Pfizer

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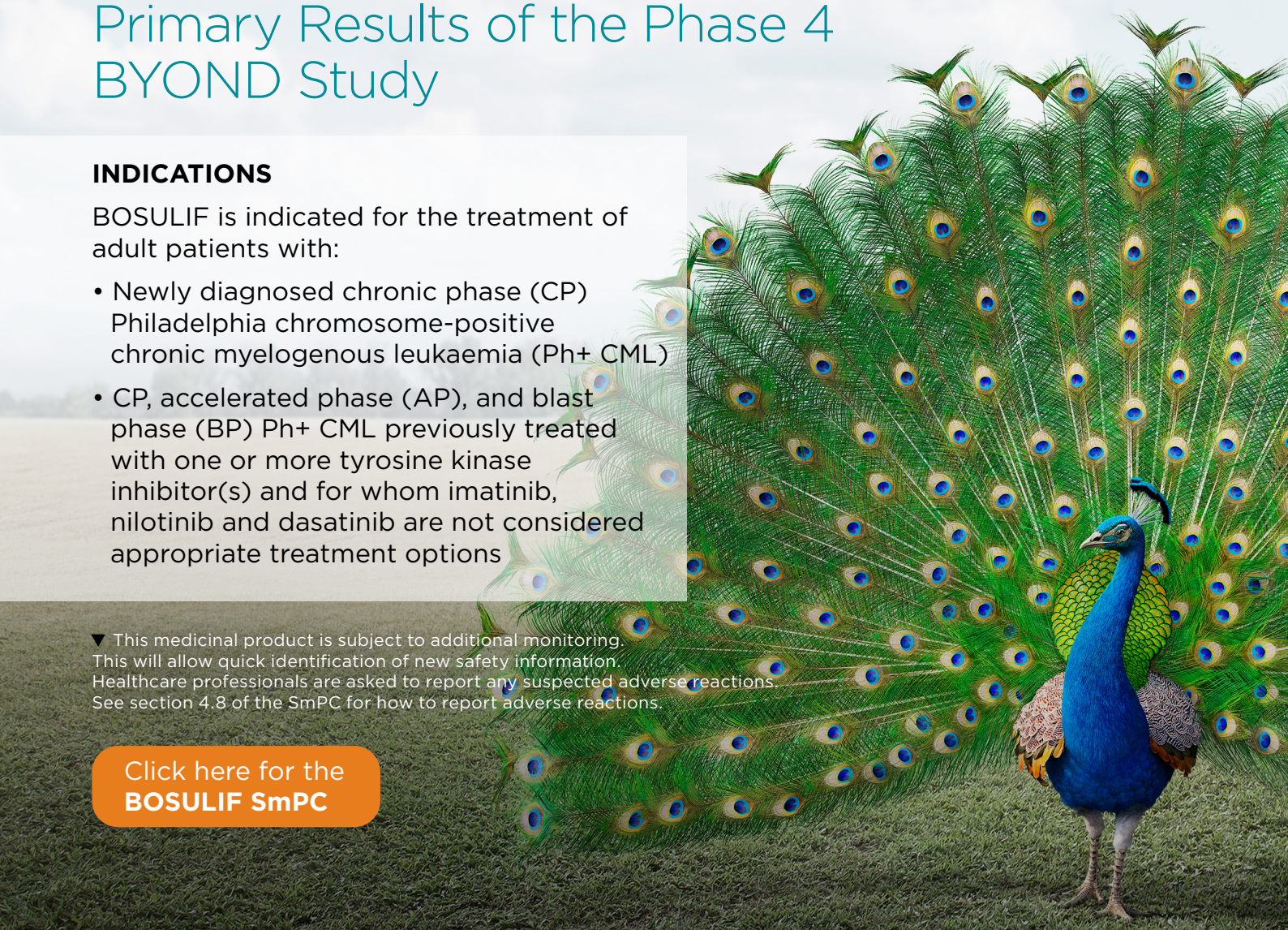
# When choosing a treatment for adult patients with Ph+ CML

# EXPAND YOUR EXPECTATIONS of long-term BOSULIF treatment

## Bosutinib for Pretreated Patients With Chronic Phase-Chronic Myeloid Leukemia: Primary Results of the Phase 4 BYOND Study



**INDICATIONS**

BOSULIF is indicated for the treatment of adult patients with:

- Newly diagnosed chronic phase (CP) Philadelphia chromosome-positive chronic myelogenous leukaemia (Ph+ CML)
- CP, accelerated phase (AP), and blast phase (BP) Ph+ CML previously treated with one or more tyrosine kinase inhibitor(s) and for whom imatinib, nilotinib and dasatinib are not considered appropriate treatment options

▼ This medicinal product is subject to additional monitoring.
This will allow quick identification of new safety information.
Healthcare professionals are asked to report any suspected adverse reactions.
See section 4.8 of the SmPC for how to report adverse reactions.

Click here for the **BOSULIF SmPC**

# BYOND: An Ongoing Phase 4 Study of BOSULIF in Patients With CML Resistant or Intolerant to Prior TKIs

**N = 163 patients**

**500 mg daily dose of BOSULIF**

**Treatment: all patients will receive 4 years of BOSULIF treatment, except in cases of disease progression or unacceptable toxicity**

**Follow-up: any patients discontinuing treatment prior to 4 years on BOSULIF will be followed for survival for up to 4 years from the time of their first dose**

**Second- or third-line Ph+ CP-CML: (n = 107)**

**Fourth-line Ph+ CP-CML: (n = 49)**

**Ph+ AP CML (n = 4); Ph– / BCR-ABL+ CP-CML (n = 3)**

**Follow-up for each patient: 4 years**

- The **primary endpoints** were **cumulative confirmed MCyR*** by 1 year in patients with Ph+ CP-CML treated with one or two prior TKIs and three prior TKIs, and **cumulative confirmed OHR** by 1 year in patients with AP/BP CML
- 53.2% of patients with Ph+ CP-CML were resistant to ≥ 1 prior TKI and 46.8% were intolerant to all prior TKIs

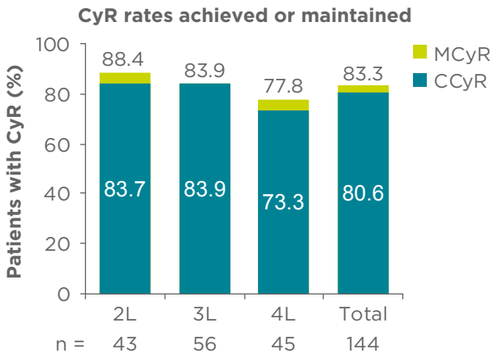
## BOSULIF demonstrated a high rate of cytogenetic and molecular responses in 2L+

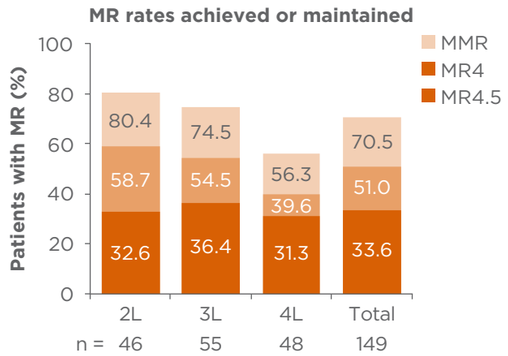
### Primary endpoints

- Over **75%** of patients treated with BOSULIF in second or third line achieved the primary endpoint of cumulative confirmed MCyR by 1 year
- Over **62%** of patients in the fourth line achieved the primary endpoint of cumulative confirmed MCyR by 1 year
- **75%** of patients with AP CML achieved the primary endpoint of cumulative confirmed OHR by 1 year

### Achieved or maintained cytogenetic and molecular response rates by 1 year

- Overall, BOSULIF demonstrated high rates of achieved or maintained cytogenetic and molecular responses across all lines of therapy, with the greatest benefit seen in second line



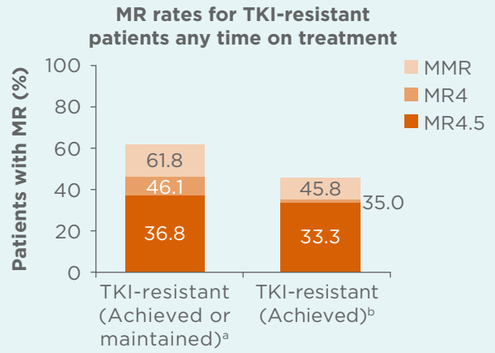




- In the overall Ph+ CP-CML cohort, **65%** of patients achieved a deeper response relative to baseline

## The majority of both TKI-resistant and -intolerant patients benefited from BOSULIF

### TKI-resistant patients

- In TKI-resistant patients who did not achieve MMR from prior therapy, **45.8%** were able to do so with BOSULIF

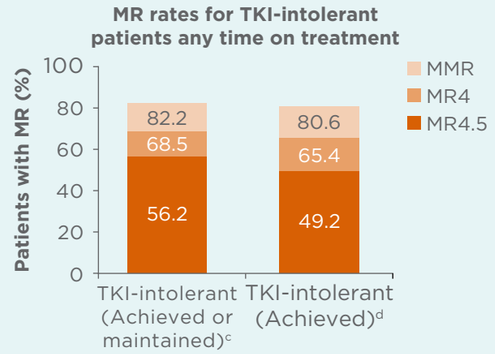



[a]The evaluable population consisted of 76 patients with a valid baseline efficacy assessment for MR.

[b]The evaluable population consisted of 48 patients without MMR at baseline, 60 patients without MR4 at baseline, and 72 patients without MR4.5 at baseline.

### TKI-intolerant patients

- In TKI-intolerant patients who did not achieve MMR from prior therapy, **80.6%** were able to do so with BOSULIF




[c]The evaluable population consisted of 73 patients with a valid baseline efficacy assessment for MR.

[d]The evaluable population consisted of 31 patients without MMR at baseline, 52 patients without MR4 at baseline, and 59 patients without MR4.5 at baseline.

## Duration of therapy

- In the overall population, the median treatment duration with BOSULIF was **23.7 months**, despite a high number of patients having previously failed several lines of therapies
- Median treatment duration was **23.4 months** and **25.3 months** for TKI-resistant and TKI-intolerant patients, respectively

## BOSULIF is well tolerated with a well-defined safety profile

- The rate of treatment discontinuation due to AEs was consistent with previous studies, despite approximately half of patients being intolerant to all prior TKI therapies
- Overall, AEs were manageable with dose reductions and temporary discontinuations

| Total (N = 163) All Grades | |
|---|---|
| **Any TEAE, %** | **99.4** |
| **Most common TEAEs (> 30%), %** | |
| Diarrhea | 87.7 |
| Nausea | 39.9 |
| Vomiting | 32.5 |
| **TEAEs of special interest, %** | |
| Gastrointestinal | 91.4 |
| Effusion | 18.4 |
| Cardiac | 14.7 |
| Vascular | 11.7 |
| Metabolic | 8.0 |
| **Treatment-emergent SAEs, %** | **35.6** |

| Total (N = 163) Grades 3/4 | |
|---|---|
| **Any TEAE, %** | **73.6** |
| **Most common TEAEs (> 5%), %** | |
| Diarrhea | 16.0 |
| Increased ALT | 14.1 |
| Thrombocytopenia | 8.0 |
| Increased lipase | 6.7 |
| Pleural effusion | 6.1 |

**No new safety issues were identified in the phase 4 BYOND study**

Classification of AEs is based on the Medical Dictionary for Regulatory Activities (v21.1)

## HRQoL was maintained for a year following treatment with BOSULIF

- PRO results from BYOND suggest BOSULIF is a treatment option with manageable AEs, providing further support for its use in patients with CP-CML resistant or intolerant to prior TKIs

## Conclusions

- High rates of cytogenetic and molecular responses, including a large proportion of patients who achieved MR4 and MR4.5, were observed with BOSULIF treatment
- AEs that occurred with BOSULIF were manageable, further evidenced by maintenance of HRQoL, and the reported AEs were consistent with the known safety profile of BOSULIF
- The results from this phase 4 study further confirm the use of BOSULIF for patients with CML resistant or intolerant to prior TKIs across all treatment lines

*The phase 4 study was designed to fulfil the post-authorization commitment to the EMA to provide additional safety and efficacy data for BOSULIF in patients with CML after failure of prior TKI treatment including imatinib and/or dasatinib and/or nilotinib or in those who are otherwise ineligible for treatment with other TKIs*

*Cumulative confirmed MCyR was defined as CCyR (0% Ph+ from ≥ 20 metaphases or < 1% fluorescent in situ hybridization positive cells from ≥ 200 interphase nuclei) or partial cytogenetic response (> 0%, ≤ 35% Ph+). To be considered a responder, the patient must have had maintenance of baseline response for ≥ 52 weeks for cytogenetic response or an improvement from baseline

### Definitions

2L=second-line; 3L=third-line; 4L=fourth-line; AE=adverse event; ALT=alanine aminotransferase; AP=accelerated phase; BP=blast phase; CyR=cytogenetic response; CCyR=complete cytogenetic response; CML=chronic myeloid leukemia; CP=chronic phase; EMA=European Medicines Agency; HRQoL=health-related quality of life; MCyR=major cytogenetic response; MMR=major molecular response; MR=molecular response; OHR=overall hematologic response; Ph−=Philadelphia chromosome-negative; Ph+=Philadelphia chromosome-positive; PRO=patient-reported outcome; SAE=serious adverse event; TEAE=treatment-emergent adverse event; TKI=tyrosine kinase inhibitor

### Reference

Hochhaus A, Gambacorti-Passerini C, Abboud C, et al. Bosutinib for Pretreated Patients With Chronic Phase Chronic Myeloid Leukemia: Primary Results of the Phase 4 BYOND Study. *Leukemia*. 2020;34:2125-2137



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