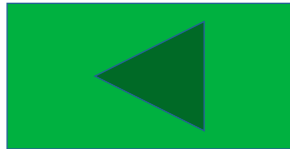CASES

INSIGHTS INTO MULTIPLE MYELOMA (MM)

February 23, 2021

Insights From the Southwest Region

HOW TO NAVIGATE THIS REPORT

Click to move to topic of interest or ARS supporting data

Click to return to previous slide

CONTENTS

CASES

Topic
Report Objectives
Report Snapshot   • Session overview   • Attendee overview   • Agenda
Topline Takeaways and Strategic Recommendations

Key Insights and Discussion Summary
 • Treatments in later-line relapsed/refractory MM
 • Emerging new treatments overview
     – Antibody-drug conjugates
     – Bispecific antibodies
     – CAR T therapy

Advisor Key Takeaways
ARS Data

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REPORT OBJECTIVES

MEETING OBJECTIVES

> Gain advisors' perspectives on recent ASH 2020 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 Southwestern United States in a virtual setting on **February 23, 2021.**

Disease state and data presentations were led by **Dr Rafael Fonseca** from the Mayo Clinic, in conjunction with content developed by the Aptitude Health clinical team.

Insights on the potential impact of ADCs, bispecific antibodies, and CAR T therapy on patient management were obtained.
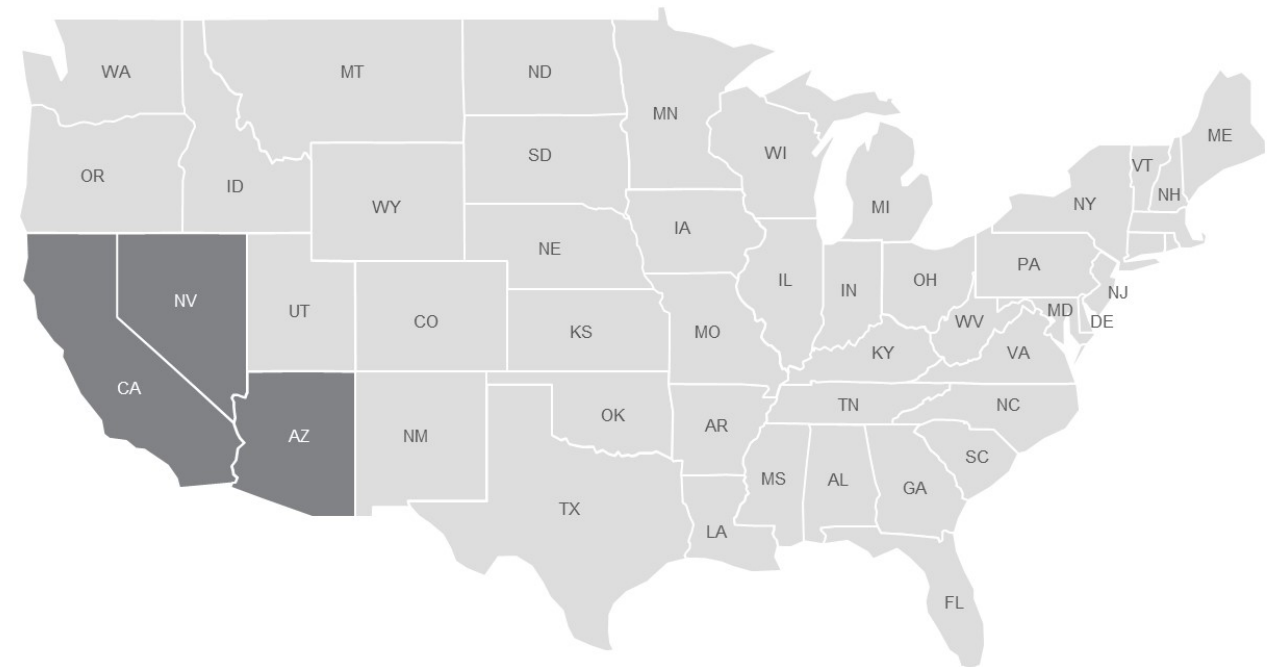
Data collection was accomplished through audience response system (ARS) questions and in-depth moderated discussion.

REPORT SNAPSHOT: ATTENDEE OVERVIEW

> The group of advisors comprised 7 community oncologists from across the Southwestern United States

- Attendees of the roundtable represented community oncologists from Arizona, California, and Nevada

INSTITUTION	CITY	STATE
Intermountain Healthcare Nevada	Las Vegas	NV
Los Angeles Cancer Network	Los Angeles	CA
Kaiser Permanente Riverside Medical Center	Riverside	CA
Ironwood Cancer & Research Centers	Phoenix	AZ
Arizona Center for Cancer Care	Phoenix	AZ
Pacific Shores Medical Group	Huntington Beach	CA
City of Hope	Colton	CA

REPORT SNAPSHOT: AGENDA

Time (PST)	Topic
5.00 PM – 5.15 PM (15 min)	Introduction and ARS Questions • Program overview • ARS questions

5.15 PM – 6.20 PM (65 min: 25-min presentation; 40-min discussion)	Emerging Treatments for Relapsed/Refractory Multiple Myeloma
	• Overview of recent data
	  – BCMA-targeting ADCs
	    ▪ Belantamab mafodotin
	    ▪ MEDI2228
	  – Anti-BCMA CAR T-cell therapies
	    ▪ Idecabtagene vicleucel
	    ▪ Ciltacabtagene autoleucel
	  – BCMA-targeting bispecific antibodies
	    ▪ Teclistamab
	    ▪ REGN5458
	    ▪ TNB-383B
	    ▪ AMG 701
	    ▪ PF-3135
	• Reaction and discussion

6.20 PM – 6.30 PM (10 min)	Key Takeaways and Meeting Evaluation

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Topline Takeaways and Strategic Recommendations

MEETING OBJECTIVES WERE ACHIEVED: TOPLINE TAKEAWAYS

OBJECTIVE

- Understand physicians' expectations for clinical trial data before trying a new regimen in frontline for DLBCL
- Gain insights into R/R patient referral patterns between academic and community practices
- Assess the perception of polatuzumab in the R/R setting compared with other therapeutics, especially CAR T therapy and bilastermab, including therapy selection and sequencing

PROCESS

Through KBQ questions and moderated discussions, community oncologists described their testing practices and challenges they experience

INSIGHTS

- Advisors are open to trying new regimens, primarily with good OS benefit data in frontline, with some open to adopting new therapy with good hazard rate (0.40 or better) on OFS
- Advisors in community practice typically treat older, less mobile, transplant-ineligible patients and refer out young, fit, transplant-eligible patients
- All advisors generally have positive opinion/experience with polatuzumab in terms of efficacy and tolerability; however, some currently use it only as a bridge to CAR T and some in patients ineligible for CAR T. All advisors are unsure about sequencing therapies

CASES

Key Insights and Discussion Summary

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DISCUSSION: EMERGING TREATMENTS IN MM

MULTIPLE MYELOMA – INSIGHTS AND DATA

MULTIPLE MYELOMA – INSIGHTS AND DATA

MULTIPLE MYELOMA – INSIGHTS AND DATA

CASES

Advisor Key Takeaways

ADVISOR KEY TAKEAWAYS

ADVISOR	ADVISOR

ADVISOR KEY TAKEAWAYS

ADVISOR		ADVISOR	

CASES

ARS Data

THIS GROUP OF ADVISORS TREATS SIGNIFICANT NUMBERS OF MM PATIENTS IN THEIR COMMUNITY PRACTICES

What percentage of the patients with hematologic malignancies whom you see have MM? (N = 7)

THESE ADVISORS TREAT SIGNIFICANT NUMBERS OF MM PATIENTS IN THE COMMUNITY SETTING WHO ARE RELAPSED/REFRACTORY

How many unique patients with R/R MM have you treated in the past year? (N = 7)

A LARGE MAJORITY OF ADVISORS AGREE ON USING VRd AS THEIR PREFERRED INDUCTION REGIMEN FOR THEIR TRANSPLANT-ELIGIBLE MM PATIENTS

The most common induction regimen for my transplant-eligible patients is (N = 6*):

*One advisor did not respond.

ADVISORS HAVE MIXED OPINIONS ON BEST INDUCTION REGIMEN FOR TRANSPLANT-INELIGIBLE MM PATIENTS, WITH THE LARGEST PROPORTION PREFERRING VRd

The most common induction regimen for my transplant-ineligible patients is (N = 6*):

*One advisor did not respond.

FOR THEIR MM PATIENTS AT FIRST RELAPSE, MOST ADVISORS WOULD NEXT USE A DPd REGIMEN

What is your preferred regimen for a previously treated MM patient in first relapse? (N = 6*)

FOR TRIPLE-REFRACTORY MM PATIENTS, THE LARGEST PROPORTION OF ADVISORS WOULD REFER THOSE PATIENTS FOR A CLINICAL TRIAL

How do you currently treat later-line patients who are refractory to a CD38-targeted agent, an IMiD, and a PI? (N = 6*)

WHEN DECIDING ON A TREATMENT FOR THEIR R/R MM PATIENTS, NEARLY HALF OF THE ADVISORS SAY PATIENT CHARACTERISTICS ARE THE MOST IMPORTANT DETERMINANT

Which factor is most important to you in choosing treatment for your R/R MM patients?
(N = 7)

WHEN CONSIDERING CAR T TREATMENT, ADVISORS WERE NEARLY EVENLY DIVIDED ON WHETHER THEY WOULD REFER PATIENTS FOR CAR T OR CONSULT WITH ANOTHER TREATMENT CENTER EARLY IN THE TREATMENT PROCESS

How do you anticipate your MM patients will have access to CAR T therapies once available? (N = 7)

THE LARGEST PROPORTION OF ADVISORS BELIEVE BISPECIFIC ANTIBODIES WILL OUTPACE CAR T AND ADCs IN ADVANCING TREATMENT OF MM

Of the following therapy types (approved and investigational), which do you think will have the greatest impact on the MM treatment landscape? (N = 6)*

*One advisor did not respond.

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