APTITUDE HEALTH®

CASES

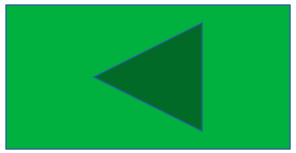
# INSIGHTS INTO ACUTE MYELOID LEUKEMIA

Wednesday, September 16, 2020

Midwest Region

# HOW TO NAVIGATE THIS REPORT

Click to move to topic of interest or ARS supporting data



Click to return to previous slide

# CONTENTS

CASES

# STUDY OBJECTIVE

- To gain advisors' perspectives on the management of newly diagnosed and relapsed/refractory (R/R) acute myeloid leukemia (AML)

# REPORT SNAPSHOT

CASES

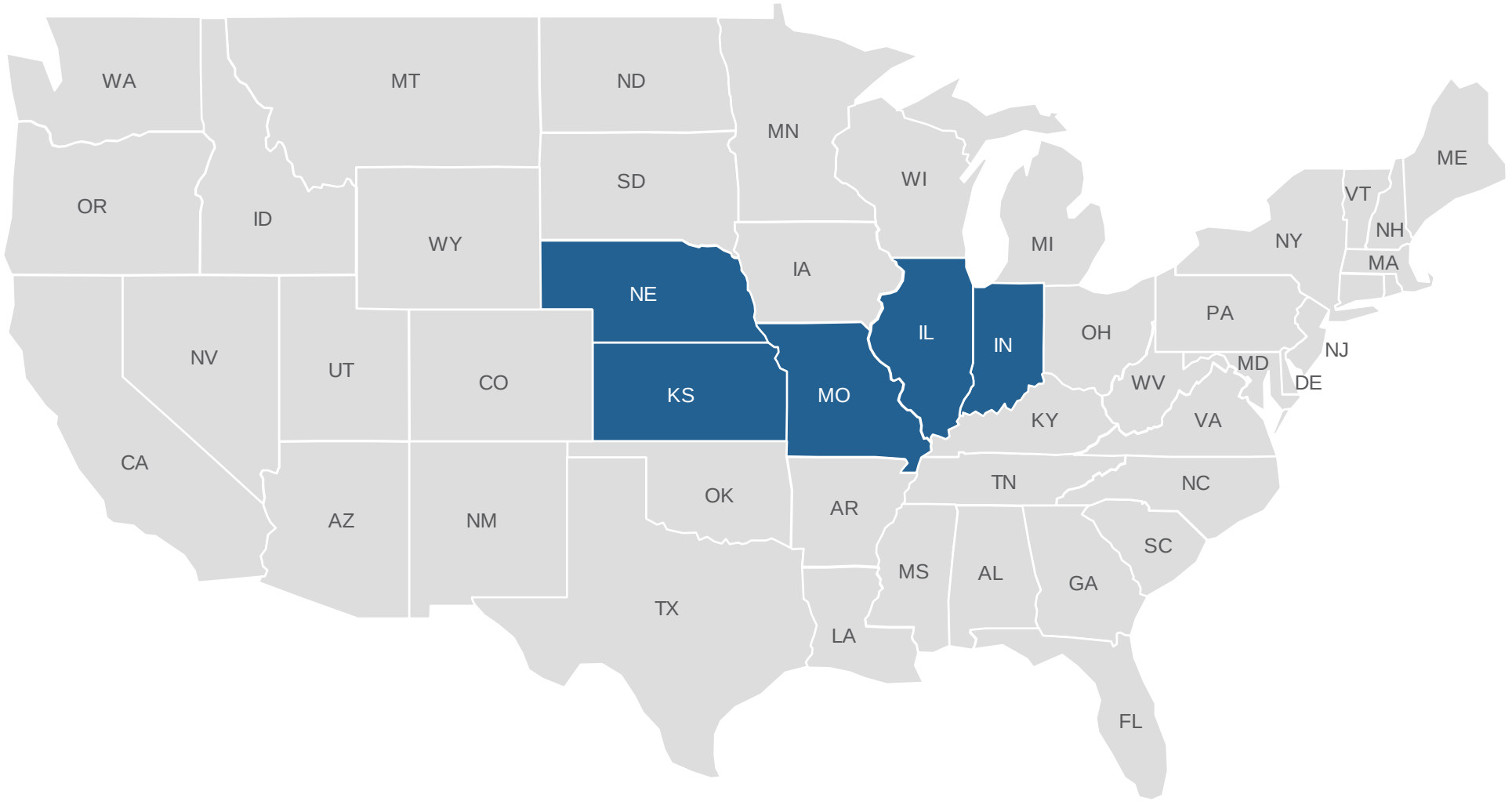
- A moderated, virtual roundtable discussion focusing on treatment of AML was held on September 16, 2020
- Disease state and data presentations were developed in conjunction with Dr Elias Jabbour from MD Anderson Cancer Center
- The group of advisors comprised 9 community oncologists
  - Community oncologists were invited from Illinois, Indiana, Kansas, Michigan, Missouri, Nebraska, and Wisconsin
  - Attendees of the roundtable represented community oncologists from Illinois, Indiana, Kansas, Missouri, and Nebraska
- Insights on the following AML therapies were obtained: azacitidine, cytarabine and daunorubicin (ie, 7+3), decitabine, ivosidenib, enasidenib, gemtuzumab ozogamicin, gilteritinib, liposomal daunorubicin and cytarabine, midostaurin, sorafenib, venetoclax, and glasdegib
- Data collection was accomplished through use of audience response system (ARS) questioning and in-depth moderated discussion

APTITUDE HEALTH®

CASES

# Participant Demographics

# PARTICIPANT DEMOGRAPHICS (1/3)



# PARTICIPANT DEMOGRAPHICS (2/3)

# PARTICIPANT DEMOGRAPHICS (3/3)

APTITUDE HEALTH®

CASES

# Key Insights

# TOPLINE TAKEAWAYS – AML

## First-Line Therapy

# FIRST-LINE THERAPY (1/3)

| Topic | Data and Insights |
| --- | --- |
| Risk stratification | **Most advisors risk-stratify all newly diagnosed AML patients. Treatment decision is driven by comorbidities, presence** |

# FIRST-LINE THERAPY (2/3)

| Topic | Data and Insights |
| --- | --- |
| Patient case | **Advisors showed a preference to use venetoclax (± HMA or LDAC) in patients >75 years of age or who have** |

# FIRST-LINE THERAPY (3/3)

| Topic | Data and Insights |
| --- | --- |
| Perception of | **Advisors showed a strong preference to use venetoclax in older patients with and without targetable mutations, and** |

# FIRST-LINE THERAPY – QUOTES (1/2)

“In the initial phase when you’re getting an induction with HMA ±

# FIRST-LINE THERAPY – QUOTES (2/2)

CASES

"Whether or not we can translate [HMAs] to oral agents, I'm not sure.

# RELAPSED/REFRACTORY THERAPY

| Topic | Data and Insights |
| --- | --- |
| Biomarkers and | **All advisors would repeat biomarker testing in their R/R AML patients, but have differing opinions on which is the** |

# RELAPSED/REFRACTORY THERAPY – QUOTES

[Regarding experience with targeted therapies]: “We had a

[Regarding differentiation syndrome]: “We’re very

APTITUDE HEALTH®

CASES

# Advisor Key Takeaways

# ADVISOR KEY TAKEAWAYS (1/2)

**Dr 1**

- HMA data is interesting

**Dr 2**

- Optimistic about possibilities of triplet combinations with

# ADVISOR KEY TAKEAWAYS (2/2)

**Dr 7**

- The importance of molecular testing

**Dr 8**

- Incorporation of BCL-2 inhibitor with HMA

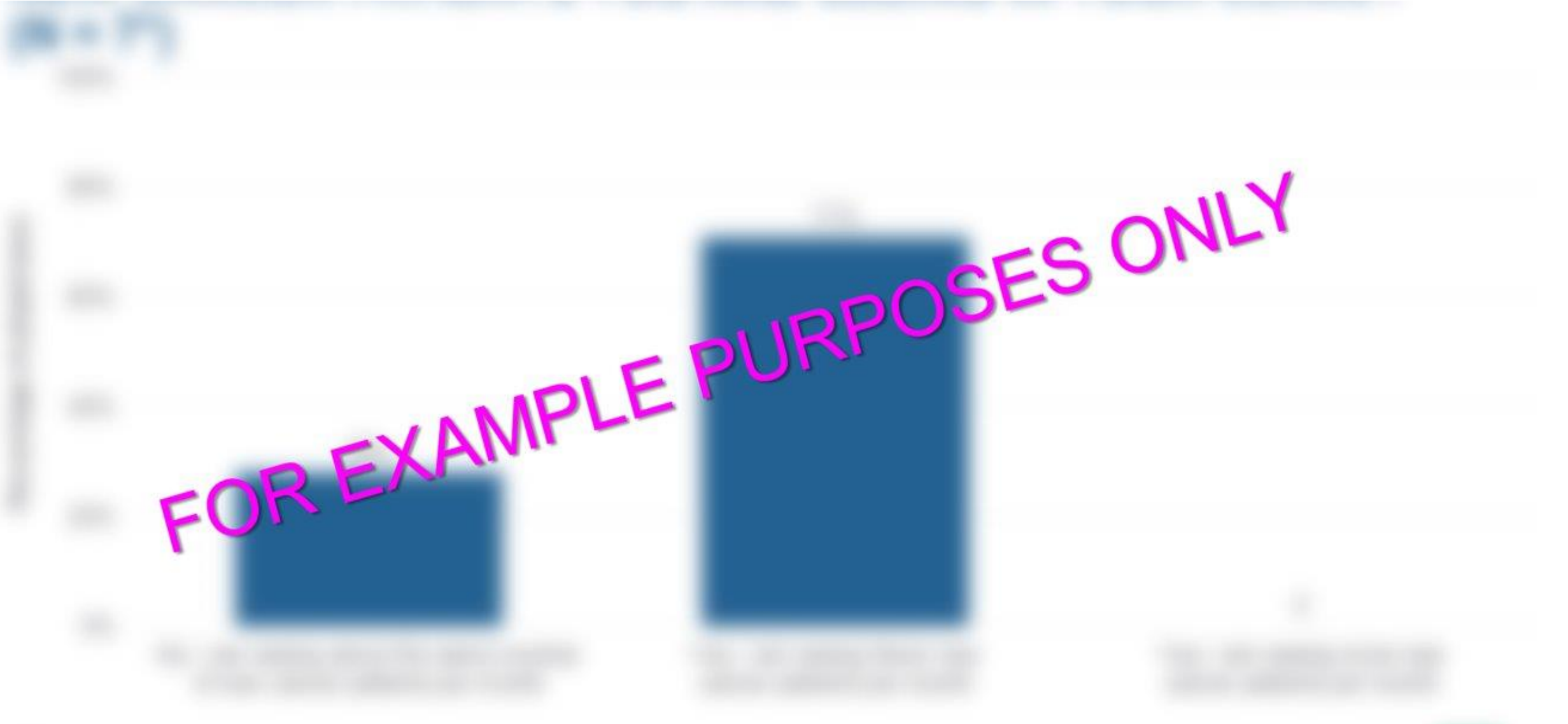
APTITUDE HEALTH®

CASES

# AML ARS

## BASELINE AND FIRST-LINE THERAPY

# DO YOU RISK-STRATIFY YOUR NEWLY DIAGNOSED AML PATIENTS? (N = 8*)



# IF YOU RISK-STRATIFY YOUR NEWLY DIAGNOSED AML PATIENTS, WHAT METHOD DO YOU USE? SELECT ALL THAT APPLY. (N = 9)

# IN ADDITION TO CYTOGENETICS, WHICH OF THE FOLLOWING MOLECULAR MARKERS ARE YOU ROUTINELY TESTING FOR IN YOUR NEWLY DIAGNOSED AML PATIENTS? (SELECT ALL THAT APPLY) (N = 9)

# WHEN IT COMES TO MOLECULAR/GENOMIC TESTING: (N = 9)

# WHEN IT COMES TO GENOMIC/MUTATIONAL TESTING, THE TURNAROUND TIME TO GET THE FINAL RESULTS IS: (N = 9)

# IN GENERAL, THE FOLLOWING STATEMENT DESCRIBES ME BEST: (N = 9)

# WHAT INDUCTION REGIMEN DO YOU ROUTINELY RECOMMEND FOR A 50-YEAR-OLD PS 0 PATIENT WITH INTERMEDIATE-RISK AML (CD33 POSITIVE AND WITHOUT *FLT3* MUTATION)? (N = 9)

# WHAT INDUCTION REGIMEN WOULD YOU RECOMMEND FOR A 50-YEAR-OLD PS 2 PATIENT WHO HAS A HISTORY OF CARDIOVASCULAR DISEASE, INCLUDING A PREVIOUS HEART ATTACK, WITH INTERMEDIATE-RISK AML (CD33 POSITIVE AND WITHOUT *FLT3* MUTATION)? (N = 9)

CASES

# WHAT INDUCTION REGIMEN DO YOU ROUTINELY RECOMMEND FOR A 77-YEAR-OLD PS 1 PATIENT WITH INTERMEDIATE-RISK AML (CD33 POSITIVE AND WITHOUT *FLT3* MUTATION)? (N = 9)

CASES

# WHAT INDUCTION REGIMEN DO YOU ROUTINELY RECOMMEND FOR A 70-YEAR-OLD PS 1 PATIENT WITH THERAPY-RELATED AML FOLLOWING TREATMENT FOR MANTLE CELL LYMPHOMA (INCLUDING AUTOLOGOUS STEM CELL TRANSPLANT)? GENOMIC PROFILING IS UNKNOWN. (N = 9)

CASES

# WHAT INDUCTION REGIMEN DO YOU RECOMMEND FOR A 70-YEAR-OLD PS 2 PATIENT WITH INTERMEDIATE-RISK AML AND *IDH1* MUTATION REVEALED BY NGS? (N = 8*)

CASES

# DO YOU PLAN TO INCREASE YOUR USE OF VENETOCLAX IN NEWLY DIAGNOSED AML PATIENTS? (N = 9)

# WHICH OF THE FOLLOWING DOSING SCHEDULES DO YOU USE FOR VENETOCLAX IN AML? (N = 9)

# DO YOU COMMONLY COADMINISTER PROPHYLACTIC ANTIFUNGALS WHEN TREATING AML PATIENTS WITH VENETOCLAX? (N = 9)

# DO YOU MODIFY YOUR DOSING OF VENETOCLAX ON THE BASIS OF PROPHYLACTIC ANTIFUNGALS USE? (N = 9)

APTITUDE HEALTH®

CASES

# AML ARS

## RELAPSED/REFRACTORY THERAPY

# DO YOU ROUTINELY REPEAT BIOMARKER TESTING IN YOUR AML PATIENTS AT THE TIME OF RELAPSE? (N = 9)

# WHICH OF THE FOLLOWING MUTATIONS ARE MOST IMPORTANT TO BE CHECKED IN ALL PATIENTS WITH RELAPSED AML FOR THERAPEUTIC DECISION MAKING? (N = 9)

CASES

# HOW OFTEN DO YOU RECHECK *FLT3* MUTATIONS AT RELAPSE, IRRESPECTIVE OF BASELINE *FLT3* MUTATION STATUS? (N = 9)

CASES

# PATIENT CASE

CASES

- A 52-year-old female with inversion 16 completes induction with 7+3, and 4

# WHAT DO YOU TREAT HER WITH, PROVIDED SHE HAS PS 0 AND NO MAJOR COMORBIDITIES? (N = 9)

FOR EXAMPLE PURPOSES ONLY

# PATIENT CASE

- A patient who was initially treated with induction liposomal daunorubicin-

# WHAT WOULD YOU CONSIDER NEXT? (N = 9)

# PATIENT CASE

CASES

- A 77-year-old male presents with AML, normal cytogenetics, no *FLT3-*

# WHAT DO YOU CONSIDER NEXT? (N = 9)