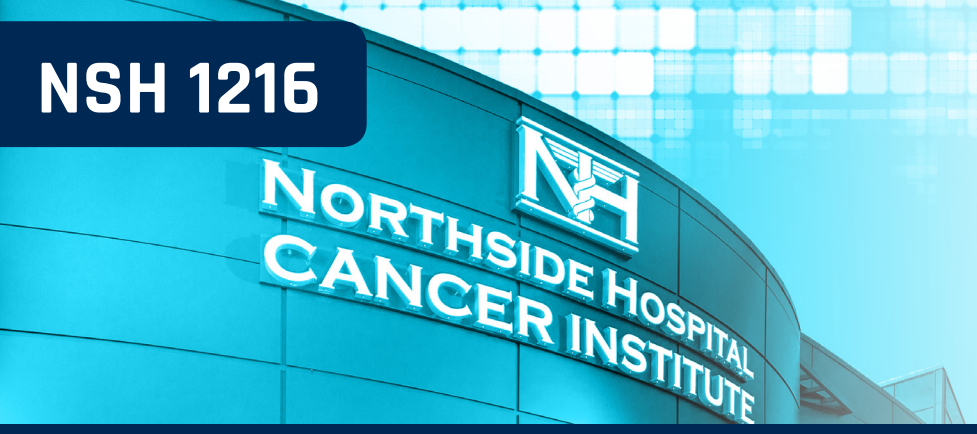

NSH 1216

NORTHSIDE HOSPITAL CANCER INSTITUTE
IMMUNOTHERAPY PROGRAM

The Blood & Marrow Transplant Group
OF GEORGIA

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PHASE III Clinical Trial Opening

For Relapsed/Refractory Multiple Myeloma Patients

Northside Hospital Cancer Institute Immunotherapy Program in collaboration with Celgene, is opening a Phase III, multi-center, randomized, open-label study to compare the efficacy and safety of bb2121 versus standard triplet regimens in subjects with relapsed and refractory multiple myeloma (rrMM) (KarMMa-3).

PRIMARY OBJECTIVE: Compare the efficacy of bb2121 to standard triplet regimens in subjects with relapsed and refractory multiple myeloma (rrMM) as measured by progression-free survival (PFS).

SECONDARY OBJECTIVE: Evaluate the safety of bb2121 compared to standard triplet regimens in subjects with rrMM.

BUILT TO BEAT CANCER

If you have any questions, would like to discuss study logistics, or the eligibility of any patients, please contact Stacey Brown, NH BMT/Leukemia Clinical Research Manager, at **404-780-7965** or **stacey.brown@northside.com**.

RRMM

- 2 - 4 prior MM regimens
- Has received prior treatment with dara, PI and IMID for ≥2 consecutive cycles
- Must be refractory to the last treatment regimen

Randomization 2:1

Leukapheresis

Bridging therapy (optional)

Arm A: bb2121 (n= ~254)

Flu 30 mg/m^2 IV 3 days
Cy 300 mg/m^2 IV 3 days
bb2121 single dose IV

- Dose 150-450 x 10^6 CAR+ T-cells

Arm B: Standard triplet regimens per Investigator's discretion (n = ~127)

- DARA + POM + dex (DPd) OR
- DARA + BTZ+ dex (DVd) OR
- IXA + LEN + dex (IRd)

Key Inclusion Criteria	Key Exclusion Criteria
• Received at ≥ 2 - 4 prior MM regimens. • Received prior treatment with daratumumab, a proteasome inhibitor and an immunomodulatory compound containing regimen for at least 2 consecutive cycles. • Refractory to the last treatment regimen. • Achieved at least a minimal response to at least 1 prior treatment regimen.	• Active or history of plasma cell leukemia, Waldenstrom's macroglobulinemia, POEMS syndrome, or amyloidosis. • COPD with a forced expiratory volume in 1 second (FEV1) 50% of predicted normal. • Previous history of allogeneic hematopoietic stem cell transplantation, treatment with any gene therapy-based therapeutic for cancer, investigational cellular therapy for cancer, or BCMA targeted therapy. • Subject has received autologous stem cell transplantation (ASCT) within 12 weeks prior to randomization.

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