APTITUDE HEALTH®

CASES

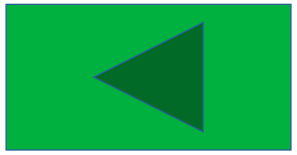
Insights Into Myelofibrosis (MF)

December 2021 – April 2022

Virtual Programs Across Multiple Regions

How to Navigate This Report

Click to move to topic of interest or ARS supporting data



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Report Objectives

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STUDY OBJECTIVES

- Gain perspectives of advisors from various regions of the United States on the following
  - Current management and treatment practices regarding therapy of MF
  - Unmet needs and emerging paradigms in the treatment landscape of MF

Report Snapshot: Session Overview

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A series of moderated roundtable discussions with community oncologists from various regions across the US were held virtually from **December 2021 – April 2022**

Disease state and data presentations were led by

- **Dr Prithviraj Bose** from MD Anderson Cancer Center
- **Dr Ruben Mesa** from Mays Cancer Center
- **Dr John Mascarenhas** from Mount Sinai
- **Dr Kristen Pettit** from University of Michigan
- **Dr Elias Jabbour** from MD Anderson Cancer Center

in conjunction with content developed by the Aptitude Health clinical team

Insights on the use of **current and new therapies for MF in the community** were obtained

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

Series of 7 Moderated Roundtable Discussions Including 48 Oncologists Between December 2021 and April 2022

January 18, 2022
Midwest Region
7 community oncologists

February 9, 2022
Ohio Valley Region
8 community oncologists

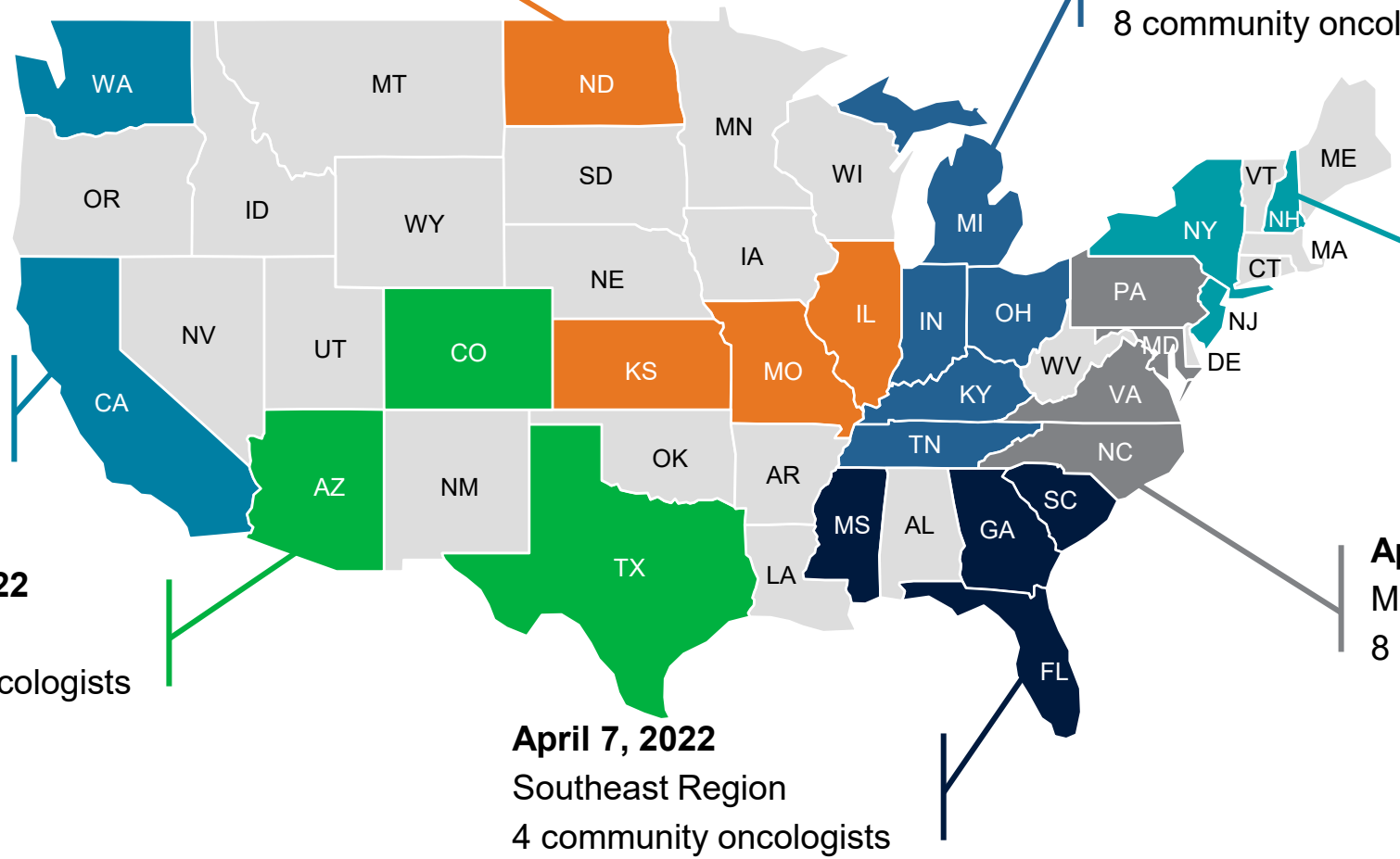
January 19, 2022
Northeast Region
7 community oncologists

December 14, 2021
West Region
7 community oncologists

January 12, 2022
Gulf Region
7 community oncologists

April 7, 2022
Southeast Region
4 community oncologists

April 20, 2022
Mid-Atlantic Region
8 community oncologists



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Report Snapshot: Attendee Overview

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> The group of advisors comprised 48 community oncologists from across the United States

Program	Institution	City	State
Dec 14 (West)	Contra Costa Oncology	Walnut Creek	CA
	Cancer & Blood Specialty Clinic	Los Alamitos	CA
	Sutter Alta Bates Summit Medical Center	Berkeley	CA
	Los Angeles Cancer Network	Pasadena	CA
	North Star Lodge Cancer Center	Yakima	WA
	LA Cancer Network	Los Angeles	CA
	Kaiser Permanente	Riverside	CA
Jan 12 (Gulf)	The Center for Cancer and Blood Disorders	Benbrook	TX
	The Center for Cancer and Blood Disorders	Fort Worth	TX
	Hendrick Health	Abilene	TX
	Texas Oncology	Houston	TX
	National Jewish Health Northern Hematology Oncology	Thornton	CO
	Texas Oncology	Palestine	TX
	Cochise Oncology	Tucson	AZ
Jan 18 (Midwest)	Loyola University Medical Center	Maywood	IL
	Cancer Center of Kansas	Wichita	KS
	Sanford Health	Fargo	ND
	St. Luke's Hospital	Chesterfield	MO
	Washington University School of Medicine	St. Louis	MO
	Cancer Treatment Centers of America	Chicago	IL
Jan 19 (Northeast)	Rutgers Cancer Institute of New Jersey	New Brunswick	NJ
	New York Cancer & Blood Specialists	Elmhurst	NY
	Foundation Hematology/Oncology	Nashua	NH
	Medical Diagnostic Associates	Summit	NJ
	Minniti Center for Medical Oncology and Hematology	Sewell	NJ
	AdvantageCare Physicians Valley Stream	Valley Stream	NY
	Hematology-Oncology Associates of CNY	Syracuse	NY
Feb 9 (Ohio Valley)	Cleveland Clinic Cancer Center	Mansfield	OH
	Commonwealth Cancer Center	Danville	KY
	Henry Ford Health System	Detroit	MI
	Singh Arora Oncology Hematology, PC	Flint	MI
	UH Seidman Cancer Center at UH Parma Medical Center	Parma	OH
	Tennessee Oncology	Shelbyville	TN
	Fort Wayne Medical Oncology and Hematology	Fort Wayne	IN
	Zangmeister Cancer Center	Columbus	OH
Apr 7 (Southeast)	Florida Cancer Specialists	Tampa	FL
	Carolina Blood and Cancer Care Associates	Lancaster	SC
	Singing River Cancer Center	Gulfport	MS
	Suburban Hematology Oncology	Lawrenceville	GA
Apr 20 (Mid-Atlantic)	Cancer Care Associates of York	York	PA
	Henry B. Fox, MD	Chevy Chase	MD
	Allegheny Health Network	Forbes	PA
	Virginia Cancer Institute	Mechanicsville	VA
	Atrium Health Levine Cancer Institute	Charlotte	NC
	NovaCure Consultants	Alexandria	VA
	Greater Washington Oncology Associates	Rockville	MD
	Allegheny Health Network Cancer Institute	Pittsburgh	PA

Report Snapshot: Agenda

Time	Topic
6.00 PM – 6.15 PM	Introduction and ARS Questions • Program overview
6.15 PM – 7.00 PM	Current Management and Emerging Challenges in MF • ARS questions • Moderated discussion
7.00 PM – 7.45 PM	Unmet Needs and Emerging Paradigms, New and Emerging Pathways • ARS questions • Moderated discussion
7.45 PM – 8.00 PM	Key Takeaways and Meeting Evaluation

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Key Insights and Discussion Summary

Compiled from 7 programs

Discussion: Current Management in Myelofibrosis

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INSIGHTS

"I think it's very useful, frankly. Because it's of practical importance."

Discussion: Current Management in Myelofibrosis

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INSIGHTS

"I usually use a ramp-up strategy, so I typically start out with 10 mg BID. Then I try, most important, like everybody

- [illegible]

- [illegible]

Discussion: Emerging Paradigms in Myelofibrosis

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INSIGHTS

"It's a much-needed drug in that thrombocytopenic patient, because we really don't have good options. I look very

- [illegible]

- [illegible]

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Advisor Key Takeaways

Compiled from 6 programs (42 advisors)*

*Key takeaways were not collected in one of the programs.

Advisor Key Takeaways (West Region) (1/2)

ADVISOR	ADVISOR
> I think the most important takeaway is one of the new	
1	5
2	6
3	7
4	8

Advisor Key Takeaways (West Region) (2/2)

ADVISOR	ADVISOR
1	5
2	6
3	7
4	8

> The overall survival data associated with reduced

Advisor Key Takeaways (Gulf Region)

ADVISOR	ADVISOR
> I think the meeting was very important, especially to	> Pacritinib data was quite promising, especially with the platelets <50,000
1	5
2	6
3	7
4	8

Advisor Key Takeaways (Northeast Region) (1/2)

ADVISOR	ADVISOR
> Cytopenic vs proliferative myelofibrosis, categorizing	
1	5
2	6
3	7
4	8

Advisor Key Takeaways (Northeast Region) (2/2)

ADVISOR		ADVISOR	
1	> I was reminded that ruxolitinib is not approved in > I have a better understanding of sequencing therapies > I really wasn't that familiar with polatuzumab and tafasitamab but now I have a better understanding of these drugs and have a better idea of when to use them in my practice.	5	> I think the takeaway message to be a little bit more > For relapsed/refractory patients it's nice to have different options besides R-ICE 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 tafasitamab and hope that tafa 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 polatuzumab 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 (Ohio Region) (1/2)

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ADVISOR	ADVISOR
[illegible]	> Unfortunately, myelofibrosis patients go through a lot,
1 [illegible]	5 [illegible]
2 [illegible]	6 [illegible]
3 [illegible]	7 [illegible]
4 [illegible]	8 [illegible]

Advisor Key Takeaways (Ohio Region) (2/2)

ADVISOR	ADVISOR
> It's almost 12 years since rux was approved. I	
1	5
2	6
3	7
4	8

Advisor Key Takeaways (Southeast Region)*

ADVISOR	ADVISOR
> What I learned was the 2 categories of cytopenic	> The cytopenic, as well as the proliferative, we knew
1	5
2	6
3	7
4	8

*One advisor did not provide key takeaways.

Advisor Key Takeaways (Mid-Atlantic Region) (1/2)

ADVISOR	ADVISOR
> There are 3, and perhaps soon to be 4, approved	> The use of pacritinib in patients with thrombocytopenia,
1	5
2	6
3	7
4	8

Advisor Key Takeaways (Mid-Atlantic Region) (2/2)

ADVISOR	ADVISOR
> I think with pacritinib, in general, given I haven't used it,	> I will just add the fact that the treatment landscape is
1	5
2	6
3	7
4	8

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ARS Data

Compiled from 7 programs

Approximately 75% of the Advisors Have Personally Managed ≥4 Total MF Patients in the Past Year

In the past 12 months, how many total patients with MF did you personally manage? (N = 46)*

*Two advisors did not respond.

Approximately 75% of the Advisors Indicated Up to Half of Their Patients With MF Require RBC Transfusions

What percentage of patients with MF in your practice require RBC transfusions? (N = 48)

Seventy-Two Percent of the Advisors Indicated MF Patients in Their Practice Typically Require Transfusions 3–7 Times per Year

How often do patients with MF in your practice typically require transfusions? (N = 48)

For Half of the Advisors, 26%–50% of Their Overall MF Patients Fall Into the <50 × 10^9/L Threshold of Platelet Counts

When thinking about your overall MF patient population, approximately what percentage of your patients fall into the <50 × 109/L threshold of platelet counts (at any moment in time, not just at

For the Majority of the Advisors, 26%–75% of Their Overall MF Patients Fall Into the 50–100 × 10^9/L Threshold of Platelet Counts

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When thinking about your overall MF patient population, approximately what percentage of your patients fall into the 50–100 × 109/L threshold of platelet counts (at any moment in time, not just

For Nearly Three-Quarters of the Advisors, 26%–75% of Their Overall MF Patients Fall Into the 101–150 × 10^9/L Threshold of Platelet Counts

When thinking about your overall MF patient population, approximately what percentage of your

For Over Three-Quarters of the Advisors, Up to 50% of Their Overall MF Patients Fall Into the >150 × 10^9/L Threshold of Platelet Counts

When thinking about your overall MF patient population, approximately what percentage of your

The Majority of the Advisors Cited Severe Fatigue, Weight Loss, Night Sweats, and Early Satiety as the Most Important Symptoms for Them in Thrombocytopenia Patients

What are the 3 symptoms that are most important to you in patients with thrombocytopenia in

Nearly All the Advisors Cited Severe Fatigue as the Most Important Symptoms to the Patients, Followed by Weight Loss and Early Satiety

What are the 3 symptoms that are most important to the patients with thrombocytopenia in your

For Nearly All Advisors (95%), Up to Half of Their Patients Are on 5 mg Ruxolitinib

What percentage of your patients are on 5 mg of ruxolitinib? (N = 37)*

*Five advisors did not respond; this question was added after the first program.

For Over Three-Quarters of Advisors (79%), Up to Half of Their Patients are on 10 mg Ruxolitinib

What percentage of your patients are on 10 mg of ruxolitinib? (N = 38)*

*Four advisors did not respond; this question was added after the first program.

For 83% of the Advisors, Up to Half of Their Patients Are on 15 mg Ruxolitinib

What percentage of your patients are on 15 mg or higher of ruxolitinib?
(N = 41)*

Forty-Four Percent of the Advisors Reported Decrease in Platelet Count as the Most Common Reason They Would Dose-Reduce Ruxolitinib in Their MF Patients

What is the most common reason you dose-reduce ruxolitinib for your MF patients? (N = 48)

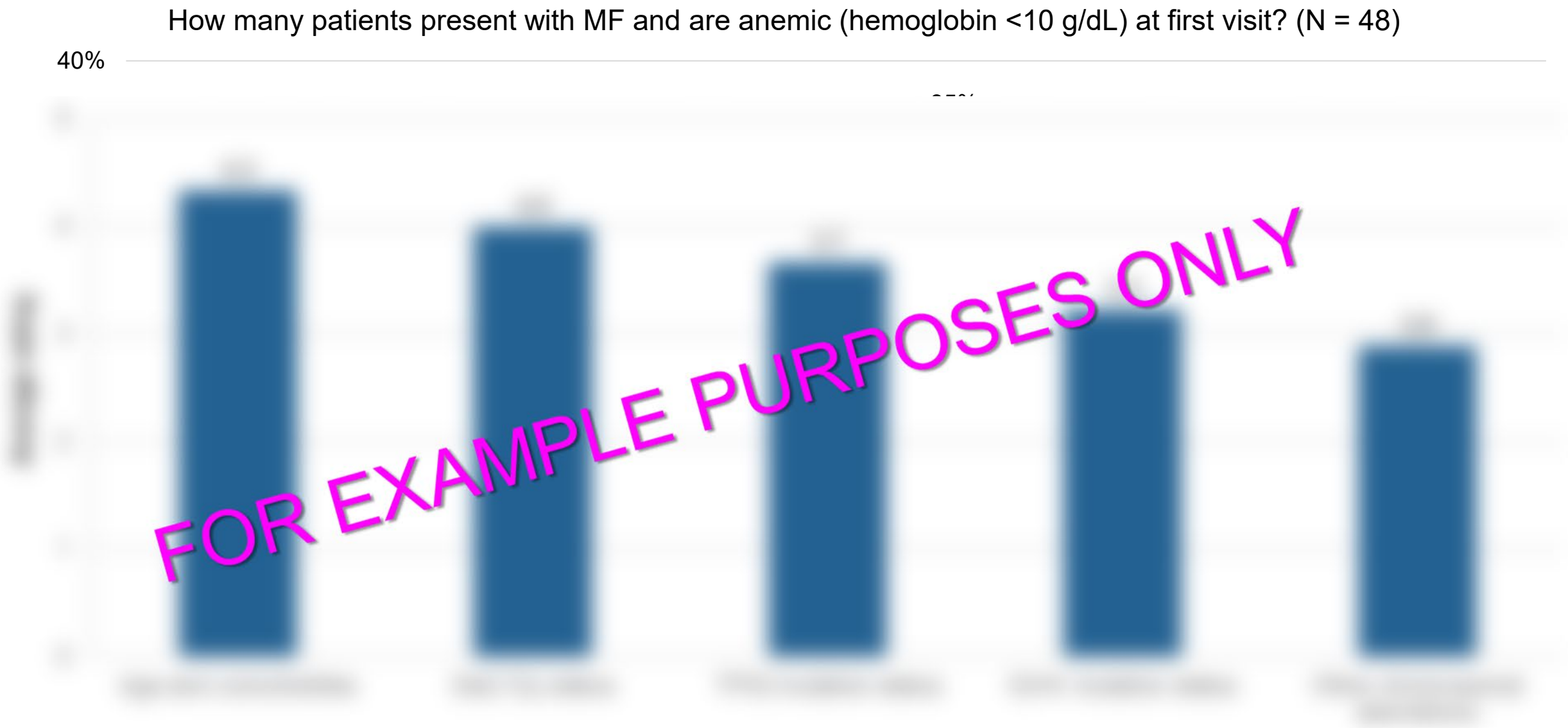
Over 3/4 of the Advisors Were Not Familiar With Pathways Other Than JAK/STAT, Such as IRAK1, and Its Role in the Emergence of Cytopenic MF

Are you familiar with pathways other than JAK/STAT, such as IRAK1, and its role in emergence of cytopenic MF-like phenotype? (N = 48)

Over 2/3 of the Advisors Do Not Use the Term “Cytopenic Myelofibrosis” for Patients With Pronounced Cytopenias in Their Practice

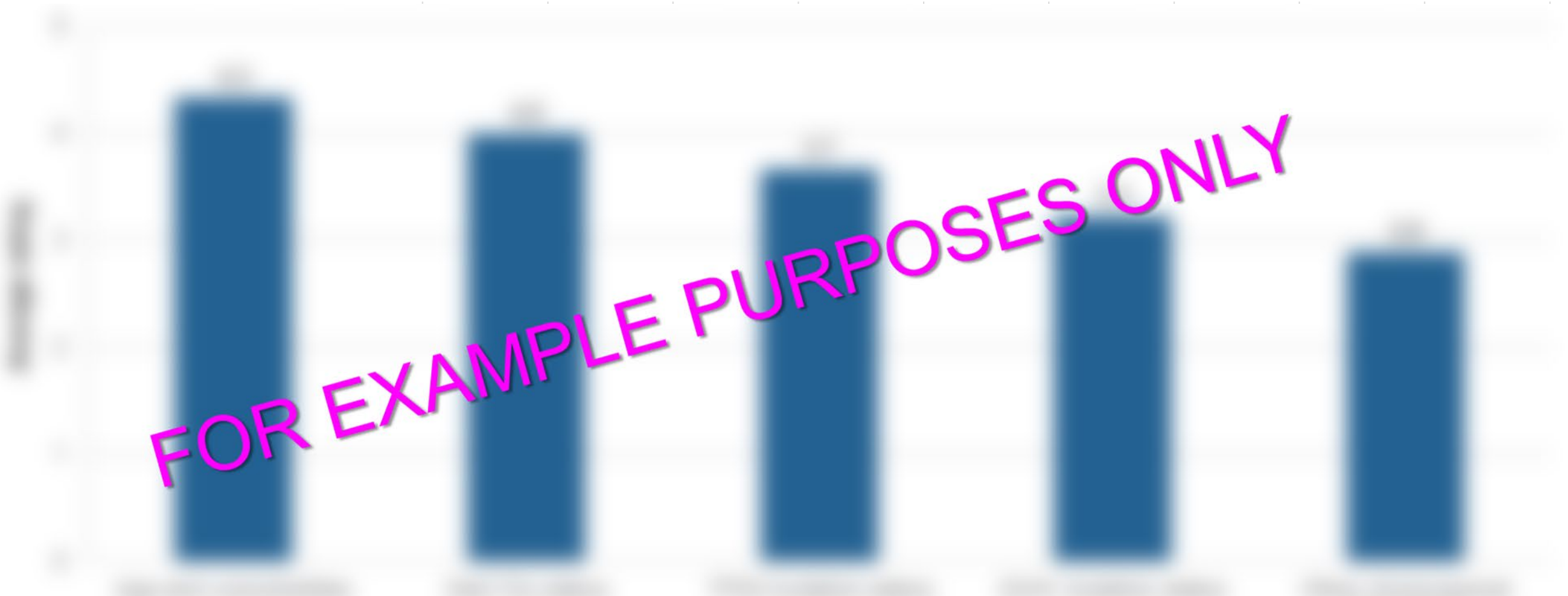
Do you use the term “cytopenic myelofibrosis” for patients with pronounced cytopenias? (N = 48)

Forty-Two Percent of the Advisors Indicated 51%–100% of Their Patients Who Present With MF Are Anemic at First Visit



The Majority of the Advisors Primarily Manage Anemia With Erythropoiesis-Stimulating Agents, RBC Transfusions, or Iron Replacement in Patients With MF Who Are Treated With JAK Inhibitor

How do you manage anemia (hemoglobin <10 g/dL) in patients with MF who are treated with a JAK inhibitor? Select all that apply.
(N = 47)*



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Addendum

ARS data from individual programs

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ARS Data - West

12/14/2021

In the past 12 months, how many total patients with MF did you personally manage?

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What percentage of patients with MF in your practice require transfusions?

CASES

How often do patients with MF in your practice typically require transfusions?

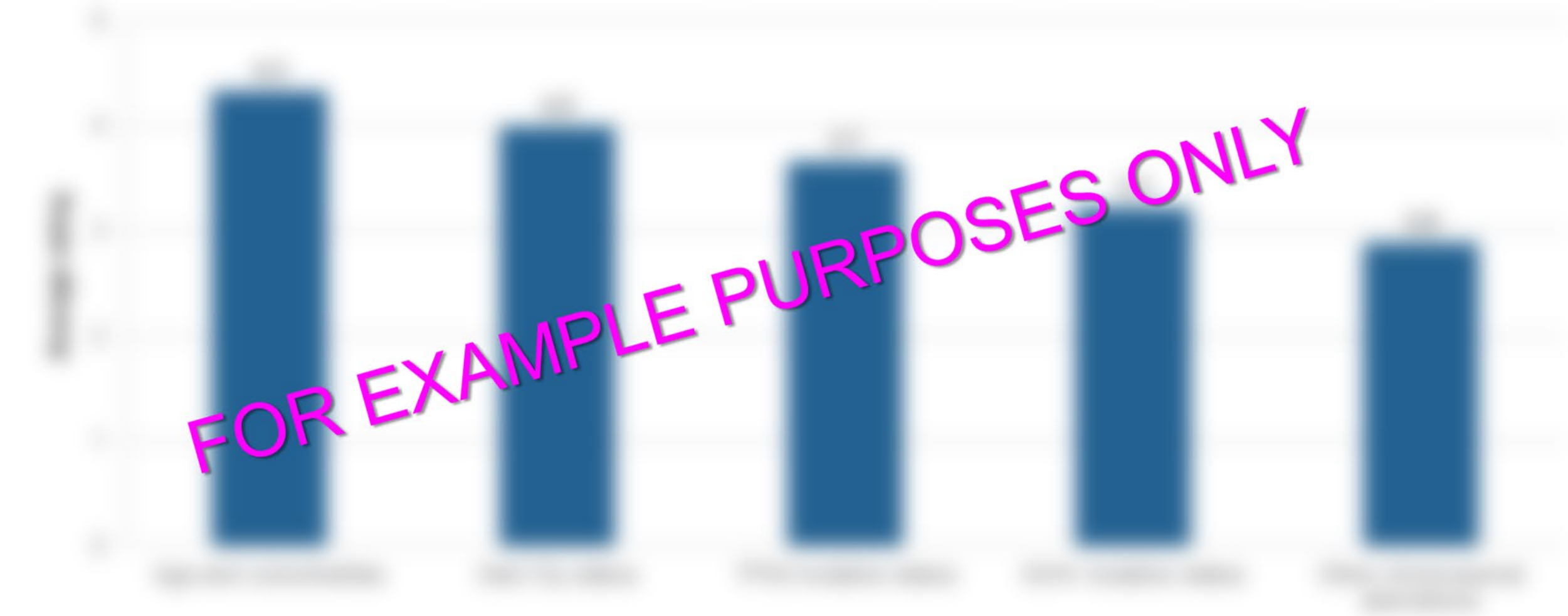
CASES

When thinking about your overall MF patient population, approximately what percentage of your patients fall into these thresholds of platelet counts (at any moment in time, not just at diagnosis)?

CASES

When thinking about your overall MF patient population, approximately what percentage of your patients fall into these thresholds of platelet counts (at any moment in time, not just at diagnosis)?

CASES



FOR EXAMPLE PURPOSES ONLY

When thinking about your overall MF patient population, approximately what percentage of your patients fall into these thresholds of platelet counts (at any moment in time, not just at diagnosis)?

CASES

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What treatment and dose would you choose for your MF patient with the following platelet levels?

CASES

What treatment and dose would you choose for your MF patient with the following platelet levels?

CASES

What treatment and dose would you choose for your MF patient with the following platelet levels?

CASES

What treatment and dose would you choose for your MF patient with the following platelet levels?

CASES

What are the most common symptoms in patients with thrombocytopenia in your practice? Select all that apply.

CASES

How do you approach dosing when using ruxolitinib?

What is the most common reason you dose-reduce ruxolitinib for your MF patients? Assume: - Platelet count <150 × 109/L- Hgb <10 g/dL

CASES

For what percentage of MF patients referred to you has ruxolitinib already failed?

CASES

Are you familiar with pathways other than JAK/STAT, such as IRAK1 and its role in emergence of cytopenic MF-like phenotype?

CASES

How many of your patients present with MF and moderate thrombocytopenia (platelets 50 × 109/L to 100 × 109/L) at first visit?

CASES

Do you use the term “cytopenic myelofibrosis” for patients with pronounced cytopenias?

CASES

How many patients present with MF and severe thrombocytopenia (platelets <50 × 109/L) at first visit?

CASES

How many patients present with MF and anemia (hemoglobin <10 g/dL) at first visit?

CASES

How do you manage anemia (hemoglobin <10 g/dL) in patients with MF who are treated with a JAK inhibitor? Select all that apply.

CASES

What is your primary goal of treatment for patients with cytopenic MF?

CASES

How do the rates of grade 3/4 thrombocytopenia and anemia in the COMFORT-I (12.0% and 45.2%) and -II (8.8 and 5.9 per 100 patient-years) studies compare with your experience with ruxolitinib? Select all that apply. In my clinic:

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ARS Data - Gulf

01/12/2022

In the past 12 months, how many total patients with MF did you personally manage?

CASES

What percentage of patients with MF in your practice require RBC transfusions?

CASES

How often do patients with MF in your practice typically require transfusions?

CASES

When thinking about your overall MF patient population, approximately what percentage of your patients fall into <50 × 109/L threshold of platelet counts (at any moment in time, not just at diagnosis)?

CASES

When thinking about your overall MF patient population, approximately what percentage of your patients fall into 50–100 × 109/L threshold of platelet counts (at any moment in time, not just at diagnosis)?

CASES

When thinking about your overall MF patient population, approximately what percentage of your patients fall into 101–150 × 109/L threshold of platelet counts (at any moment in time, not just at diagnosis)?

CASES

When thinking about your overall MF patient population, approximately what percentage of your patients fall into >150 × 109/L threshold of platelet counts (at any moment in time, not just at diagnosis)?

CASES

What are the three symptoms that are most important to you in patients with thrombocytopenia in your practice?

CASES

What are the three symptoms that are most important to the patients with thrombocytopenia in your practice?

CASES

What percentage of your patients are on 5mg of ruxolitinib?

CASES

What percentage of your patients are on 10mg of ruxolitinib?

CASES

What percentage of your patients are on 15mg or higher of ruxolitinib?

CASES

What is the most common reason you dose-reduce ruxolitinib for your MF patients? Assume:

- Platelet count <150 × 109/L
- Hgb <10 g/dL

Are you familiar with pathways other than JAK/STAT, such as IRAK1 and its role in emergence of cytopenic MF-like phenotype?

CASES

Do you use the term “cytopenic myelofibrosis” for patients with pronounced cytopenias?

CASES

How many patients present with MF and are anemic (hemoglobin <10 g/dL) at first visit?

CASES

How do you manage anemia (hemoglobin <10 g/dL) in patients with MF who are treated with a JAK inhibitor? Select all that apply.

CASES

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ARS Data - Midwest

01/18/2022

In the past 12 months, how many total patients with MF did you personally manage?

CASES

What percentage of patients with MF in your practice require RBC transfusions?

How often do patients with MF in your practice typically require transfusions?

CASES

FOR EXAMPLE PURPOSES ONLY

When thinking about your overall MF patient population, approximately what percentage of your patients fall into <50 × 109/L threshold of platelet counts (at any moment in time, not just at diagnosis)?

CASES

When thinking about your overall MF patient population, approximately what percentage of your patients fall into 50–100 × 109/L threshold of platelet counts (at any moment in time, not just at diagnosis)?

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When thinking about your overall MF patient population, approximately what percentage of your patients fall into 101–150 × 109/L threshold of platelet counts (at any moment in time, not just at diagnosis)?

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What is the most common reason you dose-reduce ruxolitinib for your MF patients? Assume:

- Platelet count <150 × 109/L

CASES

Are you familiar with pathways other than JAK/STAT, such as IRAK1 and its role in emergence of cytopenic MF-like phenotype?

CASES

Do you use the term “cytopenic myelofibrosis” for patients with pronounced cytopenias?

CASES

How many patients present with MF and are anemic (hemoglobin <10 g/dL) at first visit?

CASES

How do you manage anemia (hemoglobin <10 g/dL) in patients with MF who are treated with a JAK inhibitor? Select all that apply.

CASES

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ARS Data - Northeast

01/19/2022

In the past 12 months, how many total patients with MF did you personally manage?

CASES

What percentage of patients with MF in your practice require RBC transfusions?

CASES

How often do patients with MF in your practice typically require transfusions?

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When thinking about your overall MF patient population, approximately what percentage of your patients fall into <50 × 109/L threshold of platelet counts (at any moment in time, not

CASES

When thinking about your overall MF patient population, approximately what percentage of your patients fall into 50–100 × 109/L threshold of platelet counts (at any moment in time, not just at diagnosis)?

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When thinking about your overall MF patient population, approximately what percentage of your patients fall into 101–150 × 109/L threshold of platelet counts (at any moment in time, not just at diagnosis)?

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When thinking about your overall MF patient population, approximately what percentage of your patients fall into >150 × 109/L threshold of platelet counts (at any moment in time, not just at diagnosis)?

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CASES

FOR EXAMPLE PURPOSES ONLY

What are the three symptoms that are most important to the patients with thrombocytopenia in your practice?

CASES

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What percentage of your patients are on 10mg of ruxolitinib?

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FOR EXAMPLE PURPOSES ONLY

What percentage of your patients are on 15mg or higher of ruxolitinib?

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- Platelet count <150 × 109/L

Are you familiar with pathways other than JAK/STAT, such as IRAK1 and its role in emergence of cytopenic MF-like phenotype?

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Do you use the term “cytopenic myelofibrosis” for patients with pronounced cytopenias?

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How many patients present with MF and are anemic (hemoglobin <10 g/dL) at first visit?

CASES

How do you manage anemia (hemoglobin <10 g/dL) in patients with MF who are treated with a JAK inhibitor? Select all that apply.

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ARS Data – Ohio Valley

02/09/2022

In the past 12 months, how many total patients with MF did you personally manage?

CASES

What percentage of patients with MF in your practice require RBC transfusions?

CASES

How often do patients with MF in your practice typically require transfusions?

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When thinking about your overall MF patient population, approximately what percentage of your patients fall into <50 × 109/L threshold of platelet counts (at any moment in time, not just at diagnosis)?

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- Platelet count <150 × 109/L
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Are you familiar with pathways other than JAK/STAT, such as IRAK1 and its role in emergence of cytopenic MF-like phenotype?

CASES

Do you use the term “cytopenic myelofibrosis” for patients with pronounced cytopenias?

How many patients present with MF and are anemic (hemoglobin <10 g/dL) at first visit?

CASES

How do you manage anemia (hemoglobin <10 g/dL) in patients with MF who are treated with a JAK inhibitor? Select all that apply.

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ARS Data – Southeast

04/07/2022

In the past 12 months, how many total patients with MF did you personally manage?

CASES

What percentage of patients with MF in your practice require RBC transfusions?

How often do patients with MF in your practice typically require transfusions?

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When thinking about your overall MF patient population, approximately what percentage of your patients fall into <50 × 109/L threshold of platelet counts (at any moment in time, not just at diagnosis)?

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How many patients present with MF and are anemic (hemoglobin <10 g/dL) at first visit?

CASES

How do you manage anemia (hemoglobin <10 g/dL) in patients with MF who are treated with a JAK inhibitor? Select all that apply.

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ARS Data – Mid Atlantic

04/20/2022

In the past 12 months, how many total patients with MF did you personally manage?

CASES

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When thinking about your overall MF patient population, approximately what percentage of your patients fall into <50 × 109/L threshold of platelet counts (at any moment in time, not just at diagnosis)?

CASES

When thinking about your overall MF patient population, approximately what percentage of your patients fall into 50–100 × 109/L threshold of platelet counts (at any moment in time, not

CASES

When thinking about your overall MF patient population, approximately what percentage of your patients fall into 101–150 × 109/L threshold of platelet counts (at any moment in time, not just at diagnosis)?

CASES

When thinking about your overall MF patient population, approximately what percentage of your patients fall into >150 × 109/L threshold of platelet counts (at any moment in time, not just at diagnosis)?

CASES

What are the three symptoms that are most important to you in patients with thrombocytopenia in your practice?

CASES

What are the three symptoms that are most important to the patients with thrombocytopenia in your practice?

CASES

What percentage of your patients are on 5mg of ruxolitinib?

What percentage of your patients are on 10mg of ruxolitinib?

CASES

What percentage of your patients are on 15mg or higher of ruxolitinib?

CASES

What is the most common reason you dose-reduce ruxolitinib for your MF patients? Assume:

- Platelet count <150 × 109/L

CASES

Are you familiar with pathways other than JAK/STAT, such as IRAK1 and its role in emergence of cytopenic MF-like

CASES

Do you use the term “cytopenic myelofibrosis” for patients with pronounced cytopenias?

CASES

How many patients present with MF and are anemic (hemoglobin <10 g/dL) at first visit?

CASES

How do you manage anemia (hemoglobin <10 g/dL) in patients with MF who are treated with a JAK inhibitor? Select all that apply.

CASES