RED SEPTEMBER
EDITION 3

ESH
EUROPEAN SOCIETY OF HAEMATOLOGY

BCAM BLOOD CANCER AWARENESS MONTH

MCL: FIRST DECISIONS. LONG CONSEQUENCES.

Mantle cell lymphoma can behave quietly — or move aggressively. Knowing which disease is in front of you changes the conversation.

01 ONE NAME. MANY CLINICAL BEHAVIORS.

Mantle cell lymphoma is a mature B-cell lymphoma defined in most cases by dysregulation of cyclin D1, commonly associated with the t(11;14) translocation.

But MCL is not biologically uniform.

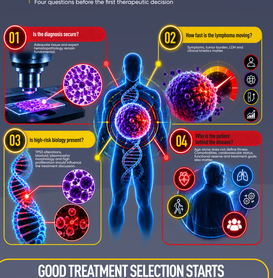
Some patients experience relatively indolent disease. Others present with rapidly progressive disease requiring prompt systemic treatment.

MCL DOES NOT COME WITH ONE CLOCK.

Biological factors including TP53 abnormalities, proliferation rate, Ki-67 and morphology, together with clinical disease burden and patient characteristics, help define risk and guide management.

02 BEFORE TREATMENT: BUILD THE BIOLOGICAL IDENTITY

Four questions before the first therapeutic decision



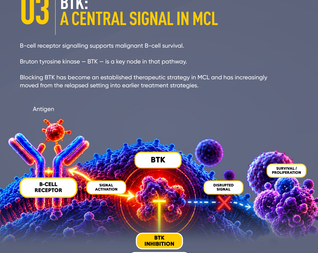
GOOD TREATMENT SELECTION STARTS BEFORE THE FIRST DOSE.

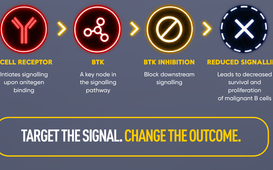
03 BTK: A CENTRAL SIGNAL IN MCL

B-cell receptor signalling supports malignant B-cell survival.

Bruton tyrosine kinase — BTK — is a key node in that pathway.

Blocking BTK has become an established therapeutic strategy in MCL and has increasingly moved from the relapsed setting into earlier treatment strategies.

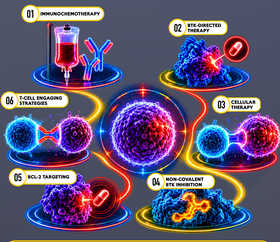




TARGET THE SIGNAL. CHANGE THE OUTCOME.

04 MCL MANAGEMENT IS BECOMING A CONTINUUM

Today the MCL conversation extends beyond chemotherapy alone.



THE TREATMENT LANDSCAPE IS EXPANDING. THE NEED FOR SMARTER SEQUENCING IS EXPANDING WITH IT.

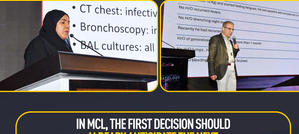
05 FROM BCAM TO THE PAN HEMATOLOGY SUMMIT

MCL is a perfect example of why hematology is becoming increasingly multidisciplinary.

PAN HEMATOLOGY SUMMIT

11–12 SEPTEMBER

Building on the momentum of the event and continuing the conversation around emerging science across hematologic malignancies.



IN MCL, THE FIRST DECISION SHOULD ALREADY ANTICIPATE THE NEXT.

REFERENCES

1. Jeterson M, et al. EHA-EU MCL Network Guidelines. HemaSphere. 2025.
2. Wang M, et al. Acalabrutinib plus bendamustine-rituximab in untreated MCL. J Clin Oncol. 2025;43:2278–2284.
3. US FDA. Acalabrutinib + BR approval in untreated MCL. January 2025.

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