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Low-Grade CRS and ICANS With Rondecabtagene Autoleucel, a Dual-Targeting CD19/CD20 CAR T-Cell Product Candidate, in Patients With Large B-Cell Lymphoma: Updated Safety Analysis

Poster #
PF962

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Two pivotal trials are underway for ronde-cel:

PINACLE – A single-arm pivotal trial evaluating the efficacy and safety of ronde-cel in R/R LBCL (3L+)

PiNACLE-H2H – A head-to-head trial evaluating the efficacy and safety of ronde-cel versus investigator's choice of CD19 CAR T-cell therapy in R/R LBCL (2L+)

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Background

Ronde-cel, a dual-targeting CD19/CD20 CAR T-cell product candidate, is a next-generation approach designed to improve outcomes for patients with large B-cell lymphoma (LBCL)

- High-grade toxicities with approved CD19 CAR T-cell products may limit their use and increase barriers to access, including in the outpatient setting
- Rondecabtagene autoleucel (ronde-cel) is an autologous, dual-targeting CD19/CD20 CAR T-cell product candidate manufactured from CD62L-enriched T cells
- Ronde-cel is an "OR" logic-gated CAR designed to target either antigen with full potency to overcome heterogeneous antigen density, and mitigate antigen loss following treatment
- CD62L+ enrichment selects naïve and central memory T cells, associated with improved persistence, reduced exhaustion, lower adverse cytokine production, and better clinical outcomes

Figure 1. Ronde-cel is manufactured from CD62L+ enriched T cells with a naïve/central memory phenotype

- Ronde-cel has demonstrated high rates of durable complete responses in 3L+ and 2L LBCL (ASH 2025)

Table 1. 3L+

Best Overall Response	N = 29
Overall Responses, n (%)	**27 (93%)**
Complete Responses, n (%)	**22 (76%)**
Partial Response, n (%)	5 (17%)

- **Median progression free survival (mPFS) was 18 months**
- 72% (13/18) of patients with complete response remained in complete response at ≥ 6 months
- Median duration of follow-up 12 months

Table 2. 2L

Best Overall Response	N = 18
Overall Responses, n (%)	**15 (83%)**
Complete Responses, n (%)	**11 (61%)**
Partial Response, n (%)	4 (22%)

- **Median duration of complete response not reached**
- 70% (7/10) of patients with complete response remained in complete response at ≥ 6 months
- Median duration of follow-up 9 months
- 94% of patients with primary refractory disease

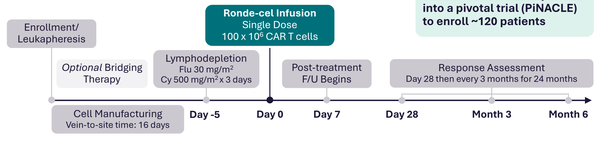
Data cut off: September 5, 2025; all responses as determined by the Investigator. Patients were evaluable for efficacy if they had a Day 84 or later response assessment, disease progression, or death from any cause.

- Here we present updated safety data from more than 100 patients treated with ronde-cel (data cut off: May 5, 2026)

Methods

Ronde-cel Phase 1/2 trial schematic: multi-cohort, multi-center trial in aggressive large B-cell lymphoma (3L+ and 2L)

Figure 2. Ronde-cel trial schematic



Patient Population

- Patients with relapsed/refractory DLBCL, PMBCL, Grade 3BFL, and tFL who have had ≥ 1 line of treatment
- CD19/CD20 expression testing not required for enrollment
- No prior treatment with CD19 CAR T-cell therapy
- No upper age limit
- Patients received 10 mg (IV/PO) of dexamethasone on Days 0, 1, and 2 after ronde-cel infusion

Trial Objectives

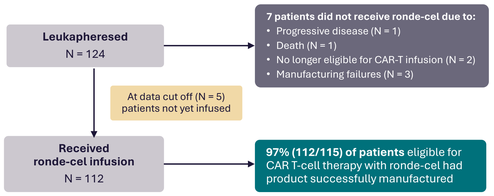
- Safety and tolerability
- Overall response rate, complete response rate
- Duration of response
- Selection of Phase 2 dose
- Cell expansion pharmacokinetics

PiNACLE (NCT05826535). Trial included two dose levels (DL1 = 100 x 10^6 CAR T cells; DL2 = 300 x 10^6 CAR T cells). 100 x 10^6 CAR T cells is the Phase 2 dose.

Results

Manufacturing success rate 97% with >100 patients treated with ronde-cel

Figure 3. Patient disposition



Ronde-cel evaluated in high-risk R/R LBCL population

Table 2: Patient demographics and disease characteristics

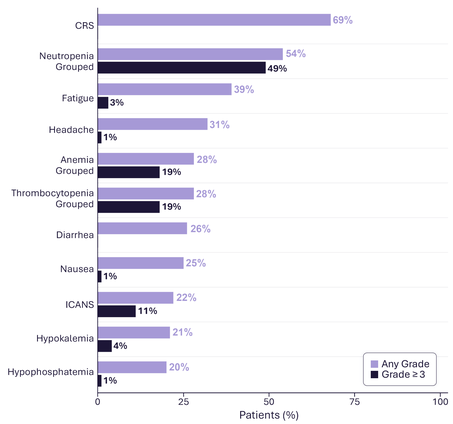
	3L+ N = 65	2L N = 43	Total Overall N = 108
Median (range) age, years	64 (21, 87)	63 (20, 85)	64 (20, 87)
≥ 75 years, n (%)	14 (22%)	8 (19%)	22 (20%)
ECOG 1, n (%)	44 (68%)	20 (47%)	64 (59%)
IPI score 3 or 4, n (%)	20 (31%)	10 (23%)	30 (28%)
LBCL histology n (%)			
DLBCL	37 (57%)	30 (70%)	67 (62%)
tFL	12 (18%)	3 (7%)	15 (14%)
Primary refractory, n (%)	35 (54%)	37 (86%)	72 (67%)
Elevated (above normal) LDH, n (%)	30 (46%)	18 (42%)	48 (44%)
Bulky disease (≥ 7 cm), n (%)	14 (22%)	8 (19%)	22 (20%)
Double-/triple-hit status, n (%)	11 (17%)	10 (23%)	21 (19%)
Received bridging therapy, n (%)	34 (52%)	23 (53%)	57 (53%)

- 86% of 2L patients were primary refractory and 20% of patients were ≥ 75 years of age
- Primary refractory: failure to achieve CR to first-line therapy or CR with relapse within 3 months
- Four patients with non-conforming products (3/4 [75%] of patients achieved a complete response)

Ronde-cel shows a consistent and manageable safety profile in a broad R/R LBCL population

Figure 4: Most common treatment-emergent adverse events, > 20%

- Ronde-cel shows a manageable safety profile appropriate for outpatient administration
- Grade ≥ 3 adverse events were primarily cytopenias
- No new or unexpected treatment emergent adverse events identified
- No deaths related to ronde-cel



No Grade ≥ 3 CRS observed in any patient treated with ronde-cel

Figure 5: Rates of CRS

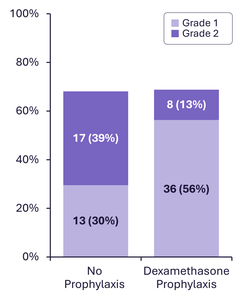


Table 4: CRS with and without dexamethasone prophylaxis

Adverse Event, n (%)	No Prophylaxis N = 44	Prophylaxis N = 64
CRS	30 (68%)	44 (69%)
Grade 1	13 (30%)	36 (56%)
Grade 2	17 (39%)	8 (13%)
Grade ≥ 3	0 (0%)	0 (0%)
Median time to onset, days (range)	3 (1 – 13)	6 (3 – 18)
Median time to resolution, days (range)	3 (1 – 13)	3 (1 – 21)

- CRS were all Grade 1 and Grade 2, and median time to onset and resolution kinetics profile appropriate for outpatient administration

Low rates of Grade ≥ 3 ICANS observed with low dose dexamethasone prophylaxis

Figure 6: Rates of ICANS

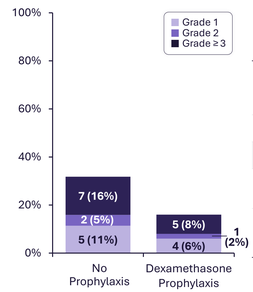


Table 5: ICANS with and without dexamethasone prophylaxis

Adverse Event, n (%)	No Prophylaxis N = 44	Prophylaxis N = 64
ICANS	14 (32%)	10 (16%)
Grade 1	5 (11%)	4 (6%)
Grade 2	2 (5%)	1 (2%)
Grade ≥ 3	7 (16%)	5 (8%)
Median time to onset, days (range)	6 (2 – 11)	7 (4 – 15)
Median time to resolution, days (range)	4 (1 – 10)	3 (1 – 9)

- Cases of ICANS were generally Grade 1 or Grade 2 with rapid resolution profile appropriate for outpatient administration

Low rates of IEC-HS / HLH, infections, and cytopenias (at Day 30)

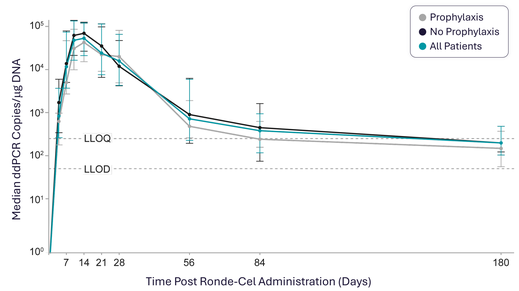
Table 6. Adverse events of special interest

- Thrombocytopenia Grade ≥ 3 at Day 30 was reported in 6 (14%) and 15 (23%) patients in the 2L and 3L+ cohorts, respectively
- Neutropenia Grade ≥ 3 at Day 30 was reported in 7 (16%) and 16 (25%) patients in the 2L and 3L+ cohorts, respectively

Adverse Event, n (%)	No Prophylaxis N = 44	Prophylaxis N = 64
IEC-HS / HLH		
Grade 1 or 2	1 (2%)	2 (3%)
Grade ≥ 3	0 (0%)	0 (0%)
Infections		
Grade 1 or 2	13 (30%)	14 (22%)
Grade ≥ 3	6 (14%)	3 (5%)

Ronde-cel expansion is not impaired by dexamethasone prophylaxis

Figure 7: CAR T-cell expansion with or without prophylactic dexamethasone



- No significant differences were observed in peak CAR T-cell expansion (C_{max}) or overall exposure (AUC) between patients who received dexamethasone (N = 25) and those who did not (N = 42)

Data cut off: September 5, 2025

Conclusions

With more than 100 patients treated, ronde-cel continues to show a consistent and manageable safety profile appropriate for outpatient administration

- No Grade ≥ 3 CRS reported
- Low rates of CAR T-cell associated toxicities including Grade ≥ 3 ICANS and infections after the introduction of dexamethasone prophylaxis
- Dexamethasone prophylaxis does not change ronde-cel cell expansion and pharmacokinetics

References:
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Abbreviations:
AE, adverse event; AUC, area under the curve; CAR, chimeric antigen receptor; C_{max}, maximum concentration; CR, complete response; CRS, cytokine release syndrome; ddPCR, droplet digital polymerase chain reaction; DLBCL, diffuse large B-cell lymphoma; ECOG, Eastern Cooperative Oncology Group; EHA, European Hematology Association; FL, follicular lymphoma; ICANS, immune effector cell-associated neurotoxicity syndrome; IEC-HS, immune effector cell-associated hematotoxicity syndrome; IPI, International Prognostic Index; IV, intravenous; LBCL, large B-cell lymphoma; LDH, lactate dehydrogenase; mPFS, median progression-free survival; ORR, overall response rate; PD, progressive disease; PMBCL, primary mediastinal B-cell lymphoma; PO, oral; R/R, relapsed/refractory; TEAE, treatment-emergent adverse event; tFL, transformed follicular lymphoma; PiNACLE (NCT05826535).

Data cut date off: May 5, 2026 unless other specified

Acknowledgments
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