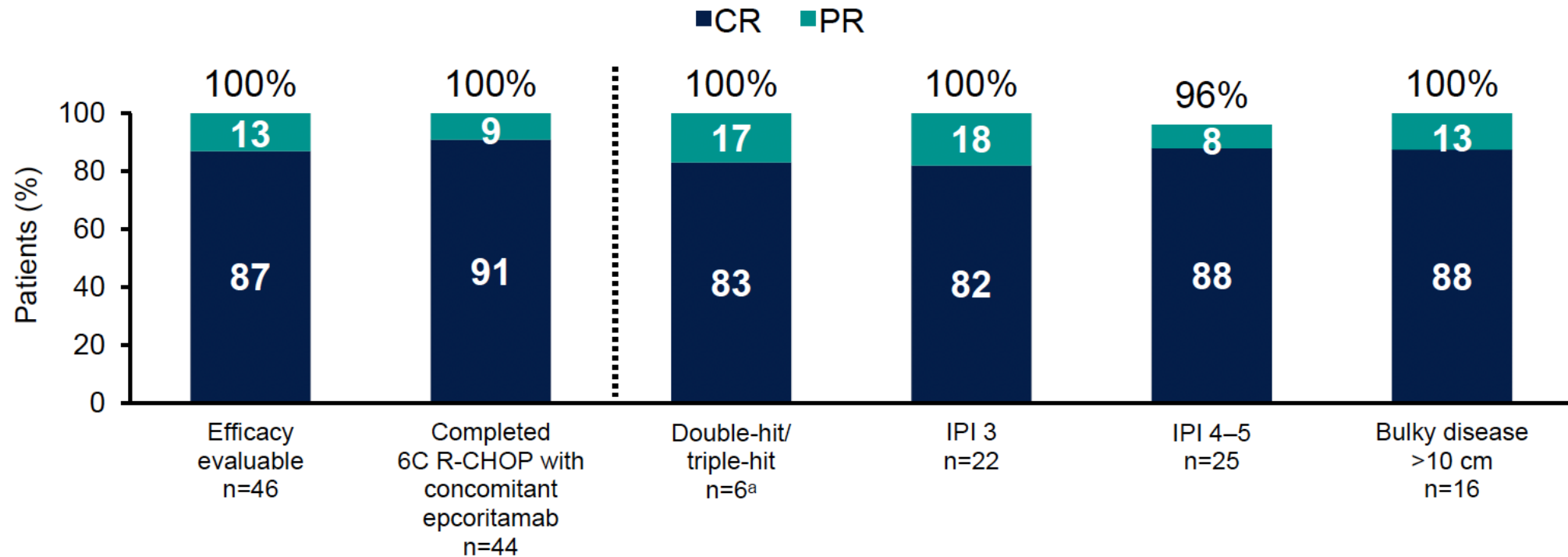
# Toxicity consistent with prior studies

Common (>30%) TEAEs



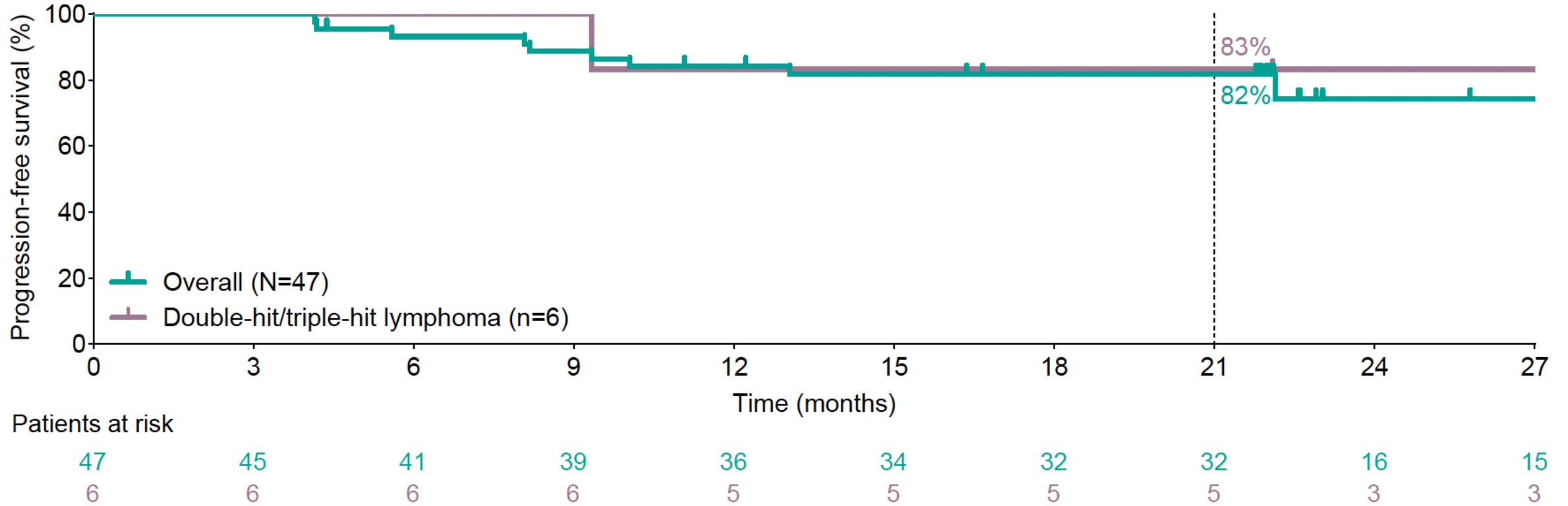
- The safety profile was consistent with previous reports
- CRS was low grade and did not lead to discontinuation
- There were two grade 5 TEAEs (COVID-19 and septic shock)
- Two low-grade ICANS events resolved rapidly and did not lead to treatment discontinuation

# Response rates very favorable in high-risk patient populations



- Median relative dose intensity of R-CHOP 95%–98% was for all individual components

# 21-month PFS 82%



# Glofitamab plus RCHOP or Pola-RCHP in high risk LBCL

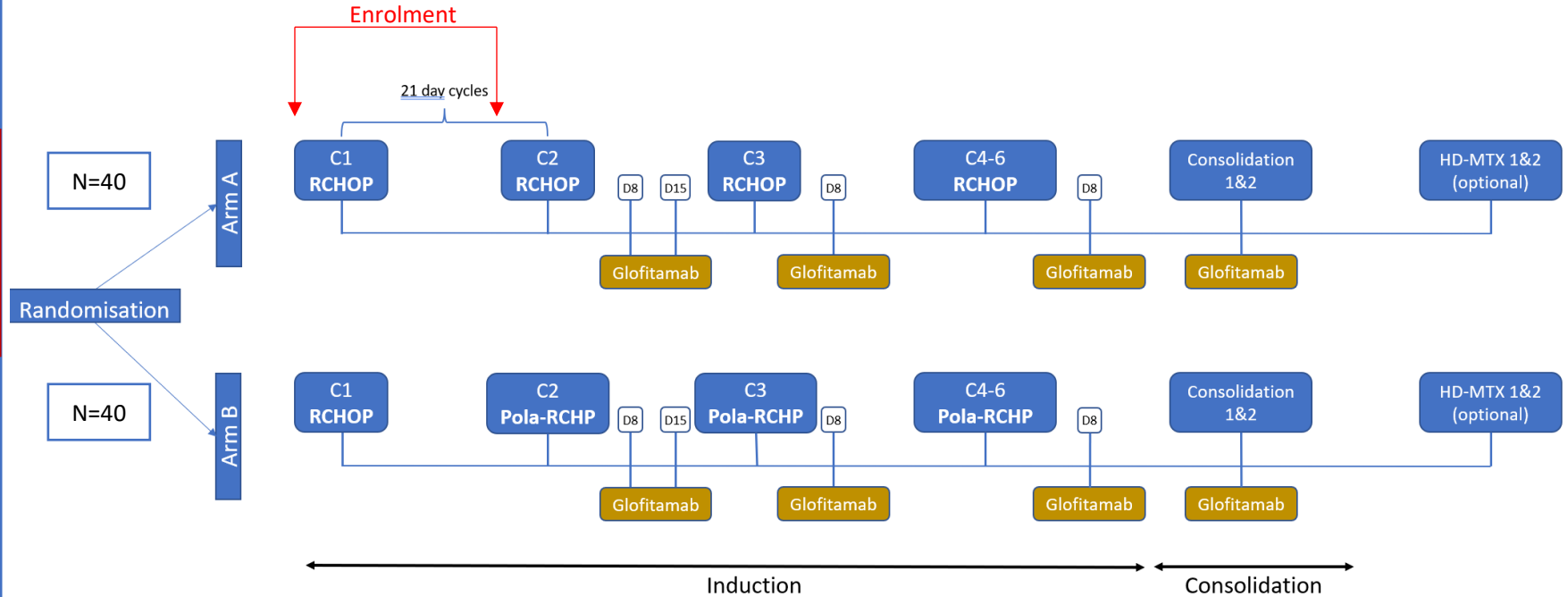
## Key inclusion criteria:

- Newly diagnosed DLBCL or HGBL
- Age 18-65
- At least one H-R feature
  - IPI  $\geq 3$
  - NCCN-IPI  $\geq 4$
  - *MYC* and *BCL2* and/or *BCL6* rearrangements
- ECOG 0-3 prior to cycle 1 or 0-1 prior to cycle 2

## Key exclusion criteria:

- CNS involvement
- Prior treatment of indolent lymphoma

## Study Schema:



RCHOP, Rituximab, cyclophosphamide, doxorubicin, vincristine, prednisolone; Pola-RCHP, polatuzumab vedotin, rituximab, cyclophosphamide, doxorubicin, prednisolone; HD-MTX, high-dose methotrexate

**Primary endpoints:** Safety, relative dose intensity and rates of treatment discontinuation

**Key secondary endpoints:** Response rates by Lugano 2014, progression-free survival, overall survival, duration of response

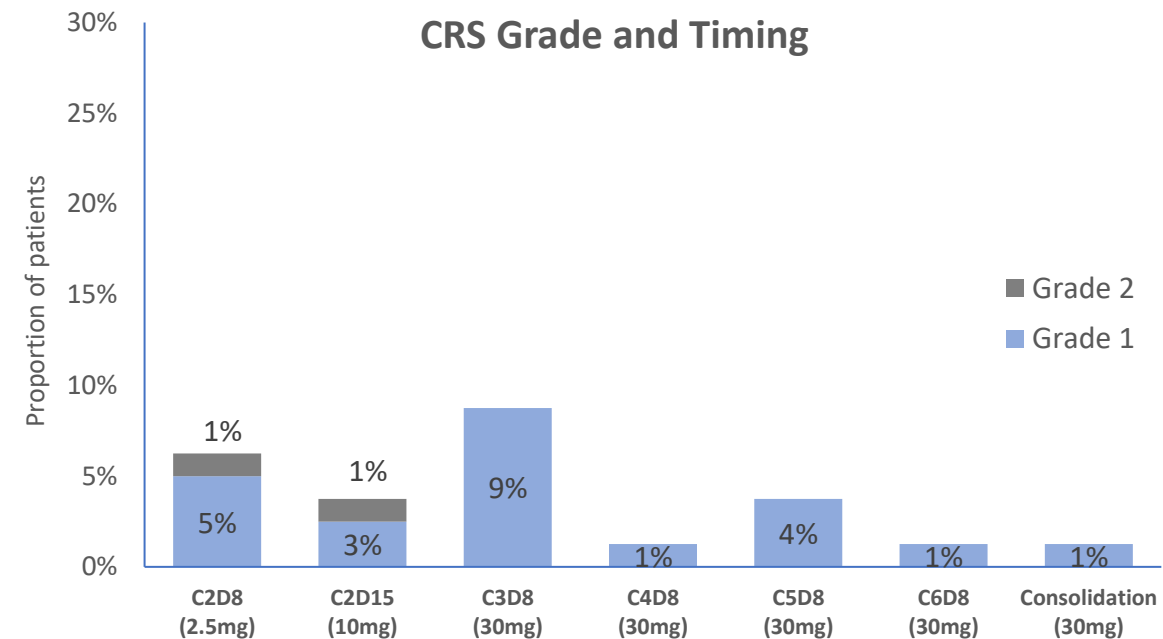
## Analysis:

All 80 patients have completed study therapy

Updated median follow up of 20.7 months

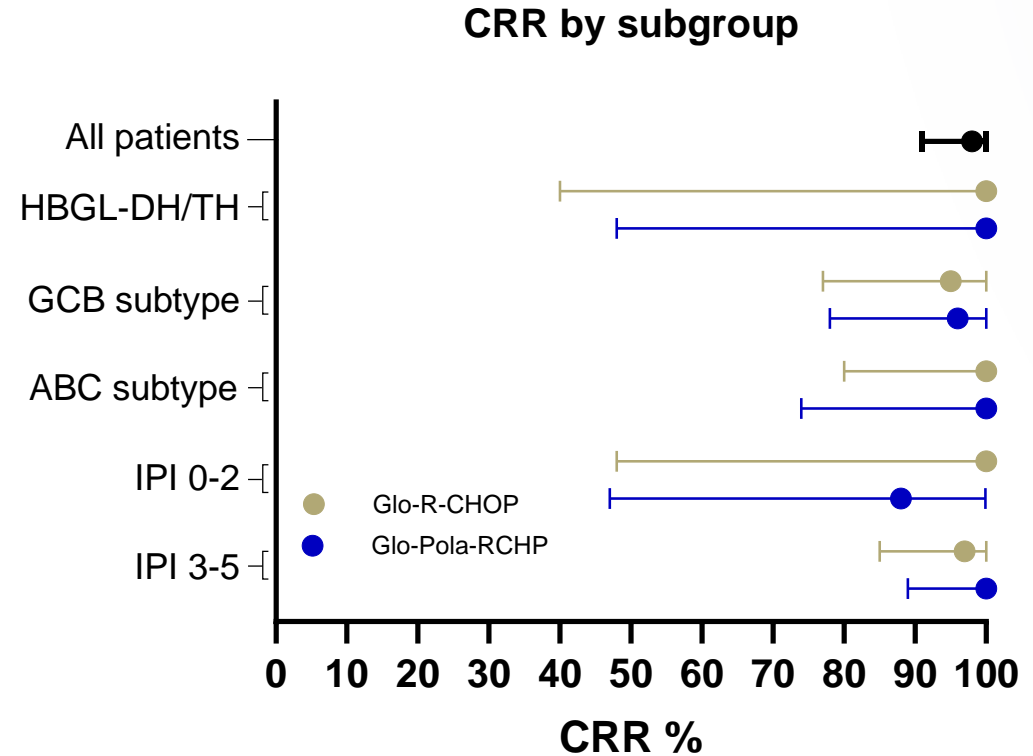
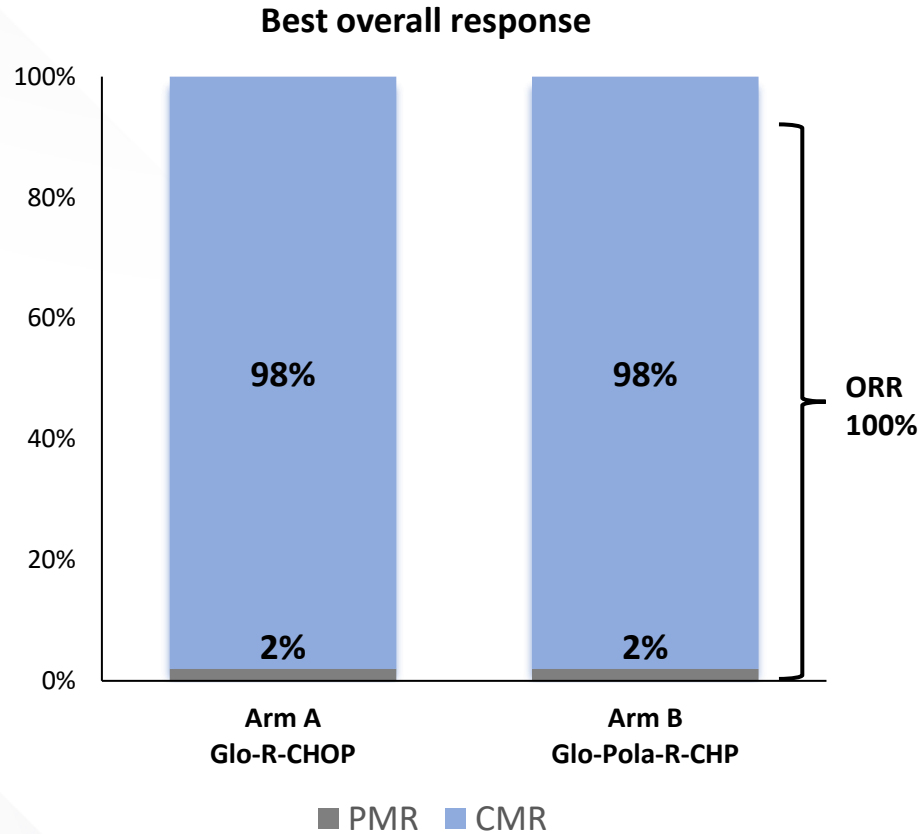
# Toxicity profile favorable with low rates of predominantly grade 1 CRS

Safety event, n (%)	Arm A Glo-R-CHOP (n=40)	Arm B Glo-Pola-R-CHP (n=40)	Total (n=80)
<b>Cytokine release syndrome</b>			
Grade 1	7/40 (18%)	8/40 (20%)	15/80 (19%)
Grade 2	1/40 (3%)	1/40 (3%)	2/80 (3%)
<b>Cytokine release syndrome recurrent events</b>	1/40 (3%)	2/40 (5%)	3/80 (4%)
<b>Neurotoxicity/ICANS</b>	0 (0%)	0 (0%)	0 (0%)



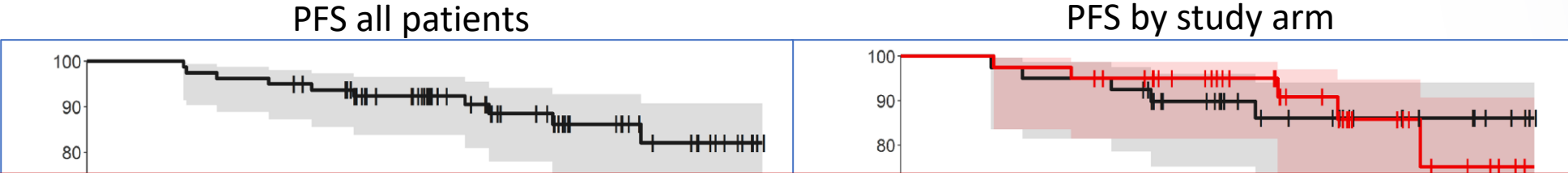
CRS events were infrequent and mostly grade 1  
No ICANS was observed

# CR rates 98% in both arms and across subgroups



High rates of complete response were seen overall and in key subgroups

# Promising PFS in both arms



**Ongoing SKYGLO study comparing Glofit-Pola-RCHP versus Pola-R-CHP**

		Months from the start of study treatment					Months from the start of study treatment													
No. at risk (No. censored)							No. at risk (No. censored)													
All	80 (0)	77 (0)	65 (9)	42 (30)	23 (48)	5 (65)	ARM A	40 (0)	38 (0)	32 (4)	22 (13)	14 (21)	4 (31)	ARM B	40 (0)	39 (0)	33 (5)	20 (17)	9 (27)	1 (34)
PFS estimate		Arm A Glo-R-CHOP (n=40)			Arm B Glo-Pola-R-CHP (n=40)			All patients (n=80)												
12-month PFS, % (95% CI)		90% (75%-96%)			95% (81%-99%)			92% (84%-97%)												
24-month PFS, % (95% CI)		86% (69%-94%)			86% (65%-95%)			86% (75%-93%)												

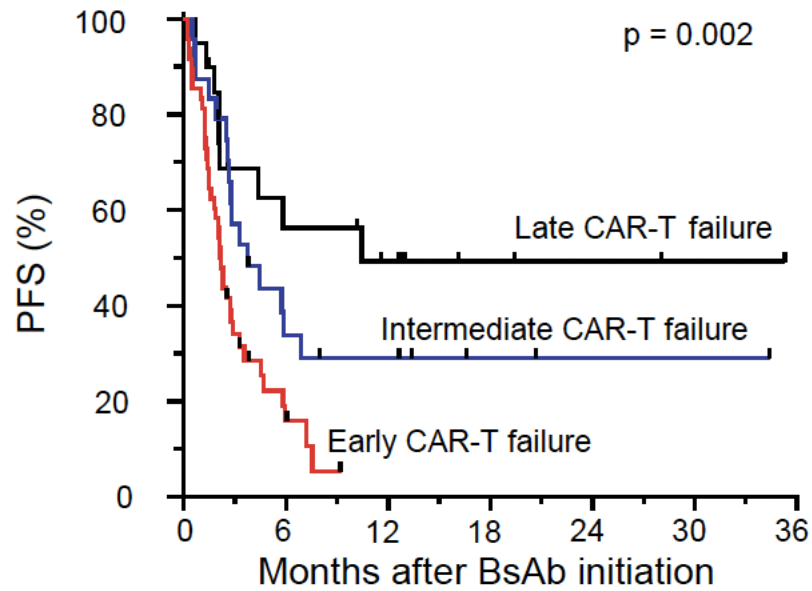
**Minson et al. ASH 2024**

Median follow up 20.7 months

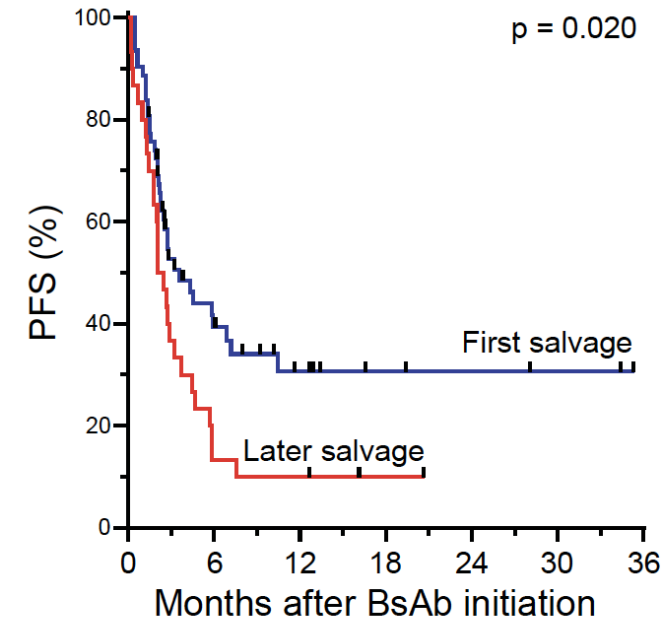


# Predictors of response and resistance

# Outcomes very poor for patients with early CAR-T failure and when given as later line of therapy

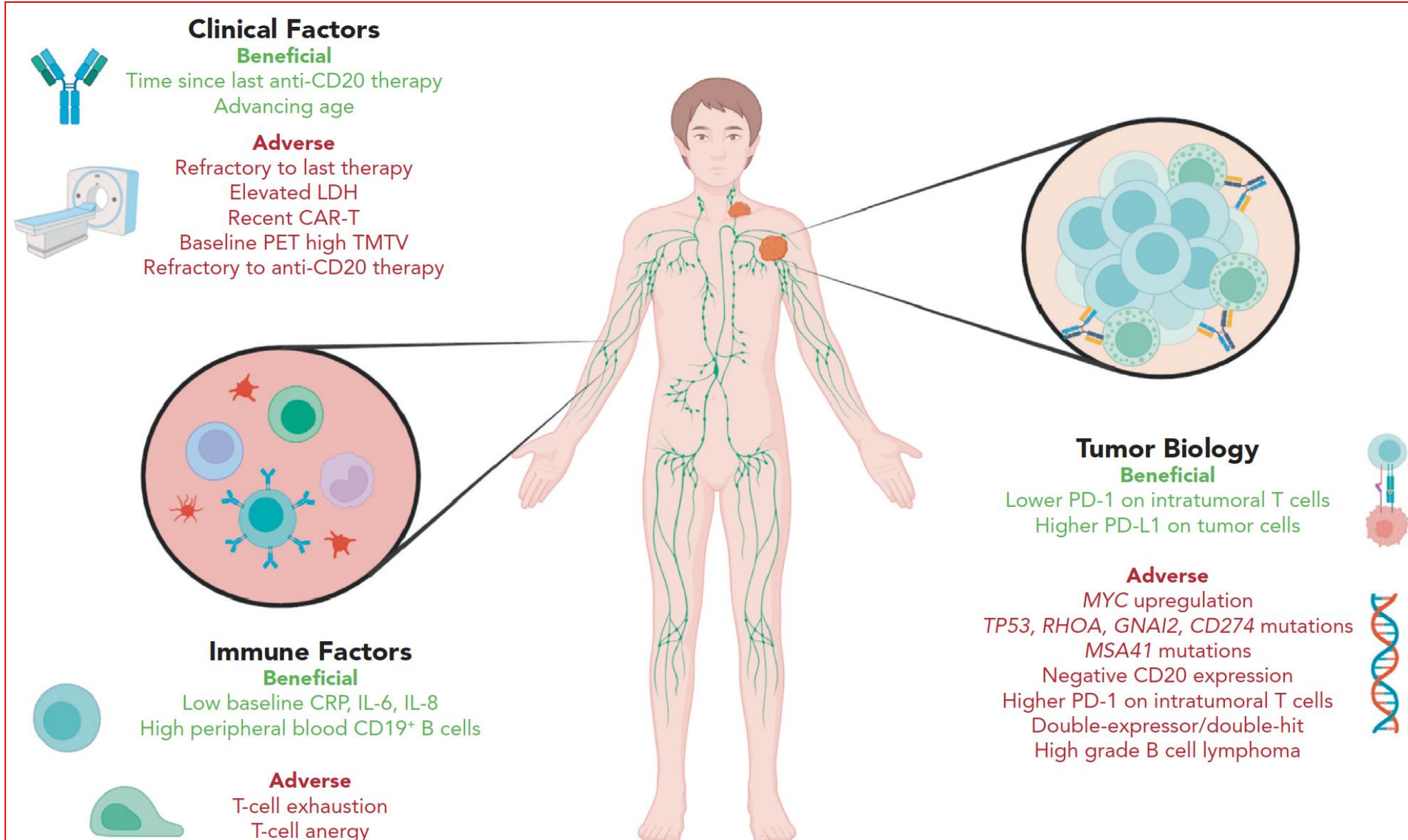


	Pts at risk	0	6	12	18	24	30	36
Early CAR-T failure	48	5	0	0	0	0	0	0
Intermediate CAR-T failure	24	7	5	2	1	1	0	0
Late CAR-T failure	20	9	6	3	2	1	0	0



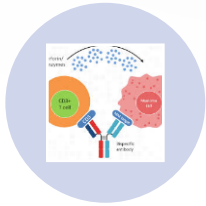
	Pts at risk	0	6	12	18	24	30	36
First salvage	62	17	8	4	3	2	0	0
Later salvage	30	4	3	1	0	0	0	0

# Biomarkers of response/resistance with bi-specific antibodies

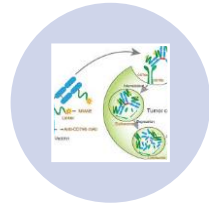


Lewis et al.  
Blood 2025.

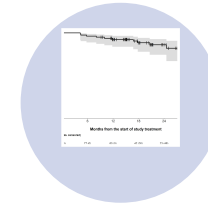
# Summary



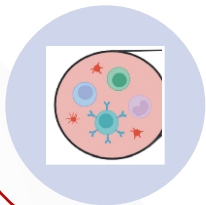
**CD20xCD3 bi-specific antibodies with CR rate 40% in refractory patients**



**Combinations including with polatuzumab with good efficacy**



**Small studies in front line with RCHOP/Pola-RCHP promising with on-going RCT**



**Predictors of response/resistance include burden of disease/prior therapies**



**CRS generally manageable. Infectious complications common.**

# Dana-Farber Lymphoma



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Ann LaCasce



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Christine Ryan



Inhye Ahn



Oreofe Odejide



Austin Kim



Paolo Ghia



Aswin Sekar



Jen Crombie



Philippe Armand



Jennifer Brown



Matt Davids



Amy Bessnow



Reid Merryman



David Qualls



Erin Parry



Arnold Freedman



Sam Ng  
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Ben Lampson  
(Blueprint Bio)



Cathy Wu  
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