APTITUDE HEALTH

CASES

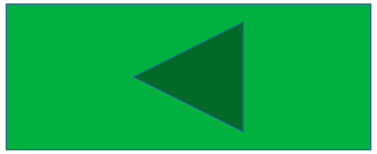
INSIGHTS INTO ACUTE MYELOID LEUKEMIA

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

CONTENTS

CASES

STUDY OBJECTIVE

To gain advisors' perspectives on the following

- Management of newly diagnosed and relapsed/refractory acute myeloid leukemia (AML)

REPORT SNAPSHOT

CASES

- A moderated roundtable discussion focusing on treatment of AML was held on October 26, 2019, in Seattle, WA
- Disease state and data presentations were developed in conjunction with a medical expert from UC Davis
- The group of advisors comprised 10 community oncologists
- Insights on the following AML therapies were obtained: azacitidine, cytarabine and daunorubicin (ie, 7+3), decitabine, ivosidenib, enasidenib, gemtuzumab ozogamicin, gilteritinib, liposomal daunorubicin and cytarabine, midostaurin, sorafenib, venetoclax, glasdegib
- Data collection was accomplished through use of audience response system questioning and in-depth moderated discussion

APTITUDE HEALTH

CASES

Participant Demographics

PARTICIPANT DEMOGRAPHICS (1/2)

How many new patients with AML do you

How many unique patients with AML are

PARTICIPANT DEMOGRAPHICS (2/2)

What percentage of your AML patients fall

What percentage of your AML patients are

APTITUDE HEALTH

CASES

Key Insights

ACUTE MYELOID LEUKEMIA

TOPLINE TAKEAWAYS – AML

FIRST-LINE THERAPY (1/3)

Topic	Insights and Data
Impact of	• Almost all advisors stated that they are routinely testing for all molecular markers, including *FLT3*,

FIRST-LINE THERAPY (2/3)

CASES

Topic	Insights and Data
Patient cases	• If they had to treat a younger patient (50 yr) with PS 0, all advisors would choose the standard 7+3 regimen alone (63%), or in combination with gemtuzumab ozogamicin (38%) • If the patient was 77 years old (PS 1), half of the advisors (50%) would prefer venetoclax (± HMA or low-dose cytarabine), while 2 advisors would give low-dose Ara-C (± HMA), and 1 each would prefer liposomal daunorubicin and cytarabine or gemtuzumab ozogamicin • For treatment-related AML following ASCT for mantle cell lymphoma with unknown genomic profile, 1/3 of advisors would treat with standard 7+3, and another 1/3 prefer liposomal daunorubicin and cytarabine. Almost 1/4 of the advisors would treat with venetoclax (± HMA or low-dose cytarabine) • Most advisors (70%) currently treat a *FLT3* mutation-positive AML patient with standard induction chemotherapy plus midostaurin since the approval of midostaurin
General treatment pattern	**Older fit patients** • During discussion, most advisors reported generally treating older fit patients with standard 7+3 regimen alone or in combination with gemtuzumab ozogamicin • For AML patients with a background of MDS, advisors consider transplant and reported inducing with standard 7+3 regimen; however, advisors seemed to be impressed with liposomal daunorubicin and cytarabine survival data compared with 7+3 **Older unfit patients** • While some advisors reported preferring venetoclax for older unfit patients, a few others tend to obtain a second opinion from leukemia experts – Some advisors are likely to refer to academic centers to start venetoclax and then manage the patient from the second cycle, due to lack of good supportive care in their community practice • For those patients with *IDH1* mutation, some advisors would prefer venetoclax or ivosidenib as the frontline therapy, and some advisors reported referring out those patients to leukemia specialists • For *FLT3* mutation patients, 1 advisor has used sorafenib off-label, but many are open to using venetoclax in the future

FIRST-LINE THERAPY (3/3)

Topic	Insights and Data
Perception of	• The majority of the advisors (78%) have not used liposomal daunorubicin and cytarabine, but some

QUOTES – FIRST-LINE THERAPY

MANAGEMENT OF RELAPSED/REFRACTORY DISEASE (1/3)

Topic	Insights and Data
Mutational	• All advisors support the importance of repeat biomarker testing using a full biomarker profile for relapsed disease

MANAGEMENT OF RELAPSED/REFRACTORY DISEASE (2/3)

Topic	Insights and Data
Reinduction	• The majority of advisors (75%) will consider reinduction in their relapsed patients who achieve a CR1 of at least 6 months, while 25% prefer a CR1 of at least 12 months

MANAGEMENT OF RELAPSED/REFRACTORY DISEASE (3/3)

Topic	Insights and Data
Perception of gilteritinib	• Advisors do not have experience with gilteritinib None of the advisors have used gilteritinib in their AML patients

QUOTES – MANAGEMENT OF RELAPSED/REFRACTORY DISEASE

STRATEGIC CONSIDERATIONS FOR TIBSOVO (1/2)

- Although none of the advisors have used Tibsovo in their AML patients, on the basis of the presentation and

STRATEGIC CONSIDERATIONS FOR TIBSOVO (2/2)

- Apart from educational materials, advisors expressed that direct communication with leukemia

APTITUDE HEALTH

CASES

Advisor Key Takeaways

AML – KEY TAKEAWAYS (1/2)

Dr 1	

AML – KEY TAKEAWAYS (2/2)

One attendee did not provide key takeaways.

APTITUDE HEALTH

CASES

ARS Data – AML: Management of Newly Diagnosed Disease

IN ADDITION TO CYTOGENETICS, WHICH OF THE FOLLOWING MOLECULAR MARKERS ARE YOU ROUTINELY TESTING FOR IN YOUR NEWLY DIAGNOSED AML PATIENTS? (SELECT ALL THAT APPLY) (N = 8*)

CASES

IN HOW MANY UNIQUE AML PATIENTS HAVE YOU USED THE DRUG LIPOSOMAL DAUNORUBICIN AND CYTARABINE (VYXEOS)? (N = 9*)

CASES

IN HOW MANY UNIQUE AML PATIENTS HAVE YOU USED THE DRUG GEMTUZUMAB OZOGAMICIN (MYLOTARG)? (N = 9*)

CASES

IN HOW MANY UNIQUE AML PATIENTS HAVE YOU USED THE DRUG MIDOSTAURIN (RYDAPT)? (N = 9*)

CASES

IN HOW MANY UNIQUE AML PATIENTS HAVE YOU USED THE DRUG GILTERITINIB (XOSPATA)? (N = 9*)

CASES

IN HOW MANY UNIQUE AML PATIENTS HAVE YOU USED THE DRUG ENASIDENIB (IDHIFA)? (N = 9*)

CASES

IN HOW MANY UNIQUE AML PATIENTS HAVE YOU USED THE DRUG IVOSIDENIB (TIBSOVO)? (N = 9*)

CASES

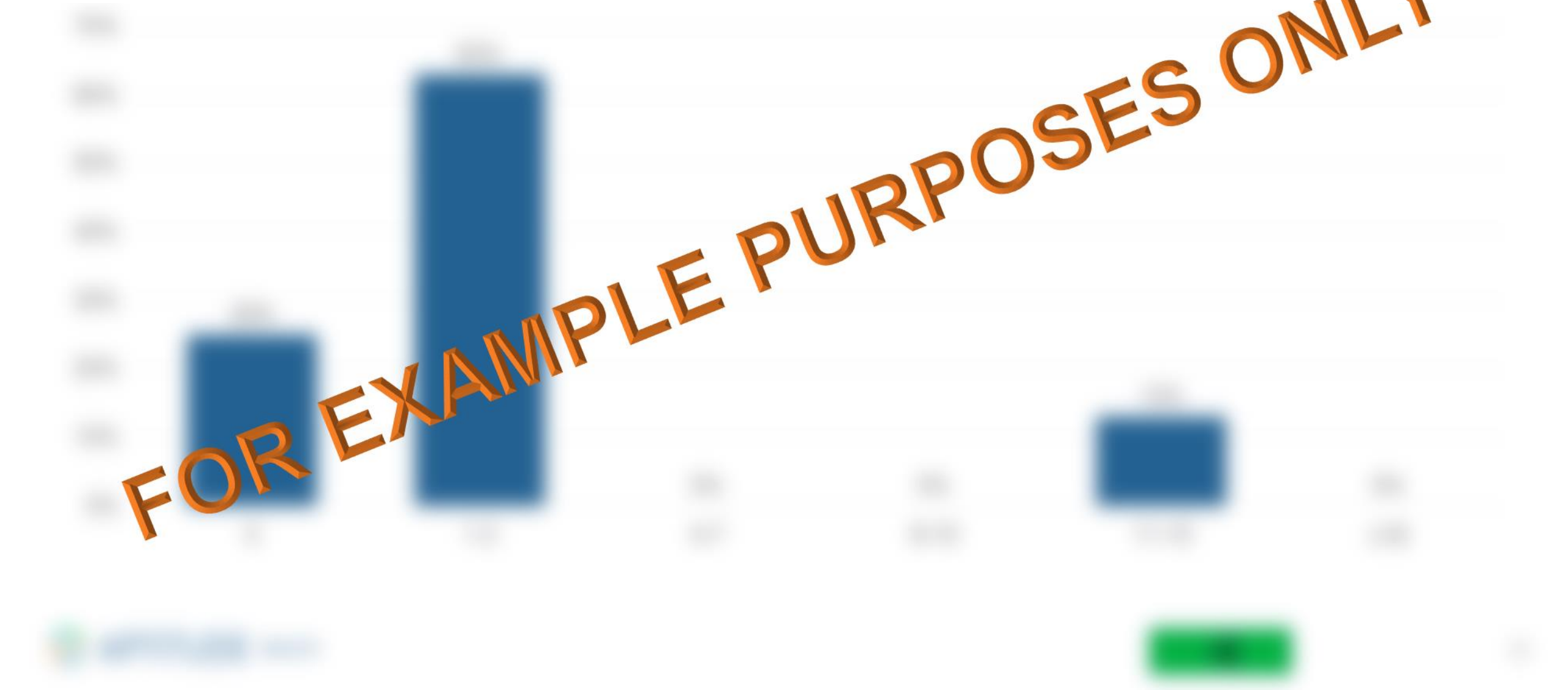
IN HOW MANY UNIQUE AML PATIENTS HAVE YOU USED THE DRUG GLASDEGIB (DAURISMO)? (N = 9*)

CASES

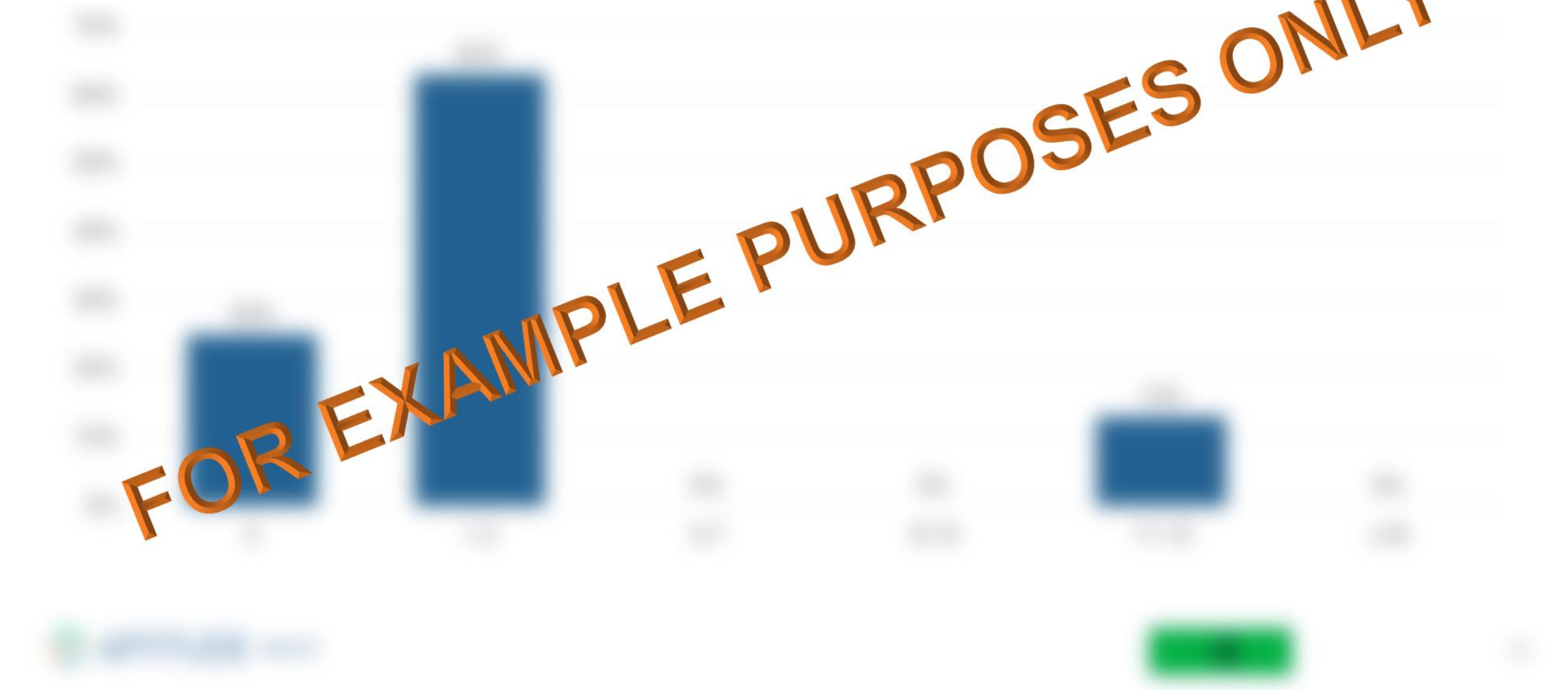
IN HOW MANY UNIQUE AML PATIENTS HAVE YOU USED THE DRUG VENETOCLAX TABLETS (VENCLEXTA)? (N = 9*)

CASES

WHAT INDUCTION REGIMEN DO YOU ROUTINELY RECOMMEND FOR A 50-YEAR-OLD PS 0 PATIENT WITH INTERMEDIATE-RISK AML (CD33+ AND WITHOUT *FLT3* MUTATION)? (N = 8*)

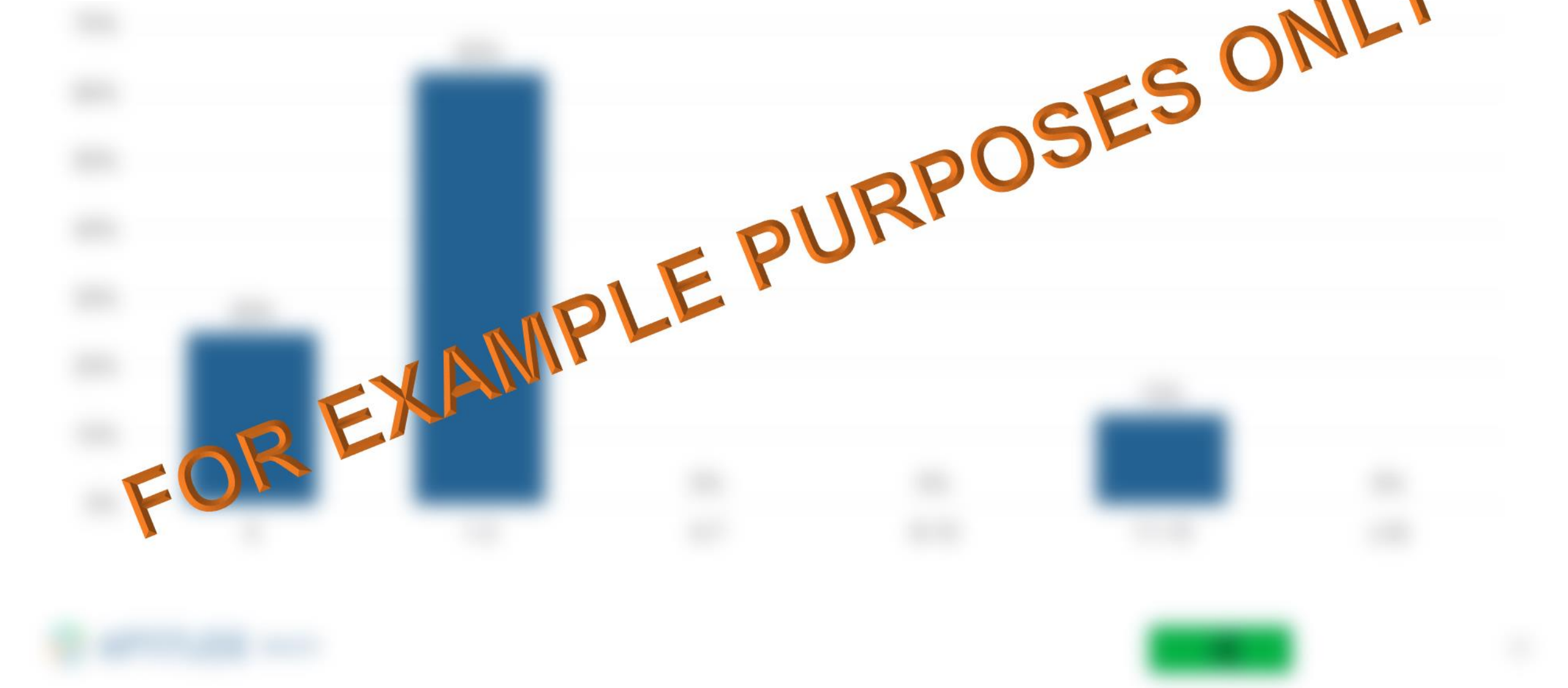


WHAT INDUCTION REGIMEN DO YOU ROUTINELY RECOMMEND FOR A 77-YEAR-OLD PS 1 PATIENT WITH INTERMEDIATE-RISK AML (CD33+ AND WITHOUT *FLT3* MUTATION)? (N = 8*)



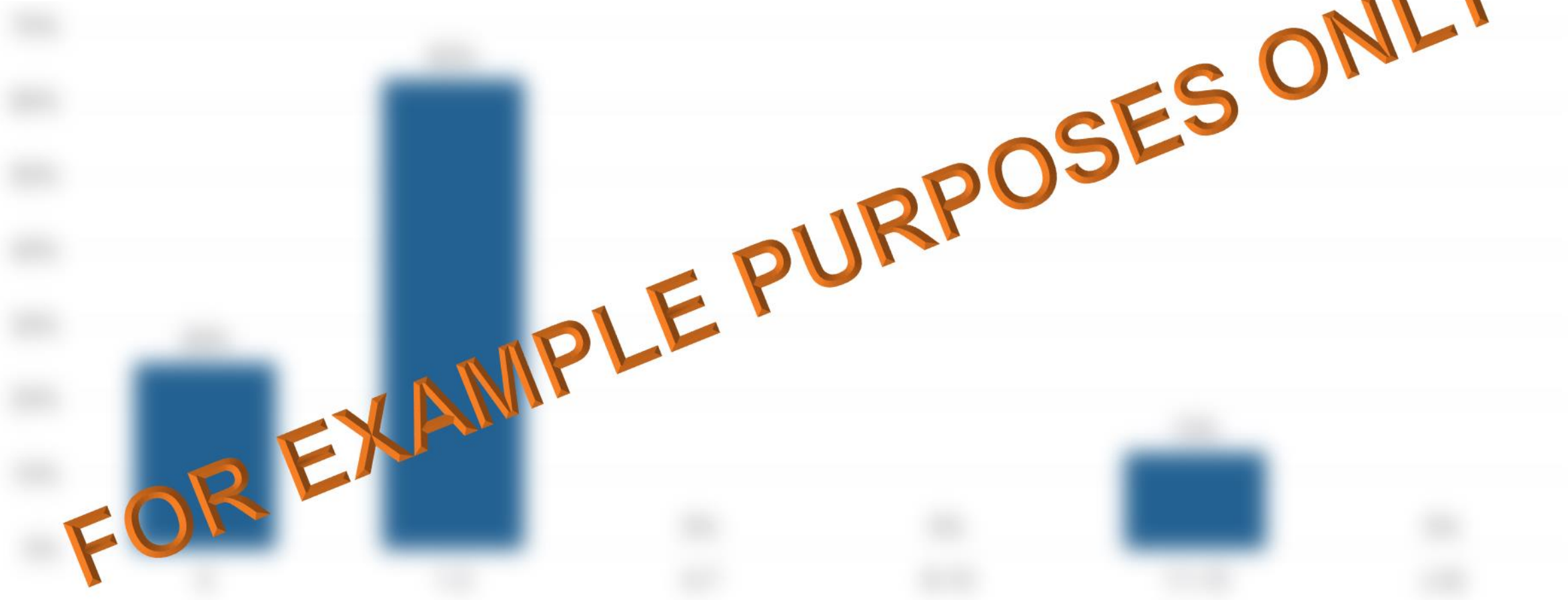
WHAT INDUCTION REGIMEN DO YOU ROUTINELY RECOMMEND FOR A 70-YEAR-OLD PS 1 PATIENT WITH THERAPY-RELATED AML FOLLOWING TREATMENT FOR MANTLE CELL LYMPHOMA (INCLUDING AUTOLOGOUS STEM CELL TRANSPLANT)? GENOMIC PROFILING IS UNKNOWN (N = 9*)

CASES



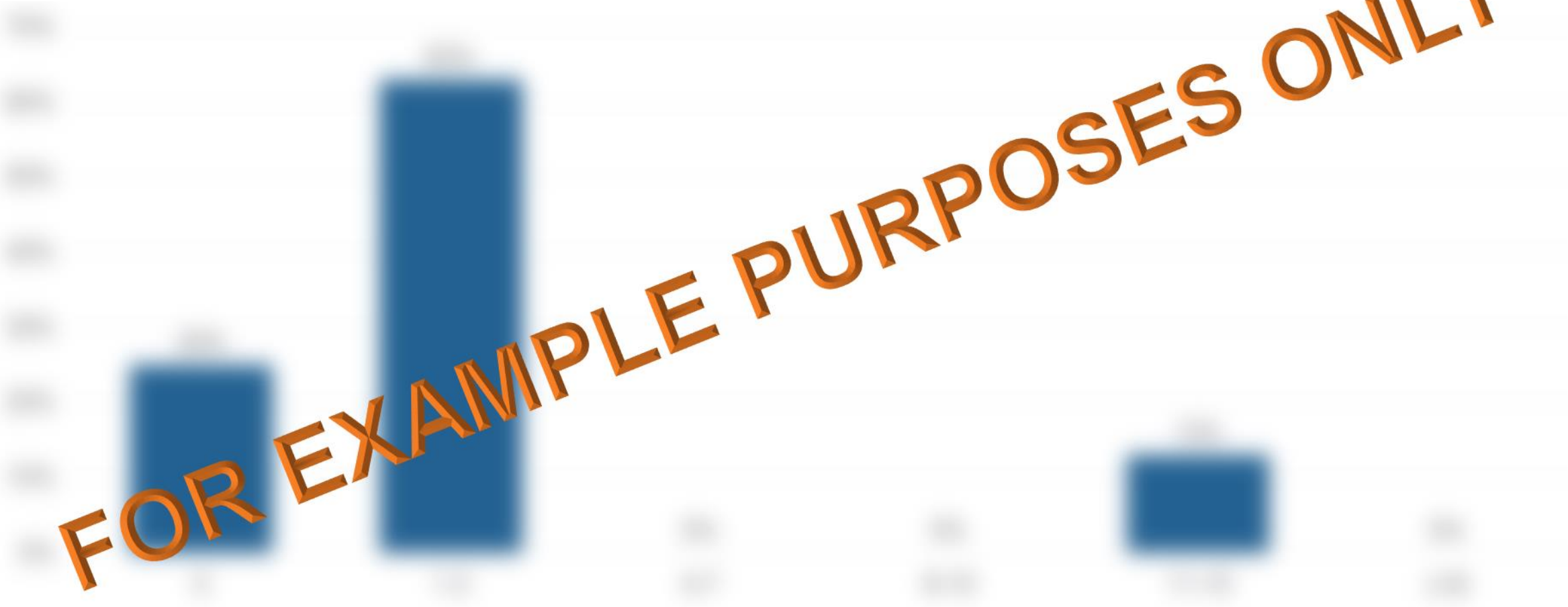
WHAT INDUCTION REGIMEN DO YOU RECOMMEND FOR A 70-YEAR-OLD PS 2 PATIENT WITH INTERMEDIATE-RISK AML AND *IDH1* MUTATION REVEALED BY NGS? (N = 8*)

CASES



I AM CURRENTLY TREATING ALL *FLT3* MUTATION-POSITIVE AML PATIENTS WITH STANDARD INDUCTION CHEMOTHERAPY PLUS MIDOSTAURIN, WHENEVER FEASIBLE, REGARDLESS OF OTHER RISK FACTORS (N = 10)

CASES



VENETOCLAX HAS RECENTLY BEEN APPROVED FOR NEWLY DIAGNOSED ADULT AML PATIENTS WHO ARE 75 YEARS OR OLDER, OR WHO HAVE COMORBIDITIES THAT PRECLUDE USE OF INTENSIVE INDUCTION CHEMOTHERAPY. DO YOU PLAN TO INCREASE YOUR USE OF THIS THERAPY OPTION IN NEWLY DIAGNOSED AML PATIENTS? (N = 10)

CASES

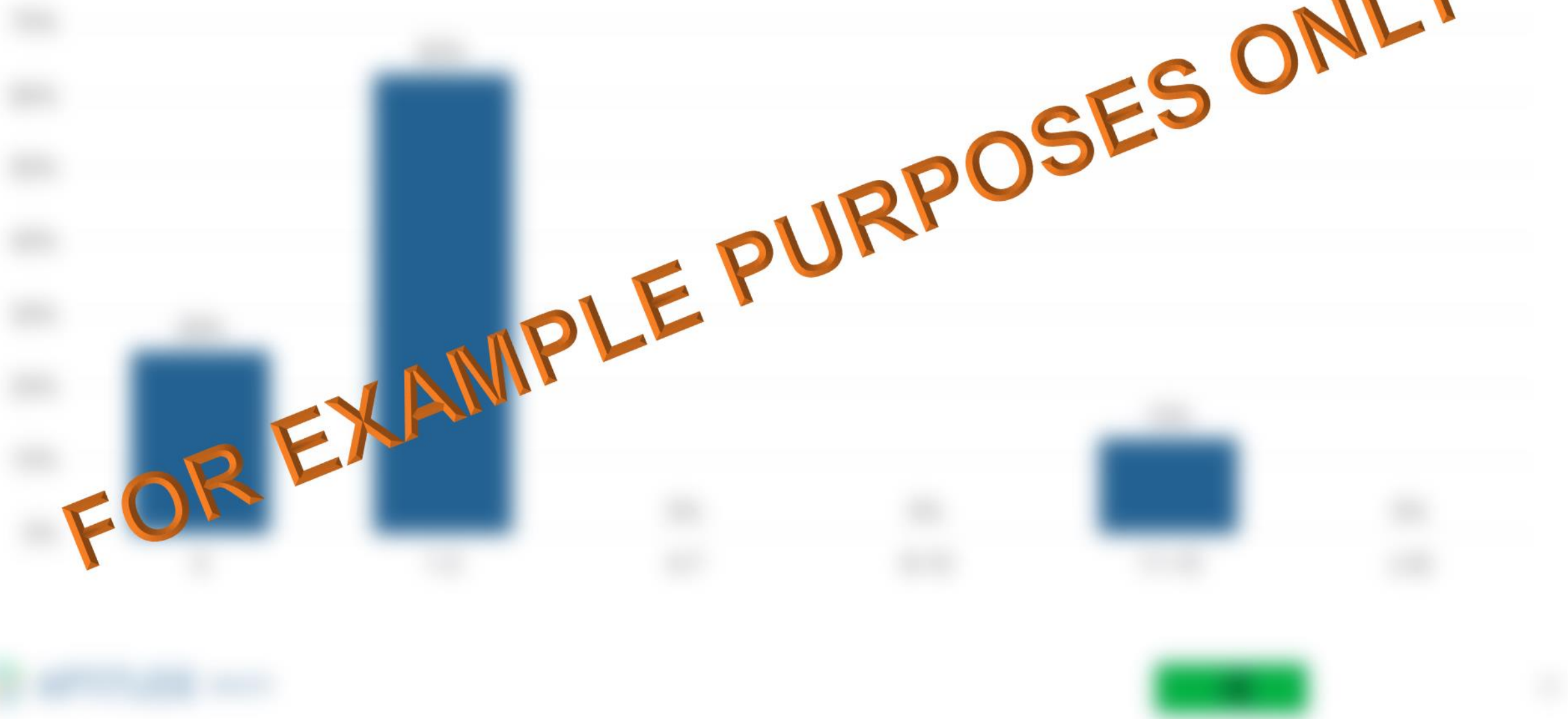
APTITUDE HEALTH

CASES

ARS Data – AML: Management of Relapsed/Refractory Disease

DO YOU ROUTINELY REPEAT BIOMARKER TESTING IN YOUR AML PATIENTS AT THE TIME OF RELAPSE? (N = 6*)

CASES



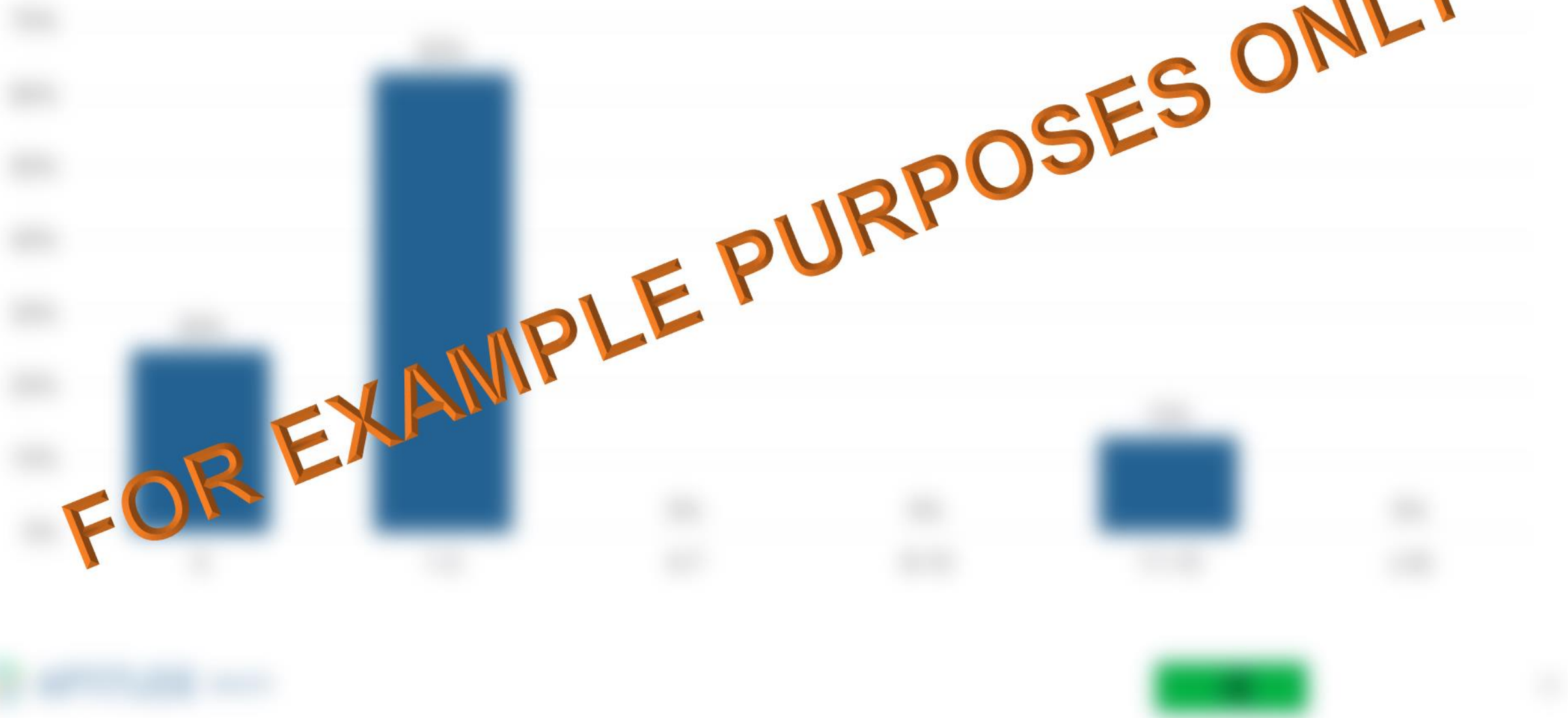
WHICH OF THE FOLLOWING MUTATIONS ARE MOST IMPORTANT TO BE CHECKED IN ALL PATIENTS WITH RELAPSED AML FOR THERAPEUTIC DECISION MAKING? (N = 7*)

CASES

I GENERALLY REQUIRE A CR1 OF AT LEAST __ MONTHS BEFORE RECOMMENDING REINDUCTION IN MY RELAPSED AML PATIENTS (N = 8*)

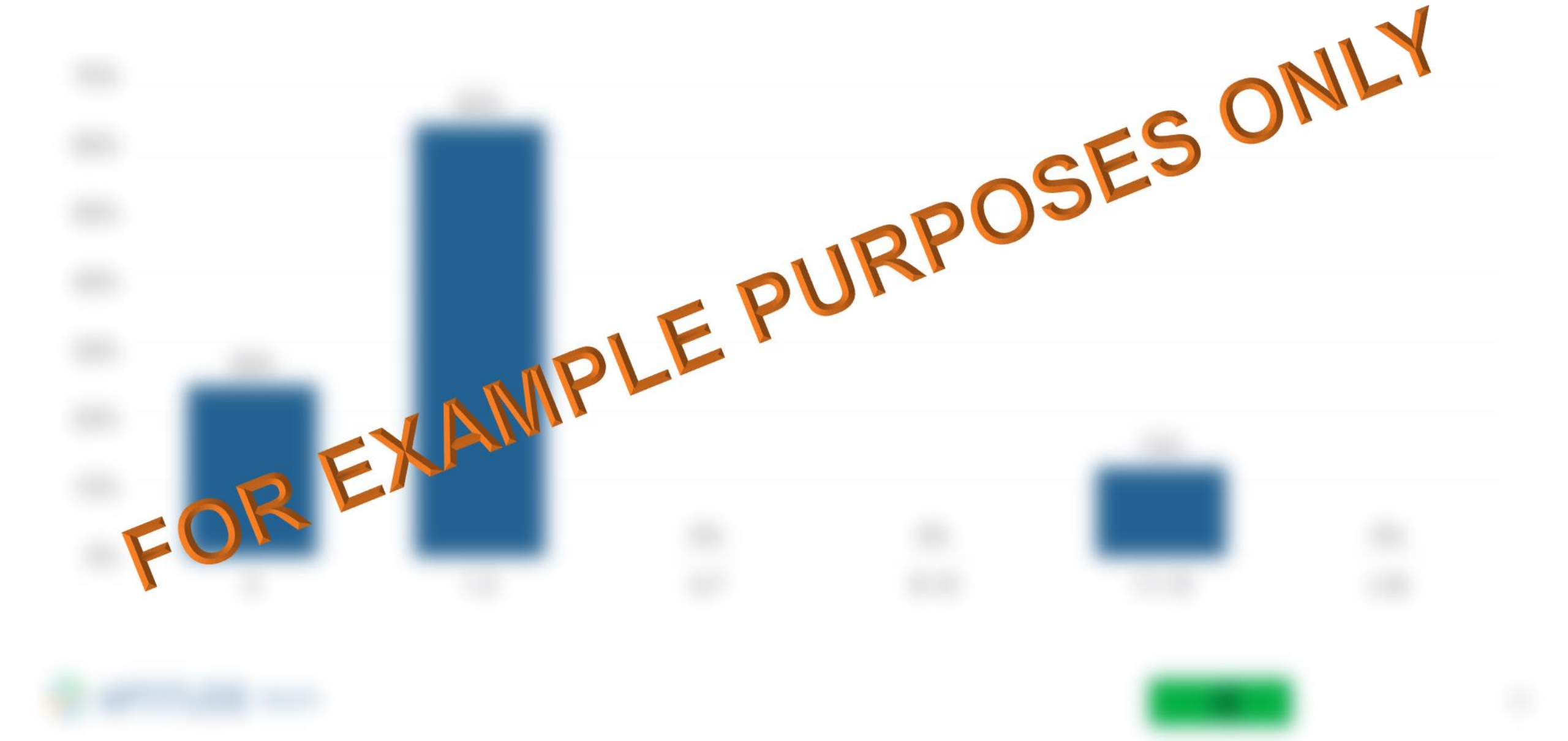
WHAT PERCENTAGE OF THE R/R AML PATIENTS YOU SEE ARE *FLT3* MUTATED (ITD AND TKD INCLUDED)? (N = 8*)

CASES



WHAT PERCENTAGE OF THE R/R AML PATIENTS YOU SEE ARE *IDH* MUTATED (*IDH1* AND *IDH2* INCLUDED)? (N = 8*)

CASES



HOW OFTEN DO YOU RECHECK *FLT3* MUTATIONS AT RELAPSE, IRRESPECTIVE OF BASELINE *FLT3* MUTATION STATUS? (N = 9*)

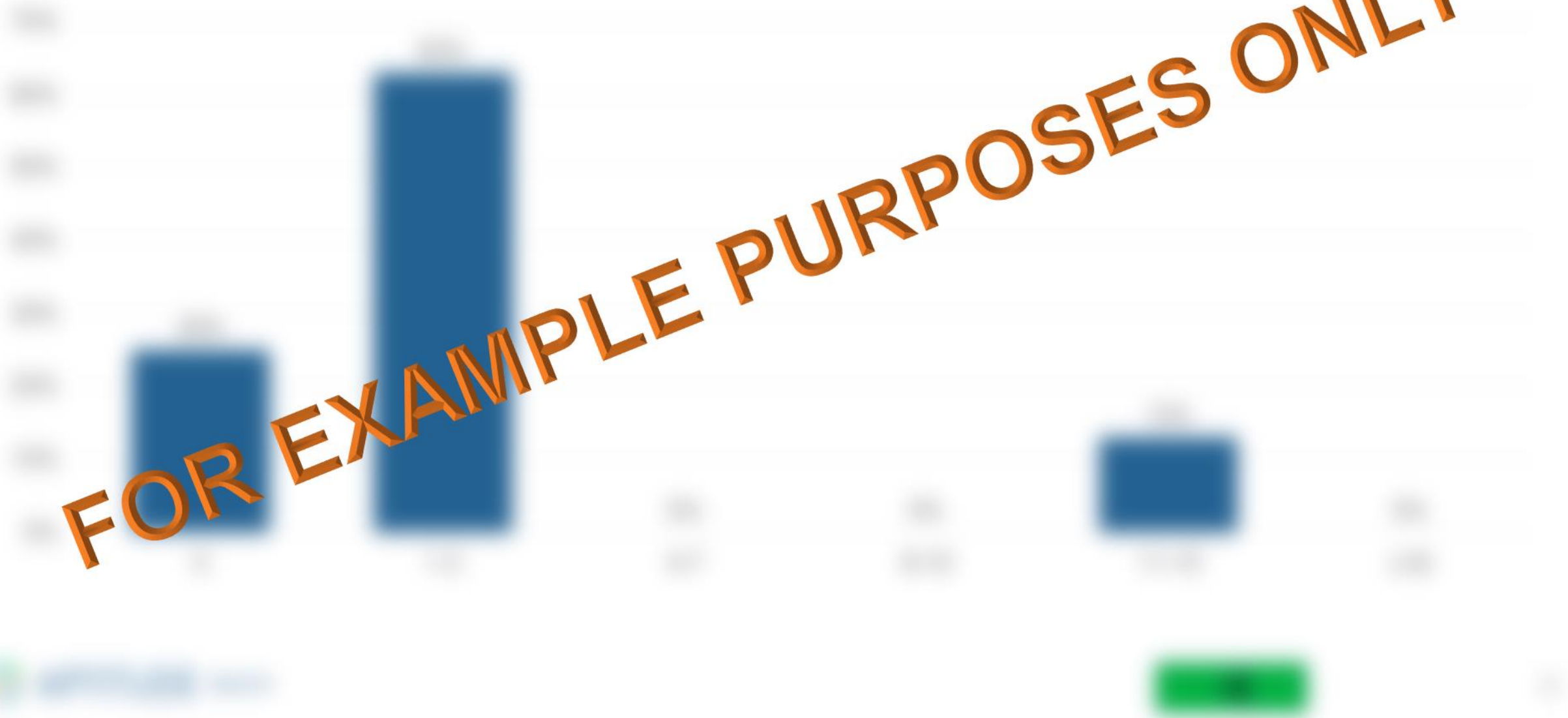
CASES

PATIENT CASE

CASES

WHAT WOULD BE THE NEXT BEST STEP IN MANAGEMENT? (N = 9*)

CASES

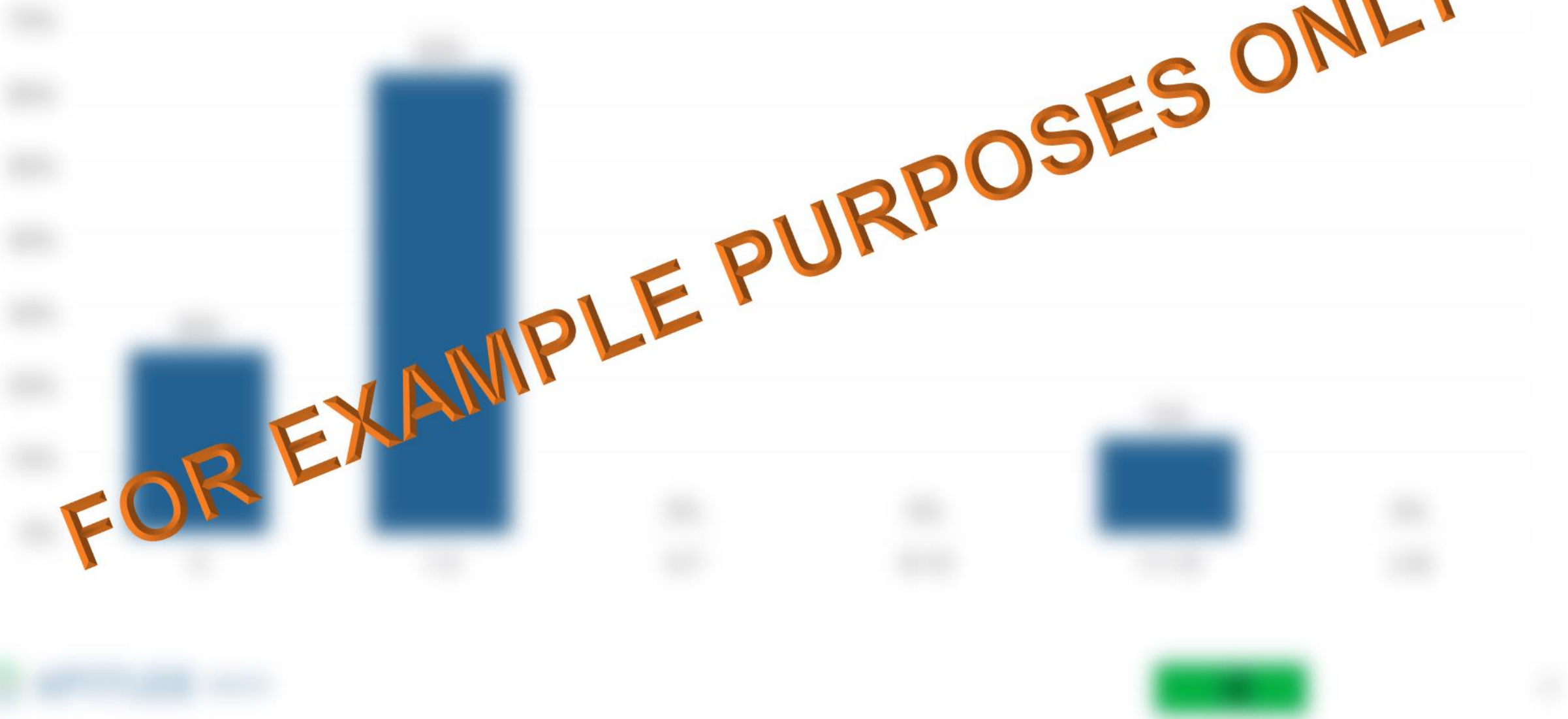


PATIENT CASE

CASES

- [illegible]

WHAT DO YOU TREAT HER WITH? (N = 7*)



PATIENT CASE

CASES

- [illegible]

WHAT WOULD YOU CONSIDER NEXT? (N = 9*)

CASES

PATIENT CASE

CASES

- [illegible]

WHAT DO YOU CONSIDER NEXT? (N = 7*)

CASES

PATIENT CASE

CASES

- [illegible]

WHAT WOULD YOU RECOMMEND? (N = 9*)

PATIENT CASE

CASES

- [illegible]

WHAT WOULD YOU CONSIDER NEXT? (N = 10)