



Motoo Nagane

Japan

Dr Motoo Nagane, M.D., Ph.D., is a Professor in the Department of Neurosurgery at Kyorin University Faculty of Medicine, Tokyo, Japan. He received his M.D. from the University of Tokyo in 1984 and his Ph.D. in 1994. Dr Nagane's career includes roles as a resident at the University of Tokyo Hospital, medical staff at various Tokyo hospitals, and a postdoctoral research fellow at the Ludwig Institute for Cancer Research in San Diego. He has been part of Kyorin University since 2000, advancing from Assistant to full Professor. Dr Nagane is the current President of the Japan Society for Neuro-Oncology and holds editorial positions in prominent journals. His research focuses on malignant brain tumors, gliomas, primary central nervous system lymphoma, chemotherapy, drug resistance, molecular biology, and genetics. He has been recognized with numerous awards, including the Young Investigator Award and Hoshino Award. Dr Nagane is a member of several international academic societies, including AACR, ASCO, SNO, EANO and ASNO.

Topic: A New BTK Inhibitor for PCNSL

Primary central nervous system lymphoma (PCNSL), solely localized in the CNS, are mostly classified as diffuse large B-cell lymphoma (DLBCL) and by the recent comprehensive genetic analysis of DLBCL, many PCNSLs belong to the MCD/C5 subgroup, characterized by frequent activating mutations in MYD88 and CD79B genes leading to constitutive activation of the NF- κ B signal via Bruton's tyrosine kinase (BTK). BTK inhibitors have been extensively explored in B-cell lymphomas, with promising anti-tumor activity against those including DLBCL. A single-arm phase I/II trial (ONO-4059-02) of the second-generation BTK inhibitor, tirabrutinib, with enhanced selectivity towards BTK, was conducted in Japan for relapsed or refractory PCNSL patients. As a result, tirabrutinib was approved domestically in March 2020 for the indication of "relapsed or refractory PCNSL." This presentation will introduce the brief overview of the standard treatments of PCNSL, and the current status and challenges of Tirabrutinib treatment.