



2026
Annual Congress:

Hematologic Malignancies™

EXHIBIT GUIDE

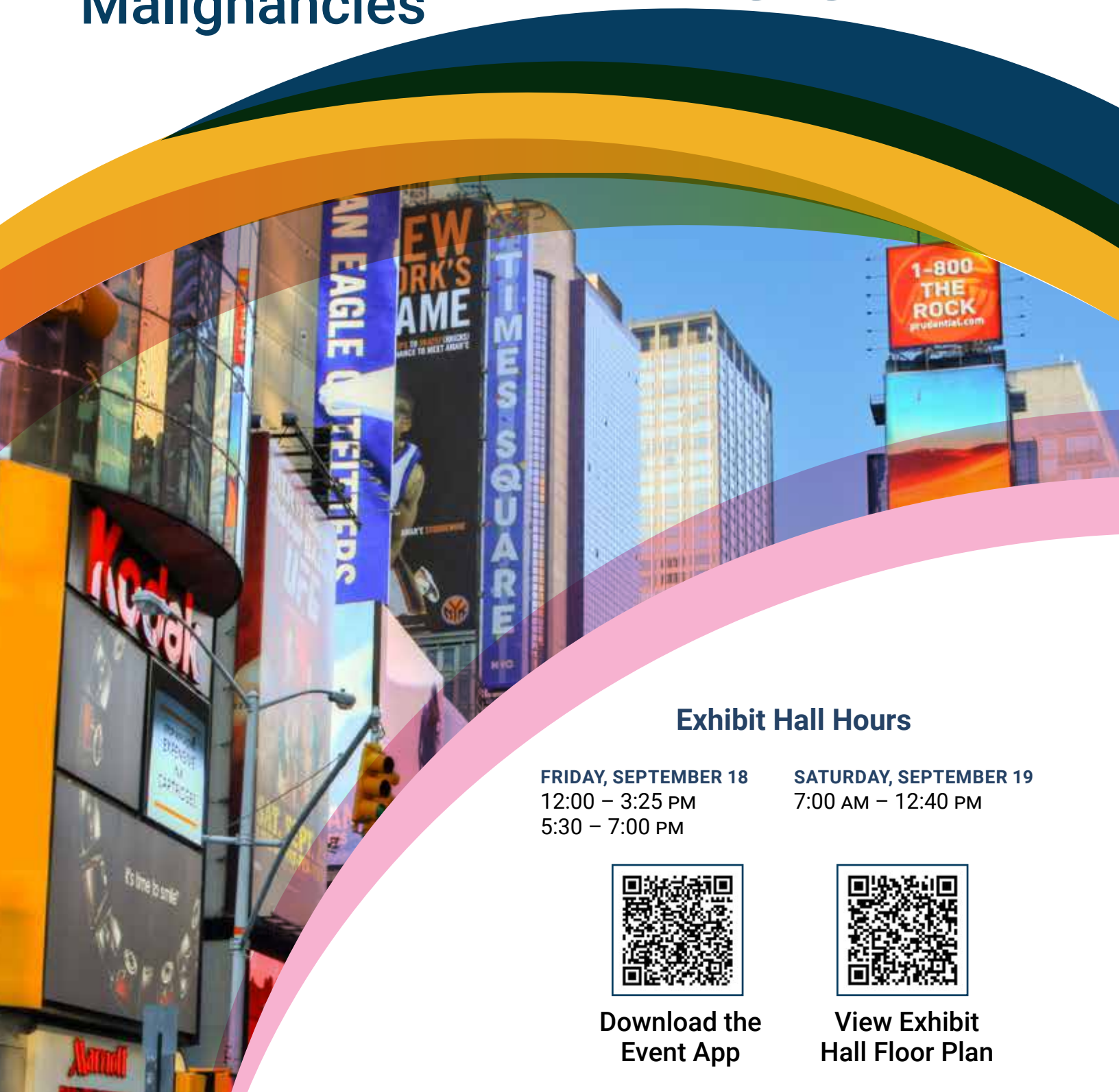


Exhibit Hall Hours

FRIDAY, SEPTEMBER 18
12:00 – 3:25 PM
5:30 – 7:00 PM

SATURDAY, SEPTEMBER 19
7:00 AM – 12:40 PM



Download the
Event App



View Exhibit
Hall Floor Plan

WiFi Access | Network: nccn2026 | Password: nccn2026
#NCCNCongress

Ahead Together

Our expertise in oncology allows us to bring groundbreaking cancer therapies to the patients who need them most.

GSK

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 us.gsk.com

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Bronze

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Non-CE Product Theaters*

These live presentations can be viewed on the event app. Attendees can also view in-person in the **Product Theater Area**. No pre-registration is required.

Friday, September 18

12:20 – 12:50 PM A New Therapeutic Option for ET
Presented by PharmaEssentia

3:10 – 3:40 PM 1 DLBCL: Primary and Latest PFS Data
Presented by Genentech

Saturday, September 19

7:20 – 7:50 AM Fixed-Duration Pirtobrutinib + Venetoclax-Rituximab (VenR) vs VenR for R/R CLL/SLL (Bruin CLL 322)
Presented by Eli Lilly and Company

10:25 – 10:55 AM MIMRYLO (rusfertide): A New Era in Polycythemia Vera (PV)
Presented by Takeda Pharmaceuticals

12:00 – 12:30 PM First-Line Treatment Option For Lower-Risk MDS COMMANDS Trial Overview
Presented by Bristol Myers Squibb

*The information and views expressed in these presentations are solely those of the presenter, and do not necessarily reflect the position and policies of NCCN. NCCN makes no warranties of any kind whatsoever regarding their content, use, or application and disclaims any responsibility for their application or use in any way.

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Share content on the
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this event

#NCCNCongress

NEW HEADSHOT STATION

Saturday, September 19 | Available in the Exhibit Hall during breakfast, morning break, and lunch

Have a complimentary headshot taken by a professional photographer. Photos will be taken on a first-come, first-served basis.

Patient Advocacy Pavilion Sponsors

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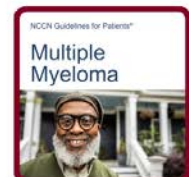
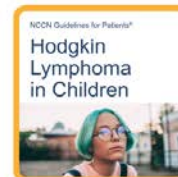
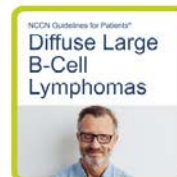
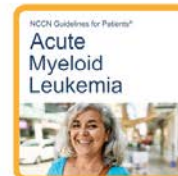
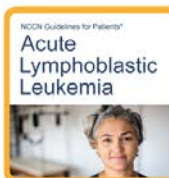
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FREE Patient Resources

Funding provided by:



Free access online
[NCCN.org/patientguidelines](https://www.nccn.org/patientguidelines)

Free NCCN Patient Guides for Cancer App
[NCCN.org/apps](https://www.nccn.org/apps)

Free translations
[NCCN.org/patient-translations](https://www.nccn.org/patient-translations)

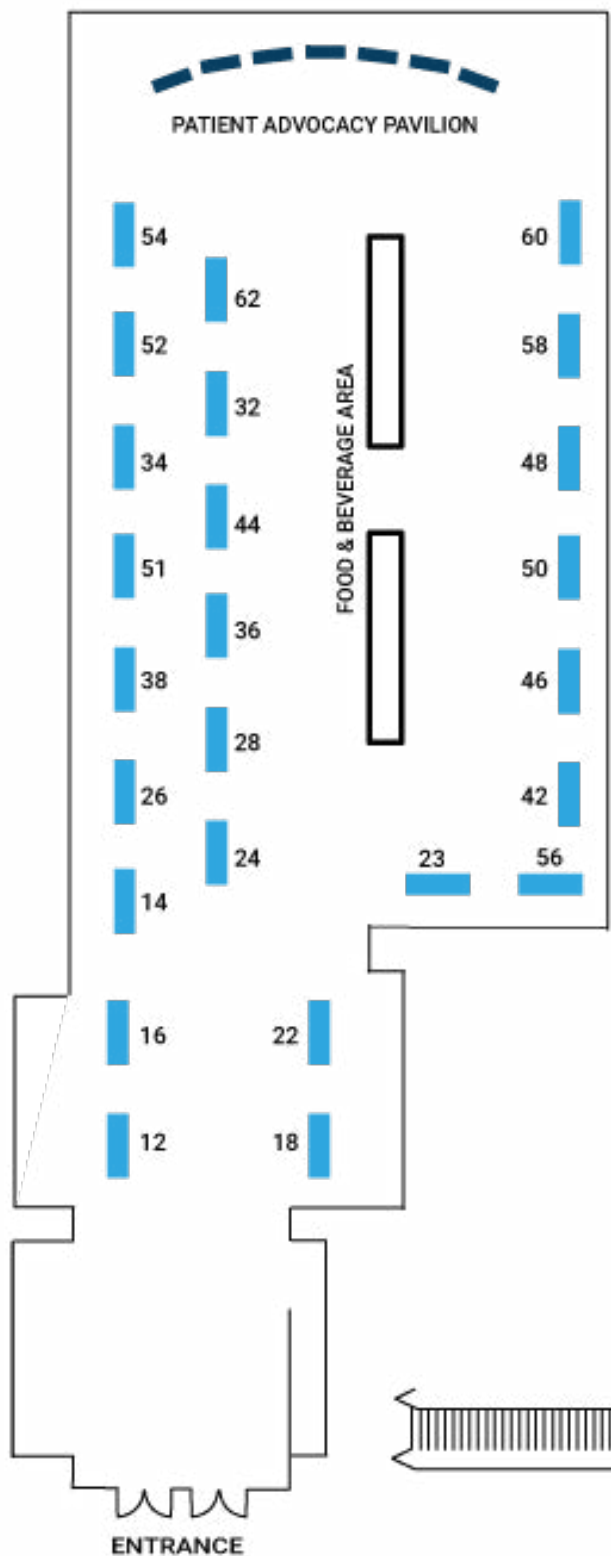
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About Our Exhibitors

SILVER

Abbott #12

Abbott is a global healthcare leader that helps people live more fully at all stages of life. Abbott's portfolio of life-changing technologies spans the spectrum of healthcare, with leading businesses and products in diagnostics, medical devices, nutritionals and branded generic medicines. Abbott's 122,000 colleagues serve people in more than 160 countries. At Abbott, we're driven by a shared mission: to help you live a healthier, fuller life. Through our products, our science and our partnerships, we work to bring better health to more people, so that our next breakthrough can lead to theirs. We develop testing instruments and solutions for hospitals, laboratories, blood banks and clinics worldwide – at both the point of care and in the lab.

ADC Therapeutics #23

ADC Therapeutics is a commercial-stage global leader and pioneer in the field of antibody drug conjugates (ADCs) advancing proprietary ADC technology to address hematologic malignancies. At ADC Therapeutics, we strive to transform the lives of those impacted by cancer by unlocking the potential value of our focused ADC portfolio.

Alexion, AstraZeneca Rare Disease #42

Alexion is a rare disease company of AstraZeneca. As part of the Rare Hematology team, Alexion is advancing science in paroxysmal nocturnal hemoglobinuria (PNH) and light chain amyloidosis (AL). Alexion is looking for strong collaboration with hematologists and oncologists in both of these rare diseases in advancing the earlier diagnosis and advocacy of these orphan diseases.

Amgen #62

Amgen harnesses the best of biology and technology to fight the world's toughest diseases, and make people's lives easier, fuller and longer. We helped establish the biotechnology industry, and we remain on the cutting-edge of innovation, using technology and human genetic data to push beyond what's known today. Our investment in research and development has yielded a robust pipeline that builds on our existing portfolio of medicines to treat cancer, heart disease, osteoporosis, inflammatory diseases and rare diseases.

Amgen is one of 30 companies comprising the Dow Jones Industrial Average®, and part of the Nasdaq-100 Index®. In 2025, Amgen was named to Fortune's list of the World's Most Admired Companies.

AstraZeneca #50

AstraZeneca is a global, science-led biopharmaceutical company that focuses on the discovery, development, and commercialization of prescription medicines, primarily for the treatment of diseases in three therapeutic areas - Oncology, Cardiovascular, Renal & Metabolism and Respiratory & Immunology. For more information, please visit www.astrazeneca-us.com and follow us on Twitter @AstraZenecaUS.

Bristol Myers Squibb #14

Bristol Myers Squibb is a leading global biopharma company focused on discovering, developing and delivering innovative medicines for patients with serious diseases in areas including oncology, hematology, immunology, cardiovascular, fibrosis and neuroscience. Our employees work every day to transform patients' lives through science.

Cogent Biosciences #44

Cogent Biosciences is focused on developing precision therapies for genetically defined diseases. The company is preparing for the commercial launch of bezuclastinib, a selective tyrosine kinase inhibitor that is designed to potentially inhibit mutations in KIT Exons 11, 17, and 18, including the KITD816V mutation, in Gastrointestinal Stromal Tumors (GIST), NonAdvanced and Advanced Systemic Mastocytosis (SM). In addition, the Cogent Research Team is developing a portfolio of novel targeted therapies to help patients fighting serious, genetically driven diseases targeting mutations in ErbB2, PI3Kα, KRAS and JAK2.

Cycle Pharmaceuticals Ltd. #48

Cycle Pharmaceuticals is strongly committed to providing quality treatment and services to patients with rare metabolic, immunological, oncological and neurological conditions. This is achieved through a patient-first approach and the use of the latest pharmaceutical technologies. Our focus is on delivering individualized support to patients, families, carers, and the healthcare professional community. At Cycle Pharmaceuticals, we believe that every patient matters.

About Our Exhibitors

Daiichi Sankyo, Inc.

#26

At Daiichi Sankyo, we create essential medicine for longer, better lives. By uniting cutting-edge science and technology with a genuine interest in people, we develop high-quality, life-changing solutions for the patients of today and tomorrow with great care and unwavering dedication. Our success comes from experts in collaboration: our people, scientists, health care providers, advocates – and patients themselves. Building on a 125+ year heritage and a culture of innovation, we're forging better futures through medicine for people everywhere. Together, we are creating new standards of care – our contribution to the enrichment of quality life around the world. Please visit www.DaiichiSankyo.us.

SILVER

Eli Lilly and Company

#16

Lilly unites caring with discovery to create medicines that make life better for people around the world. We've been pioneering life-changing discoveries for nearly 150 years, and today our medicines help more than 51 million people across the globe. Harnessing the power of biotechnology, chemistry and genetic medicine, our scientists are urgently advancing new discoveries to solve some of the world's most significant health challenges. To learn more, visit Lilly.com and Lilly.com/news or follow us on Facebook, Instagram, Twitter and LinkedIn.

Geron

#38

Powered by pioneering science, grounded in world-class expertise, and driven by purpose, Geron aims to change lives by changing the course of blood cancer.

PLATINUM

GSK

#18

Oncology is a therapeutic area for GSK where we are committed to maximizing patient survival with a current focus on hematologic malignancies, gynecologic cancers, and other solid tumors through breakthroughs in immuno-oncology and tumor-cell targeting therapies.

Invivyd Inc.

#51

Invivyd, Inc. (Nasdaq: IVVD) is a biopharmaceutical company devoted to delivering protection from serious viral infectious diseases, beginning with SARS-CoV-2. The company's proprietary INVYMAB™ platform approach combines state-of-the-art viral surveillance and predictive modeling with advanced antibody engineering. INVYMAB is designed to facilitate the rapid, serial generation of new monoclonal antibodies (mAbs) to address evolving viral threats. In March 2024, Invivyd received emergency use authorization (EUA) from the U.S. FDA for its first mAb in a planned series of innovative antibody candidates. Visit invivyd.com/ to learn more.

BRONZE

Jazz Pharmaceuticals

#22

Jazz Pharmaceuticals is a global biopharma company whose purpose is to innovate to transform the lives of patients and their families. We are dedicated to developing potentially life-changing medicines for people with rare disease – often with limited or no therapeutic options. We have a diverse portfolio of medicines, including leading therapies addressing epilepsies, cancers and sleep disorders. Our patient-focused and science-driven approach powers pioneering research and development advancements across our robust pipeline of innovative therapeutics. Jazz is headquartered in Dublin, Ireland with research and development laboratories, manufacturing facilities and employees in multiple countries committed to serving patients worldwide. Please visit www.jazzpharmaceuticals.com for more information.

JNCCN–Journal of the National Comprehensive Cancer Network

#34

A peer-reviewed, indexed medical journal providing the latest information about best clinical practices, health services research, and translational medicine. JNCCN features updates on the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®), (solicited) review articles elaborating on guideline recommendations, health services research, and case reports highlighting molecular insights in patient care. JNCCN's vision is to further the mission of NCCN by serving as the primary resource for information on NCCN Guidelines®; innovation in translational medicine; and scientific studies related to oncology health services research. Learn more at JNCCN.org and JNCCN360.com.



THE LEADER IN

MENIN CLINICAL RESEARCH



Revumenib Evaluation in Acute Leukemia
(REVEAL-ND NPM1)

A global, actively recruiting phase 3 clinical trial investigating revumenib in combination with intensive chemotherapy for the treatment of patients aged 12 years and older with newly diagnosed AML with an *NPM1* mutation

This study is sponsored by Syndax Pharmaceuticals, Inc.

Learn more about REVEAL-ND NPM1



RevealTrialAML.com

revealsiteinquiries@syndax.com

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EVOLVE-2

A global, actively recruiting phase 3 clinical trial of revumenib in combination with azacitidine + venetoclax in adult patients with newly diagnosed *NPM1*-mutated or *KMT2A*-rearranged AML ineligible for intensive chemotherapy

This study is sponsored by HOVON, conducted by HOVON, AMLSG, UKAMLRN, ALFA, FILO, CETLAM, GIMEMA, ALLG, SAKK, Nordic AML Group, and the Beat AML Consortium, in collaboration with and funded by Syndax.

Learn more about EVOLVE-2



[ClinicalTrials.gov](https://ClinicalTrials.gov/NCT06652438)
NCT06652438

HO177@erasmusmc.nl

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Use of revumenib in this setting is under investigation and has not been approved by any regulatory authority worldwide for the uses under investigation.

This material is for scientific purposes only and is intended solely for healthcare practitioners. Patient enrollment is dependent on approval by local ethics committees.

AML, acute myeloid leukemia; *KMT2A*, lysine methyltransferase 2A; *NPM1*, nucleophosmin 1.

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MED-REV-260082 07/2026

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Why representation in clinical trials matters

GSK

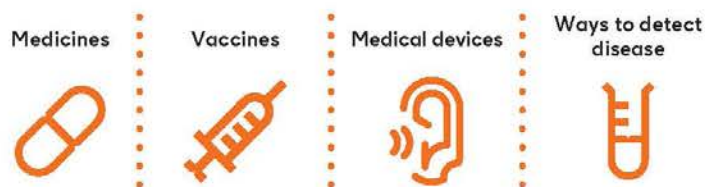
You can make a difference.

Talk to your doctor to learn more and to see if a clinical trial is right for you. Visit clinicaltrials.gov for a list of clinical trials in the United States and visit [GSK-studyregister.com](https://gsk-studyregister.com) to explore clinical trials being conducted by GSK.

Being in a clinical study is voluntary and you can stop participating at any time.

Together We Count

Clinical trials help doctors and scientists find new and better:



Clinical trials help to make sure that only the *safest* and *most effective* treatments become available to the public.

Clinical trials should represent the real-world population.



Clinical trials should represent the people who may be impacted by a disease, because medicines and vaccines need to be safe and effective for everyone, not just for specific groups of people.

Minority populations have higher rates of occurrence and death from certain diseases:

- **Black/African Americans:** HIV, heart disease, diabetes, kidney disease
- **American Indians/Alaska Natives:** diabetes, chronic liver disease, kidney disease
- **Asian Americans/Pacific Islanders:** cancer, stroke, diabetes, kidney disease, hypertension
- **Hispanics/Latinos:** diabetes, kidney disease

Diseases, medicines, and vaccines can affect people differently, depending on many factors, including:



Reference

National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Population Health and Public Health Practice, Committee on Community-Based Solutions to Promote Health Equity in the United States: Baciu A, Negussie Y, Geller A, et al., editors. *Communities in Action: Pathways to Health Equity*. Washington (DC): National Academies Press (US); 2017 Jan 11 2. *The State of Health Disparities in the United States*. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK425844/>

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About Our Exhibitors

BRONZE

Karyopharm

#24

Karyopharm Therapeutics is a commercial-stage pharmaceutical company pioneering the science of nuclear export inhibition to develop differentiated cancer therapies. Its flagship therapy, XPOVIO® (selinexor), is a globally approved, first-in-class medicine for adults with relapsed or refractory multiple myeloma, reaching patients in over 50 countries. Building on its leadership in XPO1 biology, Karyopharm is advancing selinexor's potential in hematological cancers, including in myelofibrosis. Headquartered in Newton, Massachusetts, the company pairs cutting-edge innovation with an established, efficient and scalable commercial infrastructure to deliver novel therapies to patients with cancer. Learn more at www.karyopharm.com and follow @Karyopharm.

Kite, Pharma

#58

Kite, a Gilead Company, is a global biopharmaceutical company based in Santa Monica, California, focused on achieving cures with cell therapy. As the global cell therapy leader, Kite has treated more patients with CAR T-cell therapy than any other company. Kite has the largest in-house cell therapy manufacturing network in the world, spanning process development, vector manufacturing, clinical trial supply and commercial product manufacturing.

For more information on Kite, please visit www.kitepharma.com.

PharmaEssentia

#28

PharmaEssentia USA, based in Burlington, MA, is the U.S. subsidiary of PharmaEssentia Corporation (TWSE: 6446), a global biopharmaceutical company headquartered in Taiwan, focused on myeloproliferative neoplasms (MPNs) and hematologic conditions. Its lead commercial product is the first and only FDA-approved immunotherapy for polycythemia vera (PV). Committed to long-term disease control, PharmaEssentia USA strives to deliver meaningful improvements across the MPN spectrum.

Syndax Pharmaceuticals

#32

Syndax Pharmaceuticals is a commercial-stage biopharmaceutical company advancing innovative cancer therapies. Highlights of the Company's pipeline include a menin inhibitor for R/R acute leukemia and a monoclonal antibody that blocks the CSF-1 receptor for chronic graft-versus-host disease. Fueled by our commitment to reimagining cancer care, Syndax is working to unlock the full potential of its pipeline and is conducting several clinical trials across the continuum of treatment. For more information, visit www.syndax.com or follow the Company on X and LinkedIn.

Taiho Oncology

#46

The mission of Taiho Oncology, Inc. is to improve the lives of patients with cancer, their families and their caregivers. The company specializes in the development of orally administered anti-cancer agents and markets these medicines for a range of tumor types in the U.S. Taiho Oncology's growing pipeline of selectively targeted anti-cancer agents is led by a world-class clinical development organization. Taiho Oncology is a subsidiary of Taiho Pharmaceutical Co., Ltd. which is part of Otsuka Holdings Co., Ltd. Taiho Oncology is headquartered in Princeton, New Jersey and oversees its parent company's European and Canadian operations, which are located in Zug, Switzerland and Oakville, Ontario, Canada. For more information, visit www.taihooncology.com

Takeda

#56

At Takeda Oncology, we aspire to cure cancer, with inspiration from patients and innovation from everywhere. Our leadership in oncology extends over 25 years and includes a range of therapies that have helped to transform the treatment landscape for previously underserved patient populations, in some cases shifting paradigms and becoming standard of care. We are building on our portfolio of approved medicines for hematologic cancers and solid tumors and advancing a cutting-edge pipeline focused on the power of innate immunity. We aim to introduce new classes of immunotherapies that can lead to deep, durable responses so that more patients can benefit from innovative medicines.



KLFLC ON ALINITY C PROVIDES CONFIDENT RESULTS
TO SUPPORT THE LONGITUDINAL ASSESSMENT OF
MULTIPLE MYELOMA STATUS

MULTIPLE MYELOMA IS HARD TO SPOT. **WE'RE OFFERING A CLEAR VIEW.**

**ASSESS AND MONITOR MULTIPLE MYELOMA
WITH HIGHLY SENSITIVE DIAZYME HUMAN
KAPPA (K) AND LAMBDA (Λ) FREE LIGHT
CHAIN ASSAYS ON ABBOTT'S ALINITY C.**

Serum KLFLCs offer quantitative insights for a more complete picture of multiple myeloma. Highly sensitive KLFLC detection supports diagnosis, clinical assessment and ongoing disease monitoring^{1,2} — with results available in as little as ten minutes³ — to support confident decision-making and more informed patient care.



**LEARN MORE ABOUT MULTIPLE MYELOMA CARE,
ACCESS ADDITIONAL PRODUCT INFORMATION,
AND VISIT US AT BOOTH #12**

Intended Use:

The Diazyme Human Kappa (κ) Free Light Chain Assay and The Diazyme Human Lambda (λ) Free Light Chain Assay are intended as latex particle enhanced immunoturbidimetric assays for the quantitative determination of Kappa and Lambda FLC concentrations respectively in serum on validated analyzers. The measurement of Kappa FLC in conjunction with Lambda FLC aids in the diagnosis and monitoring of multiple myeloma in conjunction with other laboratory and clinical findings. For *in-vitro* diagnostic use only.

1. Diazyme Human Kappa (κ) Free Light Chain Assay Reagent IFU REF 06U9525 (71947 Rev. 14)

2. Diazyme Human Lambda (λ) Free Light Chain Assay Reagent IFU REF 06U9626 (71949 Rev. 14)

3. Alinity ci series – Operations Manual 80000071-113.

Patient Advocacy Pavilion

Blood Cancer United

A1

Blood Cancer United®—formerly The Leukemia & Lymphoma Society®—is dedicated to curing blood cancers and improving the lives of patients and their families. For more than 75 years, the organization has provided free, trusted support and education to patients, caregivers, and healthcare providers, while investing over \$1.9 billion in research to advance treatments, extend survival, and improve quality of life. Blood Cancer United also advocates for state and federal policies that expand access to high-quality, affordable cancer care. It serves people affected by leukemia, lymphoma, myeloma, myelodysplastic syndromes, myeloproliferative neoplasms, and more than 100 other blood cancers. Learn more at www.BloodCancerUnited.org.

Lymphoma Research Foundation

A4

The Lymphoma Research Foundation is the nation's largest nonprofit dedicated exclusively to lymphoma and CLL. We provide trusted information, expert-led educational resources, and community support to people affected by Hodgkin and non-Hodgkin lymphoma, including patients, caregivers, and clinicians.

Man Up to Cancer

A2

Man Up To Cancer is a nonprofit organization dedicated to helping men facing cancer connect, communicate, and avoid isolation. Through peer-to-peer support, local chapters, retreats, online communities, and our backpack program, we provide social and emotional support for patients, survivors, caregivers, and family members. Our mission is to show men that strength comes through connection — and that no man should face cancer alone. Founded on the motto “Open Heart, Warrior Spirit,” MUTC serves thousands of members across North America and beyond.

Oncology Nutrition Dietetic Practice Group (Academy of Nutrition and Dietetics)

A6

Oncology Nutrition Dietetic Practice Group (ONDPG) is a dietetic practice group of the Academy with more than 2,000 members. Oncology nutrition practice spans the continuum of care, including research, prevention, treatment, recovery, palliative care and hospice. Members work in a range of settings, including clinical practice, public health, education, and research. ON DPG provides dietetic professionals with resources and networking opportunities to support practice in the complex and evolving field of oncology nutrition. ONDPG fosters excellence in oncology nutrition via an evidence-based nutrition care process.

The ONDPG also promotes advocacy, education and research through its publications, symposiums, speakers, and webinars. The ONDPG endorses the vital role of a Registered Dietitian Nutritionist (RDN) as the nutrition expert on the multidisciplinary care team. Attendees will gain education materials on nutrition screening, malnutrition diagnoses, Board Certified Oncology Specialist referrals, and up to date publications regarding nutrition for hematology patients.

Patient Advocate Foundation

A5

Patient Advocate Foundation—having announced a merger with PAN Foundation in March 2026—is the nation's most comprehensive nonprofit dedicated to helping patients navigate, access, and afford care while improving the healthcare system for the people who need it most. We offer a wide array of resources to empower people to take charge of their health, including over 130 disease-specific financial assistance funds, personalized case management services, award-winning education, patient advocacy and engagement programs, rigorous research, health equity initiatives, and community engagement. Learn more at Uniting.PatientAdvocate.org.

Triage Cancer

A7

Triage Cancer provides education on legal and practical issues that may impact individuals diagnosed with cancer and their caregivers. Provides expert content on issues related to work, insurance, disability benefits, finances, estate planning, medical decision-making, and more. Offers free in-person and online educational events, materials, animated videos, and state-specific resources. Provides free on-on-one help to assist individuals understand their options and possible next steps, as well as CancerFinances.org, which helps people navigate finances after cancer.

YASU

A3

Young Adult Survivors United serves young adults impacted by cancer (18-45 when diagnosed) and their caregivers with a compassionate community that promotes connection, well-being, and resilience at every stage of the journey. Programs meet their emotional, social, and financial needs. In person support is offered in Pittsburgh, PA while virtual support is offered nationally. For more information, visit www.yasurvivors.org.



Approved in 5 indications¹

**OVER 290,000 PATIENTS TREATED
WITH BRUKINSA GLOBALLY*²**



SEE DATA FOR BRUKINSA

*Based on March 2026 Symphony Claims/In-office Dispenses (IOD) data from GPO Networks/Internal Analysis.

References: 1. BRUKINSA. Package insert. BeOne Medicines USA, Inc.; 2025. 2. Data on file. BeOne Medicines USA, Inc.

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DREAMM-10 (NCT06679101)

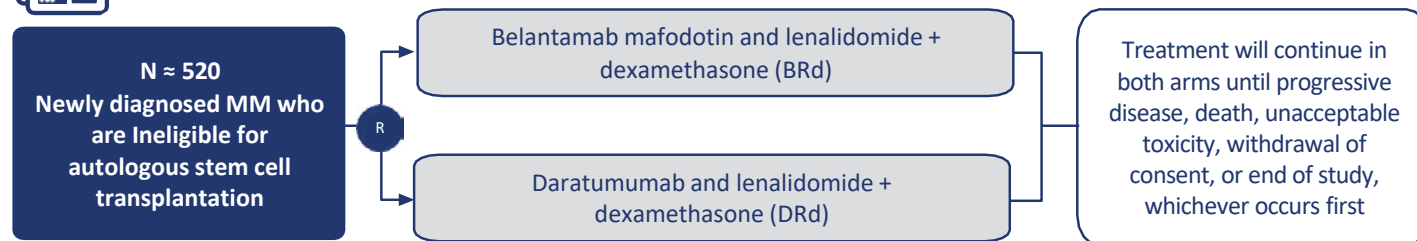
A Phase 3, Randomized, Open-Label Study of Belantamab Mafodotin Administered in Combination With Lenalidomide, and Dexamethasone (BRd) Versus Daratumumab, Lenalidomide, and Dexamethasone (DRd) in Participants With Newly Diagnosed Multiple Myeloma Stem Cell Transplantation (TI-NDMM)

GSK

dreamMM 10
Driving Excellence in Approaches to Multiple Myeloma



Study Design



Primary Endpoints

- PFS by IRC
- MRD-negativity rate

Secondary Endpoints

- PFS2
- OS
- ≥ CR rate
- ≥ VGPR rate
- DOR
- ADAs
- TTST
- AEs
- Ocular events
- PK
- Sustained MRD-negativity rate
- HRQOL
- PROS



Key Inclusion Criteria

- Age ≥ 18 years
- Newly diagnosed MM with a requirement for treatment (IMWG criteria)
- Must have ≥1 aspect of measurable disease (assessed by the central laboratory)^a
- Not considered candidate for high-dose chemotherapy with ASCT^b
- ECOG PS 0-2

Key Exclusion Criteria

- Systemic AL amyloidosis, POEMS syndrome, Waldenstrom disease, or primary plasma cell leukemia
- Prio systemic therapy for MM or smoldering MM
- Signs of meningeal or CNS involvement with MM
- Current corneal epithelial disease except mild punctate keratopathy
- Cardiovascular risk or current active liver or biliary disease^c
- Previous/concurrent malignancies other than MM^d
- Live or live-attenuated vaccine ≤30 days prior to first dose

References

1. ClinicalTrials.gov. Accessed May 8, 2026. <https://clinicaltrials.gov/study/NCT06679101>.

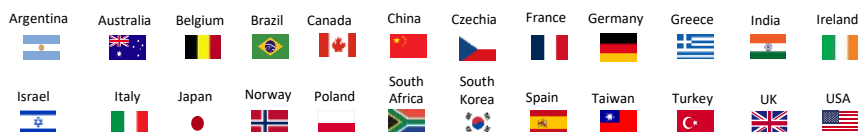
Abbreviations

ADA, antidrug antibody; AE, adverse event; AL, amyloid light chain; ASCT, autologous stem cell transplant; CNS, central nervous system; ≥CR, complete response or better; DOR, duration of response; ECOG PS, Eastern Cooperative Oncology Group performance status; FLC, free light chain; HRQOL, health-related quality of life; IMWG, International Myeloma Working Group; IRC, Independent Review Committee; MM, multiple myeloma; MRD, minimal residual disease; NYHA, New York Heart Association; OS, overall survival; PFS, progression-free survival; PFS2, time from the date of randomization to the date of documented progressive disease following the first subsequent antineoplastic therapy or death from any cause, whichever is earlier; PK, pharmacokinetics; POEMS, polyneuropathy, organomegaly, endocrinopathy, monoclonal gammopathy, skin changes; PRO, patient-reported outcome; R, randomization; TTST, time to second next line therapy; ≥VGPR, very good partial response or better.

Footnotes

^aMeasurable disease defined as having ≥1 of the following: urine M-protein excretion of ≥200 mg/24 hours (≥0.2 g/24 hours), or serum M-protein concentration of ≥0.5 g/dL (≥5.0 g/L), or serum FLC assay, involved FLC level of ≥10 mg/dL (≥100 mg/L) and an abnormal serum FLC ratio (<0.26 or >1.65). ^bDue to any of the following: ≥70 years of age, or age 18 to 69 years with the presence of comorbid condition(s) likely to have a negative impact on the tolerability of high-dose chemotherapy with ASCT (or for whom national guidelines do not permit transplant due to a cutoff age of <70 years), or who refuse high-dose chemotherapy with ASCT as an initial treatment. ^cExcept for Gilbert syndrome or asymptomatic gallstones, or otherwise stable chronic liver disease per the investigator's assessment. Evidence of current clinically significant untreated arrhythmias, recent history (within 3 months of screening) of myocardial infarction, acute coronary syndromes, coronary angioplasty or stenting, or bypass grafting. Class III or IV heart failure as defined by NYHA. ^dExceptions are any other malignancy that has been considered medically stable for ≥2 years, after discussion with the GSK Medical Monitor. The participant must not be receiving active therapy, other than hormonal therapy for this disease.

Current Trial Sites



Scan the QR code to visit the
ClinicalTrials.gov website

This information is intended for healthcare providers only. This is an ongoing clinical trial and includes investigational agents that have not been approved for this indication. All clinical study information is current as of May 2026.
PSE-US-4877, May 2026

DREAMM-15 (NCT07227311)

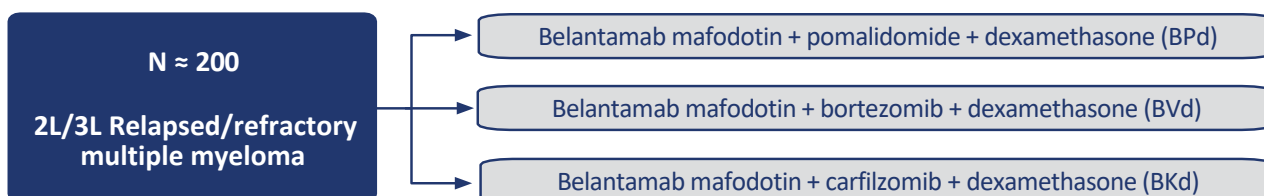
GSK

A Phase 2, Multicenter, Open Label, Non-Randomized Study to Evaluate the Efficacy and Safety of Extended Dosing of Belantamab Mafodotin in Different Combinations With Standard of Care Regimens in Participants With Relapsed-Refractory Multiple Myeloma

dreaMM 15
Driving Excellence in Approaches to Multiple Myeloma



Study Design



Primary Endpoints

- Overall response rate

Secondary Endpoints

- Complete response rate
- MRD-negativity rate
- Duration of response
- AEs and SAEs
- Ocular events
- AEs leading to dose modifications or treatment discontinuations
- MRD-negativity rate
- Duration of response
- Concordance between patient-reported ocular symptoms and OEFs



Key Inclusion Criteria

- Aged ≥18 years
- Confirmed diagnosis of MM as defined by IMWG
- ECOG PS of 0-2
- 1-2 prior lines of MM therapy and documented disease progression during or after their most recent therapy and documented disease progression during or after their most recent therapy^a
- Measurable disease^b
- ASCT allowed if >100 days prior to the first dose of study medication and no active infection(s)
- All prior treatment-related toxicities (NCI-CTCAE version 5.0) are grade ≤ 1 at the time of enrollment^c
- Adequate organ system functions as defined by laboratory assessments

Key Exclusion Criteria

- Active plasma cell leukemia, symptomatic amyloidosis, or active POEMS
- Previous/concurrent invasive malignancies other than MM^d
- Known reaction to belantamab mafodotin or any component of the study treatment^e
- Active mucosal or internal bleeding, infection requiring treatment, or active renal condition
- Corneal epithelial disease except for mild punctate keratopathy
- Prior allogeneic transplant
- Cirrhosis or current unstable liver or biliary disease
- Cardiovascular risk or history of venous and arterial thromboembolism within the past 3 months
- Prior pomalidomide in the BPd arm; intolerant or refractory to bortezomib in the BVd arm; intolerant or refractory to carfilzomib in the BKd arm
- Received prior BCMA-targeted therapy

References

- Clinicaltrials.gov. Accessed May 8, 2026. <https://clinicaltrials.gov/study/NCT07227311>.

Abbreviations

2L, second line; 3L, third line; AE, adverse event; ASCT, autologous stem cell transplant; BCMA, B-cell maturation antigen; BKd, belantamab mafodotin, carfilzomib, and dexamethasone; BPd, belantamab mafodotin, pomalidomide, and dexamethasone; BVd, belantamab mafodotin, bortezomib, and dexamethasone; ECOG PS, Eastern Cooperative Oncology Group performance status; FLC, free light chain; IMWG, International Myeloma Working Group; MM, multiple myeloma; MRD, minimal residual disease; NCI-CTCAE, National Cancer Institute-Common Terminology Criteria for Adverse Events; OEF, ophthalmic examination finding; POEMS, polyneuropathy, organomegaly, endocrinopathy, monoclonal plasma proliferate disorder, and skin changes; SAE, serious adverse event. ^aFor patients in the BPd arm, prior treatment must include a lenalidomide-containing regimen, with lenalidomide administered for ≥2 consecutive cycles. ^bMeasurable disease defined as having ≥1 of the following: urine M-protein excretion 200 mg/24 hours, serum M-protein concentration of ≥0.5 g/dL (≥5.0 g/L), or serum FLC assay, involved FLC level ≥10 mg/dL (≥100 mg/L) and an abnormal serum FLC ratio (<0.26 or >1.65) only if the patient has no measurable urine or serum M spike. ^cExcept for alopecia. ^dExcept for when the disease is considered medically stable for ≥2 years or the patient is not receiving active therapy other than hormonal therapy for this disease. ^eKnown immediate or delayed hypersensitivity reaction or idiosyncratic reaction to belantamab mafodotin or drugs chemically related to belantamab mafodotin, or any of the components of the study treatment.

Footnotes

^aFor patients in the BPd arm, prior treatment must include a lenalidomide-containing regimen, with lenalidomide administered for ≥2 consecutive cycles. ^bMeasurable disease defined as having ≥1 of the following: urine M-protein excretion 200 mg/24 hours, serum M-protein concentration of ≥0.5 g/dL (≥5.0 g/L), or serum FLC assay, involved FLC level ≥10 mg/dL (≥100 mg/L) and an abnormal serum FLC ratio (<0.26 or >1.65) only if the patient has no measurable urine or serum M spike. ^cExcept for alopecia. ^dExcept for when the disease is considered medically stable for ≥2 years or the patient is not receiving active therapy other than hormonal therapy for this disease. ^eKnown immediate or delayed hypersensitivity reaction or idiosyncratic reaction to belantamab mafodotin or drugs chemically related to belantamab mafodotin, or any of the components of the study treatment.

Current Trial Sites

Japan



USA



Scan the QR code to visit the
ClinicalTrials.gov website

This information is intended for healthcare providers only. This is an ongoing clinical trial and includes investigational agents that have not been approved for this indication. All clinical study information is current as of May 2026.
PSE-US-5038 May 2026



**A different option starts here - see Jaypirca
efficacy data**



Actor portrayal



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XPOVIO + Vd PROVIDES THE VERSATILITY TO MEET PATIENTS WHERE THEY ARE IN THEIR RRMM JOURNEY^{1*}

XPOVIO[®]
(selinexor) tablets

EARLY LINES OF THERAPY

LATER LINES OF THERAPY

Progressing on an anti-CD38 mAb



Charles, 76

- Progressing on DRd in 1L
- Likes his current doctor and wants to stay with them
- Prefers to avoid traveling far from home or seeing additional specialists
- Wants a treatment with an established safety profile

Unlikely candidate for CAR-T or BsAbs



Patricia, 81

- Progressing on DPd in 2L
- Widow, lives independently and has no family living nearby
- Lacks ability to drive long distances or stay away from home
- Wants a treatment with an established safety profile

Awaiting CAR-T or BsAbs



Tanya, 55

- Progressing on KPd in 2L
- Pursuing CAR-T therapy now that her disease is progressing
- Willing to travel to a treatment center to receive CAR-T

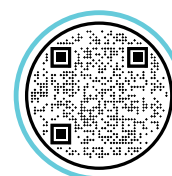
Progressing on CAR-T or BsAbs



David, 67

- Progressing on teclistamab in 5L
- A lifelong fighter who is determined to continue treatment
- Remains optimistic and hopeful

Consider prescribing XPOVIO, a treatment with a different class and target, for appropriate patients like these.¹



Scan to learn more.

¹XPOVIO[®] (selinexor) is a prescription medicine approved in combination with subcutaneous bortezomib injection and oral dexamethasone in 2L+ RRMM.

Charles, Patricia, Tanya, and David are not actual patients. These patient characteristics do not represent all patient types for whom XPOVIO may be appropriate.

INDICATION

XPOVIO[®] (selinexor) is a prescription medicine approved in combination with bortezomib and dexamethasone (XVd) to treat adult patients with multiple myeloma who have received at least one prior therapy.

IMPORTANT SAFETY INFORMATION

Thrombocytopenia: XPOVIO can cause life-threatening thrombocytopenia, potentially leading to hemorrhage. Thrombocytopenia was reported in patients with multiple myeloma.

Thrombocytopenia is the leading cause of dosage modifications. Monitor platelet counts at baseline and throughout treatment. Monitor more frequently during the first 3 months of treatment. Monitor patients for signs and symptoms of bleeding. Interrupt, reduce dose, or permanently discontinue based on severity of adverse reaction.

Please see Important Safety Information on back and accompanying full [Prescribing Information](#).

With XPOVIO you can:

XPOVIO[®]
(selinexor) tablets



Introduce
a **different treatment
class and target**¹



Deliver **proven
efficacy**^{*} in
combination with Vd¹



Provide **oral, once-weekly
tablets** that are readily accessible
and can be taken at home^{1,2†}



Administer treatment
and monitor patients **without
required hospitalization**¹

To see if XPOVIO may be a fit for your patients, visit www.xpoviopro.com/multiple-myeloma/

***XVd vs Vd trial:** Phase 3, global, open-label study of adult patients with MM who received 1 to 3 prior therapies that compared XVd with Vd in 402 patients randomized into 2 study arms. 195 patients were treated with once-weekly XPOVIO and bortezomib and twice-weekly dexamethasone. 207 patients were treated with twice-weekly bortezomib and 4-times-weekly dexamethasone. The primary endpoint was PFS, and select secondary endpoints included ORR and DOR. The XVd mPFS of the ITT population was 13.9 months vs a Vd mPFS of 9.5 months (HR: 0.70 [95% CI: 0.53, 0.93], $P=0.0075$). The most common adverse reactions (ARs) ($\geq 20\%$) in patients with multiple myeloma who received XVd were fatigue, nausea, decreased appetite, diarrhea, peripheral neuropathy, upper respiratory tract infection, decreased weight, cataract, and vomiting.¹

†XPOVIO[®] (selinexor) is a prescription medicine approved in combination with subcutaneous bortezomib injection and oral dexamethasone in 2L+ RRMM.

IMPORTANT SAFETY INFORMATION (continued)

Neutropenia: XPOVIO can cause life-threatening neutropenia, potentially increasing the risk of infection.

Monitor more frequently during the first 3 months of treatment. Consider supportive measures, including antimicrobials and growth factors (e.g., G-CSF). Interrupt, reduce dose, or permanently discontinue based on severity of adverse reaction.

Gastrointestinal Toxicity: XPOVIO can cause severe gastrointestinal toxicities in patients.

Nausea/Vomiting/Diarrhea: Provide prophylactic antiemetics or treatment as needed.

Anorexia/Weight Loss: Monitor weight, nutritional status, and volume status at baseline and throughout treatment and provide nutritional support, fluids, and electrolyte repletion as clinically indicated.

Hyponatremia: XPOVIO can cause severe or life-threatening hyponatremia.

Monitor sodium level at baseline and throughout treatment.

Serious Infection: XPOVIO can cause serious and fatal infections. Atypical infections reported after taking XPOVIO include, but are not limited to, fungal pneumonia and herpesvirus infection.

Neurological Toxicity: XPOVIO can cause life-threatening neurological toxicities.

Coadministration of XPOVIO with other products that cause dizziness or mental status changes may increase the risk of neurological toxicity.

Advise patients to refrain from driving and engaging in hazardous occupations or activities until the neurological toxicity fully resolves. Institute fall precautions as appropriate.

Embryo-Fetal Toxicity: XPOVIO can cause fetal harm when administered to a pregnant woman.

Advise pregnant women of the potential risk to a fetus. Advise females of reproductive potential and males with a female partner of reproductive potential to use effective contraception during treatment with XPOVIO and for 1 week after the last dose.

Cataracts: New onset or exacerbation of cataract has occurred during treatment with XPOVIO. The incidence of new onset or worsening cataract requiring clinical intervention was reported.

ADVERSE REACTIONS

The most common adverse reactions (ARs) ($\geq 20\%$) in patients with multiple myeloma who received XVd were fatigue, nausea, decreased appetite, diarrhea, peripheral neuropathy, upper respiratory tract infection, decreased weight, cataract, and vomiting.

Grade 3-4 laboratory abnormalities ($\geq 10\%$) were thrombocytopenia, lymphopenia, hypophosphatemia, anemia, hyponatremia and neutropenia.

Fatal ARs occurred in 6% of patients within 30 days of last treatment. Serious ARs occurred in 52% of patients. Treatment discontinuation rate due to ARs was 19%. The most frequent ARs requiring permanent discontinuation in $>2\%$ of patients included fatigue, nausea, thrombocytopenia, decreased appetite, peripheral neuropathy and vomiting. Adverse reactions led to XPOVIO dose interruption in 83% of patients and dose reduction in 64% of patients.

USE IN SPECIFIC POPULATIONS

No overall difference in effectiveness of XPOVIO was observed in patients >65 years old when compared with younger patients. Patients ≥ 65 years old had a higher incidence of discontinuation due to an adverse reaction (AR) and a higher incidence of serious ARs than younger patients.

The effect of end-stage renal disease ($CL_{CR} < 15$ mL/min) or hemodialysis on XPOVIO pharmacokinetics is unknown.

Please see accompanying full Prescribing Information.

To report **SUSPECTED ADVERSE REACTIONS**, contact Karyopharm Therapeutics Inc. at 1-888-209-9326 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

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Abbreviations: 1/2/5L, first-/second-/fifth-line; BsAb, bispecific antibody; CAR-T, chimeric antigen receptor T-cell therapy; CI, confidence interval; DOR, duration of response; DPd, daratumumab, pomalidomide, and dexamethasone; DRd, daratumumab, lenalidomide, and dexamethasone; HR, hazard ratio; ITT, intent-to-treat; KPd, carfilzomib, pomalidomide, and dexamethasone; mAb, monoclonal antibody; MM, multiple myeloma; ORR, overall response rate; (m)OS, (median) overall survival; (m)PFS, (median) progression-free survival; RRMM, relapsed or refractory multiple myeloma; Vd, bortezomib and dexamethasone; XVd, selinexor, bortezomib, and dexamethasone.

References: 1. XPOVIO (selinexor) [prescribing information]. Newton, MA: Karyopharm Therapeutics, Inc. 2. Data on file. Karyopharm Therapeutics, Inc. 2021.



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US-XPOV-08/26-00004

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VIEW THE EVENT CALENDAR: [NCCN.ORG/EVENTS](https://nccn.org/events)



Annual 2027 Conference

Friday, March 19 – Sunday, March 21, 2027

New Location!

Hilton San Diego Bayfront

San Diego, CA

Virtual attendance also available.

Pre-Conference Program

NCCN 2027 Nursing Program:

Advancing Oncology Nursing™

Thursday, March 18, 2027



2027

Annual Congress:

Hematologic Malignancies™

Friday, September 17 –
Saturday, September 18, 2027

New Location!

Sheraton Boston Hotel

Boston, MA

Virtual attendance also available.

