



Strategic Insights Into B-Cell Lymphomas and Patient Management Dynamics

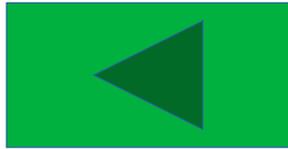
Virtual Platform

June 20, 2022

How to Navigate This Report



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Topline Takeaways and Strategic Recommendations	
Key Insights and Discussion Summary	
<ul style="list-style-type: none">• BTK clinical landscape• Clinical care perspective• GPO and manufacturer coordinated clinical support	
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STUDY OBJECTIVES

Gain advisors' perspectives on

- > Latest study data (ie, ALPINE and SEQUOIA) and the emerging landscape in B-cell lymphomas, including the clinical and financial influences of BTK therapy

Report Snapshot: Session Overview



A moderated roundtable discussion was held with oncologists and pharmacists in 5 states in the US in a virtual setting on **June 20, 2022**

Disease state presentation along with clinical care, patient management, and GPO support for treatment of B-cell lymphomas was led by **Kirollos Hanna, PharmD, BCPS, BCOP**, Mayo Clinic College of Medicine and Science, MN, and moderated discussion by **Bhavesh Shah, RPh, BCOP**, Boston Medical Center, MA, in conjunction with content developed by the Aptitude Health clinical team

Insights were obtained on **factors impacting therapy selection and sequencing in CLL, impact of AEs on treatment approaches, and GPO/manufacture support needs**

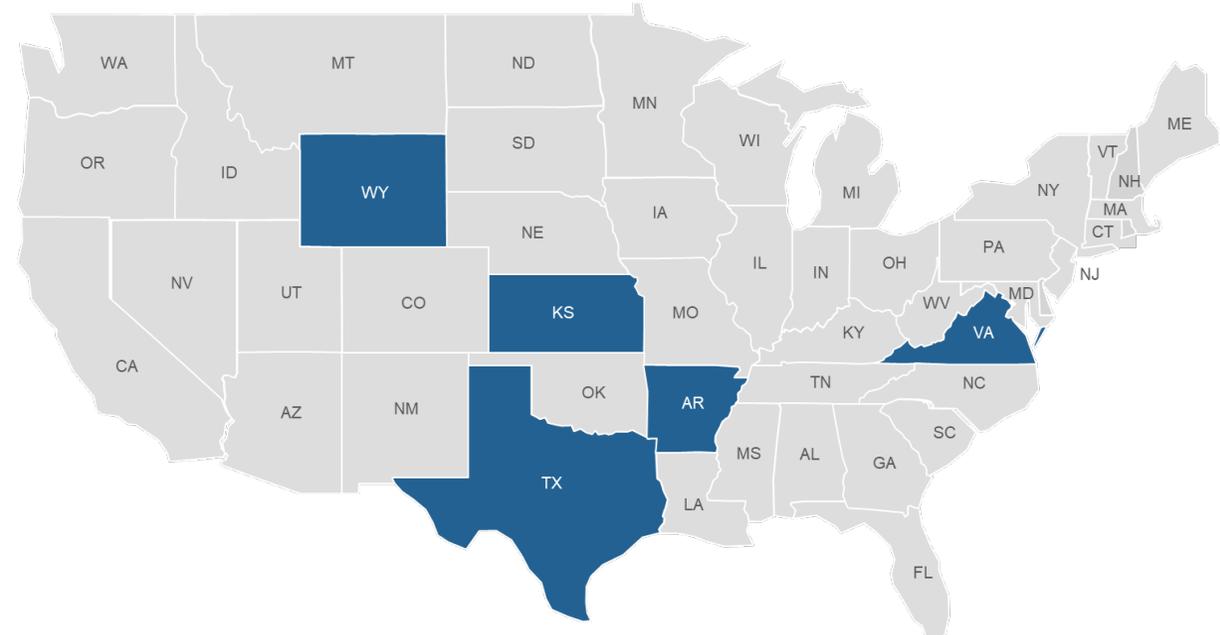
Data collection was accomplished through use of audience response system (ARS) questioning and in-depth moderated discussion

Report Snapshot: Attendee Overview



- > The group of advisors comprised 10 oncologists and clinical pharmacists from 5 states across the US

INSTITUTION	NO. OF PARTICIPANTS	CITY	STATE
Central Arkansas Radiation Therapy Institute (CARTI)	1	Little Rock	AR
Cancer Center of Kansas	3	Wichita	KS
Millennium Physicians	1	Cypress	TX
Millennium Physicians	1	Shenandoah	TX
Oncology Consultants	1	Sugar Land	TX
Virginia Cancer Institute	1	Mechanicsville	VA
Virginia Cancer Institute	1	Richmond	VA
Rocky Mountain Oncology	1	Casper	WY



Report Snapshot: Agenda



Time (ET)	Topic
6.00 PM – 6.15 PM (15 min)	Introduction <ul style="list-style-type: none">• Program overview• ARS questions
6.15 PM – 7.25 PM (35-min presentation; 35-min discussion)	Management of BTK Therapies in B-Cell Lymphomas <ul style="list-style-type: none">• Overview of current data• Reaction and discussion
7.25 PM – 7.35 PM (10 min)	Break
7.35 PM – 8.45 PM (70-min discussion)	Clinical Care, Patient Management, GPO Support <ul style="list-style-type: none">• Topics• Moderated discussion
8.45 PM – 9.00 PM (15 min)	Key Takeaways and Meeting Evaluation



Discussion Takeaways

TREATMENT OPTIONS – INSIGHTS AND DATA

“I like the side effects profile compared to ibrutinib, and the event-free survival.”

1. Treatment success in Frontline CLL/SLL

The overall survival benefit was not seen. This is not necessarily because this is a curable disease, as we have overall survival. I think what I really like is that we have a significant improvement in overall survival with a treatment regimen that using 100 or 200, and I would say that the disease-free rate at 1 year is actually as high as the overall survival is significant benefit with the treatment, and overall being that something is achievable.

2. Data needed to switch from 200 to Frontline

That's all a lot of things have been done, nothing is better than 200mg and 100mg. It really helps with how 200mg performs for my patients. I would be a little bit more. I would not be one of the first ones to move based on 200 or something like that. I want something that's been seen and we know that 200 works. If the benefits are not very much, I think a higher rate of 200 or better would be something that I would be looking at. Overall survival was there, but in this disease with 100 or 200, it's hard to come by. It's not as hard to see some sort of efficacy. So I do think that a 100 or 200 might be a better way to go. I think what's going to be the thing to look at is the overall survival. 200 is not sufficient.

TREATMENT OPTIONS – INSIGHTS AND DATA

“I think for me it’s just an issue of getting an FDA approval.”

1. Treatment success in Frontline CLL/SLL

The overall survival data was not clear. This is not necessarily because there is no overall survival, it is just that overall survival is not the primary endpoint. I think what I would like to see is a comparison between the two using OS or PFS, and I would like to see the disease-free rate at 1 year. I believe as there is a comparison of overall survival with the treatment, and overall being that something is possible.

2. Data needed to confirm from CLL/SLL in Frontline

What are all the things that have been done, nothing is better than BTK/BR and BTK/BR. It would be good to have BTK/BR patients for the patients. I would like to see a study. I would like to see one of the two arms to have better OS, PFS or something like that. I want something that is clear and that we can trust that we can trust. If the survival was not very good, I think a better rate of PFS or better overall survival that I would be looking at. I think overall data, that's what we're looking at. I think the disease-free rate is a better way to go by, so you do have to use some surrogate of efficacy. So I do think that a PFS or better overall survival rate of data is what we're going to see along the way of the region. PFS is not sufficient.

PATIENT MANAGEMENT – INSIGHTS AND DATA

“It’s primary physician and nurse that will take care of [patient follow-up] initially.”

1. Treatment success in frontline CLL/SLL

The overall survival benefit was not seen. This is not necessarily because this is a curable disease, as we have never seen a cure. I think what we are seeing here is that we are seeing a benefit in terms of overall survival, but not in terms of overall survival. I think what we are seeing here is that we are seeing a benefit in terms of overall survival, but not in terms of overall survival. I think what we are seeing here is that we are seeing a benefit in terms of overall survival, but not in terms of overall survival.

2. Data needed to confirm front-line CLL/SLL

What are all the things that we need to see? Making a table that is similar to the one that we have seen. The overall survival benefit was not seen. This is not necessarily because this is a curable disease, as we have never seen a cure. I think what we are seeing here is that we are seeing a benefit in terms of overall survival, but not in terms of overall survival. I think what we are seeing here is that we are seeing a benefit in terms of overall survival, but not in terms of overall survival.



Advisor Key Takeaways

Advisor Key Takeaways (1/2)



ADVISOR

> Will change their practice of using ibrutinib

- There is a better understanding of sequencing therapy
- Ibrutinib is not the best option for all patients and there is a better understanding of when to use it

- There is a better understanding of some of the other options
- It is particularly important in the adjuvant and how the side effects would be tolerated by a second-line option for my own elderly patients
- There is an increased awareness to sequenced therapy and to change the understanding that they offer some side effects

- It was good to hear about innovations and what is coming down the pipeline for immunotherapy

- There is a lot of good options for second-line therapy and management with disease with other profiles and good response rates
- Immunotherapy is an option

ADVISOR

> Was intrigued by the number of patients with

- The immunotherapy options for use in first-line options (maybe T-122 and what is going to come?)

- He hopes that some of these immunotherapy agents will get added into frontline and hopefully improve the outcomes

- It is interesting to learn about all these immunotherapy treatments, specifically the specific antibodies
- A lot of options coming up in the future. The only issue will be to learn how to sequence these drugs

- Not too much in the pipeline

Advisor Key Takeaways (2/2)



ADVISOR

> Is interested in finite therapy vs indefinite

- There is a better understanding of sequencing therapy
- There is a better understanding of the combination and the side effects of these drugs and how to manage them in the practice

- There is a better understanding of some of the newer agents
- It is particularly interested in the combination and how the side effects would be managed in a sequential manner for the new agents
- There is a better understanding of targeted therapy and how to manage the combination that may offer better side effects

- It was good to hear about considerations and advice coming from the practice for immunotherapy

- There is a lot of good options for second line that just (L1) and management with second line after profile and good response rate
- Immunotherapy is an option

ADVISOR

• Access to the medication and a price that is not

- The immunotherapy options are not as many as the other options (L1) and not as good as (L1)

- The hope is that some of these immunotherapy agents will get added into practice and hopefully improve the side effects

- It is interesting to hear about all these immunotherapy treatments, especially the targeted antibodies
- It is a lot of options coming up in the future. The only issue will be to have time to sequence these drugs

- The combination is the standard



Insights Into B-Cell Lymphomas and Patient Management Dynamics

Pre-presentation ARS Results

Acalabrutinib Was Used in Treatment of CLL/SLL Patients in the Past 12 Months by All but 1 Advisor

FOR EXAMPLE PURPOSES ONLY

*One advisor did not respond.



Two-Thirds of Advisors Used Ibrutinib in Treatment of CLL/SLL Patients in the Past 12 Months



FOR EXAMPLE PURPOSES ONLY

*One advisor did not respond.



Most Advisors Have Not Used Zanubrutinib in Treatment of CLL/SLL Patients in the Past 12 Months

FOR EXAMPLE PURPOSES ONLY



The Majority of Advisors Consider Acalabrutinib to Have the Most Favorable Toxicity Profile of BTK Inhibitors in the Treatment of CLL Patients

FOR EXAMPLE PURPOSES ONLY



Advisors Generally Feel the SEQUOIA Trial Showed Zanubrutinib Is Promising in the First-Line Treatment of CLL, With an Intriguing Safety Profile

FOR EXAMPLE PURPOSES ONLY

*One advisor did not respond.

On the Basis of the ALPINE Study, Advisors Feel Zanubrutinib Is Better or Similar to Their Currently Preferred Treatment for R/R CLL

FOR EXAMPLE PURPOSES ONLY

A-fib and Flutter Safety Differentiation Is the Most Significant Factor That Would Influence These Advisors' Decision to Use Zanubrutinib Over Ibrutinib for R/R CLL Patients, Followed by AE and 12-Month PFS

FOR EXAMPLE PURPOSES ONLY

*One advisor did not respond

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