Treatment After CAR T-Cell Therapy Failure in Diffuse Large B-Cell Lymphoma: Hematologist/Oncologists' Perspectives on Odronextamab and Results From the ELM-1 Study

HSD115

Lucht S*, Nwotchouang B, Schuler T, Moffett N, Bone RN, Feinberg B

*Presenting author

Specialty Network Solutions, Cardinal Health, Dublin, Ohio, United States

BACKGROUND

- Despite advances in treatments for relapsed/refractory (R/R) diffuse large B-cell lymphoma (DLBCL), patient outcomes remain poor after failure of anti-CD19 chimeric antigen receptor (CAR) T-cell therapy[1,2]
- Emerging evidence suggests that some patients respond to bispecific antibodies (BsAb) targeting CD20xCD3 after CAR T-cell therapy failure[1,2]
- In the United States (US), epcoritamab and glofitamab are CD20xCD3 BsAbs approved by the Food and Drug Administration (FDA) for R/R DLBCL. Odronextamab, an investigational CD20xCD3 BsAb, also showed promising results in the ELM-1 trial with a 48% overall response rate in patients with CAR T–relapsed DLBCL[3]
- In the context of these recent advances, insights are limited on physician decision-making and preferences for treatment of patients with R/R DLBCL who fail CAR T-cell therapy

OBJECTIVES

This study aimed to understand physician perspectives on the rapidly evolving landscape of R/R DLBCL, including current unmet needs for patients with R/R DLBCL, treatment selection after CAR T-cell therapy failure, and views on the ELM-1 study results for the investigative BsAb odronextamab

METHODS

01 Online Survey
Participant demographics were collected via an online survey ahead of the in-patient summit

02 In-Person Forum
Hematologists/ oncologists (N=66) attended an in-person forum in February 2025

03 R/R DLBCL Treatments
Participants were queried on preferred treatments for R/R DLBCL & reviewed results from the ELM-1 clinical trial

04 Real-Time Responses
Physicians responded to questions in real-time via audience response system technology

05 Analysis
Response data was summarized descriptively

RESULTS

Physician & Practice Characteristics (Table 1)

- Overall, 66 hematologists/oncologists participated in a February 2025 in-person summit
- Participating physicians practiced in predominantly community settings (81.8%) and had a median 15.5 years of clinical experience post-residency (range: 3.0-47.5 years)
- Physicians' practice locations were well-dispersed across regions of the US
- Some practices (39.4%) reported currently administering BsAbs, with 22.8% indicating they planned to start within the next 2 years

Table 1. Physician and practice characteristics

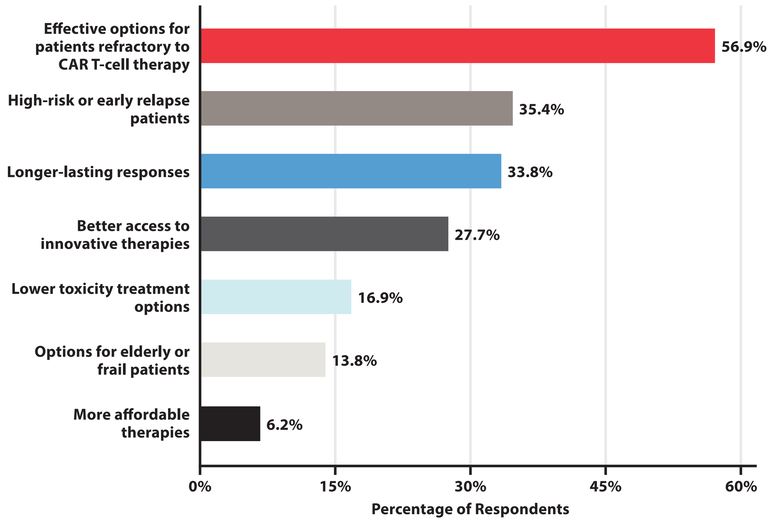
	N=66
Practice setting, n (%)	
Community practice	54 (81.8%)
Non-community	12 (18.2%)
US region of practice, n (%)	
Northeast (CT, DE, MA, MD, ME, NH, NJ, NY, PA, RI, VT)	19 (28.8%)
Midwest (IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, WI)	14 (21.2%)
South (AL, AR, DC, FL, GA, KY, LA, MS, NC, OK, SC, TN, TX, VA, WV)	21 (31.8%)
West (AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA, WY)	12 (18.2%)
Years in practice post-residency	
Median (range)	15.5 (3.0–47.5)
Primary medical specialty, n (%)	
Medical oncology	24 (36.4%)
Hematology	41 (62.1%)
Gastroenterology	1 (1.5%)
Practice readiness to administer BsAb therapies, n (%)	
Currently administers BsAb therapies	26 (39.4%)
Does not currently administer BsAb therapies but plans to within the 2 years	15 (22.8%)
Works in conjunction with a referral center and administers BsAb therapies on an outpatient basis	13 (19.7%)
Does not currently administer BsAb therapies and has no immediate plans to do so	6 (9.1%)
Did not respond	6 (9.1%)

RESULTS

Unmet Patient Needs (Figure 1)

- The majority of respondents (56.9%) cited lack of effective treatment options for patients refractory to CAR T-cell therapy as one of the top unmet needs for patients with R/R DLBCL
- Treatments for high-risk and early relapse patients (35.4%) and longer-lasting responses (33.8%) were also highlighted by respondents as important unmet treatment needs in this patient population

Figure 1. Physician-determined top two greatest unmet needs in the current treatment landscape for R/R DLBCL. Percentages were calculated with a denominator of the number of respondents (n=65) and physicians were able to select up to two response options

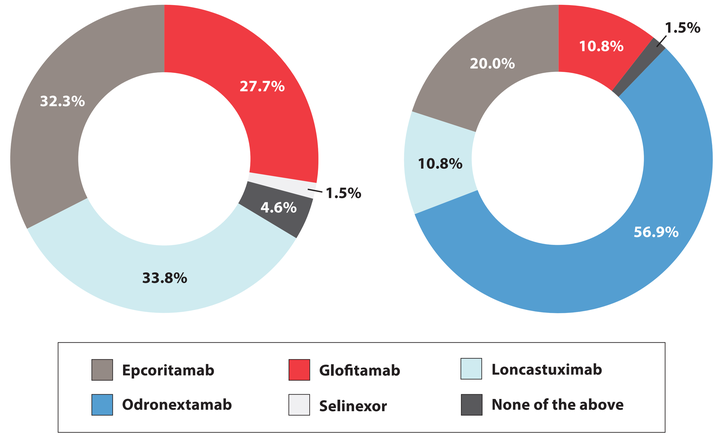


Treatment Selection after CAR T-Cell Therapy Failure

- Prior to reviewing the ELM-1trial results, responding physicians most commonly preferred loncastuximab (33.8%) or epcoritamab (32.3%) as third-line (3L) treatment for a hypothetical patient with transplant-ineligible R/R DLBCL who had received first-line (1L) R-CHOP and second-line (2L) axicabtagene autoleucel (**Figure 2**)
- After reviewing the ELM-1 trial results, 56.9% of respondents would recommend odronextamab for that same hypothetical patient, assuming it receives FDA approval (**Figure 3**)

Figure 2. Physician-recommended 3L treatment for hypothetical patient with transplant-ineligible R/R DLBCL after 1L R-CHOP and 2L CAR T-cell therapy prior to reviewing the ELM-1 trial results. Percentages were calculated with a denominator of the number of respondents (n=65)

Figure 3. Physician-recommended 3L treatment for hypothetical patient with transplant-ineligible R/R DLBCL after 1L R-CHOP and 2L CAR T-cell therapy after reviewing the ELM-1 trial results. Percentages were calculated with a denominator of the number of respondents (n=65)



RESULTS

Additional Data of Interest for Odronextamab (Table 2)

- When considering odronextamab for their patients with R/R DLBCL, respondents were most commonly interested in obtaining additional data on long-term survival outcomes (61.5%)
- More than half of respondents (53.8%) were also interested in comparative data on how odronextamab performs after other bispecific antibodies

Table 2. Additional data for odronextamab physicians felt would be most helpful when considering its use for patients with R/R DLBCL

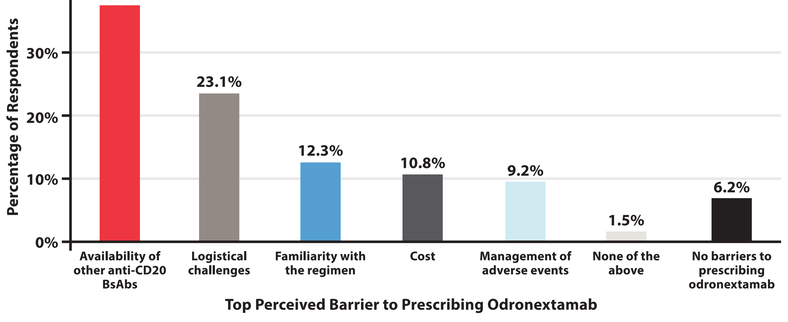
	N=65§†
Data on long-term survival outcomes, n (%)	40 (61.5%)
Comparative data on how odronextamab performs after other bispecific antibodies, n (%)	35 (53.8%)
Efficacy in specific high-risk subgroups, n (%)	22 (33.8%)
Real-world evidence on toxicity management, n (%)	13 (20.0%)
Safety data in older or frailer patients, n (%)	9 (13.8%)
Patient-reported quality of life data, n (%)	2 (3.1%)
Other, n (%)	1 (1.5%)

§Physicians were not required to answer every question; percentages were calculated with a denominator of the number of respondents (n=65)
†Physicians were allowed to select up to two responses

Top Perceived Barriers to Prescribing Odronextamab (Figure 4)

- Respondents most commonly highlighted the availability of other, currently approved anti-CD20 bispecific antibodies (e.g., epcoritamab, glofitamab) as the top barrier (36.9%) to prescribing odronextamab for R/R DLBCL
- Logistical challenges were a concern for 23.1% of responding physicians

Figure 4. Physician-perceived top barrier to prescribing odronextamab for their patients with R/R DLBCL, assuming it receives FDA approval. Percentages were calculated with a denominator of the number of respondents (n=65)



CONCLUSIONS

- Despite multiple approved therapeutics, the majority of hematologists/oncologists were receptive to prescribing the investigative BsAb odronextamab for patients with R/R DLBCL should it receive FDA approval
- Nevertheless, physicians highlighted the need for additional data on long-term survival data and effectiveness of odronextamab after prior BsAb exposure when considering its future use for R/R DLBCL

REFERENCES

1. Nastoupil, L. J. and S. K. Thiruvengadam (2023). "Management of aggressive lymphoma after CAR T-cell therapy failure." *Hematology Am Soc Hematol Educ Program* 2023(1): 364-369.
2. Kharfan-Dabaja, M. A., et al. (2025). "Treatment of Diffuse Large B-cell Lymphoma Progressing or Relapsing after Chimeric Antigen Receptor T-cell Therapy." *Transplant Cell Ther* 31(11): 898 e891-898 e812.
3. Topp, M. S., et al. (2025). "Odronextamab monotherapy in R/R DLBCL after progression with CAR T-cell therapy: primary analysis of the ELM-1 study." *Blood* 145(14): 1498-1509.

ACKNOWLEDGEMENTS

- The authors thank the Marketing and Engagement team at Cardinal Health who made the oncology summit possible. The authors also thank Ryan Laughlin for graphic design support of this poster.

Poster presented at: **ISPOR 2026**
May 17–20, 2026
Philadelphia, Pennsylvania, United States

Corresponding author: **Sarah Lucht**
sarah.lucht@cardinalhealth.com

Abbreviations: 1L, first-line; 2L, second-line; 3L, third-line; BsAb, bispecific antibody; CAR, chimeric antigen receptor; DLBCL, diffuse large B-cell lymphoma; FDA, Food and Drug Administration; R-CHOP, rituximab, cyclophosphamide, doxorubicin, vincristine, and prednisone; R/R, relapsed/refractory; US, United States