CLAIMS

What is claimed is:

1. Use of a Bcl-2 inhibitor for the manufacture of a medicament for the treatment of B-cell malignancy in a patient, wherein the Bcl-2 inhibitor is 2-((1H-pyrrolo[2,3-b]pyridin-5-yl)oxy)-N-((4-((((1r,4r)-4-hydroxy-4-methylcyclohexyl)methyl)amino)-3-nitrophenyl)sulfonyl)-4-(2-((S)-2-(2-isopropylphenyl)pyrrolidin-1-yl)-7-azaspiro[3.5]nonan-7-yl)benzamide or a pharmaceutically acceptable salt thereof, and wherein the Bcl-2 inhibitor is to be administered to the patient at a daily dose of 320 mg.

2. The use of claim 1, wherein the Bcl-2 inhibitor is to be administered once per day (QD) or twice per day (BID).

3. The use of claim 2, wherein the Bcl-2 inhibitor is to be orally administered at a dose of 320 mg once per day (QD).

4. The use of any one of claims 1 to 3, wherein the B-cell malignancy is non-Hodgkin Lymphoma (NHL), Acute Lymphoblastic Leukemia (ALL), Follicular Lymphoma (FL), Diffuse large B cell lymphoma (DLBCL), Marginal zone lymphoma (MZL), chronic lymphocytic leukemia /small lymphocytic lymphoma (CLL/SLL), Mantle cell lymphoma (MCL), or Waldenström macroglobulinemia (WM).

5. The use of claim 4, wherein the B-cell malignancy is chronic lymphocytic leukemia/small lymphocytic lymphoma (CLL/SLL).

6. The use of claim 5, wherein the B-cell malignancy is chronic lymphocytic leukemia /small lymphocytic lymphoma (CLL/SLL) with low-tumor-burden.

7. The use of claim 5, wherein the B-cell malignancy is chronic lymphocytic leukemia /small lymphocytic lymphoma (CLL/SLL) with high-tumor-burden.

8. The use of claim 4, wherein the patient was previously treated with venetoclax.

9. The use of claim 5, wherein the B-cell malignancy is Relapsed or Refractory (R/R) CLL/SLL.

10. The use of claim 5, wherein the B-cell malignancy is treatment-naïve (TN) CLL/SLL.

11. The use of claim 4, wherein the B-cell malignancy is Mantle cell lymphoma (MCL).

12. The use of claim 4, wherein the B-cell malignancy is Waldenström macroglobulinemia (WM).

13. The use of claim 4, wherein the B-cell malignancy is at lower risk of tumor lysis syndrome (TLS).

14. The use of claim 4, wherein the B-cell malignancy has Bcl-2 Gly101Val mutation expression.

15. The use any one of claims 5-7 and 9-10, wherein the Bcl-2 inhibitor is to be administered according to a weekly dose ramp-up schedule which lasts for nine weeks.

16. The use of claim 15, wherein the weekly dose ramp-up schedule is about 1 mg QD in Week 1, about 2 mg QD in Week 2, about 5 mg QD in Week 3, about 10 mg QD in Week 4, about 20 mg QD in Week 5, about 40 mg QD in Week 6, about 80 mg QD in Week 7, about 160 mg QD in Week 8, and about 320 mg QD in Week 9 and beyond.

17. The use of claim 16, further comprising the patient is to be administered a therapeutically effective amount of (S)-7-(1-acryloylpiperidin-4-yl)-2-(4-phenoxyphenyl)-4,5,6,7-tetra-hydropyrazolo[1,5-a]pyrimidine-3-carboxamide (**Compound B**) or a pharmaceutically acceptable salt thereof.

18. The use of claim 17, wherein (S)-7-(1-acryloylpiperidin-4-yl)-2-(4-phenoxyphenyl)-4,5,6,7-tetra-hydropyrazolo[1,5-a]pyrimidine-3-carboxamide (**Compound B**) or a pharmaceutically acceptable salt thereof is to be administered at a dose of 160 mg twice daily or 320 mg once daily.

19. The use of claim 18, wherein (S)-7-(1-acryloylpiperidin-4-yl)-2-(4-phenoxyphenyl)-4,5,6,7-tetra-hydropyrazolo[1,5-a]pyrimidine-3-carboxamide (**Compound B**) or a pharmaceutically acceptable salt thereof is to be administered for 8 weeks to 12 weeks before the BCL-2 inhibitor is to be administered.