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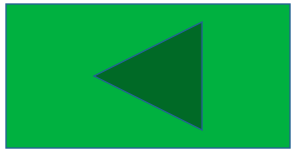
Chronic Lymphocytic Leukemia: Optimal Integration and Side Effect Management of Novel Therapies

Saturday, August 14, 2021

Virtual Program – Puerto Rico

How to Navigate This Report

Click to move to topic of interest or ARS supporting data



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Report Objectives

STUDY OBJECTIVES
> Gain perspectives of advisors (physicians and nurses) from Puerto Rico on the optimal integration and side effect management of novel therapies in chronic CLL

Report Snapshot: Session Overview

A virtual moderated roundtable discussion focusing on treatment of CLL in Puerto Rico was held on August 14, 2021, including physicians and nurses

Disease state and data presentations were developed in conjunction with a medical expert and a nurse from Moffitt Cancer Center, Tampa, Florida, USA

Main insights on the following therapies were obtained: ibrutinib, acalabrutinib, zanubrutinib, obinutuzumab, rituximab, venetoclax

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

Report Snapshot: Attendee Overview

- The group of advisors comprised 6 community oncologists/hematologists and 5 nurses from Puerto Rico; discussions took place in Spanish
  - Attendees came from Aguada, Barceloneta, Caguas, Mayagüez, San Juan, and Vega Baja

Participant Demographics

Physicians

How many unique patients with CLL are you currently following? (n = 4*)

Nurses

How many unique patients with CLL are you currently following? (n = 4)**

*Two physicians did not respond.

**One nurse did not respond.

Agenda

Time (AST)	Topic
Program 1: Focus on Oncologists and Hematologists (9.00 AM – 11.00 AM)	
9.00 AM – 9.15 AM	Introduction
9.15 AM – 10.00 AM	Optimal Integration and Side Effect Management of Novel Therapies in CLL *Javier Pinilla, MD, PhD*
10.00 AM – 10.45 AM	Moderated Discussion
10.45 AM – 11.00 AM	Key Takeaways and Meeting Evaluation
11.00 AM – 11.30 AM	Break
Program 2: Focus on Nurses (11.30 AM – 1.30 PM)	
11.30 AM – 11.45 AM	Introduction
11.45 AM – 12.05 PM	Novel Therapies in CLL *Javier Pinilla, MD, PhD*
12.05 PM – 12.30 PM	Side Effect and Patient Management With Novel Therapies in CLL *Kelly Garvin, BSN, RN, OCN*
12.30 PM – 1.15 PM	Moderated Discussion
1.15 PM – 1.30 PM	Key Takeaways and Meeting Evaluation

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Topline Takeaways and Strategic Recommendations

Meeting Objectives Were Achieved: Topline Takeaways

OBJECTIVES	PROCESS	INSIGHTS
> Gather physicians' insights	> Through ARS questions	> Advisors consider the genetic profile (prognostic factors) of the

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Key Insights and Discussion Summary

Discussion: Focus on Oncologists and Hematologists

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INSIGHTS

"Being able to provide a finite therapy is very important to the patient. No one wants to be on therapy all their life."

- [illegible]

[illegible]

- [illegible]

[illegible]

Discussion: Focus on Nurses

INSIGHTS

"We educate patients regarding the drugs, the AEs, diet. We also follow the laboratory parameters, which

- Treatment success in frontline DLBCL

- Data needed to switch from SOC in frontline

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Advisor Key Takeaways

Advisor Key Takeaways: Oncologists and Hematologists

ADVISOR	ADVISOR
> New therapies are coming with fixed duration	> Everything was very interesting with an excellent overview and chance to clarify some doubts
1 > I have a better understanding of sequencing therapies > I really wasn't that familiar with polatuzumab and tafasitamab but now I have a better understanding of these drugs and have a better idea of when to use them in my practice	5 > For relapsed/refractory patients it's nice to have different options besides R-ICE and auto or going to CAR-T
2 > I have a better understanding of some of my relapse options > I'm particularly interested in the tafasitamab and hope that tafa and Rev would be tolerated for a second-line option for my very elderly patients > There's a lot more enthusiasm for targeted therapy and for things like polatuzumab that may offer lesser side effects	6 > I'm hopping that some of these second-line agents will get added onto frontline and hopefully improve the cure rate
3 > It was great to hear about innovations and what's coming down the pipeline for relapsed/refractory	7 > Very interesting to learn about all these relapsed/refractory treatments, specifically the bispecific antibodies > A lot of options coming up in the future. The only issue will be to learn how to sequence these drugs
4 > There's a lot of good options for second line than just CAR-T and transplant with decent side effect profile and good response rates > Sequencing is an issue	8 > Still R-(CHOP is the standard

Advisor Key Takeaways: Nurses

ADVISOR	ADVISOR
1	5
2	6
3	7
4	8

> I enjoyed this experience very much and it is the first time I had the opportunity to interact with other colleagues. The part I

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ARS Data – Focus on Oncologists and Hematologists

Half of the Advisors Have ≥11%–30% of Patients With Del(17p) and/or *TP53* Mutations

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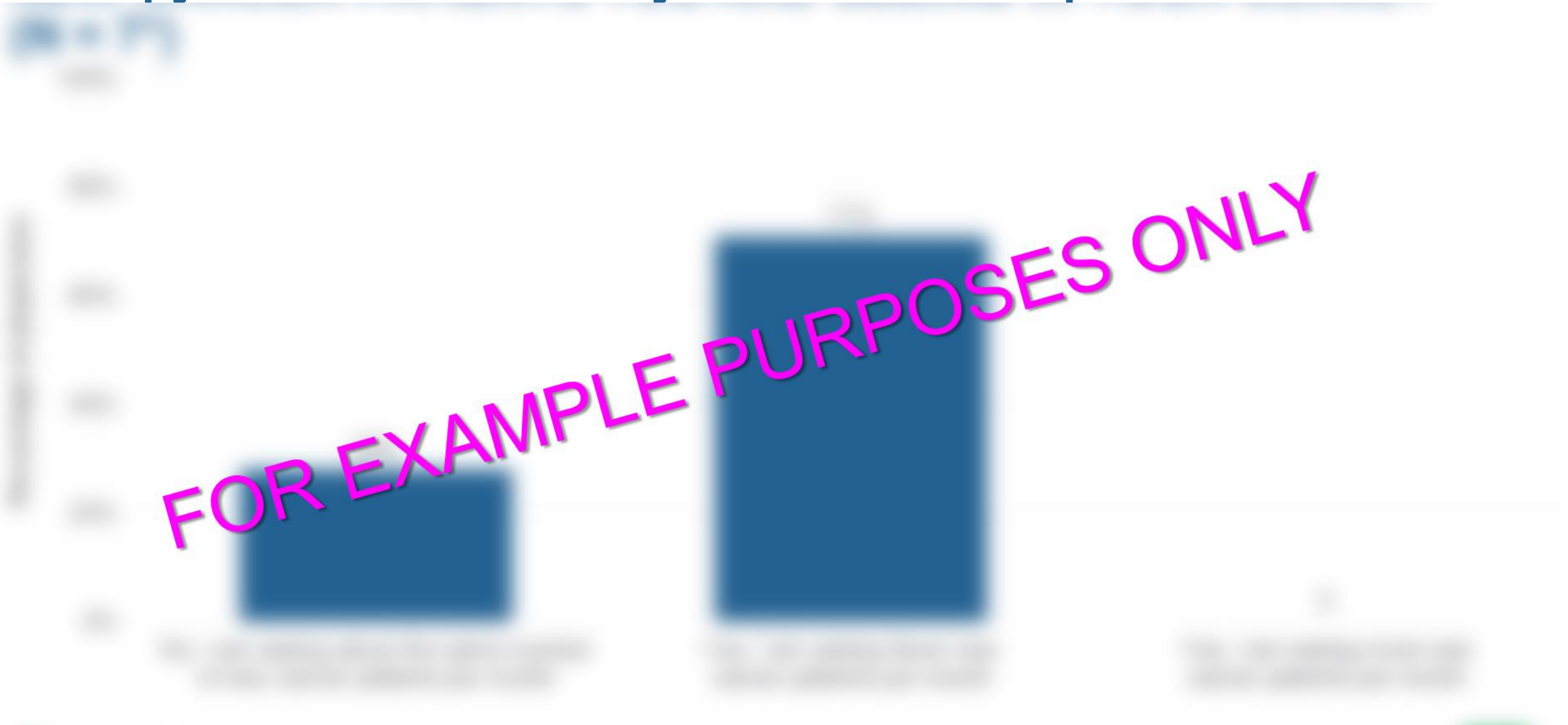
*One advisor did not respond.

Overall Response Rate and MRD Negativity Are Considered the Most Important Efficacy Outcomes When Determining First-Line Therapy for CLL Patients

*One advisor did not respond.

For All Advisors, the Ability to Give a "Finite-Duration Therapy" in First Line Is Very or Somewhat Important



*One advisor did not respond.

For Almost One-Third of Advisors, Diarrhea Is the Most Difficult-to-Manage AE With BTKi

*One advisor did not respond.

For 36% of Advisors, Dose Modification and Observation Is the Most Important First Step in Controlling AEs

*One advisor did not respond.

For Three-Quarters of Advisors, the Safety of BTKi Is Somewhat Easy to Manage

*Two advisors did not respond.

Most Advisors Were Split Equally Between Choosing FCR or Venetoclax + Obinutuzumab in Frontline for a 50-Year-Old PS 0 Patient With No Major Comorbidities (without del[17p]/*TP53* mutation or *IGHV* mutation)

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*One advisor did not respond.

40% of Advisors Would Choose FCR in Frontline for a 50-Year-Old PS 0 Patient With No Major Comorbidities (without del[17p]/*TP53* mutation; *IGHV* mutation positive)

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*One advisor did not respond.

The Majority of Advisors Use a BTKi (ibrutinib or acalabrutinib + anti-CD20) in Frontline for a 50-Year-Old PS 0 Patient With No Major Comorbidities (positive for del[17p]/*TP53* mutation; *IGHV* mutation negative). The Other 40% Will Choose Venetoclax Combination Regimen

*One advisor did not respond.

The Majority of Advisors Would Choose a BTKi (ibrutinib ± rituximab or acalabrutinib + anti-CD20) in Frontline for a 75-Year-Old PS 1 Patient With No Major Comorbidities (without del[17p]/*TP53* mutation or *IGHV* mutation). The Other 40% Will Choose Venetoclax Combination Regimen

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*One advisor did not respond.

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ARS Data – Focus on Nurses

The Majority of Nurses Indicated They Have No Experience With BTKi in CLL*

the ARS questions on BTKi are decided in consultation with the physician or are answers in relation to their experience with chemotherapy and immunotherapy.
**One nurse did not respond.

The Majority of Nurses Indicated They Have No Experience With BTKi in Other Disease States

*One nurse did not respond.

A Few Nurses Have Seen 1–2 Patients Treated With a BTKi Since January 2021

The Majority of Nurses Are Involved in Various Aspects of Patient Counseling but Not in Treatment Initiation, Choice of Drugs, or Dose Adjustments

*One nurse did not respond.

Cytopenia, Diarrhea, and Hypertension Are Equally Regarded as the Most Difficult-to-Manage AEs by Nurses

*One nurse did not respond.

Dose Modification Is the Most Observed Strategy Seen by Nurses to Handle AEs With BTKi

*One nurse did not respond.

Patient Education From Diagnosis and Throughout Treatment, Education on AE Identification, and Facilitating Communication With the Healthcare Team Are Equally Implemented Strategies to Monitor AEs

*One nurse did not respond.

Adverse Events of Therapy and Cost of Treatment Are the Most Common Barriers Seen by Nurses Regarding Adherence to BTKi. Lack of Patient Awareness and Timely Prescription Refills Are Also Important Factors (that could be managed)

*One nurse did not respond.