APTITUDE HEALTH®

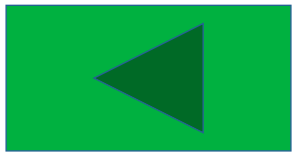
CASES

Insights Into Philadelphia Chromosome-Positive (Ph+) Acute Lymphoblastic Leukemia (ALL) and Chronic Myeloid Leukemia (CML)

March 20, 2023

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 perspectives on community treatment practices in Ph+ ALL and CML
- Gain insight into the influence of recent data on community treatment practices

Report Snapshot: Session Overview

A moderated roundtable discussion was held virtually with oncologists in the United States on **March 20, 2023**

Disease state and data presentations were led and moderated by **Dr Elias Jabbour** from MD Anderson Cancer Center, in conjunction with content developed by the Aptitude Health clinical team

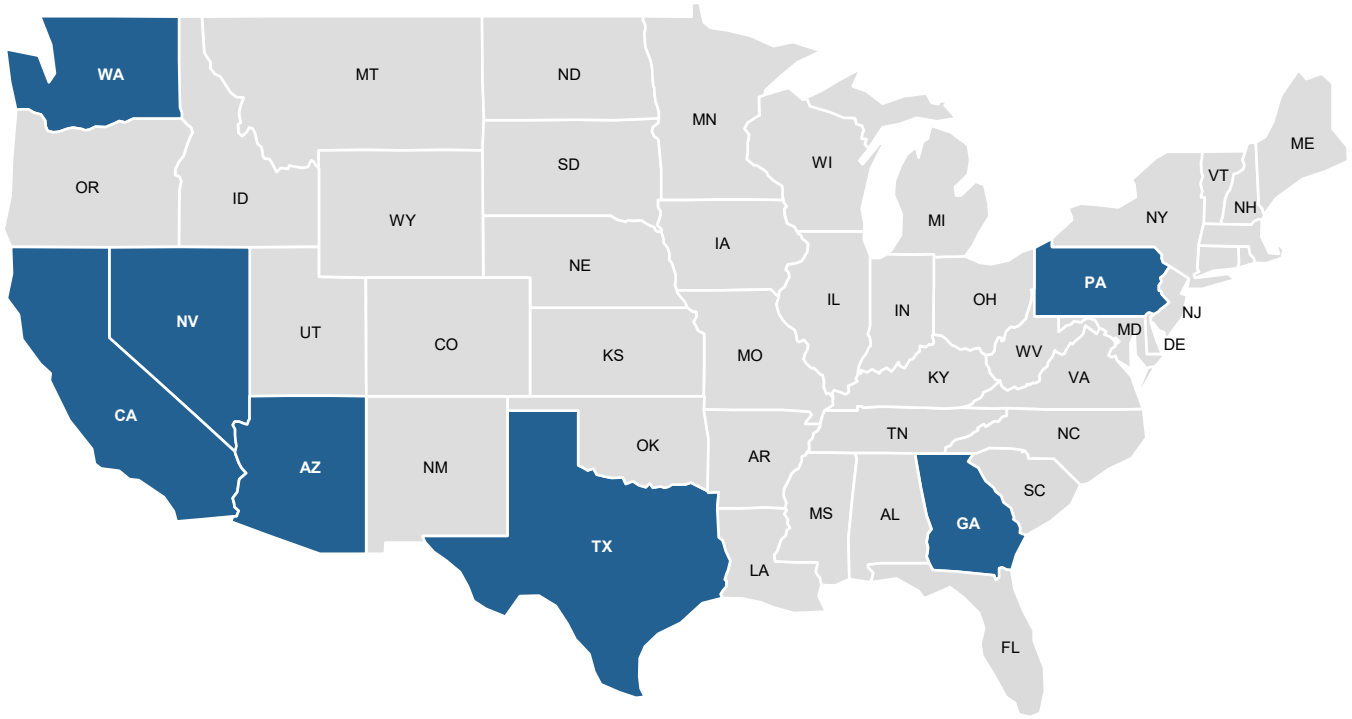
Insights were obtained on **therapies for Ph+ ALL and CML** in the community setting

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

Report Snapshot: Attendee Overview

- The group of physicians comprised 9 oncologists from across the United States
  - Attendees of the roundtable represented community oncologists from Arizona, California, Georgia, Nevada, Pennsylvania, Texas, and Washington

INSTITUTION	CITY	STATE
Cancer Transplant Institute	Scottsdale	AZ
City of Hope	Duarte	CA
The Oncology Institute of Hope and Innovation	South Pasadena	CA
Blood and Marrow Transplant of Georgia	Atlanta	GA
Comprehensive Cancer Centers of Nevada	Las Vegas	NV
Allegheny Health Network	Wexford	PA
The Center for Cancer and Blood Disorders	Benbrook	TX
The Center for Cancer and Blood Disorders	Fort Worth	TX
University of Washington/Fred Hutchinson Cancer Center	Seattle	WA



Report Snapshot: Agenda

Time (ET)	Topic
6.00 PM – 6.10 PM (10 min)	**Introduction** • Program overview
6.10 PM – 6.25 PM (15 min)	**ARS Questions**
6.25 PM – 7.00 PM (35 min)	**Management Options in Ph+ ALL and CML** • Overview of current data in Ph+ ALL – Induction regimens ▪ Choice of TKI ▪ PhALLCON – Postremission therapy – MRD and R/R disease • Overview of current data in CML – Primary treatment ▪ Choice of TKI ▪ Setting treatment goals – Response milestones and next steps • Moderated discussion
7.00 PM – 7.50 PM (50 min)	**Discussion**
7.50 PM – 8.00 PM (10 min)	**Key Takeaways and Meeting Evaluation**

APTITUDE HEALTH®

CASES

Discussion

Management Options in CML

Discussion: Management Options in CML (1/2)

CASES

CML – INSIGHTS AND DATA

"I use [ponatinib] after, if they have the T315I mutation. . . . I have used ponatinib after they failed like, I generally start off

- [illegible]

[illegible]

- [illegible]

[illegible]

Discussion: Management Options in CML (2/2)

CML – INSIGHTS AND DATA

"In the community, I am not able to get the mutational analysis, like the way I would want. Sometimes I get an arbitrary

- [illegible]

- [illegible]

APTITUDE HEALTH®

CASES

Advisor Key Takeaways

Advisor Key Takeaways

ADVISOR		ADVISOR	
	> Would love to use ponatinib up front, but need more data		> Use of MRD testing in ALL at 3 months
1	> I have a better understanding of sequencing therapies > I really wasn't that familiar with ponatinib and telisotamab but now I have a better understanding of these drugs and have a better idea of when to use them in my practice	6	> 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 telisotamab and hope that tafa and Rev would be interested for a second-line option for my very elderly patients > There's a lot more enthusiasm for targeted therapy and for things like ponatuzumab that may offer lesser side effects	4	> 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	5	> Still R-CHOP is the standard

APTITUDE HEALTH®

CASES

ARS Results

Management Options in Ph+ ALL

All Physicians Treated at Least 6 Newly Diagnosed ALL Patients in the Past Year

Approximately how many newly diagnosed ALL patients have you treated in the past 12 months? (n = 7*)

*Two physicians did not respond.

All Physicians Treated at Least 2 Newly Diagnosed Ph+ ALL Patients in the Past Year

In the past 12 months, approximately how many of your newly diagnosed ALL patients were Ph+? (n = 7*)

*Two physicians did not respond.

Achieving MRD Negativity and Getting to Transplant Are Physicians' Primary Treatment Goals in Frontline Ph+ ALL

In frontline Ph+ ALL, what are your treatment goals?
(Select all that apply.) (n = 8*)

*One physician did not respond.

When Choosing a TKI for Frontline Ph+ ALL, Physicians Are Most Influenced by Efficacy Data

Which of the following factors most influences your choice of TKI in frontline Ph+ ALL?
(n = 8*)

*One physician did not respond.

Physicians Have Most Commonly Used TKI With High-Intensity Chemotherapy in the Past Year

CASES

Which of the following induction regimens have you used in Ph+ ALL in the past 12 months? *(Select all that apply.)* (n = 8*)

*One physician did not respond.

88% of Physicians Believe It Is “Crucially Important” to Achieve MRD Negativity in Ph+ ALL

How important is it to achieve MRD negativity? (n = 8*)

*One physician did not respond.

The Majority of Physicians Check for MRD at the End of Induction

When do you prefer to perform an initial assessment for MRD? (n = 8*)

*One physician did not respond.

The Majority of Physicians Do Not Face Challenges When Ordering MRD Testing

What challenges do you face in ordering MRD testing? *(Select all that apply.)* (n = 8*)

*One physician did not respond.

Two-Thirds of Physicians Were Familiar With PhALLCON

Which of the following Ph+ ALL studies are you familiar with? *(Select all that apply.)* (N = 9)

Physicians Are Aware of Some PhALLCON Data, Such as the MRD-Negativity Rate and MRD-Negative CR Rate

Which of the following are true of PhALLCON? (Select all that apply.) (n = 8*)

*One physician did not respond.

APTITUDE HEALTH®

CASES

ARS Results

Management Options in CML

Physicians See Varying Numbers of CML Patients

How many CML patients have you personally managed in the past 12 months? (N = 9)

Physicians Have Varying Levels of Experience in Later Lines of Treatment

How many CP-CML patients have you treated through ≥3 lines of therapy? (N = 9)

Physicians Primarily Consider Mutation Status, Prior AEs, and Comorbidities When Selecting Treatment After First-Generation TKI Failure

CASES

Dasatinib Is the Most Commonly Recommended Treatment for Patients Who Are Resistant or Intolerant to First-Generation TKIs

CASES

What would you recommend for patients with CP-CML who are resistant or intolerant to first-generation TKIs? (N = 9)

Physicians More Strongly Consider Resistance and Response to Prior Agents When Selecting Treatment After Second-Generation TKI Failure Compared With First-Generation Failure

CASES

Which of the following patient characteristics do you consider most important when selecting treatment following second-generation TKI failure for your CML patients? *(Select your top 3.)* (n = 8*)

*One physician did not respond.

Ponatinib Is the Most Commonly Recommended Treatment for Patients Who Are Resistant or Intolerant to Second-Generation TKIs

CASES

What would you recommend for patients with CP-CML who are resistant or intolerant to second-generation TKIs? (n = 8*)

*One physician did not respond.

Mutational Status, Safety Profile, and Efficacy Profile Are the Strongest Drivers of Therapy Choice in R/R CP-CML

CASES

What factors drive your choice of therapy for R/R CP-CML? *(Select all that apply.)* (n = 8*)

*One physician did not respond.

All Physicians Would Use Ponatinib for a Patient With a *T315I* Mutation

CASES

Which agent(s) do you use for patients with a *T315I* mutation? *(Select all that apply.)* (N = 9)

All Physicians Are Comfortable With TKI Dose-Reduction Strategies, With 67% Identifying as “Very Comfortable”

How comfortable are you utilizing TKI dose-reduction strategies to manage toxicity?
(N = 9)

Insurance/Reimbursement Denials and AE Management Are the Most Common Challenges Physicians Face in CML

What are the major challenges you encounter in the management of your CML patients?
(Select all that apply.) (n = 8*)

*One physician did not respond.

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