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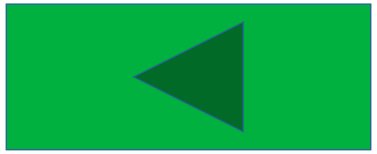
CASES

INSIGHTS INTO CHRONIC LYMPHOCYTIC LEUKEMIA

Monday, November 9, 2020

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 online on November 9, 2020
- Disease state and data presentations were developed in conjunction with Dr John Pagel from Swedish Cancer Institute
- The group of advisors comprised 10 community oncologists from the Northwest region of the United States
  - Attendees of the roundtable represented community oncologists from California, Oregon, Washington, Idaho, and Wyoming
- 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

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Participant Demographics

NORTHWEST CASES CLL

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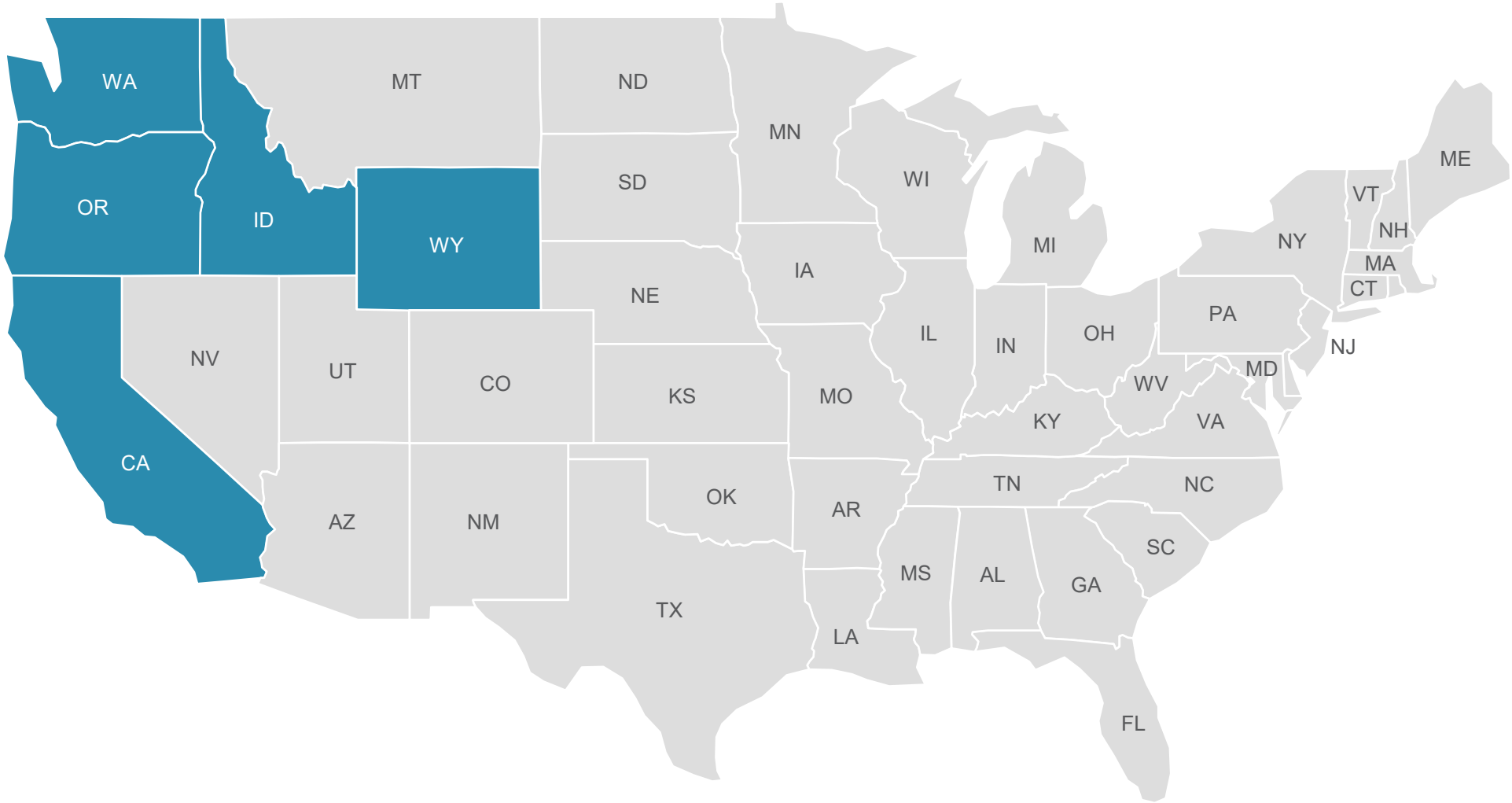

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PARTICIPANT DEMOGRAPHICS

How many unique patients with CLL are you currently following? (N = 8*)

What percentage of your CLL patients have del(17p) and/or *TP53* mutations? (N = 8*)

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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 and some prefer a finite**

FIRST-LINE THERAPY (2/2)

Topic	Insights and Data
Treatment	• Advisors also reported that usage of venetoclax in frontline has increased in the past 2 years, mainly due to its time-limited

QUOTES – FIRST-LINE CLL

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"... seems to have lower cardiovascular events with the

MANAGEMENT OF RELAPSED/REFRACTORY DISEASE (1/2)

Topic	Insights and Data
Treatment	**When a patient receives CIT in the frontline setting, many advisors reported typically choosing**

MANAGEMENT OF RELAPSED/REFRACTORY DISEASE (2/2)

Topic	Insights and Data
Treatment	• Most advisors (80%) preferred venetoclax-based therapy and a few (20%) selected acalabrutinib-based

QUOTES – RELAPSED/REFRACTORY CLL

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“I would actually still go with ibrutinib [in the relapsed

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Advisor Key Takeaways

KEY TAKEAWAYS (1/2)

Dr 1 • I'm quite intrigued with some of these fixed duration studies, frankly,	**Dr 4** • Making an exception to the finite therapy for patients with high-risk

KEY TAKEAWAYS (2/2)

Dr 7	Dr 9
• Acalabrutinib seems like is better tolerated and less discontinued in	• We have to embrace these new therapies because there is a

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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 = 9*)

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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 = 8*)

HOW IMPORTANT IS THE ABILITY TO STOP THERAPY (WITHOUT DISEASE PROGRESSION OR TOXICITY) IN YOUR FIRST-LINE THERAPY CONSIDERATIONS? (N = 8*)

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 = 9*)

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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 = 10)

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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 = 10)

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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 = 9*)

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PATIENT CASE

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

AT THIS STAGE, YOUR PREFERRED APPROACH IS TO: (N = 10) CASES

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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*)

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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 = 9*)

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PATIENT CASE

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

YOUR PREFERRED SECOND-LINE THERAPY IS: (N = 10)

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