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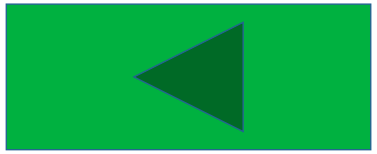
INSIGHTS INTO CHRONIC LYMPHOCYTIC LEUKEMIA

Wednesday, September 30, 2020

Virtual Program – Midwest

HOW TO NAVIGATE THIS REPORT

Click to move to topic of interest or ARS supporting data



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STUDY OBJECTIVE

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

REPORT SNAPSHOT

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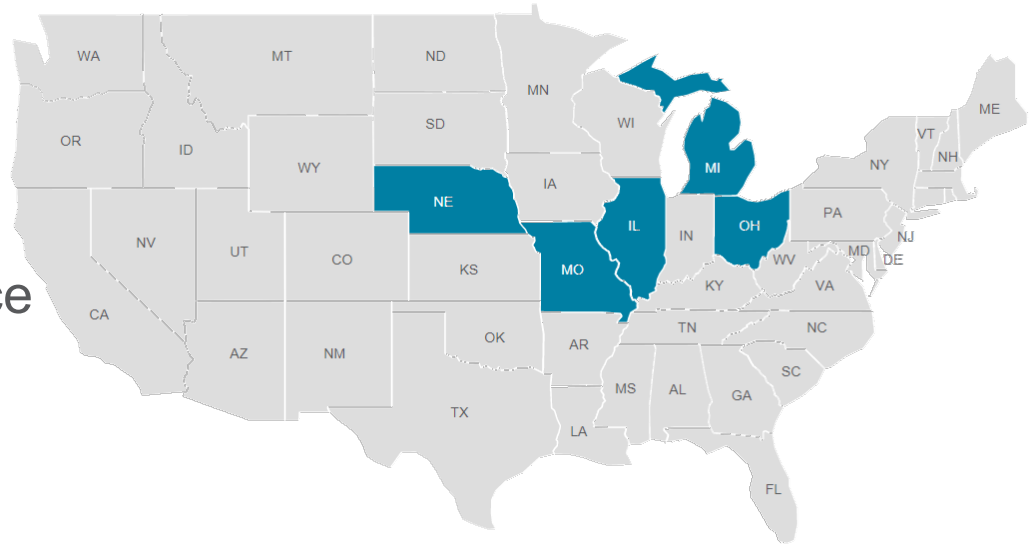
- A moderated roundtable discussion focusing on treatment of CLL was held virtually on September 30, 2020
- Disease state and data presentations were developed in conjunction with Dr Susan O'Brien from UCI Health
- The group of advisors comprised 12 community oncologists from the Midwest region of the United States
  - Community oncologists were invited from Midwest states
  - Attendees of the roundtable represented community oncologists from Michigan, Missouri, Nebraska, Ohio, and Illinois
- 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

TOPLINE TAKEAWAYS

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First-Line Therapy

In the frontline setting, most advisors prescribe ibrutinib ± rituximab across all types of CLL patients;

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Participant Demographics

PARTICIPANT DEMOGRAPHICS

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How many unique patients with CLL are you currently following? (N = 12)

What percentage of your CLL patients have del(17p) and/or *TP53* mutations? (N = 12)

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Key Insights

FIRST-LINE THERAPY (1/2)

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

FIRST-LINE THERAPY (2/2)

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Topic	Insights and Data
Response	**Most advisors noted the goal of induction therapy is PFS. Advisors do consider the ability to discontinue**

QUOTES – FIRST-LINE CLL

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"If they are young and fit, and if they are *IGHV* mutated, I use

"First of all, we are gradually shifting more towards

MANAGEMENT OF RELAPSED/REFRACTORY DISEASE

Topic	Insights and Data
Treatment	**Following chemoimmunotherapy in the frontline setting, most advisors typically prefer to use ibrutinib ± rituximab in**

QUOTES – RELAPSED/REFRACTORY CLL

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“If I used a BTK inhibitor in frontline,

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Advisor Key Takeaways

KEY TAKEAWAYS (1/2)

Dr 1	Dr 4
• Impressive response rates from venetoclax after higher exposure to	• Will incorporate acalabrutinib into my practice

KEY TAKEAWAYS (2/2)

Dr 7	Dr 10
• Informational to learn about sequencing therapies	• Consider MRD to determine discontinuation of therapy

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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 = 12)

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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 = 12)

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HOW IMPORTANT IS THE ABILITY TO STOP THERAPY (WITHOUT DISEASE PROGRESSION OR TOXICITY) IN YOUR FIRST-LINE THERAPY CONSIDERATIONS? (N = 40)

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 = 11*)

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*One advisor did not respond.

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 = 11*)

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*One advisor did not respond.

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 = 11*)

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*One advisor did not respond.

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 = 11*)

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*One advisor did not respond.

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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 = 9*)

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*Three advisors did not respond.

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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*Four advisors did not respond.

A 75-YEAR-OLD PATIENT WITH 17P-DELETED CLL WAS TREATED WITH IBRUTINIB MONOTHERAPY AND ATTAINED A CR FOR 2.5 YEARS, THEN PROGRESSED. PATIENT'S RENAL FUNCTION SHOWS A GFR OF 50 ML/MIN AND HIS PS IS 1. HE HAS A HISTORY OF HYPERTENSION AND TYPE 2 DIABETES THAT IS WELL CONTROLLED. YOUR PREFERRED SECOND-LINE THERAPY IS: (N = 12)

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A 57-YEAR-OLD CLL PATIENT, (NO 17P DELETION/*TP53* MUTATION), TREATED WITH VENETOCLAX-OBINUTUZUMAB FRONTLINE FOR PAST 8 MONTHS, HAD ACCEPTABLE TOLERANCE AND NO TOXICITIES. ASSESSMENT OF MRD CAME BACK NEGATIVE. AT THIS STAGE YOUR PREFERRED APPROACH IS: (N = 12)

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