

# Genmab to Present New and Updated Results from its Robust Epcoritamab (EPKINLY®) Development Program at the 2025 European Hematology Association (EHA) Congress

## Media Release

COPENHAGEN, Denmark; May 14, 2025

- **Data from 14 abstracts highlight the depth, breadth, and strength of Genmab’s comprehensive epcoritamab development program across multiple patient populations and treatment settings**

**Genmab A/S (Nasdaq: GMAB)** announced today that it will present 14 abstracts evaluating epcoritamab, a T-cell engaging bispecific antibody administered subcutaneously, as a monotherapy and in combination across disease settings in patients with diffuse large B-cell lymphoma (DLBCL) and follicular lymphoma (FL) at the 30<sup>th</sup> European Hematology Association (EHA) Congress, being held in Milan, Italy, and virtually, June 12-15, 2025.

Two oral presentations will feature data from the Phase 1/2 EPCORE® NHL-2 trial evaluating epcoritamab plus rituximab and ifosfamide-carboplatin-etoposide (R-ICE) in patients with relapsed/refractory (R/R) DLBCL eligible for autologous stem cell transplantation, and the Phase 1/2 EPCORE NHL-5 trial evaluating epcoritamab plus polatuzumab vedotin, rituximab, cyclophosphamide, doxorubicin, and prednisone (pola-R-CHP) in previously-untreated patients with DLBCL. Additionally, results from the Phase 1/2 EPCORE NHL-1 and NHL-3 trials, including three years of follow-up in patients with R/R DLBCL and FL treated with epcoritamab monotherapy, will be presented as a poster.

All abstracts accepted for presentation have been published and may be accessed online via the [EHA Open Access Library](#).

“Together with AbbVie, we have made tremendous progress advancing our broad epcoritamab development program and we are pleased to share important results at EHA 2025 evaluating epcoritamab in a variety of treatment settings and patient populations,” said Dr. Judith Klimovsky, Executive Vice President and Chief Development Officer of Genmab. “The data presented at EHA further reinforce our commitment to epcoritamab and its potential to become a core therapy across B-cell malignancies.”

Several abstracts evaluating epcoritamab will also be presented at the 18<sup>th</sup> International Conference on Malignant Lymphoma (ICML), taking place June 17-21, 2025, in Lugano, Switzerland.

Abstracts accepted for presentation at EHA include:

Abstract Number	Abstract Title	Type of Presentation	Date/Time of Presentation
S245	First Disclosure of Epcoritamab + R-ICE in Patients with Relapsed/Refractory Diffuse Large B-cell Lymphoma (R/R DLBCL) Eligible for Autologous Stem Cell Transplantation (ASCT): EPCORE NHL-2	Oral	Sunday, June 15 11:00-12:15 CEST
S247	Durable Efficacy with Fixed-Duration Epcoritamab + Polatuzumab Vedotin, Rituximab, Cyclophosphamide, Doxorubicin, and Prednisone (Pola-R-CHP) for 1L Diffuse Large B-cell Lymphoma (EPCORE NHL-5)	Oral	Sunday, June 15 11:00-12:15 CEST

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PF881	Epcoritamab Monotherapy Demonstrates Deep and Durable Responses at Three-Year follow-up in Patients with Relapsed/Refractory Follicular Lymphoma	Poster	Friday, June 13 18:30-19:30 CEST
PF885	Epcoritamab Plus Lenalidomide and Rituximab Achieves High Response Rates and Survival Benefits Compared with Usual Care in Relapsed/Refractory Follicular Lymphoma: A Comparative Analysis	Poster	Friday, June 13 18:30-19:30 CEST
PF920	Sustained Remission in R/R DLBCL with Epcoritamab Monotherapy: EPCORE NHL-1 3y Results and Novel Subgroup Analyses in Patients with Complete Response at 2y	Poster	Friday, June 13 18:30-19:30 CEST
PS1886	Matching-Adjusted Indirect Comparison of Epcoritamab with Rituximab + Lenalidomide vs Tafasitamab with Rituximab + Lenalidomide in Second-Line+ Follicular Lymphoma	Poster	Saturday, June 14 18:30-19:30 CEST
PS1898	Patient-Reported Outcomes in Patients with Relapsed/Refractory Follicular Lymphoma Treated with Epcoritamab within the Entire Study Cohort and in Patients with Symptoms at Baseline	Poster	Saturday, June 14 18:30-19:30 CEST
PS1968	Match-Adjusted Comparative Analysis of Epcoritamab + R-DHAX/C or R-ICE vs R-DHAX/C or R-ICE In 2L+ Transplant-Eligible Patients with Diffuse Large B-Cell Lymphoma	Poster	Saturday, June 14 18:30-19:30 CEST
PS1942	Match-Adjusted Comparative Analysis of the Efficacy Of Epcoritamab + R-Mini-CHOP vs R-Mini-CHOP in Previously Untreated Diffuse Large B-Cell Lymphoma	Poster	Saturday, June 14 18:30-19:30 CEST
PS1932	Treatment Outcomes in Newly Diagnosed Diffuse Large B-Cell Lymphoma Patients with High Cardiovascular Risk, and Treated with Non-Anthracycline Containing Regimens	Poster	Saturday, June 14 18:30-19:30 CEST
PS1944	Patient Preferences for Attributes of Bispecific Antibodies Indicated for the Treatment of Relapsed/Refractory Diffuse Large B-Cell Lymphoma in the United States	Poster	Saturday, June 14 18:30-19:30 CEST
PS1912	Circulating Tumour DNA-Directed Intervention with Epcoritamab Alone or in Combination with Lenalidomide and Rituximab is Feasible in the Early Post-CAR-T Population at High Risk of Relapse: Preliminary Data from EpLCART	Poster	Saturday, June 14 18:30-19:30 CEST
PS1979	Epcoritamab with Gemcitabine, Dexamethasone, and Cisplatin (EpcO-GDP) in Relapsed, Refractory Large B-cell Lymphoma – An Interim Analysis of Phase II Multicenter Investigator-initiated Trial	Poster	Saturday, June 14 15:30-16:00 CEST
PS1892	Phase II Investigator-initiated Trial of Epcoritamab-Lenalidomide in Treatment Naïve Follicular Lymphoma	Poster	Saturday, June 14 18:30-19:30 CEST

***The safety and efficacy of these investigational uses have not been established.***

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### About Epcoritamab

Epcoritamab is an IgG1-bispecific antibody created using Genmab's proprietary DuoBody® technology and administered subcutaneously. Genmab's DuoBody-CD3 technology is designed to direct cytotoxic T cells selectively to elicit an immune response toward target cell types. Epcoritamab is designed to simultaneously bind to CD3 on T cells and CD20 on B cells and induces T-cell-mediated killing of CD20+ cells.<sup>1</sup>

Epcoritamab (approved under the brand name EPKINLY® in the U.S. and Japan, and TEPKINLY® in the EU) has received regulatory approval in certain lymphoma indications in several territories. Epcoritamab is being co-developed by Genmab and AbbVie as part of the companies' oncology collaboration. The companies will share commercial responsibilities in the U.S. and Japan, with AbbVie responsible for further global commercialization. Both companies will pursue additional international regulatory approvals for the investigational R/R FL indication and additional approvals for the R/R DLBCL indication.

Genmab and AbbVie continue to evaluate the use of epcoritamab as a monotherapy, and in combination, across lines of therapy in a range of hematologic malignancies. This includes five ongoing Phase 3, open-label, randomized trials including a trial evaluating epcoritamab as a monotherapy in patients with R/R DLBCL compared to investigators choice chemotherapy ([NCT04628494](#)), a trial evaluating epcoritamab in combination with R-CHOP in adult patients with newly diagnosed DLBCL ([NCT05578976](#)), a trial evaluating epcoritamab in combination with rituximab and lenalidomide (R2) in patients with R/R FL ([NCT05409066](#)), a trial evaluating epcoritamab in combination with rituximab and lenalidomide (R2) compared to chemoimmunotherapy in patients with previously untreated FL ([NCT06191744](#)), and a trial evaluating epcoritamab in combination with lenalidomide compared to chemoimmunotherapy in patients with R/R DLBCL ([NCT06508658](#)). The safety and efficacy of epcoritamab has not been established for these investigational uses. Please visit [www.clinicaltrials.gov](http://www.clinicaltrials.gov) for more information.

### About Genmab

Genmab is an international biotechnology company with a core purpose of guiding its unstoppable team to strive toward improving the lives of patients with innovative and differentiated antibody therapeutics. For more than 25 years, its passionate, innovative and collaborative team has invented next-generation antibody technology platforms and leveraged translational, quantitative and data sciences, resulting in a proprietary pipeline including bispecific T-cell engagers, antibody-drug conjugates, next-generation immune checkpoint modulators and effector function-enhanced antibodies. By 2030, Genmab's vision is to transform the lives of people with cancer and other serious diseases with knock-your-socks-off (KYSO) antibody medicines®.

Established in 1999, Genmab is headquartered in Copenhagen, Denmark, with international presence across North America, Europe and Asia Pacific. For more information, please visit [Genmab.com](http://Genmab.com) and follow us on [LinkedIn](#) and [X](#).

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*the outcome and conduct of clinical trials including unforeseen safety issues, 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 or technologies obsolete, and other factors. For a further discussion of these risks, please refer to the risk management sections in Genmab's most recent financial reports, which are available on [www.genmab.com](http://www.genmab.com) and the risk factors included in Genmab's most recent Annual Report on Form 20-F and other filings with the U.S. Securities and Exchange Commission (SEC), which are available at [www.sec.gov](http://www.sec.gov). Genmab does not undertake any obligation to update or revise forward looking statements in this Media Release 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.*

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<sup>1</sup> Engelberts PJ, et al. DuoBody-CD3xCD20 Induces Potent T-Cell-Mediated Killing of Malignant B Cells in Preclinical Models and Provides Opportunities for Subcutaneous Dosing. *EBioMedicine*. 2020;52:102625. doi: 10.1016/j.ebiom.2019.102625.