**RESULTS**

**Patients**

- **FT500** is an allogeneic natural killer (NK) cell-based cancer immunotherapy derived from a clonal master NK cell line.
- Disease response was assessed using RECIL (for cHL) or iRECIST (for NSCLC).
- No mandatory hospitalization was required for study treatment administration.

**Methods**

- During dose escalation, FT500 was investigated as a monotherapy in patients who were candidates for salvage therapy (Regimen A); and, in patients (Regimen B).
- Regimen BB (orange), the focus of this presentation, investigates FT500 at dose-level 2 (300 million cells/dose) in combination with Measurable disease by RECIL or iRECIST.

**Efficacy**

- Of the NSCLC patients, 4 of 6 efficacy-evaluable patients showed disease control.
- Among 6 efficacy-evaluable NSCLC patients, 1 patient had best overall response per iRECIST of immune partial response (iPR) and 3 had immune stable disease (iSD).

**Safety**

- FT500 was well tolerated when administered with low-dose IL-2 and concurrent ICI therapy. No events of CRS, ICANS, or GvHD were observed.
- These results with non-engineered, iPSC-derived NK cells support the development of next-generation, iPSC-derived NK cells engineered with synthetic functional elements designed to generate the multi-functional NK cells needed for effective cancer therapy.

**Conclusions & Future Directions**

- Combination of low-dose IL-2 with FT500 (300 million cells/dose) was well tolerated in patients with advanced solid tumors.
- No events of CRS, ICANS, or GvHD were observed.
- No FT500-related serious adverse events were reported.
- No treatment discontinuations due to treatment-related AEs were reported.