



**CASES**

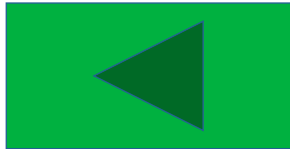
# INSIGHTS INTO DLBCL

Monday, December 14, 2020

# HOW TO NAVIGATE THIS REPORT



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# STUDY OBJECTIVES



To gain advisors' perspectives on the following

- > Drivers in treatment decisions in the management of diffuse large B-cell lymphoma (DLBCL)
- > Perception of various therapeutics and understanding of the current treatment data
- > Evolution of the treatment landscape

- > A moderated roundtable discussion focusing on treatment of DLBCL was held online on December 14, 2020
- > Disease state and data presentations were developed in conjunction with Alexey Danilov, MD, PhD, from City of Hope in Duarte, CA
- > The group of advisors comprised 9 community oncologists
  - Attendees of the roundtable represented community oncologists from **California** (1 from Kaiser Permanente – Riverside Medical Center), **Florida** (2 from Oncology & Hematology Associates of West Broward and 1 from Miami Cancer Institute), **Georgia** (1 each from Harbin Clinic, Northwest Georgia Oncology Centers, Kaiser Permanente, and Peoples Cancer Institute), and **Wisconsin** (1 from Medical College of Wisconsin/Froedtert Hospital)
- > Insights on the following therapies were obtained: rituximab, lenalidomide, obinutuzumab, idelalisib, bortezomib, ibrutinib, axicabtagene ciloleucel, polatuzumab vedotin
- > Data collection was accomplished through use of audience response system questioning and in-depth moderated discussion

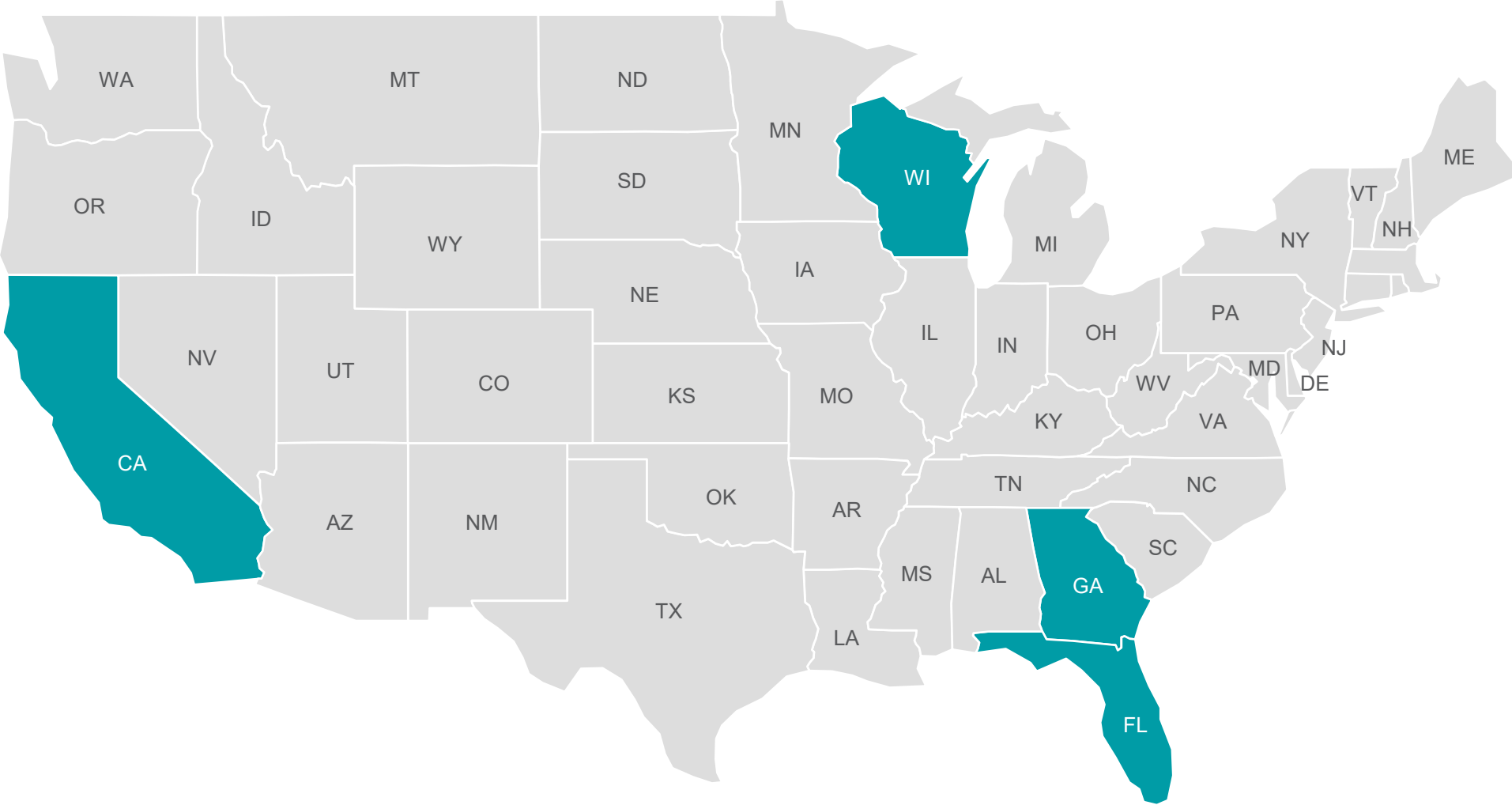


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Participant Demographics

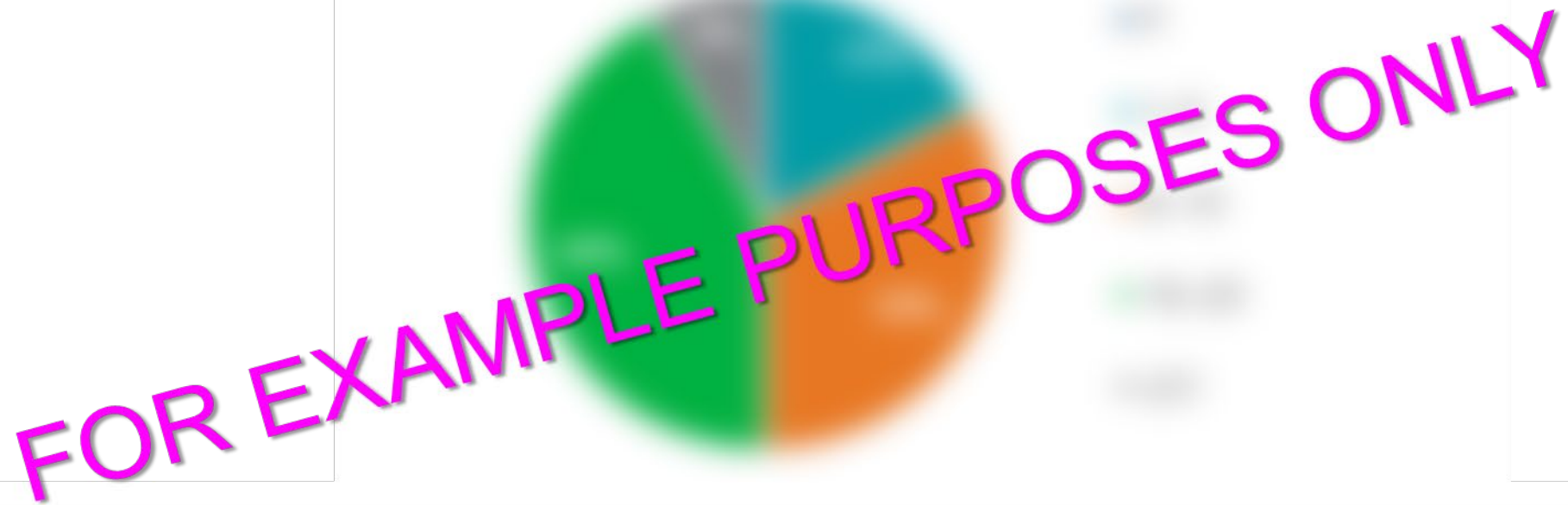


# GEOGRAPHIC DISTRIBUTION OF PARTICIPANTS



# PARTICIPANT DEMOGRAPHICS

How many unique patients with DLBCL are you currently following? (N = 9)



[Blurred text area]





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Key Insights

## Initial Treatment

Typically, most advisors' DLBCL treatment goal in frontline is cure. Advisors generally prefer either R-CHOP–

[Redacted content]

[Redacted content]

# TREATMENT OF DIFFUSE LARGE B-CELL LYMPHOMA (1/2)



Topic	Data and Insights
Initial treatment	Most advisors reported that the treatment goal in frontline therapy for DLBCL patients is cure, unless they have an older,



# TREATMENT OF DIFFUSE LARGE B-CELL LYMPHOMA (2/2)



Topic	Data and Insights
Treatment of R/R	Advisors believe the initial therapy impacts treatment sequencing in DLBCL patients. For R/R cases, apart from checking

*[The content of this section is heavily blurred and illegible.]*

# DLBCL TREATMENT QUOTES



“I mean, the goal is cure, unless you have a very elderly,

[Asked about polatuzumab usage in early R/R setting] “I think if

[Blurred text]

[Blurred text]

[Blurred text]

[Blurred text]

[Blurred text]

[Blurred text]

[Blurred text]

[Blurred text]





## Advisor Key Takeaways



# KEY TAKEAWAYS (1/2)



## Dr 1

- I think, eventually, DLBCL treatment will become more personalized

## Dr 3

- I'm optimistic about DLBCL treatment landscape; however, there's a

# KEY TAKEAWAYS (2/2)



<p><b>Dr 5</b></p> <ul style="list-style-type: none"><li>• I'm optimistic as well about DLBCL treatment landscape</li></ul>	<p><b>Dr 8</b></p> <ul style="list-style-type: none"><li>• NA</li></ul>
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*[Blurred text content for Dr 5]*

*[Blurred text content for Dr 8]*





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ARS DATA

# HOW MANY PATIENTS WITH DLBCL HAVE YOU TREATED WITH IBRUTINIB IN THE PAST YEAR? (N = 9)

FOR EXAMPLE PURPOSES ONLY

# HOW MANY PATIENTS WITH DLBCL HAVE YOU TREATED WITH LENALIDOMIDE IN THE PAST YEAR? (N = 9)

FOR EXAMPLE PURPOSES ONLY

ON A SCALE OF 1–5 (1 IS VERY LITTLE, 5 IS A GREAT DEAL) HOW MUCH DOES EACH OF THE FOLLOWING FACTORS IMPACT YOUR TREATMENT CHOICE IN DLBCL? (N = 9)

FOR EXAMPLE PURPOSES ONLY

# DO YOU USE MAINTENANCE THERAPY IN DLBCL? (N = 8\*)



2  
6



- > A 63-year-old man presents with a 4-week history of progressive back pain.

- > [Blurred text]

# HIS CNS IPI SCORE IS: (N = 6\*)

FOR EXAMPLE PURPOSES ONLY

\*Three advisors did not respond.

# WHICH CHEMOTHERAPY BACKBONE WOULD YOU RECOMMEND TO THIS PATIENT? (N = 8\*)

FOR EXAMPLE PURPOSES ONLY

\*One advisor did not respond.



# I WOULD INCLUDE THE FOLLOWING CNS PROPHYLAXIS: (N = 8\*)

FOR EXAMPLE PURPOSES ONLY

# ASSUMING PATIENT ACHIEVES A CR TO FRONTLINE THERAPY, WOULD YOU RECOMMEND ASCT CONSOLIDATION? (N = 8\*)



# THE PATIENT RELAPSES 1 YEAR AFTER COMPLETING FRONTLINE THERAPY WITH R-CHOP. BIOPSY CONFIRMS DLBCL. YOU NOW RECOMMEND: (N = 7\*)

FOR EXAMPLE PURPOSES ONLY

\*Two advisors did not respond.



THE PATIENT RELAPSED 6 MONTHS AFTER UNDERGOING ASCT. HE NOW HAS DISEASE IN MULTIPLE NODAL AREAS, AS WELL AS BONE MARROW, BUT NO EVIDENCE OF CNS INVOLVEMENT. HIS PS IS 1 AND HE DOES NOT HAVE ANY SYMPTOMS EXCEPT FATIGUE (N = 7\*)

FOR EXAMPLE PURPOSES ONLY

\*Two advisors did not respond.

ASSUME WE ARE DISCUSSING THE SAME RELAPSING PATIENT, BUT THE TRANSPLANT TEAM HAS DEEMED HIM INELIGIBLE BECAUSE OF POOR PERFORMANCE STATUS AND BORDERLINE CARDIAC DYSFUNCTION. WHAT SECOND-LINE REGIMEN WOULD YOU RECOMMEND IN THIS SETTING? (N = 7\*)

FOR EXAMPLE PURPOSES ONLY

\*Two advisors did not respond.



# WHICH OF THE FOLLOWING BEST DESCRIBES THE MECHANISM OF ACTION OF POLATUZUMAB VEDOTIN? (N = 5\*)

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90%

FOR EXAMPLE PURPOSES ONLY

\*Four advisors did not respond.

# HOW MANY PATIENTS WITH DLBCL (R/R) HAVE YOU TREATED WITH POLATUZUMAB VEDOTIN IN THE PAST YEAR? (N = 7\*)

FOR EXAMPLE PURPOSES ONLY

\*Two advisors did not respond.

# HOW MANY PATIENTS WITH DLBCL (R/R) HAVE YOU TREATED WITH TAFASITAMAB SINCE ITS APPROVAL? (N = 8\*)

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FOR EXAMPLE PURPOSES ONLY

\*One advisor did not respond.



# HOW MANY PATIENTS WITH DLBCL HAVE YOU TREATED OR REFERRED FOR CAR T-CELL THERAPY IN THE PAST YEAR? (N = 8\*)

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FOR EXAMPLE PURPOSES ONLY

# OF THE TOTAL NUMBER OF PATIENTS YOU REFERRED FOR CAR T THERAPY, WHAT PERCENTAGE WERE REINFUSED WITH THE ACTUAL CELLULAR PRODUCT? (N = 8\*)

FOR EXAMPLE PURPOSES ONLY

\*One advisor did not respond.

# WHAT DO YOU CONSIDER THE BIGGEST BARRIER TO BROADER USE OF CAR T-CELL THERAPY? (N = 9)

FOR EXAMPLE PURPOSES ONLY