

### Transcript Details

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www.reachmd.com  
info@reachmd.com  
(866) 423-7849

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## Moving Beyond Chemotherapy in Mantle Cell Lymphoma Care

### Announcer:

You're listening to *Project Oncology* on ReachMD. Today, we'll learn about chemotherapy-free approaches in mantle cell lymphoma from Dr. Jonathon Cohen. He's a board-certified hematologist and medical oncologist at Emory Winship Cancer Institute in Atlanta, and he presented on this topic at the 2026 Society of Hematologic Oncology Annual Meeting. Let's hear from Dr. Cohen now.

### Dr. Cohen:

So historically, mantle cell lymphoma was considered an aggressive lymphoma that unfortunately had a fairly poor long-term survival and a poor prognosis. And ultimately in the mid-2000s, we identified that treating a patient with very intensive chemotherapy followed potentially by an autologous transplant could significantly improve outcomes and prolong the time before the disease recurred.

However, that approach, although effective for many patients, is associated with significant toxicities that can be both short- and long-term and very disruptive to a patient and their family. We've also come to realize that there are certain prognostic markers, most notably mutations in TP53, that suggest that even with aggressive chemotherapy, a patient may not experience a prolonged remission duration.

So as a result, there's been a lot of interest in looking at newly approved therapies that are not chemotherapy to try to see if we can, number one, improve on our historical outcomes, and number two, limit the toxicity that we were seeing with chemotherapy. And so this has been, really a long time coming, and I would say over the last few years, we've made a lot of progress.

I often think of chemotherapy-free as generally falling into one of two camps. One is the oral targeted therapies. The ones we think of most commonly in mantle cell are the BTK inhibitors that have been approved in the relapse setting but are now approved in the frontline setting as well. But I also consider CAR T and other immune therapies to be part of that group of non-chemotherapy approaches.

Both the BTK inhibitors as well as CAR T therapy have significantly impacted outcomes for patients with recurrent disease, and now we're moving closer and closer to the frontline. We've identified that adding a BTK inhibitor in the frontline is associated with an improved outcome, and we've also had some initial studies suggesting that especially for higher-risk patients, incorporation of CAR T can also be quite effective. In my own practice, the primary combination that I'm using in patients who I feel would potentially benefit is the combination of a CD20-directed antibody with a BTK inhibitor and then with a BCL2 inhibitor, typically venetoclax.

So how to incorporate some of these data into clinical practice is really an evolving process. I would say, at least in my own practice, if I have a patient with a TP53 mutation, I am almost never going to be thinking about chemotherapy in that case and will try, if at all possible, to use chemotherapy-free approaches.

Outside of that, the other place where I've really started to almost universally incorporate chemo-free approaches is in the relapse setting where we have not only the covalent BTK inhibitors, but also the non-covalent BTK inhibitor pirtobrutinib, the just recently approved BCL2 inhibitor sonotoclax, and then we also have CAR T therapy. And so in most cases, if a patient has a recurrence, whether they received chemotherapy upfront or not, I'm going to be thinking about chemo-free approaches in the relapse setting.

### Announcer:

You just heard Dr. Jonathon Cohen talking about chemotherapy-free approaches for patients with mantle cell lymphoma. To access this and other episodes in our series, visit *Project Oncology* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!