Practical Perspectives: Optimizing the Role of BTK Inhibitors in the Management of Mantle Cell Lymphoma

A CME/MOC-Accredited Live Webinar

Wednesday, September 25, 2024
5:00 PM – 6:00 PM ET

Faculty

Tycel Phillips, MD
Michael Wang, MD

Moderator

Neil Love, MD

RTP RESEARCH TO PRACTICE

Faculty

Tycel Phillips, MD
Associate Professor, Division of Lymphoma
Department of Hematology and Hematopoietic Cell Transplantation
City of Hope Comprehensive Cancer Center
Duarte, California

MODERATOR
Neil Love, MD
Research To Practice
Miami, Florida

Michael Wang, MD
Puddin Clarke Endowed Professor
Director, Mantle Cell Lymphoma Program of Excellence
Section Chief, Rare Lymphomas
Co-PI, B-Cell Lymphoma Moonshot Project
Department of Lymphoma and Myeloma
The University of Texas MD Anderson Cancer Center
Houston, Texas

Commercial Support

This activity is supported by an educational grant from AstraZeneca Pharmaceuticals LP.

Dr Love — Disclosures

Dr Love is president and CEO of Research To Practice. Research To Practice receives funds in the form of educational grants to develop CME activities from the following companies: AbbVie Inc, Adaptive Biotechnologies Corporation, ADC Therapeutics, Agios Pharmaceuticals Inc, Alexion Pharmaceuticals, Amgen Inc, Array BioPharma Inc, a subsidiary of Pfizer Inc, Astellas, AstraZeneca Pharmaceuticals LP, Aveo Pharmaceuticals, Bayer HealthCare Pharmaceuticals, BeiGene Ltd, BeyondSpring Pharmaceuticals Inc, Black Diamond Therapeutics Inc, Blueprint Medicines, Boehringer Ingelheim Pharmaceuticals Inc, Bristol Myers Squibb, Celgene Corporation, Clovis Oncology, Coherus BioSciences, CTI BioPharma, a Sobi Company, Daiichi Sankyo Inc, Eisai Inc, Elevation Oncology Inc, EMD Serono Inc, Epizyme Inc, Exact Sciences Corporation, Exelixis Inc, Five Prime Therapeutics Inc, Foundation Medicine, G1 Therapeutics Inc, Genentech, a member of the Roche Group, Genmab US Inc, Geron Corporation, Gilead Sciences Inc, Grail Inc, GSK, Halozyme Inc, Helsinn Healthcare SA, Hologic Inc, ImmunoGen Inc, Incyte Corporation, Ipsen Biopharmaceuticals Inc, Janssen Biotech Inc, administered by Janssen Scientific Affairs LLC, Jazz Pharmaceuticals Inc, Karyopharm Therapeutics, Kite, A Gilead Company, Kronos Bio Inc, Legend Biotech, Lilly, Loxo Oncology Inc, a wholly owned subsidiary of Eli Lilly & Company, MEI Pharma Inc, Merck, Mersana Therapeutics Inc, Mirati Therapeutics Inc, Mural Oncology Inc, Natera Inc, Novartis, Novartis Pharmaceuticals Corporation on behalf of Advanced Accelerator Applications, Novocure Inc, Oncopeptides, Pfizer Inc, Pharmacyclics LLC, an AbbVie Company, Puma Biotechnology Inc, Regeneron Pharmaceuticals Inc, R-Pharm US, Sanofi, Seagen Inc, Servier Pharmaceuticals LLC, SpringWorks Therapeutics Inc, Stemline Therapeutics Inc, Sumitomo Dainippon Pharma Oncology Inc, Syndax Pharmaceuticals, Taiho Oncology Inc, Takeda Pharmaceuticals USA Inc, TerSeraTherapeutics LLC, Tesaro, A GSK Company, TG Therapeutics Inc, Turning Point Therapeutics Inc, Verastem Inc, and Zymeworks Inc.

RTP RESEARCH TO PRACTICE

Research To Practice CME Planning Committee Members, Staff and Reviewers

Planners, scientific staff and independent reviewers for Research To Practice have no relevant conflicts of interest to disclose.

Dr Phillips — Disclosures

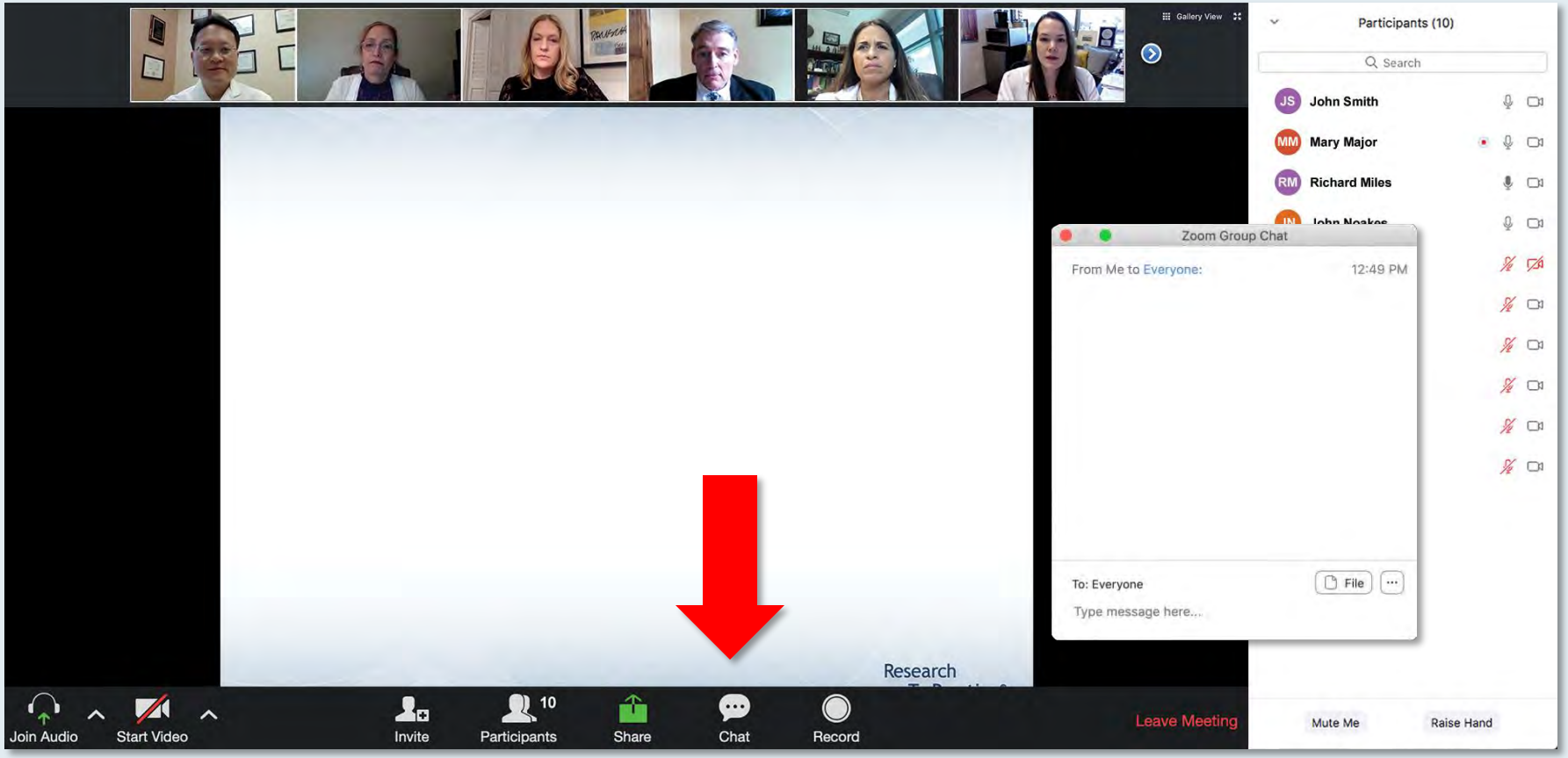
Advisory Committees	AbbVie Inc, Genentech, a member of the Roche Group, Genmab US Inc, Merck
Consulting Agreements	AbbVie Inc, ADC Therapeutics, AstraZeneca Pharmaceuticals LP, Bayer HealthCare Pharmaceuticals, BeiGene Ltd, Bristol Myers Squibb, Epizyme Inc, Genentech, a member of the Roche Group, Genmab US Inc, Gilead Sciences Inc, Incyte Corporation, Lilly, Pharmacyclics LLC, an AbbVie Company, Seagen Inc, TG Therapeutics Inc
Contracted Research	AbbVie Inc, Genentech, a member of the Roche Group
Steering Committee	Genentech, a member of the Roche Group

Dr Wang — Disclosures

Consulting Agreements	Acerta Pharma — A member of the AstraZeneca Group, AstraZeneca Pharmaceuticals LP, Boxer Capital LLC, Bristol Myers Squibb, InnoCare Pharma, Janssen Biotech Inc, Kite, A Gilead Company, Lilly, Merck, Oncternal Therapeutics, Pfizer Inc
Contracted Research	AbbVie Inc, Acerta Pharma — A member of the AstraZeneca Group, AstraZeneca Pharmaceuticals LP, Bantam Pharmaceutical, BeiGene Ltd, BioInvent, Celgene Corporation, Genentech, a member of the Roche Group, Genmab US Inc, InnoCare Pharma, Janssen Biotech Inc, Juno Therapeutics, a Celgene Company, Kite, A Gilead Company, Lilly, Loxo Oncology Inc, a wholly owned subsidiary of Eli Lilly & Company, Merck, Molecular Templates, Nurix Therapeutics Inc, Oncternal Therapeutics, Pharmacyclics LLC, an AbbVie Company, Vincerx Pharma
Honoraria	AstraZeneca Pharmaceuticals LP, BeiGene Ltd, Bristol Myers Squibb, Janssen Biotech Inc, Kite, A Gilead Company, Merck
Nonrelevant Financial Relationships	CAHON, Editorial Medica AWWE SA, Istituto Scientifico Romagnolo, Mayo Clinic, Medscape/WebMD, MJH Life Sciences, MSC National Research Institute of Oncology, Physician Education Resource (PER), Plexus Communications, South African Clinical Hematology Society, Studio ER Congressi

This educational activity contains discussion of non-FDA-approved uses of agents and regimens. Please refer to official prescribing information for each product for approved indications.

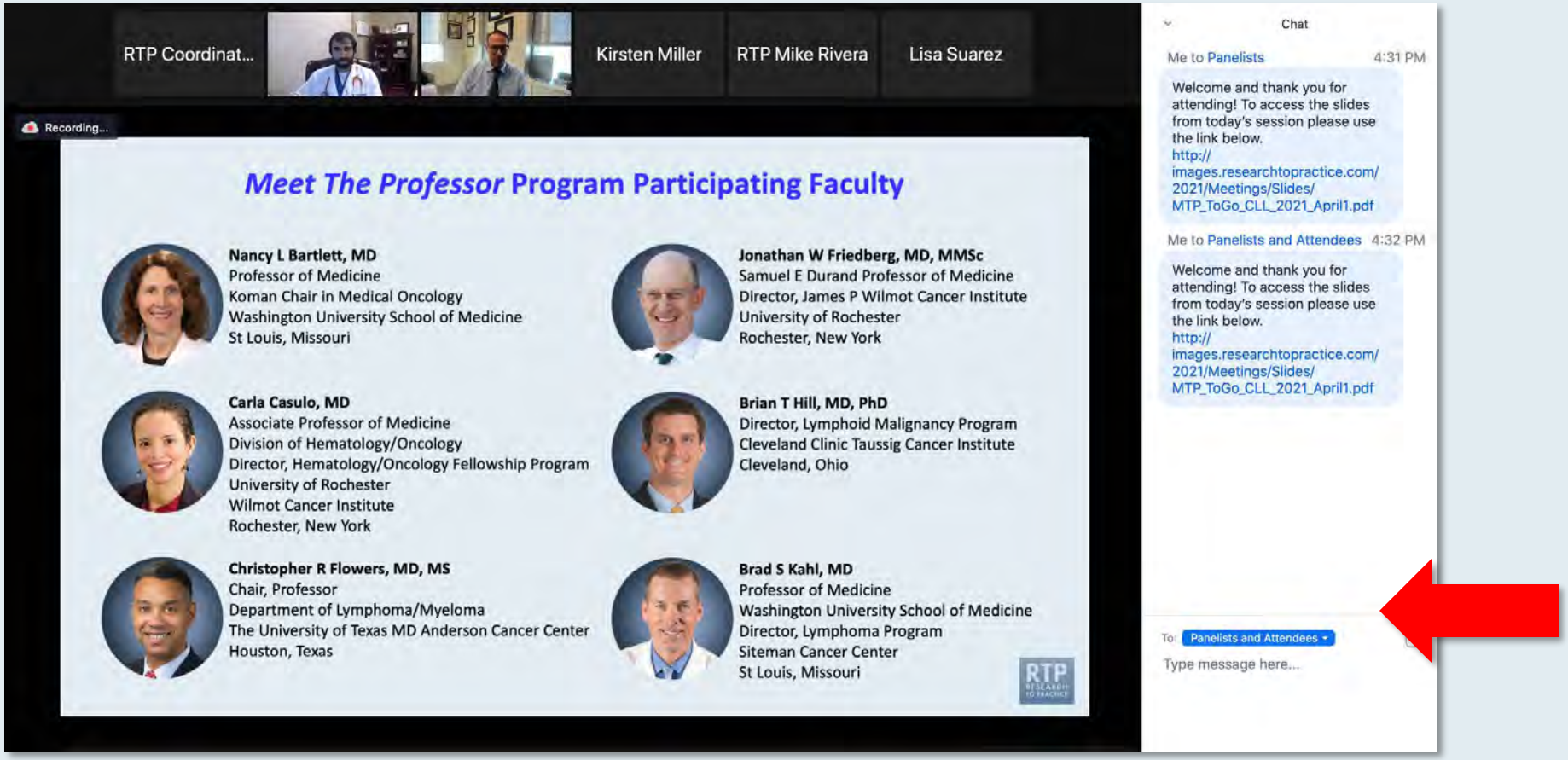
We Encourage Clinicians in Practice to Submit Questions



Feel free to submit questions now before the program begins and throughout the program.

Familiarizing Yourself with the Zoom Interface

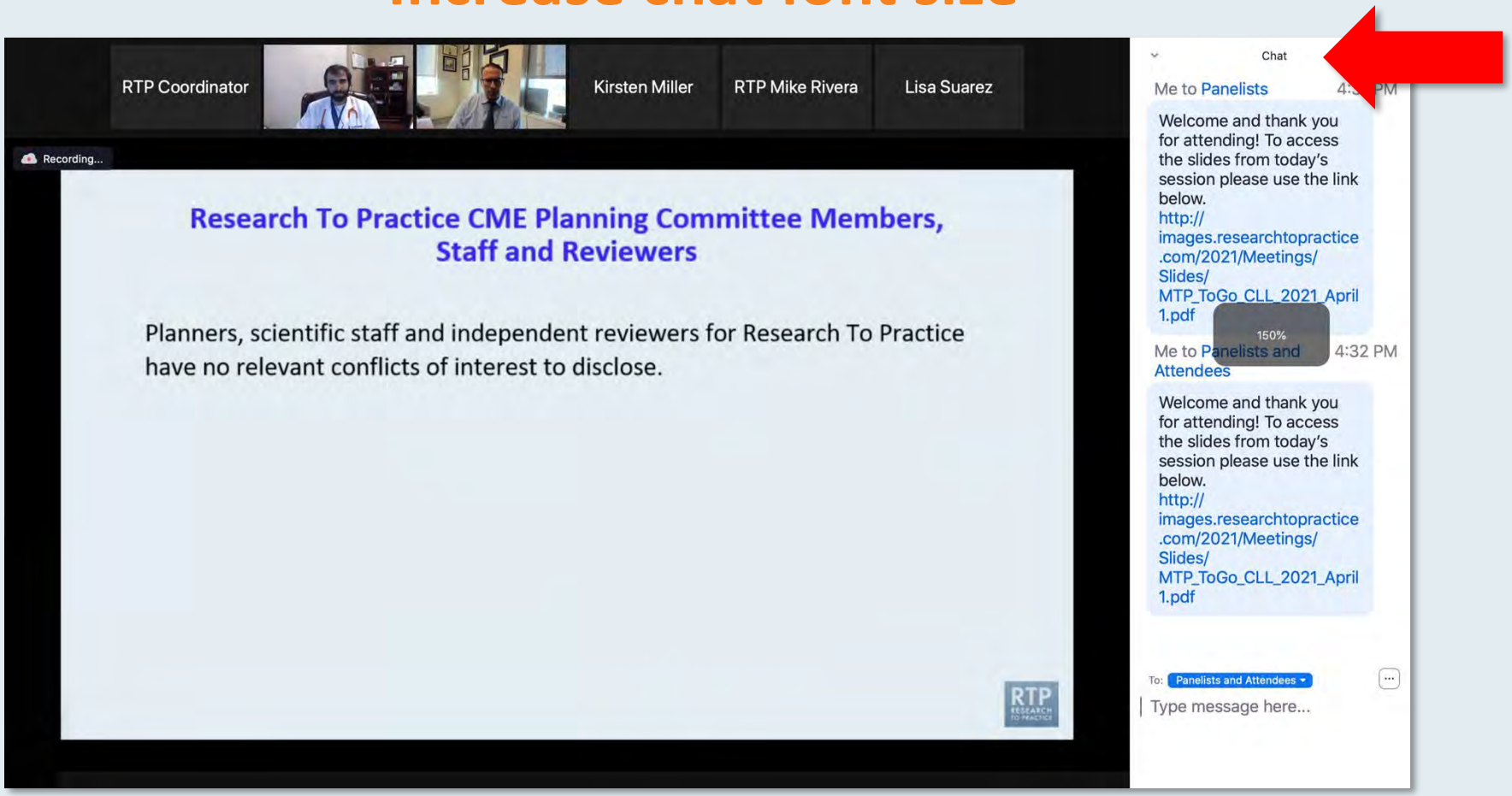
Expand chat submission box



Drag the white line above the submission box up to create more space for your message.

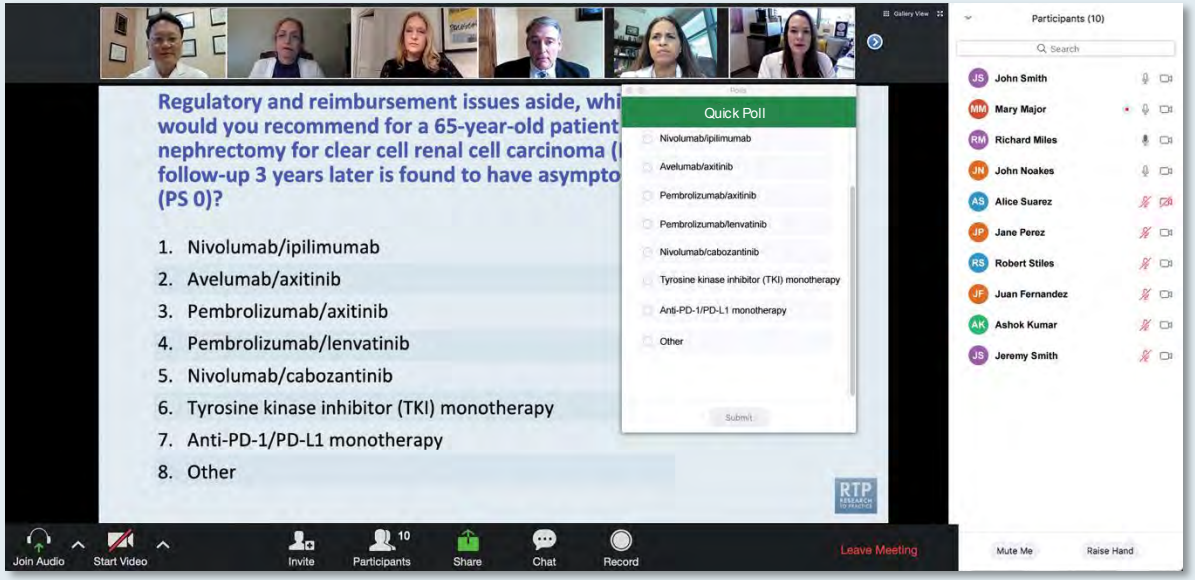
Familiarizing Yourself with the Zoom Interface

Increase chat font size



Press Command (for Mac) or Control (for PC) and the + symbol.
You may do this as many times as you need for readability.

Clinicians in the Audience, Please Complete the Pre- and Postmeeting Surveys



ONCOLOGY TODAY

WITH DR NEIL LOVE

RTP Live from Chicago: Investigator Perspectives on the Role of Bispecific Antibodies in the Management of Lymphoma

DR JOSHUA BRODY
TISCH CANCER INSTITUTE

DR IAN W FLINN
ONEONCOLOGY

DR TYCEL PHILLIPS
CITY OF HOPE COMPREHENSIVE CANCER CENTER

Listen on Apple Podcasts

Spotify

Listen on Google Podcasts

The Implications of Recent Datasets for the Current and Future Management of Small Cell Lung Cancer — A 2024 World Conference on Lung Cancer Review

A CME/MOC-Accredited Live Webinar

Thursday, September 26, 2024
5:00 PM – 5:45 PM ET

Faculty

Jacob Sands, MD

Moderator

Neil Love, MD

RTP
RESEARCH TO PRACTICE

Improving Outcomes with First-Line Endocrine-Based Therapy for Patients with HR-Positive, HER2-Negative Metastatic Breast Cancer

A CME/MOC-Accredited Live Webinar

Tuesday, October 8, 2024
5:00 PM – 6:00 PM ET

Faculty

Francois-Clement Bidard, MD, PhD
Kevin Kalinsky, MD, MS

Moderator

Neil Love, MD

RTP RESEARCH TO PRACTICE

The Implications of Recent Datasets for the Current and Future Management of Gastrointestinal Cancers — An ESMO Congress 2024 Review

A CME/MOC-Accredited Live Webinar

Tuesday, October 15, 2024
5:00 PM – 6:00 PM ET

Faculty

Tanios Bekaii-Saab, MD
Philip A Philip, MD, PhD, FRCP

Moderator

Neil Love, MD

RTP RESEARCH TO PRACTICE

Join Us In Person or Virtually

Data + Perspectives: Clinical Investigators Explore the Application of Recent Datasets in Current Oncology Care

A Multitumor Hybrid Symposium in Partnership with Florida Cancer Specialists & Research Institute

Saturday, October 26, 2024

HR-Positive Breast Cancer

Faculty

Joyce O'Shaughnessy, MD

Seth Wander, MD, PhD

Prostate Cancer

Faculty

Matthew R Smith, MD, PhD

Sandy Srinivas, MD

Moderator

Neil Love, MD

RTP RESEARCH TO PRACTICE

Join Us In Person or Virtually

Data + Perspectives: Clinical Investigators Explore the Application of Recent Datasets in Current Oncology Care

A Multitumor Hybrid Symposium in Partnership with Florida Cancer Specialists & Research Institute

Saturday, October 26, 2024

Lung Cancer

Faculty

Sarah B Goldberg, MD, MPH

Joshua K Sabari, MD

Non-Hodgkin Lymphoma and Chronic Lymphocytic Leukemia

Faculty

Brad S Kahl, MD

Sonali M Smith, MD

Moderator

Neil Love, MD

RTP RESEARCH TO PRACTICE

Join Us In Person or Virtually

Data + Perspectives: Clinical Investigators Explore the Application of Recent Datasets in Current Oncology Care

A Multitumor Hybrid Symposium in Partnership with Florida Cancer Specialists & Research Institute

Saturday, October 26, 2024

Multiple Myeloma

Faculty

Shaji K Kumar, MD

Noopur Raje, MD

Moderator

Neil Love, MD

RTP RESEARCH TO PRACTICE

What Clinicians Want to Know: Addressing Current Questions and Controversies in the Management of Hematologic Cancers

A CME Friday Satellite Symposium and Webcast Series
Preceding the 66th ASH Annual Meeting and Exposition

Friday, December 6, 2024

Chronic Myeloid Leukemia
7:30 AM – 9:00 AM PT

Chronic Lymphocytic Leukemia
7:30 AM – 9:30 AM PT

CAR-T and Bispecific-Antibody Therapy for Lymphoma
11:30 AM – 1:30 PM PT

Myelofibrosis
11:30 AM – 1:30 PM PT

Acute Myeloid Leukemia
3:15 PM – 5:15 PM PT

Multiple Myeloma
3:15 PM – 5:15 PM PT

RTP RESEARCH TO PRACTICE

Rounds with the Investigators: Compelling Teaching Cases Focused on the Management of Breast Cancer

A 3-Part CME Hybrid Satellite Symposium Series in Partnership with the 2024 San Antonio Breast Cancer Symposium®

HER2-Low and HER2-Ultralow Breast Cancer

Tuesday, December 10, 2024

7:15 PM – 8:45 PM CT

New Developments in Endocrine Treatment for Breast Cancer

Wednesday, December 11, 2024

7:15 PM – 9:15 PM CT

Management of Metastatic Breast Cancer

Thursday, December 12, 2024

7:15 PM – 9:15 PM CT

Moderator

Neil Love, MD

RTP RESEARCH TO PRACTICE

Save The Date

Fourth Annual
National General Medical Oncology Summit

A Multitumor CME/MOC-, ACPE- and NCPD-Accredited Educational Conference Developed in Partnership with Florida Cancer Specialists & Research Institute

Friday to Sunday, February 28 to March 2, 2025

Fontainebleau Hotel, Miami Beach, Florida

Moderated by Neil Love, MD

Thank you for joining us!

Information on how to obtain CME, ABIM MOC and ABS credit will be provided at the conclusion of the activity in the Zoom chat room. Attendees will also receive an email in 1 to 3 business days with these instructions.

Practical Perspectives: Optimizing the Role of BTK Inhibitors in the Management of Mantle Cell Lymphoma

A CME/MOC-Accredited Live Webinar

Wednesday, September 25, 2024
5:00 PM – 6:00 PM ET

Faculty

Tycel Phillips, MD
Michael Wang, MD

Moderator

Neil Love, MD

RTP RESEARCH TO PRACTICE

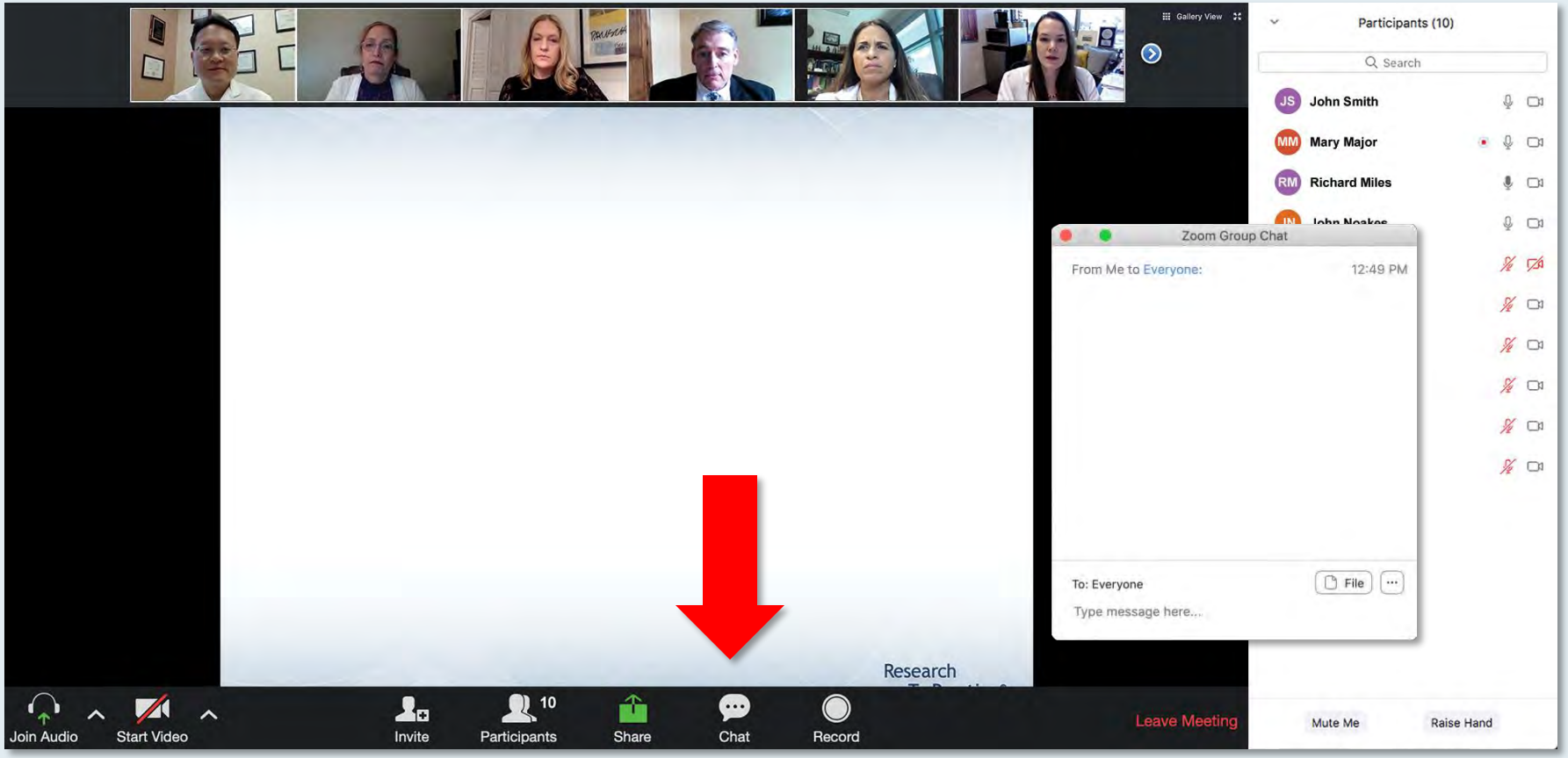
Faculty

Tycel Phillips, MD
Associate Professor, Division of Lymphoma
Department of Hematology and Hematopoietic Cell Transplantation
City of Hope Comprehensive Cancer Center
Duarte, California

MODERATOR
Neil Love, MD
Research To Practice
Miami, Florida

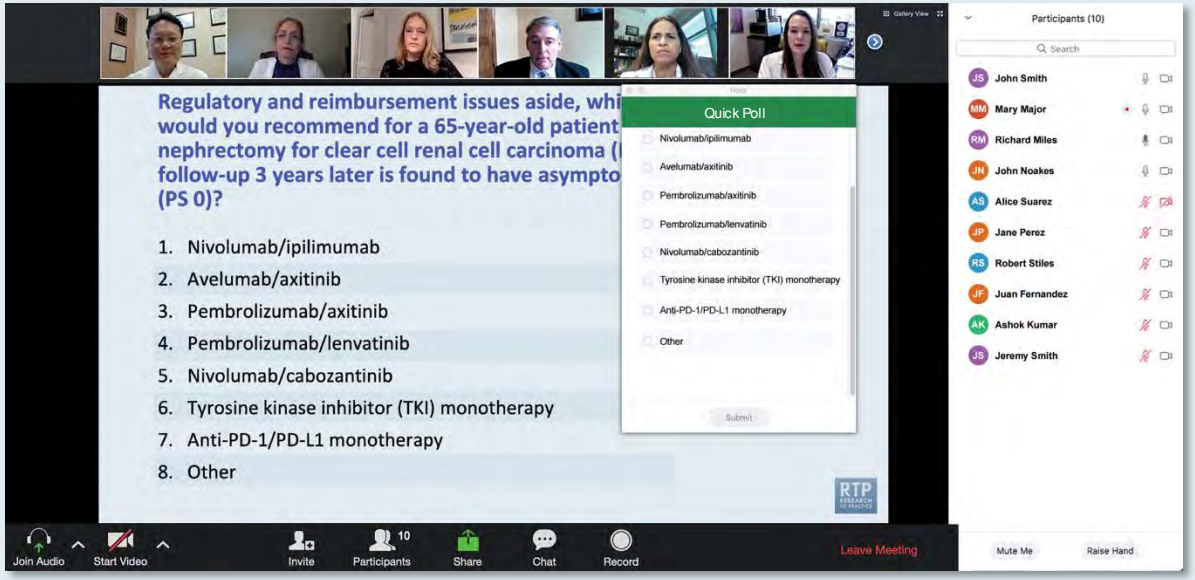
Michael Wang, MD
Puddin Clarke Endowed Professor
Director, Mantle Cell Lymphoma Program of Excellence
Section Chief, Rare Lymphomas
Co-PI, B-Cell Lymphoma Moonshot Project
Department of Lymphoma and Myeloma
The University of Texas MD Anderson Cancer Center
Houston, Texas

We Encourage Clinicians in Practice to Submit Questions



Feel free to submit questions now before the program begins and throughout the program.

Clinicians in the Audience, Please Complete the Pre- and Postmeeting Surveys



ONCOLOGY TODAY

WITH DR NEIL LOVE

RTP Live from Chicago: Investigator Perspectives on the Role of Bispecific Antibodies in the Management of Lymphoma

DR JOSHUA BRODY
TISCH CANCER INSTITUTE

DR IAN W FLINN
ONEONCOLOGY

DR TYCEL PHILLIPS
CITY OF HOPE COMPREHENSIVE CANCER CENTER

Listen on Apple Podcasts

Spotify

Listen on Google Podcasts

The Implications of Recent Datasets for the Current and Future Management of Small Cell Lung Cancer — A 2024 World Conference on Lung Cancer Review

A CME/MOC-Accredited Live Webinar

Thursday, September 26, 2024
5:00 PM – 5:45 PM ET

Faculty

Jacob Sands, MD

Moderator

Neil Love, MD

RTP
RESEARCH TO PRACTICE

Improving Outcomes with First-Line Endocrine-Based Therapy for Patients with HR-Positive, HER2-Negative Metastatic Breast Cancer

A CME/MOC-Accredited Live Webinar

Tuesday, October 8, 2024
5:00 PM – 6:00 PM ET

Faculty

Francois-Clement Bidard, MD, PhD
Kevin Kalinsky, MD, MS

Moderator

Neil Love, MD

RTP RESEARCH TO PRACTICE

The Implications of Recent Datasets for the Current and Future Management of Gastrointestinal Cancers — An ESMO Congress 2024 Review

A CME/MOC-Accredited Live Webinar

Tuesday, October 15, 2024
5:00 PM – 6:00 PM ET

Faculty

Tanios Bekaii-Saab, MD
Philip A Philip, MD, PhD, FRCP

Moderator

Neil Love, MD

RTP RESEARCH TO PRACTICE

Join Us In Person or Virtually

Data + Perspectives: Clinical Investigators Explore the Application of Recent Datasets in Current Oncology Care

A Multitumor Hybrid Symposium in Partnership with Florida Cancer Specialists & Research Institute

Saturday, October 26, 2024

HR-Positive Breast Cancer

Faculty

Joyce O'Shaughnessy, MD

Seth Wander, MD, PhD

Prostate Cancer

Faculty

Matthew R Smith, MD, PhD

Sandy Srinivas, MD

Moderator

Neil Love, MD

RTP RESEARCH TO PRACTICE

Join Us In Person or Virtually

Data + Perspectives: Clinical Investigators Explore the Application of Recent Datasets in Current Oncology Care

A Multitumor Hybrid Symposium in Partnership with Florida Cancer Specialists & Research Institute

Saturday, October 26, 2024

Lung Cancer

Faculty

Sarah B Goldberg, MD, MPH

Joshua K Sabari, MD

Non-Hodgkin Lymphoma and Chronic Lymphocytic Leukemia

Faculty

Brad S Kahl, MD

Sonali M Smith, MD

Moderator

Neil Love, MD

RTP RESEARCH TO PRACTICE

Join Us In Person or Virtually

Data + Perspectives: Clinical Investigators Explore the Application of Recent Datasets in Current Oncology Care

A Multitumor Hybrid Symposium in Partnership with Florida Cancer Specialists & Research Institute

Saturday, October 26, 2024

Multiple Myeloma

Faculty

Shaji K Kumar, MD

Noopur Raje, MD

Moderator

Neil Love, MD

RTP RESEARCH TO PRACTICE

What Clinicians Want to Know: Addressing Current Questions and Controversies in the Management of Hematologic Cancers

A CME Friday Satellite Symposium and Webcast Series
Preceding the 66th ASH Annual Meeting and Exposition

Friday, December 6, 2024

Chronic Myeloid Leukemia
7:30 AM – 9:00 AM PT

Chronic Lymphocytic Leukemia
7:30 AM – 9:30 AM PT

CAR-T and Bispecific-Antibody Therapy for Lymphoma
11:30 AM – 1:30 PM PT

Myelofibrosis
11:30 AM – 1:30 PM PT

Acute Myeloid Leukemia
3:15 PM – 5:15 PM PT

Multiple Myeloma
3:15 PM – 5:15 PM PT

RTP RESEARCH TO PRACTICE

Rounds with the Investigators: Compelling Teaching Cases Focused on the Management of Breast Cancer

A 3-Part CME Hybrid Satellite Symposium Series in Partnership with the 2024 San Antonio Breast Cancer Symposium®

HER2-Low and HER2-Ultralow Breast Cancer

Tuesday, December 10, 2024

7:15 PM – 8:45 PM CT

New Developments in Endocrine Treatment for Breast Cancer

Wednesday, December 11, 2024

7:15 PM – 9:15 PM CT

Management of Metastatic Breast Cancer

Thursday, December 12, 2024

7:15 PM – 9:15 PM CT

Moderator

Neil Love, MD

RTP RESEARCH TO PRACTICE

Save The Date

Fourth Annual
National General Medical Oncology Summit

A Multitumor CME/MOC-, ACPE- and NCPD-Accredited Educational Conference Developed in Partnership with Florida Cancer Specialists & Research Institute

Friday to Sunday, February 28 to March 2, 2025

Fontainebleau Hotel, Miami Beach, Florida

Moderated by Neil Love, MD

Practical Perspectives: Optimizing the Role of BTK Inhibitors in the Management of Mantle Cell Lymphoma

A CME/MOC-Accredited Live Webinar

Wednesday, September 25, 2024
5:00 PM – 6:00 PM ET

Faculty

Tycel Phillips, MD
Michael Wang, MD

Moderator

Neil Love, MD

RTP RESEARCH TO PRACTICE

Dr Phillips — Disclosures

Advisory Committees	AbbVie Inc, Genentech, a member of the Roche Group, Genmab US Inc, Merck
Consulting Agreements	AbbVie Inc, ADC Therapeutics, AstraZeneca Pharmaceuticals LP, Bayer HealthCare Pharmaceuticals, BeiGene Ltd, Bristol Myers Squibb, Epizyme Inc, Genentech, a member of the Roche Group, Genmab US Inc, Gilead Sciences Inc, Incyte Corporation, Lilly, Pharmacyclics LLC, an AbbVie Company, Seagen Inc, TG Therapeutics Inc
Contracted Research	AbbVie Inc, Genentech, a member of the Roche Group
Steering Committee	Genentech, a member of the Roche Group

Dr Wang — Disclosures

Consulting Agreements	Acerta Pharma — A member of the AstraZeneca Group, AstraZeneca Pharmaceuticals LP, Boxer Capital LLC, Bristol Myers Squibb, InnoCare Pharma, Janssen Biotech Inc, Kite, A Gilead Company, Lilly, Merck, Oncternal Therapeutics, Pfizer Inc
Contracted Research	AbbVie Inc, Acerta Pharma — A member of the AstraZeneca Group, AstraZeneca Pharmaceuticals LP, Bantam Pharmaceutical, BeiGene Ltd, BioInvent, Celgene Corporation, Genentech, a member of the Roche Group, Genmab US Inc, InnoCare Pharma, Janssen Biotech Inc, Juno Therapeutics, a Celgene Company, Kite, A Gilead Company, Lilly, Loxo Oncology Inc, a wholly owned subsidiary of Eli Lilly & Company, Merck, Molecular Templates, Nurix Therapeutics Inc, Oncternal Therapeutics, Pharmacyclics LLC, an AbbVie Company, Vincerx Pharma
Honoraria	AstraZeneca Pharmaceuticals LP, BeiGene Ltd, Bristol Myers Squibb, Janssen Biotech Inc, Kite, A Gilead Company, Merck
Nonrelevant Financial Relationships	CAHON, Editorial Medica AWWE SA, Istituto Scientifico Romagnolo, Mayo Clinic, Medscape/WebMD, MJH Life Sciences, MSC National Research Institute of Oncology, Physician Education Resource (PER), Plexus Communications, South African Clinical Hematology Society, Studio ER Congressi

Dr Love — Disclosures

Dr Love is president and CEO of Research To Practice. Research To Practice receives funds in the form of educational grants to develop CME activities from the following companies: AbbVie Inc, Adaptive Biotechnologies Corporation, ADC Therapeutics, Agios Pharmaceuticals Inc, Alexion Pharmaceuticals, Amgen Inc, Array BioPharma Inc, a subsidiary of Pfizer Inc, Astellas, AstraZeneca Pharmaceuticals LP, Aveo Pharmaceuticals, Bayer HealthCare Pharmaceuticals, BeiGene Ltd, BeyondSpring Pharmaceuticals Inc, Black Diamond Therapeutics Inc, Blueprint Medicines, Boehringer Ingelheim Pharmaceuticals Inc, Bristol Myers Squibb, Celgene Corporation, Clovis Oncology, Coherus BioSciences, CTI BioPharma, a Sobi Company, Daiichi Sankyo Inc, Eisai Inc, Elevation Oncology Inc, EMD Serono Inc, Epizyme Inc, Exact Sciences Corporation, Exelixis Inc, Five Prime Therapeutics Inc, Foundation Medicine, G1 Therapeutics Inc, Genentech, a member of the Roche Group, Genmab US Inc, Geron Corporation, Gilead Sciences Inc, Grail Inc, GSK, Halozyme Inc, Helsinn Healthcare SA, Hologic Inc, ImmunoGen Inc, Incyte Corporation, Ipsen Biopharmaceuticals Inc, Janssen Biotech Inc, administered by Janssen Scientific Affairs LLC, Jazz Pharmaceuticals Inc, Karyopharm Therapeutics, Kite, A Gilead Company, Kronos Bio Inc, Legend Biotech, Lilly, Loxo Oncology Inc, a wholly owned subsidiary of Eli Lilly & Company, MEI Pharma Inc, Merck, Mersana Therapeutics Inc, Mirati Therapeutics Inc, Mural Oncology Inc, Natera Inc, Novartis, Novartis Pharmaceuticals Corporation on behalf of Advanced Accelerator Applications, Novocure Inc, Oncopeptides, Pfizer Inc, Pharmacyclics LLC, an AbbVie Company, Puma Biotechnology Inc, Regeneron Pharmaceuticals Inc, R-Pharm US, Sanofi, Seagen Inc, Servier Pharmaceuticals LLC, SpringWorks Therapeutics Inc, Stemline Therapeutics Inc, Sumitomo Dainippon Pharma Oncology Inc, Syndax Pharmaceuticals, Taiho Oncology Inc, Takeda Pharmaceuticals USA Inc, TerSeraTherapeutics LLC, Tesaro, A GSK Company, TG Therapeutics Inc, Turning Point Therapeutics Inc, Verastem Inc, and Zymeworks Inc.

RTP RESEARCH TO PRACTICE

Commercial Support

This activity is supported by an educational grant from AstraZeneca Pharmaceuticals LP.

Research To Practice CME Planning Committee Members, Staff and Reviewers

Planners, scientific staff and independent reviewers for Research To Practice have no relevant conflicts of interest to disclose.

This educational activity contains discussion of non-FDA-approved uses of agents and regimens. Please refer to official prescribing information for each product for approved indications.

Agenda

Introduction: Interface Between Chronic Lymphocytic Leukemia (CLL) and Mantle Cell Lymphoma (MCL)

Module 1: Selection of First-Line Treatment for MCL

Module 2: Key Datasets – Overview and First-Line Therapy

Module 3: Faculty Case Presentations

Module 4: Key Datasets – Relapsed/Refractory Disease

Module 5: Faculty Case Presentations

Agenda

Introduction: Interface Between Chronic Lymphocytic Leukemia (CLL) and Mantle Cell Lymphoma (MCL)

Module 1: Selection of First-Line Treatment for MCL

Module 2: Key Datasets – Overview and First-Line Therapy

Module 3: Faculty Case Presentations

Module 4: Key Datasets – Relapsed/Refractory Disease

Module 5: Faculty Case Presentations

Meet The Professor

Optimizing the Management of Chronic Lymphocytic Leukemia

Tuesday, September 17, 2024
5:00 PM – 6:00 PM ET

Matthew S Davids, MD, MMSc
Associate Professor of Medicine
Harvard Medical School
Director of Clinical Research
Division of Lymphoma
Dana-Farber Cancer Institute
Boston, Massachusetts

RTP RESEARCH TO PRACTICE

Positive High-Level Results from the Phase III AMPLIFY Trial Announced

Press Release: July 29, 2024

"Positive high-level results from an interim analysis of the AMPLIFY Phase III trial showed a fixed duration of acalabrutinib in combination with venetoclax, with or without obinutuzumab, demonstrated a statistically significant and clinically meaningful improvement in progression-free survival (PFS) compared to standard-of-care chemoimmunotherapy in previously untreated adult patients with chronic lymphocytic leukemia (CLL).

For the secondary endpoint of overall survival (OS), a trend was observed in favour of acalabrutinib in combination with venetoclax, with or without obinutuzumab, versus standard-of-care chemoimmunotherapy. The OS data were not mature at the time of this analysis and the trial will continue to assess OS as a key secondary endpoint.

The safety and tolerability were consistent with the known safety profile of each medicine. No new safety signals were identified, with low rates of cardiac toxicity observed. The data will be presented at a forthcoming medical meeting and shared with global regulatory authorities."

https://www.astrazeneca.com/media-centre/press-releases/2024/calquence-fixed-duration-combo-improved-1l-cll-pfs.html

AMPLIFY: An Ongoing Phase III Trial of Fixed-Duration Acalabrutinib and Venetoclax with or without Obinutuzumab for Previously Untreated CLL without Del(17p) or TP53 Mutation

Trial identifier: NCT03836261 (active, not recruiting)
Estimated enrollment: 984

Eligibility

- Diagnosis of CLL requiring active treatment
- ECOG PS 0-2
- No detected del(17p) or TP53 mutation
- No prior CLL-specific therapies

R

Acalabrutinib + venetoclax

Acalabrutinib + venetoclax + obinutuzumab

Investigator choice of FCR or bendamustine/rituximab

FCR = fludarabine, cyclophosphamide and rituximab

Primary endpoint: Progression-free survival by independent central review

www.clinicaltrials.gov. Accessed August 2024.

Agenda

Introduction: Interface Between Chronic Lymphocytic Leukemia (CLL) and Mantle Cell Lymphoma (MCL)

Module 1: Selection of First-Line Treatment for MCL

Module 2: Key Datasets – Overview and First-Line Therapy

Module 3: Faculty Case Presentations

Module 4: Key Datasets – Relapsed/Refractory Disease

Module 5: Faculty Case Presentations

Key Clinical Questions

How do you approach first-line therapy for patients with MCL in terms of …

- **When to initiate treatment?**
- **Which treatment to administer?**

Agenda

Introduction: Interface Between Chronic Lymphocytic Leukemia (CLL) and Mantle Cell Lymphoma (MCL)

Module 1: Selection of First-Line Treatment for MCL

Module 2: Key Datasets – Overview and First-Line Therapy

Module 3: Faculty Case Presentations

Module 4: Key Datasets – Relapsed/Refractory Disease

Module 5: Faculty Case Presentations

FDA Approved Therapies for MCL

	Mechanism	Approval date	MCL indication
Bortezomib	Proteasome inhibitor	Initial approval 2003	Adult patients with MCL
Lenalidomide	Immunomodulator	June 5, 2013	After relapse or progression on two prior therapies, one of which included bortezomib
Ibrutinib	BTK inhibitor	Nov. 13, 2013	Adult patients who have received at least one prior therapy (Indication withdrawn April 6, 2023)
Acalabrutinib	BTK inhibitor	Oct. 31, 2017	Adult patients who have received at least one prior therapy
Zanubrutinib	BTK inhibitor	Nov. 14, 2019	Adult patients who have received at least one prior therapy
Brexucabtagene autoleucel	CAR T-cell therapy	July 24, 2020	Adult patients with relapsed or refractory disease
Pirtobrutinib	BTK inhibitor	Jan. 27, 2023	Adult patients with relapsed or refractory disease after at least two lines of systemic therapy, including a BTK inhibitor
Lisocabtagene Maraleucel	CAR T-cell therapy	May 30, 2024	Adult patients with relapsed or refractory disease

https://www.fda.gov/drugs/resources-information-approved-drugs/fda-grants-accelerated-approval-pirtobrutinib-relapsed-or-refractory-mantle-cell-lymphoma

Courtesy of Michael Wang, MD

Chemotherapy-free Regimens Using BTK Inhibitors

1st Generation, covalent, irreversible	• Ibrutinib (FDA approval 2013), rituximab-ibrutinib, ibrutinib-venetoclax • SHINE, WINDOW 1 and 2, and TRIANGLE trials
2nd Generation, covalent, irreversible, less toxic	• Acalabrutinib (FDA approval 2017), ECHO, AR and AVR • Zanubrutinib (FDA approval 2019), MANGROVE • Orelabrutinib in trials, phase 3 in design stage
3rd Generation, non-covalent, reversible	• Pirtobrutinib (FDA approval 2023), phase 3 ongoing • PR, PVR, PV. ARQ531, Vecabrutinib
4th Generation	• BTK degraders currently in clinical trials

A, acalabrutinib; P, pirtobrutinib; R, rituximab; V, venetoclax.

Abbas HA, et al. *Front Oncol*. 2021;11:668162; Clinicaltrials.gov, accessed 9/26/2023; Das D, et al. *Curr Top Med Chem*. 2022;22(20):1674-1691; Deng LJ, et al. *Blood Adv*. 2023;7(16):4349-4357; Kumar A, et al. *Am Soc Clin Oncol Educ Book*. 2022;42:1-15; Patel D, et al. *Clin Lymphoma Myeloma Leuk*. 2023;23(9):633-641.

Courtesy of Michael Wang, MD

The NEW ENGLAND JOURNAL of MEDICINE

www.nejm.org/doi/full/10.1056/NEJMoa2201817

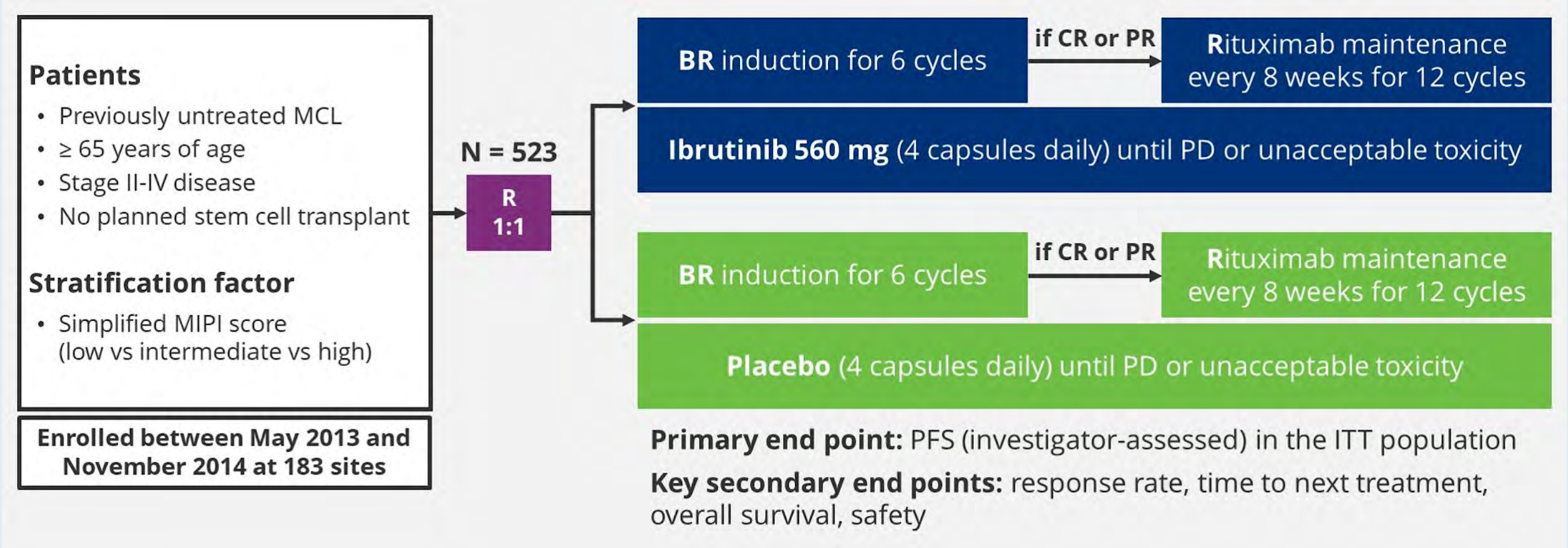
ORIGINAL ARTICLE

Ibrutinib plus Bendamustine and Rituximab in Untreated Mantle-Cell Lymphoma

Michael L. Wang, M.D., Wojciech Jurczak, M.D., Ph.D., Mats Jerkeman, M.D., Ph.D., Judith Trotman, F.R.A.C.P., Pier L. Zinzani, M.D., Ph.D., David Belada, M.D., Ph.D., Carola Boccomini, M.D., Ian W. Flinn, M.D., Ph.D., Pratyush Giri, F.R.A.C.P., Andre Goy, M.D., Paul A. Hamlin, M.D., Olivier Hermine, M.D., Ph.D., José-Ángel Hernández-Rivas, M.D., Ph.D., Xiaonan Hong, M.D., Seok Jin Kim, M.D., Ph.D., David Lewis, F.R.C.Path., Ph.D., Yuko Mishima, M.D., Ph.D., Muhit Özcan, M.D., Guilherme F. Perini, M.D., Christopher Pocock, M.D., Ph.D., Yuqin Song, M.D., Ph.D., Stephen E. Spurgeon, M.D., John M. Storring, M.D., Jan Walewski, M.D., Jun Zhu, M.D., Ph.D., Rui Qin, Ph.D., Todd Henninger, Ph.D., Sanjay Deshpande, M.D., Angela Howes, Ph.D., Steven Le Gouill, M.D., Ph.D., and Martin Dreyling, M.D., for the SHINE Investigators*

Courtesy of Michael Wang, MD

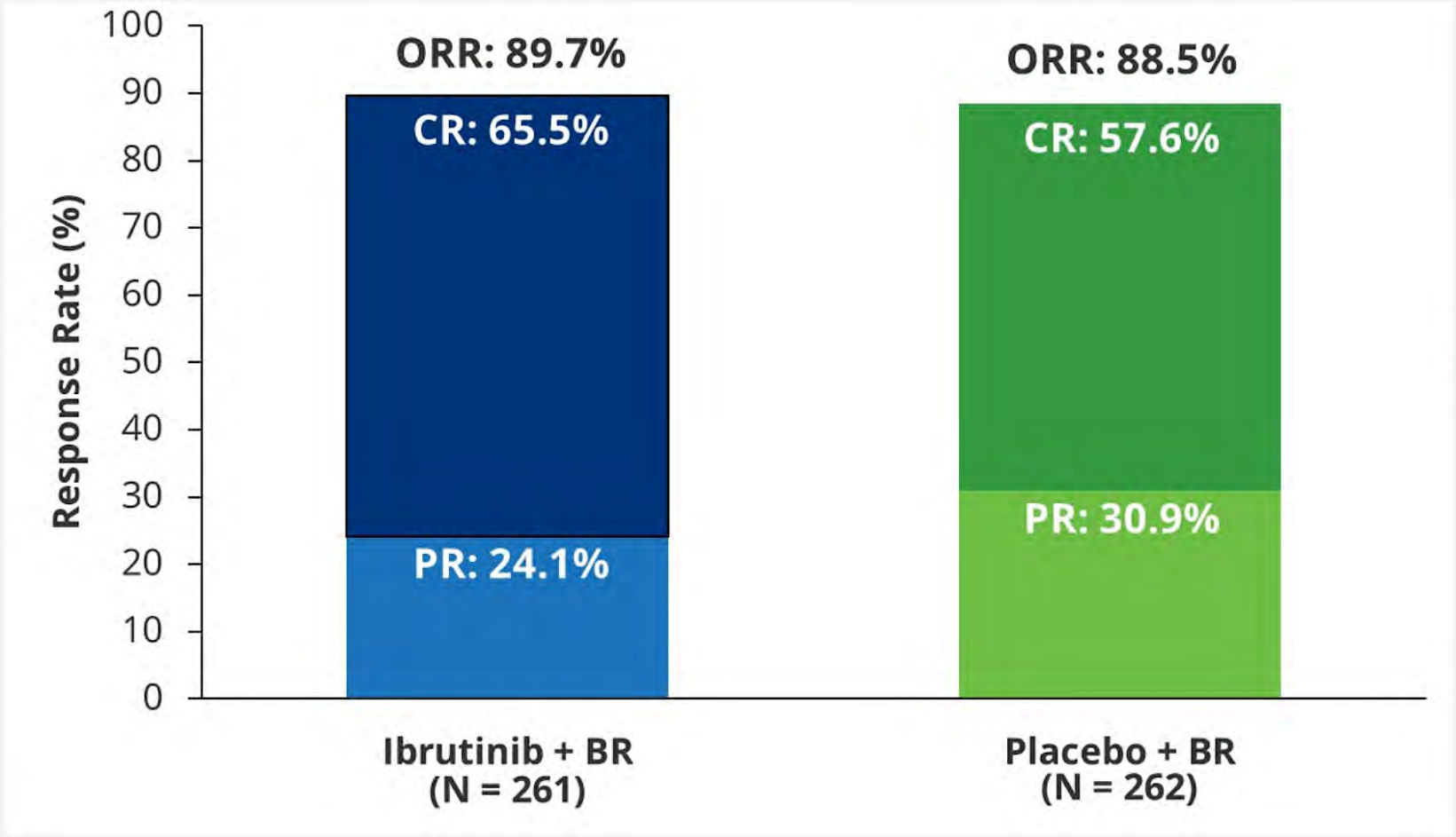
SHINE Phase III Study Design



MIPI = Mantle Cell Lymphoma International Prognostic Index; BR = bendamustine and rituximab; CR = complete response; PR = partial response; PD = progressive disease; PFS = progression-free survival; ITT = intention to treat

Wang ML et al. ASCO 2022;Abstract LBA7502. Wang ML et al. *N Engl J Med* 2022;386(26):2482-94.

SHINE: Response Data

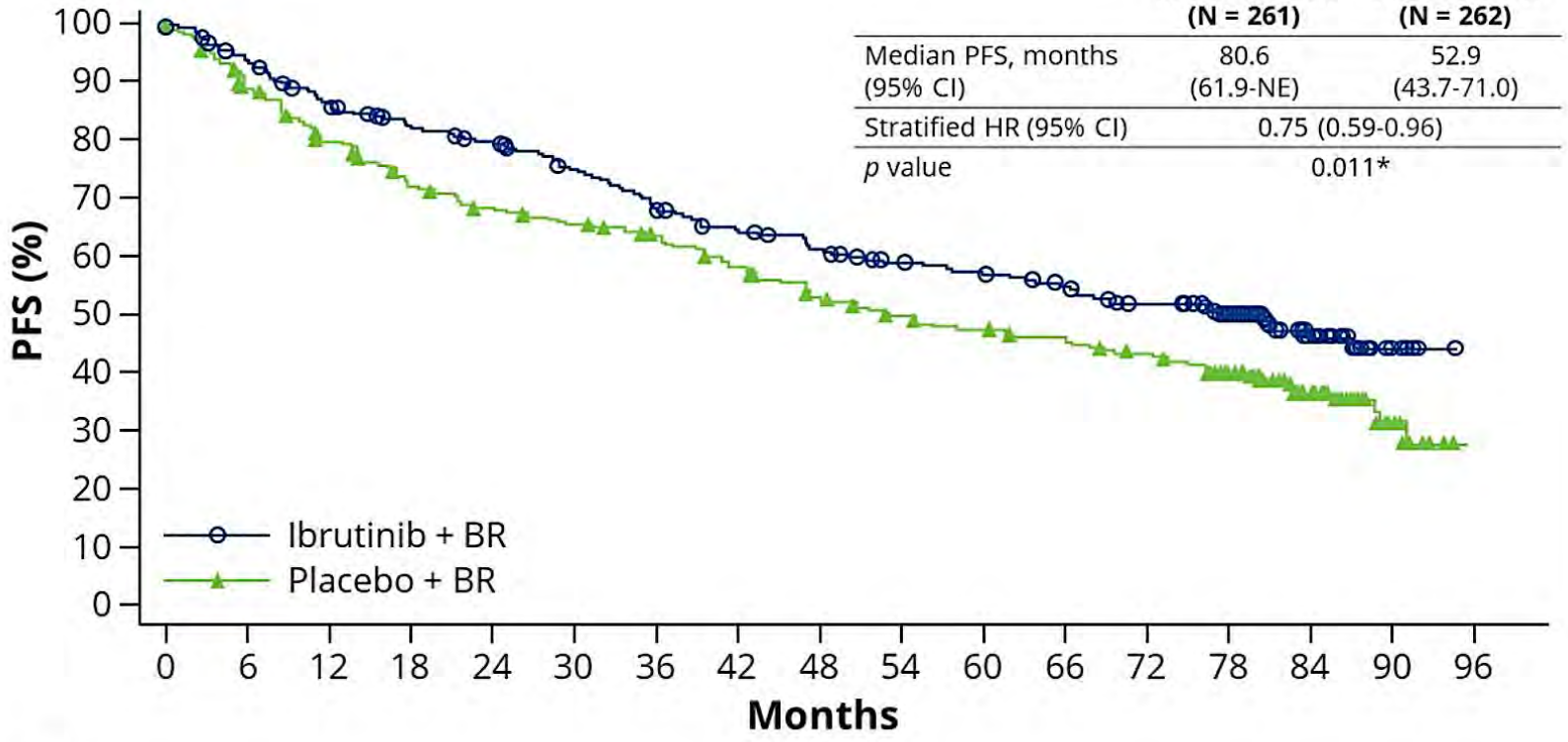


- CR rate was numerically higher in the ibrutinib arm (65.5% vs 57.6%; *p* = 0.057)

ORR = overall response rate

Wang ML et al. ASCO 2022;Abstract LBA7502. Wang ML et al. *N Engl J Med* 2022;386(26):2482-94.

SHINE: PFS Outcomes



	Ibrutinib + BR (N = 261)	Placebo + BR (N = 262)
Median PFS, months (95% CI)	80.6 (61.9-NE)	52.9 (43.7-71.0)
Stratified HR (95% CI)	0.75 (0.59-0.96)	
p value	0.011*	

Patients at Risk

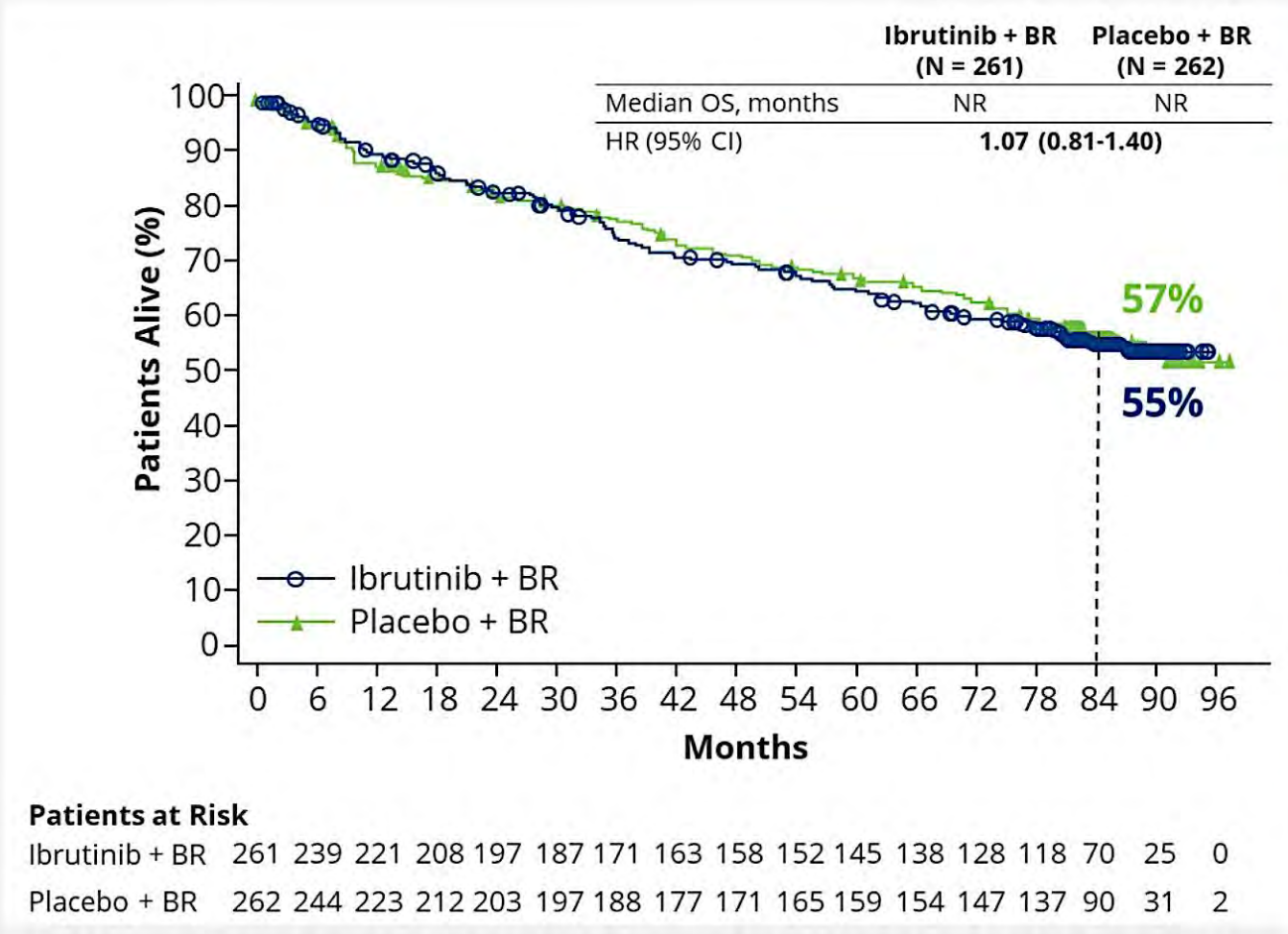
Ibrutinib + BR	261	228	207	191	182	167	152	139	130	120	115	106	95	78	39	11	0
Placebo + BR	262	226	199	177	166	158	148	135	119	109	103	98	90	78	41	11	0

Ibrutinib + BR and R maintenance achieved:

- **Significant improvement in median PFS by 2.3 years** (6.7 vs 4.4 years)
- **25% reduction** in risk of PD or death

Wang ML et al. ASCO 2022;Abstract LBA7502. Wang ML et al. *N Engl J Med* 2022;386(26):2482-94.

SHINE: Overall Survival (OS) Outcomes



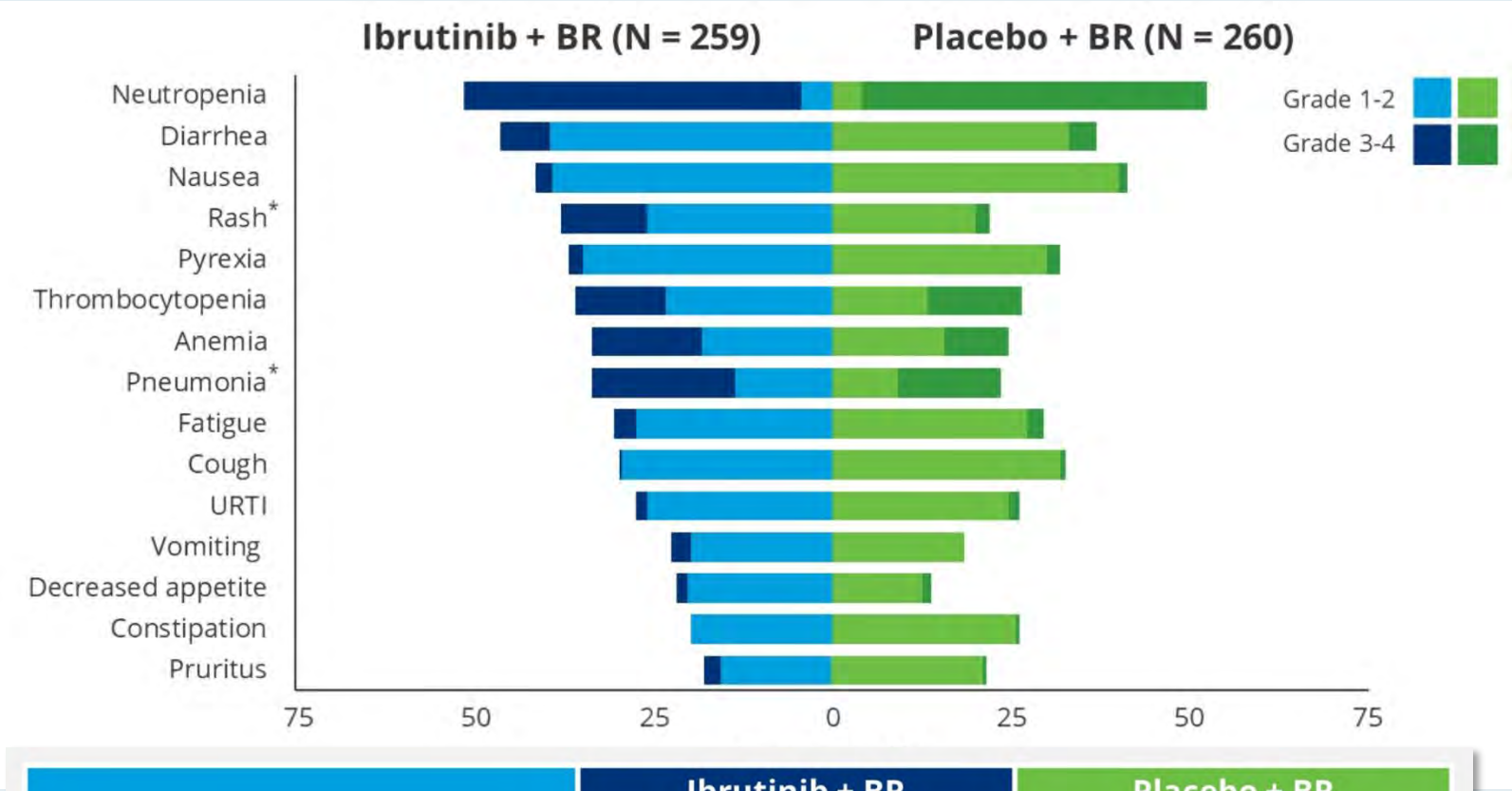
Cause of death	Ibrutinib + BR (N = 261)	Placebo + BR (N = 262)
Death due to PD and TEAE	**58 (22.2%)**	**70 (26.7%)**
Death due to PD	**30 (11.5%)**	**54 (20.6%)**
Death due to TEAEs*	**28 (10.7%)**	**16 (6.1%)**
Death during post-treatment follow-up excluding PD and TEAEs	**46 (17.6%)**	**37 (14.1%)**
Total deaths	**104 (39.8%)**	**107 (40.8%)**

- Death due to Covid-19: 3 patients in the ibrutinib arm during the TEAE period and 2 patients in the placebo arm after the TEAE period
- Exploratory analysis of cause-specific survival including only deaths due to PD or TEAEs showed an HR of 0.88

TEAE = treatment-emergent adverse event

Wang ML et al. ASCO 2022;Abstract LBA7502. Wang ML et al. *N Engl J Med* 2022;386(26):2482-94.

SHINE: Safety Profile



	Ibrutinib + BR (N = 259)		Placebo + BR (N = 260)	
	Any Grade	Grade 3 or 4	Any Grade	Grade 3 or 4
Any bleeding*	42.9%	3.5%	21.5%	1.5%
Major bleeding	5.8%	–	4.2%	–
Atrial fibrillation*	13.9%	3.9%	6.5%	0.8%
Hypertension	13.5%	8.5%	11.2%	5.8%
Arthralgia	17.4%	1.2%	16.9%	0

URTI = upper respiratory tract infection

Wang ML et al. ASCO 2022;Abstract LBA7502. Wang ML et al. *N Engl J Med* 2022;386(26):2482-94.

LB3439

Acalabrutinib plus bendamustine and rituximab in untreated mantle cell lymphoma (MCL): Results from the phase 3, double-blind, placebo-controlled ECHO trial

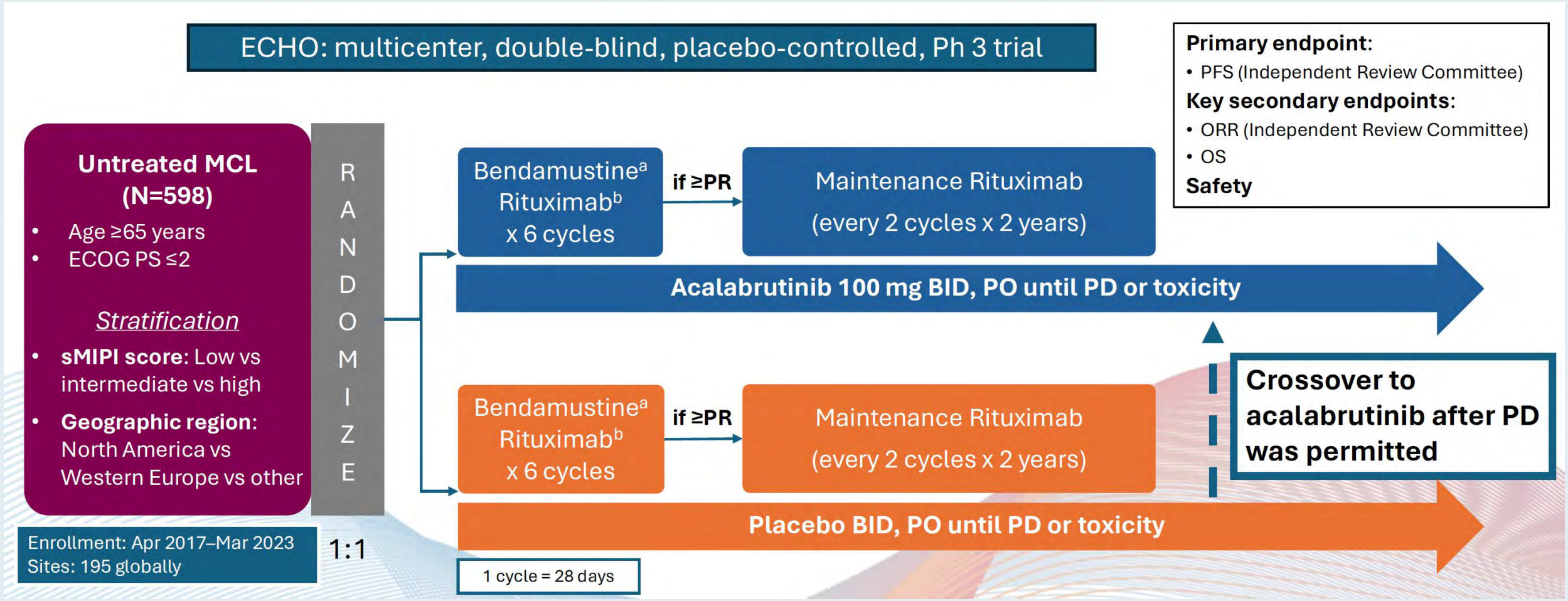
Michael Wang[1], Jiri Mayer[2], David Belada[3], Yuqin Song[4], Wojciech Jurczak[5], Jonas Paludo[6], Michael P. Chu[7], Iryna Kryachok[8], Laura Fogliatto[9], Chan Cheah[10], Marta Morawska[11,12], Juan-Manuel Sancho[13], Yufu Li[14], Caterina Patti[15], Cecily Forsyth[16], Jingyang Zhang[17], Robin Lesley[17], Safaa Ramadan[18], Simon Rule[18], Martin Dreyling[19]

[1]MD Anderson Cancer Center, University of Texas, Houston, TX, USA; [2]University Hospital Brno, Brno, Czech Republic; [3]4th Department of Internal Medicine – Haematology, Charles University, Hospital and Faculty of Medicine, Hradec Králové, Czech Republic; [4]Peking University Cancer Hospital & Institute, Beijing, China; [5]Malopolskie Centrum Medyczne S.C, Krakow, Poland; [6]Mayo Clinic, Rochester, MN, USA; [7]Cross Cancer Institute, University of Alberta, Edmonton, Canada; [8]National Cancer Institute, Kyiv, Ukraine; [9]Hospital de Clinicas de Porto Alegre, Porto Alegre, Brazil; [10]Sir Charles Gairdner Hospital, Nedlands, Australia; [11]Experimental Hematooncology Department, Medical University of Lublin, Lublin, Poland; [12]Hematology Department, St. John's Cancer Center, Lublin, Poland; [13]ICO-IJC-Hospital Germans Trias i Pujol, Badalona, Spain; [14]Henan Cancer Hospital, Zheng Zhou, China; [15]A.O.O.R. Villa Sofia Cervello, Palermo, Italy; [16]Central Coast Haematology, North Gosford, Australia; [17]AstraZeneca, South San Francisco, CA, USA; [18]AstraZeneca, Cambridge, UK; [19]Klinikum der Universitaet Munchen, Muenchen, Germany

Presented at the European Hematology Association (EHA) Annual Meeting; June 13–16, 2024; Madrid, Spain

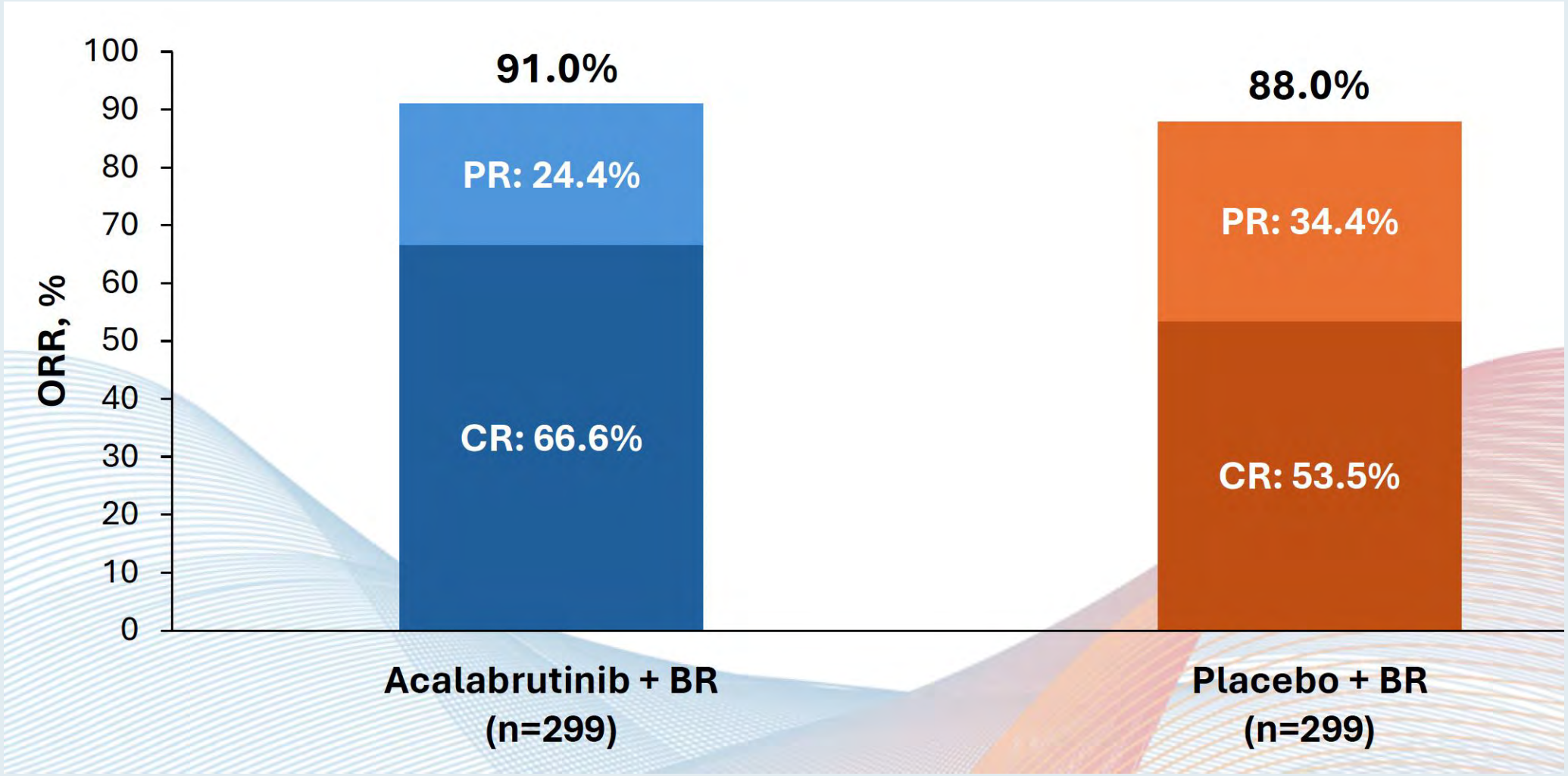
Courtesy of Michael Wang, MD

ECHO Phase III Study Design



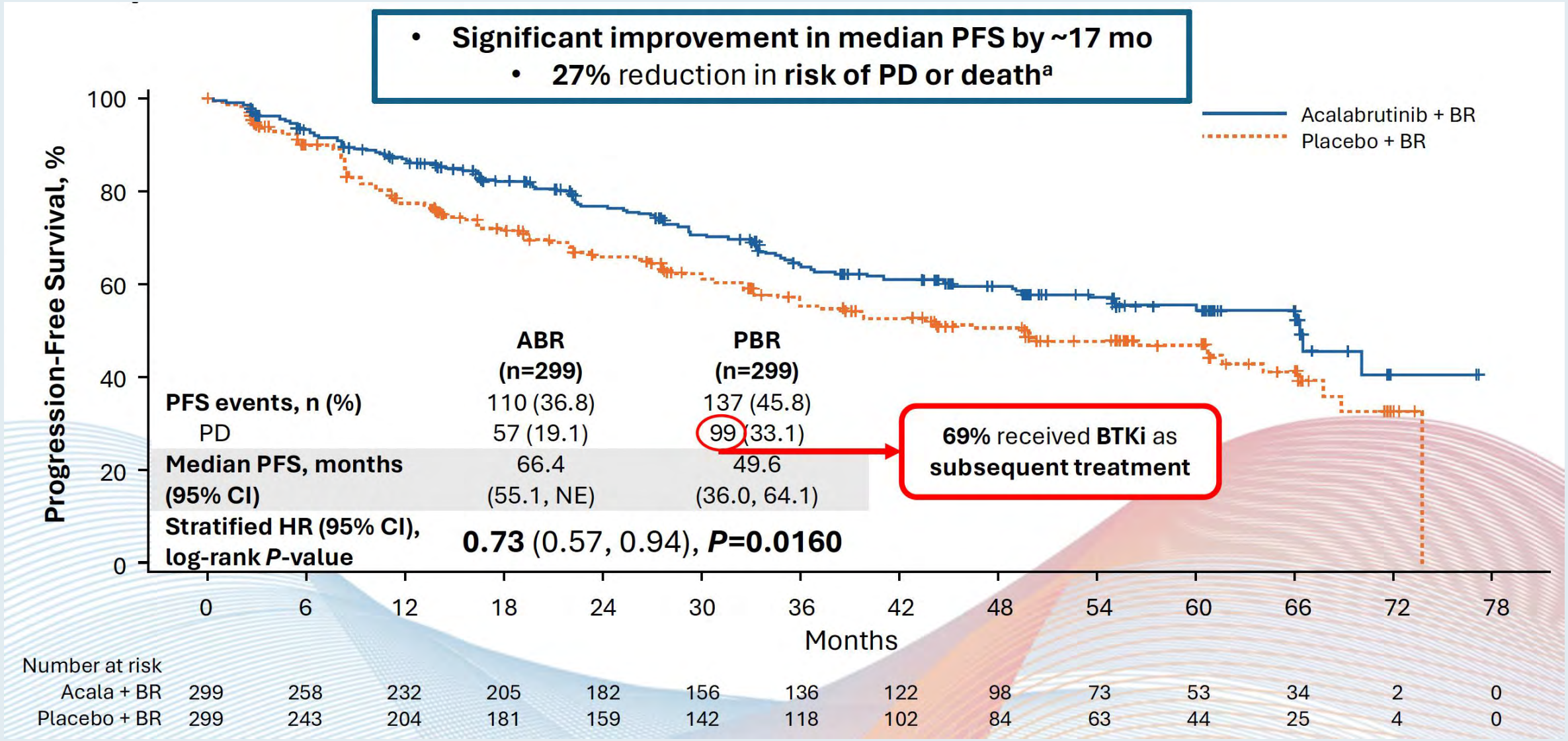
Wang ML et al. EHA 2024;Abstract LBA3439.

ECHO: Response Data



Wang ML et al. EHA 2024;Abstract LBA3439.

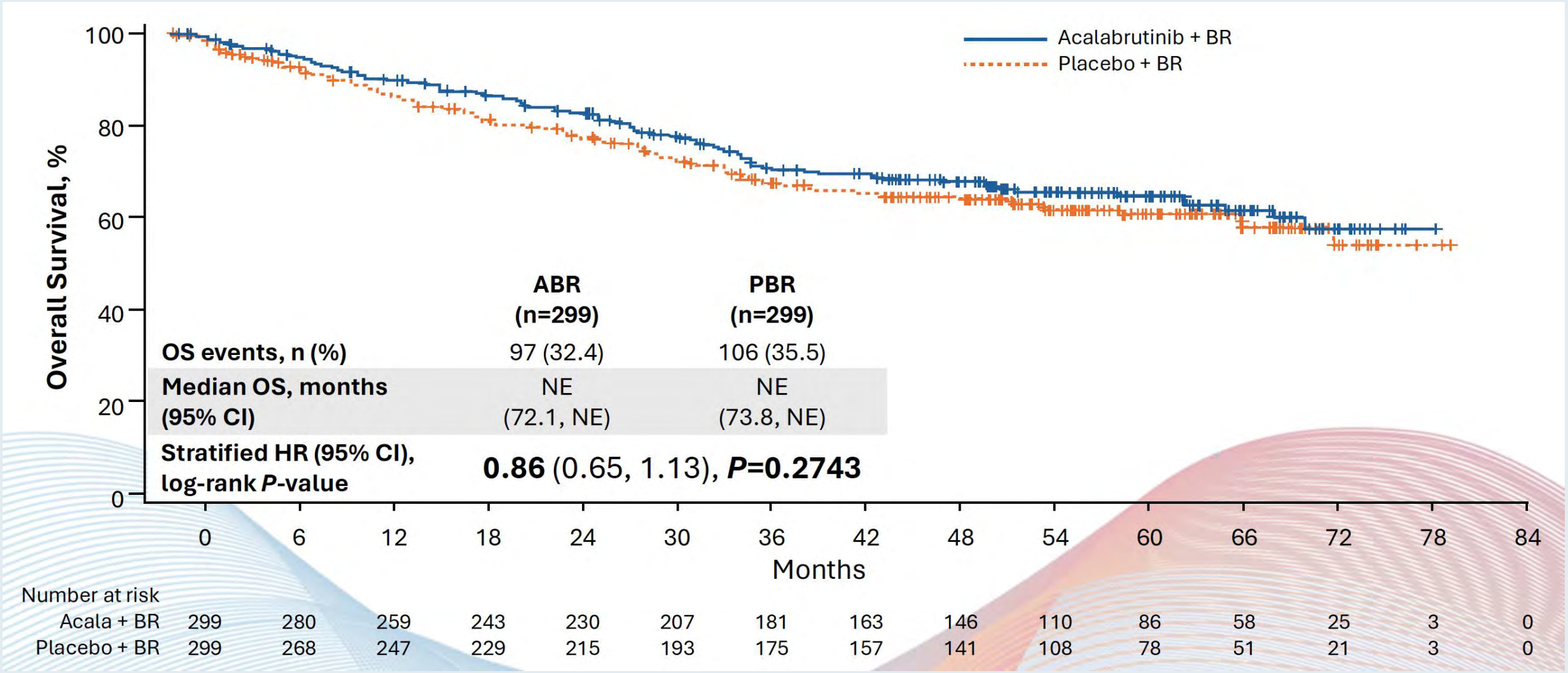
ECHO: PFS Outcomes



BTKi = Bruton tyrosine kinase inhibitor

Wang ML et al. EHA 2024;Abstract LBA3439.

ECHO: OS Outcomes



	ABR (n=299)	PBR (n=299)
OS events, n (%)	97 (32.4)	106 (35.5)
Median OS, months (95% CI)	NE (72.1, NE)	NE (73.8, NE)
Stratified HR (95% CI), log-rank *P*-value	**0.86** (0.65, 1.13), ***P*=0.2743**	

Wang ML et al. EHA 2024;Abstract LBA3439.

ECHO: Safety Profile

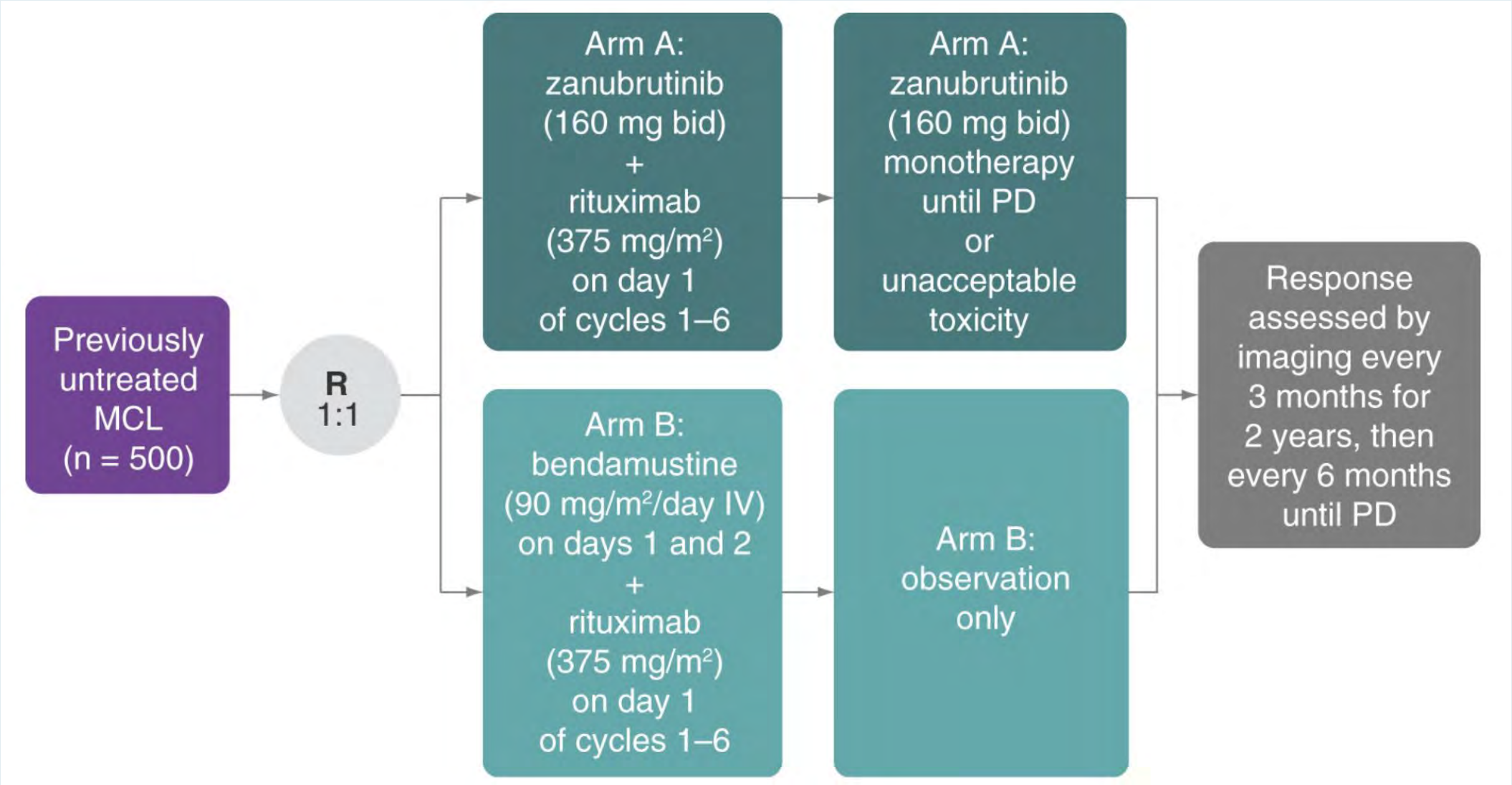
	Acalabrutinib + BR (n=297)		Placebo + BR (n=297)	
	Any grade	Grade ≥3	Any grade	Grade ≥3
Event, n (%)				
Atrial fibrillation	18 (6.1)	11 (3.7)	13 (4.4)	5 (1.7)
Hypertension	36 (12.1)	16 (5.4)	47 (15.8)	25 (8.4)
Major bleeding[a]	7 (2.4)	6 (2.0)	16 (5.4)	10 (3.4)
Infections[b]	232 (78.1)	122 (41.1)	211 (71.0)	101 (34.0)
Second primary malignancies (excluding non-melanoma skin)[b]	29 (9.8)	16 (5.4)	32 (10.8)	20 (6.7)
Median treatment exposure (range), months	29 (0.1, 80.1)		25 (0.03, 76.4)	

Wang ML et al. EHA 2024;Abstract LBA3439.

Conclusions:

- The addition of acalabrutinib to BR in older patients with MCL reduced the risk of disease progression or death by 27%, with a 36% risk reduction when censoring COVID-19 deaths
- The safety profile of acalabrutinib + BR is consistent with that of the individual drugs
- ECHO provides first evidence of a positive trend in OS when adding a BTKi to frontline standard chemoimmunotherapy for treatment of older patients with MCL
- The survival trend favoring acalabrutinib + BR was sustained despite most patients receiving a BTKi as salvage therapy after disease progression with BR
- ECHO data suggest BTKi therapy provides substantial benefit when given as frontline therapy in combination with BR

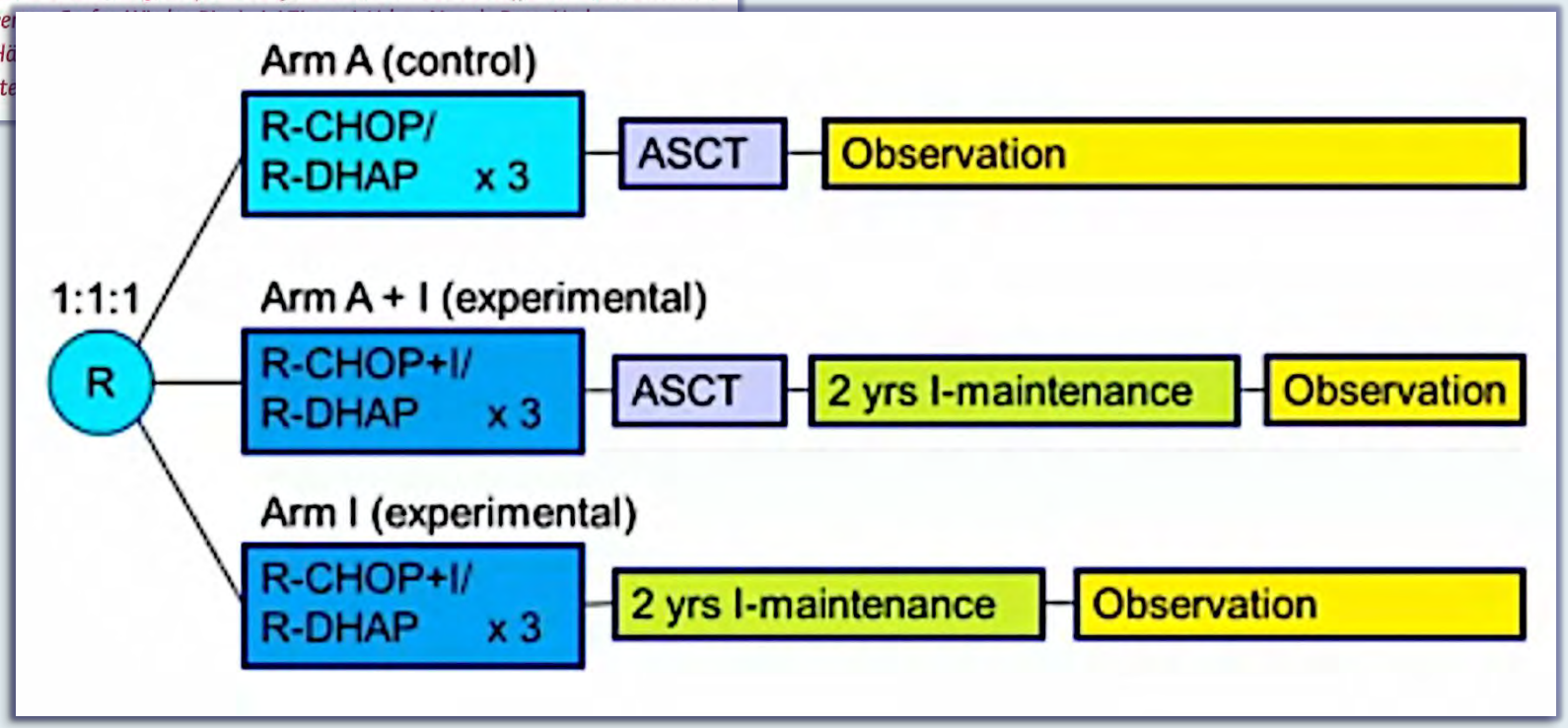
Phase III Study of Zanubrutinib with Rituximab versus BR for Transplant-Ineligible, Untreated MCL



Dreyling M et al. *Future Oncol* 2021;17(3):255-62. www.ClinicalTrials.gov. NCT04002297.

Ibrutinib combined with immunochemotherapy with or without autologous stem-cell transplantation versus immunochemotherapy and autologous stem-cell transplantation in previously untreated patients with mantle cell lymphoma (TRIANGLE): a three-arm, randomised, open-label, phase 3 superiority trial of the European Mantle Cell Lymphoma Network

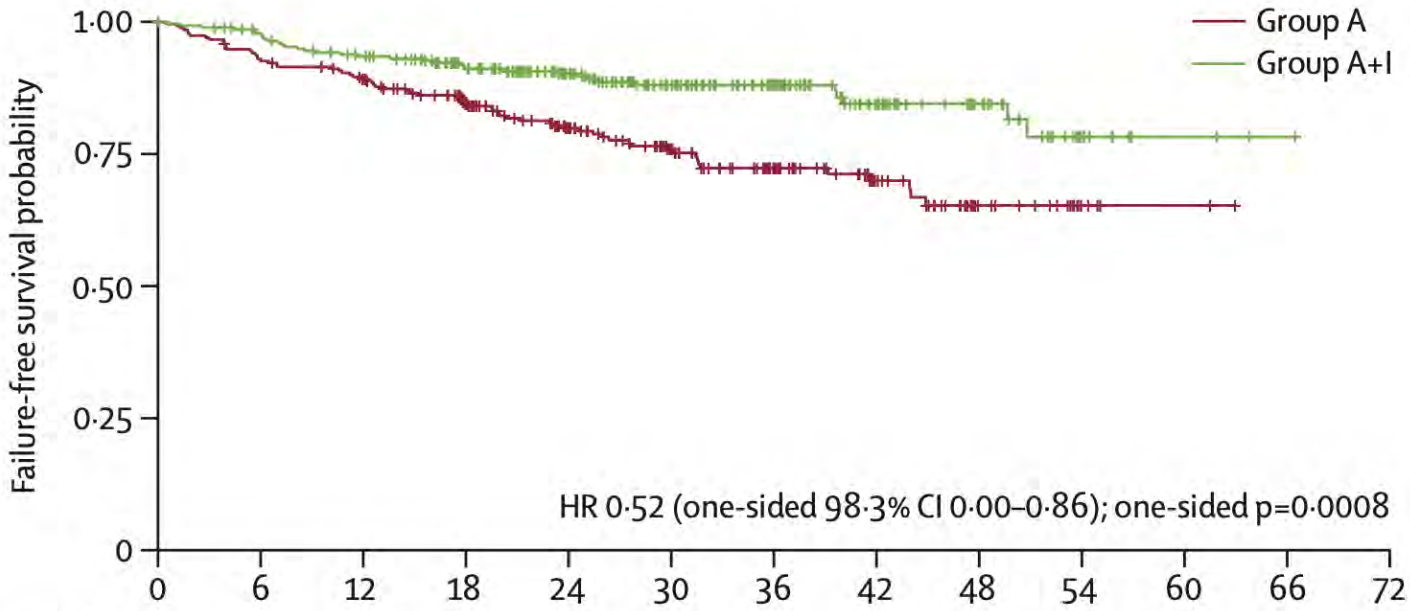
Martin Dreyling, Jeanette Doorduijn, Eva Giné, Mats Jerkeman, Jan Walewski, Martin Hutchings, Ulrich Mey, Jon Riise, Marek Trneny, Vibeke Vergote, Ofer Shpilberg, Maria Gomes da Silva, Sirpa Leppä, Linmiao Jiang, Stephan Stilgenbauer, Andrea Kerkhoff, Ron D Jachimowicz, Melania Celli, Georg Hess, Luca Arcaini, Carlo Visco, Tom van Mee… Fabio Benedetti, Kristina Sonnevi, Christine Hanoun, Matthias Hä… Christian Schmidt, Michael Unterhalt, Marco Ladetto, Eva Hoste…*



Dreyling M et al. *Lancet* 2024;403(10441):2293-306.

ASCT = autologous stem cell transplantation; I = ibrutinib

TRIANGLE: Failure-Free Survival with ASCT and Ibrutinib versus ASCT Alone

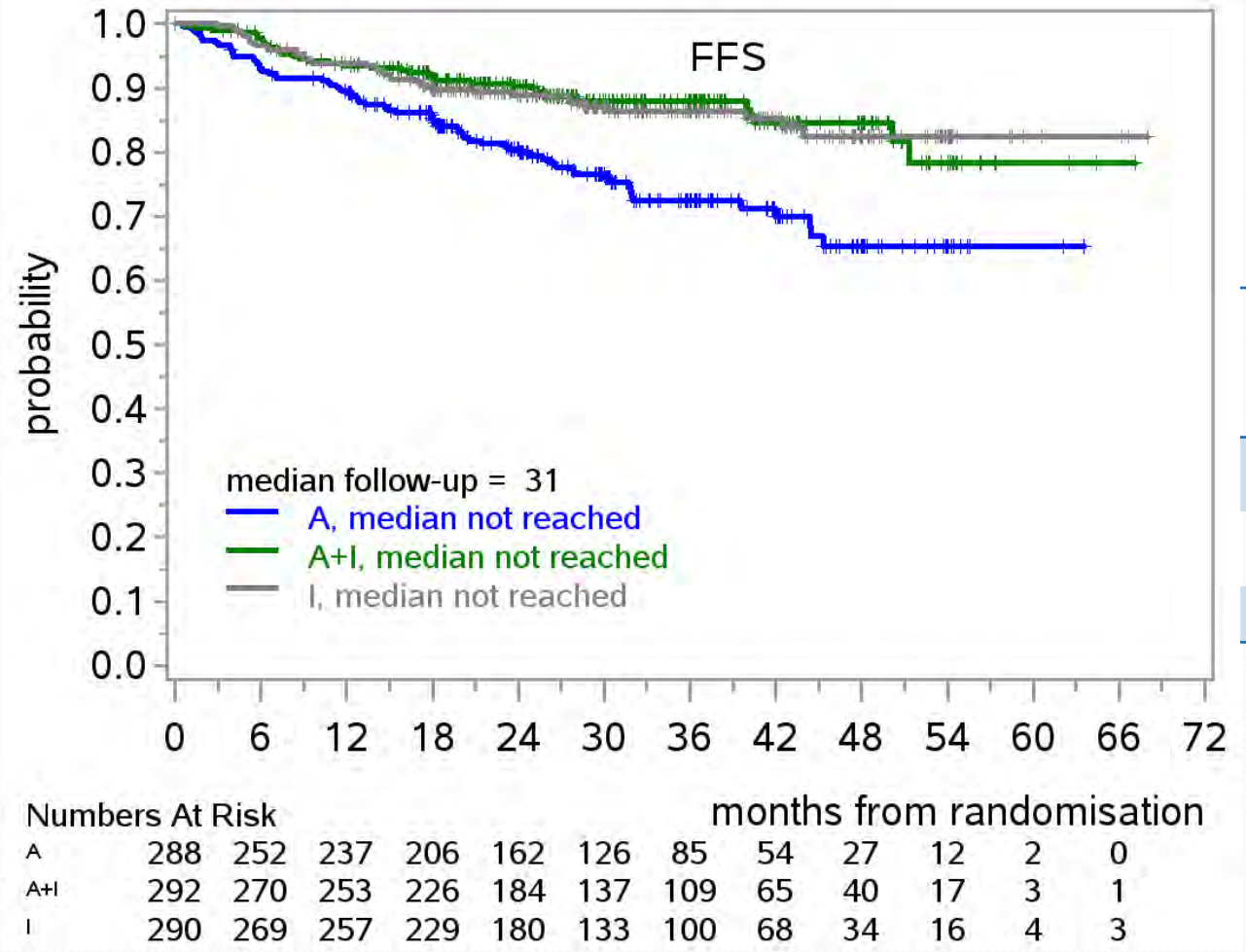


Number at risk (number censored)													
Group A	288	252	237	206	162	126	85	54	27	12	2	0	0
	(0)	(17)	(22)	(43t)	(76)	(105)	(140)	(169)	(193)	(208)	(218)	(220)	(220)
Group A+I	292	270	253	226	184	137	109	65	41	17	3	1	0
	(0)	(16)	(21)	(44)	(82)	(125)	(153)	(194)	(219)	(240)	(254)	(256)	(257)

Interpretation Adding ibrutinib to first-line treatment resulted in superior efficacy in younger mantle cell lymphoma patients with increased toxicity when given after ASCT. Adding ibrutinib during induction and as maintenance should be part of first-line treatment of younger mantle cell lymphoma patients. Whether ASCT adds to an ibrutinib-containing regimen is not yet determined.

Dreyling M et al. *Lancet* 2024;403(10441):2293-306.

TRIANGLE: FFS Superiority of A+I vs. I ?



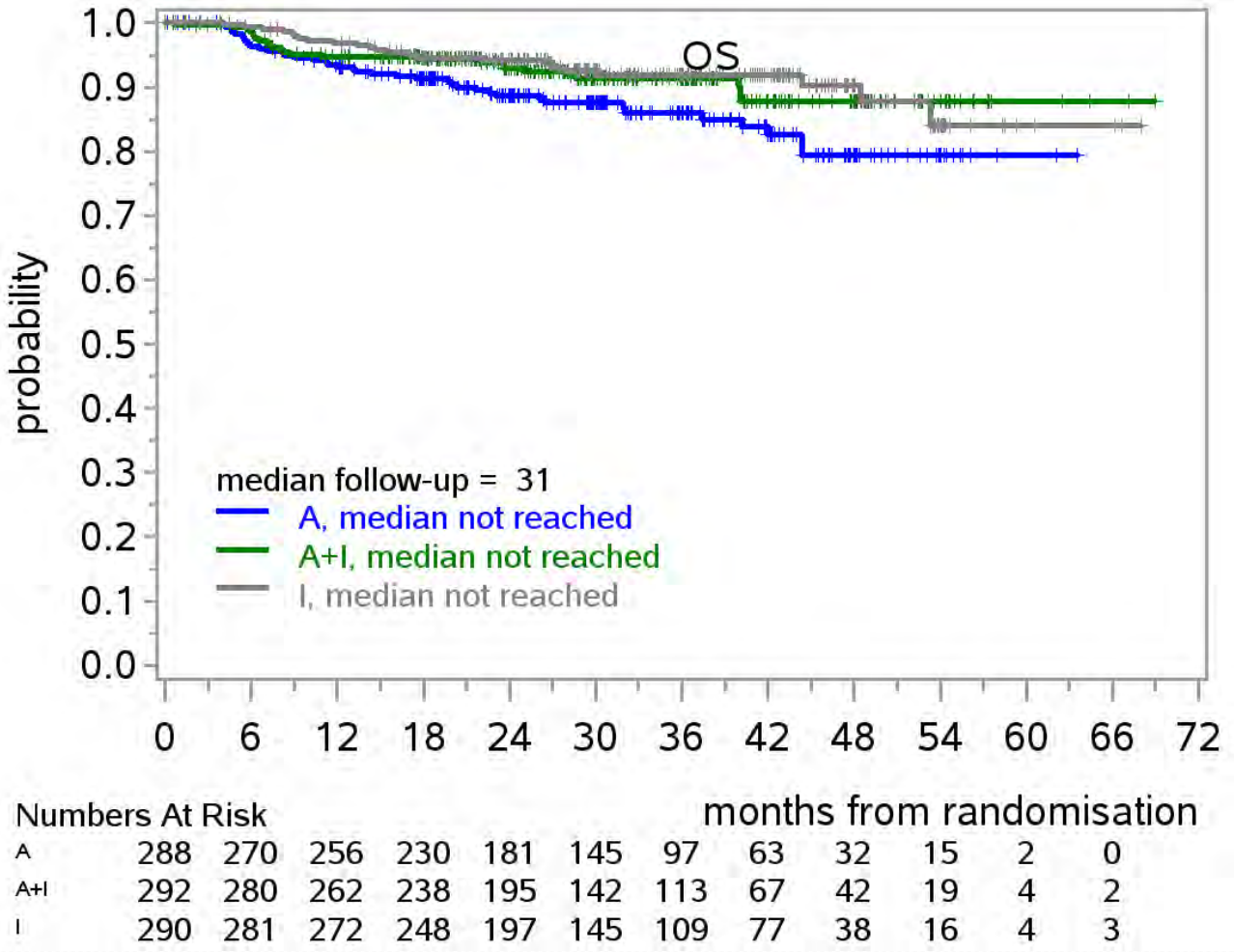
- Test A+I vs. I ongoing, no decision yet

Next lymphoma treatment (among patients with first treatment failure)	A (n=68)		A+I (n=35)		I (n=37)	
Treatment with Ibrutinib	34	79%	4	24%	3	11%
Treatment without Ibrutinib	9	21%	13	76%	24	89%
No treatment	25		18		10	

A+I arm: IR-CHOP/R-DHAP+ASCT+I; I arm: IR-CHOP/R-DHAP+I. I: ibrutinib

Courtesy of Michael Wang, MD

TRIANGLE: Overall survival



- 3-year OS:
  - A: 86% (MCL Younger exp.: 84%)
  - A+I: 91%
  - I: 92%
- Too early to evaluate statistical significance

A arm: R-CHOP/R-DHAP+ASCT; A+I arm: IR-CHOP/R-DHAP+ASCT+I; I arm: IR-CHOP/R-DHAP+I. I: ibrutinib

Courtesy of Michael Wang, MD

Should frontline treatment for MCL be “chemo-free” – Where do therapies fit in?

Courtesy of Michael Wang, MD

ACE-LY-106: Acalabrutinib plus Venetoclax and Rituximab in Patients with Treatment-Naïve MCL

Phase 1b multicenter, open-label trial

- Previously untreated MCL
- ECOG PS ≤2
- No history of CNS lymphoma or leptomeningeal disease
- No significant cardiovascular disease
- Primary endpoint = safety

CR, complete response; ECOG PS, Eastern Cooperative Oncology Group performance status; PD, progressive disease; PR, partial response; SD, stable disease.
Wang ML, et al. *Blood* 2021;138(Suppl_1):2416.

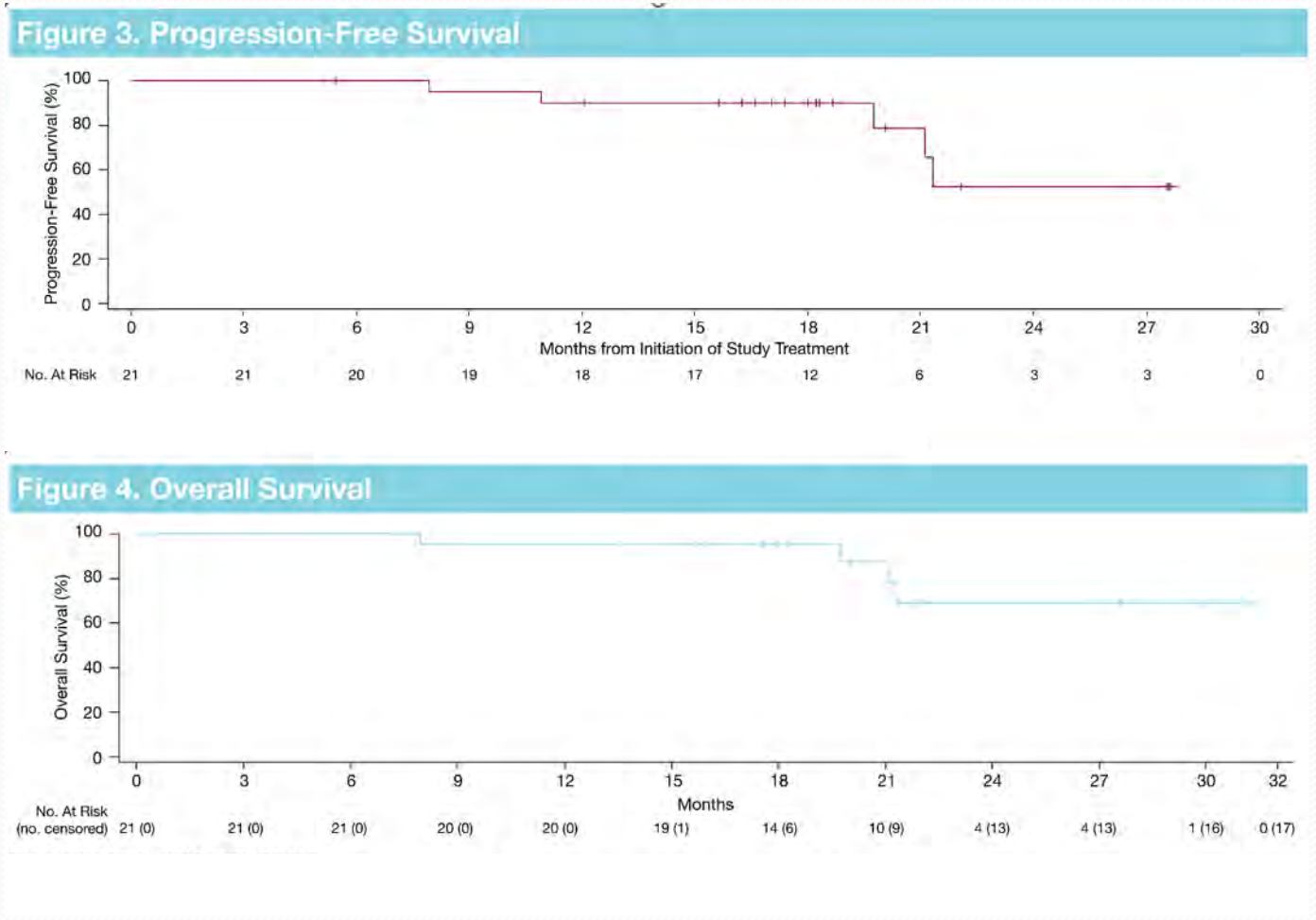
Efficacy by PET/CT (n=21)	
ORR (CR + PR), % (95% CI)	100 (83.9-100)
CR, %	90
PR, %	10
SD, %	0
PD, %	0

Adverse events of interest (n=21)	Any grade, %	Grade ≥3, %
Infections	57	33
Neutropenia	43	33
Hemorrhage	33	0
Major hemorrhage	0	0
Cardiac events	19	0
Atrial fibrillation	0	0
Hypertension	5	5

Courtesy of Michael Wang, MD

Acalabrutinib-Venetoclax-Rituximab: Survival

- Median follow-up = 20.5 months (range 8.0-31.6)
- 1-year PFS rate = 90% (95% CI: 66%-97%)
- 1-year OS rate = 95% (95% CI: 71%-99%)
- Median PFS and OS not yet reached



Courtesy of Michael Wang, MD

Study Design for BOVen

Dosing:

Zanubrutinib 160 mg oral twice daily

Obinutuzumab 1000 mg IVPB
Cycle 1: day 1, 8, 15
Cycle 2-8: day 1

Venetoclax 400mg oral daily
5-week ramp-up: 1 week each of 20mg; 50mg; 100mg; 200mg; 400 mg oral daily

After 24 cycles, MRD-driven approach to limit treatment duration in selected patients:

CR and uMRD	→	Stop treatment
<CR and/or dMRD	→	Continue ZANU and VEN

Key Eligibility Criteria:

- Previously untreated MCL (except localized RT prior)
- *TP53* mutation (of any variant allele frequency)
- ECOG ≤2, adequate organ and hematologic function (ANC >1, PLT >75, HGB ≥9 (unless due to MCL))

Primary Endpoint:

- 2-year progression-free survival.
- A promising 2-yr PFS rate ≥55% and an unacceptable rate ≤30%
- If ≥11 patients were progression-free at 2 years, the treatment regimen would be declared effective

Courtesy of Michael Wang, MD

Agenda

Introduction: Interface Between Chronic Lymphocytic Leukemia (CLL) and Mantle Cell Lymphoma (MCL)

Module 1: Selection of First-Line Treatment for MCL

Module 2: Key Datasets – Overview and First-Line Therapy

Module 3: Faculty Case Presentations

Module 4: Key Datasets – Relapsed/Refractory Disease

Module 5: Faculty Case Presentations

Case Presentation – Dr Phillips: 60yo F Who Experienced Disease Relapse After ASCT Followed by Rituximab Maintenance

60-year-old female in good health until noting sudden onset of fatigue and shortness of breath while out hiking. Was rushed to local emergency room and found to have diffuse adenopathy above and below the diaphragm. Biopsy obtained was consistent with mantle cell lymphoma. Pathology demonstrated an aggressive variant, pleomorphic, with a ki-67 50%. Subs work out revealed involvement, and the bone marrow, axial skeleton, stomach, and colon.

Patient was treated with the Nordic regimen and taken to an autologous stem cell transplant. After transplant, the patient was started on rituximab maintenance every two months times three years. Patient noted on routine follow up during year two of maintenance to have recurrent disease. At that time, the patient was started on acalabrutinib. Patient had resolution of disease within three months. And currently remains on treatment without any adverse events or progression.

Case Presentation – Dr Phillips: 80yo M with Cardiac Toxicity on Ibrutinib

80-year-old male who is in his normal state of health until he noted in large right angle lymph node. Biopsy of this area was consistent with mantle cell lymphoma. Patient was asymptomatic, so was observed until he began to develop onset of drenching night sweats approximately six months after the initial diagnosis at that time the patient was started on therapy with bendamustine and rituximab x 6 cycles obtaining a complete response. Patient remained in remission for approximately five years when he had another symptomatic relapse in the right axilla.

At that time, patient was started on ibrutinib, patient noted resolution of discomfort in the right axilla and on labs was noted to have a new onset leukocytosis. After approximately two months of therapy, patient had almost complete resolution of the enlargement in the right axilla and normalization of his white blood cell count. The patient was noted to have a rapid onset of shortness of breath. Was taken to local emergency room and found to have atrial fibrillation with rapid ventricular response. Patient in the ER had his rhythm converted sinus and was discharged home but was not started on anticoagulation due to concern of interaction with the ibrutinib. Unfortunately, patient continue to have issues with atrial fibrillation. Local cardiologist wanted to start the patient on amiodarone, but due to drug-drug interaction was unable to start this medication. Given this issue, the patient had his ibrutinib discontinued and started on lenalidomide and rituximab.

Case Presentation – Dr Phillips: 70yo M with TP53 Mutation Who Received Zanubrutinib/Rituximab

Patient is a 70 y/o previously healthy male who noted new onset of tonsillar enlargement and pain. The patient was seen by his primary care physician and given a short course of antibiotics. Did not have resolution and was subsequently referred to ENT. Exam revealed bilateral tonsil enlargement right greater than left. Patient had this area biopsied which confirmed the diagnosis mantle cell lymphoma. Molecular testing revealed a mutation in TP 53 with a Ki-67 of 30%. Fish notable for a 11;14 and 17 P deletion. Marrow was positive for involvement with normal cytogenetics. PET scan revealed disease above and below the diaphragm. EGD and colonoscopy was negative. Labs were unremarkable.

Given the positive mutation and TP 53 the patient was started on rituximab and zanubrutinib. Rituximab was given monthly times six while the zanubrutinib was given daily. After six months, the patient obtained a complete remission by pet scan. Patient continued on the zanubrutinib while the rituximab was switched to every other month.

Agenda

Introduction: Interface Between Chronic Lymphocytic Leukemia (CLL) and Mantle Cell Lymphoma (MCL)

Module 1: Selection of First-Line Treatment for MCL

Module 2: Key Datasets – Overview and First-Line Therapy

Module 3: Faculty Case Presentations

Module 4: Key Datasets – Relapsed/Refractory Disease

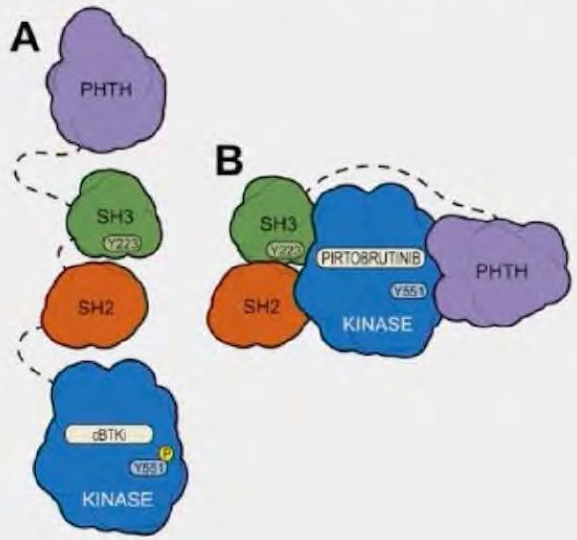
Module 5: Faculty Case Presentations

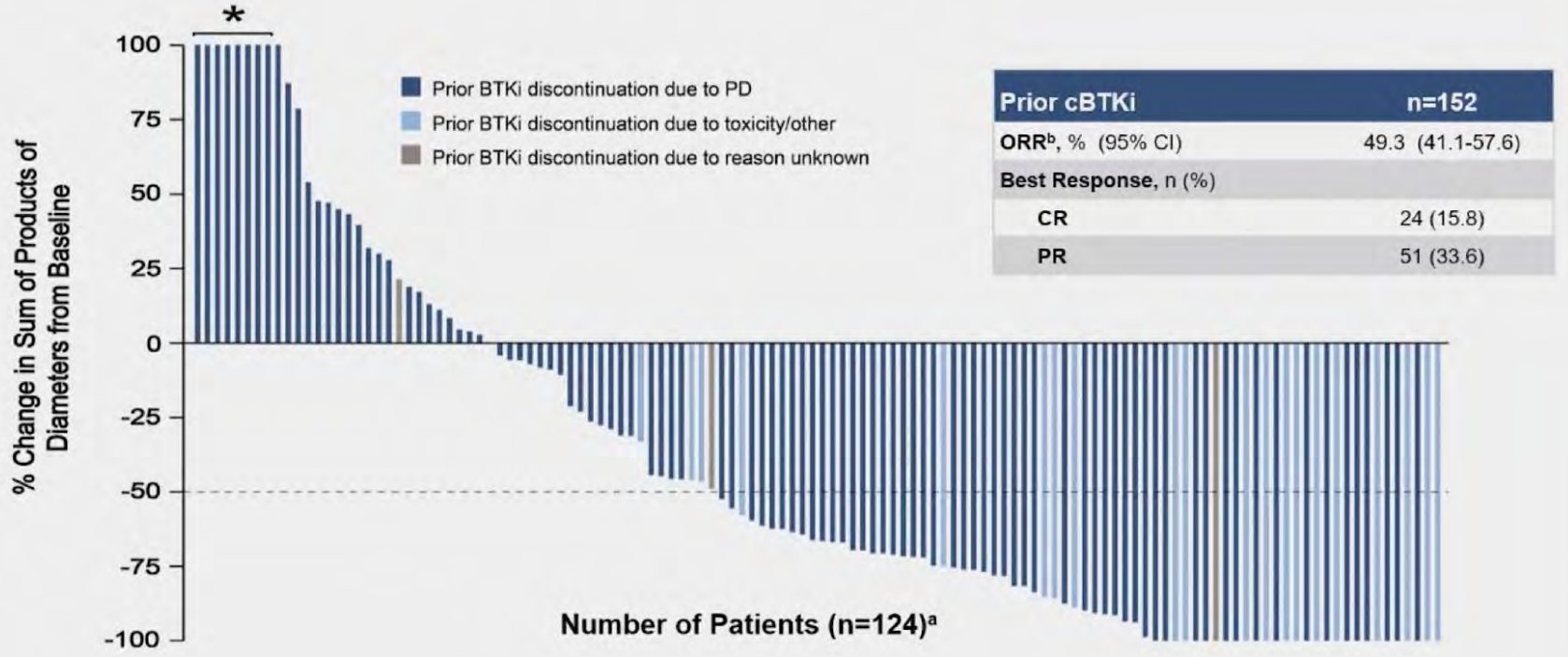
Pirtobrutinib for R/R MCL in the Phase I/II BRUIN Study

Pirtobrutinib in Covalent Bruton Tyrosine Kinase Inhibitor Pretreated Mantle-Cell Lymphoma

Michael L. Wang, MD[1]; Wojciech Jurczak, MD, PhD[2]; Pier Luigi Zinzani, MD, PhD[3,4]; Toby A. Eyre, MD, MBChB, DipMedEd, MRCP, FRCPath[5]; Chan Y. Cheah, MD[6,7]; Chaitra S. Ujjani, MD[8]; Youngil Koh, MD[9]; Koji Izutsu, MD, PhD[10]; James N. Gerson, MD[11]; Ian Flinn, MD, PhD[12]; Benoit Tessoulin, MD[13]; Alvaro J. Alencar, MD[14]; Shuo Ma, MD, PhD[15]; David Lewis, PhD, MRCPath[16]; Ewa Loch-Maranda, MD, PhD[17]; Joanna Rhodes, MD[18,19]; Krish Patel, MD[20]; Kami M...

Pirtobrutinib may stabilize/maintain BTK in a closed inactive conformation[8]



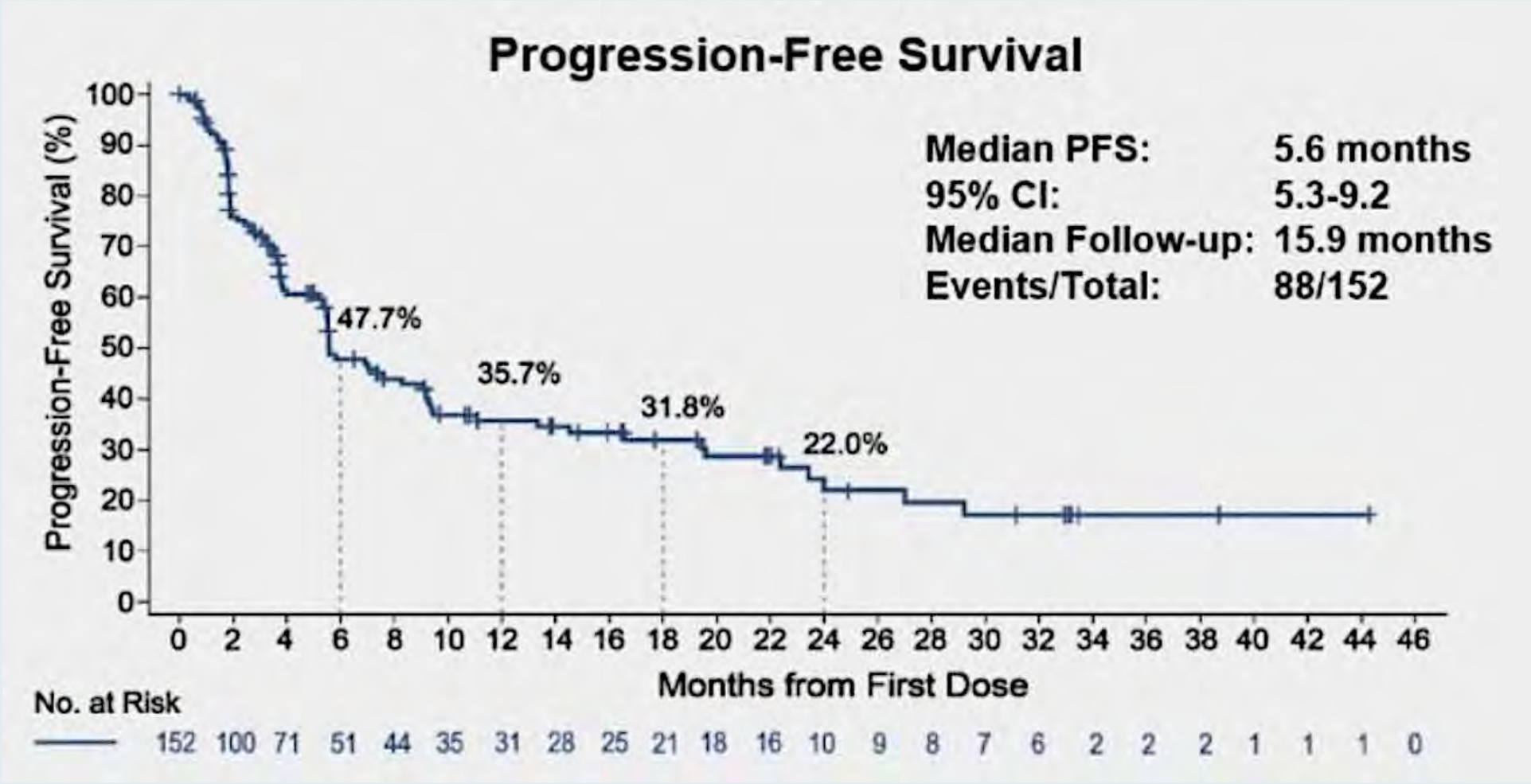


Prior cBTKi	n=152
ORR[b], % (95% CI)	49.3 (41.1-57.6)
Best Response, n (%)	
CR	24 (15.8)
PR	51 (33.6)

Median Time to First Response was 1.8 months (range: 0.8-13.8)

Wang ML et al. *J Clin Oncol* 2023;41(24):3988-97. Cohen JB et al. ASH 2023;Abstract 981.

Pirtobrutinib for R/R MCL: PFS Outcomes



Wang ML et al. *J Clin Oncol* 2023;41(24):3988-97. Cohen JB et al. ASH 2023;Abstract 981.

Pirtobrutinib for R/R MCL: OS Outcomes

Wang ML et al. *J Clin Oncol* 2023;41(24):3988-97. Cohen JB et al. ASH 2023;Abstract 981.

Pirtobrutinib for R/R MCL: Safety Profile

	Treatment-Emergent AEs in Patients with MCL (n=166)			
	All Cause AEs, (≥15%), %		Treatment-Related AEs, %	
Adverse Event	**Any Grade**	**Grade ≥3**	**Any Grade**	**Grade ≥3**
Fatigue	31.9	3.0	21.1	2.4
Diarrhea	22.3	0.0	12.7	0.0
Dyspnea	17.5	1.2	9.0	0.6
Anemia	16.9	7.8	7.2	2.4
Platelet Count Decreased	15.1	7.8	7.8	3.0
AEs of Interest[a]	**Any Grade**	**Grade ≥3**	**Any Grade**	**Grade ≥3**
Infections[b]	42.8	19.9	15.7	3.6
Bruising[c]	16.3	0.0	11.4	0.0
Rash[d]	14.5	0.6	9.0	0.0
Arthralgia	9.0	1.2	2.4	0.0
Hemorrhage[e]	10.2	2.4	4.2	0.6
Hypertension	4.2	0.6	1.8	0.0
Atrial Fibrillation/Flutter[f,g]	3.6	1.8	0.6	0.0

Wang ML et al. *J Clin Oncol* 2023;41(24):3988-97. Cohen JB et al. ASH 2023;Abstract 981.

SYMPATICO: A Phase III Study of Ibrutinib with Venetoclax for R/R MCL

• SYMPATICO (NCT03112174) is multinational, randomized, double-blind, placebo-controlled, phase 3 study

SYMPATICO (N=267)
- Age ≥18 years
- R/R MCL
- 1–5 prior therapies for MCL
- ≥1 prior rituximab/ anti-CD20-containing regimen
- ECOG PS 0–2

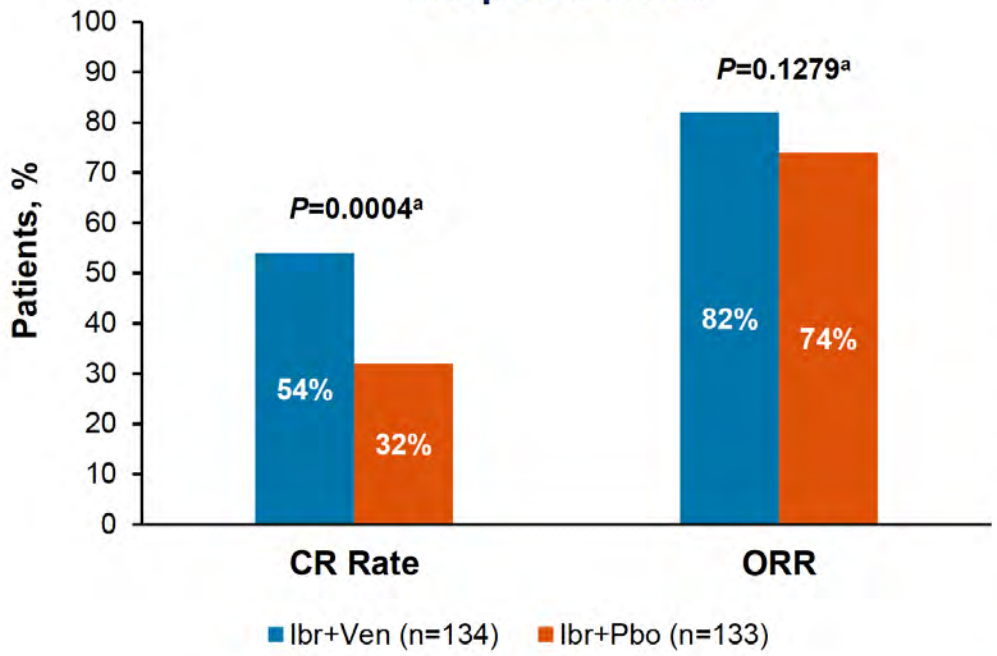
Randomized 1:1

Ibrutinib + venetoclax (n=134)
Ibrutinib 560 mg once daily + venetoclax 5-week ramp-up to 400 mg once daily for 24 months

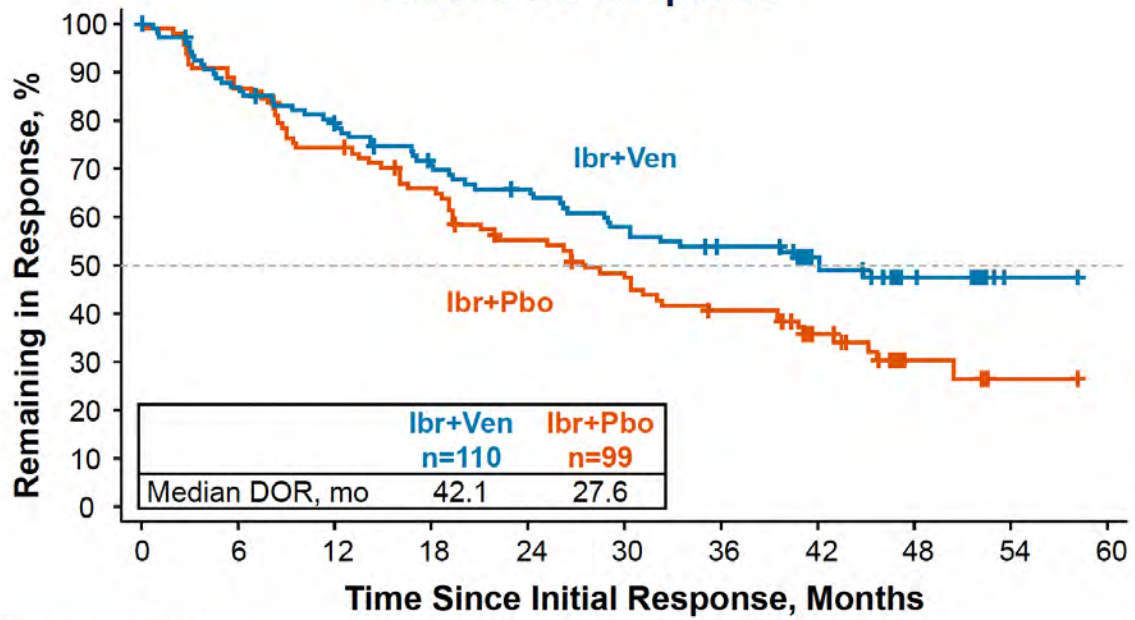
Ibrutinib + placebo (n=133)
Ibrutinib 560 mg once daily + placebo once daily for 24 months

Single-agent ibrutinib 560 mg once daily until PD or unacceptable toxicity

Response Rates



Duration of Response[b]

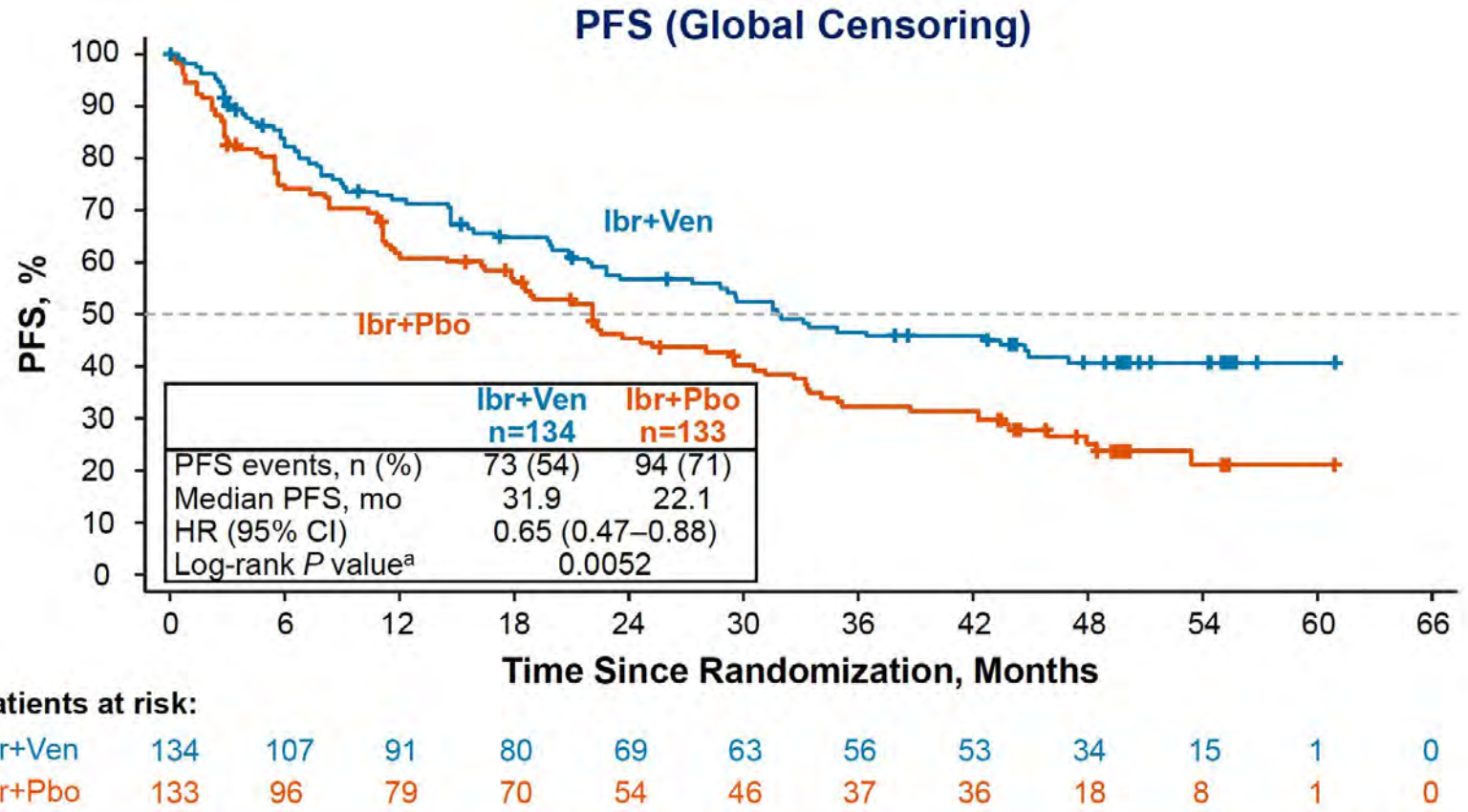


Patients at risk:

Ibr+Ven	110	93	83	72	66	58	52	37	15	1	0
Ibr+Pbo	99	85	72	62	50	42	35	22	8	1	0

Wang ML et al. ASH 2023;Abstract LBA-2.

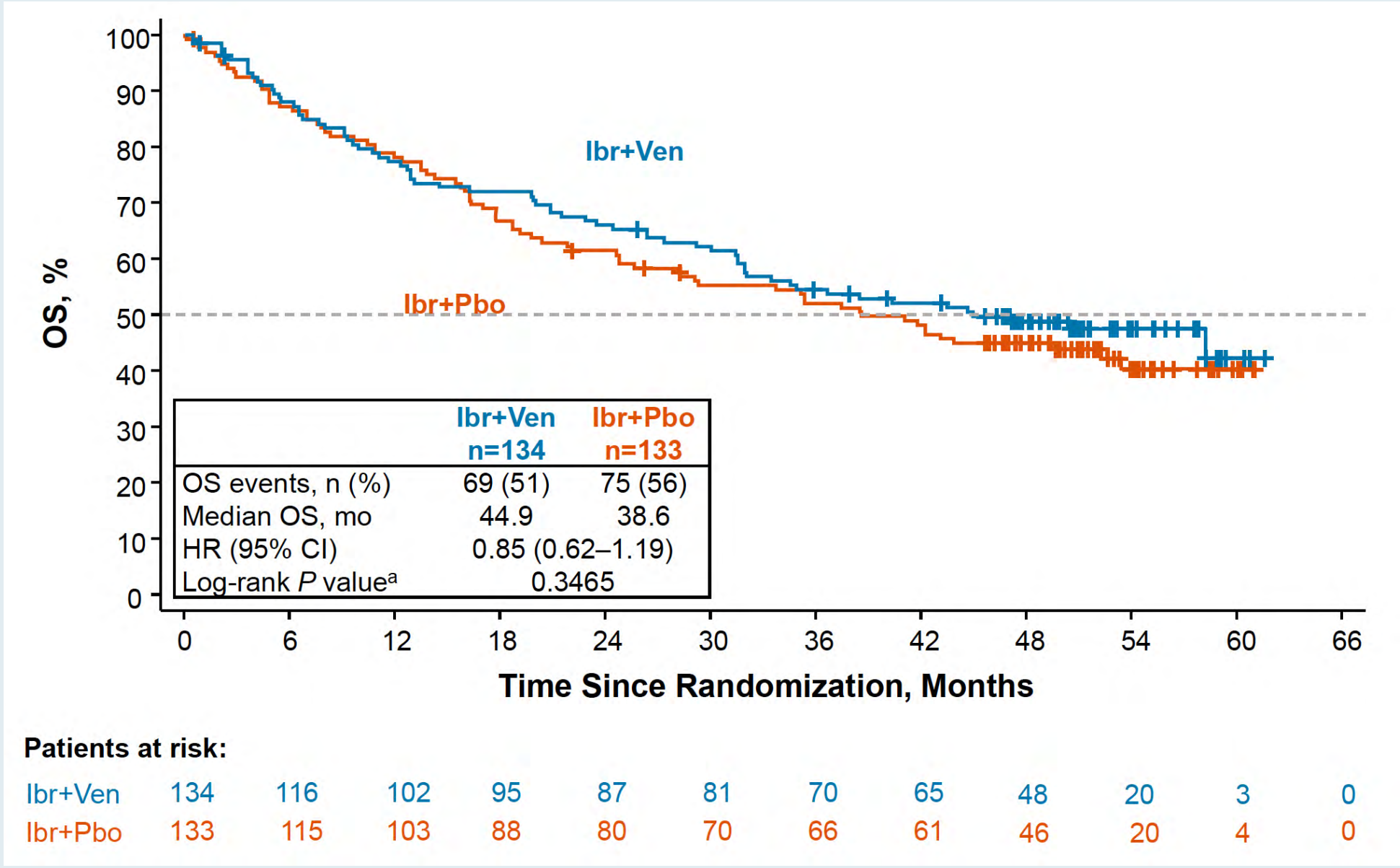
SYMPATICO: PFS Outcomes



Median PFS, mo	Global Censoring[b]				US FDA Censoring[c]			
	Ibr+Ven n=134	Ibr+Pbo n=133	HR (95% CI)	Log-rank *P* value[a]	Ibr+Ven n=134	Ibr+Pbo n=133	HR (95% CI)	Log-rank *P* value[a]
Investigator assessment	31.9	22.1	0.65 (0.47–0.88)	0.0052	42.6	22.1	0.60 (0.44–0.83)	0.0021
IRC assessment	31.8	20.9	0.67 (0.49–0.91)	0.0108	43.5	22.1	0.63 (0.45–0.87)	0.0057

Wang ML et al. ASH 2023;Abstract LBA-2.

SYMPATICO: OS Outcomes



	Ibr+Ven n=134	Ibr+Pbo n=133
OS events, n (%)	69 (51)	75 (56)
Median OS, mo	44.9	38.6
HR (95% CI)	0.85 (0.62–1.19)	
Log-rank *P* value[a]	0.3465	

Patients at risk:

Ibr+Ven	134	116	102	95	87	81	70	65	48	20	3	0
Ibr+Pbo	133	115	103	88	80	70	66	61	46	20	4	0

Wang ML et al. ASH 2023;Abstract LBA-2.

SYMPATICO: Safety Profile

AE, n (%)	Ibrutinib + venetoclax n=134	Ibrutinib + placebo n=132
Grade ≥3 AEs	112 (84)	100 (76)
Serious AEs	81 (60)	79 (60)
AEs leading to discontinuation	41 (31)	48 (36)
Ibrutinib only	11 (8)	10 (8)
Venetoclax/placebo only	2 (1)	7 (5)
Both	28 (21)	31 (23)
AEs leading to dose reduction	48 (36)	29 (22)
Ibrutinib only	17 (13)	14 (11)
Venetoclax/placebo only	14 (10)	7 (5)
Both	17 (13)	8 (6)
AEs leading to death	22 (16)	18 (14)
Ibrutinib-related[a]	3 (2)	2 (2)
Venetoclax/placebo-related[a]	0	1 (1)
Tumor lysis syndrome		
Laboratory	7 (5)	3 (2)
Clinical	0	0

AE, n (%)	Ibrutinib + venetoclax n=134	Ibrutinib + placebo n=132
Most frequent any-grade AEs[b]		
Diarrhea	87 (65)	45 (34)
Neutropenia	46 (34)	19 (14)
Nausea	42 (31)	22 (17)
Fatigue	39 (29)	36 (27)
Anemia	30 (22)	16 (12)
Pyrexia	28 (21)	26 (20)
Cough	27 (20)	36 (27)
Muscle spasms	11 (8)	32 (24)
Most frequent grade ≥3 AEs[c]		
Neutropenia	42 (31)	14 (11)
Pneumonia	17 (13)	14 (11)
Thrombocytopenia	17 (13)	10 (8)
Anemia	13 (10)	4 (3)
Diarrhea	11 (8)	3 (2)
Leukopenia	10 (7)	0
MCL[d]	9 (7)	16 (12)
Atrial fibrillation	7 (5)	7 (5)
COVID-19	7 (5)	1 (1)
Hypertension	6 (4)	12 (9)

Wang ML et al. ASH 2023;Abstract LBA-2.

Agenda

Introduction: Interface Between Chronic Lymphocytic Leukemia (CLL) and Mantle Cell Lymphoma (MCL)

Module 1: Selection of First-Line Treatment for MCL

Module 2: Key Datasets – Overview and First-Line Therapy

Module 3: Faculty Case Presentations

Module 4: Key Datasets – Relapsed/Refractory Disease

Module 5: Faculty Case Presentations

Case Presentation – Dr Wang: 60yo M with MCL-CLL Type

A 60 year old man presented to your clinic with newly diagnosed mantle cell lymphoma CLL type with positive cyclin D1 but negative Sox11. His bone marrow is infiltrated by MCL 60%, his spleen is 25cm and his peripheral white blood count is 100,000.

a) Start acalabrutinib

b) Start rituximab in the outpatient clinic followed by adding acalabrutinib

c) Admit the patient to the hospital and start rituximab at 25mL per hour without escalation and then add acalabrutinib after 4 doses of rituximab

d) Start zanubrutinib

e) Start pirtobrutinib

Case Presentation – Dr Wang: 70yo M with Mild Headaches on Acalabrutinib

A 70 year old man with a history of mantle cell lymphoma that relapsed after chemotherapy who was started on acalabrutinib. During the first week of therapy, he developed a mild headache scoring 2-3 out of 10.

a) Treat headache with ibuprofen
b) Stop acalabrutinib and treat with aspirin
c) Switch acalabrutinib to zanubrutinib
d) Hold acalabrutinib until headache is resolved then restart at a reduced dosage
e) Hold acalabrutinib until headache is resolved then restart at the same dosage

Case Presentation – Dr Wang: 71yo M with Multiregimen-Relapsed MCL

A 71-year-old man with a history of MCL presented for continuation of therapies for relapsed MCL. He was previously treated with rituximab-lenalidomide (R2), bendamustine, and rituximab-ibrutinib. He further relapsed, with a tumor of 3cm near the mediastinum and other enlarged lymphadenopathies throughout the body. His Ki67 is 10% and morphology is nodular.

Here are some potential management options for this patient:

- Acalabrutinib
- Induction chemotherapy followed by autologous stem cell transplant
- Chemotherapy with hyperCVAD
- Pirtobrutinib
- Arrange for CAR T-cell therapy

The Implications of Recent Datasets for the Current and Future Management of Small Cell Lung Cancer — A 2024 World Conference on Lung Cancer Review

A CME/MOC-Accredited Live Webinar

Thursday, September 26, 2024
5:00 PM – 5:45 PM ET

Faculty

Jacob Sands, MD

Moderator

Neil Love, MD

RTP
RESEARCH TO PRACTICE

Thank you for joining us!

Please take a moment to complete the survey currently up on Zoom. Your feedback is very important to us. The survey will remain open for 5 minutes after the meeting ends.

Information on how to obtain CME, ABIM MOC and ABS credit is provided in the Zoom chat room. Attendees will also receive an email in 1 to 3 business days with these instructions.