



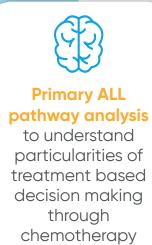




The leukemia landscape has witnessed a revolution in modern management, inspired by the emergence of chemo-free and chemo-sparing concepts that amplified the **unmet need** toward a practice change incorporating immunotherapy to first-line B-ALL.

TO ADDRESS THE OBJECTIVES, AMGEN FOLLOWED A FOUR-PHASED APPROACH





dashboard development



and guidelines



primary and

secondary analysis to generate evidence on current leukemia practices and define unmet needs

3



THE JOURNEY OF THE ALL WORKING GROUP

A journey of 3 stops that is personalized to the Gulf countries B-ALL management particularities.



Professor and Chair of the Department of Leukemia at the University of Texas



Dr. Nicholas Short Assistant Professor in the Department of Leukemia at the University of Texas



Dr. Mark Litzow Professor of Medicine in the Division of Hematology at Mayo Clinic.



highlighting subtype-specific approaches, and personalized approach based on chemotherapy type. Emphasis was placed on

the importance of collaboration and comparative studies to optimize treatment.



initiation of Blinatumomab with TKIs, exploring chemo-free regimens, and integrating Blinatumomab into treatment plans. Key discussions based on

individualized treatment decisions, MRD assessment, and genetic mutation testing to guide therapy.



optimizing treatment for Ph-negative ALL, emphasizing Blinatumomab's superiority in MRD-negative patients from the E1910 study. Key points included

integrating Blina into frontline Gulf region protocols and future directions like subcutaneous formulations and personalized treatment based on MRD status to improve outcomes.

ALL ADVISORS











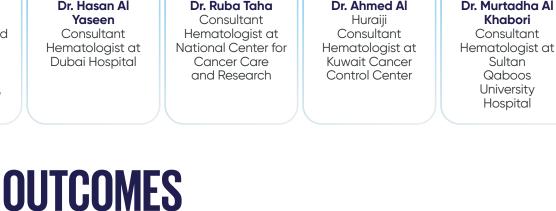


Hematologist at Dubai Hospital



Dr. Ahmed Al Huraiji Consultant





DEVELOPMENT OF ADAPTIVE PATHWAYS TO INCORPORATE BLINATUMOMAB INTO 1L CONSOLIDATION FOR BOTH PH- AND PH+

BASED ON 2 PRACTICES



With multiple evidence-based approaches that exist for incorporating Blinatumomab into frontline therapy, experts remain uncertain about the optimal backbone therapy to pair with Blin in clinical practice.



GULF ADAPTIVE PATHWAYS INCORPORATING BLINA

4X cycles ~4X cycles



Induction Consolidation $\downarrow\downarrow$ **HCVAD** 6 7 8 MTX Ara-C

Intensification



2X cycles Induction

E1910

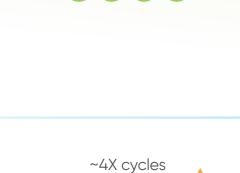
IN 1L CONSOLIDATION PH+VE

Debulk

INO

IT MTX, Ara-C

Ofatumumab or R



Consolidation



Up to ~2 Years

Maintenance

Up to ~2 Years

Maintenance

Blin Pt Profile -MRD Regardless -Age 30-70

UKALL based

with Chemo -HSCT for HR

-Modified Induction

-Early Alternating Blina

GULF ADAPTIVE PATHWAYS INCORPORATING BLINA

MDACC

-Chemo-free -No HSCT

Peg Vincristine

Cyclophosphamide

Cytarabin, Dexa



C2-C5

Up to ~5 Years

Maintenance

15 mg

Blinatumomab

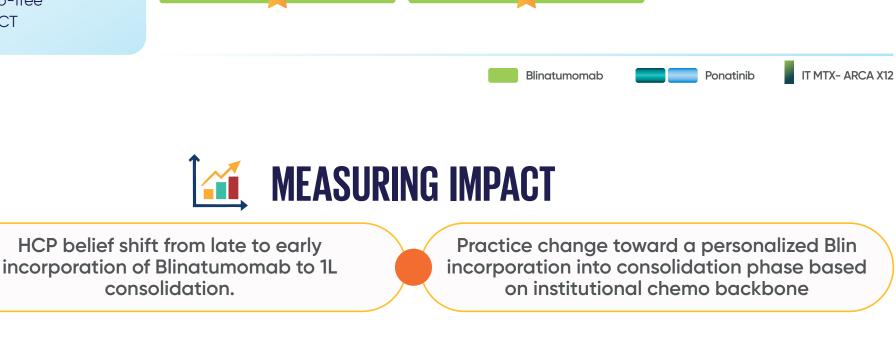
Chemotherapy

Consolidation (C2-C5) **Blin Pt Profile** -Young Adult 15 mg (if in CMR) 30 mg -Blina Induction & Consolidation

C1

Induction



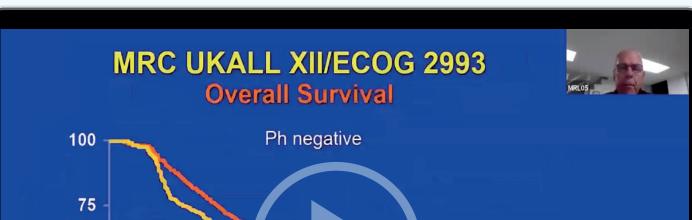


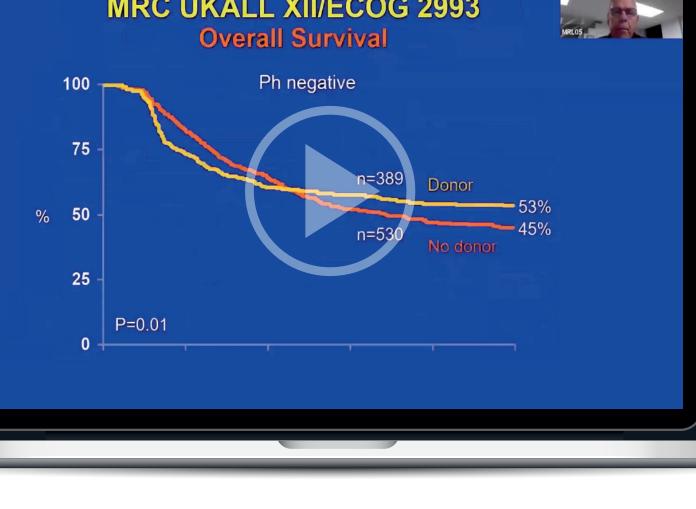
AMGEN STRATEGY

Deployment of a launch strategy in light of FDA approval on June 14th

FDA approves Blinatumomab as consolidation for CD 19-positive Philadelphia chromosome-negative B-cell precursor acute lymphoblastic leukemia.







To Find E1910 full manuscript publication **PRESS HERE**

