LETTER TO THE EDITOR

Treatment patterns and clinical outcomes of asciminib in a real-world multiresistant chronic myeloid leukemia patient population

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https://doi.org/10.3324/haematol.2022.281386

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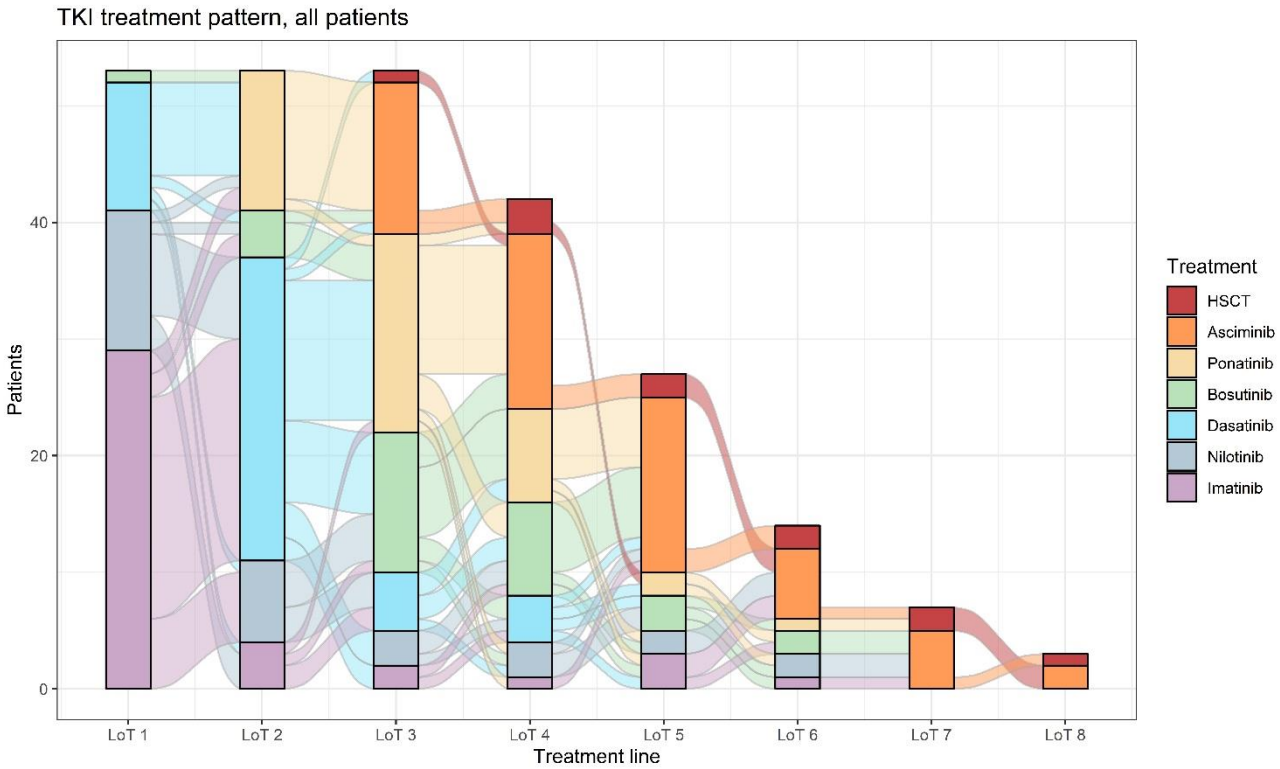
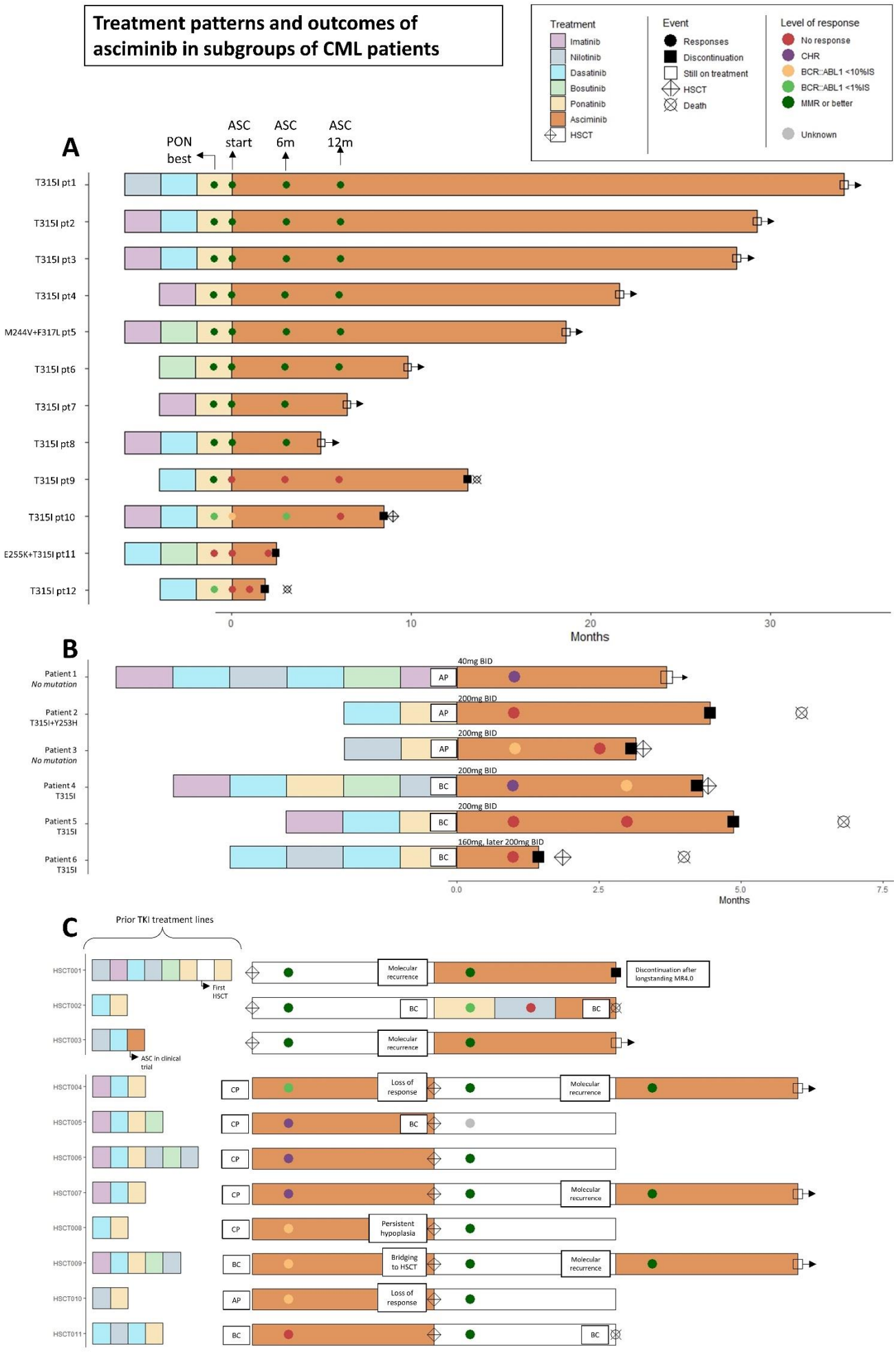
SUPPLEMENTAL DATA

Asciminib adverse events (n=53)	**Frequency, all**	**Frequency, CTC grade 3-4**	**Relation**	**Dose modification or interruption**
Hematological events	**14 pts**	**3 pts**		
Thrombocytopenia	12	3	Probable	3
Neutropenia	4	1	Probable	1
Anemia	7	2	Probable	1
Cutaneous events	**8 pts**	**0 pts**		0
Folliculitis, rash	6	0	Probable	0
Pruritus	1	0	Probable	0
Verrucae	1	0	Unclear	0
Cardiovascular events	**2 pts**	**1 pt**		0
TIA	1	1	Unlikely	0
NSTEMI	1	1	Possible	0
Other events	**7 pts**	**1 pt**		
Pyrosis	1	0	Possible	1
Hyperglycemia	1	0	Possible	0
Pain lower extremity	1	0	Unclear	0
Fatigue	1	0	Probable	1
Delirious state	1	1	Unclear	0
Gamma GT/transaminase elevation	2	0	Probable	0

Supplemental table 1: reported adverse events during asciminib treatment. TIA = transient ischemic attack; NSTEMI = non-ST elevation myocardial infarction.



Supplemental figure 1: Tyrosine Kinase Inhibitor treatment patterns in CML patients treated with asciminib in the Dutch Early Access Programme (EAP). LoT = line of treatment, HSCT = hematopoietic stem cell transplantation.


Treatment patterns and outcomes of asciminib in subgroups of CML patients
Treatment
Imatinib
Nilotinib
Dasatinib
Bosutinib
Ponatinib
Asciminib
HSCT
Event
Responses
Discontinuation
Still on treatment
HSCT
Death
Level of response
No response
CHR
BCR::ABL1 <10%IS
BCR::ABL1 <1%IS
MMR or better
Unknown
A
PON best
ASC start
ASC 6m
ASC 12m
T315I pt1
T315I pt2
T315I pt3
T315I pt4
M244V+F317L pt5
T315I pt6
T315I pt7
T315I pt8
T315I pt9
T315I pt10
E255K+T315I pt11
T315I pt12
0
10
20
30
Months
B
Patient 1
No mutation
Patient 2
T315I+Y253H
Patient 3
No mutation
Patient 4
T315I
Patient 5
T315I
Patient 6
T315I
40mg BID
200mg BID
200mg BID
200mg BID
200mg BID
160mg, later 200mg BID
AP
AP
AP
BC
BC
BC
0.0
2.5
5.0
7.5
Months
C
Prior TKI treatment lines
HSCT001
HSCT002
HSCT003
HSCT004
HSCT005
HSCT006
HSCT007
HSCT008
HSCT009
HSCT010
HSCT011
First HSCT
ASC in clinical trial
Molecular recurrence
Discontinuation after longstanding MR4.0
BC
BC
Molecular recurrence
CP
Loss of response
Molecular recurrence
CP
BC
CP
CP
Molecular recurrence
CP
Persistent hypoplasia
BC
Bridging to HSCT
Molecular recurrence
AP
Loss of response
BC
BC

Supplemental figure 2: Treatment patterns and outcome of asciminib in specific subgroups of CML patients. **A. Subgroup 1, CML CP patients harboring an ABL1 kinase domain mutation at asciminib commencement:** all patients had prior ponatinib exposure. The first eight patients discontinued ponatinib because of intolerance, the latter 4 patients discontinued ponatinib because of treatment failure. **B. Subgroup 2, CML patients in Accelerated Phase (AP; n=3) or Blast Crisis (BC; n=3) at asciminib commencement**: five patients discontinued asciminib because of treatment failure, three of them proceeded to a hematopoietic stem cell transplantation (HSCT), three patients died (all of a CML-related cause). **C. Subgroup 2, CML patients who underwent a hematopoietic stem cell transplantation (HSCT) prior or after asciminib treatment**: three patients received asciminib only after the HSCT; three patients received asciminib both prior and after HSCT. Treatment modalities other than TKI or HSCT are not displayed in this figure. PON best = best response achieved during ponatinib; ASC start = level of response at asciminib commencement; BID = twice daily; CHR = complete hematologic response; MMR = major molecular response; CP = chronic phase; AP = accelerated phase; BC = blast crisis.