MEMORANDUM

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Acting Division Director, Division of Clinical Evaluation Hematology

FDA/CBER/OTP/OCE

BLA 1257144.644

Submit Date: 6/5/2025

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PDUFA Goal Date: 12/5/2025

Division Office: Division of Clinical Evaluation Hematology (DCEH)

Established Name: Lisocabtagene maraleucel

Trade Name: Breyanzi

Pharmacologic Class: CD 19-directed, genetically modified autologous T cell immunotherapy

Applicant: Juno Therapeutics

Recommended Indication: Adult patients with relapsed or refractory marginal zone lymphoma (MZL) who have received 2 or more lines of systemic therapy

Date of Memo: 12/4/2025

Background: On June 5, 2025, Juno Therapeutics submitted a supplemental Biologics Licensing Supplement for Breyanzi. The proposed indication is for adult patients with relapsed or refractory marginal zone lymphoma (MZL) who have received two or more lines of therapy. The approval is a traditional approval based on the overall response rate (ORR) observed in 77 subjects with relapsed or refractory MZL who underwent leukapheresis. The ORR was 84.4% the ORR was 84.4% (95% CI: 74.4, 91.7) with a CR rate of 55.8% (95% CI: 44.1, 67.2).

Discussions were held with the Applicant and Office of Therapeutic Leadership (OTP), regarding the information that is to be included in Table 29 of the label discussing the results of the efficacy analyses. Since the decision to approve the product through the traditional approval pathway for this indication was based on the results in the ITT population, I requested to OTP leadership that Table 29 in Section 14 of the label only inform of the ORR, CR and PR results based on the ITT population without inclusion of the ORR, CR and PR results based on the treated population (n=66). The results based on the analysis of the treated population was included in the information provided in Table 30 discussing the duration of response. The presentation of information as requested above in Table 29 of the label, delineates the data used for the approval

and focuses the results relevant to patients for whom Breyanzi is being considered as a treatment option and who face uncertainties as to whether they may be able to receive Breyanzi. Inclusion of the results of the analysis using the treated population in Table 29 may be confusing the health care provider and patient, inflates the results of efficacy particularly in the context of discussions between the provider and for the patient who have yet to receive the product manufactured for the patient and is duplicative of the information in Table 30. Restricting information for the results of the analyses based on treated population to Table 30 ensures access to information related to response for patients who receive the product which is a subset of the ITT patients. OTP leadership weighed these concerns against the need for consistency in labelling across indications for which Breyanzi has received marketing approval and has made a decision to retain the information regarding ORR in the treated population.