

INTRODUCTION

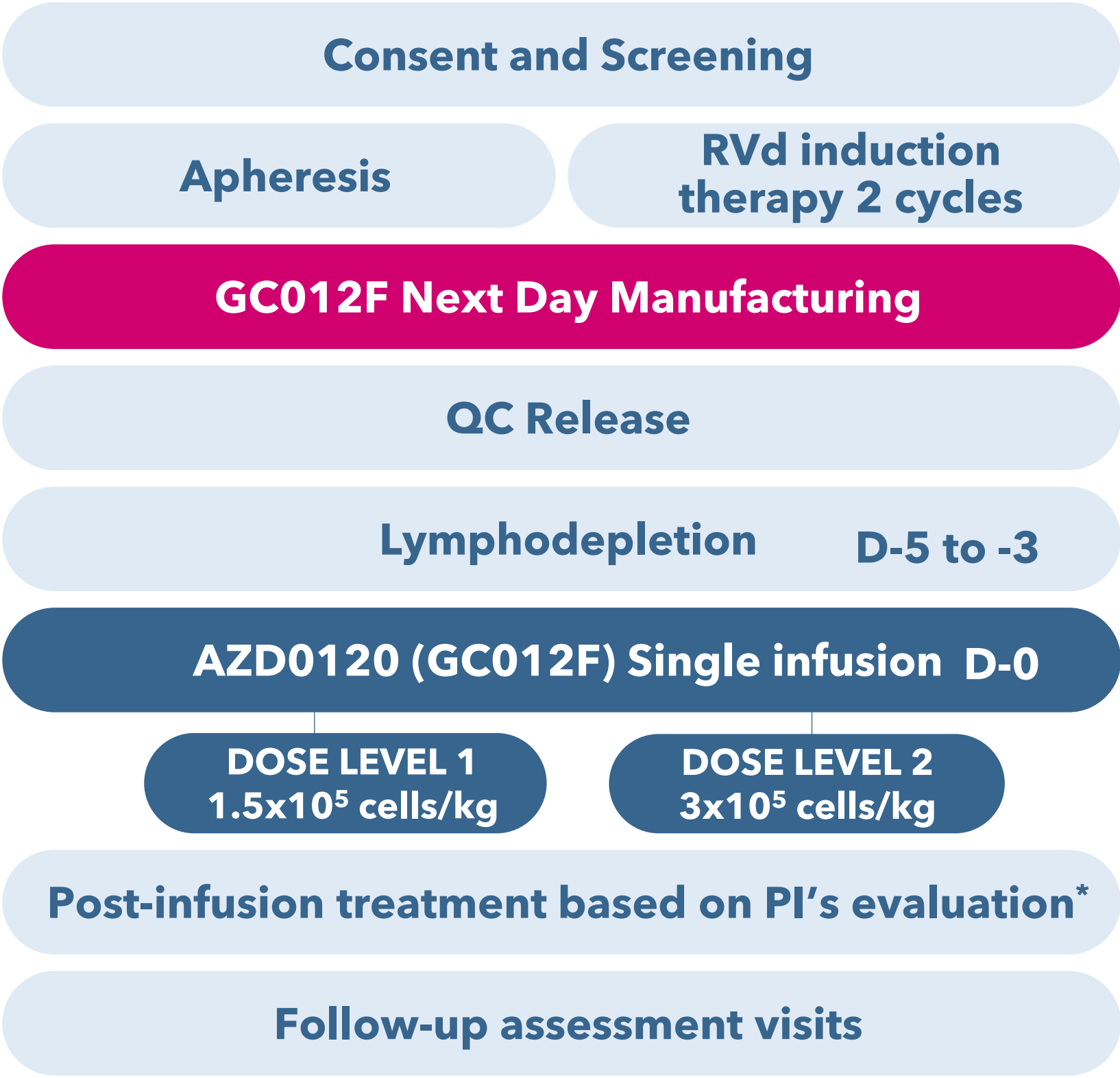
GC012F (AZD0120) – a DUAL targeting BCMA/CD19 chimeric antigen receptor (CAR)-T cell therapy

- CAR-T cell therapy has dramatically improved outcomes in patients with relapsed/refractory multiple myeloma (RRMM) and is being evaluated in newly diagnosed multiple myeloma (NDMM) patients.
- Long-term follow-up from previous trials (NCT04236011; NCT04182581; NCT04935580) strongly suggests that GC012F is effective in RRMM and high-risk transplant-eligible NDMM patients aged ≤70 years.
- However chronological age can be a common reason for exclusion in a clinical trial setting.

AIM

To characterize the safety and feasibility of GC012F CAR-T cell therapy in elderly transplant-ineligible NDMM patients in a single-arm phase I study (NCT05840107).

METHOD



Key Eligibility Criteria:

- Transplant-ineligible NDMM patients
- ECOG ≤ 3

All patients received two cycles induction therapy of RVd (bortezomib, lenalidomide, and dexamethasone) prior to CAR-T infusion.

*Lenalidomide maintenance therapy at 6 months post infusion was initiated per PI's discretion.

RESULTS

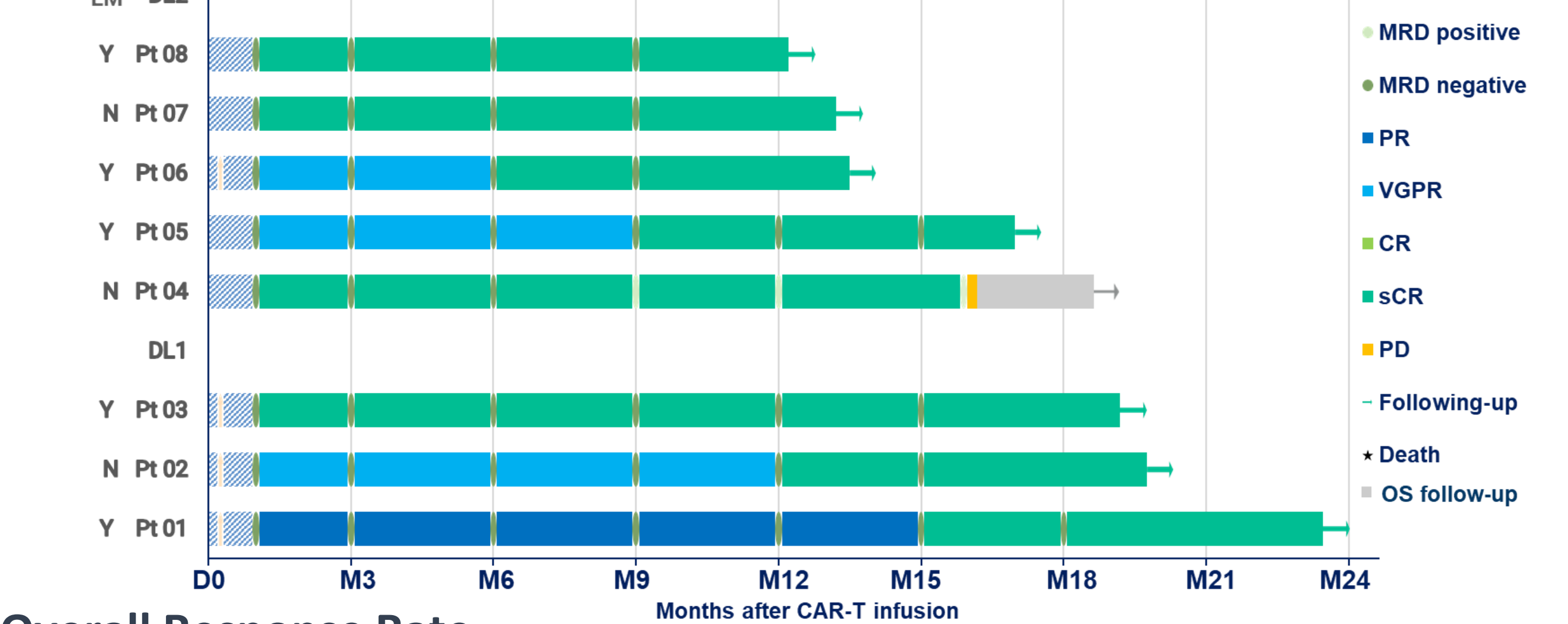
Baseline Characteristics	Total N=8
Median age, years (range)	72 (70-78)
Male, n (%)	5 (63)
Type of myeloma, n (%)	
IgG	3 (38)
IgA	4 (50)
Light chain	1 (12)
Induction therapy, n (%)	
2 cycles RVd	8 (100)
High-risk, n (%)	8 (100)
R-ISS stage II/III	5 (63)
High-risk cytogenetics ¹	3 (38)
Extramedullary disease	5 (63)
ECOG performance status, n (%)	
1	6 (75)
2	2 (25)

¹ High-risk cytogenetics: del17p, t(4;14), t(14;16), or amp(1q21).

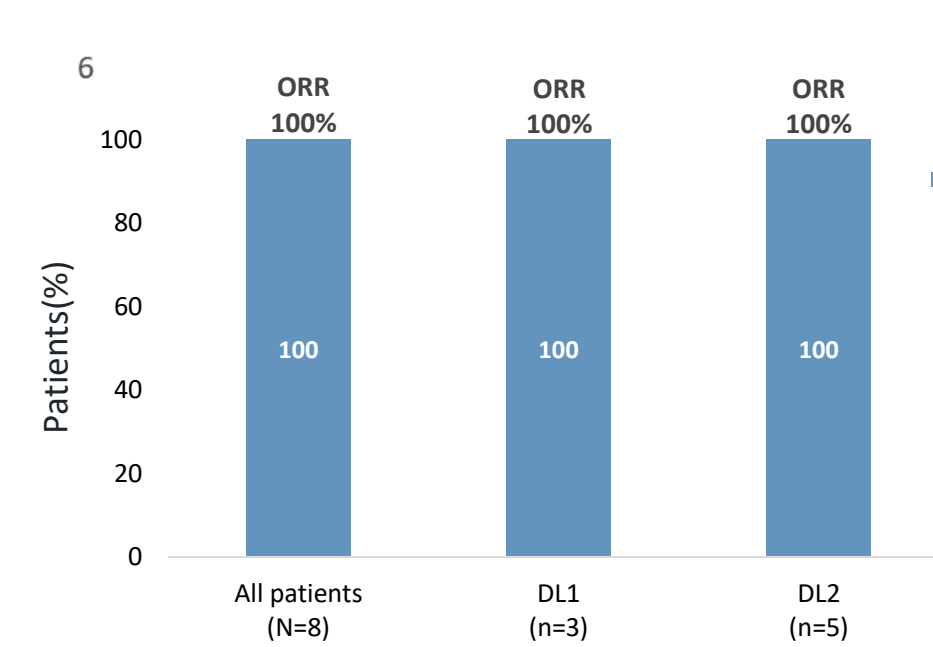
Efficacy Profile

Swimmer Plot

Data cut-off on Apr 28th 2025



Overall Response Rate



ORR
8/8 patients
100%
all sCR

MRD-
8/8 patients
100%
sensitivity 10⁻⁶

MRD- sCR
8/8 patients
100%
best response achieved to date

Median duration of response (DOR) was not reached at data cut off

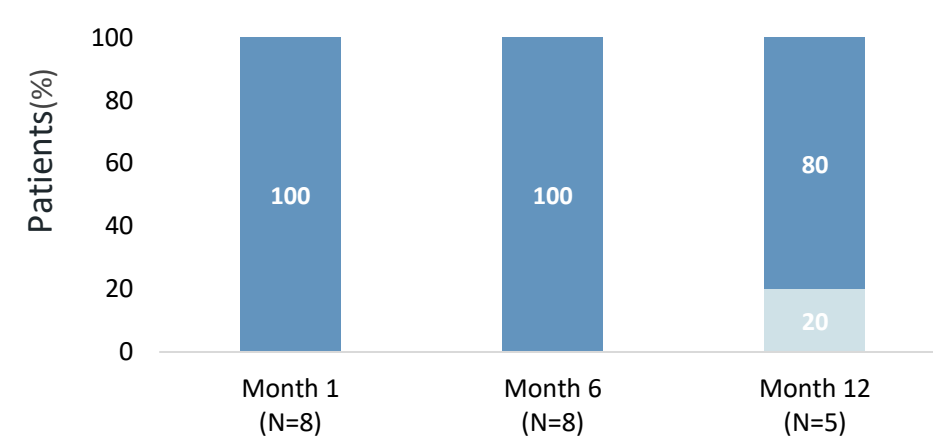
Median duration of follow up: 17.8 months (range: 12.2 – 23.5 months)

-ORR, overall response rate; DL, dose level; sCR, stringent complete response; MRD, minimal residual disease

-MRD assessed at sensitivity of 10⁻⁶ using EuroFlow

MRD Assessment

MRD Assessment at the 1st, 6th and 12th month



100%
of MRD evaluable patients achieved MRD negativity at Month 1

100%
of MRD evaluable patients achieved MRD negativity in all dose levels

All patients achieved MRD negativity before lenalidomide maintenance

*3 pts used lenalidomide as maintenance treatment. The median time to initiation was 9 months post infusion.

Safety Profile

All CRS¹ were Grade 1 and resolved within 8 days

No ICANS or Neurotoxicity was observed²

N=8	CRS ¹ n (%)	ICANS ² n (%)	All Grades n (%)	Grade ≥3 n (%)
Grade 1	4 (50)	0 (0)		
Grade 2	0 (0)	0 (0)		
Grade ≥ 3	0 (0)	0 (0)		
All grade	4 (50)	0 (0)		
Hematologic TEAEs*				
			Neutropenia	7 (88)
			Leukopenia	5 (63)
			Thrombocytopenia	5 (63)
			Lymphopenia	2 (25)
			Anemia	2 (25)
Non-Hematologic TEAEs*				
			Infection	4 (50)
			LDH increased	3 (38)
			Ferritin increased	2 (25)

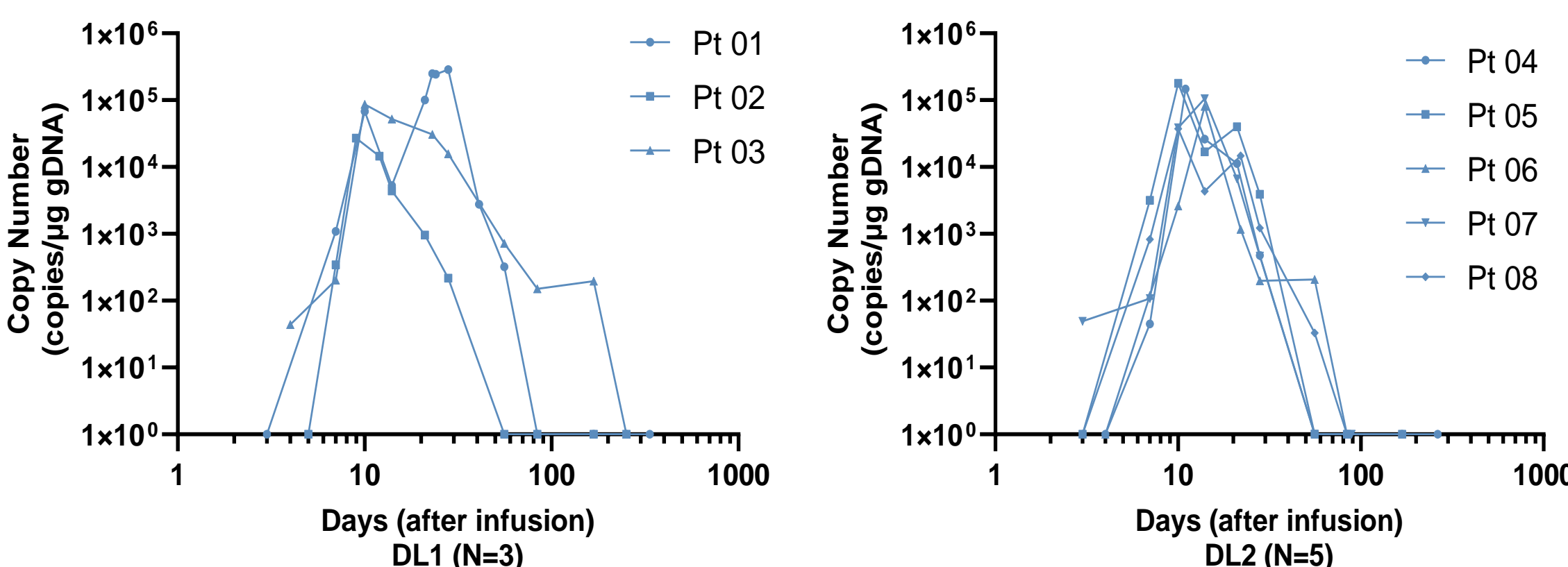
CRS - cytokine release syndrome, ICANS - immune effector cell-associated neurotoxicity syndrome

¹ CRS graded by ASTCT Consensus criteria; one patient was treated with tocilizumab.

² ICANS graded by ASTCT Consensus.

* AEs were graded according to CTCAE v5.0; TEAE - treatment emergent adverse event; LDH - lactase dehydrogenase.

Pharmacokinetics Profile



Dose Level	Tmax (days)	Cmax (copies/μg gDNA)	AUC _{0-28day} (copies/μg gDNA*days)	Tlast (days)
DL1 (N=3)	10	86902	899007	56
1.5*10 ⁵ cells/kg	(9-28)	(27177-285955)	(132422-2283331)	(28-168)
DL2 (N=5)	11	105109	727009	28
3.0*10 ⁵ cells/kg	(10-14)	(37417-179154)	(266488-1025843)	(28-56)
ALL (N=8)	10.5	96005.5	744389	42
	(9-28)	(27177-285955)	(132422-2283331)	(28-168)

CONCLUSIONS

- GC012F/AZD0120 resulted in a very favorable safety profile and deep responses in elderly transplant-ineligible NDMM patients.
- High overall response rate ORR of 100% (8/8) and MRD- sCR rate of 100% (8/8).
- All patients achieved MRD negativity tested by EuroFlow 10-6 before lenalidomide maintenance.
- Age alone should not preclude patients from receiving highly effective treatments aimed at cure or long-term disease control.

ACKNOWLEDGEMENT

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CONTACT INFORMATION

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