

About Columvi

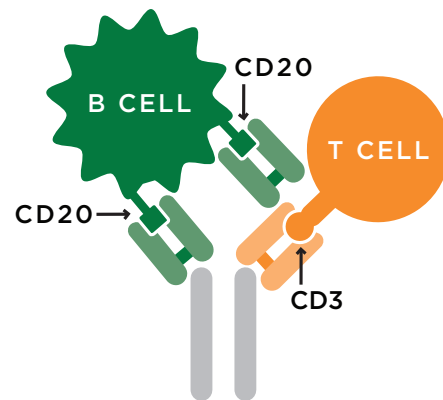
Columvi (glofitamab-gxbm), pronounced ko-loom-vee, is a CD20xCD3 T-cell engaging bispecific antibody approved by the U.S. Food and Drug Administration (FDA) for the treatment of **adult patients with relapsed or refractory (R/R) diffuse large B-cell lymphoma (DLBCL) not otherwise specified or large B-cell lymphoma (LBCL) arising from follicular lymphoma, after two or more lines of systemic therapy.** This indication is approved under accelerated approval based on response rate and durability of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial.

Columvi is a chemotherapy-free treatment option and is ready for infusion. As a fixed-duration therapy, Columvi offers people with R/R DLBCL after at least two previous treatments a known end date for their course of treatment and the possibility of a treatment-free period after treatment completion—rather than needing to be treated indefinitely until the cancer progresses or the treatment cannot be tolerated.

FIRST FIXED-DURATION BISPECIFIC ANTIBODY APPROVED BY THE U.S. FDA FOR R/R DLBCL AFTER AT LEAST TWO PREVIOUS TREATMENTS

How Columvi is Designed to Work

Columvi is a CD20xCD3 T-cell engaging bispecific antibody specifically engineered with a unique 2:1 binding structure. As a bispecific antibody, Columvi is designed to bind to both T cells, a type of immune cell, and B cells, a type of immune cell that becomes cancerous and proliferates uncontrollably in B-cell lymphomas, including DLBCL. Columvi was engineered to have one region that binds to CD3, a protein on T cells, and two regions that bind to CD20, a protein on B cells, which can be healthy or cancerous. This dual-targeting brings the T cells and B cells close enough for the T cell to activate and proliferate, releasing proteins called cytokines, which kill cancerous B cells but can also harm healthy B cells.



Columvi CD20xCD3 T-cell engaging bispecific antibody

graphic not to scale

What is the Most Important Information I Should Know About Columvi?

Columvi may cause Cytokine Release Syndrome (CRS), a serious side effect that is common during treatment with Columvi, and can also be serious and lead to death. **Call your healthcare provider or get emergency help right away if you develop any signs or symptoms of CRS, including:** fever of 100.4°F (38°C) or higher, chills or shaking, fast or irregular heartbeat, dizziness or light-headedness, trouble breathing, and shortness of breath.

Please see additional Important Safety Information including **Serious Side Effects**, in the COLUMVI full [Prescribing Information](#) and [Medication Guide](#).

About Diffuse Large B-Cell Lymphoma (DLBCL)

DLBCL is an aggressive (fast-growing) blood cancer and is the most common form of non-Hodgkin's lymphoma (NHL) in the United States.¹ The most common early sign of DLBCL is painless swelling in one or more lymph nodes. However, the disease may begin somewhere other than the lymph nodes, such as the bones or lungs or even skin, making DLBCL challenging to detect and diagnose.

While many people with DLBCL are responsive to treatment, the majority of those who relapse or are refractory to subsequent treatments have poor outcomes.^{2,3} DLBCL not otherwise specified is the most common category of LBCL and accounts for about 80% or more of cases.⁴ It applies to cases that do not fall into any specific disease subgroups of LBCL.

Common symptoms include:



SWOLLEN, PAINLESS LYMPH NODES
in the neck, armpits or groin



COUGHING,
trouble breathing
or chest pain



SOAKING NIGHT SWEATS



PERSISTENT WEAKNESS AND TIREDNESS



ABDOMINAL PAIN OR FEELING OF FULLNESS
in the abdomen



UNEXPLAINED WEIGHT LOSS



FEVER

1 OUT OF 3

NHL CASES ARE DLBCL.¹

31,000

PEOPLE IN THE U.S. ARE PROJECTED TO BE DIAGNOSED WITH DLBCL IN 2023.⁵

66

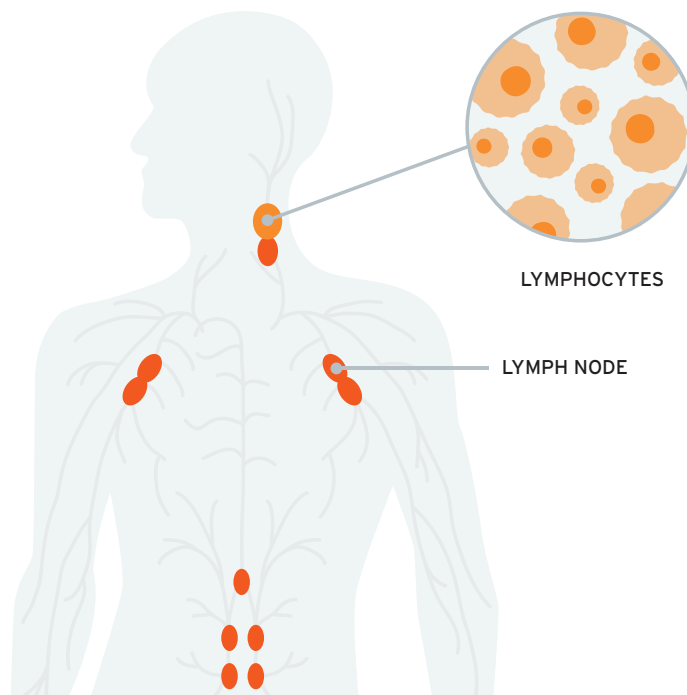
IS THE MEDIAN AGE AT DIAGNOSIS OF DLBCL.⁶

MEN

ARE SLIGHTLY MORE LIKELY TO DEVELOP DLBCL THAN WOMEN.⁶

About Non-Hodgkin's Lymphoma

NHL is a disease in which malignant (cancerous) cells form in the lymph system, which is part of the immune system.⁷ NHL occurs when too many abnormal lymphocytes, a type of white blood cell, are produced.⁸ Normally, old lymphocytes die, and the body creates new ones to replace them. In people with NHL, these lymphocytes do not die but continue to grow and divide. This oversupply of lymphocytes crowds into lymph nodes, causing them to swell.⁷



LYMPHOCYTES

LYMPH NODE

Please see additional Important Safety Information including **Serious Side Effects**, in the COLUMVI full [Prescribing Information](#) and [Medication Guide](#).

Columvi Efficacy and Safety⁹

The FDA approval of Columvi was based on positive results from a Phase I/II study of Columvi given as a fixed course to 132 patients with R/R DLBCL not otherwise specified or large B-cell lymphoma (LBCL) arising from follicular lymphoma, after two or more lines of systemic therapy. Results showed that 56% (range: 47% to 65%) of patients treated with Columvi achieved a response (overall response rate), with a median duration of response of 18.4 months. Among patients who achieved a response, 68.5% (range: 56.7% to 80.3%) continued to respond at nine months. Treatment with Columvi helped 43% (range: 35% to 52%) of patients achieve complete remission (complete response).

Among 145 patients who received Columvi in the study, the most common side effect was CRS, which occurred in 70% of patients. CRS is a severe and life-threatening side effect of certain types of cancer immunotherapy that causes increased inflammation throughout the body, which can manifest as fever, chills, low blood pressure, fast or irregular heartbeat and difficulty breathing. Other common side effects (affecting 20% or more of patients who received Columvi) included musculoskeletal pain, fatigue and rash.

Columvi Dosing⁹

Columvi is a fixed-duration treatment administered as an intravenous (IV) infusion. Columvi is administered for 13 infusions (a maximum of 12 cycles, including step-up dosing) or until disease progression or unacceptable toxicity, with treatment completed in approximately 8.5 months. Each cycle is 21 days. Patients are pretreated with a single dose of obinutuzumab seven days prior to starting Columvi. Patients are also given a corticosteroid, an antipyretic (fever-reducing medicine) and an antihistamine as premedications to reduce the risk of CRS and infusion-related reactions.

Important Safety Information

What is Columvi?

Columvi (glofitamab-gxbl) is a prescription medicine to treat adults with certain types of diffuse large B-cell lymphoma (DLBCL) or large B-cell lymphoma (LBCL) that has come back (relapsed) or that did not respond to previous treatment (refractory), and who have received 2 or more prior treatments for their cancer.

It is not known if Columvi is safe and effective in children.

The conditional approval of Columvi is based on response rate and durability of response. There are ongoing studies to establish how well the drug works.

What is the most important information I should know about Columvi?

Columvi can cause Cytokine Release Syndrome (CRS), a serious side effect that is common during treatment with Columvi, and can also be serious and lead to death.

Call your healthcare provider or get emergency medical help right away if you develop any signs or symptoms of CRS, including:

- fever of 100.4°F (38°C) or higher
- chills or shaking
- fast or irregular heartbeat
- dizziness or light-headedness
- trouble breathing
- shortness of breath

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Due to the risk of CRS, you will receive Columvi on a “step-up dosing schedule”.

- A single dose of a medicine called obinutuzumab will be given to you on the first day of your first treatment cycle (Day 1 of Cycle 1).
- You will start the Columvi step-up dosing schedule a week after the obinutuzumab dose. The step-up dosing schedule is when you receive smaller “step-up” doses of Columvi on Day 8 and Day 15 of Cycle 1. This is to help reduce your risk of CRS. You should be hospitalized during your infusion and for 24 hours after receiving the first step-up dose on Day 8. You should be hospitalized during your infusion and for 24 hours after receiving the second step-up dose on Day 15 if you experienced CRS during the first step-up dose.
- You will receive your first full dose of Columvi a week after the second step-up dose (this will be Day 1 of Cycle 2).
- If your dose of Columvi is delayed for any reason, you may need to repeat the “step-up dosing schedule”.
- If you had more than mild CRS with your previous dose of Columvi, you should be hospitalized during and for 24 hours after receiving your next dose of Columvi.
- Before each dose of Columvi, you will receive medicines to help reduce your risk of CRS and infusion-related reactions.

Your healthcare provider will monitor you for CRS during treatment with Columvi and may treat you in a hospital if you develop signs and symptoms of CRS. Your healthcare provider may temporarily stop or completely stop your treatment with Columvi if you have severe side effects.

Carry the Columvi Patient Wallet Card with you at all times and show it to all of your healthcare providers. The Columvi Patient Wallet Card lists the signs and symptoms of CRS you should get emergency medical help for right away.

What are the possible side effects of Columvi?

Columvi may cause serious side effects, including:

- **Cytokine Release Syndrome.**
- **Neurologic problems.** Columvi can cause serious neurologic problems that may lead to death. Your healthcare provider will monitor you for neurologic problems during treatment with Columvi. Your healthcare provider may also refer you to a healthcare provider who specializes in neurologic problems. Tell your healthcare provider right away if you develop any signs or symptoms of neurologic problems, including:
 - headache
 - confusion and disorientation
 - difficulty paying attention or understanding things
 - trouble speaking
 - sleepiness
 - memory problems
 - numbness, tingling, or weakness of the hands or feet
 - dizziness
 - shaking (tremors)
- **Serious Infections.** Columvi can cause serious infections that may lead to death. Your healthcare provider will monitor you for signs and symptoms of infection and treat you as needed. Tell your health care provider right away if you develop any signs of an infection, including: fever, chills, weakness, cough, shortness of breath, or sore throat.
- **Growth in your tumor or worsening of tumor related problems (tumor flare).** Tell your healthcare provider if you get any of these signs or symptoms of tumor flare:
 - tender or swollen lymph nodes
 - pain or swelling at the site of the tumor
 - chest pain
 - cough
 - trouble breathing

The most common side effects of Columvi include: CRS, muscle and bone pain, rash, and tiredness.

The most common severe abnormal lab test results with Columvi include: decreased white blood cells, decreased phosphate (an electrolyte), increased uric acid levels and decreased fibrinogen (a protein that helps with blood clotting).

Please see additional Important Safety Information including **Serious Side Effects**, in the COLUMVI full [Prescribing Information](#) and [Medication Guide](#).

Your healthcare provider may temporarily stop or completely stop treatment with Columvi if you develop certain side effects.

• **Before receiving Columvi, tell your healthcare provider about all of your medical conditions, including if you:**

- have an infection
- have kidney problems
- are pregnant or plan to become pregnant. Columvi may harm your unborn baby

Females who are able to become pregnant:

- Your healthcare provider should do a pregnancy test before you start treatment with Columvi.
 - You should use effective birth control (contraception) during treatment and for 1 month after your last dose of Columvi. Talk to your healthcare provider about what birth control method is right for you during this time.
 - Tell your healthcare provider right away if you become pregnant or think you may be pregnant during treatment with Columvi.
- are breastfeeding or plan to breastfeed. Columvi may pass into your breast milk. Do not breastfeed during treatment and for 1 month after your last dose of Columvi.

Tell your health care provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

What should I avoid while receiving Columvi?

Do not drive, operate heavy machinery, or do other dangerous activities if you develop dizziness, confusion, shaking (tremors), sleepiness, or any other symptoms that impair consciousness until your signs and symptoms go away. These may be signs and symptoms of neurologic problems.

These are not all the possible side effects of Columvi. Talk to your health care provider for more information about the benefits and risks of Columvi.

You may report side effects to the FDA at (800) FDA-1088 or www.fda.gov/medwatch. You may also report side effects to Genentech at (888) 835-2555.

Please see Important Safety Information, including **Serious Side Effects**, as well as the Columvi full **[Prescribing Information](#)** and **[Medication Guide](#)**.

1. American Cancer Society. Types of B-cell Lymphoma. <https://www.cancer.org/cancer/non-hodgkin-lymphoma/about/b-cell-lymphoma.html>. Accessed May 17, 2023.
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8. American Cancer Society. What is Non-Hodgkin Lymphoma? <https://www.cancer.org/cancer/non-hodgkin-lymphoma/about/what-is-non-hodgkin-lymphoma.html>. Accessed May 17, 2023.
9. Columvi (glofitamab-gxbm) Prescribing Information. Genentech, Inc. 2023.

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