KITE-363
Protocol KT-US-499-0150
Amendment 3

Study info:

- **Prior treatment with CAR T-cell therapy or other genetically modified T-cell therapy targeting CD19 and/or CD20 is allowed** if at least 3 months since prior CAR T-cell therapy and the subject did not experience Grade 4 cytokine release syndrome (CRS) or neurologic toxicity to prior CAR T-cell therapy

- **Phase 1b:** In order to further characterize the benefit/risk of the therapy, the sponsor may, in consultation with the SRT, choose to treat up to approximately 40 additional subjects at 1 or more dose-level cohorts (referred to as a dose-expansion cohorts) within different disease indications.

The currently open expansion cohort is for LBCL (including transformed FL or MZL) defined as follows:

Histologically confirmed r/r LBCL (including all subtypes in WHO 2016 {Swerdlow 2016} as well as transformed iNHL) and r/r FL Grade 3b with either

1. r/r disease after at least 2 lines of systemic therapy that can include auto-SCT.
2. Or subjects with chemo refractory disease to first-line therapy (primary refractory disease) by satisfying any of the following criteria:

· Progressive disease (PD) as the best response to first-line therapy
· Stable disease (SD) as the best response after at least 4 cycles of first-line therapy (eg, 4 cycles of R-CHOP) with a SD duration of no longer than 6 months from the last dose of therapy
· Partial response (PR) as best response after at least 6 cycles of first-line therapy (eg, 6 cycles of R-CHOP) i) Prior therapy must have included an anti-CD20 mAb and an anthracycline-containing chemotherapy regimen. ii) Subjects with transformed iNHL are eligible if r/r after 1 line of therapy to account for prior therapy given before transformation if they received at least 1 line of therapy prior to transformation.

- **Bridging Therapy (Optional):** If prescribed at the discretion of the investigator, bridging therapy (corticosteroids) will be administered after leukapheresis and completed at least 5 days before initiating lymphodepleting chemotherapy.
In addition to bridging corticosteroids, focal radiation to areas of symptomatic disease is also permitted.