



CASES

INSIGHTS INTO MULTIPLE MYELOMA (MM)

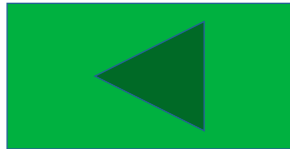
February 23, 2021

Insights From the Southwest Region







HOW TO NAVIGATE THIS REPORT



Click to move to topic of interest or ARS supporting data



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Topic	
Report Objectives	
Report Snapshot	
• Session overview	
• Attendee overview	
• Agenda	
Topline Takeaways and Strategic Recommendations	
Key Insights and Discussion Summary	
• Treatments in later-line relapsed/refractory MM	
• Emerging new treatments overview	
– Antibody-drug conjugates	
– Bispecific antibodies	
– CAR T therapy	
Advisor Key Takeaways	
ARS Data	



MEETING OBJECTIVES

- > Gain advisors' perspectives on recent ASH 2020 data focusing on the emerging treatment landscape in R/R MM, including antibody-drug conjugates (ADCs), CAR T-cell therapy, and bispecific antibodies

REPORT SNAPSHOT: SESSION OVERVIEW



A moderated roundtable discussion was held with community oncologists from across the Southwestern United States in a virtual setting on **February 23, 2021**.

Disease state and data presentations were led by **Dr Rafael Fonseca** from the Mayo Clinic, in conjunction with content developed by the Aptitude Health clinical team.

Insights on the potential impact of ADCs, bispecific antibodies, and CAR T therapy on patient management were obtained.

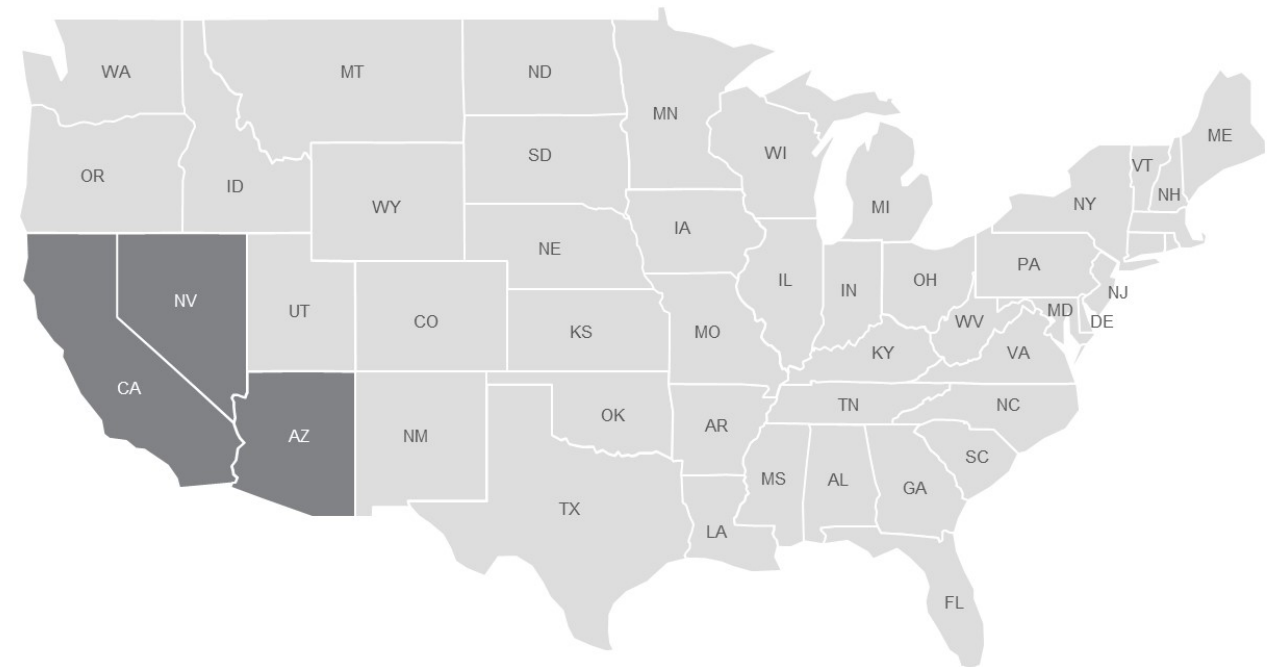
Data collection was accomplished through audience response system (ARS) questions and in-depth moderated discussion.

REPORT SNAPSHOT: ATTENDEE OVERVIEW



- > The group of advisors comprised 7 community oncologists from across the Southwestern United States
 - Attendees of the roundtable represented community oncologists from Arizona, California, and Nevada

INSTITUTION	CITY	STATE
Intermountain Healthcare Nevada	Las Vegas	NV
Los Angeles Cancer Network	Los Angeles	CA
Kaiser Permanente Riverside Medical Center	Riverside	CA
Ironwood Cancer & Research Centers	Phoenix	AZ
Arizona Center for Cancer Care	Phoenix	AZ
Pacific Shores Medical Group	Huntington Beach	CA
City of Hope	Colton	CA



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 – 6.20 PM (65 min: 25-min presentation; 40-min discussion)	Emerging Treatments for Relapsed/Refractory Multiple Myeloma <ul style="list-style-type: none">• Overview of recent data<ul style="list-style-type: none">– BCMA-targeting ADCs<ul style="list-style-type: none">▪ Belantamab mafodotin▪ MEDI2228– Anti-BCMA CAR T-cell therapies<ul style="list-style-type: none">▪ Idecabtagene vicleucel▪ Ciltacabtagene autoleucel– BCMA-targeting bispecific antibodies<ul style="list-style-type: none">▪ Teclistamab▪ REGN5458▪ TNB-383B▪ AMG 701▪ PF-3135• Reaction and discussion
6.20 PM – 6.30 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

MULTIPLE MYELOMA – INSIGHTS AND DATA

Treatment success in frontline MM

Increased survival that's what we want. This is not necessarily disease-free survival. It's overall survival. Is it the best overall survival? I would not say so. I think we've seen some data that suggest that using CD-19 CAR-Ts, and I would say that the disease-free rate at 2 years is probably as high as it is regarding if there is significant toxicity with the treatment, and people going from complete remission.

Data needed to confirm from MM in frontline

There are a lot of things that have been done, nothing is better than BTK/CD19 and BTK. It's really hard to tell. BTK/CD19 appears to be the better. I would say it's still unclear. I would not be one of the first ones to move based on CD19 or anything like that. I want something that's been done and we know that it works. If the toxicity is not very severe, I think a second cycle of CD19 or better would be something that I would be looking at. I think overall, that's what we're looking at. I think we need to see some comparative of efficacy. So, I do think that a lot of people are going to look at that. I think we're going to see that the use of any agent. CD19 is still unclear.

MULTIPLE MYELOMA – INSIGHTS AND DATA

Treatment success in frontline MM

Increased survival that's what we want. This is our primary objective. We're looking at overall survival, as we have overall survival.

... we would see significant improvement. ... we would see a significant improvement with the use of CD138 or CD138, and we would see that the disease-free rate at 2 years ... we would see that CD138 is important if there is significant benefit with the treatment, and we would see that coming.

Data needed to support from MM in frontline

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Advisor Key Takeaways

ADVISOR KEY TAKEAWAYS



ADVISOR	ADVISOR
<ul style="list-style-type: none">• Have a better understanding of sequencing therapy• Really want to talk further with professional and understand how you have a better understanding of these drugs and have a better idea of when to use them in my practice	<ul style="list-style-type: none">• The investigational agents that you are using different options besides FIC1 and what is going to come?
<ul style="list-style-type: none">• Have a better understanding of some of my other options• I'm particularly interested in the investigational and how they will and how would be compared to a standard option for my own clinical practice• There's a lot more information to suggest therapy and to things the professional that may offer some other advice	<ul style="list-style-type: none">• In hoping that some of these investigational agents will get added into practice and hopefully improve the look up
<ul style="list-style-type: none">• It was great to hear about innovations and what's coming down the pipeline for investigational	<ul style="list-style-type: none">• Was interesting to learn about all these investigational treatments, especially the specific antibodies• A lot of options coming up in the future. The only issue will be to learn how to improve these drugs
<ul style="list-style-type: none">• There's a lot of good options for around the time you can't get together with several other people and good response rate• Sequencing is an issue	<ul style="list-style-type: none">• All the stuff is the standard

ADVISOR KEY TAKEAWAYS



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ARS Data

THIS GROUP OF ADVISORS TREATS SIGNIFICANT NUMBERS OF MM PATIENTS IN THEIR COMMUNITY PRACTICES

What percentage of the patients with hematologic malignancies whom you see have MM? (N = 7)

FOR EXAMPLE PURPOSES ONLY

THESE ADVISORS TREAT SIGNIFICANT NUMBERS OF MM PATIENTS IN THE COMMUNITY SETTING WHO ARE RELAPSED/REFRACTORY

How many unique patients with R/R MM have you treated in the past year? (N = 7)

FOR EXAMPLE PURPOSES ONLY

A LARGE MAJORITY OF ADVISORS AGREE ON USING VRd AS THEIR PREFERRED INDUCTION REGIMEN FOR THEIR TRANSPLANT-ELIGIBLE MM PATIENTS

The most common induction regimen for my transplant-eligible patients is (N = 6*):

FOR EXAMPLE PURPOSES ONLY

ADVISORS HAVE MIXED OPINIONS ON BEST INDUCTION REGIMEN FOR TRANSPLANT-INELIGIBLE MM PATIENTS, WITH THE LARGEST PROPORTION PREFERRING VRd

The most common induction regimen for my transplant-ineligible patients is (N = 6*):

FOR EXAMPLE PURPOSES ONLY

*One advisor did not respond.

FOR THEIR MM PATIENTS AT FIRST RELAPSE, MOST ADVISORS WOULD NEXT USE A DPd REGIMEN

What is your preferred regimen for a previously treated MM patient in first relapse? (N = 6*)

FOR EXAMPLE PURPOSES ONLY

FOR TRIPLE-REFRACTORY MM PATIENTS, THE LARGEST PROPORTION OF ADVISORS WOULD REFER THOSE PATIENTS FOR A CLINICAL TRIAL

How do you currently treat later-line patients who are refractory to a CD38-targeted agent, an IMiD, and a PI? (N = 6*)

FOR EXAMPLE PURPOSES ONLY

WHEN DECIDING ON A TREATMENT FOR THEIR R/R MM PATIENTS, NEARLY HALF OF THE ADVISORS SAY PATIENT CHARACTERISTICS ARE THE MOST IMPORTANT DETERMINANT

Which factor is most important to you in choosing treatment for your R/R MM patients?
(N = 7)

FOR EXAMPLE PURPOSES ONLY

WHEN CONSIDERING CAR T TREATMENT, ADVISORS WERE NEARLY EVENLY DIVIDED ON WHETHER THEY WOULD REFER PATIENTS FOR CAR T OR CONSULT WITH ANOTHER TREATMENT CENTER EARLY IN THE TREATMENT PROCESS

How do you anticipate your MM patients will have access to CAR T therapies once available? (N = 7)

FOR EXAMPLE PURPOSES ONLY

THE LARGEST PROPORTION OF ADVISORS BELIEVE BISPECIFIC ANTIBODIES WILL OUTPACE CAR T AND ADCs IN ADVANCING TREATMENT OF MM

Of the following therapy types (approved and investigational), which do you think will have the greatest impact on the MM treatment landscape? (N = 6)*

FOR EXAMPLE PURPOSES ONLY

*One advisor did not respond.





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