This analysis identified and evaluated adult patients (≥18 years) diagnosed with FL who had progressed to third-line (3L) treatment between 1/1/2008 and 12/31/2019. The median time to progression, PFS, and TTDNT among POD24 vs. non-POD24 was assessed. Disease progression was defined based on time to progression and OS. The current study aims to fulfill important data gaps in understanding the current clinical outcomes of these patients. The median Charlson Comorbidity Index8,9 (CCI) was 3 (range 1 – 18), with 74.8% and 61.4%, respectively. Patients with ≥1 FL diagnosis any time in the study period were included. Patients aged 18 years or older at the 3L treatment date who had at least 1 year of baseline prior to the index date were included. The outcomes of 3L among POD24, non-POD24, as well as patients with index therapy across different regimens were compared. The final cohort consisted of 1,854 patients, with a median time to progression was 19.1 (95% CI 16.7, 21.7) months. There were no statistically significant differences in outcomes between POD24 and non-POD24 patients. In conclusion, 3L therapy can be considered for FL patients who have progressed to 3L treatment.