UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d)
of the Securities Exchange Act of 1934
Date of Report (Date of earliest event reported): June 1, 2019

Bellicum Pharmaceuticals, Inc.
(Exact name of registrant as specified in its charter)

Delaware	**001-36783**	**20-1450200**
(State or other jurisdiction of incorporation)	**(Commission File Number)**	**(IRS Employer Identification No.)**

2130 W. Holcombe Blvd., Ste. 800
Houston, TX **77030**
(Address of principal executive offices) **(Zip Code)**

Registrant's telephone number, including area code: 832-384-1100

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligations of the registrant under any of the following provisions:

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, par value $0.01 per share	BLCM	The Nasdaq Global Market

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§ 230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§ 240.12b-2 of this chapter).

Emerging growth company x

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. x

In this report, “we,” “us” and “our” refer to Bellicum Pharmaceuticals, Inc.

Item 7.01 Regulation FD Disclosure.

On June 1, 2019, we issued a press release announcing updated safety and activity data for BPX-601 from a Phase 1/2 study in patients with metastatic pancreatic cancer expressing prostate stem cell antigen. A copy of the press release is attached hereto as Exhibit 99.1.

An updated company slide presentation, which may be given at meetings with institutional investors or analysts, is attached hereto as Exhibit 99.2.

The information contained in this Item 7.01 of this Current Report on Form 8-K, including Exhibits 99.1 and 99.2, is being furnished pursuant to Item 7.01 and shall not be deemed “filed” for purposes of Section 18 of the Exchange Act of 1934, as amended (the “Exchange Act”), or otherwise subject to the liabilities of that section, and it shall not be deemed incorporated by reference in any filing under the Securities Act of 1933, as amended, or under the Exchange Act, whether made before or after the date hereof, except as expressly set forth by specific reference in such filing to this item of this report.

By filing this Current Report on Form 8-K, including Exhibits 99.1 and 99.2, and furnishing this information, we make no admission as to the materiality of any information in this report. The information contained in this report is intended to be considered in the context of our filings with the SEC and other public announcements that we make, by press release or otherwise, from time to time. We undertake no duty or obligation to publicly update or revise the information contained in this report, although we may do so from time to time as our management believes is appropriate. Any such updating may be made through the filing of other reports or documents with the SEC, through press releases or through other public disclosure.

Item 8.01 Other Events.

On June 1, 2019, we presented a poster containing updated data from the aforementioned BPX-601 Phase 1/2 study at the 2019 American Society for Clinical Oncology (“ASCO”) Annual Meeting. A copy of the poster, titled *Ligand-Inducible, Prostate Stem Cell Antigen (PSCA)-Directed GoCAR-T® Cells in Advanced Solid Tumors: Preliminary Results with Cyclophosphamide (Cy) ± Fludarabine (Flu) Lymphodepletion (LD)*, is attached hereto as Exhibit 99.3. This poster may be presented at future meetings with institutional investors or analysts. We previously presented a draft version of this poster, attached hereto as Exhibit 99.4, at meetings with institutional investors.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits

Exhibit No.	Description
99.1	Press release, dated June 1, 2019.
99.2	Slide presentation.
99.3	Poster, titled Ligand-Inducible, Prostate Stem Cell Antigen (PSCA)-Directed GoCAR-T® Cells in Advanced Solid Tumors: Preliminary Results with Cyclophosphamide (Cy) ± Fludarabine (Flu) Lymphodepletion (LD), presented on June 1, 2019 at ASCO Annual Meeting.
99.4	Draft version of poster, titled Ligand-Inducible, Prostate Stem Cell Antigen (PSCA)-Directed GoCAR-T® Cells in Advanced Solid Tumors: Preliminary Results with Cyclophosphamide (Cy) ± Fludarabine (Flu) Lymphodepletion (LD).

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the Registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

Bellicum Pharmaceuticals, Inc.

Dated: June 3, 2019

By: /s/ Richard A. Fair

Richard A. Fair

President and Chief Executive Officer

(Principal Executive Officer)

Bellicum Pharmaceuticals Provides Interim Data for BPX-601 in Patients with Metastatic Pancreatic Cancer for Presentation at ASCO Annual Meeting

Data provides further evidence that GoCAR-T® technology boosts expansion and persistence of therapeutic T cells in patients

T cell expansion and persistence greater in patients who received lymphodepletion with cyclophosphamide plus fludarabine (Flu/Cy) compared to Cy alone

Of 13 patients evaluable for efficacy treated with BPX-601 and a single dose of rimiducid, 8 (62%) achieved stable disease, including 3 with tumor shrinkage of 10% to 24%

Adverse events were generally consistent with those experienced by advanced cancer patients undergoing cytotoxic chemotherapy and other cancer immunotherapies

HOUSTON, June 1, 2019 -- Bellicum Pharmaceuticals, Inc. (NASDAQ:BLCM), a leader in developing novel, controllable cellular immunotherapies for cancers and orphan inherited blood disorders, today announced updated safety and activity data for BPX-601 from a Phase1/2 study in patients with metastatic pancreatic cancer expressing prostate stem cell antigen (PSCA). The most recent cohort of patients enrolled incorporated a standard lymphodepletion conditioning regimen consisting of fludarabine/cyclophosphamide (Flu/Cy) prior to receiving BPX-601 GoCAR-T cells. Updated data from this study-including patients from this Flu/Cy cohort-will be presented during the 2019 American Society for Clinical Oncology (ASCO) Annual Meeting on June 1, 2019.

BPX-601, the company's first GoCAR-T® product candidate, incorporates iMC, Bellicum's inducible co-activation domain. iMC, inducible MyD88/CD40 via administration of rimiducid, is designed to provide a powerful boost to T cell proliferation and persistence and enable the CAR-T to override key immune inhibitory mechanisms, including PD-1 and TGF-beta.

"These updated results in patients with advanced pancreatic cancer showed that more intense lymphodepletion with Flu/Cy resulted in increased BPX-601 CAR-T cell expansion and prolonged persistence in patients treated with single-dose rimiducid," said Carlos R. Becerra, M.D., lead study investigator, oncologist, and medical director of the Innovative Clinical Trials Center at Baylor University Medical Center at Dallas. "Evidence of biological activity and stable disease was observed in this ongoing trial in these heavily pretreated patients who desperately need additional treatment options. We consider these results highly encouraging."

"I am excited that additional data from our BPX-601 trial continue to support the potential of our GoCAR-T technology platform. Our data presentation at ASCO supports the safety and early clinical activity of BPX-601, and provides further evidence of the impact of our technology in driving the expansion and persistence of T cells in patients," said Rick Fair, President and CEO of Bellicum Pharmaceuticals. "We have initiated the next step in the study to enroll an additional cohort to evaluate repeat rimiducid dosing to re-activate iMC over time, which is intended to deepen and extend the treatment effect. Initial results from this cohort are expected in late 2019."

Study Overview and Results

This Phase 1/2 trial has been designed to enroll patients with PSCA-positive pancreatic cancer to assess the safety, biologic and clinical activity of BPX-601. As of April 23, 2019, the data cut-off date for the current analysis, 18 patients have been treated with BPX-601. The initial 13 patients received BPX-601 following Cy lymphodepletion, and 5 patients in the latest cohort received BPX-601 following Flu/Cy lymphodepletion. Four patients did not receive rimiducid, and 14 patients received a single dose of rimiducid approximately one week following BPX-601. Following is a summary of the results to date:

- Peak Vector Copy Number (VCN) of T cells was enhanced by the administration of rimiducid to activate iMC, increasing cell dose, and lymphodepletion with Flu/Cy
- Rimiducid-dependent increase in serum cytokines and chemokines observed in most patients, particularly those in the Flu/Cy cohort
- T cell persistence of >3 weeks was observed in nine of 17 patients (53%) with a minimum of 28 days of follow-up samples, including all 5 patients (100%) who received Flu/Cy
- Administration of BPX-601 followed by single-dose rimiducid was well tolerated with no dose-limiting toxicities
- Adverse Events (AEs) were generally consistent with those experienced by advanced cancer patients undergoing cytotoxic chemotherapy and other cancer immunotherapies
    - All 18 patients treated with BPX-601 reported at least 1 AE. The most frequent AEs regardless of causality were febrile neutropenia (33%), fatigue (28%), neutropenia (28%), pyrexia (28%), dysuria (22%), hematuria (22%) and nausea (22%).
- The majority of AEs related to BPX-601/rimiducid were mild to moderate in intensity and resolved with or without supportive care. New treatment related adverse events in the Flu/Cy cohort included:
    - One patient experienced Grade 2 cytokine release syndrome (CRS) post-rimiducid infusion, received treatment with a single infusion of IV tocilizumab, and the event resolved the same day
    - One patient experienced Grade 2 encephalopathy post-rimiducid infusion with no concomitant CRS. Symptoms resolved with corticosteroids within 1 week
    - Four patients experienced Grade 1-3 urologic toxicity (dysuria, hematuria, cystitis). Symptoms in all patients resolved with standard supportive care (analgesics, anticholinergics, bladder irrigation)
- Of 13 efficacy-evaluable patients treated with BPX-601 and a single dose of rimiducid, 8 patients (62%) had stable disease, and 3 patients had tumor shrinkage of 10% to 24%
- With median duration of follow-up of 9.1 weeks (range: 2.9 - 30.3 weeks), the median time to follow-on cancer therapy in patients who received subsequent therapy was 16.6 weeks (range: 5.6 - 30.3 weeks)
- In the Flu/Cy cohort, 2 patients with at least the median follow-up of 9.1 weeks had a time to next treatment of >22 weeks which was ongoing at the time of the data cutoff

The poster, titled *Ligand-Inducible, Prostate Stem Cell Antigen (PSCA)-Directed GoCAR-T® Cells in Advanced Solid Tumors: Preliminary Results with Cyclophosphamide (Cy) ± Fludarabine (Flu) Lymphodepletion (LD)*, may be found on the Bellicum website under Abstracts and Presentations.

About BPX-601

BPX-601, the company's first GoCAR-T® product candidate, incorporates iMC, Bellicum's inducible co-activation domain. iMC (inducible MyD88/CD40) is designed to provide a powerful boost to T cell proliferation and persistence and enable the CAR-T to override key immune inhibitory mechanisms, including PD-1 and TGF-beta. BPX-601 is being evaluated as a treatment for solid tumors expressing prostate stem cell antigen (PSCA), including pancreatic, gastric, and prostate cancers.

About Bellicum Pharmaceuticals

Bellicum is a clinical stage biopharmaceutical company striving to deliver cures through controllable cell therapies. The company's next-generation product candidates are differentiated by powerful cell signaling technologies designed to produce more effective CAR-T and allogeneic T cell therapies. Bellicum's lead GoCAR-T® candidate, BPX-601, is designed to be a more efficacious CAR-T cell product capable of overriding key immune inhibitory mechanisms. Bellicum's rivo-cel product candidate is an allogeneic polyclonal T cell therapy that has shown promising clinical trial results in reducing leukemia relapse after a stem cell transplant. More information can be found at www.bellicum.com.

Forward-Looking Statement

This press release contains forward-looking statements for purposes of the safe harbor provisions of the Private Securities Litigation Reform Act of 1995. Bellicum may, in some cases, use terms such as "potential," "continue," "designed," "expects," "plans," "intends," "may," "will," or other words that convey uncertainty of future events or outcomes to identify these forward-looking statements. Forward-looking statements include statements regarding our intentions, beliefs, projections, outlook, analyses or current expectations concerning, among other things: our research and development activities relating to BPX-601, possible ranges of application and potential safety and curative effects in the treatment of diseases, including as compared to other treatment options and competitive therapies, and the timing and speed of enrollment in clinical trials for BPX-601. Various factors may cause differences between Bellicum's expectations and actual results as discussed in greater detail under the heading "Risk Factors" in Bellicum's filings with the Securities and Exchange Commission, including without limitation our quarterly report on Form 10-Q for the three months ended March 31, 2019 and our annual report on Form 10-K the year ended December 31, 2018. Any forward-looking statements that Bellicum makes in this press release speak only as of the date of this press release. Bellicum assumes no obligation to update our forward-looking statements whether as a result of new information, future events or otherwise, after the date of this press release.

Source: Bellicum Pharmaceuticals

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Investor Presentation

Striving to deliver cures through controllable cell therapy

June 2019

Forward Looking Statement

This presentation contains estimates, projections and other forward-looking statements, concerning, among other things: our research and development activities relating to our CaspaCIDe® ("iC9"), GoCAR-T® (incorporating "iMC") and related technologies; our product candidates including rivo-cel™ (previous BPX-501), BPX-601, BPX-603, BPX-802, and rimiducid; the effectiveness of our CaspaCIDe and GoCAR-T programs and their possible range of applicatior and potential curative effects and safety in the treatment of diseases, including as compared to other treatment options and competitive therapies; the succes of our collaborations with academic and commercial partners; the timing, progress of enrollment and success of our clinical trials; and the timing of potential European marketing authorization applications for rivo-cel and rimiducid. Our estimates, projections and other forward-looking statements are based on our management's current assumptions and expectations of future events and trends, which affect or may affect our business, strategy, operations or financial performance. Although we believe that these estimates, projections and other forward-looking statements are based upon reasonable assumptions, they are subject to numerous known and unknown risks and uncertainties and are made in light of information currently available to us. Many important factors, in addition to the factors described in this presentation, may adversely and materially affect our results as indicated in forward-looking statements. All statemen other than statements of historical fact are forward-looking statements.

Estimates, projections and other forward-looking statements speak only as of the date they were made, and, except to the extent required by law, we undert no obligation to update any forward-looking statement. These statements are also subject to a number of material risks and uncertainties that are described more fully in Bellicum's filings with the Securities and Exchange Commission, including without limitation our annual report on Form 10-K for the year ended December 31, 2018 and our quarterly report on Form 10-Q for the period ended March 31, 2019.

Investment Summary

Rivo-cel

Allogeneic polyclonal T-cells for hematologic malignancies and inherited blood disorders (+HSCT)

European pediatric opportunity clinically de-risked

- 249 patients enrolled in Phase 1 / 2 study
- Late interim results presented at ASH in Dec. 2018 trend toward meeting primary endpoint
- Expect topline data in 1H 2019; MAA filings in 2H 2019
- European HQ and leadership team in place for commercialization prep

Global trial underway to broaden label

- Enrolling Phase 2/3 THRIVE study in AML and MDS in patients 12+ years old

GoCAR-T Pipeline

Controllable CAR-T cells designed to optimize efficacy and safety

BPX-601 GoCAR-T promising early clinical data

- Phase 1 / 2 study enrolling in pancreatic cancer
- Initial safety data on 18 pancreatic cancer patients presented at ASCO in June 2019 indicate attractive safety profile and early clinical activity
- Trial amendment for repeat activation molecule administration to enhance potential clinical response

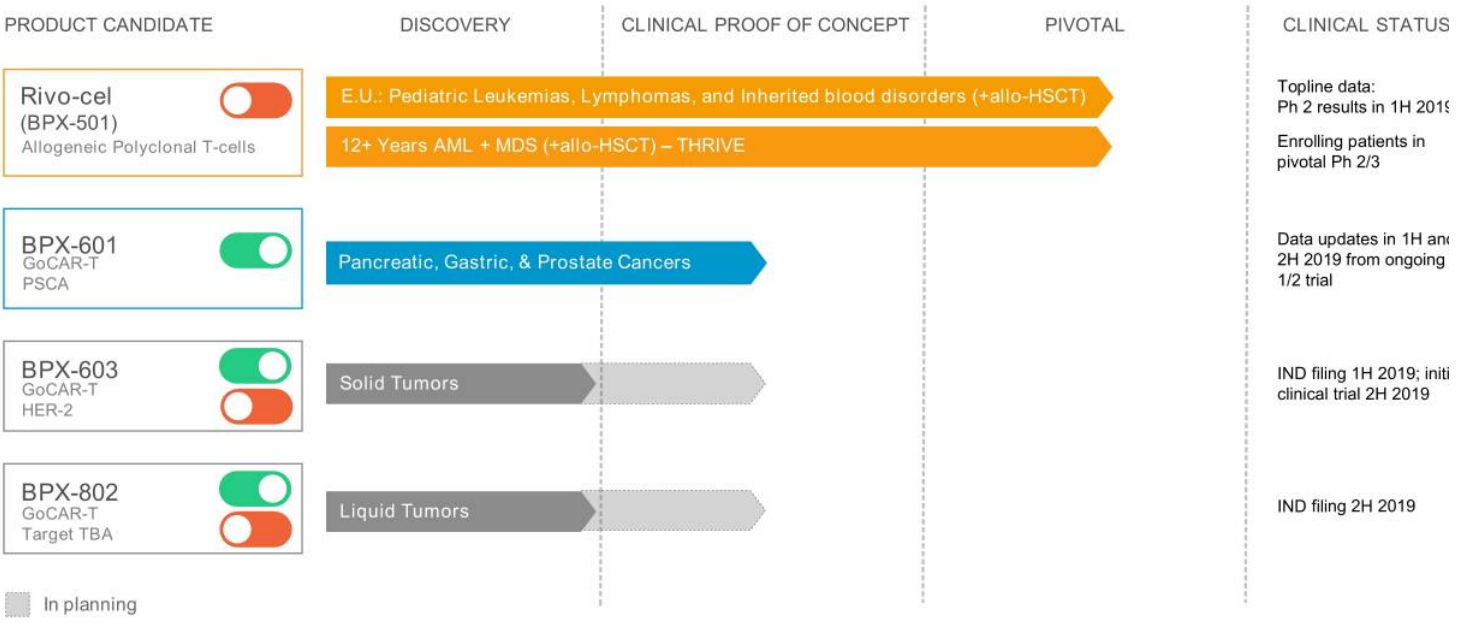
Two dual-switch GoCAR-T candidates to IND in 2019

- BPX-603 targeting HER2 antigen in solid tumors
- BPX-802 targeting liquid tumors, target antigen TBA

Cash, cash equivalents, restricted cash and investment securities of $78.1MM as of March 31, 2019; Cash runway through

Development Pipeline: Rivo-cel and GoCAR-T

Controllable cell therapies that may represent major advances in liquid and solid tumors



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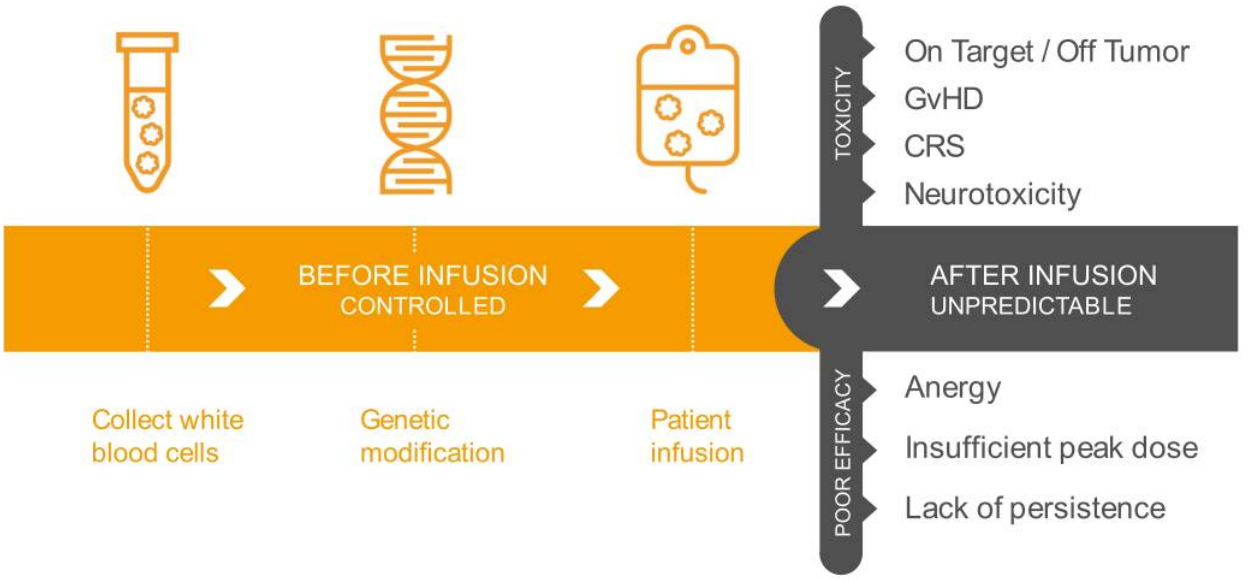
Technology Overview

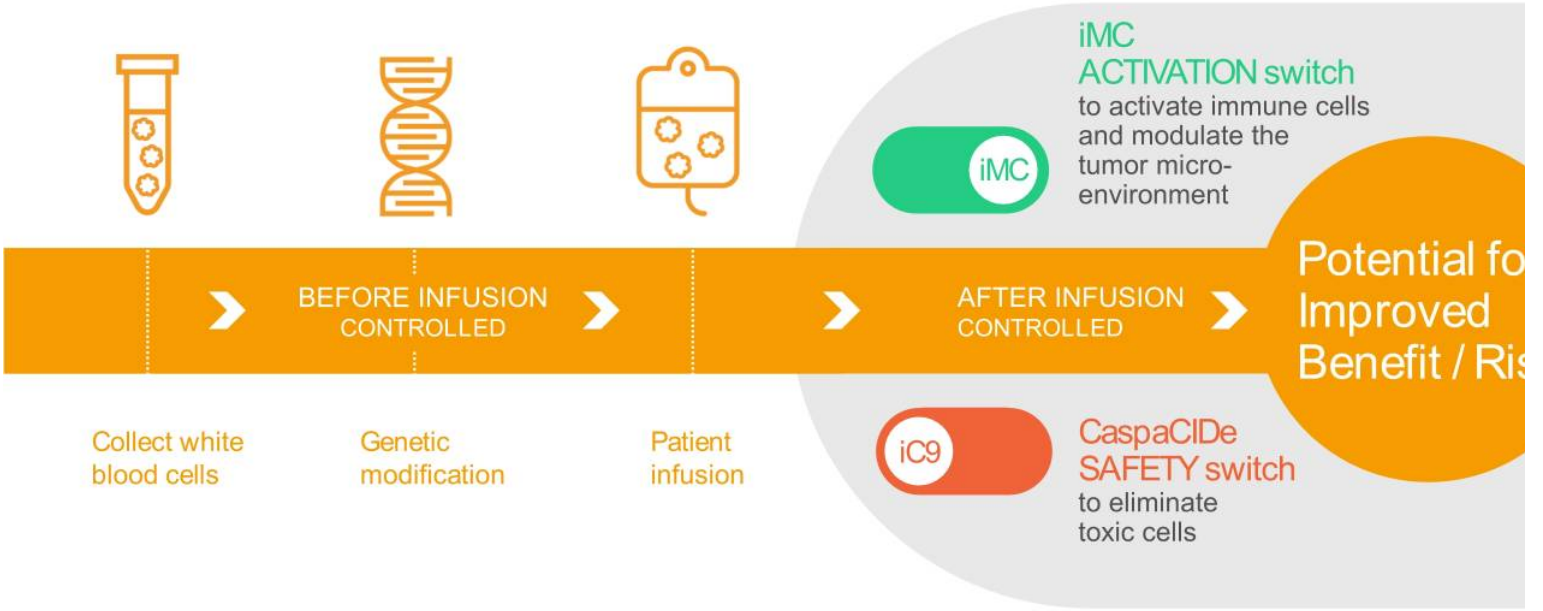
Most Cell Therapies Only Controlled Before Infusion

Limited ability to expand a narrow therapeutic window



Bellicum Platform Designed to Enable Control After Infusio

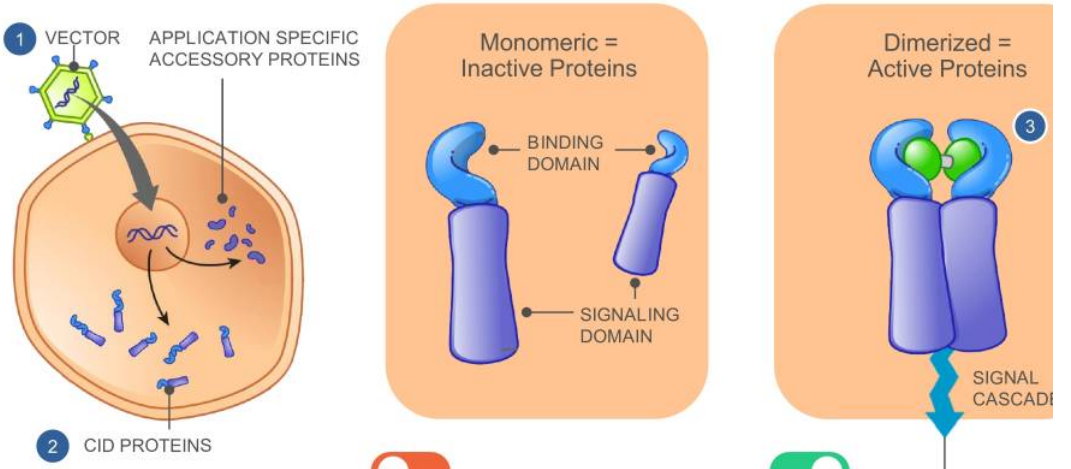
Would provide physicians the ability to expand the therapeutic window in each patient



Chemical Induction of Dimerization ("CID")
Molecular Switch Platform

Rimiducid infusion activates signaling pathways to control T-cell function

1. Viral transduction transfers the DNA from a vector into the target cell nucleus.
2. Vector-derived DNA directs expression of CID and accessory proteins.
3. Rimiducid dimerizes the CID proteins, thus turning on the signal cascade.



Signal	Caspase-9 ("iC9")	MyD88 and CD40 ("iMC")
Result	Apoptosis (cell death)	T-cell activation, proliferation & survival

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GoCAR-T Pipeline

GoCAR-T: Differentiated Approach to Cell Therapy

Current Challenges in Cell Therapy

Limited efficacy in solid tumors

- Inadequate cell proliferation and persistence to sustain efficacy
- Inability to overcome immune suppressive factors in tumor microenvironment (TME)

Potential safety issues with more potent approaches

GoCAR-T Benefits

Potential for enhanced efficacy in solid tumors v iMC signaling

- MyD88 and CD40 are superior co-stimulatory molecules with potential for greater cell expansion and persistence
- Modulates the tumor microenvironment, overriding common inhibitory pathways (PD-1, PGE2, TGF-β)
- Enhances host immune activity by inducing pro-inflammatory cytokines and chemokines

Potential for enhanced safety

- iMC provides control over timing and frequency of co-activation
- CaspaCIDe capable of eliminating a majority of CAR-T cells to manage acute toxicities

BPX-601 GoCAR-T Targeting PSCA

Product Summary

- Attractive first-in-class solid tumor CAR-T opportunity
- First-in-human experience with iMC
- Initial Phase 1 results presented in June 2019 continue to demonstrate:
  - Safety
  - iMC-driven T cell activation
  - Biologic activity
- Phase 1 enrollment ongoing

Unmet Need

High unmet need in solid tumors expressin
Prostate Stem Cell Antigen (PSCA)

	Annual Incidence (US)	Annual Deaths (US)	% Expressing PSCA
Pancreatic	55k	44k	~60%
Prostate	165k	29k	75-90%
Gastric	26k	11k	76-89%

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Incidence and annual deaths: Noone AM, Howlader N, Krapcho M, Miller D, Brest A, Yu M, Ruhl J, Tatalovich Z, Mariotto A, Lewis DR, Chen HS, Feuer EJ, Cronin KA (eds). SEER Cancer Statistics Review, 1975-2015, National Cancer Institute. Bethesda, MD, https://seer.cancer.gov/csr/1975_2015/, based on November 2017 SEER data submission, posted to the SEER web site, April 2018.
PSCA expression: Argani et al, Cancer Res 2001; Reiter et al., PNAS 1998; Abate-Daga et al, HGT 2014; Data on file

BPX-601: Phase 1 Trial Progression

BP-012 trial in relapsed/refractory pancreatic, gastric, and prostate cancers

	Lead-in	Dose Escalation	Full Conditioning	Efficacy Optimized Regimen
Patient Population	2L to 6L Pancreatic		2L Pancreatic	
BPX-601 Dose $x10^6$ cells/kg @ Day 0	1.25	1.25, 2.5, 5.0	5.0	
Conditioning	Cytoxan 1g/m^2 @ Day -3		Cytoxan 0.5g/m^2 Fludarabine 30mg/m^2 @ Days -5, -4, -3	
Rimiducid Dose @ Day 7	None	Single Dose	Single Dose	Scheduled Repeat Dosing
Status	Enrolled & Presented			Pending

Dose escalation designed conservatively to evaluate
- Partial conditioning with monotherapy
- Single dose of rimiducid activate iMC

Recently evaluated impac conditioning
- Standard Flu/Cy regime
- Single dose of rimiducid activate iMC

Next step: efficacy-optimi regimen
- Standard Flu/Cy regime repeat rimiducid dosing
- Data presentation: late

BPX-601: No Dose Limiting Toxicities Observed

Data presented at ASCO 2019

Patients, n (%)	Cohort 0 n = 3	Cohort 3 n = 3	Cohort 4 n = 3	Cohort 5A n = 4	Cohort 5B n = 5	All Patients N = 18
Any AE	3 (100)	3 (100)	3 (100)	4 (100)	5 (100)	18 (100)
Any SAE	2 (67)	1 (33)	0	3 (75)	4 (80)	10 (56)
Grade 3 & 4 TRAEs	0	0	0	0	1 (20)	1 (<1)
AEs in >15% of all patients, n (%)						
Febrile neutropenia	0	0	0	2 (50)	4 (80)	6 (33)
Fatigue	2 (67)	1 (33)	0	2 (50)	0	5 (28)
Neutropenia	0	0	0	1 (25)	4 (80)	5 (28)
Pyrexia	0	0	1 (33)	2 (50)	2 (40)	5 (28)
Dysuria	0	0	0	0	4 (80)	4 (22)
Hematuria	0	0	0	0	4 (80)	4 (22)
Nausea	2 (67)	0	0	0	2 (40)	4 (22)
Abdominal pain	1 (33)	1 (33)	0	0	1 (20)	3 (17)
Abdominal pain upper	0	1 (33)	1 (33)	1 (25)	0	3 (17)
Anemia	0	0	0	1 (25)	2 (40)	3 (17)
Back pain	1 (33)	1 (33)	0	1 (25)	0	3 (17)
Blood bilirubin increased	0	0	0	1 (25)	2 (40)	3 (17)
Hypotension	0	0	2 (67)	1 (25)	0	3 (17)

- No dose limiting toxicities we observed
- Adverse Events (AEs) were g consistent with cytotoxic chemotherapy or other cance immunotherapies
- AEs related to BPX-601/rimidu included:
  - One case of Grade 2 cyt release syndrome (CRS)
  - One case of Grade 2 encephalopathy
  - Four cases of Grade 1-3 urologic toxicity (dysuria hematuria, cystitis)

Becerra et al, ASCO 2019

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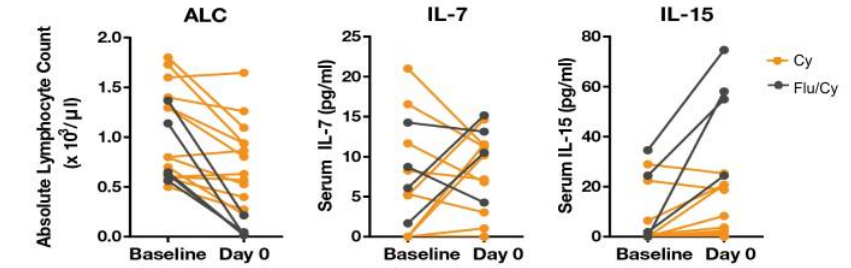
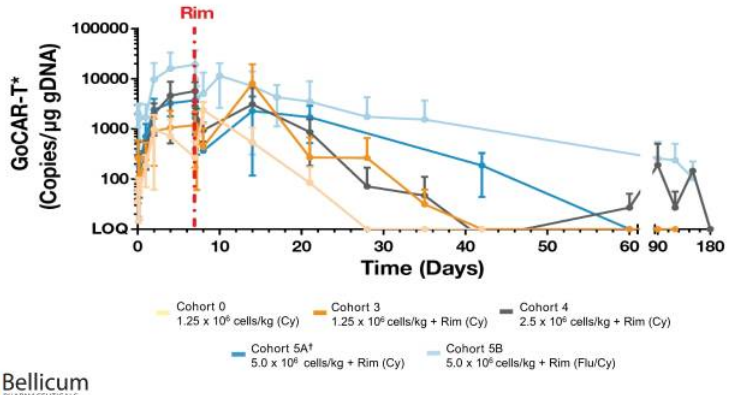
BPX-601: iMC-Driven T Cell Expansion & Persistence

Flu/Cy Lymphodepletion Results in Increased BPX-601 Cell Expansion and Persistence





- Peak expansion 4.9-fold highe Flu/Cy cohort vs Cy alone coh
- Persistence improves with:
  - Administration of rimidu activate iMC
  - Higher cell dose
  - Lymphodepletion with F

Becerra et al, ASCO 2019

* Data points represent the mean log VCN for each cohort and the dotted red line represents rimiducid administration at Day 7; † Patient 3 in cohort 5A did not have data for time points beyond Day 4 and thus is not included in the summary of cell persistence.
ALC, absolute lymphocyte count; Cy, cyclophosphamide; Flu, fludarabine; LD, lymphodepletion; LOQ, limit of quantitation; pts, patients; Rim, rimiducid; VCN, vector copy number.

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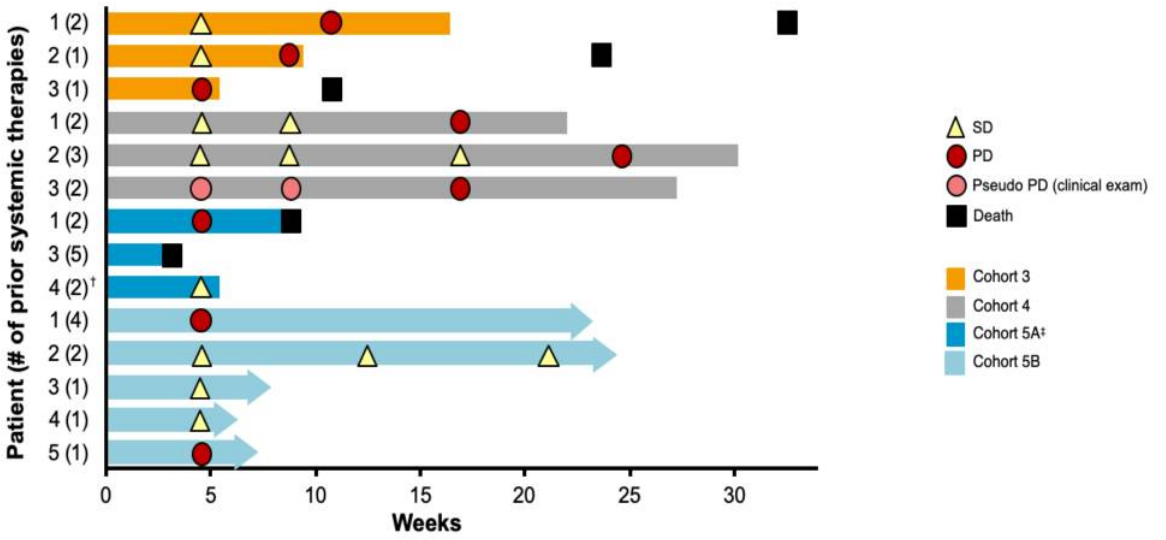
BPX-601: Evidence of Anti-Tumor Activity



* Right arrow cap indicates ongoing treatment-free interval; † Patient withdrew consent for further follow-up; ‡ Patient 2 was not efficacy evaluable due to non-measurable disease at baseline.
PD, progressive disease; pseudo, pseudoprogression; SD, stable disease.

- 8 (62%) of 13 evalua patients treated with 601 and single-dose achieved stable dise had tumor shrinkag 10-24%
- With 9.1 weeks med follow-up (range: 2.5 median time to next therapy in patients t received subsequen treatment was 16.6 (range 5.6-30.3)
- In Flu/Cy cohort, 2 p with >median follow had time to next trea >22 weeks (ongoing

Bellicum PHARMACEUTICALS

Becerra et al, ASCO 2019

BPX-603 Dual Switch GoCAR-T Targeting HER2

Product Summary

- HER2 is a validated tumor antigen and is expressed on numerous solid tumors with high unmet need
- Historical HER2 CAR-T studies have shown modest overall activity and off-tumor / on-target toxicity
- BPX-603 may address these limitations
  - iMC may increase cell proliferation & persistence, modulate the TME, and enhance host immunity
  - CaspaCIDe may mitigate treatment emergent toxicities

Unmet Need

Indication	Incidence[1]	HER2+	5-year (Stage
Gastric	28,000	10-30%[3]	<20%
Colorectal	145,000	10%[4]	<15%
Ovarian	22,000	20-30%[5]	<30%
Uterine/ Endometrial	61,000	50-80%[6]	14-69
Glioblastoma	12,000	20-30%[2]	<20%

[1]National Cancer Database, American Cancer Society, https://www.cancer.org, accessed 21 December 2018; [2]Liu et al., Cancer Res 2004; [3]Gravalos et al., Annals Oncol 2008; [4]Tu et al., Exp Ther Med 2018; [5]Berchuck et al., Cancer Res 1990, Bartlett et al., Brit J Cancer 1996; [6]Grushko et al., Gynecologic Oncol 2008

Historical HER2 Studies: Modest Clinical Outcomes

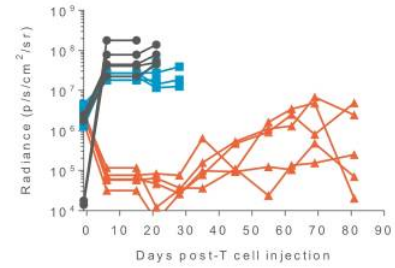
Study Properties	Morgan, 2010	Ahmed, 2015	Feng, 2017	Ahmed, 2017	Hegde, 2019
Construct	4D5-28-BB-z	FRP5-28-z	Her2-BB-z	FRP5-28-z	FRP5-28-z
Indication(s)	Metastatic colon	Sarcomas	CCA and PCa	GBM	Sarcomas
Patient number	1	19	11	17	10
HER2 expression	≥2+ (IHC)	≥1+ (IHC)	>50% positive	≥1+ (IHC)	≥1+ (IHC)
CAR-T dose	10^{10}	10^{4} - 10^{8}	10^{6}	10^{6} - 10^{8}	10^{8}
CAR-T expansion	NE	Negligible	>1,000 copies	Negligible	>10,000 copies
Toxicity	Lung reactivity	No DLTs	Mild AEs	Mild AEs	Mild AEs
Outcome	Grade 5 toxicity	1 PR	1 PR	1 PR	2 CR
Total Responses	2 CR, 3 PR, 5/58 (8.6% ORR)				

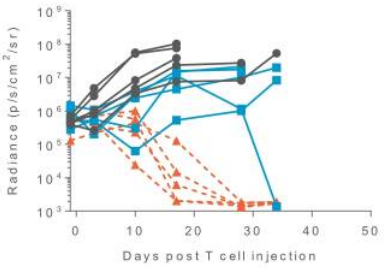
BPX-603 Pre-Clinical Studies Demonstrate Potentia Clinical Benefits

HER2+ A549
Lung Carcinoma
(1x10^4 T cells)

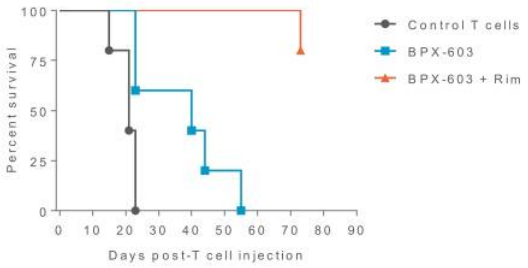
HER2+ OE19
Esophageal Carcinoma
(5x10^6 T cells)

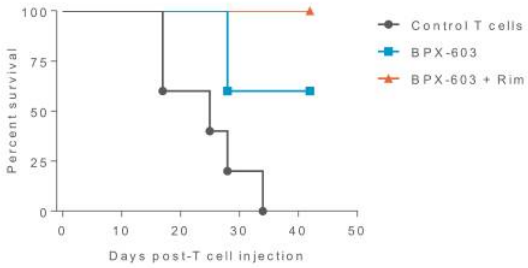
Tumor growth





Survival





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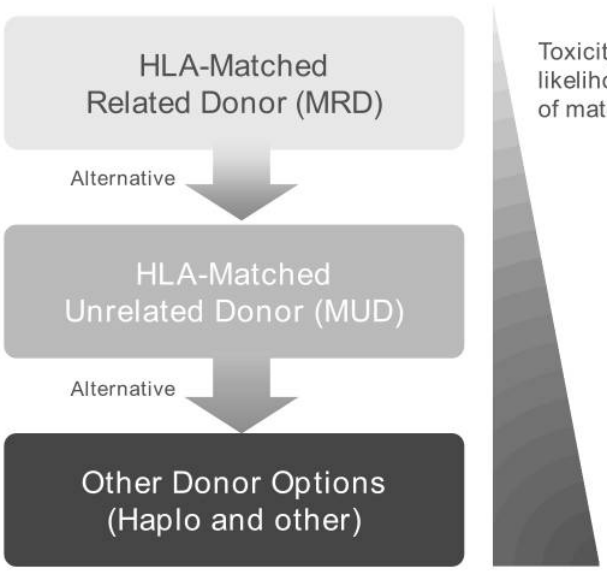
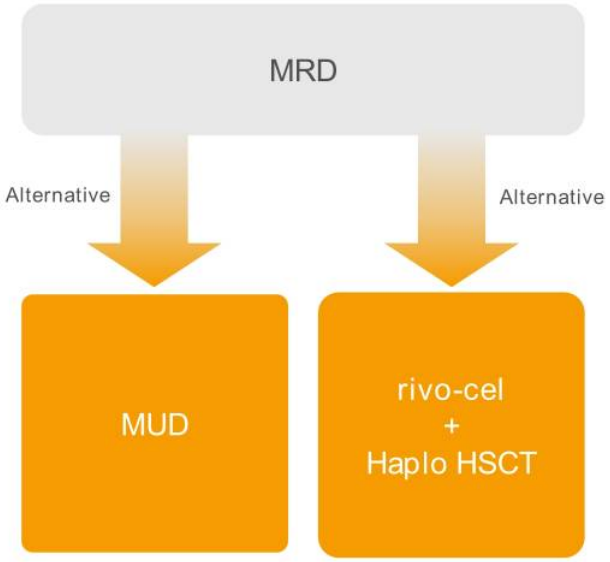
RIVO-CEL

Rivo-cel: Opportunity To Transform Treatment Paradigm

Current HSCT Treatment paradigm



Potential Future HSCT Treatment Paradigm



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[1]Other includes HLA mismatched and umbilical cord blood.

BP-004 Study: Basis for European Pediatric Approval

Phase 1/2 study of rivo-cel in pediatric patients following TCR αβ depleted allo-HSCT

Enrolled Populations

N = 249 (EU and US Patients)	
Malignant (N = 117)	Non-Malignant (N = 132)
Diagnosis	Diagnosis
Acute lymphocytic leukemia (ALL)	Primary Immune Deficiencies
Acute myeloid leukemia (AML)	β Thalassemia Major
Other	Other Erythroid Disorders
	Bone Marrow Failure Disorders

Outcomes

Rivo-cel:

- Event-free survival at 180 days (regulatory endpoi
  - TRM/NRM, severe GvHD, and life-threatening infections
- Progression-free survival
- Disease status

Rimiducid:

- GvHD response

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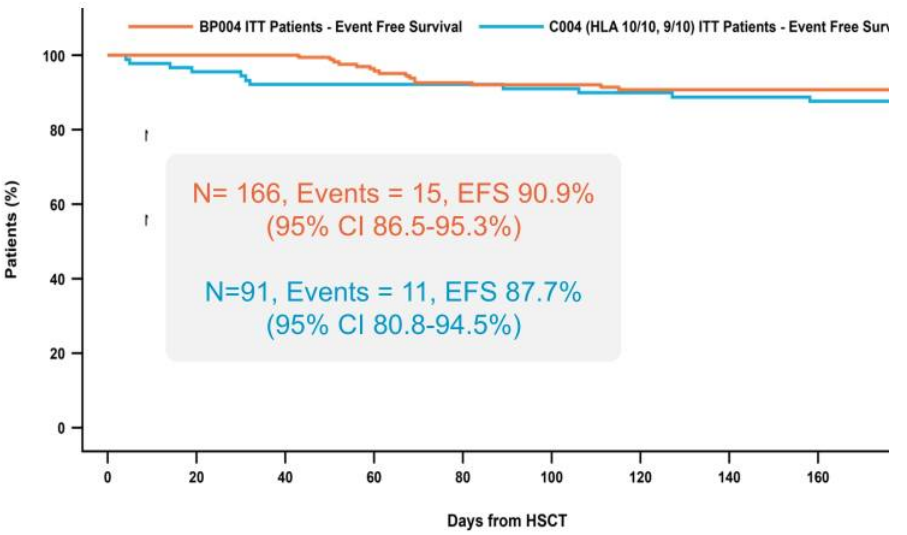
TRM, transplant-related mortality; NRM, non-relapse mortality; GvHD, graft versus host disease; SOC, standard of care; HSCT, hematopoietic stem cell transplantation. ClinicalTrials.gov Identifiers: NCT01744223, NCT02065869.

Rivo-cel Interim Results Trend Towards Meeting Primary Endpoint

Interim six-month event-free survival comparable to MUD HSCT

- C-004 is an observational trial of pediatric patients with malignant (67%) or non-malignant (33%) disease who underwent a MUD HSCT
- Non-inferiority of rivo-cel EFS at 180 days to MUD HSCT is required for EMA approval
- Full analysis with statistical comparisons of patients who received rivo-cel or a MUD HSCT planned for 2019

Event Free Survival at 180 days



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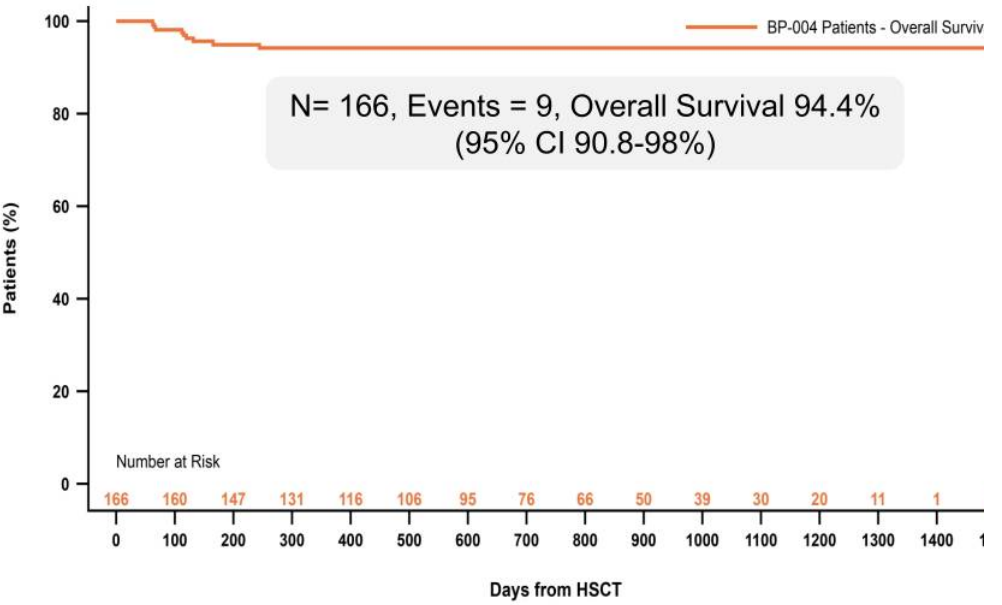
EFS, event free survival; MUD, matched unrelated donor; HSCT, Hematopoietic Stem Cell Transplantation
Data presented at 60th ASH Annual Meeting – December, 2018

Rivo-cel: High Rates of Disease-Free and Overall Survival

Interim survival results

With median follow-up of 20.3 months (0.5 – 47.4 months):

- Relapse-free survival 82.9% in malignant patients
- Disease-free survival 95.2% in non-malignant patients



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Rivo-cel: High Rates of GvHD Response to Rimiducid

Interim results of response in patients refractory to standard of care treatment

Methods & Evaluable Population

Patients who developed visceral GvHD or were refractory to SOC treatment were eligible to receive ≥1 dose (up to 3 at 48 hour intervals) of rimiducid (0.4 mg/kg)

Of 238 GvHD-evaluable patients:

- 35.7% (85/238) experienced any grade acute or chronic GvHD
- 28.2% (24/85) of patients with GvHD received rimiducid

Efficacy Results

Best overall response of 70% 7 days post-rimiducid

- 9 CR and 7 PR
- Median time to response of 1 day (1 - 4 days)

Four patients in PR or not evaluable at day 7 achieved CR within 30 days post-rimiducid

Translational Result

Reduction in rivo-cel serum leve observed in all patients receiving rimiducid[1]

Rimiducid eliminates the most highly activated rivo-cel T cells which express the highest level iC9[2], leaving remaining cells to re-expand

- 79% (11/14) malignant patient receiving rimiducid remain relapse free

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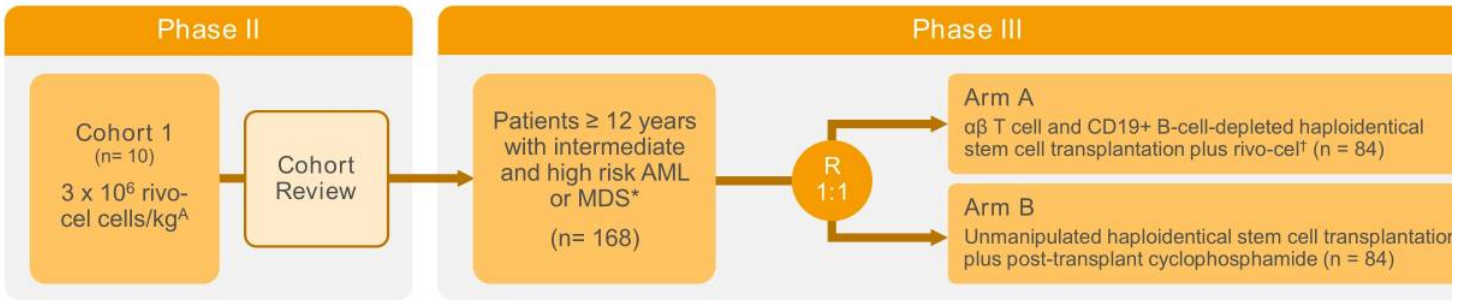
GvHD: acute graft versus host disease; SOC, Standard of Care; PR, Partial Response; CR, Complete Response

1. N = 10 with translational data at time of interim.
2. Zhou et al. ASH 2018, a3496

THRIVE: Registrational Trial in Adults & Adolescents

Phase 2/3 study of rivo-cel in intermediate and high risk AML & MDS in patients 12+ years old



Primary Outcome

Overall Survival

Secondary Outcomes

- Graft-versus host disease and relapse-free survival (GRFS) at time from randomization until Grade 3-4 acute GvHD, chronic GvHD requiring systemic immunosuppression, disease relapse or death, whichever comes first
- Relapse free survival (RFS)
- Non-relapse mortality (NRM)
- Time to resolution of GvHD after administration of rimiducid

A If dose level 1 exceeds the MTD, alternative dose levels (dose level -1: 1 x 106 BPX-501 cells/kg) will be explored
† No GvHD prophylaxis will be given. Rimiducid will be administered to inactivate rivogenlecleucel (rivo-cel) in the event of GVHD not responsive to standard of care treatment
Updated 8 Nov 2018. Clinicaltrials.gov identifier: NCT03699475

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Rivo-cel Addresses Key Shortcomings

Rivo-cel addresses shortcomings of stem cell transplants to treat hematological malignancies and inherited blood disorders

Rivo-cel Target Market

	Matched Related Donor (MRD)	Matched Unrelated Donor (MUD)	Haplo and Other	Rivo-cel +HSCT
% of Current Market	25-30%	~50%	~20-25%	
Leading Causes of Mortality and Morbidity: Disease Relapse	●	●	●	✓ ●
Leading Causes of Mortality and Morbidity: Infection	●	●	●	✓ ●
Leading Causes of Mortality and Morbidity: GvHD	●	●	●	✓ ●
Likelihood to Find Donor	Low	Low-Medium	High	✓ High
Time to Identify Donor	Short	Long	Short	✓ Short

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Rivo-cel: Significant Market Opportunity

Potential List Price

Cost Effectiveness Analysis

$300-$400k

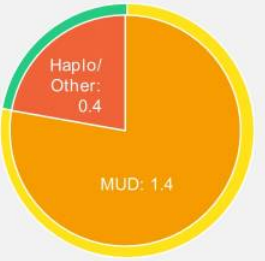
Market Research

Pricing Benchmarks

Patient Population

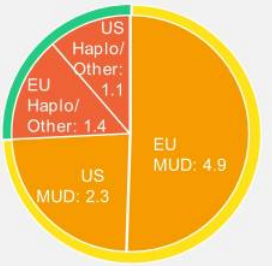
Initial market: EU Pediatric* (in thousands)

TOTAL: 1.8



Next market: Adult & Adolescent AML/MDS* (in thousands)

TOTAL: 9.7



Market Opportunity

European Pediatric

$0.5-0.7 billion

Adult & Adolescent AML/MDS

$3-4 billion

Additional Opportur

- Geographic expansi
  - U.S. Pediatric
  - Asia
- Patient population g
- Expansion of HSCT eligibility
- Development in othe malignancies

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*As of 2016. EBMT Transplant Activity Survey; CIBMTR Current Uses & Outcomes of HCT; internal company analysis
Market share expectations represented by green (strong) and yellow (moderate)

Rivo-cel: Significant Opportunity for EU Pediatric Launch

Demand

- Encouraging early KOL feedback
- Compelling clinical value proposition
- Broad and rapid haplo donor availability

Pricing & Reimbursement

- Early payer market research encouraging at target pricing
- Outstanding clinical profile and strong health economics

Manufacturing & Supply Chain

- Robust manufacturing process developed
- Commercially experienced cell therapy CMO
- High touch supply chain & customer service solution being co-developed

Team

- Efficient: ~75 transplant centers represent ~80% of opportunity
- Experienced: outstanding team in place with relevant track record

Anticipated 2019 and 2020 Key Program Milestones

	1H'19	2H'19	2020
BPX-601	Presentations of updated Phase 1 results (Flu/Cy regimen) at ASCO Amend BP-012 to allow for repeat dosing of rimiducid to reactivate iMC	Presentation of updated Phase 1 results (repeat rimiducid dosing)	Updated Phase 1 and Phase 2 results
CAR-T PIPELINE	IND submission for BPX-603	First patient treated in BPX-603 Phase 1 trial IND submission for BPX-802	BPX-603 Phase 1 data BPX-802 Phase 1 data
Rivo-cel	Final analyses of BP-004 and C/CP-004 trials	MAA submissions for rivo-cel and rimiducid for pediatric patients	Potential MAA Approval THRIVE Phase 2 data

Investment Summary

Rivo-cel

Allogeneic polyclonal T-cells for hematologic malignancies and inherited blood disorders (+HSCT)

European pediatric opportunity clinically de-risked

- 249 patients enrolled in Phase 1 / 2 study
- Late interim results presented at ASH in Dec. 2018 trend toward meeting primary endpoint
- Expect topline data in 1H 2019; MAA filings in 2H 2019
- European HQ and leadership team in place for commercialization prep

Global trial underway to broaden label

- Enrolling Phase 2/3 THRIVE study in AML and MDS in patients 12+ years old

GoCAR-T Pipeline

Controllable CAR-T cells designed to optimize efficacy and safety

BPX-601 GoCAR-T promising early clinical data

- Phase 1 / 2 study enrolling in pancreatic cancer
- Initial safety data on 18 pancreatic cancer patients presented at ASCO in June 2019 indicate attractive safety profile and early clinical activity
- Trial amendment for repeat activation molecule administration to enhance potential clinical response

Two dual-switch GoCAR-T candidates to IND in 2019

- BPX-603 targeting HER2 antigen in solid tumors
- BPX-802 targeting liquid tumors, target antigen TBA

Cash, cash equivalents, restricted cash and investment securities of $78.1MM as of March 31, 2019; Cash runway through

Ligand-Inducible, Prostate Stem Cell Antigen (PSCA)-Directed GoCAR-T® Cells in Advanced Solid Tumors: Preliminary Results With Cyclophosphamide (Cy) ± Fludarabine (Flu) Lymphodepletion (LD)

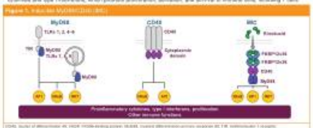
Abstra[illegible]

Carlos R. Becerra,[1] Gulam Manji,[2] Dae Won Kim,[3] Olivia Gardner,[4] Aditya Malankar,[4] Joanne Shaw,[4] Devin Blass,[4] Xiaohui Yi,[4] Aaron Foster,[4] Paul Woodard[4]
[1]Baylor University Medical Center, Dallas, TX; [2]Columbia University, New York, NY; [3]Moffitt Cancer Center, Tampa, FL; [4]Bellicum Pharmaceuticals, Inc., Houston, TX

BACKGROUND

- Inducible MyD88/CD40 (iMC) is a novel co-activation switch comprised of two synergistic signaling domains regulated by the synthetic small-molecule ligand, rimiducid[1] (Figure 1)
- iMC contains a rimiducid-binding domain (two FKBP-binding proteins) coupled with the signaling components from MyD88 and CD40, which play critical roles in initiation and maintenance of an innate and adaptive immune response[1]
- Transcription factor activation via the MyD88 and CD40 signaling domains leads to upregulation of proinflammatory cytokines and type I interferons, which promote proliferation, activation, and survival of immune cells, including T cells[1]

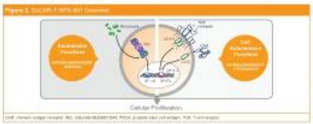
Figure 1. Inducible MyD88/CD40 (iMC)



[illegible]

- GoCAR-T technology combines antigen-specific CAR-T cells with iMC in order to allow control of T cell survival even in the absence of antigen (Figure 2)
- BPX-601 is an autologous GoCAR-T product candidate engineered to contain a prostate stem cell antigen (PSCA)-directed CAR (PSCA-CD3ζ) plus iMC

Figure 2. GoCAR-T BPX-601 Overview



[illegible]

- PSCA is a target of particular interest for therapeutic intervention as it is upregulated in many solid tumors, including cancers of the pancreas[2]
- Additionally, expression of PSCA has been observed in normal prostate epithelium, urinary bladder, kidney, esophagus, stomach, and placenta[3]
- By combining the properties of PSCA-specificity and control of T cell survival, BPX-601 is optimized for antigen-dependent and -independent T cell activation, proliferation and persistence, which potentially may enhance its efficacy in solid tumors compared with traditional CAR-T cells
- Standard treatment in the second- and third-line settings for metastatic pancreatic cancer is associated with a median progression free survival of 2-3 months[4]

OBJECTIVE

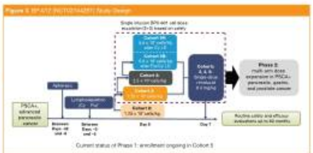
- To determine safety and tolerability, recommended dose for expansion, pharmacodynamics, and anti-tumor activity of BPX-601 with or without rimiducid in patients with previously treated advanced solid tumors with high PSCA expression

METHODS

Study Design

- BP-012 is a 2-phase, first-in-human study to assess the safety, biologic, and clinical activity of BPX-601 plus rimiducid in select PSCA-positive solid tumors (Figure 3)
- Phase 1 is an ongoing 3+3 cell dose escalation designed to identify the recommended BPX-601 dose given in combination with rimiducid for use in Phase 2 dose expansion
- After apheresis and LD with cyclophosphamide (Cy; 1 g/m²) alone on Day −3 (cohorts 0, 3, 4, and 5A) or fludarabine + Cy (Flu/Cy; 30 mg/m² and 500 mg/m², respectively) on Days −5 to −3 (cohort 5B), patients were treated with escalating doses of BPX-601 (single intravenous [IV] infusion) on Day 0 followed by a fixed dose of rimiducid (0.4 mg/kg, single IV infusion) on Day 7
- To evaluate the safety of T cell therapy alone, an initial cohort received BPX-601 on Day 0 and did not receive subsequent rimiducid (cohort 0)
- Patients treated with BPX-601 with or without rimiducid were followed for routine safety, blood biomarkers, and efficacy evaluations as specified by the study protocol

Figure 3. BP-012 (NCT02744287) Study Design



[illegible]

Main Inclusion Criteria

- Histologically confirmed diagnosis of metastatic pancreatic ductal adenocarcinoma with disease progression after standard or investigational therapy for non-resectable disease
- Positive tumor expression of PSCA as determined by qPCR performed by a central laboratory
- Age ≥18 years
- Performance status 0 or 1 with adequate organ function

Main Exclusion Criteria

- Islet cell neoplasms
- Investigational therapy within 4 weeks or chemotherapy or immunotherapy within 2 weeks prior to BPX-601 infusion
- Active autoimmune disease requiring systemic immunosuppressive therapy
- Uncontrolled systemic infection

Statistical Analysis

- All patients who were infused with BPX-601 were included in this data set
- Adverse events (AEs) were summarized by system organ class and preferred term
- Incidence of AEs and serious AEs (SAEs) were summarized overall and with respect to CTCAE grade and relationship to study treatment
- Anti-tumor activity was analyzed according to RECIST v1.1

RESULTS

- As of April 23, 2019, 18 patients have been treated across 4 BPX-601 dose levels, including one cohort that received cells without subsequent rimiducid (Table 1)
- Per FDA request, conditioning chemotherapy was originally limited to a single IV infusion of Cy only on Day −3 for 13 patients (cohorts 0-5A); following a protocol amendment, 5 patients were treated with Flu/Cy on Days −5 to −3 prior to receiving 5.0 × 10⁶ cells/kg on Day 0 (cohort 5B)
- All patients had advanced pancreatic cancer and had been treated with 1 or more prior systemic therapies
- PSCA copy number was measured at screening and ranged from 5,909 to over 960,000

Table 1. Patient Demographics and Clinical Characteristics

Cohort	LD Regimen*	BPX-601 Dose (×10⁶ cells/kg)	Rim (Y/N)	Patient	Age/Sex	# Prior Systemic Therapies	PSCA (copies)†
0	Cy only	1.25	N	1	[illegible]	1	[illegible]
			N	2	[illegible]	2	[illegible]
			N	3	[illegible]	0	[illegible]
3	Cy only	1.25	Y	1	[illegible]	[illegible]	[illegible]
			Y	2	[illegible]	[illegible]	[illegible]
			Y	3	[illegible]	[illegible]	[illegible]
4	Cy only	2.5	Y	1	71F	2	7,648
			Y	2	[illegible]	6	[illegible]
			Y	3	68M	2	[illegible]
5A	Cy only	5.0	Y	1	[illegible]	3	[illegible]
			Y	2	[illegible]	1	[illegible]
			N	3	[illegible]	6	[illegible]
			Y	4	[illegible]	3	[illegible]
5B	Flu/Cy	5.0	Y	1	55M	4	201,277
			Y	2	77M	2	10,900
			Y	3	72M	1	21,398
			Y	4	58M	1	149,110
			Y	5	64F	1	64,877

[illegible]

- All BPX-601-treated patients reported at least 1 adverse event (AE); the most common AEs (in ≥20% of all patients) regardless of causality, LD regimen, or BPX-601 dose were febrile neutropenia (33%), fatigue (28%), neutropenia (28%), pyrexia (28%), dysuria (22%), hematuria (22%), and nausea (22%) (Table 2)
- As of the data cut off, no BPX-601 dose limiting toxicities were observed
- Nine patients (50%) reported treatment-related AEs (TRAEs); dysuria (n = 4), hematuria (n = 4), pyrexia (n = 3), and hypotension (n = 2) were reported by ≥2 patients
- All TRAEs were mild/moderate except for Grade 3 hematuria and Grade 3 groin pain reported by 1 patient; no Grade 4 TRAEs were reported
- Ten patients (56%) reported SAEs; febrile neutropenia was the only SAE reported by >1 patient (n = 5)
- In patients who received Flu/Cy LD (cohort 5B):
  - All events of febrile neutropenia and neutropenia were Grade ≥3 and were not related to BPX-601/rimiducid; frequency and severity of the observed hematologic toxicity is generally consistent with Flu/Cy LD[5,6]
  - The events of dysuria and hematuria were mostly Grade 1-2 (1 event of Grade 3 hematuria) and were related to BPX-601/rimiducid
  - Patient 4 experienced an SAE of Grade 2 cytokine release syndrome (CRS) 1 day after rimiducid infusion; the patient was treated with IV tocilizumab (single infusion) and the event resolved the same day
  - Patient 2 experienced an SAE of Grade 2 encephalopathy on the same day of rimiducid infusion; no concurrent CRS was observed; the patient was treated with IV dexamethasone, and the event resolved within 1 week

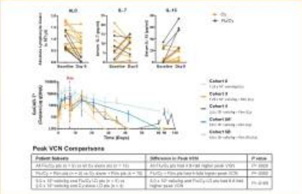
Table 2. Safety Summary

Patients, n (%)	Cohort 0 n = 3	Cohort 3 n = 3	Cohort 4 n = 3	Cohort 5A n = 4	Cohort 5B n = 5	All Patients N = 18
Any AE	3 (100)	3 (100)	3 (100)	4 (100)	5 (100)	18 (100)
Any SAE	2 (67)	1 (33)	0	3 (75)	4 (80)	10 (56)
Grade ≥3 TRAEs	0	0	0	0	1 (20)	1 (6)
AEs in ≥20% of all patients, n (%)						
Febrile neutropenia	0	0	0	2 (50)	4 (80)	6 (33)
Fatigue	2 (67)	1 (33)	0	2 (50)	0	5 (28)
Neutropenia	0	0	0	1 (25)	4 (80)	5 (28)
Pyrexia	0	0	1 (33)	2 (50)	2 (40)	5 (28)
Dysuria	0	0	0	0	4 (80)	4 (22)
Hematuria	0	0	0	0	4 (80)	4 (22)
Nausea	2 (67)	0	0	0	2 (40)	4 (22)
Abdominal pain	1 (33)	1 (33)	0	0	1 (20)	3 (17)
Abdominal pain upper	0	1 (33)	1 (33)	1 (25)	0	3 (17)
Anemia	0	0	0	1 (25)	2 (40)	3 (17)
Back pain	1 (33)	1 (33)	0	1 (25)	0	3 (17)
Blood bilirubin increased	0	0	0	1 (25)	2 (40)	3 (17)
Hypokalemia	0	0	2 (67)	1 (25)	0	3 (17)

AE, adverse event; SAE, serious adverse event; TRAE, treatment-related adverse event.

- Flu/Cy LD resulted in a mean reduction in absolute lymphocyte count of 93.8% (SD 5.9%; n = 5) compared with 35.3% (SD 23.5%; n = 13) with Cy LD alone (Figure 4)
  - Increased peripheral IL-7 and IL-15 was observed in patients who received Flu/Cy, but not Cy alone for LD
- Rapid T cell expansion by Day 4 was observed in the majority of patients; limited peripheral expansion occurred when BPX-601 was infused without rimiducid
- Nine of 17 patients (53%) with a minimum of 28 days of follow-up samples had BPX-601 persistence for >21 days, including all 5 patients in cohort 5B
- Analysis of the relationship between PSCA copy number and maximum CAR vector copy number showed a weak correlation (R² = 0.1294; P=.1426)

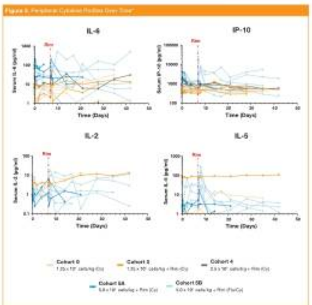
Figure 4. BPX-601 Expansion and Persistence



[illegible]

- As shown in Figure 5, following single-dose rimiducid on Day 7:
  - Rimiducid-dependent elevations in IL-2, IL-5, IL-6, and IP-10 were observed in most patients, particularly those in cohort 5B, and correlated with cell expansion
  - Similar rimiducid-dependent increases in IL-8, G-CSF, MCP-1, MIP-1α, and MIP-1β were also observed (data not shown)
  - Increased serum IP-10 was indicative of prior IFN-γ production and, together with increased serum TNF-α, supports T cell activation in response to activation of iMC by rimiducid
  - Increased BPX-601 dose was associated with overall increased serum cytokine and chemokine levels
- Limited peripheral cytokine changes were observed when BPX-601 was infused alone

Figure 5. Peripheral Cytokine Profiles Over Time*



[illegible]

- Of 13 efficacy-evaluable patients treated with BPX-601 and a single dose of rimiducid, 8 patients (62%) had stable disease including 3 patients with tumor shrinkage of 18% to 24% (Figure 6)
- Since the previous data cutoff, tumor shrinkage (−13%) has been seen in 1 patient in cohort 5B (patient 5)

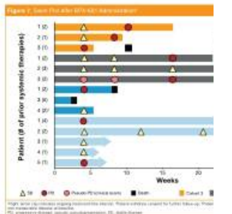
Figure 6. Evidence of Anti-Tumor Activity in BPX-601 Treated Patients

Best Response (RECIST v1.1)	Cohort 0 n = 3	Cohort 3 n = 3	Cohort 4 n = 3	Cohort 5A n = 2*	Cohort 5B n = 5	All Patients N = 16
Progressive Disease (PD), n	2	1	1	1	2	7
Stable Disease (SD), n	1	2	2	1	3	9
Partial Response (PR), n	0	0	0	0	0	0
Complete Response (CR), n	0	0	0	0	0	0
Overall Response Rate (CR + PR), n (%)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Disease Control Rate (CR + PR + SD), n (%)	1 (33)	2 (67)	2 (67)	1 (50)	3 (60)	9 (56)

[illegible]

- With 9.1 weeks median duration of follow-up (range: 2.9–30.3 weeks), the median [illegible] patients who received subsequent therapy was 16.6 weeks (range: 3.6–30.3 weeks) [illegible]
- At the highest cell dose (5.0 × 10⁶ cells/kg) after Flu/Cy LD followed by a single rim[illegible]
  - 2 patients with at least 9.1 weeks of follow-up had a time to next treatment of >2[illegible] of the data cutoff
  - 1 patient who had previously received 2 lines of systemic therapy (patient 2) had [illegible] months

Figure 7. Swim Plot after BPX-601 Administration*



[illegible]

CONCLUSIONS

- Administration of BPX-601 followed by single-dose rimiducid was well tolerated wi[illegible]
  - Frequent AEs were generally consistent with those experienced by advanced ca[illegible] chemotherapy or other cancer immunotherapies
  - The majority of AEs related to BPX-601/rimiducid were mild to moderate in intens[illegible] supportive care
- Compared with a single dose of Cy alone, more intense lymphodepletion with Flu/C[illegible] IL-7 and IL-15 and significantly increased BPX-601 expansion and prolonged persi[illegible] single-dose rimiducid
- Evidence of biological activity/stable disease has been observed in heavily pre-trea[illegible]
- Evaluation of safety and efficacy of BPX-601 followed by repeat-dose rimiducid is p[illegible]
- Collection of pre- and on-treatment biopsies were added to the study in a recent am[illegible] results will be presented at a later date

REFERENCES

1. [illegible]
2. [illegible]
3. [illegible]
4. [illegible]
5. [illegible]
6. [illegible]

DISCLOSURES

[illegible]

ACKNOWLEDGMENTS

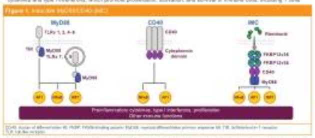
[illegible]

Presented at the Annual Meeting 2019, American Society of Clinical Oncology – May 31 - June 4, 2019, Chicago, IL

Ligand-Inducible, Prostate Stem Cell Antigen (PSCA)-Directed GoCAR-T® Cells in Advanced Solid Tumors: Preliminary Results With Cyclophosphamide (Cy) ± Fludarabine (Flu) Lymphodepletion (LD)

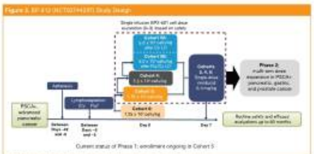
Carlos R. Becerra,[1] Gulam Manji,[2] Dae Won Kim,[3] Olivia Gardner,[4] Aditya Malankar,[4] Joanne Shaw,[4] Devin Blass,[4] Xiaohui Yi,[4] Aaron Foster,[4] Paul Woodard[4]
[1]Baylor University Medical Center, Dallas, TX; [2]Columbia University, New York, NY; [3]Moffitt Cancer Center, Tampa, FL; [4]Bellicum Pharmaceuticals, Inc., Houston, TX

BACKGROUND

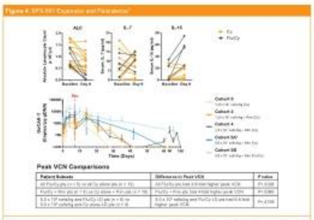


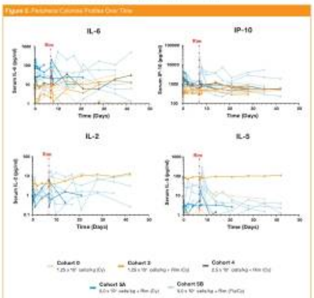
OBJECTIVE

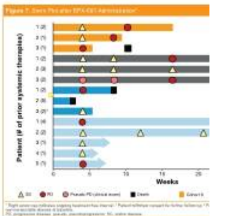
METHODS



RESULTS







CONCLUSIONS

REFERENCES

DISCLOSURES

ACKNOWLEDGMENTS

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