



Frontline DLBCL: Are We Done with R-CHOP?

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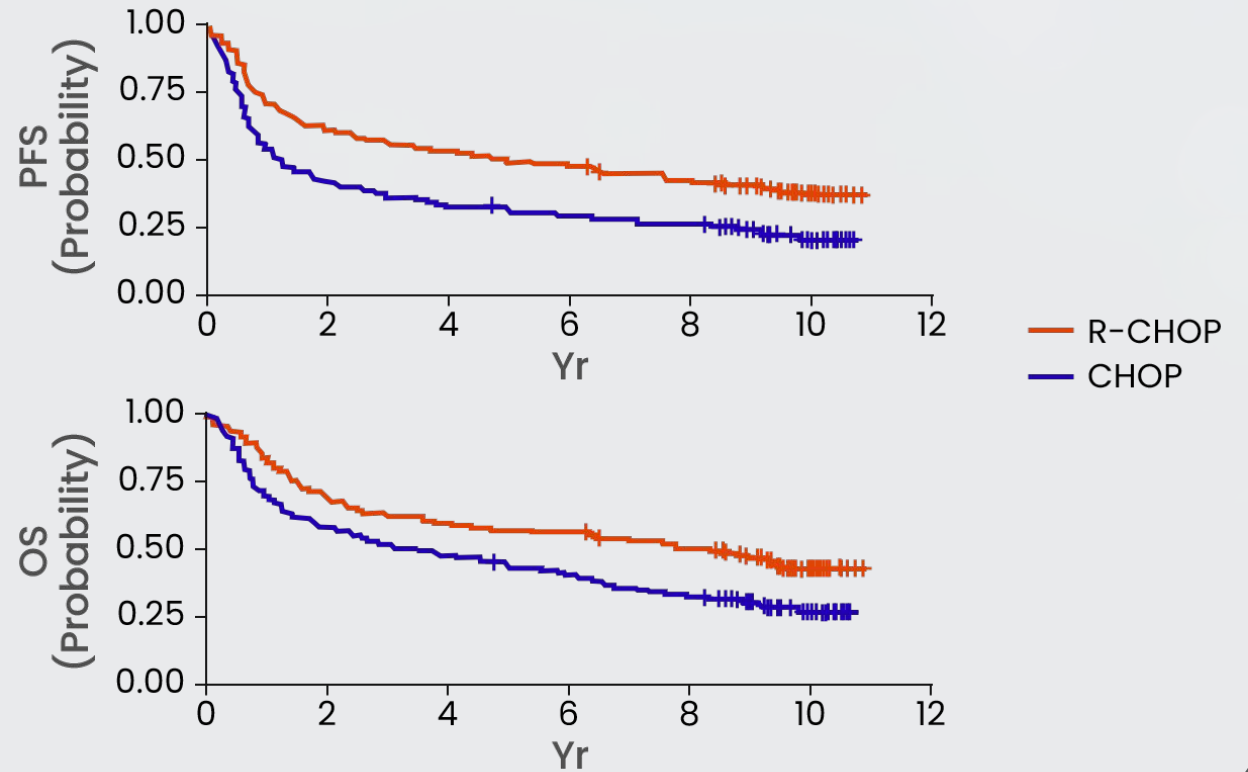
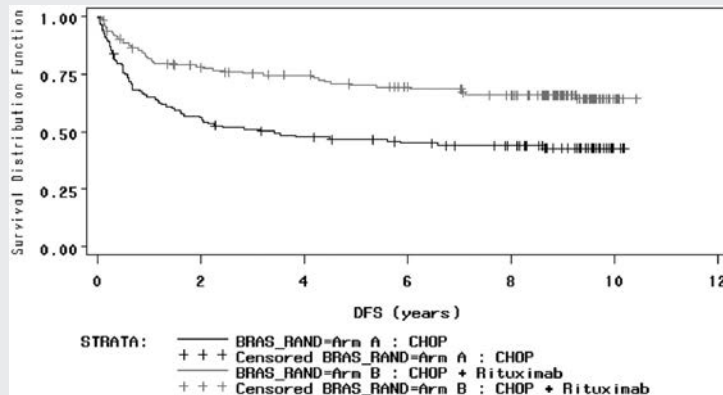


**CANCER
INSTITUTE**

RCHOP has been the standard for over 20 years

- 10-year PFS 36.5%
- 10-year OS 43.5%

Disease-Free Survival



POLARIX: Polatuzumab Vedotin + R-CHP vs R-CHOP in Previously Untreated DLBCL

Polatuzumab vedotin is an antibody-drug conjugate targeting CD79b

Randomized phase III trial

Primary endpoint: PFS

Patients aged 18-80
yr with previously
untreated DLBCL;
IPI 2-5; ECOG PS 0-2
(N = 879)

Cycles 1-6 (21-Day Cycles)

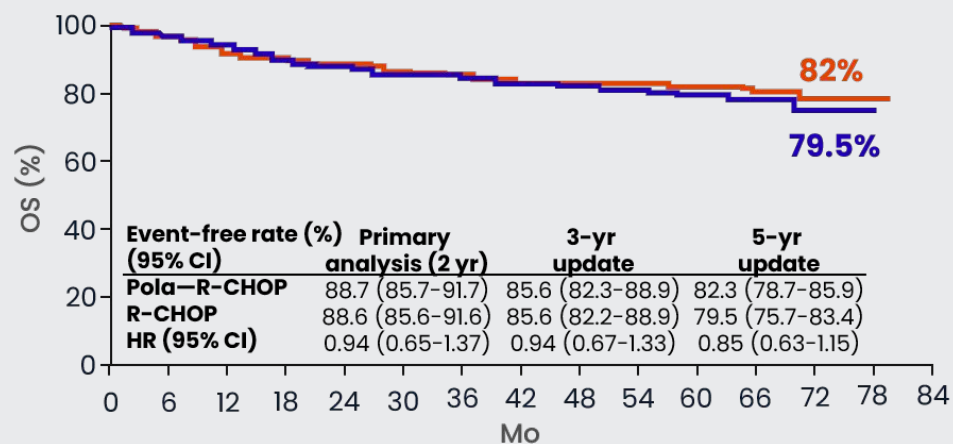
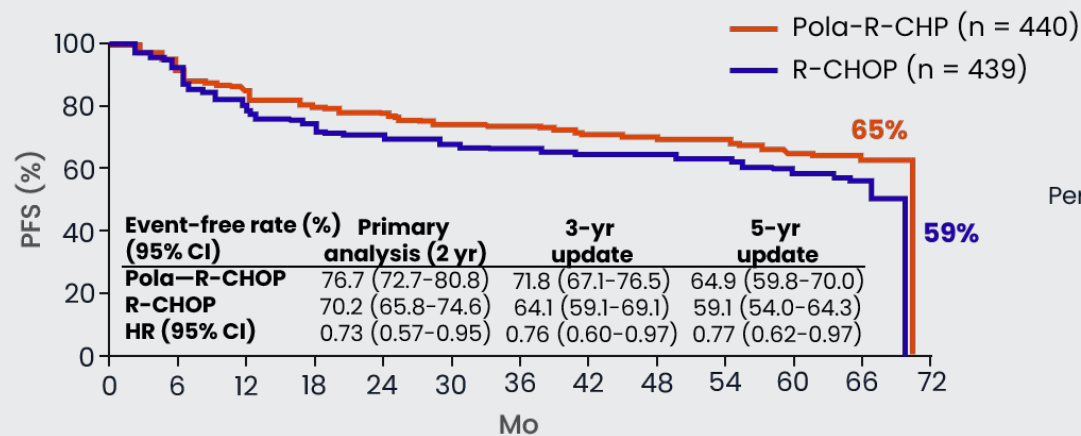
**Polatuzumab Vedotin 1.8 mg/kg
+ R-CHP + Vincristine placebo
(n = 440)**

**R-CHOP
+ Polatuzumab Vedotin placebo
(n = 439)**

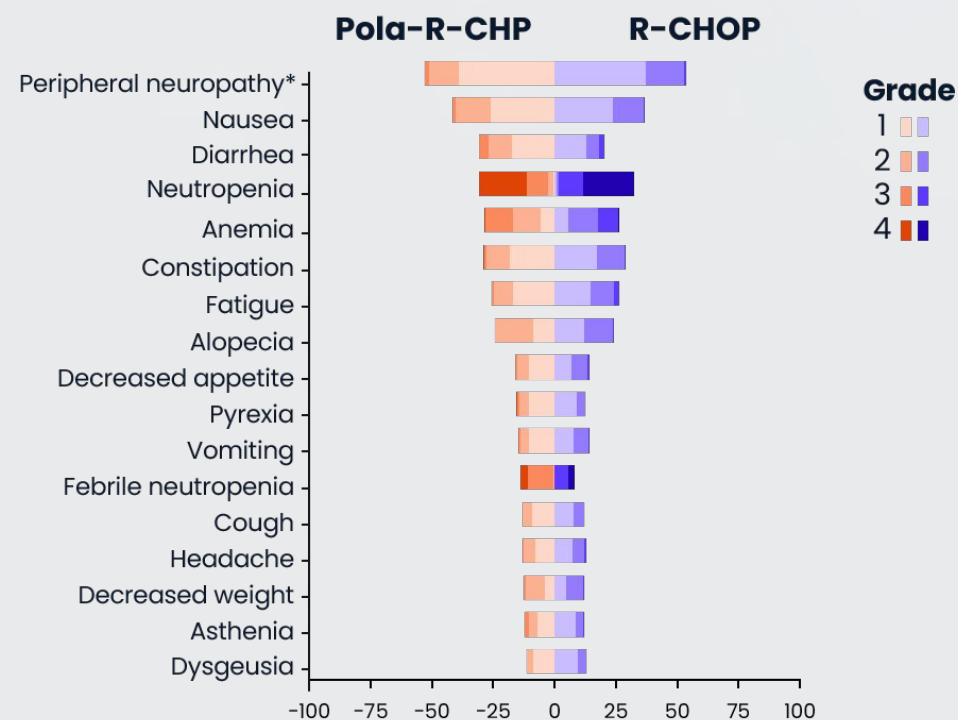
Cycles 7 and 8

**Rituximab
375 mg/m²**

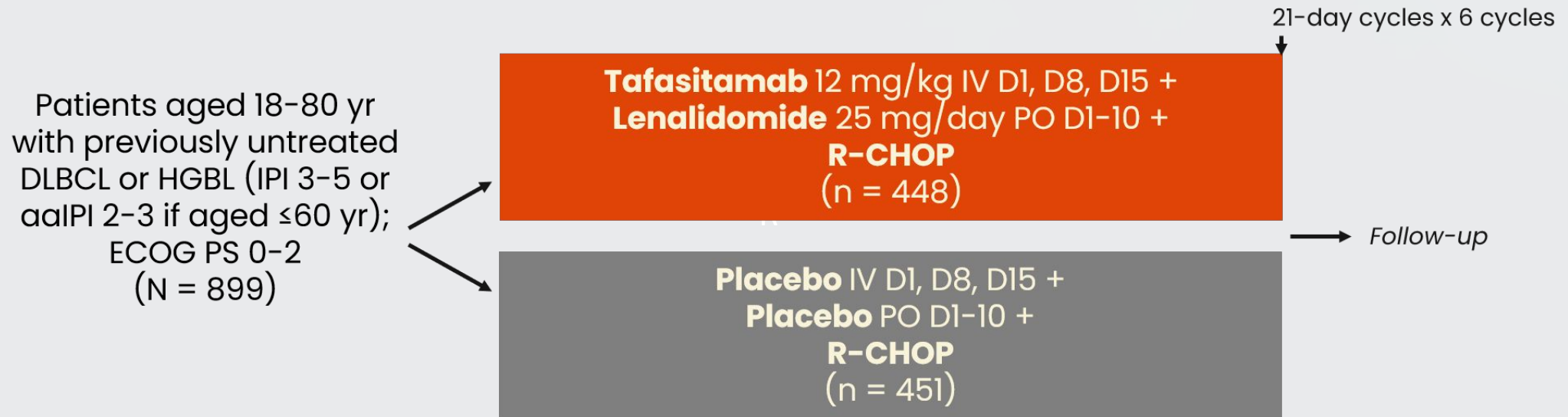
POLARIX Efficacy and Toxicity



No significant increase in toxicity



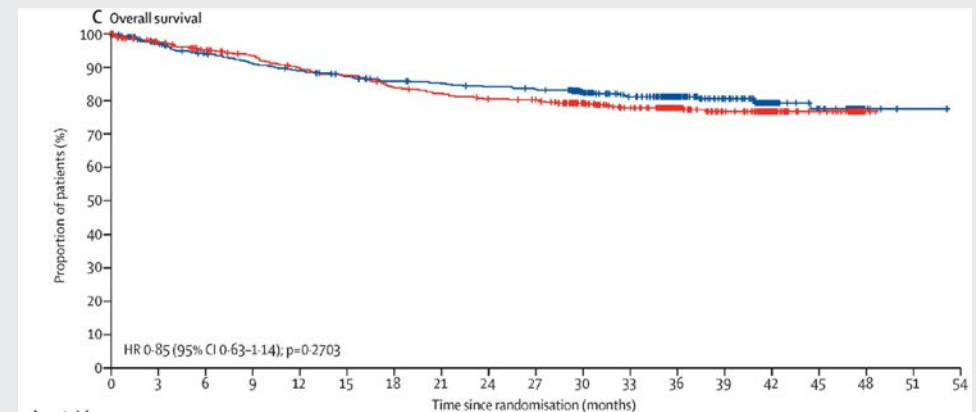
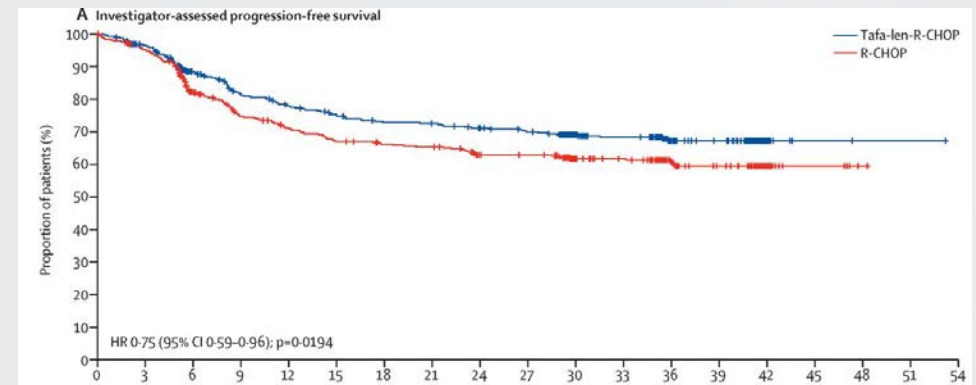
FrontMIND: Tafasitamab plus lenalidomide and R-CHOP vs R-CHOP for 1L High-Risk DLBCL



FrontMIND: Tafasitamab plus lenalidomide and R-CHOP vs R-CHOP for 1L High-Risk DLBCL

- 3y PFS: 67.3% vs 60.7%
- Slight increase in G3+ AE's, mostly cytopenias

Adverse Event, n (%)	Tafa-Len-R-CHOP (n = 443)	R-CHOP (n = 447)
Any TEAE	437 (98.6)	434 (97.1)
Any treatment-related TEAE	423 (95.5)	407 (91.1)
Grade ≥3 TEAE	384 (86.7)	340 (76.1)
Serious TEAE	222 (50.1)	174 (38.9)
Fatal TEAE	26 (5.9)	17 (3.8)
TEAEs leading to discontinuation of all components of treatment	23 (5.2)	24 (5.4)



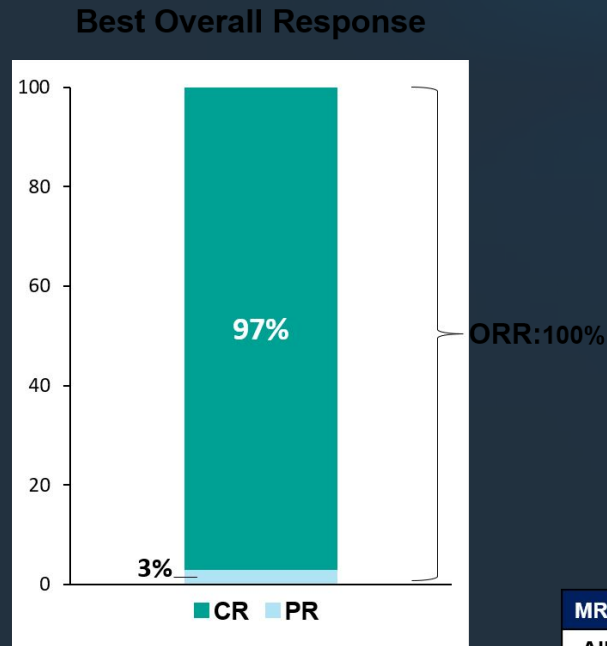
Ongoing Trials in 1L DLBCL

EPCORE NHL-5 Arm 3: Epcoritamab + Pola-R-CHP

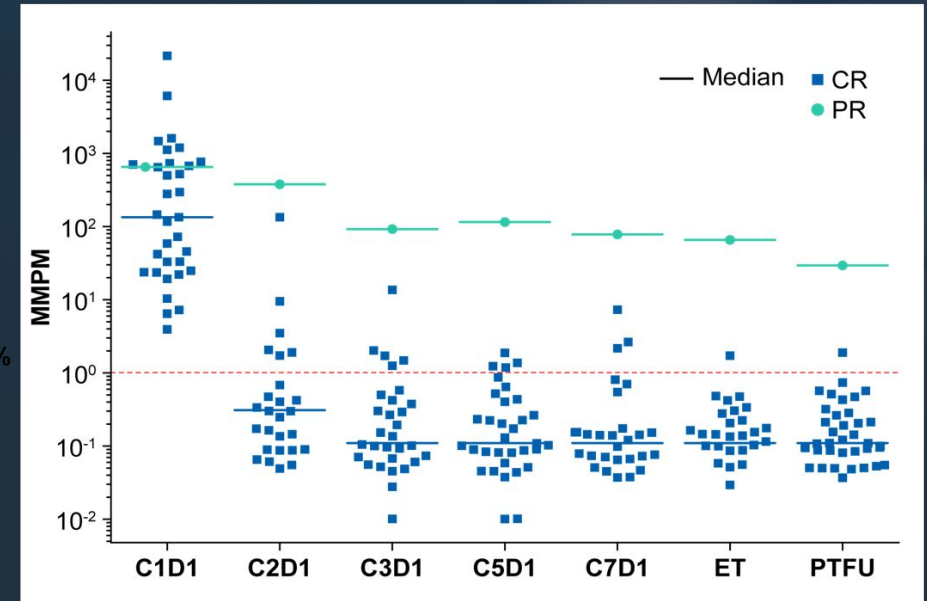
- ECOG PS 0–2
- IPI score 2–5
- Pola-R-CHP 6 cycles
- Epcoritamab 8 cycles
- Data cutoff: October 1, 2024
- Median follow-up: 16.1 months
- Primary endpoint: DLTs of epcoritamab in combination with antineoplastic agents

Arm 3: Epcoritamab + pola-R-CHP 1L DLBCL: Dose escalation and dose expansion (21-day cycle)

pola-R-CHP



*MRD negativity was defined as MMPM <1. CAPP-SEQ assay.



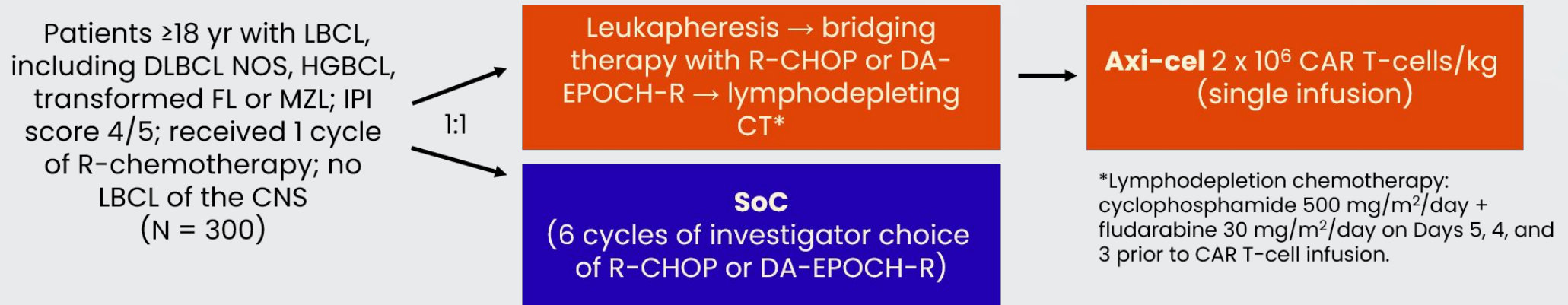
MRD negativity (MMPM <1) at C3D1

All patients	81%
Patients with CR	83%

One among many 1L DLBCL bispecific antibody trials

Kerr et al, EHA, 2025

ZUMA-23: Axicabtagene ciloleucel vs SOC in 1L High Risk DLBCL

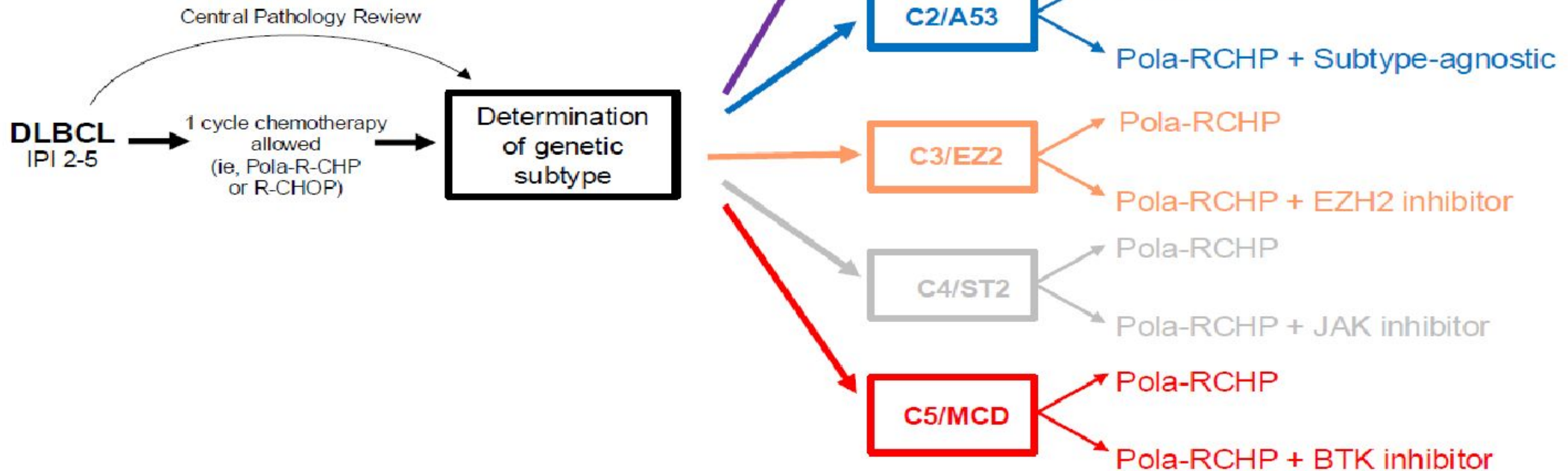


Westin, 2023

Ongoing Trials in Frontline DLBCL



NCTN Intergroup LymphoMATCH Schema



The King is Dead...Long Live the King!

- Pola-R-CHP has replaced R-CHOP as a standard in 1L high-risk DLBCL
 - Tafa/Len + R-CHOP is hot on its heels
- R-CHOP still has a role for early stage or low-IPI disease
- There are many exciting ongoing trials:
 - Combinations of bispecifics, ADCs, and targeted therapies with RCHOP-based backbones
 - 1L CAR-T in high-risk patients
 - MRD-driven consolidation

A photograph of the Tampa skyline featuring the TGH Tampa General Hospital in the foreground. The hospital is a large, multi-story building with a curved facade and a mix of yellow and tan panels. In the background, several skyscrapers are visible, including the Sun Life Tower and the Truist Tower. The scene is set against a clear blue sky with a few wispy clouds. The text "THANK YOU" is overlaid in large, white, sans-serif capital letters, centered horizontally. A thick yellow horizontal line is positioned directly below the text.

THANK YOU