



CASES

INSIGHTS INTO ACUTE LYMPHOBLASTIC LEUKEMIA

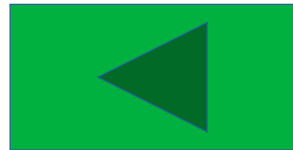
Saturday, October 26, 2019

Seattle, WA

HOW TO NAVIGATE THIS REPORT



Click to move to topic of interest or ARS supporting data



Click to return to previous slide

Topic	
Study Objectives	
Report Snapshot	
Participant Demographics	
Key Insights – ALL	
ARS Data – First-Line ALL Therapy	
ARS Data – Management of Relapsed Disease	

STUDY OBJECTIVES

To gain advisors' perspectives on the following

- > Current treatment practices regarding adult and AYA ALL
- > Understanding the role of MRD
- > Current treatment practices regarding relapsed disease

- > A moderated roundtable discussion focusing on treatment of ALL was held on October 26, 2019, in Seattle, WA
- > Disease state and data presentations were developed in conjunction with a medical expert from MD Anderson Cancer Center
- > The group of advisors comprised 8 community oncologists
- > Insights on the following therapies were obtained: pegaspargase, asparaginase, imatinib, dasatinib, ponatinib, blinatumomab, inotuzumab ozogamicin, and chimeric antigen receptor (CAR) T-cell therapy
- > Data collection was accomplished through use of audience response system questioning and in-depth moderated discussion



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Participant Demographics

PARTICIPANT DEMOGRAPHICS

How many unique patients with ALL are



How many new ALL patients do you



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Key Insights

ACUTE LYMPHOBLASTIC LEUKEMIA

TOPLINE TAKEAWAYS – ALL



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FIRST-LINE THERAPY (1/2)

Topic	Insights and Data
Adult treatment	Hyper-CVAD–based regimens are preferred among this group of advisors for treatment of adult patients, and all

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FIRST-LINE THERAPY (2/2)

Topic	Insights and Data
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Impact of MRD	The majority of the advisors check for MRD and noted that it plays an important role in the selection of treatment;
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[The following content is heavily blurred and illegible. It appears to be a list of bullet points or a detailed report text.]

QUOTES – FIRST-LINE THERAPY

“First-line therapy for HIV infection is a combination of zidovudine, zalcitabine, and didanosine.”

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MANAGEMENT OF RELAPSED DISEASE



Topic	Insights and Data
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QUOTES – MANAGEMENT OF RELAPSED DISEASE



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Quote 2: [Blurred text]

Quote 3: [Blurred text]

Quote 4: [Blurred text]

Quote 5: [Blurred text]

Quote 6: [Blurred text]

Quote 7: [Blurred text]

STRATEGIC RECOMMENDATIONS – BLINATUMOMAB



> Many advisors were initially unaware of the data regarding blinatumomab in the MRD+ setting

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ARS Data –
First-Line ALL Therapy

IN HOW MANY UNIQUE ALL PATIENTS HAVE YOU EVER USED LIPOSOMAL VINCRIStINE (MARQIBO)? (N = 8)

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IN HOW MANY UNIQUE ALL PATIENTS HAVE YOU EVER USED
BLINATUMOMAB? (N = 8)

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IN HOW MANY UNIQUE ALL PATIENTS HAVE YOU EVER USED
INOTUZUMAB OZOGAMICIN? (N = 8)

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MY PREFERRED INDUCTION REGIMEN FOR ADULT PH+ ALL PATIENTS IS (N = 8)

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MY PREFERRED INDUCTION REGIMEN FOR ADULT PH- ALL PATIENTS IS (N = 8)

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PATIENT CASE

> Fifty-nine-year-old male patient with no PMH presents with severe back pain for

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HOW WOULD YOU TREAT HIM? (N = 8)

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CASE (CONT.): THE PATIENT ACHIEVES A CR AND IS MRD-. HE HAS A MATCHED UNRELATED DONOR. WHAT WOULD YOU NOW RECOMMEND? (N = 8)

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HOW DO YOU ASSESS FOR MINIMAL RESIDUAL DISEASE? (N = 8)

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WHEN DO YOU ASSESS FOR MINIMAL RESIDUAL DISEASE? (N = 8)

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IN PATIENTS WITH POSITIVE MRD TREATED WITH BLINATUMOMAB: (N = 8)

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HOW DO YOU DEFINE AYA ALL? (N = 8)

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IN GENERAL, HOW DO YOU TREAT AYA PATIENTS? (N = 8)

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PATIENT CASE

- > Twenty-four-year-old female patient with no PMH presents with fatigue and easy

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HOW WOULD YOU TREAT HER? (N = 8)

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CASE (CONT.): DAY 28 BONE MARROW ASSESSMENT CONFIRMS CR. MRD IS DETECTED BY FLOW CYTOMETRY. ABERRANT BLASTS ARE 0.1% OF ANALYZED CELLS. WHAT DO YOU RECOMMEND NEXT? (1/1)

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CASE (CONT.): THE PATIENT RECEIVED FURTHER CONSOLIDATION THERAPY. MRD ASSESSMENT AT 12 WEEKS BY FLOW CYTOMETRY SHOWS 0.01% ABERRANT PLASMA CELLS. WHAT DO YOU RECOMMEND NEXT?

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ARS Data – Management of Relapsed Disease

WHEN COMPARED WITH SOC IN PATIENTS WITH R/R ALL, INOTUZUMAB OZOGAMICIN (N = 8)

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WHEN COMPARED WITH SOC IN PATIENTS WITH R/R ALL, BLINATUMOMAB IMPROVES OS (N = 8)

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PATIENT CASE

> Forty-five-year-old male presents with fever and fatigue. CBC reveals: Hgb = 9

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WHAT IS YOUR PLAN FOR INDUCTION THERAPY? (N = 7)

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PATIENT CASE (CONT.)

> The patient was treated with R-hyper-CVAD and achieved a CR with MRD—after

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WHAT WOULD BE YOUR SALVAGE APPROACH? (N = 7)

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PATIENT CASE (CONT.)

> The patient received reinduction with augmented hyper-CVAD. On day 28, he

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WHAT WOULD YOU NOW RECOMMEND? (N = 8)

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PATIENT CASE (CONT.)

- > The patient received a MUD-SCT after 3 cycles of augmented hyper-CVAD.

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WHAT WOULD YOU NOW RECOMMEND? (N = 7)

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PATIENT CASE

> Thirty-five-year-old female with history of pre-B ALL diploid cytogenetics and

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YOUR NEXT PLAN WOULD BE: (N = 8)

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PATIENT CASE (CONT.)

> Patient was reinduced with blinatumomab and achieved CR2 at day 28. MRD was

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YOUR NEXT PLAN WOULD BE: (N = 8)

FOR EXAMMPLE PURPOSES ONLY

