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CASES

Insights Into Multiple Myeloma (MM)

March 24, 2022

Insights From the Central Region

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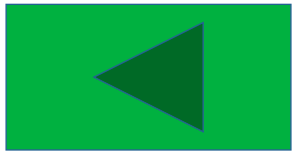

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Report Objectives

MEETING OBJECTIVES
> Gain advisors' perspectives on recent data focusing on the emerging treatment landscape in R/R MM, including antibody-drug conjugates (ADCs), CAR T-cell therapy, and bispecific antibodies

Report Snapshot: Session Overview

A moderated roundtable discussion was held with community oncologists from across the Central United States in a virtual setting on **March 24, 2022.**

Disease state and data presentations were led by **Dr Krina Patel** from MD Anderson Cancer Center, and discussions were moderated by **Dr Sushil Bhardwaj** from Good Samaritan Hospital, in conjunction with content developed by the Aptitude Health clinical team.

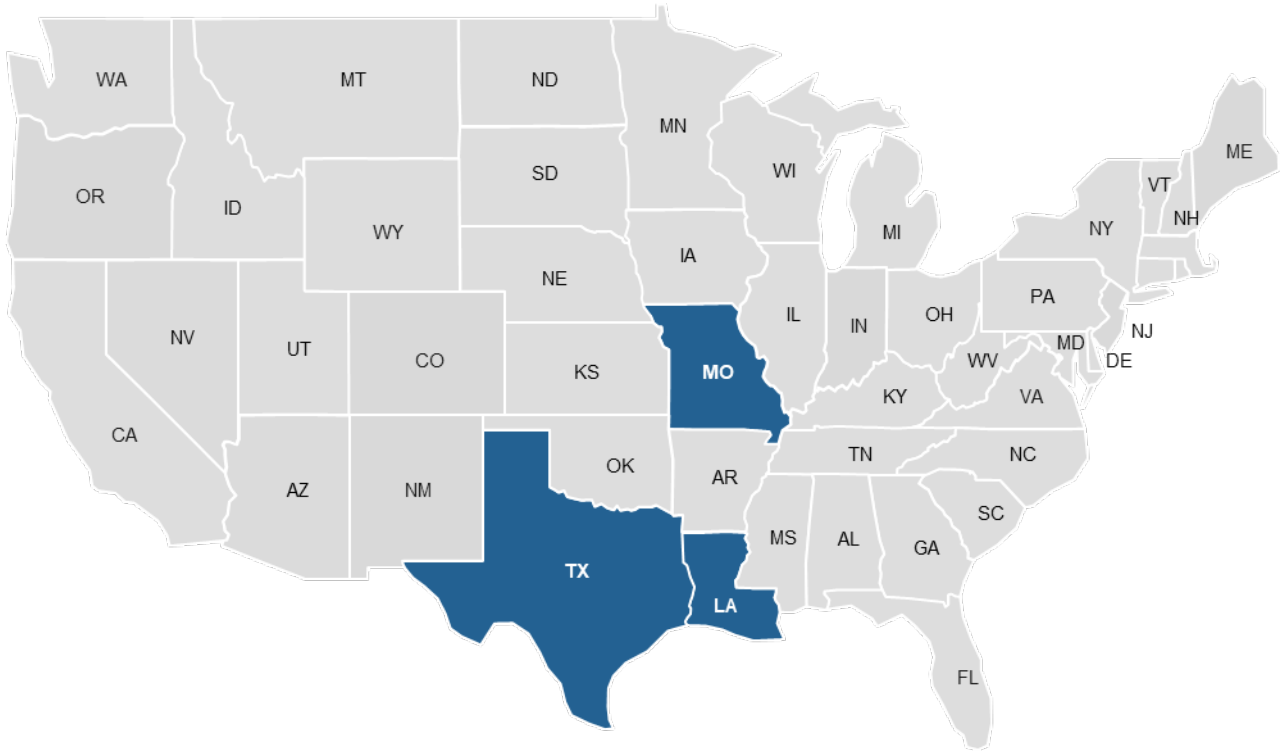
Insights were gained on the multiple myeloma disease landscape in the community setting, including initial treatment and management of patients in early and later relapse.

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

Report Snapshot: Attendee Overview

- The group of advisors comprised 11 community oncologists from across the Central region of the United States
  - Attendees of the roundtable represented community oncologists from Texas, Missouri, and Louisiana

INSTITUTION	CITY	STATE
Texas Oncology	Dallas	TX
The Center for Cancer and Blood Disorders*	Fort Worth	TX
Millennium Physicians	Houston	TX
Texas Oncology	Houston	TX
Millennium Physicians	Kingwood	TX
Ochsner-CHRISTUS Health Center	Lake Charles	LA
Washington University	Saint Louis	MO
University of Kansas	Kansas City	MO



*More than 1 physician attended from this practice.

Report Snapshot: Agenda

Time (CT)	Topic
6.00 PM – 6.15 PM (15 min)	Introduction
6.15 PM – 7.25 PM (70 min)	Initial Treatment and Management of Patients in Early Relapse
7.25 PM – 7.35 PM (10 min)	Break
7.35 PM – 8.45 PM (70 min)	Treatment of Patients in Later Relapse
8.45 PM – 9.00 PM (15 min)	Key Takeaways and Meeting Evaluation

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Key Insights and Discussion Summary

Discussion: Emerging Treatments in MM

INSIGHTS AND DATA

"Seventy- and 80-year-old patients who have high-risk disease, there are some data that suggest a proteasome

- [illegible]

[illegible]

- [illegible]

[illegible]

Discussion: Emerging Treatments in MM

INSIGHTS AND DATA

[Isatuximab data presented] "Brand new data that I haven't seen before, so compelling."

- [illegible]

[illegible]

- [illegible]

[illegible]

Discussion: Emerging Treatments in MM

INSIGHTS AND DATA

" [If] they've had a really excellent response to the first line of therapy, then I'll rechallenge them with the same

- Treatment success in frontline DLBCL

- Data needed to switch from SOC in frontline

Discussion: Emerging Treatments in MM

INSIGHTS AND DATA

"I'm not concerned [about using "big guns" upfront] because now we have CAR T, we have stem cell transplant.

- Treatment success in frontline DLBCL

- Data needed to switch from SOC in frontline

Discussion: Emerging Treatments in MM

INSIGHTS AND DATA

"They don't have access to health care and I'm seeing a lot more older, frail patients from the get-go. The closest

- [illegible]

- [illegible]

Discussion: Emerging Treatments in MM

INSIGHTS AND DATA

[Deciding on CAR T] "Are they able to tolerate CAR T? The other thing is that are they physically able to go to a

- Treatment success in frontline DLBCL

- Data needed to switch from SOC in frontline

Discussion: Emerging Treatments in MM

INSIGHTS AND DATA

"Whichever is available first, that would be used first, I guess, more frankly . . . we have few physicians who are

- Treatment success in frontline DLBCL

- Data needed to switch from SOC in frontline

Discussion: Emerging Treatments in MM

INSIGHTS AND DATA

"I think with CAR T, definitely there's major advantage, because when done, bispecifics still is kind of chronic

- [illegible]

[illegible]

- [illegible]

[illegible]

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Advisor Key Takeaways

Advisor Key Takeaways

ADVISOR		ADVISOR	
	> There has been tremendous progress in the MM		> Agreed with Advisor 2; excited about bispecific
1	> I have a better understanding of sequencing therapies > I really wasn't that familiar with pomalidomide and selinexor 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-CD 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 selinexor and hope that tolls 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 pomalidomide that may offer lesser side effects	6	> I'm hoping 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

ADVISOR		ADVISOR	
1	> Now there are solid frontline treatments > I have a better understanding of sequencing therapies > I really wasn't that familiar with [illegible] and [illegible] but now I have a better understanding of these drugs and have a better idea of when to use them in my practice	5	> DVRd is more widely used than initially thought and needs to revisit their use of the regimen > [illegible]
2	> I have a better understanding of some of my relapse options > I'm particularly interested in the [illegible] and hope that [illegible] would be tolerated for a second-line option for my very elderly patients > There's a bit more enthusiasm for targeted therapy and for things like [illegible] that may offer lesser side effects	6	> I'm hoping 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 [illegible] and transplant with decent side effect profile and good response rates > Sequencing is an issue	8	> Still R-[illegible] is the standard

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ARS Data

Experience Varied, but 87% of Advisors See at Least 4% or More Patients With Hematologic Malignancies in Their Practice

*Three advisors did not respond.

Answers Were Split Across Options, With 72% of Advisors Stating ≥25% of Patients Are Transplant Eligible

*Four advisors did not respond.

All Advisors Selected RVd as the Most Common Induction Regimen for Their Transplant-Eligible Patients

Nearly Two-Thirds of Advisors Selected RVd as the Most Common Induction Regimen for Their Transplant-Ineligible

Seventy-Three Percent of Advisors Would Choose RVd for an Elderly Patient With Practically No Comorbidities, With Bone Fractures but Normal Renal Function

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Nearly Three-Quarters of Advisors Think Efficacy Is the Most Important Factor in Choosing R/R Patient Therapy

All Advisors Selected a Daratumumab-Based Treatment Regimen for First Relapse (DPd, DRd, or KDd)

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Although Answers Were Divided, 72% Chose Daratumumab Combination Therapies (DPd, DRd, or KDd) for This Patient in First Relapse After ASCT

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Advisors' Answers Again Varied for the Best Approach to Treat a 70-Year-Old Patient With Comorbidities After Bone Progression, 2 Years Post-ASCT, With 44% Choosing DPd

*Two advisors did not respond.

A Lack of Uniformity Was Observed in Treatment Selection for a Patient Refractory to a CD38-Targeted Agent

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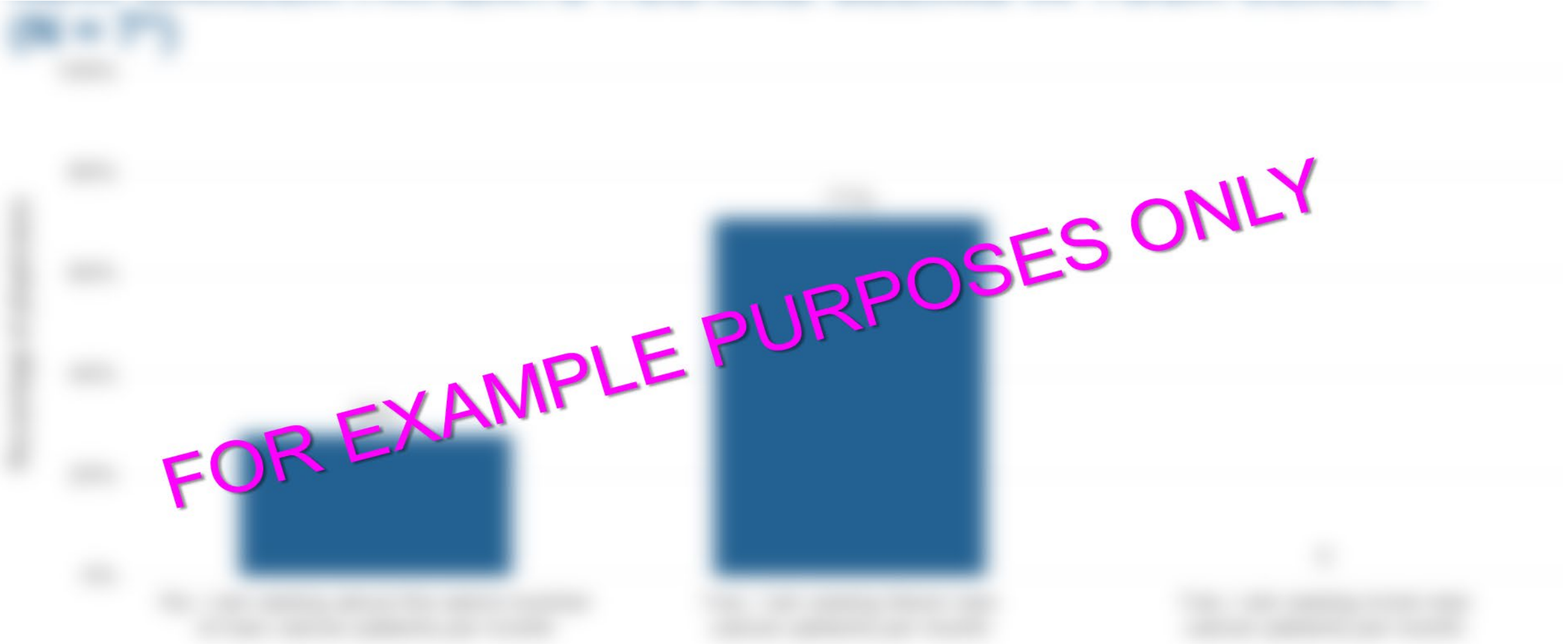
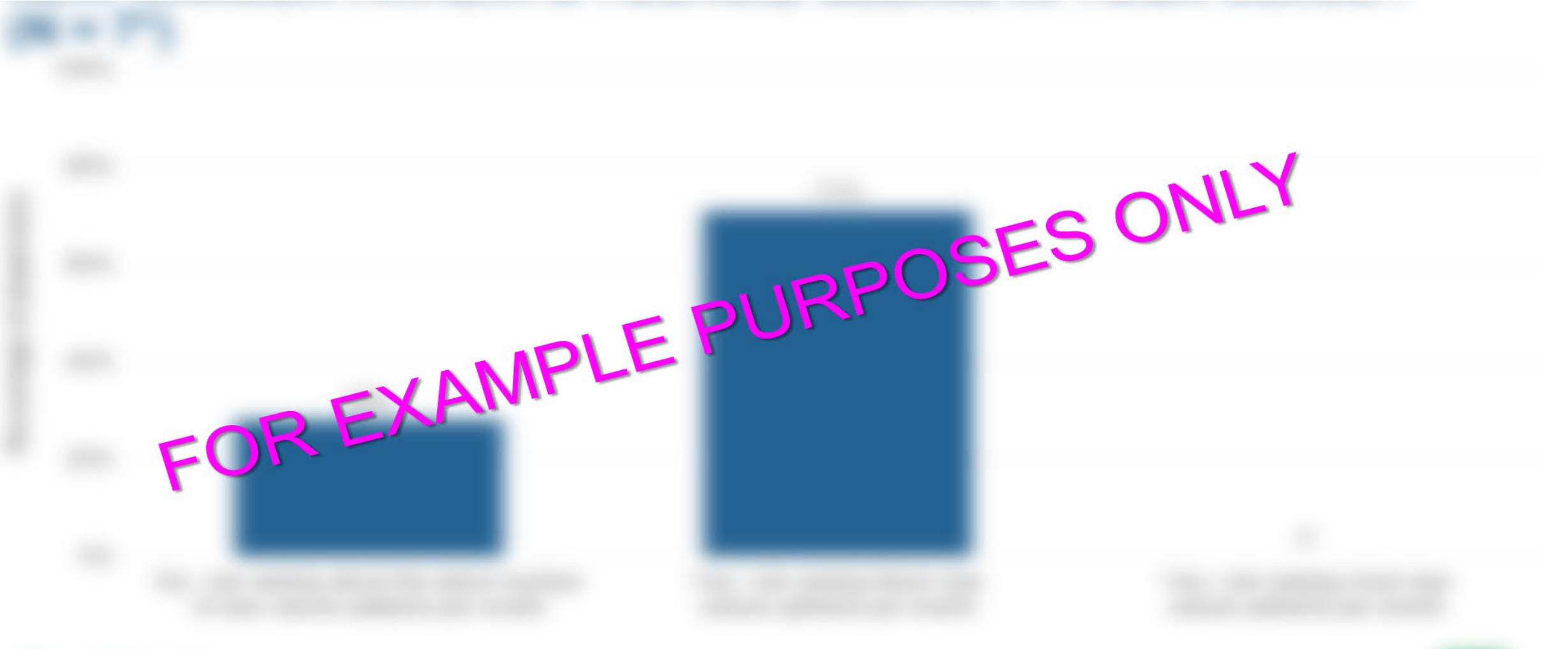
*One advisor did not respond.

Seventy Percent of Advisors Think CAR T Therapies Will Have the Greatest Impact on the MM Treatment Landscape, Followed by 30% for Bispecific Antibodies



*One advisor did not respond.

Eighty-Two Percent of Advisors Need to Refer a Patient to Another Institution to Utilize CAR T Therapy; 9% Have Access in Their Center



APTITUDE HEALTH®

US Headquarters
5901-C Peachtree Dunwoody Road NE
Suite 200, Atlanta, GA 30328, US

EU Headquarters
Wilhelmina van Pruisenweg 104
2595 AN The Hague, the Netherlands

aptitudehealth.com