



CASES

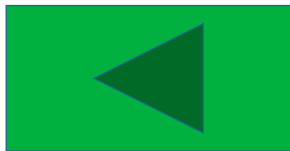
INSIGHTS INTO MULTIPLE MYELOMA DURING THE COVID-19 PANDEMIC

July 15, 2020








HOW TO NAVIGATE THIS REPORT



Click to move to topic of interest or ARS supporting data



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Topic	Slide
Study Objectives	
Report Snapshot	
Participant Demographics	
Key Insights	
Advisor Key Takeaways	
ARS Data – Cancer Care During the COVID-19 Pandemic	
ARS Data – Management of MM During the COVID-19 Pandemic	

STUDY OBJECTIVES



To gain advisors' perspectives on the following

- > Current adjustments to treatment practices for multiple myeloma (MM) patients during the COVID-19 pandemic
- > The evolving role of MRD testing in MM



- > A virtual, moderated roundtable discussion focusing on treatment of MM in the context of the COVID-19 pandemic was held on July 15, 2020
- > Disease state and data presentations were developed in conjunction with Dr Rafael Fonseca from Mayo Clinic
- > The group of advisors comprised 8 community oncologists
 - Community oncologists were invited from Arizona, California, Colorado, Florida, Georgia, Michigan, New Jersey, and New York
 - Attendees of the roundtable represented community oncologists from Arizona, California, Florida, Georgia, Michigan, New Jersey, and New York
- > Insights on the following therapies were obtained: bortezomib, carfilzomib, ixazomib, elotuzumab, daratumumab, lenalidomide, pomalidomide, thalidomide, melphalan, cyclophosphamide, bendamustine, panobinostat, selinexor, isatuximab, and venetoclax
- > Data collection was accomplished through use of audience response system questioning and moderated discussion

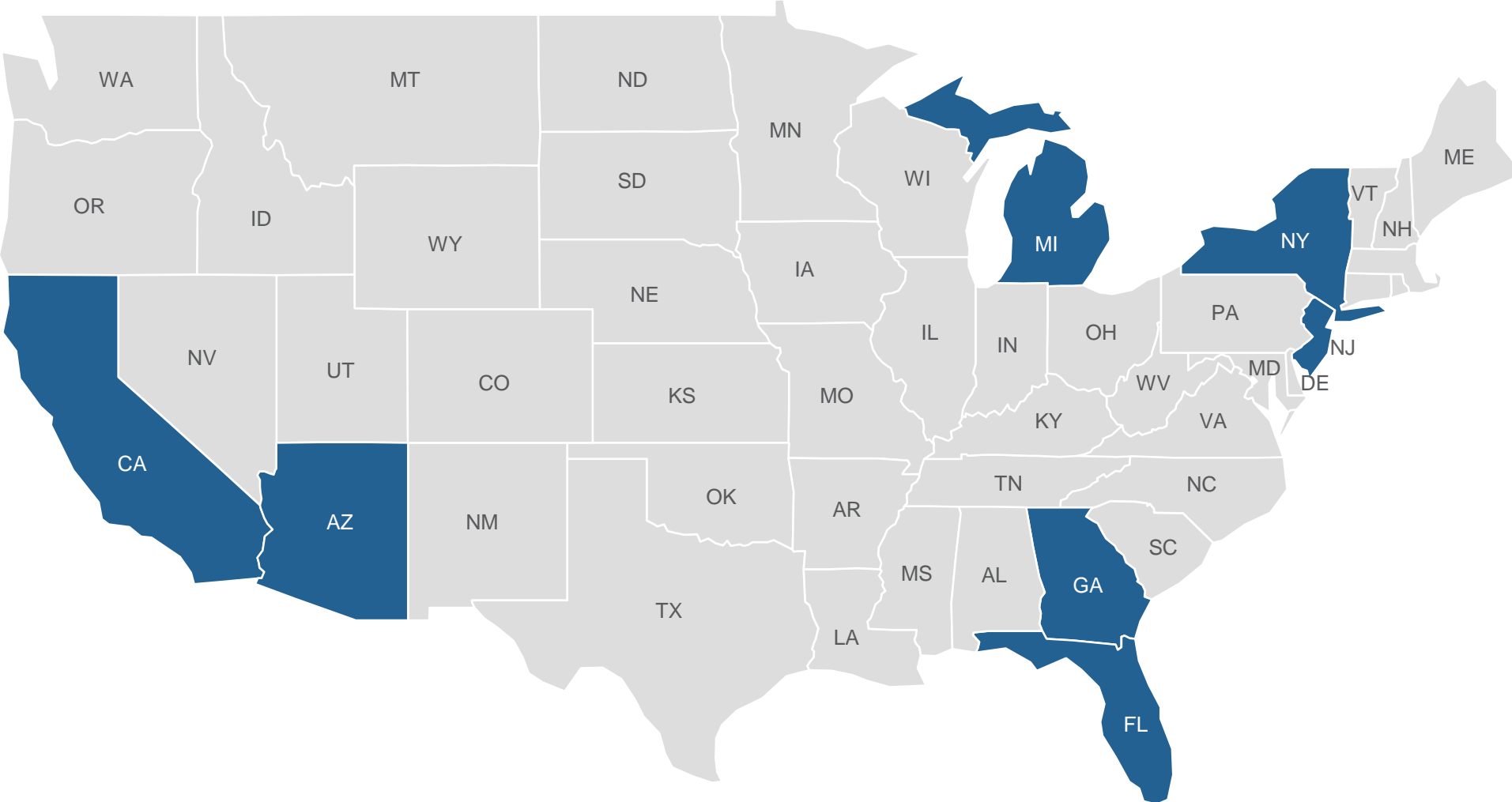


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Participant Demographics



PARTICIPANT DEMOGRAPHICS (1/2)



PARTICIPANT DEMOGRAPHICS (2/2)

What percentage of the patients with hematologic malignancies that you see have



How many unique patients with multiple myeloma have you treated in the past



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Key Insights

MULTIPLE MYELOMA DURING THE
COVID-19 PANDEMIC

Cancer Care During the COVID-19 Pandemic

Advisors reported changes to cancer care during the COVID-19 pandemic, including seeing fewer new

[Redacted content]

[Redacted content]

[Redacted content]

CANCER CARE DURING THE COVID-19 PANDEMIC



Topic	Data and Insights
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Patient	Most advisors reported a lower number of patients and office visits during the COVID-19 pandemic
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QUOTES – CANCER CARE DURING THE COVID-19 PANDEMIC



“I haven't seen some of my maintenance patients

“I'm from New Jersey, one of the prior hotbeds.

[Blurred text]

[Blurred text]

[Blurred text]

[Blurred text]

[Blurred text]

[Blurred text]

[Blurred text]

[Blurred text]

MANAGEMENT OF MM DURING THE COVID-19 PANDEMIC (1/2)



Topic	Data and Insights
Transplant	Advisors have not changed their preferred induction regimen for transplant-eligible patients during the



MANAGEMENT OF MM DURING THE COVID-19 PANDEMIC (2/2)



Topic	Data and Insights
MRD testing	Most advisors are not currently assessing MRD in their patients; however, many are interested in using



QUOTES – MANAGEMENT OF MM DURING THE COVID-19 PANDEMIC (1/2)



“Things like bone marrow transplant are being

“A lot of my myeloma patients in the practice, 85–90%, are not transplant eligible, so we're not eagerly

[Blurred text block]

[Blurred text block]

QUOTES – MANAGEMENT OF MM DURING THE COVID-19 PANDEMIC (2/2)



“Looking at the relapse/refractory setting, I might have

“During the peak of everything, we changed a bunch of our [R/R] patients over to ixazomib because it’s

[Blurred text]

[Blurred text]



CASES

Advisor Key Takeaways

ADVISOR KEY TAKEAWAYS



Dr 1

- Considering Dara-Rd for frontline based on MAIA data

Dr 5

- ENDURANCE data



Multiple Myeloma ARS

CANCER CARE DURING THE
COVID-19 PANDEMIC

HAS THE COVID-19 PANDEMIC IMPACTED THE NUMBER OF NEW CANCER PATIENTS YOU ARE SEEING IN YOUR CLINIC?



HOW HAS THE COVID-19 PANDEMIC IMPACTED YOUR FOLLOW-UP APPOINTMENTS WITH YOUR CANCER



HOW MANY CANCER PATIENTS WITH COVID-19 HAVE YOU SEEN?



HOW MANY MULTIPLE MYELOMA PATIENTS WITH COVID-19 HAVE YOU SEEN?



HAVE YOU DELAYED THE START OF THERAPY FOR ANY OF YOUR PATIENTS BECAUSE OF COVID-19?



HAVE YOU ALTERED THE DOSING OR TIMING OF A THERAPY REGIMEN FOR ANY PATIENTS BECAUSE OF COVID-19?



FOR PATIENTS WHO WERE ABOUT TO START AN IV THERAPY, ARE YOU GOING TO:



WILL YOU INCLUDE CONSIDERATION OF HOW MANY VISITS A PATIENT NEEDS TO MAKE FOR LAB EVALUATIONS IN ADDITION



HOW HAS THE PANDEMIC IMPACTED YOUR REFERRAL PATTERNS?



DO YOU FEEL THAT ASSOCIATIONS LIKE NCCN, ASCO, OR ASH HAVE PROVIDED SUFFICIENT GUIDANCE ON CARING FOR





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MANAGEMENT OF MM DURING
THE COVID-19 PANDEMIC

GENERALLY (PRE-COVID-19), THE MOST COMMON INDUCTION REGIMEN FOR MY TRANSPLANT-ELIGIBLE



DURING COVID-19, IF YOU HAVE CHANGED YOUR MOST COMMON INDUCTION REGIMEN FOR TRANSPLANT-ELIGIBLE



ARE YOU CURRENTLY DELAYING ASCT IN YOUR NEWLY DIAGNOSED TRANSPLANT-ELIGIBLE MM PATIENTS, DUE TO



GENERALLY (PRE-COVID-19), THE MOST COMMON INDUCTION REGIMEN FOR MY TRANSPLANT-INELIGIBLE



DURING COVID-19, IF YOU HAVE CHANGED YOUR MOST COMMON INDUCTION REGIMEN FOR TRANSPLANT-



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

[Blurred text block]

[Blurred text block]

THE PATIENT HAS: (N = 7*)



PATIENT CASE (CONT)

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

[Blurred text block]

[Blurred text block]

WHAT WOULD BE YOUR CHOICE OF INDUCTION THERAPY?



PATIENT CASE (CONT): THE PATIENT IS TREATED WITH RVD INDUCTION THERAPY AND AFTER 4 CYCLES ACHIEVES A VGPR WITH IMPROVEMENT



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

[Blurred text block]

[Blurred text block]

WHAT WOULD YOUR CHOICE OF INDUCTION THERAPY BE?



IN GENERAL, ARE YOU CURRENTLY ASSESSING FOR MRD IN YOUR CLINICAL PRACTICE? (N = 7*)



WHAT METHOD DO YOU TYPICALLY USE TO ASSESS MRD?



HAS THE PANDEMIC IMPACTED YOUR ABILITY TO TEST OR THE TIMING OF MRD TESTING? (N = 7*)

