CAR T therapy for adult patients with relapsed/refractory large B-cell lymphoma after ≥2 lines of systemic therapy:

YES, a range of patients with r/r LBCL may be eligible for YESCARTA®

*Based on commercial and clinical trial data in patients with third-line relapsed or refractory LBCL.

INDICATION

YESCARTA is a CD19-directed genetically modified autologous T cell immunotherapy indicated for the treatment of adult patients with relapsed or refractory large B-cell lymphoma after two or more lines of systemic therapy, including diffuse large B-cell lymphoma (DLBCL) not otherwise specified, primary mediastinal large B-cell lymphoma, high grade B-cell lymphoma, and DLBCL arising from follicular lymphoma.

Limitation of Use: YESCARTA is not indicated for the treatment of patients with primary central nervous system lymphoma.

IMPORTANT SAFETY INFORMATION

BOXED WARNING: CYTOKINE RELEASE SYNDROME AND NEUROLOGIC TOXICITIES

- **Cytokine Release Syndrome (CRS), including fatal or life-threatening reactions, occurred in patients receiving YESCARTA. Do not administer YESCARTA to patients with active infection or inflammatory disorders. Treat severe or life-threatening CRS with tocilizumab or tocilizumab and corticosteroids.**
- **Neurologic toxicities, including fatal or life-threatening reactions, occurred in patients receiving YESCARTA, including concurrently with CRS or after CRS resolution. Monitor for neurologic toxicities after treatment with YESCARTA. Provide supportive care and/or corticosteroids as needed.**
- **YESCARTA is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS) called the YESCARTA REMS.**

Please see additional Important Safety Information inside.

YESCARTA® (axicabtagene ciloleucel) Suspension for IV infusion

When treating r/r LBCL,

TIME IS OF THE ESSENCE—KNOW WHEN TO CONSIDER YESCARTA® CAR T THERAPY

CHEMO-REFRACTORY

Refractory stage IIE DLBCL

AGE: 50 years

MEDICAL HISTORY:

- Extranodal disease present (localized)
- Activated B-cell–like subtype
- Refractory to first-line therapy with 6 cycles of R-CHOP and second-line DHAP
- ECOG score 1

PATIENT IS READY FOR SOMETHING DIFFERENT THAN CHEMOTHERAPY

CHEMO-NONRESPONSIVE (TRANSPLANT INTENDED)

Stage III DLBCL, unable to transplant due to inadequate response to second-line therapy

AGE: 58 years

MEDICAL HISTORY:

- Progressed after achieving complete response with R-CHOP
- Underwent induction chemotherapy (R-ICE) to prepare for transplant, but did not respond
- ECOG score 1

PATIENT HAS A STRONG WILLINGNESS TO TREAT AGGRESSIVELY

These profiles are not actual patients. Profiles do not encompass all characteristics for YESCARTA eligibility.

IMPORTANT SAFETY INFORMATION (continued)

CYTOKINE RELEASE SYNDROME (CRS) occurred in 94% of patients, with 13% ≥ Grade 3. Among patients who died after receiving YESCARTA, 4 had ongoing CRS at death. The median time to onset was 2 days (range: 1-12 days) and median duration was 7 days (range: 2-58 days). Key manifestations include fever (78%), hypotension (41%), tachycardia (28%), hypoxia (22%), and chills (20%). Serious events that may be associated with CRS include cardiac arrhythmias (including atrial fibrillation and ventricular tachycardia), cardiac arrest, cardiac failure, renal insufficiency, capillary leak syndrome, hypotension, hypoxia, and hemophagocytic lymphohistiocytosis/macrophage activation syndrome. Ensure that 2 doses of tocilizumab are available prior to YESCARTA infusion. Following infusion, monitor patients for signs and symptoms of CRS at least daily for 7 days at the certified healthcare facility, and for 4 weeks thereafter. Counsel patients to seek immediate medical attention should signs or symptoms of CRS occur at any time. At the first sign of CRS, institute treatment with supportive care, tocilizumab or tocilizumab and corticosteroids as indicated.

Please see additional Important Safety Information throughout inside spread.

Their outcomes start with your choice

COMPELLING RESPONSE RATES[2]

Pivotal analysis with a median 11.6-month follow-up

- **72% objective response rate**
  - **Median DOR: 9.2 months**
- **51% complete remission**
  - **Median DOR not reached**

LONGER-TERM FOLLOW-UP

47% ALIVE AT 3 YEARS[3]*†

- **39.1-month median follow-up[3]**
  - **25.8-month median OS**

SAFETY PROFILE

- **CRS: Grade ≥3 incidence, 13%; overall incidence, 94%[2]**
- **Neurologic toxicities: Grade ≥3 incidence, 31%; overall incidence, 87%[2]**
- **At the 2-year follow-up, no new serious adverse events, and no new onset of CRS or neurological events, have been reported related to YESCARTA®[4]**

*ZUMA-1 was a phase 2, open-label, single-arm, multicenter pivotal trial in 101 adults with r/r LBCL. For FDA approval, efficacy was established on the basis of complete remission rate and DOR, as determined by an independent review committee.[2,4]

†OS was a secondary endpoint.[4] OS data are descriptive and should be carefully interpreted in light of the single-arm design. OS data are not included in the Prescribing Information for YESCARTA. Not all data continued to be captured at the 3-year follow-up; only OS, investigator-assessed response, and adverse event reporting were captured.[1]

IMPORTANT SAFETY INFORMATION (continued)

PROLONGED CYTOPENIAS: Patients may exhibit cytopenias for several weeks following lymphodepleting chemotherapy and YESCARTA infusion. Grade ≥3 cytopenias not resolved by Day 30 following YESCARTA infusion occurred in 28% of patients and included thrombocytopenia (18%), neutropenia (15%), and anemia (3%). Monitor blood counts after infusion.

HYPOGAMMAGLOBULINEMIA and B-cell aplasia can occur. Hypogammaglobulinemia occurred in 15% of patients. Monitor immunoglobulin levels after treatment and manage using infection precautions, antibiotic prophylaxis, and immunoglobulin replacement. The safety of immunization with live viral vaccines during or following YESCARTA treatment has not been studied. Vaccination with live virus vaccines is not recommended for at least 6 weeks prior to the start of lymphodepleting chemotherapy, during YESCARTA treatment, and until immune recovery following treatment.

Please see additional Important Safety Information on the back cover.

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IMPORTANT SAFETY INFORMATION (continued)

CYTOKINE RELEASE SYNDROME (CRS) occurred in 94% of patients, with 13% ≥ Grade 3. Among patients who died after receiving YESCARTA, 4 had ongoing CRS at death. The median time to onset was 2 days (range: 1-12 days) and median duration was 7 days (range: 2-58 days). Key manifestations include fever (78%), hypotension (41%), tachycardia (28%), hypoxia (22%), and chills (20%). Serious events that may be associated with CRS include cardiac arrhythmias (including atrial fibrillation and ventricular tachycardia), cardiac arrest, cardiac failure, renal insufficiency, capillary leak syndrome, hypotension, hypoxia, and hemophagocytic lymphohistiocytosis/macrophage activation syndrome. Ensure that 2 doses of tocilizumab are available prior to YESCARTA infusion. Following infusion, monitor patients for signs and symptoms of CRS at least daily for 7 days at the certified healthcare facility, and for 4 weeks thereafter. Counsel patients to seek immediate medical attention should signs or symptoms of CRS occur at any time. At the first sign of CRS, institute treatment with supportive care, tocilizumab or tocilizumab and corticosteroids as indicated.

Please see additional Important Safety Information throughout inside spread.

EARLY ASCT RELAPSE

Relapsed stage III DLBCL, progressed shortly after successful ASCT

AGE: 67 years
MEDICAL HISTORY:

- Presenting with stage III disease
- Relapsed following complete response to first-line chemotherapy
- Successfully underwent ASCT but progressed about 6 months later
- Experiencing frequent episodes of anemia in past 6 months
- ECOG score 1

PATIENT IS INTERESTED IN OTHER AVAILABLE OPTIONS

CHEMO-INSENSITIVE (TRANSPLANT INELIGIBLE)

Relapsed stage III, ineligible for ASCT

AGE: 76 years
MEDICAL HISTORY:

- Presenting with stage III disease
- Relapsed following a 6-month partial response to first-line chemotherapy
- Not considered eligible for ASCT due to inadequate organ function
- Received second-line chemotherapy (R-ICE) but only achieved stable disease
- Experiencing neutropenia throughout chemotherapy
- ECOG score 1

PATIENT HAS STRONG FAMILY SUPPORT FOR A DIFFERENT OPTION

NEUROLOGIC TOXICITIES occurred in 87% of patients, 98% of which occurred within the first 8 weeks, with a median time to onset of 4 days (range: 1-43 days) and a median duration of 17 days. Grade ≥3 occurred in 31% of patients. The most common neurologic toxicities included encephalopathy (57%), headache (44%), tremor (31%), dizziness (21%), aphasia (18%), delirium (17%), insomnia (9%), and anxiety (9%). Prolonged encephalopathy lasting up to 173 days was noted. Serious events including leukoencephalopathy and seizures, as well as fatal and serious cases of cerebral edema have occurred. Following YESCARTA infusion, monitor patients for signs and symptoms of neurologic toxicities at least daily for 7 days at the certified healthcare facility, and for 4 weeks thereafter, and treat promptly.

REMS: Because of the risk of CRS and neurologic toxicities, YESCARTA is available only through a restricted program called the YESCARTA REMS which requires that: Healthcare facilities that dispense and administer YESCARTA must be enrolled and comply with the REMS requirements and must have on-site, immediate access to a minimum of 2 doses of tocilizumab for each patient for infusion within 2 hours after YESCARTA infusion, if needed for treatment of CRS. Certified healthcare facilities must ensure that healthcare providers who prescribe, dispense, or administer YESCARTA are trained about the management of CRS and neurologic toxicities. Further information is available at www.YESCARTAREMS.com or 1-844-454-KITE (5483).

EARLY RELAPSE (TRANSPLANT INELIGIBLE)

Relapsed stage IV DLBCL, progressed early after first- and second-line chemotherapy

AGE: 60 years
MEDICAL HISTORY:

- Presenting with stage IV disease
- Relapsed after 3 months of achieving a complete response with first-line R-EPOCH
- Received second-line chemotherapy and achieved a partial response, but relapsed within 3 months
- ECOG score 0

PATIENT IS READY FOR A DIFFERENT APPROACH TO TREATMENT

R/R PMBCL

Relapsed stage III extranodal PMBCL, shortly after successful ASCT

AGE: 26 years
MEDICAL HISTORY:

- Activated B-cell–like subtype
- 2 prior lines of therapy
  - Refractory to R-EPOCH
  - Relapsed after second-line R-CHOP, consolidation with ASCT
- ECOG score 0

PATIENT IS YOUNG AND INTERESTED IN INNOVATIVE TREATMENT

HYPERSENSITIVITY REACTIONS: Allergic reactions, including serious hypersensitivity reactions or anaphylaxis, may occur with the infusion of YESCARTA.

SERIOUS INFECTIONS: Severe or life-threatening infections occurred. Infections (all grades) occurred in 38% of patients. Grade ≥3 infections occurred in 23% of patients; those due to an unspecified pathogen occurred in 16% of patients, bacterial infections in 9%, and viral infections in 4%. YESCARTA should not be administered to patients with clinically significant active systemic infections. Monitor patients for signs and symptoms of infection before and after infusion and treat appropriately. Administer prophylactic antimicrobials according to local guidelines. Febrile neutropenia was observed in 36% of patients and may be concurrent with CRS. In the event of febrile neutropenia, evaluate for infection and manage with broad spectrum antibiotics, fluids, and other supportive care as medically indicated. Hepatitis B virus (HBV) reactivation, in some cases resulting in fulminant hepatitis, hepatic failure, and death, can occur in patients treated with drugs directed against B cells.
Perform screening for HBV, HCV, and HIV in accordance with clinical guidelines before collection of cells for manufacturing.

Please see additional Important Safety Information on reverse.

YESCARTA® (axicabtagene ciloleucel) Suspension for IV infusion

From patient identification to treatment, every moment matters

KNOW WHEN TO CONSIDER YESCARTA® FOR YOUR PATIENTS

- What are your patient's treatment goals?
- Would your patient be interested in a 1-time therapy?
- When a patient progresses after second-line treatment and chemotherapy/ASCT are not options, what is your next course of action?
- Is there an age when you would not consider CAR T therapy for your patient?

HELP YOUR PATIENT FIND THE RIGHT AUTHORIZED TREATMENT CENTER

Visit YESCARTAHCP.COM/CENTERS or call Kite Konnect® at 1-844-454-KITE (5483) to discuss next steps.

Kite Konnect®

From patient referral information to follow-up, Kite Konnect® is here to help

CALL 1-844-454-KITE (5483)

IMPORTANT SAFETY INFORMATION (continued)

SECONDARY MALIGNANCIES may develop. Monitor life-long for secondary malignancies. In the event that one occurs, contact Kite at 1-844-454-KITE (5483) to obtain instructions on patient samples to collect for testing.

EFFECTS ON ABILITY TO DRIVE AND USE MACHINES: Due to the potential for neurologic events, including altered mental status or seizures, patients are at risk for altered or decreased consciousness or coordination in the 8 weeks following YESCARTA infusion. Advise patients to refrain from driving and engaging in hazardous occupations or activities, such as operating heavy or potentially dangerous machinery, during this initial period.

ADVERSE REACTIONS: The most common (incidence ≥20%) include CRS, fever, hypotension, encephalopathy, tachycardia, fatigue, headache, decreased appetite, chills, diarrhea, febrile neutropenia, infections-pathogen unspecified, nausea, hypoxia, tremor, cough, vomiting, dizziness, constipation, and cardiac arrhythmias.

ASCT=autologous stem cell transplant; CAR T=chimeric antigen receptor T cell; CRS=cytokine release syndrome; DHAP=dexamethasone, cisplatin, and cytarabine; DLBCL=diffuse large B-cell lymphoma; DOR=duration of response; ECOG=Eastern Cooperative Oncology Group Performance Status; LBCL=large B-cell lymphoma; OS=overall survival; PMBCL=primary mediastinal B-cell lymphoma; R-CHOP=rituximab + cyclophosphamide, doxorubicin, vincristine, and prednisone; R-EPOCH=rituximab + etoposide phosphate, prednisone, vincristine sulfate, cyclophosphamide, and doxorubicin hydrochloride; R-ICE=rituximab + ifosfamide, carboplatin, and etoposide; r/r=relapsed/refractory.

References: 1. Data on file. Kite Pharma, Inc. **2.** YESCARTA® [package insert]. Santa Monica, CA: Kite Pharma, Inc; 2019. **3.** Neelapu SS, Rossi JM, Jacobson CA, et al. CD19-loss with preservation of other B cell lineage features in patients with large B cell lymphoma who relapsed post–axi-cel. Presented at: 61st ASH Annual Meeting and Exposition; December 7-10, 2019; Orlando, FL. Abstract 203. **4.** Locke FL, Ghobadi A, Jacobson CA, et al. Long-term safety and activity of axicabtagene ciloleucel in refractory large B-cell lymphoma (ZUMA-1): a single-arm, multicentre, phase 1-2 trial. *Lancet Oncol*. 2019;20(1):31-42.

Please see additional Important Safety Information throughout, and full Prescribing Information, including **BOXED WARNING** and Medication Guide.

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