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

- **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 Marked & Genmab Proprietary Products

<table>
<thead>
<tr>
<th>Product</th>
<th>Disease Indications</th>
<th>Development Phase</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Daratumumab</strong>&lt;br&gt;Target: CD38&lt;br&gt;Partner: Janssen</td>
<td>Multiple myeloma (MM)&lt;br&gt;Amyloidosis&lt;br&gt;Non-MM blood cancers</td>
<td>Pre-Clinical&lt;br&gt;I&lt;br&gt;II&lt;br&gt;II&lt;br&gt;III</td>
</tr>
<tr>
<td><strong>Ofatumumab (OMB157)</strong>&lt;br&gt;Target: CD20&lt;br&gt;Partner: Novartis</td>
<td>Relapsing multiple sclerosis (RMS) (SubQ)</td>
<td>Pre-Clinical&lt;br&gt;I&lt;br&gt;II&lt;br&gt;II&lt;br&gt;III</td>
</tr>
<tr>
<td><strong>Tisotumab vedotin</strong>&lt;br&gt;Target: TF&lt;br&gt;Partner: Seattle Genetics</td>
<td>Solid tumors</td>
<td>Pre-Clinical&lt;br&gt;I&lt;br&gt;II&lt;br&gt;II&lt;br&gt;III</td>
</tr>
<tr>
<td><strong>HuMax-AXL-ADC</strong>&lt;br&gt;Target: AXL</td>
<td>Solid tumors</td>
<td>Pre-Clinical&lt;br&gt;I&lt;br&gt;II&lt;br&gt;II&lt;br&gt;III</td>
</tr>
<tr>
<td><strong>HexaBody-DR5/DR5</strong>&lt;br&gt;Target: DR5</td>
<td>Solid tumors</td>
<td>Pre-Clinical&lt;br&gt;I&lt;br&gt;II&lt;br&gt;II&lt;br&gt;III</td>
</tr>
<tr>
<td><strong>DuoBody-CD3xCD20</strong>&lt;br&gt;Targets: CD3, CD20</td>
<td>Hematological malignancies</td>
<td>Pre-Clinical&lt;br&gt;I&lt;br&gt;II&lt;br&gt;II&lt;br&gt;III</td>
</tr>
</tbody>
</table>

*Announced
## Innovative Clinical & Pre-clinical Pipeline

### Additional Shots on Goal

<table>
<thead>
<tr>
<th>Product</th>
<th>Disease Indications</th>
<th>Development Phase</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Teprotumumab (RV001)</strong>&lt;br&gt;Target: IGF-1R, Partner: Horizon Pharma</td>
<td>Graves' orbitopathy</td>
<td>Pre-Clinical&lt;br&gt;Pre-Clinical</td>
</tr>
<tr>
<td><strong>HuMax-IL8</strong>&lt;br&gt;Target: IL8, Partner: BMS</td>
<td>Advanced cancers</td>
<td></td>
</tr>
<tr>
<td><strong>ADCT-301 (HuMax-TAC-ADC)</strong>&lt;br&gt;Target: CD25, Partner: ADCT</td>
<td>Lymphoma</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Acute myeloid leukemia (AML) or acute lymphoblastic leukemia (ALL)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Non-small-cell lung cancer (NSCLC)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Acute Myeloid Leukemia (AML)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Relapsed or refractory MM</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Relapsed or refractory MM</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Proprietary programs: HuMab, HuMab-ADC, DuoBody, DuoBody-ADC &amp; HexaBody</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Partnered programs: HuMab, DuoBody &amp; HexaBody</td>
<td></td>
</tr>
</tbody>
</table>

**~20 Active Pre-clinical programs incl.**<br>DuoBody CD40x4-1BB

**Aim 4 INDs in 4 Years**
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
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/ Velcade®, melphalan & prednisone for newly diagnosed MM pts ineligible for ASCT & 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, and amyloidosis

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
# Covering All Stages of MM: Key Ongoing Trials

<table>
<thead>
<tr>
<th>Disease Stage</th>
<th>Therapy</th>
<th>Development Phase</th>
<th>No. Pts</th>
<th>Pre-Clinical</th>
<th>I</th>
<th>I/II</th>
<th>II</th>
<th>III</th>
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<tbody>
<tr>
<td>High Risk Smoldering</td>
<td>Subcutaneous</td>
<td></td>
<td>360</td>
<td></td>
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<td>Monotherapy</td>
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<td>126</td>
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<tr>
<td>Front line (transplant &amp; non-transplant)</td>
<td>Dara + VMP</td>
<td></td>
<td>706</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Dara + VMP (Asia Pacific)</td>
<td></td>
<td>210</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Dara + Rd</td>
<td></td>
<td>744</td>
<td></td>
<td></td>
<td></td>
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<tr>
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<td>Dara + VTd</td>
<td></td>
<td>1,080</td>
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<tr>
<td></td>
<td>Dara + RVd</td>
<td></td>
<td>216</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Relapsed or Refractory</td>
<td>Dara + Vd (China)</td>
<td></td>
<td>210</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dara + Kd</td>
<td></td>
<td>450</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Dara + Pom + d</td>
<td></td>
<td>302</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Subcutaneous vs IV</td>
<td></td>
<td>480</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Dara + combinations</td>
<td></td>
<td>&gt;470</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dara + I.O. (PD1 &amp; PDL1)</td>
<td></td>
<td>&gt;1,100</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **AQUILA**
- **CENTAURUS**
- **ALCYONE**
- **MAIA**
- **CASSIOPEIA**
- **GRiffin**
- **CANDOR**
- **APOLLO**
- **COLUMBA**

*NINLARO® (Ph II), Venclexta™ (Ph II), Selinexor (Ph I/II), Keytruda® (Ph II), Opdivo® (Ph I/II), Tecentriq® (Ph I)*

<table>
<thead>
<tr>
<th>V = Velcade®, MP = melphalan-prednisone, T = thalidomide, d = dexamethasone, R = Revlimid®, K = Kyprolis®, Pom = Pomalyst®</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔️ Fully recruited</td>
</tr>
<tr>
<td>Maintenance integrated into some study protocols</td>
</tr>
</tbody>
</table>

*Genmab*
Daratumumab Development
Beyond Multiple Myeloma

Amyloidosis
- Ph III D (SC) + cyclo., bortezomib & dex. (CyBORD)

MDS
- Ph II D

ALL
- Ph II D + standard of care chemo.

NKTCL (nasal type)
- Ph II mono.

Colon cancer
- Ph II D + Opdivo®

NSCLC, pancreatic, triple neg. breast cancers
- Ph I/II D + Opdivo®

Virus associated tumors
- Ph I/II D + Opdivo®
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 Approval (May 2018) & EMA Submission (Nov 2017)
Subcutaneous Daratumumab

PAVO Study in Relapsed or Refractory MM: ORRs in Part 2 (Dara SC 1,800 mg)

Presented at ASCO – Chicago, June 2018

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

**Well tolerated**
- IRRs w/ dara SC: 16%
- IRRs w/ dara IV: 45% - 56%

- High clinical response rates that improved w/ longer follow-up observed
- Median PFS not reached after median follow-up of 6.5 mo

**Median follow-up (n=25)**

ORR, overall response rate; DARA, daratumumab; SC, subcutaneous; PR, partial response; VGPR, very good partial response; CR, complete response; sCR, stringent complete response
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

<table>
<thead>
<tr>
<th>Fully human antibody-drug conjugate (ADC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Targets Tissue Factor (TF)</td>
</tr>
<tr>
<td>Therapeutic potential in broad range of solid tumors</td>
</tr>
<tr>
<td>Ph II study in cervical cancer</td>
</tr>
<tr>
<td>Potential registrational pathway</td>
</tr>
<tr>
<td>Ph II study in colorectal, NSCLC, pancreatic, SCCHN</td>
</tr>
<tr>
<td>Studies ongoing in solid tumors</td>
</tr>
<tr>
<td>Indications incl. gynecologic (ovarian, cervical, and endometrial) cancers, prostate, bladder, &amp; esophageal cancers, NSCLC &amp; SCCHN</td>
</tr>
<tr>
<td>50:50 Co-development with Seattle Genetics</td>
</tr>
</tbody>
</table>
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
- Expansion cohorts initiated in 2018 (NSCLC, melanoma, sarcoma)

ADC technology licensed from Seattle Genetics
Clinical Projects: HexaBody-DR5/DR5
Potential in Solid Tumors

Proprietary HexaBody technology

DR5 as tumor target

Phase I/II study initiated in Q2 2018

Potential in solid cancers
  Colorectal, NSCLC, triple neg. breast cancer, renal cell cancer, gastric cancer, pancreatic cancer & urothelial cancer
Clinical Projects: DuoBody-CD3xCD20
Phase I/II Study Planned

Proprietary DuoBody Technology

CD20 & CD3 as therapeutic targets

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

Potential in B-cell malignancies
Well-Capitalized Biotech – 2018 Guidance

### Income Statement

<table>
<thead>
<tr>
<th></th>
<th>DKKM</th>
<th>USD*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td>2,700 – 3,100</td>
<td>450 - 517</td>
</tr>
<tr>
<td>Operating expenses</td>
<td>(1,400) – (1,600)</td>
<td>(233) – (267)</td>
</tr>
<tr>
<td>Operating income</td>
<td>1,300 – 1,500</td>
<td>217 - 250</td>
</tr>
</tbody>
</table>

*USD 1.00 = DKK 6.00

2018 Guidance – May 8, 2018

---

**DARZALEX sales**

- Genmab’s estimate of DARZALEX net sales USD 2.0-2.3 billion

**Revenue mid-point DKK 2,900M**

- DARZALEX royalties DKK 1,750M
- DARZALEX milestones DKK 550M
- Novartis one-time payment of DKK 300M

**Expense mid-point DKK 1,500**

- Continued investment in our clinical & pre-clinical pipeline
- 10 pipeline projects drive ~DKK 765M, 51% of total expense

---

2018 Expense Base

**DKK 1,500M ($250M)**

- 20% DKK 303M ($51M)
- 13% DKK 194M ($32M)
- 9% DKK 134M ($22M)
- 58% DKK 869M ($145M)
## 2018 Company Goals
Maximizing Differentiated Product Portfolio Value

<table>
<thead>
<tr>
<th>Priority</th>
<th>Targeted Milestone</th>
</tr>
</thead>
</table>
| 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 in 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 |

*CALLISTO study terminated*
Creating Value for Patients & Shareholders

Building on 3 central pillars: Focus, Innovation & Execution

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

Appendix
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 61 bn
  USD 9 bn

Approx. shares outstanding: 61.4M

Warrants outstanding: 1.3M (2%)

Approx. diluted shares: 63M

Geographical Shareholder Distribution*
December 31, 2017

- USA
- Denmark
- Switzerland
- UK
- Netherlands
- Luxembourg
- Belgium
- Other**

* Based on figures from the internal shareholder register per December 31, 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

$2 – 2.3B
Genmab projected 2018 sales

$8.75B
Average analyst*
projected peak MM sales

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

*Average sales projections of analysts covering Genmab as of April 2018
DARZALEX Quarterly Sales
Q1 2017 – Q1 2018, USD M

Q1 2017
- RoW: 255
- US: 54
- Total: 201

Q2 2017
- RoW: 299
- US: 87
- Total: 212

Q3 2017
- RoW: 317
- US: 87*
- Total: 230

Q4 2017
- RoW: 371
- US: 130
- Total: 241

Q1 2018
- RoW: 432
- US: 168
- Total: 264

*RoW sales negatively impacted by one time adjustment of $20M related to retroactive reimbursement matters in Germany and France.
56% reduction in risk of progression/death for DRd versus Rd

HR, hazard ratio; CI, confidence interval.

aExploratory analyses based on clinical cut-off date of October 23, 2017.
bKaplan-Meier estimate.
Updated Efficacy: POLLUX
Presented ASH 2017

**ORR**

- ORR = 93% for Updated DRd (n = 281)
- ORR = 76% for Primary DRd (n = 281)
- ≥CR: 55%
- ≥CR: 43%
- ≥CR: 23%
- ≥CR: 19%

**MRD-negative Rates**

- MRD assessed using clonoSEQ® assay V2.0
- *P < 0.0001

- 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.

*Exploratory analyses based on clinical cutoff date of October 23, 2017; *P < 0.0001 for DRd versus Rd.
Updated Efficacy: CASTOR
Presented ASH 2017

**PFS**

![Graph showing PFS](image)

**MRD-negative Rates**

![Graph showing MRD-negative rates](image)

---

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

**MRD**-negative rates:

- **Dvd MRD negative**
- **Vd MRD negative**
- **Dvd MRD positive**
- **Vd MRD positive**
Updated Efficacy: Monotherapy

Dara monotherapy in RR MM → tail effect

Overall survival (OS): combined analysis of GEN501 Part 2 and SIRIUS data.

Usmani, et al. ASH 2017. Poster #3107
Light chain (AL) amyloidosis

- Occurs when amyloid proteins form deposits that damage tissues and organs
- Most frequently affects kidneys, heart, nervous system, liver & digestive tract
- Currently no cure

*Safety and Tolerability of Daratumumab in Patients with Relapsed Light Chain (AL) Amyloidosis: Preliminary Results of a Phase II Study, Sanchorawala V. et al
**A Prospective Phase II of Daratumumab in Previously Treated Systemic Light Chain (AL) Amyloidosis, Roussel M. et al
Daratumumab in AL Amyloidosis con’t
Subcutaneous daratumumab plus cyclophosphamide, bortezomib and dexamethasone in patients with newly diagnosed amyloid light chain amyloidosis

Summary of overall best hematologic response based on IACC

Preliminary Efficacy: Except for 2 patients, all remaining patients demonstrated hematologic responses based on IACC Guidelines

Presented at ASCO Annual Meeting, June 2018: Safety Run-in Results of ANDROMEDA
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

<table>
<thead>
<tr>
<th>Ct.gov Identifier</th>
<th>Phase</th>
<th>Sponsor</th>
<th>Indication</th>
<th>Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>NCT02252172</td>
<td>III</td>
<td>Janssen</td>
<td>Untreated MM</td>
<td>Daratumumab + Rd (MAIA)</td>
</tr>
<tr>
<td>NCT02195479</td>
<td>III</td>
<td>Janssen</td>
<td>Untreated MM</td>
<td>Daratumumab + VMP (ALCYONE)</td>
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<tr>
<td>NCT02541383</td>
<td>III</td>
<td>Janssen</td>
<td>Untreated MM</td>
<td>Daratumumab + VTd (CASSIOPEIA)</td>
</tr>
<tr>
<td>NCT02076009</td>
<td>III</td>
<td>Janssen</td>
<td>Relapsed or Refractory MM</td>
<td>Daratumumab + Rd (POLLUX)</td>
</tr>
<tr>
<td>NCT02136134</td>
<td>III</td>
<td>Janssen</td>
<td>Relapsed or Refractory MM</td>
<td>Daratumumab + Vd (CASTOR)</td>
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<tr>
<td>NCT03180736</td>
<td>III</td>
<td>Janssen</td>
<td>Relapsed or Refractory MM</td>
<td>Daratumumab + Pom-d (APOLLO)</td>
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<td>Amyloidosis</td>
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<tr>
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<td>Untreated MM</td>
<td>Daratumumab + VMP (Asia Pacific)</td>
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<tr>
<td>NCT03234972</td>
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<td>Relapsed or Refractory MM</td>
<td>Daratumumab + Vd vs Vd (China)</td>
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<td>NCT03277105</td>
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<td>Relapsed or Refractory MM</td>
<td>Daratumumab SC vs IV (COLUMBA)</td>
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<tr>
<td>NCT03301220</td>
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<td>Smoldering MM</td>
<td>Daratumumab SC (AQUILA)</td>
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<tr>
<td>NCT03384654</td>
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<td>Relapsed / Refractory ALL / LL</td>
<td>Dara + Vincristine + Prednisone + Doxorubicin (ALL2005)</td>
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<tr>
<td>NCT02951819</td>
<td>II</td>
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<td>Untreated and Relapsed MM</td>
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<td>NCT02874742</td>
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<tr>
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<td>Smoldering MM</td>
<td>Monotherapy (CENTAURUS)</td>
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<tr>
<td>NCT02927925</td>
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<td>Janssen</td>
<td>NKTCL, Nasal Type</td>
<td>Monotherapy (NKT2001)</td>
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<td>NCT03011034</td>
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<td>Myelodysplastic Syndromes</td>
<td>Daratumumab or Talacotuzumab (MDS2002)</td>
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<tr>
<td>NCT03412565</td>
<td>II</td>
<td>Janssen</td>
<td>Newly diagnosed &amp; relapsed / refractory MM</td>
<td>Daratumumab SC + Rd, VMP &amp; VRd (MMY2040)</td>
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## Ongoing Daratumumab Clinical Trials

### Janssen Sponsored Phase I & I/II

<table>
<thead>
<tr>
<th>Ct.gov Identifier</th>
<th>Phase</th>
<th>Sponsor</th>
<th>Indication</th>
<th>Therapy</th>
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<tbody>
<tr>
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<td>Janssen</td>
<td>Relapsed and Refractory MM</td>
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<tr>
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<td>Relapsed or Refractory MM</td>
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<td>NCT02497378</td>
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<td>Daratumumab + Vd (in Japan) (MMY1005)</td>
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<tr>
<td>NCT02918331</td>
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<td>Untreated MM</td>
<td>Daratumumab + Rd (Japan) (MMY1006)</td>
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<tr>
<td>NCT03242889</td>
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<td>Relapsed or Refractory MM</td>
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<tr>
<td>NCT01998971</td>
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<td>Janssen</td>
<td>Various MM</td>
<td>Daratumumab + backbone regimens (Vd, VMP, VTd, Pom-d, Kd, KRd) (EQUULEUS)</td>
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<tr>
<td>NCT03320707</td>
<td>I</td>
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<td>Healthy volunteers</td>
<td>Daratumumab vs placebo (EDI1001)</td>
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## Ongoing Daratumumab Clinical Trials

### Other Industry Sponsored Trials

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<tr>
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<tr>
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<td>Relapsed or Refractory MM</td>
<td>Daratumumab + Kd (CANDOR)</td>
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<td>NCT01946477</td>
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<tr>
<td>NCT02807454</td>
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<td>Celgene</td>
<td>Relapsed and Refractory MM</td>
<td>Daratumumab + Imfinzi (FUSION)</td>
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<tr>
<td>NCT02060188</td>
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<td>Recurrent &amp; Metastatic Colon Cancer</td>
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<tr>
<td>NCT03221634</td>
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<td>Merck</td>
<td>Relapsed or Refractory MM</td>
<td>Daratumumab + Keytruda</td>
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<tr>
<td>NCT03314181</td>
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<td>Relapsed or Refractory MM</td>
<td>Daratumumab + Venetoclax + dex w/wout bort</td>
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<tr>
<td>NCT02807558</td>
<td>II</td>
<td>Syros</td>
<td>AML &amp; MDS</td>
<td>Daratumumab + SY-1425</td>
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<tr>
<td>NCT03439293</td>
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<td>Relapsed or Refractory MM</td>
<td>Daratumumab + NINLARO (ixazomib) + Dex</td>
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<tr>
<td>NCT02488759</td>
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<td>Virus assoc tumors</td>
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<tr>
<td>NCT03098550</td>
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<td>Karyopharm</td>
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<tr>
<td>NCT03481556</td>
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<td>Oncopeptides AB</td>
<td>Relapsed or Refractory MM</td>
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<tr>
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<tr>
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<td>Daratumumab + Tecentriq (atezolizumab)</td>
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<tr>
<td>NCT03068351</td>
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## Ongoing Daratumumab Clinical Trials
### Investigator Sponsored Study (ISS): MM

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<th>Sponsor</th>
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<td>ISS</td>
<td>MM</td>
<td>Daratumumab accelerated infusion</td>
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<tr>
<td>NCT02977494</td>
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<td>R/R MM &amp; Severe Renal Impairment</td>
<td>Daratumumab + Vd</td>
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<tr>
<td>NCT02626481</td>
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<td>Resistant or Refractory MM</td>
<td>Daratumumab + dexamethasone</td>
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<tr>
<td>NCT03004287</td>
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<td>ISS</td>
<td>Newly diagnosed MM</td>
<td>KTD-Dara-PACE / Dara-KD / Dara-RD</td>
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<td>NCT03012880</td>
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<tr>
<td>NCT03143036</td>
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<tr>
<td>NCT03184194</td>
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<td>RRMM</td>
<td>Daratumumab + nivolumab w/ or w/out Len &amp; Dex</td>
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<tr>
<td>NCT03188172</td>
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<td>Newly diagnosed MM</td>
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<tr>
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<td>RRMM</td>
<td>Daratumumab + Dex, Cy, Pom</td>
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<tr>
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<td>RRMM w/ renal impairment</td>
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<td>MM</td>
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<td>MM</td>
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### Ongoing Daratumumab Clinical Trials

**ISS: Other Indications**

**Investigator Sponsored Studies (ISS) of Daratumumab**

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<th>Ct.gov Identifier</th>
<th>Phase</th>
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<th>Indication</th>
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<td>NCT03067571</td>
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<td>AML or MDS</td>
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<td>Membranoproliferative Glomerulonephritis</td>
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<td>ALL</td>
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<tr>
<td>NCT03473730</td>
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<td>Metastatic Renal Cell Carcinoma (MRCC) or Muscle Invasive Bladder Cancer</td>
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<td>ISS</td>
<td>AML</td>
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<td>ISS</td>
<td>RR NHL, Hodgkin lymphoma or Stage IV breast cancer</td>
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<td>ISS</td>
<td>CLL</td>
<td>Daratumumab &amp; ibrutinib</td>
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Dex = dexamethasone  
Pom = Pomalyst (pomalidomide)  
Rd = Revlimid (lenalidomide) + dexamethasone  
CyBoD = Cyclophosphamide, bortezomib, dexamethasone  
KRd = Kyprolis (carfilzomib) + Revlimid (lenalidomide) + dexamethasone  
VTd = Velcade (bortezomib) + thalidomide + dexamethasone  
Vd = Velcade (bortezomib) + dexamethasone  
VMP = Velcade (bortezomib) + melphalan-prednisone  
Kd = Kyprolis (carfilzomib) + dexamethasone

As per clinicaltrials.gov, April 2018