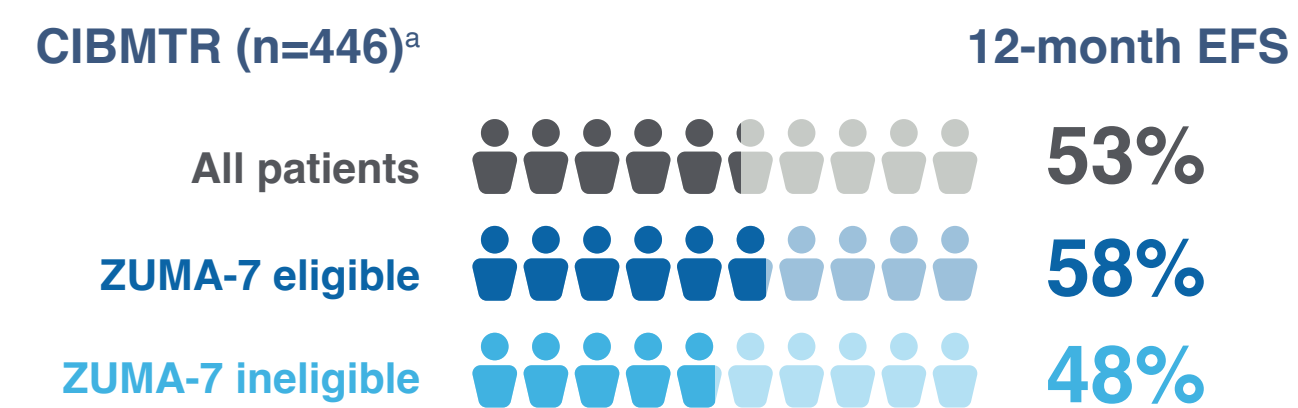


IS A CURE IN R/R LYMPHOMAS ON THE HORIZON?

Is CAR T-cell therapy proving its curative potential in real-world settings?

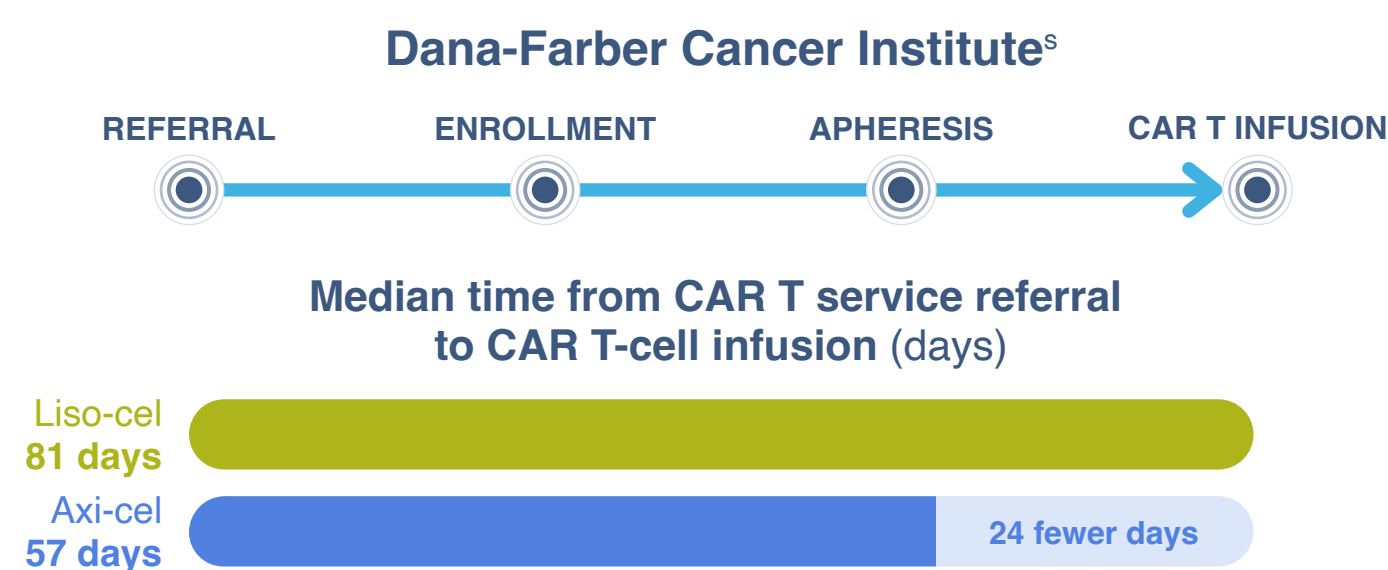
Real-world evidence supports clinical trial efficacy and safety of axicabtagene ciloleucel ▼ in broader patient populations¹



Real-world evidence shows CAR T-cell therapy delivers clinical outcomes in broader patient populations^{2,3}



Rapid and reliable manufacturing of axi-cel in real-world settings ensures timely treatment^{4,5,d}



RWE of patients with R/R LBCL receiving axi-cel

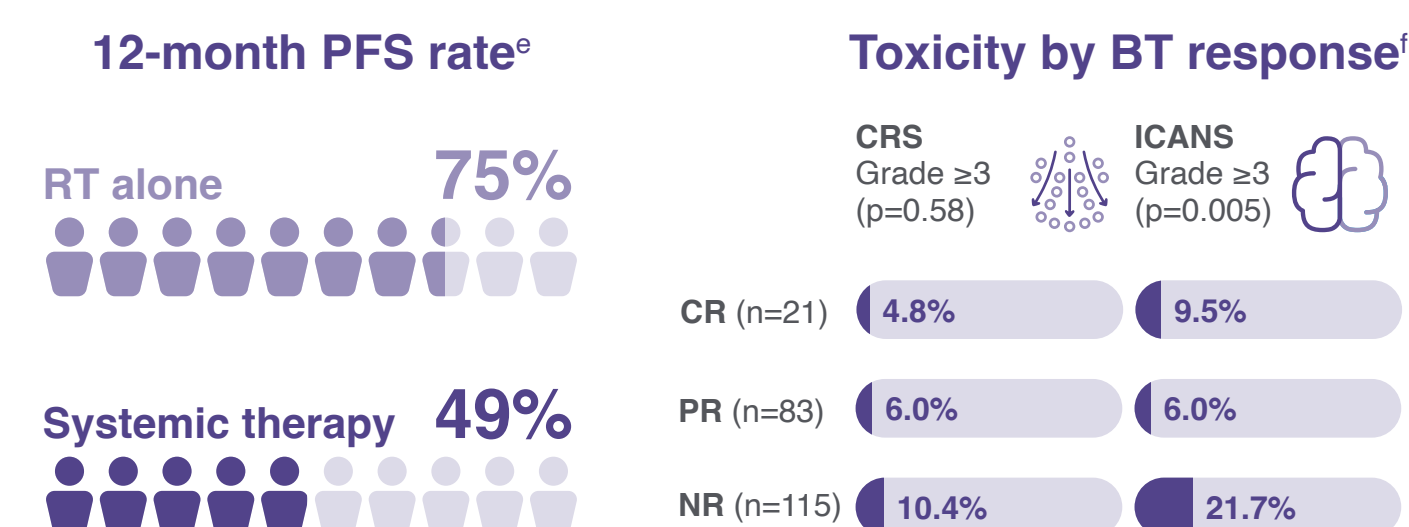
Manufacturing success rate^b: 94%

Delivery success rate^d: 99%

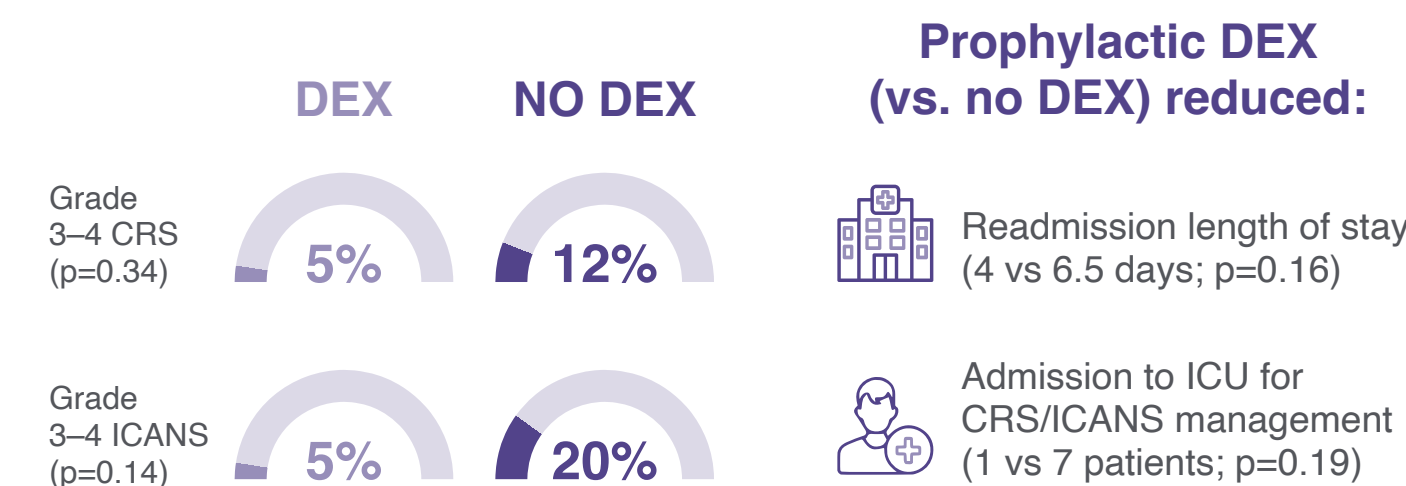
Axi-cel provides timely and reliable treatment for broader patient populations, with real-world evidence supporting its efficacy, safety, and curative potential¹⁻⁴

How can proactive management enhance outcomes and support curative potential?

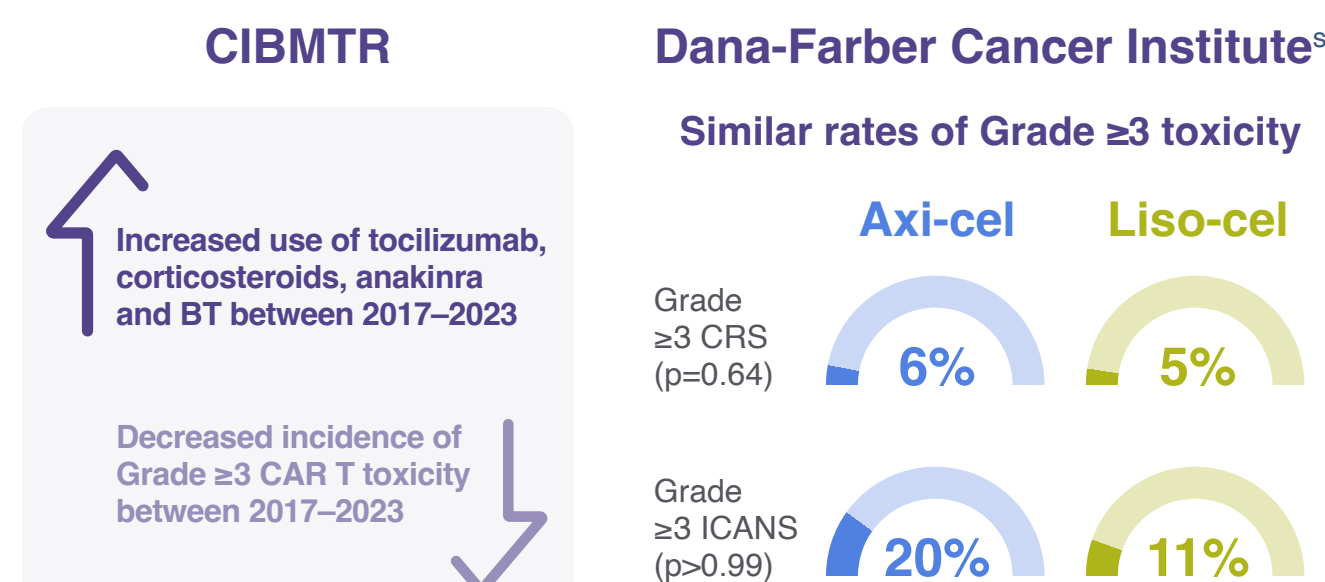
Choosing an appropriate BT strategy can reduce both tumour burden and toxicity, optimising CAR T outcomes for patients^{6,7}



Prophylactic AE management strategies mitigate the impact of AEs following CAR T-cell therapy^{8,g}



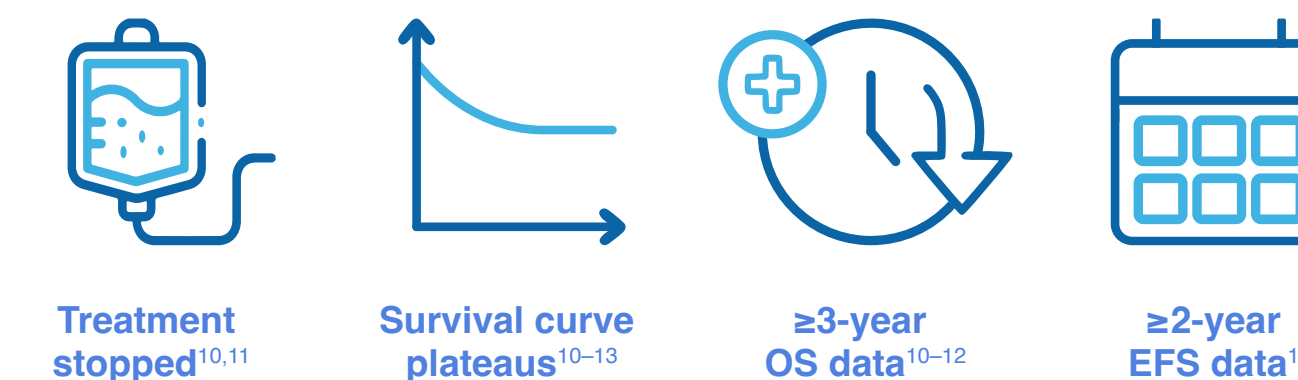
Early and proactive AE management reduces the incidence and severity of CRS and ICANS^{4,9,d}



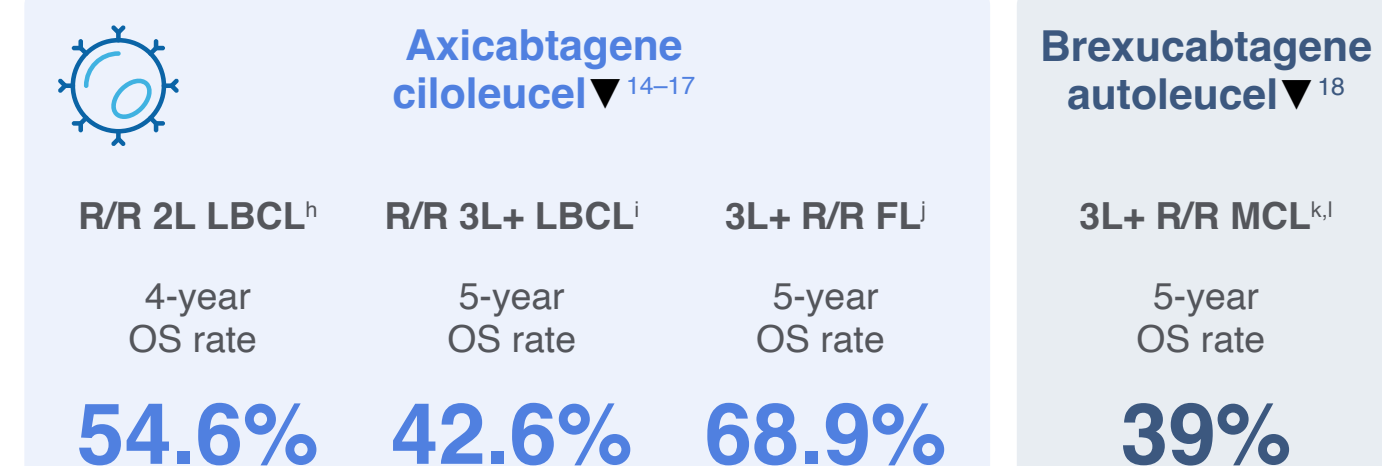
Proactive CAR T toxicity management through optimised BT selection and early AE intervention improves patient outcomes and can shorten hospital stays^{4,6-9}

Have we seen cure with CAR T in R/R lymphomas?

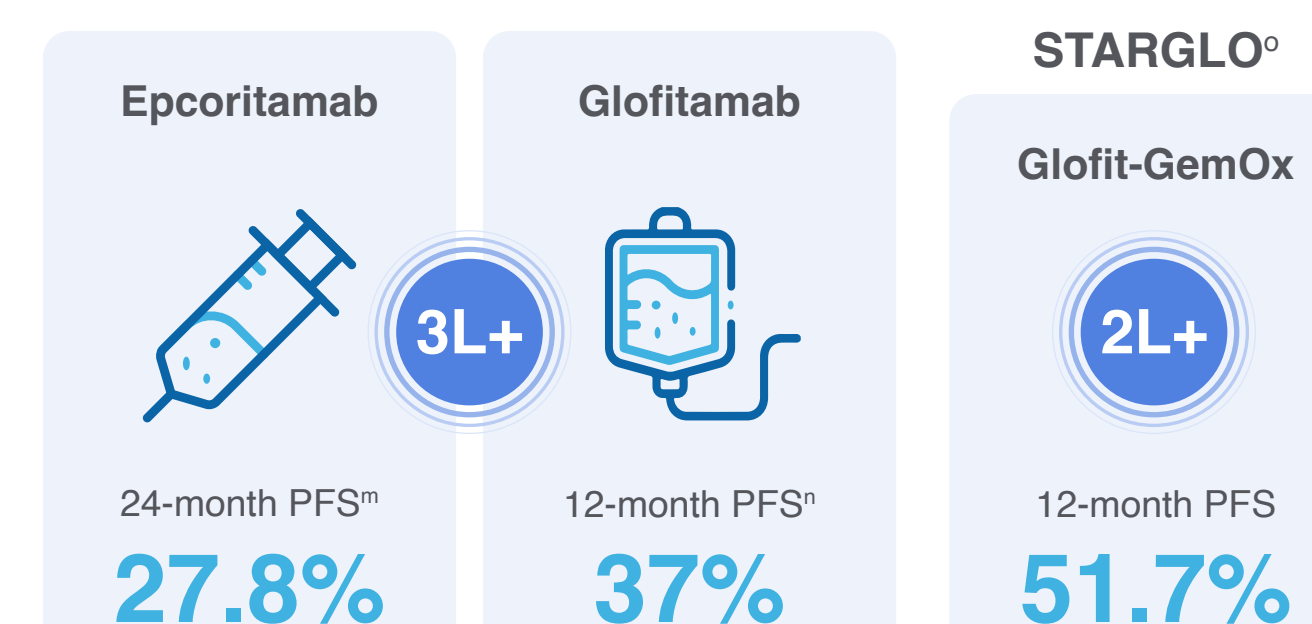
How might we define cure in lymphoma?^r



CAR T-cell therapy has a wealth of data supporting its curative potential in R/R lymphomas



BsAbs may provide an option for salvage therapy post-CAR T, but longer follow-up is needed to assess curative potential¹⁹⁻²¹



CAR T-cell therapy offers curative potential in R/R DLBCL¹⁴⁻¹⁶



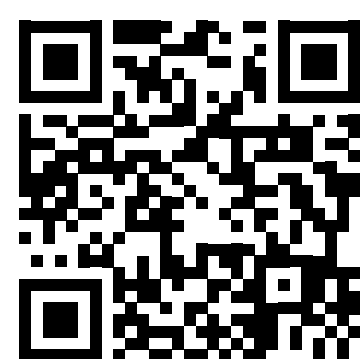
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IS A CURE IN R/R LYMPHOMAS ON THE HORIZON?



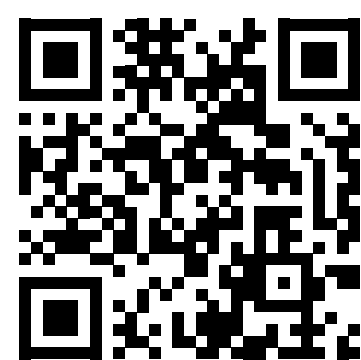
Please access the axicabtagene ciloleucel ▼
prescribing information by clicking the link below
or scanning the QR codes

[UK prescribing information](#)



Please access the brexucabtagene autoleucel ▼
prescribing information by clicking the link below
or scanning the QR codes

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Adverse events should be reported. Healthcare professionals should report any adverse event via their national reporting system. In Great Britain and Northern Ireland, reporting forms and information can be found at www.mhra.gov.uk/yellowcard or via the Yellow Card app. Adverse events should also be reported to Gilead to safety_FC@gilead.com or +44 (0) 1223 897500. For other countries, visit <https://public.gsir.gilead.com/>.



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- ▶ Axicabtagene ciloleucel is indicated for the treatment of adult patients with R/R DLBCL and PMBCL, after two or more lines of systemic therapy
- ▶ Axicabtagene ciloleucel is indicated for the treatment of adult patients with DLBCL and HGBL that relapses within 12 months from completion of, or is refractory to, first-line chemoimmunotherapy
- ▶ Axicabtagene ciloleucel is indicated for the treatment of adult patients with R/R FL after three or more lines of systemic therapy
- ▶ Brexucabtagene autoleucel is indicated for the treatment of adult patients with relapsed or refractory MCL after two or more lines of systemic therapy including a BTK inhibitor
- ▶ Brexucabtagene autoleucel is indicated for the treatment of adult patients 26 years of age and above with relapsed or refractory B-cell precursor ALL
- ▼ This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse reactions.

Footnotes:

^aReal-world analysis of patients with R/R LBCL receiving axi-cel (Apr 2022–Jul 2023; N=446); ^bDESCAR T registry retrospective analysis of patients receiving axi-cel or tisa-cel for R/R LBCL in patients aged ≥75 years (N=125); ^cDESCAR T registry analysis of HIV+ patients receiving axi-cel for BCL (N=24); ^dSingle-centre retrospective real-world analysis of patients receiving 2L axi-cel (N=50) or liso-cel (N=37) for R/R LBCL; ^eAustralian single centre retrospective analysis of adult patients with R/R LBCL receiving either radiotherapy alone or systemic therapy as bridging therapy to axi-cel (N=99); ^fRetrospective analysis of adult patients with R/R LBCL undergoing leukapheresis for axi-cel or tisa-cel (N=375); ^gComparison of CRS- and ICANS-related outcomes for large B-cell lymphoma patients treated with commercial axicabtagene ciloleucel with or without prophylactic dexamethasone (DEX, n=22; No DEX, n=41); ^hZUMA-7 analysis of adult patients with 2L LBCL receiving axi-cel (n=180) or historical SoC (n=179); ⁱZUMA-1 exploratory, long-term survival assessment of axi-cel in patients with R/R LBCL (N=101); ^jZUMA-5 analysis of adult patients with R/R iNHL receiving axi-cel (N=159); ^kZUMA-2 analysis of patients with R/R MCL receiving brexu-cel (Cohort 1: N=68); ^lData for Cohort 1: 2×10⁶ anti-CD19 CAR T cells/kg; ^mEPCORE NHL-1 analysis for patients with R/R LBCL receiving 3L+ epcoritamab (N=128); ⁿNCT03075696 analysis for patients with R/R LBCL receiving 3L+ glofitamab (N=154); ^oSTARGLO analysis for patients with R/R LBCL receiving Glofit-GemOx (n=183) or R-GemOx (n=91); ^pFirst-pass manufacturing success rate: The percentage of axi-cel lots dispositioned for release out of the total first-attempt lots dispositioned (determination of product release or rejection based on evaluation of release criteria), plus those terminated but not withdrawn, in the time period; ^qDelivery success rate: The percentage of axi-cel lots shipped to an authorized treatment center out of the total patients within the time period (excluding lots in process and withdrawn patients); ^rSurvival outcomes across different studies cannot be directly compared due to differences in study design and patient population; ^sThese data are from a retrospective analysis conducted at a single treatment centre (Dana-Farber Cancer Institute) and may not reflect the experience of other centres.

Abbreviations:

2L, second line; 3L, third line; AE, adverse event; BsAb, bispecific antibody; BT, bridging therapy; CAR, chimeric antigen receptor; CIBMTR, Center for International Blood and Marrow Transplant Research; CR, complete response; CRS, cytokine release syndrome; DEX, dexamethasone; EFS, event-free survival; FL, follicular lymphoma; ICANS, immune effector cell-associated neurotoxicity syndrome; ICU, intensive care unit; LBCL, large B-cell lymphoma; MCL, mantle cell lymphoma; NR, no response; OS, overall survival; PFS, progression-free survival; PR, partial response; QoL, quality of life; R/R, relapsed/refractory; RT, radiotherapy; RWE, real-world evidence.

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