STUDY | **ECHELON-3 trial: Brentuximab vedotin plus lenalidomide and rituximab for patients with R/R DLBCL**

Population: N = 230

Primary endpoint: OS. **Secondary endpoints:** PFS, ORR, CR rate, DoR, and AEs.

STUDY DESIGN (NCT04404283)

1:1 randomization

BV+Len+R arm (n = 118)

Brentuximab vedotin 1.2 mg/kg
Every 3 weeks

Pbo+Len+R arm (n = 112)

Placebo
Every 3 weeks

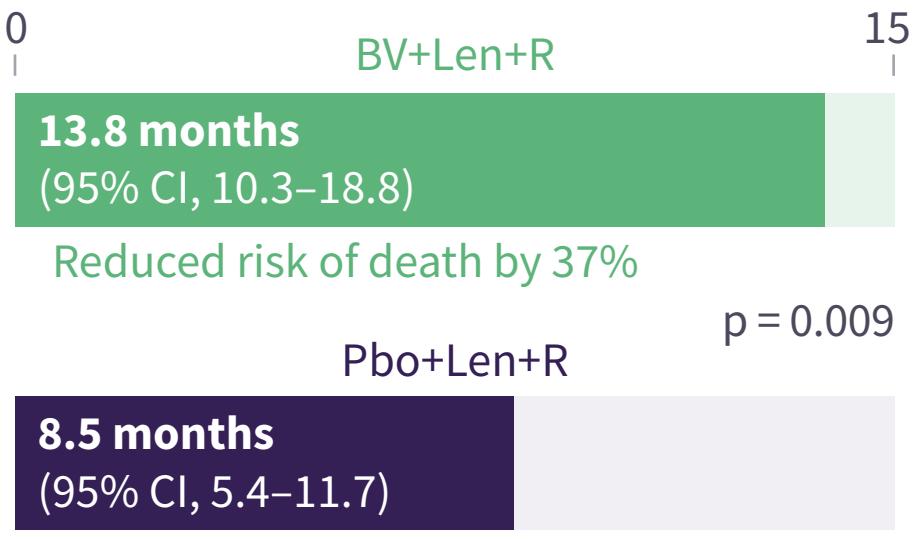
Lenalidomide 20 mg
Once daily

Rituximab* 375 mg/m²
Every 3 weeks

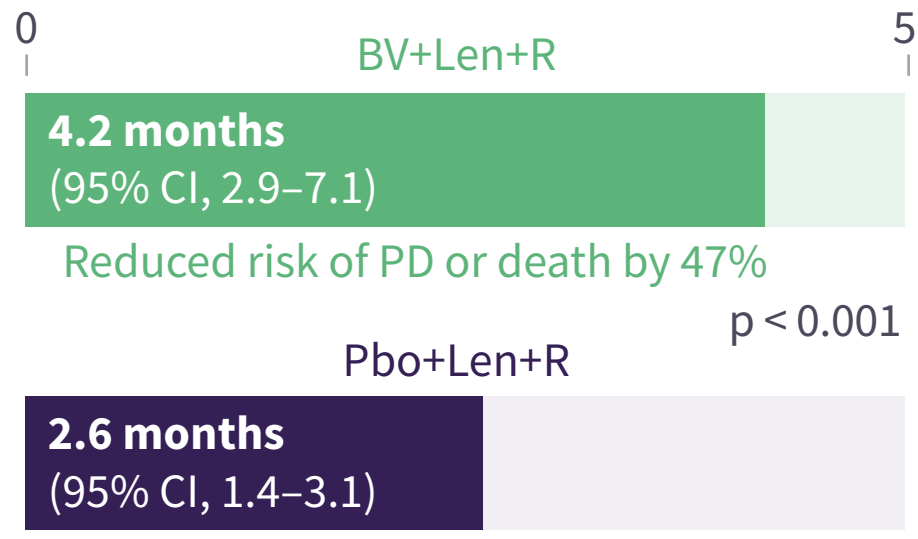
*1,400 mg subcutaneous permitted from Cycle 2 Day 1 through end of treatment.

EFFICACY

Median OS

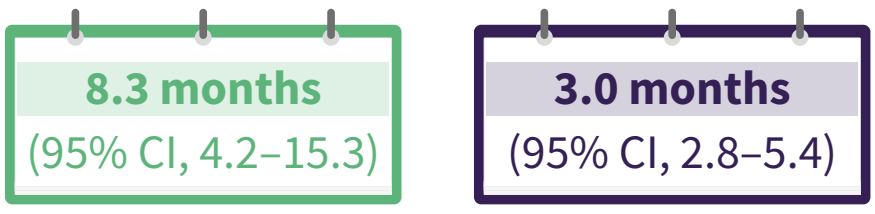


Median PFS



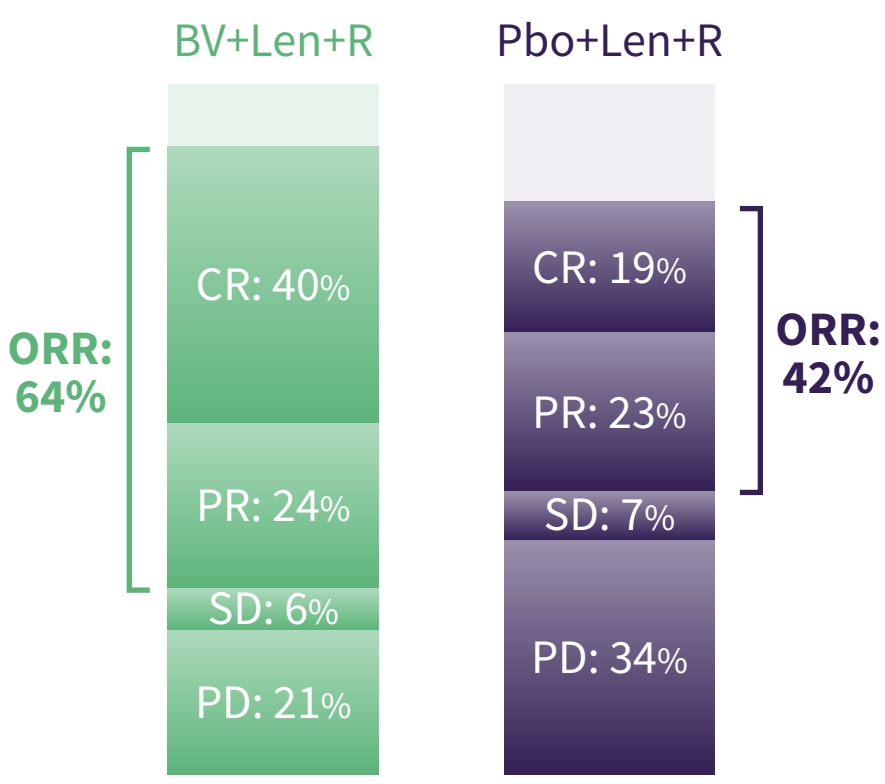
Survival benefit was observed across most subgroups, including high-risk, such as age ≥65 years, IPI score ≥3, and previous CAR T-cell therapy. The survival benefit was observed regardless of CD30 expression.

Median DoR

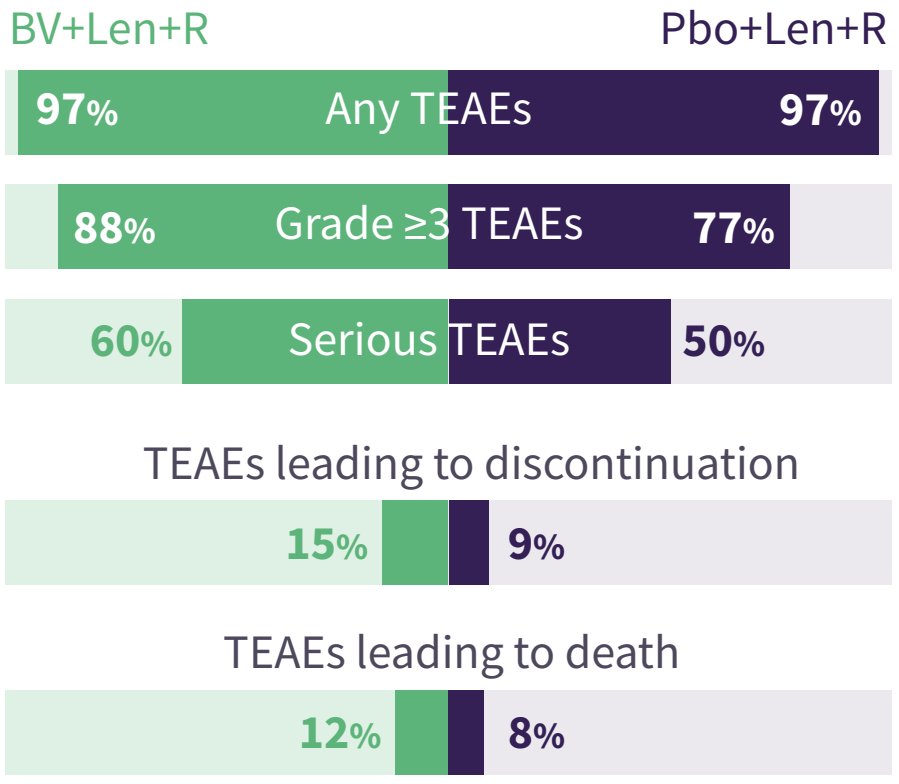


Response rates

p < 0.001



SAFETY



Results from the ECHELON-3 trial suggest that BV+Len+R could be a viable therapeutic option for the treatment of patients with DLBCL in the third-line or later, particularly those who cannot receive, or who have R/R disease following, treatment with CAR T-cell therapy or bispecific antibodies.

Abbreviations: AE, adverse event; BV, brentuximab vedotin; CAR, chimeric antigen receptor; CI, confidence interval; CR, complete response; DoR, duration of response; DLBCL, diffuse large B-cell lymphoma; IPI, International Prognostic Index, Len, lenalidomide; ORR, overall response rate; OS, overall survival; Pbo, placebo; PD, progression of disease; PFS, progression-free survival; PR, partial response; R, rituximab; R/R, relapsed/refractory; SD, stable disease; TEAE, treatment-emergent adverse event.

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