Survey of 50 General Medical Oncologists: Bispecific Antibodies in the Management of Lymphoma

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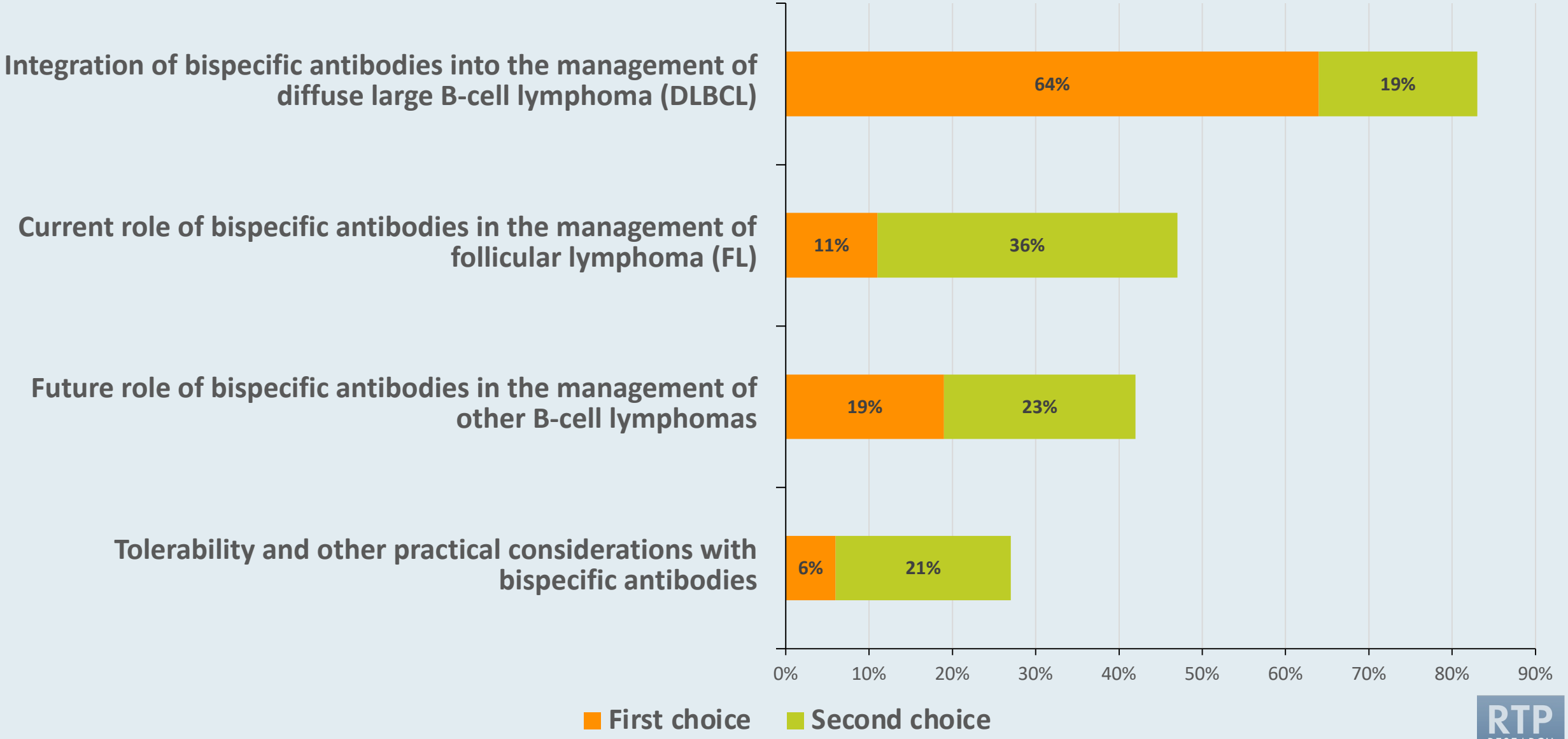
Topics of Interest for Future CME Programs



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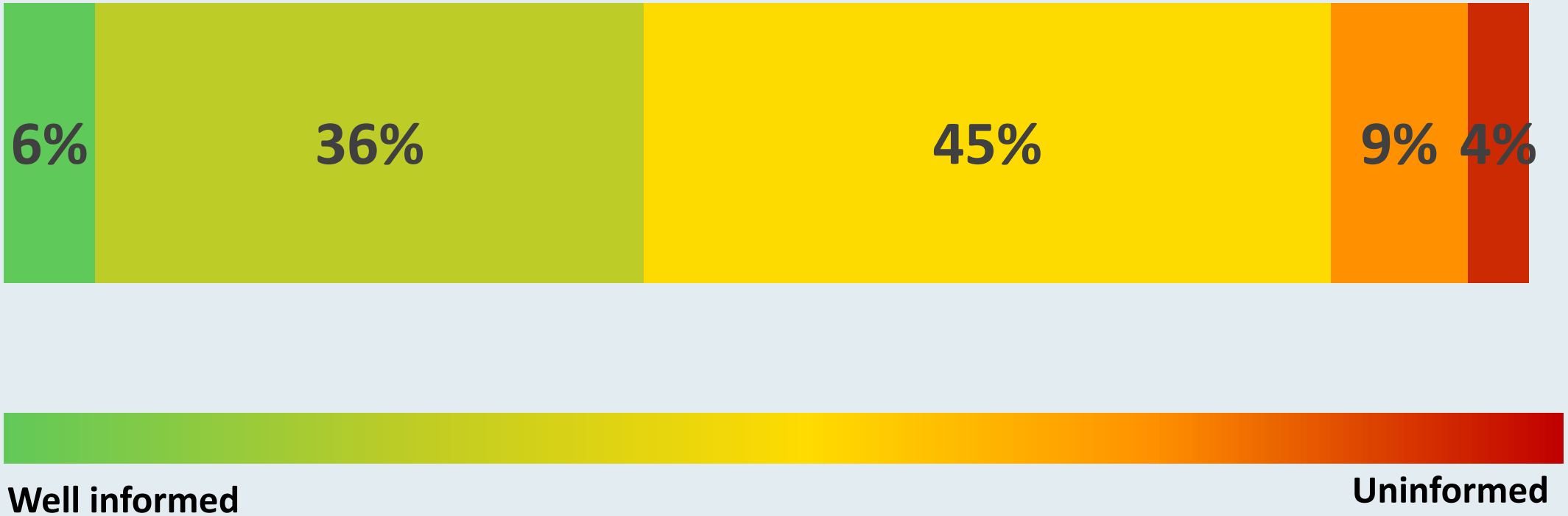
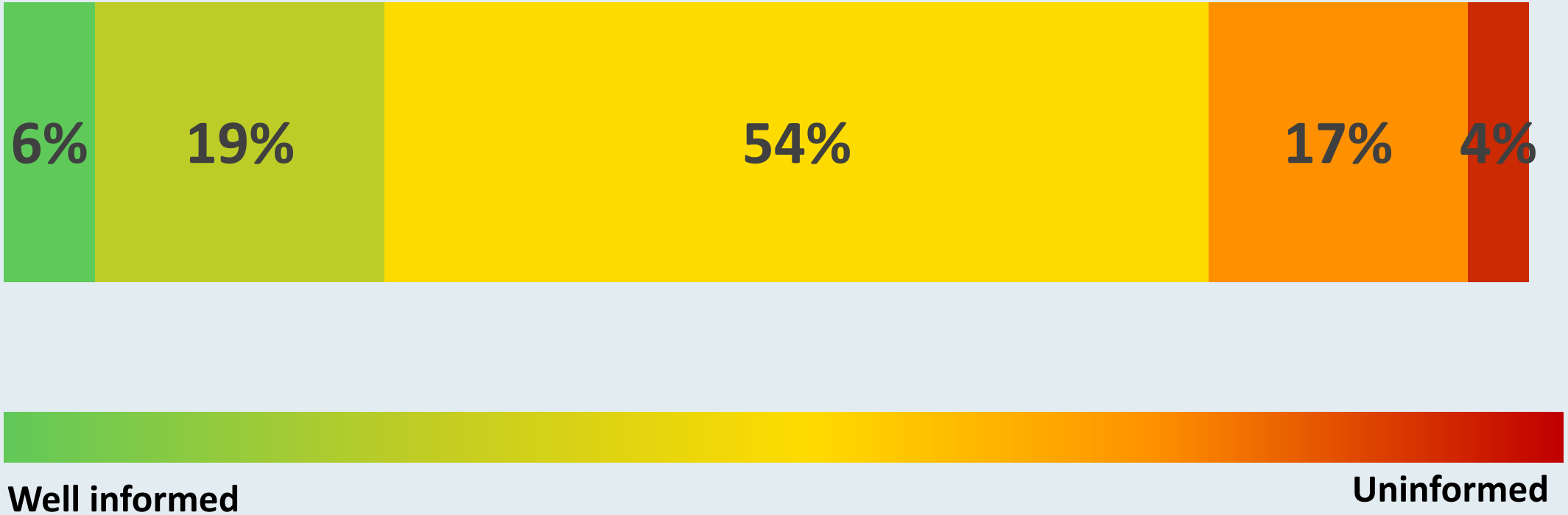
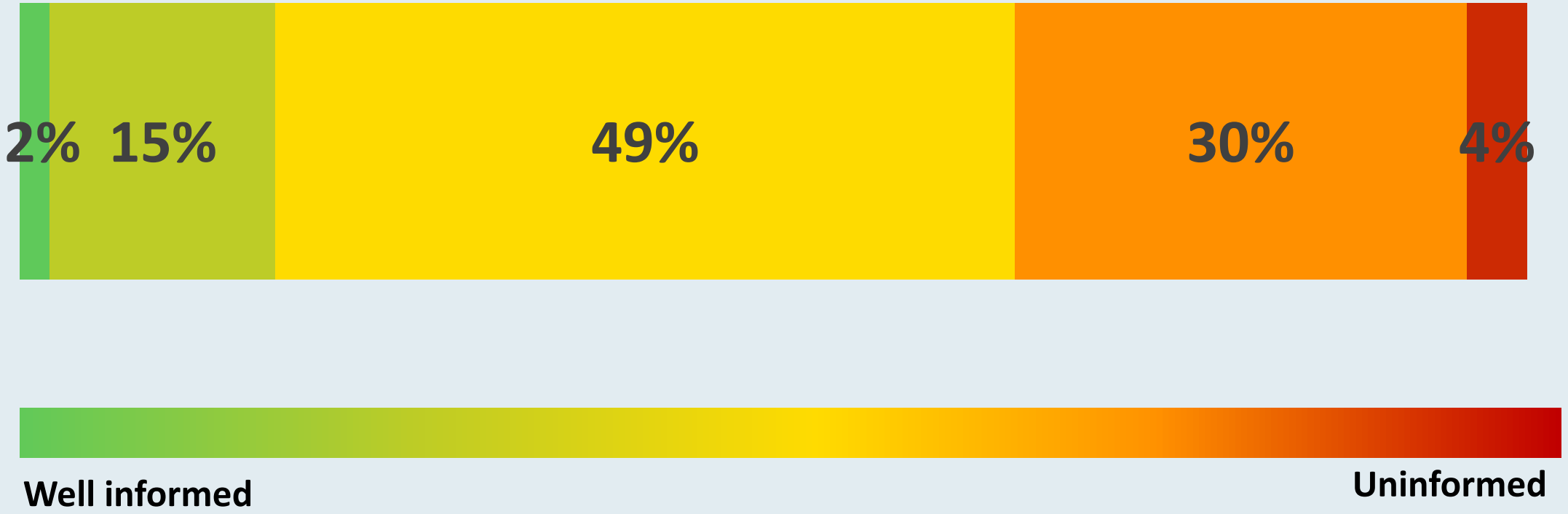
How comfortable/familiar are you with the published data sets, available guidelines, investigator perspectives and ongoing research studies pertaining to the integration of bispecific antibodies into the management of DLBCL?



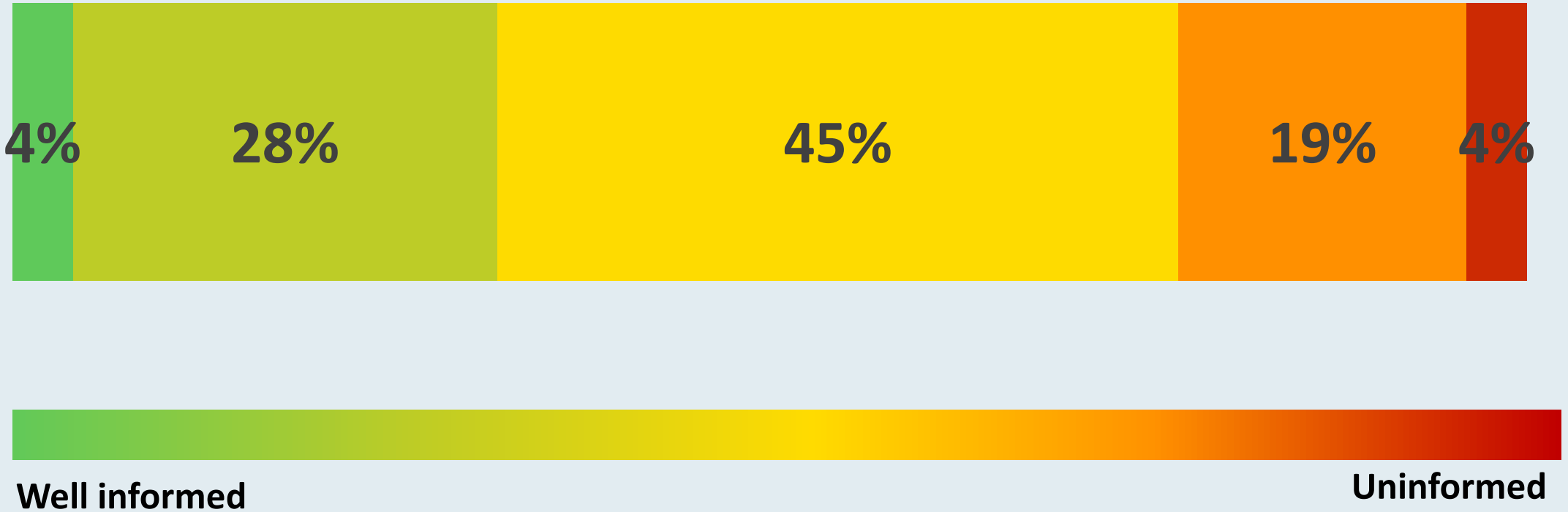
How comfortable/familiar are you with the published data sets, available guidelines, investigator perspectives and ongoing research studies pertaining to the current role of bispecific antibodies in the management of FL?



How comfortable/familiar are you with the published data sets, available guidelines, investigator perspectives and ongoing research studies pertaining to the future role of bispecific antibodies in the management of other B-cell lymphomas?



How comfortable/familiar are you with the published data sets, available guidelines, investigator perspectives and ongoing research studies pertaining to tolerability and other practical considerations with bispecific antibodies?



Questions from General Medical Oncologists on Bispecific Antibodies for DLBCL

- Would you use bispecifics in second- or third-line treatment?
- At relapse, which bispecific would you consider next among all the options and why?
- How do you handle tolerability issues — do you dose reduce, dose delay, or just stop?
- My patient was referred to Moffitt and is undergoing CAR T. When should bispecific be used?
- What are eligibility requirements for bispecific antibodies in DLBCL patients?
- When to use bispecifics and what are the adverse effects associated with it?
- Sequencing of treatment for refractory DLBCL patients — bispecific vs CAR-T vs auto transplant?
- Role of CAR T versus BiTE?
- Can a community oncologist safely treat patients with bispecific antibodies?
- Can patients who achieve remission with a bispecific antibody undergo transplant?
- Which bispecific antibody is preferred?
- Use of epcoritamab after polatuzumab vedotin?

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Questions from General Medical Oncologists on Bispecific Antibodies for DLBCL (Continued)

- Who is the ideal patient with DLBCL for bispecifics?
- At relapse, should we consider CAR T or bispecific antibodies?
- The response rate to bispecifics in the real world does not match what is expected from the trials. How do we predict which patients will respond?
- In which populations of patients with DLBCL do you favor bispecifics in the second line?
- How do you sequence BiTEs and CAR T if both are available and appropriate?
- Is there any correlation of CRS with likelihood or duration of response?
- How do we safely use bispecifics in a community setting?
- Which BiTE is preferred for primary refractory disease (and patient declines CAR T/or is not eligible)?
- If no approval or reimbursement issues, can one use bispecific antibodies in 2nd-line setting?
- What do you do for a patient after failure of bispecifics?
- Patient is a poor candidate for CAR T-cell therapy. Would you use a bispecific or lenalidomide combined with tafasitamab?
- Any important safety data for BiTEs when patient has CNS recurrence?

Questions from General Medical Oncologists on Bispecific Antibodies for FL

- Upon relapse of disease, what is the role of bispecifics?
- How do you sequence bispecifics with other therapies?
- Can bispecifics be used in elderly patients? What is the age cut off?
- Should bispecifics be used as a second or 3rd line therapy?
- What is the role of bispecifics versus CAR T-cell therapy for relapsed/refractory disease?
- What are adverse effects associated with bispecifics?
- If a patient progressed on R squared, would investigators recommend zanubrutinib with obinutuzumab or mosunetuzumab?
- How do you choose between different bispecific antibodies?
- What is the role in FL where there are other less toxic treatment options?
- In what line of therapy is a bispecific antibody appropriate in patients treated in community setting?
- What is the bispecific with the best efficacy and tolerability?
- What side effects with bispecifics should I be aware of?

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Questions from General Medical Oncologists on Bispecific Antibodies for FL (Continued)

- In FL, which is more effective in your experience, CAR T or bispecifics?
- Are there cases where bispecifics are preferred to HSCT for young, fit patients?
- How to mitigate/manage side effects?
- What is the tolerance and average duration of response with bispecifics compared with CAR T? What are the factors that go into treatment decision?
- How do we safely use bispecifics in a community setting?
- What is the longevity of response to BiTEs in FL?
- Can one use a different bispecific antibody if an earlier one caused Grade 3 CRS?
- Is there any utility to combining radiation with BiTEs?
- If you had the choice of second line therapy, would you jump to bispecifics or CAR T-cell therapy?

Impediments or Barriers to the Delivery of High-Quality Care

- Factors driving CAR T-cell therapy versus bispecifics? Current standard of care for late relapse in chemosensitive 3L DLBCL?
- How to administer bispecifics when inpatient nurses are not that familiar
- Management of BiTEs in community practice
- Time
- Patients refuse to go to an academic center
- It is difficult to access bispecifics in a timely fashion
- When do you introduce these novel therapies?
- Lack of support for bispecifics in community hospital
- CRS management
- Access to CAR T-cell therapy

Impediments or Barriers to the Delivery of High-Quality Care (Continued)

- Ineffective therapies for relapsed lymphoma
- Cost and insurance approval for polatuzumab
- Treatment is getting complex!
- Not enough experience managing CRS or ICANS, need more leadership empowerment in the community
- Hard time getting bispecifics into the hospital
- Bispecific cannot be given in our center
- REMS program and the requirement for patients to stay within the vicinity of the center
- Many of these require initiation at a tertiary center
- Access to CAR-T center

Impediments or Barriers to the Delivery of High-Quality Care (Continued)

- Lack of support in community practice for management of bispecific therapy side effects
- Management of ICANS or CRS in the outpatient setting
- Insurance declining PET scans
- Financial constraints
- Insurance coverage
- Too many products, difficult to learn all of them
- Uninformed of new data
- Inpatient monitoring
- Access to HSCT and CAR T-cells
- Quick turnaround for imaging and pathology molecular testing

Impediments or Barriers to the Delivery of High-Quality Care (Continued)

- Distance to a CAR T center
- Access to treatment because it is expensive and limited, and also not having access to supportive measures
- Insurance
- Ability to incorporate bispecifics, radionuclides
- Concern about availability of treatment for CRS
- Getting these patients started quickly on bispecific antibodies, and having to use bridging chemotherapy which sometimes is not effective
- Insurance denial of bispecific antibodies in 2nd or 3rd line therapy