



CASES

Insights Into Multidisciplinary Team Management of Veno- Occlusive Disease/Sinusoidal Obstructive Syndrome (VOD/SOS)

October 25, 2023

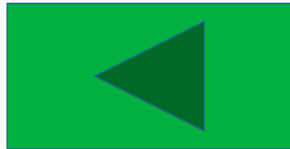
Co-Chairs: Kris Michael Mahadeo, MD

Sarah Featherston, RN, CPN, BMTCN










How to Navigate This Report



Click to move to topic of interest or ARS supporting data



Click to return to previous slide

Topic	
Report Objectives	
Report Snapshot	
• Session overview	
• Attendee overview	
• Agenda	
• Patient cases discussed	
Topline Takeaways and Strategic Recommendations	
Key Insights and Discussion Summary	
Advisor Key Takeaways	
ARS Data	

STUDY OBJECTIVE

Gain advisors' perspectives on a multidisciplinary approach to care in acute leukemia and the management of VOD/SOS

Report Snapshot: Session Overview



A moderated roundtable discussion was held with 13 healthcare providers on **October 25, 2023**

Disease state and data presentations were co-chaired by **Kris Michael Mahadeo, MD**, Duke University Medical Center, Durham, NC, and **Sarah Featherston, RN, CPN, BMTCN**, MD Anderson Cancer Center, Houston, TX, with content developed in conjunction with the Aptitude Health clinical team

Insights were obtained on the multidisciplinary approach to care in acute leukemia and the management of VOD/SOS

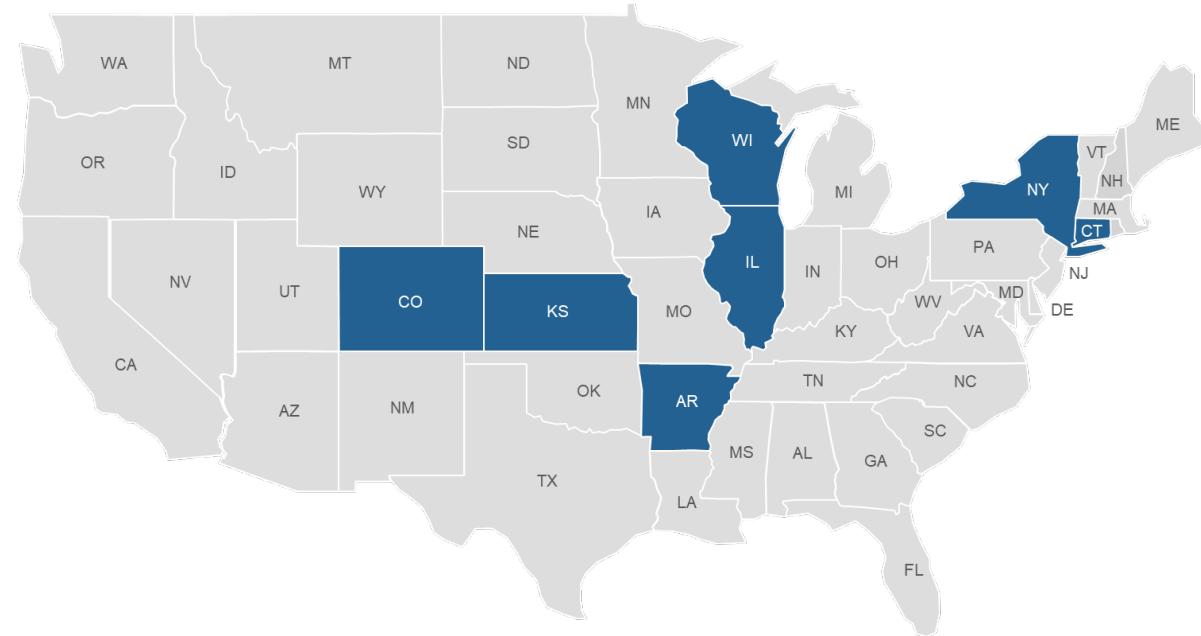
Data collection was accomplished through use of audience response system (ARS) questioning and in-depth moderated discussion

Report Snapshot: Attendee Overview



- > The group of advisors comprised 13 healthcare providers from Illinois, Colorado, Wisconsin, Connecticut, Kansas, Arkansas, and New York

Institution	Specialty	City	State
Ann & Robert H. Lurie Children's Hospital of Chicago	Pediatric Oncologist	Chicago	IL
Children's Hospital Colorado*	Pediatric Pharmacist, Pediatric Oncologist, Pediatric APP	Aurora	CO
Memorial Sloan Kettering Cancer Center*	Pediatric Oncologist, Pharmacist	New York	NY
Clinical Cancer Center, Froedtert Hospital	Hematologist/Oncologist	Milwaukee	WI
Smilow Cancer Hospital	Hematologist/Oncologist	Waterford	CT
Maria Fareri Children's Hospital at Westchester Medical Center*	APP	Valhalla	NY
University of Kansas Health System	Adult Pharmacist	Kansas City	KS
Milwaukee Campus – Children's Wisconsin	Pediatric Oncologist	Milwaukee	WI
University of Arkansas for Medical Sciences	Hematologist/Oncologist	Little Rock	AR



*More than 1 advisor from this institution attended.

Participant Demographics (1/2)

How many pediatric patients with acute leukemia have you treated/helped manage care for in the past 12 months? (N = 13)



Of the pediatric patients with acute leukemia whom you have seen in the past 12 months, how many have gone on to receive HSCT? (n = 12*)



*One physician did not respond.

Participant Demographics (2/2)

How many adult patients with acute leukemia have you treated/helped manage care for in the past 12 months? (N = 13)



Of the adult patients with acute leukemia whom you have seen in the past 12 months, how many have gone on to receive HSCT? (N = 13)



Report Snapshot: Agenda



Time (CT)	Topic
6.00 PM – 6.15 PM (15 min)	Introduction
6.15 PM – 7.10 PM (55 min)	HSCT and VOD/SOS <ul style="list-style-type: none">• Overview of current data• Reaction and discussion
7.10 PM – 7.20 PM (10 min)	BREAK
7.20 PM – 8.45 PM (95 min)	Multidisciplinary Approach to Care <ul style="list-style-type: none">• Patient case-based discussion
8.45 PM – 9.00 PM (15 min)	Key Takeaways and Meeting Evaluation

Report Snapshot: Patient Cases Discussed



Ph-Negative ALL (Cindy)

> 19-year-old previously healthy woman

- [Faded text]
- [Faded text]
- [Faded text]

Pre-B-Cell ALL (William)

> 10-year-old male patient diagnosed in 2016

[Faded text]

Relapsed AML (Aliyah)

> Female patient s/p HSCT

- [Faded text]
- [Faded text]
- [Faded text]



Patient Case 1: Ph-Negative ALL

Cindy

INSIGHTS

AYA patient with Ph-negative ALL treated with pediatric asparaginase-based regimen followed by inotuzumab

1. Treatment success in frontline ALL

The overall survival (OS) rate was 50%. This is a very impressive outcome for a young patient with Ph-negative ALL. The OS rate is similar to that of older patients with Ph-negative ALL. The OS rate is also similar to that of patients with Ph-negative ALL who are treated with a pediatric asparaginase-based regimen followed by inotuzumab. The OS rate is also similar to that of patients with Ph-negative ALL who are treated with a pediatric asparaginase-based regimen followed by inotuzumab. The OS rate is also similar to that of patients with Ph-negative ALL who are treated with a pediatric asparaginase-based regimen followed by inotuzumab.

2. Data needed to confirm front-line success

There are a number of things that need to be confirmed. First, the OS rate needs to be confirmed in a larger study. Second, the OS rate needs to be confirmed in a study that includes patients with Ph-negative ALL who are treated with a pediatric asparaginase-based regimen followed by inotuzumab. Third, the OS rate needs to be confirmed in a study that includes patients with Ph-negative ALL who are treated with a pediatric asparaginase-based regimen followed by inotuzumab. Fourth, the OS rate needs to be confirmed in a study that includes patients with Ph-negative ALL who are treated with a pediatric asparaginase-based regimen followed by inotuzumab. Fifth, the OS rate needs to be confirmed in a study that includes patients with Ph-negative ALL who are treated with a pediatric asparaginase-based regimen followed by inotuzumab.

INSIGHTS

Approach to transplant in AYA patient recently exposed to inotuzumab

1. Treatment success in frontline ALL

The overall success rate is very low. This is not necessarily because the disease is so hard to treat, but because of the high relapse rate. Inotuzumab is a CD22 antibody that is used in combination with chemotherapy. It is a monoclonal antibody that targets CD22, a cell surface receptor. It is used in combination with chemotherapy to treat acute lymphoblastic leukemia (ALL). The overall success rate is very low, but it is a promising new treatment. The overall success rate is very low, but it is a promising new treatment. The overall success rate is very low, but it is a promising new treatment.

2. Data needed to support front-line ALL in frontline

There are a lot of things that have been done, but nothing is really clear. It's not clear if inotuzumab is better than the standard of care. There are a lot of things that have been done, but nothing is really clear. It's not clear if inotuzumab is better than the standard of care. There are a lot of things that have been done, but nothing is really clear. It's not clear if inotuzumab is better than the standard of care.

INSIGHTS

“So it's usually the BMT team that determines that [the approach to HSCT, based on risk factors]. The leukemia team will primarily focus on trying to do some salvage or alternative regimen to get them toward remission while

1. Treatment approach in frontline ALL

The overall survival that's seen in cases like this is not necessarily disease-free or complete remission, so we need overall survival. I think what you're suggesting is that we should really use a frontline regimen rather than using CR or MRD, and I think we should be looking at the disease-free rate at 1 year. I think we should be looking at that as a measure of overall survival with the treatment, and we should bring that concept into the discussion.

2. Data needed to support front-line ALL in frontline

That's all a lot of things have been done, nothing is better than BCR-ABL and BCR-ABL. It's really hard with low BCR-ABL patients to do better. I think we should be looking at the disease-free rate at 1 year as a measure of overall survival. I think we should be looking at that as a measure of overall survival with the treatment, and we should bring that concept into the discussion. I think we should be looking at that as a measure of overall survival with the treatment, and we should bring that concept into the discussion. I think we should be looking at that as a measure of overall survival with the treatment, and we should bring that concept into the discussion.



Patient Case 2: Pre-B-Cell ALL

William

INSIGHTS

Pediatric patient with pre-B cell ALL who underwent second HSCT presents with abdominal pain, puffy eyes, fluid retention, hepatomegaly, and abnormal laboratory values on day +10

1. Treatment success in frontline ALL

The overall survival rate for pediatric ALL is high, with a cure rate of approximately 90% for standard-risk patients. However, relapse rates are significant, particularly in the first 2 years of follow-up. The use of intensive chemotherapy regimens, such as the Berlin-Frankfurt-Munster (BFM) regimen, has improved outcomes. The patient's relapse after the first HSCT is a common occurrence, and the second HSCT is often necessary to achieve long-term remission. The patient's presentation with abdominal pain, puffy eyes, fluid retention, and hepatomegaly on day +10 is a concerning finding, suggesting a potential complication of the treatment or the disease.

2. Data needed to confirm from HSCT in frontline

The data needed to confirm the success of the second HSCT in the frontline setting includes the patient's clinical response, laboratory values, and imaging studies. The patient's presentation with abdominal pain, puffy eyes, fluid retention, and hepatomegaly on day +10 is a concerning finding, suggesting a potential complication of the treatment or the disease. The patient's laboratory values, including hemoglobin, platelets, and liver enzymes, should be closely monitored. The patient's clinical response, including the resolution of symptoms and the achievement of remission, is also important. The patient's imaging studies, including chest X-rays and abdominal ultrasound, should be performed to assess the extent of the disease and the presence of complications. The patient's overall health and quality of life should also be considered.



Patient Case 3: Relapsed AML

Aliyah



Advisor Key Takeaways

Advisor Key Takeaways (1/3)



ADVISOR

- > The first thing was earlier administration of defibrotide and the
- There is a better understanding of respiratory therapy
- There is a better understanding of the importance of
- There is a better understanding of the importance of
- There is a better understanding of the importance of
- > There is a better understanding of some of the other
- There is a better understanding of some of the other
- There is a better understanding of some of the other
- There is a better understanding of some of the other
- > It was good to hear about considerations and advice
- It was good to hear about considerations and advice
- It was good to hear about considerations and advice
- It was good to hear about considerations and advice
- > There is a lot of good options for patients who don't get
- There is a lot of good options for patients who don't get
- There is a lot of good options for patients who don't get
- There is a lot of good options for patients who don't get

ADVISOR

- > I'm glad to hear that the earlier you see it. the earlier you treat it.
- I'm glad to hear that the earlier you see it. the earlier you treat it.
- I'm glad to hear that the earlier you see it. the earlier you treat it.
- I'm glad to hear that the earlier you see it. the earlier you treat it.
- > The respiratory therapy options for patients who
- The respiratory therapy options for patients who
- The respiratory therapy options for patients who
- The respiratory therapy options for patients who
- > It is important to hear about all these
- It is important to hear about all these
- It is important to hear about all these
- It is important to hear about all these
- > It is important to hear about all these
- It is important to hear about all these
- It is important to hear about all these
- It is important to hear about all these

Advisor Key Takeaways (2/3)



ADVISOR

> I hope that we give enough attention to ensuring that we

- Have a better understanding of sequencing therapies
- Really work the numbers with combination and individual but we have a better understanding of those drugs and have a better idea of when to use them in my practice

- Have a better understanding of some of my target sites
- It's particularly important in the combination and how the cells and how would be combined in a sequential order for my own clinical practice
- There's a lot more attention to targeted therapy and to things like combination that may offer some side effects

- It was great to hear about combination and really getting down the pipeline for immunotherapy

- There's a lot of great options for second line that just look like you're managing with second line often profile and great response rates
- Immunology is an issue

ADVISOR

> It was great to hear the discussion that some of the risk factors

- The immunotherapy options the need to have different options besides PD-1 and what is going to come?

- The hope is that some of these immunotherapy agents will get added into frontline and hopefully improve the look like

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

- The standard is the standard

Advisor Key Takeaways (3/3)



ADVISOR

> I'm interested to learn more about the peritoneal drains. Like I

- I have a better understanding of sequencing therapy
- I really want to talk further with gastroenterology and
- understand how we have a better understanding of these drugs and have a better idea of when to use them in my practice

- I have a better understanding of some of my clinical options
- I'm particularly interested in the combination and how that will and then would be translated to a second-line option for my own clinical practice
- There's a lot more information to suggest therapy and to things the gastroenterologist that they offer some other options

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

- There's a lot of great options for second-line that just I think I can manage with second-line other profile and great response rates
- Immunology is an asset

ADVISOR

> I'm glad we kind of touched upon prophylaxis. We're an institution

- The immunotherapy options for use in first-line options include PD-1s and anti-CTLA-4 (I think)

- We're hoping that some of these immunotherapy agents will get added into frontline and hopefully improve the first-line

- It's interesting to learn about all these immunotherapy treatments, especially the specific antibodies

- A lot of options coming up in the future. The only issue will be to learn how to sequence these drugs

- I think I think I'm the standard



Insights Into Multidisciplinary Team Management of VOD/SOS

ARS Results

The Majority of Advisors (77%) Use MAC Regimens for Their Adult Patients Receiving HSCT; None Use NMA Regimens

Which conditioning regimen do you most commonly use for adult patients

FOR EXAMPLE PURPOSES ONLY

All Advisors Use MAC Regimens for Their Pediatric Patients Receiving HSCT

Which conditioning regimen do you most commonly use for pediatric patients

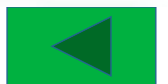
FOR EXAMPLE PURPOSES ONLY



One-Third of Advisors Had 1–2 Adult HSCT Patients Who Developed VOD/SOS in the Past Year

Of the adult patients who received HSCT, how many have had VOD/SOS as a post-HSCT

FOR EXAMPLE PURPOSES ONLY



33% of Advisors Had 3–4 Pediatric HSCT Patients Who Developed VOD/SOS in the Past 12 Months

Of the pediatric patients who received HSCT, how many have had VOD/SOS as a post-

FOR EXAMPLE PURPOSES ONLY

*One advisor did not respond.

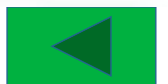


76% of Advisors Indicated That Patients Were Diagnosed With VOD/SOS ~13–16 Days Post-HSCT



Of the patients who have had VOD/SOS as a post-HSCT complication, about how long

FOR EXAMPLE PURPOSES ONLY




Although Most Advisors (50%) Use EBMT/Modified Pediatric EBMT Criteria to Diagnose VOD/SOS, One-Third Use Baltimore Criteria

What diagnostic criteria does your institution use to diagnose VOD/SOS? (n = 12*)

FOR EXAMPLE PURPOSES ONLY

*One advisor did not respond.





US 5901-C Peachtree Dunwoody Road NE
Suite 200, Atlanta, GA 30328, US

EU Wilhelmina van Pruysenweg 104
2595 AN The Hague, the Netherlands

UK 6th Floor, 2 Kingdom Street
London, W2 6BD, United Kingdom

[aptitudehealth.com](https://www.aptitudehealth.com)

