Tecelra®
afamitresgene autoleucel
suspension for IV infusion

*For certain adults[†] with **advanced synovial sarcoma**, when other kinds of treatment do not work, TECELRA is*

Engineered to *Bring on* a Remarkable *Change* in Treatment

TECELRA enhances parts of your immune system to target and destroy cancer cells with a one-time therapy, changing how advanced synovial sarcoma is treated

Not an actual patient.

Explore more at TECELRA.com

HLA=human leukocyte antigen; MAGE=melanoma-associated antigen.
[†]TECELRA is for people with certain HLA-A*02 types whose tumor expresses the MAGE-A4 antigen.

What is TECELRA?

TECELRA is a medicine, called a genetically modified autologous T cell immunotherapy, that is used to treat synovial sarcoma. It is used when other kinds of treatment do not work. TECELRA is different from other cancer medicines because it is made from your own white blood cells that are made to recognize and attack your cancer cells. Your healthcare provider will perform tests to see if TECELRA is right for you. TECELRA is approved based on patient response data. Additional data are needed to confirm the clinical benefit of TECELRA. It is not known if TECELRA is safe and effective in children.

SELECT IMPORTANT SAFETY INFORMATION

Important Warning: You will likely be in a hospital before and after getting TECELRA. TECELRA may cause side effects that can be severe or life-threatening. **Call your healthcare provider or get emergency help right away** if you get any of the following: fever (100.4°F/38°C or higher); chills/shivering; difficulty breathing; fast or irregular heartbeat; low blood pressure; fatigue; severe nausea, vomiting, or diarrhea; severe headache; or new skin rash. Tell all your healthcare providers that you were treated with TECELRA.

Please see additional Important Safety Information, including Important Warning, throughout, as well as Medication Guide.

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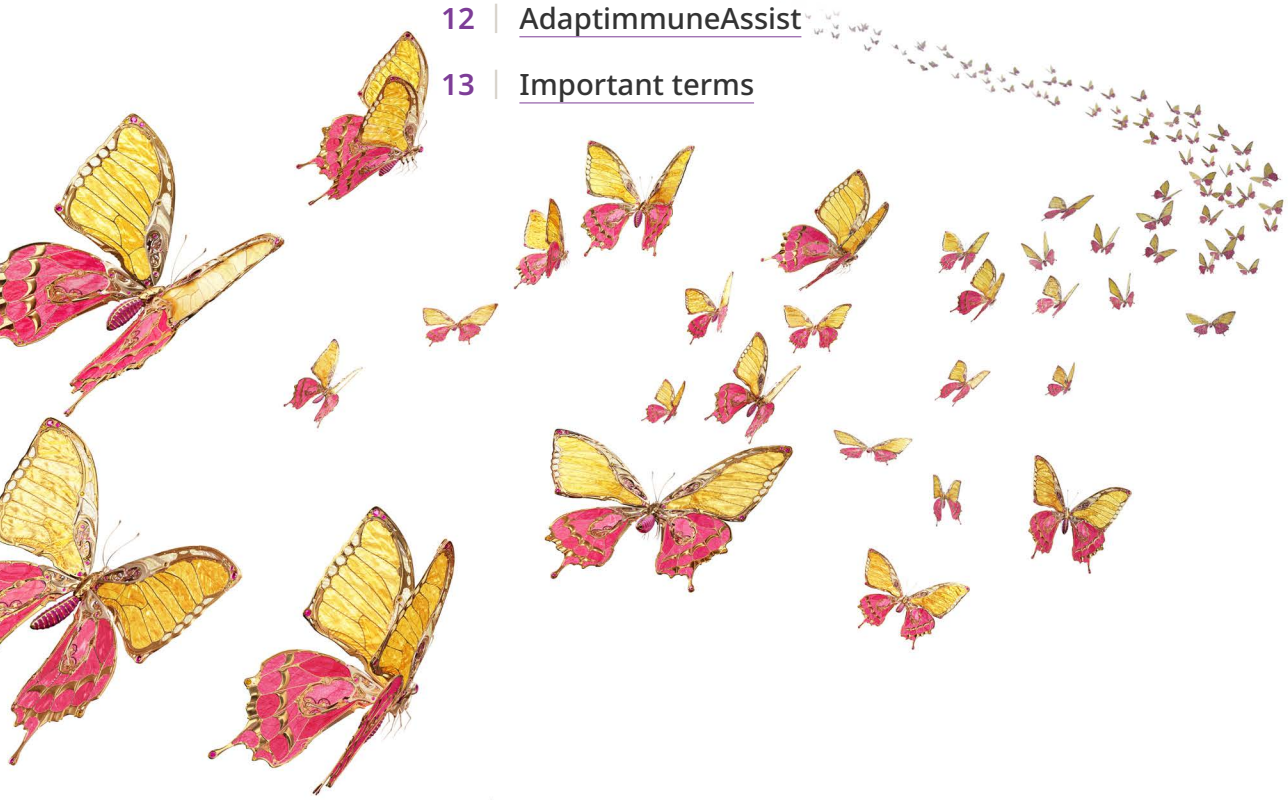


Pink underlined terms in this guide are defined on the Important terms page.

SyS=synovial sarcoma.

Please see Important Safety Information, including Important Warning, throughout, as well as Medication Guide.

What is advanced synovial sarcoma?

Advanced synovial sarcoma (SyS) is a rare cancer that affects patients and their loved ones

Synovial sarcoma is disruptive and can affect people at pivotal points in their lives. Many people are diagnosed when they are younger than 40 years of age. Synovial sarcoma can be advanced when it is first diagnosed or become advanced while living with the disease.

Advanced synovial sarcoma typically means that:

the tumor is unable to be fully removed

or

the cancer has spread to other areas of the body, or metastasized

or

the cancer has come back after treatment

Not an actual patient.

Advanced synovial sarcoma can be challenging to treat and have varied outcomes due to:

- **Difficulties with diagnosis**, as sometimes the cancer looks like other illnesses or is only diagnosed once it is already advanced. This can make outcomes less favorable
- **The aggressive nature of the disease**, as the cancer often metastasizes or comes back after treatment
- **Limited treatment options**—in advanced synovial sarcoma, cytotoxic chemotherapies are commonly used and they may not always stop tumors from growing

Different treatment options are needed for advanced synovial sarcoma as options are limited and may not always be effective.

What is cell therapy?

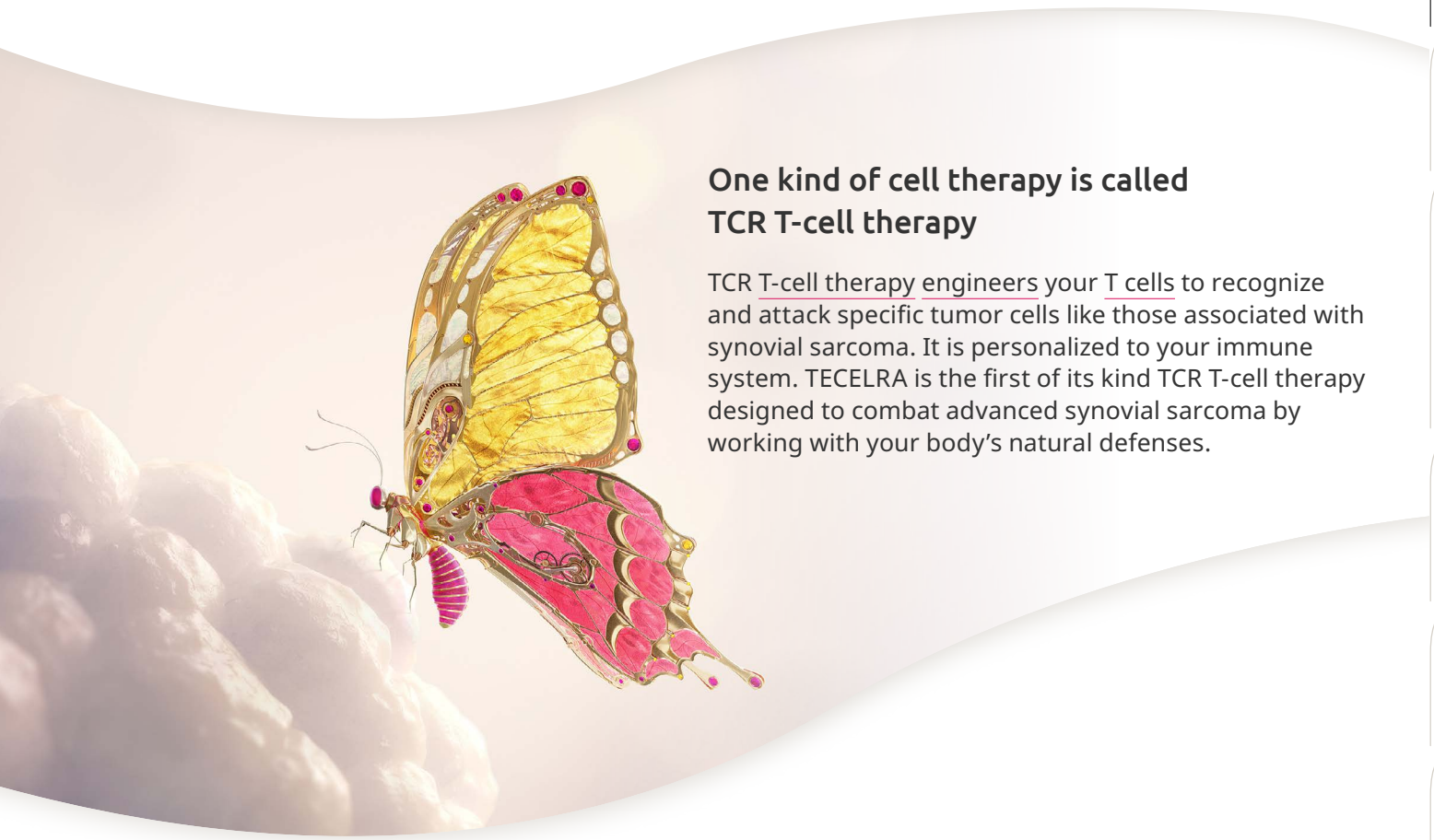
Cell therapy is a different type of treatment approach

This kind of therapy can modify and replace your cells to help treat certain conditions like cancer.

The main types of cell therapy you may have heard of are:

- Stem cell therapy
- Adoptive cell therapy, like CAR-T (chimeric antigen receptor T cell), TIL (tumor-infiltrating lymphocyte), or T-cell receptor (TCR) T-cell therapies

Some cell therapies for cancer are designed to genetically change your existing cells so they can recognize and then destroy tumor cells. This kind of therapy uses the power of your own immune system to treat your specific cancer, creating a treatment personalized to you.



One kind of cell therapy is called TCR T-cell therapy

TCR T-cell therapy engineers your T cells to recognize and attack specific tumor cells like those associated with synovial sarcoma. It is personalized to your immune system. TECELRA is the first of its kind TCR T-cell therapy designed to combat advanced synovial sarcoma by working with your body's natural defenses.

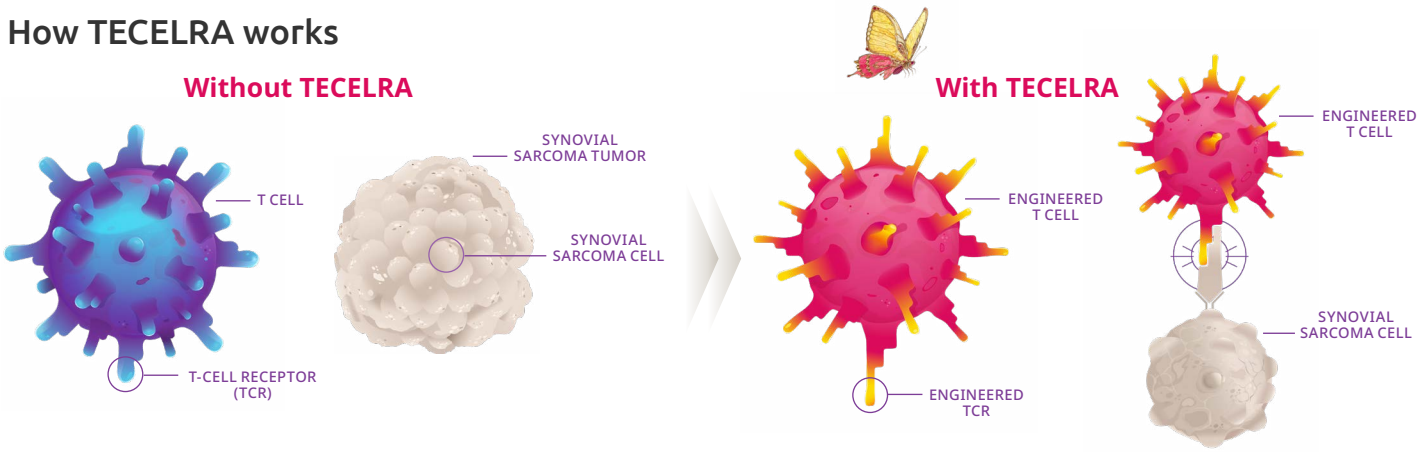
TCR=T-cell receptor.

What is TECELRA and how does it work?

TECELRA is a single-infusion TCR T-cell therapy, engineered to change how advanced synovial sarcoma is treated

TECELRA is a different type of treatment than what you may have previously received—cells are taken from your body, engineered, and placed back into your body to fight synovial sarcoma cells.

How TECELRA works



The T cell

T cells play a big role in your body's immune response. They have special proteins on their surface, known as T-cell receptors (TCRs), that can recognize things that may harm the body like tumor cells. This allows them to target and destroy the dangerous cells.

The synovial sarcoma cell

Synovial sarcoma cells, like other cancer cells, try to hide from your T cells by stopping or limiting the display of certain proteins on their surface. These proteins are how T cells identify cancer cells, so this makes it harder for T cells to find and attack the cells.

TECELRA engineered T cell

TECELRA is made by collecting your own T cells and engineering them to have modified TCRs. These TCRs have an enhanced ability to recognize a type of protein called MAGE-A4 that can be displayed by synovial sarcoma cells.

Target and destroy

Once engineered, the T cells with enhanced TCRs are put back into your body in a single infusion, where they target and destroy synovial sarcoma cells.

To learn more about TECELRA, visit **TECELRA.com**

MAGE=melanoma-associated antigen; TCR=T-cell receptor.

SELECT IMPORTANT SAFETY INFORMATION

After getting TECELRA, you will be monitored daily at the healthcare facility for at least 7 days after the infusion. You should plan to stay close to a healthcare facility for at least 4 weeks. Do not drive, operate heavy machinery, or do other activities that could be dangerous for at least 4 weeks after you get TECELRA.

Your healthcare provider will do blood tests to follow your progress. It is important that you have your blood tested. If you miss a scheduled appointment for your collection of blood, call your healthcare provider as soon as possible to reschedule.

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Is TECELRA an option for me?

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TECELRA is for adults with advanced synovial sarcoma who have:

- Received prior chemotherapy
- A specific genetic profile
- A tumor that expresses a certain biomarker

Not an actual patient or healthcare providers.

Your doctor may recommend testing to see if TECELRA is right for you

Those tests include:

A BLOOD TEST This test will check to see if you have an eligible genetic profile. Your cells need to express a certain HLA protein[†]—or biomarker—for TECELRA to work in your body. There is also an HLA marker that could make you ineligible for TECELRA.

A TUMOR TISSUE TEST This test will check for a biomarker called MAGE-A4, which is the protein TECELRA-engineered T cells are designed to target.

For more information on eligibility for TECELRA and the tests you will take, visit **TECELRA.com**

HLA=human leukocyte antigen; MAGE=melanoma-associated antigen.

[†]Positive for HLA-A*02:01P, -A*02:02P, -A*02:03P, or -A*02:06P, and negative for HLA-A*02:05P.

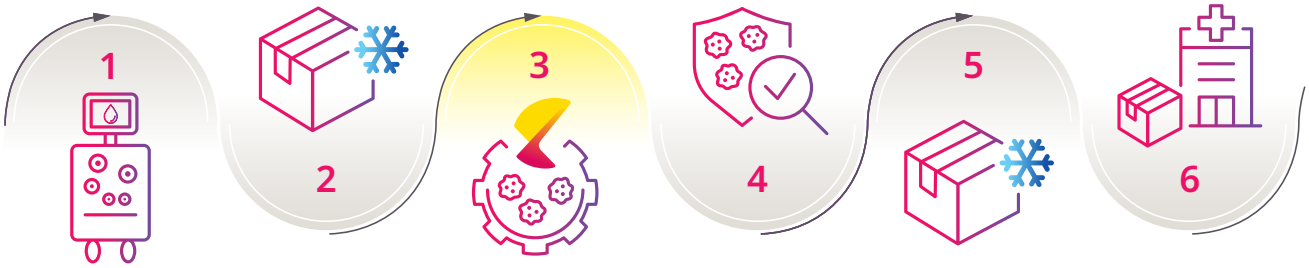
SELECT IMPORTANT SAFETY INFORMATION

Before you receive TECELRA, tell your healthcare provider about all the medicines and supplements you take and your medical conditions, including: seizure, stroke, confusion, or memory loss; heart, liver, or kidney problems; low blood pressure; lung or breathing problems; recent or active infection; past infections that can be reactivated following treatment with TECELRA; low blood counts; pregnancy, you think you may be pregnant, or plan to become pregnant; breastfeeding; or taking a blood thinner.

Please see additional Important Safety Information, including Important Warning, throughout, as well as Medication Guide.

How are my T cells engineered to create TECELRA?

The process of collecting, creating, and delivering TECELRA takes about 6 weeks. Every person's cells are different, so this time may vary.



COLLECT

Blood Cell Collection

1. First, you'll undergo a procedure called leukapheresis. During this procedure, your blood will be drawn into an apheresis machine that separates and collects the white blood cells (including T cells), and returns the rest of the blood to your body
2. Your T cells are then transported to Adaptimmune's facility where they are kept at temperatures at or below -202˚F/-130˚C until they are ready to be engineered

CREATE

Cell Manufacturing

3. Next, your T cells are thawed and engineered to create TECELRA through a genetic modification process that will help the T cells target tumor cells in your body
4. Your modified T cells are checked for quality and then frozen

DELIVER

Site Storage

5. After passing a quality check, your frozen modified T cells are transported back to the Authorized Treatment Center (ATC) where you will receive treatment
6. Your treatment center stores these frozen modified T cells that make up TECELRA until it is time for your TECELRA infusion

SELECT IMPORTANT SAFETY INFORMATION

The most common side effects of TECELRA include nausea, vomiting, fatigue, infection, constipation, fever (100.4°F/38°C or higher), abdominal pain, difficulty breathing, decreased appetite, diarrhea, low blood pressure, back pain, fast heart rate, chest pain, general body swelling, low white blood cells, low red blood cells, and low platelets.

You are encouraged to report side effects to the FDA at (800) FDA-1088 or www.fda.gov/medwatch or to Adaptimmune at 1-855-24MYADAP (1-855-246-9232).

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What will my TECELRA treatment journey look like?

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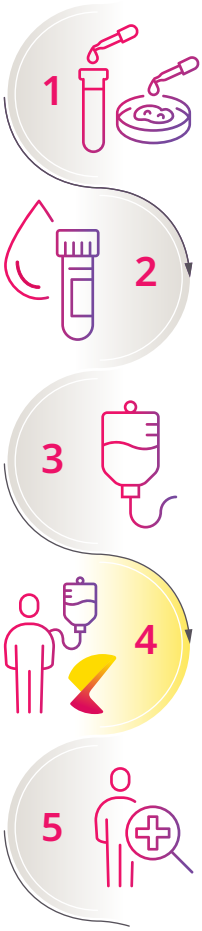
Dosing for TECELRA is unique—after pre-treatment, it takes **a single infusion of your own individualized, engineered T cells to target and destroy synovial sarcoma cells** in your body.



There are **5 steps** in the treatment journey for TECELRA:

Blood and tumor tissue tests
Tests for MAGE-A4 on your tumor and certain HLA protein† in your blood are how your doctor will determine if you are able to receive TECELRA. See page 6 for more information about these tests.

Blood cell collection
This is when you undergo leukapheresis to collect T cells that will be engineered to create TECELRA. See page 7 for more information about this procedure.

Pre-treatment lymphodepleting chemotherapy (4 days)
Before receiving TECELRA, you will undergo lymphodepletion, which is a short-course pre-treatment chemotherapy regimen that lasts 4 days. This is different than a normal course of chemotherapy used to treat cancer, as lymphodepletion is intended only to prepare your body to receive your engineered T cells. This regimen will start 7 days before your TECELRA infusion.

Administration of TECELRA (up to 1 hour for 1 infusion bag‡ + premedication time)
When it's time to receive your uniquely engineered TECELRA, your doctor will thaw your stored T cells and administer premedication. This will consist of an antihistamine and acetaminophen 30 minutes to 1 hour before your infusion to help prevent reactions. Then you will receive your TECELRA infusion, which may take up to 1 hour per infusion bag.‡

Monitoring after infusion (for at least 4 weeks)
After your TECELRA infusion, your doctor and care team will check to ensure your treatment is working and help you with any side effects that may occur. TECELRA may cause side effects that can be severe or life-threatening, so you will be monitored daily for at least 7 days at the healthcare facility where you received your treatment, and should then remain close to a healthcare facility for the following 3 weeks to continue to monitor for side effects. This means you will be monitored for a total of at least 4 weeks after infusion. To learn more about possible serious side effects, see page 10.

Although your journey with TECELRA will take time, you're not alone.
See **page 11** for information about support along the way.

HLA=human leukocyte antigen; MAGE=melanoma-associated antigen.

†Positive for HLA-A*02:01P, -A*02:02P, -A*02:03P, or -A*02:06P, and negative for HLA-A*02:05P.

‡A dose of TECELRA may be contained in 1 or more infusion bag(s). A healthcare provider will determine the number of bags needed for your dose of TECELRA before preparing your infusion.

SELECT IMPORTANT SAFETY INFORMATION

Important Warning: You will likely be in a hospital before and after getting TECELRA. TECELRA may cause side effects that can be severe or life-threatening. **Call your healthcare provider or get emergency help right away** if you get any of the following: fever (100.4°F/38°C or higher); chills/shivering; difficulty breathing; fast or irregular heartbeat; low blood pressure; fatigue; severe nausea, vomiting, or diarrhea; severe headache; or new skin rash. Tell all your healthcare providers that you were treated with TECELRA.

Please see additional Important Safety Information, including Important Warning, throughout, as well as Medication Guide.

How was TECELRA studied and what were the results?

TECELRA brought on a remarkable change for certain adults who had previous synovial sarcoma treatment†

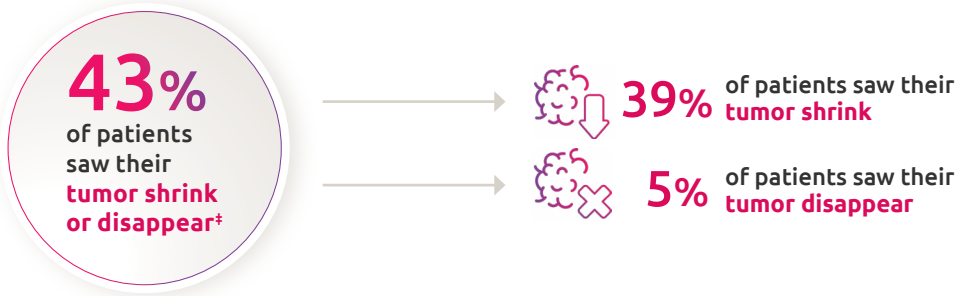
In a clinical study, 44 patients with advanced synovial sarcoma were given TECELRA to evaluate the efficacy and safety of the treatment. This study was open-label, meaning all patients knew they received TECELRA.

In the study, patients:

- Had the 2 required biomarkers†
- Had a median age of 41 years (age range: 19-73 years old)
- Were 50% men and 50% women
- Had previously received systemic therapy or therapies, including chemotherapy, for their advanced synovial sarcoma (median: 3; range: 1-12 lines)

TECELRA is approved based on patient response data. A study is ongoing to confirm the clinical benefit of TECELRA.

TECELRA was able to shrink or eliminate synovial sarcoma tumors in the study



AMONG PATIENTS WHO SAW THEIR TUMOR SHRINK OR DISAPPEAR‡:

HALF saw results with TECELRA by **4.9 WEEKS**

HALF maintained their results with TECELRA for **6 MONTHS OR LONGER** (median: 6 months; range: 1.9, 36.1+ months)

39% were likely to respond for **1 year or longer**

HLA=human leukocyte antigen; MAGE=melanoma-associated antigen.
Median is the middle number in a group of numbers arranged from lowest to highest.
†TECELRA is for people with certain HLA-A*02 types whose tumor expresses the MAGE-A4 antigen.
‡43.2% of a total of 44 patients in the study saw results with TECELRA.

SELECT IMPORTANT SAFETY INFORMATION

After getting TECELRA, you will be monitored daily at the healthcare facility for at least 7 days after the infusion. You should plan to stay close to a healthcare facility for at least 4 weeks. Do not drive, operate heavy machinery, or do other activities that could be dangerous for at least 4 weeks after you get TECELRA.

Your healthcare provider will do blood tests to follow your progress. It is important that you have your blood tested. If you miss a scheduled appointment for your collection of blood, call your healthcare provider as soon as possible to reschedule.

Please see additional Important Safety Information, including Important Warning, throughout, as well as Medication Guide.

Possible serious side effects

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Side effects may occur with TECELRA, including serious side effects. Since TECELRA is a different kind of treatment, the side effects you may experience could be different from those you have previously experienced with other treatments. Prior to infusion, your doctor will counsel you on all possible risks associated with TECELRA. Be sure to speak with your doctor or care team about any severe side effects you may experience.

Important warning

You will likely be in a hospital before and after getting TECELRA.

TECELRA may cause side effects that can be severe or life-threatening. **Call your healthcare provider or get emergency help right away** if you get any of the following: fever (100.4°F/38°C or higher); chills/shivering; difficulty breathing; fast or irregular heartbeat; low blood pressure; fatigue; severe nausea, vomiting, or diarrhea; severe headache; or new skin rash.

Tell all your healthcare providers that you were treated with TECELRA.

After getting TECELRA, you will be monitored daily at the healthcare facility for at least 7 days after the infusion. You should plan to stay close to a healthcare facility for at least 4 weeks.

Do not drive, operate heavy machinery, or do other activities that could be dangerous for at least 4 weeks after you get TECELRA.

One serious side effect that is possible with TECELRA is called cytokine release syndrome

What is CRS?

TECELRA can cause cytokine release syndrome, or CRS, which can be severe or life-threatening. This is when immune cells create a large and rapid release of cytokines, proteins that affect the immune system, into the blood. CRS can happen after treatment with some cancer therapies, including TECELRA.

You should be monitored for CRS at a healthcare facility daily for at least 7 days after TECELRA treatment and remain within proximity of a healthcare facility for at least 4 weeks after TECELRA treatment.

What does having CRS feel like?

The most common symptoms of CRS include fever, fast or irregular heartbeat, low blood pressure, nausea/vomiting, and headache. Tell your doctor or care team right away if you develop fever or any of these other symptoms after receiving TECELRA.

How long did CRS last in the TECELRA study?

In the TECELRA clinical study, half of CRS cases occurred within 2 days of treatment (range: 1-5 days) and half improved within 3 days (range: 1-14 days).

The most common side effects of TECELRA include:

- Nausea
- Vomiting
- Fatigue
- Infection
- Constipation
- Fever (100.4°F/38°C or higher)
- Abdominal pain
- Difficulty breathing
- Decreased appetite
- Diarrhea
- Low blood pressure
- Back pain
- Fast heart rate
- Chest pain
- General body swelling
- Low white blood cells
- Low red blood cells
- Low platelets

You are encouraged to report side effects to the FDA at (800) FDA-1088 or www.fda.gov/medwatch or to Adaptimmune at 1-855-24MYADAP (1-855-246-9232).

CRS=cytokine release syndrome.

Please see additional Important Safety Information, including Important Warning, throughout, as well as Medication Guide.

Adaptimmune is here to support your treatment journey

Every step of the Adaptimmune TECELRA journey is personal—coordinating with your care team, carefully handling your cells, and using our unique method to create a therapy just for you. Adaptimmune is committed to supporting you throughout your TECELRA treatment experience. The resources listed below may help you on your treatment journey.

Find a treatment center

TCR T-cell therapy with TECELRA requires specialized doctors, care teams, and equipment. Use this tool to find a center near you.

Support and advocacy groups

Cancer organizations and patient support groups may offer information about cancer, help you through your treatment journey, or even connect you with a local support group. This can be a place to share experiences, learn about the latest cancer news, and even get encouragement through a community that understands what you are going through.

Sarcoma Foundation of America www.curesarcoma.org

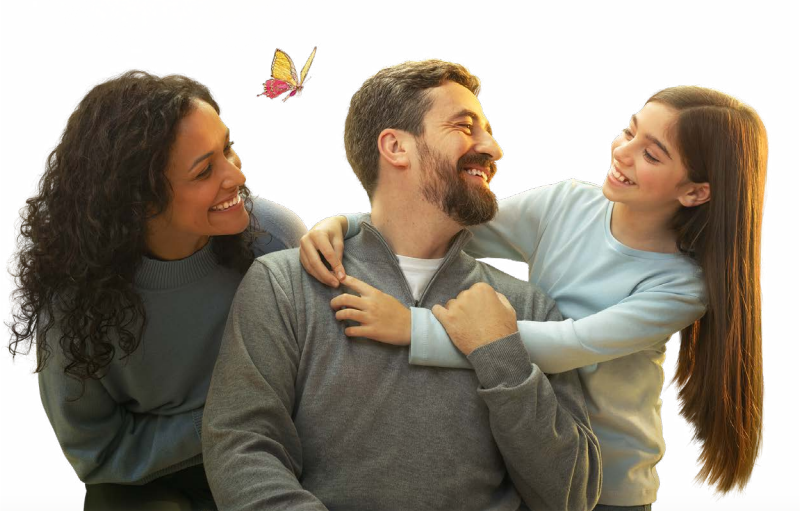
Rein In Sarcoma www.reininsarcoma.org

Sarcoma Alliance www.sarcomaalliance.org

Patient Advocate Foundation www.PatientAdvocate.org

Northwest Sarcoma Foundation www.nwsarcoma.org

Adaptimmune does not control or endorse third-party organizations. As such, Adaptimmune makes no representation as to the accuracy or any other aspect of the information supplied by these organizations or contained on these websites. The information provided is meant for informational purposes only. It is not meant to replace your physician's medical advice.



Not actual patients.

Visit **TECELRA.com** for more information on travel support, mental health support, and other resources to help you during your treatment.

TCR=T-cell receptor.

Please see Important Safety Information, including Important Warning, throughout, as well as Medication Guide.

AdaptimmuneAssist is here for you

AdaptimmuneAssist™

AdaptimmuneAssist provides you with personalized support throughout your treatment journey with TECELRA.

Travel Assistance Program

AdaptimmuneAssist can offer transportation and lodging support for eligible patients and their caregiver(s) during the treatment journey.†

†Eligibility requirements apply.

Copay Assistance Program

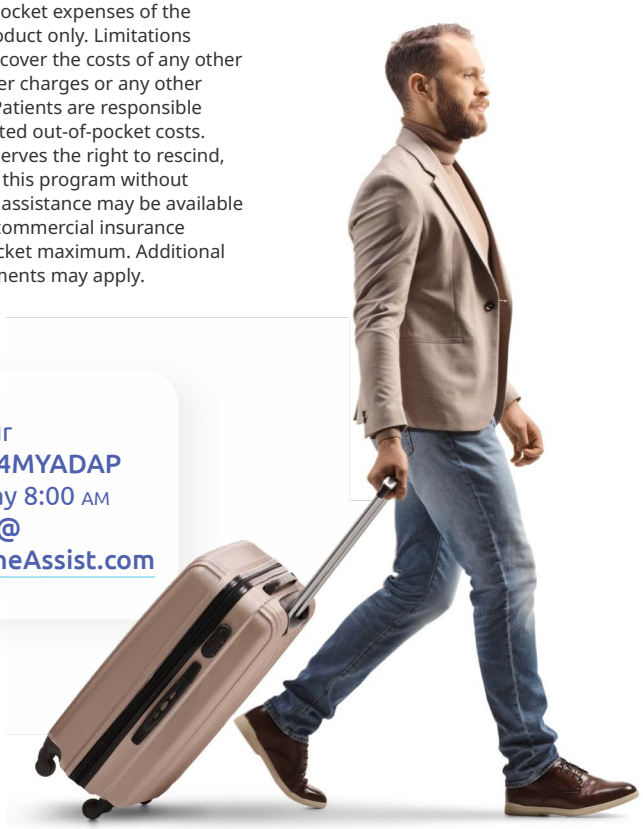
For commercially insured patients, AdaptimmuneAssist may cover out-of-pocket expenses specific to TECELRA.‡

‡The Copay Assistance Program is not available for patients who are enrolled in Medicare, Medicaid, TRICARE, the Veterans Affairs (VA), or any other federal or state healthcare program. The program will cover the out-of-pocket expenses of the Adaptimmune product only. Limitations apply. It does not cover the costs of any other healthcare provider charges or any other treatment costs. Patients are responsible for non–drug-related out-of-pocket costs. Adaptimmune reserves the right to rescind, revoke, or amend this program without notice. Additional assistance may be available for patients with commercial insurance with no out-of-pocket maximum. Additional eligibility requirements may apply.

TECELRA Treatment Access Program

AdaptimmuneAssist can provide financial assistance for product costs to patients with insurance coverage delays or without commercial insurance.§

§Eligibility requirements apply. Financial assistance only applies to prescription costs.



Not an actual patient.

For personalized assistance, contact your Cell Therapy Navigator (CTN) at **1-855-24MYADAP** (1-855-246-9232), Monday through Friday 8:00 AM to 8:00 PM ET, email **adaptimmuneassist@adaptimmune.com**, or visit AdaptimmuneAssist.com

Your CTN will also work with your doctors and care team to coordinate your treatment, including scheduling, order management, and logistics.

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Important terms in this guide

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Here are some terms associated with synovial sarcoma and TCR T-cell therapy that are mentioned within the guide. You can explore these terms for more insight into this disease and treatment.

Apheresis A procedure where blood is collected from a person, then part of the blood, like white blood cells or platelets, is taken out, and the rest of the blood is returned to the person.

Authorized Treatment Center (ATC) Specific treatment centers that have the right tools and experts to administer TECELRA.

Biomarker A biological molecule found in a person's blood, other body fluids, or tissues. This can be a sign of a normal or abnormal body process, or a sign of a condition or disease. Biomarkers may be used to determine whether a person will respond to treatment for a condition or disease.

Cytokine release syndrome (CRS) A condition that can occur with some immunotherapies when immune cells create a large and rapid release of cytokines, proteins that affect the immune system, into the blood. Signs and symptoms can include fever, fast or irregular heartbeat, low blood pressure, nausea/vomiting, and headache. The reaction may be serious or life-threatening.

Engineer The process of modifying T cells to have special TCRs that are better able to target and destroy synovial sarcoma cells.

Leukapheresis The collection of blood from a person so that white blood cells may be taken out. The remaining blood is then returned to the body.

Lymphodepletion A short course of chemotherapy given to temporarily reduce the amount of normal white blood cells within the immune system. This is done to provide more "space" for the engineered immune cells infused during treatment.

Metastasize When the cancer spreads from its original location to other parts of your body. The metastatic tumors formed by the cells that traveled through the blood or lymph system are the same kind of cancer as the original tumor.

Synovial sarcoma (SyS) A type of cancer usually found in the tissue around the major joints in the arms and legs, though it can also form elsewhere in the body. It is a kind of soft tissue sarcoma and often occurs in younger populations.

T cell A type of white blood cell that is part of the immune system. They help protect a person from infection and may help fight cancer by binding to and attacking certain substances or tissue.

T-cell receptor (TCR) A group of proteins found on T cells that bind to certain proteins on other cells, including cancerous or abnormal cells. Once connected, the T cells can attack these cells to help the body fight cancer, infection, and other diseases.

T-cell therapy A therapy that can take T cells from a person's body through leukapheresis, engineer them to better locate the targeted disease cells—like a certain kind of cancer cell—and put them back in the person's body to help fight the disease.

Tumor An abnormal mass of tissue, or lump, formed when cells replicate more than they should. They may be cancer (malignant tumors) or not cancer (benign tumors). If malignant, they can grow into other tissues or spread to other parts of the body (see definition for **Metastasize** above).

SELECT IMPORTANT SAFETY INFORMATION

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