TG Therapeutics

# Investor & Analyst Meeting
# December 7, 2015

GENUINE
TG THERAPEUTICS
GLYCOENGINEERED UBLITUXIMAB + IBRUTINIB
PHASE 3 TRIAL IN HIGH-RISK CLL

UNITY CLL
TG THERAPEUTICS
GLYCOENGINEERED UBLITUXIMAB + PI3K DELTA TGR-1202
PHASE 3 TRIAL IN CLL

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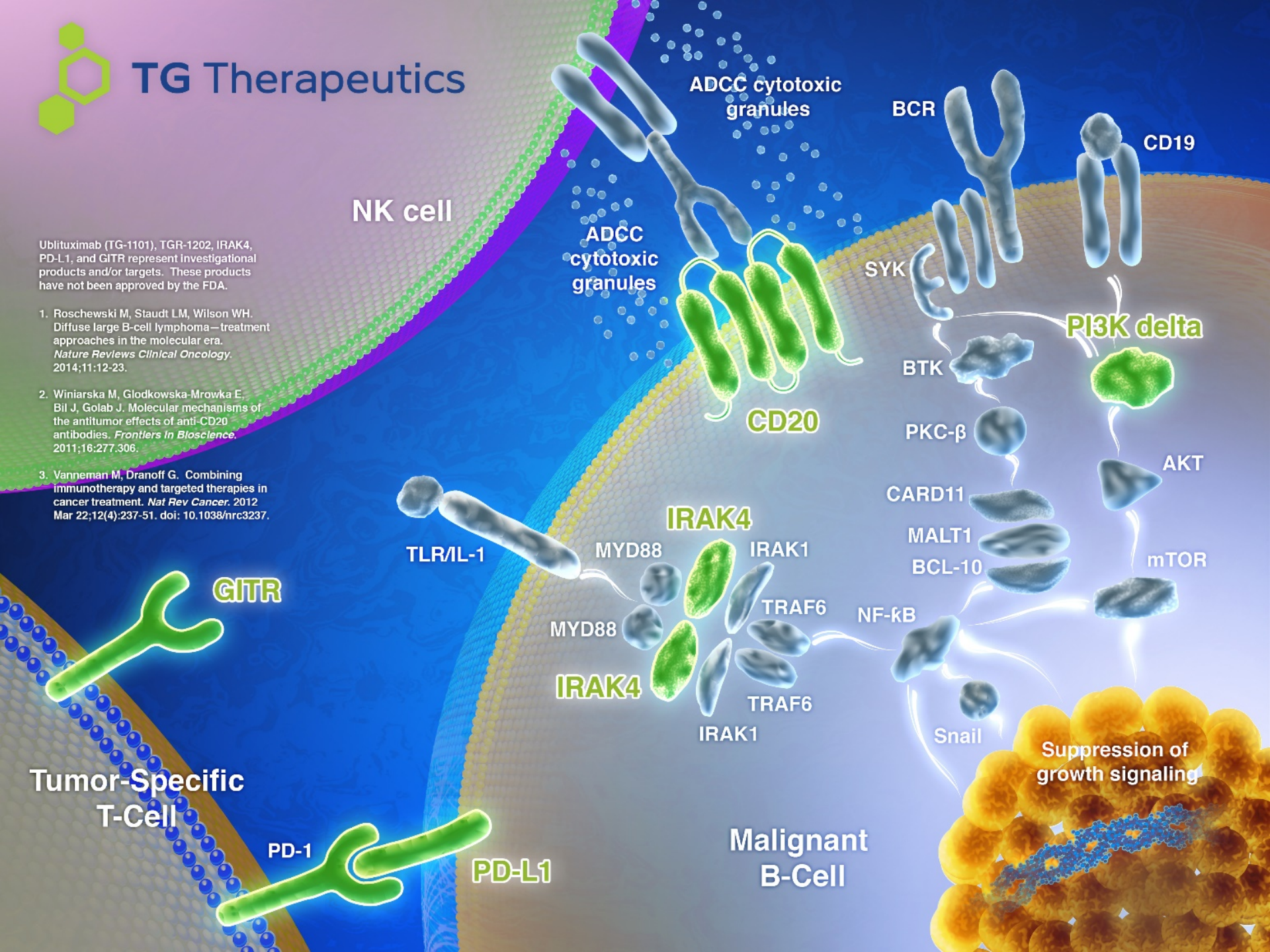
# Opening Remarks

**Michael S. Weiss, CEO**

# Objectives - Agenda

| Topic | Presenter |
|---|---|
| Welcome / Introductions | Michael S. Weiss |
| GENUINE Review<br>TG-1101 + Ibrutinib<br>TG-1303 + Pembrolizumab | Anthony Mato, MD |
| TGR-1202 Single Agent Review | Owen O'Connor, MD, PhD |
| TG-1303 | Matthew Lunning, DO |
| UNITY-CLL | Jon Gribben, MD, PhD |
| Wrap-Up<br>Moderated Q&A | Michael Weiss |




Ublituximab (TG-1101), TGR-1202, IRAK4, PD-L1, and GITR represent investigational products and/or targets. These products have not been approved by the FDA.


1. Roschewski M, Staudt LM, Wilson WH. Diffuse large B-cell lymphoma—treatment approaches in the molecular era. *Nature Reviews Clinical Oncology*. 2014;11:12-23.
2. Winiarska M, Glodkowska-Mrowka E, Bil J, Golab J. Molecular mechanisms of the antitumor effects of anti-CD20 antibodies. *Frontiers in Bioscience*. 2011;16:277.306.
3. Vanneman M, Dranoff G. Combining immunotherapy and targeted therapies in cancer treatment. *Nat Rev Cancer*. 2012 Mar 22;12(4):237-51. doi: 10.1038/nrc3237.

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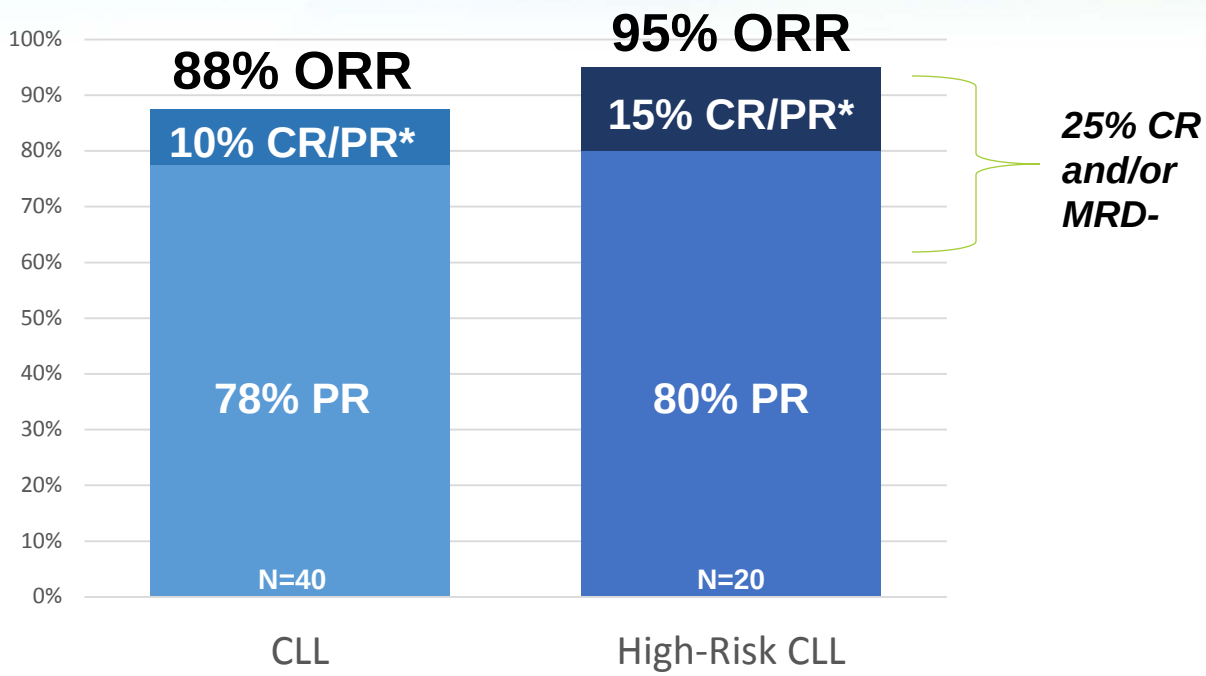
**Anthony R. Mato, MD**

Director, Center for CLL
University of Pennsylvania

# Phase II: TG-1101 + ibrutinib Safety & Efficacy




***25% CR and/or MRD-***

**From ibrutinib label:**

The ORR was **58.3%** (95% CI: 43.2%, 72.4%), all partial responses.

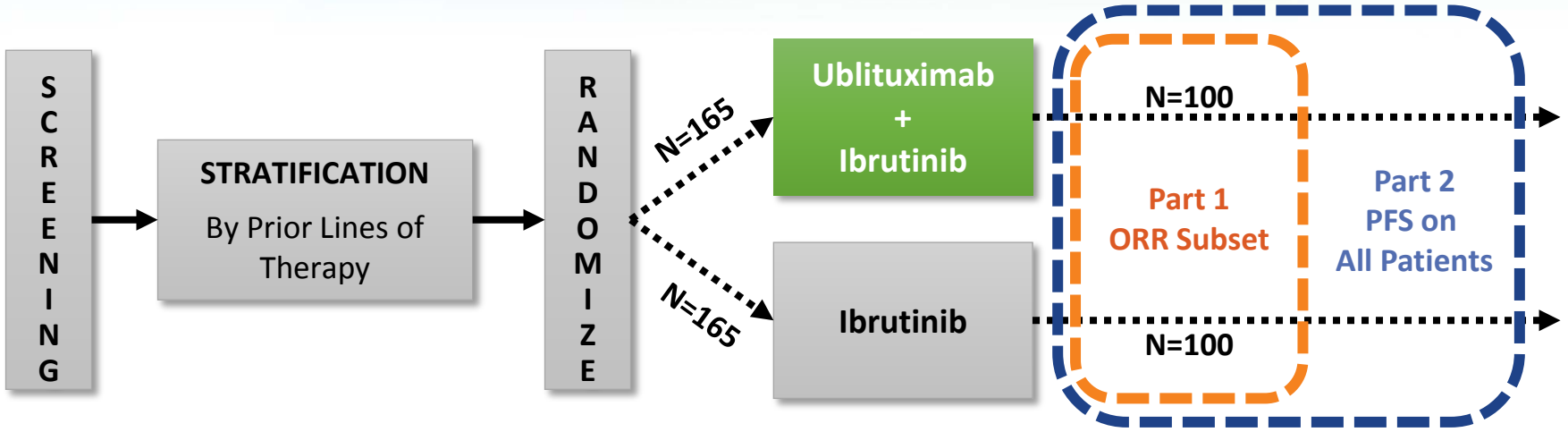
***None of the patients achieved a complete response***

***** 2 patients had CR per iwCLL criteria without bone marrow confirmation

- 33% of patients were considered anti-CD20-refractory, including to Rituxan®, Ofa or GA-101
- Only 3 Grade 3/4 adverse events were observed in > 5% of patients: neutropenia, anemia & IRR
- Only 7% of CLL patients (3/44) discontinued from the study due to an adverse event
- Aside from day 1 IRR, the addition of TG-1101 to ibrutinib did not appear to alter the safety and tolerability profile of ibrutinib

**Sharman et al, ICML 2015**

# The GENUINE Phase 3 Trial




- Design, Endpoints, and Statistics agreed to via Special Protocol Assessment (SPA)
- Enrolling ~330 patients with high-risk CLL

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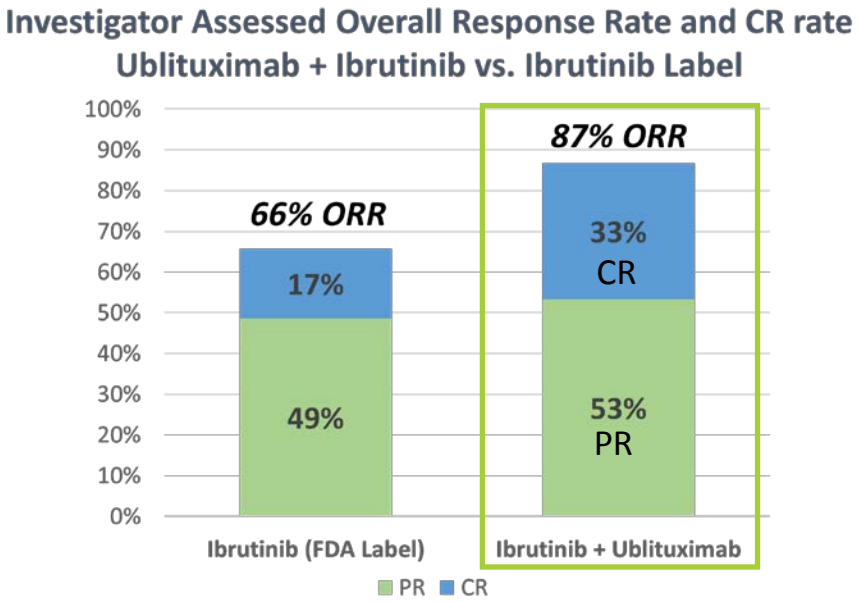
- **Part 1**: ORR among first 200 patients—file for Accelerated Approval
- **Part 2**: PFS of all 330 patients—file for full approval
  - Part 1 to be analyzed following full enrollment of study

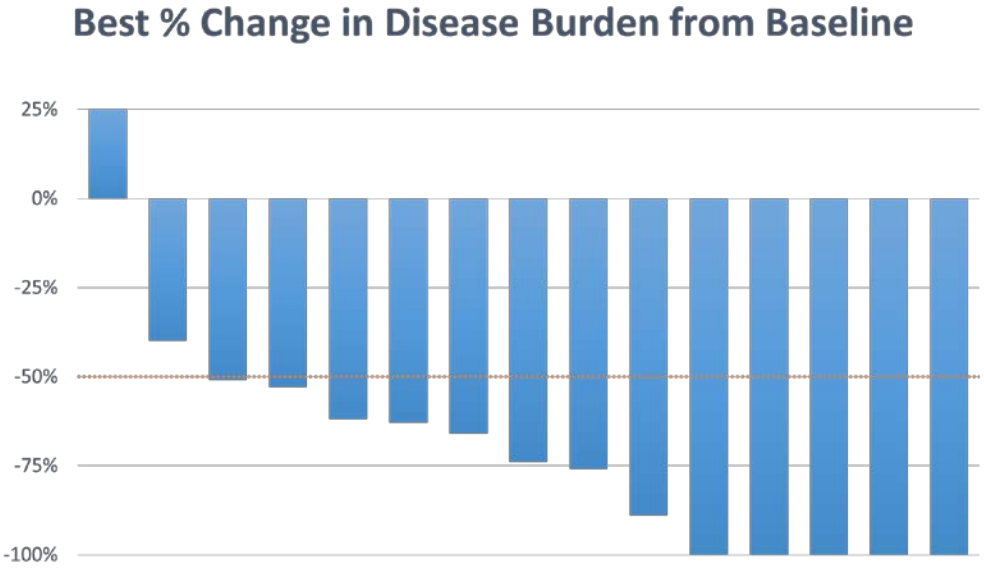
# Ublituximab (TG-1101), a Novel Glycoengineered Anti-CD20 Monoclonal Antibody, in Combination with Ibrutinib Is Highly Active in Patients with Relapsed and/or Refractory Mantle Cell Lymphoma: Results of a Phase II Trial

Kathryn S. Kolibaba[1,2], John M. Burke[3,2], Heather D. Brooks[4,2], Daruka Mahadevan[5], Jason Melear[6,2], Charles M. Farber[7], Suzanne Fanning[8,2], Marshall T. Schreeder[9], Ralph Boccia[10], Peter Sportelli[11], Hari P. Miskin[11], Michael S. Weiss[11], and Jeff Sharman[12,2]

[1]Compass Oncology, Vancouver, WA; [2]US Oncology Research, The Woodlands, TX; [3]Rocky Mountain Cancer Centers, Aurora, CO; [4]Blue Ridge Cancer Care, Blacksburg, VA; [5]West Cancer Center/UTHSC, Memphis, TN; [6]Texas Oncology, Austin, TX; [7]Carol G. Simon Cancer Center, Morristown, NJ; [8]Greenville Health System Cancer Institute, Greenville, SC; [9]Clearview Cancer Institute, Huntsville, AL; [10]Center for Cancer and Blood Disorders, Bethesda, MD; [11]TG Therapeutics, Inc., New York, NY; [12]Willamette Valley Cancer Institute, Springfield, OR

# TG-1101 plus Ibrutinib: Efficacy




- 87% ORR (33% CR, 53% PR)
- 93% (14 of 15) of patients achieved some reduction in tumor burden on study
- One patient, refractory to prior anti-CD20 therapy, and refractory to prior ibrutinib progressed in Cycle 3

# Phase I/II study of pembrolizumab in combination with ublituximab and TGR-1202 in patients with relapsed-refractory CLL

**Anthony R. Mato, MD**
**University of Pennsylvania**

UNIVERSITY OF PENNSYLVANIA
Abramson Cancer Center

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## *Recent data highlight the activity and immense potential of anti PD-1 antibodies in patients with Hodgkin lymphoma and B cell lymphoproliferative disorders.*

| Response Rates | Objective Response Rate, n (%) | Complete Responses, n (%) | Partial Responses, n (%) | Stable Disease n (%) |
|---|---|---|---|---|
| B-Cell Lymphoma* (n=29) | 8 (28) | 2 (7) | 6 (21) | 14 (48) |
| Follicular Lymphoma (n=10) | 4 (40) | 1 (10) | 3 (30) | 6 (60) |
| Diffuse Large B-Cell Lymphoma (n=11) | 4 (36) | 1 (9) | 3 (27) | 3 (27) |

Lesokhin et al. ASH 2014, Abstract 291.

Moscowitz et al, Blood. 2014;124(21):290-290.

## 834 PD-1 Blockade with Pembrolizumab (MK-3475) in Relapsed/Refractory CLL Including Richter Transformation: An Early Efficacy Report from a Phase 2 Trial

- 4 / 5 RS patients responded to therapy.
  - 1 CR
  - 1 PR
  - 2 PD (transient)
  - 3 SD (1 RT and 2 CLL)

Wei Ding, MD, PhD et al, ASH 2015, Abs 834

# Hypothesis and Objectives

*TG1101 + TGR1202 doublet is an ideal platform for combination studies with an anti PD1 antibody therapy based on its clinical activity and non overlapping safety profile.*

*Pembrolizumab will enhance the efficacy of host T cells to induce apoptosis in CLL following TG-1101 and TGR-1202 induction.*

**Primary objective:** Determine the safety of pembrolizumab + ublituximab + TGR-1202 following ublituximab and TGR-1202 in patients with relapsed-refractory CLL.

**Secondary objectives:**

- Describe the clinical efficacy of pembrolizumab triplet combination therapy in patients with relapsed-refractory CLL.
- Describe changes T cell repertoire and PD-1 / PD-L1 expression in subjects at planned time points pre and post pembrolizumab

# Phase 2 Study to Assess the Safety and Efficacy of TGR-1202 in Patients with CLL who are Intolerant to Prior BTK or PI3K Inhibitor Therapy

**Anthony R. Mato, MD**
**Center for CLL**
**University of Pennsylvania**

UNIVERSITY OF PENNSYLVANIA
Abramson Cancer Center

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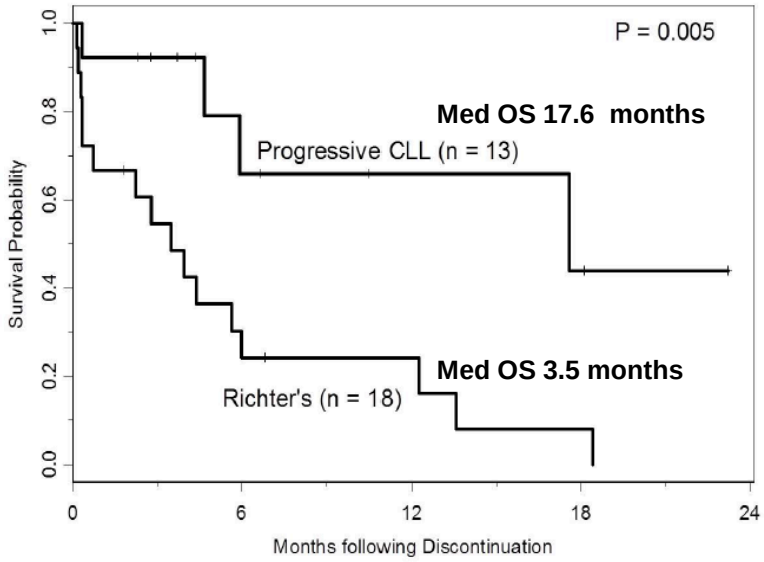
# OSU Experience
# Ibrutinib discontinuation series

- Identified 76 discontinuation patients (25%) from 4 clinical trials (N=308)

| Reason for Discontinuation (N=76) | |
|---|---|
| RT | 18 (24%) |
| CLL Progression | 13 (17%) |
| Infection | 28 (37%) |
| Other AEs | 8 (11%) |
| Other | 9 (12%) |

**OS following disease progression on ibrutinib**




***Estimated incidence of progression at 18 months = 8.9%***
***Estimated incidence of non relapse discontinuation at 18 months = 15.6%***

**Maddocks** *et al*, JAMA: Oncology 2015 1 (1) 80-87

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# Reasons for Discontinuations

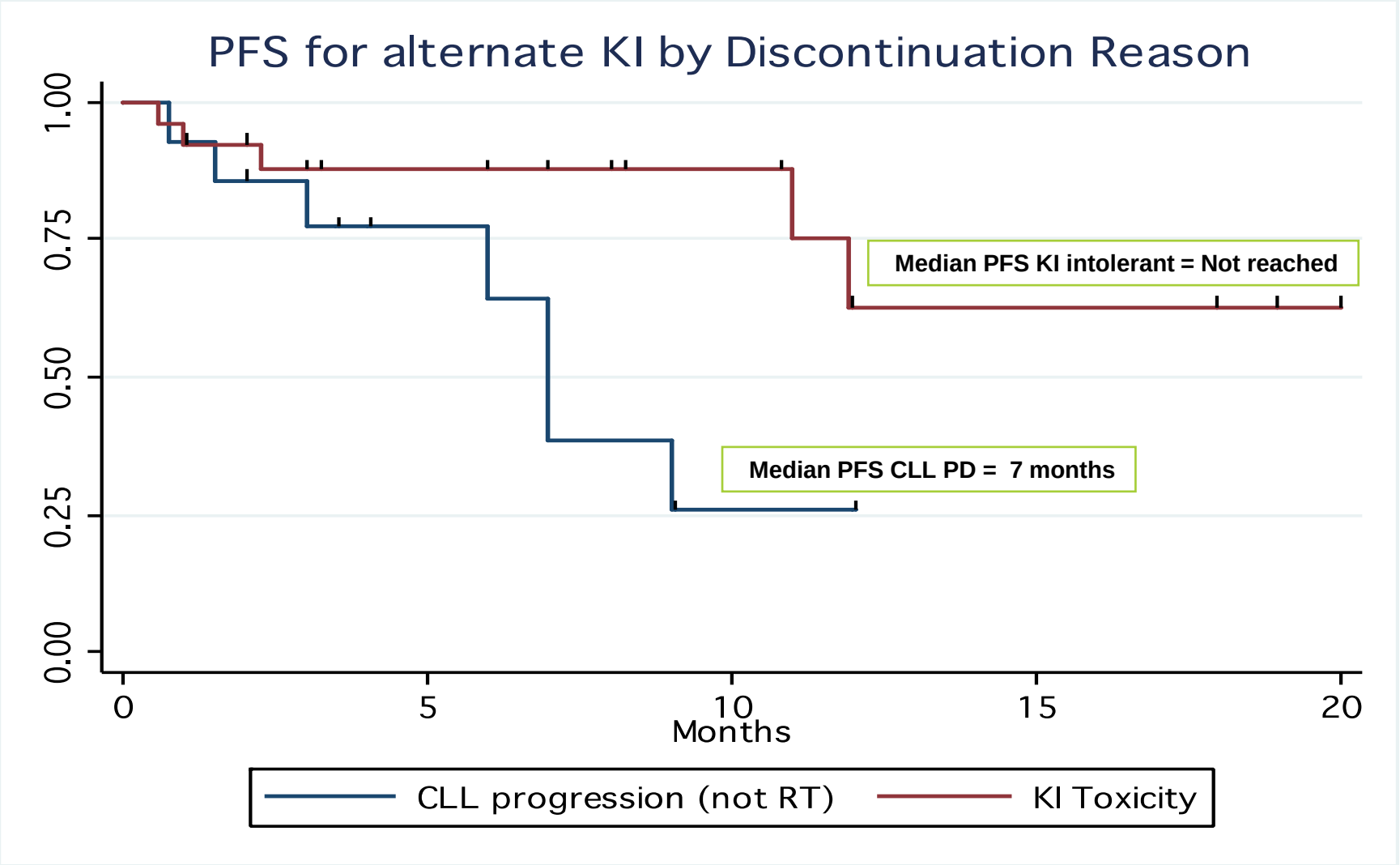
| Most Common Reasons for KI Discontinuation | | |
|---|---|---|
| | **Ibrutinib** | **Idelalisib** |
| **Toxicity** | 51% | 52% |
| **CLL progression** | 28% | 31% |
| **Richter's transformation** | 8% | 6% |
| **SCT / CAR-T** | 2% | 0% |
| **Unrelated death or other** | 11% | 11% |

# Toxicity as Reason for Discontinuation

*"Kinase Inhibitor Intolerant" Patients*

| 5 Most Common Toxicities as a Reason for Discontinuation | |
|---|---|
| **Ibrutinib (N=66)** | **Idelalisib (N=18)** |
| Atrial fibrillation 20% | Pneumonitis 33% |
| Infection 12% | Colitis 28% |
| Hematologic 9% | Rash 17% |
| Bleeding 9% | Transaminitis 11% |
| Pneumonitis 8% | Infection 6% |

# Progression-Free Survival




RT excluded from analysis

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**Owen A. O'Connor, MD, PhD**

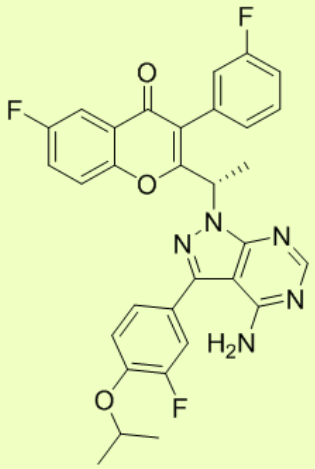
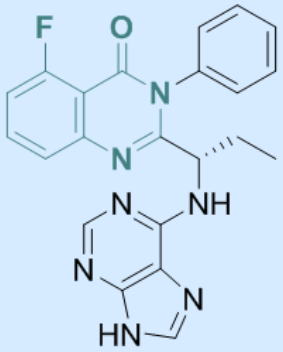
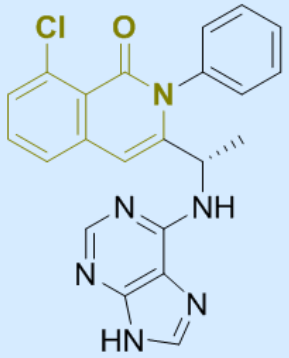
Director of the Center for Lymphoid Malignancies
Columbia University Medical Center

# Clinical Activity and Safety Profile of TGR-1202, a Novel Once-Daily PI3Kδ Inhibitor, in Patients with CLL and B-Cell Lymphoma

**Owen A. O'Connor, MD, PhD[1], Ian W. Flinn, MD, PhD[2,3], Manish R. Patel, MD[2,4], Timothy S. Fenske, MD[5], Changchun Deng, MD, PhD[1], Danielle M. Brander, MD[6], Martin Gutierrez, MD[7], Suzanne Jones, PharmD[2], John G Kuhn, Pharm.D.[8] , Hari P. Miskin, MS[9], Peter Sportelli[9], Swaroop Vakkalanka, PhD[10] and Howard A. Burris III, MD[2,3]**

[1]Center for Lymphoid Malignancies, Columbia University Medical Center, New York, NY, [2]Sarah Cannon Research Institute, Nashville, TN, [3]Tennessee Oncology, PLLC, Nashville, TN, [4]Florida Cancer Specialists/Sarah Cannon Research Institute, Sarasota, FL, [5]Division of Hematology & Oncology, Medical College of Wisconsin, Milwaukee, WI, [6]Duke University Medical Center, Durham, NC, [7]John Theurer Cancer Center, Hackensack University Medical Center, Hackensack, NJ, [8]University of Texas Health Science Center at San Antonio, San Antonio, TX
[9]TG Therapeutics, Inc., New York, NY, [10]Rhizen Pharmaceuticals SA, La Chaux-de-Fonds, Switzerland

# TGR-1202: Novel PI3K delta Inhibitor

| TGR-1202 | Idelalisib (GS-1101) | Duvelisib (IPI-145) |
|---|---|---|
|  |  |  |
| Delta | Delta | Delta/Gamma |
| QD | BID | BID |

- PK profile that allows once-daily oral dosing

[1]Burris et al, ASCO 2015, Abstract # 7069

# TGR-1202: Safety

| All Events in >10% of Pts (N=81) | | | | |
|---|---|---|---|---|
| AE | All Grades | | Gr. 3/4 | |
| | N | % | N | % |
| Nausea | 34 | 42% | 1 | 1% |
| Diarrhea | 33 | 41% | 2 | 2% |
| Fatigue | 25 | 31% | 3 | 4% |
| Rash | 22 | 27% | 4 | 5% |
| Headaches | 20 | 25% | 1 | 1% |
| Cough | 19 | | | |
| Vomiting | 18 | | | |
| Constipation | 12 | | | |
| Decreased Appetite | 12 | | | |
| Hypokalemia | 12 | | | |
| Anemia | 11 | | | |
| Dizziness | 11 | | | |
| Dyspnea | 11 | | | |
| Pyrexia | 10 | 12% | 0 | 0% |
| Abdominal Pain | 9 | 11% | 0 | 0% |
| Arthralgia | 9 | 11% | 0 | 0% |
| Insomnia | 9 | 11% | 0 | 0% |

**Of the 31 Gr 1/2 Diarrhea, only 5 were Gr.2… and no Gr. 4 events were observed**

**Data represents events occurring during entire duration on study (upwards of 2.5 years)**

- 38 patients have been on study over 6 cycles, and 22 patients have been on study over 12 cycles
- Grade 3/4 AST/ALT increase was 2% (4% all grades)
- patients (7%) have come off study due to an adverse event
- In the 81 pts treated, no events of colitis have been observed to date

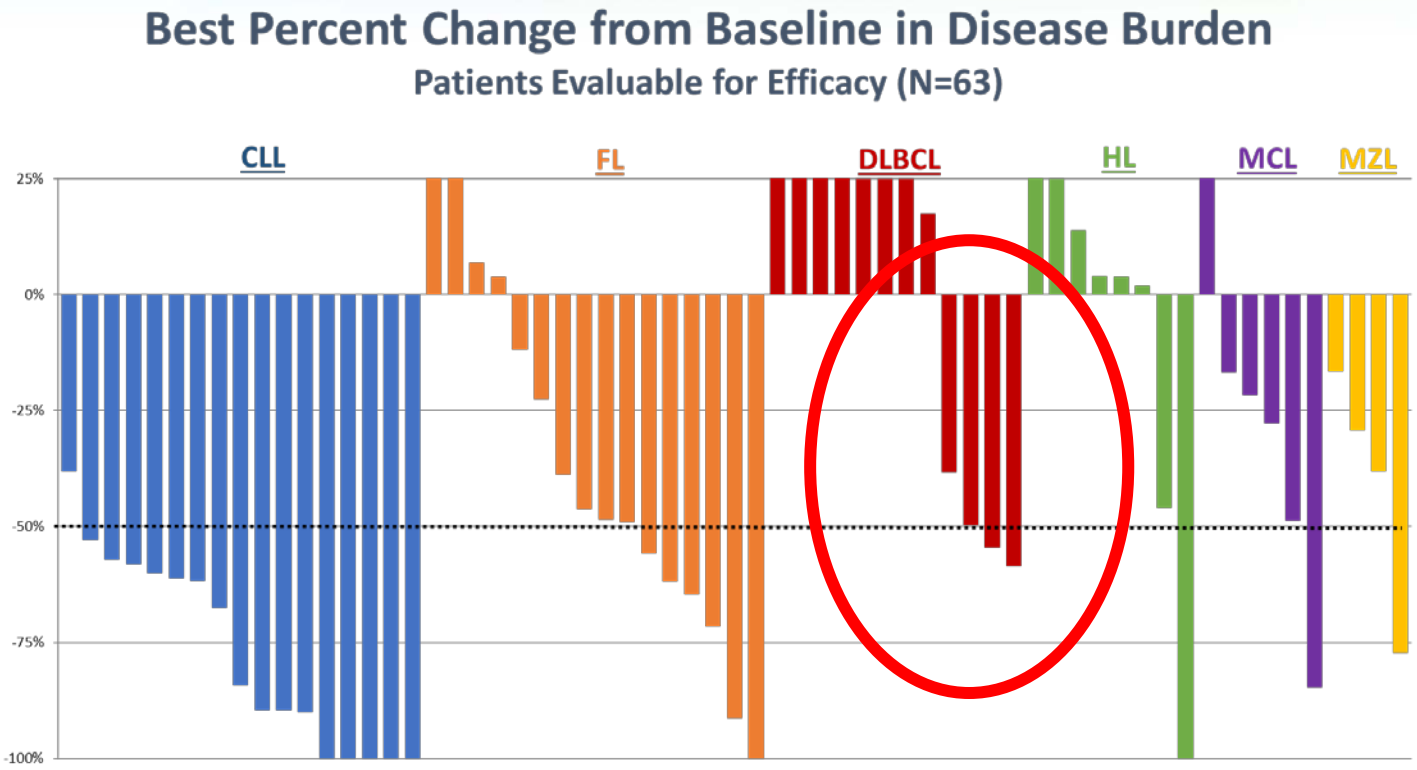
# PI3K-Delta Class AE Profile

| | Idela + Ofa (ASCO '15)[1] (n=173) | Idela +BR (ASH '15 Abstract) [2] (n=207) | Idelalisib Label (CLL & NHL)[3] (n=256) | TGR-1202 (ASH '15) [4] (n=152) |
|---|---|---|---|---|
| | All Grades (≥Gr 3) | All Grades (≥Gr 3) | All Grades (≥Gr 3) | All Grades (≥Gr 3) |
| Diarrhea/ Colitis | **49%** (20%) | N/A (7.2%) | **36%** (10%) | **42%** (2%)** |
| Pneumonia | **17%** (13%) | N/A | **24%** (16%) | **6%** (5%) |
| ALT Elevations | N/A | **60%** (21%) | **43%** (11%) | N/A |
| AST Elevations | N/A | **52%** (16%) | **34%** (7%) | N/A |
| ALT/AST Elevations | **35%** (13%) | N/A | N/A | **6%** (3%) |
| Discontinuations due to AE | **31%** | N/A | **12%** | **8%** |

** No observed instances of colitis

[1]Jones et al, ASCO 2015
[2] Zelenetz et al, ASH 2015
[3] Aggregated from Idelalisib Prescribing Information
[4] Aggregated from O'Connor et al, Lunning et al, ASH 2015

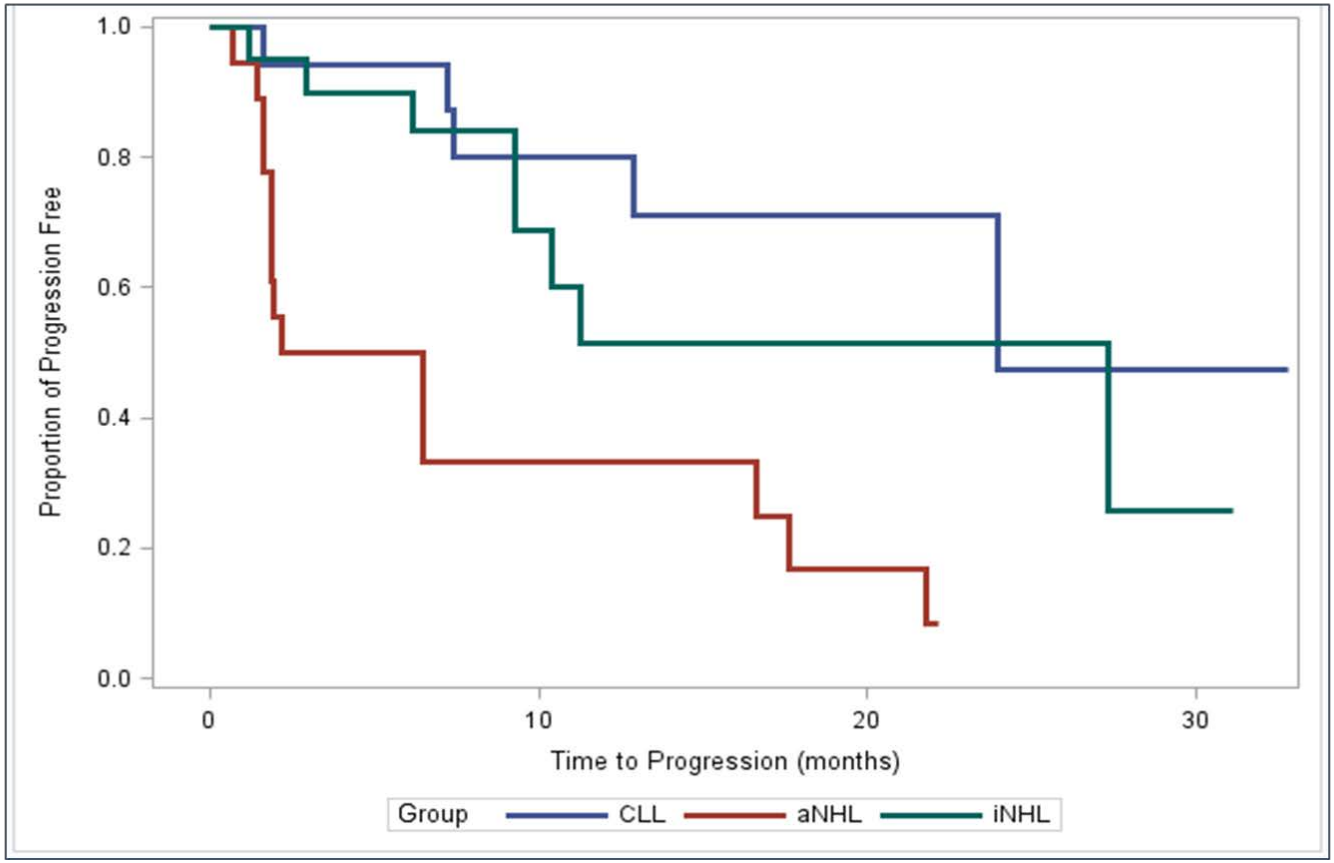
# TGR-1202: Efficacy




- 94% of CLL patients (16/17) achieved a nodal PR, remaining patients still on study pending further evaluation
- 59% of CLL patients (10/17) achieved a response per iwCLL (Hallek 2008) criteria
- Similar to activity seen in CLL, tumor reductions in indolent lymphoma have shown improvement over time

# TGR-1202: Efficacy

## Kaplan-Meier Plot of PFS

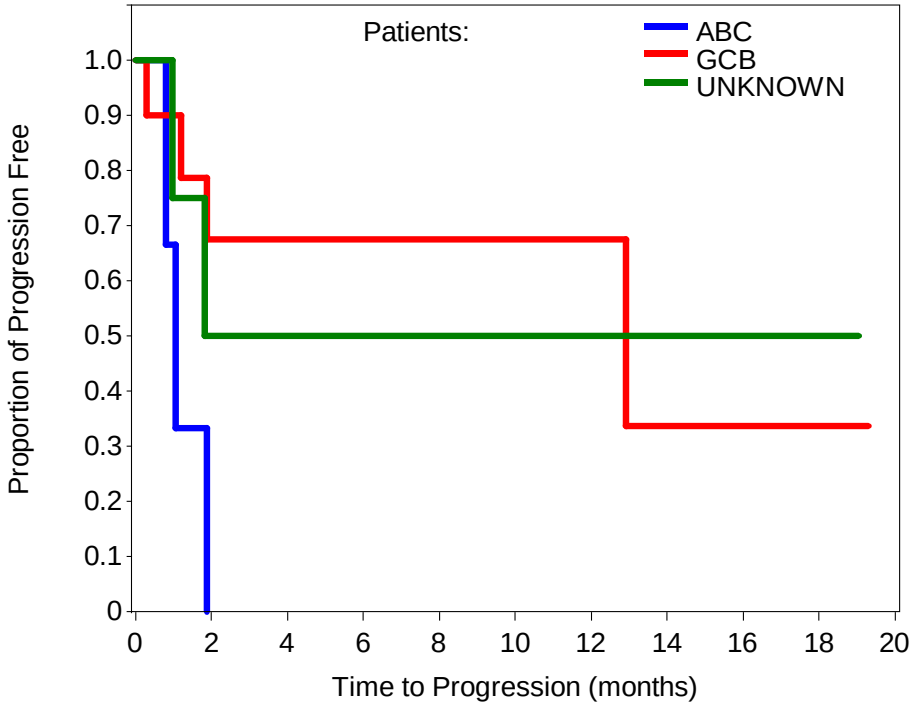



- Median PFS:
  - CLL: 23.98 months (95% CI: 7.4, NR)
  - iNHL (FL & MZL): 27.3 months (95% CI: 9.28, NR)
  - aNHL (DLBCL & MCL): 4.33 months (95% CI: 1.88, 16.6)

# TG-1101 (ublituximab) +TGR-1202: Efficacy

## Patients with DLBCL

- 16 DLBCL patients evaluable:
- ORR: 33% (3/9) GCB, 0% (0/3) ABC, 50% (2/4) subtype unknown
- Notable activity has been observed particularly in patients with GCB DLBCL
- UNITY-DLBCL randomized study opening soon



# Coming Soon:
## *For Previously Treated DLBCL Patients*


- Owen O'Connor, Study Chair
- Phase 2b randomized trial – TG-1101 +TGR-1202
- Expected to open in 1H2016
- Targeting centers in the US and Ex-US

# Disruption of the mTOR-eIF4F Axis by Selectively Targeting PI3Kδ and Proteasome Potently Inhibits Cap Dependent Translation of c-Myc in Aggressive Lymphomas

**Changchun Deng, M.D., Ph.D.**
**Mark Lipstein, B.S.**
**Luigi Scotto, Ph.D.**
**Michael Mangone, Ph.D.**
**Owen A. O'Connor, M.D., Ph.D.**

**Columbia University Medical Center**
**Department of Medicine**
**Center for Lymphoid Malignancies**

Columbia University Medical Center

NCI CCC
A Comprehensive Cancer Center Designated by the National Cancer Institute

NewYork-Presbyterian
The University Hospital of Columbia and Cornell

TG Therapeutics

**Matthew Lunning, DO**

Assistant Professor, Division of Hematology
University of Nebraska Medical Center

# Ublituximab + TGR-1202 Demonstrates Activity and a Favorable Safety Profile in Relapsed/Refractory B-Cell NHL and High-Risk CLL: Phase I Results

**Matthew Lunning, DO[1], Julie Vose, MD[1], Nathan Fowler, MD[2], Loretta Nastoupil, MD[2], Jan A. Burger, MD[2], William G. Wierda, MD[2], Marshall T. Schreeder, MD[3], Tanya Siddiqi, MD[4], Christopher R. Flowers, MD[5], Jonathon B. Cohen, MD[5], Susan Blumel, RN, BSN[1], Myra Miguel, RN[2], Emily K. Pauli, PharmD[3], Kathy Cutter, RN[3], Christine McCarthy[4], Ryan Handy, BS[5], Peter Sportelli[6], Hari P. Miskin, MS[6], Michael S. Weiss[6] and Susan O'Brien, MD[7]**

[1]University of Nebraska Medical Center, Omaha, NE; [2]MD Anderson Cancer Center, Houston, TX; [3]Clearview Cancer Institute, Huntsville, AL; [4]City of Hope National Medical Center, Duarte, CA; [5]Emory University/Winship Cancer Institute, Atlanta, GA; [6]TG Therapeutics, Inc., New York, NY; [7]University of California Irvine, Orange, CA

# TG-1101 (ublituximab) +TGR-1202 ("1303"): Demographics

| | | |
|---|---|---|
| **Evaluable for Safety (n)** | 71 | |
| **Evaluable for Efficacy[†] (n)** | 58 | |
| **Median Age, years (range)** | 65 (26 – 86) | |
| **Male/Female** | 47/24 | |
| **Histology** | **DLBCL** | 24 |
| | **CLL/SLL** | 19 |
| | **FL** | 19 |
| | **MZL** | 6 |
| | **MCL** | 2 |
| | **Richter's** | 1 |
| **ECOG, 0/1/2** | 20/47/4 | |
| **Prior Therapy Regimens, median (range)** | 3 (1 – 10) | |
| **Patients with ≥ 3 Prior Therapies (%)** | 61% | |
| **Prior RTX Based Therapies, median (range)** | 3 (1 – 7) | |
| **Refractory to Prior Therapy, n (%)** | 41 (58%) | |

[†]13 Patients not evaluable (9 too early, 2 non-related AE, 1 removed per investigator discretion, 1 for SAE, 1 ineligible)

# TG-1101 (ublituximab) +TGR-1202 ("1303"): Safety

## All Causality AE's Occurring in ≥ 10% of Patients (n = 71)

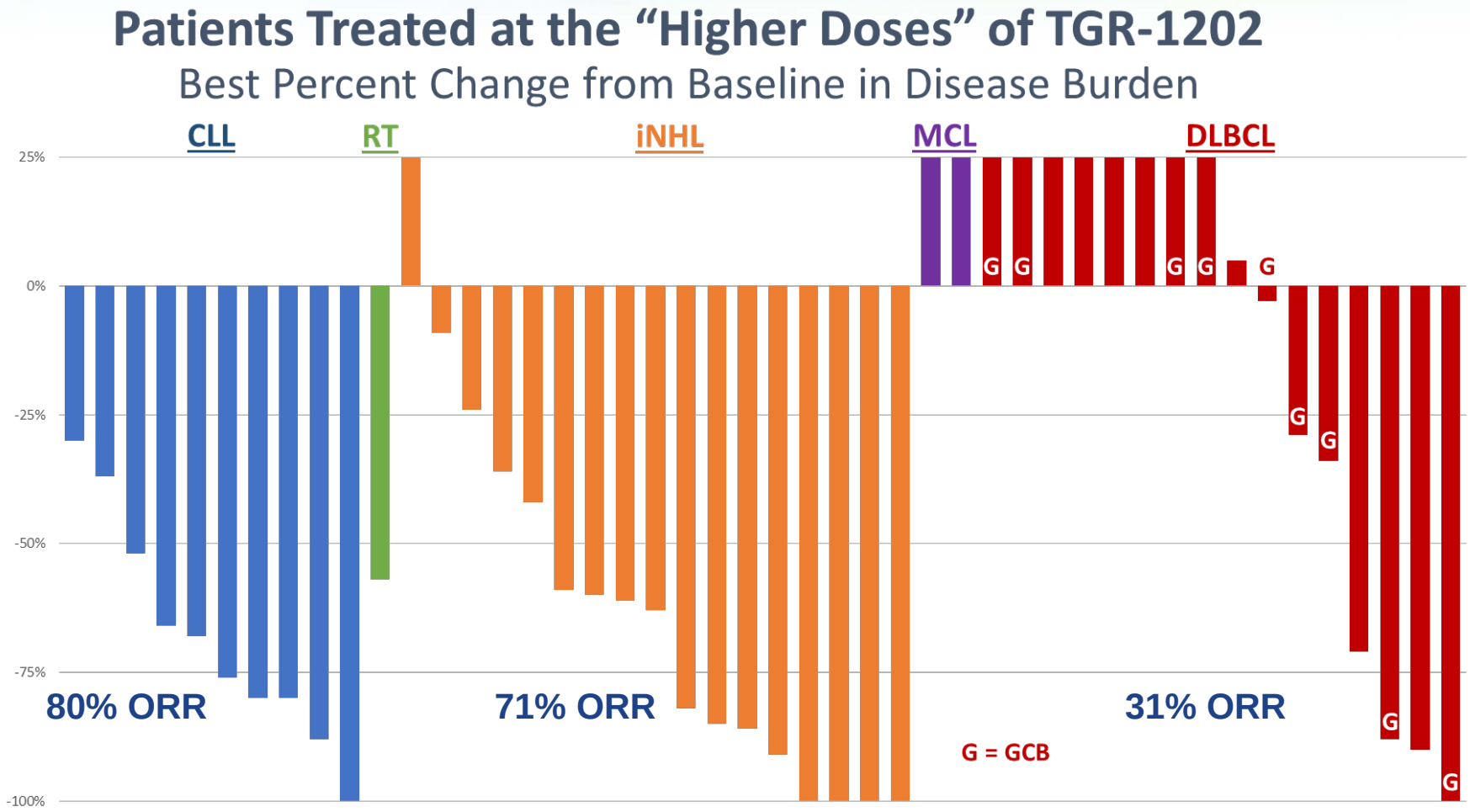
| Adverse Event | All Grades | | Grade 3/4 | |
|---|---|---|---|---|
| | N | % | N | % |
| Nausea | 33 | 46% | 1 | 1% |
| Diarrhea | 31 | 44% | 2 | 3% |
| Fatigue | 29 | 41% | 2 | 3% |
| Neutropenia | 21 | 30% | 18 | 25% |
| Infusion related reaction | 18 | 25% | 1 | 1% |
| Vomiting | 17 | 24% | | |
| Dyspnea | 14 | 20% | | |
| Back pain | 13 | 18% | | |
| Dizziness | 13 | 18% | | |
| Pyrexia | 13 | 18% | | |
| Decrease appetite | 12 | 17% | | |
| Insomnia | 12 | 17% | | |
| Sinusitis | 11 | 15% | | |
| Cough | 10 | 14% | | |
| Anemia | 9 | 13% | 1 | 1% |
| Constipation | 8 | 11% | - | - |
| Headache | 8 | 11% | - | - |
| Vitamin D decrease | 8 | 11% | - | - |
| Hypophosphatemia | 7 | 10% | 1 | 1% |
| Peripheral edema | 7 | 10% | 1 | 1% |
| Rash | 7 | 10% | - | - |

**Of the 29 Gr 1/2 Diarrhea, only 11 were Gr.2, and no Gr. 4 events were observed**

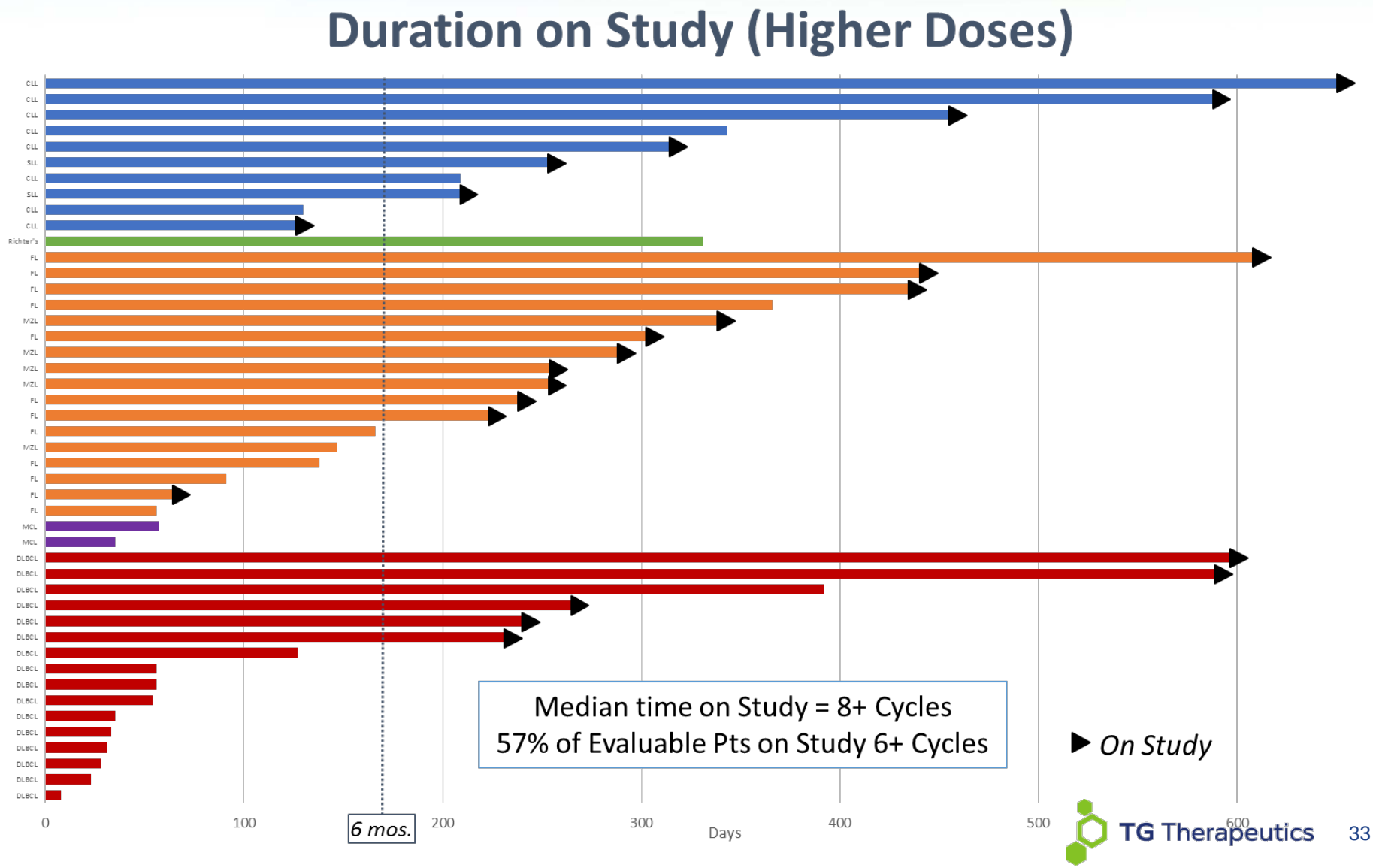
**Data represents events occurring during entire duration on study (upwards of 22 mos.)**

- 6 patients (8%) discontinued due to a TGR-1202 related AE
- Grade 3/4 AST/ALT increase ll grades)
- %) had their se reduced; 2 eutropenia, 1 gue, 1 dizziness
- ot been reported to date

# TG-1101 (ublituximab) +TGR-1202 ("1303"): Efficacy



# TG-1101 (ublituximab) +TGR-1202 ("1303"): Efficacy



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**Jon Gribben, MD, PhD**

Centre Lead, Centre for Hemato-Oncology,
Barts Cancer Institute, London UK

# TGR-1202 Meta Analysis

Safety and efficacy data from 2 datasets as follows:

- **Single Agent TGR-1202**
- **Combination of TG-1101(ublituximab) + TGR-1202 (“1303”)**

| | | |
|---|---|---|
| **Evaluable for Safety (n)** | **152** | |
| | Single agent (81) / Combo (71) | |
| **Evaluable for Efficacy (n)** | **121** | |
| | Single agent (63) / Combo (58) | |
| **Histology** | **CLL/SLL** | 40 |
| | **DLBCL** | 38 |
| | **FL** | 41 |
| | **MZL** | 11 |
| | **HD** | 9 |
| | **MCL** | 8 |
| | **Other** | 5 |

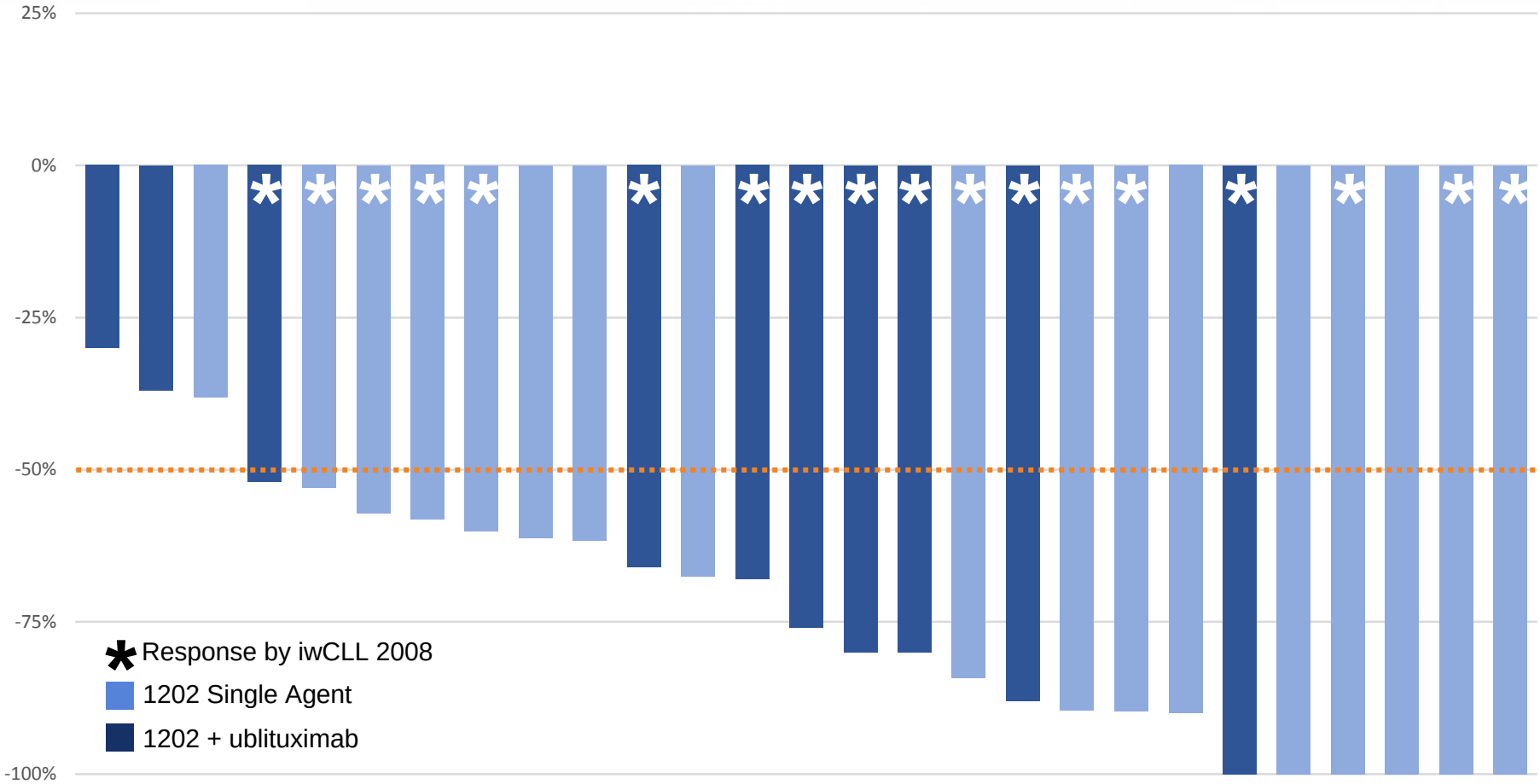
# TGR-1202 Meta Analysis: Safety

## All Causality AE's Occurring in ≥ 10% of Patients (n = 152)

| Adverse Event | All Grades | | Grade 3/4 | |
|---|---|---|---|---|
| | N | % | N | % |
| Nausea | 67 | 44% | 2 | 1% |
| Diarrhea | 64 | 42% | 3 | 2% |
| Fatigue | 54 | 36% | 5 | 3% |
| Vomiting | 35 | 23% | 0 | 0% |
| Neutropenia | 29 | 19% | 25 | 16% |
| Cough | 29 | 19% | 0 | 0% |
| Headache | 28 | 18% | 1 | < 1% |
| Rash | 27 | 18% | 4 | 3% |
| Dyspnea | 25 | 16% | 6 | 4% |
| Dizziness | 24 | 16% | 0 | 0% |
| Decrease appetite | 24 | 16% | 0 | 0% |
| Pyrexia | 23 | 15% | 2 | 1% |
| Insomnia | 21 | 14% | 0 | 0% |
| Anemia | 20 | 13% | 7 | 5% |
| Constipation | 20 | 13% | 1 | < 1% |
| Abdominal pain | 15 | 10% | 4 | 3% |
| URT infection | 15 | 10% | 0 | 0% |
| | | | | |
| AST/ALT elevation | 9 | 6% | 4 | 3% |
| Pneumonia | 9 | 6% | 7 | 5% |
| Pneumonitis | 2 | 1% | 1 | <1% |
| Colitis | 0 | 0% | 0 | 0% |

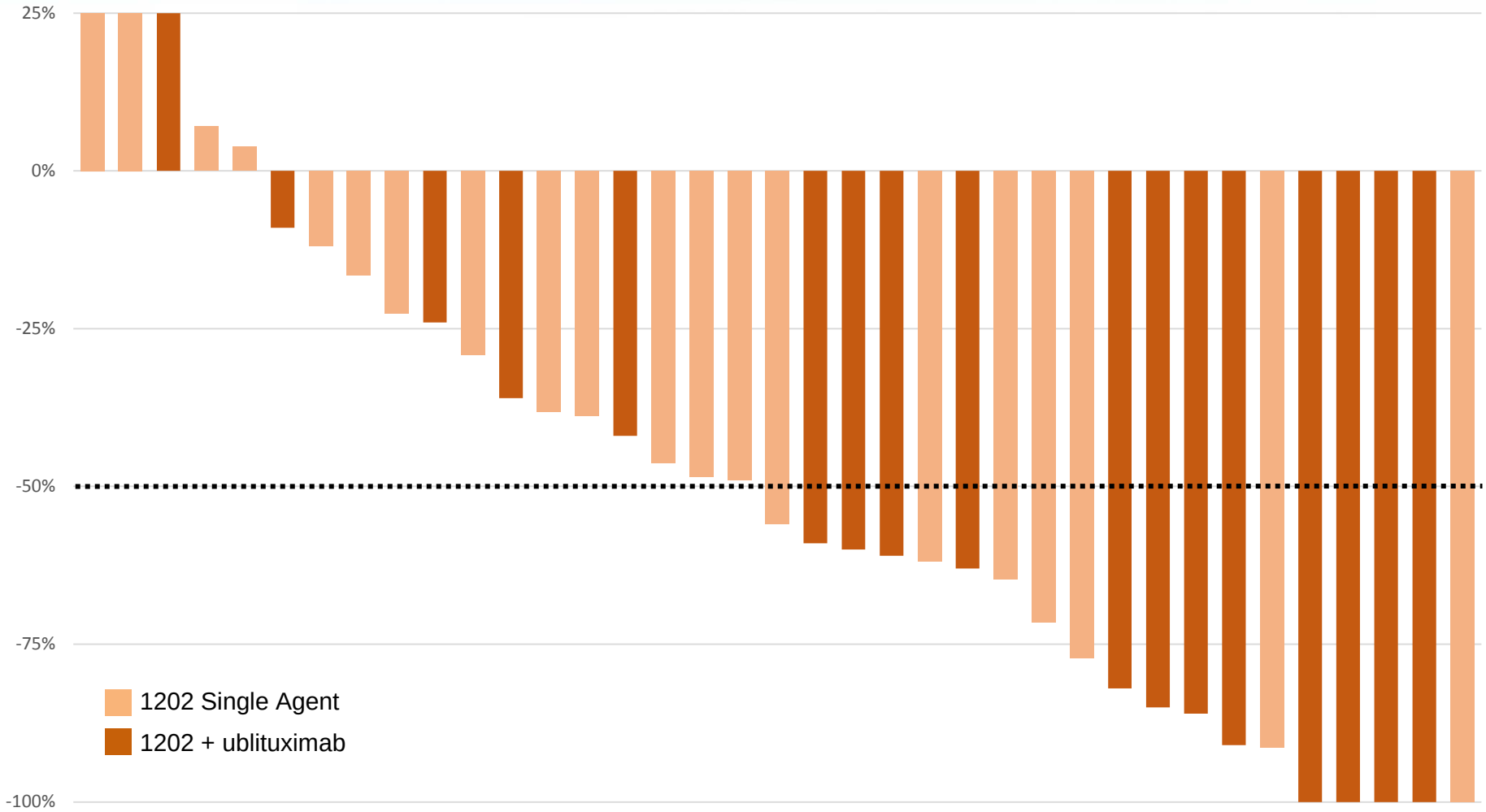
- 64 patients have been on study over 6 cycles and 33 patients have been on study over 12 cycles
- 12 patients (8%) discontinued due to a TGR-1202 related AE
- Of the 25 patients with G 3/4 neutropenia, 7 (28%) were on single agent TGR-1202

# Meta-Analysis: Efficacy in CLL/SLL

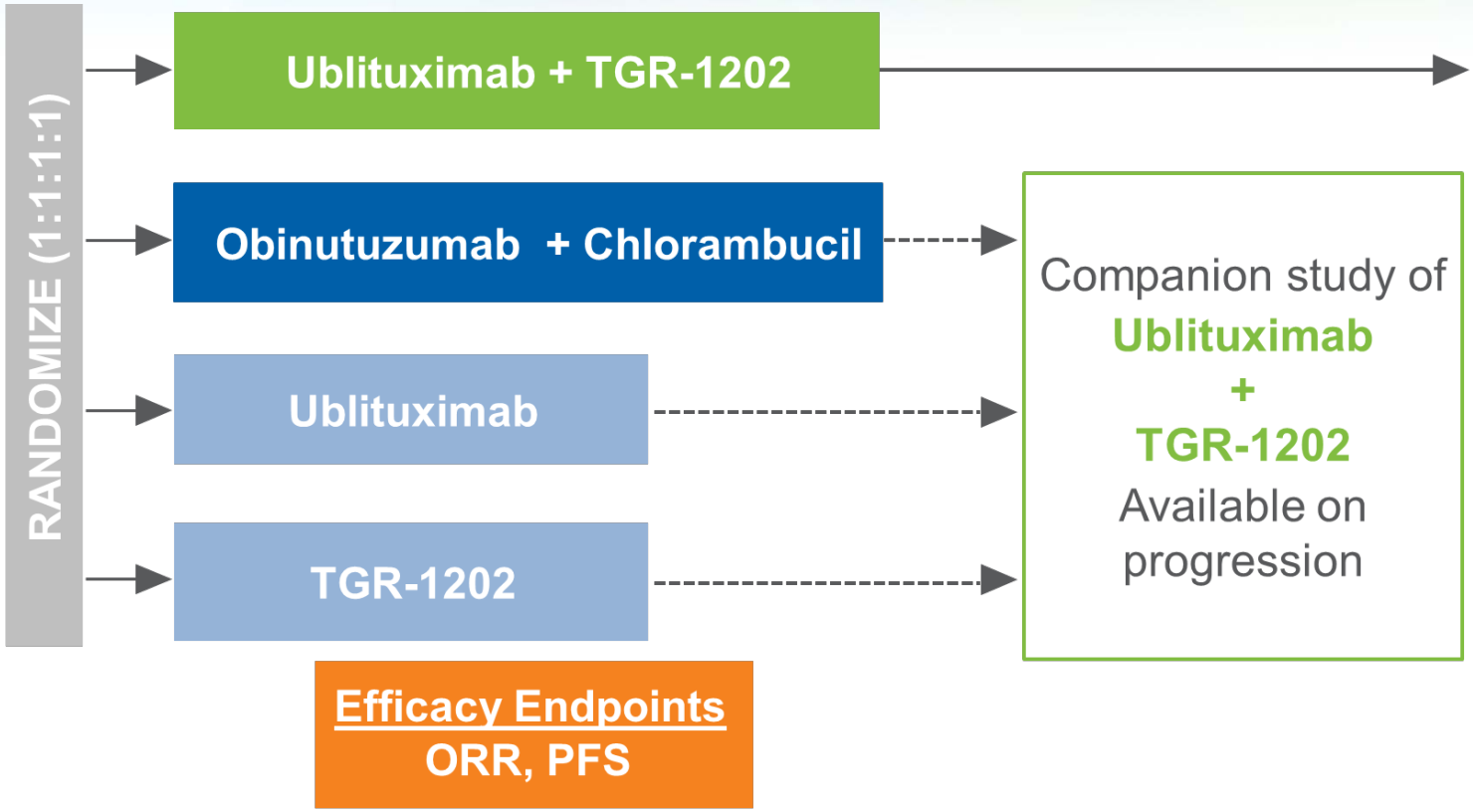



- 6/8 CLL patients treated with TGR-1202 + TG-1101 (ublituximab) had del 17p and/or 11q

# Meta-Analysis: Efficacy in iNHL (FL & MZL)



# UNITY-CLL – Phase 3 Trial




- Design, Endpoints, and Statistics agreed to via Special Protocol Assessment (SPA)
- Enrolling ~450 patients with previously treated and previously untreated CLL
- Primary Endpoint: PFS

UNITY CLL
TG THERAPEUTICS
GLYCOENGINEERED UBLITUXIMAB + PI3K DELTA TGR-1202
PHASE 3 TRIAL IN CLL

TG Therapeutics

# Closing Remarks

**Michael S. Weiss**

Executive Chairman & Interim CEO

# TGR-1202 Meta Analysis: Safety

*Still Concerned about Colitis?*

Including all studies presented at ASH 2015*:

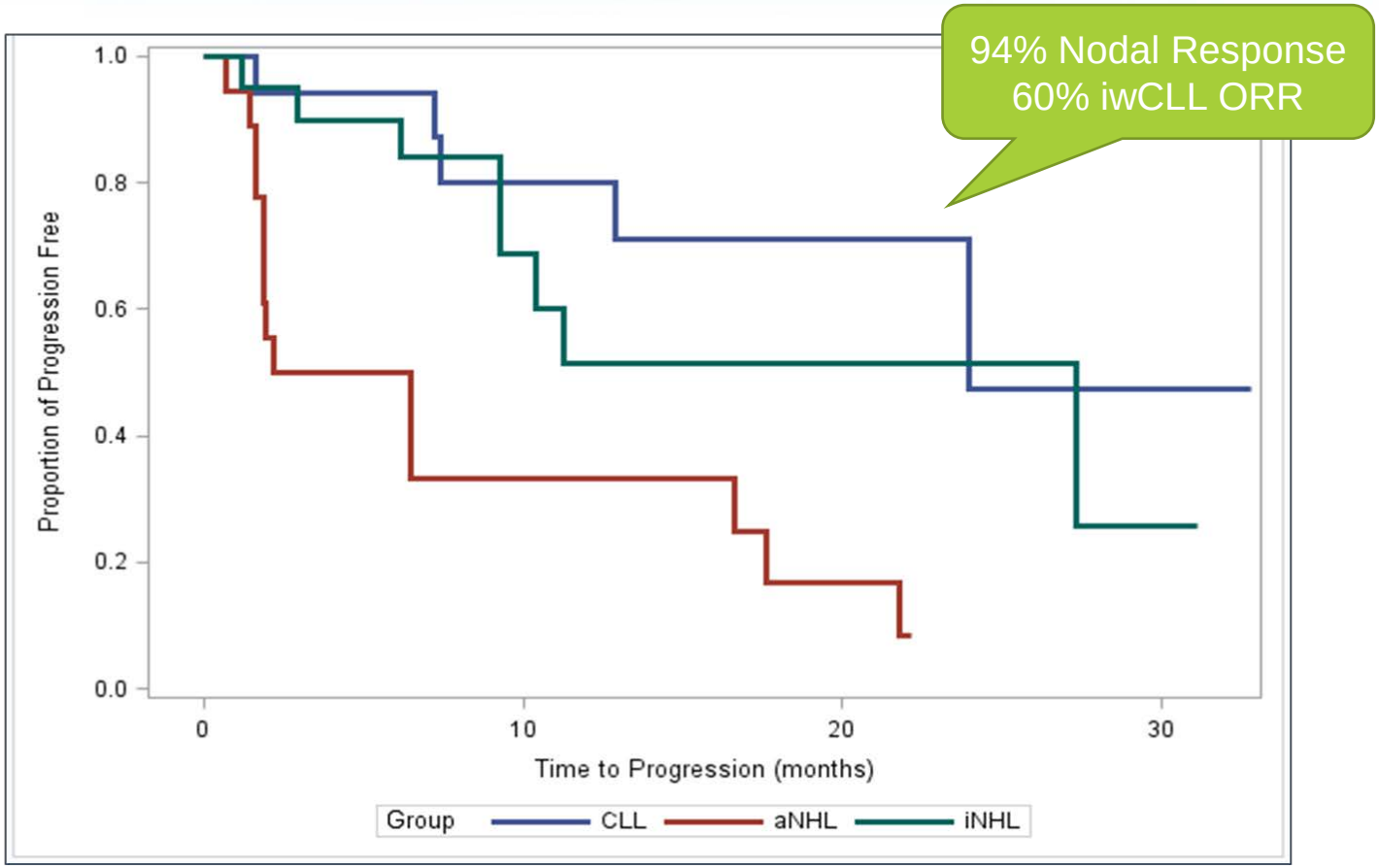
- 80 patients have been on study over 6 months
- 41 patients have been on study over 12 months

**95% Binomial Confidence Interval: 0% - 4.5%**

* Includes study of TGR-1202 plus Gazyva plus chlorambucil

# TGR-1202-101: Efficacy

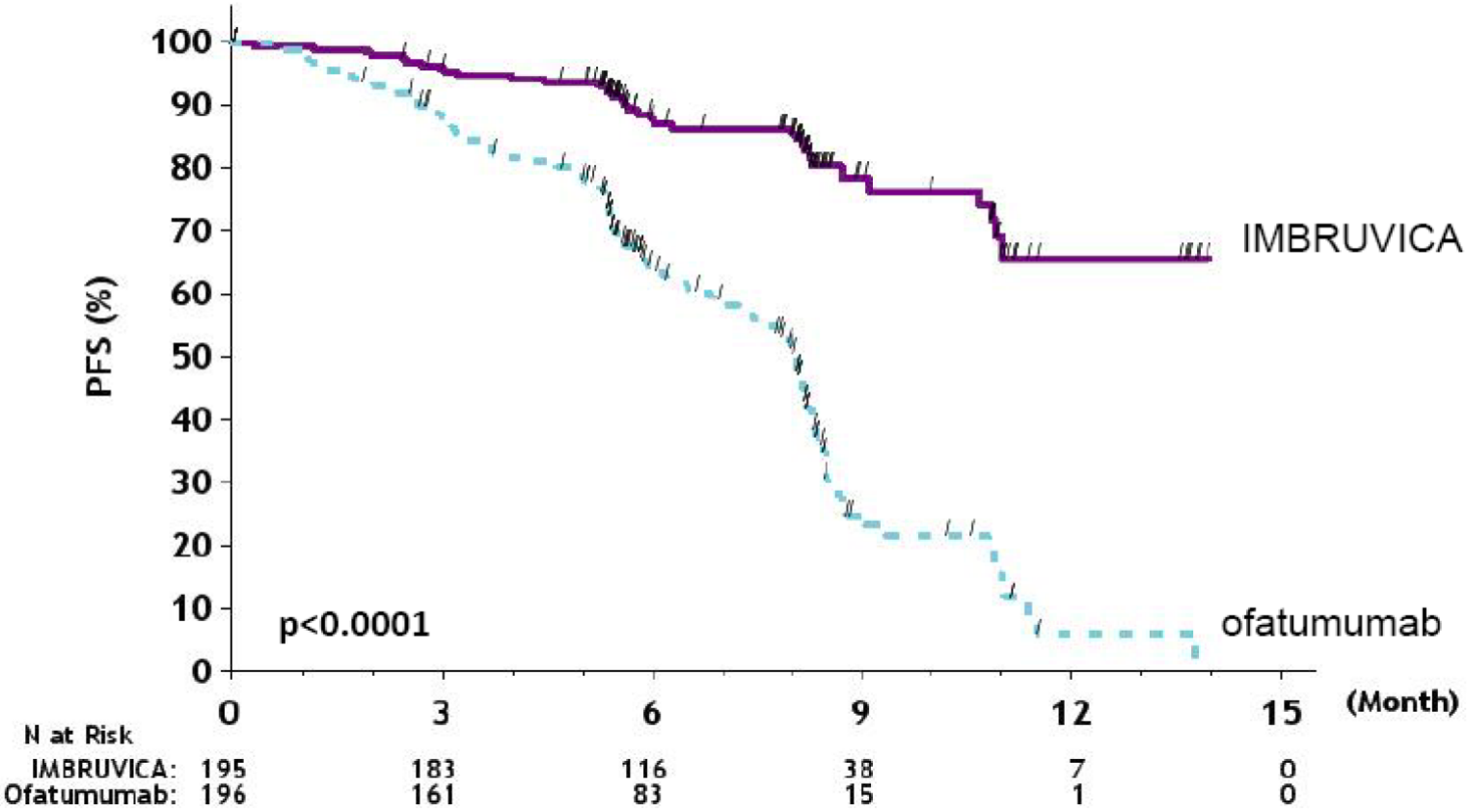
## Kaplan-Meier Plot of PFS




- Median PFS:
  - CLL: 23.98 months (95% CI: 7.4, NR)
  - iNHL (FL & MZL): 27.3 months (95% CI: 9.28, NR)
  - aNHL (DLBCL & MCL): 4.33 months (95% CI: 1.88, 16.6)

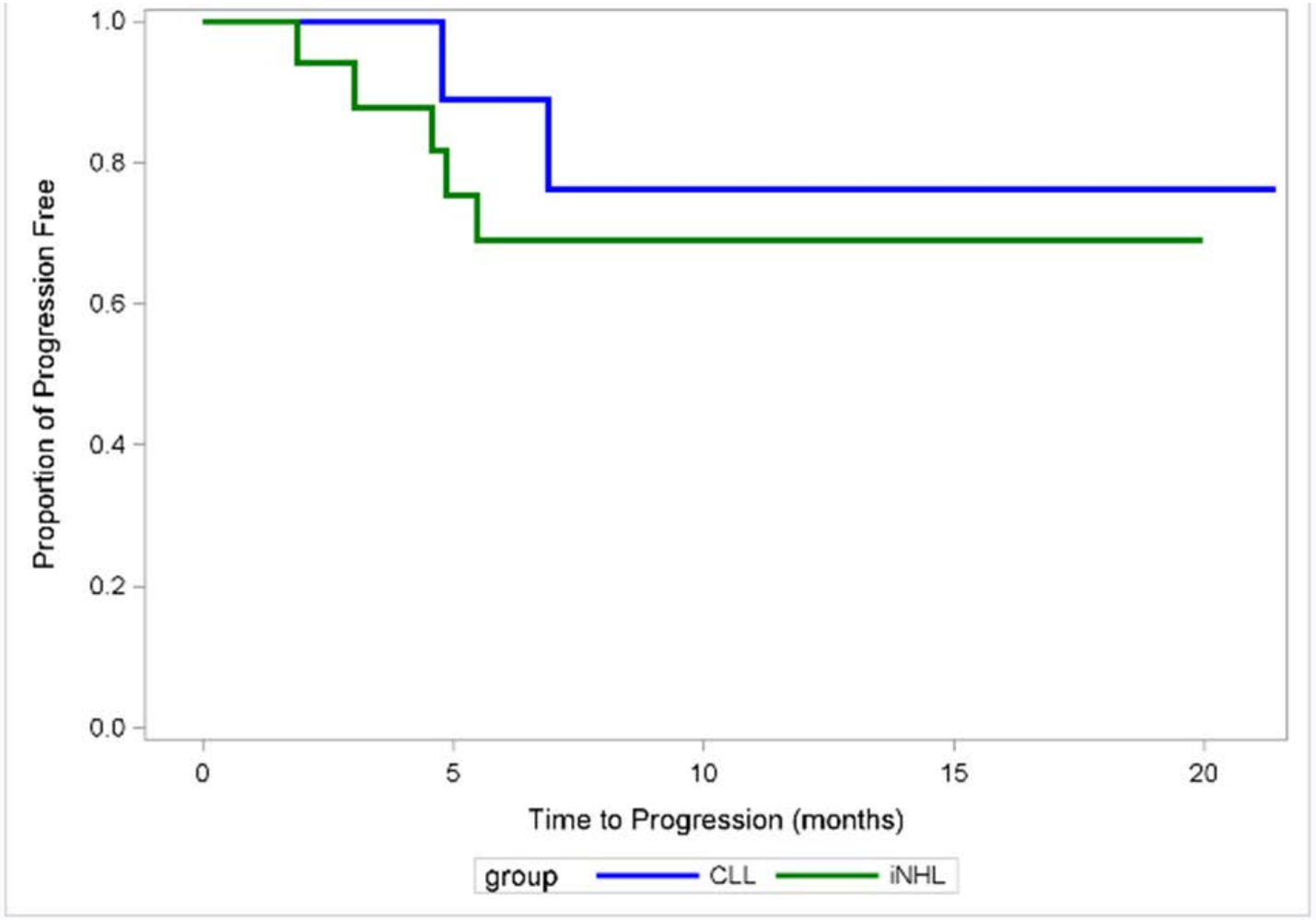
# TGR-1202: Efficacy

**Figure 1: Kaplan-Meier Curve of Progression-Free Survival (ITT Population) in Study 2**




*ibrutinib prescribing information, 2015*

# 1303 Efficacy: PFS



# TGR-1202 + Gazyva: PRESENTATION HIGHLIGHTS

- 100% (15 of 15) ORR in treatment naïve CLL patients, with 33% of patients achieving a CR, and 47% of patients achieving MRD negativity

- Notably different safety profile than TG-1303, specifically regarding neutropenia (78% vs. 30%), thrombocytopenia (78% vs. <10%), and transaminase elevations (39% vs. 8%)
  - Neutropenia was high but infections were low
  - A lot of the neutropenia occurred in cycle 1 when growth factor support was restricted

- The median PFS has not been reached, with the longest patient on study now 20+ months on TGR-1202 daily maintenance at 800mg

TG Therapeutics