



CASES

INSIGHTS INTO MANAGEMENT OF DLBCL

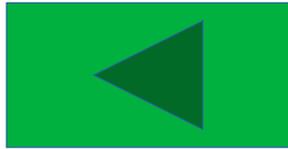
February 22, 2021

Insights From Southwest Region

HOW TO NAVIGATE THIS REPORT



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STUDY OBJECTIVE

- > To gain perspectives of advisors on drivers toward treatment decisions in the management of diffuse large B-cell lymphoma (DLBCL)

REPORT SNAPSHOT: SESSION OVERVIEW



A moderated roundtable discussion was held with community oncologists from the southwestern United States in a virtual setting on **February 22, 2021**

Disease state and data presentations were led by **Dr John Burke** from Rocky Mountain Cancer Centers and **Dr Keren Sturtz** from SCL Health Medical Group in conjunction with content developed by the Aptitude Health clinical team

Insights were gathered on the use of **polatuzumab in the management of DLBCL** in the community setting

Data collection was accomplished through use of audience response system (ARS) questioning and in-depth moderated discussion

REPORT SNAPSHOT: AGENDA



Time (PST)	Topic
5.00 PM – 5.15 PM (15 min)	Introduction and ARS Questions <ul style="list-style-type: none">• Program overview• ARS questions
5.15 PM – 6.00 PM (20-min presentation; 25-min discussion)	Initial Treatment of DLBCL <ul style="list-style-type: none">• Overview of current first-line data• Reaction and discussion
6.00 PM – 6.15 PM (15 min)	Break
6.15 PM – 7.50 PM (35-min presentation; 60-min discussion)	Treatment of Relapsed/Refractory DLBCL <ul style="list-style-type: none">• ARS questions• Overview of current relapsed/refractory data• Overview of ASH updates• Reaction and discussion
7.50 PM – 8.00 PM (10 min)	Key Takeaways and Meeting Evaluation

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Topline Takeaways and Strategic Recommendations

MEETING OBJECTIVES WERE ACHIEVED: TOPLINE TAKEAWAYS



OBJECTIVE

PROCESS

INSIGHTS

[Faded text describing objectives]

[Faded text describing process]

[Faded text describing insights]



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Key Insights and Discussion Summary

DLBCL – INSIGHTS AND DATA

1. Treatment success in frontline DLBCL

Encouraging survival data over the years. This is an encouraging disease. It is curable disease. In the past several years, I would say that we've seen a significant improvement in survival. I would say that we've seen a significant improvement in survival. I would say that we've seen a significant improvement in survival. I would say that we've seen a significant improvement in survival.

2. Data needed to confirm from DLBCL in frontline

There are a lot of things that have been done. Getting a better idea of what is going on. It's really important to have a better idea of what is going on. It's really important to have a better idea of what is going on. It's really important to have a better idea of what is going on. It's really important to have a better idea of what is going on.

DLBCL – INSIGHTS AND DATA

1. Treatment success in frontline DLBCL

DLBCL is a highly curable lymphoma. The overall survival (OS) for DLBCL is approximately 70% at 5 years. This is a significant improvement over the 50% OS for DLBCL in the 1990s. The improvement in OS is due to the use of rituximab, a monoclonal antibody that targets CD20, a protein found on the surface of B cells. Rituximab is used in combination with chemotherapy, such as CHOP (cyclophosphamide, doxorubicin, vincristine, and prednisone) or R-CHOP (rituximab, cyclophosphamide, doxorubicin, vincristine, and prednisone). The addition of rituximab to CHOP significantly improves OS in DLBCL. In a phase III trial, the addition of rituximab to CHOP resulted in a 5% absolute improvement in OS at 5 years. This improvement was seen in both the overall population and in the subgroup of patients with stage I and II disease. The improvement in OS was also seen in patients with relapsed and refractory disease. The addition of rituximab to CHOP is now the standard of care for DLBCL.

2. Data needed to confirm that DLBCL is curable

The data needed to confirm that DLBCL is curable is the overall survival (OS) rate. The OS rate is the percentage of patients who are alive and free of disease 5 years after diagnosis. The OS rate is the most important outcome measure in clinical trials for DLBCL. The OS rate is also the most important outcome measure for patients and their families. The OS rate is a measure of the long-term success of treatment. The OS rate is also a measure of the quality of life for patients. The OS rate is a measure of the overall health of the patient. The OS rate is a measure of the overall success of the healthcare system. The OS rate is a measure of the overall success of the medical profession. The OS rate is a measure of the overall success of the human race. The OS rate is a measure of the overall success of the world. The OS rate is a measure of the overall success of the universe. The OS rate is a measure of the overall success of everything.



Advisor Key Takeaways



ADVISOR KEY TAKEAWAYS



ADVISOR

ADVISOR

- Have a better understanding of sequencing therapy
- Really want to talk to the provider with confidence and understand the use of each a better understanding of these drugs and have a better idea of when to use them in my practice

- Have a better understanding of some of my other options
- I'm particularly interested in the combination and how the side effects would be managed in a secondary option for my own therapy options
- There's a lot more confidence in sequenced therapy and to things the combination that may offer more side effects

- It was great to hear about combination and what coming from the practice for immunotherapy

- There's a lot of good options for around the time just (COPD) and management with device with other profile and good response rate
- Sequencing is an issue

- The immunotherapy options the use to have different options besides FOLF and what is going to (COPD)

- In hoping that some of these immunotherapy agents will get added into practice and hopefully improve the look up

- Was interesting to learn about all these immunotherapy treatments, especially the specific antibodies
- A lot of options coming up in the future. The only issue will be to learn how to sequence these drugs

- COPD is the standard

ADVISOR KEY TAKEAWAYS

ADVISOR

ADVISOR

- 1. There is a better understanding of assessing the value of a deal
- 2. I really enjoyed the session with professional and educational but we have a better understanding of these things and have a better idea of when to call them in my practice

- 1. The representative really enjoyed the idea to have different options besides F-100 and what is going to come?

- 1. There is a better understanding of some of my other options
- 2. It's particularly important in the educational and how that will and then would be considered for a second time for my own other options
- 3. There's a lot more information to suggest things and to things the professional that may offer more and other

- 1. It's hoping that some of these representative agents will get added into the future and hopefully improve the look up

- 1. It was great to hear about innovations and what's coming down the pipeline for representative

- 1. It's interesting to learn about all these representative treatments, especially the specific antibodies
- 2. It's an option coming up in the future. The only issue will be to learn how to improve these things

- 1. There's a lot of good options for assessing the value and F-100 and comparing with other value other people and good response rate
- 2. Monitoring is an issue

- 1. F-100 is the standard



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ARS Data

OVER 85% OF THE ADVISORS CURRENTLY FOLLOW ≥ 7 UNIQUE DLBCL PATIENTS

How many unique patients with DLBCL are you currently following? (n = 13*)

FOR EXAMPLE PURPOSES ONLY

MOST ADVISORS HAVE TREATED 1–10 OF THEIR DLBCL PATIENTS WITH IBRUTINIB IN THE PAST YEAR

FOR EXAMPLE PURPOSES ONLY

MOST ADVISORS HAVE TREATED 1–5 OF THEIR DLBCL PATIENTS WITH LENALIDOMIDE IN THE PAST YEAR

FOR EXAMPLE PURPOSES ONLY

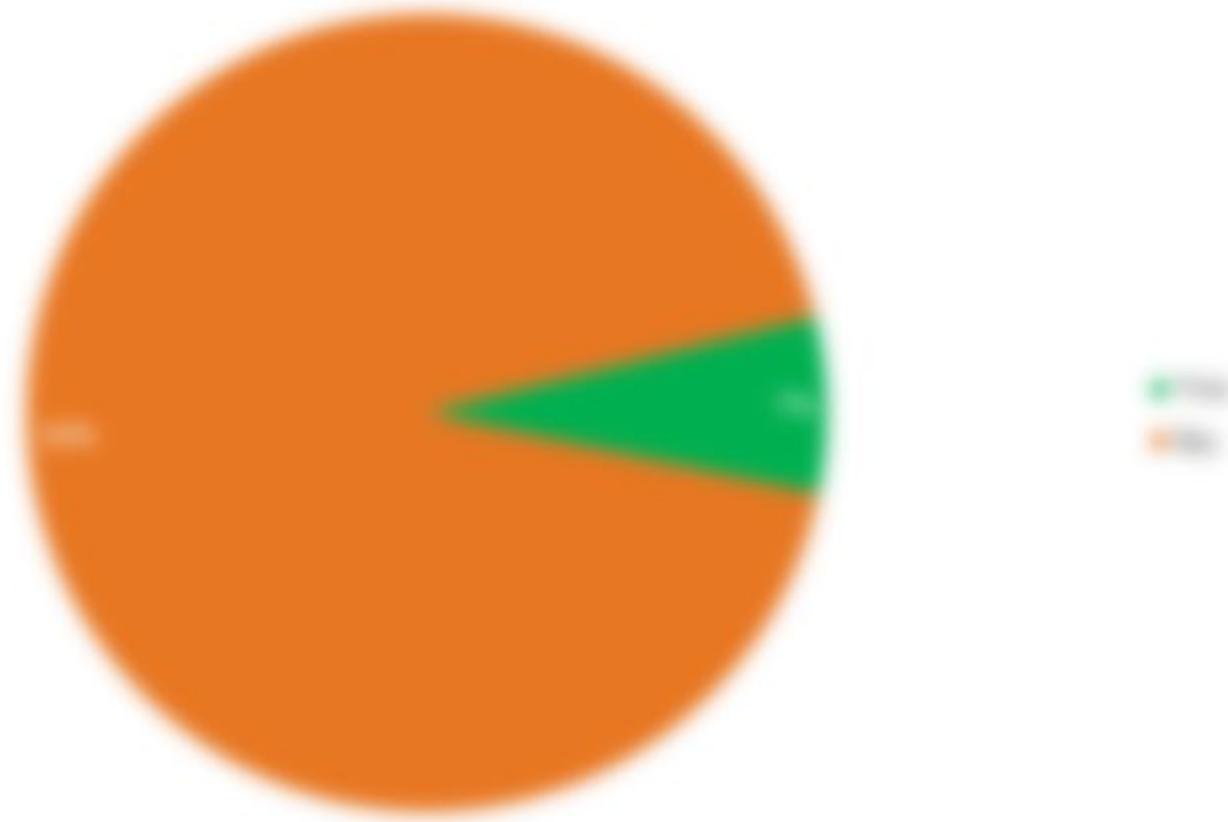
PRESENCE OF DOUBLE- OR TRIPLE-HIT FEATURES AND PATIENT'S PERFORMANCE STATUS HAVE THE GREATEST IMPACT ON TREATMENT CHOICE IN DLBCL

FOR EXAMPLE PURPOSES ONLY

*Two advisors did not respond.

ALMOST NONE OF THE ADVISORS USE MAINTENANCE THERAPY IN DLBCL

Do you use maintenance therapy in DLBCL? (N = 14)



A 63-year-old man presents with a 4-week history of progressive back pain. Imaging reveals an 11-cm retroperitoneal mass. A core needle biopsy is obtained and is read as DLBCL, non-GCB by Hans methods. IHC for bcl-2 and myc show high expression (>90%) for each. FISH testing for bcl-2 and myc are both negative. FISH for bcl-6 is positive. PET imaging reveals widespread pathologic adenopathy with involvement of mediastinal, retroperitoneal, and mesenteric nodes. There are also 2 PET-avid mass lesions in the liver, and 1 lesion in the left kidney. The SUV_{max} is 28. Ki67 is 90%. There is no apparent marrow involvement by PET. The LDH is elevated at 3x the ULN. His PS is 1 and there are no significant comorbidities.

HALF OF THE ADVISORS SELECTED THIS PATIENT'S CNS IPI SCORE AS 4



FOR EXAMPLE PURPOSES ONLY

MOST ADVISORS WOULD RECOMMEND R-EPOCH TO THIS PATIENT

FOR EXAMPLE PURPOSES ONLY

FOR CNS PROPHYLAXIS, HALF OF THE ADVISORS WOULD INCLUDE IT MTX



FOR EXAMPLE PURPOSES ONLY

MOST ADVISORS WOULD NOT RECOMMEND ASCT CONSOLIDATION

Assuming patient achieves a CR to frontline therapy, would you recommend ASCT



FOR A PATIENT RELAPSING AFTER FRONTLINE R-CHOP, MORE THAN HALF OF THE ADVISORS WOULD RECOMMEND R-ICE FOLLOWED BY ASCT

FOR EXAMPLE PURPOSES ONLY

*Two advisors did not respond.



VARIED TREATMENT SELECTION FOR A TRANSPLANT-INELIGIBLE PATIENT, WITH TAFASITAMAB + LENALIDOMIDE AND POLATUZUMAB ± BENDAMUSTINE ± RITUXIMAB THE TOP 2 PREFERRED REGIMENS OF THE ADVISORS

FOR EXAMPLE PURPOSES ONLY

*Two advisors did not respond.



MOST ADVISORS IDENTIFIED POLATUZUMAB VEDOTIN AS A CD79B-DIRECTED ANTIBODY-DRUG CONJUGATE



FOR EXAMPLE PURPOSES ONLY

LESS THAN HALF OF THE ADVISORS HAVE TREATED 1–5 OF THEIR DLBCL PATIENTS WITH POLATUZUMAB VEDOTIN IN THE PAST YEAR



FOR EXAMPLE PURPOSES ONLY



ALMOST 3/4 OF THE ADVISORS HAVE NOT TREATED ANY OF THEIR DLBCL PATIENTS WITH TAFASITAMAB SINCE ITS APPROVAL



FOR EXAMPLE PURPOSES ONLY



MOST ADVISORS HAVE TREATED OR REFERRED 1-5 OF THEIR DLBCL PATIENTS FOR CAR T-CELL THERAPY IN THE PAST YEAR



FOR EXAMPLE PURPOSES ONLY



HALF OF THE ADVISORS REPORTED THAT >50% OF THEIR PATIENTS REFERRED FOR CAR T THERAPY WERE REINFUSED WITH THE ACTUAL CELLULAR PRODUCT

FOR EXAMPLE PURPOSES ONLY

APPROPRIATE PATIENT SELECTION AND PATIENTS' PROGRESS BEFORE RECEIVING CAR T ARE THE TOP 2 BARRIERS TO BROADER USE OF CAR T-CELL THERAPY

FOR EXAMPLE PURPOSES ONLY

*Two advisors did not respond.

ONE-THIRD OF ADVISORS INDICATED INSURANCE REFUSAL OF THE MOST CONVENIENT CENTER AS THE MAIN BARRIER TO REFERRING PATIENTS FOR CAR T-CELL THERAPY



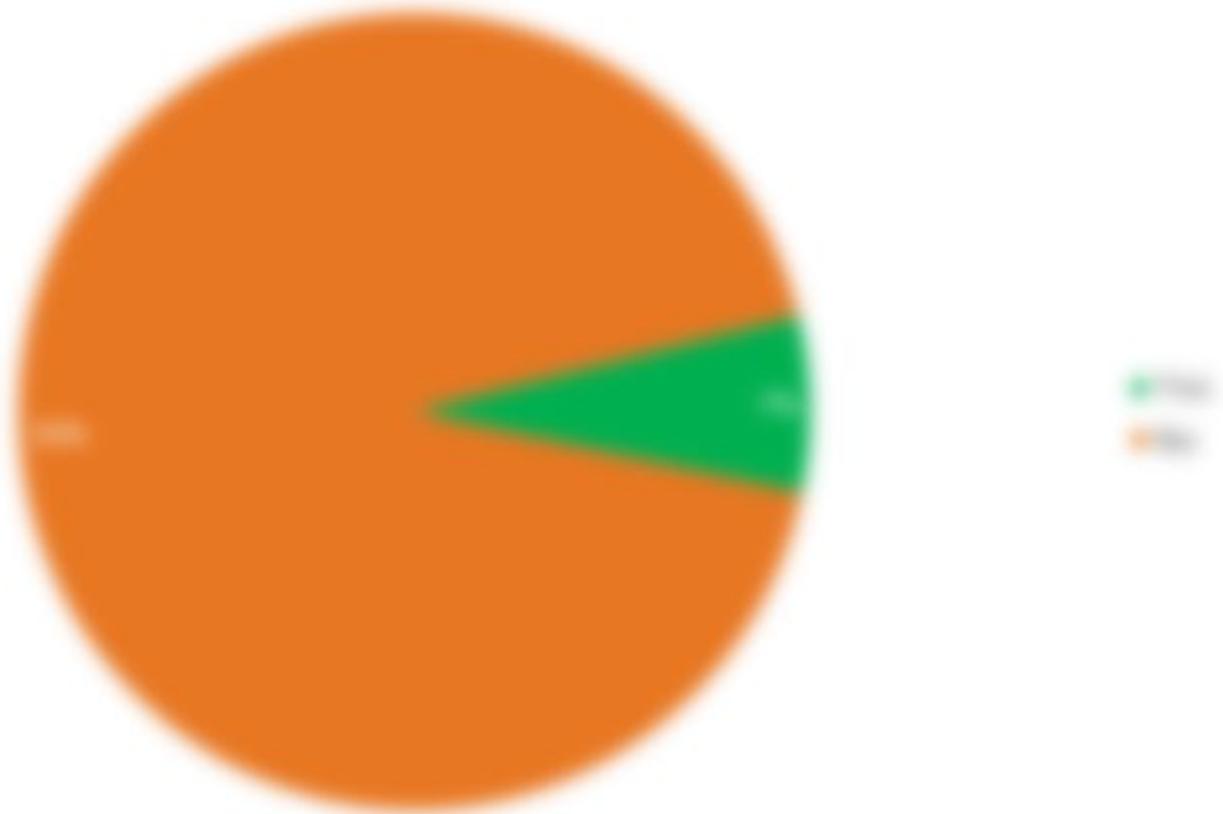
FOR EXAMPLE PURPOSES ONLY

MOST ADVISORS ARE CURRENTLY ABLE TO ACCESS AXICABTAGENE CILOLEUCEL, FOLLOWED BY TISAGENLECLEUCEL



FOR EXAMPLE PURPOSES ONLY

ABOUT 80% OF THE ADVISORS DO NOT KNOW BEFOREHAND WHICH CAR T-CELL THERAPY THEIR PATIENT WILL RECEIVE



*One advisor did not respond.

MOST ADVISORS AGREE THAT BRIDGING CHEMOTHERAPY CAN BE ADMINISTERED WHILE WAITING FOR CAR T; HOWEVER, OVER 40% BELIEVE IT MAY INCREASE THE RISK OF ADVERSE EVENTS DURING THE PREINFUSION PERIOD

FOR EXAMPLE PURPOSES ONLY

*One advisor did not respond.

