

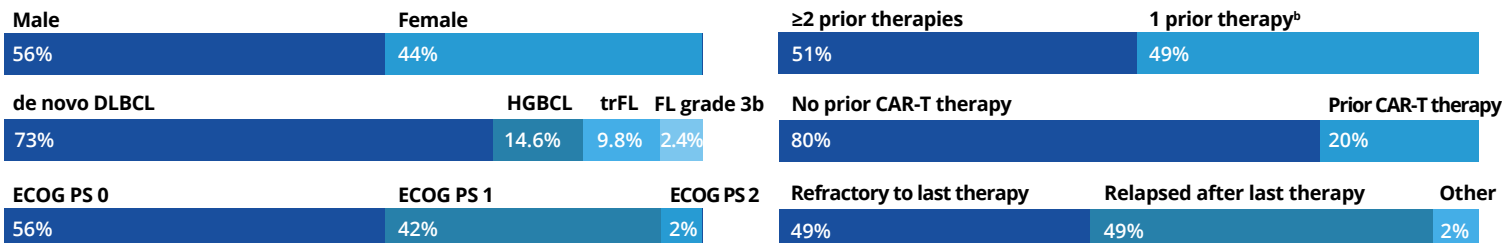


Scan for more information

Baseline characteristics in the treated population (N=41)^a

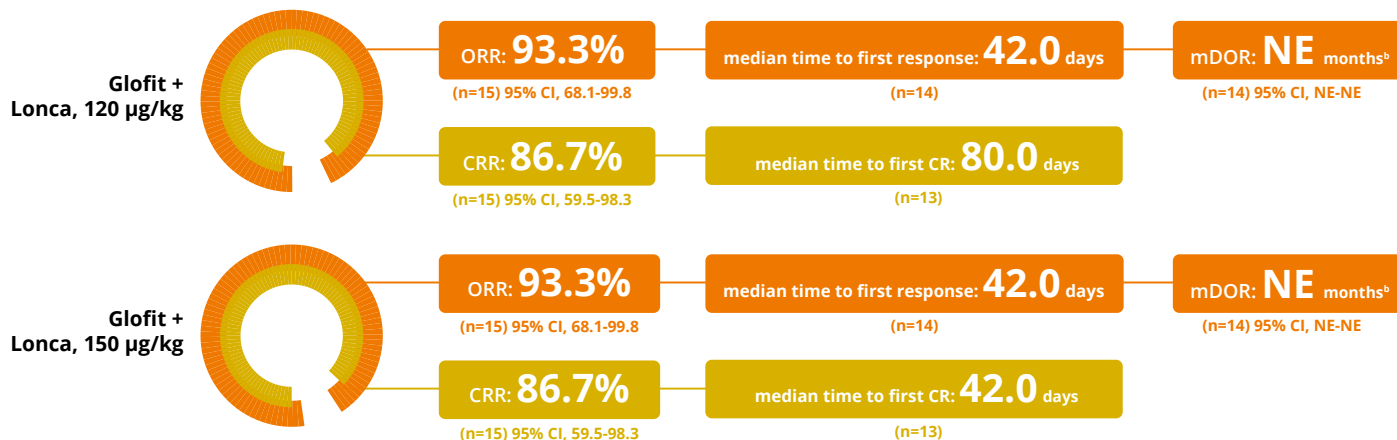
 Age, median (range)

71 years (26-85)



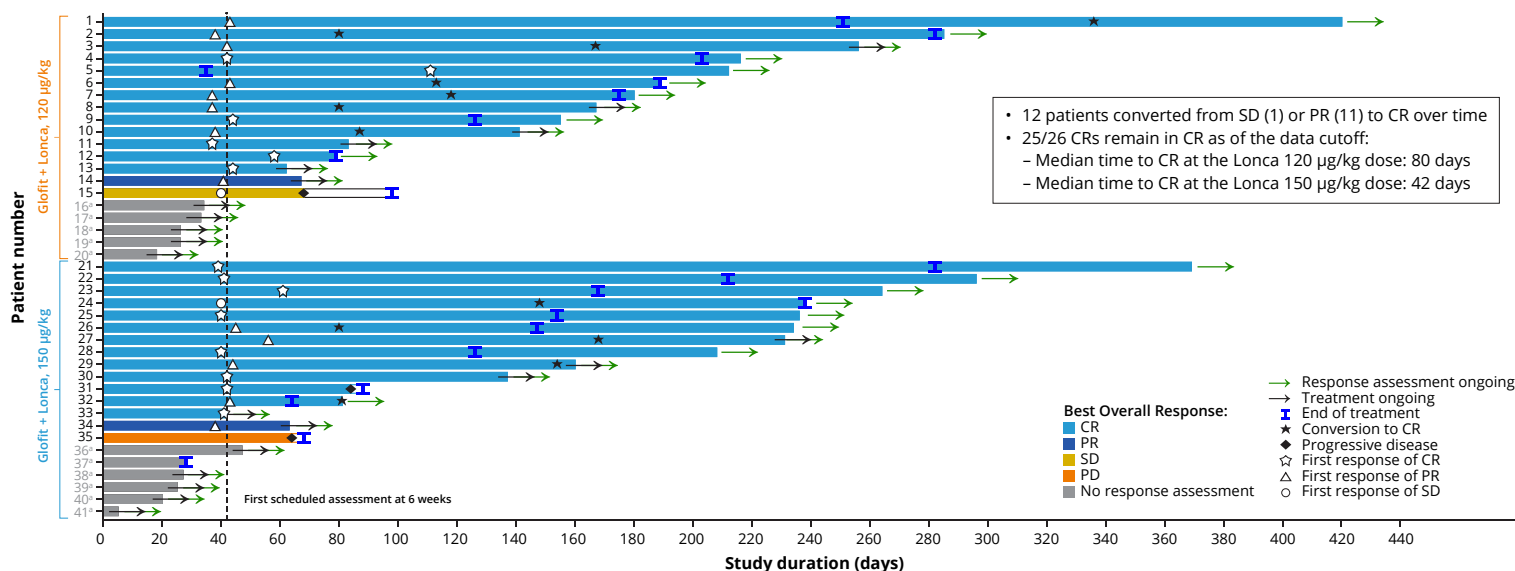
^aTreated population for this presentation includes patients from part 1 and 2 who had received ≥1 dose of the study drug at the 120- or 150-µg/kg dose level and had an LBCL histology. ^bThere was a median of 2 prior therapies (range, 1-5). Data cutoff: April 14, 2025.

Efficacy outcomes, efficacy evaluable population (N=30)^a



^aThe efficacy evaluable population (N=30) included all patients who received ≥1 dose of study drug with a valid baseline and ≥1 valid postbaseline disease assessment. Patients who do not have a postbaseline assessment owing to early clinical progression or death were also included. ^bEfficacy population of responders only. Data cutoff: April 14, 2025.

Efficacy over time: sustained responses beyond the end of treatment (N=41)



Data cutoff: April 14, 2025.

93%
Any-grade
TEAE

56%
Grade ≥3
TEAE

Grade ≥3 TEAE
occurring in
>5% of patients

24%
Neutropenia

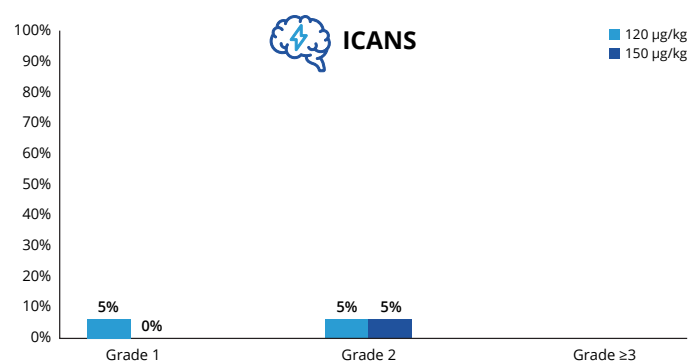
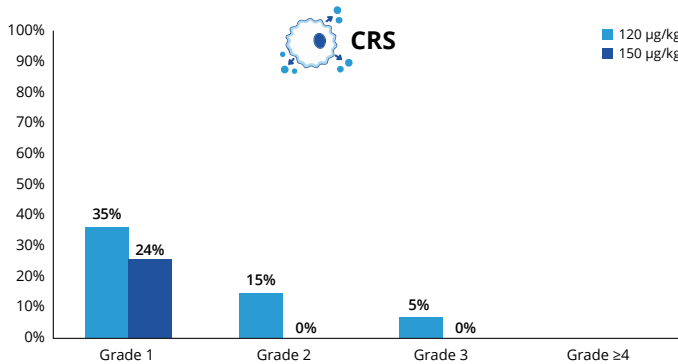
10%
Anemia

7%
GGT increased

7%
Thrombocytopenia

7%
AST increased

AST, aspartate aminotransferase; GGT, gamma-glutamyl transferase; TEAE, treatment emergent adverse event.



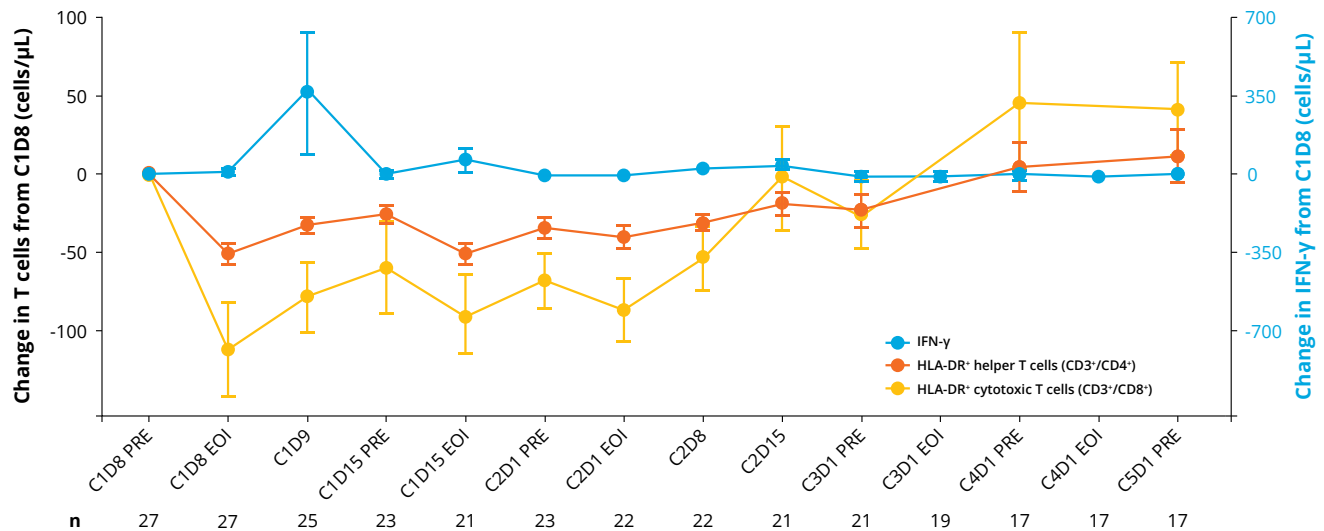
^aTreated population includes patients from part 1 and 2 who had received ≥1 dose of the study drug at the 120- or 150-µg/kg dose level and had an LBCL histology.
Data cutoff: April 14, 2025.

PK and biomarker outcomes

Pharmacokinetics

- Lonca exposure (AUC_{last} and C_{max}) showed a dose-dependent increase in the first 2 cycles
- No post-dose Lonca antidrug antibodies were detected with Lonca + Glofit, indicating low immunogenicity with the combination
- The number of circulating activated T cells (HLA-DR⁺) increased during treatment (orange and yellow lines)
- Monocytes (CD14⁺) and natural killer cells (CD3/CD16⁺/CD56⁺) were similarly modulated and showed a trend of increase over time (data not shown)
- Cytokine profiles, assessed by multiplex immunoassay, indicated immune activation as exemplified by IFN-γ (blue line)

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



Data cutoff: April 14, 2025.

Abbreviations

C, cycle; CAR-T, chimeric antigen receptor T-cell; CR, complete response; CRS, cytokine-release syndrome; D, day; DLBCL, diffuse large B-cell lymphoma; ECOG PS, Eastern Cooperative Oncology Group Performance Status; EO1, end of infusion; FL, follicular lymphoma; Glofit, glofitamab; HGBCL, high-grade B-cell lymphoma; HLA-DR, human leukocyte antigen-DR isotype; ICANS, immune-effector cell-associated neurotoxicity syndrome; IFN-γ, interferon-gamma; LBCL, large B-cell lymphoma; Lonca, loncastuximab tesirine; NE, not estimable; ORR, overall response rate; PRE, pretreatment; PR, partial response; SD, stable disease; trFL, transformed follicular lymphoma.

References

1. Alderuccio, JP et al. Presented at: EHA 2025; June 12-15, 2025; Milan, Italy.