

Corporate Presentation

May 2020

Issuer Free Writing Prospectus
Filed Pursuant to SEC Rule 433
Registration Statement No. 333-238132
May 20, 2020



NASDAQ: CLRB

Offering Summary

Issuer	Collectar Biosciences
Symbol / Exchange	CLRB / NASDAQ CM
Type of Offering	S-1
Securities Offered	Common Stock and Warrants
Offering Size	\$17.5 Million
Use of Proceeds	Research and development and general corporate purposes
Sole Bookrunner	Oppenheimer & Co.

Forward-Looking Statements

This presentation contains forward-looking statements. Such statements are valid only as of today and we disclaim any obligation to update this information. Such statements are valid only as of today and we disclaim any obligation to update this information. These statements are only estimates and predictions and are subject to known and unknown risks and uncertainties that may cause actual future experiences and results to differ materially from the statements made. These statements are based on our current beliefs and expectations as to such future outcomes including our expectations of the impact of the recent COVID-19 pandemic. Drug discovery and development involve a high degree of risk. Factors that might cause such a material difference include, among others, uncertainties related to the ability to raise additional capital, uncertainties related to the disruptions at our sole source supplier of CLR 131, the ability to attract and retain partners for our technologies, the identification of lead compounds, the successful preclinical development thereof, patient enrollment and the completion of clinical studies, the FDA review process and other government regulation, our ability to maintain orphan drug designation in the United States for CLR 131, the volatile market for priority review vouchers, our pharmaceutical collaborators' ability to successfully develop and commercialize drug candidates, competition from other pharmaceutical companies, product pricing and third-party reimbursement. A complete description of risks and uncertainties related to our business is contained in our periodic reports filed with the Securities and Exchange Commission including our Form 10-K for the year ended December 31, 2019 and our Form 10-Q for the quarter ended March 31, 2020.

Statement about Free Writing Prospectus

- This presentation highlights basic information about us and the offering. Because it is a summary that has been prepared solely for informational purposes, it does not contain all of the information that you should consider before investing in our company. Except as otherwise indicated, this presentation speaks only as of the date hereof.
- This presentation does not constitute an offer to sell, nor a solicitation of an offer to buy, any securities by any person in any jurisdiction in which it is unlawful for such person to make such an offering or solicitation.
- Neither the Securities and Exchange Commission (the “SEC”) nor any other regulatory body has approved or disapproved of our securities or passed upon the accuracy or adequacy of this presentation. Any representation to the contrary is a criminal offense.
- This presentation includes industry and market data that we obtained from industry publications and journals, third-party studies and surveys, internal company studies and surveys, and other publicly available information. Industry publications and surveys generally state that the information contained therein has been obtained from sources believed to be reliable. Although we believe the industry and market data to be reliable as of the date of this presentation, this information could prove to be inaccurate. Industry and market data could be wrong because of the method by which sources obtained their data and because information cannot always be verified with complete certainty due to the limits on the availability and reliability of raw data, the voluntary nature of the data gathering process, and other limitations and uncertainties. In addition, we do not know all of the assumptions that were used in preparing the forecasts from the sources relied upon or cited therein.
- We have filed a Registration Statement on Form S-1 with the SEC, including a preliminary prospectus dated May 20, 2020 (the “Prospectus”), with respect to the offering of our securities to which this communication relates. Before you invest, you should read the Prospectus (including the risk factors described therein) and, when available, the final prospectus relating to the offering, and the other documents filed with the SEC and incorporated by reference into the Prospectus, for more complete information about us and the offering. You may obtain these documents, including the Prospectus, for free by visiting EDGAR on the SEC website at <http://www.sec.gov>.
- Alternatively, we or any underwriter participating in the offering will arrange to send you the Prospectus if you request it by contacting Oppenheimer & Co. Inc., 85 Broad Street, 26th Floor, New York, NY 10004, or by email at equityprospectus@opco.com.

Presentation Topics

1 Company Overview

2 CLR 131 Registration Path for Hematologic Malignancies

3 Establishing CLR 131 in Pediatric Malignancies

4 Company Summary

Company Overview

Developing oncology therapies for high unmet medical need in rare adult and pediatric orphan indications

Validated cancer-targeting platform with novel MOA¹; lead product is CLR 131 a small-molecule radiotherapeutic

CLR 131 achieved Phase 2 primary endpoint; broad range of efficacy with unique safety profile in r/r B-cell malignancies

Ongoing Phase 1 pediatric study in malignant brain tumors, neuroblastoma, and sarcomas

Multiple preclinical programs ready for IND enabling studies

Financing secures pivotal study top line data due to efficient capital allocation and low fixed-cost structure

Strategic Construction of CLR 131 Franchise

Multiple Pathways to Value Creation

100% ORR² to date in r/r LPL/WM³
Only drug to achieve monotherapy
complete response

42.8% ORR in r/r MM⁴
33% ORR triple class refractory;
highest reported response rate



Clear clinical efficacy in LPL/WM and MM
provides optionality and risk mitigation

Accelerated pediatric regulatory
pathway; Granted 4 Rare Pediatric
Drug designations & ODDs

Opportunity for
joint development and
commercialization partnerships

***Large Pharma Recognition of Targeted Radio-therapeutic Potential;
Multiple Recent Acquisitions and Partnerships***

Company Milestones

2H 2019 Objectives		2020 Objectives		2020 Objectives	
Completed Phase 1 MM & Initiated Phase 1 Pediatric Study	☒	Provide Phase 1 Data 1Q: r/r MM	☒	Formal FDA Guidance "Type B" Meeting 3Q: Pivotal Study Design	
Provided Phase 2 Data Update: B-cell Malignancies	☒	Provide Phase 2 Data 1Q: B-cell Malignancies	☒	Phase 2b 2-Cycle Data 3Q: MM & LPL/WM	
Received U.S. Fast Track Designation: MM and DLBCL ⁵	☒	Initiate Phase 2b Expansion 1Q: MM & LPL/WM	☒	Pivotal Study Initiation 4Q: LPL/WM and/or MM	
Received U.S. Orphan Drug Designation for LPL/WM & EU ⁶ Orphan Drug Designation for MM	☒	Intellectual Property 2Q: CLR 131 EU Composition of Matter and Use	☒	Provide Phase 1 Update 2H: Pediatric Brain & Solid Tumors	
MM Oral Presentation at ASH & DLBCL Oral Presentation at ESMO	☒	U.S. Fast Track Designation 2Q: LPL/WM	☐	Medical Conferences, Presentations/Publications	

Pivotal Study Initiation in Hematologic Cancer 4Q20

CLR 131 - A Phospholipid Ether (PLE) Radio-conjugate

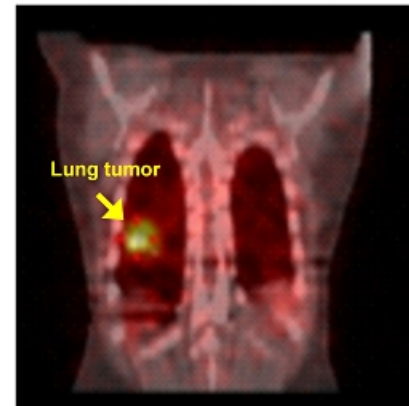
Combination of a Validated Delivery Platform and Therapeutic Payload

- Tumor cells utilize lipids at significantly greater quantities than normal tissue
 - Energy source (β -oxidation)
 - Cell membrane production
 - Signaling molecules
- Cellectar's phospholipid ethers exploit inherent tumor cell need for lipids to provide targeted delivery
 - Bind to specialized regions on tumor cells that provide uptake and internalization of lipids
 - Highly conserved across all tumor types
 - Targets cancer stem cells, metastasis and primary tumor with same ligand
 - Delivers 20 - 40 % of infused drug to tumor
- CLR 131 a phospholipid radio-conjugate
 - Provides targeted delivery of the radioisotope I-131
 - Phase 2 efficacy in 4 hematologic cancers
 - Phase 3 pivotal study ready compound

PLE Tumor Cell Targeting



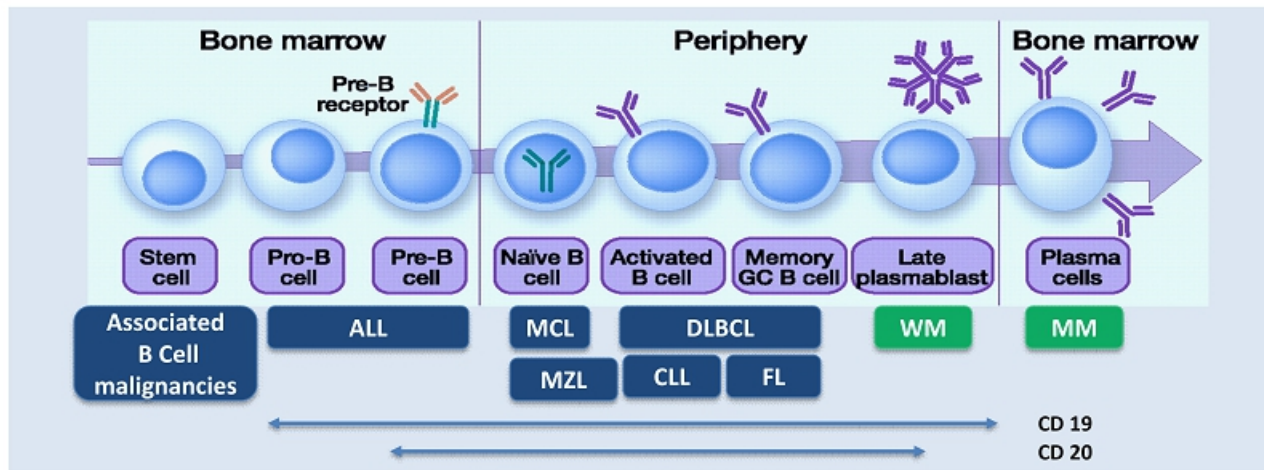
NSCLC SPECT Scan



CLR 131 - A Phospholipid Ether Radio-conjugate

FGFR3 Overexpression in B-cell Malignancies and Lipid Rafts

Lymphoplasmacytic lymphoma/Waldenstrom's bridges between NHL⁶ & MM



- High level of tyrosine kinase receptors (TKR) = High presence of lipid rafts
 - In MM, LPL/WM and NHL the TKR of interest is FGFR3
- FGFR3 over-expression in ~50% of MM and 100% LPL/WM patients

Presentation Topics

1 Company Overview

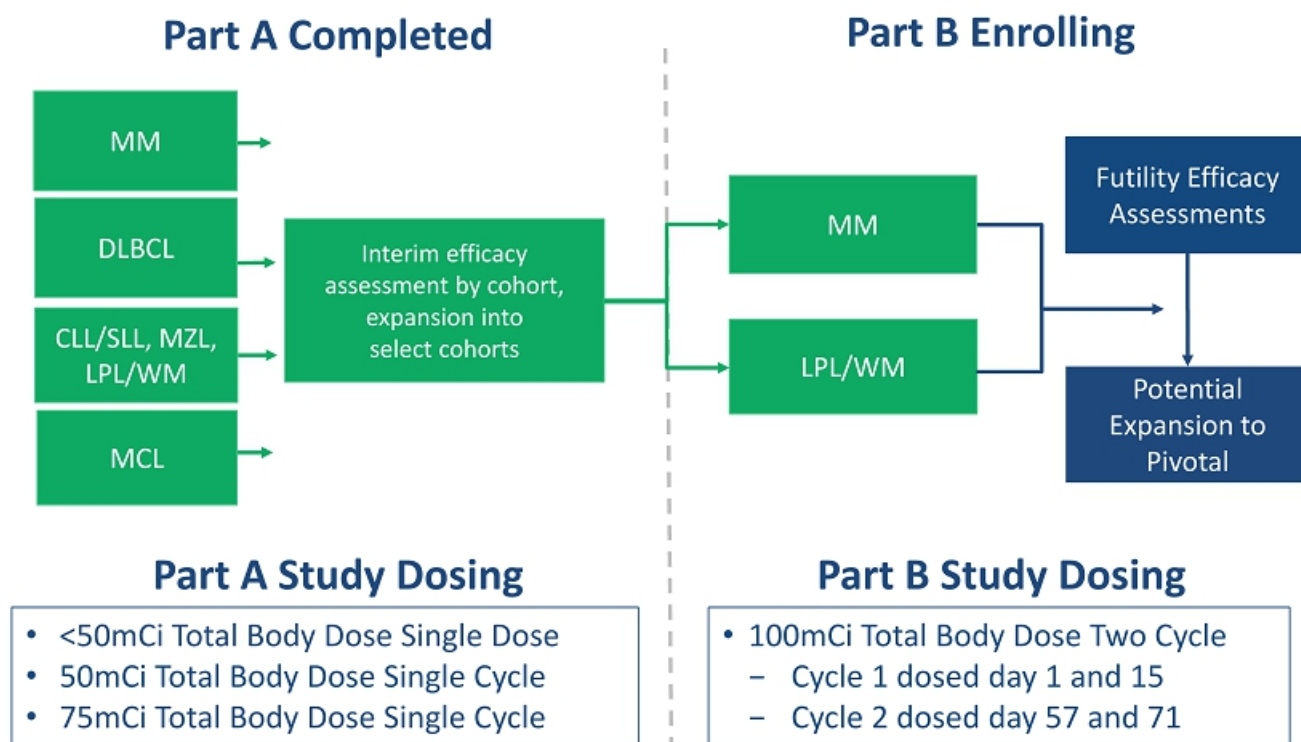
2 CLR 131 Registration Path for Hematologic Malignancies

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CLR 131 Phase 2 Study Design

Phase 2b Initiated; Heading to Pivotal



Adaptive Design to Confirm Benefits of 100mCi Total Body Dose (TBD)

CLR 131 r/r Multiple Myeloma

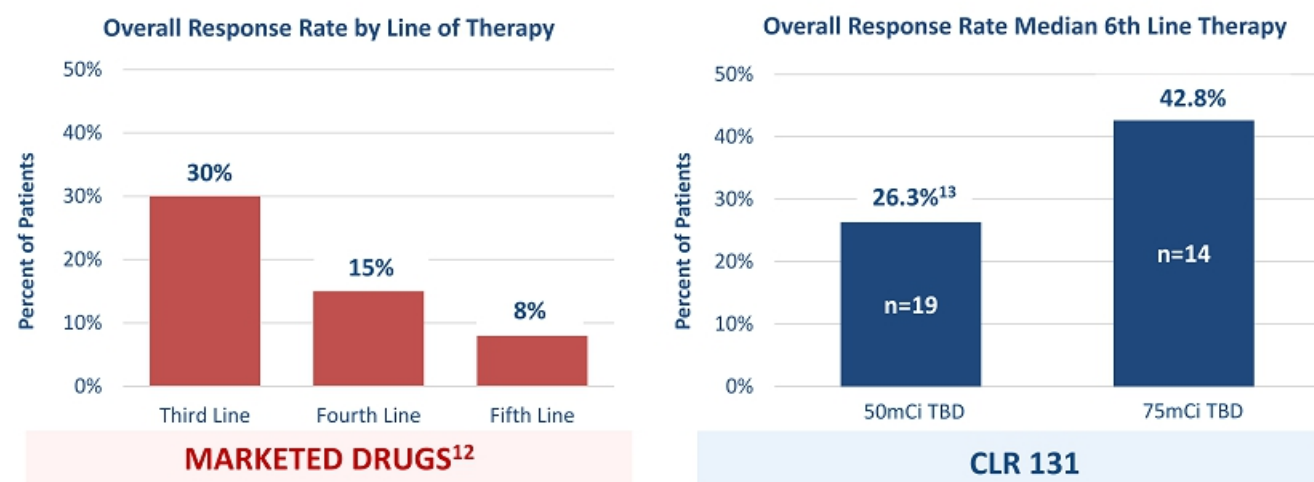
Challenging Patient Population - Characteristics⁷

Criteria	Total Body Dose <50mCi (n=10)	Total Body Dose 50mCi (n=20)	Total Body Dose 75mCi (n=17)	Total (n=47)
Median Age (Min-Max)	68.5 (55-85)	70 (51-82)	70 (59-83)	70 (51-85)
Male (%)	50	60	71	62
Median ECOG PS ⁸	1	1	0.5	1
Median Prior Therapies (Min-Max)	4 (3-12)	5 (2-13)	5 (3-17)	5 (2-17)
Median Days Since Last Treatment (Range)	49 (28,485)	69 (22,1035)	54 (13,407)	52 (13,1035)
ISS Stage at Diagnosis [n (%)]				
Stage I	5 (50)	6 (30)	7 (41)	18 (38)
Stage II	4 (40)	4 (20)	5 (29)	13 (28)
Stage III	0	5 (25)	1 (6)	6 (13)
Unknown	1 (10)	5 (25)	4 (24)	10 (21)
Cytogenetics at Diagnosis				
High Risk [n (%)]	2 (20)	6 (30)	6 (35)	14 (30)
Unknown [n (%)]	0	3 (15)	3 (18)	6 (13)
Median Beta-2 Macroglobulin (Range)	2.62 (2.09,4.4)	3.9 (1.98,9.49)	2.65 (1.1,4.4)	2.83 (1.1, 9.49)
Total Evaluable Patients n=43 (%)				
Refractory to Immediate Prior Therapy	38 (88.4)			
Quad ⁹ /penta-refractory ¹⁰	25 (58.0)			
Triple Class Refractory ¹¹	20 (46.5)		19 (95)	

Patient Population Mirrors Real World Utilization

CLR 131 r/r Multiple Myeloma

Phase 2 Achieves Primary Efficacy Endpoint (ORR)



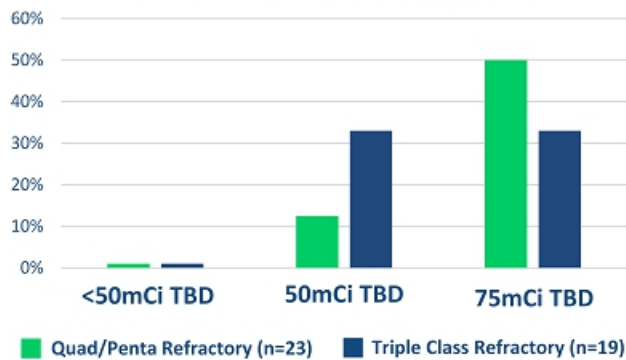
- 100% of patients across all doses achieved a minimum of stable disease
- 85.7% of patients experienced tumor reduction
- 34.5% Combined ORR for 50mCi and 75mCi TBD¹⁴

42.8% ORR at 75mCi Total Body Dose (95% CI: 30 - 57%)

CLR 131 r/r Multiple Myeloma

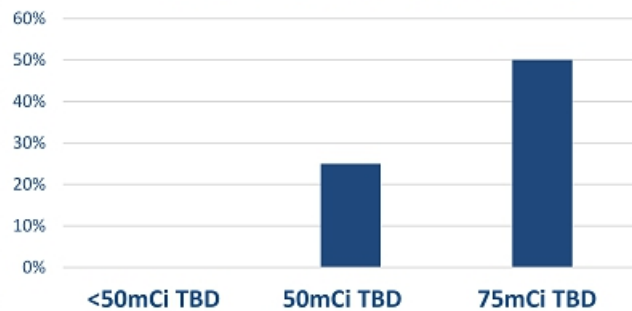
Efficacy in Challenging Patient Subtypes

ORR in Refractory Patients (n=42)



- ORR at 75mCi TBD
 - 50% of quad/penta refractory
 - 33% of triple class refractory
- Quad refractory definition: Refractory to bortezomib, carfilzomib, pomalidomide, lenalidomide
- Triple class refractory definition: Class refractory to PI, IMiD & CD38 antibody

ORR In High Risk Patients (n=14)



- CLR 131 demonstrates dose response in high risk patients
 - 25% achieve PR or better 50mCi TBD
 - 50% achieve PR or better 75mCi TBD
- High risk definition: Determined by cytogenetic analysis of certain chromosomal abnormalities

CLR 131 r/r Multiple Myeloma Competitive Landscape

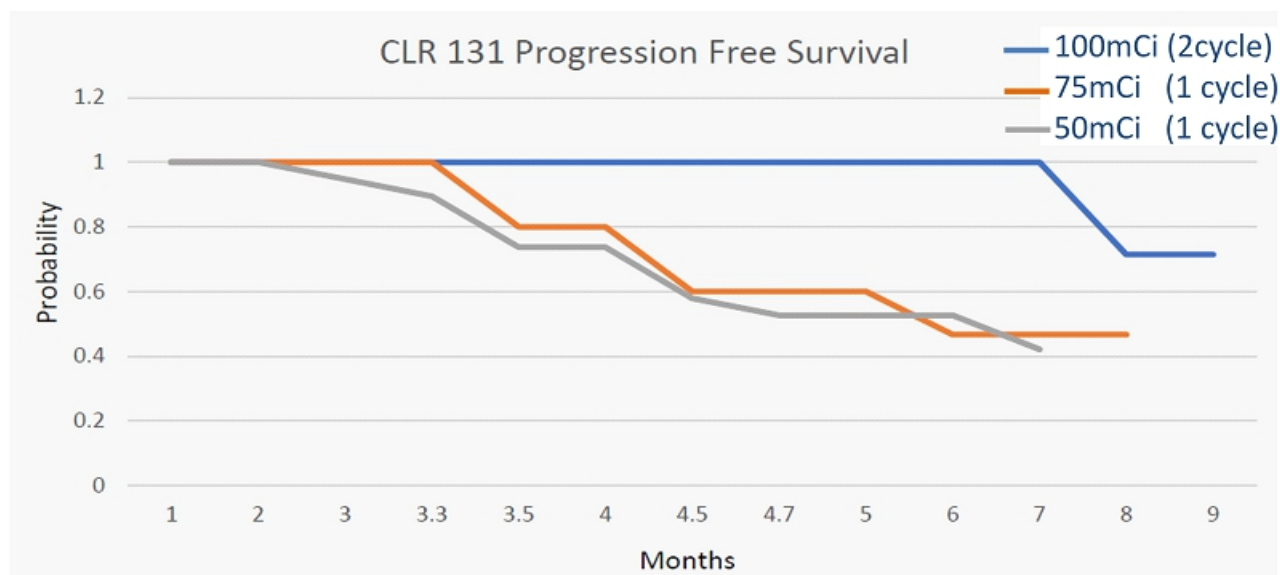
Approved Products and Late Stage Development Programs

Approved	Overall Response Rate (ORR) - %	Triple Class Refractory ORR - %	Progression Free Survival (PFS) - Months
Selinexor ¹⁵	25.4	25.4	3.7
Daratumumab ¹⁶	29.2	refractory	3.7
Pomalidomide ¹⁷	29.2	refractory	4
Bortezomib ¹⁵	27.7	refractory	3
Carfilzomib ¹⁸	22.9	refractory	3
Development			
Belantamab ¹⁹	31	NR	2.9
bb2121 ²⁰	68.6	NR	Predicted 5.8
CLR 131	42.8	33	Predicted 5.5

- Approved drugs have an ORR of 22.9% to 29.2%; little difference reported in PFS
 - Definition of PFS: 25% increase over baseline for Dara, Bortezomib and Carfilzomib
 - All approved product data based upon 3rd line treatment - excluding Selinexor

CLR 131 r/r Multiple Myeloma

Progression Free Survival (PFS) and Duration of Response (DOR)



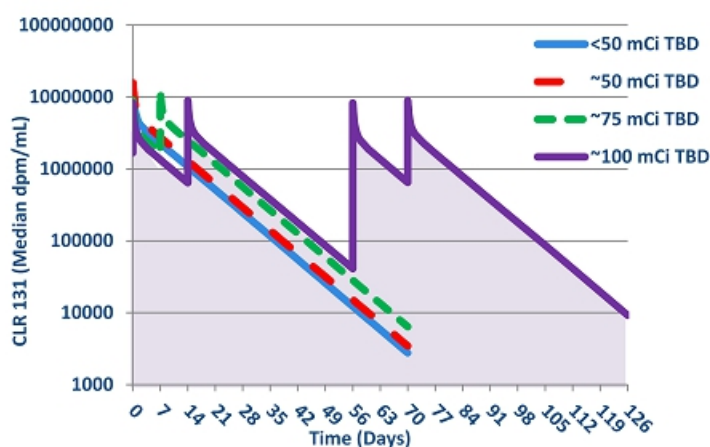
- CLOVER-1 Study Median PFS and DOR not yet reached
- Median PFS predicted to be 4.7 (50mCi) and 5.5 (75mCi) and >9 months (100mCi)
- DOR at ≥ 6 months: 52% at 75mCis and 100% of patients at 100mCis

CLR 131 Two Cycle Dosing Optimization

Pharmacokinetics - ~200% Increase of Area Under the Curve

	<50mCi	50mCi bolus	50mCi fractionated	75mCi	100mCi
C _{max} (dpm/mL)					
Day 1	13956050		8718430,	10202250,	9012567,
Day 15			10164250	120034350	1367832,
Day 57					9123976,
Day 71					13908984
T _{max} (h)	2.17		0.420	0.450	0.412
AUC _{inf} (hr*dpm/mL)	1257x10 ⁶		1974x10 ⁶	2775x10 ⁶	6124x10 ⁶
100mCi AUC is Forecasted Results					

- Radiotherapeutic efficacy is driven by absorption/exposure to radiation
 - Adverse events driven by C_{max}
- Increased exposure of CLR 131 has demonstrated increased tumor uptake and response rate in 50mCi vs 75mCi²¹
- 100mCi multiple cycle dose reduces C_{max} vs. 75mCi dose and increases exposure



Second Cycle Doubles Plasma Exposure, Increasing Tumor Uptake

CLR 131 All r/r B-cell Malignancies Patients

Well Tolerated Safety Profile

Treatment Emergent Adverse Events²² (≥25% of All Patients)

Preferred Term	<50mCi Total Body Dose n = 11		50mCi Total Body Dose n = 31		75mCi Total Body Dose n = 24		ALL DOSES Total n = 66 Phase 1 & 2 Pts	
	Overall n (%)	≥ Grade 3 n (%)	Overall n (%)	≥ Grade 3 n (%)	Overall n (%)	≥ Grade 3 n (%)	Overall n (%)	≥ Grade 3 n (%)
Thrombocytopenia	11 (100)	6 (55)	27 (87)	24 (77)	17 (71)	17 (71)	55 (83)	47 (71)
Lymphocyte count decreased	11 (100)	10 (91)	15 (48)	13 (42)	6 (25)	6 (25)	32 (48)	29 (44)
Decreased White Blood Cell Count	10 (91)	6 (55)	23 (74)	19 (61)	10 (42)	8 (33)	43 (65)	33 (50)
Anemia	6 (55)	3 (27)	23 (74)	15 (48)	12 (50)	6 (25)	41 (62)	24 (36)
Neutropenia	6 (55)	5 (45)	21 (68)	19 (61)	13 (54)	12 (50)	40 (61)	36 (55)
Fatigue	4 (36)	0	18 (58)	10 (32)	12 (50)	1 (4)	34 (52)	11 (17)
Infections	0	0	15 (48)	7 (23)	6 (25)	3 (13)	21 (32)	10 (15)

- Most frequent TEAEs²³ are cytopenias; very predictable and manageable
 - Nadir occurs ~34 days post initial dose; recovery occurs within ~21 days post nadir
- No deaths, cardiotoxicities, liver, renal or neurologic toxicities, keratopathy, etc.

CLR 131 r/r MM Pivotal Study

Accelerated Study Design in Triple Class Refractory Patients

Proposed Pivotal Study Design

- Expand ongoing 2 cycle arm by 40-50 additional patients (total n= 65-85)
- Triple class refractory patients
- Primary endpoint: ORR
- Key Secondary endpoints: PFS and DOR

Program Timing²⁴

- Phase 2b expansion 1Q2020
- Type B meeting 2H2020
- Completion estimate: 19 months

Clinical Costs²⁴

- Pivotal study = \$150 - \$200K per patient
- Eligible for pivotal study SBIR Grant up to \$4M²⁵

Current Status

- Initiated (enrollment ongoing)
- Data in additional patients @ 100mCi
- 33% ORR
- Predicted PFS = ~9 months
- Predicted DOR = ~12 months
- Initiated (enrollment ongoing)
- In process to finalize pivotal protocol
- Submission in process

CLR 131 Granted U.S. & EU ODD²⁶ and U.S. Fast Track Designation for MM

CLR 131 r/r Non-Hodgkin's Lymphoma²⁷

Challenging Patient Population - Characteristics²⁸

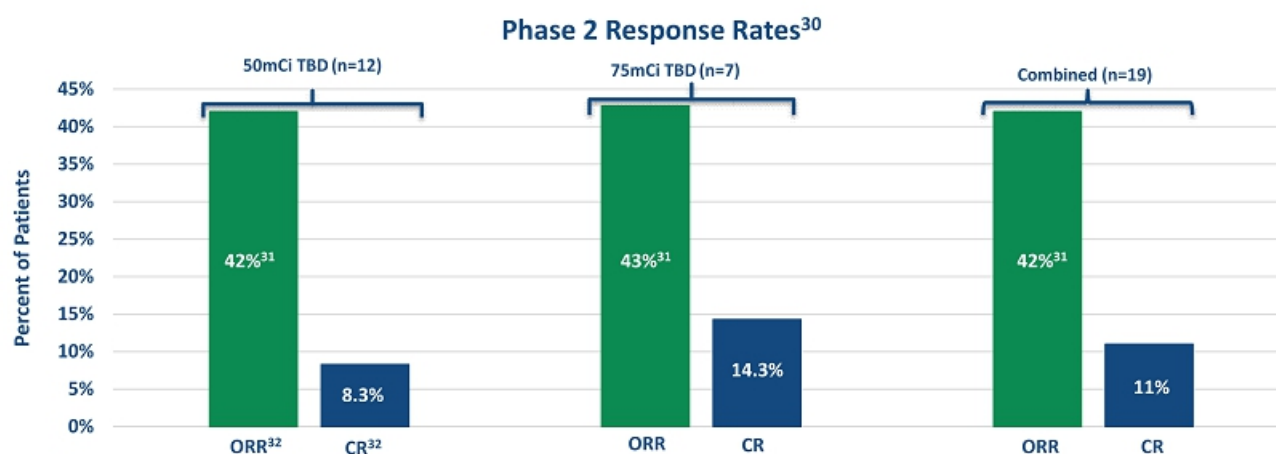
	Total Body Dose 50mCi (n=12)	Total Body Dose 75mCi (n=7)	Total (n=19)
Median Age (Min-Max)	70 (52-79)	72 (65-86)	70 (52-86)
Male (%)	47.5	71	55
Median ECOG PS ²⁹	1	1	1
Median Prior Therapies (Min-Max)	3 (1-9)	3 (2-5)	3 (1-9)
Median Days Since Last Treatment (Range)	250 (25,1212)	61 (17,2221)	135 (17,2221)
Refractory to at Least 1 Prior Treatment (%)			14 (73.7)

- Median age - 70 years
- Median prior lines of systemic therapy - 3
- Average bone marrow involvement 23% (Range 1-60%)

~74% of Patients Refractory to at Least 1 Prior Treatment

CLR 131 r/r Non-Hodgkin's Lymphoma

Efficacy in Heavily Pretreated Patients



- Diverse, advanced and heavily pretreated patient population
 - Multiple r/r B-cell lymphoma histologies: DLBCL, transformed DLBCL, CLL/SLL, MZL, MCL, LPL/WM
 - Median 3 prior lines of systemic therapy
 - ~47% of patients were refractory to prior therapy
 - ~53% of patients were refractory to rituximab - 70% of DLBCL were refractory to rituximab

Efficacy in r/r B-Cell Malignancies with Differentiated Safety Profile

CLR 131 r/r B-cell Malignancies

Efficacy by Key Sub-indications

	Overall Response Rate	Complete Response Rate	Major Response Rate
MM (n=14)	42.8%	---	N/A
LPL/WM (n=4)	100%	25%	75%
DLBCL (n=10)	30%	10%	30%

LPL/WM	100%	25%	75%
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- CLR 131 demonstrates activity in both aggressive and indolent NHL disease
- 75% of LPL/WM treated patients were refractory to rituximab or ibrutinib
- Currently, only 10% of 3rd line or later LPL/WM patients achieve a response

CLR 131 Only Reported Monotherapy³³ Achieving a Complete Response in r/r LPL/WM

r/r LPL/WM Competitive Landscape

2nd Line or Later Monotherapy - 1 Approved Product

Approved	Overall Response Rate (ORR)	Major Response Rate	Complete Response Rate
Ibrutinib ³⁴ (n=63)	90.5%	61.9%	0%
Development			
Venetoclax (n=20)	86%	60%	0%
CLR 131	100%	75%	25%

- Rituximab combinations are first line treatments
- Ibrutinib is the only drug approved for second line treatment
 - Oral medication taken daily until progression, no PFS
- No approved or in-development monotherapy has achieved a complete response

CLR 131 r/r LPL/WM Pivotal Study

Accelerated Study Design in Non-responsive and Intolerant ibrutinib Patients

Proposed Pivotal Study Design

- Expand ongoing 2 cycle arm by 15-20 additional patients (total n=15-25)
- Ibrutinib non-responsive and intolerant patients
- Primary endpoint: ORR
- Key secondary endpoint: DOR

Program Timing²⁴

- Phase 2b expansion 1Q2020
- Type B meeting 2H2020
- Completion estimate: 19 months

Clinical Costs²⁴

- Pivotal study = \$150 - \$200K per patient
- Eligible for pivotal study SBIR Grant up to \$4M²⁵

Current Status

- Initiated (enrollment ongoing)
- Data in additional patients @ 100mCi's
- 100% ORR; 75% major response rate
- Avg PFS to date ~12 months ongoing
- Avg DOR to date ~14 months ongoing
- Initiated (enrollment ongoing)
- In process to finalize pivotal protocol

CLR 131 Granted U.S. ODD for LPL/WM

Presentation Topics

1 Company Overview

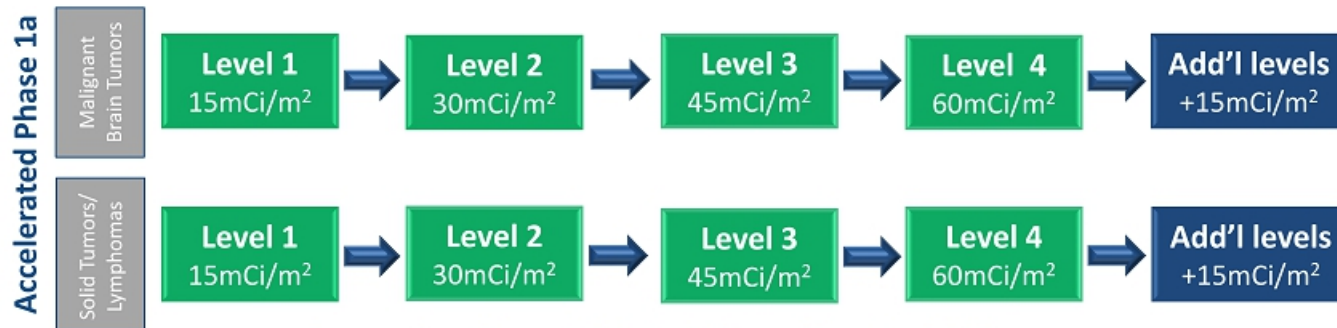
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CLR 131 Pediatric Clinical Development Strategy

Accelerated Study Design



Expansion Arms Initiated Upon Signal of Efficacy

Proposed Development³⁵

- Granted U.S. ODD & RPDD³⁶ for NB, RMS, Osteo & Ewing's Sarcoma
- Eligible for Fast Track, Breakthrough, Accelerated Approval and Priority Review in U.S.; PRIME and Conditional Approval in EU
- FDA is willing to consider Phase 1b portion as the pivotal study: Up to n=30 (accelerated)

Program Timing²⁴

- Phase 1 to complete 1H21
- Phase 1b pivotal initiation 1H21
- NDA submission 2022 (accelerated)/2023 (traditional)

Clinical Costs

- Phase 1 = ~\$3 million
- Pivotal study= ~\$10M (accelerated)

Pivotal Study Initiation Targeted for 1H2021

CLR 131 & MIBG Product Profile Comparison

MIBG I-131 Currently Second Line Standard of Care for Neuroblastoma

Profile	CLR 131	MIBG I-131 ³⁷
Delivery Vehicle/Payload	Phospholipid Ether (PLE)/ Iodine-131	Meta-iodobenzylguanidine/ Iodine-131
Therapeutic Regimen	TBD	3-5 cycles, ~300mCi per cycle, Total dose ~1000 - 1500mCi
Percent Absorbed Dose	0.84Gy/MBq (~16x greater uptake)	0.0525Gy/MBq
Efficacious Dose	~65 - 95mCi total dose	900 - 1500mCi total dose
Capable to Cross the Blood Brain Barrier		
Ability to Target Metastasis		
Stem Cell Transplant Support		
Indicated for NB	YES, Upon Approval	NO

 FAVORABLE/POSSESSES

 NOT YET KNOWN

 DEFICIENT/LACKS

Approval in Any Indication May Provide Priority Review Voucher

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Financial Summary

Capitalization as of March 31, 2020

Common Stock Outstanding	9,396,015
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Reserved for issuance:

Convertible Preferred Stock	537,500
Warrants	9,268,352
Employee Stock Options	<u>901,214</u>

Fully Diluted	<u>20,103,081</u>
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Cash/Equivalents as of March 31	~\$7.1 million
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*Cash Available to Fund Operations Into
Q1 2021 Based on Projected Burn Rate*

Company Summary and Near-term Opportunities

Effective Drug with a Clear and Cost-efficient Approval Pathway

- High unmet medical need remains in r/r MM and r/r LPL/WM
 - Significant market opportunity in triple class refractory MM patients and in ibrutinib non-responsive & intolerant LPL/WM patients
- CLR 131 r/r MM and r/r LPL/WM product profile impressive
 - MM: 42.8% ORR at 75mCi, 50% high risk, 33% in triple class refractory
 - NHL: 43% ORR at 75mCi and 100% ORR for LPL/WM
- CLR 131 two cycle dosing optimization may increase ORR, extend durability of response and maintain/improve safety & tolerability profile
- 4Q20 pivotal study launch considerations include LPL/WM and/or MM
- Pediatric program evaluating CLR 131 in rare indications with limited treatment options; potential for Phase 1b to be pivotal study

Financing Secures Pivotal Topline Data for LPL/WM or MM

Executive Leadership

Jim Caruso
President, CEO and Director

HIP Innovation Technology -
Co-Founder, EVP & COO,
Allos Therapeutics - EVP & CCO, BCI,
Novartis, BASF, Bristol-Myers Squibb



Dov Elefant
Chief Financial Officer

Akari Therapeutics PLC - CFO, Celsus
Therapeutics, Inc. - CFO
Lev Pharmaceuticals - Corporate
Controller



Igor Grachev, MD, PhD
Chief Medical Officer

TEVA - Global Development Leader &
Head of Innovative Clinical Trials
GE Healthcare, GSK, Novartis, Merck,
Sanofi-Aventis, Schering-Plough,
BioClinica - Clinical development and
medical affairs leadership roles



Jarrold Longcor
Chief Business Officer

Avillion LLP - CBO
Melinta Therapeutics, Inc. (formerly
Rib-X Pharmaceuticals, Inc.) - VP Corp
Development and Operations



***Executive Team With Extensive Healthcare Leadership and a
Proven Track Record of Product Development and Commercialization***



Thank You



NASDAQ: CLRB

Footnotes

1. Mechanism of Action
2. Overall Response Rate
3. Lymphoplasmacytic Lymphoma/Waldenstrom's Macroglobulinemia
4. Multiple Myeloma
5. Diffuse Large B-cell Lymphoma
6. European Union
- 6 Non-Hodgkin's Lymphoma
7. Data as of 31Jan2020
8. Eastern Cooperative Oncology Group Performance Status
9. When patients are refractory to 4 therapeutic agents
10. When patients are refractory to 5 therapeutic agents
11. When patients are class refractory to proteasome inhibitor, immunomodulatory drug, and CD38 antibodies
12. Decision Resource Group Data 2020
13. 95% Confidence Interval (13 - 40%)
14. 95% Confidence Interval (24-45%)
15. ODAC Briefing Document, Selinexor Feb. 26, 2019.
16. Usmani, et al (2016). *Clinical efficacy of daratumumab monotherapy in patients with heavily pretreated relapsed or refractory multiple myeloma*. Blood Journal.
17. Dimopolous et al (2016). *Safety and efficacy of pomalidomide plus low-dose dexamethasone in STRATUS (MM-010): a phase 3b study in refractory [MM]*. Blood Review.
18. Jurczyszyn et al (2014). *New drugs in multiple myeloma - role of carfilzomib and pomalidomide*. Contemporary Oncology
19. Lancet Oncology DREAMM-2 Study - 2.4 mg per kg
20. KarMMa-2 Study – Dose group 300x106
21. Weichert data
22. Data as of 31Jan2020
23. Treatment Emergent Adverse Events
24. Estimated
25. <https://www.grants.gov/web/grants/learn-grants.html>
26. Orphan Drug Designation
27. Non Hodgkin's Lymphoma patients include: Chronic Lymphocytic Leukemia (CLL); Lymphoplasmacytic Lymphoma (LPL)/Waldenstrom's Macroglobulinemia (WM) ; Marginal Zone Lymphoma (MZL); Mantle Cell Lymphoma (MCL); Diffuse Large B-cell Lymphoma (DLBCL)
28. Data as of 31Jan2020
29. Eastern Cooperative Oncology Group Performance Status
30. To date
31. 95% confidence interval (10 - 60%), (19 - 62%), (29 - 55%) respectively.
32. Overall Response Rate
33. Complete Response
33. Includes all BTKs and venetoclax
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