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

Wi-Fi Access
Network: NCCNhem23
Password: NCCNhem23
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Incyte Corporation
Janssen Oncology

Silver Level Sponsors

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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
CANCER HAS NO BORDERS
NEITHER DO WE

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Welcome to the community that's been waiting for you.

We work to empower everyone affected by adolescent & young adult (AYA, age 15-39) cancer by ending isolation and building community.

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HealthTree Foundation

Leading patients to become active contributors in driving cures for incurable diseases.

- Lifetime personalized support and education
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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.
- Manage anemia by reducing the dose or temporarily interrupting Jakafi. Blood transfusions may be necessary.
- Manage neutropenia by reducing the dose or temporarily interrupting Jakafi. Blood transfusions may be necessary.
- Monitor hematologic parameters by reducing the dose or temporarily interrupting Jakafi. Blood transfusions may be necessary.
- Patients developing anemia may require blood transfusions and/or dose modifications of Jakafi.
- Severe neutropenia (ANC <0.5 x 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 leuкоencephalopathy (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 Jakafi4

**COMFORT-I 5-year analysis: Jakafi and placebo**

![Overall Survival Kaplan-Meier Curves by Treatment Group in COMFORT-I](image)

- Overall survival was a prespecified secondary endpoint in COMFORT-I.

- At 3 years, survival probability was 70% for patients originally randomized to Jakafi and 61% for those originally randomized to placebo.

- Overall survival was a prespecified secondary endpoint in COMFORT-I.

- 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.6

**References:**


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*Jakafi* and the Jakafi logo are registered trademarks of Incyte Corporation. Wilmington, DE.

**Chronic Myeloid Leukemia (CML)**

*Jakafi* is indicated for the treatment of adult patients with chronic myeloid leukemia in the blast phase. *Jakafi* is not indicated for the treatment of Philadelphia chromosome-positive acute lymphoblastic leukemia (Ph+ ALL).

**Myelofibrosis (MF)**

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

**Hypertension**

Patients with hypertension should be closely monitored and treated according to accepted guidelines.

**Cardiovascular Risk**

Patients who are current or past smokers are at additional increased risk for cardiovascular events. Consider the benefits and risks for the individual patient prior to initiating or continuing therapy with *Jakafi*.

**Renal or Hepatic Impairment**

Doses of *Jakafi* 200 mg or less, or with strong CYP3A4 inhibitors, or in patients with renal or hepatic impairment. Patients should be closely monitored and treated according to accepted guidelines.

**Secondary Malignancy**

Secondary malignancy (other than a successfully treated NMSC), patients who develop a malignancy, and patients who are current or past smokers are at increased risk for secondary malignancy.

**Use During Pregnancy**

*Jakafi* use 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.

**Use During Lactation**

*Jakafi* is not indicated for the treatment of Philadelphia chromosome-positive acute lymphoblastic leukemia (Ph+ ALL).

**Hypersensitivity Reactions**

In acute graft-versus-host disease, the most common nonhematologic adverse reactions (incidence ≥5%) were infections (pathogen not specified) and edema. In chronic graft-versus-host disease, the most common nonhematologic adverse reactions (incidence ≥5%) were infections (pathogen not specified) and viral infections.

**Fluconazole Interactions**

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.

**Intervene with *Jakafi* at diagnosis in appropriate patients with MF**

STARTWITHJAKAFI.COM

**Jakafi** is a registered trademark of Incyte Corporation. Wilmington, DE.

© 2023, Incyte. MAT-JAK-94297 03/23
Develops evidence of dissemination of herpes simplex, treatment of tuberculosis before starting Jaka/f_i. The prophylactic antibiotics according to clinical guidelines. Manage promptly. Use active surveillance and receiving Jaka/f_i for signs and symptoms of infection and information.

Information was generally reversible by withholding Jaka/f_i until . Patients developing anemia may

Prescribing Information

CONTRAINDICATIONS:

Disease Jaka/f_i is indicated for treatment of steroid-refractory chronic hepatitis B (CHB) should be promptly treated and monitored according to clinical guidelines. For patients with evidence of active or latent tuberculosis, is indicated for treatment of polycythemia vera (PV) in thrombocythemia MF in adults. Post-polycythemia vera MF and post-essential

malignancy, and patients who are current or past smokers are at additional increased risk. Consider the informed about the symptoms of serious cardiovascular events, including cardiovascular death, myocardial infarction, and stroke (compared to those treated with Jaka/f_i).

Interrupt or discontinue Jaka/f_i therapy without consulting their physician. When discontinuing or interrupting therapy with Jaka/f_i for reasons other than thrombocytopenia, refer to Usage and Administration (2.8) in Full Prescribing Information; consider tapering the dose of Jaka/f_i gradually rather than discontinuing abruptly. Non-Melanoma Skin Cancer (NMSC) Non-melanoma skin cancers including basal cell, squamous cell, and lentigo have occurred in patients treated with Jaka/f_i. Perform periodic skin examinations. Lipid Elevations Treatment with Jaka/f_i has been associated with increases in lipid parameters including total cholesterol, low-density lipoprotein (LDL) cholesterol, and triglycerides. [see Adverse Reactions (6.1) and Table 1 of the Full Prescribing Information]. The three most frequent nonhematologic adverse reactions occurring up to Week 32. Treatments starting at 15 mg twice daily and 190 mg twice daily in a randomized, open-label, active-controlled Cohort Study. In a randomized, open-label, multi-center study, 165 patients received best available therapy with Jaka/f_i. The most common hematologic 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 Jaka/f_i and 11% of patients treated with placebo. Table 1 presents the most common nonhematologic adverse reactions occurring in patients who received Jaka/f_i in the double-blind, 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 Jaka/f_i 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

<table>
<thead>
<tr>
<th>Adverse Reaction</th>
<th>All Grades (%)</th>
<th>Grade 3 (%)</th>
<th>Grade 4 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Muscle Spasms</td>
<td>12</td>
<td>&lt; 1</td>
<td>0</td>
</tr>
<tr>
<td>Dizziness</td>
<td>18</td>
<td>&lt; 1</td>
<td>0</td>
</tr>
<tr>
<td>Headache</td>
<td>15</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Fatigue</td>
<td>37</td>
<td>14</td>
<td>0</td>
</tr>
<tr>
<td>Pruritus</td>
<td>9</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Infections</td>
<td>11</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Weight Gain</td>
<td>6</td>
<td>&lt; 1</td>
<td>0</td>
</tr>
<tr>
<td>Flatulence</td>
<td>5</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

Jaka/f_i (N=155)

Placebo (N=151)

*National Cancer Institute Common Terminology Criteria for Adverse Events (CTCAE), version 3.0

- includes confusión, eczema, hemotoma, injection site hemotoma, periorbital hemotoma, vascular punch site hemotoma, increased tendency to bruise, petechia, purpura

- includes dizziness, postural dizziness, vertigo, balance disorder, Menière's Disease, labyrinthitis

- includes urinary tract infection, cystitis, urethritis, urinary tract infection bacterial, kidney infection, pyuria, bacteria urine, bacteria urine identified, nitrate urine present

- includes weight increased, abnormal weight gain

- 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

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]

- Neutropenia 19 52 4 < 1 1

Hypertriglyceridemia 11 1

Adverse Reactions

- Muscle Spasms 12 < 1 50

- Dizziness 18 < 1 00

- Headache 15 0 0 0

- Fatigue 37 14

- Infections 32 28

- Pruritus 9 0 0 5

- Weight Gain* 6 < 1 0 1

- Flatulence 5 0 0 < 1

- Pruritus 5 0 0 < 1

- Infections 31 14

- Diarrhea 24 7

- Headache 21 4

- Bacterial infections 32 28

- Viral infections 31 14

- General disorders and administration site conditions

- Edema 10 1 12 1

- Flatulence 5 0 0 < 1

- Infections 31 14

- Neutropenia 19 52 4 < 1 1

- Hypertriglyceridemia 11 1

- Adverse Reactions
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 x 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 x 10^9/L to 200 x 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 x 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 hematologic 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

<table>
<thead>
<tr>
<th>Laboratory Parameter</th>
<th>Placebo (N=155)</th>
<th>Jakafi (N=155)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thrombocytopenia</td>
<td>70.3</td>
<td>80.3</td>
</tr>
<tr>
<td>Anemia</td>
<td>78.5</td>
<td>77.3</td>
</tr>
<tr>
<td>Neutropenia</td>
<td>19.2</td>
<td>5.6</td>
</tr>
</tbody>
</table>

*Presented values are worst Grade values regardless of baseline

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 ≥ 5% of Patients on Jakafi in the Open-Label, Active-controlled Study up to Week 32 of Randomized Treatment

<table>
<thead>
<tr>
<th>Adverse Reaction</th>
<th>Jakafi (N=110)</th>
<th>Best Available Therapy (N=111)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diarrhea</td>
<td>15.0</td>
<td>7.0</td>
</tr>
<tr>
<td>Dizziness</td>
<td>15.0</td>
<td>13.0</td>
</tr>
<tr>
<td>Dyspnea</td>
<td>13.0</td>
<td>3.0</td>
</tr>
<tr>
<td>Muscle Spasms</td>
<td>12.0</td>
<td>5.0</td>
</tr>
<tr>
<td>Constipation</td>
<td>8.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Herpes Zoster</td>
<td>6.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Nausea</td>
<td>6.0</td>
<td>4.0</td>
</tr>
<tr>
<td>Weight Gain†</td>
<td>6.0</td>
<td>&lt; 1.0</td>
</tr>
<tr>
<td>Urinary Tract Infections</td>
<td>6.0</td>
<td>3.0</td>
</tr>
<tr>
<td>Hypertension</td>
<td>5.0</td>
<td>&lt; 1.0</td>
</tr>
</tbody>
</table>

*Selected laboratory abnormalities are listed in Table 6 below

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

<table>
<thead>
<tr>
<th>Laboratory Parameter</th>
<th>Jakafi (N=110)</th>
<th>Best Available Therapy (N=111)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hematology</td>
<td>All Grades (*)</td>
<td>Grade 3 (%)</td>
</tr>
<tr>
<td>Anemia</td>
<td>72.0</td>
<td>&lt; 1.0</td>
</tr>
<tr>
<td>Thrombocytopenia</td>
<td>27.0</td>
<td>&lt; 1.0</td>
</tr>
<tr>
<td>Neutropenia</td>
<td>3.0</td>
<td>0.0</td>
</tr>
</tbody>
</table>

Other important laboratory parameters
- • Thrombosis
- 3.0

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

<table>
<thead>
<tr>
<th>Adverse Reactions</th>
<th>Grade 3 (%)</th>
<th>Grade 4 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infections (pathogen not specified)</td>
<td>55</td>
<td>41</td>
</tr>
<tr>
<td>Edema</td>
<td>51</td>
<td>13</td>
</tr>
<tr>
<td>Hemorrhage</td>
<td>49</td>
<td>20</td>
</tr>
<tr>
<td>Fatigue</td>
<td>37</td>
<td>14</td>
</tr>
<tr>
<td>Bacterial infections</td>
<td>32</td>
<td>28</td>
</tr>
<tr>
<td>Dyspnea</td>
<td>32</td>
<td>14</td>
</tr>
<tr>
<td>Viral infections</td>
<td>31</td>
<td>14</td>
</tr>
<tr>
<td>Thrombosis</td>
<td>25</td>
<td>11</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>24</td>
<td>7</td>
</tr>
<tr>
<td>Rash</td>
<td>23</td>
<td>3</td>
</tr>
<tr>
<td>Headache</td>
<td>21</td>
<td>4</td>
</tr>
<tr>
<td>Hypertension</td>
<td>20</td>
<td>13</td>
</tr>
<tr>
<td>Urticaria</td>
<td>16</td>
<td>9</td>
</tr>
</tbody>
</table>

*National Cancer Institute Common Terminology Criteria for Adverse Events (CTCAE), version 3.0

Additional Data from the Placebo-Controlled Study
- 57% of patients treated with Jakafi and 26% 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 elevations in cholesterol. The incidence of Grade 2 cholesterol elevations was < 1% for Jakafi with no Grade 3 or 4 cholesterol elevations.

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

<table>
<thead>
<tr>
<th>Laboratory Parameter</th>
<th>Jakafi (N=71)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hematology</td>
<td>All Grades (*)</td>
</tr>
<tr>
<td>Anemia</td>
<td>75</td>
</tr>
<tr>
<td>Thrombocytopenia</td>
<td>75</td>
</tr>
<tr>
<td>Neutropenia</td>
<td>58</td>
</tr>
</tbody>
</table>

*National Cancer Institute Common Terminology Criteria for Adverse Events (CTCAE), version 4.0.3

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

<table>
<thead>
<tr>
<th>Adverse Reaction</th>
<th>Jakafi (N=155)</th>
<th>All Grades (*)</th>
<th>Grade 3 (%)</th>
<th>Grade 4 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infections (pathogen not specified)</td>
<td>45</td>
<td>15</td>
<td>44</td>
<td>16</td>
</tr>
<tr>
<td>Viral infections</td>
<td>28</td>
<td>5</td>
<td>23</td>
<td>5</td>
</tr>
<tr>
<td>Musculoskeletal and connective tissue disorders</td>
<td>18</td>
<td>10</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>General disorders and administration site conditions</td>
<td>16</td>
<td>5</td>
<td>13</td>
<td>7</td>
</tr>
<tr>
<td>Respiratory, thoracic and mediastinal disorders</td>
<td>12</td>
<td>2</td>
<td>15</td>
<td>2</td>
</tr>
<tr>
<td>Gastrointestinal disorders</td>
<td>12</td>
<td>0</td>
<td>13</td>
<td>3</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>10</td>
<td>1</td>
<td>13</td>
<td>1</td>
</tr>
</tbody>
</table>

*National Cancer Institute Common Terminology Criteria for Adverse Events (CTCAE), version 4.0.3

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

<table>
<thead>
<tr>
<th>Laboratory Parameter</th>
<th>Jakafi (N=71)</th>
<th>All Grades (*)</th>
<th>Grade 3 (%)</th>
<th>Grade 4 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hematology</td>
<td>Anemia</td>
<td>82</td>
<td>13</td>
<td>75</td>
</tr>
<tr>
<td>Neutropenia</td>
<td>27</td>
<td>12</td>
<td>23</td>
<td>9</td>
</tr>
<tr>
<td>Thrombocytopenia</td>
<td>58</td>
<td>20</td>
<td>54</td>
<td>17</td>
</tr>
</tbody>
</table>
doses up to 30 mg/kg/day. There were no drug-related
Development 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 [14C]-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, at all levels higher than those in maternal plasma.  

Pediatric Use: Myelofibrosis The safety and effectiveness of Jakafi for treatment of myelofibrosis in pediatric patients has 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 JAK3 pathway–mutant Ph-like acute lymphoblastic leukemia (ALL) were assessed but not established in a single-arm trial (NCT02723994). The patients included 2 children (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 (equivalent to 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

OVERDOSAGE: There is no specific 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.
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AFTER THE RESULTS
Overcoming Barriers to HCT:
The ASTCT-NMDP/Be The Match ACCESS Initiative

TUESDAY, OCT. 17 | 11 A.M. CDT

During this interactive webinar hosted by the National Marrow Donor Program®/Be The Match®, expert panelists will explore barriers and proposed solutions as part of the ACCESS Initiative across the three initiative committees: awareness, racial/ethnic inequity and poverty. Content will be relevant for transplant centers and community hematology/oncology practices that refer out for HCT/cell therapy.

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A School of Medicine
Oregon Health and Science University Knight Cancer Institute

NAVNEET MAJHAIL, MD, MS, FASTCT
Sarah Cannon
TriStar Centennial Medical Center

BRENDA SANDMAIER, MD
A Fred Hutch Cancer Center
University of Washington

JEFF AULETTA, MD (moderator)
Nationwide Children’s Hospital
NMDP/Be The Match CIBMTR

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Empower your patients.

Too many CLL patients are navigating their disease alone.

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

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- Free Respite Trips
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- Free Counseling (regional)
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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.

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### Exhibits

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- The Leukemia & Lymphoma Society ............................................................. A5
- Young Adult Survivors United ................................................................. A2

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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.
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 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. is a commercial-stage pharmaceuticals company with a passion for innovation and improving 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.
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.
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 thrombocytopenia (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
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
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
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)
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
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
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.
EVEN MORE PATIENTS MAY BE RIGHT FOR BRUKINSA

REVIEW THE TRIALS SUPPORTING THE LATEST APPROVAL

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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.

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

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.
WE'RE HERE TO HELP YOUR PATIENTS.

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.
Driving groundbreaking research. Improving lives.

The mission of MPN Research Foundation is to stimulate original research in pursuit of new treatments — and eventually a cure — for the blood cancers polycythemia vera, essential thrombocythemia, and myelofibrosis, known collectively as myeloproliferative neoplasms (MPN).

To learn more, visit our website mpnresearchfoundation.org

For nearly 25 years MPN Research Foundation has delivered on a bold commitment to fund global pioneers studying innovative approaches to prevention, halting progression, and improved quality of life for people living with an MPN. Convening patients and caregivers, researchers and clinicians, bio-pharmaceutical industry leaders and advocates, around the world, together we are conquering MPNs.
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.
This easy-to-use and convenient format assists health care professionals in their implementation of the NCCN Guidelines® and NCCN Guidelines for Patients®, to improve care provided to people with cancer.

People with cancer and caregivers can access patient-friendly NCCN Guidelines for expert cancer treatment information.

The cost of cancer care continues to rise and patients with cancer and their caregivers often struggle to pay for therapy. Search for available resources and payment assistance programs.

Visit NCCN.org/apps or download through the app store on your mobile device.
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

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