



**Food and Drug Administration Advisory Committee Member  
Acknowledgment of Financial Interests**

Name of Advisory Committee Member: **Andy Chen, M.D.**

Committee: **Oncologic Drugs Advisory Committee**

Meeting Date: **April 22, 2022**

I acknowledge that contingent upon public disclosure of the following financial interests related to the agenda item described below, I may be considered for participation in the advisory committee meeting.

On April 22<sup>nd</sup>, the committee will discuss supplemental new drug application (sNDA) 213176/S-002, for Ukoniq (umbralisib) tablets, and biologics license application (BLA) 761207, for ublituximab injection, both submitted by TG Therapeutics, Inc. The proposed indication (use) for these two products is in combination for the treatment of adult patients with chronic lymphocytic leukemia (CLL) or small lymphocytic lymphoma (SLL). In addition, the committee will also discuss the existing umbralisib indications in patients with relapsed or refractory follicular lymphoma and marginal zone lymphoma under 21 CFR 314.500 (subpart H, accelerated approval regulations).

| <u>Type of Interest</u>             | <u>Nature</u>                        | <u>Magnitude</u>              |
|-------------------------------------|--------------------------------------|-------------------------------|
| <b>I. Personal/Immediate Family</b> |                                      |                               |
| None                                |                                      |                               |
| <b>II. Other Imputed Interests</b>  |                                      |                               |
| contract/grant                      | TG Therapeutics, party to the matter | \$0 – \$50,000 per year       |
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| contract/grant                      | Novartis, competing firm             | \$50,000 – \$100,000 per year |
| contract/grant                      | Fate Therapeutics, competing firm    | \$0 – \$50,000 per year       |

I hereby request that FDA make this information publicly available on my behalf if the agency grants a waiver allowing me to participate in the meeting described above. I understand that without public disclosure of these interests, I will not participate in the advisory committee meeting described above.

\_\_\_\_\_/S/  
Signature

\_\_\_\_\_/4/5/2022  
Date