

BC BLOOD CANCER AM AWARENESS MONTH



DIFFUSE LARGE B-CELL LYMPHOMA DLBCL MOVES FAST. SO SHOULD THE SCIENCE.

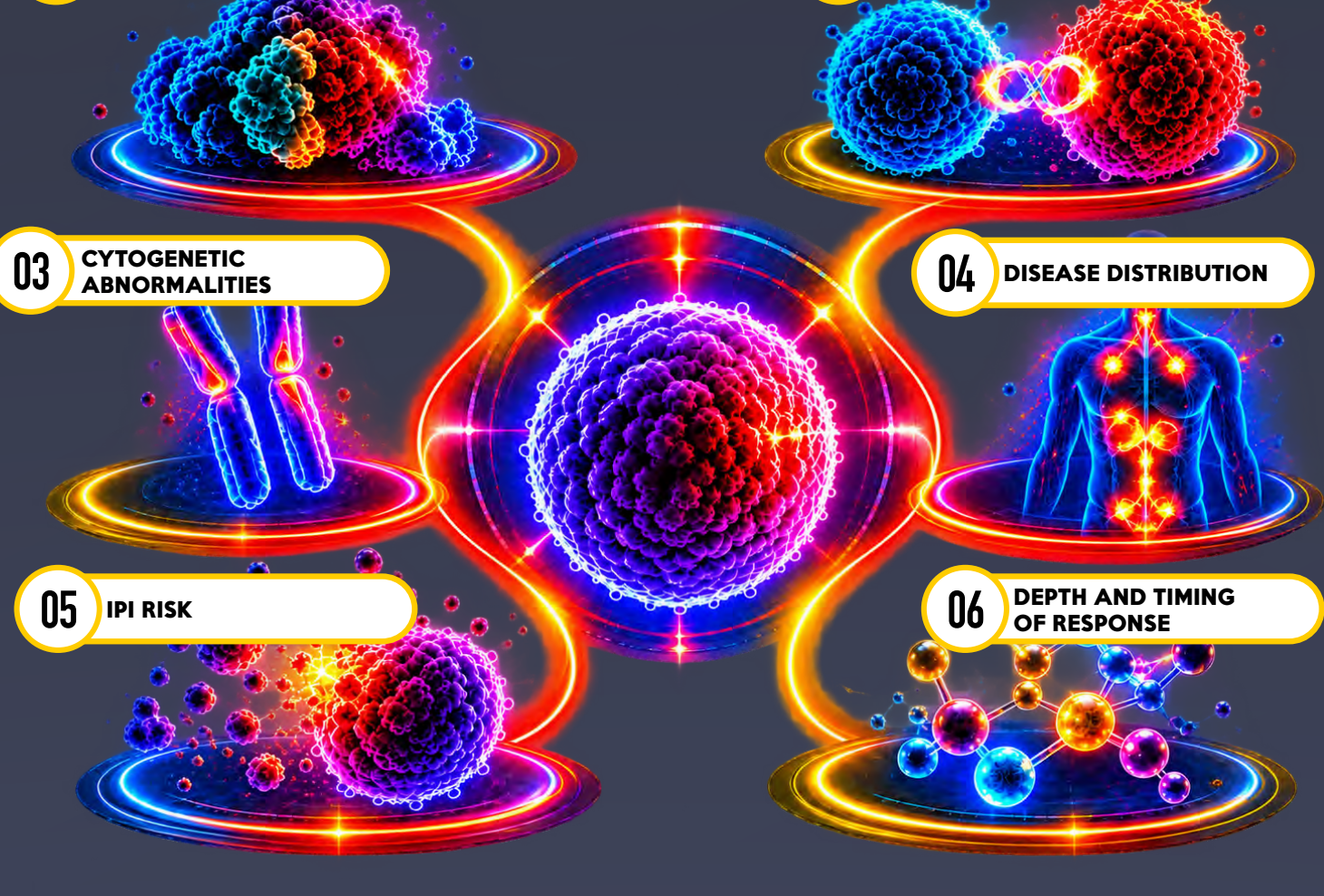
DIAGNOSIS. RISK. RESPONSE. RELAPSE.

In DLBCL, time changes the treatment pathway.

01 DLBCL IS NOT ONE DISEASE

Diffuse large B-cell lymphoma is the most common aggressive lymphoma category, but beneath the microscope lies substantial biological diversity.

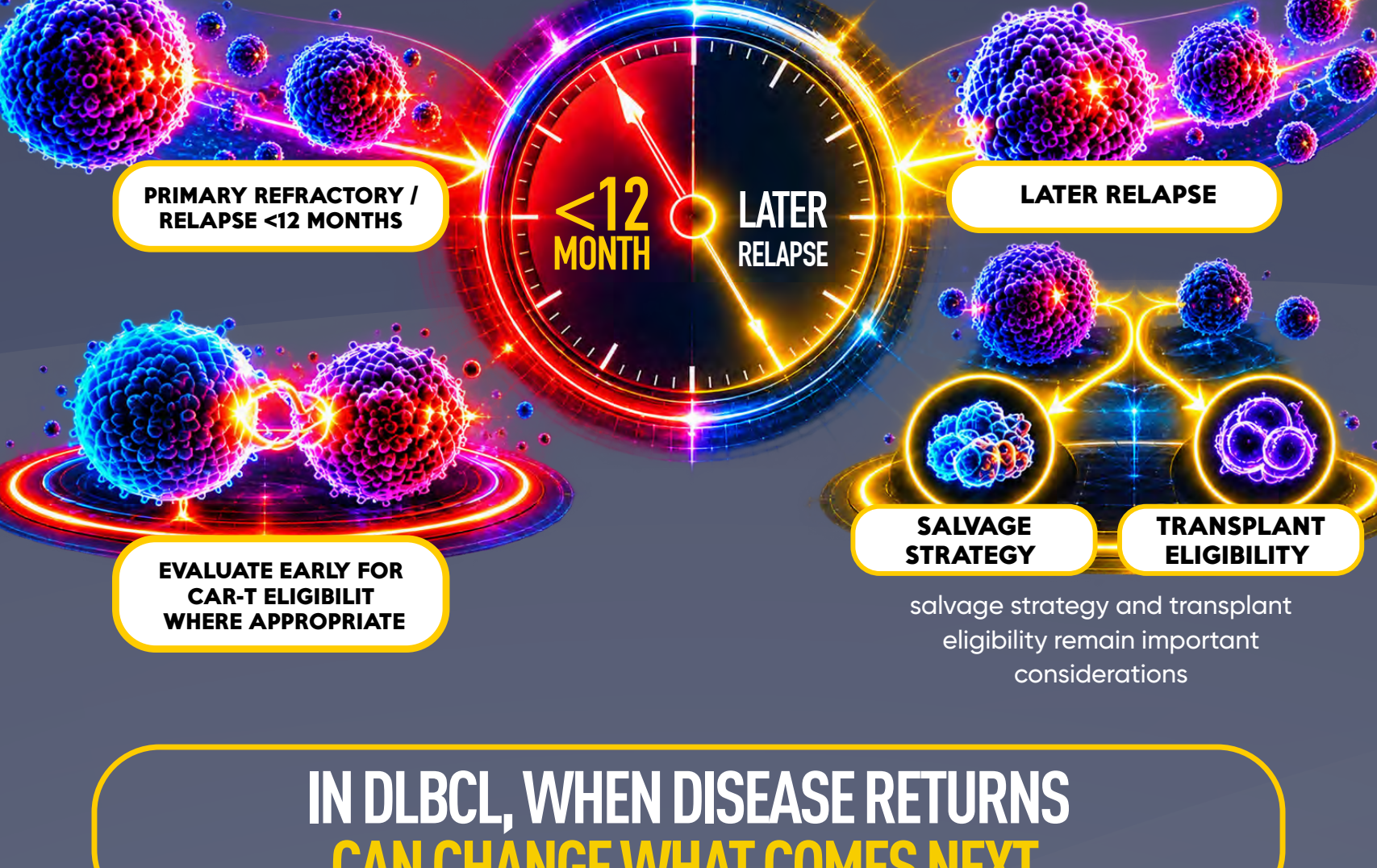
Clinical behavior and outcome are influenced by:



THE NAME MAY BE DLBCL.
THE BIOLOGY MAY BE VERY DIFFERENT.

02 THE RELAPSE CLOCK MATTERS

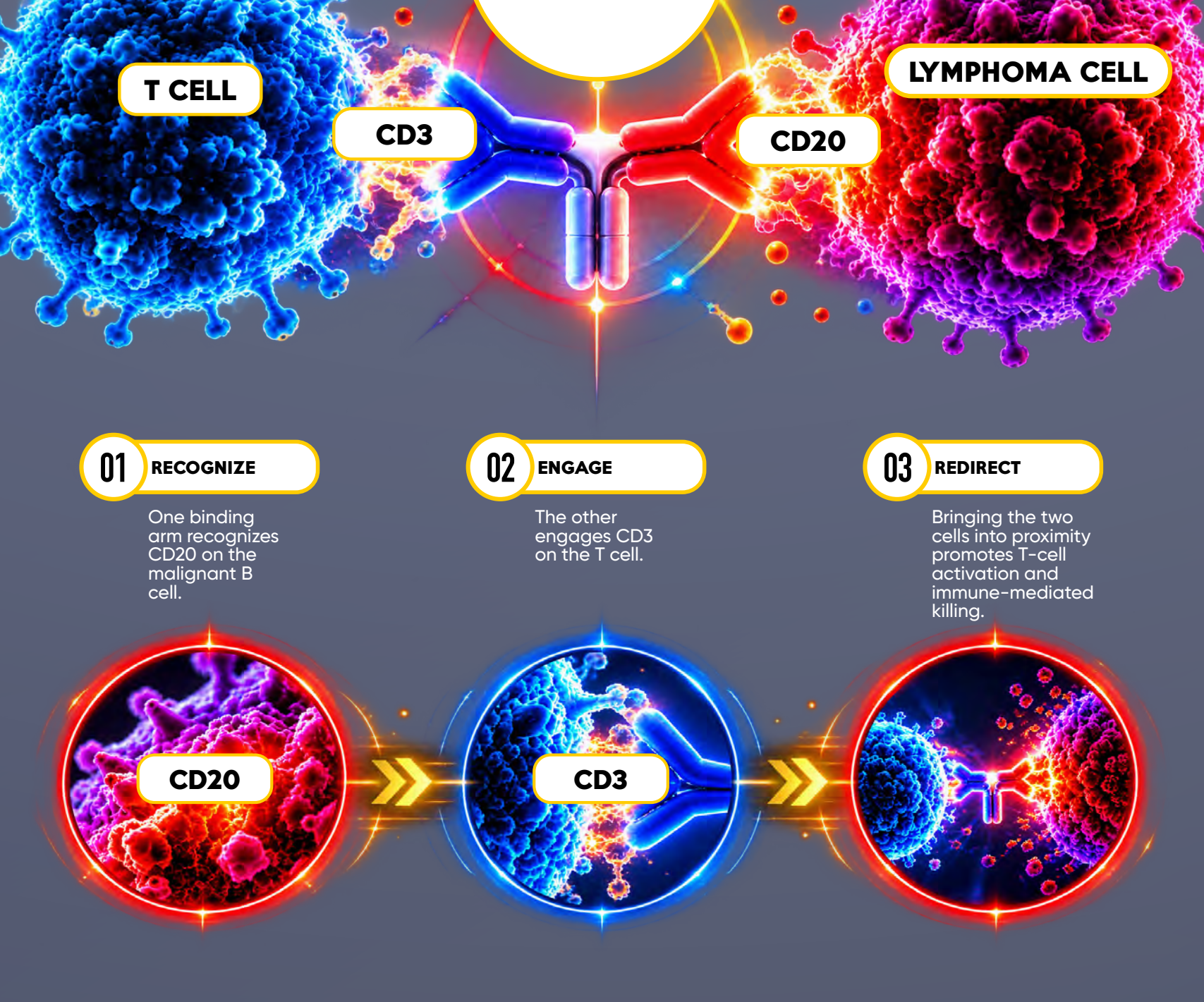
For patients whose disease is refractory to first-line treatment or relapses early, the therapeutic pathway can differ substantially from that of a patient experiencing a later relapse.



IN DLBCL, WHEN DISEASE RETURNS
CAN CHANGE WHAT COMES NEXT.

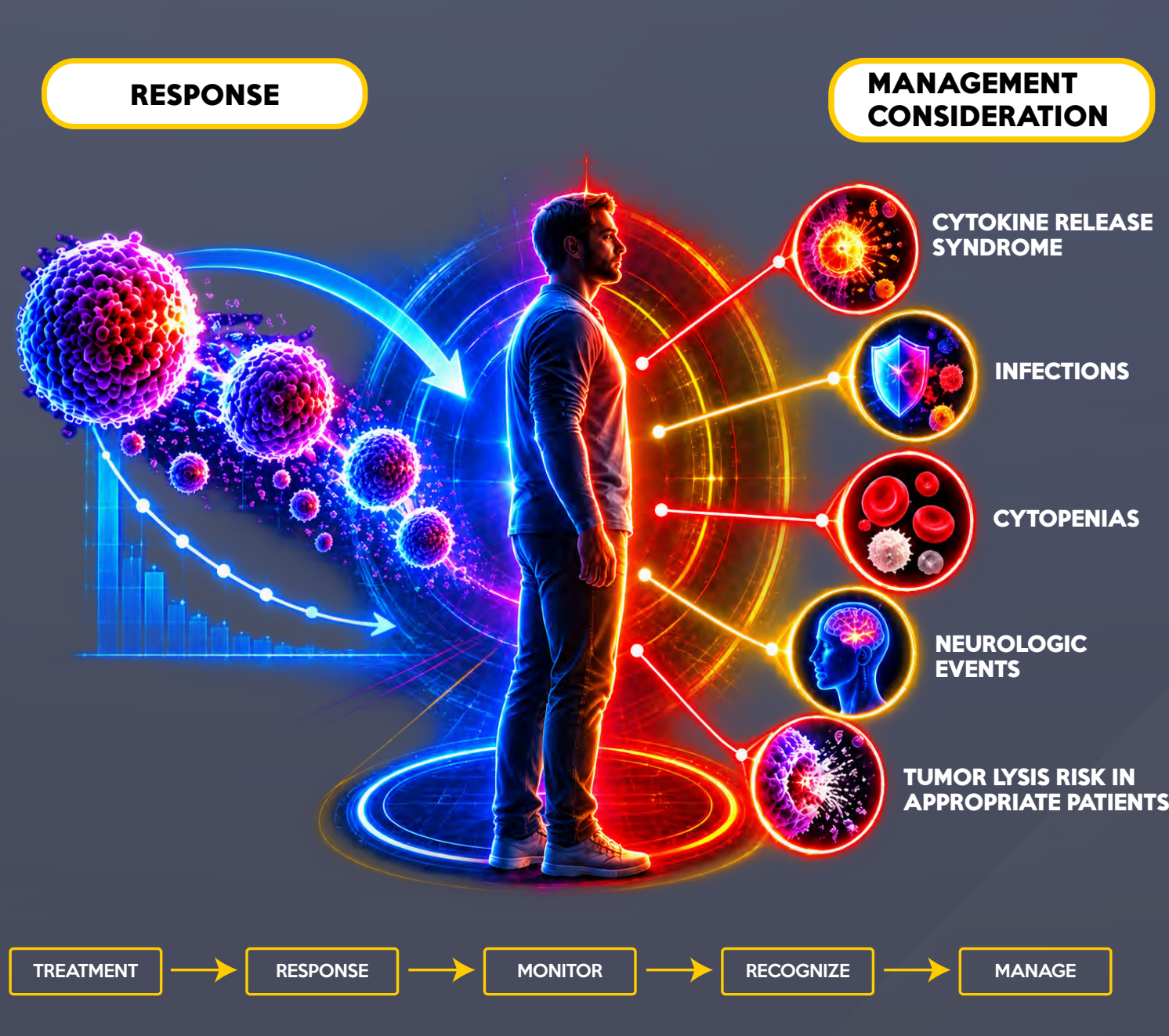
03 THE IMMUNE SYNAPSE

Can a T cell be redirected toward a lymphoma cell?
CD20×CD3 bispecific antibodies are designed to do exactly that.



04 RESPONSE IS ONLY HALF OF THE STORY

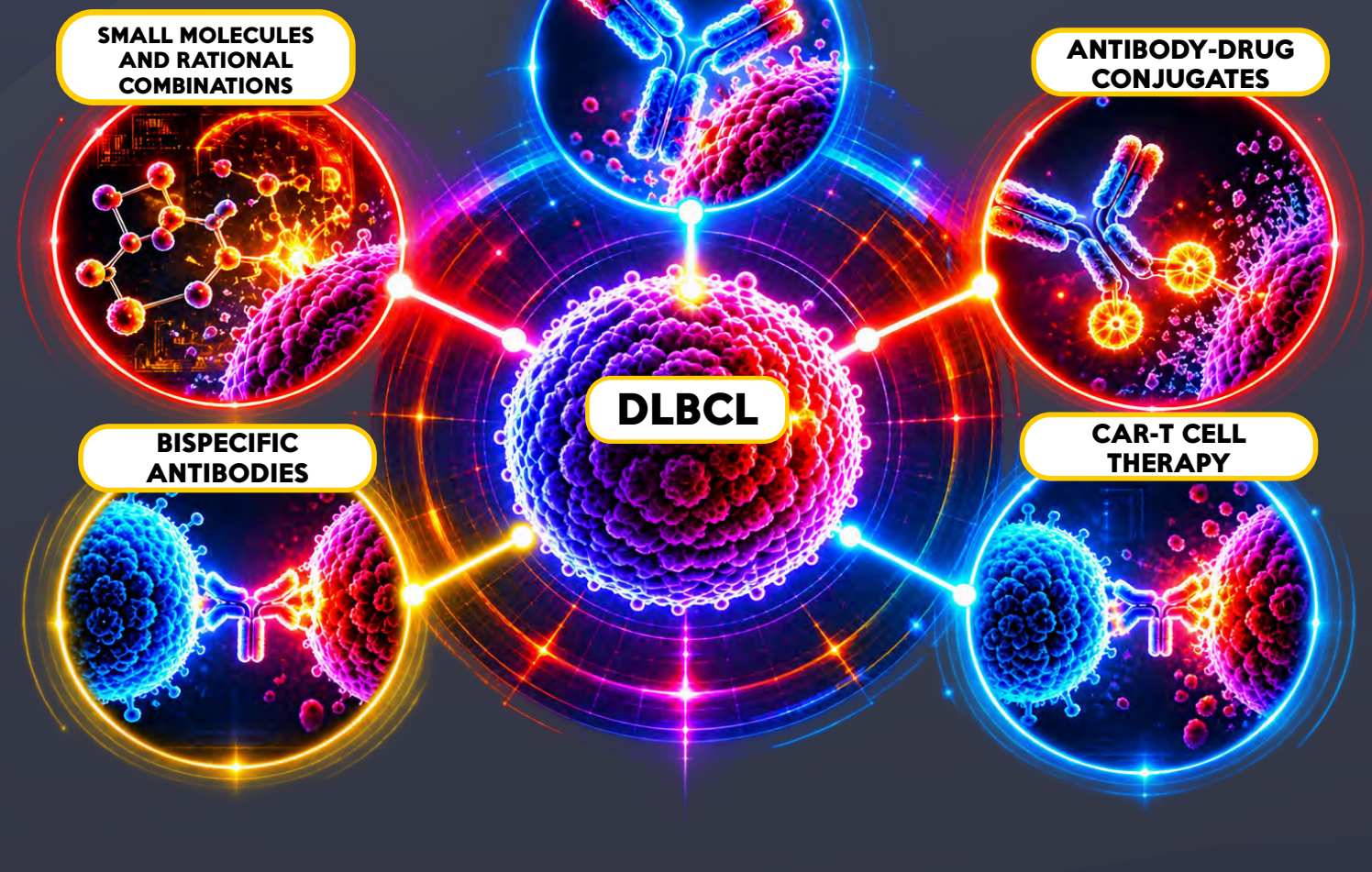
Engaging T cells can produce clinically important immune-mediated adverse events.
With CD3×CD20 bispecific therapy, management pathways should anticipate:



IMMUNE REDIRECTION REQUIRES
IMMUNE-AWARE CARE.

05 DLBCL: FROM CHEMOTHERAPY TO A MULTI-PLATFORM ERA

The contemporary DLBCL pathway can now involve fundamentally different therapeutic platforms:



THE FUTURE OF DLBCL IS NOT
SIMPLY MORE TREATMENT.

KEY REFERENCES

1. Thieblemont C, et al. EHA Clinical Practice Guidelines for LBCL. HemaSphere. 2025.
2. Karimi YH, et al. Three-year EPCORE NHL-1 update. Ann Hematol. 2026.
3. FDA. Epcoritamab accelerated approval for R/R DLBCL after ≥2 prior lines.

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