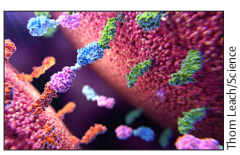
Lymphoma in the BiTE era

The development of bispecific antibodies to treat B-cell non-Hodgkin lymphoma has marked a substantial advance that offers new hope for patients. The bispecific T-cell engager epcoritamab joins a growing list of treatments for several lymphoma settings, with encouraging results presented at the American Society of Hematology (ASH) annual meeting. In the EPCORE FL-1 trial, 488 patients with relapsed or refractory follicular lymphoma received lenalidomide and rituximab with and without epcoritamab, with a positive result for the dual primary endpoint of overall response rate and progression-free survival leading to this combination being approved by the US Food and Drug Administration (FDA) on Nov 18, and it joins mosunetuzumab as a bispecific antibody treatment option for this disease setting.

Epcoritamab has also been tested in Richter transformation in the EPCORE CLL-1 trial. 42 patients received epcoritamab monotherapy either as first-line treatment or as a later line following relapse. The overall response rate did not reach the threshold for positivity in the whole cohort, but the results were more promising in patients receiving epcoritamab as first-line therapy. This overall negative result reflects the difficulties that have plagued this aggressive disease; however, with each new treatment tested, outcomes are slowly improving, offering new hope to patients. Finally, in older patients with newly diagnosed diffuse large B-cell lymphoma (DLBCL), two presentations at ASH showed promising results for epcoritamab, either as monotherapy or in combination with R-mini-CHOP. Glofitamab provides a more established bispecific antibody treatment in relapsed and refractory DLBCL and has recently been made more accessible to patients who have relapsed after one line of therapy in England, UK, following approval (in combination with gemcitabine and oxaliplatin) by the National Institute for Health and Care Excellence in November, 2025. This decision is in line with the European Medicines Agency but the FDA have not approved this combination because of the lack of US patients in the pivotal trial testing this treatment. Although positive trial results are exciting, such as those presented at this year's ASH for epcoritamab, regulator approval is the key step in allowing patients to access new treatments. ■ *The Lancet Haematology*



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For the **EPCORE FL-1 trial** see **Articles** *Lancet* 2025; published online Dec 7. https://doi.org/10.1016/S0140-6736(25)02360-8

For the **US Food and Drug Administration approval** see https://www.fda.gov/drugs/resources-information-approved-drugs/fda-approves-epcoritamab-bysp-follicular-lymphoma-indications

For the **EPCORE CLL-1** trial see **Articles** page e8

For the trial on **epcoritamab monotherapy** see *Blood* 2025; **146** (suppl 1): 63

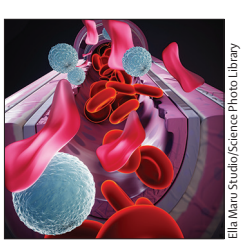
For the **trial on epcoritamab in combination with R-mini-CHOP** see *Blood* 2025; **146** (suppl 1): 64

For more on the **approval of glofitamab in England** see https://www.nice.org.uk/guidance/ta1113

Thalassaemia: advocacy, resilience, and adaptability

"The patient voice, especially when informed and reflective, can illuminate blind spots that data alone cannot," writes Roanna Maharaj, a patient with β-thalassaemia, emphasising the importance of patients being active participants in decision making, and one of several articles on thalassaemia in this issue of *The Lancet Haematology*. That there are now multiple treatment options is a testament to the work that has gone into improving outcomes for patients in recent years and is also discussed in a Viewpoint that presents a prioritisation-based matrix for deciding how best to treat transfusion-dependent β-thalassaemia in settings with limited resources. All patients who can tolerate it should be able to access potentially curative therapies (eg, haematopoietic stem-cell transplantation [HSCT] and gene therapy). Although HSCT is relatively accessible, even in low-resource settings, gene therapy is still predominantly only available in high-income regions. Until this changes, large proportions of patients are unable to fully participate in shared decision making since not all treatment options are available.

One method for improving accessibility to treatment is to conduct clinical trials, and Ali Taher and colleagues reflect on the achievements of The Chronic Care Center in Lebanon, which continued to treat over half of the 55 patients with thalassaemia enrolled in six clinical trials during the recent armed conflict. The piece emphasises the importance of adaptability and resilience in the face of the challenges that arose during the conflict. Also emphasising the need for resilience, Andreas Seas discusses the juxtaposition of being both a clinician and a patient with thalassaemia. This unique vantage point shows the importance of humility and being open minded. Although many challenges remain with improving outcomes for thalassaemia, these inspiring stories show the power of advocacy and adaptability of both patients and health-care workers in reaching this goal. ■ *The Lancet Haematology*



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For **Roanna Maharaj's patient voice piece** see **In Focus** page e4

For more on the **prioritisation-based matrix** see **Viewpoint** page e49

For more on the **The Chronic Care Center in Lebanon** see **In Focus** page e6

For **Andreas Seas' patient voice** see **In Focus** page e3