NCCN 2019 Annual Congress: 
Hematologic Malignancies™

EXHIBITION GUIDE

September 27 – 28, 2019
Hilton San Francisco
Union Square
San Francisco, CA

Schedule

Friday, September 27, 2019
Exhibits and Refreshments: 4:30 – 6:00 PM

Saturday, September 28, 2019
Exhibits: 7:00 AM – 3:10 PM

NCCN Patient Advocacy Pavilion
Visit patient advocacy kiosks representing a range
of disease types; gather information on additional
groups at the self-serve table tops.
Sponsored by: Amgen; Foundation Medicine, Inc.;
Pharmacyclics, an AbbVie Company and Janssen Biotech,
Inc.; AstraZeneca; Celgene; Coherus BioSciences; Dendreon;
Eisai Inc.; Heron Therapeutics; Incyte Corporation; Invitae;
Karyopharm Therapeutics Inc.; Kite, a Gilead Company;
Sanofi Genzyme; AmerisourceBergen; Genentech; and
TESARO.

NCCN and NCCN Foundation Exhibits #32 and #31
Enter to win an iPad Mini!
Pick up a complimentary gift, learn about the new NCCN
Guidelines app, and gather patient resources.

Complimentary Wi-Fi Access
Sponsored by: Celgene Corporation; Incyte Corporation;
AbbVie; Pharmacyclics LLC, an AbbVie Company and Janssen
Biotech, Inc.; Astellas; Jazz Pharmaceuticals, Inc.; Karyopharm
Therapeutics, Inc.; and Spectrum Pharmaceuticals, Inc.
Gold Level Sponsors
Celgene Corporation
Incyte Corporation

Silver Level Sponsors
AbbVie
Pharmacyclics LLC, an AbbVie Company
and Janssen Biotech, Inc.

Bronze Level Sponsors
Astellas
Jazz Pharmaceuticals, Inc.
Karyopharm Therapeutics, Inc.
Spectrum Pharmaceuticals, Inc.
### Patient Advocacy Pavilion Sponsors

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### Exhibitor Showcase Presentation Schedule

**Friday, September 27, 2019**
5:15 PM - 6:00 PM  
Speaker: Nancy Driscoll, PA-C  
Title: Designed-to-stop-treatment regimen for 1L CLL  
Presented by: Genentech

**Saturday, September 28, 2019**  
7:15 AM - 8:00 AM  
Speaker: Kate Jeffers, PharmD, BCOP  
Title: Clinical Overview of RH  
Presented by: Genentech

All presentations are open for attendees to join in the seating area located in the middle of the NCCN Exhibition Hall.  
No pre-registration required. Seating is open to all on a first-come, first-served basis.
NCCN Guidelines for Patients® provide expert cancer treatment information.

Cancer Type
- Acute Lymphoblastic Leukemia
- Acute Myeloid Leukemia
- Bladder Cancer
- Brain Cancer/Gliomas
- Breast Cancer: Noninvasive, Invasive, Metastatic
- Chronic Lymphocytic Leukemia
- Chronic Myeloid Leukemia
- Colon Cancer
- Esophageal Cancer
- Head and Neck Cancers: Oral Cancers, Hepatobiliary Cancers: Liver, Gallbladder, and Bile Duct Cancers
- Hodgkin Lymphoma
- Kidney Cancer
- Lung Cancer: Early and Locally Advanced, Metastatic
- Malignant Pleural Mesothelioma
- Melanoma
- Multiple Myeloma
- Myelodysplastic Syndromes
- Myeloproliferative Neoplasms
- Neuroendocrine Tumors
- Non-Hodgkin’s Lymphomas: Diffuse Large B-Cell Lymphoma, Follicular Lymphoma, Mantle Cell Lymphoma, Mycosis Fungoides, Peripheral T-Cell Lymphoma
- Ovarian Cancer
- Pancreatic Cancer
- Prostate Cancer
- Rectal Cancer
- Soft Tissue Sarcoma
- Squamous Cell Skin Cancer
- Stomach Cancer
- Thyroid Cancer
- Uterine Cancer
- Endometrial Cancer
- Uterine Sarcoma
- Waldenström’s Macroglobulinemia/Lymphoplasmacytic Lymphoma

Supportive Care
- Distress
- Nausea and Vomiting

Cancer Screening
- Lung Cancer Screening

Age-Related
- Adolescents and Young Adults (AYAs) with Cancer

Global Language Translations
- Colon Cancer, Russian
- Early and Locally Advanced Lung Cancer, Russian
- Kidney Cancer, Multiple languages
- Metastatic Lung Cancer, Russian
- Stomach Cancer, Multiple languages

NCCN Guidelines for Patients are made possible by generous donations to NCCNFoundation.org/donate
**POLIVY**

*polatuzumab vedotin-piiq*

INJECTION FOR INTRAVENOUS USE 140MG

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### NOW APPROVED IN R/R DLBCL after at least 2 prior therapies

POLIVY in combination with bendamustine and rituximab product is the first and only regimen approved by the FDA based on a randomized trial that studied patients with R/R DLBCL.

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Interstate (Regular, Bold, BoldCondensed, LightCondensed, Black, RegularCondensed),  
Helvetica (Regular),  
Helvetica Neue LT Std (67 Medium Condensed) |

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**References:**


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**Indication**

POLIVY in combination with bendamustine and a rituximab product is indicated for the treatment of adult patients with relapsed or refractory diffuse large B-cell lymphoma (DLBCL), not otherwise specified, after at least 2 prior therapies.

Accelerated approval was granted for this indication based on complete response rate. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial.

**Important Safety Information**

**Warnings and Precautions**

**Peripheral Neuropathy:** Monitor patients for peripheral neuropathy and modify or discontinue dose accordingly.

**Infusion-Related Reactions:** Premedicate with an antihistamine and an antipyretic. Monitor patients closely during infusions. Interrupt or discontinue infusion if reactions occur.

**Myelosuppression:** Monitor complete blood counts. Manage using dose delays or reductions and growth factor support. Monitor for signs of infection.

**Serious and Opportunistic Infections:** Closely monitor patients for signs of bacterial, fungal, or viral infections.

**Progressive Multifocal Leukoencephalopathy (PML):** Monitor patients for new or worsening neurological, cognitive, or behavioral changes suggestive of PML.

**Tumor Lysis Syndrome:** Closely monitor patients with high tumor burden or rapidly proliferating tumors.

**Hepatotoxicity:** Monitor liver enzymes and bilirubin.

**Embryo-Fetal Toxicity:** Can cause fetal harm. Advise females of reproductive potential of the potential risk to a fetus and to use effective contraception during treatment and for 3 months after the last dose.

**The Most Common Adverse Reactions**

The most common adverse reactions (≥20%) included neutropenia, thrombocytopenia, anemia, peripheral neuropathy, fatigue, diarrhea, nausea, pyrexia, decreased appetite, abdominal pain, and pneumonia.

You may report side effects to the FDA at (800) FDA-1088 or www.fda.gov/medwatch. You may also report side effects to Genentech at (888) 835-2555.

Please see brief summary of Prescribing Information for additional Important Safety Information.

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R/R=relapsed/refractory; DLBCL=diffuse large B-cell lymphoma.
POLIVY™ (polatuzumab vedotin-piiq) for injection, for intravenous use

Initial U.S. approval: 2019

This is a brief summary of information about POLIVY. Before prescribing, please see full Prescribing Information.

1  INDICATIONS AND USAGE

POLIVY in combination with bendamustine and a rituximab product is indicated for the treatment of adult patients with relapsed or refractory diffuse large B-cell lymphoma (DLBCL), not otherwise specified, after at least two prior therapies.

2  CONTRAINDICATIONS

POLIVY is contraindicated in patients with a history of hypersensitivity reactions to the vaccine component, including venom or insect venom.

3  PRECAUTIONS

3.1  General Precautions

3.2  Infusion-Related Reactions

3.3  Laboratory Abnormalities

3.4  Adverse Reactions

3.5  Multifocal Leukoencephalopathy

3.6  Peripheral Neuropathy

3.7  Other Neurologic Disorders

3.8  Metabolism and Nutrition Disorders

3.9  Hematologic Disorders

3.10  Infections

3.11  Immunocompromised Patients

3.12  Pregnancy

3.13  Nursing Mothers

3.14  Pediatric Use

3.15  Carcinogenesis, Mutagenesis, Impairment of Fertility

3.16  Population Subgroups

3.17  Other Significant Information

4  ADVERSE REACTIONS

The following is a summary of adverse reactions that are described in greater detail in other sections of this label. For complete descriptions of adverse reactions, please see full Prescribing Information.

5  CLINICAL STUDIES

6  CLINICAL PHARMACOLOGY

7  PATIENT INFORMATION

8  PATIENT COUNSELING

9  MEDICATION GUIDE

POLIVY™ (polatuzumab vedotin-piiq) for injection, for intravenous use

Following premedication with an antihistamine and antipyretic, POLIVY 1.8 mg/kg was administered by intravenous infusion on Days 1 of Cycle 1 and on Days 1 and Days 2 of Cycle 2, 3, 4, with a cycle length of 21 days. Beginning 90 mg/m² daily was administered intravenously on Days 2 and 3 of Cycle 1 and Days 2 and Days 2 of Cycles 2–4. A rituximab product dose at 135 mg/m² was administered intravenously on Day 1 of each cycle. Grade 4 lymphopenia stimulates factor primary prophylaxis was optional and administered to 43% of recipients of POLIVY plus BR. In POLIVY treated patients (n = 45), the median age was 67 years (range 33–86) with 58% being ≥ 65, 60% were male, 69% were white, and 67% had an Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1. The trial included an all-cause neutropenia rate (≥ 500 µL), platelet count ≥ 75, total bilirubin (TBL) ≤ 1.5 times ULN, and bilirubin ≥ 1.5 times ULN, unless abnormalities were from the underlying disease. Patients with Grade 2 or higher peripheral neuropathy or prior alemtuzumab therapy were excluded. 

Table 3 summarizes commonly reported adverse reactions. In recipients of POLIVY plus BR, the most common adverse reactions leading to treatment discontinuation were thrombocytopenia and anemia. 

Table 4 describes Laboratory Abnormalities Worsening from Baseline in Patients with Relapsed or Refractory DLBCL and ≥5% More in the POLIVY Plus Bendamustine and Rituximab Product Group

<table>
<thead>
<tr>
<th>Laboratory Parameter*</th>
<th>POLIVY + BR</th>
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<th>POLIVY + BR</th>
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<tr>
<td></td>
<td>n = 45</td>
<td>n = 39</td>
<td>n = 39</td>
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<td></td>
<td>All Grades,</td>
<td>Grade 3 or 4,</td>
<td>All Grades,</td>
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<td>% Higher,</td>
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<tr>
<td>Hematologic</td>
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<tr>
<td>Lymphocyte count</td>
<td>97</td>
<td>87</td>
<td>90</td>
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<tr>
<td>Decreased</td>
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<td>87</td>
<td>53</td>
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<td>Neutrophil count</td>
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<tr>
<td>Decreased</td>
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<td>87</td>
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<tr>
<td>Hemoglobin</td>
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<tr>
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<td>31</td>
<td>64</td>
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<td>Leukocyte count</td>
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<td>Decreased</td>
<td>47</td>
<td>90</td>
<td>53</td>
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<td>Platelet count</td>
<td>47</td>
<td>78</td>
<td>83</td>
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<tr>
<td>Decreased</td>
<td>76</td>
<td>31</td>
<td>64</td>
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Table 5 describes the adverse reactions occurring in 10% or more of patients with relapsed or refractory DLBCL and ≥5% more in the POLIVY Plus Bendamustine and Rituximab Product Group.
POLIVY™ (polatuzumab vedotin-piiq)

Safety was also evaluated in 173 adult patients with relapsed or refractory symptoms who received POLIVY™, monotherapy, and either a rituximab product or polatuzumab in Study 020236, including the 46 patients with LBL, described below. In the expanded safety population, the median age was 60 years (range 2–88), 57% were male, 31% had an ECOG performance status of 0, 26%, and 25% had a history of peripheral neuropathy of taxane.

Fatal adverse reactions occurred in 4.4% of patients and within 90 days of last treatment, with infection as the leading cause. Serious adverse reactions occurred in 60%, most often from infection.

Table 5 summarizes the most common adverse reactions in the expanded safety population. The overall safety profile was similar to that described above. Adverse reactions in ≥20% of patients were diarrhea, constipation, peripheral neuropathy, fatigue, arthralgia/pain, paresthesia, decreased appetite, anemia, and vomiting. Interaction-related adverse reactions in >10% of patients included urinary retention, diarrhea, and herpes zoster.

8.1 Pregnancy

8.1.1 Contraception

Females

POLIVY™ can cause embryo-fetal harm when administered to pregnant women (see Use in Specific Populations (8.3)). Advise females of reproductive potential to use effective contraception during treatment with POLIVY™ and for at least 5 months after the final dose (see Nonclinical Toxicology (13.3) and Warnings and Precautions (5.3)).

Males

Based on gestational findings, advise males with female partners of reproductive potential to use effective contraception during treatment with POLIVY™ and for at least 5 months after the final dose (see Nonclinical Toxicology (13.3) and Warnings and Precautions (5.3)).

Interruption

Based on findings from animal studies, POLIVY™ may impair male fertility. The reversibility of this effect is unknown (see Nonclinical Toxicology (13.3)).

8.1.2 Pediatric Use

Safety and effectiveness of POLIVY™ have not been established in pediatric patients.

8.1.3 Geriatric Use

Among 173 patients treated with POLIVY™ in Study G020236, 35 (19.7%) were ≥65 years of age. Patients aged ≥65 had a numerically higher incidence of serious adverse reactions (46%) than patients aged <65 (33%). Clinical studies of POLIVY™ did not include sufficient numbers of patients aged ≥65 to determine whether they respond differently from younger patients.

8.2 Lactation

There is no information regarding the presence of polatuzumab vedotin-piiq in human milk. The effects on the breastfed child, or risk induction, because of the potential for serious adverse reactions in the breastfed children, advise women not to breastfeed during treatment with POLIVY™ and for at least 2 months after the last dose (see Use in Specific Populations (8.3)).

8.3 Females and Males of Reproductive Potential

8.3.1 Pregnancy Testing

Verify pregnancy status in females of reproductive potential prior to initiating POLIVY™ (see Use in Specific Populations (8.3)).

8.3.2 Breastfeeding

 Women

POLIVY™ can cause embryo-fetal harm when administered to pregnant women (see Use in Specific Populations (8.3)). Advise females of reproductive potential to use effective contraception during treatment with POLIVY™ and for 2 months after the final dose (see Nonclinical Toxicology (13.3) and Warnings and Precautions (5.3)).

Males

Contraception

Females

POLIVY™ can cause embryo-fetal harm when administered to pregnant women (see Use in Specific Populations (8.3)). Advise females of reproductive potential to use effective contraception during treatment with POLIVY™ and for at least 5 months after the final dose (see Nonclinical Toxicology (13.3) and Warnings and Precautions (5.3)).

Interruption

Based on findings from animal studies, POLIVY™ may impair male fertility. The reversibility of this effect is unknown (see Nonclinical Toxicology (13.3)).

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8.4 Pediatric Use

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8.5 Geriatric Use

Among 173 patients treated in Study G020236, 35 (19.7%) were ≥65 years of age. Patients aged ≥65 had a numerically higher incidence of serious adverse reactions (46%) than patients aged <65 (33%). Clinical studies of POLIVY™ did not include sufficient numbers of patients aged ≥65 to determine whether they respond differently from younger patients.

8.6 Hepatic Impairment

Avoid the administration of POLIVY™ in patients with moderate or severe hepatic impairment (bilirubin greater than 1.5 × ULN). Patients with moderate or severe hepatic impairment are likely to have increased exposure to MMAE, which may increase the risk of adverse reactions. POLIVY™ has not been studied in patients in moderate or severe hepatic impairment (see Clinical Pharmacology (12.2) and Warnings and Precautions (5.3)).

8.7 Adjustment of Dose in Patients with Moderate or Severe Hepatic Impairment

Adjustment of the starting dose is required when administering POLIVY™ to patients with mild hepatic impairment (bilirubin greater than ULN but less than or equal to 1.5 × ULN or AST greater than ULN).

17. PATIENT COUNSELING INFORMATION

Peripheral Neuropathy

Advise patients that POLIVY™ can cause peripheral neuropathy. Advise patients to report to their healthcare provider any numbness or tingling of the hands or feet or any muscle weakness (see Warnings and Precautions (5.2) and Nonclinical Toxicology (13.1)).

Peripheral Neurotoxicity

Advise patients to seek immediate medical attention for new or changes in neurological symptoms such as confusion, dizziness, or loss of balance; difficulty talking or walking; or changes in vision (see Warnings and Precautions (5.2) and Nonclinical Toxicology (13.1)).

Tumor Lysis Syndrome

Advise patients to seek immediate medical attention for symptoms of hyperkalemia syndrome such as nausea, vomiting, diarrhea, and lethargy (see Warnings and Precautions (5.5) and Nonclinical Toxicology (13.1)).

Hyperkalemia

Advise patients to report symptoms that may indicate liver injury, including fatigue, anorexia, right upper abdominal discomfort, dark urine, or jaundice (see Warnings and Precautions (5.3) and Nonclinical Toxicology (13.1)).

Infertility

Advise females of reproductive potential of the potential risk to a fetus. Advise females to contact their healthcare provider if they become pregnant, or if pregnancy is suspected, during treatment with POLIVY™ (see Warnings and Precautions (5.8) and Use in Specific Populations (8.3)).

Patients and Males of Reproductive Potential

Advise females of reproductive potential, and males with female partners of reproductive potential, to use effective contraception during treatment with POLIVY™ and for at least 3 months and 5 months after the last dose, respectively (see Use in Specific Populations (8.3)).

Lactation

Advise women not to breastfeed while receiving POLIVY™ and for at least 2 months after the last dose (see Use in Specific Populations (8.3)).
Hematologic Malignancies

NCCN 2019 Annual Congress: Hematologic Malignancies™

Exhibits

Grand Ballroom A

EXHIBITOR .......... EXHIBIT #
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Adaptive Biotechnologies ........................................18
Advo...
About Our Exhibitors

AbbVie
For over 20 years, we’ve recognized that the best science comes from the best scientists. Together with our partners, we work to develop first-in-class medicines that aim to transform the way cancer is treated. We know that the introduction of new medicines is a significant milestone for cancer patients. And, it’s one of the reasons why our scientists and researchers continually push ahead to develop and deliver the latest breakthroughs in cancer treatment.

Adaptive Biotechnologies
Adaptive Biotechnologies is a commercial-stage biotech company focused on harnessing the inherent biology of the adaptive immune system to transform the diagnosis and treatment of disease. Our proprietary immune medicine platform reveals and translates the massive genetics of the adaptive immune system with scale, precision and speed to develop products in life sciences research, clinical diagnostics, and drug discovery. Our goal is to develop and commercialize immune-driven diagnostics and therapeutics tailored to each individual patient.

Agios Pharmaceuticals
Agios is focused on discovering and developing novel investigational medicines to treat cancer and rare genetic diseases through scientific leadership in the field of cellular metabolism. In addition to an active research and discovery pipeline across both therapeutic areas, Agios has an approved oncology precision medicine and multiple first-in-class investigational therapies in clinical and/or preclinical development. All Agios programs focus on genetically identified patient populations, leveraging our knowledge of metabolism, biology and genomics. For more information, please visit the company’s website at www.agios.com.

Amgen, Inc.
Amgen is committed to unlocking the potential of biology for patients suffering from serious illnesses by discovering, developing, manufacturing and delivering innovative human therapeutics. A biotechnology pioneer since 1980, Amgen has reached millions of patients around the world and is developing a pipeline of medicines with breakaway potential.

Astellas US
Astellas Pharma US is focused on providing safe and effective products that improve people’s lives. We are committed to making a difference for our patients today and providing them with a brighter future tomorrow. This commitment extends to providing resources for our patients and their physicians and caregivers that help them throughout the life cycle of their condition and beyond.

AstraZeneca
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 therapy areas – Oncology, Cardiovascular, Renal & Metabolism and Respiratory. For more information, please visit www.astrazeneca-us.com, and follow us on Twitter@AstraZenecaUS.

BMS/Pfizer
Pfizer and Bristol-Myers Squibb are partners in a worldwide collaboration. This global alliance combines both Bristol-Myers Squibb’s and Pfizer’s long-standing strengths in drug development and commercialization.

Celgene
Celgene Corporation (Nasdaq:CELG) is a global biopharmaceutical company that is helping healthcare providers turn incurable cancers into chronic, manageable diseases, as well as manage serious inflammatory conditions through innovative therapies. This dedication to medical progress goes hand-in-hand with our industry-leading patient support and access programs. Together, these aspects form the core of our commitment to patients worldwide. For more information, visit www.celgene.com.

EUSA Pharma
EUSA Pharma is a dynamic, global biopharmaceutical company focused on oncology and rare disease. Our ambition drives us to deliver medical treatments that deliver real change to improve lives wherever they are needed in the world. As a young, specialty pharmaceutical company, EUSA Pharma is committed to delivering solutions that can have a meaningful effect on life, helping patients across a range of therapy areas. www.eusapharma.com.

Genentech, A Member of the Roche Group
For more than 40 years, we’ve been following the science, seeking solutions to unmet medical needs. As a proud member of the Roche Group, we make medicines to treat patients with serious medical conditions. We are headquartered in South San Francisco, California.

GSK
GSK is focused on maximizing patient survival through transformational medicines. GSK’s 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.

Harborside
Harborside is the publisher of JNCCN-Journal of the National Comprehensive Cancer Network, covering the entire spectrum of cancer care; The ASCO Post, a newspaper featuring coverage of important issues in the field of oncology; JOP, providing research to inform the delivery of efficient, quality cancer care; and Journal of the JADPRO, a clinical journal for the NP, CNS and PA’s. Harborside provides advertising services for Journal of Clinical Oncology, Journal of Global Oncology, JCO Clinical Cancer Informatics, and JCO Precision Oncology.

Incyte Corporation
Incyte Corporation is a Wilmington, Delaware-based biopharmaceutical company focused on the discovery, development and commercialization of proprietary therapeutics. For additional information on Incyte, please visit the Company’s web site at www.incyte.com. Follow @Incyte on Twitter at https://twitter.com/Incyte.

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.

Karyopharm Therapeutics, Inc.
Karyopharm Therapeutics, Inc. is a clinical-stage pharmaceutical company focused on discovery and development of novel first-in-class drugs directed against nuclear transport and related targets for the treatment of cancer and other major diseases.

Kite, a Gilead Company
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.

Patient Advocacy Pavilion Sponsor
Merck & Co.  Exhibit # 15
For more than a century, Merck has been inventing for life, bringing forward medicines and vaccines for many of the world’s most challenging diseases. Today, Merck continues to be at the forefront of research to deliver innovative health solutions and advance the prevention and treatment of diseases that threaten people and animals around the world.

Novartis  Exhibit # 8
At Novartis, our mission is to discover new ways to improve and extend people’s lives. We use science-based innovation to address some of society’s most challenging health care issues. We discover and develop breakthrough treatments and find new ways to deliver them to as many people as possible.

Oncopeptides  Exhibit # 25
Oncopeptides is a pharmaceutical company developing targeted therapies for difficult-to-treat hematological cancers. The company is focusing on the development of meflufen, a novel lipophilic peptide conjugated alkylator, belonging to a new class of drugs called Peptidase Enhanced Cytotoxicity (PenC). Melfufen is in development as a new treatment for multiple myeloma, including the Phase 2 pivotal trial HORIZON currently underway and a global confirmatory Phase 3 trial (OCEAN) continuing enrollment.

Pfizer Oncology  Exhibit # 1
At Pfizer Oncology, we are committed to advancing medicines wherever we believe we can make a meaningful difference on the lives of patients. Today, Pfizer Oncology has an industry-leading portfolio of 10 approved cancer medicines across 18 indications, including breast, prostate, kidney, lung and hematology. We also have one of the deepest oncology biosimilars pipelines, with two medicines approved globally and several assets in mid to late-stage development for the treatment of cancer or as supportive care. Pfizer Oncology is striving to change the trajectory of cancer.

Pharmacyclics LLC, An AbbVie Company  Exhibit # 4
Pharmacyclics is an AbbVie company based in Silicon Valley, 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. www.pharmacyclics.com

Sanofi Genzyme  Exhibit # 29
Sanofi Genzyme focuses on developing specialty treatments for debilitating diseases that are often difficult to diagnose and treat, providing hope to patients and their families.

Seattle Genetics  Exhibit # 11
Seattle Genetics, an emerging multi-product, global biotechnology company, develops and commercializes transformative cancer-targeting therapies. ADCETRIS® (brentuximab vedotin) utilizes the company’s industry-leading antibody-drug conjugate (ADC) technology and is currently approved for the treatment of multiple CD30-expressing lymphomas. Beyond ADCETRIS, the company has established a robust pipeline of novel targeted therapies, including three in late-stage development to address significant unmet needs. Seattle Genetics is headquartered in the Bothell, Washington, and has European operations located in Switzerland.

Servier Pharmaceuticals  Exhibit # 28
Servier Pharmaceuticals is a commercial-stage company, governed by a non-profit foundation, driven by discovery in oncology and potentially other areas of unmet medical need. Our independence allows us to be more forward thinking and make sustainable choices. We are poised to be an innovative leader serving U.S. patients and caregivers.

Spectrum Pharmaceuticals, Inc.  Exhibit # 10
Spectrum Pharmaceuticals is a biopharmaceutical company focused on acquiring, developing, and commercializing novel and targeted drug products, with a primary focus in hematology and oncology. 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’s late-stage pipeline has the potential to transform the company in the near future.

Stanford Cancer Institute  Exhibit # 23
The Stanford Cancer Institute (SCI), a NCI-designated Comprehensive Cancer Center, has particular scientific strengths in cancer cell and stem cell biology, radiation biology, genetics and genomics, immunology and immunotherapy, and molecular imaging. Dating from the first use of the linear accelerator in 1965, Stanford has provided innovative ideas that have greatly advanced the diagnosis and treatment of a wide variety of cancers. Stanford faculty members have pioneered the development of genomic technologies, detection of circulating tumor DNA, and the application of monoclonal antibodies to cancer treatment, among many other major advances. For more information please visit our SCI website: www.med.stanford.edu.

Taiho Oncology  Exhibit # 9
Taiho Oncology, Inc. works urgently to discover and develop innovative cancer treatments. As cancer evolves, we evolve with it—bringing novel technology to cornerstone chemotherapies, while at the same time optimizing new targeted agents.

Takeda Oncology  Exhibit # 7
At Takeda Oncology, we endeavor to deliver novel medicines to patients with cancer worldwide through our commitment to science, breakthrough innovation and passion for improving the lives of patients. Our combined legacy in oncology extends more than 50 years, and includes a broad range of paradigm-changing therapies for hematologic cancers and solid tumors. We are committed to building strong partnerships with the oncology community. Our mission is not simple but we are up to the task: We aspire to cure cancer.

Verastem Oncology  Exhibit # 16
Verastem Oncology (Nasdaq:VSTM) is committed to the development and commercialization of medicines to improve the lives of patients diagnosed with cancer. We strive to deliver new therapies that not only keep cancer at bay, but improve the lives of patients. Our first FDA approved product is available for the treatment of certain types of indolent non-Hodgkin’s lymphoma (NHL). Our pipeline comprises product candidates that seek to treat cancer by modulating the local tumor microenvironment. Please visit www.verastem.com.
LEADING THE WAY CANCER IS TREATED TODAY AND TOMORROW

The Stanford Cancer Institute (SCI) is committed to giving patients every clinical and technological advantage in the prevention and treatment of cancer. The SCI leverages the expertise of over 400 physicians and researchers working together to unravel cancer’s secrets. Stanford’s scientific focus includes cancer stem cell biology, radiation biology, immunology, molecular imaging, genetics and epigenetics. Translational medicine is the cornerstone of Stanford’s cancer treatment programs, combining new advances with compassionate care and supportive services.

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

NCCN Reimbursement Resource App

The cost of cancer care continues to rise and patients with cancer and their caregivers often struggle to pay for therapy. As a response to these ongoing challenges, help is available through the NCCN Reimbursement Resource App; users are able to search for available resources and payment assistance programs.

Search by:
- Cancer Type or Supportive Care Indication
- Drug Name
- Reimbursement or Assistance Program
Did You Know? 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, and Germany. The 15th International Symposium was held in Copenhagen, Denmark on May 8-11, 2019.

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.

Learn more about The Myelodysplastic Syndromes Foundation, Inc. and find additional resources here: www.mds-foundation.org
The outlook for patients with multiple myeloma is still unfolding.

Development in the anti-CD38 class needs to continue.

Multiple myeloma remains incurable despite recent therapeutic advances. There’s still a significant need for new treatment options. At Sanofi Genzyme, we’re working to ensure patients can look ahead with newfound hope.

Their fight is our fight.

See what’s unfolding at CommittedtoMM.com
NCCN Apps for the Oncology Community

FREE for Smartphone and Tablet

Virtual Library of NCCN Guidelines®
This easy-to-use and convenient format further assists health care professionals in their implementation of the NCCN Guidelines®, thus improving the quality and effectiveness of care provided to people with cancer.
- Easy access to NCCN Guidelines and global resources
- Hyperlinks within the Guidelines
- Ability to quickly share Guidelines
- Optimized search and viewing options

NCCN Patient Guides for Cancer
People with cancer and caregivers can access patient-friendly translations of the NCCN Guidelines® for expert cancer treatment information.
- Step-by-step guides to treatment options
- Questions to ask doctors
- Patient-friendly illustrations
- Based on information doctors use

NCCN Reimbursement Resource
The cost of cancer care continues to rise and patients with cancer and their caregivers often struggle to pay for therapy. As a response to these ongoing challenges, help is available through the NCCN Reimbursement Resource App. Search for available resources and payment assistance programs by:
- Cancer type or supportive care indication
- Product name
- Company/program name

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

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SPECTRUM IS COMMITTED TO THE FIGHT AGAINST CANCER

Spectrum Pharmaceuticals is a biopharmaceutical company focused on acquiring, developing, and commercializing novel and targeted drug products, with a primary focus in oncology.

We are committed to excellence and have a passion to identify and develop important options for patients.
THE CENTER OF EXCELLENCE IN HEMATOLOGIC MALIGNANCIES AND HEMATOLOGY AT HUNTSMAN CANCER INSTITUTE

A group of more than three dozen doctors and scientists dedicated to advancing research and clinical care in hematologic cancers.

Our clinical and research offerings include:

- Utah Amyloidosis Program
- CAR-T cell therapy
- An extensive portfolio of clinical trials

MICHAEL DEININGER, MD, PHD
Director of the Center of Excellence

huntsmancancer.org/bloodcancers

Rethink the potential of your secondary AML (sAML) patients

Approximately 1 in 3 patients diagnosed with AML has sAML, which is historically associated with a poor prognosis\(^3\)

To properly identify sAML subtypes AML with myelodysplasia-related changes (AML-MRC) and therapy-related AML (t-AML), it is important to understand the following:

- If a patient’s medical history shows they have been previously diagnosed with MDS or MDS/MPN, they may be diagnosed with the sAML subtype AML-MRC\(^4\)
- For patients who cannot be diagnosed through their medical history, consider ordering tests for morphologic evaluation as well as cytogenetic analysis (karyotype), among other recommended tests\(^5\)
  - Specifically, order an AML panel and an MDS panel\(^6,7\)

Consider a treatment plan with curative intent for appropriate patients—treating with chemotherapy plus HSCT is an opportunity to improve outcomes\(^8,9\)

References:

AML=acute myeloid leukemia; HSCT=hematopoietic stem cell transplant; MDS=myelodysplastic syndrome; MPN=myeloproliferative neoplasms.
Just like no two people are exactly the same, neither are their cancers. Each patient’s cancer is fueled by different, unique elements that help cancer cells develop, survive, invade and grow. That’s why researchers and oncologists at The James at Ohio State study the unique genetic makeup of each patient’s cancer. As they discover what drives a patient’s cancer, they develop and deliver the most advanced targeted treatments, leading to better outcomes, faster responses, fewer side effects and more hope. To learn more, visit cancer.osu.edu.

IMAGINE
Working Among 3,000 Scientific, Academic, and Medical Minds

Roswell Park Comprehensive Cancer Center is seeking board-certified candidates to fulfill immediate openings in the following positions:

**INTERNAL MEDICINE**
- Infectious Disease, Assistant or Associate Level Professor
- General Pulmonologist/ICU Cardiologist
- Intensivist
- BMT/Transplant Hematologist

**DEPARTMENT OF MEDICINE**
- Myeloma, Assistant, Associate or Full Professor
- Lymphoma, Assistant, Associate or Full Professor
- Gastroenterology, Assistant, Associate or Full Professor with focus on Bladder & Prostate

**PATHOLOGY**
- Dermatopathologist, Assistant or Associate Level Professor
- Hematopathologist, Assistant or Associate Level Professor
- Chief, Hematopathology
- Gynecologic Oncology/Breast Pathologist

**GYNECOLOGY**
- Surgeon

**RADIOLOGY**
- Nuclear Medicine Radiologist
- Breast Imaging

**UROLOGY**
- Surgeon

**PEDIATRICS**
- BMT, Assistant Professor of Oncology

**DERMATOLOGY**
- Dermatologist, Assistant, Associate or Full Professor

**DENTISTRY & MAXILLOFACIAL**
- Maxillofacial Prosthodontist

**ROSWELL PARK CARE NETWORK**
- Medical/Hematological Oncologists (Central and Western New York)

**WE’re RECRUITING...**

Interested applicants may inquire by email to Angela.Gunther@RoswellPark.org. For all job openings, visit: RoswellPark.org/Careers
There is no routine cancer.

Just like no two people are exactly the same, neither are their cancers. Each patient’s cancer is fueled by different, unique elements that help cancer cells develop, survive, invade and grow. That’s why researchers and oncologists at The James at Ohio State study the unique genetic makeup of each patient’s cancer. As they discover what drives a patient’s cancer, they develop and deliver the most advanced targeted treatments, leading to better outcomes, faster responses, fewer side effects and more hope. To learn more, visit cancer.osu.edu.

The James
MPN Research Foundation
Providing education and resources for a better today. Investing in research for a better tomorrow.

Independent patient advocacy organization

- Provides free information and resources for people living with polycythemia vera, essential thrombocythemia, and myelofibrosis.
- Website continuously updated with the latest in clinical trials and research news.
- Created myMPN, a free tool for patients to track their symptoms, medications, etc. while participating in research.
- Equips healthcare providers with educational materials to distribute to MPN patients.
- Funded over $13 million in MPN Research.

Visit www.MPNRF.org to learn more.

VENCLEXTA®
venetoclax tablets 10mg, 50mg, 100mg

For more information on VENCLEXTA, visit VENCLEXTAHCP.COM
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October 9 – 10, 2020
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NCCN.org/hem
PIVOTAL. SCIENCE.