Targeted Radioimmunotherapy with Anti-CD45 Iodine (131I) Apamistamab [Iomab-B] in Older Patients with Active, Relapsed or Refractory (R/R) Acute Myeloid Leukemia Results in Successful and Timely Engraftment Not Related to the Radiation Dose Delivered

SIERRA: Study of Iomab-B in Elderly Relapsed/Refractory AML

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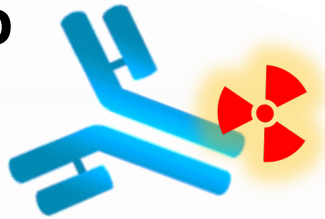
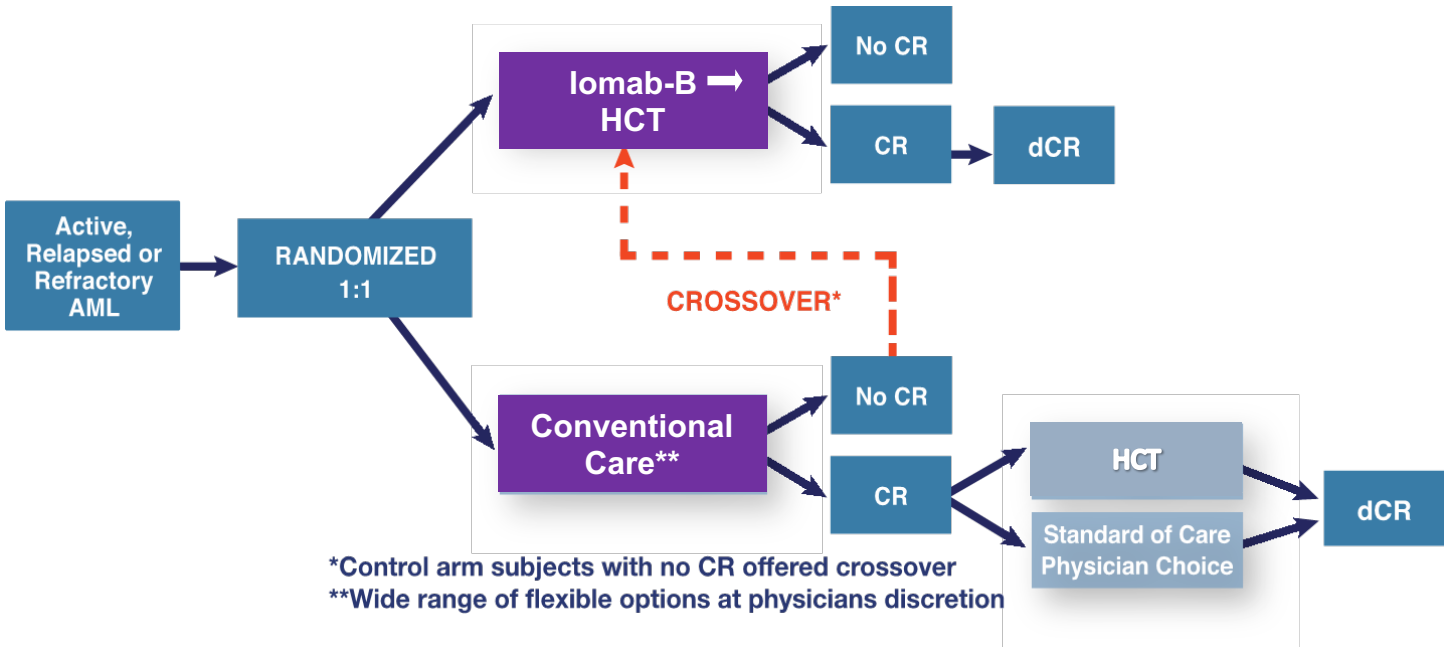
Iomab-B: Iodine (^{131}I) apamistamab



- Radioactive iodine (^{131}I) - labeled anti-CD45 antibody was developed at the Fred Hutchinson Cancer Research Center
- CD45 is expressed on hematopoietic cells, including the majority of malignant myeloid and lymphoid cells
- Patient-specific dosimetry was used to generate individualized therapeutic dose to target marrow and spare non-hematopoietic organs
- Robust safety and long-term efficacy data in 271 patients treated on 9 different phase 1 and 2 clinical trials

SIERRA Phase 3 Trial Design

Accrual Target: N=150



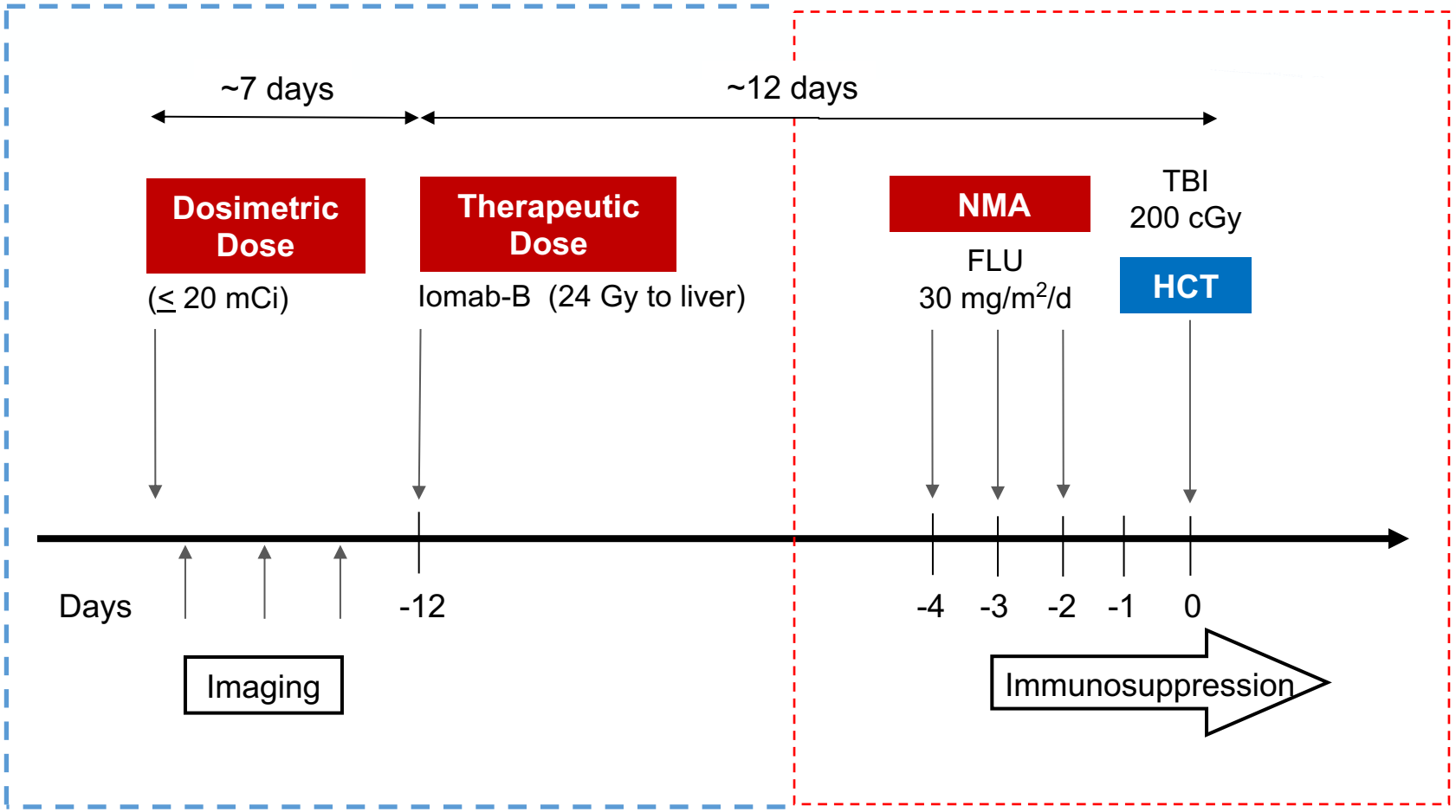
Primary End-point: Durable Complete Remission Rate (dCR): CR/CRp at 6 months post-CR

Secondary End-points Include: 1-year Overall Survival

SIERRA Key Eligibility Criteria

- Marrow blast count ≥ 5% or the presence of peripheral blasts
- ≥ 55 years of age
- Karnofsky score ≥ 70
- Medically cleared related/unrelated donor, matching at HLA-A, HLA-B, HLA-C, and DRB-1 (8/8; allele-level)
- Secondary AML or treatment-related AML are eligible
- **Active, relapsed or refractory AML is defined as:**
  - Primary Induction Failure after 2 or more cycles of therapy that includes either chemotherapy or two or more cycles of venetoclax in combination with HMA or low-dose cytarabine
  - First early relapse after CR1 of < 6 months
  - Relapse refractory to salvage combination chemotherapy
  - Second or subsequent relapse

SIERRA Iomab-B Treatment Schedule



NMA: nonmyeloablative conditioning; FLU: fludarabine; TBI: total body irradiation; HCT: hematopoietic stem cell transplant

Therapeutic dose individualized based on upper limit of 24 Gy liver exposure

Hypotheses and Study Status

- Hypotheses:

  Targeted radiation to the marrow, based on a limit of 24 Gy radiation dose to the liver with Iomab-B enables successful engraftment despite active disease in the marrow

- Preliminary data presented for first 113 (75%) patients

SIERRA Trial: Demographic Highlights of First 113 Patients
75% Enrollment

Patient Characteristics (N=113)		
	Iomab-B Arm (N=56)	**Conventional Care Arm (N=57)**
Age median, (range)	63 (55-77)	65 (55-77)
Cytogenetic and Molecular Risk	Favorable: 4% Intermediate: 35% Adverse: 61%	Favorable: 5% Intermediate: 32% Adverse: 63%
% Marrow Blasts at Randomization median, (range)	**29%** (4-95)	**20%** (5-97)
Disease Status at Randomization N, (%)	Primary Induction Failure: **31** (56) First Early Relapse: **9** (16) Relapse/Refractory: **8** (15) 2nd + Relapse: **7** (13)	Primary Induction Failure: **28** (49) First Early Relapse: **12** (21) Relapse/Refractory: **12** (21) 2nd + Relapse: **5** (8.8)
# Prior Regimens at Randomization median, (range)	**3** (1-7)	**3** (1-6)

Randomized to Conventional Care and Crossed Over to Iomab with HCT (N=30)
65 (55-77)
Favorable: 7% Intermediate: 33% Adverse: 60%
At randomization: 28% (6-87) **At crossover: 22%** (2-75)
Primary Induction Failure: **14** (47) First Early Relapse: **8** (27) Relapse/Refractory: **7** (23) 2nd + Relapse: **1** (3)
3 (1-5)

Randomized to Conventional Care and Received Std HCT (N=10)
FLU + Melphalan: **2**
FLU + Melphalan + TBI: **1**
FLU + Busulfan: **1**
FLU + Cyclophosphamide + TBI: **2**
No Data Available: **4**

SIERRA: Transplant Characteristics

	Iomab-B Arm (N=56)	Conventional Care Arm (N=57)	
	Received Iomab-B/HCT (N=49)	Achieved CR and received standard of care HCT (N=10)	Did not Achieve CR Crossed over to Iomab-B/HCT (N=30/47)
Conditioning Regimen	Iomab-B-based	FLU/MEL (2) FLU/MEL/TBI (1) BU4/FLU (1) CY/FLU/TBI (2) No Data (4)	Iomab-B-based
Total Iomab-B Infused	**646** (354-1027) mCi	N/A	**592** (313-1013) mCi
Dose to Marrow	**14.7** (4.6-32) Gy	N/A	**15.5** (6.3-42) Gy
CD34+ Cells $x10^6$ /Kg	**5.6** (1.8-208)	**5.02** (0.68-9.8)	**5.1** (1.8-16.1)
Graft Source	Marrow: 3, PBSC: 45 Related: 17, Unrelated: 31	Marrow: 2, PBSC: 8 Related: 3, Unrelated: 6, Not reported: 1	Marrow: 2, PBSC: 28 Related: 10, Unrelated: 20

SIERRA: Neutrophil and Platelet Engraftment

	Iomab-B Arm (N=56)	Conventional Care Arm (N=57)	
	Underwent Iomab-B –based Conditioning and HCT (N=49)	**Achieved CR and received standard of care HCT (N=10)**	**Did not Achieve CR (N=47/56) Crossed over, Iomab-B/HCT (N=30)**
Days to HCT (Post Randomization)	**30** (23-60)	**67** (52-104)	**62** (36-100)
Days to Neutrophil Engraftment	**14** (9-22) No Graft Failure	**17** (13-83) 1 Graft Failure	**14** (10-37) No Graft Failure
Days to Platelet Engraftment	**18** (4-39)	**22** (8-35)	**19** (1-38)

SIERRA: Conclusions After 75% Enrollment

- Individualized therapy of Iomab-B provided myeloablative doses of radiation to marrow
- High rates of allogeneic HCT with curative potential in patients with relapsed and refractory AML:
  - 88% of patients on Iomab-B Arm
  - 18% of patients randomized to Conventional Care Arm achieved CR and underwent standard of care allogeneic HCT
  - 79% of all enrolled patients (Iomab-B + CC standard of care HCT + Crossover Iomab-B)
- 100% neutrophil and platelet engraftment rates, despite a heavy leukemia burden prior to transplant in Iomab-B group

Acknowledgements and Currently Active Sites