



NCCN Guidelines: Therapeutic Regimens for CLL/SLL and MCL

Full abbreviations, accreditation, and disclosure information available at
PeerView.com/CLL-MCLTandem25

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CONTINUING PROFESSIONAL DEVELOPMENT

NCCN Guidelines on CLL/SLL¹

Modern Targeted Therapy Regimens As Standards of Care

1L Therapy <i>No del(17p)/TP53 Mutation</i>	1L Therapy <i>With del(17p)/TP53 Mutation</i>
Preferred	
<ul style="list-style-type: none">• Acalabrutinib ± obinutuzumab (category 1)• Venetoclax + obinutuzumab (category 1)• Zanubrutinib (category 1)	<ul style="list-style-type: none">• Acalabrutinib ± obinutuzumab• Venetoclax + obinutuzumab• Zanubrutinib
Other recommended (BTKi-based only)	
<ul style="list-style-type: none">• Ibrutinib (category 1)• Ibrutinib + venetoclax (category 2A)	<ul style="list-style-type: none">• Ibrutinib (category 2A)• Ibrutinib + venetoclax (category 2A)

Sequential Therapy in 2L+ Settings

(CLL/SLL With/Without del(17p)/TP53 Mutation)

Preferred regimens <ul style="list-style-type: none">• Acalabrutinib (category 1)• Venetoclax + obinutuzumab (category 1)• Venetoclax (del[17p])• Zanubrutinib (category 1)	Other recommended regimens <ul style="list-style-type: none">• Ibrutinib (category 1)• Venetoclax + rituximab (no del[17p]) (category 1)• Ibrutinib + venetoclax<ul style="list-style-type: none">• Category 2A for del(17p)• Category 2B for no del(17p)• Venetoclax (no del[17p] only)
Useful in certain circumstances <ul style="list-style-type: none">• Pirtobrutinib (<u>resistance or intolerance</u> to prior cBTKi therapy)	



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CONTINUING PROFESSIONAL DEVELOPMENT

NCCN Guidelines on CLL/SLL¹ (Cont'd)

Therapy for Relapsed or Refractory Disease After Prior BTKi- and Venetoclax-Based Regimens

Preferred regimens for CLL/SLL with/without del(17p)/TP53 mutation

- Chimeric antigen receptor (CAR)-T cell therapy: liso-cel
- Pirtobrutinib (if not previously given)

Other recommended options include

- PI3Ki-based treatment, ibrutinib + venetoclax (category 2B), chemoimmunotherapy, CD20 antibody-based treatment, or lenalidomide ± rituximab

Scan to access the complete
NCCN guidelines on chronic
lymphocytic leukemia/small
lymphocytic lymphoma





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CONTINUING PROFESSIONAL DEVELOPMENT

NCCN Guidelines on MCL²

CIT and BTKi-Based Regimens As Frontline Care

Induction Therapy

Aggressive therapy

Preferred regimens

- LyMA regimen: RDHA + platinum followed by R-CHOP for non-PET CR
- NORDIC regimen: dose-intensified rituximab + maxi-CHOP alternating with rituximab + HD cytarabine
- Rituximab + bendamustine followed by rituximab + HD cytarabine
- **TRIANGLE regimen:** alternating R-CHOP + covalent BTKi/RDHA + platinum (**category 2A for ibrutinib; category 2B for acalabrutinib or zanubrutinib**)

Less aggressive therapy

Preferred regimens

- Bendamustine + rituximab
- VR-CAP
- R-CHOP
- Lenalidomide (continuous) + rituximab

Other recommended regimen

- **Acalabrutinib (continuous) + rituximab**

Acalabrutinib in combination with bendamustine and rituximab has received FDA approval for frontline treatment of adult patients with previously untreated MCL³

Maintenance After HDT/ASCR or Aggressive Induction Therapy

- Covalent BTKi for 2 years (**category 2A for ibrutinib; category 2B for acalabrutinib or zanubrutinib**) + rituximab every 8 weeks for 3 years

Maintenance After Less Aggressive Therapy

- Rituximab every 8 weeks for 2-3 years following R-CHOP (category 1) or BR
- Maintenance rituximab following VR-CAP or RBAC500 has not been evaluated



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CONTINUING PROFESSIONAL DEVELOPMENT

NCCN Guidelines on MCL² (Cont'd)

Covalent BTKi, Noncovalent BTKi, and CAR-T Are Now Recommended in R/R MCL

Second-Line and Subsequent Therapy

Preferred regimens

- Covalent BTKi (continuous)
 - Acalabrutinib or zanubrutinib
- Lenalidomide + rituximab

Other recommended regimen

- Covalent BTKi (continuous)
 - Ibrutinib ± rituximab

Progressive Disease After Prior cBTKi

- Non-covalent BTKi (continuous)
 - Pirtobrutinib
- Anti-CD19 CAR-T (2 FDA-approved constructs)
 - Brexu-cel or liso-cel

Ibrutinib + venetoclax is now recommended as useful under certain circumstances as 2L and subsequent therapy

Considerations With BTKi From Practice Guidelines

- Patients with ibrutinib intolerance have been successfully treated with acalabrutinib or zanubrutinib without recurrence of symptoms
- Head-to-head clinical trials in other B-cell malignancies have demonstrated a more favorable toxicity profile for acalabrutinib and zanubrutinib versus ibrutinib without compromising efficacy

Scan to access the complete
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B-cell lymphomas

