



CASES

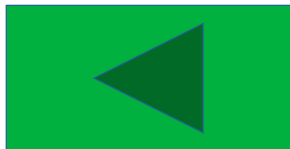
INSIGHTS INTO MULTIPLE MYELOMA

August, 2019

HOW TO NAVIGATE THIS REPORT











Click to move to topic of interest or ARS supporting data



Click to return to previous slide

CONTENTS

Topic	Slide
Study Objectives	
Report Snapshot	
Physician Demographics	
Key Insights	
ARS Data – Baseline	
ARS Data – First-Line Therapy	
ARS Data – First Relapse	
ARS Data – Subsequent Relapse	

STUDY OBJECTIVES



To gain advisors' perspectives on the following

- > Current treatment practices regarding frontline therapy of multiple myeloma (MM)
- > The evolving role of MRD testing in MM
- > Current treatment practices in later lines of therapy and attitudes toward recently introduced agents

- > A moderated roundtable discussion focusing on treatment of MM was held on August 23, 2019, in Washington, DC
- > Disease state and data presentations were developed in conjunction with a medical expert from Winship Cancer Institute
- > The group of advisors comprised 8 community oncologists
- > Insights on the following therapies were obtained: bortezomib, carfilzomib, ixazomib, elotuzumab, daratumumab, lenalidomide, pomalidomide, and selinexor
- > Data collection was accomplished through use of audience response system questioning and moderated discussion



Physician Demographics



PARTICIPANT DEMOGRAPHICS

Participant Demographics (n=100)



Participant Demographics (n=100)



The data represents the distribution of participants across different demographic categories. The categories are defined by the color coding in the pie charts. The total number of participants is 100.



CASES

Key Insights

TOPLINE TAKEAWAYS



First-Line Therapy

[Redacted text block]


[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

FIRST-LINE THERAPY

Topic	Data and Insights
Transplant	<ul style="list-style-type: none"><li data-bbox="410 258 1964 297">• The majority of advisors (75%) do not believe that early vs delayed transplant impacts PFS 

(This section contains blurred content, likely a chart or detailed text related to the data point above.)

FIRST-LINE TREATMENT QUOTES

[Blurred text block]

[Blurred text block]

[Blurred text block]

[Blurred text block]

[Blurred text block]

[Blurred text block]

[Blurred text block]

FIRST-RELAPSE THERAPY



Topic	Data and Insights
-------	-------------------

<p>[Blurred text in Topic column]</p>	<p>[Blurred text in Data and Insights column]</p>
---------------------------------------	---

FIRST-RELAPSE THERAPY QUOTES



Quote 1: [Blurred text]

Quote 2: [Blurred text]

Quote 3: [Blurred text]

Quote 4: [Blurred text]

Quote 5: [Blurred text]

Quote 6: [Blurred text]

Quote 7: [Blurred text]

SUBSEQUENT-RELAPSE THERAPY



Topic	Data and Insights
-------	-------------------

	<p>[The content of this table is heavily blurred and illegible. It appears to contain several paragraphs of text, possibly including a list of items or a detailed report. There are some faint blue circular markers visible within the text area.]</p>
--	--

SUBSEQUENT-RELAPSE THERAPY QUOTES

1. [Blurred text]

2. [Blurred text]

3. [Blurred text]

4. [Blurred text]

5. [Blurred text]

6. [Blurred text]

7. [Blurred text]

STRATEGIC CONSIDERATIONS – DARATUMUMAB



> Daratumumab is the preferred treatment for the vast majority of advisors in the relapsed/refractory

[The following text is heavily blurred and illegible. It appears to be a list of bullet points or a detailed paragraph discussing clinical data, efficacy, and safety of daratumumab in relapsed/refractory multiple myeloma. The text is too out of focus to transcribe accurately.]



CASES

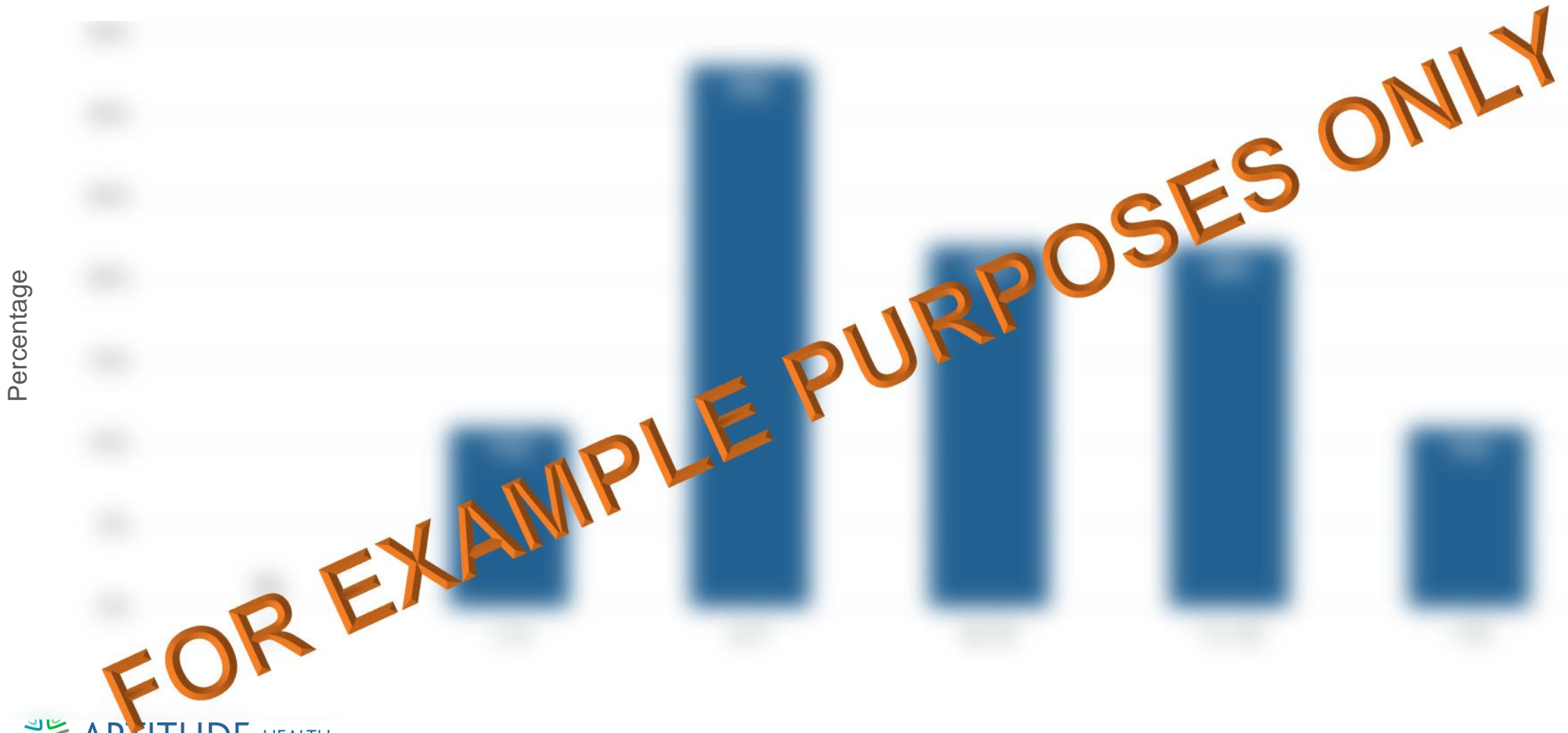
Multiple Myeloma ARS

BASELINE

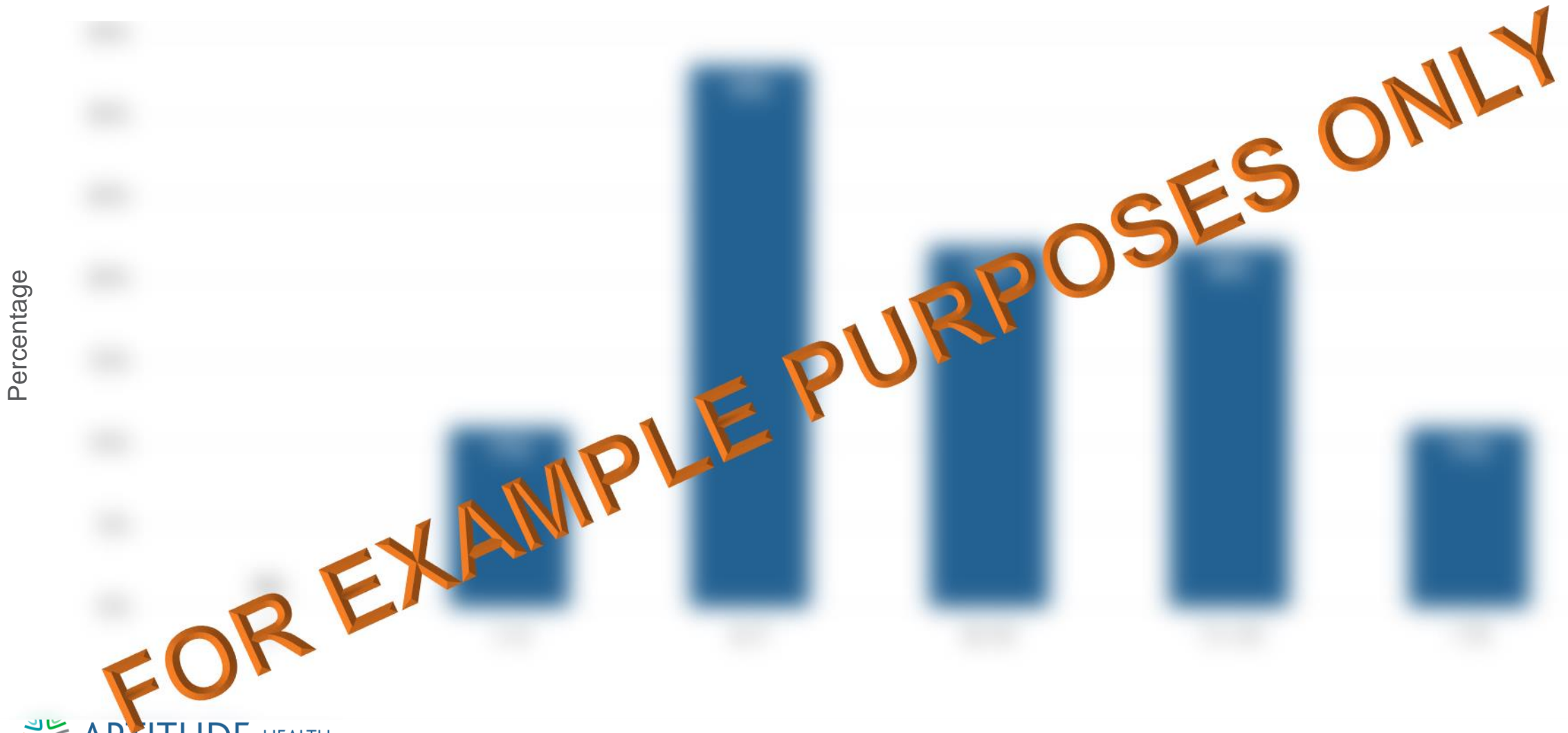
IN HOW MANY MM PATIENTS HAVE YOU EVER USED THE DRUG POMALYST/POMALIDOMIDE? (N = 8)

FOR EXAMPLE PURPOSES ONLY

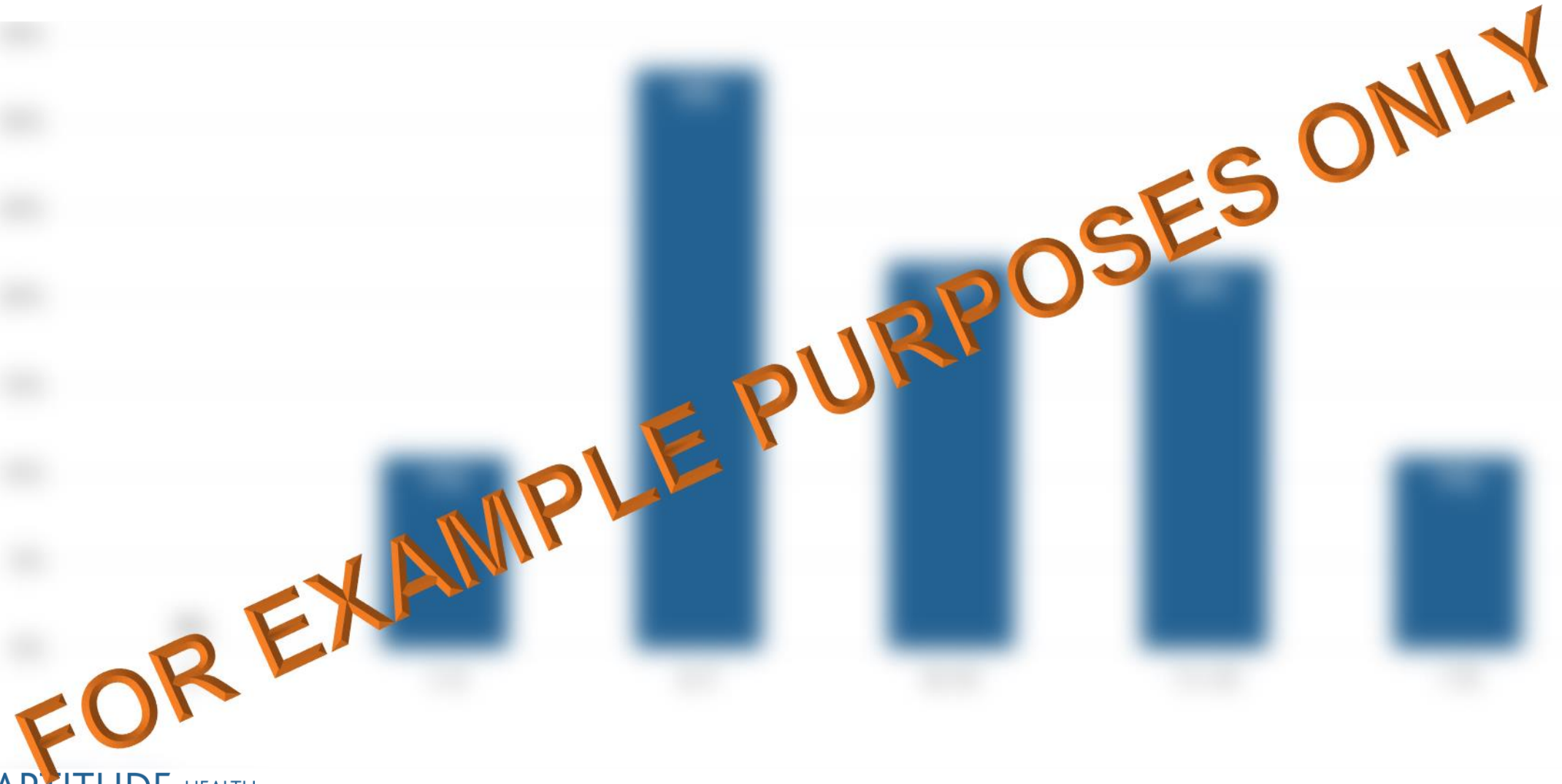
IN HOW MANY MM PATIENTS HAVE YOU EVER USED THE DRUG KYPROLIS/CARFILZOMIB? (N = 8)



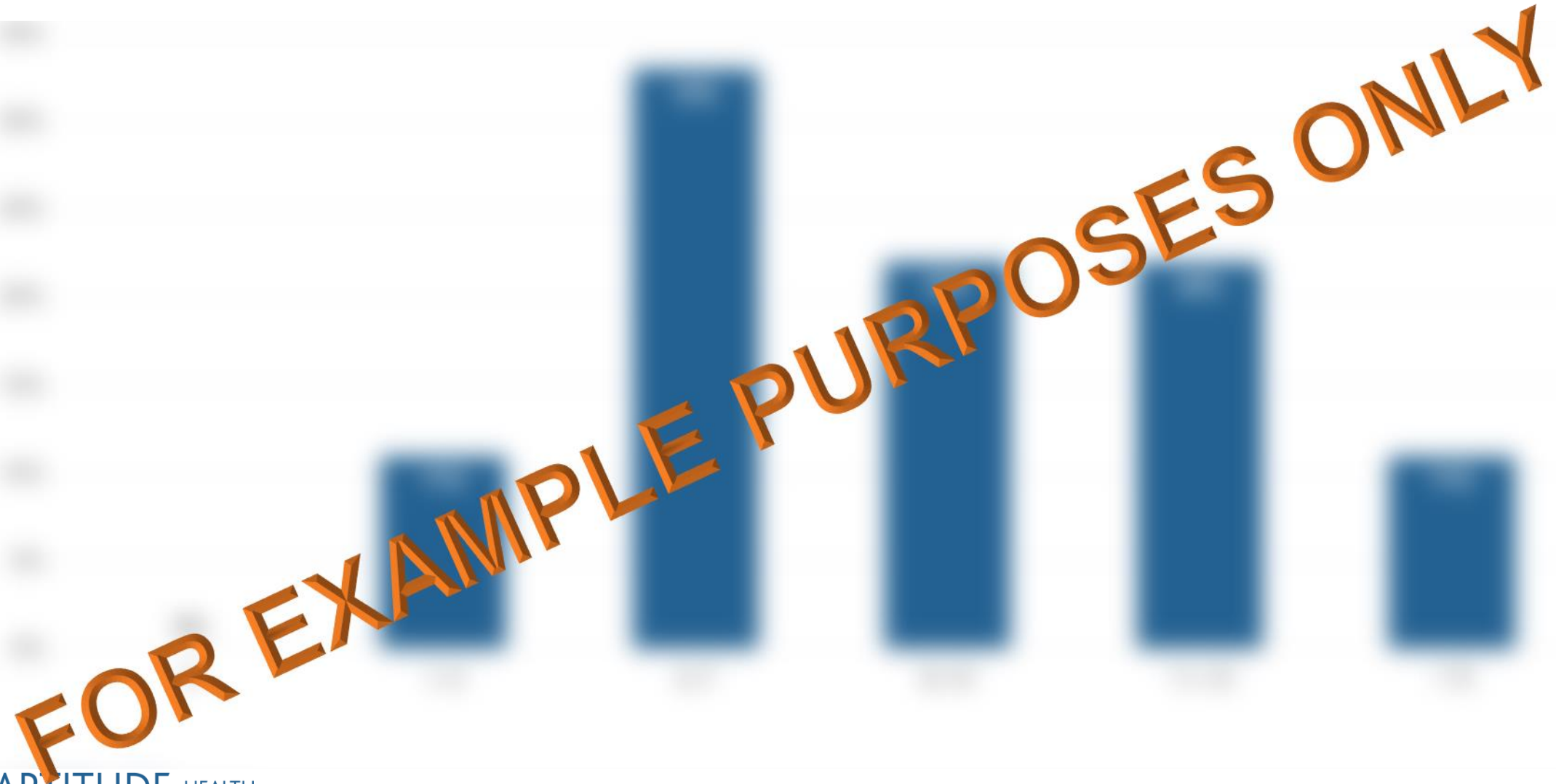
IN HOW MANY MM PATIENTS HAVE YOU EVER USED THE DRUG EMPPLICITI/ELOTUZUMAB? (N = 8)



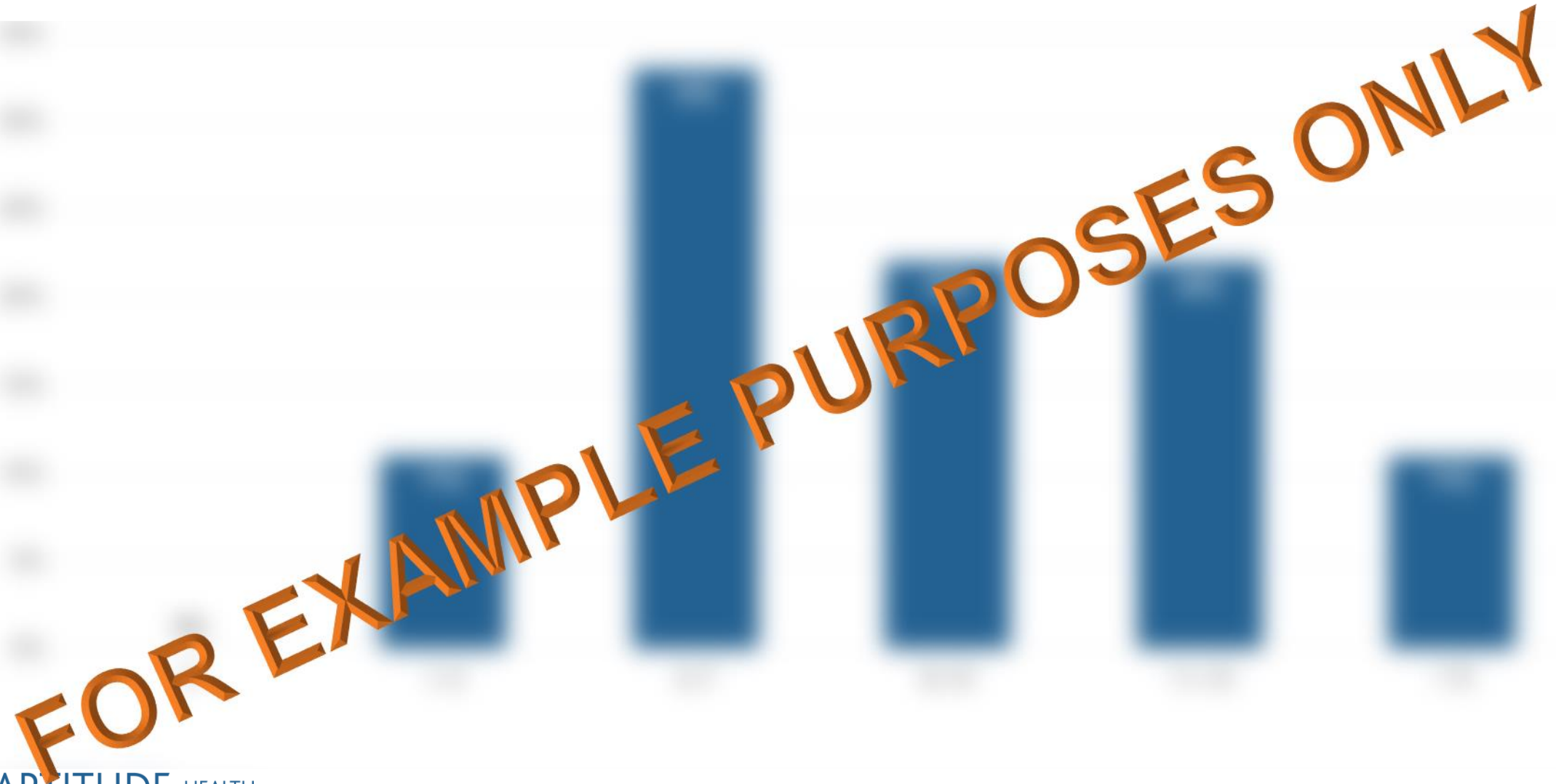
IN HOW MANY MM PATIENTS HAVE YOU EVER USED THE DRUG NINLARO/IXAZOMIB? (N = 8)



IN HOW MANY MM PATIENTS HAVE YOU EVER USED THE DRUG DARZALEX/DARATUMUMAB? (N = 8)



IN HOW MANY MM PATIENTS HAVE YOU EVER USED THE DRUG FARYDAK/PANOBINOSTAT? (N = 8)



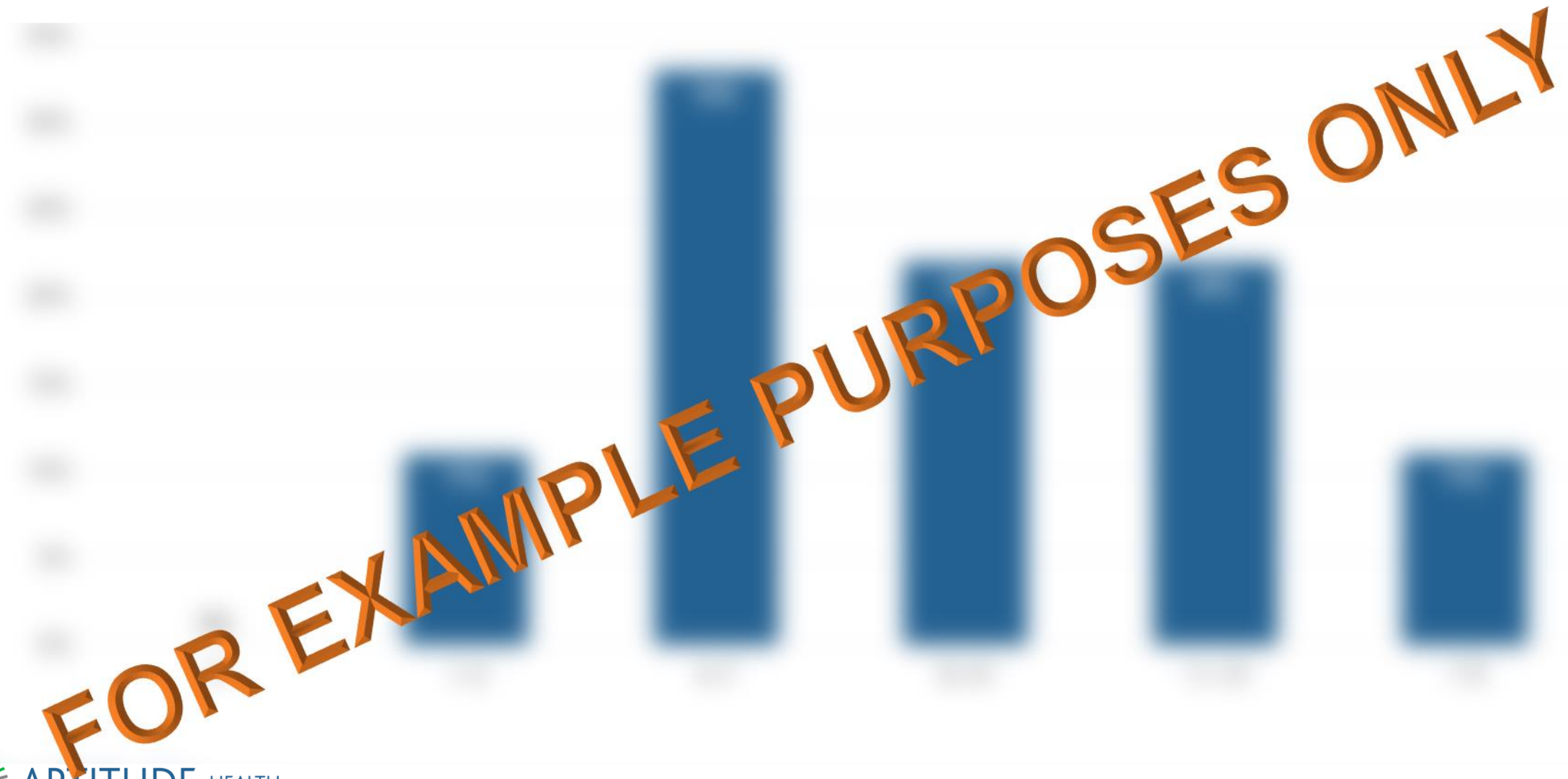


Multiple Myeloma ARS

FIRST-LINE THERAPY



MY MOST COMMON INDUCTION REGIMEN FOR TRANSPLANT-ELIGIBLE PATIENTS IS: (N = 8)



MY MOST COMMON INDUCTION REGIMEN FOR TRANSPLANT-INELIGIBLE PATIENTS IS: (N = 8)

FOR EXAMPLE PURPOSES ONLY

IS MELPHALAN STILL PART OF YOUR INDUCTION TREATMENT FOR OLDER PATIENTS? (N = 8)

FOR EXAMPLE PURPOSES ONLY

I BELIEVE THAT 3-DRUG COMBINATIONS ARE SUPERIOR TO 2-DRUG REGIMENS FOR YOUNGER PATIENTS (N = 8)

CASES

FOR EXAMPLE PURPOSES ONLY



I BELIEVE THAT 4-DRUG COMBINATIONS ARE SUPERIOR TO 3-DRUG REGIMENS FOR YOUNGER PATIENTS (N = 8)

CASES

FOR EXAMPLE PURPOSES ONLY



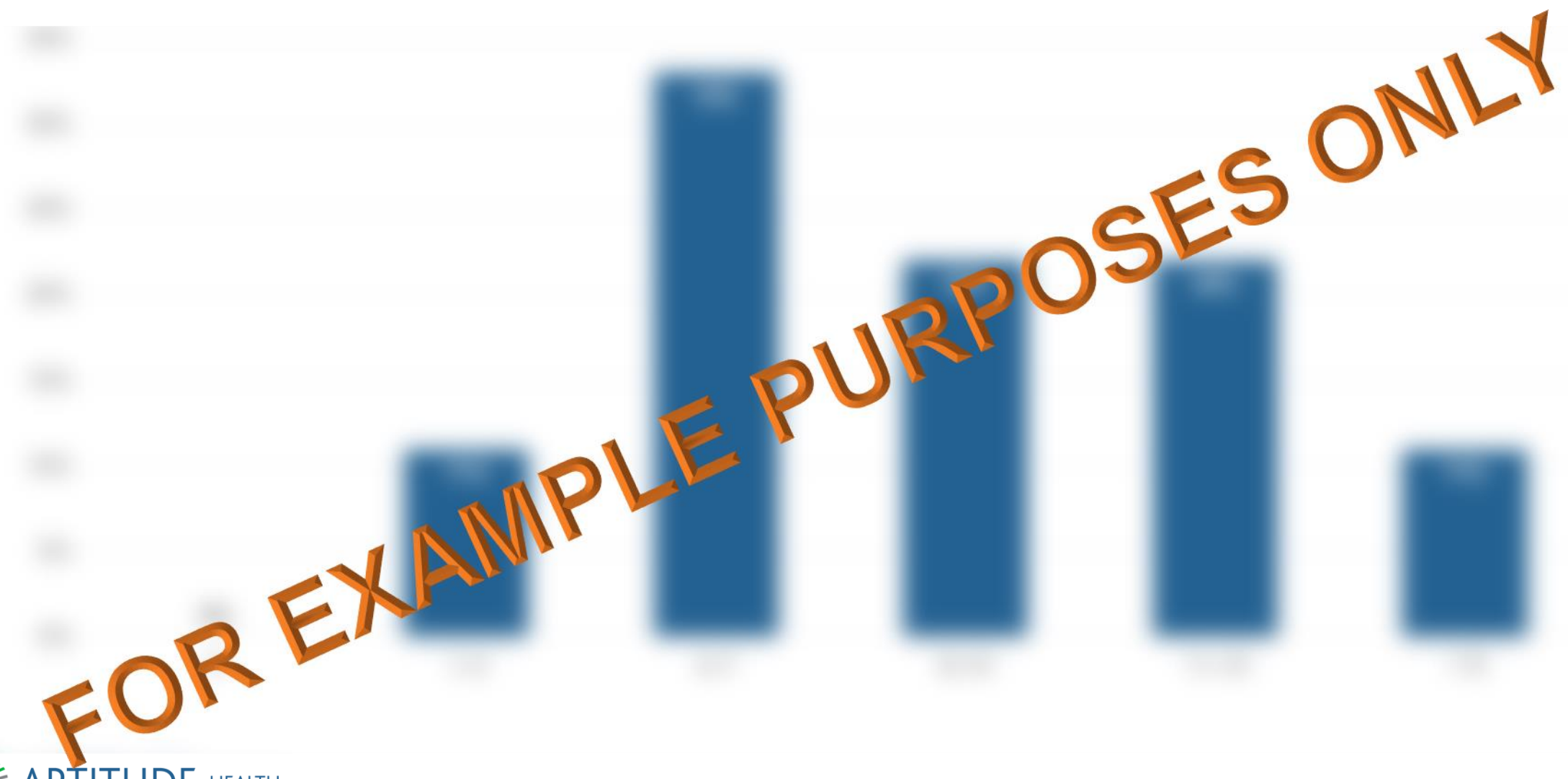
MAINTENANCE THERAPY SHOULD BE GIVEN TO ALL PATIENTS (N = 8)

FOR EXAMPLE PURPOSES ONLY

A PATIENT WITH HIGH-RISK GENETICS POST-AUTO SHOULD RECEIVE: (N = 8)

FOR EXAMPLE PURPOSES ONLY

EARLY VS DELAYED TRANSPLANT DOES NOT IMPACT PFS (N = 8)



> 68-year-old male presents with new-onset back pain. Workup demonstrates DJD

...
...
...
...

...
...
...
...

THE PATIENT HAS: (N = 8)

FOR EXAMPLE PURPOSES ONLY

PATIENT CASE (CONT.)

- > The patient has a negative PET scan and is observed, as he has intermediate-risk smoldering myeloma. Four

FOR EXAMPLE PURPOSES ONLY

PATIENT CASE (CONT.)

- > The patient is treated with RVD induction therapy and after 4 cycles achieves a VGPR with improvement in



- > An 82-year-old retired teacher presents with fatigue and new-onset backpain at the T12 level. Imaging reveals

FOR EXAMPLE PURPOSES ONLY

ARE YOU CURRENTLY ASSESSING FOR MRD IN YOUR CLINICAL PRACTICE? (N = 8)

FOR EXAMPLE PURPOSES ONLY

WHAT METHOD DO YOU TYPICALLY USE TO ASSESS MRD? (N = 8)





Multiple Myeloma ARS

FIRST-RELAPSE THERAPY

IN A PATIENT WHO HAD PROGRESSED AFTER TRANSPLANT, WHO IS NOT ON MAINTENANCE THERAPY, WHICH FACTOR IS MOST IMPORTANT TO YOU IN CHOOSING SALVAGE TREATMENT? (N = 6)



THE KEY ADVANTAGE OF CARFILZOMIB RELATIVE TO OTHER CHOICES IS: (N = 5)

FOR EXAMPLE PURPOSES ONLY

THE KEY DISADVANTAGE OF CARFILZOMIB RELATIVE TO OTHER CHOICES IS: (N = 7)

FOR EXAMPLE PURPOSES ONLY

THE KEY ADVANTAGE OF ELOTUZUMAB RELATIVE TO OTHER CHOICES IS: (N = 7)

FOR EXAMPLE PURPOSES ONLY

THE KEY DISADVANTAGE OF ELOTUZUMAB RELATIVE TO OTHER CHOICES IS (N = 7)

FOR EXAMPLE PURPOSES ONLY

THE KEY ADVANTAGE OF IXAZOMIB RELATIVE TO OTHER CHOICES IS: (N = 6)

FOR EXAMPLE PURPOSES ONLY

THE KEY DISADVANTAGE OF IXAZOMIB RELATIVE TO OTHER CHOICES IS: (N = 6)

FOR EXAMPLE PURPOSES ONLY

THE KEY ADVANTAGE OF DARATUMUMAB RELATIVE TO OTHER CHOICES IS: (N = 7)

FOR EXAMPLE PURPOSES ONLY

THE KEY DISADVANTAGE OF DARATUMUMAB RELATIVE TO OTHER CHOICES IS: (N = 7)

FOR EXAMPLE PURPOSES ONLY

PATIENT CASE (CONT.)

> The prior 68-year-old male with smoldering myeloma that transformed to IgG

...with a hemoglobin level of 10.5 g/dL, a platelet count of 150,000/mm³, and a white blood cell count of 12,000/mm³. The patient had a history of hypertension, hyperlipidemia, and a recent diagnosis of IgG multiple myeloma. He was treated with bortezomib, lenalidomide, and dexamethasone (VRD) for 6 cycles. His most recent laboratory values are shown below.

...with a hemoglobin level of 10.5 g/dL, a platelet count of 150,000/mm³, and a white blood cell count of 12,000/mm³. The patient had a history of hypertension, hyperlipidemia, and a recent diagnosis of IgG multiple myeloma. He was treated with bortezomib, lenalidomide, and dexamethasone (VRD) for 6 cycles. His most recent laboratory values are shown below.

WHICH OPTION WOULD YOU USE AS SALVAGE THERAPY? (N = 8)



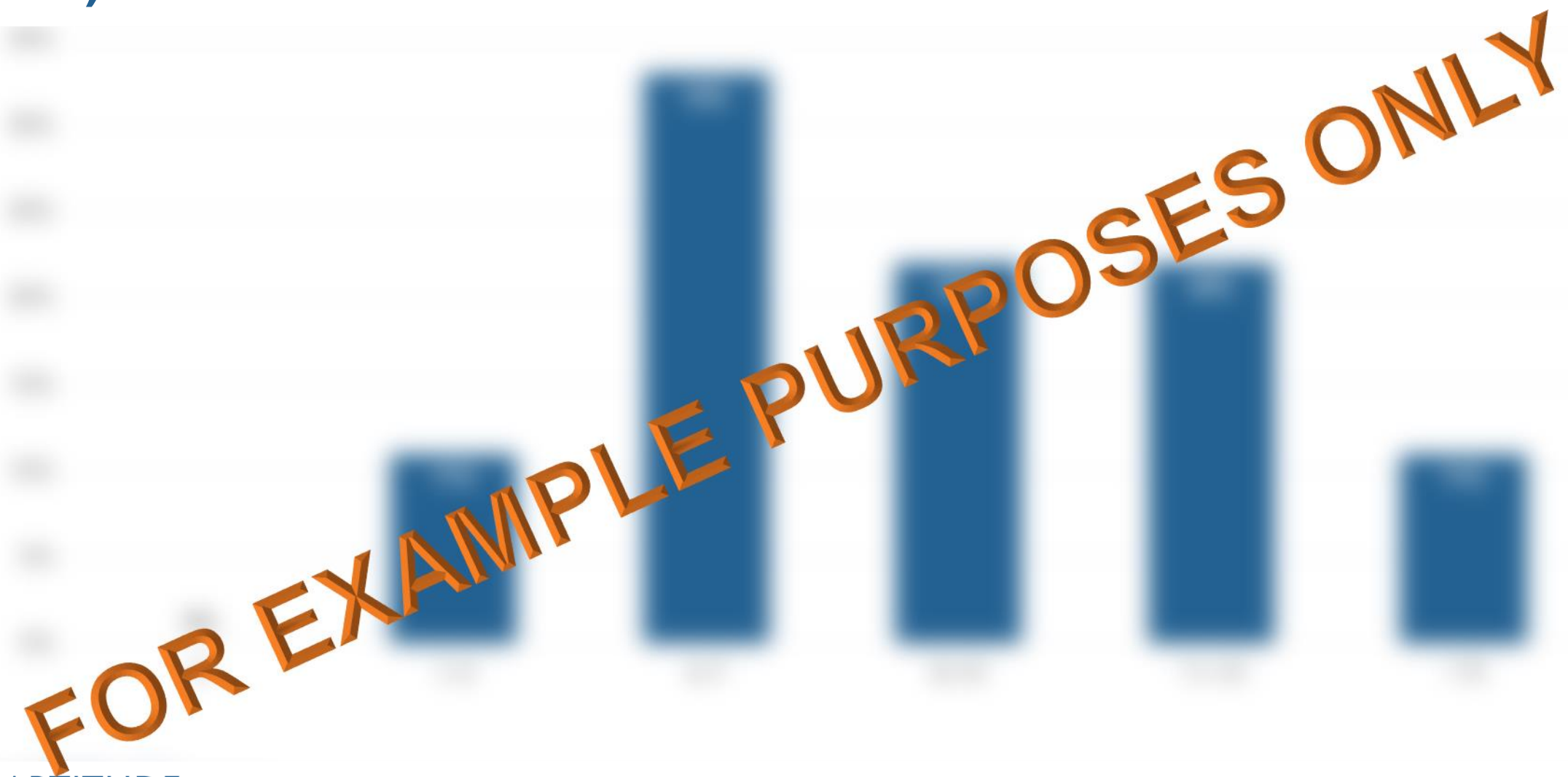


Multiple Myeloma ARS

SUBSEQUENT-RELAPSE
THERAPY



MEDIAN PFS FOR DOUBLE-REFRACTORY (LENALIDOMIDE AND BORTEZOMIB REFRACTORY) MULTIPLE MYELOMA IS: (N = 8)



VENETOCLAX HAS NO SINGLE-AGENT ACTIVITY IN MULTIPLE MYELOMA (N = 8)

CASES

FOR EXAMPLE PURPOSES ONLY

PATIENT CASE (CONT.)

> The patient chooses to receive IRD, due to travel in his retirement. After 4 cycles

... [blurred text]

... [blurred text]

AT THIS TIME, WOULD YOU CONSIDER TRIPLET COMBINATION THERAPY OR A DOUBLET OR A SINGLE AGENT (IE, DARATUMUMAB)? (N = 7)

FOR EXAMPLE PURPOSES ONLY

WHICH OF THE FOLLOWING WOULD YOU CONSIDER ON THE BASIS OF YOUR ANSWER ABOVE? (N = 8)

FOR EXAMPLE PURPOSES ONLY