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  Learn about reimbursement help and services available.

• NCCN Patient Advocacy Pavilion
  Learn about patient advocacy organizations

• General Poster Session
  View more than 90 posters accepted for the Annual Conference.

Attendees will be able to view conference sessions and virtual exhibits on-demand through May 20, 2021.

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Siltuximab (SYLVANT®) is recommended by the National Comprehensive Cancer Network® (NCCN®) as the preferred treatment option for idiopathic multicentric Castleman disease (iMCD).1

SYLVANT continues to be the first-line therapy recommended by the Castleman Disease Collaborative Network (CDCN) guidelines with Category 1 evidence.2

The only FDA-approved therapy for the treatment of patients with multicentric Castleman disease (MCD) who are negative for human immunodeficiency virus (HIV) and human herpesvirus-8 (HHV-8).3

Limitations of use: SYLVANT was not studied in patients with MCD who are HIV positive or HHV-8 positive because SYLVANT did not bind to virally produced IL-6 in a nonclinical study.3

Please see Important Safety Information and a Brief Summary of Prescribing Information on adjacent pages.

Abbreviations: FDA, US Food and Drug Administration; IL-6, interleukin-6.

Important Safety Information

**Indications and Usage**
SYLVANT® (siltuximab) is indicated for the treatment of patients with multicentric Castleman’s disease (MCD) who are human immunodeficiency virus (HIV) negative and human herpesvirus-8 (HHV-8) negative.

**Limitations of Use**
SYLVANT was not studied in patients with MCD who are HIV positive or HHV-8 positive because SYLVANT did not bind to virally produced IL-6 in a nonclinical study.

**Contraindications**
Severe hypersensitivity reaction to siltuximab or any of the excipients in SYLVANT.

**Warnings and Precautions**

**Concurrent Active Severe Infections**
Do not administer SYLVANT to patients with severe infections until the infection resolves. SYLVANT may mask signs and symptoms of acute inflammation including suppression of fever and of acute Phase reactants such as C-reactive protein (CRP). Monitor patients receiving SYLVANT closely for infections. Institute prompt anti-infective therapy and do not administer further SYLVANT until the infection resolves.

**Vaccinations**
Do not administer live vaccines to patients receiving SYLVANT because IL-6 inhibition may interfere with the normal immune response to new antigens.

**Infusion Related Reaction and Hypersensitivity**
Stop the infusion of SYLVANT if the patient develops signs of anaphylaxis. Discontinue further therapy with SYLVANT.

Stop the infusion if the patient develops a mild to moderate infusion reaction. If the reaction resolves, the SYLVANT infusion may be restarted at a lower infusion rate. Consider medicating with antihistamines, acetaminophen, and corticosteroids. Discontinue SYLVANT if the patient does not tolerate the infusion following these interventions.

Administer SYLVANT in a setting that provides resuscitation equipment, medication, and personnel trained to provide resuscitation.

**Gastrointestinal (GI) Perforation**
Gastrointestinal (GI) perforation has been reported in clinical trials although not in MCD trials. Use with caution in patients who may be at increased risk for GI perforation. Promptly evaluate patients presenting with symptoms that may be associated with or suggestive of GI perforation.

**Adverse Reactions**
The most common adverse reactions (>10% compared to placebo) in the MCD clinical trial were pruritus, increased weight, rash, hyperuricemia, and upper respiratory tract infections.

**Drug Interactions**

**Cytochrome P450 Substrates**
Upon initiation or discontinuation of SYLVANT, in patients being treated with CYP450 substrates with a narrow therapeutic index, perform therapeutic monitoring of effect (e.g., warfarin) or drug concentration (e.g., cyclosporine or theophylline) as needed and adjust dose. The effect of SYLVANT on CYP450 enzyme activity can persist for several weeks after stopping therapy. Exercise caution when SYLVANT is co-administered with CYP3A4 substrate drugs where a decrease in effectiveness would be undesirable (e.g., oral contraceptives, lovastatin, atorvastatin).

**Dosage and Administration**
Perform hematology laboratory tests prior to each dose of SYLVANT therapy for the first 12 months and every 3 dosing cycles thereafter. If treatment criteria outlined in the Prescribing Information are not met, consider delaying treatment with SYLVANT. Do not reduce dose.

Do not administer SYLVANT to patients with severe infections until the infection resolves.

Discontinue SYLVANT in patients with severe infusion related reactions, anaphylaxis, severe allergic reactions, or cytokine release syndromes. Do not reinstitute treatment.

Please see the full Prescribing Information at www.sylvant.com.
**SYLVANT® (siltuximab) BRIEF SUMMARY OF PRESCRIBING INFORMATION**

**CONTRAINDICATIONS**
Severe hypersensitivity reaction to siltuximab or any of the excipients in SYLVANT. Hypersensitivity reactions, including anaphylactic reaction, hypersensitivity, and drug hypersensitivity have been reported in patients treated with siltuximab.

**WARNINGS AND PRECAUTIONS**

**Concurrent Active Severe Infections**
Do not administer SYLVANT to patients with severe infections until the infection resolves. SYLVANT may mask signs and symptoms of acute inflammation including suppression of fever and of acute Phase reactants such as C-reactive protein (CRP). Monitor patients receiving SYLVANT closely for infections. Institute prompt anti-infective therapy and do not administer further SYLVANT until the infection resolves.

**Vaccinations**
Do not administer live vaccines to patients or infants born to patients receiving SYLVANT because IL-6 inhibition may interfere with the normal immune response to new antigens.

**Infusion Related Reactions and Hypersensitivity**
SYLVANT may cause infusion related reactions and anaphylaxis. Symptoms of infusion reactions consisted of back pain, chest pain or discomfort, nausea and vomiting, flushing, erythema, and palpitations.

Stop the infusion of SYLVANT if the patient develops signs of anaphylaxis. Discontinue further therapy with SYLVANT.

Stop the infusion if the patient develops a mild to moderate infusion reaction. If the reaction resolves, the SYLVANT infusion may be restarted at a lower infusion rate. Consider medication with antihistamines, acetaminophen, and corticosteroids. Discontinue SYLVANT if the patient does not tolerate the infusion following these interventions.

Administer SYLVANT in a setting that provides resuscitation equipment, medication, and personnel trained to provide resuscitation.

**Gastrointestinal Perforation**
Gastrointestinal (GI) perforation has been reported in clinical trials although not in MCD trials. Use with caution in patients who may be at increased risk for GI perforation. Promptly evaluate patients presenting with symptoms that may be associated or suggestive of GI perforation.

**ADVERSE REACTIONS**

**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 clinical practice.

Study 1, in MCD, was an international, multicenter, randomized Phase 2 study of every 3 week infusions comparing SYLVANT and best supportive care (BSC) to placebo and BSC. The patients randomized to SYLVANT (n=53) received a median of 19 infusions (range 1 to 50) compared to patients randomized to placebo (n=26) who received a median of 8 infusions (range 2 to 32). To control for disparate exposure between arms, patient incidence of adverse reactions that occurred during the first 8 infusions are reported.

The most common adverse reactions (> 10%) during treatment with SYLVANT and BSC vs placebo vs BSC in the MCD clinical trial were rash (28% vs 12%), pruritus (28% vs 8%), upper respiratory tract infection (26% vs 15%), edema (generalized and local (26% vs 27%), hyperuricemia (11% vs 0%), and increased weight (19% vs 0%).

Study 2 was an open label, long term extension study of patients with MCD treated on prior trials. The median duration of siltuximab treatment was 5.52 years (range: 0.8 to 10.8 years); more than 50% of patients received siltuximab treatment for ≥5 years. The rate of serious or Grade ≥3 adverse events did not increase over time as a function of cumulative exposure.

Other important adverse reactions reported in MCD clinical studies, all of which were very common, were nasopharyngitis, urinary tract infection, neutropenia, dizziness, hypertension, nausea, abdominal pain, vomiting, diarrhea, gastroesophageal reflux disease, mouth ulceration.

**Immunogenicity**
A total of 432 patients across the clinical studies were evaluated at multiple time points for anti-therapeutic antibody (ATA) responses to siltuximab after treatment with SYLVANT. None of these patients had neutralizing antibodies. The clinical significance of anti-siltuximab antibodies following treatment with SYLVANT is not known.

**DRUG INTERACTIONS**

**Cytochrome P450 Substrates**
Inhibition of IL-6 signaling in patients treated with SYLVANT may restore CYP450 activities to higher levels leading to increased metabolism of drugs that are CYP450 substrates compared to metabolism prior to treatment with SYLVANT.

Upon initiation or discontinuation of SYLVANT in patients being treated with CYP450 substrates with a narrow therapeutic index, perform therapeutic monitoring of effect (e.g., warfarin) or drug concentration (e.g., cyclosporine or theophylline) as needed and adjust dose. The effect of SYLVANT on CYP450 enzyme activity can persist for several weeks after stopping therapy. Exercise caution when SYLVANT is co-administered with CYP3A4 substrate drugs where a decrease in effectiveness would be undesirable (e.g., oral contraceptives, lovastatin, atorvastatin).

**USE IN SPECIFIC POPULATIONS**

**Pregnancy**
Monoclonal antibodies are transported across the placenta as pregnancy progresses, with the largest amount transferred during the third trimester. Infants born to pregnant women treated with SYLVANT may be at increased risk of infection. Consider the risks and benefits of administering live or live-attenuated vaccines to infants exposed to SYLVANT in utero.

**Lactation**
Because of the potential for serious adverse reactions in the breastfeeding child including gastrointestinal perforations, advise patients that breastfeeding is not recommended during treatment with SYLVANT, and for 3 months after the last dose.

**Females and Males of Reproductive Potential**
SYLVANT may cause embryo-fetal harm when administered to pregnant women. Advise female patients of reproductive potential to use effective contraception during treatment with SYLVANT and for 3 months after the last dose.

**Pediatric Use**
The safety and efficacy of SYLVANT have not been established in pediatric patients.

**Geriatric Use**
No differences in the safety profile between the elderly and younger patients were identified, but greater sensitivity of some older individuals cannot be ruled out.

**Patients with Renal Impairment**
Based on a population pharmacokinetic analysis using data from clinical trials in patients, no significant difference in siltuximab clearance was observed in patients with pre-existing renal impairment (creatinine clearance (CLCr) ≥ 15 mL/min) compared to patients with baseline normal renal function (CLCr ≥ 90 mL/min).

**Patients with Hepatic Impairment**
Based on a population pharmacokinetic analysis using data from clinical trials in patients, no significant difference in siltuximab clearance was observed in patients with pre-existing mild to moderate hepatic impairment (Child-Pugh Class A and B, respectively) compared to patients with baseline normal hepatic function. Patients with baseline severe hepatic impairment (Child-Pugh Class C) were not included in clinical trials.

**Patients with Infections**
Monitor patients receiving SYLVANT closely for infections. Institute prompt anti-infective therapy and adjust dose.

**Drug Abuse and Dependence**
Because of the potential for serious adverse reactions in the breastfeeding child including gastrointestinal perforations, advise patients that breastfeeding is not recommended during treatment with SYLVANT, and for 3 months after the last dose.
<table>
<thead>
<tr>
<th>Level</th>
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<td>Platinum</td>
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<td>Pharmacyclics LLC., an AbbVie Company</td>
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<td>Servier</td>
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# Patient Advocacy Pavilion Sponsors

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- IncyteCARES (Incyte Corporation)
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- Novartis Oncology Patient Support
- Oncotype DX Genomic Access Program (GAP)
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- The Global Liver Institute
- HealthTree Foundation/Myeloma Crowd
- International Waldenstrom's Macroglobulinemia Foundation (IWMF)
- Kidney Cancer Association
- Leukemia & Lymphoma Society (LLS)
- LUNGevity Foundation
- Lymphoma Research Foundation (LRF)
- Myelodysplastic Syndromes (MDS) Foundation, Inc.
- Patient Empowerment Network
- Stupid Cancer
- UMPS CARE Charities

All attendees are invited to visit these booths via access through the Digitell platform. All registered attendees can use the log-in information provided for access to the conference.
<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Title</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thursday, March 18</td>
<td>5:05 PM</td>
<td>An Overview of CLL and the Use of a Targeted Agent for Previous Untreated or RR CLL</td>
<td>AstraZeneca</td>
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<tr>
<td>Friday, March 19</td>
<td>5:05 PM</td>
<td>ZEJULA (niraparib) Educational Event</td>
<td>GSK</td>
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<tr>
<td>Saturday, March 20</td>
<td>5:05 PM</td>
<td>A Treatment Option for Patients with Myelodysplastic Syndromes</td>
<td>Bristol-Myers Squibb</td>
</tr>
</tbody>
</table>
At Eisai, everything we do is guided by a simple principle: patients and their families come first. We spend time with them. We listen and we learn about their lives, their desires and their greatest needs. We call this human health care or hhc, giving first thoughts to patients and their families and helping increase the benefits health care provides.

Our hhc mission is what drives us to discover innovative solutions and therapies that help address unmet needs within the communities that we seek to serve.

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Today millions of people have no access to basic healthcare, millions more suffer from everyday ailments and there are thousands of diseases without adequate treatments. So we’re working to develop tomorrow’s treatments and to find new ways to get today’s treatments to those who need them.
Black Health Matters is a leading communications company that provides inclusive health and wellness information that is rooted in medical expertise to the African American community. How do we do it? We partner and collaborate directly with top physicians, community advocates and health companies to host free virtual events and share articles to help raise awareness on risk factors and chronic diseases that disproportionately impact African Americans.

Our ultimate goal is to help African Americans cut through the confusion and feel empowered on their health journey. Follow us on www.blackhealthmatters.com.

Our Mission:
Support everyone affected by WM (Waldenstrom's Macroglobulinemia) while advancing the search for a cure.

Our Vision:
A world without WM.

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- Questions to ask doctors
- Patient-friendly illustrations
- Based on information doctors use
- Ability to download and share patient guidelines

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- Drug name
- Company/program name

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or download through the app store on your mobile device.
Explore our **NEW** Uncommon EGFR Mutations Patient Database

www.UncommonEGFRDatabase.com

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**Do you see patients with CRC?**

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Injection for subcutaneous use | 1,800mg/30,000units

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EGFR, epidermal growth factor receptor; mNSCLC, metastatic non–small cell lung cancer.

References:
5. FoundationOne® CDx. Technical specifications. Foundation Medicine. Accessed September 25, 2020. https://assets.ctfassets.net/w98cd481qyp0/YqqKHaqQmFeqc5ueQk48w/0a34fcdaa3a71dbe460cdcb01cebe8ad/F1CDx_Technical_Specifications_072020.pdf


THE MOST THREATENING

EGFR MUTATION

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Exon 20 insertion mutations in EGFR+ mNSCLC are more elusive and life-threatening than common EGFR mutations.1-10

These mutations differ from classical mutations, such as L858R and exon 19 deletions, in how they are detected and treated, leaving patients at risk of rapid disease progression on current targeted therapies.1-10

Don’t leave patients with mNSCLC at risk.
What are your treatment options for patients with squamous mNSCLC?

- Oral Therapy
- Chemotherapy
- Immunotherapy
- Best Supportive Care

EXPLORE TREATMENT OPTIONS

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For more than 35 years, the Cancer Support Community (CSC) has been a relentless ally for anyone impacted by cancer, delivering more than $50 million in free support services to patients and families, in-person, online, or over our toll-free helpline. CSC helps individuals manage the realities of this disruptive disease and get back to living.

CSC produces award-winning educational resources including booklets, worksheets, videos, and podcasts—all of which are available for free.

cancersupportcommunity.org
CANCER SUPPORT HELPLINE: 1-888-793-9335
We are aiming to transform the treatment paradigm
TUMOR LYSIS SYNDROME (TLS) IS AN ONCOLOGIC EMERGENCY THAT OCCURS RAPIDLY BUT IS PREVENTABLE

Assessing your patients’ risk for TLS can help guide TLS prophylaxis and treatment decision-making

Risk of developing TLS associated with increasing uric acid levels

<table>
<thead>
<tr>
<th>Uric Acid Level</th>
<th>Percent Risk of Developing TLS (%)</th>
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<tbody>
<tr>
<td>High (&gt;8.0 mg/dL)</td>
<td>85.7%</td>
</tr>
<tr>
<td>Medium (4.0-8.0 mg/dL)</td>
<td>23.4%</td>
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</table>

Results are from a retrospective analysis conducted to determine the relationship between uric acid levels and TLS in 1198 patients with a hematologic malignancy who were admitted for inpatient chemotherapy.

Not all patients who are at risk for TLS have elevated uric acid levels before starting anticancer therapy; there are other high-risk factors to consider

Patient factors to assess for TLS risk

Patients are at increased risk for TLS if they present with one or more of the following diagnostic criteria

**ANTICANCER THERAPY RISK**

- Many anticancer therapies increase the risk for hyperuricemia and TLS. These include, but are not limited to:
  - Venetoclax
  - R-CHOP

  R=Rituximab, C=Cyclophosphamide, H=Hydroxydaunorubicin, O=Hydrochloride, P=Prednisolone.

**MALIGNANCY RISK**

- Patients with (but not limited to) these hematologic malignancies may be at risk for TLS:
  - ALL
  - AML
  - CML
  - BL
  - FL
  - DLBCL
  - MM
  - CLL
  - MCL

**TUMOR BURDEN AND OTHER RISK FACTORS**

- High tumor burden
- Bulky disease
- Lymph node involvement
- Bone marrow involvement
- Renal disease or renal involvement
- Elevated WBC count
- Baseline uric acid >7.5 mg/dL
- Baseline creatinine >1.4 mg/dL
- LDH >2x ULN
- Reduced GFR

**LABORATORY RISK**

- Indicators of renal impairment.

This is not a complete list of potential risk factors for TLS.

ALL=acute lymphoblastic leukemia; AML=acute myeloid leukemia; BL=Burkitt lymphoma; CLL=chronic lymphocytic leukemia; CML=chronic myeloid leukemia; DLBCL=diffuse large B-cell lymphoma; FL=follicular lymphoma; GFR=gglomerular filtration rate; LDH=lactate dehydrogenase; MCL=mantle cell lymphoma; MM=multiple myeloma; ULN=upper limit of normal; WBC=white blood cell.

To learn more about the risk of TLS, explore the Sanofi Genzyme booth at the National Comprehensive Cancer Network® Virtual Annual Conference or visit learnaboutlsrisk.com.


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IN ER+/HER2- METASTATIC BREAST CANCER

COULD ADVANCEMENTS IN ENDOCRINE THERAPY UNLOCK A BRIGHTER PATH FORWARD?

Further research into underlying mechanisms may help delay disease progression\(^1\)\(^,\)\(^4\).

Endocrine therapies have advanced care for patients with ER+/HER2- metastatic breast cancer, yet due to complex tumor mechanisms and endocrine resistance, progression still persists.\(^1\)\(^,\)\(^2\)\(^,\)\(^5\)

Investigating strategies in bioavailability and ER degradation may open more possibilities for patients.\(^2\)\(^,\)\(^4\)\(^,\)\(^6\)


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Amgen Oncology
Amgen Oncology is committed to the relentless pursuit of breakthroughs for cancer patients and their families. Our portfolio features many first-in-class oncology/hematology medicines and innovative therapies for difficult-to-treat cancers.

Astellas Oncology
Astellas Pharma US, Inc., is a U.S. affiliate of Tokyo-based Astellas Pharma Inc. Located in Northbrook, Illinois, the company serves as the headquarters for the Americas and employs nearly 3,000 people. Astellas is a pharmaceutical company dedicated to improving the health of people around the world through the provision of innovative and reliable pharmaceutical products.

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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 and neuroscience. Our employees work every day to transform patients’ lives through science.

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Daiichi Sankyo, Inc., headquartered in Basking Ridge, New Jersey, is the U.S. subsidiary of Daiichi Sankyo Co., Ltd. Daiichi Sankyo, Inc. is a member of the Daiichi Sankyo Group and is focused on the development of oncology therapies and specialty medicines. Daiichi Sankyo, Inc. medicines approved in the U.S. include therapies for hypertension, dyslipidemia, diabetes, thrombosis, stroke risk reduction, acute coronary syndrome, IV iron therapy, metastatic melanoma, tenosynovial giant cell tumors and metastatic breast cancer.

Platinum Sponsor
Eisai Inc.
At Eisai Inc., human health care (hhc) is our goal. We give our first thoughts to patients and their families, and helping to increase the benefits health care provides. As the U.S. pharmaceutical subsidiary of Tokyo-based Eisai Co., Ltd., we have a passionate commitment to patient care that is the driving force behind our efforts to discover and develop innovative therapies to help address unmet medical needs. Eisai is a fully integrated pharmaceutical business that operates in two global business groups: oncology and neurology (dementia-related diseases and neurodegenerative diseases). Our U.S. headquarters, commercial and clinical development organizations are located in New Jersey; our discovery labs are in Massachusetts and Pennsylvania; and our global demand chain organization resides in Maryland and North Carolina. To learn more about Eisai Inc., please visit us at www.eisai.com/US and follow us on Twitter and LinkedIn.

EUSA Pharma
EUSA Pharma is a dynamic, global biopharmaceutical company focused on oncology and rare disease, continuously striving to confront gaps in patient care. Our ambition drives us to provide medical treatments that support real change to improve lives wherever they are needed in the world. EUSA Pharma is committed to delivering solutions that can have a meaningful effect on life, helping patients across a range of therapeutic areas.

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Founded more than 40 years ago as the first biotechnology company, Genentech is dedicated to the rigorous pursuit of science and the development and delivery of life-changing medicines for people facing serious diseases. Headquartered in South San Francisco, California and a proud member of the Roche Group, our community is united by a common purpose and sense of urgency to transform the future of healthcare. Learn more at www.gene.com.
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GSK is focused on maximizing patient survival through transformational medicines. GSK’s oncology pipeline is focused on immuno-oncology, cell therapy, cancer epigenetics and synthetic lethality. Our goal is to achieve a sustainable flow of new treatments based on a diversified portfolio of investigational medicines utilizing modalities such as small molecules, antibodies, antibody drug conjugates and cells, either alone or in combination.

Helsinn
Helsinn is a privately owned pharmaceutical group headquartered in Lugano, Switzerland, with operating subsidiaries in Ireland, the U.S. and a representative office in China. Helsinn is one of the world’s leading supportive cancer care companies. Our portfolio of products combines therapies we license and therapies developed at Helsinn. www.helsinn.com

Platinum Sponsor

Incyte Corporation
Incyte is a Wilmington, Delaware-based, global biopharmaceutical company focused on finding solutions for serious unmet medical needs through the discovery, development and commercialization of proprietary therapeutics. For additional information on Incyte, please visit Incyte.com and follow @Incyte. For more information on Jakafi®, visit hcp.jakafi.com. For more information on MONJUVI®, visit MonjuviHCP.com. For more information on Pemazyre™, visit hcp.pemazyre.com.

Ipsen Biopharmaceuticals, Inc
Ipsen is a global biopharmaceutical company focused on innovation and specialty care. At Ipsen, we focus our resources, investments and energy on discovering, developing and commercializing transformative medicines in three key therapeutic areas – Oncology, Rare Disease and Neuroscience. Our North American operations are located in Cambridge, Massachusetts, one of the company’s three global hubs. Based in the heart of Kendall Square, our fully integrated biopharmaceutical business includes Commercial, Research & Development, Manufacturing, and Global External Innovation and Partnering. Combined with our Canadian headquarters in Mississauga, Ontario, and other locations, we employ approximately 600 people in North America. For more information please visit www.ipsenus.com or www.ipsen.com/canadaEN. Connect with us on Twitter and LinkedIn.

Gold Sponsor

Janssen Biotech, Inc.
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.

Bronze Sponsor

Jazz Pharmaceuticals, Inc.
Jazz Pharmaceuticals plc (Nasdaq: JAZZ), a global biopharmaceutical company, is dedicated to developing life-changing medicines for people with limited or no options, so they can live their lives more fully and redefine what is possible. As a leader in sleep medicine and with a growing hematology/oncology portfolio, Jazz has a diverse portfolio of products and product candidates in development, and is focused on transforming biopharmaceutical discoveries into novel medicines.
About Our Exhibitors

Karyopharm Therapeutics Inc.

Karyopharm Therapeutics Inc. is a commercial-stage pharmaceutical company pioneering novel cancer therapies and dedicated to the discovery, development, and commercialization of novel first-in-class drugs directed against nuclear export and related targets for the treatment of cancer and other major 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 [or solid tumor malignancies].

US-NON-08/18-00002 (1/2021)

Kite, A Gilead Company/Gilead Sciences

Kite, a Gilead Company, is a biopharmaceutical company based in Santa Monica, California. Kite is engaged in the development of innovative cancer immunotherapies. The company is focused on chimeric antigen receptor and T-cell receptor engineered cell therapies.

LeanTaaS

LeanTaaS develops products that enable health systems to unlock capacity, increase patient access, decrease patient wait times and reduce cost of delivery by leveraging the principles of data science and machine learning. We partner with over 300 infusion centers including 70% of NCCNs and 55% of NCIs who are seeing a 25% reduction in patient wait times, 50% lower overtime hours, 10% improvement in labor costs and 25% improvement in nurse satisfaction while experiencing an annual revenue impact of $15-20K per chair per year.

NOVARTIS

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 140 nationalities work at Novartis around the world. Find out more at www.novartis.com.

Oncopeptides

Oncopeptides was established solely to develop therapies for difficult-to-treat hematological diseases, and we are committed to bringing patients the treatments they need and the hope they deserve.

Pfizer Oncology

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 24 approved innovative cancer medicines and biosimilars across more than 30 indications, including breast, genitourinary, colorectal, blood and lung cancers, as well as melanoma.

QED Therapeutics

QED Therapeutics is dedicated to the development of our investigational candidate, infigratinib. A selective, tyrosine kinase inhibitor, infigratinib is under investigation for FGFR-driven cholangiocarcinoma, and metastatic urothelial carcinoma. Future studies will investigate infigratinib for additional FGFR-driven tumor types and rare disorders.

Silver Sponsor

Regeneron Sanofi Genzyme

Since 2007, Regeneron and Sanofi have collaborated to help people with debilitating and complex conditions that are often difficult to diagnose and treat, using innovative technology platforms. Regeneron is a leading science-based biopharmaceutical company based in Tarrytown, New York that discovers, invents, develops, manufactures, and commercializes medicines for the treatment of serious medical conditions. Sanofi Genzyme is the specialty care business unit of Sanofi, focusing on difficult to treat conditions.

Bronze Sponsor

Sanofi Genzyme

At Sanofi Genzyme we help people with debilitating and complex conditions that are often difficult to diagnose and treat. Our approach is shaped by our experience developing highly specialized treatments and forging close relationships with physician and patient communities. We are dedicated to discovering and advancing new therapies, providing hope to patients and their families around the world.

Seagen Inc.

Seagen Inc. is a global biotechnology company that discovers, develops, and commercializes medicines for cancer. The company has a pipeline of therapies at various stages of preclinical testing, clinical testing, and development. We are leveraging our expertise in antibodies to build a portfolio of proprietary immuno-oncology agents in clinical trials for hematologic malignancies and solid tumors. For more information, visit www.seagen.com.
About Our Exhibitors

Bronze Sponsor

Servier Pharmaceuticals
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. Servier Pharmaceuticals believes co-creation is fundamental to driving innovation and is actively building alliances that bring solutions to patients’ lives and can accelerate access to therapies. 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.

Spectrum Pharmaceuticals, Inc.
Spectrum Pharmaceuticals is a biopharmaceutical company focused on acquiring, developing, and commercializing novel and targeted oncology therapies. Spectrum has a strong track record of successfully executing across the biopharmaceutical business model, from in-licensing and acquiring differentiated drugs, clinically developing novel assets, successfully gaining regulatory approvals and commercializing in a competitive healthcare marketplace. Spectrum has a late-stage pipeline with novel assets that serve areas of unmet need. This pipeline has the potential to transform the company in the near future. For additional information on Spectrum Pharmaceuticals please visit www.spprx.com.

Taiho Oncology, Inc.
Taiho Oncology is a different kind of pharmaceutical company. We have deep roots and unmatched corporate agility that enable us to fulfill our purpose – making treatments for Oncology.

For almost two decades, Taiho Oncology has served as a clinical organization, where people are at the center of everything we do. Together, we work urgently to discover and develop cancer treatments that address today’s unmet patient needs and apply the science behind them.

As the field of Oncology treatment evolves, we evolve with it. Technology, dedicated investigators, and established facilities—these vast resources empower us. It's our work; it's our passion; it's our legacy.

Takeda Oncology
At Takeda Oncology, we aspire to cure cancer, with inspiration from patients and innovation from everywhere. We are structured within Takeda to ensure a tight connection from research to development to commercialization and meet the needs of the cancer community, optimizing our ability to bring potentially transformative medicines to market. With demonstrated leadership in the treatment of hematologic cancers and solid tumors, we propel cutting-edge science around the power of innate immunity to enhance and broaden the impact of immunotherapy.

We complement our deep in-house expertise with symbiotic partnerships to unlock promising science wherever it emerges.

For more information: www.takedaoncology.com.
Patient Advocacy Pavilion

Anal Cancer Foundation
The Anal Cancer Foundation is dedicated to empowering anal cancer patients and accelerating prevention and treatment methods that eliminate anal cancer and the virus that causes the majority of cases, HPV.

Black Health Matters
Black Health matters is an advocate/medium for the African American community who generally has poor health outcomes on nearly every disease index. Black Health Matters' mission is to spread awareness about a lot of preventive steps we could take to better our community's health. We will provide information about health and well-being from a service-oriented perspective—with lots of upbeat, positive solutions and tips.

Cancer Support Community
The Cancer Support Community (CSC) is a global non-profit network of 175 locations that together deliver more than $50 million in free support services to patients and families. In addition, CSC administers a toll-free helpline, vibrant online patient community, and produces award-winning educational resources that reach more than one million people each year. CSC also conducts cutting-edge research on the emotional, psychological and financial journey of cancer patients. In addition, CSC advocates at all levels of government for policies to help individuals whose lives have been disrupted by cancer. For more information, visit www.CancerSupportCommunity.org.

CLL Society
CLL Society is an inclusive, patient-centric, physician-curated nonprofit organization that addresses the unmet needs of the chronic lymphocytic leukemia (CLL) community through patient education, advocacy, support, and research. We explain the rapidly changing therapeutic landscape and the importance of clinical trials, build patient support networks, engage in research, and educate providers and patients. We believe SMART PATIENTS GET SMART CARE™. Learn more at www.cllsociety.org

Colon Cancer Foundation
The mission of the Colon Cancer Foundation is to lead the fight against colorectal cancer (CRC) by supporting research that will lead to the prevention of, therapy for, and eradication of CRC in our lifetime, educating the public and the healthcare community about CRC and the most effective strategies for preventing the disease and advocating for equal access to quality of life-affirming, fertility-preserving treatment for all patients and caregivers.

Colorectal Cancer Alliance
The Colorectal Cancer Alliance is the leading national nonprofit committed to ending colorectal cancer within our lifetime. We empower a nation of passionate survivors and advocates to help patients and caregivers navigate diagnosis and treatment, and we serve as allies with healthcare professionals—those who understand the value of early detection. Partnering with doctors and nurses around the country, we are working urgently to raise awareness of preventive screening because we believe tomorrow can’t wait. www.ccalliance.org.

Debbie’s Dream Foundation: Curing Stomach Cancer
Debbie’s Dream Foundation: Curing Stomach Cancer (DDF) is a 501(c)(3) non-profit organization dedicated to raising awareness about stomach cancer, advancing funding for research, and providing education and support internationally to patients, families, and caregivers. DDF’s ultimate goal is to make the cure for stomach cancer a reality.

Our Patient Resource Education Program helps patients, their families, and caregivers match with survivor and caregiver mentors using disease-specific criteria, including stage, biomarker, and location. We host monthly stomach cancer supports groups and educational webinars and symposia year-round, and our website contains in-depth information about stomach cancer.

ECAN Esophageal Cancer Action Network, Inc.
ECAN’s mission is to save lives by sounding the alarm that reflux disease can cause cancer, by promoting early detection, by advocating for increased research funding to prevent, detect, treat, and cure Esophageal Cancer, and by providing trustworthy education and compassionate support for patients and families. ECAN is harnessing the energy of the Esophageal Cancer community so that we can reach the day when nobody has to die of Esophageal Cancer. Esophageal Cancer Ends Here.

First Descents (FD)
First Descents (FD) provides life-changing outdoor adventures for young adults impacted by cancer and other serious health conditions. In response to the COVID-19 pandemic, First Descents expanded their programming to provide free adventures for healthcare workers serving on the COVID frontlines. Visit their website to support and learn more about their mission.
Patient Advocacy Pavilion

The Global Liver Institute
The Global Liver Institute is the only liver health nonprofit organization operating in both the United States and Europe. We firmly stand by our mission to improve the lives of individuals and families impacted by liver disease through promoting innovation, encouraging collaboration, and scaling optimal approaches to help eradicate liver diseases.

HealthTree Foundation/Myeloma Crowd
Fighting multiple myeloma is a marathon and sometime a sprint. HealthTree empowers you and your healthcare team with the knowledge you need at every key decision point. HealthTree connects the dots between you, other patients, and cutting-edge scientists to accelerate research towards a cure.

International Waldenstrom's Macroglobulinemia Foundation (IWMF)
The International Waldenstrom’s Macroglobulinemia Foundation (IWMF) is a nonprofit organization dedicated to supporting everyone affected by Waldenstrom’s macroglobulinemia (WM.) IWMF offers support, education, and encouragement to the WM community and funds research leading to better treatments. Learn more about our organization, Waldenstrom’s macroglobulinemia, the latest advancements in WM research, and how you can help contribute to the cure!

Kidney Cancer Association
The Kidney Cancer Association was founded in 1990 by Eugene P. Schonfeld and a small group of patients and doctors in Chicago, Illinois and has grown into an international non-profit organization. The KCA promotes scientific advances through two annual research symposiums and a robust grant program, participates in legislative advocacy, and seeks to be a source of education and resources for patients, caregivers, and anyone impacted by kidney cancer. Our mission is to be a global community dedicated to serving and empowering patients and caregivers, and leading change through advocacy, research, and education.

Leukemia & Lymphoma Society (LLS)
The Leukemia & Lymphoma Society (LLS) is the world’s largest voluntary health agency dedicated to blood cancer. The LLS mission: Cure leukemia, lymphoma, Hodgkin’s disease and myeloma, and improve the quality of life of patients and their families. LLS funds lifesaving blood cancer research around the world and provides free information and support services.

LUNGevity Foundation
LUNGevity Foundation is the nation’s leading lung cancer organization focused on improving outcomes for people with lung cancer through research, policy initiatives, education, support, and engagement for patients, survivors, and caregivers. LUNGevity seeks to make an immediate impact on quality of life and survivorship for everyone touched by the disease—while promoting health equity by addressing disparities throughout the care continuum. The organization provides an active community for patients and survivors—and those who help them live longer and better lives.

Lymphoma Research Foundation (LRF)
The Lymphoma Research Foundation (LRF) is the nation’s largest lymphoma-focused health organization devoted to improving care through education and support services and improving outcomes through investment in the most promising lymphoma research. Our mission is to eradicate lymphoma and serve all those impacted by this blood cancer.

Myelodysplastic Syndromes (MDS) Foundation, Inc.
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. Our Vision is for every MDS patient to benefit from our initiatives and research as early as possible. 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.

Patient Empowerment Network
Patient Empowerment Network’s (PEN) mission is to fortify cancer patients and care partners with the knowledge and tools to boost their confidence, put them in control of their healthcare journey, and assist them in receiving the best, most personalized care available to ensure they have the best possible outcome. PENs programs enhance patient health and digital literacy to enable shared decision-making and provide informational and educational resources to empower patients at every step of their cancer journey.

www.LLS.org/PatientSupport
Stupid Cancer

Stupid Cancer helps to empower everyone affected by adolescent and young adult (AYA) cancer by ending isolation and building community.

UMPS CARE Charities

The UMPS CARE mission puts into action our established creed, “Helping People is an Easy Call”. Through our youth-based programs, Major League Baseball umpires enrich the lives of at-risk youth, children coping with serious illness and military families by providing memorable, once-in-a-lifetime, baseball experiences. Umpires make baseball magic on baseball fields across the country and give children reason to cheer by bringing Build-A-Bear Workshop experiences to them while they are undergoing rigorous medical treatment at hospitals. Through our scholarship initiative, we offer financial support to children adopted later in life.
Raising Awareness. Funding Research. Supporting Patients. Achieving the DREAM!

Offering patients, families, and caregivers:

- FREE Stomach Cancer Educational Webinars
- Monthly Stomach Cancer Support Groups
- Patient/Caregiver Mentor Matching Program

Learn more at www.DebbiesDream.org or call 954-475-1200.

A Path to Save Lives
GERD, BARRETT’S ESOPHAGUS & ESOPHAGEAL CANCER
A Virtual Collaborative Conference for All Stakeholders

ECAN
Esophageal Cancer Action Network

April 16–18, 2021
PathtoSaveLives.org

Bristol Myers Squibb™ Platinum Sponsor
Our mission is to build the first next-generation biopharmaceutical company — one that expands the highest quality therapies to billions more people — through courage, persistent innovation, and challenging the status quo.

Website: www.beigene.com
Twitter: @BeiGeneUSA
LinkedIn: www.linkedin.com/company/BeiGene
Heron Therapeutics, Inc., is a proud sponsor of the National Comprehensive Cancer Network®.
CREATING HOPE THROUGH INNOVATION

At Eisai, everything we do is guided by a simple principle: patients and their families come first. We spend time with them. We listen and we learn about their lives, their desires and their greatest needs. We call this human health care or hhc, giving first thoughts to patients and their families and helping increase the benefits health care provides.

Our hhc mission is what drives us to discover innovative solutions and therapies that help address unmet needs within the communities that we seek to serve.

Eisai is proud to sponsor the NCCN.

hhc
human health care

TO LEARN MORE, PLEASE VISIT WWW.EISAI.COM/US
Elevating the Global Dialogue About Liver Cancer

Liver Cancers Council
Convening stakeholders across the liver cancer community

Liver Cancer Lessons
Providing evidence-based liver cancer education for patients & caregivers

Liver Action Network
Moving liver health policy forward

#OctoberIs4Livers
Dedicating the Month of October to Liver Cancer Awareness

130,000 CLL patients are missing out.

expert knowledge
thoughtful guidance
compassionate support

Come home.  
Now.

Colorectal cancer is the second-leading cause of cancer-related deaths in the U.S.

We are a nation of passionate allies determined to end this senseless killer.

Join us at NationOfAllies.org
JUST DIAGNOSED TOOLKIT
This toolkit is a resource that will walk you through all the important decisions that must be made after hearing: “You have kidney cancer.”

Find the toolkit and learn more at kidneycancer.org/just-diagnosed/.

PATIENT NAVIGATOR PROGRAM
Patients, caregivers, and family members can contact the Patient Navigator Program to learn more about a kidney cancer diagnosis, financial assistance, local support services, or get help locating a kidney cancer specialist.

Call 1-800-544-3KCA or email patients@kidneycancer.org.

A blood cancer diagnosis can be overwhelming for your patients. Blood cancer patients, including those with leukemia, lymphoma and myeloma, 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, and the LLS Clinical Trial Support Center for assistance with clinical trials.

Patients and families can contact us at 800.955.4572 or go to www.LLS.org/patient-support.
Visit our exhibits to learn more
**INDICATION**

QINLOCK is a kinase inhibitor indicated for the treatment of adult patients with advanced gastrointestinal stromal tumor (GIST) who have received prior treatment with 3 or more kinase inhibitors, including imatinib.

**SELECT SAFETY INFORMATION**

There are no contraindications for QINLOCK.

**Palmar-plantar erythrodysesthesia syndrome (PPES):**
Based on severity, withhold QINLOCK and then resume at same or reduced dose.

**New Primary Cutaneous Malignancies:** Perform dermatologic evaluations when initiating QINLOCK and routinely during treatment.

**Hypertension:** Do not initiate QINLOCK in patients with uncontrolled hypertension. Monitor blood pressure as clinically indicated. Based on severity, withhold QINLOCK and then resume at same or reduced dose or permanently discontinue.

**Cardiac Dysfunction:** Assess ejection fraction by echocardiogram or MUGA scan prior to initiating QINLOCK and during treatment, as clinically indicated. Permanently discontinue QINLOCK for Grade 3 or 4 left ventricular systolic dysfunction.

Choose QINLOCK, the first and only switch-control kinase inhibitor for advanced GIST¹

Approved for patients regardless of mutation, including:

- **KIT**
- **PDGFRα**
- **WILD TYPE**

**Risk of Impaired Wound Healing:** Withhold QINLOCK for at least 1 week prior to elective surgery. Do not administer for at least 2 weeks following major surgery and until adequate wound healing; The safety of resumption of QINLOCK after resolution of wound healing complications has not been established.

**Embryo-Fetal Toxicity:** Can cause fetal harm. Advise pregnant women of the potential risk to a fetus. Advise females of reproductive potential and males with female partners of reproductive potential to use effective contraception during treatment and for at least 1 week after the final dose.

**Adverse Reactions:** The most common adverse reactions (>35%) include alopecia, fatigue, nausea, and abdominal pain.

Please see Brief Summary of Prescribing Information following. Please see additional Safety Information and full Prescribing Information including Patient Information, at QINLOCKHCP.com.

References: 1. Gastrointestinal stromal tumor (GIST): Tumor, proto-oncogene receptor tyrosine kinase: PDGFRA; platelet-derived growth factor receptor α; TKI = tyrosine kinase inhibitor.
BRIEF SUMMARY OF Prescribing Information

INDICATION: QINLOCK is a kinase inhibitor indicated for the treatment of adult patients with advanced gastrointestinal stromal tumor (GIST) who have received prior treatment with 3 or more kinase inhibitors, including imatinib.

DOSEAGE AND ADMINISTRATION: Recommended dosage: 150 mg orally once daily with or without food. Advise patients to swallow tablets whole. Inform patients about what to do in the event they miss a dose or vomit after taking a dose of QINLOCK.

CONTRAINDICATIONS: None

WARNINGS AND PRECAUTIONS
Palmar-Plantar Erythrodysesthesia Syndrome (PPES) - In INVICTUS, Grade 1-2 palmar-plantar erythrodysesthesia syndrome (PPES) occurred in 21% of the 85 patients who received QINLOCK. PPES led to dose discontinuation in 1.2% of patients, dose interruption in 2.4% of patients, and dose reduction in 1.2% of patients. Based on severity, withhold QINLOCK and then resume at same or reduced dose.

New Primary Cutaneous Malignancies – In INVICTUS, cutaneous squamous cell carcinoma (cSCC) occurred in 4.7% of the 85 patients who received QINLOCK, with a median time to event of 4.6 months (range: 3.8 to 6 months). In the pooled safety population, cSCC and keratoacanthomas occurred in 7% and 0.8% of 351 patients, respectively. In INVICTUS, melanoma occurred in 2.4% of the 85 patients who received QINLOCK. In the pooled safety population, melanoma occurred in 0.9% of 351 patients. Perform dermatologic evaluations when initiating QINLOCK and routinely during treatment. Manage suspicious skin lesions with excision and dermatopathologic evaluation. Continue QINLOCK at the same dose.

Hyper tension - In INVICTUS, Grade 1-3 hypertension occurred in 14% of the 85 patients who received QINLOCK, including Grade 3 hypertension in 7%. Do not initiate QINLOCK in patients with uncontrolled hypertension. Adequately control blood pressure prior to initiating QINLOCK. Monitor blood pressure as clinically indicated during treatment with QINLOCK and initiate or adjust antihypertensive therapy as appropriate. Based on severity, withhold QINLOCK and then resume at same or reduced dose or permanently discontinue.

Cardiac Dysfunction – In INVICTUS, cardiac failure occurred in 1.2% of the 85 patients who received QINLOCK. In the pooled safety population, cardiac dysfunction (including cardiac failure, acute left ventricular failure, diastolic dysfunction, and ventricular hypertrophy) occurred in 1.7% of 351 patients, including Grade 3 adverse reactions in 1.1%.

In INVICTUS, Grade 3 decreased ejection fraction occurred in 2.5% of the 77 patients who received QINLOCK and who had a baseline and at least one post-baseline echocardiogram. In the pooled safety population, Grade 3 decreased ejection fraction occurred in 3.4% of the 263 patients who received QINLOCK and who had a baseline and at least one post-baseline echocardiogram.

In INVICTUS, cardiac dysfunction led to dose discontinuation in 1.2% of the 85 patients who received QINLOCK. The safety of QINLOCK has not been assessed in patients with a baseline ejection fraction below 50%. Assess ejection fraction by echocardiogram or MUGA scan prior to initiating QINLOCK and during treatment, as clinically indicated. Permanently discontinue QINLOCK for Grade 3 or 4 left ventricular systolic dysfunction.

Risk of Impaired Wound Healing - Impaired wound healing complications can occur in patients who receive drugs that inhibit the vascular endothelial growth factor (VEGF) signaling pathway. Therefore, QINLOCK has the potential to adversely affect wound healing. Withhold QINLOCK for at least 1 week prior to elective surgery. Do not administer for at least 2 weeks following major surgery and until adequate wound healing. The safety of resumption of QINLOCK after resolution of wound healing complications has not been established.

Embryo-Fetal Toxicity - Based on findings from animal studies and its mechanism of action, QINLOCK can cause fetal harm when administered to a pregnant woman. Advise pregnant women of the potential risk to a fetus. Advise females of reproductive potential to use effective contraception during treatment with QINLOCK and for at least 1 week after the final dose. Advise males with female partners of reproductive potential to use effective contraception during treatment with QINLOCK and for at least 1 week after the final dose.

ADVERSE REACTIONS
Serious adverse reactions occurred in 31% of patients who received QINLOCK. Serious adverse reactions that occurred in >2% of patients were abdominal pain (4.7%), anemia (3.5%), nausea (2.4%), and vomiting (2.4%).

The most common adverse reactions (≥20%), were alopecia, fatigue, nausea, abdominal pain, constipation, myalgia, diarrhea, decreased appetite, PPEs, and vomiting. The most common Grade 3 or 4 laboratory abnormalities (≥4%) were increased lipase and decreased phosphate. Clinically relevant adverse reactions that occurred in <10% of patients in the pooled safety population included cardiac ischemic events (cardiac arrest, acute coronary syndrome, and myocardial infarction), which occurred in 1.1% of patients. Of these, cardiac arrest and myocardial infarction were reported as fatal adverse reactions.

Permanen discontinuation due to an adverse reaction occurred in 8% of patients who received QINLOCK. Adverse reactions resulting in permanent discontinuation in ≥1% of patients included general physical health deterioration (2.4%), anemia (1.2%), cardiac failure (1.2%), PPEs (1.2%), and vomiting (1.2%).

Dose interruptions due to an adverse reaction occurred in 24% of patients who received QINLOCK. Adverse reactions requiring dose interruption in >2% of patients included nausea (3.5%), increased blood bilirubin (2.4%), and PPEs (2.4%).

Dose reductions due to an adverse reaction occurred in 7% of patients who received QINLOCK. Adverse reactions resulting in a dose reduction in ≥1% of patients were abdominal pain, agitation, alopecia, arthritis, dermatosis, gastrointestinal disorder, hyperesthesia, myalgia, PPEs, and decreased weight.

DRUG INTERACTIONS
Coadministration of QINLOCK with strong CYP3A inhibitors may increase the risk of adverse reactions. Monitor patients more frequently for adverse reactions. Avoid concomitant use of QINLOCK with strong CYP3A inducers.

USE IN SPECIFIC POPULATIONS
Pregnancy - see Embryo-Fetal Toxicity
Lactation – Because of the potential for serious adverse reactions in the breastfeeding child, advise women not to breastfeed during treatment with QINLOCK and for at least 1 week after the final dose.

Females and Males of Reproductive Potential – QINLOCK can cause fetal harm when administered to a pregnant woman. Verify pregnancy status of females of reproductive potential prior to the initiation of QINLOCK. Advise females of reproductive potential to use effective contraception during treatment and for at least 1 week after the final dose. Advise males with female partners of reproductive potential to use effective contraception during treatment and for at least 1 week after the final dose. Based on findings from animal studies, QINLOCK may impair fertility in males of reproductive potential.

Pediatric Use - The safety and effectiveness of QINLOCK in pediatric patients have not been established.

Geriatric Use – Clinical studies of QINLOCK did not include sufficient numbers of patients aged 65 and older to determine whether they respond differently from younger patients.

Hepatic Impairment – No dose adjustment is recommended in patients with mild hepatic impairment (total bilirubin <ULN and AST >ULN or total bilirubin 1 to 1.5 × ULN and AST any). A recommended dosage of QINLOCK has not been established for patients with moderate or severe hepatic impairment.

NONCLINICAL TOXICOLOGY
Carcinogenesis, Mutagenesis, Impairment of Fertility – Carcinogenicity studies have not been conducted with ripretinib.

To report SUSPECTED ADVERSE REACTIONS, contact Deciphera Pharmaceuticals, LLC, at 1-888-724-3274 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Manufactured for and marketed by: Deciphera Pharmaceuticals, LLC, 200 Smith Street, Waltham, MA 02451

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The Myelodysplastic Syndromes (MDS) Foundation, Inc. was established by an international group of physicians and researchers to provide an ongoing exchange of information relating to MDS.

Until the Foundation was set up, no formal working group had been devoted to MDS. Since its inception, we have conducted 15 international symposia in Austria, England, the United States (Chicago, Washington, DC), Spain (Barcelona, Valencia), Czech Republic, Sweden, France, Japan, Italy, Greece, Scotland, Germany, and Denmark. The 16th International Congress will be held in Toronto, Canada on September 23-26, 2021.

A major MDS Foundation effort is our international information network. This network provides patients with referrals to Centers of Excellence, contact names for available clinical trials, sharing of new research and treatment options between physicians, and extension of educational support to physicians, nurses, pharmacists and patients.

In response to the needs expressed by patients, families, and healthcare professionals, we have established patient advocacy groups, research funding, and professional educational initiatives.

The MDS Foundation is a publicly supported organization, exempt from federal income tax under section 501(C)(3) of the IRS code.

Did You Know?

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Patient Empowerment Network (PEN) is dedicated to improving treatment outcomes and health equity for cancer patients.

PEN's free and easy-to-complete Digitally Empowered™ course develops the skills necessary to harness online health resources, including telehealth.

- Requires < 90 minutes to complete
- Available in English and Spanish
- Creates life changing outcomes, especially for older patients

No matter your patients’ starting point, Digitally Empowered™ will help them achieve better cancer care through lessons in:

- How to Access the Internet
- Navigating Your Health With Mobile Devices
- Identifying Credible Resources and Websites
- Apps for Convenience and Fun
- The Benefits of Your Patient Portal
- How to Use Telemmedicine
- Using Social Media to Connect and Learn
- Accessing & Joining Online Support Communities

powerfulpatients.org/digitally-empowered

WE MAKE YOUNG ADULT CANCER SUCK LESS.

Stupid Cancer helps to empower everyone affected by adolescent and young adult (AYA) cancer by ending isolation and building community.

LEARN MORE AT STUPIDCANCER.ORG

@STUPIDCANCER
LIFE IS MORE THAN BALLS & STRIKES

DID YOU KNOW?
Through UMPS CARE Charities, MLB umpires have distributed nearly 17,500 Build-A-Bear Workshop® experiences to critically ill kids at hospitals across the country and in Canada.

Together, we can help people with lung cancer live longer and live better.

Resources for Patients & Caregivers

LUNGevity's Lung Cancer 101 website is a comprehensive medically vetted online guide to understanding how lung cancer develops, how it can be detected, and treatment options.

Our free comprehensive Patient Education materials - available in print or download - are written and illustrated clearly to help patients understand their diagnosis and treatment options.

LUNGevity's unique surviviorship conferences teach attendees how to live well with lung cancer and provide opportunities to connect with other patients and caregivers, hear from world-renowned researchers on the latest treatments, and much more!

Our robust Surviviorship & Support programs and services include weekly virtual meetups, online support communities, peer-to-peer mentoring, a Survivor and Caregiver Resource Center, and a toll-free Lung Cancer Helpline.

LUNGevity Foundation is firmly committed to making an immediate impact on increasing quality of life and survivorship of people with lung cancer by accelerating research into early detection and more effective treatments, as well as by providing community, support, and education for all those affected by the disease.

Join Us to Change Outcomes

The LUNGevity Action Network is a new way for advocates to unite to bring about change for people affected by lung cancer through policy and awareness-related actions.

Each year, LUNGevity's Breathe Deep® Events program brings together thousands of people living with lung cancer along with their family, friends and advocates to walk, run, and volunteer to raise funds and awareness for lifesaving research, education, support, and services.

The athletes of Team LUNGevity participate in endurance events across the country while raising funds and awareness for lung cancer research and programs.

Your lung cancer patients have questions.
We can help.
Learn more at www.LUNGevity.org

#ThisisHope
Join our next thriver event on Anal Cancer Awareness Day!

**TAKING CARE OF YOU:**
Tips and Exercises to Restore Your Pelvic Health After Anal Cancer Chemoradiation

With Dr. Allison Romero, DPT

Sunday, March 21, 9am PT / 12pm ET / 5pm GMT

Learn more and register at: [https://tinyurl.com/PTACF](https://tinyurl.com/PTACF)

Visit us at AnalCancerFoundation.org to find information about treatment and prevention, learn about our empowering peer support programs, and join our efforts to eliminate anal cancer and HPV.

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Save The Dates

**NCCN 2021 Congress:**

**Hematologic Malignancies™**

Friday, October 15 – Saturday, October 16, 2021

[LEARN MORE >](#)