**Japanese Title:** 国内外の原発性マクログロブリン血症へのザヌブルチニブの担当医師判定での有効性と安全性

**English Title:** Activity of Zanubrutinib (Zanu) in Japanese Patients with Waldenström Macroglobulinemia (WM)

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**Abstract:** Results from ASPEN, a randomized, global phase 3 study comparing the potent Bruton tyrosine kinase inhibitor zanu and ibrutinib in WM (BGB-3111-302; NCT03053440), contributed to international approval of zanu for the treatment of WM. Here, we present efficacy by investigator (INV) and safety of zanu in Japanese patients (pts) with WM enrolled in a phase 1/2 study (BGB-3111-111; NCT04172246). As of May 10, 2022, 21 pts with WM (13 treatment naïve [TN]; 8 relapsed/refractory [R/R]) were enrolled. Median age was 69 years; 52% were male. Five (24%) pts discontinued treatment (3 progressive disease, 1 INV decision, 1 pt withdrawal). At a median follow-up of 15.0 months (mo), overall response rate (ORR) by INV was 95% (95% CI: 74.0, 99.9) with 92% ORR in TN WM (95% CI: 64.0, 99.8) and 100% in R/R WM (95% CI: 54.1, 100.0). Median progression-free survival was not reached. Of note, a similar ORR was seen in pts with *MYD88*$^{MUT}$ WM from ASPEN cohort 1 (19.5-mo median follow-up, 95% ORR, 95% CI: 88.9, 98.4). In BGB-3111-111, 19 (91%) pts experienced ≥1 adverse event (AE); 7 (33%) experienced grade ≥3 AEs. Most common AEs were platelet count decreased and purpura (19% each), pyrexia, hypertension, arthralgia, and conjunctival hemorrhage (14.3% each). One cardiac toxicity incidence (sinus bradycardia) was reported. No pts experienced atrial fibrillation (vs 2% in ASPEN). Overall, study outcomes were similar to ASPEN, suggesting that zanu may be an effective treatment option for Japanese pts with WM.