

# **Year in Review: Clinical Investigator Perspectives on the Most Relevant New Data Sets and Advances in Oncology**

*A Multitumor CME/MOC-Accredited Live Webinar Series*

## **Chronic Lymphocytic Leukemia**

**Tuesday, February 6, 2024  
5:00 PM – 6:00 PM ET**

### **Faculty**

**Lindsey Roeker, MD**

**Jeff Sharman, MD**

### **Moderator**

**Neil Love, MD**

# Faculty



**Lindsey Roeker, MD**

Assistant Attending Physician  
Memorial Sloan Kettering Cancer Center  
New York, New York



**MODERATOR**

**Neil Love, MD**

Research To Practice  
Miami, Florida



**Jeff Sharman, MD**

Medical Director of Hematology Research  
US Oncology Network  
Willamette Valley Cancer Institute and Research Center  
Eugene, Oregon

## Commercial Support

This activity is supported by educational grants from AstraZeneca Pharmaceuticals LP and Lilly.

## 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, 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, Gilead Sciences Inc, Grail Inc, GSK, Halozyme Inc, Helsinn Healthcare SA, 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, 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, Taiho Oncology Inc, Takeda Pharmaceuticals USA Inc, TerSera Therapeutics LLC, Tesaro, A GSK Company, TG Therapeutics Inc, Turning Point Therapeutics Inc, Verastem Inc, and Zymeworks Inc.

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

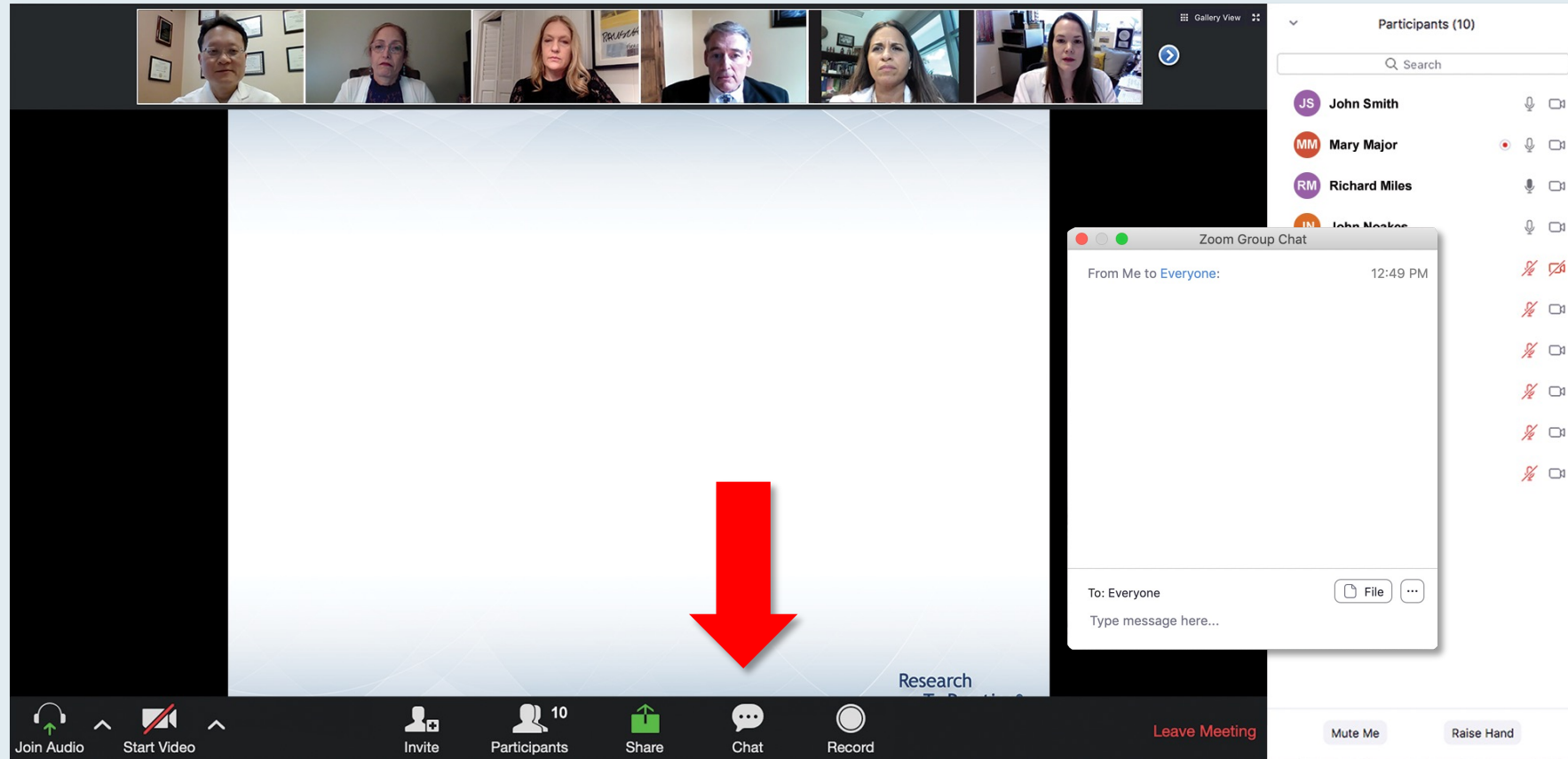
# Dr Roeker — Disclosures

<b>Advisory Committees</b>	AbbVie Inc, Ascentage Pharma, AstraZeneca Pharmaceuticals LP, BeiGene Ltd, Janssen Biotech Inc, Loxo Oncology Inc, a wholly owned subsidiary of Eli Lilly & Company, TG Therapeutics Inc
<b>CME Speaker</b>	Curio Science, DAVA Oncology
<b>Consulting Agreements</b>	AbbVie Inc, Ascentage Pharma, AstraZeneca Pharmaceuticals LP, BeiGene Ltd, Janssen Biotech Inc, Loxo Oncology Inc, a wholly owned subsidiary of Eli Lilly & Company, Pfizer Inc, Pharmacyclics LLC, an AbbVie Company, TG Therapeutics Inc
<b>Contracted Research</b>	AbbVie Inc, Adaptive Biotechnologies Corporation, Aptose Biosciences Inc, AstraZeneca Pharmaceuticals LP, Dren Bio, Genentech, a member of the Roche Group, Loxo Oncology Inc, a wholly owned subsidiary of Eli Lilly & Company, Pfizer Inc, Sound Biologics
<b>Stock Options/Stock — Public Company</b>	Abbott Laboratories
<b>Nonrelevant Financial Relationships</b>	Medscape, PeerView

# Dr Sharman — Disclosures

<b>Consulting Agreements</b>	AbbVie Inc, AstraZeneca Pharmaceuticals LP, BeiGene Ltd, Bristol Myers Squibb, Genentech, a member of the Roche Group, Merck, Novartis, Pharmacyclics LLC, an AbbVie Company
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# 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

The screenshot shows a Zoom meeting with a title bar at the top displaying "Meet The Professionals: Optimizing the Selection and Sequencing of Therapy for Patients with Gastrointestinal Cancer". The main content area is a presentation slide with the following text:

**Meet The Professionals**  
**Optimizing the Selection and Sequencing of Therapy for Patients with Gastrointestinal Cancer**  
Wednesday, August 25, 5:00 PM – 6:00 PM EST  
Faculty  
Wells A Messersmith, MD  
Moderator  
Neil Love, MD

A "Quick Survey" pop-up is displayed in the center of the screen. It contains a list of treatment options with radio buttons for selection:

- ☐ Ceritinib +/- dexamethasone
- ☐ Pomalidomide +/- dexamethasone
- ☐ Ceritinib + pomalidomide +/- dexamethasone
- ☐ Elotuzumab + lenalidomide +/- dexamethasone
- ☐ Elotuzumab + pomalidomide +/- dexamethasone
- ☐ Daratumumab + lenalidomide +/- dexamethasone
- ☐ Daratumumab + pomalidomide +/- dexamethasone
- ☐ Daratumumab + bortezomib +/- dexamethasone
- ☐ Isazomib + Rd
- ☐ Other

The "Submit" button is at the bottom of the survey. The right sidebar shows a list of 10 participants: John Smith, Mary Major, Richard Miles, John Noakes, Alice Suarez, Jane Perez, Robert Stiles, Juan Fernandez, Ashok Kumar, and Jeremy Smith. The bottom toolbar includes icons for Join Audio, Start Video, Invite, Participants, Share, Chat, Record, and a "Leave Meeting" button.

The screenshot shows a Zoom meeting with a title bar at the top displaying "Regulatory and reimbursement issues aside, which treatment would you recommend for a 65-year-old patient with clear cell renal cell carcinoma (ccRCC) who has been on a tyrosine kinase inhibitor (TKI) for 3 years and is found to have asymptomatic (PS 0) disease?". The main content area is a presentation slide with the following text:

**Regulatory and reimbursement issues aside, which treatment would you recommend for a 65-year-old patient with clear cell renal cell carcinoma (ccRCC) who has been on a tyrosine kinase inhibitor (TKI) for 3 years and is found to have asymptomatic (PS 0) disease?**

1. Nivolumab/ipilimumab
2. Avelumab/axitinib
3. Pembrolizumab/axitinib
4. Pembrolizumab/lenvatinib
5. Nivolumab/cabozantinib
6. Tyrosine kinase inhibitor (TKI) monotherapy
7. Anti-PD-1/PD-L1 monotherapy
8. Other

A "Quick Poll" pop-up is displayed in the center of the screen. It contains a list of treatment options with radio buttons for selection:

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# ONCOLOGY TODAY

WITH DR NEIL LOVE

**Special Edition — Key Presentations  
on Chronic Lymphocytic Leukemia  
and Lymphoma from Recent Major  
Oncology/Hematology Conferences**



**DR JEREMY ABRAMSON**  
MASSACHUSETTS GENERAL HOSPITAL



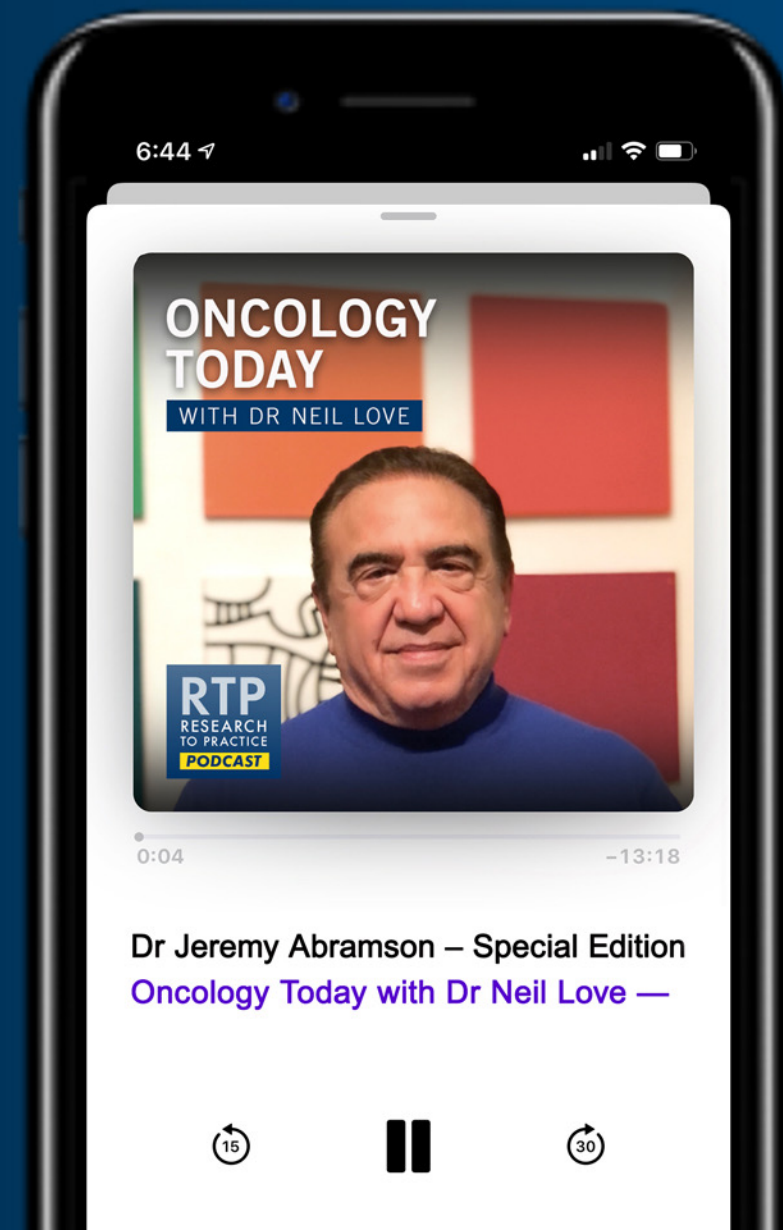
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# **Year in Review: Clinical Investigator Perspectives on the Most Relevant New Data Sets and Advances in Oncology**

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## **Gastroesophageal Cancers**

**Thursday, February 8, 2024  
5:00 PM – 6:00 PM ET**

### **Faculty**

**Yelena Y Janjigian, MD  
Zev Wainberg, MD, MSc**

### **Moderator**

**Neil Love, MD**

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**Tuesday, February 13, 2024  
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**Andrew M Evens, DO, MBA, MSc  
Sonali M Smith, MD**

### **Moderator**

**Neil Love, MD**

# Consensus or Controversy? Investigator Perspectives on the Current and Future Role of Immune Checkpoint Inhibitors in the Management of Hepatobiliary Cancers — A 2024 Post-ASCO Gastrointestinal Cancers Symposium Review

*A CME-Accredited Virtual Event*

**Thursday, February 15, 2024**

**5:00 PM – 6:00 PM ET**

## **Faculty**

**Robin (Katie) Kelley, MD**

**Mark Yarchoan, MD**

## **Moderator**

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# **Year in Review: Clinical Investigator Perspectives on the Most Relevant New Data Sets and Advances in Oncology**

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## **Urothelial Bladder Cancer**

**Thursday, February 22, 2024  
5:00 PM – 6:00 PM ET**

### **Faculty**

**Shilpa Gupta, MD**

**Thomas Powles, MBBS, MRCP, MD**

### **Moderator**

**Neil Love, MD**

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# Agenda

**INTRODUCTION: An Audio Depiction of Mechanisms of Action of Bcl-2 Inhibitors, Anti-CD20 Antibodies and Covalent and Noncovalent BTK Inhibitors; Mechanisms of Resistance**

**MODULE 1: Current Management Approaches for Patients with Chronic Lymphocytic Leukemia (CLL) — Dr Sharman**

**MODULE 2: Top 10 Questions — Part 1**

**MODULE 3: Future Directions in the Care of Patients with CLL — Dr Roeker**

**MODULE 4: Top 10 Questions — Part 2**



*Thank you for joining us!*

*CME and MOC credit information will be emailed to each participant within 5 business days.*

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**Lindsey Roeker, MD**

Assistant Attending Physician  
Memorial Sloan Kettering Cancer Center  
New York, New York



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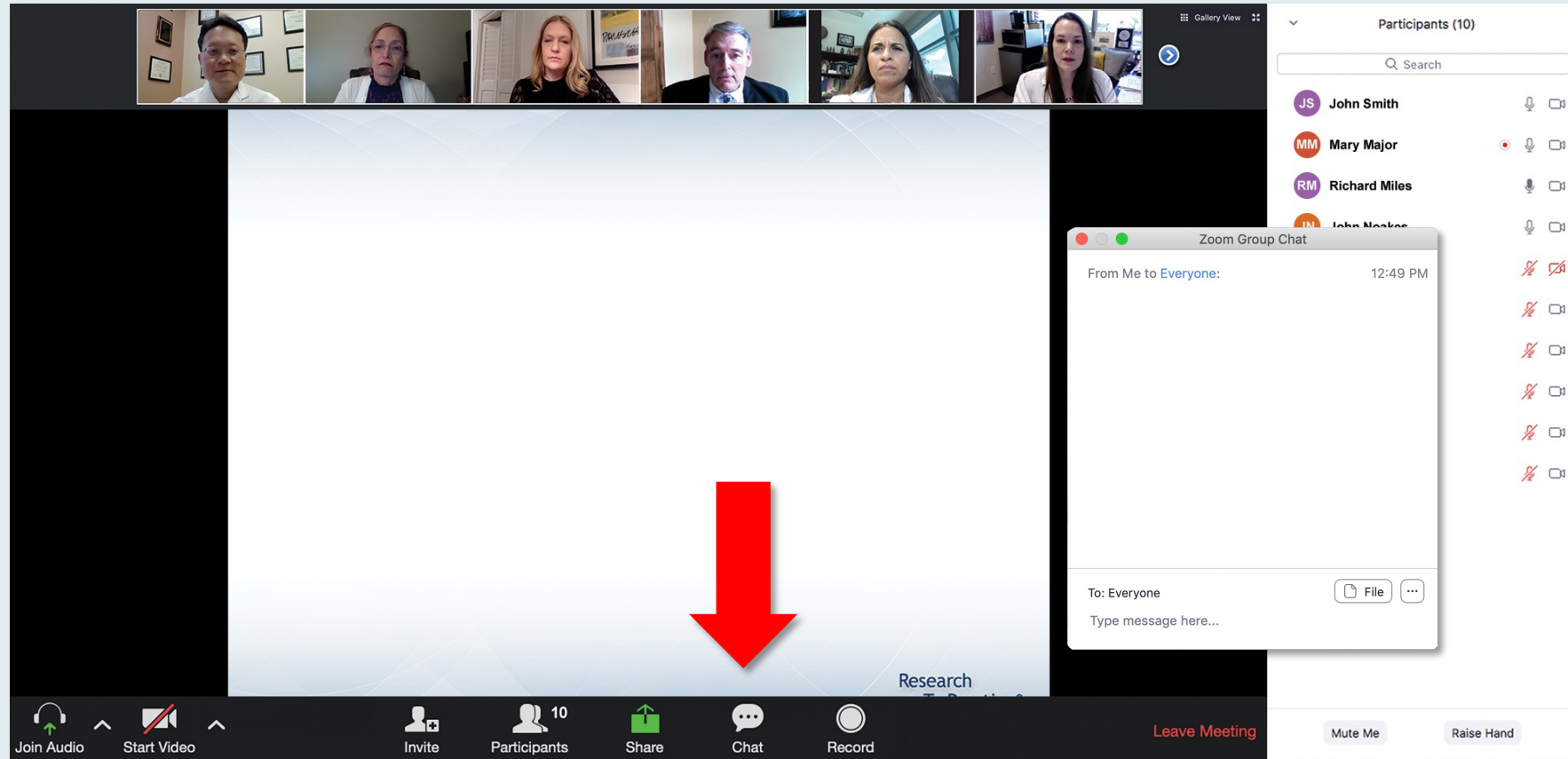
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- ☐ Pomalidomide +/- dexamethasone
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- ☐ Daratumumab + pomalidomide +/- dexamethasone
- ☐ Daratumumab + bortezomib +/- dexamethasone
- ☐ Isazomb + Rd
- ☐ Other

A "Submit" button is at the bottom of the survey. To the right of the main window is a "Participants (10)" list showing names and icons for audio, video, and chat status.

At the bottom of the Zoom window is a toolbar with icons for Join Audio, Start Video, Invite, Participants (10), Share, Chat, Record, and a red "Leave Meeting" button.

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Below the question is a list of eight options:

1. Nivolumab/ipilimumab
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8. Other

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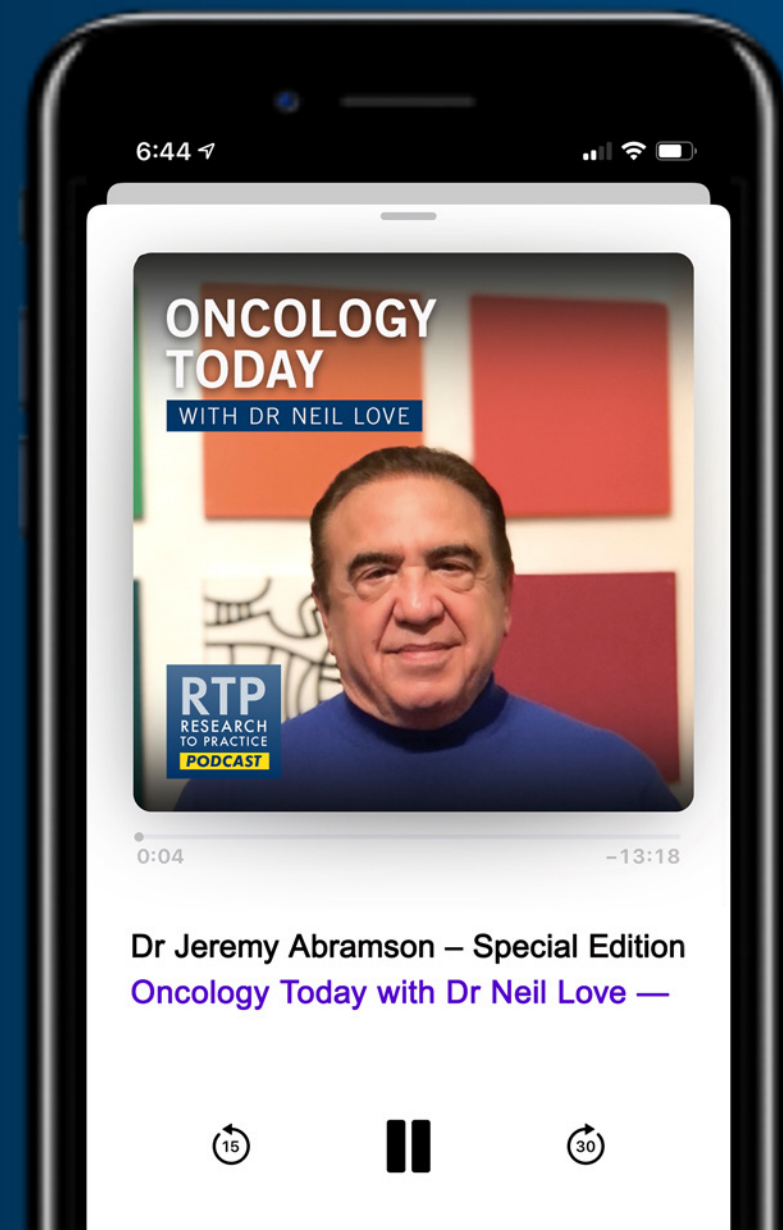
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# Third Annual National General Medical Oncology Summit

**Friday, March 22, 2024**

**6:30 PM – 7:00 PM**

**Welcome Reception**

**7:00 PM – 9:00 PM**

**Keynote Session: ER-Positive  
Metastatic Breast Cancer**

Erika Hamilton, MD

Kevin Kalinsky, MD, MS

Joyce O'Shaughnessy, MD

Hope S Rugo, MD

A large orange circle with a white border, containing the text "Special Feature: Clinicians with Breast Cancer".

**Special Feature:  
Clinicians with  
Breast Cancer**

# Third Annual National General Medical Oncology Summit

**Saturday, March 23, 2024**

**7:30 AM – 9:10 AM**

## **Hodgkin and Non-Hodgkin Lymphoma**

Ann S LaCasce, MD, MMSc

Matthew Lunning, DO

Kami Maddocks, MD

Andrew D Zelenetz, MD, PhD

**9:30 AM – 10:20 AM**

## **Gynecologic Cancers**

Bradley J Monk, MD

David M O'Malley, MD

**10:20 AM – 11:10 AM**

## **Localized Breast Cancer; SABCS 2023 Review**

Virginia Kaklamani, MD, DSc

Kevin Kalinsky, MD, MS

Joyce O'Shaughnessy, MD

**11:10 AM – 12:00 PM**

## **Metastatic Breast Cancer, Triple-Negative Breast Cancer, HER2-Positive Breast Cancer; SABCS 2023 Review**

Erika Hamilton, MD

Virginia Kaklamani, MD, DSc

Hope S Rugo, MD

# Third Annual National General Medical Oncology Summit

**Saturday, March 23, 2024**

**12:30 PM – 1:20 PM**

## **Prostate Cancer**

Emmanuel S Antonarakis, MD

Rana R McKay, MD

**1:20 PM – 2:10 PM**

## **Urothelial Bladder Cancer**

Matthew D Galsky, MD

Jonathan E Rosenberg, MD

**2:10 PM – 3:00 PM**

## **Renal Cell Carcinoma**

Eric Jonasch, MD

Brian Rini, MD

**3:20 PM – 4:10 PM**

## **Targeted Therapy for Non-Small Cell Lung Cancer**

Ibiayi Dagogo-Jack, MD

Helena Yu, MD

**4:10 PM – 5:00 PM**

## **Nontargeted Treatments for Lung Cancer**

Edward B Garon, MD, MS

Corey J Langer, MD

# Third Annual National General Medical Oncology Summit

**Sunday, March 24, 2024**

**7:30 AM – 8:20 AM**

## **Multiple Myeloma**

Natalie S Callander, MD

Paul G Richardson, MD

**8:20 AM – 9:10 AM**

## **Gastroesophageal Cancers**

Yelena Y Janjigian, MD

Samuel J Klempner, MD

**9:30 AM – 10:20 AM**

## **Hepatobiliary Cancers**

Ghassan Abou-Alfa, MD, MBA

Richard S Finn, MD

**10:20 AM – 11:10 AM**

## **Colorectal Cancer**

Kristen K Ciombor, MD, MSCI

John Strickler, MD

**11:10 AM – 12:00 PM**

## **Pancreatic Cancer**

Andrew Ko, MD

Eileen M O'Reilly, MD

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# Year in Review Chronic Lymphocytic Leukemia

Jeff Sharman MD  
Medical Director of Hematology Research  
US Oncology / Sarah Cannon  
Willamette Valley Cancer Institute

# Future Directions in the Care of Patients with CLL

Lindsey Roeker, MD  
Assistant Attending  
Memorial Sloan Kettering Cancer Center  
New York, NY

# Key Data Sets

## Jeff Sharman, MD

- Langerbeins P et al. **Ibrutinib** versus placebo in patients with **asymptomatic, treatment-naïve early stage** chronic lymphocytic leukemia (CLL): **Final results** of the **Phase 3**, double-blind, placebo-controlled **CLL12 trial**. EHA 2023;Abstract S200.
- Wiestner A et al. **Long-term outcomes** in chronic lymphocytic leukemia treated with **ibrutinib: 10-year follow-up** of a Phase 2 study. ASH 2023;Abstract 201.
- Hillmen P et al. **Ibrutinib and rituximab** versus **fludarabine, cyclophosphamide, and rituximab** for patients with previously untreated chronic lymphocytic leukaemia (**FLAIR**): **Interim analysis** of a multicentre, open-label, randomised, **phase 3** trial. *Lancet Oncol* 2023;24(5):535-52.
- Sharman JP et al. **Acalabrutinib ± obinutuzumab** vs **obinutuzumab + chlorambucil** in **treatment-naïve** chronic lymphocytic leukemia: **6-year follow-up** of **Elevate-TN**. ASH 2023;Abstract 636.
- Seymour JF et al. Detailed safety profile of **acalabrutinib vs ibrutinib** in **previously treated** chronic lymphocytic leukemia in the **ELEVATE-RR** trial. *Blood* 2023;142(8):687-99.

# Key Data Sets

## Jeff Sharman, MD (continued)

- Xu L et al. Broad superiority of **zanubrutinib** (zanu) over **bendamustine + rituximab** (BR) across multiple high-risk factors: Biomarker subgroup analysis in the **Phase 3 SEQUOIA** study in patients with **treatment-naïve** (TN) chronic lymphocytic leukemia (CLL)/small lymphocytic lymphoma (SLL) **without del(17p)**. ASH 2023;Abstract 1902.
- Brown J et al. Extended follow-up of **ALPINE** randomized **Phase 3** study confirms sustained superior progression-free survival of **zanubrutinib versus ibrutinib** for treatment of **relapsed/refractory** chronic lymphocytic leukemia and small lymphocytic lymphoma (R/R CLL/SLL). ASH 2023;Abstract 202.
- Fürstenau M et al. **First-line venetoclax combinations** in fit patients with CLL: **4-year follow-up** and NGS-based MRD analysis from the **Phase 3 GAIA/CLL13** trial. ASH 2023;Abstract 635.
- Al-Sawaf O et al. **Venetoclax-obinutuzumab** for **previously untreated** chronic lymphocytic leukemia: **6-year results** of the randomized **CLL14** study. EHA 2023;Abstract S145.

# Key Data Sets

## Jeff Sharman, MD (continued)

- Kater A et al. **Final 7-year follow up** and **retreatment** substudy analysis of **MURANO: Venetoclax-rituximab** (VenR)-treated patients with **relapsed/refractory** chronic lymphocytic leukemia (R/R CLL). EHA 2023;Abstract S201.
- Crombie JL et al. **SAVE (Safe Accelerated Venetoclax Escalation)**: Initial results of a prospective, phase Ib study of venetoclax with an accelerated dose ramp-up in patients with CLL. ASCO 2023;Abstract 7512.
- Woyach JA et al. **Pirtobrutinib** in **post-cBTKi** CLL/SLL: ~30 months follow-up and subgroup analysis with/without prior BCL2i from the Phase 1/2 **BRUIN** study. ASH 2023;Abstract 325.
- Brown J et al. Genomic **evolution** and **resistance** during **pirtobrutinib** therapy in covalent BTK-inhibitor (cBTKi) pre-treated chronic lymphocytic leukemia patients: Updated analysis from the **BRUIN** study. ASH 2023;Abstract 326.

# Key Data Sets

## Lindsey Roeker, MD

- Ghia P et al. Relapse after **first-line fixed duration ibrutinib + venetoclax**: High response rates to ibrutinib retreatment and absence of BTK mutations in patients with chronic lymphocytic leukemia (CLL)/small lymphocytic lymphoma (SLL) with up to **5 years of follow-up** in the **Phase 2 Captivate** study. ASH 2023;Abstract 633.
- Kater A et al. Time-limited **venetoclax and ibrutinib** for patients with **relapsed/refractory** CLL who have undetectable MRD – 4-year follow up from the randomized **Phase II VISION/HO141** trial. EHA 2023;Abstract S148.
- Hillmen P et al. **Ibrutinib plus venetoclax** with MRD-directed duration of treatment is superior to FCR and is a new standard of care for **previously untreated** CLL: Report of the **Phase III UK NCRI FLAIR** study. ASH 2023;Abstract 631.
- Woyach JA et al. Results of a **phase 3** study of **IVO vs IO** for **previously untreated** older patients (pts) with chronic lymphocytic leukemia (CLL) and impact of COVID-19 (Alliance). ASCO 2023;Abstract 7500.



# Key Data Sets

## Lindsey Roeker, MD (continued)

- Follows G et al. **First-line fixed-duration ibrutinib plus venetoclax** (Ibr + Ven) versus chlorambucil plus obinutuzumab (Clb + O): **55-month follow-up** from the **Glow** study. ASH 2023;Abstract 634.
- Furstenau M et al. Long-term remissions with MRD-guided **acalabrutinib, venetoclax and obinutuzumab** in **relapsed/refractory** CLL: Follow-up efficacy and circulating tumor DNA analysis of the CLL2-Baag trial. ASH 2023;Abstract 203.
- Allan J et al. **Zanubrutinib and venetoclax** as **initial therapy** for CLL/SLL with **obinutuzumab triplet consolidation** in patients with minimal residual disease positivity (**BruVenG**). ASH 2023;Abstract 3285.
- Roeker L et al. **Fixed-duration pirtobrutinib** combined with **venetoclax ± rituximab** in **relapsed/refractory** chronic lymphocytic leukemia: Updated results, including MRD data, from the **BRUIN** Phase 1b study. ASH 2023;Abstract 3269.
- Woyach JA et al. First-in-human study of the **reversible BTK inhibitor nemtabrutinib** in patients with **relapsed/refractory** chronic lymphocytic leukemia and B-cell non-Hodgkin lymphoma. *Cancer Discov* 2024;14(1):66-75.

# Key Data Sets

## Lindsey Roeker, MD (continued)

- Siddiqi T et al. **Lisocabtagene maraleucel** (liso-cel) in R/R CLL/SLL: 24-month median follow-up of **TRANSCEND CLL 004**. ASH 2023;Abstract 330.
- Tam C et al. Combination treatment with **sonrotoclax (BGB-11417), a second-generation BCL2 inhibitor, and zanubrutinib**, a Bruton tyrosine kinase (BTK) inhibitor, is well tolerated and achieves deep responses in patients with **treatment-naïve** chronic lymphocytic leukemia/small lymphocytic lymphoma (TN-CLL/SLL): Data from an ongoing Phase 1/2 study. ASH 2023;Abstract 327.
- Frustaci AM et al. Results of **MOLTO**, a multicenter, open label, phase II clinical trial evaluating **venetoclax, atezolizumab and obinutuzumab** combination in **Richter syndrome**. ASCO 2023;Abstract 7502.
- Al-Sawaf O et al. **Tislelizumab plus zanubrutinib** in patients with **Richter transformation**: Primary endpoint analysis of the prospective, multi-center, **Phase-II RT1** trial of the German CLL Study Group. ASH 2023;Abstract 204.
- Wierda W et al. **Pirtobrutinib** in **Richter transformation**: Updated efficacy and safety results with 18-month median survival follow-up from the Phase 1/2 **BRUIN** study. ASH 2023;Abstract 1737.

# Agenda

**INTRODUCTION: An Audio Depiction of Mechanisms of Action of Bcl-2 Inhibitors, Anti-CD20 Antibodies and Covalent and Noncovalent BTK Inhibitors; Mechanisms of Resistance**

**MODULE 1: Current Management Approaches for Patients with Chronic Lymphocytic Leukemia (CLL) — Dr Sharman**

**MODULE 2: Top 10 Questions — Part 1**

**MODULE 3: Future Directions in the Care of Patients with CLL — Dr Roeker**

**MODULE 4: Top 10 Questions — Part 2**

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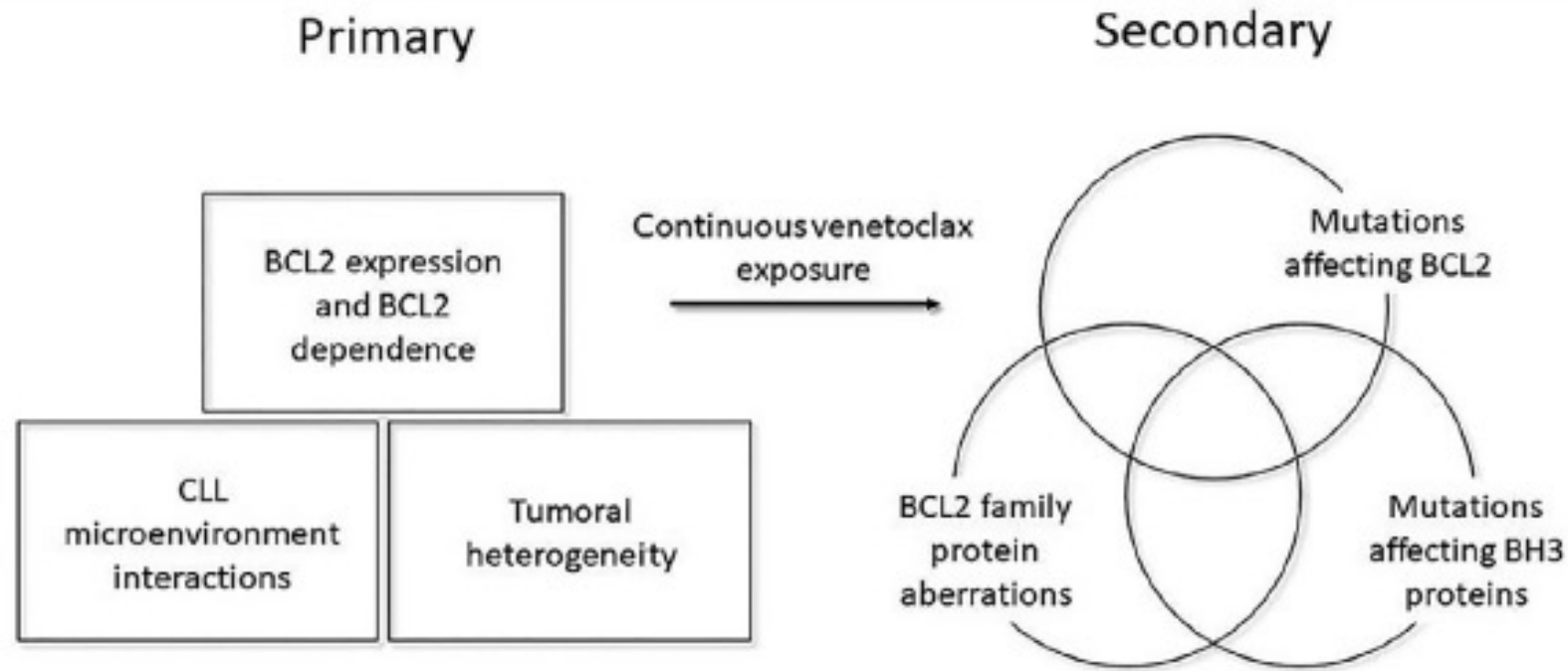
**MODULE 4: Top 10 Questions — Part 2**

# SOHO State of the Art Updates and Next Questions | Mechanisms of Resistance to BCL2 Inhibitor Therapy in Chronic Lymphocytic Leukemia and Potential Future Therapeutic Directions

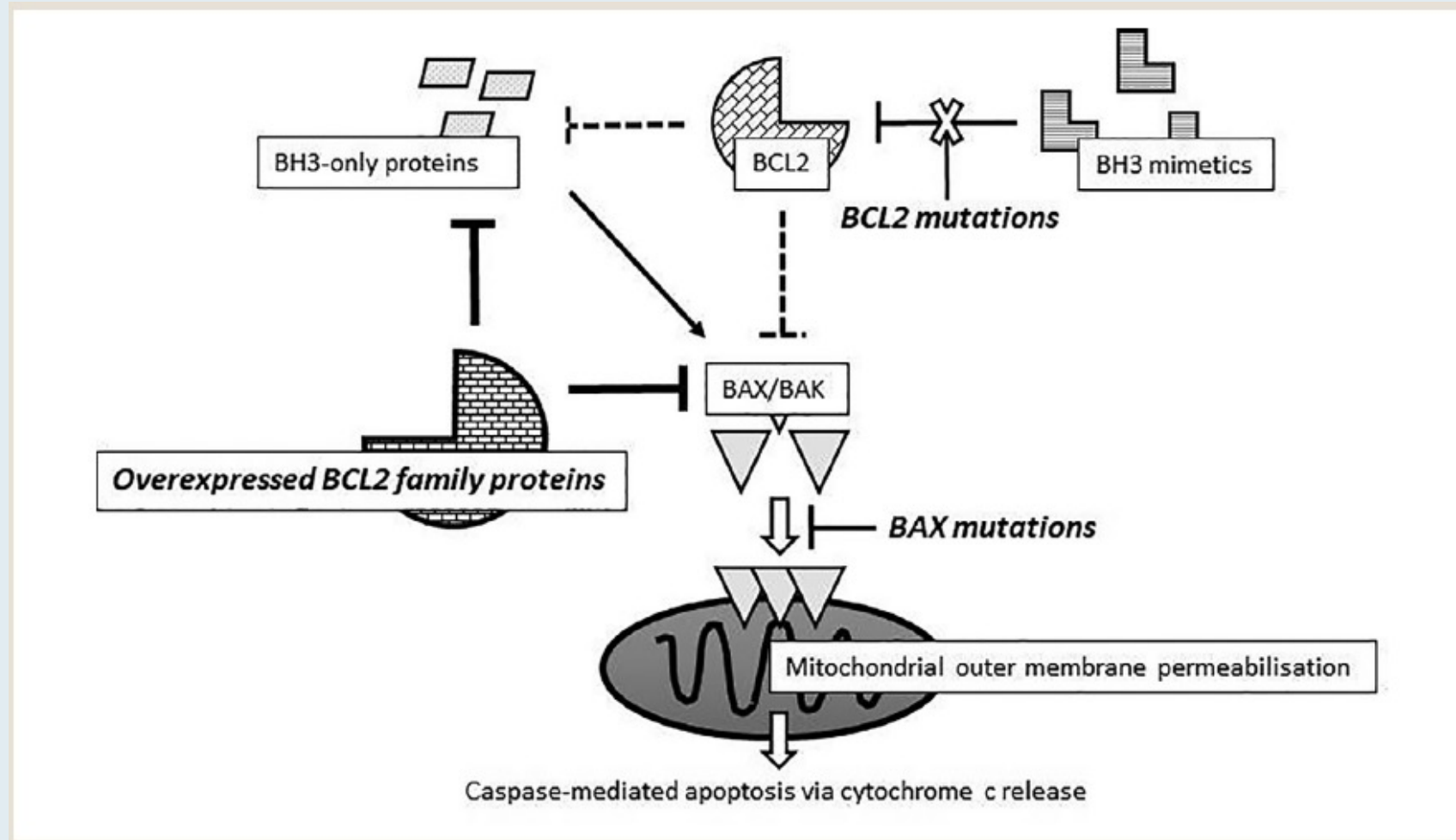
Rory Bennett,<sup>1</sup> Ella Thompson,<sup>1,2</sup> Constantine Tam<sup>3</sup>

*Clin Lymphoma Myeloma Leuk* 2022;22(11):795-804.

# Summary of Known Factors Affecting Primary Resistance to Venetoclax and Resistance Mechanisms Acquired After Continuous Venetoclax Exposure in CLL



# Mechanisms of Secondary Resistance to Bcl-2 Inhibition by BH3 Mimetics Such as Venetoclax




Reyes *et al. Cancer Drug Resist* 2023;6:828-37  
DOI: 10.20517/cdr.2023.97

## Cancer Drug Resistance

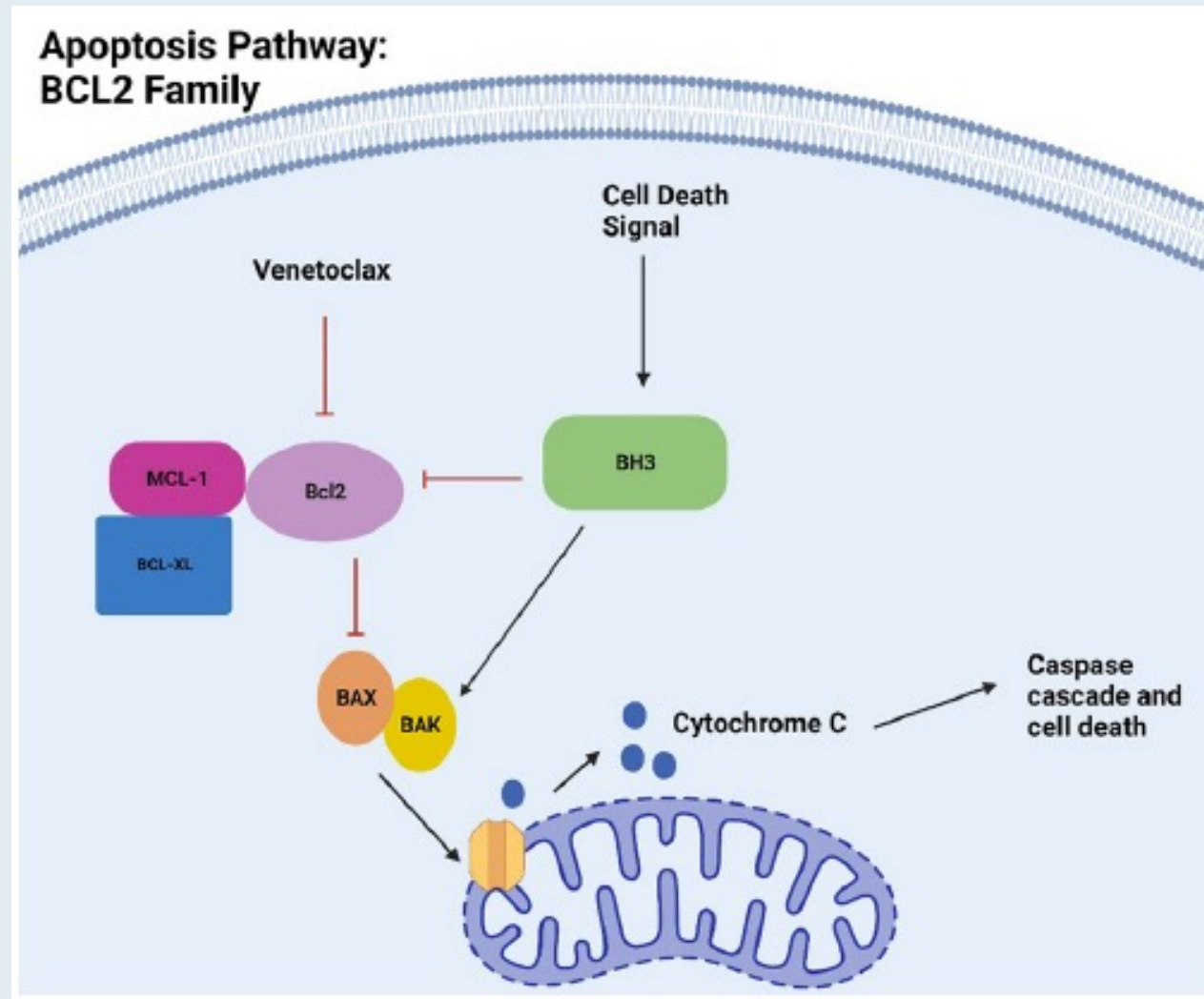
Review

# Targeting BCL2 pathways in CLL: a story of resistance and ingenuity

Amanda Reyes<sup>1</sup>, Tanya Siddiqi<sup>2</sup> 

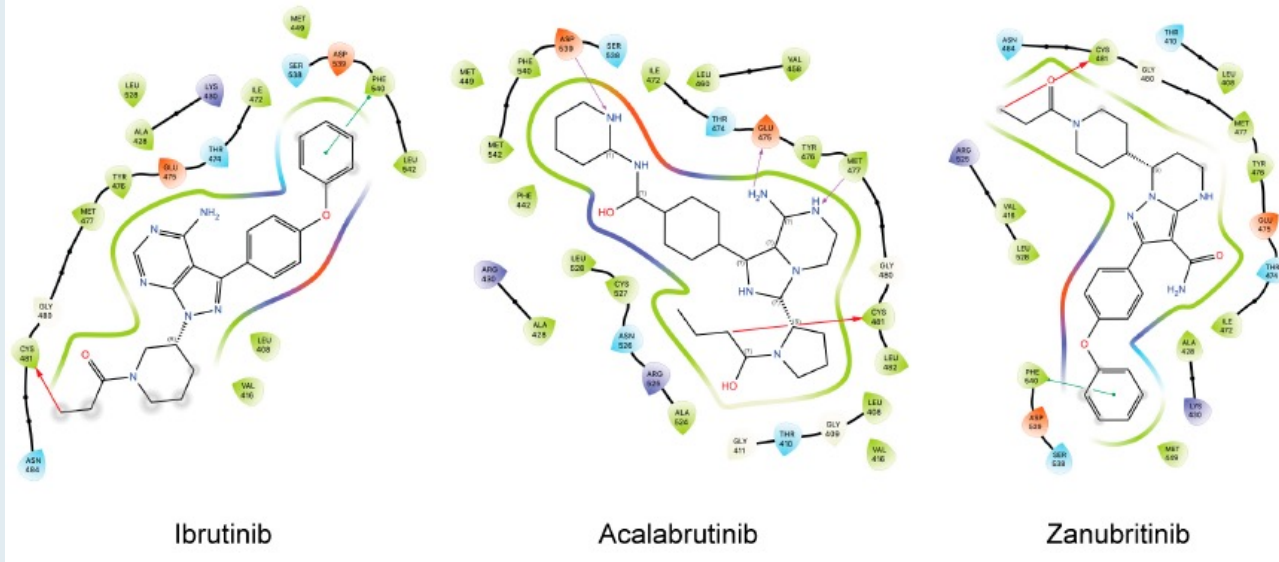


# Apoptosis Pathway: Bcl-2 Proteins

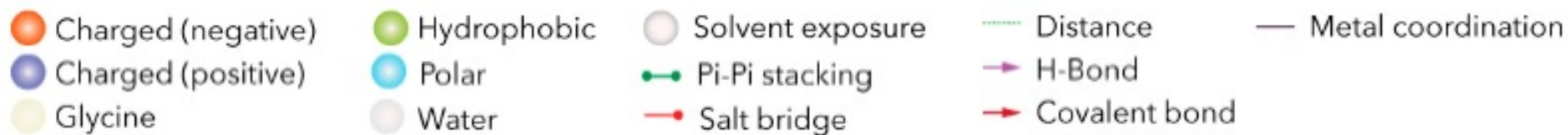
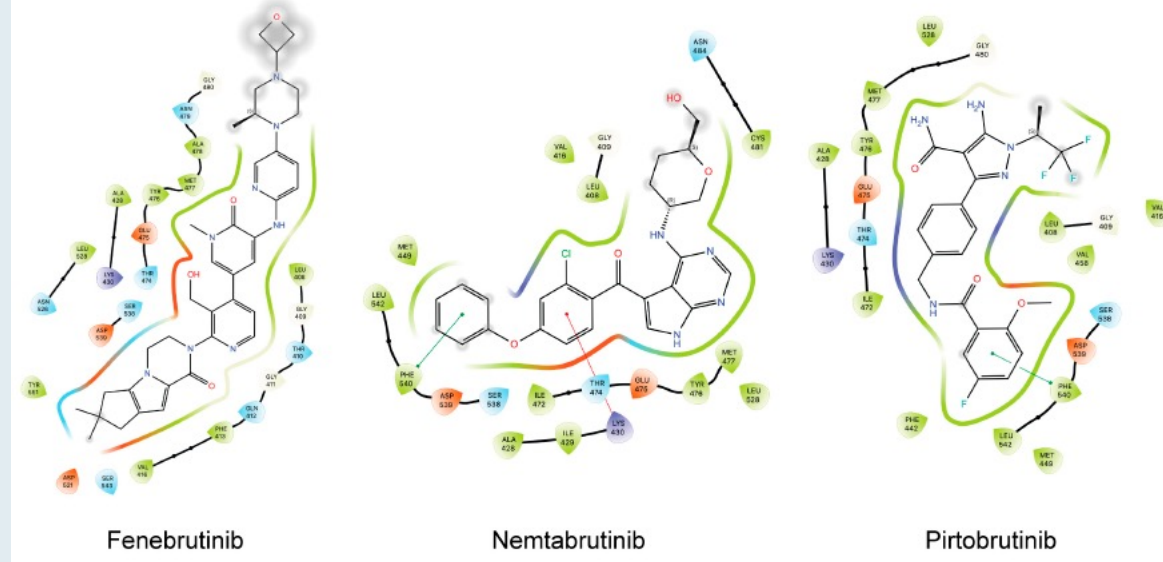


# Differential Binding of Bruton Tyrosine Kinase (BTK) Inhibitors

## Covalent irreversible BTK inhibitors



## Non-covalent reversible BTK inhibitors

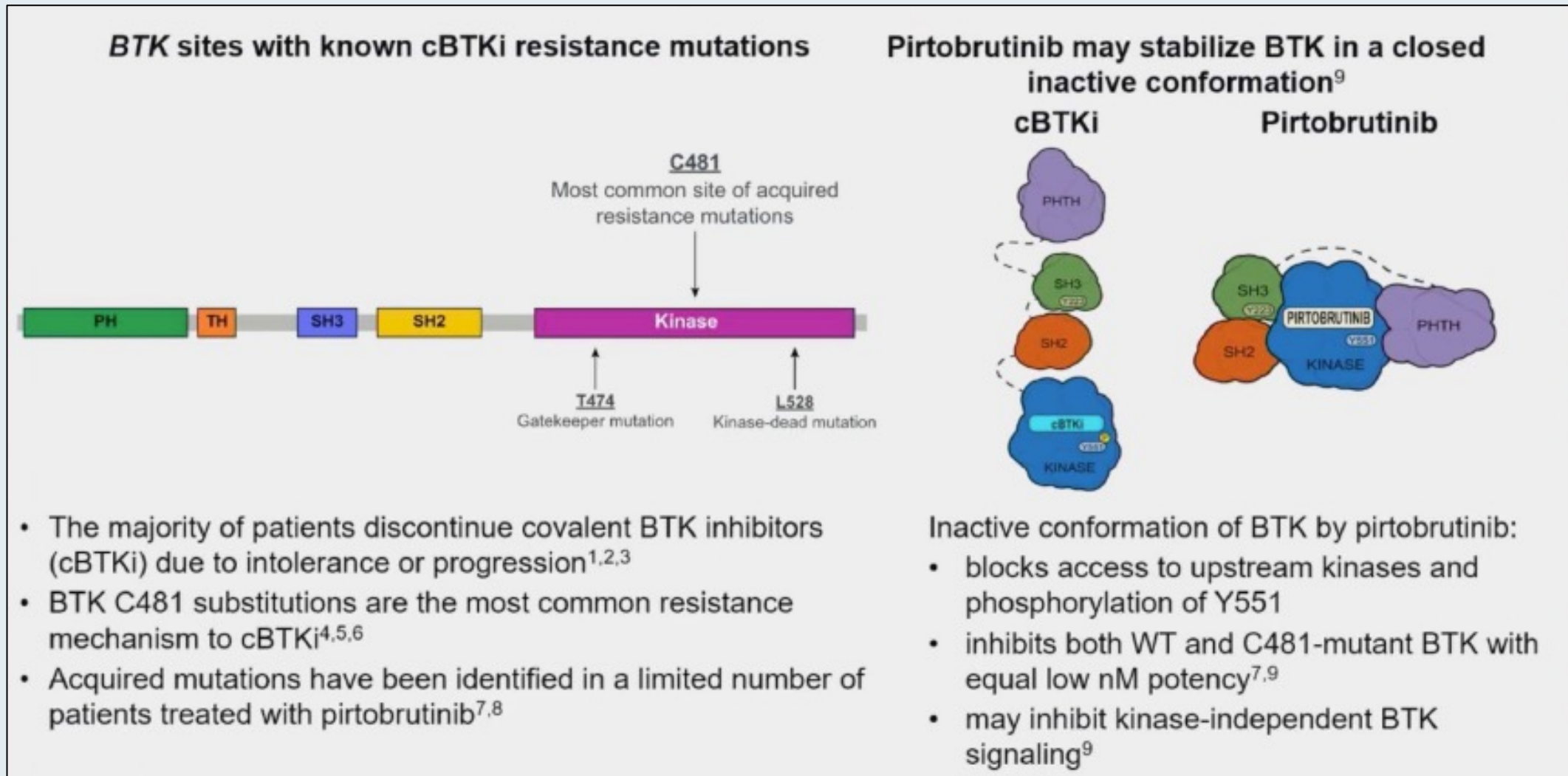


# **Genomic Evolution and Resistance during Pirtobrutinib Therapy in Covalent BTK-Inhibitor (cBTKi) Pre-Treated Chronic Lymphocytic Leukemia Patients: Updated Analysis from the BRUIN Study**

Brown JR et al.

ASH 2023;Abstract 326.

# BTK Sites with Known Covalent BTK Inhibitor Resistance Mutations



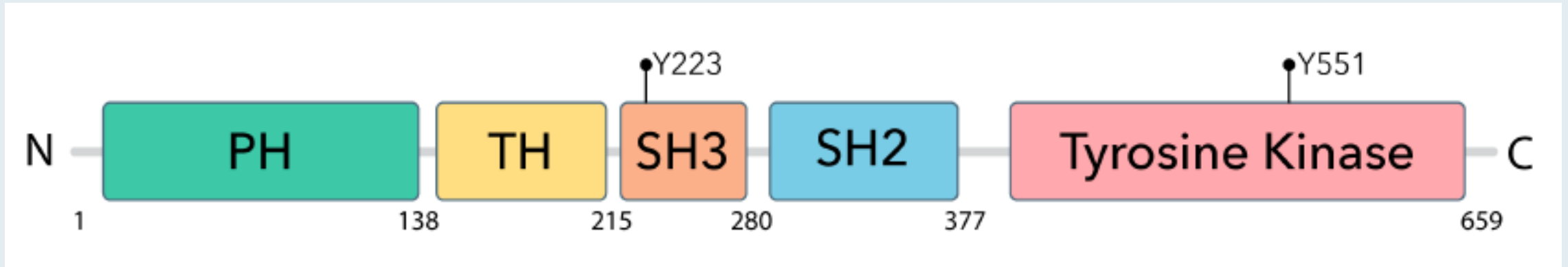
*Review*

# Resisting the Resistance: Navigating BTK Mutations in Chronic Lymphocytic Leukemia (CLL)

Alexandra Chirino <sup>†</sup>, Skye Montoya <sup>†</sup> , Anita Safronenka and Justin Taylor <sup>\*</sup> 

*Genes (Basel)* 2023 December 6;14(12):2182


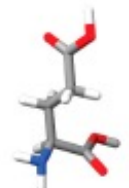







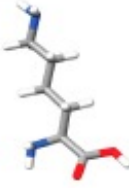

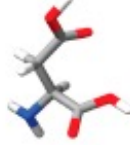













# BTK Domains and Activating Tyrosine Phosphorylation Sites






Map of the domains found in BTK starting at the N terminal: BTK is made up of 5 different domains: the pleckstrin homology (PH), proline-rich TEC homology (TH), SRC homology 3 (SH3), SRC homology 2 (SH2), and a catalytic (kinase) domain ending with the C terminal, totaling 659 amino acids in length.





# Observed Amino Acid Mutations and Their Corresponding Resistance to Covalent and Noncovalent BTK Inhibitors in Patients with CLL (1)

	28	41	164	316	416	428	437
Original residue	 Arginine (R)	 Glutamate (E)	 Glycine (G)	 Threonine (T)	 Valine (V)	 Alanine (A)	 Methionine (M)
Mutated residue	 Serine (S) 	 Lysine (K) 	 Aspartate (D) 	 Alanine (A) 	 Leucine (L)   	 Aspartate (D)  	 Arginine (R)  





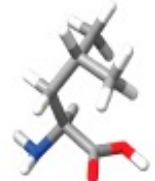







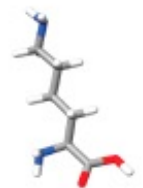

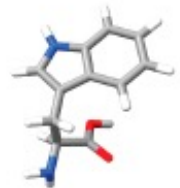

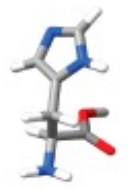

Covalent






 Ibrutinib  
 Acalabrutinib  
 Zanubrutinib

Non-Covalent

 Pirtobrutinib  
 Fenebrutinib












# Observed Amino Acid Mutations and Their Corresponding Resistance to Covalent and Noncovalent BTK Inhibitors in Patients with CLL (2)

	477	480	490	516	528	539
Original residue	 Methionine (M)	 Glycine (G)	 Arginine (R)	 Glutamine (Q)	 Leucine (L)	 Aspartate (D)
Mutated residue	 Isoleucine (I) 	 Arginine (R) 	 Histidine (H) 	 Lysine (K) 	 Tryptophan (W) 	 Histidine (H) 


Covalent	Non-Covalent
 Ibrutinib	 Pirtobrutinib
 Acalabrutinib	 Fenebrutinib
 Zanubrutinib	





# Observed Amino Acid Mutations and Their Corresponding Resistance to Covalent and Noncovalent BTK Inhibitors in Patients with CLL (3)

	474	481
Original residue	 Threonine (T)	 Cysteine (C)
Mutated residue	<div> Methionine (M)</div> <div> Isoleucine (I)</div> <div> Phenylalanine (F)</div> <div></div>	<div> Serine (S)</div> <div> Arginine (R)</div> <div> Tyrosine (Y)</div> <div> Phenylalanine (F)</div> <div></div>


Covalent


 Ibrutinib

 Acalabrutinib

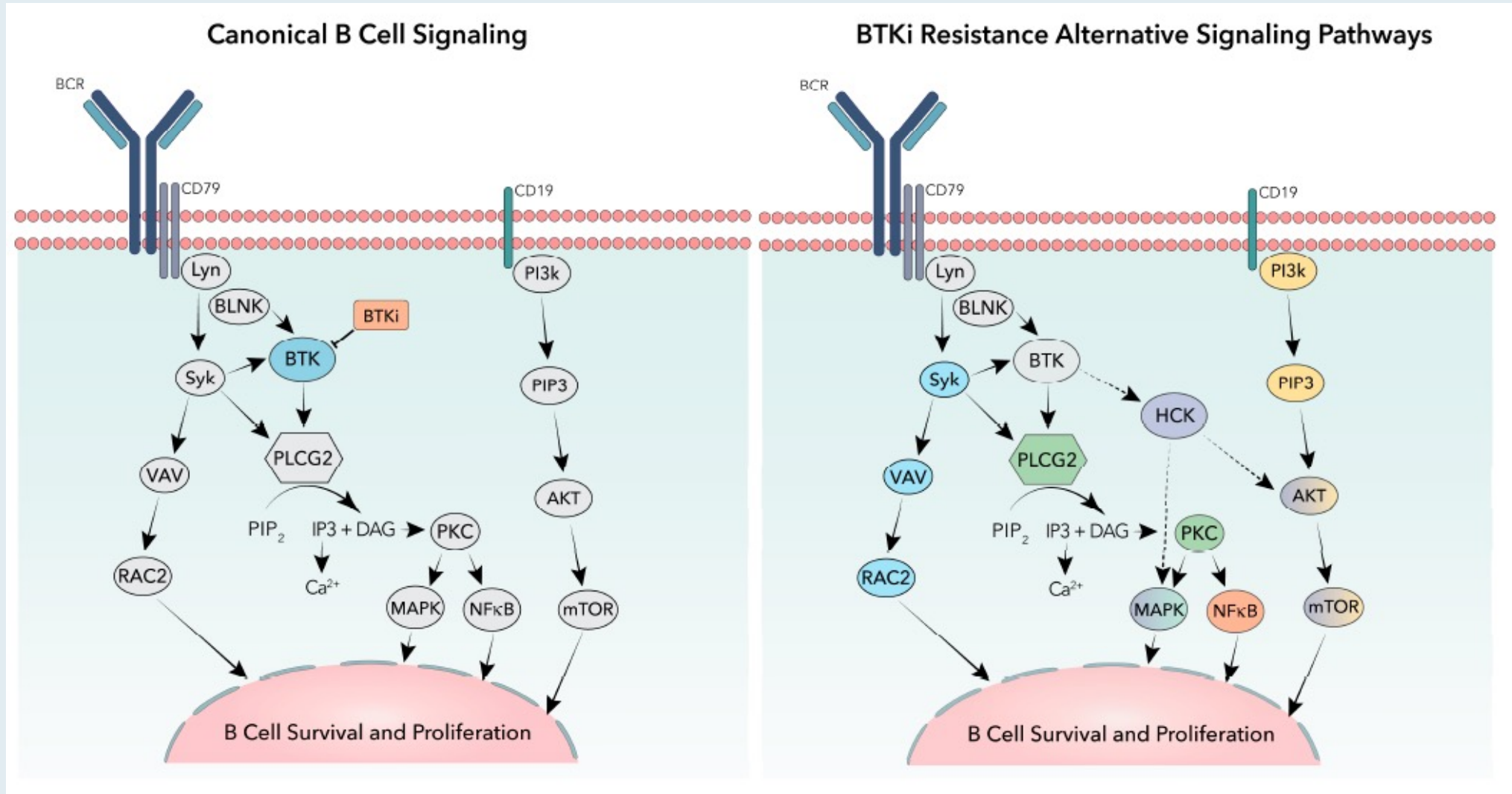
 Zanubrutinib

Non-Covalent

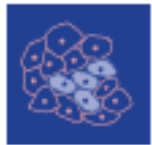
 Pirtobrutinib

 Fenebrutinib

# Canonical and Alternative Signaling Pathways in B Cells



2023;15(14):3648



*cancers*

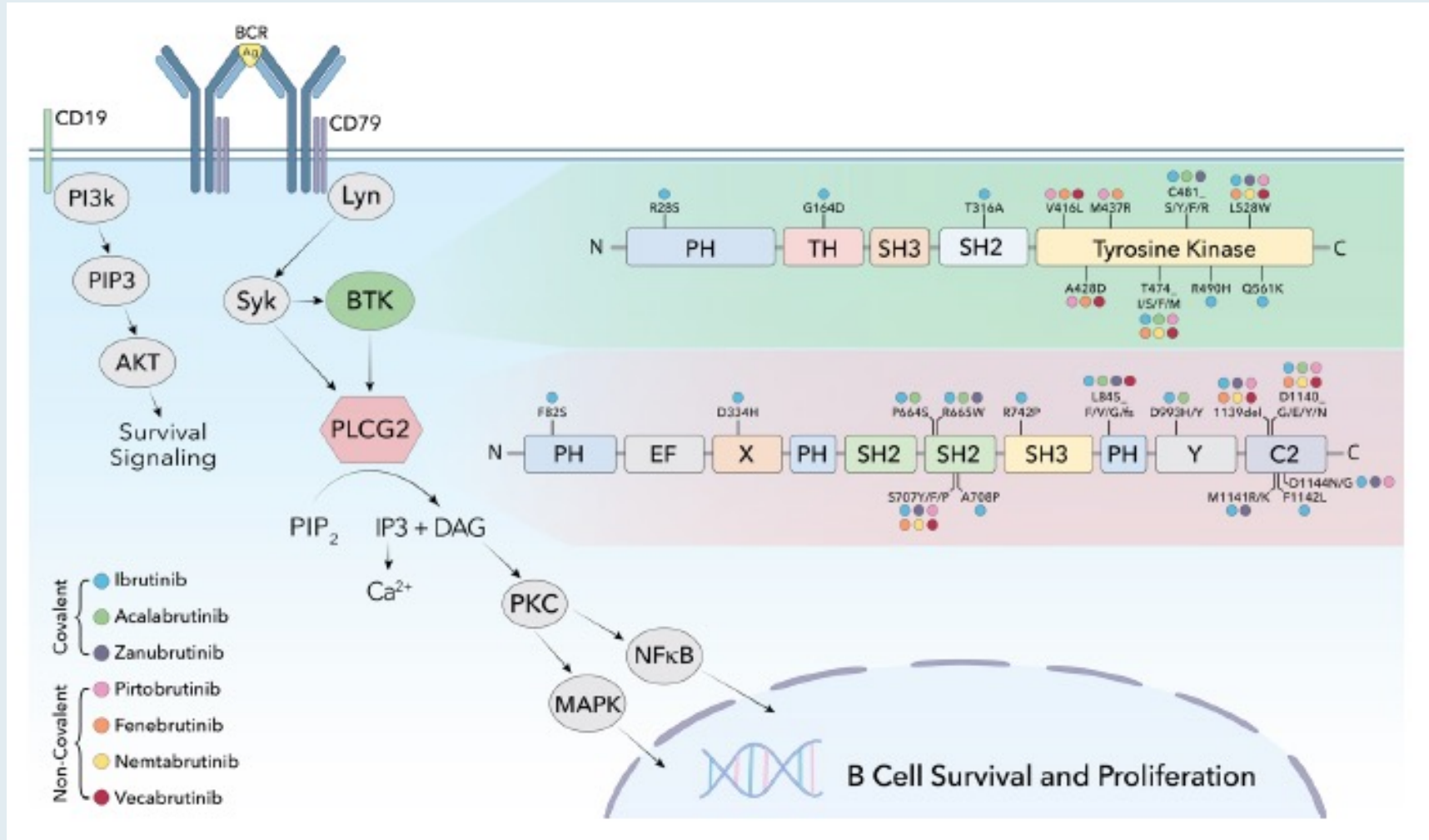


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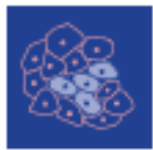
# Non-Covalent Bruton's Tyrosine Kinase Inhibitors in the Treatment of Chronic Lymphocytic Leukemia

Skye Montoya <sup>1</sup>  and Meghan C. Thompson <sup>2,\*</sup> 

# B-Cell Receptor Mediated Signaling, Highlighting Resistance-Causing Mutations in BTK and PLCG2 Kinases



2023;15(5):1583




*cancers*

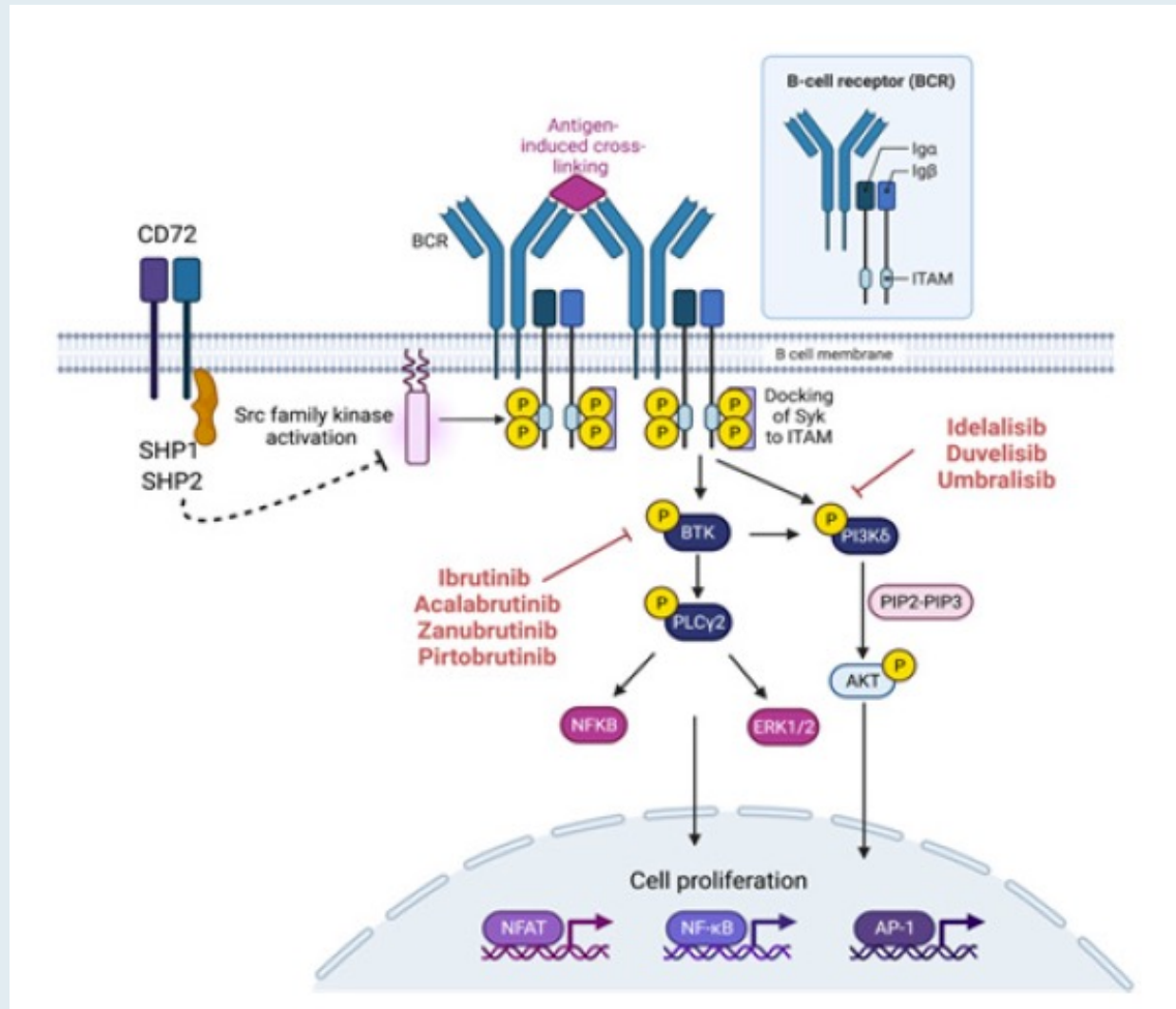


*Review*

# Emerging Therapies in CLL in the Era of Precision Medicine

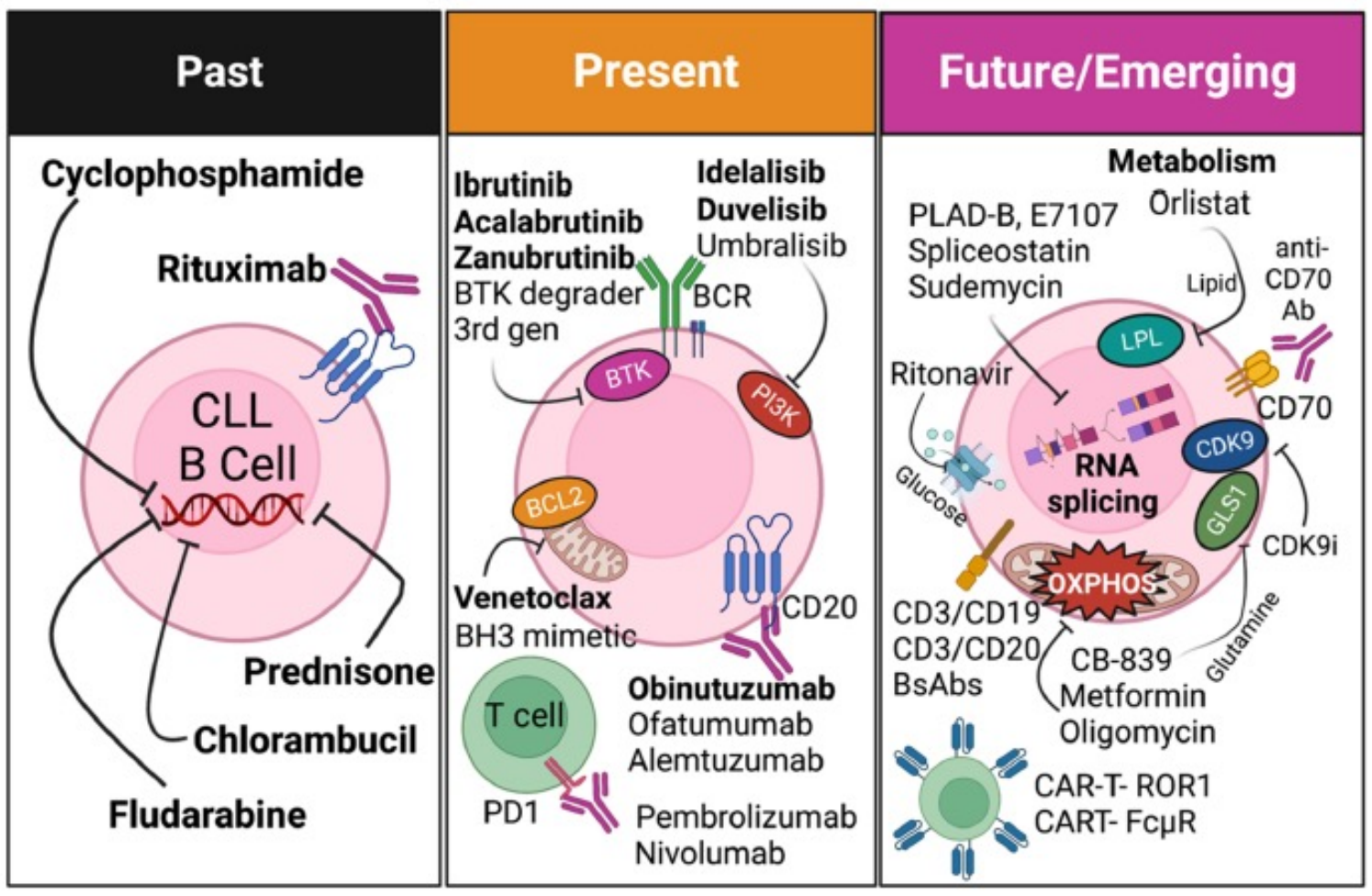
Prajish Iyer <sup>1</sup>  and Lili Wang <sup>1,2,\*</sup>

# BCR Signaling and Targeting Agents





# Summary of Past, Present and Emerging Treatments for CLL



*Br J Haematol.* 2023 January ; 200(2): 137–149. doi:10.1111/bjh.18418.

## **Resistance to BTK inhibition in CLL and non-Hodgkin lymphoma**

**Shazia Nakhoda<sup>1</sup>, Aldana Vistarop<sup>2,3</sup>, Y. Lynn Wang<sup>2,3</sup>**

<sup>1</sup>Department of Hematology, Fox Chase Cancer Center, Philadelphia, USA

<sup>2</sup>Department of Pathology, Fox Chase Cancer Center, Philadelphia, USA


<sup>3</sup>Blood Cell Development and Function Program, Fox Chase Cancer Center, Philadelphia, USA



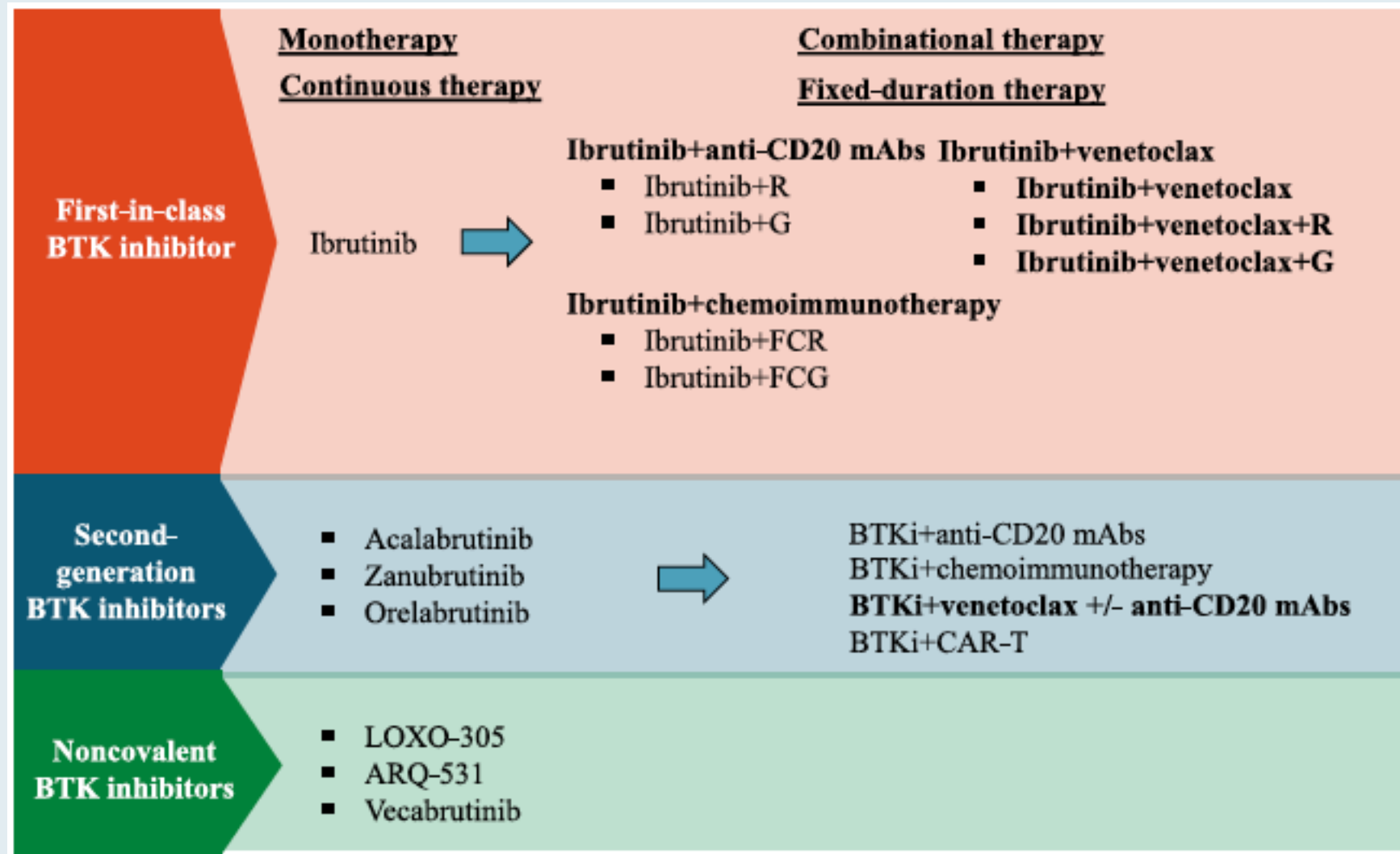
REVIEW

Open Access

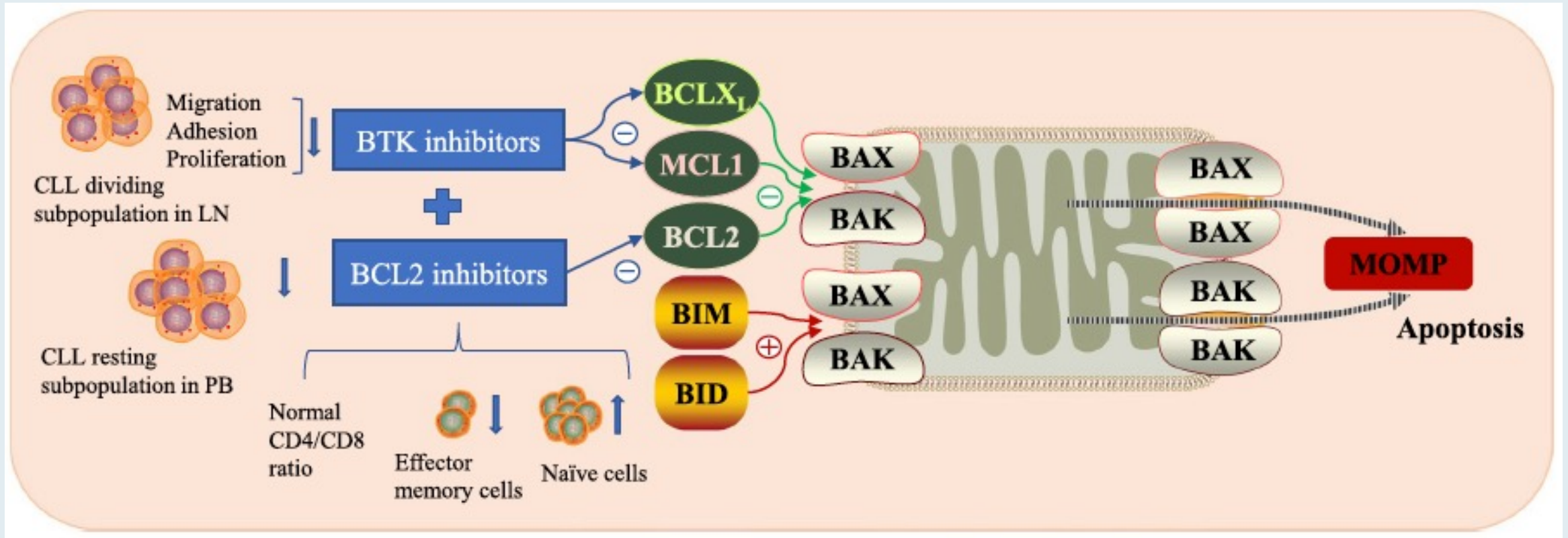
# Combining BTK inhibitors with BCL2 inhibitors for treating chronic lymphocytic leukemia and mantle cell lymphoma

Jing Zhang<sup>1,2†</sup>, Xueying Lu<sup>1,2†</sup>, Jianyong Li<sup>1,2,3,4\*</sup> and Yi Miao<sup>1,2,3\*</sup> 

# Covalent and Noncovalent BTK Inhibitors



# Mechanisms of Action of BTK Inhibitors and Bcl-2 Inhibitors



# Agenda

**INTRODUCTION: An Audio Depiction of Mechanisms of Action of Bcl-2 Inhibitors, Anti-CD20 Antibodies and Covalent and Noncovalent BTK Inhibitors; Mechanisms of Resistance**

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**MODULE 2: Top 10 Questions — Part 1**

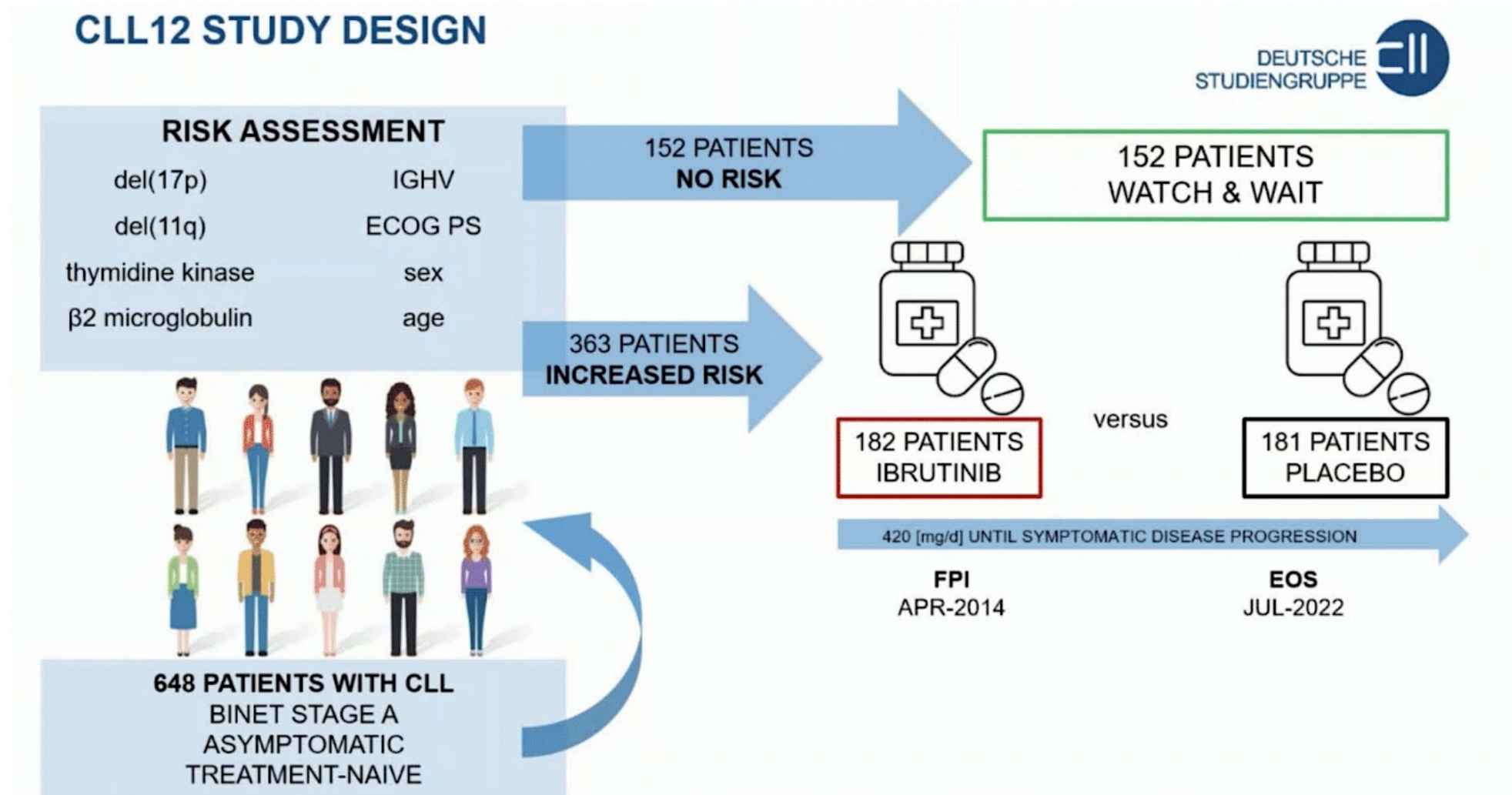
**MODULE 3: Future Directions in the Care of Patients with CLL — Dr Roeker**

**MODULE 4: Top 10 Questions — Part 2**

# Front-Line Ibrutinib

- Langerbeins P et al. **Ibrutinib** versus placebo in patients with **asymptomatic, treatment-naïve early stage** chronic lymphocytic leukemia (CLL): **Final results** of the **Phase 3**, double-blind, placebo-controlled **CLL12 trial**. EHA 2023;Abstract S200.
- Wiestner A et al. **Long-term outcomes** in chronic lymphocytic leukemia treated with **ibrutinib: 10-year follow-up** of a Phase 2 study. ASH 2023;Abstract 201.
- Hillmen P et al. **Ibrutinib and rituximab** versus **fludarabine, cyclophosphamide, and rituximab** for patients with previously untreated chronic lymphocytic leukaemia (**FLAIR**): **Interim analysis** of a multicentre, open-label, randomised, **phase 3** trial. *Lancet Oncol* 2023;24(5):535-52.

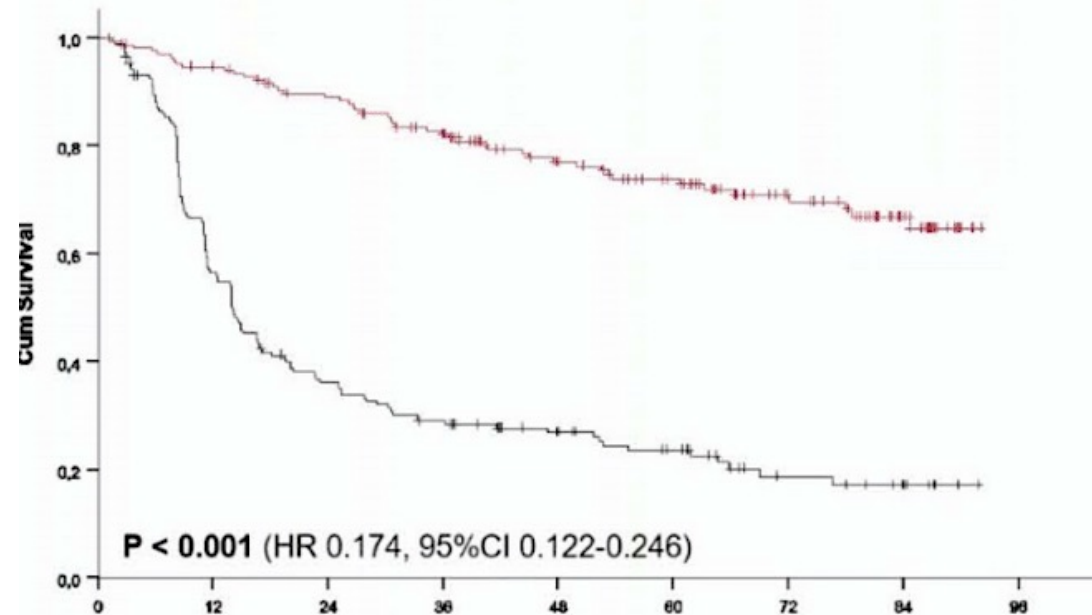
# CLL12: Ibrutinib vs Watch and Wait



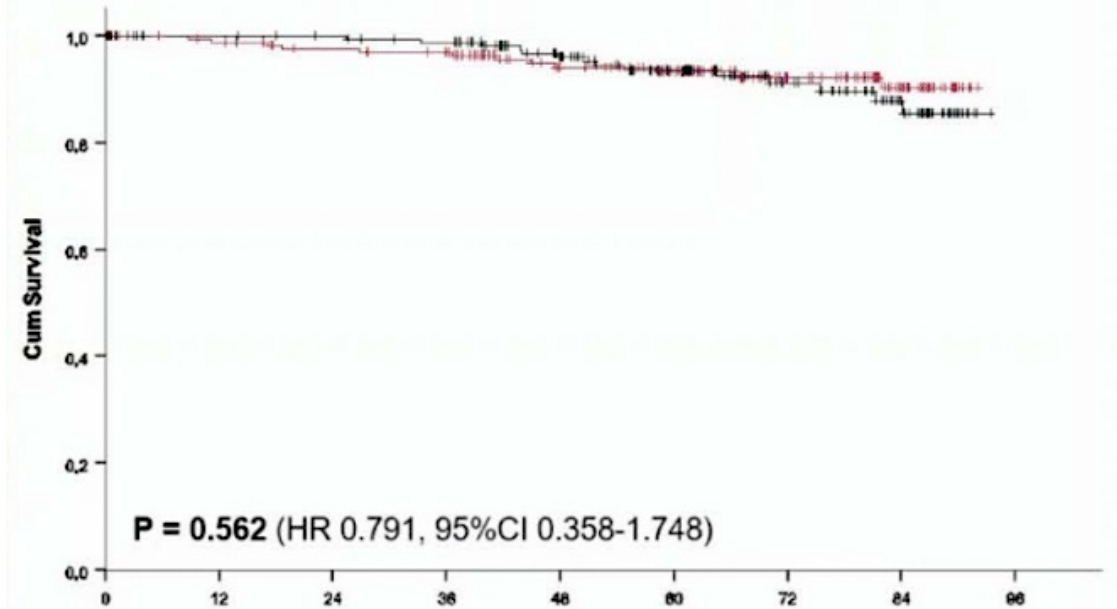


# CLL12: Treatment improves PFS but no OS impact of early therapy

## PROGRESSION-FREE SURVIVAL (PFS) UNTIL PD OR DEATH



## OVERALL SURVIVAL (OS)



## CLL12: Adverse Events (Patient Level)

	Ibrutinib N=170	Placebo N=168	Watch & wait N=152
<b>Max. CTC grade, N (%)</b>			
CTC grades 1 – 5	169 (99.4)	167 (99.4)	-
CTC grades 3 – 5	122 (71.8)	111 (66.1)	-
<b>Marked as serious AE, N (%)</b>	241 (9.9)	222 (14.9)	-
<b>Second malignancy, N (%)</b>			
CTC grades 1 – 5	22 (12.9)	36 (21.4)	15 (9.9)
CTC grade 5	2 (1.2)	5 (3)	2 (1.3)



## CLL12: AEs of Clinical Interest (Patient Level)

	Ibrutinib N=170	Placebo N=168
<b>Max. CTC grade, N (%)</b>		
CTC grades 1 – 5	136 (80)	88 (52.4)
CTC grade 5	4 (2.4)	1 (0.6)
Bleeding	62 (36.5)	25 (14.9)
Cardiac arrhythmias	38 (22.4)	16 (9.5)
Cardiac event other than arrhythmia	30 (17.6)	26 (15.5)
Diarrhea	69 (40.6)	48 (28.6)
Hypertensive disorders	33 (19.4)	14 (8.3)

# Frontline Ibrutinib Conclusions

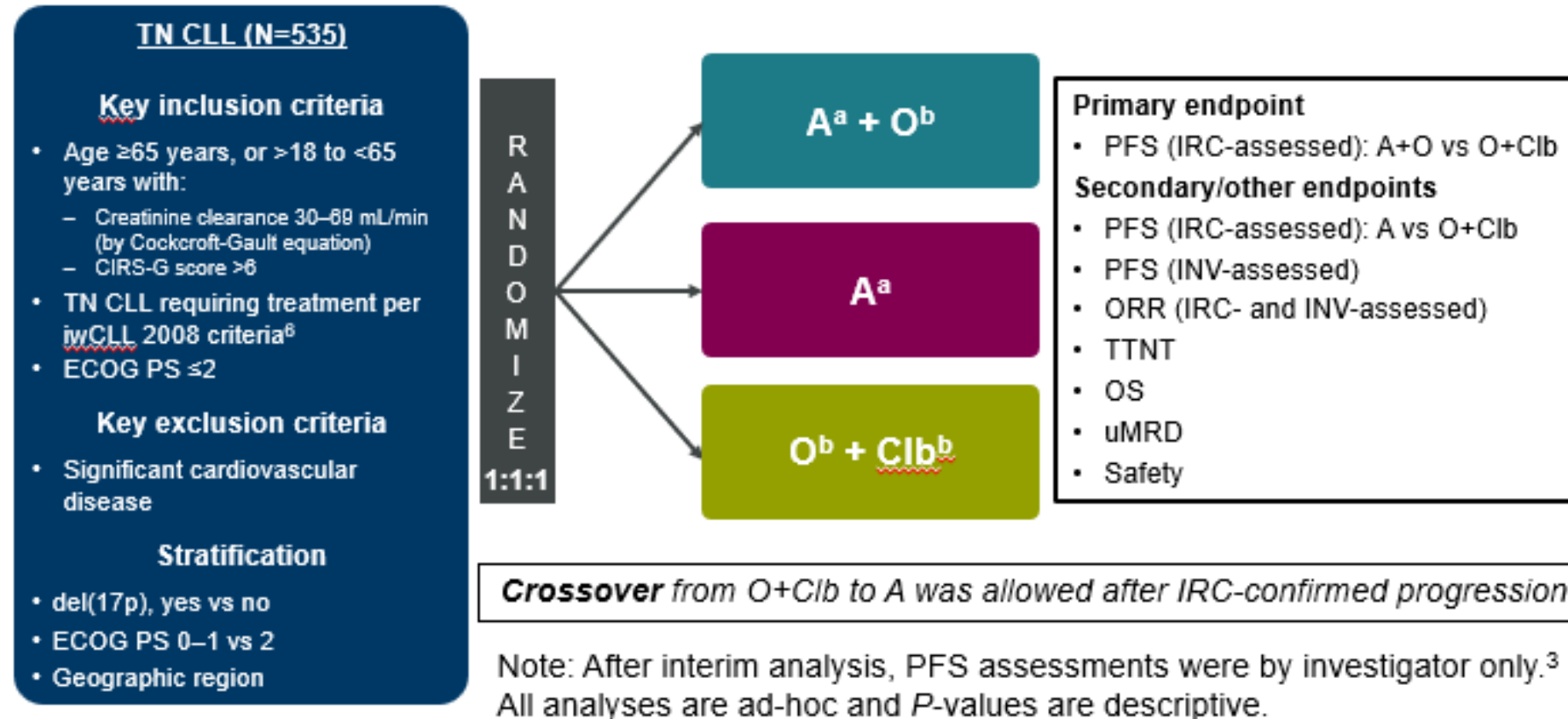
- Early treatment of high risk CLL has not replaced watch and wait
- Placebo side effects considerable relative to ibrutinib
- TP53 mut/del reduces efficacy of ibrutinib but earlier use remains highly effective
- Ibrutinib superior to FCR in fit patients with variable impact on OS

## Second-Generation BTK Inhibitors

- Sharman JP et al. **Acalabrutinib ± obinutuzumab vs obinutuzumab + chlorambucil in treatment-naïve** chronic lymphocytic leukemia: **6-year follow-up of Elevate-TN**. ASH 2023;Abstract 636.
- Seymour JF et al. Detailed safety profile of **acalabrutinib vs ibrutinib** in **previously treated** chronic lymphocytic leukemia in the **ELEVATE-RR** trial. *Blood* 2023;142(8):687-99.
- Xu L et al. Broad superiority of **zanubrutinib** (zanu) over **bendamustine + rituximab** (BR) across multiple high-risk factors: Biomarker subgroup analysis in the **Phase 3 SEQUOIA** study in patients with **treatment-naïve** (TN) chronic lymphocytic leukemia (CLL)/small lymphocytic lymphoma (SLL) **without del(17p)**. ASH 2023;Abstract 1902.
- Brown J et al. Extended follow-up of **ALPINE** randomized **Phase 3** study confirms sustained superior progression-free survival of **zanubrutinib versus ibrutinib** for treatment of **relapsed/refractory** chronic lymphocytic leukemia and small lymphocytic lymphoma (R/R CLL/SLL). ASH 2023;Abstract 202.

# BTK/CD20

## ELEVATE-TN study design

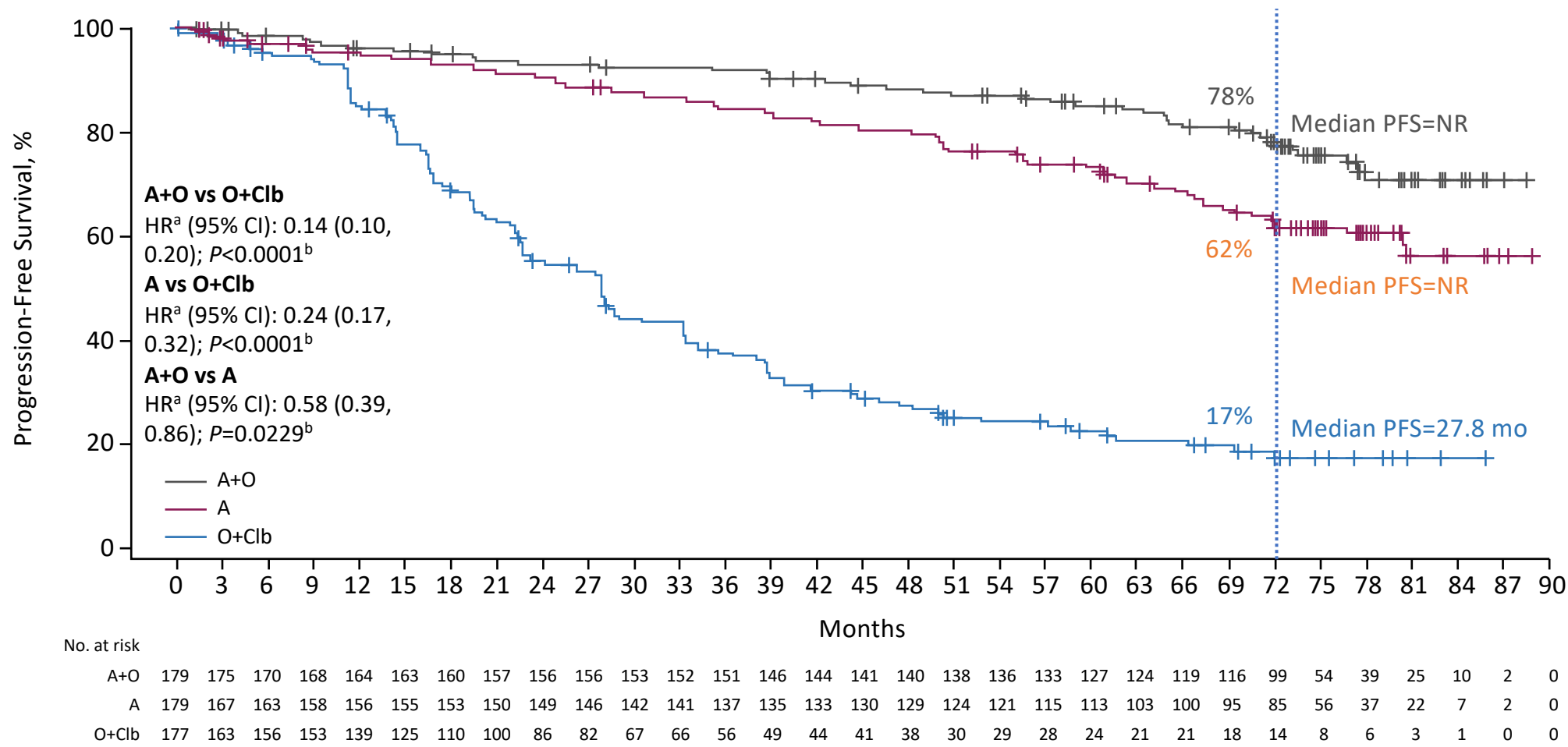


NCT02475681. Data cutoff: March 3, 2023. Patients were enrolled between September 2015 and February 2017.

<sup>a</sup>Continued until disease progression or unacceptable toxicity at 100 mg PO BID.

<sup>b</sup>Treatments were fixed duration and administered for 6 cycles.

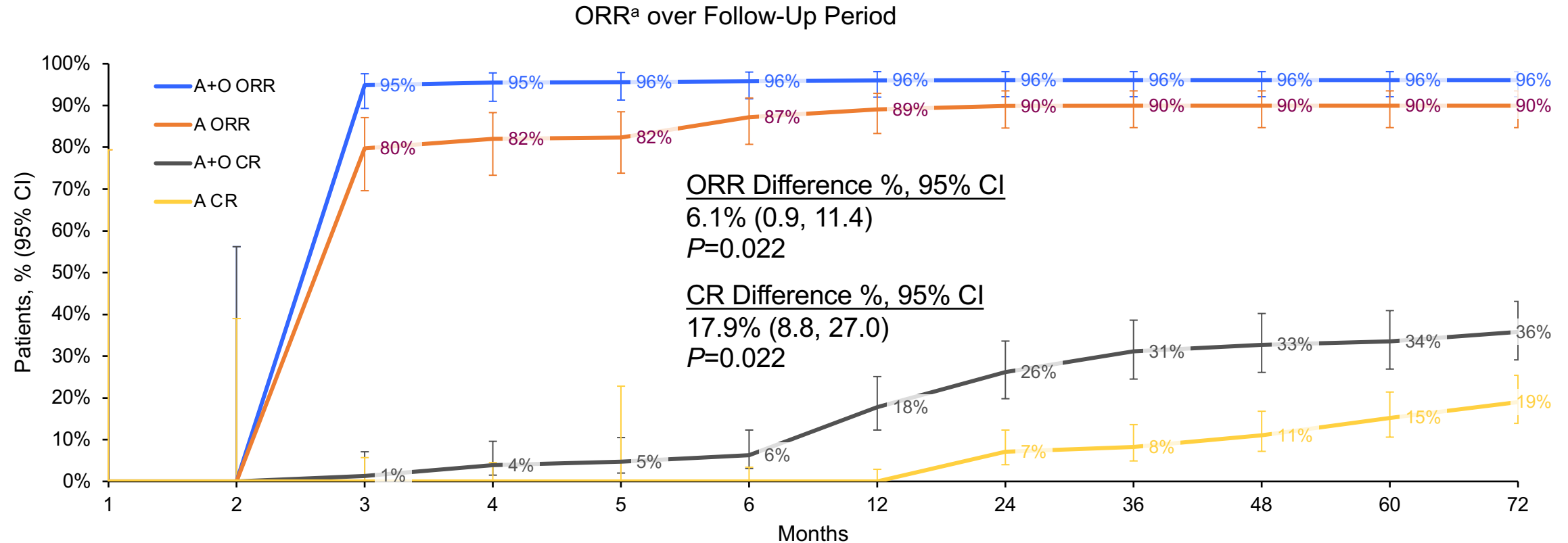
# ELEVATE-TN: Median PFS was significantly higher for A-containing arms vs O+Clb



- Median PFS was significantly higher for A+O vs A

<sup>a</sup>Hazard ratio based on stratified Cox proportional-hazards model.  
<sup>b</sup>*P*-value based on stratified log-rank test.

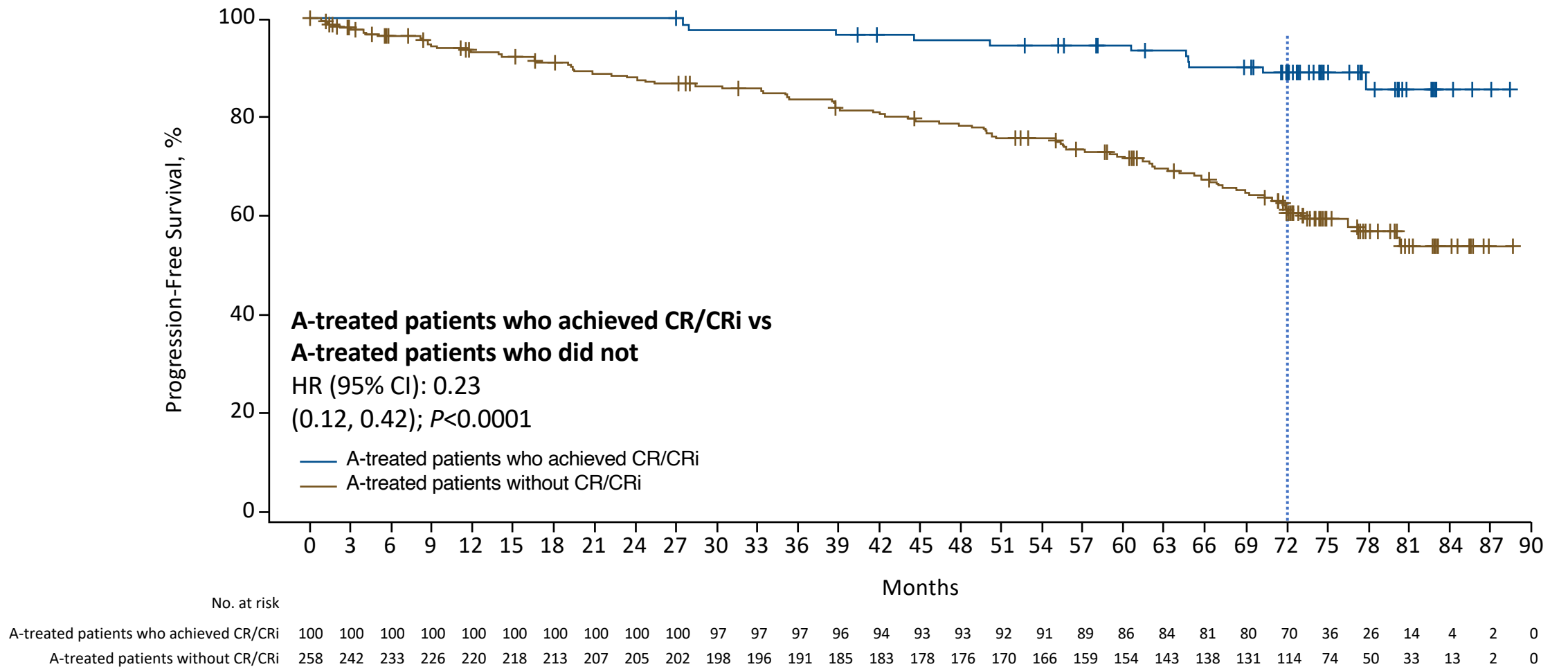
# ELEVATE-TN: ORR improves over time in acalabrutinib-containing arms



- ORR and CR/CRi rates were significantly higher with A+O and A vs O+Clb ( $P \leq 0.0499$  for both arms of the analyses)
- ORR and CR/CRi rates were significantly higher with A+O vs A ( $P=0.022$  for both comparisons)

<sup>a</sup>ORR is defined as achieving CR, CRi, nPR, or PR per the investigator per iwCLL 2008 criteria<sup>6</sup> at or before initiation of subsequent anticancer therapy. ORR does not include PRL.

# ELEVATE-TN: Acalabrutinib-treated patients who achieved CR/CRi had longer PFS





# Extended Follow-up of ALPINE Randomized Phase 3 Study Confirms Sustained Superior Progression-free Survival of Zanubrutinib Versus Ibrutinib for Treatment of Relapsed/Refractory Chronic Lymphocytic Leukemia and Small Lymphocytic Lymphoma (R/R CLL/SLL)

Jennifer R. Brown, MD, PhD<sup>1</sup>; Barbara Eichhorst, MD<sup>2</sup>; Nicole Lamanna, MD<sup>3</sup>; Susan M. O'Brien, MD<sup>4</sup>; Constantine S. Tam, MBBS, MD<sup>5,6</sup>; Lugui Qiu,

## ALPINE Study Design (NCT03734016)

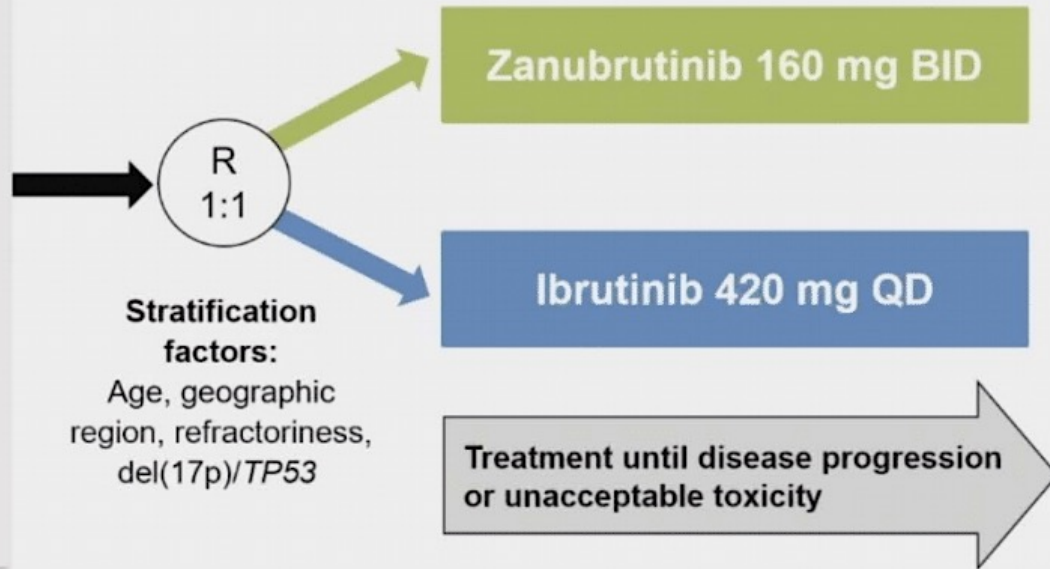
R/R CLL/SLL with  $\geq 1$  prior treatment  
(N=652)

### Key Inclusion Criteria

- R/R to  $\geq 1$  prior systemic therapy for CLL/SLL
- Measurable lymphadenopathy by CT or MRI
- Requires treatment per iwCLL

### Key Exclusion Criteria

- Prior BTK inhibitor therapy
- Treatment with warfarin or other vitamin K antagonists

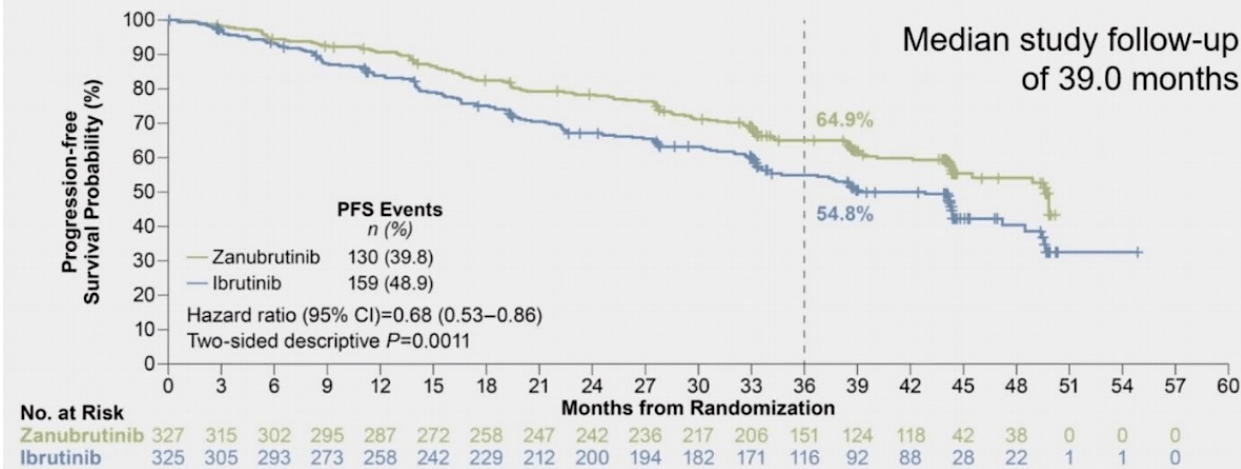


Brown JR, Eichhorst B, Hillmen P, et al. *N Engl J Med*. 2023;388:319-332.

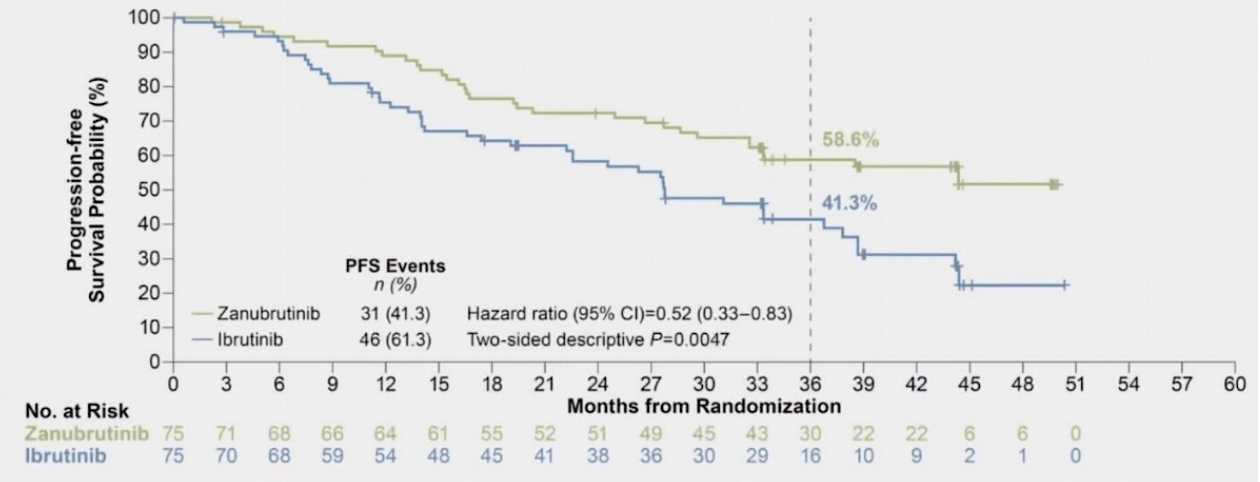


# ALPINE: Zanu vs Ibrutinib

## Zanubrutinib Sustains PFS Benefit Over Ibrutinib At Extended Follow-up

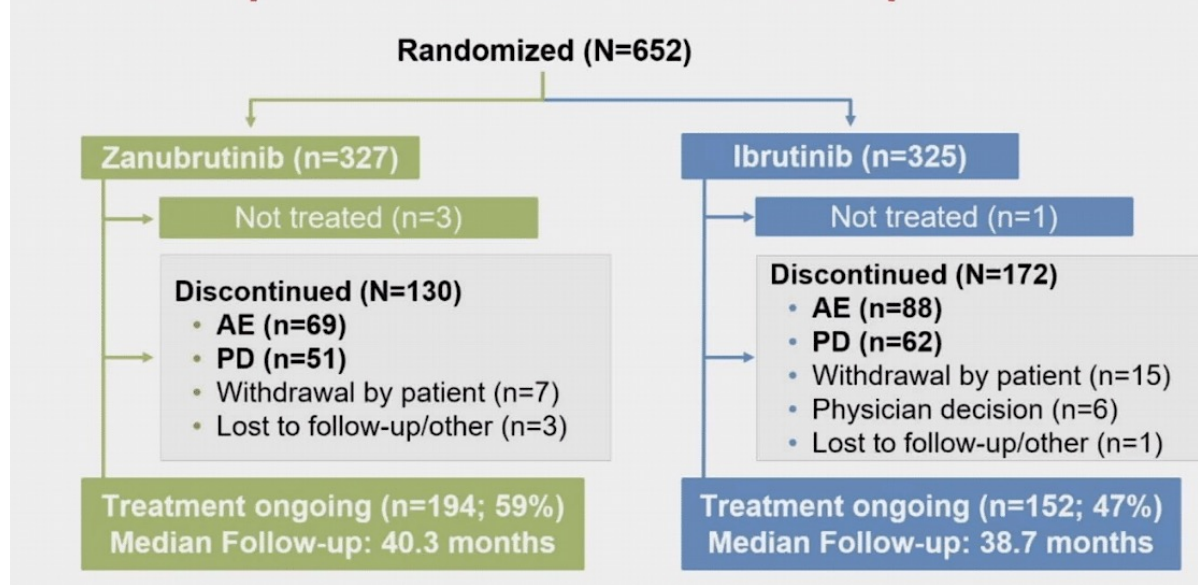


## Improved PFS Was Demonstrated With Zanubrutinib in Patients With del(17p)/TP53<sup>mut</sup>



# ALPINE: Zanu vs Ibrutinib

## Patient Disposition at Extended Follow-up



## Zanubrutinib PFS Benefit Was Consistent Across Multiple Sensitivity Analyses



# Second Generation BTK Conclusions

- Adding Obinutuzumab to acalabrutinib results in deeper responses and longer disease control
- Patients discontinue ibrutinib earlier than second generation BTK inhibitors and side effect profiles favor second generation agents
- Zanubrutinib beats BR in untreated CLL, study serves regulatory purpose if not clinical purpose

# Venetoclax Combinations

- Fürstenau M et al. **First-line venetoclax combinations** in fit patients with CLL: **4-year follow-up** and NGS-based MRD analysis from the **Phase 3 GAIA/CLL13** trial. ASH 2023;Abstract 635.
- Al-Sawaf O et al. **Venetoclax-obinutuzumab** for **previously untreated** chronic lymphocytic leukemia: **6-year results** of the randomized **CLL14** study. EHA 2023;Abstract S145.
- Kater A et al. **Final 7-year follow up** and **retreatment** substudy analysis of **MURANO: Venetoclax-rituximab** (VenR)-treated patients with **relapsed/refractory** chronic lymphocytic leukemia (R/R CLL). EHA 2023;Abstract S201.
- Crombie JL et al. **SAVE (Safe Accelerated Venetoclax Escalation)**: Initial results of a prospective, phase Ib study of venetoclax with an accelerated dose ramp-up in patients with CLL. ASCO 2023;Abstract 7512.

# Venetoclax Conclusions

- Obinutuzumab with venetoclax offers fixed duration therapy yielding impressive duration of disease control
- Bulky disease has lower PFS along with IgHV and TP53
- Obinutuzumab better than rituximab when combined with venetoclax
- Any advantage of triplet therapy emerges late
- Obi-ven can be given in both young/fit, and older/comorbid patients with similar efficacy
- Retreatment feasible
- Accelerating ramp up schedules remain a consideration

# Pirtobrutinib

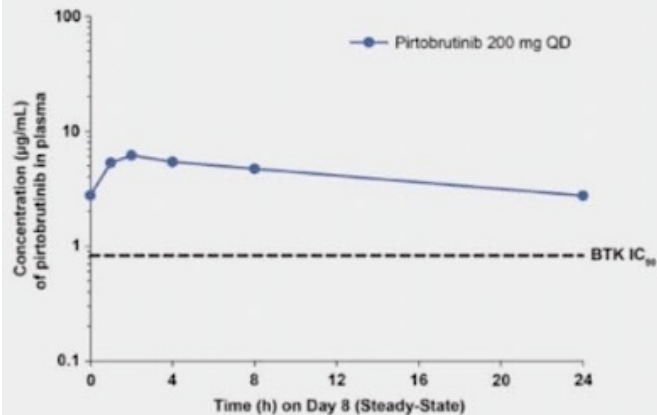
- Woyach JA et al. **Pirtobrutinib** in **post-cBTKi** CLL/SLL: ~30 months follow-up and subgroup analysis with/without prior BCL2i from the Phase 1/2 **BRUIN** study. ASH 2023;Abstract 325.
- Brown J et al. Genomic **evolution** and **resistance** during **pirtobrutinib** therapy in covalent BTK-inhibitor (cBTKi) pre-treated chronic lymphocytic leukemia patients: Updated analysis from the **BRUIN** study. ASH 2023;Abstract 326.



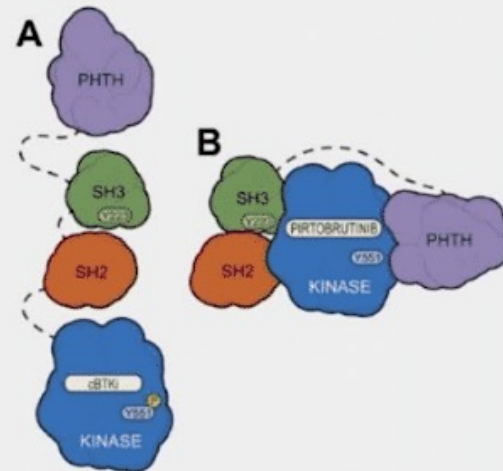
# Pirtobrutinib in Post-cBTKi CLL/SLL: ~30 Months Follow-Up and Subgroup Analysis with/without Prior BCL2i from the Phase 1/2 BRUIN Study

Jennifer A. Woyach<sup>1</sup>, Jennifer R. Brown<sup>2</sup>, Paolo Ghia<sup>3</sup>, Lindsey E. Roeker<sup>4</sup>, Krish Patel<sup>5</sup>, Toby A. Eyre<sup>6</sup>, Talha

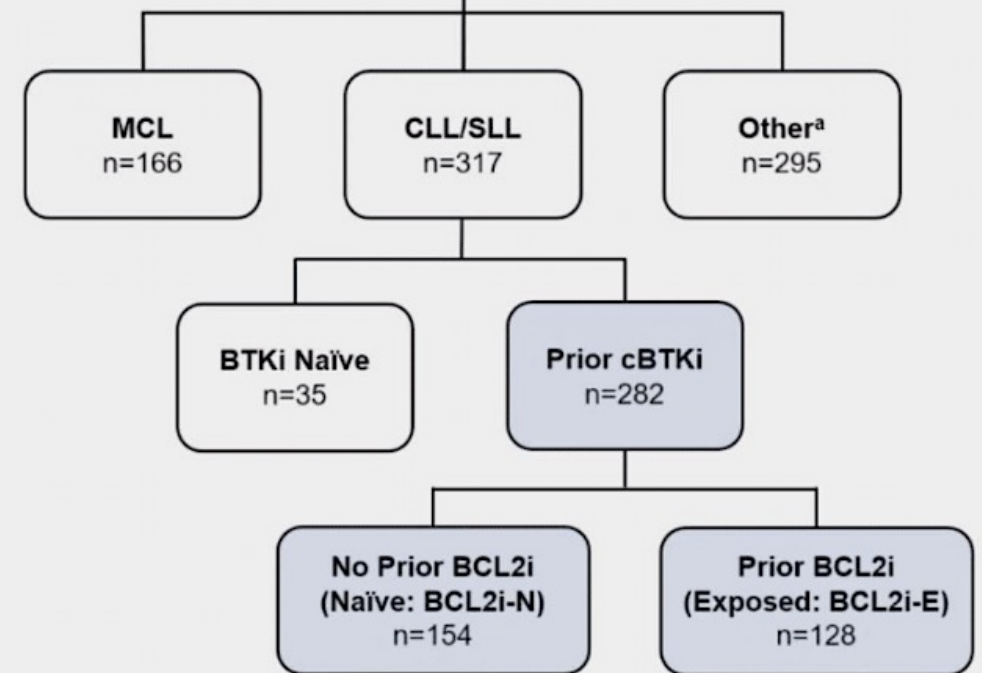
Plasma exposures exceeded BTK IC<sub>90</sub> throughout dosing interval



Pirtobrutinib may stabilize/maintain BTK in a closed inactive conformation<sup>7</sup>

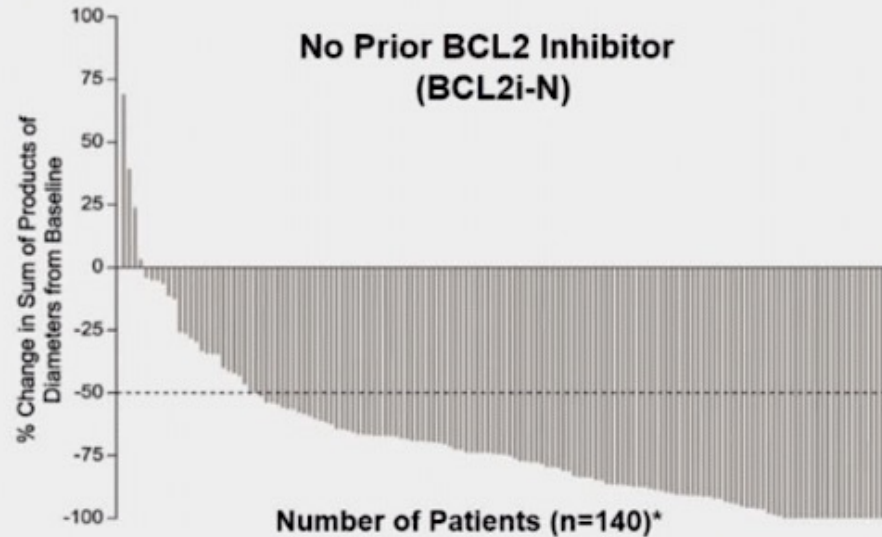


Phase 1 Escalation + Expansion (25 to 300 mg QD)  
Phase 2 (200 mg QD)  
N=778

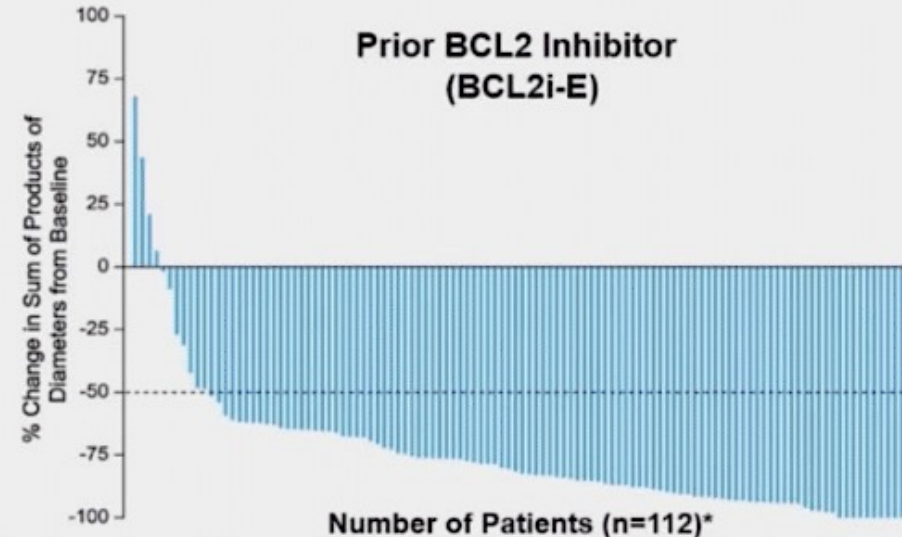


# BRUIN: ORR Similar Between BCL-2 Exposed/Naive

## Pirtobrutinib Efficacy in Patients who Received Prior cBTKi, with or without Prior BCL2i



BCL2i-N	(n=154) <sup>b</sup>
ORR <sup>a</sup> incl. PR-L, % (95% CI)	83.1 (76.2-88.7)
Best Response, n (%)	
CR	5 (3.2)
nPR	2 (1.3)
PR	108 (70.1)
PR-L	13 (8.4)

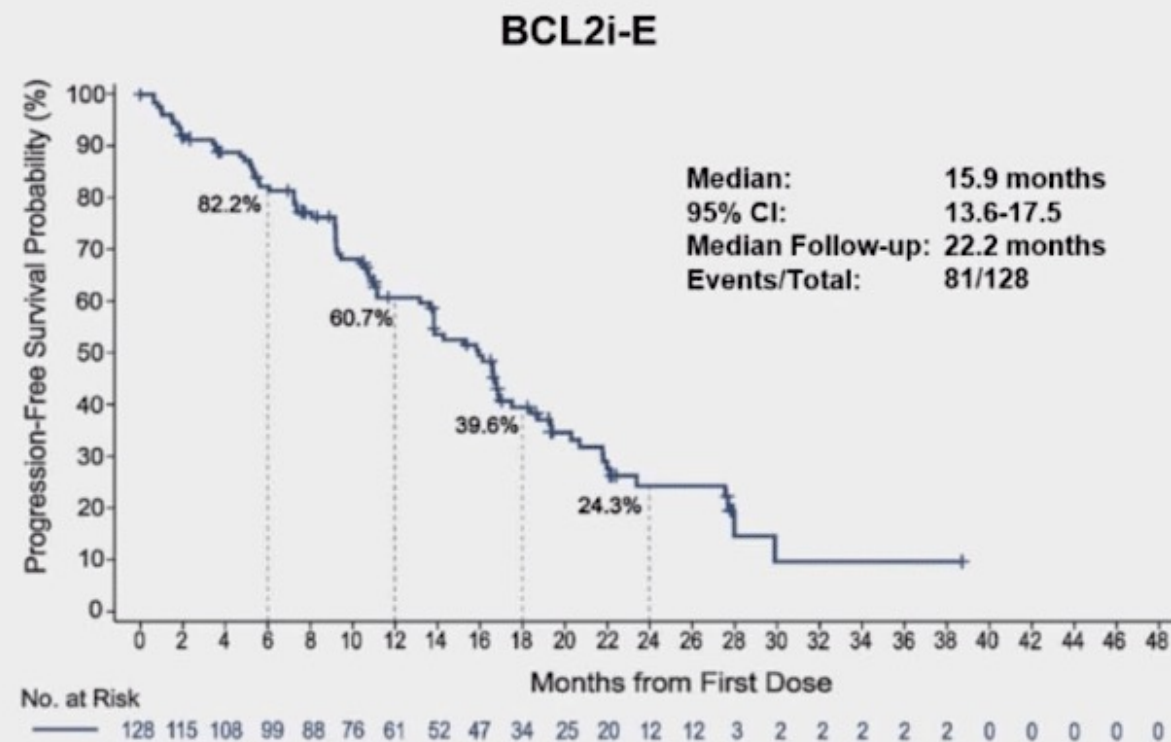
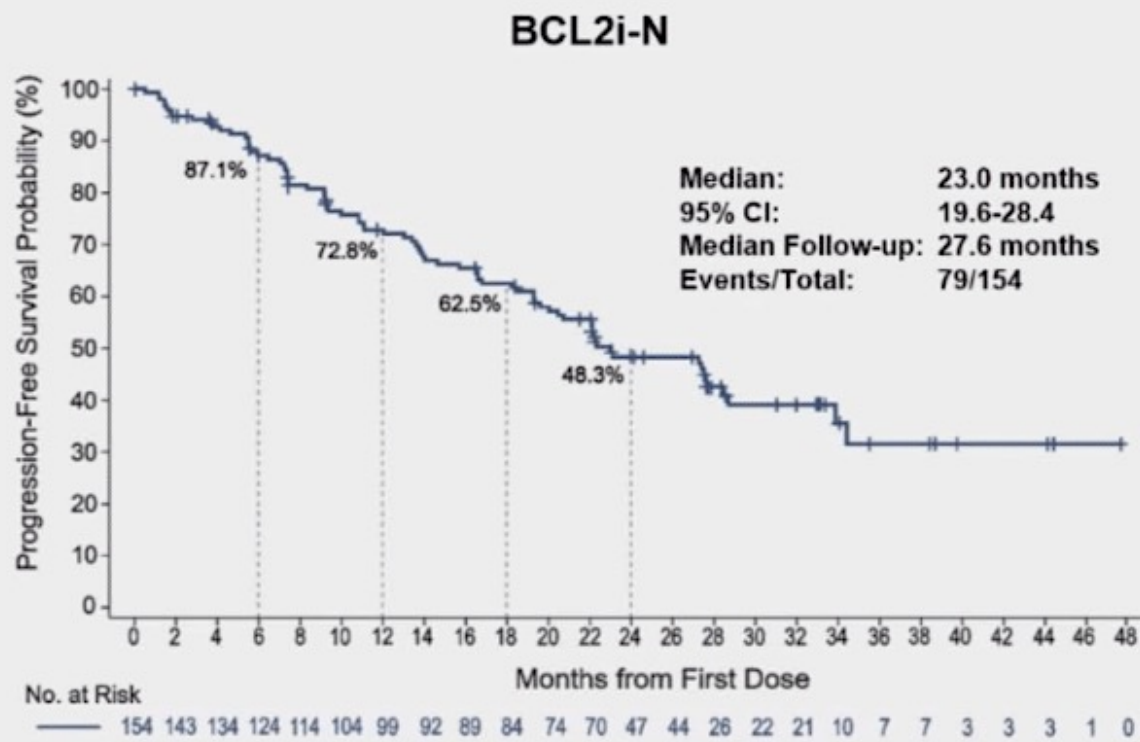


BCL2i-E	(n=128) <sup>c</sup>
ORR <sup>a</sup> incl. PR-L, % (95% CI)	79.7 (71.7-86.3)
Best Response, n (%)	
CR	0 (0)
nPR	0 (0)
PR	88 (68.8)
PR-L	14 (10.9)



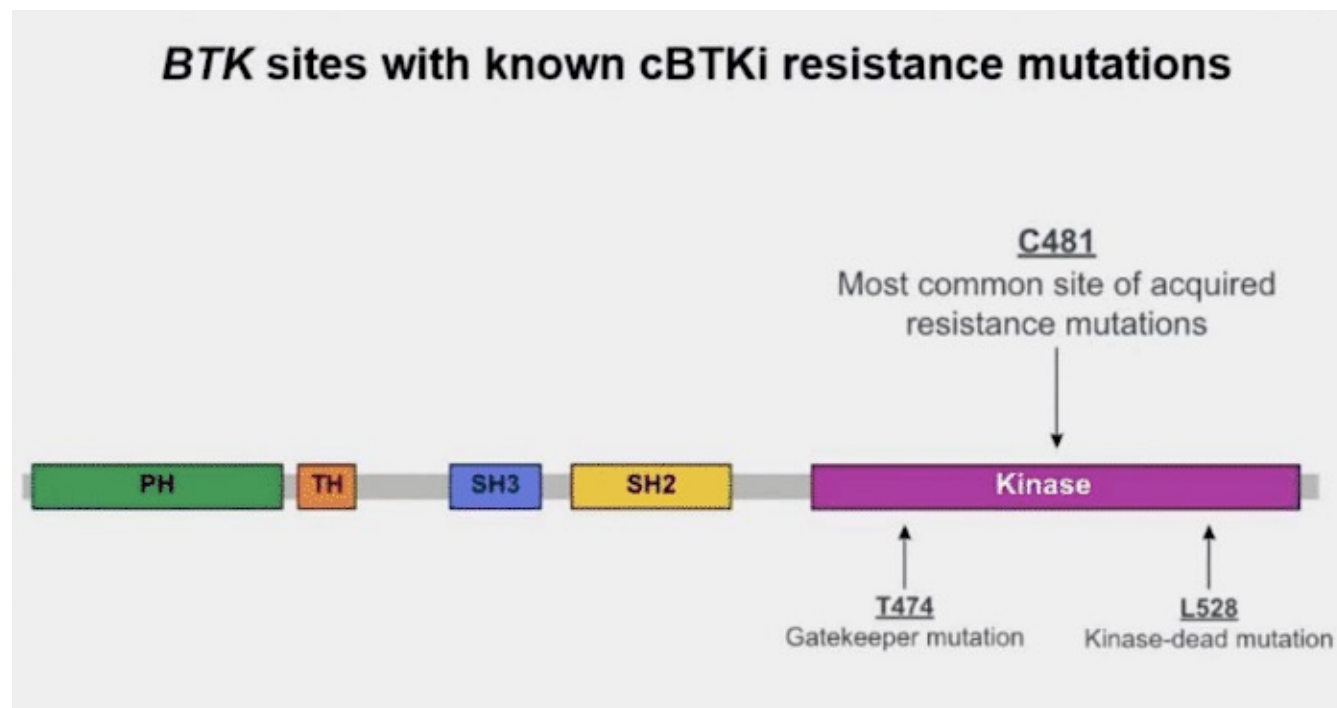
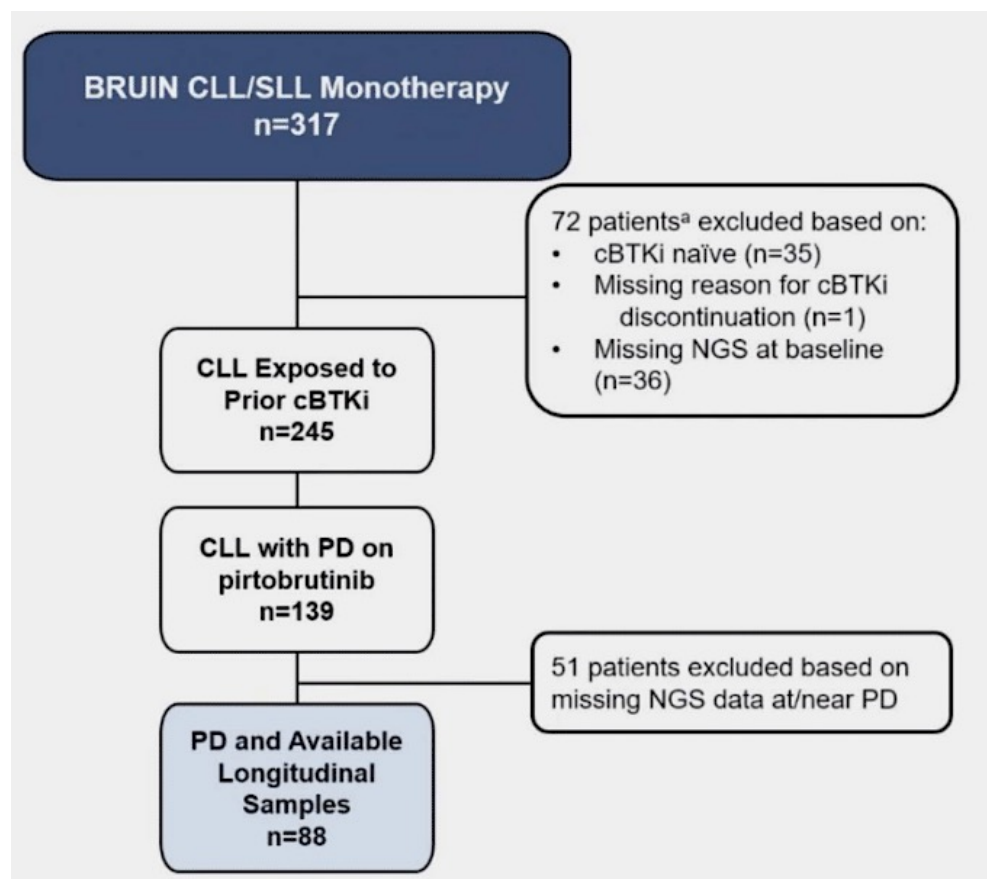
# BRUIN: PFS Varied based upon prior BCL2 exposure

## Pirtobrutinib Progression-Free Survival with Prior cBTKi, with or without Prior BCL2i

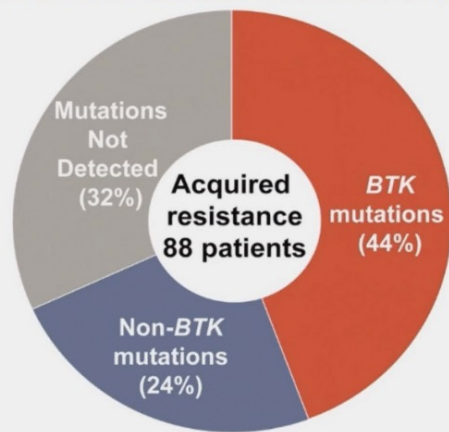


# Genomic Evolution and Resistance during Pirtobrutinib Therapy in Covalent BTK-Inhibitor (cBTKi) Pre-treated Chronic Lymphocytic Leukemia Patients: Updated Analysis from the BRUIN Study

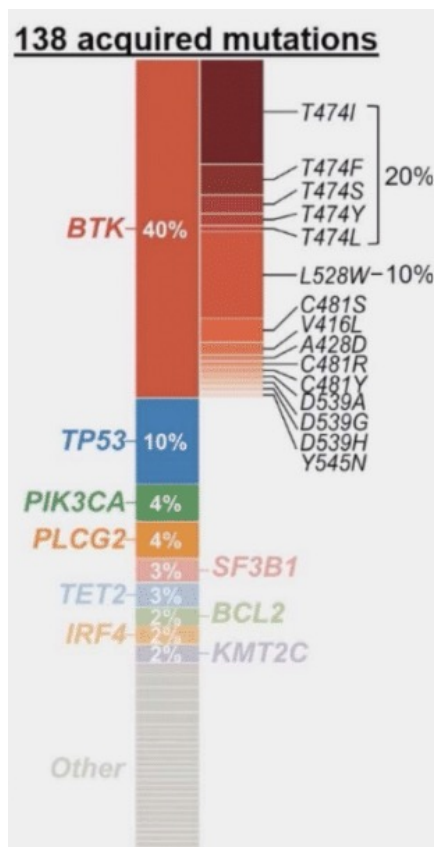
Jennifer R. Brown<sup>1</sup>, Sai Prasad Desikan<sup>2</sup>, Bastien Nguyen<sup>3</sup>, Helen Won<sup>3</sup>, Shady I. Tantawy<sup>2</sup>, Samuel C.



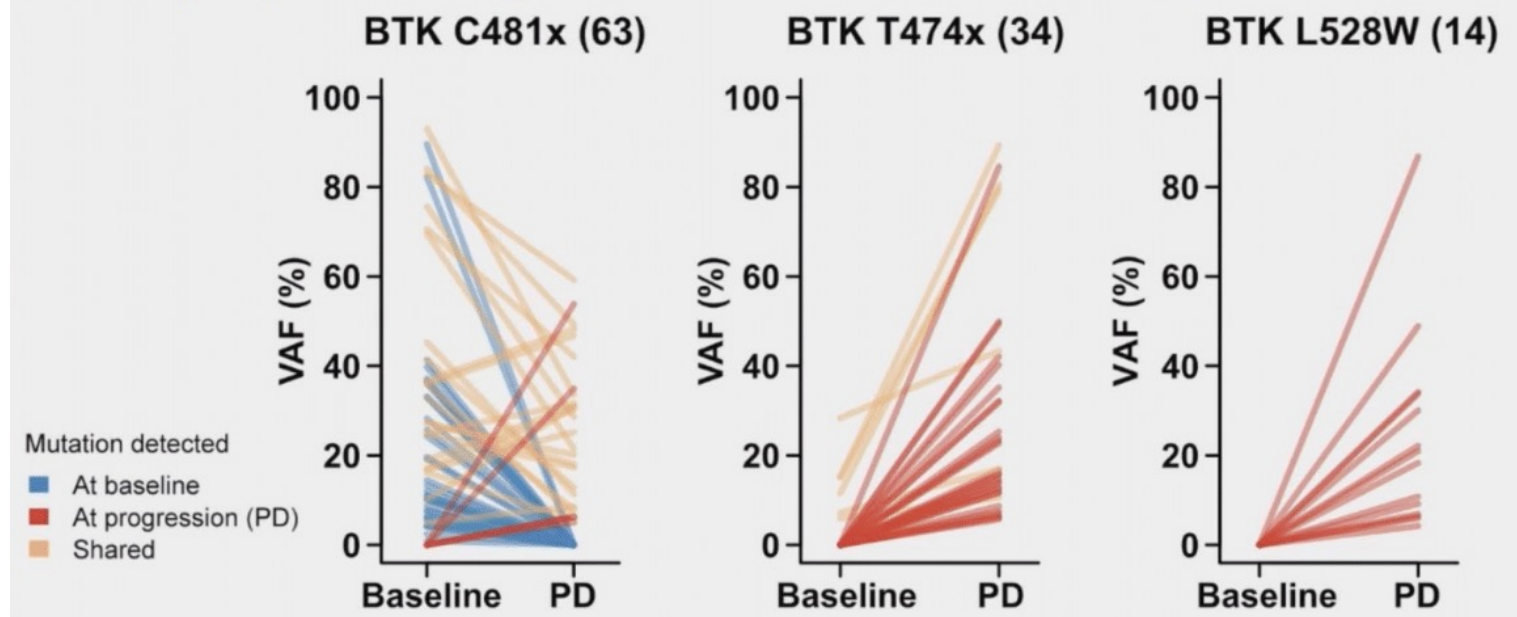
Acquired Mutations were Detected at PD in 68% of Patients



# Mutation Profile Evolves on Pirtobrutinib



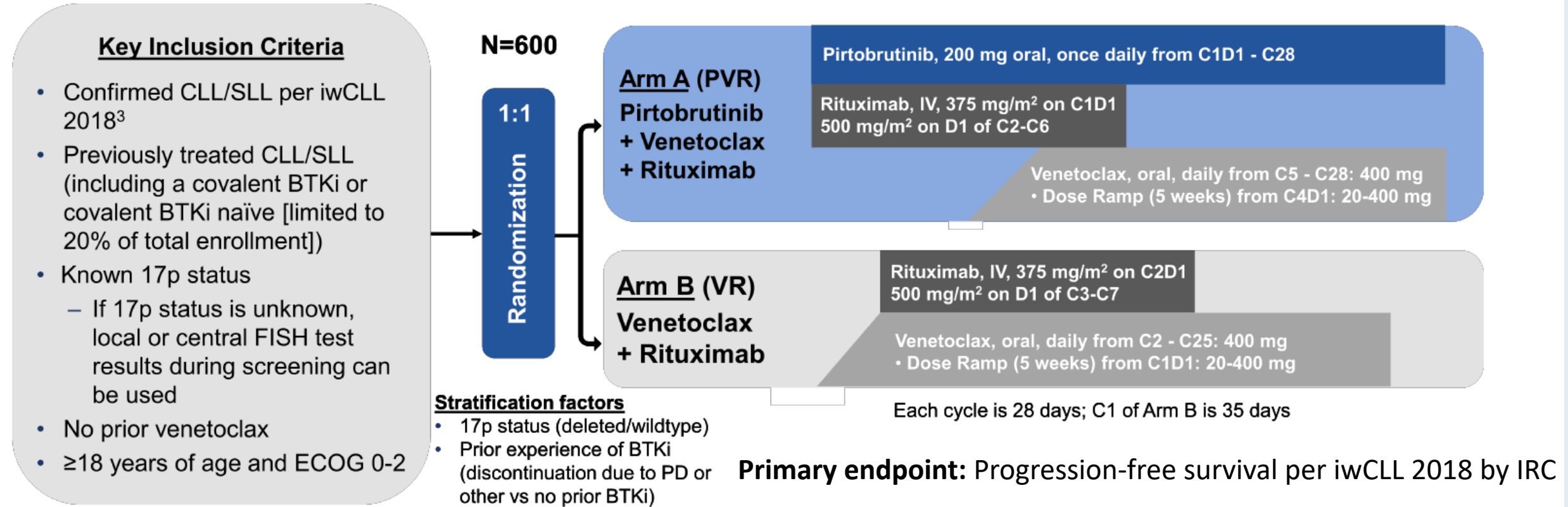
The Majority of *BTK* Acquired Mutations were T474x and L528W



# Pirtobrutinib conclusions

- Pirtobrutinib offers high response rates but modest PFS and significantly impacted by prior BCL2 use
- BTK resistance is an evolving story and clonal dynamics evolve quickly

# BRUIN CLL-322: Phase III Trial Design



**June 2023: Enrollment ongoing for patients who previously received cBTKi, complete for cBTKi-naïve disease**



## Ongoing Phase III Trials Evaluating Pirtobrutinib

Trial	Population	Experimental Arm	Control Arm
NCT05023980, phase 3	Untreated CLL/SLL	Pirtobrutinib	Bendamustine + Rituximab
NCT04965493, phase 3	Previously treated CLL/SLL	Pirtobrutinib + Venetoclax + Rituximab	Venetoclax + Rituximab
NCT04666038, phase 3	BTK inhibitor pre-treated CLL/SLL	Pirtobrutinib	Investigator's choice of Idelalisib + Rituximab or Bendamustine + Rituximab
NCT04662255, phase 3	Previously treated, BTK inhibitor naïve MCL	Pirtobrutinib	Investigator choice of covalent BTK Inhibitor
BTK, Bruton's tyrosine kinase; CLL/SLL, chronic lymphocytic leukemia/small lymphocytic lymphoma; MCL, mantle cell lymphoma.			

# Agenda

**INTRODUCTION: An Audio Depiction of Mechanisms of Action of Bcl-2 Inhibitors, Anti-CD20 Antibodies and Covalent and Noncovalent BTK Inhibitors; Mechanisms of Resistance**

**MODULE 1: Current Management Approaches for Patients with Chronic Lymphocytic Leukemia (CLL) — Dr Sharman**

**MODULE 2: Top 10 Questions — Part 1**

**MODULE 3: Future Directions in the Care of Patients with CLL — Dr Roeker**

**MODULE 4: Top 10 Questions — Part 2**

## Top 10 Questions — Part 1

**What is your approach to the selection of a first-line BTK inhibitor for patients requiring treatment?**



## Top 10 Questions — Part 1

**How would you compare the efficacy of zanubrutinib to that of acalabrutinib monotherapy and/or acalabrutinib/obinutuzumab?**

## Top 10 Questions — Part 1

**How do you approach first-line treatment for patients with high-risk disease (del(17p), TP53, IGHV unmutated)? What about asymptomatic patients?**

## Top 10 Questions — Part 1

**How do you approach the use of venetoclax as first-line treatment?**

**Do you always use it in combination with anti-CD20 therapy; which anti-CD20 and which do you administer first?**

## Top 10 Questions — Part 1

**How do you approach the use of a BTK inhibitor for a patient requiring anticoagulation?**

# Agenda

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**MODULE 4: Top 10 Questions — Part 2**

# Fixed-Duration Ibrutinib/Venetoclax

- Ghia P et al. Relapse after **first-line fixed duration ibrutinib + venetoclax**: High response rates to ibrutinib retreatment and absence of BTK mutations in patients with chronic lymphocytic leukemia (CLL)/small lymphocytic lymphoma (SLL) with up to **5 years of follow-up** in the **Phase 2 Captivate** study. ASH 2023;Abstract 633.
- Kater A et al. Time-limited **venetoclax and ibrutinib** for patients with **relapsed/refractory** CLL who have undetectable MRD – 4-year follow up from the randomized **Phase II VISION/HO141** trial. EHA 2023;Abstract S148.
- Hillmen P et al. **Ibrutinib plus venetoclax** with MRD-directed duration of treatment is superior to FCR and is a new standard of care for **previously untreated** CLL: Report of the **Phase III UK NCRI FLAIR** study. ASH 2023;Abstract 631.
- Woyach JA et al. Results of a **phase 3** study of **IVO vs IO** for **previously untreated** older patients (pts) with chronic lymphocytic leukemia (CLL) and impact of COVID-19 (Alliance). ASCO 2023;Abstract 7500.
- Follows G et al. **First-line fixed-duration ibrutinib plus venetoclax** (Ibr + Ven) versus chlorambucil plus obinutuzumab (Clb + O): **55-month follow-up** from the **Glow** study. ASH 2023;Abstract 634.

Ibrutinib plus venetoclax with MRD-directed duration of treatment is superior to FCR and is a new standard of care for previously untreated CLL: Report of the Phase III UK NCRI FLAIR study

I+V improves progression free and overall survival compared to FCR (a real control arm!), especially in uIGHV and regardless of cytogenetics

Relapse after first-line fixed duration ibrutinib + venetoclax: High response rates to ibrutinib retreatment and absence of BTK mutations in patients with chronic lymphocytic leukemia (CLL)/small lymphocytic lymphoma (SLL) with up to 5 years of follow-up in the Phase 2 CAPTIVATE study

Fixed duration I+V may mitigate risk of developing resistance mutations  
Patients can successfully be retreated with ibrutinib-based therapy



First-line fixed-duration ibrutinib plus venetoclax (Ibr+Ven) versus chlorambucil plus obinutuzumab (Clb+O): 55-month follow-up from the GLOW study

MRD status at end of treatment predicts PFS,  
especially for uIGHV (less significant for mIGHV)  
I+V improves TTNT for uIGHV vs. Chlorambucil/Obin

Time-limited venetoclax and ibrutinib for patients with relapsed/refractory CLL who have undetectable MRD – 4-year follow up from the randomized Phase II VISION/HO141 trial

Patients who achieve uMRD and stop therapy  
can be successfully retreated upon MRD progression

Results of a phase 3 study of IVO vs IO for previously untreated older patients (pts) with chronic lymphocytic leukemia (CLL) and impact of COVID-19 (Alliance)

IVO is not superior to IO in older adults  
Excess COVID-related deaths for those who received IVO

# Second-Generation BTK Inhibitors in Combination with Venetoclax

- Furstenau M et al. Long-term remissions with MRD-guided **acalabrutinib, venetoclax and obinutuzumab** in **relapsed/refractory** CLL: Follow-up efficacy and circulating tumor DNA analysis of the CLL2-Baag trial. ASH 2023;Abstract 203.
- Allan J et al. **Zanubrutinib and venetoclax** as **initial therapy** for CLL/SLL with **obinutuzumab triplet consolidation** in patients with minimal residual disease positivity (**BruVenG**). ASH 2023;Abstract 3285.

Long-term remissions with MRD-guided acalabrutinib, venetoclax and obinutuzumab in relapsed/refractory CLL: Follow-up efficacy and circulating tumor DNA analysis of the CLL2-BAAG trial

Treatment with AVO in a R/R population achieves high levels of uMRD  
ctDNA enhances ability to detect early molecular relapse

# Pirtobrutinib in Combination with Venetoclax/Rituximab

- Roeker L et al. **Fixed-duration pirtobrutinib** combined with **venetoclax ± rituximab** in **relapsed/refractory** chronic lymphocytic leukemia: Updated results, including MRD data, from the **BRUIN** Phase 1b study. ASH 2023;Abstract 3269.

Fixed-duration pirtobrutinib combined with venetoclax  $\pm$  rituximab in relapsed/refractory chronic lymphocytic leukemia: Updated results, including MRD data, from the BRUIN Phase 1b study

Pirtobrutinib / Venetoclax  $\pm$  Rituximab is effective  
(achieves high ORR) in R/R population

No DLTs observed, combination being explored in Ph3 study

# Novel Agents and Strategies

- Woyach JA et al. First-in-human study of the **reversible BTK inhibitor nemtabrutinib** in patients with **relapsed/refractory** chronic lymphocytic leukemia and B-cell non-Hodgkin lymphoma. *Cancer Discov* 2024;14(1):66-75.
- Siddiqi T et al. **Lisocabtagene maraleucel** (liso-cel) in R/R CLL/SLL: 24-month median follow-up of **TRANSCEND CLL 004**. ASH 2023;Abstract 330.
- Tam C et al. Combination treatment with **sonrotoclax (BGB-11417), a second-generation BCL2 inhibitor, and zanubrutinib**, a Bruton tyrosine kinase (BTK) inhibitor, is well tolerated and achieves deep responses in patients with **treatment-naïve** chronic lymphocytic leukemia/small lymphocytic lymphoma (TN-CLL/SLL): Data from an ongoing Phase 1/2 study. ASH 2023;Abstract 327.



New Agents

First-in-human study of the reversible BTK inhibitor nemtabrutinib in patients with relapsed/refractory chronic lymphocytic leukemia and B-cell non-Hodgkin lymphoma

Nemtabrutinib is a noncovalent BTKi with activity in CLL  
(regardless of C481 status) and NHL

Lisocabtagene maraleucel (liso-cel) in R/R CLL/SLL: 24-month median follow-up of TRANSCEND CLL 004

For responders, Liso-cel achieves durable remissions,  
even for those with double refractory disease

Combination treatment with sonrotoclax (BGB-11417), a second-generation BCL2 inhibitor, and zanubrutinib, a Bruton tyrosine kinase (BTK) inhibitor, is well tolerated and achieves deep responses in patients with treatment-naïve chronic lymphocytic leukemia/small lymphocytic lymphoma (TN-CLL/SLL): Data from an ongoing Phase 1/2 study

Sonrotoclax and Zanubrutinib is a well tolerated and effective (ORR 100%, though follow up is currently limited) combination

# Richter's Transformation

- Frustaci AM et al. Results of **MOLTO**, a multicenter, open label, phase II clinical trial evaluating **venetoclax, atezolizumab and obinutuzumab** combination in **Richter syndrome**. ASCO 2023;Abstract 7502.
- Al-Sawaf O et al. **Tislelizumab plus zanubrutinib** in patients with **Richter transformation**: Primary endpoint analysis of the prospective, multi-center, **Phase-II RT1** trial of the German CLL Study Group. ASH 2023;Abstract 204.
- Wierda W et al. **Pirtobrutinib** in **Richter transformation**: Updated efficacy and safety results with 18-month median survival follow-up from the Phase 1/2 **BRUIN** study. ASH 2023;Abstract 1737.

# Richter's Transformation

Results of MOLTO, a multicenter, open label, phase II clinical trial evaluating venetoclax, atezolizumab and obinutuzumab combination in Richter syndrome

Obin / Atezo / Ven has activity in untreated Richter's transformation with ORR of 68%, median PFS of 16 months (compares favorably to CIT)

Tislelizumab plus zanubrutinib in patients with Richter transformation:  
Primary endpoint analysis of the prospective, multi-center, Phase-II RT1 trial  
of the German CLL Study Group

Tislelizumab / Zanubrutinib has activity in Richter's transformation  
( $\leq 1$  prior line) with ORR 58%, median PFS 10 months

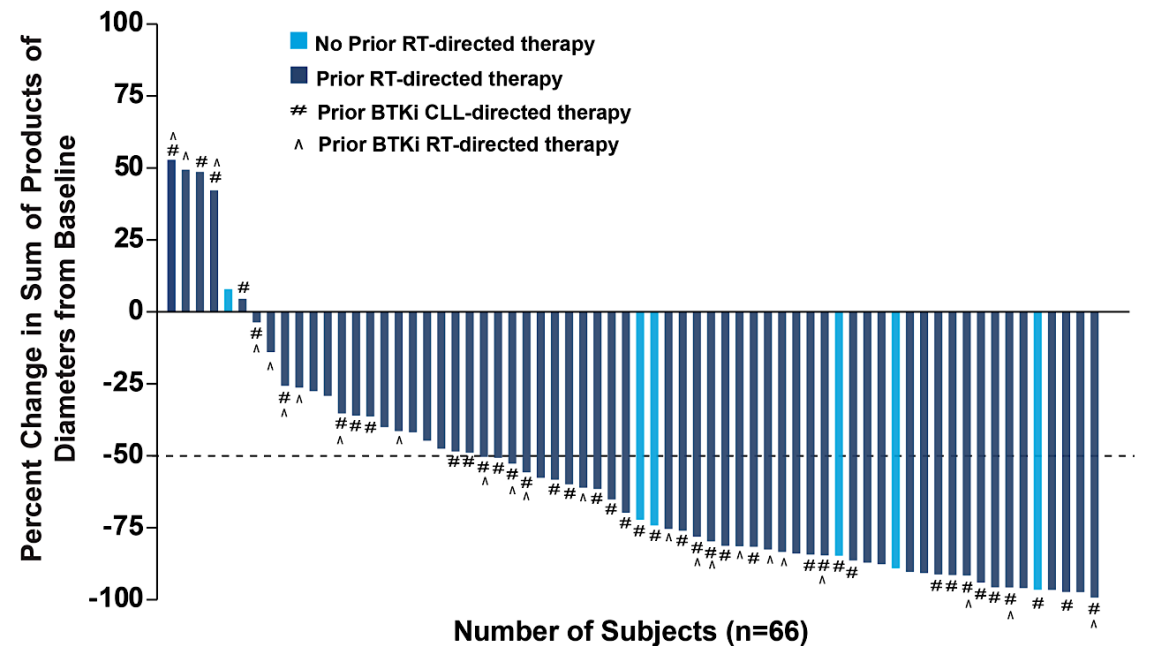


# Pirtobrutinib in Richter transformation: Updated efficacy and safety results with 18-month median survival follow-up from the Phase 1/2 BRUIN study

Characteristics	Overall n=82
<b>Median Age</b> , years (range)	67 (26-95)
<b>Male</b> , n (%)	55 (67)
<b>ECOG PS</b> , n (%)	
0	32 (39)
1	38 (46)
2	12 (15)
<b>Ann Arbor Stage</b> , n (%)	
Stage I-II	8 (10)
Stage III-IV	57 (70)
Missing	17 (21)
<b>Tumor Bulk</b> (cm), n (%)	
<5	39 (48)
≥5	36 (44)
No Measurable Lymph Node	7 (9)
<b>Elevated LDH</b> , n (%)	
Yes	66 (81)
No	16 (20)
<b>Median Time</b> , months (IQR)	
From Initial CLL Diagnosis to RT Presentation	61 (17-102)
From Transformation to First Pirtobrutinib Dose	5 (2-13)
<b>Median Number of Prior Lines of</b> , (range)	
CLL Therapy	2 (0-13)
RT Therapy	2 (0-8)
CLL and RT Therapy	4 (0-13)

Prior Therapies	Any	RT-Directed	CLL-Directed
<b>Number of Patients</b> , n/n (%)	81/82 (99)	74/82 (90)	65/82 (79)

	All n=82	Prior RT Therapy n=74
<b>Overall Response Rate<sup>a</sup></b> , % (95% CI)	50.0 (38.7-61.3)	48.6 (36.9-60.6)
<b>Best Response</b> , n (%)		
CR	11 (13.4)	9 (12.2)
PR	30 (36.6)	27 (36.5)



Median DOR = 7.4 months (9.7 mo f/u)

Median PFS = 3.7 months (13.8 mo f/u)

Pirtobrutinib in Richter transformation: Updated efficacy and safety results with 18-month median survival follow-up from the Phase 1/2 BRUIN study

Pirtobrutinib has single agent activity in R/R Richter's with ORR of 50%

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## Top 10 Questions — Part 2

**Regulatory and reimbursement issues aside, in what situations, if any, do you believe a first-line combination of a BTKi and venetoclax (with or without an anti-CD20 antibody) is a reasonable choice for CLL?**

## Top 10 Questions — Part 2

**Globally, how would you evaluate the efficacy and tolerability/convenience of a first-line combination of a BTKi and venetoclax (with or without an anti-CD20 antibody) versus a BTKi or venetoclax/obinutuzumab?**

## Top 10 Questions — Part 2

**In what situations are you currently considering pirtobrutinib for CLL?**

**Globally, how would you evaluate the tolerability of pirtobrutinib versus acalabrutinib and zanubrutinib?**

**Any thoughts on the use of pirtobrutinib with venetoclax?**

## Top 10 Questions — Part 2

**What are your thoughts on some of the promising therapeutic developments beyond R-CHOP for patients with Richter's transformation (Pirtobrutinib, CAR T-cell therapy)?**

## Top 10 Questions — Part 2

**What are your thoughts on other new strategies and agents for patients with CLL or Richter's transformation (BTK degraders, CAR-T, bispecifics)?**



# **Year in Review: Clinical Investigator Perspectives on the Most Relevant New Data Sets and Advances in Oncology**

*A Multitumor CME/MOC-Accredited Live Webinar Series*

## **Gastroesophageal Cancers**

**Thursday, February 8, 2024  
5:00 PM – 6:00 PM ET**

### **Faculty**

**Yelena Y Janjigian, MD  
Zev Wainberg, MD, MSc**

### **Moderator**

**Neil Love, MD**

*Thank you for joining us!*

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