Optimizing Treatment for Patients with Relapsed/Refractory Chronic Lymphocytic Leukemia

A CME/MOC-Accredited Live Webinar

Thursday, June 11, 2026
5:00 PM – 6:00 PM ET

Faculty

William G Wierda, MD, PhD

Moderator

Neil Love, MD

RTP RESEARCH TO PRACTICE

Faculty

William G Wierda, MD, PhD
Jane and John Justin Distinguished Chair in Leukemia Research in Honor of Dr Elihu Estey
Section Chief, Chronic Lymphocytic Leukemia
Center Medical Director
Department of Leukemia, Division of Cancer Medicine
Executive Medical Director, Inpatient Medical Services
The University of Texas MD Anderson Cancer Center
Houston, Texas

MODERATOR
Neil Love, MD
Research To Practice
Miami, Florida

Program Steering Committee

Inhye Ahn, MD
Assistant Professor of Medicine
Dana-Farber Cancer Institute
Boston, Massachusetts

Farrukh T Awan, MD, MS, MBA
Professor of Internal Medicine
Associate Director, Section of Hematologic Malignancies/Transplantation and Cellular Therapies
Director of Lymphoid Malignancies Program
Harold C Simmons Comprehensive Cancer Center
University of Texas Southwestern Medical Center
Dallas, Texas

Catherine C Coombs, MD
Associate Clinical Professor
Division of Hematology/Oncology
Department of Medicine
UCI Health
Orange County, California

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

Bita Fakhri, MD, MPH
Assistant Professor of Medicine (Hematology)
Stanford University School of Medicine
Stanford, California

Nicole Lamanna, MD
Judy Horrigan Professor of Medicine
Director of the Chronic Lymphocytic Leukemia Program
Leukemia Service
Hematologic Malignancies Section
Herbert Irving Comprehensive Cancer Center
NewYork-Presbyterian/Columbia University Irving Medical Center
New York, New York

RTP RESEARCH TO PRACTICE

Program Steering Committee

Jeff Sharman, MD
Medical Director of Hematology Research
Sarah Cannon Research Institute
at Willamette Valley Cancer Center
Eugene, Oregon

Meghan C Thompson, MD
Oncologist and Clinical Investigator
Chronic Lymphocytic Leukemia
Assistant Attending, Leukemia Service
Memorial Sloan Kettering Cancer Center
New York, New York

William G Wierda, MD, PhD
Jane and John Justin Distinguished Chair in Leukemia
Research in Honor of Dr Elihu Estey
Section Chief, Chronic Lymphocytic Leukemia
Center Medical Director
Department of Leukemia, Division of Cancer Medicine
Executive Medical Director, Inpatient Medical Services
The University of Texas MD Anderson Cancer Center
Houston, Texas

Jennifer Woyach, MD
Professor
Division of Hematology
Department of Internal Medicine
The Ohio State University Comprehensive
Cancer Center
Columbus, Ohio

PROJECT CHAIR
Neil Love, MD
Research To Practice
Miami, Florida

Commercial Support

This activity is supported by an educational grant from 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: Aadi Bioscience, AbbVie Inc, ADC Therapeutics, Agendia Inc, Alexion Pharmaceuticals, Amgen Inc, Array BioPharma Inc, a subsidiary of Pfizer Inc, Arvinas, Astellas, AstraZeneca Pharmaceuticals LP, Aveo Pharmaceuticals, Bayer HealthCare Pharmaceuticals, BeOne, Biotheranostics Inc, A Hologic Company, Black Diamond Therapeutics Inc, Blueprint Medicines, Boehringer Ingelheim Pharmaceuticals Inc, Bristol Myers Squibb, Catalyst Pharmaceuticals Inc, Celcuity, Clovis Oncology, Coherus BioSciences, Corcept Therapeutics Inc, CTI BioPharma, a Sobi Company, Daiichi Sankyo Inc, Eisai Inc, Elevation Oncology Inc, Exact Sciences Corporation, Exelixis Inc, Genentech, a member of the Roche Group, Genmab US Inc, Geron Corporation, Gilead Sciences Inc, GSK, Helsinn Therapeutics (US) Inc, ImmunoGen Inc, Incyte Corporation, Ipsen Biopharmaceuticals Inc, Jazz Pharmaceuticals Inc, Johnson & Johnson, Karyopharm Therapeutics, Kite, A Gilead Company, Kura Oncology, Legend Biotech, Lilly, MEI Pharma Inc, Merck, Mersana Therapeutics Inc, Mirati Therapeutics Inc, Mural Oncology Inc, Natera Inc, Novartis, Novartis Pharmaceuticals Corporation on behalf of Advanced Accelerator Applications, Novocure Inc, Nuvalent, Nuvation Bio Inc, Pfizer Inc, Pharmacyclics LLC, an AbbVie Company, Puma Biotechnology Inc, Regeneron Pharmaceuticals Inc, Revolution Medicines Inc, Rigel Pharmaceuticals Inc, R-Pharm US, Sanofi, Seagen Inc, Servier Pharmaceuticals LLC, SpringWorks Therapeutics Inc, Stemline Therapeutics Inc, Sumitomo Pharma America, Summit Therapeutics, Syndax Pharmaceuticals, Taiho Oncology Inc, Takeda Pharmaceuticals USA Inc, TerSera Therapeutics LLC, Tesaro, A GSK Company, and Verastem Inc.

RTP
RESEARCH TO PRACTICE

Research To Practice CME Planning Committee Members, Staff and Reviewers

Planners, scientific staff and independent reviewers for Research To Practice have no relevant financial relationships to disclose.

Dr Wierda — Disclosures
Faculty

Consulting/Advisory Boards, No Compensation	AbbVie Inc, Acerta Pharma — A member of the AstraZeneca Group, AstraZeneca Pharmaceuticals LP, BeOne, Bristol Myers Squibb, Intellisphere, Johnson & Johnson, Lilly, Loxo Oncology Inc, a wholly owned subsidiary of Eli Lilly & Company
Contracted Research	AbbVie Inc, Acerta Pharma — A member of the AstraZeneca Group, BeOne, Bristol Myers Squibb, Genentech, a member of the Roche Group, Gilead Sciences Inc, Janssen Biotech Inc, Juno Therapeutics, a Bristol Myers Squibb Company, Loxo Oncology Inc, a wholly owned subsidiary of Eli Lilly & Company, Nurix Therapeutics Inc, Pharmacyclics LLC, an AbbVie Company
Nonrelevant Financial and Nonfinancial Relationships	National Comprehensive Cancer Network (Chair, CLL), Supported by the NIH/NCI under award number P30 CA016672 and used MD Anderson Cancer Center Support Grant (CCSG) shared resources, Wiley China (consulting/advisory board, no compensation)

Dr Ahn — Disclosures
Contributing Clinical Investigator

Consulting Agreements	AstraZeneca Pharmaceuticals LP, BeOne, Lilly
Contracted Research	BeOne, Genentech, a member of the Roche Group, Lilly

Dr Coombs — Disclosures
Contributing Clinical Investigator

Advisory Committees	AbbVie Inc, Allogene Therapeutics, AstraZeneca Pharmaceuticals LP, BeOne, Genentech, a member of the Roche Group, Johnson & Johnson, Lilly, Pharmacyclics LLC, an AbbVie Company
Consulting Agreements	AbbVie Inc, AstraZeneca Pharmaceuticals LP, BeOne, Lilly, Octapharma
Contracted Research	AbbVie Inc, BeOne, Carna Biosciences, Lilly
Speakers Bureaus	AstraZeneca Pharmaceuticals LP, BeOne, Lilly
Stock Options/Stock — Public Companies	Geron Corporation

RTP RESEARCH TO PRACTICE

Dr Davids — Disclosures
Contributing Clinical Investigator

Consulting Agreements	AbbVie Inc, Adaptive Biotechnologies Corporation, Ascentage Pharma, AstraZeneca Pharmaceuticals LP, BeOne, Bristol Myers Squibb, Galapagos NV, Genentech, a member of the Roche Group, Genmab US Inc, Janssen Biotech Inc, Lilly, MEI Pharma Inc, Merck, Nuvalent, Schrödinger, Takeda Pharmaceuticals USA Inc
Contracted Research	Ascentage Pharma, AstraZeneca Pharmaceuticals LP, MEI Pharma Inc, Novartis
Nonrelevant Financial Relationships	UpToDate

Dr Fakhri — Disclosures
Contributing Clinical Investigator

Advisory Committees	AbbVie Inc, AstraZeneca Pharmaceuticals LP, Genentech, a member of the Roche Group, Pharmacyclics LLC, an AbbVie Company
Contracted Research	AbbVie Inc, BeOne, Genmab US Inc, Loxo Oncology Inc, a wholly owned subsidiary of Eli Lilly & Company

Dr Lamanna — Disclosures
Contributing Clinical Investigator

Advisory Committees and Consulting Agreements	AbbVie Inc, AstraZeneca Pharmaceuticals LP, BeOne, Genmab US Inc, Loxo Oncology Inc, a wholly owned subsidiary of Eli Lilly & Company
Contracted Research	AbbVie Inc, AstraZeneca Pharmaceuticals LP, BeOne, Genmab US Inc, Loxo Oncology Inc, a wholly owned subsidiary of Eli Lilly & Company, Octapharma, Oncternal Therapeutics

RTP
RESEARCH TO PRACTICE

Dr Woyach — Disclosures
Contributing Clinical Investigator

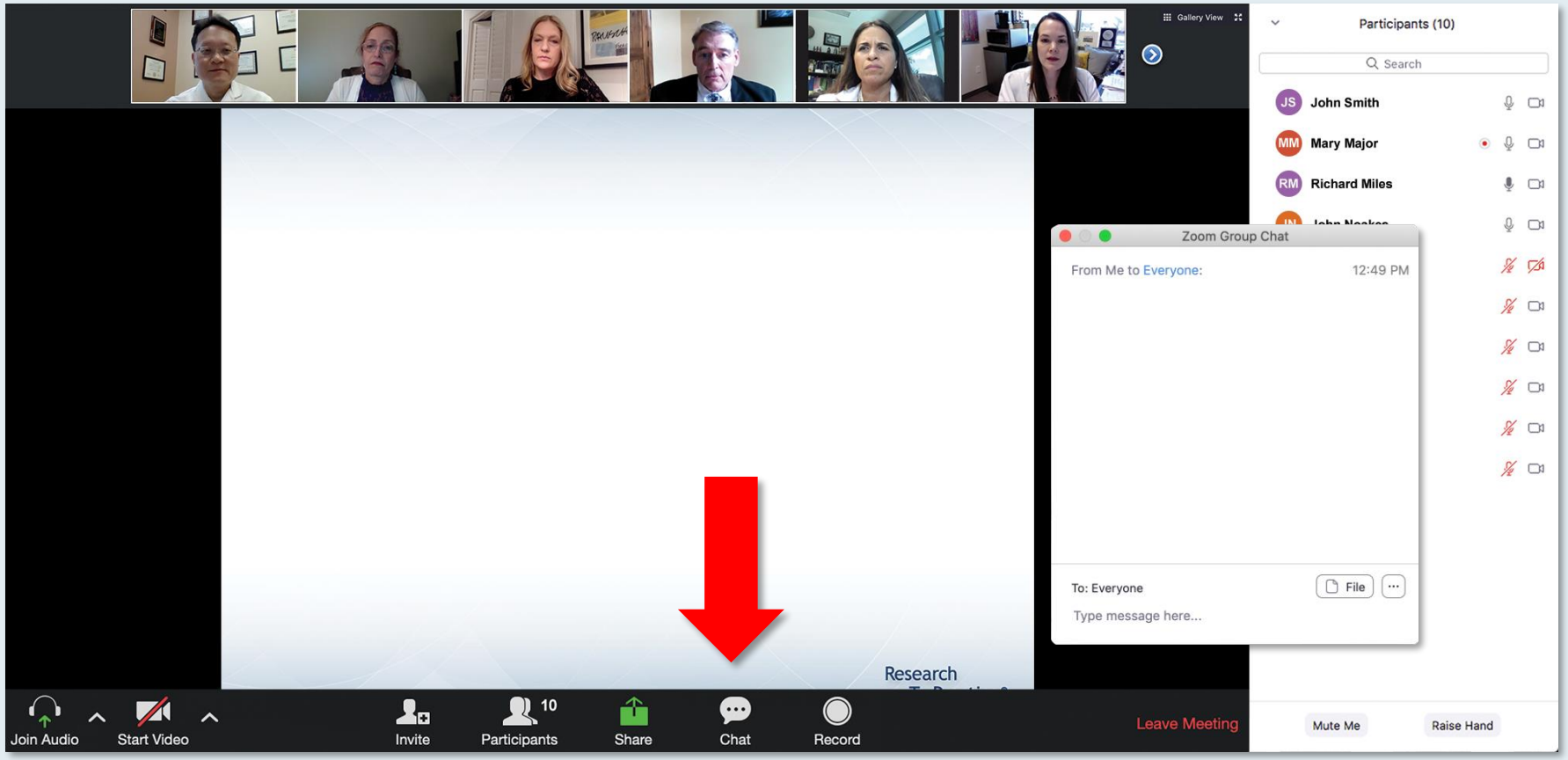
Advisory Committees and Consulting Agreements	AbbVie Inc, AstraZeneca Pharmaceuticals LP, BeOne, Genentech, a member of the Roche Group, Janssen Biotech Inc, Loxo Oncology Inc, a wholly owned subsidiary of Eli Lilly & Company, Merck, Newave, Pharmacyclics LLC, an AbbVie Company
Contracted Research	AbbVie Inc, Karyopharm Therapeutics, Loxo Oncology Inc, a wholly owned subsidiary of Eli Lilly & Company, MingSight Pharmaceuticals, MorphoSys, Schrödinger, Verastem Inc

RTP
RESEARCH
TO PRACTICE

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.

RTP
RESEARCH TO PRACTICE

We Encourage Clinicians in Practice to Submit Questions

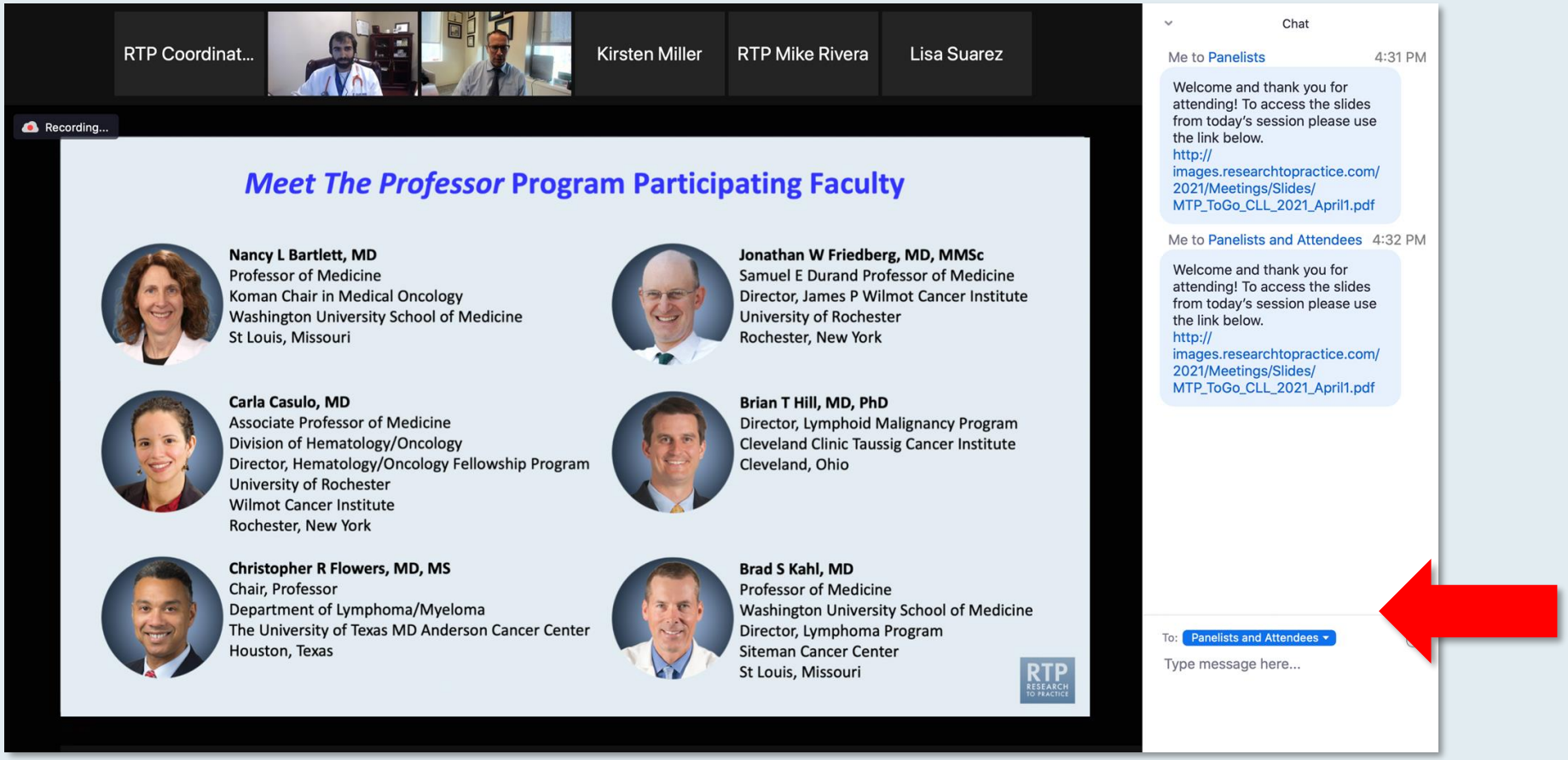


Feel free to submit questions now before the program begins and throughout the program.

RTP RESEARCH TO PRACTICE

Familiarizing Yourself with the Zoom Interface

Expand chat submission box

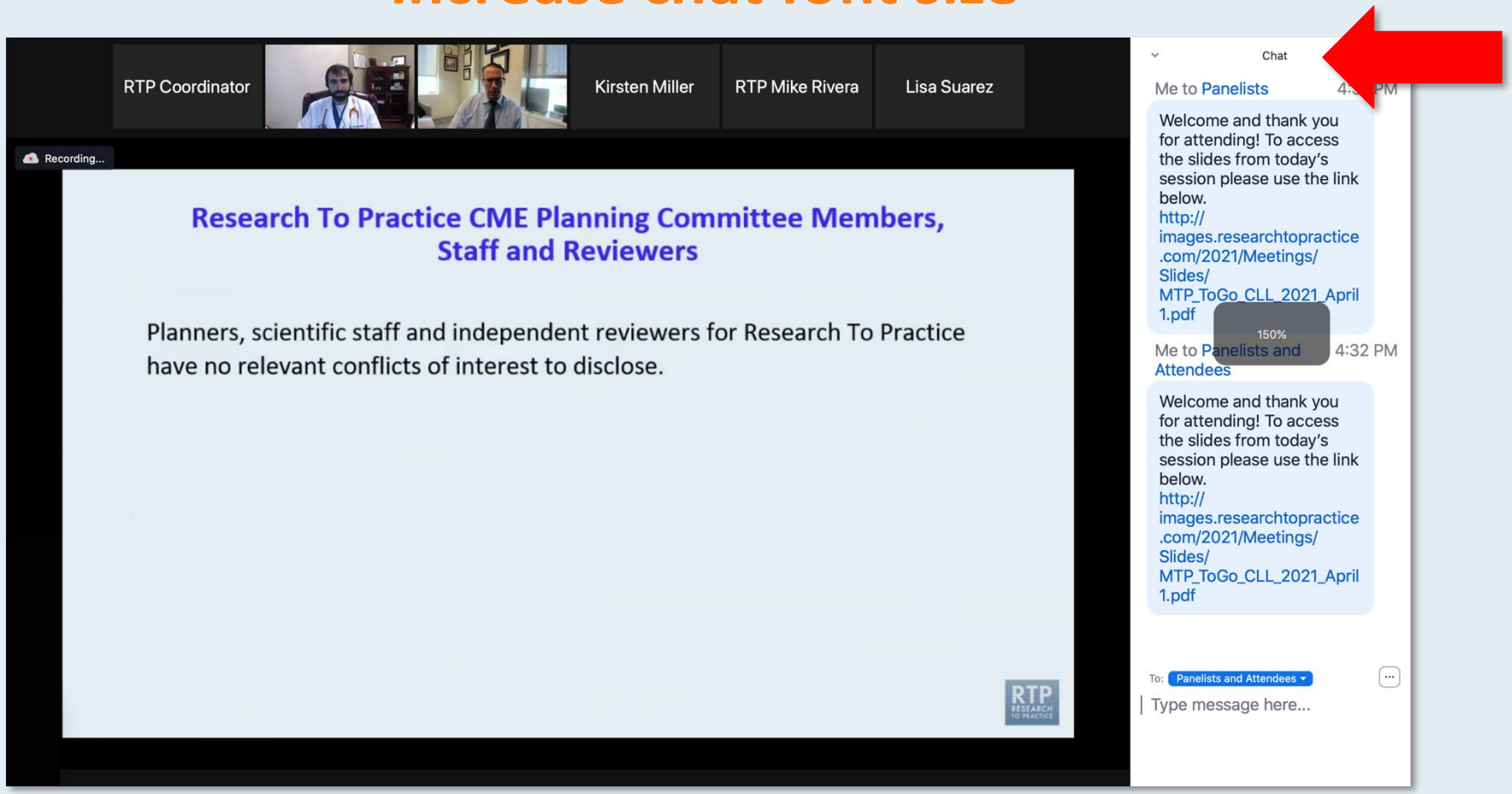


Drag the white line above the submission box up to create more space for your message.

RTP RESEARCH TO PRACTICE

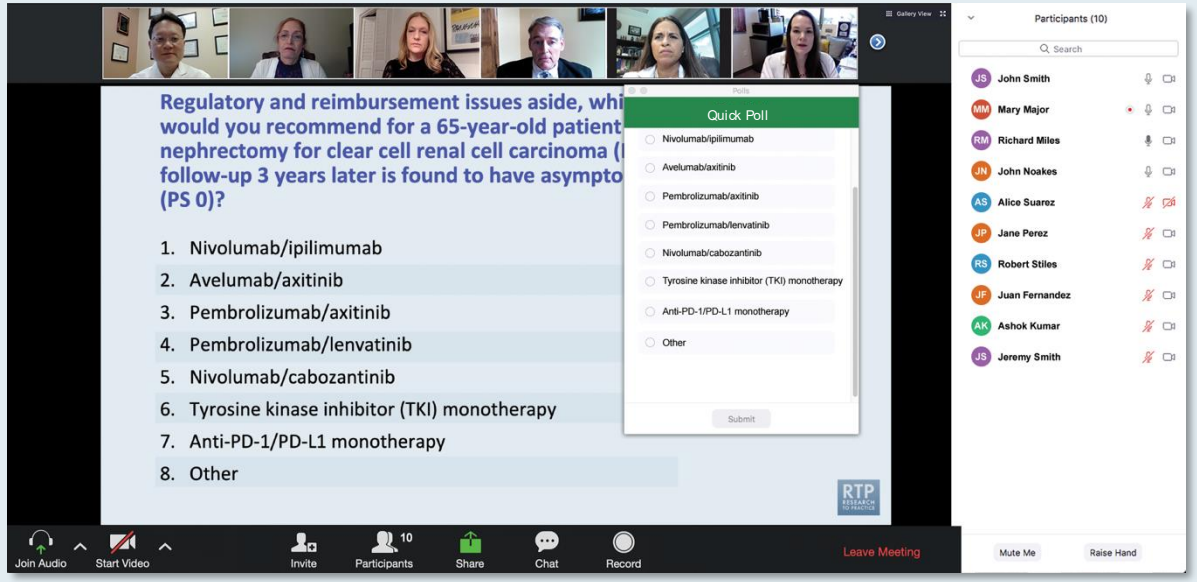
Familiarizing Yourself with the Zoom Interface

Increase chat font size



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

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



ONCOLOGY TODAY

WITH DR NEIL LOVE

Cases from the Community: Investigators Discuss Available Research Guiding the Selection of Therapy for Patients with Chronic Lymphocytic Leukemia

MATTHEW S DAVIDS, MD, MMSC
DANA-FARBER CANCER INSTITUTE

BITA FAKHRI, MD, MPH
STANFORD UNIVERSITY SCHOOL OF MEDICINE

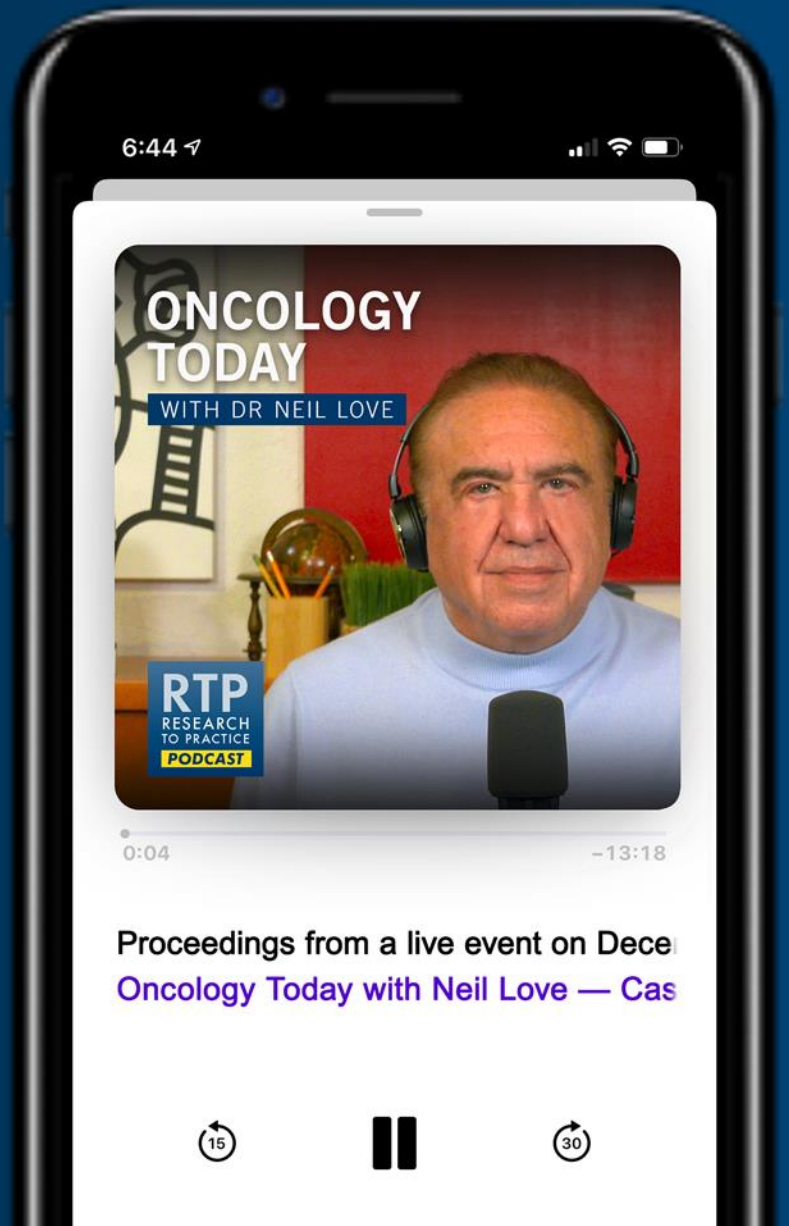
PROFESSOR CONSTANTINE TAM, MBBS, MD
ALFRED HEALTH

JENNIFER WOYACH, MD
THE OHIO STATE UNIVERSITY COMPREHENSIVE CANCER CENTER

Listen on Apple Podcasts

Spotify

Listen on Google Podcasts



Year in Review: Clinical Investigator Perspectives on the Most Relevant New Datasets and Advances in Oncology

Novel Treatment Approaches for Non-Hodgkin Lymphoma

A CME/MOC-Accredited Live Webinar

Wednesday, June 17, 2026

5:00 PM – 6:00 PM ET

Faculty

Matthew Matasar, MD

Sonali M Smith, MD

Moderator

Neil Love, MD

RTP Year in Review 2026

Year in Review: Clinical Investigator Perspectives on the Most Relevant New Datasets and Advances in Oncology

Gastroesophageal Cancers

A CME/MOC-Accredited Live Webinar

Tuesday, June 23, 2026

5:00 PM – 6:00 PM ET

Faculty

David H Ilson, MD, PhD

Kohei Shitara, MD

Moderator

Neil Love, MD

RTP Year in Review 2026

Year in Review: Clinical Investigator Perspectives on the Most Relevant New Datasets and Advances in Oncology

Multiple Myeloma

A CME/MOC-Accredited Live Webinar

Thursday, June 25, 2026
5:00 PM – 6:00 PM ET

Faculty

Amrita Krishnan, MD
Robert Z Orlowski, MD, PhD

Moderator

Neil Love, MD

RTP Year in Review 2026

Year in Review: Clinical Investigator Perspectives on the Most Relevant New Datasets and Advances in Oncology

Therapeutic Targets Beyond EGFR for Non-Small Cell Lung Cancer

A CME/MOC-Accredited Live Webinar

Tuesday, June 30, 2026

5:00 PM – 6:00 PM ET

Faculty

John V Heymach, MD, PhD

Maurice Pérol, MD

Moderator

Neil Love, MD

RTP Year in Review 2026

Grand Rounds

CME/MOC-Accredited Interactive Series

Regional Activities

Two Series

Optimizing the Use of Novel Therapies for Patients with Diffuse Large B-Cell Lymphoma

Optimizing Therapy for Patients with Hormone Receptor-Positive Localized Breast Cancer

Host a 1-hour session at your institution:
Email Meetings@ResearchToPractice.com
or call (800) 233-6153

RTP RESEARCH TO PRACTICE

Thank you for joining us! Please take a moment to complete the survey currently up on Zoom. Your feedback is very important to us.

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

RTP
RESEARCH TO PRACTICE

Optimizing Treatment for Patients with Relapsed/Refractory Chronic Lymphocytic Leukemia

A CME/MOC-Accredited Live Webinar

Thursday, June 11, 2026
5:00 PM – 6:00 PM ET

Faculty

William G Wierda, MD, PhD

Moderator

Neil Love, MD

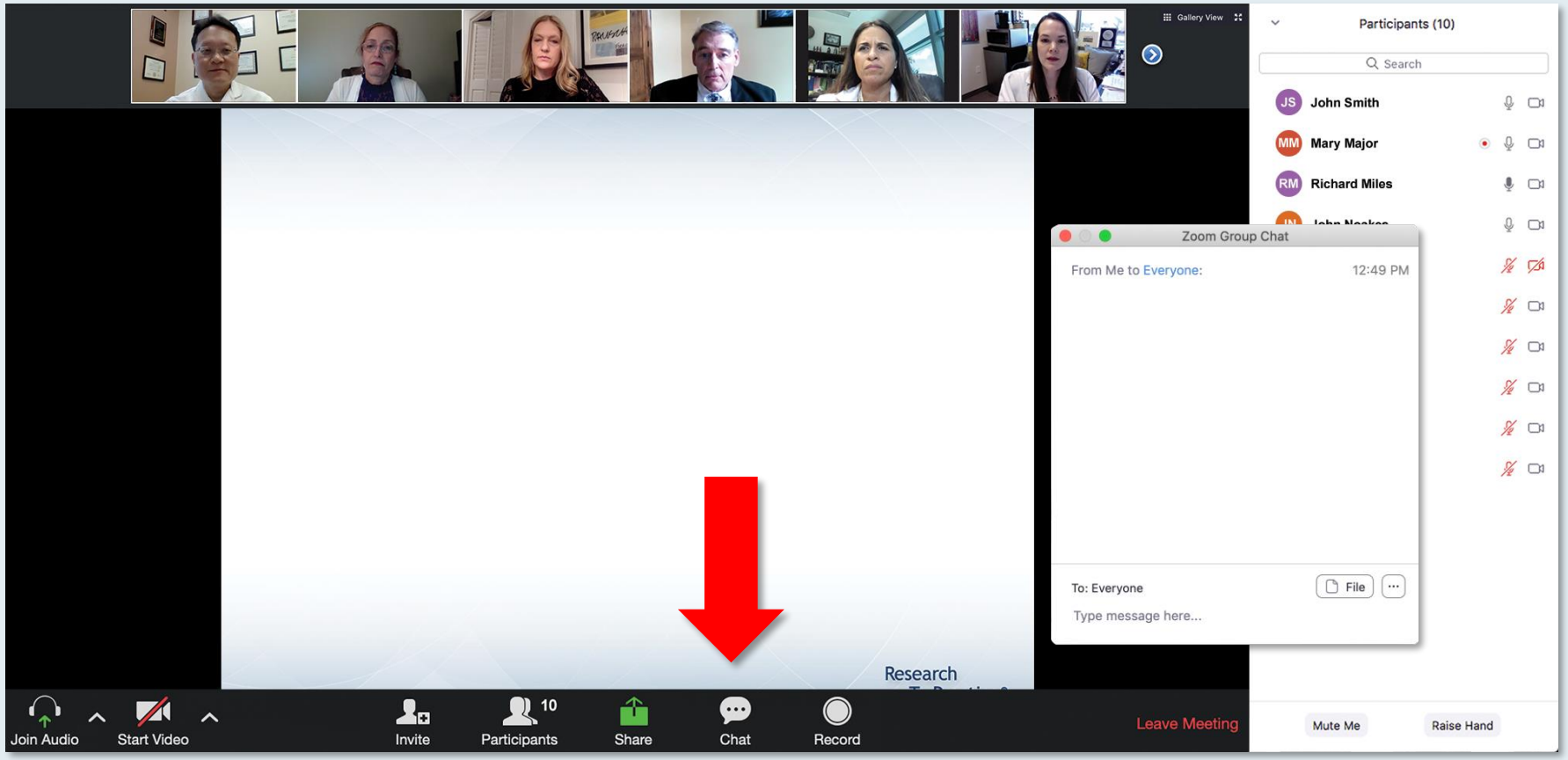
RTP RESEARCH TO PRACTICE

Faculty

William G Wierda, MD, PhD
Jane and John Justin Distinguished Chair in Leukemia Research in Honor of Dr Elihu Estey
Section Chief, Chronic Lymphocytic Leukemia
Center Medical Director
Department of Leukemia, Division of Cancer Medicine
Executive Medical Director, Inpatient Medical Services
The University of Texas MD Anderson Cancer Center
Houston, Texas

MODERATOR
Neil Love, MD
Research To Practice
Miami, Florida

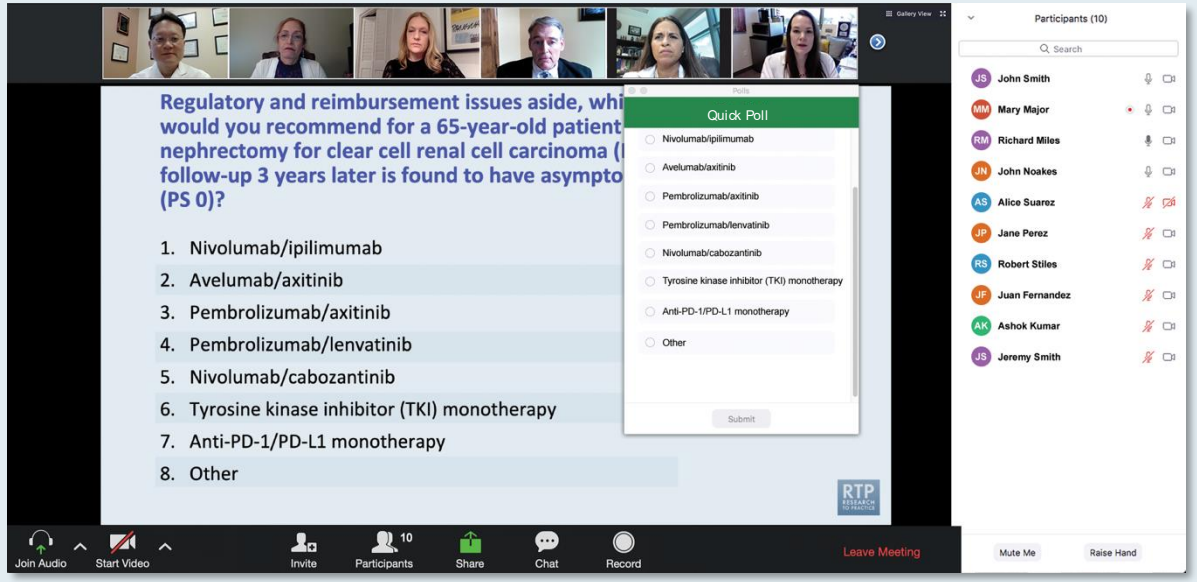
We Encourage Clinicians in Practice to Submit Questions



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

RTP RESEARCH TO PRACTICE

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



ONCOLOGY TODAY

WITH DR NEIL LOVE

Cases from the Community: Investigators Discuss Available Research Guiding the Selection of Therapy for Patients with Chronic Lymphocytic Leukemia

MATTHEW S DAVIDS, MD, MMSC
DANA-FARBER CANCER INSTITUTE

BITA FAKHRI, MD, MPH
STANFORD UNIVERSITY SCHOOL OF MEDICINE

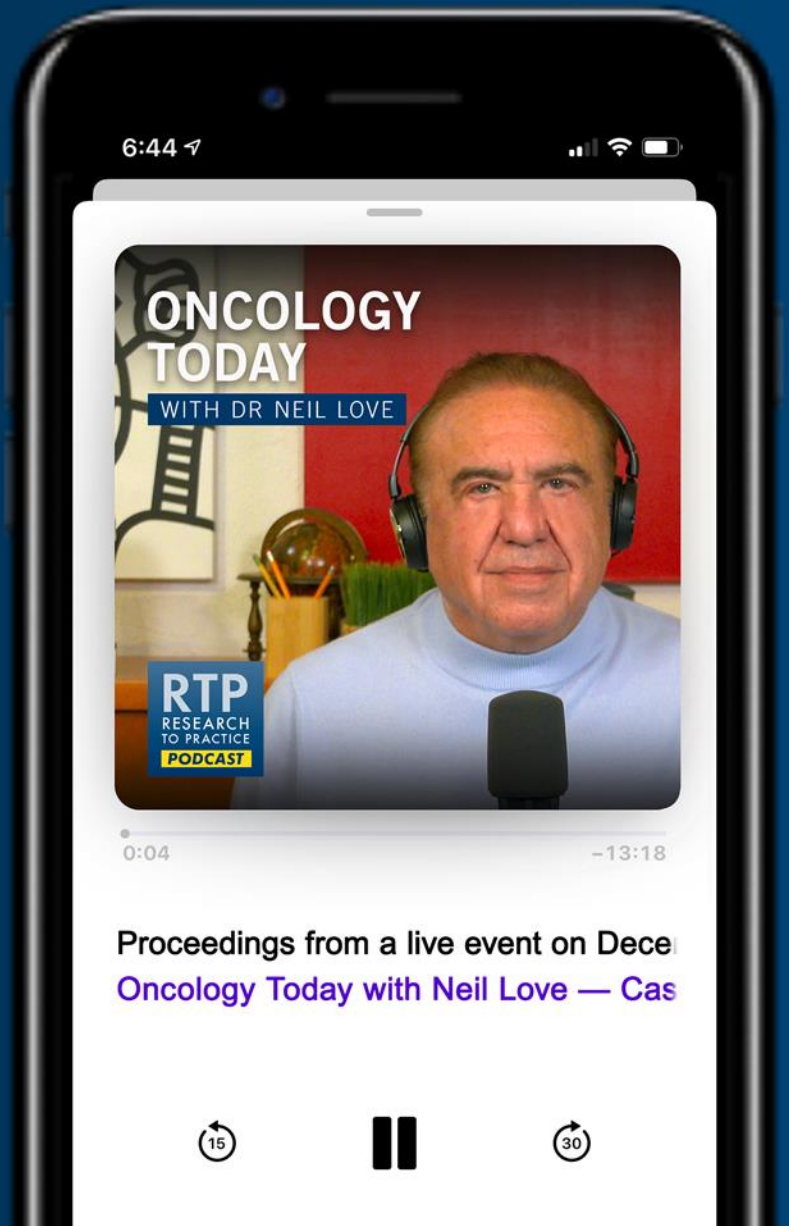
PROFESSOR CONSTANTINE TAM, MBBS, MD
ALFRED HEALTH

JENNIFER WOYACH, MD
THE OHIO STATE UNIVERSITY COMPREHENSIVE CANCER CENTER

Listen on Apple Podcasts

Spotify

Listen on Google Podcasts



Year in Review: Clinical Investigator Perspectives on the Most Relevant New Datasets and Advances in Oncology

Novel Treatment Approaches for Non-Hodgkin Lymphoma

A CME/MOC-Accredited Live Webinar

Wednesday, June 17, 2026

5:00 PM – 6:00 PM ET

Faculty

Matthew Matasar, MD

Sonali M Smith, MD

Moderator

Neil Love, MD

RTP Year in Review 2026

Year in Review: Clinical Investigator Perspectives on the Most Relevant New Datasets and Advances in Oncology

Gastroesophageal Cancers

A CME/MOC-Accredited Live Webinar

Tuesday, June 23, 2026

5:00 PM – 6:00 PM ET

Faculty

David H Ilson, MD, PhD

Kohei Shitara, MD

Moderator

Neil Love, MD

RTP Year in Review 2026

Year in Review: Clinical Investigator Perspectives on the Most Relevant New Datasets and Advances in Oncology

Multiple Myeloma

A CME/MOC-Accredited Live Webinar

Thursday, June 25, 2026
5:00 PM – 6:00 PM ET

Faculty

Amrita Krishnan, MD
Robert Z Orlowski, MD, PhD

Moderator

Neil Love, MD

RTP Year in Review 2026

Year in Review: Clinical Investigator Perspectives on the Most Relevant New Datasets and Advances in Oncology

Therapeutic Targets Beyond EGFR for Non-Small Cell Lung Cancer

A CME/MOC-Accredited Live Webinar

Tuesday, June 30, 2026

5:00 PM – 6:00 PM ET

Faculty

John V Heymach, MD, PhD

Maurice Pérol, MD

Moderator

Neil Love, MD

RTP Year in Review 2026

Grand Rounds

CME/MOC-Accredited Interactive Series

Regional Activities

Two Series

Optimizing the Use of Novel Therapies for Patients with Diffuse Large B-Cell Lymphoma

Optimizing Therapy for Patients with Hormone Receptor-Positive Localized Breast Cancer

Host a 1-hour session at your institution:
Email Meetings@ResearchToPractice.com
or call (800) 233-6153

RTP RESEARCH TO PRACTICE

RTP RESEARCH TO PRACTICE

ONCOLOGY TODAY

WITH NEIL LOVE, MD

Check out our recent video program on acute lymphoblastic leukemia with Bijal Shah, MD, MS, from Moffitt Cancer Center in Tampa, Florida. Published March 13, 2026.

Blinatumomab in the ALL therapeutic landscape (6 min)

Comparing BiTEs and bispecific antibodies (4 min)

Rationale for surovatamig and MK-1045; blinatumomab for patients without minimal residual disease (4 min)

Extramedullary ALL, including in the CNS (5 min)

Principles in the development and use of surovatamig and MK-1045 (7 min)

Ongoing immunotherapy trials for ALL (6 min)

CASE: A woman in her late 50s (9 min)

CASE: A woman in her early 50s (12 min)

CASE: A man in his early 50s (7 min)

Feedback (Please!)

Subscribe to our Oncology Today podcast

Full Program (1h 3 min)

RTP RESEARCH TO PRACTICE

RTP RESEARCH TO PRACTICE

Immune Thrombocytopenia

CANCER UPDATE

Check out our recent microlearning videos on immune thrombocytopenia with Hanny Al-Samkari, MD, from Massachusetts General Hospital in Boston, Massachusetts. Recorded December 17, 2025.

Mechanism of action of ianalumab (8 min)

VAYHIT2 trial: Ianalumab with eltrombopag for primary immune ITP (4 min)

LUNA3 study: Rilzabrutinib and sustained response in chronic ITP (6 min)

VAYHIT1 trial: Ianalumab and corticosteroids for primary ITP (8 min)

VAYHIT3 trial: Ianalumab for recurrent ITP (4 min)

CASE: A suboptimal response to prednisone and IVIG (5 min)

CASE: Splenectomy after a long history of ITP (7 min)

CASE: ITP in a woman with symptomatic iron-deficiency anemia (6 min)

CASE: A young patient with refractory ITP after transplant for Hodgkin lymphoma (11 min)

CASE: A patient responding to pembrolizumab for non-small cell lung cancer presents with ITP (5 min)

CASE: Avatrombopag after a 30-year history of chronic ITP (7 min)

Feedback (Please!)

Subscribe to our podcast

Full Programs (1h 36 min)

RTP RESEARCH TO PRACTICE

RTP RESEARCH TO PRACTICE

Metastatic Urothelial Bladder CANCER UPDATE

Check out our recent microlearning videos on urothelial bladder cancer with Matthew D Galsky, MD, from The Tisch Cancer Institute in New York. Recorded December 17, 2025.

CASE: First-line enfortumab vedotin (EV) and pembrolizumab (9 min)

CASE: A patient responds to pembrolizumab but develops Grade 1 pneumonitis (10 min)

CASE: A patient responds to single-agent EV but develops neuropathy and hyperglycemia (9 min)

CASE: A patient is found to have metastatic disease shortly after cystectomy (8 min)

CASE: Disease progression after first- and second-line treatment (8 min)

CASE: A patient presents with metastatic disease (14 min)

Check out our recent microlearning videos on urothelial bladder cancer with Matthew Milowsky, MD, FASCO, from UNC Lineberger Comprehensive Cancer Center in Chapel Hill, North Carolina. Recorded February 11, 2026.

CASE: Disease recurrence after neoadjuvant chemotherapy and cystectomy (13 min)

CASE: Recurrence after adjuvant pembrolizumab (12 min)

CASE: A response to enfortumab vedotin (EV) monotherapy (9 min)

CASE: A response to EV/pembrolizumab (11 min)

CASE: A patient with HER2-positive disease (8 min)

CASE: A patient with HER2-positive disease receives trastuzumab deruxtecan (9 min)

Feedback (Please!)

Subscribe to our podcast

Full Programs (1h 55 min)

RTP RESEARCH TO PRACTICE

Optimizing Treatment for Patients with Relapsed/Refractory Chronic Lymphocytic Leukemia

Thursday, June 11, 2026
5:00 PM – 6:00 PM ET

Faculty

William G Wierda, MD, PhD

Moderator

Neil Love, MD

RTP
RESEARCH TO PRACTICE

Dr Wierda — Disclosures
Faculty

Consulting/Advisory Boards, No Compensation	AbbVie Inc, Acerta Pharma — A member of the AstraZeneca Group, AstraZeneca Pharmaceuticals LP, BeOne, Bristol Myers Squibb, Intellisphere, Johnson & Johnson, Lilly, Loxo Oncology Inc, a wholly owned subsidiary of Eli Lilly & Company
Contracted Research	AbbVie Inc, Acerta Pharma — A member of the AstraZeneca Group, BeOne, Bristol Myers Squibb, Genentech, a member of the Roche Group, Gilead Sciences Inc, Janssen Biotech Inc, Juno Therapeutics, a Bristol Myers Squibb Company, Loxo Oncology Inc, a wholly owned subsidiary of Eli Lilly & Company, Nurix Therapeutics Inc, Pharmacyclics LLC, an AbbVie Company
Nonrelevant Financial and Nonfinancial Relationships	National Comprehensive Cancer Network (Chair, CLL), Supported by the NIH/NCI under award number P30 CA016672 and used MD Anderson Cancer Center Support Grant (CCSG) shared resources, Wiley China (consulting/advisory board, no compensation)

Dr Ahn — Disclosures
Contributing Clinical Investigator

Consulting Agreements	AstraZeneca Pharmaceuticals LP, BeOne, Lilly
Contracted Research	BeOne, Genentech, a member of the Roche Group, Lilly

Dr Coombs — Disclosures
Contributing Clinical Investigator

Advisory Committees	AbbVie Inc, Allogene Therapeutics, AstraZeneca Pharmaceuticals LP, BeOne, Genentech, a member of the Roche Group, Johnson & Johnson, Lilly, Pharmacyclics LLC, an AbbVie Company
Consulting Agreements	AbbVie Inc, AstraZeneca Pharmaceuticals LP, BeOne, Lilly, Octapharma
Contracted Research	AbbVie Inc, BeOne, Carna Biosciences, Lilly
Speakers Bureaus	AstraZeneca Pharmaceuticals LP, BeOne, Lilly
Stock Options/Stock — Public Companies	Geron Corporation

RTP RESEARCH TO PRACTICE

Dr Davids — Disclosures
Contributing Clinical Investigator

Consulting Agreements	AbbVie Inc, Adaptive Biotechnologies Corporation, Ascentage Pharma, AstraZeneca Pharmaceuticals LP, BeOne, Bristol Myers Squibb, Galapagos NV, Genentech, a member of the Roche Group, Genmab US Inc, Janssen Biotech Inc, Lilly, MEI Pharma Inc, Merck, Nuvalent, Schrödinger, Takeda Pharmaceuticals USA Inc
Contracted Research	Ascentage Pharma, AstraZeneca Pharmaceuticals LP, MEI Pharma Inc, Novartis
Nonrelevant Financial Relationships	UpToDate

Dr Fakhri — Disclosures
Contributing Clinical Investigator

Advisory Committees	AbbVie Inc, AstraZeneca Pharmaceuticals LP, Genentech, a member of the Roche Group, Pharmacyclics LLC, an AbbVie Company
Contracted Research	AbbVie Inc, BeOne, Genmab US Inc, Loxo Oncology Inc, a wholly owned subsidiary of Eli Lilly & Company

Dr Lamanna — Disclosures
Contributing Clinical Investigator

Advisory Committees and Consulting Agreements	AbbVie Inc, AstraZeneca Pharmaceuticals LP, BeOne, Genmab US Inc, Loxo Oncology Inc, a wholly owned subsidiary of Eli Lilly & Company
Contracted Research	AbbVie Inc, AstraZeneca Pharmaceuticals LP, BeOne, Genmab US Inc, Loxo Oncology Inc, a wholly owned subsidiary of Eli Lilly & Company, Octapharma, Oncternal Therapeutics

RTP
RESEARCH TO PRACTICE

Dr Woyach — Disclosures
Contributing Clinical Investigator

Advisory Committees and Consulting Agreements	AbbVie Inc, AstraZeneca Pharmaceuticals LP, BeOne, Genentech, a member of the Roche Group, Janssen Biotech Inc, Loxo Oncology Inc, a wholly owned subsidiary of Eli Lilly & Company, Merck, Newave, Pharmacyclics LLC, an AbbVie Company
Contracted Research	AbbVie Inc, Karyopharm Therapeutics, Loxo Oncology Inc, a wholly owned subsidiary of Eli Lilly & Company, MingSight Pharmaceuticals, MorphoSys, Schrödinger, Verastem Inc

RTP
RESEARCH
TO PRACTICE

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: Aadi Bioscience, AbbVie Inc, ADC Therapeutics, Agendia Inc, Alexion Pharmaceuticals, Amgen Inc, Array BioPharma Inc, a subsidiary of Pfizer Inc, Arvinas, Astellas, AstraZeneca Pharmaceuticals LP, Aveo Pharmaceuticals, Bayer HealthCare Pharmaceuticals, BeOne, Biotheranostics Inc, A Hologic Company, Black Diamond Therapeutics Inc, Blueprint Medicines, Boehringer Ingelheim Pharmaceuticals Inc, Bristol Myers Squibb, Catalyst Pharmaceuticals Inc, Celcuity, Clovis Oncology, Coherus BioSciences, Corcept Therapeutics Inc, CTI BioPharma, a Sobi Company, Daiichi Sankyo Inc, Eisai Inc, Elevation Oncology Inc, Exact Sciences Corporation, Exelixis Inc, Genentech, a member of the Roche Group, Genmab US Inc, Geron Corporation, Gilead Sciences Inc, GSK, Helsinn Therapeutics (US) Inc, ImmunoGen Inc, Incyte Corporation, Ipsen Biopharmaceuticals Inc, Jazz Pharmaceuticals Inc, Johnson & Johnson, Karyopharm Therapeutics, Kite, A Gilead Company, Kura Oncology, Legend Biotech, Lilly, MEI Pharma Inc, Merck, Mersana Therapeutics Inc, Mirati Therapeutics Inc, Mural Oncology Inc, Natera Inc, Novartis, Novartis Pharmaceuticals Corporation on behalf of Advanced Accelerator Applications, Novocure Inc, Nuvalent, Nuvation Bio Inc, Pfizer Inc, Pharmacyclics LLC, an AbbVie Company, Puma Biotechnology Inc, Regeneron Pharmaceuticals Inc, Revolution Medicines Inc, Rigel Pharmaceuticals Inc, R-Pharm US, Sanofi, Seagen Inc, Servier Pharmaceuticals LLC, SpringWorks Therapeutics Inc, Stemline Therapeutics Inc, Sumitomo Pharma America, Summit Therapeutics, Syndax Pharmaceuticals, Taiho Oncology Inc, Takeda Pharmaceuticals USA Inc, TerSera Therapeutics LLC, Tesaro, A GSK Company, and Verastem Inc.

RTP RESEARCH TO PRACTICE

Commercial Support

This activity is supported by an educational grant from Lilly.

Research To Practice CME Planning Committee Members, Staff and Reviewers

Planners, scientific staff and independent reviewers for Research To Practice have no relevant financial relationships to disclose.

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

RTP
RESEARCH TO PRACTICE

Management of Relapsed/Refractory CLL

Introduction: Overview of Grand Rounds CLL Initiative

Module 1: Sequencing Roadmap

Module 2: Key Datasets — Pirtobrutinib

Module 3: Investigator Survey

Module 4: CAR T-Cell Therapy

Module 5: Other Novel Therapy Approaches

Module 6: EHA 2026

Management of Relapsed/Refractory CLL

Introduction: Overview of Grand Rounds CLL Initiative

Module 1: Sequencing Roadmap

Module 2: Key Datasets — Pirtobrutinib

Module 3: Investigator Survey

Module 4: CAR T-Cell Therapy

Module 5: Other Novel Therapy Approaches

Module 6: EHA 2026

Program Steering Committee

Inhye Ahn, MD
Assistant Professor of Medicine
Dana-Farber Cancer Institute
Boston, Massachusetts

Farrukh T Awan, MD, MS, MBA
Professor of Internal Medicine
Associate Director, Section of Hematologic Malignancies/Transplantation and Cellular Therapies
Director of Lymphoid Malignancies Program
Harold C Simmons Comprehensive Cancer Center
University of Texas Southwestern Medical Center
Dallas, Texas

Catherine C Coombs, MD
Associate Clinical Professor
Division of Hematology/Oncology
Department of Medicine
UCI Health
Orange County, California

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

Bita Fakhri, MD, MPH
Assistant Professor of Medicine (Hematology)
Stanford University School of Medicine
Stanford, California

Nicole Lamanna, MD
Judy Horrigan Professor of Medicine
Director of the Chronic Lymphocytic Leukemia Program
Leukemia Service
Hematologic Malignancies Section
Herbert Irving Comprehensive Cancer Center
NewYork-Presbyterian/Columbia University Irving Medical Center
New York, New York

RTP RESEARCH TO PRACTICE

Program Steering Committee

William G Wierda, MD, PhD
Jane and John Justin Distinguished Chair in Leukemia Research in Honor of Dr Elihu Estey
Section Chief, Chronic Lymphocytic Leukemia
Center Medical Director
Department of Leukemia, Division of Cancer Medicine
Executive Medical Director, Inpatient Medical Services
The University of Texas MD Anderson Cancer Center
Houston, Texas

Jennifer Woyach, MD
Professor
Division of Hematology
Department of Internal Medicine
The Ohio State University Comprehensive Cancer Center
Columbus, Ohio

PROJECT CHAIR
Neil Love, MD
Research To Practice
Miami, Florida

Grand Rounds CLL Series 2025-2026

Session number and date	Partnering institution	Speaker
1-November 14, 2025	Dayton Physicians Network (OH)	Jennifer Woyach, MD
2-January 12, 2026	Loma Linda University Medical Center (CA)	Catherine Coombs, MD
3-January 16, 2026	Louisiana State University Shreveport (LA)	William Wierda, MD, PhD
4-February 10, 2026	Boston Medical Center (MA)	Matthew Davids, MD
5-February 13, 2026	Blue Ridge Cancer Care (VA)	Farrukh Awan, MD
6-February 14, 2026	Georgia Cancer Specialists (GA)	Farrukh Awan, MD
7-March 12, 2026	Jefferson (Albert) Einstein Hospital (PA)	Nicole Lamanna, MD
8-March 13, 2026	OU Health Stephenson Cancer Center (OK)	Bita Fakhri, MD
9-March 26, 2026	Advocate Lutheran General Hospital (IL)	Bita Fakhri, MD
10-April 2, 2026	Loyola University/Edward Hines Jr VA Hospital (IL)	Farrukh Awan, MD
11-April 8, 2026	Morristown Medical Center (NJ)	Matthew Davids, MD
12-April 16, 2026	Houston Methodist Hospital (TX)	Farrukh Awan, MD
13-April 17, 2026	Brooklyn Methodist Hospital (NY)	Nicole Lamanna, MD
14-April 20, 2026	Lankenau Medical Center (PA)	Nicole Lamanna, MD
15-May 20, 2026	West Virginia University Cancer Institute (WV)	Inhye Ahn, MD

RTP
RESEARCH TO PRACTICE

Key Datasets

- Thompson PA, Tam CS. **Pirtobrutinib**: A new hope for patients with **BTK inhibitor-refractory** lymphoproliferative disorders. *Blood* 2023 June 29;141(26):3137-42.
- Shah NN et al. **Pirtobrutinib monotherapy** in Bruton tyrosine kinase inhibitor-intolerant patients with B-cell malignancies: Results of the **phase I/II BRUIN trial**. *Haematologica* 2025 January 1;110(1):92-102.
- Sharman JP et al. **Phase III trial** of **pirtobrutinib versus idelalisib/rituximab or bendamustine/rituximab** in covalent Bruton tyrosine kinase inhibitor-pretreated chronic lymphocytic leukemia/small lymphocytic lymphoma (**BRUIN CLL-321**). *J Clin Oncol* 2025 August;43(22):2538-49.
- Eyre TA et al. **BRUIN CLL-322**: A phase 3 open-label, randomized study of **fixed duration pirtobrutinib plus venetoclax and rituximab versus venetoclax and rituximab** in previously treated chronic lymphocytic leukemia/small lymphocytic lymphoma. ASCO 2023;Abstract TPS7583.
- Woyach J et al. **Pirtobrutinib vs ibrutinib in treatment-naïve and relapsed/refractory CLL/SLL**: Results from the first randomized **phase III study** comparing a non-covalent and covalent BTK inhibitor. ASH 2025;Abstract 683.
- Jurczak W et al. **Pirtobrutinib vs bendamustine plus rituximab (BR)** in patients with CLL/SLL: First results from a randomized **phase III study** examining a non-covalent BTK inhibitor in **untreated patients**. ASH 2025;Abstract LBA3.

RTP RESEARCH TO PRACTICE

Key Datasets

- 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.
- Wierda WG et al. **Lisocabtagene maraleucel** (liso-cel) **combined with ibrutinib** (ibr) for patients (pts) with relapsed or refractory (R/R) chronic lymphocytic leukemia (CLL)/small lymphocytic lymphoma (SLL): **Primary results** from the open-label, **phase 1/2 Transcend CLL 004 study**. ASH 2024;Abstract 887.
- Danilov A et al. **Epcoritamab monotherapy** in patients (pts) with relapsed or refractory (R/R) chronic lymphocytic leukemia (CLL): Results from **CLL expansion and optimization cohorts of Epcore CLL-1**. ASH 2024;Abstract 883.
- 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.
- Ahn I et al. **Updated efficacy and safety results** of the Bruton tyrosine kinase **(BTK) degrader BGB-16673** in patients with relapsed/refractory chronic lymphocytic leukemia/small lymphocytic lymphoma (CLL/SLL) from the ongoing **phase 1 CaDAnCe-101 study**. ASH 2025;Abstract 85.
- Omer Z et al. **Bexobrutideg (NX-5948),** a novel **Bruton's tyrosine kinase (BTK) degrader**, demonstrates rapid and durable clinical responses in **relapsed/refractory chronic lymphocytic leukemia** (CLL): **New and updated findings** from an ongoing Phase 1a/b trial. ASH 2025;Abstract 86.

RTP RESEARCH TO PRACTICE

Consensus or Controversy? Documenting and Discussing Investigators' Approaches to the Management of Myelofibrosis

A CME/MOC-Accredited Virtual Event Held
Adjunct with the 2026 ASCO® Annual Meeting

Tuesday, June 2, 2026
5:00 PM – 6:00 PM ET

Faculty

Professor Claire Harrison
Raajit K Rampal, MD, PhD

Moderator

Neil Love, MD

RTP RESEARCH TO PRACTICE

ASCO 2026;Abstract LBA6500

Selinexor plus ruxolitinib in JAK inhibitor–naïve myelofibrosis: Phase 3 SENTRY trial

John Mascarenhas,[1] Haris Ali,[2] Haifa Al-Ali,[3] Jose Valentin Garcia Gutierrez,[4] Sebastian Grosicki,[5] Zhanet Grudeva-Popova,[6] Claire Harrison,[7] Junshik Hong,[8] Hsin-An Hou,[9] Michal Kwiatek,[10] Michael Loschi,[11] Francesco Passamonti,[12] Andrea Patriarca,[13] Nikolai Podoltsev,[14] Raajit Rampal,[15] Srinivas Tantravahi,[16] Laura Gabriela Urian,[17] Reshma Rangwala,[18] Pankit Vachhani,[19] Prithviraj Bose[20]

[1]Mount Sinai Tisch Cancer Institute, Icahn School of Medicine at Mount Sinai, New York, NY, USA; [2]City of Hope, Duarte, CA, USA; [3]Krukenberg Cancer Center Halle, University Hospital Halle (Saale), Halle, Germany; [4]Hospital Universitario Ramón y Cajal, Instituto Ramón y Cajal de Investigación Sanitaria (IRYCIS), Madrid, Spain; [5]Department of Cancer Prevention, Medical University of Silesia, Katowice, Poland; [6]Medical University of Plovdiv, Plovdiv, Bulgaria; [7]Guy's and St Thomas' NHS Found Trust, London, UK; [8]Department of Hematology and Medical Oncology, Seoul National University Hospital, Seoul, South Korea; [9]National Taiwan University Hospital, Tai Taiwan; [10]Centrum Medyczne Pratia Poznań, Poznań, Poland; [11]Centre Hospitalier Universitaire de Nice, Nice, France; [12]Department of Medicine and Surgery, Universit Insubria, Varese, Italy; [13]Ospedale Civile "Spirito Santo", Pescara, Italy; [14]Department of Internal Medicine, Yale School of Medicine, New Haven, CT, USA; [15]Memorial S Kettering Cancer Center, New York, NY, USA; [16]Huntsman Cancer Institute, Salt Lake City, UT, USA; [17]Iuliu Hatieganu University of Medicine and Pharmacy, Cluj-Napoc Romania; [18]Karyopharm Therapeutics, Newton, MA, USA; [19]University of Alabama at Birmingham, Birmingham, AL, USA; [20]University of Texas MD Anderson Cancer Ce Houston, TX, USA

ASCO Publications

Journal of Clinical Oncology®
An American Society of Clinical Oncology Journal

June 02, 2026 | Latest version

Selinexor Plus Ruxolitinib in JAK Inhibitor–Naïve Myelofibrosis: Phase 3 SENTRY Trial

Authors: Prithviraj Bose, MD , Haris Ali, MD , Haifa Kathrin Al-Ali, MD, PhD, Valentin Garcia-Gutierrez, MD, PhD, Sebastian Grosicki, MD, PhD , Zhanet Grudeva-Popova, MD, PhD, MHM , Claire Harrison, DM, FRCP, PRCPath , ... SHOW ALL ... , for the SENTRY Trial Investigators | AUTHORS INFO & AFFILIATIONS

J Clin Oncol • Just Accepted

Phase 3 SENTRY study evaluates selinexor + RUX in patients who are JAKi-naïve

Double-blind, placebo-controlled, randomised study to assess the efficacy and safety of selinexor + RUX vs placebo + RUX[1,2]

Study population[1,2]

Adults with JAKi-naive MF (N=353)[1,2]

- DIPSS Int-1 with symptoms, Int-2 or high-risk[1]
- Measurable splenomegaly[1]
- Active symptoms of MF[1]
- ECOG PS ≤2[1]

Stratified by:[1]
- DIPSS: Int-1 vs Int-2 or high risk
- Spleen volume: <1800 cm^3 vs >1800 cm
- Baseline platelet counts: 100–200 x 10^9/L vs >200 x10^9/L

Double-blind randomisation (2:1) with stratification[1]

Treatment arms[1,2]

Selinexor 60 mg oral tablet QW days 1, 8, 15, 22 + **RUX** 15 or 20 mg BID starting dose based on baseline platelet count

28-day cycles

Placebo 60 mg oral tablet QW days 1, 8, 15, 22 + **RUX** 15 or 20 mg BID starting dose based on baseline platelet count

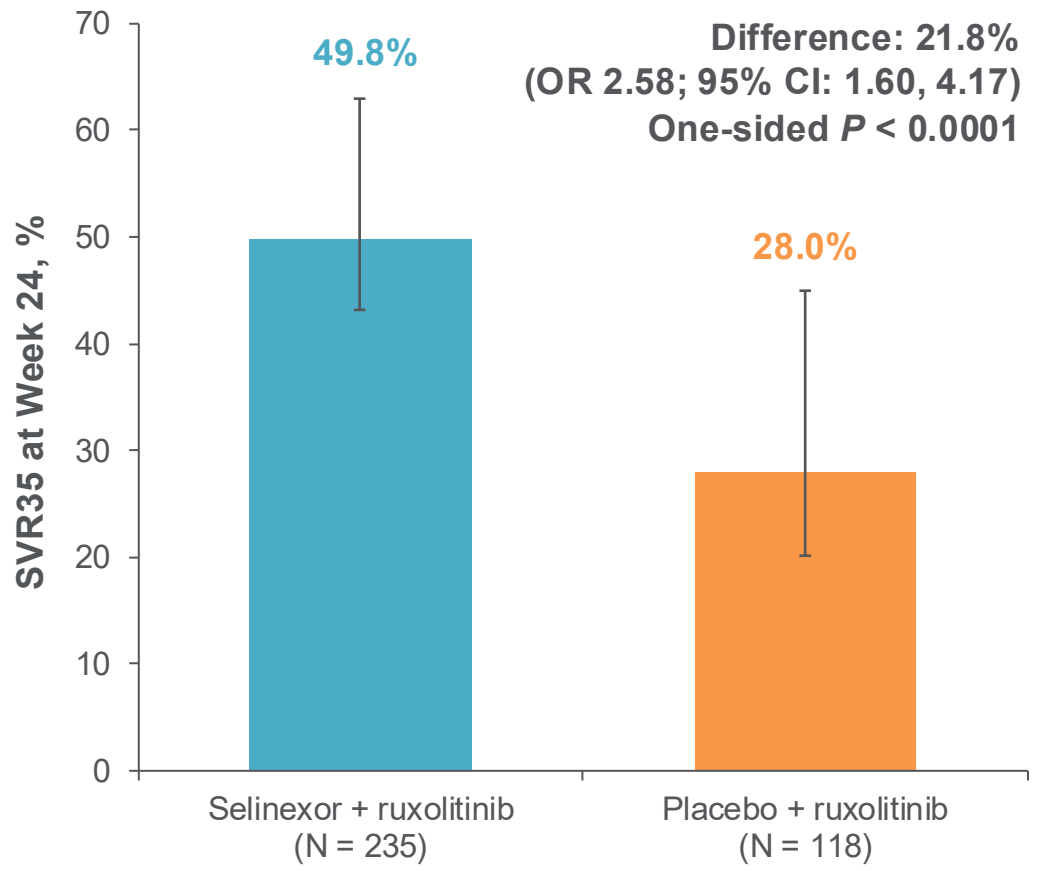
Co-primary endpoint[1,2]
- SVR35 and absolute mean change in TSS at week 24

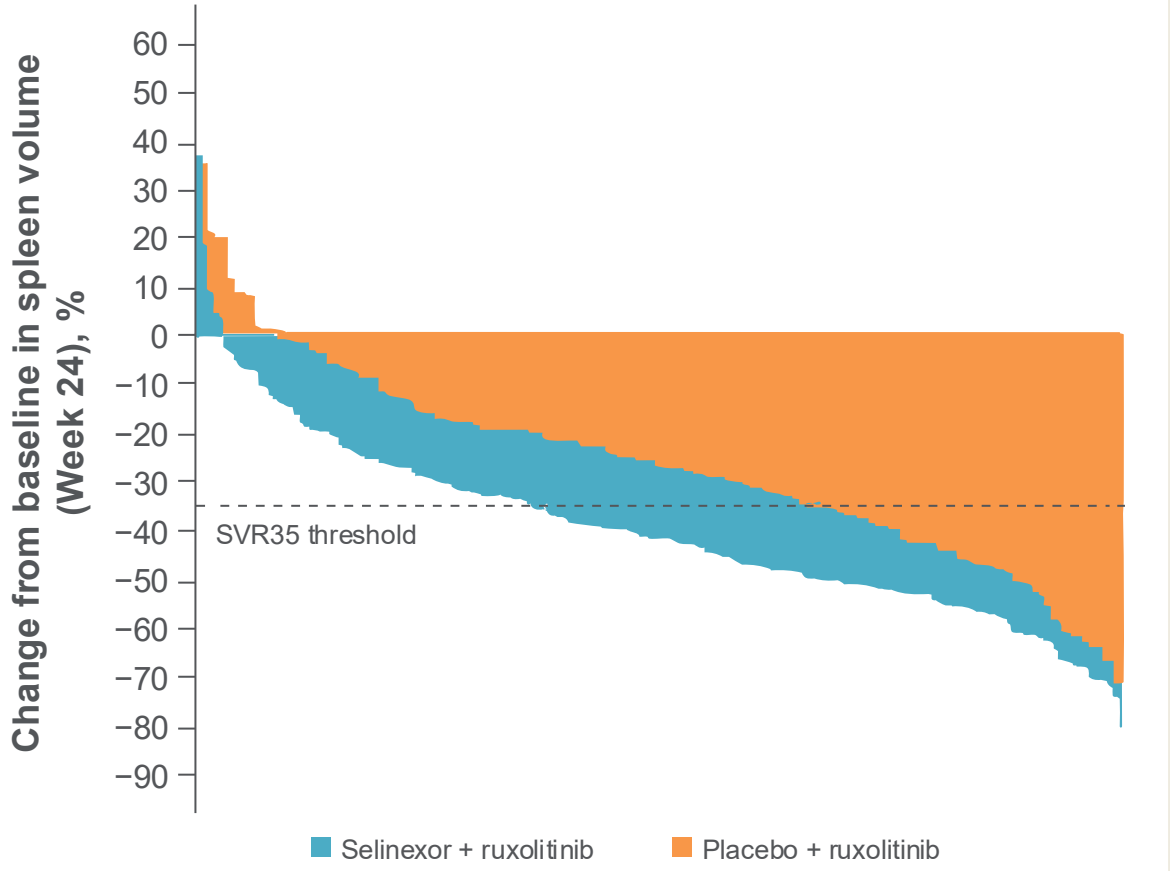
Secondary endpoints[1,2]
- Safety and tolerability[1]
- OS and PFS[1,2]
- SVR35 and absolute mean change in TSS at week 48 and anytime[1]
- Duration of SVR response[1]
- Pharmacokinetics[1]

BID, twice a day; DIPSS, Dynamic International Prognostic Scoring System; ECOG PS, Eastern Cooperative Oncology Group performance status; Int, intermediate; JAK, Janus kinase; JAKi, Janus kinase inhibitor; MF, myelofibrosis; OS, overall survival; PFS, progression-free survival; QW, once weekly; RUX, ruxolitinib; SVR, spleen volume reduction; SVR35, ≥35% reduction in spleen volume from baseline; TSS, total symptom score;

1. Mascarenhas J, et al. *Future Oncol* 2025;21:807–813; 2. Clinicaltrial.gov. NCT04562389. Available at: https://clinicaltrials.gov/study/NCT04562389. Accessed April 2026.

Significantly higher SVR35 at Week 24 with selinexor + ruxolitinib vs ruxolitinib alone



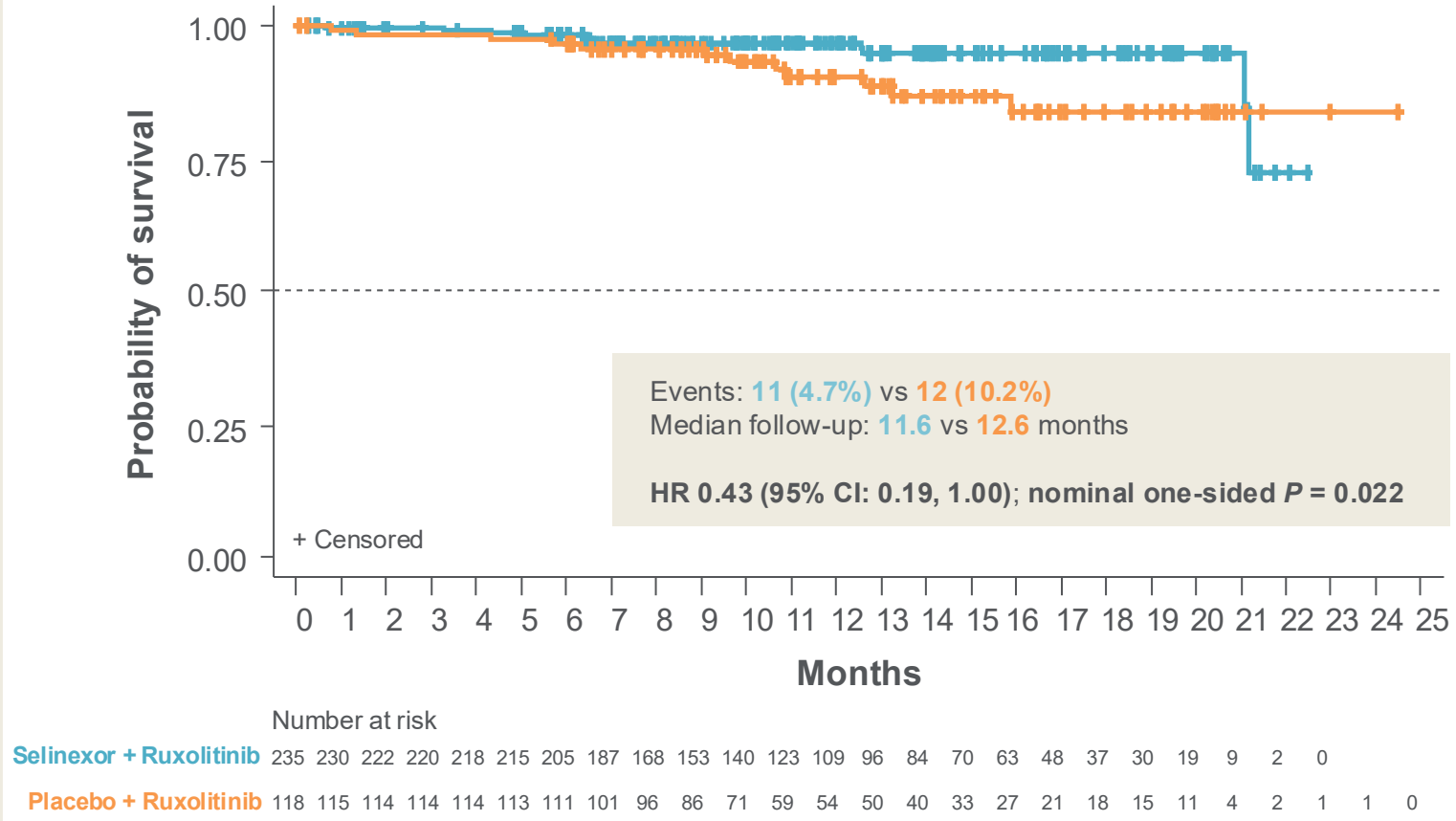


Data cut off: February 20, 2026.
*Cochran-Mantel-Haenszel test stratified by randomization factors.
Placebo arm scaled 2:1 to compensate for randomization ratio.
CI: confidence interval; OR: odds ratio; SD: standard deviation; SVR35: spleen volume reduction of at least 35% from baseline.

Presented by: John Mascarenhas, MD

ASCO 2026;Abstract LBA6500.

Meaningful overall survival with selinexor + ruxolitinib vs ruxolitinib alone



Deaths	Selinexor + ruxolitinib (N = 235)	Placebo + ruxolitinib (N = 118)
Primary cause of death, n (%)		
Disease progression	3 (1.3)	3 (2.5)
Adverse event	3 (1.3)	5 (4.2)
Other	5 (2.1)	1 (0.8)
Unknown	0	3 (2.5)

Data cut off: February 20, 2026.
OS is defined as the duration from date of randomization to date of death due to any cause. Follow-up time based on reverse Kaplan-Meier method by swapping the censoring status. OS analysis stratified by the randomization stratification factors. Hazard ratio based on Cox Proportional Hazard model with Efron's method of handling ties.
CI: confidence interval; HR: hazard ratio; OS: overall survival.

Presented by: John Mascarenhas, MD

ASCO 2026;Abstract LBA6500.

Pirtobrutinib Significantly Extended PFS When Added to a Venetoclax Time-Limited Regimen for Patients with Previously Treated CLL/SLL

Press Release: April 13, 2026

"[The manufacturer] announced positive topline results from the Phase 3 BRUIN CLL-322 trial of pirtobrutinib, a non-covalent (reversible) Bruton tyrosine kinase (BTK) inhibitor, plus venetoclax and rituximab versus venetoclax and rituximab in patients with relapsed or refractory chronic lymphocytic leukemia or small lymphocytic lymphoma (CLL/SLL). Treatment in both study arms was administered for up to two years, after which patients do not take any CLL therapy until their disease progresses. The study met its primary endpoint, demonstrating that the addition of pirtobrutinib to venetoclax plus rituximab led to a statistically significant and clinically meaningful improvement in progression-free survival (PFS), as assessed by an independent review committee (IRC). Results were consistent across clinically relevant subgroups and regardless of whether patients were previously treated with a covalent BTK inhibitor.

Overall survival (OS), a key secondary endpoint, was not yet mature at this analysis, but was trending in favor of the pirtobrutinib combination regimen. The overall safety profile of this regimen was consistent with the known safety profile of each medicine. Rates of adverse events were similar across the study arms, with low rates of treatment regimen discontinuations, also similar between arms.

Detailed results will be presented at a medical congress and submitted to a peer-reviewed journal. [The company] intends to submit these results to regulators later this year for a label expansion."

https://investor.lilly.com/news-releases/news-release-details/lillys-jaypirca-pirtobrutinib-significantly-extended-progression

Fixed-Duration Pirtobrutinib plus Venetoclax-Rituximab versus Venetoclax-Rituximab for Patients with Previously Treated CLL/SLL: A Phase 3, Randomized Trial (BRUIN CLL-322)

Davids M et al.

EHA 2026;Abstract LB5001.

Late-Breaking Oral Session

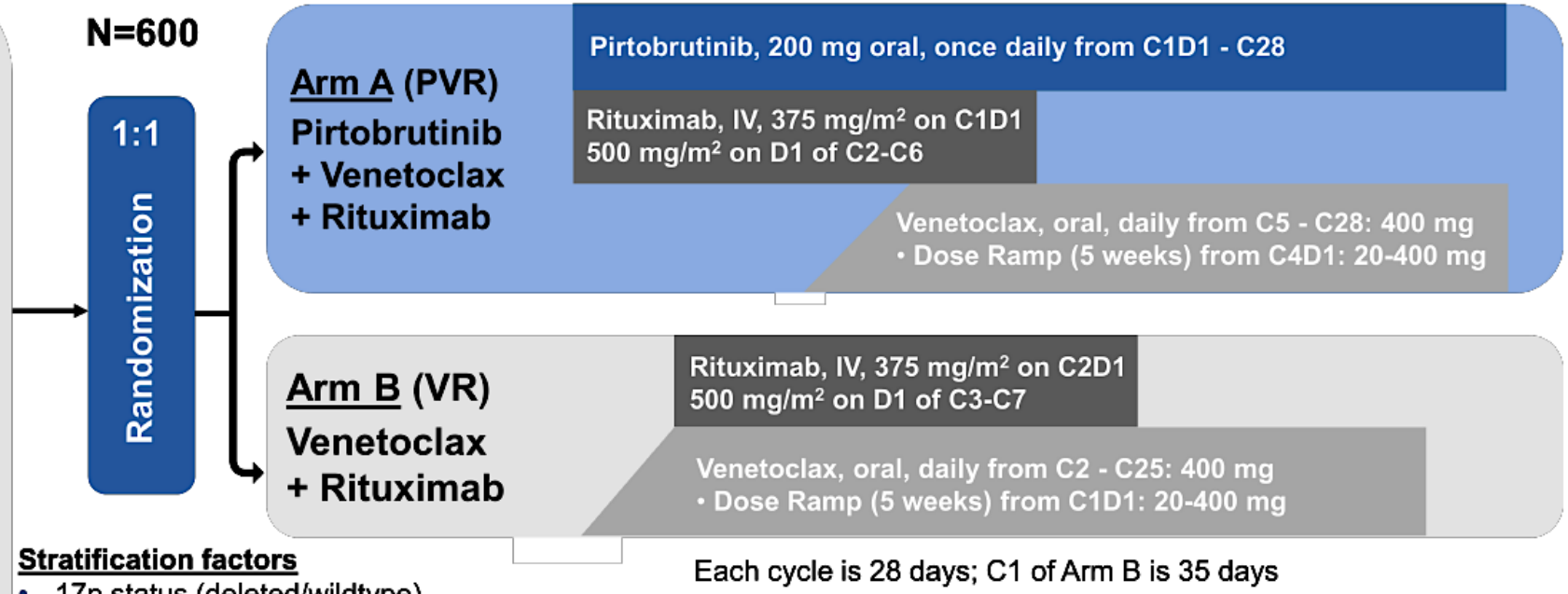
SUNDAY JUNE 14, 2026

9:15 AM CEST

BRUIN CLL-322: An Ongoing Phase III Trial of Pirtobrutinib and Venetoclax/Rituximab for Relapsed/Refractory CLL

Key Inclusion Criteria

- Confirmed CLL/SLL per iwCLL 2018[3]
- Previously treated CLL/SLL (including a covalent BTKi or covalent BTKi naïve [limited to 20% of total enrollment])
- Known 17p status
  - If 17p status is unknown, local or central FISH test results during screening can be used
- No prior venetoclax
- ≥18 years of age and ECOG 0-2



Stratification factors

- 17p status (deleted/wildtype)
- Prior experience of BTKi (discontinuation due to PD or other vs no prior BTKi)

Primary endpoint: Progression-free survival per iwCLL 2018 by IRC

Eyre TA et al. ASCO 2023;Abstract TPS7583. Wierda WG et al. SOHO 2022;Abstract CLL-322.

Management of Relapsed/Refractory CLL

Introduction: Overview of Grand Rounds CLL Initiative

Module 1: Sequencing Roadmap

Module 2: Key Datasets — Pirtobrutinib

Module 3: Investigator Survey

Module 4: CAR T-Cell Therapy

Module 5: Other Novel Therapy Approaches

Module 6: EHA 2026

RTP RESEARCH TO PRACTICE

Targeted Therapy Sequencing for CLL

cBTKi

BCL2i +CD20

cBTKi + BCL2i not included here

Factors affecting timelines:

- Age
- Del(17p) / *TP53*-m
- IGHV-MS / Del(11q)
- Complex karyotype

1	2	3	4	5	6	7	8	9	10	11	12	13	14

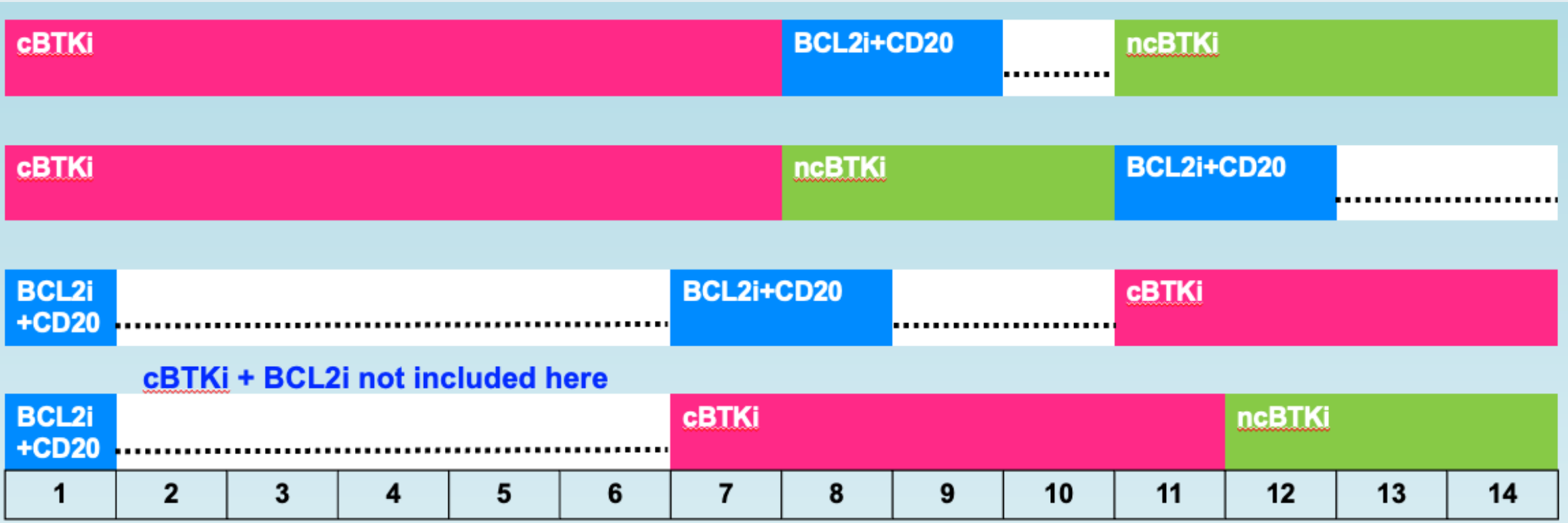
Years

Double Exposed *vs.* Double Refractory:

- Exposed ≠ Refractory
- Refractory=progression on treatment

Courtesy of William G Wierda, MD, PhD

Targeted Therapy Sequencing for CLL



Factors affecting timelines:

- Age
- Del(17p) / *TP53*-m
- IGHV-MS / Del(11q)
- Complex karyotype

Double Exposed *vs.* Double Refractory:

- Exposed ≠ Refractory
- Refractory=progression on treatment

Courtesy of William G Wierda, MD, PhD

FDA Approves Acalabrutinib with Venetoclax for Chronic Lymphocytic Leukemia or Small Lymphocytic Lymphoma

Press Release: February 19, 2026

"On February 19, 2026, the Food and Drug Administration approved acalabrutinib tablets and capsules in combination with venetoclax for adults with chronic lymphocytic leukemia (CLL) or small lymphocytic lymphoma (SLL).

Efficacy was evaluated in AMPLIFY (NCT03836261), a randomized, multicenter trial in adult patients previously untreated for CLL without del(17p) or TP53 mutation. Patients were randomized to receive acalabrutinib and venetoclax (AV) or Investigator's choice of chemotherapy (fludarabine plus cyclophosphamide plus rituximab [FCR] or bendamustine plus rituximab [BR]).

The major efficacy outcome measure was progression-free survival (PFS) as assessed by independent review committee for the AV arm versus the investigator's choice arm (FCR/BR). The median duration of PFS follow-up was 42.6 months. Median PFS was not estimable (NE) (95% CI: 51.1, NE) in the AV arm and 47.6 months (95% CI: 43.3, NE) in the FCR/BR arm (Hazard ratio 0.65 [95% CI: 0.49, 0.87]; *p*-value 0.0038). With a median follow-up of 41.0 months, there were 18 (6%) deaths in the AV arm and 42 (14%) in the FCR/BR arm."

https://www.fda.gov/drugs/resources-information-approved-drugs/fda-approves-acalabrutinib-venetoclax-chronic-lymphocytic-leukemia-or-small-lymphocytic-lymphoma

RTP RESEARCH TO PRACTICE

Management of Relapsed/Refractory CLL

Introduction: Overview of Grand Rounds CLL Initiative

Module 1: Sequencing Roadmap

Module 2: Key Datasets — Pirtobrutinib

Module 3: Investigator Survey

Module 4: CAR T-Cell Therapy

Module 5: Other Novel Therapy Approaches

Module 6: EHA 2026

RTP
RESEARCH TO PRACTICE

Key Datasets

- Thompson PA, Tam CS. **Pirtobrutinib**: A new hope for patients with **BTK inhibitor-refractory** lymphoproliferative disorders. *Blood* 2023 June 29;141(26):3137-42.
- Shah NN et al. **Pirtobrutinib monotherapy** in Bruton tyrosine kinase inhibitor-intolerant patients with B-cell malignancies: Results of the **phase I/II BRUIN trial**. *Haematologica* 2025 January 1;110(1):92-102.
- Sharman JP et al. **Phase III trial** of **pirtobrutinib versus idelalisib/rituximab or bendamustine/rituximab** in covalent Bruton tyrosine kinase inhibitor-pretreated chronic lymphocytic leukemia/small lymphocytic lymphoma (**BRUIN CLL-321**). *J Clin Oncol* 2025 August;43(22):2538-49.
- Eyre TA et al. **BRUIN CLL-322**: A phase 3 open-label, randomized study of **fixed duration pirtobrutinib plus venetoclax and rituximab versus venetoclax and rituximab** in previously treated chronic lymphocytic leukemia/small lymphocytic lymphoma. ASCO 2023;Abstract TPS7583.
- Woyach J et al. **Pirtobrutinib vs ibrutinib in treatment-naïve and relapsed/refractory CLL/SLL**: Results from the first randomized **phase III study** comparing a non-covalent and covalent BTK inhibitor. ASH 2025;Abstract 683.
- Jurczak W et al. **Pirtobrutinib vs bendamustine plus rituximab (BR)** in patients with CLL/SLL: First results from a randomized **phase III study** examining a non-covalent BTK inhibitor in **untreated patients**. ASH 2025;Abstract LBA3.

RTP
RESEARCH TO PRACTICE

Key Differences Between Available Covalent and Reversible Bruton Tyrosine Kinase (BTK) Inhibitors

	Ibrutinib	Acalabrutinib	Zanubrutinib	Pirtobrutinib
BTK binding	Covalent C481	Covalent C481	Covalent C481	Reversible ATP pocket Distant from C481
Half-life	6 hours	1 hour	4 hours	20 hours >90% BTK inhibition
BTK Y223 autophosphorylation	Inhibited	Inhibited	Inhibited	Inhibited
BTK Y551 phosphorylation	No effect	No effect	No effect	Inhibited (maintenance of closed conformation)
BTK C481S mutation	Common	Reported	Reported	Not described Effective against C481S
Kinase-dead mutations	Uncommon and restricted to C481* (active against HCK)	Not reported to date	Reported: L528W > C481Y	Reported: L528W > V416L, A428D, C481R, M477I, and M437R
T474I/T474L gatekeeper mutation	Uncommon*; active against T474I and T474L	Reported	Not reported to date	Reported
Off-target hits†	BLK BMX BRK EGFR HER2 HER4 ITK JAK3 RLK TEC	HER4	BLK BMX BRK EGFR HER4 RLK	HER4 BRK

Thompson PA, Tam CS. *Blood* 2023;141(26):3137-42.

RTP RESEARCH TO PRACTICE

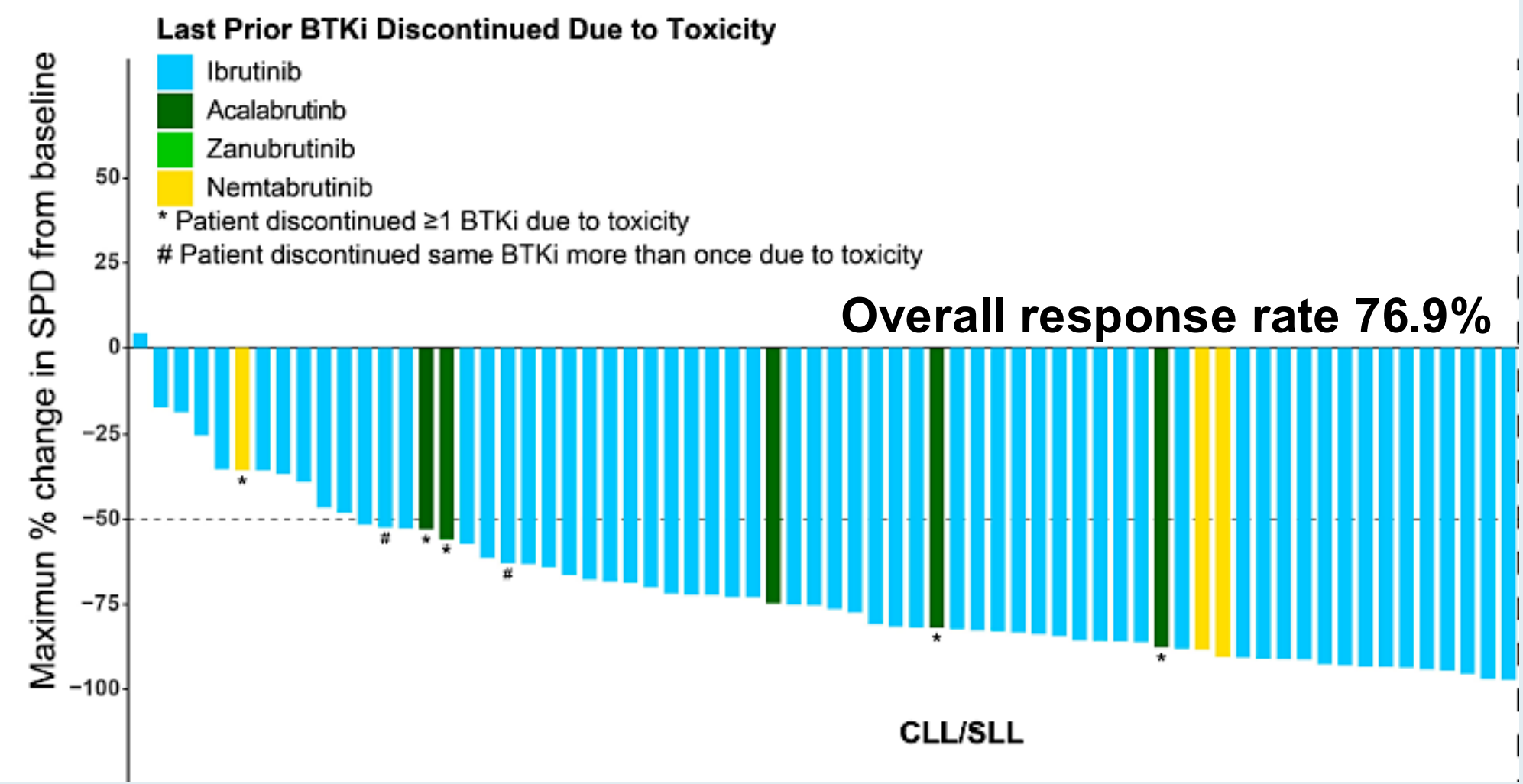
haematologica
Journal of the Ferrata Storti Foundation

Pirtobrutinib monotherapy in Bruton tyrosine kinase inhibitor-intolerant patients with B-cell malignancies: results of the phase I/II BRUIN trial

by Nirav N. Shah, Michael Wang, Lindsey E. Roeker, Krish Patel, Jennifer A. Woyach, William G. Wierda, Chaitra S. Ujjani, Toby A. Eyre, Pier Luigi Zinzani, Alvaro J. Alencar, Paolo Ghia, Nicole Lamanna, Marc S. Hoffmann, Manish R. Patel, Ian Flinn, James N. Gerson, Shuo Ma, Catherine C. Coombs, Chan Y. Cheah, Ewa Lech-Maranda, Bita Fakhri, Won Seog Kim, Minal A. Barve, Jonathon B. Cohen, Wojciech Jurczak, Talha Munir, Meghan C. Thompson, Donald E. Tsai, Katherine Bao, Nicholas A. Cangemi, Jennifer F. Kherani, Richard A. Walgren, Hongmei Han, Amy S. Ruppert, and Jennifer R. Brown

Haematologica **2025;110(1):92-102.**

BRUIN: Pirtobrutinib Efficacy in Patients with CLL or SLL Who Received Prior BTK Inhibitor (BTKi) Treatment



SLL = small lymphocytic lymphoma; SPD = sum of product diameters

Shah NN et al. *Haematologica* 2025;110(1):92-102.

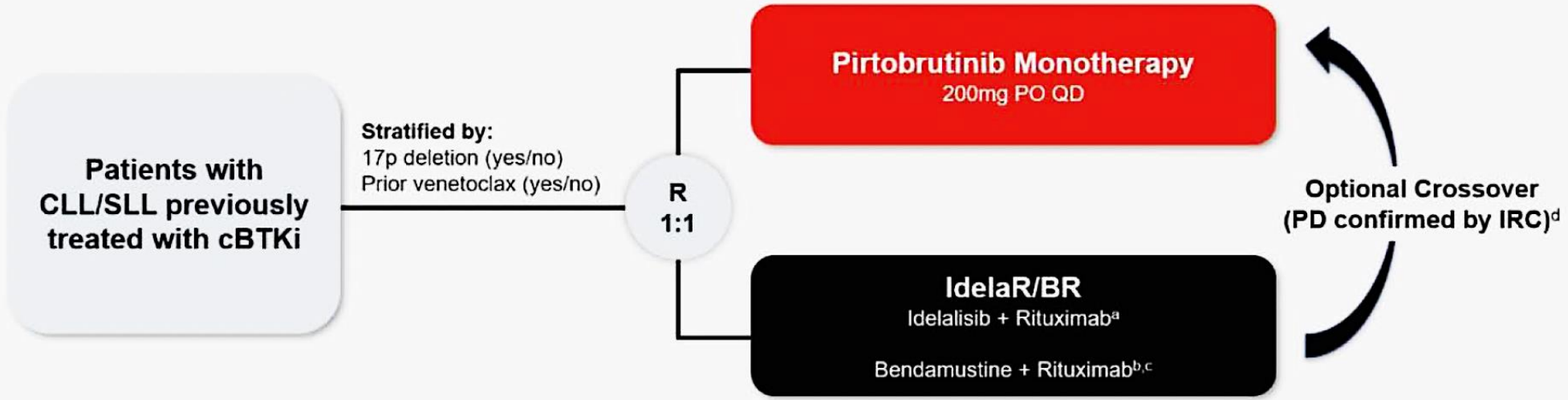
Original Reports | Hematologic Malignancy

Phase III Trial of Pirtobrutinib Versus Idelalisib/Rituximab or Bendamustine/Rituximab in Covalent Bruton Tyrosine Kinase Inhibitor–Pretreated Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma (BRUIN CLL-321)

Jeff P. Sharman, MD[1]; Talha Munir, PhD, MBBS[2]; Sebastian Grosicki, MD, PhD[3]; Lindsey E. Roeker, MD[4]; John M. Burke, MD[5]; Christine I. Chen, MHPE, MD[6]; Norbert Grzasko, MD, PhD[7]; George Follows, PhD, MA, BM, BCh, FRCP[8]; Zoltán Mátrai, MD, PhD[9]; Alessandro Sanna, MD[10]; Lugui Qiu, MD[11]; Ru Feng, MD[12]; Vu Minh Hua, PhD, MBBS, FRACP, FRCPA[13]; Wojciech Jurczak, MD, PhD[14]; Matthias Ritgen, MD[15]; Shuhua Yi, MD[16]; Francesc Bosch, MD, PhD[17]; Catherine C. Coombs, MD[18]; Katherine Bao, PhD[19]; Vishalkumar Patel, MD[19]; Bin Liu, MSc, MPH[19]; Livia Compte, MD, PhD[19]; Ananya Guntur, PhD[19]; Denise Y. Wang, PhD[19]; Marisa Hill, MS, MD[19]; Ching Ching Leow, PhD[19]; Paolo Ghia, MD, PhD[20]; and Paul M. Barr, MD[21]

J Clin Oncol 2025;43:2538-49.

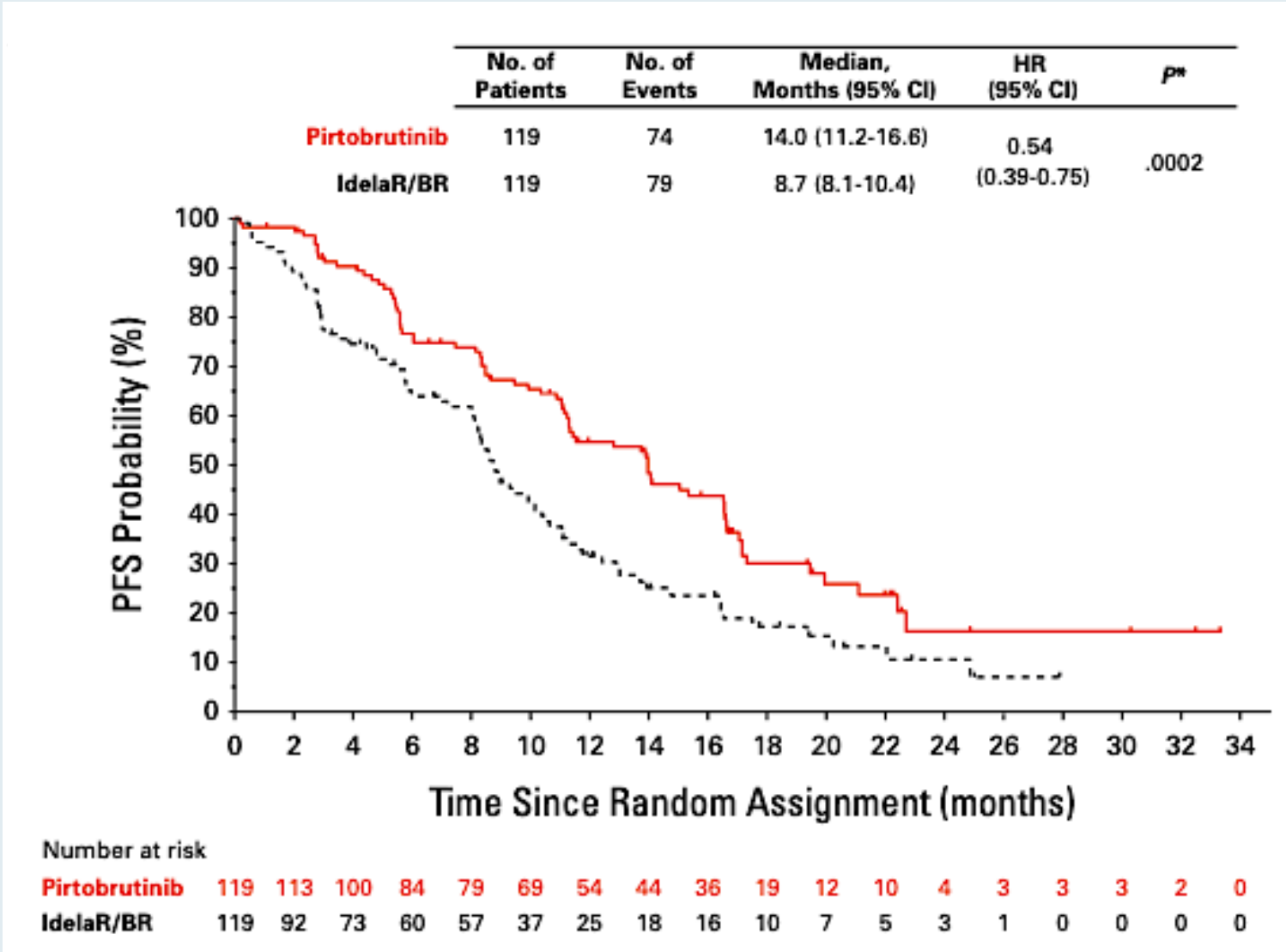
BRUIN CLL-321: A Phase III Trial of Pirtobrutinib Monotherapy for Relapsed/Refractory CLL



Treatment was given in 28-day cycles. PFS assessed based on iwCLL2018. [a]Idelalisib dosed at 150mg PO BID. Day 1 of cycle 1, first dose of rituximab at 375 mg/m^2, next 4 infusions at 500 mg/m^2 every 2 weeks, next 3 infusions at 500 mg/m^2 every 4 weeks. [b]Bendamustine (70 mg/m^2) administered IV D1, D2 of cycles 1-6. [c]Day 1 of cycle 1, first dose of rituximab at 375 mg/m^2, next 5 infusions day 1 of cycle 2 through cycle 6 at 500 mg/m^2. [d]Eligible patients receiving investigator's choice of IdelaR/BR could crossover to receive pirtobrutinib monotherapy upon confirmation of PD by IRC per protocol. Abbreviations: BID, twice daily; BR, bendamustine + rituximab; cBTKi, covalent Bruton tyrosine kinase inhibitor; CLL, chronic lymphocytic leukemia; ECOG PS, Eastern Cooperative Oncology Group Performance Status; IdelaR, idelalisib + rituximab; IRC, Independent Review Committee; iwCLL, international workshop on chronic lymphocytic leukemia; mg, milligram; PD, progressive disease; PFS, progression-free survival; PO, by mouth; QD, once daily; R, randomized; SLL, small lymphocytic lymphoma.

Sharman JP et al. ASH 2024;Abstract 886.

BRUIN CLL-321: IRC-Assessed Progression-Free Survival (PFS)



IRC = independent review committee

Sharman JP et al. *J Clin Oncol* 2025;43:2538-49.

BRUIN CLL-321: Safety Profile

TEAE	Pirtobrutinib (n = 116), IR[a]	IdelaR or BR (n = 109), IR[a]	IRR (95% CI)[b]	P[c]
Infections[d]	94.5	125.5	0.75 (0.53 to 1.07)	.11
Pneumonia[e]	20.4	19.5	1.04 (0.54 to 2.03)	.90
COVID-19	11.1	33.4	0.33 (0.17 to 0.65)	.001
Anemia	18.5	30.3	0.61 (0.33 to 1.12)	.11
Neutropenia[f]	26.4	66.5	0.40 (0.25 to 0.64)	<.001
Cough	14.3	30.8	0.47 (0.25 to 0.88)	.02
Diarrhea	15.3	63.7	0.24 (0.14 to 0.42)	<.001
Pyrexia	11.1	52.4	0.21 (0.11 to 0.40)	<.001
Fatigue	9.5	34.2	0.28 (0.14 to 0.55)	<.001
Nausea	9.8	38.3	0.26 (0.13 to 0.51)	<.001
Vomiting	5.8	29.6	0.19 (0.08 to 0.44)	<.001
ALT increased	2.8	33.6	0.08 (0.03 to 0.25)	<.001
Weight decreased	2.8	28.5	0.10 (0.03 to 0.29)	<.001

TEAE = treatment-emergent adverse event; IR = incidence rate; IRR = IR ratio

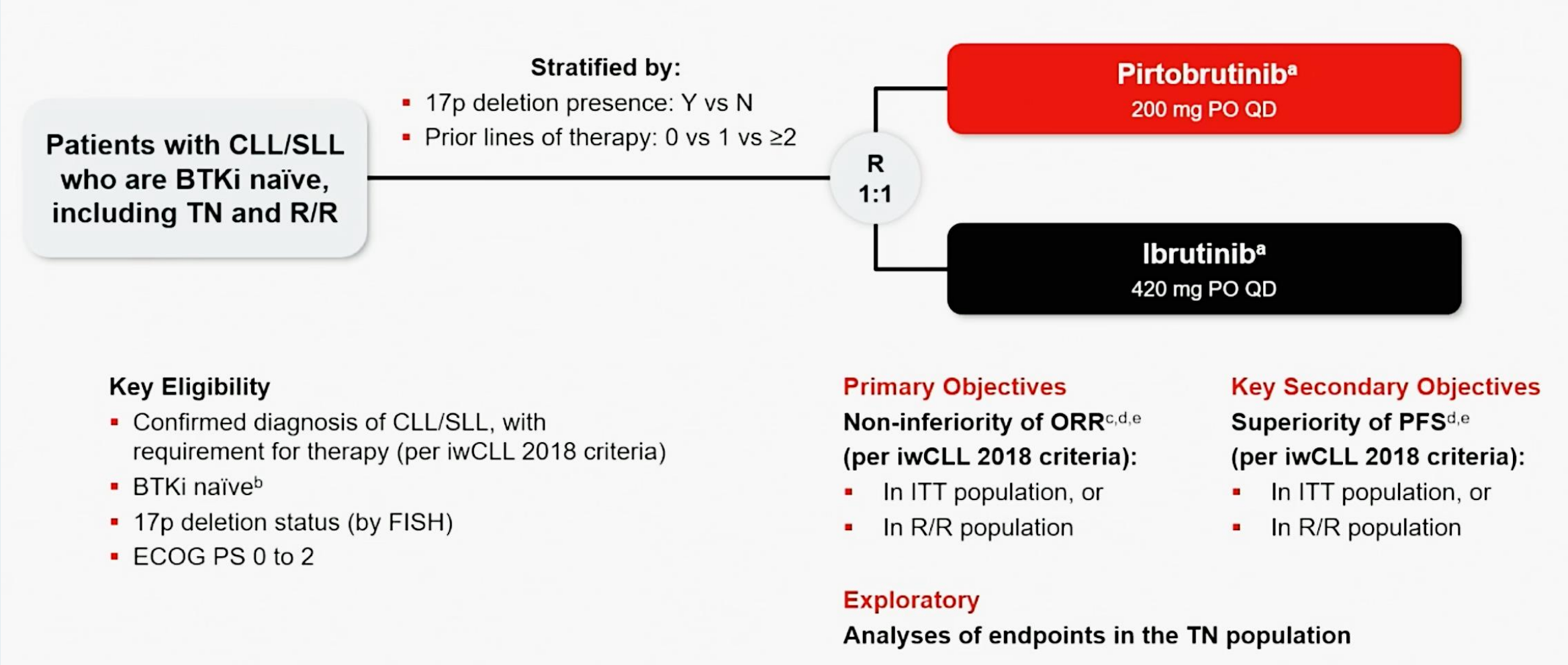
Sharman JP et al. *J Clin Oncol* 2025;43:2538-49.

Pirtobrutinib vs Ibrutinib in Treatment-Naïve and Relapsed/Refractory CLL/SLL: Results From the First Randomized Phase III Study Comparing a Non-covalent and Covalent BTK Inhibitor

Jennifer A. Woyach[1], Lugui Qiu[2], Sebastian Grosicki[3], Tomasz Wrobel[4], Marcelo Capra[5], Jaroslaw Czyz[6], Shuhua Yi[2], Ki Seong Eom[7], Anna Panovská[8], Wojciech Jurczak[9], Kamel Laribi[10], Lutz Jacobasch[11], Ross Baker[12], Richy Agajanian[13], Alejandro Berkovits[14], Muhit Özcan[15], Stéphane Lepretre[16], Catherine C. Coombs[17], Paula Cramer[18], Katharine L. Lewis[19,20], Marisa Hill[21], Katherine Bao[21], Yuanyuan Bian[21], Amy S. Ruppert[21], Ching Ching Leow[21], William G. Wierda[22]

ASH 2025;Abstract 683.

BRUIN CLL-314 Study Design



TN = treatment naïve

Woyach J et al. ASH 2025;Abstract 683; Woyach JA et al. *J Clin Oncol* 2025 December 7;[Online ahead of print].

BRUIN CLL-314: Response Data

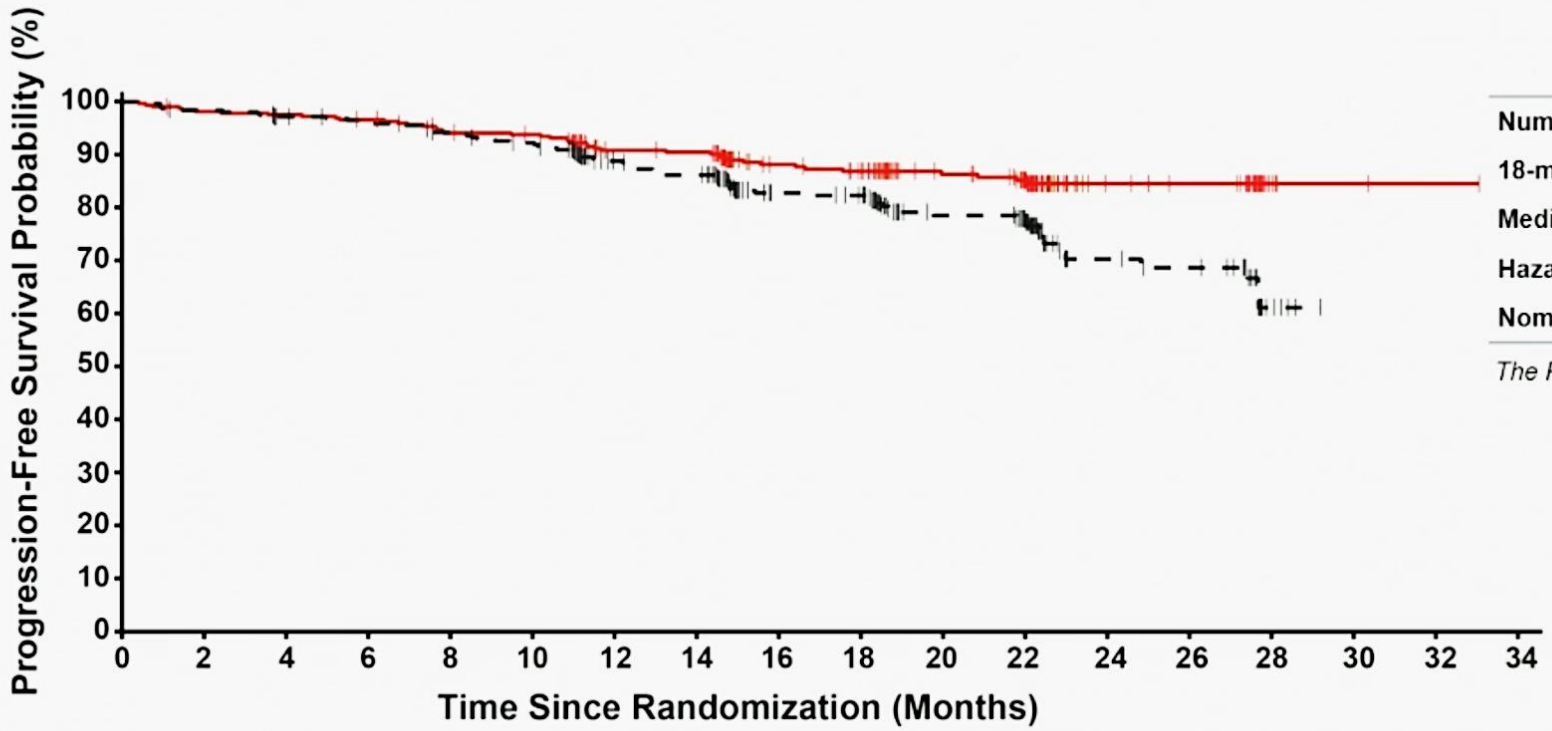
	ITT Population		TN Population		R/R Population	
	Pirtobrutinib n=331	Ibrutinib n=331	Pirtobrutinib n=112	Ibrutinib n=113	Pirtobrutinib n=219	Ibrutinib n=218
ORR[a] (PR or better)						
%	**87.0**	**78.5**	**92.9**	**85.8**	**84.0**	**74.8**
95% CI[b]	82.90, 90.44	73.73, 82.85	86.41, 96.87	78.03, 91.68	78.48, 88.61	68.46, 80.39
Nominal p-value[c]	0.0035		0.0886		0.0175	
ORR[a] ratio						
ORR ratio (95% CI)	1.1080 (1.034, 1.187)		1.0797 (0.989, 1.179)		1.1233 (1.020, 1.237)	
p-value for NI[d]	<0.0001		-		<0.0001	
Best Overall Response[e], %						
CR or CRi	4.8	2.4	7.1	3.5	3.7	1.8
PR or nPR	82.2	76.1	85.7	82.3	80.4	72.9
PR-L	2.4	3.9	0.9	2.7	3.2	4.6
SD	5.4	10.9	2.7	4.4	6.8	14.2
PD	1.5	1.2	0	0	2.3	1.8
ORR including PR-L						
%	89.4	82.5	93.8	88.5	87.2	79.4
95% CI[b]	85.60, 92.52	77.95, 86.42	87.55, 97.45	81.13, 93.73	82.05, 91.33	73.37, 84.53
Nominal p-value[c]	0.0093		0.1692		0.0286	

ORR results presented are IRC-assessed

ORR = overall response rate; NI = noninferiority; PR-L = partial remission with lymphocytosis

Woyach J et al. ASH 2025;Abstract 683; Woyach JA et al. *J Clin Oncol* 2025 December 7;[Online ahead of print].

BRUIN CLL-314: PFS in ITT Population



Number at risk

Pirtobrutinib	331	319	315	311	301	298	257	255	205	198	154	140	48	45	7	3	1	0
Ibrutinib	331	310	303	297	288	280	235	227	177	173	129	118	44	41	6	0	0	0

	Pirtobrutinib (n=331)	Ibrutinib (n=331)
Number of events, n (%)	43 (13.0)	69 (20.8)
18-month PFS rate (95% CI)	**86.9** (82.4, 90.3)	**82.3** (77.3, 86.3)
Median follow-up, mo	22.0	19.7
Hazard ratio (95% CI)	**0.569 (0.388, 0.834)**	
Nominal p-value[a]	0.0034	

The PFS results presented are INV-assessed

Pirtobrutinib reduced the risk of progression or death by 43%, with ibrutinib outcomes consistent with historical data

ITT = intent to treat

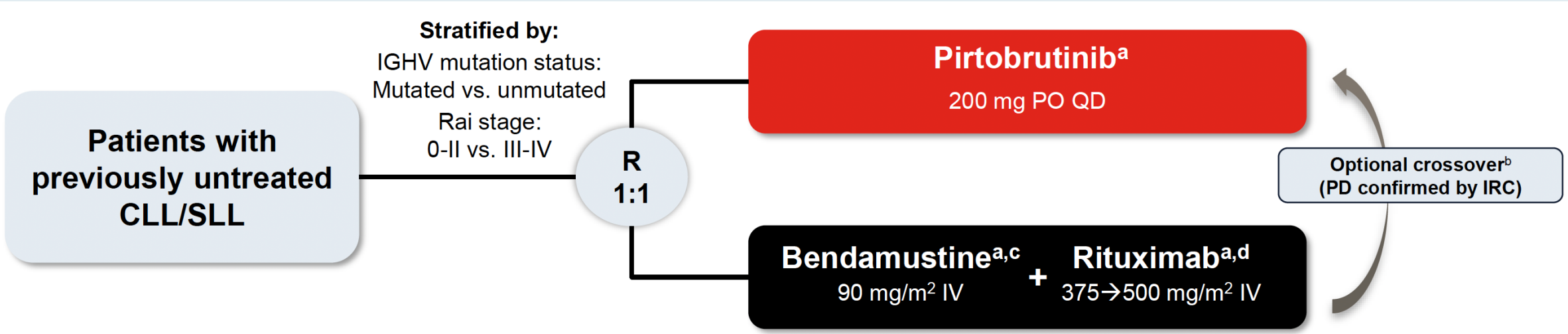
Woyach J et al. ASH 2025;Abstract 683; Woyach JA et al. *J Clin Oncol* 2025 December 7;[Online ahead of print].

Pirtobrutinib vs Bendamustine Plus Rituximab (BendaR) in Patients With CLL/SLL: First Results From a Randomized Phase III Study Examining a Non-Covalent BTK Inhibitor in Untreated Patients

Wojciech Jurczak[1], Michal Kwiatek[2], Jaroslaw Czyz[3], Ederson Roberto de Mattos[4], Ki-Seong Eom[5], Alexander Egle[6], Anna Panovská[7], Zhanet Grudeva-Popova[8], Hsuan-Jen Shih[9], Luis Felipe Casado Montero[10], Paolo Sportoletti[11], Vu Minh Hua[12], James T. D'Olimpio[13], Shinsuke Iida[14], Rodrigo Ito[15], Katherine Bao[15], Anne Fink[15], Weiji Su[15], Amy S. Ruppert[15], Alejandro Levy[15], Tomasz Wrobel[16]

ASH 2025;Abstract LBA3.

BRUIN CLL-313 Study Design



Key Eligibility Criteria

- Confirmed diagnosis of CLL/SLL, with requirement for therapy (per iwCLL 2018 criteria)
- ECOG PS 0 to 2
- Naïve to systemic therapy for CLL/SLL
- No 17p deletion
- Platelets ≥75 × 10^9/L (≥50 × 10^9/L for patients with evidence of bone marrow infiltrate)
- Hemoglobin ≥8 g/dL
- Absolute neutrophil count ≥0.75 × 10^9/L

Endpoints

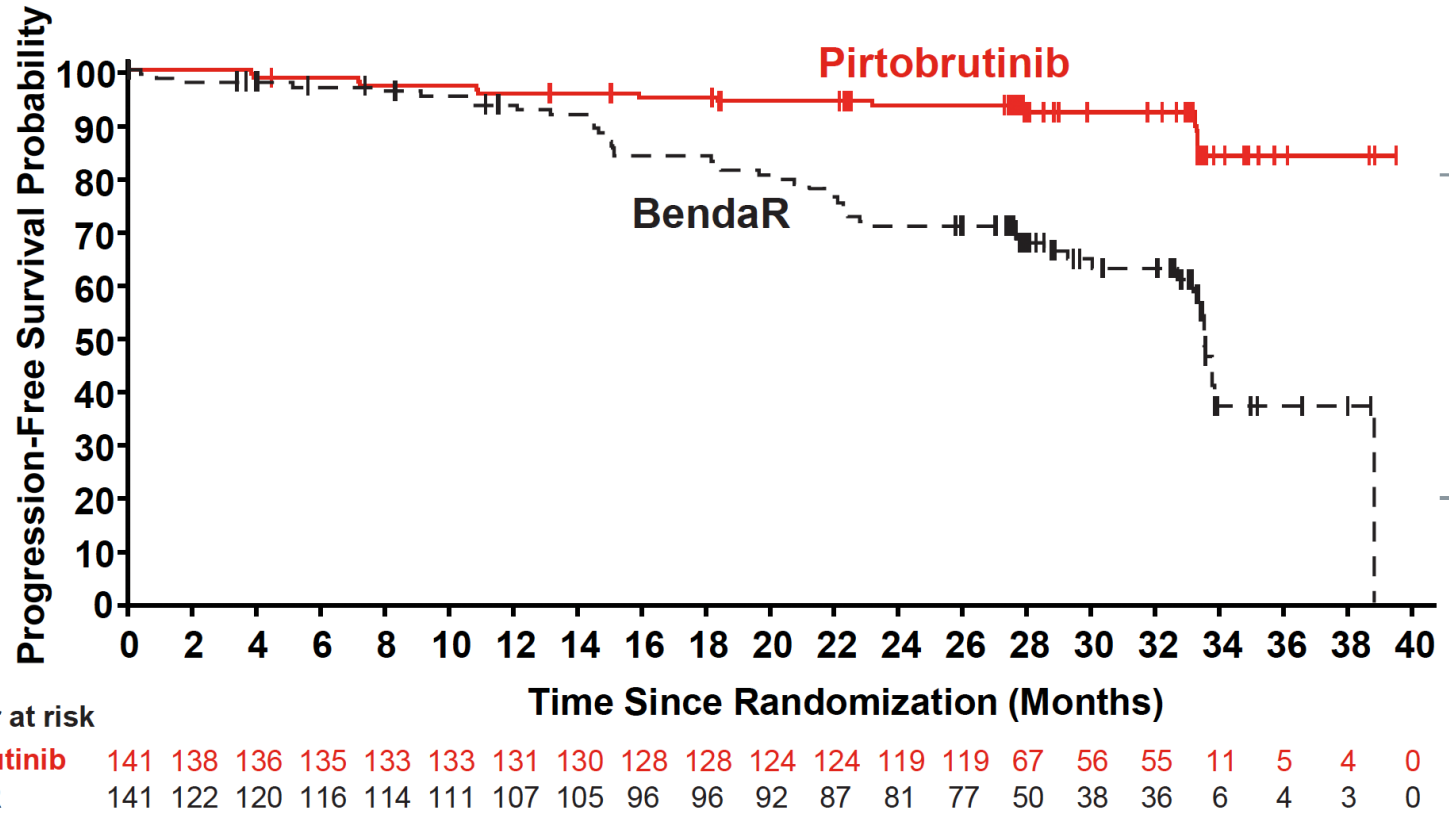
Primary
- PFS[e,f] (per iwCLL 2018 criteria)

Key secondary
- OS[f]

Secondary
- ORR[g] (per iwCLL 2018 criteria)
- Safety measures

Jurczak W et al. ASH 2025;Abstract LBA3; *J Clin Oncol* 2025 December 9;[Online ahead of print].

BRUIN CLL-313: PFS Outcomes



	Pirtobrutinib (n=141)	BendaR (n=141)
Number of events, n (%)	13 (9.2)	48 (34.0)
24-month PFS rate, (95% CI)	**93.4** (87.6, 96.5)	**70.7** (61.5, 78.1)
Median follow-up, months	28.1	28.3
Hazard ratio (95% CI)	**0.20 (0.11, 0.37)**	
p-value[a]	<0.0001[a]	

The PFS results presented are IRC assessed

Pirtobrutinib demonstrated a statistically significant and clinically meaningful PFS improvement, with an 80% reduction in risk of PD or death compared with BendaR

Jurczak W et al. ASH 2025;Abstract LBA3; *J Clin Oncol* 2025 December 9;[Online ahead of print].

BRUIN CLL-313: AEs of Special Interest

	Pirtobrutinib (n=140)		BendaR (n=132)		EAIR per 100 Person-Years		
	Any Grade n (%)	Grade ≥3 n (%)	Any Grade n (%)	Grade ≥3 n (%)	Pirtobrutinib Any Grade EAIR[g]	BendaR Any Grade EAIR[g]	EAIR Ratio (95% CI)[h]
Infection[a]	80 (57.1)	19 (13.6)	44 (33.3)	11 (8.3)	38.3	89.7	0.43 (0.30, 0.62)
Infection without COVID-19	72 (51.4)	19 (13.6)	38 (28.8)	9 (6.8)	30.9	74.9	0.41 (0.28, 0.61)
Bleeding[b]	36 (25.7)	1 (0.7)	2 (1.5)	0 (0)	12.5	3.3	3.73 (0.90, 15.50)
Hemorrhage	17 (12.1)	1 (0.7)	2 (1.5)	0 (0)	5.2	3.3	1.55 (0.36, 6.69)
Bruising	16 (11.4)	0 (0)	0 (0)	0 (0)	4.8	0	NE
Petechiae and purpura	8 (5.7)	0 (0)	0 (0)	0 (0)	2.3	0	NE
Neutropenia[c]	21 (15.0)	13 (9.3)	68 (51.5)	60 (45.5)	6.5	169.5	0.04 (0.02, 0.06)
Anemia[d]	14 (10.0)	6 (4.3)	21 (15.9)	10 (7.6)	4.1	37.7	0.11 (0.06, 0.21)
Thrombocytopenia[e]	12 (8.6)	4 (2.9)	23 (17.4)	9 (6.8)	3.5	43.1	0.08 (0.04, 0.16)
Atrial fibrillation and atrial flutter	2 (1.4)	1 (0.7)	2 (1.5)	1 (0.8)	0.5	3.3	0.17 (0.02, 1.17)
≥75 years old[f]	1 (5.0)	0	1 (4.3)	0	2.2	10.0	0.22 (0.01, 3.46)
Hypertension	11 (7.9)	4 (2.9)	6 (4.5)	4 (3.0)	3.2	10.2	0.31 (0.11, 0.84)

Incidence of atrial fibrillation/flutter remains low in older patients aged ≥75 years (5.0% with pirtobrutinib and 4.3% with BendaR)

Jurczak W et al. ASH 2025;Abstract LBA3; *J Clin Oncol* 2025 December 9;[Online ahead of print].

Management of Relapsed/Refractory CLL

Introduction: Overview of Grand Rounds CLL Initiative

Module 1: Sequencing Roadmap

Module 2: Key Datasets — Pirtobrutinib

Module 3: Investigator Survey

Module 4: CAR T-Cell Therapy

Module 5: Other Novel Therapy Approaches

Module 6: EHA 2026

RTP
RESEARCH TO PRACTICE

75-year-old patient with relapsed CLL, no del(17p) or TP53 mutation:
Covalent BTKi 6 years → PD → venetoclax/anti-CD20 antibody 2 years → 3 years observation → PD

 Dr Ahn	Pirtobrutinib or venetoclax/anti-CD20 antibody for 2 years
 Dr Coombs	Venetoclax/anti-CD20 antibody
 Dr Davids	Venetoclax/anti-CD20 antibody
 Dr Fakhri	Pirtobrutinib
 Dr Lamanna	Venetoclax/anti-CD20 antibody
 Dr Wierda	Pirtobrutinib
 Dr Woyach	Venetoclax/anti-CD20 antibody

BTKi = Bruton tyrosine kinase inhibitor; PD = disease progression; CAR T = chimeric antigen receptor T-cell therapy

In general, what is the minimum duration of remission after second-line venetoclax/anti-CD20 antibody before you would consider retreatment as third-line therapy?

 Dr Ahn	24 months
 Dr Coombs	12 months
 Dr Davids	12 months
 Dr Fakhri	24 months
 Dr Lamanna	>24 months
 Dr Wierda	24 months
 Dr Woyach	36 months

RTP RESEARCH TO PRACTICE

75-year-old patient with relapsed CLL, no del(17p) or TP53 mutation:
Covalent BTKi 6 years → PD → venetoclax/anti-CD20 antibody 2 years → 1 year observation → PD

 Dr Ahn	Pirtobrutinib
 Dr Coombs	Pirtobrutinib
 Dr Davids	Pirtobrutinib
 Dr Fakhri	Pirtobrutinib
 Dr Lamanna	Pirtobrutinib
 Dr Wierda	Pirtobrutinib bridge to CAR T
 Dr Woyach	Pirtobrutinib

RTP RESEARCH TO PRACTICE

75-year-old patient with relapsed CLL, no del(17p) or TP53 mutation:
Venetoclax/anti-CD20 antibody 1 year → 2 years observation → PD → covalent BTKi 4 years → PD

 Dr Ahn	Pirtobrutinib or Venetoclax/anti-CD20 antibody
 Dr Coombs	Pirtobrutinib
 Dr Davids	Venetoclax/anti-CD20 antibody
 Dr Fakhri	Pirtobrutinib or rechallenge with venetoclax
 Dr Lamanna	Pirtobrutinib
 Dr Wierda	Pirtobrutinib
 Dr Woyach	Pirtobrutinib

RTP RESEARCH TO PRACTICE

75-year-old patient with relapsed CLL, no del(17p) or TP53 mutation: Venetoclax/anti-CD20 antibody 1 year → 4 years observation → PD → covalent BTKi 4 years → PD

 Dr Ahn	Pirtobrutinib or Venetoclax/anti-CD20 antibody
 Dr Coombs	Venetoclax/anti-CD20 antibody
 Dr Davids	Venetoclax/anti-CD20 antibody
 Dr Fakhri	Pirtobrutinib or rechallenge with venetoclax
 Dr Lamanna	Venetoclax/anti-CD20 antibody
 Dr Wierda	Pirtobrutinib
 Dr Woyach	Pirtobrutinib

RTP RESEARCH TO PRACTICE

75-year-old patient with relapsed CLL, no del(17p) or TP53 mutation:
Covalent BTKi 2 years → responds but stops due to subdural hematoma → 3 years observation → PD → venetoclax/anti-CD20 antibody 2 years → 6 months observation → PD

 Dr Ahn	Re-treatment with venetoclax/anti-CD20 antibody for 2 years
 Dr Coombs	Pirtobrutinib
 Dr Davids	Venetoclax monotherapy
 Dr Fakhri	CAR T-cell therapy or epcoritamab on clinical trial
 Dr Lamanna	Venetoclax monotherapy
 Dr Wierda	Pirtobrutinib
 Dr Woyach	Pirtobrutinib or CAR T

RTP RESEARCH TO PRACTICE

Based on current clinical trial data and your personal experience, how would you compare the global efficacy and tolerability/toxicity of pirtobrutinib to that of ibrutinib, acalabrutinib and zanubrutinib for patients with relapsed/refractory CLL?

	Efficacy	Tolerability/toxicity
 Dr Ahn	There are not enough available data at this time	Pirtobrutinib has the least toxicity
 Dr Coombs	There are not enough available data at this time	Pirtobrutinib has the least toxicity
 Dr Davids	About the same	Pirtobrutinib has the least toxicity
 Dr Fakhri	There are not enough available data at this time	Pirtobrutinib has the least toxicity
 Dr Lamanna	About the same	Pirtobrutinib has the least toxicity
 Dr Wierda	There are not enough available data at this time	Pirtobrutinib has the least toxicity
 Dr Woyach	There are not enough available data at this time	Pirtobrutinib has the least toxicity

Approximately how many patients with CLL in your practice have received CAR T-cell therapy on or off protocol?

 Dr Ahn	2 patients
 Dr Coombs	0 patients
 Dr Davids	10 patients
 Dr Fakhri	20 patients
 Dr Lamanna	5 patients
 Dr Wierda	30 patients
 Dr Woyach	10 patients

RTP RESEARCH TO PRACTICE

Management of Relapsed/Refractory CLL

Introduction: Overview of Grand Rounds CLL Initiative

Module 1: Sequencing Roadmap

Module 2: Key Datasets — Pirtobrutinib

Module 3: Investigator Survey

Module 4: CAR T-Cell Therapy

Module 5: Other Novel Therapy Approaches

Module 6: EHA 2026

RTP RESEARCH TO PRACTICE

Key Datasets

- 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.
- Wierda WG et al. **Lisocabtagene maraleucel** (liso-cel) **combined with ibrutinib** (ibr) for patients (pts) with relapsed or refractory (R/R) chronic lymphocytic leukemia (CLL)/small lymphocytic lymphoma (SLL): **Primary results** from the open-label, **phase 1/2 Transcend CLL 004 study**. ASH 2024;Abstract 887.

Lisocabtagene Maraleucel in Relapsed or Refractory Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma: 24-Month Median Follow-up of TRANSCEND CLL 004

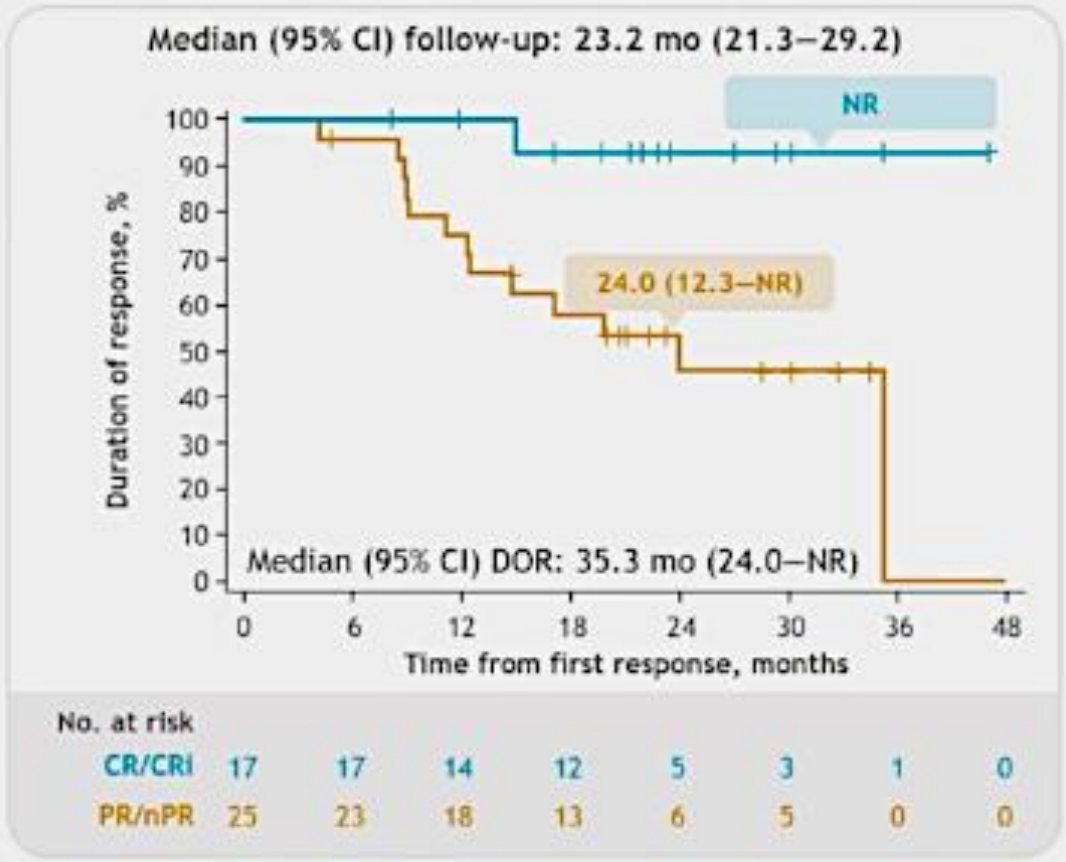
Tanya Siddiqi,[1] David G. Maloney,[2] Saad S. Kenderian,[3] Danielle M. Brander,[4] Kathleen Dorritie,[5] Jacob Soumerai,[6] Peter A. Riedell,[7] Nirav N. Shah,[8] Rajneesh Nath,[9] Bita Fakhri,[10] Deborah M. Stephens,[11] Shuo Ma,[12] Tatyana Feldman,[13] Scott R. Solomon,[14] Stephen J. Schuster,[15] Serena K. Perna,[16] Sherilyn A. Tuazon,[17] San-San Ou,[17] Neha Rane,[16] William G. Wierda[18]

[1]City of Hope National Medical Center, Duarte, CA, USA; [2]Fred Hutchinson Cancer Research Center, Seattle, WA, USA; [3]Mayo Clinic, Rochester, MN, USA; [4]Duke University Health System, Durham, NC, USA; [5]UPMC Hillman Cancer Center, University of Pittsburgh, Pittsburgh, PA, USA; [6]Center for Lymphoma, Massachusetts General Hospital Cancer Center, Boston, MA, USA; [7]David and Etta Jonas Center for Cellular Therapy, University of Chicago, Chicago, IL, USA; [8]Medical College of Wisconsin, Milwaukee, WI, USA; [9]Banner MD Anderson Cancer Center, Gilbert, AZ, USA; [10]University of California San Francisco, San Francisco, CA, USA; [11]Huntsman Cancer Institute, University of Utah, Salt Lake City, UT, USA; [12]Robert H. Lurie Comprehensive Cancer Center of Northwestern University, Chicago, IL, USA; [13]John Theurer Cancer Center at Hackensack Meridian Health, HMH School of Medicine, Hackensack, NJ, USA; [14]Northside Hospital Cancer Institute, Atlanta, GA, USA; [15]Abramson Cancer Center, University of Pennsylvania, Philadelphia, PA, USA; [16]Bristol Myers Squibb, Princeton, NJ, USA; [17]Bristol Myers Squibb, Seattle, WA, USA; [18]The University of Texas MD Anderson Cancer Center, Houston, TX, USA

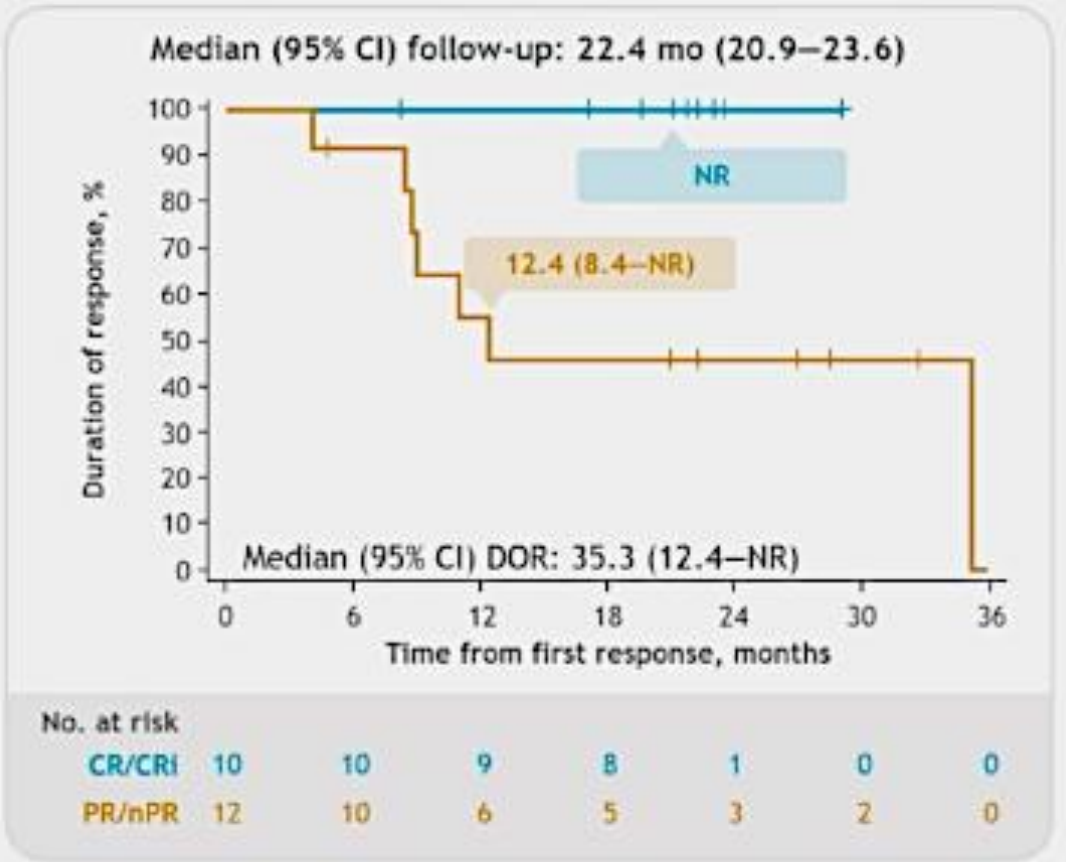
ASH 2023, Presentation 330

TRANSCEND CLL 004: Duration of Response by Best Overall Response

Full Study Population at DL2 (n = 88)



PEAS (BTKi progression/venetoclax failure subset) at DL2 (n = 50)



Data on KM curves are expressed as median (95% CI, if available). DOR, duration of response; NR, not reached.

Siddiqi T et al. ASH 2023;Abstract 330.

RTP RESEARCH TO PRACTICE

Lisocabtagene Maraleucel Combined with Ibrutinib for Patients with Relapsed or Refractory Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma: Primary Results from the Open-label, Phase 1/2 TRANSCEND CLL 004 Study

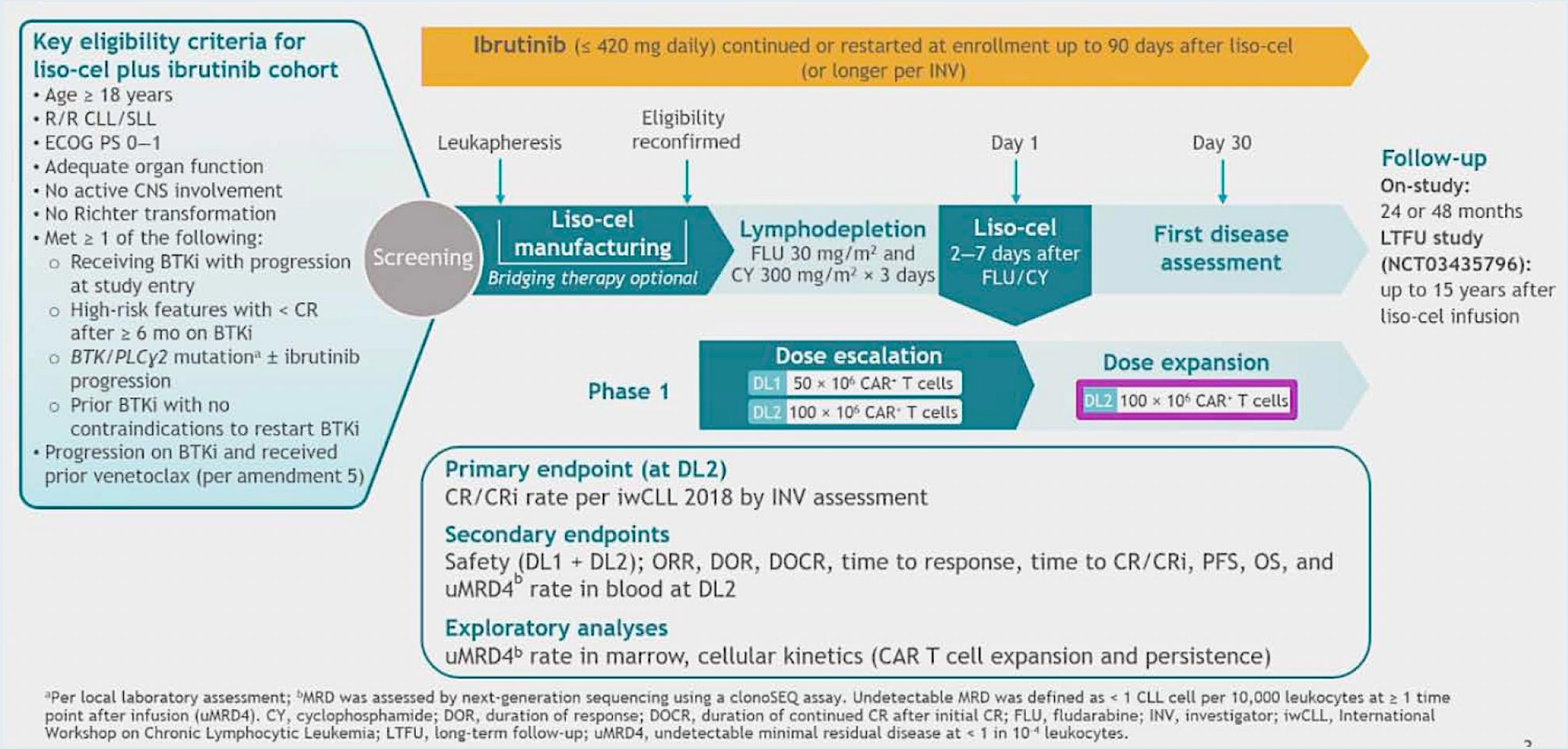
William G. Wierda, MD, PhD,[1] Kathleen Dorritie, MD,[2] Jordan Gauthier, MD, MSc,[3] Rajneesh Nath, MD,[4] Thomas Kipps, MD, PhD,[5] Peter A. Riedell, MD,[6] Herbert A. Eradat, MD,[7] Saad S. Kenderian, MB, ChB,[8] Mohamed A. Kharfan-Dabaja, MD, MBA,[9] Nirav N. Shah, MD,[10] Scott R. Solomon, MD,[11] Daniel A. Ermann, MD,[12] Jon Arnason, MD,[13] Abhinav Deol, MD,[14] Tatyana Feldman, MD,[15] Charalambos Andreadis, MD, MS,[16] Monalisa Ghosh, MD,[17] Shuo Ma, MD, PhD,[18] Stephen J. Schuster, MD,[19] Usama Gergis, MD, MBA,[20] Julie M. Vose, MD, MBA,[21] Jacob Soumerai, MD,[22] Koen van Besien, MD, PhD,[23*] Sherilyn A. Tuazon, MD,[24] Serena K. Perna, MD,[25] San-San Ou, MS,[24] Neha Rane, MD,[25] Eniko Papp, PhD,[24] Yizhe Chen, PhD,[25] Tanya Siddiqi, MD, MBBS[26]

[1]The University of Texas MD Anderson Cancer Center, Houston, TX, USA; [2]UPMC Hillman Cancer Center, University of Pittsburgh, Pittsburgh, PA, USA; [3]Fred Hutchinson Cancer Center, Seattle, WA, USA; [4]Banner MD Anderson Cancer Center, Gilbert, AZ, USA; [5]Moores UCSD Cancer Center, San Diego, CA, USA; [6]David and Etta Jonas Center for Cellular Therapy, University of Chicago, Chicago, IL, USA; [7]University of California, Los Angeles, Santa Monica Cancer Center, Santa Monica, CA, USA; [8]Mayo Clinic, Rochester, MN, USA; [9]Mayo Clinic Comprehensive Cancer Center, Jacksonville, FL, USA; [10]Medical College of Wisconsin, Milwaukee, WI, USA; [11]Northside Hospital Cancer Institute, Atlanta, GA, USA; [12]Huntsman Cancer Institute, University of Utah, Salt Lake City, UT, USA; [13]Beth Israel Deaconess Medical Center, Boston, MA, USA; [14]Barbara Ann Karmanos Cancer Institute, Wayne State University, Detroit, MI, USA; [15]John Theurer Cancer Center at Hackensack Meridian Health, HMH School of Medicine, Hackensack, NJ, USA; [16]University of California, San Francisco, San Francisco, CA, USA; [17]University of Michigan Health System, Ann Arbor, MI, USA; [18]Robert H. Lurie Comprehensive Cancer Center of Northwestern University, Chicago, IL, USA; [19]Lymphoma Program, Abramson Cancer Center, University of Pennsylvania, Philadelphia, PA, USA; [20]Thomas Jefferson University, Philadelphia, PA, USA; [21]University of Nebraska Medical Center, Omaha, NE, USA; [22]Center for Lymphoma, Massachusetts General Hospital Cancer Center, Boston, MA, USA; [23]Weill Cornell Medical College, New York, NY, USA; [24]Bristol Myers Squibb, Seattle, WA, USA; [25]Bristol Myers Squibb, Princeton, NJ, USA; [26]City of Hope National Medical Center, Duarte, CA, USA

*Affiliation at the time the research was conducted

ASH 2024, Presentation 887

TRANSCEND CLL 004: Lisocabtagene Maraleucel (Liso-cel) and Ibrutinib Combination Cohort

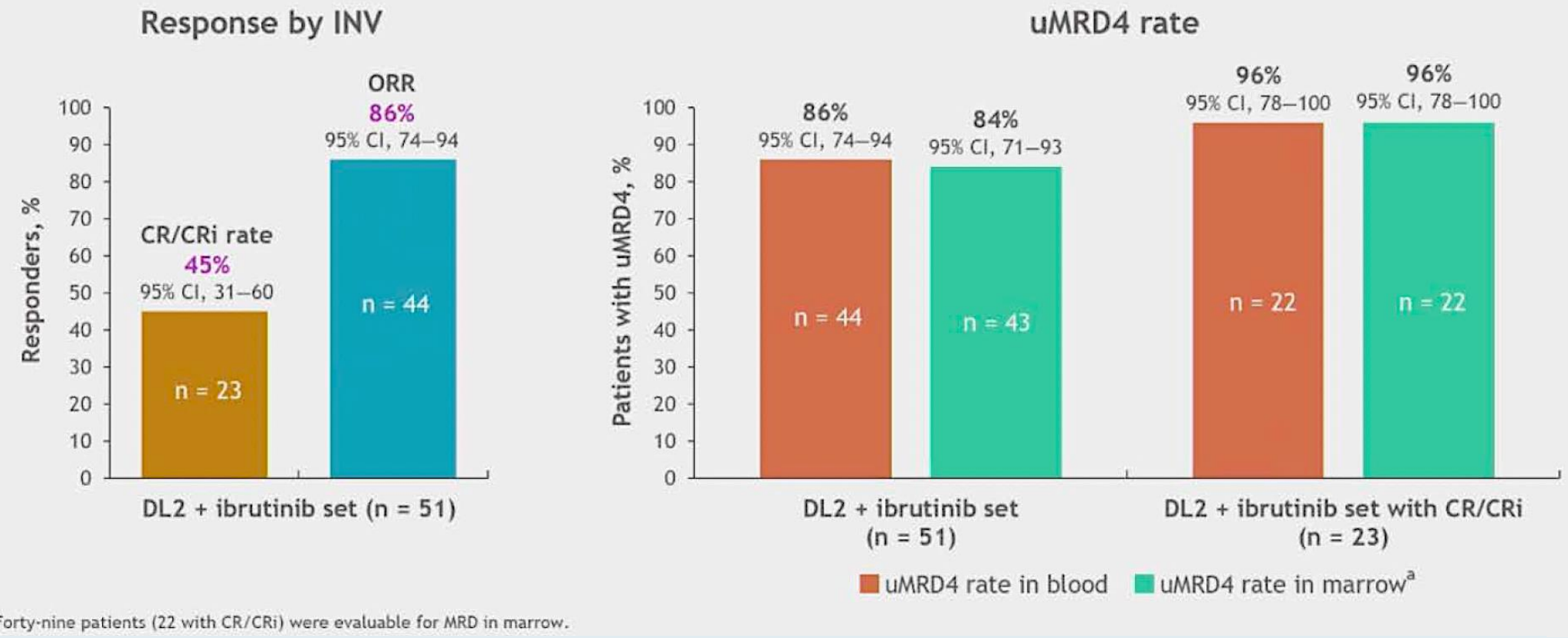


[a]Per local laboratory assessment; [b]MRD was assessed by next-generation sequencing using a clonoSEQ assay. Undetectable MRD was defined as < 1 CLL cell per 10,000 leukocytes at ≥ 1 time point after infusion (uMRD4). CY, cyclophosphamide; DOR, duration of response; DOCR, duration of continued CR after initial CR; FLU, fludarabine; INV, investigator; iwCLL, International Workshop on Chronic Lymphocytic Leukemia; LTFU, long-term follow-up; uMRD4, undetectable minimal residual disease at < 1 in 10^{-4} leukocytes.

Wierda WG et al. ASH 2024;Abstract 887.

TRANSCEND CLL 004: Efficacy Outcomes with Liso-cel and Ibrutinib

- Median (IQR) on-study follow-up (including LTFU): 24.8 months (14.2–34.6)
- Median (range) time to first response: 1 month (0.9–6.0)
- Median (range) time to first CR/CRi: 3 months (0.9–12.1)

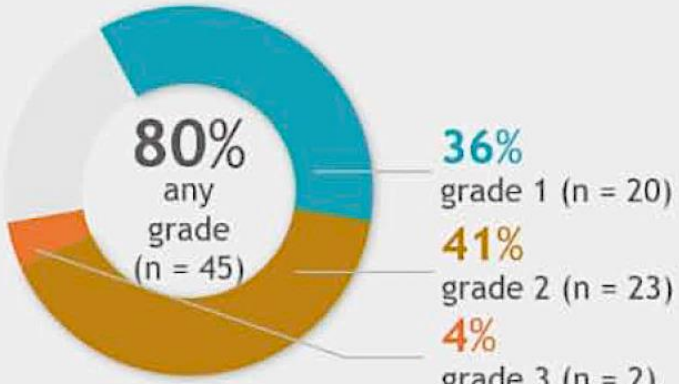


CR = complete response; CRi = CR with incomplete marrow recovery; ORR = overall response rate

Wierda WG et al. ASH 2024;Abstract 887.

TRANSCEND CLL 004: Incidence of Cytokine Release Syndrome (CRS) and Neurological Adverse Events (NEs) with Liso-cel and Ibrutinib

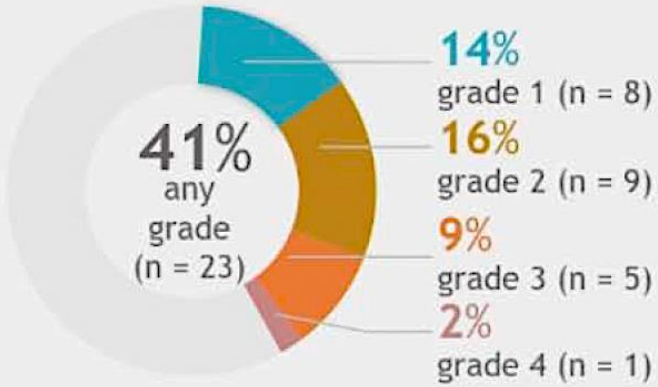
CRS[a,b]



No grade 4 or 5 events

	Total combination-treated set (n = 56)
Median (range) days to CRS onset	7 (1–14)
Median (range) days to CRS resolution	5 (2–18)
Received tocilizumab and/or corticosteroids for CRS and/or NE, n (%)	33 (59)

NEs[a,c]



No grade 5 events

	Total combination-treated set (n = 56)
Median (range) days to NE onset	8 (1–15)
Median (range) days to NE resolution	8 (1–362)
Received tocilizumab and/or corticosteroids for CRS and/or NE, n (%)	33 (59)

[a]Summed percentages for grouped grades within each graph may not equal the any-grade percentage due to rounding; [b]CRS was graded based on Lee 2014 criteria; [c]NEs were defined as -INV-identified neurological AEs related to liso-cel.

Wierda WG et al. ASH 2024;Abstract 887.

Management of Relapsed/Refractory CLL

Introduction: Overview of Grand Rounds CLL Initiative

Module 1: Sequencing Roadmap

Module 2: Key Datasets — Pirtobrutinib

Module 3: Investigator Survey

Module 4: CAR T-Cell Therapy

Module 5: Other Novel Therapy Approaches

Module 6: EHA 2026

RTP RESEARCH TO PRACTICE

Key Datasets

- Danilov A et al. **Epcoritamab monotherapy** in patients (pts) with relapsed or refractory (R/R) chronic lymphocytic leukemia (CLL): Results from **CLL expansion and optimization cohorts of Epcore CLL-1**. ASH 2024;Abstract 883.
- Ghia P et al. **Nemtabrutinib plus venetoclax** in relapsed or refractory chronic lymphocytic leukemia/small lymphocytic leukemia (CLL/SLL): Results from the dose escalation and confirmation segment of the **Phase 3 BELLWAVE-010 study**. ASH 2025;Abstract 2119.
- Ahn I et al. **Updated efficacy and safety results** of the Bruton tyrosine kinase **(BTK) degrader BGB-16673** in patients with relapsed/refractory chronic lymphocytic leukemia/small lymphocytic lymphoma (CLL/SLL) from the ongoing **phase 1 CaDAnCe-101 study**. ASH 2025;Abstract 85.
- Omer Z et al. **Bexobrutideg (NX-5948),** a novel **Bruton's tyrosine kinase (BTK) degrader**, demonstrates rapid and durable clinical responses in **relapsed/refractory chronic lymphocytic leukemia** (CLL): **New and updated findings** from an ongoing Phase 1a/b trial. ASH 2025;Abstract 86.

883

Epcoritamab Monotherapy in Patients (Pts) with Relapsed or Refractory (R/R) Chronic Lymphocytic Leukemia (CLL): Results from CLL Expansion and Optimization Cohorts of EPCORE CLL-1

Alexey Danilov, MD, PhD,[1] Bita Fakhri, MD, MPH,[2] Farrukh Awan, MD,[3] Hans Herluf Bentzen, MD,[4] Herbert Eradat, MD,[5] Carsten Utoft Niemann, MD, PhD,[6] Fritz Offner, MD, PhD,[7] Christian Bjørn Poulsen, MD,[8] Thor Høyer, MD,[9] Mar Bellido, MD, PhD,[10] Damien Roos-Weil, MD, PhD,[11] Alessandra Ferrajoli, MD,[12] Meghan C. Thompson, MD,[13] Jacob Haaber Christensen, MD, PhD,[14] Ann Janssens, MD, PhD,[15] Tamar Tadmor, MD,[16] Mazyar Shadman, MD, MPH,[17] Pegah Jafarinasabian, MD, PhD,[18] Jimin Zhang, PhD,[19] Marcia Rios, MBA,[19] Alexandra Kuznetsova, PhD,[20] Rebecca Valentin, MD, PhD,[20] Arnon P. Kater, MD, PhD[21]

[1]City of Hope, Duarte, CA, USA; [2]Stanford Cancer Institute, Stanford University, Palo Alto, CA, USA; [3]The University of Texas Southwestern Medical Center, Dallas, TX, USA; [4]Aarhus University Hospital, Aarhus, Denmark; [5]David Geffen School of Medicine at UCLA, Los Angeles, CA, USA; [6]Rigshospitalet, Copenhagen University Hospital, Copenhagen, Denmark; [7]Universitair Ziekenhuis Gent, Ghent, Belgium; [8]Zealand University Hospital, Roskilde, Denmark; [9]Aalborg University Hospital, Aalborg, Denmark; [10]University Medical Center Groningen and University of Groningen, Groningen, Netherlands; [11]Sorbonne Université, Department of Clinical Haematology, APHP, Hôpital Pitié-Salpêtrière, Paris, France; [12]Department of Leukemia, The University of Texas MD Anderson Cancer Center, Houston, TX, USA; [13]Memorial Sloan Kettering Cancer Center, New York, NY, USA; [14]Odense University Hospital, Odense, Denmark; [15]University Hospitals Leuven, Leuven, Belgium; [16]Hematology Unit, Bnai Zion Medical Center, and The Ruth and Bruce Rappaport Faculty of Medicine, Technion, Haifa, Israel; [17]Fred Hutchinson Cancer Center, Seattle, WA, USA; [18]AbbVie, North Chicago, IL, USA; [19]Genmab, Plainsboro, NJ, USA; [20]Genmab, Copenhagen, Denmark; [21]Amsterdam UMC, Cancer Center Amsterdam, University of Amsterdam, Amsterdam, Netherlands

Presented at the American Society of Hematology Annual Meeting; December 7–10, 2024; San Diego, CA

ASH 2024;Abstract 883

RTP RESEARCH TO PRACTICE

EPCORE CLL-1: Response Across Subgroups

Response, n (%)	EXP mFU: 22.8 months					C1 OPT mFU: 2.9 months
	Full Analysis Set N=23	Response Evaluable n=21	*TP53* Aberration n=15	*IGHV* Unmutated n=16	Double Exposed[a] n=19	Response Evaluable n=10
Overall response[b]	**14 (61)**	**14 (67)**	**10 (67)**	**10 (63)**	**10 (53)**	**6 (60)**
Complete response	9 (39)	9 (43)	5 (33)	7 (44)	7 (37)	1 (10)
Partial response	5 (22)	5 (24)	5 (33)	3 (19)	3 (16)	5 (50)
Stable disease	4 (17)	4 (19)	2 (13)	3 (19)	4 (21)	2 (20)
Progressive disease	1 (4)	1 (5)	1 (7)	0	1 (5)	1 (10)

- With limited follow-up, the C1 OPT regimen does not appear to affect epcoritamab efficacy
- uMRD4 in PBMCs was observed in most responders, including all patients with CR who were tested for MRD

EXP MRD Negativity, n/n (%)[c]	uMRD4	uMRD6[d]
Overall response[b]	9/12 (75)	8/12 (67)
Complete response	7/7 (100)	6/7 (86)
Partial response	2/5 (40)	2/5 (40)
Full analysis set	9/23 (39)	8/23 (35)

Four patients (*TP53* aberration, n=2; *IGHV* unmutated, n=3; double exposed, n=4) in EXP and 1 in C1 OPT shown above were not evaluable or had no assessment, including 3 in EXP (*TP53* aberration, n=2; *IGHV* unmutated, n=2; double exposed, n=3) and 1 in C1 OPT who died without postbaseline assessment. [a]Patients previously treated with both a BTK inhibitor and a BCL-2 inhibitor. [b]Response assessment according to iwCLL criteria. [c]Patients evaluated for MRD had at least 1 on-treatment MRD result and were not MRD negative at baseline. MRD was only evaluated in patients with CR or PR. [d]Two of 3 evaluated patients had uMRD6 in bone marrow at or shortly after the first CR assessment. mFU, median follow-up.

Danilov A et al. ASH 2024;Abstract 883.

Nemtabrutinib Plus Venetoclax in Relapsed or Refractory Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma: Results From the Dose Escalation and Confirmation Segment of the Phase 3 BELLWAVE-010 Study

P. Ghia[1,2]; M. Chandia Cabas[3]; V. J. Louw[4,5]; C. Martinez Chamorro[6]; G. Garate[7]; V. Buccheri[8]; R. Gazitua Pepper[9]; A. Berkovits[10]; M. Cass[11]; E. Gonzalez Barca[12]; J. Sandoval-Sus[13]; M. Ozcan[14]; S. E. Ojavee[15]; I. Paydar[15]; M. Z. H. Farooqui[15]; O. Benjamini[16]

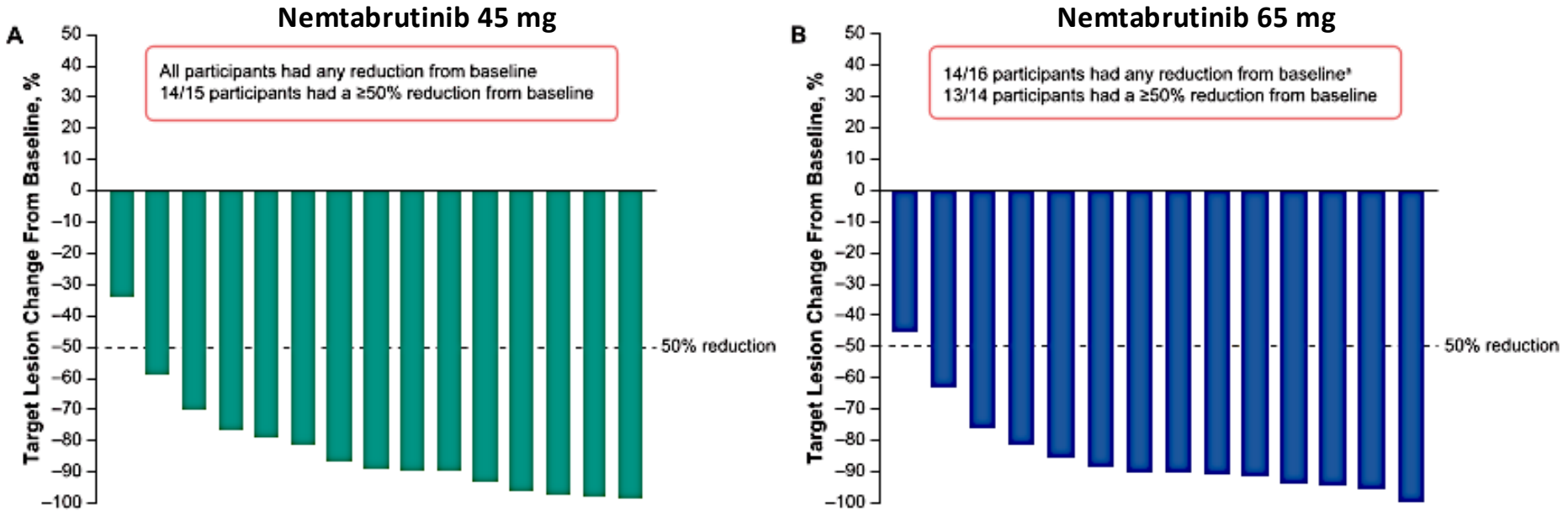
[1]Università Vita-Salute San Raffaele, Milan, Italy; [2]Comprehensive Cancer Center, IRCCS Ospedale San Raffaele, Milan, Italy; [3]Biocenter, Concepción, Chile; [4]Stellenbosch University, Cape Town, South Africa; [5]University of Cape Town and Groote Schuur Hospital, Cape Town, South Africa; [6]Hospital Universitario Quirónsalud Madrid, Universidad Europea de Madrid, Madrid, Spain; [7]Hospital Aleman-Oncohematologic Diseases, Buenos Aires, Argentina; [8]ICESP - Instituto do Câncer do Estado de São Paulo, Faculdade de Medicina da Universidade de Sao Paulo, São Paulo, Brazil; [9]Instituto Oncológico Fundación Arturo López Pérez (FALP), Providencia, Chile; [10]Inmunocel Chile, Providencia, Chile; [11]Haemalife, Kuils River, Cape Town, South Africa; [12]Instituto Catalan de Oncologia - Hospital Duran i Reynals-DIBELL, Universitat de Barcelona, Barcelona, Spain; [13]Moffitt Cancer Center at Memorial Healthcare System, Pembroke Pines, FL, USA; [14]Ankara University School of Medicine, Ankara, Türkiye; [15]Merck & Co., Inc., Rahway, NJ, USA; [16]Chaim Sheba Medical Center, Ramat Gan, Israel

ASH 2025;Abstract 2119

RTP RESEARCH TO PRACTICE

BELLWAVE-010: Response Data

	Nemtabrutinib 45 mg n = 15	Nemtabrutinib 65 mg n = 16
ORR (CR plus PR), % (95% CI)	100 (78-100)	88 (62-98)
Best overall response, n (%)		
CR	2 (13)	2 (13)
PR	13 (87)	12 (75)
Not assessed[a]	0	2 (13)
DOR, median (range), months	NR (0.0+ to 14.1+)	NR (0.0+ to 8.5+)



Ghia P et al. ASH 2025;Abstract 2119; Ghia P et al. EHA 2026;Abstract PS1707.

American Society *of* Hematology

Helping hematologists conquer blood diseases worldwide

Updated Efficacy and Safety Results of the Bruton Tyrosine Kinase Degrader BGB-16673 in Patients With Relapsed/Refractory Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma From the Ongoing Phase 1 CaDAnCe-101 Study

Inhye E. Ahn,[1] Ricardo D. Parrondo,[2] Meghan C. Thompson,[3] Anna Maria Frustaci,[4] John N. Allan,[5] Paolo Ghia,[6,7] Irina Mocanu,[8] Damien Roos-Weil,[9] Constantine S. Tam,[10] Stephan Stilgenbauer,[11] Judith Trotman,[12] Lydia Scarfò,[6,7] Nicole Lamanna,[13] Yanan Zhang,[14] Linlin Xu,[14] Kunthel By,[14] Shannon Fabre,[14] Daniel Persky,[14] Amit Agarwal,[14] John F. Seymour[15]

[1]Dana-Farber Cancer Institute, Boston, MA, USA; [2]Mayo Clinic - Jacksonville, Jacksonville, FL, USA; [3]Memorial Sloan Kettering Cancer Center, New York, NY, USA; [4]ASST Grande Ospedale Metropolitano Niguarda, Milano, Italy; [5]Weill Cornell Medicine, New York, NY, USA; [6]Università Vita-Salute San Raffaele, Milano, Italy; [7]Comprehensive Cancer Center, IRCCS Ospedale San Raffaele, Milano, Italy; [8]Institute of Oncology, ARENSIA Exploratory Medicine, Düsseldorf, Germany; [9]Pitié-Salpêtrière Hospital, Paris, France; [10]Alfred Hospital and Monash University, Melbourne, VIC, Australia; [11]Ulm University, Ulm, Germany; [12]Concord Repatriation General Hospital, University of Sydney, Concord, NSW, Australia; [13]Herbert Irving Comprehensive Cancer Center, Columbia University, New York, NY, USA; [14]BeOne Medicines, Ltd, San Carlos, CA, USA; [15]Peter MacCallum Cancer Centre, Royal Melbourne Hospital, and University of Melbourne, Melbourne, VIC, Australia

CaDAnCe-101

2025;Abstract 85

RTP RESEARCH TO PRACTICE

CaDAnCe-101: Response Data

	50 mg (n=1)	100 mg (n=22)	200 mg (n=18)	350 mg (n=15)	500 mg (n=12)	Total (N=68)
Best overall response, n (%)						
CR/CRi	0	1 (4.5)	1 (5.6)	0	0	**2 (2.9)**
PR[a]	1 (100)	14 (63.6)	12 (66.7)	11 (73.3)	11 (91.7)	49 (72.1)
PR-L	0	2 (9.1)	4 (22.2)	0	1 (8.3)	7 (10.3)
SD	0	5 (22.7)	0	0	0	5 (7.4)
PD	0	0	1 (5.6)	1 (6.7)	0	2 (2.9)
Discontinued prior to first assessment	0	0	0	3 (20.0)	0	3 (4.4)
ORR, n (%)[b]	1 (100)	17 (77.3)	**17 (94.4)**	11 (73.3)	12 (100)	**58 (85.3)**
Time to first response, median (range), months[c]	2.9 (2.9-2.9)	2.8 (2.0-6.2)	2.9 (2.6-8.3)	2.9 (2.6-19.4)	2.8 (2.7-13.8)	2.8 (2.0-19.4)
Time to best response, median (range), months	2.9 (2.9-2.9)	2.9 (2.0-11.1)	3.0 (2.6-13.8)	5.6 (2.6-19.4)	8.4 (2.7-13.8)	4.2 (2.0-19.4)
Duration of exposure, median (range), months	29.6 (29.6-29.6)	12.3 (3.4-25.4)	14.4 (2.9-30.3)	19.8 (0.2-28.5)	20.4 (6.8-27.1)	13.6 (0.2-30.3)

Ahn I et al. ASH 2025;Abstract 85.

Abstract 86

Bexobrutideg (NX-5948), a novel Bruton's tyrosine kinase (BTK) degrader, demonstrates rapid and durable clinical responses in relapsed/refractory chronic lymphocytic leukemia (CLL): New and updated findings from an ongoing Phase 1a/b trial

[1]Zulfa Omer, [2]Alexey Danilov, [3]Francesco Forconi, [4]Talha Munir, [5,6]Mary Gleeson, [7]Nirav N. Shah, [8]Graham P. Collins, [9]Alvaro Alencar, [10]Jane Robertson, [11]Jonathon B. Cohen, [12]Karan Dixit, [13]Danielle Brander, [1]John C. Byrd, [14]Allison Winter, [15]Jeffery Smith, [16]Dima El-Sharkawi, [17]Michal Kwiatek, [18]Iwona Hus, [19]Prioty Islam, [20]Sebastian Grosicki, [21]Michael Tees, [22]Thorsten Zenz, [23]Joanna Romejko-Jarosinska, [24]Sarah Injac, [25]Wojciech Jurczak

[1]University of Cincinnati, Cincinnati, OH, USA; [2]City of Hope National Medical Center, Duarte, CA, USA; [3]University Hospital Southampton NHS Trust, Southampton, UK; [4]St James's Hospital, Leeds, UK; [5]Guy's and St Thomas' NHS Foundation Trust, London, UK; [6]Sarah Cannon Research Institute, London, UK; [7]Medical College of Wisconsin, Milwaukee, WI, USA; [8]Oxford Cancer and Haematology Centre, Churchill Hospital, Oxford, UK; [9]Sylvester Comprehensive Cancer Center, University of Miami Miller School of Medicine, Miami, FL, USA; [10]The Christie Hospital NHS Foundation Trust, Manchester, UK; [11]Emory University Winship Cancer Institute, Atlanta, GA, USA; [12]Feinberg School of Medicine, Northwestern University, Chicago, IL, USA; [13]Duke Cancer Institute, Durham, NC, USA; [14]Cleveland Clinic Foundation, Cleveland, OH, USA; [15]The Clatterbridge Cancer Centre, Liverpool, UK; [16]Royal Marsden NHS Foundation Trust, Sutton, UK; [17]AidPort Hospital, Skórzewo (Poznań), Poland; [18]Medical University of Lublin, Lublin, Poland; [19]Memorial Sloan Kettering Cancer Center, New York, NY, USA; [20]Medical University of Silesia, Katowice, Poland; [21]Colorado Blood Cancer Institute/Sarah Cannon Research Institute, Denver, CO, USA; [22]Department of Medical Oncology and Hematology, University of Zurich & University Hospital Zurich, Zurich, Switzerland; [23]Maria Sklodowska-Curie National Research Institute of Oncology, Warsaw, Poland; [24]Nurix Therapeutics, Inc., San Francisco, CA, USA; [25]Maria Sklodowska-Curie National Research Institute of Oncology, Kraków, Poland

ASH 2025 Annual Meeting, Orlando, FL, USA, 6–9 December 2025

Bexobrutideg (NX-5948): Objective Response Rate and Median Duration of Response

Encouraging ORR and long median duration of response

Response-evaluable patients	Phase 1a (n=47)
Objective response rate (ORR),[a] % (95% CI)	**83.0 (69.2–92.4)**
Disease control rate (DCR),[b] % (95% CI)	95.7 (85.5–99.5)
Best response,[c] n (%)	
Complete response (CR)	2 (4.3)
Nodal partial response (nPR)	1 (2.1)
Partial response (PR/PR-L)	36 (76.6)
Stable disease (SD)	6 (12.8)
Progressive disease (PD)	2 (4.3)
Median follow-up,[d] months (range)	19.0 (13.5–32.3)
Median duration of response, months (95% CI)	20.1 (12.2–NE) (n=39)

[a]Objective response rate includes CR + nPR + PR + PR-L; [b]Disease control rate includes CR + nPR + PR/PR-L + SD; [c]Percentages are based on the number of patients dosed who had at least one post-baseline disease assessment or documented clinical PD; [d]Time from treatment start to data cutoff

Data cutoff: 19 Sep 2025

***CI**, confidence interval; **CR**, complete response; **DCR**, disease control rate; **NE**, not evaluable; **nPR**, nodal partial response; **ORR**, objective response rate; **PD**, progressive disease; **PR**, partial response; **PR-L**, partial response with lymphocytosis; **SD**, stable disease*

Omer Z et al. ASH 2025;Abstract 86.

Management of Relapsed/Refractory CLL

Introduction: Overview of Grand Rounds CLL Initiative

Module 1: Sequencing Roadmap

Module 2: Key Datasets — Pirtobrutinib

Module 3: Investigator Survey

Module 4: CAR T-Cell Therapy

Module 5: Other Novel Therapy Approaches

Module 6: EHA 2026

RTP RESEARCH TO PRACTICE

A Phase 2 Study of Fixed-Duration Pirtobrutinib and Obinutuzumab in Previously Untreated CLL

Ahn I et al.

EHA 2026;Abstract S148 (Oral).

Chronic Lymphocytic Leukemia and Related Disorders - Clinical

FRIDAY JUNE 12, 2026

Phase II Study of Pirtobrutinib and Obinutuzumab for Previously Untreated CLL

N = 60 pts in the initial cohort, 20% have completed end of combination therapy (EoCT) response assessment

Most common treatment-emergent adverse events:

- Bruising 30% (all grade [G] 1-2)
- Headache 22% (all G1-2)

Serious infection (5% or 3 pts with G3-4) and infusion-related reaction (2% or 1 pt with G2)
Treatment-emergent hypertension 7% (all G1-2)

Overall response rate (ORR) after C6: 75% (ITT analysis of initial cohort)
ORR after EoCT: 100% (25% CR) of 12 evaluable pts
Undetectable MRD rate in blood based on flow cytometry (<10-4) was 3% after C6 (n = 1/40) and 52% after EoCT (n = 13/25)

Conclusions

"Our early data suggest that fixed-duration pirtobrutinib and obinutuzumab have a favorable safety profile and a high rate of response in TN CLL, including pts achieving CR and undetectable MRD at EoCT. Additional pts and longer follow-up are needed for further evaluation of the efficacy and durability of disease control after treatment cessation."

Ahn I et al. EHA 2026;Abstract S148.

RTP RESEARCH TO PRACTICE

Pirtobrutinib in Treatment-Naïve Patients with CLL/SLL: Pooled Results from BRUIN CLL-313 and BRUIN CLL-314

Woyach JA et al.

EHA 2026;Abstract PS1701 (Poster).

Chronic Lymphocytic Leukemia and Related Disorders - Clinical

THURSDAY JUNE 11, 2026

Real World Outcomes in 50 Patients with Chronic Lymphocytic Leukemia (CLL) Treated with Pirtobrutinib After a Covalent Bruton Tyrosine Kinase Inhibitor and a Bcl2 Inhibitor: A Gimema Study

Cuneo A et al.

EHA 2026;Abstract PS1712 (Poster).

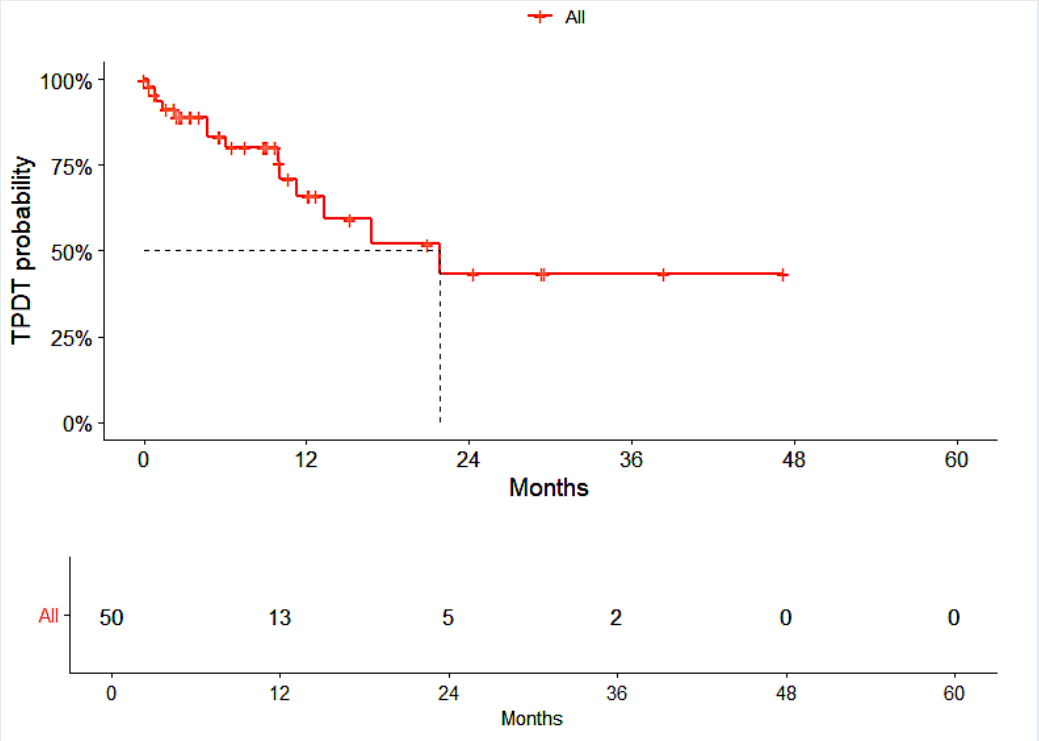
Chronic Lymphocytic Leukemia and Related Disorders - Clinical

THURSDAY JUNE 11, 2026

Real World Outcomes from the GIMEMA CLL2121 Study

- N = 50 pts with double exposure to a covalent BTK inhibitor and to a Bcl-2 inhibitor (median age 70 years)
- Overall response rate 57%

Time to discontinuation for progression, death and toxicity (TPDT)



Conclusions

"Our findings show that pirtobrutinib proved to be efficacious and safe in a predominantly elderly and heavily pre-treated patient population. Though the number of patients is relatively small the effectiveness was not influenced by unfavorable clinicobiologic characteristics. The outcome after pirtobrutinib discontinuation was dismal and the causes of death were mostly related to disease progression and Richter transformation."

Cuneo A et al. EHA 2026;Abstract PS1712.

RTP RESEARCH TO PRACTICE

First-Line Treatment of CLL/SLL with the All-Oral Combination of Sonrotoclax and Zanubrutinib Achieves Undetectable Minimal Residual Disease Rates of >90%, Including in Patients with Del(17p)/Tp53

Cheah CY et al.

EHA 2026;Abstract S145 (Oral).

Chronic Lymphocytic Leukemia and Related Disorders - Clinical

FRIDAY JUNE 12, 2026

Venetoclax-Obinutuzumab for Previously Untreated Chronic Lymphocytic Leukemia: Final Results of the Randomized CLL14 Study

Fischer K et al.

EHA 2026;Abstract S146 (Oral).

Chronic Lymphocytic Leukemia and Related Disorders - Clinical

FRIDAY JUNE 12, 2026

Fixed Duration Venetoclax plus Epcoritamab Shows Favorable Tolerability and High Response Rates with Early Molecular Responses in R/R CLL/SLL: Interim Analysis of the Randomized HOVON 165/AETHER Trial

Kater AP et al.

EHA 2026;Abstract S154 (Oral).

Chronic Lymphocytic Leukemia and Related Disorders - Clinical

FRIDAY JUNE 12, 2026

Updated Efficacy and Safety Data from an Ongoing Phase 1a/b Trial of the BTK Degrader Bexobrutideg (NX-5948) in Patients with CLL Across Lines of Therapy

Munir T et al.

EHA 2026;Abstract S150 (Oral).

Chronic Lymphocytic Leukemia and Related Disorders - Clinical

FRIDAY JUNE 12, 2026

BGB-16673, a Bruton Tyrosine Kinase (BTK) Degrader, in Patients with Relapsed/Refractory (R/R) Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma (CLL/SLL): A Phase 1 CaDAnCe-101 Study Update

Stilgenbauer S et al.

EHA 2026;Abstract S152 (Oral).

Chronic Lymphocytic Leukemia and Related Disorders - Clinical

FRIDAY JUNE 12, 2026

Dual Targeted Lentiviral Transduced Anti-CD20/Anti-CD19 (LV20.19) CAR T Cells for Relapsed, Refractory CLL

Shah NV et al.

EHA 2026;Abstract S154 (Oral).

Chronic Lymphocytic Leukemia and Related Disorders - Clinical

FRIDAY JUNE 12, 2026

OxPLoreD: A Multicentre UK-Wide Observational Study to Identify and Prospectively Validate Predictors of Disease Progression in Chronic Lymphocytic Leukaemia (CLL) and MBL

Xu D et al.

EHA 2026;Abstract S147 (Oral).

Chronic Lymphocytic Leukemia and Related Disorders - Clinical

FRIDAY JUNE 12, 2026

Year in Review: Clinical Investigator Perspectives on the Most Relevant New Datasets and Advances in Oncology

Novel Treatment Approaches for Non-Hodgkin Lymphoma

A CME/MOC-Accredited Live Webinar

Wednesday, June 17, 2026

5:00 PM – 6:00 PM ET

Faculty

Matthew Matasar, MD

Sonali M Smith, MD

Moderator

Neil Love, MD

RTP Year in Review 2026

Thank you for joining us!

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

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

RTP
RESEARCH TO PRACTICE