Among common nonhematologic treatment-emergent adverse events (TEAEs) of ≥2 lines of therapy included:

- Fatigue
- Asthenia
- Back pain
- pyrexia and infusion-related reactions

The incidence of ≥Grade 3 TEAEs was ≤6% in both arms.

Two patients in each arm reported major hemorrhage.

Key eligibility criteria

- Patients 18 years of age or older with cHL or R/R FL
- FLIPI risk category of 1 or 2
- Measurable disease

Endpoints

- Progression-free survival (PFS)
- Overall survival (OS)
- Measurable disease

Conclusions

The estimated overall survival rate at 24 months was numerically higher with zanubrutinib plus obinutuzumab (77.7% vs 60.8% for obinutuzumab).

The single-arm safety analysis showed a manageable safety profile with Zanubrutinib and Obinutuzumab.

Further studies are needed to confirm these findings.