
Janssen Research & Development*

Investigator's Brochure

JNJ-79635322

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SUMMARY OF CHANGES FROM PREVIOUS EDITION

The following summarizes only the major changes to the previous edition (Edition 3.0) of this IB. New or updated safety and/or efficacy information is not detailed in this table but can be found in the IB.

Section	Summary of Change
General	All changes made to the sections noted have been incorporated into the Summary Section as appropriate. The IB Edition History has been removed as part of a template update.
Section 1 , Introduction	Updated anti-BCMA therapeutic approvals in Section 1.1.5 and bispecific antibody approvals in Section 1.1.6.
Section 2 , Physical, Chemical, and Pharmaceutical Properties, and Formulation	Updated to align with the latest template (Sections 2.1 and 2.2). Added 3 new subsections to include 2 new drug product presentations (Section 2.3). Added new section for other pertinent information (Section 2.4).
Section 3 , Nonclinical Studies	Section 3: Added a GLP compliance statement for supporting pivotal studies in the talquetamab and teclistamab programs. Section 3.1.2.3: New section for addition of target co-expression in human normal tissues study. Section 3.3.3.2: New section for addition of chronic toxicity weight-of-evidence assessment. Section 3.4: Updated with chronic toxicity weight-of-evidence assessment. Section 3.3.8, Assessment of Safety Based on Talquetamab and Teclistamab from IB Edition 3 was removed, because potential risks have been identified based on JNJ-79635322 clinical data; Section 3.3.8.1 text was moved to Section 3.3.3.1.
Section 4 , Effect in Humans	Reorganization of Section 4 to present data by monotherapy study and combination therapy study throughout. Updated Section 4.1.1 with RP2D and Phase 3 dose selection rationale for Study 79635322MMY1001. Added details of combination therapy Study 79635322MMY1002 (Section 4.1.1.2). Updated Section 4.2 with revised PK data available from Study 79635322MMY1001, as of the data cut-off date of 21 November 2024. Updated Section 4.3 text, figure, and tables where applicable based on revised efficacy and safety data available for studies 79635322MMY1001 and 79635322MMY1002, as of the CCO of 28 September 2025. Added breakdown of CRS events at the RP2D when given with and without prophylactic tocilizumab for Study 79635322MMY1001 (Section 4.3.2.1.4.1) Added pharmacodynamic data for Study 79635322MMY1001, as of the data cut-off of 03 February 2025 (Section 4.3.1.2.1). Updated Section 4.4 with immunogenicity data available from Study 79635322MMY1001 as of the data cut-off date of 17 January 2025.

Section	Summary of Change
Section 5 , Summary of Data and Guidance for the Investigator	Updated Section 5 to align with the changes made in the rest of the document. Cytopenias were recategorized from known risk to potential risk. Added bone pain associated with tumor flare under immune-mediated toxicity. Updated ADR table as of the CCO of 28 September 2025 to include new serious ADRs of anemia, thrombocytopenia, headache, upper respiratory tract infection, COVID-19, injection site erythema, pyrexia, and bone pain and non-serious ADRs of hypogammaglobulinemia, dry skin, nail disorder, skin exfoliation, and decreased appetite.
Section 6 , Reference Safety Information	Updated RSI table as of the CCO of 28 September 2025 to include new SARs of upper respiratory tract infection, COVID-19 pneumonia, and bone pain. Added justification for inclusion of new SARs in the RSI.
Appendices	
Appendix 1: Overview of Nonclinical Studies of JNJ-79635322 and Studies Supporting JNJ-79635322	Updated to include details of studies DD24067 and PATHLJ23-007 (Appendix 1.1), that a chronic toxicity weight-of-evidence assessment was done (Appendix 1.3), and to add a GLP compliance table (Appendix 1.4).
Appendix 2: Overview of Clinical Studies of JNJ-79635322	Updated with most recent information, including addition of combination therapy Study 79635322MMY1002.
Appendix 3: Safety Tables From Study 79635322MMY1001	Updated safety tables for Study 79635322MMY1001, as of the CCO of 28 September 2025.
Appendix 4: Safety Tables From Study 79635322MMY1002	Added safety tables for Study 79635322MMY1002, as of the CCO of 28 September 2025.

TABLE OF CONTENTS

SUMMARY OF CHANGES FROM PREVIOUS EDITION	2
TABLE OF CONTENTS	4
LIST OF IN-TEXT TABLES AND FIGURES	7
LIST OF ABBREVIATIONS AND DEFINITIONS OF TERMS	9
SUMMARY	12
1. INTRODUCTION.....	15
1.1. Background	15
1.1.1. Multiple Myeloma and Current Therapy	15
1.1.2. AL Amyloidosis	16
1.1.3. T Cell Redirection	17
1.1.4. GPRC5D	17
1.1.5. BCMA.....	17
1.1.6. JNJ-79635322	18
2. PHYSICAL, CHEMICAL, AND PHARMACEUTICAL PROPERTIES AND FORMULATIONS	19
2.1. Product Identification.....	19
2.2. Physical and Chemical Characteristics	19
2.3. Formulation Information	19
2.3.1. Final Vial Product: 10 mg/vial (5 mg/mL, 2 mL) and 50 mg/vial (50 mg/mL, 1 mL)	20
2.3.2. Final Vial Product: 5 mg/vial (5 mg/mL, 1 mL)	20
2.3.3. Prefilled Syringe: 100 mg/PFS (50 mg/mL, 2 mL).....	20
2.4. Other Pertinent Information.....	20
3. NONCLINICAL STUDIES.....	20
3.1. Nonclinical Pharmacology.....	21
3.1.1. Primary Pharmacodynamics.....	21
3.1.1.1. In Vitro Studies	21
3.1.1.1.1. BCMA and GPRC5D Receptor Protein Surface Expression and Density in Cancer Cell Lines.....	21
3.1.1.1.2. JNJ-79635322 Binding to Endogenous BCMA-GPRC5D-expressing Cell Lines	21
3.1.1.1.3. JNJ-79635322-Mediated T-cell-Dependent Cytotoxicity of MM Cell Lines and T Cell Activation	21
3.1.1.1.4. JNJ-79635322-Mediated Cytotoxicity of H929 CRISPR KO Clonal Cell Lines and T Cell Activation.....	25
3.1.1.1.5. Cytotoxicity, T Cell Activation and Cytokine Release Potential of JNJ-79635322 Against Dual-Target-Positive H929 Cells Spiked in Healthy Human Whole Blood	27
3.1.1.1.6. JNJ-79635322-Mediated Cytotoxicity of MM Patient Bone Marrow CD138+ Cells.....	28
3.1.1.1.7. Effect of JNJ-79635322 in T Cell Cytotoxicity Assays Using Purified T Cells and ALMC-2 Target Cells.....	30
3.1.1.2. In Vivo Studies.....	31
3.1.2. Expression of BCMA and GPRC5D in Normal Human and Monkey Tissues	33
3.1.2.1. BCMA Normal Human Expression	33
3.1.2.2. GPRC5D Expression in Human and Cynomolgus Monkey Normal Tissues	34
3.1.2.3. GPRC5D and BCMA Co-expression in Human Normal Tissues	35
3.1.3. Secondary Pharmacodynamics	35
3.1.4. Safety Pharmacology.....	35
3.2. Pharmacokinetics and Metabolism in Animals	35
3.2.1. Methods of Analysis.....	36
3.2.2. Absorption and Pharmacokinetics	36

3.2.2.1.	Single-dose Pharmacokinetics in Cynomolgus Monkey	36
3.2.2.2.	Single-dose Pharmacokinetics in Göttingen Minipig	36
3.2.3.	Distribution	37
3.2.4.	Metabolism	37
3.2.5.	Excretion	37
3.2.6.	Pharmacokinetic Drug Interactions	37
3.3.	Toxicology	37
3.3.1.	Species Cross-reactivity of JNJ-79635322	38
3.3.2.	Single-dose Toxicity	38
3.3.3.	Repeat-dose Toxicity	38
3.3.3.1.	Tool GPRC5DxCD3 Antibody (JNJ-64024701) and Teclistamab Toxicology Studies in Cynomolgus Monkeys	38
3.3.3.2.	Chronic Toxicity Weight-of-Evidence Assessment for JNJ-79635322	39
3.3.4.	Genotoxicity and Carcinogenicity	40
3.3.5.	Reproduction and Developmental Toxicity	40
3.3.6.	Local Tolerance	40
3.3.7.	Other Toxicity Studies	40
3.3.7.1.	Cytokine Release Assessment	40
3.3.7.2.	GPRC5D Off-target Binding Assessment	40
3.3.7.3.	BCMA Off-target Binding Assessment	41
3.3.7.4.	Functional Selectivity in Tumor-associated Antigen-negative Cell Lines	41
3.4.	Conclusions for Nonclinical Studies	41
4.	EFFECTS IN HUMANS	44
4.1.	Overview	44
4.1.1.	Ongoing and Completed Clinical Studies	44
4.1.1.1.	Monotherapy Study 79635322MMY1001	44
4.1.1.2.	Combination Therapy Study 79635322MMY1002	45
4.2.	Pharmacokinetics and Product Metabolism	45
4.2.1.	Monotherapy Study 79635322MMY1001	45
4.2.2.	Combination Therapy Study 79635322MMY1002	52
4.3.	Safety and Efficacy	52
4.3.1.	Efficacy/Pharmacodynamics	52
4.3.1.1.	Efficacy	52
4.3.1.1.1.	Monotherapy Study 79635322MMY1001	52
4.3.1.1.2.	Combination Therapy Study 79635322MMY1002	53
4.3.1.2.	Pharmacodynamics	53
4.3.1.2.1.	Monotherapy Study 79635322MMY1001	53
4.3.1.2.2.	Combination Therapy Study 79635322MMY1002	54
4.3.2.	Safety and Tolerability	54
4.3.2.1.	Monotherapy Study 79635322MMY1001	54
4.3.2.1.1.	Nature and Frequency of Adverse Events	54
4.3.2.1.2.	Dose-limiting Toxicities	57
4.3.2.1.3.	Deaths, Serious Adverse Events, and Other Significant Adverse Events	57
4.3.2.1.3.1.	Deaths	57
4.3.2.1.3.2.	Serious Treatment-emergent Adverse Events	58
4.3.2.1.3.3.	Grade 3 or 4 Treatment-emergent Adverse Events	58
4.3.2.1.4.	Adverse Events of Special Interest	59
4.3.2.1.4.1.	Cytokine Release Syndrome	59
4.3.2.1.4.2.	Neurotoxicity of ICANS	60
4.3.2.2.	Combination Therapy Study 79635322MMY1002	60
4.4.	Immunogenicity (Anti-drug Antibodies)	63
4.4.1.	Monotherapy Study 79635322MMY1001	63
4.4.2.	Combination Therapy Study 79635322MMY1002	65
4.5.	Marketing Experience	65

5. SUMMARY OF DATA AND GUIDANCE FOR INVESTIGATORS	65
6. REFERENCE SAFETY INFORMATION	74
7. REFERENCES.....	76
APPENDIX 1: OVERVIEW OF NONCLINICAL STUDIES OF JNJ-79635322 AND STUDIES SUPPORTING JNJ-79635322	79
Appendix 1.1: Pharmacology Overview.....	79
Appendix 1.2: Pharmacokinetics Overview	84
Appendix 1.3: Toxicology Overview	85
Appendix 1.4: GLP Compliance of Talquetamab and Teclistamab Nonclinical Program Studies that Support JNJ-79635322	88
APPENDIX 2: OVERVIEW OF CLINICAL STUDIES OF JNJ-79635322	90
APPENDIX 3: SAFETY TABLES FROM STUDY 79635322MMY1001	92
APPENDIX 4: SAFETY TABLES FROM STUDY 79635322MMY1002	138

LIST OF IN-TEXT TABLES AND FIGURES

TABLES

Table 1:	Summary of Species Cross-reactivity Assessments for Each JNJ-79635322 Binding Arm.....	38
Table 2:	Preliminary PK Parameters of JNJ-79635322 Following the First Treatment Dose in Cycle 1 in Participants with RRMM (Study 79635322MMY1001)	47
Table 3:	Preliminary PK Parameters of JNJ-79635322 Following Multiple SC Doses at the 5 th Target Dose for Q2W or at the 4 th Target Dose for Q4W in Participants with RRMM (Study 79635322MMY1001)	50
Table 4:	Summary of Overall Best Confirmed Response Based on Investigator Assessment; Safety Analysis Set (Study 79635322MMY1001).....	52
Table 5:	TEAEs in at Least 10% of Participants (Overall) by SOC and PT; Safety Analysis Set (Study 79635322MMY1001)	54
Table 6:	TEAEs in at Least 10% of Participants (RP2D) by SOC and PT; Safety Analysis Set (Study 79635322MMY1001)	56
Table 7:	Summary of ADAs to JNJ-79635322 Status; Immunogenicity-evaluable Analysis Set (Study 79635322MMY1001)	64
Table 8:	Mitigation Strategy for Delayed Cardiac Organ Response.....	72
Table 9:	Incidence of Treatment-emergent ADRs by SOC, PT; Safety Analysis Set (Participants Exposed to JNJ-79635322)	74
Table 10:	Serious Adverse Reactions for JNJ-79635322 Considered Expected for Safety Reporting Purposes; Safety Analysis Set (Participants Exposed to JNJ-79635322)	75
Table 11:	Overall Summary of TEAEs; Safety Analysis Set (Study 79635322MMY1001)	92
Table 12:	Number of Subjects With Serious TEAEs by SOC and PT; Safety Analysis Set (Study 79635322MMY1001)	94
Table 13:	Number of Subjects With TEAEs by SOC, PT, and Maximum Toxicity Grade (Overall); Safety Analysis Set (Study 79635322MMY1001).....	97
Table 14:	Number of Subjects With TEAEs by SOC, PT, and Maximum Toxicity Grade (100 mg Part 1 + Part 2); Safety Analysis Set (Study 79635322MMY1001)	122
Table 15:	Overall Summary of TEAEs; All Treated Analysis Set (Study 79635322MMY1002)	138
Table 16:	Number of Subjects With TEAEs by SOC and PT; All Treated Analysis Set (Study 79635322MMY1002)	143
Table 17:	Number of Subjects with Serious TEAEs by SOC and PT; All Treated Analysis Set (Study 79635322MMY1002)	151
Table 18:	Number of Subjects with TEAEs by SOC, PT, and Maximum Toxicity Grade; All Treated Analysis Set (Regimen A1; Study 79635322MMY1002)	154
Table 19:	Number of Subjects with TEAEs by SOC, PT, and Maximum Toxicity Grade; All Treated Analysis Set (Regimen A2; Study 79635322MMY1002)	158
Table 20:	Number of Subjects with TEAEs by SOC, PT, and Maximum Toxicity Grade; All Treated Analysis Set (Regimen B; Study 79635322MMY1002)	163
Table 21:	Number of Subjects with TEAEs by SOC, PT, and Maximum Toxicity Grade; All Treated Analysis Set (Regimen C; Study 79635322MMY1002)	168

FIGURES

Figure 1:	JNJ-79635322 Trispecific Antibody Mode of Action	18
Figure 2:	JNJ-79635322-mediated (A) Cell Cytotoxicity and (B) T Cell Activation of BCMA-GPRC5D-dual-positive and BCMA-GPRC5D-dual-negative Cell Lines	23
Figure 3:	JNJ-79635322-mediated H929 CRISPR KO Clonal Cell Cytotoxicity and T Cell Activation	26
Figure 4:	JNJ-79635322-mediated Target Cell Cytotoxicity in Whole Blood Spiked with H929 MM Cells (MABEL Assay)	27
Figure 5:	Cytotoxic Potency of JNJ-79635322 Against Human Primary MM CD138+ Cells	29

Figure 6:	Effect of JNJ-79635322 on Cytotoxicity and T Cell Activation in T Cell Cytotoxicity Assays Using Purified T Cells and ALMC-2 Target Cells at Varying E:T Ratios.....	31
Figure 7:	Effect of JNJ-79635322, Teclistamab, or Talquetamab on Growth of Established RPMI 8226 MM Xenografts in T-cell-humanized Mice	32
Figure 8:	Mean Serum Concentration-time Profile of JNJ-79635322 Following SC Administration of Q4W Dosing in Participants with MM (Study 79635322MMY1001)	46

LIST OF ABBREVIATIONS AND DEFINITIONS OF TERMS

Abbreviations

ADA(s)	anti-drug antibodies
ADR	adverse drug reaction
AE	adverse event
AL amyloidosis	AL amyloidosis
ASTCT	American Society for Transplantation and Cellular Therapy
BCMA	B-cell maturation antigen
BM	bone marrow
CAR-T	chimeric antigen receptor T cell
CCO	clinical data cut-off
CD	cluster of differentiation
CFR	Code of Federal Regulations
CHO	Chinese hamster ovary
CNS	central nervous system
CR	complete response/complete regression
CRF	case report form
CRISPR	clustered regularly interspaced short palindromic repeats
CRL	Charles River Laboratories, Inc.
CRS	cytokine release syndrome
CxDx	Cycle x Day x
CYP	cytochrome P450
Da	Dalton
Dara	daratumumab
DLT	dose-limiting toxicity
D-VCd	daratumumab plus VCd
ECLIA	electrochemiluminescence immunoassay
EDTA	ethylenediaminetetraacetic acid
EU	European Union
Fab	fragment antigen-binding
FACS	fluorescence-activated cell sorting
Fc	fragment crystallizable
FIH	first-in-human
GI	gastrointestinal
GLP	Good Laboratory Practice
GPRC5	G-protein-coupled receptor Family C Group 5
GPRC5D	G-protein-coupled receptor Family C Group 5 Member D
HemCR	hematologic complete response
HBV	hepatitis B virus
HEK	human embryonic kidney
IB	Investigator's Brochure
ICANS	immune effector cell-associated neurotoxicity syndrome
ICE	Immune Effector Cell-Associated Encephalopathy
ICH	International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use
IFN	interferon
Ig	immunoglobulin
IHC	immunohistochemistry
IL	interleukin
IMiD	immunomodulatory drug
IMWG	International Myeloma Working Group
IP	intraperitoneal
ISH	in situ hybridization
IV	intravenous
JRD	Janssen Research & Development

MAD	Mutual Acceptance of Data
KO	knock-out
MedDRA	Medical Dictionary for Regulatory Activities
MM	multiple myeloma
MNC	mononuclear cell
MR	minimal response
mRNA	messenger RNA
MSD	Meso Scale Discovery
NA	not applicable
NCA	non-compartmental analysis
NCI-CTCAE	National Cancer Institute-Common Terminology Criteria for Adverse Events
NDMM	newly diagnosed multiple myeloma
NOD	non-obese diabetic
NSG	non-obese diabetic (NOD) severe combined immunodeficiency (scid) gamma
OECD	Organisation for Economic Co-operation and Development
OS	overall survival
PBS	phosphate-buffered saline
PFS	prefilled syringe
PI	proteasome inhibitor
PK	pharmacokinetic(s)
PO	oral
Pom	pomalidomide
PR	partial response
PT	preferred term
Q2W	every 2 weeks
Q4W	every 4 weeks
Q8W	every 8 weeks
qPCR	quantitative polymerase chain reaction
RNA	ribonucleic acid
RP2D	recommended Phase 2 dose
RRMM	relapsed/refractory multiple myeloma
RT-qPCR	reverse transcription quantitative polymerase chain reaction
RSI	reference safety information
SAR	serious adverse reaction
sARR	systemic administration-related reaction
SC	subcutaneous
scFv	single-chain variable fragment
scid	severe combined immunodeficiency
sCR	stringent complete response
SD	standard deviation
SEM	standard error of the mean
SET	Study Evaluation Team
SOC	system organ class
SPR	surface plasmon resonance
SUSAR	Suspected Unexpected Serious Adverse Reaction
TCR	T cell receptor
TEAE	treatment-emergent adverse event
TK	toxicokinetic(s)
TLS	tumor lysis syndrome
TMDD	target-mediated drug disposition
TNF	tumor necrosis factor
UK	United Kingdom
USA	United States of America
USPI	United States Prescribing Information
VCd	cyclophosphamide + bortezomib + dexamethasone
VGPR	very good partial response

Definitions of Terms

AUC	area under the curve
AUC _{inf}	area under the curve from zero to infinity
AUC _{tau}	area under the serum concentration-time curve over a dosing interval
CL	systemic clearance
C _{max}	maximum serum concentration
C _{trough}	minimum observed serum concentration
EC ₅₀	concentration at 50% of maximal effect
EC ₉₀	concentration at 90% of maximal effect
E:T	effector to target
F%	bioavailability
MABEL	minimum anticipated biological effect level
NOAEL	no observed adverse effect level
T _{1/2}	terminal phase elimination half-life
TGI	tumor growth inhibition
T _{max}	time to maximum concentration
V _z	volume of distribution

SUMMARY

This summary provides only the key findings for each section and does not include all the information for JNJ-79635322. The full information is available in the Investigator's Brochure using the hyperlinked headings provided below.

PHYSICAL, CHEMICAL, AND PHARMACEUTICAL PROPERTIES AND FORMULATIONS

- The drug substance is a fully human monoclonal antibody with a molecular weight of approximately 155,977.8 Da and an isoelectric point of pH 9.56.

NONCLINICAL STUDIES

Nonclinical Pharmacology

- JNJ-79635322 binds specifically to BCMA- and/or GPRC5D-expressing cells but binding is not observed with target-negative cells.
- JNJ-79635322 mediated potent cytotoxicity (EC_{50} range of 0.0025-0.312 nM) at a 3:1 E:T ratio in cells with various receptor densities (BCMA: 1228-6932; GPRC5D: 1483-10134 receptors per cell) with concomitant T cell activation and cytokine release.
- JNJ-79635322 depleted a clonal population that expressed either single targets or dual targets in a dose-dependent manner (EC_{50} range of 0.330-4.789 nM).
- JNJ-79635322 depleted plasma cells from MM patient samples in an ex vivo co-culture assay and from H929 cells which were added to healthy fresh whole blood in a dose-dependent manner.
- JNJ-79635322 exhibited potent antitumor activity in a murine xenograft model (regression model RPMI 8226) compared to vehicle and antibody controls.

Pharmacokinetics and Metabolism in Animals

- In cynomolgus monkeys and Göttingen minipigs, single-dose IV or SC administration of JNJ-79635322 resulted in approximately dose-proportional increases in C_{max} and AUC across the doses tested.

- Bioavailability with SC administration was 100% in the monkey and 72.3% in the minipig.
- The mean observed $T_{1/2}$ of JNJ-79635322 in monkeys was between 5.06 and 6.17 days.

Toxicology

- BCMA and GPRC5D have restricted expression in normal human tissues. They are both found in plasma cells. BCMA is also found in the B-cell lineage. GPRC5D is found in keratinized tissues.
- A relevant nonclinical species was not identified for the safety assessment of JNJ-79635322 because there is no toxicology species in which all 3 arms bind to their targets.
- JNJ-79635322 was well tolerated in single-dose PK studies in cynomolgus monkeys (0.5 mg/kg IV, and 30 mg/kg IV and SC).
- No local reactions at the injection sites were observed after a single-dose administration of JNJ-79635322 SC at up to 0.1 mg/kg in minipigs, and SC and IV at 30 mg/kg in cynomolgus monkeys.
- The GPRC5D and BCMA binders in JNJ-79635322 are specific for their intended targets. Binding was specific to GPRC5D and BCMA in a plasma membrane protein array screen. JNJ-79635322 did not elicit T cell activation when tested in vitro against a panel of antigen-negative cell lines expressing >50% of cell surface proteins.

EFFECTS IN HUMANS

- As of the CCO for this IB (28 September 2025), there are 2 ongoing open-label studies with JNJ-79635322: Study 79635322MMY1001, a Phase 1, FIH dose-escalation monotherapy study of JNJ-79635322 in participants with MM and amyloidosis; and Study 79635322MMY1002, a Phase 1b, dose-escalation and expansion study of JNJ-79635322 combination treatment regimens in participants with MM.

Pharmacokinetics and Product Metabolism

- As of data cut-off of 21 November 2024, PK data for JNJ-79635322 from

Study 79635322MMY1001 demonstrated that serum concentrations gradually increased after the first dose, peaking between 48 and 168 hours for the Q2W regimen, and at 168 hours for the Q4W regimen. Steady state was achieved after the fifth SC administration for the Q2W regimen and between the third and fifth SC administration for the Q4W regimen, with exposure increasing in an approximately dose-proportional manner.

Pharmacodynamics

- Preliminary pharmacodynamic data from Study 79635322MMY1001 showed that following step-up dose(s) and treatment dose in the first cycle, participants exhibited peripheral pharmacodynamic changes that were characteristic of the mechanism of action for JNJ-79635322 across all dose levels evaluated, including T cell redistribution and subsequent recovery, T cell activation, and induction of cytokines. While pharmacodynamic profiles were generally consistent between 100 mg Q4W versus ≥ 200 mg Q4W dose levels, trends for greater T cell recovery, T cell activation, and cytokine induction were observed at the 100 mg Q4W RP2D compared to 50 mg Q4W.

Efficacy

Study 79635322MMY1001

- As of the CCO of 28 September 2025, confirmed treatment response (PR or better) was observed in 122 (73.1%) participants across all dose levels and in 45 (80.4%) participants treated at the RP2D.

Safety and Tolerability

Study 79635322MMY1001

- As of the CCO of 28 September 2025, TEAEs were reported in 165 (98.8%) participants overall and in 54 (96.4%) participants treated at the RP2D. The most frequently reported TEAEs overall and at the RP2D were dysgeusia, CRS, neutropenia, and dry skin.
- Overall, 5 participants experienced DLTs per SET as of the CCO, including 1 participant at the RP2D, who experienced a Grade 4 DLT of neutropenia.

- Overall, 4 (2.4%) participants experienced treatment-related TEAEs leading to discontinuation of treatment. None of the participants at the RP2D experienced treatment-related TEAEs leading to discontinuation of treatment.
- Overall, 15 deaths were reported in participants who received JNJ-79635322. The cause of death was reported as progressive disease in 5 participants, AEs in 6 participants, and other in 4 participants. At the RP2D, 3 deaths were reported, none of which were treatment-related. The cause of death was reported as progressive disease, AE of pneumonia, and other in 1 participant each.
- Serious TEAEs were reported in 90 (53.9%) participants overall, of whom 50 (29.9) experienced serious TEAEs considered by the investigator as related to JNJ-79635322. At the RP2D, serious TEAEs were reported in 25 (44.6%) participants, of whom 15 (26.8%) experienced related serious TEAEs.
- TEAEs of special interest are CRS and neurotoxicity of ICANS. CRS was experienced by 86 (51.5%) participants overall and 22 (39.3%) participants at the RP2D. Most were Grade 1 or 2 events. At the RP2D, CRS was reported in 4/29 (13.8%) and 18/27 (66.7%) participants with and without prophylactic tocilizumab, respectively. Neurotoxicity of ICANS was experienced by 3 (1.8%) participants overall, none of which were at the RP2D. All CRS and ICANS events had an outcome of recovered/resolved.

Immunogenicity

- As of data cut-off of 17 January 2025, immunogenicity data from Study 79635322MMY1001 indicated that 83 (57.6%) participants developed treatment-emergent ADAs, with no apparent impact on PK, safety, or efficacy. Pre-existing ADAs were observed in 60 (41.7%) participants, of whom 16 were treatment-boosted.

Marketing Experience

- JNJ-79635322 is still in development; therefore, no marketing experience is available.

SUMMARY OF DATA AND GUIDANCE FOR INVESTIGATORS

- A complete list of Adverse Drug Reactions is presented in [Table 9](#) in Section [5](#).

REFERENCE SAFETY INFORMATION

- The SARs identified for assessment of expectedness are presented in [Table 10](#) in Section [6](#).

1. INTRODUCTION

1.1. Background

1.1.1. Multiple Myeloma and Current Therapy

MM is a malignant plasma cell disorder that accounts for approximately 10% of all hematologic cancers, making it the second most common hematologic malignancy (Ali 2016, Kyle 2008). It is usually preceded by an asymptomatic precursor state, either monoclonal gammopathy of undetermined significance or smoldering MM present in about 3% of adults over 50 (Kyle 2002, Kyle 2008, Landgren 2009, Weiss 2009). MM is more common in men than in women and twice as common in those of African descent compared to those of European descent (Landgren 2009). The clinical manifestations of MM are due to the clonal expansion of bone marrow plasma cells, interactions of those cells with the bone marrow microenvironment, and consequences of the monoclonal paraproteins. The diagnosis of MM is based on the presence of clonal plasma cells and evidence of end-organ damage ("CRAB" features: hypercalcemia, renal failure, anemia, and bone lesions) or biomarkers of malignancy all defined by the International Myeloma Working Group (Rajkumar 2014).

There has been remarkable progress in the treatment of MM in the last 30 years resulting in marked survival improvements. Therapies include agents such as PIs (eg, bortezomib, carfilzomib, ixazomib), IMiDs (eg, lenalidomide, thalidomide, pomalidomide), monoclonal antibodies (eg, daratumumab, elotuzumab), high-dose chemotherapy (cyclophosphamide, melphalan), anthracyclines (eg, doxorubicin), a selective inhibitor of nuclear export (selinexor), an antibody-drug conjugate (belantamab mafodotin), or a combination of such drugs and consideration of stem cell transplantation for those participants that qualify. However, despite these improvements, MM remains incurable.

Recently, several approaches like CAR-T therapy and bispecific antibodies were developed to redirect T cells to tumor surface antigens leading to antitumor activity. Available results from ongoing studies using bispecific antibodies teclistamab (BCMA x CD3), talquetamab (GPC5D x CD3), ciltacabtagene autoleucel, and idecabtagene vicleucel (both BCMA-CAR-T therapies) suggest that redirecting T cells to tumor surface antigens is an effective means to harness the immune system to cause cell death in cancer cells and create meaningful and durable clinical responses. Bispecific antibodies targeting BCMAXCD3 (Section 1.1.5) and GPRC5DXCD3 (Section 1.1.4) have shown robust clinical activity as single agents and in combination with other classes of agents such as CD38 antibodies. Despite these multiple therapeutic options, opportunities for improvement of clinical activity remain. The mechanism of resistance is poorly understood and hypotheses suggest several possibilities such as antigen escape due to loss or downregulation of tumor surface antigens, evolution of clonal population, chromosomal deletions, anti-apoptotic gene regulation, or T cell exhaustion.

Therefore, there is an unmet need for novel therapeutic options that can potentially address resistance to current therapies and have an optimal benefit-risk profile. One approach could be

targeting multiple target proteins on a given cancer cell with multispecific antibodies, such as a trispecific antibody that binds to the TCR, co-receptor CD3 ϵ , which is expressed on effector T cells and to GPRC5D and BCMA, which are target proteins expressed on plasma cells (Maus 2013, Pillarisetti 2020a).

1.1.2. AL Amyloidosis

AL amyloidosis is a rare disorder caused by clonal plasma cells that secrete Ig light chains that misfold into insoluble amyloid. The insoluble amyloid is deposited in vital organs, such as the heart, kidney, and liver, throughout the nervous system, GI tract and soft tissue, creating a variable clinical picture. Deposition of amyloid in vital organs results in serious and life-threatening organ dysfunction. The spectrum of morbidity and risk of mortality are determined by the pattern and extent of organ involvement (Gertz 2005, Gertz 2010). Predominantly affected organs include the kidney and heart (Merlini 2018). Cardiac involvement is anticipated to be present in approximately 70% of patients (Palladini 2016), and approximately one-third of participants die within the first year of diagnosis largely due to cardiac involvement (Palladini 2012a). Among participants with renal involvement, about one-third progress to dialysis. The involvement of other organs, eg, liver, GI tract, and peripheral and autonomic nerves, contributes to significant chronic morbidity and mortality, such that the OS rate at 2 years is only 60% (Muchtar 2017, Wechalekar 2015). The incidence of systemic AL amyloidosis is estimated to range from 0.3 to 0.8 cases per 100,000 persons (Gertz 2020, Pinney 2013).

The standard treatment of AL amyloidosis is to target the abnormal clonal plasma cell in the BM, which is the source of the amyloidogenic light chain. Eradicating the clonal plasma cell in AL amyloidosis eliminates the production of the Ig light chain that is both amyloidogenic and proteotoxic to organs. Achieving deep hematologic remission allows for organ improvement to occur over time (Muchtar 2019, Palladini 2012a). It has been demonstrated that the depth of hematologic response is associated with organ improvement and survival in participants with AL amyloidosis (Palladini 2012a). Thus, the optimal goal of therapy for AL amyloidosis is to achieve a HemCR to prevent further end-organ damage, reverse existing organ dysfunction, and prolong OS (Merlini 2018).

Study 54767414AMY3001 (ANDROMEDA) evaluated VCd with or without daratumumab in participants with newly diagnosed AL amyloidosis. The results of this registrational study showed that the addition of SC daratumumab to VCd (D-VCd) resulted in a statistically significant and clinically meaningful benefit in overall HemCR compared with VCd alone (53.3% vs 18.1%; $p < 0.0001$; Kastritis 2021). Based on these results from ANDROMEDA, D-VCd received marketing approval in several countries worldwide, including United States and European Union.

For patients with relapsed or refractory AL amyloidosis, there are currently no approved treatment regimens. In a retrospective multicenter study, the most commonly used second-line treatment regimens included IMiD-based regimens (41%), bortezomib-based regimens (19%), chemotherapy (11%), and autologous stem cell transplantation (10%) (Kastritis 2021). Patients who are refractory to first-line treatment have poor outcomes, with median reported survival times

of 1 to 2 years, as reported for small cohorts of patients treated with IMiDs ([Palladini 2017](#), [Palladini 2012b](#)).

Although a significant improvement has been made with the introduction of daratumumab for patients with newly diagnosed AL amyloidosis, no treatment regimen has proven curative, and many patients with AL amyloidosis achieve insufficient hematologic responses. No treatment options are approved for patients with relapsed or refractory AL amyloidosis.

1.1.3. T Cell Redirection

Clinical proof of concept has been obtained for other T-cell-redirecting platforms, such as the bispecific T-cell-redirecting antibodies and CAR-T immunotherapies. The mechanistic advantage of these approaches includes their ability to draw CD3+ T cells in close proximity to malignant cells without regard to TCR specificity or reliance on major histocompatibility complex Class 1 molecules on the surface of antigen presenting cells for activation, circumventing one of the known mechanisms of resistance to T-cell-based therapies ([Chandran 2019](#)).

1.1.4. GPRC5D

GPRC5D is a 7-transmembrane receptor protein that is classified as a type C G protein-coupled receptor based on the sequence homology score. GPRC5D is an orphan receptor whose ligand and signaling mechanisms are yet to be identified. GPRC5D receptor is a 354 amino acid protein with a short 27 amino acid N-terminus unlike other family members. GPRC5D is predominantly expressed in cells with a plasma cell phenotype and in hard keratinized tissues such as hair follicles ([Inoue 2004](#), [Smith 2019](#), [Goldsmith 2021](#)), and is also expressed in malignant plasma cells in patients with MM ([Atamaniuk 2012](#), [Frigyesi 2014](#), [Kodama 2019](#), [Pillarisetti 2020a](#)) and in patients with systemic AL amyloidosis ([Bal 2021](#)). Levels of GPRC5D expression in patients with MM correlated well with plasma cell burden and genetic aberrations such as retinoblastoma 1 deletion ([Atamaniuk 2012](#)). GPRC5D expression has also been demonstrated in primary bone marrow samples from AL amyloid samples ([Bal 2021](#)). The limited normal expression of GPRC5D, restricted to the plasma cell lineage and hard keratinized tissues, makes it an ideal target to treat plasma cell disorders.

1.1.5. BCMA

BCMA (also known as CD269; gene name TNFRSF17) is a 20 kDa membrane protein that is exclusively expressed on B-cell lineage cells, plays a critical role in B-cell maturation, and is selectively induced during plasma cell differentiation ([Darce 2007](#), [Tai 2015](#)). BCMA binds 2 ligands: APRIL (CD256) and BAFF (CD257). The BCMA receptor is a 184 amino acid protein with a 54 amino acid extracellular domain. In addition to expression on the cell surface, BCMA is cleaved by gamma secretase activity at the transmembrane domain, generating a ~6 kDa soluble BCMA protein fragment ([Laurent 2015](#)). High levels of soluble BCMA were measured in MM patient serum samples ([Pillarisetti 2020b](#)) and correlated with plasma cell counts ([Sanchez 2012](#)). Inhibition of gamma secretase results in a significant increase of BCMA surface protein expression in human primary B cells ([Laurent 2015](#)), MM cell lines, and bone marrow MNCs

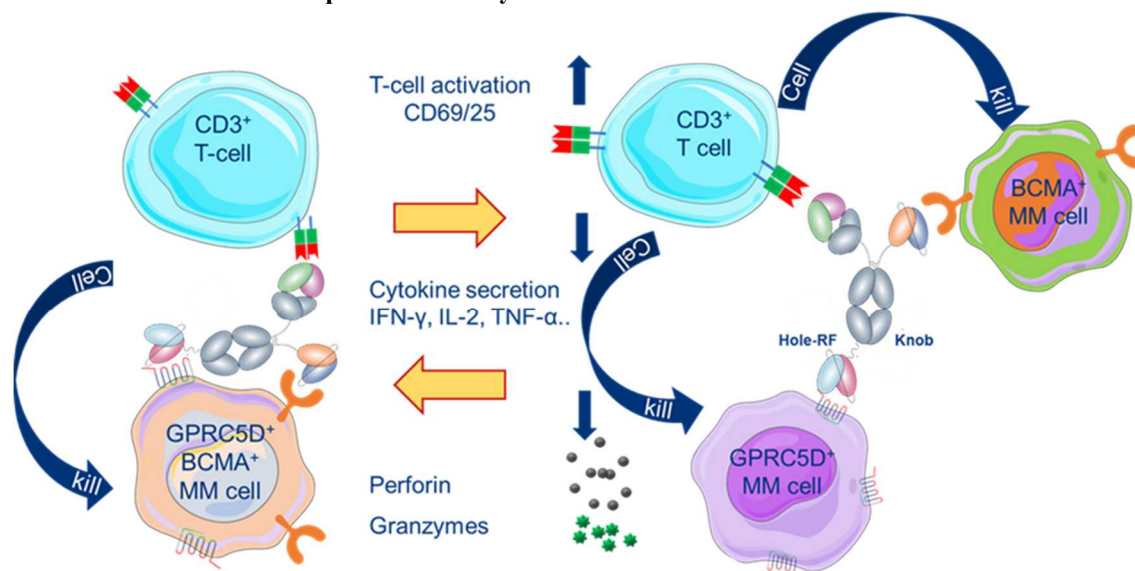
(Pillarisetti 2020b). BCMA has been established as a validated target in MM with several approved therapeutics (Lonial 2020, Berdeja 2021, Munshi 2021). The selective expression of BCMA on B-cell lineage, specifically mature B cells and plasma cells, makes it an ideal target for T cell therapeutics that have been validated in clinical studies and resulted in several anti-BCMA therapeutic approvals (eg, the CAR-T cell therapies, Abecma and Carvykti, and the bispecific antibodies, teclistamab and elranatamab).

Recently, the expression of BCMA has been confirmed on clonal plasma cells in AL amyloidosis, including the ALMC-1 cell line and in primary bone marrow CD138-selected plasma cells from AL amyloidosis participants. Additionally, the concentration of soluble BCMA in patients with AL amyloidosis correlates with disease burden based on the involved free light chain and the proportion of bone marrow plasma cells (Godara 2020).

1.1.6. JNJ-79635322

JNJ-79635322 (BCMAxGPRC5DxCD3) is a fully human Ig G1 trispecific monoclonal antibody that simultaneously binds to the epsilon subunit of the CD3 TCR complex (ie, CD3 ϵ), BCMA (TNFRSF17), and/or GPRC5D on tumor cells (Figure 1). The antibody features mutations in the constant region (ie, Fc) to reduce interaction with Fc receptors. Heterodimerization is enhanced using the knobs-into-holes platform mutations. The molecule features an anti-BCMA scFv fused onto the N-terminus of the 'knob' Fc region. The 'hole' chain comprises an anti-CD3 ϵ Fab fused onto the N-terminus of the 'hole' Fc region and an anti-GPRC5D scFv fused onto the C-terminus of the Fc, and contains 'RF' mutations to disrupt Protein A binding of monomeric and homodimerized 'hole' chains.

Figure 1: JNJ-79635322 Trispecific Antibody Mode of Action



T cells (light blue) are recruited to tumor cells (orange, dual target-positive clone [left]; green, BCMA clone; and purple, GPRC5D clone [right]) using a trispecific antibody, where the Fab arm of the trispecific antibody binds to CD3 on T cells and scFv arms bind to individual clones (BCMA or GPRC5D).

Bispecific antibodies targeting CD3 and BCMA or GPRC5D have shown promising results. Data from the MajesTEC-1 and MonumenTAL-1 studies have led to accelerated approvals for Tecvayli (teclistamab) and Talvey (talquetamab), which target BCMA and GPRC5D, respectively. These medicines are approved for the treatment of adult patients with RRMM, who have received at least 3 prior therapies, including an immunomodulatory agent, a proteasome inhibitor, and an anti-CD38 antibody, and have demonstrated disease progression on the last therapy.

2. PHYSICAL, CHEMICAL, AND PHARMACEUTICAL PROPERTIES AND FORMULATIONS

2.1. Product Identification

JNJ-79635322 is a fully human IgG1 trispecific monoclonal antibody that simultaneously binds to the epsilon submit of the CD3 TCR complex and to BCMA and GPRC5D on tumor cells. The antibody features mutations in the Fc constant region to reduce interaction with Fc receptors. Heterodimerization is enhanced using the knobs-into-holes platform mutations.

JNJ-79635322 is produced by cultivation of recombinant CHO cells, followed by isolation, chromatographic purification, and formulation.

2.2. Physical and Chemical Characteristics

JNJ-79635322 has a molecular weight of approximately 155,977.8 Da for the biophysical mass and an isoelectric point of 9.56.

The drug product is manufactured under current Good Manufacturing Practice guidelines. The sponsor performs quality control testing for release of both the purified drug substance and the final drug product.

2.3. Formulation Information

To support clinical use, JNJ-79635322 is supplied in 2 concentrations and 2 formulations, totaling 4 individual presentations.

All drug presentations are a clear and colorless to light yellow solution, free of visible particulate matter. JNJ-79635322 is intended for SC administration. Detailed information on dose preparation, handling, and storage conditions will accompany the clinical drug supplies to the clinical study site(s). The storage conditions and expiry will be indicated on the label of the investigational product.

JNJ-79635322 is manufactured and provided under the responsibility of the sponsor.

2.3.1. Final Vial Product: 10 mg/vial (5 mg/mL, 2 mL) and 50 mg/vial (50 mg/mL, 1 mL)

JNJ-79635322 is supplied as a final vial product and is available in 2 strengths. Each vial of the 5 mg/mL drug product contains 10 mg (5 mg/mL, 2 mL nominal fill volume/vial) of JNJ-79635322 and must be stored refrigerated in the temperature range of $5^{\circ}\text{C} \pm 3^{\circ}\text{C}$ and protected from light. Each vial of the 50 mg/mL drug product contains 50 mg JNJ-79635322 (50 mg/mL, 1 mL nominal fill volume/vial) and must be stored frozen in the temperature range of $-80^{\circ}\text{C} \pm 10^{\circ}\text{C}$ to $-40^{\circ}\text{C} \pm 10^{\circ}\text{C}$ and protected from light. For both strengths the target formulation contains JNJ-79635322 at either 5 mg/mL or 50 mg/mL in acetate, sucrose, EDTA, and polysorbate 20, in sterile water at pH 5.2. The drug product can be administered neat or diluted as needed to meet the appropriate dose.

Two additional presentations were developed as discussed in Sections 2.3.2 and 2.3.3, with different fill volumes and a different formulation (containing methionine instead of EDTA).

2.3.2. Final Vial Product: 5 mg/vial (5 mg/mL, 1 mL)

JNJ-79635322 is available as 5 mg/vial, containing 5 mg JNJ-79635322 (5 mg/mL, 1 mL nominal fill volume/vial), acetate, sucrose, methionine, and polysorbate 20, in sterile water at pH 5.2. Each vial must be stored refrigerated in the temperature range of $5^{\circ}\text{C} \pm 3^{\circ}\text{C}$ and protected from light. The drug product is administered neat.

2.3.3. Prefilled Syringe: 100 mg/PFS (50 mg/mL, 2 mL)

JNJ-79635322 is supplied as a 100 mg glass syringe with a fixed needle and a delivery device. The formulation is composed of 100 mg JNJ-79635322 (50 mg/mL, 2 mL nominal fill volume/PFS), acetate, sucrose, methionine, and polysorbate 20, in sterile water at pH 5.2. Each PFS must be stored refrigerated in the temperature range of $5^{\circ}\text{C} \pm 3^{\circ}\text{C}$ and protected from light. The drug product is administered neat.

2.4. Other Pertinent Information

The investigational product is available as a combination product (PFS assembled with delivery device). The delivery device(s) used in a particular study are identified in the clinical protocol.

3. NONCLINICAL STUDIES

The nonclinical testing strategy for JNJ-79635322 (BCMAxGPRC5DxCD3) was designed and conducted in accordance with the ICH guidance. There is no relevant species for toxicity testing (Section 3.3.1). Therefore, safety assessment for on-target/off-tumor toxicity was performed using a weight-of-evidence approach leveraging normal human tissue expression, and knowledge from the talquetamab and teclistamab (GPRC5DxCD3 and BCMAxCD3 redirecting bispecifics) programs. An overview of the nonclinical studies is provided in [Appendix 1](#).

All nonclinical studies listed in this Investigator's Brochure for JNJ-79635322 have been conducted in accordance with the best scientific principles. No studies performed for the

JNJ-79635322 program were conducted in conformance with GLP. Pivotal nonclinical safety studies for the talquetamab and teclistamab programs that support the safety assessment of JNJ-79635322 have been conducted in conformance with GLP, 21 Code of Federal Regulations, Part 58 and/or the principles of OECD-GLP in a test facility that was part of the national GLP monitoring program of an EU Member State, an OECD Member Country, or fully adherent to the Mutual Acceptance of Data in the period that the study was conducted. A summary table listing the talquetamab and teclistamab GLP safety studies with information on GLP compliance is provided in [Appendix 1.4](#).

3.1. Nonclinical Pharmacology

3.1.1. Primary Pharmacodynamics

3.1.1.1. In Vitro Studies

3.1.1.1.1. BCMA and GPRC5D Receptor Protein Surface Expression and Density in Cancer Cell Lines

A FACS method, using a phycoerythrin-labeled commercial BCMA antibody and an in-house GPRC5D antibody, was used to estimate the myeloma target (ie, BCMA, GPRC5D) receptor density levels in MM-positive cell lines (ie, MM.1 S, H929, JIM-3, and OPM-2) and 2 dual-target-negative myeloid cell lines (ie, MV-4-11 and OCI-AML-3). All target-positive cancer cell lines had significant receptor expression compared to the isotype control while target-negative cancer cell lines (ie, MV-4-11 and OCI-AML-3) failed to show any expression (Study DD22023).

3.1.1.1.2. JNJ-79635322 Binding to Endogenous BCMA-GPRC5D-expressing Cell Lines

Flow cytometry methodology was applied to characterize JNJ-79635322 and its binding to dual-positive (BCMA-GPRC5D) human MM cell lines (ie, MM.1 S, H929, JIM-3, and OPM-2) and 2 dual-target-negative myeloid cell lines (ie, MV-4-11 and OCI-AML-3). JNJ-79635322 bound to BCMA-GPRC5D-expressing MM cells in a dose-dependent manner. The mean EC₅₀ values were as follows: MM.1 S, 33.39 nM; H929, 185.50 nM; JIM-3, 78.45 nM; and OPM-2, 10.07 nM. The control antibody with target arm binders (BCMAxGPRC5DxNull) exhibited a similar binding profile while CD3xNullxNull control antibodies did not show significant binding on these cells. None of the antibodies tested bound to the dual-target-negative cell lines MV-4-11 and OCI-AML-3 (Study DD22023).

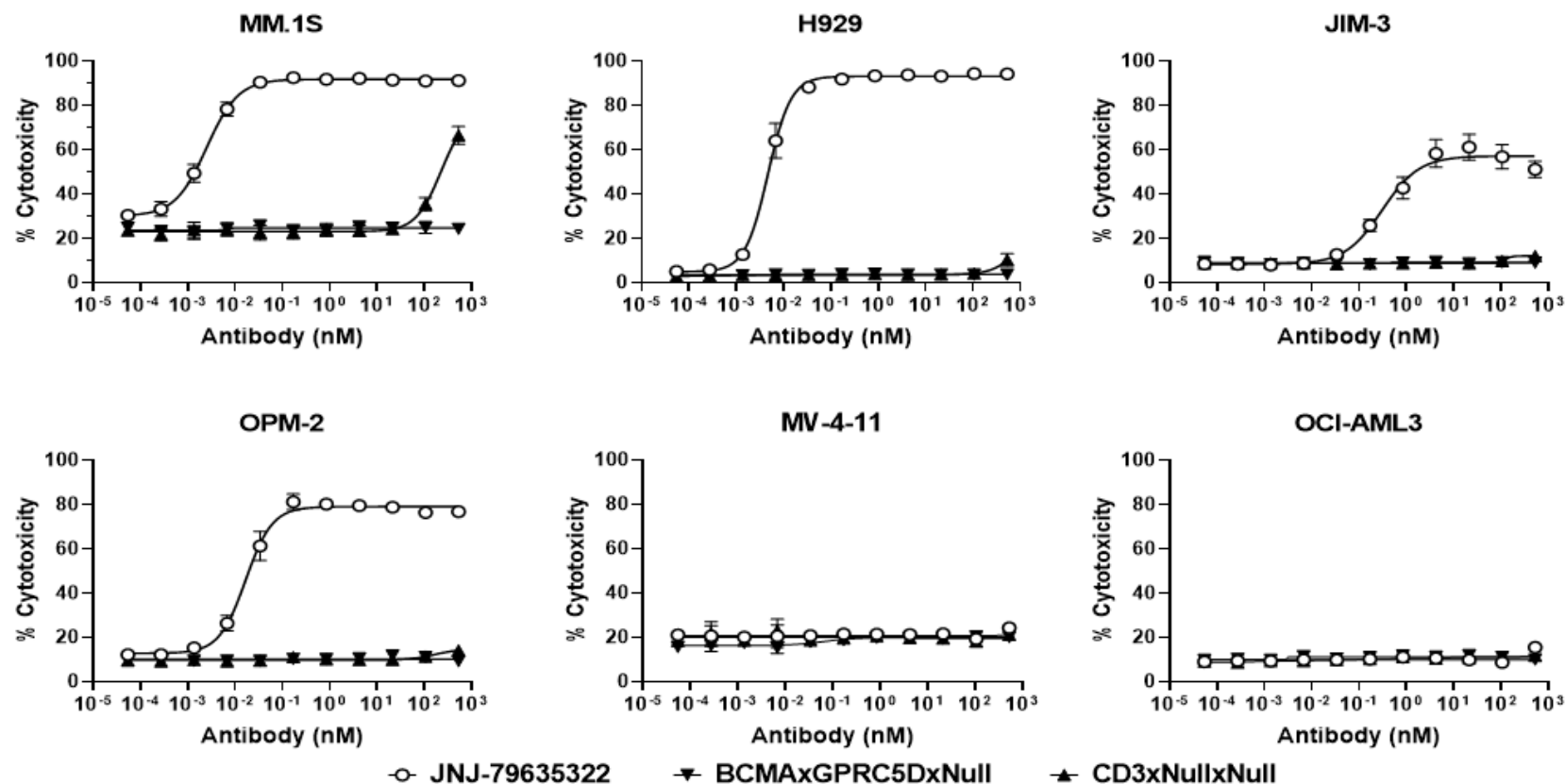
3.1.1.1.3. JNJ-79635322-Mediated T-cell-Dependent Cytotoxicity of MM Cell Lines and T Cell Activation

Treatment with JNJ-79635322 led to T-cell-mediated cytotoxicity ([Figure 2A](#)) of various dual-target-positive MM cell lines (BCMA-GPRC5D: MM.1 S, H929, JIM-3, OPM-2) after 72 hours of incubation with T cells from 6 different healthy donors with concomitant T cell activation ([Figure 2B](#)). The EC₅₀ values for MM.1 S, H929, JIM-3, and OPM-2 were 0.002, 0.005, 0.312, and 0.019 nM, for cytotoxicity, and 0.010, 0.008, 1.070, and 0.062 nM for T cell activation,

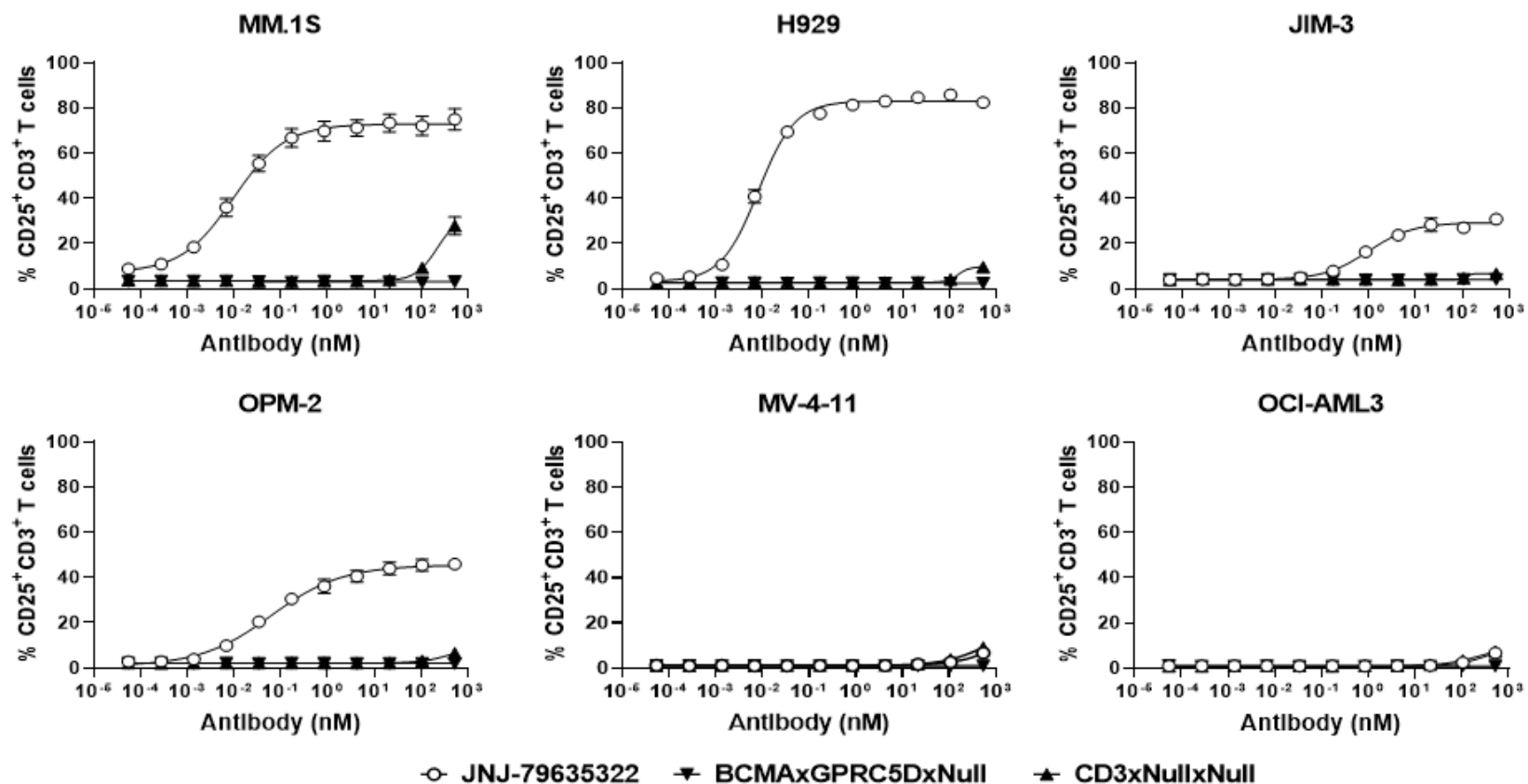
respectively. Importantly, there was no lysis of the dual-target-negative (BCMA-GPRC5D) cell lines MV-4-11 and OCI-AML-3 or with control antibodies (BCMAxGPRC5DxNull and CD3xNullxNull), except for the MM.1 S cell line where CD3xNullxNull antibody showed minimal activity (~60%) at high concentrations (>100 nM) (Study DD22023).

Figure 2: JNJ-79635322-mediated (A) Cell Cytotoxicity and (B) T Cell Activation of BCMA-GPRC5D-dual-positive and BCMA-GPRC5D-dual-negative Cell Lines

A



B

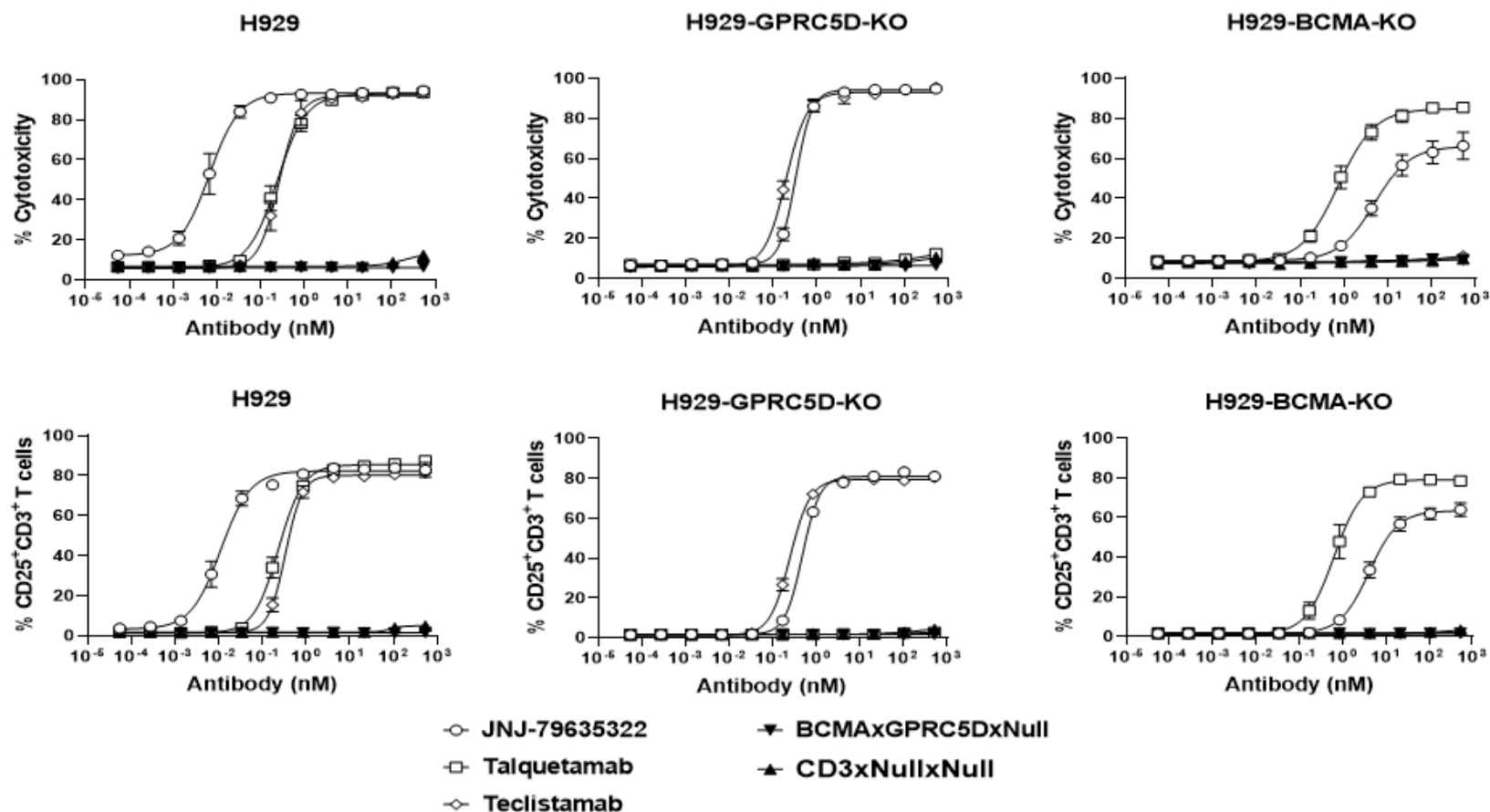


JNJ-79635322, BCMAxGPC5DxNull, and CD3xNullxNull were added at various concentrations in the presence of pan T cells from 6 healthy donors and Fc blocker, and were incubated for 72 hours. The optimal E:T ratio of 3:1 was tested in these studies. The data above represents the average of 6 different T cell donors. (A) Target cell death was measured and expressed as percent cytotoxicity on the Y-axis. (B) T cell activation was measured and expressed as percent CD25+CD3+ T cells.

3.1.1.1.4. JNJ-79635322-Mediated Cytotoxicity of H929 CRISPR KO Clonal Cell Lines and T Cell Activation

The ability of JNJ-79635322 antibody to deplete clonal population was assessed using CRISPR KO and wild-type cell lines (ie, H929-WT, H929-GPRC5D-KO, and H929-BCMA-KO) in a co-culture assay with pan T cells (CD3+) from 4 healthy donors. JNJ-79635322 exhibited dose-dependent cytotoxicity in all 3 cell lines and activated T cells after 72 hours of incubation (mean EC₅₀ values were 0.007, 0.330, and 4.789 nM, respectively; [Figure 3](#)). T cell activation data (mean EC₅₀ values were 0.011, 0.487, and 4.131 nM, respectively) correlated with the results obtained from the cytotoxicity assay. Control antibodies (BCMAxGPRC5DxNull and CD3xNullxNull) did not lead to significant cytotoxicity or T cell activation. Teclistamab (BCMAxCD3 bispecific antibody) and talquetamab (GPRC5DxCD3 bispecific antibody) were used as positive controls (Study DD22023).

Figure 3: JNJ-79635322-mediated H929 CRISPR KO Clonal Cell Cytotoxicity and T Cell Activation

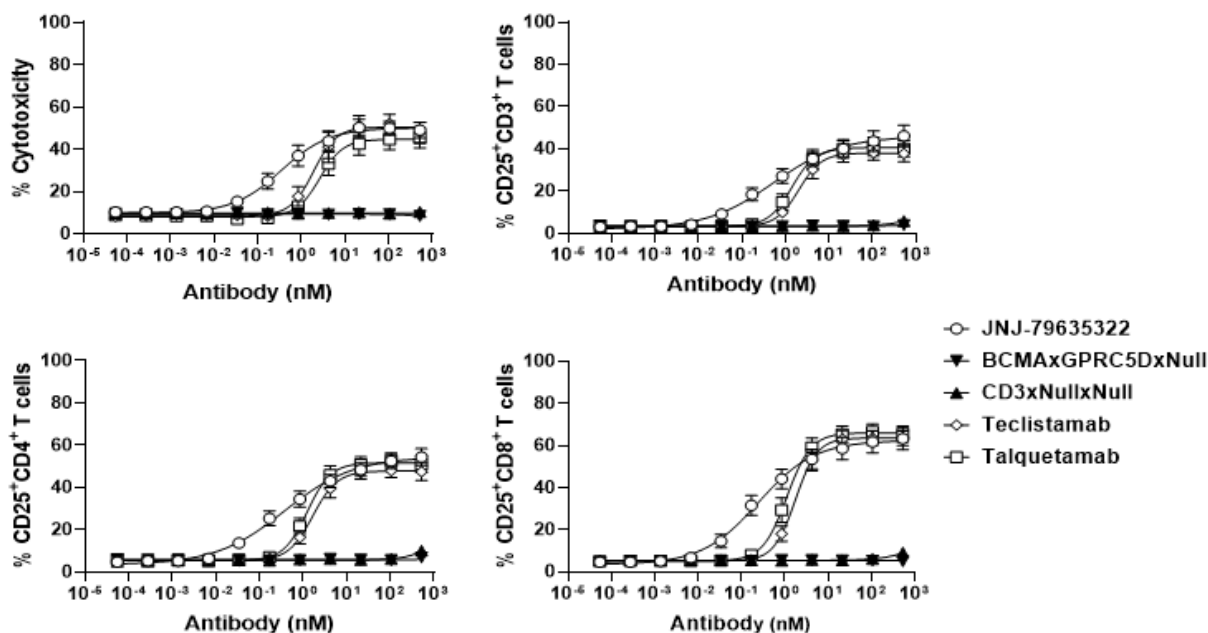


JNJ-79635322, BCMAxGPRC5DxNull, and CD3xNullxNull were added at various concentrations in the presence of pan T cells from 4 healthy donors and Fc blocker, and incubated for 72 hours. The E:T ratio of 3:1 was tested in these studies. Target cell death was measured and expressed as percent cytotoxicity in the top row, and T cell activation was measured and expressed as percent CD25 expressing CD3+ positive cells and is shown in the bottom row.

3.1.1.1.5. Cytotoxicity, T Cell Activation and Cytokine Release Potential of JNJ-79635322 Against Dual-Target-Positive H929 Cells Spiked in Healthy Human Whole Blood

The MABEL assay was used to characterize the effects of JNJ-79635322 in a physiologically relevant environment, in which dual-target-positive H929 cells were added to human healthy whole blood at an E:T ratio of 5:1 along with increasing concentrations of JNJ-79635322 for 48 hours. Treatment with JNJ-79635322 resulted in dose-dependent dual-target-positive H929 cytotoxicity, as shown in Figure 4. JNJ-79635322 had a mean average EC₅₀ value of 0.274 nM for cytotoxicity, and 0.376 nM for CD3+, 0.248 nM for CD4+, and 0.206 nM for CD8+ T cell activation when tested using whole blood from 7 different healthy donors. Control antibodies (BCMAxGPRC5DxNull and CD3xNullxNull) showed no significant cytotoxicity or T cell activation. Cytokines were quantified using a 10-plex MSD-based protocol from 3 different whole blood donors. JNJ-79635322 treatment resulted in a dose-dependent increase in cytokine release (EC₅₀ values for IFN- γ : 0.172 nM; TNF- α : 0.398 nM; IL-1 β : 0.156 nM; IL-2: 0.585 nM; IL-4: 0.156 nM; IL-6: 0.104 nM; IL-10: 0.924 nM; IL-13: 0.254 nM, respectively). Positive controls teclistamab and talquetamab showed specific activity (Study DD22023).

Figure 4: JNJ-79635322-mediated Target Cell Cytotoxicity in Whole Blood Spiked with H929 MM Cells (MABEL Assay)

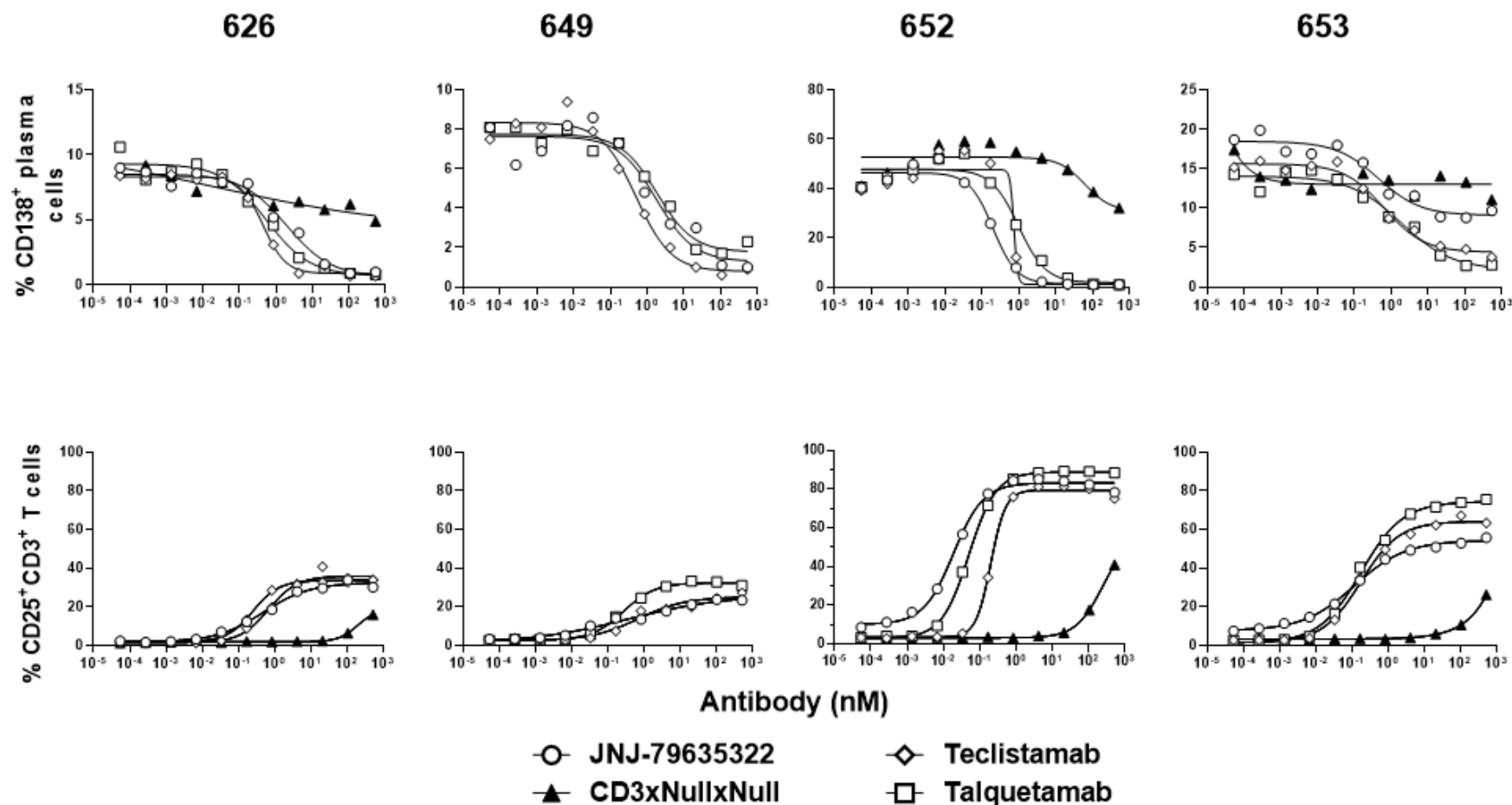


JNJ-79635322, BCMAxGPRC5DxNull, and CD3xNullxNull were added at various concentrations to whole blood from 7 healthy donors in the presence of H929 target myeloma cells at an adjusted E:T ratio of 5:1 for 48 hours. The data points aligned tightly along the generated fit curve and little variability was observed between T cell donors (6 or 7-donor averages plotted). Target cell death was measured and expressed as percent cytotoxicity, and T cell activation was measured and expressed as percent CD25+ cells. In this experiment, teclistamab and talquetamab were tested as positive controls.

3.1.1.1.6. JNJ-79635322-Mediated Cytotoxicity of MM Patient Bone Marrow CD138⁺ Cells

To evaluate the potency of JNJ-79635322 in primary samples from MM patients, the trispecific antibody was tested in a cytotoxic assay using frozen BM MNCs from 4 different MM patients (receptor density range: BCMA, 999-5371 per cell; GPRC5D, 2572-8440 per cell) and T cells from a healthy donor. Equal numbers of exogenous T cells and BM MNCs (ie, 100,000; E:T ratio=1:1) were mixed and incubated with increasing concentrations of JNJ-79635322 and control antibodies (CD3xNullxNull, teclistamab, or talquetamab) for 48 hours. JNJ-79635322 induced CD138⁺ plasma cell depletion of all patient samples in a dose-dependent manner with a mean EC₅₀ value of 1.093 nM for cytotoxicity (Figure 5). T cell activation data (mean EC₅₀ value of 0.252 nM) correlated well with the cytotoxicity data. This data confirms that JNJ-79635322 is cytotoxic to primary MM BM cells in an ex vivo co-culture assay. Control antibody, CD3xNullxNull, showed some minimal non-specific plasma cell depletion and T cell activation at higher concentrations (>1 nM) in samples tested. Teclistamab and talquetamab were used as positive controls (Study DD22023).

Figure 5: Cytotoxic Potency of JNJ-79635322 Against Human Primary MM CD138+ Cells

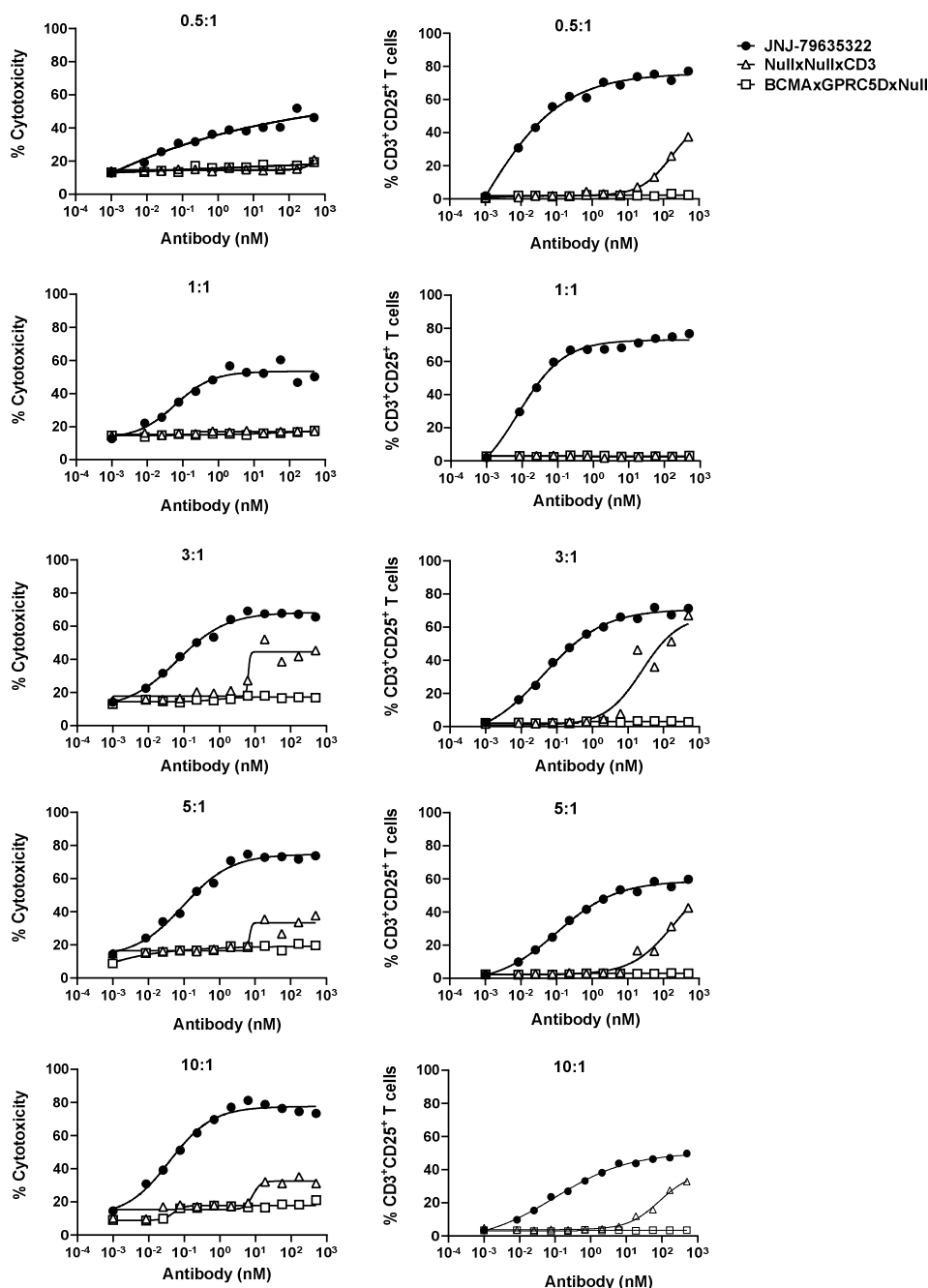


Frozen BM-derived MNCs from 4 different myeloma patients were used to assess JNJ-79635322 plasma cell depletion (top row) and T cell activation (bottom row) potential. T cells from a normal healthy donor were exogenously added to patient BM MNC samples (E:T ratio of 1:1) and incubated with JNJ-79635322, CD3xNullxNull, teclistamab, or talquetamab for 48 hours. Variability in total initial plasma cell count was observed between the donors.

3.1.1.1.7. Effect of JNJ-79635322 in T Cell Cytotoxicity Assays Using Purified T Cells and ALMC-2 Target Cells

T cell cytotoxicity assays were performed to evaluate the ability of JNJ-79635322 to induce cytotoxicity of BCMA+GPRC5D+ ALMC-2 target cell line, using pan CD3+ T cells from a single healthy donor at various E:T ratios (0.5:1; 1:1; 3:1; 5:1; 10:1), as well as activation of pan CD3+ T cells. After incubation for 48 hours, JNJ-79635322 induced cytotoxicity of ALMC-2 cells, with EC₅₀ values of 0.06, 0.06, 0.09, and 0.04 nM at E:T ratios of 1:1, 3:1, 5:1, and 10:1, respectively (Figure 6). For the conditions tested with the 0.5:1 E:T ratio, EC₅₀ could not be determined. JNJ-79635322 simultaneously induced T cell activation when incubated with ALMC-2 cells, with EC₅₀ values of 0.0002, 0.01, 0.04, 0.10, and 0.13 nM at E:T ratios of 0.5:1, 1:1, 3:1, 5:1, and 10:1, respectively (Figure 6). Treatment with the BCMAxGPRC5DxNull control antibody induced no cytotoxicity or T cell activation. However, incubation with the NullxNullxCD3 control antibody induced concentration-dependent activity at higher E:T ratios (Study DD24067).

Figure 6: Effect of JNJ-79635322 on Cytotoxicity and T Cell Activation in T Cell Cytotoxicity Assays Using Purified T Cells and ALMC-2 Target Cells at Varying E:T Ratios



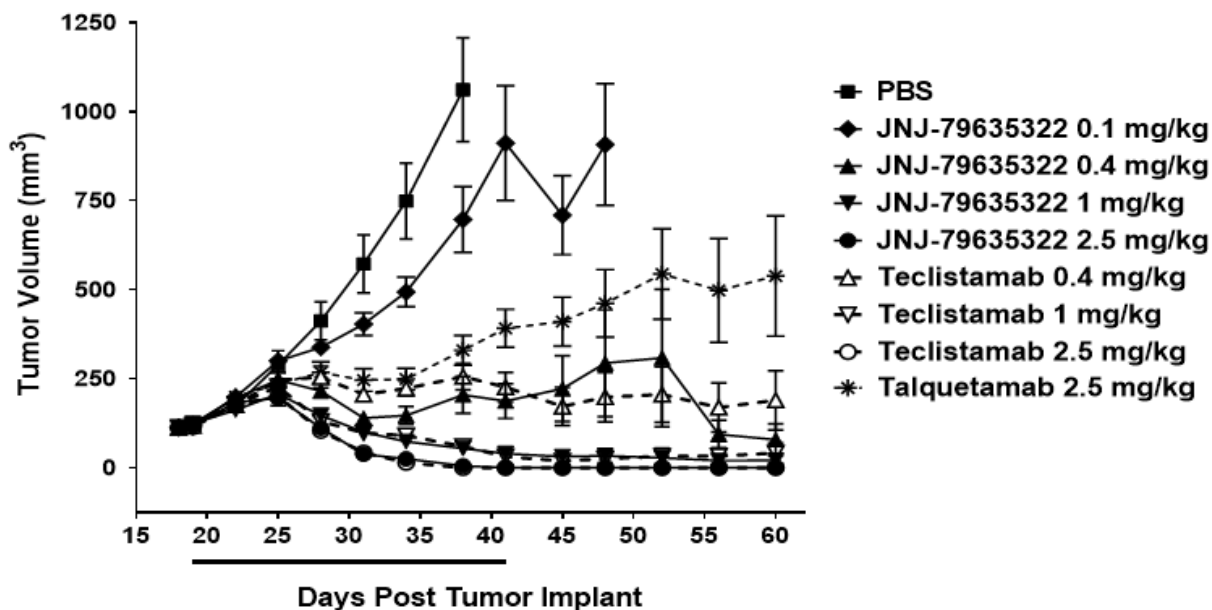
JNJ-79635322, BCMAXGPRC5DxNull, and NullxNullxCD3 were added at various concentrations in the presence of pan T cells from a single healthy donor (single point per condition) and Fc block and were incubated for 48 hours. Various E:T ratios (0.5:1, 1:1, 3:1, 5:1, and 10:1) were tested in these studies. ALMC-2 cell death was measured and expressed as percent cytotoxicity (left) on the y-axis, and T-cell activation was measured and expressed as percent CD25⁺CD3⁺ T cells (right) on the y-axis.

3.1.1.2. In Vivo Studies

The antitumor efficacy of JNJ-79635322 was evaluated in 1 regression model (RPMI 8226; Figure 7). To provide a suitable host for engrafting human tumors and human T cells, female NOD scid gamma (NSG) (or NOD.Cg-Prkdcscid Il2rgtm1Wjl/SzJ) mice were used in all the studies.

In the regression model using dual-target-positive (BCMA-GPRC5D) RPMI 8226 cells, JNJ-79635322, teclistamab, or talquetamab were administered intraperitoneally starting on Day 19 and continued twice weekly for a total of 8 treatments (Figure 7). Statistically significant Δ TGI was observed on Day 38 when there were at least 7 animals in each group with JNJ-79635322 at 0.4 mg/kg (equivalent to approximately 8 μ g for 20 μ g/mouse), 1 mg/kg, and 2.5 mg/kg, resulting in Δ TGI values of 90%, 106%, and 111%, respectively ($p < 0.05$ for all groups versus vehicle controls). The lowest dose of 0.1 mg/kg (2 μ g/mouse) resulted in 38.4% Δ TGI ($p = 0.035$), which was deemed not efficacious (Johnson 2001). Teclistamab inhibited tumor growth with 85% Δ TGI at 0.4 mg/kg, 106% Δ TGI at 1 mg/kg, and 112% Δ TGI at 2.5 mg/kg, respectively, as compared to PBS-treated control mice, whereas talquetamab dosed at 2.5 mg/kg inhibited RPMI 8226 tumor growth by 77% Δ TGI ($p < 0.05$ for all groups versus PBS-treated controls). By the end of the study (Day 60), 2 of 9, 8 of 10, and 9 of 9 mice in the 0.4, 1, and 2.5 mg/kg JNJ-79635322 groups, respectively, exhibited CRs. Teclistamab at the same doses elicited 5 of 10, 8 of 10, and 10 of 10 CRs. Talquetamab dosed at 2.5 mg/kg had no CRs.

Figure 7: Effect of JNJ-79635322, Teclistamab, or Talquetamab on Growth of Established RPMI 8226 MM Xenografts in T-cell-humanized Mice



Group tumor volumes are graphed as the mean $\pm$ SEM ($n = 10$ /group). Tumor cells were implanted on Day 0, T cells were injected on Day 18, and followed by treatment on Days 19, 22, 25, 28, 31, 34, 38, and 41 (denoted by the bar below the X-axis). On Day 38, each treatment inhibited tumor growth significantly ($p < 0.05$) compared with the PBS control group. Data are displayed from the time period when 7 or more animals remained in each group. (Study DD22009)

Animals were monitored post treatment until signs of graft-versus-host disease-related morbidity manifested at which time the animals were euthanized and the studies were concluded. There were no associated treatment-related significant body weight loss or AEs in the study.

3.1.2. Expression of BCMA and GPRC5D in Normal Human and Monkey Tissues

Normal human and cynomolgus monkey target expression was assessed for BCMA and GPRC5D using a combination of RNA sequencing databases, IHC, ISH, and literature data. These data clearly demonstrated that BCMA and GPRC5D are not broadly expressed. BCMA expression, amongst nonmalignant cells, is restricted to a subset of mature B cells and plasma cells, whereas GPRC5D is expressed in the plasma cell lineage and subsets of cells within keratinized tissues. Co-expression of BCMA and GPRC5D is not expected outside of malignant and normal plasma cells.

3.1.2.1. BCMA Normal Human Expression

Based on limited expression of BCMA in normal human tissues (ie, plasma cells and subsets of mature B cells) as described below, BCMA is considered a relatively low risk target for on-target/off-tumor toxicity.

BCMA is a well-characterized, highly restricted target with expression exclusively in B-cell lineage cells, particularly the interfollicular region of the germinal center ([Chiu 2007](#)) as well as plasmablasts and differentiated plasma cells ([Avery 2003](#), [O'Connor 2004](#)) in the lymph node, spleen, bronchus-associated lymphoid tissue, and mucosal-associated lymphoid tissue ([Bu 2018](#)). BCMA expression was assessed in normal tissues and MM cells by flow cytometry, qPCR, and IHC ([Carpenter 2013](#)). No BCMA expression was detected on primary CD34⁺ hematopoietic cells. Of 33 tissues examined by IHC for BCMA protein, there was no detection of BCMA except on plasma cells. BCMA expression in cynomolgus monkey is not as well characterized. The only published data show that BCMA is in BM-derived plasma cells but not on circulating B cells ([Goldstein 2020](#)).

Previous BCMA expression profiling investigations in brain tissues were limited in scope (number of locations and donors; [Bu 2018](#), [Carpenter 2013](#), [Van Oekelen 2021](#)), therefore, BCMA expression in normal (non-disease) human brain was investigated. The study employed 2 independent IHC assays and ISH and included 107 formalin fixed, paraffin-embedded brain samples (cerebrum, basal ganglia, cerebellum, brainstem) from 63 unique donors. BCMA protein was not detected ([Marella 2022](#)).

To evaluate the expression of BCMA on leukocytes, ex vivo whole blood from normal human donors and frozen BM from MM patients were evaluated by flow cytometry. No BCMA expression was observed on basophils, plasmacytoid dendritic cells, monocytes, neutrophils, and eosinophils using cell specific markers in whole blood from healthy human donors. However, BCMA was detected in the frozen BM MNC samples from MM patients (Study DD16322).

3.1.2.2. GPRC5D Expression in Human and Cynomolgus Monkey Normal Tissues

Based on the limited expression of GPRC5D in human normal tissues (based on both RNA and protein), the sponsor's nonclinical and clinical experience with talquetamab, and published nonclinical data, GPRC5D is considered a relatively low risk target for on-target/off-tumor toxicity.

Analysis of GPRC5D human normal tissue expression included a review of literature; public domain data, including the Human Protein Atlas and Janssen BodyMap database (RNA sequencing data curated from the GTEx project version 6 and other sources); and application of tissue section-based protein (IHC) and gene expression (such as reverse transcription polymerase chain reaction and ISH) techniques.

Published literature and internally generated data demonstrate that GPRC5D has limited expression in human normal tissues: 1) plasma cells (with little to no expression in B cells or B cell precursors); 2) hair follicles and eccrine sweat glands in skin; and 3) filiform papillae in tongue. Monkeys have similar patterns of GPRC5D expression as in humans.

GPRC5D expression has been reported in human normal plasma cells ([Smith 2019](#), [Venkateshaiah 2013](#), [Kodama 2019](#)), albeit at lower levels than in MM cells ([Verkleij 2021](#)). Consistent with the literature, mRNA and protein expression of GPRC5D was confirmed by ISH and IHC in interstitial/tissue-resident plasma cells (by morphology) in human normal lymphoid organs (tonsil, lymph node, spleen, and bone marrow), gastrointestinal tract (stomach, duodenum, and colon) and salivary glands (Studies 10162020 and 06292022; [Pillarisetti 2020b](#); [Goldsmith 2021](#)). Inoue (2004) first reported GPRC5D mRNA and protein expression in hair follicles in skin and keratinized structures called filiform papillae in the tongue (both in mice). GPRC5D expression (by ISH and IHC) has been confirmed in hair bulb and shaft and epithelial cells of eccrine sweat glands of human skin (Study 06292022), as well as in filiform papillae of the human tongue ([Goldsmith 2021](#), Study 10162020). GPRC5D expression in human nails has not been assessed; however, it has been reported in nailbeds in mouse (mRNA; [Inoue 2004](#)), and a similar expression pattern is likely in humans based on clinical AEs with talquetamab ([Minnema 2023](#)).

Low levels of GPRC5D mRNA have been detected by RT-qPCR in human cerebellum tissue ([Pillarisetti 2020b](#)). While cerebellum was negative for GPRC5D protein by IHC, low expression of GPRC5D mRNA by ISH was detected in a subset of the motor neurons within the inferior olivary nucleus of the medulla oblongata with no corresponding IHC protein signal in adjacent tissue (Study 07242020, [Goldsmith 2021](#)). These motor neurons extend axons into the cerebellum, and detection of RNA in these cells could explain the low levels of RNA detected by RT-qPCR in the cerebellum ([Pillarisetti 2020b](#)). In the inferior olivary nucleus, mRNA expression was subsequently confirmed by microarray ([Mailankody 2022](#)). Smith (2019) did not report GPRC5D protein expression in human brain, and consistent with the literature, GPRC5D protein was not detected by IHC in any of the other human normal brain regions examined (Studies 07242020 and 06292022), including cerebrum, medulla, corpus callosum, striatum, thalamus, midbrain, and

meninges. In the human male reproductive tract, low levels of GPRC5D RNA have been reported by RT-qPCR in testis and prostate (Bräuner-Osborne 2001; Pillarisetti 2020b). Low level mRNA expression in testis was confirmed by ISH (Study 06292022); however, ISH of human normal prostate, seminal vesicle, and epididymis did not reveal expression of GPRC5D mRNA, and IHC did not detect GPRC5D protein expression in normal human male reproductive tract. No GPRC5D expression was detected in the human female reproductive tract by either ISH or IHC.

3.1.2.3. GPRC5D and BCMA Co-expression in Human Normal Tissues

Co-expression of GPRC5D and BCMA was evaluated in select human normal lymphoid tissues (bone marrow, lymph node, spleen, and tonsil) and the GI tract (colon) by hybridization chain reaction RNA fluorescence ISH and IHC (Study PATHLJ23-007). A notably high average percentage of GPRC5D+ cells (3.99%) or CD138+ plasma cells (20.03%) were observed among nucleated cells in the lamina propria of the colon, while BCMA+ cells were predominantly found in lymphoid tissues, particularly the tonsil (average of 11.30%). A lower percentage of GPRC5D+ cells were noted in normal bone marrow (0.98%). Importantly, co-localization of GPRC5D and BCMA in CD138+ plasma cells was very limited, typically below 1% in all tissues assessed. The low percentage of GPRC5D and BCMA co-expressing plasma cells in normal tissues suggests that different subsets of plasma cells may be targeted by JNJ-79635322.

3.1.3. Secondary Pharmacodynamics

The off-target safety risk of JNJ-79635322 was assessed in vitro using human plasma membrane cell microarray screens for GPRC5D and BCMA off-target binding and a functional co-culture assay using a panel of antigen-negative cells, which are described in Sections 3.3.7.2, 3.3.7.3, and 3.3.7.4, respectively.

3.1.4. Safety Pharmacology

No in vivo safety pharmacology studies were conducted for JNJ-79635322 due to the lack of a pharmacologically relevant species (Section 3.3.1). Hypotension and tachycardia have been observed in cynomolgus monkeys following treatment with other CD3 redirectors, which are likely related to cytokine release (Saber 2017). There is no known expression of BCMA or GPRC5D protein in cells within the CNS, respiratory, or cardiovascular systems outside of any potential resident plasma cells. Since ICANS, CRS, and TLS have been reported with other B-cell cytolytic and immune cell-redirecting therapies, and can result in effects on the cardiovascular, CNS, and/or respiratory systems, monitoring for these syndromes has been incorporated into the clinical monitoring plan.

3.2. Pharmacokinetics and Metabolism in Animals

The PK profile of JNJ-79635322 has been characterized in non-GLP studies in cynomolgus monkeys and in Göttingen minipigs following single-dose IV and SC administration.

3.2.1. Methods of Analysis

ECLIAAs on the MSD platform were developed to support PK evaluations of JNJ-79635322 in animal studies. Qualified and research method assays were used to quantify JNJ-79635322 serum concentrations and BM aspirate concentrations, respectively, in cynomolgus monkeys (Studies CP2020PK-070 and CP2021PK-073). A qualified assay was used to quantify JNJ-79635322 in the serum of Göttingen minipigs (Study CP2021PK-009). The assay evaluating serum or bone marrow from cynomolgus monkeys and minipigs included the use of biotinylated anti-CD3 antibody for capture and ruthenium-labeled anti-GPRC5d antibody for detection. The lowest quantifiable concentration in a sample for the cynomolgus monkey serum assay was 20 ng/mL and 10 ng/mL for the BM assay. The lowest quantifiable concentration in a sample for the minipig serum assay was 5 ng/mL.

3.2.2. Absorption and Pharmacokinetics

3.2.2.1. Single-dose Pharmacokinetics in Cynomolgus Monkey

The PK properties of JNJ-79635322 in cynomolgus monkey were characterized in 2 single-dose non-GLP PK studies.

In female cynomolgus monkeys (n=3), JNJ-79635322 was administered as a single 0.5 mg/kg IV dose; mean $C_{\max}$ was 9.03 ± 0.48 $\mu\text{g/mL}$ and mean AUC_{inf} was 39.17 ± 8.41 $\mu\text{g} \cdot \text{day/mL}$. Group mean values of PK parameters were 13.13 ± 2.56 mL/day/kg for CL, 112.68 ± 33.47 mL/kg for V_z , and 6.17 ± 2.43 days for $T_{1/2}$ (Study CP2020PK-070).

In male cynomolgus monkeys (n=3/group), JNJ-79635322 was administered as a single IV or SC dose at 30 mg/kg. In the IV group, mean $C_{\max}$ was 484.28 ± 81.27 $\mu\text{g/mL}$ and mean AUC_{inf} was 2257.94 ± 890.67 $\mu\text{g} \cdot \text{day/mL}$. Group mean values of PK parameters were 15.35 ± 7.84 mL/day/kg for CL, 102.65 ± 26.76 mL/kg for V_z , and 5.06 ± 1.62 days for $T_{1/2}$. In the SC group, $C_{\max}$ was 248.98 ± 19.14 $\mu\text{g/mL}$, mean AUC_{inf} was 2498.89 ± 514.93 $\mu\text{g} \cdot \text{day/mL}$, mean $T_{1/2}$ was 6.14 ± 0.64 days, and mean $T_{\max}$ was 2.0 days. The absolute bioavailability was estimated to be approximately 111%, indicating complete absorption of JNJ-79635322 from the SC dosing route (Study CP2021PK-073).

TMDD was not observed in the dose range tested (from 0.5 to 30 mg/kg).

3.2.2.2. Single-dose Pharmacokinetics in Göttingen Minipig

The PK properties of JNJ-79635322 were characterized in a single-dose non-GLP PK study in male Göttingen minipigs (n=4/group). JNJ-79635322 was administered IV at 0.1 mg/kg or SC at 0.1 or 0.01 mg/kg. After IV administration, mean CL, V_z , and $T_{1/2}$ were estimated as 8.25 ± 3.23 mL/kg/day, 123.84 ± 32.03 mL/kg, and 12.67 ± 7.87 days, respectively. Following SC administration, mean serum JNJ-79635322 concentrations reached the $C_{\max}$ of 0.05 ± 0.005 $\mu\text{g/mL}$ and 0.55 ± 0.10 $\mu\text{g/mL}$ with a median $T_{\max}$ of 1.50 days (range, 0.25 to 3.00 days) and 3.00 days (range, 2.00 to 7.00 days) at 0.01 mg/kg and 0.1 mg/kg doses, respectively. $T_{1/2}$ following the SC administration was estimated to be 11.30 ± 3.83 days and 11.97 ± 3.61 days at 0.01 mg/kg and 0.1 mg/kg doses, respectively, and was comparable to that following IV administration. The

accuracy of PK parameters and bioavailability estimated through non-compartmental analysis could be limited due to the large, extrapolated AUC and possible influence of ADAs. Using a 2-compartment linear PK model with an absorption depot to minimize these influences, the F% was estimated as 72.3%. ADA was not assayed in the study (Study CP2021PK-009).

3.2.3. Distribution

BM concentration was measured at 24 hours post dose in a single-dose cynomolgus monkey PK study (0.5 mg/kg). The mean value of BM to serum JNJ-79635322 concentration ratios was estimated as 39.18±3.55% (Study CP2020PK-070).

3.2.4. Metabolism

As an IgG-based molecule JNJ-79635322 is not considered to be a substrate for cytochrome P450 enzymes or transporters, and is presumed to be catabolized and eliminated by processes involved in the turnover and degradation of endogenous IgGs. IgGs are degraded into individual amino acids and generate no reactive metabolites. Therefore, classical biotransformation studies as performed for small molecules are not warranted.

3.2.5. Excretion

Similar to other IgG-based monoclonal antibodies, JNJ-79635322 is presumably eliminated via catabolic pathways that are typically associated with endogenous IgG. Thus, routine studies that attempt to assess mass balance are not expected to be informative, and no specific studies to evaluate the excretion of JNJ-79635322 have been conducted.

3.2.6. Pharmacokinetic Drug Interactions

There are no known drug-drug interactions because antibody-like agents are not subject to conventional metabolism and are not substrates for small molecule drug transporters. JNJ-79635322 is not expected to undergo any direct metabolism-based small molecule drug interactions. CYP interactions are neither expected from its metabolism nor from its mode of action. There is potential for indirect drug-drug interaction via cytokine-mediated downregulation of CYP enzymes in CRS.

3.3. Toxicology

T cell engaging antibodies like JNJ-79635322 require binding to CD3 on T cells and to tumor-associated antigens (ie, BCMA and/or GPRC5D) on-target cells to elicit pharmacologic activity. The toxicity of large molecule biotherapeutics is generally related to on-target-mediated pharmacology. In accordance with ICH S6(R1), if no pharmacology is expected (ie, there is no binding to CD3, BCMA, and/or GPRC5D), in vivo toxicology studies in nonrelevant species may be misleading and are not encouraged. Pharmacology was not expected for JNJ-79635322 as the BCMA arm was not cross-reactive in any species, and GPRC5D and CD3 arms were only cross-reactive in cynomolgus monkeys. Hence, there is no relevant toxicology species for JNJ-79635322; therefore, no in vivo toxicology studies were performed with JNJ-79635322. Safety was assessed using in vitro assessment, literature data, and knowledge based on previous studies in animal and humans with BCMA and GPRC5DxCD3 redirecting bispecifics to support

clinical development of teclistamab and talquetamab. Lack of cross-reactivity was confirmed in single-dose PK studies and local tolerance was assessed.

3.3.1. Species Cross-reactivity of JNJ-79635322

Due to the lack of cross-reactivity of the BCMA arm to any toxicology species, the lack of GPRC5D cross-reactivity in normal mice, and low sequence identity of our CD3 epitope in mouse and rabbit, there is no relevant species for in vivo nonclinical safety assessment of JNJ-79635322.

The CD3-binding arm (ie, CD3B376) binds to cynomolgus monkey CD3 as measured by flow cytometry and has very low sequence identity in the region of the epitope in other species ([Table 1](#)). The BCMA binding arm does not bind to cynomolgus monkey BCMA. The GPRC5D binding arm is cross-reactive to cynomolgus monkey GPRC5D, but not mouse GPRC5D.

Table 1: Summary of Species Cross-reactivity Assessments for Each JNJ-79635322 Binding Arm

Binding Arm	Cynomolgus Monkey	Mouse	Rabbit
CD3	Binding and functional activity confirmed	Low homology; 21% identity of epitope	Low homology; 21% identity of epitope
BCMA	No binding	Not tested	Not tested
GPRC5D	Binding and functional activity confirmed	No binding	Not tested

Source: Studies DD22092, DS-TEC-91511, DD22156, BD2021ST-042, BD2021ST-046, and TOX15231.

3.3.2. Single-dose Toxicity

No single-dose toxicity studies were performed with JNJ-79635322. In a single-dose PK study (Study CP2021PK-073), cynomolgus monkeys administered 30 mg/kg JNJ-79635322 IV or SC demonstrated no clinical observations or clinical pathology findings consistent with hallmarks of CD3 redirector activity ([Kamperschroer 2020](#)). At 24 hours post-first dose, there were no changes in lymphocyte counts or significant elevations in C-reactive protein. These data further support that a toxicology study in cynomolgus monkeys would not add additional value to JNJ-79635322 human risk assessment.

3.3.3. Repeat-dose Toxicity

No repeat-dose toxicity studies were conducted with JNJ-79635322 due to the lack of a relevant toxicology species. Although the CD3 and GPRC5D arms of JNJ-79635322 are cross-reactive to cynomolgus monkey, the BCMA arm is not.

3.3.3.1. Tool GPRC5DxCD3 Antibody (JNJ-64024701) and Teclistamab Toxicology Studies in Cynomolgus Monkeys

Previous repeat-dose non-GLP and GLP toxicology studies with a tool GPRC5DxCD3 molecule, JNJ-64024701, for the talquetamab (GPRC5DxCD3) program and with teclistamab (BCMAxCD3) were used to inform on any hazards consistent with CD3 redirection against GPRC5D- and BCMA-expressing cells in cynomolgus monkey. The studies are included in the overview of nonclinical studies provided in [Appendix 1.4](#). Minimal pharmacologic activity and no

adverse findings were demonstrated in both studies. Therefore, a toxicology study in cynomolgus monkeys would not add value to JNJ-79635322 human risk assessment.

The GPRC5DxCD3 molecule JNJ-64024701 demonstrated *in vitro* functional activity (cytotoxicity, CD25+, and CD69+ T cell activation) with cynomolgus monkey T cells against cynomolgus monkey GPRC5D-expressing K562 cells within 2-fold of JNJ-79635322 (Study TOX15781). Therefore, the toxicology study previously performed with JNJ-64024701 to support the talquetamab program is appropriate to support the safety assessment of JNJ-79635322.

JNJ-79635322 was directly compared to talquetamab and teclistamab using an *in vitro* functional activity assay against the dual-target-expressing cell line H292-WT, and KO cell lines H292-GPRC5D-KO and H292-BCMA-KO. H292-GPRC5D-KO and H292-BCMA-KO cells exposed to JNJ-79635322 had EC₅₀ values similar to or higher than teclistamab and talquetamab, respectively, for cytotoxicity and T cell activation. H292-WT cells exposed to JNJ-79635322 had EC₅₀ values over an order of magnitude lower than teclistamab and talquetamab, potentially due to avidity. In normal human tissues, GPRC5D and BCMA (TNFRSF17) have minimal co-expression on plasma cells but no other tissues; therefore, JNJ-79635322 activity against normal cells is expected to mimic that seen with talquetamab and teclistamab, similar to what was seen in the KO cell lines. Enhanced toxicity is not anticipated to apply to safety findings resulting from on-target/off-tumor effects outside of the immune system due to lack of co-expression of GPRC5D and BCMA.

3.3.3.2. Chronic Toxicity Weight-of-Evidence Assessment for JNJ-79635322

No chronic toxicity studies were conducted with JNJ-79635322 due to the lack of a pharmacologically relevant toxicology species. The potential clinical safety risks associated with JNJ-79635322 were assessed using a weight-of-evidence approach and based, in part, on the target expression data (Section 3.1.2), known mechanism of action ie, T-cell activation and tumor cell lysis (Section 3.1.1), the clinical data from bispecific T-cell redirecting antibodies talquetamab and teclistamab, and emerging clinical data from Study 79635322MMY1001.

The potential clinical safety risks for JNJ-79635322 were defined, in part, by evaluating toxicities associated with T-cell redirecting therapies (CRS, ICANS, TLS) and B cell cytotoxic therapies, such as talquetamab and teclistamab (TALVEY™ USPI 2023, TECVAYLI® USPI May 2024). At their respective recommended doses, the adverse event profile for both therapeutics is manageable with supportive care. ICANS has been reported for talquetamab and teclistamab, although neither GPRC5D nor BCMA have been reported to have protein expression in the CNS (Section 3.1.2). There is a potential for increased infection, cytopenia, and hypogammaglobulinemia as both BCMA and GPRC5D are expressed on immune cells (B cells and plasma cells). Several safety findings were seen with talquetamab and although association to targeting GPRC5D cannot be confirmed for all findings, they are considered a potential risk for JNJ-79635322. This includes, but is not limited to dysgeusia, dry mouth, dysphagia, skin and nail disorder, and weight loss.

In addition, in the pivotal GLP toxicity studies with the tool GPRC5DxCD3 antibody or teclistamab (Section 3.3.3.1), there were minimal pharmacological responses observed in the

cynomolgus monkey, suggesting limited clinical translatability in this model. Consequently, 3-month repeat-dose toxicity studies were not conducted as such studies would be unlikely to provide clinically relevant and meaningful safety information to support safe use of talquetamab and teclistamab in MM patients.

Taken together, conducting a 3-month toxicity study with JNJ-79635322 in the cynomolgus monkey will unlikely inform on the human safety risk beyond what is known based on the target expression, mechanism of action, and in vitro pharmacology, as well as the human toxicity profile that has been characterized in early-stage clinical development.

3.3.4. Genotoxicity and Carcinogenicity

Genotoxicity and carcinogenicity studies routinely conducted for pharmaceuticals are not applicable to biotechnology-derived pharmaceuticals such as monoclonal antibodies, as indicated in ICH S6[R1]. Because of their large molecular size, monoclonal antibodies such as JNJ-79635322 (155,977.8 Da) do not have the same distribution properties as small molecule therapeutics and thus, are not expected to pass through the cellular and nuclear membranes of intact cells and interact with DNA or other chromosomal material. Therefore, genotoxicity and carcinogenicity studies have not been conducted for JNJ-79635322.

3.3.5. Reproduction and Developmental Toxicity

No in vivo reproductive and developmental toxicity studies will be conducted with JNJ-79635322 as there is no relevant species. Reproductive and developmental risk will be assessed using a weight-of-evidence approach in accordance with ICH S9.

3.3.6. Local Tolerance

Skin reactions were assessed in a PK study in Göttingen minipigs treated with 0.1 or 0.01 mg/kg JNJ-79635322 SC (0.2 mL/kg dose volume; 0.05 and 0.5 mg/mL dose concentration, respectively). No skin reactions were observed (Study CP2021PK-009).

Local tolerance was also assessed as part of a cynomolgus monkey PK study at 30 mg/kg SC (dose volume of 0.57 mL/kg) and 52.64 mg/mL concentration. No skin reactions were observed (Study CP2021PK-073).

3.3.7. Other Toxicity Studies

3.3.7.1. Cytokine Release Assessment

Cytokine release was characterized for JNJ-79635322 based on the in vitro human whole blood co-culture assays (Section 3.1.1.1.5). Based on the results of this assay, cytokine release should be anticipated and managed appropriately in the clinic.

3.3.7.2. GPRC5D Off-target Binding Assessment

The GPRC5D binder, when screened for binding against fixed HEK293 cells individually expressing a library of 5,868 full-length human plasma membrane and cell surface-tethered human secreted proteins (including all known GPRC5 family members) and 371 heterodimers, was

determined to bind specifically to its primary target, GPRC5D. No off-target interactions were identified, demonstrating the target specificity of the GPRC5D-binding domain contained in JNJ-79635322 (Study TOX14288).

3.3.7.3. BCMA Off-target Binding Assessment

The BCMA binder, when screened for binding against fixed HEK293 cells individually expressing a library of 5,475 full-length human plasma membrane and cell surface-tethered human secreted proteins and 371 heterodimers, was determined to bind specifically to its primary target, BCMA (TNFRSF17). No off-target interactions were identified, demonstrating the target specificity of the BCMA binding domain contained in JNJ-79635322 (Study TOX14661).

3.3.7.4. Functional Selectivity in Tumor-associated Antigen-negative Cell Lines

The antigen specificity of JNJ-79635322 was further characterized in an in vitro functional assay using a panel of 5 cancer cell lines that lack expression of GPRC5D, BCMA, and CD3 (as confirmed by flow cytometry), but by transcriptomics, was predicted to express >50% of the known cell surface proteins. In co-culture studies with healthy donor-derived T cells, JNJ-79635322 was able to induce antibody-dependent, T-cell-mediated release of granzyme B, IFN- γ , TNF- α , and IL-2 when added to cocultures with target cells that express GPRC5D and BCMA (ie, H29), but no release (or negligible levels) was induced with cell lines that do not express the target antigens. No cytokine release was observed in the T cells alone or target cells alone control groups (data not shown). These data support the antigen specificity of JNJ-79635322 to GPRC5D, BCMA, and CD3, and demonstrate a lack of off-target T cell activation, as measured by cytokine release (Study TOX15209).

3.4. Conclusions for Nonclinical Studies

The trisppecific antibody JNJ-79635322 is specific for GPRC5D and BCMA, and there was no non-specific T cell activation or cytotoxicity of target-negative cells. JNJ-79635322 exhibited efficacy in a cytotoxicity assay using various MM and amyloidosis cell lines and was able to deplete clonal MM cell populations that expressed either single targets or dual targets in a dose-dependent manner. JNJ-79635322 efficacy was also demonstrated in vivo mouse xenograft models. Finally, safety assessments using in vitro data, literature, as well as nonclinical and clinical data from previous GPRC5D- and BCMA-targeted CD3 bispecific antibodies indicate that JNJ-79635322 is likely to have a monitorable and manageable safety profile in MM patients. Taken together, these data indicate that JNJ-79635322 may have significant therapeutic potential in treating MM and amyloidosis patients.

Pharmacology

JNJ-79635322 exhibited a potent and selective antitumor activity with a clonal depleting ability in in vitro, ex vivo, and in vivo assay conditions. JNJ-79635322 demonstrated robust and specific binding to BCMA-GPRC5D-expressing MM cells in a dose-dependent manner (while CD3xNullxNull control antibodies showed no significant binding to these cells). JNJ-79635322 was found to be a potent trisppecific antibody (EC₅₀ value range, 0.002 to 0.312 nM for cytotoxicity;

0.008 to 1.070 nM for T cell activation) as measured by CD3+ CD25+ live T cells across all dual-target-positive cell lines (MM.1 S, H929, JIM-3, and OPM-2). JNJ-79635322 did not induce cytotoxicity or T cell activation when tested with dual-target-negative cell lines MV-4-11 and OCI-AML-3, demonstrating cytotoxic specificity.

JNJ-79635322 exhibited significant potency in dual-target-expressing H929-WT cells compared to single target-expressing KO cell lines with CRISPR due to avidity. At the same time, JNJ-79635322 was able to deplete single target-expressing H929-GPRC5D-KO and H929-BCMA-KO cells efficiently (average EC₅₀ value: 0.007 nM, 0.330 nM, and 4.789 nM for cytotoxicity; 0.011 nM, 0.487 nM, and 4.131 nM for T cell activation, respectively).

JNJ-79635322 was able to induce T-cell-mediated cytotoxicity of dual-target-positive cells (H929) in a time-dependent manner and reached the maximum percent kill by 72 hours incubation. EC₅₀ values ranged between 0.001 and 0.022 nM for cytotoxicity, and between 0.005 and 0.067 nM for T-cell activation at a 3:1 E:T ratio. JNJ-79635322 showed improved cytotoxicity as the E:T ratio increased up to 5:1. JNJ-79635322 had no significant impact on the activation of T cells or on non-specific cell death in the absence of BCMA and/or GPRC5D expressing target cells.

JNJ-79635322 potently depleted dual-target-positive H929 cells and activated T cells in a co-culture whole blood assay after 48 hours of incubation. JNJ-79635322 had a mean average EC₅₀ value of 0.274 nM for cytotoxicity and values of 0.376, 0.248, and 0.206 nM for CD3+, CD4+, and CD8+ T-cell activation, respectively, when tested using whole blood from 7 different healthy donors. More importantly, JNJ-79635322 can efficiently deplete MM patient BM CD138+ cells in an ex vivo assay incubated with healthy human T cells at a 1:1 E:T ratio. JNJ-79635322 could effectively activate exogenous T cells (EC₅₀ value of 0.252 nM) and mediate cytotoxicity (EC₅₀ value of 1.093 nM).

JNJ-79635322 significantly regressed (>90%) the tumors in an established BCMA+ GPRC5D+ RPMI 8226 mouse model at 1 and 2.5 mg/kg per dose, and at 0.1, 0.5, and 1 mg/kg per dose in MM.1 S model. In a prophylactic model using H929-CRISPR knock-out cell lines, JNJ-79635322 demonstrated complete antitumor activity with 100% TGI in H929-GPRC5D-KO cell tumors and significant TGI (>80%) in H929-BCMA-KO cell tumors when dosed at 0.1, 0.25, or 0.5 mg/kg compared to PBS-treated control animals. However, a lower dose of 0.025 mg/kg JNJ-79635322 had no effect.

Pharmacokinetics

In cynomolgus monkeys and Göttingen minipigs, single-dose IV or SC administration of JNJ-79635322 resulted in approximately dose-proportional increases in C_{max} and AUC across the doses tested. Bioavailability with SC administration was 100% in the monkey and 72.3% in the minipig. The mean T_{1/2} of JNJ-79635322 in monkeys was between 5.06 and 6.17 days. However, monoclonal antibodies may exhibit faster clearance at lower doses due to TMDD. The mean value of BM to serum JNJ-79635322 concentration ratios 24 hours post dose was estimated as 39.18%.

There were no studies performed for determining the metabolism or excretion for JNJ-79635322.

Toxicology

GPRC5D and BCMA are both targets with substantial human safety data in the CD3 bispecific format. Given this clinical background, the lack of a relevant nonclinical safety species, and the minimal added value to the existing risk assessment in conducting animal studies, an in vitro/in silico approach for the nonclinical safety assessment of JNJ-79635322 is justified and can be leveraged to support a safe human dose and subsequent clinical monitoring strategy for JNJ-79635322.

There is no relevant toxicology species for JNJ-79635322 due to the lack of cross-reactivity of the BCMA binding arm to cynomolgus monkey, and the lack of cross-reactivity of the GPRC5D and CD3 binding arms to normal mouse.

In a single-dose PK study in cynomolgus monkeys, no hallmarks of CD3 redirection pharmacologic activity were observed ([Kamperschroer 2020](#)), further supporting that a toxicology study in cynomolgus monkey would not add value to JNJ-79635322 human risk assessment.

There were no local reactions at the injection sites (based on clinical observations only) following a single-dose of JNJ-79635322 administered SC up to 0.1 mg/kg in minipigs, and administered SC and IV at 30 mg/kg in cynomolgus monkeys.

No off-target liabilities were identified with the GPRC5D and BCMA binding arms as determined by off-target binding or with JNJ-79635322 as determined by a functional activity assay.

Potential chronic clinical safety risks associated with administration of JNJ-79635322 to MM patients were assessed using a weight-of-evidence approach and based, in part, on the target expression data, known mechanism of action, lack of pharmacological species, clinical data from talquetamab (GPRC5D $\times$ CD3) and teclistamab (BCMA $\times$ CD3), and emerging clinical safety data from Study 79635322MMY1001 (see Section [4.3.2](#)). Taken together, a 3-month toxicity study with JNJ-79635322 in the cynomolgus monkey was not conducted as it was unlikely to inform the human safety risk beyond what is known. Based on the weight-of-evidence assessment, potential on-target toxicity risks associated with administration of JNJ-79635322 may include: toxicities associated with T cell redirector therapies (CRS, ICANS, TLS), B cell targeted therapies (cytopenia, hypogammaglobulinemia, increased infections), and GPRC5D-specific toxicities (dysgeusia, dry mouth, dysphagia, and skin and nail disorders). Cytopenias are of unknown relationship to the target but were observed with both bispecific antibodies and have occurred with administration of JNJ-79635322 (Section [4.3.2.1.1](#)). Guidance for mitigation of these potential risks is described in the clinical protocol.

Conclusion

Safety assessments using data from in vitro studies of JNJ-79635322 to confirm target specificity, along with PK studies, literature review, and nonclinical and clinical data from approved GPRC5D $\times$ CD3 and BCMA $\times$ CD3 bispecific antibodies suggest a favorable safety profile for JNJ-79635322. These findings, together with clinical monitoring and mitigation strategies and

emerging JNJ-79635322 clinical data, indicate that JNJ-79635322 may have a low risk of on-target/off-tumor liabilities and offer substantial therapeutic benefits for MM and amyloidosis patients.

4. EFFECTS IN HUMANS

4.1. Overview

As of the CCO for this IB (28 September 2025), there are 2 ongoing studies with JNJ-79635322: 1 monotherapy study (Study 79635322MMY1001) and 1 combination therapy study (Study 79635322MMY1002). There are no completed studies for JNJ-79635322.

A tabular listing of clinical studies with JNJ-79635322 is provided in [Appendix 2](#).

4.1.1. Ongoing and Completed Clinical Studies

4.1.1.1. Monotherapy Study 79635322MMY1001

Study 79635322MMY1001 is an ongoing open-label, multicenter, Phase 1, FIH dose escalation study of JNJ-79635322 in participants with MM and amyloidosis (planned). The study consists of dose escalation (Part 1) followed by dose expansion (Part 2). The purpose of dose escalation is to identify the RP2D(s) and schedule(s) for JNJ-79635322. The purpose of dose expansion is to further characterize the safety and tolerability of JNJ-79635322 at the RP2D(s).

In Part 1, 100 mg Q4W with a single step-up dose of 5 mg was selected as the RP2D and dose for Phase 3 studies based on the following considerations: 1) manageable clinical safety profiles that appear similar to those observed in the lower 50 mg Q4W cohort, as well as the higher 200 mg and 300 mg Q4W cohorts; 2) 100 mg Q4W demonstrates a favorable efficacy profile compared to 50 mg Q4W, and is the lowest maximally efficacious dose, with a plateau in efficacy noted at 100 mg Q4W and higher; 3) exposure-response analyses demonstrating that doses below the RP2D did not provide sufficient exposure to elicit deep and durable responses, and lower drug exposure was not associated with additional safety benefit across the majority of clinically significant TEAEs; 4) Population PK model estimated that 83.1% participants treated with 100 mg Q4W will achieve target exposure of mean EC₉₀ (value identified in an ex vivo cytotoxicity assay using bone marrow mononuclear cells from participants with MM); and 5) more optimal pharmacodynamic changes in T cell recovery, T cell activation, and cytokine induction at the 100 mg Q4W dose level compared to the 50 mg Q4W dose level, consistent with the expected mechanism of action.

In Part 2, additional participants were enrolled with a single step-up dose of 5 mg SC followed by the treatment dose of 100 mg Q4W SC for 6 doses followed by 100 mg Q8W.

The data cut-offs for Study 79635322MMY1001 summarized in this IB are 21 November 2024 for PK, 03 February 2025 for pharmacodynamics, 28 September 2025 for efficacy and safety, and 17 January 2025 for immunogenicity.

4.1.1.2. Combination Therapy Study 79635322MMY1002

Study 79635322MMY1002 is an ongoing open-label, nonrandomized, multicenter, Phase 1b, dose-escalation and expansion study of JNJ-79635322 combination treatment regimens in participants with MM. This study consists of 2 parts: dose escalation (Part 1) to establish the RP2D(s) of the JNJ-79635322 combination treatment regimens and dose expansion (Part 2) at the RP2D(s) for the combination treatment regimens and in specified participant population(s).

The CCO for Study 79635322MMY1002 summarized in this IB is 28 September 2025 (efficacy and safety only).

As of the CCO of 28 September 2025, the following 4 populations were treated with JNJ-79635322 in combination with daratumumab or pomalidomide in Study 79635322MMY1002:

- **Treatment Regimen A1 (n=19):** Participants with RRMM treated with JNJ-79635322 (50 mg Q4W or 100 mg Q4W) + daratumumab (SC; 1800 mg Q4W).
- **Treatment Regimen A2 (n=26):** Participants with NDMM treated with JNJ-79635322 (50 mg Q4W or 100 mg Q4W) + daratumumab (SC; 1800 mg Q4W).
- **Treatment Regimen B (n=32):** Participants with RRMM treated with JNJ-79635322 (50 mg Q4W, 100 mg Q4W, or 200 mg Q4W) + pomalidomide (PO; 2 mg).
- **Treatment Regimen C (n=19):** Participants with NDMM treated with JNJ-79635322 (100 mg Q4W) + daratumumab (per label).

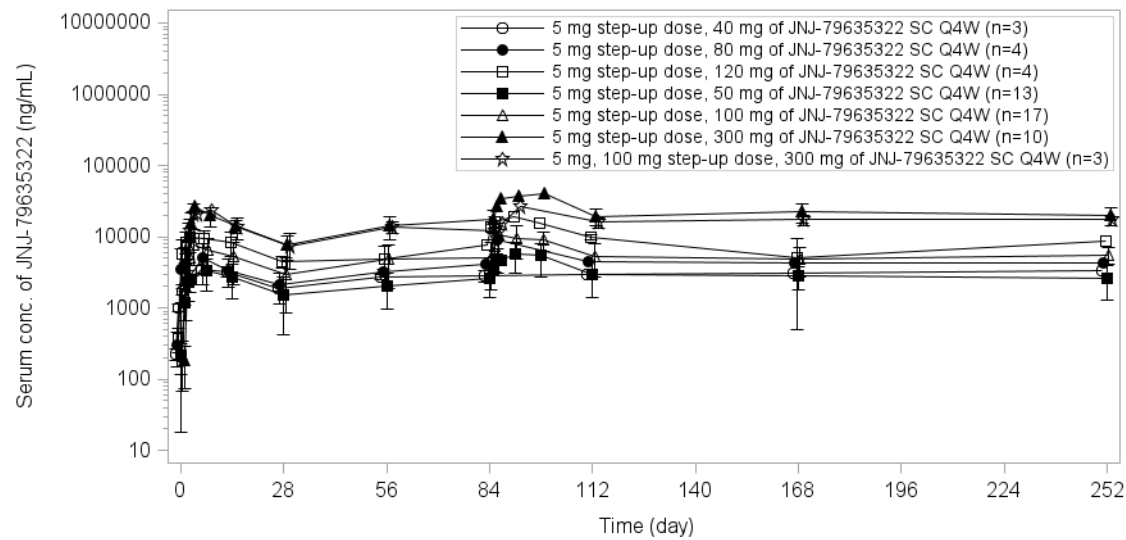
4.2. Pharmacokinetics and Product Metabolism

4.2.1. Monotherapy Study 79635322MMY1001

First Dose PK

As of 21 November 2024, PK data are available from 124 participants treated with SC JNJ-79635322 at doses ranging from 0.4 mg to 300 mg. After first dose administration, the mean serum concentration of JNJ-79635322 slowly increased at all dose levels, reaching a median maximum observed serum concentration (C_{max}) between 48 and 168 hours for Q2W regimen and 168 hours for Q4W regimen. After the peak concentration, a slow elimination phase persisted until the end of the dosing interval ([Figure 8](#)). Exposure increased in an approximately dose-proportional manner across the dose range tested. The PK parameters estimated using NCA following the first SC dose administration are presented in [Table 2](#).

Figure 8: Mean Serum Concentration-time Profile of JNJ-79635322 Following SC Administration of Q4W Dosing in Participants with MM (Study 79635322MMY1001)



n=number of evaluable participants.

n≥3 (mean and SD), n=2 (mean), and n=1 (individual) of all PK profiles shown.

Table 2: Preliminary PK Parameters of JNJ-79635322 Following the First Treatment Dose in Cycle 1 in Participants with RRMM (Study 79635322MMY1001)

Cohort Number	Dose Regimen	n	C _{max} (ng/mL)	T _{max} (h)	AUC _{tau} , ng.h/mL	C _{trough} , ng/mL
C1	0.4 mg of JNJ-79635322 SC Q2W	1	10.6	70.82	2,570	3.60
C2	1.2 mg of JNJ-79635322 SC Q2W	1	39.5	162.20	8,711	26.6
C3	3.6 mg of JNJ-79635322 SC Q2W	3	197	161.93 (160.92-162.83)	53,996 (19,437)	156 (80.8)
C4	10 mg of JNJ-79635322 SC Q2W	3	616 (90.3)	164.73 (163.77-330.35)	167,614 (16,713)	479 (212)
C5	10 mg of JNJ-79635322 SC Q2W with a 3.6 mg step-up dose	2	593-1,175	164.58-169.05	167,182-302,321	423-1,166
C6	30 mg of JNJ-79635322 SC Q2W with a 5 mg step-up dose	3	1,681 (1,701)	163.62 (162.75-167.90)	466,738 (503,664)	971 (1,096)
C7	40 mg of JNJ-79635322 SC Q4W with a 5 mg step-up dose	3	3,522 (492)	166.10 (162.27-331.05)	1,830,910 (210,618)	1,891 (191)
C8	80 mg of JNJ-79635322 SC Q4W with a 5 mg step-up dose	3	5,129 (2,940)	163.99 (71.43-165.38)	2,292,828 (1,187,239)	2,133 (990)
C9	120 mg of JNJ-79635322 SC Q4W with a 5 mg step-up dose	3 ^a	10,642 (3,013)	129.98 (44.75-165.45)	5,591,646 (740,447)	4,448 (858)
C10	50 mg of JNJ-79635322 SC Q4W with a 5 mg step-up dose	12 ^b	3,607 (1,446)	165.17 (44.30-353.03)	1,692,599 (853,727)	1,559 (1,171)
C11	100 mg of JNJ-79635322 SC Q4W with a 5 mg step-up dose	17	6,748 (3,302)	161.83 (48.42-335.75)	3,161,851 (1,626,299)	2,990 (2,126)
C12	300 mg of JNJ-79635322 SC Q4W with a 5 mg step-up dose	10 ^c	19,276 (6,804)	161.48 (66.65-211.13)	8,904,937 (2,742,927)	7,524 (2,890)
C13	300 mg of JNJ-79635322 SC Q4W with a 5 mg then 100 mg step-up dose	3	21,942 (7,848)	47.75 (43.75-168.48)	1,103,6623-11,584,042	7,357 (3,942)
C14	50 mg of JNJ-79635322 SC Q4W with a 2.5 mg step-up dose	2	1,174-3,163	184.30-328.72	637,334-1,494,989	868-1,677
C15	50 mg of JNJ-79635322 SC Q4W with a 5 mg step-up dose (1 week apart)	9 ^d	3,200 (1,932)	161.91 (44.42-333.58)	1,245,483 (913,467)	805 (759)
C16	20 mg of JNJ-79635322 SC Q2W then 20 mg Q4W starting at the third dose	2	779-1,129	158.43-161.83	188,237-317,480	683-1,046
C17	20 mg of JNJ-79635322 SC Q2W with a 5 mg step-up dose then 20 mg Q4W starting at the third dose	3	2,209 (701)	166.78 (139.57-241.92)	528,500-748,991	1,613 (446)
C18	100 mg of JNJ-79635322 SC Q4W with a 5 mg step-up dose (1 week apart)	9 ^e	7,489 (2,177)	164.00 (69.58-360.75)	3,431,866 (487,821)	2,580 (851)
C20	200 mg of JNJ-79635322 SC Q4W with a 5 mg step-up dose (1 week apart) then 100 mg starting at the fifth dose	9 ^f	9,517 (4,289)	168.32 (161.92-353.45)	4,600,392 (2,342,958)	4,544 (3,143)

Table 2: Preliminary PK Parameters of JNJ-79635322 Following the First Treatment Dose in Cycle 1 in Participants with RRMM (Study 79635322MMY1001)

Cohort Number	Dose Regimen	n	C _{max} (ng/mL)	T _{max} (h)	AUC _{tau} , ng.h/mL	C _{trough} , ng/mL
C21	200 mg of JNJ-79635322 SC Q4W with a 5 mg step-up dose (with tocilizumab prophylaxis) then 100 mg starting at the fifth dose	8 ^g	12,724 (4,854)	164.55 (69.65-333.90)	5,241,165 (2,278,824)	5,174 (2,563)
C22	100 mg of JNJ-79635322 SC Q4W with a 5 mg step-up dose (with tocilizumab prophylaxis, outpatient)	10	7,116 (2,780)	163.95 (143.97-170.10)	3,318,198 (1,260,416)	3,416 (1,368)
C11&22	100 mg of JNJ-79635322 SC Q4W with a 5 mg step-up combined dose (for cohort 22 only: with toci prophylaxis, outpatient)	27	6,876 (3,079)	162.74 (48.42-335.75)	3,215,971 (1,485,539)	3,138 (1,880)

n=number of evaluable participants.

Individual values are shown for n<3.

Dose normalized to 1 mg.

^a n=4 for C_{max}, T_{max}

^b n=10 for AUC_{tau}.

^c n=8 for AUC_{tau}

^d n=10 for C_{max}, T_{max}.

^e n=8 for AUC_{tau}

^f n=8 for AUC_{tau}

^g n=10 for C_{max}, T_{max}

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Steady-state PK

Following multiple SC administrations of JNJ-79635322, steady state was achieved following the fifth SC administration with Q2W dosing and between the third and the fifth SC administration with Q4W dosing. Steady state exposure increased in an approximately dose-proportional manner across the range studied. The mean accumulation ratio (based on AUC_{τ}) ranged from 1.61 to 3.98-fold for Q2W dosing and from 1.85 to 3.45-fold for Q4W dosing. Preliminary PK parameters estimated using NCA at steady state are presented in [Table 3](#).

Table 3: Preliminary PK Parameters of JNJ-79635322 Following Multiple SC Doses at the 5th Target Dose for Q2W or at the 4th Target Dose for Q4W in Participants with RRMM (Study 79635322MMY1001)

Cohort Number	Dose Regimen	n	C _{max} (ng/mL)	T _{max} (h) ^a	AUC _{tau} (day*ng/mL)	C _{trough} (ng/mL)
C1	0.4 mg of JNJ-79635322 SC Q2W	0	-	-	-	-
C2	1.2 mg of JNJ-79635322 SC Q2W	1	-	-	-	30.1
C3	3.6 mg of JNJ-79635322 SC Q2W	1	-	-	-	618
C4	10 mg of JNJ-79635322 SC Q2W	2	-	-	-	630-656
C5	10 mg of JNJ-79635322 SC Q2W with a 3.6 mg step-up dose	2	-	-	-	1,513-1,979
C6	30 mg of JNJ-79635322 SC Q2W with a 5 mg step-up dose	2	-	-	-	1,423-5,662
C7	40 mg of JNJ-79635322 SC Q4W with a 5 mg step-up dose	0	-	-	-	-
C8	80 mg of JNJ-79635322 SC Q4W with a 5 mg step-up dose	1	8,957	68.85	4,142,143	3,379
C9	120 mg of JNJ-79635322 SC Q4W with a 5 mg step-up dose	1	18,898	166.08	9,947,007	10,386
C10	50 mg of JNJ-79635322 SC Q4W with a 5 mg step-up dose	4	5,990 (2,838)	164.99 (163.87-330.75)	2,820,508 (1,439,081)	2,538 (1,784)
C11	100 mg of JNJ-79635322 SC Q4W with a 5 mg step-up dose	5 ^a	10,100 (5,354)	163.33 (47.83-165.73)	4,772,070 (2,801,591)	3,542 (2,053)
C12	300 mg of JNJ-79635322 SC Q4W with a 5 mg step-up dose	2	29,640-48,044	47.37-168.20	14,040,495-25,139,918	12,926-25,744
C13	300 mg of JNJ-79635322 SC Q4W with a 5 mg then 100 mg step-up dose	1	26,276	142.98	12,966,631	13,278
C14	50 mg of JNJ-79635322 SC Q4W with a 2.5 mg step-up dose	0	-	-	-	-
C15	50 mg of JNJ-79635322 SC Q4W with a 5 mg step-up dose (1 week apart)	1	7,271	46.83	3,418,928	3,090
C16	20 mg of JNJ-79635322 SC Q2W then 20 mg Q4W starting at the third dose	1	2,829	46.63	1,438,394	1,345
C17	20 mg of JNJ-79635322 SC Q2W with a 5 mg step-up dose then 20 mg Q4W starting at the third dose	1	3,583	138.73	1,732,823	1,373
C18	100 mg of JNJ-79635322 SC Q4W with a 5 mg step-up dose (1 week apart)	2 ^b	10,863 (3,299)	169.15 (164.92-171.30)	4,432,479-8,172,413	5,154 (3,082)
C20	200 mg of JNJ-79635322 SC Q4W with a 5 mg step-up dose (1 week apart) then 100 mg starting at the fifth dose	7 ^c	22,565 (2,986)	164.43 (160.45-332.15)	12,531,847 (1,425,949)	10,212 (3,287)

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Table 3: Preliminary PK Parameters of JNJ-79635322 Following Multiple SC Doses at the 5th Target Dose for Q2W or at the 4th Target Dose for Q4W in Participants with RRMM (Study 79635322MMY1001)

Cohort Number	Dose Regimen	n	C _{max} (ng/mL)	T _{max} (h) ^a	AUC _{tau} (day*ng/mL)	C _{trough} (ng/mL)
C21	200 mg of JNJ-79635322 SC Q4W with a 5 mg step-up dose (with tocilizumab prophylaxis) then 100 mg starting at the fifth dose	3	21,645 (8,398)	166.10 (165.07-331.38)	10,964,265 (3,427,282)	9,074 (1,426)
C22	100 mg of JNJ-79635322 SC Q4W with a 5 mg step-up dose (with tocilizumab prophylaxis, outpatient)	1	12,791	160.83	-	-
C11&22 combined	100 mg of JNJ-79635322 SC Q4W with a 5 mg step-up dose (for cohort 22 only: with tocilizumab prophylaxis, outpatient)	6 ^d	10,548 (4,913)	162.64 (47.83-165.73)	4,772,070 (2,801,591)	3,542 (2,053)

n=number of evaluable participants.

Individual values are shown for n<3.

Dose normalized to 1 mg.

^a n=4 for AUC_{tau}

^b n=4 for C_{max}, T_{max}, and C_{trough}

^c n=5 for AUC_{tau}

^d n=5 for C_{trough} and n=4 for AUC_{tau}

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4.2.2. Combination Therapy Study 79635322MMY1002

As of the CCO of 28 September 2025, there are no PK data available for the combination therapy Study 79635322MMY1002 for inclusion in this IB update.

4.3. Safety and Efficacy

All treated participants were included when presenting SAR and ADR data.

4.3.1. Efficacy/Pharmacodynamics

4.3.1.1. Efficacy

4.3.1.1.1. Monotherapy Study 79635322MMY1001

Preliminary efficacy data demonstrate antitumor activity of JNJ-79635322, with responses observed at relatively low dose levels in dose escalation.

Overall

Confirmed response was available for 166 participants overall (Part 1 + Part 2), who received at least 1 dose of JNJ-79635322 and had at least 1 post-treatment disease assessment or discontinued the study for any reason. Best overall response was assessed by the investigator. Based on IMWG 2016 criteria, confirmed treatment response (PR or better) was observed in 122 (73.1%) participants across all dose levels in the Safety Analysis Set. There were 8 (4.8%) confirmed cases of progressive disease. [Table 4](#) presents a summary of confirmed treatment response.

100 mg Q4W treatment dose (RP2D)

Confirmed response was available for 55 participants (Part 1 + Part 2) receiving a treatment dose of 100 mg Q4W (RP2D). Based on IMWG 2016 criteria, confirmed treatment response (PR or better) was observed in 45 (80.4%) participants at this dose level in the Safety Analysis Set. There were 2 (3.6%) confirmed cases of progressive disease ([Table 4](#)).

Table 4: Summary of Overall Best Confirmed Response Based on Investigator Assessment; Safety Analysis Set (Study 79635322MMY1001)

	100 mg P1 (Cohort 11, 18,22), P2 (Cohort 1)	Total
Analysis set: Safety	56	167
Response category		
Stringent complete response (sCR)	20 (35.7%)	57 (34.1%)
Complete response (CR)	9 (16.1%)	22 (13.2%)
Very good partial response (VGPR)	11 (19.6%)	32 (19.2%)
Partial response (PR)	5 (8.9%)	11 (6.6%)
Minimal response (MR)	0	0
Stable disease (SD)	8 (14.3%)	36 (21.6%)
Progressive disease (PD)	2 (3.6%)	8 (4.8%)

Table 4: Summary of Overall Best Confirmed Response Based on Investigator Assessment; Safety Analysis Set (Study 79635322MMY1001)

	100 mg P1 (Cohort 11, 18,22), P2 (Cohort 1)	Total
Not evaluable (NE)	1 (1.8%)	1 (0.6%)
Overall response (sCR + CR + VGPR + PR)	45 (80.4%)	122 (73.1%)
Clinical benefit (Overall response + MR)	45 (80.4%)	122 (73.1%)
VGPR or better (sCR + CR + VGPR)	40 (71.4%)	111 (66.5%)
CR or better (sCR + CR)	29 (51.8%)	79 (47.3%)

Note: Response was assessed by investigators, based on International Myeloma Working Group consensus criteria for response. Percentages are calculated with the number of subjects in safety analysis set as denominator.

Data cut-off date: 28SEP2025

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4.3.1.1.2. Combination Therapy Study 79635322MMY1002

As of the CCO of 28 September 2025, the efficacy data for the combination therapy Study 79635322MMY1002 are not mature enough for inclusion in this IB update.

4.3.1.2. Pharmacodynamics

4.3.1.2.1. Monotherapy Study 79635322MMY1001

Data are available for 126 participants evaluable for pharmacodynamics in Study 79635322MMY1001, as of the data cut-off of 03 February 2025. Data for JNJ-79635322 doses given Q4W (treatment doses ranging from 50 to ≥ 200 mg Q4W; n = up to 90 participants with available biomarker data) were included; patients in the ≥ 200 mg Q4W group included those treated at the 200 and 300 mg Q4W dose levels combined. Across all dose levels evaluated, following step-up dose(s) and treatment dose administration in the first cycle, participants exhibited peripheral pharmacodynamic changes that were characteristic of the mechanism of action for JNJ-79635322. These included T cell redistribution and subsequent recovery, indicated by changes in absolute counts of CD3+ T cells and induction of T cell activation evidenced by increased expression of markers associated with T cell activation, including PD-1, LAG-3, TIM-3, HLA-DR, CD38 and CD25 on CD8+ T cells in the first cycle. Peak T cell activation was observed approximately 48 hours after the first full treatment dose. Further, max fold change increases in several cytokines occurred in the first cycle, predominantly during administration of step-up dose(s) and the first treatment dose, including IL-6. While pharmacodynamic profiles were generally consistent between the 100 mg Q4W RP2D versus ≥ 200 mg Q4W dose levels, trends for greater T cell recovery, T cell activation, and cytokine induction were observed at the 100 mg Q4W RP2D, compared to 50 mg Q4W.

4.3.1.2.2. Combination Therapy Study 79635322MMY1002

There are no pharmacodynamic data available for the combination therapy Study 79635322MMY1002 for inclusion in this IB update.

4.3.2. Safety and Tolerability

All TEAEs were coded using the MedDRA Version 28.0 and were summarized by SOC and PT. Severity was graded according to NCI-CTCAE Version 5.0. Relatedness of TEAEs to study treatment was summarized by investigator assessment.

4.3.2.1. Monotherapy Study 79635322MMY1001

4.3.2.1.1. Nature and Frequency of Adverse Events

In this and subsequent safety subsections related to Study 79635322MMY1001, safety data are presented as of the CCO of 28 September 2025 for 167 participants (Part 1 + Part 2) as summarized overall. Data are also presented for 56 participants receiving the RP2D of 100 mg Q4W (Part 1+ Part 2).

Overall, 165 (98.8%) participants experienced 1 or more TEAEs, 161 (96.4%) participants experienced TEAEs related to treatment, and 50 (29.9%) participants experienced serious TEAEs related to treatment. Four (2.4%) participants experienced treatment-related TEAEs leading to discontinuation of treatment and 1 (0.6%) participant experienced a treatment-related TEAE leading to death ([Table 11](#)).

At the RP2D, 54 (96.4%) participants experienced 1 or more TEAEs, 52 (92.9%) participants experienced TEAEs related to treatment, and 15 (26.8%) participants experienced serious TEAEs related to treatment. None of the participants experienced treatment-related TEAEs leading to either discontinuation of treatment or death ([Table 11](#)).

TEAEs experienced by at least 10% of participants by SOC and PT in Study 79635322MMY1001 are presented in [Table 5](#) (overall) and [Table 6](#) (RP2D). The TEAEs reported in most participants overall were dysgeusia (53.9%), and CRS and neutropenia (51.5% each). The TEAEs reported in most participants at the RP2D were dysgeusia (58.9%), dry skin (46.4%), and neutropenia (42.9%).

CRS (see Section [4.3.2.1.4.1](#)) and neurotoxicity of ICANS (see Section [4.3.2.1.4.2](#)) are considered AEs of special interest in Study 79635322MMY1001.

Table 5: TEAEs in at Least 10% of Participants (Overall) by SOC and PT; Safety Analysis Set (Study 79635322MMY1001)

	Total
Analysis set: Safety	167
Subjects with 1 or more TEAEs	165 (98.8%)
System organ class/Preferred term	
Skin And Subcutaneous Tissue Disorders	131 (78.4%)
Dry Skin	64 (38.3%)
Nail Disorder	48 (28.7%)

Table 5: TEAEs in at Least 10% of Participants (Overall) by SOC and PT; Safety Analysis Set (Study 79635322MMY1001)

	Total
Skin Exfoliation	28 (16.8%)
Pruritus	22 (13.2%)
Alopecia	18 (10.8%)
Nail Ridging	18 (10.8%)
General Disorders And Administration Site Conditions	124 (74.3%)
Fatigue	54 (32.3%)
Injection Site Erythema	50 (29.9%)
Pyrexia	24 (14.4%)
Infections And Infestations	124 (74.3%)
Upper Respiratory Tract Infection	54 (32.3%)
Pneumonia	31 (18.6%)
Covid-19	23 (13.8%)
Nasopharyngitis	17 (10.2%)
Urinary Tract Infection	17 (10.2%)
Nervous System Disorders	122 (73.1%)
Dysgeusia	90 (53.9%)
Headache	35 (21.0%)
Blood And Lymphatic System Disorders	120 (71.9%)
Neutropenia	86 (51.5%)
Lymphopenia	62 (37.1%)
Anaemia	41 (24.6%)
Thrombocytopenia	33 (19.8%)
Leukopenia	24 (14.4%)
Immune System Disorders	110 (65.9%)
Cytokine Release Syndrome	86 (51.5%)
Hypogammaglobulinaemia	58 (34.7%)
Gastrointestinal Disorders	108 (64.7%)
Diarrhoea	59 (35.3%)
Dry Mouth	32 (19.2%)
Nausea	23 (13.8%)
Constipation	20 (12.0%)
Vomiting	18 (10.8%)
Musculoskeletal And Connective Tissue Disorders	100 (59.9%)
Arthralgia	36 (21.6%)
Back Pain	32 (19.2%)
Bone Pain	29 (17.4%)
Respiratory, Thoracic And Mediastinal Disorders	88 (52.7%)
Cough	47 (28.1%)
Dyspnoea	18 (10.8%)
Metabolism And Nutrition Disorders	80 (47.9%)
Decreased Appetite	25 (15.0%)
Hypokalaemia	22 (13.2%)
Hypomagnesaemia	21 (12.6%)
Investigations	50 (29.9%)
Weight Decreased	21 (12.6%)
Vascular Disorders	47 (28.1%)
Hypertension	24 (14.4%)
Injury, Poisoning And Procedural Complications	45 (26.9%)
Infusion Related Reaction	17 (10.2%)

Table 5: TEAEs in at Least 10% of Participants (Overall) by SOC and PT; Safety Analysis Set (Study 79635322MMY1001)

	Total
Psychiatric Disorders	30 (18.0%)
Insomnia	18 (10.8%)

Key: TEAE = Treatment-emergent Adverse Event, CRS = cytokine release syndrome, ICANS = immune effector cell-associated neurotoxicity syndrome.

Note: Subjects are counted only once for any given event, regardless of the number of times they actually experienced the event.

Note: Symptoms of CRS and Symptoms of ICANS are excluded.

Adverse events are reported using MedDRA latest Version 28.0.

Data cut-off date: 28SEP2025

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Table 6: TEAEs in at Least 10% of Participants (RP2D) by SOC and PT; Safety Analysis Set (Study 79635322MMY1001)

	Total
Analysis set: Safety	56
Subjects with 1 or more TEAEs	54 (96.4%)
System organ class/Preferred term	
Skin And Subcutaneous Tissue Disorders	45 (80.4%)
Dry Skin	26 (46.4%)
Nail Disorder	20 (35.7%)
Skin Exfoliation	9 (16.1%)
Pruritus	8 (14.3%)
Alopecia	6 (10.7%)
Rash	6 (10.7%)
General Disorders And Administration Site Conditions	39 (69.6%)
Fatigue	18 (32.1%)
Injection Site Erythema	17 (30.4%)
Injection Site Rash	8 (14.3%)
Infections And Infestations	37 (66.1%)
Upper Respiratory Tract Infection	20 (35.7%)
Pneumonia	9 (16.1%)
Covid-19	6 (10.7%)
Urinary Tract Infection	6 (10.7%)
Nervous System Disorders	43 (76.8%)
Dysgeusia	33 (58.9%)
Headache	13 (23.2%)
Blood And Lymphatic System Disorders	41 (73.2%)
Neutropenia	24 (42.9%)
Lymphopenia	22 (39.3%)
Anaemia	11 (19.6%)
Thrombocytopenia	14 (25.0%)
Leukopenia	8 (14.3%)
Immune System Disorders	27 (48.2%)
Cytokine Release Syndrome	22 (39.3%)
Hypogammaglobulinaemia	12 (21.4%)
Gastrointestinal Disorders	38 (67.9%)
Diarrhoea	18 (32.1%)
Dry Mouth	14 (25.0%)
Nausea	9 (16.1%)
Vomiting	6 (10.7%)

Table 6: TEAEs in at Least 10% of Participants (RP2D) by SOC and PT; Safety Analysis Set (Study 79635322MMY1001)

	Total
Musculoskeletal And Connective Tissue Disorders	30 (53.6%)
Arthralgia	11 (19.6%)
Back Pain	10 (17.9%)
Bone Pain	7 (12.5%)
Pain In Extremity	6 (10.7%)
Respiratory, Thoracic And Mediastinal Disorders	25 (44.6%)
Cough	12 (21.4%)
Metabolism And Nutrition Disorders	23 (41.1%)
Decreased Appetite	10 (17.9%)
Hypokalaemia	6 (10.7%)
Hyponatraemia	6 (10.7%)
Vascular Disorders	15 (26.8%)
Hypertension	9 (16.1%)
Injury, Poisoning And Procedural Complications	19 (33.9%)
Fall	8 (14.3%)

Key: TEAE = Treatment-emergent Adverse Event, CRS = cytokine release syndrome, ICANS = immune effector cell-associated neurotoxicity syndrome.

Note: Subjects are counted only once for any given event, regardless of the number of times they actually experienced the event.

Note: Symptoms of CRS and Symptoms of ICANS are excluded.

Adverse events are reported using MedDRA latest Version 28.0.

Data cut-off date: 28SEP2025

Modified from [tsfae02.rtf] [PROD/jnj-79635322/mmy1001/dbr_ib_2025/re_ib_2025/tsfae02.sas] 14OCT2025, 09:27

4.3.2.1.2. Dose-limiting Toxicities

Overall, 5 participants experienced DLTs per SET as of the CCO, including 3 Grade 3 events and 2 Grade 4 events. At the RP2D, 1 participant experienced a Grade 4, non-serious DLT of neutropenia per SET, 3 days after a treatment dose of 100 mg. No dose change was made and the event had an outcome of recovered/resolved.

4.3.2.1.3. Deaths, Serious Adverse Events, and Other Significant Adverse Events

4.3.2.1.3.1. Deaths

Overall, 15 deaths were reported in participants who received JNJ-79635322, as of the CCO. The cause of death was reported as progressive disease in 5 participants, AEs in 6 participants, and other in 4 participants. Two of the 6 deaths due to AEs occurred approximately 3 and 4 months, respectively after treatment ended, which were therefore not considered treatment-emergent per protocol. Four participants experienced TEAEs that led to death (Grade 5 events) including 1 event each of multiple organ dysfunction syndrome, adenoviral encephalitis, embolic stroke, and pulmonary hemorrhage. Of these, 1 of the deaths (due to adenoviral encephalitis) was considered related to the study treatment. Of the 4 participants with cause of death reported as other, 1 participant died due to palliative sedation in the setting of disease progression, 1 participant died due to uncontrolled respiratory tract infection associated with respiratory failure (progressive myeloma and palliative sedation were reported as associated causes), 1 participant died due to

refractory disease, and 1 participant died of unknown reasons approximately 4 months after discontinuation due to physician decision.

At the RP2D, 3 deaths were reported, none of which were treatment-related. The cause of death was reported as progressive disease, AE of pneumonia, and other (refractory disease) in 1 participant each.

4.3.2.1.3.2. Serious Treatment-emergent Adverse Events

Overall, serious TEAEs were reported in 90 (53.9%) participants. Fifty (29.9%) participants experienced serious TEAEs considered by the investigator as related to JNJ-79635322 ([Table 11](#)). Of these, related PTs reported in >2 participants were CRS in 22 (13.2%) participants, pneumonia in 13 (7.8%) participants, upper respiratory tract infection in 4 (2.4%) participants, and bone pain and COVID-19 pneumonia in 3 (1.8%) participants each.

At the RP2D, serious TEAEs were reported in 25 (44.6%) participants. Fifteen (26.8%) participants experienced serious TEAEs considered by the investigator as related to JNJ-79635322 ([Table 11](#)). Of these, related PTs reported in >2 participants were CRS in 5 (8.9%) participants and pneumonia in 3 (5.4%) participants.

Serious TEAEs by SOC and PT are presented in [Table 12](#).

4.3.2.1.3.3. Grade 3 or 4 Treatment-emergent Adverse Events

Overall, Grade 3 and Grade 4 TEAEs were reported (by maximum toxicity grade) for 64 (38.3%) and 75 (44.9%) participants, respectively ([Table 11](#)). Grade 3 events reported in >5 participants were neutropenia in 37 (22.2%) participants, anemia in 23 (13.8%) participants, pneumonia in 19 (11.4%) participants, hypertension in 15 (9.0%) participants, leukopenia in 13 (7.8%) participants, lymphopenia in 12 (7.2%) participants, and thrombocytopenia in 8 (4.8%) participants ([Table 13](#)). Grade 4 events reported in >5 participants were lymphopenia in 47 (28.1%) participants, neutropenia in 38 (22.8%) participants, and thrombocytopenia in 6 (3.6%) participants.

At the RP2D, Grade 3 TEAEs were reported for 23 (41.1%) participants and Grade 4 TEAEs were reported for 24 (42.9%) participants ([Table 11](#)). Grade 3 events reported in >2 participants were: neutropenia in 9 (16.1%) participants, lymphopenia in 7 (12.5%) participants, hypertension in 6 (10.7%) participants, anemia and pneumonia in 5 (8.9%) participants each, and leukopenia, fatigue, and thrombocytopenia in 3 (5.4%) participants each ([Table 14](#)). Grade 4 events reported in >2 participants were lymphopenia in 14 (25.0%) participants and neutropenia in 11 (19.6%) participants.

4.3.2.1.4. Adverse Events of Special Interest

4.3.2.1.4.1. Cytokine Release Syndrome

Overall, CRS was experienced by 86 (51.5%) participants, all of which were treatment-related. Sixty-five (38.9%) participants experienced Grade 1 events, 20 (12.0%) participants experienced Grade 2 events, and 1 (0.6%) participant experienced a Grade 3 event of CRS ([Table 11](#)). Twenty-two (13.2%) participants experienced serious TEAEs of CRS ([Table 12](#)). All CRS events had an outcome of recovered/resolved. Most participants had CRS either at Step-up Dose 1 (52 [31.1%] participants) or Dose 1 (44 [26.3%] participants). The median time to onset of CRS after the most recent dose of study treatment was 2.0 days (range, 1 to 10 days) and the median duration of CRS was 2.0 days (range, 1 to 31 days). Seventy-six (45.5%) participants received supportive measures as treatment for CRS (55 [32.9%] received tocilizumab, 8 [4.8%] received oxygen, 6 [3.6%] received steroids, 1 [0.6%] received vasopressor, and 58 [34.7%] received other supportive measures).

At the RP2D, CRS was experienced by 22 (39.3%) participants, all of which were treatment-related. Seventeen (30.4%) participants experienced Grade 1 events, 4 (7.1%) participants experienced Grade 2 events, and 1 (1.8%) participant experienced a Grade 3 event ([Table 11](#)). Five (8.9%) participants experienced serious TEAEs of CRS ([Table 12](#)). All participants had CRS either at Step-up Dose 1 (15 [26.8%] participants) or Dose 1 (12 [21.4%] participants). The median time to onset of CRS after the most recent dose of study treatment was 2.0 days (range, 1 to 4 days) and the median duration of CRS was 2.0 days (range, 1 to 31 days). Twenty-two (39.3%) participants received supportive measures as treatment for CRS (14 [25.0%] received tocilizumab, 4 [7.1%] received steroids, 3 [5.4%] received oxygen, 1 [1.8%] received vasopressor, and 18 [32.1%] received other supportive measures).

CRS at the RP2D when given with and without prophylactic tocilizumab

Prophylactic tocilizumab (8 mg/kg IV, 3 [$\pm$ 1] hours prior to the first step-up dose) was used as a pretreatment medication option for CRS.

At the RP2D, CRS was reported in 4/29 (13.8%) and 18/27 (66.7%) participants with and without prophylactic tocilizumab, respectively. With prophylactic tocilizumab, 3/29 (10.3%) and 1/29 (3.4%) participants experienced Grade 1 and Grade 3 CRS events, respectively. Without prophylactic tocilizumab, 14/27 (51.9%) and 4/27 (14.8%) participants experienced Grade 1 and Grade 2 CRS events, respectively.

Median time to onset of CRS after the most recent dose of study treatment was 2.0 days (range, 1 to 3 days) and 2.0 days (range, 1 to 4 days) with and without prophylactic tocilizumab, respectively. Median duration of CRS was 2.0 days (range, 1 to 31 days) and 2.0 days (range, 1 to 5 days) with and without prophylactic tocilizumab, respectively.

The Grade 3 event of CRS reported in a participant with prophylactic tocilizumab was serious, occurred after the second full treatment dose, was considered related to study treatment, and had an outcome of recovered/resolved.

4.3.2.1.4.2. Neurotoxicity of ICANS

Overall, neurotoxicity of ICANS was reported in 3 (1.8%) participants ([Table 11](#)), all of which were Grade 1, treatment-related, and had an outcome of recovered/resolved. No drug interruptions or dose reductions were made for any of the 3 events. One ICANS event was serious, occurred after a treatment dose of 10 mg, and resolved within 2 days; the second event was non-serious, occurred after a treatment dose of 40 mg, and resolved within 2 days; the third event was non-serious, occurred after a step-up dose of 5 mg, and resolved within 3 days. None of the participants treated at the RP2D experienced ICANS events.

Overall, 36 (21.6%) participants experienced neurotoxicity events including 1 (0.6%) participant who experienced a Grade 3 or higher neurotoxicity event ([Table 11](#)). At the RP2D, 11 (19.6%) participants experienced neurotoxicity events, none of which were Grade 3 or higher.

4.3.2.2. Combination Therapy Study 79635322MMY1002

Safety data are presented as of the CCO of 28 September 2025 for the following populations treated with JNJ-79635322 in combination with daratumumab or pomalidomide:

Treatment Regimen A1 (JNJ-79635322 [50 mg Q4W or 100 mg Q4W] + daratumumab [SC; 1800 mg Q4W])

As of the CCO, 19 participants with RRMM have been treated with JNJ-79635322 (50 mg Q4W or 100 mg Q4W) + daratumumab Q4W, all of whom have experienced ≥ 1 TEAE (summarized in [Table 15](#)). The TEAEs reported in the greatest proportion of participants ($\geq 15\%$) were: CRS (57.9% each); fatigue and dysguesia (36.8% each); nail disorder and neutropenia (26.3% each); thrombocytopenia and upper respiratory tract infection (21.1%); and diarrhea, dry mouth, injection site erythema, injection site reaction, nausea, rash maculo-papular, rhinovirus infection, and viral upper respiratory tract infection (15.8% each) ([Table 16](#)). Fourteen (73.7%) participants experienced an infection-related TEAE.

Serious TEAEs were reported for 9 (47.4%) participants; CRS was reported in the greatest proportion of participants (6 [31.6%] participants) ([Table 17](#)). Grade 3 and Grade 4 TEAEs were reported (by maximum toxicity grade) in 4 (21.1%) participants each, with Grade 4 neutropenia reported in the greatest proportion of participants (3 [15.8%] participants) ([Table 18](#)). No participants had TEAEs leading to death or discontinuation of study treatment ([Table 15](#)).

Events of CRS were all Grade 1 (7 [36.8%] participants) or Grade 2 (4 [21.1%] participants) and occurred after step-up dosing and Cycle 1 Day 1. The median time to onset of CRS was 1.0 day after the most recent dose of study treatment (range, 1 to 9 days). Tocilizumab treatment was administered to 5 (26.3%) participants and steroids were administered to 2 (10.5%) participants. Five (26.3%) participants experienced neurotoxicity, and no participants had events of ICANS.

DLTs were reported in 2 participants treated with JNJ-79635322 (50 mg Q4W or 100 mg Q4W) + daratumumab Q4W. Two DLTs of Grade 4 thrombocytopenia were reported in a single participant after the first treatment dose of 100 mg Q4W JNJ-79635322. A DLT of Grade 3

pneumonia viral was reported in 1 participant after the first treatment dose of 100 mg JNJ-79635322. Study treatment was not interrupted for any of the 3 events.

Treatment Regimen A2 (JNJ-79635322 [50 mg Q4W or 100 mg Q4W] + daratumumab [SC; 1800 mg Q4W])

As of the CCO, 26 participants with NDMM have been treated with JNJ-79635322 (50 mg Q4W or 100 mg Q4W) + daratumumab Q4W, all of whom have experienced ≥ 1 TEAE (summarized in [Table 15](#)). The TEAEs reported in the greatest proportion of participants ($\geq 15\%$) were: CRS (46.2%); dysgeusia (42.3%); diarrhea (34.6%); neutropenia (26.9%); cough, headache, hypophosphatemia, injection site rash, and nausea (19.2% each); and ALT increased, AST increased, injection site erythema, insomnia, lymphopenia, pyrexia, skin exfoliation, and upper respiratory tract infection (15.4% each) ([Table 16](#)). Seventeen (65.4%) participants experienced an infection-related TEAE.

Serious TEAEs were reported for 11 (42.3%) participants; CRS was reported in the greatest proportion of participants (3 [11.5%] participants) ([Table 17](#)). Grade 3 and Grade 4 TEAEs were reported (by maximum toxicity grade) in 12 (46.2%) participants and 7 (26.9%) participants, respectively, with Grade 3 neutropenia and Grade 4 lymphopenia reported in the greatest proportion of participants (4 [15.4%] participants each) ([Table 19](#)). No participants had TEAEs leading to death or discontinuation of study treatment.

Events of CRS were all Grade 1 (8 [30.8%] participants) or Grade 2 (4 [15.4%] participants), and the majority occurred after step-up dosing and Cycle 1 Day 1. The median time to onset of CRS was 1.0 day after the most recent dose of study treatment (range, 1 to 33 days). Tocilizumab treatment was administered to 7 (26.9%) participants and steroids were administered to 1 participant (3.8%). Four (15.4%) participants experienced neurotoxicity, and no participants had events of ICANS. No participants had DLTs.

Treatment Regimen B (JNJ-79635322 [50 mg Q4W, 100 mg Q4W, or 200 mg Q4W] + pomalidomide [PO; 2 mg])

As of the CCO, 32 participants with RRMM have been treated with JNJ-79635322 (50 mg Q4W, 100 mg Q4W, or 200 mg Q4W) + pomalidomide, all of whom have experienced ≥ 1 TEAE (summarized in [Table 15](#)). The TEAEs reported in the greatest proportion of participants ($\geq 15\%$) were: dysgeusia and neutropenia (46.9% each); CRS and diarrhea (31.3% each); agitation and dry mouth (21.9% each); fatigue, headache, injection site erythema, and insomnia (18.8% each); and dry skin, hypokalemia, lymphopenia, and skin exfoliation (15.6% each) ([Table 16](#)). Twenty (62.5%) participants experienced an infection-related TEAE.

Serious TEAEs were reported for 13 (40.6%) participants; CRS and pneumonia were reported in the greatest proportion of participants (3 [9.4%] participants each) ([Table 17](#)). Grade 3 and Grade 4 TEAEs were reported (by maximum toxicity grade) in 15 (46.9%) participants and 9 (28.1%) participants, respectively, with Grade 3 neutropenia reported in the greatest proportion of participants (11 [34.4%] participants) ([Table 20](#)). No participants had TEAEs leading to death

and 1 participant (3.1%) had a TEAE of neutropenia leading to discontinuation of pomalidomide (but continued JNJ-79635322 dosing).

Events of CRS were all Grade 1 (10 [31.3%] participants), and the majority occurred after step-up dosing and Cycle 1 Day 1. The median time to onset of CRS was 1.0 day after the most recent dose of study treatment (range, 1 to 4 days). Tocilizumab treatment was administered to 3 (9.4%) participants and steroids were administered to 1 participant (3.1%). Seven (21.9%) participants experienced neurotoxicity, and no participants had events of ICANS.

DLTs were reported in 2 participants treated with JNJ-79635322 (50 mg Q4W, 100 mg Q4W, or 200 mg Q4W) + pomalidomide. Two DLTs of Grade 3 injection site infection and Grade 3 injection site necrosis were reported in a single participant 4 days after the second treatment dose of 100 mg Q4W JNJ-79635322 and after initiation of 2 mg pomalidomide. Study treatment with JNJ-79635322 and pomalidomide was interrupted. A DLT of Grade 3 pneumonia was reported in 1 participant 24 days after the second treatment dose of 200 mg JNJ-79635322 and after initiation of 2 mg pomalidomide. Study treatment was not interrupted.

Treatment Regimen C (JNJ-79635322 [100 mg Q4W] + daratumumab [per label])

As of the CCO, 19 participants with NDMM have been treated with JNJ-79635322 (100 mg Q4W) + daratumumab per label, of whom 16 (84.2%) participants have experienced ≥ 1 TEAE (summarized in [Table 15](#)). The TEAEs reported in the greatest proportion of participants ($\geq 15\%$) were: neutropenia (31.6%); CRS and diarrhea (26.3% each); and hypophosphatemia, leukopenia, and vomiting (15.8% each) ([Table 16](#)). Three (15.8%) participants experienced an infection-related TEAE.

Serious TEAEs were reported for 3 (15.8%) participants; with CRS, muscle spasms, and urinary tract infection reported in 1 participant (5.3%) each ([Table 17](#)). Grade 3 and Grade 4 TEAEs were reported (by maximum toxicity grade) in 5 (26.3%) participants and 2 (10.5%) participants, respectively, with Grade 3 neutropenia reported in the greatest proportion of participants (5 [26.3%] participants) ([Table 21](#)). No participants had TEAEs leading to death or discontinuation of study treatment.

Events of CRS were predominantly Grade 2 (3 [15.8%] participants), with events of Grade 1 and Grade 3 CRS reported in 1 participant (5.3%) each, and the majority occurred after step-up dosing and Cycle 1 Day 1. The median time to onset of CRS was 1.0 day after the most recent dose of study treatment (range, 1 to 11 days). Tocilizumab treatment was administered to 4 (21.1%) participants and steroids were administered to 2 (10.5%) participants. One (5.3%) participant experienced neurotoxicity, and no participants had events of ICANS. No participants had DLTs.

4.4. Immunogenicity (Anti-drug Antibodies)

4.4.1. Monotherapy Study 79635322MMY1001

Immunogenicity data were available for 144 evaluable participants in Study 79635322MMY1001, as of the data cut-off date of 17 January 2025. Treatment-emergent antibodies (ADAs) against JNJ-79635322 were detected in 83 (57.6%) participants, with the majority exhibiting low titers ([Table 7](#)). Pre-existing ADAs were observed in 60 (41.7%) participants, of whom 16 were treatment-boosted, defined as a ≥ 4 -fold increase in ADA titers post-treatment compared to baseline. Treatment-induced ADAs were identified in 65 (45.1%) participants, comprising 35 (24.3%) with persistent ADAs and 30 (20.8%) with transient ADAs. The median time to onset of treatment-induced immunogenicity was 9.14 weeks (range, 1.6 to 83.1 weeks). The ADAs appeared to have no impact on PK, as assessed by population PK analysis. In addition, the ADAs appeared to have no impact on safety or efficacy.

Table 7: Summary of ADAs to JNJ-79635322 Status; Immunogenicity-evaluable Analysis Set (Study 79635322MMY1001)

	Cohort 1 to 9	50 mg Cohort 10, 14 & 15	20 mg Cohort 16 & 17	100 mg Cohort 11, 18 & 22	200 mg Cohort 20 & 21	300 mg Q4W Cohort 12 & 13	Total
Analysis set: Immunogenicity-evaluable for subjects with appropriate samples ^a	24	26	5	35	21	13	144
Subjects positive for ADAs at baseline ^b	11 (45.8%)	9 (34.6%)	2 (40.0%)	15 (42.9%)	10 (47.6%)	5 (38.5%)	60 (41.7%)
Subjects positive for ADAs at baseline who were treatment-boosted for ADAs ^{b,c}	1 (4.2%)	2 (7.7%)	0	6 (17.1%)	3 (14.3%)	1 (7.7%)	16 (11.1%)
Subjects positive for treatment-induced ADAs ^{b,d}	9 (37.5%)	15 (57.7%)	2 (40.0%)	17 (48.6%)	10 (47.6%)	7 (53.8%)	65 (45.1%)
Subjects with persistent ADA response ^{b,e}	5 (20.8%)	11 (42.3%)	2 (40.0%)	9 (25.7%)	4 (19.0%)	4 (30.8%)	35 (24.3%)
Subjects with transient ADA response ^{b,f}	4 (16.7%)	4 (15.4%)	0	8 (22.9%)	6 (28.6%)	3 (23.1%)	30 (20.8%)
Subjects positive for treatment-emergent ADAs ^{b,g}	11 (45.8%)	17 (65.4%)	2 (40.0%)	23 (65.7%)	13 (61.9%)	8 (61.5%)	83 (57.6%)

^a Subjects who received at least one injection of JNJ-79635322 and had appropriate serum samples for detection of antibodies to JNJ-79635322 (at least 1 sample after the start of the first injection of JNJ-79635322).

^b Percentages are calculated with the number of subjects with appropriate sample as the denominators.

^c Baseline positive subjects were included only if post-treatment sample titers increased by at least 4-fold compared to baseline.

^d Subjects positive for treatment-induced ADAs includes subjects with a baseline negative sample and at least one sample that is positive for anti-JNJ-79635322 antibodies after JNJ-79635322 administration.

^e Subjects with treatment-induced ADA detected at two or more sampling time points during treatment (including follow-up period, if any), where the first and last ADA-positive samples (irrespective of any negative samples in between) are separated by a period of 16 weeks or longer, or treatment-induced ADA incidence only in the last sampling time point of the treatment study period.

^f Subjects with treatment-induced ADA detected at ≥ 1 sampling time point during the treatment or follow-up observation period and not fulfilling the conditions of subjects with persistent ADA response.

^g Subjects positive for treatment-emergent ADAs includes all subjects who were positive (treatment-boosted or treatment-induced) at any time after their first JNJ-79635322 administration.

Note: Including subjects with missing baseline but had positive antibodies to JNJ-79635322 at subsequent detections.

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4.4.2. Combination Therapy Study 79635322MMY1002

As of the CCO of 28 September 2025, there are no immunogenicity data available for the combination therapy Study 79635322MMY1002 for inclusion in this IB update.

4.5. Marketing Experience

JNJ-79635322 is still in development, therefore, no marketing experience is available.

5. SUMMARY OF DATA AND GUIDANCE FOR INVESTIGATORS

Description of JNJ-79635322

JNJ-79635322 is a fully human IgG1 trispecific monoclonal antibody that simultaneously binds to the TCR co-receptor CD3 ϵ which is expressed on the effector T cells and to target proteins, GPRC5D and BCMA, which are expressed on B-cell lineage cells, mostly plasma blasts and mature plasma cells ([Maus 2013](#), [Pillarisetti 2020a](#)). By bringing the T cells and cancer cells in proximity, JNJ-79635322 promotes the activation of T cells with the subsequent cancer cell lysis mediated by secreted perforin and various granzymes stored in the secretory vesicles of cytotoxic T lymphocytes ([Figure 1](#)).

Nonclinical Pharmacology and Pharmacokinetics

The in vitro and in vivo results indicate that JNJ-79635322 binds specifically to BCMA and/or GPRC5D-expressing cells. After it binds, it is capable of redirecting T cells to mediate potent tumor-cell killing. The effect of JNJ-79635322 on cytotoxicity, T cell activation, and cytokine release was tested in several in vitro assays using different tumor cell lines (as target cells) and pan T cells or whole blood (healthy donors) as the effector cell population at different E:T ratios. JNJ-79635322 redirects CD3+ T cells to BCMA+ and/or GPRC5D+ MM cells and mediates potent cytotoxicity in vitro eliciting an EC₅₀ value ranging between 0.0025-0.312 nM for cytotoxicity with a concomitant T cell activation value ranging from 0.008-1.070 nM for the cell lines tested (H929, MM.1 S, JIM-3, and OPM-2). More importantly, JNJ-79635322 was able to deplete both dual targets expressing H929 cells and an engineered single clonal population efficiently with an EC₅₀ values ranging between 0.007-4.789 nM for cytotoxicity and 0.011-4.131 nM for T cell activation. In addition, JNJ-79635322 was able to deplete plasma cells from MM patient samples in an ex vivo co-culture assay and H929 cells that were added to healthy fresh whole blood to mimic physiologically conditions in a dose-dependent manner. JNJ-79635322 exhibited potent antitumor activity when tested in a murine xenograft model (a tumor regression model using dual-target-expressing cell line RPMI 8226) compared to vehicle and antibody controls. JNJ-79635322 exhibits potent and selective antitumor activity with a clonal depleting ability in vitro, ex vivo, and in vivo assay conditions.

Clinical Pharmacokinetics

JNJ-79635322 exhibited approximately dose-proportional PK following SC administration across a dose range of 0.4 mg to 300 mg. After first dose administration, the mean serum concentration of JNJ-79635322 slowly increased at all dose levels, reaching a median C_{max} around 168 hours for the Q4W regimen. Following multiple SC administrations of JNJ-79635322, steady state was

achieved following the fifth SC administration with Q2W dosing and between the third and the fifth SC administration with Q4W dosing. The mean accumulation ratio (based on AUC_{tau}) ranged from 1.85 to 3.45-fold for Q4W dosing.

Clinical Pharmacodynamics

Preliminary pharmacodynamic data from Study 79635322MMY1001 showed that following administration of step-up dose(s) and treatment dose in the first cycle, participants exhibited peripheral pharmacodynamic changes that were characteristic of the mechanism of action for JNJ-79635322 across all dose regimens, including T cell redistribution and subsequent recovery, T cell activation, and induction of cytokines.

Efficacy

In Study 79635322MMY1001, confirmed response was available for 166 participants overall (Part 1 + Part 2), who received at least 1 dose of JNJ-79635322 and had at least 1 post-treatment disease assessment or discontinued the study for any reason. As of the CCO of 28 September 2025, confirmed treatment response (PR or better) was observed in 122 (73.1%) participants across all dose levels in the Safety Analysis Set. Given the specificity of the targets, pharmacodynamic effects in participants are anticipated to be limited to the JNJ-79635322 mechanism of action of plasma cell depletion and associated T cell activity.

Contraindications

Participants with known hypersensitivity to any component of the drug formulation for JNJ-79635322 should not receive JNJ-79635322 (Section 2.3). Participants enrolled into clinical studies with JNJ-79635322 should adhere to specific inclusion and exclusion criteria as defined by the study protocol.

Precautions and Warnings

JNJ-79635322 is an investigational new drug with safety data available from nonclinical studies and clinical safety data. Therefore, as with any new product, administration of JNJ-79635322 may involve risks that are currently unforeseen. The potential risks and mitigation strategies are based on available clinical data, target expression data, known mechanism of action (ie, T cell activation and tumor cell lysis), route of administration, and clinical data with bispecific T-cell-redirecting antibodies talquetamab (targeting CD3 and GPRC5D) and teclistamab (targeting CD3 and BCMA), as well as literature. Dose modification guidelines for any of the toxicities discussed below are provided in the study protocol.

CRS, ICANS, infection, hypogammaglobulinemia, cytopenia, immune-mediated toxicity, oral toxicity, skin and nail toxicity, sARR, injection site reaction, and TLS are considered potential risks for JNJ-79635322.

Cytokine Release Syndrome

CRS is considered a potential risk for JNJ-79635322. It has also been identified as an event of special interest.

As the specific mode of action of JNJ-79635322 is based on the binding and activation of T cells and the release of cytotoxic cytokines in the tumor environment, AEs of CRS should be anticipated (Klinger 2012). The clinical experience with T-cell-activating bispecific antibodies appears to indicate that CRS occurs most frequently and is most pronounced during the step-up dose(s) and the first treatment dose (Lee 2014, Klinger 2012, Zimmerman 2015).

Clinical symptoms indicative of CRS may include, but are not limited to, fever (with or without rigors), arthralgia, nausea, vomiting, tachycardia, hypotension, headache, confusion, tremor, and delirium (Lee 2014). Potentially life-threatening complications of CRS may include cardiac dysfunction, adult respiratory distress syndrome, neurologic toxicity, renal and/or hepatic failure, and disseminated intravascular coagulation.

Study participants should be closely monitored for early signs and symptoms of CRS. Toxicity grading for CRS will be based on the ASTCT guidelines (Lee 2019). Information regarding required pretreatment medications, management, dose modification/delay, and treatment discontinuation can be found in the study protocol.

As of the CCO of 28 September 2025, 86 (51.5%) participants in Study 79635322MMY1001 have experienced TEAEs of CRS, most of which were Grade 1 (38.9% of participants) or Grade 2 (12.0% of participants). A Grade 3 event of CRS was reported in 1 participant. The majority of events of CRS were reported early in treatment. The administration of prophylactic tocilizumab as a pretreatment medication per protocol resulted in a lower proportion of participants experiencing CRS events at the RP2D, compared with participants who did not receive prophylactic tocilizumab (13.8% vs 66.7%).

Immune Effector Cell-associated Neurotoxicity Syndrome

ICANS is considered a potential risk for JNJ-79635322. It has also been identified as an event of special interest.

Neurotoxicity occurs as a potential class effect associated with T cell therapies. The precise mechanism is unclear; some symptoms of neurotoxicity may be related to cytokine release-mediated effects. Based on the specific mode of action of JNJ-79635322, severe or serious neurological toxicities may occur. Clinical symptoms indicative of ICANS may include, but are not limited to, speech disorders, convulsions, motor weakness, seizures, cerebral edema disturbances in consciousness, confusion, disorientation, and coordination and balance disorders.

Early recognition of neurotoxicity is critical to management. Study participants should have close follow-up in the clinic and be advised to seek medical evaluation if they notice impairment in motor function (eg, weakness), changes in sensation (eg, numbness), or symptoms suggestive of possible CNS abnormalities, such as new onset of headache or mental status changes. Suspected ICANS will be evaluated using the ICE tool, with ICANS grading and recommended management per ASTCT (Lee 2019). Neurologic/psychiatric AEs that do not meet criteria for ICANS will be graded per NCI-CTCAE Version 5.0 and managed per institutional standards. Detailed recommendations for monitoring and clinical management of ICANS are provided in the study protocol.

As of the CCO of 28 September 2025, 3 (1.8%) participants in Study 79635322MMY1001 experienced events of ICANS, all of which were Grade 1, treatment-related and had an outcome of recovered/resolved. One ICANS event was serious, occurred after a treatment dose of 10 mg, and resolved within 2 days; the second event was non-serious, occurred after a treatment dose of 40 mg and resolved within 2 days; the third event was non-serious, occurred after a step-up dose of 5 mg, and resolved within 3 days. Guidance regarding CNS effects due to CRS or ICANS is described within the protocol.

Infections

Infection is considered a potential risk for JNJ-79635322. Infection may occur as a result of secondary toxicity due to pharmacologic effects of plasma cell depletion and/or cytopenias. Study participants with MM are also susceptible to infection due to compromised immunity caused by disease. New or reactivated viral infections have been reported in participants treated with bispecific antibodies (teclistamab and talquetamab; TALVEY USPI 2023, TECVAYLI USPI May 2024).

Study participants should be frequently monitored for the presence of infections, with the acquisition of cultures and/or implementation of empiric antibiotic therapy as appropriate, based on clinical judgment and institutional standards. Prophylactic antimicrobials should be administered according to local institutional guidelines. HBV reactivation can occur in participants treated with drugs directed against plasma cells, and in some cases, may result in fulminant hepatitis, hepatic failure, and death ([Loomba 2017](#)). Participants who receive JNJ-79635322 who have evidence of positive HBV serology should be monitored for clinical and laboratory signs of HBV reactivation. In participants who develop reactivation of HBV while on JNJ-79635322, treatment should be withheld and managed per local institutional guidelines. In addition to HBV, screening should be performed for hepatitis C virus, study participants should be monitored as clinically indicated and treatment or supportive care should be initiated, as appropriate.

As of the CCO date of 28 September 2025, 124 (74.3%) participants in Study 79635322MMY1001 experienced at least 1 event of infection. The most common infections reported in >10 participants were upper respiratory tract infection (32.3% of participants), pneumonia (18.6% of participants), COVID-19 (13.8% of participants), nasopharyngitis and urinary tract infection (10.2% of participants each), and rhinovirus infection (7.2% of participants). Forty-four (26.3%) participants experienced events which were Grade 3 or higher and 91 (54.5%) participants experienced events which were considered related to the study treatment.

Hypogammaglobulinemia

GPRC5D and BCMA are expressed on normal plasma cells in addition to MM and AL amyloidosis cells. Thus, any normal plasma cells are also expected to be targeted by JNJ-79635322, which may cause hypogammaglobulinemia. Ig levels should be monitored throughout treatment and after treatment with JNJ-79635322, and hypogammaglobulinemia should be treated according to local guidelines, including the administration of Ig replacement, monitoring for infection, infection precautions, and antibiotic or antiviral prophylaxis. Further guidance is provided in the individual clinical study protocols.

Immune-mediated Toxicity

Immune-mediated toxicity is considered a potential risk for JNJ-79635322. Bispecific antibodies may lead to specific immune-mediated AEs, including but not limited to pneumonitis, colitis, hypophysitis, and hypothyroidism. Continuous, careful monitoring, and timely management of immune-mediated AEs may help to mitigate more severe toxicity. Symptomatic and best supportive care measures for specific potential immune-mediated AEs should be initiated as soon as clinically indicated and should follow the institutional standards. These treatments may include corticosteroids or other immune suppressive agents, or both as required for the specific immune-mediated AEs. Information regarding required pretreatment medications, dose modification/delay, and treatment discontinuation can be found in the study protocol.

In addition to above mentioned immune-mediated organ toxicity, bone pain associated with tumor flare may occur during early doses and may be associated with an immune-mediated mechanism. Supportive care including steroid and pain management can help manage bone pain.

Oral Toxicity

Oral toxicity is considered a potential risk for JNJ-79635322. GPRC5D expression (by ISH and IHC) has been confirmed in filiform papillae of the human tongue, tonsil, and salivary glands (Study 10162020 [nonclinical study], [Pillarisetti 2020b](#), [Goldsmith 2021](#)). Treatment with talquetamab has led to variable symptoms of oral toxicity, including and not limited to, dysgeusia, dry mouth, dysphagia, and weight loss ([Krishnan 2021](#)). The exact mechanism for this toxicity is unknown. Possible hypotheses include target-mediated toxicity and/or immune-mediated adverse effects.

Oral toxicities should be managed as appropriate, based on best clinical judgment and institutional standards. Management may include dose delay or reduction. Supportive care may include saliva stimulating agents, steroid mouth wash, or consultation with a nutritionist.

As of the CCO of 28 September 2025, the most frequently reported oral toxicities in Study 79635322MMY1001 were dysgeusia (53.9% of participants) and dry mouth (19.2% of participants). In addition, 12.6% of participants experienced TEAEs of weight decreased. All of them were Grade 1 or Grade 2 events.

Skin and Nail Toxicities

Skin and nail toxicity is considered a potential risk for JNJ-79635322. Skin and nail toxicities have been reported for talquetamab (TALVEY USPI 2023). GPRC5D expression (by ISH and IHC) has been confirmed in hair bulb and shaft and epithelial cells of eccrine sweat glands of human skin (Study 06292022 [nonclinical study]).

GPRC5D expression in human nails has not been assessed; however, it has been reported in nailbeds in mouse (mRNA; [Inoue 2004](#)), and a similar expression pattern is likely in humans based on clinical AEs with talquetamab ([Minnema 2023](#)). Generally, skin and nail changes have occurred after several months of treatment but may occur with earlier doses. Skin changes may include skin

peeling, itching, and rash. Nail changes may include nail loss, peeling, ridging, discoloration, breaking, and separation.

For nail toxicity, good hygienic practices should be followed. Participants should be advised to keep fingers and toes clean, nails trimmed (avoid aggressive trimming), and wear comfortable shoes with extra room around the toes. The presence of infection should be monitored (periungual edema, erythema, tenderness, and/or discharge) with the acquisition of cultures and/or implementation of empiric antibiotic therapy as appropriate, based on clinical judgment.

Rashes may be local, at the site of a SC injection, or may be systemic. Rashes on the body that are distinct from injection site reactions should be recognized. Monitoring of rash progression is critical and early intervention may be necessary. Rashes occurring during the first cycle should be managed aggressively with topical steroids and a short course of oral steroids should be considered early to reduce the risk of rash progression.

As of the CCO of 28 September 2025, 131 (78.4%) participants experienced TEAEs in the Skin And Subcutaneous Tissue Disorders SOC in Study 79635322MMY1001. The most common PTs reported in >15 participants included dry skin (38.3% of participants), nail disorder (28.7% of participants), skin exfoliation (16.8% of participants), pruritus (13.2% of participants), and alopecia and nail ridging (10.8% of participants each).

Systemic Administration-related Reactions

sARRs are defined as systemic administration-related AEs, regardless of route of administration. sARRs are considered a potential risk for JNJ-79635322. Hypersensitivity reactions (allergic reactions) may occur as a class effect of biologicals, including bispecific antibodies. Serious allergic reactions (eg, anaphylaxis) may occur at any time during the administration of monoclonal antibodies. Agents for the treatment of serious allergic reactions (including anaphylaxis) should be available for immediate use in the event of a reaction. Anaphylaxis reactions have not been reported in teclistamab, talquetamab, or JNJ-79635322 studies to date.

Information regarding required pretreatment medications, management, dose modification/delay, and treatment discontinuation can be found in the study protocol. Agents for the treatment of serious allergic reactions (including anaphylaxis) should be available for immediate use in the event of a reaction.

Injection Site Reactions

SC injection site reactions are considered an important potential risk for JNJ-79635322. Injection site reactions have been reported with bispecific T-cell-redirecting antibodies administered subcutaneously. Local reactions surrounding the injection site should be monitored and managed per institutional standards.

Injection site reactions have been reported in Study 79635322MMY1001. The most common PTs reported in >5 participants included injection site erythema (29.9% of participants), injection site

rash (9.0% of participants), injection site pruritus (8.4% of participants), injection site induration (6.6% of participants), and injection site pain (4.2% of participants); all events were Grade 1 or 2.

Tumor Lysis Syndrome

TLS is considered a potential risk for JNJ-79635322. Treatment with T-cell-activating agents such as JNJ-79635322 can lead to the rapid killing of MM cells, which can be associated with a release of intracellular ions and metabolic byproducts into the systemic circulation and can result in signs and symptoms indicative of TLS. Clinically, TLS can be characterized by rapid development of hyperuricemia, hyperkalemia, hyperphosphatemia, hypocalcemia, and potentially acute renal failure.

Early recognition and monitoring of signs and symptoms in participants at risk for TLS, including identification of abnormal clinical and laboratory values, may lead to successful prevention of the serious clinical complications of the condition. Supportive care should be initiated according to the institutional standards and at the investigator's discretion.

As of the CCO of 28 September 2025, 2 (1.2%) participants in Study 79635322MMY1001 experienced events of TLS that included 1 Grade 2 event and 1 Grade 3 event. Both events were considered related to the study treatment, were non-serious, and resolved.

Cytopenias

Neutropenia, anemia, thrombocytopenia, and lymphopenia are potential risks for JNJ-79635322. A study participant's hematological parameters should be closely monitored. Supportive care (eg, blood and thrombocyte transfusions, granulocyte-colony stimulating factor for neutropenia) should be provided according to institutional guidelines. During periods of CRS, granulocyte-colony stimulating factor and granulocyte-macrophage colony stimulating factor should be limited when possible.

As of the CCO of 28 September 2025, cytopenias have been reported in Study 79635322MMY1001. The most common PTs reported in >2 participants included neutropenia (51.5% of participants), lymphopenia (37.1% of participants), anemia (24.6% of participants), thrombocytopenia (19.8% of participants), and leukopenia (14.4% of participants). The majority of participants reporting cytopenias had Grade 3 or Grade 4 events.

Factor X Deficiency

Participants with AL amyloidosis may develop acquired factor X deficiency ([Choufani 2001](#)). Testing coagulation parameters and factor X levels for all participants is recommended if a participant will have an invasive procedure, but not required. Any clinically significant bleeding should prompt testing for acquired factor X level and supportive therapy including factor replacement if needed.

Cardiac Events in Patients with AL Amyloidosis

Patients with AL amyloidosis and severe cardiac dysfunction have a poor prognosis. The extent of cardiac involvement at baseline is the most important predictor of clinical outcomes. Organ

response rates are associated with hematologic response but usually lag behind hematological response and are also dependent on the initial organ function reserve. Therefore, cardiac events can occur despite reduction in involved free light chain (Fotiou 2020). Strategies for mitigating delayed cardiac organ response are outlined in Table 8.

Table 8: Mitigation Strategy for Delayed Cardiac Organ Response

Mitigation Strategy
Close monitoring of cardiac events
Exclusion of participants with evidence of significant cardiovascular conditions
Inclusion of participants with left ventricular ejection fraction $\geq 45\%$

Drug Interactions

No preclinical or clinical studies that examine the interaction between JNJ-79635322 and other products have been conducted. However, as JNJ-79635322 may induce immunosuppression, live attenuated vaccines are prohibited during treatment and for 90 days after the last dose of JNJ-79635322.

It is recommended that CYP substrates with a narrow therapeutic index (eg, warfarin) should be monitored closely and have doses adjusted as necessary during the treatment with JNJ-79635322, especially during the first 14 days of the first dose or during events of CRS.

Carcinogenicity, Mutagenicity, and Impairment of Fertility

No carcinogenicity, genotoxicity, or fertility studies have been conducted in nonclinical species.

As per ICH S6(R1), Preclinical Safety Evaluation of Biotechnology-Derived Pharmaceuticals, and ICH S9, Technical Requirements for Pharmaceuticals for Human Use, standard carcinogenicity and genotoxicity studies are generally inappropriate for biotechnology-derived pharmaceuticals. Monoclonal antibodies, such as JNJ-79635322, are too large to diffuse across membranes and therefore, are not expected to pass through the cellular and nuclear membranes of intact cells and interact with DNA or other chromosomal material.

It is not known whether JNJ-79635322 can affect fertility in humans.

Pregnancy

Reproductive and developmental toxicity studies with JNJ-79635322 in nonclinical species have not been performed. JNJ-79635322 should not be administered to pregnant women or women who are breastfeeding children. Participants enrolled into clinical studies with JNJ-79635322 should adhere to the instructions regarding pregnancy testing and contraceptive use as defined by the study protocols.

Acute and Subchronic Toxicity

JNJ-79635322 does not have a relevant species for in vivo toxicological assessment, therefore, no in vivo toxicology studies were conducted. In the absence of a relevant toxicology species, the

potential for on-target and chronic toxicities was assessed using a weight-of-evidence approach. Potential risks are described above under Precautions and Warnings.

Antigenicity, Immunogenicity

As of 17 January 2025, immunogenicity data were available for 144 evaluable participants in Study 79635322MMY1001. Treatment-emergent antibodies (ADAs) against JNJ-79635322 were detected in 83 (57.6%) participants, with the majority exhibiting low titers. Pre-existing ADAs were observed in 60 (41.7%) participants, of whom 16 were treatment-boostered, defined as a ≥ 4 -fold increase in ADA titers post-treatment compared to baseline. Treatment-induced ADAs were identified in 65 (45.1%) participants, comprising 35 (24.3%) with persistent ADAs and 30 (20.8%) with transient ADAs. The median time to onset of treatment-induced immunogenicity was 9.14 weeks (range, 1.6 to 83.1 weeks). The ADAs appeared to have no impact on PK as assessed by population PK analysis. In addition, the ADAs appeared to have no impact on safety or efficacy.

Geriatric Use

No geriatric studies have been conducted, and therefore, no specific guidance for use in these populations exists.

Pediatric Use

No pediatric studies have been conducted, and therefore, no specific guidance for use in these populations exists.

Use in Renal/Hepatic Dysfunction/Failure

No studies have been conducted in participants with renal or hepatic dysfunction; therefore, no specific guidance for use in participants with renal or hepatic dysfunction or failure exists.

Overdosage and Abuse Potential

There are no human or animal data regarding overdose of JNJ-79635322, which is thereby not a Drug Enforcement Administration-controlled substance. There are no data available on susceptible subject populations, the potential for abuse of JNJ-79635322, or on the potential for dependence on JNJ-79635322.

How Supplied

Detailed information on dose preparation, handling, and storage conditions will accompany the clinical drug supplies to the clinical study site(s). The storage conditions and expiry will be indicated on the label of the drug product.

Adverse Drug Reactions

Serious adverse reactions in the ADR table below may be used for expectedness determination for the purposes of expedited reporting for non-UK/EU/EEA regions, in accordance with applicable local regulations.

The sponsor's medical experts evaluated safety data from 2 clinical studies (79635322MMY1001 and 79635322MMY1002) up to 28 September 2025 according to the definition of ADRs from the ICH E6(R2): Good Clinical Practice, Consolidated Guideline (ICH, 2016).

Table 9: Incidence of Treatment-emergent ADRs by SOC, PT; Safety Analysis Set (Participants Exposed to JNJ-79635322)

System Organ Class (SOC)	Preferred Term	Number of Participants Exposed to JNJ-79635322 (N=263)	
		Frequency n (%)	Frequency Category
Blood and lymphatic system disorders	Neutropenia	119 (45.2%)	Very common
	Lymphopenia	74 (28.1%)	Very common
	Anaemia ^{a,b}	50 (19.0%)	Very common
	Thrombocytopenia ^{a,b}	44 (16.7%)	Very common
Immune system disorders	Cytokine release syndrome ^a	124 (47.1%)	Very common
	Hypogammaglobulinaemia	61 (23.2%)	Very common
Nervous system disorders	Dysgeusia	125 (47.5%)	Very common
	Headache ^{a,b}	50 (19.0%)	Very common
Skin and subcutaneous tissue disorders	Dry skin	73 (27.8%)	Very common
	Nail disorder	60 (22.8%)	Very common
	Skin exfoliation	40 (15.2%)	Very common
Infections and infestations	Upper respiratory tract infection ^{a,b}	67 (25.5%)	Very common
	Pneumonia ^{a,c}	42 (16.0%)	Very common
	COVID-19 ^{a,b}	27 (10.3%)	Very common
General disorders and administration site conditions	Injection site erythema ^{a,b}	63 (24.0%)	Very common
	Pyrexia ^{a,b}	32 (12.2%)	Very common
Musculoskeletal and connective tissue disorders	Bone pain ^{a,b}	36 (13.7%)	Very common
Metabolism and nutrition disorders	Decreased appetite	31 (11.8%)	Very common

Very common ($\geq 1/10$); common ($\geq 1/100$ to $< 1/10$); uncommon ($\geq 1/1,000$ to $< 1/100$); rare ($\geq 1/10,000$ to $< 1/1,000$); very rare ($< 1/10,000$).

^a Serious ADRs.

^b New serious ADR identified since the last Annual IB update.

^c Grouped term of "Pneumonia", including the following preferred terms: 'Pneumonia', 'Pneumocystis jirovecii pneumonia', 'Pneumonia haemophilus', 'Pneumonia influenza', 'Pneumonia klebsiella', 'Pneumonia respiratory syncytial viral', 'COVID-19 pneumonia'.

Note: Symptoms of CRS are not included, the most frequently reported symptoms of CRS ($\geq 5\%$) include: Chills, Hypotension, Hypoxia, Pyrexia.

Note: Percentages are calculated with the number of participants exposed to JNJ-79635322 as denominator.

Note: Participants are counted only once for any given event, regardless of the number of times they actually experienced the event.

Note: Includes participants exposed to JNJ-79635322 in studies 79635322MMY1001 and 79635322MMY1002.

Adverse events are coded using MedDRA Version 28.0.

[tsfadr01.rtf] [PROD/jnj-79635322/z_ib/dbr_2025_09/re_2025_09/tsfadr01.sas] 07OCT2025, 04:07

6. REFERENCE SAFETY INFORMATION

The information within this section outlines expected SARs for regulatory reporting purposes, in compliance with UK/EU/EEA-specific regulatory requirements, and does not present a comprehensive overview of the safety profile of the Investigational Medicinal Product.

The table below provides a cumulative list of SARs that have occurred more than once as of the Development Safety Update Report data lock point of 28 September 2025 and are considered expected in accordance with applicable local regulations.

Reports of suspected SARs which are not listed in the table(s) below are subject to expedited reporting, in accordance with applicable local regulations.

No fatal or life-threatening SARs are considered expected by the sponsor for the purposes of expedited reporting of SUSARs.

The RSI Table below uses the latest available MedDRA version. There was no impact to the list of PTs according to the latest updated MedDRA version.

Table 10: Serious Adverse Reactions for JNJ-79635322 Considered Expected for Safety Reporting Purposes; Safety Analysis Set (Participants Exposed to JNJ-79635322)

System Organ Class (SOC)	Serious Adverse Reaction (SAR) by Preferred Term	Number of Participants Exposed to JNJ-79635322 (N=263)
		All SARs Frequency n(%)
Immune system disorders	Cytokine release syndrome	35 (13.3%)
Infections and infestations	Pneumonia	15 (5.7%)
	Upper respiratory tract infection	5 (1.9%)
	COVID-19 pneumonia	3 (1.1%)
	Bone pain	4 (1.5%)
Musculoskeletal and connective tissue disorders		

n = Number of participants who experienced SAR assessed as related

Note: Symptoms of CRS are not included, the most frequently reported symptoms of CRS ($\geq 5\%$) include: Chills, Hypotension, Hypoxia, Pyrexia.

Note: Percentages are calculated with the number of participants exposed to JNJ-79635322 as denominator.

Note: Events occurring in more than one subject are included in this table.

Note: Includes participants exposed to JNJ-79635322 in studies 79635322MMY1001 and 79635322MMY1002.

Adverse events are coded using MedDRA Version 28.0.

[tsfadr02.rtf] [PROD/jnj-79635322/z_ib/dbr_2025_09/re_2025_09/tsfadr02.sas] 07OCT2025, 04:07

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APPENDIX 1: OVERVIEW OF NONCLINICAL STUDIES OF JNJ-79635322 AND STUDIES SUPPORTING JNJ-79635322

Appendix 1.1: Pharmacology Overview

Type of Study	Test System	Route	Dose	Batch Number	GLP	Test Facility	Study Number
Primary Pharmacodynamics							
Target cell line expression and receptor densities	Human endogenous BCMA-GPRC5D-expressing cell lines, FACS	In vitro	NA	NA	No	JRD Spring House, PA, USA	DD22023
JNJ-79635322 and control Ab binding to endogenous BCMA+GPRC5D expressing cells (4 positive and 2 negative cell lines)	Human endogenous BCMA-GPRC5D-expressing cell lines, FACS	In vitro	0.976 to 1000.00 nM (X-axis, 1:2 serial dilution)	PPB000094783	No	JRD Spring House, PA, USA	DD22023
JNJ-79635322 and control antibody-mediated cell killing in endogenous BCMA+GPRC5D expressing cell lines (4 positive and 2 negative cell lines)	Human endogenous BCMA-GPRC5D-expressing cell lines, human pan T cells, FACS	In vitro	0.00005 to 533.33 nM (X-axis, 1:5 serial dilution)	PPB000094783	No	JRD Spring House, PA, USA	DD22023
JNJ-79635322 and control antibody-mediated T cell activation in BCMA+GPRC5D expressing cell lines (4 positive and 2 negative cell lines)	Human endogenous BCMA-GPRC5D-expressing cell lines, human pan T cells, FACS	In vitro	0.00005 to 533.33 nM (X-axis, 1:5 serial dilution)	PPB000094783	No	JRD Spring House, PA, USA	DD22023
Functional activity assay using CRISPR KO H929 cells (BCMA and GPRC5D) – JNJ-79635322, control antibodies and positive controls (teclistamab and talquetamab)	CRISPR knock-out H929 cell lines, human pan T cells, FACS	In vitro	0.00005 to 533.33 nM (X-axis, 1:5 serial dilution)	PPB000094783	No	JRD Spring House, PA, USA	DD22023

Appendix 1.1: Pharmacology Overview

Type of Study	Test System	Route	Dose	Batch Number	GLP	Test Facility	Study Number
Normal whole blood spike in MM cell (H929) killing, T cell activation, and cytokine profiling (6 normal donors [1 cell line]) - JNJ-79635322 and control antibody	Healthy human whole blood spiked with MM H929 cell lines, FACS	In vitro	0.00005 to 533.33 nM (X-axis, 1:5 serial dilution)	PPB000094783	No	JRD Spring House, PA, USA	DD22023
Cytokine profile in killing assay with JNJ-79635322 in human MM cell lines (H929 - Whole blood)	Healthy human whole blood spiked with MM H929 cell lines, MSD	In vitro	0.00005 to 533.33 nM (X-axis, 1:5 serial dilution)	PPB000094783	No	JRD Spring House, PA, USA	DD22023
MM BM MNC depletion assay with receptor density in 3-5 participant samples	Human MM participant bone marrow MNC samples, human pan T cells, FACS	In vitro	0.00005 to 533.33 nM (X-axis, 1:5 serial dilution)	PPB000094783	No	JRD Spring House, PA, USA	DD22023
Effect of E:T ratios (5:1, 3:1, and 1:1) on JNJ-79635322 and control antibody efficacy in 2 cell lines	Human endogenous BCMA-GPRC5D-expressing H929 cell line, human pan T cells, FACS	In vitro	0.00005 to 533.33 nM (X-axis, 1:5 serial dilution)	PPB000094783	No	JRD Spring House, PA, USA	DD22023
Time-course (24, 48, 72, 96, 120, 144, and 168 hours) effect of JNJ-79635322 in H929 cells at 2 E:T ratios (3:1 and 1:1)	Human endogenous BCMA-GPRC5D-expressing H929 cell line, human pan T cells, FACS	In vitro	0.00005 to 533.33 nM (X-axis, 1:5 serial dilution)	PPB000094783	No	JRD Spring House, PA, USA	DD22023
Non-specific activity of JNJ-79635322 and control antibodies on T cells	Human pan T cells, FACS	In vitro	0.00005 to 533.33 nM (X-axis, 1:5 serial dilution)	PPB000094783	No	JRD Spring House, PA, USA	DD22023
Non-specific activity and cytotoxicity of JNJ-79635322 in whole blood	Healthy human whole blood, FACS	In vitro	0.00005 to 533.33 nM (X-axis, 1:5 serial dilution)	PPB000094783	No	JRD Spring House, PA, USA	DD22023

Appendix 1.1: Pharmacology Overview

Type of Study	Test System	Route	Dose	Batch Number	GLP	Test Facility	Study Number
In vitro pharmacological characterization of JNJ-79635322 in amyloidosis	Human BCMA-GPRC5D-expressing ALMC-2 cell line, FACS	In vitro	0.097 to 533.33 nM (X-axis, 1:3 dilution)	MFS2D	No	JRD Spring House, PA, USA	DD24067
Functional activity in 2-3 lymphoma cell lines (+ H929) - JNJ-79635322 and control antibody	Human endogenous BCMA-expressing cell lines, human pan T cells, FACS	In vitro	0.00005 to 533.33 nM (X-axis, 1:5 serial dilution)	PPB000094783	No	JRD Spring House, PA, USA	DD22023
Functional activity in RPMI 8226 cell lines – JNJ-79635322 and control antibody	Human endogenous BCMA-GPRC5D-expressing H929 cell line, human pan T cells, FACS	Data review	0.00005 to 533.33 nM (X-axis, 1:5 serial dilution)	PPB000094783	No	JRD Spring House, PA, USA	DD22023
RPMI 8226 regression model JNJ-79635322, teclistamab, and talquetamab	In vivo xenograft regression model using subcutaneous RPMI 8226 cell line	IP	<u>JNJ-79635322</u> 0.1, 0.4, 1.0, 2.5 mg/kg	PPB000094783	No	JRD Spring House, PA, USA	DD22009
			<u>Teclistamab</u> 0.4, 1.0, 2.5 mg/kg	P73113A/S417 E29			
			<u>Talquetamab</u> 2.5 mg/kg	17E29			
H929 CRISPR KO prophylactic model JNJ-79635322, teclistamab, and talquetamab	In vivo xenograft prophylactic model using subcutaneous CRISPR knock-out H929 cell line	IP	<u>JNJ-79635322</u> 0.025, 0.1, 0.25, 0.5 mg/kg	PPB000094783	No	JRD Spring House, PA, USA	DD22009
			<u>Teclistamab</u> 0.1 and 0.25 mg/kg	P73113A/S417 E29			
			<u>Talquetamab</u> 0.1 and 0.25 mg/kg	17E29			

Appendix 1.1: Pharmacology Overview

Type of Study	Test System	Route	Dose	Batch Number	GLP	Test Facility	Study Number
MM.1 S regression model JJN-79635322 control antibodies, teclistamab, and talquetamab	In vivo xenograft regression model using subcutaneous MM.1 S cell line	In vivo	<u>JNJ-79635322</u> 0.025, 0.1, 0.5, 1 mg/kg <u>Teclistamab</u> 0.1 and 0.5 mg/kg <u>Talquetamab</u> 0.02 and 0.1 mg/kg	PPB000094783 P73113A/S417 E29 17E29	No	JRD Spring House, PA, USA	DD22009
Target Expression Profile BCMA binding profile in whole blood	FACS	In vitro	NA	NA	No	JRD Spring House, PA, USA	DD16322
GPRC5D expression on normal human tissues	IHC	In vitro	NA	NA	No	JRD San Diego, CA, USA	02212020
GPRC5D expression on normal human tissues	ISH	In vitro	NA	NA	No	JRD San Diego, CA, USA	04092020
GPRC5D expression on normal human tissues	IHC and ISH	In vitro	NA	NA	No	JRD San Diego, CA, USA	07242020
GPRC5D expression on normal human tissues (oral cavity)	IHC and ISH	In vitro	NA	NA	No	JRD San Diego, CA, USA	10162020
GPRC5D expression on normal human tissues	IHC and ISH	In vitro	NA	NA	No	JRD San Diego, CA, USA	06292022
GPRC5D expression on normal cynomolgus monkey tissues	IHC and ISH	In vitro	NA	NA	No	JRD Spring House, PA, USA	07152020
GPRC5D and BCMA normal human tissue co-expression	IHC and ISH	In vitro	NA	NA	No	JRD San Diego, CA, USA	PATHLJ23 -007

Appendix 1.1: Pharmacology Overview

Type of Study	Test System	Route	Dose	Batch Number	GLP	Test Facility	Study Number
Secondary Pharmacodynamics							
Plasma membrane protein array binding screen for BCMA binding arm	HEK293 cells	In vitro	NA	NA	No	CRL (formerly Retrogenix Ltd.) High Peak, UK	TOX14288
Plasma membrane protein array binding screen for GPRC5D-binding arm	HEK293 cells	In vitro	NA	NA	No	CRL High Peak, UK	TOX14661
Functional selectivity in tumor-associated antigen-negative cell lines	Cancer cell lines	In vitro	NA	PPB000099163	No	JRD Spring House, PA, USA	TOX15209
Safety Pharmacology	No studies conducted with JNJ-79635322.						

Abbreviations: See List of Abbreviations and Definitions of Terms.

Appendix 1.2: Pharmacokinetics Overview

Type of Study	Test System	Route (Vehicle/Formulation)	Batch Number	GLP	Test Facility	Study Number
Absorption						
Single-dose PK of JNJ-79635322	Cynomolgus monkey	IV (10 mM histidine, pH 6.5 in sterile water)	PPB000094783	No	Altasciences Preclinical Seattle LLC Everett, WA 98203, USA	CP2020PK-070
Single-dose PK of JNJ-79635322	Cynomolgus monkey	IV, SC (1 mM acetate, 8.0% sucrose, 0.04% polysorbate 20, 20 µg EDTA at pH 5.2)	JNJ-79635322- n001-00071	No	CRL Mattawan, MI, USA	CP2021PK-073
Single-dose PK and bioavailability of JNJ-79635322	Göttingen minipig	IV, SC (10 mM histidine, pH 6.5 in sterile water)	PPB000099163	No	CRL Mattawan, MI, USA	CP2021PK-009
Distribution						
Bone marrow distribution of JNJ-79635322 in a PK study	Cynomolgus monkey	IV (10 mM histidine, pH 6.5 in sterile water)	PPB000094783	No	Altasciences Preclinical Seattle LLC Everett, WA 98203, USA	CP2020PK-070
Metabolism	No study conducted with JNJ-79635322					
Excretion	No study conducted with JNJ-79635322					
Pharmacokinetic Drug Interactions	No study conducted with JNJ-79635322					

Abbreviations: See List of Abbreviations and Definitions of Terms.

Appendix 1.3: Toxicology Overview

Type of Study	Species and Strain	Route (Vehicle/Formulation)	Duration of Dosing	Dose ^a	Batch Number	TK	GLP	Test Facility	Study Number
Identification of a Pharmacologically Relevant Species									
In silico sequence alignment for CD3 extracellular domain between human and nonclinical toxicology species	NA	In silico	NA	NA	NA	NA	No	JRD San Diego, CA, USA	DD22092
In silico sequence alignment for full-length GPRC5D between human and nonclinical toxicology species	NA	In silico	NA	NA	NA	NA	No	JRD San Diego, CA, USA	DS-TEC-91511
In silico sequence alignment for GPRC5D and BCMA extracellular domain between human and nonclinical toxicology species	NA	In silico	NA	NA	NA	NA	No	JRD San Diego, CA, USA	DD22156
Species cross-reactivity of the CD3 binding arm	Human and cynomolgus monkey primary T cells	In vitro	NA	NA	NA	NA	No	JRD San Diego, CA, USA	TOX15231
Species cross-reactivity of BCMA and GPRC5D binding arms on cell lines by flow cytometry	Human and cynomolgus monkey GPRC5D and BCMA transfected K562 cell lines	In vitro	NA	NA	NA	NA	No	JRD Spring House, PA, USA	BD2021ST-046

Appendix 1.3: Toxicology Overview

Type of Study	Species and Strain	Route (Vehicle/Formulation)	Duration of Dosing	Dose ^a	Batch Number	TK	GLP	Test Facility	Study Number
Species cross-reactivity of BCMA binding arm to cynomolgus monkey BCMA by SPR	Cynomolgus monkey BCMA recombinant protein	In vitro	NA	NA	NA	NA	No	JRD Spring House, PA, USA	BD2021ST-042
Species cross-reactivity of GPRC5D binding arm on cell lines by flow cytometry	Murine GPRC5D transfected HEK293 cell line and NCI H929 cell line	In vitro	NA	NA	NA	NA	No	Champions Oncology Rockville, MD, USA	1883-103
Species cross-reactive bioactivity assay	Human and cynomolgus monkey T cells	In vitro	NA	NA	NA	NA	No	JRD San Diego, CA, USA	TOX15781
Single-Dose Toxicity	No study conducted with JNJ-79635322. Evaluation was based on limited toxicity evaluations conducted in IV/SC single-dose PK studies in cynomolgus monkeys and Göttingen minipigs (CP2021PK-073 and CP2021PK-009).								
Repeat-Dose Toxicity									
GPRC5DxCD3 molecule JNJ-64024701 ^b exploratory study for talquetamab program	Cynomolgus monkey	IV (10 mM sodium acetate, 8% sucrose, 0.04% polysorbate 20, and 20 µg/mL EDTA at pH 5.2)	2 weeks	<u>JNJ-64024701</u> 0, 0.3, 1, 10 mg/kg/week	GCDB32.0 06	Yes	No	CRL Reno, NV, USA	T-2016-060
GPRC5DxCD3 molecule JNJ-64024701 ^b pivotal study for talquetamab program	Cynomolgus monkey	IV (10 mM sodium acetate, 8% sucrose, 0.04% polysorbate 20, and 20 µg/mL EDTA at pH 5.2)	4 weeks	<u>JNJ-64024701</u> 0, 10, 30 mg/kg/week	Pre-NME-GPRC5D-N001-00072	Yes	Yes	CRL Reno, NV, USA	T-2017-009

Appendix 1.3: Toxicology Overview

Type of Study	Species and Strain	Route (Vehicle/Formulation)	Duration of Dosing	Dose ^a	Batch Number	TK	GLP	Test Facility	Study Number
Teclistamab exploratory tolerability study with single- and repeat-dose groups	Cynomolgus monkey	IV (PBS)	Once	<u>Teclistamab</u> 1, 10 mg/kg	8617	Yes	No	CRL Reno, NV, USA	T-2015-030
			5 weeks	0, 0.1, 1, 10 mg/kg/week					
Teclistamab pivotal study	Cynomolgus monkey	IV (10 mM sodium acetate, 8% sucrose, 0.04% polysorbate 20, and 20 µg/mL EDTA at pH 5.2)	5 weeks	<u>Teclistamab</u> 0, 1, 10, <u>30</u> mg/kg/week	GBS5I	Yes	Yes	CRL Reno, NV, USA	T-2016-030
Chronic toxicity	No study conducted with JNJ-79635322. A weight-of-evidence assessment is provided.								
Local Tolerance	No study conducted; skin reactions at the SC injection site evaluated in Göttingen minipig and cynomolgus monkey PK studies (CP2021PK-009, CP2021PK-073)								
Other Toxicity Studies	No study conducted with JNJ-79635322. Cytokine release was characterized based on the in vitro whole blood co-culture assays (DD22023).								

^a Unless otherwise specified. For the pivotal repeat-dose toxicity studies with JNJ-64024701 and teclistamab, the highest NOAEL and No Observed Effect Level, respectively, are underlined.

^b JNJ-64024701 is the tool GPRC5DxCD3 molecule for the talquetamab (GPRC5DxCD3) program.
Abbreviations: See List of Abbreviations and Definitions of Terms.

Appendix 1.4: GLP Compliance of Talquetamab and Teclistamab Nonclinical Program Studies that Support JNJ-79635322

Study Title	Study Code	Date of Study Start ^a	Date of Completion of the Final Report ^b	Test Facility(es) /test site(s) in which the study was conducted (name and complete address)	For studies conducted in EU, OECD or fully MAD adherent countries: indicate (Yes/No/NA) whether a successful inspection by its national GLP compliance monitoring authority took place within 3 years before or after final study report date
JNJ-64024701 (GCDB32 GPRC5DxCD3): A 1-Month GLP Intravenous Toxicity and Toxicokinetic Study in Cynomolgus Monkeys ^c	T-2017-009	18 Apr 2017	19 Jan 2018 (Am1: 25 Apr 2018)	<u>Test facility</u> Charles River Laboratories, Inc. 6995 Longley Lane, Reno, NV 89511, USA <u>Test site: Cardiology data evaluation and report</u> VetMed Consultants, Inc. 3600 Cerrillos Road, Suite 714A, Santa Fe, NM 87507, USA <u>Test site: TK bioanalysis and report</u> Janssen Research & Development, LLC. 1400 McKean Road, Spring House, PA 19477, USA <u>Test site: ADA bioanalyses</u> AIT Bioscience 7840 Innovation Blvd., Indianapolis, IN 46278, USA <u>Test site: Pathology slide evaluations and report</u> Charles River Laboratories Ashland, LLC 1407 George Rd., Ashland, OH 44805, USA <u>Test site: Pathology Slide Peer Review</u> Janssen Research & Development, LLC 1400 McKean Road, Spring House, PA 19477, USA	Yes

Appendix 1.4: GLP Compliance of Talquetamab and Teclistamab Nonclinical Program Studies that Support JNJ-79635322

Study Title	Study Code	Date of Study Start ^a	Date of Completion of the Final Report ^b	Test Facility(es) /test site(s) in which the study was conducted (name and complete address)	For studies conducted in EU, OECD or fully MAD adherent countries: indicate (Yes/No/NA) whether a successful inspection by its national GLP compliance monitoring authority took place within 3 years before or after final study report date
JNJ-64007957 (BCMAxCD3): A 5-week, Intravenous Repeat-dose Toxicity Study in Cynomolgus Monkeys with an 8-week Recovery Period	T-2016-030	22 April 2016	18 May 2017 (Amendment 1: 12 June 2017)	<u>Test facility</u> Charles River Laboratories, Inc. 6995 Longley Lane, Reno, Nevada, 89511, USA <u>Test site - Ophthalmology interpretation</u> Eye Care for Animals 9720 S. Virginia Street, Suite D, Reno, NV 89511, USA <u>Test site - Cardiology evaluation</u> VetMed Consultants, Inc. <u>Physical address</u> <u>Mailing address</u> 3600 Cerrillos Road, Suite 714A, Santa Fe, NM 87507, USA 1704-B Llano Street, Suite 279, Santa Fe, NM 87505, USA <u>Test site - Toxicokinetic and ADA bioanalysis and interpretation</u> Janssen Research & Development, LLC 1400 McKean Road, Spring House, PA 19477, USA	Yes

^a Original protocol sign-off date

^b Final report sign-off date (and amendment [eg, Amendment 1] issue date(s) if applicable)

^c JNJ-64024701 is the tool GPRC5DxCD3 molecule for the talquetamab (GPRC5DxCD3) program.

Abbreviations: See List of Abbreviations and Definitions of Terms.

APPENDIX 2: OVERVIEW OF CLINICAL STUDIES OF JNJ-79635322

Study ID Study Status	Phase Study Design Study Population Primary Objective(s)	Total Number of Participants	Study Treatment(s): Route of Administration Duration of Treatment
Study 79635322MMY1001 Ongoing	Phase 1 Study design: Two-part study to evaluate the following: Dose Escalation (Part 1) and Dose Expansion (Part 2). Study population: Participants ≥ 18 years of age with measurable relapsed or refractory MM who have been treated with a proteasome inhibitor, an IMiD agent, and an anti-CD38-based therapy; for the AL amyloidosis cohorts, previously treated, adult participants who are not candidates for available AL amyloidosis therapy with established clinical benefit and ≥ 18 years of age with at least 1 organ involvement, including those with Mayo Cardiac Stage $\leq IIIa$ with left ventricular ejection fraction $\geq 45\%$. Additionally, in Part 2, participants with relapsed or refractory MM who have received 1 to 3 prior line(s) of therapy, including a PI and lenalidomide or participants with relapsed or refractory MM who have received autologous BCMA-directed CAR-T within 2 to 5 months of first dose of study treatment may be enrolled in separate cohorts. The primary objective for Part 1 (Dose Escalation) is to identify the RP2D(s) and schedule(s) to be safe for JNJ-79635322. The primary objective for Part 2 (Dose Expansion) is to characterize the safety and tolerability of JNJ-79635322 at the RP2D(s) selected and in disease subgroups (eg, prior BCMA/GPRC5D-directed therapy, extramedullary disease, earlier lines of therapy etc).	Planned: Part 1: Approximately 100 participants. The total number will depend on the number of dose levels explored to identify the RP2D(s), the number of participants enrolled at each dose level, and the frequency of dose-limiting toxicity. Part 2: Approximately 20 participants will be evaluated at each of the RP2Ds selected for study and in disease subgroups (eg, prior BCMA/GPRC5D-directed therapy, extramedullary disease, earlier lines of therapy, etc.). Treated with JNJ-79635322^a: 167	Study treatment(s) (route of administration): JNJ-79635322 will be administered SC. The JNJ-79635322 starting dose for Part 1 is 0.4 mg SC Q2W. Subsequent doses will be determined based on the totality of safety, efficacy, PK, and pharmacodynamics supported by a statistical model. Duration of treatment: participants will continue to receive study treatment until disease progression (according to IMWG 2016 criteria for participants with MM) or hematologic progression (according to International Amyloidosis Consensus Criteria for participants with AL amyloidosis), unacceptable toxicity, withdrawal of consent, start of subsequent anticancer therapy, or end of study as described in the study protocol.
Study 79635322MMY1002 Ongoing	Phase 1b Study design: Two-part study to evaluate the following: Dose Escalation (Part 1) and Dose Expansion (Part 2).	Planned: Part 1: Approximately 20 participants per combination treatment regimen will be evaluated	Study treatment(s) (route of administration): JNJ-79635322 dosing (all treatment regimens): Starting dose level in the initial cohort will be 50 mg JNJ-79635322 SC Q4W

Study ID Study Status	Phase Study Design Study Population Primary Objective(s)	Total Number of Participants	Study Treatment(s): Route of Administration Duration of Treatment
	Study population: Participants ≥ 18 years of age at the time of informed consent with a documented initial diagnosis of MM according to IMWG diagnostic criteria and meet treatment regimen-specific requirements as follows: Treatment Regimen A (JNJ-79635322 + daratumumab Q4W): - Treatment Regimen A1: Have been treated with 1 to 3 prior lines of therapy, including a PI and an IMiD therapy for the treatment of MM. - Treatment Regimen A2: NDMM naïve to MM (or other related plasma cell neoplasm)-directed treatments. Treatment Regimen B (JNJ-79635322 + pomalidomide): Have received ≥ 1 prior line of therapy, including a PI and lenalidomide, and are lenalidomide refractory OR ≥ 2 prior lines of therapy, including a PI and lenalidomide. Treatment Regimens C, D, and E: NDMM naïve to MM (or other related plasma cell neoplasm)-directed treatments. The primary objective for Part 1 (Dose Escalation) is to identify the RP2D(s) and schedule(s) for a JNJ-79635322 treatment regimen in combination either with daratumumab $\pm$ lenalidomide or with pomalidomide. The primary objective for Part 2 (Dose Expansion) is to further characterize the safety and tolerability of JNJ-79635322 combination treatment regimens at selected RP2D(s) and may include selected disease subgroups (eg, high risk, extramedullary disease).	to establish the RP2D. However, the actual sample size will depend on the number of cohorts explored during dose escalation. Part 2: Approximately 20 participants may be evaluated at each of the RP2D(s) and each disease subgroup in each combination treatment regimen. Treated with JNJ-79635322^a: 96	with a 5 mg step-up dose given prior to the first full treatment dose. Treatment Regimen A: Daratumumab SC at 1800 mg daratumumab/30000 units hyaluronidase Q4W. Treatment Regimen B: Pomalidomide PO at 2 mg daily for the first 21 days of a 28-day cycle beginning on C2D1. Dose may be increased up to 4 mg beginning at C3 at the investigator's discretion. Treatment Regimen C: Daratumumab SC at 1800 mg daratumumab/30000 units hyaluronidase weekly during C1 and C2, biweekly during C3 to C6, and once (on D1) during each subsequent 28-day cycle. Treatment Regimen D: Daratumumab SC at 1800 mg daratumumab/30000 units hyaluronidase Q4W. Lenalidomide PO at 25 mg daily for 21 days/cycle to commence on C2D1. Treatment Regimen E: Daratumumab SC at 1800 mg daratumumab/30000 units hyaluronidase weekly during C1 and C2, biweekly during C3 to C6, and once (on D1) during each subsequent 28-day cycle. Lenalidomide PO at 25 mg daily for 21 days/cycle to commence on C2D1. Duration of treatment: participants will continue to receive study treatment until confirmed disease progression (according to IMWG 2016 criteria), unacceptable toxicity, withdrawal of consent, start of subsequent anticancer therapy, or end of study as described in the study protocol.

^a Exposure data in this table are based on the CCO of 28 September 2025 for this IB.

APPENDIX 3: SAFETY TABLES FROM STUDY 79635322MMY1001

Table 11: Overall Summary of TEAEs; Safety Analysis Set (Study 79635322MMY1001)

	100 mg P1 (Cohort 11, 18, 22), P2 (Cohort 1)	Total
Analysis set: Safety	56	167
Any TEAE	54 (96.4%)	165 (98.8%)
Drug-related ^a	52 (92.9%)	161 (96.4%)
Maximum severity of any TEAE		
Grade 1	1 (1.8%)	4 (2.4%)
Grade 2	6 (10.7%)	18 (10.8%)
Grade 3	23 (41.1%)	64 (38.3%)
Grade 4	24 (42.9%)	75 (44.9%)
Grade 5	0	4 (2.4%)
Any serious TEAE	25 (44.6%)	90 (53.9%)
Drug-related ^a	15 (26.8%)	50 (29.9%)
Grade 3 or higher	20 (35.7%)	72 (43.1%)
Treatment discontinuation due to TEAE ^b	1 (1.8%)	7 (4.2%)
Drug-related ^a	0	4 (2.4%)
Grade 3 or higher	1 (1.8%)	5 (3.0%)
Any dose-limiting toxicity TEAE	3 (5.4%)	7 (4.2%)
Drug-related ^a	3 (5.4%)	7 (4.2%)
Grade 3 or higher	3 (5.4%)	7 (4.2%)
Any CRS ^c	22 (39.3%)	86 (51.5%)
Drug-related ^a	22 (39.3%)	86 (51.5%)
Maximum severity of any CRS		
Grade 1	17 (30.4%)	65 (38.9%)
Grade 2	4 (7.1%)	20 (12.0%)
Grade 3	1 (1.8%)	1 (0.6%)
Grade 4	0	0
Grade 5	0	0
Death due to TEAE ^d	0	4 (2.4%)
Drug-related ^a	0	1 (0.6%)
Neurological adverse events ^e	44 (78.6%)	127 (76.0%)
Serious events	3 (5.4%)	11 (6.6%)
Maximum severity of neurological adverse events		
Grade 1	20 (35.7%)	59 (35.3%)
Grade 2	22 (39.3%)	58 (34.7%)
Grade 3	1 (1.8%)	7 (4.2%)
Grade 4	1 (1.8%)	2 (1.2%)
Grade 5	0	1 (0.6%)
Neurotoxicity (related)*		
Drug-related ^a	11 (19.6%)	36 (21.6%)
Grade 3 or higher	0	1 (0.6%)
ICANS events	0	3 (1.8%)
Drug-related ^a	0	3 (1.8%)
Grade 3 or higher	0	0

Table 11: Overall Summary of TEAEs; Safety Analysis Set (Study 79635322MMY1001)

	100 mg P1 (Cohort 11, 18, 22), P2 (Cohort 1)	Total
Treatment-emergent Infection AEs ^f	37 (66.1%)	124 (74.3%)
Grade 3 or higher	14 (25.0%)	44 (26.3%)
Drug-related ^a	27 (48.2%)	91 (54.5%)
Grade 3 or higher	9 (16.1%)	25 (15.0%)

Keys: TEAE = Treatment-emergent adverse event, CRS = cytokine release syndrome, ICANS = immune effector cell-associated neurotoxicity syndrome.

^a TEAE Related to study treatment.

^b Treatment discontinuation based on action taken as drug withdrawn from AE CRF page.

^c CRS events are linked for the same subject after the same infusion. If one CRS event is followed by another with an onset date the same as or 1 day after the end date of the previous CRS and any features of the CRS (i.e.: toxicity grades/seriousness/action taken) are different between the CRS events, these CRS events are linked together and considered as one event with the highest toxicity grade and seriousness of the linked events.

^d Death due to adverse event on the adverse event CRF page.

^e Neurological adverse events includes adverse events in the Nervous System Disorders SOC or Psychiatric Disorders SOC.

^f Infections are defined as Infections and Infestations SOC.

* Neurotoxicity is defined as a neurological adverse event that was considered related by investigator, excluding Ageusia, Dysgeusia, Hypogeusia, and Taste Disorder.

Percentages are calculated with the number of subjects in each group as denominator

Note: TEAEs are evaluated according to NCI-CTCAE Version 5.0

Note: Adverse events are coded using MedDRA Version 28.0.

Data cut-off date: 28SEP2025

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Table 12: Number of Subjects With Serious TEAEs by SOC and PT; Safety Analysis Set (Study 79635322MMY1001)

	100 mg P1 (Cohort 11, 18, 22), P2 (Cohort 1)	Total
Analysis set: Safety	56	167
Subjects with 1 or more serious Treatment-Emergent AEs	25 (44.6%)	90 (53.9%)
System Organ Class Preferred term		
Infections And Infestations	12 (21.4%)	39 (23.4%)
Pneumonia	5 (8.9%)	20 (12.0%)
Covid-19 Pneumonia	2 (3.6%)	5 (3.0%)
Upper Respiratory Tract Infection	1 (1.8%)	5 (3.0%)
Respiratory Tract Infection	0	2 (1.2%)
Streptococcal Sepsis	1 (1.8%)	2 (1.2%)
Adenoviral Encephalitis	0	1 (0.6%)
Appendicitis	0	1 (0.6%)
Covid-19	0	1 (0.6%)
Cytomegalovirus Chorioretinitis	0	1 (0.6%)
Epstein-Barr Virus Infection Reactivation	0	1 (0.6%)
Escherichia Infection	0	1 (0.6%)
Gastroenteritis Viral	1 (1.8%)	1 (0.6%)
Infectious Pleural Effusion	0	1 (0.6%)
Injection Site Cellulitis	1 (1.8%)	1 (0.6%)
Lower Respiratory Tract Infection Viral	1 (1.8%)	1 (0.6%)
Mastoiditis	0	1 (0.6%)
Otitis Media	0	1 (0.6%)
Pneumonia Influenzal	0	1 (0.6%)
Pneumonia Klebsiella	0	1 (0.6%)
Pneumonia Respiratory Syncytial Viral	1 (1.8%)	1 (0.6%)
Pseudomonal Sepsis	1 (1.8%)	1 (0.6%)
Sepsis	1 (1.8%)	1 (0.6%)
Immune System Disorders	5 (8.9%)	22 (13.2%)
Cytokine Release Syndrome	5 (8.9%)	22 (13.2%)
General Disorders And Administration Site Conditions	2 (3.6%)	10 (6.0%)
Pyrexia	0	5 (3.0%)
Drug Withdrawal Syndrome	0	1 (0.6%)
Fatigue	0	1 (0.6%)
General Physical Health Deterioration	1 (1.8%)	1 (0.6%)
Multiple Organ Dysfunction Syndrome	0	1 (0.6%)
Non-Cardiac Chest Pain	1 (1.8%)	1 (0.6%)
Musculoskeletal And Connective Tissue Disorders	4 (7.1%)	10 (6.0%)
Bone Pain	1 (1.8%)	4 (2.4%)
Back Pain	0	3 (1.8%)
Muscular Weakness	2 (3.6%)	2 (1.2%)
Arthralgia	1 (1.8%)	1 (0.6%)

Table 12: Number of Subjects With Serious TEAEs by SOC and PT; Safety Analysis Set (Study 79635322MMY1001)

	100 mg P1 (Cohort 11, 18, 22), P2 (Cohort 1)	Total
Nervous System Disorders	3 (5.4%)	9 (5.4%)
Spinal Cord Compression	1 (1.8%)	3 (1.8%)
Headache	1 (1.8%)	2 (1.2%)
Aphasia	1 (1.8%)	1 (0.6%)
Dizziness	0	1 (0.6%)
Embolic Stroke	0	1 (0.6%)
Immune Effector Cell-Associated Neurotoxicity Syndrome	0	1 (0.6%)
Injury, Poisoning And Procedural Complications	3 (5.4%)	8 (4.8%)
Femoral Neck Fracture	1 (1.8%)	2 (1.2%)
Infusion Related Reaction	0	2 (1.2%)
Fall	1 (1.8%)	1 (0.6%)
Humerus Fracture	0	1 (0.6%)
Joint Dislocation	1 (1.8%)	1 (0.6%)
Pelvic Fracture	0	1 (0.6%)
Gastrointestinal Disorders	2 (3.6%)	4 (2.4%)
Colitis	1 (1.8%)	2 (1.2%)
Diarrhoea	0	1 (0.6%)
Vomiting	1 (1.8%)	1 (0.6%)
Renal And Urinary Disorders	1 (1.8%)	4 (2.4%)
Chronic Kidney Disease	0	2 (1.2%)
Acute Kidney Injury	0	1 (0.6%)
Urinary Retention	1 (1.8%)	1 (0.6%)
Uncoded	2 (3.6%)	4 (2.4%)
Uncoded [Broken Left Leg]	1 (1.8%)	1 (0.6%)
Uncoded [Consufional Disorder]	0	1 (0.6%)
Uncoded [Ivig Infusion Related Reaction]	0	1 (0.6%)
Uncoded [Myeloma Infiltration Of The Meninges]	1 (1.8%)	1 (0.6%)
Uncoded [Squamous Cell Carcinoma (Left Ear)]	1 (1.8%)	1 (0.6%)
Metabolism And Nutrition Disorders	1 (1.8%)	3 (1.8%)
Hypercalcaemia	0	1 (0.6%)
Hyperkalaemia	0	1 (0.6%)
Hyponatraemia	1 (1.8%)	1 (0.6%)
Respiratory, Thoracic And Mediastinal Disorders	0	3 (1.8%)
Dyspnoea	0	1 (0.6%)
Pulmonary Embolism	0	1 (0.6%)
Pulmonary Haemorrhage	0	1 (0.6%)
Cardiac Disorders	1 (1.8%)	2 (1.2%)
Cardiac Failure	1 (1.8%)	1 (0.6%)
Palpitations	0	1 (0.6%)
Neoplasms Benign, Malignant And Unspecified (Incl Cysts And Polyps)	1 (1.8%)	2 (1.2%)
Acute Myeloid Leukaemia	0	1 (0.6%)
Tumour Pain	1 (1.8%)	1 (0.6%)

Table 12: Number of Subjects With Serious TEAEs by SOC and PT; Safety Analysis Set (Study 79635322MMY1001)

	100 mg P1 (Cohort 11, 18, 22), P2 (Cohort 1)	Total
Psychiatric Disorders	0	2 (1.2%)
Confusional State	0	1 (0.6%)
Delirium	0	1 (0.6%)
Vascular Disorders	0	2 (1.2%)
Hypertension	0	2 (1.2%)
Blood And Lymphatic System Disorders	0	1 (0.6%)
Thrombocytopenia	0	1 (0.6%)
Eye Disorders	1 (1.8%)	1 (0.6%)
Visual Acuity Reduced	1 (1.8%)	1 (0.6%)
Hepatobiliary Disorders	0	1 (0.6%)
Cholecystitis Acute	0	1 (0.6%)
Reproductive System And Breast Disorders	0	1 (0.6%)
Vaginal Haemorrhage	0	1 (0.6%)

Key: SAE = Serious Treatment-emergent Adverse Event, CRS = cytokine release syndrome, ICANS = immune effector cell-associated neurotoxicity syndrome.

Note: Subjects are counted only once for any given event, regardless of the number of times they actually experienced the event.

Note: Symptoms of CRS and Symptoms of ICANS are excluded.

Adverse events are reported using MedDRA latest Version 28.0.

Data cut-off date: 28SEP2025

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Table 13: Number of Subjects With TEAEs by SOC, PT, and Maximum Toxicity Grade (Overall); Safety Analysis Set (Study 79635322MMY1001)

	Total	Total				
		Maximum Toxicity Grade				
		1	2	3	4	5
Analysis set: safety	167					
Subjects with 1 or more TEAEs	165 (98.8%)					
System organ class						
Preferred term						
Blood And Lymphatic System Disorders	120 (71.9%)	3 (1.8%)	6 (3.6%)	35 (21.0%)	76 (45.5%)	0
Anaemia	41 (24.6%)	5 (3.0%)	12 (7.2%)	23 (13.8%)	1 (0.6%)	0
Eosinophilia	1 (0.6%)	1 (0.6%)	0	0	0	0
Febrile Neutropenia	1 (0.6%)	0	0	1 (0.6%)	0	0
Hypofibrinogenaemia	1 (0.6%)	0	1 (0.6%)	0	0	0
Iron Deficiency Anaemia	2 (1.2%)	1 (0.6%)	1 (0.6%)	0	0	0
Leukopenia	24 (14.4%)	3 (1.8%)	6 (3.6%)	13 (7.8%)	2 (1.2%)	0
Lymphadenopathy	1 (0.6%)	1 (0.6%)	0	0	0	0
Lymphopenia	62 (37.1%)	0	3 (1.8%)	12 (7.2%)	47 (28.1%)	0
Neutropenia	86 (51.5%)	0	11 (6.6%)	37 (22.2%)	38 (22.8%)	0
Thrombocytopenia	33 (19.8%)	9 (5.4%)	10 (6.0%)	8 (4.8%)	6 (3.6%)	0
Cardiac Disorders	19 (11.4%)	12 (7.2%)	4 (2.4%)	2 (1.2%)	1 (0.6%)	0
Angina Pectoris	2 (1.2%)	2 (1.2%)	0	0	0	0
Atrial Fibrillation	3 (1.8%)	0	2 (1.2%)	1 (0.6%)	0	0
Atrioventricular Block First Degree	1 (0.6%)	1 (0.6%)	0	0	0	0
Cardiac Failure	1 (0.6%)	0	0	1 (0.6%)	0	0
Cardiac Valve Disease	1 (0.6%)	1 (0.6%)	0	0	0	0
Extrasystoles	1 (0.6%)	1 (0.6%)	0	0	0	0
Palpitations	3 (1.8%)	2 (1.2%)	1 (0.6%)	0	0	0
Sinus Arrhythmia	1 (0.6%)	1 (0.6%)	0	0	0	0
Sinus Bradycardia	1 (0.6%)	1 (0.6%)	0	0	0	0
Sinus Tachycardia	5 (3.0%)	4 (2.4%)	1 (0.6%)	0	0	0

Table 13: Number of Subjects With TEAEs by SOC, PT, and Maximum Toxicity Grade (Overall); Safety Analysis Set (Study 79635322MMY1001)

	Total	Total				
		Maximum Toxicity Grade				
		1	2	3	4	5
Supraventricular Tachycardia	1 (0.6%)	0	1 (0.6%)	0	0	0
Tachycardia	1 (0.6%)	0	1 (0.6%)	0	0	0
Ventricular Extrasystoles	1 (0.6%)	1 (0.6%)	0	0	0	0
Ventricular Tachycardia	1 (0.6%)	0	0	0	1 (0.6%)	0
Congenital, Familial And Genetic Disorders	1 (0.6%)	0	1 (0.6%)	0	0	0
Dermoid Cyst	1 (0.6%)	0	1 (0.6%)	0	0	0
Ear And Labyrinth Disorders	10 (6.0%)	7 (4.2%)	3 (1.8%)	0	0	0
Ear Pain	2 (1.2%)	2 (1.2%)	0	0	0	0
Hypoacusis	2 (1.2%)	2 (1.2%)	0	0	0	0
Middle Ear Effusion	1 (0.6%)	0	1 (0.6%)	0	0	0
Tinnitus	3 (1.8%)	3 (1.8%)	0	0	0	0
Vertigo	2 (1.2%)	1 (0.6%)	1 (0.6%)	0	0	0
Vestibular Disorder	1 (0.6%)	0	1 (0.6%)	0	0	0
Endocrine Disorders	2 (1.2%)	1 (0.6%)	1 (0.6%)	0	0	0
Androgen Deficiency	1 (0.6%)	0	1 (0.6%)	0	0	0
Thyroid Mass	1 (0.6%)	1 (0.6%)	0	0	0	0
Eye Disorders	23 (13.8%)	9 (5.4%)	11 (6.6%)	3 (1.8%)	0	0
Blepharitis	1 (0.6%)	1 (0.6%)	0	0	0	0
Cataract	3 (1.8%)	0	3 (1.8%)	0	0	0
Cataract Subcapsular	1 (0.6%)	0	1 (0.6%)	0	0	0
Diplopia	1 (0.6%)	1 (0.6%)	0	0	0	0
Dry Eye	6 (3.6%)	3 (1.8%)	3 (1.8%)	0	0	0
Eye Irritation	1 (0.6%)	1 (0.6%)	0	0	0	0
Eye Pain	2 (1.2%)	1 (0.6%)	1 (0.6%)	0	0	0
Eyelid Function Disorder	1 (0.6%)	1 (0.6%)	0	0	0	0
Ocular Hyperaemia	1 (0.6%)	0	1 (0.6%)	0	0	0

Table 13: Number of Subjects With TEAEs by SOC, PT, and Maximum Toxicity Grade (Overall); Safety Analysis Set (Study 79635322MMY1001)

	Total	Total				
		Maximum Toxicity Grade				
		1	2	3	4	5
Periorbital Oedema	2 (1.2%)	1 (0.6%)	1 (0.6%)	0	0	0
Retinal Detachment	1 (0.6%)	0	0	1 (0.6%)	0	0
Retinal Vascular Thrombosis	1 (0.6%)	1 (0.6%)	0	0	0	0
Vision Blurred	2 (1.2%)	2 (1.2%)	0	0	0	0
Visual Acuity Reduced	2 (1.2%)	0	1 (0.6%)	1 (0.6%)	0	0
Visual Impairment	1 (0.6%)	0	1 (0.6%)	0	0	0
Vitreous Detachment	1 (0.6%)	1 (0.6%)	0	0	0	0
Vitreous Floaters	1 (0.6%)	1 (0.6%)	0	0	0	0
Vitreous Haemorrhage	1 (0.6%)	0	0	1 (0.6%)	0	0
Gastrointestinal Disorders	108 (64.7%)	54 (32.3%)	47 (28.1%)	7 (4.2%)	0	0
Abdominal Discomfort	2 (1.2%)	1 (0.6%)	1 (0.6%)	0	0	0
Abdominal Distension	7 (4.2%)	6 (3.6%)	1 (0.6%)	0	0	0
Abdominal Mass	1 (0.6%)	1 (0.6%)	0	0	0	0
Abdominal Pain	10 (6.0%)	6 (3.6%)	4 (2.4%)	0	0	0
Abdominal Pain Upper	2 (1.2%)	1 (0.6%)	1 (0.6%)	0	0	0
Anal Pruritus	1 (0.6%)	1 (0.6%)	0	0	0	0
Angular Cheilitis	1 (0.6%)	1 (0.6%)	0	0	0	0
Anorectal Polyp	1 (0.6%)	0	1 (0.6%)	0	0	0
Colitis	3 (1.8%)	0	2 (1.2%)	1 (0.6%)	0	0
Constipation	20 (12.0%)	17 (10.2%)	3 (1.8%)	0	0	0
Defaecation Urgency	1 (0.6%)	0	1 (0.6%)	0	0	0
Dental Caries	2 (1.2%)	1 (0.6%)	1 (0.6%)	0	0	0
Diarrhoea	59 (35.3%)	32 (19.2%)	22 (13.2%)	5 (3.0%)	0	0
Dry Mouth	32 (19.2%)	30 (18.0%)	2 (1.2%)	0	0	0
Dyspepsia	4 (2.4%)	0	4 (2.4%)	0	0	0
Dysphagia	6 (3.6%)	2 (1.2%)	4 (2.4%)	0	0	0
Eosinophilic Colitis	1 (0.6%)	1 (0.6%)	0	0	0	0
Epigastric Discomfort	1 (0.6%)	0	1 (0.6%)	0	0	0
Faeces Hard	1 (0.6%)	1 (0.6%)	0	0	0	0

Table 13: Number of Subjects With TEAEs by SOC, PT, and Maximum Toxicity Grade (Overall); Safety Analysis Set (Study 79635322MMY1001)

	Total	Total				
		Maximum Toxicity Grade				
		1	2	3	4	5
Flatulence	1 (0.6%)	1 (0.6%)	0	0	0	0
Gastric Ulcer	1 (0.6%)	0	1 (0.6%)	0	0	0
Gastritis	1 (0.6%)	1 (0.6%)	0	0	0	0
Gastrointestinal Disorder	1 (0.6%)	1 (0.6%)	0	0	0	0
Gastroesophageal Reflux Disease	8 (4.8%)	3 (1.8%)	5 (3.0%)	0	0	0
Glossitis	1 (0.6%)	0	1 (0.6%)	0	0	0
Glossodynia	1 (0.6%)	0	1 (0.6%)	0	0	0
Haemorrhoids	1 (0.6%)	0	1 (0.6%)	0	0	0
Hiatus Hernia	1 (0.6%)	0	1 (0.6%)	0	0	0
Hypoaesthesia Oral	1 (0.6%)	1 (0.6%)	0	0	0	0
Mouth Ulceration	1 (0.6%)	0	1 (0.6%)	0	0	0
Nausea	23 (13.8%)	15 (9.0%)	7 (4.2%)	1 (0.6%)	0	0
Odynophagia	1 (0.6%)	1 (0.6%)	0	0	0	0
Oesophagitis	2 (1.2%)	0	2 (1.2%)	0	0	0
Oral Disorder	1 (0.6%)	1 (0.6%)	0	0	0	0
Oral Pain	2 (1.2%)	1 (0.6%)	1 (0.6%)	0	0	0
Oral Toxicity	1 (0.6%)	1 (0.6%)	0	0	0	0
Paraesthesia Oral	1 (0.6%)	1 (0.6%)	0	0	0	0
Proctalgia	1 (0.6%)	1 (0.6%)	0	0	0	0
Rectal Tenesmus	1 (0.6%)	0	1 (0.6%)	0	0	0
Salivary Hyposecretion	1 (0.6%)	1 (0.6%)	0	0	0	0
Stomatitis	7 (4.2%)	4 (2.4%)	3 (1.8%)	0	0	0
Tongue Discolouration	1 (0.6%)	1 (0.6%)	0	0	0	0
Toothache	2 (1.2%)	1 (0.6%)	1 (0.6%)	0	0	0
Vomiting	18 (10.8%)	10 (6.0%)	7 (4.2%)	1 (0.6%)	0	0
General Disorders And Administration Site						
Conditions	124 (74.3%)	65 (38.9%)	50 (29.9%)	8 (4.8%)	0	1 (0.6%)
Asthenia	12 (7.2%)	5 (3.0%)	6 (3.6%)	1 (0.6%)	0	0
Catheter Site Pain	1 (0.6%)	1 (0.6%)	0	0	0	0

Table 13: Number of Subjects With TEAEs by SOC, PT, and Maximum Toxicity Grade (Overall); Safety Analysis Set (Study 79635322MMY1001)

	Total					
	Total	Maximum Toxicity Grade				
		1	2	3	4	5
Catheter Site Swelling	1 (0.6%)	1 (0.6%)	0	0	0	0
Chest Pain	2 (1.2%)	1 (0.6%)	1 (0.6%)	0	0	0
Chills	10 (6.0%)	7 (4.2%)	3 (1.8%)	0	0	0
Drug Withdrawal Syndrome	1 (0.6%)	0	0	1 (0.6%)	0	0
Encapsulation Reaction	1 (0.6%)	1 (0.6%)	0	0	0	0
Face Oedema	1 (0.6%)	1 (0.6%)	0	0	0	0
Fatigue	54 (32.3%)	37 (22.2%)	13 (7.8%)	4 (2.4%)	0	0
Feeling Cold	1 (0.6%)	1 (0.6%)	0	0	0	0
Gait Disturbance	1 (0.6%)	1 (0.6%)	0	0	0	0
General Physical Health Deterioration	2 (1.2%)	0	0	2 (1.2%)	0	0
Generalised Oedema	1 (0.6%)	0	1 (0.6%)	0	0	0
Influenza Like Illness	11 (6.6%)	7 (4.2%)	4 (2.4%)	0	0	0
Injection Site Dryness	1 (0.6%)	1 (0.6%)	0	0	0	0
Injection Site Eczema	1 (0.6%)	0	1 (0.6%)	0	0	0
Injection Site Erythema	50 (29.9%)	42 (25.1%)	8 (4.8%)	0	0	0
Injection Site Exfoliation	2 (1.2%)	1 (0.6%)	1 (0.6%)	0	0	0
Injection Site Induration	11 (6.6%)	10 (6.0%)	1 (0.6%)	0	0	0
Injection Site Oedema	2 (1.2%)	0	2 (1.2%)	0	0	0
Injection Site Pain	7 (4.2%)	3 (1.8%)	4 (2.4%)	0	0	0
Injection Site Pruritus	14 (8.4%)	11 (6.6%)	3 (1.8%)	0	0	0
Injection Site Rash	15 (9.0%)	14 (8.4%)	1 (0.6%)	0	0	0
Injection Site Reaction	3 (1.8%)	3 (1.8%)	0	0	0	0
Injection Site Swelling	3 (1.8%)	1 (0.6%)	2 (1.2%)	0	0	0
Malaise	6 (3.6%)	5 (3.0%)	1 (0.6%)	0	0	0
Mucosal Dryness	2 (1.2%)	2 (1.2%)	0	0	0	0
Multiple Organ Dysfunction Syndrome	1 (0.6%)	0	0	0	0	1 (0.6%)
Non-Cardiac Chest Pain	14 (8.4%)	6 (3.6%)	7 (4.2%)	1 (0.6%)	0	0
Oedema Peripheral	15 (9.0%)	13 (7.8%)	2 (1.2%)	0	0	0
Pain	4 (2.4%)	3 (1.8%)	1 (0.6%)	0	0	0
Peripheral Swelling	4 (2.4%)	3 (1.8%)	1 (0.6%)	0	0	0

Table 13: Number of Subjects With TEAEs by SOC, PT, and Maximum Toxicity Grade (Overall); Safety Analysis Set (Study 79635322MMY1001)

	Total					
	Total	Maximum Toxicity Grade				
		1	2	3	4	5
Puncture Site Erythema	1 (0.6%)	0	1 (0.6%)	0	0	0
Pyrexia	24 (14.4%)	21 (12.6%)	3 (1.8%)	0	0	0
Swelling Face	1 (0.6%)	1 (0.6%)	0	0	0	0
Systemic Inflammatory Response Syndrome	3 (1.8%)	3 (1.8%)	0	0	0	0
Hepatobiliary Disorders	6 (3.6%)	3 (1.8%)	2 (1.2%)	1 (0.6%)	0	0
Biliary Colic	1 (0.6%)	0	1 (0.6%)	0	0	0
Cholecystitis Acute	1 (0.6%)	0	0	1 (0.6%)	0	0
Hepatic Cytolysis	1 (0.6%)	0	1 (0.6%)	0	0	0
Hyperbilirubinaemia	4 (2.4%)	3 (1.8%)	1 (0.6%)	0	0	0
Immune System Disorders	110 (65.9%)	46 (27.5%)	58 (34.7%)	6 (3.6%)	0	0
Cytokine Release Syndrome	86 (51.5%)	65 (38.9%)	20 (12.0%)	1 (0.6%)	0	0
Food Allergy	1 (0.6%)	1 (0.6%)	0	0	0	0
Hypersensitivity	1 (0.6%)	0	1 (0.6%)	0	0	0
Hypogammaglobulinaemia	58 (34.7%)	11 (6.6%)	42 (25.1%)	5 (3.0%)	0	0
Seasonal Allergy	2 (1.2%)	1 (0.6%)	1 (0.6%)	0	0	0
Infections And Infestations	124 (74.3%)	4 (2.4%)	76 (45.5%)	39 (23.4%)	4 (2.4%)	1 (0.6%)
Acute Sinusitis	1 (0.6%)	0	1 (0.6%)	0	0	0
Adenoviral Encephalitis	1 (0.6%)	0	0	0	0	1 (0.6%)
Adenoviral Upper Respiratory Infection	1 (0.6%)	0	1 (0.6%)	0	0	0
Appendicitis	1 (0.6%)	0	0	1 (0.6%)	0	0
Bacteraemia	1 (0.6%)	0	1 (0.6%)	0	0	0
Bronchitis	7 (4.2%)	0	7 (4.2%)	0	0	0
Campylobacter Infection	3 (1.8%)	0	3 (1.8%)	0	0	0
Chronic Sinusitis	4 (2.4%)	0	4 (2.4%)	0	0	0
Clostridium Difficile Infection	1 (0.6%)	0	1 (0.6%)	0	0	0
Conjunctivitis	6 (3.6%)	0	6 (3.6%)	0	0	0
Conjunctivitis Bacterial	2 (1.2%)	0	2 (1.2%)	0	0	0

Table 13: Number of Subjects With TEAEs by SOC, PT, and Maximum Toxicity Grade (Overall); Safety Analysis Set (Study 79635322MMY1001)

	Total					
	Total	Maximum Toxicity Grade				
		1	2	3	4	5
Coronavirus Infection	1 (0.6%)	1 (0.6%)	0	0	0	0
Covid-19	23 (13.8%)	0	22 (13.2%)	1 (0.6%)	0	0
Covid-19 Pneumonia	5 (3.0%)	0	1 (0.6%)	4 (2.4%)	0	0
Cystitis	2 (1.2%)	0	2 (1.2%)	0	0	0
Cytomegalovirus Chorioretinitis	1 (0.6%)	0	0	1 (0.6%)	0	0
Cytomegalovirus Infection	1 (0.6%)	0	0	1 (0.6%)	0	0
Cytomegalovirus Infection Reactivation	3 (1.8%)	0	3 (1.8%)	0	0	0
Cytomegalovirus Viraemia	1 (0.6%)	1 (0.6%)	0	0	0	0
Enterocolitis Infectious	1 (0.6%)	0	1 (0.6%)	0	0	0
Enterovirus Infection	2 (1.2%)	1 (0.6%)	1 (0.6%)	0	0	0
Epstein-Barr Virus Infection Reactivation	2 (1.2%)	1 (0.6%)	1 (0.6%)	0	0	0
Erysipelas	1 (0.6%)	0	1 (0.6%)	0	0	0
Escherichia Bacteraemia	1 (0.6%)	0	1 (0.6%)	0	0	0
Escherichia Infection	2 (1.2%)	0	1 (0.6%)	1 (0.6%)	0	0
Escherichia Urinary Tract Infection	1 (0.6%)	0	1 (0.6%)	0	0	0
Eye Infection	1 (0.6%)	0	1 (0.6%)	0	0	0
Folliculitis	2 (1.2%)	0	1 (0.6%)	1 (0.6%)	0	0
Fungal Infection	2 (1.2%)	1 (0.6%)	1 (0.6%)	0	0	0
Fungal Skin Infection	3 (1.8%)	1 (0.6%)	2 (1.2%)	0	0	0
Gastroenteritis	6 (3.6%)	0	5 (3.0%)	1 (0.6%)	0	0
Gastroenteritis Viral	2 (1.2%)	1 (0.6%)	0	1 (0.6%)	0	0
Genital Herpes	1 (0.6%)	0	1 (0.6%)	0	0	0
Haemophilus Infection	4 (2.4%)	0	4 (2.4%)	0	0	0
Hcov-N163 Infection	1 (0.6%)	0	1 (0.6%)	0	0	0
Herpes Zoster Reactivation	1 (0.6%)	0	1 (0.6%)	0	0	0
Infectious Pleural Effusion	1 (0.6%)	0	0	0	1 (0.6%)	0
Influenza	7 (4.2%)	0	6 (3.6%)	1 (0.6%)	0	0
Injection Site Cellulitis	1 (0.6%)	0	0	1 (0.6%)	0	0
Klebsiella Sepsis	1 (0.6%)	0	0	1 (0.6%)	0	0
Lip Infection	1 (0.6%)	0	1 (0.6%)	0	0	0

Table 13: Number of Subjects With TEAEs by SOC, PT, and Maximum Toxicity Grade (Overall); Safety Analysis Set (Study 79635322MMY1001)

	Total	Total				
		Maximum Toxicity Grade				
		1	2	3	4	5
Lower Respiratory Tract Infection	1 (0.6%)	0	1 (0.6%)	0	0	0
Lower Respiratory Tract Infection Viral	1 (0.6%)	0	0	1 (0.6%)	0	0
Lyme Disease	1 (0.6%)	0	1 (0.6%)	0	0	0
Mastitis Fungal	1 (0.6%)	0	1 (0.6%)	0	0	0
Mastoiditis	1 (0.6%)	0	0	1 (0.6%)	0	0
Metapneumovirus Infection	1 (0.6%)	0	1 (0.6%)	0	0	0
Moraxella Infection	1 (0.6%)	0	1 (0.6%)	0	0	0
Nasopharyngitis	17 (10.2%)	10 (6.0%)	7 (4.2%)	0	0	0
Oral Candidiasis	2 (1.2%)	0	2 (1.2%)	0	0	0
Oral Fungal Infection	1 (0.6%)	0	1 (0.6%)	0	0	0
Oral Infection	1 (0.6%)	0	1 (0.6%)	0	0	0
Osteomyelitis Chronic	1 (0.6%)	1 (0.6%)	0	0	0	0
Otitis Media	3 (1.8%)	0	2 (1.2%)	1 (0.6%)	0	0
Parainfluenzae Virus Infection	1 (0.6%)	1 (0.6%)	0	0	0	0
Parotitis	1 (0.6%)	0	1 (0.6%)	0	0	0
Pneumonia	31 (18.6%)	0	10 (6.0%)	19 (11.4%)	2 (1.2%)	0
Pneumonia Haemophilus	1 (0.6%)	1 (0.6%)	0	0	0	0
Pneumonia Influenzal	1 (0.6%)	0	0	1 (0.6%)	0	0
Pneumonia Klebsiella	1 (0.6%)	0	0	1 (0.6%)	0	0
Pneumonia Respiratory Syncytial Viral	1 (0.6%)	0	0	1 (0.6%)	0	0
Pseudomonal Sepsis	1 (0.6%)	0	0	1 (0.6%)	0	0
Respiratory Syncytial Virus Infection	1 (0.6%)	0	1 (0.6%)	0	0	0
Respiratory Tract Infection	9 (5.4%)	1 (0.6%)	6 (3.6%)	2 (1.2%)	0	0
Respiratory Tract Infection Bacterial	1 (0.6%)	0	1 (0.6%)	0	0	0
Rhinitis	2 (1.2%)	1 (0.6%)	1 (0.6%)	0	0	0
Rhinovirus Infection	12 (7.2%)	3 (1.8%)	9 (5.4%)	0	0	0
Salmonellosis	1 (0.6%)	0	1 (0.6%)	0	0	0
Sepsis	1 (0.6%)	0	0	1 (0.6%)	0	0
Sialoadenitis	1 (0.6%)	0	1 (0.6%)	0	0	0
Sinusitis	7 (4.2%)	0	5 (3.0%)	2 (1.2%)	0	0

Table 13: Number of Subjects With TEAEs by SOC, PT, and Maximum Toxicity Grade (Overall); Safety Analysis Set (Study 79635322MMY1001)

	Total	Total				
		Maximum Toxicity Grade				
		1	2	3	4	5
Skin Infection	1 (0.6%)	1 (0.6%)	0	0	0	0
Staphylococcal Infection	1 (0.6%)	0	1 (0.6%)	0	0	0
Streptococcal Bacteraemia	1 (0.6%)	0	1 (0.6%)	0	0	0
Streptococcal Sepsis	2 (1.2%)	0	0	1 (0.6%)	1 (0.6%)	0
Tongue Fungal Infection	1 (0.6%)	0	1 (0.6%)	0	0	0
Tonsillitis	1 (0.6%)	0	1 (0.6%)	0	0	0
Upper Respiratory Tract Infection	54 (32.3%)	0	49 (29.3%)	5 (3.0%)	0	0
Urinary Tract Infection	17 (10.2%)	1 (0.6%)	14 (8.4%)	2 (1.2%)	0	0
Urinary Tract Infection Bacterial	2 (1.2%)	0	1 (0.6%)	1 (0.6%)	0	0
Vaginal Infection	1 (0.6%)	1 (0.6%)	0	0	0	0
Viral Infection	2 (1.2%)	2 (1.2%)	0	0	0	0
Viral Rhinitis	1 (0.6%)	0	1 (0.6%)	0	0	0
Viral Upper Respiratory Tract Infection	4 (2.4%)	1 (0.6%)	3 (1.8%)	0	0	0
Vulvovaginal Mycotic Infection	2 (1.2%)	1 (0.6%)	1 (0.6%)	0	0	0
Injury, Poisoning And Procedural Complications	45 (26.9%)	16 (9.6%)	21 (12.6%)	8 (4.8%)	0	0
Ankle Fracture	2 (1.2%)	0	2 (1.2%)	0	0	0
Barotitis Media	1 (0.6%)	1 (0.6%)	0	0	0	0
Contusion	1 (0.6%)	1 (0.6%)	0	0	0	0
Fall	9 (5.4%)	5 (3.0%)	4 (2.4%)	0	0	0
Femoral Neck Fracture	2 (1.2%)	0	0	2 (1.2%)	0	0
Head Injury	1 (0.6%)	0	1 (0.6%)	0	0	0
Humerus Fracture	1 (0.6%)	0	0	1 (0.6%)	0	0
Infusion Related Reaction	17 (10.2%)	3 (1.8%)	12 (7.2%)	2 (1.2%)	0	0
Joint Dislocation	1 (0.6%)	0	0	1 (0.6%)	0	0
Limb Injury	2 (1.2%)	1 (0.6%)	1 (0.6%)	0	0	0
Meniscus Injury	1 (0.6%)	0	1 (0.6%)	0	0	0
Pelvic Fracture	1 (0.6%)	0	0	1 (0.6%)	0	0
Procedural Headache	1 (0.6%)	1 (0.6%)	0	0	0	0
Procedural Pain	4 (2.4%)	4 (2.4%)	0	0	0	0

Table 13: Number of Subjects With TEAEs by SOC, PT, and Maximum Toxicity Grade (Overall); Safety Analysis Set (Study 79635322MMY1001)

	Total	Total				
		Maximum Toxicity Grade				
		1	2	3	4	5
Radius Fracture	1 (0.6%)	0	1 (0.6%)	0	0	0
Rib Fracture	2 (1.2%)	2 (1.2%)	0	0	0	0
Skin Laceration	1 (0.6%)	1 (0.6%)	0	0	0	0
Spinal Fracture	1 (0.6%)	0	0	1 (0.6%)	0	0
Thoracic Vertebral Fracture	1 (0.6%)	0	0	0	0	0
Vaccination Complication	1 (0.6%)	1 (0.6%)	0	0	0	0
Vascular Access Complication	1 (0.6%)	1 (0.6%)	0	0	0	0
Investigations	50 (29.9%)	24 (14.4%)	22 (13.2%)	3 (1.8%)	1 (0.6%)	0
Alanine Aminotransferase Increased	6 (3.6%)	4 (2.4%)	2 (1.2%)	0	0	0
Aspartate Aminotransferase Increased	7 (4.2%)	4 (2.4%)	3 (1.8%)	0	0	0
Blood Alkaline Phosphatase Increased	5 (3.0%)	4 (2.4%)	0	1 (0.6%)	0	0
Blood Creatine Phosphokinase Increased	3 (1.8%)	2 (1.2%)	1 (0.6%)	0	0	0
Blood Creatinine Increased	9 (5.4%)	8 (4.8%)	1 (0.6%)	0	0	0
Blood Folate Decreased	1 (0.6%)	0	1 (0.6%)	0	0	0
Blood Iron Decreased	2 (1.2%)	0	2 (1.2%)	0	0	0
Blood Lactate Dehydrogenase Increased	4 (2.4%)	4 (2.4%)	0	0	0	0
Blood Thyroid Stimulating Hormone Increased	1 (0.6%)	1 (0.6%)	0	0	0	0
Blood Urea Increased	1 (0.6%)	1 (0.6%)	0	0	0	0
C-Reactive Protein Increased	2 (1.2%)	2 (1.2%)	0	0	0	0
Dehydroepiandrosterone Decreased	1 (0.6%)	0	1 (0.6%)	0	0	0
Fibrin D Dimer Increased	1 (0.6%)	0	1 (0.6%)	0	0	0
Gamma-Glutamyltransferase Increased	4 (2.4%)	1 (0.6%)	3 (1.8%)	0	0	0
Lipase Increased	7 (4.2%)	0	4 (2.4%)	2 (1.2%)	1 (0.6%)	0
Neutrophil Count Increased	1 (0.6%)	1 (0.6%)	0	0	0	0
Sars-Cov-2 Test Positive	1 (0.6%)	1 (0.6%)	0	0	0	0
Weight Decreased	21 (12.6%)	12 (7.2%)	9 (5.4%)	0	0	0
White Blood Cell Count Increased	1 (0.6%)	1 (0.6%)	0	0	0	0
Metabolism And Nutrition Disorders	80 (47.9%)	26 (15.6%)	41 (24.6%)	11 (6.6%)	2 (1.2%)	0

Table 13: Number of Subjects With TEAEs by SOC, PT, and Maximum Toxicity Grade (Overall); Safety Analysis Set (Study 79635322MMY1001)

	Total	Total				
		Maximum Toxicity Grade				
		1	2	3	4	5
Decreased Appetite	25 (15.0%)	14 (8.4%)	9 (5.4%)	2 (1.2%)	0	0
Dehydration	1 (0.6%)	0	1 (0.6%)	0	0	0
Diabetes Mellitus Inadequate Control	1 (0.6%)	1 (0.6%)	0	0	0	0
Fluid Retention	3 (1.8%)	0	3 (1.8%)	0	0	0
Folate Deficiency	1 (0.6%)	0	1 (0.6%)	0	0	0
Gout	2 (1.2%)	0	2 (1.2%)	0	0	0
Hyperamylasaemia	4 (2.4%)	1 (0.6%)	3 (1.8%)	0	0	0
Hypercalcaemia	6 (3.6%)	3 (1.8%)	1 (0.6%)	1 (0.6%)	1 (0.6%)	0
Hypercholesterolaemia	3 (1.8%)	2 (1.2%)	1 (0.6%)	0	0	0
Hyperferritinaemia	1 (0.6%)	1 (0.6%)	0	0	0	0
Hyperglycaemia	4 (2.4%)	4 (2.4%)	0	0	0	0
Hyperkalaemia	2 (1.2%)	0	1 (0.6%)	1 (0.6%)	0	0
Hyperlactacidaemia	1 (0.6%)	0	0	0	1 (0.6%)	0
Hyperlipidaemia	1 (0.6%)	1 (0.6%)	0	0	0	0
Hyperphosphataemia	2 (1.2%)	2 (1.2%)	0	0	0	0
Hyperuricaemia	4 (2.4%)	4 (2.4%)	0	0	0	0
Hypervitaminosis B12	1 (0.6%)	0	1 (0.6%)	0	0	0
Hypoalbuminaemia	4 (2.4%)	3 (1.8%)	1 (0.6%)	0	0	0
Hypocalcaemia	6 (3.6%)	3 (1.8%)	3 (1.8%)	0	0	0
Hypoferritinaemia	2 (1.2%)	1 (0.6%)	1 (0.6%)	0	0	0
Hypoglycaemia	2 (1.2%)	2 (1.2%)	0	0	0	0
Hypokalaemia	22 (13.2%)	5 (3.0%)	13 (7.8%)	4 (2.4%)	0	0
Hypomagnesaemia	21 (12.6%)	18 (10.8%)	2 (1.2%)	1 (0.6%)	0	0
Hyponatraemia	12 (7.2%)	7 (4.2%)	3 (1.8%)	2 (1.2%)	0	0
Hypophosphataemia	9 (5.4%)	1 (0.6%)	7 (4.2%)	1 (0.6%)	0	0
Iron Deficiency	9 (5.4%)	2 (1.2%)	7 (4.2%)	0	0	0
Postprandial Hypoglycaemia	1 (0.6%)	0	1 (0.6%)	0	0	0
Tumour Lysis Syndrome	2 (1.2%)	0	1 (0.6%)	1 (0.6%)	0	0
Vitamin B Complex Deficiency	1 (0.6%)	1 (0.6%)	0	0	0	0
Vitamin B12 Deficiency	1 (0.6%)	0	1 (0.6%)	0	0	0

Table 13: Number of Subjects With TEAEs by SOC, PT, and Maximum Toxicity Grade (Overall); Safety Analysis Set (Study 79635322MMY1001)

	Total	Total				
		Maximum Toxicity Grade				
		1	2	3	4	5
Musculoskeletal And Connective Tissue Disorders	100 (59.9%)	39 (23.4%)	54 (32.3%)	7 (4.2%)	0	0
Arthralgia	36 (21.6%)	15 (9.0%)	20 (12.0%)	1 (0.6%)	0	0
Arthritis	1 (0.6%)	1 (0.6%)	0	0	0	0
Axillary Mass	1 (0.6%)	1 (0.6%)	0	0	0	0
Back Pain	32 (19.2%)	18 (10.8%)	10 (6.0%)	3 (1.8%)	0	0
Bone Pain	29 (17.4%)	11 (6.6%)	16 (9.6%)	2 (1.2%)	0	0
Bursitis	1 (0.6%)	1 (0.6%)	0	0	0	0
Chondrocalcinosis	1 (0.6%)	0	1 (0.6%)	0	0	0
Coccydynia	1 (0.6%)	1 (0.6%)	0	0	0	0
Crystal Arthropathy	1 (0.6%)	1 (0.6%)	0	0	0	0
Flank Pain	1 (0.6%)	1 (0.6%)	0	0	0	0
Groin Pain	2 (1.2%)	1 (0.6%)	1 (0.6%)	0	0	0
Haematoma Muscle	1 (0.6%)	1 (0.6%)	0	0	0	0
Hypercreatinaemia	1 (0.6%)	0	1 (0.6%)	0	0	0
Inguinal Mass	1 (0.6%)	1 (0.6%)	0	0	0	0
Jaw Fistula	1 (0.6%)	1 (0.6%)	0	0	0	0
Joint Range Of Motion Decreased	2 (1.2%)	2 (1.2%)	0	0	0	0
Joint Stiffness	3 (1.8%)	3 (1.8%)	0	0	0	0
Muscle Spasms	9 (5.4%)	3 (1.8%)	6 (3.6%)	0	0	0
Muscular Weakness	3 (1.8%)	1 (0.6%)	1 (0.6%)	1 (0.6%)	0	0
Musculoskeletal Chest Pain	10 (6.0%)	6 (3.6%)	4 (2.4%)	0	0	0
Musculoskeletal Pain	5 (3.0%)	3 (1.8%)	2 (1.2%)	0	0	0
Musculoskeletal Stiffness	3 (1.8%)	3 (1.8%)	0	0	0	0
Myalgia	9 (5.4%)	8 (4.8%)	1 (0.6%)	0	0	0
Neck Pain	4 (2.4%)	2 (1.2%)	2 (1.2%)	0	0	0
Osteoarthritis	2 (1.2%)	1 (0.6%)	1 (0.6%)	0	0	0
Osteonecrosis Of Jaw	1 (0.6%)	0	1 (0.6%)	0	0	0
Osteopenia	1 (0.6%)	1 (0.6%)	0	0	0	0
Pain In Extremity	16 (9.6%)	13 (7.8%)	3 (1.8%)	0	0	0

Table 13: Number of Subjects With TEAEs by SOC, PT, and Maximum Toxicity Grade (Overall); Safety Analysis Set (Study 79635322MMY1001)

	Total	Total				
		Maximum Toxicity Grade				
		1	2	3	4	5
Pain In Jaw	4 (2.4%)	3 (1.8%)	1 (0.6%)	0	0	0
Periarthritis	1 (0.6%)	0	1 (0.6%)	0	0	0
Rotator Cuff Syndrome	1 (0.6%)	0	1 (0.6%)	0	0	0
Sacral Pain	1 (0.6%)	1 (0.6%)	0	0	0	0
Synovial Cyst	1 (0.6%)	1 (0.6%)	0	0	0	0
Tendonitis	1 (0.6%)	0	1 (0.6%)	0	0	0
Neoplasms Benign, Malignant And Unspecified						
(Incl Cysts And Polyps)	10 (6.0%)	1 (0.6%)	7 (4.2%)	1 (0.6%)	1 (0.6%)	0
Acrochordon	1 (0.6%)	1 (0.6%)	0	0	0	0
Acute Myeloid Leukaemia	1 (0.6%)	0	0	0	1 (0.6%)	0
Basal Cell Carcinoma	1 (0.6%)	0	1 (0.6%)	0	0	0
Bowen's Disease	2 (1.2%)	0	2 (1.2%)	0	0	0
Cancer Pain	1 (0.6%)	0	1 (0.6%)	0	0	0
Dysplastic Naevus	1 (0.6%)	0	1 (0.6%)	0	0	0
Lentigo Maligna	2 (1.2%)	0	2 (1.2%)	0	0	0
Seborrhoeic Keratosis	1 (0.6%)	1 (0.6%)	0	0	0	0
Squamous Cell Carcinoma	1 (0.6%)	0	1 (0.6%)	0	0	0
Squamous Cell Carcinoma Of Skin	1 (0.6%)	0	1 (0.6%)	0	0	0
Tumour Pain	2 (1.2%)	0	1 (0.6%)	1 (0.6%)	0	0
Nervous System Disorders						
	122 (73.1%)	67 (40.1%)	48 (28.7%)	5 (3.0%)	1 (0.6%)	1 (0.6%)
Ageusia	8 (4.8%)	4 (2.4%)	4 (2.4%)	0	0	0
Akathisia	1 (0.6%)	1 (0.6%)	0	0	0	0
Anosmia	5 (3.0%)	5 (3.0%)	0	0	0	0
Aphasia	1 (0.6%)	0	1 (0.6%)	0	0	0
Balance Disorder	1 (0.6%)	1 (0.6%)	0	0	0	0
Cauda Equina Syndrome	1 (0.6%)	0	0	1 (0.6%)	0	0
Cognitive Disorder	1 (0.6%)	0	1 (0.6%)	0	0	0
Coordination Abnormal	1 (0.6%)	1 (0.6%)	0	0	0	0

Table 13: Number of Subjects With TEAEs by SOC, PT, and Maximum Toxicity Grade (Overall); Safety Analysis Set (Study 79635322MMY1001)

	Total					
	Total	Maximum Toxicity Grade				
		1	2	3	4	5
Depressed Level Of Consciousness	1 (0.6%)	0	1 (0.6%)	0	0	0
Disturbance In Attention	5 (3.0%)	5 (3.0%)	0	0	0	0
Dizziness	15 (9.0%)	13 (7.8%)	2 (1.2%)	0	0	0
Dysaesthesia	2 (1.2%)	1 (0.6%)	1 (0.6%)	0	0	0
Dysgeusia	90 (53.9%)	64 (38.3%)	26 (15.6%)	0	0	0
Dyskinesia	1 (0.6%)	1 (0.6%)	0	0	0	0
Embolic Stroke	1 (0.6%)	0	0	0	0	1 (0.6%)
Encephalopathy	1 (0.6%)	0	1 (0.6%)	0	0	0
Headache	35 (21.0%)	21 (12.6%)	12 (7.2%)	2 (1.2%)	0	0
Hypoaesthesia	2 (1.2%)	2 (1.2%)	0	0	0	0
Hypogeusia	2 (1.2%)	2 (1.2%)	0	0	0	0
IIIRD Nerve Disorder	1 (0.6%)	1 (0.6%)	0	0	0	0
IIIRD Nerve Paralysis	1 (0.6%)	0	1 (0.6%)	0	0	0
Immune Effector Cell-Associated Neurotoxicity Syndrome	3 (1.8%)	3 (1.8%)	0	0	0	0
Migraine	2 (1.2%)	0	2 (1.2%)	0	0	0
Neuralgia	2 (1.2%)	1 (0.6%)	1 (0.6%)	0	0	0
Neuropathy Peripheral	1 (0.6%)	0	1 (0.6%)	0	0	0
Paraesthesia	9 (5.4%)	9 (5.4%)	0	0	0	0
Parkinsonism	1 (0.6%)	0	1 (0.6%)	0	0	0
Peripheral Motor Neuropathy	2 (1.2%)	1 (0.6%)	1 (0.6%)	0	0	0
Peripheral Sensory Neuropathy	9 (5.4%)	7 (4.2%)	2 (1.2%)	0	0	0
Psychomotor Hyperactivity	2 (1.2%)	2 (1.2%)	0	0	0	0
Restless Legs Syndrome	1 (0.6%)	1 (0.6%)	0	0	0	0
Sciatic Nerve Neuropathy	1 (0.6%)	0	1 (0.6%)	0	0	0
Sciatica	1 (0.6%)	0	1 (0.6%)	0	0	0
Somnolence	3 (1.8%)	3 (1.8%)	0	0	0	0
Spinal Cord Compression	3 (1.8%)	0	0	2 (1.2%)	1 (0.6%)	0
Syncope	1 (0.6%)	0	0	1 (0.6%)	0	0
Tremor	1 (0.6%)	1 (0.6%)	0	0	0	0

Table 13: Number of Subjects With TEAEs by SOC, PT, and Maximum Toxicity Grade (Overall); Safety Analysis Set (Study 79635322MMY1001)

	Total	Total				
		Maximum Toxicity Grade				
		1	2	3	4	5
Product Issues	1 (0.6%)	0	1 (0.6%)	0	0	0
Device Failure	1 (0.6%)	0	1 (0.6%)	0	0	0
Psychiatric Disorders	30 (18.0%)	13 (7.8%)	14 (8.4%)	2 (1.2%)	1 (0.6%)	0
Agitation	1 (0.6%)	1 (0.6%)	0	0	0	0
Anxiety	3 (1.8%)	1 (0.6%)	2 (1.2%)	0	0	0
Confusional State	4 (2.4%)	1 (0.6%)	1 (0.6%)	1 (0.6%)	1 (0.6%)	0
Delirium	2 (1.2%)	0	1 (0.6%)	1 (0.6%)	0	0
Depressed Mood	1 (0.6%)	0	1 (0.6%)	0	0	0
Hallucination	1 (0.6%)	1 (0.6%)	0	0	0	0
Hallucination, Visual	1 (0.6%)	1 (0.6%)	0	0	0	0
Insomnia	18 (10.8%)	10 (6.0%)	8 (4.8%)	0	0	0
Mental Status Changes	1 (0.6%)	0	1 (0.6%)	0	0	0
Restlessness	1 (0.6%)	1 (0.6%)	0	0	0	0
Renal And Urinary Disorders	21 (12.6%)	14 (8.4%)	3 (1.8%)	3 (1.8%)	1 (0.6%)	0
Acute Kidney Injury	1 (0.6%)	0	0	1 (0.6%)	0	0
Chronic Kidney Disease	2 (1.2%)	0	0	1 (0.6%)	1 (0.6%)	0
Dysuria	4 (2.4%)	4 (2.4%)	0	0	0	0
Haematuria	2 (1.2%)	2 (1.2%)	0	0	0	0
Hydronephrosis	1 (0.6%)	0	0	1 (0.6%)	0	0
Nocturia	1 (0.6%)	1 (0.6%)	0	0	0	0
Renal Artery Stenosis	1 (0.6%)	0	1 (0.6%)	0	0	0
Renal Haematoma	1 (0.6%)	0	0	1 (0.6%)	0	0
Renal Impairment	3 (1.8%)	2 (1.2%)	1 (0.6%)	0	0	0
Urinary Hesitation	1 (0.6%)	1 (0.6%)	0	0	0	0
Urinary Incontinence	2 (1.2%)	2 (1.2%)	0	0	0	0
Urinary Retention	4 (2.4%)	2 (1.2%)	2 (1.2%)	0	0	0
Urinary Tract Pain	1 (0.6%)	1 (0.6%)	0	0	0	0

Table 13: Number of Subjects With TEAEs by SOC, PT, and Maximum Toxicity Grade (Overall); Safety Analysis Set (Study 79635322MMY1001)

	Total	Total				
		Maximum Toxicity Grade				
		1	2	3	4	5
Reproductive System And Breast Disorders	10 (6.0%)	5 (3.0%)	4 (2.4%)	1 (0.6%)	0	0
Atrophic Vulvovaginitis	1 (0.6%)	0	1 (0.6%)	0	0	0
Intermenstrual Bleeding	1 (0.6%)	1 (0.6%)	0	0	0	0
Pelvic Floor Muscle Weakness	1 (0.6%)	0	1 (0.6%)	0	0	0
Pelvic Pain	1 (0.6%)	0	1 (0.6%)	0	0	0
Postmenopausal Haemorrhage	1 (0.6%)	1 (0.6%)	0	0	0	0
Prostatism	1 (0.6%)	0	1 (0.6%)	0	0	0
Vaginal Discharge	1 (0.6%)	1 (0.6%)	0	0	0	0
Vaginal Haemorrhage	4 (2.4%)	3 (1.8%)	0	1 (0.6%)	0	0
Respiratory, Thoracic And Mediastinal Disorders	88 (52.7%)	48 (28.7%)	33 (19.8%)	5 (3.0%)	1 (0.6%)	1 (0.6%)
Aphonia	1 (0.6%)	1 (0.6%)	0	0	0	0
Asthma	1 (0.6%)	0	1 (0.6%)	0	0	0
Bronchospasm	2 (1.2%)	0	1 (0.6%)	1 (0.6%)	0	0
Chronic Obstructive Pulmonary Disease	1 (0.6%)	0	1 (0.6%)	0	0	0
Cough	47 (28.1%)	32 (19.2%)	15 (9.0%)	0	0	0
Diaphragmalgia	1 (0.6%)	0	1 (0.6%)	0	0	0
Dysphonia	6 (3.6%)	6 (3.6%)	0	0	0	0
Dyspnoea	18 (10.8%)	11 (6.6%)	6 (3.6%)	1 (0.6%)	0	0
Dyspnoea Exertional	1 (0.6%)	1 (0.6%)	0	0	0	0
Epistaxis	3 (1.8%)	2 (1.2%)	1 (0.6%)	0	0	0
Hiccups	1 (0.6%)	0	1 (0.6%)	0	0	0
Hypoxia	1 (0.6%)	0	1 (0.6%)	0	0	0
Lung Disorder	1 (0.6%)	0	0	1 (0.6%)	0	0
Nasal Congestion	6 (3.6%)	5 (3.0%)	1 (0.6%)	0	0	0
Nasal Dryness	1 (0.6%)	0	1 (0.6%)	0	0	0
Nasal Polyps	1 (0.6%)	1 (0.6%)	0	0	0	0
Oropharyngeal Pain	13 (7.8%)	12 (7.2%)	1 (0.6%)	0	0	0
Pleural Effusion	1 (0.6%)	1 (0.6%)	0	0	0	0

Table 13: Number of Subjects With TEAEs by SOC, PT, and Maximum Toxicity Grade (Overall); Safety Analysis Set (Study 79635322MMY1001)

	Total	Total				
		Maximum Toxicity Grade				
		1	2	3	4	5
Pleuritic Pain	1 (0.6%)	0	1 (0.6%)	0	0	0
Pneumonitis	1 (0.6%)	0	1 (0.6%)	0	0	0
Productive Cough	9 (5.4%)	6 (3.6%)	3 (1.8%)	0	0	0
Pulmonary Embolism	2 (1.2%)	0	0	2 (1.2%)	0	0
Pulmonary Haemorrhage	1 (0.6%)	0	0	0	0	1 (0.6%)
Pulmonary Hypertension	1 (0.6%)	1 (0.6%)	0	0	0	0
Rales	1 (0.6%)	1 (0.6%)	0	0	0	0
Respiratory Failure	1 (0.6%)	0	0	0	1 (0.6%)	0
Rhinitis Allergic	4 (2.4%)	1 (0.6%)	3 (1.8%)	0	0	0
Rhinorrhoea	7 (4.2%)	6 (3.6%)	1 (0.6%)	0	0	0
Sinus Pain	1 (0.6%)	1 (0.6%)	0	0	0	0
Sneezing	1 (0.6%)	1 (0.6%)	0	0	0	0
Upper-Airway Cough Syndrome	2 (1.2%)	1 (0.6%)	1 (0.6%)	0	0	0
Wheezing	1 (0.6%)	0	1 (0.6%)	0	0	0
Skin And Subcutaneous Tissue Disorders	131 (78.4%)	82 (49.1%)	47 (28.1%)	2 (1.2%)	0	0
Actinic Keratosis	2 (1.2%)	1 (0.6%)	1 (0.6%)	0	0	0
Alopecia	18 (10.8%)	17 (10.2%)	1 (0.6%)	0	0	0
Dermatitis Acneiform	2 (1.2%)	2 (1.2%)	0	0	0	0
Dermatitis Bullous	1 (0.6%)	1 (0.6%)	0	0	0	0
Dermatitis Psoriasiform	1 (0.6%)	0	1 (0.6%)	0	0	0
Dry Skin	64 (38.3%)	48 (28.7%)	16 (9.6%)	0	0	0
Ecchymosis	1 (0.6%)	1 (0.6%)	0	0	0	0
Eczema	5 (3.0%)	2 (1.2%)	3 (1.8%)	0	0	0
Erythema	4 (2.4%)	4 (2.4%)	0	0	0	0
Guttate Psoriasis	1 (0.6%)	0	1 (0.6%)	0	0	0
Hair Texture Abnormal	1 (0.6%)	1 (0.6%)	0	0	0	0
Hyperhidrosis	5 (3.0%)	4 (2.4%)	1 (0.6%)	0	0	0
Miliaria	1 (0.6%)	1 (0.6%)	0	0	0	0
Nail Discolouration	5 (3.0%)	5 (3.0%)	0	0	0	0

Table 13: Number of Subjects With TEAEs by SOC, PT, and Maximum Toxicity Grade (Overall); Safety Analysis Set (Study 79635322MMY1001)

	Total	Total				
		Maximum Toxicity Grade				
		1	2	3	4	5
Nail Disorder	48 (28.7%)	48 (28.7%)	0	0	0	0
Nail Dystrophy	10 (6.0%)	9 (5.4%)	1 (0.6%)	0	0	0
Nail Fold Inflammation	1 (0.6%)	1 (0.6%)	0	0	0	0
Nail Ridging	18 (10.8%)	18 (10.8%)	0	0	0	0
Night Sweats	1 (0.6%)	1 (0.6%)	0	0	0	0
Onychoclasia	10 (6.0%)	10 (6.0%)	0	0	0	0
Onycholysis	8 (4.8%)	4 (2.4%)	4 (2.4%)	0	0	0
Onychomadesis	12 (7.2%)	9 (5.4%)	3 (1.8%)	0	0	0
Pain Of Skin	1 (0.6%)	1 (0.6%)	0	0	0	0
Palmar-Plantar Erythrodysaesthesia Syndrome	5 (3.0%)	3 (1.8%)	1 (0.6%)	1 (0.6%)	0	0
Petechiae	1 (0.6%)	1 (0.6%)	0	0	0	0
Photodermatitis	1 (0.6%)	0	1 (0.6%)	0	0	0
Photosensitivity Reaction	1 (0.6%)	1 (0.6%)	0	0	0	0
Pruritus	22 (13.2%)	15 (9.0%)	7 (4.2%)	0	0	0
Psoriasis	1 (0.6%)	1 (0.6%)	0	0	0	0
Rash	12 (7.2%)	5 (3.0%)	7 (4.2%)	0	0	0
Rash Maculo-Papular	13 (7.8%)	8 (4.8%)	4 (2.4%)	1 (0.6%)	0	0
Rash Scarletiniiform	1 (0.6%)	0	1 (0.6%)	0	0	0
Seborrhoea	1 (0.6%)	1 (0.6%)	0	0	0	0
Skin Disorder	1 (0.6%)	1 (0.6%)	0	0	0	0
Skin Exfoliation	28 (16.8%)	25 (15.0%)	3 (1.8%)	0	0	0
Skin Fibrosis	1 (0.6%)	1 (0.6%)	0	0	0	0
Skin Hyperpigmentation	1 (0.6%)	1 (0.6%)	0	0	0	0
Skin Lesion	2 (1.2%)	1 (0.6%)	1 (0.6%)	0	0	0
Skin Toxicity	1 (0.6%)	0	1 (0.6%)	0	0	0
Skin Ulcer	2 (1.2%)	2 (1.2%)	0	0	0	0
Toxic Skin Eruption	1 (0.6%)	0	1 (0.6%)	0	0	0
Urticaria	3 (1.8%)	1 (0.6%)	2 (1.2%)	0	0	0
Xeroderma	1 (0.6%)	1 (0.6%)	0	0	0	0

Table 13: Number of Subjects With TEAEs by SOC, PT, and Maximum Toxicity Grade (Overall); Safety Analysis Set (Study 79635322MMY1001)

	Total	Total				
		Maximum Toxicity Grade				
		1	2	3	4	5
Uncoded	60 (35.9%)	28 (16.8%)	25 (15.0%)	7 (4.2%)	0	0
Uncoded: ANEURYSMA AORTA ASCENDENS	1 (0.6%)	1 (0.6%)	0	0	0	0
Uncoded: BACK PAIN (KIDNEY AREA)	1 (0.6%)	1 (0.6%)	0	0	0	0
Uncoded: BONE PAIN (LOWER BACK/IMPROVING)	1 (0.6%)	1 (0.6%)	0	0	0	0
Uncoded: BROKEN LEFT LEG	1 (0.6%)	0	0	1 (0.6%)	0	0
Uncoded: BULLOUS DERMATITIS - INTERMITTENT GENERALIZED	1 (0.6%)	1 (0.6%)	0	0	0	0
Uncoded: BUMB ON UPPER LEG	1 (0.6%)	1 (0.6%)	0	0	0	0
Uncoded: CANDIDA OESOPHAGISTIS	1 (0.6%)	0	1 (0.6%)	0	0	0
Uncoded: CELLULITIS ON RIGHT LEG	1 (0.6%)	0	0	1 (0.6%)	0	0
Uncoded: CONJUNCTIVITIS IN THE LEFT EYE	1 (0.6%)	0	1 (0.6%)	0	0	0
Uncoded: CONSUFIONAL DISORDER	1 (0.6%)	0	0	1 (0.6%)	0	0
Uncoded: CONTUSION HIP AFTER TRAUMA (BICYCLE ACCIDENT)	1 (0.6%)	1 (0.6%)	0	0	0	0
Uncoded: COUGH (RHINOVIRUS POSITIVE)	1 (0.6%)	0	1 (0.6%)	0	0	0
Uncoded: COVID-19 UPPER RESPIRATORY TRACT INFECTION	1 (0.6%)	0	1 (0.6%)	0	0	0
Uncoded: CYTOMEGALOVIRUS POSITIVE TEST	1 (0.6%)	1 (0.6%)	0	0	0	0
Uncoded: DEAF FEELING FEET	1 (0.6%)	0	1 (0.6%)	0	0	0
Uncoded: DEAF FEELING SKIN RIGHT UPPER LEG	1 (0.6%)	0	1 (0.6%)	0	0	0
Uncoded: DERMATOMYCOSIS	1 (0.6%)	0	1 (0.6%)	0	0	0
Uncoded: DIZZINESS - INTERMITTENT POSITIONAL CHANGE	1 (0.6%)	1 (0.6%)	0	0	0	0
Uncoded: DRY MOUTH - MOUTH AND THROAT	1 (0.6%)	1 (0.6%)	0	0	0	0

Table 13: Number of Subjects With TEAEs by SOC, PT, and Maximum Toxicity Grade (Overall); Safety Analysis Set (Study 79635322MMY1001)

	Total	Total				
		Maximum Toxicity Grade				
		1	2	3	4	5
Uncoded: DRY SKIN FOREHEAD WITH ERYTHEMA	1 (0.6%)	0	1 (0.6%)	0	0	0
Uncoded: DYSGEUSIA - METALLIC TASTE	1 (0.6%)	1 (0.6%)	0	0	0	0
Uncoded: DYSPNEA - INTERMITTENT WITH EXERTION	1 (0.6%)	1 (0.6%)	0	0	0	0
Uncoded: DYSQEUSIA	1 (0.6%)	1 (0.6%)	0	0	0	0
Uncoded: ERYTHEMATOUS PAPULE ON HIS RIGHT UPPER ABDOMEN.	1 (0.6%)	1 (0.6%)	0	0	0	0
Uncoded: FATIGUE (GENERALIZED)	1 (0.6%)	1 (0.6%)	0	0	0	0
Uncoded: FATIGUE - WORSENING	1 (0.6%)	0	0	1 (0.6%)	0	0
Uncoded: FRACTURE (DUE TO FALL)	1 (0.6%)	1 (0.6%)	0	0	0	0
Uncoded: FRACTURE (EXTRA-ARTICULAR LEFT HUMERAL NECK FRACTURE)	1 (0.6%)	0	0	1 (0.6%)	0	0
Uncoded: GUTTATE PSORIASIS (SKIN TOXICITY)	1 (0.6%)	0	1 (0.6%)	0	0	0
Uncoded: HYPERTENSION WORSENING INTERMITTENT	1 (0.6%)	0	0	1 (0.6%)	0	0
Uncoded: HYPOGAMMAGLOBULINEMIA (INTERMITTENT)	1 (0.6%)	1 (0.6%)	0	0	0	0
Uncoded: HYPOXIA - DURING AMBULATION TRIAL	1 (0.6%)	0	1 (0.6%)	0	0	0
Uncoded: IMMUNE SYSTEM DISORDERS - OTHER, SPECIFY: HYPOGAMMAGLOBULINEMIA	1 (0.6%)	0	1 (0.6%)	0	0	0
Uncoded: INDURATION AROUND INJECTION SITE	1 (0.6%)	1 (0.6%)	0	0	0	0
Uncoded: INFECTION AND INFESTATIONS- OTHER, RHINOVIRUS	1 (0.6%)	1 (0.6%)	0	0	0	0
Uncoded: INFECTIONS & INFESTATIONS - INFLUENZA-LIKE VIRAL ILLNESS	1 (0.6%)	0	1 (0.6%)	0	0	0

CONFIDENTIAL – FOIA or other similar exemptions apply

116

Table 13: Number of Subjects With TEAEs by SOC, PT, and Maximum Toxicity Grade (Overall); Safety Analysis Set (Study 79635322MMY1001)

	Total	Total				
		Maximum Toxicity Grade				
		1	2	3	4	5
Uncoded: INJECTION SITE ERYTHEMA (INTERMITTENT)	1 (0.6%)	0	1 (0.6%)	0	0	0
Uncoded: INJECTION SITE REACTION - HOT	1 (0.6%)	1 (0.6%)	0	0	0	0
Uncoded: INJECTION SITE REACTION - INDURATION (MASS FELT UPON PALPATION)	1 (0.6%)	1 (0.6%)	0	0	0	0
Uncoded: INJECTION SITE REACTION - INFLAMED	1 (0.6%)	1 (0.6%)	0	0	0	0
Uncoded: INJECTION SITE REACTION - OEDEMA	1 (0.6%)	0	1 (0.6%)	0	0	0
Uncoded: INJECTION SITE REACTION - RASH	1 (0.6%)	1 (0.6%)	0	0	0	0
Uncoded: INJECTION SITE REACTION - SKIN INFECTION	1 (0.6%)	0	1 (0.6%)	0	0	0
Uncoded: INJECTION SITE REACTION - SOLID LUMP	1 (0.6%)	1 (0.6%)	0	0	0	0
Uncoded: INJECTION SITE REACTION : ERYTHEMA (DRY LOCAL LOWER LEFT ABDOMINAL)	1 (0.6%)	1 (0.6%)	0	0	0	0
Uncoded: INJECTION SITE REACTION INTERMITTENT - ERYTHEMA AND SWELLING IN ABDOMINAL RLQ	1 (0.6%)	1 (0.6%)	0	0	0	0
Uncoded: INJECTION SITE REACTION, LEFT UPPER QUADRANT, PEELING	1 (0.6%)	1 (0.6%)	0	0	0	0
Uncoded: IRRITATION OF THE SKIN ON THE BUTTOCKS AND PERINEUM	1 (0.6%)	0	1 (0.6%)	0	0	0
Uncoded: IVIG INFUSION RELATED REACTION	9 (5.4%)	4 (2.4%)	4 (2.4%)	1 (0.6%)	0	0
Uncoded: IVIG INFUSION RELATED REACTION HYPERTENSION	1 (0.6%)	1 (0.6%)	0	0	0	0

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117

Table 13: Number of Subjects With TEAEs by SOC, PT, and Maximum Toxicity Grade (Overall); Safety Analysis Set (Study 79635322MMY1001)

	Total	Total				
		Maximum Toxicity Grade				
		1	2	3	4	5
Uncoded: KNEE PAIN DUE TO A FALL	1 (0.6%)	0	1 (0.6%)	0	0	0
Uncoded: LEFT PLANTAR ARCH PAIN	1 (0.6%)	1 (0.6%)	0	0	0	0
Uncoded: LUNG INFECTION - VIRAL - COVID	1 (0.6%)	1 (0.6%)	0	0	0	0
Uncoded: LYMPHOCYTE COUNT DECREASED, INTERMITTENT	1 (0.6%)	0	1 (0.6%)	0	0	0
Uncoded: LYMPHOPENIE	1 (0.6%)	0	1 (0.6%)	0	0	0
Uncoded: MILD COMMON COLD RECURRENT	1 (0.6%)	1 (0.6%)	0	0	0	0
Uncoded: MUSCLE ACHES / PAIN	1 (0.6%)	1 (0.6%)	0	0	0	0
Uncoded: MUSCLE CRAMP-HAND	1 (0.6%)	1 (0.6%)	0	0	0	0
Uncoded: MUSCULOSKELETAL PAIN OVER LEFT SIDE OF BACK	1 (0.6%)	1 (0.6%)	0	0	0	0
Uncoded: MYELOMA INFILTRATION OF THE MENINGES	1 (0.6%)	0	0	1 (0.6%)	0	0
Uncoded: MYELOMATOUS MENINGITIS	1 (0.6%)	0	0	1 (0.6%)	0	0
Uncoded: NAIL ABNORMALITIES	1 (0.6%)	1 (0.6%)	0	0	0	0
Uncoded: NAIL CHANGES - BILATERAL THUMBS	1 (0.6%)	1 (0.6%)	0	0	0	0
Uncoded: NAIL LOSS THUMBS	1 (0.6%)	0	1 (0.6%)	0	0	0
Uncoded: NAIL LOSS TOES	1 (0.6%)	1 (0.6%)	0	0	0	0
Uncoded: PAIN (R HIP LOWER BACK)	1 (0.6%)	1 (0.6%)	0	0	0	0
Uncoded: PAIN - RIGHT FOOT	1 (0.6%)	1 (0.6%)	0	0	0	0
Uncoded: PAIN IN ACKLES	1 (0.6%)	0	1 (0.6%)	0	0	0
Uncoded: PAIN IN EXTREMITY - BILATERAL UPPER ARMS	1 (0.6%)	0	1 (0.6%)	0	0	0
Uncoded: PAIN LEFT HIP (INTERMITTENT)	1 (0.6%)	1 (0.6%)	0	0	0	0
Uncoded: PAIN STERNUM	1 (0.6%)	0	1 (0.6%)	0	0	0

Table 13: Number of Subjects With TEAEs by SOC, PT, and Maximum Toxicity Grade (Overall); Safety Analysis Set (Study 79635322MMY1001)

	Total					
	Total	Maximum Toxicity Grade				
		1	2	3	4	5
Uncoded: PALMAR PEELING	1 (0.6%)	1 (0.6%)	0	0	0	0
Uncoded: PROCESSUS SPINOSUS	1 (0.6%)	1 (0.6%)	0	0	0	0
Uncoded: RASH CHEST	1 (0.6%)	1 (0.6%)	0	0	0	0
Uncoded: RASH MACULOPAPULAR GENERALIZED	1 (0.6%)	1 (0.6%)	0	0	0	0
Uncoded: RASH MULTIPLE LOCATIONS	1 (0.6%)	1 (0.6%)	0	0	0	0
Uncoded: RECURRENT RIGHT SHOULDER DISLOCATION	1 (0.6%)	0	1 (0.6%)	0	0	0
Uncoded: RESPIRATORY UPPER TRACT INFECTION	1 (0.6%)	0	1 (0.6%)	0	0	0
Uncoded: RIGHT SHOULDER DISLOCATION AFTER TRAUMA	1 (0.6%)	0	1 (0.6%)	0	0	0
Uncoded: RIGHT UPPER ARM RASH	1 (0.6%)	1 (0.6%)	0	0	0	0
Uncoded: SERUM AMYLASE INCREASED (ASYMPTOMATIC)	1 (0.6%)	1 (0.6%)	0	0	0	0
Uncoded: SEVERED THUMB	1 (0.6%)	0	1 (0.6%)	0	0	0
Uncoded: SKIN AND SUBCUTANEOUS DISORDERS: DESQUAMATION OF HANDS AND FEET	1 (0.6%)	1 (0.6%)	0	0	0	0
Uncoded: SKIN INFECTION - LEFT LEG	1 (0.6%)	0	1 (0.6%)	0	0	0
Uncoded: SQUAMOUS CELL CARCINOMA (LEFT EAR)	1 (0.6%)	0	1 (0.6%)	0	0	0
Uncoded: SUPRAVENTRICULAR BRADYCARDIA	1 (0.6%)	1 (0.6%)	0	0	0	0
Uncoded: THROMPOCYTOPENIA	1 (0.6%)	1 (0.6%)	0	0	0	0
Uncoded: UPPER RESPIRATORY INFECTION	1 (0.6%)	0	1 (0.6%)	0	0	0

Table 13: Number of Subjects With TEAEs by SOC, PT, and Maximum Toxicity Grade (Overall); Safety Analysis Set (Study 79635322MMY1001)

	Total	Total				
		Maximum Toxicity Grade				
		1	2	3	4	5
Uncoded: UPPER RESPIRATORY INFECTION (COVID +)	1 (0.6%)	0	1 (0.6%)	0	0	0
Uncoded: UPPER RESPIRATORY INFECTION (RHINOVIRUS)	1 (0.6%)	0	1 (0.6%)	0	0	0
Uncoded: UPPER RESPIRATORY INFECTION COVID-19	1 (0.6%)	0	1 (0.6%)	0	0	0
Uncoded: VAGINAL INFECTION - PERINEAL YEAST INFECTION	1 (0.6%)	0	1 (0.6%)	0	0	0
Uncoded: VIRAL WART ON RIGHT CALF	1 (0.6%)	0	1 (0.6%)	0	0	0
Uncoded: VIRAL WART ON RIGHT LOWER CHEEK	1 (0.6%)	1 (0.6%)	0	0	0	0
Uncoded: VOMITING - FOOD POISONING	1 (0.6%)	1 (0.6%)	0	0	0	0
Uncoded: WBC COUNT DECREASED, INTERMITTENT	2 (1.2%)	1 (0.6%)	1 (0.6%)	0	0	0
Uncoded: WORSENING DRY SKIN (ECZEMA FLARE)	1 (0.6%)	0	1 (0.6%)	0	0	0
Uncoded: WORSENING FLUCTUATING ANEMIA	1 (0.6%)	0	1 (0.6%)	0	0	0
Vascular Disorders	47 (28.1%)	15 (9.0%)	16 (9.6%)	16 (9.6%)	0	0
Deep Vein Thrombosis	3 (1.8%)	0	3 (1.8%)	0	0	0
Flushing	5 (3.0%)	5 (3.0%)	0	0	0	0
Hot Flush	3 (1.8%)	3 (1.8%)	0	0	0	0
Hypertension	24 (14.4%)	2 (1.2%)	7 (4.2%)	15 (9.0%)	0	0
Hypertensive Crisis	1 (0.6%)	1 (0.6%)	0	0	0	0
Hypotension	11 (6.6%)	6 (3.6%)	4 (2.4%)	1 (0.6%)	0	0
Orthostatic Hypotension	1 (0.6%)	1 (0.6%)	0	0	0	0

Table 13: Number of Subjects With TEAEs by SOC, PT, and Maximum Toxicity Grade (Overall); Safety Analysis Set (Study 79635322MMY1001)

	Total					
	Total	Maximum Toxicity Grade				
		1	2	3	4	5
Peripheral Coldness	1 (0.6%)	1 (0.6%)	0	0	0	0
Phlebitis	2 (1.2%)	0	2 (1.2%)	0	0	0
Superficial Vein Thrombosis	1 (0.6%)	0	1 (0.6%)	0	0	0
Vasodilatation	1 (0.6%)	1 (0.6%)	0	0	0	0

Key: TEAE = Treatment-emergent adverse event, NCI-CTCAE = National Cancer Institute–Common Terminology Criteria for Adverse Events, CRS = cytokine release syndrome, ICANS = immune effector cell-associated neurotoxicity syndrome.

Note: Subjects are counted only once for any given event, regardless of the number of times they actually experienced the event. The event experienced by the subject with the maximum toxicity is used. If a subject has missing toxicity for a specific adverse event, the subject is only counted in the total column for that adverse event.

Percentages are calculated with the number of subjects in each group as denominator.

Note: Symptoms of CRS and Symptoms of ICANS are excluded.

Adverse events are coded using MedDRA Version 28.0.

Note: TEAEs are evaluated according to NCI-CTCAE Version 5.0.

Modified from [tsfae07part10of10.rtf] [PROD/jnj-79635322/mmy1001/dbr_ib_2025/re_ib_2025/tsfae07.sas] 14OCT2025, 09:29

Table 14: Number of Subjects With TEAEs by SOC, PT, and Maximum Toxicity Grade (100 mg Part 1 + Part 2); Safety Analysis Set (Study 79635322MMY1001)

	Total	100 mg P1 (Cohort 11, 18, 22), P2 (Cohort 1)				
		Maximum Toxicity Grade				
		1	2	3	4	5
Analysis set: safety	56					
Subjects with 1 or more TEAEs	54 (96.4%)					
System organ class						
Preferred term						
Blood And Lymphatic System						
Disorders	41 (73.2%)	2 (3.6%)	3 (5.4%)	13 (23.2%)	23 (41.1%)	0
Anaemia	11 (19.6%)	3 (5.4%)	3 (5.4%)	5 (8.9%)	0	0
Iron Deficiency Anaemia	2 (3.6%)	1 (1.8%)	1 (1.8%)	0	0	0
Leukopenia	8 (14.3%)	1 (1.8%)	2 (3.6%)	3 (5.4%)	2 (3.6%)	0
Lymphadenopathy	1 (1.8%)	1 (1.8%)	0	0	0	0
Lymphopenia	22 (39.3%)	0	1 (1.8%)	7 (12.5%)	14 (25.0%)	0
Neutropenia	24 (42.9%)	0	4 (7.1%)	9 (16.1%)	11 (19.6%)	0
Thrombocytopenia	14 (25.0%)	5 (8.9%)	4 (7.1%)	3 (5.4%)	2 (3.6%)	0
Cardiac Disorders	8 (14.3%)	5 (8.9%)	2 (3.6%)	1 (1.8%)	0	0
Angina Pectoris	1 (1.8%)	1 (1.8%)	0	0	0	0
Atrial Fibrillation	2 (3.6%)	0	2 (3.6%)	0	0	0
Atrioventricular Block First Degree	1 (1.8%)	1 (1.8%)	0	0	0	0
Cardiac Failure	1 (1.8%)	0	0	1 (1.8%)	0	0
Cardiac Valve Disease	1 (1.8%)	1 (1.8%)	0	0	0	0
Palpitations	1 (1.8%)	1 (1.8%)	0	0	0	0
Sinus Tachycardia	1 (1.8%)	1 (1.8%)	0	0	0	0
Supraventricular Tachycardia	1 (1.8%)	0	1 (1.8%)	0	0	0
Tachycardia	1 (1.8%)	0	1 (1.8%)	0	0	0
Congenital, Familial And Genetic Disorders	1 (1.8%)	0	1 (1.8%)	0	0	0

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122

Table 14: Number of Subjects With TEAEs by SOC, PT, and Maximum Toxicity Grade (100 mg Part 1 + Part 2); Safety Analysis Set (Study 79635322MMY1001)

	Total	100 mg P1 (Cohort 11, 18, 22), P2 (Cohort 1)				
		Maximum Toxicity Grade				
		1	2	3	4	5
Dermoid Cyst	1 (1.8%)	0	1 (1.8%)	0	0	0
Ear And Labyrinth Disorders	2 (3.6%)	2 (3.6%)	0	0	0	0
Hypoacusis	1 (1.8%)	1 (1.8%)	0	0	0	0
Tinnitus	1 (1.8%)	1 (1.8%)	0	0	0	0
Eye Disorders	9 (16.1%)	4 (7.1%)	3 (5.4%)	2 (3.6%)	0	0
Blepharitis	1 (1.8%)	1 (1.8%)	0	0	0	0
Cataract	2 (3.6%)	0	2 (3.6%)	0	0	0
Dry Eye	1 (1.8%)	1 (1.8%)	0	0	0	0
Eye Irritation	1 (1.8%)	1 (1.8%)	0	0	0	0
Periorbital Oedema	2 (3.6%)	1 (1.8%)	1 (1.8%)	0	0	0
Retinal Detachment	1 (1.8%)	0	0	1 (1.8%)	0	0
Vision Blurred	1 (1.8%)	1 (1.8%)	0	0	0	0
Visual Acuity Reduced	2 (3.6%)	0	1 (1.8%)	1 (1.8%)	0	0
Gastrointestinal Disorders	38 (67.9%)	22 (39.3%)	14 (25.0%)	2 (3.6%)	0	0
Abdominal Discomfort	2 (3.6%)	1 (1.8%)	1 (1.8%)	0	0	0
Abdominal Distension	4 (7.1%)	4 (7.1%)	0	0	0	0
Abdominal Pain	2 (3.6%)	2 (3.6%)	0	0	0	0
Anorectal Polyp	1 (1.8%)	0	1 (1.8%)	0	0	0
Colitis	2 (3.6%)	0	2 (3.6%)	0	0	0
Constipation	3 (5.4%)	3 (5.4%)	0	0	0	0
Defaecation Urgency	1 (1.8%)	0	1 (1.8%)	0	0	0
Diarrhoea	18 (32.1%)	10 (17.9%)	7 (12.5%)	1 (1.8%)	0	0
Dry Mouth	14 (25.0%)	14 (25.0%)	0	0	0	0
Dyspepsia	2 (3.6%)	0	2 (3.6%)	0	0	0
Dysphagia	1 (1.8%)	1 (1.8%)	0	0	0	0
Flatulence	1 (1.8%)	1 (1.8%)	0	0	0	0
Gastrooesophageal Reflux Disease	4 (7.1%)	2 (3.6%)	2 (3.6%)	0	0	0

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Table 14: Number of Subjects With TEAEs by SOC, PT, and Maximum Toxicity Grade (100 mg Part 1 + Part 2); Safety Analysis Set (Study 79635322MMY1001)

	Total	100 mg P1 (Cohort 11, 18, 22), P2 (Cohort 1)				
		Maximum Toxicity Grade				
		1	2	3	4	5
Glossitis	1 (1.8%)	0	1 (1.8%)	0	0	0
Hypoaesthesia Oral	1 (1.8%)	1 (1.8%)	0	0	0	0
Nausea	9 (16.1%)	6 (10.7%)	2 (3.6%)	1 (1.8%)	0	0
Oesophagitis	2 (3.6%)	0	2 (3.6%)	0	0	0
Stomatitis	3 (5.4%)	2 (3.6%)	1 (1.8%)	0	0	0
Toothache	1 (1.8%)	1 (1.8%)	0	0	0	0
Vomiting	6 (10.7%)	4 (7.1%)	1 (1.8%)	1 (1.8%)	0	0
General Disorders And Administration						
Site Conditions	39 (69.6%)	20 (35.7%)	15 (26.8%)	4 (7.1%)	0	0
Asthenia	2 (3.6%)	1 (1.8%)	1 (1.8%)	0	0	0
Chills	1 (1.8%)	1 (1.8%)	0	0	0	0
Fatigue	18 (32.1%)	12 (21.4%)	3 (5.4%)	3 (5.4%)	0	0
Gait Disturbance	1 (1.8%)	1 (1.8%)	0	0	0	0
General Physical Health						
Deterioration	1 (1.8%)	0	0	1 (1.8%)	0	0
Generalised Oedema	1 (1.8%)	0	1 (1.8%)	0	0	0
Influenza Like Illness	5 (8.9%)	4 (7.1%)	1 (1.8%)	0	0	0
Injection Site Dryness	1 (1.8%)	1 (1.8%)	0	0	0	0
Injection Site Eczema	1 (1.8%)	0	1 (1.8%)	0	0	0
Injection Site Erythema	17 (30.4%)	15 (26.8%)	2 (3.6%)	0	0	0
Injection Site Induration	2 (3.6%)	2 (3.6%)	0	0	0	0
Injection Site Oedema	1 (1.8%)	0	1 (1.8%)	0	0	0
Injection Site Pain	3 (5.4%)	1 (1.8%)	2 (3.6%)	0	0	0
Injection Site Pruritus	5 (8.9%)	3 (5.4%)	2 (3.6%)	0	0	0
Injection Site Rash	8 (14.3%)	8 (14.3%)	0	0	0	0
Injection Site Reaction	1 (1.8%)	1 (1.8%)	0	0	0	0
Malaise	1 (1.8%)	0	1 (1.8%)	0	0	0
Non-Cardiac Chest Pain	5 (8.9%)	2 (3.6%)	2 (3.6%)	1 (1.8%)	0	0
Oedema Peripheral	3 (5.4%)	3 (5.4%)	0	0	0	0

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Table 14: Number of Subjects With TEAEs by SOC, PT, and Maximum Toxicity Grade (100 mg Part 1 + Part 2); Safety Analysis Set (Study 79635322MMY1001)

	Total	100 mg P1 (Cohort 11, 18, 22), P2 (Cohort 1)				
		Maximum Toxicity Grade				
		1	2	3	4	5
Pain	2 (3.6%)	1 (1.8%)	1 (1.8%)	0	0	0
Peripheral Swelling	1 (1.8%)	1 (1.8%)	0	0	0	0
Pyrexia	3 (5.4%)	3 (5.4%)	0	0	0	0
Swelling Face	1 (1.8%)	1 (1.8%)	0	0	0	0
Hepatobiliary Disorders	3 (5.4%)	2 (3.6%)	1 (1.8%)	0	0	0
Hyperbilirubinaemia	3 (5.4%)	2 (3.6%)	1 (1.8%)	0	0	0
Immune System Disorders	27 (48.2%)	13 (23.2%)	12 (21.4%)	2 (3.6%)	0	0
Cytokine Release Syndrome	22 (39.3%)	17 (30.4%)	4 (7.1%)	1 (1.8%)	0	0
Hypogammaglobulinaemia	12 (21.4%)	1 (1.8%)	10 (17.9%)	1 (1.8%)	0	0
Infections And Infestations	37 (66.1%)	1 (1.8%)	22 (39.3%)	13 (23.2%)	1 (1.8%)	0
Bronchitis	1 (1.8%)	0	1 (1.8%)	0	0	0
Chronic Sinusitis	2 (3.6%)	0	2 (3.6%)	0	0	0
Conjunctivitis	1 (1.8%)	0	1 (1.8%)	0	0	0
Covid-19	6 (10.7%)	0	6 (10.7%)	0	0	0
Covid-19 Pneumonia	2 (3.6%)	0	0	2 (3.6%)	0	0
Cytomegalovirus Infection						
Reactivation	1 (1.8%)	0	1 (1.8%)	0	0	0
Cytomegalovirus Viraemia	1 (1.8%)	1 (1.8%)	0	0	0	0
Erysipelas	1 (1.8%)	0	1 (1.8%)	0	0	0
Escherichia Bacteraemia	1 (1.8%)	0	1 (1.8%)	0	0	0
Folliculitis	1 (1.8%)	0	0	1 (1.8%)	0	0
Fungal Infection	1 (1.8%)	0	1 (1.8%)	0	0	0
Fungal Skin Infection	3 (5.4%)	1 (1.8%)	2 (3.6%)	0	0	0
Gastroenteritis Viral	1 (1.8%)	0	0	1 (1.8%)	0	0
Haemophilus Infection	1 (1.8%)	0	1 (1.8%)	0	0	0
Influenza	1 (1.8%)	0	1 (1.8%)	0	0	0
Injection Site Cellulitis	1 (1.8%)	0	0	1 (1.8%)	0	0

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125

Table 14: Number of Subjects With TEAEs by SOC, PT, and Maximum Toxicity Grade (100 mg Part 1 + Part 2); Safety Analysis Set (Study 79635322MMY1001)

	Total	100 mg P1 (Cohort 11, 18, 22), P2 (Cohort 1)				
		Maximum Toxicity Grade				
		1	2	3	4	5
Klebsiella Sepsis	1 (1.8%)	0	0	1 (1.8%)	0	0
Lower Respiratory Tract Infection						
Viral	1 (1.8%)	0	0	1 (1.8%)	0	0
Mastitis Fungal	1 (1.8%)	0	1 (1.8%)	0	0	0
Metapneumovirus Infection	1 (1.8%)	0	1 (1.8%)	0	0	0
Nasopharyngitis	4 (7.1%)	2 (3.6%)	2 (3.6%)	0	0	0
Oral Candidiasis	1 (1.8%)	0	1 (1.8%)	0	0	0
Oral Fungal Infection	1 (1.8%)	0	1 (1.8%)	0	0	0
Parainfluenzae Virus Infection	1 (1.8%)	1 (1.8%)	0	0	0	0
Pneumonia	9 (16.1%)	0	4 (7.1%)	5 (8.9%)	0	0
Pneumonia Respiratory Syncytial						
Viral	1 (1.8%)	0	0	1 (1.8%)	0	0
Pseudomonal Sepsis	1 (1.8%)	0	0	1 (1.8%)	0	0
Respiratory Tract Infection	1 (1.8%)	0	1 (1.8%)	0	0	0
Rhinitis	1 (1.8%)	0	1 (1.8%)	0	0	0
Rhinovirus Infection	1 (1.8%)	0	1 (1.8%)	0	0	0
Salmonellosis	1 (1.8%)	0	1 (1.8%)	0	0	0
Sepsis	1 (1.8%)	0	0	1 (1.8%)	0	0
Sinusitis	1 (1.8%)	0	0	1 (1.8%)	0	0
Streptococcal Sepsis	1 (1.8%)	0	0	0	1 (1.8%)	0
Upper Respiratory Tract Infection	20 (35.7%)	0	19 (33.9%)	1 (1.8%)	0	0
Urinary Tract Infection	6 (10.7%)	1 (1.8%)	4 (7.1%)	1 (1.8%)	0	0
Viral Upper Respiratory Tract Infection						
Infection	2 (3.6%)	0	2 (3.6%)	0	0	0
Vulvovaginal Mycotic Infection	2 (3.6%)	1 (1.8%)	1 (1.8%)	0	0	0
Injury, Poisoning And Procedural Complications						
Ankle Fracture	19 (33.9%)	6 (10.7%)	11 (19.6%)	2 (3.6%)	0	0
Contusion	1 (1.8%)	0	1 (1.8%)	0	0	0
Contusion	1 (1.8%)	1 (1.8%)	0	0	0	0

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Table 14: Number of Subjects With TEAEs by SOC, PT, and Maximum Toxicity Grade (100 mg Part 1 + Part 2); Safety Analysis Set (Study 79635322MMY1001)

	Total	100 mg P1 (Cohort 11, 18, 22), P2 (Cohort 1)				
		Maximum Toxicity Grade				
		1	2	3	4	5
Fall	8 (14.3%)	4 (7.1%)	4 (7.1%)	0	0	0
Femoral Neck Fracture	1 (1.8%)	0	0	1 (1.8%)	0	0
Head Injury	1 (1.8%)	0	1 (1.8%)	0	0	0
Infusion Related Reaction	5 (8.9%)	0	5 (8.9%)	0	0	0
Joint Dislocation	1 (1.8%)	0	0	1 (1.8%)	0	0
Procedural Headache	1 (1.8%)	1 (1.8%)	0	0	0	0
Procedural Pain	1 (1.8%)	1 (1.8%)	0	0	0	0
Skin Laceration	1 (1.8%)	1 (1.8%)	0	0	0	0
Thoracic Vertebral Fracture	1 (1.8%)	0	0	0	0	0
Vascular Access Complication	1 (1.8%)	1 (1.8%)	0	0	0	0
Investigations	14 (25.0%)	9 (16.1%)	4 (7.1%)	1 (1.8%)	0	0
Alanine Aminotransferase Increased	2 (3.6%)	1 (1.8%)	1 (1.8%)	0	0	0
Aspartate Aminotransferase Increased	2 (3.6%)	1 (1.8%)	1 (1.8%)	0	0	0
Blood Alkaline Phosphatase Increased	2 (3.6%)	1 (1.8%)	0	1 (1.8%)	0	0
Blood Creatine Phosphokinase Increased	1 (1.8%)	1 (1.8%)	0	0	0	0
Blood Creatinine Increased	1 (1.8%)	1 (1.8%)	0	0	0	0
Blood Iron Decreased	2 (3.6%)	0	2 (3.6%)	0	0	0
Blood Lactate Dehydrogenase Increased	3 (5.4%)	3 (5.4%)	0	0	0	0
C-Reactive Protein Increased	1 (1.8%)	1 (1.8%)	0	0	0	0
Fibrin D Dimer Increased	1 (1.8%)	0	1 (1.8%)	0	0	0
Gamma-Glutamyltransferase Increased	1 (1.8%)	0	1 (1.8%)	0	0	0
Weight Decreased	5 (8.9%)	4 (7.1%)	1 (1.8%)	0	0	0
Metabolism And Nutrition Disorders	23 (41.1%)	8 (14.3%)	11 (19.6%)	4 (7.1%)	0	0

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Table 14: Number of Subjects With TEAEs by SOC, PT, and Maximum Toxicity Grade (100 mg Part 1 + Part 2); Safety Analysis Set (Study 79635322MMY1001)

	Total	100 mg P1 (Cohort 11, 18, 22), P2 (Cohort 1)				
		Maximum Toxicity Grade				
		1	2	3	4	5
Decreased Appetite	10 (17.9%)	4 (7.1%)	5 (8.9%)	1 (1.8%)	0	0
Fluid Retention	1 (1.8%)	0	1 (1.8%)	0	0	0
Hyperamylasaemia	1 (1.8%)	0	1 (1.8%)	0	0	0
Hypercholesterolaemia	1 (1.8%)	1 (1.8%)	0	0	0	0
Hyperglycaemia	2 (3.6%)	2 (3.6%)	0	0	0	0
Hyperphosphataemia	1 (1.8%)	1 (1.8%)	0	0	0	0
Hypoalbuminaemia	1 (1.8%)	1 (1.8%)	0	0	0	0
Hypocalcaemia	2 (3.6%)	1 (1.8%)	1 (1.8%)	0	0	0
Hypoferritinaemia	2 (3.6%)	1 (1.8%)	1 (1.8%)	0	0	0
Hypoglycaemia	1 (1.8%)	1 (1.8%)	0	0	0	0
Hypokalaemia	6 (10.7%)	1 (1.8%)	3 (5.4%)	2 (3.6%)	0	0
Hypomagnesaemia	3 (5.4%)	3 (5.4%)	0	0	0	0
Hyponatraemia	6 (10.7%)	4 (7.1%)	1 (1.8%)	1 (1.8%)	0	0
Hypophosphataemia	4 (7.1%)	1 (1.8%)	3 (5.4%)	0	0	0
Iron Deficiency	2 (3.6%)	1 (1.8%)	1 (1.8%)	0	0	0
Postprandial Hypoglycaemia	1 (1.8%)	0	1 (1.8%)	0	0	0
Tumour Lysis Syndrome	1 (1.8%)	0	0	1 (1.8%)	0	0
Musculoskeletal And Connective						
Tissue Disorders	30 (53.6%)	13 (23.2%)	15 (26.8%)	2 (3.6%)	0	0
Arthralgia	11 (19.6%)	5 (8.9%)	5 (8.9%)	1 (1.8%)	0	0
Arthritis	1 (1.8%)	1 (1.8%)	0	0	0	0
Back Pain	10 (17.9%)	7 (12.5%)	2 (3.6%)	0	0	0
Bone Pain	7 (12.5%)	2 (3.6%)	5 (8.9%)	0	0	0
Coccydynia	1 (1.8%)	1 (1.8%)	0	0	0	0
Crystal Arthropathy	1 (1.8%)	1 (1.8%)	0	0	0	0
Groin Pain	1 (1.8%)	0	1 (1.8%)	0	0	0
Hypercreatinaemia	1 (1.8%)	0	1 (1.8%)	0	0	0
Inguinal Mass	1 (1.8%)	1 (1.8%)	0	0	0	0
Joint Stiffness	1 (1.8%)	1 (1.8%)	0	0	0	0

Table 14: Number of Subjects With TEAEs by SOC, PT, and Maximum Toxicity Grade (100 mg Part 1 + Part 2); Safety Analysis Set (Study 79635322MMY1001)

	Total	100 mg P1 (Cohort 11, 18, 22), P2 (Cohort 1)				
		Maximum Toxicity Grade				
		1	2	3	4	5
Muscle Spasms	3 (5.4%)	2 (3.6%)	1 (1.8%)	0	0	0
Muscular Weakness	2 (3.6%)	0	1 (1.8%)	1 (1.8%)	0	0
Musculoskeletal Chest Pain	2 (3.6%)	2 (3.6%)	0	0	0	0
Musculoskeletal Stiffness	2 (3.6%)	2 (3.6%)	0	0	0	0
Neck Pain	1 (1.8%)	0	1 (1.8%)	0	0	0
Osteoarthritis	1 (1.8%)	1 (1.8%)	0	0	0	0
Osteopenia	1 (1.8%)	1 (1.8%)	0	0	0	0
Pain In Extremity	6 (10.7%)	5 (8.9%)	1 (1.8%)	0	0	0
Pain In Jaw	1 (1.8%)	1 (1.8%)	0	0	0	0
Neoplasms Benign, Malignant And Unspecified (Incl Cysts And Polyps)	5 (8.9%)	0	4 (7.1%)	1 (1.8%)	0	0
Basal Cell Carcinoma	1 (1.8%)	0	1 (1.8%)	0	0	0
Bowen's Disease	1 (1.8%)	0	1 (1.8%)	0	0	0
Lentigo Maligna	1 (1.8%)	0	1 (1.8%)	0	0	0
Seborrhoeic Keratosis	1 (1.8%)	1 (1.8%)	0	0	0	0
Squamous Cell Carcinoma	1 (1.8%)	0	1 (1.8%)	0	0	0
Tumour Pain	2 (3.6%)	0	1 (1.8%)	1 (1.8%)	0	0
Nervous System Disorders	43 (76.8%)	22 (39.3%)	19 (33.9%)	1 (1.8%)	1 (1.8%)	0
Ageusia	2 (3.6%)	0	2 (3.6%)	0	0	0
Anosmia	2 (3.6%)	2 (3.6%)	0	0	0	0
Aphasia	1 (1.8%)	0	1 (1.8%)	0	0	0
Cauda Equina Syndrome	1 (1.8%)	0	0	1 (1.8%)	0	0
Cognitive Disorder	1 (1.8%)	0	1 (1.8%)	0	0	0
Depressed Level Of Consciousness	1 (1.8%)	0	1 (1.8%)	0	0	0
Disturbance In Attention	1 (1.8%)	1 (1.8%)	0	0	0	0
Dizziness	5 (8.9%)	5 (8.9%)	0	0	0	0
Dysgeusia	33 (58.9%)	23 (41.1%)	10 (17.9%)	0	0	0
Encephalopathy	1 (1.8%)	0	1 (1.8%)	0	0	0

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Table 14: Number of Subjects With TEAEs by SOC, PT, and Maximum Toxicity Grade (100 mg Part 1 + Part 2); Safety Analysis Set (Study 79635322MMY1001)

	Total	100 mg P1 (Cohort 11, 18, 22), P2 (Cohort 1)				
		Maximum Toxicity Grade				
		1	2	3	4	5
Headache	13 (23.2%)	8 (14.3%)	5 (8.9%)	0	0	0
Migraine	2 (3.6%)	0	2 (3.6%)	0	0	0
Neuralgia	1 (1.8%)	1 (1.8%)	0	0	0	0
Neuropathy Peripheral	1 (1.8%)	0	1 (1.8%)	0	0	0
Paraesthesia	2 (3.6%)	2 (3.6%)	0	0	0	0
Parkinsonism	1 (1.8%)	0	1 (1.8%)	0	0	0
Peripheral Sensory Neuropathy	3 (5.4%)	2 (3.6%)	1 (1.8%)	0	0	0
Psychomotor Hyperactivity	1 (1.8%)	1 (1.8%)	0	0	0	0
Restless Legs Syndrome	1 (1.8%)	1 (1.8%)	0	0	0	0
Somnolence	2 (3.6%)	2 (3.6%)	0	0	0	0
Spinal Cord Compression	1 (1.8%)	0	0	0	1 (1.8%)	0
Tremor	1 (1.8%)	1 (1.8%)	0	0	0	0
Product Issues	1 (1.8%)	0	1 (1.8%)	0	0	0
Device Failure	1 (1.8%)	0	1 (1.8%)	0	0	0
Psychiatric Disorders	6 (10.7%)	3 (5.4%)	3 (5.4%)	0	0	0
Agitation	1 (1.8%)	1 (1.8%)	0	0	0	0
Hallucination	1 (1.8%)	1 (1.8%)	0	0	0	0
Insomnia	3 (5.4%)	1 (1.8%)	2 (3.6%)	0	0	0
Mental Status Changes	1 (1.8%)	0	1 (1.8%)	0	0	0
Renal And Urinary Disorders	3 (5.4%)	2 (3.6%)	1 (1.8%)	0	0	0
Dysuria	1 (1.8%)	1 (1.8%)	0	0	0	0
Urinary Incontinence	1 (1.8%)	1 (1.8%)	0	0	0	0
Urinary Retention	1 (1.8%)	0	1 (1.8%)	0	0	0
Reproductive System And Breast Disorders	4 (7.1%)	3 (5.4%)	1 (1.8%)	0	0	0
Intermenstrual Bleeding	1 (1.8%)	1 (1.8%)	0	0	0	0

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Table 14: Number of Subjects With TEAEs by SOC, PT, and Maximum Toxicity Grade (100 mg Part 1 + Part 2); Safety Analysis Set (Study 79635322MMY1001)

	Total	100 mg P1 (Cohort 11, 18, 22), P2 (Cohort 1)				
		Maximum Toxicity Grade				
		1	2	3	4	5
Pelvic Floor Muscle Weakness	1 (1.8%)	0	1 (1.8%)	0	0	0
Vaginal Haemorrhage	2 (3.6%)	2 (3.6%)	0	0	0	0
Respiratory, Thoracic And Mediastinal						
Disorders	25 (44.6%)	14 (25.0%)	10 (17.9%)	1 (1.8%)	0	0
Aphonia	1 (1.8%)	1 (1.8%)	0	0	0	0
Bronchospasm	2 (3.6%)	0	1 (1.8%)	1 (1.8%)	0	0
Cough	12 (21.4%)	7 (12.5%)	5 (8.9%)	0	0	0
Dysphonia	4 (7.1%)	4 (7.1%)	0	0	0	0
Dyspnoea	5 (8.9%)	4 (7.1%)	1 (1.8%)	0	0	0
Hiccups	1 (1.8%)	0	1 (1.8%)	0	0	0
Nasal Congestion	2 (3.6%)	2 (3.6%)	0	0	0	0
Nasal Dryness	1 (1.8%)	0	1 (1.8%)	0	0	0
Nasal Polyps	1 (1.8%)	1 (1.8%)	0	0	0	0
Oropharyngeal Pain	4 (7.1%)	3 (5.4%)	1 (1.8%)	0	0	0
Rhinitis Allergic	1 (1.8%)	0	1 (1.8%)	0	0	0
Rhinorrhoea	2 (3.6%)	2 (3.6%)	0	0	0	0
Sinus Pain	1 (1.8%)	1 (1.8%)	0	0	0	0
Sneezing	1 (1.8%)	1 (1.8%)	0	0	0	0
Upper-Airway Cough Syndrome	2 (3.6%)	1 (1.8%)	1 (1.8%)	0	0	0
Skin And Subcutaneous Tissue						
Disorders	45 (80.4%)	29 (51.8%)	16 (28.6%)	0	0	0
Alopecia	6 (10.7%)	6 (10.7%)	0	0	0	0
Dermatitis Acneiform	1 (1.8%)	1 (1.8%)	0	0	0	0
Dermatitis Bullous	1 (1.8%)	1 (1.8%)	0	0	0	0
Dry Skin	26 (46.4%)	21 (37.5%)	5 (8.9%)	0	0	0
Eczema	1 (1.8%)	0	1 (1.8%)	0	0	0
Erythema	2 (3.6%)	2 (3.6%)	0	0	0	0
Hyperhidrosis	1 (1.8%)	0	1 (1.8%)	0	0	0

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Table 14: Number of Subjects With TEAEs by SOC, PT, and Maximum Toxicity Grade (100 mg Part 1 + Part 2); Safety Analysis Set (Study 79635322MMY1001)

	Total	100 mg P1 (Cohort 11, 18, 22), P2 (Cohort 1)				
		Maximum Toxicity Grade				
		1	2	3	4	5
Nail Discolouration	1 (1.8%)	1 (1.8%)	0	0	0	0
Nail Disorder	20 (35.7%)	20 (35.7%)	0	0	0	0
Nail Dystrophy	1 (1.8%)	1 (1.8%)	0	0	0	0
Nail Ridging	4 (7.1%)	4 (7.1%)	0	0	0	0
Onychoclasia	2 (3.6%)	2 (3.6%)	0	0	0	0
Onycholysis	2 (3.6%)	1 (1.8%)	1 (1.8%)	0	0	0
Onychomadesis	4 (7.1%)	4 (7.1%)	0	0	0	0
Palmar-Plantar Erythrodysesthesia Syndrome	1 (1.8%)	0	1 (1.8%)	0	0	0
Photodermatitis	1 (1.8%)	0	1 (1.8%)	0	0	0
Pruritus	8 (14.3%)	6 (10.7%)	2 (3.6%)	0	0	0
Psoriasis	1 (1.8%)	1 (1.8%)	0	0	0	0
Rash	6 (10.7%)	3 (5.4%)	3 (5.4%)	0	0	0
Rash Maculo-Papular	3 (5.4%)	2 (3.6%)	1 (1.8%)	0	0	0
Rash Scarletiform	1 (1.8%)	0	1 (1.8%)	0	0	0
Seborrhoea	1 (1.8%)	1 (1.8%)	0	0	0	0
Skin Exfoliation	9 (16.1%)	7 (12.5%)	2 (3.6%)	0	0	0
Toxic Skin Eruption	1 (1.8%)	0	1 (1.8%)	0	0	0
Urticaria	2 (3.6%)	1 (1.8%)	1 (1.8%)	0	0	0
Uncoded	29 (51.8%)	13 (23.2%)	12 (21.4%)	4 (7.1%)	0	0
Uncoded: ANEURYSMA AORTA ASCENDENS	1 (1.8%)	1 (1.8%)	0	0	0	0
Uncoded: BONE PAIN (LOWER BACK/IMPROVING)	1 (1.8%)	1 (1.8%)	0	0	0	0
Uncoded: BROKEN LEFT LEG	1 (1.8%)	0	0	1 (1.8%)	0	0
Uncoded: BULLOUS DERMATITIS - INTERMITTENT GENERALIZED	1 (1.8%)	1 (1.8%)	0	0	0	0
Uncoded: BUMB ON UPPER LEG	1 (1.8%)	1 (1.8%)	0	0	0	0

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Table 14: Number of Subjects With TEAEs by SOC, PT, and Maximum Toxicity Grade (100 mg Part 1 + Part 2); Safety Analysis Set (Study 79635322MMY1001)

	Total	100 mg P1 (Cohort 11, 18, 22), P2 (Cohort 1)				
		Maximum Toxicity Grade				
		1	2	3	4	5
Uncoded: CELLULITIS ON RIGHT LEG	1 (1.8%)	0	0	1 (1.8%)	0	0
Uncoded: CONJUNCTIVITIS IN THE LEFT EYE	1 (1.8%)	0	1 (1.8%)	0	0	0
Uncoded: CYTOMEGALOVIRUS POSITIVE TEST	1 (1.8%)	1 (1.8%)	0	0	0	0
Uncoded: DEAF FEELING FEET	1 (1.8%)	0	1 (1.8%)	0	0	0
Uncoded: DEAF FEELING SKIN RIGHT UPPER LEG	1 (1.8%)	0	1 (1.8%)	0	0	0
Uncoded: DERMATOMYCOSIS	1 (1.8%)	0	1 (1.8%)	0	0	0
Uncoded: DRY SKIN FOREHEAD WITH ERYTHEMA	1 (1.8%)	0	1 (1.8%)	0	0	0
Uncoded: DYSGEUSIA - METALLIC TASTE	1 (1.8%)	1 (1.8%)	0	0	0	0
Uncoded: DYSPNEA - INTERMITTENT WITH EXERTION	1 (1.8%)	1 (1.8%)	0	0	0	0
Uncoded: FATIGUE (GENERALIZED)	1 (1.8%)	1 (1.8%)	0	0	0	0
Uncoded: FATIGUE - WORSENING	1 (1.8%)	0	0	1 (1.8%)	0	0
Uncoded: FRACTURE (DUE TO FALL)	1 (1.8%)	1 (1.8%)	0	0	0	0
Uncoded: FRACTURE (EXTRA-ARTICULAR LEFT HUMERAL NECK FRACTURE)	1 (1.8%)	0	0	1 (1.8%)	0	0
Uncoded: HYPOGAMMAGLOBULINEMIA (INTERMITTENT)	1 (1.8%)	1 (1.8%)	0	0	0	0

Table 14: Number of Subjects With TEAEs by SOC, PT, and Maximum Toxicity Grade (100 mg Part 1 + Part 2); Safety Analysis Set (Study 79635322MMY1001)

	Total	100 mg P1 (Cohort 11, 18, 22), P2 (Cohort 1)				
		Maximum Toxicity Grade				
		1	2	3	4	5
Uncoded: HYPOXIA - DURING AMBULATION TRIAL	1 (1.8%)	0	1 (1.8%)	0	0	0
Uncoded: IMMUNE SYSTEM DISORDERS - OTHER, SPECIFY: HYPOGAMMAGLOBULINEMIA	1 (1.8%)	0	1 (1.8%)	0	0	0
Uncoded: INDURATION AROUND INJECTION SITE	1 (1.8%)	1 (1.8%)	0	0	0	0
Uncoded: INFECTION AND INFESTATIONS-OTHER, RHINOVIRUS	1 (1.8%)	1 (1.8%)	0	0	0	0
Uncoded: INJECTION SITE ERYTHEMA (INTERMITTENT)	1 (1.8%)	0	1 (1.8%)	0	0	0
Uncoded: INJECTION SITE REACTION - HOT	1 (1.8%)	1 (1.8%)	0	0	0	0
Uncoded: INJECTION SITE REACTION - INDURATION (MASS FELT UPON PALPATION)	1 (1.8%)	1 (1.8%)	0	0	0	0
Uncoded: INJECTION SITE REACTION - INFLAMED	1 (1.8%)	1 (1.8%)	0	0	0	0
Uncoded: INJECTION SITE REACTION - OEDEMA	1 (1.8%)	0	1 (1.8%)	0	0	0
Uncoded: INJECTION SITE REACTION - RASH	1 (1.8%)	1 (1.8%)	0	0	0	0
Uncoded: INJECTION SITE REACTION - SKIN INFECTION	1 (1.8%)	0	1 (1.8%)	0	0	0
Uncoded: INJECTION SITE REACTION - SOLID LUMP	1 (1.8%)	1 (1.8%)	0	0	0	0

Table 14: Number of Subjects With TEAEs by SOC, PT, and Maximum Toxicity Grade (100 mg Part 1 + Part 2); Safety Analysis Set (Study 79635322MMY1001)

	Total	100 mg P1 (Cohort 11, 18, 22), P2 (Cohort 1)				
		Maximum Toxicity Grade				
		1	2	3	4	5
Uncoded: INJECTION SITE REACTION : ERYTHEMA (DRY LOCAL LOWER LEFT ABDOMINAL)	1 (1.8%)	1 (1.8%)	0	0	0	0
Uncoded: INJECTION SITE REACTION INTERMITTENT - ERYTHEMA AND SWELLING IN ABDOMINAL RLQ	1 (1.8%)	1 (1.8%)	0	0	0	0
Uncoded: INJECTION SITE REACTION, LEFT UPPER QUADRANT, PEELING	1 (1.8%)	1 (1.8%)	0	0	0	0
Uncoded: IRRITATION OF THE SKIN ON THE BUTTOCKS AND PERINEUM	1 (1.8%)	0	1 (1.8%)	0	0	0
Uncoded: IVIG INFUSION RELATED REACTION	4 (7.1%)	2 (3.6%)	2 (3.6%)	0	0	0
Uncoded: IVIG INFUSION RELATED REACTION HYPERTENSION	1 (1.8%)	1 (1.8%)	0	0	0	0
Uncoded: KNEE PAIN DUE TO A FALL	1 (1.8%)	0	1 (1.8%)	0	0	0
Uncoded: LYMPHOPENIE	1 (1.8%)	0	1 (1.8%)	0	0	0
Uncoded: MUSCLE ACHES / PAIN	1 (1.8%)	1 (1.8%)	0	0	0	0
Uncoded: MUSCLE CRAMP- HAND	1 (1.8%)	1 (1.8%)	0	0	0	0
Uncoded: MYELOMA INFILTRATION OF THE MENINGES	1 (1.8%)	0	0	1 (1.8%)	0	0
Uncoded: MYELOMATOUS MENINGITIS	1 (1.8%)	0	0	1 (1.8%)	0	0

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135

Table 14: Number of Subjects With TEAEs by SOC, PT, and Maximum Toxicity Grade (100 mg Part 1 + Part 2); Safety Analysis Set (Study 79635322MMY1001)

	Total	100 mg P1 (Cohort 11, 18, 22), P2 (Cohort 1)				
		Maximum Toxicity Grade				
		1	2	3	4	5
Uncoded: NAIL ABNORMALITIES	1 (1.8%)	1 (1.8%)	0	0	0	0
Uncoded: NAIL CHANGES - BILATERAL THUMBS	1 (1.8%)	1 (1.8%)	0	0	0	0
Uncoded: PAIN (R HIP LOWER BACK)	1 (1.8%)	1 (1.8%)	0	0	0	0
Uncoded: PAIN - RIGHT FOOT	1 (1.8%)	1 (1.8%)	0	0	0	0
Uncoded: PAIN IN EXTREMITY - BILATERAL UPPER ARMS	1 (1.8%)	0	1 (1.8%)	0	0	0
Uncoded: PALMAR PEELING	1 (1.8%)	1 (1.8%)	0	0	0	0
Uncoded: RASH MACULOPAPULAR GENERALIZED	1 (1.8%)	1 (1.8%)	0	0	0	0
Uncoded: RESPIRATORY UPPER TRACT INFECTION	1 (1.8%)	0	1 (1.8%)	0	0	0
Uncoded: RIGHT UPPER ARM RASH	1 (1.8%)	1 (1.8%)	0	0	0	0
Uncoded: SEVERED THUMB	1 (1.8%)	0	1 (1.8%)	0	0	0
Uncoded: SKIN AND SUBCUTANEOUS DISORDERS: DESQUAMATION OF HANDS AND FEET	1 (1.8%)	1 (1.8%)	0	0	0	0
Uncoded: SKIN INFECTION - LEFT LEG	1 (1.8%)	0	1 (1.8%)	0	0	0
Uncoded: SQUAMOUS CELL CARCINOMA (LEFT EAR)	1 (1.8%)	0	1 (1.8%)	0	0	0
Uncoded: UPPER RESPIRATORY INFECTION (RHINOVIRUS)	1 (1.8%)	0	1 (1.8%)	0	0	0
Uncoded: UPPER RESPIRATORY INFECTION COVID-19	1 (1.8%)	0	1 (1.8%)	0	0	0

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136

Table 14: Number of Subjects With TEAEs by SOC, PT, and Maximum Toxicity Grade (100 mg Part 1 + Part 2); Safety Analysis Set (Study 79635322MMY1001)

	Total	100 mg P1 (Cohort 11, 18, 22), P2 (Cohort 1)				
		Maximum Toxicity Grade				
		1	2	3	4	5
Uncoded: VAGINAL INFECTION - PERINEAL YEAST INFECTION	1 (1.8%)	0	1 (1.8%)	0	0	0
Uncoded: VIRAL WART ON RIGHT CALF	1 (1.8%)	0	1 (1.8%)	0	0	0
Uncoded: VIRAL WART ON RIGHT LOWER CHEEK	1 (1.8%)	1 (1.8%)	0	0	0	0
Uncoded: WBC COUNT DECREASED, INTERMITTENT	1 (1.8%)	1 (1.8%)	0	0	0	0
Vascular Disorders	15 (26.8%)	3 (5.4%)	6 (10.7%)	6 (10.7%)	0	0
Hot Flush	2 (3.6%)	2 (3.6%)	0	0	0	0
Hypertension	9 (16.1%)	0	3 (5.4%)	6 (10.7%)	0	0
Hypotension	4 (7.1%)	2 (3.6%)	2 (3.6%)	0	0	0
Peripheral Coldness	1 (1.8%)	1 (1.8%)	0	0	0	0
Phlebitis	1 (1.8%)	0	1 (1.8%)	0	0	0

Key: TEAE = Treatment-emergent adverse event, NCI-CTCAE = National Cancer Institute–Common Terminology Criteria for Adverse Events, CRS = cytokine release syndrome, ICANS = immune effector cell-associated neurotoxicity syndrome.

Note: Subjects are counted only once for any given event, regardless of the number of times they actually experienced the event. The event experienced by the subject with the maximum toxicity is used. If a subject has missing toxicity for a specific adverse event, the subject is only counted in the total column for that adverse event.

Percentages are calculated with the number of subjects in each group as denominator.

Note: Symptoms of CRS and Symptoms of ICANS are excluded.

Adverse events are coded using MedDRA Version 28.0.

Note: TEAEs are evaluated according to NCI-CTCAE Version 5.0.

Modified from [tsfae07part5of10.rtf] [PROD/jnj-79635322/mmy1001/dbr_ib_2025/re_ib_2025/tsfae07.sas] 14OCT2025, 09:29

APPENDIX 4: SAFETY TABLES FROM STUDY 79635322MMY1002

Table 15: Overall Summary of TEAEs; All Treated Analysis Set (Study 79635322MMY1002)

	Regimen A1 (RRMM)	Regimen A2 (NDMM)	Regimen B (RRMM) (POM + JNJ-5322 50mg Q4W) + (POM + JNJ-5322 100mg Q4W) + (POM + JNJ-5322 200mg Q4W)	Regimen C (NDMM) Dara Label + JNJ- 5322 100mg Q4W
Analysis Set: All Treated	19	26	32	19
Any TEAE	19 (100.0%)	26 (100.0%)	32 (100.0%)	16 (84.2%)
Any Drug- Related ^a	19 (100.0%)	25 (96.2%)	32 (100.0%)	13 (68.4%)
JNJ-5322- Related ^a	19 (100.0%)	25 (96.2%)	32 (100.0%)	13 (68.4%)
Dara-Related ^a	12 (63.2%)	19 (73.1%)	NA	6 (31.6%)
Pom-Related ^a	NA	NA	20 (62.5%)	NA
Maximum severity of any TEAE				
Grade 1	0	1 (3.8%)	3 (9.4%)	2 (10.5%)
Grade 2	11 (57.9%)	6 (23.1%)	5 (15.6%)	7 (36.8%)
Grade 3	4 (21.1%)	12 (46.2%)	15 (46.9%)	5 (26.3%)
Grade 4	4 (21.1%)	7 (26.9%)	9 (28.1%)	2 (10.5%)
Grade 5	0	0	0	0
Any serious TEAE	9 (47.4%)	11 (42.3%)	13 (40.6%)	3 (15.8%)
Any Drug- Related ^a	7 (36.8%)	6 (23.1%)	11 (34.4%)	2 (10.5%)
Grade 3 or higher	3 (15.8%)	2 (7.7%)	7 (21.9%)	0
JNJ-5322- Related ^a	7 (36.8%)	6 (23.1%)	10 (31.3%)	2 (10.5%)
Grade 3 or higher	3 (15.8%)	2 (7.7%)	6 (18.8%)	0
Dara-Related ^a	3 (15.8%)	3 (11.5%)	NA	0
Grade 3 or higher	2 (10.5%)	2 (7.7%)	NA	0
Pom-Related ^a	NA	NA	5 (15.6%)	NA
Grade 3 or higher	NA	NA	4 (12.5%)	NA
TEAE leading to treatment discontinuation ^b	0	0	1 (3.1%)	0
Any Drug- Related ^a	0	0	1 (3.1%)	0
Grade 3 or higher	0	0	1 (3.1%)	0
JNJ-5322- Related ^a	0	0	0	0

Table 15: Overall Summary of TEAEs; All Treated Analysis Set (Study 79635322MMY1002)

	Regimen A1 (RRMM)	Regimen A2 (NDMM)	Regimen B (RRMM) (POM + JNJ-5322 50mg Q4W) + (POM + JNJ-5322 100mg Q4W) + (POM + JNJ-5322 200mg Q4W)	Regimen C (NDMM) Dara Label + JNJ- 5322 100mg Q4W
Grade 3 or higher	0	0	0	0
Dara-Related ^a	0	0	NA	0
Grade 3 or higher	0	0	NA	0
Pom-Related ^a	NA	NA	1 (3.1%)	NA
Grade 3 or higher	NA	NA	1 (3.1%)	NA
Any dose-limiting toxicity TEAE	2 (10.5%)	0	2 (6.3%)	0
Any Drug- Related ^a	2 (10.5%)	0	2 (6.3%)	0
Grade 3 or higher	2 (10.5%)	0	2 (6.3%)	0
JNJ-5322- Related ^a	2 (10.5%)	0	2 (6.3%)	0
Grade 3 or higher	2 (10.5%)	0	2 (6.3%)	0
Dara-Related ^a	1 (5.3%)	0	NA	0
Grade 3 or higher	1 (5.3%)	0	NA	0
Pom-Related ^a	NA	NA	1 (3.1%)	NA
Grade 3 or higher	NA	NA	1 (3.1%)	NA
Any CRS ^c	11 (57.9%)	12 (46.2%)	10 (31.3%)	5 (26.3%)
Serious events	6 (31.6%)	3 (11.5%)	3 (9.4%)	1 (5.3%)
Maximum severity of any CRS				
Grade 1	7 (36.8%)	8 (30.8%)	10 (31.3%)	1 (5.3%)
Grade 2	4 (21.1%)	4 (15.4%)	0	3 (15.8%)
Grade 3	0	0	0	1 (5.3%)
Grade 4	0	0	0	0
Grade 5	0	0	0	0
Any Drug- Related ^a	11 (57.9%)	12 (46.2%)	10 (31.3%)	5 (26.3%)
JNJ-5322- Related ^a	11 (57.9%)	12 (46.2%)	10 (31.3%)	5 (26.3%)
Dara-Related ^a	0	0	NA	0
Pom-Related ^a	NA	NA	0	NA
Death due to TEAE ^d	0	0	0	0
Any Drug- Related ^a	0	0	0	0
JNJ-5322- Related ^a	0	0	0	0

Table 15: Overall Summary of TEAEs; All Treated Analysis Set (Study 79635322MMY1002)

	Regimen A1 (RRMM)	Regimen A2 (NDMM)	Regimen B (RRMM) (POM + JNJ-5322 50mg Q4W) + (POM + JNJ-5322 100mg Q4W) + (POM + JNJ-5322 200mg Q4W)	Regimen C (NDMM) Dara Label + JNJ- 5322 100mg Q4W
Dara-Related ^a	0	0	NA	0
Pom-Related ^a	NA	NA	0	NA
Neurological adverse events ^c	12 (63.2%)	19 (73.1%)	23 (71.9%)	4 (21.1%)
Maximum severity of neurological adverse events				
Grade 1	6 (31.6%)	12 (46.2%)	7 (21.9%)	3 (15.8%)
Grade 2	6 (31.6%)	6 (23.1%)	12 (37.5%)	1 (5.3%)
Grade 3	0	1 (3.8%)	4 (12.5%)	0
Grade 4	0	0	0	0
Grade 5	0	0	0	0
Serious events	1 (5.3%)	0	1 (3.1%)	0
Neurotoxicity (related)*				
Any Drug- Related ^a	5 (26.3%)	4 (15.4%)	7 (21.9%)	1 (5.3%)
Grade 3 or higher	0	0	2 (6.3%)	0
JNJ-5322- Related ^a	5 (26.3%)	4 (15.4%)	6 (18.8%)	1 (5.3%)
Grade 3 or higher	0	0	0	0
Dara-Related ^a	3 (15.8%)	3 (11.5%)	NA	0
Grade 3 or higher	0	0	NA	0
Pom-Related ^a	NA	NA	5 (15.6%)	NA
Grade 3 or higher	NA	NA	2 (6.3%)	NA
ICANS events	0	0	0	0
Maximum severity of ICANS events				
Grade 1	0	0	0	0
Grade 2	0	0	0	0
Grade 3	0	0	0	0
Grade 4	0	0	0	0
Grade 5	0	0	0	0
Serious events	0	0	0	0
Any Drug- Related ^a	0	0	0	0
Grade 3 or higher	0	0	0	0

Table 15: Overall Summary of TEAEs; All Treated Analysis Set (Study 79635322MMY1002)

	Regimen A1 (RRMM)	Regimen A2 (NDMM)	Regimen B (RRMM) (POM + JNJ-5322 50mg Q4W) + (POM + JNJ-5322 100mg Q4W) + (POM + JNJ-5322 200mg Q4W)	Regimen C (NDMM) Dara Label + JNJ- 5322 100mg Q4W
JNJ-5322- Related ^a	0	0	0	0
Grade 3 or higher	0	0	0	0
Dara-Related ^a	0	0	NA	0
Grade 3 or higher	0	0	NA	0
Pom-Related ^a	NA	NA	0	NA
Grade 3 or higher	NA	NA	0	NA
Treatment-emergent Infection AEs ^f	14 (73.7%)	17 (65.4%)	20 (62.5%)	3 (15.8%)
Grade 3 or higher	5 (26.3%)	3 (11.5%)	9 (28.1%)	0
Any Drug- Related ^a	7 (36.8%)	5 (19.2%)	13 (40.6%)	0
Grade 3 or higher	2 (10.5%)	1 (3.8%)	7 (21.9%)	0
JNJ-5322- Related ^a	7 (36.8%)	5 (19.2%)	12 (37.5%)	0
Grade 3 or higher	2 (10.5%)	1 (3.8%)	6 (18.8%)	0
Dara-Related ^a	6 (31.6%)	3 (11.5%)	NA	0
Grade 3 or higher	1 (5.3%)	1 (3.8%)	NA	0
Pom-Related ^a	NA	NA	8 (25.0%)	NA
Grade 3 or higher	NA	NA	5 (15.6%)	NA
Any sARR TEAE	0	1 (3.8%)	0	2 (10.5%)
Grade 3 or higher	0	0	0	0
Any Drug- Related ^a	0	1 (3.8%)	0	2 (10.5%)
Grade 3 or higher	0	0	0	0
JNJ-5322- Related ^a	0	1 (3.8%)	0	2 (10.5%)
Grade 3 or higher	0	0	0	0
Dara-Related ^a	0	0	NA	1 (5.3%)
Grade 3 or higher	0	0	NA	0
Pom-Related ^a	NA	NA	0	NA
Grade 3 or higher	NA	NA	0	NA

Table 15: Overall Summary of TEAEs; All Treated Analysis Set (Study 79635322MMY1002)

	Regimen A1 (RRMM)	Regimen A2 (NDMM)	Regimen B (RRMM) (POM + JNJ-5322 50mg Q4W) + (POM + JNJ-5322 100mg Q4W) + (POM + JNJ-5322 200mg Q4W)	Regimen C (NDMM) Dara Label + JNJ- 5322 100mg Q4W
Any injection site reaction	9 (47.4%)	10 (38.5%)	12 (37.5%)	2 (10.5%)
Grade 3 or higher	0	0	2 (6.3%)	0
Any Drug- Related ^a	9 (47.4%)	10 (38.5%)	12 (37.5%)	2 (10.5%)
Grade 3 or higher	0	0	2 (6.3%)	0
JNJ-5322- Related ^a	8 (42.1%)	8 (30.8%)	12 (37.5%)	2 (10.5%)
Grade 3 or higher	0	0	2 (6.3%)	0
Dara-Related ^a	2 (10.5%)	2 (7.7%)	NA	0
Grade 3 or higher	0	0	NA	0
Pom-Related ^a	NA	NA	0	NA
Grade 3 or higher	NA	NA	0	NA

Key: Pom= Pomalidomide; Dara= Daratumumab; RRMM= Relapse/Refractory Multiple Myeloma; NDMM= Newly Diagnosed Multiple Myeloma; Q4W= Every 4 Weeks.

Key: TEAE = Treatment-emergent adverse event, CRS = cytokine release syndrome, ICANS = immune effector cell-associated neurotoxicity syndrome, NA = Not Applicable, sARR = systemic administration related reaction.

^a TEAE Related to study treatment.

^b Adverse event leading to Treatment discontinuation on the end of treatment.

^c CRS events are linked for the same subject after the same injection. If one CRS event is followed by another with an onset date the same as or 1 day after the end date of the previous CRS and any features of the CRS (i.e.: toxicity grades/seriousness/action taken) are different between the CRS events, these CRS events are linked together and considered as one event with the highest toxicity grade and seriousness of the linked events.

^d Death due to adverse event on the adverse event.

^e Neurological adverse events includes adverse events in the Nervous System Disorders SOC or Psychiatric Disorders SOC.

^f Infections are defined as Infections and Infestations SOC.

^{*} Neurotoxicity is defined as a neurological adverse event that was considered related by investigator, excluding Ageusia, Dysgeusia, Hypogeusia, and Taste Disorder.

Percentages are calculated with the number of subjects in each group as denominator

Note: TEAEs are evaluated according to NCI-CTCAE Version 5.0

Note: Adverse events are coded using MedDRA Version 28.0.

Data cut-off date:28SEP2025.

[tsfae01.rtf] [PROD/jnj-79635322/mmy1002/dbr_ib_2025_08/re_ib_2025_08/tsfae01.sas] 07OCT2025, 06:58

Table 16: Number of Subjects With TEAEs by SOC and PT; All Treated Analysis Set (Study 79635322MMY1002)

	Regimen A1 (RRMM)	Regimen A2 (NDMM)	Regimen B (RRMM)	Regimen C (NDMM)
	(Dara Q4W + JNJ-5322 50mg Q4W) + (Dara Q4W + JNJ-5322 100mg Q4W)	(Dara Q4W + JNJ-5322 50mg Q4W) + (Dara Q4W + JNJ-5322 100mg Q4W)	(POM + JNJ-5322 50mg Q4W) + (POM + JNJ-5322 100mg Q4W) + (POM + JNJ-5322 200mg Q4W)	Dara Label + JNJ-5322 100mg Q4W
Analysis Set: All Treated	19	26	32	19
Subjects with 1 or more TEAEs	19 (100.0%)	26 (100.0%)	32 (100.0%)	16 (84.2%)
System organ class/Preferred term				
Gastrointestinal Disorders	10 (52.6%)	17 (65.4%)	19 (59.4%)	7 (36.8%)
Diarrhoea	3 (15.8%)	9 (34.6%)	10 (31.3%)	5 (26.3%)
Vomiting	2 (10.5%)	3 (11.5%)	1 (3.1%)	3 (15.8%)
Nausea	3 (15.8%)	5 (19.2%)	3 (9.4%)	2 (10.5%)
Tongue Geographic	0	0	0	1 (5.3%)
Tongue Ulceration	0	0	0	1 (5.3%)
Abdominal Discomfort	1 (5.3%)	0	0	0
Abdominal Pain	0	1 (3.8%)	0	0
Cheilitis	0	1 (3.8%)	0	0
Colitis	0	1 (3.8%)	0	0
Constipation	0	3 (11.5%)	3 (9.4%)	0
Dry Mouth	3 (15.8%)	3 (11.5%)	7 (21.9%)	0
Dyspepsia	0	1 (3.8%)	0	0
Dysphagia	1 (5.3%)	0	0	0
Frequent Bowel Movements	0	1 (3.8%)	0	0
Gastritis	1 (5.3%)	0	0	0
Gastroesophageal Reflux Disease	0	0	2 (6.3%)	0
Glossodynia	0	0	1 (3.1%)	0
Haemorrhoids	1 (5.3%)	0	1 (3.1%)	0
Intra-Abdominal Haematoma	0	0	1 (3.1%)	0
Large Intestine Polyp	1 (5.3%)	0	0	0
Lower Gastrointestinal Haemorrhage	1 (5.3%)	0	0	0
Melaena	0	1 (3.8%)	0	0
Mouth Ulceration	1 (5.3%)	1 (3.8%)	0	0
Oral Pain	0	0	1 (3.1%)	0
Rectal Haemorrhage	0	0	1 (3.1%)	0
Stomatitis	0	1 (3.8%)	0	0
Tongue Erythema	0	0	1 (3.1%)	0
Toothache	0	0	1 (3.1%)	0
Blood And Lymphatic System Disorders	6 (31.6%)	12 (46.2%)	22 (68.8%)	6 (31.6%)
Neutropenia	5 (26.3%)	7 (26.9%)	15 (46.9%)	6 (31.6%)
Leukopenia	1 (5.3%)	2 (7.7%)	0	3 (15.8%)
Lymphopenia	1 (5.3%)	4 (15.4%)	5 (15.6%)	2 (10.5%)
Thrombocytopenia	4 (21.1%)	1 (3.8%)	4 (12.5%)	2 (10.5%)
Anaemia	2 (10.5%)	2 (7.7%)	4 (12.5%)	1 (5.3%)

Table 16: Number of Subjects With TEAEs by SOC and PT; All Treated Analysis Set (Study 79635322MMY1002)

	Regimen A1 (RRMM)	Regimen A2 (NDMM)	Regimen B (RRMM)	Regimen C (NDMM)
	(Dara Q4W + JNJ-5322 50mg Q4W) + (Dara Q4W + JNJ-5322 100mg Q4W)	(Dara Q4W + JNJ-5322 50mg Q4W) + (Dara Q4W + JNJ-5322 100mg Q4W)	(POM + JNJ-5322 50mg Q4W) + (POM + JNJ-5322 100mg Q4W) + (POM + JNJ-5322 200mg Q4W)	Dara Label + JNJ-5322 100mg Q4W
Lymphadenopathy	0	0	0	1 (5.3%)
Eosinophilia	0	0	1 (3.1%)	0
Febrile Neutropenia	1 (5.3%)	2 (7.7%)	0	0
General Disorders And Administration Site Conditions	13 (68.4%)	18 (69.2%)	20 (62.5%)	6 (31.6%)
Chills	0	0	1 (3.1%)	2 (10.5%)
Asthenia	2 (10.5%)	2 (7.7%)	2 (6.3%)	1 (5.3%)
Fatigue	7 (36.8%)	2 (7.7%)	6 (18.8%)	1 (5.3%)
Influenza Like Illness	2 (10.5%)	1 (3.8%)	2 (6.3%)	1 (5.3%)
Injection Site Pain	1 (5.3%)	1 (3.8%)	1 (3.1%)	1 (5.3%)
Injection Site Reaction	3 (15.8%)	2 (7.7%)	3 (9.4%)	1 (5.3%)
Xerosis	0	0	0	1 (5.3%)
Chest Discomfort	0	1 (3.8%)	0	0
Facial Pain	0	0	1 (3.1%)	0
General Physical Health Deterioration	0	0	1 (3.1%)	0
Injection Site Erythema	3 (15.8%)	4 (15.4%)	6 (18.8%)	0
Injection Site Haematoma	0	0	1 (3.1%)	0
Injection Site Mass	1 (5.3%)	0	0	0
Injection Site Necrosis	0	0	1 (3.1%)	0
Injection Site Pruritus	0	1 (3.8%)	0	0
Injection Site Rash	1 (5.3%)	5 (19.2%)	1 (3.1%)	0
Injection Site Swelling	1 (5.3%)	0	3 (9.4%)	0
Malaise	1 (5.3%)	0	0	0
Non-Cardiac Chest Pain	0	3 (11.5%)	0	0
Oedema Peripheral	1 (5.3%)	1 (3.8%)	2 (6.3%)	0
Pain	1 (5.3%)	1 (3.8%)	0	0
Peripheral Swelling	0	0	1 (3.1%)	0
Pyrexia	1 (5.3%)	4 (15.4%)	3 (9.4%)	0
Immune System Disorders	11 (57.9%)	13 (50.0%)	11 (34.4%)	5 (26.3%)
Cytokine Release Syndrome	11 (57.9%)	12 (46.2%)	10 (31.3%)	5 (26.3%)
Hypersensitivity	0	0	1 (3.1%)	0
Hypogammaglobulinaemia	1 (5.3%)	1 (3.8%)	1 (3.1%)	0
Metabolism And Nutrition Disorders	4 (21.1%)	11 (42.3%)	13 (40.6%)	5 (26.3%)
Hypophosphataemia	2 (10.5%)	5 (19.2%)	2 (6.3%)	3 (15.8%)
Hypertriglyceridaemia	0	0	0	1 (5.3%)
Hypocalcaemia	0	0	1 (3.1%)	1 (5.3%)
Hypokalaemia	1 (5.3%)	2 (7.7%)	5 (15.6%)	1 (5.3%)
Decreased Appetite	1 (5.3%)	2 (7.7%)	3 (9.4%)	0
Dehydration	0	0	1 (3.1%)	0
Diabetes Mellitus	0	0	1 (3.1%)	0
Fluid Retention	0	0	1 (3.1%)	0
Hyperamylasaemia	0	2 (7.7%)	0	0
Hypercalcaemia	0	1 (3.8%)	0	0

Table 16: Number of Subjects With TEAEs by SOC and PT; All Treated Analysis Set (Study 79635322MMY1002)

	Regimen A1 (RRMM)	Regimen A2 (NDMM)	Regimen B (RRMM)	Regimen C (NDMM)
	(Dara Q4W + JNJ-5322 50mg Q4W) + (Dara Q4W + JNJ-5322 100mg Q4W)	(Dara Q4W + JNJ-5322 50mg Q4W) + (Dara Q4W + JNJ-5322 100mg Q4W)	(POM + JNJ-5322 50mg Q4W) + (POM + JNJ-5322 100mg Q4W) + (POM + JNJ-5322 200mg Q4W)	Dara Label + JNJ-5322 100mg Q4W
Hyperglycaemia	0	0	1 (3.1%)	0
Hyperlipasaemia	0	1 (3.8%)	0	0
Hypomagnesaemia	1 (5.3%)	1 (3.8%)	2 (6.3%)	0
Hyponatraemia	0	1 (3.8%)	1 (3.1%)	0
Iron Deficiency	2 (10.5%)	1 (3.8%)	2 (6.3%)	0
Nervous System Disorders	11 (57.9%)	16 (61.5%)	21 (65.6%)	4 (21.1%)
Dysgeusia	7 (36.8%)	11 (42.3%)	15 (46.9%)	2 (10.5%)
Headache	2 (10.5%)	5 (19.2%)	6 (18.8%)	2 (10.5%)
Ageusia	0	0	0	1 (5.3%)
Brain Fog	0	0	0	1 (5.3%)
Muscle Spasticity	0	0	0	1 (5.3%)
Presyncope	0	0	0	1 (5.3%)
Taste Disorder	1 (5.3%)	1 (3.8%)	0	1 (5.3%)
Balance Disorder	0	0	1 (3.1%)	0
Disturbance In Attention	1 (5.3%)	0	0	0
Dizziness	0	1 (3.8%)	0	0
Essential Tremor	0	1 (3.8%)	0	0
Hydrocephalus	1 (5.3%)	0	0	0
Hypoaesthesia	0	0	1 (3.1%)	0
Hypogeusia	1 (5.3%)	0	0	0
Lethargy	0	1 (3.8%)	0	0
Paraesthesia	0	1 (3.8%)	1 (3.1%)	0
Peripheral Sensory Neuropathy	2 (10.5%)	1 (3.8%)	2 (6.3%)	0
Sleep Deficit	0	0	1 (3.1%)	0
Tremor	0	0	2 (6.3%)	0
Skin And Subcutaneous				
Tissue Disorders	12 (63.2%)	18 (69.2%)	13 (40.6%)	4 (21.1%)
Dry Skin	1 (5.3%)	2 (7.7%)	5 (15.6%)	1 (5.3%)
Hyperhidrosis	0	0	0	1 (5.3%)
Rash	0	3 (11.5%)	0	1 (5.3%)
Skin Exfoliation	2 (10.5%)	4 (15.4%)	5 (15.6%)	1 (5.3%)
Actinic Keratosis	1 (5.3%)	0	0	0
Alopecia	1 (5.3%)	1 (3.8%)	0	0
Dermatitis Contact	0	0	1 (3.1%)	0
Erythema	1 (5.3%)	0	2 (6.3%)	0
Exfoliative Rash	0	1 (3.8%)	0	0
Keratolysis Exfoliativa				
Acquired	0	1 (3.8%)	0	0
Nail Deformation	1 (5.3%)	1 (3.8%)	0	0
Nail Discolouration	0	2 (7.7%)	2 (6.3%)	0
Nail Disorder	5 (26.3%)	3 (11.5%)	4 (12.5%)	0
Nail Dystrophy	1 (5.3%)	2 (7.7%)	1 (3.1%)	0
Onychoclasia	2 (10.5%)	0	1 (3.1%)	0
Onycholysis	2 (10.5%)	2 (7.7%)	2 (6.3%)	0
Pruritus	1 (5.3%)	0	1 (3.1%)	0
Rash Macular	1 (5.3%)	0	0	0

Table 16: Number of Subjects With TEAEs by SOC and PT; All Treated Analysis Set (Study 79635322MMY1002)

	Regimen A1 (RRMM)	Regimen A2 (NDMM)	Regimen B (RRMM)	Regimen C (NDMM)
	(Dara Q4W + JNJ-5322 50mg Q4W) + (Dara Q4W + JNJ-5322 100mg Q4W)	(Dara Q4W + JNJ-5322 50mg Q4W) + (Dara Q4W + JNJ-5322 100mg Q4W)	(POM + JNJ-5322 50mg Q4W) + (POM + JNJ-5322 100mg Q4W) + (POM + JNJ-5322 200mg Q4W)	Dara Label + JNJ-5322 100mg Q4W
Rash Maculo-Papular	3 (15.8%)	3 (11.5%)	3 (9.4%)	0
Rash Pruritic	1 (5.3%)	0	0	0
Skin Lesion	2 (10.5%)	0	0	0
Toxic Skin Eruption	0	0	1 (3.1%)	0
Urticaria	0	2 (7.7%)	0	0
Xanthoma	0	1 (3.8%)	0	0
Xeroderma	0	0	1 (3.1%)	0
Infections And Infestations	14 (73.7%)	17 (65.4%)	20 (62.5%)	3 (15.8%)
Herpes Simplex	0	0	0	1 (5.3%)
Upper Respiratory Tract Infection	4 (21.1%)	4 (15.4%)	4 (12.5%)	1 (5.3%)
Urinary Tract Infection	0	1 (3.8%)	1 (3.1%)	1 (5.3%)
Adenoviral Upper Respiratory Infection	0	1 (3.8%)	0	0
Bronchitis	1 (5.3%)	0	0	0
Campylobacter Colitis	1 (5.3%)	0	0	0
Campylobacter Infection	0	1 (3.8%)	3 (9.4%)	0
Candida Infection	0	1 (3.8%)	0	0
Cellulitis	1 (5.3%)	0	1 (3.1%)	0
Chronic Sinusitis	0	0	1 (3.1%)	0
Clostridium Difficile Colitis	0	1 (3.8%)	0	0
Conjunctivitis	0	1 (3.8%)	0	0
Coronavirus Infection	0	1 (3.8%)	0	0
Covid-19	1 (5.3%)	2 (7.7%)	1 (3.1%)	0
Cytomegalovirus Viraemia	0	1 (3.8%)	0	0
Empyema	0	0	1 (3.1%)	0
Epstein-Barr Virus Infection Reactivation	1 (5.3%)	1 (3.8%)	0	0
Fungal Infection	0	0	1 (3.1%)	0
Gastroenteritis	0	1 (3.8%)	2 (6.3%)	0
Gingivitis	1 (5.3%)	0	1 (3.1%)	0
Helicobacter Infection	1 (5.3%)	0	0	0
Hordeolum	1 (5.3%)	0	0	0
Influenza	1 (5.3%)	1 (3.8%)	1 (3.1%)	0
Injection Site Infection	0	0	1 (3.1%)	0
Metapneumovirus Infection	1 (5.3%)	0	0	0
Nasopharyngitis	0	0	1 (3.1%)	0
Oral Candidiasis	0	1 (3.8%)	0	0
Peritonsillar Abscess	0	1 (3.8%)	0	0
Pharyngitis	0	1 (3.8%)	0	0
Pneumococcal Infection	0	0	1 (3.1%)	0
Pneumocystis Jirovecii Pneumonia	0	0	1 (3.1%)	0
Pneumonia	1 (5.3%)	1 (3.8%)	4 (12.5%)	0
Pneumonia Haemophilus	0	0	1 (3.1%)	0

CONFIDENTIAL – FOIA or other similar exemptions apply

146

Table 16: Number of Subjects With TEAEs by SOC and PT; All Treated Analysis Set (Study 79635322MMY1002)

	Regimen A1 (RRMM)	Regimen A2 (NDMM)	Regimen B (RRMM)	Regimen C (NDMM)
	(Dara Q4W + JNJ-5322 50mg Q4W) + (Dara Q4W + JNJ-5322 100mg Q4W)	(Dara Q4W + JNJ-5322 50mg Q4W) + (Dara Q4W + JNJ-5322 100mg Q4W)	(POM + JNJ-5322 50mg Q4W) + (POM + JNJ-5322 100mg Q4W) + (POM + JNJ-5322 200mg Q4W)	Dara Label + JNJ-5322 100mg Q4W
Pneumonia Viral	1 (5.3%)	0	0	0
Pseudomonas Infection	0	0	1 (3.1%)	0
Respiratory Tract Infection	1 (5.3%)	1 (3.8%)	0	0
Rhinitis	0	0	1 (3.1%)	0
Rhinovirus Infection	3 (15.8%)	1 (3.8%)	3 (9.4%)	0
Salmonellosis	0	1 (3.8%)	0	0
Sepsis	0	0	1 (3.1%)	0
Shigella Infection	1 (5.3%)	0	0	0
Sinusitis	2 (10.5%)	0	1 (3.1%)	0
Tonsillitis	1 (5.3%)	1 (3.8%)	0	0
Urosepsis	0	0	1 (3.1%)	0
Viral Infection	0	1 (3.8%)	1 (3.1%)	0
Viral Upper Respiratory Tract Infection	3 (15.8%)	1 (3.8%)	0	0
Respiratory, Thoracic And Mediastinal Disorders	5 (26.3%)	7 (26.9%)	5 (15.6%)	3 (15.8%)
Dyspnoea	1 (5.3%)	0	1 (3.1%)	2 (10.5%)
Productive Cough	0	0	1 (3.1%)	1 (5.3%)
Cough	2 (10.5%)	5 (19.2%)	1 (3.1%)	0
Epistaxis	0	1 (3.8%)	1 (3.1%)	0
Nasal Congestion	1 (5.3%)	1 (3.8%)	0	0
Oropharyngeal Pain	0	1 (3.8%)	2 (6.3%)	0
Rhinorrhoea	1 (5.3%)	0	0	0
Uncoded	2 (10.5%)	2 (7.7%)	3 (9.4%)	3 (15.8%)
Uncoded [Ache Rhs Face]	0	0	0	1 (5.3%)
Uncoded [Creatinine Increased]	0	0	0	1 (5.3%)
Uncoded [Gi Symptoms - Nausea, Loose Stools]	0	0	0	1 (5.3%)
Uncoded [Erythema Injection Site Reaction]	2 (10.5%)	0	0	0
Uncoded [Haemophilus Influenza]	0	1 (3.8%)	0	0
Uncoded [Human Parainfluenza Virus Type 4]	0	0	1 (3.1%)	0
Uncoded [Injection Site Reaction (Erythema, Oedema Approx 2cm)]	0	0	1 (3.1%)	0
Uncoded [Injection Site Reaction (Tenderness, Pain)]	0	0	1 (3.1%)	0
Uncoded [Intermittent Amylase Elevation]	0	0	1 (3.1%)	0
Uncoded [Rash At Scalp]	1 (5.3%)	0	0	0
Uncoded [Skin Changes]	0	0	1 (3.1%)	0

Table 16: Number of Subjects With TEAEs by SOC and PT; All Treated Analysis Set (Study 79635322MMY1002)

	Regimen A1 (RRMM)	Regimen A2 (NDMM)	Regimen B (RRMM)	Regimen C (NDMM)
	(Dara Q4W + JNJ-5322 50mg Q4W) + (Dara Q4W + JNJ-5322 100mg Q4W)	(Dara Q4W + JNJ-5322 50mg Q4W) + (Dara Q4W + JNJ-5322 100mg Q4W)	(POM + JNJ-5322 50mg Q4W) + (POM + JNJ-5322 100mg Q4W) + (POM + JNJ-5322 200mg Q4W)	Dara Label + JNJ-5322 100mg Q4W
Uncoded [Superficial Venous Insufficiency]	0	1 (3.8%)	0	0
Musculoskeletal And Connective Tissue Disorders	6 (31.6%)	8 (30.8%)	12 (37.5%)	2 (10.5%)
Back Pain	1 (5.3%)	2 (7.7%)	2 (6.3%)	1 (5.3%)
Muscle Spasms	0	0	0	1 (5.3%)
Arthralgia	2 (10.5%)	2 (7.7%)	1 (3.1%)	0
Arthritis	0	0	1 (3.1%)	0
Bone Pain	1 (5.3%)	2 (7.7%)	4 (12.5%)	0
Bursitis	0	0	1 (3.1%)	0
Flank Pain	0	1 (3.8%)	0	0
Groin Pain	0	0	1 (3.1%)	0
Musculoskeletal Chest Pain	0	1 (3.8%)	1 (3.1%)	0
Musculoskeletal Discomfort	1 (5.3%)	0	0	0
Musculoskeletal Pain	1 (5.3%)	0	1 (3.1%)	0
Osteolysis	0	0	1 (3.1%)	0
Pain In Extremity	0	2 (7.7%)	1 (3.1%)	0
Pain In Jaw	2 (10.5%)	1 (3.8%)	1 (3.1%)	0
Ear And Labyrinth Disorders	0	0	0	1 (5.3%)
Vertigo	0	0	0	1 (5.3%)
Vascular Disorders	1 (5.3%)	2 (7.7%)	4 (12.5%)	1 (5.3%)
Hypertension	1 (5.3%)	0	4 (12.5%)	1 (5.3%)
Orthostatic Hypotension	0	1 (3.8%)	0	0
Thrombosis	0	1 (3.8%)	0	0
Cardiac Disorders	0	0	2 (6.3%)	0
Sinus Tachycardia	0	0	1 (3.1%)	0
Tachycardia	0	0	1 (3.1%)	0
Endocrine Disorders	0	0	1 (3.1%)	0
Steroid Withdrawal Syndrome	0	0	1 (3.1%)	0
Eye Disorders	2 (10.5%)	3 (11.5%)	2 (6.3%)	0
Cataract	0	1 (3.8%)	0	0
Chalazion	0	1 (3.8%)	0	0
Dry Eye	0	1 (3.8%)	1 (3.1%)	0
Vision Blurred	2 (10.5%)	0	0	0
Visual Impairment	0	0	1 (3.1%)	0
Injury, Poisoning And Procedural Complications	2 (10.5%)	2 (7.7%)	1 (3.1%)	0
Avulsion Fracture	1 (5.3%)	0	0	0
Fall	0	1 (3.8%)	0	0
Hip Fracture	0	1 (3.8%)	0	0
Procedural Nausea	0	0	1 (3.1%)	0
Tooth Fracture	1 (5.3%)	0	0	0
Investigations	3 (15.8%)	11 (42.3%)	8 (25.0%)	0

Table 16: Number of Subjects With TEAEs by SOC and PT; All Treated Analysis Set (Study 79635322MMY1002)

	Regimen A1 (RRMM)	Regimen A2 (NDMM)	Regimen B (RRMM)	Regimen C (NDMM)
	(Dara Q4W + JNJ-5322 50mg Q4W) + (Dara Q4W + JNJ-5322 100mg Q4W)	(Dara Q4W + JNJ-5322 50mg Q4W) + (Dara Q4W + JNJ-5322 100mg Q4W)	(POM + JNJ-5322 50mg Q4W) + (POM + JNJ-5322 100mg Q4W) + (POM + JNJ-5322 200mg Q4W)	Dara Label + JNJ-5322 100mg Q4W
Alanine Aminotransferase Increased	0	4 (15.4%)	1 (3.1%)	0
Aspartate Aminotransferase Increased	0	4 (15.4%)	1 (3.1%)	0
Blood Alkaline Phosphatase Increased	0	2 (7.7%)	0	0
Blood Creatine Phosphokinase Increased	0	2 (7.7%)	1 (3.1%)	0
C-Reactive Protein Increased	0	0	1 (3.1%)	0
Gamma-Glutamyltransferase Increased	0	3 (11.5%)	1 (3.1%)	0
Glomerular Filtration Rate Decreased	0	0	1 (3.1%)	0
Human Rhinovirus Test Positive	2 (10.5%)	1 (3.8%)	0	0
Lipase Increased	0	1 (3.8%)	2 (6.3%)	0
Weight Decreased	1 (5.3%)	3 (11.5%)	2 (6.3%)	0
Neoplasms Benign, Malignant And Unspecified (Incl Cysts And Polyps)	0	1 (3.8%)	2 (6.3%)	0
Cancer Pain	0	1 (3.8%)	1 (3.1%)	0
Tumour Pain	0	0	1 (3.1%)	0
Psychiatric Disorders	4 (21.1%)	6 (23.1%)	17 (53.1%)	0
Affective Disorder	0	1 (3.8%)	0	0
Agitation	0	1 (3.8%)	7 (21.9%)	0
Anxiety	0	1 (3.8%)	3 (9.4%)	0
Confusional State	1 (5.3%)	0	1 (3.1%)	0
Depression	0	0	2 (6.3%)	0
Disorientation	1 (5.3%)	0	0	0
Drug Abuse	0	0	1 (3.1%)	0
Insomnia	1 (5.3%)	4 (15.4%)	6 (18.8%)	0
Irritability	0	0	1 (3.1%)	0
Restlessness	0	0	2 (6.3%)	0
Sleep Disorder	1 (5.3%)	0	1 (3.1%)	0
Stress	0	0	1 (3.1%)	0
Renal And Urinary Disorders	2 (10.5%)	2 (7.7%)	2 (6.3%)	0
Dysuria	0	1 (3.8%)	0	0
Oliguria	1 (5.3%)	0	0	0
Renal Colic	0	1 (3.8%)	0	0
Renal Impairment	1 (5.3%)	0	2 (6.3%)	0

Table 16: Number of Subjects With TEAEs by SOC and PT; All Treated Analysis Set (Study 79635322MMY1002)

	Regimen A1 (RRMM)	Regimen A2 (NDMM)	Regimen B (RRMM)	Regimen C (NDMM)
	(Dara Q4W + JNJ-5322 50mg Q4W) + (Dara Q4W + JNJ-5322 100mg Q4W)	(Dara Q4W + JNJ-5322 50mg Q4W) + (Dara Q4W + JNJ-5322 100mg Q4W)	(POM + JNJ-5322 50mg Q4W) + (POM + JNJ-5322 100mg Q4W) + (POM + JNJ-5322 200mg Q4W)	Dara Label + JNJ-5322 100mg Q4W
Reproductive System And				
Breast Disorders	0	3 (11.5%)	0	0
Haemospermia	0	1 (3.8%)	0	0
Painful Erection	0	1 (3.8%)	0	0
Vaginal Discharge	0	1 (3.8%)	0	0

Key: Pom= Pomalidomide; Dara= Daratumumab; RRMM= Relapse/Refractory Multiple Myeloma; NDMM= Newly Diagnosed Multiple Myeloma; Q4W= Every 4 Weeks.

Key: TEAE = Treatment-emergent Adverse Event, CRS = cytokine release syndrome, ICANS = immune effector cell-associated neurotoxicity syndrome.

Note: Subjects are counted only once for any given event, regardless of the number of times they actually experienced the event.

Note: Symptoms of CRS and Symptoms of ICANS are excluded.

Adverse events are reported using MedDRA latest Version 28.0.

Data cut-off date:28SEP2025.

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Table 17: Number of Subjects with Serious TEAEs by SOC and PT; All Treated Analysis Set (Study 79635322MMY1002)

	Regimen A1 (RRMM)	Regimen A2 (NDMM)	Regimen B (RRMM)	Regimen C (NDMM)
	(Dara Q4W + JNJ-5322 50mg Q4W) + (Dara Q4W + JNJ-5322 100mg Q4W)	(Dara Q4W + JNJ-5322 50mg Q4W) + (Dara Q4W + JNJ-5322 100mg Q4W)	(POM + JNJ-5322 50mg Q4W) + (POM + JNJ-5322 100mg Q4W) + (POM + JNJ-5322 200mg Q4W)	Dara Label + JNJ-5322 100mg Q4W
Analysis Set: All Treated	19	26	32	19
Subjects with 1 or more serious Treatment-Emergent AEs	9 (47.4%)	11 (42.3%)	13 (40.6%)	3 (15.8%)
System Organ Class Preferred term				
Immune System Disorders	6 (31.6%)	3 (11.5%)	3 (9.4%)	1 (5.3%)
Cytokine Release Syndrome	6 (31.6%)	3 (11.5%)	3 (9.4%)	1 (5.3%)
Infections And Infestations	7 (36.8%)	5 (19.2%)	8 (25.0%)	1 (5.3%)
Urinary Tract Infection	0	0	1 (3.1%)	1 (5.3%)
Bronchitis	1 (5.3%)	0	0	0
Cellulitis	1 (5.3%)	0	0	0
Clostridium Difficile				
Colitis	0	1 (3.8%)	0	0
Covid-19	1 (5.3%)	0	0	0
Empyema	0	0	1 (3.1%)	0
Gastroenteritis	0	1 (3.8%)	0	0
Pharyngitis	0	1 (3.8%)	0	0
Pneumocystis Jirovecii				
Pneumonia	0	0	1 (3.1%)	0
Pneumonia	0	1 (3.8%)	3 (9.4%)	0
Pneumonia Viral	1 (5.3%)	0	0	0
Rhinovirus Infection	1 (5.3%)	1 (3.8%)	1 (3.1%)	0
Sinusitis	1 (5.3%)	0	0	0
Upper Respiratory Tract Infection	0	1 (3.8%)	0	0
Urosepsis	0	0	1 (3.1%)	0
Viral Upper Respiratory Tract Infection	3 (15.8%)	0	0	0
Musculoskeletal And Connective Tissue Disorders	1 (5.3%)	1 (3.8%)	1 (3.1%)	1 (5.3%)
Muscle Spasms	0	0	0	1 (5.3%)
Arthralgia	1 (5.3%)	0	0	0
Bone Pain	0	1 (3.8%)	0	0
Osteolysis	0	0	1 (3.1%)	0
Blood And Lymphatic System Disorders	2 (10.5%)	1 (3.8%)	0	0
Anaemia	1 (5.3%)	0	0	0
Febrile Neutropenia	1 (5.3%)	1 (3.8%)	0	0

Table 17: Number of Subjects with Serious TEAEs by SOC and PT; All Treated Analysis Set (Study 79635322MMY1002)

	Regimen A1 (RRMM)	Regimen A2 (NDMM)	Regimen B (RRMM)	Regimen C (NDMM)
	(Dara Q4W + JNJ-5322 50mg Q4W) + (Dara Q4W + JNJ-5322 100mg Q4W)	(Dara Q4W + JNJ-5322 50mg Q4W) + (Dara Q4W + JNJ-5322 100mg Q4W)	(POM + JNJ-5322 50mg Q4W) + (POM + JNJ-5322 100mg Q4W) + (POM + JNJ-5322 200mg Q4W)	Dara Label + JNJ-5322 100mg Q4W
Endocrine Disorders	0	0	1 (3.1%)	0
Steroid Withdrawal Syndrome	0	0	1 (3.1%)	0
Gastrointestinal Disorders	0	1 (3.8%)	0	0
Colitis	0	1 (3.8%)	0	0
General Disorders And Administration Site Conditions	0	2 (7.7%)	4 (12.5%)	0
General Physical Health Deterioration	0	0	1 (3.1%)	0
Injection Site Erythema	0	0	1 (3.1%)	0
Injection Site Necrosis	0	0	1 (3.1%)	0
Injection Site Reaction	0	0	1 (3.1%)	0
Pyrexia	0	2 (7.7%)	0	0
Injury, Poisoning And Procedural Complications	0	1 (3.8%)	0	0
Hip Fracture	0	1 (3.8%)	0	0
Investigations	1 (5.3%)	0	0	0
Human Rhinovirus Test Positive	1 (5.3%)	0	0	0
Metabolism And Nutrition Disorders	0	1 (3.8%)	1 (3.1%)	0
Hyperamylasaemia	0	1 (3.8%)	0	0
Hypophosphataemia	0	0	1 (3.1%)	0
Neoplasms Benign, Malignant And Unspecified (Incl Cysts And Polyps)	0	0	1 (3.1%)	0
Tumour Pain	0	0	1 (3.1%)	0
Nervous System Disorders	1 (5.3%)	0	0	0
Headache	1 (5.3%)	0	0	0
Psychiatric Disorders	0	0	1 (3.1%)	0
Confusional State	0	0	1 (3.1%)	0
Renal And Urinary Disorders	0	1 (3.8%)	0	0
Renal Colic	0	1 (3.8%)	0	0

Table 17: Number of Subjects with Serious TEAEs by SOC and PT; All Treated Analysis Set (Study 79635322MMY1002)

	Regimen A1 (RRMM)	Regimen A2 (NDMM)	Regimen B (RRMM)	Regimen C (NDMM)
	(Dara Q4W + JNJ-5322 50mg Q4W) + (Dara Q4W + JNJ-5322 100mg Q4W)	(Dara Q4W + JNJ-5322 50mg Q4W) + (Dara Q4W + JNJ-5322 100mg Q4W)	(POM + JNJ-5322 50mg Q4W) + (POM + JNJ-5322 100mg Q4W) + (POM + JNJ-5322 200mg Q4W)	Dara Label + JNJ-5322 100mg Q4W
Skin And Subcutaneous				
Tissue Disorders	0	0	1 (3.1%)	0
Rash Maculo-Papular	0	0	1 (3.1%)	0

Key: Pom= Pomalidomide; Dara= Daratumumab; RRMM= Relapse/Refractory Multiple Myeloma; NDMM= Newly Diagnosed Multiple Myeloma; Q4W= Every 4 Weeks.

Key: AE = Adverse Event.

Note: Subjects are counted only once for any given event, regardless of the number of times they actually experienced the event.

Note: Symptoms of CRS and Symptoms of ICANS are excluded.

Adverse events are reported using MedDRA latest Version 28.0.

Data cut-off date:28SEP2025.

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Table 18: Number of Subjects with TEAEs by SOC, PT, and Maximum Toxicity Grade; All Treated Analysis Set (Regimen A1; Study 79635322MMY1002)

	Regimen A1 (RRMM)					
	(Dara Q4W + JNJ-5322 50mg Q4W) + (Dara Q4W + JNJ-5322 100mg Q4W)					
	Maximum Toxicity Grade					
	Total	1	2	3	4	5
Analysis Set: All Treated	19					
Subjects with 1 or more TEAEs	19 (100.0%)	0	11 (57.9%)	4 (21.1%)	4 (21.1%)	0
System organ class						
Preferred term						
Blood and lymphatic system disorders	6 (31.6%)	1 (5.3%)	0	1 (5.3%)	4 (21.1%)	0
Anaemia	2 (10.5%)	0	1 (5.3%)	1 (5.3%)	0	0
Febrile neutropenia	1 (5.3%)	0	0	1 (5.3%)	0	0
Leukopenia	1 (5.3%)	0	1 (5.3%)	0	0	0
Lymphopenia	1 (5.3%)	0	0	0	1 (5.3%)	0
Neutropenia	5 (26.3%)	0	1 (5.3%)	1 (5.3%)	3 (15.8%)	0
Thrombocytopenia	4 (21.1%)	2 (10.5%)	0	1 (5.3%)	1 (5.3%)	0
Eye disorders	2 (10.5%)	2 (10.5%)	0	0	0	0
Vision blurred	2 (10.5%)	2 (10.5%)	0	0	0	0
Gastrointestinal disorders	10 (52.6%)	6 (31.6%)	4 (21.1%)	0	0	0
Abdominal discomfort	1 (5.3%)	1 (5.3%)	0	0	0	0
Diarrhoea	3 (15.8%)	1 (5.3%)	2 (10.5%)	0	0	0
Dry mouth	3 (15.8%)	2 (10.5%)	1 (5.3%)	0	0	0
Dysphagia	1 (5.3%)	0	1 (5.3%)	0	0	0
Gastritis	1 (5.3%)	0	1 (5.3%)	0	0	0
Haemorrhoids	1 (5.3%)	1 (5.3%)	0	0	0	0
Large intestine polyp	1 (5.3%)	1 (5.3%)	0	0	0	0
Lower gastrointestinal haemorrhage	1 (5.3%)	1 (5.3%)	0	0	0	0
Mouth ulceration	1 (5.3%)	1 (5.3%)	0	0	0	0
Nausea	3 (15.8%)	3 (15.8%)	0	0	0	0
Vomiting	2 (10.5%)	1 (5.3%)	1 (5.3%)	0	0	0
General disorders and administration site conditions	13 (68.4%)	9 (47.4%)	4 (21.1%)	0	0	0
Asthenia	2 (10.5%)	2 (10.5%)	0	0	0	0
Fatigue	7 (36.8%)	7 (36.8%)	0	0	0	0
Influenza like illness	2 (10.5%)	2 (10.5%)	0	0	0	0
Injection site erythema	3 (15.8%)	1 (5.3%)	2 (10.5%)	0	0	0
Injection site mass	1 (5.3%)	1 (5.3%)	0	0	0	0
Injection site pain	1 (5.3%)	1 (5.3%)	0	0	0	0
Injection site rash	1 (5.3%)	0	1 (5.3%)	0	0	0
Injection site reaction	3 (15.8%)	2 (10.5%)	1 (5.3%)	0	0	0
Injection site swelling	1 (5.3%)	1 (5.3%)	0	0	0	0
Malaise	1 (5.3%)	1 (5.3%)	0	0	0	0
Oedema peripheral	1 (5.3%)	1 (5.3%)	0	0	0	0
Pain	1 (5.3%)	1 (5.3%)	0	0	0	0
Pyrexia	1 (5.3%)	1 (5.3%)	0	0	0	0

Table 18: Number of Subjects with TEAEs by SOC, PT, and Maximum Toxicity Grade; All Treated Analysis Set (Regimen A1; Study 79635322MMY1002)

	Regimen A1 (RRMM)					
	(Dara Q4W + JNJ-5322 50mg Q4W) + (Dara Q4W + JNJ-5322 100mg Q4W)					
	Maximum Toxicity Grade					
	Total	1	2	3	4	5
Immune system disorders	11 (57.9%)	6 (31.6%)	5 (26.3%)	0	0	0
Cytokine release syndrome	11 (57.9%)	7 (36.8%)	4 (21.1%)	0	0	0
Hypogammaglobulinaemia	1 (5.3%)	0	1 (5.3%)	0	0	0
Infections and infestations	14 (73.7%)	2 (10.5%)	7 (36.8%)	5 (26.3%)	0	0
Bronchitis	1 (5.3%)	0	0	1 (5.3%)	0	0
COVID-19	1 (5.3%)	0	1 (5.3%)	0	0	0
Campylobacter colitis	1 (5.3%)	0	1 (5.3%)	0	0	0
Cellulitis	1 (5.3%)	0	0	1 (5.3%)	0	0
Epstein-Barr virus infection reactivation	1 (5.3%)	1 (5.3%)	0	0	0	0
Gingivitis	1 (5.3%)	1 (5.3%)	0	0	0	0
Helicobacter infection	1 (5.3%)	0	1 (5.3%)	0	0	0
Hordeolum	1 (5.3%)	0	1 (5.3%)	0	0	0
Influenza	1 (5.3%)	0	1 (5.3%)	0	0	0
Metapneumovirus infection	1 (5.3%)	0	1 (5.3%)	0	0	0
Pneumonia	1 (5.3%)	0	1 (5.3%)	0	0	0
Pneumonia viral	1 (5.3%)	0	0	1 (5.3%)	0	0
Respiratory tract infection	1 (5.3%)	0	1 (5.3%)	0	0	0
Rhinovirus infection	3 (15.8%)	1 (5.3%)	0	2 (10.5%)	0	0
Shigella infection	1 (5.3%)	0	1 (5.3%)	0	0	0
Sinusitis	2 (10.5%)	0	1 (5.3%)	1 (5.3%)	0	0
Tonsillitis	1 (5.3%)	1 (5.3%)	0	0	0	0
Upper respiratory tract infection	4 (21.1%)	1 (5.3%)	3 (15.8%)	0	0	0
Viral upper respiratory tract infection	3 (15.8%)	0	1 (5.3%)	2 (10.5%)	0	0
Injury, poisoning and procedural complications	2 (10.5%)	1 (5.3%)	1 (5.3%)	0	0	0
Avulsion fracture	1 (5.3%)	0	1 (5.3%)	0	0	0
Tooth fracture	1 (5.3%)	1 (5.3%)	0	0	0	0
Investigations	3 (15.8%)	1 (5.3%)	1 (5.3%)	1 (5.3%)	0	0
Human rhinovirus test positive	2 (10.5%)	0	1 (5.3%)	1 (5.3%)	0	0
Weight decreased	1 (5.3%)	1 (5.3%)	0	0	0	0
Metabolism and nutrition disorders	4 (21.1%)	0	4 (21.1%)	0	0	0
Decreased appetite	1 (5.3%)	1 (5.3%)	0	0	0	0
Hypokalaemia	1 (5.3%)	0	1 (5.3%)	0	0	0
Hypomagnesaemia	1 (5.3%)	1 (5.3%)	0	0	0	0
Hypophosphataemia	2 (10.5%)	0	2 (10.5%)	0	0	0
Iron deficiency	2 (10.5%)	1 (5.3%)	1 (5.3%)	0	0	0
Musculoskeletal and connective tissue disorders	6 (31.6%)	5 (26.3%)	1 (5.3%)	0	0	0
Arthralgia	2 (10.5%)	1 (5.3%)	1 (5.3%)	0	0	0
Back pain	1 (5.3%)	1 (5.3%)	0	0	0	0

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155

Table 18: Number of Subjects with TEAEs by SOC, PT, and Maximum Toxicity Grade; All Treated Analysis Set (Regimen A1; Study 79635322MMY1002)

	Regimen A1 (RRMM)					
	(Dara Q4W + JNJ-5322 50mg Q4W) + (Dara Q4W + JNJ-5322 100mg Q4W)					
	Maximum Toxicity Grade					
	Total	1	2	3	4	5
Bone pain	1 (5.3%)	1 (5.3%)	0	0	0	0
Musculoskeletal discomfort	1 (5.3%)	1 (5.3%)	0	0	0	0
Musculoskeletal pain	1 (5.3%)	1 (5.3%)	0	0	0	0
Pain in jaw	2 (10.5%)	2 (10.5%)	0	0	0	0
Nervous system disorders	11 (57.9%)	5 (26.3%)	6 (31.6%)	0	0	0
Disturbance in attention	1 (5.3%)	1 (5.3%)	0	0	0	0
Dysgeusia	7 (36.8%)	5 (26.3%)	2 (10.5%)	0	0	0
Headache	2 (10.5%)	0	2 (10.5%)	0	0	0
Hydrocephalus	1 (5.3%)	0	1 (5.3%)	0	0	0
Hypogeusia	1 (5.3%)	1 (5.3%)	0	0	0	0
Peripheral sensory neuropathy	2 (10.5%)	1 (5.3%)	1 (5.3%)	0	0	0
Taste disorder	1 (5.3%)	1 (5.3%)	0	0	0	0
Psychiatric disorders	4 (21.1%)	4 (21.1%)	0	0	0	0
Confusional state	1 (5.3%)	1 (5.3%)	0	0	0	0
Disorientation	1 (5.3%)	1 (5.3%)	0	0	0	0
Insomnia	1 (5.3%)	1 (5.3%)	0	0	0	0
Sleep disorder	1 (5.3%)	1 (5.3%)	0	0	0	0
Renal and urinary disorders	2 (10.5%)	1 (5.3%)	1 (5.3%)	0	0	0
Oliguria	1 (5.3%)	1 (5.3%)	0	0	0	0
Renal impairment	1 (5.3%)	0	1 (5.3%)	0	0	0
Respiratory, thoracic and mediastinal disorders	5 (26.3%)	4 (21.1%)	1 (5.3%)	0	0	0
Cough	2 (10.5%)	1 (5.3%)	1 (5.3%)	0	0	0
Dyspnoea	1 (5.3%)	1 (5.3%)	0	0	0	0
Nasal congestion	1 (5.3%)	1 (5.3%)	0	0	0	0
Rhinorrhoea	1 (5.3%)	1 (5.3%)	0	0	0	0
Skin and subcutaneous tissue disorders	12 (63.2%)	7 (36.8%)	5 (26.3%)	0	0	0
Actinic keratosis	1 (5.3%)	0	1 (5.3%)	0	0	0
Alopecia	1 (5.3%)	1 (5.3%)	0	0	0	0
Dry skin	1 (5.3%)	1 (5.3%)	0	0	0	0
Erythema	1 (5.3%)	0	1 (5.3%)	0	0	0
Nail deformation	1 (5.3%)	1 (5.3%)	0	0	0	0
Nail disorder	5 (26.3%)	4 (21.1%)	1 (5.3%)	0	0	0
Nail dystrophy	1 (5.3%)	1 (5.3%)	0	0	0	0
Onychoclasia	2 (10.5%)	2 (10.5%)	0	0	0	0
Onycholysis	2 (10.5%)	2 (10.5%)	0	0	0	0
Pruritus	1 (5.3%)	1 (5.3%)	0	0	0	0
Rash macular	1 (5.3%)	1 (5.3%)	0	0	0	0
Rash maculo-papular	3 (15.8%)	2 (10.5%)	1 (5.3%)	0	0	0
Rash pruritic	1 (5.3%)	0	1 (5.3%)	0	0	0
Skin exfoliation	2 (10.5%)	2 (10.5%)	0	0	0	0
Skin lesion	2 (10.5%)	0	2 (10.5%)	0	0	0

Table 18: Number of Subjects with TEAEs by SOC, PT, and Maximum Toxicity Grade; All Treated Analysis Set (Regimen A1; Study 79635322MMY1002)

	Regimen A1 (RRMM)					
	(Dara Q4W + JNJ-5322 50mg Q4W) + (Dara Q4W + JNJ-5322 100mg Q4W)					
	Maximum Toxicity Grade					
	Total	1	2	3	4	5
Uncoded	2 (10.5%)	1 (5.3%)	1 (5.3%)	0	0	0
Uncoded [Erythema Injection Site Reaction]	2 (10.5%)	1 (5.3%)	1 (5.3%)	0	0	0
Uncoded [Rash At Scalp]	1 (5.3%)	0	1 (5.3%)	0	0	0
Vascular disorders	1 (5.3%)	1 (5.3%)	0	0	0	0
Hypertension	1 (5.3%)	1 (5.3%)	0	0	0	0

Key: Pom= Pomalidomide; Dara= Daratumumab; RRMM= Relapse/Refractory Multiple Myeloma; NDMM= Newly Diagnosed Multiple Myeloma; Q4W= Every 4 Weeks.

Key: TEAE = Treatment-emergent adverse event, NCI-CTCAE = National Cancer Institute–Common Terminology Criteria for Adverse Events, CRS = cytokine release syndrome, ICANS = immune effector cell-associated neurotoxicity syndrome.

Note: Subjects are counted only once for any given event, regardless of the number of times they actually experienced the event. The event experienced by the subject with the maximum toxicity is used. If a subject has missing toxicity for a specific adverse event, the subject is only counted in the total column for that adverse event.

Percentages are calculated with the number of subjects in each group as denominator.

Note: Symptoms of CRS and Symptoms of ICANS are excluded.

Adverse events are coded using MedDRA Version 28.0.

Note: TEAEs are evaluated according to NCI-CTCAE Version 5.0.

Data cut-off date:28SEP2025.

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Table 19: Number of Subjects with TEAEs by SOC, PT, and Maximum Toxicity Grade; All Treated Analysis Set (Regimen A2; Study 79635322MMY1002)

	Regimen A2 (NDMM)					
	(Dara Q4W + JNJ-5322 50mg Q4W) + (Dara Q4W + JNJ-5322 100mg Q4W)					
	Maximum Toxicity Grade					
	Total	1	2	3	4	5
Analysis Set: All Treated	26					
Subjects with 1 or more TEAEs	26 (100.0%)	1 (3.8%)	6 (23.1%)	12 (46.2%)	7 (26.9%)	0
System organ class						
Preferred term						
Blood and lymphatic system disorders	12 (46.2%)	0	0	7 (26.9%)	5 (19.2%)	0
Anaemia	2 (7.7%)	0	0	2 (7.7%)	0	0
Febrile neutropenia	2 (7.7%)	0	0	2 (7.7%)	0	0
Leukopenia	2 (7.7%)	1 (3.8%)	1 (3.8%)	0	0	0
Lymphopenia	4 (15.4%)	0	0	0	4 (15.4%)	0
Neutropenia	7 (26.9%)	1 (3.8%)	1 (3.8%)	4 (15.4%)	1 (3.8%)	0
Thrombocytopenia	1 (3.8%)	0	0	1 (3.8%)	0	0
Eye disorders	3 (11.5%)	3 (11.5%)	0	0	0	0
Cataract	1 (3.8%)	1 (3.8%)	0	0	0	0
Chalazion	1 (3.8%)	1 (3.8%)	0	0	0	0
Dry eye	1 (3.8%)	1 (3.8%)	0	0	0	0
Gastrointestinal disorders	17 (65.4%)	8 (30.8%)	7 (26.9%)	2 (7.7%)	0	0
Abdominal pain	1 (3.8%)	1 (3.8%)	0	0	0	0
Cheilitis	1 (3.8%)	1 (3.8%)	0	0	0	0
Colitis	1 (3.8%)	0	0	1 (3.8%)	0	0
Constipation	3 (11.5%)	2 (7.7%)	1 (3.8%)	0	0	0
Diarrhoea	9 (34.6%)	4 (15.4%)	4 (15.4%)	1 (3.8%)	0	0
Dry mouth	3 (11.5%)	2 (7.7%)	1 (3.8%)	0	0	0
Dyspepsia	1 (3.8%)	0	1 (3.8%)	0	0	0
Frequent bowel movements	1 (3.8%)	1 (3.8%)	0	0	0	0
Melaena	1 (3.8%)	1 (3.8%)	0	0	0	0
Mouth ulceration	1 (3.8%)	1 (3.8%)	0	0	0	0
Nausea	5 (19.2%)	3 (11.5%)	2 (7.7%)	0	0	0
Stomatitis	1 (3.8%)	0	1 (3.8%)	0	0	0
Vomiting	3 (11.5%)	1 (3.8%)	2 (7.7%)	0	0	0
General disorders and administration site conditions	18 (69.2%)	10 (38.5%)	8 (30.8%)	0	0	0
Asthenia	2 (7.7%)	1 (3.8%)	1 (3.8%)	0	0	0
Chest discomfort	1 (3.8%)	0	1 (3.8%)	0	0	0
Fatigue	2 (7.7%)	0	2 (7.7%)	0	0	0
Influenza like illness	1 (3.8%)	0	1 (3.8%)	0	0	0
Injection site erythema	4 (15.4%)	3 (11.5%)	1 (3.8%)	0	0	0
Injection site pain	1 (3.8%)	1 (3.8%)	0	0	0	0
Injection site pruritus	1 (3.8%)	1 (3.8%)	0	0	0	0
Injection site rash	5 (19.2%)	5 (19.2%)	0	0	0	0
Injection site reaction	2 (7.7%)	1 (3.8%)	1 (3.8%)	0	0	0
Non-cardiac chest pain	3 (11.5%)	2 (7.7%)	1 (3.8%)	0	0	0

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158

Table 19: Number of Subjects with TEAEs by SOC, PT, and Maximum Toxicity Grade; All Treated Analysis Set (Regimen A2; Study 79635322MMY1002)

	Regimen A2 (NDMM)					
	(Dara Q4W + JNJ-5322 50mg Q4W) + (Dara Q4W + JNJ-5322 100mg Q4W)					
	Maximum Toxicity Grade					
	Total	1	2	3	4	5
Oedema peripheral	1 (3.8%)	1 (3.8%)	0	0	0	0
Pain	1 (3.8%)	0	1 (3.8%)	0	0	0
Pyrexia	4 (15.4%)	2 (7.7%)	2 (7.7%)	0	0	0
Immune system disorders	13 (50.0%)	8 (30.8%)	5 (19.2%)	0	0	0
Cytokine release syndrome	12 (46.2%)	8 (30.8%)	4 (15.4%)	0	0	0
Hypogammaglobulinaemia	1 (3.8%)	0	1 (3.8%)	0	0	0
Infections and infestations	17 (65.4%)	2 (7.7%)	12 (46.2%)	3 (11.5%)	0	0
Adenoviral upper respiratory infection	1 (3.8%)	0	1 (3.8%)	0	0	0
COVID-19	2 (7.7%)	1 (3.8%)	0	1 (3.8%)	0	0
Campylobacter infection	1 (3.8%)	1 (3.8%)	0	0	0	0
Candida infection	1 (3.8%)	0	0	1 (3.8%)	0	0
Clostridium difficile colitis	1 (3.8%)	0	1 (3.8%)	0	0	0
Conjunctivitis	1 (3.8%)	0	1 (3.8%)	0	0	0
Coronavirus infection	1 (3.8%)	1 (3.8%)	0	0	0	0
Cytomegalovirus viraemia	1 (3.8%)	0	0	1 (3.8%)	0	0
Epstein-Barr virus infection reactivation	1 (3.8%)	1 (3.8%)	0	0	0	0
Gastroenteritis	1 (3.8%)	0	1 (3.8%)	0	0	0
Influenza	1 (3.8%)	1 (3.8%)	0	0	0	0
Oral candidiasis	1 (3.8%)	0	1 (3.8%)	0	0	0
Peritonsillar abscess	1 (3.8%)	0	0	1 (3.8%)	0	0
Pharyngitis	1 (3.8%)	0	0	1 (3.8%)	0	0
Pneumonia	1 (3.8%)	0	1 (3.8%)	0	0	0
Respiratory tract infection	1 (3.8%)	0	1 (3.8%)	0	0	0
Rhinovirus infection	1 (3.8%)	0	1 (3.8%)	0	0	0
Salmonellosis	1 (3.8%)	0	1 (3.8%)	0	0	0
Tonsillitis	1 (3.8%)	0	1 (3.8%)	0	0	0
Upper respiratory tract infection	4 (15.4%)	1 (3.8%)	3 (11.5%)	0	0	0
Urinary tract infection	1 (3.8%)	0	1 (3.8%)	0	0	0
Viral infection	1 (3.8%)	0	1 (3.8%)	0	0	0
Viral upper respiratory tract infection	1 (3.8%)	0	1 (3.8%)	0	0	0
Injury, poisoning and procedural complications	2 (7.7%)	1 (3.8%)	0	1 (3.8%)	0	0
Fall	1 (3.8%)	1 (3.8%)	0	0	0	0
Hip fracture	1 (3.8%)	0	0	1 (3.8%)	0	0
Investigations	11 (42.3%)	3 (11.5%)	2 (7.7%)	4 (15.4%)	2 (7.7%)	0
Alanine aminotransferase increased	4 (15.4%)	1 (3.8%)	1 (3.8%)	2 (7.7%)	0	0
Aspartate aminotransferase increased	4 (15.4%)	1 (3.8%)	1 (3.8%)	2 (7.7%)	0	0
Blood alkaline phosphatase increased	2 (7.7%)	1 (3.8%)	0	0	1 (3.8%)	0

Table 19: Number of Subjects with TEAEs by SOC, PT, and Maximum Toxicity Grade; All Treated Analysis Set (Regimen A2; Study 79635322MMY1002)

	Regimen A2 (NDMM)					
	(Dara Q4W + JNJ-5322 50mg Q4W) + (Dara Q4W + JNJ-5322 100mg Q4W)					
	Maximum Toxicity Grade					
	Total	1	2	3	4	5
Blood creatine phosphokinase increased	2 (7.7%)	0	0	1 (3.8%)	1 (3.8%)	0
Gamma-glutamyltransferase increased	3 (11.5%)	1 (3.8%)	0	2 (7.7%)	0	0
Human rhinovirus test positive	1 (3.8%)	1 (3.8%)	0	0	0	0
Lipase increased	1 (3.8%)	0	0	1 (3.8%)	0	0
Weight decreased	3 (11.5%)	1 (3.8%)	2 (7.7%)	0	0	0
Metabolism and nutrition disorders	11 (42.3%)	3 (11.5%)	6 (23.1%)	2 (7.7%)	0	0
Decreased appetite	2 (7.7%)	2 (7.7%)	0	0	0	0
Hyperamylasaemia	2 (7.7%)	0	1 (3.8%)	1 (3.8%)	0	0
Hypercalcaemia	1 (3.8%)	1 (3.8%)	0	0	0	0
Hyperlipasaemia	1 (3.8%)	0	0	1 (3.8%)	0	0
Hypokalaemia	2 (7.7%)	1 (3.8%)	1 (3.8%)	0	0	0
Hypomagnesaemia	1 (3.8%)	1 (3.8%)	0	0	0	0
Hyponatraemia	1 (3.8%)	0	1 (3.8%)	0	0	0
Hypophosphataemia	5 (19.2%)	1 (3.8%)	4 (15.4%)	0	0	0
Iron deficiency	1 (3.8%)	0	1 (3.8%)	0	0	0
Musculoskeletal and connective tissue disorders	8 (30.8%)	3 (11.5%)	5 (19.2%)	0	0	0
Arthralgia	2 (7.7%)	1 (3.8%)	1 (3.8%)	0	0	0
Back pain	2 (7.7%)	0	2 (7.7%)	0	0	0
Bone pain	2 (7.7%)	1 (3.8%)	1 (3.8%)	0	0	0
Flank pain	1 (3.8%)	1 (3.8%)	0	0	0	0
Musculoskeletal chest pain	1 (3.8%)	1 (3.8%)	0	0	0	0
Pain in extremity	2 (7.7%)	2 (7.7%)	0	0	0	0
Pain in jaw	1 (3.8%)	0	1 (3.8%)	0	0	0
Neoplasms benign, malignant and unspecified (incl cysts and polyps)	1 (3.8%)	0	0	1 (3.8%)	0	0
Cancer pain	1 (3.8%)	0	0	1 (3.8%)	0	0
Nervous system disorders	16 (61.5%)	12 (46.2%)	4 (15.4%)	0	0	0
Dizziness	1 (3.8%)	1 (3.8%)	0	0	0	0
Dysgeusia	11 (42.3%)	9 (34.6%)	2 (7.7%)	0	0	0
Essential tremor	1 (3.8%)	0	1 (3.8%)	0	0	0
Headache	5 (19.2%)	4 (15.4%)	1 (3.8%)	0	0	0
Lethargy	1 (3.8%)	1 (3.8%)	0	0	0	0
Paraesthesia	1 (3.8%)	0	1 (3.8%)	0	0	0
Peripheral sensory neuropathy	1 (3.8%)	1 (3.8%)	0	0	0	0
Taste disorder	1 (3.8%)	1 (3.8%)	0	0	0	0

Table 19: Number of Subjects with TEAEs by SOC, PT, and Maximum Toxicity Grade; All Treated Analysis Set (Regimen A2; Study 79635322MMY1002)

	Regimen A2 (NDMM)					
	(Dara Q4W + JNJ-5322 50mg Q4W) + (Dara Q4W + JNJ-5322 100mg Q4W)					
	Maximum Toxicity Grade					
	Total	1	2	3	4	5
Psychiatric disorders	6 (23.1%)	2 (7.7%)	3 (11.5%)	1 (3.8%)	0	0
Affective disorder	1 (3.8%)	1 (3.8%)	0	0	0	0
Agitation	1 (3.8%)	0	0	1 (3.8%)	0	0
Anxiety	1 (3.8%)	1 (3.8%)	0	0	0	0
Insomnia	4 (15.4%)	1 (3.8%)	3 (11.5%)	0	0	0
Renal and urinary disorders	2 (7.7%)	1 (3.8%)	0	1 (3.8%)	0	0
Dysuria	1 (3.8%)	1 (3.8%)	0	0	0	0
Renal colic	1 (3.8%)	0	0	1 (3.8%)	0	0
Reproductive system and breast disorders	3 (11.5%)	2 (7.7%)	0	0	0	0
Haemospermia	1 (3.8%)	0	0	0	0	0
Painful erection	1 (3.8%)	1 (3.8%)	0	0	0	0
Vaginal discharge	1 (3.8%)	1 (3.8%)	0	0	0	0
Respiratory, thoracic and mediastinal disorders	7 (26.9%)	4 (15.4%)	3 (11.5%)	0	0	0
Cough	5 (19.2%)	2 (7.7%)	3 (11.5%)	0	0	0
Epistaxis	1 (3.8%)	1 (3.8%)	0	0	0	0
Nasal congestion	1 (3.8%)	0	1 (3.8%)	0	0	0
Oropharyngeal pain	1 (3.8%)	1 (3.8%)	0	0	0	0
Skin and subcutaneous tissue disorders	18 (69.2%)	14 (53.8%)	4 (15.4%)	0	0	0
Alopecia	1 (3.8%)	1 (3.8%)	0	0	0	0
Dry skin	2 (7.7%)	2 (7.7%)	0	0	0	0
Exfoliative rash	1 (3.8%)	1 (3.8%)	0	0	0	0
Keratolysis exfoliativa acquired	1 (3.8%)	1 (3.8%)	0	0	0	0
Nail deformation	1 (3.8%)	1 (3.8%)	0	0	0	0
Nail discolouration	2 (7.7%)	2 (7.7%)	0	0	0	0
Nail disorder	3 (11.5%)	3 (11.5%)	0	0	0	0
Nail dystrophy	2 (7.7%)	2 (7.7%)	0	0	0	0
Onycholysis	2 (7.7%)	2 (7.7%)	0	0	0	0
Rash	3 (11.5%)	1 (3.8%)	2 (7.7%)	0	0	0
Rash maculo-papular	3 (11.5%)	2 (7.7%)	1 (3.8%)	0	0	0
Skin exfoliation	4 (15.4%)	4 (15.4%)	0	0	0	0
Urticaria	2 (7.7%)	1 (3.8%)	1 (3.8%)	0	0	0
Xanthoma	1 (3.8%)	1 (3.8%)	0	0	0	0
Uncoded	2 (7.7%)	2 (7.7%)	0	0	0	0
Uncoded [Haemophilus Influenza]	1 (3.8%)	1 (3.8%)	0	0	0	0
Uncoded [Superficial Venous Insufficiency]	1 (3.8%)	1 (3.8%)	0	0	0	0

Table 19: Number of Subjects with TEAEs by SOC, PT, and Maximum Toxicity Grade; All Treated Analysis Set (Regimen A2; Study 79635322MMY1002)

	Regimen A2 (NDMM)					
	(Dara Q4W + JNJ-5322 50mg Q4W) + (Dara Q4W + JNJ-5322 100mg Q4W)					
	Maximum Toxicity Grade					
	Total	1	2	3	4	5
Vascular disorders	2 (7.7%)	0	2 (7.7%)	0	0	0
Orthostatic hypotension	1 (3.8%)	0	1 (3.8%)	0	0	0
Thrombosis	1 (3.8%)	0	1 (3.8%)	0	0	0

Key: Pom= Pomalidomide; Dara= Daratumumab; RRMM= Relapse/Refractory Multiple Myeloma; NDMM= Newly Diagnosed Multiple Myeloma; Q4W= Every 4 Weeks.

Key: TEAE = Treatment-emergent adverse event, NCI-CTCAE = National Cancer Institute–Common Terminology Criteria for Adverse Events, CRS = cytokine release syndrome, ICANS = immune effector cell-associated neurotoxicity syndrome.

Note: Subjects are counted only once for any given event, regardless of the number of times they actually experienced the event. The event experienced by the subject with the maximum toxicity is used. If a subject has missing toxicity for a specific adverse event, the subject is only counted in the total column for that adverse event.

Percentages are calculated with the number of subjects in each group as denominator.

Note: Symptoms of CRS and Symptoms of ICANS are excluded.

Adverse events are coded using MedDRA Version 28.0.

Note: TEAEs are evaluated according to NCI-CTCAE Version 5.0.

Data cut-off date:28SEP2025.

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Table 20: Number of Subjects with TEAEs by SOC, PT, and Maximum Toxicity Grade; All Treated Analysis Set (Regimen B; Study 79635322MMY1002)

	Regimen B (RRMM)					
	(POM + JNJ-5322 50mg Q4W) + (POM + JNJ-5322 100mg Q4W) + (POM + JNJ-5322 200mg Q4W)					
	Maximum Toxicity Grade					
	Total	1	2	3	4	5
Analysis Set: All Treated	32					
Subjects with 1 or more TEAEs	32 (100.0%)	3 (9.4%)	5 (15.6%)	15 (46.9%)	9 (28.1%)	0
System organ class						
Preferred term						
Blood and lymphatic system disorders	22 (68.8%)	1 (3.1%)	1 (3.1%)	14 (43.8%)	6 (18.8%)	0
Anaemia	4 (12.5%)	0	1 (3.1%)	3 (9.4%)	0	0
Eosinophilia	1 (3.1%)	0	0	1 (3.1%)	0	0
Lymphopenia	5 (15.6%)	0	0	3 (9.4%)	2 (6.3%)	0
Neutropenia	15 (46.9%)	0	0	11 (34.4%)	4 (12.5%)	0
Thrombocytopenia	4 (12.5%)	2 (6.3%)	1 (3.1%)	1 (3.1%)	0	0
Cardiac disorders	2 (6.3%)	1 (3.1%)	1 (3.1%)	0	0	0
Sinus tachycardia	1 (3.1%)	1 (3.1%)	0	0	0	0
Tachycardia	1 (3.1%)	0	1 (3.1%)	0	0	0
Endocrine disorders	1 (3.1%)	0	1 (3.1%)	0	0	0
Steroid withdrawal syndrome	1 (3.1%)	0	1 (3.1%)	0	0	0
Eye disorders	2 (6.3%)	2 (6.3%)	0	0	0	0
Dry eye	1 (3.1%)	1 (3.1%)	0	0	0	0
Visual impairment	1 (3.1%)	1 (3.1%)	0	0	0	0
Gastrointestinal disorders	19 (59.4%)	9 (28.1%)	8 (25.0%)	2 (6.3%)	0	0
Constipation	3 (9.4%)	2 (6.3%)	1 (3.1%)	0	0	0
Diarrhoea	10 (31.3%)	4 (12.5%)	4 (12.5%)	2 (6.3%)	0	0
Dry mouth	7 (21.9%)	6 (18.8%)	1 (3.1%)	0	0	0
Gastroesophageal reflux disease	2 (6.3%)	0	2 (6.3%)	0	0	0
Glossodynia	1 (3.1%)	0	1 (3.1%)	0	0	0
Haemorrhoids	1 (3.1%)	1 (3.1%)	0	0	0	0
Intra-abdominal haematoma	1 (3.1%)	1 (3.1%)	0	0	0	0
Nausea	3 (9.4%)	0	3 (9.4%)	0	0	0
Oral pain	1 (3.1%)	1 (3.1%)	0	0	0	0
Rectal haemorrhage	1 (3.1%)	1 (3.1%)	0	0	0	0
Tongue erythema	1 (3.1%)	1 (3.1%)	0	0	0	0
Toothache	1 (3.1%)	1 (3.1%)	0	0	0	0
Vomiting	1 (3.1%)	0	1 (3.1%)	0	0	0
General disorders and administration site conditions	20 (62.5%)	13 (40.6%)	5 (15.6%)	2 (6.3%)	0	0
Asthenia	2 (6.3%)	2 (6.3%)	0	0	0	0
Chills	1 (3.1%)	0	1 (3.1%)	0	0	0

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163

Table 20: Number of Subjects with TEAEs by SOC, PT, and Maximum Toxicity Grade; All Treated Analysis Set (Regimen B; Study 79635322MMY1002)

	Regimen B (RRMM)					
	(POM + JNJ-5322 50mg Q4W) + (POM + JNJ-5322 100mg Q4W) + (POM + JNJ-5322 200mg Q4W)					
	Maximum Toxicity Grade					
	Total	1	2	3	4	5
Facial pain	1 (3.1%)	1 (3.1%)	0	0	0	0
Fatigue	6 (18.8%)	4 (12.5%)	2 (6.3%)	0	0	0
General physical health deterioration	1 (3.1%)	1 (3.1%)	0	0	0	0
Influenza like illness	2 (6.3%)	2 (6.3%)	0	0	0	0
Injection site erythema	6 (18.8%)	4 (12.5%)	2 (6.3%)	0	0	0
Injection site haematoma	1 (3.1%)	1 (3.1%)	0	0	0	0
Injection site necrosis	1 (3.1%)	0	0	1 (3.1%)	0	0
Injection site pain	1 (3.1%)	0	1 (3.1%)	0	0	0
Injection site rash	1 (3.1%)	1 (3.1%)	0	0	0	0
Injection site reaction	3 (9.4%)	2 (6.3%)	0	1 (3.1%)	0	0
Injection site swelling	3 (9.4%)	2 (6.3%)	1 (3.1%)	0	0	0
Oedema peripheral	2 (6.3%)	1 (3.1%)	1 (3.1%)	0	0	0
Peripheral swelling	1 (3.1%)	1 (3.1%)	0	0	0	0
Pyrexia	3 (9.4%)	1 (3.1%)	2 (6.3%)	0	0	0
Immune system disorders	11 (34.4%)	9 (28.1%)	2 (6.3%)	0	0	0
Cytokine release syndrome	10 (31.3%)	10 (31.3%)	0	0	0	0
Hypersensitivity	1 (3.1%)	0	1 (3.1%)	0	0	0
Hypogammaglobulinaemia	1 (3.1%)	0	1 (3.1%)	0	0	0
Infections and infestations	20 (62.5%)	1 (3.1%)	10 (31.3%)	8 (25.0%)	1 (3.1%)	0
COVID-19	1 (3.1%)	0	1 (3.1%)	0	0	0
Campylobacter infection	3 (9.4%)	0	2 (6.3%)	1 (3.1%)	0	0
Cellulitis	1 (3.1%)	0	1 (3.1%)	0	0	0
Chronic sinusitis	1 (3.1%)	0	1 (3.1%)	0	0	0
Empyema	1 (3.1%)	0	0	0	1 (3.1%)	0
Fungal infection	1 (3.1%)	0	1 (3.1%)	0	0	0
Gastroenteritis	2 (6.3%)	0	2 (6.3%)	0	0	0
Gingivitis	1 (3.1%)	0	1 (3.1%)	0	0	0
Influenza	1 (3.1%)	0	1 (3.1%)	0	0	0
Injection site infection	1 (3.1%)	0	0	1 (3.1%)	0	0
Nasopharyngitis	1 (3.1%)	0	1 (3.1%)	0	0	0
Pneumococcal infection	1 (3.1%)	0	1 (3.1%)	0	0	0
Pneumocystis jirovecii pneumonia	1 (3.1%)	0	0	1 (3.1%)	0	0
Pneumonia	4 (12.5%)	0	0	4 (12.5%)	0	0
Pneumonia haemophilus	1 (3.1%)	0	1 (3.1%)	0	0	0
Pseudomonas infection	1 (3.1%)	0	1 (3.1%)	0	0	0
Rhinitis	1 (3.1%)	1 (3.1%)	0	0	0	0
Rhinovirus infection	3 (9.4%)	0	3 (9.4%)	0	0	0
Sepsis	1 (3.1%)	0	0	1 (3.1%)	0	0
Sinusitis	1 (3.1%)	0	1 (3.1%)	0	0	0
Upper respiratory tract infection	4 (12.5%)	0	4 (12.5%)	0	0	0
Urinary tract infection	1 (3.1%)	0	0	1 (3.1%)	0	0
Urosepsis	1 (3.1%)	0	0	1 (3.1%)	0	0
Viral infection	1 (3.1%)	0	1 (3.1%)	0	0	0

Table 20: Number of Subjects with TEAEs by SOC, PT, and Maximum Toxicity Grade; All Treated Analysis Set (Regimen B; Study 79635322MMY1002)

	Regimen B (RRMM)					
	(POM + JNJ-5322 50mg Q4W) + (POM + JNJ-5322 100mg Q4W) + (POM + JNJ-5322 200mg Q4W)					
	Maximum Toxicity Grade					
	Total	1	2	3	4	5
Injury, poisoning and procedural complications	1 (3.1%)	0	1 (3.1%)	0	0	0
Procedural nausea	1 (3.1%)	0	1 (3.1%)	0	0	0
Investigations	8 (25.0%)	3 (9.4%)	3 (9.4%)	1 (3.1%)	1 (3.1%)	0
Alanine aminotransferase increased	1 (3.1%)	1 (3.1%)	0	0	0	0
Aspartate aminotransferase increased	1 (3.1%)	1 (3.1%)	0	0	0	0
Blood creatine phosphokinase increased	1 (3.1%)	0	0	0	1 (3.1%)	0
C-reactive protein increased	1 (3.1%)	1 (3.1%)	0	0	0	0
Gamma-glutamyltransferase increased	1 (3.1%)	1 (3.1%)	0	0	0	0
Glomerular filtration rate decreased	1 (3.1%)	0	1 (3.1%)	0	0	0
Lipase increased	2 (6.3%)	1 (3.1%)	1 (3.1%)	0	0	0
Weight decreased	2 (6.3%)	0	1 (3.1%)	1 (3.1%)	0	0
Metabolism and nutrition disorders	13 (40.6%)	4 (12.5%)	6 (18.8%)	2 (6.3%)	1 (3.1%)	0
Decreased appetite	3 (9.4%)	2 (6.3%)	1 (3.1%)	0	0	0
Dehydration	1 (3.1%)	0	1 (3.1%)	0	0	0
Diabetes mellitus	1 (3.1%)	0	0	1 (3.1%)	0	0
Fluid retention	1 (3.1%)	0	0	1 (3.1%)	0	0
Hyperglycaemia	1 (3.1%)	0	1 (3.1%)	0	0	0
Hypocalcaemia	1 (3.1%)	0	1 (3.1%)	0	0	0
Hypokalaemia	5 (15.6%)	1 (3.1%)	2 (6.3%)	1 (3.1%)	1 (3.1%)	0
Hypomagnesaemia	2 (6.3%)	1 (3.1%)	0	1 (3.1%)	0	0
Hyponatraemia	1 (3.1%)	0	1 (3.1%)	0	0	0
Hypophosphataemia	2 (6.3%)	0	1 (3.1%)	1 (3.1%)	0	0
Iron deficiency	2 (6.3%)	2 (6.3%)	0	0	0	0
Musculoskeletal and connective tissue disorders	12 (37.5%)	7 (21.9%)	4 (12.5%)	1 (3.1%)	0	0
Arthralgia	1 (3.1%)	1 (3.1%)	0	0	0	0
Arthritis	1 (3.1%)	1 (3.1%)	0	0	0	0
Back pain	2 (6.3%)	0	2 (6.3%)	0	0	0
Bone pain	4 (12.5%)	2 (6.3%)	2 (6.3%)	0	0	0
Bursitis	1 (3.1%)	1 (3.1%)	0	0	0	0
Groin pain	1 (3.1%)	1 (3.1%)	0	0	0	0
Musculoskeletal chest pain	1 (3.1%)	0	1 (3.1%)	0	0	0
Musculoskeletal pain	1 (3.1%)	1 (3.1%)	0	0	0	0
Osteolysis	1 (3.1%)	0	0	1 (3.1%)	0	0
Pain in extremity	1 (3.1%)	1 (3.1%)	0	0	0	0
Pain in jaw	1 (3.1%)	1 (3.1%)	0	0	0	0

Table 20: Number of Subjects with TEAEs by SOC, PT, and Maximum Toxicity Grade; All Treated Analysis Set (Regimen B; Study 79635322MMY1002)

	Regimen B (RRMM)					
	(POM + JNJ-5322 50mg Q4W) + (POM + JNJ-5322 100mg Q4W) + (POM + JNJ-5322 200mg Q4W)					
	Maximum Toxicity Grade					
	Total	1	2	3	4	5
Neoplasms benign, malignant and unspecified (incl cysts and polyps)	2 (6.3%)	1 (3.1%)	0	1 (3.1%)	0	0
Cancer pain	1 (3.1%)	1 (3.1%)	0	0	0	0
Tumour pain	1 (3.1%)	0	0	1 (3.1%)	0	0
Nervous system disorders	21 (65.6%)	13 (40.6%)	6 (18.8%)	2 (6.3%)	0	0
Balance disorder	1 (3.1%)	1 (3.1%)	0	0	0	0
Dysgeusia	15 (46.9%)	12 (37.5%)	3 (9.4%)	0	0	0
Headache	6 (18.8%)	3 (9.4%)	3 (9.4%)	0	0	0
Hypoaesthesia	1 (3.1%)	1 (3.1%)	0	0	0	0
Paraesthesia	1 (3.1%)	1 (3.1%)	0	0	0	0
Peripheral sensory neuropathy	2 (6.3%)	0	0	2 (6.3%)	0	0
Sleep deficit	1 (3.1%)	1 (3.1%)	0	0	0	0
Tremor	2 (6.3%)	2 (6.3%)	0	0	0	0
Psychiatric disorders	17 (53.1%)	4 (12.5%)	10 (31.3%)	3 (9.4%)	0	0
Agitation	7 (21.9%)	3 (9.4%)	2 (6.3%)	2 (6.3%)	0	0
Anxiety	3 (9.4%)	2 (6.3%)	1 (3.1%)	0	0	0
Confusional state	1 (3.1%)	0	1 (3.1%)	0	0	0
Depression	2 (6.3%)	0	2 (6.3%)	0	0	0
Drug abuse	1 (3.1%)	0	1 (3.1%)	0	0	0
Insomnia	6 (18.8%)	2 (6.3%)	3 (9.4%)	1 (3.1%)	0	0
Irritability	1 (3.1%)	0	1 (3.1%)	0	0	0
Restlessness	2 (6.3%)	0	2 (6.3%)	0	0	0
Sleep disorder	1 (3.1%)	0	1 (3.1%)	0	0	0
Stress	1 (3.1%)	0	1 (3.1%)	0	0	0
Renal and urinary disorders	2 (6.3%)	0	2 (6.3%)	0	0	0
Renal impairment	2 (6.3%)	0	2 (6.3%)	0	0	0
Respiratory, thoracic and mediastinal disorders	5 (15.6%)	2 (6.3%)	2 (6.3%)	1 (3.1%)	0	0
Cough	1 (3.1%)	0	0	1 (3.1%)	0	0
Dyspnoea	1 (3.1%)	1 (3.1%)	0	0	0	0
Epistaxis	1 (3.1%)	0	1 (3.1%)	0	0	0
Oropharyngeal pain	2 (6.3%)	2 (6.3%)	0	0	0	0
Productive cough	1 (3.1%)	0	1 (3.1%)	0	0	0
Skin and subcutaneous tissue disorders	13 (40.6%)	8 (25.0%)	3 (9.4%)	2 (6.3%)	0	0
Dermatitis contact	1 (3.1%)	0	1 (3.1%)	0	0	0
Dry skin	5 (15.6%)	4 (12.5%)	1 (3.1%)	0	0	0
Erythema	2 (6.3%)	2 (6.3%)	0	0	0	0
Nail discolouration	2 (6.3%)	2 (6.3%)	0	0	0	0
Nail disorder	4 (12.5%)	4 (12.5%)	0	0	0	0
Nail dystrophy	1 (3.1%)	1 (3.1%)	0	0	0	0
Onychoclasia	1 (3.1%)	1 (3.1%)	0	0	0	0
Onycholysis	2 (6.3%)	2 (6.3%)	0	0	0	0

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166

Table 20: Number of Subjects with TEAEs by SOC, PT, and Maximum Toxicity Grade; All Treated Analysis Set (Regimen B; Study 79635322MMY1002)

	Regimen B (RRMM)					
	(POM + JNJ-5322 50mg Q4W) + (POM + JNJ-5322 100mg Q4W) + (POM + JNJ-5322 200mg Q4W)					
	Maximum Toxicity Grade					
	Total	1	2	3	4	5
Pruritus	1 (3.1%)	1 (3.1%)	0	0	0	0
Rash maculo-papular	3 (9.4%)	1 (3.1%)	0	2 (6.3%)	0	0
Skin exfoliation	5 (15.6%)	4 (12.5%)	1 (3.1%)	0	0	0
Toxic skin eruption	1 (3.1%)	0	1 (3.1%)	0	0	0
Xeroderma	1 (3.1%)	1 (3.1%)	0	0	0	0
Uncoded	3 (9.4%)	1 (3.1%)	2 (6.3%)	0	0	0
Uncoded [Human Parainfluenza Virus Type 4]	1 (3.1%)	1 (3.1%)	0	0	0	0
Uncoded [Injection Site Reaction (Erythema, Oedema Approx 2cm)]	1 (3.1%)	0	1 (3.1%)	0	0	0
Uncoded [Injection Site Reaction (Tenderness, Pain)]	1 (3.1%)	1 (3.1%)	0	0	0	0
Uncoded [Intermittent Amylase Elevation]	1 (3.1%)	0	1 (3.1%)	0	0	0
Uncoded [Skin Changes]	1 (3.1%)	0	1 (3.1%)	0	0	0
Vascular disorders	4 (12.5%)	1 (3.1%)	3 (9.4%)	0	0	0
Hypertension	4 (12.5%)	1 (3.1%)	3 (9.4%)	0	0	0

Key: Pom= Pomalidomide; Dara= Daratumumab; RRMM= Relapse/Refractory Multiple Myeloma; NDMM= Newly Diagnosed Multiple Myeloma; Q4W= Every 4 Weeks.

Key: TEAE = Treatment-emergent adverse event, NCI-CTCAE = National Cancer Institute–Common Terminology Criteria for Adverse Events, CRS = cytokine release syndrome, ICANS = immune effector cell-associated neurotoxicity syndrome.

Note: Subjects are counted only once for any given event, regardless of the number of times they actually experienced the event. The event experienced by the subject with the maximum toxicity is used. If a subject has missing toxicity for a specific adverse event, the subject is only counted in the total column for that adverse event.

Percentages are calculated with the number of subjects in each group as denominator.

Note: Symptoms of CRS and Symptoms of ICANS are excluded.

Adverse events are coded using MedDRA Version 28.0.

Note: TEAEs are evaluated according to NCI-CTCAE Version 5.0.

Data cut-off date: 28SEP2025.

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Table 21: Number of Subjects with TEAEs by SOC, PT, and Maximum Toxicity Grade; All Treated Analysis Set (Regimen C; Study 79635322MMY1002)

	Regimen C (NDMM)					
	Dara Label + JNJ-5322 100mg Q4W					
	Maximum Toxicity Grade					
	Total	1	2	3	4	5
Analysis Set: All Treated	19					
Subjects with 1 or more TEAEs	16 (84.2%)	2 (10.5%)	7 (36.8%)	5 (26.3%)	2 (10.5%)	0
System organ class						
Preferred term						
Blood and lymphatic system disorders	6 (31.6%)	0	0	4 (21.1%)	2 (10.5%)	0
Anaemia	1 (5.3%)	0	0	1 (5.3%)	0	0
Leukopenia	3 (15.8%)	1 (5.3%)	0	2 (10.5%)	0	0
Lymphadenopathy	1 (5.3%)	0	1 (5.3%)	0	0	0
Lymphopenia	2 (10.5%)	0	0	0	2 (10.5%)	0
Neutropenia	6 (31.6%)	0	1 (5.3%)	5 (26.3%)	0	0
Thrombocytopenia	2 (10.5%)	2 (10.5%)	0	0	0	0
Ear and labyrinth disorders	1 (5.3%)	1 (5.3%)	0	0	0	0
Vertigo	1 (5.3%)	1 (5.3%)	0	0	0	0
Gastrointestinal disorders	7 (36.8%)	3 (15.8%)	4 (21.1%)	0	0	0
Diarrhoea	5 (26.3%)	3 (15.8%)	2 (10.5%)	0	0	0
Nausea	2 (10.5%)	1 (5.3%)	1 (5.3%)	0	0	0
Tongue geographic	1 (5.3%)	1 (5.3%)	0	0	0	0
Tongue ulceration	1 (5.3%)	0	1 (5.3%)	0	0	0
Vomiting	3 (15.8%)	0	3 (15.8%)	0	0	0
General disorders and administration site conditions	6 (31.6%)	2 (10.5%)	4 (21.1%)	0	0	0
Asthenia	1 (5.3%)	1 (5.3%)	0	0	0	0
Chills	2 (10.5%)	0	2 (10.5%)	0	0	0
Fatigue	1 (5.3%)	1 (5.3%)	0	0	0	0
Influenza like illness	1 (5.3%)	0	1 (5.3%)	0	0	0
Injection site pain	1 (5.3%)	0	1 (5.3%)	0	0	0
Injection site reaction	1 (5.3%)	0	1 (5.3%)	0	0	0
Xerosis	1 (5.3%)	0	1 (5.3%)	0	0	0
Immune system disorders	5 (26.3%)	1 (5.3%)	3 (15.8%)	1 (5.3%)	0	0
Cytokine release syndrome	5 (26.3%)	1 (5.3%)	3 (15.8%)	1 (5.3%)	0	0
Infections and infestations	3 (15.8%)	0	3 (15.8%)	0	0	0
Herpes simplex	1 (5.3%)	0	1 (5.3%)	0	0	0
Upper respiratory tract infection	1 (5.3%)	0	1 (5.3%)	0	0	0
Urinary tract infection	1 (5.3%)	0	1 (5.3%)	0	0	0

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168

Table 21: Number of Subjects with TEAEs by SOC, PT, and Maximum Toxicity Grade; All Treated Analysis Set (Regimen C; Study 79635322MMY1002)

	Total	Regimen C (NDMM)				
		Dara Label + JNJ-5322 100mg Q4W				
		Maximum Toxicity Grade				
		1	2	3	4	5
Metabolism and nutrition disorders	5 (26.3%)	2 (10.5%)	2 (10.5%)	1 (5.3%)	0	0
Hypertriglyceridaemia	1 (5.3%)	0	0	1 (5.3%)	0	0
Hypocalcaemia	1 (5.3%)	1 (5.3%)	0	0	0	0
Hypokalaemia	1 (5.3%)	1 (5.3%)	0	0	0	0
Hypophosphataemia	3 (15.8%)	1 (5.3%)	2 (10.5%)	0	0	0
Musculoskeletal and connective tissue disorders	2 (10.5%)	0	2 (10.5%)	0	0	0
Back pain	1 (5.3%)	0	1 (5.3%)	0	0	0
Muscle spasms	1 (5.3%)	0	1 (5.3%)	0	0	0
Nervous system disorders	4 (21.1%)	3 (15.8%)	1 (5.3%)	0	0	0
Ageusia	1 (5.3%)	0	1 (5.3%)	0	0	0
Brain fog	1 (5.3%)	1 (5.3%)	0	0	0	0
Dysgeusia	2 (10.5%)	2 (10.5%)	0	0	0	0
Headache	2 (10.5%)	1 (5.3%)	1 (5.3%)	0	0	0
Muscle spasticity	1 (5.3%)	1 (5.3%)	0	0	0	0
Presyncope	1 (5.3%)	0	1 (5.3%)	0	0	0
Taste disorder	1 (5.3%)	1 (5.3%)	0	0	0	0
Respiratory, thoracic and mediastinal disorders	3 (15.8%)	2 (10.5%)	1 (5.3%)	0	0	0
Dyspnoea	2 (10.5%)	1 (5.3%)	1 (5.3%)	0	0	0
Productive cough	1 (5.3%)	1 (5.3%)	0	0	0	0
Skin and subcutaneous tissue disorders	4 (21.1%)	2 (10.5%)	2 (10.5%)	0	0	0
Dry skin	1 (5.3%)	1 (5.3%)	0	0	0	0
Hyperhidrosis	1 (5.3%)	1 (5.3%)	0	0	0	0
Rash	1 (5.3%)	0	1 (5.3%)	0	0	0
Skin exfoliation	1 (5.3%)	0	1 (5.3%)	0	0	0
Uncoded	3 (15.8%)	3 (15.8%)	0	0	0	0
Uncoded [Ache Rhs Face]	1 (5.3%)	1 (5.3%)	0	0	0	0
Uncoded [Creatinine Increased]	1 (5.3%)	1 (5.3%)	0	0	0	0
Uncoded [Gi Symptoms - Nausea, Loose Stools]	1 (5.3%)	1 (5.3%)	0	0	0	0

Table 21: Number of Subjects with TEAEs by SOC, PT, and Maximum Toxicity Grade; All Treated Analysis Set (Regimen C; Study 79635322MMY1002)

	Regimen C (NDMM)					
	Dara Label + JNJ-5322 100mg Q4W					
	Maximum Toxicity Grade					
	Total	1	2	3	4	5
Vascular disorders	1 (5.3%)	0	1 (5.3%)	0	0	0
Hypertension	1 (5.3%)	0	1 (5.3%)	0	0	0

Key: Pom= Pomalidomide; Dara= Daratumumab; RRMM= Relapse/Refractory Multiple Myeloma; NDMM= Newly Diagnosed Multiple Myeloma; Q4W= Every 4 Weeks.

Key: TEAE = Treatment-emergent adverse event, NCI-CTCAE = National Cancer Institute–Common Terminology Criteria for Adverse Events, CRS = cytokine release syndrome, ICANS = immune effector cell-associated neurotoxicity syndrome.

Note: Subjects are counted only once for any given event, regardless of the number of times they actually experienced the event. The event experienced by the subject with the maximum toxicity is used. If a subject has missing toxicity for a specific adverse event, the subject is only counted in the total column for that adverse event.

Percentages are calculated with the number of subjects in each group as denominator.

Note: Symptoms of CRS and Symptoms of ICANS are excluded.

Adverse events are coded using MedDRA Version 28.0.

Note: TEAEs are evaluated according to NCI-CTCAE Version 5.0.

Data cut-off date:28SEP2025.

[tsfae07part4of4.rtf] [PROD/jnj-79635322/mmy1002/dbr_ib_2025_08/re_ib_2025_08/tsfae07.sas] 07OCT2025, 06:58