gamida cell

Inspired to Cure

Pipeline Deep Dive

Julian Adams, Ph.D.
CEO

December 9, 2020

Disclaimer

This Presentation includes certain projections and forward-looking statements as of the date of this Presentation provided by Gamida Cell Ltd. (the "company"). The information in this Presentation is current only as of its date and may have changed since that date. These projections and forward-looking statements include, but are not limited to, those regarding the company's future financial position and results of operations, the company's commercialization, anticipated drug pricing, marketing and manufacturing capabilities and strategy, the company's intellectual property position, regulatory matters, including prospective FDA approval of omidubicel, market size, market share and opportunity and the company's estimates regarding expenses, future revenues, capital requirements and needs for additional financing. These projections and forward-looking statements are based on the beliefs of the company's management as well as assumptions made and information currently available to the company. Such statements reflect the current views of the company with respect to future events and are subject to business, regulatory, economic and competitive risks, uncertainties, contingencies and assumptions about the company and its subsidiaries and investments, including, among other things, the development of its business, trends in the industry, the legal and regulatory framework for the industry and future expenditures. In light of these risks, uncertainties, contingencies and assumptions, the events or circumstances referred to in the forward-looking statements may not occur. None of the future projections, expectations, estimates or prospects in this presentation should be taken as forecasts or promises nor should they be taken as implying any indication, assurance or guarantee that the assumptions on which such future projections, expectations, estimates or prospects have been prepared are correct or exhaustive or, in the case of the assumptions, fully stated in the presentation. The actual results may vary from the anticipated results and the variations may be material.

Agenda

- Gamida Cell introduction
- Omidubicel overview and science of NAM
- Omidubicel Phase 3 HSCT and Phase 2 Severe Aplastic Anemia clinical data
- Bringing omidubicel to patients
- GDA-201: An innovation in NK cell therapy
- An omidubicel patient's perspective
- Q&A

We are pioneering new, potentially curative advanced cell therapies.

We are developing advanced cell therapies

CANDIDATE	PRECLINICAL	PHASE 1	PHASE 2	PHASE 3	MILESTONES
OMIDUBICEL					
High-Risk Hematologic Malignancies	**FDA Breakthrough Designation**				✓ Topline data 2Q20 ✓ Detailed data presentation 4Q20 ❑ BLA submission 4Q20
Severe Aplastic Anemia*					✓ Additional data 4Q20
GDA-201					
Non-Hodgkin Lymphoma, Multiple Myeloma					✓ Additional data 4Q20 ❑ IND submission 2021

*The Aplastic Anemia Investigational New Drug (IND) application is currently filed with the FDA under the brand name, CordIn, which is the same investigational development candidate as omidubicel.

Omidubicel

A Potentially Curative Treatment
For Patients In Need Of A Bone Marrow Transplant

Tracey Lodie, Ph.D.
Chief Scientific Officer

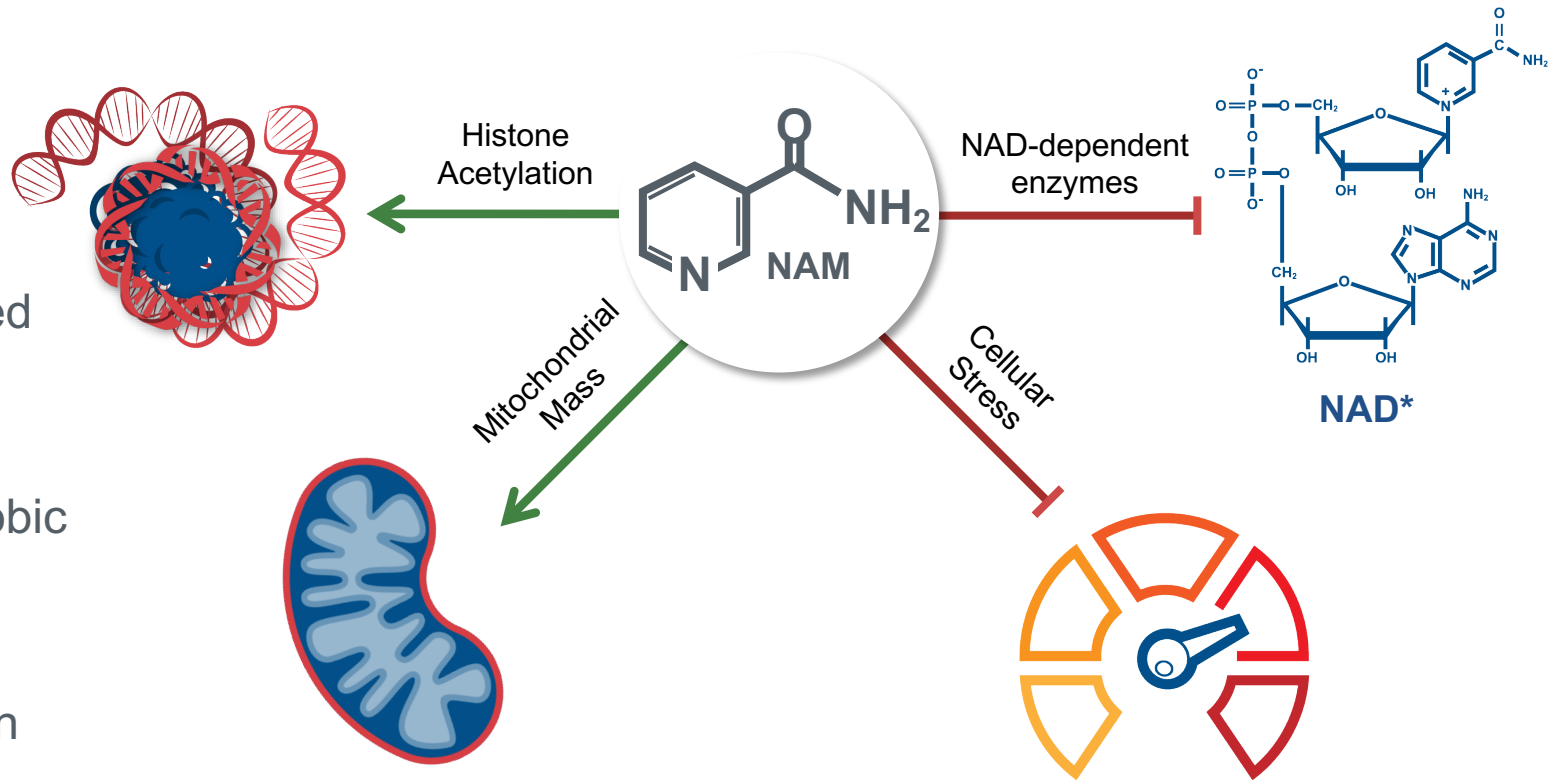
gamida cell

Mechanism of action: Nicotinamide (NAM) platform used to fight cancer

NAM can expand any cell type, including stem cells, progenitor cells and natural killer (NK) cells

Importance of NAM

- Inhibits NAD-related signaling pathways
- Attenuates genes/pathways involved in stress, reactive oxygen species production, and inflammation
- Switches cell metabolism to anaerobic glycolysis during expansion
- Preserves cellular functionality and phenotype during ex vivo expansion

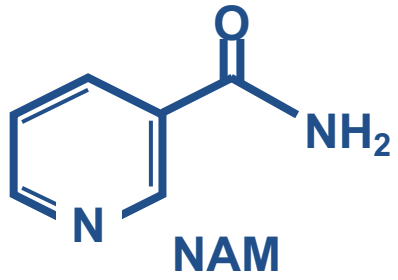


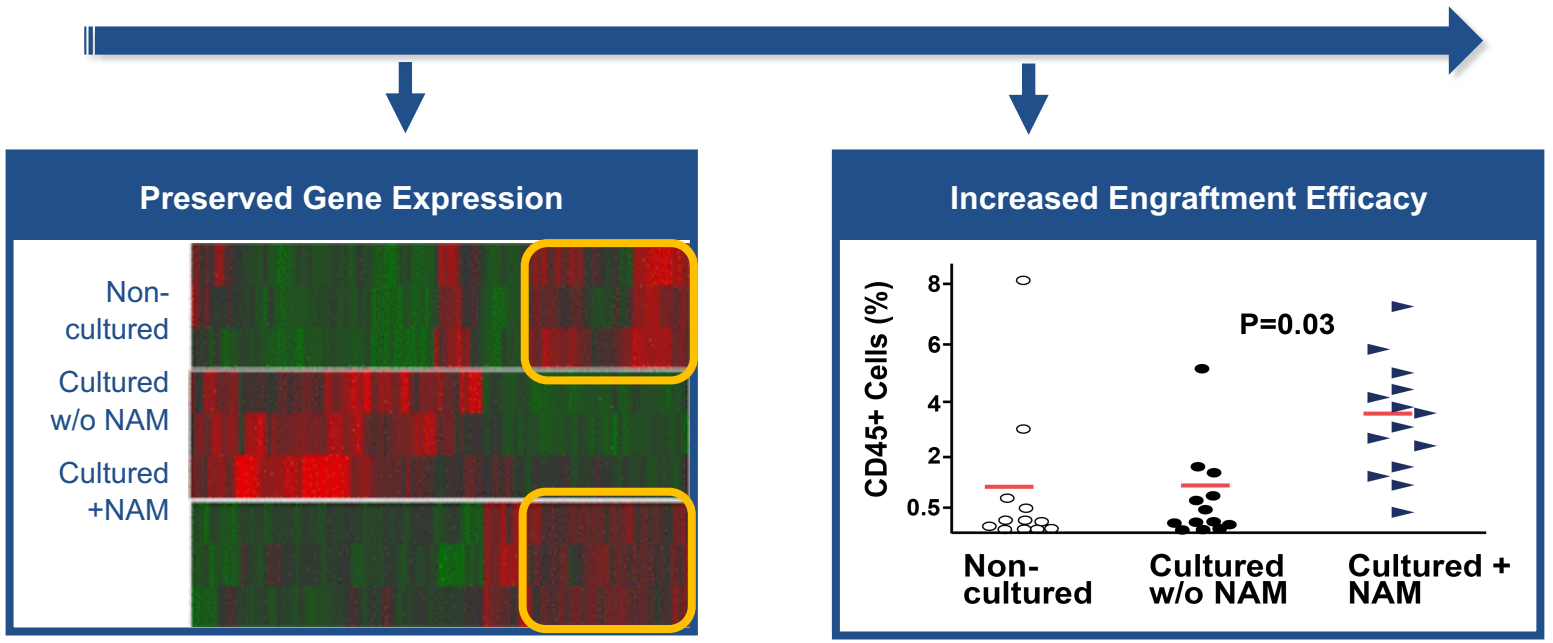
*NAD: nicotinamide adenine dinucleotide.

gamida cell

NAM technology: mechanism of action

NAM leads to a preserved gene signature during ex vivo cell expansion which preserves stemness and increases in vivo engraftment



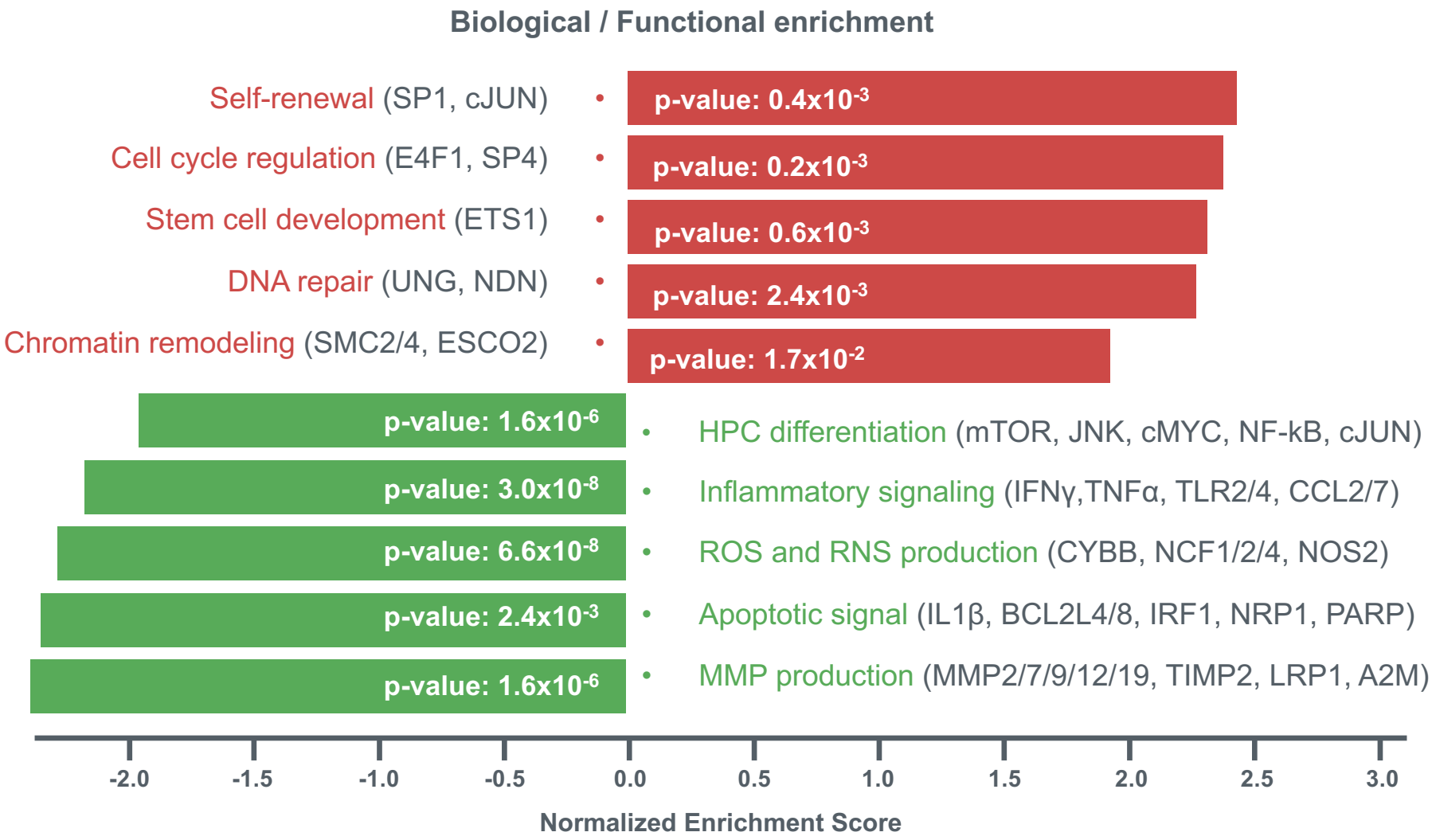


Preserved gene signature of CD34⁺ cells cultured with NAM and non-cultured CD34⁺ cells

NAM cultured CD34⁺ cells show improved in vivo engraftment

gamida cell

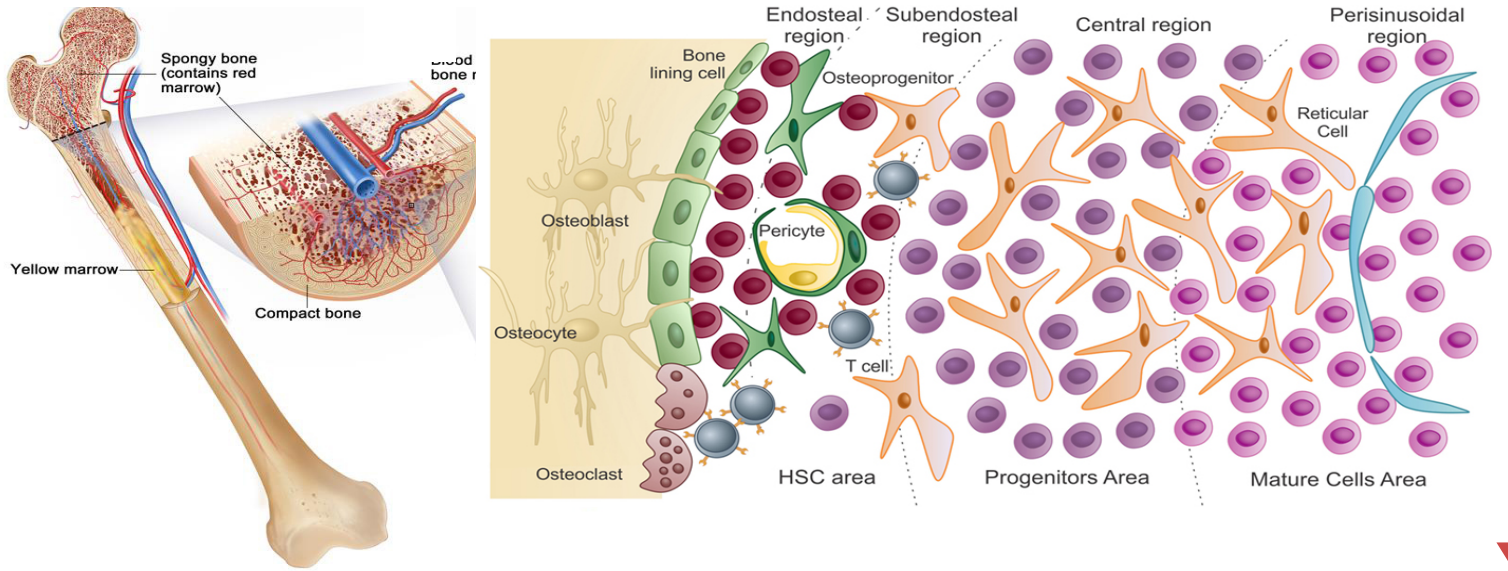
NAM up-regulates key TF's responsible for stem cell renewal and DNA repair while down-regulating TF's that activate cell differentiation, inflammation, and apoptosis



Yackoubov et al., ASH 2019 Annual Meeting.

Ex vivo expansion with NAM mimics the hypoxic conditions in the bone marrow niche

Characteristics of the bone marrow niche that preserve HSCs function



BM niche area → **Stem cell mobilization/ex vivo expansion**

Quiescent environment

Undifferentiated stem cells

Low O_2, High ROS scavenging

Dense Extracellular Matrix

Cell Cycling

Differentiation

ROS secretion

MMPs activity

Ex vivo culture with NAM decreases activity

Yackoubov et al., ASH 2019 Annual Meeting.

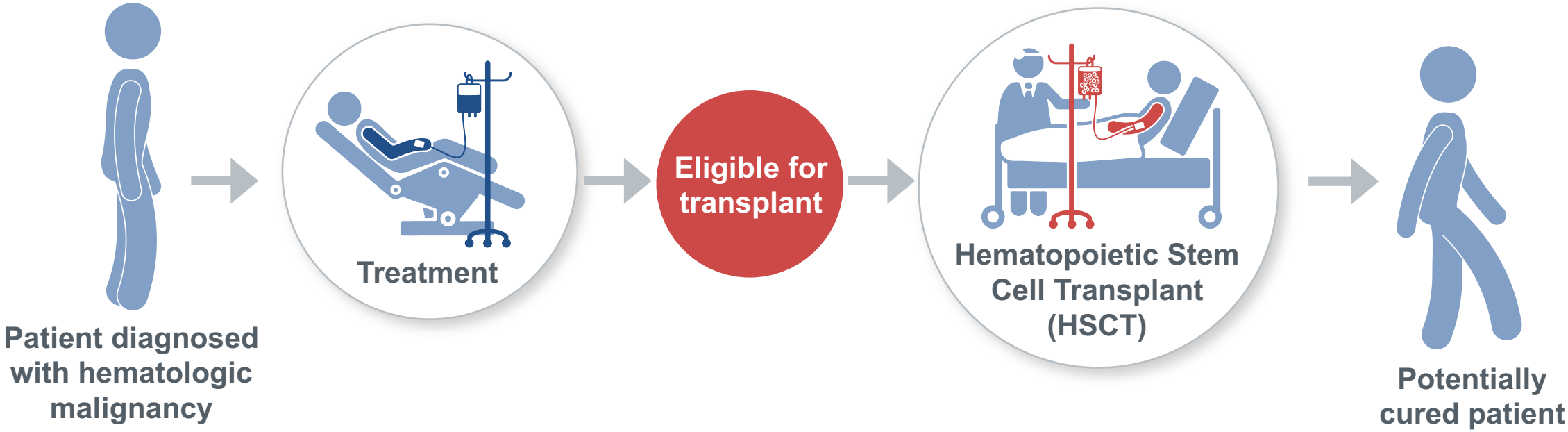
Omidubicel

A Potentially Curative Treatment
For Patients In Need Of A Bone Marrow Transplant

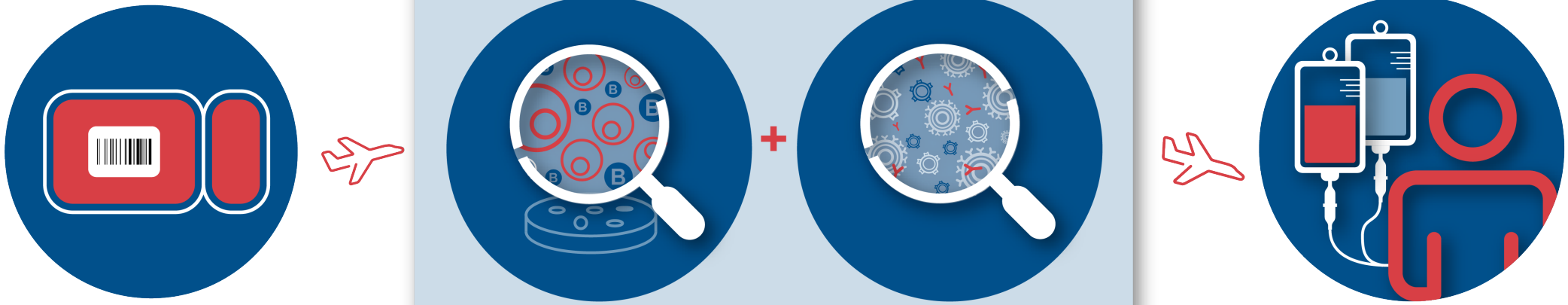
Ronit Simantov, M.D.
Chief Medical Officer

gamida cell

Bone marrow transplant may be curative for certain hematologic malignancies



Omidubicel manufacturing process



Cord Blood Unit (CBU) Selected

CBU selected by physician from public cord blood bank

Omidubicel

NAM-Expanded Cells

Stem cells cultured using proprietary NAM technology

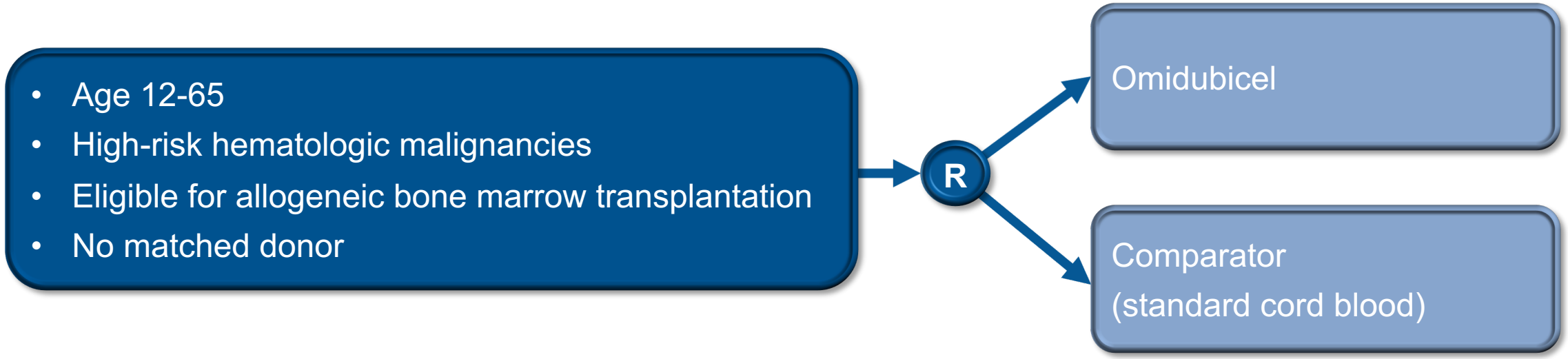
Non-Cultured Fraction

Immune cells, including T cells

Omidubicel Infusion

Scalable manufacturing and delivery of omidubicel

Phase 3 global, randomized study



Primary endpoint: Time to neutrophil engraftment

Secondary endpoints: Platelet engraftment, infections, hospitalizations

Additional endpoints: Acute GvHD, chronic GvHD, adverse events, non-relapse mortality, disease-free survival, overall survival

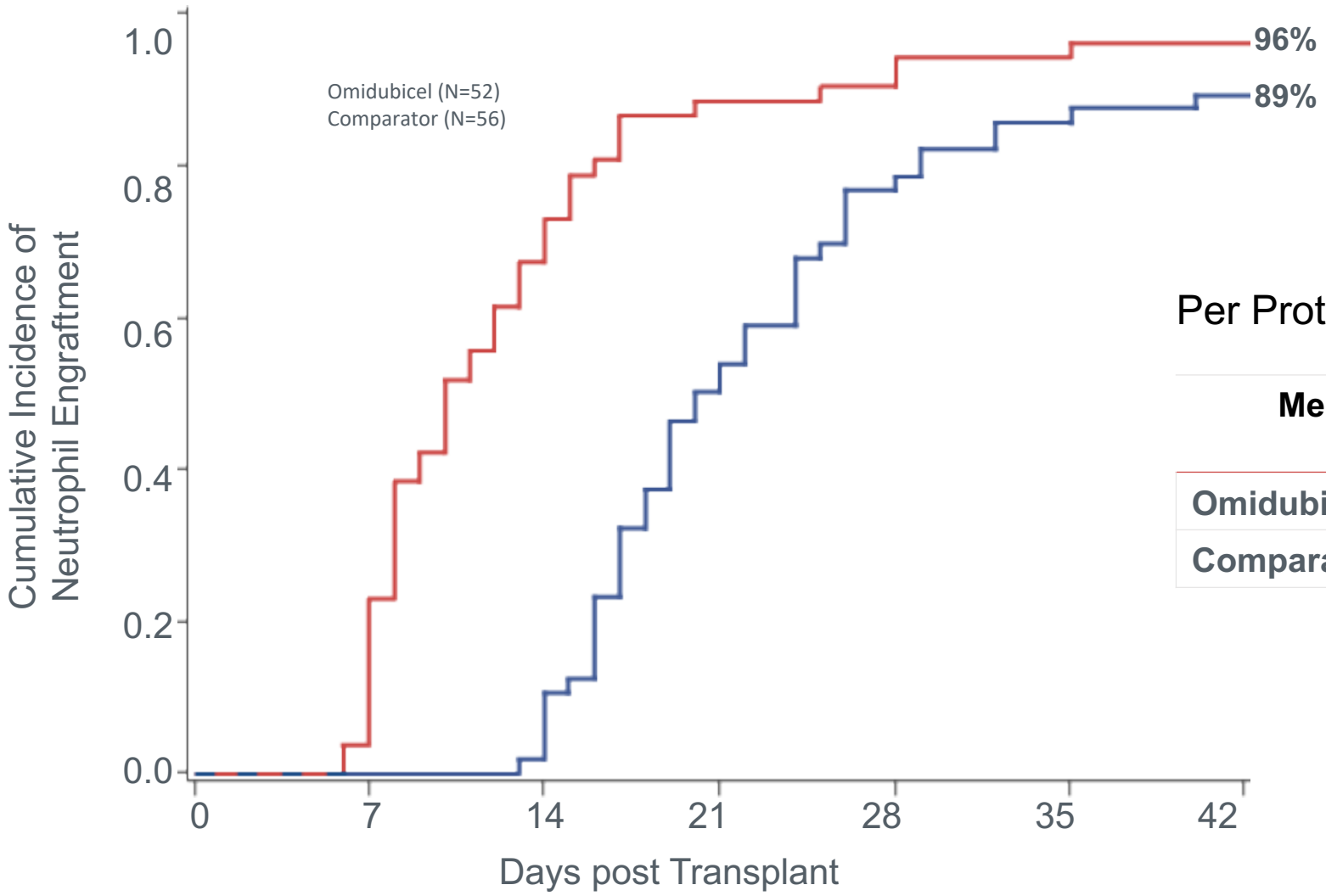
Clinicaltrials.gov identifier NCT01221857.

Phase 3 primary endpoint:
Omidubicel significantly reduced time to engraftment

- 125 patients were randomized at 33 sites
- Demographics and baseline characteristics were well-balanced in the two arms
- Omidubicel was generally well-tolerated

INTENT-TO-TREAT	MEDIAN TIME TO NEUTROPHIL ENGRAFTMENT (DAYS)	95% CI	p-VALUE
Omidubicel (N = 62)	12.0	(10.0, 15.0)	p<0.001
Comparator (N = 63)	22.0	(19.0, 25.0)	

Cumulative incidence of neutrophil engraftment



Per Protocol Population (N=108)

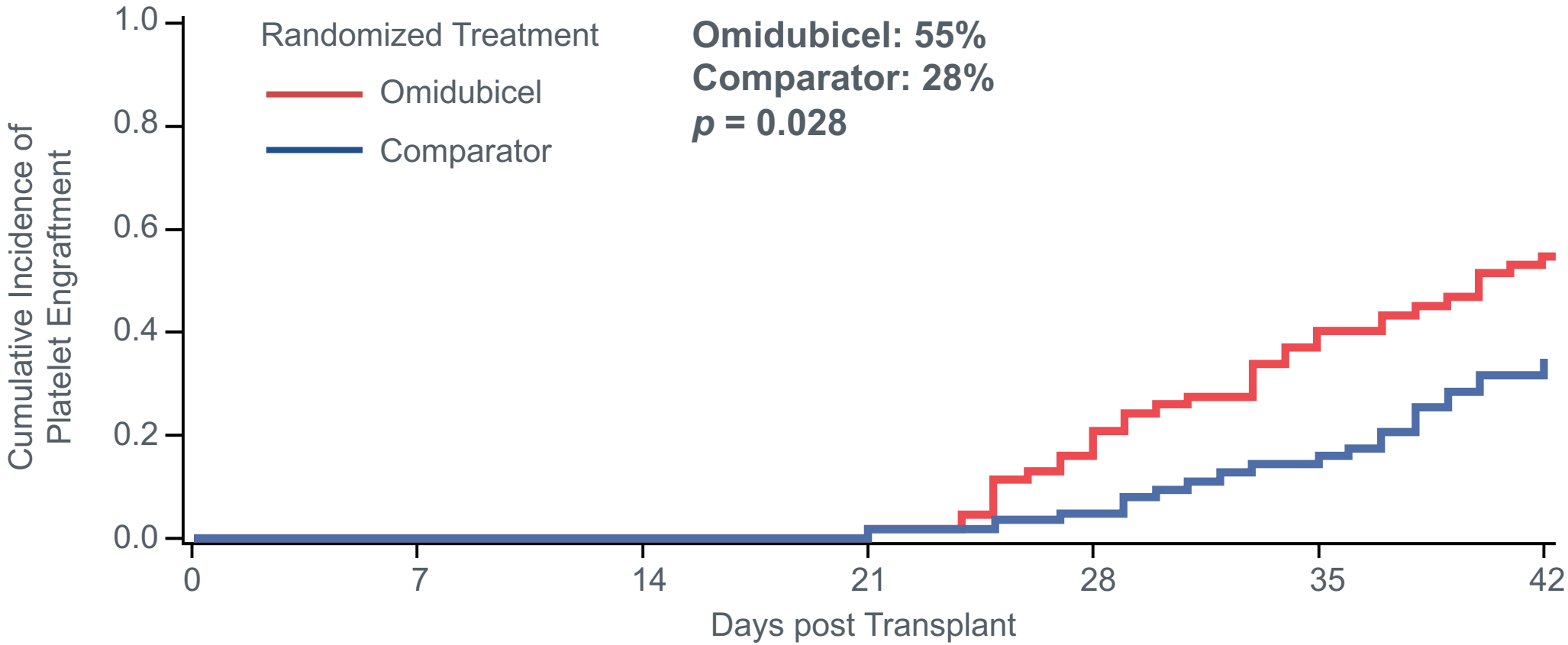
Median Time to Neutrophil Engraftment (Days)	P value
Omidubicel: 10.0 (95% CI: 8, 13)	p<0.001
Comparator: 20.5 (95%CI: 18, 24)	

Per protocol population: received transplantation with omidubicel or comparator per protocol.

gamida cell

Phase 3 secondary endpoint:
Omidubicel significantly accelerated platelet recovery

PLATELET ENGRAFTMENT AT 42-DAYS

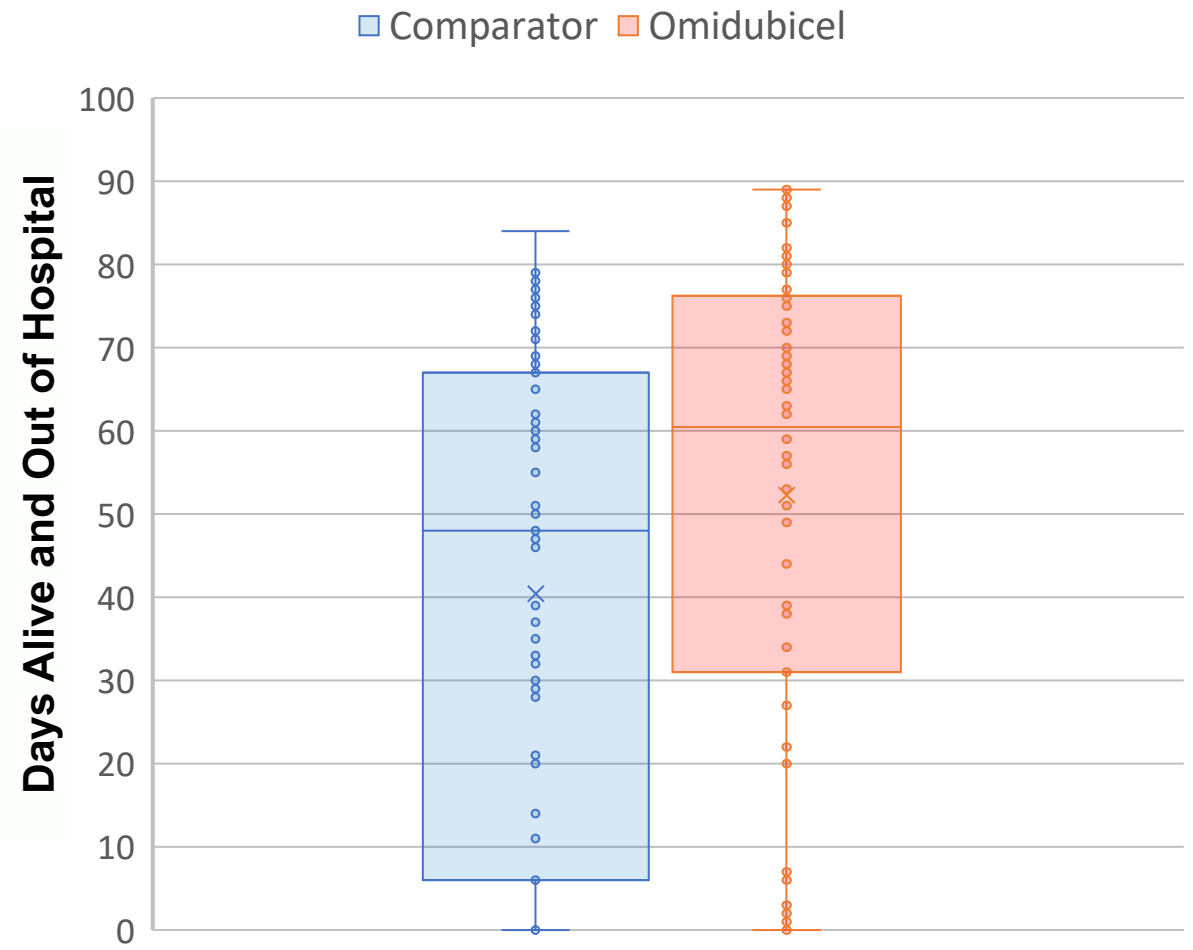


Population: ITT

gamida cell

Phase 3 secondary endpoint:
Omidubicel significantly reduced total hospitalization in first 100 days

ALIVE AND OUT OF HOSPITAL IN FIRST 100-DAYS



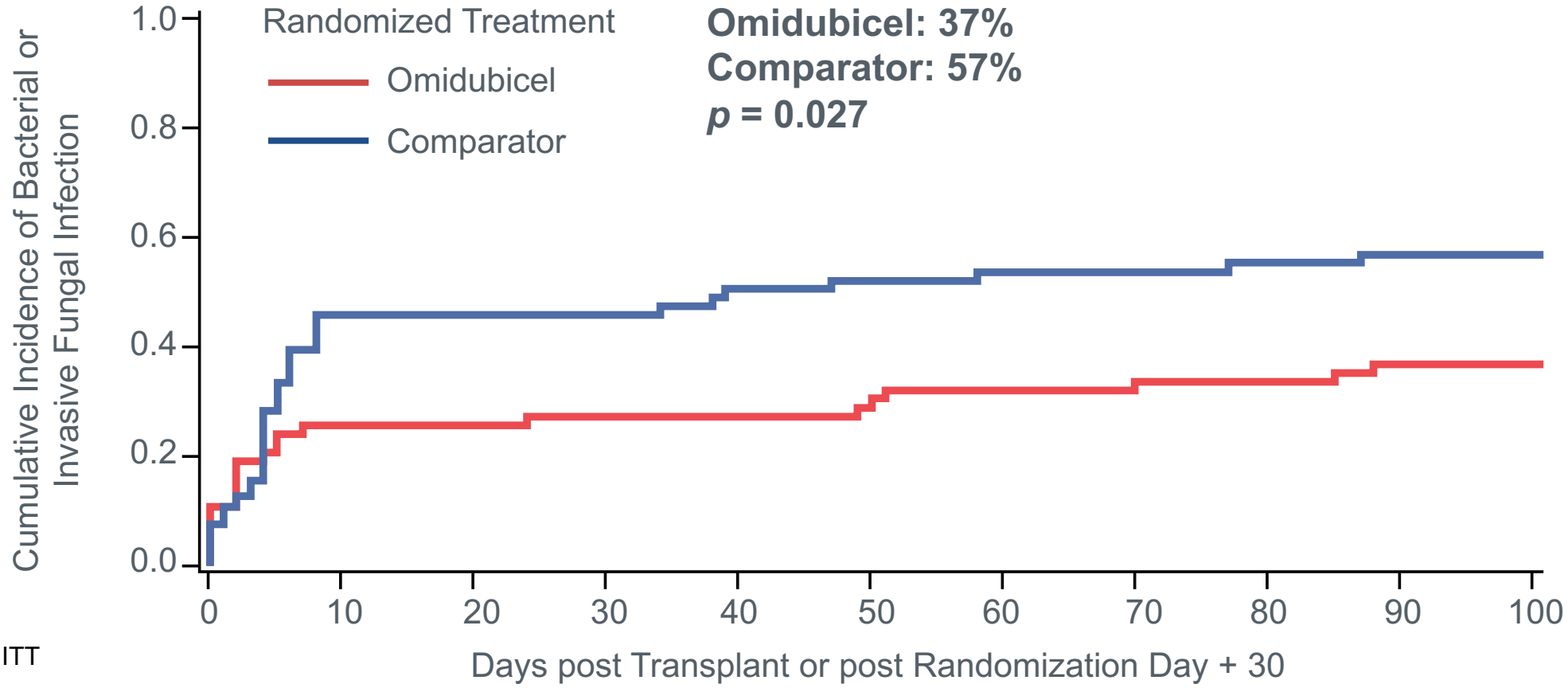
Omidubicel: Median 60.5 days
Compartor: Median 48.0 days
p = 0.005

Population: ITT

gamida cell

Phase 3 secondary endpoint:
Omidubicel significantly reduced serious infection rate

INFECTIONS BETWEEN RANDOMIZATION AND 100 DAYS[1]



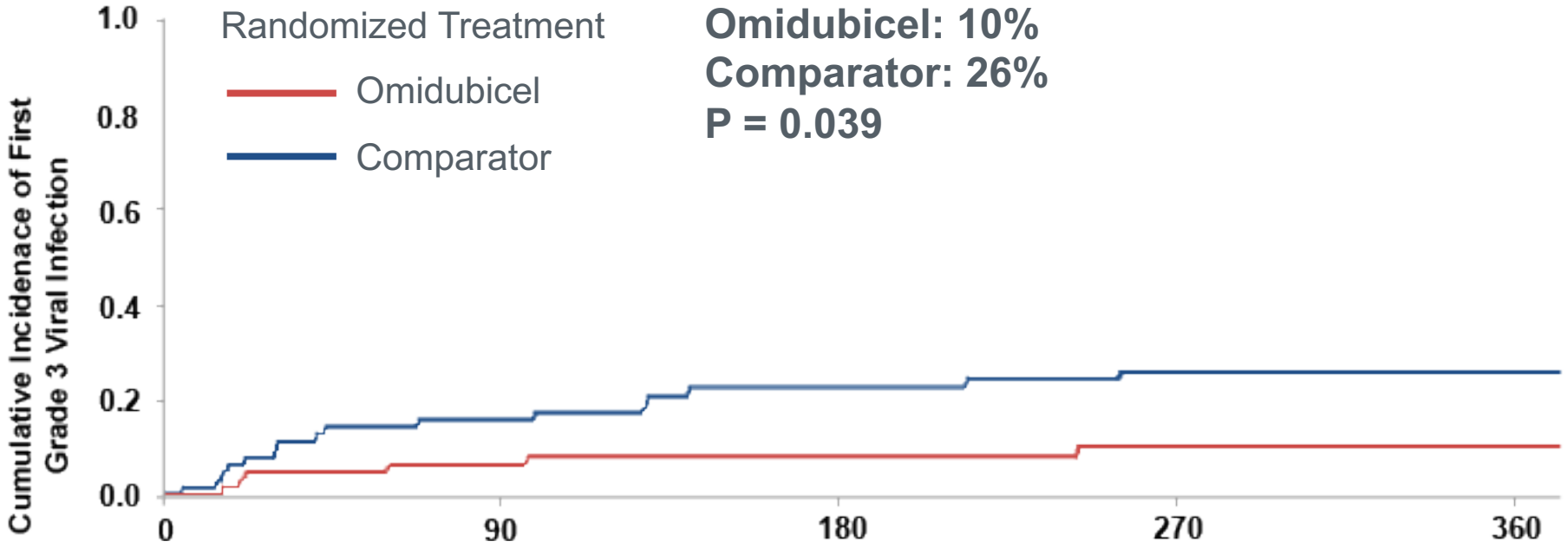
Population: ITT

1. Proportion (%) of patients with any grade 2-3 bacterial infection or invasive fungal infection between randomization and 100 days following transplantation

gamida cell

Phase 3 Exploratory Endpoint
Omidubicel significantly reduced viral infection rate

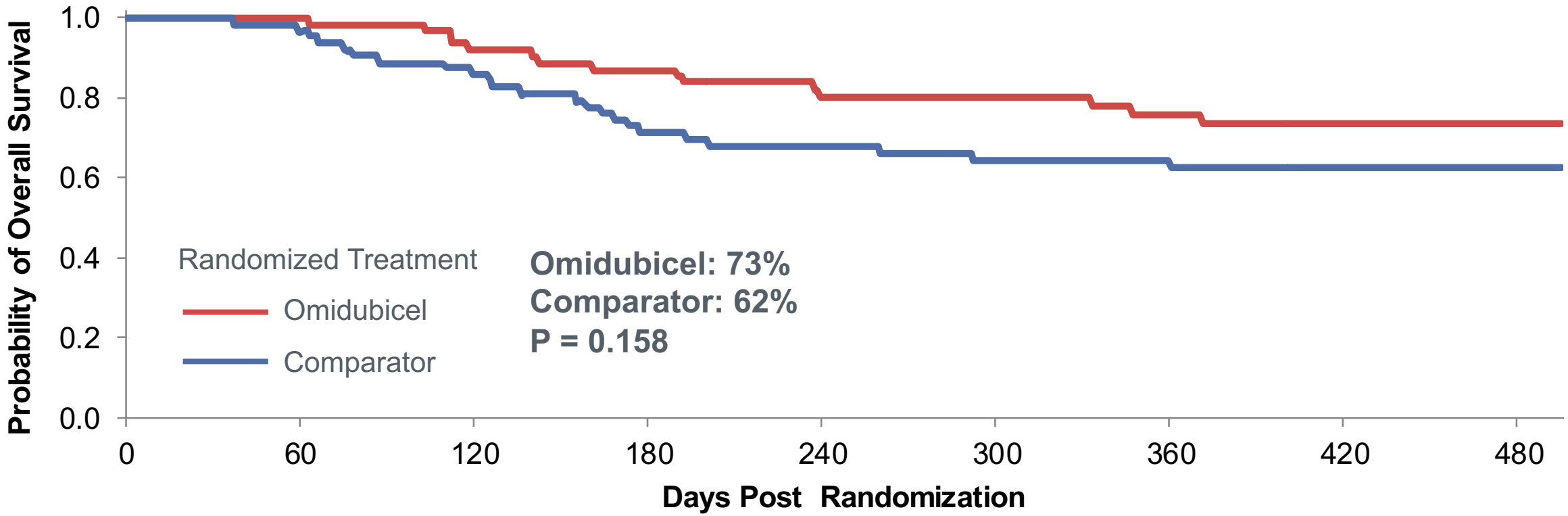
CUMULATIVE INCIDENCE OF FIRST GRADE 3 VIRAL INFECTION BY 1 YEAR FOLLOWING TRANSPLANTATION (ITT)



gamida Cell

Phase 3 Exploratory Endpoint: Overall Survival at 15 Months (ITT)

OVERALL SURVIVAL AT 15 MONTHS AFTER RANDOMIZATION (ITT), MEDIAN FOLLOW-UP (~10 MONTHS)



gamida cell

Omidubicel Phase 3 key takeaways

Positive randomized, controlled, global Phase 3 registrational trial

Achieved primary endpoint of improved neutrophil engraftment in intent-to-treat analysis

Achieved all three pre-specified formal secondary end-points

Preparing for rolling BLA submission by end of 2020

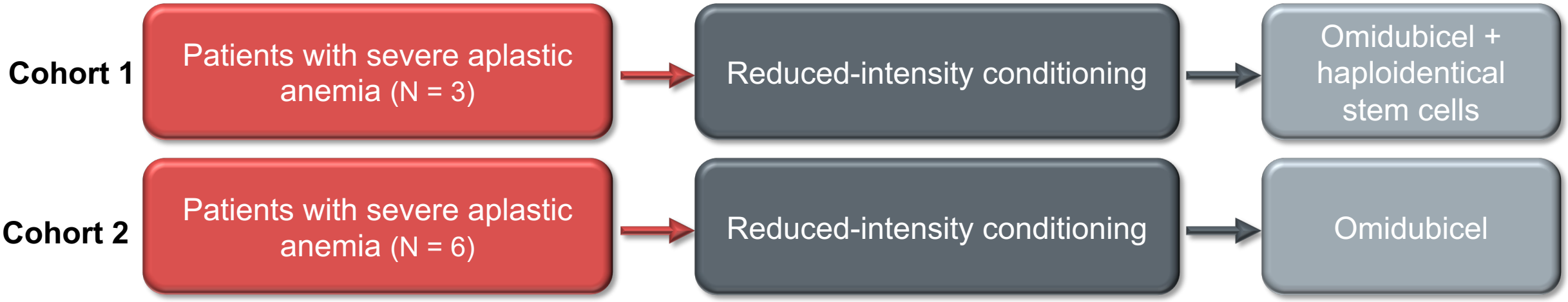
Omidubicel

Phase 2 Study in Severe Aplastic Anemia

gamida cell

Omidubicel in severe aplastic anemia

- **Severe aplastic anemia (SAA) is a life-threatening bone marrow failure disorder**
- **600-900 diagnosed with aplastic anemia in US each year[1]**
- **Hematopoietic stem cell transplantation is the only potential for cure in SAA**
- **Omidubicel data from NIH study (Dr. Richard Childs) reported at ASH**



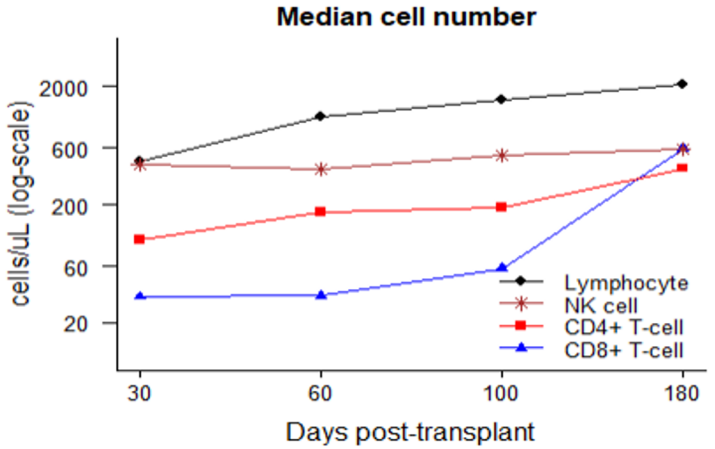
Samour et al ASH 2020 Poster 1531

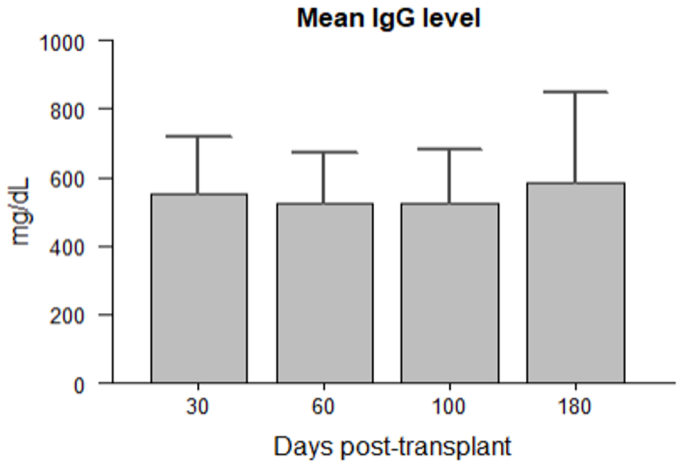
[1]Aplastic Anemia and MDS International Foundation: http://www.aamds.org/diseases/aplastic-anemia.
Clinicaltrials.gov identifier NCT03173937.

Omidubicel in aplastic anemia

- 8 patients engrafted, 1 had graft rejection
- 1 patient died due to disseminated adenovirus infection
- Neutrophil recovery: median 10 days (range 6-14)
- Platelet recovery: median 31 days (15-40)
- 1 patient with acute GVHD ≥grade 2
- No chronic GVHD
- Robust immune reconstitution

➢ Omidubicel led to sustained hematopoietic and immune recovery in patients with severe aplastic anemia





Samour et al ASH 2020 Poster 1531

Real World Data

Collaboration with the Center for International Blood and Marrow Transplant Research (CIBMTR)

gamida cell

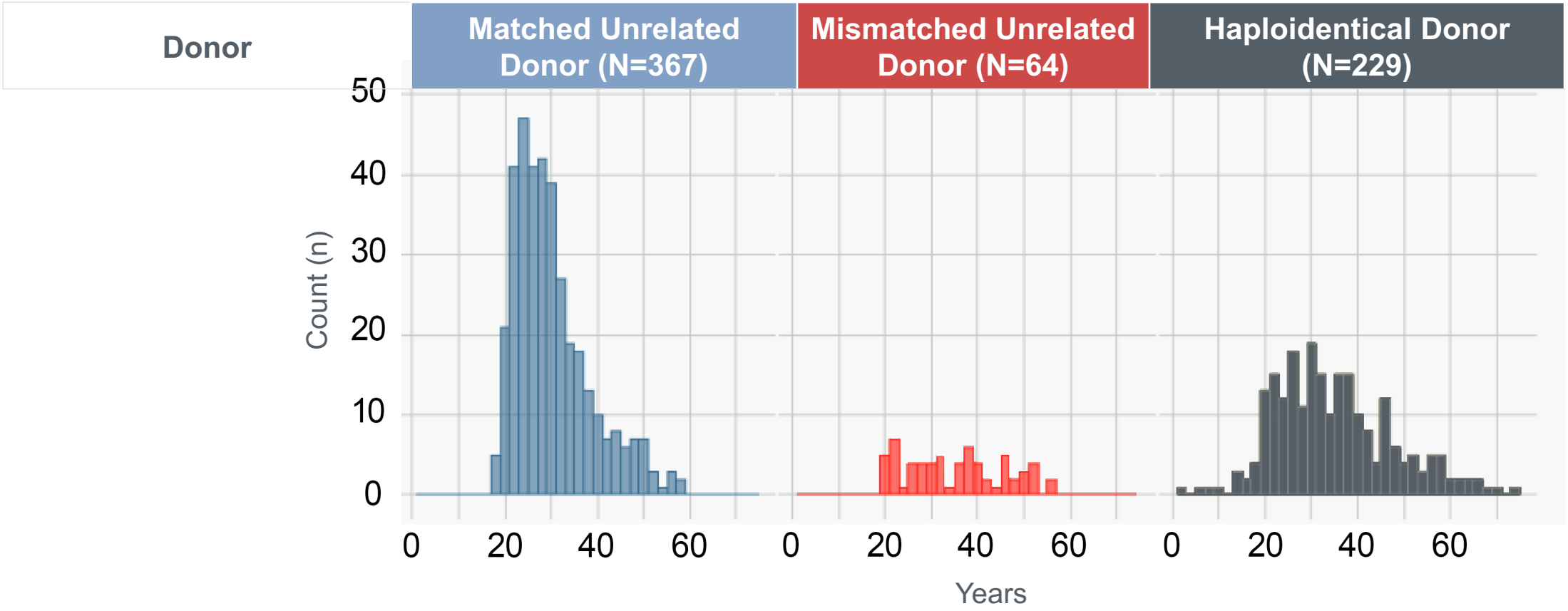
Real world data collaboration with CIBMTR

Data reported to the Center for International Blood and Marrow Transplant Research (CIBMTR)

- Inclusion criteria corresponding to omidubicel Phase 3 trial
  - Hematologic malignancy
  - Myeloablative conditioning
  - Allogeneic HSCT
- Donors:
  - Haploidentical related, with post-transplant cyclophosphamide (haplo);
  - 8/8 HLA-matched unrelated (MUD); or
  - 7/8-matched unrelated (MMUD) donor

- First tranche of data: patients transplanted between Jan 2017 and Dec 2018

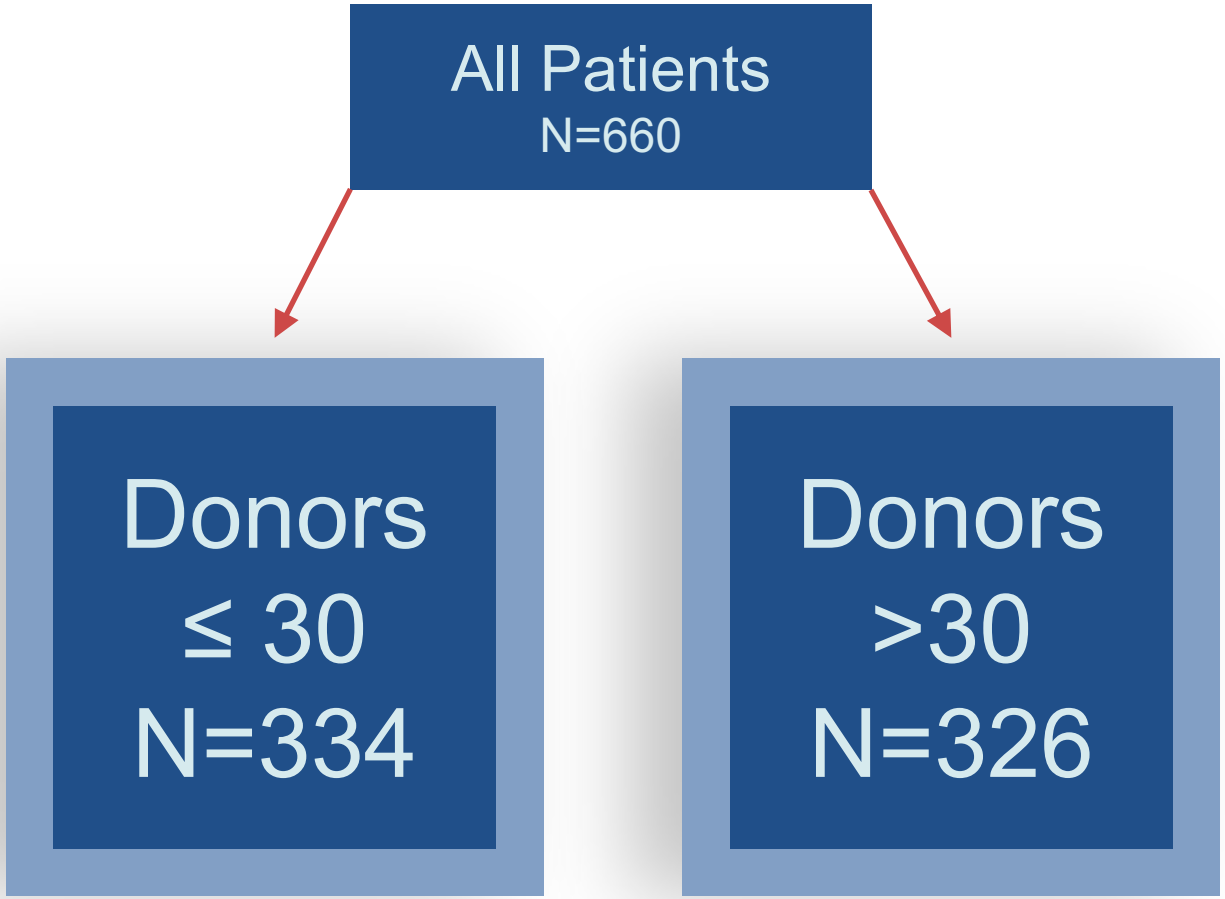
Distribution of donor age



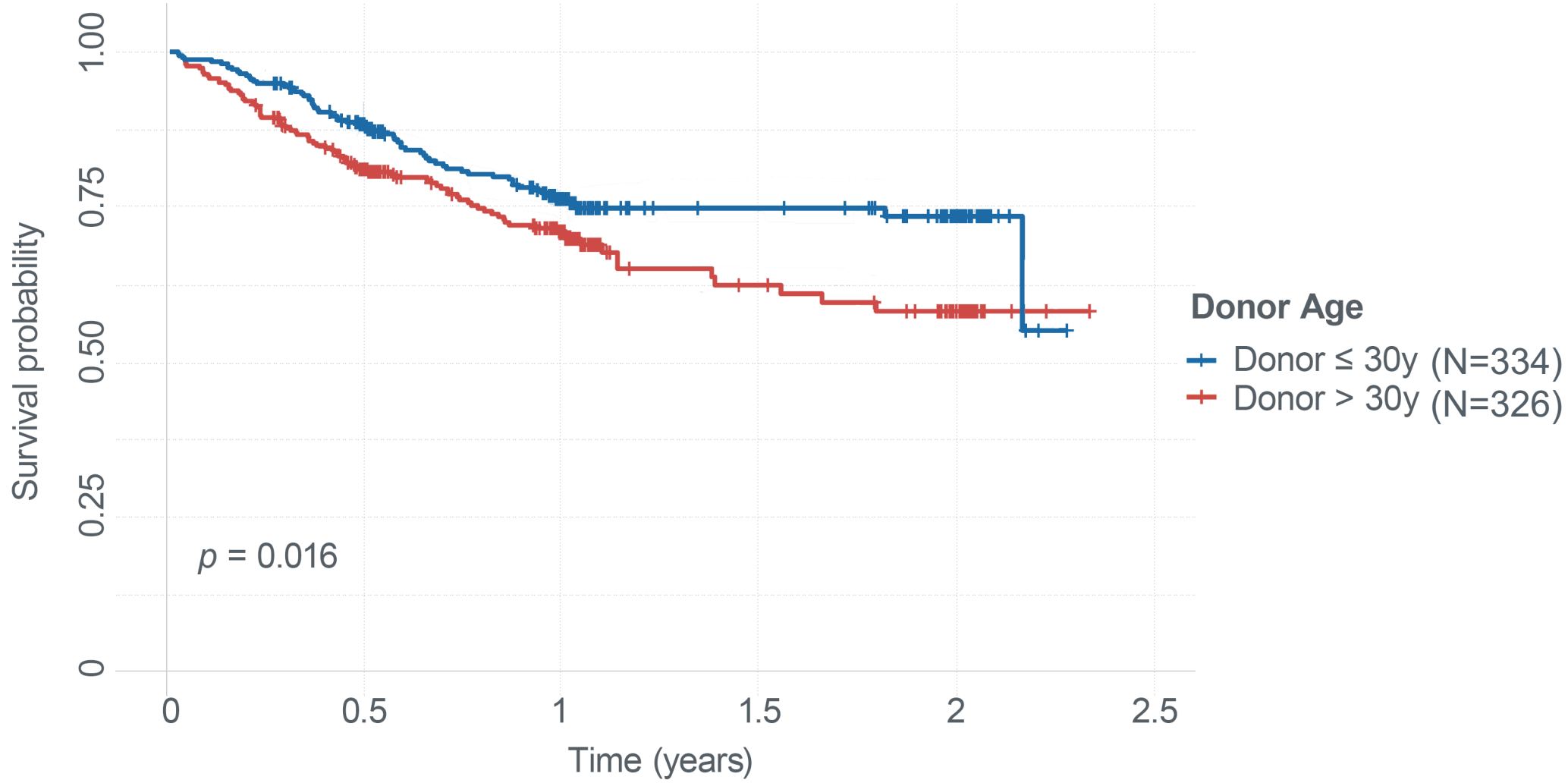
Donor age in years, median (range)	**28 (18-59)**	**36 (19-57)**	**33 (2-74)**

gamida cell

Patient groups



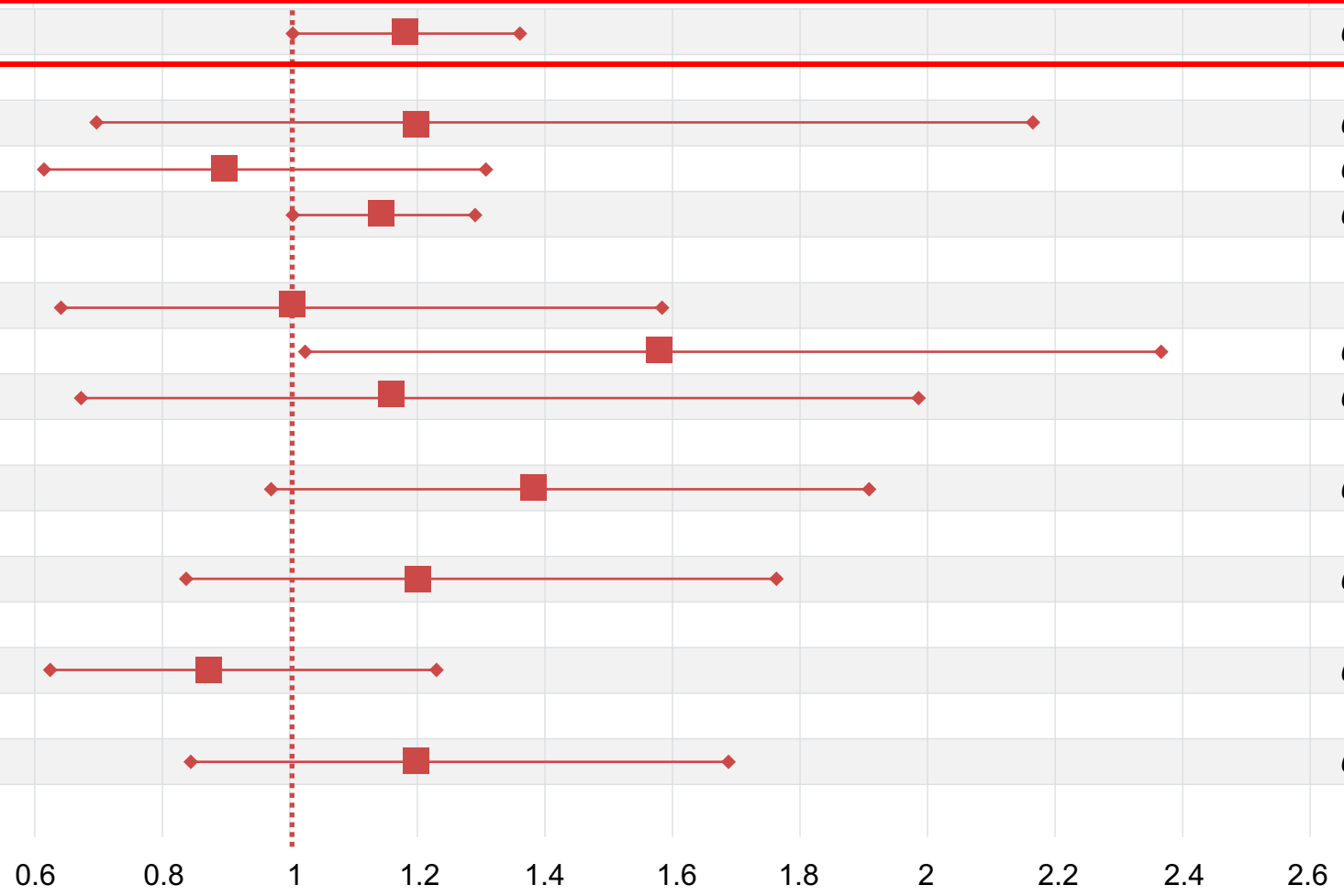
Overall survival is associated with donor age



Overall survival by donor age — multivariable analysis: 17% excess risk for every additional decade of donor age

Overall Survival: Age as a Continuous Variable

		HR	p-value
Donor age		1.17	*0.038*
Donor	MUD	reference	
	MMUD	1.20	*0.523*
	Haplo	0.89	*0.546*
Patient age		1.12	*0.103*
Disease	AML	reference	
	ALL	1.00	*0.99*
	MDS	1.55	*0.034*
	Other	1.14	*0.629*
KPS	≥ 90	reference	
	< 90	1.36	*0.063*
Graft source	Bone marrow	reference	
	Peripheral blood	1.21	*0.311*
Patient sex	Male	reference	
	Female	0.87	*0.415*
Donor sex	Male	reference	
	Female	1.21	*0.263*



gamida cell

Real world data collaboration

Donor age is an important consideration for donor selection

Cord blood, the starting material for omidubicel, is considered the most naïve graft source

Additional data encompassing 2019 transplants will be analyzed when available

Advances in the development of graft sources and new approaches to prioritizing donors may broaden the availability of HSCT and improve patient outcomes

Omidubicel

Commercial Potential and
Launch Readiness

Michele Korfin
Chief Operating and Chief Commercial Officer

gamida cell

Substantial market opportunity to both improve known issues with existing donor source as well as expand the market to treat untransplanted patients

~13,000 patients with hematologic malignancies are eligible for transplant annually in the U.S.

Omidubicel opportunity	Patients	Challenges	Unmet Need / Omidubicel Opportunity
Not Matched / Not Referred	5,200	• Access to care and graft source • Limited therapy options	**Increase Access**
Matched Unrelated (MUD) Mismatched Unrelated (mMUD) Haploidentical Cord Blood	5,200	• Availability of graft source • Quality of graft source • Time to engraftment • Infection • Risk of GvHD • Potency of GvL effect	**Improve Outcomes**
Matched Related (MRD)	2,600	• Availability of sibling donor	

Sources: SEER, Besse et al. Esimating demand and unmet need for allogeneic hematopoietic cell transplantation in the U.S. using GIS. JCO 2015. Internal market research studies and data analysis. CIBMTR Annual Slides 2018.; The Nemetz Group Quant Survey 2018.

Physician feedback supports attractiveness of omidubicel profile relative to current modalities

Performance of Omidubicel (Base Case) vs Current Transplants on Different Metrics (n = 83)

Source: Trinity Market Research (based on target product profile before the Phase 3 study was completed
*Attributes not shown for current transplants.

gamida cell

Advantages also resonate with payers as omidubicel presents a clear value proposition

Omidubicel has the potential to offer a treatment alternative for patients without a viable cell source

PERCEIVED ADVANTAGES OF OMIDUBICEL

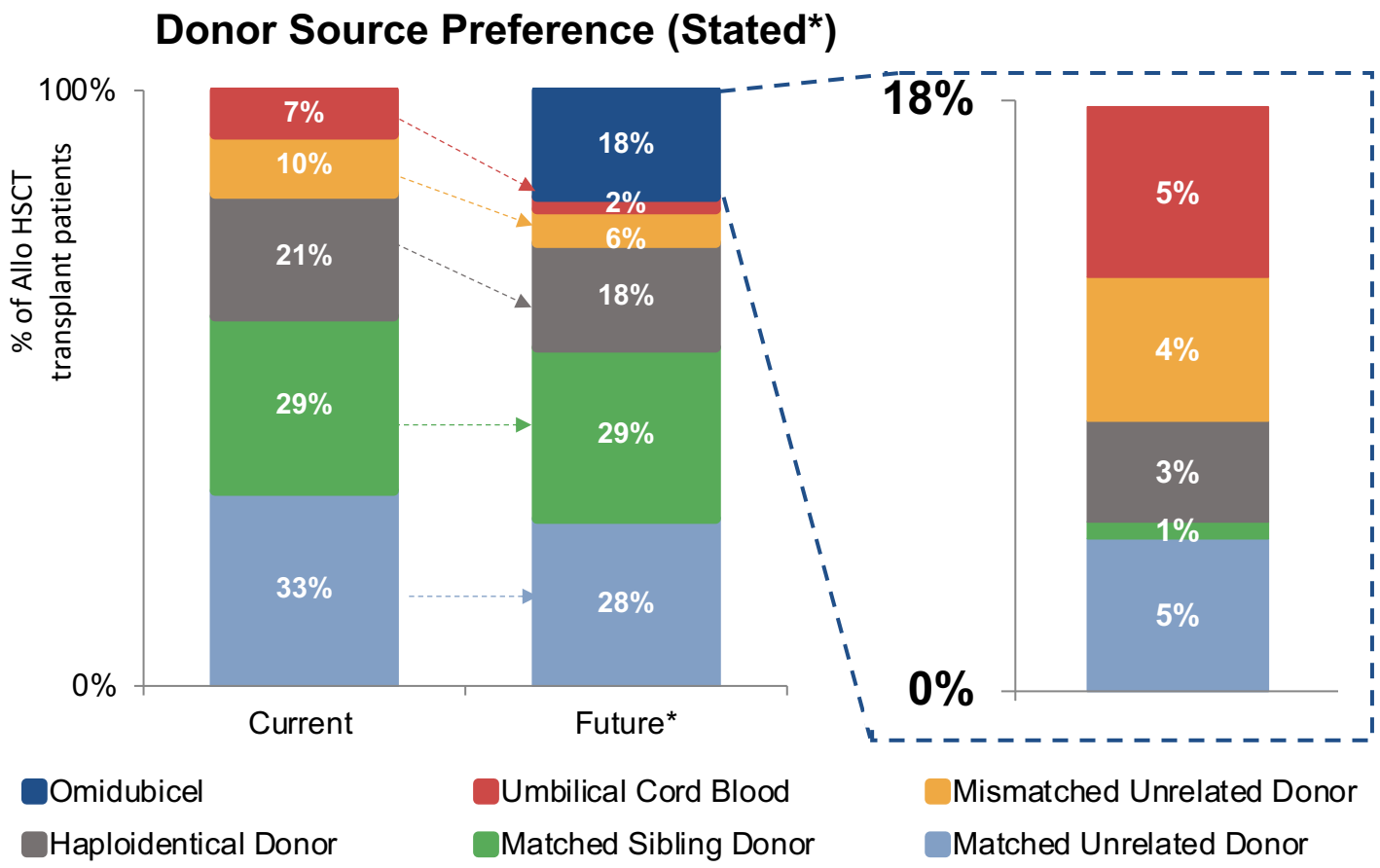
- **Faster engraftment** / better neutrophil recovery
  - Payers note speed of engraftment as a key advantage of omidubicel vs. the cord blood comparator and are impressed with shorter time to neutrophil recovery

- **Fewer infections** and less GVHD
  - Fewer infections vs. cord blood and potentially better GVHD stand out as omidubicel's immediate advantages to payers
  - Some payers were less impressed without a statistically significant p-value (Note: the statistical analysis was not available at the time of this research)

- **Decreased length of hospitalization**
  - Payers quickly recognize the short-term benefit of shorter hospital stay with omidubicel vs. cord blood

Source: Trinity Partners (2019)

Omidubicel presents several advantages over existing donor sources and is anticipated to capture 18% of current volumes at peak levels of adoption
(time to peak ~ 3 years)



Omidubicel's Competitive Advantage

vs. UCB:
- Better efficacy (neutrophil engraftment time, average days in the hospital, and neutrophil recovery)
- Eliminates the need to order 2 cords and risk running out of cells due to engraftment failure

vs. MMUD:
- Less risk of infections
- Speed
- Overall trend of decreasing MMUD use

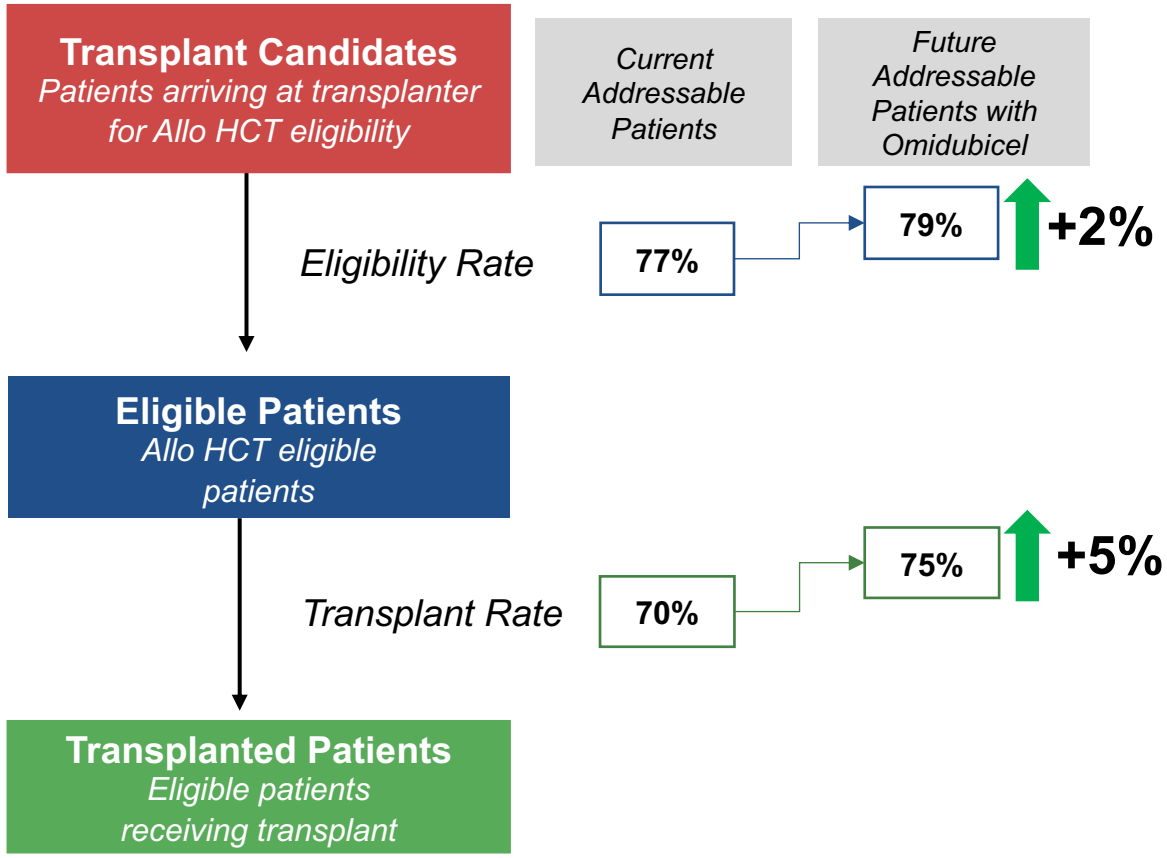
vs. Haplo:
- Lower GVHD

vs. MRD:
- Availability, as not every patient has a fit sibling donor

vs. MUD:
- Speed, especially important for patients whose disease is progressing rapidly
- Lack of donor follow through for MUD

- n= 25 Transplanters; stated shares (no discounting)
- **Source: ZS & Associates market research**

Omidubicel is also anticipated to increase access for the number of transplanted patients through improved eligibility and transplantation rates



Eligible patients

- Increase in eligibility is due to less infections and better safety profile of Omidubicel
- Some patients with poor performance status or comorbidities may be able to tolerate Omidubicel

Transplanted Patients

- HemOncs believe **Omidubicel would cause an increase in the transplant rate from 70% to 75%;** this increase in transplants would **go to Omidubicel**
- HemOncs indicated they would use Omidubicel when they cannot find a match and the patient is running out of time

Source: ZS market research

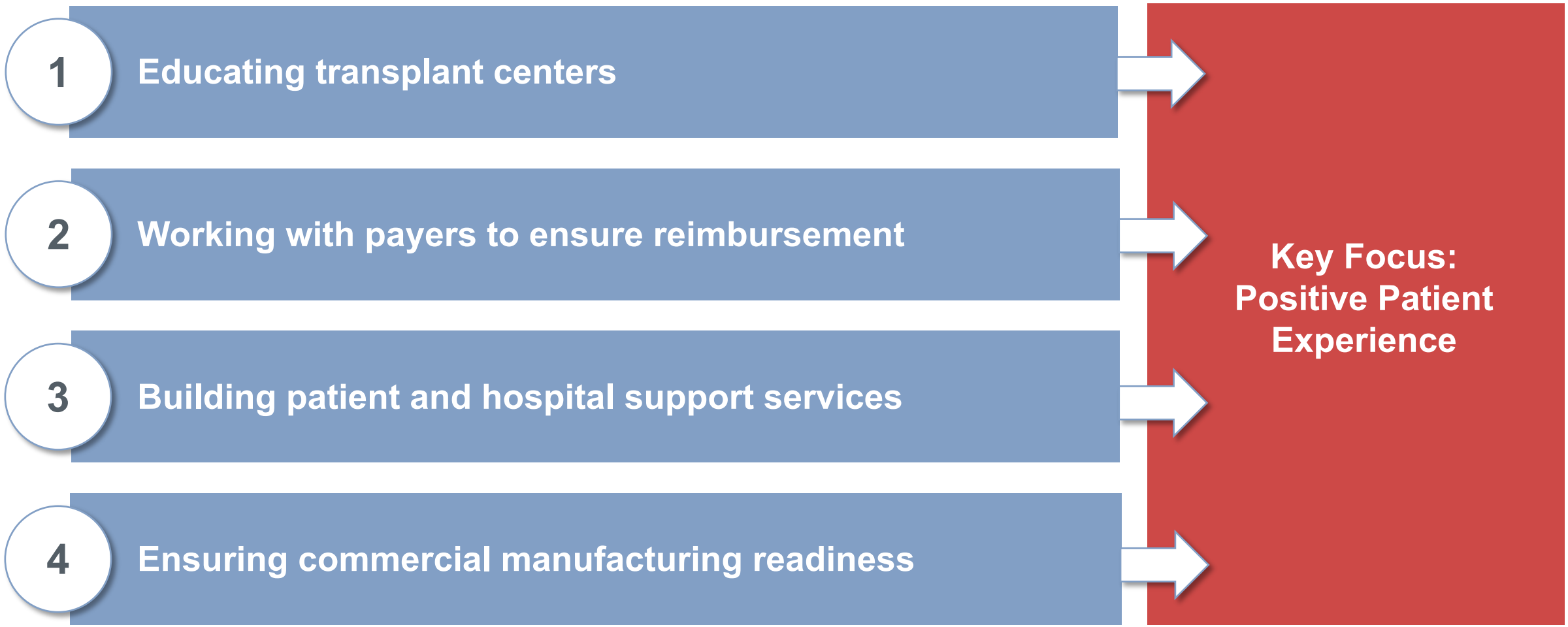
Omidubicel will be a therapy option for HSCT patients who do not have access to a matched related donor*

Omidubicel Launch Goals

- ***Rapid time to peak market share: ~ 3 years to reach peak***
- ***~ 2,000 patients treated with Omidubicel per year, upon reaching peak (supported by market research)***
- ***Positive patient and transplant center experience with Omidubicel***

**Following FDA approval*

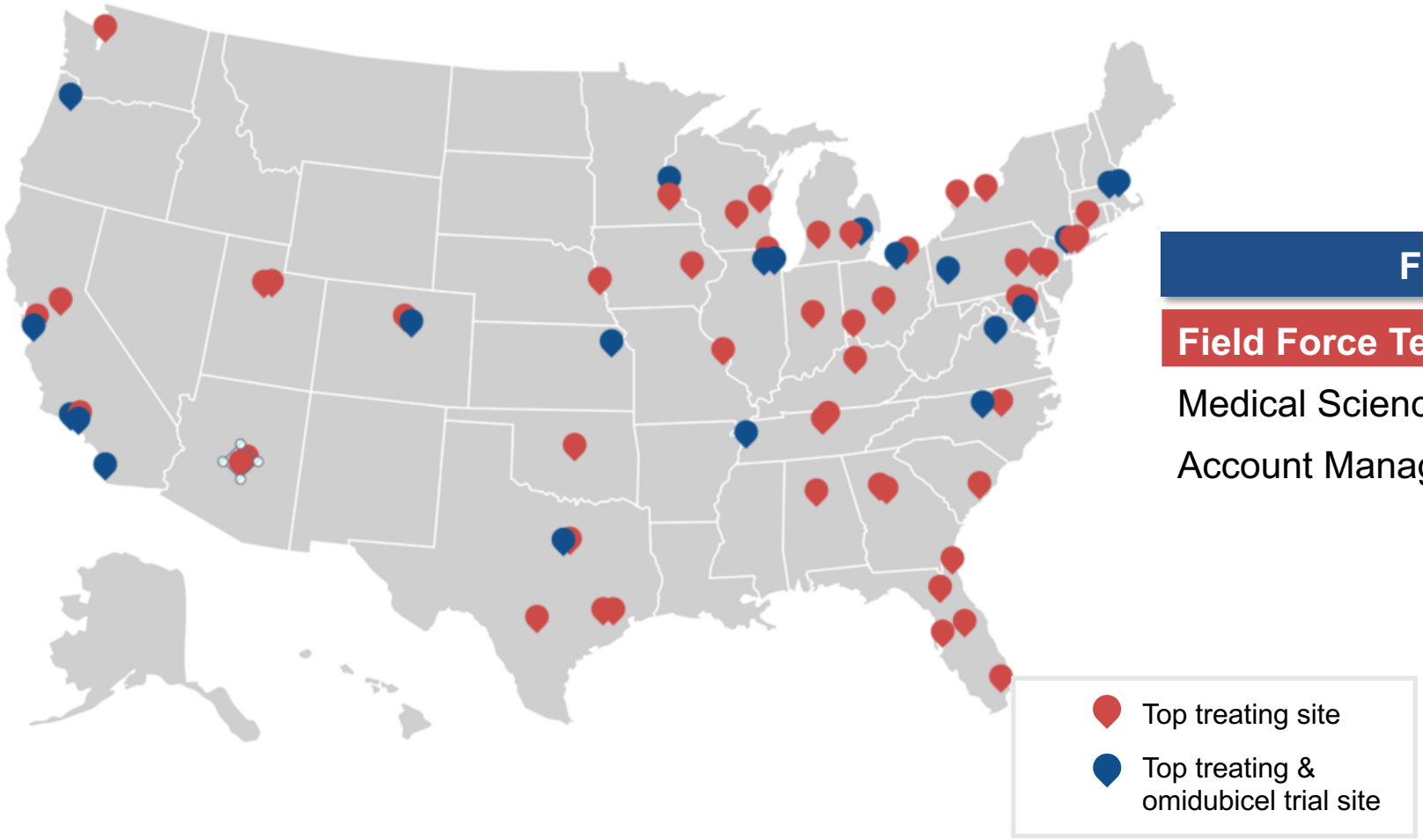
Key commercial activities and infrastructure build-out are underway to prepare for a successful omidubicel U.S. launch



Gamida Cell has initiated the plan for education of the U.S. transplant centers

1

Approximately 70 transplant centers account for ~80% of bone marrow transplants in U.S.



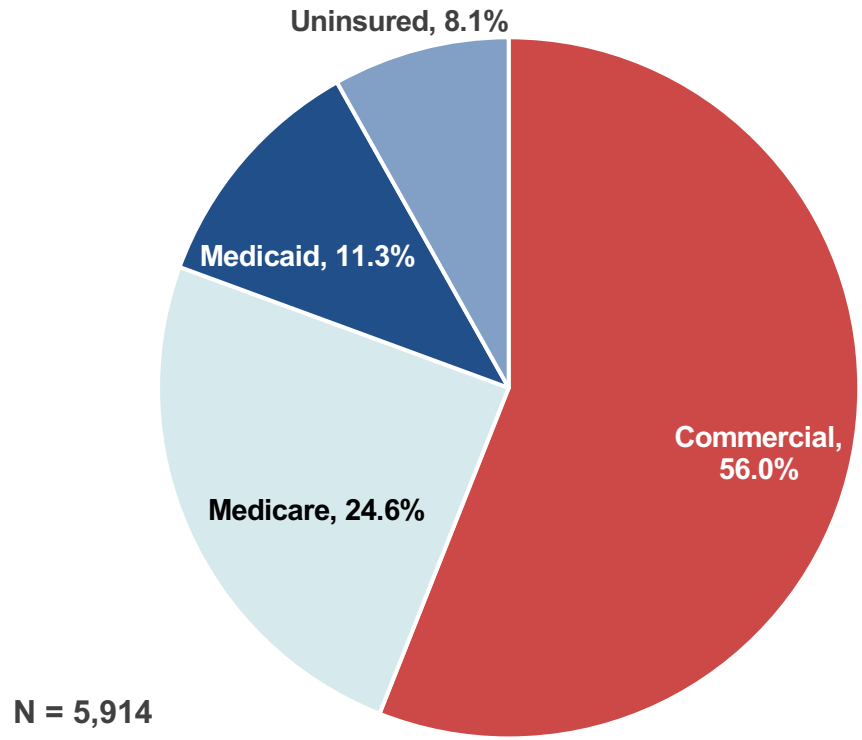
Field Force Benchmarks	
Field Force Team	**Industry Surrogates**
Medical Science Liaisons	10 – 15 FTEs
Account Manager	25 – 30 FTEs

gamida cell

Commercial payers are estimated to insure the majority of the transplant patients — feedback indicates commercial payers would reimburse omidubicel via carve-out

2

Analysis by Insurance Type[1]

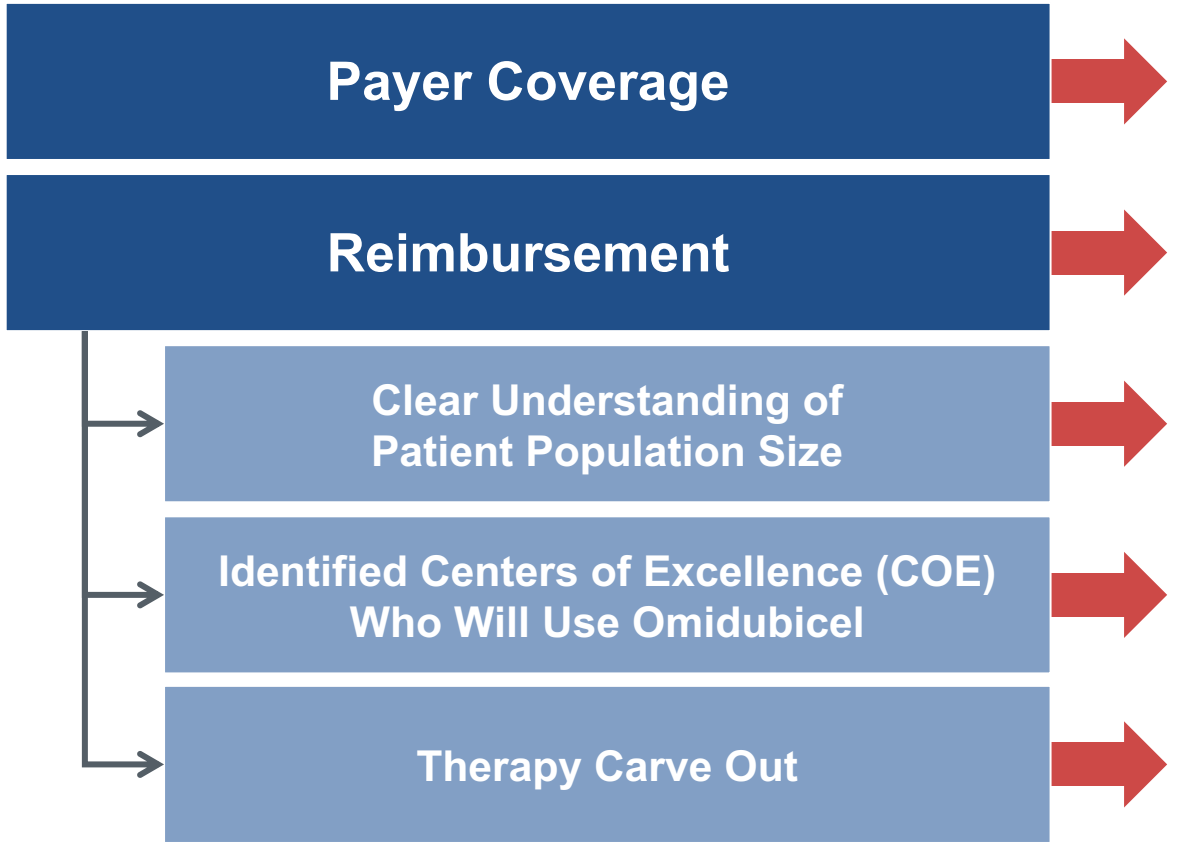


1. *State Health Access Data Assistance Center (SHADAC) analysis of the American Community Survey (ACS) Use Microdata Sample (PUMS) files, State Health Compare, SHADAC, University of Minnesota, statehealthcompare.shadac.org, Accessed on March 1, 2019*

Note: The payer mix is based upon US population data and is not transplant-specific. The % of uninsured may not accurately reflect the transplant population; Source of Carve Out Statements: Trinity Partners Research (2019)

Gamida will be prepared for potential reimbursement approaches

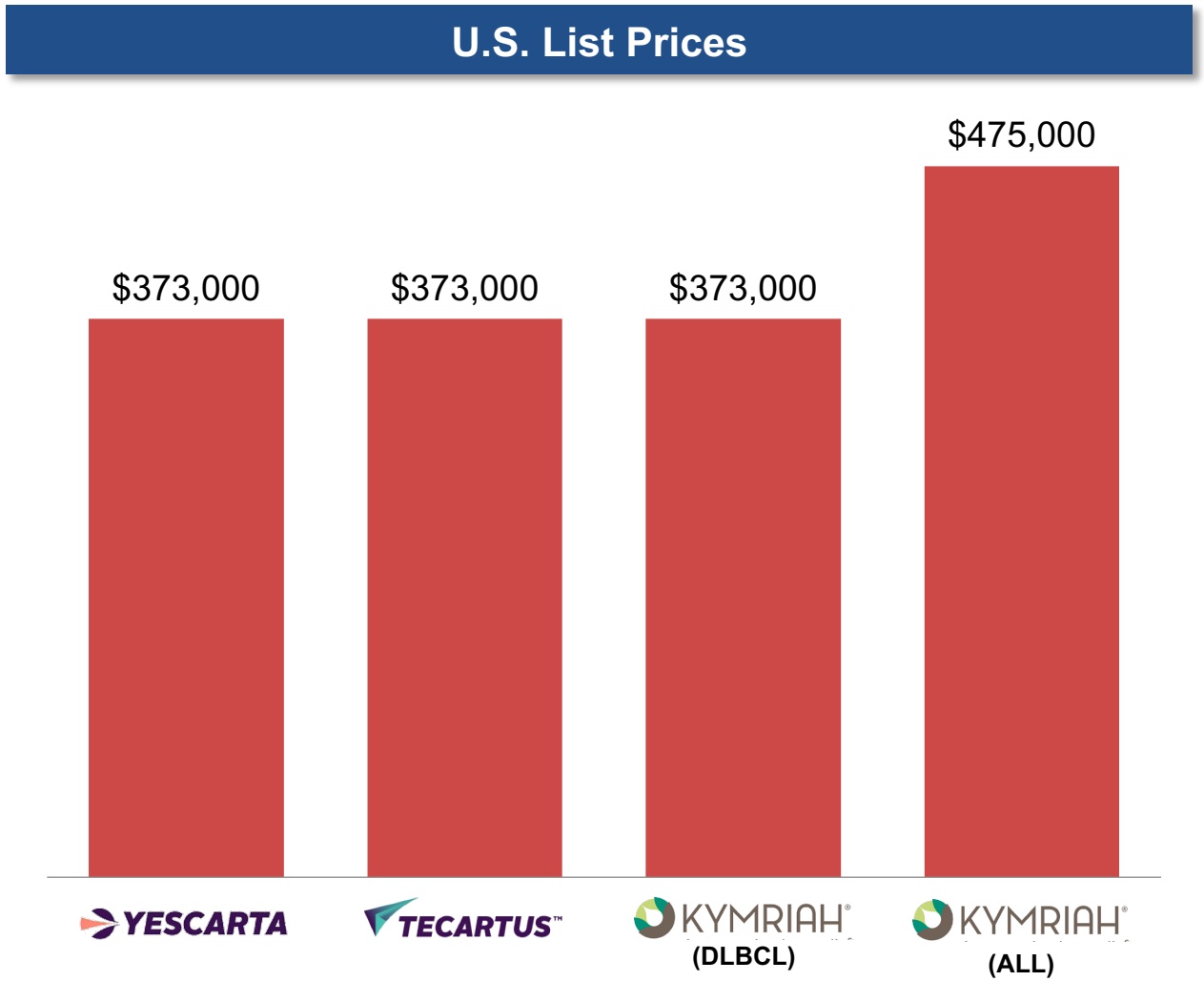
2



- Published data supports that ~100% of U.S. payers anticipate covering one-time therapies, with curative intent
- Gamida has a good understanding of the Reimbursement approach that payers will take upon omidubicel FDA approval
- Market is well defined, and payers can calculate their potential covered lives
- Needs for COEs: 70 centers make up 80% of transplants
- Initial payer market research identified carve out as the most likely reimbursement approach at time of approval
- Establish the appropriate codes for carve outs

Payers have developed coverage and reimbursement approaches for CAR-T therapies

2

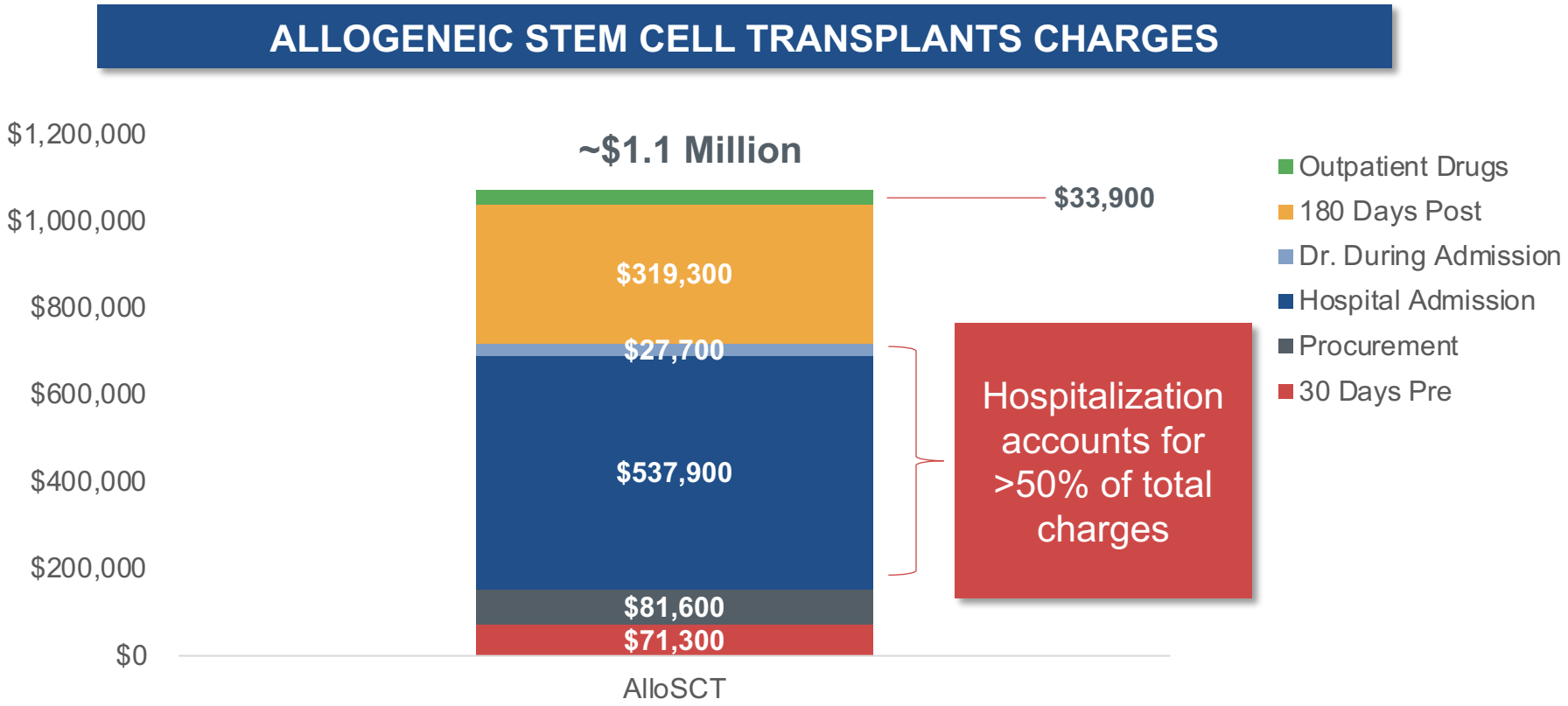


- CAR-T Therapies initially launched in 2017 in the U.S.
- Pricing ranged from $373K - $475K
- Payers referenced CAR-T pricing in the 2019 market research that Gamida conducted

Source: Public data on therapy pricing

Omidubicel has demonstrated a significant reduction in hospitalization time, the biggest cost driver of HSCT

2



Source: Milliman Research Report 2020

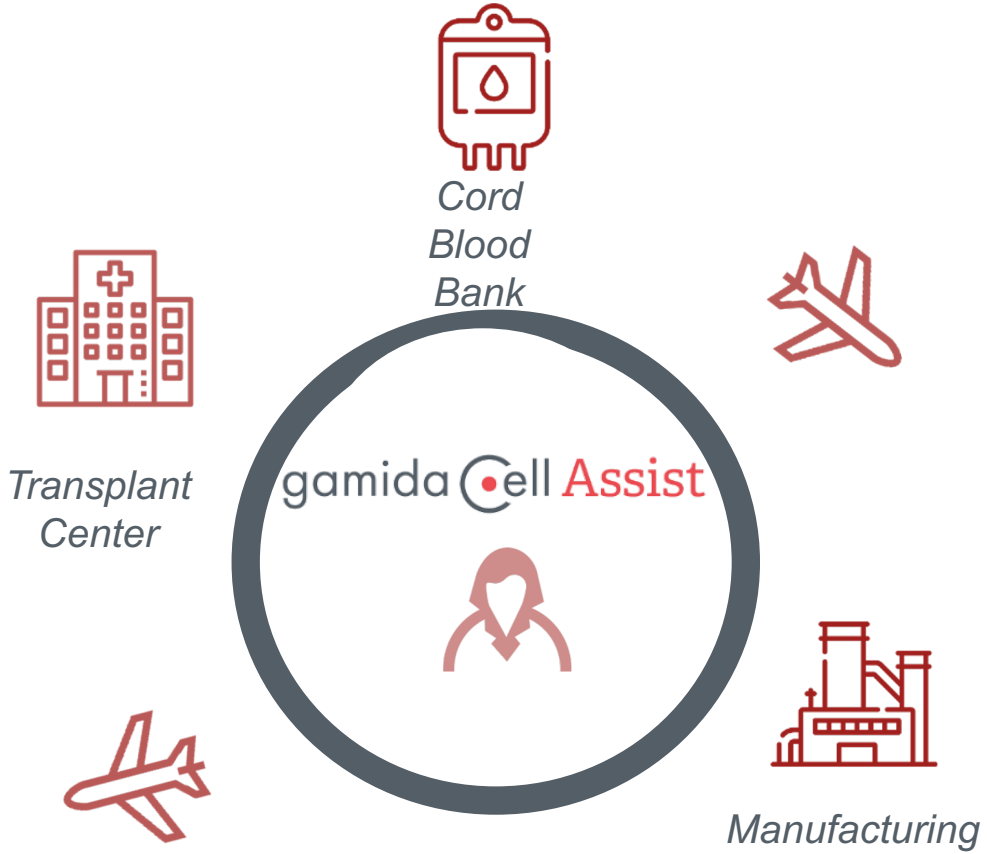
Introduction to Gamida Cell Assist

gamida Cell Assist

We are building a patient support operation to provide the assistance and services to healthcare professionals, patients, and caregivers that will support access to our therapy and strive to ensure a positive personalized experience

Gamida Cell Assist will be a key aspect of our patient-centric launch

Building a patient support operation to provide the assistance and services to healthcare professionals, patients, and caregivers that will support access to our therapy and strive to ensure a positive personalized experience



- We are a support and solutions-oriented team that will provide a personalized, high touch experience
- Gamida Cell Assist will provide a single point of contact for patients and health care professionals
  - Through this, we will provide support and services throughout the therapy process
- Our focus is on keeping operations simple with the flexibility and agility needed to address the needs of each patient that requires cell therapy

Gamida Cell Assist: resource for the transplant center and patient from the point of omidubicel treatment decision

3

Benefit Verification/Appeals

Copay Assistance

CBU Selection Assistance

Psychosocial Support

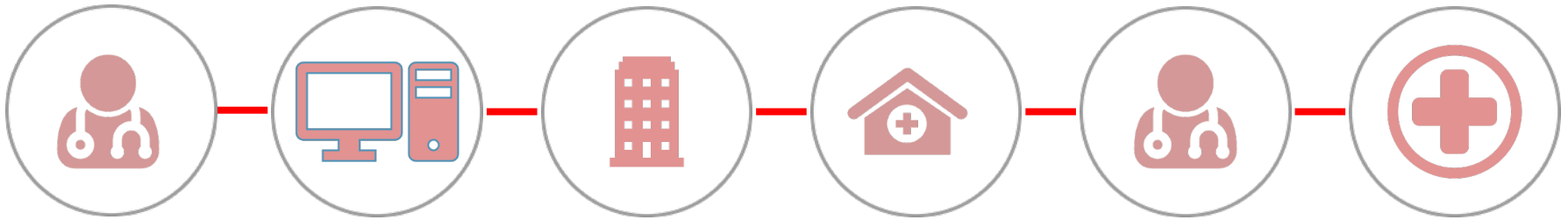
Travel & Lodging Assistance

Uninsured Program

End to End monitoring of Cell Journey

Product Ordering / Delivery Coordination

gamida Cell Assist



HCP Identifies Patient

Gamida Services (CBU selection, ordering, distribution, supply chain.)

Manufacturing

Omidubicel Delivered

Infusion

Post Infusion

48

Manufacturing readiness on track to support potential 2H21 launch

4

Dual sourcing for manufacturing established for commercialization of omidubicel:

Kiryat Gat (Israel)

- Gamida Cell owned facility
- Construction completed in 2020 and hiring complete for initial team
- Qualification for BLA filing underway

Photo of Gamida Cell-owned facility.

Lonza (CMO)

- Well recognized cell and gene therapy manufacturer
- Manufacturing partner for the omidubicel Phase 3 study*

*: Phase 3 manufacturing was conducted at Lonza facility in Maryland; Commercial manufacturing will be in the Lonza Netherlands facility

Current commercialization focus is the U.S. Market — global evaluation in process

~15,000 patients with hematologic malignancies are eligible for transplant annually in the EU-5

Source: European Society for Blood and Marrow Transplantation Activity Survey 2018
*Transplant data consists of all ages

Commercial potential and launch readiness key takeaways

Omidubicel Key Takeaways

- Potential to be **first FDA-approved** cell therapy for bone marrow transplantation
- **Compelling clinical profile** to date
  - Unprecedented **time to neutrophil engraftment**
  - **Reduced hospitalization** time and decreased risk of infection
  - Generally **well-tolerated**
- Initiation of rolling BLA submission **anticipated in 4Q20**
- Pre-commercial activities underway for **potential launch**

This is one patient and results may not be indicative. Omidubicel is investigational and safety and efficacy have not been established by any agency

GDA-201

Harnessing Innate Immunity Using Natural Killer (NK) Cells to Treat Cancer

Tracey Lodie, Ph.D.

Chief Scientific Officer

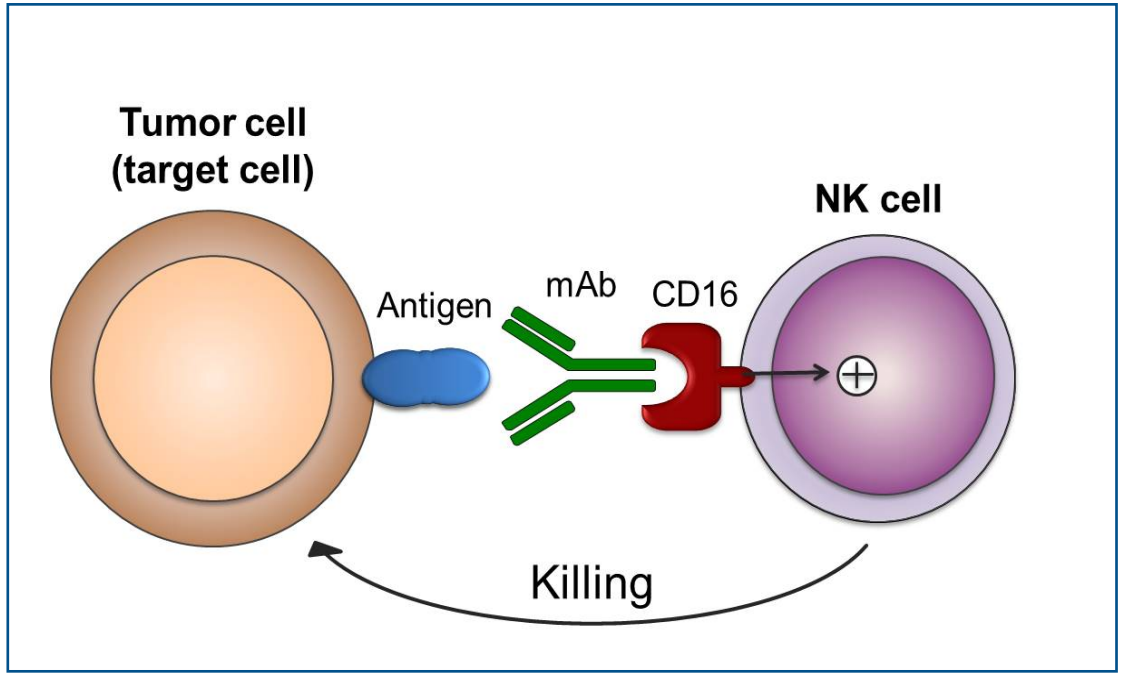
gamida cell

Putting NK cells to work using our NAM technology platform

Benefits of NK Cells

- Natural killer (NK) cells infusion is a promising immune therapy for cancer
  - No HLA matching required
  - Synergy with antibodies
  - Potential for off-the-shelf therapy
- Expansion is necessary to obtain clinically meaningful doses with retained cell function

GDA-201: NK Cells + Tumor-specific Antibodies



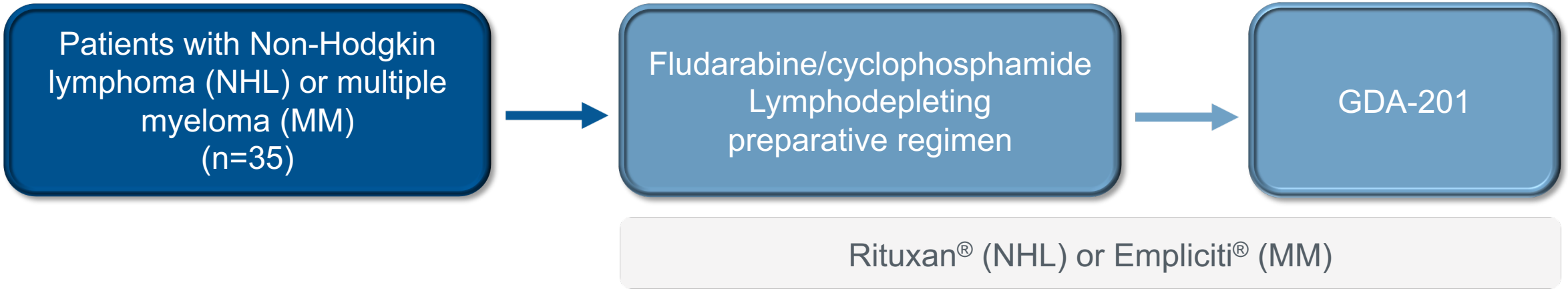
GDA-201

Phase 1 Trial of GDA-201 in Patients with Refractory Non-Hodgkin Lymphoma and Multiple Myeloma

Ronit Simantov, M.D.
Chief Medical Officer

gamida cell

Phase 1 study of GDA-201 in patients with non-Hodgkin lymphoma and multiple myeloma



- **Primary endpoint:** Maximum tolerated dose of GDA-201 (3 doses evaluated)
- **Secondary endpoints:** Overall response, toxicity

ClinicalTrials.gov Identifier NCT03019666.

Grade 3-5 Adverse Events (N=35)

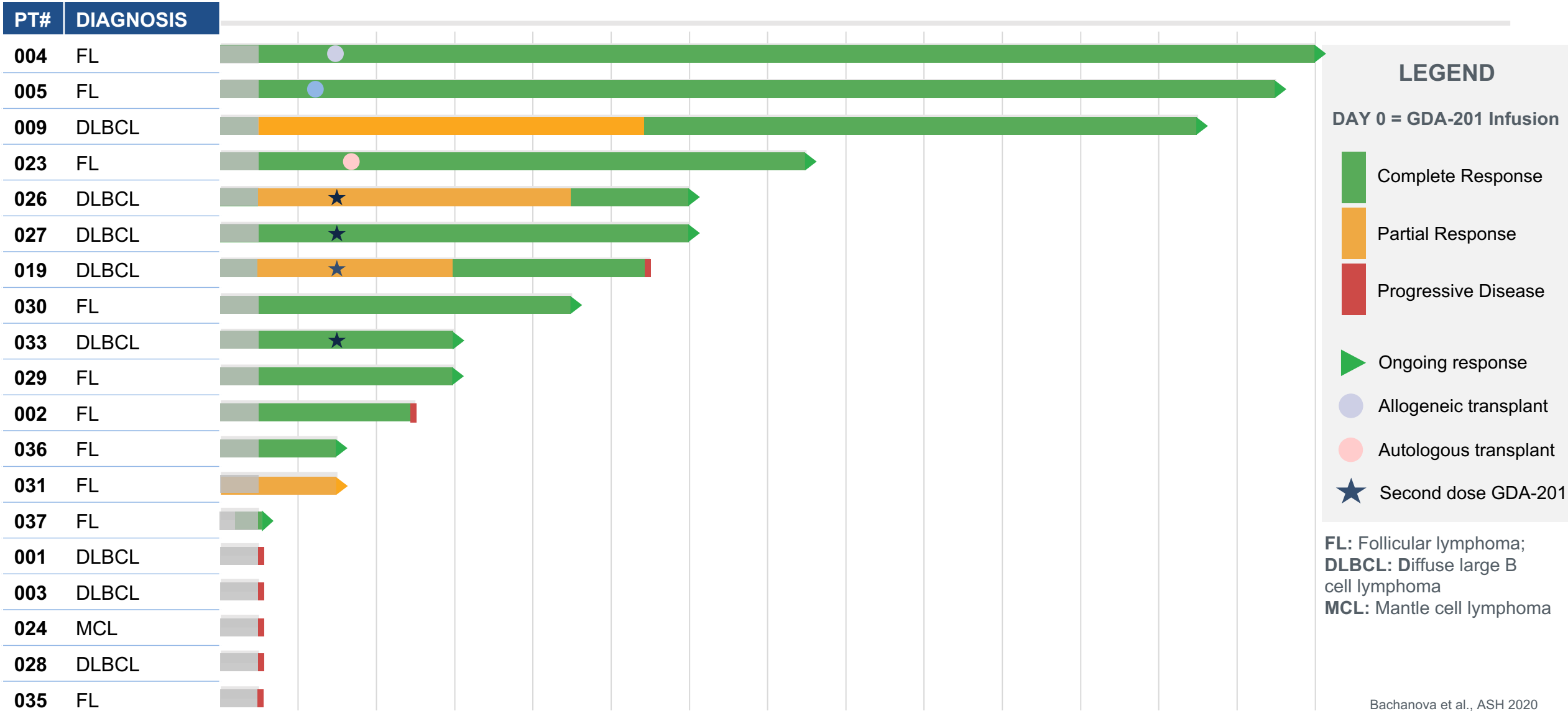
- **Adverse events mostly attributed to lymphodepleting chemotherapy**
- **Most common adverse events were decreased neutrophil count, febrile neutropenia, anemia and low platelet counts**
- **No dose limiting toxicities**
- **No GVHD**
- **No neurotoxicity events**
- **No marrow aplasia**

	Severity			
Event	Grade 3	Grade 4	Grade 5	Total
Hematologic	9	19	0	28
Anemia	3			3
Febrile neutropenia	4	3		7
Neutrophil count decreased	2	10		12
Platelet count decreased		3		3
White blood cell decreased		3		3
Cardiac and Vascular	8	2	0	10
Arythmia	3	1		4
Hypertension	4			4
Hypotension	1	1		2
Pulmonary	6	1	**0**	8
Dyspnea/Tachypnea	3			3
Hypoxia	2			2
Pneumonia		1		2
Pulmonary Edema	1	1		2
Infectious/Immune	3	0	**1**	4
Cytokine release syndrome	1			1
Sepsis			1	1
Upper respiratory infection	2			2
Other	18	2	0	20
Fever	2			2
Pain	4			4
Electrolyte abnormality	5			5
Generalized weakness	2			2
Confusion	1			1
Rash	1			1

Response rates

19 PATIENTS WITH NHL	Follicular Lymphoma (FL) (n=11)	Diffuse Large B-Cell Lymphoma (DLBCL) (n=8)
13 CR	8 CR	5 CR
1 PR	1 PR	
5 PD		
ORR: 74%		
CR rate: 68%		

GDA-201 is highly active in non-Hodgkin lymphoma



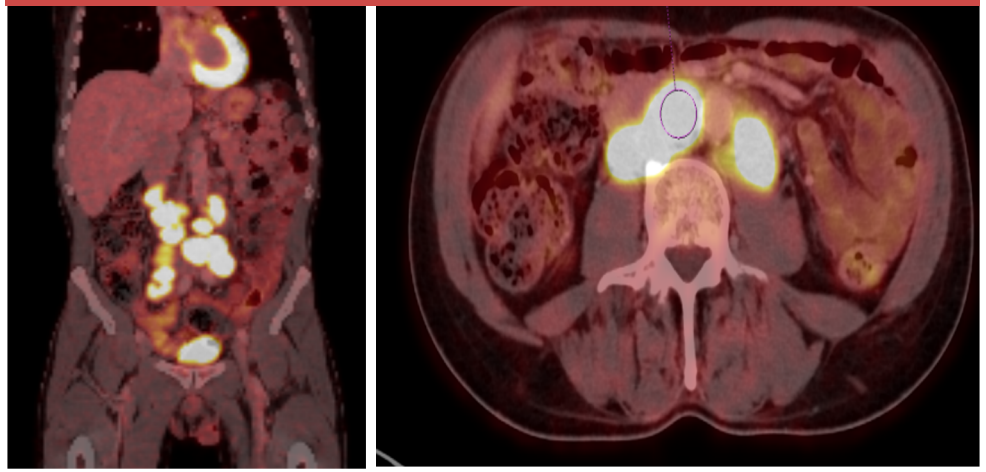
FL: Follicular lymphoma;
DLBCL: Diffuse large B cell lymphoma
MCL: Mantle cell lymphoma

Bachanova et al., ASH 2020

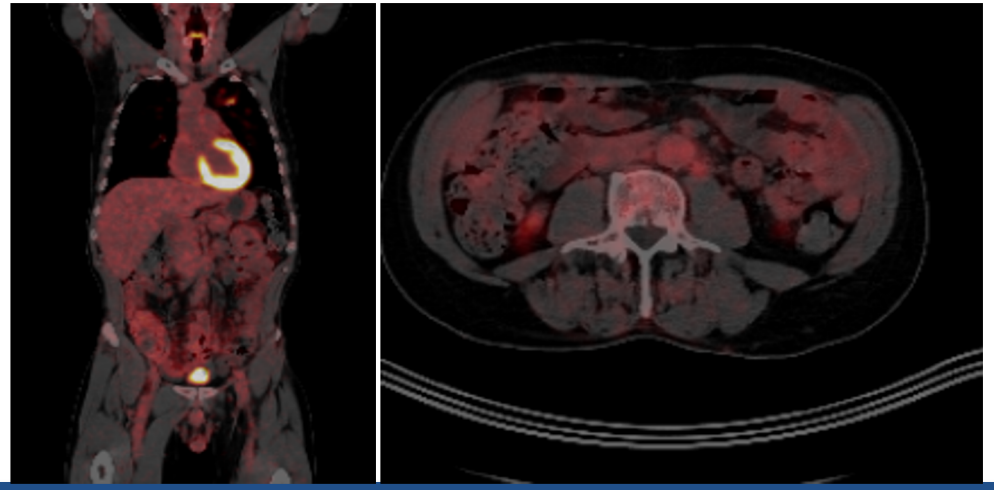
gamida cell

Patient 009

Pt 009: Baseline



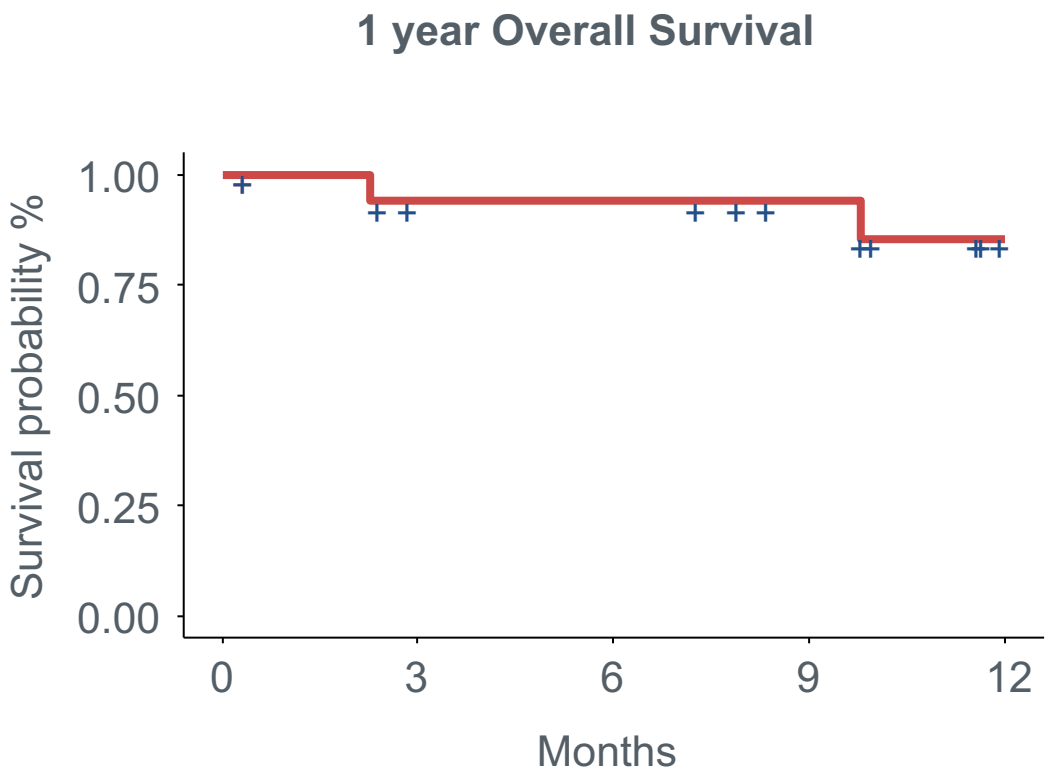
Pt 009: 6-month post GDA-201

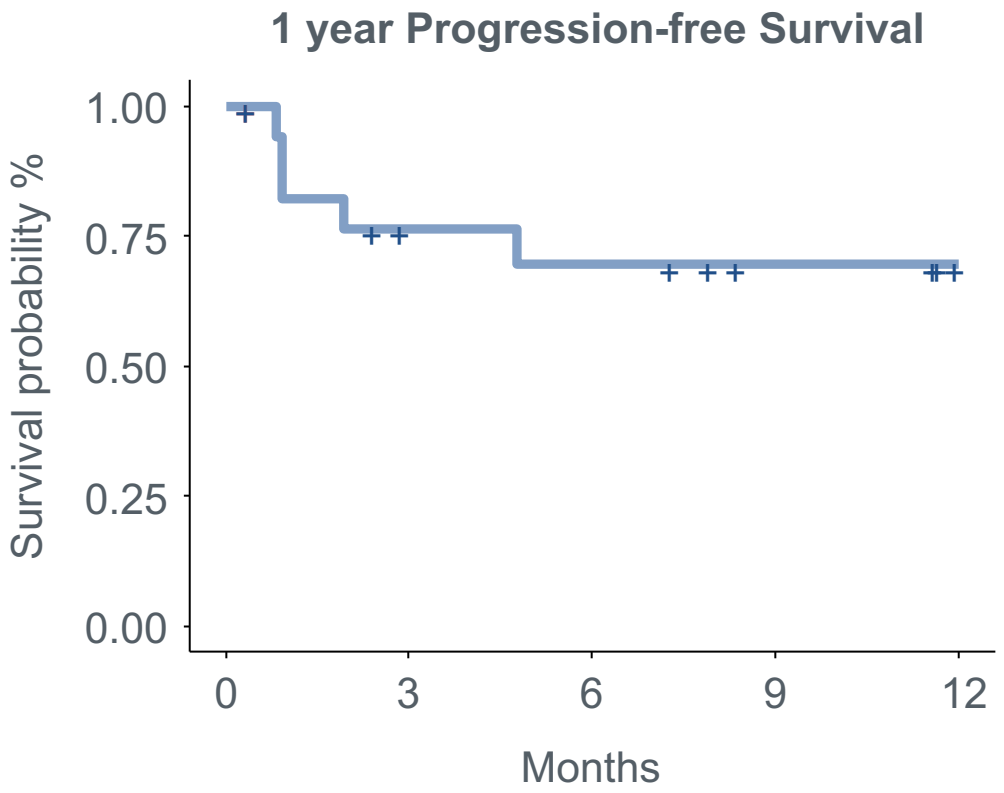


- 57-year-old man with history of CLL and Richter's transformation-large cell lymphoma, measurable retroperitoneal lymph nodes at baseline
- Prior therapy: FCR-light, Rituximab/Bendamustine Ibrutinib/Revlimid, R-CHOP, Venetoclax/Rituximab
- Allogeneic HSCT (matched sibling)
- Relapse at 6 months
- Treated with GDA-201
- 28-day response: Tumor shrinkage
- 6 months: PR with continued tumor shrinkage
- 12 months: Complete response

Bachanova et al., ASH 2019

OS and PFS following GDA-201





Median follow-up is 10 months (range 1- 28 months)

Bachanova et al., ASH 2020

Phase 1 GDA-201 study: conclusions

- GDA-201 is a novel cell product manufactured with nicotinamide without genetic engineering
- GDA-201 target dose of 2 x 10^8 cells/kg in multi-dose infusions is safe and well tolerated
- GDA-201 cells expand in blood, traffic to bone marrow and lymph nodes, and exhibited proliferative phenotype and cytotoxic function.
- Remarkable clinical response of 74% was observed in NHL with almost all complete remissions
- The median duration of response is 10 months with 11 out of 19 patients in ongoing remission
- Future directions include cryopreservation of GDA-201 and IND filing in 2021 with exploration of multiple treatment cycles for a multi-center trial.

Data support multi-center Phase 1/2 study

Bachanova et al., ASH 2020

Meet Wayne

Wayne participated in the Phase 1/2 clinical study of GDA-201 at the University of Minnesota to treat lymphoma. His lymphoma is in remission a year after treatment.

“[The doctors] were finding that the lymphoma appeared to have evaporated, completely gone away, that the lymph nodes were really showing no signs of having any kind of cancer in them.”

This is one patient and results may not be indicative. Omidubicel is investigational and safety and efficacy have not been established by any agency.

Pipeline Deep Dive Summary

Julian Adams, Ph.D.
CEO

gamida cell

We are inspired to cure

NAM Platform
Potential to expand any cell type, including stem cells and NK cells

Omidubicel
Preparing for BLA submission and potential launch

GDA-201
Promising early clinical activity in heavily pre-treated patients with lymphoma
Preparing for multi-center Phase 1/2 study

Looking Ahead
Potential to launch first-ever FDA-approved bone marrow transplant graft

A Patient's Perspective

gamida cell

Q&A

gamida cell