NOVARTIS

SCEMBLIX - The unmet need in CML - HCP

Scemblix® (asciminib) prescribing information Glivec® (imatinib) prescribing information

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SCEMBLIX®▼ (asciminib) is indicated for the treatment of adult patients with Philadelphia chromosome-positive chronic myeloid leukaemia (Ph + CML) in chronic phase (CP), previously treated with two or more tyrosine kinase inhibitors, and without a known T315I mutation.[1]

The unmet need in chronic myeloid leukaemia

Tyrosine kinase inhibitors (TKIs) have improved CML prognosis, yet survival remains poor in patients on ≥3rd line therapy.[2,3]

Many patients on TKIs face treatment failure or discontinuation due to intolerance, with up

to half of patients discontinuing 1st line imatinib within 5 years.[3]

During 2nd-line treatment:[3]

Image

of patients fail to achieve major molecular response (MMR) (n=1279)*[3]

Image

of patients fail to achieve complete cytogenetic response (CCyR) within 2 years (n=958)*[3]

*Results for MMR and CCyR rates are taken from multiple studies including different 2nd line medications. This is a meta-analysis.[3]

In CML patients, a low 8-year overall survival was associated with being on ≥3rd line treatment.[†2]

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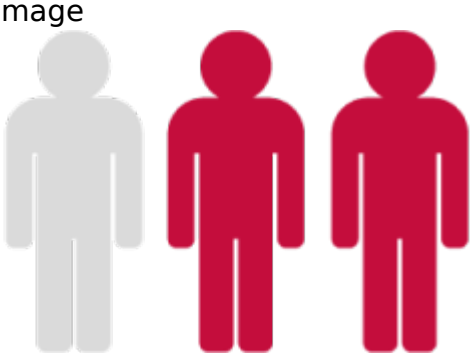

In approximately 2/3 of those who had at least 1 TKI switch it was due to **resistance**[†4] (n=73/113)

8-year overall survival, N=902

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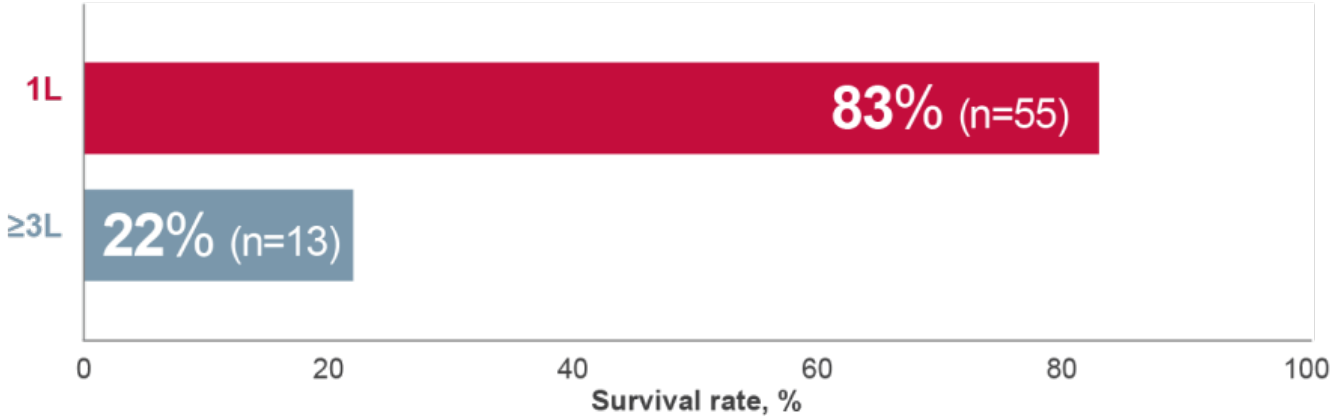

Adapted from Bosi GR, et al. 2019.[2]

Image

Optimal monitoring is important to assess treatment benefits and inform the decision to switch.[5,6] When a TKI fails, timely switching can limit the progression of disease[6]

A 2nd generation TKI may have limited benefit in a ≥3L setting, after the failure of another 2nd generation TKI and 1st generation TKI prior.[3] Patients in ≥3L treatment may need a different mechanism of action to optimise outcomes.[2,7-9]

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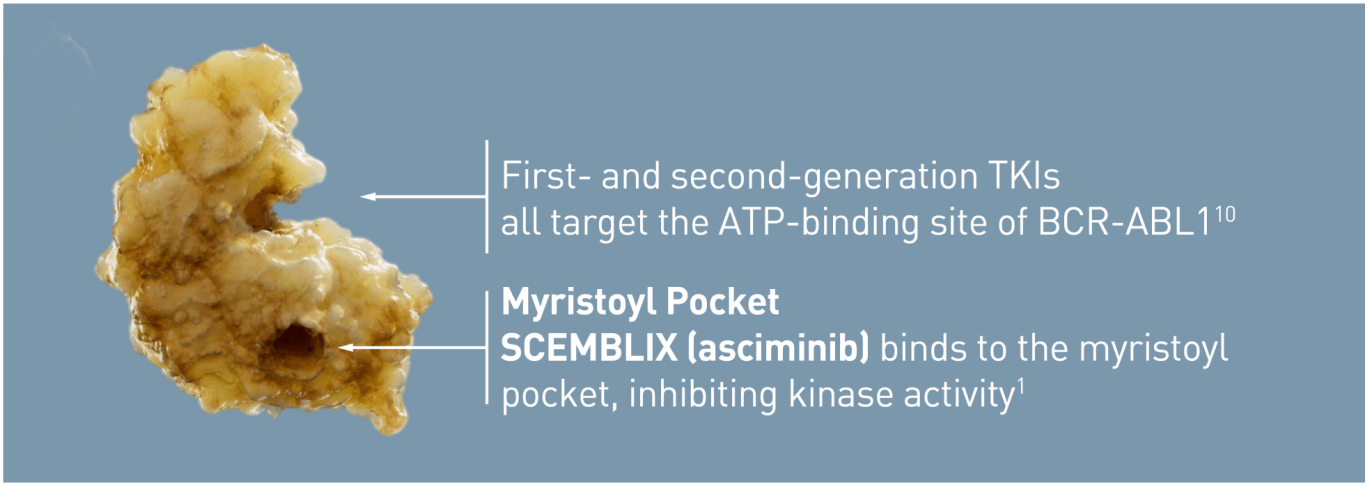

"You can end up running out of options for patients who experience side effects. Then you need to consider transplant after 4th line or chemotherapy options"

Adapted from haematologist quote[11]

"In a year I had gone from taking one drug and living a normal life to having zero options"

Adapted from 5L CML patient quote[12]

SCEMBLIX is the first and only STAMP inhibitor, specifically targeting the ABL1 myristoyl pocket[10,13,14]

Discover the MOA

The ASCEMBL trial did not restrict to Ph+ patients with CP-CML. SCEMBLIX is indicated in adults with Ph+ CP-CML previously treated with two or more tyrosine kinase inhibitors and without a known T315I mutation.[1,13]

[†]Data from a retrospective, non-interventional study conducted at 21 UK NHS secondary and tertiary care centres on 257 patients with CML.[4]

1L, first line; 3L, third line; ATP, adenosine triphosphate; BCR-ABL, breakpoint cluster region and Abelson murine leukaemia viral oncogene homologue; CCyR, complete cytogenetic response; CI, confidence interval; CML, chronic myeloid leukaemia; CP, chronic phase; MCyR, major cytogenetic response; MMR, major molecular response; MOA, mechanism of action; NHS, National Health Service; Ph+, Philadelphia chromosome positive; STAMP, specifically targeting the ABL1 myristoyl pocket; TKI, tyrosine kinase inhibitor.

For further information, please refer to the Summary of Product Characteristics.

References

1. SCEMBLIX (asciminib) Summary of Product Characteristics.

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11. Novartis data on file; Asc001.

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13. Réa D, et al. *Blood* 2021;138(21):2031–2041.

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