



CASES

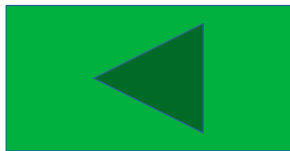
INSIGHTS INTO MULTIPLE MYELOMA

October 2019

HOW TO NAVIGATE THIS REPORT



Click to move to topic of interest or ARS supporting data



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Key Insights	
ARS Data – Baseline	
ARS Data – First-Line Therapy	
ARS Data – First Relapse	
ARS Data – Subsequent Relapse	
Advisor Takeaways	

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 October 26, 2019, in Seattle, WA
- > Disease state and data presentations were developed in conjunction with a medical expert from University of Washington/Fred Hutch/Seattle Cancer Care Alliance
- > The group of advisors comprised 9 community oncologists
- > Insights on the following therapies were obtained: bortezomib, carfilzomib, ixazomib, elotuzumab, daratumumab, lenalidomide, pomalidomide, thalidomide, melphalan, cyclophosphamide, bendamustine, panobinostat, selinexor, isatuximab
- > Data collection was accomplished through use of audience response system questioning and moderated discussion



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Participant Demographics



PARTICIPANT DEMOGRAPHICS

What percentage of the patients with



How many unique patients with multiple



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Key Insights

TOPLINE TAKEAWAYS



First-Line Therapy

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FIRST-LINE THERAPY



Topic	Data and Insights
Transplant	<ul style="list-style-type: none"><li data-bbox="410 258 2033 297">• The majority of advisors (78%) do not believe that early vs delayed transplant impacts PFS 

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FIRST-LINE TREATMENT QUOTES

1. [Blurred text]

2. [Blurred text]

3. [Blurred text]

4. [Blurred text]

5. [Blurred text]

6. [Blurred text]

7. [Blurred text]

FIRST-RELAPSE THERAPY



Topic	Data and Insights
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FIRST-RELAPSE THERAPY QUOTES



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Quote 2: [Blurred text]

Quote 3: [Blurred text]

Quote 4: [Blurred text]

Quote 5: [Blurred text]

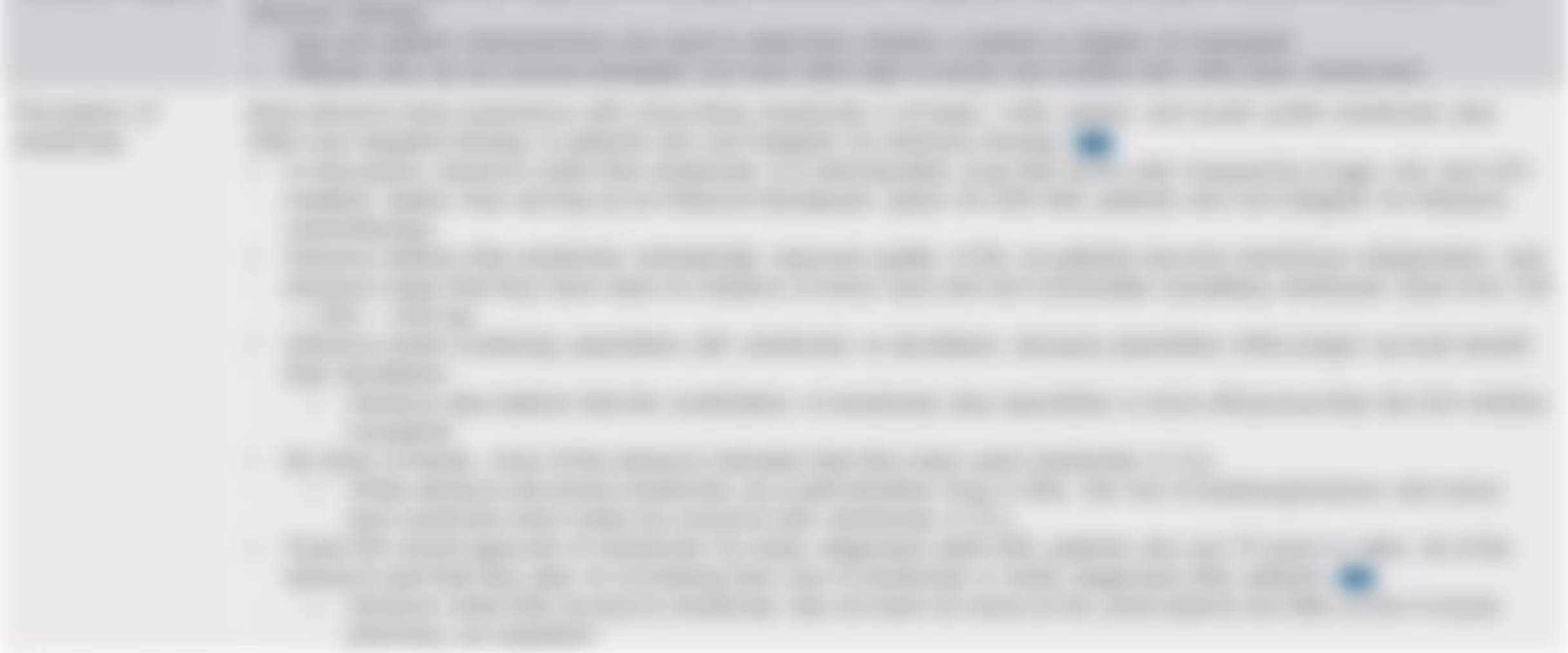
Quote 6: [Blurred text]

Quote 7: [Blurred text]

SUBSEQUENT-RELAPSE THERAPY



Topic	Data and Insights
Heavily pretreated	<ul style="list-style-type: none">• Only 44% of advisors were aware of the 6-month median PFS associated with double-refractory



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 has so far been the treatment of choice in the R/R setting, and advisors utilize it in

[The following text is heavily blurred and illegible. It appears to be a list of bullet points or a detailed paragraph discussing the use of daratumumab in the relapsed/refractory (R/R) setting, likely covering clinical trial results, efficacy, and safety considerations.]

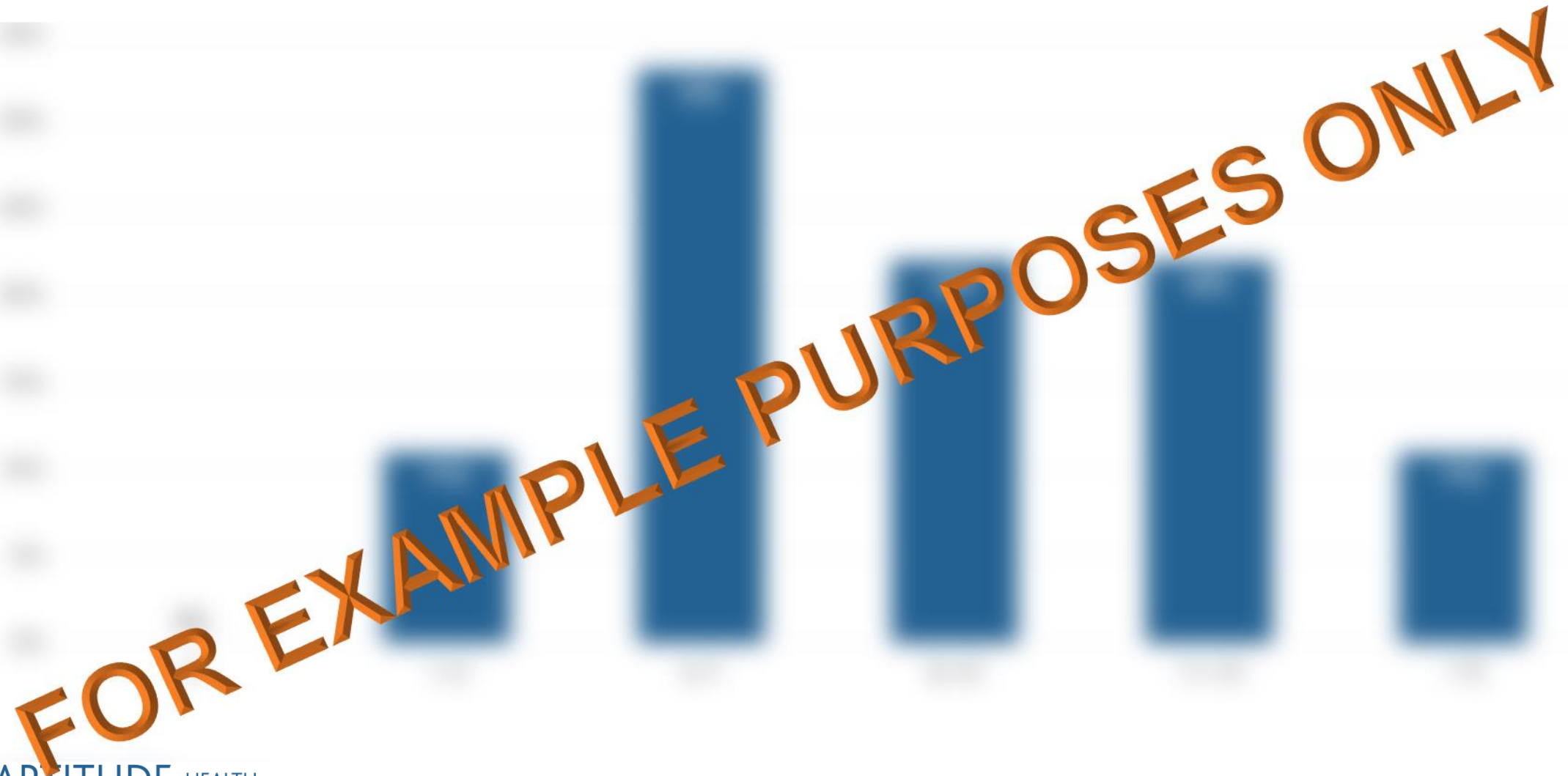


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Multiple Myeloma ARS

BASELINE

IN HOW MANY MM PATIENTS HAVE YOU EVER USED THE DRUG POMALYST/POMALIDOMIDE? (N = 9)



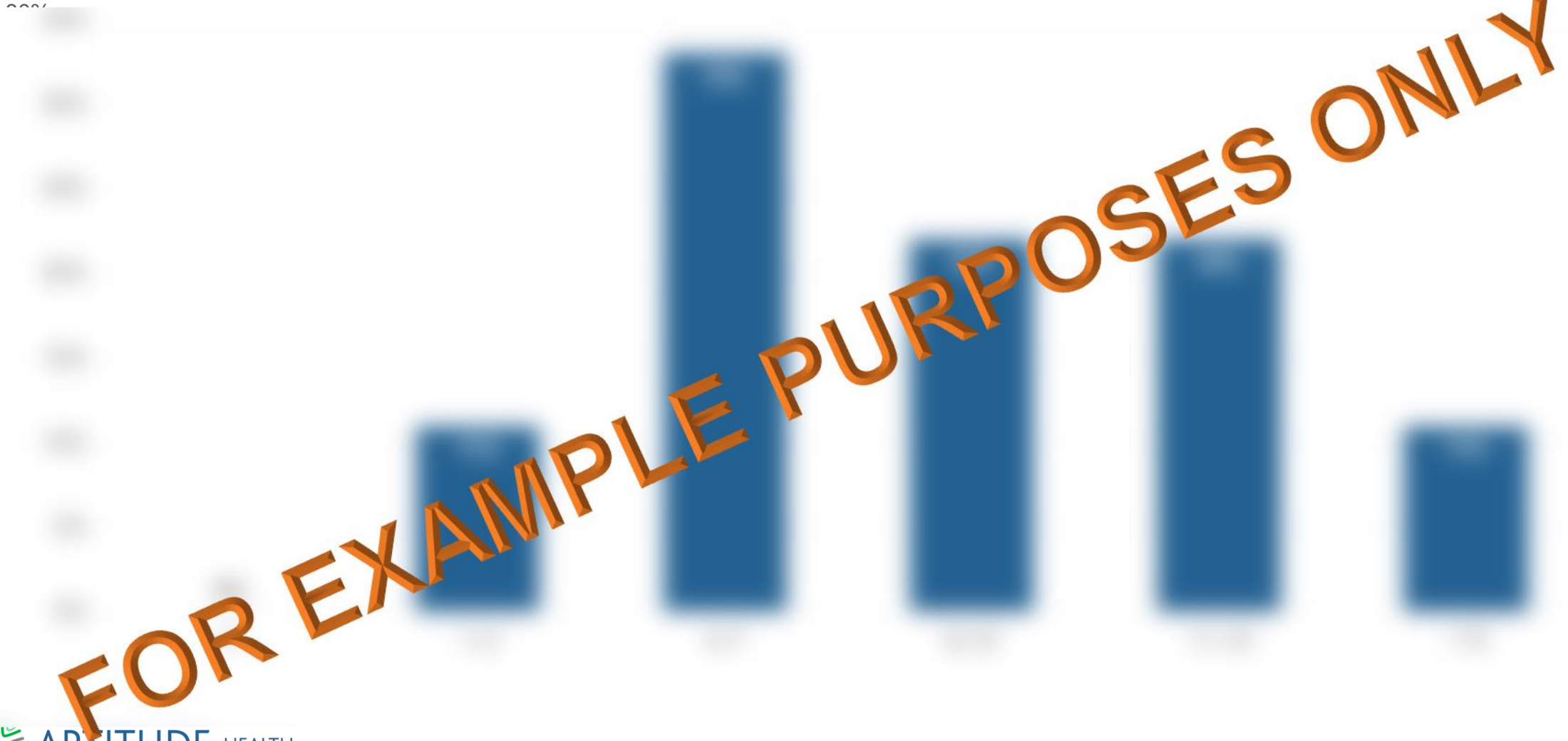
IN HOW MANY MM PATIENTS HAVE YOU EVER USED THE DRUG KYPROLIS/CARFILZOMIB? (N = 9)



IN HOW MANY MM PATIENTS HAVE YOU EVER USED THE DRUG EMPPLICITI/ELOTUZUMAB? (N = 9)

FOR EXAMPLE PURPOSES ONLY

IN HOW MANY MM PATIENTS HAVE YOU EVER USED THE DRUG NINLARO/IXAZOMIB? (N = 9)



IN HOW MANY MM PATIENTS HAVE YOU EVER USED THE DRUG DARZALEX/DARATUMUMAB? (N = 9)

FOR EXAMPLE PURPOSES ONLY

IN HOW MANY MM PATIENTS HAVE YOU EVER USED THE DRUG FARYDAK/PANOBINOSTAT? (N = 9)

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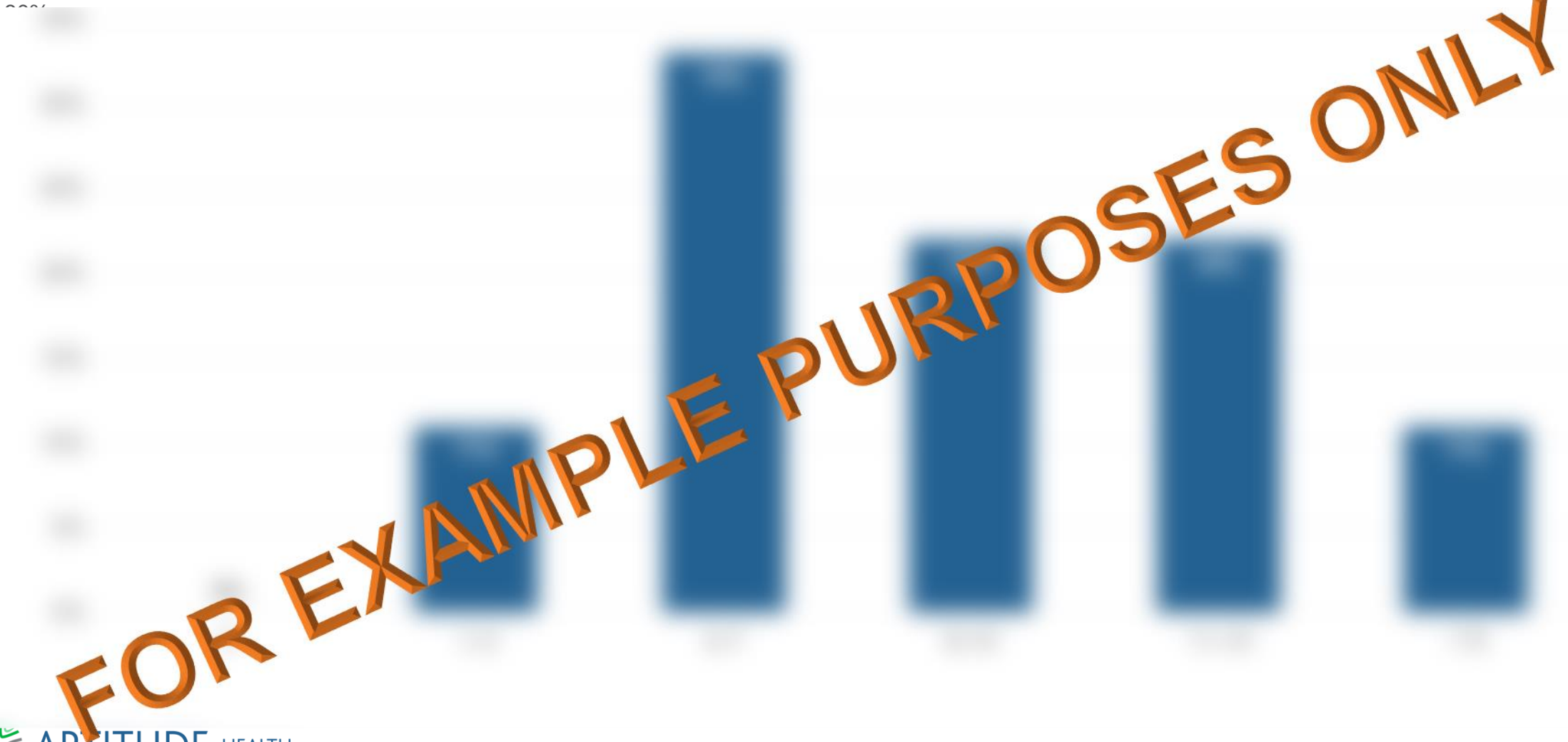
Multiple Myeloma ARS

FIRST-LINE THERAPY

MY MOST COMMON INDUCTION REGIMEN FOR TRANSPLANT-ELIGIBLE PATIENTS IS (N = 9)

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MY MOST COMMON INDUCTION REGIMEN FOR TRANSPLANT-INELIGIBLE PATIENTS IS (N = 9)



IS MELPHALAN STILL PART OF YOUR INDUCTION TREATMENT FOR OLDER PATIENTS? (N = 9)

100%



I BELIEVE THAT 3-DRUG COMBINATIONS ARE SUPERIOR TO 2-DRUG REGIMENS FOR YOUNGER PATIENTS (N = 9)

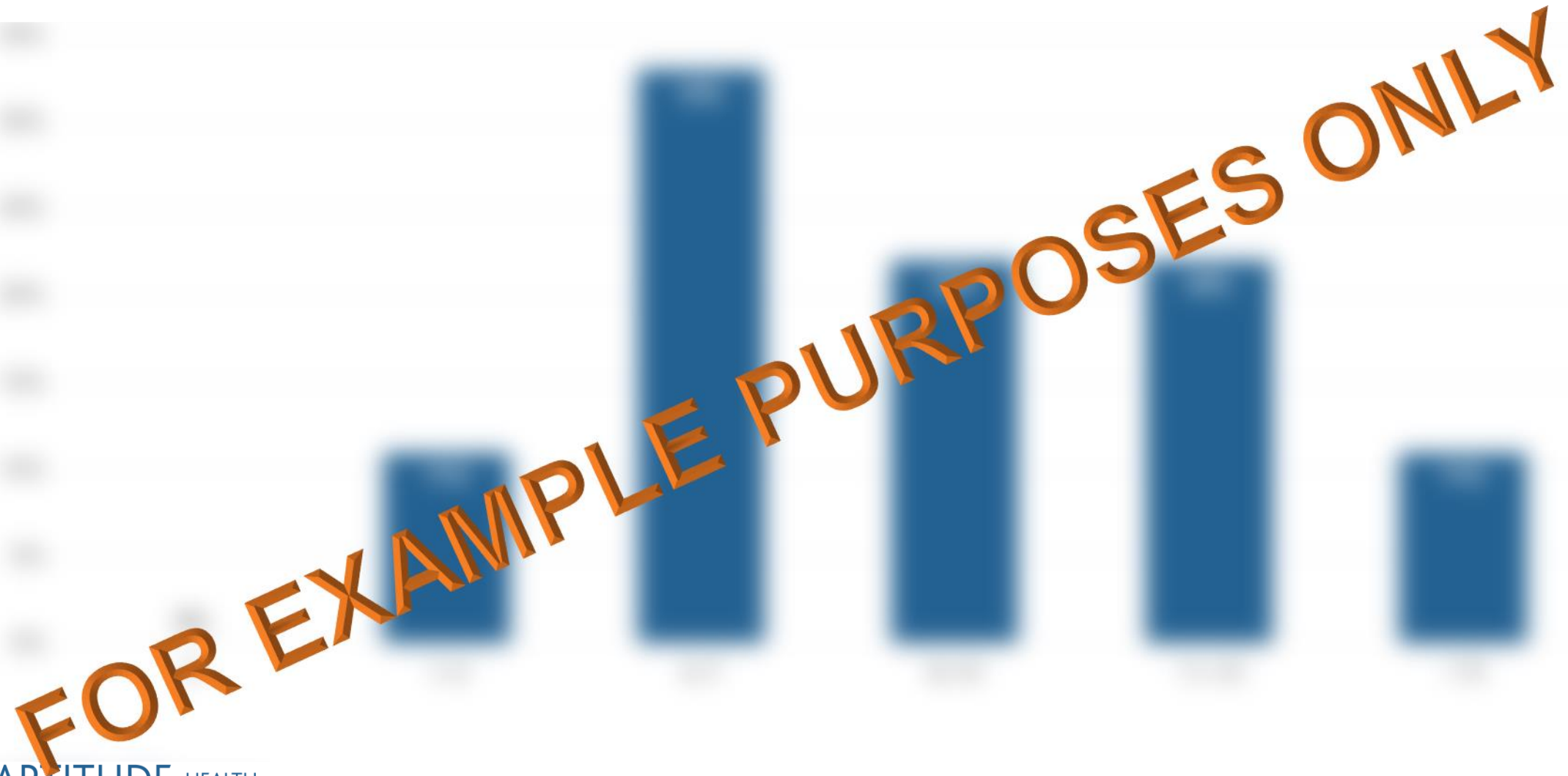
100%



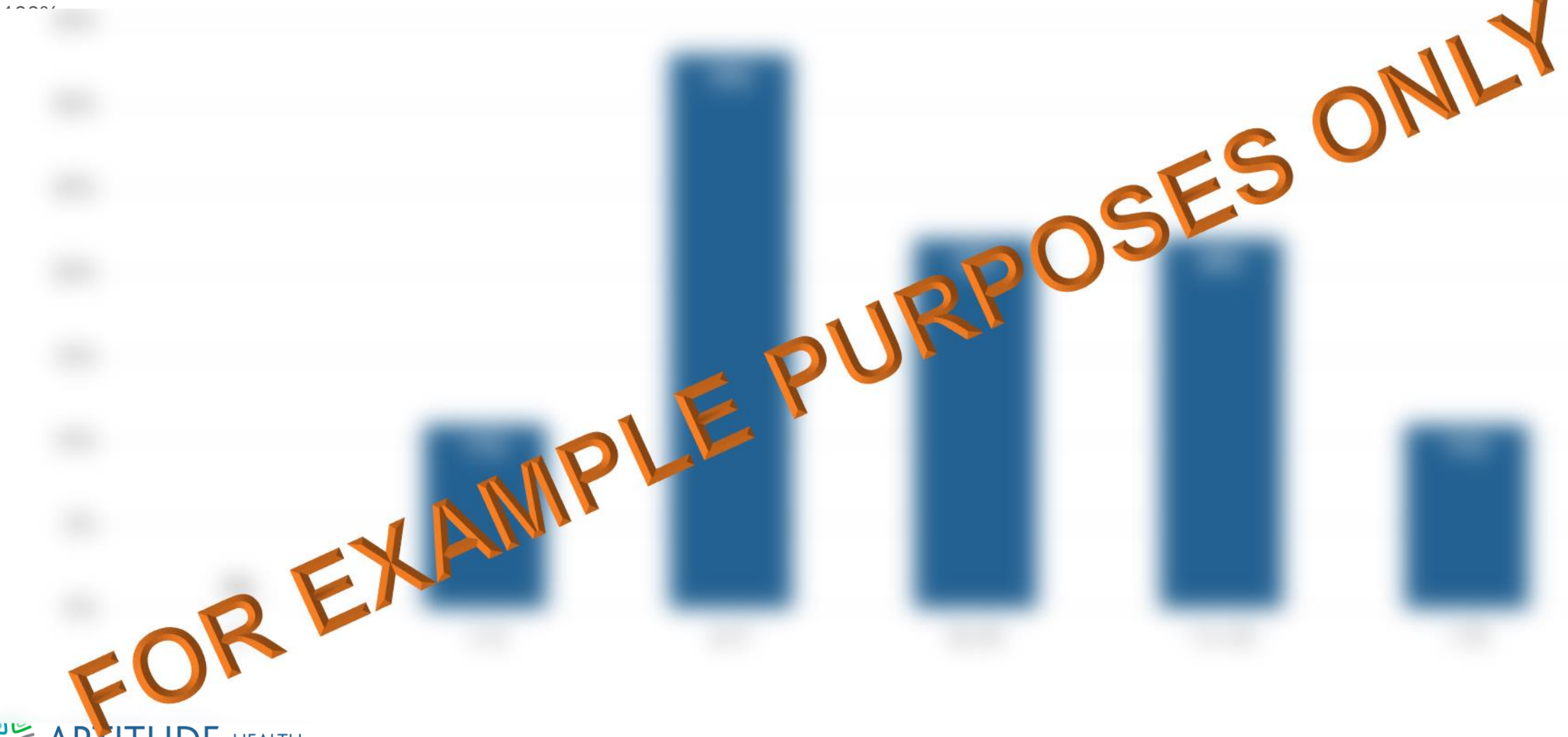
I BELIEVE THAT 4-DRUG COMBINATIONS ARE SUPERIOR TO 3-DRUG REGIMENS FOR YOUNGER PATIENTS (N = 9)



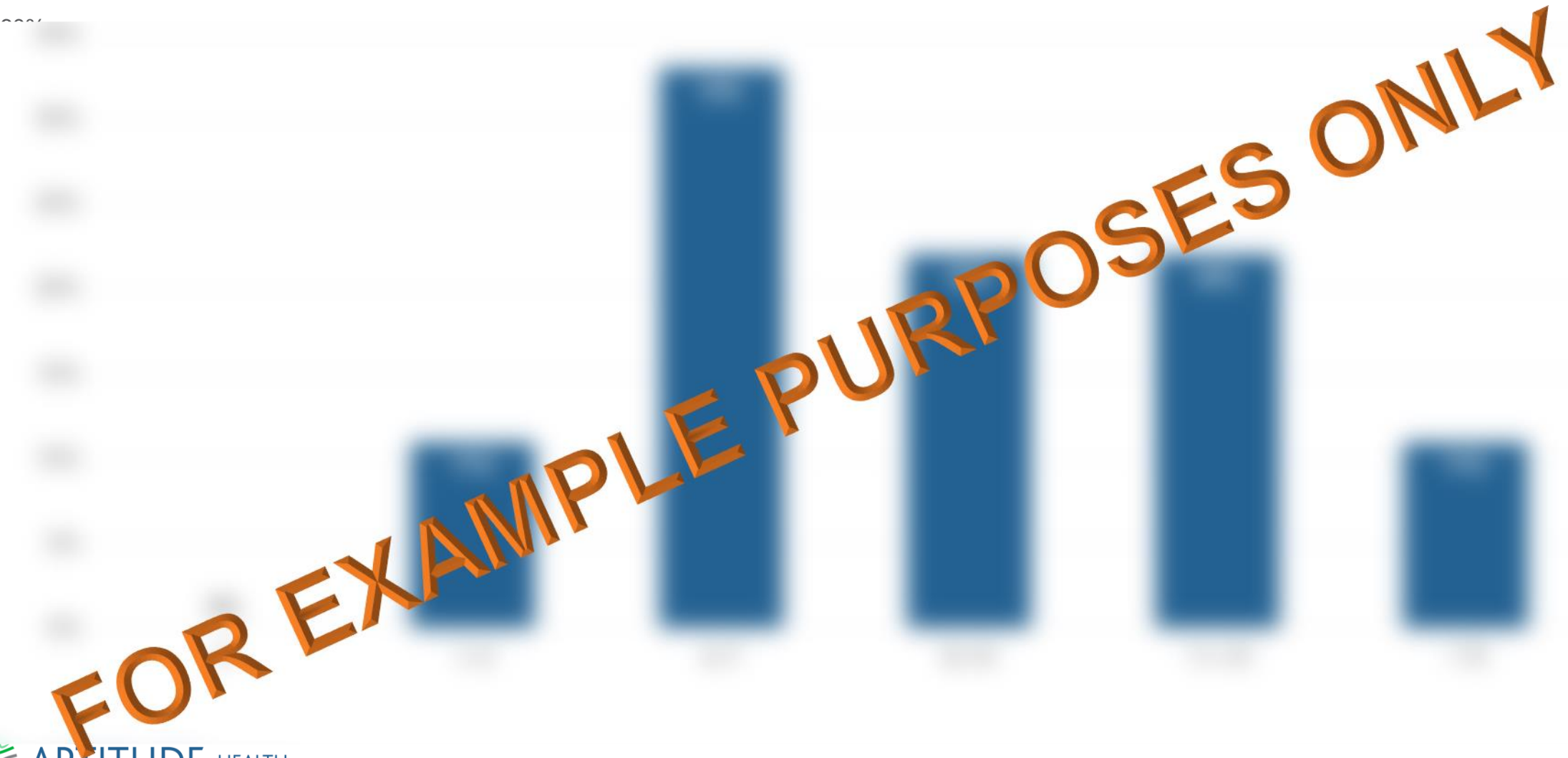
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MAINTENANCE THERAPY SHOULD BE GIVEN TO ALL PATIENTS (N = 9)



A PATIENT WITH HIGH-RISK GENETICS AFTER AUTO-TRANSPLANT SHOULD RECEIVE: (N = 9)



EARLY VS DELAYED TRANSPLANT DOES NOT IMPACT PFS (N = 9)

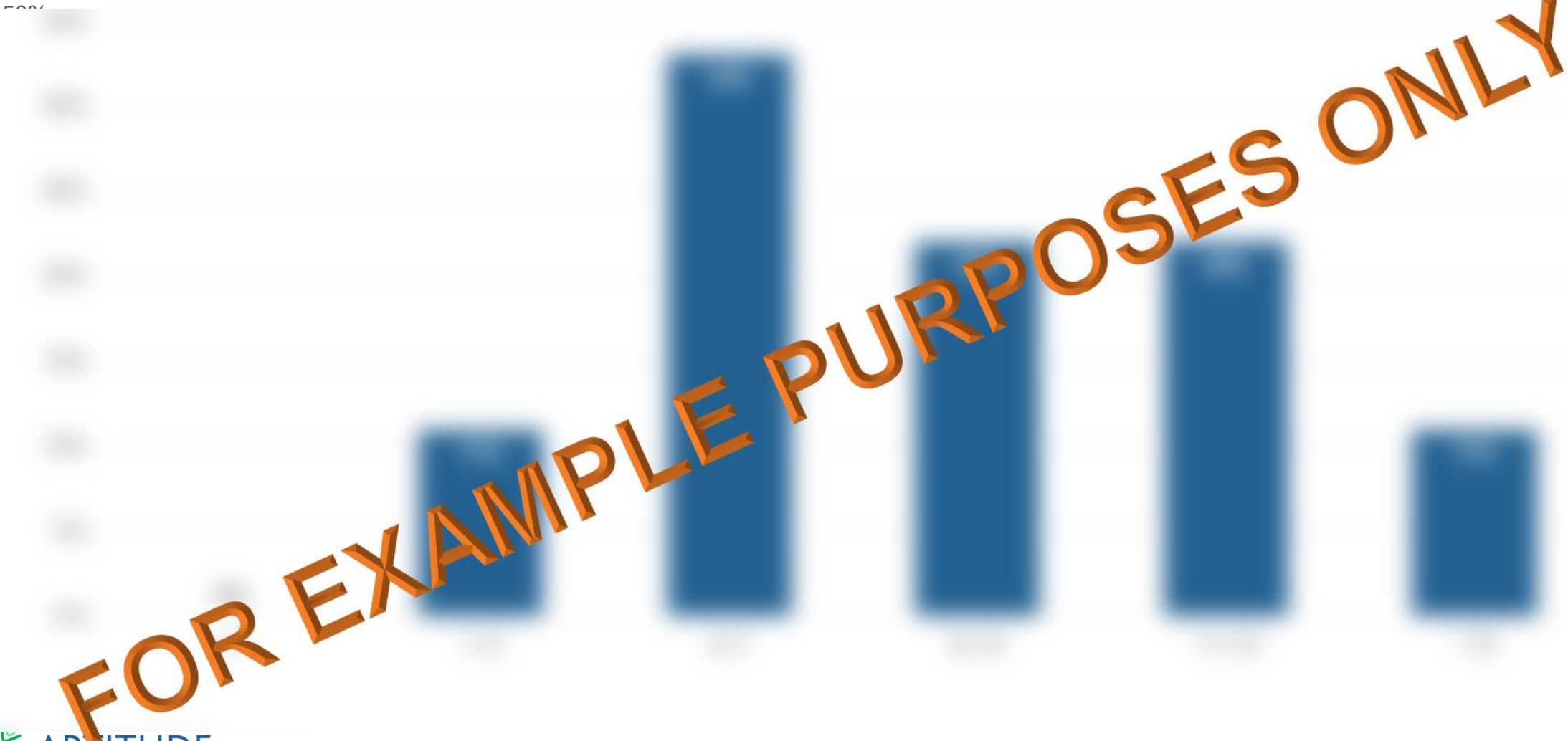


> 68-year-old male presents with new-onset back pain. Workup demonstrates DJD

Workup includes X-rays, MRI, and laboratory tests. X-rays show degenerative changes in the lumbar spine, including disc space narrowing and osteophyte formation. MRI shows disc bulging and spinal stenosis. Laboratory tests are within normal limits.

Management includes physical therapy, pain management, and possibly surgery. The patient is advised to maintain a healthy weight and engage in low-impact exercise. Medication is prescribed for pain relief. The patient is scheduled for a follow-up appointment in 6 weeks.

THE PATIENT HAS: (N = 9)



PATIENT CASE (CONT.)

> The patient has a negative PET scan and is observed, as he has smoldering

[Blurred text area]

WHAT WOULD BE YOUR CHOICE OF INDUCTION THERAPY? (N = 9)



PATIENT CASE (CONT.): THE PATIENT IS TREATED WITH RVD INDUCTION THERAPY AND AFTER 4 CYCLES ACHIEVES A VGPR WITH IMPROVEMENT IN SYMPTOMS AND ANEMIA. AT THIS POINT YOU WOULD: (N = 9)

FOR EXAMPLE PURPOSES ONLY



> An 82-year-old retired teacher presents with fatigue and new-onset back pain at

... [blurred text]

... [blurred text]

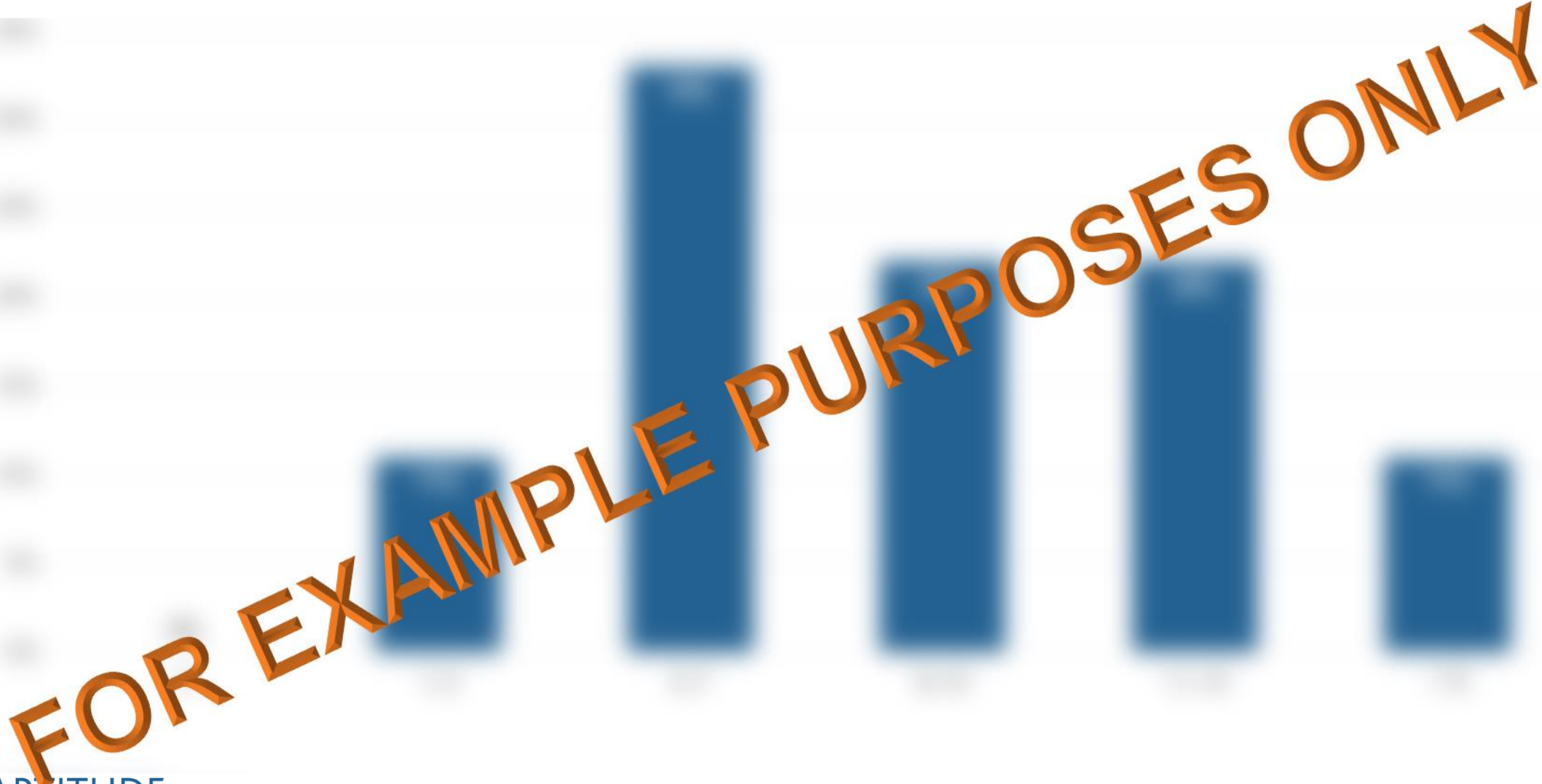
WHAT WOULD YOUR CHOICE OF INDUCTION THERAPY BE? (N = 9)



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 = 9)





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 = 9)



THE KEY ADVANTAGE OF CARFILZOMIB RELATIVE TO OTHER CHOICES IS: (N = 9)

FOR EXAMPLE PURPOSES ONLY

THE KEY DISADVANTAGE OF CARFILZOMIB RELATIVE TO OTHER CHOICES IS: (N = 9)

FOR EXAMPLE PURPOSES ONLY

THE KEY ADVANTAGE OF ELOTUZUMAB RELATIVE TO OTHER CHOICES IS: (N = 9)

FOR EXAMPLE PURPOSES ONLY

THE KEY DISADVANTAGE OF ELOTUZUMAB RELATIVE TO OTHER CHOICES IS: (N = 9)

FOR EXAMPLE PURPOSES ONLY

THE KEY ADVANTAGE OF IXAZOMIB RELATIVE TO OTHER CHOICES IS: (N = 9)

FOR EXAMPLE PURPOSES ONLY

THE KEY DISADVANTAGE OF IXAZOMIB RELATIVE TO OTHER CHOICES IS: (N = 8)



FOR EXAMPLE PURPOSES ONLY



THE KEY ADVANTAGE OF DARATUMUMAB RELATIVE TO OTHER CHOICES IS: (N = 9)

FOR EXAMPLE PURPOSES ONLY

THE KEY DISADVANTAGE OF DARATUMUMAB RELATIVE TO OTHER CHOICES IS: (N = 9)

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 total protein of 10.5 g/dL. The patient had a serum IgG level of 1.5 g/dL and a serum IgA level of 0.1 g/dL. The patient had a serum IgM level of 0.1 g/dL and a serum IgD level of 0.1 g/dL. The patient had a serum IgE level of 0.1 g/dL and a serum IgG level of 1.5 g/dL. The patient had a serum IgA level of 0.1 g/dL and a serum IgM level of 0.1 g/dL. The patient had a serum IgD level of 0.1 g/dL and a serum IgE level of 0.1 g/dL.

...with a hemoglobin level of 10.5 g/dL, a platelet count of 150,000/mm³, and a total protein of 10.5 g/dL. The patient had a serum IgG level of 1.5 g/dL and a serum IgA level of 0.1 g/dL. The patient had a serum IgM level of 0.1 g/dL and a serum IgD level of 0.1 g/dL. The patient had a serum IgE level of 0.1 g/dL and a serum IgG level of 1.5 g/dL. The patient had a serum IgA level of 0.1 g/dL and a serum IgM level of 0.1 g/dL. The patient had a serum IgD level of 0.1 g/dL and a serum IgE level of 0.1 g/dL.

WHICH OPTION WOULD YOU USE AS SALVAGE THERAPY? (N = 9)

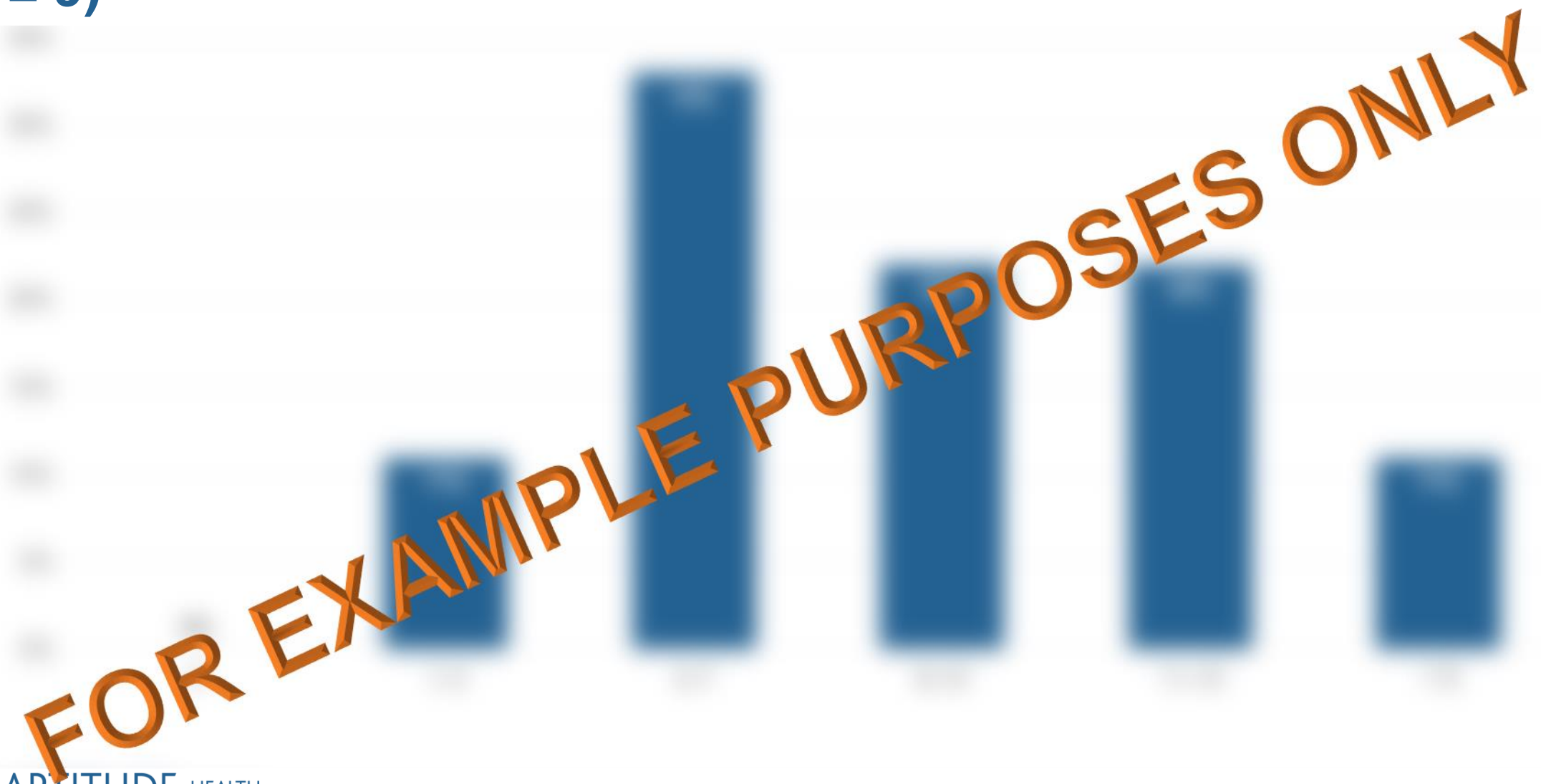
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Multiple Myeloma ARS

SUBSEQUENT-RELAPSE
THERAPY

MEDIAN PFS FOR DOUBLE-REFRACTORY (LENALIDOMIDE AND BORTEZOMIB REFRACTORY) MULTIPLE MYELOMA IS: (N = 9)



VENETOCLAX HAS NO SINGLE-AGENT ACTIVITY IN MULTIPLE MYELOMA (N = 9)

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, A DOUBLET, OR A SINGLE AGENT (IE, DARATUMUMAB)? (N = 9)

FOR EXAMPLE PURPOSES ONLY

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

FOR EXAMPLE PURPOSES ONLY



CASES

Advisor Takeaways



ADVISOR KEY TAKEAWAYS (1/2)



1. **Identify the client's needs and goals.** This is the first step in the advisory process. It involves understanding the client's current financial situation, their risk tolerance, and their long-term objectives. This information is used to develop a personalized investment strategy.

2. **Develop a diversified investment portfolio.** Diversification is a key strategy to reduce risk. This involves investing in a variety of asset classes, such as stocks, bonds, and real estate, and within each class, investing in different sectors and individual securities.

3. **Monitor and rebalance the portfolio.** The investment portfolio should be monitored regularly to ensure it remains aligned with the client's goals and risk tolerance. Rebalancing is necessary to maintain the desired asset allocation, which may require buying or selling securities.

4. **Communicate and educate the client.** Advisors should maintain open communication with clients, providing regular updates on their investment performance and explaining the rationale behind their recommendations. Education is also important to help clients understand the risks and benefits of their investments.

5. **Stay up-to-date on market trends and regulations.** The financial markets and regulatory environment are constantly evolving. Advisors must stay informed about the latest developments to provide the best advice to their clients.

6. **Provide personalized advice.** Each client has unique needs and goals. Advisors should tailor their recommendations to the individual client, taking into account their specific circumstances and preferences.

ADVISOR KEY TAKEAWAYS (2/2)



<p>1. Key Takeaway 1: [Blurred text]</p>	<p>2. Key Takeaway 2: [Blurred text]</p>
<p>3. Key Takeaway 3: [Blurred text]</p>	<p>4. Key Takeaway 4: [Blurred text]</p>