The First-in-Class Anti-CD47 Antibody Magrolimab Combined With Azacitidine Is Well-Tolerated and Effective in AML Patients: Phase 1b Results

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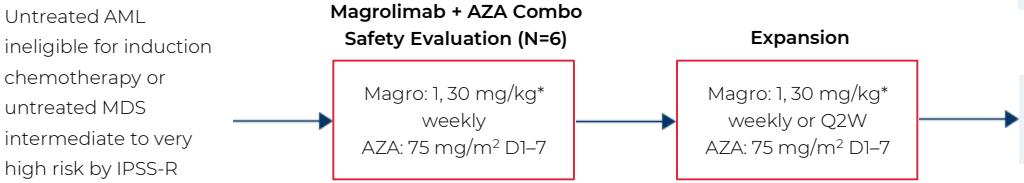
5F9005 Study Design: Magrolimab in Combination With AZA in AML and MDS



Primary objectives

1. Safety of magrolimab alone or with AZA
2. Efficacy of magrolimab + AZA in untreated AML/MDS

Secondary objectives

1. Pharmacokinetics, pharmacodynamics, and immunogenicity of 5F9
2. Additional measures of efficacy (DOR, PFS, OS)

Exploratory objective

To assess CD47 receptor occupancy, markers of immune cell activity, and molecular profiling in AML/MDS

- A magrolimab priming dose (1 mg/kg) and dose ramp-up were utilized to mitigate on-target anemia
- Data from the AML expansion cohort are presented

*Dose ramp-up from 1 mg/kg to 30 mg/kg by week 2, then 30 mg/kg maintenance dosing.
IPSS-R: Revised International Prognostic Scoring System.

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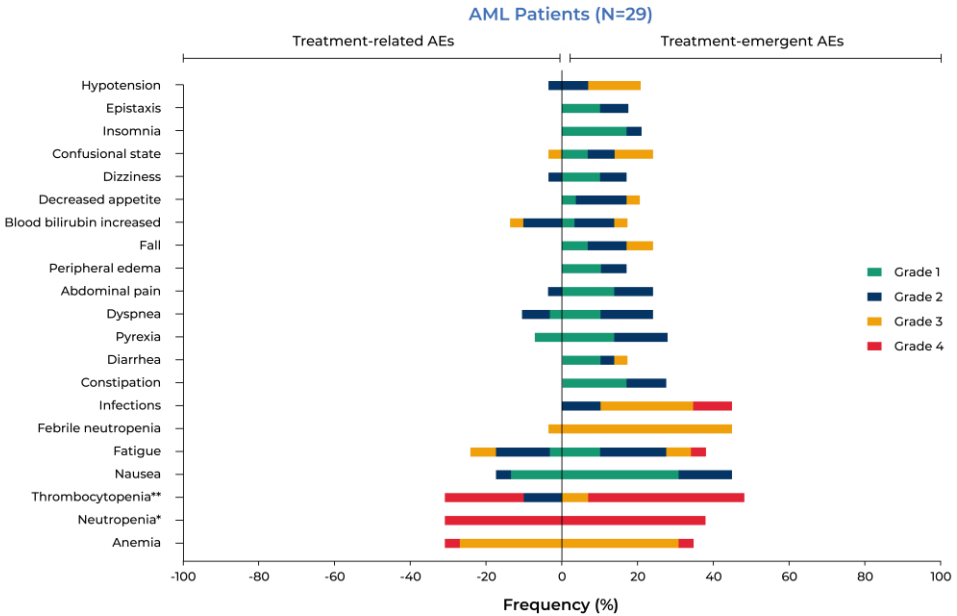
Magrolimab in Combination With Azacitidine Is Well Tolerated



- No maximum tolerated dose was reached; magrolimab + AZA profile consistent with AZA monotherapy
- No significant worsening of cytopenias, infections, or autoimmune AEs were observed (most patients were cytopenic at baseline)
- No deaths were observed in the first 60 days on therapy
- Only 1 patient (3%) discontinued treatment due to a drug-related AE

AEs ≥15% or AEs of interest are shown. All patients with at least 1 magrolimab dose are shown. AE, adverse event.
*Includes neutropenia and neutrophil count decreased. **Includes thrombocytopenia and platelet count decreased.

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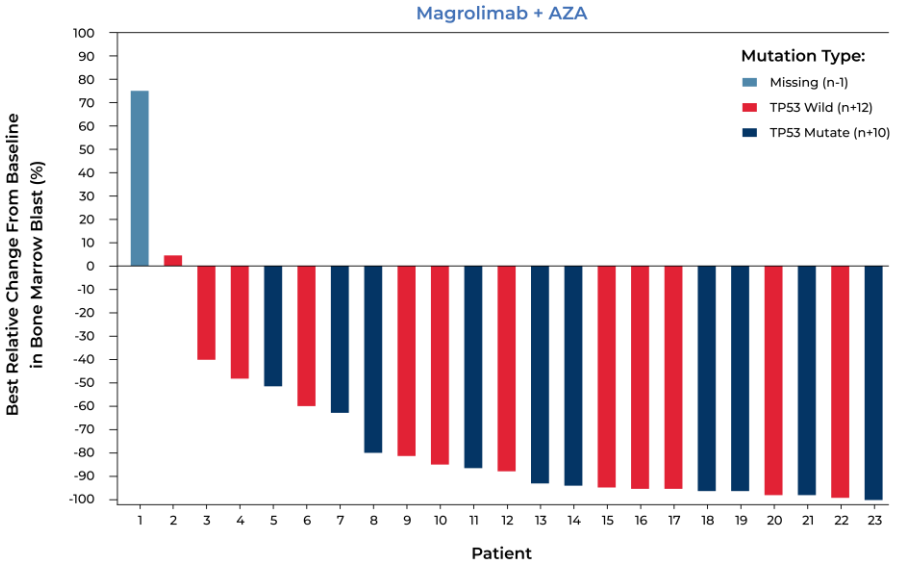
Magrolimab + AZA is Effective in Untreated AML

Best Overall Response	1L AML N=25
ORR	16 (64%)
CR	10 (40%)
CRi	4 (16%)
PR	1 (4%)
MLFS	1 (4%)
SD	8 (32%)
PD	1 (4%)

Response assessments per 2017 AML ELN criteria. Patients with at least 1 post-treatment response assessment are shown; all other patients are on therapy and are too early for first response assessment, except for 3 AML patients (1 AE, 2 early withdrawal).



<5% blasts imputed as 2.5%. Two patients not shown due to missing values.

- Magrolimab + AZA induces a 64% ORR (40% CR)
- Median time to response is 1.9 months, more rapid than AZA alone
- Magrolimab + AZA efficacy compares favorably to AZA monotherapy (CR rate 18%–20%[1,2])

1. Fenaux P, et al. *J Clin Oncol*. 2010 ;28(4):562-569.2. Dombret H, et al. *Blood*. 2015

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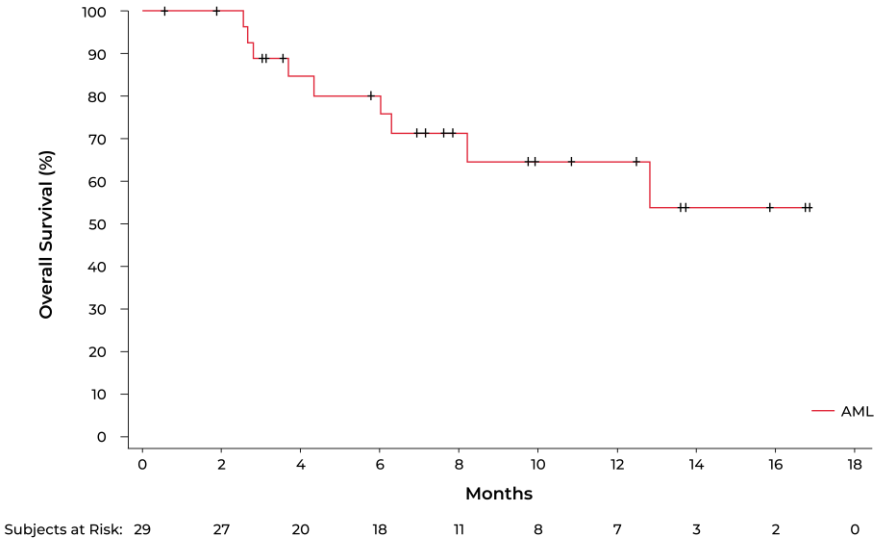
Median Overall Survival is Encouraging with Magrolimab + AZA



Parameter	N=29
Median OS in months (range)	Not reached (0.6+ – 16.9+)
6 month estimated OS	80%
Median follow up in months (range)	7.2 (0.6 – 16.9)

- Median overall survival has not been reached in 1L unfit AML patients (including 72% with poor risk cytogenetics and 45% with *TP53* mutation)

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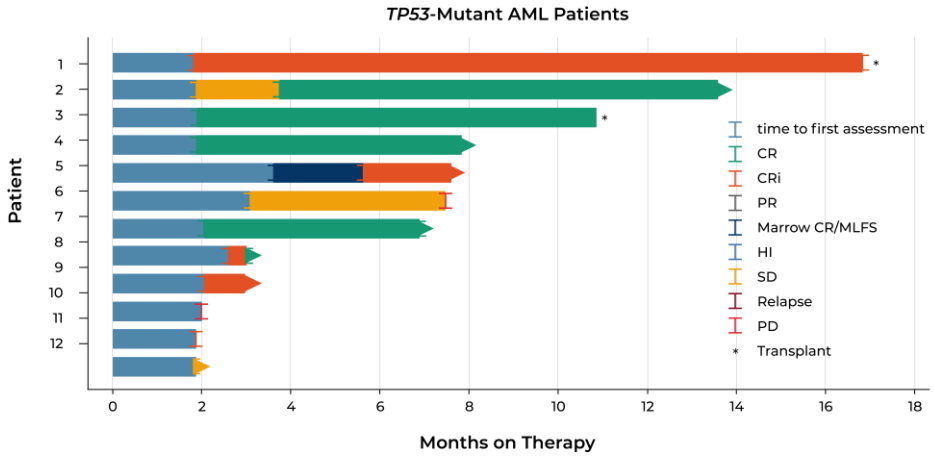
Magrolimab + AZA Eliminates Disease in AML Patients with *TP53* Mutation

Best Overall Response	AML *TP53* Mutant (N=12)
ORR	9 (75%)
CR	5 (42%)
CRi/marrow CR	4 (33%)
Complete cytogenetic response*	4/8 (50%)
MRD negative of responders	4/9 (44%)
Median duration of response (months)	Not reached (0.03+ – 15.1+)
Survival probability at 6 months	91%
Median follow-up (range) (months)	8.8 (1.9 – 16.9)

*Responding patients with abnormal cytogenetics at baseline.



- Magrolimab + AZA has a high response rate, with deep responses showing an estimated 6-month survival of 91%
- Median duration and survival has not been reached, which compares favorably to current therapies
  - Venetoclax + AZA in AML: ORR 47%, DOR 5.6 mo, OS 7.2 mo[1]

1. DiNardo CD, et al. *Blood*. 2019;133(1):7-17.

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