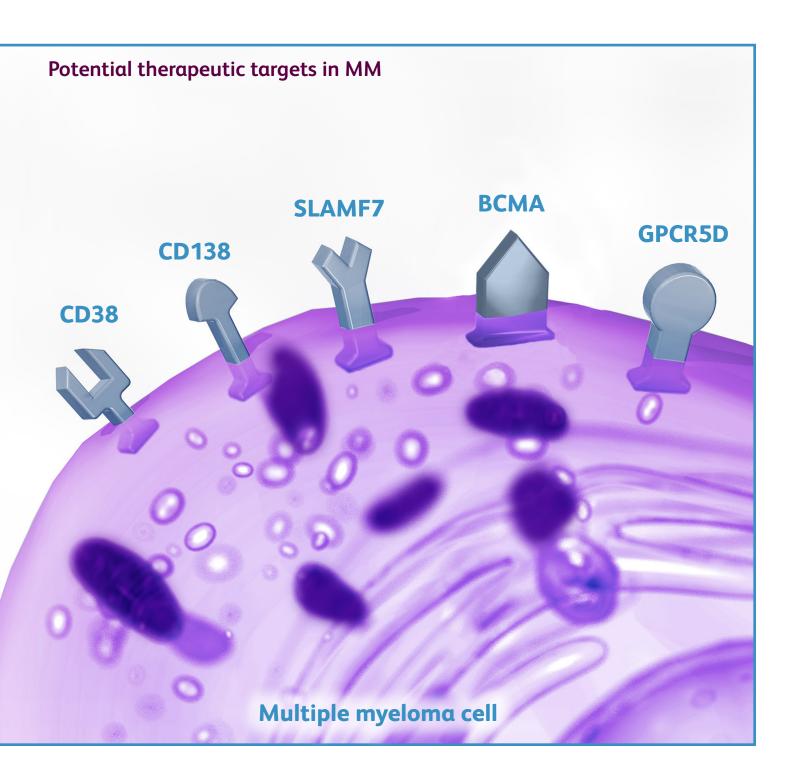
B-cell maturation antigen (BCMA) is an important target being explored in multiple myeloma¹



Multiple myeloma (MM) is a disease of a chronic and relapsing nature, and there remains an unmet need to explore additional therapeutic targets¹

 Various agents, with diverse mechanisms of action and distinct cell surface targets, including CD38, CD138, GPCR5D, SLAMF7, and BCMA, are approved or currently under investigation^{2,3}

The localization of BCMA to plasma cells, with lower expression levels on other cell types, makes it a suitable target for investigation¹

BCMA Expression Profile:

- Selectively expressed on plasma cells: BCMA is expressed on B-lineage cells, particularly plasmablasts and differentiated plasma cells, with minimal expression on hematopoietic stem cells or nonhematopoietic tissue^{1,4}
- Overexpressed in MM: BCMA is highly expressed on malignant plasma cells collected from patients with MM compared with normal mononuclear cells from healthy donors¹
- Associated with myeloma cell survival and disease progression: BCMA overexpression leads to enhanced expression of genes critical for growth, survival, and immunosuppression, and is associated with progression of MM in preclinical models and in humans¹

Approaches to targeting BCMA currently fall into three mechanistic classes¹:



Bispecific antibodies



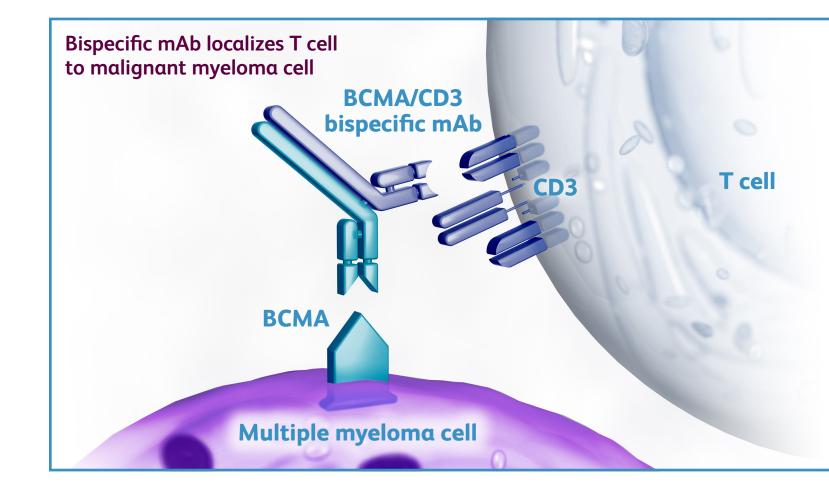
Antibody-drug conjugates (ADCs)



Chimeric antigenreceptor (CAR) T cells

Bispecific antibodies (BsAbs) are one immunotherapeutic approach being explored⁵

- **Dual antigen specificity**: BsAbs are engineered to have dual antigen specificity¹
- **T-cell activation**: Anti-BCMA/CD3 BsAbs bind to CD3 on T cells and BCMA on myeloma cells, resulting in T-cell activation, proliferation, and cytokine release, with the ability to induce tumor cell lysis^{1,6}
- MHC independent interaction: Able to generate a robust T-cell response, engaging cytotoxic CD8+ T cells, as well as regulatory and helper CD4+ T cells^{5,7,8}



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