

What is the
ALPHA3 Clinical Study?

About 1 in 3 patients whose DLBCL goes into remission after initial treatment will have it return, usually within the first year.¹

The ALPHA3 study is evaluating whether an investigational blood test can identify people who may have a higher risk of their lymphoma returning. It is also testing whether early treatment with an investigational CAR T-cell therapy can help prevent their cancer from coming back.

The blood test looks for minimal residual disease, or MRD² — very small amounts of cancer that may remain in the body after treatment at levels too low to be detected by standard methods like scans. While your scans may show you are in remission, the presence of MRD may suggest a higher risk of your cancer returning. If MRD is detected and you meet the study’s other requirements, you may be able to participate in the ALPHA3 study.

ALPHA3 is designed to assess whether taking action early — before cancer can be seen on standard scans — may help prevent it from returning. 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.

Take Action Early



OR

Watch and Wait



Cema-Cel Treatment Process

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 receive chemotherapy once a day for 3 days. This is different from the chemotherapy received during your initial treatment and is not used to fight your lymphoma. It is a short course given to help prepare your body so cema-cel can work better.

Cema-cel itself is given once as an infusion that takes about 5 minutes. After the infusion, cema-cel stays in your body and keeps working. Your doctor will watch you closely with frequent visits for at least the next 14 days.

Cema-cel may cause side effects, some of which may require treatment. Tell your doctor about any side effects you may experience. For more information about these possible side effects, talk to your doctor.

What Participation Involves

Participating in the ALPHA3 study involves regular visits with your care team, including blood tests and monitoring. These visits may be more frequent than standard follow-up care.

For eligible patients, the investigational MRD test, cema-cel treatment, and study-related procedures not covered by standard care are provided at no cost. The study team will explain to you and your caregiver what the trial pays for and what you or your insurance may need to pay for. Financial assistance for travel necessary to undergo testing may also be provided to eligible study participants, talk to the study team at your treatment location for more information.

Are You Considering a Clinical Study?

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

To learn more about the ALPHA3 study or to find a study location near you, visit:
<https://clinicaltrials.gov/study/NCT06500273>



Or scan here



Is the
ALPHA3 Clinical Study for DLBCL Right for Me?



Is the ALPHA3 Clinical Study in DLBCL
Right for Me?

Clinical studies, also called clinical trials, test new ways to treat or prevent illnesses like cancer. These studies help researchers learn whether a treatment is safe and if it works. The goal is to help people live longer, improve their quality of life, and in some cases, cure their illness.

The ALPHA3 clinical study is testing an investigational CAR T-cell therapy, also called chimeric antigen receptor T-cell therapy, for certain types of lymphoma, including diffuse large B-cell lymphoma, or DLBCL. “Investigational” means the treatment has not yet been approved by a regulatory agency for this use. CAR T-cell therapy uses specially designed immune cells to find and attack cancer cells. The ALPHA3 study is for people who have completed their initial treatment but may have a higher risk of the cancer returning, also called recurrence.

You may feel relieved that your initial treatment is underway or complete. You may also feel worried about what comes next. Learning that your cancer could return can be difficult, but understanding your risk may help you and your care team discuss the options available.

Whether you are a patient or a caregiver, this brochure explains the ALPHA3 study, what participation may involve, and what questions to ask your care team. It can help you decide whether this study may be right for you.

How does the study work?

You can discuss the ALPHA3 study with your physician at any point during your initial treatment to see whether it may be right for you. If you or your loved one chooses to participate, the ALPHA3 study has two steps.

1 STEP 1:
Investigational MRD Blood Test

First, after you complete your planned treatment, doctors will use the investigational MRD test to look for circulating tumor DNA, or ctDNA. ctDNA are pieces of DNA from cancer cells that circulate in your blood. The MRD test is designed to detect residual cancer in your body that remains after initial treatment but is too small to appear on standard scans.

Research has shown that this kind of testing may be more accurate than a regular scan at predicting if your cancer will return.³ If the test detects MRD, the result is called MRD-positive, or MRD+. An MRD+ result may indicate a higher risk of the cancer returning. People who are MRD+ may be able to move to the next step of the ALPHA3 study.

If the test does not detect MRD, the result is called MRD-negative, or MRD-. An MRD- result may indicate a lower risk of the cancer returning, but it does not guarantee that the cancer will not come back.⁴

Knowing your MRD status, whether positive or negative, may help you and your care team better understand your risk after treatment.

The MRD test used in the ALPHA3 study has not been approved by regulatory agencies. It is investigational and is still being studied as part of the ALPHA3 study.

¹ Tilly H, Morschhauser F, Sehn LH, et al. Polatuzumab vedotin in previously untreated diffuse large B-cell lymphoma. N Engl J Med. 2022;386(4):351-363. doi:10.1056/NEJMoa2115304.

² The ALPHA3 clinical trial uses an investigational-use only (IUO) assay to detect the presence of minimal residual disease (MRD) at the end of first-line treatment in DLBCL.

³ Roschewski M, Kurtz DM, Westin JR, et al. Remission assessment by circulating tumor DNA in large B-cell lymphoma. J Clin Oncol. 2025;43(34):3652-3661. doi:10.1200/JCO-25-01534.

⁴ Kurtz, et.al. Circulating Tumor DNA Measurements as Early Outcome Predictors in Diffuse Large B-Cell Lymphoma, JCO 2018.

2 STEP 2:
The ALPHA3 Trial

If you are found to be MRD+, you may be able to participate in the second part of the ALPHA3 study. The second step of the ALPHA3 study evaluates if early treatment with a single dose of an investigational CAR T-cell product called cemacabtagene ansegedleucel, or “cema-cel,” pronounced “SEM-a-sell,” can eliminate the remaining traces of cancer left in your body and potentially prevent the cancer from coming back.

This part of the study is randomized. This means that participants who are MRD+ and enroll in the study are assigned by chance to one of two groups.

Close Observation Group: Participants in this group do not receive any additional treatment, which is the standard practice today. However, they are monitored through more frequent visits and scans than they would receive outside of the ALPHA3 study. If the cancer returns, it may be detected earlier than it would have been outside the study. If your lymphoma does return, your doctor will discuss available treatment options with you.

Treatment Group: Participants in this group receive a single dose of cema-cel. They are also monitored closely, just like the patients in the close observation group. While cema-cel is meant to prevent cancer from returning, it may still come back. If it does, your doctor will discuss available treatment options with you.

