CONFERENCE PROGRAM



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July 18-22 • Grand Hyatt Kauai

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We gratefully acknowledge the following for financial support of this conference:

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Welcome to the 2022 Pan Pacific Lymphoma Conference!

Since its inception in 1994, PPLC has grown and become a premier international conference on the latest advances in lymphoma. This year, we have decided to host a hybrid conference with a live in-person activity at the Grand Hyatt Kauai, Hawaii and a virtual option for attendees who are not able to travel. We are very happy to welcome over 450 attendees!

For your easy reference and convenience, we encourage you to download the conference mobile app on your phone or tablet, or visit **www.eventscribe.net/2022/PPLC2022** if you are using a laptop or desktop computer.

Here's what you can expect for this engaging and productive week. Please note that all reference to conference days and times follow Hawaii Standard Time (HST).

- **Day 1 (Monday):** We will feature an Interprofessional Education Day, with various presentations for the entire lymphoma team members with sessions covering The Day-to-Day Treating of Lymphoma Patients and Provider and Patient Wellness.
- Days 1-5 (Monday through Friday): If you are joining us in person, please visit the exhibits in the Grand Ballroom and thank them for their support of this conference.

This year, the conference e-Poster gallery, detailing the latest research in lymphoma and transplantation, is available via the conference mobile app and the online conference portal.

• Days 2-5 (Tuesday through Friday): Expert faculty will present in scientific sessions covering Beginning and End, What Comes First?, Factors In Choosing Initial Therapy, Plasma Cell Dyscrasias, Why Did You Do That?, Tough Calls in NHL, Great Debates, Questionable Queries, Management of Orphan Diseases: When and How, and Top Prospects.

Alex Herrera, MD will present the James O. Armitage Lymphoma Clinical Investigator Award Lecture and Bruce D. Cheson, MD, FACP, FAAAS, FASCO will deliver the Oliver Press Memorial Lecture, in memory of our esteemed colleague, Oliver W. Press, MD, PhD.

- Days 2-4 (Tuesday through Thursday) afternoons: Join us for the Ask the Experts sessions where we will discuss Indolent Non-Hodgkin Lymphoma (iNHL), DLBCL, CHL, PTCL and Waldenström Macroglobulinemia/Multiple Myeloma. Also, on Tuesday, we will have our fast-paced Lymphoma Jeopardy with four teams competing for Wednesday's Pineapple Cup Lymphoma Jeopardy Finals.
- Day 2 (Tuesday) evening: If you are attending in-person, please join us for the Welcome Reception from 7-9 p.m. in the Shipwreck Lagoon area where you can meet and network with other conference attendees. Light hors d'oeuvres and beverages will be served. Paid/ registered guests are welcome to attend.
- **Day 3 (Wednesday):** Please make time to join the industry-supported satellite symposium, Case Challenges in Chronic Lymphocytic Leukemia. If you haven't registered to attend this, you may do so online. Note that AMA and ANCC credits are available for this symposium held in conjunction with PPLC22.
- Day 4 (Thursday) evening: In-person attendees are encouraged to join the Conference Dinner from 7-9 p.m. in Ilima Garden. Dinner and beverages will be served. Paid/registered guests are welcome to attend.
- Friendly reminders if you are attending in-person: Please be sure that you and your paid guests wear your conference badge at all times.
- The attire for this conference is casual; layered clothing is recommended as temperature in meeting rooms can fluctuate. A light jacket or sweater for outdoor evening activities is suggested. Leave your ties in your room!
- If you are on Twitter or Instagram, we encourage you to tag your photos and posts **#PPLC22** and **#IamUNMC**.
- Once again, thank you for joining the 2022 Pan Pacific Lymphoma Conference. Aloha!

Conference Directors



James O. Armitage, MD Joe Shapiro Professor of Medicine Division of Oncology and Hematology Department of Internal Medicine University of Nebraska Medical Center



Matthew A. Lunning, DO, FACP Associate Professor Division of Oncology and Hematology Department of Internal Medicine University of Nebraska Medical Center



Julie M. Vose, MD, MBA Neumann M. and Mildred E. Harris Professor Chief, Division of Oncology and Hematology Department of Internal Medicine University of Nebraska Medical Center

CONFERENCE INFORMATION

Conference Registration Information

The conference registration desk is located in the Grand Ballroom Promenade on the lobby level of the Grand Hyatt Kauai Resort & Spa. Attendees may pick up their conference materials and name badges at this location. The registration/information desk is open during the following times:

Sunday, July 17	2—4 p.m.
Monday, July 18	7 a.m. – 12:30 p.m.
Tuesday, July 19	7 a.m. – 12:30 p.m.
Wednesday, July 20	7 a.m. – 12:30 p.m.
Thursday, July 21	7 a.m. – 12:30 p.m.
Friday, July 22	7 a.m. – 12:30 p.m.

Exhibit Hours

Monday, July 18
Tuesday, July 19
Wednesday, July 20
Thursday, July 21
Friday, July 22

7 a.m. – 12:15 p.m. 7 a.m. – 1 p.m. / 3–5 p.m. 7–10 a.m.

Internet Access

Complimentary WiFi is available in the conference area. Network: UNMCPPLC22 Password: PPLC2022

Complimentary in-room WiFi is available for guests of the Grand Hyatt Kauai Resort & Spa.

Mobile Device Use

To make the most of your conference experience, we encourage you to use your mobile phone or tablet to access the conference app, or use your laptop or desktop to access the conference portal. See instructions on page 2.

Please remember to turn your mobile device to silent or vibrate mode when attending educational sessions.



Photography and Audio Visual Recording Policy

Please be aware that during the 2022 Pan Pacific Lymphoma Conference, attendees, vendors, guests, and exhibitors may be photographed or videotaped by UNMC and/or third parties authorized by UNMC. Some of these photographs or videos may be displayed by UNMC in future publications or other materials. By virtue of your attendance, you agree to allow UNMC to use photographs of you in these promotional materials.

Photographs taken for the purpose of sharing on social media are allowed, but should avoid showing presentation slides. Please use **#PPLC22** and **#IamUNMC** when posting on social media.

Children and Other Accompanying Guests

PPLC 2022 does not offer childcare services. Due to limited seating capacity and the highly technical nature of the program, children are not allowed to attend the educational sessions. For their safety, children must be accompanied by an adult at all times.

Registered accompanying guests may join conference registrants at the following food functions:

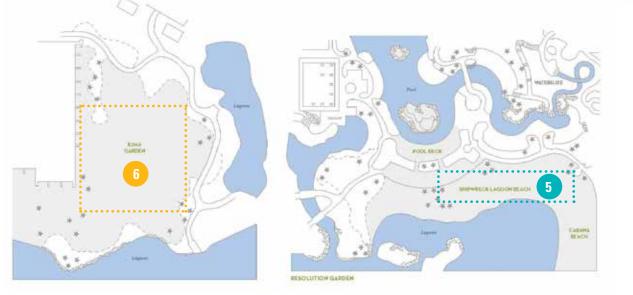
- Continental breakfasts (7–9 a.m.) and breaks as part of the main conference from Monday through Friday
- Welcome Reception on Tuesday evening
- Conference Dinner on Thursday evening

Name badges will be required for all attending these conference food functions.

Venue Floor Plan / Session and Room Assignments







Monday, July 18

INTERPROFESSIONAL EDUCATION DAY

7:00 a.m .	Conference Registration 1	Continental Breakfast 3
7:45 a.m.	Welcome Matthew A. Lunning, DO, FACP	2
SCIENTI	FIC SESSIONS	0
	o-Day Treating of Lympho Kim Schmit-Pokorny, RN, MSN, OCN, BN	
8:00 a.m.	Infectious Disease Prophylaxis Andrea J. Zimmer, MD, FACP	3
8:30 a.m.	Dose Reductions Jared E. Matya, PharmD, BCOP	
9:00 a.m.	Transfusion Medicine Scott Koepsell, MD, PhD	
9:30 a.m.	Fertility Preservation Elizabeth S. Constance, MD, FACOG	
10:00 a.m.	Break	3
Provider and Patient Wellness MODERATOR: Bradly Vicek, BSN, RN, OCN		
10:20 a.m.	Survivorship Rachael L. Schmidt, DNP, FNP-C, AOC	NP®
11:05 a.m.	Burnout David S. Kroll, MD	
11:35 a.m.	Mental Health Christopher J. Kratochvil, MD	
12:15 p.m.	Adjourn	

Tuesday, July 19

7:00 a.m.	Conference Registration 1	Continental Breakfast 3	
7:30 a.m.	Welcome James O. Armitage, MD and Julie M.	Vose, MD, MBA	
SCIENTI	FIC SESSIONS	2	
Beginning MODERATOR: J	J and End Julie M. Vose, MD, MBA		
7:40 a.m.	Epigenetic Insights in Lympho Michael R. Green, PhD	magenesis	
8:05 a.m.	Molecular Insights in Lymphon David W. Scott, MBChB, PhD	magenesis	
8:30 a.m.	Difficult Diagnoses in Lympho Lisa M. Rimsza, MD	ma	
8:55 a.m.	Incorporating Imaging Modali Response Measures Craig M. Johnson, MD	ties into Serologic	
9:20 a.m.	Incorporating Serologic Respo Imaging Modalities David M. Kurtz, MD, PhD	nse Measures into	
9:50 a.m.	Break	3	
	What Comes First? Factors In Choosing Initial Therapy MODERATOR: Theresa Franco, MSN, RN		
10:05 a.m.	Early-Stage Classical Hodgkin Alison J. Moskowitz, MD	Lymphoma (cHL)	
10:30 a.m.	Advanced Stage cHL Ann S. LaCasce, MD, MMSc		
10:55 a.m.	Primary Central Nervous Syste Avyakta Kallam, MBBS	em (CNS) Lymphoma	
11:20 a.m.	Peripheral T-cell Lymphoma (P Neha Mehta-Shah, MD, MSCI	TCL)	

Kauai Ballroom

Plasma Cell Dyscrasias MODERATOR: Christopher D'Angelo, MD 11:45 a.m. Monoclonal Gammopathies of Significance Nina Shah, MD 12:10 p.m. Evaluation and Management of Light Chain (AL) Amyloidosis Angela Dispenzieri, MD 12:35 p.m. Adjourn LYMPHOMA JEOPARDY 3:00 p.m. Pineapple Cup Semifinals #1 Team 1: Brad S. Kahl, MD and Neha Mehta-Shah, MD, MSCI Team 2: Allison J. Moskowitz, MD and Andrew D. Zelenetz, MD, PhD Team 3: Matthew S. Davids, MD, MMSc and Ann S. LaCasce, MD, MMSc Pineapple Cup Semifinals #2 Team 1: Alex Herrera, MD and Jasmine M. Zain, MD Team 2: Loretta J. Nastoupil, MD and Jason R. Westin, MD, MS, FACP Team 3: Jeremy S. Abramson, MD, MMSc and Irene M. Ghobrial, MD **ASK THE EXPERTS** 4:00 p.m. Indolent Non-Hodgkin Lymphoma (iNHL) MODERATOR: James O. Armitage, MD Christopher D'Angelo, MD; Loretta J. Nastoupil, MD; and Tycel Jovelle Phillips, MD 5:00 p.m. Adjourn **Second Reception** 5

7:00-9:00 p.m.

Conference participants and registered accompanying guests are invited to join the reception. Name badges required.

Wednesday, July 20

7:00 a.m.	Continental Breakfast		
SCIENT	SCIENTIFIC SESSIONS 2		
	Why Did You Do That? MODERATOR: Jeffrey P. Gold, MD		
7:30 a.m.	Primary Refractory Diffuse Large B-cell Lymphoma (DLBCL) Laurie H. Sehn, MD, MPH and Jason R. Westin, MD, MS, FACP		
8:00 a.m.	Bridging To CAR-T Caron A. Jacobson, MD, MMSc and Frederick Locke, MD		
8:30 a.m.	CAR-T and Auto-Ineligible DLBCL Jeremy S. Abramson, MD, MMSc and Joshua Brody, MD		
9:00 a.m.	Mantle Cell Lymphoma (MCL) in First Complete Response Brad S. Kahl, MD and Julie M. Vose, MD, MBA		
9:30 a.m.	Transplant-Eligible Relapsed cHL Ranjana H. Advani, MD and Craig H. Moskowitz, MD		
10:00 a.m.	Follicular Lymphoma (FL) and Marginal Zone Lymphoma (MZL) During COVID-19 John P. Leonard, MD and Loretta J. Nastoupil, MD		
10:30 a.m.	Break		
MODERATORS	: Matthew A. Lunning, DO, FACP and Julie M. Vose, MD, MBA		
10:50 a.m.	James O. Armitage Lymphoma Clinical Investigator Award Alex Herrera, MD		
11:20 a.m.	Oliver Press Memorial Lecture Bruce D. Cheson, MD, FACP, FAAAS, FASCO		

CONFERENCE AGENDA

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11:50 a.m. Finals

12:30 p.m. Adjourn

SATELLITE SYMPOSIUM

12:45 p.m.	Case Challenges in Chronic Lymphocytic Leukemia
	Administered by Medscape Oncology
	Supported by educational grants from AstraZeneca Pharmaceuticals and Pharmacyclics LLC, an AbbVie Company

2:45 p.m. Adjourn

ASK THE EXPERTS

3:00 p.m.	DLBCL MODERATOR: James O. Armitage, MD Jeremy S. Abramson, MD, MMSc; Laurie H. Sehn, MD, MPH; and Andrew D. Zelenetz, MD, PhD
4:00 p.m.	cHL MODERATOR: Avyakta Kallam, MBBS Ranjana H. Advani, MD; Ann S. LaCasce, MD, MMSc; and Alison J. Moskowitz, MD
5:00 p.m.	Adjourn

Thursday, July 21

7:00 a.m.	Continental Breakfast		
SCIENT	IFIC SESSIONS 2		
	Tough Calls in NHL MODERATOR: Matthew A. Lunning, DO, FACP		
7:30 a.m.	A Case of FL R. Gregory Bociek, MD, MSc, FRCP(C); John P. Leonard, MD; and Loretta J. Nastoupil, MD		
8:00 a.m.	A Case of MCL Nilanjan Ghosh, MD, PhD; Brad S. Kahl, MD; and Andrew D. Zelenetz, MD, PhD		
Great Del MODERATOR:	bates James O. Armitage, MD		
8:30 a.m.	Autologous Transplantation After BV-CHP in CD30 Expressing PTCL For: Jasmine M. Zain, MD Against: Steven M. Horwitz, MD		
9:00 a.m.	Autologous Transplantation for DLBCL For: Craig S. Sauter, MD Against: Jeremy S. Abramson, MD, MMSc		
9:30 a.m.	CAR-T for iNHL For: Caron A. Jacobson, MD, MMSc Against: Frederick Locke, MD		
10:00 a.m.	Break 3		
Questionable Queries MODERATOR: Christopher J. Kratochvil, MD			
10:20 a.m.	Is There a Right Management of Richter's Transformation? Matthew S. Davids, MD, MMSc		
10:45 a.m.	How Many Drugs Are Needed in Front Line Chronic Lymphocytic Leukemia (CLL)? Anthony R. Mato, MD, MSCE		

2 Grand Ballroom 1, 2, 6, 7

3 Grand Ballroom 3, 4, 5

6 Ilima Garden

11:10 a.m.	Can Bispecific T-cell Engagers (BiTES), Chimeric Antigen Receptors (CARs), and Antibody-Drug Conjugates (ADCs) Play in the Sandbox Together? Andrew D. Zelenetz, MD, PhD
11:35 a.m.	Should We Be Treating p53 Mutated MCL Differently? Tycel Jovelle Phillips, MD
12:00 p.m.	Is Progression of Disease Within 24 Months (POD24) A Real Population? Richard I. Fisher, MD
12:30 p.m.	Adjourn
ASK THI	EXPERTS 4
3:00 p.m.	PTCL MODERATOR: Matthew A. Lunning, DO, FACP Steven M. Horwitz, MD; Neha Mehta-Shah, MD, MSCI; and Jasmine M. Zain, MD
3:00 p.m. 4:00 p.m.	MODERATOR: Matthew A. Lunning, DO, FACP Steven M. Horwitz, MD; Neha Mehta-Shah, MD, MSCI; and Jasmine
	MODERATOR: Matthew A. Lunning, DO, FACP Steven M. Horwitz, MD; Neha Mehta-Shah, MD, MSCI; and Jasmine M. Zain, MD Waldenström Macroglobulinemia/Multiple Myeloma Moderator: Christopher D'Angelo, MD
4:00 p.m. 5:00 p.m.	MODERATOR: Matthew A. Lunning, DO, FACP Steven M. Horwitz, MD; Neha Mehta-Shah, MD, MSCI; and Jasmine M. Zain, MD Waldenström Macroglobulinemia/Multiple Myeloma Moderator: Christopher D'Angelo, MD Angela Dispenzieri, MD; Irene M. Ghobrial, MD; and Nina Shah, MD

Conference participants and registered accompanying guests are invited to join. Name badges required.

Friday, July 22

7:00 a.m.	Continental Breakfast 3
SCIENTI	FIC SESSIONS 2
	nent of Orphan Diseases: When and How Matthew A. Lunning, DO, FACP
7:30 a.m.	When and How To Treat Castleman's Disease Sudipto Mukherjee, MD, MPH
7:55 a.m.	When and How To Treat Early-Stage Mycosis Fungoides Ashley Wysong, MD, MS
8:20 a.m.	When and How To Treat Waldenström Macroglobulinemia Irene M. Ghobrial, MD
8:45 a.m.	When and How To Treat Localized Extranodal MZL R. Gregory Bociek, MD, MSc, FRCP(C)
9:10 a.m.	When and How To Treat Lymphomatoid Papulosis (LyP) Steven M. Horwitz, MD
9:35 a.m.	Break 3
Top Prosp MODERATOR:	Dects Matthew A. Lunning, DO, FACP
9:55 a.m.	Future Therapies: DLBCL Christopher D'Angelo, MD
10:20 a.m.	Future Therapies: FL Jonathan W. Friedberg, MD, MMSc
10:45 a.m.	Future Therapies: HL Stephen M. Ansell, MD, PhD
11:10 a.m.	Future Therapies: PTCL Neha Mehta-Shah, MD, MSCI
11:35 a.m.	Take Home Messages Matthew A. Lunning, DO, FACP
11:50 a.m.	Adjourn

CONFERENCE FACULTY

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Target Audience

The 2022 Pan Pacific Lymphoma Conference is one of the largest gatherings of clinicians and researchers specializing in the areas of lymphoma and transplantation. The 2022 conference will benefit members of the multidisciplinary lymphoma clinical team including oncologists, hematologists, pathologists, clinical scientists, nurse practitioners, physician assistants, nurses, and pharmacists.

Conference Objectives

At the conclusion of the conference, the participant should be better able to:

- Discuss common strategies and treatments in the management of lymphoma involving infectious disease prophylaxis, situations for consideration of therapy dose reductions, transfusion pharmacotherapeutics, orphan drugs, and fertility preservation
- 2. Identify factors related to provider burnout and the impact of its circumstances on patients' and providers' well-being
- 3. Describe the molecular insights of lymphomagenesis and the pathological pathway to diagnosis of difficult cases
- Discuss how minimal residual disease and imaging technologies can be incorporated to assist in improving treatment response evaluations
- Assess novel and future therapies for the initial treatment of classical Hodgkin lymphoma (cHL), follicular lymphoma (FL), diffuse large B-cell lymphoma (DLBCL), primary central nervous system (CNS) lymphoma, and peripheral T-cell lymphomas (PTCL)
- 6. Evaluate the diverse landscape of monoclonal gammopathies of significance and the intersection of plasma cell dyscrasias
- 7. Analyze clinical trial results concerning prognosis and transplanteligibility criteria for patients with relapsed cHL, FL, marginal zone lymphoma (MZL), and primary refractory DLBCL
- 8. Differentiate approaches to treatment for relapsed DLBCL between the need for autologous transplantation versus CAR-T therapy
- 9. Explain the roles of the interprofessional health care team in the diagnosis, treatment, management, and support of lymphoma and hematologic malignancies

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CASE STUDY OF DIFFUSE LARGE B CELL LYMPHOMA PRESENTING WITH OBSTRUCTIVE JAUNDICE

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CUTANEOUS EPSTEIN-BARR-VIRUS-POSITIVE LARGE CELL LYMPHOMA WITH PLASMACYTIC DIFFERENTIATION IN PATIENT WITH TRISOMY 21: A CASE REPORT

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NODAL INVOLVEMENT IN CUTANEOUS T CELL LYMPHOMA: A RETROSPECTIVE SINGLE CENTER ANALYSIS

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SEQUENTIAL PEMBROLIZUMAB AND CHEMOTHERAPY IN NEWLY DIAGNOSED EARLY UNFAVORABLE OR ADVANCED-STAGE CLASSICAL HODGKIN LYMPHOMA (CHL): THE PHASE 2 KEYNOTE-C11 STUDY

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VENETOCLAX-OBINUTUZUMAB FOR PREVIOUSLY UNTREATED CHRONIC LYMPHOCYTIC LEUKEMIA: 5-YEAR RESULTS OF THE RANDOMIZED CLL14 STUDY

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PHARMACOKINETICS AND PHARMACODYNAMICS IN FIRST-MIND: A PHASE IB, OPEN-LABEL, RANDOMIZED STUDY OF TAFASITAMAB ± LENALIDOMIDE+ R-CHOP IN PATIENTS WITH NEWLY DIAGNOSED DIFFUSE LARGE B-CELL LYMPHOMA

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EPCORITAMAB (EPCO) WITH GEMCITABINE + OXALIPLATIN (GEMOX) IN PATIENTS (PTS) WITH RELAPSED OR REFRACTORY (R/R) DIFFUSE LARGE B-CELL LYMPHOMA (DLBCL) INELIGIBLE FOR AUTOLOGOUS STEM CELL TRANSPLANT (ASCT) INDUCES HIGH RESPONSE RATE EVEN IN PTS FAILING CAR T THERAPY

Joshua Brody, MD, ¹ Björn E. Wahlin, MD, PhD, ² Tycel Phillips, MD, ³ Régis Costello, MD, PhD, ⁴ Pieternella Lugtenburg, MD, PhD, ⁵ Raul Cordoba, MD, PhD, ⁶ Liwei Wang, PhD, ⁷ Jun Wu, MD, MS, ⁸ Brian Elliott, MD, ⁷ Aqeel Abbas, MS, ⁷ Judit Jørgensen, MD, PhD⁹, ¹Icahn School of Medicine at Mount Sinai, New York, NY, USA; ²Karolinska Institutet, Stockholm, Sweden; ³University of Michigan Comprehensive Cancer Center, Ann Arbor, MI, USA; ⁴Assistance Publique – Hôpitaux de Marseille (AP-HM), Marseille, France; ⁵On behalf of the Lunenburg Lymphoma Phase I/II Consortium-HOVON/LLPC, Erasmus MC Cancer Institute, Department of Hematology, Rotterdam, Netherlands; ⁶Fundacion Jimenez Diaz University Hospital, Health Research Institute IIS-FJD, Madrid, Spain; ⁷Genmab, Princeton, NJ, USA; ⁸AbbVie, North Chicago, IL, USA; ⁹Aarhus University Hospital, Aarhus, Denmark

MOSUNETUZUMAB MONOTHERAPY IS AN EFFECTIVE AND WELL-TOLERATED TREATMENT OPTION FOR PATIENTS WITH RELAPSED/REFRACTORY (R/R) FOLLICULAR LYMPHOMA (FL) WHO HAVE RECEIVED ≥2 PRIOR LINES OF THERAPY: PIVOTAL RESULTS FROM A PHASE I/II STUDY

<u>L E Budde</u>,¹ L H Sehn,² M Matasar,³ S J Schuster,⁴ S Assouline,⁵ P Giri,⁶ J Kuruvilla,⁷ M Canales,⁸ S Dietrich,⁹ K Fay,¹⁰ M Ku,¹¹ L Nastoupil,¹² M C Wei,¹³ S Yin,¹³ M Y Doral,¹³ C-C Li,¹³ H Huang,¹⁴ R Negricea,¹⁵ E Penuel,¹³ C O'Hear,^{13*} N L Bartlett¹⁶, ¹City of Hope, Duarte, CA, USA; ²BC Cancer Centre for Lymphoid Cancer and University of British Columbia, Vancouver, BC, Canada; ³Memorial Sloan Kettering Cancer Center, New York, NY, USA; ⁴Lymphoma Program, Abramson Cancer Center, University of Pennsylvania, Philadelphia, PA, USA; ⁵Jewish General Hospital, Montreal, QC, Canada; ⁶Royal Adelaide Hospital, Adelaide, Australia; ⁷Princess Margaret Cancer Centre, Toronto, ON, Canada; ⁸Hospital Universitario La Paz, Madrid, Spain; ⁹Universitat Heidelberg, Heidelberg, Germany; ¹⁰St Vincent's Hospital and Royal North Shore Hospital, Sydney, Australia; ¹¹St Vincent's Hospital, University of Melbourne, Melbourne, Australia; ¹²MD Anderson Cancer Center, Houston, TX, USA; ¹³Genentech, Inc., South San Francisco, CA, USA; ¹⁴F. Hoffmann-La Roche Ltd, Mississauga, ON, Canada; ¹⁵Roche Products Ltd, Welwyn Garden City, United Kingdom; ¹⁶Siteman Cancer Center, Washington University School of Medicine, St. Louis, MO, USA *Currently: Gilead Sciences, Inc., Foster City, CA, USA

A SEER-MEDICARE ANALYSIS OF THE COST OF DISEASE PROGRESSION AFTER FRONTLINE (1L) R-CHOP IN DIFFUSE LARGE B-CELL LYMPHOMA (DLBCL)

<u>John M. Burke</u>,¹ Rongrong Wang,² Farah Hossain,² Jia Li,² Anthony Masaquel,² Summera Qiheng Zhou,³ Matthew Matasar⁴,¹Rocky Mountain Cancer Centers/ US Oncology, Aurora, CO, USA; ²Genentech Inc., South San Francisco, CA, USA; ³Genesis Research, Hoboken, NJ, USA; ⁴Memorial Sloan Kettering Cancer Center, New York, NY, USA

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Adrienne Maurer, MSN, RN, AG-ACNP, BMTCN

Seattle Cancer Care Alliance, Fred Hutchinson Cancer Center University of Washington Seattle, WA

Karmila Murphy, APRN

The University of Texas MD Anderson Cancer Center Houston, TX

AN ANALYSIS OF PATIENTS ≥65 YEARS WITH BURKITT LYMPHOMA (BL) IN THE RITUXIMAB ERA: SURVIVAL TRENDS, TREATMENT PATTERNS, AND SECONDARY CAUSES OF DEATH

Ethan A. Burns¹, Sunil Mathur¹, Justin Wilson², Zimu Gong¹, Ryan Kieser¹, Jenny Petkova³, Lawrence Rice², Shilpan Shah¹, Siddhartha Ganguly¹, Sai Ravi Pingali¹, ¹Houston Methodist Cancer Center. 6445 Main St Floor 24, Houston, TX 77030, USA, ²Trinity School of Medicine. 925 Woodstock Road, Suite 200, Roswell, GA 30075, USA, ³Houston Methodist Hospital, Department of Medicine. 6550 Fannin St, Houston, TX, 77030

WAVELINE-004: PHASE 2 STUDY OF ZILOVERTAMAB VEDOTIN MONOTHERAPY FOR RELAPSED OR REFRACTORY DIFFUSE LARGE B-CELL LYMPHOMA

Pier Luigi Zinzani,^{1,2} Kumudu Pathiraja,³ Samhita Chakraborty,³ Akash Nahar³, <u>Mitchell Cairo</u>⁴, ¹IRCCS Azienda Ospedaliero-Universitaria di Bologna Istituto di Ematologia "Seragnoli", Bologna, Italy, ²Dipartimento di Medicina Specialistica, Diagnostica e Sperimentale, Universita di Bologna, Bologna, Italy, ³Merck & Co., Inc., Kenilworth, NJ, USA, ⁴Westchester Medical Center, New York Medical College, Valhalla, NY, USA

WAVELINE-003: OPEN-LABEL, ACTIVE-CONTROL, PHASE 2/3 STUDY OF ZILOVERTAMAB VEDOTIN PLUS STANDARD OF CARE IN PATIENTS WITH RELAPSED OR REFRACTORY DIFFUSE LARGE B-CELL LYMPHOMA

Patrick Cobb¹; Heng Zhou²; <u>Samhita Chakraborty</u>²; Akash Nahar², ¹St. Vincent Healthcare Cancer Centers of Montana, Billings MT, USA; ²Merck & Co., Inc., Kenilworth, NJ, USA

POSITRON EMISSION TOMOGRAPHY DERIVED METRICS IN RELAPSED OR REFRACTORY LARGE B-CELL LYMPHOMA WITH RESIDUAL DISEASE BEFORE AUTOLOGOUS STEM CELL TRANSPLANT

<u>Hua-Jay J. Cherng</u>, Guofan Xu, Lei Feng, Raphael Steiner, Luis Fayad, Paolo Strati, Ranjit Nair, Loretta J. Nastoupil, Hun Ju Lee, Sattva S. Neelapu, Christopher R. Flowers, Maria Rodriguez, Jeremy Ramdial, Samer Srour, Yago Nieto, Richard Champlin, Jason Westin, Homer Macapinlac, Elizabeth Shpall*, Sairah Ahmed* (*=contributed equally) - The University of Texas MD Anderson Cancer Center, Houston, TX

A REAL-WORLD STUDY OF COMBINED MODALITY THERAPY FOR EARLY-STAGE HODGKIN LYMPHOMA IN THE PET ERA: TOO LITTLE TREATMENT IMPACTS OUTCOME

<u>Karan L. Chohan, MD</u>¹; Jason R. Young, MD²; Scott Lester, MD³; Muhamad Alhaj Moustafa, MD⁴; Allison Rosenthal, DO⁵; Han W. Tun, MD⁴; Bradford S. Hoppe, MD, MPH⁶; Patrick B. Johnston, MD, PhD⁷; Ivana N. Micallef, MD⁷; Thomas M. Habermann, MD⁷; Stephen M. Ansell, MD, PhD⁷, ¹Department of Medicine, Mayo Clinic, Rochester, MN, USA; ²Department of Radiology, Mayo Clinic, Jacksonville, FL; ³Department of Radiation Oncology, Mayo Clinic, Jacksonville, FL; ⁵Division of Hematology and Medical Oncology, Mayo Clinic, Jacksonville, FL; ⁵Division of Hematology, Mayo Clinic, Phoenix, AZ; ⁶Department of Radiation Oncology, Jacksonville, FL; ⁷Division of Hematology, Mayo Clinic, Rochester, MN.

OUTCOMES OF LYMPHOMA PATIENTS WITH COVID INFECTION DURING OMICRON SURGE

<u>Alexandra Della Pia</u>,^{1,2} Gee Youn (Geeny) Kim,^{1,2} Andrew Ip,^{1,4,5} Jaeil Ahn,³ Yanzhi Liu,³ Michael Koropsak,^{1,4} Charles Zhao,⁵ Amolika Gupta,⁵ Mark Batistick,⁵ Gabriella Magarelli¹, Brittany Lukasik¹, Lori A. Leslie,^{1,4,5} Andre Goy,^{1,4,5} Tatyana Feldman^{1,4,5}, ¹Hackensack University Medical Center, Hackensack, NJ, USA; ²Ernest Mario School of Pharmacy at Rutgers University, Piscataway, NJ, USA; ³Department of Biostatistics, Bioinformatics, and Biomathematics, Georgetown University, Washington, DC, USA; ⁴John Theurer Cancer Center, Hackensack University Medical Center, Hackensack, NJ, USA; ⁵Hackensack Meridian School of Medicine, Nutley, NJ, USA

ASPEN: LONG-TERM FOLLOW-UP RESULTS OF A PHASE 3 RANDOMIZED TRIAL OF ZANUBRUTINIB (ZANU) VS IBRUTINIB (IBR) IN PATIENTS (PTS) WITH WALDENSTRÖM MACROGLOBULINEMIA (WM)

Meletios Dimopoulos, MD¹ Stephen Opat, MBBS² Shirley D'Sa, MD³ Wojciech Jurczak, MD⁴ Hui-Peng Lee, MBChB⁵ Gavin Cull, MBBS⁶ Roger G. Owen, MD⁷ Paula Marlton, MBBS⁸ Bjorn E. Wahlin, MD, PhD⁹ Ramon Garcia-Sanz, MD, PhD¹⁰ Helen McCarthy, MD¹¹ Stephen Mulligan, MBBS, PhD¹² Alessandra Tedeschi, MD¹³ Jorge J. Castillo, MD¹⁴ Jaroslaw Czyz, MD, PhD¹⁵ Carlos Fernandez De Larrea Rodriguez, MD, PhD¹⁶ David Belada, PhD¹⁷ Edward Libby, MD¹⁸ Jeffrey Matous, MD¹⁹ Marina Motta, MD²⁰ Tanya Siddiqi, MD²¹ Monica Tani, MD²² Marek Trneny, MD²³ Monique Minnema, MD, PhD²⁴ Christian Buske, MD²⁵ Veronique Leblond, MD, PhD²⁶ Steven P. Treon, MD, PhD¹⁴ Judith Trotman, MBChB²⁷ Wai Y. Chan, DPhil²⁸ Jingjing Schneider, PhD²⁸ Heather Allewelt, MD²⁸ Sheel Patel, PharmD²⁸ Aileen Cohen, MD²⁸ Constantine S. Tam, MD²⁹, ¹National and Kapodistrian University of Athens, Athens, Greece ²Monash Health & Monash University, Clayton, Victoria, AUS ³Centre for Waldenström's Macroglobulinemia & Associated Disorders, University College London Hospital Foundation Trust, London, United Kingdom ⁴Maria Sklodowska-Curie National Institute of Oncology, Krakow, Poland ⁵Flinders Medical Centre, Adelaide, SA, AUS 6Sir Charles Gairdner Hospital, University of Western Australia, Perth, WA, AUS 7St James University Hospital, Leeds, United Kingdom 8Princess Alexandra Hospital, University of Queensland, Brisbane, Queensland, AUS ⁹Karolinska Universitetssjukhuset & Karolinska Institutet, Stockholm, Sweden ¹⁰Hospital Universitario de Salamanca, Salamanca, Spain ¹¹Royal Bournemouth & Christchurch Hospital, Bournemouth, United Kingdom ¹²Royal North Shore Hospital, Sydney, New South Wales, AUS ¹³ASST Grande Ospedale Metropolitano Niguarda, Milan, Italy ¹⁴Dana-Farber Cancer Institute, Boston, MA, USA ¹⁵Collegium Medicum in Bydgoszcz, Nicolaus Copernicus University in Torun, Bydgoszcz, Poland ¹⁶Hospital Clínic de Barcelona, Barcelona, Spain ¹⁷FN Hradec Kralove, Hradec Králové, Czechia ¹⁸University of Washington/Seattle Cancer Care Alliance - Clinical Research, Seattle, WA, USA ¹⁹Colorado Blood Cancer Institute, Denver, Colorado, USA ²⁰AO Spedali Civili di Brescia, Lombardia, Italy ²¹City of Hope National Medical Center, Duarte, CA, USA ²²Ospedale Civile Santa Maria delle Croci, AUSL Ravenna, Italy 23Všeobecná fakultní nemocnice v Praze, Prague, Czechia ²⁴University Medical Center Utrecht, Utrecht, Netherlands ²⁵CCC Ulm - Universitätsklinikum Ulm, Ulm, Baden-Württemberg, Germany ²⁶Sorbonne University, Pitié Salpêtrière Hospital, Paris, France ²⁷Concord Repatriation General Hospital, Sydney, New South Wales, AUS 28BeiGene USA, Inc., San Mateo, CA, USA ²⁹Royal Melbourne Hospital, Parkville, Victoria, AUS

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TRANSCRIPTIONAL REGULATION OF AURORA-B KINASE EXPRESSION IN B CELL LYMPHOMA

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DIAGNOSIS AND MANAGEMENT OF IMMUNE-RELATED ADVERSE EVENTS IN RELAPSED FOLLICULAR LYMPHOMA PATIENTS TREATED WITH PEMBROLIZUMAB AND RITUXIMAB IN A PHASE II SINGLE-SITE STUDY AT MD ANDERSON CANCER CENTER

 $\underline{L \ Dsouza^1}, J \ Thomas^1, L \ Nastoupil^1, \ ^1MD \ Anderson \ Cancer \ Center \ Houston, TX \ United \ States$

ANALYSIS OF PROGRESSION FOLLOWING MODERN REDUCED VOLUME, REDUCED DOSE RADIATION THERAPY FOR HODGKIN LYMPHOMA

Daniel K Ebner MD MPH¹, William Breen MD¹, Karan Chohan MD², Bradley Stish MD¹, Safia Ahmed MD¹, Anita Mahajan MD¹, Nadia Laack MD¹, Thomas M. Habermann, MD³, Stephen Ansell MD PhD³, Scott Lester MD¹, ¹Department of Radiation Oncology, Mayo Clinic, Rochester MN, 55905, United States ²Department of Internal Medicine, Mayo Clinic, Rochester MN, 55905, United States ³Division of Hematology, Mayo Clinic, Rochester MN, 55905, United States

FIRST-LINE TREATMENT (TX) WITH SUBCUTANEOUS (SC) EPCORITAMAB (EPCO) + R-CHOP IN PATIENTS (PTS) WITH HIGH-RISK DIFFUSE LARGE B-CELL LYMPHOMA (DLBCL): PHASE 1/2 DATA UPDATE

Michael Roost Clausen, MD, PhD,¹ Fritz Offner, MD, PhD,² David Belada, MD, PhD,³ Joshua Brody, MD,⁴ Kim M. Linton, MBChB, PhD,⁵ Yasmin Karimi, MD,⁶ Raul Cordoba, MD, PhD,⁷ Sylvia Snauwaert, MD, PhD,⁸ Aqeel Abbas, MS,⁹ Liwei Wang, PhD,⁹ Jun Wu, MD, MS,¹⁰ <u>Brian Elliott, MD</u>,⁹ Lorenzo Falchi, MD¹¹, ¹Vejle Hospital, Vejle, Denmark; ²Universitair Ziekenhuis Gent, Ghent, Belgium; ³4th Department of Internal Medicine – Hematology, University Hospital and Faculty of Medicine, Hradec Králové, Czech Republic; ⁴Icahn School of Medicine at Mount Sinai, New York, NY, USA; ⁵The Christie NHS Foundation Trust and Manchester Cancer Research Centre, Manchester, UK; ⁶University of Michigan Comprehensive Cancer Center, Ann Arbor, MI, USA; ⁷Fundacion Jimenez Diaz University Hospital, Health Research Institute IIS-FJD, Madrid, Spain; ⁸Department of Hematology, AZ Sint-Jan Hospital, Bruges, Belgium; ⁹Genmab, Princeton, NJ, USA; ¹⁰AbbVie, North Chicago, IL, USA; ¹¹Lymphoma Service, Memorial Sloan Kettering Cancer Center, New York, NY, USA

SUBCUTANEOUS EPCORITAMAB WITH RITUXIMAB + LENALIDOMIDE (R²) IN PATIENTS (PTS) WITH RELAPSED OR REFRACTORY (R/R) FOLLICULAR LYMPHOMA (FL): UPDATE FROM PHASE 1/2 TRIAL

Lorenzo Falchi, MD,¹ Sirpa Leppä, MD,² Björn E. Wahlin, MD, PhD,³ Marcel Nijland, MD, PhD,⁴ Jacob Haaber Christensen, MD, PhD,⁵ Sven de Vos, MD, PhD,⁶ Harald Holte, MD, PhD,⁷ Kim M. Linton, MBChB, PhD,⁸ Aqeel Abbas, MS,⁹ Liwei Wang, PhD,⁹ Minh Dinh, MD,¹⁰ <u>Brian Elliott, MD</u>,⁹ David Belada, MD, PhD¹¹, ¹Lymphoma Service, Memorial Sloan Kettering Cancer Center, New York, NY, USA; ²Helsinki University Hospital Comprehensive Cancer Center and University of Helsinki, Helsinki, Finland; ³Karolinska Institutet, Stockholm, Sweden; ⁴University Medical Center Groningen and University of Groningen, Groningen, Netherlands; ⁵Odense University Hospital, Odense, Denmark; ⁶Ronald Reagan University of California Los Angeles Medical Center, Los Angeles, CA, USA; ⁷Oslo University Hospital and KG Jebsen Center for B-cell Malignancies, Oslo, Norway; ⁸The Christie NHS Foundation Trust and Manchester Cancer Research Centre, Manchester, UK; ⁹Genmab, Princeton, NJ, USA; ¹⁰AbbVie, North Chicago, IL, USA; ¹¹4th Department of Internal Medicine – Hematology, University Hospital and Faculty of Medicine, Hradec Králové, Czech Republic

QUIZARTINIB PROLONGED SURVIVAL VS PLACEBO PLUS INTENSIVE INDUCTION AND CONSOLIDATION THERAPY FOLLOWED BY SINGLE-AGENT CONTINUATION IN PATIENTS AGED 18-75 YEARS WITH NEWLY DIAGNOSED FLT3-ITD+ AML

Harry Erba¹, Pau Montesinos², Radovan Vrhovac³, Elzbieta Patkowska⁴, Hee-Je Kim⁵, Pavel Zak⁶, Po-Nan Wang⁷, Tsvetomir Mitov⁸, James Hanyok⁸, Li Liu⁹, Aziz Benzohra⁹, Arnaud Lesegretain⁹, Jorge Cortes¹⁰, Alexander Perl¹¹, Mikkael Sekeres¹², Hervé Dombret¹³, Sergio Amadori¹⁴, Jianxiang Wang¹⁵, Mark Levis¹⁶, Richard Schlenk¹⁷ ¹Duke Cancer Institute, Durham, NC, United States of America, ²La Fe University and Polytechnic Hospital, Valencia, Spain, ³University Hospital Centre Zagreb, Zagreb, Croatia, ⁴Institute of Hematology and Blood Transfusion, Warsaw, Poland, 5Catholic Hematology Hospital, Seoul St. Mary's Hospital, The Catholic University of Korea, Seoul, South Korea, ⁶University Hospital Hradec Kralove, Hradec Kralove, Czech Republic, ⁷Chang Gung Medical Foundation, Linkou, Taiwan, 8Daiichi Sankyo UK Ltd, Uxbridge, United Kingdom, ⁹Daiichi Sankyo, Inc, Basking Ridge, NJ, United States of America, ¹⁰Augusta University Medical Center, Augusta, GA, United States of America, ¹¹University of Pennsylvania, Philadelphia, PA, United States of America, ¹²University of Miami Health System, Miami, FL, United States of America, ¹³Saint Louis Hospital, University of Paris, Paris, France, ¹⁴Tor Vergata Polyclinic Hospital Rome, Rome, Italy, ¹⁵Institute of Hematology and Blood Diseases Hospital, Tianjin, China, ¹⁶Johns Hopkins University, Baltimore, MD, United States of America, ¹⁷Heidelberg University Hospital and German Cancer Research Center, Heidelberg, Germany

E-POSTERS

ENCORE: CLASSIC HODGKIN LYMPHOMA: REAL-WORLD OBSERVATIONS FROM PHYSICIANS, PATIENTS, AND CAREGIVERS ON THE DISEASE AND ITS TREATMENT (CONNECT): PHYSICIAN FRONTLINE TREATMENT PREFERENCES FOR STAGE III OR IV CLASSIC HODGKIN LYMPHOMA

<u>Andrew M. Evens</u>¹; Kristina S. Yu²; Nicholas Liu²; Andy Surinach³; Katie Holmes⁴; Carlos Flores³; Supriya Kumar⁴^{*}; Michelle Fanale²; Darcy R. Flora⁵; Susan K. Parsons⁶, (* at time of study): ¹Rutgers Cancer Institute of New Jersey, New Brunswick, NJ, USA; ²Seagen Inc., Bothell, WA, USA; ³Genesis Research, Hoboken, NJ, USA; ⁴Ipsos Healthcare, New York, NY, USA; ⁵GRYT Health, Rochester, NY, USA; ⁶Tufts Medical Center, Boston, MA, USA

MORNINGSUN: AN OPEN-LABEL, PHASE II TRIAL ASSESSING THE SAFETY, EFFICACY, AND PHARMACOKINETICS OF SUBCUTANEOUS MOSUNETUZUMAB MONOTHERAPY IN PATIENTS WITH SELECT B-CELL NON-HODGKIN LYMPHOMAS

<u>I W Flinn</u>, ¹ N S Yao, ² J M L Biondo, ² M Wu, ² T Lin, ² M C Wei, ² A Kwan, ² Y Mun, ² V S Chopra, ² J M Burke³ ¹Sarah Cannon Research Institute/Tennessee Oncology, Nashville, TN, US; ²Genentech, Inc., South San Francisco, CA, US; ³US Oncology Hematology Research Program, Rocky Mountain Cancer Centers, Aurora, CO, USA

ENCORE: CLASSIC HODGKIN LYMPHOMA: REAL-WORLD OBSERVATIONS FROM PHYSICIANS, PATIENTS, AND CAREGIVERS ON THE DISEASE AND ITS TREATMENT (CONNECT)—A CROSS-SECTIONAL SURVEY OF PATIENTS WITH STAGE III OR IV CLASSIC HODGKIN LYMPHOMA COMPARED BY AGE

<u>Darcy R. Flora</u>¹; Susan K. Parsons²; Nicholas Liu³; Kristina S. Yu³; Katie Holmes⁴; Carlos Flores⁵; Michelle Fanale³; Supriya Kumar⁴; Andy Surinach⁵; Rachel Byrd¹; Andrew M. Evens⁶, (*at time of study): ¹GRYT Health, Rochester, NY, USA; ²Tufts Medical Center, Boston, MA, USA; ³Seagen Inc., Bothell, WA, USA; ⁴Ipsos Healthcare, New York, NY, USA; ⁵Genesis Research, Hoboken, NJ, USA; ⁶Rutgers Cancer Institute of New Jersey, New Brunswick, NJ, USA

REALMIND: A PROSPECTIVE, MULTICENTER, OBSERVATIONAL STUDY OF PATIENTS WITH RELAPSED/REFRACTORY DIFFUSE LARGE B-CELL LYMPHOMA STARTING SECOND-/THIRD-LINE THERAPY AND NOT RECEIVING A STEM CELL TRANSPLANT

<u>Christopher R. Flowers</u>,¹ John M. Burke,² Mirko Vukcevic,³ Susan Snodgrass,⁴ Kim Saverno,⁴ Mary Ann A. Lumiqued,³ Haifaa Abdulhaq,⁵ Elizabeth Brem,⁶ Andrew Evens,⁷ Umar Farooq,⁸ Pierluigi Porcu,⁹ Mazyar Shadman¹⁰, ¹Department of Lymphoma/Myeloma, Division of Cancer Medicine, The University of Texas MD Anderson Cancer Center, Houston, Texas, USA; ²US Oncology Hematology Research Program, Rocky Mountain Cancer Centers, Aurora, Colorado, USA; ³MorphoSys AG, Planegg, Germany; ⁴Incyte Corporation, Wilmington, Delaware, USA; ⁵University of California San Francisco, Fresno/Community Cancer Institute, Clovis, California, USA; ⁶UCI Health Irvine, Irvine, California, USA; ⁷Rutgers Cancer Institute of New Jersey, New Brunswick, New Jersey, USA; ⁸University of Iowa Hospitals & Clinics, Iowa City, Iowa, USA; ⁹Thomas Jefferson University, Philadelphia, Pennsylvania, USA; ¹⁰Fred Hutchinson Cancer Research Center Seattle, Washington, USA

MINDWAY: A PHASE IB/II DOSE OPTIMIZATION STUDY TO ASSESS SAFETY AND PHARMACOKINETICS OF TAFASITAMAB + LENALIDOMIDE IN PATIENTS WITH RELAPSED/REFRACTORY DIFFUSE LARGE B-CELL LYMPHOMA

<u>Richard Greil</u>,¹ Katerina Kopeckova,² Luca Arcaini,³ Aasim Amin,⁴ Katrien de Graaf,⁴ Anna-Maria Jegg⁴, ¹Department of Internal Medicine III with Haematology, Medical Oncology, Haemostaseology, Infectiology and Rheumatology, Oncologic Center, Salzburg Cancer Research Institute – Laboratory for Immunological and Molecular Cancer Research (SCRI-LIMCR), Paracelsus Medical University, Salzburg, Austria. Cancer Cluster Salzburg, Austria; ²Department of Oncology of the 2nd Faculty of Medicine of Charles University and Motol University Hospital, Praha, Czech Republic; ³Division of Hematology, Fondazione IRCCS Policlinico San Matteo and Department of Molecular Medicine, University of Pavia, Pavia, Italy; ⁴MorphoSys AG, Planegg, Germany

MANAGEMENT OF BISPECIFIC TOXICITY: CYTOKINE RELEASE SYNDROME (CRS) IN NON-HODKINS LYMPHOMA FOR THE ADVANCED PRACTICE PROVIDER (APP)

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IDENTIFICATION OF THE PATHWAY OF BIA-ALCL BY ANALYZING THE DIFFERENCE IN IMMUNE RESPONSE ACCORDING TO THE TEXTURE OF THE BREAST IMPLANT

Sanyeowool An¹, <u>Jeong Hyun Ha</u>², Youngil Koh³, Ung Sik Jin^{2,4}, Sung-Soo Yoon³, ¹Cancer research Institute, Seoul National University College of Medicine, Seoul, Korea; ²Department of Plastic and Reconstructive Surgery, Seoul National University Hospital, Seoul, Korea; ³Department of Internal Medicine, Seoul National University Hospital, Seoul, Korea; ⁴Department of Plastic and Reconstructive Surgery, Seoul National University College of Medicine, Seoul, Korea

BRUIN CLL-321: A PHASE 3 OPEN-LABEL, RANDOMIZED STUDY OF PIRTOBRUTINIB VERSUS INVESTIGATOR'S CHOICE OF IDELALISIB PLUS RITUXIMAB OR BENDAMUSTINE PLUS RITUXIMAB IN BTK INHIBITOR PRETREATED CHRONIC LYMPHOCYTIC LEUKEMIA/SMALL LYMPHOCYTIC LYMPHOMA (TRIAL IN PROGRESS)

<u>M. Hill</u>¹, J. Sharman², W. Jurczak³, C. Coombs⁴, D. Wang¹, N. Ku¹, A. Guntur¹, S. Shahda¹, C. Leow¹, P. Ghia⁵, A. Mato⁶, ¹Loxo Oncology at Lilly, Stamford, CT, USA; ²Willamette Valley Cancer Institute and Research Center, US Oncology Research, Eugene, OR, USA; ³Maria Sklodowska-Curie National Research Institute of Oncology, Krakow, Poland; ⁴University of North Carolina at Chapel Hill, Chapel Hill, NC, USA; ⁵Università Vita-Salute San Raffaele and IRCCS Ospedale San Raffaele, Milan, Italy; ⁶Memorial Sloan Kettering Cancer Center, New York, NY, USA

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SUBCUTANEOUS PANNICULITIS-LIKE T-CELL LYMPHOMA: CLINICAL CHARACTERISTICS, THERAPEUTIC APPROACH, AND OUTCOME; A 20-YEAR RETROSPECTIVE CASE SERIES

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SEQUOIA: RESULTS OF A PHASE 3 RANDOMIZED STUDY OF ZANUBRUTINIB (ZANU) VERSUS BENDAMUSTINE + RITUXIMAB (BR) IN PATIENTS (PTS) WITH TREATMENT-NAÏVE (TN) CHRONIC LYMPHOCYTIC LEUKEMIA/SMALL LYMPHOCYTIC LYMPHOMA (CLL/SLL)

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COST EFFECTIVENESS OF POLATUZUMAB VEDOTIN IN COMBINATION WITH CHEMOIMMUNOTHERAPY IN PREVIOUSLY UNTREATED DIFFUSE LARGE B-CELL LYMPHOMA

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PHASE 2 STUDY OF THE SYK INHIBITOR MIVAVOTINIB IN RELAPSED/REFRACTORY (R/R) NON-GCB DIFFUSE LARGE B-CELL LYMPHOMA (DLBCL) WITH OR WITHOUT MYD88 AND/OR CD79 MUTATIONS

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A SPLICING VARIANT OF AIMP2 INDUCES GERMINAL CENTER ORIGIN B CELL LYMPHOMAGENESIS

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AN UPDATED OVERVIEW OF CLINICAL TRIALS INVESTIGATING IN-CLASS TRANSITION FROM PARENTERAL TO ORAL PROTEASOME INHIBITOR (PI)-BASED TREATMENT WITH IXAZOMIB IN PATIENTS (PTS) WITH MULTIPLE MYELOMA (MM)

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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 (TRIAL IN PROGRESS)

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PIRTOBRUTINIB, A HIGHLY SELECTIVE, NON-COVALENT (REVERSIBLE) BTK INHIBITOR IN PREVIOUSLY TREATED MANTLE CELL LYMPHOMA: UPDATED RESULTS FROM THE PHASE 1/2 BRUIN STUDY

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ENCORE: THE IMPACT OF CLASSIC HODGKIN LYMPHOMA (CHL) ON INFORMAL CAREGIVERS: RESULTS FROM THE CHL: REAL-WORLD OBSERVATIONS FROM PHYSICIANS, PATIENTS, AND CAREGIVERS ON THE DISEASE AND ITS TREATMENT (CONNECT) STUDY

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THE VALUE TO SOCIETY OF ADVANCING THE CARE OF PATIENTS WITH FIXED TREATMENT DURATION IN CHRONIC LYMPHOCYTIC LEUKEMIA

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COST-EFFECTIVENESS OF POLATUZUMAB VEDOTIN IN PREVIOUSLY UNTREATED DIFFUSE LARGE B-CELL LYMPHOMA

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MAJIC: A PHASE 3 PROSPECTIVE, MULTICENTER, RANDOMIZED, OPEN-LABEL TRIAL OF ACALABRUTINIB PLUS VENETOCLAX VERSUS VENETOCLAX PLUS OBINUTUZUMAB IN PREVIOUSLY UNTREATED CHRONIC LYMPHOCYTIC LEUKEMIA OR SMALL LYMPHOCYTIC LYMPHOMA

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THROMBOTIC MICROANGIOPATHY AFTER COVID-19 VACCINATION IN THE POST-TRANSPLANT PATIENT: A CASE PRESENTATION

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PATIENT-CENTRIC OUTCOMES AMONG PATIENTS WITH FOLLICULAR LYMPHOMA TREATED IN THE REAL-WORLD SETTING

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POLATUZUMAB VEDOTIN PLUS RITUXIMAB, CYCLOPHOSPHAMIDE, DOXORUBICIN, AND PREDNISONE (POLA-R-CHP) VERSUS RITUXIMAB, CYCLOPHOSPHAMIDE, DOXORUBICIN, VINCRISTINE AND PREDNISONE (R-CHOP) THERAPY IN PATIENTS WITH PREVIOUSLY UNTREATED DIFFUSE LARGE B-CELL LYMPHOMA (DLBCL): RESULTS FROM THE PHASE III POLARIX STUDY

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CASE STUDY: PHOTOSENSITIVITY RASH ASSOCIATED WITH LONCASTUXIMAB TESERINE

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ROLE OF ADVANCED PRACTICE PROVIDERS (APP'S) IN IDENTIFYING POST CHIMERIC ANTIGEN RECEPTOR T-CELL (CAR-T) ASSOCIATED HEMOPHAGOCYTIC LYMPHOHISTIOCYTOSIS (HLH) OR MACROPHAGE ACTIVATION SYNDROME (MAS)

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CB-010, A CRISPR-EDITED ALLOGENEIC ANTI-CD19 CAR -T CELL THERAPY WITH A PD-1 KNOCK OUT, IN PATIENTS WITH RELAPSED OR REFRACTORY B CELL NON-HODGKIN LYMPHOMA (ANTLER STUDY)

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SUBGROUP ANALYSIS IN RE-MIND2, AN OBSERVATIONAL, RETROSPECTIVE COHORT STUDY OF TAFASITAMAB + LENALIDOMIDE VERSUS SYSTEMIC THERAPIES IN PATIENTS WITH RELAPSED/REFRACTORY DIFFUSE LARGE B-CELL LYMPHOMA

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ENCORE: CLASSIC HODGKIN LYMPHOMA: REAL-WORLD OBSERVATIONS FROM PHYSICIANS, PATIENTS, AND CAREGIVERS ON THE DISEASE AND ITS TREATMENT (CONNECT): OBSERVATIONS OF PHYSICIANS ON TREATMENT AND INTERIM PET-ADAPTED REGIMENS

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AN ONCOLOGY SIMULATION MODEL TO ESTIMATE 10-YEAR OVERALL SURVIVAL, PROGRESSION-FREE SURVIVAL, AND STEM CELL TRANSPLANTATION FOR FRONTLINE, STAGE III OR IV CLASSICAL HODGKIN LYMPHOMA BASED ON THE OVERALL SURVIVAL UPDATE OF THE ECHELON-1 TRIAL: A UNITED STATES PERSPECTIVE

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AUTOLOGOUS STEM CELL TRANSPLANTATION OUTCOMES IN RELAPSED/REFRACTORY FOLLICULAR LYMPHOMA: A MULTICENTER, RETROSPECTIVE ANALYSIS

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FIRST-LINE BRENTUXIMAB VEDOTIN PLUS CHEMOTHERAPY IMPROVES OVERALL SURVIVAL IN PATIENTS WITH STAGE III/IV CLASSICAL HODGKIN LYMPHOMA: AN UPDATED ANALYSIS OF ECHELON-1

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SUBCUTANEOUS EPCORITAMAB + R-DHAX/C IN PATIENTS (PTS) WITH RELAPSED OR REFRACTORY (R/R) DIFFUSE LARGE B-CELL LYMPHOMA (DLBCL) ELIGIBLE FOR AUTOLOGOUS STEM CELL TRANSPLANT (ASCT): PRELIMINARY PHASE 1/2 RESULTS

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HEMOPHAGOCYTIC LYMPHOHISTIOCYTOSIS (HLH) AND EBSTEIN-BARR VIRUS (EBV) POSITIVE CLASSIC HODGKIN'S LYMPHOMA (CHL) FOLLOWING SARS-COV-2 INFECTION

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UPPER GASTROINTESTINAL (GI) DISEASE MORBIDITY, PEPTIC ULCER EVENT RISK, AND GASTRIC ACID–REDUCING AGENT (GARA) USE IN PATIENTS (PTS) WITH MANTLE CELL LYMPHOMA (MCL) OR CHRONIC LYMPHOCYTIC LEUKEMIA/SMALL LYMPHOCYTIC LEUKEMIA (CLL/SLL)

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CD30+ ALK+ PRIMARY CUTANEOUS ANAPLASTIC LARGE CELL LYMPHOMA MASQUERADING AS CELLULITIS

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REAL-WORLD ANALYSIS OF BRENTUXIMAB VEDOTIN MONOTHERAPY RE-TREATMENT IN PATIENTS WITH RELAPSED OR REFRACTORY CHL OR PTCL: A RETROSPECTIVE US CLAIMS ANALYSIS

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ZANUBRUTINIB IN 13 ACALABRUTINIB-INTOLERANT PATIENTS (PTS) WITH B-CELL MALIGNANCIES

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PIRTOBRUTINIB, A HIGHLY SELECTIVE, NON-COVALENT (REVERSIBLE) BTK INHIBITOR IN PREVIOUSLY TREATED CLL/SLL: UPDATED RESULTS FROM THE PHASE 1/2 BRUIN STUDY

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TDT+ BLASTOID B-CELL NEOPLASM PRESENTED IN BONE MARROW: IS IT LYMPHOMA OR ACUTE B LYMPHOBLASTIC LEUKEMIA?

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A MULTICOHORT, OPEN-LABEL, PHASE 2 STUDY OF A COFORMULATION OF VIBOSTOLIMAB AND PEMBROLIZUMAB IN PATIENTS WITH RELAPSED OR REFRACTORY (R/R) HEMATOLOGIC MALIGNANCIES: KEYVIBE-004

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INDIRECT COMPARISONS OF EFFICACY OF ZANUBRUTINIB VERSUS ORELABRUTINIB IN PATIENTS WITH RELAPSED OR REFRACTORY CHRONIC LYMPHOCYTIC LEUKEMIA/SMALL LYMPHOCYTIC LYMPHOMA OR RELAPSED OR REFRACTORY MANTLE CELL LYMPHOMA

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TRIAL IN PROGRESS: A PHASE 1B/2 STUDY OF GB5121, A NOVEL, HIGHLY SELECTIVE, POTENT, AND CNS-PENETRANT BTK INHIBITOR FOR RELAPSED/REFRACTORY PRIMARY/SECONDARY CNS LYMPHOMA AND PRIMARY VITREORETINAL LYMPHOMA

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OPEN-LABEL PHASE 2 STUDY OF THE EFFICACY AND SAFETY OF PEMBROLIZUMAB ADMINISTERED EVERY 6 WEEKS IN PATIENTS WITH RELAPSED OR REFRACTORY CLASSICAL HODGKIN LYMPHOMA OR PRIMARY MEDIASTINAL B-CELL LYMPHOMA: KEYNOTE B68

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MULTIVALENT RITUXIMAB ZEIN NANOPARTICLES FOR IMPROVED LYMPHOMA THERAPIES: A PRECLINICAL INVESTIGATION

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FRONTMIND: A PHASE III, RANDOMIZED, DOUBLE-BLIND STUDY OF TAFASITAMAB + LENALIDOMIDE + R-CHOP VERSUS R-CHOP ALONE FOR NEWLY DIAGNOSED HIGH-INTERMEDIATE AND HIGH-RISK DIFFUSE LARGE B-CELL LYMPHOMA

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PREFERENCES AND PERCEPTIONS REGARDING TREATMENT DECISION-MAKING FOR RELAPSED OR REFRACTORY DIFFUSE LARGE B-CELL LYMPHOMA (R/R DLBCL)

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A PHASE II STUDY OF ZANUBRUTINIB-BASED INDUCTION AND MAINTENACE THERAPY IN YOUNG AND FIT PATIENTS WITH UNTREATED MANTLE CELL LYMPHOMA (BRIDGE): A CASE SERIES REPORT

<u>Xiaoxiao Wang</u>, Qingqing Cai, Zhiming Li, Yan Gao, Yi Xia, Xuanye Zhang, He Huang, Bin Bai, and Huiqiang Huang, Sun Yat-Sen University Cancer Center, Guangzhou, China 🗾 e-Posters are available on your phone/tablet via the conference app or on your laptop/desktop via the conference portal.

CP0107, A NOVEL CD20-DEPENDENT CD47-TARGETING BISPECIFIC FUSION PROTEIN FOR ADVANCED CD20-POSITIVE NON-HODGKINS LYMPHOMA

LP Song, Y Li, WR Ye, T Sheng, HH Zhang, XM Li, JN Jia, H Xu, XH Lin, YF Su, YS She, YJ Cheng, AT Wu, L Yang, ZX Zhang, JX Hu, C Chen, DF Liu, CY Zeng, Y Fan, <u>XD Wang</u>, Q Wang, CSPC-Shanghai JMT-BIO Technology Co., Ltd (Shanghai, China) & Conjupro Biotherapeutics Inc. (NJ, United States)

PRIMARY MEDIASTINAL B-CELL LYMPHOMA PRESENTING AS CHEST PAIN IN A YOUNG WOMAN AND TREATED WITH EPOCH-R

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BELLWAVE-003: PHASE 2 STUDY OF THE BTK INHIBITOR NEMTABRUTINIB IN HEMATOLOGIC MALIGNANCIES

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GB5121 IS A NOVEL, IRREVERSIBLE, COVALENT BTK INHIBITOR WITH HIGH SELECTIVITY AND CNS-PENETRANCE FOR TREATMENT OF CNS MALIGNANCIES

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TIDAL: PRIMARY ANALYSIS OF A GLOBAL PHASE II STUDY OF THE EFFICACY AND SAFETY OF ZANDELISIB ADMINISTERED BY INTERMITTENT DOSING (ID) IN PATIENTS WITH RELAPSED OR REFRACTORY (R/R) FOLLICULAR LYMPHOMA (FL)

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REAL-WORLD USE OF MOGAMULIZUMAB AMONG PATIENTS WITH MYCOSIS FUNGOIDES AND SÉZARY SYNDROME BEFORE AND DURING COVID-19 IN THE UNITED STATES

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INSURE: A GLOBAL POOLED ANALYSIS (INSIGHT MM, UVEA-IXA, AND REMIX) OF PATIENTS (PTS) WITH RELAPSED/REFRACTORY MULTIPLE MYELOMA (RRMM) TREATED WITH IXAZOMIB-LENALIDOMIDE-DEXAMETHASONE (IRD) IN ROUTINE CLINICAL PRACTICE

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As Nebraska's only public academic health sciences center, the University of Nebraska Medical Center (UNMC) is committed to the education of a 21st century health care work force, to finding cures and treatments for devastating diseases, to providing the best care for patients, and to serving our state and its communities through awardwinning outreach. UNMC is also committed to embracing the richness of diversity and is a major economic engine for the state of Nebraska. Led by Chancellor Jeffrey P. Gold, MD, UNMC has six colleges, two institutes, and a graduate studies program, serving nearly 4,000 students in more than two dozen programs. As an academic health science center, UNMC offers patients world-class health care, backed by the latest research innovations and practiced by faculty training the next generation of health care providers. With our hospital partner, Nebraska Medicine, UNMC provides services in about 50 specialties, including cancer, neurosciences, heart disease and others. Through this unique combination of academic, scientific, and health care experience, UNMC transforms the discoveries of the laboratory and theory of the classroom into breakthroughs for health.

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The Division of Oncology and Hematology is comprised of 32 faculty and physicians, with six specializing in lymphoma. The Division is interested in the diagnosis and treatment of all malignancies (cancers). Treatment may include chemotherapy, radiation therapy, immunotherapy, pathway targeted agents, or cellular therapies, including CAR T-cell therapy and bone marrow transplantation.

The Division's physicians specialize in many types of cancers including lymphomas, leukemia, multiple myeloma, urologic, breast, lung, gastric and pancreatic, neuro-oncologic, brain cancer, melanoma, hepatocellular, and other solid tumors.

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Nebraska Medicine traces its roots back to 1869 with the founding of Omaha's first hospital. In the decades since, it has built an international reputation for breakthroughs in cancer care, organ transplantation and treatment of infectious diseases.

In 2017, Nebraska Medicine earned the Bernard A. Birnbaum, MD Quality Leadership Award from Vizient, Inc. which recognizes it in the top ten quality academic health systems in the United States. For five straight years, Nebraska Medicine has also been named to Becker's Hospital Review's list of 100 Great Hospitals in America.

Fred & Pamela Buffett Cancer Center

The UNMC Fred & Pamela Buffett Cancer Center is the region's only National Cancer Institute (NCI) designated cancer center and is a member of the National Comprehensive Cancer Network (NCCN). The NCCN is an alliance of the nation's 31 leading cancer centers that develop and institute standards of care for the treatment of cancer and perform outcomes research with the goal of ensuring the delivery of high-quality, cost-effective services to cancer patients nationwide.

Five years after its opening, the Fred & Pamela Buffett Cancer Center continues to lead the world in the battle against cancer. By harnessing the most advanced biomedical and technological tools available, we are increasingly identifying the drivers behind cancer and creating precise therapies that improve outcomes. Through the use of genomics and other new diagnostic tools, we are employing precision medicine to customize therapies and care for each cancer patient.

While all forms of cancer will be treated at the Fred & Pamela Buffett Cancer Center, because of their prevalence in society and the center's potential to have a significant impact in their treatment, the following focus areas have been selected: breast cancer and other women's cancers, head and neck cancers, leukemia and lymphoma, lung cancer, pancreatic and gastrointestinal cancers, and prostate cancer.

The Fred & Pamela Buffet Cancer Center, along with the C.L. Werner Cancer Hospital, aim to provide the side-by-side, rapid development of therapeutics and delivery to patients with cancer.



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