



CASES

INSIGHTS INTO FOLLICULAR LYMPHOMA (FL) AND MARGINAL ZONE LYMPHOMA (MZL)

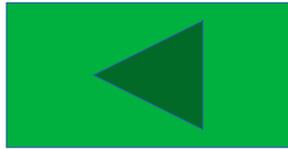
June 21, 2021

Community Insights From the US Southeast
Region

HOW TO NAVIGATE THIS REPORT



Click to move to topic of interest or ARS supporting data



Click to return to previous slide

Topic

Report Objectives 

Report Snapshot

- Session overview 
- Attendee overview 
- Attendee demographics 
- Meeting agenda 

Topline Takeaways and Strategic Recommendations 

Key Insights and Discussion Summary 

- Treatments in later-line relapsed/refractory FL 
- Treatments in later-line relapsed/refractory MZL 

Advisor Key Takeaways 

Audience Response System Data – FL 

Audience Response System Data – MZL 

SESSION OVERVIEW



A moderated roundtable discussion was held with community oncologists from Florida Cancer Specialists in Florida, USA, in a virtual setting on **June 21, 2021**

Disease state and data presentations were led by Dr **Matthew Davids** from Dana-Farber Cancer Institute and discussions moderated by **Dr Keren Sturtz** from Sackler School of Medicine, in conjunction with content developed by the Aptitude Health clinical team

Insights were obtained on the impact of second-line chemo-immunotherapies, anti-CD20 antibodies, PI3K inhibitors, bispecific antibodies, and CAR T therapy on FL and MZL patient management

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

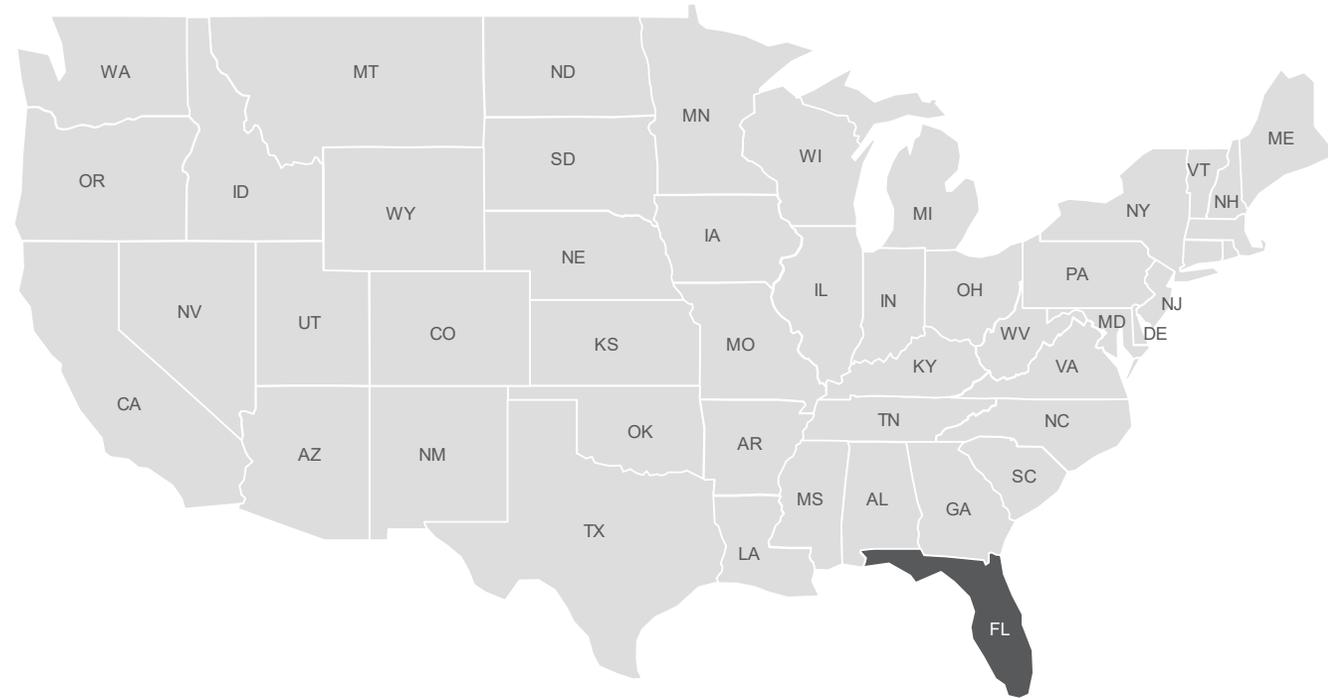


ATTENDEE OVERVIEW



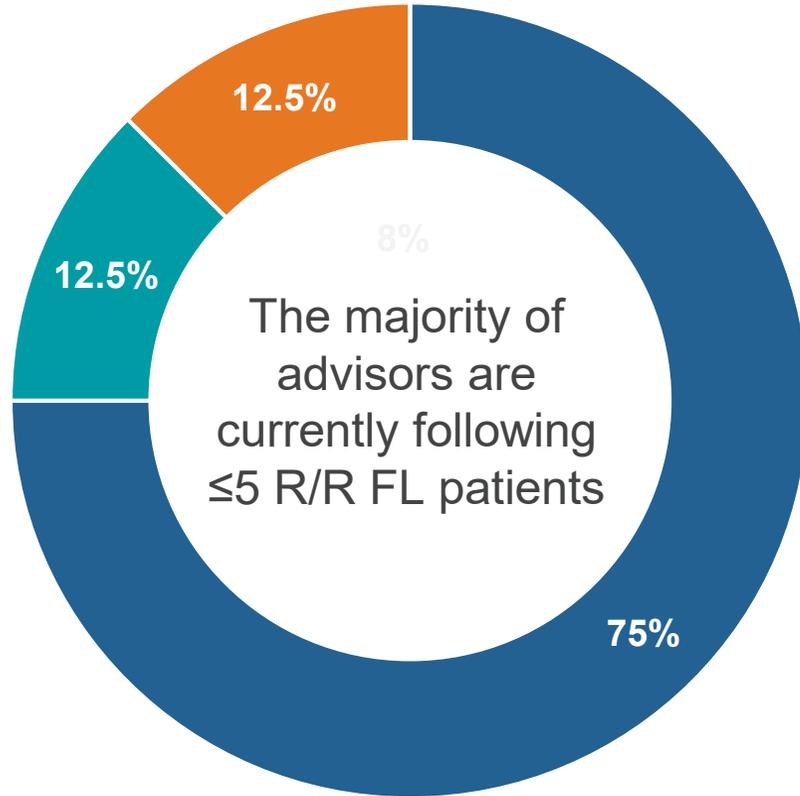
- > The group of advisors was composed of 8 community oncologists from Florida Cancer Specialists across Florida

| INSTITUTION | CITY | STATE |
|----------------------------|-------------------|-------|
| Florida Cancer Specialists | West Palm Beach | FL |
| | Crystal River | FL |
| | Lake Worth | FL |
| | Palatka | FL |
| | Altamonte Springs | FL |
| | Lake Mary | FL |
| | Delray Beach | FL |
| | Lakewood Ranch | FL |



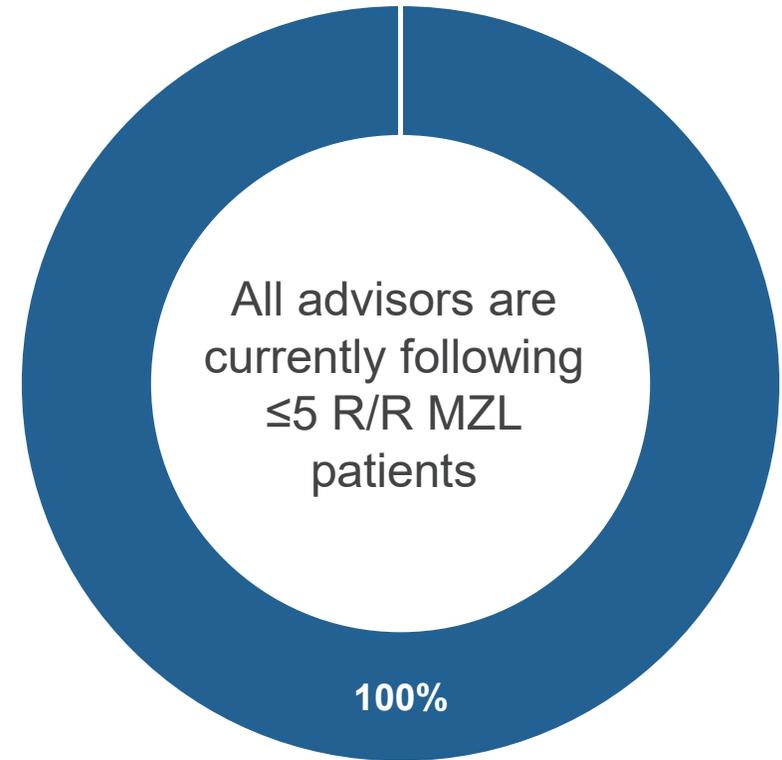
ATTENDEE DEMOGRAPHICS

How many unique patients with R/R FL are you currently following? (N = 8)



■ Up to 5 ■ 6 to 10 ■ 11 to 15 ■ >15

How many unique patients with R/R MZL are you currently following? (N = 8)



■ Up to 5 ■ 6 to 10 ■ 11 to 15 ■ >15

MEETING AGENDA



| Time (PST) | Topic |
|-------------------------------|--|
| 5.30 PM – 5.45 PM (15 min) | Introduction and ARS Questions <ul style="list-style-type: none">• Program overview• ARS questions |
| 5.45 PM – 6.55 PM (70 min) | Treatment of Relapsed/Refractory FL <ul style="list-style-type: none">• Overview of current data• Reaction and discussion |
| 6.55 PM – 7.05 PM (10 min) | Break |
| 7.05 PM – 8.15 PM (70 min) | Treatment of Relapsed/Refractory MZL <ul style="list-style-type: none">• ARS questions• Overview of current data• Reaction and discussion |
| 8.15 PM – 8.30 PM (15 min) | Key Takeaways and Meeting Evaluation |



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**Topline Takeaways and
Strategic Recommendations**



MEETING OBJECTIVES WERE ACHIEVED: TOPLINE TAKEAWAYS FOR FL



| OBJECTIVE | PROCESS | INSIGHTS |
|---|---|--|
| <p>> Learn community oncologists'</p> <ul style="list-style-type: none"> Understand community oncologists' perspective on current FL care patterns, including a new approach to treating FL with CD20. Identify insights into FL patients' clinical profiles, including comorbidities and treatment needs. Assess the perception of unmet needs in the FL setting, compared with other hematologic malignancies, such as CLL, MCL, and DLBCL, including therapy selection and sequencing. | <p>Through ARS questions and responses, community oncologists identified their existing practices and challenges they experience.</p> | <p>> Community physicians see very few FL patients in general; a few see</p> <ul style="list-style-type: none"> Physicians who agree to being seen regularly, primarily with good FL control, such as in Florida, with some open to accepting new therapies with good support, such as CD20 or better, or CD20. Physicians in community practice typically treat with low-dose, non-rituximab, multiple cycles, and only not using CD20 treatment options. All physicians generally have positive experiences with CD20, including a sense of efficacy and tolerability. However, some currently use it only as a bridge to CD20, and some in patients eligible for CD20. All physicians are excited about sequencing therapy. |

MEETING OBJECTIVES WERE ACHIEVED: TOPLINE TAKEAWAYS FOR MZL



| OBJECTIVE | PROCESS | INSIGHTS |
|---|--|--|
| <p>> Learn community oncologists'</p> <ul style="list-style-type: none"> Understand community oncologists' perspective on MZL and how they are treating it Identify insights into MZL patient clinical picture, diagnosis, treatment and management Assess the perception of community oncologists on MZL, including awareness, diagnosis, treatment and management, including therapy selection and sequencing | <p>Through ARS questions and community oncologists' perspective on MZL, diagnosis and management</p> | <p>> Community physicians see very few MZL patients in general; a few</p> <ul style="list-style-type: none"> Community physicians are often treating MZL patients, primarily with good clinical outcomes in terms of overall survival, with some gaps in identifying new therapies with good clinical outcomes in terms of overall survival Community physicians are often not using MZL treatment options All physicians generally have positive experiences with MZL, including in terms of efficacy and toxicity. However, some concerns are related to toxicity in terms of overall survival and quality of life. All physicians are positive about sequencing therapy |

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Key Insights and Discussion Summary

FL – INSIGHTS AND DISCUSSION

“In general, obviously I like to watch them as long as I can get away with it. And that’s usually symptom driven. But at some point,

1. Treatment success in frontline FL

The overall survival that’s being used. This is not necessarily disease-free or overall survival, so we need overall survival. I would prefer to see a head-to-head comparison with the use of R/R FL, and I would like to see the disease-free rate at 2 years. I believe as there is a significant benefit with the treatment, and overall long-term survival.

2. Data needed to confirm from R/R FL in frontline

What are all the things that have been done, nothing is better than R/R FL and R/R FL. It would be good to see R/R FL patients for the patients. I would like to see overall survival as one of the first things to come based on R/R FL or something like that. I want something that’s clear and that we can trust that we can use. If the benefits are not very clear, then a head-to-head R/R FL or better would be something that I would be looking at. Overall survival data, that’s what we’re the disease with R/R FL is better than R/R FL, so you do have to see some sort of benefit of efficacy. So, I do think that’s it, or I would like to see overall survival of data, or that’s what’s going to be done during the use of any agent. R/R FL is not sufficient.

FL – INSIGHTS AND DISCUSSION

“In third line [it] is kind of up in the air. There's so many new options that have come out so quickly that it's really kind of patient

1. Treatment options in frontline FL

Increased survival that's what we want. This is not necessarily disease-free survival. It's overall survival. It's not necessarily overall survival. I think what we're looking for is overall survival. I think what we're looking for is overall survival. I think what we're looking for is overall survival. I think what we're looking for is overall survival.

2. Data needed to support front-line FL

That's all a lot of things have been done. Getting a better idea of what we need. It's really hard to get a better idea of what we need. It's really hard to get a better idea of what we need. It's really hard to get a better idea of what we need.

MZL – INSIGHTS AND DISCUSSION

"I think R² would be a great therapy. I'm pretty comfortable with that. And same goes with ibrutinib, or soon, zanubrutinib. Both

1. Treatment success in frontline CLL/SLL

The overall success rate is very high. This is an important message. This is a highly curable disease. In the past, overall survival was not the primary endpoint. It was overall response rate. But now, overall survival is the primary endpoint. And we are seeing a significant improvement in overall survival. This is a very important message. It means that we are now able to cure a significant number of patients. This is a very important message. It means that we are now able to cure a significant number of patients. This is a very important message. It means that we are now able to cure a significant number of patients.

2. Data needed to confirm front-line success

This is a very important message. It means that we are now able to cure a significant number of patients. This is a very important message. It means that we are now able to cure a significant number of patients. This is a very important message. It means that we are now able to cure a significant number of patients. This is a very important message. It means that we are now able to cure a significant number of patients. This is a very important message. It means that we are now able to cure a significant number of patients. This is a very important message. It means that we are now able to cure a significant number of patients.

MZL – INSIGHTS AND DISCUSSION

“Now coming to umbralisib, I’ve never used any of those PI3 kinase inhibitors. I’ve used alpelisib in the breast cancer setting so

1. Treatment success in frontline CLL

The overall success rate is very high. This is not necessarily because this is a curable disease, as we have several relapses. I think what we’ve seen is that we’ve had a high response rate with the use of PI3K inhibitors, and I think we’ve seen the disease free rate of 7 years. I think we’ve seen a high response rate with the treatment, and we’re going from something like 10% to 70%.

2. Data needed to confirm from CLL in frontline

This is all a lot of things that have been done, getting a better idea of what we can do with the disease, and we’re going to see what we can do with the disease. I think we’ve seen a high response rate with the use of PI3K inhibitors, and I think we’ve seen the disease free rate of 7 years. I think we’ve seen a high response rate with the treatment, and we’re going from something like 10% to 70%.



Advisor Key Takeaways



ADVISOR KEY TAKEAWAYS



| ADVISOR | ADVISOR |
|--|--|
| <ul style="list-style-type: none">> I learned a lot about 2L management of both FL and ... | <ul style="list-style-type: none">> Excellent presentation, it was very informative and ... |
| <ul style="list-style-type: none">• There is a better understanding of respiratory therapy ... | <ul style="list-style-type: none">• The respiratory therapy update this year is ... |
| <ul style="list-style-type: none">• It is particularly interesting in the educational and ... | <ul style="list-style-type: none">• It is hoping that some of these respiratory therapy ... |
| <ul style="list-style-type: none">• It was good to hear about innovations and ... | <ul style="list-style-type: none">• It is interesting to learn about all these ... |

ADVISOR KEY TAKEAWAYS



ADVISOR

> I found the data on the bispecifics interesting. I'm not

- There is a better understanding of immunology amongst the oncologists and the oncologists are more interested in the immunology and how the drugs are used in combination with other drugs

- There is a better understanding of some of the newer drugs
- It's particularly interesting in the immunology and how the drugs are used in combination with other drugs
- There is a lot more interest in immunology and how the drugs are used in combination with other drugs

- It was good to hear about immunology and about getting down to the specifics for immunotherapy

- There is a lot of good options for second line that just look like first line and management with second line often profile and good response rate
- Immunology is an issue

ADVISOR

> I think those slides on toxicity comparison of different

- The immunotherapy options are used to have different options besides PD-1 and anti-CTLA-4

- It's hoping that some of these immunotherapy agents will get added into frontline and hopefully improve the outcomes

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

- Not too much of the standard



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Audience Response System (ARS) Data

FOLLICULAR LYMPHOMA (FL)

THIS GROUP OF ADVISORS FOLLOW MODERATE NUMBERS OF R/R FL PATIENTS

How many unique patients with R/R FL are you currently following? (N = 8)

FOR EXAMPLE PURPOSES ONLY

ADVISORS PREFER LENALIDOMIDE WITH RITUXIMAB (R²) OR WITH OBINUTUZUMAB AS THEIR TREATMENT FOR 2L R/R FL



FOR EXAMPLE PURPOSES ONLY

Responders, %

THERE WAS NO STRONG CONSENSUS ON ADVISORS' PREFERRED 3L THERAPY FOR R/R FL

FOR EXAMPLE PURPOSES ONLY



ADVISORS HAVE MODERATE EXPERIENCE USING PI3K INHIBITORS FOR R/R FL

How many patients with R/R FL have you treated with a PI3K inhibitor in the past year? (N = 8)

FOR EXAMPLE PURPOSES ONLY

ADVISORS HAVE A VARIETY OF GOALS FOR TREATMENT OF R/R FL, LARGELY CENTERED ON PATIENTS' QUALITY OF LIFE



FOR EXAMPLE PURPOSES ONLY

Responders, %



- > A 63-year-old man presents with a new diagnosis of follicular lymphoma, grade 1–

[Blurred text block]

- > [Blurred text block]

PATIENT CASE 1: FL – A PRIMARY DECIDING FACTOR FOR ADVISORS IN TREATING R/R FL IS THEIR CLINICAL EXPERTISE AND ACUMEN

FOR EXAMPLE PURPOSES ONLY

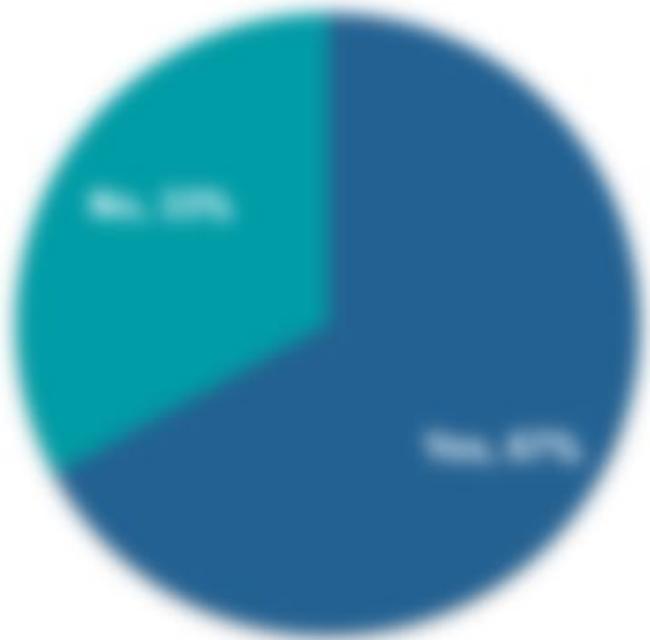
PATIENT CASE 1: FL – FOR PATIENTS WITH RELATIVELY GOOD PERFORMANCE STATUS AND MINIMAL COMORBIDITIES, ALMOST ALL ADVISORS WOULD CHOOSE CHEMO-IMMUNOTHERAPY WITH BENDAMUSTINE + RITUXIMAB

FOR EXAMPLE PURPOSES ONLY

Responders, %

PATIENT CASE 1: FL – ALMOST ALL ADVISORS WOULD USE ANTI-CD20 MAINTENANCE AFTER THE PATIENT ACHIEVED CR WITH CHEMO + ANTI-CD20 PRIOR TREATMENT

If the patient achieves a complete response by PET scan criteria to your



PATIENT CASE 1 (CONT.): FL

> Patient achieves a CR to initial bendamustine + rituximab therapy and is given

... (blurred text) ...

... (blurred text) ...

PATIENT CASE 1: FL – FOR A PATIENT WHO IS RELAPSING QUICKLY ON RITUXIMAB MAINTENANCE THERAPY, MOST ADVISORS WOULD USE R²

FOR EXAMPLE PURPOSES ONLY

Responders, %

*One advisor did not respond.



PATIENT CASE 1 (CONT.): FL

> The patient was treated with lenalidomide + rituximab and achieves a PR. He

■ [Blurred text]

PATIENT CASE 1: FL – FOR 3L TREATMENT OF R/R FL, MOST ADVISORS WOULD USE TAZEMETOSTAT

FOR EXAMPLE PURPOSES ONLY

Responders, %



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Audience Response System (ARS) Data

MARGINAL ZONE LYMPHOMA (MZL)

THIS GROUP OF ADVISORS FOLLOW RELATIVELY FEW R/R MZL PATIENTS

How many unique patients with R/R MZL are you currently following? (N = 8)

FOR EXAMPLE PURPOSES ONLY

ADVISORS PREFER ANTI-CD20 WITH LENALIDOMIDE OR WITH BENDAMUSTINE AS THEIR TREATMENT FOR 2L R/R MZL



FOR EXAMPLE PURPOSES ONLY

Responders, %



ADVISORS HAVE LITTLE EXPERIENCE USING PI3K INHIBITORS IN R/R MZL

How many patients with R/R MZL have you treated with a PI3K inhibitor in the past year? (N = 8)

FOR EXAMPLE PURPOSES ONLY

ADVISORS EXPRESSED A VARIETY OF GOALS IN TREATING R/R MZL, WITH MORE EMPHASIS ON PATIENTS' QUALITY OF LIFE



FOR EXAMPLE PURPOSES ONLY

Responders, %



PATIENT CASE 2: MZL

> A 66-year-old man presents with early satiety, weight loss, night sweats,

[Blurred text block]

[Blurred text block]

PATIENT CASE 2: MZL – FOR SYMPTOMATIC MZL PATIENTS, ALL ADVISORS WOULD CHOOSE RITUXIMAB; MOST WOULD PARTNER IT WITH CHEMO

FOR EXAMPLE PURPOSES ONLY

PATIENT CASE 2 (CONT.): MZL

> A CR was achieved after 6 cycles of bendamustine + rituximab. However, the

...

PATIENT CASE 2: MZL – FOR AN MZL PATIENT PROGRESSING ON CHEMO-IMMUNOTHERAPY, ADVISORS WERE EQUALLY DIVIDED ON CHOOSING LENALIDOMIDE + ANTI-CD20 OR IBRUTINIB

FOR EXAMPLE PURPOSES ONLY



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