



CASES

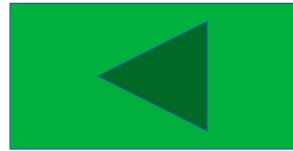
INSIGHTS INTO ACUTE LYMPHOBLASTIC LEUKEMIA (ALL)

September 2020

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ARS Data – Introduction



ARS Data – Management of First-Line Therapy



ARS Data – Management of Relapsed Disease



Advisor Key Takeaways

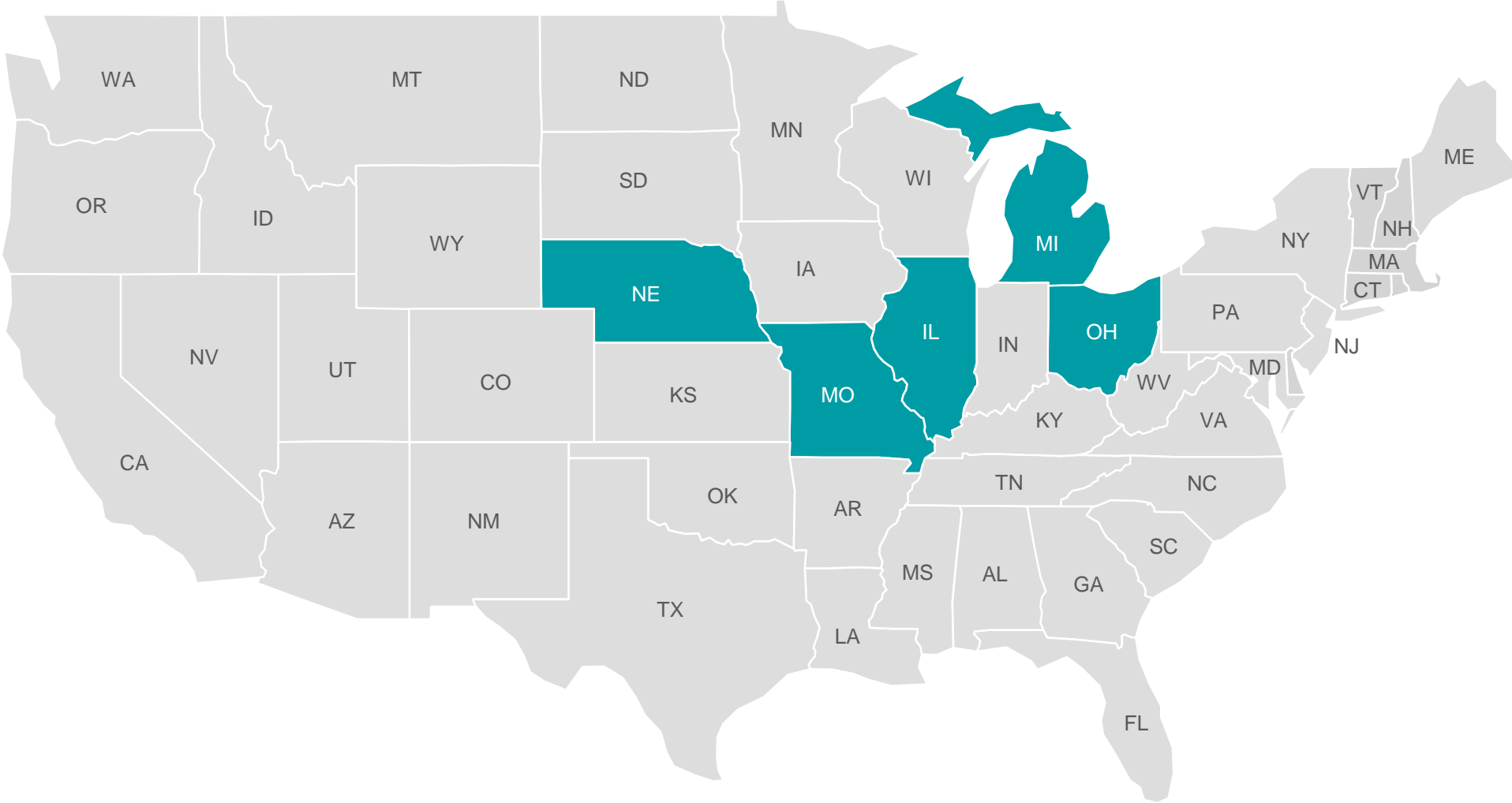


STUDY OBJECTIVE



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

MIDWEST CASES



- > A moderated roundtable discussion focusing on treatment of ALL for adults and AYA was held online on September 17, 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 Midwest region of the United States
 - Attendees of the roundtable represented community oncologists from Illinois, Michigan, Missouri, Nebraska, and Ohio
- > 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



Key Insights

CURRENT TREATMENT PRACTICES
REGARDING ADULT AND AYA ALL

Management of First-Line Therapy

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Management of Relapsed Disease

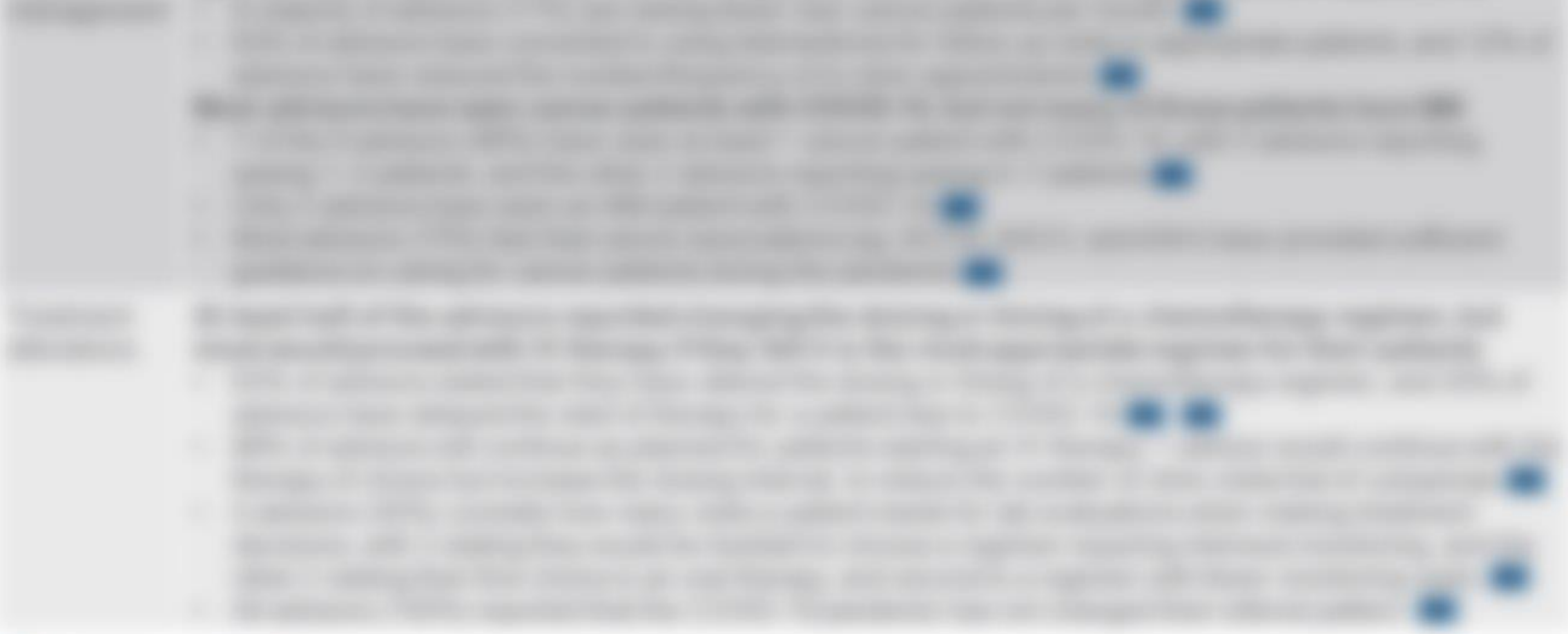
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MANAGEMENT OF FIRST-LINE THERAPY (1/3)



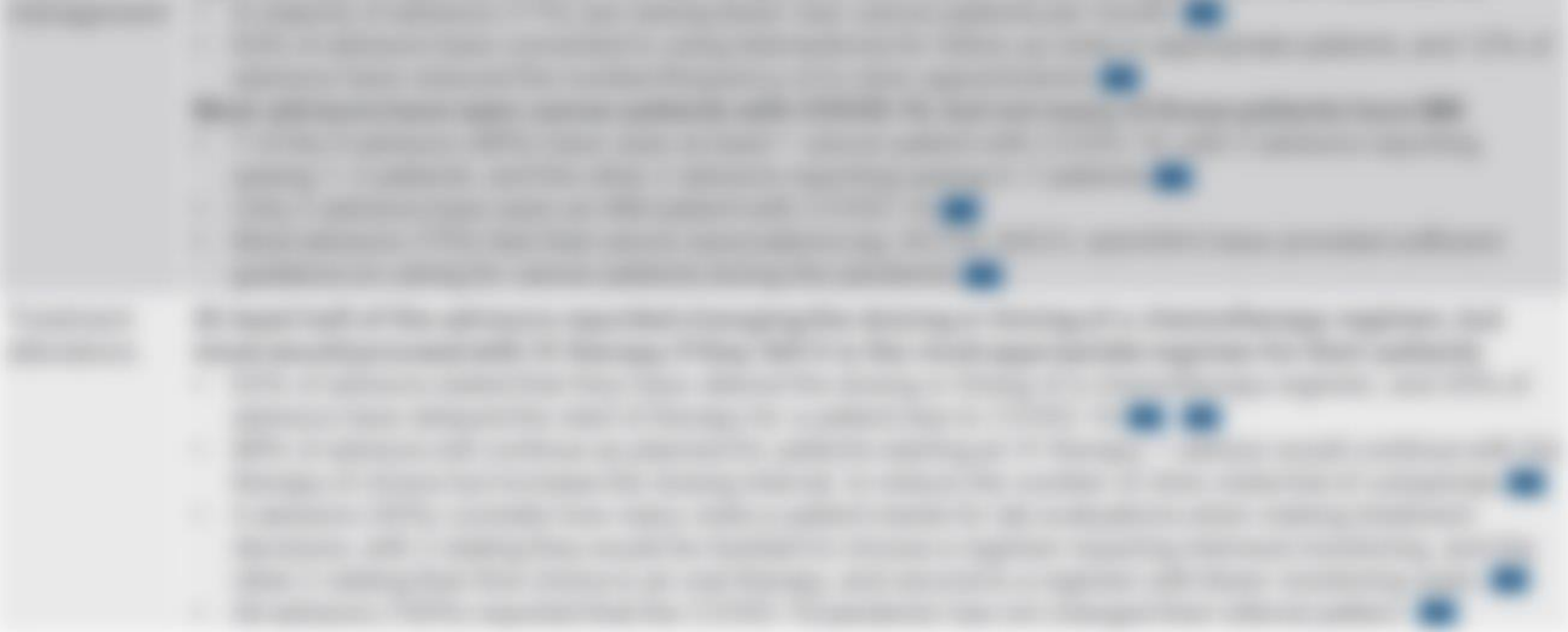
Topic	Insights and Data
Adult treatment	The majority of advisors reported preferring hyper-CVAD–based regimens for adult ALL patients (78%, Ph+;



MANAGEMENT OF FIRST-LINE THERAPY (2/3)



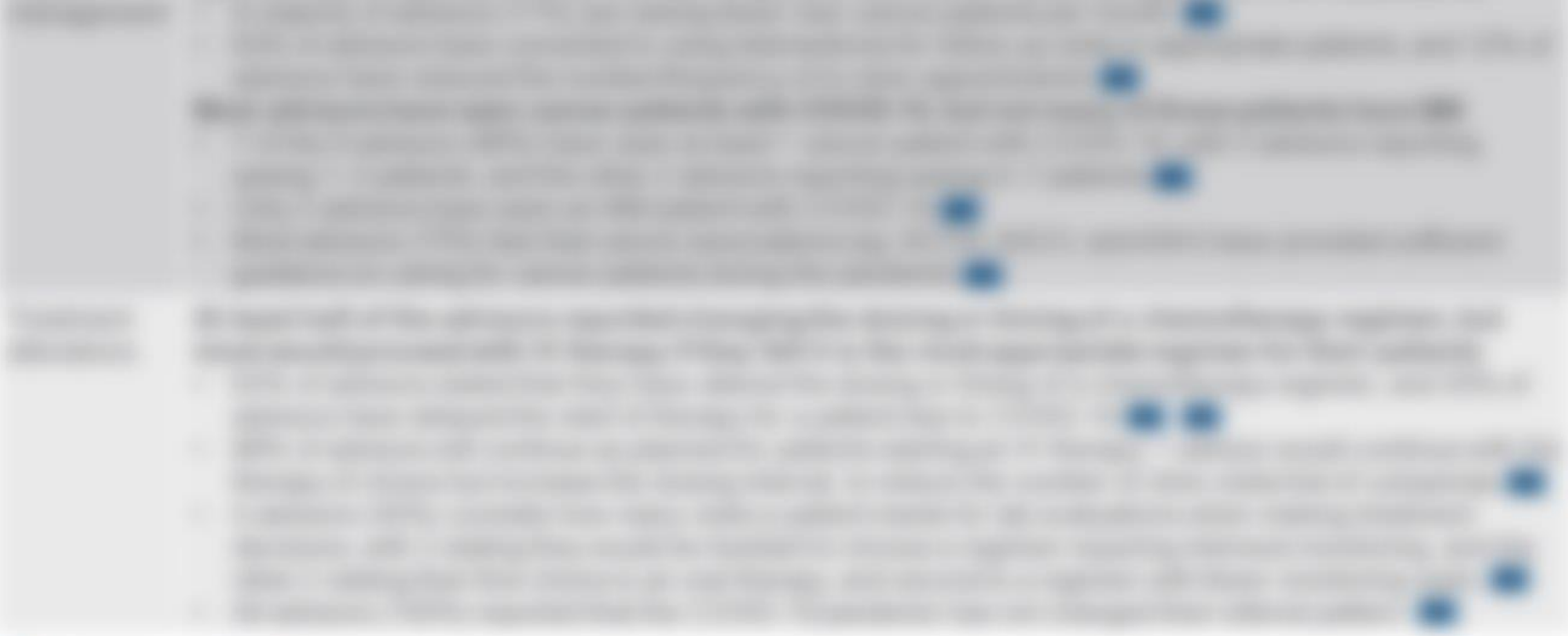
Topic	Insights and Data
AYA treatment	Most advisors (78%) reported a belief that AYA patients with ALL should be treated with pediatric-inspired



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



“[Whether we keep or refer patients] depends on our level of

[blurred text]

[blurred text]

[blurred text]

[blurred text]



“For older people with Ph+ ALL, I’ve learned that less is better

[blurred text]

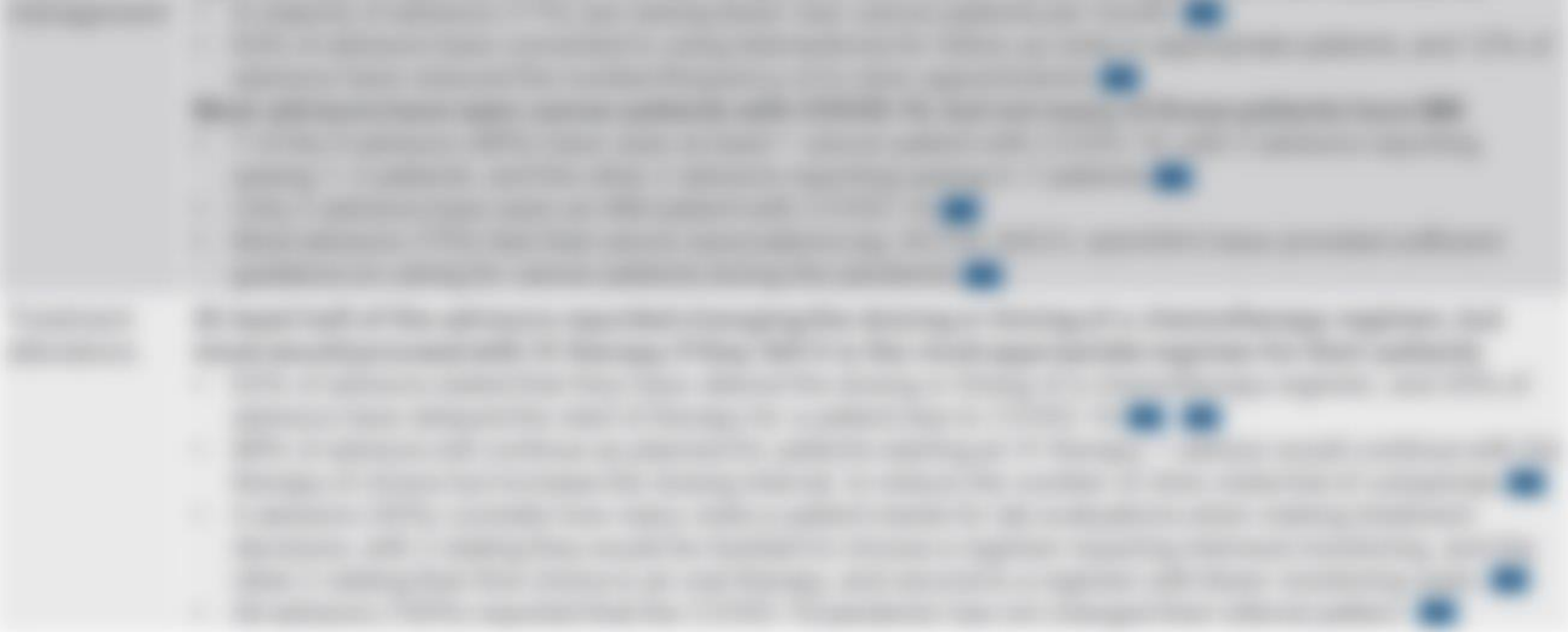
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MANAGEMENT OF RELAPSED DISEASE (1/3)



Topic	Insights and Data
Treatment	More than half of the advisors have treated patients with R/R ALL in their practice



MANAGEMENT OF RELAPSED DISEASE (2/3)



Topic	Insights and Data
Blinatumomab	While advisors are uniformly aware of the survival benefit of blinatumomab in R/R ALL, the majority have

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MANAGEMENT OF RELAPSED DISEASE (3/3)



Topic	Insights and Data
45-year-old	All advisors (100%) chose hyper-CVAD + rituximab as induction therapy for this patient ▶

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QUOTES – MANAGEMENT OF RELAPSED DISEASE



“I think overall, our intention is to utilize Blina as much as we

can, and we think that's the right approach. We want to make sure we're using the most effective treatment for our patients, and Blina is a key part of that strategy.

Our goal is to provide the best possible care for our patients, and that means using the most advanced and effective treatments available. Blina is a critical component of our treatment plan, and we're committed to using it as much as we can.

We're focused on ensuring that our patients receive the highest quality of care, and that means utilizing the most effective treatments. Blina is a key part of our strategy, and we're committed to using it as much as we can to improve our patients' outcomes.

Our primary goal is to provide the best possible care for our patients, and that means using the most effective treatments available. Blina is a critical component of our treatment plan, and we're committed to using it as much as we can.



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 CASES

ARS Data – Introductory ARS Questions

HOW MANY NEW ALL PATIENTS DO YOU SEE PER YEAR? (N = 9)

FOR EXAMPLE PURPOSES ONLY



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



FOR EXAMPLE PURPOSES ONLY



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



FOR EXAMPLE PURPOSES ONLY



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



FOR EXAMPLE PURPOSES ONLY



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

FOR EXAMPLE PURPOSES ONLY





CASES

ARS Data – Management of First-Line Therapy



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

FOR EXAMPLE PURPOSES ONLY



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

FOR EXAMPLE PURPOSES ONLY



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

[Blurred text block]

- > [Blurred text block]

HOW WOULD YOU TREAT HIM? (N = 9)

50

100

FOR EXAMPLE PURPOSES ONLY



THE PATIENT ACHIEVES A CR AND IS MRD NEGATIVE. HE HAS A MATCHED UNRELATED DONOR. WHAT WOULD YOU NOW RECOMMEND? (N = 9)

FOR EXAMPLE PURPOSES ONLY



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

FOR EXAMPLE PURPOSES ONLY



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

FOR EXAMPLE PURPOSES ONLY



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

FOR EXAMPLE PURPOSES ONLY



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

FOR EXAMPLE PURPOSES ONLY



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

[Blurred text block]

[Blurred text block]

HOW WOULD YOU TREAT HER? (N = 9)

FOR EXAMPLE PURPOSES ONLY



PATIENT CASE (CONTINUED)



[Blurred text block]

- [Blurred list item]

WHAT DO YOU RECOMMEND NEXT? (N = 9)

FOR EXAMPLE PURPOSES ONLY



PATIENT CASE (CONTINUED)

The patient was found to have a large, well-circumscribed, lobulated, solid, tan-colored mass in the right lower lung, measuring approximately 10 cm in diameter. The mass was surrounded by a thin rim of consolidation. The rest of the lung fields were clear. The heart size was normal. The mediastinum and hilar structures were unremarkable. The chest wall and diaphragm were intact. The findings are consistent with a large, well-circumscribed, lobulated, solid, tan-colored mass in the right lower lung, measuring approximately 10 cm in diameter.

- The patient was found to have a large, well-circumscribed, lobulated, solid, tan-colored mass in the right lower lung, measuring approximately 10 cm in diameter.

WHAT DO YOU RECOMMEND NEXT? (N = 9)

FOR EXAMPLE PURPOSES ONLY





CASES

ARS Data – Management of Relapsed Disease

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

FOR EXAMPLE PURPOSES ONLY



WHEN COMPARED WITH SOC IN PATIENTS WITH RELAPSED/
REFRACTORY ALL, INOTUZUMAB OZOGAMICIN (SELECT ALL
THAT APPLY):

FOR EXAMPLE PURPOSES ONLY



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

[Blurred text block]

[Blurred text block]

WHAT IS YOUR PLAN FOR INDUCTION THERAPY? (N = 7)*

FOR EXAMPLE PURPOSES ONLY



PATIENT CASE (CONTINUED)

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

[Blurred text block]

[Blurred text block]

WHAT WOULD BE YOUR SALVAGE APPROACH? (N = 7)*

FOR EXAMPLE PURPOSES ONLY



PATIENT CASE (CONTINUED)



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

[Blurred text block]

[Blurred text block]

WHAT WOULD YOU NOW RECOMMEND? (N = 8)*

FOR EXAMPLE PURPOSES ONLY



PATIENT CASE (CONTINUED)

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

[Blurred text block]

[Blurred text block]

WHAT WOULD YOU NOW RECOMMEND? (N = 9)

FOR EXAMPLE PURPOSES ONLY



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

[Blurred text block]

[Blurred text block]

YOUR NEXT PLAN WOULD BE: (N = 9)

FOR EXAMPLE PURPOSES ONLY



PATIENT CASE (CONTINUED)



> Patient was reinduced with blinatumomab and achieved CR2 at day 28. MRD

[Blurred text block]

[Blurred text block]

YOUR NEXT PLAN WOULD BE: (N = 9)

FOR EXAMPLE PURPOSES ONLY





Advisor Key Takeaways



ADVISOR KEY TAKEAWAYS



Dr 1 (Dr Baljevic)

- Importance of utilizing blinatumomab in the best ways possible

Dr 6 (Dr Nabrinsky)

- Importance of MRD assessment for every ALL patient