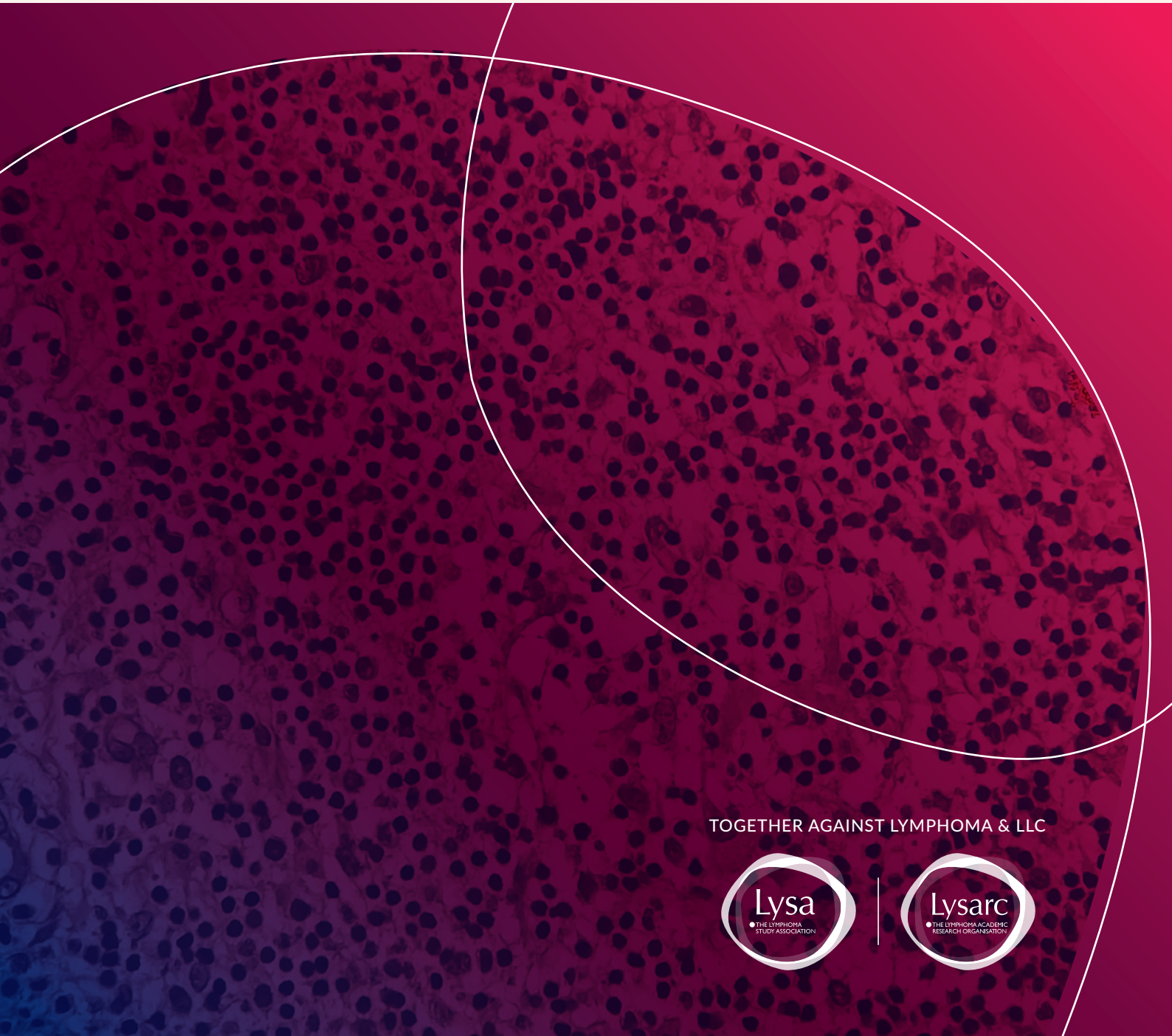
2025
Activity Report

Tomorrow, better treating patients with lymphoma and Chronic Lymphocytic Leukemia



TOGETHER AGAINST LYMPHOMA & LLC

Lysa
THE LYMPHOMA STUDY ASSOCIATION

Lysarc
THE LYMPHOMA ACADEMIC RESEARCH ORGANISATION

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Editorial

Florence Agostino-Etchetto Chief Executive Officer of LYSARC
Prof. Franck Morschhauser President of LYSA and LYSARC

An academic organization in motion for impactful research in hemato-oncology

Our LYSA-LYSARC intergroup has been working for several years to develop collaborative and high-impact research in hemato-oncology. Our approach is guided by a constant commitment to excellence and is entirely focused on the concrete improvement of patient care.

Our 2025 activity report reflects both this strong ambition and the solidity of our organization, built over the years around a clearly defined medical vision.

A unique synergy of expertise

Our organization is founded on LYSA, a unique European network of specialist physicians involved in clinical and translational research in hemato-oncology. LYSARC is the differentiating lever, with a catalytic role: it provides the framework and expertise required to transform scientific intentions into successful collaborative projects.

A broad spectrum of studies

Initially structured around large phase 3 registration studies, the intergroup has evolved its strategy to integrate a greater diversity of approaches. This dynamic now enables LYSARC to cover the entire research continuum, ranging from early phases to phase 4 (post-authorization) studies.

LYSA-LYSARC works in complete independence while promoting a collaborative approach with a wide diversity of stakeholders: French and international basic research centers, major industrial partners, biobanks, as well as European cooperative groups, in order to pursue and expand its ambitions.

Scientific and human capital

Our capacity for adaptation relies in particular on the valorization of a rich heritage of clinical, biological, imaging, and biopathological data. It also relies on the strength of our network of 800 specialist physicians in hemato-oncology. They are capable of mobilizing rapidly to support a collective ambition that goes beyond individual interests.

Our intergroup is fully committed, without compromising on excellence and independence: this is demonstrated by the quality and diversity of our scientific publications, the development by our teams of national guidelines, as well as participation in the definition of international standards.

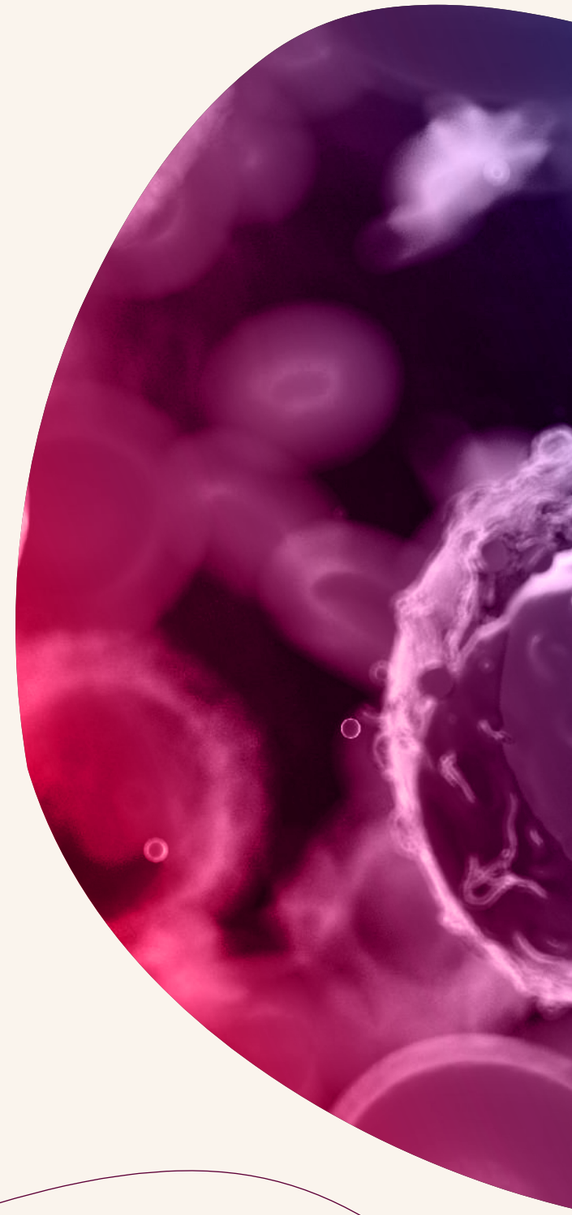
An expanded scientific scope

Historically specialized in the field of lymphomas, our intergroup is reaching a new major milestone in its history. This dynamic of evolution began as early as 2024 with the integration of physician-researchers working on Chronic Lymphocytic Leukemia. The year 2025 saw the launch of the first projects on this disease. This strategic union strengthens both our scientific consistency and our critical mass in this pathological field.

A forward-looking dynamic

This activity report highlights the key moments in the life of the network, the volume and consistency of our scientific outputs, the group's engagement dynamic, and its ability to adapt to the constant changes in our environment.

Our operating model is evolving, adjusting itself to ensure the sustainability of the mission envisioned by the founders of LYSA and LYSARC. Our primary ambition remains unchanged: to improve the quality of life of a greater number of patients by evaluating new therapeutic approaches, whether they arise from academic research or are based on the use of innovative therapies.



02 Challenges of research on lymphomas and Chronic Lymphocytic Leukemia

LYSA-LYSARC works to advance research on lymphomas and Chronic Lymphocytic Leukemia. Despite the significant advances achieved in recent years, these lymphoid hemopathies remain a major public health challenge and raise numerous challenges at the bioclinical level. Only increasingly active, demanding, and collaborative research can address them.

01 Public health challenge

Epidemiological data illustrate the magnitude of the public health challenge represented by lymphomas and Chronic Lymphocytic Leukemia.

These cancers affect all age groups and their incidence has been increasing for several decades. For example, it has doubled over 20 years for non-Hodgkin lymphomas.

Lymphomas
6th most common cancer in France
> 15,000 new cases per year[1]

Chronic Lymphocytic Leukemia (CLL)
≈ 4,500 new cases per year[2]

02 Major R&D challenges

Lymphomas and Chronic Lymphocytic Leukemia raise numerous challenges in basic, translational, and clinical research.

The complexity of care pathways and the cost of therapeutic strategies also give these diseases a significant medico-economic burden.

This makes research an essential lever for improving patient care and the sustainability of the healthcare system.

MAIN CHALLENGES

- **Better understand lymphomas and Chronic Lymphocytic Leukemia**
- **Improve the speed and accuracy of diagnosis**
- **Develop innovative treatments**
- **Improve patient care**
- **Contribute to the optimization of care pathways**

Sources : 1. InfoCancer / Arcagy (2018). 2. Institut National du Cancer (2018).

03 LYSA-LYSARC expertise in lymphomas and Chronic Lymphocytic Leukemia

The LYSA-LYSARC intergroup forms a leading multidisciplinary ecosystem in research on lymphomas, Chronic Lymphocytic Leukemia, and other rare hematological diseases. LYSARC, a structure bringing together experts in translational and clinical research, designs and implements numerous projects in close collaboration with LYSA, a reference medical network which brings together experts in these lymphoid hemopathies. By federating skills around these complex diseases, the group conducts large-scale projects, divided into:

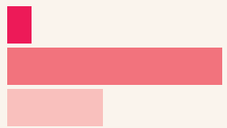
2025

35 projects in the portfolio

26 studies sponsored by LYSARC

9 projects with LYSARC participation (academic or industrial study)

INTERVENTIONAL STUDIES



- **2** Phase I and I/II
- **18** Phase II
- **8** Phase III

NON-INTERVENTIONAL STUDIES

- **5** Cohorts
- **2** Others

15 projects with ongoing **ENROLLMENT**

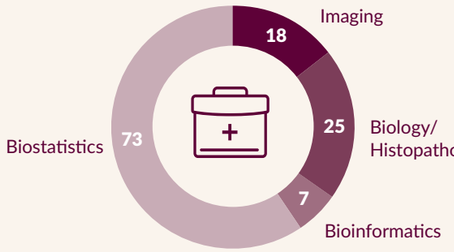
12 projects with patients currently **UNDER TREATMENT** or **POST-TREATMENT** follow-up

8 projects in the **FINALIZATION** phase

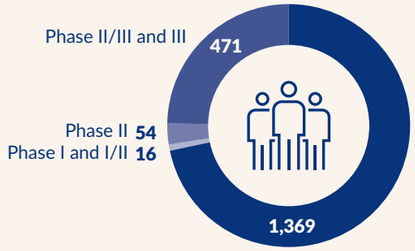
5 new projects launched this year
(Gloasis, eREVRI, Carolyn, Platform, Carman)

6 new ideas in active preparation

123 data reuse **studies** (DRS)



1,910 patients enrolled



Non-interventional studies

161 analysis deliverables
Clinical projects, data reuse studies, database exports, long-term follow-up reports

128 dissemination outputs
90 oral presentations or posters at conferences
38 published articles

Lysarc

25 years of expertise

Operational structure

176 employees
average workforce during 2025 (fixed-term contracts, permanent contracts, apprentices)

Lysa

More than 35 years of activity

A network of experts

405 specialists
in lymphomas and Chronic Lymphocytic Leukemia

98 active care centers
in studies between 2023 and 2025

3 countries
France, Belgium, Portugal

01 LYSA

LYSA (The Lymphoma Study Association) is a medical network of experts dedicated to clinical research on lymphomas and Chronic Lymphocytic Leukemia.

MISSION

Advance research on these diseases and promote the dissemination of knowledge by bringing together experts in lymphomas and Chronic Lymphocytic Leukemia.

SPECIFIC FEATURES

LYSA's actions contribute to thinking about, structuring, accelerating, and promoting research on lymphomas, Chronic Lymphocytic Leukemia, and other rare diseases.

- A **unique network of experts** in terms of its scale and geographical dimension (France, Belgium, Portugal)
- Evaluation of **new models of care** and new treatments
- **Preferred interlocutor** with national and international agencies, supervisory authorities, and learned societies
- Capacity **to impact** and **evolve practices**
- **Support for the activity** of member **care centers**
- **Actor in translational research linking** experimental laboratories and clinical studies involving patients
- **Continuous presence at all major conferences** through oral communications and posters
- Author of major scientific articles **published in the most prestigious international reference journals**

OPERATING MODEL

LYSA is a **non-profit research network** (French Association Law of 1901), **independent of any private or public entity.**

All LYSA members are volunteers and carry out their activities within the association on a voluntary basis. To preserve the independence of the cooperative group, membership is reserved for professionals who contribute to the missions of the association and do not carry out their primary activity in the industrial sector.

ORGANIZATIONAL CHART

The operation of LYSA relies on all of its active members, its **Board of Directors**, its **Scientific Council**, and **specialized Scientific Committees**.

Members of the Board of Directors,
elected in October 2022

President	Treasurer
Franck Morschhauser	**Corinne Haioun**

Members of the Executive Committee of the Board of Director	Marc André, Guillaume Cartron, Olivier Casasnovas, Marie-Hélène Delfau-Larue Hervé Ghesquières, Corinne Haioun, Roch Houot, Fabrice Jardin, Camille Laurent, Steven Le Gouill, Franck Morschhauser, Catherine Thieblemont + LYSARC, invité permanent

Members of the Board of Directors: Marc André, Caroline Besson, Françoise Bodere, Krimo Bouabdallah, Guillaume Cartron, Olivier Casasnovas, Sylvain Choquet, Gandhi Damaj, Marie-Hélène Delfau-Larue, Luc-Matthieu Fornecker, Thomas Gastinne, Philippe Gaulard, Hervé Ghesquières, Rémy Gressin, Corinne Haioun, Olivier Hermine, Roch Houot, Jean-Philippe Jais, Fabrice Jardin, Youlia Kirova, Camille Laurent, Steven Le Gouill, Thierry Molina, Franck Morschhauser, Vincent Ribrag, Karin Tarte, Catherine Thieblemont, Olivier Tournilhac, Alexandra Traverse-Glehen, Luc Xerri, Loïc Ysebaert

Permanent LYSARC guest: General Management and Medical & Scientific Directorate

Members of the Scientific Council,
appointed in October 2022 by the members of the Board of Directors

President	Vice-Presidents
Camille Laurent	**Emmanuel Bachy - François Lemonnier**

Members of the Executive Committee of the LYSA Scientific Council	Emmanuel Bachy, Christophe Bonnet, Sylvain Carras, Anne-Segolène Cottereau, Charles Herbaux, Camille Laurent, François Lemonnier, Cédric Rossi, Clémentine Sarkozy, Benoît Tessoulin

Members of the Scientific Council: Yassine Al Tabaa, Marion Alcantara, Sandy Amorim, Emmanuel Bachy, Marie-Christine Bene, Sophie Bernard, Côme Bommier, Christophe Bonnet, Antonin Bouroumeau, Julien Broseus, Julie Bruneau, Vincent Camus, Sylvain Carras, Morgane Cheminant, Anne-Segolène Cottereau, Lucile Couronné, Gilles Crochet, Virginie de Wilde, Bénédicte Deau-Fischer, Roberta di Blasi, Eric Durot, Pierre Feugier, Marie Gomes da Silva, Romain Gueize, Charles Herbaux, Salim Kanoun, François Lemonnier, Marie Maerevoet, Guillaume Manson, Laurent Martin, Charline Moulin, Marie-Christine Ngirabacu, Cédric Rossi, Mikaël Roussel, Clémentine Sarkozy, David Sibon, Carole Soussain, Pierre Sujobert, Benoît Tessoulin, Eric Van Den Neste

Permanent LYSARC guest: General Management and Medical & Scientific Directorate

Scientific Committees and their Chairs

Committee Theme	Committee Chairs
Large B-Cell Lymphoma	Roch Houot, Fabrice Jardin
T-Cell Lymphoma	Gandhi Damaj, Laurence de Leval, Olivier Tournilhac
Follicular Lymphoma and Other Indolent Lymphomas	Guillaume Cartron, Franck Morschhauser, Catherine Thieblemont
Hodgkin Lymphoma	Marc André, Hervé Ghesquières
Mantle Cell Lymphoma	Morgane Cheminant, Olivier Hermine, Steven Le Gouill
CLL/WM	Anne Quinquenel, Romain Guièze, Pierre Feugier

ACTIVITY OF LYSA INVESTIGATOR CENTERS

LYSA investigator centers maintained a high level of activity in 2025, with a total of 15 studies open to recruitment and more than 1,900 enrollments achieved.

STRONG MOBILIZATION FOR INTERVENTIONAL STUDIE

Launch of **7 new studies**, with varied characteristics and including the exploration of a new disease: Chronic Lymphocytic Leukemia.

10 studies open to recruitment (list on pages 35–36)

541 enrollments in **112** centers*

CONTINUED DYNAMISM OF NON-INTERVENTIONAL STUDIES

5 studies open to recruitment (list on page 36)

1,369 enrollments in **66** centers*

The threshold of **6,000** patients enrolled in the DESCAR-T registry was reached (October 2025)

* A center is considered active if it enrolls at least one patient during the year. It may be counted several times if it participates in several trials.

02 LYSARC

LYSARC (Lymphoma Academic Research Organisation) is the largest independent European academic organization dedicated to research operations in lymphomas and Chronic Lymphocytic Leukemia. With 176 employees, it has unique expertise enabling it to fully accomplish its mission.

MISSION

Implement scientific research projects with high impact for patients with lymphomas and Chronic Lymphocytic Leukemia.

DIAGNOSIS

THERAPEUTIC INNOVATION

QUALITY OF LIFE

MAIN ACTIVITIES

DESIGN
Robust research projects, addressing medical and scientific challenges

We co-develop high scientific value research projects with our partners, according to the highest standards.

- Scientific, regulatory, and operational feasibility
- Definition of medical and scientific hypotheses, criteria, and methodologies
- Design of clinical studies and data reuse studies (DRS)
- Project management and mobilization of medical, methodological, and biostatistical expertise

ORCHESTRATE
A European network and a collaborative model, serving each project

We rely on our unique ecosystem of partners in France and Europe.

- LYSA medical network
- Mobilization of our network of 90 expert centers
- Formation of specialized teams
- Collaboration and coordination of multiple partners (hospitals, industry, academia)
- Management of multi-stakeholder and international projects

IMPLEMENT
Integrated expertise, to conduct projects from start to finish

We ensure the operational execution of projects as an independent sponsor.

- Selection and contracting of centers
- Management and monitoring of sample and data collection
- Management of partners and service providers
- Financial management
- Monitoring, quality, pharmacovigilance
- Biostatistical, medical, bioinformatics, and imaging expertise
- Writing of clinical reports

ENLIGHTEN
Transform data into actionable knowledge

We mobilize an active asset base of 25 years of data, collections, and expertise to generate knowledge.

- Analysis and consolidation of data through our research platforms (biology, imaging, biopathology)
- Data reuse studies and ancillary studies
- Scientific co-production (publications, conferences)

OPERATING MODEL

LYSARC operates within a **firmly collaborative model**. This model relies, on the one hand, on the close interaction between LYSARC and the LYSA research network, and on the other hand, on a broad ecosystem of partners in France and Europe. This collective dynamic enables the **pooling of expertise, data, and resources** in the service of efficient and innovative research. LYSARC is a **non-profit association with a legal structure**. All profits are reinvested in research projects.

SPECIFIC FEATURES

INDEPENDENCE

- LYSARC is a non-profit, independent, and autonomous organization.
- We primarily act as the sponsor of the clinical studies that we conduct.

NETWORK

- Our organization relies on LYSA's network of expert physicians.
- Alongside LYSA, we benefit from a strong consortium of academic and industrial partners, particularly in Europe.

KNOW-HOW

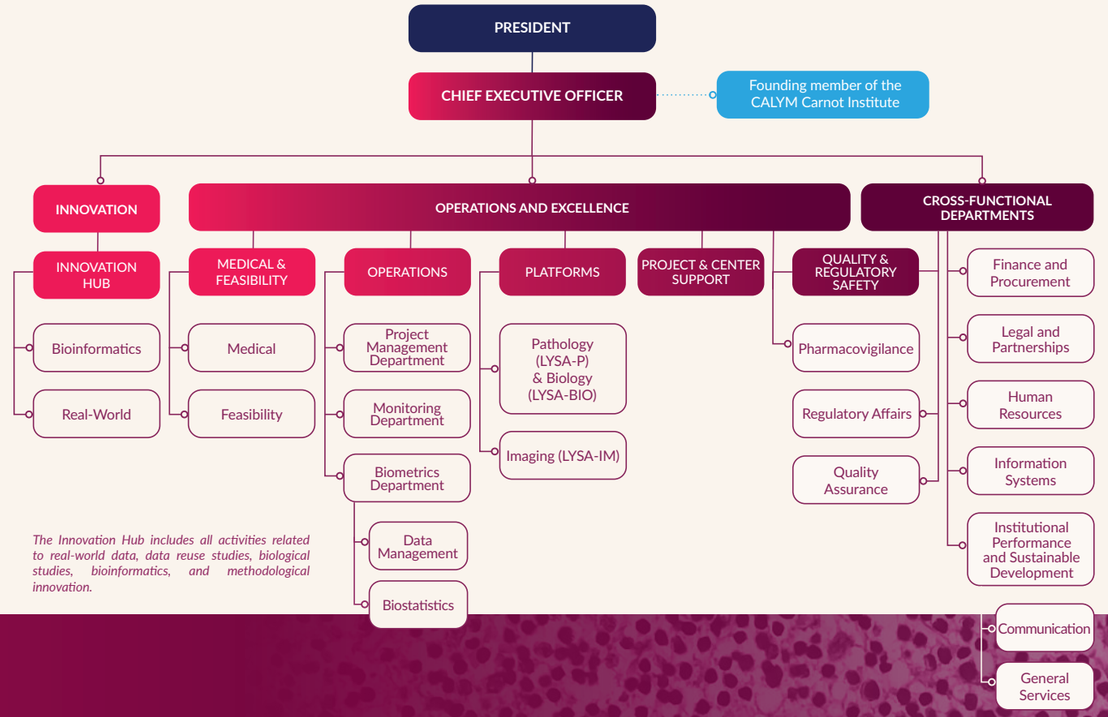
- We are a reference expert in lymphomas, CLL, and other rare diseases.
- We co-develop tailor-made studies with our partners from start to finish.
- We build, manage, and utilize registries and real-world data.

DATA & INNOVATION

- We scientifically leverage an active asset base of 25 years of data, registries, and real-world data.
- We are a place where future practices are modeled.

ORGANIZATIONAL CHART

LYSARC has **teams with complementary expertise** essential for conducting research projects. Governance is ensured by its **President**, Prof. Franck Morschhauser, and its **Chief Executive Officer**, Florence Agostino-Etchetto, **supported by a Management Committee** and an **Executive Committee**.



The Innovation Hub includes all activities related to real-world data, data reuse studies, biological studies, bioinformatics, and methodological innovation.

03 The LYSA-LYSARC Intergroup

By combining LYSA's strategic vision and LYSARC's expertise, the intergroup aims to continuously push back the boundaries of medical innovation in the management of lymphomas and Chronic Lymphocytic Leukemia. To this end, it maintains close relationships with numerous other stakeholders within the ecosystem, while preserving its independence and the transparency of its actions.

The LYSA-LYSARC intergroup benefits from a set of **shared resources**.

It is part of the CALYM Carnot Institute, an academic network of excellence that enables the pooling of **strategic resources** and provides unique **research and development (R&D) capacity**, thereby fostering innovation and the advancement of knowledge in this field.

LYSA-LYSARC PLATFORMS

- **LYSA-IM**: Imaging
- **LYSA-P / LYSA-BIO**: Pathology / Biology
- **BIO-INFORMATIQUE**: Pipelines, machine learning, artificial intelligence

LYSARC COLLECTIONS & DATABASES

Focus on flagship collections:

- **Bioclinical databases:**
  > 30,000 tumor samples: FFPE, frozen samples, TMA, blood, plasma, DNA/RNA, clinically annotated, characterized (phenotypes, genotypes, ...)
- **Imaging database:**
  > 44,000 medical imaging examinations available (PET/CT, CT, MRI)

OTHER RESOURCES OUTSIDE LYSARC

- **French Connect**: Harmonized ctDNA analysis (sequencing and bioinformatics analysis)
- **Lymphoma Data Hub**: Cloud computing platform for the exploitation of large-scale data

ECOSYSTEM

LYSARC and LYSA play an active role within the lymphoma and Chronic Lymphocytic Leukemia research ecosystem. They maintain relationships with numerous stakeholders and benefit from international recognition for their expertise.

- **Close collaboration with all stakeholders involved in lymphoma and Chronic Lymphocytic Leukemia research throughout the world,** such as hospitals, universities, research organizations, clinical research groups, Cooperative Oncology Groups (INCa accredited), learned societies, health authorities, patient associations, etc.

Non-exhaustive list of our partners: AMC Medical Research BV, Centre Henri Becquerel, **CNRS-SCTD**, **FILO** (French Innovative Leukemia Organization), **FIL** (Fondazione Italiana Linfomi), **GELTAMO** (Grupo Español de Linfomas y Trasplantes de Médula Ósea), **EORTC** (European Organisation for Research and Treatment of Cancer), **GLA** (German Lymphoma Alliance), **HOVON** (Stichting Hemato-Oncologie voor Volwassenen Nederland), **IELSG** (International Extranodal Lymphoma Study Group), **IFLY** (Institute for Follicular Lymphoma Innovation), **IFM** (Intergroupe Francophone du Myélome), **INSERM** (French National Institute of Health and Medical Research), **INCa (**French National Cancer Institute), **Institut Necker, Klinikum der Universität München, MCL Network, Molecular Partners AG, Saarland University, University of Bordeaux, Claude Bernard University, University of Montpellier . . .**

- **Co-founding members of ELI (The European Lymphoma Institute)**, bringing together the leading European lymphoma specialists within an institute dedicated to research, training, and education on this disease.
- **Co-founding member of CALYM**
- **Accreditation of the LYSA-LYSARC intergroup** by the French National Cancer Institute (INCa) **as a "French cooperative intergroup with an international dimension in the field of clinical cancer research."**

COMMITMENTS

Independence and **transparency** are at the heart of the LYSA-LYSARC intergroup's commitments, ensuring the rigor and excellence of its work.

INDEPENDENCE

LYSA and LYSARC are non-profit associations (French Law of 1901) that conduct their activities with complete autonomy, free from the influence of public or private entities. They affirm this commitment by having ratified **the Independence Charter of the Cooperative Oncology Groups.**

TRANSPARENCY

The LYSA-LYSARC intergroup ensures **clear and accessible communication** with all its stakeholders, such as the public institutions supporting its activities, the patients involved in its trials, as well as the scientific community and the members of its network.

STRONG COMMITMENT OF LYSA MEMBERS

The dynamism of LYSA is based on continuous openness to the diversity of medical expertise. In order to encourage the emergence of new perspectives and scientific proposals, the cooperative group promotes the active participation of physicians carrying innovative ideas within studies.

In close collaboration with LYSARC, this approach is part of the LYSA-LYSARC intergroup dynamic and contributes to generating new knowledge, as well as advancing practices in the field of lymphomas and CLLs.

Dr. Jean Galtier, Bordeaux University Hospital

"The LYSA-LYSARC intergroup has been a central element of my professional horizon, and has been since my residency. It is not only an excellent cooperative group elevated to the rank of one of the major world leaders in clinical lymphoma research (although it is difficult to exist alongside the American juggernaut!); it is also a model collaborative platform that gives everyone a place and knows how to distribute responsibilities—particularly to younger physicians. This operating model has allowed me to become involved in several major projects, DESCAR-T in particular, and to confidently consider new ones. The B. Coiffier mobility award was also decisive support for initiating my research projects abroad. I am extremely proud to now be part of this institution and of the history it continues to write."

Dr. Doriane Cavalieri, Lille University Hospital

"I am happy and enthusiastic to be part of the LYSA-LYSARC intergroup, which constitutes an exceptional environment through its dynamism and the quality of the clinical and biological scientific work carried out within it. I am particularly involved in the T-cell lymphoma committee and the Hodgkin committee, which are for me highly enriching spaces for scientific exchange. I am also grateful to Prof. Lemonnier for having given me the opportunity to be co-investigator of one arm of the PLATFORM trial. This first experience as co-PI of a prospective trial is highly educational and stimulating, and allows me to acquire the confidence and experience necessary to lead future projects in a supportive environment."

Dr. Lucie Oberic, Toulouse University Hospital, Toulouse Cancer University Institute – Oncopole

"I had the opportunity to coordinate the phase 3 SENIOR study with Prof. Fabrice Jardin and was able to appreciate the professionalism of LYSARC, as well as the availability and kindness of its teams. Being involved as a young investigator in overseeing the smooth conduct of a large-scale clinical trial, in analyzing the results and publishing them, was an intense and exciting experience! The research activity made possible by a cooperative group such as LYSA-LYSARC complements my daily clinical activity and gave me the confidence to launch the FERTILE project. I am proud to belong to this group and to benefit from the scientific stimulation that results from it."

Dr. Jérôme Paillassa, Angers University Hospital

"LYSA-LYSARC has established itself as a major player in hematology research in France and internationally. Being a member of this cooperative group has enabled me to launch several research projects on hairy cell leukemia and to participate in projects involving CAR T-cells. The support provided by methodologists and biostatisticians is of very high quality, and we benefit from the guidance of more experienced hematologists. Our center has been able to participate in several studies of the LYSA-LYSARC intergroup, notably OASIS II, whose impact on future practices is undeniable."

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04 Looking Back at the Year 2025

The year 2025, marked by the 25th anniversary of LYSARC, highlights the impact of the organization through four major pillars: operational rigor and excellence, scientific openness, capacity for innovation, and the valorization of a high-value data asset.
Several ongoing projects demonstrate this: MorningLyte, BIDIFLY, PlaTform, INTENSIFY, DESCAR-T, CLL18/MOIRAI...
This report also looks back at the structuring and unifying role of LYSA, as well as the exceptional visibility of the intergroup in major conferences and leading scientific journals.

01 25 Years of LYSARC Serving High-Impact Research

"What if we joined forces to advance lymphoma research faster and further?"
It was from this ambition that LYSARC was born. Starting as a small team, the academic organization has progressively grown and today employs nearly 180 collaborators. It has seen studies become international references, innovations transform the management of thousands of patients, and hospital teams work together as never before.

> 15,000
patients followed

69
sponsored drug clinical trials conducted directly by LYSARC

5
minimal-risk or no-risk studies
REALYSA, Lysatomic, RT3, Fertile, CALC

RNIPH-type projects
(Research Not Involving Human Subjects)
DESCAR-T, Glorel, SLT, ALGC-BIA Registry

21
studies conducted under delegated sponsorship

Data reuse studies
ATU-Nivo, PET FL, ATU Adcetris...

VIDEO CROSS INTERVIEWS

→ ORGANIZATIONAL JOURNEY

Perspectives from Florence Agostino-Etchetto, Chief Executive Officer of LYSARC, and Prof. Franck Morschhauser, President of LYSA and LYSARC.

Watch the video

Excerpt

"LYSARC represents 25 years of investment in lymphoma research. I think we can be proud of the journey that has been accomplished. Above all, we must highlight the impact of LYSARC's actions in support of the LYSA group's vision: an impact on the way patients are managed today (...) an impact on the way we collaborate with industry (...) the ability to address innovative topics (...)."

Florence Agostino-Etchetto
Chief Executive Officer, LYSARC

→ EVOLUTION OF THE ORGANIZATION

Three employees look back on the collective journey and the transformations that have shaped 25 years of clinical research.

Watch the video

Excerpt

"We were in a single office, there were three of us, there was only one telephone (...) We evolved progressively as we took on new studies. (...) We have always worked with a high level of professionalism, which led to collaborations with other partners."

Estelle Nodin
General Services Officer

→ TECHNICAL ADVANCES

Four employees discuss the modernization of their tools and the benefits delivered to patients.

Watch the video

Excerpt

"Over the past 25 years, we have seen the emergence of new techniques (...) that have enabled us to better characterize our patients. (...) We will be able to provide more personalized medicine, (...) offering therapeutic support strategies adapted to their characteristics in order to achieve better treatment effectiveness."

Romain Ricci
Director of the Imaging Department, LYSARC

→ IMPACT OF CLINICAL STUDIES

Two experts put into perspective the clinical trials that have contributed to changing treatment standards and improving patients' quality of life.

Watch the video

Excerpt

"Over the past 25 years, there have been therapeutic strategies that have truly revolutionized patient care. Among these therapeutic strategies are CAR-T cells and bispecific antibodies (...) LYSA and LYSARC have truly been a driving force and have been heavily involved in the clinical trials (...)."

Dr. Pierre Sesques
Hematologist, Lyon Sud Hospital, Hospices Civils de Lyon

25TH ANNIVERSARY SEMINAR

LYSARC brought together its teams to celebrate its 25th anniversary and look toward the future, with the presentation of its strategic roadmap for the next ten years. This roadmap sets several directions: making a strong contribution to the ecosystem in France and internationally, strengthening LYSARC's competitiveness, and reaffirming its unique model. The seminar also featured an inspiring presentation by a neuroscientist, team-building workshops, and an anniversary evening event.

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02 LYSARC success stories in 2025

The year 2025 fully illustrated the four pillars that underpin LYSARC's strength in conducting ambitious, high-impact research projects: operational excellence, scientific openness, capacity for innovation, and a high-value data asset.

01 THE HIGHEST OPERATIONAL STANDARDS WITH THE PIVOTAL MORNINGLYTE STUDY

LYSARC has developed internationally recognized operational expertise, meeting the highest standards. It has demonstrated its ability to conduct complex, high-stakes studies and to overcome organizational challenges, as perfectly illustrated by the pivotal MorningLyte study.

MORNINGLYTE: International Phase 3 First-Line Treatment Study in Follicular Lymphoma

MAJOR CHALLENGES & ISSUES

- **High level of requirements for this registration-directed study**: innovative treatment using a CD20xCD3 bispecific antibody (mosunetuzumab), in combination with an immunomodulatory agent (lenalidomide).
- **Comparison with standard immunochemo-therapy**: 2 multi-drug treatment arms.
- **First-line treatment in FLIPI 2–5 follicular lymphoma**: recruitment and follow-up of newly diagnosed, treatment-naïve patients; intermediate- to high-risk FLIPI score.
- **Enrollment rate exceeding projections**: 50% of the target enrollment (790 patients) achieved in 16 months, recruitment completion brought forward by 8 months (August 2026 versus April 2027 initially).
- **International scope**: 6 European Union countries (EU) + Switzerland + Japan 6 European Union countries (EU) + Switzerland + Japan

LYSARC HIGH STANDARDS & ADAPTATION

- **Project restructuring in response to challenges**: amendment submitted, 123 documents updated, project staff doubled, organization in "project mode" (project manager + departmental representatives).
- **Rigorous oversight**: strong mobilization of the project team, 2 Independent Data Monitoring Committee (IDMC) meetings in 2025.
- **Structured international management**: LYSARC sponsor in Europe (EU + Switzerland), collaboration with Chugai for Japan, collaboration with European academic partners, progress meetings with partners.
- **Unprecedented establishment of a task force**: bringing together a comprehensive panel of functional experts to secure project execution.

"The MorningLyte study is a flagship project for our LYSA-LYSARC intergroup, both because of the scale of its challenges and the complexity of the issues involved. The ambition is considerable: to redefine first-line standards of care for follicular lymphoma through an innovative chemotherapy-free treatment. We are continuing our efforts with determination, in close collaboration with our partners."

Prof. Franck Morschhauser
President of LYSA

5 Academic Partners
- LYSA-LYSARC
- GLA (German Lymphoma Alliance)
- GELTAMO (Grupo Español de Linfomas/Trasplante Autólogo de Médula Ósea)
- SCI (Swiss Cancer Institute)
- AGMT (Arbeitsgemeinschaft medikamentöse Tumorthe-rapie)

2 Industry Partners
- Roche
- Chugai

"The mobilization around the MorningLyte study is exceptional. Beyond the decisive investments that have been made, I would like to acknowledge the commitment, professionalism, and energy demonstrated by every team member. A mobilization of resources beyond everyday expectations for the success of the study to the benefit of patients, for our organization, and for its recognition in the world of medical research."

Anne Faugier,
Clinical Project Manager, LYSARC

02 SCIENTIFIC OPENNESS: THE FIRST PROJECTS IN CHRONIC LYMPHOCYTIC LEUKEMIA

LYSARC has always demonstrated scientific openness, with projects of varied characteristics in the field of lymphomas. A new milestone has been reached with the exploration of a new disease within lymphoid hemopathies: Chronic Lymphocytic Leukemia (CLL).

CREATION OF A NEW LYSA COMMITTEE

In February 2024, LYSA created a n**ew committee specifically dedicated to Chronic Lymphocytic Leukemia (CLL) and Waldenström Macroglobulinemia (WM).** This initiative is part of a **convergence dynamic initiated by the FILO CLL/WM committee**, with the objective of unifying research efforts on diseases that share similar biological, clinical, and therapeutic characteristics.

NEW

EVITA and **CLL18/MOIRAI**: First Chronic Lymphocytic Leukemia Projects for LYSARC

EVITA	
Phase 2 trial Launching in 2025	**Sponsor**: LYSARC **Industry partners**: AbbVie + Johnson & Johnson
Objective: Evaluation of a drug combination	
EVI regimen **Epcoritamab** CD20xCD3 bispecific antibody + **Venetoclax** BCL-2 inhibitor + **Ibrutinib** BTK inhibitor	**44 patients** **1st line treatment** Chronic Lymphocytic Leukemia or Small Lymphocytic Lymphoma with TP53 gene alteration **2 countries** France + Belgium

"The EVITA study evaluates the benefit of adding epcoritamab to the ibrutinib-venetoclax combination in patients with CLL carrying TP53 alterations. This project represents a major innovation for this high-risk population, with the ambition of developing a fixed-duration therapeutic strategy for patients for whom continuous treatment with a BTK inhibitor is currently recommended. EVITA will also help to better define the role of immunotherapy in first-line CLL treatment. This project fully illustrates the success of the coordinated work between CLL investigators and LYSARC."

Romain Guieze and Damien Roos-Weil
Hematologists
EVITA Investigators

CLL18/MOIRAI	
Phase 3 trial Enrollment initiated in 2025	**Sponsor**: University of Cologne, LYSARC, coordinator in France + other research groups responsible for coordination in the other participating countries **Industry partners**: AbbVie + Lilly + Roche
Objective: To demonstrate the effectiveness of individualized measurable residual disease* assessment as a means of adjusting treatment duration to achieve better patient outcomes.	
3 treatment arms **Venetoclax/Obinutuzumab – fixed duration** 12 cycles **Venetoclax/Pirtobrutinib – fixed duration** 15 cycles **Venetoclax/Pirotbrutinib – variable duration guided by MRD*** 15 cycles minimum to 36 cycles maximum	**813 patients** **1st line treatment** Chronic Lymphocytic Leukemia or Small Lymphocytic Lymphoma **16 European countries** **165 centers** *Measurement of the number of detectable cancer cells after treatment.

03

LYSARC, A PLACE OF INNOVATION. 2 EXAMPLES WITH THE BIDIFLY PROGRAM AND THE PLATFORM STUDY

Alongside projects conducted using established methodologies, LYSARC has been able to drive a genuine innovation dynamic. It innovates, for example, through the use of artificial intelligence in the BIDIFLY program. It also deploys innovative study methodologies, such as the PlaTform platform trial.

BIDIFLY: Collaborative Research Program in Follicular Lymphoma Using Innovative Technologies

BIDIFLY

USE OF ARTIFICIAL INTELLIGENCE

- **Centralization of large multimodal datasets originating from completed LYSA-LYSARC trials** (clinical, imaging, and molecular biology) within the Lymphoma Data Hub (LDH) platform supported by the CALYM Carnot Institute (of which LYSA and LYSARC are members).
- **Data analysis using artificial intelligence**, conducted within the Translational Imaging Laboratory in Oncology (LITO), supported by Institut Curie and Inserm.
- **Objectives**: refine the characterization of follicular lymphoma heterogeneity, identify new prognostic and diagnostic biomarkers, advance monitoring tools, and ultimately develop new treatments.

2025 HIGHLIGHTS

- **Strengthened structuring**: signature of the consortium agreement bringing together the supervisory institutions of the 10 participating teams, strengthened scientific governance (coordination: Dr. Clémentine Sarkozy, Institut Curie / LITO; close operational oversight: LYSARC).
- **80% of the data to be exploited centralized**: major involvement of the LITO, LYSA-IM, and CBIO teams (Bioinformatics Center of Mines Paris).
- **Independent validation cohort being integrated**: work initiated using the REALYSA FL real-world cohort (partnership between Hospices Civils de Lyon, LYSA-LYSARC, Inserm, and the FRANCIM cancer registry network).
- **Expansion of the scientific scope**: ongoing discussions regarding a new epigenetics work package led by a team from Institut Curie.
- **Close relationships with IFLI (International Follicular Lymphoma Initiative), co-leader of the project**: hosting in France in June 2025 for a Scientific and Monitoring Committee (CSS), as well as exchanges during the annual ASH (American Society of Hematology) congress in December 2025.

"The rapid signature of the consortium agreement and the integration of 80% of the expected data demonstrate particularly effective scientific and operational coordination. BIDIFLY now represents a unique collaborative platform combining large-scale clinical and biological data."

Anne-Laure Borel
Project Manager, LYSARC

"BIDIFLY illustrates LYSA's ability to rapidly bring together leading academic teams around an ambitious translational project. The collective momentum observed in 2025 demonstrates that the national structuring of follicular lymphoma research is a major asset for accelerating innovation for the benefit of patients."

Dr. Clémentine Sarkozy, Institut Curie

"BIDIFLY is a large-scale scientific project. The volume of newly generated and analyzed data is considerable. I would like to particularly acknowledge the patients who made this study possible by agreeing that their clinical data and samples collected within clinical trials could be reused. The knowledge generated must above all benefit people affected by follicular lymphoma."

Prof. Guillaume Cartron, MD, Ph-D, Montpellier University Hospital

DURATION: **4 YEARS**
BUDGET: **€9 MILLION**

Organizations Behind the Project
- LYSA-LYSARC
- IFLI (Institute for Follicular Lymphoma Innovation)

Leading Partners
- Institut Carnot CALYM
- Inserm
- Institut Curie
- Institut Paoli-Calmettes
- CHU de Rennes
- CHU de Toulouse
- CBIO – Mines Paris

Learn more about the BIDIFLY study

PLATFORM: Platform Trial to Accelerate the Clinical Evaluation of New Treatments in Peripheral T-Cell Lymphomas by Industry Partners

INNOVATIVE METHODOLOGY

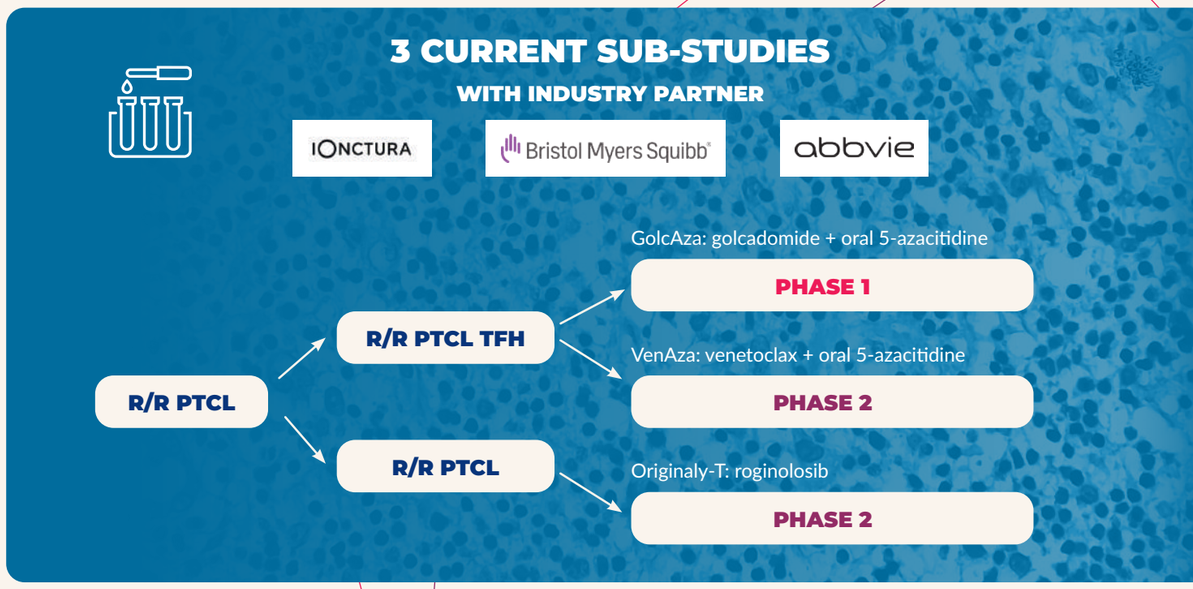
- **Adaptive trial, with no predefined end date, evolving through the addition or discontinuation of treatment arms.**
- Implementation of **sub-studies for the clinical evaluation of different treatments by industry partners**, either in parallel or sequentially (Phase 1, 1/2, or 2 for each arm))
- Methodology based on a **"master protocol"** incorporating elements common to all sub-studies (inclusion and exclusion criteria, assessments, etc.), together with **specific "sub-protocols"** (more restrictive inclusion criteria, additional assessments, etc.).

2025 HIGHLIGHTS

- **Structure established and open to industry partners**: LYSA-LYSARC initiative deployed using internal funding.
- **Operational platform**: first patient recruited in 2025, three sub-studies already initiated with industry partners (iOnctura, BMS, AbbVie).
- **Major time savings compared with launching a de novo study**: rapid integration of a new sub-study within the PlaTform structure.
- **Acceleration of clinical innovation**: generation of proof-of-concept data regarding the relevance of certain treatments (monotherapy as a structuring step in research or combination therapy).

"This innovative study constitutes a major step in the research on peripheral T-cell lymphomas. Its adaptive and integrated methodology allows us to accelerate the generation of robust clinical data while optimizing the evaluation of new therapeutic strategies. Ultimately, this approach should enable the faster emergence of new therapeutic options in order to address a medical need that remains largely unmet in these diseases."

Delphine Leduc
Project Manager, LYSARC



04

A HIGH-VALUE DATA ASSET: LYSA-LYSARC TRIALS, REALYSA, DESCAR-T…

LYSARC develops and leverages a large-scale medical and scientific asset, as illustrated by the INTENSIFY project, which reuses data originating from LYSA-LYSARC trials and the multicenter REALYSA real-world cohort. The year 2025 also marks the fifth anniversary of the DESCAR-T cohort, which continues its positive momentum: continuous growth in enrollments, development of numerous study projects, and strong visibility at congresses and in peer-reviewed journals.

INTENSIFY: LYSA-LYSARC Data Reuse Study in Large B-Cell Lymphoma

INTENSIFY

DATA UTILIZED

≈ 5,000 patients

Real-world cohort
REALYSA

6 completed LYSA-LYSARC **trials**
(LNH07-1B, LNH09-1B, GAINED, REMARC, RT3 and Epi-R-CHOP)

MULTIMODAL DATA
> Clinical, imaging, molecular, and biopathological data

BIOLOGICAL MATERIAL
> Blood, tissue, bone marrow

IMAGING
6,399 PET examinations
2,000 blocks
3,600 slides

MAJOR INTEREST FOR PRECISION MEDICINE IN LARGE B-CELL LYMPHOMA

Transform complex multimodal data into clinically actionable prognostic markers to identify, before first-line treatment, high-risk patients and guide treatment intensification.

- Develop and validate a multimodal prognostic score.
- Identify early markers of refractoriness to first-line standard immunochemotherapy (R-CHOP).
- Enable precision patient stratification for innovative therapies (CAR-T, bispecific antibodies, antibody-drug conjugates).

→ Early prediction enables therapeutic intensification and improved clinical outcomes.

PROJECT STATUS

- Inventory of biological, histological, and imaging data completed over a six-month period.
- Project structuring involving 40 participants, including 35 physicians.
- Official external presentation during the LYSA Days in October.
- Meetings with industry partners during ASH and SFH for fundraising activities.
- First data expected for presentation at the 2026 ASH congress.

Learn more about the INTENSIFY study

"Large B-cell lymphoma remains an unpredictable disease. The problem is the lack of data to anticipate treatment failures. The INTENSIFY project aims to change this by combining genomics, imaging, artificial intelligence, and tumor microenvironment analysis in more than 5,000 patients. The objective is to identify high-risk patients at diagnosis and ultimately guide a phase 3 clinical trial toward true precision medicine."

Sydney Dubois and Pierre Sesques
Hematologists
Centre Henri Becquerel – Rouen
Lyon Sud Hospital – Hospices Civils de Lyon
INTENSIFY Study Coordinators

"Over the years, the work carried out by the LYSA-LYSARC intergroup has enabled the creation of an exceptional asset of data and samples. Today, this wealth opens the way to ambitious new projects such as INTENSIFY. This capitalization places our intergroup among the major players in tomorrow's research, made possible thanks to the trust of patients who agreed to the reuse of their data and samples. It also facilitates the aggregation of multimodal data and the establishment of large cohorts adapted to current scientific challenges."

Emeline Mollaret
Director, Biology-Histopathology Department LYSARC

DESCAR-T: French Registry of Adult and Pediatric Patients with Hematological Malignancies Eligible for CAR T-Cell Therapy

DESCAR-T

5 YEARS OF THE REGISTRY: NEW ENROLLMENT MILESTONES REACHED
(enrollment still ongoing)

5,000 patients in January 2025
6,000 patients in October 2025
→ **5 years of follow-up for the first enrolled patients**
→ **Patient follow-up planned for 15 years**

STRONG SCIENTIFIC VALORISATION OF THE REGISTRY
53 ongoing projects
(including 24 initiated in 2025)
29 congress presentations
10 published articles

"The information provided by this registry is extremely important for the scientific community, enabling a better understanding of CAR T-cell therapies. The analyses generated through DESCAR-T allow us to optimise our practices for improved patient management and position France as a major international contributor to CAR T-cell research."

Roch Houot
Head of the Hematology Department,
Rennes University Hospital
Coordinator of the DESCAR-T Registry

Read the DESCAR-T press release

Academic Registry Established by 5 Cooperative Groups / Scientific Societies
- GRAALL (Group for Research on Adult Acute Lymphoblastic Leukemia)
- IFM (Intergroupe Francophone du Myélome)
- LYSA-LYSARC
- SFCE (French Society for the Fight Against Childhood and Adolescent Cancers and Leukemias)
- SFGM-TC (French-Speaking Society for Bone Marrow Transplantation and Cellular Therapy)

Supported by 3 Industrial Partners
- Novartis
- Gilead Sciences
- Bristol Myers Squibb

HAS
HAUTE AUTORITÉ DE SANTÉ

Recognised among the "data sources available for use" in response to requests from the French National Authority for Health (HAS).

03 LYSA: A Unifying and Structuring Environment

LYSA confirmed its unifying role within the scientific community, as demonstrated by the success of the 9th LYSA Days. The year 2025 also highlighted its ability to structure clinical innovation through the publication of unprecedented recommendations for the management of diffuse large B-cell lymphoma.

> SUCCESS OF THE 9TH LYSA DAYS

LYSA organised **the 9th edition of the "LYSA Days" in Toulouse from 8 to 10 October 2025**. The event brought together physicians, researchers, clinicians and industry representatives around a rich scientific programme and productive discussions.

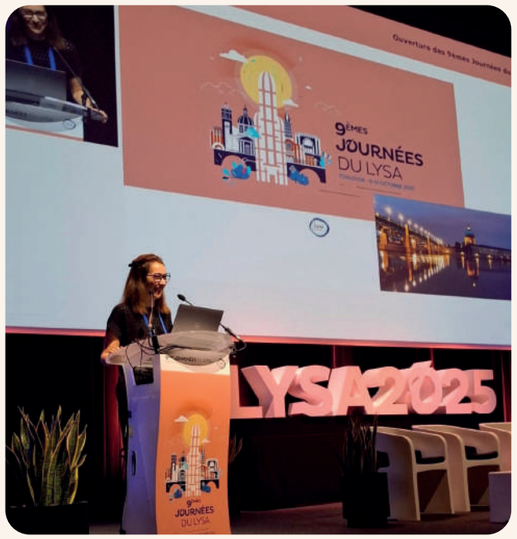
496
participants

Diverse Programme Covering Lymphomas

(Hodgkin lymphoma, mantle cell lymphoma, follicular lymphoma, T-cell lymphoma, diffuse large B-cell lymphoma, etc.)

First Participation
of the New CLL / WM Commission

(Chronic Lymphocytic Leukaemia / Waldenström Macroglobulinaemia)



> Disease-specific thematic sessions

> Lectures by leading French and international experts

> Presentation of innovative clinical trials

> Showcase of emerging technologies and applied translational research

"I had the honour of hosting these 9th LYSA Days in my beloved 'Pink City'. The presentations generated rich discussions on recent advances and future perspectives. This event also strengthened ties between clinicians, researchers and institutional partners (LYSARC, CALYM, ELLyE, etc.), confirming the collaborative dynamic that is the strength of the LYSA network. My sincere thanks to all speakers, moderators, partners and participants for their contribution to the success of this edition!"

Camille Laurent
Biopathologist
Toulouse University Institute
President of the LYSA Scientific Council

Read the press release

> UNPRECEDENTED RECOMMENDATIONS IN DIFFUSE LARGE B-CELL LYMPHOMA

LYSA published pragmatic recommendations for the management of diffuse large B-cell lymphoma in the European Journal of Cancer (EJC). These recommendations are set against a backdrop of major developments over the past five years, including more precise diagnostics and therapeutic innovations (immunotherapies, cellular therapies and targeted agents). They provide a clear and structured framework to harmonise and optimise patient management, from first-line treatment through to relapsed disease settings.

Published in the European Journal of Cancer

PERSPECTIVES FROM THREE AUTHORS

"These recommendations constitute a reference tool for harmonising the management of aggressive B-cell lymphomas. They reflect the collective work of the entire LYSA community in the service of patients."
Dr. Pierre Sesques

"Beyond the publication itself, this represents a step toward better integration of recent and future therapeutic advances. LYSA demonstrates here its capacity to anticipate and structure clinical innovation."
Prof. Benoit Tessoulin

"These recommendations are the result of remarkable teamwork, driven by a shared commitment to improving patient care. We are extremely proud of this key milestone for the group."
Dr. Guillaume Manson

EJC EUROPEAN JOURNAL OF CANCER

Access the publication

Read the press release

Video summary featured in the programme "Lymphoid Hematologic Malignancies" on Edimark TV

(partnership between Edimark Santé and CALYM)

Watch the programme

THANKS TO DONORS AND SOLIDARITY INITIATIVES

The LYSA-LYSARC intergroup would like to thank the individuals and companies supporting the fight against lymphoma and chronic lymphocytic leukaemia through donations to the LYSA Endowment Fund. The intergroup also wishes to acknowledge all other solidarity initiatives that contribute, directly or indirectly, to improving the lives of patients with lymphoid malignancies.

"The Chasse-sur-Rhône run"

→ Charity race supporting the fight against lymphomas

→ Initiative of the SANG POUR SANG SPORT association

16th edition

490 participants

20 LYSARC **members** at the starting line

04 Strong Momentum in Scientific Dissemination at Congresses

In 2025, the LYSA-LYSARC intergroup maintained a strong commitment to promoting its research and disseminating knowledge throughout the scientific ecosystem. This effort resulted in participation in more than 15 scientific congresses and meetings in France and internationally, 90 oral communications and posters, as well as several educational initiatives.

LIST OF MAJOR EVENTS

SCIENTIFIC DAYS ON IMMUNITY AND CANCER (JSIC)

REMOTE / VIRTUAL

4 > 5 FEBRUARY

ICE 360°

PARIS - FRANCE

11 > 12 MARCH

FRENCH SOCIETY OF HEMATOLOGY (SFH) CONGRESS

PARIS - FRANCE

1 LYSA cooperative group session

1 LYSA scientific update session

16 oral communications

13 posters

02 > 04 APRIL

CLINICAL EPIDEMIOLOGY CONFERENCE (EPICLIN)

TALENCE - FRANCE

1 poster

14 > 16 MAY

ASCO CONGRESS

CHICAGO
United States

+ VIRTUAL PARTICIPATION

1 oral communication

30 MAI > 03 JUNE

TOULOUSE 3C-R CLUB MEETING

MONDONVILLE - FRANCE

03 > 04 JUNE

EUROPEAN HEMATOLOGY ASSOCIATION (EHA) CONGRESS

MILANO - ITALY

+ VIRTUAL PARTICIPATION

2 oral communications
4 posters

12 > 15 JUNE

INTERNATIONAL CONFERENCE ON MALIGNANT LYMPHOMA (ICML)

LUGANO - SWITZERLAND

14 oral communications
11 posters

17 > 21 JUNE

FRENCH QUALITY ASSURANCE SOCIETY (SOFAQ) CONGRESS

STRASBOURG - FRANCE

18 > 19 JUNE

FRENCH SOCIETY OF PHARMACOLOGY AND THERAPEUTICS (SFPT) CONGRESS

GRENOBLE - FRANCE

24 > 26 JUNE

INTERNATIONAL WORKSHOP ON PET IN LYMHOMA AND MYELOMA (PILM)

MENTON – FRANCE

12 > 13 SEPTEMBER

INTERNATIONAL MYELOMA SOCIETY (IMS) CONGRESS

TORONTO - CANADA

1 poster

17 > 20 SEPTEMBER

EUROPEAN ASSOCIATION OF NUCLEAR MEDICINE (EANM) CONGRESS

BARCELONE – SPAIN

1 oral communication

04 > 08 OCTOBER

ARTEC-GCO TRAINING

PARIS – FRANCE

02 > 03 OCTOBER

360 RWE SYMPOSIUM

ISSY-LES-MOULINEAUX - FRANCE

06 NOVEMBER

COHORT INNOVATION DAY

PARIS – FRANCE

05 NOVEMBER

AMERICAN SOCIETY O F HEMATOLOGY (ASH) CONGRESS

ORLANDO - UNITED STATES

+ VIRTUAL PARTICIPATION

8 oral communications
16 posters

06 > 09 DECEMBER

PATHOLOGY FORUM OF THE FRENCH SOCIETY OF PATHOLOGY (SFP)

PARIS - FRANCE

19 > 21 NOVEMBER

AT MAJOR REFERENCE CONGRESSES

The year 2025 was marked by exceptional visibility at four leading hematology congresses:

French Society of Hematology (SFH) Congress
European Hematology Association (EHA) Congress
International Conference on Malignant Lymphoma (ICML)
American Society of Hematology (ASH) Congress

Overall, LYSA-LYSARC research was featured **in more than 80 scientific presentations across these four major congresses.** Highlighted projects included: **DESCAR-T, REALYSA, VALYM, RELEVANCE, POLARIX, ALYCANTE**, among others.
At the SFH Congress, LYSA also played an active role by organising two dedicated sessions:
A cooperative group session that notably addressed the publication of LYSA's pragmatic recommendations for diffuse large B-cell lymphoma, and a scientific update session featuring five presentations on the theme of **"Large B-cell lymphomas associated with immune-privileged sites."**
In addition, during this congress, the programme for the day dedicated to Clinical Research Associates (CRAs) and Clinical Trial Technicians (CTTs) was once again developed by LYSARC together with the hematology cooperative groups (ALFA, FILO, GFM, GRAALL, IFM, LYSA and SFGM-TC).

→ The complete list of oral communications and posters is available in the appendices (pages 46–49).

05 Dense and Recognised Scientific Output

The research work of the LYSA-LYSARC intergroup resulted in 38 scientific publications in 2025. The quality and impact of this work were recognised by leading journals such as *Nature, Blood, European Journal of Cancer, and Hematological Oncology*.

FOCUS ON 10 MAJOR PUBLICATIONS

nature

Hope after CAR-T therapy in diffuse large B-cell lymphoma

Glofitamab in refractory or relapsed diffuse large B cell lymphoma after failing CAR-T cell therapy: a phase 2 LYSA study.
Cartron G, et al.

EJC EUROPEAN JOURNAL OF CANCER

LYSA recommendations in diffuse large B-cell lymphoma

Primary mediastinal B-cell lymphoma (PMBCL): The LYSA pragmatic guidelines. *Renaud L, et al.*

blood journals

Longitudinal single-cell analysis in follicular lymphoma

Longitudinal single-cell profiling of the bone marrow heterogeneity identifies the T-cell niche supporting cancer persister cells in follicular lymphoma.
Tarte K, et al.

blood journals

Validation of a prognostic factor in mantle cell lymphoma

Validation of POD24 as a robust early clinical indicator of poor survival in mantle cell lymphoma from 1280 patients on clinical trials, a LYSA study.
Sarkozy C, et al.

nature

DESCAR-T registry: study of the risk of secondary T-cell lymphoma following CAR-T cell therapy

T cell malignancies after CAR T cell therapy in the DESCAR-T registry.
Dulery R, et al.

blood journals

Prognostic index in diffuse large B-cell lymphoma

Senior-IPI: An Easily Applicable and Meaningful Prognostic Index for First-Line LBCL Patients Older Than 80 Years Treated with Age-Adapted Immunochemotherapy.
Dubois S, et al.

blood journals

Relevance of synthetic control arms for elderly patients with diffuse large B-cell lymphoma

Synthetic control arm from mixed clinical trials and real-world data from the LYSA group for untreated diffuse large B-cell lymphoma patients aged over 80 years: a bona fide strategy for innovative clinical trials.
Letailleur V, et al.

Hematological ONCOLOGY

Relevance of synthetic control arms for elderly patients with Hodgkin lymphoma

Synthetic Control Arm from Clinical Trial and Real-World Cohorts from Lysa Group for Untreated Older Classical Hodgkin Lymphoma for Innovative Clinical Trial Designs.
Ghesquieres H, et al.

blood journals

Encouraging results in relapsed/ refractory peripheral T-cell lymphomas

Brentuximab Vedotin addition to Gemcitabine in Relapsed or Refractory Peripheral T-cell Lymphoma: a LYSA Phase II Study.
Tournilhac O, et al.

blood journals

Contribution of PET and ctDNA in follicular lymphoma

Combined PET and ctDNA response as a predictor of POD24 for follicular lymphoma after first-line induction treatment.
Claudel A, et al.

Complete list of publications available in the appendices (pages 42–45).

05

Scientific report

SCIENTIFIC BOARD REPORT

Prof. Camille Laurent,
Chair

> Dynamic research activity

The year 2025 concluded with a positive scientific assessment, supported by **a rich and diversified portfolio of 35 projects**. The balance between study development stages is noteworthy: 15 in recruitment, 12 in follow-up, and 8 in finalisation.

Twenty-eight projects were clinical trials, predominantly Phase II and Phase III studies. The year was marked by t**he opening of recruitment for five new trials**. Among the ongoing projects, several are generating strong expectations. Notably, two Phase III studies: MORNINGLYTE in follicular lymphoma and TRANSCRIPT in T-cell lymphomas.

Within the project portfolio, the remaining **seven projects were non-interventional studies**. **The DESCAR-T** registry, dedicated to the follow-up of patients treated with CAR-T cells, reached major milestones: 5,000 patients enrolled in January and 6,000 in October. The new **GLOREL study** was also initiated to collect data from patients treated with glofitamab under its early access programme.

Finally, alongside clinical trials and non-interventional studies, **numerous data reuse studies (DRS)** were conducted. For example, the **INTENSIFY study** is based on data from six LYSA-LYSARC trials and the REALYSA real-world cohort. The **ambitious BIDIFLY project** leverages massive volumes of data, notably through the use of artificial intelligence. There is exceptional potential for the valorisation of data accumulated over the years.

Prof. Emmanuel Bachy,
Vice-Chair

> Scientific dissemination of research work

The work of the intergroup resulted in **substantial scientific output in 2025: 40 published articles and 90 congress presentations**. Beyond the volume, the quality and impact of this work should be emphasised.

We particularly recommend reading **these promising results published in the prestigious journal *Nature***: *"Glofitamab in refractory or relapsed diffuse large B cell lymphoma after failing CAR-T cell therapy: a phase 2 LYSA study."*

We also invite you to consult **the LYSA pragmatic guidelines for the management of diffuse large B-cell lymphoma**, published in the European Journal of Cancer. We thank all members who contributed to this collective work.

Finally, we were pleased to highlight **numerous advances during the 9th LYSA Days**. This latest edition confirmed both the success and the unifying role of the event. It was also marked by the first participation of the new LYSA commission dedicated to chronic lymphocytic leukaemia and Waldenström disease.

Prof. François Lemonnier,
Vice-Chair

> Successful expansion of activity into chronic lymphocytic leukaemia

The year 2025 saw the launch of our **first projects in chronic lymphocytic leukaemia (CLL)**. This milestone came only a few months after the creation of a new LYSA commission dedicated to this disease area, as part of a convergence of expertise initiated by the FILO CLL/WM committee.

This integration occurred naturally due to the **nosological proximity** between chronic lymphocytic leukaemia, Waldenström disease, and certain lymphoid malignancies already addressed by the group.

Similar biological and therapeutic questions have emerged in recent years, particularly between chronic lymphocytic leukaemia and mantle cell lymphoma, including the integration of molecular data into therapeutic strategies, optimisation of BTK and BCL2 inhibitor use, and considerations regarding treatment duration.

This convergence of expertise broadens our scope of action and opens promising perspectives, with **several additional project ideas currently under development** in chronic lymphocytic leukaemia. It will also enable us to capitalise on shared strengths in the study of complex clinical situations such as Richter syndrome.

01 Focus on interventional studies

In 2025, the LYSA-LYSARC intergroup maintained a portfolio of 28 interventional studies, composed mainly of Phase II (18) and Phase III (8) trials. Recruitment was open for 10 studies, representing approximately one-third of all projects. Five studies opened to recruitment during the year: CARMAN, CAROLYN, eREVRI, GLOASIS, and PLATFORM.

LIST OF THE 10 STUDIES OPEN TO RECRUITMENT

> Studies in Mantle Cell Lymphoma:

NEW

CARMAN (phase 3)

International study conducted in collaboration with the European MCL Network in first-line patients with mantle cell lymphoma involving CAR-T cell therapy.

NEW

GLOASIS (phase 2)

Study of a treatment combining zanubrutinib / venetoclax / glofitamab or a treatment combining venetoclax / glofitamab in patients with untreated or relapsed/refractory high-risk mantle cell lymphoma.

> Studies in Large B-Cell Lymphoma:

CARMOD (phase 2)

Study of golcadomide following CAR-T cell therapy in patients with aggressive relapsed or refractory large B-cell lymphoma at high risk of relapse.

CAROLYN (phase 2)

Study of lisocabtagene maraleucel (liso-cel) as first-line treatment in adults with primary central nervous system lymphoma who are ineligible for transplantation. This is an industry-sponsored international study.

NEW

eREVRI (phase 2)

Study evaluating epcoritamab in patients with relapsed or refractory primary central nervous system diffuse large B-cell lymphoma treated with lenalidomide and rituximab.

NEW

Back to table of contents

> Studies in T-Cell Lymphoma:

KILT (phase 2)

Study of lacutamab plus GemOx versus GemOx alone in patients with relapsed or refractory peripheral T-cell lymphoma.

NEW **PLATFORM (phase 1b/2)**

Platform trial evaluating new drugs or combinations in the treatment of relapsed or refractory peripheral T-cell lymphomas.

TRANSCRIPT (phase 3)

Study designed to determine whether autologous stem cell transplantation reduces disease relapse compared with treatment without transplantation.

> Studies in Other Lymphomas:

MARSUN (phase 3)

Study of mosunetuzumab-lenalidomide versus investigator's choice therapy in patients with relapsed or refractory marginal zone lymphoma.

MORNINGLYTE (phase 3)

Study of mosunetuzumab combined with lenalidomide versus an anti-CD20 monoclonal antibody combined with chemotherapy in previously untreated patients with FLIPI 2–5 follicular lymphoma.

02 Focus on Non-Interventional Studies

The 2025 portfolio of the LYSA-LYSARC intergroup included 5 non-interventional studies open to recruitment, notably the new GLOREL study, focusing on the use of glofitamab. The DESCAR-T registry maintained its strong momentum, reaching 5,000 enrolled patients in January and 6,000 in October.

LIST OF THE 5 STUDIES OPEN TO RECRUITMENT

DESCAR-T

National registry of patients with hematological malignancies eligible for CAR-T cell therapy.

NEW **GLOREL**

Study established to collect data from patients who previously received glofitamab under an early access program.

LAGC-AIM

French-Belgian registry of ALK-negative breast implant-associated anaplastic large cell lymphomas (BIA-ALCL).

LYSATOMIC

Characterization of diagnostic, prognostic, and theranostic molecular biomarkers associated with the clinical management of patients with T-cell (and NK-cell) lymphomas.

SLT

Long-term follow-up protocol for patients treated for lymphoma within a LYSA protocol.

03 Focus on Project ideas

The LYSA-LYSARC intergroup remains fully committed to generating project concepts and transforming them into scientific achievements. The year 2025 once again confirmed this collective momentum, with several projects launched during the year and six others in active preparation. The portfolio will expand into chronic lymphocytic leukemia, a new disease area under investigation within the intergroup following the creation of a dedicated LYSA committee.

LIST OF PROJECT CONCEPTS IN ACTIVE PREPARATION

→ **BIFAST, EVITA, PERFECT, PLASMABIC, RT4, Zen CLL**

04 Focus on Data Reuse Studies (DRS)

Alongside clinical trials and non-interventional studies, numerous data reuse studies (DRS) were conducted in 2025. This activity demonstrates the strong value-generation potential of the data produced by the intergroup.

BREAKDOWN OF DATA REUSE STUDIES (DRS)

- → **73** in biostatistics
- → **25** in biology / histopathology
- → **18** in imaging
- → **7** in bioinformatics

05 Focus on Statistical Analyses

Alongside clinical trials and non-interventional studies, numerous data reuse studies (DRS) were conducted in 2025. This activity demonstrates the strong value-generation potential of the data produced by the intergroup.

DETAILS OF ANALYTICAL OUTPUTS

- → **26** statistical reports for clinical projects
- → **132** outputs for data reuse studies (DRS)
- → **23** database exports
- → **3** long-term follow-up reports

06 Focus on Scientific dissemination

The intergroup's work achieved substantial visibility, with a total of 130 scientific dissemination (publications and congress presentations). The complete list of outputs is available in the appendices of this report.

128 scientific outputs across all projects
→ **38** published articles
→ **90** congress presentations

44 oral presentations

46 posters

	Pivotal studies	Studies based on real-world data (RWD)	Other data reuse studies (DRS) excluding RWD	Other outputs (guidelines, expert opinions, etc.)
Number of dissemination outputs	19	54	23	17
including published articles	5	13	1	4
including congress presentations	14	41	22	13

DESCAR-T
Dispositif d'Etude et de Suivi des CAR-T
French CAR-T registry

41 dissemination outputs
→ **10** published articles
→ **31** congress presentations

REALYSA
ETUDE EN VIE RÉELLE SUR LES LYMPHOMES

13 dissemination outputs
→ **3** published articles
→ **10** congress presentations

06 Activity of the LYSA-LYSARC Platforms

The scientific vitality of the intergroup is reflected in the continued dynamism of the LYSA-LYSARC shared research platforms, which are essential for conducting clinical studies and data reuse studies: bioinformatics, anatomic pathology (LYSA-P), biopathology (LYSA-BIO), and imaging (LYSA-IM).

01 ACTIVITY OF THE BIOINFORMATICS PLATFORM

The bioinformatics platform maintained its positive momentum in 2025, driven by the development of the pioneering BIDIFLY program in follicular lymphoma *(Biological and Imaging Data Integration for Follicular LYmphoma Research)*. The year was also marked by the completion of strategic projects for the future, notably the enhancement of high-throughput sequencing data analysis tools.

→ Continuation of 7 data reuse studies

Predominantly DNA and RNA sequencing studies applied to lymphomas.

→ Strong mobilization around the BIDIFLY research program

→ Notable presentation at the American Society of Hematology (ASH) Congress

- Results of the molecular characterization project of refractory mantle cell lymphomas.

→ Implementation of strategic projects for the future

- Enhancement of high-throughput sequencing data analysis tools to improve reproducibility, modularity, and robustness.
- Establishment of a bioinformatics working group within LYSA focused on immunogenetics.

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02 ACTIVITY OF THE LYSA-P / LYSA-BIO PLATFORM (ANATOMIC PATHOLOGY AND BIOPATHOLOGY)

The LYSA-P / LYSA-BIO platform was also actively involved in the MorningLyte study (Phase III trial), as well as the BIDIFLY and INTENSIFY projects (data reuse studies). The year was particularly significant from an organizational perspective, with the completion of the integration of the LYSA-P and LYSA-BIO platforms and the deployment of a modernized laboratory information management system.

→ Contribution to more than 40 studies

4 study launches

16 active studies

4 exports of expert-validated diagnoses

25 data reuse **studies**

→ Strong involvement in the MorningLyte clinical study (Phase III)

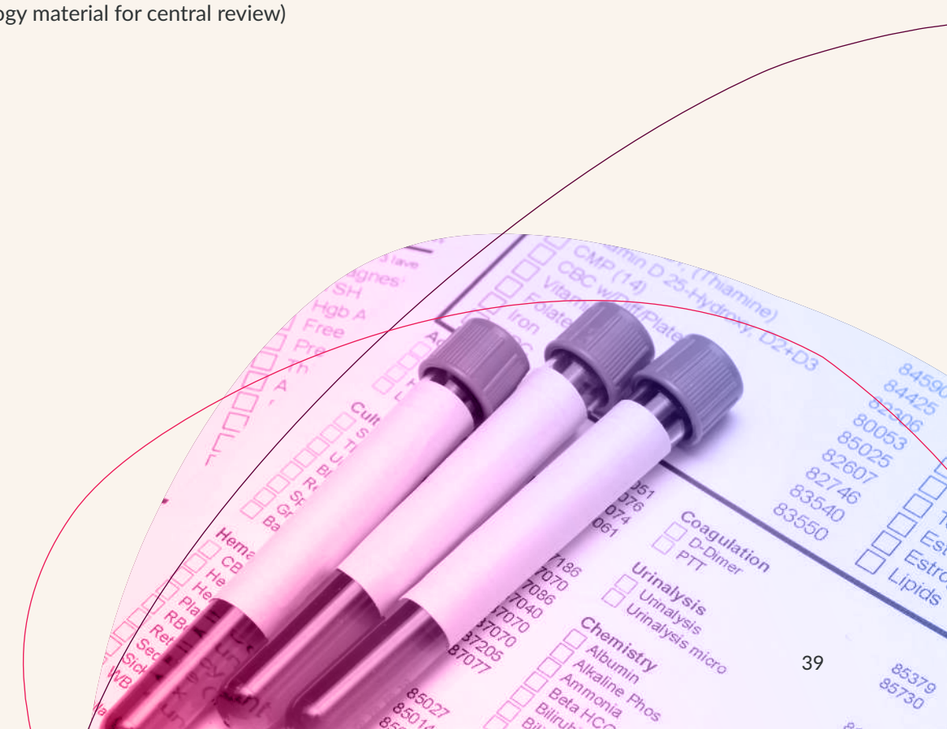
- Monitoring of **3,300 biological samples** in follicular lymphoma
- Collection, receipt, and processing of more than 280 cases (pathology material for central review)

→ Large-scale biopathology collection for the BIDIFLY and INTENSIFY studies

- **1,500 tumor blocks** and an equal number of slides identified, collected, recorded, and classified
- **Volume doubled** compared with 2024 and tripled compared with 2023

→ Organizational developments to improve efficiency

- Completion of the integration of the LYSA-P and LYSA-BIO platforms, now structured around shared operating procedures
- Modernization of the laboratory information management system for biological resource management, with a major benefit: improved real-time tracking of both clinical trial samples and all LYSA-LYSARC collections



03 Activity of the LYSA-IM Platform (IMAGING)

The LYSA-IM platform maintained sustained activity in 2025, balancing support for ongoing studies with preparation of new projects. It contributed to 35 studies, 12 congress presentations, and 6 scientific publications. It also laid the groundwork for promising future projects, particularly in chronic lymphocytic leukemia and Richter syndrome.

→ Strong contribution to LYSA-LYSARC projects

17 clinical **projects**

18 data reuse **studies**

12 presentations
at four major congresses
(ASH, ICML, EHA, and SFH)

6 publications
in specialized journals

→ Two major challenges successfully addressed in clinical activity

- Adaptation of organizational processes to accommodate the rapid enrollment pace of the strategically important MorningLyte study
- Initiation of a project involving central review of brain MRI scans, paving the way for the integration of new imaging modalities into the platform's areas of expertise

→ Promising momentum in data reuse studies

- Launch of a centralized imaging data program in chronic lymphocytic leukemia and Richter syndrome (CT and PET imaging data) to better explore the role of imaging in these diseases and its impact on patient care
- Expansion of the follicular lymphoma imaging repository, creating opportunities for new analyses
- Completion of a research project in collaboration with an external partner that entrusted its data to LYSA-IM for analysis, illustrating recognition of the platform's expertise within the scientific ecosystem.

Appendices

PUBLICATIONS 2025 - 38 ARTICLES

PIVOTAL STUDY N = 5 (VS. N = 9 IN 2024)

01 Manuel G, Stepanishyna Y, Skrypets T, Marcheselli L, Cristinelli C, Botto B, Tonino S, Cavalieri D, Pulsoni A, Hutchings M, Hammoud M, Fortpied C, Rigacci L, Plattel W, André M, Federico M.
High-dose therapy followed by autologous stem cell transplantation emerges as the preferred salvage therapy in patients with limited-stage Hodgkin lymphoma progressing/relapsing after initial therapy: A subset analysis of the EORTC/LYSA/FIL H10 trial.
Hemasphere 2025;9:e70105.

02 Sarkozy C, Molina TJ, Dubois S, Portugues C, Bohers E, Ysebaert L, Houot R, Pica GM, Ruminy P, Herbaux C, Gastinne T, Thieblemont C, Haioun C, Guidez S, Bonnet C, Crochet G, Veresezan L, Choquet S, Bachy E, Jardin F, Morschhauser F, Ribrag V.
Efficacy of tazemetostat in combination with R-CHOP in elderly patients newly diagnosed with diffuse large B cell lymphoma: results of the EpiR-CHOP phase II study of the LYSA.
EClinicalMedicine 2025;82:103157.

03 Cartron G, Houot R, Al Tabaa Y, Le Bras F, Ysebaert L, Choquet S, Jardin F, Bay J-O, Gros F-X, Morschhauser F, Casasnovas O, Gastinne T, Thieblemont C, Joris M, Ricard L, Regny C, Drieu La Rochelle L, Feugier P, Marcais A, Griolet S, Tarte K, Laurent C, Sesques P.
Glofitamab in refractory or relapsed diffuse large B cell lymphoma after failing CAR-T cell therapy: a phase 2 LYSA study.
Nat Cancer 2025.

04 Herbaux C, Bachy E, Bouabdallah R, Guidez S, Casasnovas O, Feugier P, Damaj G, Tilly H, Ysebaert L, Le Gouill S, Morineau N, Gyan E, Gressin R, Houot R, Cheminant M, Morschhauser F, Thieblemont C, Haioun C, Nicolas-Virelizier E, Fornecker L-M, Daguindau N, Cartron G.
Atezolizumab, obinutuzumab and venetoclax for the treatment of patients with relapsed/refractory B non-Hodgkin lymphoma: Final analysis of a phase II trial from the LYSA group.
Br J Haematol 2025.

05 Tournilhac O, Bouabdallah K, Lecolant S, Hacini M, Laribi K, Bailly S, Belmondo T, Maerevoet MMF, Ysebaert L, Guidez S, Le Gouill S, Bonnet C, Andre M, Dupuis J, Thieblemont C, Bachy E, Daguindau N, Morschhauser F, Tricot S, Moulin C, Banos A, Houot R, Chauchet A, Gyan E, Cartron G, Farhat H, Camus V, Drenou B, Zerazhi H, Sibon D, Nicolas Virelizier E, Delette C, Snauwaert S, Bailly S, Delarue R, Carras S, Ledoux-Pilon A, Parrens M, Griolet S, Gaulard P, Delfau-Larue M-H, de Leval LL, Damaj GL.
Brentuximab Vedotin addition to Gemcitabine in Relapsed or Refractory Peripheral T-cell Lymphoma: a LYSA Phase II Study.
Blood Adv 2025:bloodadvances.2024015787.

DATA REUSE STUDY N = 31 (VS. N = 36 IN 2024)

01 Dubois, S.
Senior-IPI: An Easily Applicable and Meaningful Prognostic Index for First-Line LBCL Patients Older Than 80 Years Treated with Age-Adapted Immunochemotherapy.
Blood 2025.

02 Houot, R, Charton, E.
Health-Related Quality of Life after Second-line Axicabtagene Ciloleucel in Patients With High-Risk Relapsed/Refractory Large B-Cell Lymphoma Who Are Ineligible for Autologous Stem Cell Transplantation: Results From the Phase 2 ALYCANTE Trial, a LYSA Study. Blood Advances 2025.

03 Tarte, K.
Longitudinal single-cell profiling of the bone marrow heterogeneity identifies the T-cell niche supporting cancer persister cells in follicular lymphoma.
Blood 2025.

04 Malmon S, Casasnovas O, Fournier M, Cartron G, Kanoun S, Cottereau AS, Herbaux C, Al Tabaa Y.
Personalized baseline and residual TMTV influence treatment response and outcomes in relapsed/refractory lymphomas: results from the GATA study.
Eur J Nucl Med Mol Imaging 2025.

05 Thiery O, Rizkallah M, Bailly C, Bodet-Milin C, Itti E, Casasnovas R-O, Le Gouill S, Carlier T, Mateus D.
PET-based lesion graphs meet clinical data: An interpretable cross-attention framework for DLBCL treatment response prediction.
Computerized Medical Imaging and Graphics 2025;120:102481.

06 Camus V, Molina TJ, Desmots F, Blanc-Durand P, Kanoun S, Moslemi A, Ruminy P, Le Gouill S, Ghesquieres H, Obéric L, Morschhauser F, Tilly H, Ribrag V, Houot R, Thieblemont C, Maisonneuve HG, Claves F, Bouabdallah K, Haioun C, Damaj G, Fornecker L-M, Noel R, Feugier P, Sibon D, Cartron G, Bonnet C, Bernard W, Kraeber-Bodere F, Bodet-Milin C, Jais J-P, Briere J, Rossi C, Elsensohn M-H, Chartier L, Itti E, Jardin F, Fest T.
Interim PET after 4 Cycles Predicts Outcome in Histomolecularly Confirmed Primary Mediastinal B-Cell Lymphoma.
Blood Adv 2025:bloodadvances.2024015577.

07 Mozas P, Ould Ammar R, Chartier L, Nastoupil L, Bachy E, Bezsera SM, Barnes J, Bijou F, Goy A, Zerazhi H, Cartron G, Ojeda-Uribe M, Choquet S, Joly B, Cheminant M, Martín García-Sancho A, Eradat H, Gressin R, Abrisqueta P, Parcelier A, Rodríguez Salazar MJ, Bonnet C, Johnson NA, López-Guillermo A, Morschhauser F.
A low lymphocyte-to-monocyte ratio is independently associated with early relapse (POD24) in high tumour burden follicular lymphoma: A RELEVANCE subanalysis.
Br J Haematol 2025.

08 Malmon S, Elsensohn M-H, Thieblemont C, Morschhauser F, Casasnovas O, André M, Gouill SL, Tabaa YA, Durand PB, Bailly C, Edeline V, Vija L, Vercellino L, Ricci R, Kanoun S, Cottereau A-S.
Prognostic impact of metabolic tumor volume using the SUV4.0 segmentation threshold in 1,960 lymphoma patients from prospective LYSA trials.
Eur J Nucl Med Mol Imaging 2025.

09 Martínez C, Khvedelidze I, Fekom M, Deau Fischer B, Marouf A, Ghesquières H, Fornecker L-M, Merli F, Stefani PM, Massaro F, Botto B, Ferhanoğlu B, Akay OM, Özbalak M, Espeso de Haro M, Romero S, Galimard J-E, Glass B, Bazarbachi A, Sureda A.
Outcomes of patients with Hodgkin lymphoma receiving Brentuximab Vedotin (BV) as maintenance therapy after ASCT according to previous exposure to BV. A retrospective analysis of the EBMT Lymphoma Working Party in collaboration with GELTAMO, FIL, LYSA, and Turkish Lymphoma Group.
Bone Marrow Transplant 2025.

10 Sarkozy C, Chartier L, Ribrag V, Gressin R, Geisler CH, Kluin-Nelemans HC, Thieblemont C, Morschhauser F, Lemonnier F, Safar V, Tessoulin B, Oberic L, Damaj G, Ghesquières H, Bouabdallah K, Casasnovas RO, Houot R, Klapper W, Burroni B, Pott C, Delfau-Larue M-H, Macintyre E, Callanan M, Jerkeman M, Unterhalt M, Hoster E, Dreyling M, Le Gouill S, Hermine O, Cheminant M.
Validation of POD24 as a robust early clinical indicator of poor survival in mantle cell lymphoma from 1280 patients on clinical trials, a LYSA study.
Blood Cancer J 2025;15:78.

11 Phillips EH, Counsell N, Illidge T, Andre M, Aurer I, Fiaccadori V, Fortpied C, Neven A, Federico M, Barrington SF, Raemaekers J, Radford J.
Maximum tumor diameter is associated with relapse risk in limited-stage Hodgkin lymphoma: an international study.
Blood Adv 2025;9:2266–74.

12 Penichoux J, Decazes P, Rossi C, Sesques P, Haioun C, Durot E, Gower N, Willaume A, Oberic L, Paillassa J, Antier C, Renaud L, Tournilhac O, Thieblemont C, Besson C, Lebras L, Choquet S, Le Du K, Bonnet C, Bailly S, Damaj G, Laribi K, Houot R, Chauchet A, Becker S, Tonnelet D, Tilly H, Jardin F, Lévêque E, Camus V.
Impact of Body Composition on Treatment Toxicity and Outcomes in Patients With Primary Mediastinal Large B-Cell Lymphoma.
Hematol Oncol 2025;43:e70117.

13 Dasari S, Wenzl K, Nelson GM, Contreras Guzman E, Wang Z, Chartier L, Yang Z-Z, Villasboas JC, Olson J, Mukherjee P, Bhardwaj V, Tang X, Negaard BJ, Zakrzewski JL, King RL, Huet S, Tesson B, Maurer MJ, Morschhauser F, Nowakowski GS, Adelman KL, Singh H, Pasqualucci L, Shlomchik M, Novak AJ, Ansell SM, Mondello P.
IRF4 promotes immune evasion and shapes the tumor microenvironment in Follicular Lymphoma.
Blood Cancer Discov 2025.

14 Ternant D, Le Tilly O, Cartron G, Desvignes C, Bensalem A, Mulleman D, Bejan-Angoulvant T, Gouilleux-Gruart V, Paintaud G.
Immunoglobulin G Receptors (FcγR), in Addition to Target-Antigen and Neonatal Fc Receptor (FcRn), Influence Rituximab Pharmacokinetics.
Clin Pharmacokinet 2025.

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15 Claudel A, Cottereau A-S, Bachy E, Itti E, Feugier P, Rossi C, Lemonnier F, Camus V, Daguindau N, Cartron G, Nicolas-Virelizier E, Mboumba D-L, Cardoso C, Bommier C, Tessoulin B, Fruchart C, Gilbert A, Durot E, Fleck E, Pica GM, Zerazhi H, Guidez S, Cheminant M, Sarkozy C, Xerri L, Vercellino L, Trabelsi N, Gomes L, Portugues C, Viailly P-J, Delfau-Larue M-H, Morschhauser F.
Combined PET and ctDNA response as a predictor of POD24 for follicular lymphoma after first-line induction treatment.
Blood 2025;146:913–25.

16 Rodday AM, Evens AM, Maurer MJ, Upshaw JN, Counsell N, Rossetti S, Chang C, Cui Z, Xiang Q, Mwangi R, Advani R, Andre M, Gallamini A, Hay AE, Hodgson DC, Hoppe RT, Hutchings M, Johnson P, Mou E, Opat S, Raemaekers J, Savage KJ, Parsons SK, Radford J.
An Individualized Prediction Model for Early-Stage Classic Hodgkin's Lymphoma.
NEJM Evid 2025;4:EVIDoa2500115.

17 Montagne A, Bertho G, Papastergiou T, Chartier L, Ricci R, Jardin F, Ghesquieres H, Rossi C, Morschhauser F, Haioun C, Ribrag V, Feugier P, Brisou G, Obéric L, Gaulard P, Giraud N, Bennani Y, Thieblemont C,
Baud VI. Risk stratification of diffuse large B-cell lymphoma patients using plasma NMR-based metabolomics at diagnostic.
Blood Adv 2025:bloodadvances.2025017248.

18 Marouf A, Chaubard S, Liévin R, Michot J-M, Molinari N, Rossignol J, Cavalieri D, Golfier C, Allangba O, Philippe L, Tessoulin B, Chauchet A, Deau B, Oberic L, Vargaftig J, Moignet A, Clavert A, Dulery R, Brisou G, Tardy S, Fataccioli V, Houot R, Casasnovas RO, Thieblemont C, Ghesquières H, Carras S, Le Gouill S, Cartron G, Ribrag V, Cheminant M, Marçais A, Suarez F, Marabelle A, Tournilhac O, Damaj G, Gaulard P, De Leval L, Lemonnier F, Bachy E, Chevret S, Hermine O, Couronné L, Jaccard A.
Efficacy of anti-PD1 therapy in extranodal NK/T cell lymphoma: A matched cohort analysis from the LYSA.
Hemasphere 2025;9:e70081.

19 Dulery R, Guiraud V, Choquet S, Thieblemont C, Bachy E, Barete S, Todesco È, Arnulf B, Boissel N, Baruchel A, Bay J-O, Le Gouill S, Houot R.
T cell malignancies after CAR T cell therapy in the DESCAR-T registry.
Nat Med 2025.

20 Phina-Ziebin X, Bachy E, Gros F-X, Di Blasi R, Herbaux C, Bay JO, Carras S, Bories P, Casasnovas O, Jardin F, Morschhauser F, Guffroy B, Mohty M, Gat E, Calvani J, Parrens M-C, Poullot E, Traverse-Glehen A, Roulin L.
Outcome of high-grade B-cell lymphoma compared to other large B-cell lymphoma after CAR-T rescue. A DESCAR-T LYSA study.
Blood Adv 2025:bloodadvances.2024014732.

21 Galtier J, Mesguich C, Sesques P, Dupont V, Bachy E, Di Blasi R, Thieblemont C, Gastinne T, Cartron G, Brisou G, Gros F-X, Decroocq J, Morschhauser F, Rubio M-T, Drieu La Rochelle L, Le Bras F, Carras S, Chauchet A, Bay J-O, Joris M, Loschi M, Tanguy-Schmidt A, Marquet A, Camus V, Le Gouill S, Houot R, Bouabdallah K.
Outcomes of patients with relapsed or refractory primary mediastinal B-cell lymphoma treated with anti-CD19 CAR-T cells: CARTHYM, a study from the French national DESCAR-T registry.
Hemasphere 2025;9:e70091.

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Are oldest old patients with diffuse large B-cell lymphoma different than their younger counterparts: Results from the REALYSA real-life cohort.
Cancer Epidemiol 2025;96:102812.

23 Stephan P, Di Blasi R, Roulin L, Galtier J, Calvani J, Meignin V, Donzel M, Traverse-Glehen A, Poullot E, Parrens M-C, Dupont V, Marquet A, Le Gouill S, Houot R, Gros F-X, Lemonnier F, Bachy E, Thieblemont C, Sesques P.
TRANSCAR: Real-World outcomes of CD19CAR T Cell Therapy in relapsed/refractory transformed indolent lymphomas.
Blood Adv 2025:bloodadvances.2025015834.

24 Cantrelle C, Belot A, Monnereau A, Bijou F, Rossi C, Bommier C, Hafirassou HK, Fouillet L, Ghesquières H, Ysebaert L, Le Guyader Peyrou S.
Impact of socioeconomic individual and ecological factors on extreme diagnosis-to-treatment interval in diffuse large B-Cell lymphoma in the French real-world cohort REALYSA.
Cancer Epidemiol 2025;98:102875.

25 Bensaber H, Ferrant E, Duléry R, Beauvais D, Feugier P, Gastinne T, Villemagne B, Paubelle E, Castilla Llorente C, Roulin L, Longval T, Fayard A, Bay J-O, Le Gouill S, Gat E, de Antonio M, Morschhauser F, Guièze R.
Anti-CD19 CAR T-cell therapy for patients with Richter transformation: A LYSA study from the DESCAR-T registry.
Br J Haematol 2025;207:1143–7.

26 Cayla, S, Arnulf, B.
Poor Outcomes with BCMA-targeting bispecific antibodies following early relapse from ide-cel: a real-world French study.
Blood Advances 2025.

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Outcome of Patients with Mantle Cell Lymphoma after Failure of Anti-CD19 CAR-T Cell Therapy: A Descar-T Study By Lysa Group.
Blood Adv 2025:bloodadvances.2025017234.

28 Bouvier A, Durand A, Dupont V, Gower N, Castilla Lorente C, Campidelli A, Dulery R, Gangneux J-P, Joris M, Eloit M, Latiere C, di Blasi R, Denis B, Gabellier L, Morschhauser F, Casasnovas O, Houot R, Angebault C, Bachy E, Le Bras F, Gastinne T, Tudesq J-J, Lemonnier F, Melica G.
Invasive Fungal Infections after CD19 CAR T-cell Therapy for B-Cell Lymphoma: a LYSA study from the DESCAR-T Registry.
Clin Microbiol Infect 2025:S1198-743X(25)00502-6.

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Outcomes and treatment patterns of patients with primary mediastinal B-cell lymphoma after CAR-T cell therapy failure: A DESCAR-T analysis.
Hemasphere 2025;9:e70263.

EXPERT OPINIONS N = 4 (VS. N = 6 IN 2024)

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Primary mediastinal B-cell lymphoma (PMBCL): The LYSA pragmatic guidelines.
Eur J Cancer 2025;220:115369.

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Investigating the Association Between a Continuous Variable and a Time-To-Event Outcome: Going Beyond the Cut-Off Approach.
Hematol Oncol 2025;43:e70105.

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Synthetic Control Arm from Clinical Trial and Real-World Cohorts from Lysa Group for Untreated Older Classical Hodgkin Lymphoma for Innovative Clinical Trial Designs.
Hematological Oncology 2025;43:e371_70094.

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Synthetic control arm from mixed clinical trials and real-world data from the LYSA group for untreated diffuse large B-cell lymphoma patients aged over 80 years: a bona fide strategy for innovative clinical trials.
Blood Cancer J 2025;15:190.

CONGRESS ORALS AND POSTER PRESENTATIONS - 2025

44 oral presentations

46 posters

AMERICAN SOCIETY OF CLINICAL ONCOLOGY (ASCO)

1 oral presentation

- Le Gouill, S. Ibrutinib, venetoclax plus CD20 monoclonal Ab: Initial results of OASIS II, a prospective randomized phase 2 trial in previously untreated mantle cell lymphoma patients., 30/05/2025

AMERICAN SOCIETY OF HEMATOLOGY (6 AU 8 /12)

8 oral presentations

- Houillier, C. CAR T-cell Therapy in Secondary CNS Lymphomas: A Real-world Study from the DESCAR-T Registry, 2025.
- Brisou, G. Comparison of axi-cel versus liso-cel as 2nd line therapy for relapsed/refractory large B- cell lymphoma in real-life: A lysa Study from the descar-T registry, 2025.
- Camus, V. Excellent outcomes with anti-PD1 therapy in relapsed/refractory primary mediastinal large B-cell lymphoma: Real-world data from the lysa group, 2025.
- Cheminant, M. Integrated clinico-biological profiling identifies a high-risk epigenetic signature in Mantle Cell Lymphoma: a LYSA Study, 2025.
- Tarte, K. Longitudinal single-cell profiling of the bone marrow heterogeneity identifies the T-cell niche supporting cancer persister cells in follicular lymphoma, 2025.
- Sesques, P. Outcome of patients with large B-cell lymphoma relapsing after second-line CAR-t: Insights from the descar-t registry, 2025.
- Cottereau, S. Prognostic value of baseline metabolic tumor volume from LYSA Ro-CHOP trial in patients with previously untreated Peripheral T-Cell Lymphoma, 2025.
- Morris, T. Severe infections after CD19-directed chimeric antigen receptor T-cell therapy for relapsed/refractory large B-cell lymphoma, a retrospective real-life study from the DESCAR-T registry (LYSA), 2025.

16 posters

- Bachy, E. Valemetostat Monotherapy in Patients with Relapsed or Refractory B-cell Lymphoma: Final Results of the Phase 2 VALYM Study from the LYSA, 2025.
- Brisou, G. Comparison of Axicabtagene Ciloleucel to standard regimens as second line treatment for large B cell lymphoma in real life: a LYSA study from DESCAR-T and REALYSA registries, 2025.
- Dulery, R. Impact of the Number of Bridging Therapy Lines on Outcomes After Axi-Cel in LBCL: A LYSA Study from the DESCAR-T Registry, 2025.
- Ghesquieres, H. Treatment options, responses and outcome of 1220 classical Hodgkin lymphoma patients included in REALYSA, a prospective multicentric LYSA cohort, 2025.
- Sesques, P. Glofitamab Is Superior to Non a-CD3xC20 Treatments for Patients with Diffuse Large B-Cell Lymphoma Who Are Refractory or Relapse Immediately After Anti-CD19 CAR T-Cell Therapy: Final Results of the BiCAR Study (LYSA) and Indirect Comparison with a Synthetic Control Arm from the DESCART Registry., 2025.
- Arnulf, B. Favorable impact of patient's selection on outcome of Relapsed/Refractory multiple myeloma treated with idecabtagene vicleucel (Ide-cel) chimeric antigen receptor (CAR) T-cell therapy; Experience in french patients (Super-FENIX): An IFM study from the descar-T registry, 2025.
- Brisou, G. Real-world data of lisocabtagene maraleucel as second line therapy for patients with large B-cell lymphoma: Updated Results of the french descar-T registry by lysa, 2025.
- Galtier, J. Outcomes and treatment patterns of patients with primary mediastinal B-cell lymphoma after CAR-T cell therapy failure: a DESCAR-T analysis, 2025.
- Guidez, S. Anti-CD19 CAR-T cells for Mantle Cell Lymphoma with central nervous system involvement: a study of the French DESCART registry., 2025.
- Robert-Van Houtteghem, T. Center effect on large B-cell lymphoma outcome in frontline prospective phase II and III trials: a LYSA study, 2025.
- Roch, H. Axi-cel delivers similar outcomes regardless of ASCT-eligibility in second line R/R LBCL: Combined data from zuma-7 and alycante, 2025.
- Camus, V. Prognostic value of combining beta-2-microglobulin and total metabolic tumor volume in patients with follicular lymphoma: A post-hoc analysis of the RELEVANCE trial, 2025.
- Cartron, G. Glofitamab for Patients with Non–Large B-Cell Lymphoma Refractory or Relapsing after Anti-CD19 CAR T-Cell Therapy: Final BiCAR Study (LYSA) Results, 2025.
- Durot, E. Anti-CD19 Chimeric Antigen Receptor T-Cell Therapy for Transformed Waldenström Macroglobulinemia/Lymphoplasmacytic Lymphoma: A DESCAR-T and International Collaborative Study, 2025.
- ROCHE, Cottereau, S. Assessment of the prognostic value of FDG PET-derived markers and responses in POLARIX, 2025.
- Roussel, M. Circulating CD161high CD8 T cells at leukapheresis are associated with reduced risk of progression at 12 months (PFS12) in large B-cell lymphoma treated by axicabtagene ciloleucel: Results from the Phase 2 alycante study (LYSA), 2025.

EUROPEAN HEMATOLOGY ASSOCIATION (EHA) 12-15/06

2 oral presentations

- Delfau-Larue, MH. PET/CT or circulating tumor DNA for response assessment?, 2025.
- Tarte, K. Lymphoma microenvironment, 2025.

4 posters

- André, A, Laurent, C. Anti-CD19 CAR-T Cell Therapy in Relapsed/Refractory T-Cell/Histiocyte-Rich Large B-Cell Lymphoma (THRLBCL): Insights from the French DESCAR-T Registry, a LYSA Study, 2025.
- Basile G. REAL-WORLD OUTCOMES OF PATIENT WITH RELAPSED OR REFRACTORY HODGKIN LYMPHOMA TREATED WITH BRENTUXIMAB-VEDOTIN IN ASSOCIATION WITH BENDAMUSTINE: THE FRENCH LYSA EXPERIENCE, 2025.
- Smith A. REAL-WORLD TREATMENT PATTERNS AND OUTCOMES IN HIGH-RISK, TREATMENT-NAIVE MANTLE CELL LYMPHOMA: A MULTINATIONAL ANALYSIS FROM THE UK, SWEDEN, AND FRANCE, 2025.
- Cheminant, M. Real-world Treatment Patterns and Outcomes Among Patients With Treatment-Naive Mantle Cell Lymphoma in the UK, Sweden, and France, 2025.

EPICLIN (14-15/05)

1 poster

- Chaillol, I, Belot, A. External control arm from mixed clinical trials and real-world data from LYSA group for untreated diffuse large B cell lymphoma patients aged over 80 years: a bona fide strategy for innovative clinical trials, Bordeaux: 2025.

ICML LUGANO (17-21/06)

14 oral presentations

- Bachy, E. Valemetostat monotherapy in patients with relapsed or refractory follicular lymphoma: primary results of the phase 2 VALYM study from the LYSA group, 2025.
- Ysebaert, L. Tazemetostat in Combination with R-CHOP in Patients with high-risk, frontline Follicular Lymphoma (Epi-RCHOP) in need of therapy: a phase II study from the LYSA. Focus on FL, 2025.
- Camus, V. Circulating Tumor DNA for Monitoring Primary Mediastinal B-cell Lymphoma in Complement to PET: A Prospective Multicenter LYSA Study, 2025.
- Claudel, A. Value of end of induction MRD in CtDNA versus peripheral blood/bone marrow for eraly relapse prediction in advance follicular lymphoma: a RELEVANCE ancillary study., 2025.
- Conconi, Annarita. Rituximab and ibrutinib combination is safe and effective in untreated Extranodal Marginal Zone Lymphomas: First analysis of the IELSG47/MALIBU phase II study, 2025.
- Decazes, P. Prognostic Value of the Combination of Radiomics Parameters Measured on Baseline FDG PET/CT in Primary Mediastinal B-Cell Lymphoma, 2025.
- Ferdinandus, J. Imaging Biomarkers for the Definition of Response in the GHSG HD18, GHSG HD21 and LYSA AHL2011 Trials for Advanced-stage Hodgkin Lymphoma, 2025.
- Ghesquieres, H. Tislelizumab, an Anti-PD-1 Antibody, in Patients with Relapsed/Refractory Classical Hodgkin Lymphoma: Final Analysis from the LYSA Phase 2 TIRHOL Study BGB-A317-210. Focus on HL, 2025.
- Rossi, C. Prognostic value of baseline total metabolic tumor volume (TMTV) and tumor spread (Dmax) in advanced Hodgkin lymphoma: Ancillary study of the AHL2011 trial, 2025.
- Roulland S. Unveiling Follicular Lymphoma Heterogeneity: A Single-Cell Atlas Reveals Prognostic Cellular Ecosystems and Novel Biomarkers Associated with High-Risk, 2025.
- Tessoulin, B. Clinical validity of noninvasive genotyping of MCL at diagnosis from blood plasma by circulating tumor DNA profiling, 2025.
- Held, G. Nivolumab plus GemOx as second-line therapy for peripheral T cell lymphoma in transplant-ineligible patients: final analysis of a sub-cohort of the randomized NIVEAU trial, 2025.
- Laurent, C. Patient-Derived lymphoma Spheroids as preclinical models for predicting patient responses to advanced therapies in B-NHL: example of glofitamab in follicular lymphoma, 2025.
- Tessoulin, B. VERLen: Tafasitamab, Lenalidomide, plus Rituximab in frontline Diffuse Large B-Cell Lymphoma Patients over 80 y/o or older, a LYSA phase 2 trial, 2025.

11 posters

- Al Tabaa, Y. FAST Score : A Machine Learning-Based Model Predicting Early Relapse after CAR T-cells in Follicular Lymphoma. Results from the French DESCAR-T Registry, 2025.
- André, A. Anti-CD19 CAR-T Cell Therapy in Relapsed/Refractory T-Cell/Histiocyte-Rich Large B-Cell Lymphoma (THRLBCL): Insights from the French DESCAR-T Registry, a LYSA Study, 2025.
- Bouabdallah, K. Lymphoma Real-world outcomes of patient with relapsed or refractory Hodgkin lymphoma treated with Brentuximab-Vedotin in association with Bendamustine: the French LYSA experience, 2025.
- Bourbon, E. Impact of Response to Holding/Bridging Therapy in Second-line DLBCL Patients Treated with Axicabtagene ciloleucel: a LYSA Study from the French DESCAR-T Registry, 2025.

- Cheminant, M. Integrative analysis of high-risk Mantle Cell Lymphoma: the significant contribution of epigenetic signature. A LYSA study., 2025.
- Cheminant, M. Real-world Treatment Patterns and Outcomes Among Patients With Treatment-Naive Mantle Cell Lymphoma in the UK, Sweden, and France, 2025.
- Corvilain, E. CD19 CAR-T cell therapy in relapsed/refractory solid organ transplant-related lymphoproliferation: A LYSA analysis of the French cohort DESCAR-T, 2025.
- Ghesquieres, H. Synthetic control arm from clinical trial and real-world cohorts from LYSA group for untreated older classical Hodgkin lymphoma for innovative clinical trial, 2025.
- Oberic, L. FERTILE: a long-term analysis of fertility among women treated with R-ACVBP/R-CHOP for frontline diffuse large B-cell lymphoma: a retrospective, pooled study of LYSA trials, 2025.
- Smith, A. Real-world Treatment Patterns and Outcomes in High-Risk, Treatment-Naive Mantle Cell Lymphoma: A Multinational Analysis From the UK, Sweden, and France, 2025.
- Ysebaert, L. Efficacy and Tolerance of CAR T-cells in Patients with Relapsed or Refractory Follicular Lymphoma: Analysis from the French DESCAR-T Registry, 2025.

EUROPEAN ASSOCIATION OF NUCLEAR MEDECINE (4-08/10)

1 oral presentation

- Al Tabaa, Y. FAST Score : A Machine Learning-Based Model Predicting Early Relapse after CAR T-cells in FollicularLymphoma:Results from the French DESCAR-T Registry, Barcelona: 2025.

SOCIÉTÉ FRANÇAISE D'HÉMATOLOGIE (2-4/04)

16 oral presentations

- Arnulf, B. CAR-T cells – étude DESCART, 2025.
- Arnulf, B. Valeur pronostique de la tomodensitométrie avec emission de positron (TEP/TDM) chez les patients avec Myélome Multiple (MM) traités par CAR-T cell anti-BCMA (Ide-Cel): Résultats préliminaires d'une étude IFM à partir du registre Descar-T (CAR MY TEP), 2025.
- Bouabdallah, K. Efficacité des CAR-T cells anti-CD19 chez les patients atteints de lymphomes B primitifs du médiastin en rechute ou réfractaire : CARTHYM, une étude du registre DESCAR-T, 2025.
- Cayla, S. Devenir des Myélomes en Rechute/Réfractaire en progression précoce après Ide-cel : une étude de l'IFM d'après le registre DESCAR-T, 2025.
- Choquet, S. Prises en charge des rechutes (LBCL), 2025.
- Cottereau, S. TEP, 2025.
- Danno, K. DESCAR-T retour sur une expérience de projet intergroupe Représentantes du Lysarc IFM GRALL, 2025.
- Ghesquieres, H. Biologie des lymphomes B à grandes cellules primitifs du système nerveux central : les nouveautés (avec un mot sur les lymphomes non hodgkiniens testiculaires), 2025.
- Ghesquieres, H. Essai clinique E-REVRI, 2025.
- Ghesquieres, H. Sujets âgés, 2025.
- Legouill, S. Ibrutinib plus anti-CD20, sans ou avec Venetoclax en première ligne de traitement du lymphome à cellules du manteau: résultat de l'analyse intermédiaire de l'étude OASIS, 2025.
- Manson, G. Présentation des guidelines LYSA, 2025.
- Paillassa, J. Syndrome d'activation macrophagique après traitement par CAR T-cells anti-CD19 dans les LNH-B et les LAL-B : une étude du LYSA, de la SFCE et du GRAALL à partir du registre DESCAR-T, 2025.
- Rossi, C. ctDNA : quelles infos utiles pour la PEC en tirer ?, 2025.
- Soussain, C. Evolution des traitements de 1ère ligne (LBCL), 2025.
- Soussain, C. Le lymphome vitréorétinien primitif, 2025.

13 posters

- Al Tabaa, Y. La réponse métabolique précoce et le TMTV baseline sont des facteurs prédictifs clés du contrôle des lymphomes folliculaires réfractaires/en rechute traités par CAR-T cells : Résultats préliminaires du registre DESCAR-T, 2025.
- Aymard, M. Résultats des patients atteints de lymphome à cellules du manteau après échec de traitement par CAR-T anti-CD19 : une étude DESCAR-T menée par le groupe LYSA, 2025.
- Bories, P. Traitement par CAR T anti-CD19 chez les patients âgés de 75 ans et plus : analyse du registre DESCAR-T, 2025.
- Camus, V. Impact pronostique de la TEP intermédiaire après 4 cycles d'immunochimiothérapie chez les patients atteints de lymphome B primitif du médiastin dans l'essai de phase III GAINED conduit par le LYSA, 2025.
- Carras, S. Étude de phase III, multicentrique, ouverte, randomisée et contrôlée, évaluant l'association Mosunétuzumab-Lénalidomide versus le choix de l'investigateur chez des patients atteints de lymphome de la zone marginale récurrent ou réfractaire, 2025.
- Charton, E. Qualité de vie relative à la santé après Axi-cel en 2e ligne de traitement des patients atteints d'un lymphome à grandes cellules B en rechute ou réfractaire et inéligibles à une autogreffe : résultats de l'essai ALYCANTE et comparaison à l'étude ZUMA-7, 2025.
- Cheminant, M. Données de vie réelle sur la prise en charge des lymphomes à cellules du manteau dans la cohorte française REALYSA : Etude MCL_Tour, 2025.
- Desbrousses, E. Évaluation du risque de rechute après axicabtagene ciloleucel pour le traitement d'un lymphome non-Hodgkinien B en cas d'exposition aux inhibiteurs de la pompe à protons, une étude rétrospective avec le registre DESCAR-T., 2025.
- Herbaux, C. Analyse à 5 ans de l'étude POLARIX : bénéfice en survie sans progression confirmé du Pola-R-CHP comparé au R-CHOP chez des patients atteints d'un lymphome à grandes cellules B de risque intermédiaire ou élevé, 2025.
- Le Bris, Y. L'expression cytoplasmique aberrante de p16 est un nouveau marqueur pronostique fort chez les jeunes patients atteints de MCL traités par immunochimiothérapie de 1eL, une étude des groupes LYSA, Nordic Lymphoma Group et EUMCL, 2025.
- Renaud, L. Lymphome B primitif du médiastin (PMBL): Les recommandations d'experts du LYSA, 2025.
- Tessoulin, B. Lymphomes B à grandes cellules : les recommandations pragmatiques du LYSA, 2025.
- Ysebaert, L. Efficacité et Tolérance des CAR T-cells chez les patients atteints d'un lymphome folliculaire en rechute ou réfractaire : Analyse des Données Françaises Issues du Registre DESCAR-T, 2025.

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