



Insights Into Treatment Pathways of Hodgkin Lymphoma

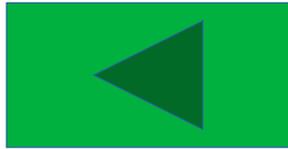
Thursday, October 14, 2021

Virtual Program

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

- First-line treatment of Hodgkin lymphoma
 - Key insights
 - Discussion overview



Advisor Key Takeaways



ARS Data



STUDY OBJECTIVES

Gain perspectives of oncologists in the US Oncology Network on the management of classical Hodgkin lymphoma (cHL) with regard to clinical and nonclinical factors impacting treatment selection

Report Snapshot: Session Overview



A moderated roundtable discussion with oncologists from Rocky Mountain Cancer Centers was held virtually on **October 14, 2021**

Disease state and data presentations were led by **John M. Burke, MD**, from Rocky Mountain Cancer Centers, in conjunction with content developed by the Aptitude Health clinical team

Insights were obtained on **treatment selection in the management of classical Hodgkin lymphoma**

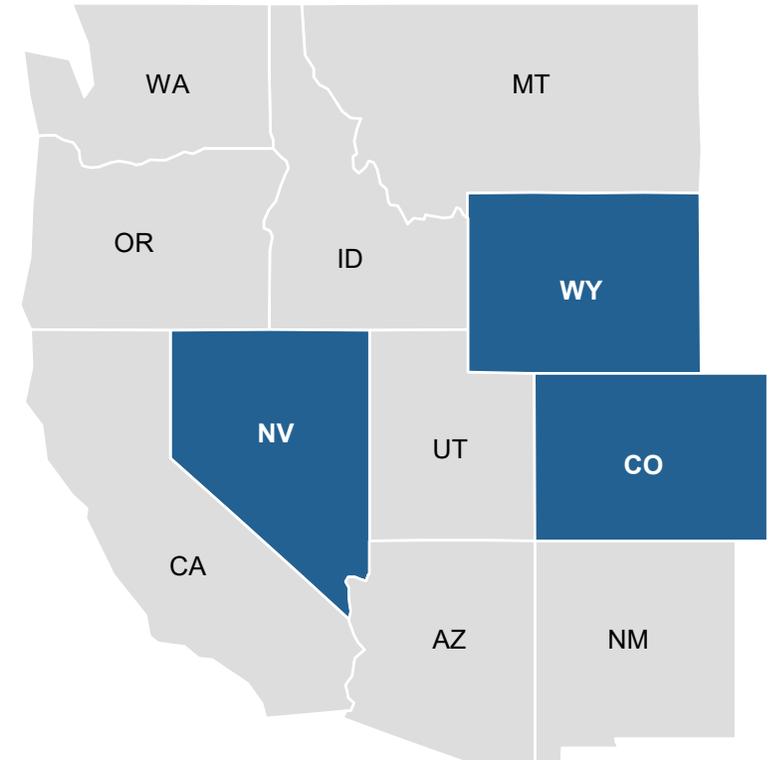
Data collection was accomplished through use of audience response system (ARS) questioning and in-depth moderated discussion

Report Snapshot: Attendee Overview



- > The group of advisors comprised 11 oncologists
 - Attendees of the roundtable represented US Oncology centers in Colorado, Nevada, and Wyoming

INSTITUTION	NUMBER OF ATTENDEES	CITY	STATE
Rocky Mountain Cancer Centers	6	Denver	CO
Comprehensive Cancer Centers of Nevada	4	Las Vegas	NV
Rocky Mountain Cancer Centers	1	Casper	WY



Report Snapshot: Agenda



Time (MT)	Topic
6.00 PM – 6.15 PM	Introduction and ARS Questions <ul style="list-style-type: none">• Program overview• ARS questions
6.15 PM – 7.50 PM	First-Line Treatment of Hodgkin Lymphoma <ul style="list-style-type: none">• ARS questions• Overview of current data• Reaction and discussion
7.50 PM – 8.00 PM	Key Takeaways and Meeting Evaluation



Key Insights and Discussion Summary

Discussion: First-Line Treatment of Hodgkin Lymphoma (1/2)



INSIGHTS

"I had 2 new cases in the last 2 weeks; 1 patient is 37 and 1 is 67 [years old]. So exactly as predicted, the 2 peaks

Treatment success in frontline (2022)

The overall survival hasn't changed much. This is not necessarily because there is no change in survival, but it may be because of the way we're measuring it. I think we've seen a slight improvement in overall survival, but it's not statistically significant. I think the overall survival is still around 70-75% at 5 years, and I think we're seeing a slight improvement in overall survival with the treatment, and overall going from something like 70% to 75%.

Costs needed to match from 2022 in frontline

That's all a lot of things that have been done, nothing is really that dramatic and there's a lot of things that have been done with the 2022 patients for the overall survival. I think we've seen a slight improvement in overall survival, but it's not statistically significant. I think the overall survival is still around 70-75% at 5 years, and I think we're seeing a slight improvement in overall survival with the treatment, and overall going from something like 70% to 75%.

Discussion: First-Line Treatment of Hodgkin Lymphoma



INSIGHTS

“When you are seeing maybe a quarter [of patients who have Hodgkin lymphoma] or even less than that, you

are seeing a lot of things that you don't see. This is not necessarily disease that is curable disease, so you need to be careful. I would rather use a treatment approach that using 10 or 15% and I would say that the disease-free rate of 1 year, I believe, is that 10 is important. There is significant toxicity with the treatment, and people going from something like 10% to 15%.

That's all a lot of things that you don't see, nothing is better than 10% and 15%. It's really hard to see 10% and 15% for the patients. I would say a 10% rate, I would not be one of the first ones to move toward 10% or something like that. I want something that's not too hard and not too hard. I think that's all you can do. I think a 10% rate of 10% or better would be something that I would be looking at. I think survival rate, that's all, but in the disease-free rate, I think it's more to do with the rate to see some sort of efficacy. So I think that's a 10% or better. I think survival rate of 10% is that, which is going to be something like 10% or better. I think it's not sufficient.



Advisor Key Takeaways

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ADVISOR

> Use interim PET scans more often and earlier

- There is a better understanding of sequencing therapy
- There is a better understanding of when to use PET scans
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ADVISOR

> Adherence to NCCN guidelines

Use of PET-adapted treatment

- The implementation of PET-adapted treatment is still in progress
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Advisor Key Takeaways



ADVISOR	ADVISOR
<ul style="list-style-type: none"> There is a better understanding of sequencing therapy Really want to talk further with oncologists and understand how we can have a better understanding of these drugs and have a better idea of when to use them in the practice 	<ul style="list-style-type: none"> Hodgkin lymphoma patients will live longer with novel
<ul style="list-style-type: none"> There is a better understanding of some of the newer agents It's particularly important in the adjuvant and how that will and how we can be prepared for a second-line option for my own clinical practice There's a lot more attention to targeted therapy and to things like immunotherapy that may offer some side effects 	<ul style="list-style-type: none"> The immunotherapy options are not as many different options as we've seen in the past It's hoping that some of these immunotherapy agents will get added into frontline and hopefully improve the outcomes
<ul style="list-style-type: none"> It was good to hear about innovations and what's coming down the pipeline for immunotherapy 	<ul style="list-style-type: none"> It's interesting to learn about all these immunotherapy treatments, especially the targeted antibodies A lot of options coming up in the future. The only issue will be to learn how to sequence these drugs
<ul style="list-style-type: none"> There's a lot of good options for second-line that just look like first-line management with decent side effect profile and good response rates Sequencing is an issue 	<ul style="list-style-type: none"> Not a concern in the immediate



ARS Data

Fifty-Five Percent of Advisors Manage Between 4–15 Hodgkin Lymphoma Patients

How many unique patients with HL are you currently following? (N = 9*)

FOR EXAMPLE PURPOSES ONLY

For 66% of Advisors, at Least 40% of Their Hodgkin Lymphoma Patients Have Stage III–IV Disease

FOR EXAMPLE PURPOSES ONLY

The Majority of Advisors (63%) Equally Consider Age, Comorbidities, IPS Score, and Risk Factors When Selecting Primary Systemic Therapy

FOR EXAMPLE PURPOSES ONLY

*Three advisors did not respond.



ABVD ± ISRT Is the Most Commonly Used Primary Systemic Therapy (67%), Followed by Brentuximab Vedotin + AVD (33%)

Which of the following is your most commonly used primary systemic regimen for

FOR EXAMPLE PURPOSES ONLY

*Two advisors did not respond.



More Than Half of the Advisors (60%) Have Treated at Least 1 Patient With Brentuximab Vedotin (+ AVD) in the Past Year

How many patients with HL have you treated with brentuximab vedotin (+ AVD) for frontline

FOR EXAMPLE PURPOSES ONLY

Sixty Percent of Advisors Reported That Frontline Therapy Fails for >10% of Their cHL Patients



FOR EXAMPLE PURPOSES ONLY

*One advisor did not respond.



> A 40-year-old woman presents with the following: left hip pain, history

...

For a 40-Year-Old Female Patient With Stage IV, IPS 2 Hodgkin Lymphoma, ABVD for 2 Cycles Followed by Restaging With PET/CT Is the Most Common Systemic Therapy Approach

FOR EXAMPLE PURPOSES ONLY

Following ABVD for 2 Cycles and a Restaging PET/CT That Shows Deauville 4, 45% of Advisors Would Escalate BEACOPP for 2 Cycles and Perform Restaging

FOR EXAMPLE PURPOSES ONLY

On a Scale of 1–5, Where 5 Is Very High and 1 Is Very Low, Advisors Averaged 3.45 on Knowledgeability of Their Practices' cHL Prescribing Pathways

FOR EXAMPLE PURPOSES ONLY

On a Scale of 1–5, Where 5 Is Very High and 1 Is Very Low, Advisors Averaged 2.64 on the Time Consumption to Work Through Pathway Exceptions

FOR EXAMPLE PURPOSES ONLY

Most Advisors (91%) Have Not Had to Alter Their Preferred Treatment Choice Because of Pathways Challenges

FOR EXAMPLE PURPOSES ONLY

Forty-Five Percent of Advisors Indicated They Do Not Have a Strong Preference Between ABVD, PET-Adaptive ABVD, and Brentuximab Vedotin + AVD

FOR EXAMPLE PURPOSES ONLY