Patients with relapsed or refractory (R/R) B-cell lymphoma (MCL), have poor clinical outcomes and limited therapy options.1

In the USA, FL is the most common indolent form of lymphoma, accounting for approximately 20% of all lymphomas, while MCL is rare and represents approximately 5% of all lymphomas.2

CD19, a B-cell transmembrane antigen, is expressed ubiquitously in B-cell NHL, making it a potential therapeutic target.3

ADCT-402 (loncastuximab tesirine) is an antibody drug conjugate comprising a humanized monoclonal antibody directed against human CD19 conjugated through a cathepsin-cleavable valine-alanine linker to SQ2319, a pyridobenzodiazepine dimer toxin (Figure 1).4

Loncastuximab tesirine has demonstrated potent antitumor activity against CD19-expressing mouse models of B-cell malignancies. Moreover, it has shown an acceptable safety and pharmacokinetic (PK) profile with excellent stability in predilution in vivo models.5

Here we present the latest interim data from the ongoing first-in-human trial of loncastuximab tesirine in a subgroup of patients with R/R FL or MCL.

**STUDY OBJECTIVES**

- **Primary objective**: To evaluate the safety and tolerability of loncastuximab tesirine, and determine, as appropriate, the maximum allowable dose (MTD).

- **Secondary objectives**:
  - To evaluate the clinical activity (measured by overall response rate [ORR], progression-free survival [PFS], and overall survival).
  - To characterize the PK profile and evaluate antitumor activity (ADA).