

Abstract 7504: Activity and tolerability of the first-in-class anti-CD47 antibody Hu5F9-G4 (5F9) with rituximab tolerated in relapsed/refractory non-Hodgkin lymphoma: Initial phase 1b/2 results.

Conclusion: 5F9 + rituximab is a novel immunotherapy that inhibits a key macrophage/cancer checkpoint. It is well tolerated with no MTD reached and has promising clinical activity in rituximab-refractory DLBCL and FL patients including multiple CRs. Phase 2 cohorts are ongoing in indolent lymphoma and DLBCL



May 2018: The U.S. FDA has granted fast track status to Forty Seven's lead candidate Hu5F9-G4 for the treatment of relapsed or refractory diffuse large B-cell lymphoma (DLBCL) and follicular lymphoma



Abstract 7504: Updated safety and long term clinical outcomes in TRANSCEND NHL 001, pivotal trial of lisocabtagene maraleucel (JCAR017) in R/R aggressive NHL.

Conclusion: Lisocabtagene maraleucel (liso-cel; JCAR017) shows durable responses in pts with heavily pretreated R/R DLBCL and trends toward more durable responses at DL2. Observed acute toxicities have been manageable at all DLs tested and long-term safety from the nonpivotal cohort will be reported.

Mar 2018: Celgene Completes Acquisition of Juno Therapeutics; also gains full global rights to JCAR017 (CD-19 targeted CAR T therapy). an expected Growth Driver From 2020 and Beyond with Potential Global Peak Sales of Approximately \$3B



Abstract 7500: RELEVANCE: Phase III randomized study of lenalidomide plus rituximab (R2) versus chemotherapy plus rituximab, followed by rituximab maintenance, in patients with previously untreated follicular lymphoma.

Conclusion: In the first randomized phase III comparison of a chemo-free regimen vs standard R-chemo followed by rituximab maintenance in previously untreated FL, R2 showed similar efficacy and a different safety profile to R-chemo



Abstract 7511: The dual SYK/JAK inhibitor cerdulatinib demonstrates rapid tumor responses in a phase 2 study in patients with relapsed/refractory B- and T-cell non-Hodgkin lymphoma (NHL).

Conclusion: The cerdulatinib phase 2 dose of 30 mg BID demonstrates good tolerability and efficacy in heavily pre-treated r/r B and T cell NHL.



Cerdulatinib is an investigational oral, dual SYK/JAK kinase inhibitor that uniquely inhibits two key cell signaling pathways that promote cancer cell growth in certain hematologic malignancies. It is being developed for the treatment of resistant or relapsed hematologic cancer.



Abstract 10500: COG AALL0434: A randomized trial testing nelarabine in newly diagnosed t-cell malignancy.

Conclusion: COG AALL0434 is the largest trial ever conducted for newly diagnosed T-ALL and T-LL, and showed outstanding overall outcomes. Nelarabine improves DFS for children and young adults with T-ALL and should become a new standard of care for this population.

Nelarabine was approved by the FDA in 2005 for the treatment of patients with T-ALL and T-cell lymphoblastic lymphoma (T-LL) that progressed after at least 2 chemotherapy regimens.



Abstract 7515: Two years rituximab maintenance vs. observation after first line treatment with bendamustine plus rituximab (B-R) in patients with marginal zone lymphoma (MZL): Results of a prospective, randomized, multicenter phase 2 study (the StiL NHL7-2008 MAINTAIN trial).

Conclusion: Results demonstrate a statistically significant PFS improvement of 2 years of rituximab maintenance vs. observation after of bendamustine + rituximab (B-R) induction in patients with marginal zone lymphoma.