



Strategic Insights Into B-Cell Lymphomas and Patient Management Dynamics

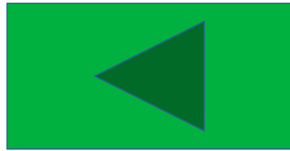
Virtual Platform

June 20, 2022







How to Navigate This Report



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Report Objectives	
Report Snapshot	
<ul style="list-style-type: none">• Session overview• Attendee overview• Agenda	
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	
Advisor Key Takeaways	
ARS Data	

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/manufacturing support needs**

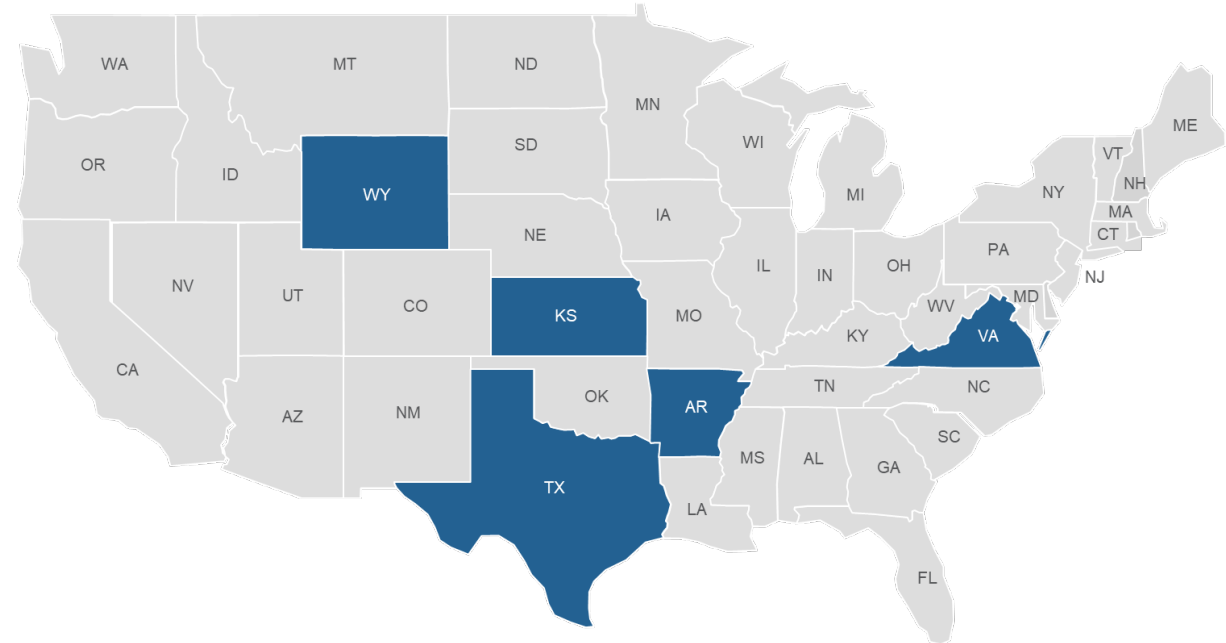
Data collection was accomplished through use of audience response system (ARS) questioning and in-depth moderated discussion

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

1. Treatment success in Frontline CLL/SLL

The overall survival benefit was not clear. This is not necessarily because there is no overall benefit, or we need overall survival. I think what we need is a better understanding of the disease. I think what we need is a better understanding of the disease. I think what we need is a better understanding of the disease. I think what we need is a better understanding of the disease. I think what we need is a better understanding of the disease.

2. Data needed to support Frontline CLL/SLL in Frontline

What are all the things that have been done? Making a better case for BTKi and BTKi. It would be good to have BTKi data for the patients. I think what we need is a better understanding of the disease. I think what we need is a better understanding of the disease. I think what we need is a better understanding of the disease. I think what we need is a better understanding of the disease. I think what we need is a better understanding of the disease.



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 advanced and high risk settings and there would be interest in a second line option for my own clinical practice
- There is an increased awareness of targeted therapy and the drugs the oncologist has to offer when the patient is advanced

- 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 that just isn't 100% and management with second line other profile and good response rate
- Immunotherapy is an option

ADVISOR

> Was intrigued by the number of patients with

- The immunotherapy options for second line that aren't 100% and what is going to come next

- The hope is 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 targeted 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 look good and management with second line often profile and good response rate
- Immunotherapy is an issue

ADVISOR

• Access to the medication and a price that is not

- The immunotherapy options are not as good as the other options because of the cost and side effects (COPD)

- 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 standard is the standard



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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.



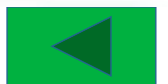
Most Advisors Have Not Used Zanubrutinib in Treatment of CLL/SLL Patients in the Past 12 Months

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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