Better Antibodies By Design

Investor Presentation
January 2018

Genmab

Forward Looking Statement

This presentation contains forward looking statements. The words “believe”, “expect”, “anticipate”, “intend” and “plan” and similar expressions identify forward looking statements. All statements other than statements of historical facts included in this presentation, including, without limitation, those regarding our financial position, business strategy, plans and objectives of management for future operations (including development plans and objectives relating to our products), are forward looking statements. Such forward looking statements involve known and unknown risks, uncertainties and other factors which may cause our actual results, performance or achievements to be materially different from any future results, performance or achievements expressed or implied by such forward looking statements. Such forward looking statements are based on numerous assumptions regarding our present and future business strategies and the environment in which we will operate in the future. The important factors that could cause our actual results, performance or achievements to differ materially from those in the forward looking statements include, among others, risks associated with product discovery and development, uncertainties related to the outcome of clinical trials, slower than expected rates of patient recruitment, unforeseen safety issues resulting from the administration of our products in patients, uncertainties related to product manufacturing, the lack of market acceptance of our products, our inability to manage growth, the competitive environment in relation to our business area and markets, our inability to attract and retain suitably qualified personnel, the unenforceability or lack of protection of our patents and proprietary rights, our relationships with affiliated entities, changes and developments in technology which may render our products obsolete, and other factors. Further, certain forward looking statements are based upon assumptions of future events which may not prove to be accurate. The forward looking statements in this document speak only as at the date of this presentation. Genmab does not undertake any obligation to update or revise forward looking statements in this presentation nor to confirm such statements to reflect subsequent events or circumstances after the date made or in relation to actual results, unless required by law.

Genmab At-A-Glance

Core Purpose, Strategy & Vision

Core Purpose

- To improve the lives of patients by creating & developing innovative antibody products

Our Strategy

- Turn science into medicine
- Build a profitable & successful biotech
- Focus on Core Competence

Vision

- By 2025, our own product has transformed cancer treatment and we have a pipeline of knock-your-socks off antibodies

Genmab At-A-Glance
Solid Foundation

DARZALEX®
Arzerra®

2 marketed products generating royalty income

Tisotumab vedotin
HuMax®-AXL-ADC
HexaBody-DR5/DR5
DuoBody-CD3xCD20

4 exciting proprietary clinical programs

DuoBody® Platform
HexaBody® Tech.

2 proprietary next generation technologies for robust pre-clinical pipeline

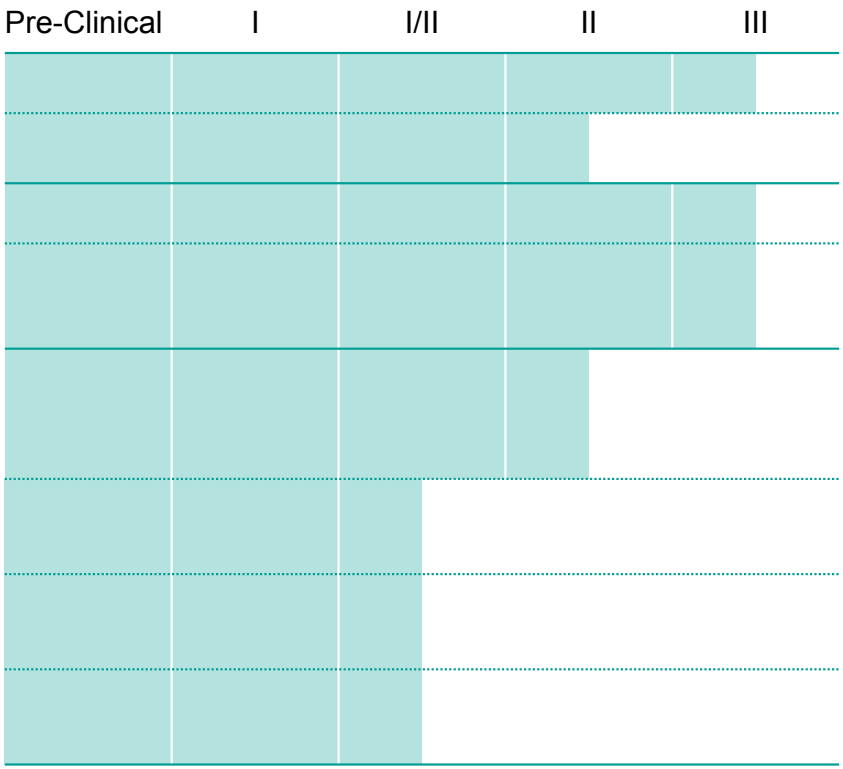
Solid financial base

Aim to own at least 50% of product rights
Allows for building capabilities to market own product in future

Innovative Clinical & Pre-clinical Pipeline

Development for Marketed & Genmab Proprietary Products

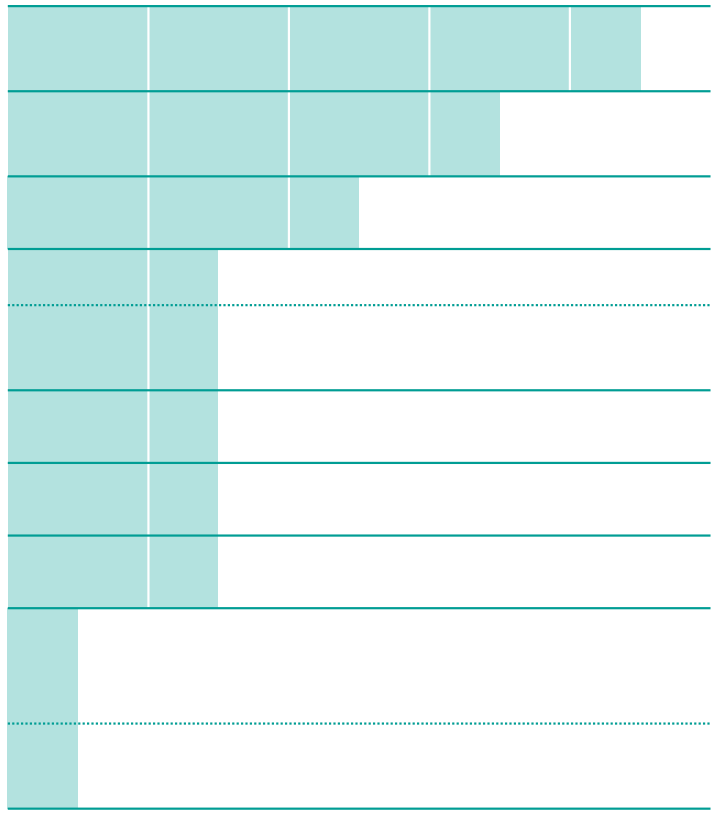
Product	Disease Indications	Development Phase
Daratumumab BTD (2 - MM) Target: CD38 Partner: Janssen	Multiple myeloma (MM)	
	Non-MM & Solid tumor indications	
Ofatumumab (OMB157) BTD (CLL) Target: CD20 Partner: Novartis	Follicular lymphoma (FL)	
	Relapsing multiple sclerosis (RMS) (SubQ)	
Tisotumab vedotin Target: TF Partner: Seattle Genetics	Solid cancers	
HuMax-AXL-ADC Target: AXL	Solid cancers	
HexaBody-DR5/DR5* Target: DR5	Solid cancers	
DuoBody-CD3xCD20* Target: CD20	Hematological malignancies	



*Announced

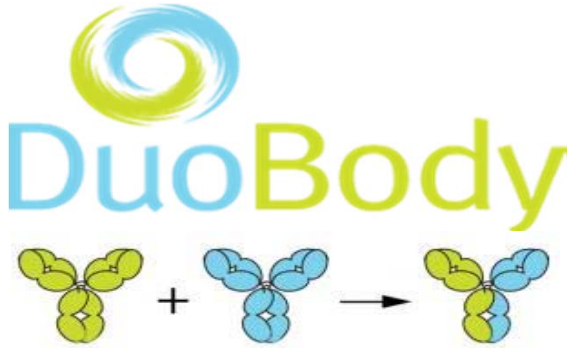
Innovative Clinical & Pre-clinical Pipeline
Additional Shots on Goal

Product	Disease Indications	Development Phase
Teprotumumab (RV001) BTD Target: IGF-1R, Partner: Horizon Pharma	Graves' orbitopathy	
AMG 714 Target: IL-15, Partner: Amgen	Celiac Disease	
BMS-986253 (HuMax-IL8) Target: IL8, Partner: BMS	Advanced cancers	
ADCT-301 (HuMax-TAC-ADC) Target: CD25, Partner: ADCT	Lymphoma	
	Acute myeloid leukemia (AML) or acute lymphoblastic leukemia (ALL)	
JNJ-61186372 Targets: EGFR, cMet, Partner: Janssen	Non-small-cell lung cancer (NSCLC)	
JNJ-63709178 Targets: CD3, CD123, Partner: Janssen	Acute Myeloid Leukemia (AML)	
JNJ-64007957 Targets: BCMA, CD3, Partner: Janssen	Relapsed or refractory MM	
>20 Active Pre-clinical programs incl. DuoBody CD40x4-1BB	Proprietary programs: HuMab, HuMab-ADC, DuoBody, DuoBody-ADC & HexaBody	
Aim 4 INDs in 4 Years	Partnered programs: HuMab, DuoBody & HexaBody	



Cutting Edge Capabilities

Additional Value Created by Technologies



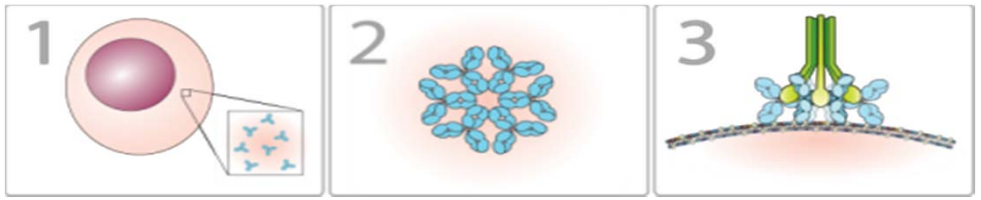
DuoBody Platform

- Efficient & versatile bispecific Ab platform
- Applicable to any antibody from any platform
- Regular IgG format
- Large scale production validated
- No developability liabilities
- Robotized bispecific library generation
- Multiple ongoing collab. incl. with Novo Nordisk, Gilead & Janssen

HexaBody Technology

- Robust effector function enhanced Ab
- Enables antibodies to readily form clusters of 6 (hexamers)
- Induces & enhances target cell killing after binding (CDC and apoptosis)
- Creates innovative products in cancer & infectious diseases
- Multiple ongoing research collaborations

HexaBody



Daratumumab (Marketed as DARZALEX®)
Approved in US, EU & Japan

First-in-class antibody targeting CD38 – 2 FDA BTDs

Marketed as monotherapy in US & EU for double refractory MM

Approved in US, EU & Japan in combo. w/ Revlimid® & dex or Velcade® & dex for relapsed / refractory MM

Approved in the US in combo. w/ Pomalyst® & dex for pts w/ MM who have received at least 2 prior therapies

Industry sponsored clinical studies ongoing in MM, NKT-cell lymphoma, MDS, amyloidosis and solid tumors

Blockbuster status – growing royalty income
- Royalty rate: 12% - 20%

Collaboration w/ Janssen Biotech
- Up to $1bn total in dev., reg. & sales milestones, Janssen responsible for all costs assoc. w/ dev. & commercialization

See local country prescribing information for precise indications

Daratumumab Development

Covering All Stages of Multiple Myeloma

High Risk Smoldering

- Ph III subcutaneous (SC) (AQUILA)
- Ph II monotherapy (CENTAURUS)

Frontline

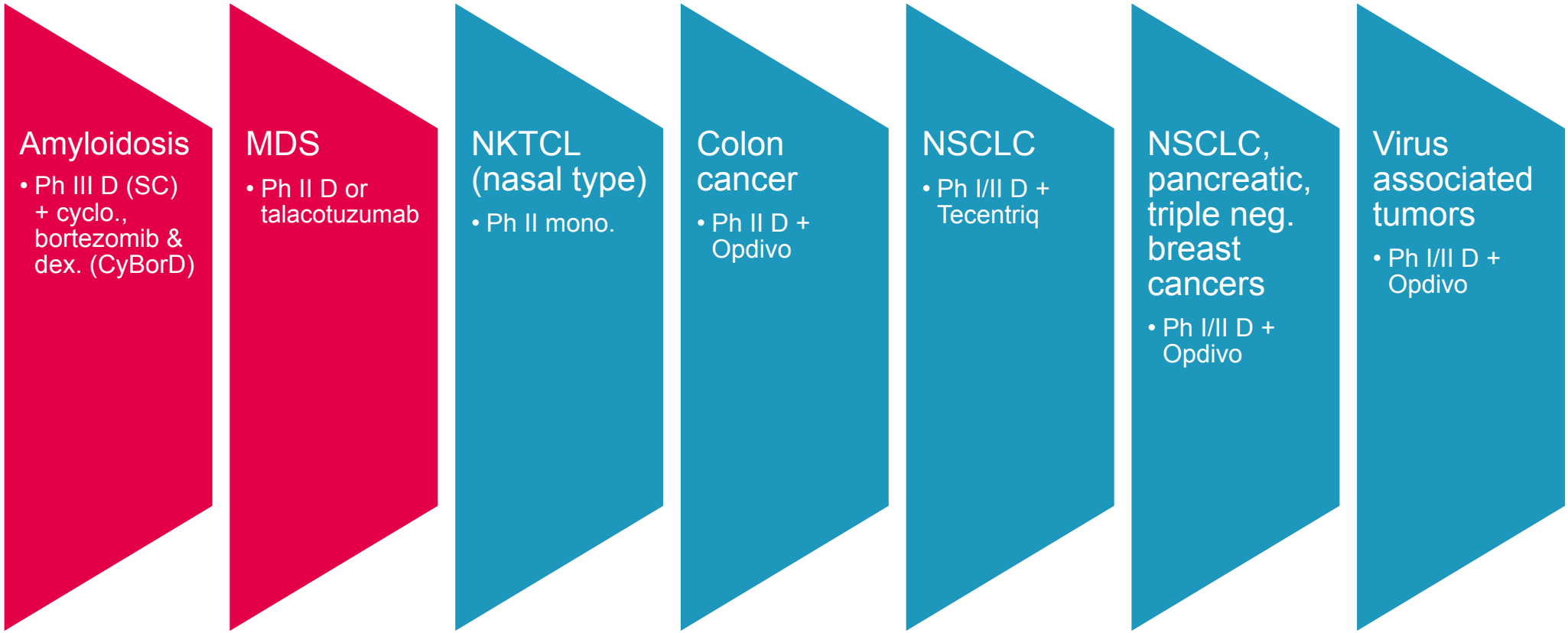
- Ph III D + Velcade®, melphalan & prednisone (D+VMP) (ALCYONE)
- Ph III D + VMP (Asia Pacific)
- Ph III D + Revlimid® & dexamethasone (D+Rd) (MAIA)
- Ph III D + Velcade, thalidomide & dexamethasone (D+VTd) (CASSIOPEIA)
- Ph II D + Revlimid, Velcade & dexamethasone (D+RVd) (GRIFFIN)
- Ph I Multi-combo (EQUULEUS)

Relapsed or Refractory

- Ph III D + Vd (China)
- Ph III D + Kyprolis® & dexamethasone (D+Kd) (CANDOR)
- Ph III D (SC) + Pomalyst® & dexamethasone (D+Pd) (APOLLO)
- Ph III SC vs IV (COLUMBA)
- Ph II D + Imfinzi® (FUSION)
- Ph I D +Tecentriq®
- Ph I D + Opdivo®
- Ph I SC (PAVO)
- Ph I D + JNJ-63723283

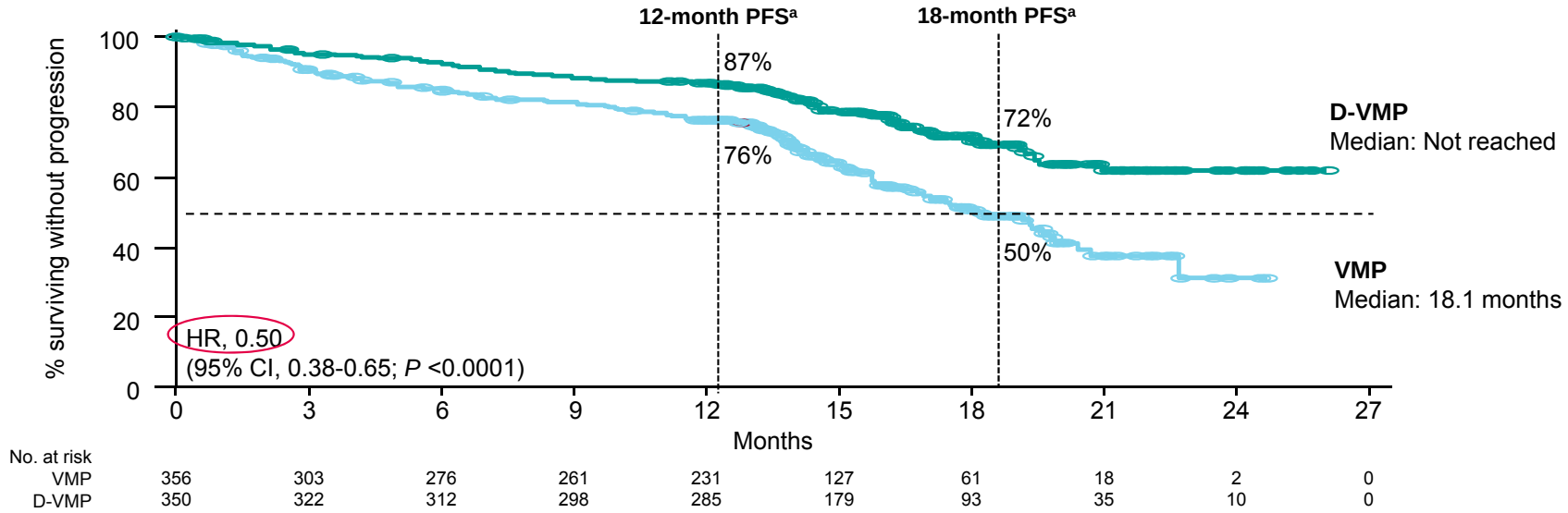
Daratumumab Development

Beyond Multiple Myeloma



Front Line Multiple Myeloma: ALCYONE

Ph III Newly Diagnosed Multiple Myeloma



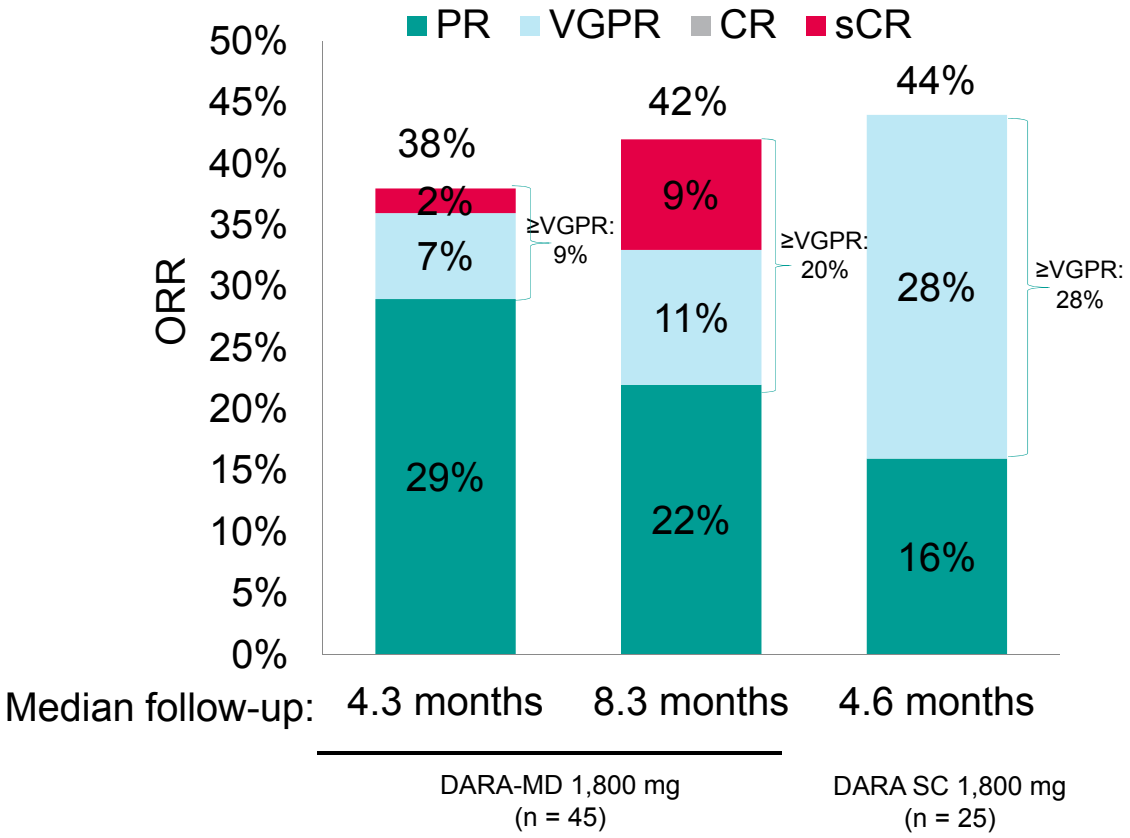
In D-VMP arm:

- 50% reduction risk of disease progression or death in patients receiving D-VMP
- Median PFS not reached
- >3-fold higher MRD-negative rate

Data Presented at ASH – Atlanta, December 2017 / Basis of FDA & EMA Submissions, November 2017

Subcutaneous Daratumumab

Data PhIb PAVO Study in Relapsed or Refractory MM



Presented at ASH – Atlanta, December 2017

Faster Infusion time

- Dosing in 3-5 min.
  - Ph III study underway
- First IV infusion: 7 hrs

Well tolerated

- IRRs w/ dara SC: 12%
- IRRs w/ dara IV: 45% - 56%

Clinical responses to dara SC observed

- Rates similar to Dara IV

Ofatumumab (Arzerra®)

Human antibody targeting CD20

Two Phase III studies in relapsing MS ongoing

MS Advantages: Dosing
- Better disease management, subcutaneous dosing

MS Advantages: Attributes
- Potential for low immunogenicity, manageable safety profile

Marketed in various territories for certain CLL indications*
In non-US markets, Novartis intends to transition from commercial to compassionate use programs

Collaboration with Novartis
- Cash flow positive for Genmab

*See local country prescribing information for precise indications

Clinical Projects: Tisotumab vedotin

Phase II for Cervical Cancer

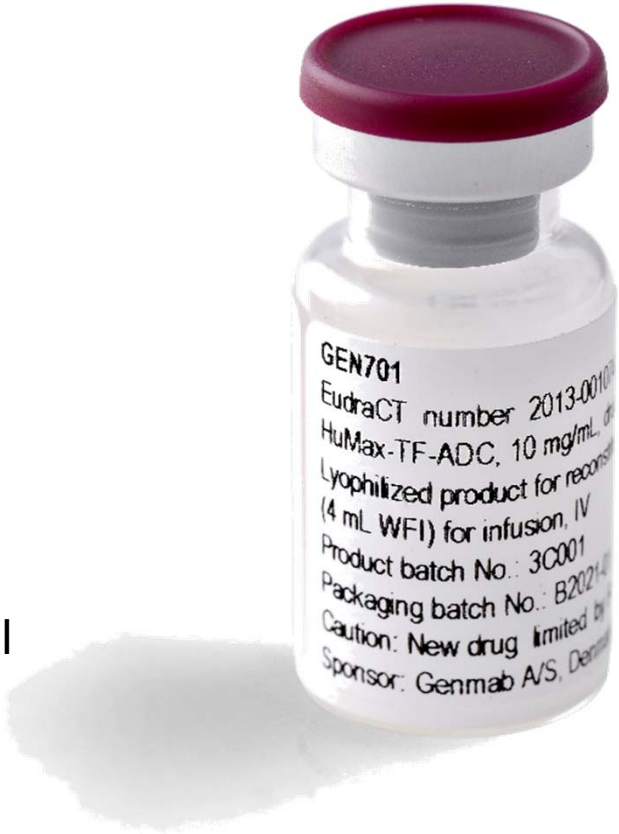
Fully human antibody-drug conjugate (ADC)

Targets Tissue Factor (TF)
- Therapeutic potential in broad range of solid tumors

Ph II Study announced in cervical cancer
- Potential registrational pathway

Studies ongoing in solid tumors
- Indications incl. gynecologic (ovarian, cervical, and endometrial) cancers, prostate, bladder, & esophageal cancers, NSCLC & SCCHN

50:50 Co-development with Seattle Genetics



Clinical Projects: HuMax-AXL-ADC

Efficacy in *in vivo* Tumor Model

Human ADC

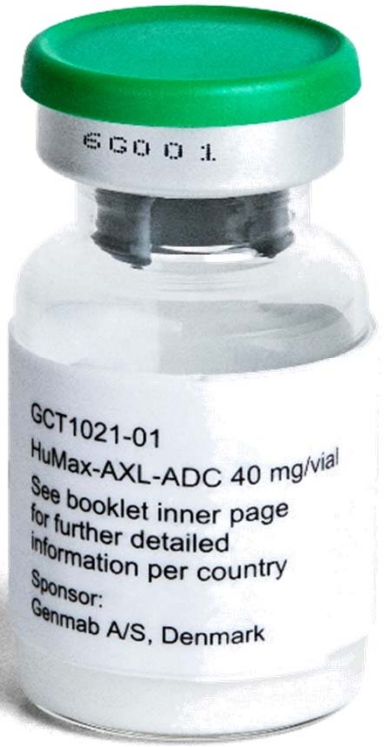
Targets tumor-associated AXL

Therapeutic potential in solid tumors

First-in-human Phase I/II study

- Indications incl. gynecologic (ovarian, cervical, & endometrial) cancers, thyroid cancer, NSCLC and melanoma
- Initiating expansion cohorts in 2018

ADC technology licensed from Seattle Genetics



Clinical Projects: HexaBody-DR5/DR5

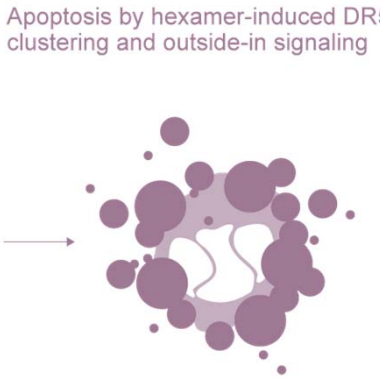
Potential in Solid Tumors

Proprietary HexaBody technology

DR5 as tumor target

IND & CTAs filed in Q4 2017
- Initiating Phase I/II study in Q1 2018

Potential in solid cancers
- Colorectal, NSCLC, triple neg. breast cancer, renal cell cancer & urothelial cancer



Clinical Projects: DuoBody-CD3xCD20

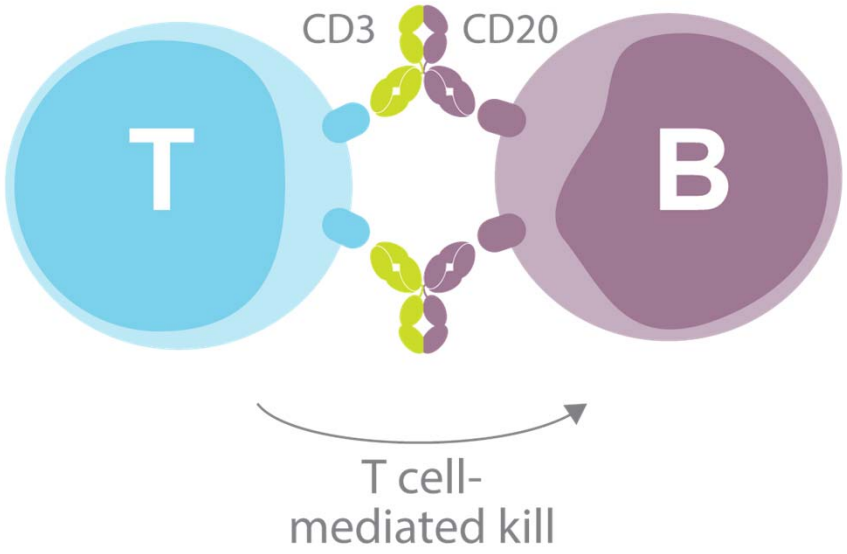
Phase I/II Study Planned

Proprietary DuoBody Technology

CD20 as tumor target

IND & CTAs filed in Q4 2017
Initiating Phase I/II study in 2018

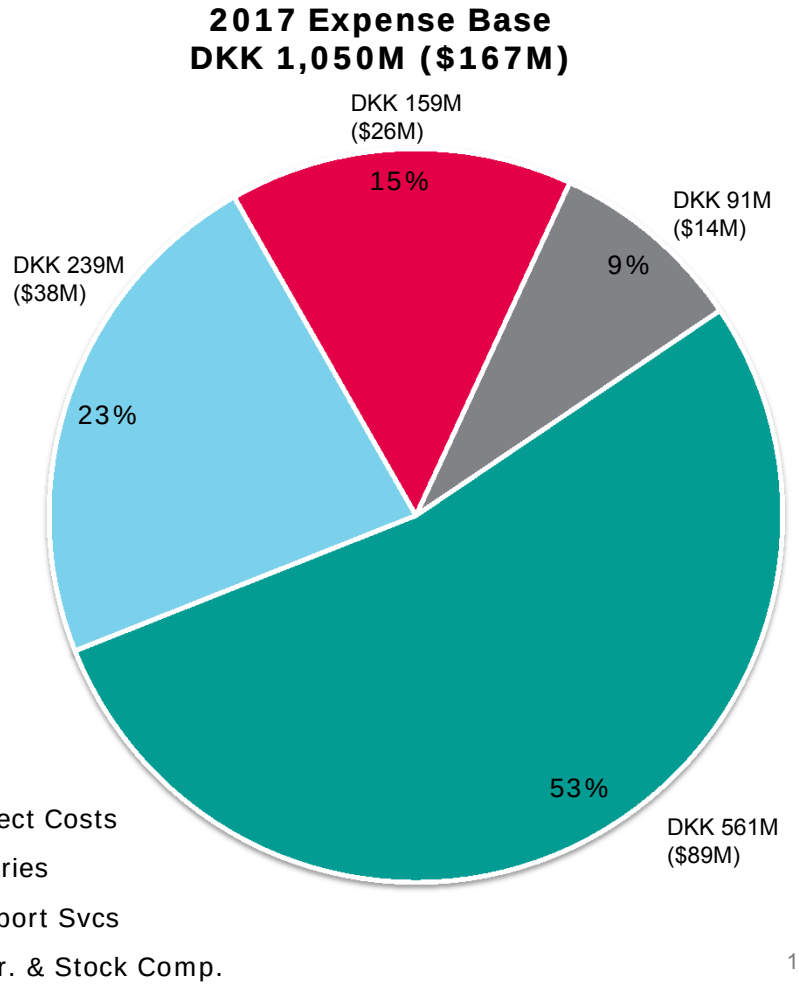
Potential in B-cell malignancies



Well-Capitalized Biotech – 2017 Guidance

Income Statement	DKKM	USDM*
Revenue	2,240 – 2,440	355 - 387
Operating expenses	(1,000) – (1,100)	(159) – (174)
Operating income	1,190 – 1,390	189 - 221
Cash position at end of year**	>4,900	>777
*USD 1.00 = DKK 6.3038 **Cash, cash equivalents and marketable securities		

2017 Guidance – Nov 29, 2017



DARZALEX sales
- Genmab's estimate of DARZALEX net sales USD 1.1-1.3 billion

Revenue mid-point DKK 2,050M
- DARZALEX royalties DKK 1,000M
- DARZALEX milestones DKK 1,090M
- Quality of revenue improving

Expense mid-point DKK 1,050
- Expense increase DKK 287M, +38%
- Continued investment in our clinical & pre-clinical pipeline
- 8 pipeline projects drive ~DKK 440M, 42% of total expense

2018 Company Goals
Maximizing Differentiated Product Portfolio Value

Priority	✓	Targeted Milestone
Maximize daratumumab progress		» FDA and EMA decision on Phase III ALCYONE multiple myeloma (MM) submission » Start new Phase III MM study » Report early clinical data in solid tumors » Phase III MAIA MM efficacy analysis in frontline » Phase III CASSIOPEIA MM efficacy analysis in frontline
Optimize ofatumumab value		» Complete recruitment Phase III subcutaneous ofatumumab relapsing MS studies
Maximize tisotumab vedotin progress		» Start two Phase II studies cervical cancer (recurrent / metastatic & combination study in frontline) » Start Phase II study in additional solid tumor indications
Strengthen differentiated product pipeline and technology partnership portfolio		» Start HuMax-AXL-ADC expansion phase in ongoing Phase I/II study » Progress HexaBody-DR5/DR5 Phase I/II study » Progress DuoBody-CD3xCD20 Phase I/II study » Accelerate proprietary DuoBody Immuno-Oncology programs towards clinic » Enter new technology or product collaborations
Disciplined financial management and building a commercial footprint		» Execute controlled company growth with selective investments in product & technology pipeline » Continue investing in building commercialization and launch capabilities

Creating Value for Patients & Shareholders

Building on 3 central pillars: Focus, Innovation & Execution

- 2 marketed products
- 4 proprietary early stage clin. programs
- 2 proprietary technologies
- Robust pre-clinical pipeline
- World-class antibody & R&D expertise
- Strategic collaborations
- Building commercial expertise
- Solid financials
- Proven track record

Better Antibodies by Design

Appendix

Genmab

Publicly Listed Company with Large Free Float

Large cap, listed on Nasdaq Copenhagen, Denmark & ADR in US

Rest of shares held across world incl.
- USA
- UK
- DK
- NL

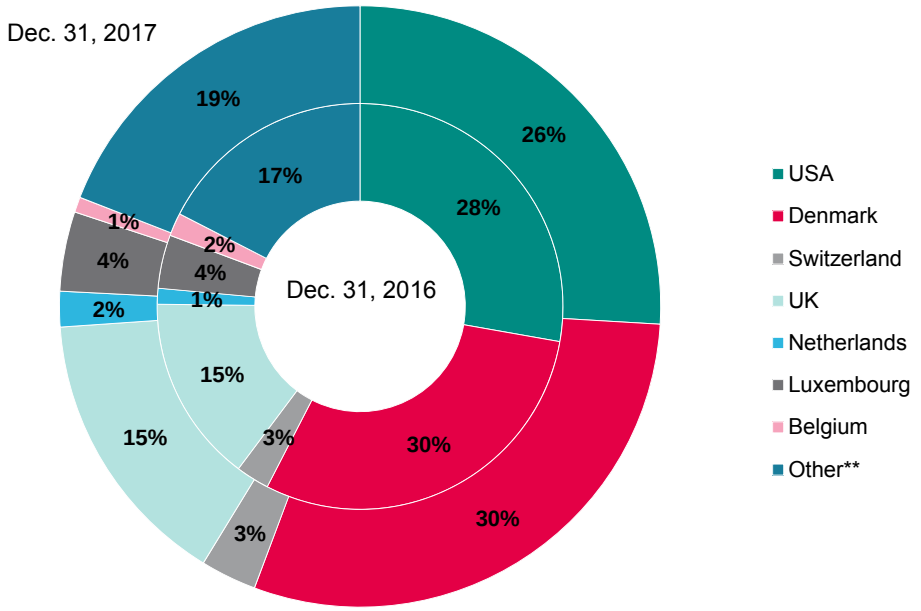
Approx. Market Cap
- DKK 65 bn
- USD 10 bn

Approx. shares outstanding: 61.2M

Warrants outstanding: 1.4M (2%)

Approx. diluted shares: 63M

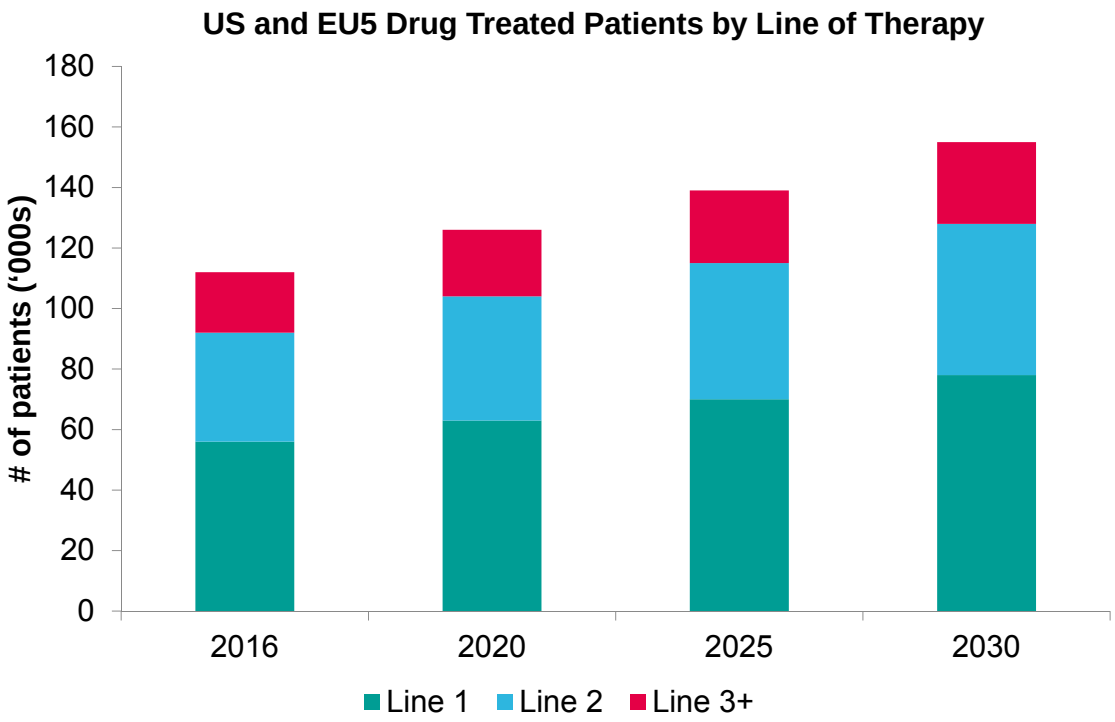
**Geographical Shareholder Distribution*
December 31, 2017**



* Based on figures from the internal shareholder register per December 31, 2016 and June 30, 2017
** "Other" includes shares held in other countries and shares not held in nominee accounts, including OTC traded shares

Market Opportunity in MM

- Current projections assume a larger frontline patient population and greater rate of growth over time
- As a disease of the elderly, MM prevalence is expected to rise in line with the growing elderly population
- Incidence is expected to increase in Europe in line with the growing elderly population
- Mortality has significantly decreased due to effectiveness of newer treatments
  - Average lifespan of a patient diagnosed with MM is 7-8 years



Source: Kantar Health, 2015 US and EU5

DARZALEX® (daratumumab) Sales Potential

$1,242M

Net sales
Full Year 2017

$1.1 – 1.3B

Genmab projected 2017 sales

$8.5B

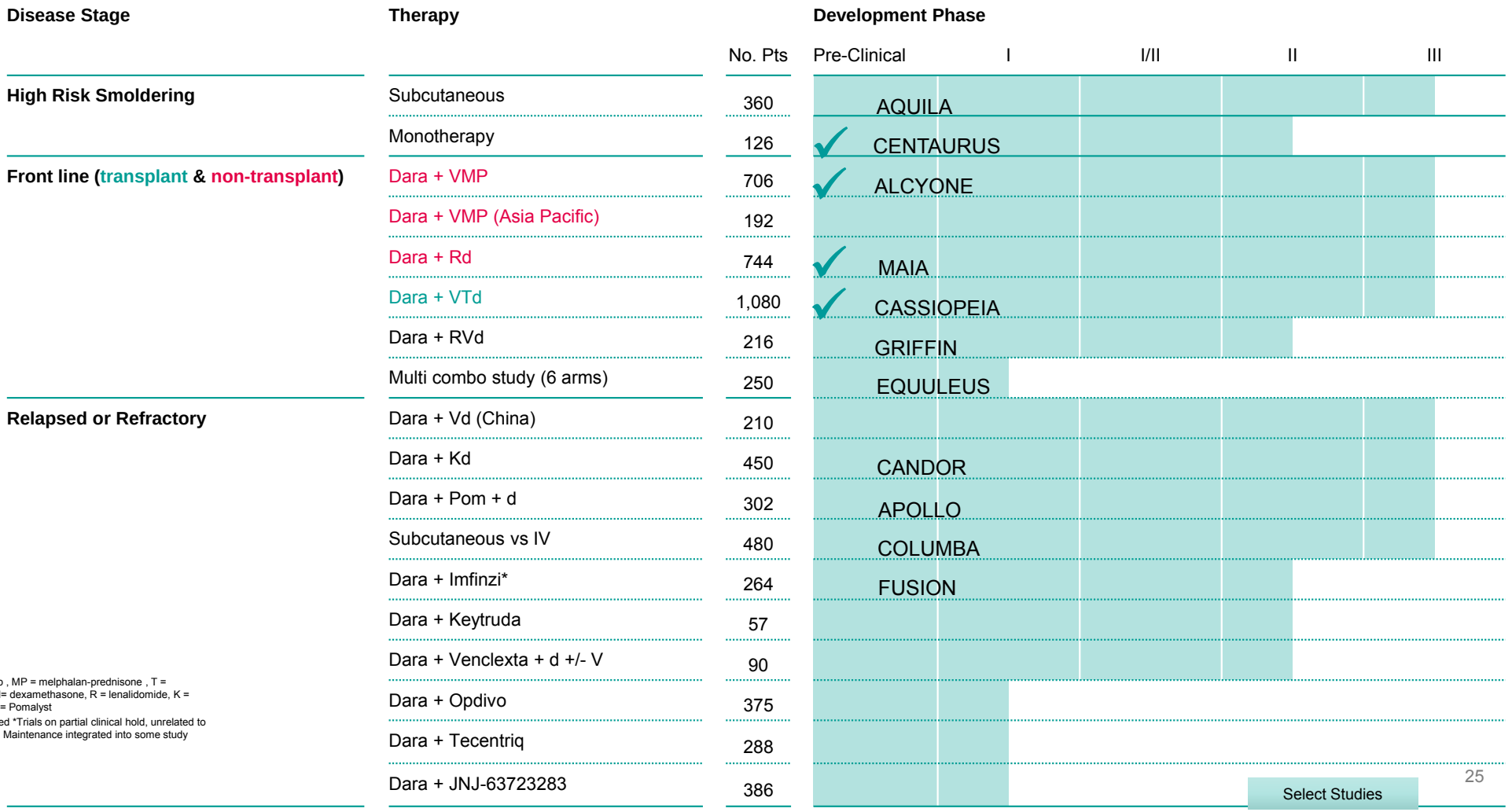
Average analyst*
projected peak MM sales

Potential upside:
smoldering disease, other blood cancers, solid tumors, rheumatoid arthritis

*Average sales projections of analysts covering Genmab as of Dec 2017

Expansive Daratumumab Clinical Development: Key MM Trials

Genmab

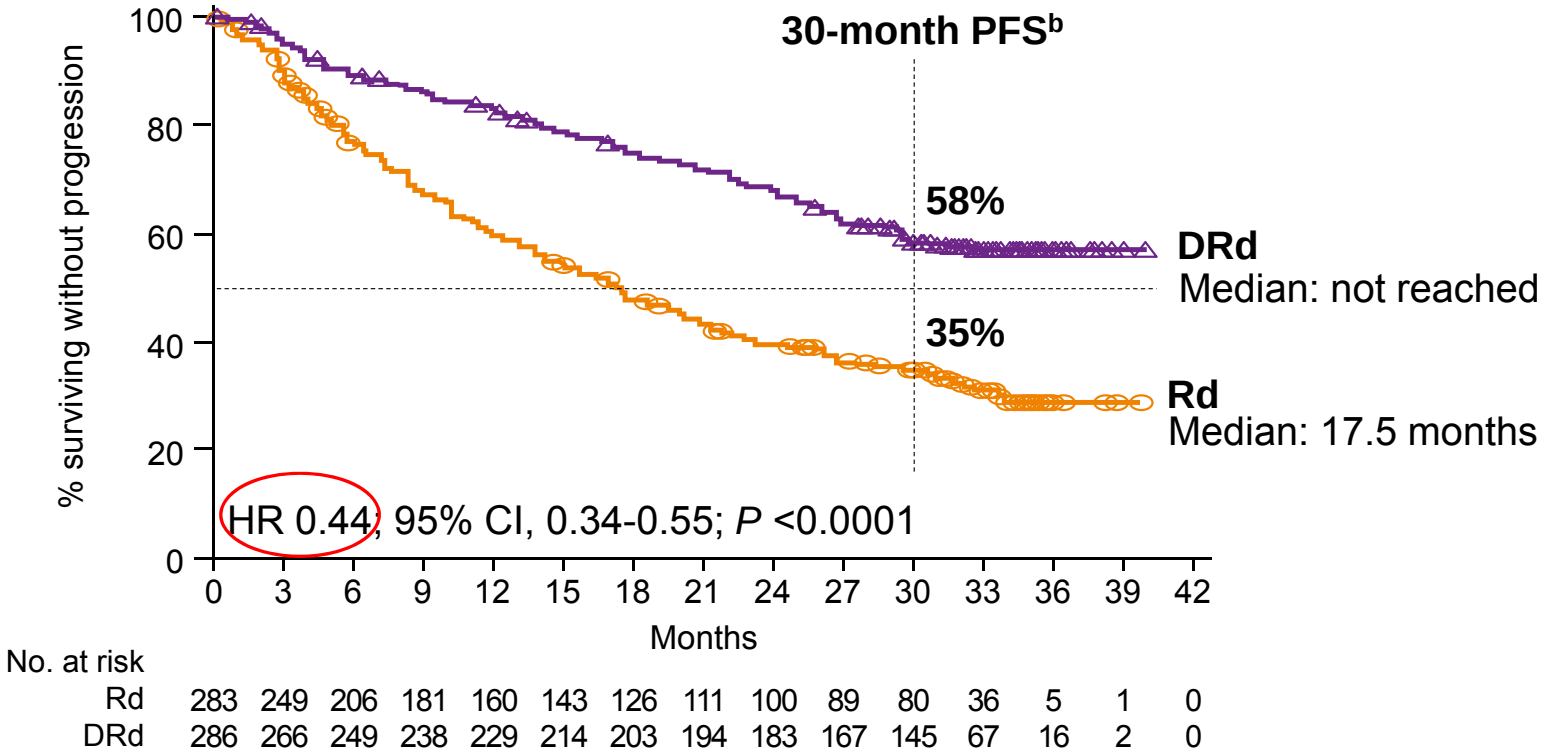


V = bortezomib , MP = melphalan-prednisone , T = thalidomide , d= dexamethasone, R = lenalidomide, K = Kyprolis, Pom = Pomalyst

✓ Fully recruited *Trials on partial clinical hold, unrelated to daratumumab Maintenance integrated into some study protocols

Updated Efficacy: POLLUX

Presented ASH 2017



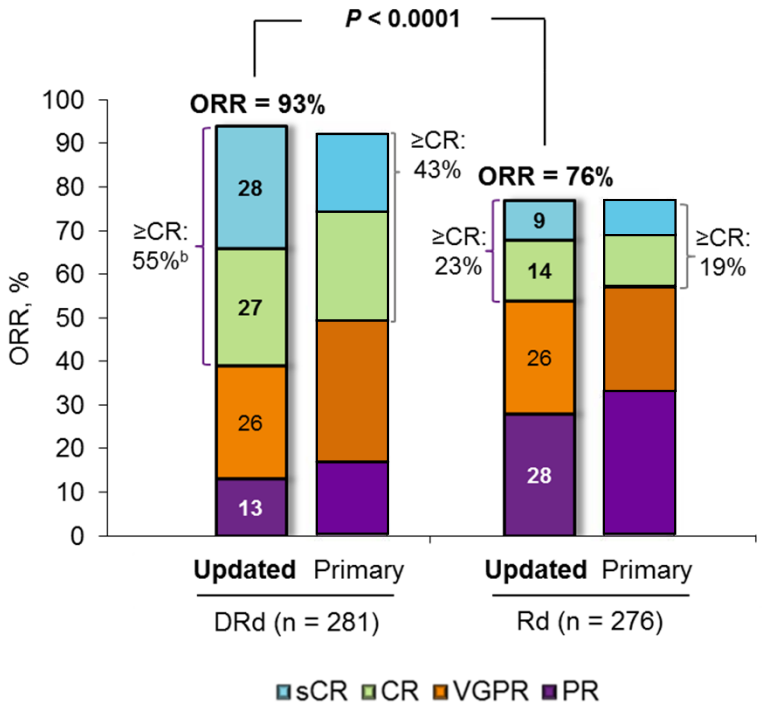
56% reduction in risk of progression/death for DRd versus Rd

HR, hazard ratio; CI, confidence interval.
[a]Exploratory analyses based on clinical cut-off date of October 23, 2017.
[b]Kaplan-Meier estimate.

Updated Efficacy: POLLUX

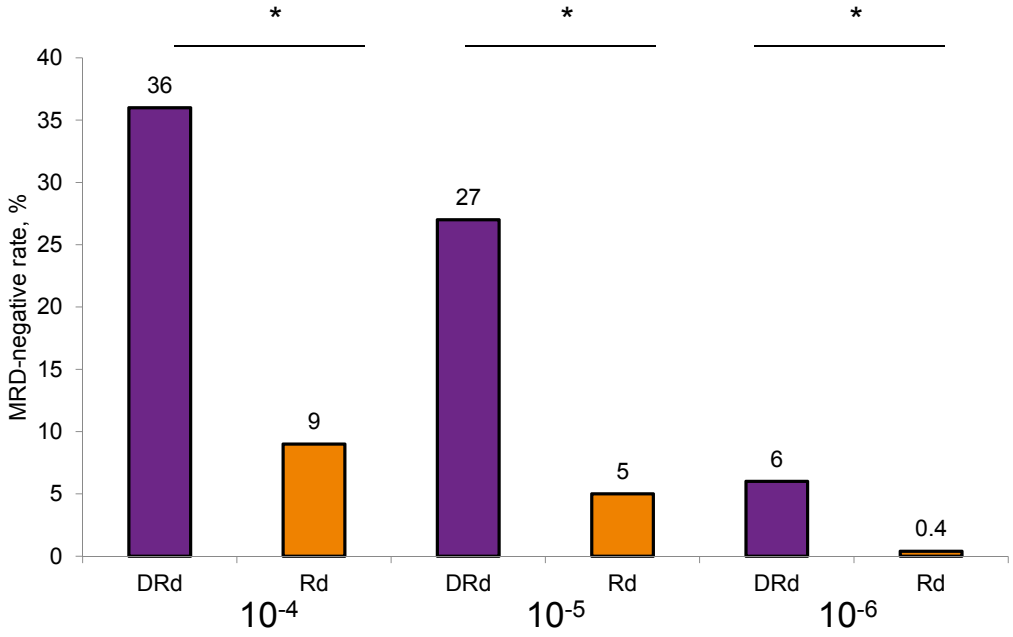
Presented ASH 2017

ORR



MRD-negative Rates

*P <0.0001



MRD assessed using clonoSEQ® assay V2.0

- **Responses continued to deepen in the DRd group**
- **Significantly higher (>3-fold) MRD-negative rates for DRd versus Rd**

sCR, stringent complete response; PR, partial response.

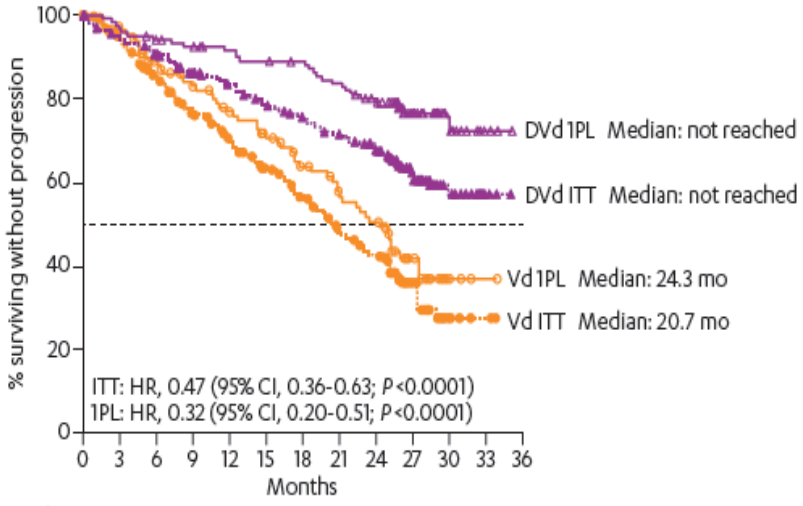
Primary analysis reported in Dimopoulos MA, et al. *N Engl J Med.* 2016;375(14):1319-1331.

[a]Exploratory analyses based on clinical cutoff date of October 23, 2017; [b]*P* <0.0001 for DRd versus Rd.

Updated Efficacy: CASTOR

Presented ASH 2017

PFS

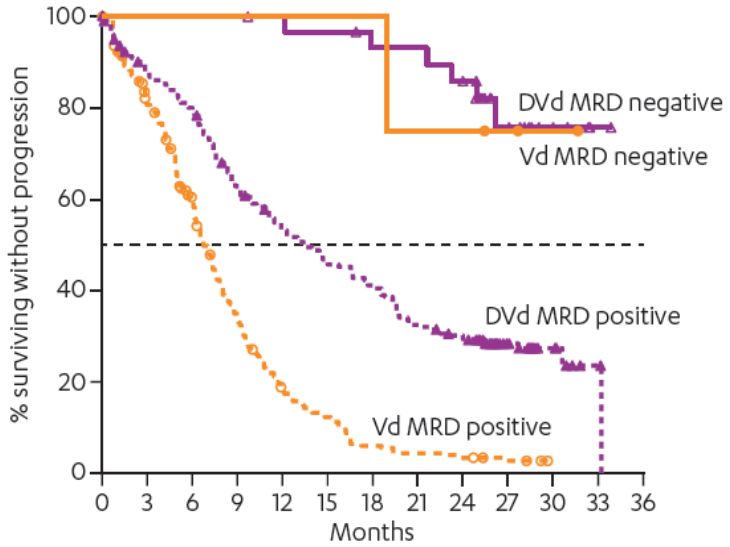


No. at risk

Vd ITT	247	214	188	162	140	119	101	81	70	31	5	2	0
DVd ITT	251	229	218	201	191	178	167	155	144	66	25	4	0
Vd 1PL	113	105	92	82	73	65	55	46	41	18	3	1	0
DVd 1PL	122	115	111	107	104	101	99	92	85	42	17	3	0

PFS2, progression-free survival on subsequent line of therapy; ITT, intent-to-treat; 1PL, 1 prior line of therapy; DVd, daratumumab/bortezomib/dexamethasone; Vd, bortezomib/dexamethasone.

MRD-negative Rates



No. at risk

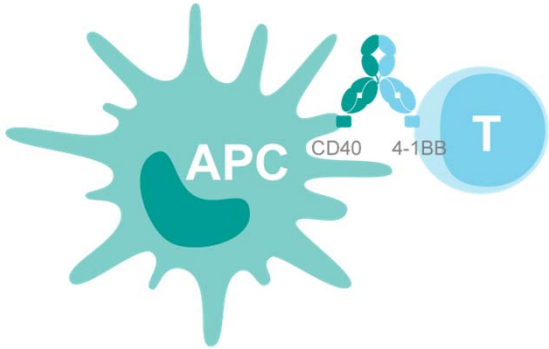
Vd MRD negative	4	4	4	4	4	4	4	3	3	2	1	0	0
DVd MRD negative	30	30	30	30	29	28	26	26	24	12	6	1	0
Vd MRD positive	243	178	125	70	35	23	11	8	6	3	0	0	0
DVd MRD positive	221	185	168	131	109	95	83	66	59	28	13	2	0

DuoBody-CD40x4-1BB

Immunomodulation: targeting two checkpoint activators

Bispecific antibody targeting CD40 and 4-1BB (CD137)

- Trans-activating bispecific targeting two checkpoint activators
- Simultaneously activates antigen-presenting cell (APC) and enhances T cell activation
  - Co-engagement of CD40 (APCs) and 4-1BB (T cells) in immune response against tumor
  - Conditional activation and expansion of previously activated cytotoxic $CD8^+$ T cells
  - Inert Fc backbone
- For treatment of solid cancers
- 2018 IND/CTA candidate
- 50/50 Co-development Genmab and BioNTech



Ongoing Daratumumab Clinical Trials

Janssen Sponsored Phase II & III

Daratumumab Trials Sponsored by Pharma / Biotech

Ct.gov Identifier	Phase	Sponsor	Indication	Therapy
NCT02252172	III	Janssen	Untreated MM	Daratumumab + Rd (MAIA)
NCT02195479	III	Janssen	Untreated MM	Daratumumab + VMP (ALCYONE)
NCT02541383	III	Janssen	Untreated MM	Daratumumab + VTd (CASSIOPEIA)
NCT02076009	III	Janssen	Relapsed or Refractory MM	Daratumumab + Rd (POLLUX)
NCT02136134	III	Janssen	Relapsed or Refractory MM	Daratumumab + Vd (CASTOR)
NCT03180736	III	Janssen	Relapsed or Refractory MM	Daratumumab + Pom-d (APOLLO)
NCT03201965	III	Janssen	Amyloidosis	Daratumumab + CyBorD
NCT03217812	III	Janssen	Untreated MM	Daratumumab + VMP (Asia Pacific)
NCT03234972	III	Janssen	Relapsed or Refractory MM	Daratumumab + Vd vs Vd (China)
NCT03277105	III	Janssen	Relapsed or Refractory MM	Daratumumab SC vs IV
NCT03301220	III	Janssen	Smoldering MM	Daratumumab SC
NCT03384654	II	Janssen	Relapsed / Refractory ALL / LL	Dara + Vincristine + Prednisone + Doxorubicin
NCT01985126	II	Janssen	Relapsed or Refractory MM	Monotherapy, basis for approval
NCT02951819	II	Janssen	Untreated and Relapsed MM	Daratumumab + CyBorD (LYRA)
NCT02874742	II	Janssen	Untreated MM	Daratumumab + RVd (GRIFFIN)
NCT02316106	II	Janssen	Smoldering MM	Monotherapy (CENTAURUS)
NCT02927925	II	Janssen	NKTCL, Nasal Type	Monotherapy
NCT03011034	II	Janssen	Myelodysplastic Syndromes	Daratumumab or Talacotuzumab
NCT03412565	II	Janssen	Newly diagnosed & relapsed / refractory MM	Daratumumab SC + Rd, VMP & VRd

Ongoing Daratumumab Clinical Trials

Janssen Sponsored Phase I & I/II

Daratumumab Trials Sponsored by Pharma / Biotech

Ct.gov Identifier	Phase	Sponsor	Indication	Therapy
NCT01615029	I/II	Janssen	Relapsed and Refractory MM	Daratumumab + Rd
NCT03023423	I/II	Janssen	Previously treated NSCLC	Daratumumab + Tecentriq (atezolizumab)
NCT02852837	I	Janssen	Relapsed or Refractory MM	Monotherapy (in China)
NCT02519452	I	Janssen	Relapsed or Refractory MM	Monotherapy, subcutaneous (PAVO)
NCT02497378	I	Janssen	Relapsed or Refractory MM	Daratumumab + Vd (in Japan)
NCT02918331	I	Janssen	Untreated MM	Daratumumab + Rd (Japan)
NCT03242889	I	Janssen	Relapsed or Refractory MM	Daratumumab subq (Japan)
NCT01998971	I	Janssen	Various MM	Daratumumab + backbone regimens (Vd, VMP, VTd, Pom-d, Kd, KRd) (EQUULEUS)
NCT03320707	I	Janssen	Healthy volunteers	Daratumumab vs placebo
NCT03357952	I	Janssen	Relapsed or Refractory MM	Daratumumab + JNJ-63723283

Ongoing Daratumumab Clinical Trials

Other Industry Sponsored Trials

Daratumumab Trials Sponsored by Pharma / Biotech

Ct.gov Identifier	Phase	Sponsor	Indication	Therapy
NCT03158688	III	Amgen	Relapsed or Refractory MM	Daratumumab + Kd
NCT01946477	II	Celgene	Relapsed or Refractory MM	Daratumumab + Pom-d
NCT03000452 NCT02807454	II	Celgene	Relapsed and Refractory MM	Daratumumab + Imfinzi (FUSION)
NCT02060188	II	BMS	Recurrent & Metastatic Colon Cancer	Daratumumab + nivolumab
NCT03221634	II	Merck	RRMM	Daratumumab + Keytruda
NCT03314181	II	AbbVie	RRMM	Daratumumab + Venetoclax + dex w/wout bort
NCT02807558	II	Syros	AML & MDS	Daratumumab + SY-1425
NCT02488759	I/II	BMS	Virus assoc tumors	Daratumumab + nivolumab
NCT03098550	I/II	BMS	Various solid tumors	Daratumumab + nivolumab
NCT02343042	I/II	Karyopharm	Relapsed or Refractory MM	Daratumumab + Selinexor + Dex
NCT01592370	I	BMS	Relapsed or Refractory MM	Daratumumab + nivolumab
NCT02431208	I	Roche	Resistant or Refractory MM	Daratumumab + Tecentriq (atezolizumab)
NCT03068351	I	Roche	Resistant or Refractory MM	Daratumumab + RO6870810

Ongoing Daratumumab Clinical Trials

Investigator Sponsored Study (ISS): MM

Investigator Sponsored Studies (ISS) of Daratumumab

Ct.gov Identifier	Phase	Sponsor	Indication	Therapy
NCT02944565	II	ISS	MM	Daratumumab accelerated infusion
NCT02977494	II	ISS	R/R MM & Severe Renal Impairment	Daratumumab + Vd
NCT02626481	II	ISS	Resistant or Refractory MM	Daratumumab + dexamethasone
NCT03004287	II	ISS	Newly diagnosed MM	KTD-Dara-PACE / Dara-KD / Dara-RD
NCT03012880	II	ISS	Newly diagnosed MM	Daratumumab+ Ixazomib, Len & Dex
NCT03143036	II	ISS	RRMM	Daratumumab + thalidomide + Dex
NCT03184194	II	ISS	RRMM	Daratumumab + nivolumab w/ or w/out Len & Dex
NCT03188172	II	ISS	Newly diagnosed MM	Daratumumab + VRd
NCT03215524	II	ISS	RRMM	Daratumumab + Dex, Cy, Pom
NCT03224507	II	ISS	Deep remission in MM	Daratumumab + KRd
NCT03290950	II	ISS	Newly Diagnosed MM	Daratumumab + KRd
NCT03289299	II	ISS	Smoldering MM	Daratumumab + carfilzomib, lenalidomide & dexamethasone
NCT03346135	II	ISS	MM	Dara as maintenance after ASCT
NCT03236428	I	ISS	Smoldering MM	Daratumumab
NCT02955810	I	ISS	Untreated MM	Daratumumab + CyBorD
NCT03311828	I	ISS	Relapsed MM	Daratumumab + positron emission tomography
NCT02751255	I/II	ISS	RRMM	Daratumumab + All-trans retinoic acid

Ongoing Daratumumab Clinical Trials

ISS: Other Indications

Investigator Sponsored Studies (ISS) of Daratumumab

Ct.gov Identifier	Phase	Sponsor	Indication	Therapy
NCT02816476	II	ISS	Amyloidosis	Monotherapy
NCT03067571	II	ISS	AML or MDS	Monotherapy
NCT03095118	II	ISS	Membranoproliferative Glomerulonephritis	Monotherapy
NCT03187262	II	ISS	Waldenstrom macroglobulinemia	Monotherapy
NCT03207542	II	ISS	ALL	Monotherapy
NCT02841033	I/II	ISS	Amyloidosis	Monotherapy
NCT03177460	I	ISS	High-risk localized prostate cancer	Monotherapy with prostatectomy
NCT03283917	I	ISS	Amyloidosis	Daratumumab, ixazomib & dex

Dex = dexamethasone
Pom = Pomalyst (pomalidomide)
Rd = Revlimid (lenalidomide) + dexamethasone
Pom-d = Pomalyst (pomalidomide) + dexamethasone
CyBorD = Cyclophosphamide, bortezomib, dexamethasone
KRd = Kyprolis (carfilzomib) + Revlimid (lenalidomide) + dexamethasone
VTd = Velcade (bortezomib) + thalidomidde + dexamethasone
VMP = Velcade (bortezomib) + melphalan-prednisone
Kd = Kyprolis (carfilzomib) + dexamethasone
Vd = Velcade (bortezomib) + dexamethasone

As per clinicaltrials.gov, Jan 2018

www.genmab.com