NCCN 2023 Annual Congress:

Hematologic Malignancies™

Hilton San Francisco Union Square • San Francisco, CA

September 22 - 23

EXHIBIT GUIDE

In-Person and Virtual Exhibits

Exhibit Hall

Grand Ballroom A

Friday, September 22, 2023

2:00 – 3:00 PM

5:10 – 5:30 PM

7:45 – 9:00 PM Welcome Reception

Saturday, September 23, 2023

7:00 – 8:00 AM

10:15 – 10:35 AM

12:10 – 1:10 PM

2:45 – 3:05 PM

View More Resources in the Virtual Event Platform

View Exhibit Hall Floor Plan

Wi-Fi Access

Network: NCCNhem23
Password: NCCNhem23

#NCCNhem23

Commercial Sponsors

Gold Level Sponsors

BeiGene

Incyte Corporation

Janssen Oncology

Silver Level Sponsors

Eli Lilly and Company

Pharmacyclics LLC., an AbbVie Company

Bronze Level Sponsors

Jazz Pharmaceuticals

Karyopharm Therapeutics, Inc.

Patient Advocacy Pavilion Sponsors

Ruby Sponsor

Pharmacyclics, an AbbVie Company

Emerald Sponsors

AstraZeneca
BeiGene
Coherus
Eisai Inc.
Incyte
Invitae
Janssen Oncology

Topaz Sponsors

AbbVie
Amerisource Bergen
GSK
Heron Therapeutics, Inc.

Jade Sponsors

Lantheus
Servier

Non-CE Product Theaters

Yosemite B

View presentations in-person or on the virtual event platform. No pre-registration is required.

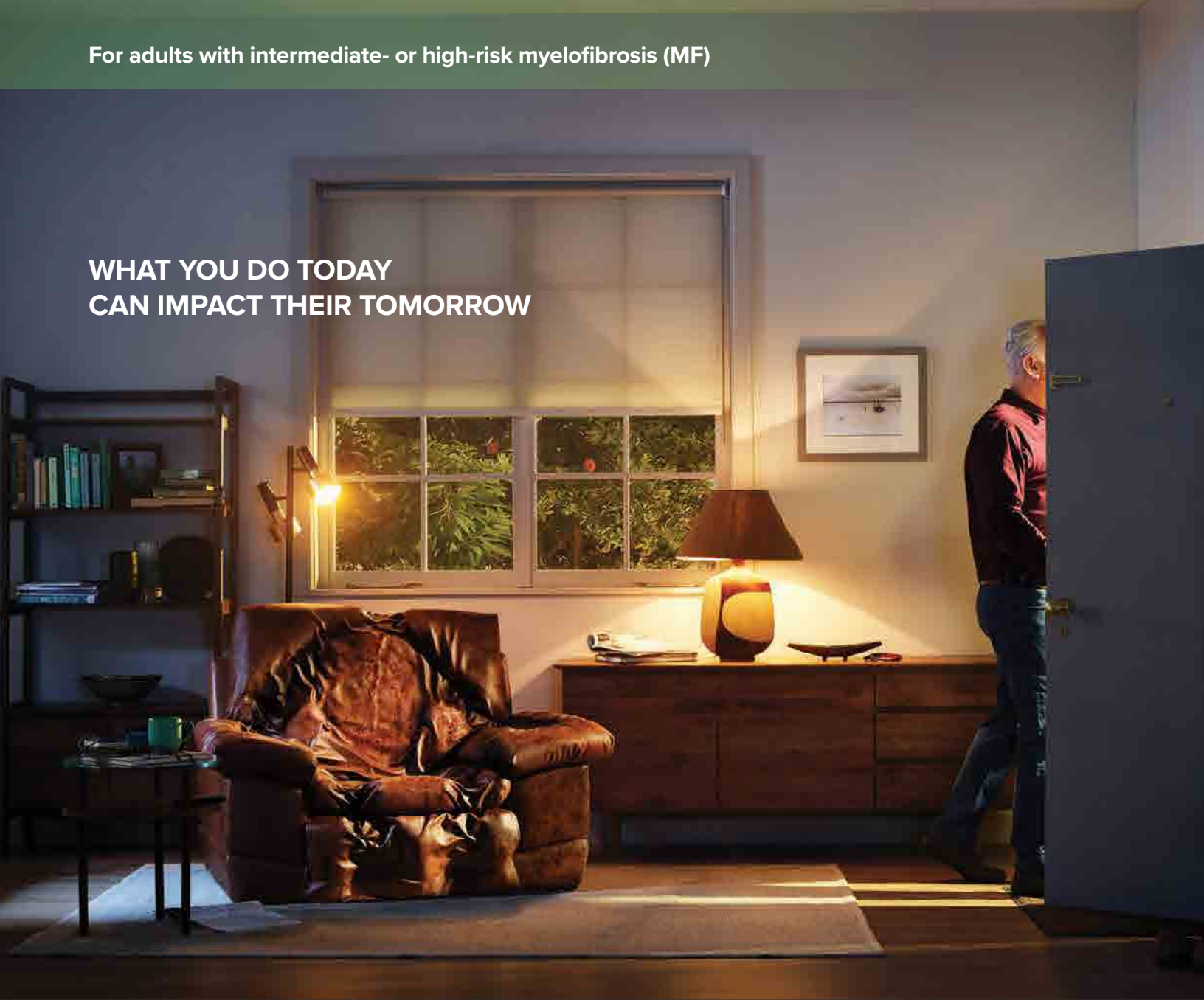
- Friday, September 22 | 2:25 – 2:55 PM
  Learn About a Different Approach to BTK Inhibition
  Presented by Eli Lilly and Company

- Saturday, September 23 | 7:25 – 7:55 AM
  An Advancement in Frontline DLBCL
  Presented by Genentech

- Saturday, September 23 | 12:15 – 12:45 PM
  Understanding the Role of Advanced Practice Providers in the Management of Low-risk Myelodysplastic Syndromes (MDS)
  Presented by BMS


BeiGene
CANCER
HAS NO BORDERS
NEITHER DO WE
BeiGene.com
@BeiGeneGlobal
Linkedin.com/Company/BeiGene/

For adults with intermediate- or high-risk myelofibrosis (MF)



WHAT YOU DO TODAY CAN IMPACT THEIR TOMORROW

Indications and Usage

Jakafi is indicated for treatment of intermediate or high-risk myelofibrosis (MF), including primary MF, post–polycythemia vera MF and post–essential thrombocythemia MF in adults.

Important Safety Information

- Treatment with Jakafi® (ruxolitinib) can cause thrombocytopenia, anemia and neutropenia, which are each dose-related effects. Perform a pre-treatment complete blood count (CBC) and monitor CBCs every 2 to 4 weeks until doses are stabilized, and then as clinically indicated
- Manage thrombocytopenia by reducing the dose or temporarily interrupting Jakafi. Platelet transfusions may be necessary
- Patients developing anemia may require blood transfusions and/or dose modifications of Jakafi
- Severe neutropenia (ANC $<0.5 \times 10^9$/L) was generally reversible by withholding Jakafi until recovery
- Serious bacterial, mycobacterial, fungal and viral infections have occurred. Delay starting Jakafi until active serious infections have resolved. Observe patients receiving Jakafi for signs and symptoms of infection and manage promptly. Use active surveillance and prophylactic antibiotics according to clinical guidelines
- Tuberculosis (TB) infection has been reported. Observe patients taking Jakafi for signs and symptoms of active TB and manage promptly. Prior to initiating Jakafi, evaluate patients for TB risk factors and test those at higher risk for latent infection. Consult a physician with expertise in the treatment of TB before starting Jakafi in patients with evidence of active or latent TB. Continuation of Jakafi during treatment of active TB should be based on the overall risk-benefit determination
- Progressive multifocal leukoencephalopathy (PML) has occurred with Jakafi treatment. If PML is suspected, stop Jakafi and evaluate
- Herpes zoster infection has been reported in patients receiving Jakafi. Advise patients about early signs and symptoms of herpes zoster and to seek early treatment. Herpes simplex virus reactivation and/or dissemination has been reported in patients receiving Jakafi. Monitor patients for the development of herpes simplex infections. If a patient develops evidence of dissemination of herpes simplex, consider interrupting treatment with Jakafi; patients should be promptly treated and monitored according to clinical guidelines
- Increases in hepatitis B viral load with or without associated elevations in alanine aminotransferase and aspartate aminotransferase have been reported in patients with chronic hepatitis B virus (HBV) infections. Monitor and treat patients with chronic HBV infection according to clinical guidelines
- When discontinuing Jakafi, myeloproliferative neoplasm-related symptoms may return within one week. After discontinuation, some patients with myelofibrosis have experienced fever, respiratory distress, hypotension, DIC, or multi-organ failure. If any of these occur after discontinuation or while tapering Jakafi, evaluate and treat any intercurrent illness and consider restarting or increasing the dose of Jakafi. Instruct patients not to interrupt or discontinue Jakafi without consulting their physician. When discontinuing or interrupting Jakafi for reasons other than thrombocytopenia or neutropenia, consider gradual tapering rather than abrupt discontinuation
- Non-melanoma skin cancers (NMSC) including basal cell, squamous cell, and Merkel cell carcinoma have occurred. Perform periodic skin examinations

INTERVENE WITH JAKAFI AT DIAGNOSIS

COMFORT-I Primary Endpoint*

42% of patients receiving Jakafi achieved a ≥35% reduction in spleen volume at week 24 vs 0.7% of patients receiving placebo ($P < 0.0001$)[1,2]

- 4.4-year median duration of spleen response among primary responders (n = 65)[3†]

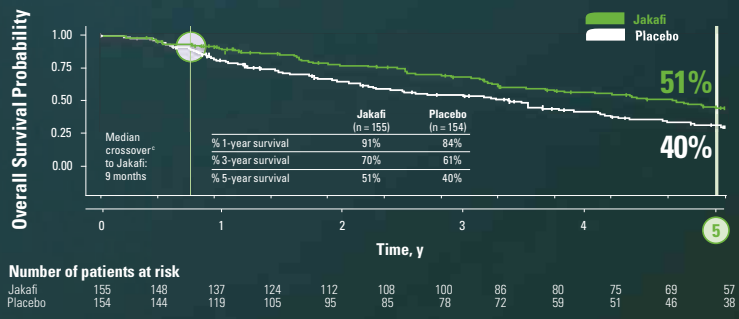
COMFORT-I Secondary Endpoint‡

46% of patients receiving Jakafi achieved a ≥50% improvement in Total Symptom Score (TSS) at week 24 vs 5% of patients receiving placebo ($P < 0.0001$)[1,2]

- Median time to symptom response was <4 weeks for patients receiving Jakafi[1]

COMFORT-I 5-year analysis: Jakafi and placebo

Overall Survival Kaplan-Meier Curves by Treatment Group in COMFORT-I[1,3,4,a,b]



- At 3 years, survival probability was 70% for patients originally randomized to Jakafi and 61% for those originally randomized to placebo[1]
- Overall survival was a prespecified secondary endpoint in COMFORT-I[1]

Jakafi 5-year overall survival probability was 51%[3]

- All patients in the placebo group either crossed over to Jakafi at a median of 9 months or discontinued[1]

Intervene with Jakafi at diagnosis in appropriate patients with MF
STARTWITHJAKAFI.COM

CT, computed tomography; MRI, magnetic resonance imaging.
*COMFORT-I (COntrolled MyeloFibrosis study with ORal JAK inhibitor Treatment-I) was a randomized, double-blind, placebo-controlled phase 3 study with 309 patients with intermediate-2–risk or high-risk MF. The primary endpoint was the proportion of patients achieving a ≥35% reduction in spleen volume from baseline to week 24 as measured by CT or MRI.[1,2]
†Duration of spleen response was defined as the interval between the first spleen response measurement that was a ≥35% reduction from baseline and the date of the first measurement that was no longer a ≥35% reduction from baseline that was also a >25% increase from nadir.[3]
‡A secondary endpoint was the proportion of patients with a ≥50% reduction in TSS from baseline to week 24 as measured by the daily patient diary, the modified Myelofibrosis Symptom Assessment Form. TSS encompasses core symptoms of MF: abdominal discomfort, early satiety, pain under left ribs, pruritus, night sweats, and bone/muscle pain. Symptom scores ranged from 0 to 10, with 0 representing symptoms "absent" and 10 representing symptoms "worst imaginable." These scores were added to create the daily total score, which has a maximum of 60. At baseline, mean TSS was 18.0 in the group receiving Jakafi and 16.5 in the group receiving placebo.[1,2]
[a]The 5-year overall survival analysis is not included in the Full Prescribing Information for Jakafi. Although the 3-year overall survival analysis is presented in the Full Prescribing Information, *P* values and hazard ratios are omitted from the overall survival Kaplan-Meier curves.[1,3]
[b]COMFORT-I was not designed to compare survival probabilities between Jakafi and placebo at 3 or 5 years.[3]
[c]Patients randomized to placebo were eligible to crossover to receive Jakafi because of progression-driven events or at the physician's discretion; however, these patients continued to be grouped within their original randomized assignment for analysis purposes.[3]

Jakafi® ruxolitinib (tablets)
5mg • 10mg • 15mg • 20mg • 25mg

- Treatment with Jakafi has been associated with increases in total cholesterol, low-density lipoprotein cholesterol, and triglycerides. Assess lipid parameters 8-12 weeks after initiating Jakafi. Monitor and treat according to clinical guidelines for the management of hyperlipidemia
- Another JAK-inhibitor has increased the risk of major adverse cardiovascular events (MACE), including cardiovascular death, myocardial infarction, and stroke (compared to those treated with tumor TNF blockers) in patients with rheumatoid arthritis, a condition for which Jakafi is not indicated. Consider the benefits and risks for the individual patient prior to initiating or continuing therapy with Jakafi particularly in patients who are current or past smokers and patients with other cardiovascular risk factors. Patients should be informed about the symptoms of serious cardiovascular events and the steps to take if they occur
- Another JAK-inhibitor has increased the risk of thrombosis, including deep venous thrombosis (DVT), pulmonary embolism (PE), and arterial thrombosis (compared to those treated with TNF blockers) in patients with rheumatoid arthritis, a condition for which Jakafi is not indicated. In patients with myelofibrosis (MF) and polycythemia vera (PV) treated with Jakafi in clinical trials, the rates of thromboembolic events were similar in Jakafi and control treated patients. Patients with symptoms of thrombosis should be promptly evaluated and treated appropriately
- Another JAK-inhibitor has increased the risk of lymphoma and other malignancies excluding NMSC (compared to those treated with TNF blockers) in patients with rheumatoid arthritis, a condition for which Jakafi is not indicated. Patients who are current or past smokers are at additional increased risk. Consider the benefits and risks for the individual patient prior to initiating or continuing therapy with Jakafi, particularly in patients with a known secondary malignancy (other than a successfully treated NMSC), patients who develop a malignancy, and patients who are current or past smokers
- In myelofibrosis and polycythemia vera, the most common nonhematologic adverse reactions (incidence ≥15%) were bruising, dizziness, headache, and diarrhea. In acute graft-versus-host disease, the most common nonhematologic adverse reactions (incidence >50%) were infections (pathogen not specified) and edema. In chronic graft-versus-host disease, the most common nonhematologic adverse reactions (incidence >20%) were infections (pathogen not specified) and viral infections
- Avoid concomitant use with fluconazole doses greater than 200 mg. Dose modifications may be required when administering Jakafi with fluconazole doses of 200 mg or less, or with strong CYP3A4 inhibitors, or in patients with renal or hepatic impairment. Patients should be closely monitored and the dose titrated based on safety and efficacy
- Use of Jakafi during pregnancy is not recommended and should only be used if the potential benefit justifies the potential risk to the fetus. Women taking Jakafi should not breastfeed during treatment and for 2 weeks after the final dose

Please see Brief Summary of Full Prescribing Information for Jakafi on the following pages. To learn more about Jakafi, visit **HCP.Jakafi.com**

References: 1. Jakafi Prescribing Information. Wilmington, DE: Incyte Corporation. **2.** Verstovsek S, et al. *N Engl J Med.* 2012;366(9):799-807. **3.** Data on file. Incyte Corporation. Wilmington, DE. **4.** Verstovsek S, et al. *J Hematol Oncol.* 2017;10(1):55.

Jakafi®
ruxolitinib (tablets)
5mg • 10mg • 15mg • 20mg • 25mg

BRIEF SUMMARY: For Full Prescribing Information, see package insert.

INDICATIONS AND USAGE: Myelofibrosis Jakafi is indicated for treatment of intermediate or high-risk myelofibrosis (MF), including primary MF, post-polycythemia vera MF and post-essential thrombocythemia MF in adults. **Polycythemia Vera** Jakafi is indicated for treatment of polycythemia vera (PV) in adults who have had an inadequate response to or are intolerant of hydroxyurea. **Acute Graft-Versus-Host Disease** Jakafi is indicated for treatment of steroid-refractory acute graft-versus-host disease (aGVHD) in adult and pediatric patients 12 years and older. **Chronic Graft-Versus-Host Disease** Jakafi is indicated for treatment of chronic graft-versus-host disease (cGVHD) after failure of one or two lines of systemic therapy in adult and pediatric patients 12 years and older.

CONTRAINDICATIONS: None.

WARNINGS AND PRECAUTIONS: Thrombocytopenia, Anemia and Neutropenia Treatment with Jakafi can cause thrombocytopenia, anemia and neutropenia *[see Adverse Reactions (6.1) in Full Prescribing Information]*. Manage thrombocytopenia by reducing the dose or temporarily interrupting Jakafi. Platelet transfusions may be necessary *[see Dosage and Administration (2) in Full Prescribing Information]*. Patients developing anemia may require blood transfusions and/or dose modifications of Jakafi. Severe neutropenia (ANC less than 0.5×10^9/L) was generally reversible by withholding Jakafi until recovery. Perform a pre-treatment complete blood count (CBC) and monitor CBCs every 2 to 4 weeks until doses are stabilized, and then as clinically indicated *[see Dosage and Administration (2) in Full Prescribing Information]*. **Risk of Infection** Serious bacterial, mycobacterial, fungal and viral infections have occurred *[see Adverse Reactions (6.1) in Full Prescribing Information]*. Delay starting therapy with Jakafi until active serious infections have resolved. Observe patients receiving Jakafi for signs and symptoms of infection and manage promptly. Use active surveillance and prophylactic antibiotics according to clinical guidelines. *Tuberculosis* Tuberculosis infection has been reported in patients receiving Jakafi. Observe patients receiving Jakafi for signs and symptoms of active tuberculosis and manage promptly. Prior to initiating Jakafi, patients should be evaluated for tuberculosis risk factors, and those at higher risk should be tested for latent infection. Risk factors include, but are not limited to, prior residence in or travel to countries with a high prevalence of tuberculosis, close contact with a person with active tuberculosis, and a history of active or latent tuberculosis where an adequate course of treatment cannot be confirmed. For patients with evidence of active or latent tuberculosis, consult a physician with expertise in the treatment of tuberculosis before starting Jakafi. The decision to continue Jakafi during treatment of active tuberculosis should be based on the overall risk-benefit determination. *Progressive Multifocal Leukoencephalopathy* Progressive multifocal leukoencephalopathy (PML) has occurred with Jakafi treatment. If PML is suspected, stop Jakafi and evaluate. *Herpes Zoster and Herpes Simplex* Herpes zoster infection has been reported in patients receiving Jakafi *[see Adverse Reactions (6.1) in Full Prescribing Information]*. Advise patients about early signs and symptoms of herpes zoster and to seek treatment as early as possible if suspected. Herpes simplex virus reactivation and/or dissemination has been reported in patients receiving Jakafi *[see Adverse Reactions (6.2) in Full Prescribing Information]*. Monitor patients for the development of herpes simplex infections. If a patient develops evidence of dissemination of herpes simplex, consider interrupting treatment with Jakafi; patients should be promptly treated and monitored according to clinical guidelines. *Hepatitis B* Hepatitis B viral load (HBV-DNA titer) increases, with or without associated elevations in alanine aminotransferase and aspartate aminotransferase, have been reported in patients with chronic HBV infections taking Jakafi. The effect of Jakafi on viral replication in patients with chronic HBV infection is unknown. Patients with chronic HBV infection should be treated and monitored according to clinical guidelines. **Symptom Exacerbation Following Interruption or Discontinuation of Treatment with Jakafi** Following discontinuation of Jakafi, symptoms from myeloproliferative neoplasms may return to pretreatment levels over a period of approximately one week. Some patients with MF have experienced one or more of the following adverse events after discontinuing Jakafi: fever, respiratory distress, hypotension, DIC, or multi-organ failure. If one or more of these occur after discontinuation of, or while tapering the dose of Jakafi, evaluate for and treat any intercurrent illness and consider restarting or increasing the dose of Jakafi. Instruct patients not to interrupt or discontinue Jakafi therapy without consulting their physician. When discontinuing or interrupting therapy with Jakafi for reasons other than thrombocytopenia or neutropenia *[see Dosage and Administration (2.8) in Full Prescribing Information]*, consider tapering the dose of Jakafi gradually rather than discontinuing abruptly. **Non-Melanoma Skin Cancer (NMSC)** Non-melanoma skin cancers including basal cell, squamous cell, and Merkel cell carcinoma have occurred in patients treated with Jakafi. Perform periodic skin examinations. **Lipid Elevations** Treatment with Jakafi has been associated with increases in lipid parameters including total cholesterol, low-density lipoprotein (LDL) cholesterol, and triglycerides *[see Adverse Reactions (6.1) in Full Prescribing Information]*. The effect of these lipid parameter elevations on cardiovascular morbidity and mortality has not been determined in patients treated with Jakafi. Assess lipid parameters approximately 8-12 weeks following initiation of Jakafi therapy. Monitor and treat according to clinical guidelines for the management of hyperlipidemia. **Major Adverse Cardiovascular Events (MACE)** Another JAK-inhibitor has increased the risk of MACE, including cardiovascular death, myocardial infarction, and stroke (compared to those treated with TNF blockers) in patients with rheumatoid arthritis, a condition for which Jakafi is not indicated. Consider the benefits and risks for the individual patient prior to initiating or continuing therapy with Jakafi particularly in patients who are current or past smokers and patients with other cardiovascular risk factors. Patients should be informed about the symptoms of serious cardiovascular events and the steps to take if they occur. **Thrombosis** Another JAK-inhibitor has increased the risk of thrombosis, including deep venous thrombosis (DVT), pulmonary embolism (PE), and arterial thrombosis (compared to those treated with TNF blockers) in patients with rheumatoid arthritis, a condition for which Jakafi is not indicated. In patients with MF and PV treated with Jakafi in clinical trials, the rates of thromboembolic events were similar in Jakafi and control treated patients. Patients with symptoms of thrombosis should be promptly evaluated and treated appropriately. **Secondary Malignancies** Another JAK-inhibitor has increased the risk of lymphoma and other malignancies excluding NMSC (compared to those treated with TNF blockers) in patients with rheumatoid arthritis, a condition for which Jakafi is not indicated. Patients who are current or past smokers are at additional increased risk. Consider the benefits and risks for the individual patient prior to initiating or continuing therapy with Jakafi, particularly in patients with a known secondary malignancy (other than a successfully treated NMSC), patients who develop a malignancy, and patients who are current or past smokers. **ADVERSE REACTIONS:** The following clinically significant adverse reactions are discussed in greater detail in other sections of the labeling: • Thrombocytopenia, Anemia and Neutropenia *[see Warnings and Precautions (5.1) in Full Prescribing Information]* • Risk of Infection *[see Warnings and Precautions (5.2) in Full Prescribing Information]* • Symptom Exacerbation Following Interruption or Discontinuation of Treatment with Jakafi *[see Warnings and Precautions (5.3) in Full Prescribing Information]* • Non-Melanoma Skin Cancer *[see Warnings and Precautions (5.4) in Full Prescribing Information]* • Lipid Elevations *[see Warnings and Precautions (5.5) in Full Prescribing Information]* • Major Adverse Cardiovascular Events (MACE) *[see Warnings and Precautions (5.6) in Full Prescribing Information]* • Thrombosis *[see Warnings and Precautions (5.7) in Full Prescribing Information]* • Secondary Malignancies *[see Warnings and Precautions (5.8) in Full Prescribing Information]*. **Clinical Trials Experience:** Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice. **Myelofibrosis** The safety of Jakafi was assessed in 617 patients in six clinical studies with a median duration of follow-up of 10.9 months, including 301 patients with MF in two Phase 3 studies. In these two Phase 3 studies, patients had a median duration of exposure to Jakafi of 9.5 months (range 0.5 to 17 months), with 89% of patients treated for more than 6 months and 25% treated for more than 12 months. One hundred and eleven (111) patients started treatment at 15 mg twice daily and 190 patients started at 20 mg twice daily. In patients starting treatment with 15 mg twice daily (pretreatment platelet counts of 100 to 200 $\times 10^9$/L) and 20 mg twice daily (pretreatment platelet counts greater than 200 $\times 10^9$/L), 65% and 25% of patients, respectively, required a dose reduction below the starting dose within the first 8 weeks of therapy. In a double-blind, randomized, placebo-controlled study of Jakafi, among the 155 patients treated with Jakafi, the most frequent adverse reactions were thrombocytopenia and anemia *[see Table 2]*. Thrombocytopenia, anemia and neutropenia are dose-related effects. The three most frequent nonhematologic adverse reactions were bruising, dizziness and headache *[see Table 1]*. Discontinuation for adverse events, regardless of causality, was observed in 11% of patients treated with Jakafi and 11% of patients treated with placebo. Table 1 presents the most common nonhematologic adverse reactions occurring in patients who received Jakafi in the double-blind, placebo-controlled study during randomized treatment.

Table 1: Myelofibrosis: Nonhematologic Adverse Reactions Occurring in Patients on Jakafi in the Double-blind, Placebo-controlled Study During Randomized Treatment

	Jakafi (N=155)			Placebo (N=151)		
Adverse Reactions	**All Grades[a] (%)**	**Grade 3 (%)**	**Grade 4 (%)**	**All Grades (%)**	**Grade 3 (%)**	**Grade 4 (%)**
Bruising[b]	23	< 1	0	15	0	0
Dizziness[c]	18	< 1	0	7	0	0
Headache	15	0	0	5	0	0
Urinary Tract Infections[d]	9	0	0	5	< 1	< 1
Weight Gain[e]	7	< 1	0	1	< 1	0
Flatulence	5	0	0	< 1	0	0
Herpes Zoster[f]	2	0	0	< 1	0	0

[a] National Cancer Institute Common Terminology Criteria for Adverse Events (CTCAE), version 3.0
[b] includes contusion, ecchymosis, hematoma, injection site hematoma, periorbital hematoma, vessel puncture site hematoma, increased tendency to bruise, petechiae, purpura
[c] includes dizziness, postural dizziness, vertigo, balance disorder, Meniere's Disease, labyrinthitis
[d] includes urinary tract infection, cystitis, urosepsis, urinary tract infection bacterial, kidney infection, pyuria, bacteria urine, bacteria urine identified, nitrite urine present
[e] includes weight increased, abnormal weight gain
[f] includes herpes zoster and post-herpetic neuralgia

Description of Selected Adverse Reactions: Anemia In the two Phase 3 clinical studies, median time to onset of first CTCAE Grade 2 or higher anemia was approximately 6 weeks. One patient (< 1%) discontinued treatment because of anemia. In patients receiving Jakafi, mean decreases in hemoglobin reached a nadir of approximately 1.5 to 2.0 g/dL below baseline after 8 to 12 weeks of therapy and then gradually recovered to reach a new steady state that was approximately 1.0 g/dL below baseline. This pattern was observed in patients regardless of whether they had received transfusions during therapy. In the randomized, placebo-controlled study, 60% of patients treated with Jakafi and 38% of patients receiving placebo received red blood cell transfusions during randomized treatment. Among transfused patients, the median number of units transfused per month was 1.2

in patients treated with Jakafi and 1.7 in placebo treated patients. **Thrombocytopenia** In the two Phase 3 clinical studies, in patients who developed Grade 3 or 4 thrombocytopenia, the median time to onset was approximately 8 weeks. Thrombocytopenia was generally reversible with dose reduction or dose interruption. The median time to recovery of platelet counts above 50×10^9/L was 14 days. Platelet transfusions were administered to 5% of patients receiving Jakafi and to 4% of patients receiving control regimens. Discontinuation of treatment because of thrombocytopenia occurred in < 1% of patients receiving Jakafi and < 1% of patients receiving control regimens. Patients with a platelet count of 100×10^9/L to 200×10^9/L before starting Jakafi had a higher frequency of Grade 3 or 4 thrombocytopenia compared to patients with a platelet count greater than 200×10^9/L (17% versus 7%). **Neutropenia** In the two Phase 3 clinical studies, 1% of patients reduced or stopped Jakafi because of neutropenia. Table 2 provides the frequency and severity of clinical hematology abnormalities reported for patients receiving treatment with Jakafi or placebo in the placebo-controlled study.

Table 2: Myelofibrosis: Worst Hematology Laboratory Abnormalities in the Placebo-Controlled Study[a]

	Jakafi (N=155)			Placebo (N=151)		
Laboratory Parameter	**All Grades[b] (%)**	**Grade 3 (%)**	**Grade 4 (%)**	**All Grades (%)**	**Grade 3 (%)**	**Grade 4 (%)**
Thrombocytopenia	70	9	4	31	1	0
Anemia	96	34	11	87	16	3
Neutropenia	19	5	2	4	< 1	1

[a] Presented values are worst Grade values regardless of baseline
[b] National Cancer Institute Common Terminology Criteria for Adverse Events, version 3.0

Additional Data from the Placebo-Controlled Study
• 25% of patients treated with Jakafi and 7% of patients treated with placebo developed newly occurring or worsening Grade 1 abnormalities in alanine transaminase (ALT). The incidence of greater than or equal to Grade 2 elevations was 2% for Jakafi with 1% Grade 3 and no Grade 4 ALT elevations. • 17% of patients treated with Jakafi and 6% of patients treated with placebo developed newly occurring or worsening Grade 1 abnormalities in aspartate transaminase (AST). The incidence of Grade 2 AST elevations was < 1% for Jakafi with no Grade 3 or 4 AST elevations. • 17% of patients treated with Jakafi and < 1% of patients treated with placebo developed newly occurring or worsening Grade 1 elevations in cholesterol. The incidence of Grade 2 cholesterol elevations was < 1% for Jakafi with no Grade 3 or 4 cholesterol elevations.

Polycythemia Vera In a randomized, open-label, active-controlled study, 110 patients with PV resistant to or intolerant of hydroxyurea received Jakafi and 111 patients received best available therapy *[see Clinical Studies (14.2) in Full Prescribing Information]*. The most frequent adverse reaction was anemia. Discontinuation for adverse events, regardless of causality, was observed in 4% of patients treated with Jakafi. Table 3 presents the most frequent nonhematologic adverse reactions occurring up to Week 32.

Table 3: Polycythemia Vera: Nonhematologic Adverse Reactions Occurring in ≥ 5% of Patients on Jakafi in the Open-Label, Active-controlled Study up to Week 32 of Randomized Treatment

	Jakafi (N=110)		Best Available Therapy (N=111)	
Adverse Reactions	**All Grades[a] (%)**	**Grade 3-4 (%)**	**All Grades (%)**	**Grade 3-4 (%)**
Diarrhea	15	0	7	< 1
Dizziness[b]	15	0	13	0
Dyspnea[c]	13	3	4	0
Muscle Spasms	12	< 1	5	0
Constipation	8	0	3	0
Herpes Zoster[d]	6	< 1	0	0
Nausea	6	0	4	0
Weight Gain[e]	6	0	< 1	0
Urinary Tract Infections[f]	6	0	3	0
Hypertension	5	< 1	3	< 1

[a] National Cancer Institute Common Terminology Criteria for Adverse Events (CTCAE), version 3.0
[b] includes dizziness and vertigo
[c] includes dyspnea and dyspnea exertional
[d] includes herpes zoster and post-herpetic neuralgia
[e] includes weight increased and abnormal weight gain
[f] includes urinary tract infection and cystitis

Clinically relevant laboratory abnormalities are shown in Table 4.

Table 4: Polycythemia Vera: Selected Laboratory Abnormalities in the Open-Label, Active-controlled Study up to Week 32 of Randomized Treatment[a]

	Jakafi (N=110)			Best Available Therapy (N=111)		
Laboratory Parameter	**All Grades[b] (%)**	**Grade 3 (%)**	**Grade 4 (%)**	**All Grades (%)**	**Grade 3 (%)**	**Grade 4 (%)**
Hematology						
Anemia	72	< 1	< 1	58	0	0
Thrombocytopenia	27	5	< 1	24	3	< 1
Neutropenia	3	0	< 1	10	< 1	0
Chemistry						
Hypercholesterolemia	35	0	0	8	0	0
Elevated ALT	25	< 1	0	16	0	0
Elevated AST	23	0	0	23	< 1	0
Hypertriglyceridemia	15	0	0	13	0	0

[a] Presented values are worst Grade values regardless of baseline
[b] National Cancer Institute Common Terminology Criteria for Adverse Events, version 3.0

Acute Graft-Versus-Host Disease In a single-arm, open-label study, 71 adults (ages 18-73 years) were treated with Jakafi for aGVHD failing treatment with steroids with or without other immunosuppressive drugs *[see Clinical Studies (14.3) in Full Prescribing Information]*. The median duration of treatment with Jakafi was 46 days (range, 4-382 days). There were no fatal adverse reactions to Jakafi. An adverse reaction resulting in treatment discontinuation occurred in 31% of patients. The most common adverse reaction leading to treatment discontinuation was infection (10%). Table 5 shows the adverse reactions other than laboratory abnormalities.

Table 5: Acute Graft-Versus-Host Disease: Nonhematologic Adverse Reactions Occurring in ≥ 15% of Patients in the Open-Label, Single-Cohort Study

	Jakafi (N=71)	
Adverse Reactions[a]	**All Grades[b] (%)**	**Grade 3-4 (%)**
Infections (pathogen not specified)	55	41
Edema	51	13
Hemorrhage	49	20
Fatigue	37	14
Bacterial infections	32	28
Dyspnea	32	7
Viral infections	31	14
Thrombosis	25	11
Diarrhea	24	7
Rash	23	3
Headache	21	4
Hypertension	20	13
Dizziness	16	0

[a] Selected laboratory abnormalities are listed in Table 6 below
[b] National Cancer Institute Common Terminology Criteria for Adverse Events (CTCAE), version 4.03

Selected laboratory abnormalities during treatment with Jakafi are shown in Table 6.

Table 6: Acute Graft-Versus-Host Disease: Selected Laboratory Abnormalities Worsening from Baseline in the Open-Label, Single Cohort Study

	Jakafi (N=71)	
	Worst grade during treatment	
Laboratory Parameter	**All Grades[a] (%)**	**Grade 3-4 (%)**
Hematology		
Anemia	75	45
Thrombocytopenia	75	61
Neutropenia	58	40
Chemistry		
Elevated ALT	48	8
Elevated AST	48	6
Hypertriglyceridemia	11	1

[a] National Cancer Institute Common Terminology Criteria for Adverse Events, version 4.03

Chronic Graft-Versus-Host Disease In a Phase 3, randomized, open-label, multi-center study, 165 patients were treated with Jakafi and 158 patients were treated with best available therapy for cGVHD failing treatment with steroids with or without other immunosuppressive drugs *[see Clinical Studies (14.4) in Full Prescribing Information]*; sixty-five patients crossed over from best available therapy to treatment with Jakafi, for a total of 230 patients treated with Jakafi. The median duration of exposure to Jakafi for the study was 49.7 weeks (range, 0.7 to 144.9 weeks) in the Jakafi arm. One hundred and nine (47%) patients were on Jakafi for at least 1 year. There were five fatal adverse reactions to Jakafi, including 1 from toxic epidermal necrolysis and 4 from neutropenia, anemia and/or thrombocytopenia. An adverse reaction resulting in treatment discontinuation occurred in 18% of patients treated with Jakafi. An adverse reaction resulting in dose modification occurred in 27%, and an adverse reaction resulting in treatment interruption occurred in 23%. The most common hematologic adverse reactions (incidence > 35%) are anemia and thrombocytopenia. The most common nonhematologic adverse reactions (incidence ≥ 20%) are infections (pathogen not specified) and viral infection. Table 7 presents the most frequent nonlaboratory adverse reactions occurring up to Cycle 7 Day 1 of randomized treatment.

Table 7: Chronic Graft-Versus-Host Disease: All-Grade (≥ 10%) and Grades 3-5 (≥ 3%) Nonlaboratory Adverse Reactions Occurring in Patients in the Open-Label, Active-controlled Study up to Cycle 7 Day 1 of Randomized Treatment

	Jakafi (N = 165)		Best Available Therapy (N = 158)	
Adverse Reactions[b]	**All Grades[a] (%)**	**Grade ≥ 3 (%)**	**All Grades (%)**	**Grade ≥ 3 (%)**
Infections and infestations				
Infections (pathogen not specified)	45	15	44	16
Viral infections	28	5	23	5
Musculoskeletal and connective tissue disorders				
Musculoskeletal pain	18	1	13	0
General disorders and administration site conditions				
Pyrexia	16	2	9	1
Fatigue	13	1	10	2
Edema	10	1	12	1
Vascular disorders				
Hypertension	16	5	13	7
Hemorrhage	12	2	15	2
Respiratory, thoracic and mediastinal disorders				
Cough	13	0	8	0
Dyspnea	11	1	8	1
Gastrointestinal disorders				
Nausea	12	0	13	2
Diarrhea	10	1	13	1

[a] National Cancer Institute Common Terminology Criteria for Adverse Events (CTCAE), version 4.03
[b] Grouped terms that are composites of applicable adverse reaction terms.

Clinically relevant laboratory abnormalities are shown in Table 8.

Table 8: Chronic Graft-Versus-Host Disease: Selected Laboratory Abnormalities in the Open-Label, Active-controlled Study up to Cycle 7 Day 1 of Randomized Treatment[a]

	Jakafi (N = 165)		Best Available Therapy (N = 158)	
Laboratory Test	**All Grades[b] (%)**	**Grade ≥ 3 (%)**	**All Grades (%)**	**Grade ≥ 3 (%)**
Hematology				
Anemia	82	13	75	8
Neutropenia	27	12	23	9
Thrombocytopenia	58	20	54	17

	Jakafi (N = 165)		Best Available Therapy (N = 158)	
Laboratory Test	All Grades[b] (%)	Grade ≥ 3 (%)	All Grades (%)	Grade ≥ 3 (%)
Chemistry				
Hypercholesterolemia	88	10	85	8
Elevated AST	65	5	54	6
Elevated ALT	73	11	71	16
Gamma glutamyltransferase increased	81	42	75	38
Creatinine increased	47	1	40	2
Elevated lipase	38	12	30	9
Elevated amylase	35	8	25	4

[a] Presented values are worst Grade values regardless of baseline
[b] National Cancer Institute Common Terminology Criteria for Adverse Events, version 4.03

Postmarketing Experience: The following adverse reactions have been identified during post-approval use of Jakafi. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure: • Infections and Infestations: Herpes simplex virus reactivation and/or dissemination.

DRUG INTERACTIONS: Effect of Other Drugs on Jakafi: Fluconazole Concomitant use of Jakafi with fluconazole increases ruxolitinib exposure *[see Clinical Pharmacology (12.3) in Full Prescribing Information]*, which may increase the risk of exposure-related adverse reactions. Avoid concomitant use of Jakafi with fluconazole doses of greater than 200 mg daily. Reduce the Jakafi dosage when used concomitantly with fluconazole doses of less than or equal to 200 mg *[see Dosage and Administration (2.6) in Full Prescribing Information]*. **Strong CYP3A4 Inhibitors** Concomitant use of Jakafi with strong CYP3A4 inhibitors increases ruxolitinib exposure *[see Clinical Pharmacology (12.3) in Full Prescribing Information]*, which may increase the risk of exposure-related adverse reactions. Reduce the Jakafi dosage when used concomitantly with strong CYP3A4 inhibitors except in patients with aGVHD or cGVHD *[see Dosage and Administration (2.6) in Full Prescribing Information]*. **Strong CYP3A4 Inducers** Concomitant use of Jakafi with strong CYP3A4 inducers may decrease ruxolitinib exposure *[see Clinical Pharmacology (12.3) in Full Prescribing Information]*, which may reduce efficacy of Jakafi. Monitor patients frequently and adjust the Jakafi dose based on safety and efficacy *[see Clinical Pharmacology (12.3) in Full Prescribing Information]*.

USE IN SPECIFIC POPULATIONS: Pregnancy: Risk Summary When pregnant rats and rabbits were administered ruxolitinib during the period of organogenesis adverse developmental outcomes occurred at doses associated with maternal toxicity *(see Data)*. There are no studies with the use of Jakafi in pregnant women to inform drug-associated risks. The background risk of major birth defects and miscarriage for the indicated populations is unknown. Adverse outcomes in pregnancy occur regardless of the health of the mother or the use of medications. The background risk in the U.S. general population of major birth defects is 2% to 4% and miscarriage is 15% to 20% of clinically recognized pregnancies. **Data** *Animal Data* Ruxolitinib was administered orally to pregnant rats or rabbits during the period of organogenesis, at doses of 15, 30 or 60 mg/kg/day in rats and 10, 30 or 60 mg/kg/day in rabbits. There were no treatment-related malformations. Adverse developmental outcomes, such as decreases of approximately 9% in fetal weights were noted in rats at the highest and maternally toxic dose of 60 mg/kg/day. This dose results in an exposure (AUC) that is approximately 2 times the clinical exposure at the maximum recommended dose of 25 mg twice daily. In rabbits, lower fetal weights of approximately 8% and increased late resorptions were noted at the highest and maternally toxic dose of 60 mg/kg/day. This dose is approximately 7% the clinical exposure at the maximum recommended dose. In a pre- and post-natal development study in rats, pregnant animals were dosed with ruxolitinib from implantation through lactation at doses up to 30 mg/kg/day. There were no drug-related adverse findings in pups for fertility indices or for maternal or embryofetal survival, growth and development parameters at the highest dose evaluated (34% the clinical exposure at the maximum recommended dose of 25 mg twice daily). **Lactation: Risk Summary** No data are available regarding the presence of ruxolitinib in human milk, the effects on the breast fed child, or the effects on milk production. Ruxolitinib and/or its metabolites were present in the milk of lactating rats *(see Data)*. Because many drugs are present in human milk and because of the potential for thrombocytopenia and anemia shown for Jakafi in human studies, discontinue breastfeeding during treatment with Jakafi and for two weeks after the final dose. **Data** *Animal Data* Lactating rats were administered a single dose of [^{14}C]-labeled ruxolitinib (30 mg/kg) on postnatal Day 10, after which plasma and milk samples were collected for up to 24 hours. The AUC for total radioactivity in milk was approximately 13-fold the maternal plasma AUC. Additional analysis showed the presence of ruxolitinib and several of its metabolites in milk, all at levels higher than those in maternal plasma. **Pediatric Use:** Myelofibrosis The safety and effectiveness of Jakafi for treatment of myelofibrosis in pediatric patients have not been established. Polycythemia Vera The safety and effectiveness of Jakafi for treatment of polycythemia vera in pediatric patients have not been established. Acute Graft-Versus-Host Disease The safety and effectiveness of Jakafi for treatment of steroid-refractory aGVHD has been established for treatment of pediatric patients 12 years and older. Use of Jakafi in pediatric patients with steroid-refractory aGVHD is supported by evidence from adequate and well-controlled trials of Jakafi in adults *[see Clinical Studies (14.3) in Full Prescribing Information]* and additional pharmacokinetic and safety data in pediatric patients. The safety and effectiveness of Jakafi for treatment of steroid-refractory aGVHD has not been established in pediatric patients younger than 12 years old. Chronic Graft-Versus-Host Disease The safety and effectiveness of Jakafi for treatment of cGVHD after failure of one or two lines of systemic therapy has been established for treatment of pediatric patients 12 years and older. Use of Jakafi in pediatric patients with cGVHD after failure of one or two lines of systemic therapy is supported by evidence from adequate and well-controlled trials of Jakafi in adults and adolescents *[see Clinical Studies (14.4) in Full Prescribing Information]* and additional pharmacokinetic and safety data in pediatric patients. The safety and effectiveness of Jakafi for treatment of cGVHD has not been established in pediatric patients younger than 12 years old. Other Myeloproliferative Neoplasms, Leukemias, and Solid Tumors The safety and effectiveness of ruxolitinib were assessed but not established in a single-arm trial (NCT01164163) in patients with relapsed or refractory solid tumors, leukemias, or myeloproliferative neoplasms. The patients included 18 children (age 2 to < 12 years) and 14 adolescents (age 12 to < 17 years). Overall, 19% of patients received more than one cycle. No new safety signals were observed in pediatric patients in this trial. The safety and effectiveness of ruxolitinib in combination with chemotherapy for treatment of high-risk, de novo CRLF2 rearranged or JAK pathway–mutant Ph-like acute lymphoblastic leukemia (ALL) were assessed but not established in a single-arm trial (NCT02723994). The patients included 2 infants (age < 2 years), 42 children (age 2 to < 12 years) and 62 adolescents (age 12 to < 17 years). No new safety signals were observed in pediatric patients in this trial. Juvenile Animal Toxicity Data Administration of ruxolitinib to juvenile rats resulted in effects on growth and bone measures. When administered starting at postnatal day 7 (the equivalent of a human newborn) at doses of 1.5 to 75 mg/kg/day, evidence of fractures occurred at doses ≥ 30 mg/kg/day, and effects on body weight and other bone measures [e.g., bone mineral content, peripheral quantitative computed tomography, and x-ray analysis] occurred at doses ≥ 5 mg/kg/day. When administered starting at postnatal day 21 (the equivalent of a human 2-3 years of age) at doses of 5 to 60 mg/kg/day, effects on body weight and bone occurred at doses ≥ 15 mg/kg/day, which were considered adverse at 60 mg/kg/day. Males were more severely affected than females in all age groups, and effects were generally more severe when administration was initiated earlier in the postnatal period. These findings were observed at exposures that are at least 27% the clinical exposure at the maximum recommended dose of 25 mg twice daily. **Geriatric Use:** Of the total number of patients with MF in clinical studies with Jakafi, 52% were 65 years and older, while 15% were 75 years and older. No overall differences in safety or effectiveness of Jakafi were observed between these patients and younger patients. Clinical studies of Jakafi in patients with aGVHD did not include sufficient numbers of subjects age 65 and over to determine whether they respond differently from younger subjects. Of the total number of patients with cGVHD treated with Jakafi in clinical trials, 11% were 65 years and older. No overall differences in safety or effectiveness of Jakafi were observed between these patients and younger patients. **Renal Impairment:** Total exposure of ruxolitinib and its active metabolites increased with moderate (CLcr 30 to 59 mL/min) and severe (CLcr 15 to 29 mL/min) renal impairment, and ESRD (CLcr less than 15 mL/min) on dialysis *[see Clinical Pharmacology (12.3) in Full Prescribing Information]*. Modify Jakafi dosage as recommended *[see Dosage and Administration (2.7) in Full Prescribing Information]*. **Hepatic Impairment:** Exposure of ruxolitinib increased with mild (Child-Pugh A), moderate (Child-Pugh B) and severe (Child-Pugh C) hepatic impairment *[see Clinical Pharmacology (12.3) in Full Prescribing Information]*. Reduce Jakafi dosage as recommended in patients with MF or PV with hepatic impairment *[see Dosage and Administration (2.7) in Full Prescribing Information]*. Reduce Jakafi dosage as recommended for patients with Stage 4 liver aGVHD. Monitor blood counts more frequently for toxicity and modify the Jakafi dosage for adverse reactions if they occur for patients with Score 3 liver cGVHD *[see Dosage and Administration (2.7) and Clinical Pharmacology (12.3) in Full Prescribing Information]*. **OVERDOSAGE:** There is no known antidote for overdoses with Jakafi. Single doses up to 200 mg have been given with acceptable acute tolerability. Higher than recommended repeat doses are associated with increased myelosuppression including leukopenia, anemia and thrombocytopenia. Appropriate supportive treatment should be given. Hemodialysis is not expected to enhance the elimination of Jakafi.

A diagnosis can change your life – but you're not alone.

Bone Marrow & Cancer FOUNDATION

Offering a range of free services designed to help support cancer and transplant patients and their families through treatment and recovery.

Carelines is a fundraising platform specifically for cancer and transplant patients and their families to raise tax-deductible support for treatment and related expenses, that will not affect a patient's medical insurance or benefits.

Clinical Care Counseling provides confidential individual and family supportive counseling and resource referrals for cancer and transplant patients and family members.

CancerBuddy is a social support network that helps cancer patients, survivors and caregivers find resources, emotional support and a new community of peers going through similar experiences. Download the free app on the App Store.

DOWNLOAD ON THE App Store

Learn more about these and our other services at **bonemarrow.org** or **800-365-1336**

About Us

We offer emotional, social, and financial support to enhancing the quality of lives for YA cancer survivors and their caregivers/co-survivors.

Because Young Adult Cancer is Different.

yasu
Young Adult Survivors United

Contact Us

724-719-2273

www.yasurvivors.org

Programs

Virtual Supportive Chats
Self-Love Workshops
Financial Assistance
Free Respite Trips
Social Activities
Educational Seminars
Free Counseling (regional)
Caregiver/Co-Survivor Support
Hybrid Programming

STAY UP TO DATE WITH THE DATA

DARZALEX *Faspro*®
(daratumumab and hyaluronidase-fihj)
Injection for subcutaneous use | 1,800mg/30,000units

▶ See more at **DARZALEXHCP.com**

janssen | PHARMACEUTICAL COMPANIES OF Johnson & Johnson

LILLY FOR BETTER LIVES

Our work extends beyond the medicines we create. Together, we're working to improve health and access to life-saving medicines in our local communities and around the globe. Through partnerships and our signature volunteer programs, we aim to identify and promote successful solutions to health issues that can be scaled and replicated to make life better for people here at home and around the world.

Learn more about our commitment to local communities and people everywhere at lilly.com.

Lilly

NCCN 2023 Annual Congress:

Hematologic Malignancies™

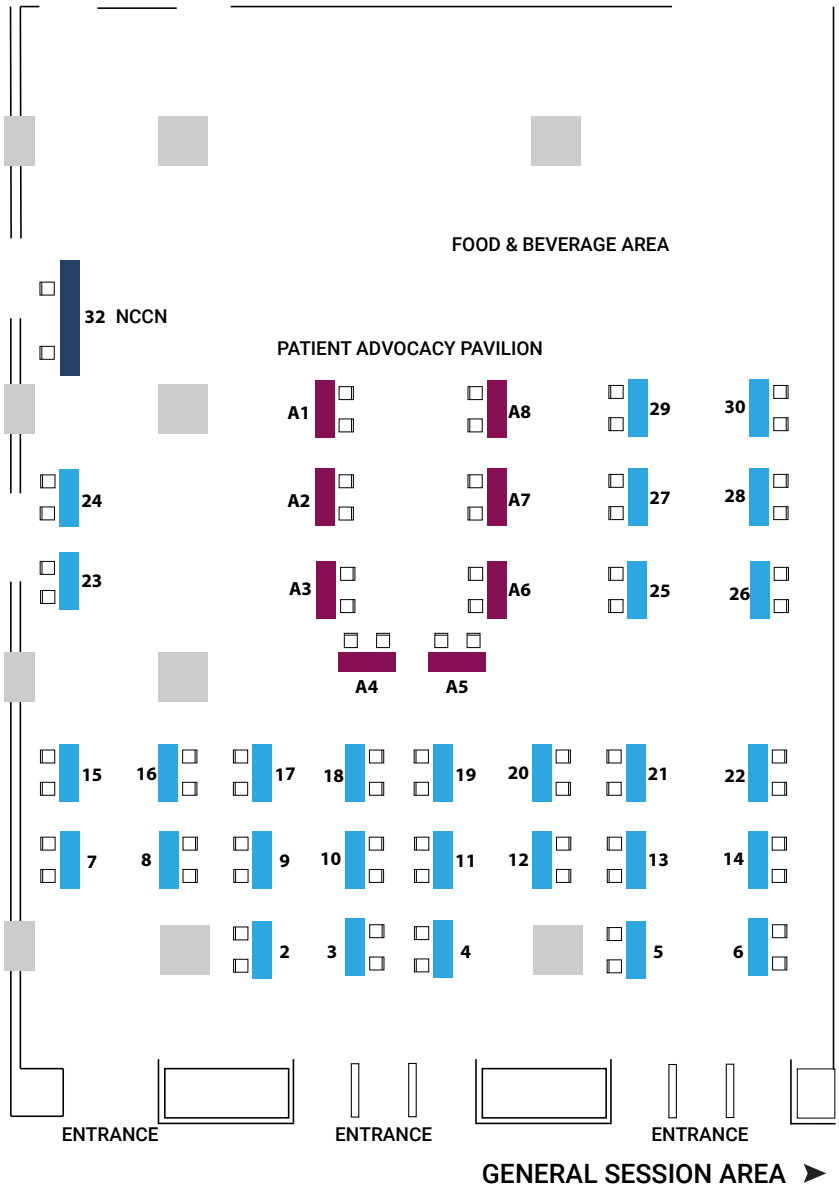
September 22 – 23, 2023 | Hilton San Francisco Union Square | San Francisco, CA

Exhibits

Patient Advocates

National Comprehensive Cancer Network (NCCN) 32

Grand Ballroom A



About Our Exhibitors

AbbVie Epkinly and AbbVie .....11 & 19

AbbVie's mission is to discover and deliver innovative medicines that solve serious health issues today and address the medical challenges of tomorrow. We strive to have a remarkable impact on people's lives across several key therapeutic areas: immunology, oncology, neuroscience, eye care, virology, women's health and gastroenterology, in addition to products and services across its Allergan Aesthetics portfolio. For more information about AbbVie, please visit us at www.abbvie.com. Follow@abbvie on Twitter, Facebook, Instagram, YouTube and LinkedIn.

ADC Therapeutics 3

ADC Therapeutics is a commercial, global leader and pioneer in the field of antibody-drug conjugates (ADCs). We have a fully integrated value chain with specialized capabilities unique to the lifecycle of ADCs including research, translational and chemistry, manufacturing and controls. Our robust pipeline is comprised of ADCs in clinical trials for both hematologic and solid tumor cancers. We have a strong, proven technology platform in highly potent PBD-based ADCs and we are expanding our reach to develop next-generation assets.

Astellas 2

Astellas is committed to turning innovative science into medical solutions that bring value and hope to patients and their families. Keeping our focus on addressing unmet medical needs and conducting our business with ethics and integrity enables us to improve the health of people throughout the U.S. and around the world.

Astellas Oncology is committed to elevating the standard of cancer care. We focus on developing innovative, targeted therapies for hard-to-treat cancers with limited treatment options, which is where we see the greatest opportunity to help people living with cancer.

AstraZeneca 17

AstraZeneca is a global, science-led biopharmaceutical company that focuses on the discovery, development, and commercialization of prescription medicines, primarily for the treatment of diseases in three therapeutic areas - Oncology, Cardiovascular, Renal & Metabolism and Respiratory & Immunology. For more information, please visit http://www.astrazeneca-us.com and follow us on Twitter @AstraZenecaUS

BeiGene 5

BeiGene is a global, commercial-stage biotechnology company focused on discovering, developing, manufacturing, and commercializing innovative medicines to improve treatment outcomes and access for patients worldwide. We currently market an internally discovered product in the United States, BRUKINSA® (zanubrutinib).

Bristol Myers Squibb 7

Bristol Myers Squibb is a leading global biopharma company focused on discovering, developing and delivering innovative medicines for patients with serious diseases in areas including oncology, hematology, immunology, cardiovascular, fibrosis and neuroscience. Our employees work every day to transform patients' lives through science.

Eli Lilly and Company 14

Lilly is a global healthcare leader that unites caring with discovery to create medicines that make life better for people around the world. Across the globe, Lilly employees work to discover and bring life-changing medicines to those who need them, improve the understanding and management of disease, and give back to communities through philanthropy and volunteerism. To learn more about Lilly, please visit us at www.lilly.com and http://newsroom.lilly.com/social-channels.

GSK 22

GSK unites science, technology and talent to get ahead of disease together. We prevent and treat disease with vaccines, specialty and general medicines.

Harborside-BroadcastMed..... 24

JNCCN–Journal of the National Comprehensive Cancer Network, published by Harborside-BroadcastMed, is a peer-reviewed, indexed medical journal providing the latest information about best clinical practices, health services research, and translational medicine. *JNCCN* features updates on the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) (solicited) review articles elaborating on guideline recommendations, health services research, and case reports highlighting molecular insights in patient care. *JNCCN's* vision is to further the mission of NCCN by serving as the primary resource for information on NCCN Guidelines®; innovation in translational medicine; and scientific studies related to oncology health services research. Learn more at JNCCN.org and JNCCN360.com.

Incyte 6

Incyte is a global biopharmaceutical company that is focused on finding solutions for serious unmet medical needs through the discovery, development and commercialization of novel medicines.

Since 2002, Incyte has remained committed to the relentless pursuit of science that can improve the lives of patients, make a difference in healthcare and build sustainable value for our stakeholders. The Company is advancing a diversified portfolio of clinical candidates across Oncology and Inflammation & Autoimmunity.

About Our Exhibitors

Headquartered in Wilmington, Delaware, Incyte has operations in North America, Europe and Asia. For more information, visit www.Incyte.com and follow @Incyte [twitter.com].

Ipsen 26

Ipsen is a global biopharmaceutical company focused on innovation and specialty care. At Ipsen, we develop and commercialize medicines in three key therapeutic areas –Oncology, Neuroscience and Rare Disease. Our oncology work focuses on solid tumors and some of the hardest-to-treat cancers. We have a growing portfolio of therapies aimed at improving the lives of patients with gastrointestinal and pancreatic neuroendocrine tumors, carcinoid syndrome, pancreatic cancer, follicular lymphoma and epithelioid sarcoma. Every day, our more than 5,700 employees worldwide, including over 600 in North America, work diligently to improve the lives of patients around the world. For more information please visit www.ipsenus.com

Janssen Biotech 4

At Janssen, we're creating a future where disease is a thing of the past. We're the Pharmaceutical Companies of Johnson & Johnson, working tirelessly to make that future a reality for patients everywhere by fighting sickness with science, improving access with ingenuity, and healing hopelessness with heart. Learn more at www.janssen.com. Follow us at www.twitter.com/JanssenUS.

Karyopharm Therapeutics 27

Karyopharm Therapeutics Inc. is a commercial-stage pharmaceutical company pioneering novel cancer therapies dedicated to the discovery, development, and commercialization of novel first-in-class drugs for the treatment of cancer and other diseases. Karyopharm's Selective Inhibitor of Nuclear Export (SINE) compounds function by binding with and inhibiting the nuclear export protein XPO1. The company was founded in 2008 with a vision of pioneering a potentially new approach to treating patients with certain blood cancers.

Kite, a Gilead Company 12

Kite, a Gilead Company, is a global biopharmaceutical company based in Santa Monica, California, focused on cell therapy to treat and potentially cure cancer. As the global cell therapy leader, Kite has treated more patients with CAR T-cell therapy than any other company. Kite has the largest in-house cell therapy manufacturing network in the world, spanning process development, vector manufacturing, clinical trial supply and commercial product manufacturing. For more information on Kite, please visit www.kitepharma.com.

Merck & Co., Inc. 9

At Merck, known as MSD outside of the United States and Canada, we are unified around our purpose: We use the power of leading-edge science to save and improve lives around the world. For more than a century, we've been at the forefront of research, bringing forward medicines, vaccines and innovative health solutions for the world's most challenging diseases.

MorphoSys 30

At MorphoSys, we are driven by our mission: More life for people with cancer. As a global commercial-stage biopharmaceutical company, we develop and deliver innovative medicines, aspiring to redefine how cancer is treated. MorphoSys is headquartered in Planegg, Germany, and has its U.S. operations anchored in Boston, Massachusetts. To learn more, visit us at www.morphosys.com and follow us on Twitter (@MorphoSys) and LinkedIn (linkedin.com/company/morphosys).

Novartis 20

Novartis is reimagining medicine to improve and extend people's lives. As a leading global medicines company, we use innovative science and digital technologies to create transformative treatments in areas of great medical need. In our quest to find new medicines, we consistently rank among the world's top companies investing in research and development. Novartis products reach more than 800 million people globally and we are finding innovative ways to expand access to our latest treatments. About 109,000 people of more than 145 nationalities work at Novartis around the world. Find out more at www.novartis.com

Pfizer Oncology 18

At Pfizer Oncology, we are committed to advancing medicines wherever we believe we can make a meaningful difference in the lives of people living with cancer. Today, we have an industry-leading portfolio of 23 approved innovative cancer medicines and biosimilars across more than 30 indications, including breast, genitourinary, colorectal, blood and lung cancers, as well as melanoma.

Pharmacyclics, an Abbvie Company 13

Pharmacyclics is an AbbVie company based in California, and focused on developing and commercializing small-molecule medicines for the treatment of cancers and immune-mediated diseases for which there is great unmet medical need. We seek to discover innovative therapies to improve standards of care and strive to help our patients rediscover the Magic of Normal.

PharmaEssentia 10

PharmaEssentia, based in Taipei, Taiwan, is a rapidly growing biopharmaceutical innovator. Leveraging deep expertise and proven scientific principles, the company aims to deliver effective new biologics for challenging diseases in the areas of hematology and oncology, with one approved product and a diversifying pipeline. Founded in 2003, the company is now expanding its global presence with operations in the U.S., Japan, China and Korea. Visit our website at www.pharmaessentia.com to learn more.

About Our Exhibitors

Prothena 28

Prothena® is a late-stage clinical biotechnology company with expertise in protein dysregulation and a diverse pipeline of novel investigational therapies for neurodegenerative and rare peripheral amyloid diseases.

Servier..... 8

Servier Pharmaceuticals is a commercial-stage pharmaceuticals company with a passion for innovation and improving the lives of patients, their families and caregivers. In the United States, Servier Pharmaceuticals is committed to building a robust portfolio, starting with oncology, with future growth driven by innovation in other areas of unmet medical need, leveraging Servier's global portfolio and seeking acquisitions, licensing deals and partnerships.

With our commercial and scientific expertise, global reach and commitment to clinical excellence, Servier Pharmaceuticals is dedicated to bringing the promise of tomorrow to the patients that we serve.

Taiho Oncology, Inc. 16

The mission of Taiho Oncology, Inc. (Taiho) is to improve the lives of patients with cancer, their families and their caregivers. The company specializes in orally administered anti-cancer agents and has a growing pipeline of antimetabolic and selectively targeted anti-cancer agents. A subsidiary of Taiho Pharmaceutical Co., Ltd., Taiho markets its medicines for a range of tumor types in the U.S. and oversees its parent company's European and Canadian operations in Zug, Switzerland and Oakville, Ontario, Canada. For more information, visit www.taihooncology.com.

Access the Virtual Exhibit Hall:
All attendees are invited to also visit exhibits through the Virtual Event Platform.
All registered attendees can use the log-in information provided for access to the Congress.

Patient Advocacy Pavilion

Association of Community Cancer Centers (ACCC) A7

The Association of Community Cancer Centers (ACCC) is a powerful community of more than 34,000 multidisciplinary practitioners and 1,700 cancer programs and practices nationwide. Founded in 1974, ACCC brings together healthcare professionals across all disciplines in oncology to promote quality cancer care. It is estimated that 65 percent of the nation's cancer patients are treated by a member of ACCC.

Members rely on ACCC for education and advocacy support in adapting and responding to complex changes and challenges in the delivery of quality cancer care. ACCC provides resources on operations and management for programs and practices, reimbursement issues, policy and regulatory changes at the state and national levels, trends in cancer care, integrating new technologies and therapies, and more.

Bone Marrow & Cancer Foundation.....Virtual Only

The Bone Marrow & Cancer Foundation, founded in 1992, is dedicated to improving the quality of life for cancer and transplant patients and their families by providing vital financial assistance, comprehensive resources, educational information, physician referrals, and emotional support programs.

The Bone Marrow & Cancer Foundation is the only organization of its kind that does not limit assistance to a specific disease, type of transplant, or age range. All of the Foundation's programs and services are offered to patients and their families free of charge. For more information on the Bone Marrow & Cancer Foundation's programs, please visit bonemarrow.org.

Cancer Hope Network.....Virtual Only

Navigating a cancer journey is hard. Connecting with someone who understands is easy. Cancer Hope Network's mission is to instill hope in cancer patients and their loved ones through one-on-one peer support from survivors and caregivers who've faced a similar experience. We provide personalized, supportive connections based on diagnosis and treatment, as well as the social, emotional, cultural, and spiritual needs of our clients. Our program is an important part of a whole-person, patient-centered approach to cancer care and is a pathway to hope that is available at any point in a cancer journey.

Cancer Support Community.....A4

The Cancer Support Community is a global nonprofit that uplifts and strengthens people impacted by cancer. We are dedicated to fostering a community where people find connection, compassion, and knowledge. We provide professionally led support and navigation services, along with social connections and award-winning education—*when, where and how impacted individuals prefer throughout their cancer experience*. These resources are available at 190 Cancer Support Community, Gilda's Club, and healthcare partner locations as well as online and over the phone — all at no cost. We amplify the voices of those impacted by cancer through research and advocacy and create solutions that break down barriers to care and close the healthcare gap for communities whose members are disproportionately affected by cancer.
www.cancersupportcommunity.org

CLL Society .....Virtual Only

CLL Society is an inclusive, patient-centric, physician-curated nonprofit organization that addresses the unmet needs of the chronic lymphocytic leukemia and small lymphocytic lymphoma (CLL/SLL) community through patient education, advocacy, support, and research.

Dedicated to addressing the unmet needs of the CLL and related blood cancer communities, we explain the rapidly changing therapeutic landscape and the importance of clinical trials, support and build patient networks, engage in research and educate providers and patients.

We envision a world in which the entire CLL/SLL community can equitably access quality education, support, and care, to lead healthier and richer lives. We encourage and support smart patients, providers, clinical trials, research, healthcare delivery systems, and therapies. We believe SMART PATIENTS GET SMART CARE™. Learn more at cllsociety.org.

Crossroads4Hope.....Virtual Only

Crossroads4Hope is transforming the cancer experience. We have translated decades of experience, successfully implementing face-to-face psychosocial patient activation models into a scalable solution. Our network embraces all people touched by cancer - the diagnosed and their loved ones - empowering individuals to take control of their health through access to resources, and programs of support, education, wellbeing, and hope.

Elephants and Tea .....Virtual Only

Elephants and Tea is the nonprofit media brand of the Steven G. Cancer Foundation with the mission to help adolescent and young adult cancer patients, survivors, and caregivers know they are not alone in their experience with cancer. We have the only magazine written for and by the AYA cancer community, telling their story in their own words. The elephant in the room is cancer, and tea is the relief conversation provides. Our goal is to help the AYA cancer community experience relief through self-expression, inspire others during their cancer journey, and connect them with supportive organizations.

Patient Advocacy Pavilion

Hairy Cell Leukemia Foundation A8

The Hairy Cell Leukemia Foundation (HCLF) is proud to be the only US nonprofit organization dedicated to Hairy Cell Leukemia (HCL) and the only HCL-focused organization with a global presence. The HCLF is committed to improving the lives of HCL patients by fostering groundbreaking research initiatives, advocating for increased awareness and understanding of HCL, and providing a comprehensive range of resources and support services for patients.

HealthTree Foundation ..... Virtual Only

HealthTree is a global nonprofit organization uniting patients and researchers through cutting-edge technology to work together on curing diseases. Founded to improve the outcomes and lifespan of patients with Multiple Myeloma and ultimately find a cure, HealthTree provides lifetime personalized support and education, meaningful patient-to-patient connections, and a powerful patient data portal. In this way, HealthTree can transform patients and caregivers into active contributors in driving lifesaving breakthroughs. Thanks to deep trust established with HealthTree's patient community, the organization is able to provide continually updated, real-world patient data to researchers which proves invaluable in delivering extraordinary care. Visit healthtree.org today.

International Waldenstrom's Macroglobulinemia Foundation (IWMF) A1

The International Waldenstrom's Macroglobulinemia Foundation (IWMF) is a patient-founded and patient-driven international nonprofit organization with a simple but compelling vision and mission.

OUR VISION: A world without WM (Waldenstrom's macroglobulinemia)

OUR MISSION: Support and educate everyone affected by Waldenstrom's macroglobulinemia (WM) while advancing the search for a cure. The IWMF is committed to creating a world without WM by finding a cure. Since 1999, the IWMF has invested over $23 million in WM research projects throughout the world. Thanks to this research WM patients have better treatment options that can lead to deeper, longer lasting remissions, and fewer side effects.

Lymphoma Research Foundation ..... Virtual Only

The Lymphoma Research Foundation's mission is to eradicate lymphoma and serve those impacted by the disease. LRF is the nation's largest non-profit organization devoted exclusively to funding lymphoma research and supporting the lymphoma community through evidence-based education, support services, and resources. Through lymphoma-specific research grants and consortia, LRF seeks to better understand the more than 100 subtypes of lymphoma and support the development of new treatments. LRF's focus on supporting early-career scientists ensures the best and brightest remain in the field of lymphoma research so that innovation and progress continue. Simultaneously, LRF works tirelessly to help patients, survivors, caregivers, and families understand their diagnosis and ensure they have access to the support and resources they need. Patients and caregivers can contact the LRF Helpline toll-free at 800-500-9976 or email at helpline@lymphoma.org with any lymphoma-related questions.

MDS Foundation ..... Virtual Only

The MDS Foundation is a global non-profit advocacy organization that for over 25 years has supported patients and their families as well as healthcare providers in the fields of MDS and its related diseases. The MDS Foundation supports and educates patients, their communities, and healthcare providers, and contributes to innovative research in the fields of MDS and its related continuum of diseases to better diagnose, control and ultimately cure these diseases.

MPN Research Foundation ..... Virtual Only

For more than 20 years, MPN Research Foundation has been dedicated to identifying and pursuing research to find answers to the prevention, progression - and eventual cure - for rare blood cancers known collectively as myeloproliferative neoplasms (MPN). MPN serves as a convener of researchers, patients, and industry leaders working together to align around a shared mission to address the unmet needs of patients with the most common types of MPNs, which include essential thrombocythemia (ET), polycythemia vera (PV), and myelofibrosis (MF). To learn more, visit www.mpnresearchfoundation.org and connect with us on Twitter, Facebook, Instagram and LinkedIn.

Multiple Myeloma Research Foundation (MMRF) ..... Virtual Only

The Multiple Myeloma Research Foundation (MMRF) is the largest nonprofit in the world solely focused on accelerating a cure for each and every multiple myeloma patient. We drive the development and delivery of next-generation therapies, leverage data to identify optimal and more personalized treatment approaches and empower myeloma patients and the broader community with information and resources to extend their lives. Central to our mission is our commitment to advancing health equity so that all myeloma patients can benefit from the scientific

Patient Advocacy Pavilion

and clinical advances we pursue. Since our inception, the MMRF has committed over $500 million for research, opened nearly 100 clinical trials, and helped bring 15+ FDA-approved therapies to market, which have tripled the life expectancy of myeloma patients. To learn more, visit www.themmrf.org

National Marrow Donor Program/Be The Match.....A3

The National Marrow Donor Program® (NMDP)/ Be The Match® is the leading global partner working to save lives through cellular therapy. They connect centers and patients to their best cell therapy option and collaborate with cell and gene therapy companies through Be The Match BioTherapies®. They are a tireless advocate for the cell therapy community, working with hematologists/oncologists to remove barriers to consultation and treatment, and supporting patients through no-cost programs to eliminate non-medical obstacles to cell therapy. Through the CIBMTR® they invest in and manage research studies that improve patient outcomes and advance the future of care.

Stupid Cancer.....Virtual Only

Stupid Cancer helps empower everyone affected by adolescent and young adult (AYA) cancer by ending isolation and building community. Through our innovative online and in person programming, we provide age-appropriate information and resources and build connections in the AYA community so patients, survivors, caregivers, and professionals can Get Busy Living. Visit stupidcancer.org to learn more!

The Leukemia & Lymphoma Society (LLS).....A5

The Leukemia & Lymphoma Society (LLS) is the world's largest voluntary (nonprofit) health organization dedicated to funding blood cancer research, support and advocacy. The LLS mission is to cure leukemia, lymphoma, Hodgkin's disease, and myeloma, and improve the quality of life of patients and their families. The mission is carried out through research, patient and professional education and services, and advocating for cures and access to care.

LLS provides free support, resources, and referrals, as well as virtual and local in-person education programs and videos to help all patients, survivors and their families stay informed about and access to the best possible treatment and follow-up care. LLS patient services include co-pay assistance, transportation and urgent need assistance, one-on-one peer-to-peer support, nutrition counseling, online chats and forums, and support groups. Services also include up-to-date disease and treatment information provided through the LLS website and printed booklets, as well as through one-on-one dialogue with Information Specialists in LLS's Information Resource Center (IRC). The IRC is on the front lines of LLS's efforts to improve patient access to quality care and to improve patient quality of life.

LLS also educates healthcare professionals about advancements in blood cancer research, treatment, side-effects management, resources for patients, and communicating with their patients about clinical trials. To access free CE/CME activities and resources visit www.LLS.org/CE.

Triage Cancer.....Virtual Only

Triage Cancer is a national, nonprofit organization that provides free education on legal and practical issues that may impact individuals diagnosed with cancer and their caregivers, through events, materials, and resources. The Legal & Financial Navigation Program offers one-on-one help with issues such as work, health and disability insurance, finances, and estate planning. CancerFinances.org is an online toolkit to help people manage finances after a cancer diagnosis.

Young Adult Survivors United A2

Young Adult Survivors United (YASU) helps young adult cancer survivors and caregivers/co-survivors cope and thrive by providing emotional, social, and financial support; the comprehensive care model that enhances their quality of life. Programs include virtual support chats, a monthly self-love workshop, virtual groups for the LGBTQ+ and African-American communities, financial assistance, free daylong or overnight respite trips, educational speakers, and monthly in-person and virtual social activities that provide an uplifting experience. Headquartered in Pittsburgh, PA, YASU launched in March 2020 and continues to have a national outreach due to its virtual platform.

Access the Virtual Exhibit Hall:
All attendees are invited to also visit exhibits through the Virtual Event Platform.
All registered attendees can use the log-in information provided for access to the Congress.

APPROVED IN A 4TH INDICATION

EVEN MORE PATIENTS MAY BE RIGHT FOR BRUKINSA

REVIEW THE TRIALS SUPPORTING THE LATEST APPROVAL

Brukinsa®
zanubrutinib 80mg capsules

Navigating a cancer journey is hard.

Connecting with someone who understands is easy.

Cancer Hope Network connects patients and their loved ones with trained Peer Mentors. This one-on-one program is free and confidential.

We've been there.
We understand.
We're here.

CREATING A WORLD IN WHICH NO ONE HAS TO FACE CANCER ALONE.
CANCER HOPE NETWORK

Call or visit us online to be matched:
1-877-HOPENET - **cancerhopenetwork.org**

September 2023 CHN2023A

ELEPHANTS AND TEA

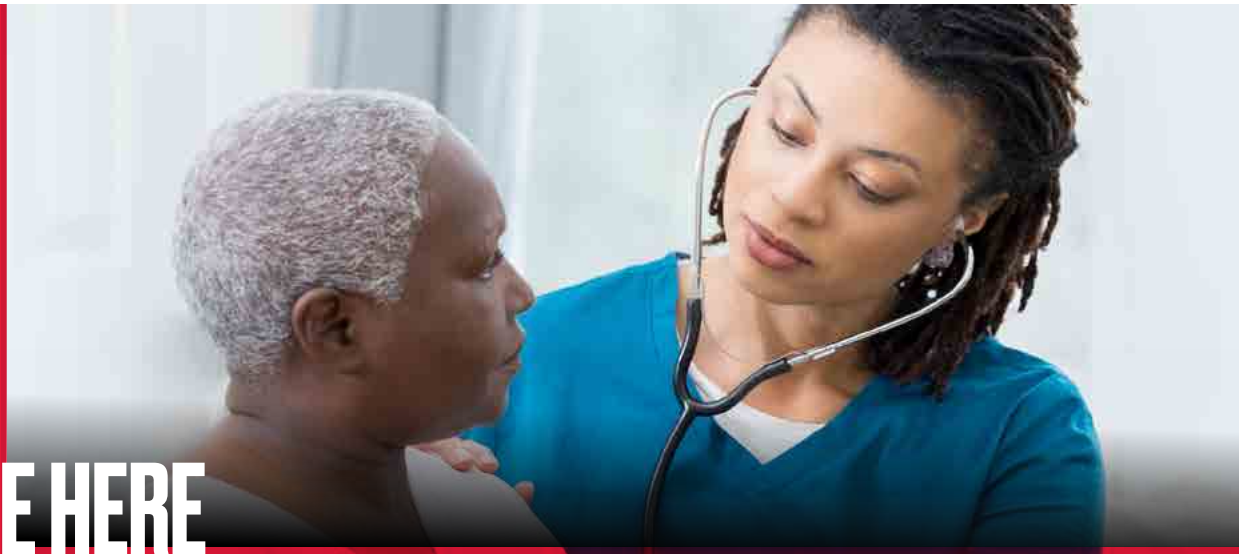
THE ELEPHANT IN THE ROOM IS CANCER.
TEA IS THE RELIEF CONVERSATION PROVIDES.

Elephants and Tea is a nonprofit media brand with the mission to help adolescent and young adult (AYA) patients, survivors, and caregivers know they are not alone in their experience with cancer. We have the only magazine written for and by the AYA cancer community, telling their story in their own words. Our goal is to help the AYA cancer community experience relief through self-expression, inspire others during their cancer journey, and connect them with supportive organizations.

SCAN TO SUBSCRIBE

For more information and resources, visit our website at elephantsandtea.com

We'd love to connect! Email Kayla@elephantsandtea.com



WE'RE HERE TO HELP YOUR PATIENTS.

LEUKEMIA & LYMPHOMA SOCIETY®

A blood cancer diagnosis can be overwhelming for your patients. Blood cancer patients, including those with leukemia, lymphoma, myeloma, myelodysplastic syndromes and myeloproliferative neoplasms can find hope, education, guidance and support from The Leukemia & Lymphoma Society (LLS).

Our Information Specialists complement the care you provide with FREE, in-depth personalized services that connect patients to financial assistance, patient education (including booklets, podcasts and webinars), online and in-person support, nutrition consultations and the LLS Clinical Trial Support Center for assistance with clinical trials.
Please contact us at **800.955.4572** or go to **www.LLS.org/resources-healthcare-professionals**.

If you or a loved one is considering or actively being treated with **CAR T-cell therapy**, please call

844-792-6517

or visit **cancersupportcommunity.org/cart** to get support and resources.

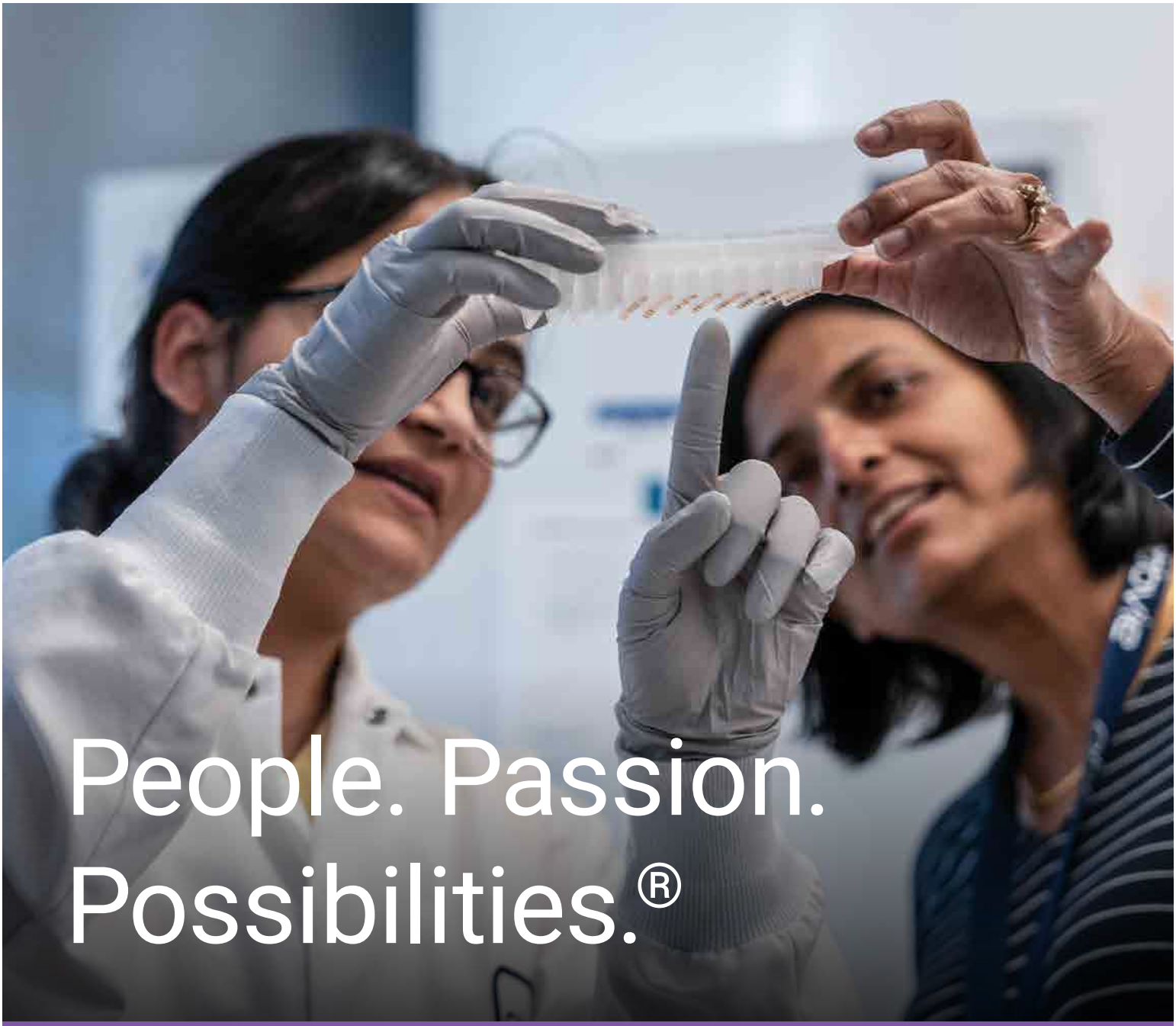
CAR T-Cell THERAPY Concierge
A Cancer Support Community Program

Stock Photo. Posed by Model.

Brought to you by:

CANCER SUPPORT COMMUNITY
COMMUNITY IS STRONGER THAN CANCER

GILDA'S CLUB



For ten years, we've dedicated ourselves to making a difference in people's lives. Creating medicines and solutions that help patients, communities, and our world. Because you are at the heart of what we do.

abbvie

abbvie.com

Save The Dates

NCCN

Annual Conference 2024

April 5 - 7

Orlando World Center Marriott • Orlando, FL

Pre-Conference Program
NCCN 2024 Nursing Program: Advancing Oncology Nursing™
Thursday, April 4, 2024

NCCN.org/conference

Virtual attendance available

NCCN

2024 Annual Congress: Hematologic Malignancies™

Friday, September 20 – Saturday, September 21, 2024
New York Marriott Marquis • New York, NY

NCCN.org/hem

Virtual attendance available