



CASES

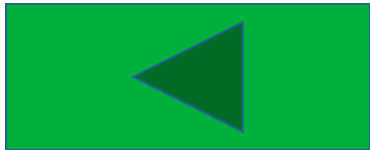
INSIGHTS INTO CHRONIC LYMPHOCYtic LEUKEMIA

Tuesday, August 25, 2020

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STUDY OBJECTIVE



- > To gain perspectives of advisors from the northeast region of the United States on the management of newly diagnosed and relapsed/refractory chronic lymphocytic leukemia (CLL)

- > A moderated roundtable discussion focusing on treatment of CLL was held online on August 25, 2020
- > Disease state and data presentations were developed in conjunction with Dr Javier Pinilla from Moffitt Cancer Center
- > The group of advisors comprised 8 community oncologists from the northeast region of the United States
 - Community oncologists were invited from Maryland, Delaware, Pennsylvania, New Jersey, New York, Connecticut, Rhode Island, Massachusetts, New Hampshire, Vermont, and Maine
 - Attendees of the roundtable represented community oncologists from Pennsylvania, New Jersey, New York, Massachusetts, Vermont, and Maine
- > Insights on the following CLL therapies were obtained: acalabrutinib, ibrutinib, zanubrutinib, obinutuzumab, rituximab, venetoclax, duvelisib, idelalisib, FCR, and BR
- > Data collection was accomplished through use of audience response system questioning and in-depth moderated discussion



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Topline Takeaways

First-Line Therapy

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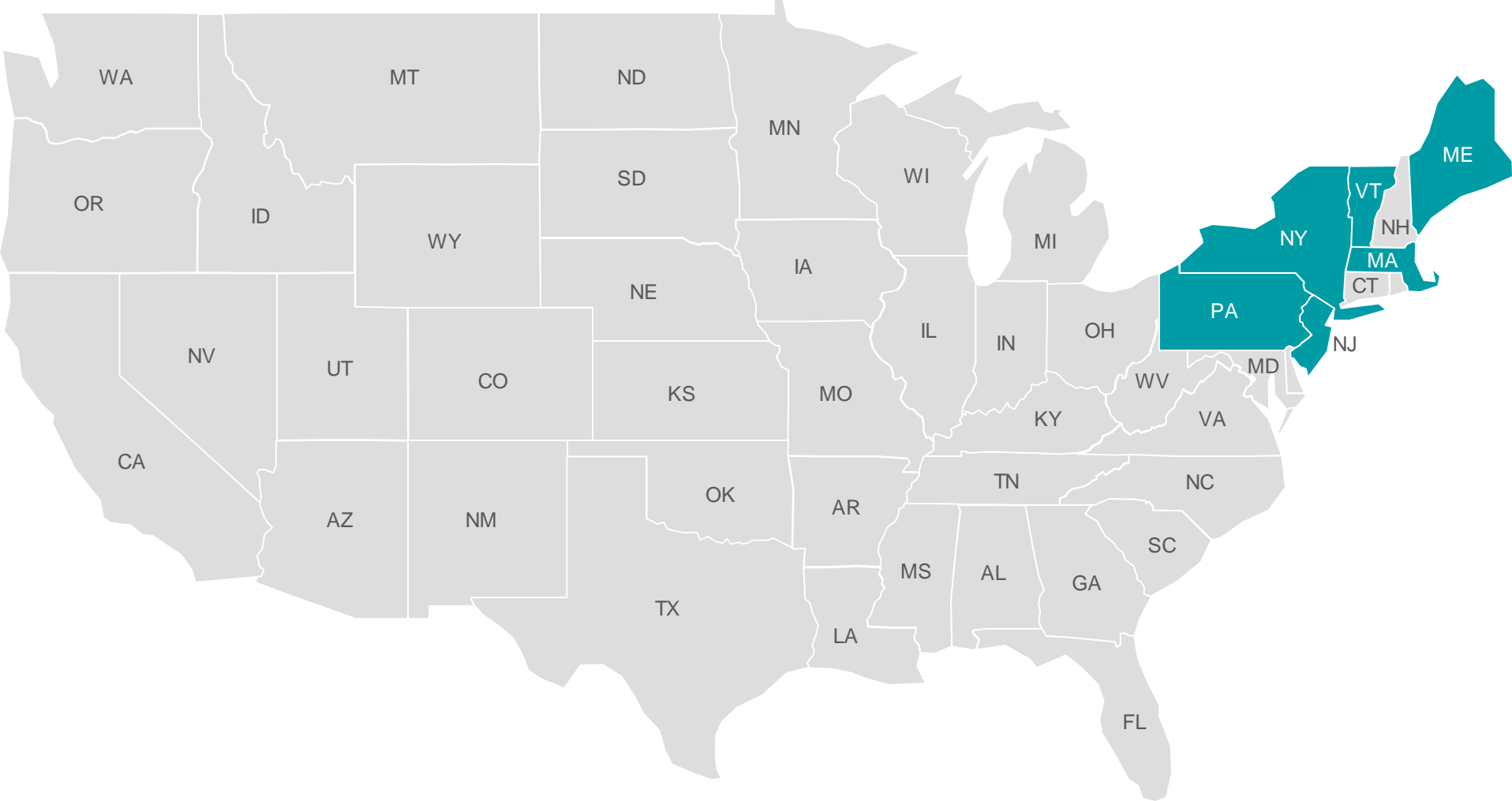
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Participant Demographics



NORTHEAST CLL CASES



PARTICIPANT DEMOGRAPHICS

How many unique patients with CLL are you currently following? (N = 6*)

What percentage of your CLL patients have del(17p) and/or TP53 mutations? (N = 7**)



FOR EXAMPLE PURPOSES ONLY

DISCLAIMER: This information is for example purposes only. It does not represent actual data. The data is simulated and should not be used for clinical or research purposes. The information is provided as a guide only and is not intended to be used as a substitute for professional medical advice. The information is provided as a guide only and is not intended to be used as a substitute for professional medical advice.

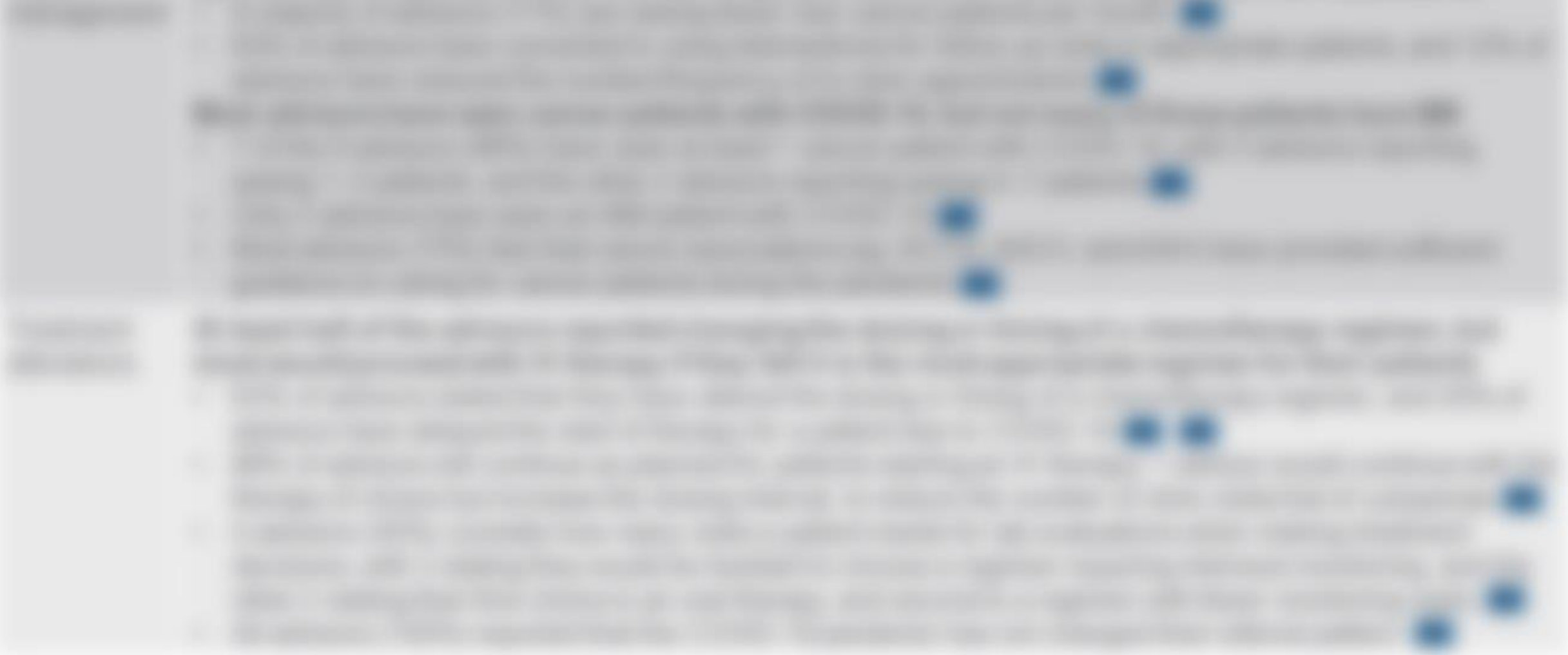


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Key Insights

FIRST-LINE THERAPY (1/2)

Topic	Insights and Data
Treatment	In the frontline setting, most advisors prescribe ibrutinib across all types of CLL patients. Some prefer FCR mainly in



FIRST-LINE THERAPY (2/2)



Topic	Insights and Data
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[Blurred Topic]	[Blurred Insights and Data]
[Blurred Topic]	[Blurred Insights and Data]

QUOTES – FIRST-LINE CLL



“I would favor FCR [over ibrutinib] in those patients just

“More comfortable with other drugs [ibrutinib and venetoclax].

[Blurred text]

[Blurred text]

[Blurred text]

[Blurred text]

[Blurred text]

[Blurred text]

[Blurred text]

[Blurred text]

[Blurred text]

[Blurred text]



MANAGEMENT OF RELAPSED/REFRACTORY DISEASE (1/2)



Topic	Insights and Data
Treatment	Following CIT in the frontline setting, most advisors report typically choosing ibrutinib in second-

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[Blurred]	[Blurred]
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[Blurred]	[Blurred]
[Blurred]	[Blurred]

MANAGEMENT OF RELAPSED/REFRACTORY DISEASE (2/2)



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

[Blurred text]	[Blurred text]
[Blurred text]	[Blurred text]

QUOTES – RELAPSED/REFRACTORY CLL

“Same consideration as in the frontline

... [blurred text]

... [blurred text]

... [blurred text]

... [blurred text]

... [blurred text]

... [blurred text]

... [blurred text]

... [blurred text]

... [blurred text]

... [blurred text]



CASES

Advisor Key Takeaways

KEY TAKEAWAYS (1/2)



Dr 1

- For the young, unmutated patients, I saw data from venetoclax plus

Dr 3

- VEN G sounds like a very appealing regimen because of a fixed-

KEY TAKEAWAYS (2/2)



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CASES

ARS Data





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First-Line CLL

ON A SCALE OF 1–5 (1 IS VERY LITTLE, 5 IS A GREAT DEAL), HOW MUCH DOES EACH OF THE FOLLOWING PATIENT CHARACTERISTICS IMPACT YOUR FIRST-LINE THERAPY CHOICE FOR YOUR CLL PATIENTS? (N = 7*)



FOR EXAMPLE PURPOSES ONLY



WHICH OF THE FOLLOWING EFFICACY-RELATED OUTCOMES DO YOU CONSIDER MOST IMPORTANT WHEN DETERMINING FIRST-LINE THERAPY FOR YOUR CLL PATIENTS? PLEASE SELECT YOUR TOP 2 (N = 7*)



FOR EXAMPLE PURPOSES ONLY



HOW IMPORTANT IS THE ABILITY TO STOP THERAPY (WITHOUT DISEASE PROGRESSION OR TOXICITY) IN YOUR FIRST-LINE THERAPY CONSIDERATION? (N = 7*)

FOR EXAMPLE PURPOSES ONLY



WHAT FIRST-LINE REGIMEN DO YOU ROUTINELY USE FOR A 50-YEAR-OLD PS 0 PATIENT WITH NO MAJOR COMORBIDITIES (WITHOUT DEL[17P]/TP53 MUTATION OR IGHV MUTATION)? (N = 7*)

FOR EXAMPLE PURPOSES ONLY



WHAT FIRST-LINE REGIMEN DO YOU ROUTINELY USE FOR A 50-YEAR-OLD PS 0 PATIENT WITH NO MAJOR COMORBIDITIES (WITHOUT DEL[17P]/TP53 MUTATION; IGHV MUTATION POSITIVE)? (N = 7*)

FOR EXAMPLE PURPOSES ONLY



WHAT FIRST-LINE REGIMEN DO YOU ROUTINELY USE FOR A 50-YEAR-OLD PS 0 PATIENT WITH NO MAJOR COMORBIDITIES (POSITIVE FOR DEL[17P]/TP53 MUTATION; IGHV MUTATION NEGATIVE)? (N = 7*)

FOR EXAMPLE PURPOSES ONLY



WHAT FIRST-LINE REGIMEN DO YOU ROUTINELY USE FOR A 75-YEAR-OLD PS 0 PATIENT WITH NO MAJOR COMORBIDITIES (WITHOUT DEL[17P]/TP53 MUTATION OR IGHV MUTATION)? (N = 7*)

FOR EXAMPLE PURPOSES ONLY



> A 57-year-old patient with CLL (no 17p deletion or *TP53* mutation) has been on

[Blurred text block]

[Blurred text block]

AT THIS STAGE, YOUR PREFERRED APPROACH IS TO: (N = 8)



FOR EXAMPLE PURPOSES ONLY





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Relapsed/Refractory CLL



WHAT IS YOUR PREFERRED SECOND-LINE THERAPY IN A 55-YEAR-OLD PS 0 CLL PATIENT WHO RECEIVED FCR OR OTHER CIT AS FIRST-LINE THERAPY AND ATTAINED A CR THAT LASTED 3 YEARS? PATIENT HAS NO *17P* DELETION OR *TP53* MUTATION, AND *IGHV* MUTATIONAL STATUS IS UNKNOWN (N = 8)

FOR EXAMPLE PURPOSES ONLY



WHAT IS YOUR PREFERRED SECOND-LINE THERAPY IN A CLL PATIENT WHO IS 55 YEARS OF AGE, WAS TREATED WITH IBRUTINIB FRONTLINE THERAPY, AND ATTAINED A 4-YEAR DISEASE-FREE INTERVAL? PATIENT HAD NO EVIDENCE OF 17P DELETION AND/OR TP53 MUTATION, AND HE HAD MUTATED IGHV STATUS. (N = 8)

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- > A 75-year-old patient with 17p-deleted CLL was treated with ibrutinib monotherapy

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- > [Blurred text block]

YOUR PREFERRED SECOND-LINE THERAPY IS: (N = 8)

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