BGB-11417-101

Sonrotoclax Monotherapy
R/R CLL

BGB-11417-101 Trial Design

R/R CLL/SLL

Phase 1

Study Identifier:
BGB-11417-101, NCT04277637

Primary Endpoints: Safety (TEAEs, SAEs, AEs leading to discontinuation, TLS), MTD, RP2D,
Secondary Endpoints: PK/PD, ORR by investigator

Eligibility criteria

Confirmed diagnosis of:

- R/R MZL: ≥2L, extranodal, splenic, or nodal
- R/R FL: ≥2L, grade 1-3a
- R/R DLBCL: ≥3L
- Transformed indolent B-cell NHL
- **CLL/SLL:** TN or **R/R**
- R/R MCL: ≥2L
- R/R WM
- ECOG PS 0-2
- No prior therapy ≥2 months with, or progression on, a BCL2 inhibitor

Monotherapy Cohorts

Part 1: Dose Escalation (Sonrotoclax Monotherapy)

Cohort	Population	Disease	N
1A	R/R	NHL (*FL, DLBCL, MZL, or transformed NHL*)	15-30
1B	R/R (*low TLS risk*)	CLL/SLL	15-30
1C	R/R (*high TLS risk*[a])	CLL/SLL	3-6
1D	R/R	MCL	3-6
1E	R/R	WM	3-6

RP2D

RP2D per disease type will be decided based on SMC review of available safety and activity data

Part 2: Expansion (Sonrotoclax Monotherapy)

Cohort	Population	Disease	N
2A	R/R (*Food effect*)	Indolent NHL (*FL, MZL*)	10
2B	R/R (*food effect*)	Aggressive NHL (DLBCL, transformed NHL)	10
2C	R/R (*low TLS risk*)	CLL/SLL	20
2D	R/R (*high TLS risk*[a])	CLL/SLL	10
2E	R/R (*prior ven*)	CLL/SLL	10
2F	R/R	MCL	20
2G	R/R	WM	20

Combination Cohorts

Part 3: Dose Finding (Sonrotoclax + Zanubrutinib Combination)

Cohort	Population	Disease	Planned N
3A	R/R	CLL/SLL	15-30
3B	R/R	MCL	3-6

RP2D

RP2D per disease type will be decided based on SMC review of available safety and activity data

Part 4: Dose Expansion (Sonrotoclax + Zanubrutinib Combination)

Cohort	Population	Disease	Planned N
4A	R/R	CLL/SLL	30
4B	TN	CLL/SLL	20
4C	R/R	MCL	20

[a]High TLS risk defined as the presence of any lymph node ≥10 cm or the presence of any lymph node ≥5 cm with concurrent absolute lymphocyte count ≥25×109/L.
AE=adverse event, BCL2=B-cell lymphoma-2, CLL=chronic lymphocytic leukemia, CTCAE=Common Terminology Criteria for Adverse Events, DLBCL=diffuse large B-cell lymphoma, ECOG PS=Eastern Cooperative Oncology Group performance status, FL=follicular lymphoma, iwCLL=International Workshop on Chronic Lymphocytic Leukemia, MCL=mantle cell lymphoma, MTD=maximum tolerated dose, MZL=marginal zone lymphoma, NHL=Non-Hodgkin lymphoma, ORR=objective response rate, PD=pharmacodynamic, PK=pharmacokinetics, QD=once daily, RP2D=recommended phase 2 dose, R/R=relapsed/refractory, SAE=serious adverse event, SLL=small lymphocytic lymphoma, SMC=safety monitoring committee, TEAE=treatment-emergent adverse event, TLS=tumor lysis syndrome, TN=treatment naïve, WM=Waldenström macroglobulinemia.
1. Cheah C et al. Oral presentation presented at ASH 2022. Abstract 962 2. Opat et al. EHA Presentation. 2022. Abstract number: P687.

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Baseline Patient Characteristics

Sonrotoclax Monotherapy in R/R CLL/SLL

- As of March 1, 2025, 18 patients with R/R CLL/SLL had received sonrotoclax monotherapy, and 12 (66.7%) remain on treatment
  - Six patients (33.3%) discontinued treatment due to progressive disease (n=3), physician decision (n=2), or patient withdrawal (n=1)
- Across dose cohorts, the median age was 68.0 years, and the median number of prior systemic treatments was 3
  - Among tested patients, 93.3% (14/15) had unmutated IGHV, 28.6% (4/14) had del(17p), and 58.3% (7/12) had del(17p) and/or *TP53* mutation
  - Of the 18 patients, 17 had received prior BTK inhibitor treatment

Characteristic	Sonro 80 mg (n=4)	Sonro 160mg (n=7)	Sonro 320mg (n=7)	All (N=18)
Follow-up, median (range), months	45.2 (44.0-50.5)	23.2 (5.4-42.7)	22.7 (14.6-28.1)	24.7 (5.4-50.5)
Age, median (range), years	65.5 (55-70)	73.0 (61-84)	65.0 (62-79)	68.0 (55-84)
Male, n (%)	4 (100)	3 (42.9)	5 (71.4)	12 (66.7)
ECOG PS				
0	2 (50.0)	3 (42.9)	3 (42.9)	8 (44.4)
1	2 (50.0)	4 (57.1)	4 (57.1)	10 (55.6)
del(17p), n/tested (%)	1/3 (33.3)	1/6 (16.7)	2/5 (40.0)	4/14 (28.6)
del(17p) and/or *TP53* mutation, n/tested (%)	1/2 (50.0)	3/6 (50.0)	3/4 (75.0)	7/12 (58.3)
Unmutated IGHV, n/tested (%)	2/2 (100)	5/6 (83.3)	7/7 (100)	14/15 (93.3)
Prior therapy				
No. of lines of prior systemic therapy, median (range)	2.5 (1-3)	2.0 (1-4)	4.0 (1-5)	3.0 (1-5)
No. of lines of prior systemic therapy, n (%)				
1	1 (25.0)	1 (14.3)	1 (14.3)	3 (16.7)
2	1 (25.0)	3 (42.9)	1 (14.3)	5 (27.8)
≥3	2 (50.0)	3 (42.9)	5 (71.4)	10 (55.6)
Prior BTK inhibitor	3 (75.0)	7 (100)	7 (100)	17 (94.4)
Prior BTK inhibitor duration, median (range), months	47.0 (40.9-53.7)	59.6 (33.8-87.3)	78.5 (24.5-113.0)	61.0 (24.5-113.0)

Data cutoff: March 1, 2025.
BTK=Bruton tyrosine kinase, CLL=chronic lymphocytic leukemia, ECOG PS=Eastern Cooperative Oncology Group performance status, IGHV=IGHV, immunoglobulin heavy chain variable region, R/R=relapsed/refractory, SLL=small lymphocytic lymphoma.
Opat S, et al. Poster Presentation at EHA 2025; PF580.

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TEAE Summary

Sonrotoclax Monotherapy in R/R CLL/SLL

- No patients died due to TEAE or discontinued sonrotoclax due to TEAE
- Toxicity was generally the same among all tested dose levels with no new safety signals identified; the sonrotoclax 320 mg dose level was chosen for expansion

Patients, n (%)	Sonro 80 mg (n=4)	Sonro 160mg (n=7)	Sonro 320mg (n=7)	All (N=18)
Any TEAEs	4 (100)	7 (100)	7 (100)	18 (100)
Grade ≥3	2 (50.0)	6 (85.7)	6 (85.7)	14 (77.8)
Serious	3 (75.0)	3 (42.9)	3 (42.9)	9 (50.0)
Led to Sonro discontinuation	0	0	0	0
Led to Sonro dose interruption	3 (75.0)	5 (71.4)	2 (28.6)	10 (55.6)
Led to Sonro dose reduction	0	2 (28.6)[a]	1 (14.3)[b]	3 (16.7)

Data cutoff: March 1, 2025.
[a]Grade ≤2 diarrhea (n=2). [b]Grade 2 platelet count decreased (n=1).
CLL=chronic lymphocytic leukemia, MTD=maximum tolerable dose, R/R=relapsed/refractory, TEAE=treatment-emergent adverse event, TLS=tumor lysis syndrome.
Opat S, et al. Poster Presentation at EHA 2025; PF580.

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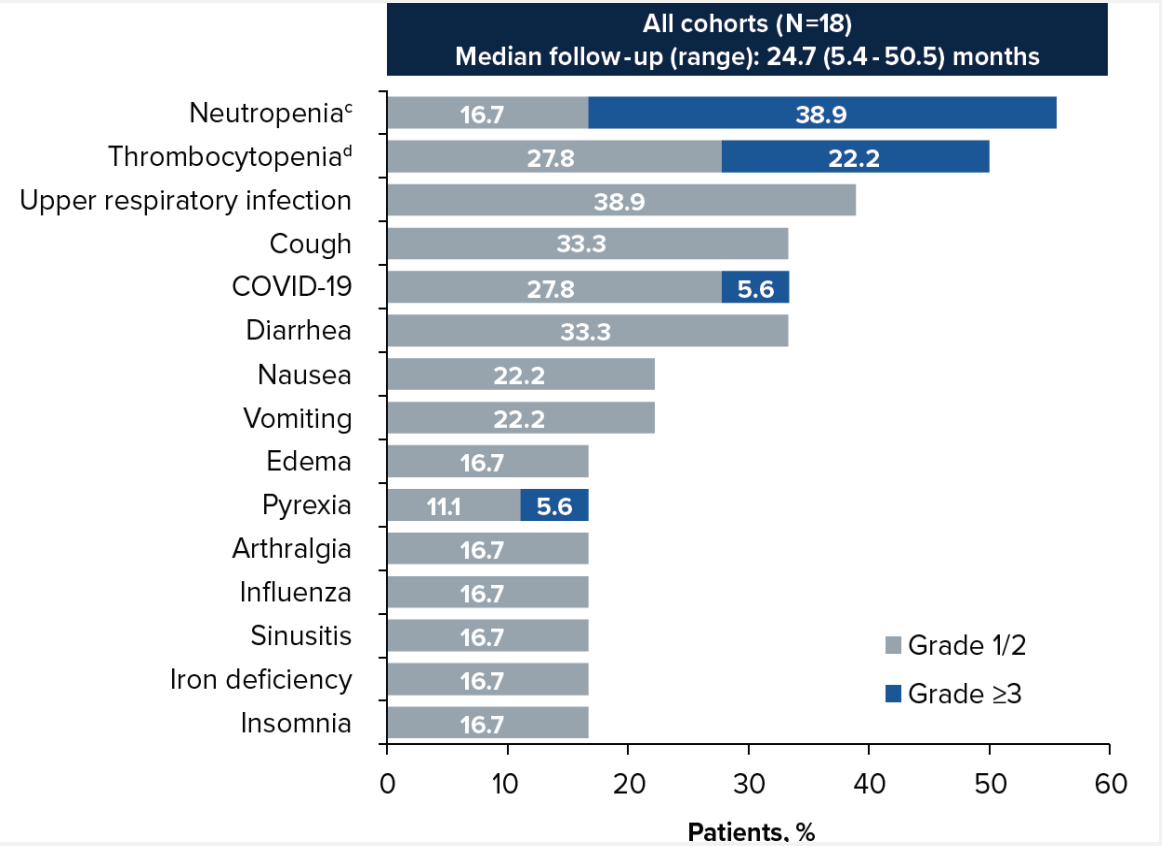
TEAE Summary (Cont'd)

Sonrotoclax Monotherapy in R/R CLL/SLL

- Across all dose cohorts, the most common any-grade TEAEs were neutropenia (55.6%), thrombocytopenia (50.0%), and upper respiratory infection (38.9%); neutropenia was the most common grade ≥3 TEAE
  - Neutropenia was manageable and did not lead to a higher rate of grade ≥3 infections; eight patients used granulocyte-colony stimulating factor
- Two patients (11.1%; n=1 each in 80-mg and 320-mg cohorts) experienced laboratory TLS during sonrotoclax ramp-up; both events resolved within 24 hours without sequelae or dose modification
- While MTD was not reached at 320 mg, the 640-mg dose was not tested in this cohort

TEAEs Occurring in ≥3 Patients[a,b]



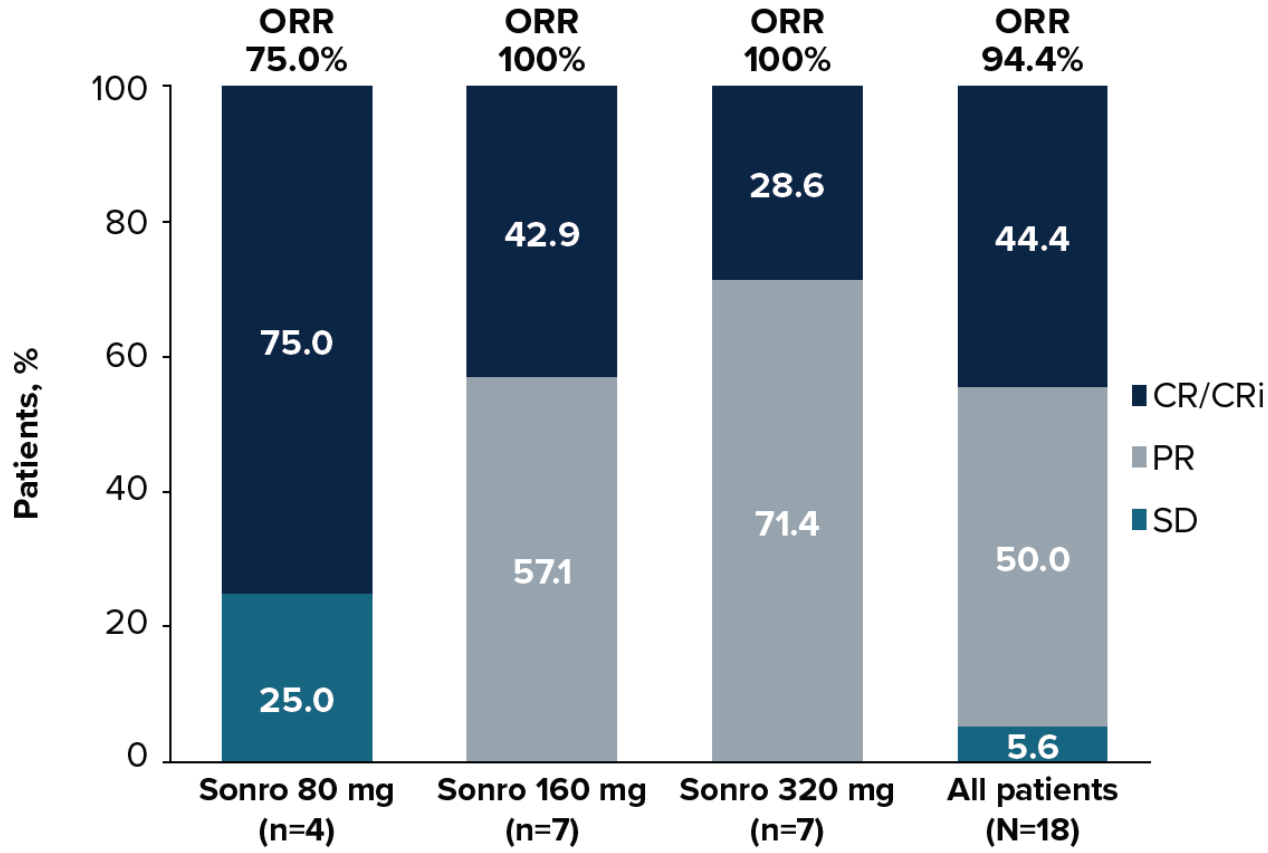
Data cutoff: March 1, 2025.
[a]Grade is listed as worst grade experienced by the patient on any drug. [b]Hematologic TEAEs were graded per iwCLL criteria; nonhematologic TEAEs were graded per CTCAE v5.0 criteria. [c]Neutropenia combines preferred terms *neutrophil count decreased* and *neutropenia*. [d]Thrombocytopenia combines preferred terms *platelet count decreased* and *thrombocytopenia*.
CLL=chronic lymphocytic leukemia, MTD=maximum tolerable dose, R/R=relapsed/refractory, TEAE=treatment-emergent adverse event, TLS=tumor lysis syndrome.
Opat S, et al. Poster Presentation at EHA 2025; PF580.

Efficacy

Sonrotoclax Monotherapy in R/R CLL/SLL

- With a median study follow-up of 24.7 months, the ORR was 94.4% across all dose cohorts
  - CRs were seen in 44.4% of patients, with a median time to CR of 17.8 months (range, 4.4-26.5 months)
  - Median duration of response has not yet been reached
- In the 320-mg cohort, the ORR was 100% with a median 22.7 months of study follow-up
  - CRs were seen in 28.6% of patients, with a median time to CR of 11.6 months (range, 4.4-18.7 months)
- Median PFS was not reached after a median follow-up of 23.7 months (range, 4.0-41.2 months)
  - No PFS events occurred in the 320-mg cohort and all patients remain on treatment

Response Rates

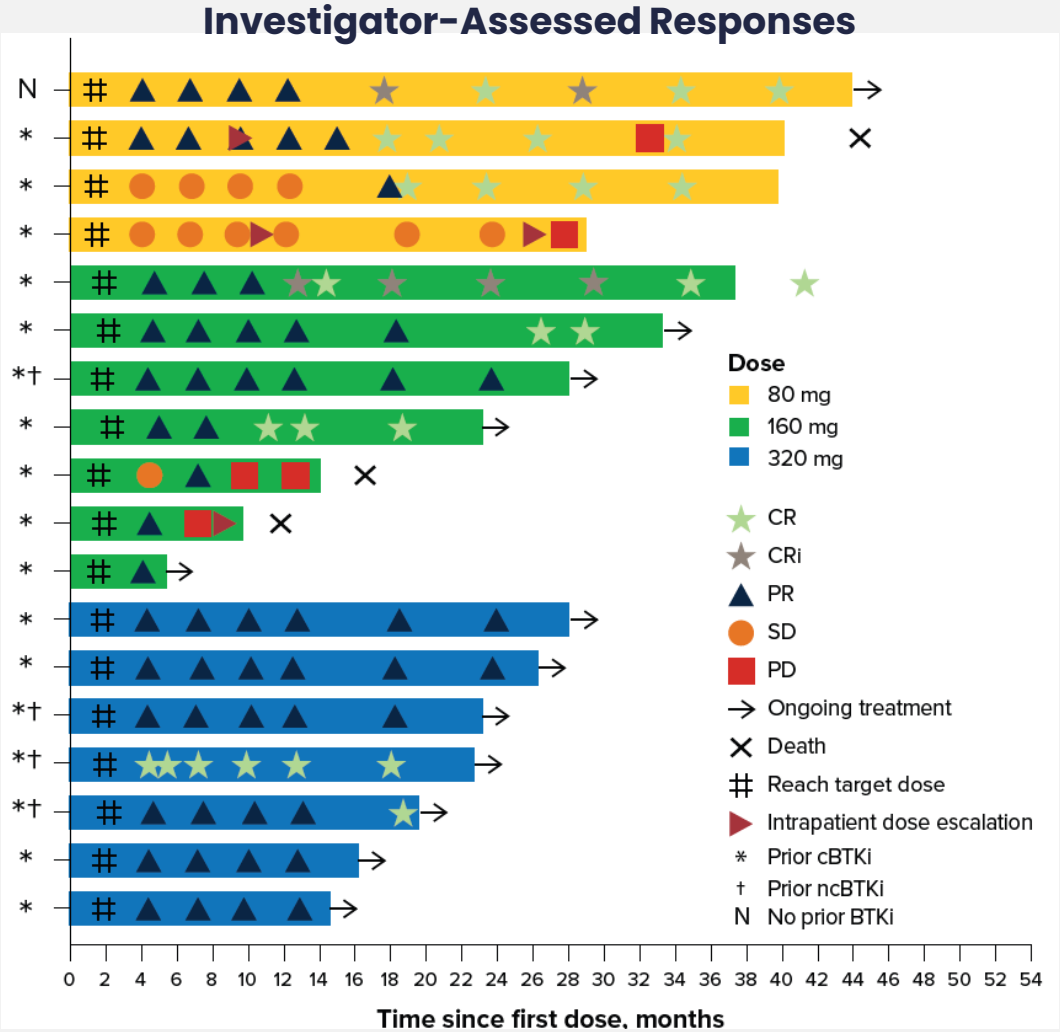


	Sonro 80 mg (n=4)	Sonro 160 mg (n=7)	Sonro 320 mg (n=7)	All patients (N=18)
Follow-up time, median (range), months	45.2 (44.0-50.5)	23.2 (5.4-42.7)	22.7 (14.6-28.1)	24.7 (5.4-50.5)

Data cutoff: March 1, 2025.
CLL=chronic lymphocytic leukemia, CR=complete response, CRI=CRi, complete response with incomplete marrow recovery, ORR=overall response rate, PFS=progression-free survival, PR=partial response, R/R=relapsed/refractory, Sonro=sonrotoclax.
Opat S, et al. Poster Presentation at EHA 2025; PF580.

Efficacy (Cont'd)

Sonrotoclax Monotherapy in R/R CLL/SLL



Data cutoff: March 1, 2025.
BTK=Bruton tyrosine kinase, cBTKi=covalent BTK inhibitor, CLL, chronic lymphocytic leukemia, CR=complete response, CRi=complete response with incomplete marrow recovery, ncBTKi=noncovalent BTKi, PD=progressive disease, PR=partial response, R/R=relapsed/refractory, SD=stable disease.
Opat S, et al. Poster Presentation at EHA 2025; PF580.

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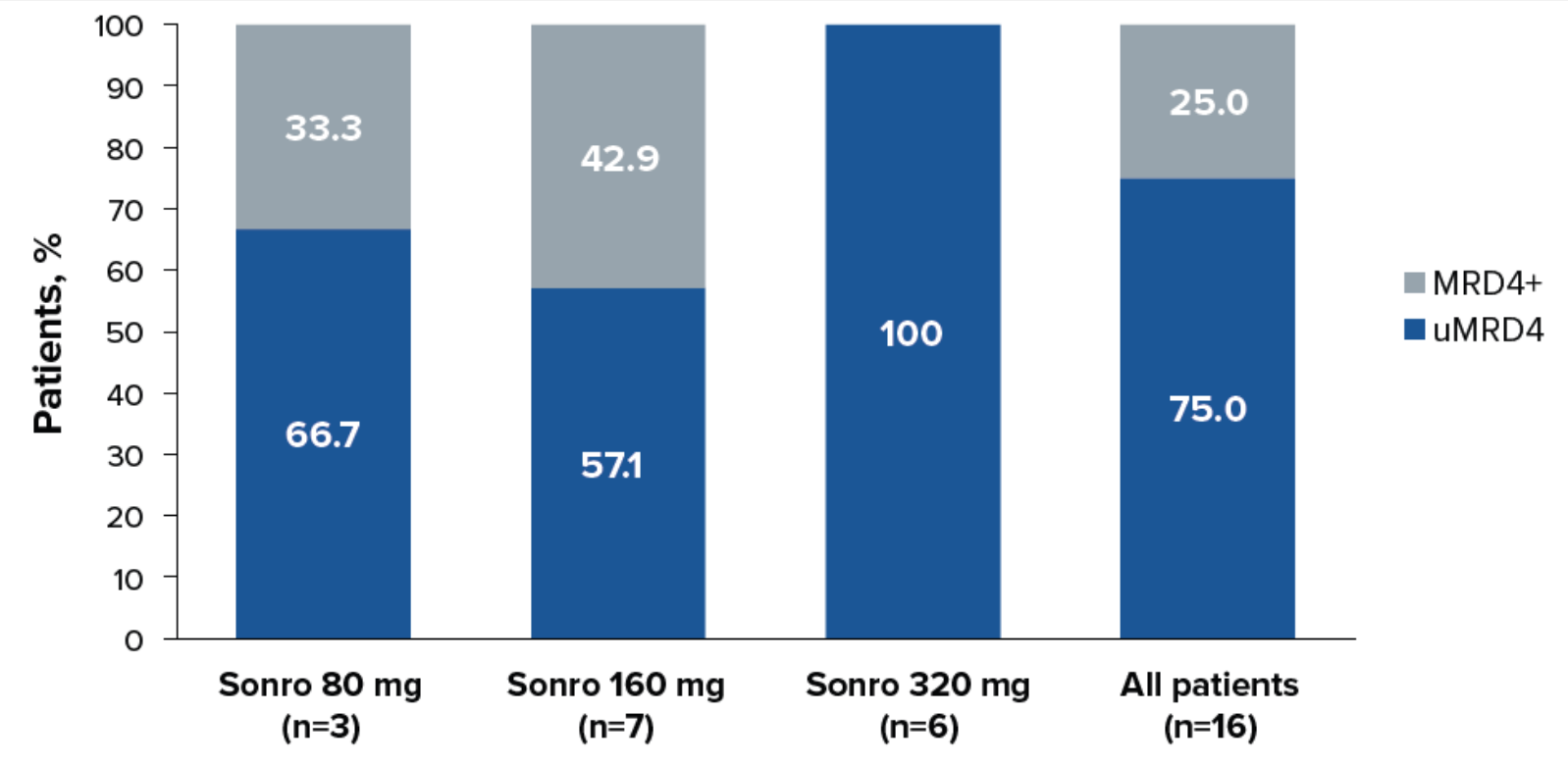
Best Overall MRD in Peripheral Blood by Dose Level[a,b]

Sonrotoclax Monotherapy in R/R CLL/SLL

- The best uMRD rate was 75% across all patients and 100% in the 320-mg cohort



Data cutoff: March 1, 2025.
[a]Measured by ERIC-approved flow cytometry method with 10^{-4} sensitivity. uMRD4 defined as $<10^{-4}$ CLL cells of total WBCs. [b]Two patients were excluded from the MRD evaluable set: 1 patient in the 80-mg cohort had <200,000 total nucleated cells and 1 patient in the 320-mg cohort was missing all MRD samples.
CLL=chronic lymphocytic leukemia, MRD=measurable residual disease, R/R= relapsed/refractory, Sonro=sonrotoclax, uMRD=undetectable MRD, WBC=white blood cell.
Opat S, et al. Poster Presentation at EHA 2025; PF580.

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Sonrotoclax Plus Zanubrutinib
R/R CLL

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Baseline Characteristics and Demographics

Sonrotoclax + Zanubrutinib in R/R CLL/SLL

Characteristic	Sonro 40 mg + Zanu (n=4)	Sonro 80 mg + Zanu (n=9)	Sonro 160 mg + Zanu (n=6)	Sonro 320 mg + Zanu (n=22)	Sonro 640 mg + Zanu (n=6)	All (N=47)
Study follow-up, median (range), months	46.8 (10.2-48.6)	40.6 (22.9-47.3)	42.0 (41.1-43.6)	19.6 (13.2-39.7)	30.9 (23.8-35.5)	32.2 (10.2-48.6)
Age, median (range), years	60.0 (50-71)	62.0 (55-75)	61.5 (41-76)	67.0 (36-76)	59.5 (53-69)	65.0 (36-76)
Male, n (%)	4 (100)	8 (89)	3 (50)	18 (82)	2 (33)	35 (74)
ECOG PS						
0	4 (100)	5 (56)	4 (67)	11 (50)	4 (67)	28 (60)
1	0	3 (33)	2 (33)	10 (45)	2 (33)	17 (36)
del(17p), n/tested (%)	3/4 (75)	4/8 (50)	1/6 (17)	3/18 (17)	0	11/42 (26)
del(17p) and/or *TP53* mutation[a], n/tested (%)	**3/4 (75)**	**5/8 (63)**	**1/6 (17)**	**7/19 (37)**	**0**	**16/42 (38)**
Unmutated IGHV, n/tested (%)	**2/4 (50)**	**8/9 (89)**	**3/6 (50)**	**14/17 (82)**	**3/5 (60)**	**30/41 (73)**
Prior therapy						
No. of lines of prior therapy, median (range)	1.5 (1-2)	1.0 (1-2)	1.0 (1-2)	1.0 (1-3)	1.0 (1-1)	1.0 (1-3)
Prior BTK inhibitor, n (%)[b]	1 (25)	1 (11)	1 (17)	3 (14)	1 (17)	7 (15)
Prior BTK inhibitor duration, median (range), months	86.6 (86.6-86.6)	1.6 (1.6-1.6)	18.5 (18.5-18.5)	38.1 (34.2-49.1)	24.0 (24.0-24.0)	34.2 (1.6-86.6)

Data cutoff: March 1, 2025.
[a]TP53 mutations defined as ≥5% variant allele frequency. [b]BTK inhibitor was the last prior therapy for 7 patients; all discontinued due to toxicity.
BTK=Bruton tyrosine kinase, CLL=chronic lymphocytic leukemia, ECOG PS=Eastern Cooperative Oncology group performance status, sonro=sonrotoclax, zanu=zanubrutinib.
Cheah CY, et al. Oral Presentation at EHA 2025; S159.

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TEAE Summary

Sonrotoclax + Zanubrutinib in R/R CLL/SLL

- No DLTs occurred and MTD was not reached; the sonrotoclax 320 mg + zanubrutinib cohort was expanded as RP2D
- Sonrotoclax in combination with zanubrutinib was well tolerated, with low rates of treatment discontinuation and dose reductions; no deaths were observed

Patients, n (%)	Sonro 40 mg + Zanu (n=4)	Sonro 80 mg + Zanu (n=9)	Sonro 160 mg + Zanu (n=6)	Sonro 320 mg + Zanu (n=22)	Sonro 640 mg + Zanu (n=6)	All (N=47)
Any TEAEs	4 (100)	9 (100)	6 (100)	22 (100)	5 (83)	46 (98)
Grade ≥3	1 (25)	7 (78)	3 (50)	18 (82)	3 (50)	32 (68)
Serious TEAEs	1 (25)	3 (33)	3 (50)	11 (50)	3 (50)	21 (45)
Led to zanu discontinuation	0	1 (11)[a]	0	2 (9)[b]	1 (17)[c]	4 (8)
Led to zanu dose reduction	0	1 (11)[d]	0	2 (9)[e]	1 (17)[f]	4 (8)
Treated with sonro, n (%)	4 (100)	9 (100)	6 (100)	22 (100)	6 (100)	47 (100)
Led to sonro discontinuation	0	0	0	2 (9)[b]	1 (17)[c]	3 (6)
Led to sonro dose reduction	0	0	0	1 (4)[g]	1 (17)[f]	2 (4)

Data cutoff: March 1, 2025.
[a]Due to intracranial hemorrhage. [b]Discontinued sonro and zanu due to myelodysplastic syndrome and meningococcal sepsis, n=1 each. [c]Discontinued sonro and zanu due to plasma cell myeloma. [d]COVID-19. [e]Reduced zanu during lead-in due to neutropenia, n=1; COVID-19, n=1. [f]Reduced sonro and zanu due to COVID-19, n=1. [g]Due to cellulitis.
CLL=chronic lymphocytic leukemia, DLT=dose-limiting toxicity, MTD=maximum tolerated dose, RP2D=recommended phase 2 dose, sonro=sonrotoclax, TEAE=treatment-emergent adverse event, zanu=zanubrutinib.
Cheah CY, et al. Oral Presentation at EHA 2025; S159.

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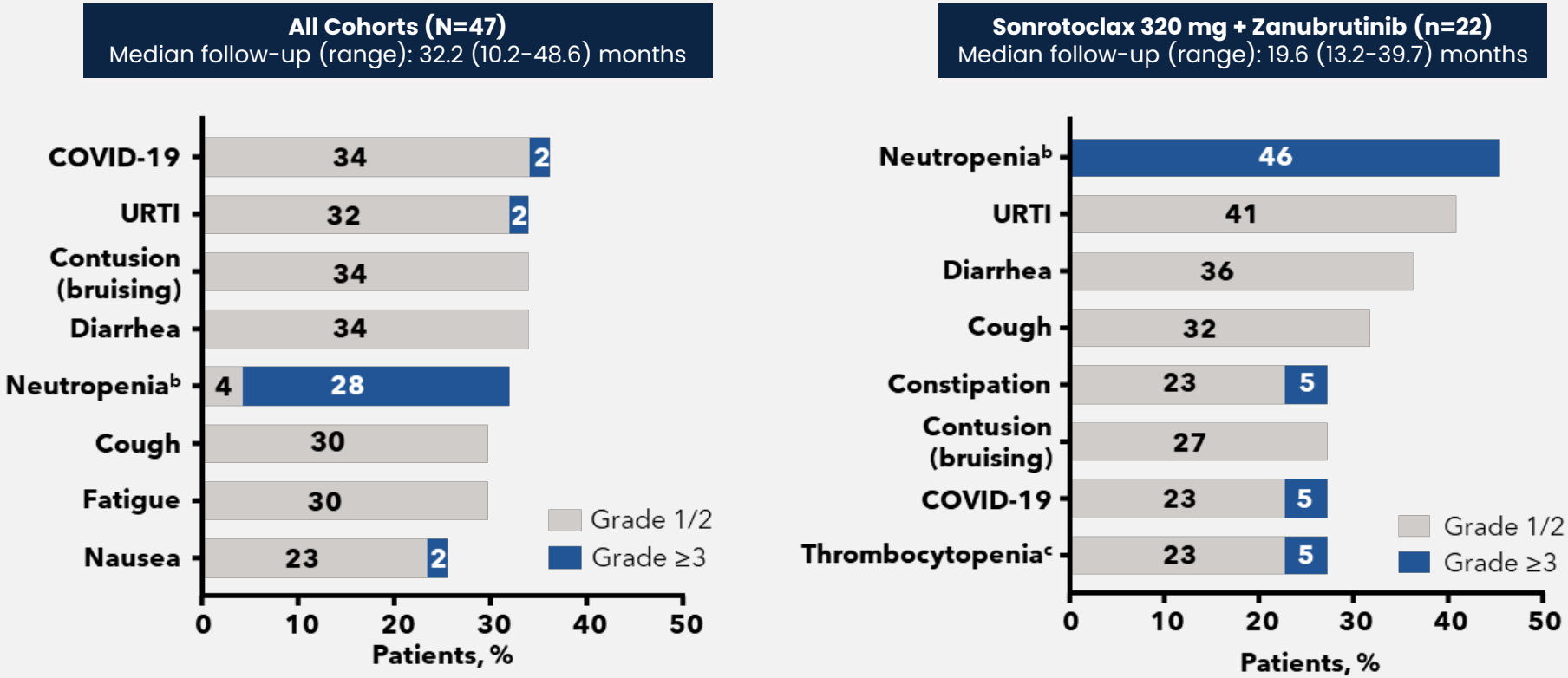
Most Common TEAEs

Sonrotoclax + Zanubrutinib in R/R CLL/SLL

- Toxicities were comparable across all dose levels
- No TLS or febrile neutropenia
- No dose reductions occurred due to diarrhea

TEAEs in ≥25% of all patients and those treated at sonrotoclax RP2D of 320 mg[a]



Data cutoff: March 1, 2025.
[a]Grade is listed as worst grade experienced by patient on any drug. [b]Neutropenia combines preferred terms neutrophil count decreased and neutropenia. [c]Thrombocytopenia combines preferred terms platelet count decreased and thrombocytopenia.
CLL=chronic lymphocytic leukemia, RP2D=recommended phase 2 dose, TEAE=treatment-emergent adverse event, TLS=tumor lysis syndrome, URTI=upper respiratory tract infection.
Cheah CY, et al. Oral Presentation at EHA 2025; S159.

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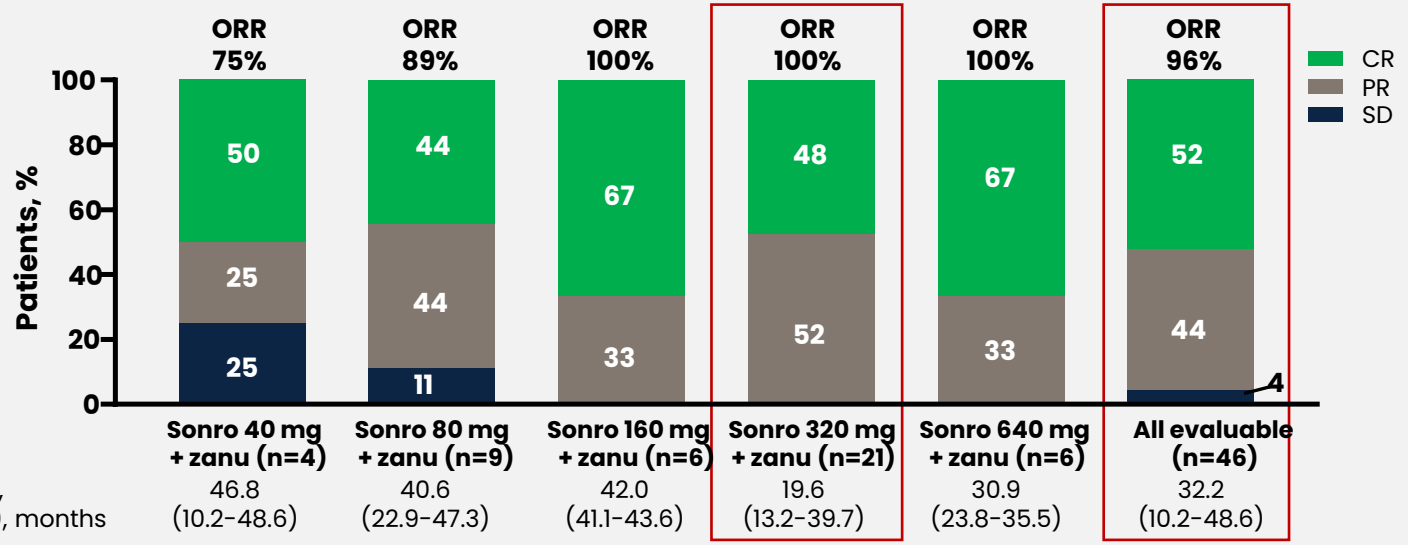
Overall Response Rates

Sonrotoclax + Zanubrutinib in R/R CLL/SLL

- With a median study follow-up of 32.2 months, the ORR was 96%, with a 52% CR/CRi rate across all doses[a,b]
  - In the 320-mg cohort, the ORR was 100%, with a 48% CR/CRi rate
- The median time to CR or CRi was 10.3 months (range, 5.3-42.4 months)
  - In the 320-mg cohort, the median time to CR was 8.5 months (range, 5.3-22.8 months)
- Of 7 evaluable patients with prior BTK inhibitor therapy, 5 achieved PR and 1 achieved CR



Data cutoff: March 1, 2025.
[a]Responses were assessed per 2008 iwCLL criteria and percentage of response is based on number of patients who had ≥1 post-baseline tumor assessment after sonrotoclax dosing. [b]ORR = PR-L or better. [c]For all patients as treated (n=47).
BTK=Bruton tyrosine kinase, CLL=chronic lymphocytic leukemia, CR=complete response, CRi=complete response with incomplete hematologic recovery, ORR=overall response rate, PR=partial response, PR-L=PR with lymphocytosis, SD=stable disease, sonro=sonrotoclax, zanu=zanubrutinib.
Cheah CY, et al. Oral Presentation at EHA 2025; S159.

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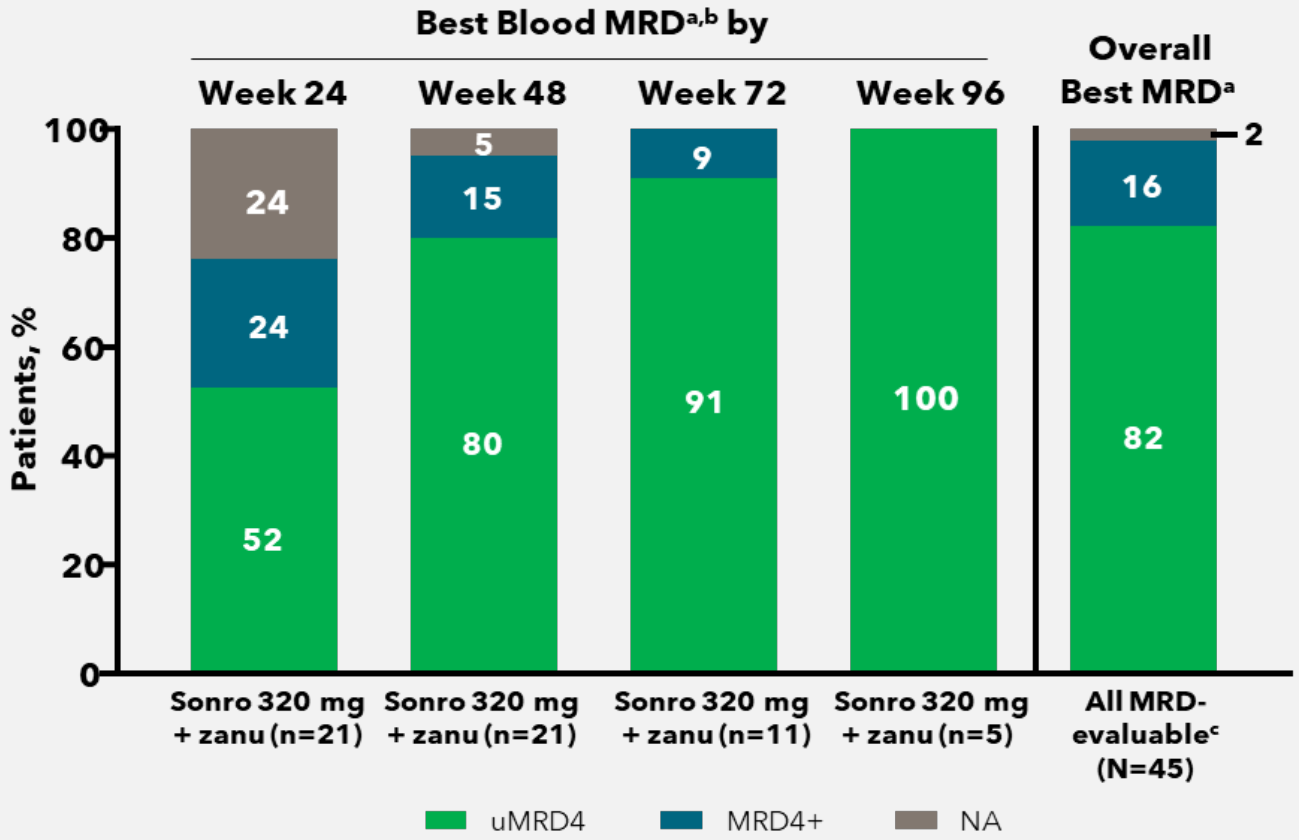
Sonrotoclax + Zanubrutinib: uMRD4 Rates

Sonrotoclax + Zanubrutinib in R/R CLL/SLL

- Of 45 MRD-evaluable patients, 37 (82%) achieved uMRD4 at the time of data cutoff
- All patients in the 160-mg, 320-mg, and 640-mg cohorts who reached week 96 achieved uMRD4
- In the 320-mg cohort, 4/6 patients with del(17p) or TP53 mutation had uMRD4 by week 48



Data cutoff: March 1, 2025.
[a]Measured by an ERIC-approved flow cytometry method with 10^{-4} sensitivity. uMRD4 defined as $<10^{-4}$ CLL cells of total WBCs. MRD4+ defined as $\geq 10^{-4}$ CLL cells of total WBCs. MRD is best reported within a 2-week window following the week 24/week 48/week 72/week 96 day 1 MRD assessments. [b]Weeks 24, 48, 72, and 96 of treatment at target dose, following zanu monotherapy and sonro ramp-up to target dose. [c]All MRD-evaluable set includes patients with ≥1 post-baseline MRD sample or disease progression or death prior to MRD assessment, excluding those with baseline MRD level $<10^{-4}$.
CLL=chronic lymphocytic leukemia, MRD=measurable residual disease, sonro=sonrotoclax, uMRD=undetectable MRD, WBC=white blood cell, zanu=zanubrutinib.
Cheah CY, et al. Oral Presentation at EHA 2025; S159.

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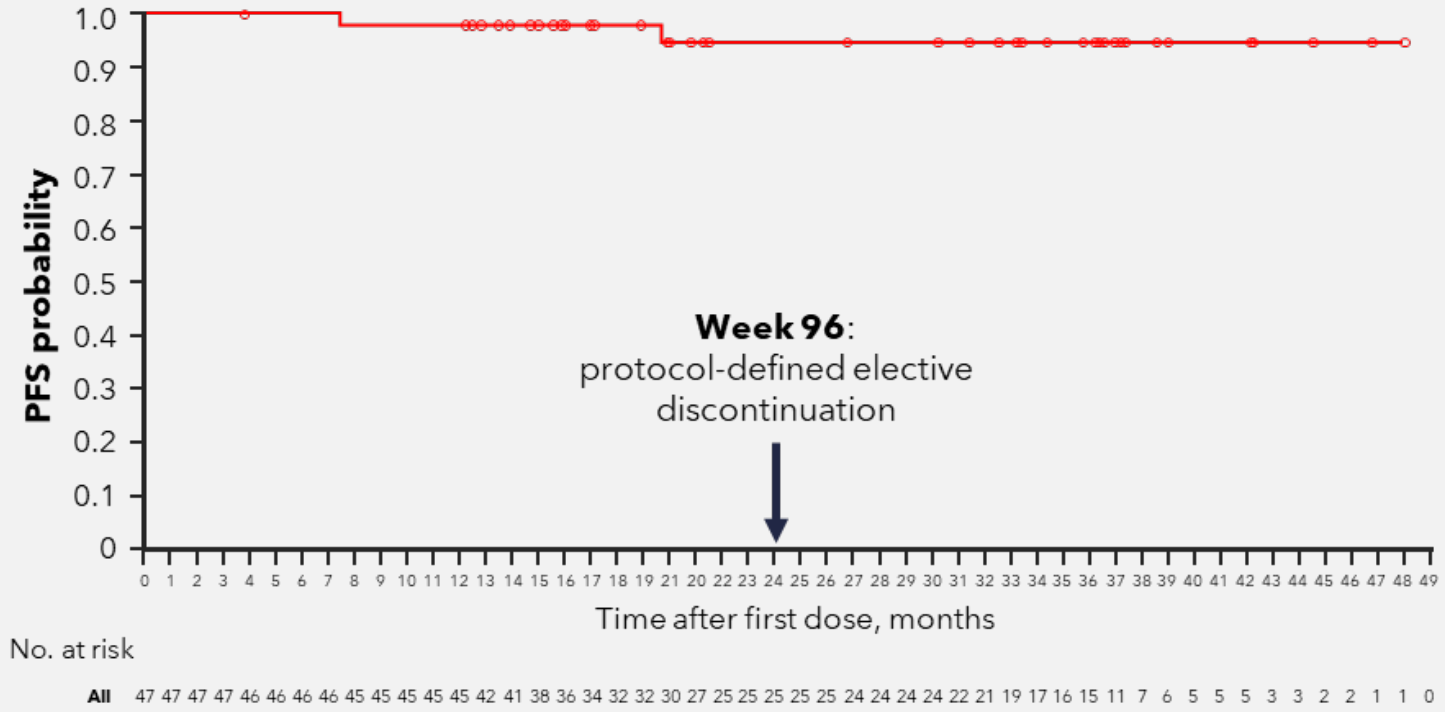
Progression-free Survival

Sonrotoclax + Zanubrutinib in R/R CLL/SLL

- Thirteen patients electively discontinued treatment after at least 96 weeks of therapy; as of the data cutoff date, all were in remission and had a median time of 4.5 months off treatment (range,1.8-12.3 months)
- With median study follow-up time of 32.2 months, only 2 PFS events occurred on study:
  - 40 mg: del(17)p+
  - 320 mg: del(17)p+
- The 30-month PFS rate was 94.7% (95% CI, 79.9%-98.7%; median follow-up, 30.5 months)



Data cutoff: March 1, 2025.
CI=confidence interval, CLL=chronic lymphocytic leukemia, CR=complete response, MRD=measurable residual disease, uMRD=undetectable measurable residual disease, PFS=progression-free survival.
Cheah CY, et al. Oral Presentation at EHA 2025; S159.

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Sonrotoclax Plus Zanubrutinib

TN CLL

BGB-11417-101 Trial Design

TN CLL

Phase 1

Study Identifier:
BGB-11417-101, NCT04277637

Primary Endpoints: Safety (TEAEs, SAEs, AEs leading to discontinuation, TLS), MTD, RP2D,
Secondary Endpoints: PK/PD, ORR by investigator

Eligibility criteria

Confirmed diagnosis of:

- R/R MZL: ≥2L, extranodal, splenic, or nodal
- R/R FL: ≥2L, grade 1-3a
- R/R DLBCL: ≥3L
- Transformed indolent B-cell NHL
- **CLL/SLL: TN** or R/R
- R/R MCL: ≥2L
- R/R WM
- ECOG PS 0-2
- No prior therapy ≥2 months with, or progression on, a BCL2 inhibitor

Monotherapy Cohorts

Part 1: Dose Escalation (Sonrotoclax Monotherapy)

Cohort	Population	Disease	N
1A	R/R	NHL (*FL, DLBCL, MZL, or transformed NHL*)	15-30
1B	R/R (*low TLS risk*)	CLL/SLL	15-30
1C	R/R (*high TLS risk*[a])	CLL/SLL	3-6
1D	R/R	MCL	3-6
1E	R/R	WM	3-6

RP2D

RP2D per disease type will be decided based on SMC review of available safety and activity data

Part 2: Expansion (Sonrotoclax Monotherapy)

Cohort	Population	Disease	N
2A	R/R (*Food effect*)	Indolent NHL (*FL, MZL*)	10
2B	R/R (*food effect*)	Aggressive NHL (DLBCL, transformed NHL)	10
2C	R/R (*low TLS risk*)	CLL/SLL	20
2D	R/R (*high TLS risk*[a])	CLL/SLL	10
2E	R/R (*prior ven*)	CLL/SLL	10
2F	R/R	MCL	20
2G	R/R	WM	20

Combination Cohorts

Part 3: Dose Finding (Sonrotoclax + Zanubrutinib Combination)

Cohort	Population	Disease	Planned N
3A	R/R	CLL/SLL	15-30
3B	R/R	MCL	3-6
3C	TN	CLL/SLL	

RP2D

RP2D per disease type will be decided based on SMC review of available safety and activity data

Part 4: Dose Expansion (Sonrotoclax + Zanubrutinib Combination)

Cohort	Population	Disease	Planned N
4A	R/R	CLL/SLL	30
4B	TN	CLL/SLL	20
4C	R/R	MCL	20

[a]High TLS risk defined as the presence of any lymph node ≥10 cm or the presence of any lymph node ≥5 cm with concurrent absolute lymphocyte count ≥25×109/L.
AE=adverse event, BCL2=B-cell lymphoma-2, CLL=chronic lymphocytic leukemia, CTCAE=Common Terminology Criteria for Adverse Events, DLBCL=diffuse large B-cell lymphoma, ECOG PS=Eastern Cooperative Oncology Group performance status, FL=follicular lymphoma, iwCLL=International Workshop on Chronic Lymphocytic Leukemia, MCL=mantle cell lymphoma, MTD=maximum tolerated dose, MZL=marginal zone lymphoma, NHL=Non-Hodgkin lymphoma, ORR=objective response rate, PD=pharmacodynamic, PK=pharmacokinetics, QD=once daily, RP2D=recommended phase 2 dose, R/R=relapsed/refractory, SAE=serious adverse event, SLL=small lymphocytic lymphoma, SMC=safety monitoring committee, TEAE=treatment-emergent adverse event, TLS=tumor lysis syndrome, TN=treatment naïve, WM=Waldenström macroglobulinemia.

1. Cheah C et al. Oral presentation presented at ASH 2022. Abstract 962 2. Opat et al. EHA Presentation. 2022. Abstract number: P687.

BGB-11417-101

Baseline Characteristics

TN CLL

Characteristics	Sonrotoclax 160 mg + Zanubrutinib (n=51)	Sonrotoclax 320 mg + Zanubrutinib (n=86)	All Patients (N=137)
Study follow up time, median (range), months	19.5 (12.6-33.3)	19.3 (0.4-29.7)	19.4 (0.4-33.3)
Age, median (range), years	63 (38-82)	61 (32-84)	62 (32-84)
≥65 years, n (%)	20 (39.2)	35 (40.7)	55 (40.1)
Male sex, n (%)	37 (72.5)	61 (70.9)	98 (71.5)
Disease type, n (%)			
CLL	48 (94.1)	82 (95.3)	130 (94.9)
SLL	3 (5.9)	4 (4.7)	7 (5.1)
Risk status, n/tested (%)[a]			
del(17p)	5/45 (11.1)	6/77 (7.8)	11/122 (9.0)
del(17p) and/or *TP53*^{mut}	11/47 (23.4)	13/62 (21.0)	24/109 (22.0)
del(11q)	10/45 (22.2)	11/77 (14.3)	21/122 (17.2)
IGHV status, n/tested (%)			
Unmutated	32/47 (68.1)	32/60 (53.3)	64/107 (59.8)
High tumor bulk[b] at baseline, n/tested (%)	22/51 (43.1)	17/82 (20.7)	39/133 (29.3)

Data cutoff: August 23, 2024.
[a]*TP53* mutations defined as >0.1% VAF. [b]Nodes ≥10 cm or nodes >5 cm and ALC >25×109/L.
ALC=absolute lymphocyte count, CLL=chronic lymphocytic leukemia, IGHV=immunoglobulin heavy chain variable region, SLL=small lymphocytic lymphoma, TN=treatment naïve, VAF=variant allele frequency.
Soumerai JD et al. Oral Presentation at ASH 2024;1012.

BGB-11417-101

Dose Modification and AE Summary

TN CLL

Sonrotoclax in combination with zanubrutinib is well tolerated, with low rates of treatment discontinuation. As of the data cutoff date, 19 patients in the 320-mg cohort remained in zanubrutinib lead-in

	Sonrotoclax 160 mg + Zanubrutinib (n=51)	Sonrotoclax 320 mg + Zanubrutinib (n=86)	All Patients (N=137)
Duration of exposure, median (range), months	18.7 (5.8-33.3)	19.3 (0.4-29.7)	19.2 (0.4-33.3)
Any TEAEs, n (%)	51 (100)	77 (89.5)	128 (93.4)
Grade ≥3	29 (56.9)	39 (45.3)	68 (49.6)
Serious TEAEs	13 (25.5)	20 (23.3)	33 (24.1)
Leading to death	0	0	0
Leading to discontinuation of zanubrutinib	1 (2)	4 (4.7)	5 (3.6)[a,b]
Treated with sonrotoclax, n (%)	51 (100)	67 (77.9)	118 (86.1)
Leading to discontinuation of sonrotoclax	1 (2)	2 (2.3)	3 (2.2)[a]
Relative dose intensity of sonrotoclax, median, %	98.9	99.0	99.0

Data cutoff: August 23, 2024.
[a]Three discontinuations of sonro + zanu (n=1 each): meningitis (sonro 160 mg on study day 177), CMML (sonro 320 mg on study day 742), recurrent sinusitis (sonro 320 mg on study day 533); [b]Two discontinuations of zanu only (n=1 each): intracranial hemorrhage (study day 318), intermittent diarrhea (grade 1 on study day 30).
CLL=chronic lymphocytic leukemia, TEAE=treatment-emergent adverse event, TN=treatment naïve.
Soumerai JD et al. Oral Presentation at ASH 2024;1012.

BGB-11417-101

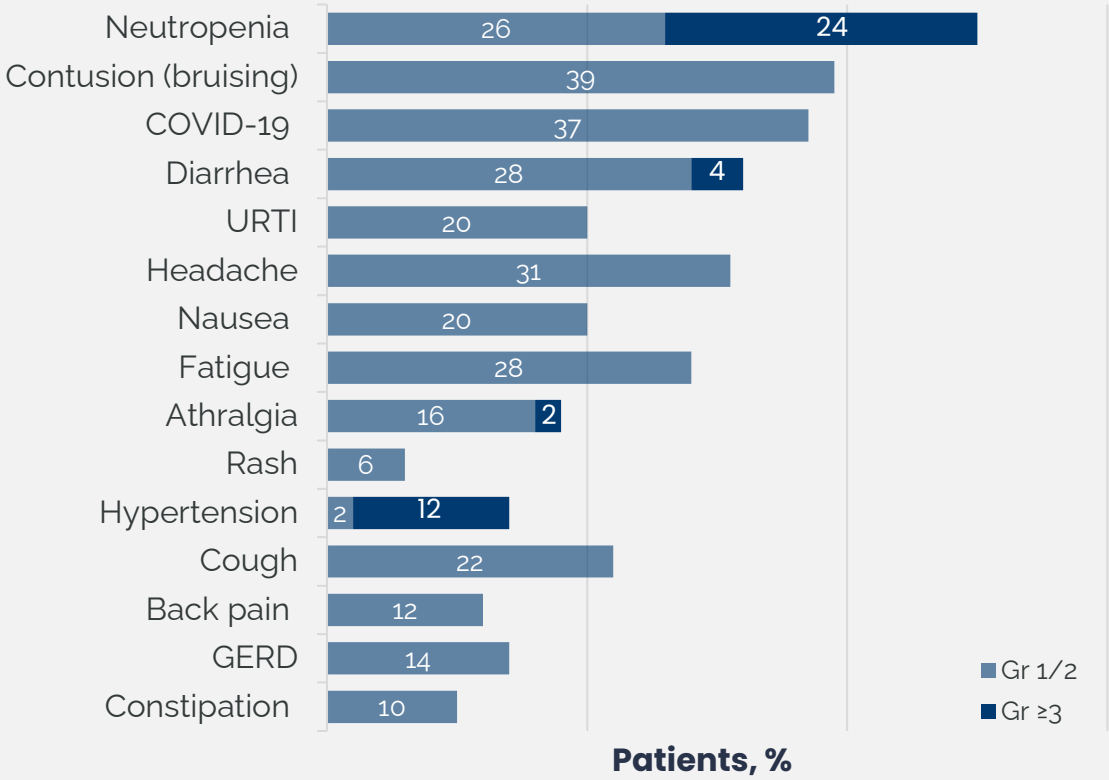
Most Frequent AEs (Incidence ≥10 Patients)

TN CLL

TEAEs observed with sonrotoclax and zanubrutinib were mostly low grade and transient. Neutropenia was transient and did not lead to higher rates of grade ≥3 infections

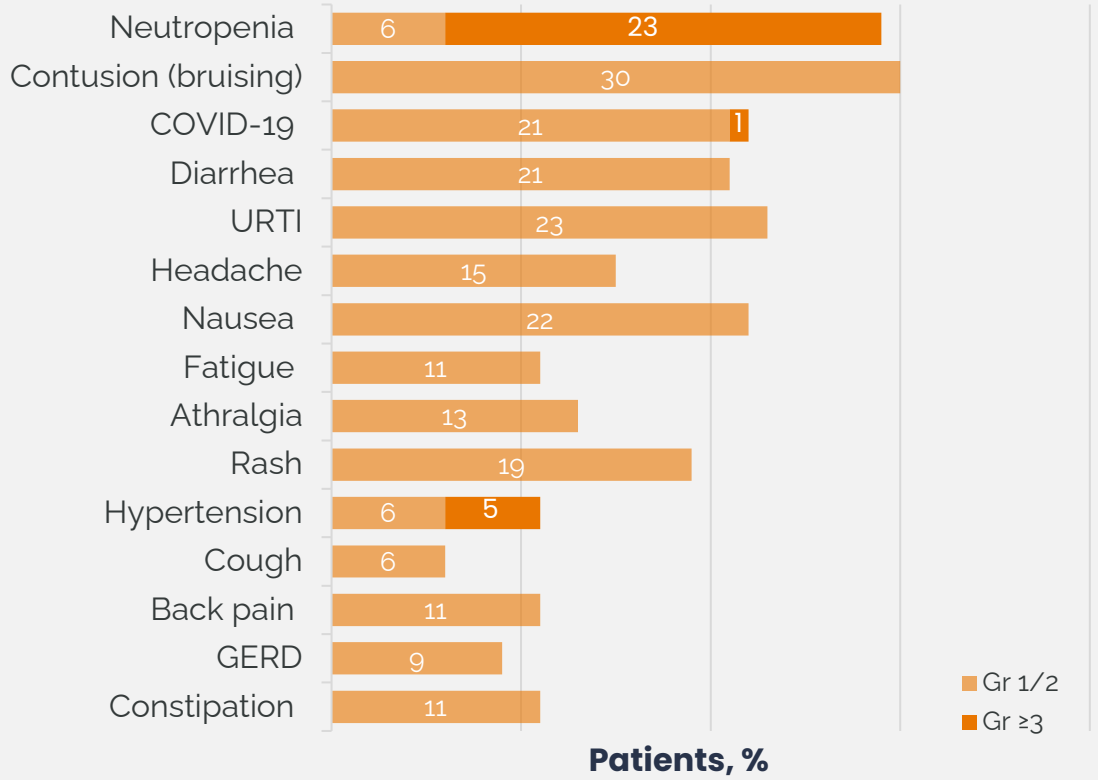
Sonrotoclax 160 mg + Zanubrutinib (n=51)

Median follow-up: 19.5 mo (range, 12.6-33.3 mo)



Sonrotoclax 320 mg + Zanubrutinib (n=86)

Median follow-up: 19.3 mo (range, 0.4-29.7 mo)

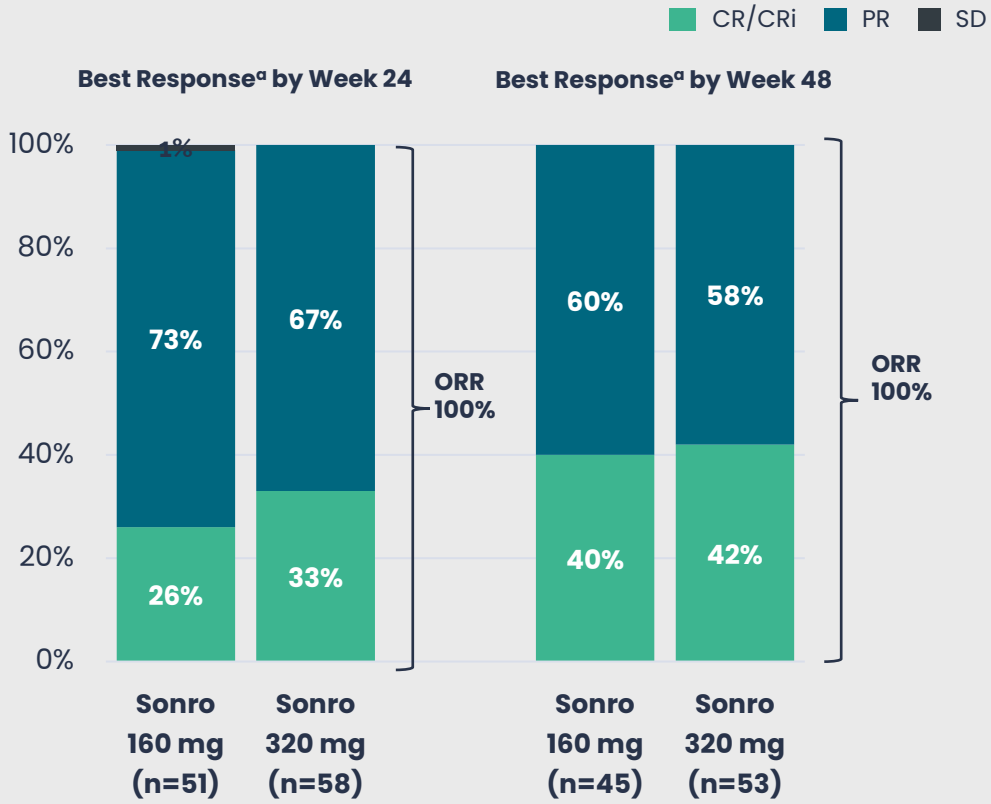


Data cutoff: August 23, 2024.
[a]Includes the combined preferred terms neutrophil count decreased and neutropenia.
AE=adverse event, CLL=chronic lymphocytic leukemia, GERD=gastroesophageal reflux disease, TEAE=treatment-emergent adverse event, TN=treatment naïve, URTI=upper respiratory tract infection.
Soumerai JD et al. Oral Presentation at ASH 2024;1012.

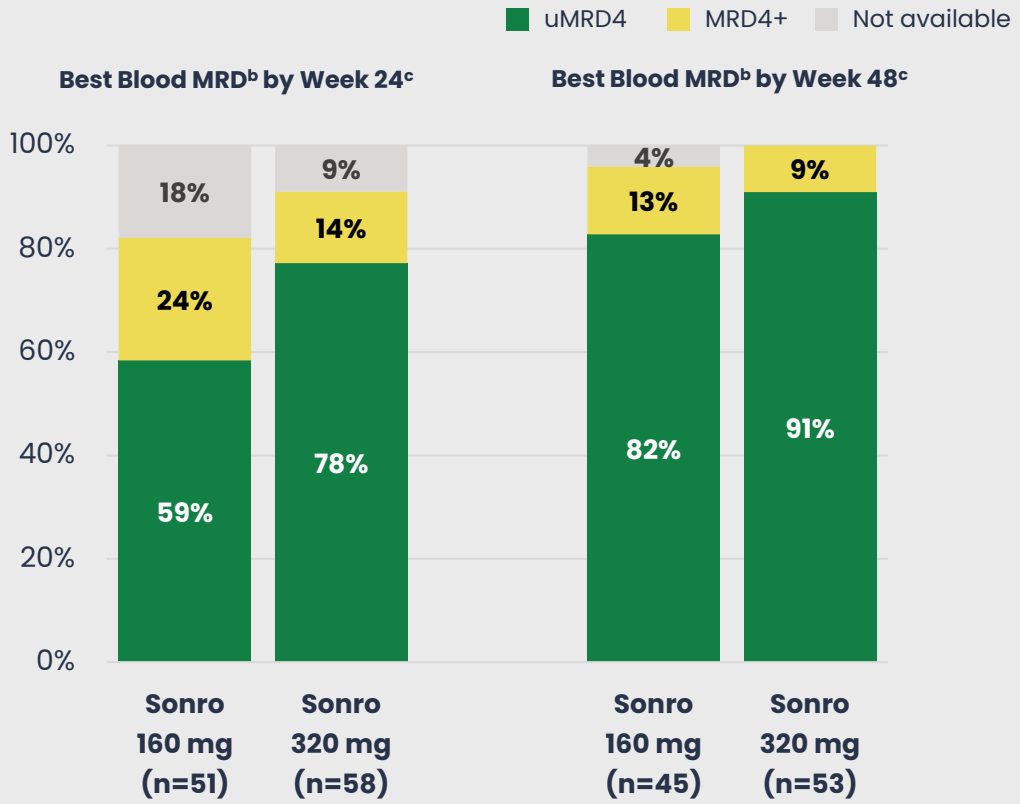
BGB-11417-101

ORR and MRD in Peripheral Blood

TN CLL



- Sonrotoclax + zanubrutinib demonstrates antitumor activity in TN CLL



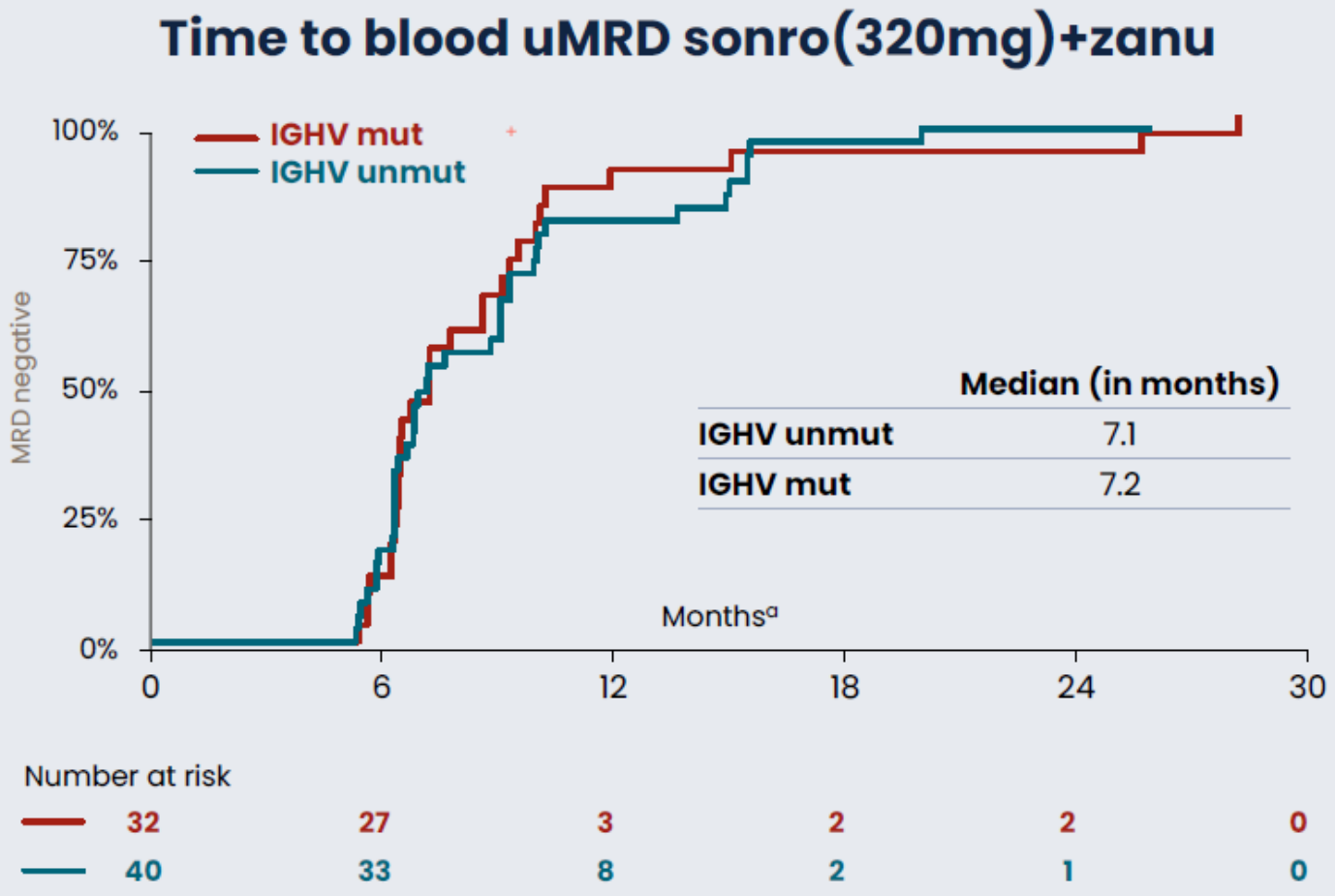
- High blood uMRD4 rates occurred early
- As of the data cutoff date, no patients had switched from uMRD to MRD4+

Data cutoff: August 23, 2024.
[a]Percentages based on the number of patients who reached assessment at 24 or 48 weeks after completion of ramp-up, following zanu monotherapy and sonro ramp-up to target dose; [b]As measured by ERIC flow cytometry panel; uMRD4 is defined as less than one CLL cell per 10,000 leukocytes (<10-4). [c]Number of weeks at target dose, following zanu monotherapy and sonro ramp-up to target dose.
CLL=chronic lymphocytic leukemia, CR=complete response, CRi=complete response with incomplete count recovery, MRD=minimal residual disease, ORR=overall response rate, PR=partial response, SD=stable disease, TN=treatment-naïve, uMRD=undetectable minimal residual disease.
Soumerai JD et al. Oral Presentation at ASH 2024;1012.

BGB-11417-101

MRD Kinetics: Time to uMRD by IGHV Mutation Status

TN CLL



Data cutoff: March 1, 2025.
[a]From day 1 of zanubrutinib monotherapy treatment.
IGHV=immunoglobulin heavy chain variable region, MRD=minimal residual disease, sonro=sonrotoclax, uMRD=undetectable minimal residual disease, zanu=zanubrutinib.
Data on File.

BGB-11417-101

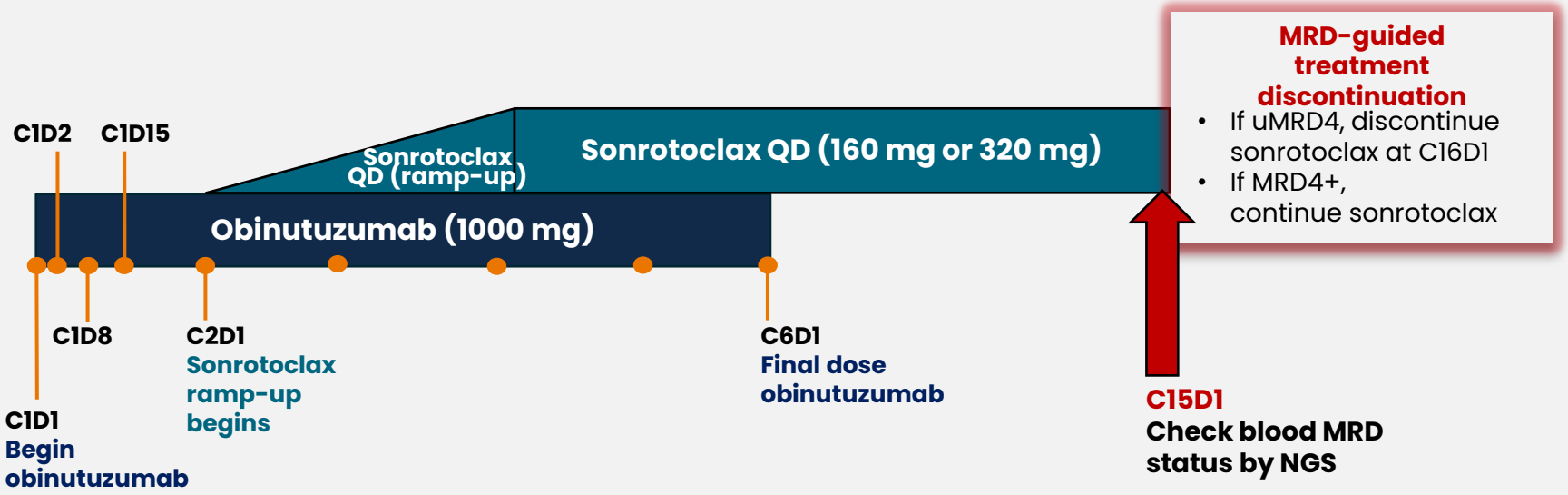
Sonrotoclax Plus Obinutuzumab

TN CLL

BGB-11417-101 Trial Design

Sonrotoclax + Obinutuzumab: TN CLL

- BGB-11417-101 is a global phase 1/1b study evaluating sonrotoclax as monotherapy or in combination with zanubrutinib ± obinutuzumab in patients with B-cell malignancies
- Study endpoints included safety/tolerability, ORR (iwCLL 2018), MRD status by modified ERIC flow cytometry assay or NGS
- Obinutuzumab (IV) monotherapy starts on C1D1 for 6 cycles, then sonrotoclax (oral) is added on C2D1 with ramp-up to the target dose



C=cycle, D=day, IV=intravenous, MRD=minimal residual disease, NGS=next-generation sequencing, ORR=overall response rate, PD=progressive disease, uMRD=undetectable minimal residual disease.

Hoffmann MS, et al. Oral Presentation at ASH 2025; 7489.

BGB-11417-101

Baseline Characteristics

Sonrotoclax + Obinutuzumab: TN CLL

Characteristics	Sonrotoclax 160 mg + Obinutuzumab (n=20)	Sonrotoclax 320 mg + Obinutuzumab (n=35)	All Patients (N=137)
Study follow up time, median (range), months	9.8 (0.4-12.5)	19.5 (2.9-28.8)	12.3 (0.4-28.8)
Age, median (range), years	61 (46-81)	63 (42-78)	62 (42-81)
≥65 years, n (%)	7 (35)	16 (46)	23 (42)
Male sex, n (%)	15 (75)	21 (60)	36 (65)
Disease type, n (%)			
CLL	20 (100)	32 (91)	52 (95)
SLL	0	3 (9)	3 (5)
Risk status, n/known status (%)			
del(17p) or TP53 mutation[a]	2/17 (12)	2/28 (7)	4/45 (9)
del(11q)	2/17 (12)	1/31 (3)	3/48 (6)
Unmutated IGHV, n/tested (%)	10/20 (50)	21/33 (63)	31/53 (58)
High tumor bulk[b] at baseline, n/tested (%)	4/19 (21)	4/34 (12)	8/53 (15)

Data cutoff: August 29, 2025.
[a]TP53 mutations were defined as ≥10% VAF. [b]Any LN ≥10 cm or LN ≥5 cm and ALC ≥25×10^9/L.
ALC=absolute lymphocyte count, CLL=chronic lymphocytic leukemia, IGHV=immunoglobulin heavy chain variable region, LN=lymph node, SLL=small lymphocytic lymphoma, VAF=variant allele frequency.
Hoffmann MS, et al. Oral Presentation at ASH 2025; 7489.

BGB-11417-101

Safety Summary

Sonrotoclax + Obinutuzumab: TN CLL

Sonrotoclax + obinutuzumab was generally well tolerated across dose levels

	Sonrotoclax 160 mg + Obinutuzumab (n=20)	Sonrotoclax 320 mg + Obinutuzumab (n=35)	All Patients (N=55)
Duration of exposure, median (range), months	9.8 (0-12.5)	13.7 (1.5-17.8)	11.8 (0-17.8)
Any TEAEs, n (%)	20 (100)	35 (100)	55 (100)
Grade ≥3	11 (55)	27 (77)	38 (69)
Serious TEAEs	10 (50)	16 (46)	26 (47)
Leading to death	0	0	0
Leading to discontinuation of obinutuzumab[a]	1 (5)	2 (6)	3 (5)
Leading to discontinuation of sonrotoclax	0	0	0
Relative dose intensity of sonrotoclax, median, %	99.7	99.7	99.7

No treatment discontinuations were attributable to sonrotoclax
No deaths occurred on the study due to adverse events

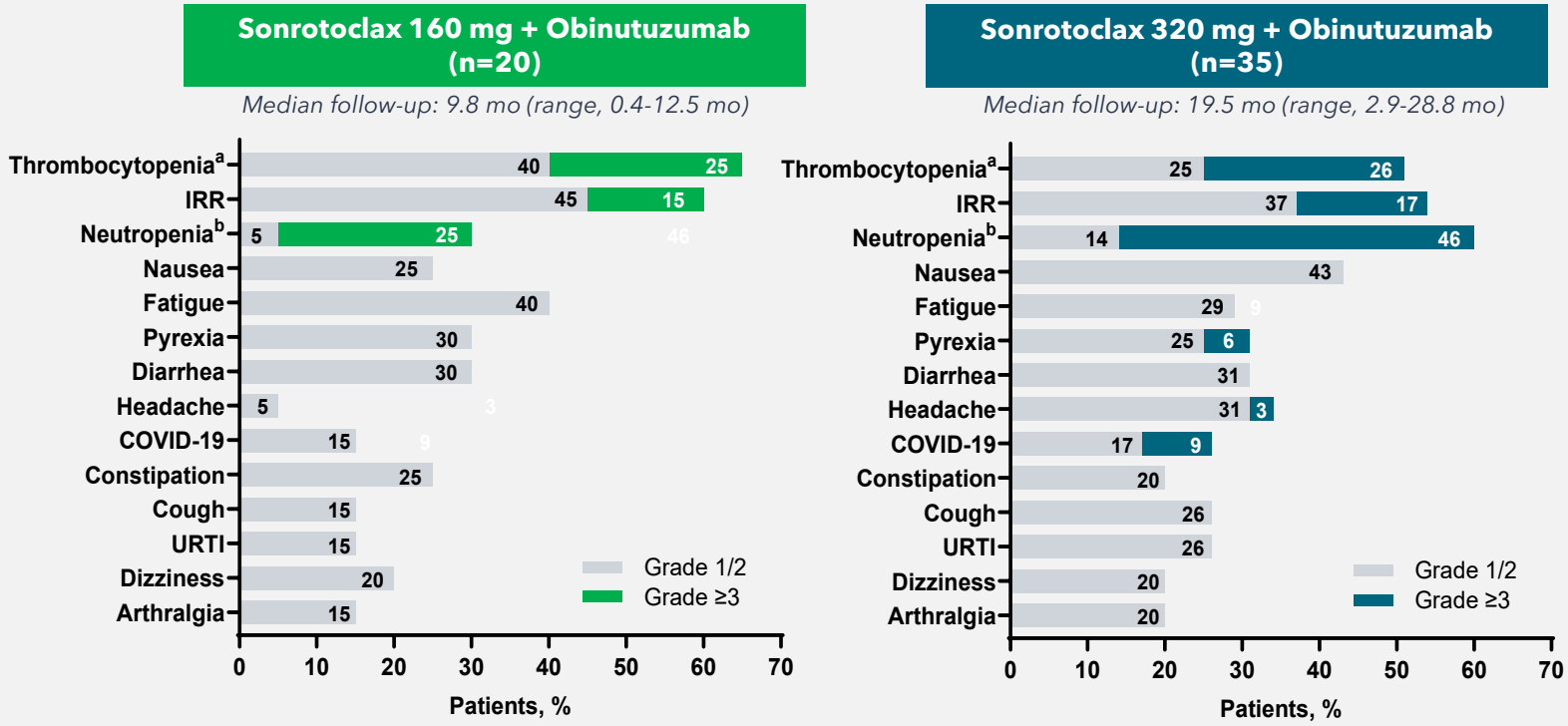
Data cutoff: August 29, 2025.
[a]Reasons for discontinuation of obinutuzumab treatment were prostate cancer (160 mg; n=1), platelet count decreased (320 mg; n=1), and thrombocytopenia (320 mg; n=1).
TEAE=treatment-emergent adverse event.
Hoffmann MS, et al. Oral Presentation at ASH 2025; 7489.

BGB-11417-101

Most Frequent AEs (Incidence ≥15% Patients)

Sonrotoclax + Obinutuzumab: TN CLL

- TEAEs observed with sonrotoclax + obinutuzumab were mostly low grade
- No DLTs
- No TLS was observed during sonrotoclax ramp-up
- Grade 3+ neutropenia did not translate to serious or life-threatening infections

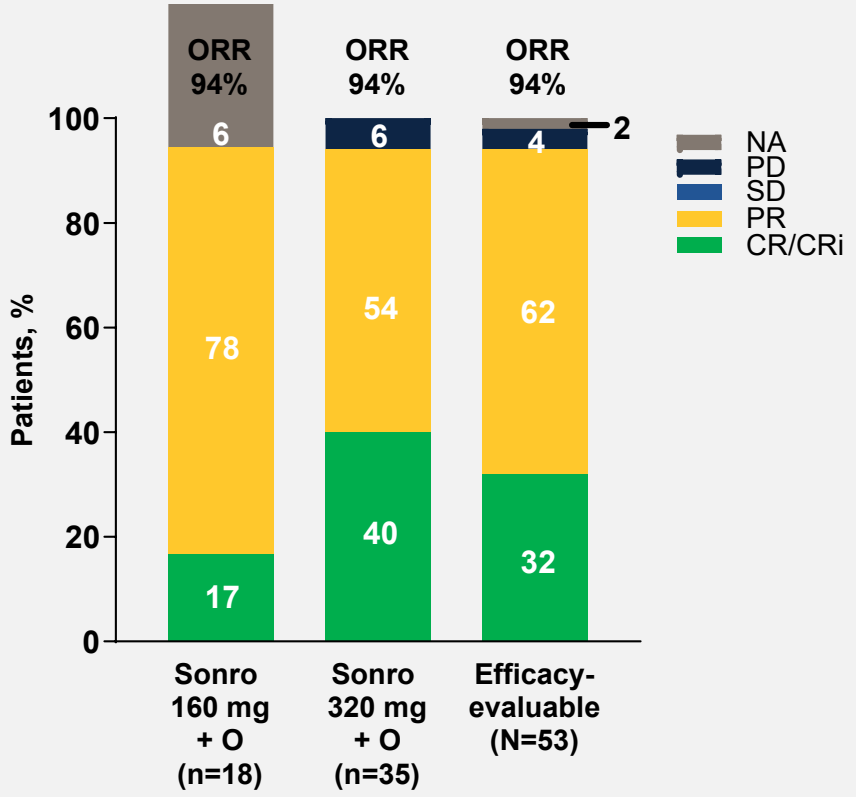


Data cutoff: August 29, 2025.
[a]Includes the combined preferred terms *platelet count decreased* and *thrombocytopenia*. [b]Includes the combined preferred terms *neutrophil count decreased* and *neutropenia*.
DLT=dose-limiting toxicity, IRR=infusion-related reaction, TEAE=treatment-emergent adverse event, TLS=tumor lysis syndrome, URTI=upper respiratory tract infection.
Hoffmann MS, et al. Oral Presentation at ASH 2025; 7489.

BGB-11417-101

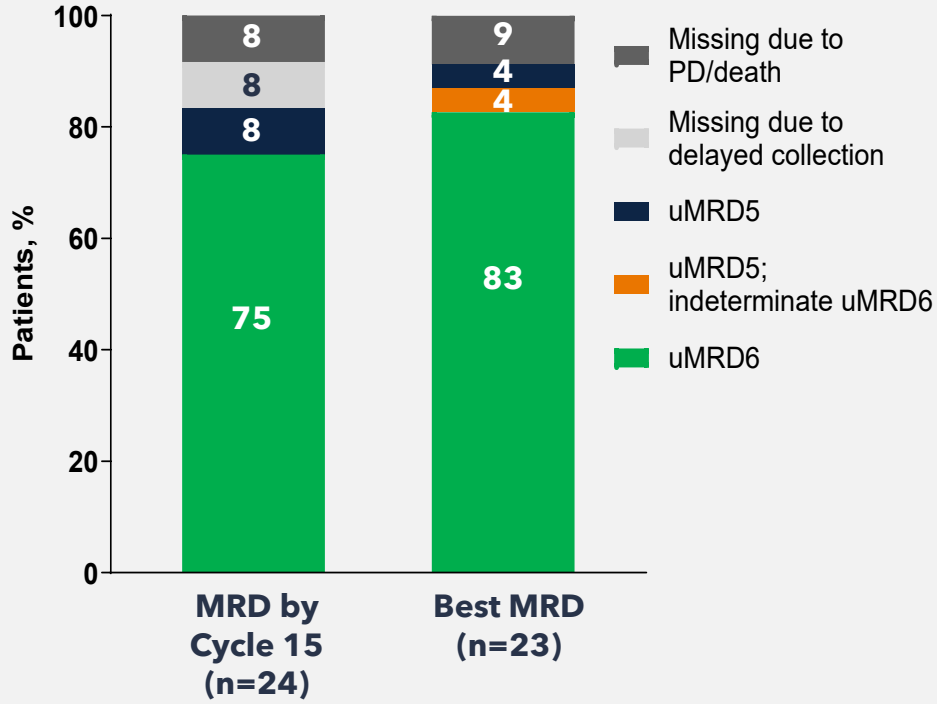
ORR and MRD in Peripheral Blood

Sonrotoclax + Obinutuzumab: TN CLL



- 94% ORR was achieved across both dose levels and a CR/CRi rate of 40% was observed in the 320-mg cohort

MRD status in sonrotoclax 320-mg cohort by C15 per NGS



- Substantial blood uMRD6 rates were observed by Cycle 15

Data cutoff: August 29, 2025.
C=cycle, CR=complete response, CRi=complete response with incomplete hematopoietic recovery, D=day, EOT=end of treatment, MRD=minimal residual disease, NA=not assessable, NGS=next generation sequencing, O=obinutuzumab, ORR=overall response rate, PD=progressive disease, PFS=progression-free survival, PR=partial response, RT=Richter transformation, SD=stable disease, sonro=sonrotoclax, uMRD=undetectable minimal residual disease.
Hoffmann MS, et al. Oral Presentation at ASH 2025; 7489.

BGB-11417-101

Sonrotoclax Plus Zanubrutinib

R/R MCL

BGB-11417-101 Trial Design

R/R MCL

Phase 1

Study Identifier:
BGB-11417-101, NCT04277637

Primary Endpoints: Safety (TEAEs, SAEs, AEs leading to discontinuation, TLS), MTD, RP2D,
Secondary Endpoints: PK/PD, ORR by investigator

Eligibility criteria

Confirmed diagnosis of:

- R/R MZL: ≥2L, extranodal, splenic, or nodal
- R/R FL: ≥2L, grade 1-3a
- R/R DLBCL: ≥3L
- Transformed indolent B-cell NHL
- CLL/SLL: TN or R/R
- **R/R MCL: ≥2L**
- R/R WM
- ECOG PS 0-2
- No prior therapy ≥2 months with, or progression on, a BCL2 inhibitor

Monotherapy Cohorts

Part 1: Dose Escalation (Sonrotoclax Monotherapy)

Cohort	Population	Disease	N
1A	R/R	NHL (*FL, DLBCL, MZL, or transformed NHL*)	15-30
1B	R/R (*low TLS risk*)	CLL/SLL	15-30
1C	R/R (*high TLS risk*[a])	CLL/SLL	3-6
1D	R/R	MCL	3-6
1E	R/R	WM	3-6

RP2D

RP2D per disease type will be decided based on SMC review of available safety and activity data

Part 2: Expansion (Sonrotoclax Monotherapy)

Cohort	Population	Disease	N
2A	R/R (*Food effect*)	Indolent NHL (*FL, MZL*)	10
2B	R/R (*food effect*)	Aggressive NHL (DLBCL, transformed NHL)	10
2C	R/R (*low TLS risk*)	CLL/SLL	20
2D	R/R (*high TLS risk*[a])	CLL/SLL	10
2E	R/R (*prior ven*)	CLL/SLL	10
2F	R/R	MCL	20
2G	R/R	WM	20

Combination Cohorts

Part 3: Dose Finding (Sonrotoclax + Zanubrutinib Combination)

Cohort	Population	Disease	Planned N
3A	R/R	CLL/SLL	15-30
3B	R/R	MCL	3-6

RP2D

RP2D per disease type will be decided based on SMC review of available safety and activity data

Part 4: Dose Expansion (Sonrotoclax + Zanubrutinib Combination)

Cohort	Population	Disease	Planned N
4A	R/R	CLL/SLL	30
4B	TN	CLL/SLL	20
4C	R/R	MCL	20

[a]High TLS risk defined as the presence of any lymph node ≥10 cm or the presence of any lymph node ≥5 cm with concurrent absolute lymphocyte count ≥25×109/L.
AE=adverse event, BCL2=B-cell lymphoma-2, CLL=chronic lymphocytic leukemia, CTCAE=Common Terminology Criteria for Adverse Events, DLBCL=diffuse large B-cell lymphoma, ECOG PS=Eastern Cooperative Oncology Group performance status, FL=follicular lymphoma, iwCLL=International Workshop on Chronic Lymphocytic Leukemia, MCL=mantle cell lymphoma, MTD=maximum tolerated dose, MZL=marginal zone lymphoma, NHL=Non-Hodgkin lymphoma, ORR=objective response rate, PD=pharmacodynamic, PK=pharmacokinetics, QD=once daily, RP2D=recommended phase 2 dose, R/R=relapsed/refractory, SAE=serious adverse event, SLL=small lymphocytic lymphoma, SMC=safety monitoring committee, TEAE=treatment-emergent adverse event, TLS=tumor lysis syndrome, TN=treatment naïve, WM=Waldenström macroglobulinemia.
1. Cheah C et al. Oral presentation presented at ASH 2022. Abstract 962 2. Opat et al. EHA Presentation. 2022. Abstract number: P687.

BGB-11417-101

Baseline Characteristics and Demographics

R/R MCL

Characteristic	Sonro 80 mg + Zanu (n=6)	Sonro 160 mg + Zanu (n=13)	Sonro 320 mg + Zanu (n=27)	Sonro 640 mg + Zanu (n=5)	All (N=51)
Study follow-up, median (range), months	40.4 (3.9-42.4)	16.4 (1.0-38.5)	13.2 (0.7-31.6)	15.8 (3.4-21.5)	16.4 (0.7-42.4)
Age, median (range), years	60.0 (46-84)	69.0 (45-81)	67.0 (45-85)	71.0 (68-80)	68.0 (45-85)
Male, n (%)	5 (83.3)	11 (84.6)	17 (63.0)	3 (60.0)	36 (70.6)
ECOG PS, n (%)					
0	4 (66.7)	8 (61.5)	6 (22.2)	3 (60.0)	21 (41.2)
1	2 (33.3)	5 (38.5)	20 (74.1)	2 (40.0)	29 (56.9)
Tumor bulk, n (%)[a]					
High	1 (16.7)	2 (15.4)	4 (14.8)	0	7 (13.7)
Ki67 proliferation index, n (%)					
<30%	3 (50.0)	3 (23.1)	8 (29.6)	1 (20.0)	15 (29.4)
≥30%	2 (33.3)	2 (15.4)	4 (14.8)	2 (40.0)	10 (19.6)
Missing	1 (16.7)	8 (61.5)	15 (55.6)	2 (40.0)	26 (51.0)
***TP53* mutation status, n (%)**					
Mutated	2 (33.3)	1 (7.7)	1 (3.7)	2 (40.0)	6 (11.8)
Unmutated	0	3 (23.1)	3 (11.1)	1 (20.0)	7 (13.7)
Missing	4 (66.7)	9 (69.2)	23 (85.2)	2 (40.0)	38 (74.5)
Prior therapy					
No. of lines of prior therapy, median (range)	1 (1-1)	1 (1-4)	1 (1-3)	1 (1-1)	1 (1-4)
Prior BTK inhibitor, n (%)[b]	0	0	4 (14.8)	0	4 (7.8)
Prior BTK inhibitor duration, median (range), months	NA	NA	8.4 (0.3-24.1)	NA	8.4 (0.3-24.1)

Data cutoff: March 1, 2025.
[a]High tumor bulk: any lymph node ≥10 cm or lymph node ≥5cm and ALC ≥25×10^9/L. bAll patients discontinued prior BTK inhibitor due to toxicity.
ALC=absolute lymphocyte count, BTK=Bruton tyrosine kinase, ECOG PS=Eastern Cooperative Oncology Group performance status, MCL=mantle cell lymphoma, NA=not applicable, sonro=sonrotoclax, TLS=tumor lysis syndrome, zanu=zanubrutinib.
Tam CS, et al. Oral Presentation at EHA 2025; S234.

BGB-11417-101

Safety Summary

R/R MCL

- Safety profile was generally similar across all doses tested and sonrotoclax 160-mg and 320-mg doses were chosen for expansion
- No DLTs occurred and MTD was not reached up to sonrotoclax 640 mg; 320 mg was chosen as RP2D

Patients, n (%)	Sonro 80 mg + Zanu (n=6)	Sonro 160 mg + Zanu (n=13)	Sonro 320 mg + Zanu (n=27)	Sonro 640 mg + Zanu (n=5)	All (N=51)
Any TEAEs	4 (66.7)	13 (100)	26 (96.3)	5 (100)	48 (94.1)
Grade ≥3	4 (66.7)	7 (53.8)	14 (51.9)	3 (60.0)	28 (54.9)
Serious TEAEs	3 (50.0)	4 (30.8)	7 (25.9)	1 (20.0)	15 (29.4)
Leading to death	1 (16.7)	1 (7.7)	1 (3.7)	0	3 (5.9)[a]
Leading to zanu discontinuation	1 (16.7)	3 (23.1)	4 (14.8)	0	8 (15.7)[b]
Leading to zanu dose reduction	1 (16.7)	1 (7.7)	0	0	2 (3.9)
Treated with sonro	6 (100)	11 (84.6)	24 (88.9)	5 (100)	46 (90.2)
Leading to death	0	1 (7.7)	0	0	1 (2.0)[c]
Leading to sonro discontinuation	0	3 (23.1)	2 (7.4)	0	5 (9.8)[d]
Leading to sonro dose reduction	0	0	0	0	0

Data cutoff: March 1, 2025.
[a]Pleural effusion (80 mg; due to PD), abdominal sepsis (320 mg), pneumonia (160 mg). [b]Lymph node pain (160 mg, due to PD), diarrhea (320 mg), MDS (160 mg), abdominal sepsis (320 mg), pneumonia (160 mg), diarrhea (80 mg), cryptococcal meningoencephalitis (320 mg), abdominal pain (320 mg). [c]Pneumonia (160 mg). [d]Diarrhea (320 mg), MDS (160 mg), abdominal sepsis (320 mg), pneumonia (160 mg), lymph node pain (160 mg, due to PD).
DLT=dose-limiting toxicity, MCL=mantle cell lymphoma, MDS=myelodysplastic syndrome, MTD=maximum tolerated dose, PD=progressive disease, RP2D=recommended phase 2 dose, sonro=sonrotoclax, TEAE=treatment-emergent adverse event, zanu=zanubrutinib.
Tam CS, et al. Oral Presentation at EHA 2025; S234.

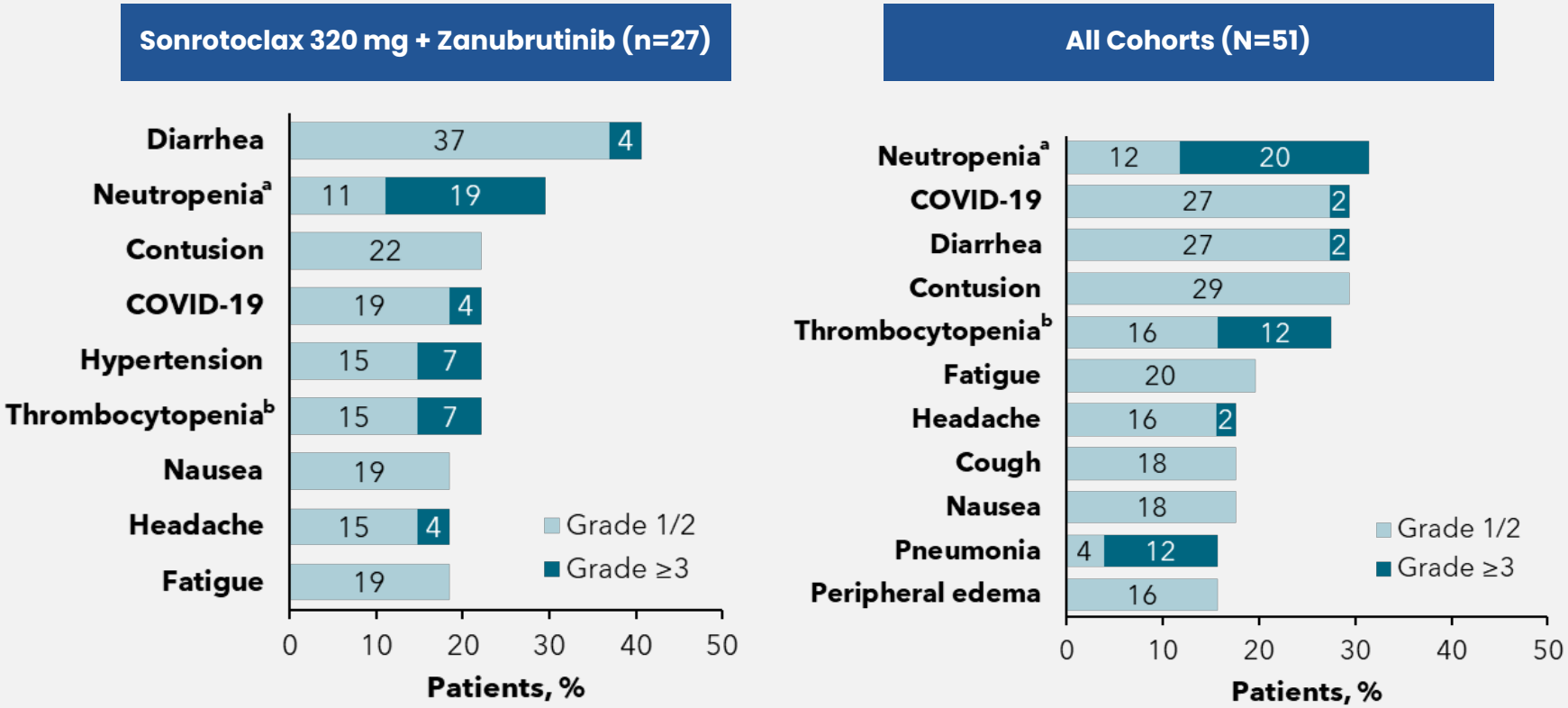
BGB-11417-101

Most Common TEAEs

R/R MCL

- No laboratory or clinical TLS
- No atrial fibrillation/flutter
- Safety profile was similar across all dose levels

TEAEs in ≥15% of patients at the sonrotoclax RP2D (320 mg) and in all patients



Data cutoff: March 1, 2025.
[a]Neutropenia combines preferred terms neutrophil count decreased and neutropenia. [b]Thrombocytopenia combines preferred terms platelet count decreased and thrombocytopenia.
MCL=mantle cell lymphoma, RP2D=recommended phase 2 dose, TEAE=treatment-emergent adverse event, TLS=tumor lysis syndrome.
Tam CS, et al. Oral Presentation at EHA 2025; S234.

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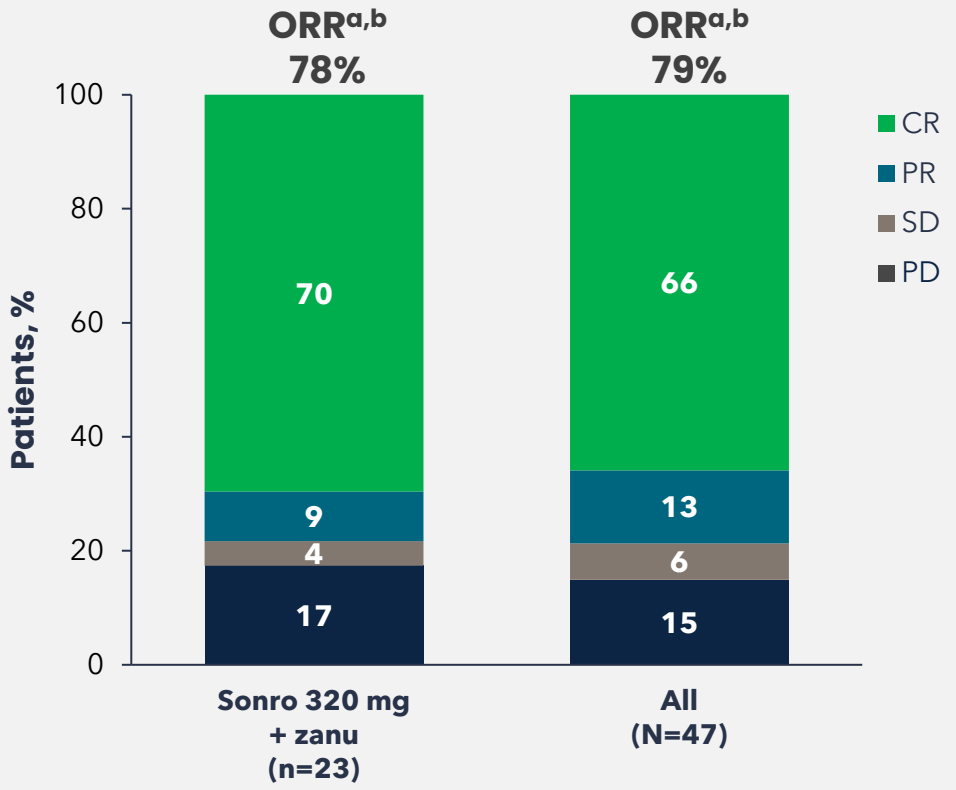
Overall Response Rate

R/R MCL

- With a median study follow-up of 16.4 months, ORR[a,b] was 79% with a CR rate of 66% across all doses in efficacy-evaluable patients
  - ORR was 78% in the 320-mg dose group, with a CR rate of 70%
  - All patients who had a BOR of PD progressed during zanubrutinib lead-in (4 patients in the 320-mg cohort)
- The median time to CR was 6.7 months (range, 1.5-28.2 months)
- Three patients (80 mg, n=1; 160 mg, n=2) electively discontinued treatment after ≥96 weeks of therapy; as of the data cutoff date, all patients were in remission and had a median time of 2.5 months off treatment (range, 0.8-2.9 months)



	Sonro 320 mg + zanu (n=23)	All (N=47)
Study follow-up, median (range), months[c]	13.2 (0.7-31.6)	16.4 (0.7-42.4)

Data cutoff: March 1, 2025.
[a]Responses were assessed per Lugano 2014 criteria and are shown as the percentages of responding patients who had ≥1 post-baseline tumor assessment after dosing with sonrotoclax unless treatment was discontinued due to clinical progression or death prior to tumor assessment. [b]ORR was defined as PR or better. [c]For all patients as treated (N=51).
BOR=best overall response, BTK=Bruton tyrosine kinase, CR=complete response, MCL=mantle cell lymphoma, ORR=overall response rate, PD=progressive disease, PR=partial response, SD=stable disease.
Tam CS, et al. Oral Presentation at EHA 2025; S234.

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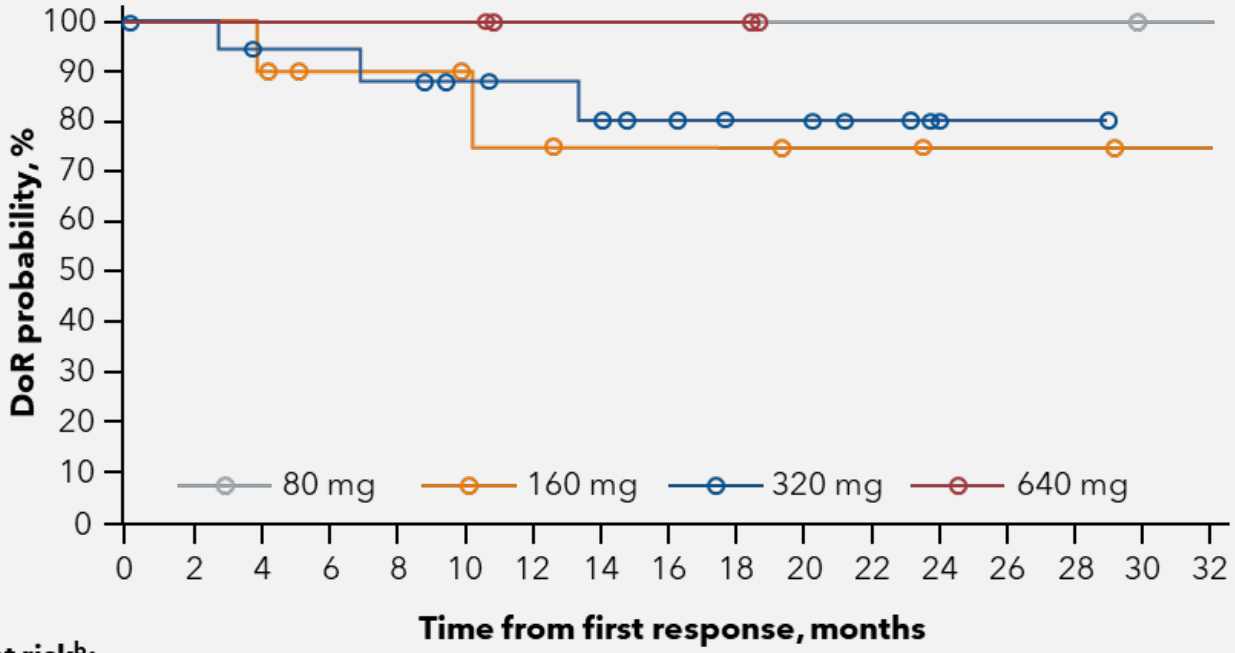
Duration of Response[a]

R/R MCL

- Median DoR in all patients was not reached (95% CI, 34.8-NE)
  - DoR rate at 24 months was 84.0% (95% CI, 65.3%-93.1%; mFU, 17.7 months)
- Median DoR in the 320-mg dose group was not reached (95% CI, 3.3-NE)
  - DoR rate at 24 months was 80.1% (95% CI, 49.4%-93.3%; mFU, 14.8 months)
- Of 18 patients in the 320-mg dose group who achieved CR, 16 remain in CR (mFU, 13 months)
  - DoCR rate at 18 months was 84.4% (95% CI, 50.4%-95.9%; mFU, 10.2 months)



No. at risk[b]:

80 mg	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	4	4	4				
160 mg	10	10	10	10	9	8	7	7	7	7	6	5	5	4	4	4	4	4	4	4	3	3	3	3	2	2	2	2	2	2	1	1	1			
320 mg	22	18	18	17	15	15	15	14	14	13	12	11	11	11	10	8	8	7	6	6	6	5	4	4	1	1	1	1	1	0	0	0	0			
640 mg	4	4	4	4	4	4	4	4	4	4	4	2	2	2	2	2	2	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0			

Data cutoff: March 1, 2025.

[a]Includes four patients in zanubrutinib lead-in. [b]For all patients as treated (N=51).

CI=confidence interval, CR=complete response, DoCR=duration of complete response, DoR=duration of response, MCL=mantle cell lymphoma, mFU=median follow-up, NE=not evaluable.

Tam CS, et al. Oral Presentation at EHA 2025; S234.