Adverse Reactions Timing & Management Guide

Zynlonta®
loncastuximab tesirine-lpyl
for injection, for intravenous use • 10mg

INDICATION AND USAGE

ZYNLONTA® is indicated for the treatment of adult patients with relapsed or refractory large B-cell lymphoma after two or more lines of systemic therapy, including diffuse large B-cell lymphoma (DLBCL) not otherwise specified, DLBCL arising from low-grade lymphoma, and high-grade B-cell lymphoma.

This indication is approved under accelerated approval based on overall response rate. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial(s).

SELECT IMPORTANT SAFETY INFORMATION

ZYNLONTA® can cause serious adverse reactions including: effusion and edema, including capillary leak syndrome, myelosuppression, fatal and serious infections, hepatotoxicity, including drug-induced liver injury, cutaneous reactions, and embryo-fetal toxicity.

Please see additional Important Safety Information on pages 2–3, and full Prescribing Information.

Learn more at www.zynlontahcp.com

This guide is intended to help you anticipate and prepare for select adverse reactions that patients receiving ZYNLONTA might experience. The timing of those adverse reactions in the LOTIS-2 pivotal trial is presented, as are the management strategies recommended in the ZYNLONTA full Prescribing Information and used in LOTIS-2.

Please refer to the accompanying full Prescribing Information.

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IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

Effusion and Edema, Including Capillary Leak Syndrome

Serious effusion and edema, including capillary leak syndrome, occurred in patients treated with ZYNLONTA®. Grade 3 edema occurred in 3% (primarily peripheral edema or ascites) and Grade 3 pleural effusion occurred in 3% and Grade 3 or 4 pericardial effusion occurred in 1%. Rare cases of cardiac tamponade have been reported in patients with Grade 3 or 4 pericardial effusion. Grade 3 or higher capillary leak syndrome occurred in 0.6%.

Monitor patients for new or worsening edema or effusions. Consider diagnostic imaging in patients who develop symptoms of pleural effusion or pericardial effusion, such as new or worsened dyspnea, chest pain, and/or ascites such as swelling in the abdomen and bloating. Institute appropriate medical management for edema or effusions.

Evaluate and institute appropriate medical management for capillary leak syndrome in patients experiencing worsening effusion or edema with signs and symptoms of weight gain, severe hypotension, hypoalbuminemia, and/or hemoconcentration (by elevated hemoglobin/hematocrit, etc.). Withhold or discontinue ZYNLONTA® based on severity.

Myelosuppression

Treatment with ZYNLONTA® can cause serious or severe myelosuppression, including neutropenia, thrombocytopenia, and anemia. Grade 3 or 4 neutropenia occurred in 32%, thrombocytopenia in 20%, and anemia in 12% of patients. Grade 4 neutropenia occurred in 21% and thrombocytopenia in 7% of patients. Febrile neutropenia occurred in 3%.

Monitor complete blood counts throughout treatment. Cytopenias may require interruption, dose reduction, or discontinuation of ZYNLONTA®. Consider prophylactic granulocyte colony-stimulating factor administration as applicable.

Infections

Fatal and serious infections, including opportunistic infections, occurred in patients treated with ZYNLONTA®. Grade 3 or higher infections occurred in 10% of patients, with fatal infections occurring in 2%. The most frequent Grade ≥3 infections included sepsis and pneumonia.

Monitor for any new or worsening signs or symptoms consistent with infection. For Grade 3 or 4 infection, withhold ZYNLONTA® until infection has resolved.

Hepatotoxicity, Including Drug-Induced Liver Injury

Cholestatic and hepatocellular liver injury, including severe, life-threatening, and fatal cases of drug-induced liver injury (DILI), have occurred in patients treated with ZYNLONTA®.

Please see additional Important Safety Information on page 3, and full Prescribing Information.

IMPORTANT SAFETY INFORMATION *(continued)*

WARNINGS AND PRECAUTIONS

Hepatotoxicity, Including Drug-Induced Liver Injury *(continued)*

Monitor liver function tests at baseline and throughout treatment with ZYNLONTA®. In the event of suspected DILI or Grade ≥3 increase in ALT or AST, withhold ZYNLONTA® until toxicity resolves to Grade 1 or lower. Upon confirmation of DILI, discontinue ZYNLONTA®.

ZYNLONTA® should be avoided in patients with severe hepatic impairment.

Cutaneous Reactions

Serious cutaneous reactions occurred in patients treated with ZYNLONTA®. Grade 3 cutaneous reactions occurred in 4% and included photosensitivity reaction, rash (including exfoliative and maculo-papular), and erythema.

Monitor patients for new or worsening cutaneous reactions, including photosensitivity reactions. Withhold ZYNLONTA® for severe (Grade 3) cutaneous reactions until resolution. Advise patients to minimize or avoid exposure to direct natural or artificial sunlight including exposure through glass windows. Instruct patients to protect skin from exposure to sunlight by wearing sun-protective clothing and/or the use of sunscreen products. If a skin reaction or rash develops, dermatologic consultation should be considered.

Embryo-Fetal Toxicity

Based on its mechanism of action, ZYNLONTA® can cause embryo-fetal harm when administered to a pregnant woman because it contains a genotoxic compound (SG3199) and affects actively dividing cells.

Advise pregnant women of the potential risk to a fetus. Advise females of reproductive potential to use effective contraception during treatment with ZYNLONTA® and for 10 months after the last dose. Advise male patients with female partners of reproductive potential to use effective contraception during treatment with ZYNLONTA®, and for 7 months after the last dose.

ADVERSE REACTIONS

In a pooled safety population of 215 patients (Phase 1 and LOTIS-2), the most common (>20%) adverse reactions, including laboratory abnormalities, were thrombocytopenia, increased gamma-glutamyltransferase, neutropenia, anemia, hyperglycemia, transaminase elevation, fatigue, hypoalbuminemia, rash, edema, nausea, and musculoskeletal pain.

In LOTIS-2, serious adverse reactions occurred in 28% of patients receiving ZYNLONTA®. The most common serious adverse reactions that occurred in ≥2% receiving ZYNLONTA® were febrile neutropenia, pneumonia, edema, pleural effusion, and sepsis. Fatal adverse reactions occurred in 1%, due to infection.

Permanent treatment discontinuation due to an adverse reaction of ZYNLONTA® occurred in 19% of patients. Adverse reactions resulting in permanent discontinuation of ZYNLONTA® in ≥2% were gamma-glutamyltransferase increased, edema, and effusion.

Dose reductions due to an adverse reaction of ZYNLONTA® occurred in 8% of patients. Adverse reactions resulting in dose reduction of ZYNLONTA® in ≥4% was gamma-glutamyltransferase increased.

Dosage interruptions due to an adverse reaction occurred in 49% of patients receiving ZYNLONTA®. Adverse reactions leading to interruption of ZYNLONTA® in ≥5% were gamma-glutamyltransferase increased, neutropenia, thrombocytopenia, and edema.

USE IN SPECIFIC POPULATIONS

Pregnancy: ZYNLONTA® can cause embryo-fetal harm. Advise pregnant women of the potential risk to a fetus.

Lactation: Advise women not to breastfeed during treatment with ZYNLONTA® and for 3 months after the last dose.

Hepatic Impairment: ZYNLONTA® should be avoided in patients with severe hepatic impairment.

DOSAGE MODIFICATIONS AND DELAYS

Recommended Dosage Modifications for Adverse Reactions

For neutropenia: if absolute neutrophil count is <1 x 10^9/L, withhold ZYNLONTA® until the neutrophil count returns to ≥1 x 10^9/L. For thrombocytopenia: if platelet count is <50,000/mcL, withhold ZYNLONTA® until the platelet count returns to ≥50,000/mcL.

For edema or effusion Grade ≥2, withhold ZYNLONTA® until the toxicity resolves to Grade ≤1. For pericardial effusion Grade 2, withhold ZYNLONTA® until the toxicity resolves. Discontinue ZYNLONTA® if effusion recurs. For pericardial effusion Grade ≥3, discontinue ZYNLONTA®. For hepatotoxicity Grade ≥3, increase in ALT or AST, or suspected DILI, withhold ZYNLONTA® until toxicity resolves to Grade ≤1; discontinue for confirmed DILI. For all other Grade ≥3 nonhematologic toxicity not previously mentioned, withhold ZYNLONTA® until toxicity resolves to Grade ≤1.

Recommendations for Dosage Delays

If dosing is delayed by more than 3 weeks due to toxicity related to ZYNLONTA®, reduce subsequent doses by 50%. If toxicity reoccurs following dose reduction, consider discontinuation. Note: If toxicity requires dose reduction following the second dose of 0.15 mg/kg (C2D1), the patient should receive the dose of 0.075 mg/kg for Cycle 3.

You may report side effects to the FDA at (800) FDA-1088 or www.fda.gov/medwatch. You may also report side effects to ADC Therapeutics at 1-855-690-0340.

Please see full Prescribing Information.

Effusion & Edema, Including Capillary Leak Syndrome[1,2]

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Serious effusion and edema, including capillary leak syndrome, occurred in patients treated with ZYNLONTA. Grade 3 edema occurred in 3% (primarily peripheral edema or ascites) and Grade 3 pleural effusion occurred in 3%, and Grade 3 or 4 pericardial effusion occurred in 1%. Rare cases of cardiac tamponade have been reported in patients with Grade 3 or 4 pericardial effusion. Grade 3 or higher capillary leak syndrome occurred in 0.6%.

Evaluate and institute appropriate medical management for capillary leak syndrome in patients experiencing worsening effusion or edema, with signs and symptoms of weight gain, severe hypotension, hypoalbuminemia, and/or hemoconcentration (by elevated hemoglobin/hematocrit, etc.).

Withhold or discontinue ZYNLONTA based on severity.

Patients with adverse events in the LOTIS-2 trial[1]

(Post-hoc analysis)

	Grade ≥3		All grades	
	Median onset (range)	Median duration[b] (range)	Median onset (range)	Median duration[b] (range)
Effusion	118 days (17-277)	20.5 days (6-82)	51.5 days (3-203)	19.5 days (4-252)
Edema[a]	106 days (9-183)	5 days (3-112)	40 days (1-277)	50.5 days (2-407)

ZYNLONTA is administered in 21-day cycles.[2]

[a]Edema includes edema, face edema, generalized edema, peripheral edema, ascites, fluid overload, peripheral swelling, swelling, and swelling face.

[b]Missing end dates were imputed using the date of new anticancer therapy (NAT; for patients who received NAT) or end of study (EOS) or data cutoff date for patients who did not receive NAT for the calculation of the duration of adverse events. Partial end dates were imputed using the last month or day of a month bounded by EOS.

Adverse reaction management: ZYNLONTA Prescribing Information

Premedication: To reduce the incidence and severity of PBD-related adverse reactions such as effusion/edema and LFT abnormalities, administer dexamethasone 4 mg (oral or IV) BID for 3 days, beginning the day before ZYNLONTA infusion (unless contraindicated).[2,3] If not begun the day before ZYNLONTA, begin at least 2 hours prior to ZYNLONTA infusion.[2]

Patient Advisement: Contact healthcare provider if experiencing swelling, rapid weight gain, shortness of breath, worsening malaise, dizziness, or difficult, labored breathing.[2]

LOTIS-2 trial

Management: For weight gain >1 kg from Cycle 1 Day 1 and/or new or worsening edema or pleural effusion, spironolactone at standard doses (titrated as clinically indicated) was administered.[3] Additional diuretic support was added for further increase in weight, edema, or pleural effusion.[1]

Patient Advisement: Weight was monitored daily, at around the same time, and healthcare provider was notified if weight increased >1 kg (2.2 lbs) over baseline.[1]

Recommended dosage modifications and delays: ZYNLONTA Prescribing Information

Grade 2 or higher[a]: **Dosage modification[2]**	
Pleural effusion	Grade ≥2 defined as symptomatic, intervention indicated (eg, diuretics or therapeutic thoracentesis).[4] **Withhold** ZYNLONTA until the toxicity resolves to Grade ≤1 (defined as asymptomatic, clinical or diagnostic observation only; intervention not indicated).[2,4]
Pericardial effusion	Grade ≥2 defined as asymptomatic effusion size small to moderate.[4] **Withhold** ZYNLONTA until the toxicity resolves.[2] **Discontinue** if effusion recurs, or is Grade ≥3 (defined as effusion with physiologic consequences).[2,4]
Edema	Grade ≥2 defined as edema interfering with ADLs; oral therapy initiated.[4] **Withhold** ZYNLONTA until the toxicity resolves to Grade ≤1 (noted on exam; 1+ pitting edema).[2,4]
Reduce[2]	
	If dosing is delayed by more than 3 weeks due to toxicity related to ZYNLONTA, reduce subsequent doses by 50%.
Discontinue[2]	
	If toxicity reoccurs for pleural effusion or edema following dose reduction, consider discontinuation. For pericardial effusion, discontinue use if effusion recurs, or is Grade ≥3.

[a]National Cancer Institute Common Terminology Criteria for Adverse Events (NCI CTCAE) version 6.0.[4]

ADL = activities of daily living; LFT = liver function test; PBD = pyrrolobenzodiazepine

Please see additional Important Safety Information on pages 2–3, and full Prescribing Information.

This content is informed by a publication by Derenzini et al (2025), which provides practical recommendations for managing adverse reactions to ZYNLONTA, based on expert insights.[5]*

- The following content is provided for informational and educational purposes only and does not constitute medical advice or clinical guidance
- The information provided is not fully representative of the adverse reactions listed in the approved US Prescribing Information. The FDA has not reviewed the safety-related data shown
- Clinicians should exercise their own independent medical judgment in the management of patients and **refer to the full Prescribing Information for complete details on Warnings and Precautions, and Dosage Modifications and Delays**
- This information is not intended to promote any unapproved use of ZYNLONTA or any product referenced below

*The Additional Clinical Considerations sections were developed by experts, several of whom have received research funding from ADC Therapeutics.

Effusion & Edema, Including Capillary Leak Syndrome

Monitoring

- Monitor patients for new or worsening edema or effusions
- Monitor for weight changes of >1 kg within 24 hours
- Consider diagnostic imaging in patients who develop symptoms of pleural effusion or pericardial effusion, such as new or worsened dyspnea, chest pain, and/or ascites such as swelling in the abdomen and bloating

Patient Guidance

- Educate patients on the importance of adhering to the premedication with oral dexamethasone 4 mg twice daily for 3 days (starting the day before each cycle). If dexamethasone administration does not begin the day before ZYNLONTA, it should begin at least 2 hours prior to ZYNLONTA infusion
- Patients should weigh themselves daily and notify their healthcare provider for any sudden increase in weight (>1 kg/2.2 lbs within 24 hours)
- Patients should contact their healthcare provider if they experience symptoms of fluid retention, chest pain, cough, or shortness of breath

Management Considerations

- Appropriate medical management should be initiated at onset of diagnosis
- Effusion and edema may be treated with oral or IV diuretics including spironolactone and corticosteroids based on severity
- *Refer to section 2.3 of the Prescribing Information for the Dosage Modifications and Delays*

Please see additional Important Safety Information on pages 2–3, and full Prescribing Information.

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Patients with adverse events in the LOTIS-2 trial[1]

(Post-hoc analysis)

	Incidence	Median onset (range)	Median duration[b] (range)	Incidence	Median onset (range)	Median duration[b] (range)
	Grade ≥3			All grades		
Photosensitivity Cutaneous Reaction[a]	2.1% (n=3)	35 days (32–101)	38 days (12-200)	10.3%[c] (n=15)	37 days (13–150)	119 days (35-288)
Nonphotosensitivity Cutaneous Reaction[a]	2.1% (n=3)	56 days (8–89)	7 days (2–10)	30.3%[d] (n=44)	30 days (1–104)	85.5 days (1–360)

ZYNLONTA is administered in 21-day cycles.[2]

[c]**Withdrawn: 0.7% (n=1)** [d]**Withdrawn: 0% (n=0)**

[a]Including rash (ie, rash, rash erythematous, rash maculopapular, rash pruritic, rash pustular, erythema, generalized erythema, dermatitis, dermatitis acneiform, dermatitis bullous, dermatitis exfoliative generalized, and palmar-plantar erythrodysesthesia syndrome), pruritus, and photosensitivity reaction.

[b]Missing end dates were imputed using the date of new anticancer therapy (NAT; for patients who received NAT) or end of study (EOS) or data cutoff date for patients who did not receive NAT for the calculation of the duration of adverse events. Partial end dates were imputed using the last month or day of a month bounded by EOS.

Adverse reaction management: ZYNLONTA Prescribing Information

Patient Advisement: Minimize or avoid exposure to direct natural or artificial sunlight including exposure through glass windows. Protect skin from exposure to sunlight by wearing sun-protective clothing and/or the use of sunscreen products. If a skin reaction or rash develops, dermatologic consultation should be considered.[2]

LOTIS-2 trial

Patient Advisement: Skin rash was reported in the Phase 1 study (ADCT-402-101) in areas at risk for sun exposure. It was therefore recommended that precautions be taken to avoid prolonged skin exposure to sunlight.[1]

Recommended dosage modifications and delays: ZYNLONTA Prescribing Information

Grade 3 or higher[a]: **Dosage modification[2]**	
Photosensitivity	Grade ≥3 defined as erythema with blistering; oral corticosteroid therapy indicated, pain control indicated.[4] Consider dermatologic consultation.[2] **Withhold** ZYNLONTA until the toxicity resolves to Grade ≤1 (defined as painless erythema).[2,4]
Nonphotosensitivity	Grade ≥3 defined as macules/papules covering >50% BSA; moderate or severe symptoms.[4] **Withhold** ZYNLONTA until the toxicity resolves to Grade ≤1 (defined as asymptomatic).[2,4]
Reduce[2]	
	If dosing is delayed by more than 3 weeks due to toxicity related to ZYNLONTA, reduce subsequent doses by 50%.
Discontinue[2]	
	If toxicity reoccurs following dose reduction, consider discontinuation.

[a]National Cancer Institute Common Terminology Criteria for Adverse Events version 6.0.[4]

BSA = body surface area

Please see additional Important Safety Information on pages 2–3, and full Prescribing Information.

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Cutaneous Reactions

Monitoring

Monitor patients for new or worsening cutaneous reactions, including photosensitivity reactions

Photosensitivity may persist for months following the last dose of ZYNLONTA

Patient Guidance

Minimize or avoid exposure to direct natural or artificial sunlight, including exposure through glass windows indoors or while driving, even on cloudy days

Use sunscreen (SPF 50 or higher) and wear sun-protective clothing, including broad hats

Avoid picking or peeling open skin wounds to decrease the risk of skin infection

Management Considerations

Initially treat rash with:

- Topical emollients
- Topical corticosteroids (such as 1% hydrocortisone)
- L-lysine and H1 and H2 antihistamines may also be considered

Treat pruritus with H1 and H2 antihistamines

Consider dermatologic consultation in patients who develop new or worsening symptoms of a skin reaction or rash or in cases that do not resolve upon sunlight avoidance and topical therapy

Please see additional Important Safety Information on pages 2–3, and full Prescribing Information.

Adverse reaction management: ZYNLONTA Prescribing Information

Monitoring and Management: Cholestatic and hepatocellular liver injury, including severe, life-threatening, and fatal cases of drug-induced liver injury (DILI), have occurred in patients treated with ZYNLONTA. Monitor liver function tests at baseline and throughout treatment with ZYNLONTA. In the event of suspected drug-induced liver injury or Grade ≥3 increase in AST or ALT, withhold ZYNLONTA until toxicity resolves to Grade 1 or lower. Upon confirmation of drug-induced liver injury, discontinue ZYNLONTA.[2]

ZYNLONTA should be avoided in patients with severe hepatic impairment.[2]

Patient Advisement: Inform patients that liver problems, including drug-induced liver injury and abnormalities in liver tests, may develop during ZYNLONTA treatment. Contact healthcare provider immediately if experiencing stomach-area (abdominal) discomfort, skin itchiness, dark or "tea-colored" urine, or yellowing of skin or the whites of eyes (jaundice). Advise patients that blood tests to monitor liver function will be required throughout ZYNLONTA treatment.[2]

Recommended dosage modifications and delays: ZYNLONTA Prescribing Information

Grade 3 or higher[a]: **Dosage modification**[2]	
Hepatotoxicity	Grade ≥3 defined as increase in AST or ALT or suspected drug-induced liver injury. **Withhold** ZYNLONTA until the toxicity resolves to Grade ≤1.
Discontinue[2]	
	Discontinue for confirmed drug-induced liver injury.

[a]National Cancer Institute Common Terminology Criteria for Adverse Events version 6.0.[4]
ALT = alanine aminotransferase; AST = aspartate aminotransferase

Please see additional Important Safety Information on pages 2–3, and full Prescribing Information.

Patients with adverse events in the LOTIS-2 trial[1]

(Post-hoc analysis)

	Grade ≥3			All grades		
	Incidence[a]	Median onset[a] (range)	Median duration[a,b] (range)	Incidence[a]	Median onset[a] (range)	Median duration[a,b] (range)
Neutropenia	29.7% (n=43)	36 days (6-232)	10 days (1-110)	53.8%[c] (n=78)	22 days (1-232)	22 days (1-133)
Thrombocytopenia	17.9% (n=26)	29 days (9-281)	23 days (1-195)	66.2%[d] (n=96)	15 days (1-281)	31.5 days (5-368)
Anemia	11.0% (n=16)	22 days (6-92)	4 days (1-103)	93.8%[e] (n=136)	17 days (1-84)	42 days (2-525)

ZYNLONTA is administered in 21-day cycles.[2]

[c]Withdrawn: 0.7% (n=1) [d]Withdrawn: 1.4% (n=2) [e]Withdrawn: 0% (n=0)

[a]Incidence of hematologic abnormalities based on laboratory reporting; dose modifications, time to onset, and duration based on adverse-event reporting.

[b]Missing end dates were imputed using the date of new anticancer therapy (NAT; for patients who received NAT) or end of study (EOS) or data cutoff date for patients who did not receive NAT for the calculation of the duration of adverse events. Partial end dates were imputed using the last month or day of a month bounded by EOS.

Adverse reaction management: ZYNLONTA Prescribing Information

Premedication: Consider prophylactic granulocyte colony-stimulating factor administration as applicable.[2]

Patient Advisement: Contact healthcare provider for a fever of ≥38°C (100.4°F) or signs/symptoms of bruising or bleeding. Periodic blood-count monitoring will be required.[2]

LOTIS-2 trial

Management: Patients were eligible for ZYNLONTA treatment if baseline ANC was ≥1 × 10^9/L (without growth factors for ≥72 hours) and baseline platelet count was ≥50,000/mcL (without transfusion in the prior 7 days).[1]

Growth factors for neutropenia were given to 29.0% (n=42) of patients at the investigator's discretion and aligned with the clinical site's protocols.[1]

(These growth factors were given prophylactically to 13.8% [n=20] of patients and as treatment to 22.8% [n=33] of patients.)[1]

Recommended dosage modifications and delays: ZYNLONTA Prescribing Information

Dosage modification[2]

Neutropenia **Withhold** ZYNLONTA until ANC returns to ≥1 x 10^9/L.

Thrombocytopenia **Withhold** ZYNLONTA until platelet count returns to ≥50,000/mcL.

Reduce[2]

If dosing is delayed by more than 3 weeks due to toxicity related to ZYNLONTA, reduce subsequent doses by 50%.

Discontinue[2]

If toxicity reoccurs following dose reduction, consider discontinuation.

ANC = absolute neutrophil count

Please see additional Important Safety Information on pages 2-3, and full Prescribing Information.

ZYNLONTA has a simple dosing schedule[2]

Single IV infusion | 30 mins | Q3W

Recommended dose[2]

Calculate total dose based on patient weight

For patients with a BMI ≥35 kg/m², use an adjusted body weight in kg: 35 kg/m² x (height in meters)²

First 2 cycles
0.15 mg/kg Q3W

<66.8 kg (147 lbs) — 1 Vial

— or —

≥66.8 kg (147 lbs) — 2 Vials

Lower exposure in Cycle 1 was associated with lower response.

Subsequent cycles
0.075 mg/kg Q3W

1 Vial

Dose for patients with a higher body mass index may require >1 vial.
For full Dosing and Administration information, refer to full Prescribing Information or zynlontahcp.com.

Premedication[2]

Dexamethasone 4 mg (oral or IV) twice daily for 3 days, beginning the day before ZYNLONTA infusion (unless contraindicated)

If dexamethasone administration does not begin the day before ZYNLONTA, it should begin at least 2 hours prior to ZYNLONTA infusion

SELECT IMPORTANT SAFETY INFORMATION

ZYNLONTA® can cause serious adverse reactions including: effusion and edema, including capillary leak syndrome, myelosuppression, fatal and serious infections, hepatotoxicity, including drug-induced liver injury, cutaneous reactions, and embryo-fetal toxicity.

Please see additional Important Safety Information on pages 2-3, and full Prescribing Information.

References: 1. Data on file. ADC Therapeutics SA. **2.** ZYNLONTA [package insert]. Murray Hill, NJ: ADC Therapeutics SA; 2026. **3.** Caimi PF, et al. *Lancet Oncol*. 2021;22(6):790-800. **4.** Common Terminology Criteria for Adverse Events (CTCAE) Version 6.0. Published: July 22, 2025. US Department of Health and Human Services. **5.** Derenzini E, et al. *Leuk Lymphoma*. 2025;66(11):1990-2002.

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