# ADCETRIS VISUAL AID REVIEW: HL

## INTRODUCTION

Welcome to Module 5 - ADCETRIS Visual Aid for Relapsed/Refractory Hodgkin Lymphoma.

This module, which is aligned to the visual aid, will explore the key elements of the visual aid as well as the core messaging of ADCETRIS with supporting evidence from pivotal trials.

## LEARNER OBJECTIVES

By the end of this module, you should:

- Gain a thorough understanding of information contained within the Visual Aid
- Be able to reference the proof source for information contained within the Visual Aid
- Use the visual aid to support a clear and concise sales presentation

## THE VISUAL AID

The visual aid is a marketing tool used to support your presentation on the product information and the core messaging.

It highlights information on product efficacy with the data from clinical trials, lists approved indications, and discusses tolerability and safety along with the dosing and administration.

## TARGET PATIENT TYPES

ADCETRIS is indicated in two patient types:

- Relapsed/refractory Hodgkins Lymphoma (HL)
- Relapsed/refractory Systemic anaplastic large cell lymphoma (sALCL)

Note: approved indication may vary in your local market.

## ADCETRIS VISUAL AIDS

Therefore, ADCETRIS has 2 visual aids, each relevant to the associated patient type and contains the specific messaging for each patient type.

This module will focus on the patient with Relapsed/refractory Relapsed/refractory Hodgkin Lymphoma (HL) and the core messages that help to define ADCETRIS in this patient type.

## ADCETRIS VISUAL AID - RELAPSED/REFRACTORY HODGKIN LYMPHOMA

To provide a high-level overview of the visual aid, let's review the various sections:

- Page 3 provides the indication and targeted patient types.

- Page 4 highlights the product information.
- Page 5 provides the typical therapeutic pathway
- Page 6-13 covers the study results for patients with HL following autologous stem cell transplant.
- Page 14 turns our attention to the results for patients with HL following at least two prior therapies when ASCT or multi-agent chemotherapy is not a treatment option
- Page 15 discusses adverse events
- Page 16 explains the dosing schedule
- Page 17 depicts the patient type and the number of cycles received for the results achieved.
- Page 18 lists the references
- Page 19 is reserved for local prescribing information
- And the last page, page 20 defines the core messages with a summary of the supporting data.

Let's review each page in detail so you gain a comfort level navigating the visual aid.

## PRODUCT INFORMATION

The product information is defined on page 3 and 4.

As discussed, there are 2 target patient types. ADCETRIS is indicated in relapsed or refractory Hodgkin lymphoma (HL) following autologous stem cell transplant (ASCT) or following at least two prior therapies when ASCT or multi-agent chemotherapy is not a treatment option.

ADCETRIS is also indicated in relapsed or refractory systemic anaplastic large cell lymphoma.

Note: approved indication may vary in your local market

ADCETRIS is a novel CD30-targeted antibody-drug conjugate that enables the potent cytotoxic drug monomethyl auristatin E (MMAE) to be delivered inside CD30+ cancer cells resulting in apoptosis (disintegration of the cell which leads to cell death).

## TREATMENT COURSE

The graph in the visual aid depicts the typical course of treatment for relapsed or refractory Hodgkin Lymphoma patients.

Patients with relapsed or refractory HL have a poor prognosis with no standard therapy options.

## THE UNMET NEED

So let's discuss the first indication of ADCETRIS which is for patients with relapsed or refractory HL following ASCT (relapsed after ASCT).

Patients who relapse within 12 months after ASCT have post-progression survival of 0.98 year

Patients who relapse after 12 months have post-progression survival of 2.26 years.

## CLINICAL STUDY DATA

The efficacy of ADCETRIS in patients with HL who relapsed after ASCT was evaluated in one open-label, single-arm, multicenter trial. One hundred two patients were treated with 1.8 mg/kg of ADCETRIS intravenously over 30 minutes every 3 weeks.

The primary end point measured was the objective response rate (ORR).

The majority of patients (71%) had primary refractory disease, defined as failure to obtain a CR with front line therapy, or relapse within 3 months of front line therapy

- Patients were heavily pre-treated with a median of 3.5 prior chemotherapy regimens
- A high proportion of patients relapsed early after ASCT, with a median time to relapse of 6.7 months

An independent review facility (IRF) performed efficacy evaluations which included objective response rate (ORR) and duration of response.

ORR is defined as complete remissions [CR] plus partial remissions [PR].

The assessment used clinical and radiographic measures including CT scans (computed tomography) and PET scans (positron-emission tomography) as defined in the 2007 Revised Response Criteria for Malignant Lymphoma (modified).

Although the patients that were enrolled in this study had a poor prognosis and had previously received multiple chemotherapy regimens, 75% achieved objective response rates. 34% achieved complete remission and 40% achieved partial remission. Please note that ORR does not appear to equal CR plus PR due to rounding of numbers. Number of patients achieving responses: ORR n=76; CR n=35; PR n=41.

The median duration of objective response was 6.7 months and the median duration of response in patients who achieved a complete remission was 20.5 months.

## WHY ADCETRIS?

The rates are impressive for a single-agent therapy after the failure of prior combination chemotherapy and ASCT.

The median overall survival was 40.5 months and patients that achieved Complete Remission had a 21.7 month median progression-free survival based on a 3 year follow up of all patients.

These graphs depict the median overall survival rates and median progression free survival in complete remission patients achieved.

So why ADCETRIS? Because ADCETRIS offers significant efficacy.

ADCETRIS significantly prolonged progression-free survival compared to prior therapy.

Using a correlated survival analysis, the data was equivalent to a 60% decrease in the risk of progression or death for patients after initiating ADCETRIS.

Now, let's discuss the second indication of ADCETRIS which is for relapse or refractory HL patients following at least two prior therapies when ASCT or multi-agent chemotherapy is not a treatment option.

These patients do not have any other treatment options.

The phase I and NPP (Named Patient Program) studies reported that significant response rates were achieved with ADCETRIS.

54% of patients attained an objective response rate (ORR) and 22% achieved complete remission (CR).

ADCETRIS provides significant response rates in patients without prior ASCT.

## ADVERSE EVENTS

Now that we have discussed the efficacy of ADCETRIS, let's review the safety and tolerability profile.

Most adverse events associated with ADCETRIS were managed through standard supportive care, and the most common events were typically grade 1 or 2. The most clinically meaningful adverse event in the study was grade 1 or 2 peripheral neuropathy which was generally reversible and manageable through dose modification. The median time to improvement or resolution was 13.2 weeks.

ADCETRIS had a manageable adverse event profile.

## DOSING

ADCETRIS offers a convenient dosing schedule every 3 weeks which is similar to other regimens.

Given intravenously only, the recommended dose is 1.8 mg/kg except for patients with hepatic impairment or severe renal impairment.

Patients who achieve stable disease or better should receive a minimum of 8 cycles and up to a maximum of 16 cycles (approximately 1 year).

Treatment should be continued until disease progression or unacceptable toxicity.

## ACHIEVING AN OBJECTIVE RESPONSE

In reviewing the number of cycles of therapy in HL patients stratified by response category, it is notable that the patients who achieved either Complete Remission (CR) or Partial Remission (PR) received more cycles of therapy than patients with stable disease or progressive disease. Overall, patients received a median of 9 cycles of ADCETRIS.

Remember, the dosing schedule recommends a minimum of 8 cycles and maximum of 16 cycles (approximately one year) unless the disease progresses or the patient experiences unacceptable toxicity.

So it's important to discuss with your HCP those patients who achieve an objective response received more cycles of therapy.

## REFERENCES AND LOCAL PI

Page 18 includes a listing of the supporting references for the facts cited in the visual aid and page 19 provides space for local prescribing information to be added.

## SUMMARY

This page provides a summary of the key points for each of the core messages. Use it to close your presentation. Let's review it.

ADCETRIS offers significant efficacy:

- 75% of patients attain objective responses (ORR)
- 34% of patients achieve a complete remission (CR)
- 94% of patients experience tumor reduction
- Complete remission patients achieve a 21.7 month median PFS

- Median overall survival was 40.5 months

ADCETRIS provides significant response rates in patients without prior ASCT

- 54% of patients attain ORR and 22% achieve a CR

ADCETRIS has a manageable adverse event profile

- Peripheral neuropathy is generally reversible and manageable through dose modification

ADCETRIS offers a convenient dosing schedule

- ADCETRIS offers 3 week dosing, similar to other regimens
- Patients who achieve stable disease or better should receive a minimum of 8 cycles and up to a maximum of 16 cycles (approximately 1 year)
    - Treatment should be continued until disease progression or unacceptable toxicity