

Emerging Therapies in Lymphoid Disorders



Recent Updates on BsA, ADC and CELMoDs

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Newer therapeutic agents in B-cell lymphomas

Bispecific Antibodies (BsA)

CD20/CD3

- Mosunetuzumab
- Glofitamab
- Epcoritamab
- Odronextamab*

CD19/CD3

- Surovatamig*

Antibody Drug Conjugates (ADCs)

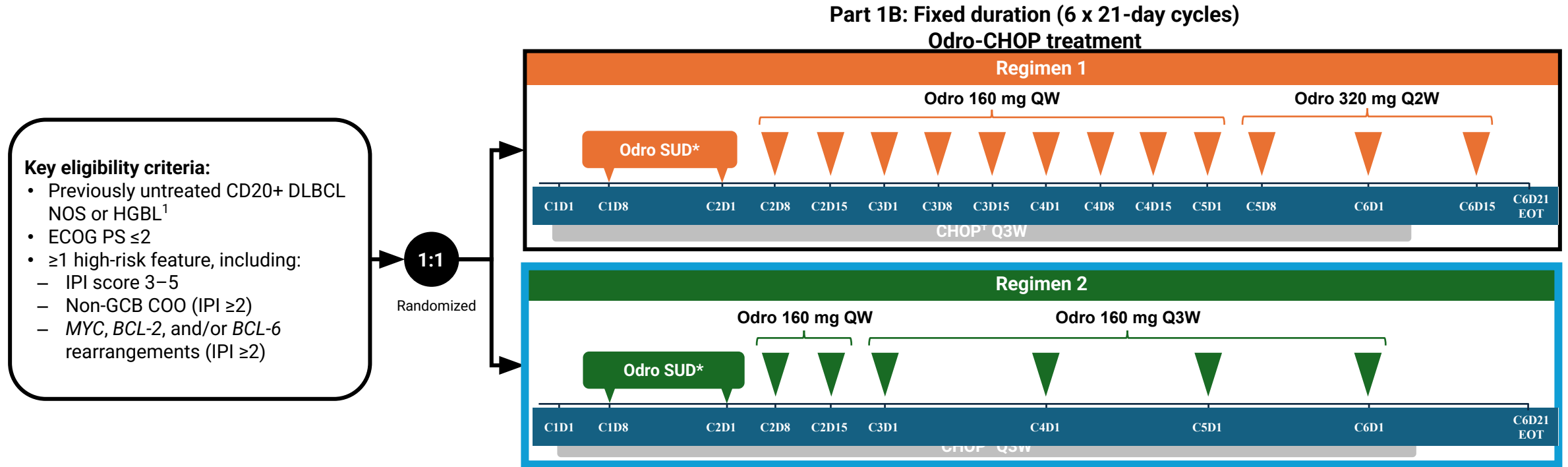
- Polatuzumab vedotin
- Loncastuximab tesirine

CELMoDs

- ❖ Golcadomide*

*Investigational in the US

FIRST-LINE ODRONEXTAMAB (ODRO) PLUS CHEMOTHERAPY (CHOP) IN DIFFUSE LARGE B-CELL LYMPHOMA (DLBCL): OLYMPIA-3 PART 1B RESULTS

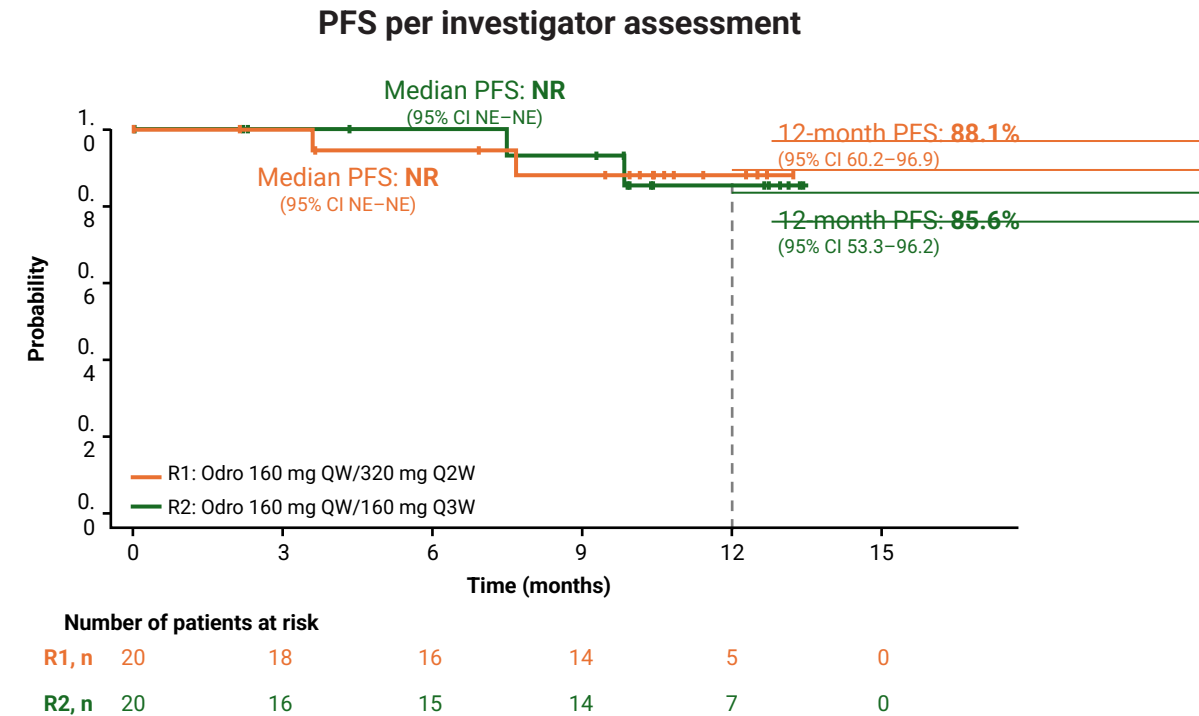


Primary endpoint was safety

Secondary endpoints: investigator-assessed ORR and CR rates per 2014 Lugano criteria

FIRST-LINE ODRONEXTAMAB (ODRO) PLUS CHEMOTHERAPY (CHOP) IN DIFFUSE LARGE B-CELL LYMPHOMA (DLBCL): OLYMPIA-3 PART 1B RESULTS

Response summary		R1: Odro 160 mg QW/ 320 mg Q2W (N=20)	R2: Odro 160 mg QW/ 160 mg Q3W (N=20)
Best overall response,* n (%)	ORR	19 (95)	18 (90)
	CR	17 (85)	17 (85)
Median DOCR (95% CI), months		NR (NE-NE)	NR (7.8-NE)



High ORR and CR rates for both R1/R2

Combination with Odronextamab did not impact the delivery of CHOP

MOSUNETUZUMAB PLUS POLATUZUMAB VEDOTIN VERSUS RITUXIMAB, GEMCITABINE AND OXALIPLATIN IN LARGE B-CELL LYMPHOMA: UPDATED EFFICACY AND SAFETY FROM THE PHASE 3 SUNMO

	Mosun-Pola (n=138)	R-GemOx (n=70)	2L Mosun-Pola (n=61)	2L R-GemOx (n=30)	3L+ Mosun-Pola (n=77)	3L+ R-GemOx (n=40)
Median PFS, months (95% CI)	11.6 (5.6–17.6)	3.8 (2.9–4.1)	17.6 (5.6–NE)	3.6 (2.1–5.3)	8.6 (4.0–16.2)	3.9 (2.1–5.6)
Median DOR, months (95% CI)	18.8 (11.5–NE)	6.0 (3.7–23.9)	18.8 (11.3–NE)	6.0 (3.9–NE)	21.5 (9.5–NE)	5.4 (2.3–18.3)
CR, % (95% CI)	51.4 (42.8–60.0)	24.3 (14.8–36.0)	60.7 (47.3–72.9)	20.0 (7.7–38.6)	44.2 (32.8–55.9)	27.5 (14.6–43.9)
Median DOCR, months (95% CI)	NE	18.3 (3.9–NE)	NE (15.6–NE)	21.4 (3.9–NE)	NE (21.5–NE)	7.5 (2.3–NE)

2L, 1 prior line of therapy; 3L+, ≥2 prior lines of therapy; CI, confidence interval; CR, complete response; DOCR, duration of complete response; DOR, duration of response; Mosun-Pola, mosunetuzumab plus polatuzumab vedotin; NE, not estimable; PFS, progression-free survival; R-GemOx, rituximab, gemcitabine and oxaliplatin.

Mosun-Pola AEs

- Grade ≥2 CRS occurred in 4%.
- No ICANS events occurred.

INITIAL RESULTS FROM LOTIS-7: A PHASE 1B STUDY OF LONCASTUXIMAB TESIRINE PLUS GLOFITAMAB IN PATIENTS WITH RELAPSED/REFRACTORY (R/R) DIFFUSE LARGE B-CELL LYMPHOMA (DLBCL)

Efficacy measures	120 µg/kg	150 µg/kg	Total
Best overall response ^a	(n=11)	(n=11)	(n=22)
ORR (CR+PR), n (%) [95% CI]	10 (90.9) [58.7-99.8]	11 (100.0) [71.5-100]	21 (95.5) [77.2-99.9]
CR*, n % [95% CI]	10 (90.9) [58.7-99.8]	10 (90.9) [58.7-99.8]	20 (90.9) [70.8-98.9]
PR, n (%)	0	1(9.1)	1(4.5)
SD, n (%)	1 (9.1)	0 (0)	1 (4.5)
PD, n (%)	0 (0)	0 (0)	0 (0)
Duration of response ^b	(n=10)	(n=11)	(n=21)
Event, n (%)	0 (0)	1 (9.1)	1 (4.8)
Median	NE	NE	NE
Probability to maintain event free for 6 months (95% CI)	100 (100-100)	87.5 (38.7-98.1)	92.9 (59.1-99.0)
Probability to maintain event free for 12 months (95% CI)	100 (100-100)	87.5 (38.7-98.1)	92.9 (59.1-99.0)

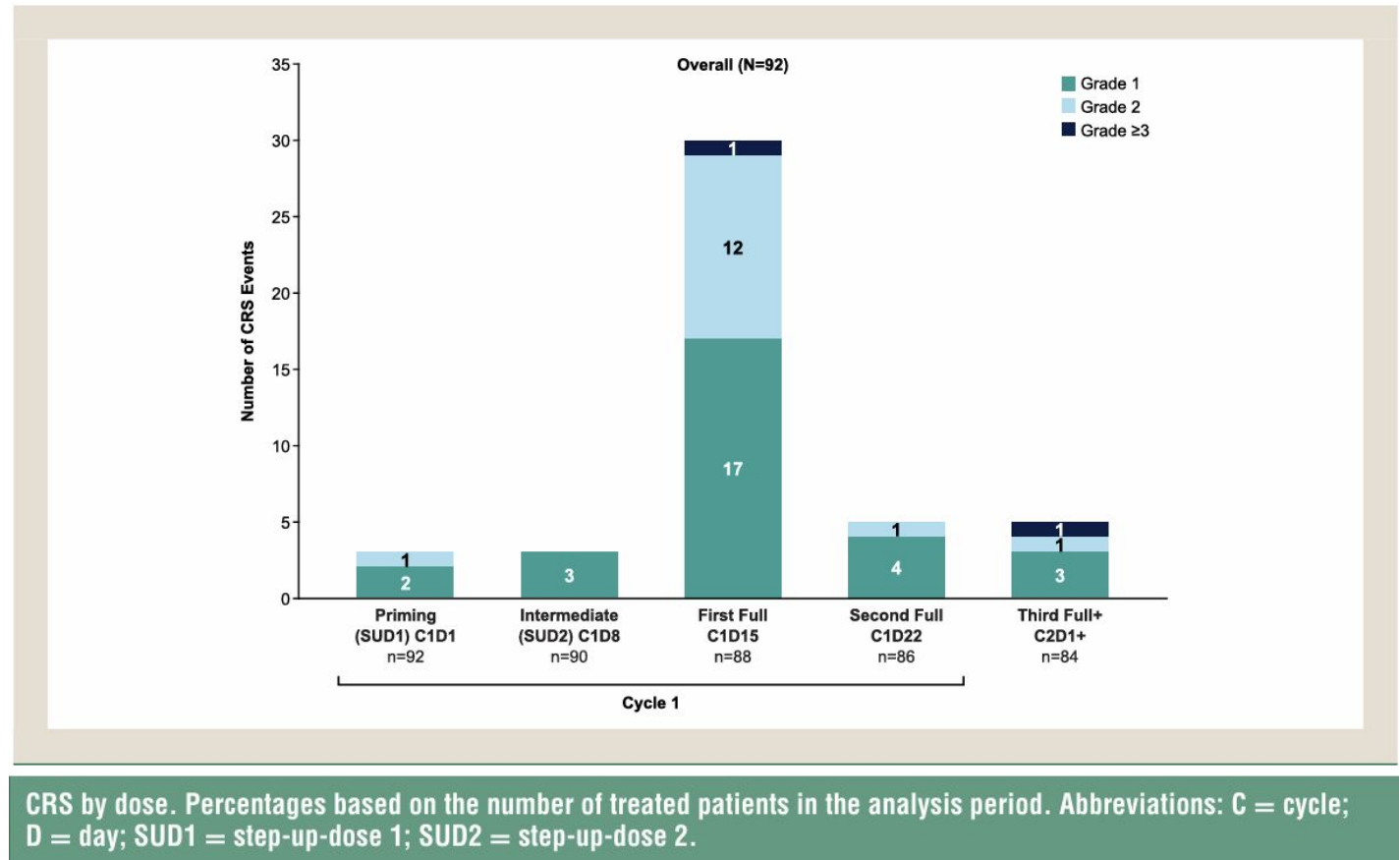
CR, complete response; NE, not estimable; ORR, overall response rate; PD, progressive disease; PR, partial response, SD, stable disease.

Lonca-Glofit AEs

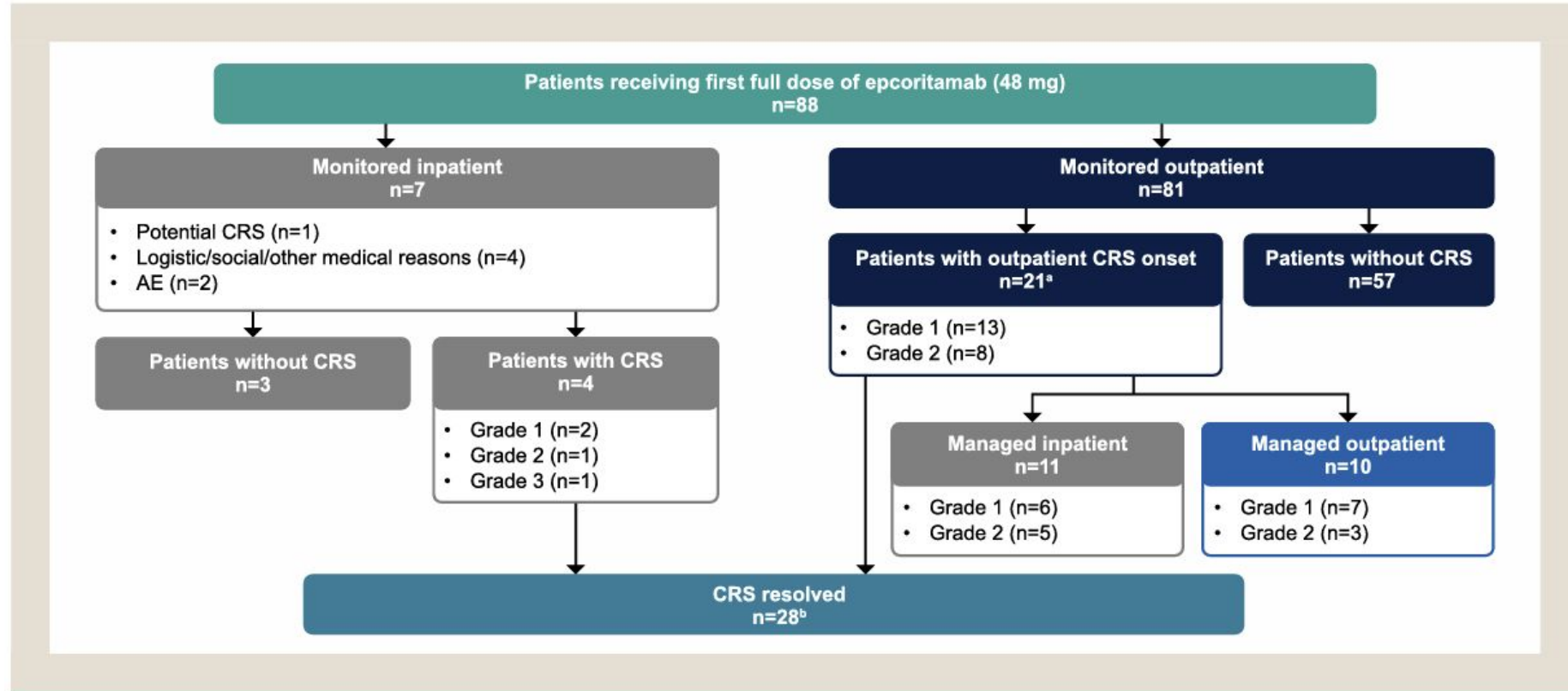
- Gr 1/2 CRS (29.0%/9.7%) and ICANS (0%/6.5%)
- No Gr ≥3 CRS/ICANS events.
- Gr 3/4 TEAEs: edema, pericardial effusion, photosensitivity, rash, sepsis, and pneumonia (each 3.2%).

EPCORE NHL-6: PHASE 2 STUDY OF SUBCUTANEOUS (SC) EPCORITAMAB AS OUTPATIENT TREATMENT FOR 2L+ RELAPSED/REFRACTORY DIFFUSE LARGE B-CELL LYMPHOMA (R/R DLBCL)

- Patients were required to stay within 30 minutes of ATC for 24 hours following the 1st full dose of epcoritamab
- Return for a safety visit the next day (C1D16).
- For the first 4 doses, patients were required to record their temperature 3 x daily on the day of and 3 days after each dose.
- A blood pressure cuff and finger pulse oximeter were provided for patients to perform optional self- checks.



EPCORE NHL-6: PHASE 2 STUDY OF SUBCUTANEOUS (SC) EPCORITAMAB AS OUTPATIENT TREATMENT FOR 2L+ RELAPSED/REFRACTORY DIFFUSE LARGE B-CELL LYMPHOMA (R/R DLBCL)



CRS monitoring and hospitalizations during the first full dosing period of epcoritamab.

Abbreviations: AE = adverse event; CRS = cytokine release syndrome.

^aOf the 81 patients who were monitored outpatient, 24 patients had CRS: 21 had outpatient onset of CRS and 3 were admitted for reasons other than CRS and had CRS inpatient.

^bPatients who had CRS after the first full dose: 4 patients monitored inpatient and 24 patients monitored outpatient.

GOLCADOMIDE, A POTENTIAL, FIRST-IN-CLASS, ORAL CELMOD, + POLA-R-CHP IN PATIENTS WITH NEWLY DIAGNOSED AGGRESSIVE B-CELL LYMPHOMA: SAFETY AND 12-MONTH EFFICACY RESULTS

Screening period



Key eligibility criteria

- Age $\geq$ 18 years
- Diagnosis of aggressive B-cell lymphoma
- Measurable lesion $\geq$ 1.5 cm (by CT/MRI)
- Previously untreated
- ECOG performance status 0–2
- IPI score
 - Part 2A: 0–5
 - Part 2B: 2–5

Treatment period

Dose escalation (part 2A)

Golcadomide + Pola-R-CHP

DL-1: Golcadomide 0.2 mg, D1–7

DL1: Golcadomide 0.4 mg, D1–7

R
1:1

Dose expansion (part 2B)

Golcadomide 0.2 mg (RP2D-1) + Pola-R-CHP

Golcadomide 0.4 mg (RP2D) + Pola-R-CHP



ctDNA was collected at baseline, C2D1, C3D1, C4D1, and EOT



Patients were treated for 6 cycles unless progressive disease or unacceptable toxicity occurred, patient withdrew from study, or physician decision led to discontinuation

Endpoints

1

Primary endpoints

- Part 1: MTD and RP2D
- Part 2: safety and tolerability at RP2D (DL1)

2

Secondary efficacy endpoints

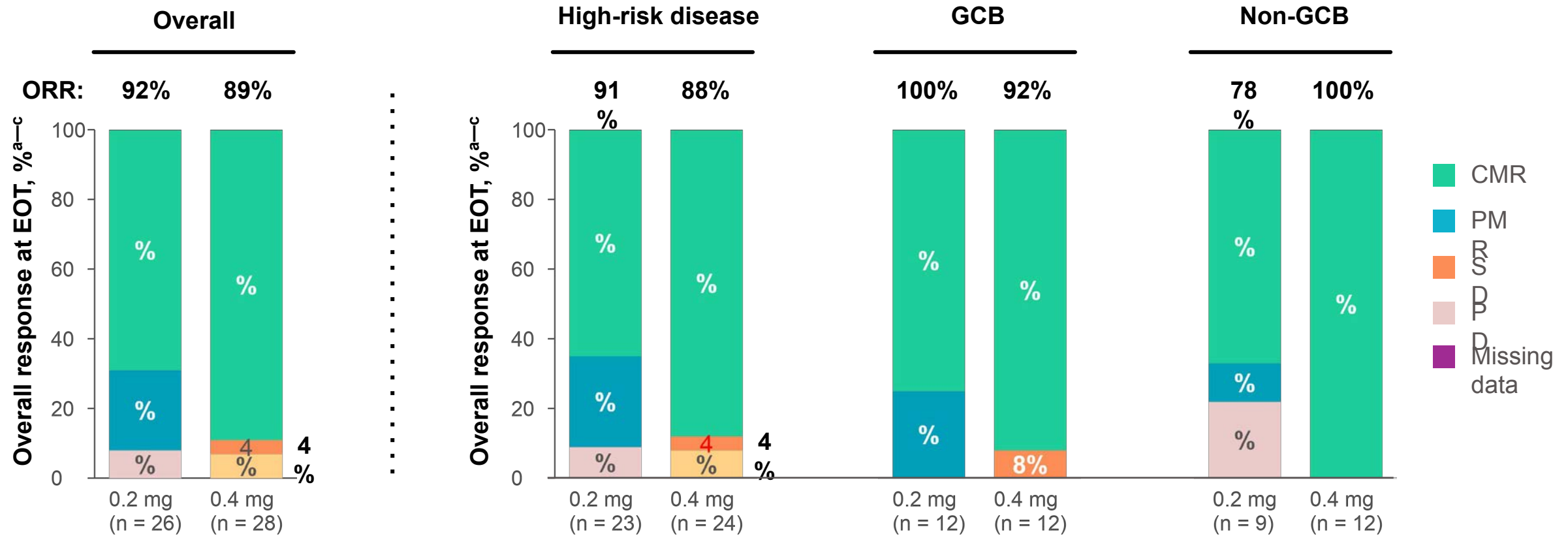
- Best ORR, CMR rate, DOR, PFS, and OS



Exploratory efficacy endpoints

- PK, PD, and biomarkers

GOLCADOMIDE, A POTENTIAL, FIRST-IN-CLASS, ORAL CELMOD, + POLA-R-CHP IN PATIENTS WITH NEWLY DIAGNOSED AGGRESSIVE B-CELL LYMPHOMA: SAFETY AND 12-MONTH EFFICACY RESULTS



Median (range) follow-up: 15.5 (0.8 — 23.9) months (0.2 and 0.4 mg doses combined)

Golcadomide 0.4 mg + Pola-R-CHP resulted in high complete metabolic response rates at end of treatment

SUROVATAMIG (AZD0486) PLUS RITUXIMAB IN PREVIOUSLY UNTREATED FOLLICULAR LYMPHOMA (FL): INITIAL SAFETY DATA FROM THE PHASE 3 SOUNDTRACK-F1 TRIAL

- Pts were randomized 1:1 to IV surovatamig at double SUD followed by a target dose of 2.4 mg (DL1) or 7.2 mg (DL2) on C2D1, then 2-weekly up to C7 (28d cycles).
- Rituximab on D1, 8, 15 and 22 of C1, then D1 of C2–7.
- Responders received maintenance therapy with surovatamig every 4 weeks for 17 cycles.
- Best ORR was 95% in DL1 and 100% in DL2.
- CR rate was 84% in DL1 and 85% in DL2.

n (%)	DL1 2.4 mg (n=22)	DL2 7.2 mg (n=21)
Any CRS (any Gr)	8 (36)	8 (38)
CRS at SUD (all Gr 1)	8 (36)	5 (24)
CRS at TD (any Gr)	3 (14)	5 (24)
Gr 1	3 (14)	4 (19)
Gr 2	0	1 (5)
ICANS at SUD (any Gr)	1 (5)	1 (5)
Gr 1	1 (5)	0
Gr 3	0	1 (5)
ICANS at TD (any Gr)	0	0



THANK YOU