Issuer Free Writing Prospectus
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May 20, 2020

CELLECTAR BIOSCIENCES

NASDAQ: CLRB

Offering Summary

Issuer	Cellectar Biosciences
Symbol / Exchange	CLRB / NASDAQ CM
Type of Offering	S-1
Securities Offered	Common Stock and Warrants
Offering Size	$17.5 Million
Use of Proceeds	Research and development and general corporate purposes
Sole Bookrunner	Oppenheimer & Co.

Forward-Looking Statements

This presentation contains forward-looking statements. Such statements are valid only as of today and we disclaim any obligation to update this information. Such statements are valid only as of today and we disclaim any obligation to update this information. These statements are only estimates and predictions and are subject to known and unknown risks and uncertainties that may cause actual future experiences and results to differ materially from the statements made. These statements are based on our current beliefs and expectations as to such future outcomes including our expectations of the impact of the recent COVID-19 pandemic. Drug discovery and development involve a high degree of risk. Factors that might cause such a material difference include, among others, uncertainties related to the ability to raise additional capital, uncertainties related to the disruptions at our sole source supplier of CLR 131, the ability to attract and retain partners for our technologies, the identification of lead compounds, the successful preclinical development thereof, patient enrollment and the completion of clinical studies, the FDA review process and other government regulation, our ability to maintain orphan drug designation in the United States for CLR 131, the volatile market for priority review vouchers, our pharmaceutical collaborators' ability to successfully develop and commercialize drug candidates, competition from other pharmaceutical companies, product pricing and third-party reimbursement. A complete description of risks and uncertainties related to our business is contained in our periodic reports filed with the Securities and Exchange Commission including our Form 10-K for the year ended December 31, 2019 and our Form 10-Q for the quarter ended March 31, 2020.

Statement about Free Writing Prospectus

- This presentation highlights basic information about us and the offering. Because it is a summary that has been prepared solely for informational purposes, it does not contain all of the information that you should consider before investing in our company. Except as otherwise indicated, this presentation speaks only as of the date hereof.
- This presentation does not constitute an offer to sell, nor a solicitation of an offer to buy, any securities by any person in any jurisdiction in which it is unlawful for such person to make such an offering or solicitation.
- Neither the Securities and Exchange Commission (the "SEC") nor any other regulatory body has approved or disapproved of our securities or passed upon the accuracy or adequacy of this presentation. Any representation to the contrary is a criminal offense.
- This presentation includes industry and market data that we obtained from industry publications and journals, third-party studies and surveys, internal company studies and surveys, and other publicly available information. Industry publications and surveys generally state that the information contained therein has been obtained from sources believed to be reliable. Although we believe the industry and market data to be reliable as of the date of this presentation, this information could prove to be inaccurate. Industry and market data could be wrong because of the method by which sources obtained their data and because information cannot always be verified with complete certainty due to the limits on the availability and reliability of raw data, the voluntary nature of the data gathering process, and other limitations and uncertainties. In addition, we do not know all of the assumptions that were used in preparing the forecasts from the sources relied upon or cited therein.
- We have filed a Registration Statement on Form S-1 with the SEC, including a preliminary prospectus dated May 20, 2020 (the "Prospectus"), with respect to the offering of our securities to which this communication relates. Before you invest, you should read the Prospectus (including the risk factors described therein) and, when available, the final prospectus relating to the offering, and the other documents filed with the SEC and incorporated by reference into the Prospectus, for more complete information about us and the offering. You may obtain these documents, including the Prospectus, for free by visiting EDGAR on the SEC website at http://www.sec.gov.
- Alternatively, we or any underwriter participating in the offering will arrange to send you the Prospectus if you request it by contacting Oppenheimer & Co. Inc., 85 Broad Street, 26th Floor, New York, NY 10004, or by email at equityprospectus@opco.com.

Presentation Topics

1. Company Overview
2. CLR 131 Registration Path for Hematologic Malignancies
3. Establishing CLR 131 in Pediatric Malignancies
4. Company Summary

Company Overview

- Developing oncology therapies for high unmet medical need in rare adult and pediatric orphan indications
- Validated cancer-targeting platform with novel MOA[1]; lead product is CLR 131 a small-molecule radiotherapeutic
- CLR 131 achieved Phase 2 primary endpoint; broad range of efficacy with unique safety profile in r/r B-cell malignancies
- Ongoing Phase 1 pediatric study in malignant brain tumors, neuroblastoma, and sarcomas
- Multiple preclinical programs ready for IND enabling studies
- Financing secures pivotal study top line data due to efficient capital allocation and low fixed-cost structure

Strategic Construction of CLR 131 Franchise

Multiple Pathways to Value Creation

100% ORR[2] to date in r/r LPL/WM[3]
Only drug to achieve monotherapy complete response

42.8% ORR in r/r MM[4]
33% ORR triple class refractory; highest reported response rate

Clear clinical efficacy in LPL/WM and MM provides optionality and risk mitigation

Accelerated pediatric regulatory pathway; Granted 4 Rare Pediatric Drug designations & ODDs

Opportunity for joint development and commercialization partnerships

Large Pharma Recognition of Targeted Radio-therapeutic Potential; Multiple Recent Acquisitions and Partnerships

Company Milestones

2H 2019 Objectives		2020 Objectives		2020 Objectives	
Completed Phase 1 MM & Initiated Phase 1 Pediatric Study	☑	Provide Phase 1 Data 1Q: r/r MM	☑	Formal FDA Guidance "Type B" Meeting 3Q: Pivotal Study Design	
Provided Phase 2 Data Update: B-cell Malignancies	☑	Provide Phase 2 Data 1Q: B-cell Malignancies	☑	Phase 2b 2-Cycle Data 3Q: MM & LPL/WM	
Received U.S. Fast Track Designation: MM and DLBCL[5]	☑	Initiate Phase 2b Expansion 1Q: MM & LPL/WM	☑	Pivotal Study Initiation 4Q: LPL/WM and/or MM	
Received U.S. Orphan Drug Designation for LPL/WM & EU[6] Orphan Drug Designation for MM	☑	Intellectual Property 2Q: CLR 131 EU Composition of Matter and Use	☑	Provide Phase 1 Update 2H: Pediatric Brain & Solid Tumors	
MM Oral Presentation at ASH & DLBCL Oral Presentation at ESMO	☑	U.S. Fast Track Designation 2Q: LPL/WM	☐	Medical Conferences, Presentations/Publications	

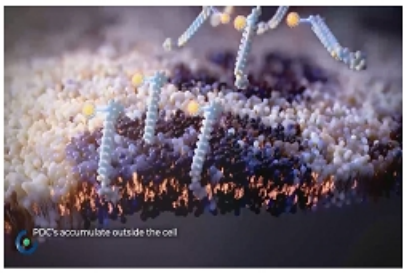
Pivotal Study Initiation in Hematologic Cancer 4Q20

CLR 131 - A Phospholipid Ether (PLE) Radio-conjugate

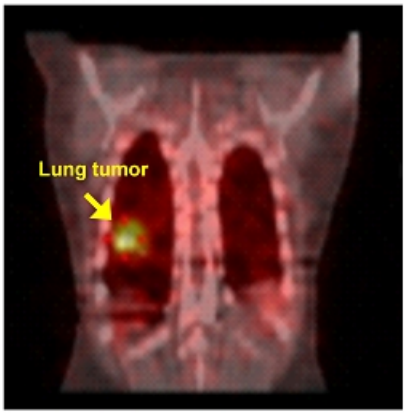
Combination of a Validated Delivery Platform and Therapeutic Payload

- Tumor cells utilize lipids at significantly greater quantities than normal tissue
  - Energy source (β-oxidation)
  - Cell membrane production
  - Signaling molecules
- Cellectar's phospholipid ethers exploit inherent tumor cell need for lipids to provide targeted delivery
  - Bind to specialized regions on tumor cells that provide uptake and internalization of lipids
  - Highly conserved across all tumor types
  - Targets cancer stem cells, metastasis and primary tumor with same ligand
  - Delivers 20 - 40 % of infused drug to tumor
- CLR 131 a phospholipid radio-conjugate
  - Provides targeted delivery of the radioisotope I-131
  - Phase 2 efficacy in 4 hematologic cancers
  - Phase 3 pivotal study ready compound

PLE Tumor Cell Targeting



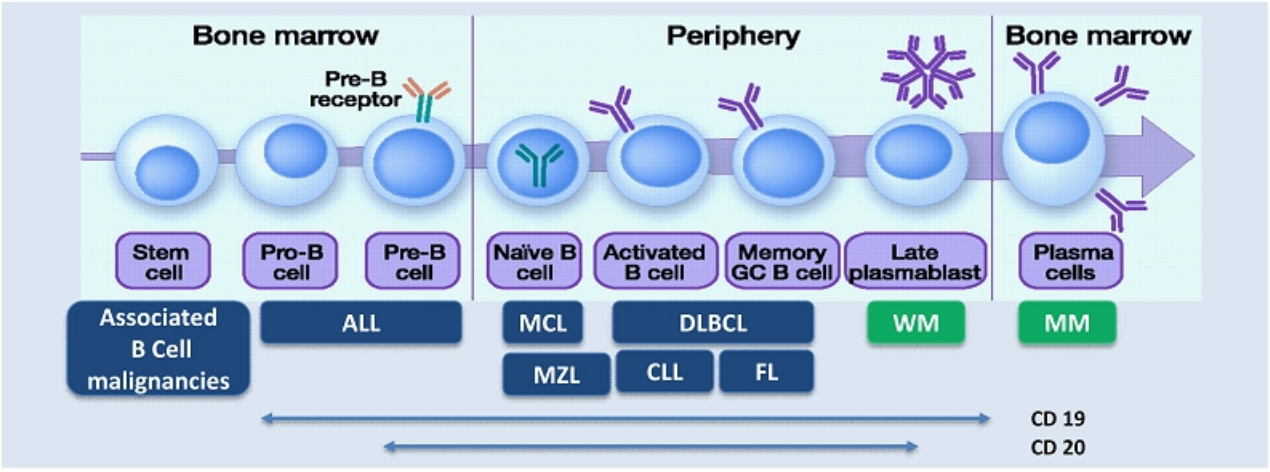
NSCLC SPECT Scan



CLR 131 - A Phospholipid Ether Radio-conjugate

FGFR3 Overexpression in B-cell Malignancies and Lipid Rafts

Lymphoplasmacytic lymphoma/Waldenstrom's bridges between NHL[6] & MM



- High level of tyrosine kinase receptors (TKR) = High presence of lipid rafts
  - In MM, LPL/WM and NHL the TKR of interest is FGFR3
- FGFR3 over-expression in ~50% of MM and 100% LPL/WM patients

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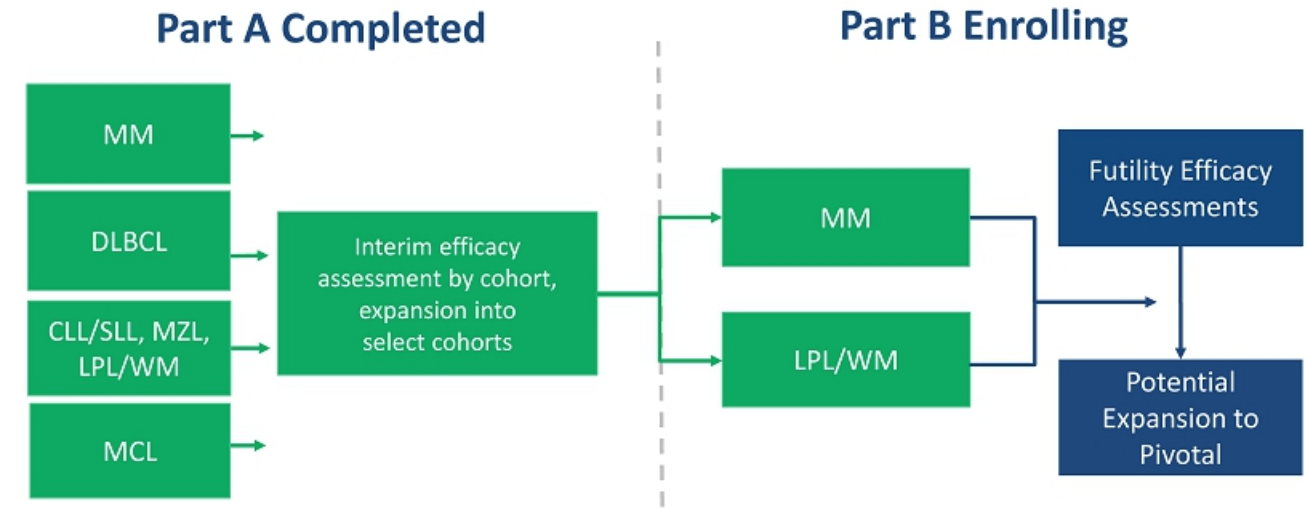
CLR 131 Phase 2 Study Design

Phase 2b Initiated; Heading to Pivotal



Part A Study Dosing

- <50mCi Total Body Dose Single Dose
- 50mCi Total Body Dose Single Cycle
- 75mCi Total Body Dose Single Cycle

Part B Study Dosing

- 100mCi Total Body Dose Two Cycle
  - Cycle 1 dosed day 1 and 15
  - Cycle 2 dosed day 57 and 71

Adaptive Design to Confirm Benefits of 100mCi Total Body Dose (TBD)

CLR 131 r/r Multiple Myeloma

Challenging Patient Population - Characteristics[7]

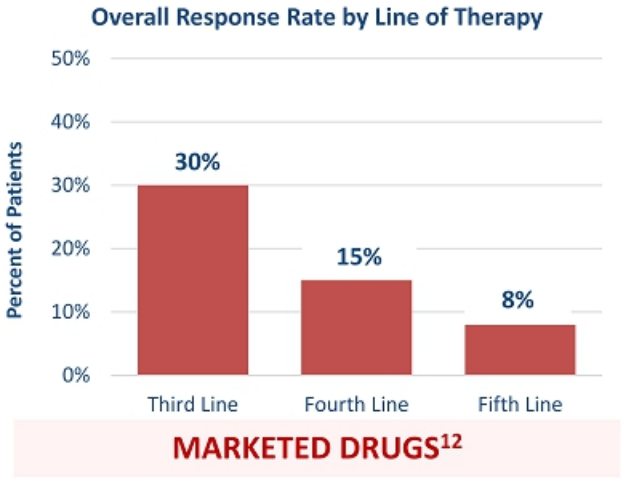
Criteria	Total Body Dose <50mCi (n=10)	Total Body Dose 50mCi (n=20)	Total Body Dose 75mCi (n=17)	Total (n=47)
Median Age (Min-Max)	68.5 (55-85)	70 (51-82)	70 (59-83)	70 (51-85)
Male (%)	50	60	71	62
Median ECOG PS[8]	1	1	0.5	1
Median Prior Therapies (Min-Max)	4 (3-12)	5 (2-13)	5 (3-17)	5 (2-17)
Median Days Since Last Treatment (Range)	49 (28,485)	69 (22,1035)	54 (13,407)	52 (13,1035)
ISS Stage at Diagnosis [n (%)]				
Stage I	5 (50)	6 (30)	7 (41)	18 (38)
Stage II	4 (40)	4 (20)	5 (29)	13 (28)
Stage III	0	5 (25)	1 (6)	6 (13)
Unknown	1 (10)	5 (25)	4 (24)	10 (21)
Cytogenetics at Diagnosis				
High Risk [n (%)]	2 (20)	6 (30)	6 (35)	14 (30)
Unknown [n (%)]	0	3 (15)	3 (18)	6 (13)
Median Beta-2 Macroglobulin (Range)	2.62 (2.09,4.4)	3.9 (1.98,9.49)	2.65 (1.1,4.4)	2.83 (1.1, 9.49)

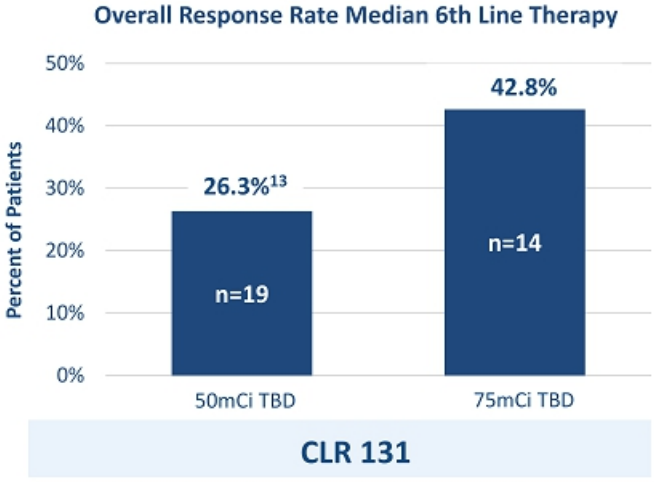
Total Evaluable Patients n=43 (%)		
Refractory to Immediate Prior Therapy	38 (88.4)	
Quad[9]/penta-refractory[10]	25 (58.0)	
Triple Class Refractory[11]	20 (46.5)	19 (95)

Patient Population Mirrors Real World Utilization

CLR 131 r/r Multiple Myeloma

Phase 2 Achieves Primary Efficacy Endpoint (ORR)



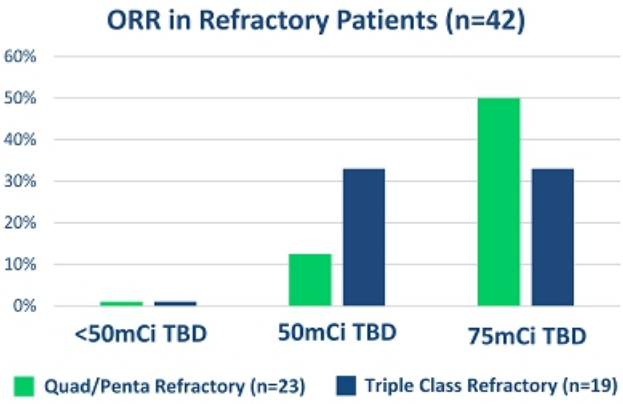


- 100% of patients across all doses achieved a minimum of stable disease
- 85.7% of patients experienced tumor reduction
- 34.5% Combined ORR for 50mCi and 75mCi TBD[14]

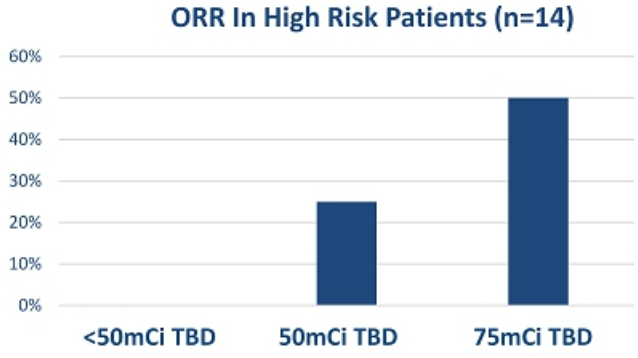
42.8% ORR at 75mCi Total Body Dose (95% CI: 30 - 57%)

CLR 131 r/r Multiple Myeloma

Efficacy in Challenging Patient Subtypes



- ORR at 75mCi TBD
  - 50% of quad/penta refractory
  - 33% of triple class refractory
- Quad refractory definition: Refractory to bortezomib, carfilzomib, pomalidomide, lenalidomide
- Triple class refractory definition: Class refractory to PI, IMiD & CD38 antibody



- CLR 131 demonstrates dose response in high risk patients
  - 25% achieve PR or better 50mCi TBD
  - 50% achieve PR or better 75mCi TBD
- High risk definition: Determined by cytogenetic analysis of certain chromosomal abnormalities

CLR 131 r/r Multiple Myeloma Competitive Landscape

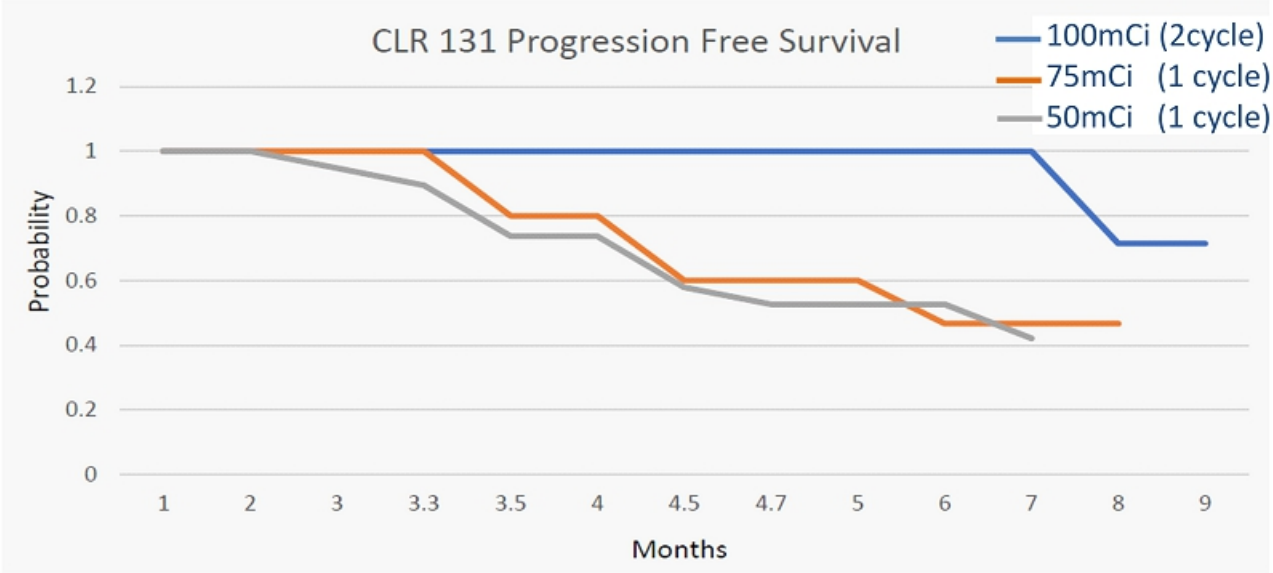
Approved Products and Late Stage Development Programs

Approved	Overall Response Rate (ORR) - %	Triple Class Refractory ORR - %	Progression Free Survival (PFS) - Months
Selinexor[15]	25.4	25.4	3.7
Daratumumab[16]	29.2	refractory	3.7
Pomalidomide[17]	29.2	refractory	4
Bortezomib[15]	27.7	refractory	3
Carfilzomib[18]	22.9	refractory	3
Development			
Belantamab[19]	31	NR	2.9
bb2121[20]	68.6	NR	Predicted 5.8
CLR 131	**42.8**	**33**	**Predicted 5.5**

- Approved drugs have an ORR of 22.9% to 29.2%; little difference reported in PFS
  - Definition of PFS: 25% increase over baseline for Dara, Bortezomib and Carfilzomib
  - All approved product data based upon 3rd line treatment - excluding Selinexor

CLR 131 r/r Multiple Myeloma

Progression Free Survival (PFS) and Duration of Response (DOR)



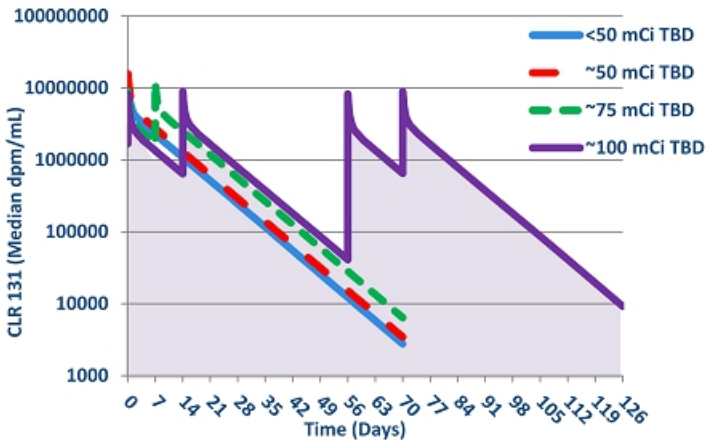
- CLOVER-1 Study Median PFS and DOR not yet reached
- Median PFS predicted to be 4.7 (50mCi) and 5.5 (75mCi) and >9 months (100mCi)
- DOR at ≥ 6 months: 52% at 75mCis and 100% of patients at 100mCis

CLR 131 Two Cycle Dosing Optimization

Pharmacokinetics - ~200% Increase of Area Under the Curve

	<50mCi	50mCi bolus	50mCi fractionated	75mCi	100mCi
Cmax (dpm/mL) Day 1 Day 15 Day 57 Day 71	13956050		8718430, 10164250	10202250, 120034350	9012567, 1367832, 9123976, 13908984
Tmax (h)	2.17		0.420	0.450	0.412
AUC_{inf} (hr*dpm/mL)	$1257x10^6$		$1974x10^6$	$2775x10^6$	$6124x10^6$

100mCi AUC is Forecasted Results



- Radiotherapeutic efficacy is driven by absorption/exposure to radiation
  - Adverse events driven by Cmax
- Increased exposure of CLR 131 has demonstrated increased tumor uptake and response rate in 50mCi vs 75mCi[21]
- 100mCi multiple cycle dose reduces Cmax vs. 75mCi dose and increases exposure

Second Cycle Doubles Plasma Exposure, Increasing Tumor Uptake

CLR 131 All r/r B-cell Malignancies Patients

Well Tolerated Safety Profile

Treatment Emergent Adverse Events[22]
(≥25% of All Patients)

Preferred Term	<50mCi Total Body Dose n = 11		50mCi Total Body Dose n = 31		75mCi Total Body Dose n = 24		ALL DOSES Total n = 66 Phase 1 & 2 Pts	
	Overall n (%)	≥ Grade 3 n (%)	Overall n (%)	≥ Grade 3 n (%)	Overall n (%)	≥ Grade 3 n (%)	Overall n (%)	≥ Grade 3 n (%)
Thrombocytopenia	11 (100)	6 (55)	27 (87)	24 (77)	17 (71)	17 (71)	55 (83)	47 (71)
Lymphocyte count decreased	11 (100)	10 (91)	15 (48)	13 (42)	6 (25)	6 (25)	32 (48)	29 (44)
Decreased White Blood Cell Count	10 (91)	6 (55)	23 (74)	19 (61)	10 (42)	8 (33)	43 (65)	33 (50)
Anemia	6 (55)	3 (27)	23 (74)	15 (48)	12 (50)	6 (25)	41 (62)	24 (36)
Neutropenia	6 (55)	5 (45)	21 (68)	19 (61)	13 (54)	12 (50)	40 (61)	36 (55)
Fatigue	4 (36)	0	18 (58)	10 (32)	12 (50)	1 (4)	34 (52)	11 (17)
Infections	0	0	15 (48)	7 (23)	6 (25)	3 (13)	21 (32)	10 (15)

- Most frequent TEAEs[23] are cytopenias; very predictable and manageable
  - Nadir occurs ~34 days post initial dose; recovery occurs within ~21 days post nadir
- No deaths, cardiotoxicities, liver, renal or neurologic toxicities, keratopathy, etc.

CLR 131 r/r MM Pivotal Study

Accelerated Study Design in Triple Class Refractory Patients

Proposed Pivotal Study Design	Current Status
• Expand ongoing 2 cycle arm by 40-50 additional patients (total n= 65-85)	• Initiated (enrollment ongoing) • Data in additional patients @ 100mCi
• Triple class refractory patients	
• Primary endpoint: ORR	• 33% ORR
• Key Secondary endpoints: PFS and DOR	• Predicted PFS = ~9 months • Predicted DOR = ~12 months
Program Timing[24]	
• Phase 2b expansion 1Q2020	• Initiated (enrollment ongoing)
• Type B meeting 2H2020	• In process to finalize pivotal protocol
• Completion estimate: 19 months	
Clinical Costs[24]	
• Pivotal study = $150 - $200K per patient	
• Eligible for pivotal study SBIR Grant up to $4M[25]	• Submission in process

CLR 131 Granted U.S. & EU ODD[26] and U.S. Fast Track Designation for MM

CLR 131 r/r Non-Hodgkin's Lymphoma[27]

Challenging Patient Population - Characteristics[28]

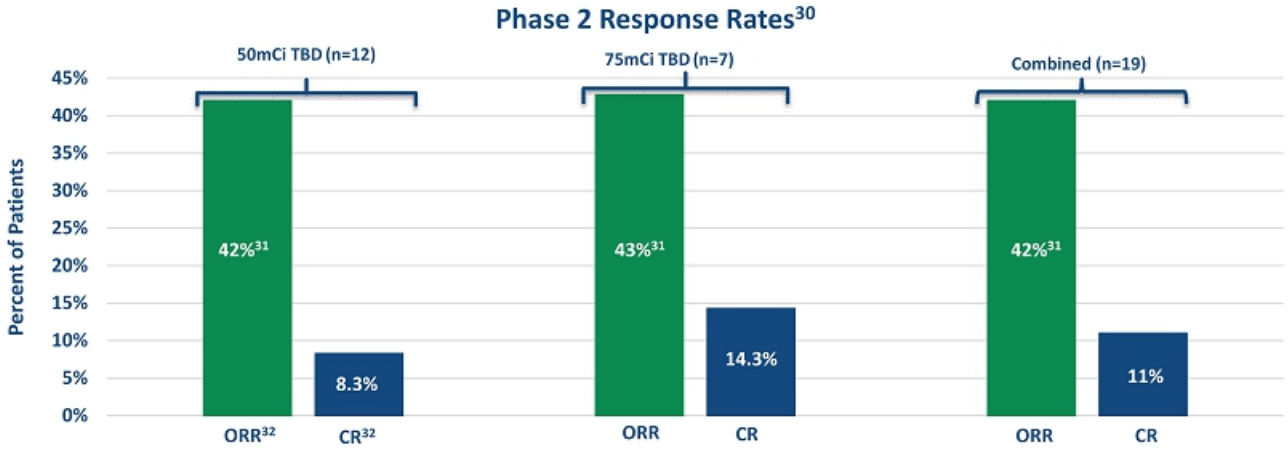
	Total Body Dose 50mCi (n=12)	Total Body Dose 75mCi (n=7)	Total (n=19)
Median Age (Min-Max)	70 (52-79)	72 (65-86)	70 (52-86)
Male (%)	47.5	71	55
Median ECOG PS[29]	1	1	1
Median Prior Therapies (Min-Max)	3 (1-9)	3 (2-5)	3 (1-9)
Median Days Since Last Treatment (Range)	250 (25,1212)	61 (17,2221)	135 (17,2221)
Refractory to at Least 1 Prior Treatment (%)			14 (73.7)

- Median age - 70 years
- Median prior lines of systemic therapy - 3
- Average bone marrow involvement 23% (Range 1-60%)

~74% of Patients Refractory to at Least 1 Prior Treatment

CLR 131 r/r Non-Hodgkin's Lymphoma

Efficacy in Heavily Pretreated Patients



- Diverse, advanced and heavily pretreated patient population
  - Multiple r/r B-cell lymphoma histologies: DLBCL, transformed DLBCL, CLL/SLL, MZL, MCL, LPL/WM
  - Median 3 prior lines of systemic therapy
  - ~47% of patients were refractory to prior therapy
  - ~53% of patients were refractory to rituximab - 70% of DLBCL were refractory to rituximab

Efficacy in r/r B-Cell Malignancies with Differentiated Safety Profile

CLR 131 r/r B-cell Malignancies

Efficacy by Key Sub-indications

	Overall Response Rate	Complete Response Rate	Major Response Rate
MM (n=14)	42.8%	---	N/A
LPL/WM (n=4)	100%	25%	75%
DLBCL (n=10)	30%	10%	30%
LPL/WM	**100%**	**25%**	**75%**

- CLR 131 demonstrates activity in both aggressive and indolent NHL disease
- 75% of LPL/WM treated patients were refractory to rituximab or ibrutinib
- Currently, only 10% of 3rd line or later LPL/WM patients achieve a response

CLR 131 Only Reported Monotherapy[33] Achieving a Complete Response in r/r LPL/WM

r/r LPL/WM Competitive Landscape

2nd Line or Later Monotherapy - 1 Approved Product

Approved	Overall Response Rate (ORR)	Major Response Rate	Complete Response Rate
Ibrutinib[34] (n=63)	90.5%	61.9%	0%
Development			
Venetoclax (n=20)	86%	60%	0%
CLR 131	**100%**	**75%**	**25%**

- Rituximab combinations are first line treatments
- Ibrutinib is the only drug approved for second line treatment
  - Oral medication taken daily until progression, no PFS
- No approved or in-development monotherapy has achieved a complete response

CLR 131 r/r LPL/WM Pivotal Study

Accelerated Study Design in Non-responsive and Intolerant ibrutinib Patients

Proposed Pivotal Study Design

- Expand ongoing 2 cycle arm by 15-20 additional patients (total n=15-25)
- Ibrutinib non-responsive and intolerant patients
- Primary endpoint: ORR
- Key secondary endpoint: DOR

Program Timing[24]

- Phase 2b expansion 1Q2020
- Type B meeting 2H2020
- Completion estimate: 19 months

Clinical Costs[24]

- Pivotal study = $150 - $200K per patient
- Eligible for pivotal study SBIR Grant up to $4M[25]

Current Status

- Initiated (enrollment ongoing)
- Data in additional patients @ 100mCi's

- 100% ORR; 75% major response rate
- Avg PFS to date ~12 months ongoing
- Avg DOR to date ~14 months ongoing

- Initiated (enrollment ongoing)
- In process to finalize pivotal protocol

CLR 131 Granted U.S. ODD for LPL/WM

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CLR 131 Pediatric Clinical Development Strategy

Accelerated Study Design

Expansion Arms Initiated Upon Signal of Efficacy

Proposed Development[35]

- Granted U.S. ODD & RPDD[36] for NB, RMS, Osteo & Ewing's Sarcoma
- Eligible for Fast Track, Breakthrough, Accelerated Approval and Priority Review in U.S.; PRIME and Conditional Approval in EU
- FDA is willing to consider Phase 1b portion as the pivotal study: Up to n=30 (accelerated)

Program Timing[24]

- Phase 1 to complete 1H21
- Phase 1b pivotal initiation 1H21
- NDA submission 2022 (accelerated)/2023 (traditional)

Clinical Costs

- Phase 1 = ~$3 million
- Pivotal study= ~$10M (accelerated)

Pivotal Study Initiation Targeted for 1H2021

CLR 131 & MIBG Product Profile Comparison

MIBG I-131 Currently Second Line Standard of Care for Neuroblastoma

Profile	CLR 131	MIBG I-131[37]
Delivery Vehicle/Payload	Phospholipid Ether (PLE)/ Iodine-131	Meta-iodobenzylguanidine/ Iodine-131
Therapeutic Regimen	TBD	3-5 cycles, ~300mCi per cycle, Total dose **~1000 - 1500mCi**
Percent Absorbed Dose	0.84Gy/MBq (~16x greater uptake)	0.0525Gy/MBq
Efficacious Dose	**~65 - 95mCi total dose**	**900 - 1500mCi total dose**
Capable to Cross the Blood Brain Barrier		
Ability to Target Metastasis		
Stem Cell Transplant Support		
Indicated for NB	YES, Upon Approval	NO

FAVORABLE/POSSESSES NOT YET KNOWN DEFICIENT/LACKS

Approval in Any Indication May Provide Priority Review Voucher

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Financial Summary

Capitalization as of March 31, 2020

Common Stock Outstanding	**9,396,015**
Reserved for issuance:	
Convertible Preferred Stock	537,500
Warrants	9,268,352
Employee Stock Options	901,214
Fully Diluted	**20,103,081**
Cash/Equivalents as of March 31	**~$7.1 million**

Cash Available to Fund Operations Into Q1 2021 Based on Projected Burn Rate

Company Summary and Near-term Opportunities

Effective Drug with a Clear and Cost-efficient Approval Pathway

- High unmet medical need remains in r/r MM and r/r LPL/WM
  - Significant market opportunity in triple class refractory MM patients and in ibrutinib non-responsive & intolerant LPL/WM patients
- CLR 131 r/r MM and r/r LPL/WM product profile impressive
  - MM: 42.8% ORR at 75mCi, 50% high risk, 33% in triple class refractory
  - NHL: 43% ORR at 75mCi and 100% ORR for LPL/WM
- CLR 131 two cycle dosing optimization may increase ORR, extend durability of response and maintain/improve safety & tolerability profile
- 4Q20 pivotal study launch considerations include LPL/WM and/or MM
- Pediatric program evaluating CLR 131 in rare indications with limited treatment options; potential for Phase 1b to be pivotal study

Financing Secures Pivotal Topline Data for LPL/WM or MM

Executive Leadership

Jim Caruso President, CEO and Director	HIP Innovation Technology - Co-Founder, EVP & COO, Allos Therapeutics - EVP & CCO, BCI, Novartis, BASF, Bristol-Myers Squibb
Dov Elefant Chief Financial Officer	Akari Therapeutics PLC - CFO, Celsus Therapeutics, Inc. - CFO Lev Pharmaceuticals - Corporate Controller
Igor Grachev, MD, PhD Chief Medical Officer	TEVA - Global Development Leader & Head of Innovative Clinical Trials GE Healthcare, GSK, Novartis, Merck, Sanofi-Aventis, Schering-Plough, BioClinica - Clinical development and medical affairs leadership roles
Jarrod Longcor Chief Business Officer	Avillion LLP - CBO Melinta Therapeutics, Inc. (formerly Rib-X Pharmaceuticals, Inc). - VP Corp Development and Operations

Executive Team With Extensive Healthcare Leadership and a Proven Track Record of Product Development and Commercialization

CELLECTAR BIOSCIENCES

NASDAQ: CLRB

Footnotes

1. Mechanism of Action
2. Overall Response Rate
3. Lymphoplasmacytic Lymphoma/Waldenstrom's Macroglobulinemia
4. Multiple Myeloma
5. Diffuse Large B-cell Lymphoma
6. European Union
6 Non-Hodgkin's Lymphoma
7. Data as of 31Jan2020
8. Eastern Cooperative Oncology Group Performance Status
9. When patients are refractory to 4 therapeutic agents
10. When patients are refractory to 5 therapeutic agents
11. When patients are class refractory to proteasome inhibitor, I mmunomodulatory drug, and CD38 antibodies
12. Decision Resource Group Data 2020
13. 95% Confidence Interval (13 - 40%)
14. 95% Confidence Interval (24-45%)
15. ODAC Briefing Document, Selinexor Feb. 26, 2019.
16. Usmani, et al (2016). *Clinical efficacy of daratumumab monotherapy in patients with heavily pretreated relapsed or refractory multiple myeloma*. Blood Journal.
17. Dimopolous et al (2016). *Safety and efficacy of pomalidomide plus low-dose dexamethasone in STRATUS (MM-010): a phase 3b study in refractory [MM].* Blood Review.
18. Jurczyszyn et al (2014). *New drugs in multiple myeloma - role of carfilzomib and pomalidomide. Contemporary Oncology*
19. Lancet Oncology DREAMM-2 Study - 2.4 mg per kg
20. KarMMa-2 Study – Dose group 300x106
21. Weichert data
22. Data as of 31Jan2020
23. Treatment Emergent Adverse Events
24. Estimated
25. https://www.grants.gov/web/grants/learn-grants.html
26. Orphan Drug Designation
27. Non Hodgkin's Lymphoma patients include: Chronic Lymphocytic Leukemia (CLL); Lymphoplasmacytic Lymphoma (LPL)/Waldenstrom's Macroglobulinemia (WM) ; Marginal Zone Lymphoma (MZL); Mantle Cell Lymphoma (MCL); Diffuse Large B-cell Lymphoma (DLBCL)
28. Data as of 31Jan2020
29. Eastern Cooperative Oncology Group Performance Status
30. To date
31. 95% confidence interval (10 - 60%), (19 -62%), (29 - 55%) respectively.
32. Overall Response Rate
33. Complete Response
33. Includes all BTKs and venetoclax
34. 1. Treon, Steven P., et al. "Ibrutinib in Previously Treated Waldenström's Macroglobulinemia." *New England Journal of Medicine*, vol. 372, no. 15, 2015, pp. 1430–1440., doi:10.1056/nejmoa1501548
35. Relapsed/Refractory
36. Rare Pediatric Disease Designation
37. EANM procedure guidelines for 131 I-meta-iodobenzylguanidine (131 I-mIBG) therapy F Giammarile, et al. European Journal of Nuclear Medicine and Molecular Imaging, 2008. Vol 35, Pages 1039-1047. http://www.danafarberbostonchildrens.org/innovative-approaches/mibg-therapy/what-to-expect-during-mibg-treatment.aspx http://www.danafarberbostonchildrens.org/uploadedfiles/content/page_content/treatment_diagnosis/mibg_therapy_info_english.pdf