Our STN: BL 125789/136

SUPPLEMENT APPROVAL
PMR/PMC FULFILLED
June 17, 2026

USWM CT, LLC
Attention: Adam Reuther
4441 Springdale Road
Louisville, KY 40241

Dear Adam Reuther:

We have approved your request received December 19, 2025, to supplement your Biologics License Application (BLA) submitted under section 351(a) of the Public Health Service Act for afamitresgene autoleucel to fulfill the BLA 125789/0 accelerated approval required study, final milestone, and to provide evidence of effectiveness necessary to support the conversion from an accelerated approval to a traditional approval of afamitresgene autoleucel for the treatment of adult patients with unresectable or metastatic synovial sarcoma who have received prior chemotherapy therapy, are HLA-A*02:01P, -A*02:02P, -A*02:03P, or -A*02:06P positive, and whose tumor expresses the MAGE-A4 antigen as detected by an FDA-approved or cleared companion diagnostic device. With this approval the indication will be expanded to include pediatric patients 12 years of age and older with unresectable or metastatic synovial sarcoma who have received prior chemotherapy therapy, are HLA-A*02:01P, -A*02:02P, -A*02:03P, or -A*02:06P positive, and whose tumor expresses the MAGE-A4 antigen. The recommended dose range will also be expanded to 1.62×10^9 to 10×10^9 MAGE-A4 T cell receptor (TCR) positive T cells.

We approved BLA STN BL 125789/0 on August 1, 2024, under 21 CFR 601 Subpart E for Accelerated Approval of Biological Products for Serious or Life-Threatening Illnesses. Approval of this supplement fulfills the following postmarketing requirements to submit Final Clinical Study Report from study ADP-0044-002 (Cohorts 1, 2 and 3) made under 21 CFR 601.41:

FULFILLED ACCELERATED APPROVAL REQUIRED STUDIES

PMR #1 Submit the Final Clinical Study Report, including datasets from ADP-0044-002 Cohorts 2 and 3, to verify and describe the clinical benefit of afamitresgene autoleucel, through more precise estimation of the overall response rate and mature response duration per independent review assessment, in adults with unresectable or metastatic synovial sarcoma who have received prior chemotherapy, are HLA-A*02:01P, -A*02:02P, -A*02:03P, or -A*02:06P positive, and whose tumor expresses the

MAGE-A4 tumor antigen as determined by FDA-approved or cleared companion diagnostic devices. Overall response rate and duration of response will be assessed by independent review and all patients will be followed for at least 15 months to assess duration of response.

Final Protocol Submission: October 31, 2024

Study/Trial Completion: July 31, 2025

Final Report Submission: December 31, 2025

The review of this supplement was associated with the following National Clinical Trial (NCT) numbers: 04044768, 03132922 and NCT05642455.

LABELING

We hereby approve the draft content of labeling: Package Insert, Medication Guide, and the draft carton and container labels submitted under amendment 34, dated June 15, 2026.

CONTENT OF LABELING

As soon as possible, but no later than 14 days from the date of this letter, please submit the final content of labeling (21 CFR 601.14) in Structured Product Labeling (SPL) format via the FDA automated drug registration and listing system, (eLIST) as described at http://www.fda.gov/ForIndustry/DataStandards/StructuredProductLabeling/default.htm. Content of labeling must be identical to the Package Insert and Medication Guide submitted on June 15, 2026. Information on submitting SPL files using eLIST may be found in the guidance for industry *SPL Standard for Content of Labeling Technical Qs and As* at http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM072392.pdf.

The SPL will be accessible via publicly available labeling repositories.

CARTON AND CONTAINER LABELS

Please electronically submit final printed carton and container labels identical to the carton and container labels submitted on June 12, 2026 according to the guidance for industry *Providing Regulatory Submissions in Electronic Format — Certain Human Pharmaceutical Product Applications and Related Submissions Using the eCTD Specifications* at https://www.fda.gov/regulatory-information/search-fda-guidance-documents/providing-regulatory-submissions-electronic-format-certain-human-pharmaceutical-product-applications.

All final labeling should be submitted as Product Correspondence to this BLA, STN BL 125789/0 at the time of use and include implementation information on Form FDA 356h.

ADVERTISING AND PROMOTIONAL LABELING

You may submit two draft copies of the proposed introductory advertising and promotional labeling with Form FDA 2253 to the Advertising and Promotional Labeling Branch at the following address:

Food and Drug Administration
Center for Biologics Evaluation and Research
Document Control Center
10903 New Hampshire Ave.
WO71–G112
Silver Spring, MD 20993-0002

You must submit copies of your final advertising and promotional labeling at the time of initial dissemination or publication, accompanied by Form FDA 2253 (21 CFR 601.12(f)(4)).

All promotional claims must be consistent with and not contrary to approved labeling. You should not make a comparative promotional claim or claim of superiority over other products unless you have substantial evidence or substantial clinical experience to support such claims (21 CFR 202.1(e)(6)).

We remind you that there are PMRs/PMCs still open. For each postmarketing study subject to the reporting requirements of 21 CFR 601.70, you must describe the status in an annual report on postmarketing studies for this product. Label your annual report as an **Annual Status Report of Postmarketing Requirements/Commitments** and submit it to the FDA each year within 60 calendar days of the anniversary date of the approval of this BLA until all Requirements and Commitments subject to the reporting requirements of section 506B of the Federal Food, Drug, and Cosmetic Act are fulfilled or released. The status report for each study should include:

- the sequential number for each study;
- information to identify and describe the postmarketing commitment;
- the original schedule for the commitment;
- the status of the commitment (i.e., pending, ongoing, delayed, terminated, or submitted); and,
- an explanation of the status including, for clinical studies, the patient accrual rate (i.e., number enrolled to date and the total planned enrollment).

As described in 21 CFR 601.70(e), we may publicly disclose information regarding these postmarketing studies on our website https://www.fda.gov/drugs/guidance-compliance-regulatory-information/postmarket-requirements-and-commitments.

PEDIATRIC REQUIREMENTS

Under the Pediatric Research Equity Act (PREA) (21 U.S.C. 355c), all applications for new active ingredients, new indications, new dosage forms, new dosing regimens, or new routes of administration are required to contain an assessment of the safety and effectiveness of the product for the claimed indication in pediatric patients unless this requirement is waived, deferred, or inapplicable.

We are waiving the pediatric study requirement for pediatric patients under 2 years of age because necessary studies are impossible or highly impracticable. This is because of the rarity of pediatric patients ages < 2 years with MAGE-A4 expressing solid tumors.

We are deferring submission of your pediatric study for ages 2 to <17 years because the pediatric study has not been completed.

Study ADP-0044-004 is ongoing and PREA PMR will be considered fulfilled when we receive the submission of final study reports from the molecularly targeted pediatric cancer investigation to evaluate pharmacokinetics, safety, and antitumor activity of afamitresgene autoleucel in the pediatric age groups outlined in the PMR#2.

PMR #2	Conduct a molecularly targeted pediatric cancer investigation in a sufficient number of patients with solid tumors expressing MAGE-A4 to evaluate dosing, pharmacokinetics, safety, and antitumor activity of afamitresgene autoleucel following lymphodepletion with fludarabine and cyclophosphamide. The study should enroll patients aged ≥ 2 years <17 years with synovial sarcoma, malignant peripheral nerve sheath tumor, neuroblastoma, or osteosarcoma, who have received prior systemic therapy for advanced disease, and are positive for HLAA*02:01, HLA-A*02:02, HLA-A*02:03, or HLA-A*02:06 allele. Final Protocol Submission Date: Completed Study Completion Date: April 30, 2027 Final Report Submission Date: September 30, 2027

Label your annual report as an **Annual Status Report of Postmarketing Study Requirement/Commitments** and continue to submit it to the FDA each year until all requirements and commitments subject to the reporting requirements under section 506B of the FDCA are released or fulfilled.

POSTMARKETING COMMITMENTS SUBJECT TO REPORTING REQUIREMENTS UNDER SECTION 506B

We acknowledge your written commitments as described in your correspondence of June 12, 2026, as outlined below:

PMC #1: Conduct an adequate analytical and clinical validation study to establish and support labeling of an FDA-authorized in vitro diagnostic device that accurately and reliably detects MAGE-A4 antigen expression to guide safe and effective use of afamitresgene autoleucel treatment in adolescent patients (≥ 12 years) with synovial sarcoma. The results of the validation studies are intended to inform product labeling.

Study Report Submission: September 30, 2026

A Premarket Approval (PMA) supplement was submitted to FDA's Center for Devices and Radiological Health (CDRH) on May 27, 2026. PMC #1 will be considered fulfilled once the PMA supplement is approved by CDRH and subsequently a Prior Approval Supplement for a labeling change per 21 CFR 601.12(f)(1) is approved by CBER. Please submit with a letter cross-referencing the PMA supplement approval to BLS 125789/136.

We will include information contained in the above-referenced supplement in your BLA file.

Sincerely,

Rosa Sherafat, MD
Acting Director
Division of Clinical Evaluation Oncology
Office of Clinical Evaluation
Office of Therapeutic Products
Center for Biologics Evaluation and Research