**DEMOGRAPHICS**

**OCARATUZUMAB IN F/F PATIENTS**

- **Of the 56 patients who received 100 and 375 mg/m² of ocaratuzumab, 8 patients were deemed to be rituximab-refractory, due to a previous PFS of ≤180 days following their last rituximab treatment (Table 1).**
- **Median PFS after rituximab was 159 days, with a range of 1 to 6 prior rituximab treatments (median of 2).**
- **After 1 cycle ocaratuzumab (4 weekly doses), 5 of these patients showed an improved time to progression compared to their prior rituximab treatment (Figure 1).**
- **4 of the patients had yet to demonstrate disease progression at the time of study closure or last follow up and may have even longer PFS than recorded.**

**OCARATUZUMAB IN F/F PATIENTS**

- **The median PFS for all 8 patients was 636 days (Figure 2). Four of the 8 patients had yet to progress at the time of follow up and were censored.**
- **Prolonged clinical benefit occurred in refractory with delayed time to progression of nearly 2 years.**
- **In the 5 patients with improved PFS following ocaratuzumab, time to progression was 2-5 times longer than last rituximab treatment (Figure 3).**

**CONCLUSIONS**

- **In this retrospective analysis of patients treated with ocaratuzumab:**
  - Patients with short PFS after rituximab and expressing the low-affinity FcγRIIIa polymorphism demonstrated longer time to progression and anti-tumor response.
  - As ocaratuzumab is designed to increase binding affinity to CD16 and improve ADC, these data suggest an ability to improve clinical benefit in F/F patients.
  - Prolonged time to progression, greater than 2 years in some patients, suggests that ocaratuzumab’s ability to harness the endogenous immune system may be clinically relevant.
  - Ocaratuzumab may provide clinical benefit in rituximab-refractory patients.