

CaDAnCe-101

R/R FL and MZL



BGB-16673 in Patients With Relapsed or Refractory B-Cell Malignancies

BGB-16673-101 – CADANCE-101 (R/R FL and MZL)

Phase 1

Study Identifier:

BGB-16673-101, CaDAnCe-101, NCT05006716

Primary Endpoint: Safety^a and tolerability, define MTD and RP2D

Key Secondary Endpoints: Characterize PK, pharmacodynamics, and preliminary antitumor activity^b

Key eligibility criteria

- Received ≥2 prior therapies (≥1 prior therapy for RT)
- Received a cBTKi if approved for their disease
- ECOG PS 0-2
- Adequate end-organ function
- No current or history of central nervous system involvement by B-cell malignancy

Part 1: Monotherapy Dose Finding

Part 2: Dose Expansion

Part 1a: Dose escalation

Selected R/R B-cell malignancies
(MZL, FL, MCL, CLL/SLL, WM, DLBCL, RT)
n≤72

Oral, QD, 28-day cycle^c
Doses: 50mg, 100mg, 200mg, 350mg, 500mg, 600mg

Part 1b: Safety expansion

Selected R/R B-cell malignancies
(MZL, MCL, CLL/SLL, WM)
n≤120

Part 1c: Additional safety expansion

Selected R/R B-cell malignancies
(MZL, WM, RT, DLBCL, FL)
n≤100

Part 1d: Additional safety expansion

R/R CLL/SLL
n≤30

Part 1e: Additional safety expansion

Selected R/R B-cell malignancies (Japan only)
(MZL, FL, MCL, CLL/SLL, WM)
n=6-9

Part 1e: Monotherapy safety expansion

Selected BTK inhibitor-naïve B-cell malignancies
(MZL, MCL, CLL/SLL, WM, RT)
n≤40

Determination of BGB-16673 RP2D

Cohort 1: Post-BTK inhibitor, R/R CLL/SLL

Cohort 2: Post-BTK inhibitor, R/R MCL

Cohort 3: Post-BTK inhibitor, R/R WM

Cohort 4: Post-BTK inhibitor, R/R MZL

Cohort 5: R/R FL

Cohort 6: R/R non-GCB DLBCL

Cohort 7: Post-BTK inhibitor, R/R RT

^aSafety was assessed according to CTCAE v5.0 in all patients. ^bResponse was assessed per Lugano 2014 criteria after 12 weeks.

BTK=Bruton tyrosine kinase, cBTKi=covalent Bruton tyrosine kinase inhibitor, CLL=chronic lymphocytic leukemia, DLBCL=diffuse large B-cell lymphoma, ECOG PS=Eastern Cooperative Oncology Group performance status, FL=follicular lymphoma, GCB=germinal center B-cell type, IGHV=immunoglobulin heavy chain variable region, MCL=mantle cell lymphoma, MTD=maximum tolerated dose, MZL=marginal zone lymphoma, PK=pharmacokinetics, QD=once daily, RP2D=recommended phase 2 dose, R/R=relapsed/refractory, RT=Richter transformation, SLL=small lymphocytic leukemia, TP53=tumor protein 53, WM=Waldenström macroglobulinemia.

1. Zinzani PL, et al. Poster Presentation at ICML 2025; 436. 2. <https://clinicaltrials.gov/study/NCT05006716?term=NCT05006716&rank=1>. Accessed October 9, 2025.

Baseline Demographics and Disease Characteristics

R/R FL and MZL

- As of March 3, 2025, 17 patients with FL and 29 with MZL had received BGB-16673
- Patients were heavily pretreated, with a median of 3 prior lines of therapy for both FL (range, 2-9) and MZL (range 1-9)
- The median study follow-up was 3.4 months (range, 0.7-29.9 months) and 8.0 months (range, 0.3-25.1 months) in the FL and MZL cohorts, respectively

	FL (n=17)	MZL (n=29)
Age, median (range), years	70 (52-86)	75 (33-88)
Male, n (%)	13 (76.5)	13 (44.8)
ECOG PS, n (%)		
0	8 (47.1)	16 (55.2)
1	9 (52.9)	13 (44.8)
Ann Arbor stage III/IV at study entry, n/N (%) ^a	14/16 (87.5)	23/24 (95.8)
Tumor bulk, n (%)		
Longest diameter ≥5 cm	6 (35.3)	6 (20.7)
No. of prior lines of therapy, median (range)	3.0 (2-9)	3.0 (1-9)
Prior therapy, n (%)		
cBTK inhibitor	2 (11.8)	25 (86.2)
ncBTK inhibitor	1 (5.9)	4 (13.8)
BCL2 inhibitor	0	7 (24.1)
Anti-CD20-based therapy	17 (100)	29 (100)
Chemotherapy	16 (94.1)	28 (96.6)
Discontinued prior BTK inhibitor due to PD, n/N (%)	3/3 (100)	21/25 (84.0) ^b

Data cutoff: March 3, 2025.

^aExcludes patients with unknown status. ^bReasons for five discontinuations of BTK inhibitor apart from PD were toxicity (n=3) and other (n=1); one patient in the MZL cohort had an adverse event in the context of progressive disease.

BCL2=B-cell lymphoma 2, BTK=Bruton tyrosine kinase, cBTK=covalent BTK, ECOG PS=Eastern Cooperative Oncology Group performance status, FL=follicular lymphoma, MZL=marginal zone lymphoma, ncBTK=noncovalent BTK, NHL=non-Hodgkin lymphoma, PD=progressive disease.

Zinzani PL, et al. Poster Presentation at ICML 2025; 436.

Overall Safety Summary



R/R FL and MZL

- Five patients with MZL had a TEAE that led to treatment discontinuation (pleural effusion in the context of progressive disease; hepatocellular carcinoma; and treatment-related TEAEs of intracranial hemorrhage, rhabdomyolysis, and pulmonary aspergillosis; n=1 each)
 - One patient had a TEAE (intracranial hemorrhage) leading to death
- One patient with FL had a treatment-related TEAE of cardiac arrest which led to both treatment discontinuation and death

Patients, n (%)	FL (n=17)	MZL (n=29)
Any TEAE	16 (94.1)	29 (100)
Any treatment-related	9 (52.9)	22 (75.9)
Grade ≥3	5 (29.4)	13 (44.8)
Treatment-related Grade ≥3	3 (17.6)	8 (27.6)
Serious	3 (17.6)	10 (34.5)
Treatment-related serious	2 (11.8)	3 (10.3)
Leading to death	1 (5.9)	1 (3.4)
Treatment-related leading to death	1 (5.9)	1 (3.4)
Leading to treatment discontinuation	1 (5.9)	5 (17.4)
Treatment-related leading to treatment discontinuation	1 (5.9)	3 (10.3)
Leading to treatment modification	6 (35.3)	9 (31.0)
Dose interruption	6 (35.3)	9 (31.0)

TEAEs in ≥ 3 Patients in Either Group



R/R FL and MZL

- The most common TEAEs were URTI in the FL group and neutropenia and fatigue in the MZL group; across both histologies, neutropenia was the most frequently reported grade ≥ 3 TEAE
- One patient each in the FL and MZL groups had a grade 3 TEAE of hypertension; the patient in the MZL group had a history of hypertension
- Three patients in the MZL group experienced major hemorrhage (gastrointestinal, intracranial, and hemothorax; n=1 each)
- Six patients (FL, n=2; MZL, n=4) experienced grade ≥ 3 infection

Patients, n (%)	FL (n=17)		MZL (n=29)	
	Any Grade	Grade ≥ 3	Any Grade	Grade ≥ 3
URTI	4 (23.5)	1 (5.9)	4 (13.8)	0
Fatigue	3 (17.6)	0	7 (24.1)	0
Contusion (bruising)	3 (17.6)	0	6 (20.7)	0
Diarrhea	3 (17.6)	0	4 (13.8)	0
Thrombocytopenia ^a	2 (11.8)	1 (5.9)	3 (10.3)	0
Neutropenia ^b	2 (11.8)	2 (11.8)	8 (27.6)	6 (20.7)
Lipase increased	1 (5.9)	0	4 (13.8)	0
Amylase increased	1 (5.9)	0	3 (10.3)	0
Anemia	1 (5.9)	0	3 (10.3)	1 (3.4)
COVID-19	1 (5.9)	0	3 (10.3)	1 (3.4)
Headache	1 (5.9)	0	3 (10.3)	0
Pyrexia	1 (5.9)	0	4 (13.8)	0
Asthenia	0	0	4 (13.8)	1 (3.4)
Petechiae	0	0	4 (13.8)	0
Decreased appetite	0	0	3 (10.3)	0
Hematoma	0	0	3 (10.3)	0

Data cutoff: March 3, 2025.

^aThrombocytopenia combines preferred terms *platelet count decreased* and *thrombocytopenia*. ^bNeutropenia combines preferred terms *neutrophil count decreased* and *neutropenia*.
 FL=follicular lymphoma, MTD=maximum tolerated dose, MZL=marginal zone lymphoma, NHL=non-Hodgkin lymphoma, TEAE=treatment-emergent adverse event, URTI=upper respiratory tract infection.
 Zinzani PL, et al. Poster Presentation at ICML 2025; 436.

Responses by Histology



R/R FL and MZL

- In response-evaluable patients, the investigator-assessed ORR was 50.0% (10/20) in patients with MZL and 41.7% (5/12) in patients with FL
 - Three patients achieved CR (MZL, n=2; FL, n=1)
 - Responses were also seen in patients with MZL who had previously received a covalent BTK inhibitor (8/18)
- The disease control rate was 75.0% (15/20) in patients with MZL and 66.7% (8/12) in patients with FL

Patients, n (%)	FL (n=12)	MZL (n=20)
Best overall response, n (%)		
CR	1 (8.3)	2 (10.0)
PR	4 (33.3)	8 (40.0)
SD	3 (25.0)	5 (25.0)
PD	3 (25.0)	3 (15.0)
ORR, n (%) ^a	5 (41.7)	10 (50.0)
Disease control rate, n (%) ^b	8 (66.7)	15 (75.0)
Time to first response, median (range), months ^c	2.6 (2.3-3.3)	2.9 (2.6-9.9)
Duration of response, median (95% CI), months ^c	9.5 (5.7-NE)	10.8 (2.8-NE)

Data cutoff: March 3, 2025.

^aIncludes best overall responses of PR or CR. ^bIncludes best overall responses of SD or better. ^cIn patients with best overall response better than SD.

BTK=Bruton tyrosine kinase, CR=complete response, FL=follicular lymphoma, MZL=marginal zone lymphoma, NE=not estimable, NHL=non-Hodgkin lymphoma, ORR=overall response rate, PD=progressive disease, PR=partial response, SD=stable disease. Zinzani PL, et al. Poster Presentation at ICML 2025; 436.

