



Is the ALPHA3 Clinical Trial Right for Me?

Clinical trials are studies that test new treatments to help people stay healthy and save lives. ALPHA3 is a clinical trial using CAR T cell therapy, a special cancer treatment for certain aggressive types of lymphoma. The goal is to treat, and possibly cure, people with diffuse large B-cell lymphoma (DLBCL) and similar types of lymphoma who might have their cancer come back after they have completed their treatment. This brochure will give you more information about ALPHA3 to help you decide if joining the trial is a good choice for you.



What is the ALPHA3 Clinical Trial?

The ALPHA3 clinical trial is different from other clinical trials. It aims to help predict whose cancer might relapse and stop it before it happens. Most trials only test new treatments after cancer is big enough to show up on a scan. The ALPHA3 trial is designed to find cancer when it is still too small to be seen on a scan, allowing treatment to start when research shows cancer is easiest to treat. Think of this like putting out a fire as soon as you see the first puff of smoke, before it grows into a big blaze that's much harder to control.

Instead of using scans, the ALPHA3 trial uses a new investigational MRD testing technology¹. This test looks for tiny amounts of cancer in your body, called minimal residual disease (MRD), that are too small to see with regular scans. The trial then tests if a one-time treatment with a single dose of CAR T cell product can eliminate that small amount of cancer and prevent it from coming back, which is called a “relapse.”

How does the trial work?

If you choose to participate, the ALPHA3 trial has two steps. First, doctors will run the investigational MRD test to check if you still have any small amounts of cancer in your body that are too small to be seen on the scan. If the test shows you do still have small amounts of cancer in your body, the second step is to enroll you in the main part of the trial.

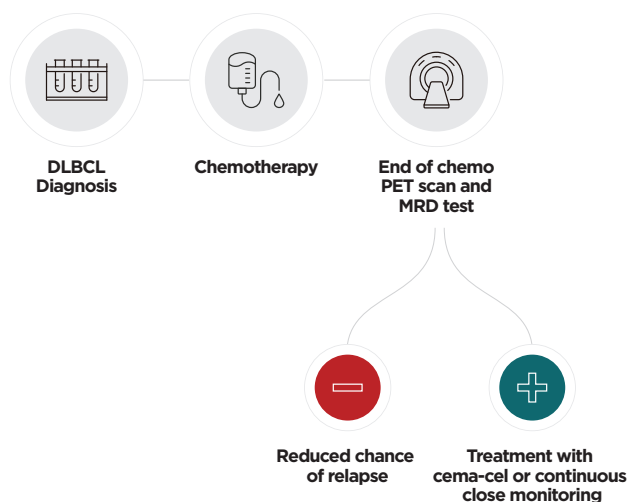
STEP 1: Investigational MRD Blood Test

After you have completed chemotherapy, your doctor will take a simple blood sample for the test to determine if there are still small amounts of cancer in your body that could potentially lead to a future cancer relapse. The investigational MRD test is designed to find signs of cancer earlier, often well before it shows up on scans. The test looks for something called ctDNA, which stands for circulating tumor DNA. This is a small amount of cancer DNA – known as minimal residual disease (MRD) – in your blood that shows there might still be cancer in your body. If it is found, it is referred to as MRD+. If you are MRD+, you may be eligible to join the second step of the ALPHA3 trial. This study is testing if an extra, one-time treatment with CAR T cells can stop cancer from coming back by eliminating the last remaining cancer cells in your body.

It's important to know that ctDNA testing for B-cell lymphomas isn't approved yet for making treatment decisions. The investigational MRD testing technology is still being studied as part of the ALPHA3 trial.

¹ The trial uses the Foresight CLARITY™ investigational-use only (IUO) assay to detect the presence of minimal residual disease (MRD) at the end of frontline treatment in DLBCL. The assay is for research use only and is not intended for use in diagnostic procedures.

Patient Journey



STEP 2: The ALPHA3 Trial

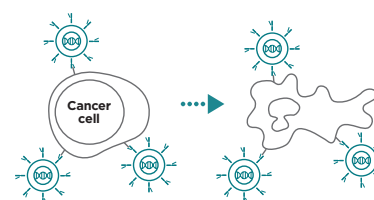
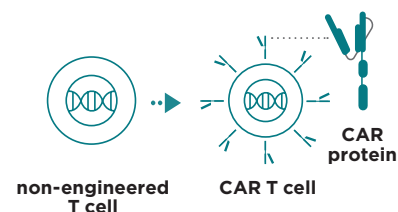
Research shows that if your investigational MRD test is MRD+, there is a greater chance that your cancer will come back, and that it may return soon. This second step in the trial tests if an early treatment with CAR T cells using a single dose of an investigational product called cemacabtagene ansegedleucel (or “cema-cel,” pronounced “SEM-a-sell”) can stop your cancer from returning.

If you join this second part of the trial, you will be randomly placed in one of two groups: close observation or treatment with cema-cel.

- Close observation group: This group does not receive cema-cel. If you are in this group, you will be monitored with what is known as “close observation” or “watch and wait.” It is the current practice for patients who have completed their cancer treatment and similar to what would happen if you did not join the trial. The important difference is that by participating in the clinical trial, your doctor will “watch” you even more closely than the standard practice, with more frequent visits and scans than you would get if you do not participate in the trial. If your cancer comes back, it will be detected as early as possible. Your doctor will talk with you about your treatment options if this happens.
- Treatment group: In this group, you will get cema-cel shortly after MRD is found and before cancer shows up on scans. You will also be monitored closely. While cema-cel is meant to help stop the cancer from returning, there’s still a chance it could come back. If it does, your doctor will discuss other treatment options with you outside of the ALPHA3 trial.

ALPHA3 Treatment Group: Information about CAR T and cema-cel

Cema-cel is a type of CAR T cell product made from special white blood cells called T cells, taken from a healthy person (donor). These T cells are modified to turn them into cancer fighting cells.



CAR T cells bind to cancer cells and kill them

Your cema-cel treatment may be given in a hospital or an infusion center, depending on what your doctor decides is right for you. Before you receive cema-cel, you will get doses of chemotherapy daily for 3 days. This chemotherapy isn’t used to fight your lymphoma. It prepares your body so cema-cel can work better.

Cema-cel itself is given only once as an infusion that takes about 5 minutes. After the infusion, cema-cel stays in your body and keeps working, so your doctor will watch you closely for at least 14 days. Cema-cel can cause side effects, which can range from mild to serious or even life-threatening. Some side effects might need treatment, while others may not. You will need to tell your doctor about any side effects you may have at follow-up visits. For more information on these possible side effects, talk to your doctor.

Are You Considering a Clinical Trial?

Talk to your doctor about what treatments or clinical trials might be right for you.

Where to learn more about this study:

<https://allogene.com/allocar-t-therapy>

