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 10, 2021

MEI Pharma, Inc.
(Exact name of registrant as specified in its charter)

Delaware	**000-50484**	**51-0407811**
(State or other jurisdiction of incorporation or organization)	**(Commission File Number)**	**(I.R.S. Employer Identification No.)**

11455 El Camino Real, Suite 250
San Diego, California 92130
(Address of principal executive offices) (Zip Code)

Registrant's telephone number, including area code: (858) 369-7100

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (*see* General Instruction A.2. below):

☐ 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	Name of each exchange on which registered
Common stock, $0.00000002 par value	**MEIP**	**The NASDAQ Stock Market LLC**

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

☐ 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.

Item 8.01 Other Events.

On June 10, 2021, MEI Pharma, Inc. (the "Company") conducted a webcast and posted the presentation titled "Post-ASCO 2021 Investor & Analyst Event: Zandelisib in Focus" used during such webcast on its website. A copy of the presentation is filed herewith as Exhibit 99.1 and is incorporated into this Item 8.01 by reference.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits.

Exhibit No.	Description
99.1	Post-ASCO 2021 Investor & Analyst Event: Zandelisib in Focus

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.

MEI PHARMA, INC.

By: /s/ Daniel P. Gold
Daniel P. Gold
Chief Executive Officer

Dated: June 14, 2021

Exhibit 99.1

Post-ASCO 2021 Investor & Analyst Event: Zandelisib in Focus

June 10, 2021

NASDAQ: MEIP

Forward-Looking Statements

- This presentation contains, and our officers and representatives may from time to time make, statements that are "forward-looking statements" within the meaning of the safe harbor provisions of the U.S. Private Securities Litigation Reform Act of 1995. Examples of forward-looking statements include, among others, statements regarding our development strategy; potential advantages of our product candidates; the initiation and completion of preclinical and clinical studies and the reporting of the results thereof; the timing of regulatory submissions and actions; the sufficiency of our existing cash; and all other statements relating to our plans, objectives, expectations and beliefs regarding future performance, operations, financial condition and other future events (including assumptions underlying or relating to any of the foregoing).
- These forward-looking statements rely on a number of assumptions concerning future events and are subject to a number of risks, uncertainties, and other factors, many of which are outside of our control. Important factors that could cause our actual results and financial condition to differ materially from those indicated in forward-looking statements include, among others: uncertainties relating to the initiation and completion of preclinical and clinical studies; whether preclinical and clinical study results will validate and support the safety and efficacy of our product candidates; the outcome of regulatory reviews of our product candidates; varying interpretation of research and development and market data; the impact of the COVID-19 pandemic on our industry and individual companies, including on our counterparties, the supply chain, the execution of our clinical development programs, our access to financing and the allocation of government resources; risks and uncertainties relating to intellectual property and the other factors discussed under the caption "Item 1A. Risk Factors" in our most recent annual report on Form 10-K and our most recent quarterly report on Form 10-Q.
- Any forward-looking statement made by us in this presentation is based only on information currently available to us and speaks only as of the date on which it is made. In addition, we operate in a highly competitive and rapidly changing environment, and new risks may arise. Accordingly, you should not place any reliance on forward-looking statements as a prediction of actual results. We disclaim any intention to, and undertake no obligation to, update or revise any forward-looking statement. You are urged to carefully review and consider the various disclosures in our most recent annual report on Form 10-K, our most recent Form 10-Q and our other public filings with the SEC since the filing of our most recent annual report.

MEI Pharma: Who We Are

Clinical Development Company Building a Leading Oncology Franchise with 4 Clinical-Stage Programs: Focus On HemOnc

Zandelisib, Potential Best-in-Class PI3Kδ Inhibitor in Phase 2 Study Intended to Support Accelerated Approval Applications with U.S. FDA

Well Capitalized with $164.6 Million*

* As of March 31, 2021, MEI had $164.6 million in cash, cash equivalents, and short-term investments with no outstanding debt.

Late-Stage Diversified Clinical Pipeline

PROGRAMS	INDICATION	COMBINATION	PHASE 1/1B	PHASE 2	PHASE 3	COMMERCIAL RIGHTS
Zandelisib Oral PI3K Delta Inhibitor	**Follicular & Marginal Zone Lymphomas** Relapsed/refractory (2L+)	• Rituximab	COASTAL Study[1]			MEI pharma KYOWA KIRIN U.S. co-promote; ex-U.S. Kyowa Kirin exclusive rights
	Follicular & Marginal Zone Lymphomas Relapsed/refractory (3L+)	• Monotherapy	TIDAL (FL) Study[2] TIDAL (MZL) Study[2]			
	B-Cell Malignancies Relapsed/refractory	• Monotherapy • Rituxan® (rituximab) • Brukinsa[3] BeiGene				
Voruciclib Oral CDK Inhibitor	**B-Cell Malignancies & AML** Relapsed/refractory	• Monotherapy • Venclexta® (venetoclax)[4]				MEI pharma
ME-344 Mitochondrial Inhibitor	**Solid Tumors**	Avastin® (bevacizumab)[5]				MEI pharma
Pracinostat HDAC Inhibitor	**Myelodysplastic Syndrome** Treatment-naïve	Vidaza® (azacitidine)				HELSINN

1. Study open for patient screening. 2. Phase 2 study intended to support accelerated approval marketing applications with FDA. 3. Study arm initiated under clinical collaboration with BeiGene, Ltd.
4. Initiation of clinical studies is subject to opening of a new Investigational New Drug Application with FDA 5. Investigator-initiated trial.

Zandelisib Topline TIDAL Study Data on Track to be Reported in the Fourth Quarter of CY2021

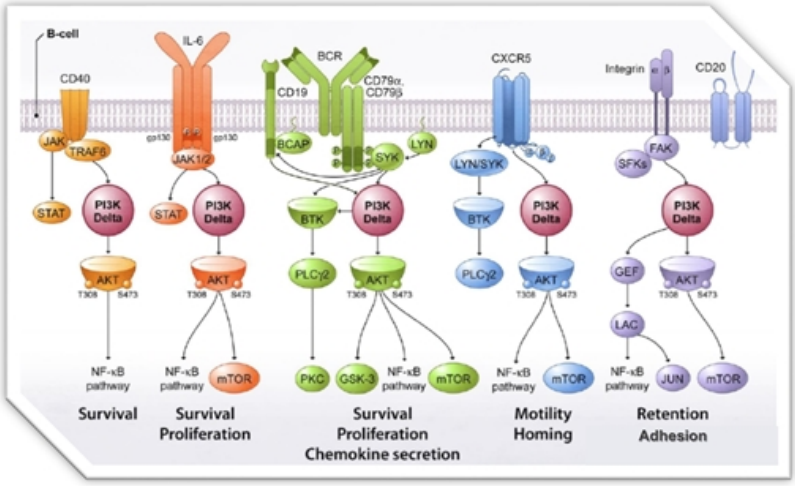
Enrollment Complete in Follicular Lymphoma Primary Efficacy Population

The complete Phase 2 TIDAL study data are intended to be submitted to FDA to support accelerated approval applications

Zandelisib: Data Driven Advancement in the Treatment of B-cell Malignancies

PI3Kδ – Key Therapeutic Target In B-cell Malignancies

PI3Kδ Is Involved in Multiple Critical Signaling Pathways



Role of PI3Kδ Inhibitors

- Active in B-cell NHL and CLL
  - As single agent
  - In combination

Potential for combination regimens that enable time-limited therapy

Why Prior Approaches with Oral PI3Kδ Inhibitors Came Up Short

Continual dosing inhibits target in malignant B-cells . . . *but continuous dosing leads to toxicity due to on-target TREG suppression*

Options	Tolerability	Efficacy	Comment: Realizing PI3Kδ Potential
Lower potency	⇧	⇩	• Improved tolerability, but at the cost of lower efficacy – Reduced activity on B and T cells
Lower daily dose	⇔	⇔	• Attempts to improve tolerability without cost to efficacy – Implies different effects on B and T cells: not supported by current data
Modify schedule	⇧	⇧	• Improved tolerability while maintaining efficacy – With PI3Ki candidate that has properties allowing treatment breaks for TREG repopulation

Zandelisib Unique Properties Fulfill Potential of PI3Kδ Inhibition

Potency

- Active at nM concentrations
- Tight binding to the target

Specificity

- Selective δ inhibition at clinically relevant dose

PK Characteristics

- Broad extravascular distribution
- Tumor accumulation
- Slower elimination from tumor vs plasma

Unique Dosing Schedule

DEBULKING
Cycles 1&2
Daily for 56 days

LONG-TERM DISEASE CONTROL
Starting Cycle 3
7 days on / 21 days off

Potential for Best-in Class Clinical Profile

Zandelisib clinical data to date validate optimized dosing schedule potential

- High response rates
- Durable responses
- Well tolerated regimen

Moreno et al, Target Oncol 2019

Phase 1b Study Evaluating Zandelisib as a Single Agent or in Combination with Rituximab or Zanubrutinib

- Phase 1b multi-arm study with dose finding and expansion cohorts
- Various B-cell malignancies
- Main eligibility criteria: ECOG 0–2, failure of ≥1 prior therapy, no prior PI3K or BTK therapy
- Disease assessment after 2, 4 and then every 6 cycles by Lugano and iwCLL criteria
- ~140 patients treated to date

Single agent in FL and CLL/SLL

Combination with rituximab in iNHL, CLL/SLL, DLBCL

Combination with zanubrutinib in iNHL, MCL, DLBCL

NCT02914938

2021 ASCO ANNUAL MEETING

Efficacy and Safety of the PI3Kδ Inhibitor Zandelisib (ME-401) on an Intermittent Schedule (IS) in Patients with Relapsed/Refractory Follicular Lymphoma (FL) with Progression of Disease within 24 Months of First-Line Chemoimmunotherapy (POD24)

John M. Pagel[1], Nishitha M. Reddy[2], Deepa Jagadeesh[3], Anastasios Stathis[4], Adam S. Asch[5], Huda S. Salman[6], Vaishalee P. Kenkre[7], Jacob D. Soumerai[8], Judith Llorin-Sangalang[9], Igor Gorbatchevsky[9], Joanne Li[9], Andrew D. Zelenetz[10]

[1]Swedish Cancer Institute, Seattle, WA; [2]Vanderbilt University Medical Center, Vanderbilt-Ingram Cancer Center, Nashville, TN; [3]Cleveland Clinic, Taussig Cancer Institute, Cleveland, OH; [4]Oncology Institute of Southern Switzerland, Bellinzona, Switzerland; [5]University of Oklahoma Health Sciences Center, Stephenson Cancer Center, Oklahoma City, OK; [6]Stony Brook University School of Medicine, Stony Brook, NY; [7]University of Wisconsin Carbone Cancer Center, Madison, WI; [8]Massachusetts General Hospital Cancer Center, Boston, MA; [9]MEI Pharma, Inc., San Diego, CA; [10]Memorial Sloan Kettering Cancer Center, New York, NY

Study Background

- 37 patients with FL administered zandelisib on optimized schedule
  - 18 with zandelisib alone
  - 19 with zandelisib + rituximab
- Treatment regimen
  - Zandelisib 60 mg daily x8 weeks then Days 1–7 of subsequent 28-day cycles
  - Rituximab 375 mg/m2 weekly ×4 then on Day 1 of Cycles 3–6
- POD24 in 22/37 patients (59%)
  - Progression of disease within 24 months of first line chemoimmunotherapy (POD24) associated with poor outcomes and shorter survival

Data cut = Dec 2020

Demographics and Baseline Characteristics

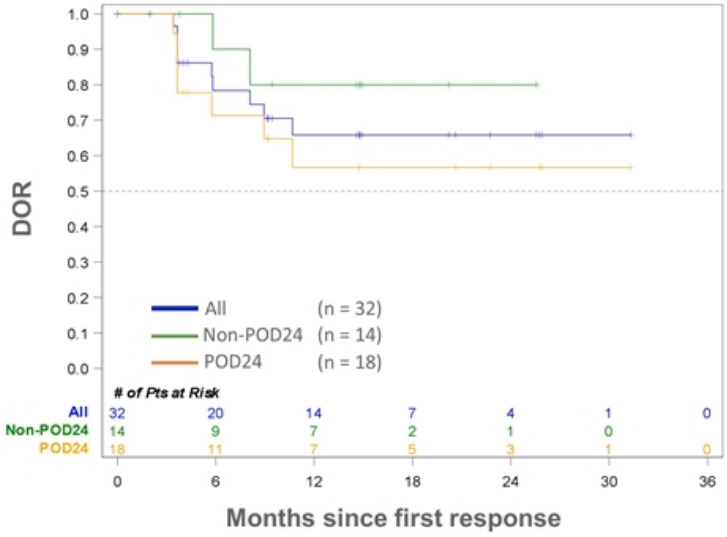
POD24 Group More Heavily Treated and with More Refractory Disease

	POD24 N = 22	Non-POD24 N = 15	Total N = 37
Age, median (range)	61.5 (38–82)	63 (47–87)	62 (38–87)
Prior therapies, median (range)	2 (1–4)	1 (1–5)	2 (1–5)
Prior lines of therapy			
1	7 (32%)	9 (60%)	16 (43%)
≥ 2	15 (68%)	6 (40%)	21 (57%)
Refractory to prior rituximab	14 (64%)	1 (7%)	15 (41%)
Tumor bulk ≥ 5 cm	11 (50%)	8 (53%)	19 (51%)

High Response Rate in All FL Patients
Including Both POD24 and Non-POD24 Groups

	POD24 N = 22	Non-POD24 N = 15	Total N = 37
Overall response rate (ORR)	**18 (82%)**	**14 (93%)**	**32 (87%)**
Regimen			
Monotherapy	8/11 (73%)	6/7 (86%)	14/18 (78%)
Combination with rituximab	10/11 (91%)	8/8 (100%)	18/19 (95%)
Prior lines of therapy			
1 line of prior therapy	5/7 (71%)	9/9 (100%)	14/16 (88%)
≥ 2 lines of prior therapy	13/15 (87%)	5/6 (83%)	18/21 (86%)
CR rate, n (%)	4 (18%)	6 (40%)	10 (27%)

Prolonged Duration of Response in *POD24*



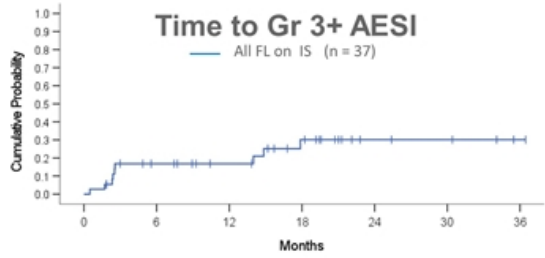
Treatment Well-tolerated:
8% Discontinuations Due to Adverse Events

Low Incidence Grade ≥3 Adverse Events

Grade ≥3 Adverse Events (AEs) in ≥ 2 Patients, n (%)	N = 37
Neutropenia	6 (16)
ALT/AST increased	3 (8)
Rash	3 (8)
Diarrhea	2 (5)
Colitis	2 (5)
Hypokalemia	2 (5)
Hyponatremia	2 (5)
COVID-19 infection*	2 (5)

No Cumulative Toxicity Over Time

- Discontinuation due to AEs in 3 patients (8%)
  - Gr 3 skin rash
  - Gr 3 diarrhea
  - Gr 2 pneumonitis

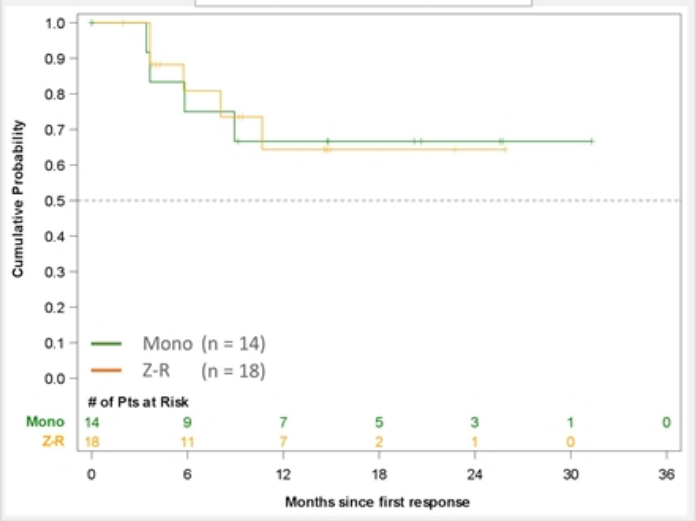


Median follow-up = 16.5 months

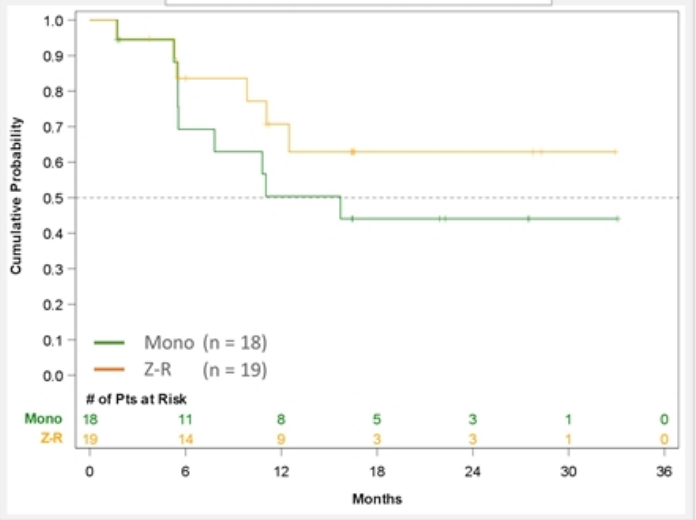
*One Grade 5 Covid-19 infection

Prolonged DOR and PFS with Zandelisib ± Rituximab

Duration of Response



Progression Free Survival

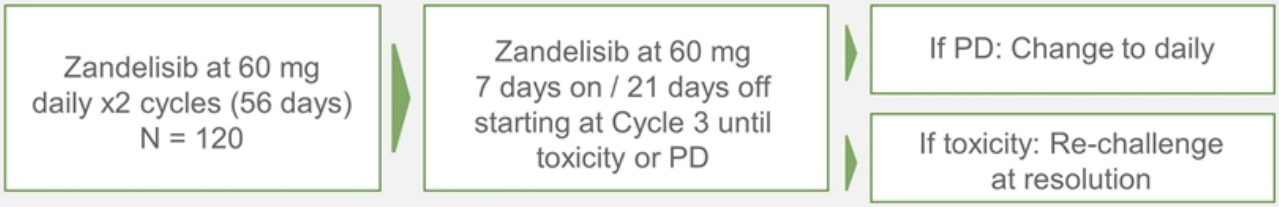


Maturing Data Support Registrational Studies in iNHL – Phase 2 TIDAL and Phase 3 COASTAL

	Zandelisib Alone N = 18	Zandelisib-R N = 19
Overall response rate	78% (n=14)	95% (n=18)
Median DOR	NR	NR
Median PFS	15.7 mo	NR
	Phase 2 TIDAL	Phase 3 COASTAL

NR="not reached"

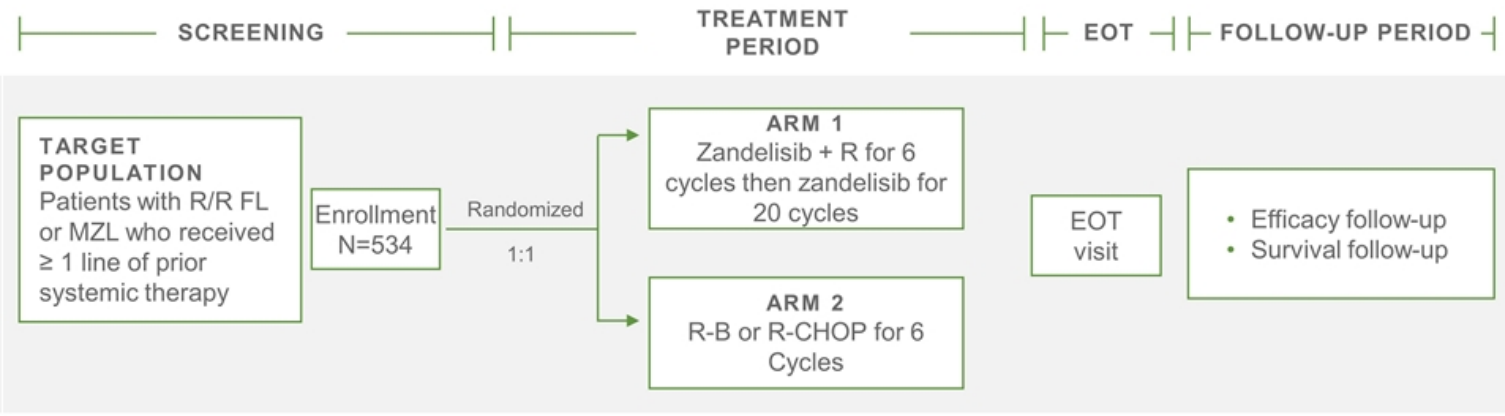
Phase 2 TIDAL Trial Intended to Support Accelerated Approval Marketing Application – The Initial Opportunity in Relapsed/Refractory Follicular Lymphoma



- Histologically confirmed diagnosis of FL, Grade 1, 2, or 3a
- Relapsed or refractory to 2 prior systemic therapies including an anti-CD20 antibody and chemotherapy
- No prior therapy with PI3Kδ inhibitors
- No histological transformation to an aggressive lymphoma
- Also enrolling marginal zone lymphoma (N = 64)

NCT03768505

Phase 3 COASTAL Trial Intended to Support Full Approval Globally – Confirmatory Study for US Accelerated Approval



Zandelisib Properties Enable Flexible Combination Usage

Potency

- Active at nM concentrations
- Tight binding to the target

Specificity

- Selective δ inhibition at clinically relevant dose

PK Characteristics

- Broad extravascular distribution
- Tumor accumulation
- Slower elimination from tumor vs plasma

Unique Dosing Schedule

DEBULKING + LONG-TERM DISEASE CONTROL

7 days on / 21 days off
Starting Cycle 3

Potential for Best-in Class Clinical Profile

Zandelisib clinical data to date validate optimized dosing schedule potential

- High response rates
- Durable responses
- Well tolerated regimen

Moreno et al, Target Oncol 2019

2021 ASCO ANNUAL MEETING

Initial Results of the Combination of PI3Kδ Inhibitor Zandelisib (ME-401) and the BTK Inhibitor Zanubrutinib in Patients with Relapsed or Refractory (R/R) B-cell Malignancies

Jacob D. Soumerai[1], Deepa Jagadeesh[2], Huda S. Salman[3], Izidore S. Lossos[4], Nishitha M. Reddy[5], Adam S. Asch[6], Vaishalee P. Kenkre[7], John M. Pagel[8], Daniel O. Persky[9], Farrukh T. Awan[10], Catherine S. Diefenbach[11], Judith Llorin-Sangalang[12], Igor Gorbatchevsky[12], Wenying Huang[12], Andrew D. Zelenetz[13]

[1]Massachusetts General Hospital Cancer Center, Boston, MA; [2]Cleveland Clinic, Taussig Cancer Institute, Cleveland, OH; [3]Stony Brook University School of Medicine, Stony Brook, NY; [4]University of Miami Health System, Sylvester Comprehensive Cancer Center, Miami, FL; [5]Vanderbilt University Medical Center, Vanderbilt-Ingram Cancer Center, Nashville, TN; [6]University of Oklahoma Health Sciences Center, Stephenson Cancer Center, Oklahoma City, OK; [7]University of Wisconsin Carbone Cancer Center, Madison, WI; [8]Swedish Cancer Institute, Seattle, WA; [9]University of Arizona, Tucson, AZ; [10]UT Southwestern Medical Center, Dallas, TX; [11]NYU Langone Health, Perlmutter Cancer Center, New York, NY; [12]MEI Pharma, Inc., San Diego, CA; [13]Memorial Sloan Kettering Cancer Center, New York, NY

Potential of Dual Targeted Therapy with Zandelisib

Objective:
Leverage zandelisib dose schedule in combination with zanubrutinib to provide deeper and prolonged responses

Result:
Identification of optimized dosing regimen believed to capture synergy potential and optimize tolerability

- Dual inhibition of PI3Kδ and BTK pathways displays synergistic activity*
  - Full dose not needed to show synergy
  - Combination therapy may overcome resistance to either agent

*De Rooij, Blood 2015

Study Conduct

Group A (N = 7)

- **Treatment in 28-day cycles**
  - Zandelisib 60 mg daily x2 cycles then Days 1–7 in Cycles ≥3
  - Zanubrutinib 160 mg twice daily
- **No DLT in the 28-day period**
- **In Cycle 2**
  - 1 MZL patient had Gr 3 AST/ALT with Gr 3 rash and discontinued due to recurrent rash
  - 1 MCL patient had Gr 3 AST/ALT, recovered and referred to curative stem cell transplant

Group B (N = 13)

- **Treatment in 28-day cycles**
  - Zandelisib 60 mg on Days 1–7 of all cycles
  - Zanubrutinib 80 mg twice daily
- **DLT period extended to 56 days**
- **In Cycle 2**
  - 2 patients had asymptomatic Gr 3 AST/ALT
    - 1 FL successfully rechallenged
    - 1 MZL discontinued for recurrent Gr 3 ALT

Demographics and Baseline Characteristics

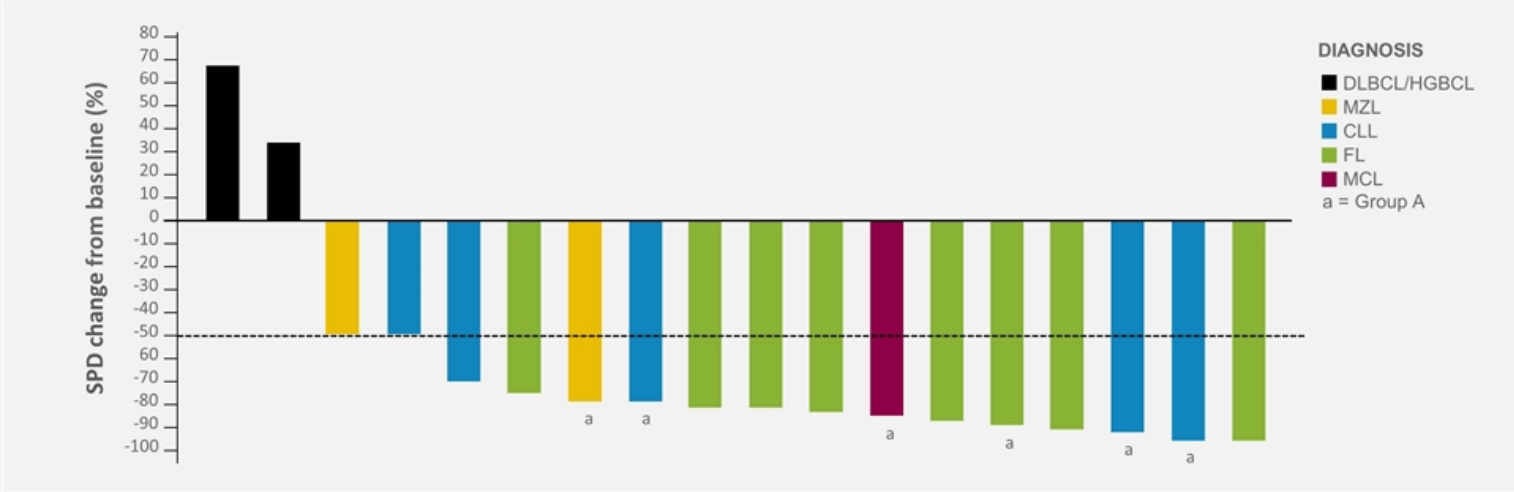
	All N = 20	Group A N = 7	Group B N = 13
Age, median (range)	70 (44–85)	74 (44–85)	69 (55–83)
Prior therapies, median (min–max)	2 (1–8)	2 (1–3)	2 (1–8)
Diagnosis			
FL	8 (40%)	1 (14%)	7 (54%)
CLL/SLL	5 (25%)	3 (43%)	2 (15%)
MZL	2 (10%)	1 (14%)	1 (8%)
MCL	1 (5%)	1 (14%)	0
DLBCL/HGBCL	4 (20%)	1 (14%)	3 (23%)
Tumor bulk ≥ 5 cm	6 (30%)	2 (29%)	4 (31%)

Disease Response in 100% of Patients with iNHL and CLL

Evaluable n = 18	FL n = 8	CLL/SLL n = 5	MZL n = 2	MCL n = 1	DLBCL/HGBCL n = 2
ORR, n (%)	8 (100)	5 (100)	2 (100)	1 (100)	0
Group A	1 (100)	3 (100)	1 (100)	1 (100)	0
Group B	7 (100)	2 (100)	1 (100)	0	0

- CR/CRi in 2/8 FL (25%) and 2/5 CLL (40%)
- Longer follow-up needed to assess deepening response

Maximum Percent Change in SPD from Baseline



Median follow-up

- 3.6 months for Group A (range 0.6–21.3)
- 6.6 months for Group B (range 1.9–14.1)

Treatment-Emergent Adverse Events of Special Interest

Grade 3-4 AESI, n (%)	Group A (n = 7)	Group B (n = 13)
ALT / ALT increased	2 (29)	2 (15)
Rash	1 (14)	0
CMV colitis	1 (14)	0
Pneumonia	*1 (14)	0
Diarrhea	0	0
Atrial fibrillation	0	0

* 1 DLBCL patient had several Grade 3 AEs on Day 1 attributed to prior therapy and discontinued treatment on Day 17

Expanding Zandelisib Development Activities to Explore Full Potential

Zandelisib Single Agent

- Ph 2 Study TIDAL in 3L+ FL and MZL
- Ph 2 study K02 in 3L+ in iNHL (Japan)

Zandelisib + Rituximab

- Ph 3 Study COATSAL in 2L+ FL and MZL

Other Zandelisib Combinations

- + Zanubrutinib in FL and MCL in 2L+
- + R-CHOP in DLBCL in 1L
- + Ven-R in CLL

Key Upcoming 12 Month Milestones Across Portfolio

Zandelisib

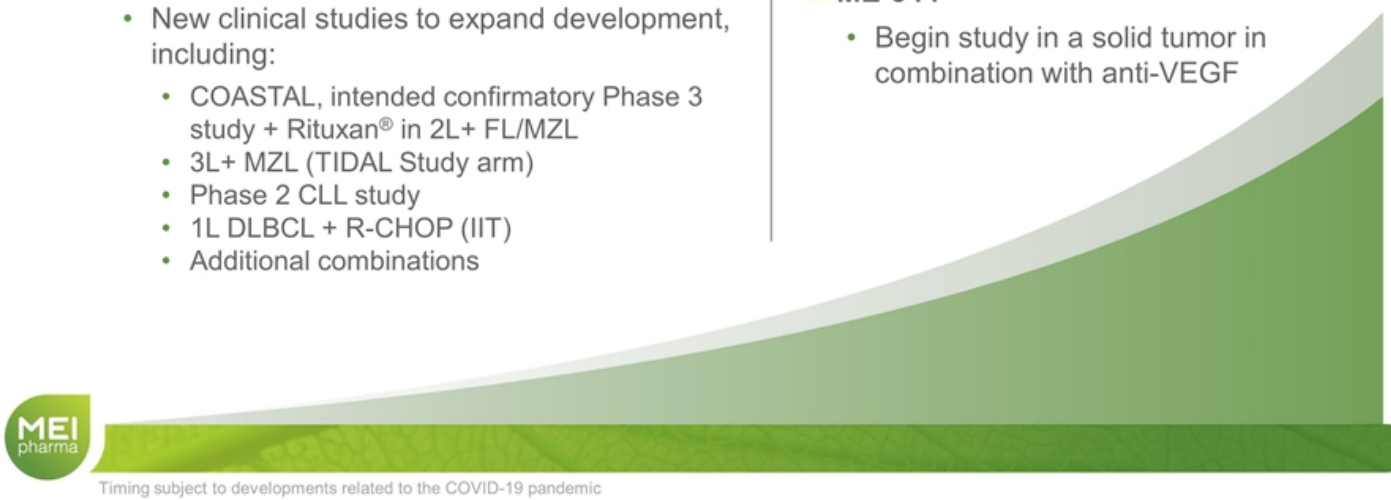
- TIDAL: announce top-line FL data in Q4 2021
- Initial results of phase 1b evaluating zandelisib with zanubrutinib in FL and MCL under clinical collaboration with BeiGene
- New clinical studies to expand development, including:
  - COASTAL, intended confirmatory Phase 3 study + Rituxan® in 2L+ FL/MZL
  - 3L+ MZL (TIDAL Study arm)
  - Phase 2 CLL study
  - 1L DLBCL + R-CHOP (IIT)
  - Additional combinations

Voruciclib

- Initial data Phase 1 monotherapy
- Begin evaluation with venetoclax

ME-344

- Begin study in a solid tumor in combination with anti-VEGF



Timing subject to developments related to the COVID-19 pandemic

PI3Ki in Lymphoma

Deepa Jagadeesh, MD, MPH
Cleveland Clinic
June 10, 2021

Cleveland Clinic

Indolent NHL

- Indolent Non-Hodgkin lymphoma (iNHL) remains incurable and the most common subtype is follicular lymphoma (FL)
- Treatment goal in iNHL is to improve outcomes, with regimens that are highly effective and better toxicity profile
- Continued efforts have led to recent approvals of novel therapies for the treatment of RR disease

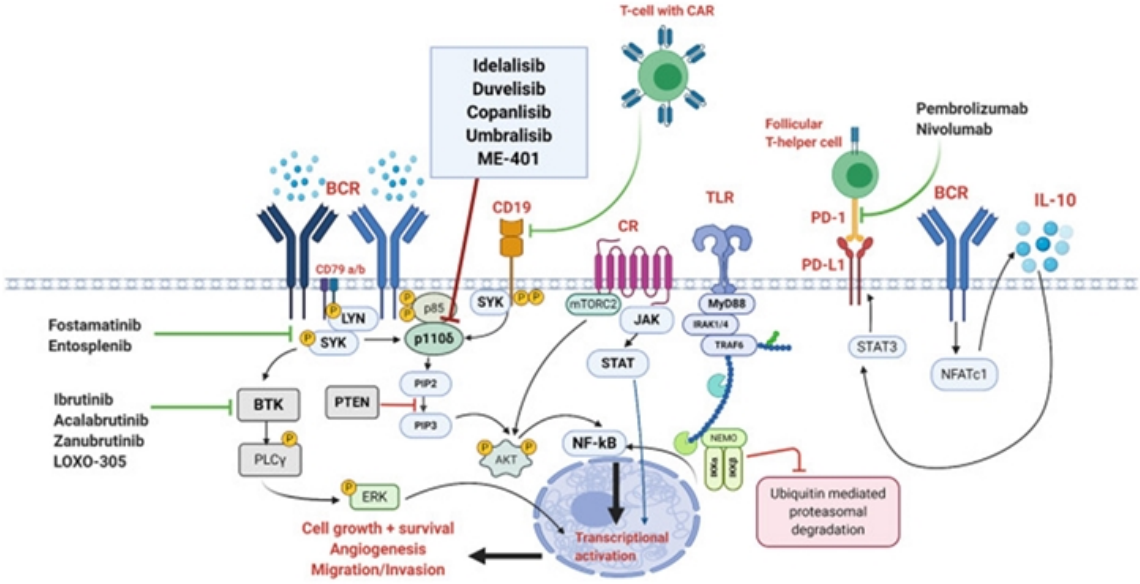
Cleveland Clinic

Current Treatments

- Treatment regimens used in FL includes
  - Chemoimmunotherapy
    - Single agent rituximab
    - BR – bendamustine+ rituximab
    - RR – rituximab + Revlimid
  - PI3K inihibitors
    - FDA approved – Idelalisib, Duvelisib, copanlisib, and umbralisib
    - In clinical trials – Zandelisib (ME-401)
  - EZH2 inhibitor
    - Tazemetostat
  - CAR T cell therapy
    - Axicabtagene ciloeucel (YESCARTA) - anti-CD19 CAR T cell

Cleveland Clinic

BCR Pathway



Cleveland Clinic

Chauhan et al Cancer Manag Res. 2021; 13: 677–692

PI3K Inhibitors in FL

	Idelalisib	Duvelisib	Copanlisib	Umbralisib	Zandelisib
Targets	PI3Kδ	PI3Kδ	Pan Pi3K	PI3Kδ, CK1ε	PI3Kδ
Half life	8.2 hrs	5.2-10.9 hrs	39.1 hrs	91 hrs	~28 hrs
Dosing	PO BID	PO BID	IV D 1,8,15 Q 28 days	PO daily	D 1 -7 Q 28 days
ORR (CR)	55.6% (13.9%)	42.2% (1.2%)	59% (14%)	45.3% (5.1%)	78% (27%)
Median DOR	10.8 months	10 months	12.2 months	11.1 months	Not reached
G ≥3 AE of special interest	Pneumonia (6.9%), diarrhea/colitis (17%), rash (2.8%), AST/ALT elevation (14%)	Pneumonitis (4.7%), colitis (7.8%), Diarrhea (14.7%), rash (5.7%)	Pneumonitis (1%), lung infection (16%), diarrhea (7%), colitis (1%), hyperglycemia (41%), HTN (24%)	Pneumonitis (1%), colitis (0.5%), diarrhea (10%), ALT/AST elevation (6.7/7.2%), rash (1.9%), opportunistic infections (3.4%)	Rash (8%), colitis (5%), diarrhea (5%), AST/ALT elevation (8%)
Discontinuation	AE 25%	AE 31%	AE 25%	AE 15.4%	AEs 8%

Cleveland Clinic

Pagel et al ASCO 2021;Salles et al Heamatologica 2017 ; Flinn et al JCO 2021; Flinn et al JCO 2019; Dreyling et al JCO 2017

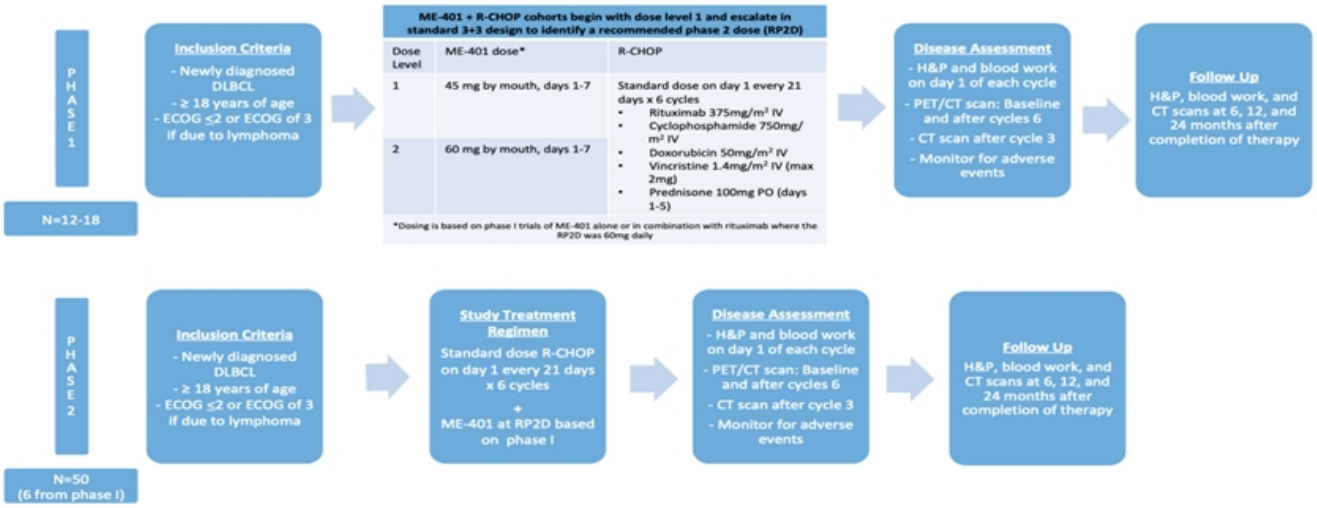
Zandelisib

- Potent, highly selective oral PI3Kδ inhibitor
- Long half life and sustained high tumor concentration of the drug permits intermittent schedule (IS) administration
- IS decreased the incidence of AE without compromising efficacy
- Preliminary data shows promising clinical activity with single agent and in combination with rituximab and BTKi Zanubrutinib in iNHL and CLL/SLL

Cleveland Clinic

R-CHOP + Zandelisib in DLBCL

Study Schema



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Conclusions

- Treatment landscape of FL and other iNHL is rapidly evolving with addition of newer treatment modalities
- Unanswered questions remain as to the optimal sequencing of current treatments
- Future research – integrate novel agents in the upfront setting, combination of novel agents, feasibility of time limited treatment
- Emerging promising treatment include newer generation CAR T cell therapies (dual and multi target CAR T) and bispecific antibodies

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Thank you


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Q&A

Post-ASCO 2021 Investor & Analyst Event: Zandelisib in Focus

June 10, 2021

NASDAQ: MEIP