LOTIS
Clinical Trial Program

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THERAPEUTICS

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Loncastuximab Tesirine (Lonca) Clinical Development

LOTIS

LOTIS-1	NCT02669017 COMPLETED	[402-101] - A Phase 1 Dose-Escalation Study to Evaluate the Tolerability, Safety, Pharmacokinetics, and Antitumor Activity of ADCT-402 in Patients With Relapsed or Refractory B-cell Lineage Non-Hodgkin Lymphoma (B-NHL)
LOTIS-2	NCT03589469 COMPLETED	[402-201] - A Phase 2 Open-Label Single-Arm Study to Evaluate the Efficacy and Safety of Loncastuximab Tesirine in Patients With Relapsed or Refractory Diffuse Large B-Cell Lymphoma (DLBCL)
LOTIS-5	NCT04384484 ACTIVE, NOT RECRUITING	[402-311] - A Phase 3 Randomized Study of Loncastuximab Tesirine Combined With Rituximab Versus Immunochemotherapy in Patients With Relapsed or Refractory Diffuse Large B-Cell Lymphoma (DLBCL)
LOTIS-7	NCT04970901 RECRUITING	[402-105] - A Phase 1b, open-label study to evaluate the safety and efficacy of loncastuximab tesirine-lpyl in combination in combination with the bispecific antibody glofitamab (COLUMVI®) in patients with relapsed or refractory B-cell lineage non-Hodgkin Lymphoma (B-NHL)
LOTIS-10	NCT05660395 RECRUITING	[402-107] - A Phase 1b Open-Label Study to Evaluate the Pharmacokinetics and Safety of Loncastuximab Tesirine in Patients With Relapsed or Refractory Diffuse Large B-cell Lymphoma or High-grade B-cell Lymphoma With Hepatic Impairment

Abbreviations: LOTIS, **LO**ncastuximab **T**esirine Clin**I**cal As**S**essment.

Lonca (ADCT-402) Targeting CD19

CD19 Target

- CD19 expression is restricted to the various stages of B-cell development and its expression is maintained in most B-cell malignancies, including NHLs[1]
- Due to its widespread expression, CD19 is an attractive therapeutic target, and several antibody-based therapies are in clinical development, including monoclonal antibodies, ADCs, and CAR–T-cell therapy[1,2]

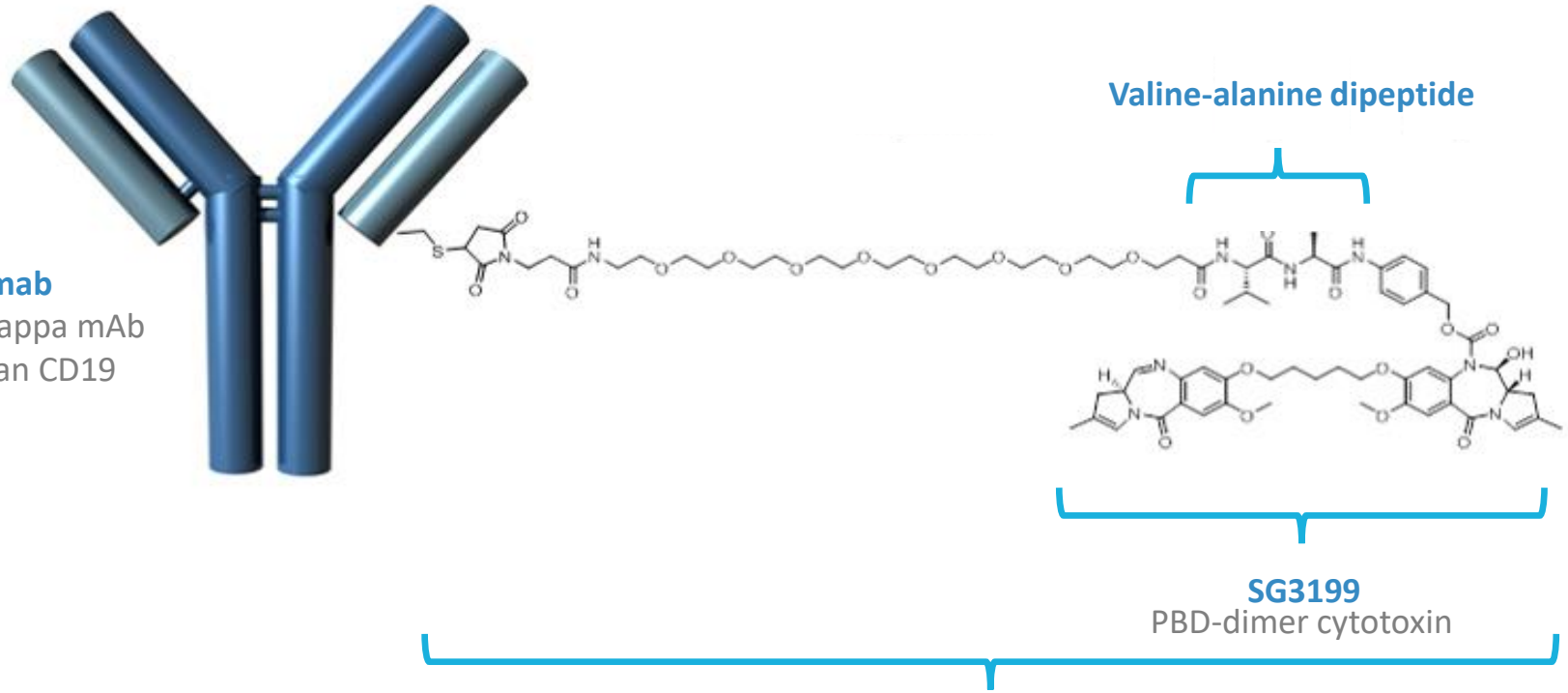
Rationale for Lonca

- Lonca is a novel, humanized, CD19-targeted ADC delivering SG3199, a highly cytotoxic DNA minor groove interstrand crosslinking pyrrolobenzodiazepine (PBD) dimer [1,3]
- Lonca has shown highly targeted in vitro cytotoxicity in CD19-expressing human cell lines[1]
- In vivo, single doses of Lonca resulted in highly potent, dose-dependent antitumor activity[1]
- Taken together, these data were used to support the clinical testing of Lonca in patients with CD19-expressing B-cell malignancies[1]

Abbreviations: ADC, antibody drug conjugate; CAR, chimeric antigen receptor; NHL, non-Hodgkin lymphoma.

1. Zammarchi F, et al. *Blood.* 2018;131(10):1094-1105. 2. Jabbour E. *Blood*. 2015;125(26):4010-4016. 3. Hamadani M, et al. *Blood.* 2021;137(19):2634-2645.

Molecular Structure of Lonca[1,2]



Loncastuximab
Humanized IgG1 kappa mAb specific for human CD19

SG3199
PBD-dimer cytotoxin

Tesirine/SG3249
PBD linker comprising the PBD dimer SG3199 and all linker components (stochastic conjugation)
[n, where n ~ 2.3 SG3249 per mAb]

Abbreviations: Ig, immunoglobulin; mAb, monoclonal antibody; PBD, pyrrolobenzodiazepine.

1. Zynlonta (loncastuximab tesirine-lpyl) prescribing information. Murray Hill, NJ; ADC Therapeutics; October 2022. 2. Adapted from Zammarchi F, et al. *Blood.* 2018;131(10):1094-1105.

LOTIS-5

A Phase 3 Randomized Study of Loncastuximab Tesirine Combined With Rituximab Versus Immunochemotherapy in Patients With Relapsed or Refractory Diffuse Large B-Cell Lymphoma (DLBCL)

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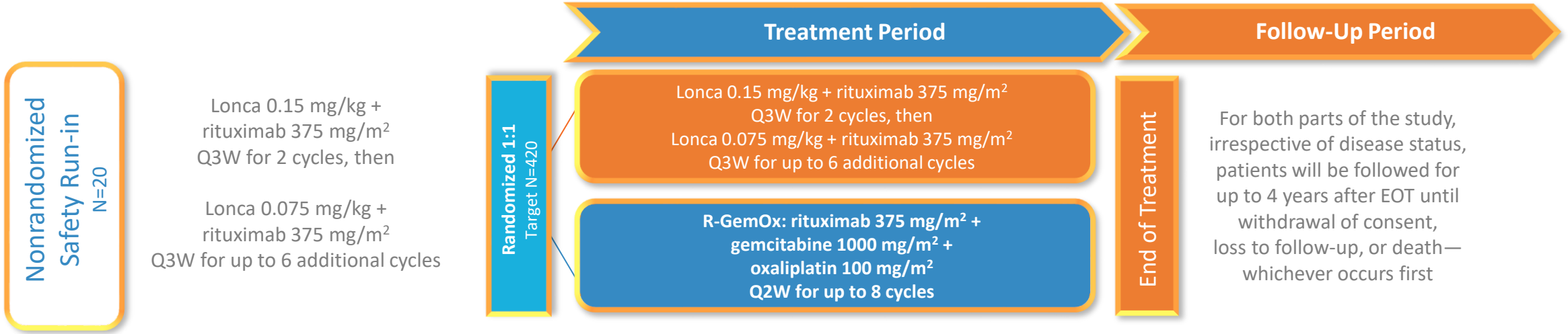
LOTIS-5 Trial Design

Phase 3 trial of Lonca in combination with rituximab[1,2]



PRIMARY ENDPOINTS

- PFS[a] by independent central review

SECONDARY ENDPOINTS

- OS, ORR, CRR, DOR
- Frequency and severity of AEs and laboratory parameters
- PK parameters, for Lonca total Ab, PBD-conjugated Ab, and free SG3199
- ADA titers to Lonca
- Changes in PROs from baseline

KEY INCLUSION/EXCLUSION CRITERIA

- Adults with a pathologic diagnosis of R/R DLBCL (including DLBCL transformed from indolent lymphoma) or HGBCL, with *MYC* and *BCL2* and/or *BCL6* rearrangements
- R/R disease following ≥1 multi-agent systemic treatment regimen
- Measurable disease (2014 Lugano classification)
- Not a candidate for SCT based on performance status, advanced age, and/or significant medical comorbidities (as considered by the investigator)
- If patient had received previous CD19 directed therapy, biopsy proven CD19 expression required
- ECOG performance status of 0-2
- Excludes previous treatment with Lonca or R-GemOx

[a]Defined as time between randomization and the first documentation of recurrence or progression, or death from any cause.

Abbreviations: Ab, antibody; ADA, antidrug antibody; CRR, complete response rate; DOR, duration of response; ECOG, Eastern Cooperative Oncology Group; EOT, end of treatment; PK, pharmacokinetics; ORR, overall response rate; OS, overall survival; PBD, pyrrolobenzodiazepine; PRO, patient reported outcome; Q2W, every 2 weeks; Q3W, every 3 weeks; SCT, stem cell transplant; R-GemOx, rituximab + gemcitabine + oxaliplatin.

1. Carlo-Stella C, et al. Updated Safety Run-in Results From LOTIS-5: A Phase 3, Randomized Trial of Loncastuximab Tesirine With Rituximab Versus Immunochemotherapy in Patients With R/R DLBCL/HGBL. Poster presented at the European Hematology Association 30th Annual Congress (EHA 2025). June 12-15, 2025. Milan, Italy.
2. ADCT Therapeutics SA. Study to evaluate loncastuximab tesirine with rituximab versus immunochemotherapy in participants with relapsed or refractory diffuse large B-cell lymphoma (LOTIS 5). ClinicalTrials.gov registration number: NCT04384484. Updated May 30, 2025. Accessed June 2, 2025. https://clinicaltrials.gov/ct2/show/NCT04384484.

LOTIS-5 Safety Run-in: Baseline Patient Characteristics[1]

- The median age of the 20 patients in the safety run-in was 74.5 years (range, 35-93)
- In the safety run-in, as of the October 4, 2024, data cutoff date:
  - Patients received a median of 1 previous therapy (range, 1-7)
  - The median number of Lonca-R cycles administered was 5 (range, 1-8)
  - The median duration of follow-up was 37.2 months (range, 34.1-41.5)
  - Seven (35%) patients completed up to 8 cycles of treatment
  - Four (20%) patients withdrew from treatment due to adverse events

Baseline characteristics	N=20
Sex, female, n (%)	11 (55)
Median (range) age, years	74.5 (35-93)
Race, white, n (%)	20 (100)
ECOG score, n (%)	
Grade 0	6 (30)
Grade 1	10 (50)
Grade 2	4 (20)
Disease stage (Lugano criteria), n (%)	
Stage I	1 (5)
Stage II	7 (35)
Stage III	5 (25)
Stage IV	7 (35)
Histology, n (%)	
DLBCL, NOS	18 (90)
HGBCL, with *MYC* and *BCL2* and/or *BCL6* rearrangements	2 (10)
Prior stem cell transplant, n (%)	1 (5)
Median (range) number of prior therapy	1 (1-7)
≥2 prior therapies, n (%)	1 (5)
First line prior systemic response, n (%)[2]	
Relapsed	18 (90)
Refractory	2 (10)
Response to last prior therapy, n (%)	
Relapsed	9 (45)
Refractory	11 (55)

Abbreviations: DLBCL, diffuse large B-cell lymphoma; ECOG, Eastern Cooperative Oncology Group; HGBCL, high-grade B-cell lymphoma; Lonca-R, loncastuximab tesirine with rituximab; NOS, not otherwise specified.

1. Carlo-Stella C, et al. Updated Safety Run-in Results From LOTIS-5: A Phase 3, Randomized Trial of Loncastuximab Tesirine With Rituximab Versus Immunochemotherapy in Patients With R/R DLBCL/HGBL. Poster presented at the European Hematology Association 30th Annual Congress (EHA 2025). June 12-15, 2025. Milan, Italy. 2. Kwiatek M, et al. Updated Results of the Safety Run-In of the Phase 3 LOTIS-5 Trial: Novel Combination of Loncastuximab Tesirine With Rituximab (Lonca-R) Versus Immunochemotherapy in Patients With R/R DLBCL. Poster presented at the Eleventh Annual Meeting of the Society of Hematologic Oncology (SOHO 2023). September 6-9, 2023. Houston, TX, USA.

LOTIS-5 Safety Run-in: Safety Results[1,a]

- All patients had ≥1 TEAE, and 11 (55%) patients had grade ≥3 TEAEs
- The most common grade ≥3 TEAEs occurring in ≥20% of patients were increased GGT and neutropenia
- Serious AEs were observed in 9 (45%) patients, the most common of which was infection (6 [30%])
- During the study 9 (45%) deaths occurred (disease progression, 5 [25%]; COVID-19 infection, 2 [10%]; pancreatic neoplasia, 1 [5%]; liver failure, 1 [5%])
- In the exploratory outcomes, no pre- or postdose ADA positivity was observed

Safety endpoints, n (%)	N=20
All TEAEs	20 (100)
Grade ≥3 TEAEs[b]	11 (55)
Increased GGT	5 (25)
Neutropenia	4 (20)
COVID-19/COVID-19 pneumonia	3 (15)
Serious AEs	9 (45)
Infection	6 (30)
Hyponatremia	1 (5)
Anaphylactic shock	1 (5)
Pleural effusion	1 (5)
Malaise	1 (5)
Neurological decompensation	1 (5)
TEAEs leading to any study drug withdrawal	8 (40)

Lonca-R demonstrated no new safety signals in patients with R/R DLBCL in the updated nonrandomized safety run-in period (part 1)

[a]October 4, 2024, data cutoff. [b]Listed are the most common (≥15%) grade ≥3 TEAEs.

Abbreviations: ADA, antidrug antibody; AE, adverse event; COVID-19, coronavirus 2019; DLBCL, diffuse large B-cell lymphoma; GGT, gamma-glutamyltransferase; Lonca-R, loncastuximab tesirine with rituximab; R/R, relapsed or refractory; TEAE, treatment-emergent adverse event.

1. Carlo-Stella C, et al. Updated Safety Run-in Results From LOTIS-5: A Phase 3, Randomized Trial of Loncastuximab Tesirine With Rituximab Versus Immunochemotherapy in Patients With R/R DLBCL/HGBL. Poster presented at the European Hematology Association 30th Annual Congress (EHA 2025). June 12-15, 2025. Milan, Italy.

LOTIS-5 Safety Run-in: Efficacy Results[1,a]

- The ORR by central review was 80% (16/20)
- A total of 50% (10/20) and 30% (6/20) patients attained CR and PR, respectively
- The median DOR was 8.0 months (95% CI, 3.2-NE)
- The median PFS was 8.3 months (95% CI, 4.5-NE)
- Response was sustained beyond EOT and last assessment in 5 patients; 1 went to SCT and 4 maintained CR for more than 28.5 months beyond EOT

Efficacy outcomes in safety run-in population (N=20)	
ORR (95% CI), %	80.0 (56.3, 94.3)
CR rate (95% CI), %	50.0 (27.2-72.8)
Median DOR (95% CI), months	8.0 (3.2-NE)
Median PFS (95% CI), months	8.3 (4.5, NE)
Efficacy outcomes in responders (n=16)	
Median DOR (95% CI), months	8.0 (3.19-NE)
Events (%), n	5 (31.3)
Efficacy outcomes in complete responders (n=10)	
Median DOR (95% CI), months	NE (3.19-NE)
Events (%), n	3 (30.0)
MRD results in patients with ctDNA measurements (n=8)	
CR and MRD negative (%), n	4 (50.0)
MRD negative at end of treatment (%), n	4 (50.0)

[a]October 4, 2024, data cutoff.

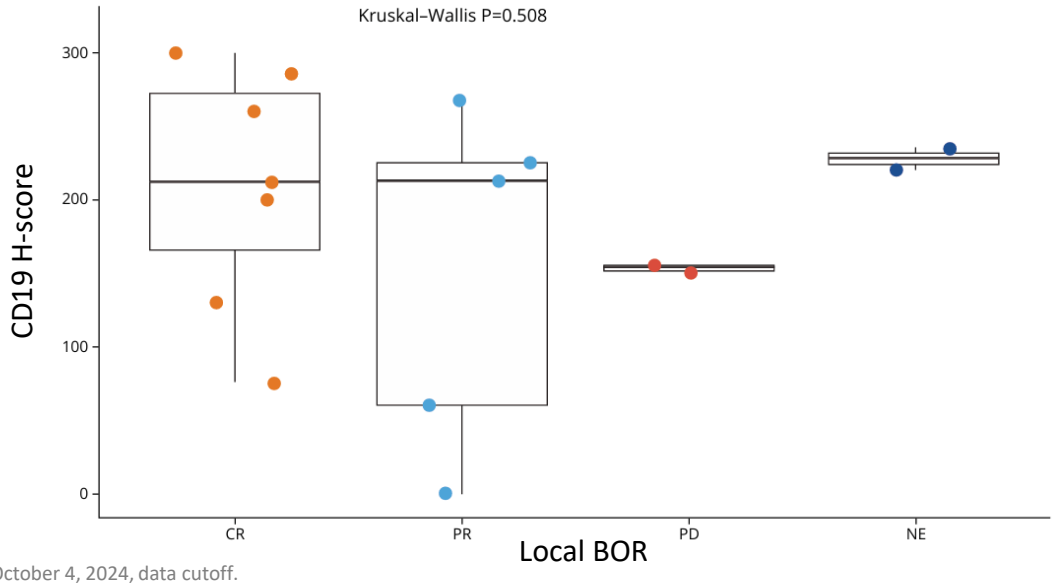
Abbreviations: CR, complete response; ctDNA, circulating tumor DNA; DOR, duration of response; EOT, end of therapy; MRD, minimal residual disease; NE, not estimable; ORR, overall response rate; PFS, progression-free survival; PR, partial response; SCT, stem cell transplant.

1. Carlo-Stella C, et al. Updated Safety Run-in Results From LOTIS-5: A Phase 3, Randomized Trial of Loncastuximab Tesirine With Rituximab Versus Immunochemotherapy in Patients With R/R DLBCL/HGBL. Poster presented at the European Hematology Association 30th Annual Congress (EHA 2025). June 12-15, 2025. Milan, Italy.

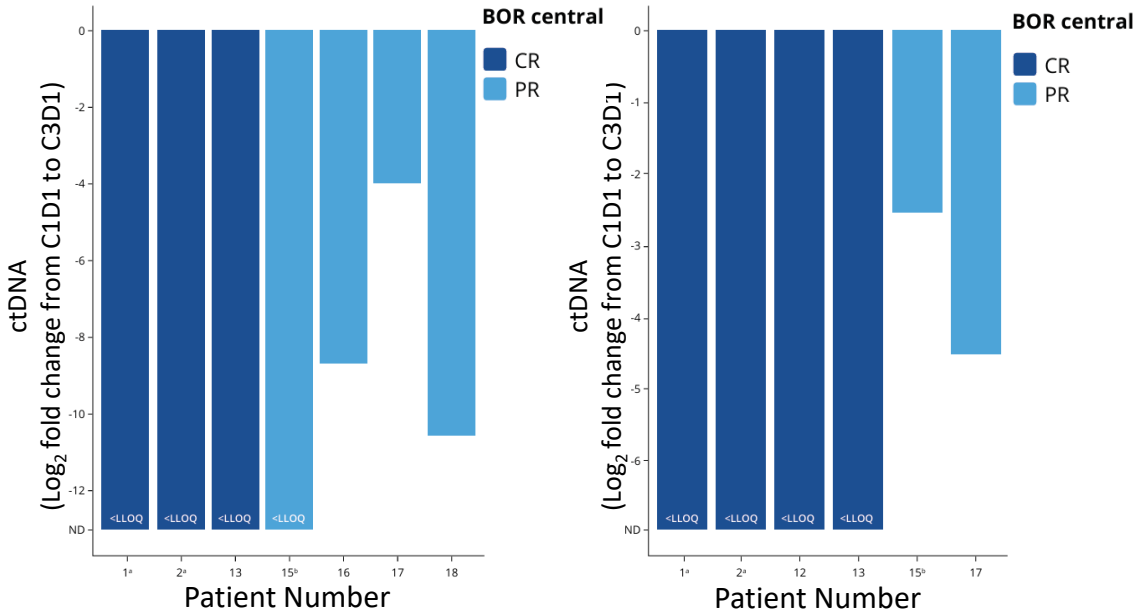
LOTIS-5 Safety Run-in: Biomarker Results[1,a]

- Of the 16 tumors examined for CD19 IHC expression, 12 had H-scores ≥150, indicating high CD19 expression. No correlation was observed between CD19 H-score and BOR/PFS, suggesting that CD19 IHC expression is not predictive of response to Lonca-R
- In the 8 patients with ctDNA measurements, 7 (3 CR/4 PR) had ctDNA results at baseline and C3D1
  - ctDNA decrease from baseline was noted at C3D1 in all 7 patients
  - All 3 CR patients reached MRD negativity at C3D1
  - Of the 4 patients with undetectable ctDNA levels at EOT, 3 reached MRD negativity by C3D1
- Of the 4 patients with CR with the longest DOR that are still ongoing, 2 patients had evaluable ctDNA measurements and both were MRD negative at C3D1

Baseline tumor CD19-positive H-score by response to Lonca-R assessed by independent review



Change in ctDNA from C1D1 to (A) C3D1 and (B) EOT



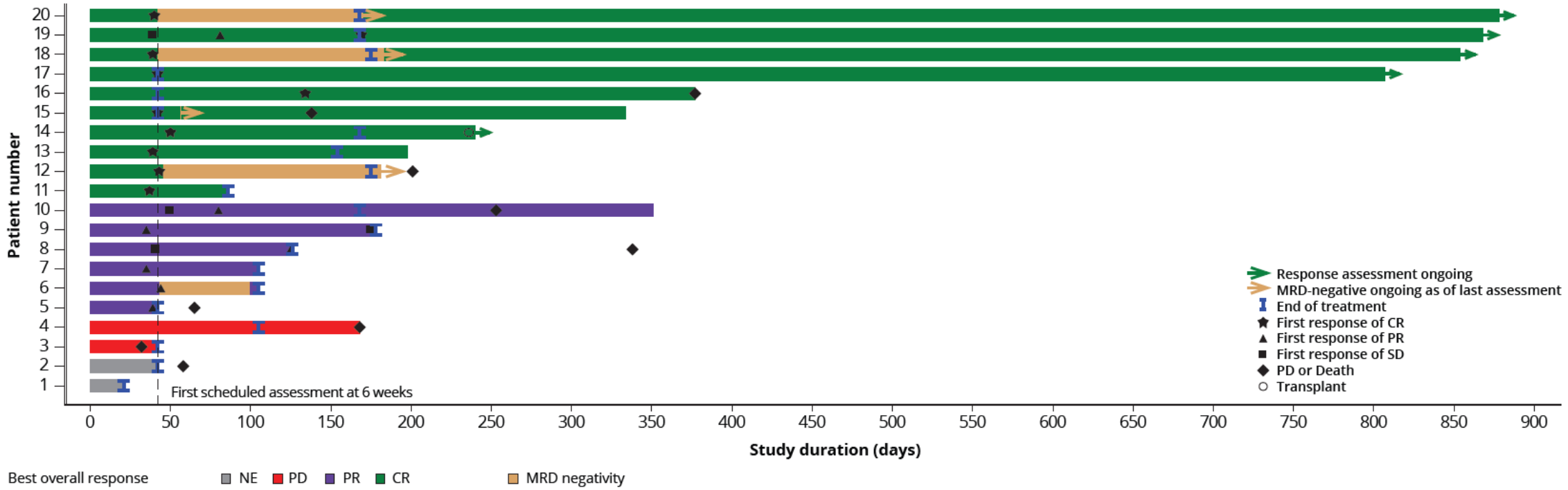
[a]October 4, 2024, data cutoff.

Abbreviations: BOR, best overall response; CR, complete response; ctDNA, circulating tumor DNA; CxDx, cycle x, day x; C3D1, cycle 3, day 1; DOR, duration of response; EOT, end of therapy; IHC, immunohistochemistry; Lonca-R, loncastuximab tesirine with rituximab; MRD, minimal residual disease; NE, not estimable; ORR, overall response rate; PFS, progression-free survival; PR, partial response.

1. Carlo-Stella C, et al. Updated Safety Run-in Results From LOTIS-5: A Phase 3, Randomized Trial of Loncastuximab Tesirine With Rituximab Versus Immunochemotherapy in Patients With R/R DLBCL/HGBL. Poster presented at the European Hematology Association 30th Annual Congress (EHA 2025). June 12-15, 2025. Milan, Italy.

LOTIS-5 Safety Run-in: Efficacy Results[1,a] (continued)

Swimmer plot of safety run-in population (N=20)



- Lonca-R showed encouraging antitumor activity, with early signs of durable response in patients with R/R DLBCL or HGBL in the updated nonrandomized safety run-in period (part 1)
- The randomized part 2 of LOTIS-5 is ongoing, with enrollment completed

[a]October 4, 2024, data cutoff.

Each bar represents one patient in the study and reflects the full duration of treatment until treatment discontinuation. For patients 10 and 15, treatment continued post-PD. Response is determined by independent reviewer.

Abbreviations: CR, complete response; DLBCL, diffuse large B-cell lymphoma; HGBL, high-grade B-cell lymphoma; Lonca-R, loncastuximab tesirine with rituximab; MRD, minimal residual disease; NE, not estimable; PD, progressive diseade; PR, partial response; R/R, relapsed or refractory.

1. Carlo-Stella C, et al. Updated Safety Run-in Results From LOTIS-5: A Phase 3, Randomized Trial of Loncastuximab Tesirine With Rituximab Versus Immunochemotherapy in Patients With R/R DLBCL/HGBL. Poster presented at the European Hematology Association 30th Annual Congress (EHA 2025). June 12-15, 2025. Milan, Italy.

LOTIS-7

A Phase 1b, open-label study to evaluate the safety and efficacy of loncastuximab tesirine-lpyl in combination in combination with the bispecific antibody glofitamab (COLUMVI®) in patients with relapsed or refractory B-cell lineage non-Hodgkin Lymphoma (B-NHL).

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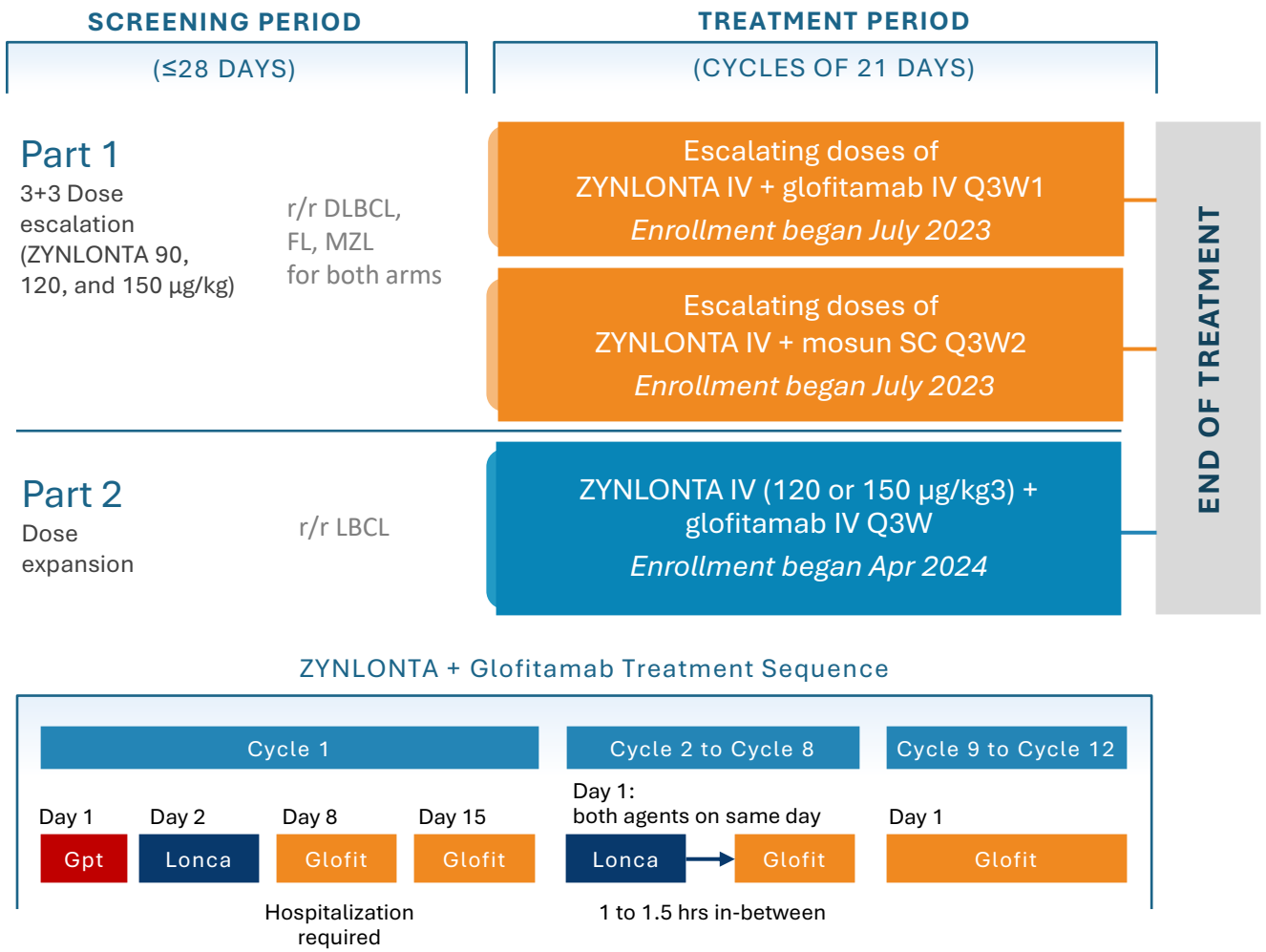
LOTIS-7: Phase 1b Trial of ZYNLONTA in Combination with Glofitamab



Study Population

- Relapsed or Refractory B-NHL patients, ECOG PS 0 – 2, and have received:
  - Part 1: ≥2 systemic treatment regimens
  - Part 2: ≥1 systemic treatment regimens
- Prior autologous SCT or CAR-T (>100 days) is allowed
- Measurable disease per 2014 Lugano Classification and based on investigator assessment
- Excludes patients with clinically significant 3rd space fluid accumulation

Endpoints

- Primary: Safety and tolerability; MTD and/or RD
- Secondary:
  - Efficacy: ORR, DOR, CRR, PFS, RFS, OS
  - Pharmacokinetics and Immunogenicity

Trial Status

- Dose escalation complete with no DLTs
- Dose expansion ongoing in ZYNLONTA (150 µg/kg) + glofitamab with target of ~100 patients to be enrolled in 1H2026

Obinutuzumab pretreatment 1000mg on C1D1; ZYNLONTA administered on C1D2; administration of 1st and 2nd step-up dose(s) of IV glofitamab (2.5mg on C1D8 & 10mg on C1D15); ZYNLONTA plus glofitamab 30mg on C2D1 and beyond (reduce ZYNLONTA to 75 ug/kg at C3 if starting dose is 120 ug/kg or higher)

ZYNLONTA plus subcutaneous mosunetuzumab 1st step-up dose of 5 mg on C1D1, followed by mosunetuzumab 2nd step-up & target dose of 45 mg for C1D8 & C1D15; ZYNLONTA plus 45mg of subcutaneous mosunetuzumab on C2D1 and beyond (reduce ZYNLONTA to 75 µg/kg at C3 if starting dose is 120 ug/kg or higher)

ZYNLONTA dose reduced to 75 µg/kg at C3

LOTIS-7 Clinical Trial: Initial Safety and Efficacy Results

As of data cutoff of Nov 17, 2025 for all 49 efficacy evaluable 2L+ LBCL patients with a minimum of 6 months follow-up from treatment initiation at 120 and 150 µg/kg

Initial data suggest combination of ZYNLONTA + glofitamab has a manageable safety profile in 2L+ LBCL

Safety data show the combination is generally well tolerated with a manageable safety profile

- TEAEs of Grade 3 or higher occurring in > 5% of patients included neutropenia (32.7%), GGT increased (16.3%), anemia (10.2%), WBC decreased (8.2%), generalized oedema (8.2%), ALT increased (8.2%), AST increased (6.1%), and thrombocytopenia (6.1%)
- Grade 5 AEs occurred in 2 (4.1%) patients[1]; one was treatment-related per the investigator
- CRS of all grades was 25.0% at selected 150 µg/kg dose and 52.4% at 120 µg/kg dose; all but one were low grade*
- ICANS was 4.1% across dose levels, with only Grade 1/2*

Early efficacy data supports the combination of ZYNLONTA + glofitamab in 2L+ LBCL

Best overall response rate (ORR) was 89.8% (44/49 patients) as assessed by Lugano criteria and based on investigator assessment

- Complete response (CR) rate was 77.6% (38/49 patients)
  - Of these, 33/38 patients achieving CR remain in CR as of the data cut-off
- 14 patients converted from SD (1) or PR (13) to CR over time
- Of the 8 patients previously treated with CAR-T, 6 achieved a CR

Note: efficacy evaluable defined as met all eligibility criteria, received ≥1 dose of treatment at the ZYNLONTA 120 µg/kg, or 150 µg/kg starting doses and ≥1 post baseline disease assessment
Data cutoff: 17 Nov 25 Data extracted from live clinical database as reported by investigators. Data is subject to change.
[1] One Grade 5 non-treatment related AE of sepsis due to gastric ulcer; One Grade 5 treatment related AE of generalized oedema >105 days after last dose of study treatment; patient completed 8 cycles of ZYNLONTA and discontinued glofitamab after 11 cycles
ORR, overall response rate; CR, complete response; SD, stable disease; PR, partial response; TEAE, treatment emergent adverse event; CRS, cytokine release syndrome; ICANS, Immune Effector Cell-Associated Neurotoxicity Syndrome.
** Based on American Society for Transplantation and Cellular Therapy (ASTCT) guidelines*

LOTIS-7 Phase 1b Trial: Baseline Patient Characteristics

r/r Large B-Cell Lymphoma Efficacy Evaluable Population (N=49) as of data cutoff of Nov 17, 2025

	120 µg/kg N=21	150 µg/kg N=28	N=49
Median age [years (range)]	70 (50-82)	71 (26-85)	70 (26-85)
Male	12 (57.1%)	17 (60.7%)	29 (59.2%)
ECOG Performance Status			
0	9 (42.9%)	19 (67.9%)	28 (57.1%)
1	11 (52.4%)	8 (28.6%)	19 (38.8%)
2	1 (4.8%)	1 (3.6%)	2 (4.1%)
Large B-Cell Lymphoma Histology			
de novo DLBCL	14 (66.7%)	21 (75%)	35 (71.4%)
trFL	2 (9.5%	5 (17.9%)	7 (14.5%)
HGBCL	4 (19%)	2 (7.1%)	6 (12.2%)
FL Grade 3b	1 (4.8%)	0	1 (2.0%)
DLBCL Subtype			
GCB	11 (52.4%)	14 (50.0%)	25 (51.0%)
non-GCB	5 (23.8%)	11 (39.3%)	16 (32.7%)
Double/Triple hit	3 (14.3%)	5 (17.9%)	8 (16.3)

	120 µg/kg N=21	150 µg/kg N=28	N=49
IPI Score			
0/1/2	10 (47.7%)	14 (50.0%)	24 (49.0%)
3/4/5	11 (52.4%)	14 (50.0%)	25 (51.0%)
LDH Level High	11 (52.4%)	16 (57.1%)	27 (55.1%)
Ann Arbor Stage			
I/II	3 (14.3%)	4 (14.3%)	7 (14.3%)
III/IV	18 (85.7%)	24 (85.7%)	42 (85.7%)
Bulky Disease (≥10 cm)	1 (4.8%)	1 (3.6%)	2 (4.1%)
Median prior lines of therapy (range)	1 (1,3)	1 (1,5)	1 (1,5)
Number of prior lines of therapy			
1	13 (61.0%)	17 (60.7%)	30 (61.2%)
≥2	8 (38.1%)	11 (39.3%)	19 (38.8%)
Prior Stem Cell Transplant	2 (9.5%)	1 (3.6%)	3 (6.1)
Prior CAR-T Therapy	4 (19%)	4 (14.3%)	8 (16.3%)
Refractory to primary therapy	7 (33.3%)	18 (64.3%)	25 (51.0%)
Refractory to last prior therapy	7 (33.3%)	18 (64.3%)	25 (51.0%)

LBCL = large B-cell lymphoma, DLBCL= diffuse large B-cell lymphoma, HGBCL= high grade B-cell lymphoma, NOS = not otherwise specified, trFL= transformed follicular lymphoma, GCB, germinal center B-cell
Data cutoff: 17Nov2025 Note: Data extracted from live clinical database as reported by investigators. Data is subject to change.

LOTIS-7 Phase 1b Trial: Safety Summary

r/r Large B-Cell Lymphoma Efficacy Evaluable Population (N=49) as of data cutoff of Nov 17, 2025

	120 µg/kg n=21	150 µg/kg n=28	All n = 49
Grade 3/4 TEAEs (≥ 5% of patients)[a]	**18 (85.7%)**	**21 (75.0%)**	**39 (79.6%)**
Neutropenia	7 (33.3%)	9 (32.1%)	16 (32.7%)
GGT increase	2 (9.5%)	6 (21.4%)	8 (16.3%)
Anemia	2 (9.5%)	3 (10.7%)	5 (10.2%)
AST increased	2 (9.5%)	1 (3.6%)	3 (6.1%)
ALT Increased	2 (9.5%)	2 (7.1%)	4 (8.2%)
Generalized Oedema	3 (14.3%)	1 (3.6%)	4 (8.2%)
WBC Decreased	3 (14.3%)	1 (3.6%)	4 (8.2%)
Thrombocytopenia	2 (9.5%)	1 (3.6%)	3 (6.1%)
Grade 5 AE (all patients)	**1 (4.8%)**	**1 (3.6%)**	**2 (4.1%)**
Serious TEAE (all patients)	**14 (66.7%)**	**13 (46.4%)**	**27 (55.1%)**
Grade 3/4 AESI (all patients)[a, b]	**16 (76.2%)**	**19 (67.9%)**	**35 (71.4%)**
Neutropenia	7 (33.3%)	9 (32.1%)	16 (32.7%)
Febrile neutropenia	0	2 (7.1%)	2 (4.1%)
Infections	4 (19.0%)	5 (17.9%)	9 (18.4%)
Sepsis	1 (4.8%)	1 (3.6%)	2 (4.1%)
Anemia	2 (9.5%)	3 (10.7%)	5 (10.2%)
Thrombocytopenia	2 (9.5%)	1 (3.6%)	3 (6.1%)
GGT increase	2 (9.5%)	6 (21.4%)	8 (16.3%)
AST Increased	2 (9.5%)	1 (3.6%)	3 (6.1%)
ALT Increased	2 (9.5%)	2 (7.1%)	4 (8.2%)
Oedema and Effusion	4 (19.0%)	2 (7.1%)	6 (12.2%)
Generalized Oedema	3 (14.3%)	1 (3.6%)	4 (8.2%)
Pericardial Effusion	1 (4.8%)	1 (3.6%)	2 (4.1%)
Rash	1 (4.8%)	1 (3.6%)	2 (4.1%)
Photosensitivity reaction	0	1 (3.6%)	1 (2.0%)

[a]As per Investigator reported adverse events; [b] AESI list from ZYNLONTA investigator brochure TEAE = treatment emergent adverse event; AESI = adverse event of special interest

Data cutoff: 17 Nov 2025. Data extracted from live clinical database as reported by investigators. Data is subject to change.

LOTIS-7 Phase 1b Trial: Safety Summary

r/r Large B-Cell Lymphoma Efficacy Evaluable Population (N=49) as of data cutoff of Nov 17, 2025

Patients with TEAEs leading to study drug discontinuation[a]	120 µg/kg n=21	150 µg/kg n=28	All n = 49
TEAE leading to ZYNLONTA and glofitamab discontinuation	**0**	**3 (10.7%)**	**3 (6.1%)**
Tumor Flare	0	1(3.6%)	1(2.0%)
CMV Colitis	0	1 (3.6%)	1(2.0%)
Sepsis due to gastric ulcer[b]	0	1 (3.6%)	1 (2.0%)
TEAE leading to ZYNLONTA discontinuation only	**2 (9.5%)**	**4 (14.3%)**	**6 (12.2%)**
Pericardial effusion	1 (4.8%)	0	1(2.0%)
Pleural Effusion, Oedema of lower extremities	1 (4.8%)	0	1(2.0%)
Erythema	0	1(3.6%)	1(2.0%)
Pericardial effusion, Pleural effusion	0	1(3.6%)	1(2.0%)
Pericardial effusion, maculopapular rash, blistering	0	1(3.6%)	1(2.0%)
Generalized oedema, GGT increase	0	1(3.6%)	1(2.0%)
TEAE leading to glofitamab discontinuation only	**1 (4.8%)**	**2 (7.1%)**	**3 (6.1%)**
Polyneuropathy	0	1(3.6%)	1(2.0%)
Generalized Oedema[c]	1(4.7%)	0	1(2.0%)
Febrile Neutropenia	0	1(3.6%)	1(2.0%)

Note: Patients who discontinued one treatment could continue to receive the other.
[a]As per Investigator reported adverse events
[b]Grade 5 non-treatment related AE of sepsis due to gastric ulcer
[c]Grade 5 treatment related AE of generalized oedema >105 days after last dose of study treatment; patient completed 8 cycles of ZYNLONTA and discontinued glofitamab after 11 cycles
TEAE = treatment emergent adverse event
Data cutoff: 17 Nov 2025. Data extracted from live clinical database as reported by investigators. Data is subject to change.

LOTIS-7 Phase 1b Trial: CRS/ICANS Profile & Management

r/r Large B-Cell Lymphoma Efficacy Evaluable Population (N=49) as of data cutoff of Nov.17 2025

	120 µg/kg n=21	150 µg/kg n=28	All n = 49
Cytokine Release Syndrome[a]			
Any grade	11 (52.4%)	7 (25.0%)	18 (36.7%)
Grade 1	7 (33.3%)	6 (21.4%)	13 (26.5%)
Grade 2	3 (14.3%)	1 (3.6%)	4 (8.2%)
Grade 3	1 (4.8%)	0	1 (2.0%)
Grade 4/5	0	0	0
ICANS[a]			
Any grade	2 (9.5%)	0	2 (4.1%)
Grade 1	1 (4.8%)	0	1 (2.0%)
Grade 2	1 (4.8%)	0[b]	1 (2.0%)
Grade ≥ 3	0	0	0

- Grade 1 and 2 CRS cases managed with tocilizumab, corticosteroids, acetaminophen, and/or fluid bolus, without ICU admittance or pressor support
- Grade 3 CRS case managed with tocilizumab, acetaminophen, dexamethasone, norepinephrine with ICU admittance

- All patients with ICANS had complete resolution of symptoms
- Both patients resumed treatment and ultimately achieved a CR
- ICANS managed primarily with corticosteroids

[a]*Number of patients who experienced at least 1 event per ASTCT Consensus Grading for Cytokine Release Syndrome and Neurologic Toxicity Associated with Immune Effector Cells; worst grade reported if applicable*
[B] *One additional patient at 150 µg/kg had Gr 2 ICANS, had complete resolution of symptoms, elected to discontinue treatment and was not efficacy evaluable so is not included in this analysis*
Data Cutoff 17 Nov 2025. Note: Data extracted from live clinical database as reported by investigators. Data is subject to change.

LOTIS-7 Phase 1b Trial: Overall Response Rate (ORR)

r/r Large B-Cell Lymphoma Efficacy Evaluable Population (N=49) as of Nov 17, 2025

	120 µg/kg		150 µg/kg		Total	
	n=21	%	**n=28**	%	**n=49**	%
ORR (CR + PR)	**20**	95.2%	**24**	85.7%	**44**	89.8%
Complete Response (CR)	**17**	81.0%	**21**	75.0%	**38**	77.6%
Partial Response (PR)	**3**	14.3%	**3**	10.7%	**6**	12.2%
Stable Disease	**1**	4.8%	**1**	3.6%	**2**	4.1%
Progressive Disease	**0**	0%	**3**	10.7%	**3**	6.1%
Median time to response (CR or PR), days (range)	**41 (37-111)**		**42 (36-148)**		**42 (36-148)**	
Median time to CR, days (range)	**44 (37-336)**		**42 (38-168)**		**43 (37-336)**	

As of data cut off 17 Nov 2025. Data extracted from live clinical database as reported by investigators. Data is subject to change.

LOTIS-7 Phase 1b Trial:
Overall Response Rate (ORR) by Primary Refractory and Relapsed

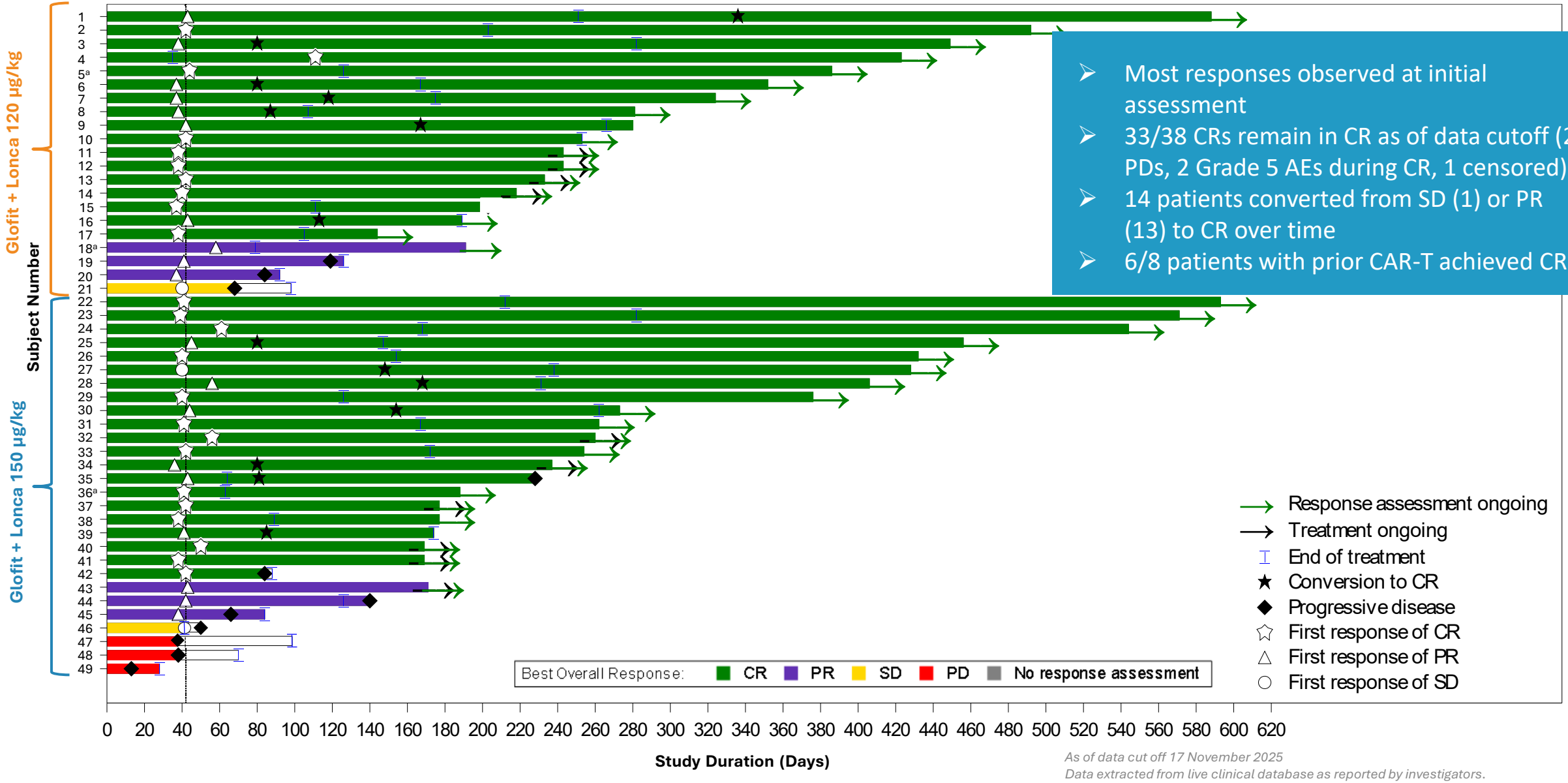
r/r Large B-Cell Lymphoma Efficacy Evaluable Population (N=49) as of Nov 17, 2025

	120 µg/kg (N=21)		150 µg/kg (N=28)		Total (N=49)	
	Relapsed (n=14)	**Primary Refractory (n=7)**	**Relapsed (n=10)**	**Primary Refractory (n=18)**	**Relapsed (N=24)**	**Primary Refractory (N=25)**
ORR (CR + PR)	14 (100%)	6 (85.7%)	10 (100%)	14 (77.8%)	24 (100%)	20 (80%)
Complete Response (CR)	**13 (92.9%)**	**4 (57.1%)**	**9 (90.0%)**	**12 (66.7%)**	**22 (91.7%)**	**16 (64%)**
Partial Response (PR)	1 (7.1)	2 (28.6%)	1 (10.0 %)	2 (11.1%)	2 (8.3%)	4 (16%)
Stable Disease	0	1 (14.3%)	0	1 (5.6%)	0	2 (8%)
Progressive Disease	0	0	0	3 (16.7%)	0	3 (12%)

As of data cut off 17 Nov 2025. Note: Data extracted from live clinical database as reported by investigators. Data is subject to change.
Note: Primary refractory defined as no response or progression on or within 6 months after initial response to frontline therapy; Relapsed defined as progression following an initial response, including those refractory to last therapy.

LOTIS-7 Phase 1b Trial: Efficacy Over Time

r/r Large B-Cell Lymphoma Efficacy Evaluable Population (N=49) as of Nov 17, 2025



- Most responses observed at initial assessment
- 33/38 CRs remain in CR as of data cutoff (2 PDs, 2 Grade 5 AEs during CR, 1 censored)
- 14 patients converted from SD (1) or PR (13) to CR over time
- 6/8 patients with prior CAR-T achieved CR

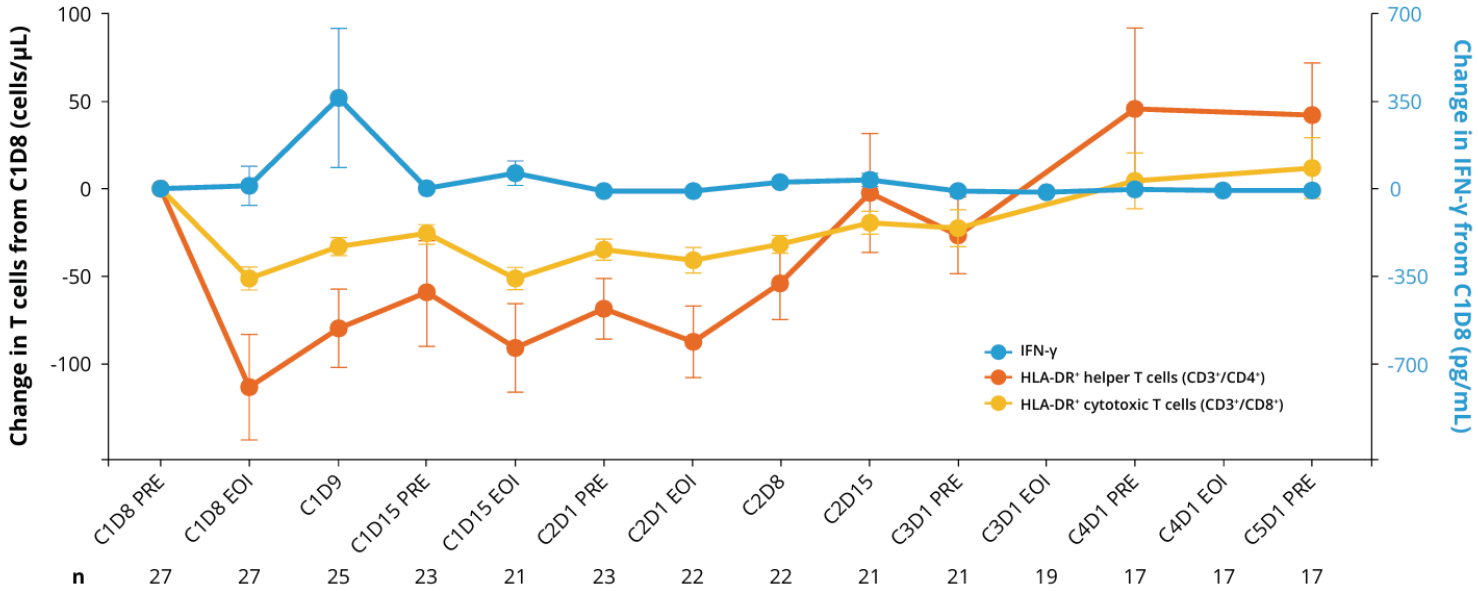
[a]*Patient 5 went on to stem cell transplant, Patient 18 and 36 went on to CAR-T cell therapy*

As of data cut off 17 November 2025
Data extracted from live clinical database as reported by investigators.
Data sorted by dose, response type and response duration; data is subject to change.

LOTIS-7 Phase 1b Trial: Pharmacokinetic and Biomarker Outcomes

- Lonca exposure (AUC_{last} and C_{max}) showed a dose-dependent increase in the first 2 cycles
  - Lonca + Glofit showed lower Lonca C_{max}, especially in cycle 2, compared with Lonca monotherapy, while AUC_{last} was within the range of values observed with Lonca monotherapy
- No post-dose Lonca antidrug antibodies were detected with Lonca + Glofit, indicating low immunogenicity with the combination
- Flow cytometry assessment showed similar patterns of T-cell (CD3+/CD4+ and CD3+/CD8+) margination with Lonca + Glofit compared to that previously reported with Glofit monotherapy
- The number of circulating activated T cells (HLA-DR+) also increased during treatment
- Monocytes (CD14+) and natural killer cells (CD3-/CD16+/CD56+) were similarly modulated and showed a trend of increase over time
- Cytokine profiles, assessed by multiplex immunoassay, indicated immune activation as exemplified by IFN-γ
  - Patterns of IFN-γ were consistent with previous reports of Glofit monotherapy; there was a transient increase of IFN-γ after the first Glofit infusion, which decreased by the second infusion and then normalized; a similar pattern was seen for IL-6

Patterns of helper T cells, cytotoxic T cells, and IFN-γ



Abbreviations: AUC_{last}, area under the curve up the last measurable concentration; CxDx, cycle x, day x; C_{max}, maximum serum concentration; EOI, end of infusion; Glofit, glofitamab; HLA-DR, human leukocyte antigen – DR isotype; IFN-γ, interferon gamma; Lonca, loncastuximab tesirine; PRE, pretreatment.

1. Alderuccio JP, et al. 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). Poster presented at the European Hematology Association 30th Annual Congress (EHA 2025). June 12-15, 2025. Milan, Italy.

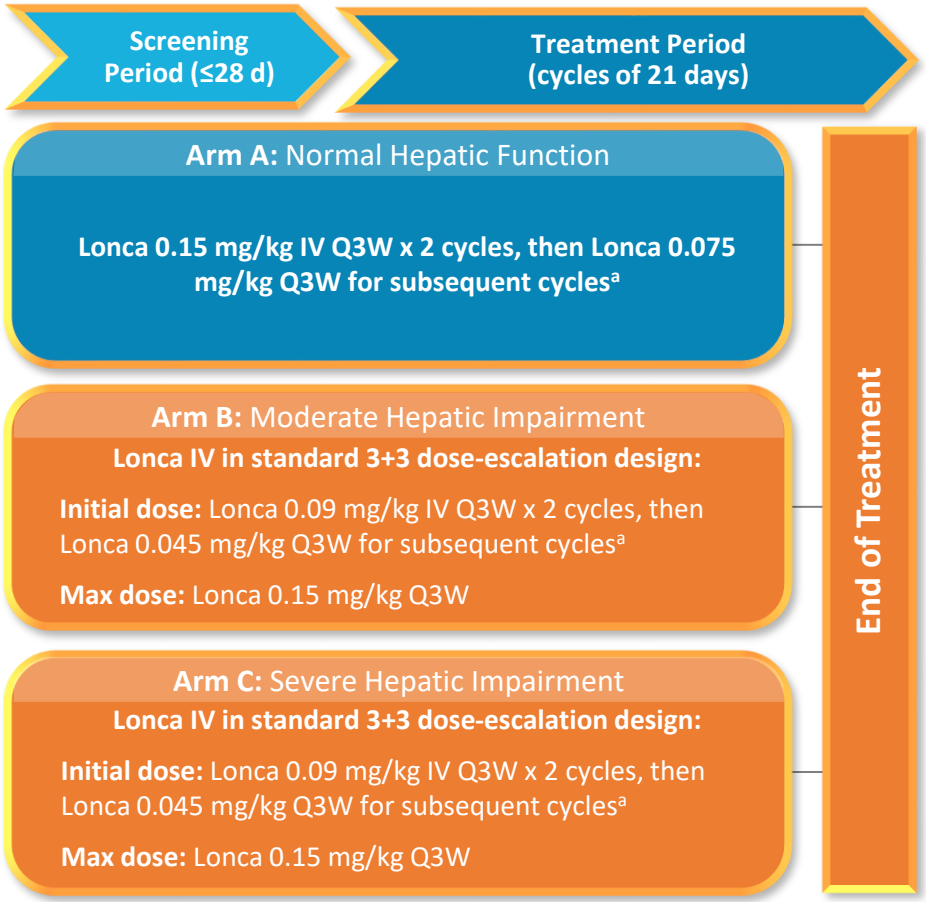
LOTIS-10

A Phase 1b Open-Label Study to Evaluate the Pharmacokinetics and Safety of Loncastuximab Tesirine in Patients With Relapsed or Refractory Diffuse Large B-cell Lymphoma or High-grade B-cell Lymphoma With Hepatic Impairment

ADC™ THERAPEUTICS
Innovating Science. Inspiring Hope.

LOTIS-10 Trial Design

Phase 1b trial of Lonca in R/R DLBCL or HGBCL with moderate and severe hepatic impairment[1]



PRIMARY ENDPOINTS

- Number of participants with moderate or severe hepatic impairment who experience DLT

SECONDARY ENDPOINTS

- Efficacy: ORR, DOR, CR, PFS, RFS, OS
- Pharmacokinetics: T_{max}, C_{max}, CL, AI, AUC, $T_{1/2}$
- AE frequency, and AEs leading to dose delay, dose interruption, and dose reduction
- Clinically significant changes from baseline: safety lab values, vital signs, ECOG, and ECG
- Immunogenicity: ADA titers to Lonca

KEY INCLUSION/EXCLUSION CRITERIA

- Adult patients with pathologic diagnosis of R/R disease DLBCL (2016 WHO classification) who have received ≥1 systemic treatment regimens
- ECOG performance status of 0 to 2 for participants with normal hepatic function; ECOG 0 to 3 for participants with moderate or severe hepatic involvement
- Arm A Normal hepatic function: bilirubin and AST ≤ ULN
- Arm B Moderate hepatic impairment: bilirubin > 1.5 × to 3 × ULN (any AST)
- Arm C Severe hepatic impairment: bilirubin > 3 × ULN (any AST)
- Measurable disease as defined by the 2014 Lugano Classification
- Excludes patients with HIV, HBV, or HCV
- Excludes previous treatment with Lonca or stem cell transplant within 60 days prior to start of study drug

*Participants who have a toxicity meeting the criteria for dose reduction will have subsequent doses reduced by 50%. If the toxicity recurs, subsequent doses must be reduced by an additional 50%.
A maximum of 2 dose reductions are allowed. Participants who have a toxicity meeting the criteria for dose reduction following Cycle 2 will receive the protocol-specified dose of 50% of initiate dose for Cycle 3, i.e., they will not have an additional dose reduction for Cycle 3.
Abbreviations: AE, adverse event; ADA, anti-drug antibody; AI, accumulation index; AUC, area under curve; BL, Burkitt lymphoma; C_{max}, concentration max; CRR, complete response rate; C, cycle; CL, clearance, D, day; DLT, dose-limiting toxicity; DOR, duration of response; ECOG, Eastern Cooperative Oncology Group; ECG, electrocardiogram; EOT, end of treatment; HBV, hepatitis B virus, HCV, hepatitis C virus; HIV, human immunodeficiency virus; HGBCL, high grade B-cell lymphoma; IV, intravenous; ORR, overall response rate; OS, overall survival; PFS, progression-free survival; Q3W, once every 3 weeks; RFS, relapse free survival; R/R, relapsing or remitting; T1/2, half-life; TBD, to be decided; T_{max}, Time to C_{max}.

1. ADCT Therapeutics SA. A Study to Evaluate the Pharmacokinetics and Safety of Loncastuximab Tesirine in Participants With Relapsed or Refractory Diffuse Large B-cell Lymphoma or High-grade B-cell Lymphoma With Hepatic Impairment (LOTIS-10). ClinicalTrials.gov registration number: NCT05660395. Updated December 21, 2022. Accessed May 6, 2024. https://clinicaltrials.gov/ct2/show/NCT05660395.