APTITUDE HEALTH®

CASES

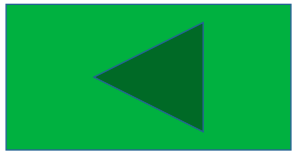
Insights Into the Management of Lower-Risk Myelodysplastic Syndromes (LR-MDS)

October 12, 2024

Chair: Danko Martincic, MD

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

STUDY OBJECTIVE	REPORT OBJECTIVES
Gain advisors' perspectives on current practices in the management of LR-MDS	> Discover advisors' experience with luspatercept in LR-MDS, including patient characteristics, management of cytopenias, and barriers to use > Gain advisors' perspectives on the updated efficacy and safety data from the phase III COMMANDS trial > Understand advisors' perceptions of the NCCN Guidelines and to what degree they influence treatment sequencing decisions in LR-MDS

Report Snapshot: Session Overview

A moderated roundtable discussion was held with 11 healthcare providers on **October 12, 2024**

Disease state and data presentations were chaired by **Danko Martincic, MD,** of Beacon Clinic, with content developed in conjunction with the Aptitude Health clinical team

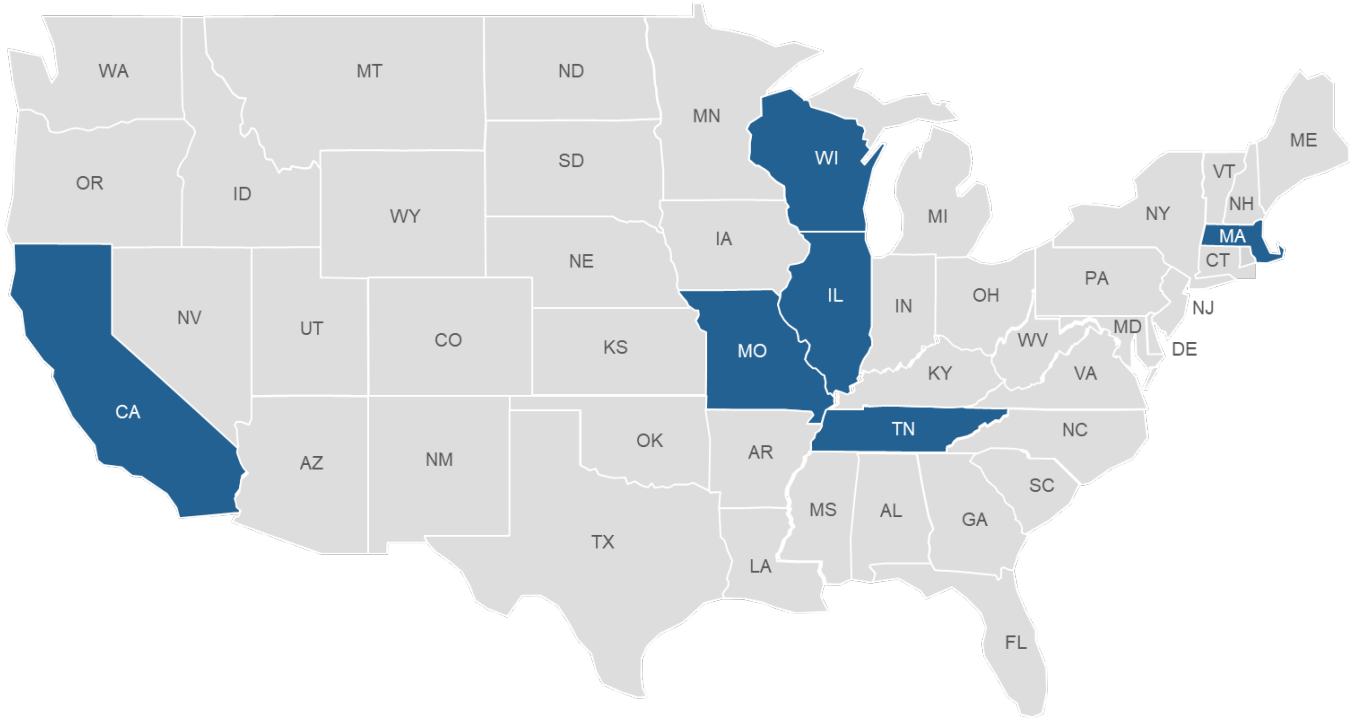
Insights were obtained on physicians' current practices in the management of LR-MDS

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 11 healthcare providers from across the United States

Institution	City	State
Washington University School of Medicine*	St Louis	MO
Loma Linda University Hospital	Loma Linda	CA
City of Hope National Cancer Center	Duarte	CA
Medical College of Wisconsin	Milwaukee	WI
University of Wisconsin	Madison	WI
University of California, San Francisco	San Francisco	CA
Robert H. Lurie Comprehensive Cancer Center of Northwestern University	Chicago	IL
University of Illinois – Chicago	Chicago	IL
Sarah Cannon Research Institute at TriStar Centennial	Nashville	TN
Tufts Medical Center	Boston	MA



*Two advisors from this institution attended.

Participant Demographics (1/2)

Approximately how many newly diagnosed patients with LR-MDS do you personally treat per year? (n = 10*)

What proportion of your newly diagnosed patients with LR-MDS do not have del(5q)? (N = 11)

*One physician did not respond.

Participant Demographics (2/2)

What percentage of your patients with non-del(5q) LR-MDS have you treated for symptomatic anemia in the past year? (n = 10*)

What percentage of your patients with non-del(5q) LR-MDS and symptomatic anemia required subsequent therapy in the past year? (n = 10*)

*One physician did not respond.

Report Snapshot: Agenda

Time (PT)	Topic
1.00 PM – 1.15 PM	**Introduction** • Program overview • ARS questions
1.15 PM – 2.25 PM	**First-Line Treatment Options in LR-MDS Without Del(5q)** • Overview of current data • Reaction and discussion
2.25 PM – 2.35 PM	**Break**
2.35 PM – 3.45 PM	**Subsequent-Line Therapy in LR-MDS Without Del(5q)** • ARS questions • Overview of current data • Reaction and discussion
3.45 PM – 4.00 PM	**Key Takeaways and Meeting Evaluation**

APTITUDE HEALTH®

CASES

Discussion Summary

Discussion (1/6)

INSIGHTS

“I typically use both scoring systems. I typically choose the higher of the 2.”

- Treatment success in frontline DLBCL
- Data needed to switch from SOC in frontline

Discussion (2/6)

CASES

INSIGHTS

"It's not transfusion dependence necessarily, but if you see that their hematocrit, their hemoglobin's dropping, you

- Treatment success in frontline DLBCL

- Data needed to switch from SOC in frontline

Discussion (3/6)

CASES

INSIGHTS

"If you look at the frontline data, you would pick luspatercept over the comparator EPO. [In] the COMMANDS trial,

- Treatment success in frontline (IL/BC),

- Data needed to switch from SOC in frontline

Discussion (4/6)

CASES

INSIGHTS

"We know that patients with SF3B1 will do well with luspatercept."

- Treatment success in frontline DLBCL

"It's overall survival, that's what we need. This is not metastatic disease, this is curable disease, so we need overall survival."

"...cure without any significant long-term toxicity. ...I think when I define success, I would rather use a landmark endpoint rather than using OS or PFS, and I would say what's the disease-free rate at 3 years. I definitely do think OS is important if there is significant toxicity with the treatment, and people dying from competing comorbidities."

- Data needed to switch from SOC in frontline

"First of all, a lot of things have been tried, nothing is better than R-CHOP, and frankly, I'm pretty happy with how R-CHOP performs for my patients."

"I would be a late adopter. I would not be one of the first ones to move based on PFS or anything like that. I want something that's tried and true and we know how well it works."

"While toxicities are not very severe, I think a hazard ratio of 0.85 or better would be something that I would be looking at."

"Overall survival data, that's ideal, but in this disease state OS is hard to come by, so you do have to use some surrogates of efficacy. So, I do think that a 2- or 3-year event-free survival kind of story is likely what's going to start driving my use of any regimen. ...PFS is NOT sufficient."

Discussion (5/6)

CASES

INSIGHTS

"Some insurance companies mandate that you try ESAs first, and then if you can show failure with ESA, only then

- Treatment success in frontline DLBCL

- Data needed to switch from SOC in frontline

Discussion (6/6)

CASES

INSIGHTS

"I think it depends on what they got the first line, right? So, things are kind of changing now with the luspatercept

- [illegible]

[illegible]

- [illegible]

[illegible]

APTITUDE HEALTH®

CASES

Advisor Key Takeaways

Advisor Key Takeaways

ADVISOR	ADVISOR
> I learned more about imetelstat, the specialist	> The COMMANDS trial and first line versus ESA, and how to pick which one.
1	5
2	6
3	7
4	8

Advisor Key Takeaways*

ADVISOR	
7	> The most important thing is sequencing first-line treatments, what to choose, how to choose.
1	> 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.
2	> I have a better understanding of some of my relapse options > I'm particularly interested in the tafasitamab and hope that tafa and Ritux 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
3	> It was great to hear about innovations and what's coming down the pipeline for relapsed/refractory
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	> For relapsed/refractory patients it's nice to have different options besides R-ICE and auto or going to CAR-T
6	> I'm hopping that some of these second-line agents will get added onto frontline and hopefully improve the cure rate
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
8	> Still R-CHOP is the standard

APTITUDE HEALTH®

CASES

ARS Results

Most Advisors Test for All the Listed Biomarkers in Patients With Non-Del(5q) LR-MDS; Only 10% Do Not Perform Biomarker Testing in These Patients

*One physician did not respond.

Level of Transfusion Dependence and RS Status Are the Most Influential Patient Factors in Advisors' Choice of First-Line Therapy for Symptomatic Anemia

CASES

Transfusion Independence and Durability of Response Have the Greatest Influence on Advisors' Choice of First-Line Therapy for Symptomatic Anemia

Inclusion in NCCN Guidelines Is Most Important to Advisors When Using New Therapeutic Options, Outside of Clinical Data

Almost Three-Quarters of Advisors Used Luspatercept in 1–5 Patients With Non-Del(5q) LR-MDS and Anemia in the Past Year

CASES

Most Advisors (82%) Did Not Use Imetelstat in Patients With Non-Del(5q) LR-MDS and Anemia in the Past Year

CASES

For Most Advisors (90%), One-Fourth or Fewer of Their Patients Treated With Luspatercept Developed Cytopenias in the Past Year

All Advisors Are Moderately to Extremely Comfortable Managing Luspatercept-Associated Cytopenias

Most Advisors Were Moderately Familiar With the COMMANDS Trial; None Were Extremely Familiar

*One physician did not respond.

Obtaining Prior Authorizations Is the Barrier Most Commonly Encountered by Advisors When Using Luspatercept; 36% of Advisors Encounter No Barriers

Patient Case

CASES

- A 65-year-old man with newly diagnosed lower-risk MDS has recently become

Most Advisors (64%) Recommended Luspatercept as Frontline Therapy for the Patient Described in This Case; 18% Recommended an ESA

CASES

Patient Case

CASES

- A 65-year-old man with newly diagnosed lower-risk MDS has recently become

Over Half the Advisors (60%) Chose Luspatercept as Frontline Therapy for This Patient; 20% Recommended an ESA

*One physician did not respond.

Most Advisors (67%) Used Luspatercept in the 2L+ Setting in the Past Year in 1–5 Patients With Non-Del(5q) LR-MDS and Anemia; 22% Did Not Use Luspatercept in This Setting

CASES

*Two physicians did not respond.

Nearly Three-Fourths of Advisors Had Not Used Imetelstat in the 2L+ Setting in the Past Year in Patients With Non-Del(5q) LR-MDS and Anemia

Most Advisors (60%) Encounter No Barriers When Using Luspatercept in the Subsequent-Line Setting

*One physician did not respond.

Prior Therapies Received and Response to Prior Therapy Most Significantly Influence Advisors' Choice of Subsequent Therapy

Half the Advisors Were Moderately Familiar With the Results of the MEDALIST Trial; 20% Were Not Familiar at All

*One physician did not respond.

Patient Case

CASES

- A 62-vear-old woman with newly diagnosed lower-risk MDS and transfusion-

Most Advisors (60%) Would Recommend Subsequent Therapy With Luspatercept for This Patient

*One physician did not respond.

APTITUDE HEALTH®

US 5901-B Peachtree Dunwoody Road
Suite 415, Atlanta, GA 30328, US

EU Laan van Nieuw Oost-Indië 133 F
2593 BM The Hague, the Netherlands

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

aptitudehealth.com