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Exploring Expert Perspectives on MCL from the ASH Floors

Announcer:
You're listening to *Project Oncology* on ReachMD. On this episode, sponsored by Lilly, we'll hear from Dr. Michael Wang, Professor in the Department of Lymphoma & Myeloma at the MD Anderson Cancer Center. He will discuss what he expects to see from the 63rd American Society of Hematology Annual Meeting and Exposition. Here's Dr. Wang now.

Dr. Wang:
I'm really looking forward to this year's ASH, I have so much to anticipate for on mantle cell lymphoma. As you know, we are in the molecular medicine cellular therapy era for the treatment of lymphoma. The lymphoma therapy has evolved from chemotherapy to targeted therapies and we often call targeted therapies chemo-free therapies. Then to immunotherapies such as specific antibodies, antibody immunotoxins and then to CAR T-cell therapies. And in the future, we will be welcoming the molecular precision medicine. So, all those times are moving very fast, evolving quickly. The two themes on, mantle cell lymphoma and also for other lymphoma myelomas, is that we are trying to move away from chemotherapy to chemo-free therapies. Therefore, you are going to hear about chemo-free therapy options for mantle cell lymphoma.

We are also going to hear a lot of advances for immunotherapies. For example, the ROR1 antibody, immunotoxin, which is what we call the, zilovertanab. Zilovertanab formerly is called VLS-101. It is a monoclonal antibody against, ROR1 surface antigen on the top of the mantle cell lymphoma cells. So, this, antibody is connected with a linker, the linker, on the other side of the linker is a, there's a toxin called a monomethyl auristatin E. So, when this molecule back to the ROR1 and surface antigen, on mantle cell lymphoma cells, it rapidly internalized. And within the, inside the mantle cell lymphoma cell, in the linker will clipped off by enzymes and then releasing the free toxin, which in turn will kill the mantle cell lymphoma cells.

We also did a study called the WINDOW-2 study. In WINDOW-2 study dates back in WINDOW-1. WINDOW-1 study was published in *The Lancet Oncology*, it has chemo-free induction window with ibrutinib/rituximab and in the chemotherapy part, everybody received four cycles of hyper-CVAD chemotherapy. So, the WINDOW-1 and WINDOW-2 series of study is a huge effort that have we designed clinical trials to move away from chemotherapy into integrated, chemo-free therapies so that we can gradually decrease the need for chemotherapy. So, WINDOW-1 therapy was a huge success and WINDOW-2's therapy in addition to the difference between WINDOW-1 and WINDOW-2 is that in addition to in the WINDOW area of rituximab/ibrutinib in WINDOW-1, we have added a third chemo-free targeted therapy component of venetoclax. So, in WINDOW-2 window period, you the patient will receive rituximab, ibrutinib, and venetoclax. And after this, the patient will be divided into three cohorts: low risk, moderate risk, and high risk. And we have good results, looking forward to share with you.

So, of course we are going to learn from other lymphomas, also, in addition to the cell therapy, the targeted therapies, and the immunotherapies. So, this ASH is going to be very, very exciting. We're living in an era where we command the most science and technology compared with any other generation in the history of mankind. So, we are not only that we possess the more science and technology than other generations, but we also live in the period of the rapid translation.

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