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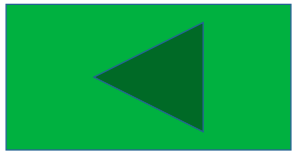
INSIGHTS INTO ACUTE LYMPHOBLASTIC LEUKEMIA (ALL)

Monday, August 24, 2020

HOW TO NAVIGATE THIS REPORT

Click to move to topic of interest or ARS supporting data



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STUDY OBJECTIVES

- To gain advisors' perspectives on the current treatment practices regarding adult and adolescent and young adult (AYA) acute lymphoblastic leukemia (ALL)

NORTHEAST CASES

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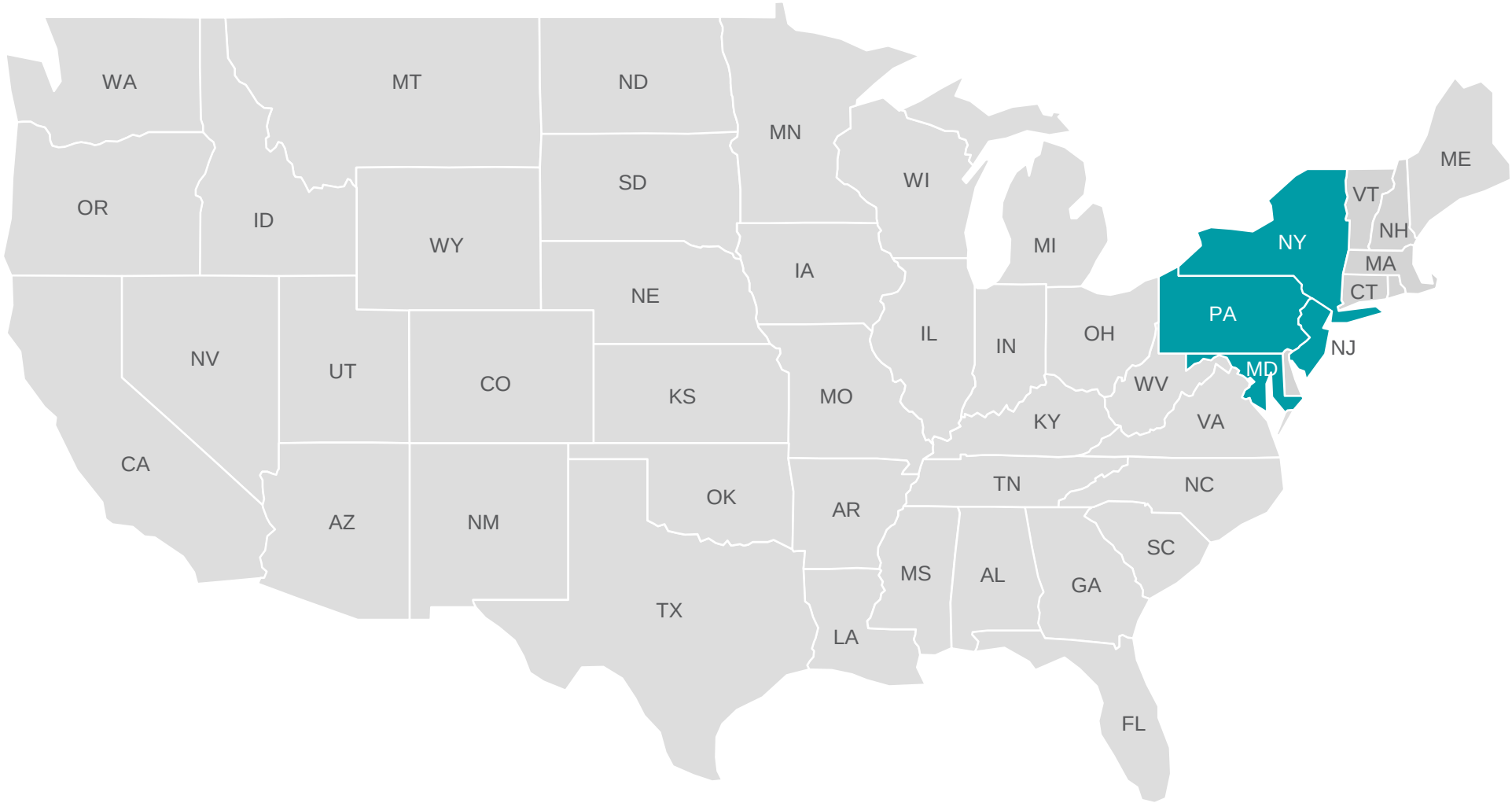

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REPORT SNAPSHOT

- A moderated roundtable discussion focusing on treatment of ALL for adults and AYA was held online on August 24, 2020
- Disease state and data presentations were developed in conjunction with Dr Elias Jabbour from MD Anderson Cancer Center
- The group of advisors comprised 9 community oncologists from the Northeast region of the United States
  - Attendees of the roundtable represented community oncologists from Maryland, New Jersey, New York, and Pennsylvania
- Insights on the following therapies were obtained: blinatumomab, ponatinib, inotuzumab ozogamicin, liposomal vincristine, and chimeric antigen receptor (CAR) T-cell therapy
- Data collection was accomplished through use of audience response system (ARS) questioning and in-depth moderated discussion

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Key Insights

CURRENT TREATMENT PRACTICES REGARDING ADULT AND AYA ALL

TOPLINE TAKEAWAYS

Management of First-Line Therapy

- Hyper-CVAD–based regimens are preferred for adult patients, with inclusion of a tyrosine kinase

TOPLINE TAKEAWAYS

Management of Relapsed Disease

- Nearly all advisors correctly understood that blinatumomab improves survival compared with

MANAGEMENT OF FIRST-LINE THERAPY (1/3)

Topic	Insights and Data
Adult treatment	The majority of advisors prefer hyper-CVAD–based regimens for adult ALL patients (55%, Ph+; 67%, Ph–)

MANAGEMENT OF FIRST-LINE THERAPY (2/3)

Topic	Insights and Data
AYA treatment	The majority of advisors (67%) reported that AYA patients with ALL should be treated with pediatric-inspired

MANAGEMENT OF FIRST-LINE THERAPY (3/3)

Topic	Insights and Data
Impact of MRD	The majority of advisors reported assessing for MRD using methods that vary across advisors' institutions

QUOTES – MANAGEMENT OF FIRST-LINE THERAPY

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“The last time I took care of an ALL patient was probably in my

MANAGEMENT OF RELAPSED DISEASE (1/3)

Topic	Insights and Data
Treatment	Most advisors refer their patients with R/R ALL to academic centers

MANAGEMENT OF RELAPSED DISEASE (2/3)

Topic	Insights and Data
Blinatumomab	While most advisors are aware of the survival benefit of blinatumomab in R/R ALL, the majority have never

MANAGEMENT OF RELAPSED DISEASE (3/3)

Topic	Insights and Data
45-year-old	Advisors overwhelmingly (89%) chose hyper-CVAD plus rituximab as induction therapy for this patient

QUOTES – MANAGEMENT OF RELAPSED DISEASE

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"[With blinatumomab], we had some elevated LFTs that we

"Agents like blinatumomab have changed the prognostic landscape of ALL treatment."

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ARS Data – Introductory ARS Questions

HOW MANY NEW ALL PATIENTS DO YOU SEE PER YEAR? (N = 8)*

*One participant did not respond.

IN HOW MANY UNIQUE ALL PATIENTS HAVE YOU EVER USED LIPOSOMAL VINCRISTINE (MARQIBO)? (N = 9)

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IN HOW MANY UNIQUE ALL PATIENTS HAVE YOU EVER USED INOTUZUMAB OZOGAMICIN (BESPONSA)? (N = 9)

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IN HOW MANY UNIQUE ALL PATIENTS HAVE YOU EVER USED BLINATUMOMAB (BLINCYTO)? (N = 9)

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HOW DO YOU DEFINE AYA ALL? (N = 9)

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ARS Data – Management of First-Line Therapy

MY PREFERRED INDUCTION REGIMEN FOR ADULT PH+ ALL PATIENTS IS: (N = 9)

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MY PREFERRED INDUCTION REGIMEN FOR ADULT PH– ALL PATIENTS IS: (N = 9)

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PATIENT CASE

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- Fifty-nine-year-old male patient with no PMH presents with severe back pain for 2

HOW WOULD YOU TREAT HIM? (N = 9)

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THE PATIENT ACHIEVES A CR AND IS MRD–. HE HAS A MATCHED UNRELATED DONOR. WHAT WOULD YOU NOW

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HOW DO YOU ASSESS FOR MINIMAL RESIDUAL DISEASE (MRD)? (N = 9)

WHEN DO YOU ASSESS FOR MRD? (N = 9)

IN PATIENTS WITH POSITIVE MRD TREATED WITH BLINATUMOMAB (SELECT ALL THAT APPLY):

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IN GENERAL, HOW DO YOU TREAT AYA PATIENTS? (N = 9)

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PATIENT CASE

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

HOW WOULD YOU TREAT HER? (N = 9)

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PATIENT CASE (CONTINUED)

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- Dav 28 bone marrow assessment confirms CR. MRD is detected bv flow

WHAT DO YOU RECOMMEND NEXT? (N = 9)

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PATIENT CASE (CONTINUED)

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- The patient received further consolidation therapy. MRD assessment at 12 weeks

WHAT DO YOU RECOMMEND NEXT? (N = 9)

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ARS Data – Management of Relapsed Disease

WHEN COMPARED WITH SOC IN PATIENTS WITH RELAPSED/ REFRACTORY ALL, BLINATUMOMAB IMPROVES OS. (N = 9)

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WHEN COMPARED WITH SOC IN PATIENTS WITH RELAPSED/ REFRACTORY ALL, INOTUZUMAB OZOGAMICIN (SELECT ALL

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PATIENT CASE

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

WHAT IS YOUR PLAN FOR INDUCTION THERAPY? (N = 9)

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PATIENT CASE (CONTINUED)

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- The patient was treated with R–hyper-CVAD and achieved a CR with MRD

WHAT WOULD BE YOUR SALVAGE APPROACH? (N = 9)

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PATIENT CASE (CONTINUED)

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

WHAT WOULD YOU NOW RECOMMEND? (N = 9)

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PATIENT CASE (CONTINUED)

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

WHAT WOULD YOU NOW RECOMMEND? (N = 9)

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FOR EXAMPLE PURPOSES ONLY

PATIENT CASE

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

YOUR NEXT PLAN WOULD BE: (N = 9)

PATIENT CASE (CONTINUED)

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- Patient was reinduced with blinatumomab and achieved CR2 at dav 28. MRD

YOUR NEXT PLAN WOULD BE: (N = 9)

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Advisor Key Takeaways

ADVISOR KEY TAKEAWAYS

Dr 1
- Importance of MRD methodology

Dr 6
- Possibility of administering blinatumomab in the community