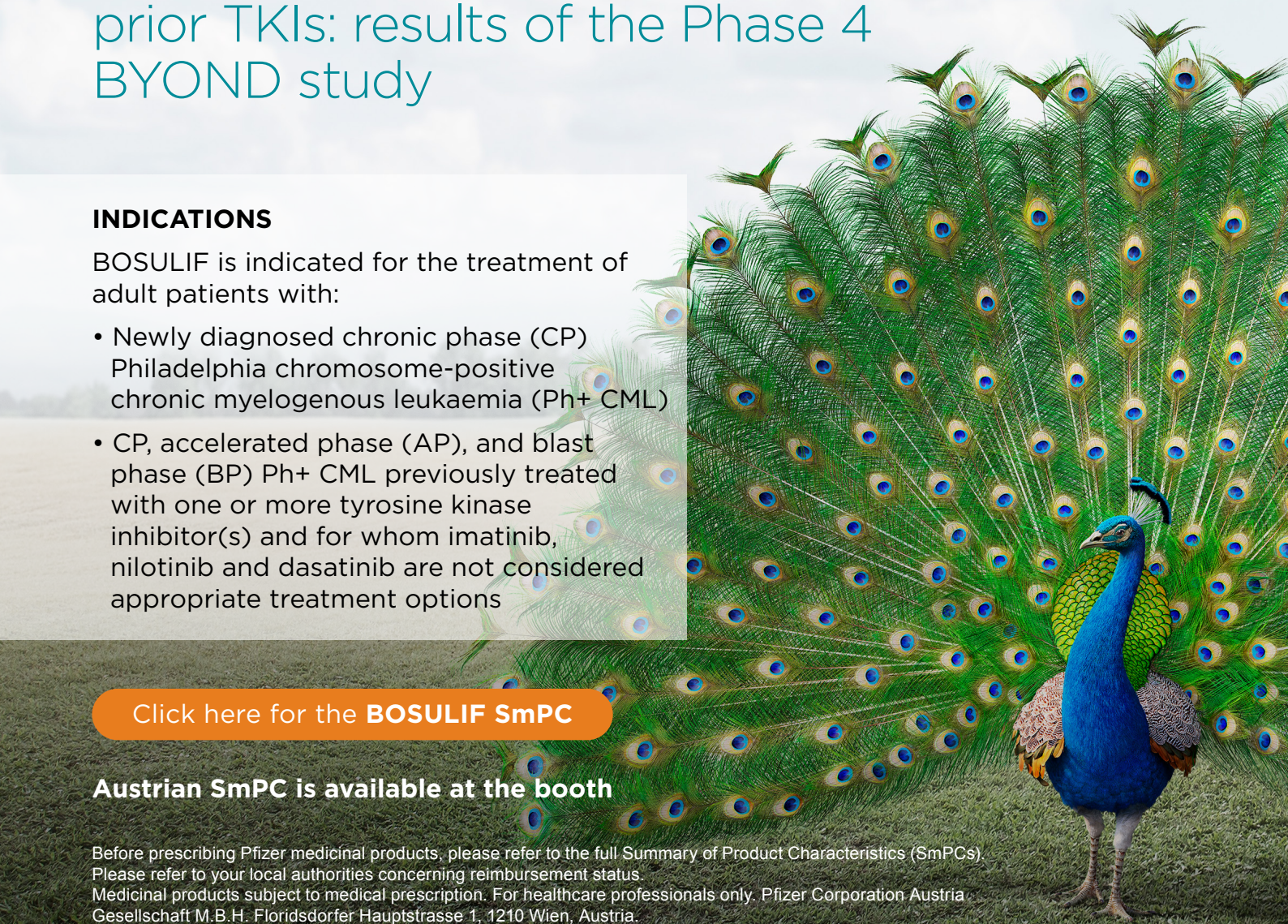
Pfizer

Bosulif®
bosutinib tablets

When choosing a treatment for adult patients with Ph+ CML[1]

EXPAND YOUR EXPECTATIONS of long-term BOSULIF treatment

BOSULIF® (bosutinib) for patients with Ph+ CML resistant or intolerant to prior TKIs: 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

Click here for the **BOSULIF SmPC**

Austrian SmPC is available at the booth

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BYOND: A Phase 4 study of BOSULIF® (bosutinib) in patients with CML resistant or intolerant to prior TKIs[1,2]

N=163 patients

500 mg daily dose of BOSULIF

Treatment: Patients receive up to 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 CP Ph+ CML: (n=107)

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

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

Follow-up for each patient: 4 years

- The **primary endpoints** were **cumulative confirmed MCyR*** by 1 year in patients with CP Ph+ CML treated with 1 or 2 prior TKIs and 3 prior TKIs, and **cumulative confirmed OHR** by 1 year in patients with AP/BP Ph+ CML with any prior TKI therapy[1]
- 53.2% of the patients with CP Ph+ CML were resistant to ≥1 prior TKI and 46.8% were intolerant to all prior TKIs[2]

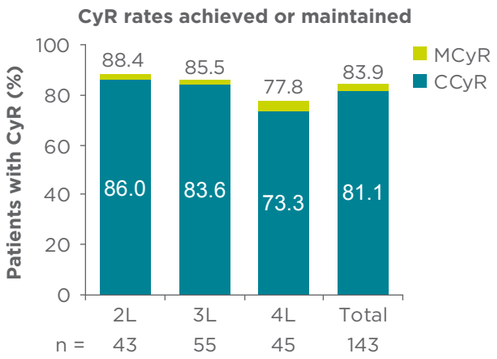
BOSULIF demonstrated a high rate of cytogenetic and molecular responses† in 2L+

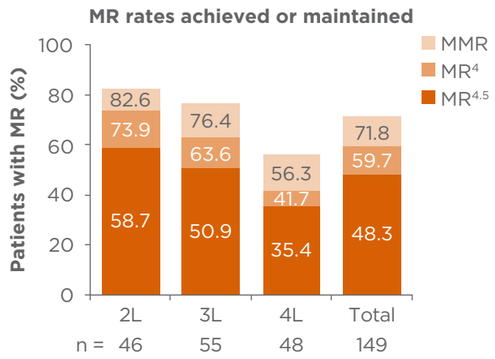
Primary endpoints[1]

- 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

BYOND final analysis: cytogenetic and molecular response rates achieved or maintained by 4 years[1,2,a]

- 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[1]





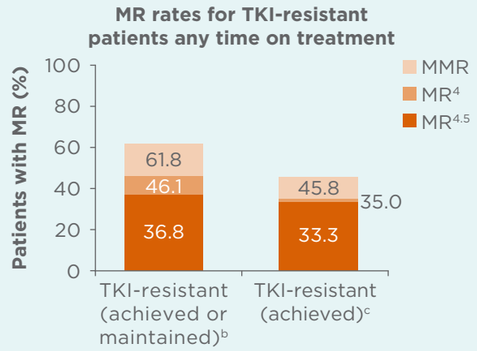
[a]3 years' minimum follow-up.

- In the primary analysis, **65%** of patients achieved a deeper response relative to baseline in the overall CP Ph+ cohort[2]

Primary analysis: the majority of both TKI-resistant and -intolerant patients benefited from BOSULIF[2]

TKI-resistant patients

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

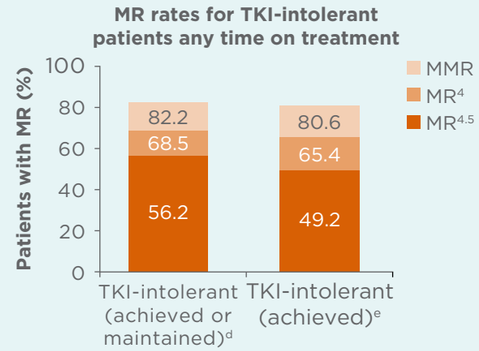


[b]The evaluable population consisted of 76 patients with a valid baseline efficacy assessment for MR.

[c]The evaluable population consisted of 48 patients without MMR at baseline, 60 patients without MR^4 at baseline, and 72 patients without $MR^{4.5}$ 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



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

[e]The evaluable population consisted of 31 patients without MMR at baseline, 52 patients without MR^4 at baseline, and 59 patients without $MR^{4.5}$ at baseline.

Duration of therapy in the primary analysis[2]

- 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

Primary analysis: BOSULIF was well tolerated with a well-defined safety profile[2]

- 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) Grade 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

In the BYOND final analysis, TEAEs of any grade were reported by 99.4% of patients and Grade 3/4 TEAEs were reported by 79.1% of patients[3]

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

HRQoL was maintained for a year following treatment with BOSULIF® (bosutinib)[2]

- Patient-reported outcome results from BYOND suggest BOSULIF is a treatment option with manageable AEs, providing further support for its use in patients with CP Ph+ CML resistant or intolerant to prior TKIs
  - After 1 year of BOSULIF treatment, total Functional Assessment of Cancer Therapy-Leukemia (FACT-Leu) scores were maintained from baseline in all cohorts[‡]
  - No mean change in any individual FACT-Leu domain score from baseline met the MID, demonstrating that health-related quality of life was maintained[§]

Conclusions

- High rates of cytogenetic and molecular responses, including a large proportion of patients who achieved MR[4] and MR[4.5], were observed with BOSULIF treatment[1]
- 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[2]
- 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[1,2]

The Phase 4 study was designed to fulfill 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.[1,2]

†MMR, MR[4], and MR[4.5] were defined as ≤0.1%, ≤0.01%, and ≤0.0032% BCR-ABL/ABL ratio on international scale, respectively.

‡Cohorts included patients with CP Ph+ CML who had received 1, 2, or 3 prior TKIs as well as the total CP Ph+ CML cohort.[2]

§MID=minimum important difference, defined as the change identified as clinically meaningful to the patient.[4]

2L=second-line; 3L=third-line; 4L=fourth-line; AE=adverse event; ALT=alanine aminotransferase; AP=accelerated phase; BP=blast phase; CCyR=complete cytogenetic response; CML=chronic myelogenous leukemia; CP=chronic phase; CyR=cytogenetic response; 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; SAE=serious adverse event; TEAE=treatment-emergent adverse event; TKI=tyrosine kinase inhibitor.

References

1. BOSULIF® Summary of Product Characteristics. https://www.ema.europa.eu/en/documents/product-information/bosulif-epar-productinformation_en.pdf. Updated May 3, 2022. Accessed May 6, 2022. **2.** 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. **3.** Gambacorti-Passerini C. Efficacy and safety of bosutinib in previously treated patients with chronic myeloid leukemia: final results from the BYOND trial. Presented at: 63rd Annual Meeting of the American Society of Hematology (ASH); December 11-14, 2021; Atlanta, GA, USA. **4.** Supplement to: 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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