Treatment Preferences and Perceived Barriers to Epcoritamab Plus Rituximab and Lenalidomide in Relapsed/Refractory Follicular Lymphoma: A Real-World Survey of US Hematologists/Oncologists

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Background

- Follicular lymphoma is characterized by repeated relapses; approximately 20% of patients experience disease progression within 24 months after first-line chemoimmunotherapy, and remission intervals often shorten with each additional line of therapy.[1]
- Epcoritamab is a CD3×CD20 bispecific antibody (BsAb). Early findings from the EPCORE NHL-2 trial (NCT04663347) suggested that fixed-duration epcoritamab plus rituximab and lenalidomide (R^2) may produce deep, durable responses with manageable safety in patients with relapsed/refractory (R/R) FL.[2]
- On November 18, 2025, the FDA approved epcoritamab + R^2 for patients with R/R FL after at least 1 prior line of systemic therapy.[3]
- The phase III EPCORE FL-1 trial (NCT05409066) evaluated fixed-duration epcoritamab + R^2 versus R^2 alone in patients with R/R FL after at least 1 prior line of systemic therapy.[4]

Objective

- Assess physician readiness to administer BsAb therapy, treatment preferences before and after review of EPCORE FL-1 data, and perceived barriers to prescribing epcoritamab + R^2 in R/R FL.

Methods

- US-based hematologists/oncologists met at a live meeting that was convened in February 2026 to discuss trends in oncology, including lymphoma.
- Participant characteristics and demographics were collected via an online pre-meeting survey.
- The EPCORE FL-1 results were presented and discussed by experts in lymphoma management, including the study design, efficacy, safety, and potential implications for clinical practice.
- During the meeting, participants responded to questions regarding practice readiness, treatment preferences, and perceived barriers using an audience response system. Not all participants answered every question, and lymphoma-related results included only responses from participants who manage patients with lymphoma.
- Responses were aggregated and summarized descriptively.

Figure 1. Overview of study methodology and data collection

01 Online Survey
US-based oncologists completed an online survey on participant demographics

02 In-Person Forums
Hematologists/oncologists (N=58) attended an in-person forum in February 2026

03 EPCORE FL-1 Trial
Results from the EPCORE FL-1 clinical trial was reviewed

04 Real-Time Responses
Physicians responded to questions in real-time via audience response system technology

05 Analysis
Response data was summarized descriptively

Results

- A total of 58 hematologists/oncologists participated in the February 2026 live meeting.
- Among participants, 41 (70.7%) identified as community-based physicians. Respondents averaged 18 years of clinical experience post-residency and saw an average of 21 patients on clinic days (**Table 1**).
- Approximately two-thirds of respondents (34; 66.7%) reported that they currently administer BsAb therapy in-house for patients with FL (**Figure 2**).
- Among respondents treating R/R FL, BsAb therapies were most commonly used in the 3L (30.8%) or the 5L or later (28.8%; **Figure 3**).
- After reviewing the EPCORE FL-1 trial, preference for epcoritamab + R2 increased from 15.7% to 81.1% for a hypothetical R/R FL 2L case and from 17.6% to 54.0% for a hypothetical R/R FL 3L case (**Figures 4 and 5**).
- The majority of respondents would use epcoritamab + R2 in 2L only for select eligible patients (53.7%; **Figure 6**); management of adverse events (38.9%) and logistics of administering therapy (35.2%) were the top perceived barriers to using epcoritamab (**Figure 7**).

Table 1. Participant Demographics

Participant Demographics	N=58
US region of practice[a], n (%)	
Midwest	11 (19.0)
Northeast	9 (15.5)
South	22 (37.9)
West	16 (27.6)
Practice setting, n (%)	
Community	41 (70.7)
Non-community	17 (29.3)
Years in practice	
Average (min–max)	18.0 (3–40)
Median	18
Patients seen per clinic day	
Average (min–max)	21.0 (5–80)
Median	20
Allocation of time, %	
Direct patient care	86.0
Research	8.0
Other	7.0
Primary medical specialty, n (%)	
Medical oncology	49 (84.5)
Hematology	7 (12.1)
Other	2 (3.4)

[a]**Midwest**: IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, WI; **Northeast**: CT, DE, MA, MD, ME, NH, NJ, NY, PA, RI, VT; **South**: AL, AR, DC, FL, GA, KY, LA, MS, NC, OK, SC, TN, TX, VA, WV; **West**: AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA, WY.

Figure 2. Approximately two-thirds of respondents reported that their practice currently administers BsAb therapy in-house for patients with FL

*Question: Which of the following most aligns with your practice's readiness to administer bispecific antibody therapy for patients with FL? (n=51)**

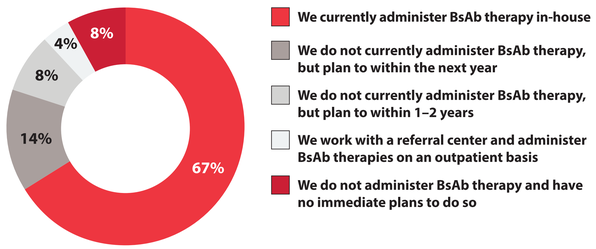


Figure 3. Among physicians who treat R/R FL, BsAb therapies were most commonly prescribed in the 3L or 5L+ setting

Question: In which line of therapy have you most commonly prescribed bispecific antibody therapies for your patients with R/R FL? (n=52)

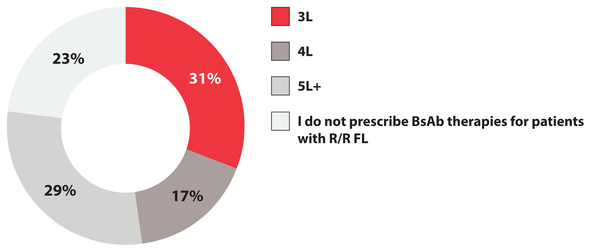


Figure 4. After reviewing EPCORE FL-1 data, epcoritamab + R^2 became the preferred treatment for a hypothetical 2L R/R FL case

*Question **before** data presentation: Jonathan is a 65-year-old male with R/R FL, stage III disease, and an ECOG PS 1 who has received R-CHOP in 1L. Which of the following therapies would you most likely recommend as 2L treatment for him? (n=51)**

*Question **after** data presentation: Jonathan is a 65-year-old male with R/R FL, stage III disease, and an ECOG PS 1 who has received R-CHOP in 1L. After reviewing the EPCORE FL-1 data, which of the following therapies would you most likely recommend as 2L treatment for him? (n=53)*

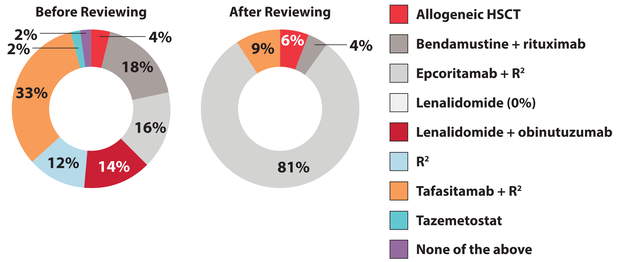


Figure 5. After reviewing EPCORE FL-1 data, epcoritamab + R^2 became the preferred treatment for a hypothetical 3L R/R FL case

*Question **before** data presentation: Amina is a 65-year-old woman with R/R FL (ECOG PS 1) who received R-CHOP in 1L and bendamustine + rituximab in 2L. Which of the following would you recommend for her in the 3L? (n=51)**

*Question **after** data presentation: Amina, a 65-year-old woman with R/R FL (ECOG PS 1), received R-CHOP in 1L and bendamustine + rituximab in 2L. After reviewing the EPCORE FL-1 data, which of the following would you recommend for her in the 3L? (n=50)*

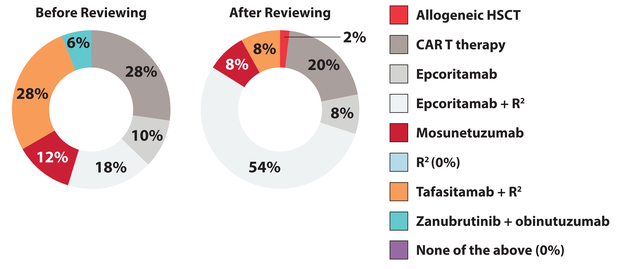


Figure 6. The majority of respondents would use epcoritamab + R^2 in the 2L setting only for select eligible patients with R/R FL

*Question: Given the recent FDA approval (November 18, 2025) of epcoritamab + R^2 for patients with R/R FL, in which setting would you most likely use epcoritamab + R^2 for your patients with R/R FL? (n=54)**

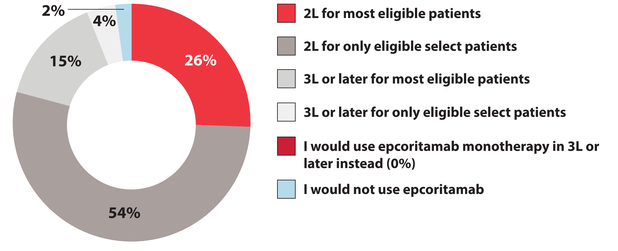
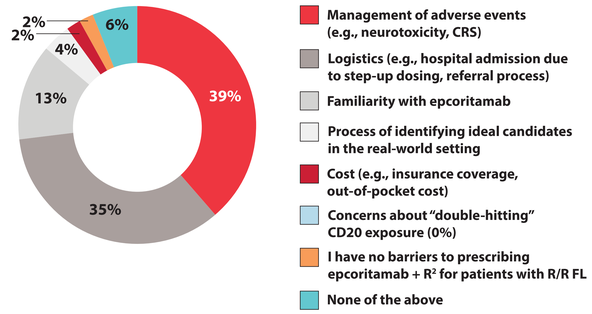


Figure 7. Management of adverse events and logistics of administering therapy were the most commonly cited barriers to prescribing epcoritamab + R^2 for R/R FL

Question: Which of the following is the top perceived barrier to prescribing epcoritamab + R^2 for your patients with R/R FL? (n=54)



Conclusions

- **Respondents viewed epcoritamab + R^2 as a potential earlier-line treatment option for R/R FL; however, the majority favored its use in selected patients in the 2L setting rather than broadly across all eligible patients.**
- **Although respondents were receptive to incorporating this regimen into practice, management of adverse events and logistical challenges with administration remain key barriers to adoption.**
- **These findings suggest that the real-world place of epcoritamab + R^2 in R/R FL may be influenced by patient selection, practice infrastructure, and the ability to manage treatment-related operational requirements.**
- **Future research should evaluate how patient-selection criteria, practice readiness, and implementation support influence the real-world adoption of epcoritamab + R^2.**

References

1. Casulo C, Byrtek M, Dawson KL, et al. Early relapse of follicular lymphoma after rituximab plus cyclophosphamide, doxorubicin, vincristine, and prednisone defines patients at high risk for death: an analysis from the National LymphoCare Study. *J Clin Oncol*. 2015;33(23):2516–2522. doi:10.1200/JCO.2014.59.7534.
2. Sureda A, Falchi L, Leppä S, et al. Epcoritamab with rituximab + lenalidomide (R^2) provides durable responses in patients with high-risk follicular lymphoma, regardless of POD24 status. *HemaSphere*. 2023;7(S3):e5547136.
3. US Food and Drug Administration. FDA approves epcoritamab-bysp for follicular lymphoma indications. November 18, 2025.
4. Falchi L, Nijland M, Huang H, et al. Abstract 466. ASH 2025.

Abbreviations

1L, first-line; 2L, second-line; 3L, third-line; 5L, fifth-line; BsAb, bispecific antibody; CAR T, chimeric antigen receptor T cell; CD3, cluster of differentiation 3; CD20, cluster of differentiation 20; CR, complete response; CRS, cytokine release syndrome; DOCR, duration of complete response; DOR, duration of response; ECOG, Eastern Cooperative Oncology Group; EU, European Union; FDA, Food and Drug Administration; FL, follicular lymphoma; GELF, Groupe d'Étude des Lymphomes Folliculaires; HSCT, hematopoietic stem cell transplantation; IRC, independent review committee; mAb, monoclonal antibody; max, maximum; min, minimum; MRD, minimal residual disease; ORR, overall response rate; OS, overall survival; PFS, progression-free survival; PRO, patient-reported outcome; PS, performance status; Q4W, once every 4 weeks; QD, once daily; QW, once weekly; R/R, relapsed/refractory; R^2, rituximab and lenalidomide; R-CHOP, rituximab, cyclophosphamide, doxorubicin, vincristine, and prednisone; SUD, step-up dosing; TTNLT, time to next lymphoma treatment; US, United States.

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* Percentages do not sum to 100 due to rounding.

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