

SINTOMA 2026

Flash Clinical Cases

Follicular Lymphoma

Day 2 · Friday May 15, 2026

FL · Frontline · R/R · Tafasitamab

5 Cases · 3–5 min discussion each

 PATIENT

- 38F, FL grade 2, newly diagnosed, symptomatic
- Bulky disease (8cm mediastinal mass), cytopenias
- FLIPI: 4/5 (high risk); ECOG PS 1; no comorbidities

 DIAGNOSTICS

- BCL2-IGH+; BM: 45% infiltration; LDH 2.1× ULN
- PET: SUVmax 9.8, bulky mediastinal; no transformation
- Beta-2 MG: 5.2 mg/L

 PRIOR THERAPY

- Treatment-naïve
- Discussed with patient: BR · R-CHOP · obinutuzumab-based
- Patient: 'Which treatment gives me the best long-term chance?'

 CLINICAL DILEMMA

38-year-old with high-FLIPI FL requiring frontline therapy. Which induction — and does she need maintenance after response? Is there a role for intensification in young high-risk FL?

 MANAGEMENT OPTIONS — no single correct answer

- A. BR + rituximab maintenance × 2 years — standard; excellent PFS; well-tolerated
- B. Obinutuzumab + BR + obinutuzumab maintenance (GALLIUM) — superior MRD; no OS benefit vs. rituximab
- C. R-CHOP + rituximab maintenance — anthracycline for bulky high-FLIPI disease
- D. BR without maintenance — fixed duration; avoid 2 additional years of therapy
- E. R-CHOP then ASCT consolidation — young high-risk FL; intensification rationale

 PATIENT

- 58M, FL grade 2, relapsing 20 months after R-CHOP
- ECOG PS 1; no transformation (PET); FLIPI: High at relapse

 DIAGNOSTICS

- Relapse biopsy: FL grade 2 — no transformation
- CT: Multiple LAD, largest 4.2cm; BM: 32%
- PET: Multiple FDG-avid sites, SUVmax 7.2; LDH 1.4× ULN

 PRIOR THERAPY

- L1: R-CHOP × 6 → CR
- Rituximab maintenance × 2 years (completed)
- Relapse 20 months after R-CHOP (POD24)
- No prior obinutuzumab, BR, PI3Ki, or CAR-T

 CLINICAL DILEMMA

FL relapsing 20 months after R-CHOP — POD24. No transformation. What is the optimal 2nd-line strategy — and is early CAR-T referral appropriate in 2026?

 MANAGEMENT OPTIONS — no single correct answer

- A. Bendamustine + obinutuzumab — switch anti-CD20; high response rates in POD24
- B. Lenalidomide + rituximab (R²) — non-chemotherapy; AUGMENT data; well-tolerated
- C. Early CAR-T referral (axi-cel/tisa-cel) — ZUMA-5/ELARA: POD24 patients benefit most
- D. Tafasitamab + lenalidomide — chemo-free; CD19 targeting; active in R/R FL
- E. PI3K inhibitor — targeted option; response ~40–60%

 PATIENT

- 62F, FL grade 2 — 2nd relapse
- ECOG PS 1; fatigue, progressive LAD
- Comorbidities: HTN, mild CKD (eGFR 55)
- Prefers to avoid chemotherapy

 DIAGNOSTICS

- Relapse biopsy: FL grade 2 — no transformation
- CD19+ 3+; BCL2-IGH+
- PET: Multiple FDG-avid sites, SUVmax 8.4
- LDH: 1.6× ULN; BM: 28% involvement

 PRIOR THERAPY

- L1: BR × 6 → CR × 28 months
- L2: Rituximab + lenalidomide (R²) × 12 cycles → PR × 14 months, then relapse
- No prior tafasitamab; no prior CAR-T

 CLINICAL DILEMMA

FL grade 2 at 2nd relapse, post-BR and post-R². CD19 3+. CKD mild. Patient prefers chemo-free. Is tafasitamab + lenalidomide the right next step — and how does it fit into the broader R/R FL treatment sequence?

 MANAGEMENT OPTIONS — no single correct answer

- Tafasitamab + lenalidomide — CD19 3+; chemo-free; outpatient; aligns with preference
- CAR-T referral (axi-cel/tisa-cel) — 2nd relapse post-two lines; ZUMA-5/ELARA support early CAR-T
- Bendamustine + obinutuzumab — switch anti-CD20 + chemo; proven in R/R FL
- Obinutuzumab + venetoclax (trial) — BCL2+ FL; chemo-free combination; investigational
- PI3K inhibitor (copanlisib) — targeted; response ~40–60%; manageable toxicity in CKD