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CASES

INSIGHTS INTO CHRONIC MYELOID LEUKEMIA (CML)

Friday, December 11, 2020

Virtual Program – Northwest

HOW TO NAVIGATE THIS REPORT

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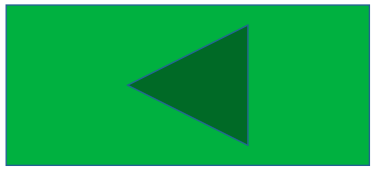
Click to move to topic of interest or ARS supporting data



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STUDY OBJECTIVE

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To gain advisors' perspectives on the following

- Management of newly diagnosed and TKI-resistant/progressive CML

REPORT SNAPSHOT

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- A moderated virtual roundtable discussion focusing on treatment of CML was held on Friday, December 11, 2020
- Disease state and data presentations were developed in conjunction with a medical expert from Moffitt Cancer Center
- The group of advisors comprised 12 community oncologists from the northwest region
- Insights on the following CML therapies were obtained: bosutinib, dasatinib, imatinib, nilotinib, omacetaxine, and ponatinib
- Data collection was accomplished through use of audience response system (ARS) questioning and in-depth moderated discussion

PARTICIPATING PRACTICES

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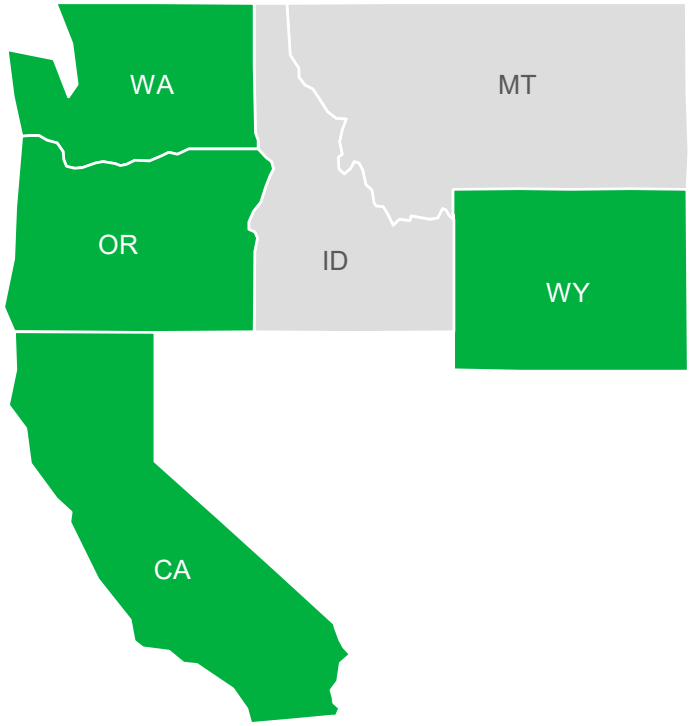
Practice	State
San Jose Medical Group	California
Enloe Specialty Physicians	California
Knight Cancer Institute	Oregon
Rocky Mountain Oncology	Wyoming
Richard Kosierowski Medical Associates	Washington
Kaiser	Washington
Virginia Mason	Washington
Providence Regional Cancer Partnership	Washington
Swedish Cancer Institute (2 participants)	Washington
Rockwood Clinic Cancer Treatment Center	Washington
PeaceHealth Lower Columbia Cancer Center	Washington



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Participant Demographics

PARTICIPANT DEMOGRAPHICS (N = 10*)

How many unique patients with CML are you currently following?

What percentage of your CML patients fall into the high-risk category?

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Key Insights

TOPLINE TAKEAWAYS – CML

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Newly Diagnosed Disease

MANAGEMENT OF NEWLY DIAGNOSED DISEASE (1/2)

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Topic	Insights and Data
Risk-	Sokal risk score was pointed out as the most important clinical/biologic feature used to decide frontline therapy, while a

MANAGEMENT OF NEWLY DIAGNOSED DISEASE (2/2)

Topic	Insights and Data
Use of TKI	When comparing toxicity profiles of nilotinib, dasatinib, and bosutinib, half of the advisors believe the toxicity

QUOTES – MANAGEMENT OF NEWLY DIAGNOSED DISEASE

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"In my low- to mid-risk patients my go-to drug is

MANAGEMENT OF RESISTANT DISEASE (1/2)

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Topic	Insights and Data
Assessing	All of the advisors stated that they monitor treatment response at 3 months using PCR; however, most will not switch

MANAGEMENT OF RESISTANT DISEASE (2/2)

Topic	Insights and Data
Switching to	Advisors indicated that presence of diarrhea would not be a main driver to switch from bosutinib therapy

QUOTES – MANAGEMENT OF RESISTANT DISEASE

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"It was reassuring to know that in about 40%–50% of

QUOTES – PONATINIB

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Before ponatinib data discussion

After ponatinib data discussion

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Advisor Key Takeaways

KEY TAKEAWAYS (1/2)

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Dr 1 • It was interesting to see that in 40%–50% of patients you can	**Dr 4** • The starting dose of dasatinib at 15 mg

KEY TAKEAWAYS (2/2)

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Dr 7	Dr 10
• Definitely mutation testing	• The information on different mutations and intolerance on TKI

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ARS Data – CML: Management of Newly Diagnosed Disease

THE MOST IMPORTANT PREDICTOR FOR IMPROVED OS IS: (N = 11*)

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*One advisor did not respond.

WHICH AGENT DO YOU PRESCRIBE MOST FREQUENTLY FOR FIRST-LINE THERAPY IN A HIGH-RISK CML PATIENT? (N = 11*)

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*One advisor did not respond.

WHICH AGENT DO YOU PRESCRIBE MOST FREQUENTLY FOR FIRST-LINE THERAPY IN A STANDARD-RISK CML PATIENT? (N = 11*)

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*One advisor did not respond.

COMPARING NILOTINIB, DASATINIB, AND BOSUTINIB, I BELIEVE THE AGENT WITH THE MOST TOXICITY IS: (N = 10*)

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*Two advisors did not respond.

DO YOU PRESCRIBE IMATINIB SIGNIFICANTLY MORE OFTEN NOW THAT IT HAS BECOME GENERIC? (N = 10*)

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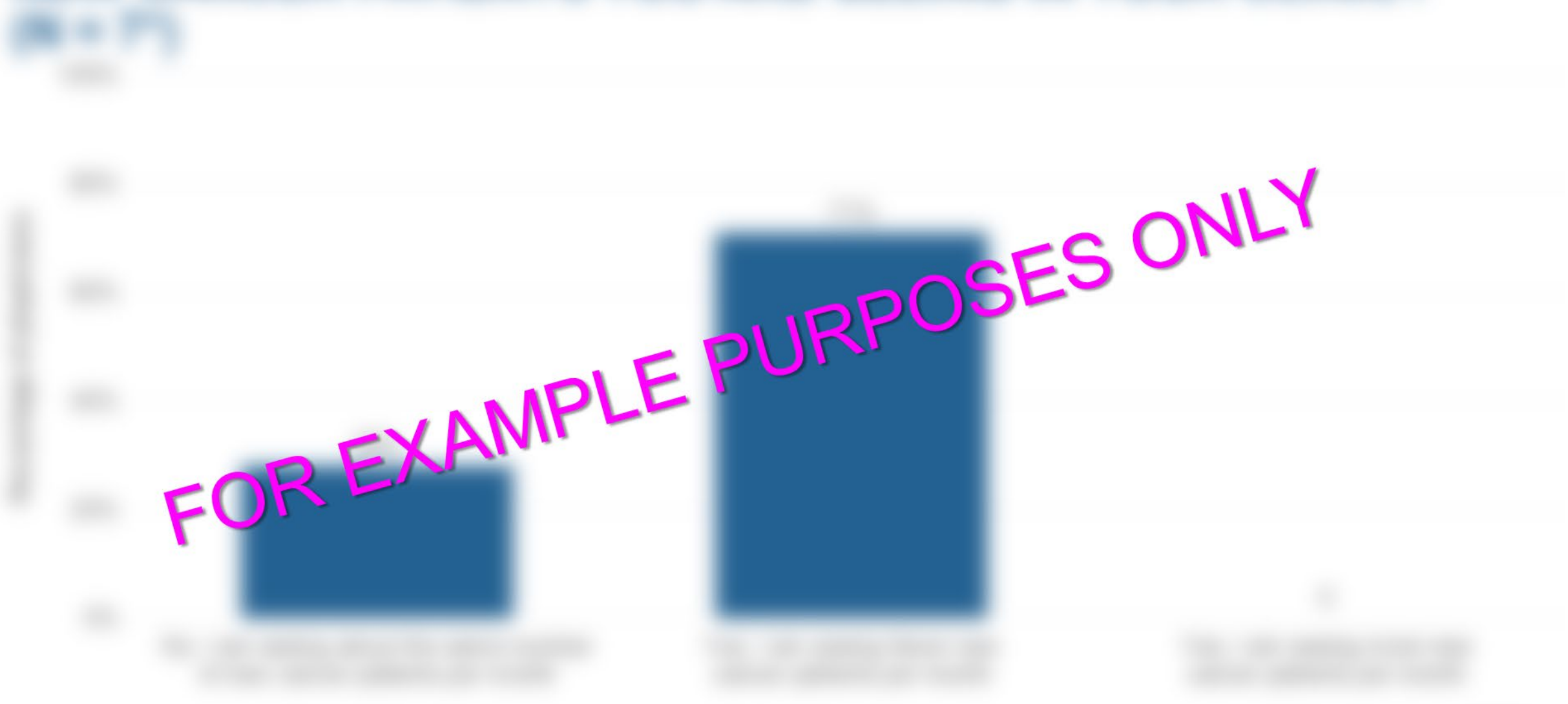

*Two advisors did not respond.

CASE 1

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- An actively working 55-year-old male police officer, former smoker, presents with a

WHAT IS THE MOST IMPORTANT CLINICAL OR BIOLOGIC FEATURE YOU USE TO DECIDE TREATMENT IN THIS PATIENT? (N = 10*)

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*Two advisors did not respond.

WHAT IS THE MOST IMPORTANT FEATURE YOU USE TO SELECT AMONG AVAILABLE TKIs? (SELECT ALL THAT APPLY) (N = 11*)

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*One advisor did not respond.

WHAT WOULD YOU RECOMMEND NOW FOR THIS NEWLY DIAGNOSED PATIENT? (N = 11*)

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FOR EXAMPLE PURPOSES ONLY

*One advisor did not respond.

AT WHAT POINT DO YOU CONSIDER A PATIENT ELIGIBLE FOR TREATMENT-FREE REMISSION AND TKI DISCONTINUATION? (N = 10*)

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*Two advisors did not respond.

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ARS Data – CML: Management of Resistant Disease

A PATIENT WAS STARTED ON IMATINIB 400 MG DAILY. AT 3 MONTHS, HIS PCR SHOWED A RATIO OF 15% IS. WHAT WOULD YOU DO NEXT? (N = 11*)

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*One advisor did not respond.

ASSUME ALL ELSE WAS THE SAME AND THE PATIENT WAS STARTED ON NILOTINIB 300 MG BID. AT 3 MONTHS, HIS PCR SHOWED A RATIO OF 15% IS. WHAT WOULD YOU DO NEXT?

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*One advisor did not respond.

DO YOU ROUTINELY ASSESS MOLECULAR RESPONSE AT 3 MONTHS? (N = 10*)

*Two advisors did not respond.

CASE CONTINUED

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- The patient is continued on imatinib 400 mg daily. Therapy is well tolerated, and he

WOULD YOU NOW PERFORM ABL KINASE DOMAIN SEQUENCING? (N = 11*)

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*One advisor did not respond.

ASSUME IT IS DETERMINED THAT THE PATIENT IS VERY ADHERENT TO TREATMENT, AND ABL KINASE DOMAIN POINT MUTATION TESTING DOES NOT REVEAL ANY SECONDARY POINT MUTATIONS. WHAT WOULD YOU DO AT THIS TIME? (N = 11*)

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*One advisor did not respond.

THE PATIENT WAS STARTED ON BOSUTINIB 500 MG DAILY. HE CALLS 2 DAYS LATER, WITH 3 EPISODES OF DIARRHEA PER DAY. YOUR NEXT STEP WILL BE: (N = 11*)

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*One advisor did not respond.

TREATMENT WAS PURSUED WITH NO INTERRUPTION. DIARRHEA IMPROVED TRANSIENTLY. THREE WEEKS LATER, PATIENT CONSULTED FOR PROFUSE DIARRHEA (5 TIMES DAILY). HE DECIDED TO STOP HIS TREATMENT AND CONSULT YOU. WHAT WOULD YOU DO NEXT? (N = 11*)

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*One advisor did not respond.

THE PATIENT IS TREATED WITH REDUCED DOSE OF BOSUTINIB 400 MG DAILY, AND THE DIARRHEA WAS RESOLVED. HE WAS ADHERENT AND DID NOT MISS ANY DOSES. AT 6 MONTHS, HIS BCR-ABL LEVELS WERE 1% IS. AT 18 MONTHS, HIS LEVELS WERE AT 0.5% IS. WHAT WOULD YOU DO NEXT? (N = 11*)

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*One advisor did not respond.

THE PATIENT CONTINUED BOSUTINIB 400 MG DAILY. AT 2 YEARS, HE LOSES HIS CCyR. WHAT WOULD YOU DO NEXT? (N = 11*)

CASES

*One advisor did not respond.