Practical Perspectives on the Current Role of Bispecific Antibodies in the Management of Lymphoma — What Happened at ASH 2025?

A CME/MOC-Accredited Live Webinar

Wednesday, December 17, 2025
5:00 PM – 6:00 PM ET

Faculty

Michael Dickinson, MD
Laurie H Sehn, MD, MPH

Moderator

Neil Love, MD

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Faculty

Michael Dickinson, MD
Hematologist
Lead of Aggressive Lymphoma
Peter MacCallum Cancer Centre
and Royal Melbourne Hospital
Melbourne, Australia

MODERATOR
Neil Love, MD
Research To Practice
Miami, Florida

Laurie H Sehn, MD, MPH
Chair, Lymphoma Tumour Group
BC Cancer Centre for Lymphoid Cancer
Clinical Professor of Medicine
The University of British Columbia
Vancouver, British Columbia, Canada

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Commercial Support

This activity is supported by an educational grant from Genentech, a member of the Roche Group.

Dr Love — Disclosures

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Prof Dickinson — Disclosures

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Dr Sehn — Disclosures

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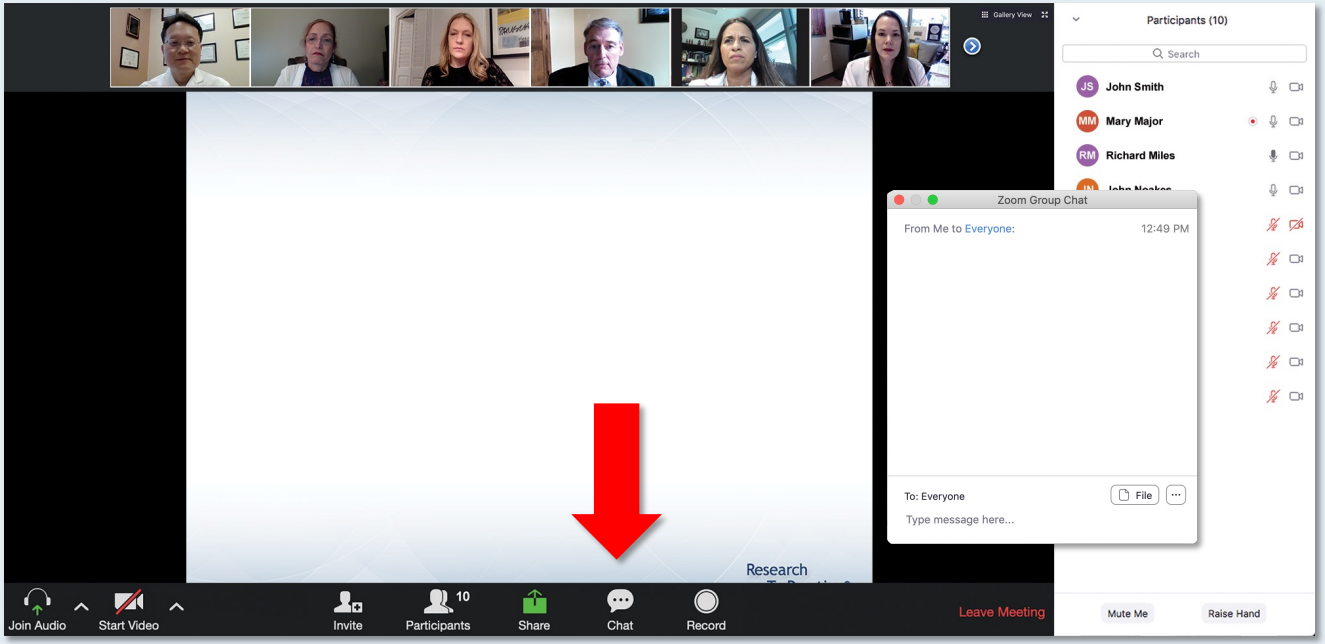
This educational activity contains discussion of non-FDA-approved uses of agents and regimens. Please refer to official prescribing information for each product for approved indications.

We Encourage Clinicians in Practice to Submit Questions



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

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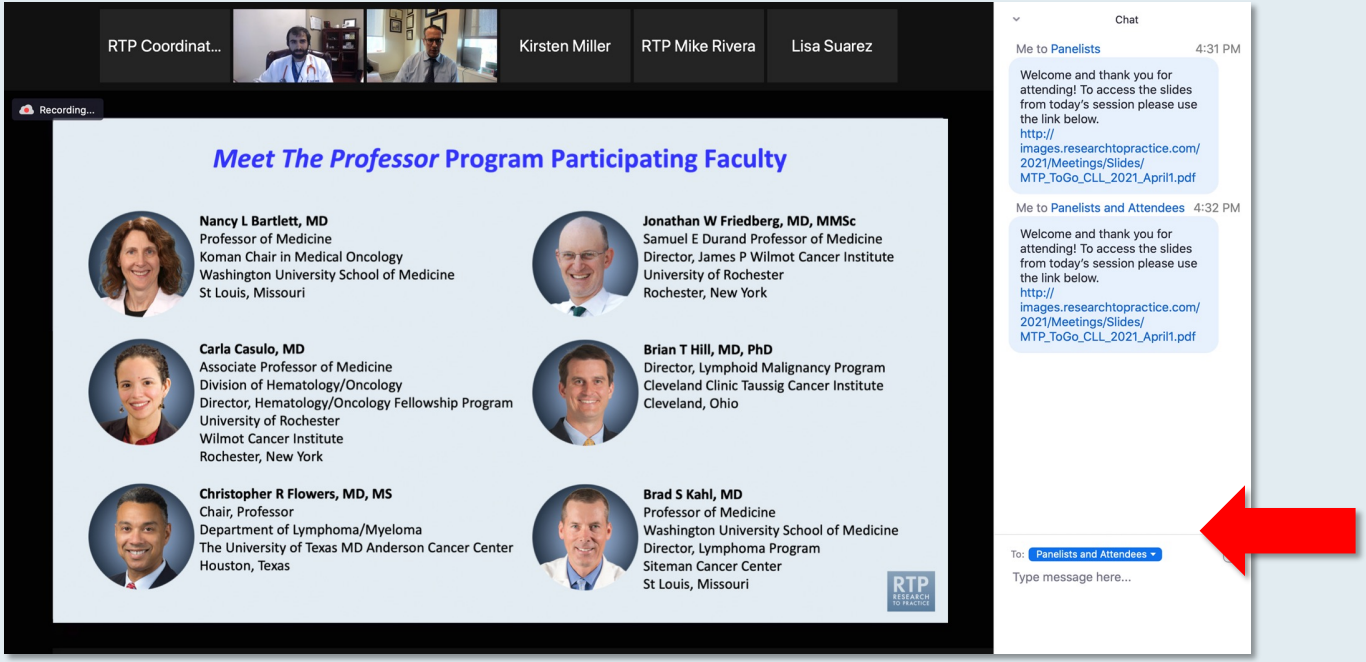

Drag the white line above the submission box up to create more space for your message.

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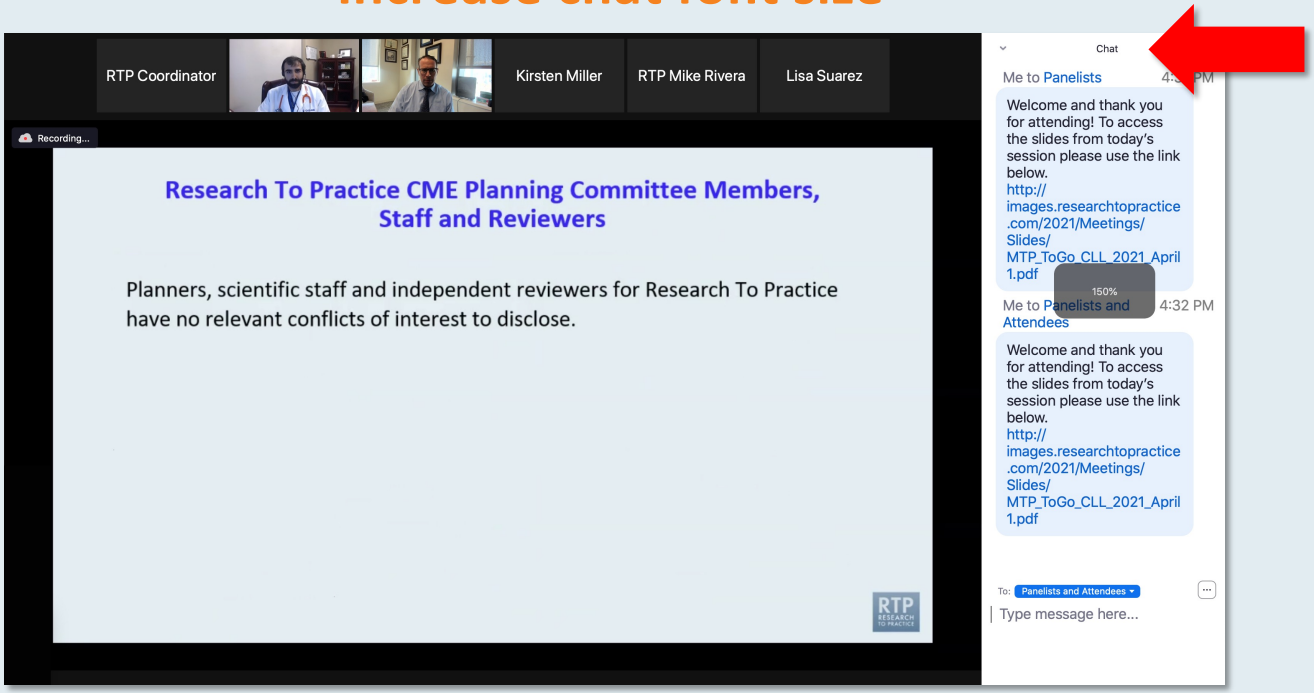

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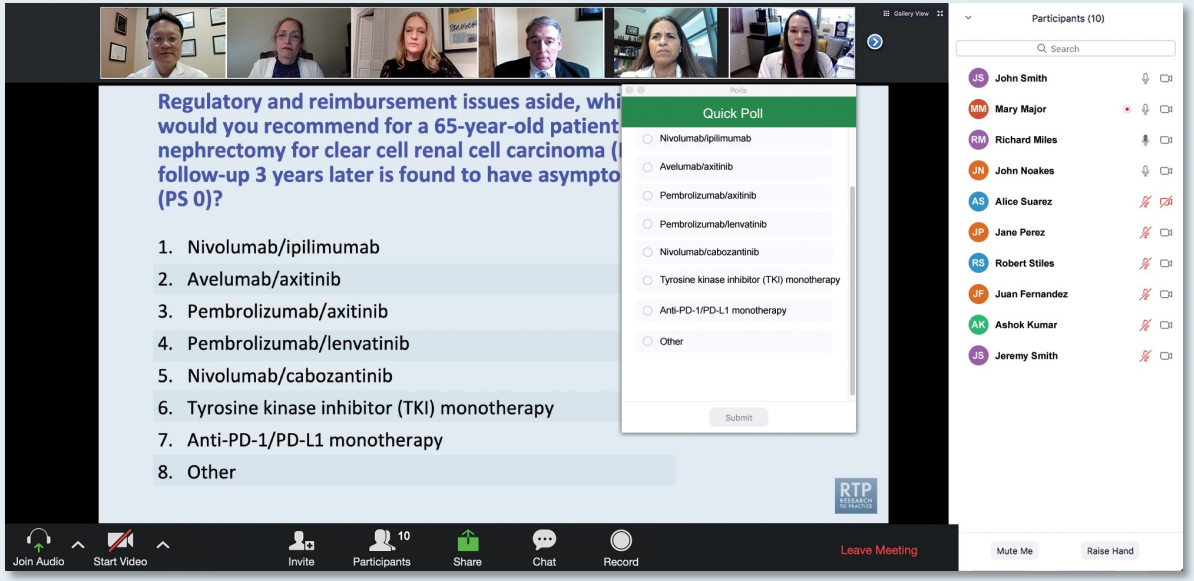

CAR T-Cell Therapy for Non-Hodgkin Lymphoma | Cancer Q&A — Discussing Common Questions Posed by Patients

DR JEREMY S ABRAMSON
MASSACHUSETTS GENERAL HOSPITAL

DR LORETTA J NASTOUPIL
SOUTHWEST ONCOLOGY

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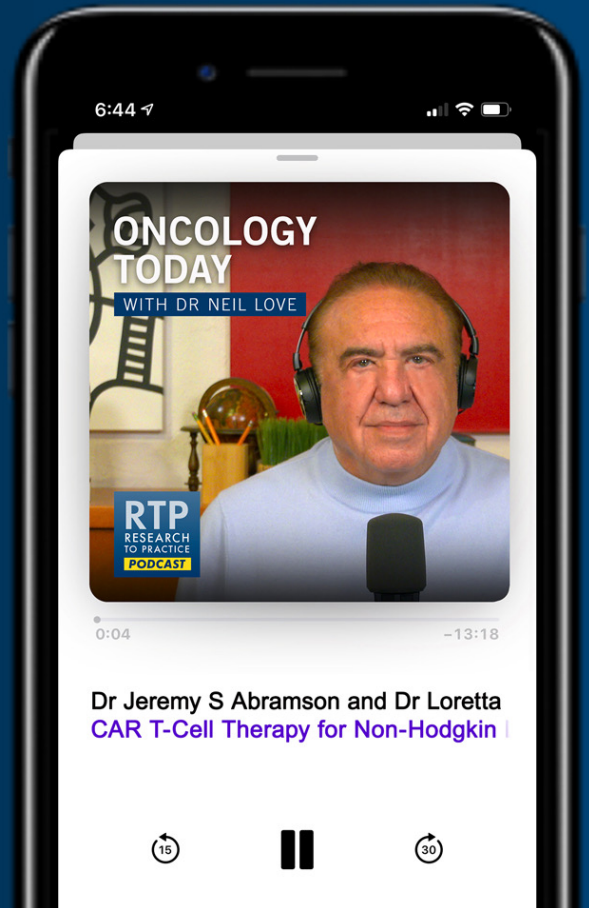

Expert Second Opinion: Investigators Discuss the Optimal Management of Gastrointestinal Cancers

A CME Symposium Series Held Adjunct to the 2026 ASCO® Gastrointestinal Cancers Symposium

HER2-Positive Gastrointestinal Cancers

Thursday, January 8, 2026

7:15 PM – 8:45 PM PT
(10:15 PM – 11:45 PM ET)

Localized Colorectal Cancer

Thursday, January 8, 2026

7:15 PM – 8:45 PM PT
(10:15 PM – 11:45 PM ET)

Advanced Gastroesophageal Cancers

Friday, January 9, 2026

6:00 PM – 8:00 PM PT
(9:00 PM – 11:00 PM ET)

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Grand Rounds

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Through April 2026

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Optimizing Treatment for Patients with Relapsed/Refractory Chronic Lymphocytic Leukemia

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

Friday to Sunday, April 24 to 26, 2026

The Ritz-Carlton Orlando, Grande Lakes | Orlando, Florida

Moderated by Neil Love, MD

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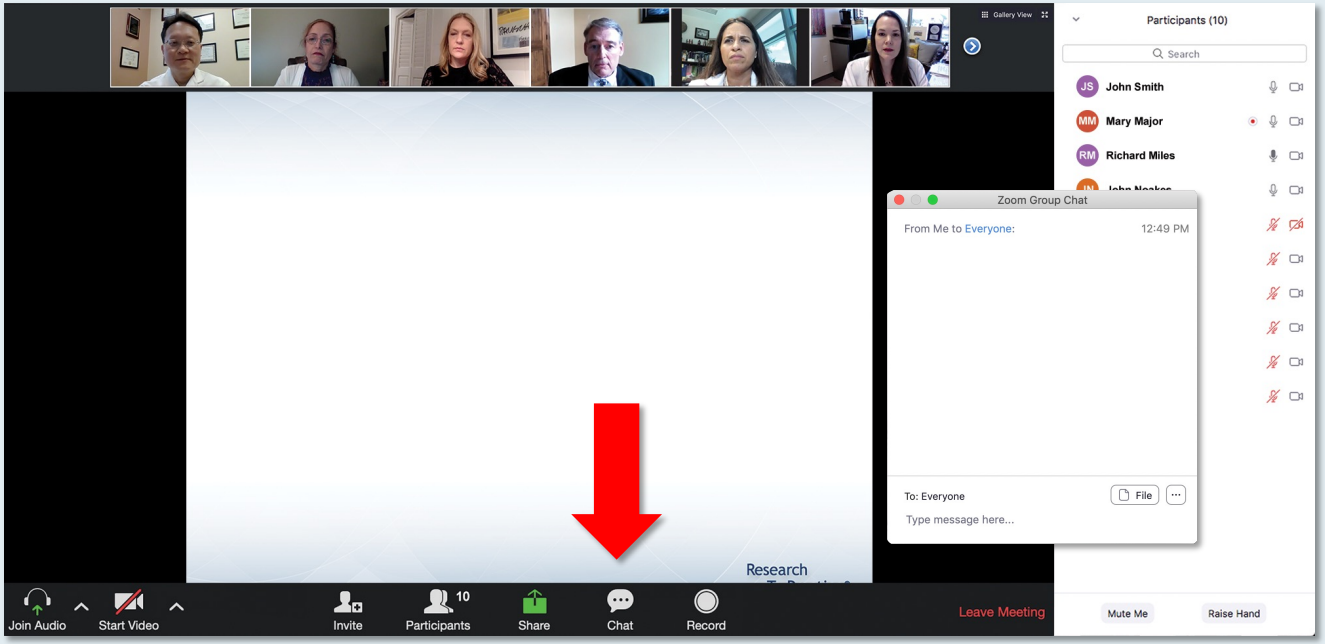

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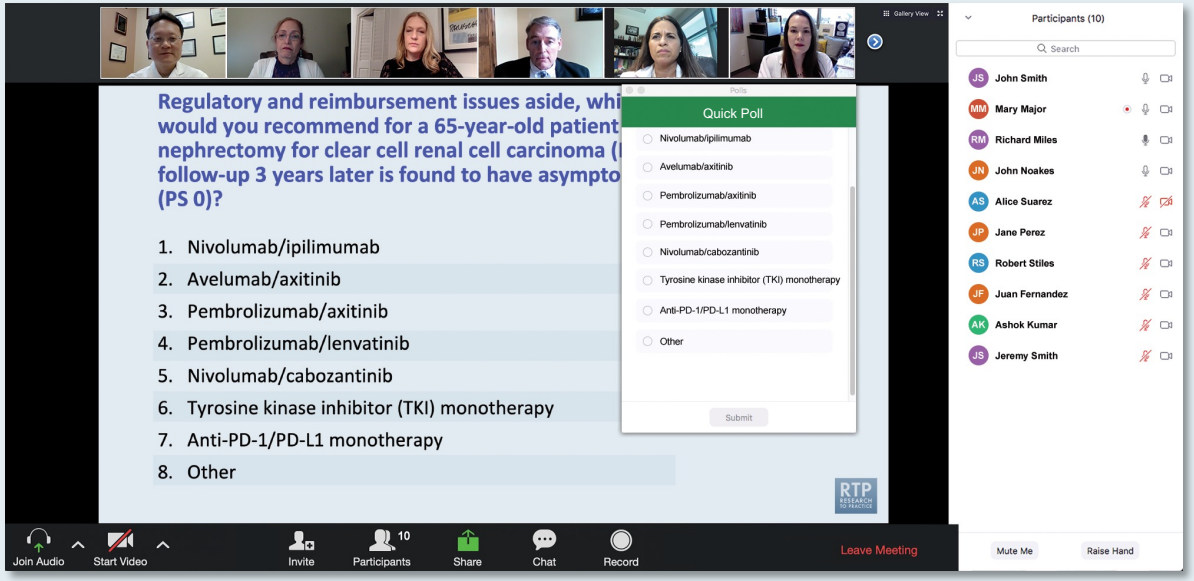

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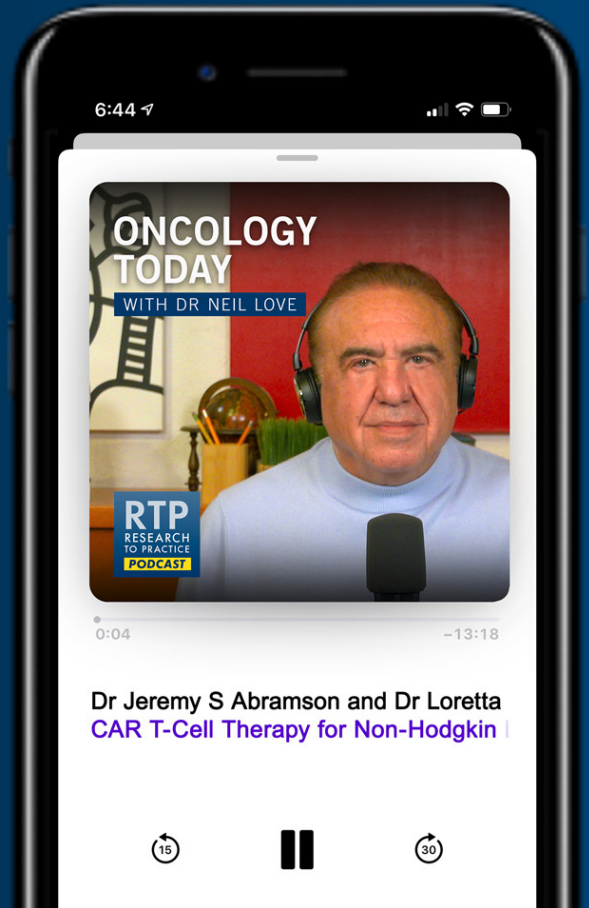

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Key Datasets

Michael Dickinson, MD

- Karimi Y et al. Sustained remissions beyond 4 years with **epcoritamab monotherapy**: **Long term follow-up** results from the pivotal **EPCORE NHL-1** trial in patients with **relapsed or refractory large B-cell lymphoma**. ASH 2025;Abstract 7543.
- Abramson J et al. Sustained clinical benefit of **glofitamab plus gemcitabine and oxaliplatin (GemOx)** versus rituximab plus GemOx (R-GemOx) in patients with **relapsed/refractory (R/R) diffuse large B-cell lymphoma** (DLBCL): **3-year follow-up of STARGLO**. ASH 2025;Abstract 11363.
- Budde E et al. Improvements in **health-related quality of life** (HRQoL) in the **SUNMO study**: **Subcutaneous (SC) mosunetuzumab plus polatuzumab vedotin (Mosun-Pola)** vs rituximab, gemcitabine and oxaliplatin (R-GemOx) in patients with **relapsed/refractory (R/R) large B-cell lymphoma** (LBCL) after at least one prior therapy. ASH 2025;Abstract 2516.
- Gritti G et al. **Glofitamab in combination with polatuzumab vedotin** demonstrates high and durable efficacy in patients with **relapsed/refractory (R/R) large B-cell lymphoma** (LBCL) in the second-line (2L) and third-line and later (3L+) settings: **A subgroup analysis**. ASH 2025;Abstract 4000.
- Andreadis C et al. **Mosunetuzumab (Mosun) or glofitamab (Glofit) in combination with golcadomide (Golca)** demonstrates a manageable safety profile and encouraging efficacy in patients with **relapsed or refractory (R/R) B-cell non-Hodgkin lymphoma (B-NHL)**. ASH 2025;Abstract 2260.

Key Datasets

Michael Dickinson, MD (continued)

- Sharman J et al. **Fixed treatment** duration **subcutaneous mosunetuzumab monotherapy** in **elderly/unfit** patients with **previously untreated diffuse large B-cell lymphoma**: Interim results from the **Phase II MorningSun study**. ASH 2025;Abstract 4514.
- Vitolo U et al. **Fixed-duration epcoritamab monotherapy** induces high response and MRD-negativity rates in **elderly patients** with **newly diagnosed large B-cell lymphoma** (LBCL) and **comorbidities**: Results from **EPCORE DLBCL-3**. ASH 2025;Abstract 3824.
- Michot J-M et al. **Odronextamab plus chemotherapy** in patients with **previously untreated diffuse large B-cell lymphoma** (DLBCL): First results from **part 1 of the phase 3 Olympia-3 study**. ASH 2025;Abstract 8890.

Key Datasets

Laurie H Sehn, MD, MPH

- Budde E et al. **Fixed treatment duration mosunetuzumab** continues to demonstrate clinically meaningful outcomes in patients with **relapsed/refractory (R/R) follicular lymphoma** (FL) after ≥2 prior therapies: **5-year follow-up of a pivotal Phase II study**. ASH 2025;Abstract 2148.
- Bisneto JV et al. Efficacy and safety of **long-term odronextamab** treatment in patients with **relapsed/refractory follicular lymphoma**: **3-year follow-up** from the Phase 2 **ELM-2 study**. ASH 2025;Abstract 8692.
- Falchi L et al. **Primary phase 3 results** from the **epcore FL-1** trial of **epcoritamab with rituximab and lenalidomide (R2)** versus R2 for **relapsed or refractory follicular lymphoma**. ASH 2025;Abstract 244.
- Burke JM et al. **Fixed-duration subcutaneous (SC) mosunetuzumab**, with **maintenance therapy**, in patients (pts) with **previously untreated high-tumor burden follicular lymphoma** (HTB FL): **Longer follow-up** and exploratory **circulating tumor (ct)DNA analysis** of the **Phase II MorningSun study**. ASH 2025;Abstract 4494.
- Olszewski A et al. **Mosunetuzumab with response-driven lenalidomide augmentation** achieves high response rates and immune reprogramming in **untreated follicular and marginal zone lymphoma**: A **multicenter phase 2 trial**. ASH 2025;Abstract 2025.
- Leslie L et al. **Epcoritamab with rituximab + lenalidomide (R2) and epcoritamab maintenance** deliver deep and durable remissions in **previously untreated (1L) follicular lymphoma** (FL): **3-year outcomes** from **epcore NHL-2 arms 6 and 7**. ASH 2025;Abstract 2787.

Key Datasets

Laurie H Sehn, MD, MPH (continued)

- Falchi L et al. **Combined mosunetuzumab and zanubrutinib** for the treatment of patients with **newly diagnosed high-burden follicular lymphoma**: First results of the multicenter **phase 2 mithic-FL2 trial**. ASH 2025;Abstract 4355.
- Wudhikarn K et al. **Odronextamab plus chemotherapy** in patients with **previously untreated follicular lymphoma**: First results from **part 1** of the **phase 3 Olympia-2 study**. ASH 2025;Abstract 11091.
- Sano D et al. Promising response rates and manageable safety with **mosunetuzumab plus lenalidomide (Mosun-Len)** in patients with **relapsed/refractory (R/R) follicular lymphoma** (FL): **US extension cohort** from the **phase III CELESTIMO study**. ASH 2025;Abstract 2295.
- Phillips T et al. **Interim analysis** of the **phase II study of glofitamab, lenalidomide and venetoclax (GLOVe)** in **untreated patients w/ high-risk mantle cell lymphoma**. Response and safety outcomes after the completion of stage 1 of 2 enrollment. ASH 2025;Abstract 1966.

Expert Second Opinion
Investigators Discuss the Role of Novel Treatment Approaches in the Care of Patients with Follicular Lymphoma and Diffuse Large B-Cell Lymphoma

A CME-Accredited Friday Satellite Symposium Preceding the 67th ASH Annual Meeting

Friday, December 5, 2025
7:00 PM – 9:00 PM ET

Faculty

Nancy L Bartlett, MD
John P Leonard, MD
Matthew Matasar, MD
Loretta J Nastoupil, MD
Professor Pier Luigi Zinzani

Moderator

Neil Love, MD

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Agenda

Introduction	Future Treatment of Non-Hodgkin Lymphoma (NHL)
Case 1	Dr Sehn – 66-year-old man with early relapsing DLBCL
Case 2	Dr Lunning – 68-year-old man with multiple comorbidities and DLBCL

- Faculty Presentation: Diffuse Large B-Cell Lymphoma (DLBCL) — Prof Dickinson

Case 3	Dr Casulo – 54-year-old woman with relapsed FL
Case 4	Dr Sehn – 78-year-old man with symptomatic relapsed FL

- Faculty Presentation: Follicular Lymphoma (FL) and Other NHL Subtypes — Dr Sehn

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LBA-1

MRD-negative outcomes following a novel, *in vivo* gene therapy generating anti-BCMA CAR-T cells in patients with RRMM: Preliminary results from inMMyCAR, the first-in-human Phase 1 study of KLN-1010

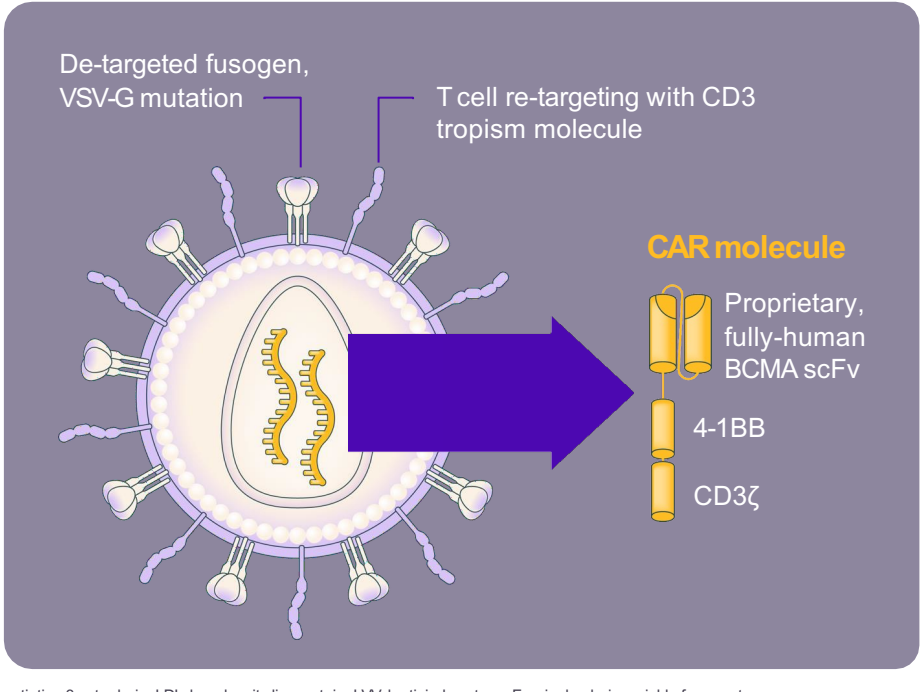
Simon Harrison[1], P. Joy Ho[2], Sueh-Ii Lim[3], Stephanie Talam[2], Hannah Pahl[1], Dharmesh Dingar[4], Scott Currence[4], Travis Quigley[4], Andrew Spencer[3]

[1]Peter MacCallum Cancer Centre, Melbourne, Victoria, Australia; [2]Royal Prince Alfred Hospital, Sydney, New South Wales, Australia; [3]The Alfred Hospital, Melbourne, Victoria, Australia; [4]Kelonia Therapeutics, Inc., Boston, Massachusetts, United States.

Presented at the 67th ASH Annual Meeting and Exposition; December 6-9, 2025; Orlando, FL, USA.

KLN-1010: a modified LVV generating anti-BCMA CAR T cells *in vivo*

- **Envelope-modified, replication-incompetent, self-inactivating lentiviral vector**
- **De-targeted VSV-G fusogen** avoids delivery to LDL-expressing cells while maintaining high transduction efficiency
- **Precise re-targeting to T cells** with a CD3 scFv; avoids liver uptake and drug sinks
- Anti-BCMA CAR was **selected based on high levels of activity to BCMA-positive tumors**



BCMA, anti–B-cell maturation antigen; CAR, chimeric antigen receptor; CD3, cluster of differentiation 3; CD3ζ, cluster of differentiation 3 zeta chain; LDL, low-density lipoprotein; LVV, lentiviral vector;scFv, single-chain variable fragment; VSV-G, vesicular stomatitis virus glycoprotein.

Wood JT et al. Toward treatment with gene-modified B cells engineered *in vivo* using iGPS particles (abstract #1281). Poster presented at: ASGCT 28th Annual Meeting; May 13-17, 2025.

The NEW ENGLAND JOURNAL of MEDICINE

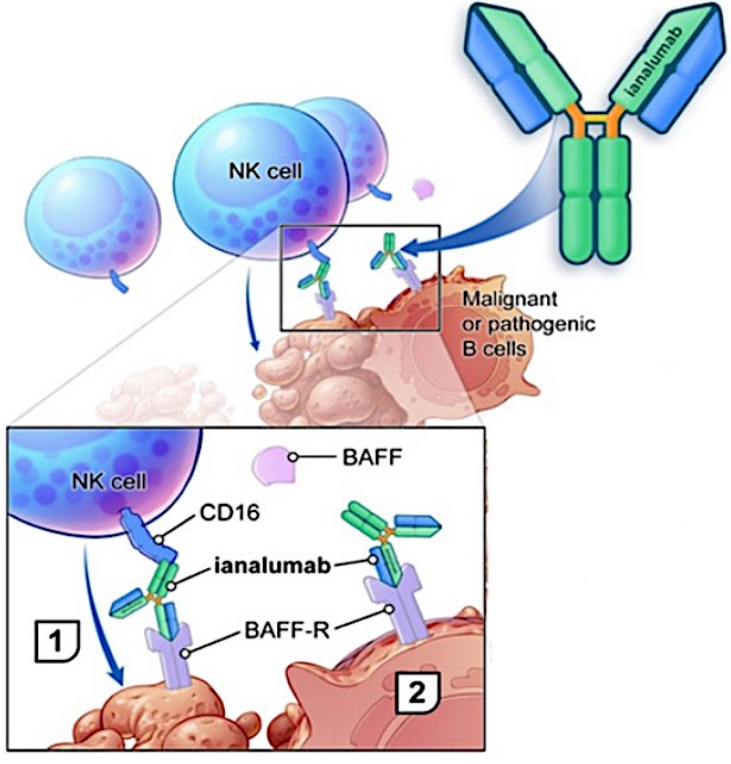
ORIGINAL ARTICLE

Ianalumab plus Eltrombopag in Immune Thrombocytopenia

A. Cuker,[1] T. Stauch,[2,3] N. Cooper,[4] H. Al-Samkari,[5] M. Michel,[6] W. Ghanima,[7,8] P. Urban,[9] J. Fronczek,[9] M. Foster,[10] M. Weill,[9] L. Zhang,[11] M. Hou,[12] T. Zander,[13] A. Sharif,[14] J. Sun,[15] U.K. Nath,[16] R. Schutgens,[17] E. Rossi,[18] L. Deleu,[19] L. Červinek,[20] J.-H. Yoon,[21] H. Chang,[22-24] T. Ruchutrakool,[25] M. Iino,[26] T. Goto,[27] and F. Zaja,[28] for the VAYHIT2 Investigators*

December 9, 2025 [Online ahead of print].

Ianalumab (VAY736) in ITP



Courtesy of Hanni Al-Samkari, MD

Dual mechanism of action:

1) BAFF-R blockade

- Prevents activation and differentiation of B-cells and induction of long-lived plasma cells
- May overcome rebound/resistance mechanisms (including loss of CD20, BAFF-driven B-cell hyperactivation)

2) Enhanced ADCC-mediated B-cell depletion

- Provides more potent, sustained B-cell depletion in blood and tissues

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Case Presentation: 66-year-old man with DLBCL and early relapse on axicabtagene ciloleucel receives glofitamab

Dr Laurie Sehn (Vancouver, British Columbia)

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Case Presentation: 68-year-old man with Type 2 diabetes, CHF and COPD receives glofitamab monotherapy after glofitamab + GEMOX for relapsed GCB-type double-hit DLBCL

Dr Matthew Lunning (Omaha, Nebraska)

RTP
RESEARCH
TO PRACTICE

Agenda

Introduction	Future Treatment of Non-Hodgkin Lymphoma (NHL)
Case 1	Dr Sehn – 66-year-old man with early relapsing DLBCL
Case 2	Dr Lunning – 68-year-old man with multiple comorbidities and DLBCL
■ Faculty Presentation: Diffuse Large B-Cell Lymphoma (DLBCL) — Prof Dickinson	
Case 3	Dr Casulo – 54-year-old woman with relapsed FL
Case 4	Dr Sehn – 78-year-old man with symptomatic relapsed FL
■ Faculty Presentation: Follicular Lymphoma (FL) and Other NHL Subtypes — Dr Sehn	

Practical Perspectives on the Current Role of Bispecific Antibodies in the Management of Lymphoma — ASH 2025 Review Part 3

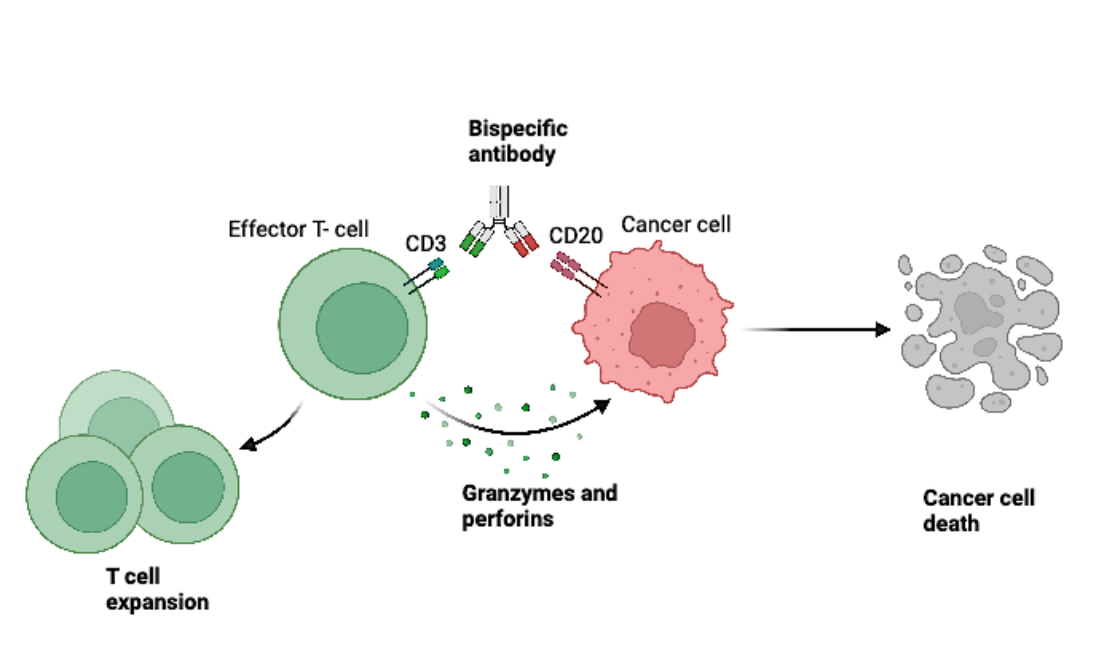
Michael Dickinson, MD

CME Agenda

Biological Rationale for and Available Data with CD20 x CD3 Bispecific Antibodies in Lymphoma

Practical Considerations and Future Directions with CD20 x CD3 Bispecific Antibodies in Lymphoma

CD3-activating bispecific antibodies – usual target is CD20 on the lymphoma cell, others in development (eg, >1 cancer antigen or CD19)



Approvals in USA:

Epcoritamab and glofitamab approved as third or subsequent treatment for diffuse large B-cell lymphoma in the USA.

Mosunetuzumab and epcoritamab as third treatment for follicular lymphoma.

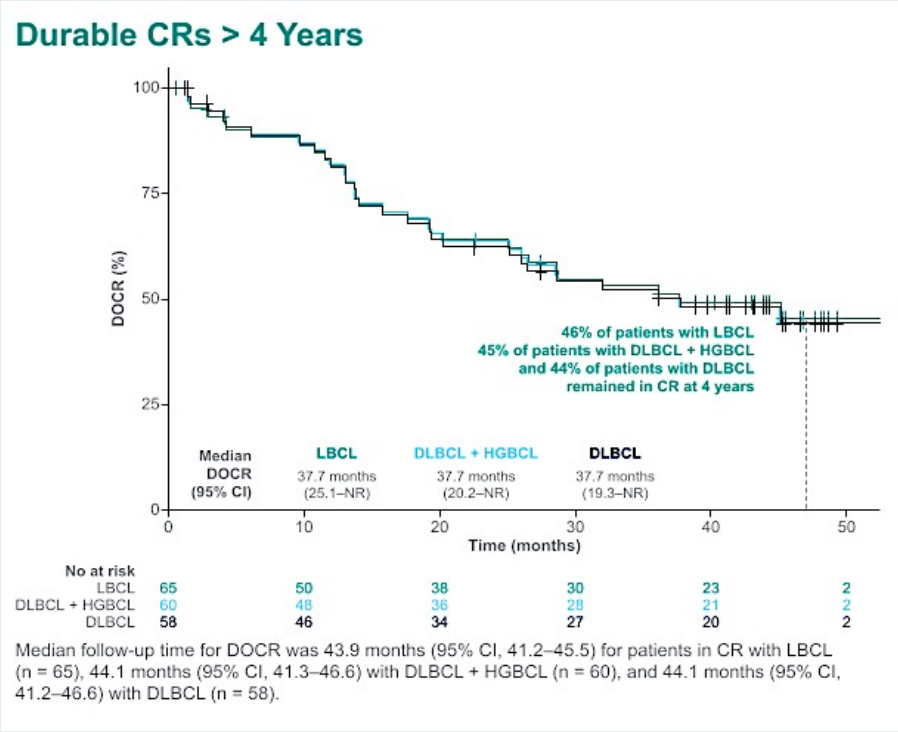
Key specific adverse events: cytokine release syndrome (common) and neurologic toxicity (uncommon). Frequency and severity vary by product and indication.

Key Themes from ASH 25 in Bispecific Antibodies (BsAbs) for Diffuse Large B-Cell Lymphoma

- Updates on key registration data (BsAb monotherapy and combos)
- New combination treatments
- New indications in lymphoma

Karimi Y et al. Sustained remissions beyond 4 years with epcoritamab monotherapy: Long term follow-up results from the pivotal EPCORE NHL-1 trial in patients with relapsed or refractory large B-cell lymphoma. ASH 2025;Abstract 7543.

	LBCL (N = 157)
ORR,[a] n (%)	92 (59)
CR	65 (41)
PR	27 (17)
Median DOR,[b] months (95% CI)	20.8 (13.0–32.0)
48-month estimate, %	34

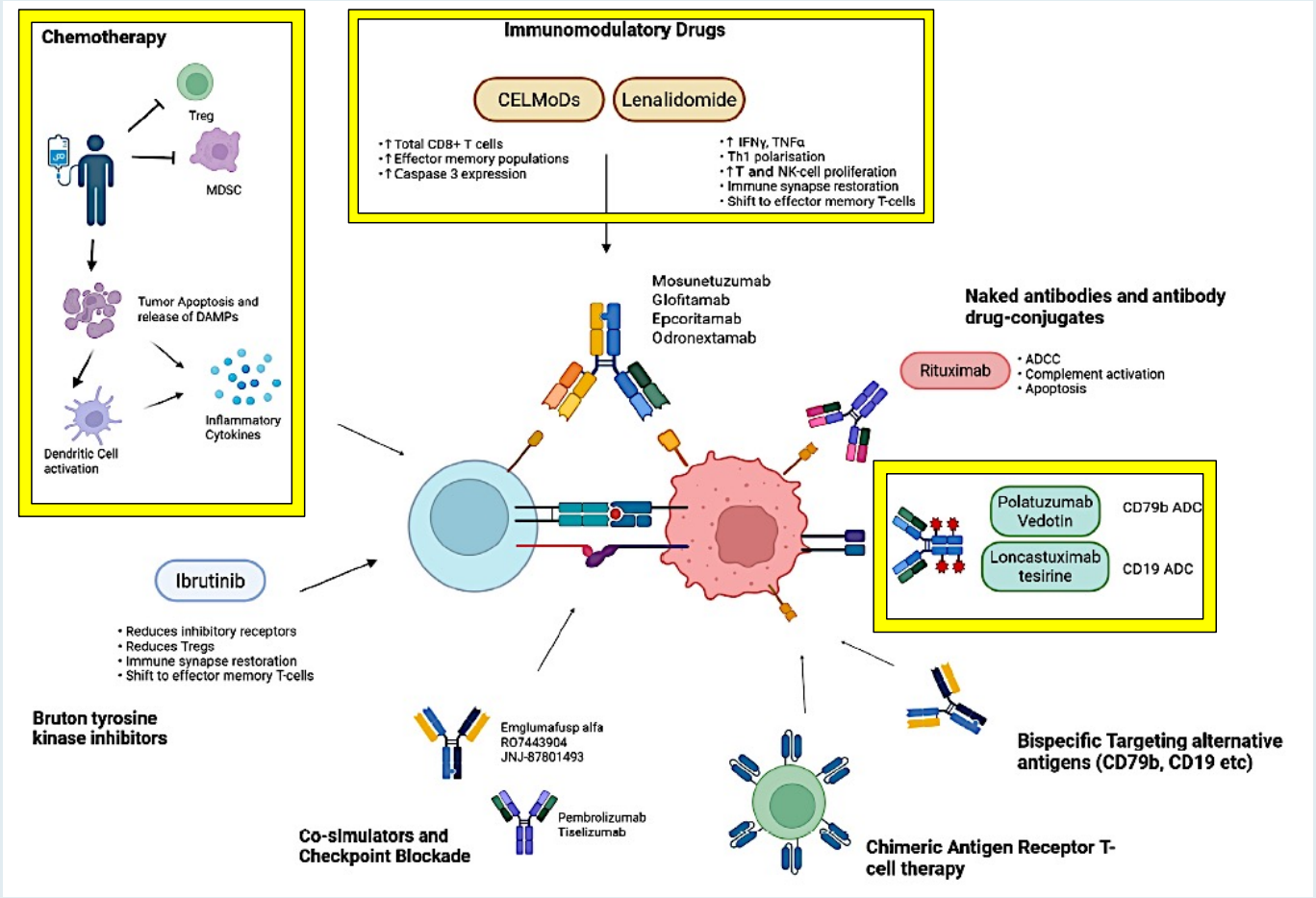


Median follow-up time for DOCR was 43.9 months (95% CI, 41.2–45.5) for patients in CR with LBCL (n = 65), 44.1 months (95% CI, 41.3–46.6) with DLBCL + HGBCL (n = 60), and 44.1 months (95% CI, 41.2–46.6) with DLBCL (n = 58).

No difference in benefit between second-line and third-line therapy; ~50% refractory to last line of therapy of second line, 60% in third line

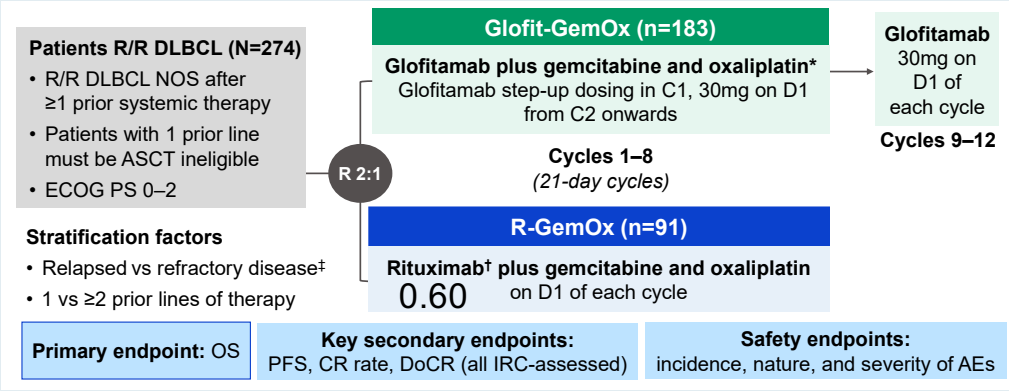
CR = complete response; LBCL = large B-cell lymphoma; DLBCL = diffuse LBCL; HGBCL = high-grade B-cell lymphoma; DOCR = duration of CR; ORR = overall response rate; PR = partial response; DOR = duration of response

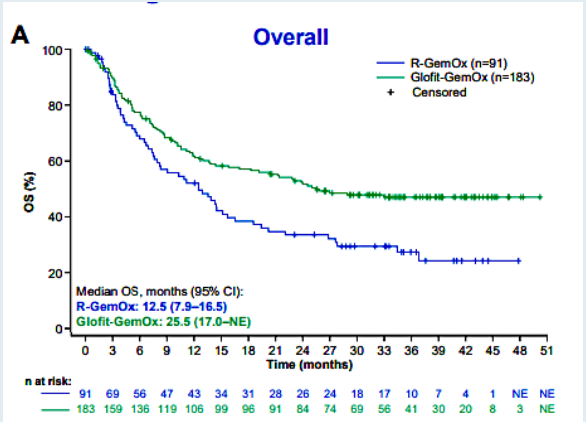
Combinations

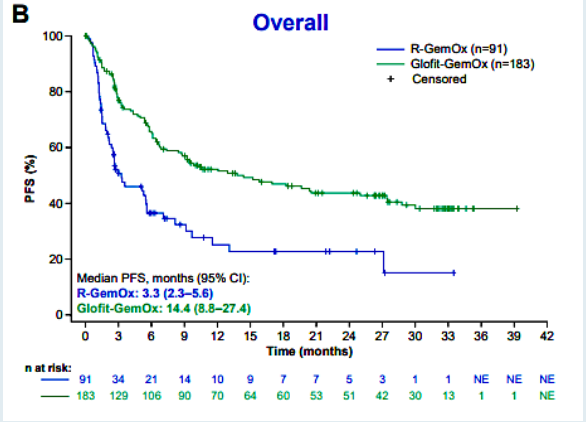


Harrop S et al. *Br J Haematol* 2025;[Online ahead of print].

Abramson J et al. Sustained clinical benefit of glofitamab plus gemcitabine and oxaliplatin (GemOx) versus rituximab plus GemOx (R-GemOx) in patients with relapsed/refractory (R/R) diffuse large B-cell lymphoma (DLBCL): 3-year follow-up of STARGLO. ASH 2025;Abstract 11363.





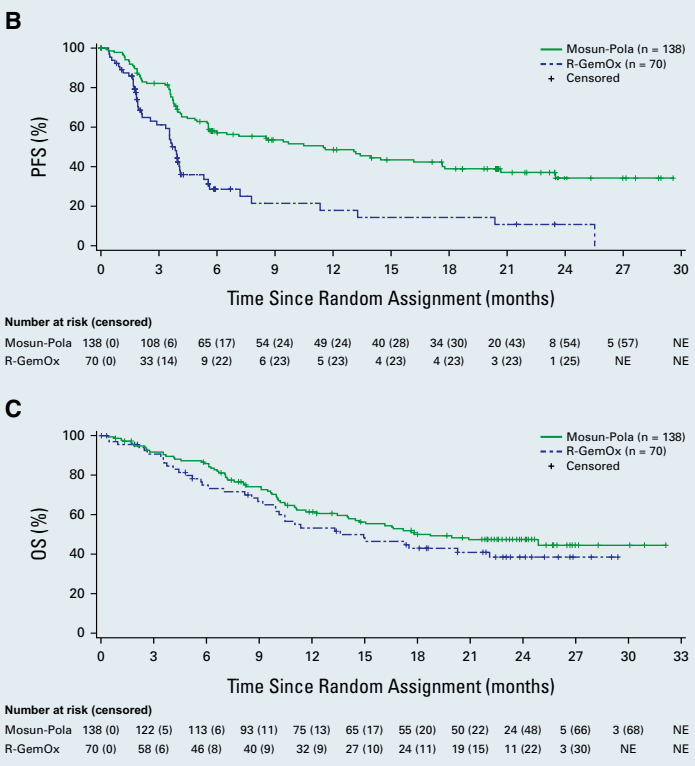


Median OS follow-up was 35.1 months
– median OS: 25.5 vs 12.5 months (hazard ratio [HR] 0.60; 95% CI: 0.43–0.8)
– median PFS: 14.4 vs 3.3 months (HR 0.41; 95% CI: 0.29–0.57).

Restricting analysis

NOS = not otherwise specified; OS = overall survival; PFS = progression-free survival; AEs = adverse events

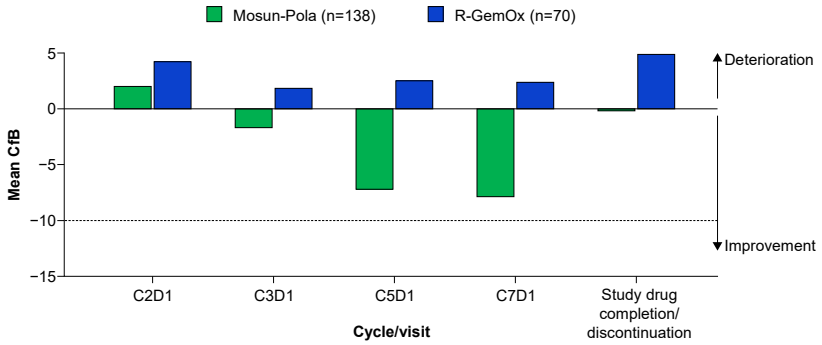
SUNMO Trial (Mosun-Pola versus R GemOx)



PFS was longer with Mosun-Pola than with R-GemOx (11.5 months [95% CI, 5.6 to 18] versus 3.8 months [95% CI, 2.9 to 4.1]; hazard ratio for progression or death 0.41 [95% CI, 0.3 to 0.6]; $p<0.0001$).

Complete response rates of 51% and 24%.

Figure 5. Improvement in EORTC QLQ-C30 fatigue.



EORTC QLQ-C30 higher scores = worse symptoms for fatigue. Post-EOT timepoints were not included due to low patient numbers in the follow-up period.

Mosun-Pola = mosunetuzumab with polatuzumab vedotin

Budde et al. *J Clin Oncol* October 2025; Budde el al. ASH 2025;Poster 5509 (QOL)

Gritti G et al. Glofitamab in combination with polatuzumab vedotin demonstrates high and durable efficacy in patients with relapsed/refractory (R/R) large B-cell lymphoma (LBCL) in the second-line (2L) and third-line and later (3L+) settings: A subgroup analysis. ASH 2025;Abstract 4000.

Figure 1. Study design.

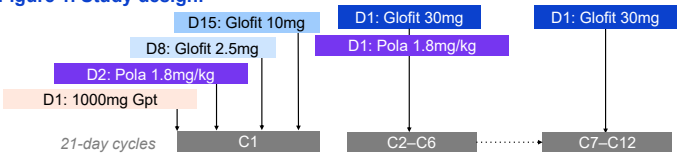


Table 1. Baseline characteristics.†

n (%), unless stated	2L n=53	3L+ n=76	Overall N=129
Median age, years (range)	73 (26–84)	64 (23–82)	67 (23–84)
Gender, male	31 (58.5)	51 (67.1)	82 (63.6)
ECOG PS			
0–1	49 (92.5)	73 (96.1)	122 (94.6)
2	4 (7.5)	3 (3.9)	7 (5.4)
Disease type			
DLBCL	21 (39.6)	35 (46.1)	56 (43.4)
HGBCL*	24 (45.3)	21 (27.6)	45 (34.9)
DHL/THL	15 (28.3)	14 (18.4)	29 (22.5)
trFL	7 (13.2)	19 (25.0)	26 (20.2)
PMBCL	1 (1.9)	1 (1.3)	2 (1.6)
Ann Arbor stage III–IV	43 (81.1)	56 (73.7)	99 (76.7)
Bulky disease (>7.5cm)	15 (28.3)	23 (30.3)	38 (29.5)
COO (central lab)			
GCB	26 (49.1)	27 (35.5)	53 (41.1)
ABC	9 (17.0)	17 (22.4)	26 (20.2)
Unclassified	3 (5.7)	7 (9.2)	10 (7.8)
Unknown	15 (28.3)	25 (32.9)	40 (31.0)
IPI score			
0–2	26 (49.1)	39 (51.3)	65 (50.4)
3–5	27 (50.9)	37 (48.7)	64 (49.6)
Early relapse (<12 months) to prior therapy	41 (77.4)	53 (69.7)	94 (72.9)
Late relapse (≥12 months) to prior therapy	12 (22.6)	23 (30.3)	35 (27.1)
Primary refractory to first-line therapy	35 (66.0)	45 (59.2)	80 (62.0)
Prior CAR T-cell therapy	1 (1.9)	27 (35.5)	28 (21.7)
Refractory to prior CAR T-cell therapy	1 (1.9)	21 (27.6)	22 (17.1)

Figure 3. PFS in the A) overall population and B) 2L and 3L+ subgroups.

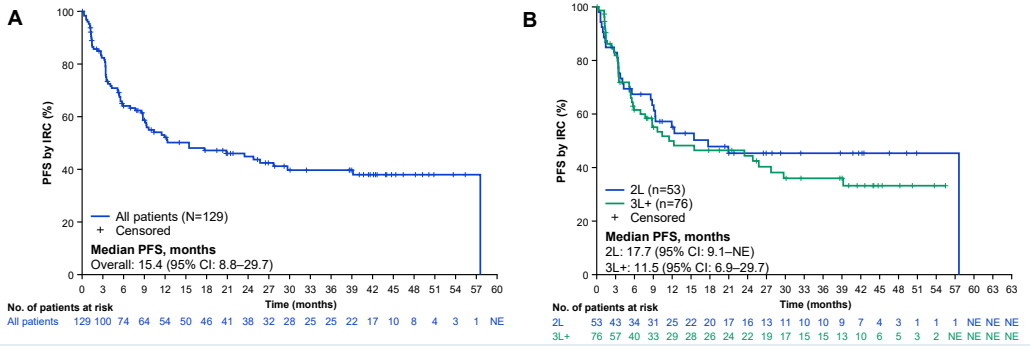
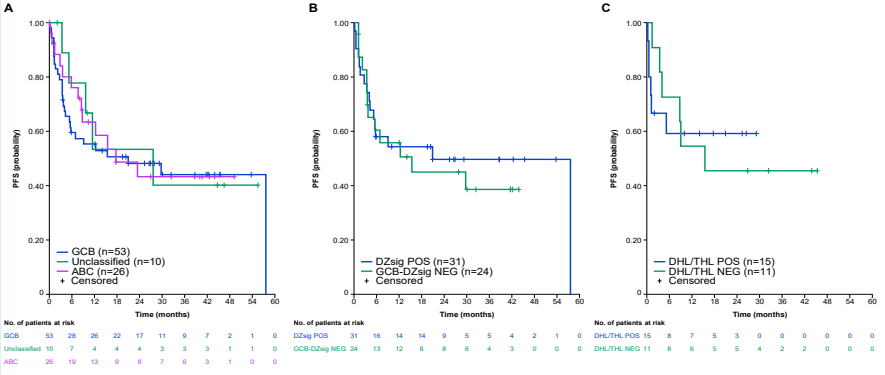


Figure 6. PFS by A) centrally confirmed COO, B) Dzsig POS and C) DHL/THL POS molecular subgroups.



Andreadis C et al. Mosunetuzumab (Mosun) or glofitamab (Glofit) in combination with golcadomide (Golca) demonstrates a manageable safety profile and encouraging efficacy in patients with relapsed or refractory (R/R) B-cell non-Hodgkin lymphoma (B-NHL). ASH 2025;Abstract 2260.

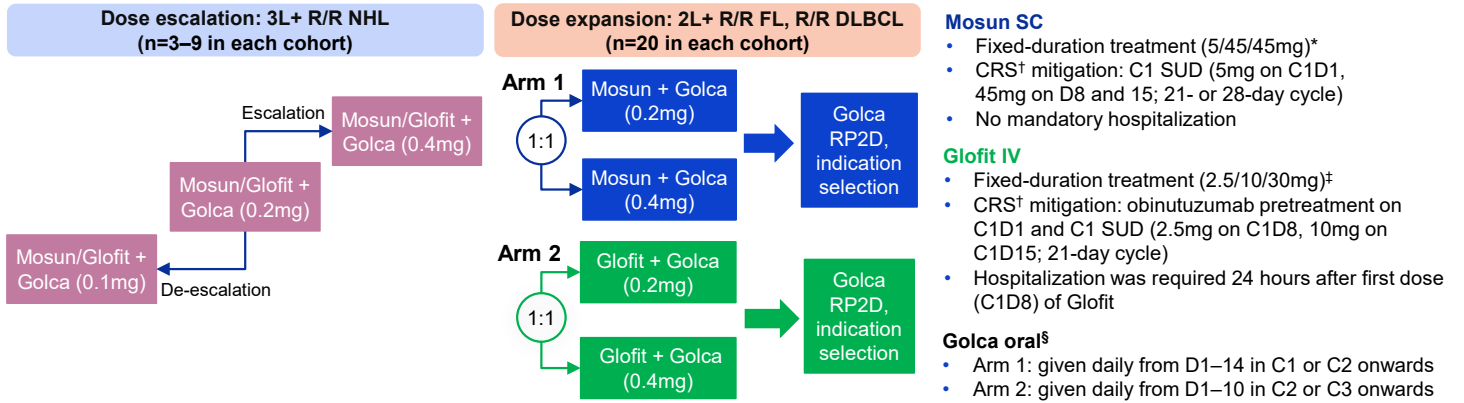
Key inclusion criteria

- R/R DLBCL, trFL, or FL Grade 1–3a
- ≥2 prior lines of therapy for dose escalation and ≥1 prior line of therapy for dose expansion
- CAR T-cell therapy ineligible

Endpoints

- **Primary**: Safety, DLTs, and Golca RP2D selection
- **Key secondary**: Investigator-assessed best ORR and CR rate (by Lugano 2014 criteria[1])

Study treatment administration



Mosun SC
- Fixed-duration treatment (5/45/45mg)*
- CRS† mitigation: C1 SUD (5mg on C1D1, 45mg on D8 and 15; 21- or 28-day cycle)
- No mandatory hospitalization

Glofit IV
- Fixed-duration treatment (2.5/10/30mg)‡
- CRS† mitigation: obinutuzumab pretreatment on C1D1 and C1 SUD (2.5mg on C1D8, 10mg on C1D15; 21-day cycle)
- Hospitalization was required 24 hours after first dose (C1D8) of Glofit

Golca oral§
- Arm 1: given daily from D1–14 in C1 or C2 onwards
- Arm 2: given daily from D1–10 in C2 or C3 onwards

*Mosun was administered with SUD during C1 and at 45mg on D1 of C2–12 (28-day cycle). †CRS events were graded by American Society for Transplantation and Cellular Therapy criteria.[2] ‡Glofit was administered with SUD during C1 and at the target dose (30mg) on D1 of C2–12 (21-day cycles). §The initial Golca dose was 0.2mg.
2L+, second-line or later; 3L+, third-line or later; C, cycle; CAR, chimeric antigen receptor; CR, complete response; CRS, cytokine release syndrome; D, day; DLT, dose limiting toxicity; IV, intravenous; ORR, overall response rate; RP2D, recommended Phase 2 dose; SC, subcutaneous; SUD, step-up dosing; trFL, transformed follicular lymphoma.

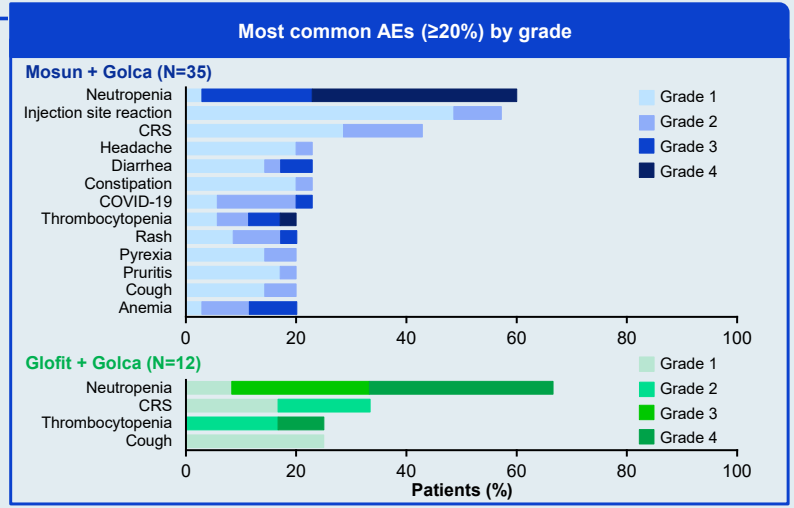
1. Cheson BD, et al. J Clin Oncol 2014;32:3059–68;
2. Lee DW, et al. Biol Blood Marrow Transplant 2019;25:625–38.

Mosun or Glofit with Golcadomide: Patient Profile

Baseline characteristics

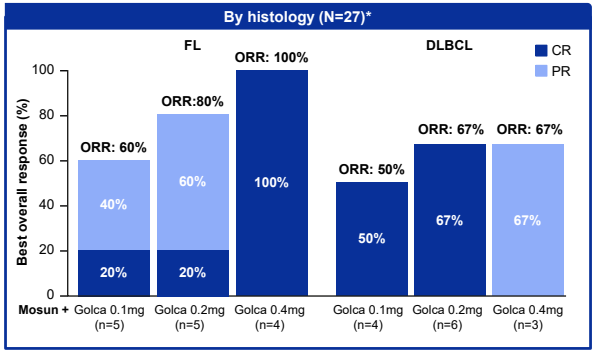
n (%) unless otherwise stated		Mosun + Golca (N=35)	Glofit + Golca (N=12)
Median age, years (range)		63.0 (30–83)	59.5 (37–76)
Male		22 (62.9)	6 (50.0)
Race	Asian	2 (5.7)	0
	Black or African American	2 (5.7)	0
	White	29 (82.9)	11 (91.7)
	Not reported or unknown	2 (5.7)	1 (8.3)
Ethnicity	Hispanic or Latino	1 (2.9)	2 (16.7)
	Not Hispanic or Latino	28 (80.0)	10 (83.3)
	Not reported or unknown	6 (17.1)	0
ECOG PS	0	19 (54.3)	8 (66.7)
	1	16 (45.7)	4 (33.3)
Ann Arbor stage III/IV		32 (91.4)	9 (75.0)
NHL histology	FL	20 (57.1)	9 (75.0)
	trFL/DLBCL	14 (40.0)	3 (25.0)
Median lines of prior therapy, n (range)		3.0 (1–6)	2.0 (1–4)
Prior therapies	CAR T-cell therapy	10 (28.6)	5 (41.7)
	Anti-CD20	34 (97.1)	12 (100)
	ASCT	2 (5.7)	1 (8.3)
	IMiDs	11 (31.4)	4 (33.3)

Clinical cut-off date: May 5, 2025. ASCT, autologous stem cell transplant; ECOG PS, Eastern Cooperative Oncology Group performance status; IMiD, immunomodulatory drug.



Mosun or Glofit with Golcadomide: Efficacy (Small Numbers)

Best overall response in Arm 1: Mosun + Golca

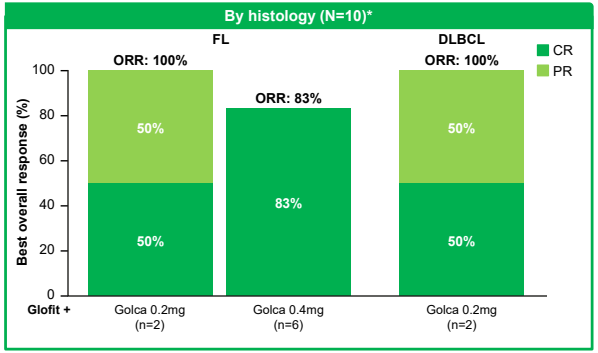


- Median time to first response for all patients (N=27)*: 2.6 months (range: 2–4)
- Response in patients who received prior CAR T-cell therapy (n=8):
  - Overall, 5 patients achieved a CR
    - Two patients had FL and one achieved CR
    - Six patients had DLBCL and four achieved a CR

High response rates were observed in patients with FL and DLBCL including those who received prior CAR T-cell therapy

*Efficacy-evaluable population. PR, partial response.

Best overall response in Arm 2: Glofit + Golca



- Median time to first response for all patients (N=10)*: 1.9 months (range: 1–3)
- All four patients who received prior CAR T-cell therapy had a response:
  - Overall, 3 patients achieved a CR, and one had a PR
    - Two patients had FL and achieved a CR
    - Two patients had DLBCL; one achieved CR and one had a PR

High response rates were observed across FL and DLBCL subtypes

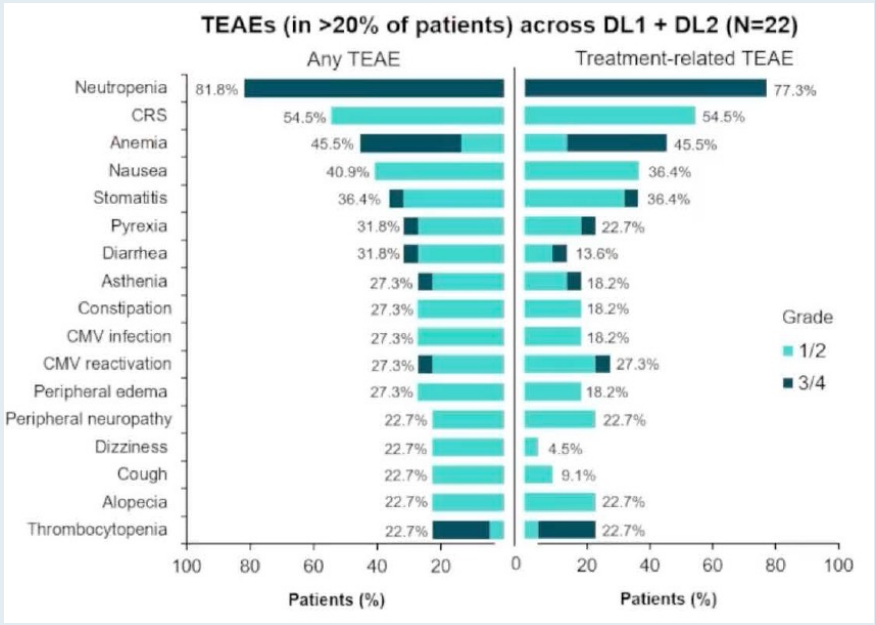
Moving BsAb to First Therapy for DLBCL

- **Randomised trials comparing R-CHOP or R-Pola-CHP to a regimen that adds a BsAb are ongoing.**
- **Second-line trials show addition of BsAb to pola or chemotherapy improves outcomes.**
- **Are BsAb effective enough to allow de-escalation of chemotherapy?**

Michot J-M et al. Odronextamab plus chemotherapy in patients with previously untreated DLBCL: First results from part 1 of the phase 3 OLYMPIA-3 study. ASH 2025;Abstract 8890.

n (%)	DL1: 80 mg (n=9)	DL2: 160 mg (n=13)
Any TEAE	9 (100.0)	13 (100.0)
Grade ≥3 TEAE	9 (100.0)	13 (100.0)
Serious TEAE	7 (77.8)	12 (92.3)
TEAE leading to treatment interruption/delay	6 (66.7)	11 (84.6)
TEAE leading to dose reduction of Odro	0	1 (7.7)
TEAE leading to dose reduction of CHOP	1 (11.1)	5 (38.5)
TEAE leading to treatment discontinuation	1 (11.1)	1 (7.7)
TEAE leading to death (Grade 5)	0	1 (7.7)*

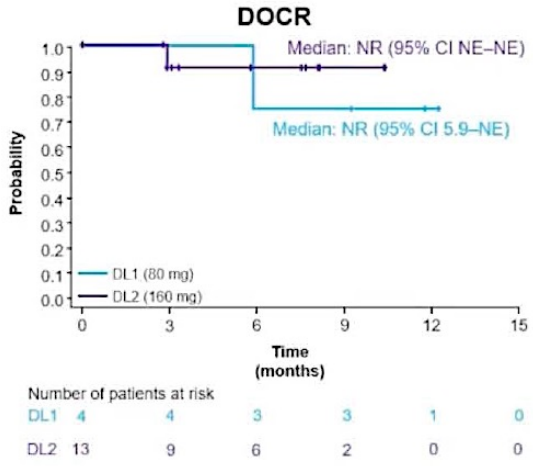
- No DLTs reported

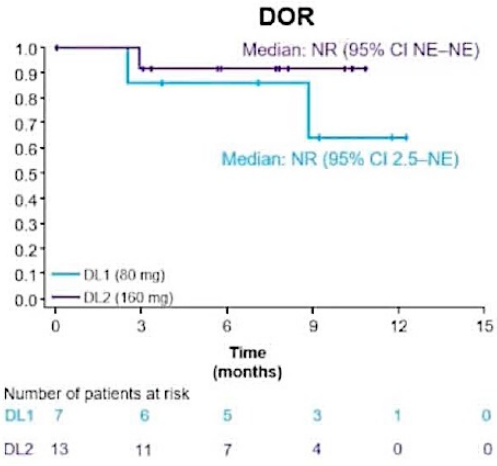


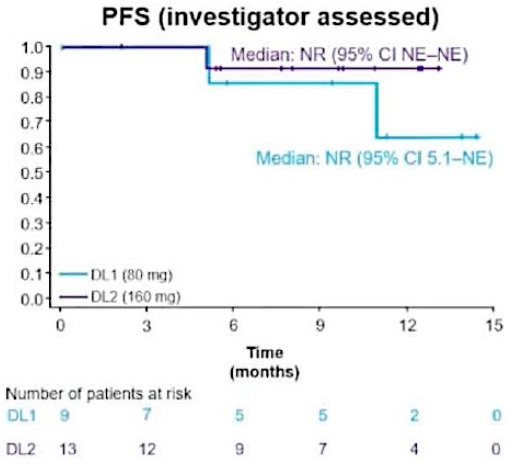
Michot J-M et al. Odronextamab plus chemotherapy in patients with previously untreated DLBCL: First results from part 1 of the phase 3 OLYMPIA-3 study. ASH 2025;Abstract 8890.

Response*, n (%)		DL1: 80 mg (n=9)	DL2: 160 mg (n=13)
Mid-induction	ORR	7 (78)	13 (100)
	CR	3 (33)	9 (69)
Overall	ORR	7 (78)	13 (100)
	CR	4 (44)	13 (100)

- Median duration of follow-up†:
  - DL1: 9.2 months (95% CI 3.7–NE)
  - DL2: 7.8 months (95% CI 3.1–10.3)







Data cut-off date: Aug 19, 2025.
*Investigator assessed according to the Lugano classification response criteria 2014 by PET-CT.† †Median duration of follow-up based on reverse Kaplan-Meier DOR.
CHOP, cyclophosphamide, doxorubicin, vincristine, prednisone/prednisolone; CI, confidence interval; CR, complete response; DL, dose level; DOCR, duration of complete response; DOR, duration of response; NE, not evaluable; NR, not reached; Odro, odronextamab; ORR, objective response rate; PET-CT, positron emission tomography-computed tomography; PFS, progression free survival.
1. Cheson BD, et al. *J Clin Oncol* 2014;32(27):3059–68.

Sharman J et al. Fixed treatment duration subcutaneous mosunetuzumab monotherapy in elderly/unfit patients with previously untreated diffuse large B-cell lymphoma: Interim results from the phase II MorningSun study. ASH 2025;Abstract 4514.

Key inclusion criteria

- Previously untreated DLBCL, HGBCL NOS, or HGBCL with *MYC* and *BCL2* and/or *BCL6* rearrangements
- Aged ≥80 years, or 65–79 years ineligible for chemoimmunotherapy*
- ECOG PS 0–2

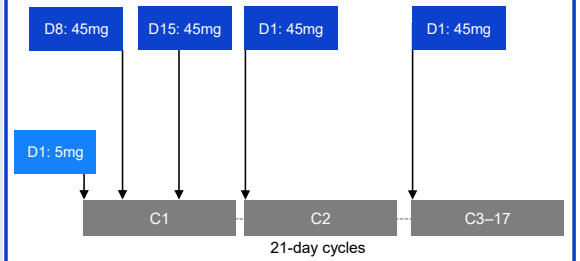
CRS mitigation

- Mosunetuzumab SC step-up dosing in C1
- Corticosteroid prophylaxis† was mandatory in C1–2 and optional thereafter
- Hospitalization was not mandatory

Endpoints

- Primary: INV-assessed PFS at 24 months, per Lugano Criteria 2014[1]
- Key secondary: ORR, CR, TTR, DOR, DOCR, OS, safety
- Exploratory: ctDNA analysis (using AOA-NHL)

Mosunetuzumab SC administration‡



Baseline characteristics

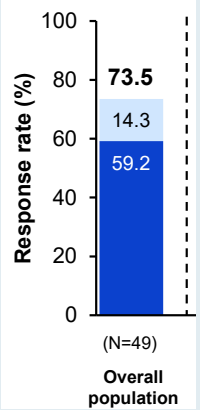
n (%), unless stated		N=49
Age	Median, years (range)	82.5 (71–101)
	≥80 years	40 (81.6)
Female		26 (53.1)
Ethnicity	Not Hispanic or Latino	47 (95.9)
	Hispanic or Latino	1 (2.0)
	Not reported or unknown	1 (2.0)
Race	White	41 (83.7)
	Asian	3 (6.1)
	Black or African American	3 (6.1)
	Multiple	1 (2.0)
	Not reported or unknown	1 (2.0)
Histology	DLBCL	38 (77.6)
	HGBCL	6 (12.2)
	T-cell/histiocyte-rich LBCL	2 (4.1)
	Grade 3b FL	1 (2.0)
	Other lymphoma	2 (4.1)

n (%)		N=49
Extranodal involvement		25 (51.0)
Bulky disease (≥10cm)		9 (18.4)
COO	ABC	10 (20.4)
	GCB	29 (59.2)
	Unclassified	10 (20.4)
ECOG PS	0	8 (16.3)
	1	31 (63.3)
	2	10 (20.4)
Elevated LDH		25 (51.0)
Ann Arbor stage	I/II	14 (28.6)
	III/IV	35 (71.4)
IPI score	0–2	23 (46.9)
	3–5	26 (53.1)

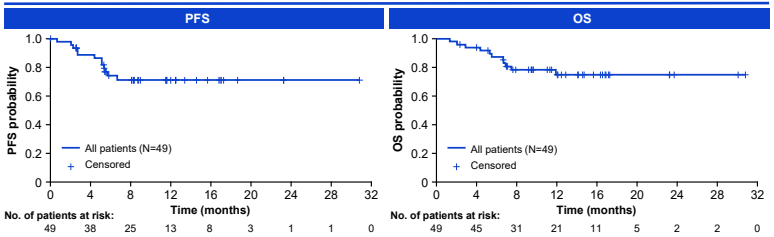
Most patients (n=34; 69.4%) were enrolled at US community sites

CCOD: February 10, 2025.
CCOD, clinical cut-off date; ABC, activated B cell; COO, cell-of-origin; GCB, germinal center B cell; IPI, International Prognostic Index; LDH, lactate dehydrogenase; LBCL, large B-cell lymphoma.

Sharman J et al. Fixed treatment duration subcutaneous mosunetuzumab monotherapy in elderly/unfit patients with previously untreated diffuse large B-cell lymphoma: Interim results from the phase II MorningSun study. ASH 2025;Abstract 4514.



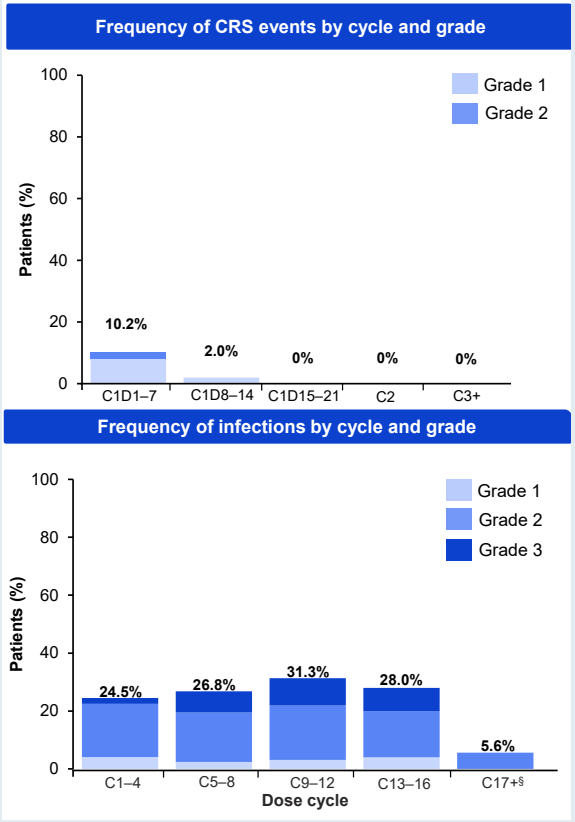
PFS and OS



	N=49
Median PFS, months (95% CI)	NR (NE–NE)
12-month PFS rate, % (95% CI)	71.3 (54.8–82.7)

	N=49
Median OS, months (95% CI)	NR (NE–NE)
12-month OS rate, % (95% CI)	74.7 (58.5–85.4)

Mosunetuzumab SC demonstrated promising PFS and OS in elderly/unfit patients with 1L DLBCL



Vitolo U et al. Fixed-duration epcoritamab monotherapy induces high response and MRD-negativity rates in elderly patients with newly diagnosed large B-cell lymphoma (LBCL) and comorbidities: Results from EPCORE DLBCL-3. ASH 2025;Abstract 3824.

EPCORE® DLBCL-3 Study Design

A 2-stage, open-label, phase 2 trial of fixed-duration epcoritamab in elderly patients with newly diagnosed LBCL and comorbidities

Key inclusion criteria

- Newly diagnosed CD20+ LBCL
  - DLBCL, NOS
  - T-cell/histiocyte-rich DLBCL
  - Double-hit or triple-hit DLBCL
  - FL grade 3B
- ICE score ≥ 8[a]
- ECOG PS 0–2
- Ineligible for anthracycline-based therapy/cytotoxic chemotherapy due to:
  - ≥ 80 years of age, or
  - ≥ 75 years of age with a comorbid condition[b]
- Measurable disease by CT or MRI

1:1 RANDOMIZATION

Stage 1			Stage 2 (expansion)		
	C1–3	C4–12		C1–3	C4–12
Epcoritamab SC 48 mg[c]	QW	Q4W	Epcoritamab SC 48 mg[c]	QW	Q4W

	C1–3	C4–12
Epcoritamab SC 48 mg[c]	QW	Q4W
Lenalidomide PO 10–20 mg[d]	QD D1–21	

Epcoritamab + lenalidomide not selected for stage 2

Data cutoff: Sep 21, 2025

Median follow-up: 18.1 months

- **Primary endpoint:** CR rate per Lugano criteria[1]
- **Key secondary endpoints:** ORR, time to response, DOR, DOCR, PFS, OS, MRD negativity,[e] and safety

MRD = minimal residual disease

Vitolo U et al. Fixed-duration epcoritamab monotherapy induces high response and MRD-negativity rates in elderly patients with newly diagnosed large B-cell lymphoma (LBCL) and comorbidities: Results from EPCORE DLBCL-3. ASH 2025;Abstract 3824.

Baseline Characteristics

	N = 66
Age, median (range), years	82.5 (76–95)
≥ 75 to < 80 years, n (%)	12 (18)
≥ 80 to < 85 years, n (%)	30 (45)
≥ 85 years, n (%)	24 (36)
Male sex at birth, n (%)	30 (45)
Race,[a] n (%)	
White	50 (76)
Asian	9 (14)
LBCL classification at baseline, n (%)	
DLBCL[b]	64 (97)
De novo, n/n (%)	60/64 (94)
Transformed from FL, n/n (%)	4/64 (6)
T-cell/histiocyte-rich LBCL	1 (2)
FL grade 3B	1 (2)
Cell of origin,[c] n (%)	
GCB	33 (50)
ABC/non-GCB	19 (29)
Unknown	12 (18)

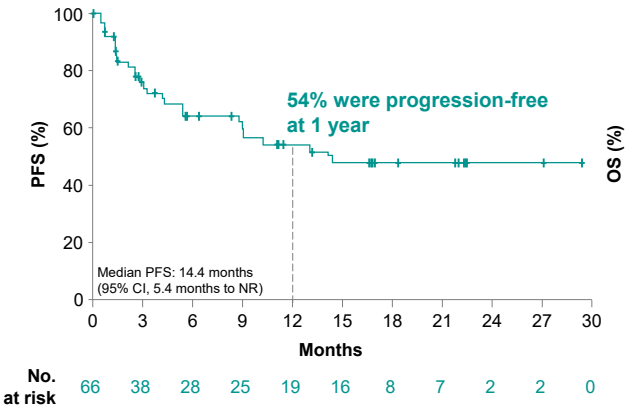
	N = 66
ECOG PS, n (%)	
0	11 (17)
1	40 (61)
2	15 (23)
Ann Arbor stage, n (%)	
II	17 (26)
III	8 (12)
IV	41 (62)
IPI score, n (%)	
1–2	24 (36)
3–5	42 (64)
Renal function by CrCl,[d] n (%)	
≥ 60 mL/min	17 (26)
30 to < 60 mL/min	40 (61)
15 to < 30 mL/min	5 (8)
Bulky disease per investigator, n (%)	
< 7 cm	43 (65)
7–10 cm	14 (21)
> 10 cm	9 (14)
Time from initial diagnosis to randomization, median (range), months	1.4 (0.2–17.1)

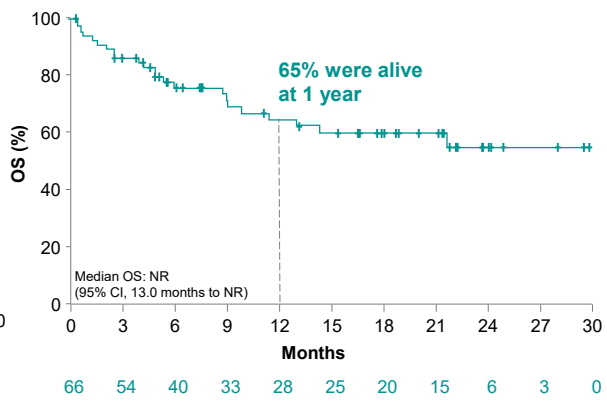
	N = 66
Median follow-up, months (95% CI)	18.1 (13.2–21.2)
Epcoritamab cycles initiated, median (range)	6 (1–12)
Completed treatment per protocol, n (%)	20 (30)
Ongoing trial treatment, n (%)	11 (17)
Discontinued treatment, n (%)	35 (53)
PD	17 (26)
AE	11 (17)
Withdrawal of consent	4 (6)
Patient request	2 (3)
Other[a]	1 (2)

Vitolo U et al. Fixed-duration epcoritamab monotherapy induces high response and MRD-negativity rates in elderly patients with newly diagnosed large B-cell lymphoma (LBCL) and comorbidities: Results from EPCORE DLBCL-3. ASH 2025;Abstract 3824.

Best Response	Response-Evaluable Population (n = 60)
ORR, n (%)	44 (73)
CR	37 (62)
PR	7 (12)
SD	5 (8)
PD	7 (12)
NA	4 (7)

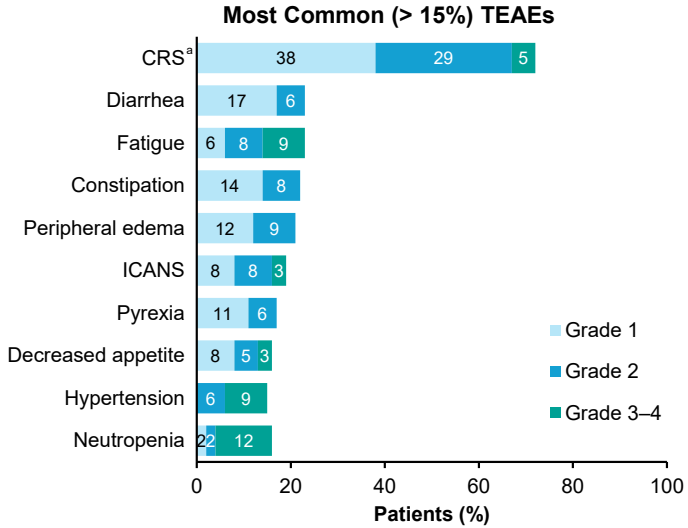
PFS and OS Sustained > 1 Year





Vitolo U et al. Fixed-duration epcoritamab monotherapy induces high response and MRD-negativity rates in elderly patients with newly diagnosed large B-cell lymphoma (LBCL) and comorbidities: Results from EPCORE DLBCL-3. ASH 2025;Abstract 3824.

Safety Profile

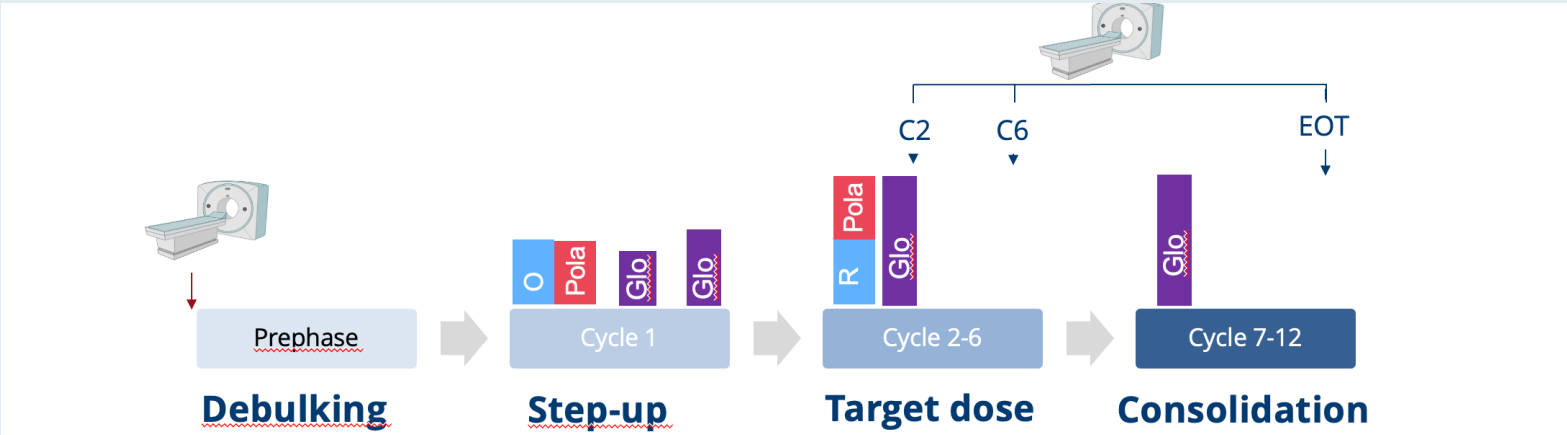


- CRS[a] occurred in 47 patients (71%)
  - 22 (33%) were treated with tocilizumab
  - 17 (26%) were treated with corticosteroids
  - CRS resolved in 98% (46/47)[b] of patients
  - 92% (59/64) of CRS events occurred in cycle 1
- No cases of febrile neutropenia
- Eleven patients discontinued due to AEs[c]
- Eight grade 5 TEAEs[d]

[a]CRS was graded according to Lee 2019 criteria.[1] [b]One patient died with ongoing (unresolved) CRS. [c]TEAEs leading to epcoritamab discontinuation were fatigue (n=2), COVID-19 pneumonia, pneumonia, ataxia, ICANS, multiple organ dysfunction syndrome, tumor lysis syndrome, neuroendocrine tumor of the lung, respiratory failure, and anemia/neutropenia (all n = 1). [d]Fatal TEAEs were COVID-19, COVID-19 pneumonia, CMV reactivation, neuroendocrine tumor of the lung, tumor hemorrhage, multiple organ dysfunction syndrome, acute respiratory failure, and tumor lysis syndrome (all n = 1). 1. Lee DW, et al. *Biol Blood Marrow Transplant* 2019;25:625–638. CMV, cytomegalovirus; CRS, cytokine release syndrome.[12]

TEAEs = treatment-emergent adverse events

Chapuy B et al. Phase II frontline chemolight R-pola-glo trial induces high and durable response rates in elderly and medically unfit/frail patients with aggressive B-cell lymphoma. ASH 2025;Abstract 61.



Indication

- **Untreated** patients >60 yo with LBCL
- Non-eligible for full dose R-CHOP

Study Design

- One-arm, multicenter phase II
- 30 centers in Germany and Austria
- **80 pts** (C1-6 mandatory inpatient)
- Mandatory prophylaxis

Endpoints

- *Primary:* **1y-PFS rate**
- *Secondary:*
  - Efficacy (OS, EFS)
  - Feasibility/Toxicity

R-Pola-Glo: Patient Characteristics

Baseline Parameters

Cohort (N=80)	
Median age age > 85yo	80 (66-92) 19%
Advanced Stage (III/IV)	63% (50/80)
ECOG 2	28% (22/80)
LDH, > ULN	63% (50/80)
IPI 3-5	64% (51/80)

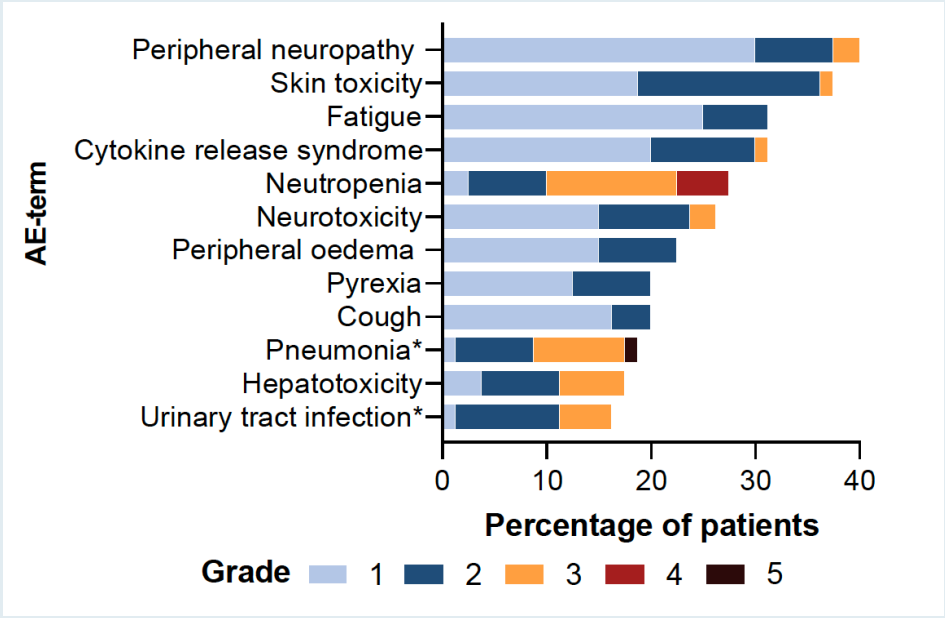
Simplified Geriatric Assessment (sGA)

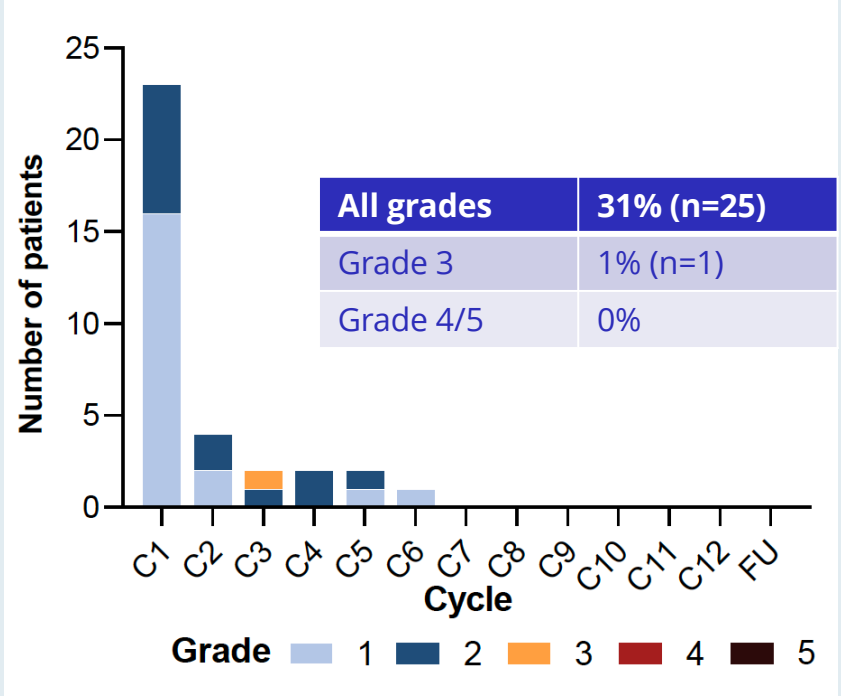
	FIT	UNFIT		FRAIL
ADL	**≥5***	**<5***	**6***	**<6***
	and	*and/or*	*and*	*and/or*
IADL	**≥6***	**<6***	**8***	**<8***
	and	*and/or*	*and*	*and/or*
CIRS-G	**0 score = 3-4** and **≤8 score = 2**	**≥1 score = 3-4** and/or **>8 score = 2**	**0 score = 3-4** and **<5 score = 2**	**≥1 score = 3-4** and/or **≥5 score = 2**
	and	*and*	*and*	*and*
Age	**<80**	**<80**	**≥80**	**≥80**
R-Pola-Glo (n=79)	**6 (7.6)**	**28 (35.4)**	**15 (19)**	**30 (38)**

91.3% medically unfit/frail

➔ Representative “real-world” cohort of medically unfit/frail patients with high treatment complexity.

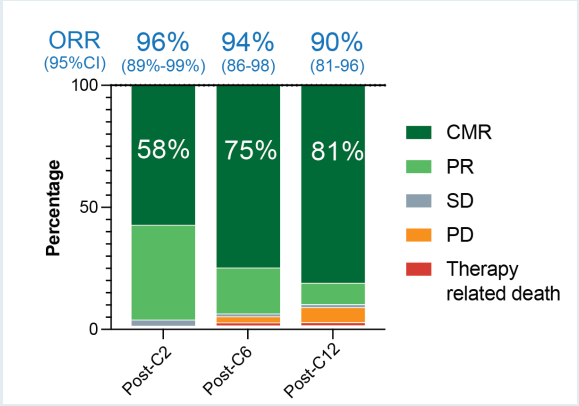
Chapuy B et al. Phase II frontline chemolight R-pola-glo trial induces high and durable response rates in elderly and medically unfit/frail patients with aggressive B-cell lymphoma. ASH 2025;Abstract 61.

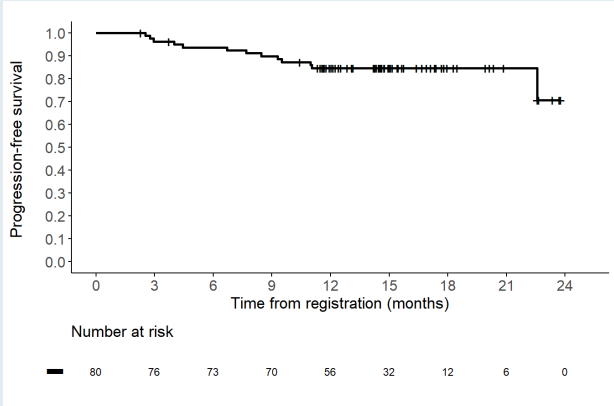




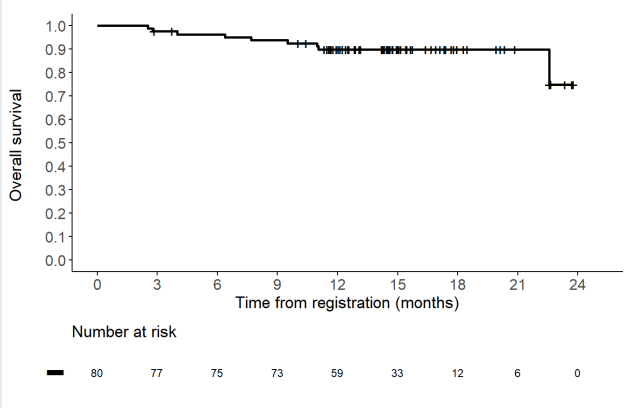
All grades	31% (n=25)
Grade 3	1% (n=1)
Grade 4/5	0%

Chapuy B et al. Phase II frontline chemolight R-pola-glo trial induces high and durable response rates in elderly and medically unfit/frail patients with aggressive B-cell lymphoma. ASH 2025;Abstract 61.





1y PFS: 84.6% (95% CI 77.0 – 93.0%)



1y OS: 89.7% (95% CI 83.2 – 96.7%)

Conclusions

- Long-term monotherapy results: Durable remissions
- Longer follow-up of STARGLO: Sustained benefit
- SUNMO: Improved QOL in responders, and in those receiving mosun-pola
- Pola-Glo: Striking efficacy in high-risk population including HGBL/DHL
- Epco and mosun: Active as single agents in the first line for frail patients
- R-Pola-Glo: Possibly more active
- CRS: Mosun < R-Pola-Glo < Epco

Agenda

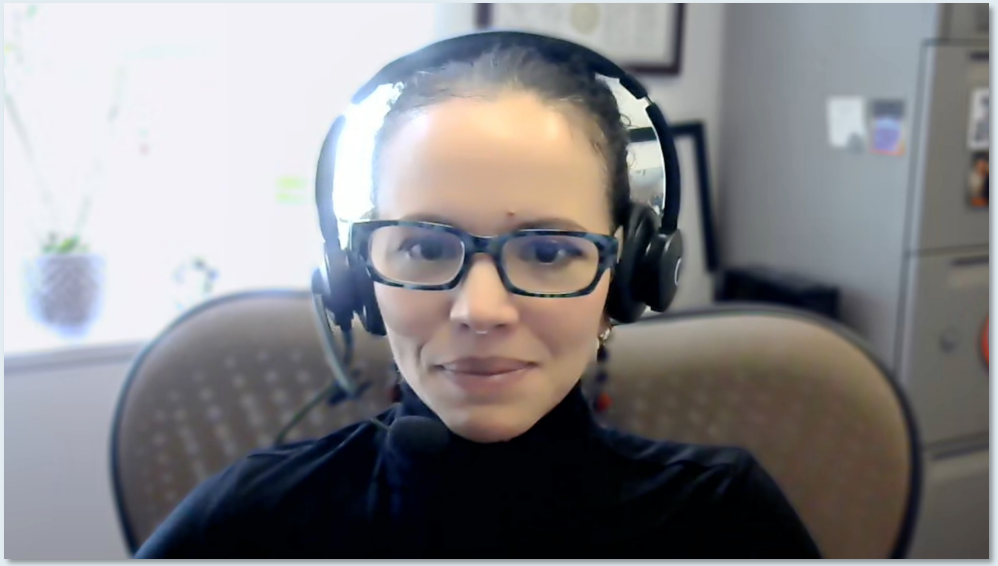
Introduction	Future Treatment of Non-Hodgkin Lymphoma (NHL)
Case 1	Dr Sehn – 66-year-old man with early relapsing DLBCL
Case 2	Dr Lunning – 68-year-old man with multiple comorbidities and DLBCL

- Faculty Presentation: Diffuse Large B-Cell Lymphoma (DLBCL) — Prof Dickinson

Case 3	Dr Casulo – 54-year-old woman with relapsed FL
Case 4	Dr Sehn – 78-year-old man with symptomatic relapsed FL

- Faculty Presentation: Follicular Lymphoma (FL) and Other NHL Subtypes — Dr Sehn

Case Presentation: 54-year-old woman with multiregimen-recurrent FL receives mosunetuzumab



Dr Carla Casulo (Rochester, New York)

RTP RESEARCH TO PRACTICE

Agenda

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Case Presentation: 78-year-old man with multiregimen-refractory FL receives mosunetuzumab with ongoing CR

Dr Laurie Sehn (Vancouver, British Columbia)

RTP RESEARCH TO PRACTICE

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Follicular Lymphoma and Other NHL Subtypes

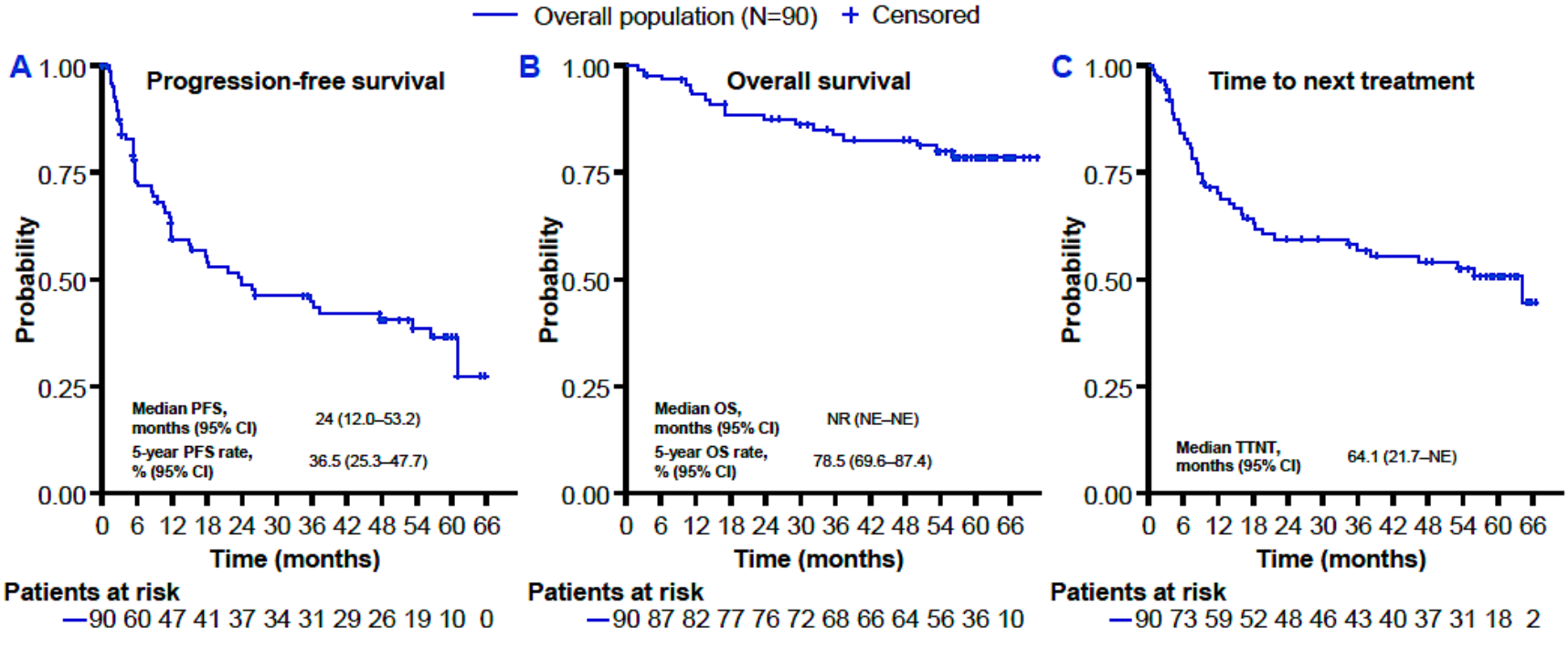
Laurie H Sehn, MD, MPH
Chair, Lymphoma Tumour Group
BC Cancer Centre for Lymphoid Cancer
Clinical Professor of Medicine
The University of British Columbia
Vancouver, British Columbia, Canada

Fixed treatment duration mosunetuzumab continues to demonstrate clinically meaningful outcomes in patients with relapsed/refractory (R/R) follicular lymphoma (FL) after ≥2 prior therapies: 5-year follow-up of a pivotal Phase II study

L. Elizabeth Budde,[1*] Laurie H. Sehn,[2] Matthew Matasar,[3] Stephen J. Schuster,[4] Sarit Assouline,[5] John Kuruvilla,[6] Wonseog Kim,[7] Chan Y. Cheah,[8] Mazyar Shadman,[9] Sascha Dietrich,[10] Matthew Ku,[11] Dima El-Sharkawi,[12] Norma Gutierrez,[13] Michael C. Wei,[14] Shen Yin,[14] Jason Sit,[14] Samuel Tracy,[14] Fidelis Sabalvaro,[14] Elicia Penuel,[14] Nancy L. Bartlett[15]

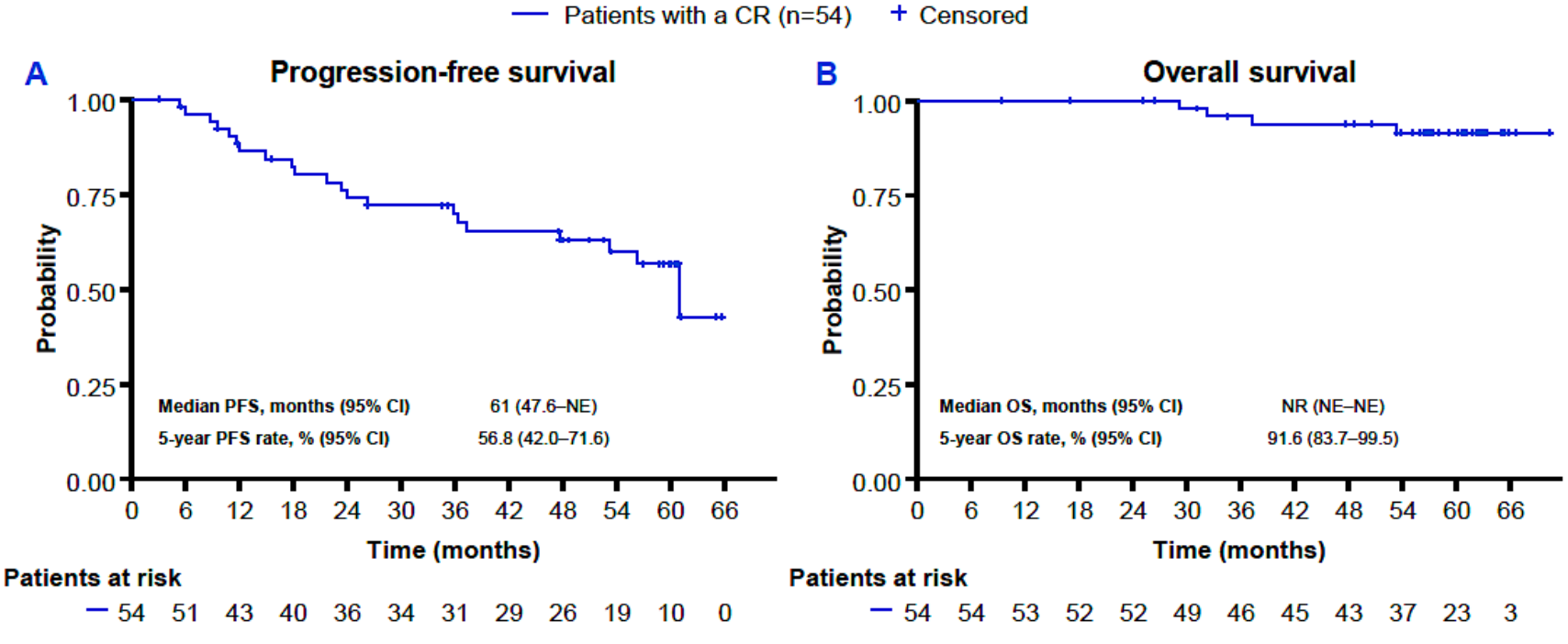
ASH 2025; Abstract 5352

5-Year Update Phase II Pivotal Study: Mosunetuzumab in R/R FL after ≥ 2 Prior Lines



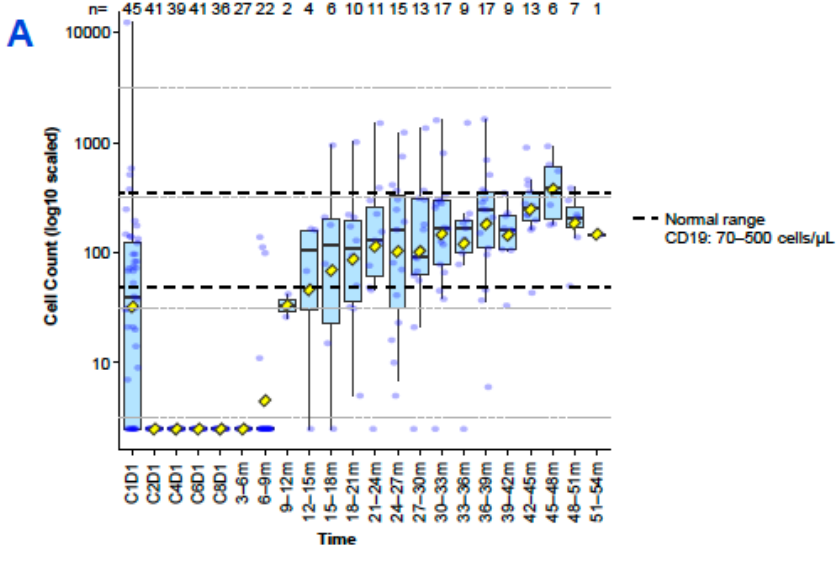
Budde E, et al, ASH 2025

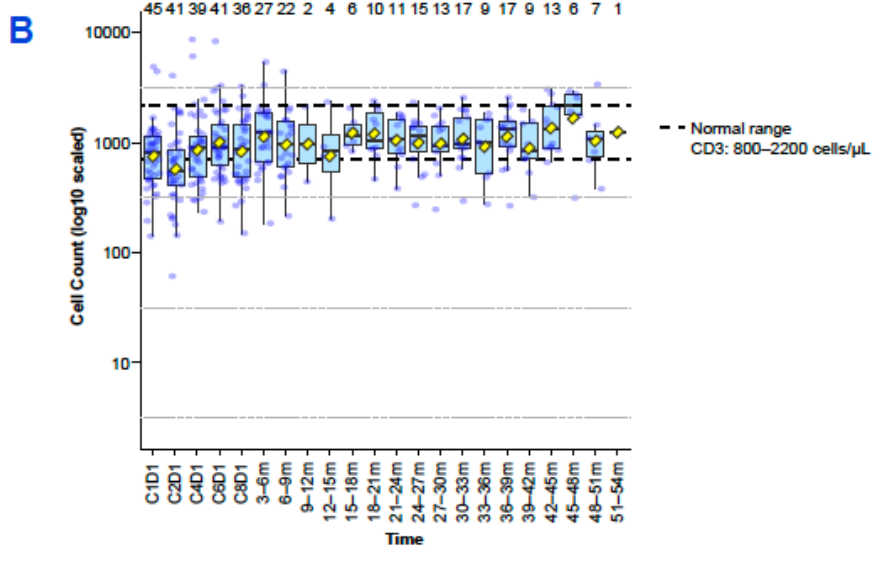
5-Year Update Phase II Pivotal Study: PFS and OS in Patients Achieving a CR



Budde E, et al, ASH 2025

5-Year Update Phase II Pivotal Study: B-Cell and T-Cell Recovery in Patients Achieving a CR





Budde E, et al, ASH 2025

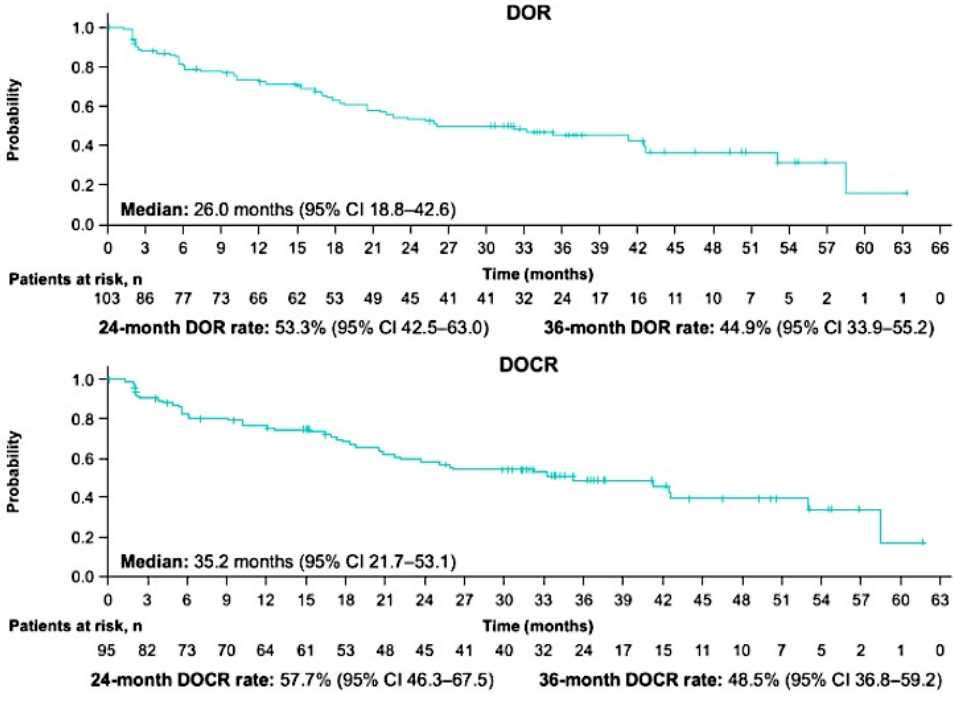
Efficacy and Safety of Long-Term Odronextamab Treatment in Patients with Relapsed/Refractory Follicular Lymphoma: 3-Year Follow-Up from the Phase 2 ELM-2 Study.

Bisneto JV et al.
ASH 2025;Abstract 3588.

Efficacy and Safety of Long-term Odronextamab in R/R FL: 3-Year Follow-up of ELM-2 Study

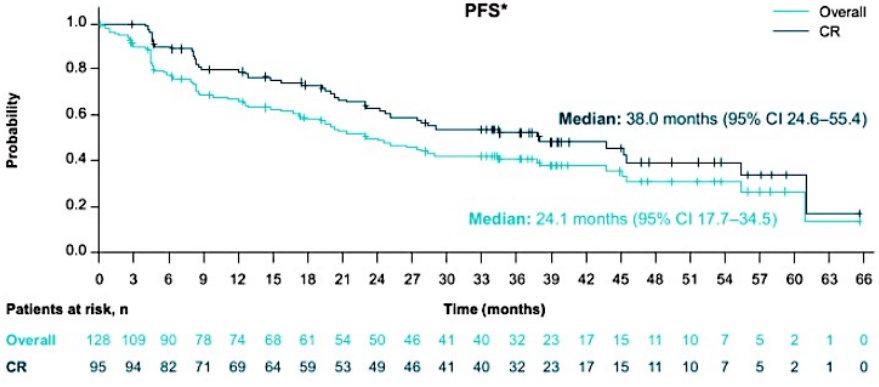
Median follow-up duration: 39.2 m

% (n)	N=128
ORR*	80.5 (103) 95% CI 72.5–86.9
CR rate	74.2 (95) 95% CI 65.7–81.5

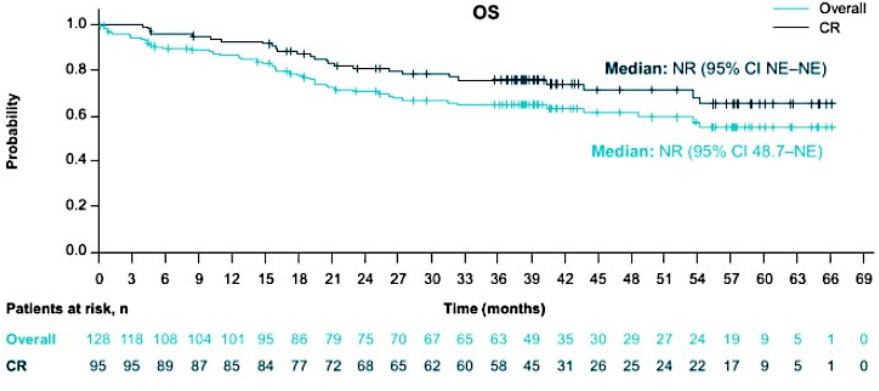


Bisneto, JV, et al, ASH 2025

Efficacy and Safety of Long-term Odronextamab in R/R FL: PFS and OS



PFS rate, % (95% CI)	Overall (N=128)	CR (n=95)
24 months	50.0 (40.4–58.9)	63.1 (51.9–72.4)
36 months	40.8 (31.4–49.9)	52.5 (41.1–62.6)



OS rate, % (95% CI)	Overall (N=128)	CR (n=95)
24 months	70.1 (60.9–77.6)	80.1 (70.3–87.0)
36 months	64.3 (54.7–72.4)	75.2 (64.7–82.9)

Bisneto, JV, et al, ASH 2025

Efficacy and Safety of Long-term Odronextamab in R/R FL: Adverse Events of Interest

Table 3. Adverse events of interest: Infections*

Infections, n (%)	N=128
Any grade	104 (81.3)
Grade 1	6 (4.7)
Grade 2	38 (29.7)
Grade 3	39 (30.5)
Grade 4	5 (3.9)
Grade 5	16 (12.5)†
Opportunistic infection‡	23 (18.0)
Grade ≥3	11 (8.6)

*Adverse events graded per National Cancer Institute Common Terminology Criteria for Adverse Events v5.0;[8] †There were 18 fatal infections in 16 patients: COVID-19 (n=4), COVID-19 pneumonia (n=4), pneumonia (n=4), sepsis (n=2), *Escherichia* sepsis, pseudomonal pneumonia, progressive multifocal leukoencephalopathy, and systemic mycosis (n=1 each). Grade 5 pneumonia and sepsis were reported in one patient; Grade 5 systemic mycosis and COVID-19 pneumonia were reported in another patient; ‡Defined by narrow SMQ (MedDRA version 28.0).[10]

- Most common infections: COVID-19 (39.8%), pneumonia (20.3%), and URTI (17.2%)

Bisneto, JV, et al, ASH 2025

Primary Phase 3 Results From the EPCORE FL-1 Trial of Epcoritamab With Rituximab and Lenalidomide (R^2) Versus R^2 for Relapsed or Refractory Follicular Lymphoma

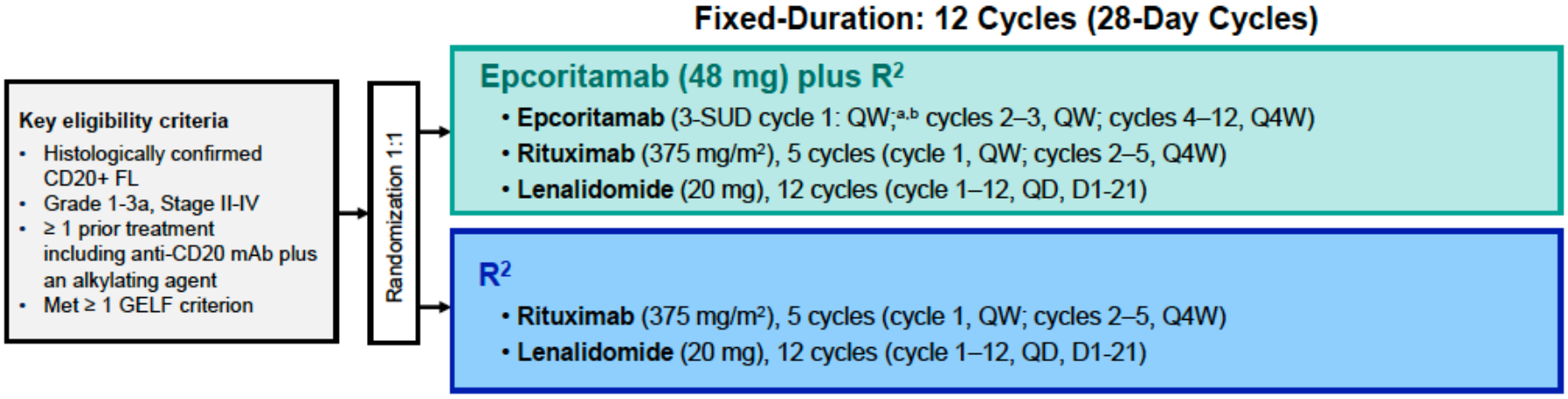
Lorenzo Falchi,[1]* Marcel Nijland,[2] Huiqiang Huang,[3] Kim M. Linton,[4] John F. Seymour,[5] Rong Tao,[6] Michal Kwiatek,[7] Abel Costa,[8] Theodoros P. Vassilakopoulos,[9] Richard Greil,[10] Ana Jiménez-Ubieto,[11] Shane Gangatharan,[12] Ohad Benjamini,[13] Catherine Thieblemont,[14] Alessandra Tucci,[15] Anna Elinder-Camburn,[16] Arpad Illes,[17] Jan Novak,[18] Miguel Pavlovsky,[19] Andrew McDonald,[20] Dok Hyun Yoon,[21] Yuko Mishima,[22] Gauri Sunkersett,[23] JP Mei,[23] Nabanita Mukherjee,[23] Feng Zhu,[23] Elena Favaro,[24] Franck Morschhauser[25]

*Presenting author

[1]Lymphoma Service, Memorial Sloan Kettering Cancer Center, New York, NY, USA; [2]University Medical Center Groningen, University of Groningen, Groningen, Netherlands; [3]Sun Yat-sen University, Guangzhou, China; [4]The Christie NHS Foundation Trust, Manchester Cancer Research Centre, and Division of Cancer Sciences, University of Manchester, Manchester, UK; [5]Peter MacCallum Cancer Centre and The Royal Melbourne Hospital, Melbourne, Australia; [6]Fudan University Cancer Hospital, Shanghai, China; [7]Aidport Clinical Trials Hospital, Skorzewo (Poznan), Poland; [8]Instituto D'Or de Pesquisa e Ensino, São Paulo, Brazil; [9]Laikon General Hospital, National and Kapodistrian University of Athens, Athens, Greece; [10]Paracelsus Medical University Salzburg; Salzburg Cancer Research Institute-Center for Clinical Cancer and Immunology Trials; Cancer Cluster Salzburg, Salzburg, Austria; [11]Hospital Universitario 12 de Octubre, Madrid, Spain; [12]Fiona Stanley Hospital, Murdoch, Australia; [13]The Chaim Sheba Medical Center, Ramat Gan, Israel; [14]Hôpital Saint-Louis, Paris, France; [15]ASST degli Spedali Civili di Brescia, Brescia, Italy; [16]North Shore Hospital, Auckland, New Zealand; [17]Debreceni Egyetem-Klinikai Kozpont, Debrecen, Hungary; [18]Fakultni nemocnice Kralovske Vinohrady, Prague, Czechia; [19]FUNDALEU, Buenos Aires, Argentina; [20]Alberts Cellular Therapy, Gauteng, South Africa; [21]Asan Medical Center, University of Ulsan, College of Medicine, Seoul, South Korea; [22]Cancer Institute Hospital, Japanese Foundation for Cancer Research, Tokyo, Japan; [23]AbbVie, North Chicago, IL, USA; [24]Genmab, Copenhagen, Denmark; [25]Hôpital Claude Huriez, Lille, France.

Presented at the American Society of Hematology; December 6–9, 2025; Orlando, FL, USA; DV-017521

EPCORE FL-1: Phase 3, Global, Randomized, Open-Label Study



Stratification factors

- Disease status:
  - 2L: > or ≤ 2 years since last therapy
  - 3L+: > or < 6 months since last therapy
- Region: US/EU vs Rest of World

- **Dual primary endpoints: ORR per IRC and PFS per IRC**
- Key secondary endpoints: CR rate per IRC, OS, and MRD[c]
- Additional secondary endpoints: DOR, DOCR, TTNLT, safety, and PRO assessments

Data cutoff: May 24, 2025; median follow-up: 14.8 months[d]
Enrollment period: October 2022 - January 2025

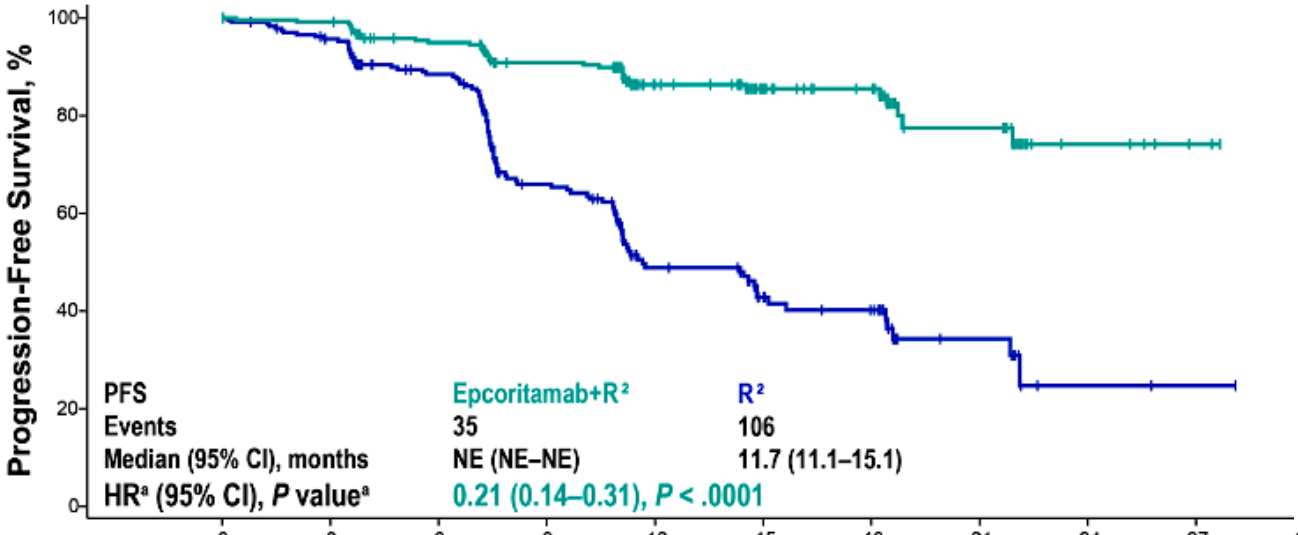
Falchi, L, et al, ASH 2025

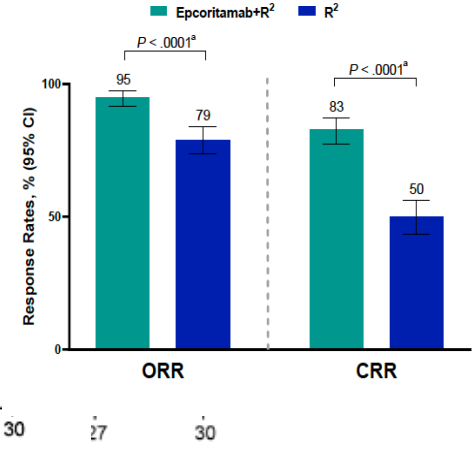
Treatment History Was Generally Balanced Across Epcoritamab+R^2 and R^2

	Epcoritamab+R^2 (N = 243)	R^2 (N = 245)	Overall (N = 488)
Median time from initial diagnosis to randomization, years (range)	4.5 (0.2, 30.3)	5.3 (0.1, 43.0)	5.0 (0.1, 43.0)
Number of prior lines of therapy, median (range)	1 (1, 7)	1 (1, 6)	1 (1, 7)
1, n (%)	145 (60)	141 (58)	286 (59)
2, n (%)	58 (24)	61 (25)	119 (24)
≥ 3, n (%)	40 (16)	43 (18)	83 (17)
Prior anti-CD20 antibody, n (%)	243 (100)	245 (100)	488 (100)
Prior anti-CD20 antibody containing chemotherapy, n (%)	239 (98)	240 (98)	479 (98)
Prior bendamustine in last line, n (%)	53 (22)	47 (19)	100 (20)
Prior R^2, n (%)	8 (3)	9 (4)	17 (3)
POD24,[a] n (%)	106 (44)	93 (38)	199 (41)
Refractory to 1L therapy, n (%)	86 (35)	81 (33)	167 (34)
Refractory to anti-CD20 antibody, n (%)	104 (43)	103 (42)	207 (42)
Refractory to last line of therapy, n (%)	84 (35)	82 (33)	166 (34)
Double refractory[b]	91 (37)	91 (37)	182 (37)

Falchi, L, et al, ASH 2025

Epcoritamab+R² Resulted in Superior PFS per IRC With 79% Risk Reduction



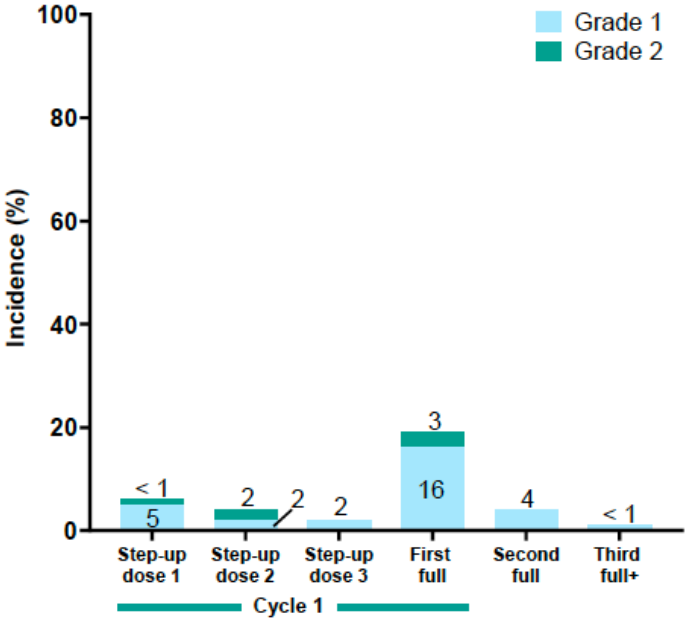


- Concordance rate was 94% for PFS between IRC and investigator assessment
- The estimated 16-month PFS was 85.5% (95% CI: 79.7, 89.7) for epcoritamab+R² and 40.2% (95% CI: 31.8, 48.4) for R²

Median Follow-up Epco+R²: 14.4m; R² 11.5 m

Falchi, L, et al, ASH 2025

EPCORE FL-1: Safety



Adverse Event, n (%)	Epcoritamab+R² (N = 243)		R² (N = 238)	
	Any Grade	Grade ≥ 3	Any Grade	Grade ≥ 3
Any adverse event	242 (100)	219 (90)	235 (99)	161 (68)
Serious adverse event	135 (56)	-	69 (29)	-
Adverse event leading to treatment discontinuation	46 (19)	-	29 (12)	-
Epcoritamab	21 (9)	-	-	-
Rituximab	7 (3)	-	12 (5)	-
Lenalidomide	45 (19)	-	29 (12)	-
Adverse event of clinical interest > 20%[a,b]				
Infections[c]	188 (77)	81 (33)	125 (53)	37 (16)
Neutropenia	180 (74)	167 (69)	123 (52)	100 (42)
Cytokine release syndrome	85 (35)	-	1 (< 1)	-
Anemia	68 (28)	19 (8)	41 (17)	11 (5)
Thrombocytopenia	67 (28)	23 (9)	44 (18)	15 (6)
Pyrexia	58 (24)	1 (< 1)	33 (14)	3 (1)
Rash	58 (24)	19 (8)	53 (22)	9 (4)
COVID-19	54 (22)	7 (3)	32 (13)	4 (2)

Falchi, L, et al, ASH 2025

Fixed-duration subcutaneous (SC) mosunetuzumab, with maintenance therapy, in patients with previously untreated high-tumor burden follicular lymphoma (HTB FL): Longer follow-up and exploratory circulating tumor (ct)DNA analysis of the Phase II MorningSun study

John M. Burke,[1] Jeff P. Sharman,[2] Bertrand Anz,[3] Richard Zuniga,[4] Aung M. Tun,[5] David Wright,[6] Prachi Jani,[7] Juliana M. L. Biondo,[7] Mei Wu,[7] Yong Mun,[7] Vivek S. Chopra,[7] Rona Farighi,[7] Jose C. Villasboas,[8] L. Elizabeth Budde,[9] Ian W. Flinn[10]

[1]Rocky Mountain Cancer Centers, Aurora, CO, USA; [2]Willamette Valley Cancer Institute, Sarah Cannon Research, Eugene, OR, USA; [3]Tennessee Oncology, Chattanooga, TN, USA; [4]New York Cancer & Blood Specialists, Port Jefferson, NY, USA; [5]The University of Kansas Cancer Center, Kansas City, KS, USA; [6]University Hospitals Sussex NHS Foundation Trust, Brighton, East Sussex, UK; [7]Genentech, Inc., South San Francisco, CA, USA; [8]Mayo Clinic, Rochester, MN, USA; [9]City of Hope National Medical Center, Duarte, CA, USA; [10]Tennessee Oncology and OneOncology, Nashville, TN, USA

Presented at the 67th ASH Annual Meeting | December 6–9, 2025

MorningSun Phase II Study: SC Mosun in 1L High Tumour Burden FL Cohort

Key inclusion criteria

- Previously untreated FL
- HTB by GELF criteria
- ECOG performance status 0–2

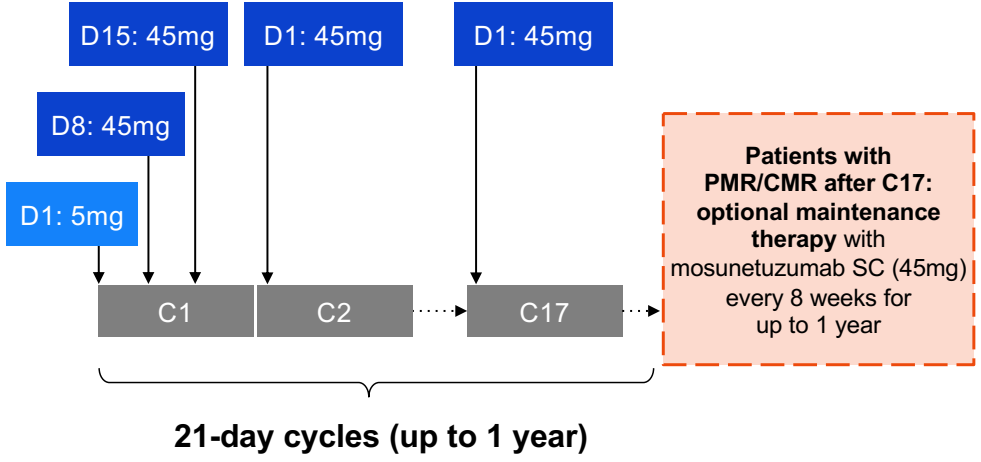
CRS mitigation

- Mosunetuzumab SC step-up dosing in C1
- Corticosteroid prophylaxis* was mandatory in C1–2 and optional thereafter
- Hospitalization was not mandatory

Endpoints

- Primary: PFS rate at 24 months
- Key secondary: ORR, DOR, DOCR, safety
- Exploratory analysis of ctDNA levels†

Mosunetuzumab SC administration

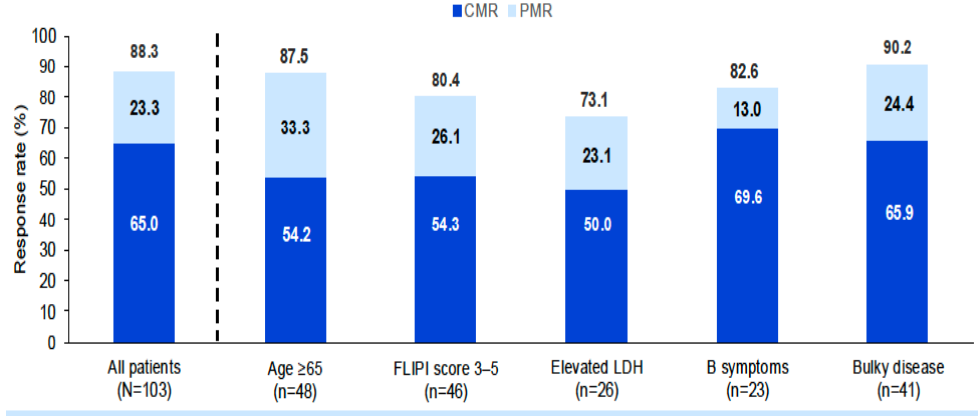


The HTB cohort was enrolled between March 3, 2022, and June 21, 2024 CCOD: February 10, 2025. *Dexamethasone (20mg) or methylprednisolone (80mg); premedication with oral acetaminophen or paracetamol and/or diphenhydramine could also be administered prior to administration of mosunetuzumab. †ctDNA analysis was performed using the AVENIO Oncology Assay Non-Hodgkin Lymphoma (AOA-NHL) assay.

Burke JM, et al, ASH 2025

MorningSun Phase II: Study Characteristics and Response

n (%), unless stated	All patients N=103	Patient receiving maintenance treatment n=46
Median age, years (range)	64.6 (24–86)	64.6 (32–79)
ECOG performance status		
0/1	101 (98.1)	46 (100)
2	2 (1.9)	0
Follicular lymphoma grade		
Grade 1–2	82 (79.6)	37 (80.4)
Grade 3A	20 (19.4)	8 (17.4)
Missing	1 (1.0)	1 (2.2)
Ann Arbor stage		
II	9 (8.7)	3 (6.5)
III	38 (36.9)	18 (39.1)
IV	56 (54.4)	25 (54.3)
Extranodal involvement	40 (38.8)	18 (39.1)
Bulky disease		
Yes	41 (39.8)	19 (41.3)
No	54 (52.4)	22 (47.8)
Unknown	8 (7.8)	5 (10.9)
FLIPI score		
0–1	22 (21.4)	10 (21.7)
2	35 (34.0)	15 (32.6)
3–5	46 (44.7)	21 (45.7)

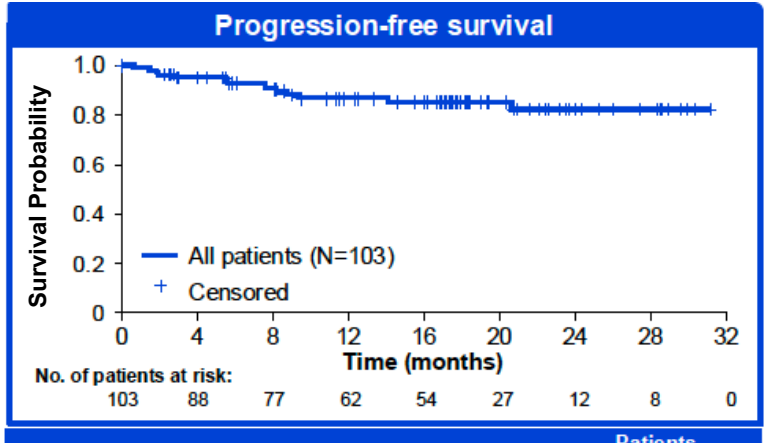


- Among patients with a response (n=91), median time to response was 2.7 months (range: 1.2–6.0)

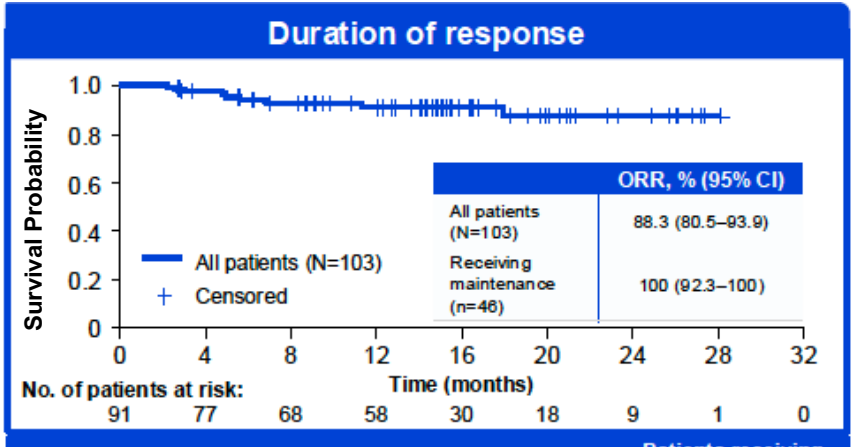
Exploratory ctDNA analysis in a subset of patients with a CMR showed that 84.2% were MRD-negative at C4

Burke JM, et al, ASH 2025

MorningSun Phase II Efficacy: PFS and DOR



Survival rates, (95% CI)	All patients N=103	Patients receiving maintenance treatment n=46
Median PFS, months	NR (NE–NE)	NR (NE–NE)
12-month event-free rate, %	86.7 (77.7–92.3)	100 (100–100)
18-month event-free rate, %	85.3 (75.8–91.2)	100 (100–100)



Response rate, % (95% CI)	All patients N=103	Patients receiving maintenance treatment n=46
Median DOR, months	NR (NE–NE)	NR (NE–NE)
12-month event-free rate, %	90.9 (81.7–95.6)	100 (100–100)
18-month event-free rate, %	87.2 (74.1–94.0)	94.7 (68.1–99.2)

Median follow-up was 22.3 months

Burke JM, et al, ASH 2025

- 66.7% were eligible for maintenance, 44.7% received maintenance
- No CRS occurred during maintenance
- Infections were common (Gr 3-5 19.4%), no increase over time

Mosunetuzumab with response-driven lenalidomide augmentation achieves high response rates and immune reprogramming in untreated follicular and marginal zone lymphoma: A multicenter phase 2 trial

Adam Olszewski,[1] Matthew Matasar[2] , Scott Huntington[3] , Dennis Bonal[1] , Thomas Ollila[1] , Ari Pelcovits[1] , Claire Yun Kyoung Tiger[2] , John Reagan [1] , Anna Chorzalska [1] , John Morgan [4] , Makayla Pardo[1] , Jessica McMahon[4] , Stephen Donnelly [4] , Caylee Carmody [4] , Jeannine Margolis[1] , Charles Milrod[1] , Patrycja Dubielecka[1]

[1] *Brown University, Providence, RI*

[2] *Rutgers Cancer Institute of New Jersey, New Brunswick, NJ,* [3] *Yale School of Medicine, New Haven, CT,*
[4] *Rhode Island Hospital, Providence, RI, United States*

BROWN
Legorreta Cancer Center

IFLI Institute for Follicular Lymphoma Innovation

Blood Cancer United

BrUOG-401:Mosunetuzumab with response-driven lenalidomide in untreated FL and MZL

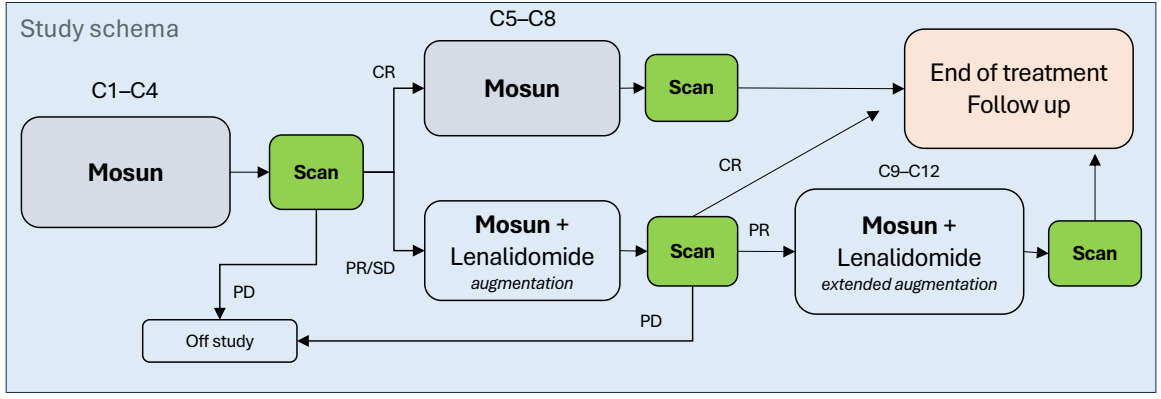
- 52 patients from 3 centers

Key eligibility criteria:

- Age ≥18 years; performance status: ECOG 0-2
- CD20+ FL (G1-3A) or MZL (any subtype)
  - **FL**: GELF criteria
  - **MZL**: need to treat per investigator
- No prior systemic therapy for lymphoma
- No autoimmune disease, no CNS lymphoma
- No immunosuppressive therapy, EBV or CMV viremia
- No other concurrent malignancy, HIV,
- No severe COPD, other severe comorbidities
- ANC ≥ 1 x10^9/L, Hgb ≥ 9 g/dL, platelets ≥75 x10^9/L

Primary endpoint: **CR at end of therapy**

- Lugano or International SMZL criteria;
- gastric MALT lymphoma: confirmed with endoscopy
- Toxicity rates
- PFS; POD24, OS, DOR/CR
- Exploratory biomarkers



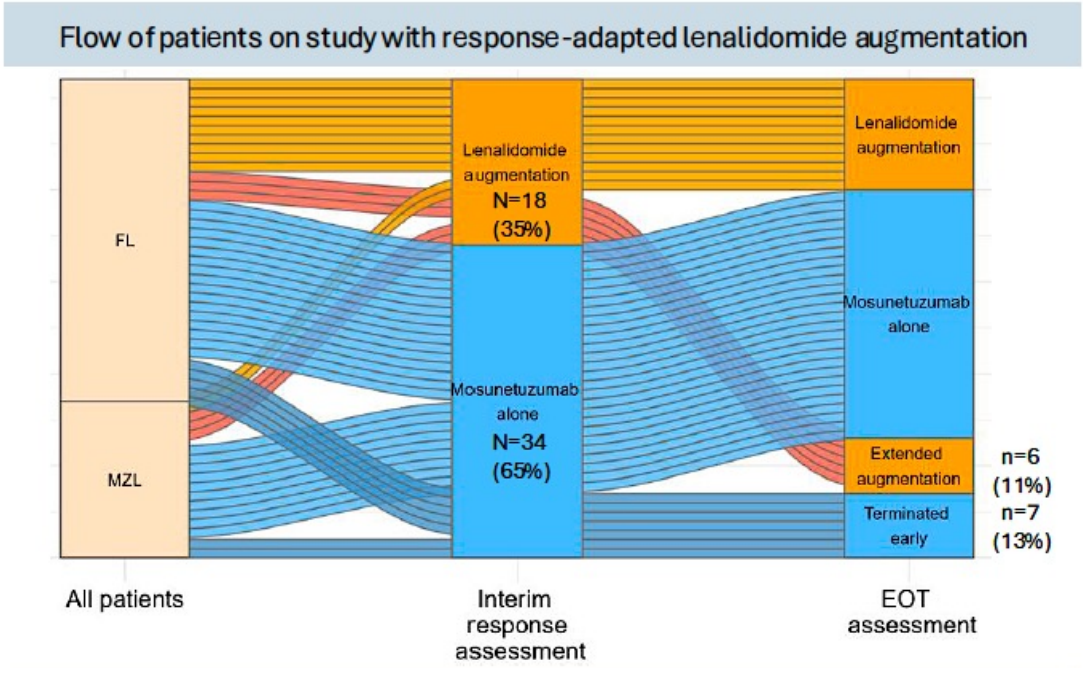
- **Mosunetuzumab:**
  - Subcutaneous
  - Cycle 1 step-up dosing:
    - Day 1: 5 mg, D8/15: 45 mg
  - Cycle 2-8 (or 12): Day1, 45 mg
  - Dexamethasone premedication in C1, C2

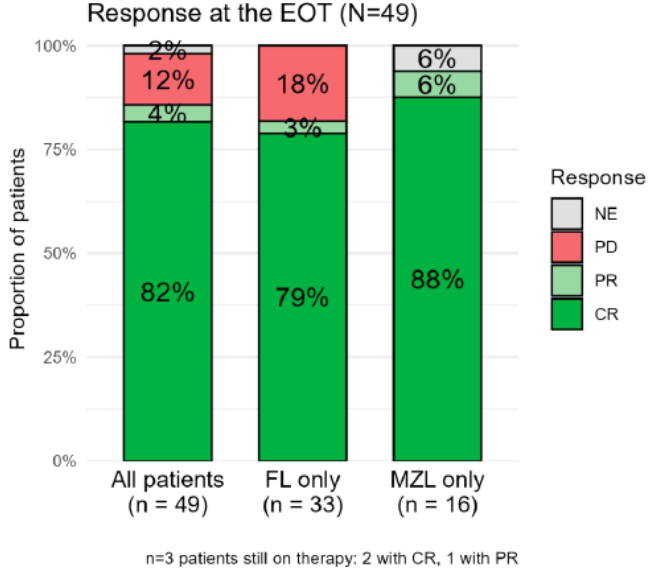
- **Lenalidomide:**
  - Response-adapted after C4
  - 10 mg daily continuous dosing
  - Optional extension through C12

- **Primary hypothesis:** 80% power, one-sided α 0.047, n=52 (two-stage design)
  - CR at EOT >53% using RELEVANCE CT criteria
  - PET CT criteria for EOT response reporting

Olszewski A, et al, ASH 2025

BrUOG-401: Treatment Flow and Response at EOT

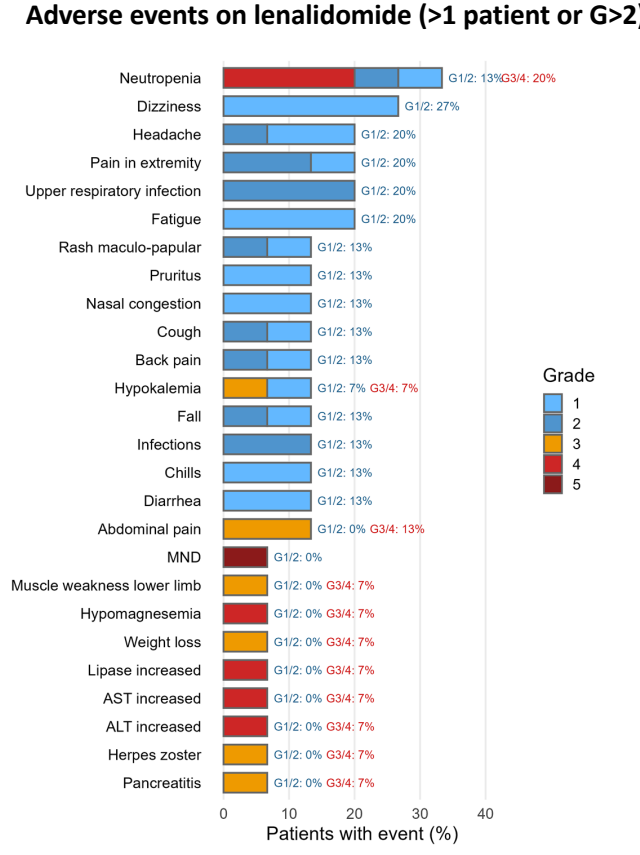




Olszewski A, et al, ASH 2025

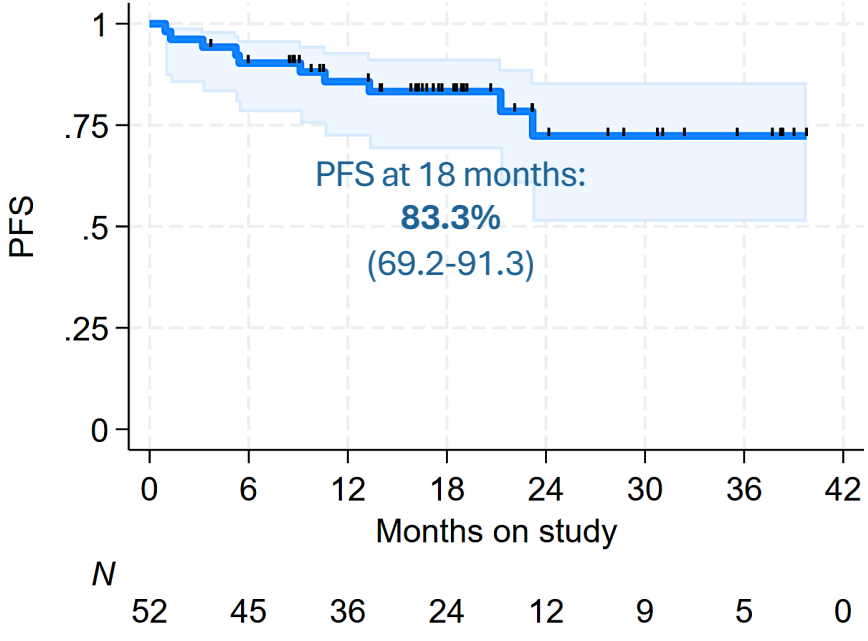
BrUOG-401 Safety: mosunetuzumab + len augmentation

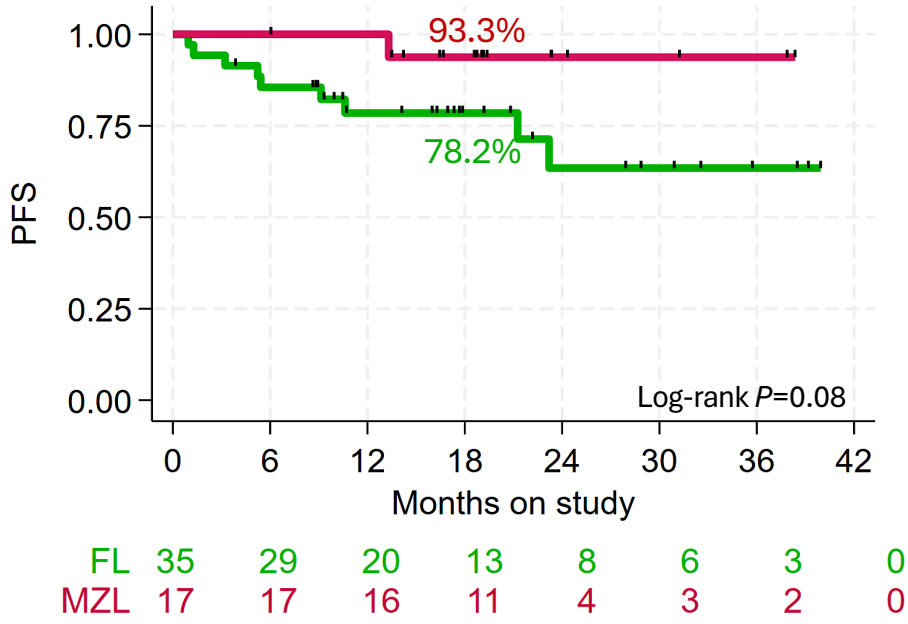
	N	%
Lenalidomide augmentation • Extended augmentation	18 6	
Any AE	15	83%
Grade 3-4 AE	8	44%
SAE: • *Muscle weakness* • *Abdominal pain / pancreatitis* • *AST/ALT increased* • *Herpes zoster*	4	22%
Treatment discontinuation • *G4 hepatitis, Herpes zoster*	2	12%
Lenalidomide schedule: • Continuous 10mg daily • 14 days on / 7 days off	 12 6	 67% 33%
Dose reduction to 5mg	1	6%



Olszewski A, et al, ASH 2025

BrUOG-401 Efficacy: PFS





- Median follow-up: **18 months**
- N=2 deaths: 1 from transformed lymphoma, 1 in remission
- **OS** at 18 months: **97.8%** (95%CI: 95.3-99.7)

Olszewski A, et al, ASH 2025

Epcoritamab With Rituximab + Lenalidomide and Epcoritamab Maintenance Deliver Deep and Durable Remissions in Previously Untreated Follicular Lymphoma: 3-Year Outcomes From EPCORE NHL-2 Arms 6 and 7

Lori Leslie,[1] Gerardo Musuraca,[2] Pau Abrisqueta,[3] Joshua D. Brody,[4] Jacob Haaber Christensen,[5] Alexander Fosså,[6] Marjolein van der Poel,[7] Joost S.P. Vermaat,[8] Fritz Offner,[9] David Belada,[10] Jian Mei,[11] Işil Altintaş,[12] Malene Risum,[13] Aidan Reilly,[14] Liwei Wang,[14] Lorenzo Falchi[15]

[1]John Theurer Cancer Center, Hackensack Meridian School of Medicine, Lymphoma Division, Hackensack, NJ, USA; [2]IRCCS Istituto Romagnolo per lo Studio dei Tumori (IRST) "Dino Amadori", Hematology Unit, Meldola, Italy; [3]Hospital Universitario Vall d'Hebron, Barcelona, Spain; [4]Icahn School of Medicine at Mount Sinai, New York, NY, USA; [5]Odense University Hospital, Odense, Denmark; [6]Oslo University Hospital, Oslo, Norway; [7]Maastricht University Medical Center, Maastricht, Netherlands; [8]Leiden University Medical Center, Department of Hematology, Leiden, Netherlands; [9]Universitair Ziekenhuis Gent, Department of Internal Medicine and Pediatrics, Ghent, Belgium; [10]Charles University, Hospital and Faculty of Medicine, 4th Department of Internal Medicine – Haematology, Hradec Králové, Czech Republic; [11]AbbVie, North Chicago, IL, USA; [12]Genmab, Utrecht, Netherlands; [13]Genmab, Copenhagen, Denmark; [14]Genmab, Plainsboro, NJ, USA; [15]Memorial Sloan Kettering Cancer Center, Lymphoma Service, New York, NY, USA

Presented at the 67th meeting of the American Society of Hematology (ASH); December 6–9, 2025; Orlando, FL, USA.

EPCORE NHL-2: EPCO+R^2 (Arm 6) or EPCO maintenance (Arm 7) in Untreated FL

Key inclusion criteria

Overall

- CD20$^+$ FL
  - Grade 1, 2, or 3A
- ECOG PS 0–2
- Adequate organ function

Arm 6, 1L FL

- 1L FL
- Measurable disease by CT or MRI
- Meet GELF criteria

Arm 7, FL maintenance

- In CR or PR after 1–2 lines of SOC treatment

Data cutoff: Apr 9, 2025

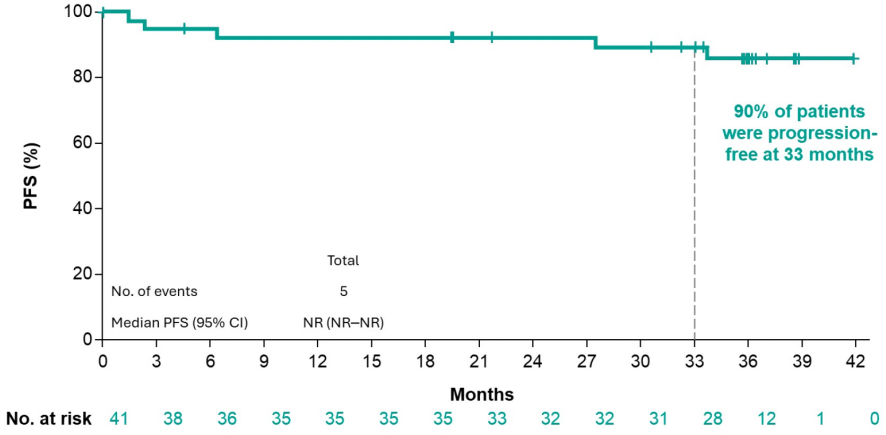
Median follow-up: Arm 6, 36 months[e]; Arm 7, 35 months[f]

Arm 6 (1L FL) expansion	Arm 7 (FL maintenance after SOC treatment) expansion
Rituximab (IV) 375 mg/m^2 QW C1, Q4W C2–6 **Lenalidomide (oral) 20 mg** QD for 21 days in C1–12 **Epcoritamab (SC) 48 mg** 2 SUD[a], QW C1–2, Q4W C3+ (28-day cycles); treatment up to 2 years	**Epcoritamab (SC) 48 mg** 2 SUD[a], QW C1 (28 days) Q8W C2–13 (56-day cycles); treatment up to 2 years
Primary endpoint: ORR[b] **Key secondary endpoints:** Safety, DOR, DOCR, PFS, OS, MRD[c]	**Primary endpoint:** Safety **Key secondary endpoints:** CR rate,[d] DOCR
First patient first visit/last patient last visit Oct 8, 2021/May 16, 2024	**First patient first visit/last patient last visit:** Nov 8, 2021/Feb 22, 2024

Leslie, L, et al, ASH 2025

EPCORE NHL-2: EPCO+R^2 (Arm 6) Durable Responses in Untreated FL

	Epcoritamab + R^2 N = 41
Overall response, n (%)	39 (95)
CR	36 (88)
PR	3 (7)
NE[a]	2 (5)



- Among 36 patients in CR
  - 10 discontinued treatment for reasons other than PD or death[b]
  - 90% (9/10) maintained CR[c]
- Among 21 patients who completed treatment in CR
  - 95% (20/21) maintained CR
  - Median DOCR: NR[d]
- MRD negativity[e] (<10^{-6}):100%
  - 26/26 MRD-evaluable patients

Median follow-up: 33.2 m

Leslie, L, et al, ASH 2025

EPCORE NHL-2: Maintenance after SOC (Arm 7)

Characteristic	Epcoritamab N = 19
Age, median (range), years	56 (31–78)
Male, n (%)	11 (58)
ECOG PS, n (%)	
0	16 (84)
1	3 (16)
Treatment History	
Time from end of SOC induction therapy to first dose, months, median (range)	2.8 (1.2–6.0)
Prior systemic therapy received, n (%)	
Anti-CD20	19 (100)
Bendamustine-containing regimen	3 (16)
Prior lines of anti-lymphoma therapy, n (%)	19 (100)
1	16 (84)
2	3 (16)
Best response to last line of therapy, n (%)	
CR	11 (58)
PR	8 (42)

- Prior SOC treatments included anti-CD20 mAb-containing regimens (100%), alkylating agent-containing regimens (79%), and anthracyclines (53%)

Epcoritamab treatment exposure	
Number of treatment cycles initiated, median (range)	11 (2–13)
Duration of treatment, months, median (range)	21 (1–24)

- All 8 patients with PR from last line of therapy converted to CR after a median of 2.8 months (range, 2.5–5.7)
- Median DOR and DOCR were NR; at 33 months, an estimated 84% of patients remained in response and 84% were alive
- All 10 patients who completed treatment per protocol had CR at EOT and all maintained their CR at the data cutoff (median follow-up, 12.2 months)
- Median PFS and OS were NR

Median follow-up: 35 m

Leslie, L, et al, ASH 2025

Combined Mosunetuzumab and Zanubrutinib for the Treatment of Patients with Newly Diagnosed High-Burden Follicular Lymphoma: First Results of the Multicenter Phase 2 Mithic-FL2 Trial.

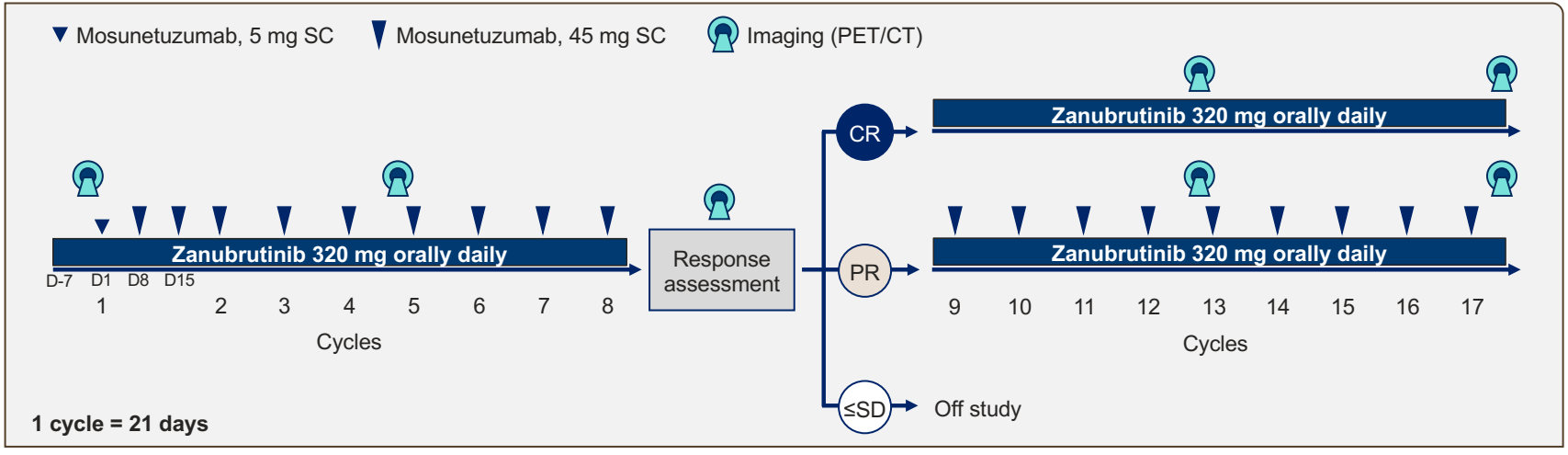
Falchi L et al.
ASH 2025;Abstract 4355.

Multicenter Phase 2 Study Overview

Eligibility:
- ≥18 years; ECOG PS 0-2
- CD20+ previously untreated FL
- G1-3A, stage II–IV
- **In need of therapy per GELF criteria**

Endpoints:
- **Primary:** CR per Lugano
- **Secondary:** ORR, safety, PFS, DOR, TTNT, OS
- **Exploratory:** PD, ctDNA monitoring

Outpatient administration:
- Administration: Zanubrutinib PO; mosunetuzumab SC
- Prophylaxis: Dexamethasone, anti H2, acetaminophen in C1 (and C2 if prior CRS)
- VZV and PJP prophylaxis and GCSF support per treating physician

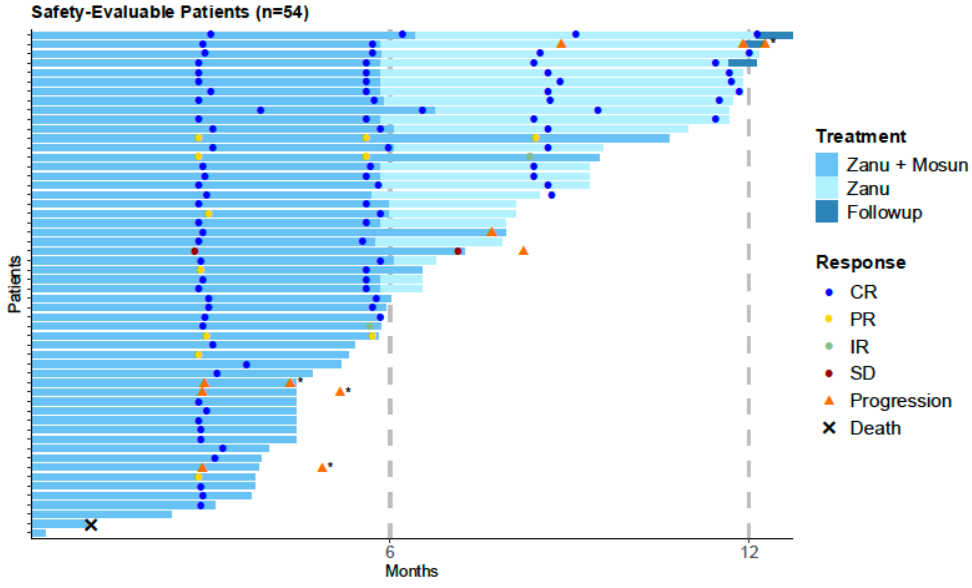


Falchi, L, et al, ASH 2025

Mosunetuzumab + Zanubrutinib Induced Deep Responses in Most Patients

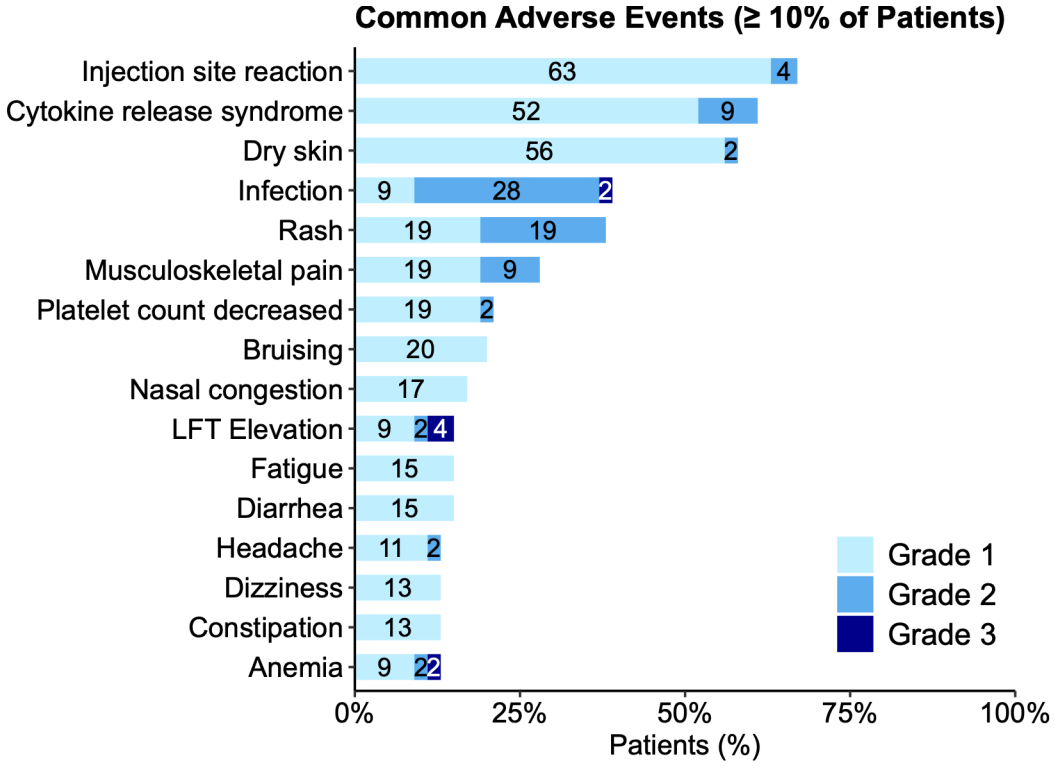
Response Type	Response Evaluable (n=51)
Overall Response	47 (92%)
Complete Response	**42 (82%)**
Partial Response	5 (10%)
Stable Disease	1 (2%)
Progressive Disease	3 (6%)

- **Median follow-up: 6.5 months (0.2-12.7)**
- Median n. mosunetuzumab cycles: 8 (1-17)
- Median time on zanubrutinib: 6.5 months (0.2-12.2)



Falchi, L, et al, ASH 2025

Most Adverse Events Were Low-Grade



- No safety signals were observed for mosunetuzumab or zanubrutinib
- Most AEs were grade 1-2
- No patient discontinued treatment due to AEs

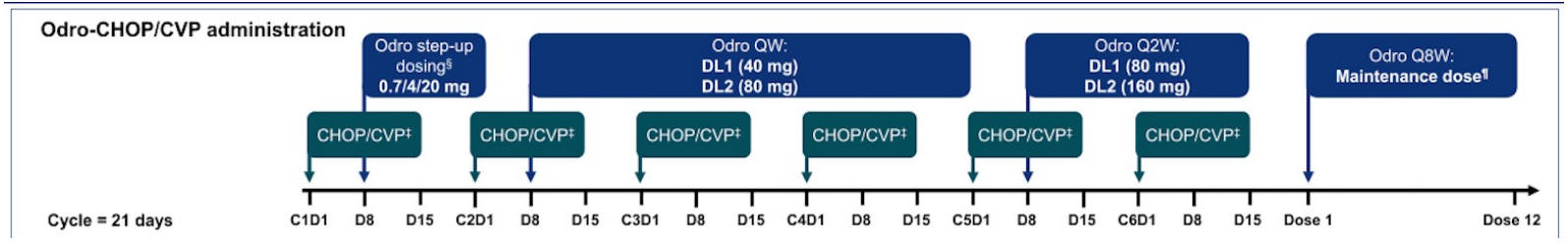
Other AEs of interest: 3 Patients had G3 (1) or G4 (2) neutropenia; 1 had G3 febrile neutropenia; 1 had G3 acute kidney injury in the setting of tumor ureteral compression; 1 had prostate cancer (G3), and 1 had G3 syncope

Falchi, L, et al, ASH 2025

Odronextamab plus Chemotherapy in Patients with Previously Untreated Follicular Lymphoma: First Results from Part 1 of the Phase 3 Olympia-2 Study.

Wudhikarn K et al.
ASH 2025;Abstract 3600

Odronextamab Plus Chemotherapy in Patients with Previously Untreated Follicular Lymphoma: First Results from Part 1 of the Phase 3 OLYMPIA-2 Study



Key eligibility criteria

- Age ≥18 years
- Previously untreated CD20+ FL Grade 1–3a,* stage II bulky or stage III/IV
- Need treatment†
- ECOG PS ≤2
- Adequate organ function
- FLIPI-1 score of 3–5
- No CNS lymphoma or Grade 3b FL

Endpoints

Primary
- DLT incidence
- TEAEs (incidence and severity)

Secondary
- ORR** (local investigator review)
- PK and immunogenicity

Exploratory
- ctDNA MRD
- CD20 expression
- Immunophenotyping

Anti-infection prophylaxis included:

- PJP prophylaxis (mandated)
- Antivirals (recommended)††
- IVIg supplementation (recommended)‡‡

Wudhikarn, K, et al, ASH 2025

Odronextamab Plus Chemotherapy in Patients with Previously Untreated Follicular Lymphoma: First Results from Part 1 of the Phase 3 OLYMPIA-2 Study

Figure 2. TEAEs observed in >15% of patients treated with Odro-CHOP/CVP

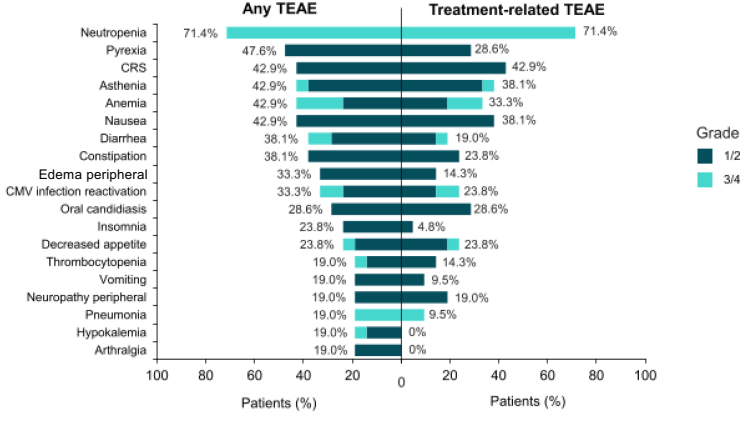


Table 4. Infections were mostly low grade

Infections,* n (%)	DL1: 40 mg (n=9)	DL2: 80 mg (n=12)
Any grade	6 (66.7)	11 (91.7)
Grade 1	0	1 (8.3)
Grade 2	2 (22.2)	6 (50.0)
Grade 3	3 (33.3)	4 (33.3)
Grade 4	1 (11.1)	0
Grade 5	0	0
Opportunistic infection†	2 (22.2)	6 (50.0)
Grade 3	0	2 (16.7)
Grade ≥4	0	0

Wudhikarn, K, et al, ASH 2025

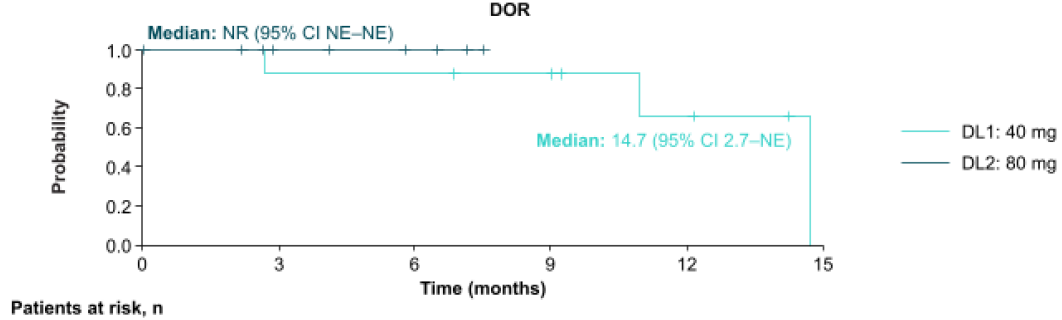
Odronextamab Plus Chemotherapy in Patients with Previously Untreated Follicular Lymphoma: First Results from Part 1 of the Phase 3 OLYMPIA-2 Study

Figure 3. Responses with Odro-CHOP/CVP were durable and CR rates were high

Response rates

n (%)	DL1: 40 mg (n=8)	DL2: 80 mg (n=12)
ORR*	8 (100)	12 (100)
CR rate	7 (87.5)	10 (83.3)

- Median follow-up duration in Part 1A: 6.5 months (95% CI 2.2–9.0)
  - DL1: 12.2 months (95% CI 6.9–NE)
  - DL2: 2.8 months (95% CI 0–6.5)
- A total of seven patients in the DL1 group (87.5%) and nine patients in the DL2 group (75.0%) had achieved a CR by the first response assessment (**Suppl. Figure 1**)



	DL1 (n=8)	DL2 (n=12)
6-month DOR rate, % (95% CI)	87.5 (38.7–98.1)	100 (100–100)

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Promising response rates and manageable safety with mosunetuzumab plus lenalidomide (Mosun-Len) in patients with relapsed/refractory (R/R) follicular lymphoma (FL): US extension cohort from the Phase III CELESTIMO study

Dahlia Sano,[1]* Nancy Bartlett,[2] L. Elizabeth Budde,[3] Brett Brinker,[4] Rakhee Vaidya,[5] Sunil Babu,[6] Catherine Diefenbach,[7] Chijioke Nze,[8] Connie Y. Ma,[9] Andrea Knapp,[10] Michelle Y. Doral,[9] Vivian Chen,[9] Paloma Hauser,[9] Michael C. Wei,[9] Pretibha Moorthy,[11] Anna Phillips,[9] Natalie Surh,[9] Adam Jan,[11] Enkhtsetseg Purev,[9] Nina Wagner-Johnston[12]

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ASH 2025;Abstract 2295.

Celestimo Study Design and Baseline Characteristics

Study design

- Patients were treated with intravenous (IV) mosunetuzumab and oral lenalidomide for 12 and 11 cycles, respectively (**Figure 1**).

Figure 1. Non-randomized single arm US extension of CELESTIMO.

Key inclusion criteria

- CD20+ FL Grade 1–3a
- ≥1 prior systemic therapy for FL
- ECOG PS 0–2

Endpoints

- Preliminary efficacy of Mosun-Len: INV-assessed ORR and CR (Lugano criteria[6])
- Safety: incidence and severity of AEs and CRS according to CTCAE v5.0 and ASTCT[7] criteria, respectively

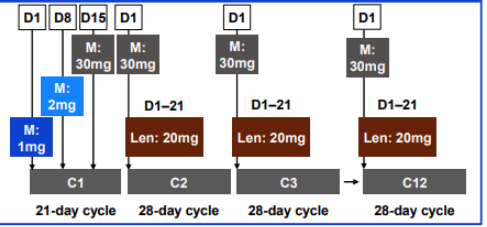
Mosun-Len administration

Mosunetuzumab

- IV administration for 12 cycles (C1: QW; C2–12: D1 of each cycle)
- C1 step-up dosing (CRS mitigation)
- No mandatory hospitalization

Lenalidomide

- Oral administration for 11 cycles (C2–12)



AE, adverse event; ASTCT, American Society for Transplantation and Cellular Therapy; C, Cycle; CR, complete response; CRS, cytokine release syndrome; CTCAE, Common Terminology Criteria for Adverse Events; D, Day; ECOG PS, Eastern Oncology Group performance status; INV, investigator; M, mosunetuzumab; ORR, objective response rate; QW, weekly.

Table 2. Baseline characteristics.

n (%), unless otherwise stated		2L+ FL US cohort (n=54)
Age, years	Median (range)	62.0 (37–82)
Sex	Male	32 (59.3)
Race	Asian Black or African American White Multiple* Unknown	3 (5.6) 2 (3.7) 47 (87.0) 1 (1.9) 1 (1.9)
Ethnicity	Hispanic or Latino Not Hispanic or Latino	12 (22.2) 42 (77.8)
ECOG PS	0 1 2	40 (74.1) 13 (24.1) 1 (1.9)
Ann Arbor stage	I/II III/IV	9 (16.7) 45 (83.3)
FLIPI score	n=52† 0/1 2 3 4 5	 13 (25.0) 18 (34.6) 17 (32.7) 3 (5.8) 1 (1.9)
FL grade	n=47† 1/2 3a	 28 (59.6) 19 (40.4)
POD24	Yes	16 (29.6)
Number of prior lines of therapy	1 ≥2	30 (55.6) 24 (44.4)
Refractory to prior CD20 therapy	n=48† Yes	 19 (39.6)
Relapsed after prior CD20 therapy	n=48† Yes	 17 (35.4)
Double refractory	n=53† Yes	 9 (17.0)

*American Indian or Alaska Native, White. †Missing or partial data. 2L+, at least one prior therapy.

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Celestimo: Efficacy and Safety Summary

Efficacy summary (Table 3)

- Median duration of follow-up was 12.7 months (range: 5–20).
- At data cut-off, the 12-month duration of response rate was 88.4% (95% confidence interval: 78.7–98.0).

Table 3. Efficacy overview.

n (%)	2L+ FL US cohort (n=54)
ORR	52 (96.3)
CR	47 (87.0)
PR	5 (9.3)
Stable disease	0
Progressive disease	2 (3.7)

PR, partial response.

Safety summary

- All patients experienced at least one AE (any grade) and 57.4% experienced a Grade 3/4 AE (**Table 4**).
- The most common AEs (any grade, by preferred term) were fatigue (57.4%), maculo-papular rash (42.6%), and constipation (42.6%).
- One fatal (Grade 5) AE of pneumonia was reported and was considered to be related to mosunetuzumab.
- At data cut-off, CRS events were reported in 27.8% of patients and were predominantly low grade
  - The median duration of CRS was 4.0 days (range: 1.0–23.0) and median time to onset of first CRS event was 2.0 days (range: 1.0–27.0)
  - All CRS events resolved at the clinical cut-off date.
- Infections were reported in 57.4% of patients
  - The most common infections were: COVID-19, 20.4%; sinusitis, 18.5%; and upper respiratory tract infection, 16.7%; which were mainly Grade 2 (44.4%) in severity.

Table 4. Safety overview.

n (%)	2L+ FL US cohort (n=54)
Any grade AE	54 (100)
Mosunetuzumab related	48 (88.9)
Lenalidomide related	50 (92.6)
AE leading to discontinuation of mosunetuzumab	6 (11.1)
AE leading to discontinuation of lenalidomide	10 (18.5)
Grade 3/4 AE	31 (57.4)
Grade 5*	1 (1.9)
Serious AE	15 (27.8)
Mosunetuzumab related	9 (16.7)
Lenalidomide related	4 (7.4)
CRS by ASTCT grading	15 (27.8)
Grade 1	12 (22.2)
Grade 2	2 (3.7)
Grade 3	1 (1.9)
Infections	31 (57.4)
Grade 1	2 (3.7)
Grade 2	24 (44.4)
Grade 3	3 (5.6)
Grade 4	1 (1.9)
Grade 5	1 (1.9)
Neutropenia/neutrophil count decreased	22 (40.7)
Grade 3/4	18 (33.3)
Febrile neutropenia (Grade 3)	2 (3.7)

*Pneumonia, considered to be mosunetuzumab related.

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City of Hope

GLOVe: Phase 2 study of Glofitamab LenalidOmide and Venetoclax in 1L patients w/ High Risk Mantle Cell Lymphoma

Tycel Phillips, MD[1], Allison Bock, MD[2], Alex Herrera, MD[1], Geoff Shouse MD[1], Daniel Ermann, MD[2], Reem Karmali, MD[3], Adam Kittai, MD[4], Victor Orellana-Noia, MD[1], Avy Kallam, MD[1], Narendranath Epperla, MD[2] Diane Smith[1], Lu Chen, PhD[1], Tiffanie Barnhizer[1], Stacy Pak Pharm D[1], Taylor Orndorf[1], Brian Sworder, MD[1], James Godfrey, MD[1], John Baird, MD[1], Swetha Thiruvengadam, MD[1], Christina Poh, MD[1], Matt Mei, MD[1], Manali Kamdar, MD[5], Elizabeth Budde, MD[1], Alexey Danilov MD[1]

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ASH 2025;Abstract 883.

GLOVe: Phase 2 study of Glofitamab LenalidOmide and Venetoclax in 1L patients w/ High Risk Mantle Cell Lymphoma

Definition of High Risk

- Blastoid/Pleomorphic variants
- Ki67≥50%
- Presence of a TP53 mutation defined by either molecular testing or IHC
- del (17p) by FISH
- complex karyotype
  - 3 or more cytogenetic abnormalities in addition to t(11:14)
- High-risk MIPI-b score (≥6.2)
- Bulky disease

Baseline	N=28
Age (median/range)	65 (53-79)
Leukemic only	2 (7%)
ALC > ULN	12/28 (43%)
Ki67>=50%:	**14/26 (54%)**
P53 mutation	**13 (46%)**
Del_17p	
Yes	**13 (46%)**
No	**14 (50%)**
N/A	**1 (4%)**
Morphology	
Classical	20 (72%)
Blastoid	**7 (25%)**
Leukemic non-nodal	1 (4%)
CK	
Yes	**23 (82%)**
No	**4 (14%)**
N/A	**1 (4%)**
MIPI-c	
Low (0)	1 (4%)
Low-intermediate (1)	5 (18%)
High-intermediate (2)	12 (43%)
High (3)	**8 (31%)**
Unknown (missing Ki67)	2 (7%)

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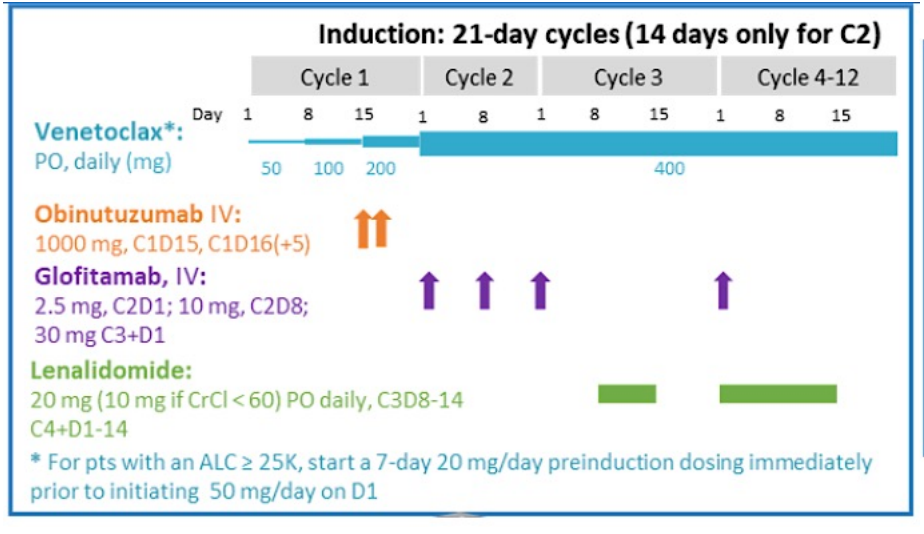
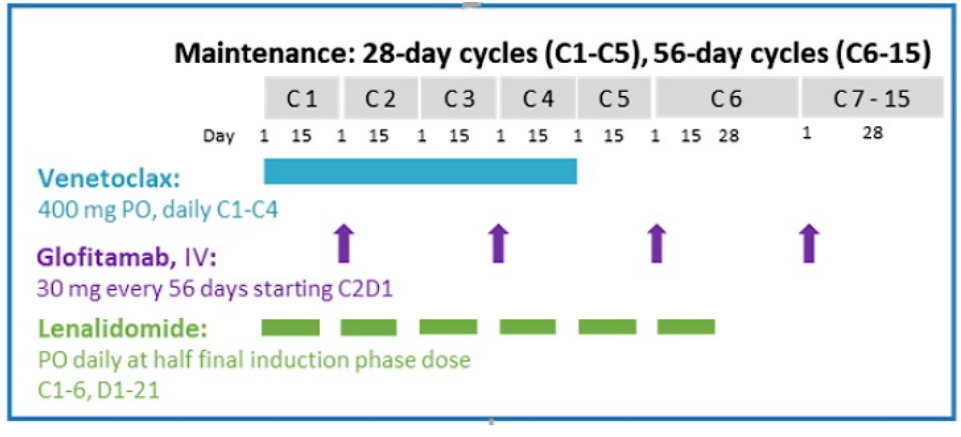
GLOVe: Phase 2 study of Glofitamab LenalidOmide and Venetoclax in 1L patients w/ High Risk Mantle Cell Lymphoma





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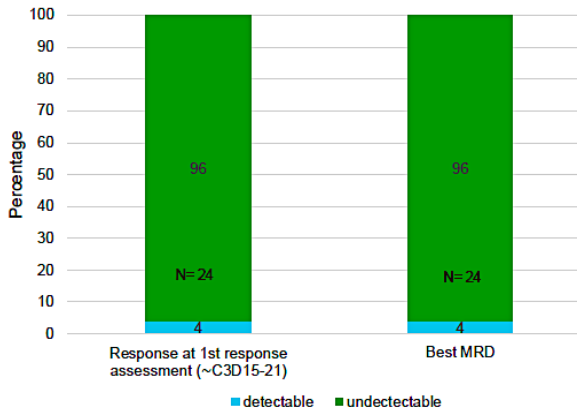
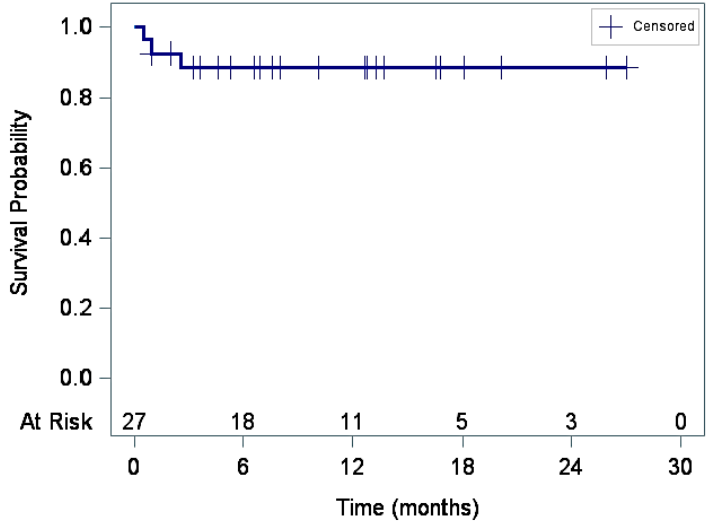
GLOVe: Phase 2 study of Glofitamab LenalidOmide and Venetoclax in 1L patients w/ High Risk Mantle Cell Lymphoma

Treatment data (not including #28)	N=27
Cycles thus far (median/range)	13 (1-25)
Off-Treatment	
Deaths on treatment (#4, #13, #25)	3 (11%)
Still on-treatment	24 (89%)
Follow up among 24 survivors (months)	10 (1.0-27)
Best response	
CR	23
PR (#26)	1
Death without response assessed (#13, #25)	2
Pending (#27)	1

MRD



PFS



3 deaths: 2 infection; 1 PD

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Advanced Gastroesophageal Cancers

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