



# Nordic Lymphoma Group

## Newsletter May 2026

*Dear members of the NLG society,*

The NLG Plenary meeting will take place on November 4-5, 2026, at the Scandic Strandpark Hotel, near Copenhagen Airport, in the same location as previous years. All NLG members are warmly welcome to participate.

We also invite representatives from the collaborating pharmaceutical companies, who represent relevant products used in the diagnosis and treatment of malignant hematological diseases, to participate in our meeting.

The program is enclosed. Recent lymphoma research from all countries will be presented in oral and poster sessions; invited speakers will highlight current topics in both clinical and translational lymphoma research, and working groups will provide their annual progress reports. This year, the educational focus will be on diffuse large B-cell lymphoma and the tumor microenvironment. We have invited two guest speakers and, as we did last year, included a career talk in the program.

The link for participation is found on our homepage, [www.Nordic-lymphoma.org](http://www.Nordic-lymphoma.org), and here:

<https://na.eventscloud.com/nlg2026>

Looking forward to seeing you in November!

Best regards,

On behalf of the NLG coordinating group

May 21, 2026

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## **NLG Plenary meeting – working groups**

The working group meetings will be scheduled before the plenary meeting. The epi-group will organize a full-day meeting on Tuesday, Nov 3<sup>rd</sup>. The entity-specific working groups will meet on Tuesday evening and/or Wednesday morning.

## **CTO session – research nurses and coordinators**

Study nurses and coordinators from all sites are encouraged to participate in the plenary meeting. This year, the specific CTO session, dedicated to the research nurses and coordinators, will be extended from two to three hours based on the positive evaluations of the previous sessions and wishes for more time. The session will be organized by a committee with representatives from A-CTO and colleagues from Sweden, Norway, and Finland.

Organizing committee:

- A-CTO, Aarhus, Denmark
- Leila Boukharta, Uppsala, Sweden
- Laura Hakala, Helsinki, Sweden
- Cathrine Tønsager, Oslo, Norway

Topics planned for the CTO session (may change):

- Status of current NLG studies
- ICH GCP R3
- Group discussions of topics related to clinical trials

Please share your topic suggestions with us – this is your opportunity to exchange ideas with your Nordic colleagues and actively shape the session.

### **Travel grant:**

A travel grant can be applied for to facilitate the participation of study nurses from as many active NLG sites as possible.

Grant details:

- Amount: 300 € per grant
- Maximum 4 grants per country: Finland, Norway, Northern Sweden, Iceland, Estonia
- Not available for Denmark and Southern Sweden (due to short travel distance)
- Applications from individuals who did not receive a grant in 2025 will be prioritized

Your application should include:

- A short description of yourself
- 1-3 suggested topics for presentations/group discussions at the CTO session

Send your application to: [a-cto@auh.rm.dk](mailto:a-cto@auh.rm.dk)

Deadline: 1<sup>st</sup> September 2026

Notification: 10<sup>th</sup> September 2026

## Social program

Morning run: NLG running club (=all interested in running) will meet in the hotel lobby on Thursday morning at 7 am to run 8-10 k (at 5.30-6 min/km pace).

## Presymposium

The presymposium will be organized by Takeda before the plenary meeting on Wednesday morning, alongside the CTO session.

## Free paper and poster sessions

Scientific ongoing lymphoma research from each country is appreciated and will be presented in these sessions.

**Young scientists and PhD-students are encouraged to submit abstracts to their national representatives.**

## Abstract submission

Please send your abstract or case presentation to your national member of the NLG coordination group before September 15th.

Peter Brown from Denmark

Annikki Aromaa-Häyhä from Finland

Renate Galleberg from Norway

Daniel Molin from Sweden

Hallgerdur Lind Kristjánsdóttir from Island

Tatjana Trats from Estonia

NLG will cover travel expenses and accommodations for all presenters, who should therefore register for the Plenary meeting as speakers.

# NLG Plenary Meeting 2026

Wednesday 04.11.2026		
0900-1200	<b>CTO session (for research nurses/coordinators)</b>	
1000-1200	<b>Presymposium organized by Takeda for delegates/sponsors</b>	
1200-1300	<i>Registration and lunch</i>	
1300-1305	Welcome	Moderator: <i>Sirpa Leppä</i>
1305-1430	Poster pitches and free papers, session 1	
1430-1515	<i>Coffee break, poster session and exhibition</i>	
1515-1830	<b>Educational Session</b>	
1515-1600	How I treat DLBCL? <i>Andy Davies, Southampton, UK</i>	Moderator: <i>Kristina Drott</i>
1600-1645	Debate: CAR T cells vs BITEs <i>Mats Jerkeman, Lund &amp; Martin Hutchings, Copenhagen</i>	
1645-1715	<i>Coffee break, poster session, and exhibition</i>	
1715-1800	Crosstalk between malignant B cells and their microenvironment <i>Karin Tarte, Rennes, France</i>	Moderator: <i>Annikki Aromaa-Häyhä</i>
1800-1830	Career talk with an aperitif <i>Christian Geisler, Copenhagen</i>	Moderator: <i>Peter Brown</i>
1830-1900	<b>Business meeting</b>	
1930	<i>Dinner</i>	

Thursday 05.11.2026		
0900-1000	Free papers – session 2	Moderator: <i>Renate Galleberg</i>
1000-1040	<i>Coffee break, Poster session, and exhibition</i>	
1040-1520	<b>Working group reports</b>	
1040-1100	Pathology group: Mette Ølgod Pedersen	Moderator: <i>Alexander Fosså</i>
1100-1120	Epidemiology group: Ingrid Glimelius	
1120-1140	Indolent group: Björn Wallin	
1140-1200	Large cell group: Kristina Drott	
1200-1300	<i>Lunch</i>	
1300-1320	Mantle cell group: Karin Wader	Moderator: <i>Troels Hammer</i>
1320-1340	Hodgkin group: Daniel Molin	
1340-1400	T cell group: Martin Bjerregård Pedersen	
1400-1440	<i>Coffee break and exhibition</i>	
1440-1500	CNS group: Mats Hellström	Moderator: <i>Daniel Molin</i>
1500-1520	Waldenström group: Troels Hammer	
1520-1530	Wrap up	<i>Sirpa Leppä</i>

*The meeting is sponsored by the pharmaceutical industry*

## **A-CTO Status**

The Clinical Trial Office of the Nordic Lymphoma Group, also known as A-CTO (stands for Academic Clinical Trial Office) was established in 2014. A-CTO is a part of the Department of Hematology at Aarhus University Hospital. Its purpose is to guide, facilitate, and coordinate the establishment (design, implementation, and performance) of local, national, and Nordic/international academic clinical trials.

An overview of the trials run through A-CTO is included below. During the last year, the POLAR BEAR study has completed the inclusion of 300 patients from the NLG countries plus Italy, Australia and New Zealand. The MERLIN study also completed the inclusion of 80 patients in October 2025 and treatment and follow-up are ongoing. New studies started are 1) the FL7 study for which A-CTO is responsible for the eCRF while Karolinska is responsible for the coordination and 2) the

Plato study which is a study from the European Mantle Cell Network. A-CTO acts as the coordinator of the 10 Nordic sites, which will all be activated in 2026.

#### NLG Trials in A-CTO:

Study	PI Sponsor	Start enrollment	End enrollment	Status
FL-7	Björn Wallin, Stockholm	2025		Enrolling
MERLIN	Marianne Brodtkorb, Oslo	2023	2025	Treatment ongoing
POLAR BEAR	Mats Jerkeman, Lund	2020	2025	FU ongoing
ALTAMIRA	Mats Jerkeman, Lund	2021	2023	Treatment ongoing
VALERIA	Mats Jerkeman, Lund	2018	2021	Closed
Bio-CHIC	Sirpa Leppä, Helsinki	2017	2021	Closed
PREBEN	Francesco d'Amore, Aarhus	2016	2020	Closed
ILIAD	Mats Jerkeman, Lund	2017	2021	Closed
PHILEMON	Mats Jerkeman, Lund	2015	2016	Closed
ACT-1	Francesco d'Amore, Aarhus	2008	2013	Closed

#### Other trials in A-CTO:

Study	PI Sponsor	Start enrollment	End enrollment	Status
HO168	Marcel Nijland, HOVON	2026		In preparation
Plato	Sebastian Böttcher, LMU Klinikum München	2026		Treatment ongoing
ORACLE	Jehan Dupuis, LYSARC	2018/ NLG 2020	2021	Closed
ENRICH	David Lewis, University Hospitals Plymouth	2015/ NLG 2017	2021	FU ongoing
TRIANGLE	Martin Dreyling, LMU Klinikum Munich	2016	2020	Will close in 2026

**Contact:**

The Clinical Trial Office can be contacted for trial plans, advice, or questions regarding clinical trials.

A-CTO

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## Update on working group activities

### Indolent group

The **MERLIN (NLG-FL6)** trial for patients with early progression (POD24+) of follicular lymphoma (2<sup>nd</sup> line) completed inclusion of the 80 patients fast, already by last autumn. A first report from the trial, an abstract, will be presented in an oral session at the EHA congress in June.

For first-line treatment of follicular lymphoma, the **NLG-FL-7 (FLIRT)** trial started last year. The first patient started trial treatment on 1 October 2025, and as of 18 May 2026, 58 patients have been included (target 270). The inclusion rate has exceeded expectations. So far, responses appear excellent. A protocol amendment has been sent to CTIS in May 2026. The most important change is a hard cap on the maximal number of high-risk patients (n = 108), after which inclusion to that category will be closed. This is to defend statistical power in the randomised low-risk category. Furthermore, the amendment includes recommendations on how to manage lenalidomide-induced adverse events.

For splenic MZL, some NLG sites cooperate with IELSG in the RITZ trial, which reached full inclusion in December 2025. **RITZ** is a randomized phase III trial for 1<sup>st</sup> line treatment: rituximab alone or combined with zanubrutinib with a fixed treatment duration. Preliminary work with the Australian **RAZOR** trial is ongoing (Nordic PI: Sirpa Leppä) on this trial of limited stage-follicular lymphoma.

We plan for a new relapse trial for follicular lymphoma. This has become difficult to do since the excellent results of EPCORE-FL-1 were published in the beginning of this year.

### Large cell group

#### *Clinical studies*

*Young high-risk patients:* The NLG-LBC-06 (**BIO-CHIC**) phase II trial tested whether stratifying patients according to biological risk factors for different treatment groups could improve the outcomes for patients with clinically high-risk LBCL. Safety and efficacy data after a median follow-up of 3 years showed highly satisfactory FFS, PFS, OS, and CNS recurrence rates. The final analysis

has been published in HemaSphere in 2025. Results from the 5-year follow-up with MRD data will be presented in an oral session at the EHA 2026 congress in June.

*All fit patients with at least stage II and IPI score  $\geq 1$ :* In the NLG-LBC-09 (**CINDERELLA; Circulating dNa guiDed thErapy laRge B-cELI LymphomA**) study, the objective is to use ctDNA-based assessment prospectively to capture LBCL heterogeneity, guide treatment, and evaluate response. The patients will be stratified into low- and high-risk groups based on their ctDNA levels and biological risk factors. In low-risk patients, treatment will be de-escalated. In high-risk patients, molecular response will be assessed, and for those with MRD, consolidation therapy will be administered. The study is planned to start recruitment in 2027.

R/R DLBCL patients treated with CAR-T cells: Aims are to optimize CAR-T cell therapy and evaluate ctDNA dynamics during CAR T-cell therapy, the prognostic value of pre-, post-therapeutic, and follow-up ctDNA levels during CAR T-cell therapy, and evaluate the safety and efficacy of post-CAR-T consolidation with lenalidomide in patients with CMR, PMR, or SD and low tumor burden. This study is planned to start recruitment in 2027.

*Elderly patients:* The randomized phase III **POLAR BEAR** trial for elderly patients with DLBCL (>80 years, or frail >75 years) is comparing standard treatment, R-mini-CHOP, with a regimen where the anti-CD79b immunoconjugate polatuzumab vedotin has substituted vincristine. After the study was opened for recruitment in Italy and Australia, recruitment accelerated, and enrollment reached the target of 300 in May 2025. Results from pooled data will be presented in an oral session at the EHA congress in June.

NLG will also participate in the **HOVON-168** study. This is a randomized intergroup phase III trial, comparing R-mini-CHOP with R-mini-CHOP combined with epcoritamab in frail and unfit elderly patients (age  $\geq 75$  years) with aggressive B-cell lymphoma. The protocol is in preparation and trial is expected to open enrollment Q4/2026.

#### ***Correlative studies based on trial material***

Several trial-related translational projects have been completed. The studies have demonstrated, for example, associations with survival of tumor-infiltrating immune cells, soluble serum proteins, pretreatment ctDNA burden, MRD, and CNAs. A combined analysis of serum proteins and ctDNA was presented at 18-ICML in Lugano.

#### **CNS-lymphoma group**

The Nordic prospective, multicenter **CAPCI** trial has been open and recruiting in Finland and Norway. Due to slow recruitment and a competing interest in Denmark, the trial has been decided to end in Norway and will not be opened in Denmark. The trial will continue recruitment in Finland to evaluate the clinical characteristics, health-related quality of life (HRQoL), neurological and functional status, cumulative illness, outcomes, and well-being of all newly diagnosed PCNSL patients during their PCNSL treatment.

Norway and Sweden participate in an international call for applications for the treatment of rare cancers, via the respective Cancer Societies of Norway, Sweden, the Netherlands, Belgium, and Spain. The trial aims at investigating radiotherapy as bridging to CAR-T cell treatment in P/SCNSL with the working title: “International phase II single-arm trial of CNS-directed radiotherapy as bridging therapy prior to anti-CD19 CAR T-cell infusion in primary and secondary CNS lymphoma” called Inter-local. The application went through the first pre-selection phase, and we have now been invited to submit a full application in June 2026.

## **MCL group**

Younger patients (<65 years): The Nordic MCL group participated in the European MCL Net **TRIANGLE** phase III trial, which tested intensive therapy plus ibrutinib in younger, untreated patients. 870 patients were randomized. Data was published in Lancet in April 2024, and updated results with overall survival data are to be published in 2026. Results from TRIANGLE have established that adding ibrutinib to a rituximab-CHOP, AraC- and platinum-based regimen, omitting autologous transplant, is now considered standard of care, as is 3 years of rituximab maintenance. The trial was closed in December 2025. Long-term follow-up studies are planned. Several projects are ongoing within MULTIPLY (the translational research collaboration within TRIANGLE).

Elderly patients: Since December 2017, NLG has participated in the **ENRICH** trial, with University of Plymouth as sponsor. This is a randomized phase III trial, comparing rituximab + ibrutinib to rituximab-chemo (either R-bendamustine or R-CHOP). Enrolment was finalized in June 2021, and results were published in The Lancet in October 2025, showing that R-ibrutinib was superior to R-chemo, but only for patients randomized to R-CHOP. Outcome was similar for R-ibrutinib and R-bendamustine. There are still patients on ibrutinib maintenance within the study. Trial end is planned for December 2026, but discussions are ongoing about a possible extension.

NLG-MCL8, **ALTAMIRA** is a phase II study for patients >60 years with untreated MCL, not eligible for autologous transplant, using the BTK inhibitor acalabrutinib in combination with rituximab. Low-risk patients finish acalabrutinib treatment after a minimum of one year if MRD-negative, while high-risk patients continue treatment until progression or toxicity. Enrollment was finalized in December 2023, after recruiting 81 patients. The results show that acalabrutinib-rituximab is a safe and effective regimen for low-risk MCL, but is not sufficient for high-risk disease. Results were presented at ASH 2024, and a manuscript, also including comparisons with a synthetic control arm from the Swedish MCLcomplete cohort, was submitted in April 2026. Application for an amendment, in which the treatment period and MRD monitoring period, respectively, will be extended to 72 months, is awaiting CTIS approval.

The NLG-MCL7 phase I-II **VALERIA** trial, exploring the combination of venetoclax, lenalidomide, and rituximab with an MRD-guided approach, was concluded in 2021, and final results were published

in Blood Advances 2024. A paper on ctDNA determinants on response and outcome in R/R MCL in VALERIA was published in Blood Advances in September 2025.

The phase II trial **PLATO** is a European MCL network collaboration, with sites in Germany, Spain, Sweden, Norway, and Denmark. This study explores the chemotherapy-free combination of the CD20/CD3 bispecific antibody, glofitamab, and the noncovalent-binding BTK inhibitor, pirtobrutinib, in two cohorts. The first cohort includes relapsed/refractory patients, not previously exposed to BTK inhibitors. The second cohort includes elderly, treatment-naïve patients who are not eligible for TRIANGLE-like treatment and is divided into two groups: high-risk and standard-risk. The study has opened for inclusion in Sweden. Inclusion is currently paused following a preplanned safety run-in period and is expected to reopen for recruitment this summer.

Finally, the phase III randomized trial **TRIDENT** will be a study for previously untreated elderly patients, comparing the triplet rituximab, Zanubrutinib, and sonrotoclax to the standard of care. This is a LYSA-UK-Nordic collaboration with LYSARC as sponsor and is currently at the planning stage.

Several translational projects from the MCL2/3, VALERIA, and ALTAMIRA trials are ongoing.

### **T cell group**

**PANTHEON** refers to several studies and trials from the NLGs Working Group on T-cell lymphomas: **PANTHEON-LM** is an open-label, multicenter, phase II trial evaluating a post-induction maintenance treatment with lenalidomide for patients with PTCL-NOS and nTFH-lymphomas achieving CR after standard-of-care treatment. It also explores the use of a ctDNA-based minimal residual disease analysis in treatment monitoring and relapse prediction for these diseases. **PANTHEON-SOC** is a prospective data collection of the Standard of care (SOC) treatment for all PTCL entities across the Nordic countries.

The final analysis and paper of the **ACT-1** trial are in preparation and are still awaiting the final details regarding gene expression data characterizing the “predictor of alemtuzumab response”. A manuscript on the long-term results of the **NLG-T0-1** trial, including the impact of DUSP22 rearrangements in ALCL, is under preparation.

The phase 1b/2a **P[R]EBEN** protocol in relapsed aggressive B- and T-cell lymphomas has been completed, after accrual of 60 patients. A manuscript of the clinical and its correlative biological data is in preparation.

Two retrospective studies using Nordic lymphoma registries in ALCL are in preparation. First, a study evaluating **DUSP22 rearrangement as a prognostic marker in ALK-negative ALCL and primary cutaneous ALCL** is in preparation, using biospecimens from the Nordic countries. The aim is to collect a sufficiently large patient cohort to reliably assess the prognostic value of DUSP22 rearrangements

in ALCL. Second, a study to examine the **outcome of systemic ALCL treated with brentuximab-vedotin in the Nordic countries** from 2016 to 2024 is underway.

### **Hodgkin group**

The **B-CAP** trial on the use of Brentuximab vedotin (BV) as first-line treatment in elderly patients with HL started in 2015 as a joint German and Nordic study. The study is completed, and abstracts covering long-term results were presented in Cologne in the fall of 2024. Both the BV monotherapy arm and the BV combined with cyclophosphamide, doxorubicin, and vincristine (B-CAP) arm have been published in Hemasphere in 2025.

The Nordic countries have collectively joined the German Hodgkin Study Group in the **HD21** trial for newly diagnosed advanced-stage Hodgkin lymphoma, comparing escalated BEACOPP to a BV-based variant called BrECADD. The final results of the trial with the combined endpoint of superior progression-free survival and decreased treatment-related morbidity were published first at ASCO 2024, and then as a paper in Lancet in July 2024. Subanalyses of gonadal function and parenthood in patients of childbearing potential (females under 40 and males under 50 years of age) and the 2-year outcome of the cohort of older patients aged 61-75 at diagnosis have been published in Lancet Oncology and Journal of Clinical Oncology, respectively, during spring 2025.

The Swedish Hodgkin Lymphoma Group has run the PRO-Hodgkin study, a phase II trial for the early stages of HL using proton therapy. The inclusion was completed in early 2026. As the other Nordic countries now have better access to proton facilities, we plan to expand the study within the NLG (PRO-Hodgkin 2). Study start is planned for Q3 2026.

Results from an epidemiology project for older patients with HL, based on data from the national lymphoma/cancer registries of Norway and Sweden and using a geriatric assessment tool, have been published in Haematologica in spring 2025. A Swedish-Norwegian paper validating AVD as an effective chemotherapy backbone for older patients has been published in Blood Advances in April 2026. Efforts are underway to expand the work on older HL patients into a prospective observational study across all Nordic countries.

**ORION**, a novel study combining clinical and biological risk factors for nodular lymphocyte predominant Hodgkin lymphoma, has been proposed from Finland. The plan is to include all Nordic countries and other European sites in this effort.

Several recently initiated epidemiological projects, concerning e.g., late morbidity after chemotherapy vs radiotherapy, and PET2 results for advanced stages in real-life settings, are discussed to be expanded as Nordic collaborations.

## **Waldenström Macroglobulinemia Group**

The group is quite new in the NLG, but very happy to be part of this innovative group. We have an annual scientific meeting – in 2026, this meeting will be held in Reykjavik on September 8<sup>th</sup>. We will have international speakers, important discussions, and young Nordic researchers present their data.

We are an active member of the European Consortium for Waldenström's Macroglobulinemia (ECWM) and work with European colleagues to increase the number of trials for WM patients in the future.

Recently, we have participated in the HOVON-169-trial, and we are just about to open the HOVON-178-trial (Epcoritamab in R/R WM) for inclusion in Denmark. Our aim is to have more trials across the Nordic countries in the coming years.

There has recently been a shift in the Steering group as Jonna Juhola (Dept. of Hematology Turku University Hospital, Finland) has replaced Pekka Anttila. We welcome Jonna and thank Pekka for his great work.

## **Pathology group**

The pathology group assists clinical working groups in NLG with pathology-related questions, pathology reviews, and various molecular pathology analyses.

The Pathology group discusses professional issues and challenges within lymphoma diagnostics and classification in the Nordic countries, including the use of molecular pathology analyses, digitization, and classifications (WHO/ICC).

At present, there are no independent pathology projects across the countries. We are currently exploring the possibility of initiating a multidisciplinary diagnostic project focused on AI, digitalisation, and diagnostics within lymphoma and leukemia.

## **Epidemiology group**

The group is working with several projects using data from the national lymphoma registers in Denmark, Sweden, Finland, and Norway. It is a multidisciplinary group with the participation of clinicians and statisticians. The group meets 3-4 times per year. In 2024 and 2025, the group held an in-person meeting prior to the annual NLG meeting, where more than 20 Nordic researchers, including doctors and statisticians, met to discuss new projects. An in-person meeting is also planned before the NLG 2026 plenary meeting.

Ongoing projects focus on late toxicities, treatment outcomes, prognostics, and statistical modeling. The group is planning a phase III trial on early prophylactic gammaglobulin in high-risk lymphoma patients (starting after CAR-T, bispecific, or intensively treated with rituximab maintenance) versus standard of care, meaning starting gammaglobulin after 2+ severe infections and IgG<4g/L.