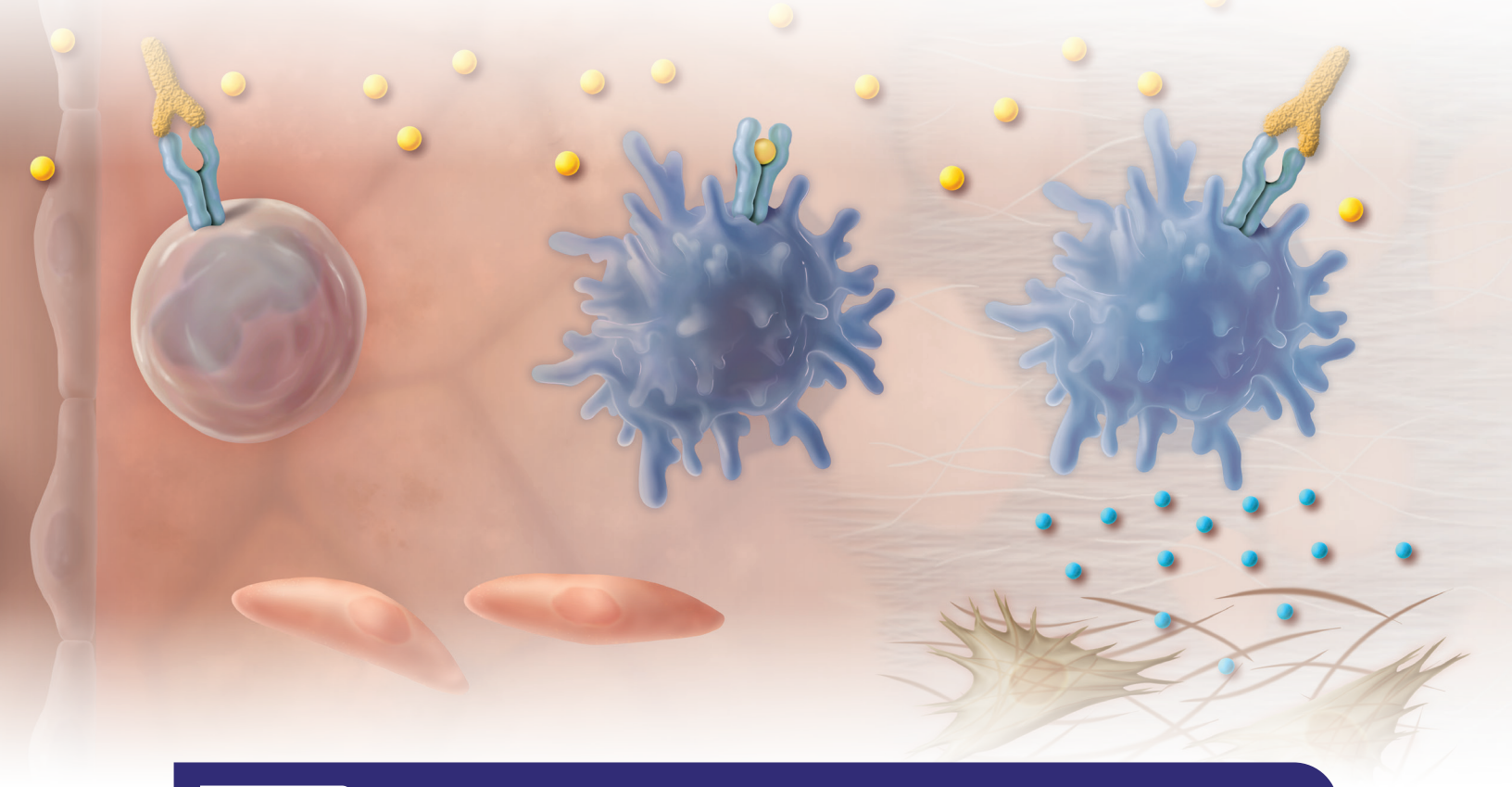
Niktimvo™
(axatilimab-csfr)
50 mg/mL for injection, for intravenous use

# Make a Change in cGVHD Treatment Strategy and Provide Rapid, Durable Responses

Niktimvo™ (axatilimab-csfr) is indicated for the treatment of chronic graft-versus-host disease (cGVHD) after failure of at least two prior lines of systemic therapy in adult and pediatric patients weighing at least 40 kg.



**Learn more about this innovative treatment for cGVHD**

## IMPORTANT SAFETY INFORMATION

### WARNINGS AND PRECAUTIONS

**Infusion-Related Reactions**

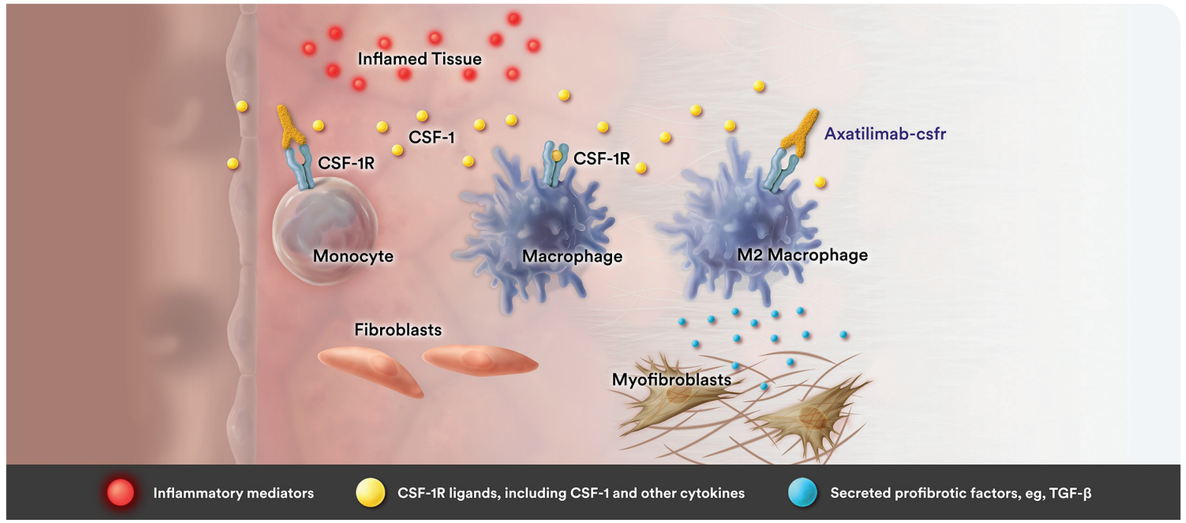
Niktimvo can cause infusion-related reactions. Infusion-related reactions, including hypersensitivity reactions, occurred in 18% of patients who received Niktimvo in the clinical trial (AGAVE-201), with Grade 3 or 4 reactions in 1.3%.

Premedicate with an antihistamine and an antipyretic for patients who have previously experienced an infusion-related reaction to Niktimvo. Monitor patients for signs and symptoms of infusion-related reactions, including fever, chills, rash, flushing, dyspnea, and hypertension. Interrupt or slow the rate of infusion or permanently discontinue Niktimvo based on severity of the reaction.

**Please see related and other Important Safety Information on page 9. Please see Full Prescribing Information for Niktimvo.**

# Niktimvo Works Differently:

## A High-Affinity Monoclonal Antibody Targeting CSF-1R to Potentially Address Both Inflammation and Fibrosis[1-3]




## About Niktimvo in cGVHD

### Niktimvo reduces nonclassical monocytes[1,2]

- Niktimvo modulates the monocyte profile in peripheral blood by reducing the prevalence of nonclassical $CD14^{+}CD16^{++}$ monocytes

### Niktimvo reduces skin macrophage density and profibrotic cytokines[2]

- Niktimvo has been shown to decrease skin $CSF\text{-}1R^{+}$ macrophage infiltration after 2 cycles of therapy
- Response to Niktimvo is associated with a decrease in key profibrotic macrophage cytokines

### Niktimvo works to inhibit the inflammatory process[2]

- Suppresses the activity of monocytes and macrophages, reducing proinflammatory cytokine secretion

### Niktimvo works to inhibit the fibrotic process[2]

- Reduces monocyte levels, suppressing their differentiation into profibrotic macrophages
- Inhibits macrophages, disrupting the TGF-β–mediated development of fibrosis

**Correlation with clinical effect has not been established.**

CSF-1, colony-stimulating factor-1; CSF-1R, CSF-1 receptor; TGF-β, transforming growth factor beta.

## IMPORTANT SAFETY INFORMATION

### WARNINGS AND PRECAUTIONS

**Embryo-Fetal Toxicity**

Based on its mechanism of action, Niktimvo may cause fetal harm when administered to a pregnant woman. Advise pregnant women of the potential risk to the fetus. Advise females of reproductive potential to use effective contraception during treatment with Niktimvo and for 30 days after the last dose.

**Please see related and other Important Safety Information on page 9. Please see Full Prescribing Information for Niktimvo.**

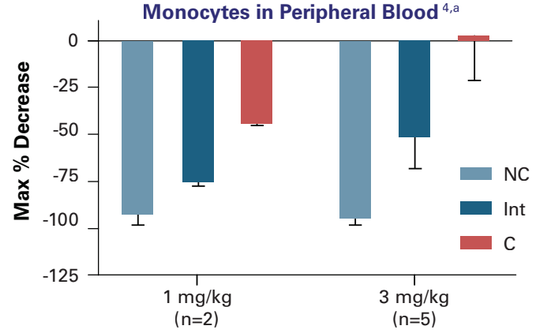


# Correlative Studies From a Phase 1/2 Study Assessed the Antifibrotic Activity of Niktimvo

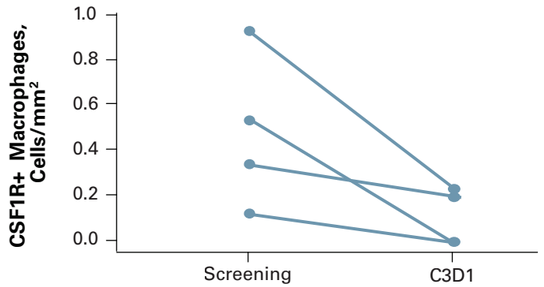
**40 patients** had undergone allogeneic HSCT and had active cGVHD

**Phase 1:** Dose escalation (n=17) | **Phase 2:** Expansion with 1.0 mg/kg Q2W dose (n=23)[2]

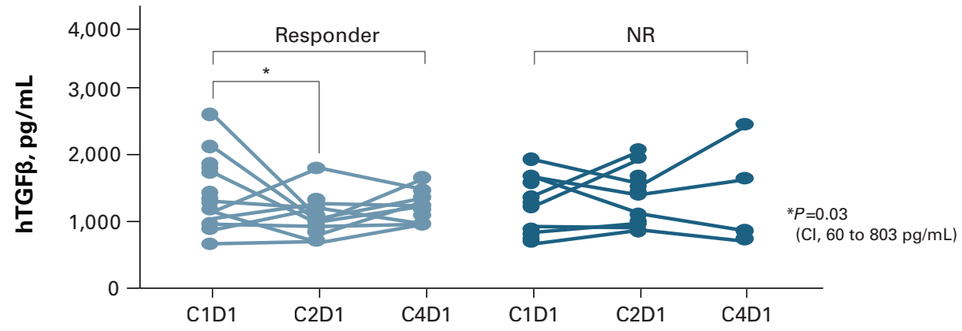
### Average Max % Decrease in Monocytes in Peripheral Blood[4,a]




### Depletion of CSF-1R+ Macrophages in Skin[2]




### TGF-β Levels in Responders and Nonresponders[2]




**Correlation with clinical effect has not been established.**

[a]Max decrease defined as the greatest reduction at any time in the first cycle.

C, classical (CD14+CD16-); C1D1, cycle 1 day 1; C2D1, cycle 2 day 1; C3D1, cycle 3 day 1; C4D1, cycle 4 day 1; CI, confidence interval; HSCT, hematopoietic stem cell transplant; hTGF-β, human transforming growth factor beta; Int, intermediate (CD14+CD16+); NC, nonclassical (CD14+CD16++); NR, nonresponder; Q2W, every 2 weeks.

## IMPORTANT SAFETY INFORMATION

### ADVERSE REACTIONS

Serious adverse reactions occurred in 44% of patients who received Niktimvo (N=79). Serious adverse reactions in > 2 patients included infection (pathogen unspecified) (14%), viral infection (14%), and respiratory failure (5.1%). Permanent discontinuation of Niktimvo due to an adverse reaction occurred in 10% of patients and dose reduction due to adverse reaction occurred in 8% of patients. Dose interruptions due to an adverse reaction occurred in 44% of patients. The adverse reactions leading to dose interruption in > 2 patients were viral infection, infection (pathogen unspecified), bacterial infection, musculoskeletal pain, and pyrexia.

**Please see related and other Important Safety Information on page 9. Please see Full Prescribing Information for Niktimvo.**

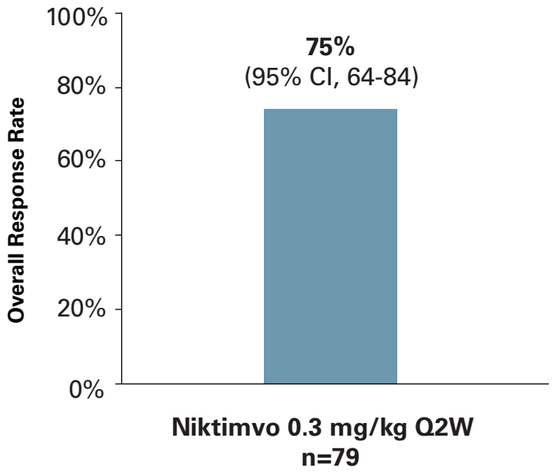
Niktimvo™ (axatilimab-csfr) 50 mg/mL for injection, for intravenous use

# AGAVE-201 Was a Randomized, Open-Label, International, Multicenter Phase 2 Trial[1,5,6]

**Niktimvo was approved by the FDA for cGVHD after 2 lines of systemic therapy in adults and pediatric patients weighing at least 40 kg, based on positive results from the AGAVE-201 trial**

**Patients with recurrent or refractory cGVHD** → **Randomization*** → Recommended therapeutic dose: **0.3 mg/kg IV Q2W (n=79)**

# AGAVE-201 Primary Endpoint: ORR by cycle 7, day1[1,†,‡]




**High and Rapid Response Rates Were Observed in AGAVE-201**

- Median time to first response in patients who had an overall response was **1.5 months**[1]

*Patients were randomized to 1 of 3 treatment groups that investigated a distinct dose of Niktimvo administered at 0.3 mg/kg Q2W, 1.0 mg/kg Q2W, and 3.0 mg/kg Q4W until disease progression, lack of response by 9 months, or unacceptable toxicity.[1,6]

† ORR was defined as the proportion of patients who achieved a complete or partial response as defined by 2014 NIH consensus criteria. The ORR was assessed by the number of participants with objective response by cycle 7 (upon the first six 28-day cycles), day 1. Range of time to first response was 0.9 to 5.1 months.[1]

‡ Statistical significance was achieved if the lower bound of the 95% CI exceeded 30%.[6]

FDA, US Food and Drug Administration; IV, intravenously; NIH, National Institutes of Health; ORR, overall response rate; Q4W, every 4 weeks.

## IMPORTANT SAFETY INFORMATION

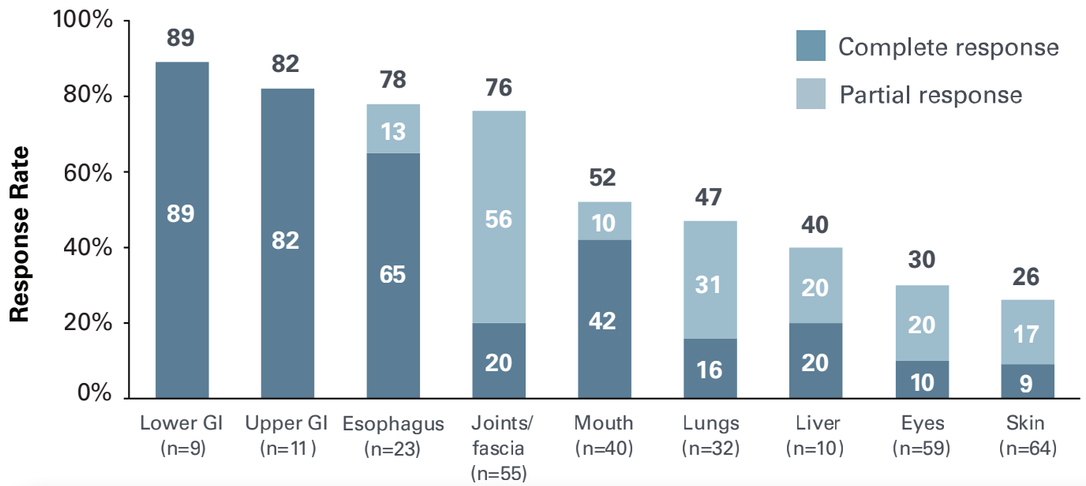
### ADVERSE REACTIONS

The most common (≥ 15%) adverse reactions, including laboratory abnormalities, were increased aspartate aminotransferase (AST), infection (pathogen unspecified), increased alanine aminotransferase (ALT), decreased phosphate, decreased hemoglobin, viral infection, increased gamma glutamyl transferase (GGT), musculoskeletal pain, increased lipase, fatigue, increased amylase, increased calcium, increased creatine phosphokinase (CPK), increased alkaline phosphatase (ALP), nausea, headache, diarrhea, cough, bacterial infection, pyrexia, and dyspnea.

**Please see related and other Important Safety Information on page 9. Please see Full Prescribing Information for Niktimvo.**

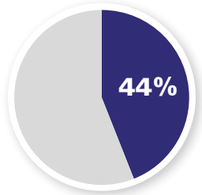


# AGAVE-201 Secondary Endpoint: ORR by Organ Affected[6,*,†]

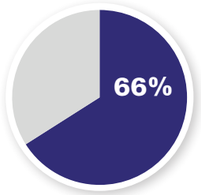



**Niktimvo Broadly Demonstrated Disease Control‡ Across All Organs Studied, Even Those With Difficult-to-Treat Manifestations**

**The majority of patients with skin involvement had deep sclerotic skin lesions at baseline**




of patients had reduction in BSA affected by sclerosis




of affected patients had improvement in skin- and joint-tightening severity

*Organ-specific responses were evaluated using baseline cGVHD severity as a reference.[7]

† ORR by organ affected was a prespecified secondary endpoint that was not powered for statistical significance and is therefore considered exploratory.

‡ Disease control is defined as complete or partial response to treatment.

BSA, body surface area; GI, gastrointestinal.

## IMPORTANT SAFETY INFORMATION

### ADVERSE REACTIONS

Clinically relevant adverse reactions in < 10% of patients who received Niktimvo included:

- *Eye disorders:* periorbital edema
- *Skin and subcutaneous skin disorders:* pruritus
- *Vascular disorders:* hypertension

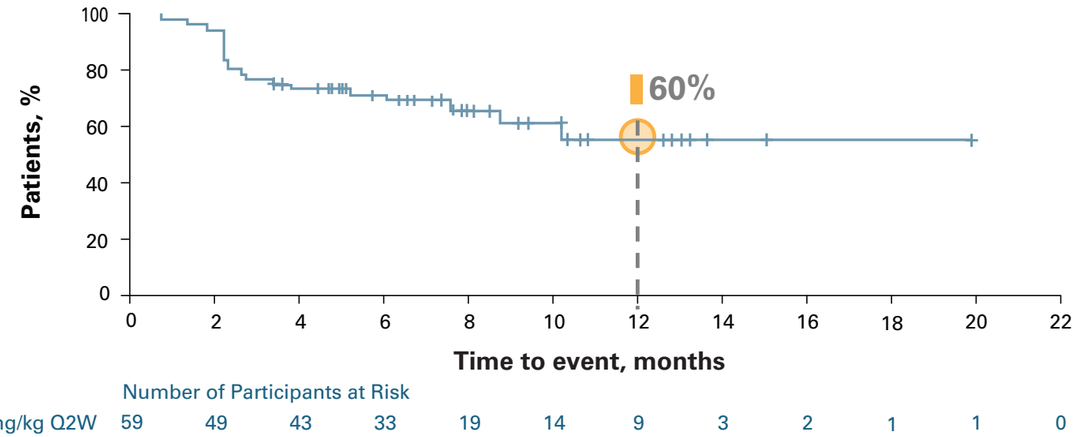
*Immunogenicity: Anti-Drug Antibody–Associated Adverse Reactions*

Across treatment arms in patients with cGVHD who received Niktimvo in clinical trials, among the patients who developed anti-drug antibodies (ADAs), hypersensitivity reactions occurred in 26% (13/50) of patients with neutralizing antibodies (NAb) and in 4% (2/45) of those without NAb.

**Please see related and other Important Safety Information on page 9. Please see Full Prescribing Information for Niktimvo.**

Niktimvo™ (axatilimab-csfr) 50 mg/mL for injection, for intravenous use

# **AGAVE-201 Secondary Endpoint:** Duration of Response[1,7,*,†]




**Niktimvo Responses Were Durable, With 60% of Patients Maintaining Responses for More Than 1 Year[1,7]**

- The median duration of response, calculated from first response to progression, death, or new systemic therapies for cGVHD, was 1.9 months (95% CI, 1.6-3.5)[1]
- In patients who achieved response, no death or new systemic therapy initiation occurred in 60% (95% CI, 43-74) of patients for at least 12 months since response[1]

*Sensitivity analysis with duration of response defined as time from response of complete response or partial response until start of new anti-GVHD systemic therapy or death from any cause, whichever was earlier. Patients who had not started new therapy and were still alive were censored at the last contact date.[7]

† DOR was a prespecified secondary endpoint that was not powered for statistical significance and is therefore considered exploratory.[5]

DOR, duration of response.

## IMPORTANT SAFETY INFORMATION

### USE IN SPECIFIC POPULATIONS

**Lactation**

Because of the potential for serious adverse reactions in a breastfed child, advise women not to breastfeed during treatment and for 30 days after the last dose of Niktimvo.

**Females and Males of Reproductive Potential**

Pregnancy Testing

Verify pregnancy status in females of reproductive potential prior to initiating Niktimvo.

Contraception

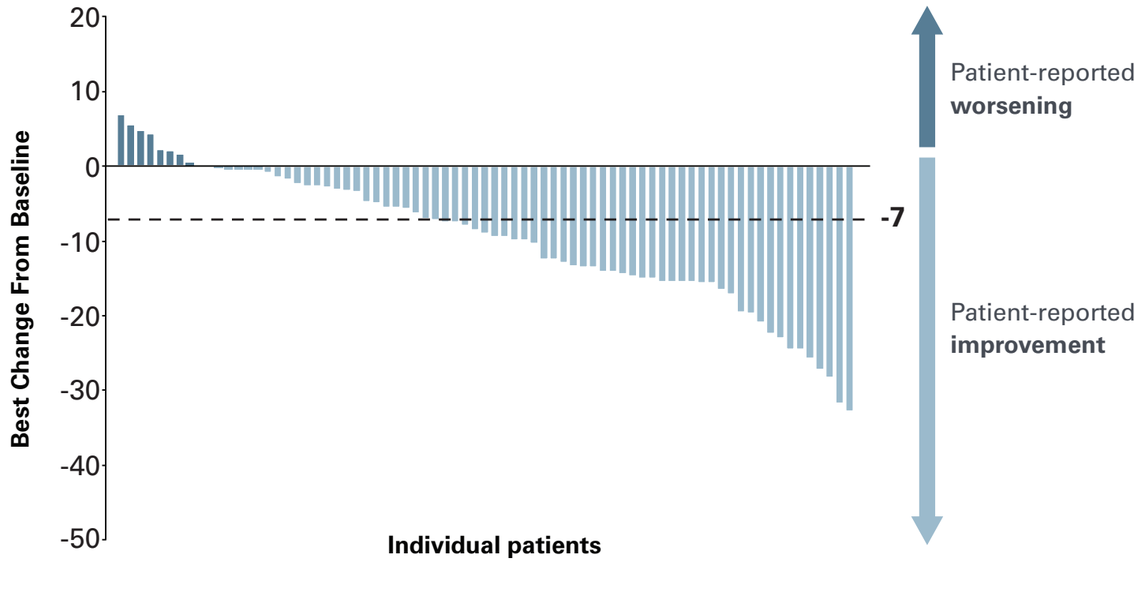
*Females*

Advise females of reproductive potential to use effective contraception during treatment with Niktimvo and for 30 days after the last dose of Niktimvo.

**Please see related and other Important Safety Information on page 9. Please see Full Prescribing Information for Niktimvo.**



# **AGAVE-201 Exploratory Endpoint:** Patient-Reported Improvement in mLSS[6,*,†]




**56% of Patients Had a Patient-Reported Improvement of ≥7 Points in mLSS[1]**

- Median time to ≥7-point improvement on the mLSS was **1.5 months**[6]
- ORR results were supported by exploratory analyses of patient-reported symptom bother, which showed at least a 7-point decrease in mLSS through cycle 7, day 1 in **56% of patients** (95% CI, 44-67)[1]

*The mLSS is a health-related tool to assess and measure symptoms validated by the NIH for use in clinical trials of patients with cGVHD.[8]

† mLSS is an exploratory endpoint that was not statistically powered.[6]

mLSS, modified Lee cGVHD symptom scale.

## IMPORTANT SAFETY INFORMATION

### DOSAGE AND ADMINISTRATION

**Dosage Modifications for Adverse Reactions**

Monitor aspartate aminotransferase (AST), alanine aminotransferase (ALT), alkaline phosphatase (ALP), creatine phosphokinase (CPK), amylase, and lipase prior to the start of Niktimvo therapy, every 2 weeks for the first month, and every 1 to 2 months thereafter until abnormalities are resolved. See Table 1 in the Prescribing Information for more recommendations.

**Please see related and other Important Safety Information on page 9. Please see Full Prescribing Information for Niktimvo.**

Niktimvo™ (axatilimab-csfr) 50 mg/mL for injection, for intravenous use

# Niktimvo Safety Profile[1]

| Adverse reactions in ≥10% of patients | Niktimvo 0.3 mg/kg Q2W (n=79) | |
|---|---|---|
| | All grades (%) | Grades 3-4 (%) |
| **Infections and infestations** | | |
| Infection (pathogen unspecified) | 57 | 14 |
| Viral infection | 43 | 15 |
| Bacterial infection | 15 | 8 |
| **Musculoskeletal and connective tissue disorders** | | |
| Musculoskeletal pain | 35 | 3 |
| **General disorders and administration site conditions** | | |
| Fatigue | 32 | 4 |
| Pyrexia | 15 | 1 |
| Edema | 13 | 1 |
| **Gastrointestinal disorders** | | |
| Nausea | 23 | 3 |
| Diarrhea | 18 | 5 |
| **Nervous system disorders** | | |
| Headache | 20 | 1 |
| Dizziness | 11 | 0 |
| **Respiratory, thoracic, and mediastinal disorders** | | |
| Cough | 18 | 0 |
| Dyspnea | 15 | 3 |
| **Immune system disorders** | | |
| Drug hypersensitivity | 13 | 3 |
| **Metabolism and nutrition disorders** | | |
| Decreased appetite | 11 | 4 |
| **Vascular disorders** | | |
| Hemorrhage | 11 | 1 |
| **Skin and subcutaneous tissue disorders** | | |
| Rash | 10 | 0 |

- Selected laboratory abnormalities >30% were decreases in phosphate (51%) and hemoglobin (48%), as well as increases in AST (61%), ALT (51%), GGT (39%), lipase (34%), amylase (32%), and calcium (31%)[1]
- Transient increases in serum enzymes were consistent with the known effect of CSF-1R inhibition on macrophage clearance[7]
- For further characterization of each adverse reaction type, please see below Table 2 in section 6.1 (Clinical Trial Experience) of the Full Prescribing Information for Niktimvo
- Permanent discontinuation and dose reduction due to an adverse reaction occurred in 10% and 8% of patients[1]

Graded according to National Cancer Institute Common Terminology Criteria for Adverse Events (CTCAE), version 5.0.

ALT, alanine aminotransferase; AST, aspartate aminotransferase; GGT, gamma glutamyl transferase.

**Please see related and other Important Safety Information on page 9. Please see Full Prescribing Information for Niktimvo.**



## IMPORTANT SAFETY INFORMATION

### WARNINGS AND PRECAUTIONS

**Infusion-Related Reactions**

Niktimvo™ (axatilimab-csfr) can cause infusion-related reactions. Infusion-related reactions, including hypersensitivity reactions, occurred in 18% of patients who received Niktimvo in the clinical trial (AGAVE-201), with Grade 3 or 4 reactions in 1.3%.

Premedicate with an antihistamine and an antipyretic for patients who have previously experienced an infusion-related reaction to Niktimvo. Monitor patients for signs and symptoms of infusion-related reactions, including fever, chills, rash, flushing, dyspnea, and hypertension. Interrupt or slow the rate of infusion or permanently discontinue Niktimvo based on severity of the reaction.

**Embryo-Fetal Toxicity**

Based on its mechanism of action, Niktimvo may cause fetal harm when administered to a pregnant woman. Advise pregnant women of the potential risk to the fetus. Advise females of reproductive potential to use effective contraception during treatment with Niktimvo and for 30 days after the last dose.

### ADVERSE REACTIONS

Serious adverse reactions occurred in 44% of patients who received Niktimvo (N=79). Serious adverse reactions in > 2 patients included infection (pathogen unspecified) (14%), viral infection (14%), and respiratory failure (5.1%). Permanent discontinuation of Niktimvo due to an adverse reaction occurred in 10% of patients and dose reduction due to adverse reaction occurred in 8% of patients. Dose interruptions due to an adverse reaction occurred in 44% of patients. The adverse reactions leading to dose interruption in > 2 patients were viral infection, infection (pathogen unspecified), bacterial infection, musculoskeletal pain, and pyrexia.

The most common (≥ 15%) adverse reactions, including laboratory abnormalities, were increased aspartate aminotransferase (AST), infection (pathogen unspecified), increased alanine aminotransferase (ALT), decreased phosphate, decreased hemoglobin, viral infection, increased gamma glutamyl transferase (GGT), musculoskeletal pain, increased lipase, fatigue, increased amylase, increased calcium, increased creatine phosphokinase (CPK), increased alkaline phosphatase (ALP), nausea, headache, diarrhea, cough, bacterial infection, pyrexia, and dyspnea.

Clinically relevant adverse reactions in < 10% of patients who received Niktimvo included:

- *Eye disorders:* periorbital edema
- *Skin and subcutaneous skin disorders:* pruritus
- *Vascular disorders:* hypertension

*Immunogenicity: Anti-Drug Antibody–Associated Adverse Reactions*

Across treatment arms in patients with cGVHD who received Niktimvo in clinical trials, among the patients who developed anti-drug antibodies (ADAs), hypersensitivity reactions occurred in 26% (13/50) of patients with neutralizing antibodies (NAb) and in 4% (2/45) of those without NAb.

### USE IN SPECIFIC POPULATIONS

**Lactation**

Because of the potential for serious adverse reactions in a breastfed child, advise women not to breastfeed during treatment and for 30 days after the last dose of Niktimvo.

**Females and Males of Reproductive Potential**

Pregnancy Testing

Verify pregnancy status in females of reproductive potential prior to initiating Niktimvo.

Contraception

*Females*

Advise females of reproductive potential to use effective contraception during treatment with Niktimvo and for 30 days after the last dose of Niktimvo.

### DOSAGE AND ADMINISTRATION

**Dosage Modifications for Adverse Reactions**

Monitor aspartate aminotransferase (AST), alanine aminotransferase (ALT), alkaline phosphatase (ALP), creatine phosphokinase (CPK), amylase, and lipase prior to the start of Niktimvo therapy, every 2 weeks for the first month, and every 1 to 2 months thereafter until abnormalities are resolved. See Table 1 in the Prescribing Information for more recommendations.

**Please see Full Prescribing Information for Niktimvo.**

### INDICATIONS AND USAGE

Niktimvo™ (axatilimab-csfr) is a colony stimulating factor-1 receptor (CSF-1R)-blocking antibody indicated for the treatment of chronic graft-versus-host disease (cGVHD) after failure of at least two prior lines of systemic therapy in adult and pediatric patients weighing at least 40 kg.

Niktimvo™
(axatilimab-csfr)
50 mg/mL for injection, for intravenous use

# Notes

**References: 1.** Niktimvo Prescribing Information. Wilmington, DE: Incyte Corporation. **2.** Kitko CL, Arora M, DeFilipp Z, et al. Axatilimab for chronic graft-versus-host disease after failure of at least two prior systemic therapies: results of a phase I/II study. *J Clin Oncol.* 2023;41(10):1864-1875. **3.** MacDonald KPA, Hill GR, Blazar BR. Chronic graft-versus-host disease: biological insights from preclinical and clinical studies. *Blood.* 2017;129(1):13-21. **4.** Arora M, Jagasia M, Di Stasi A, et al. Phase 1 study of axatilimab (SNDX-6352), a CSF-1R humanized antibody, for chronic graft-versus-host disease after 2 or more lines of systemic treatment. *Blood.* 2020;136(suppl 1):1-4. **5.** ClinicalTrials.gov. A study of axatilimab at 3 different doses in participants with chronic graft versus host disease (cGVHD) (AGAVE-201). Updated June 14, 2024. Accessed October 1, 2024. https://clinicaltrials.gov/study/NCT04710576 **6.** Wolff D, Cutler C, Lee SJ, et al. Safety and efficacy of axatilimab at 3 different doses in patients with chronic graft-versus-host disease (AGAVE-201). Presented at: 65th American Society of Hematology Annual Meeting and Exposition; December 9-12, 2023; San Diego, CA. **7.** Data on file. Incyte Corporation. Wilmington, DE. **8.** Teh C, Onstad L, Lee SJ. Reliability and validity of the modified 7-day Lee chronic graft-versus-host disease symptom scale. *Biol Blood Marrow Transplant.* 2020;26(3):562-567. **9.** Zeiser R, Lee SJ. Three US Food and Drug Administration-approved therapies for chronic GVHD. *Blood.* 2022;139(11):1642-1645.

For patients who have had a suboptimal response to T- and B-cell–modulating therapies[1,9]

# Make a Change in cGVHD Treatment Strategy and Provide Rapid, Durable Responses With Niktimvo

## Delivered high and rapid response rates[1]

**Primary endpoint of ORR by cycle 7, day 1*,†**

- 75% (59/79) with Niktimvo at dose 0.3 mg/kg Q2W (95% CI, 64-84)
- Median time to first response was 1.5 months

## Responses were durable[1,7]

- 60% of patients maintained responses for >1 year

## IV formulation dosing for patients weighing at least 40 kg[1]

- Administer Niktimvo 0.3 mg/kg (max 35 mg) IV Q2W

## Broadly demonstrated disease control‡ in all organs studied[6]

**Observed response rates included**

- Esophagus (78%)
- Joints/fascia (76%)
- Lungs (47%)
- Skin (27%)

*ORR was defined as the proportion of patients who achieved a complete or partial response as defined by 2014 NIH consensus criteria. The ORR was assessed by the number of participants with objective response by cycle 7 (upon the first six 28-day cycles), day 1.[1]

† Statistical significance was achieved if the lower bound of the 95% CI exceeded 30%.[6]

‡ Disease control is defined as complete or partial response to treatment.

## INDICATIONS AND USAGE

Niktimvo™ (axatilimab-csfr) is a colony stimulating factor-1 receptor (CSF-1R)-blocking antibody indicated for the treatment of chronic graft-versus-host disease (cGVHD) after failure of at least two prior lines of systemic therapy in adult and pediatric patients weighing at least 40 kg.

## IMPORTANT SAFETY INFORMATION

### WARNINGS AND PRECAUTIONS

#### Infusion-Related Reactions

Niktimvo can cause infusion-related reactions. Infusion-related reactions, including hypersensitivity reactions, occurred in 18% of patients who received Niktimvo in the clinical trial (AGAVE-201), with Grade 3 or 4 reactions in 1.3%.

**Please see Full Prescribing Information for Niktimvo or scan the QR code.**

Niktimvo and the Niktimvo logo are trademarks of Incyte.
Incyte and the Incyte logo are registered trademarks of Incyte.
Niktimvo (axatilimab) is licensed to Incyte from Syndax.
© 2025, Incyte. MAT-AXA-00149 02/25

Niktimvo™ (axatilimab-csfr) 50 mg/mL for injection, for intravenous use

For patients with a suboptimal response to T- and B-cell–modulating therapies[1]

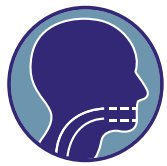
# Know the Subtle Signs and When to Make a Change in cGVHD Treatment Strategy

## JOINTS

- Joint severity is scored based on the impact on range of motion and activities of daily living[2]
- Consider using P-ROM in the assessment of 4 maneuvers to screen for sclerosis and fasciitis[3]

## GI TRACT

- Weight loss and diarrhea are significant factors in diagnosing GI tract manifestations[2,3]
- Assessments of weight, appetite, and any changes in daily behaviors are key to assessing the GI tract for signs of cGVHD[2,3]



## MOUTH

- Range of function is a significant contributor to scoring the severity of oral manifestations[2-4]
- Quantify the extent of erythema, lichenoid lesions, ulcers, and mucoceles using the A,B,C approach[2-4]

## GENITALS

- Genital manifestations are often associated with the appearance of oral manifestations of cGVHD[2]
- Be sure to include the patient's genital areas in the comprehensive skin exam and ask questions about sexual health[2]

## EYES

- Ocular manifestations are scored based on dry eye symptoms and new impairments of vision[2]
- Consider comprehensive ophthalmic evaluation by an ophthalmologist before and after allogeneic HSCT[2]

## SKIN/HAIR/NAILS

- Scoring of skin severity is determined by degree of coverage and the presence or absence of sclerotic features[2]
- Consider a "Look, Feel, Move" approach to assess both superficial and deep layers of skin[3]

## LUNGS

- Lung manifestations are scored based on both lung symptoms and lung function[2]
- Screenings include PFTs, laboratory tests, and coughing/wheezing[2]

cGVHD, chronic graft-versus-host disease; GI, gastrointestinal; HSCT, hematopoietic stem cell transplant; PFT, pulmonary function test; P-ROM, passive range of motion.

**References: 1.** Zeiser R, Lee SJ. Three US Food and Drug Administration–approved therapies for chronic GVHD. *Blood.* 2022;139(11):1642-1645. **2.** Jagasia MH, Greinix HT, Arora M, et al. National Institutes of Health consensus development project on criteria for clinical trials in chronic graft-versus-host disease: I. The 2014 diagnosis and staging working group report. *Biol Blood Marrow Transplant.* 2015;21(3):389-401.e1. **3.** Carpenter PA. How I conduct a comprehensive chronic graft-versus-host disease assessment. *Blood.* 2011;118(10):2679-2687. **4.** Lee SJ, Flowers MED. Recognizing and managing chronic graft-versus-host disease. *Hematology Am Soc Hematol Educ Program.* 2008:134-141.

Incyte and the Incyte logo are registered trademarks of Incyte.
© 2025, Incyte. MAT-AXA-00149 02/24