CAR T-Cell Therapy Study

ZUMA-25

KT-US-568-0138

A Phase 2, Open-Label, Multicenter, Basket Study Evaluating the Safety and Efficacy of Brexucabtagene Autoleucel in Adults With Rare B-cell Malignancies

NOW ENROLLING

Contact:
medinfo@kitepharma.com

Study Design[1,2]

Phase 2
Rare B-cell malignancies

N~90

RT	**R/R Richter transformation (2L+)**	(n~60)
BL	**R/R Burkitt lymphoma (2L+)**	(n~30)

Primary End Points

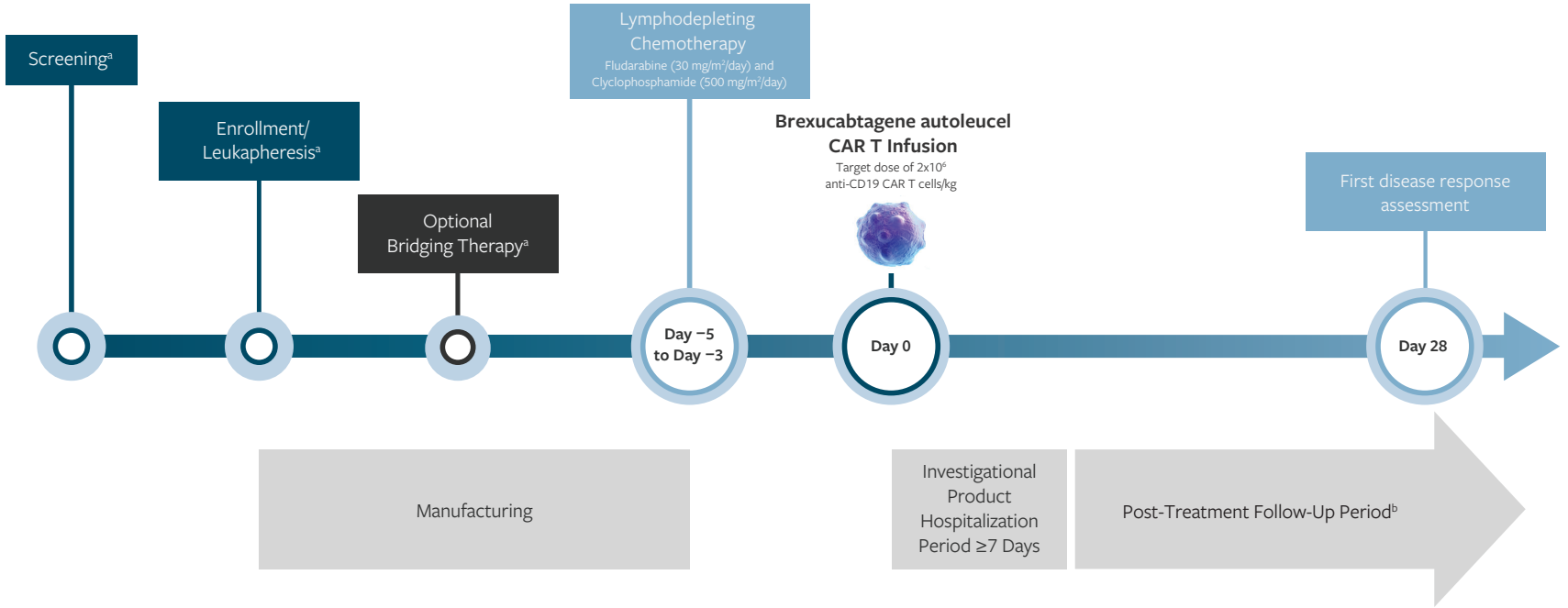
- ORR by central assessment per the Lugano classification

Key Secondary End Points

All Substudies:

- CR
- DOR
- OS
- PFS
- TTNT
- Time to first/best response
- TEAEs
- AEs/DLTs
- Incidence of antibodies to brexucabtagene autoleucel (immunogenicity)
- EORTC QLQ-C30 change from baseline
- EQ-5D-5L change from baseline

Treatment Schema[2]



The safety and efficacy of these investigational agents or investigational uses of marketed products have not been established. These uses have not been approved by the US Food and Drug Administration or other regulatory authorities. There is no guarantee that these therapies or uses will be commercialized. Please visit ClinicalTrials.gov for more information on trial eligibility criteria and other study details. ClinicalTrials.gov Identifier: NCT05537766.

[a]After enrollment/leukapheresis, subjects in the RT and BL substudies may receive optional, protocol-defined bridging therapy at the discretion of the investigator. If already receiving a Bruton's tyrosine kinase inhibitor, patients may receive ibrutinib through screening and leukapheresis at the discretion of the investigator (patients with RT only). [b]After completing the treatment period, patients with RT and BL will be followed for approximately 24 months. Thereafter, patients who received brexucabtagene autoleucel will transition to a separate LTFU study, to continue follow-up out to 15 years.

Eligibility Criteria[1,2]

Key Inclusion Criteria Common to All Substudies

- Age ≥ 18 years
- Clinically relevant toxicities due to prior therapy ≤ Grade 1
- ECOG PS ≤ 1
- Adequate hematological function
  - ANC ≥ 500/µL
  - Platelet count ≥ 50,000/µL
  - Hemoglobin level ≥ 8 g/dL
  - Absolute lymphocyte count ≥ 100/µL
- Adequate renal, hepatic, pulmonary, and cardiac function
- Washout periods must be satisfied prior to leukapheresis/enrollment

Key Exclusion Criteria Common to All Substudies

- Prior CAR therapy or other genetically modified T-cell therapy
- Prior treatment with any anti-CD19 therapy
- Fungal, bacterial, viral, or other infection including active HBV or HCV infection
- HIV-positive patients, unless taking appropriate anti-HIV medications having an undetectable viral load and a CD4 count > 200 cells/µL
- History or presence of CNS disorder
- Requirement for urgent therapy due to tumor mass effects
- Presence of primary immunodeficiency or history of autoimmune disease
- Live vaccine(s) ≤ 6 weeks before the planned start of the lymphodepleting chemotherapy regimen and anticipation of need for such a vaccine during the first 12 months after brexucabtagene infusion

	Key Inclusion Criteria	Key Exclusion Criteria
RT	• Confirmed diagnosis of CLL with histologically confirmed RT to a DLBCL subtype • R/R disease after first-line therapy, defined as primary refractory or relapsed disease after ≥ 1 line of therapy • At least 1 measurable lesion based on the Lugano Classification	• Diagnosis of RT not of DLBCL subtype • History or presence of CNS involvement • Prior allogeneic or autologous SCT < 3 months prior to screening[a] • Active GvHD
BL	• Histologically confirmed mature B-cell NHL Burkitt lymphoma/ leukemia • R/R disease after first-line chemoimmunotherapy, defined as primary refractory or relapsed disease after ≥ 1 line of therapy • At least 1 measurable lesion based on the Lugano Classification	• Burkitt-like lymphoma with 11q abberation, HGBCL with *MYC* and *BCL2* and/or *BCL6* rearrangement, or HGBCL not otherwise specified • Intolerance to first-line therapy • Presence of CNS involvement[b] • Prior allogeneic SCT < 3 months prior to screening[c] • Active GvHD

Note: Other protocol defined Inclusion/Exclusion criteria may apply

The safety and efficacy of these investigational agents or investigational uses of marketed products have not been established. These uses have not been approved by the US Food and Drug Administration or other regulatory authorities. There is no guarantee that these therapies or uses will be commercialized. Please visit ClinicalTrials.gov for more information on trial eligibility criteria and other study details. ClinicalTrials.gov Identifier: NCT05537766.

[a]Prior allogeneic or autologous stem cell transplant must occur <4 months prior to planned brexu-cel infusion. [b]Patients with a prior history of CNS involvement are eligible if they show a negative CSF and no involvement by imaging. [c]Prior allogeneic stem cell transplant must occur <4 months prior to planned brexu-cel infusion.

References: 1. ClinicalTrials.gov. Accessed November 2, 2023. https://clinicaltrials.gov/ct2/show/NCT05537766. **2.** Data on file. Kite Pharma, Inc. 2022.

AEs, adverse events; ANC, absolute neutrophil count; BCL, B-cell lymphoma; BL, Burkitt lymphoma; CAR T, chimeric antigen receptor T-cell therapy; CD4/19, cluster of differentiation 4/19; CLL, chronic lymphocytic leukemia; CNS, central nervous system; CR, complete response; CSF, cerebrospinal fluid; DLBCL, diffuse large B-cell lymphoma; dL, deciliter; DLTs, dose limiting toxicities; DOR, duration of response; ECOG PS, Eastern Cooperative Oncology Group performance status; EORTC QLQ-C30, European Organisation for Research and Treatment of Cancer-Quality of Life Questionnaire-30; EQ-5D-5L, European quality of life five dimensions five levels scale; GvHD, graft-vs-host-disease; HBV, hepatitis B virus; HCV, hepatitis C virus; HGBCL, high-grade B-cell lymphoma; Hyper-CVAD, hyperfractionated cyclophosphamide, vincristine, doxorubicin, and dexamethasone; LTFU, long-term follow-up; MYC, Master Regulator of Cell Cycle Entry and Proliferative Metabolism; NHL, non-Hodgkin lymphoma; HIV, human immunodeficiency virus; ORR, objective response rate; OS, overall survival; PFS, progression-free survival; R/R, relapse or refractory; RT, Richter transformation; SCT, stem cell transplant; TEAE, treatment-emergent adverse event; TTNT, time to next treatment.

Kite
A GILEAD Company

This material is funded and developed by Kite, a Gilead Company.

ClinicalTrials.gov

Gilead Clinical Trials