



CASES

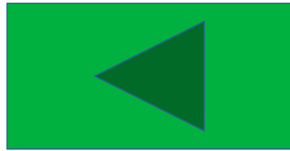
INSIGHTS INTO ACUTE LYMPHOBLASTIC LEUKEMIA (ALL)

Tuesday, November 17, 2020








HOW TO NAVIGATE THIS REPORT



Click to move to topic of interest or ARS supporting data



Click to return to previous slide

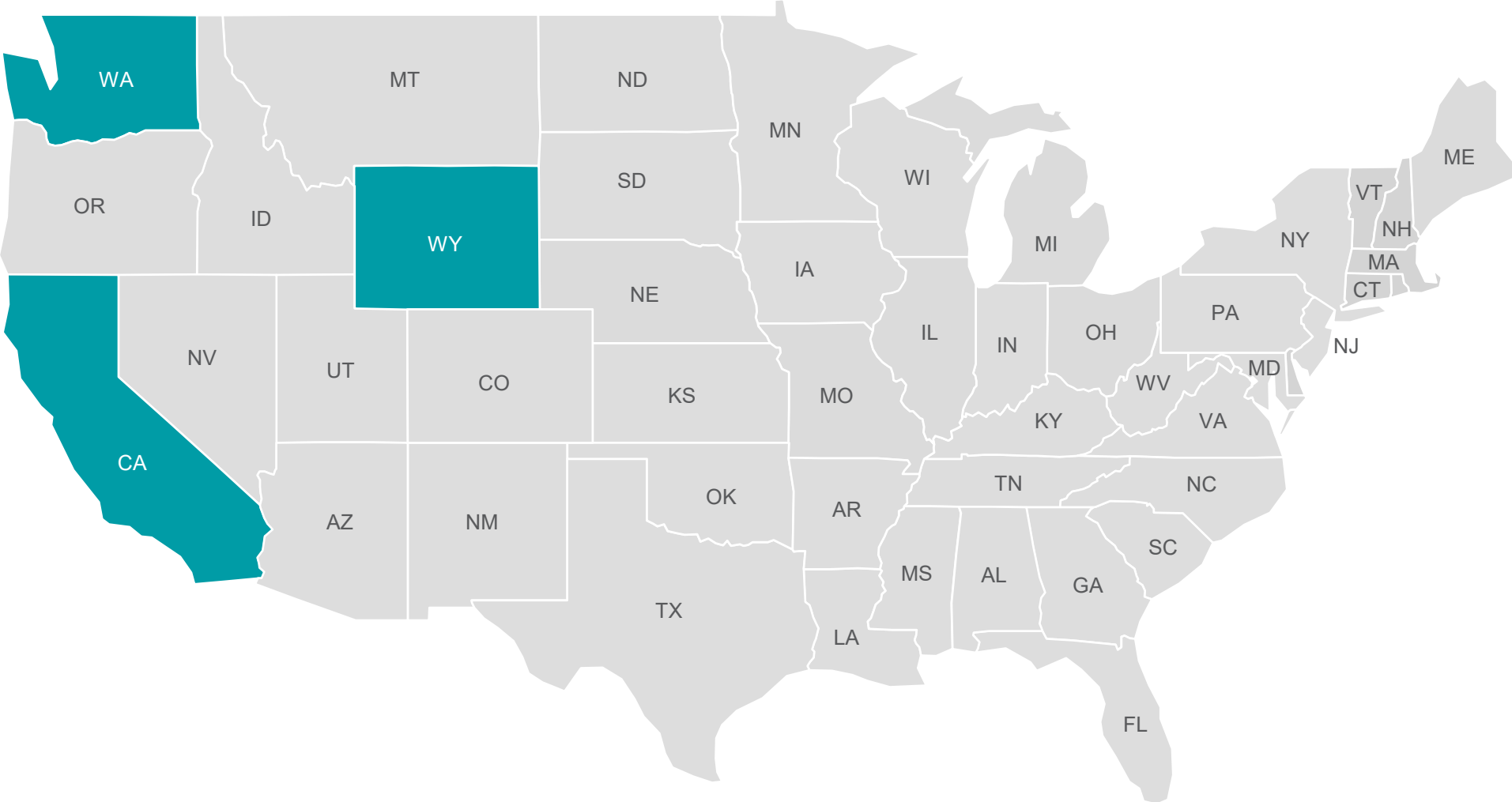
Topic	
Study Objective	
Report Snapshot	
Key Insights	
ARS Data – Introduction	
ARS Data – Management of First-Line Therapy	
ARS Data – Management of Relapsed Disease	
Advisor Key Takeaways	

STUDY OBJECTIVE



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

NORTHWEST CASES



- > A moderated roundtable discussion focusing on treatment of ALL for adults and AYA was held online on November 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 Northwest region of the United States
 - Attendees of the roundtable represented community oncologists from Washington, Wyoming, and northern California
- > Insights on the following therapies were obtained: blinatumomab, ponatinib, inotuzumab ozogamicin, liposomal vincristine, venetoclax, 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

Management of First-Line Therapy

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

Management of Relapsed Disease

- Most of the advisors correctly understood that blinatumomab improves survival compared with

[Redacted content]

[Redacted content]

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 (83%, Ph+;
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MANAGEMENT OF FIRST-LINE THERAPY (2/3)



Topic	Insights and Data
AYA treatment	Most advisors (83%) reported a belief that AYA patients with ALL should be treated with pediatric-inspired

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

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 institutions

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QUOTES – MANAGEMENT OF FIRST-LINE THERAPY



“The difference [between] PCR and NGS is that they have a

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[blurred text]

[blurred text]

[blurred text]

[blurred text]

[blurred text]

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MANAGEMENT OF RELAPSED DISEASE (1/2)




Topic	Insights and Data
Treatment	Advisor responses to the case scenarios suggest that most advisors would treat patients relapsing after first

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MANAGEMENT OF RELAPSED DISEASE (2/2)



Topic	Insights and Data
45-year-old	Most advisors (71%) chose hyper-CVAD plus rituximab as induction therapy for this patient 

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

QUOTES – MANAGEMENT OF RELAPSED DISEASE



[On blinatumomab vs inotuzumab]: “[In a patient with

relapsed disease, blinatumomab is preferred over inotuzumab because of its superior efficacy and safety profile. Blinatumomab has demonstrated a higher overall response rate and a lower incidence of severe adverse events compared to inotuzumab in clinical trials.

Furthermore, blinatumomab's mechanism of action, which targets CD19 and CD38, is more effective in eradicating residual disease compared to inotuzumab's CD22 targeting. This leads to a more durable response and potentially better long-term outcomes for patients with relapsed disease.

In summary, blinatumomab is the preferred treatment option for relapsed disease due to its superior efficacy and safety profile compared to inotuzumab.

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ARS Data – Introductory ARS Questions

HOW MANY NEW ALL PATIENTS DO YOU SEE PER YEAR? (N = 7*)

FOR EXAMPLE PURPOSES ONLY



IN HOW MANY UNIQUE ALL PATIENTS HAVE YOU EVER USED LIPOSOMAL VINCRIStINE (MARQIBO)? (N = 6*)



FOR EXAMPLE PURPOSES ONLY



IN HOW MANY UNIQUE ALL PATIENTS HAVE YOU EVER USED BLINATUMOMAB (BLINCYTO)? (N = 6*)

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IN HOW MANY UNIQUE ALL PATIENTS HAVE YOU EVER USED INOTUZUMAB OZOGAMICIN (BESPONSA)? (N = 7*)



FOR EXAMPLE PURPOSES ONLY





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ARS Data – Management of First-Line Therapy



MY PREFERRED INDUCTION REGIMEN FOR ADULT Ph+ ALL PATIENTS IS: (N = 6*)

FOR EXAMPLE PURPOSES ONLY



MY PREFERRED INDUCTION REGIMEN FOR ADULT Ph- ALL PATIENTS IS: (N = 6*)

FOR EXAMPLE PURPOSES ONLY



HOW WOULD YOU TREAT HIM? (N = 8*)

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 = 7*)

FOR EXAMPLE PURPOSES ONLY



HOW DO YOU ASSESS FOR MINIMAL RESIDUAL DISEASE (MRD)? (N = 6*)

FOR EXAMPLE PURPOSES ONLY



WHEN DO YOU ASSESS FOR MRD? (N = 6*)

90

84

FOR EXAMPLE PURPOSES ONLY



IN PATIENTS WITH POSITIVE MRD TREATED WITH BLINATUMOMAB: (SELECT ALL THAT APPLY) (N = 9)

FOR EXAMPLE PURPOSES ONLY



HOW DO YOU DEFINE AYA ALL? (N = 7*)

80

FOR EXAMPLE PURPOSES ONLY



IN GENERAL, HOW DO YOU TREAT AYA PATIENTS? (N = 6*)



FOR EXAMPLE PURPOSES ONLY

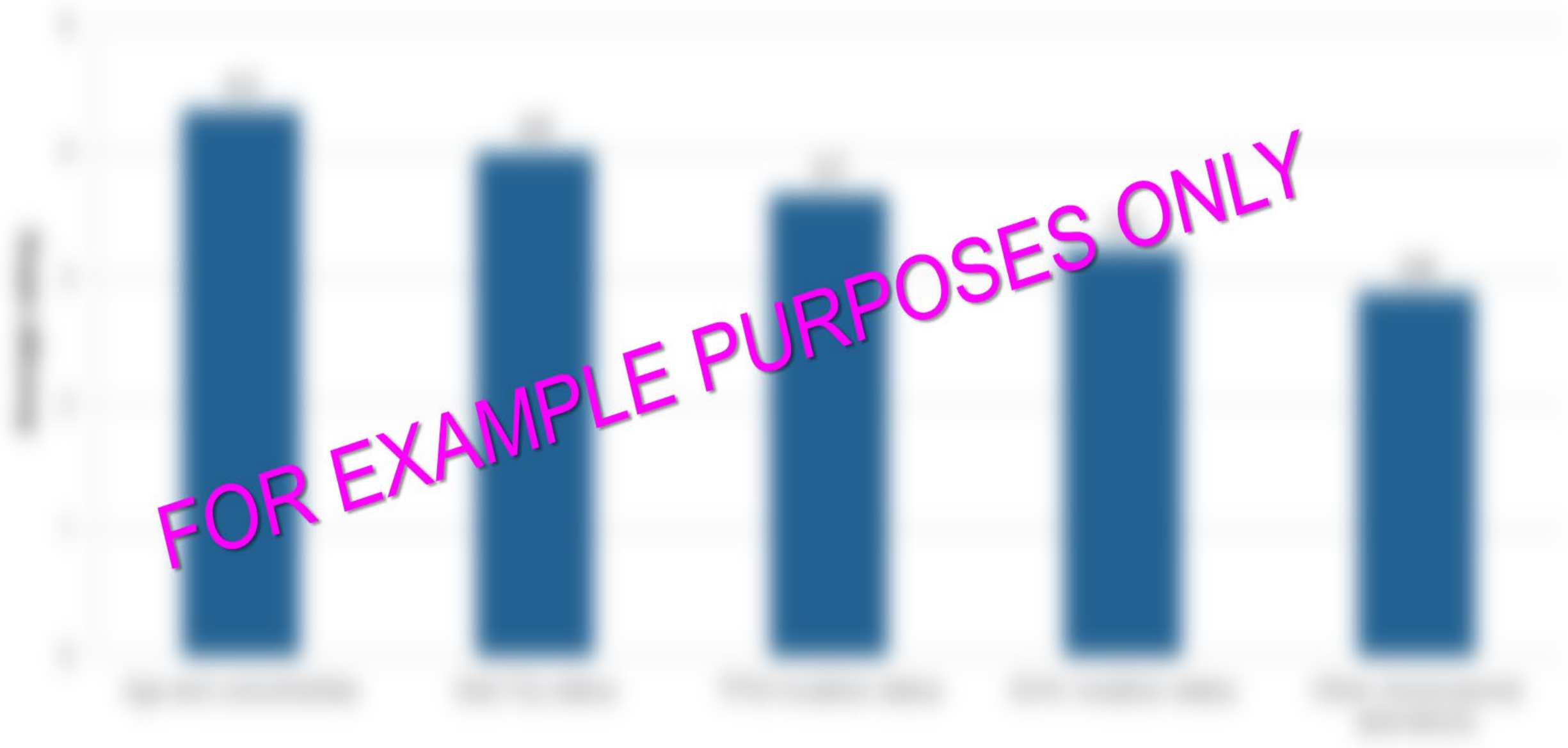
> Twenty-four-year-old female patient with no PMH presents with fatigue and easy

blurred vision, weight gain, and constipation. She reports feeling tired all the time and has gained about 10 pounds in the last 6 months. She also has noticed that her hair is falling out and she has become more sensitive to cold. Her menstrual periods are irregular and she has noticed some changes in her skin. She has no other symptoms and her diet and exercise routine are normal.

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HOW WOULD YOU TREAT HER? (N = 6*)

FOR EXAMPLE PURPOSES ONLY



PATIENT CASE (CONTINUED)

> Day 28 bone marrow assessment confirms CR. MRD is detected by flow

Flow cytometry analysis of the bone marrow sample at Day 28 shows a complete remission (CR) with no detectable residual disease (MRD) by standard flow cytometry. However, sensitive MRD detection methods (e.g., next-generation sequencing) identified a small amount of residual disease, indicating a high risk of relapse. This finding necessitates continued close monitoring and potentially more intensive therapy to achieve a deeper remission.

Subsequent therapy adjustments are being made based on the MRD findings. The patient will continue to be monitored closely for any signs of relapse, and the treatment plan will be adjusted accordingly to optimize long-term outcomes.

WHAT DO YOU RECOMMEND NEXT? (N = 8*)

FOR EXAMPLE PURPOSES ONLY



PATIENT CASE (CONTINUED)

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

... (blurred text) ...

... (blurred text) ...

WHAT DO YOU RECOMMEND NEXT? (N = 7*)

FOR EXAMPLE PURPOSES ONLY





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ARS Data – Management of Relapsed Disease

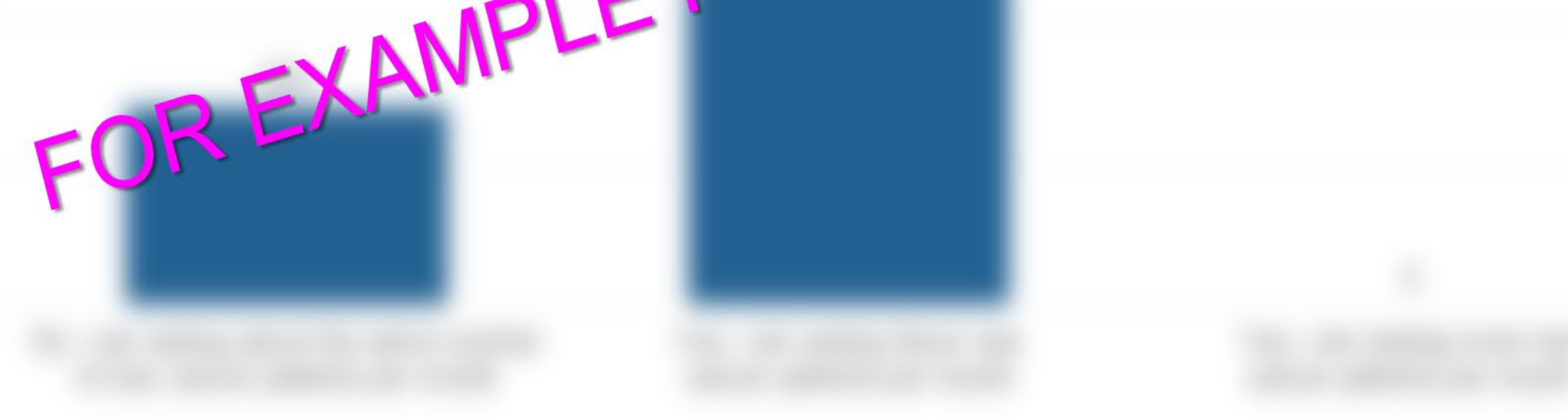
WHEN COMPARED WITH SOC IN PATIENTS WITH RELAPSED/ REFRACTORY ALL, INOTUZUMAB OZOGAMICIN: (SELECT ALL THAT APPLY) (N = 9)

FOR EXAMPLE PURPOSES ONLY



WHEN COMPARED WITH SOC IN PATIENTS WITH RELAPSED/ REFRACTORY ALL, BLINATUMOMAB IMPROVES OS (N = 8*)

FOR EXAMPLE PURPOSES ONLY



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

WBC = 12,000 (50% neutrophils, 40% lymphocytes, 10% monocytes)
Hct = 28%
Hgb = 9 g/dL
Hematocrit = 28%
Hgb = 9 g/dL
Hct = 28%
Hgb = 9 g/dL
Hct = 28%
Hgb = 9 g/dL
Hct = 28%

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) ...

... (blurred text) ...

WHAT WOULD BE YOUR SALVAGE APPROACH? (N = 8*)

FOR EXAMPLE PURPOSES ONLY



PATIENT CASE (CONTINUED)

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

... (blurred text) ...

... (blurred text) ...

WHAT WOULD YOU NOW RECOMMEND? (N = 6*)

FOR EXAMPLE PURPOSES ONLY



PATIENT CASE (CONTINUED)

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

• [Blurred text]

WHAT WOULD YOU NOW RECOMMEND? (N = 7*)

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 = 8*)

FOR EXAMPLE PURPOSES ONLY



PATIENT CASE (CONTINUED)

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

... (blurred text) ...

YOUR NEXT PLAN WOULD BE: (N = 7*)

FOR EXAMPLE PURPOSES ONLY



Advisor Key Takeaways

ADVISOR KEY TAKEAWAYS



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