

## **Immunotherapy for B-cell malignancies**

James Kuzich<sup>1,2,3</sup>

<sup>1</sup>Division of Cancer Research, Peter MacCallum Cancer Centre, <sup>2</sup>Department of Clinical Haematology, Peter MacCallum Cancer Centre and the Royal Melbourne Hospital, <sup>3</sup>Sir Peter MacCallum Department of Oncology, University of Melbourne

Immunotherapy has drastically altered the therapeutic landscape in oncology over the past two decades. Arguably the most successful applications of immunotherapies have been in B-cell malignancies, in which CAR-T cells and bispecific T cell engagers and antibodies, targeting CD19 and CD20, have shown remarkable efficacy in B-cell acute lymphoblastic leukaemia (B-ALL) and various B cell lymphomas. Many of these therapies are now established as standard-of-care, and are being incorporated into earlier lines of treatment, however a significant proportion of treated patients fail to respond or relapse.

In Part One of this two-part talk, the current clinical use of T-cell engaging immunotherapies in various B-cell malignancies will be discussed, with a focus on mechanism of action, efficacy and toxicity.

Part Two will address clinical and biological contributors to immunotherapy failure, with a focus on tumour intrinsic factors including genetic and non-genetic intratumour heterogeneity, antigen loss and lineage plasticity.