APTITUDE HEALTH®

CASES

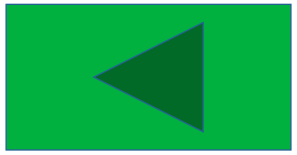
Insights Into Chronic Lymphocytic Leukemia (CLL)

Tuesday, March 22, 2022

Virtual Program – Southwest

How to Navigate This Report

Click to move to topic of interest or ARS supporting data



Click to return to previous slide

Contents

CASES

Report Objectives

CASES

STUDY OBJECTIVES

Gain insight into

- Management of newly diagnosed and relapsed/refractory CLL
- Differentiation and integration of BTK inhibitors
- Management of BTKi-related adverse events

Report Snapshot: Session Overview

A moderated roundtable discussion with community oncologists from the Southwest region of the United States was held in a virtual setting on **March 22, 2022**

Disease-state and data presentations were led by **Dr Deborah Stephens** from Huntsman Cancer Institute at the University of Utah, in conjunction with content developed by the Aptitude Health clinical team

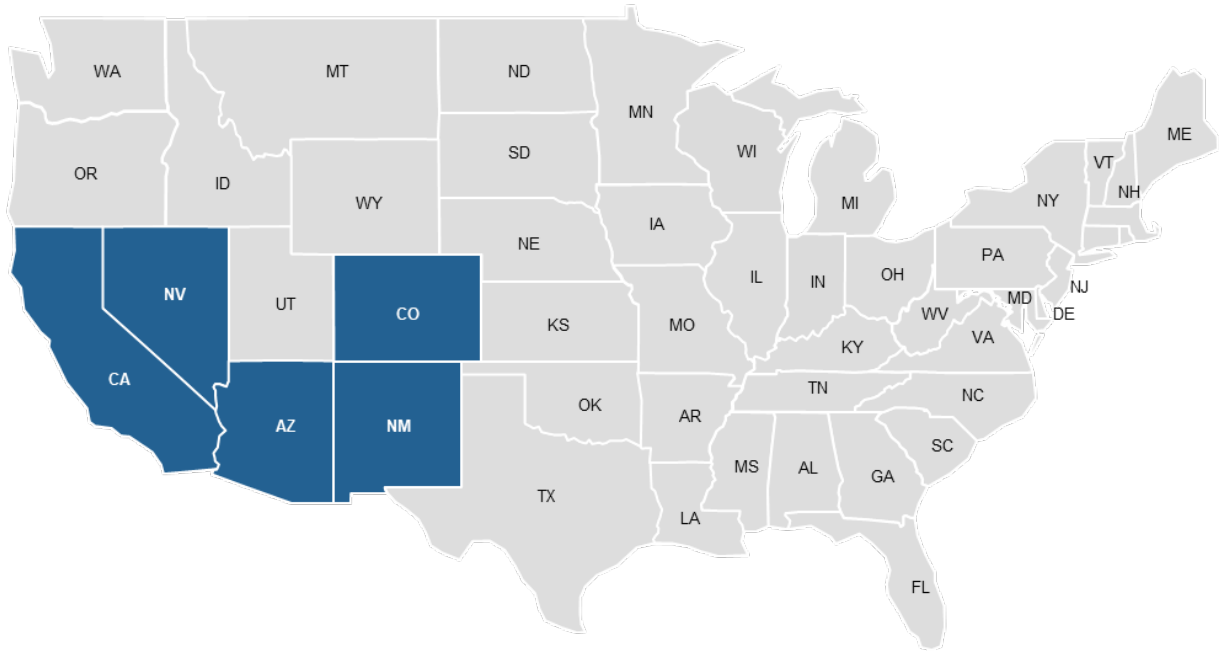
Insights on the use of **BTKi vs BCL2-targeting agents in the community** were obtained

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 5 community oncologists from the Southwest region of United States (Arizona, California, Colorado, Nevada, and New Mexico)

Institution	City	State
Desert Hematology Oncology	Surprise	AZ
Heart of the Rockies Regional Medical Center	Salida	CO
Lovelace Cancer Center	Albuquerque	NM
Los Angeles Cancer Network	Pasadena	CA
Cancer Care Specialists	Reno	NV



Report Snapshot: Agenda

Time (PT)	Topic
6.00 PM – 6.15 PM	Introduction
6.15 PM – 6.50 PM	Use of BTKi Therapy in CLL
6.50 PM – 7.50 PM	Discussion
7.50 PM – 8.00 PM	Key Takeaways and Meeting Evaluation

APTITUDE HEALTH®

CASES

Key Insights and Discussion Summary

Discussion: First-Line CLL

CASES

INSIGHTS

“I don't feel they are important in making decisions at this point for me or my patient.”

- Treatment success in frontline DLBCL

- Data needed to switch from SOC in frontline

Discussion: First-Line CLL

CASES

INSIGHTS

[On what is being considered high risk] "Eleven deletion—17 P deletion, IGHV unmutated. Some people may even think

- Treatment success in frontline CLL/SLL

- Data needed to switch from BCR in frontline

Discussion: First-Line CLL

CASES

INSIGHTS

"I think the hypertension is across the board for all 3 of them, but acalabrutinib definitely less in terms of atrial fibrillation . . .

- [illegible]

[illegible]

- [illegible]

[illegible]

Discussion: Relapsed/Refractory CLL

CASES

INSIGHTS

[Second-line therapy if BTK inhibitor is used in frontline]

- Treatment success in frontline (IL/BC)

"It's overall survival, that's what we need. This is not metastatic disease, this is curable disease, so we need overall survival."

"... cure without any significant long-term toxicity. ... I think when I define success, I would rather use a landmark endpoint rather than using OS or PFS, and I would say what's the disease-free rate at 3 years. I definitely do think OS is important if there is significant toxicity with the treatment, and people dying from competing comorbidities."

- Data needed to switch from BCC in frontline

"First of all, a lot of things have been tried, nothing is better than R-CHOP, and frankly, I'm pretty happy with how R-CHOP performs for my patients."

"I would be a late adopter. I would not be one of the first ones to move based on PFS or anything like that. I want something that's tried and true and we know how well it works."

"If the toxicities are not very severe, I think a hazard ratio of 0.65 or better would be something that I would be looking at."

"Overall survival data, that's ideal, but in this disease state OS is hard to come by, so you do have to use some surrogates of efficacy. So, I do think that a 2- or 3-year event-free survival kind of story is likely what's going to start driving my use of any regimen. ... PFS IS NOT sufficient."

APTITUDE HEALTH®

CASES

Advisor Key Takeaways

Advisor Key Takeaways

ADVISOR	ADVISOR
> I learned new information about zanubrutinib,	> Data are still young on the third generation; the

APTITUDE HEALTH®

CASES

ARS Data

All Advisors Have Treated >7 Unique Patients With CLL in the Past 12 Months, With the Majority of Them Treating ≥21 Patients

CASES

Up to 50% of Those Patients With CLL Have Relapsed/ Refractory Disease

CASES

Approximately what percentage of those CLL patients have relapsed/refractory

Three-Fourths of Advisors Routinely Perform FISH Testing for Del(17p) Prior to Starting First-Line Therapy in Their Patients With CLL

CASES

*One advisor did not respond.

Two of 4 Advisors Selected Accessibility Issues, High Cost of Testing, and Long Turnaround Time for Results as Reasons for Not Routinely Checking for Biomarkers

*One advisor did not respond.

Two of 4 Advisors (50%) Selected Overall Response Rate and Minimal Residual Disease Negativity as the Most Important Efficacy-Related Outcomes to Determine First-Line Therapy

CASES

*One advisor did not respond.

Over Half of the Advisors Feel the Ability to Stop Therapy Without Disease Progression or Toxicity Is Very Important

How important is the ability to stop therapy (without disease progression or toxicity) in

Two of 4 Advisors (50%) View Atrial Fibrillation and Bleeding or Bruising as the Most Challenging BTKi-Associated AEs to Manage and Keep Patients on Therapy

CASES

*One advisor did not respond.

Sixty Percent of Advisors Perceive Ibrutinib as the BTKi With the Most Difficult-to-Manage Toxicity Profile, While 40% Consider the Toxicity Profiles Similar Among All BTKi Therapies

CASES

The Split Between Advisors Using a BTKi-Based Therapy vs Venetoclax-Based Therapy for Younger and Fit Patients Without Mutations Was Equal (40% vs 40%)

CASES

In the Same Younger and Fit Patient Presenting With an *IGHV* Mutation, 60% of Advisors Routinely Use Venetoclax ± Obinutuzumab

CASES

In Older Patients With No Mutation or Comorbidities, 75% of Advisors Routinely Use a BTKi-Based Therapy, Followed by 25% Using Venetoclax + Obinutuzumab

*One advisor did not respond.

For a Younger Patient (no deletions or mutations) Who Received First-Line CIT and Attained a CR That Lasted 3 Years, the Choice Was Split Equally Between BTKi- and Venetoclax-Based Therapy (50% vs 50%)

CASES

*One advisor did not respond.

For a Younger Patient (*IGHV* mutation) Who Was Initially Treated With Ibrutinib and Attained a 4-Year Disease-Free Interval, 60% of Advisors Prefer a Venetoclax-Based Therapy

CASES

For an Older Patient (17p deletion) Who Was Initially Treated With Ibrutinib and Attained a CR for 2.5 Years, but Currently Has PS 1 and Significant Comorbidities, 80% of Advisors Prefer a Venetoclax-Based Therapy

CASES