ICLUSIG®
(ponatinib) tablets

BECAUSE TOMORROW MATTERS TODAY

ICLUSIG®: Patient profiles

Incyte
AT/ICLG/P/24/0016
Date of preparation: September 2024

ICLUSIG (ponatinib) tablets

Considering patients with CP-CML who are eligible and may benefit from treatment with ICLUSIG

RESET

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Resistance to 2G TKI

Choose your pathway

Intolerance to 2G TKI

Explore how eligible CP-CML patients may benefit from ICLUSIG


William


Francine


Thomas


Martha


Agnes


Maria


Peter

ICLUSIG combines experience and data to improve patients' futures – consider early switch to ICLUSIG after just one 2G TKI[1]

Representative patient cases – not actual patients.
2G, second generation; CP-CML, chronic-phase chronic myeloid leukaemia; CV, cardiovascular; IS, international scale; SmPC, Summary of Product Characteristics; TKI, tyrosine kinase inhibitor.

1. ICLUSIG® (ponatinib) SmPC; Incyte, March 2022.

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Considering eligible CP-CML patients who may benefit from treatment with ICLUSIG

RESET

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Resistance to 2G TKI

BCR::ABL1 mutation

No mutation detected

Find out about Francine

ICLUSIG combines experience and data to improve patients' futures – consider early switch to ICLUSIG after just one 2G TKI[1]

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Resistance to 2G TKI

BCR::ABL1^{IS} level:
>1–<10%

BCR::ABL1^{IS} level:
≥10%

ICLUSIG combines experience and data to improve patients' futures – consider early switch to ICLUSIG after just one 2G TKI[1]

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Considering eligible CP-CML patients who may benefit from treatment with ICLUSIG

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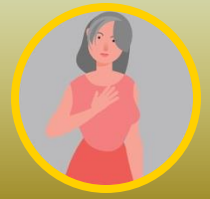
Resistance to 2G TKI

>1–<10% BCR::ABL1^{IS}
Low CV risk

Find out about William

>1–<10% BCR::ABL1^{IS}
Medium CV risk



Find out about Agnes

ICLUSIG combines experience and data to improve patients' futures – consider early switch to ICLUSIG after just one 2G TKI[1]

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Considering eligible CP-CML patients who may benefit from treatment with ICLUSIG

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Resistance to 2G TKI

≥10% BCR::ABL1^{IS}
Low CV risk

Find out about Thomas

≥10% BCR::ABL1^{IS}
Medium CV risk

Find out about Martha

ICLUSIG combines experience and data to improve patients' futures – consider early switch to ICLUSIG after just one 2G TKI[1]

Representative patient cases – not actual patients.
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Considering eligible CP-CML patients who may benefit from treatment with ICLUSIG

RESET

BECAUSE TOMORROW MATTERS TODAY

Intolerance to 2G TKI

Low CV risk

Find out about Maria

Medium CV risk

Find out about Peter

ICLUSIG combines experience and data to improve patients' futures – consider early switch to ICLUSIG after just one 2G TKI[1]

Representative patient cases – not actual patients.
2G, second generation; CP-CML, chronic-phase chronic myeloid leukaemia; CV, cardiovascular; IS, international scale; SmPC, Summary of Product Characteristics; TKI, tyrosine kinase inhibitor.

1. ICLUSIG® (ponatinib) SmPC; Incyte, March 2022.

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William: Identifying eligible patients with high resistance and low CV risk

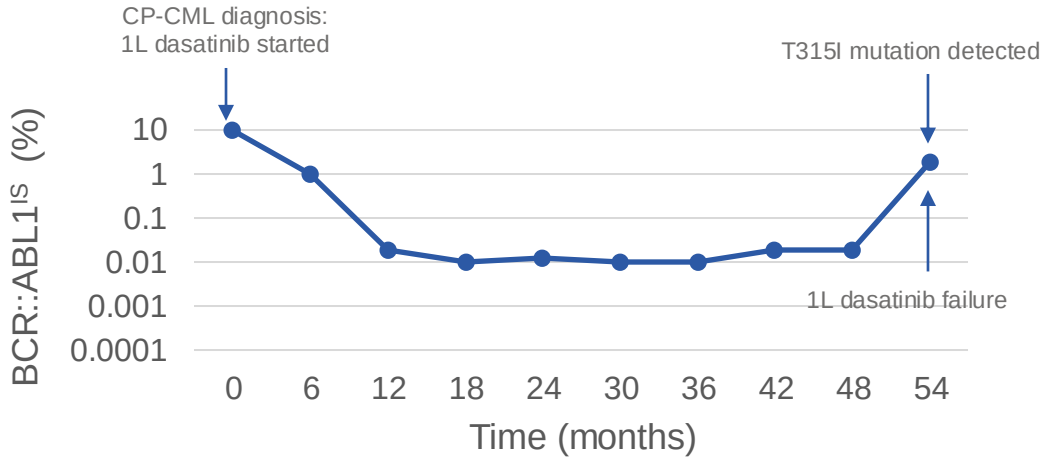
William

- William is a 35-year-old construction worker who owns his own business
- He has 2 children and runs regularly to stay fit for his annual charity race

Clinical background

- William was diagnosed with CP-CML 54 months ago and became resistant to 1L dasatinib after 54 months
- T315I mutation was detected at 54 months
- His BCR::ABL1^{IS} level is 4%
- His ELTS score is low
- William is a former smoker, but he has no previous history of CV events

William was responding to 1L dasatinib until his BCR::ABL1^{IS} level increased to >1% at 54 months



William may have fast, deep and durable responses with ICLUSIG[1]

OPTIC: Patient baseline characteristics[2]

ICLUSIG may benefit patients like William[3,4]

ELN recommendations (2020) note that ICLUSIG is the only TKI with activity against the T315I mutation and recommend ICLUSIG in patients with T315I, unless CV risk factors preclude its use[3]

Representative patient case – not an actual patient.

1L, first line; CP-CML, chronic-phase chronic myeloid leukaemia; CV, cardiovascular; ELN, European LeukemiaNet; ELTS, EUTOS Long Term Survival; EUTOS, European Treatment and Outcome Study; IS, international scale; OPTIC, Optimizing Ponatinib Treatment In CP-CML; SmPC, Summary of Product Characteristics; TKI, tyrosine kinase inhibitor.

1. Cortes JE, et al. *Blood.* 2018;132:393–404; 2. Cortes J, et al. *Blood.* 2021;138:2042–50; 3. Hochhaus A, et al. *Leukemia.* 2020;34:966–84; 4. Jabbour E, et al. *Leukemia*. 2024;38:475–81; 5. ICLUSIG® (ponatinib) SmPC; Incyte, March 2022.

The recommended starting dose of ICLUSIG is 45 mg once daily. Please refer to the local SmPC for further information.[5]

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William: Identifying eligible patients with high resistance and low CV risk

OPTIC: Patient baseline characteristics[1]

Only the 45 mg → 15 mg cohort data are displayed to align with the SmPC recommended starting dose of 45 mg

Characteristic	45 mg → 15 mg (n=94)
Age, years, median (range)	46 (19–81)
Male, n (%)	50 (53)
Prior TKIs, n (%)	
2	43 (46)
≥3	50 (53)
Reason prior therapy stopped, n (%)	
Resistant	92 (98)
BCR::ABL1 mutation, n (%)	
No mutation	51 (54)
T315I	25 (27)
Other	15 (16)

OPTIC additional data: 30 mg and 15 mg

Representative patient case – not an actual patient.

CV, cardiovascular; OPTIC, Optimizing Ponatinib Treatment In Chronic-Phase Chronic Myeloid Leukaemia; TKI, tyrosine kinase inhibitor; SmPC, Summary of Product Characteristics; TKI, tyrosine kinase inhibitor.

1. Cortes J, et al. *Blood.* 2021;138:2042–50; 2. ICLUSIG® (ponatinib) SmPC; Incyte, March 2022.

The recommended starting dose of ICLUSIG is 45 mg once daily. Please refer to the local SmPC for further information.[2]

William: Identifying eligible patients with high resistance and low CV risk

OPTIC: Patient baseline characteristics[1]

Characteristic	45 mg → 15 mg (n=94)	30 mg → 15 mg (n=94)	15 mg (n=94)
Age, years, median (range)	46 (19–81)	51 (21–77)	49 (18–81)
Male, n (%)	50 (53)	38 (40)	53 (56)
Prior TKIs, n (%)			
2	43 (46)	37 (39)	42 (45)
≥3	50 (53)	56 (60)	48 (51)
Reason prior therapy stopped, n (%)			
Resistant	92 (98)	94 (100)	94 (100)
BCR::ABL1 mutation, n (%)			
No mutation	51 (54)	58 (62)	54 (57)
T315I	25 (27)	21 (22)	21 (22)
Other	15 (16)	12 (13)	18 (19)

Representative patient case – not an actual patient.
CP-CML, chronic-phase chronic myeloid leukaemia; CV, cardiovascular; OPTIC, Optimizing Ponatinib Treatment In CP-CML; TKI, tyrosine kinase inhibitor; SmPC, Summary of Product Characteristics.
1. Cortes J, et al. *Blood.* 2021;138:2042–50; 2. ICLUSIG® (ponatinib) SmPC; Incyte, March 2022.

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William: Identifying eligible patients with high resistance and low CV risk

OPTIC: Patient baseline characteristics[1]

Only the 45 mg → 15 mg cohort data are displayed to align with the SmPC recommended starting dose of 45 mg

Characteristic	45 mg → 15 mg (n=94)
Patients with CV risk factors, n (%)	
Hypertension	26 (28)
Diabetes mellitus	5 (5)
Hyperlipidaemia	19 (20)
Patients with ≥1 CV risk factor	32 (34)
Patients with >1 CV risk factor	5 (5)
Current or former smokers	29 (31)
BMI, kg/m^2, median (range)	27 (17–45)

OPTIC additional data: 30 mg and 15 mg

Representative patient case – not an actual patient.
BMI, body mass index; CP-CML, chronic-phase chronic myeloid leukaemia; CV, cardiovascular; OPTIC, Optimizing Ponatinib Treatment In CP-CML; SmPC, Summary of Product Characteristics.
1. Cortes J, et al. *Blood.* 2021;138:2042–50; 2. ICLUSIG® (ponatinib) SmPC; Incyte, March 2022.

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William: Identifying eligible patients with high resistance and low CV risk

OPTIC: Patient baseline characteristics[1]

Characteristic	45 mg → 15 mg (n=94)	30 mg → 15 mg (n=94)	15 mg (n=94)
Patients with CV risk factors, n (%)			
Hypertension	26 (28)	25 (27)	22 (23)
Diabetes mellitus	5 (5)	3 (3)	7 (7)
Hyperlipidaemia	19 (20)	14 (15)	16 (17)
Patients with ≥1 CV risk factor	32 (34)	30 (32)	32 (34)
Patients with >1 CV risk factor	5 (5)	4 (4)	4 (4)
Current or former smokers	29 (31)	37 (39)	33 (35)
BMI, kg/m^2, median (range)	27 (17–45)	26 (17–49)	26 (18–49)

Representative patient case – not an actual patient.
BMI, body mass index; CP-CML, chronic-phase chronic myeloid leukaemia; CV, cardiovascular; OPTIC, Optimizing Ponatinib Treatment In CP-CML; SmPC, Summary of Product Characteristics.
1. Cortes J, et al. *Blood.* 2021;138:2042–50; 2. ICLUSIG® (ponatinib) SmPC; Incyte, March 2022.

Together, we've built experience and confidence in treating patients like William with ICLUSIG over the last decade[1]

ICLUSIG may benefit patients like William[2,3]

Mutations account for resistance in approximately **1/3** of patients with CP-CML[2]

T315I 'gatekeeper' mutation is resistant to imatinib and 2G TKIs (dasatinib, nilotinib, bosutinib)[3]

ICLUSIG is the only approved **BCR::ABL1 inhibitor 3G TKI** designed to potently inhibit BCR::ABL1 with or without any single resistance mutation, including T315I[3]

Representative patient case – not an actual patient.

2G, second generation; 3G, third generation; CP-CML, chronic-phase chronic myeloid leukaemia; SmPC, Summary of Product Characteristics; TKI, tyrosine kinase inhibitor.

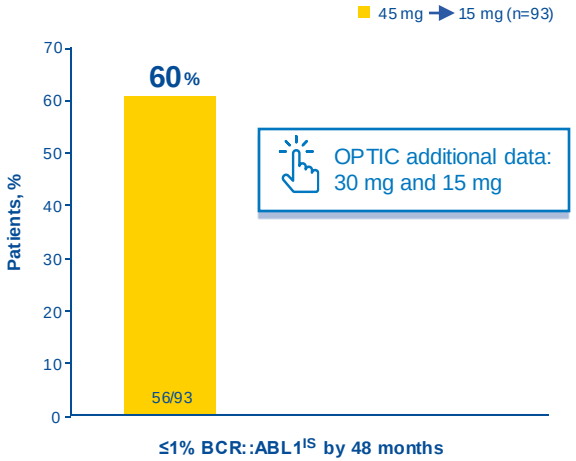
1. Cortes JE, et al. *Blood.* 2018;132:393–404; 2. Hochhaus A, et al. *Leukemia.* 2020;34:966–84; 3. Jabbour E, et al. *Leukemia*. 2024;38:475–81;
4. ICLUSIG® (ponatinib) SmPC; Incyte, March 2022.

The recommended starting dose of ICLUSIG is 45 mg once daily. Please refer to the local SmPC for further information.[4]

For patients like William, early use of ICLUSIG after one 2G TKI may lead to the deepest responses[1,2]

OPTIC: ≤1% BCR::ABL1^{IS} by 48 months[3]*

Only the 45 mg → 15 mg cohort data are displayed to align with the SmPC recommended starting dose of 45 mg



OPTIC additional data: 30 mg and 15 mg

60% of patients receiving 45 mg → 15 mg ICLUSIG achieved ≤1% BCR::ABL1^{IS} by 48 months

Figure adapted from Cortes JE, et al.[3] with permission from the author.

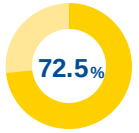
Results from the 4-year OPTIC analysis suggest that William may achieve a deep, durable molecular response with ICLUSIG[3]

Patients with a T315I mutation at baseline achieved the greatest clinical benefit in the 45 mg → 15 mg cohort[3]

OPTIC: Estimated 4-year PFS and OS[3]*

Only the 45 mg → 15 mg cohort data are displayed to align with the SmPC recommended starting dose of 45 mg

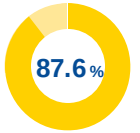
Estimated 4-year PFS



45 mg → 15 mg

OPTIC additional data: 30 mg and 15 mg

Estimated 4-year OS



45 mg → 15 mg

Estimated 4-year PFS was 72.5% and OS was 87.6% for patients receiving 45 mg → 15 mg ICLUSIG

William may achieve long-term survival with ICLUSIG[3]

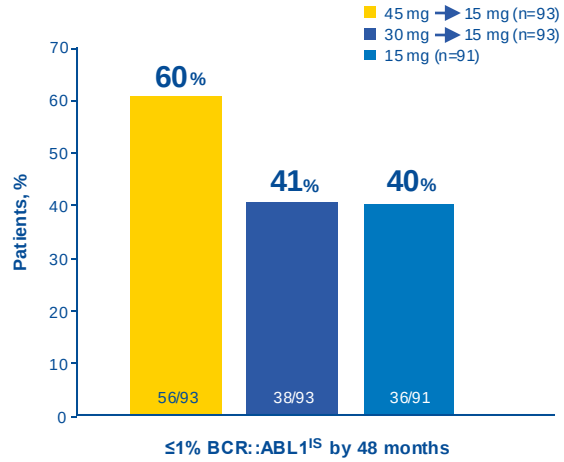
- Achieving ≤10% BCR::ABL1^{IS} within 12 months is associated with improved long-term PFS and OS[4]
- Subgroup analysis showed similar ≤1% BCR::ABL1^{IS} rates at 12 months in patients with and without T315I[5]

Representative patient case – not an actual patient.
*Median follow-up: 63 months in the 45-mg cohort. 2G, second generation; CP-CML, chronic-phase chronic myeloid leukaemia; IS, international scale; OPTIC, Optimizing Ponatinib Treatment In CP-CML; OS, overall survival; PFS, progression-free survival; SmPC, Summary of Product Characteristics; TKI, tyrosine kinase inhibitor.

1. ICLUSIG® (ponatinib) SmPC; Incyte, March 2022; 2. Kantarjian HM, et al. *Am J Hematol.* 2022;97:1419–26; 3. Cortes JE, et al. *Blood*. 2023;142(suppl 1):3164; Presentation at ASH 2023; Abstract 3164; available at: https://doi.org/10.1182/blood-2023-178790 (accessed September 2024); 4. Apperley J, et al. *Blood*. 2022;140(suppl 1):6760–62; Presentation at ASH 2022; Abstract 3009; available at: https://doi.org/10.1182/blood-2022-157956 (accessed September 2024); 5. Cortes J, et al. *Blood*. 2021;138:2042–50.

For patients like William, early use of ICLUSIG after one 2G TKI may lead to the deepest responses[1,2]

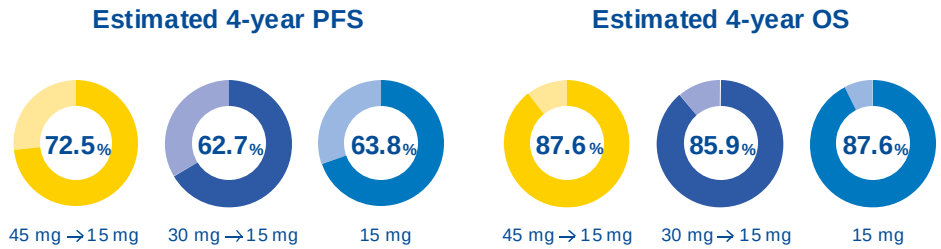
OPTIC: ≤1% BCR::ABL1^{IS} by 48 months[3]*



60% of patients receiving 45 mg → 15 mg ICLUSIG achieved ≤1% BCR::ABL1^{IS} by 48 months

Figure adapted from Cortes JE, et al.[3] with permission from the author.

OPTIC: Estimated 4-year PFS and OS[3]*



Estimated 4-year PFS was 72.5% and OS was 87.6% for patients receiving 45 mg → 15 mg ICLUSIG

Results from the 4-year OPTIC analysis suggest that William may achieve a deep, durable molecular response with ICLUSIG[3]

Patients with a T315I mutation at baseline achieved the greatest clinical benefit in the 45 mg → 15 mg cohort[3]

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Representative patient case – not an actual patient.

*Median follow-up: 63 months in the 45-mg cohort and 15-mg cohort; 65 months in the 30-mg cohort. 2G, second generation; CP-CML, chronic-phase chronic myeloid leukaemia; IS, international scale; OPTIC, Optimizing Ponatinib Treatment In CP-CML; OS, overall survival; PFS, progression-free survival; SmPC, Summary of Product Characteristics; TKI, tyrosine kinase inhibitor.

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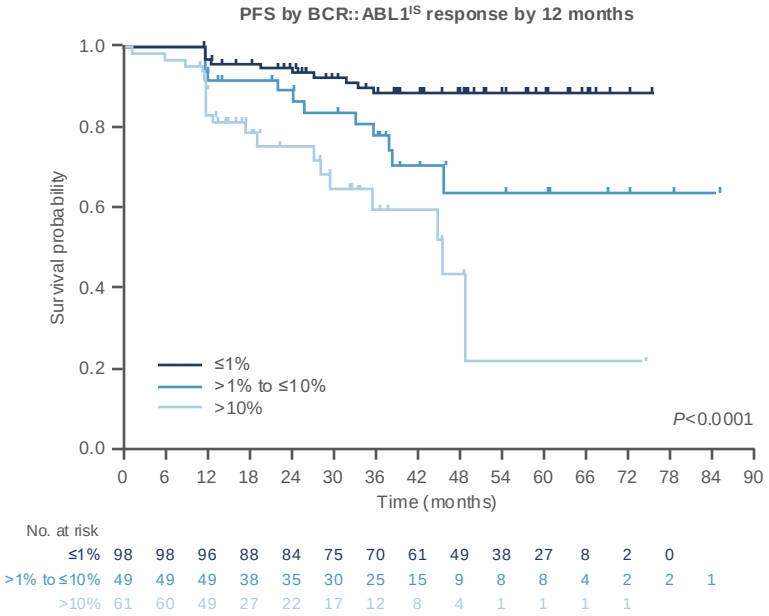
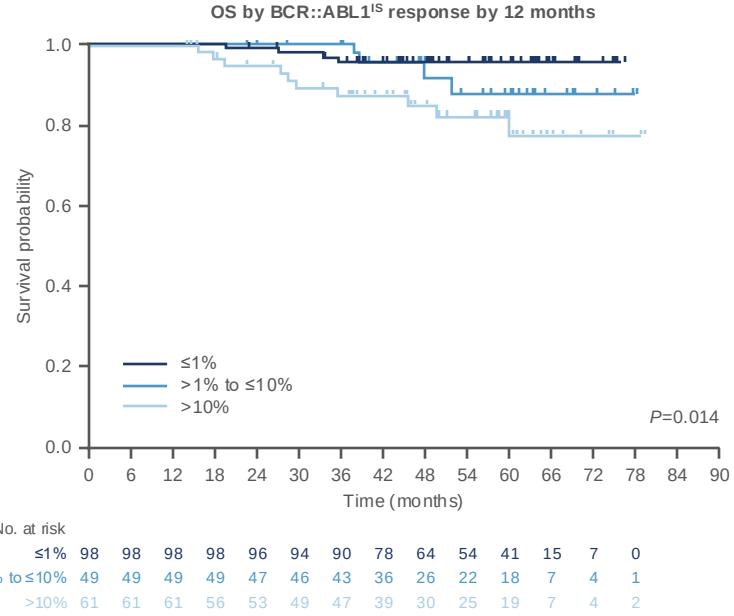
For patients like William, early use of ICLUSIG after one 2G TKI may lead to the deepest responses[1,2]

OPTIC: Landmark analysis[3]





Achieving ≤10% BCR::ABL1^{IS} within 12 months is associated with improved long-term PFS and OS

Figures adapted from Apperley J, et al.,[3] with permission from the author.

Representative patient case – not an actual patient

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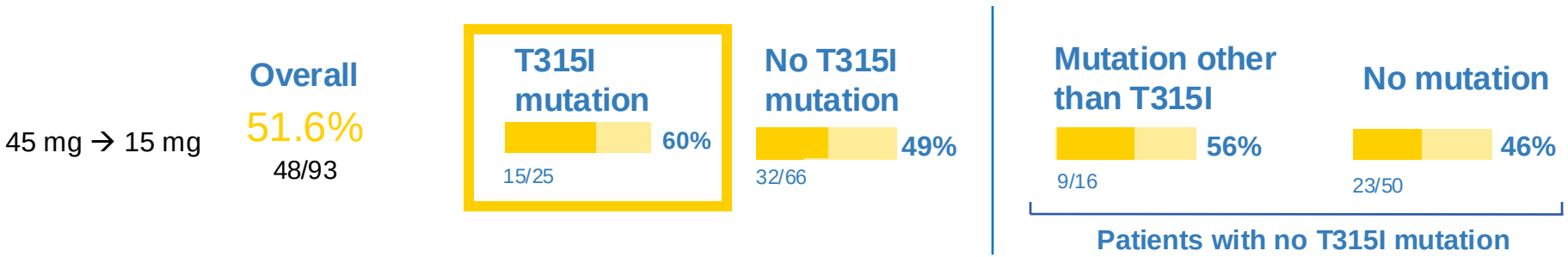
For patients like William, early use of ICLUSIG after one 2G TKI may lead to the deepest responses[1,2]

OPTIC: Mutational subgroup analysis[3]

Only the 45 mg → 15 mg cohort data are displayed to align with the SmPC recommended starting dose of 45 mg

≤1% BCR::ABL1^{IS} by 12 months by baseline mutation status*



OPTIC additional data: 30 mg and 15 mg

Subgroup analysis showed similar ≤1% BCR::ABL1^{IS} rates at 12 months in patients with and without T315I[3]

Representative patient case – not an actual patient.

*4 patients did not have a mutation test result at baseline. 2G, second generation; CP-CML, chronic-phase chronic myeloid leukaemia; IS, international scale; OPTIC, Optimizing Ponatinib Treatment In CP-CML; SmPC, Summary of Product Characteristics.

1. ICLUSIG® (ponatinib) SmPC; Incyte, March 2022; 2. Kantarjian HM, et al. *Am J Hematol.* 2022;97:1419–26; 3. Cortes J, et al. *Blood*. 2021;138:2042–50.

For patients like William, early use of ICLUSIG after one 2G TKI may lead to the deepest responses[1,2]

OPTIC: Mutational subgroup analysis[3]

≤1% BCR::ABL1^{IS} by 12 months by baseline mutation status*

	Overall	T315I mutation	No T315I mutation	Mutation other than T315I	No mutation
45 mg → 15 mg	51.6% 48/93	60% 15/25	49% 32/66	56% 9/16	46% 23/50
30 mg → 15 mg	35.5% 33/93	25% 5/20	38% 28/73	40% 6/15	38% 22/58
15 mg	25.3% 23/91	11% 2/19	30% 21/71	33% 6/18	28% 15/53

Patients with no T315I mutation

Subgroup analysis showed similar ≤1% BCR::ABL1^{IS} rates at 12 months in patients with and without T315I[3]

Representative patient case – not an actual patient.
*4 patients did not have a mutation test result at baseline. 2G, second generation; CP-CML, chronic-phase chronic myeloid leukaemia; IS, international scale; OPTIC, Optimizing Ponatinib Treatment In CP-CML; SmPC, Summary of Product Characteristics.

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Thanks to OPTIC, there's now clear evidence to induce response, reduce dose and maintain response with ICLUSIG to safely manage patients like William[1,2]

OPTIC: Dose-reduction regimen[3,4]

- Faster dose reductions vs PACE
- Fewer AE-related dose reductions vs PACE
- Lower median dose intensity vs PACE*
- Dose can be re-escalated if patients experience loss of response

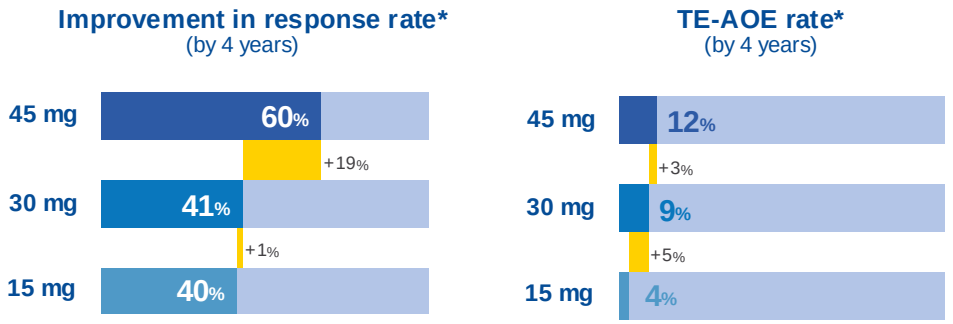
William may regain MMR or achieve a deep molecular response (≤0.01% BCR::ABL1^{IS}) with ICLUSIG and may maintain his response following dose reduction[3,4]

Representative patient case – not an actual patient. *The OPTIC comparison group started with an ICLUSIG dose of 45 mg which was reduced to 15 mg following a response.
AE, adverse event; IS, international scale; MMR, major molecular response; OPTIC, Optimizing Ponatinib Treatment In In Chronic-Phase Chronic Myeloid Leukaemia; PACE, Ponatinib Philadelphia Chromosome Positive Acute Lymphoblastic Leukaemia and Chronic Myeloid Leukaemia Evaluation; SmPC, Summary of Product Characteristics.

1. ICLUSIG® (ponatinib) SmPC; Incyte, March 2022; 2. Cortes J, et al. *Blood*. 2021;138:2042–50; 3. Cortes JE, et al. *Blood*. 2023;142(suppl 1):3164; Presentation at ASH 2023; Abstract 3164; available at: https://doi.org/10.1182/blood-2023-178790 (accessed September 2024); 4. Jabbour E, et al. *Leukemia*. 2024;38:475–81.

Together, we've built experience and confidence in treating patients like William with ICLUSIG over the last decade[1]

OPTIC: 4-year BCR::ABL1^{IS} and TE-AOE rates by dosing regimen[2]



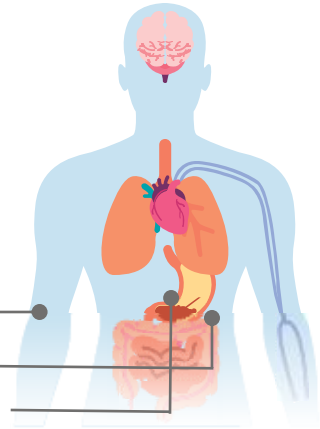
In OPTIC, a starting dose of 45 mg was associated with an 8% increase in the TE-AOE rate (12% vs 4%) but with a 20% improvement in the response rate (60% vs 40%)[2†]

William should be at minimal risk of having CV adverse events[2–4*]

Adjudicated TE-AOEs in PACE were more likely in patients with multiple CV factors[3]

OPTIC: Non-haematologic Grade ≥3 TEAEs by 4-years[2]

Across the most common TEAEs, the number of TEAEs decreased from year 1 onwards



- Hypertension (10%)
- Increased ALT (3%)
- Increased lipase (7%)

You may be confident that ICLUSIG tolerability will be manageable for William[1,2,5]

The OPTIC 4-year analysis established the consistency of the ICLUSIG safety profile over this prolonged period[2]

Representative patient case – not an actual patient. Please refer to the local SmPC for guidance on close monitoring of CV status.[1] Please refer to the safety slide for more information about the most common adverse events listed in the SmPC. *The analysis above is a descriptive clinical summary of the data to illustrate the relationship between the efficacy and TE-AOE rate; †Response rate of ≤1% BCR::ABL1^{IS} by 48 months when compared with the 15-mg cohort after 4 years of exposure. ALT, alanine transaminase; CV, cardiovascular; IS, international scale; OPTIC, Optimizing Ponatinib Treatment In Chronic Phase-Chronic Myeloid Leukaemia; PACE, Ponatinib Philadelphia Chromosome Positive Acute Lymphoblastic Leukaemia and Chronic Myeloid Leukaemia Evaluation; SmPC, Summary of Product Characteristics; TE-AOE, treatment-emergent arterial occlusive event; TEAE, treatment-emergent adverse event.

1. ICLUSIG® (ponatinib) SmPC; Incyte, March 2022; 2. Cortes JE, et al. *Blood*. 2023;142(suppl 1):3164; Presentation at ASH 2023; Abstract 3164; available at: https://doi.org/10.1182/blood-2023-178790 (accessed September 2024); 3. Januzzi JL, et al. *J Hematol Oncol*. 2022;15:1; 4. Jabbour E, et al. *Leukemia*. 2024;38:475–81; 5. Cortes J, et al. *Blood*. 2021;138:2042–50.

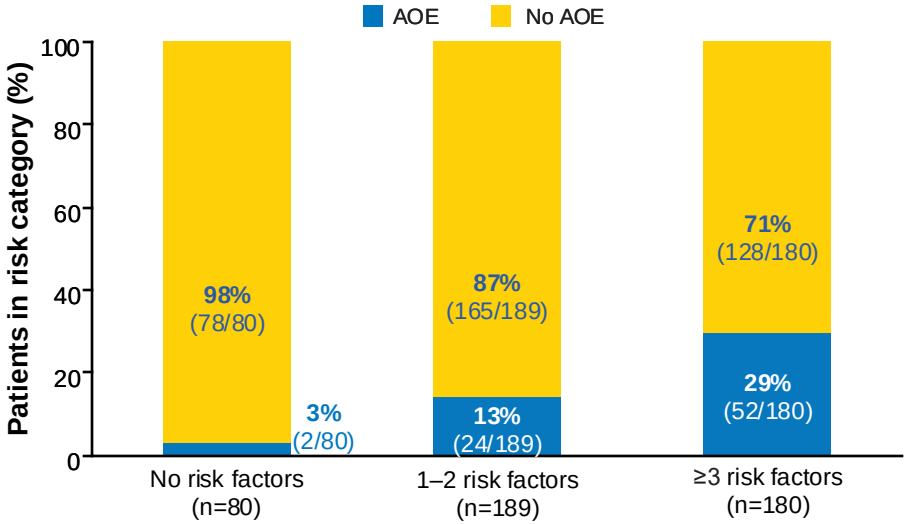
The recommended starting dose of ICLUSIG is 45 mg once daily. Please refer to the local SmPC for further information.[1]

Incyte

ICLUSIG®

Together, we've built experience and confidence in treating patients like William with ICLUSIG over the last decade[1]

PACE: Adjudicated AOEs[2]



- 98% of patients with no CV risk factors did not experience an AOE
- Rate of AOEs may not increase with treatment duration

Figure adapted from Januzzi JL, et al.[2] Freely distributed under the Creative Commons Attribution License (CC-BY 4.0).

Adjudicated AOEs in PACE were more likely in patients with multiple CV factors[2]

Representative patient case – not an actual patient. Please refer to the local SmPC for guidance on close monitoring of CV status.[1] Please refer to the safety slide for more information about the most common adverse events listed in the SmPC.

AOE, arterial occlusive event; CV, cardiovascular; PACE, Ponatinib Philadelphia Chromosome Positive Acute Lymphoblastic Leukaemia and Chronic Myeloid Leukaemia Evaluation. SmPC, Summary of Product Characteristics.

1. ICLUSIG® (ponatinib) SmPC; Incyte, March 2022; 2. Januzzi JL, et al. *J Hematol Oncol.* 2022;15:1.

Considering ICLUSIG for William

William has highly resistant CP-CML and he has no history of CV events

- ICLUSIG may offer patients like William a better future[1–3]
- **Together, we've built experience and confidence in treating patients, like William, with ICLUSIG over the last decade[1,2]**
- ICLUSIG was the first and remains the only TKI approved in Europe capable of inhibiting all single BCR::ABL1 resistance mutations, including T315I[1,3–5]

Representative patient case – not an actual patient.
CP-CML, chronic-phase chronic myeloid leukaemia; CV, cardiovascular; SmPC, Summary of Product Characteristics; TKI, tyrosine kinase inhibitor.

1. ICLUSIG® (ponatinib) SmPC; Incyte, March 2022; 2. Cortes JE, et al. *Blood*. 2023;142(suppl 1):3164; Presentation at ASH 2023; Abstract 3164; available at: https://doi.org/10.1182/blood-2023-178790 (accessed September 2024); 3. Cortes J, Lang F. *J Hematol Oncol.* 2021;14:44; 4. O'Hare T, et al. *Cancer Cell.* 2009;16:401–12; 5. Kantarjian HM, et al. *Am J Hematol.* 2022;97:1419–26.

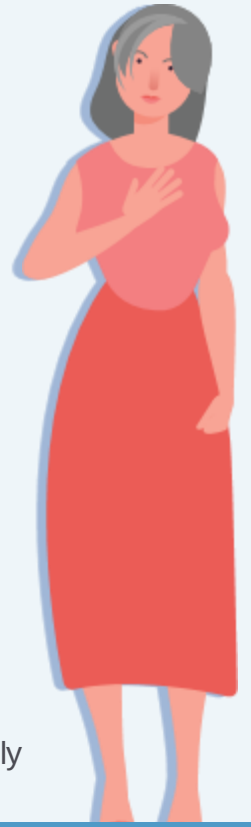
Agnes: Identifying eligible patients with high resistance and medium CV risk

Agnes

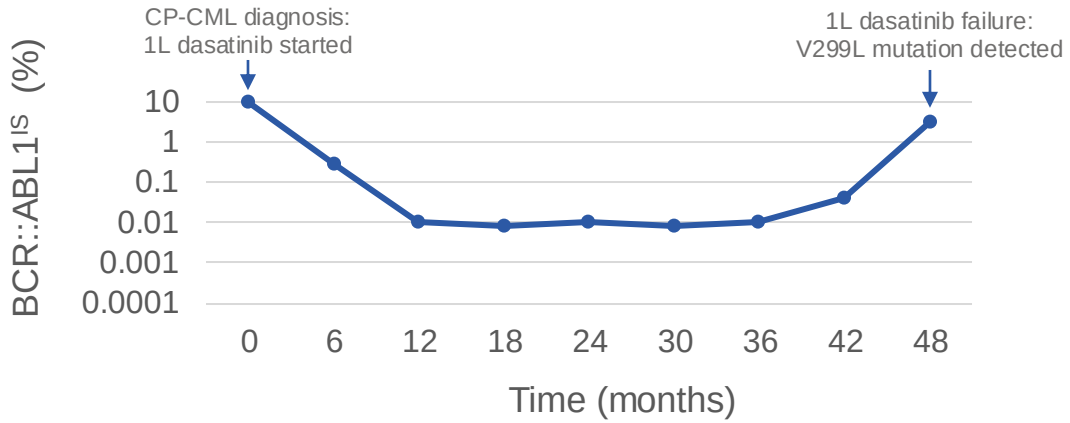
- Agnes is 68 years old and was a paramedic before retiring a few years ago
- She volunteers to teach first-aid classes in the local community and is looking forward to seeing her son get married

Clinical background

- Agnes was diagnosed with CP-CML 48 months ago and became resistant to 1L dasatinib after 48 months
- V299L mutation was detected at 48 months
- Her BCR::ABL1^{IS} level is 3%
- Her ELTS score is intermediate
- Agnes has a family history of dyslipidaemia and, after lifestyle changes were ineffective, was recently prescribed statins to balance her lipid levels



Agnes was responding to 1L dasatinib until her BCR::ABL1^{IS} level increased to 3% at 48 months



Agnes may have fast, deep and durable responses with ICLUSIG[1]

OPTIC and PACE: Patient baseline characteristics[1,2]

ICLUSIG may benefit patients like Agnes[3–5]

V299L single resistance mutation has been shown to confer resistance to both bosutinib and dasatinib[6]

Representative patient case – not an actual patient.

1L, first line; CV, cardiovascular; ELTS, EUTOS Long Term Survival; EUTOS, European Treatment and Outcome Study; IS, international scale; OPTIC, Optimizing Ponatinib Treatment In Chronic Phase-CML Chronic Myeloid Leukaemia; PACE, Ponatinib Philadelphia Chromosome Positive Acute Lymphoblastic Leukaemia and Chronic Myeloid Leukaemia Evaluation; SmPC, Summary of Product Characteristics.

1. Cortes JE, et al. *Blood.* 2018;132:393–404; 2. Cortes J, et al. *Blood.* 2021;138:2042–50; 3. Jabbour E, et al. *Leukemia.* 2024;38:475–81; 4. Hochhaus A, et al. *Leukemia.* 2020;34:966–84; 5. Cross N, et al. *Leukemia.* 2023;37:2150–67; 6. Elnair E. Galal A. *BMC Cancer.* 2018;18:1097; 7. ICLUSIG® (ponatinib) SmPC; Incyte, March 2022.

The recommended starting dose of ICLUSIG is 45 mg once daily. Please refer to the local SmPC for further information.[7]

Agnes: Identifying eligible patients with high resistance and medium CV risk

OPTIC: Patient baseline characteristics[1]

Only the 45 mg → 15 mg cohort data are displayed to align with the SmPC recommended starting dose of 45 mg

Characteristic	45 mg → 15 mg (n=94)
Age, years, median (range)	46 (19–81)
Male, n (%)	50 (53)
Prior TKIs, n (%)	
2	43 (46)
≥3	50 (53)
Reason prior therapy stopped, n (%)	
Resistant	92 (98)
BCR::ABL1 mutation, n (%)	
No mutation	51 (54)
T315I	25 (27)
Other	15 (16)

OPTIC additional data: 30 mg and 15 mg

Representative patient case – not an actual patient.

CP-CML, chronic-phase chronic myeloid leukaemia; CV, cardiovascular; OPTIC, Optimizing Ponatinib Treatment In CP-CML; TKI, tyrosine kinase inhibitor; SmPC, Summary of Product Characteristics.

1. Cortes J, et al. *Blood.* 2021;138:2042–50; 2. ICLUSIG® (ponatinib) SmPC; Incyte, March 2022.

The recommended starting dose of ICLUSIG is 45 mg once daily. Please refer to the local SmPC for further information.[2]

Agnes: Identifying eligible patients with high resistance and medium CV risk

OPTIC: Patient baseline characteristics[1]

Characteristic	45 mg → 15 mg (n=94)	30 mg → 15 mg (n=94)	15 mg (n=94)
Age, years, median (range)	46 (19–81)	51 (21–77)	49 (18–81)
Male, n (%)	50 (53)	38 (40)	53 (56)
Prior TKIs, n (%)			
2	43 (46)	37 (39)	42 (45)
≥3	50 (53)	56 (60)	48 (51)
Reason prior therapy stopped, n (%)			
Resistant	92 (98)	94 (100)	94 (100)
BCR::ABL1 mutation, n (%)			
No mutation	51 (54)	58 (62)	54 (57)
T315I	25 (27)	21 (22)	21 (22)
Other	15 (16)	12 (13)	18 (19)

Representative patient case – not an actual patient.
CP-CML, chronic-phase chronic myeloid leukaemia; CV, cardiovascular; OPTIC, Optimizing Ponatinib Treatment In CP-CML; TKI, tyrosine kinase inhibitor; SmPC, Summary of Product Characteristics.

1. Cortes J, et al. *Blood.* 2021;138:2042–50; 2. ICLUSIG® (ponatinib) SmPC; Incyte, March 2022.

The recommended starting dose of ICLUSIG is 45 mg once daily. Please refer to the local SmPC for further information.[2]

Agnes: Identifying eligible patients with high resistance and medium CV risk

OPTIC: Patient baseline characteristics[1]

Only the 45 mg → 15 mg cohort data are displayed to align with the SmPC recommended starting dose of 45 mg

Characteristic	45 mg → 15 mg (n=94)
Patients with CV risk factors, n (%)	
Hypertension	26 (28)
Diabetes mellitus	5 (5)
Hyperlipidaemia	19 (20)
Patients with ≥1 CV risk factor	32 (34)
Patients with >1 CV risk factor	5 (5)
Current or former smokers	29 (31)
BMI, kg/m^2, median (range)	27 (17–45)

OPTIC additional data: 30 mg and 15 mg

Representative patient case – not an actual patient.

BMI, body mass index; CP-CML, chronic-phase chronic myeloid leukaemia; CV, cardiovascular; OPTIC, Optimizing Ponatinib Treatment In CP-CML; SmPC, Summary of Product Characteristics.

1. Cortes J, et al. *Blood.* 2021;138:2042–50; 2. ICLUSIG® (ponatinib) SmPC; Incyte, March 2022.

BECAUSE TOMORROW MATTERS TODAY

Agnes: Identifying eligible patients with high resistance and medium CV risk

OPTIC: Patient baseline characteristics[1]

Characteristic	45 mg → 15 mg (n=94)	30 mg → 15 mg (n=94)	15 mg (n=94)
Patients with CV risk factors, n (%)			
Hypertension	26 (28)	25 (27)	22 (23)
Diabetes mellitus	5 (5)	3 (3)	7 (7)
Hyperlipidaemia	19 (20)	14 (15)	16 (17)
Patients with ≥1 CV risk factor	32 (34)	30 (32)	32 (34)
Patients with >1 CV risk factor	5 (5)	4 (4)	4 (4)
Current or former smokers	29 (31)	37 (39)	33 (35)
BMI, kg/m^2, median (range)	27 (17–45)	26 (17–49)	26 (18–49)

Representative patient case – not an actual patient.
BMI, body mass index; CP-CML, chronic-phase chronic myeloid leukaemia; CV, cardiovascular; OPTIC, Optimizing Ponatinib Treatment In CP-CML; SmPC, Summary of Product Characteristics.
1. Cortes J, et al. *Blood.* 2021;138:2042–50; 2. ICLUSIG® (ponatinib) SmPC; Incyte, March 2022.

The recommended starting dose of ICLUSIG is 45 mg once daily. Please refer to the local SmPC for further information.[2]

ICLUSIG®

Agnes: Identifying eligible patients with high resistance and medium CV risk

PACE: Patient baseline characteristics[1]

Characteristic	CP-CML (n=270)	AP-CML (n=85)	BP-CML (n=62)	Ph+ ALL (n=32)	Total (N=449)
Age, years, median (range)	60 (18–94)	60 (23–82)	53 (18–74)	62 (20–80)	59 (18–94)
Female, n (%)	126 (47)	48 (56)	25 (40)	12 (38)	211 (47)
Prior TKIs, n (%)					
≥2	251 (93)	80 (94)	60 (97)	26 (81)	417 (93)
≥3	154 (57)	47 (55)	37 (60)	12 (38)	250 (56)
Reason prior therapy stopped, n (%)					
Resistant	215 (80)	74 (87)	59 (95)	27 (84)	375 (84)
Intolerant only	39 (14)	6 (7)	2 (3)	2 (6)	49 (11)
Both resistant and intolerant	52 (19)	11 (13)	13 (21)	5 (16)	81 (18)
BCR::ABL1 mutation, n (%)	64 (24)	18 (21)	24 (39)	22 (69)	128 (29)

Representative patient case – not an actual patient.

ALL, acute lymphoblastic leukaemia; AP, accelerated phase; BP, blastic phase; CML, chronic myeloid leukaemia; CP, chronic phase; CV, cardiovascular; PACE, Ponatinib Ph+ ALL and CML Evaluation; Ph+, Philadelphia chromosome positive; SmPC, Summary of Product Characteristics; TKI, tyrosine kinase inhibitor.

1. Cortes JE, et al. *Blood.* 2018;132:393–404; 2. ICLUSIG® (ponatinib) SmPC; Incyte, March 2022.

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Agnes: Identifying eligible patients with high resistance and medium CV risk

ICLUSIG may benefit patients like Agnes[1–3]

ICLUSIG is the only approved **BCR::ABL1 inhibitor 3G TKI** designed to potently inhibit BCR::ABL1 with or without any single resistance mutation, including V299L[1–3]

Mutations account for resistance in approximately **1/3** of patients with CP-CML[1]

Representative patient case – not an actual patient.

2G, second generation; 3G, third generation; CP-CML, chronic-phase chronic myeloid leukaemia; CV, cardiovascular; ELN, European LeukemiaNet; SmPC, Summary of Product Characteristics; TKI, tyrosine kinase inhibitor.

1. Jabbour E, et al. *Leukemia*. 2024;38:475–81; 2. Hochhaus A, et al. *Leukemia*. 2020;34:966–84; 3. Cross N, et al. *Leukemia*. 2023;37:2150–67;
4. ICLUSIG® (ponatinib) SmPC; Incyte, March 2022.

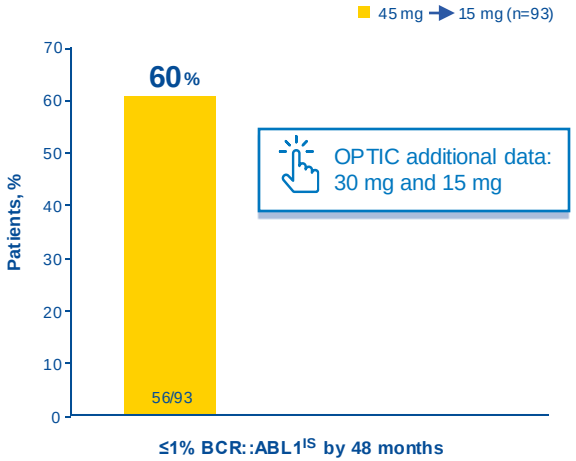
The recommended starting dose of ICLUSIG is 45 mg once daily. Please refer to the local SmPC for further information.[4]

BECAUSE TOMORROW MATTERS TODAY

For patients like Agnes, early use of ICLUSIG after one 2G TKI may lead to the deepest responses[1,2]

OPTIC: ≤1% BCR::ABL1^{IS} by 48 months[3]*

Only the 45 mg → 15 mg cohort data are displayed to align with the SmPC recommended starting dose of 45 mg



OPTIC additional data: 30 mg and 15 mg

60% of patients receiving 45 mg → 15 mg ICLUSIG achieved ≤1% BCR::ABL1^{IS} by 48 months

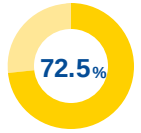
Figure adapted from Cortes JE, et al.[3] with permission from the author.

Results from the 4-year OPTIC analysis suggest that Agnes may achieve a deep, durable molecular response with ICLUSIG[3]

OPTIC: Estimated 4-year PFS and OS[3]*

Only the 45 mg → 15 mg cohort data are displayed to align with the SmPC recommended starting dose of 45 mg

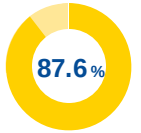
Estimated 4-year PFS



45 mg → 15 mg

OPTIC additional data: 30 mg and 15 mg

Estimated 4-year OS



45 mg → 15 mg

Estimated 4-year PFS was 72.5% and OS was 87.6% for patients receiving 45 mg → 15 mg ICLUSIG

Agnes may achieve long-term survival with ICLUSIG[3]

Achieving ≤10% BCR::ABL1^{IS} within 12 months is associated with improved long-term PFS and OS[4]

Most patients in the 45 mg → 15 mg cohort achieved ≤1% BCR::ABL1^{IS} by 4 years regardless of baseline mutation status[3]

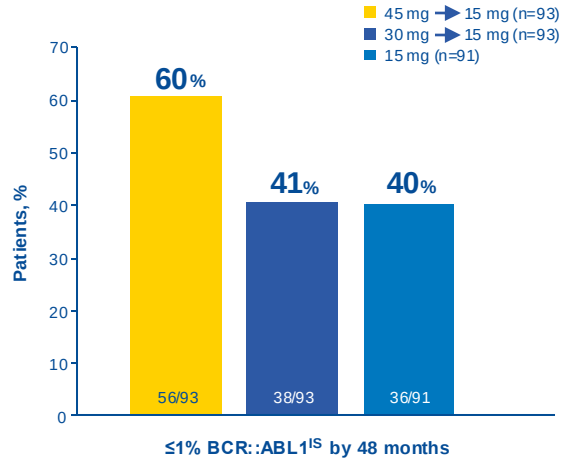
Representative patient case – not an actual patient.
*Median follow-up: 63 months in the 45-mg cohort. 2G, second generation; CP-CML, chronic-phase chronic myeloid leukaemia; IS, international scale; OPTIC, Optimizing Ponatinib Treatment In CP-CML; OS, overall survival; PFS, progression-free survival; SmPC, Summary of Product Characteristics.

1. ICLUSIG® (ponatinib) SmPC; Incyte, March 2022; 2. Kantarjian HM, et al. *Am J Hematol.* 2022;97:1419–26; 3. Cortes JE, et al. *Blood*. 2023;142(suppl 1):3164; Presentation at ASH 2023; Abstract 3164; available at: https://doi.org/10.1182/blood-2023-178790 (accessed September 2024); 4. Apperley J, et al. *Blood*. 2022;140(suppl 1):6760–62; Presentation at ASH 2022; Abstract 3009; available at: https://doi.org/10.1182/blood-2022-157956 (accessed September 2024).

Incyte

For patients like Agnes, early use of ICLUSIG after one 2G TKI may lead to the deepest responses[1,2]

OPTIC: ≤1% BCR::ABL1^{IS} by 48 months[3]*

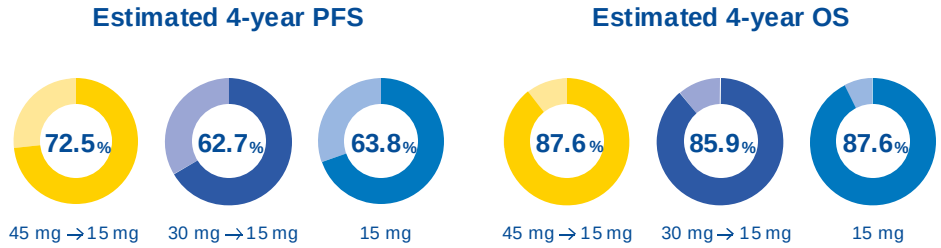


60% of patients receiving 45 mg → 15 mg ICLUSIG achieved ≤1% BCR::ABL1^{IS} by 48 months

Figure adapted from Cortes JE, et al.[3] with permission from the author.

Results from the 4-year OPTIC analysis suggest that Agnes may achieve a deep, durable molecular response with ICLUSIG[3]

OPTIC: Estimated 4-year PFS and OS[3]*



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Most patients in the 45 mg → 15 mg cohort achieved ≤1% BCR::ABL1^{IS} by 4 years regardless of baseline mutation status[3]

Representative patient case – not an actual patient.

*Median follow-up: 63 months in the 45-mg cohort and 15-mg cohort; 65 months in the 30-mg cohort. 2G, second generation; CP-CML, chronic-phase chronic myeloid leukaemia; IS, international scale; OPTIC, Optimizing Ponatinib Treatment In CP-CML; OS, overall survival; PFS, progression-free survival; SmPC, Summary of Product Characteristics.

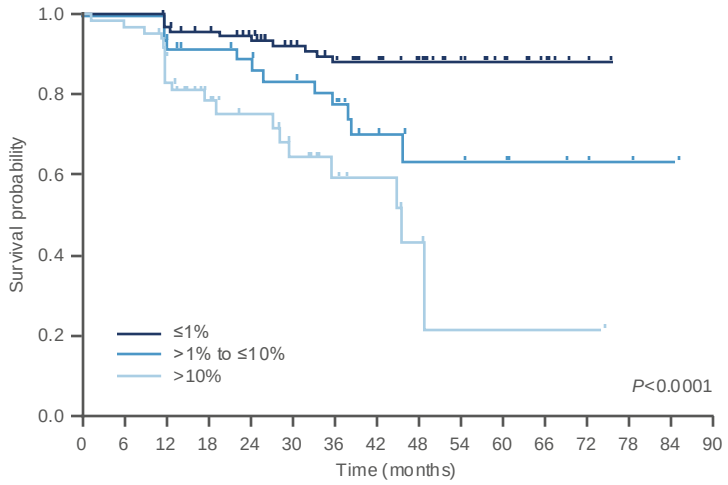
1. ICLUSIG® (ponatinib) SmPC; Incyte, March 2022; 2. Kantarjian HM, et al. *Am J Hematol.* 2022;97:1419–26; 3. Cortes JE, et al. *Blood*. 2023;142(suppl 1):3164; Presentation at ASH 2023; Abstract 3164; available at: https://doi.org/10.1182/blood-2023-178790 (accessed September 2024); 4. Apperley J, et al. *Blood*. 2022;140(suppl 1):6760–62; Presentation at ASH 2022; Abstract 3009; available at: https://doi.org/10.1182/blood-2022-157956 (accessed September 2024).

The recommended starting dose of ICLUSIG is 45 mg once daily. Please refer to the local SmPC for further information.[1]

For patients like Agnes, early use of ICLUSIG after one 2G TKI may lead to the deepest responses[1,2]

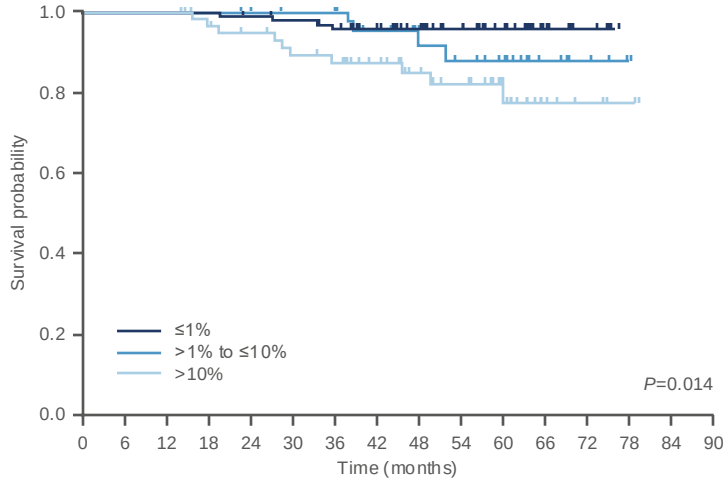
OPTIC: Landmark analysis[3]

PFS by BCR::ABL1^{IS} response by 12 months



No. at risk														
≤1%	98	98	96	88	84	75	70	61	49	38	27	8	2	0
>1% to ≤10%	49	49	49	38	35	30	25	15	9	8	8	4	2	2	1
>10%	61	60	49	27	22	17	12	8	4	1	1	1	1		

OS by BCR::ABL1^{IS} response by 12 months



No. at risk														
≤1%	98	98	98	98	96	94	90	78	64	54	41	15	7	0
>1% to ≤10%	49	49	49	49	47	46	43	36	26	22	18	7	4	1
>10%	61	61	61	56	53	49	47	39	30	25	19	7	4	2

Achieving ≤10% BCR::ABL1^{IS} within 12 months is associated with improved long-term PFS and OS

Figures adapted from Apperley J, et al.,[3] with permission from the author.

Representative patient case – not an actual patient.

2G, second generation; CP-CML, chronic-phase chronic myeloid leukaemia; IS, international scale; OPTIC, Optimizing Ponatinib Treatment In CP-CML; OS, overall survival; PFS, progression-free survival; SmPC, Summary of Product Characteristics.

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The recommended starting dose of ICLUSIG is 45 mg once daily. Please refer to the local SmPC for further information.[1]

Thanks to OPTIC, there's now clear evidence to induce response, reduce dose and maintain response with ICLUSIG to safely manage patients like Agnes[1,2]

OPTIC: Dose-reduction regimen[3,4]

- Faster dose reductions vs PACE
- Fewer AE-related dose reductions vs PACE
- Lower median dose intensity vs PACE
- Dose can be re-escalated if patients experience loss of response

Agnes may regain MMR or achieve a deep molecular response (≤0.01% BCR::ABL1^{IS}) with ICLUSIG and may maintain her response following dose reduction[3,4]

Representative patient case – not an actual patient.

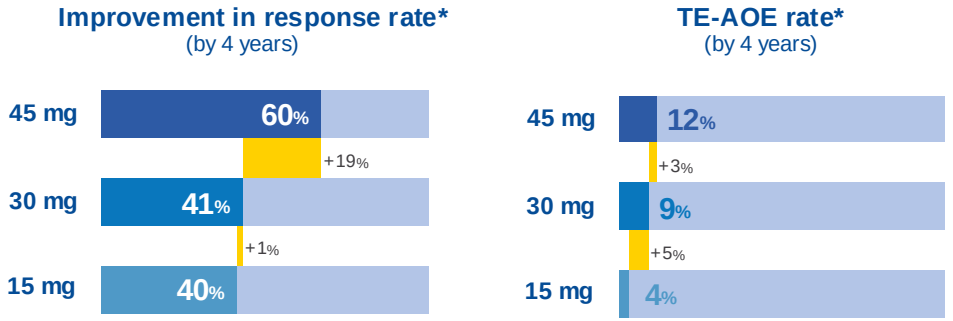
AE, adverse event; IS, international scale; MMR, major molecular response; OPTIC, Optimizing Ponatinib Treatment In Chronic Phase-Chronic Myeloid Leukaemia; PACE, Ponatinib Philadelphia Chromosome Positive Acute Lymphoblastic Leukaemia and Chronic Myeloid Leukaemia Evaluation; SmPC, Summary of Product Characteristics.

1. ICLUSIG® (ponatinib) SmPC; Incyte, March 2022; 2. Cortes J, et al. *Blood*. 2021;138:2042–50; 3. Cortes JE, et al. *Blood*. 2023;142(suppl 1):3164; Presentation at ASH 2023; Abstract 3164; available at: https://doi.org/10.1182/blood-2023-178790 (accessed September 2024); 4. Jabbour E, et al. *Leukemia*. 2024;38:475–81.

The recommended starting dose of ICLUSIG is 45 mg once daily. Please refer to the local SmPC for further information.[1]

Together, we've built experience and confidence in treating patients like Agnes with ICLUSIG over the last decade[1]

OPTIC: 4-year BCR::ABL1^{IS} and TE-AOE rates by dosing regimen[2]



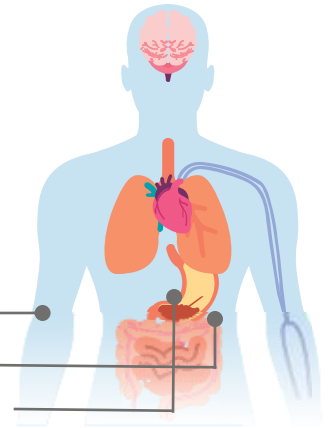
In OPTIC, a starting dose of 45 mg was associated with an 8% increase in the TE-AOE rate (12% vs 4%) but with a 20% improvement in the response rate (60% vs 40%)[2†]

Agnes's hyperlipidaemia is well-controlled, so she should be at minimal risk of CV adverse events[2–4*]

Rate of TE-AOEs may not increase with treatment duration[3]

OPTIC: Non-haematologic Grade ≥3 TEAEs by 4-years[2]

Across the most common TEAEs, the number of TEAEs decreased from year 1 onwards



- Hypertension (10%)
- Increased ALT (3%)
- Increased lipase (7%)

You may be confident that ICLUSIG tolerability will be manageable for Agnes[1,2,5]

The OPTIC 4-year analysis established the consistency of the ICLUSIG safety profile over this prolonged period[2]

Representative patient case – not an actual patient. Please refer to the local SmPC for guidance on close monitoring of CV status.[1] Please refer to the safety slide for more information about the most common adverse events listed in the SmPC.

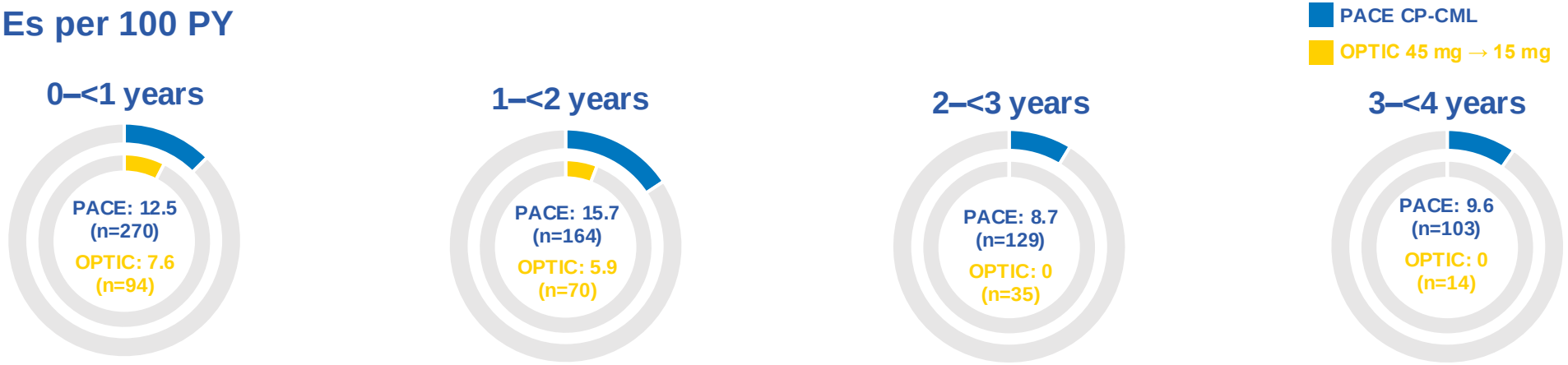
*The analysis above is a descriptive clinical summary of the data to illustrate the relationship between the efficacy and TE-AOE rate; †Response rate of ≤1% BCR::ABL1^{IS} by 48 months when compared with the 15-mg cohort after 4 years of exposure. ALT, alanine transaminase; CP-CML, chronic-phase chronic myeloid leukaemia; CV, cardiovascular; IS, international scale; OPTIC, Optimizing Ponatinib Treatment In CP-CML; SmPC, Summary of Product Characteristics; TE-AOE, treatment-emergent arterial occlusive event; TEAE, treatment-emergent adverse event.

1. ICLUSIG® (ponatinib) SmPC; Incyte, March 2022; 2. Cortes JE, et al. *Blood*. 2023;142(suppl 1):3164; Presentation at ASH 2023; Abstract 3164; available at: https://doi.org/10.1182/blood-2023-178790 (accessed September 2024); 3. Jabbour E, et al. *Leukemia*. 2024;38:475–81; 4. Januzzi JL, et al. *J Hematol Oncol*. 2022;15:1; 5. Cortes J, et al. *Blood*. 2021;138:2042–50.

Together, we've built experience and confidence in treating patients like Agnes with ICLUSIG over the last decade[1]

OPTIC vs PACE: Exposure-adjusted AOEs[2]

AOEs per 100 PY



- Patients in OPTIC had a lower exposure-adjusted incidence of AOEs vs PACE and no AOEs occurred from year 3 onwards, demonstrating that response-based dosing for ICLUSIG improves treatment tolerance and mitigates CV risk

Rate of AOEs may not increase with treatment duration[2]

Representative patient case – not an actual patient. Please refer to the local SmPC for guidance on close monitoring of CV status.[1] Please refer to the safety slide for more information about the most common adverse events listed in the SmPC.

AOE, arterial occlusive event; CV, cardiovascular; OPTIC, Optimizing Ponatinib Treatment In Chronic Phase-Chronic Myeloid Leukaemia; PACE, Ponatinib Philadelphia Chromosome Positive Acute Lymphoblastic Leukaemia and Chronic Myeloid Leukaemia Evaluation; PY, patient-years; SmPC, Summary of Product Characteristics.

1. ICLUSIG® (ponatinib) SmPC; Incyte, March 2022; 2. Jabbour E, et al. *Leukemia*. 2024;38:475–81.

The recommended starting dose of ICLUSIG is 45 mg once daily. Please refer to the local SmPC for further information.[1]

Considering ICLUSIG for Agnes

Agnes has highly resistant CP-CML and her CV risk factors are well controlled

- ICLUSIG may offer patients like Agnes a better future[1,2]
- **Together, we've built experience and confidence in treating patients, like Agnes, with ICLUSIG over the last decade[1,2]**
- ICLUSIG was the first and remains the only TKI approved in Europe capable of inhibiting all single BCR::ABL1 resistance mutations, including V299L[1,3,4]

Representative patient case – not an actual patient.
CP-CML, chronic-phase chronic myeloid leukaemia; CV, cardiovascular; SmPC, Summary of Product Characteristics; TKI, tyrosine kinase inhibitor.
1. ICLUSIG® (ponatinib) SmPC; Incyte, March 2022; 2. Cortes JE, et al. *Blood*. 2023;142(suppl 1):3164; Presentation at ASH 2023; Abstract 3164; available at: https://doi.org/10.1182/blood-2023-178790 (accessed September 2024); 3. O'Hare T, et al. *Cancer Cell.* 2009;16:401–12; 4. Kantarjian HM, et al. *Am J Hematol.* 2022;97:1419–26.

Francine: Identifying eligible patients with high resistance and no mutations

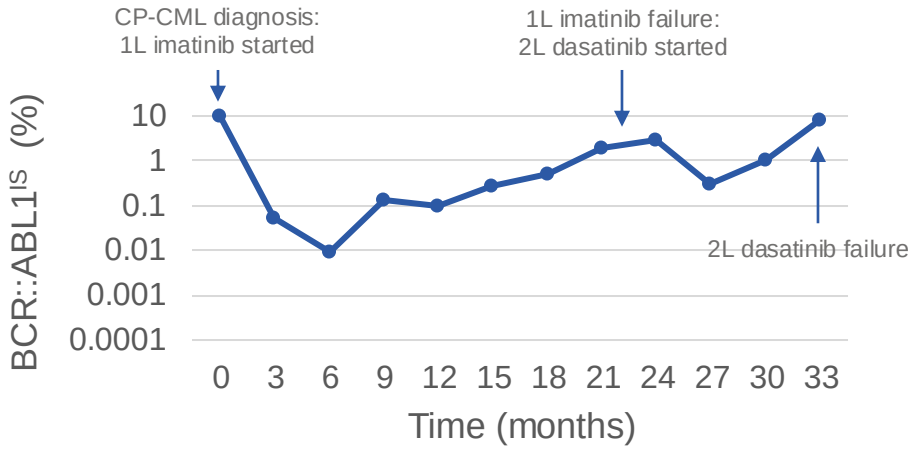
Francine

- Francine is 69 years old. She was a nurse for over 40 years before retiring to spend more time with her family
- She likes to stay active and is a member of her local walking club

Clinical background

- Francine was diagnosed with CP-CML 33 months ago and became resistant to 1L imatinib after 24 months and 2L dasatinib at 33 months
- Her BCR::ABL1^{IS} level is 8% and she has no mutations detected
- Her ELTS score is low
- Francine has no previous history of CV events

Francine was responding to 2L dasatinib until her BCR::ABL1^{IS} level increased to 8% at 33 months



Francine may have fast, deep and durable responses with ICLUSIG[1]

OPTIC and PACE: Patient baseline characteristics[1,2]

ICLUSIG may benefit patients like Francine[3]

ELN recommendations (2020) note that patients who are resistant to a 2G TKI without specific mutations should preferably be treated with ICLUSIG instead of another 2G TKI, unless CV risk factors preclude its use[4]

Representative patient case – not an actual patient.

1L, first line; 2L, second line; CV, cardiovascular; ELN, European LeukemiaNet; ELTS, EUTOS Long Term Survival; EUTOS, European Treatment and Outcome Study; IS, international scale; OPTIC, Optimizing Ponatinib Treatment In Chronic Phase-Chronic Myeloid Leukaemia; PACE, Ponatinib Philadelphia Chromosome Positive Acute Lymphoblastic Leukaemia and Chronic Myeloid Leukaemia Evaluation; SmPC, Summary of Product Characteristics; TKI, tyrosine kinase inhibitor.

1. Cortes JE, et al. *Blood.* 2018;132:393–404; 2. Cortes J, et al. *Blood.* 2021;138:2042–50; 3. De Santis S, et al. *Onco Targets Ther.* 2022;15:103–16; 4. Hochhaus A, et al. *Leukemia.* 2020;34:966–84; 5. ICLUSIG® (ponatinib) SmPC; Incyte, March 2022.

The recommended starting dose of ICLUSIG is 45 mg once daily. Please refer to the local SmPC for further information.[5]

Francine: Identifying eligible patients with high resistance and no mutations

OPTIC: Patient baseline characteristics[1]

Only the 45 mg → 15 mg cohort data are displayed to align with the SmPC recommended starting dose of 45 mg

Characteristic	45 mg → 15 mg (n=94)
Age, years, median (range)	46 (19–81)
Male, n (%)	50 (53)
Prior TKIs, n (%)	
2	43 (46)
≥3	50 (53)
Reason prior therapy stopped, n (%)	
Resistant	92 (98)
BCR::ABL1 mutation, n (%)	
No mutation	51 (54)
T315I	25 (27)
Other	15 (16)
BMI, kg/m^2, median (range)	27 (17–45)

OPTIC additional data: 30 mg and 15 mg

Representative patient case – not an actual patient.
BMI, body mass index; CP-CML, chronic-phase chronic myeloid leukaemia; CV, cardiovascular; OPTIC, Optimizing Ponatinib Treatment In CP-CML; SmPC, Summary of Product Characteristics; TKI, tyrosine kinase inhibitor.
1. Cortes J, et al. *Blood.* 2021;138:2042–50; 2. ICLUSIG® (ponatinib) SmPC; Incyte, March 2022.

Francine: Identifying eligible patients with high resistance and no mutations

OPTIC: Patient baseline characteristics[1]

Characteristic	45 mg → 15 mg (n=94)	30 mg → 15 mg (n=94)	15 mg (n=94)
Age, years, median (range)	46 (19–81)	51 (21–77)	49 (18–81)
Male, n (%)	50 (53)	38 (40)	53 (56)
Prior TKIs, n (%)			
2	43 (46)	37 (39)	42 (45)
≥3	50 (53)	56 (60)	48 (51)
Reason prior therapy stopped, n (%)			
Resistant	92 (98)	94 (100)	94 (100)
BCR::ABL1 mutation, n (%)			
No mutation	51 (54)	58 (62)	54 (57)
T315I	25 (27)	21 (22)	21 (22)
Other	15 (16)	12 (13)	18 (19)
BMI, kg/m^2, median (range)	27 (17–45)	26 (17–49)	26 (18–49)

Representative patient case – not an actual patient.

BMI, body mass index; CP-CML, chronic-phase chronic myeloid leukaemia; CV, cardiovascular; OPTIC, Optimizing Ponatinib Treatment In CP-CML; SmPC, Summary of Product Characteristics; TKI, tyrosine kinase inhibitor.

1. Cortes J, et al. *Blood.* 2021;138:2042–50; 2. ICLUSIG® (ponatinib) SmPC; Incyte, March 2022.

The recommended starting dose of ICLUSIG is 45 mg once daily. Please refer to the local SmPC for further information.[2]

BECAUSE TOMORROW MATTERS TODAY

Francine: Identifying eligible patients with high resistance and no mutations

PACE: Patient baseline characteristics[1]

Characteristic	CP-CML (n=270)	AP-CML (n=85)	BP-CML (n=62)	Ph+ ALL (n=32)	Total (N=449)
Age, years, median (range)	60 (18–94)	60 (23–82)	53 (18–74)	62 (20–80)	59 (18–94)
Female, n (%)	126 (47)	48 (56)	25 (40)	12 (38)	211 (47)
Prior TKIs, n (%)					
≥2	251 (93)	80 (94)	60 (97)	26 (81)	417 (93)
≥3	154 (57)	47 (55)	37 (60)	12 (38)	250 (56)
Reason prior therapy stopped, n (%)					
Resistant	215 (80)	74 (87)	59 (95)	27 (84)	375 (84)
Intolerant only	39 (14)	6 (7)	2 (3)	2 (6)	49 (11)
Both resistant and intolerant	52 (19)	11 (13)	13 (21)	5 (16)	81 (18)
BCR::ABL1 mutation, n (%)	64 (24)	18 (21)	24 (39)	22 (69)	128 (29)

Representative patient case – not an actual patient.

ALL, acute lymphoblastic leukaemia; AP, accelerated phase; BP, blastic phase; CML, chronic myeloid leukaemia; CP, chronic phase; CV, cardiovascular; PACE, Ponatinib Ph+ ALL and CML Evaluation; Ph+, Philadelphia chromosome positive; SmPC, Summary of Product Characteristics; TKI, tyrosine kinase inhibitor.

1. Cortes JE, et al. *Blood.* 2018;132:393–404; 2. ICLUSIG® (ponatinib) SmPC; Incyte, March 2022.

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Francine: Identifying eligible patients with high resistance and no mutations

ICLUSIG may benefit patients like Francine[1]

The most frequent mechanisms of resistance in CP-CML are **BCR::ABL1-independent**[1]

In CP-CML, **60–70%** of patients with unsatisfactory response to TKI therapy are negative for mutations or transcript overexpression[1]

Representative patient case – not an actual patient.
CP-CML, chronic-phase chronic myeloid leukaemia; SmPC, Summary of Product Characteristics; TKI, tyrosine kinase inhibitor.
1. De Santis S, et al. *Onco Targets Ther*. 2022;15:103–16; 2. ICLUSIG® (ponatinib) SmPC; Incyte, March 2022.

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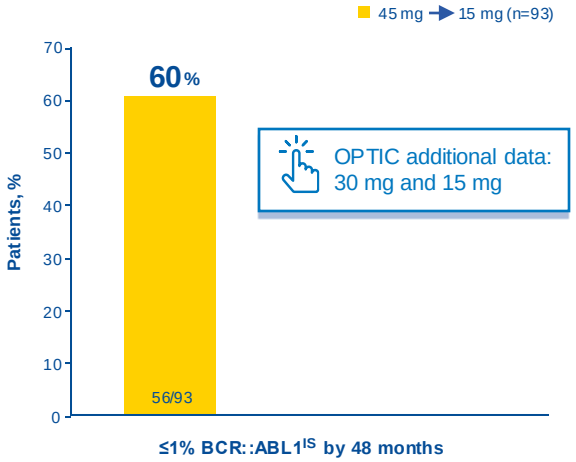
BECAUSE TOMORROW MATTERS TODAY

For patients like Francine, early use of ICLUSIG after one 2G TKI may lead to the deepest responses[1,2]

OPTIC: ≤1% BCR::ABL1^{IS} by 48 months[3]*

Only the 45 mg → 15 mg cohort data are displayed to align with the SmPC recommended starting dose of 45 mg



OPTIC additional data: 30 mg and 15 mg

60% of patients receiving 45 mg → 15 mg ICLUSIG achieved ≤1% BCR::ABL1^{IS} by 48 months

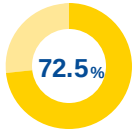
Figure adapted from Cortes JE, et al.[3] with permission from the author.

Results from the 4-year OPTIC analysis suggest that Francine may achieve a deep, durable molecular response with ICLUSIG[3]

OPTIC: Estimated 4-year PFS and OS[3]*

Only the 45 mg → 15 mg cohort data are displayed to align with the SmPC recommended starting dose of 45 mg

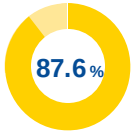
Estimated 4-year PFS



45 mg → 15 mg

OPTIC additional data: 30 mg and 15 mg

Estimated 4-year OS



45 mg → 15 mg

Estimated 4-year PFS was 72.5% and OS was 87.6% for patients receiving 45 mg → 15 mg ICLUSIG

Francine may achieve long-term survival with ICLUSIG[3]

Subgroup analysis showed similar ≤1% BCR::ABL1^{IS} rates at 12 months in patients with and without T315I[4]

Representative patient case – not an actual patient.
*Median follow-up: 63 months in the 45-mg cohort. 2G, second generation; CP-CML, chronic-phase chronic myeloid leukaemia; IS, international scale; OPTIC, Optimizing Ponatinib Treatment In CP-CML; OS, overall survival; PFS, progression-free survival; SmPC, Summary of Product Characteristics.

1. ICLUSIG® (ponatinib) SmPC; Incyte, March 2022; 2. Kantarjian HM, et al. *Am J Hematol.* 2022;97:1419–26; 3. Cortes JE, et al. *Blood*. 2023;142(suppl 1):3164; Presentation at ASH 2023; Abstract 3164; available at: https://doi.org/10.1182/blood-2023-178790 (accessed September 2024); 4. Cortes J, et al. *Blood*. 2021;138:2042–50.

The recommended starting dose of ICLUSIG is 45 mg once daily. Please refer to the local SmPC for further information.[1]

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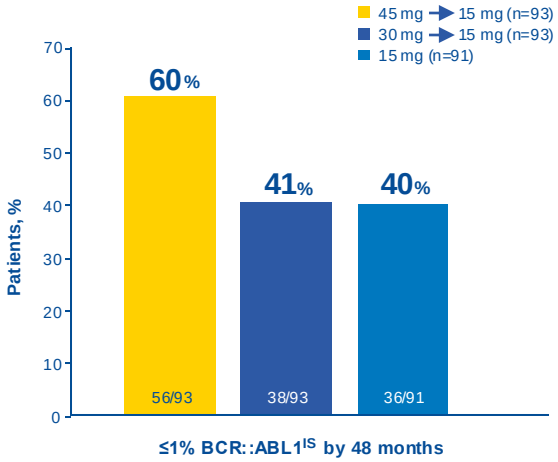
BECAUSE TOMORROW MATTERS TODAY

For patients like Francine, early use of ICLUSIG after one 2G TKI may lead to the deepest responses[1,2]

OPTIC: ≤1% BCR::ABL1^{IS} by 48 months[3]*



60% of patients receiving 45 mg → 15 mg ICLUSIG achieved ≤1% BCR::ABL1^{IS} by 48 months

Figure adapted from Cortes JE, et al.[3] with permission from the author.

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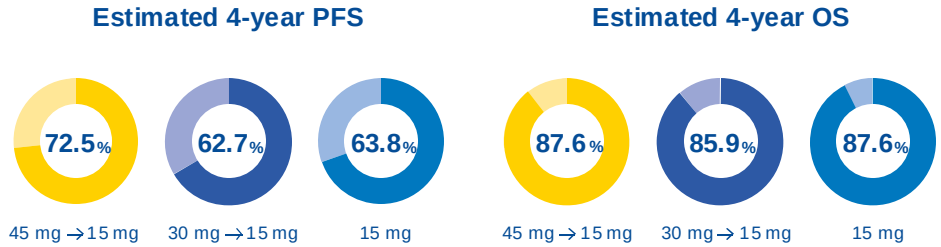

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Representative patient case – not an actual patient.
*Median follow-up: 63 months in the 45-mg cohort and 15-mg cohort; 65 months in the 30-mg cohort. 2G, second generation; CP-CML, chronic-phase chronic myeloid leukaemia; IS, international scale; OPTIC, Optimizing Ponatinib Treatment In CP-CML; OS, overall survival; PFS, progression-free survival; SmPC, Summary of Product Characteristics.

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The recommended starting dose of ICLUSIG is 45 mg once daily. Please refer to the local SmPC for further information.[1]

Incyte

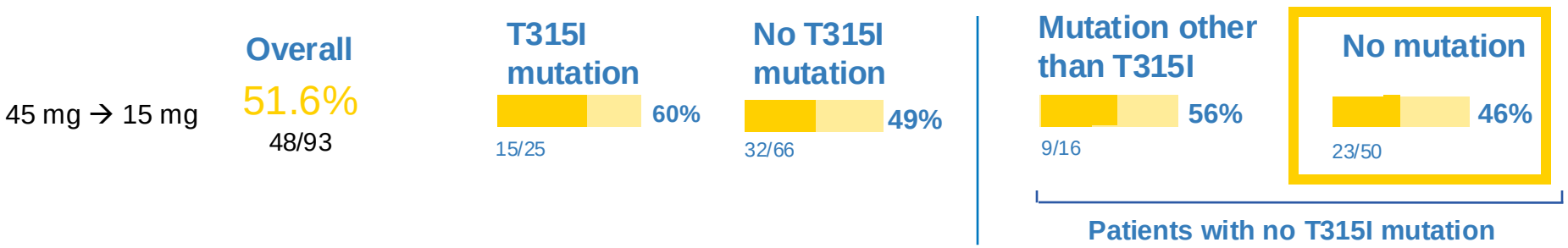
ICLUSIG®

For patients like Francine, early use of ICLUSIG after one 2G TKI may lead to the deepest responses[1,2]

OPTIC: Mutational subgroup analysis[3]

Only the 45 mg → 15 mg cohort data are displayed to align with the SmPC recommended starting dose of 45 mg

≤1% BCR::ABL1^{IS} by 12 months by baseline mutation status*



OPTIC additional data: 30 mg and 15 mg

Subgroup analysis showed similar ≤1% BCR::ABL1^{IS} rates at 12 months in patients with and without T315I[3]

Representative patient case – not an actual patient.

*4 patients did not have a mutation test result at baseline. 2G, second generation; CP-CML, chronic-phase chronic myeloid leukaemia; IS, international scale; OPTIC, Optimizing Ponatinib Treatment In CP-CML; SmPC, Summary of Product Characteristics.

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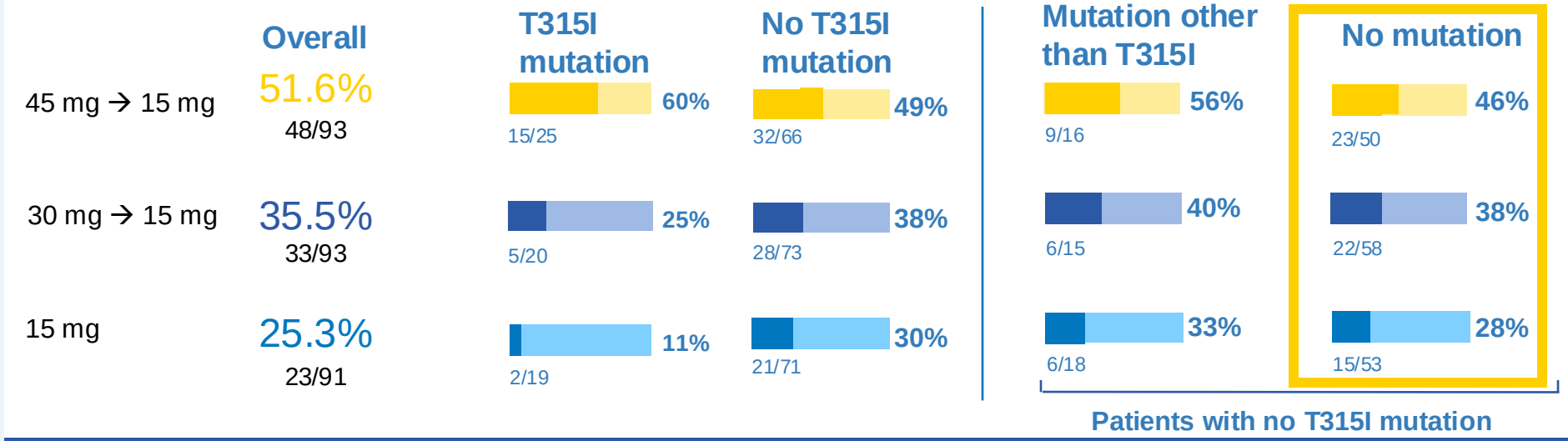

Subgroup analysis showed similar ≤1% BCR::ABL1^{IS} rates at 12 months in patients with and without T315I[3]

Representative patient case – not an actual patient.

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BECAUSE TOMORROW MATTERS TODAY

Thanks to OPTIC, there's now clear evidence to induce response, reduce dose and maintain response with ICLUSIG to safely manage patients like Francine[1,2]

OPTIC: Dose-reduction regimen[3,4]

- Faster dose reductions vs PACE
- Fewer AE-related dose reductions vs PACE
- Lower median dose intensity vs PACE
- Dose can be re-escalated if patients experience loss of response

Francine may regain MMR or achieve a deep molecular response (≤0.01% BCR::ABL1^{IS}) with ICLUSIG and may maintain her response following dose reduction[3,4]

Representative patient case – not an actual patient.
AE, adverse event; IS, international scale; MMR, major molecular response; OPTIC, Optimizing Ponatinib Treatment In Chronic Phase-Chronic Myeloid Leukaemia; PACE, Ponatinib Philadelphia Chromosome Positive Acute Lymphoblastic Leukaemia and Chronic Myeloid Leukaemia Evaluation; SmPC, Summary of Product Characteristics.

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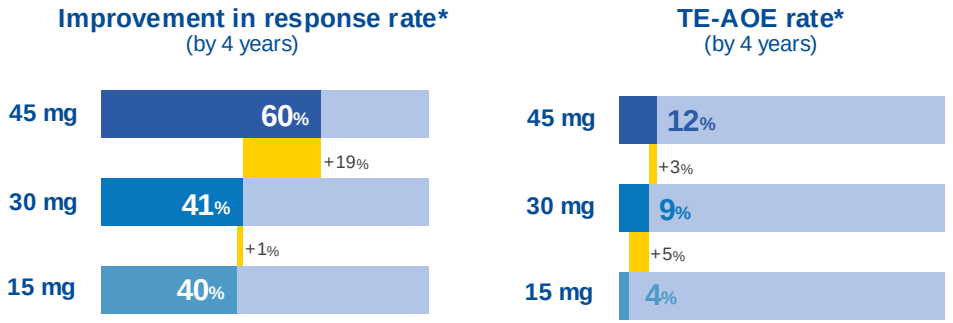
The recommended starting dose of ICLUSIG is 45 mg once daily. Please refer to the local SmPC for further information.[1]

Together, we've built experience and confidence in treating patients like Francine with ICLUSIG over the last decade[1]

OPTIC: 4-year BCR::ABL1^{IS} and TE-AOE rates by dosing regimen[2]

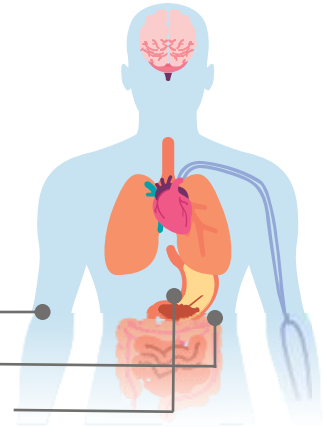


In OPTIC, a starting dose of 45 mg was associated with an 8% increase in the TE-AOE rate (12% vs 4%) but with a 20% improvement in the response rate (60% vs 40%)[2†]

Francine should be at minimal risk of having CV adverse events[2–4*]

OPTIC: Non-haematologic Grade ≥3 TEAEs by 4-years[2]

Across the most common TEAEs, the number of TEAEs decreased from year 1 onwards



- Hypertension (10%)
- Increased ALT (3%)
- Increased lipase (7%)

You may be confident that ICLUSIG tolerability will be manageable for Francine[1,2,5]

The OPTIC 4-year analysis established the consistency of the ICLUSIG safety profile over this prolonged period[2]

Representative patient case – not an actual patient. Please refer to the local SmPC for guidance on close monitoring of CV status.[1] Please refer to the safety slide for more information about the most common adverse events listed in the SmPC. *The analysis above is a descriptive clinical summary of the data to illustrate the relationship between the efficacy and TE-AOE rate; †Response rate of ≤1% BCR::ABL1^{IS} by 48 months when compared with the 15-mg cohort after 4 years of exposure. ALT, alanine transaminase; CP-CML, chronic-phase chronic myeloid leukaemia; CV, cardiovascular; IS, international scale; OPTIC, Optimizing Ponatinib Treatment In CP-CML; SmPC, Summary of Product Characteristics; TE-AOE, treatment-emergent arterial occlusive event; TEAE, treatment-emergent adverse event.

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Considering ICLUSIG for Francine

Francine has highly resistant CP-CML and no mutations detected or history of CV events

- ICLUSIG may offer patients like Francine a better future[1,2]
- **Together, we've built experience and confidence in treating patients, like Francine, with ICLUSIG over the last decade[1,2]**

Representative patient case – not an actual patient.
2G, second generation; CP-CML, chronic-phase chronic myeloid leukaemia; CV, cardiovascular; ELN, European LeukemiaNet; SmPC, Summary of Product Characteristics; TKI, tyrosine kinase inhibitor.

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Thomas: Identifying eligible patients with low resistance and low CV risk

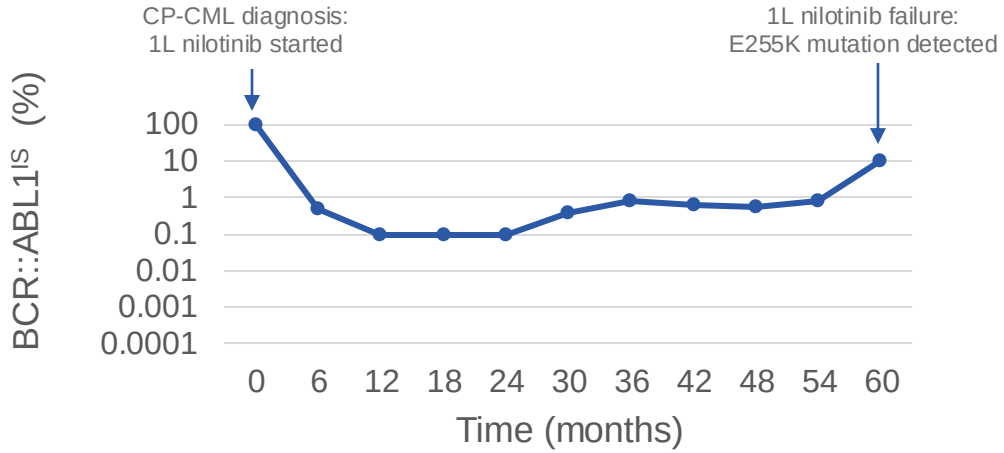
Thomas

- Thomas is 66 years old and teaches biology at the local school
- He walks his dog regularly with his family and is looking forward to becoming a grandfather next year

Clinical background

- Thomas was diagnosed with CP-CML 60 months ago and became resistant to 1L nilotinib after 60 months
- E255K mutation was detected at 60 months
- His BCR::ABL1^{IS} level is 10%
- His ELTS score is low
- Thomas has no history of CV events

Thomas was responding to 1L nilotinib until 60 months when his BCR::ABL1^{IS} level increased to 10%



Thomas may have fast, deep and durable responses with ICLUSIG[1]

OPTIC and PACE: Patient baseline characteristics[1,2]

ICLUSIG may benefit patients like Thomas[3–6]

Representative patient case – not an actual patient.

1L, first line; 2G, second generation; ALL, acute lymphoblastic leukaemia; CML, chronic myeloid leukaemia; CP, chronic phase; CV, cardiovascular; ELN, European LeukemiaNet; ELTS, EUTOS Long Term Survival; EUTOS, European Treatment and Outcome Study; IS, international scale; OPTIC, Optimizing Ponatinib Treatment In CP-CML; PACE, Ponatinib Philadelphia chromosome positive and CML Evaluation; SmPC, Summary of Product Characteristics; TKI, tyrosine kinase inhibitor.

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Incyte
ICLUSIG®

Thomas: Identifying eligible patients with low resistance and low CV risk

OPTIC: Patient baseline characteristics[1]

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2	43 (46)
≥3	50 (53)
Reason prior therapy stopped, n (%)	
Resistant	92 (98)
BCR::ABL1 mutation, n (%)	
No mutation	51 (54)
T315I	25 (27)
Other	15 (16)

OPTIC additional data: 30 mg and 15 mg

Representative patient case – not an actual patient.

CP-CML, chronic-phase chronic myeloid leukaemia; CV, cardiovascular; OPTIC, Optimizing Ponatinib Treatment In CP-CML; SmPC, Summary of Product Characteristics; TKI, tyrosine kinase inhibitor.

1. Cortes J, et al. *Blood.* 2021;138:2042–50; 2. ICLUSIG® (ponatinib) SmPC; Incyte, March 2022.

The recommended starting dose of ICLUSIG is 45 mg once daily. Please refer to the local SmPC for further information.[2]

Thomas: Identifying eligible patients with low resistance and low CV risk

OPTIC: Patient baseline characteristics[1]

Characteristic	45 mg → 15 mg (n=94)	30 mg → 15 mg (n=94)	15 mg (n=94)
Age, years, median (range)	46 (19–81)	51 (21–77)	49 (18–81)
Male, n (%)	50 (53)	38 (40)	53 (56)
Prior TKIs, n (%)			
2	43 (46)	37 (39)	42 (45)
≥3	50 (53)	56 (60)	48 (51)
Reason prior therapy stopped, n (%)			
Resistant	92 (98)	94 (100)	94 (100)
BCR::ABL1 mutation, n (%)			
No mutation	51 (54)	58 (62)	54 (57)
T315I	25 (27)	21 (22)	21 (22)
Other	15 (16)	12 (13)	18 (19)

Representative patient case – not an actual patient.
CP-CML, chronic-phase chronic myeloid leukaemia; CV, cardiovascular; OPTIC, Optimizing Ponatinib Treatment In CP-CML; SmPC, Summary of Product Characteristics; TKI, tyrosine kinase inhibitor.
1. Cortes J, et al. *Blood.* 2021;138:2042–50; 2. ICLUSIG® (ponatinib) SmPC; Incyte, March 2022.

The recommended starting dose of ICLUSIG is 45 mg once daily. Please refer to the local SmPC for further information.[2]

Thomas: Identifying eligible patients with low resistance and low CV risk

OPTIC: Patient baseline characteristics[1]

Only the 45 mg → 15 mg cohort data are displayed to align with the SmPC recommended starting dose of 45 mg

Characteristic	45 mg → 15 mg (n=94)
Patients with CV risk factors, n (%)	
Hypertension	26 (28)
Diabetes mellitus	5 (5)
Hyperlipidaemia	19 (20)
Patients with ≥1 CV risk factor	32 (34)
Patients with >1 CV risk factor	5 (5)
Current or former smokers	29 (31)
BMI, kg/m^2, median (range)	27 (17–45)

OPTIC additional data: 30 mg and 15 mg

Representative patient case – not an actual patient.

BMI, body mass index; CP-CML, chronic-phase chronic myeloid leukaemia; CV, cardiovascular; OPTIC, Optimizing Ponatinib Treatment In CP-CML; SmPC, Summary of Product Characteristics.

1. Cortes J, et al. *Blood.* 2021;138:2042–50; 2. ICLUSIG® (ponatinib) SmPC; Incyte, March 2022.

Thomas: Identifying eligible patients with low resistance and low CV risk

OPTIC: Patient baseline characteristics[1]

Characteristic	45 mg → 15 mg (n=94)	30 mg → 15 mg (n=94)	15 mg (n=94)
Patients with CV risk factors, n (%)			
Hypertension	26 (28)	25 (27)	22 (23)
Diabetes mellitus	5 (5)	3 (3)	7 (7)
Hyperlipidaemia	19 (20)	14 (15)	16 (17)
Patients with ≥1 CV risk factor	32 (34)	30 (32)	32 (34)
Patients with >1 CV risk factor	5 (5)	4 (4)	4 (4)
Current or former smokers	29 (31)	37 (39)	33 (35)
BMI, kg/m^2, median (range)	27 (17–45)	26 (17–49)	26 (18–49)

Representative patient case – not an actual patient.
BMI, body mass index; CP-CML, chronic-phase chronic myeloid leukaemia; CV, cardiovascular; OPTIC, Optimizing Ponatinib Treatment In CP-CML; SmPC, Summary of Product Characteristics.
1. Cortes J, et al. *Blood.* 2021;138:2042–50; 2. ICLUSIG® (ponatinib) SmPC; Incyte, March 2022.

The recommended starting dose of ICLUSIG is 45 mg once daily. Please refer to the local SmPC for further information.[2]

Thomas: Identifying eligible patients with low resistance and low CV risk

PACE: Patient baseline characteristics[1]

Characteristic	CP-CML (n=270)	AP-CML (n=85)	BP-CML (n=62)	Ph+ ALL (n=32)	Total (N=449)
Age, years, median (range)	60 (18–94)	60 (23–82)	53 (18–74)	62 (20–80)	59 (18–94)
Female, n (%)	126 (47)	48 (56)	25 (40)	12 (38)	211 (47)
Prior TKIs, n (%)					
≥2	251 (93)	80 (94)	60 (97)	26 (81)	417 (93)
≥3	154 (57)	47 (55)	37 (60)	12 (38)	250 (56)
Reason prior therapy stopped, n (%)					
Resistant	215 (80)	74 (87)	59 (95)	27 (84)	375 (84)
Intolerant only	39 (14)	6 (7)	2 (3)	2 (6)	49 (11)
Both resistant and intolerant	52 (19)	11 (13)	13 (21)	5 (16)	81 (18)
BCR::ABL1 mutation, n (%)	64 (24)	18 (21)	24 (39)	22 (69)	128 (29)

Representative patient case – not an actual patient.

ALL, acute lymphoblastic leukaemia; AP, accelerated phase; BP, blastic phase; CML, chronic myeloid leukaemia; CP, chronic phase; CV, cardiovascular; PACE, Ponatinib Ph+ ALL and CML Evaluation; Ph+, Philadelphia chromosome positive; SmPC, Summary of Product Characteristics; TKI, tyrosine kinase inhibitor.

1. Cortes JE, et al. *Blood.* 2018;132:393–404; 2. ICLUSIG® (ponatinib) SmPC; Incyte, March 2022.

The recommended starting dose of ICLUSIG is 45 mg once daily. Please refer to the local SmPC for further information.[2]

Thomas: Identifying eligible patients with low resistance and low CV risk

ICLUSIG may benefit patients like Thomas[1–4]

Mutations account for resistance in approximately **1/3** of patients with CP-CML[1]

The **E255K** single resistance mutation has been shown to confer resistance to both bosutinib and nilotinib[2]

ICLUSIG is the only approved **BCR::ABL1 inhibitor 3G TKI** designed to potently inhibit BCR::ABL1 with or without any single resistance mutation, including E255K[1–4]

Representative patient case – not an actual patient.
3G, third generation; CP-CML, chronic-phase chronic myeloid leukaemia; SmPC, Summary of Product Characteristics; TKI, tyrosine kinase inhibitor.

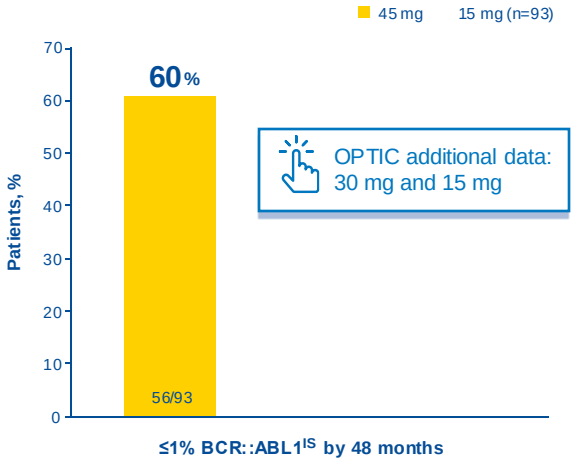
1. Hochhaus A, et al. *Leukemia.* 2020;34:966–84; 2. Cross N, et al. *Leukemia*. 2023;37:2150–67; 3. Kantarjian HM, et al. *Am J Hematol*. 2022;97:1419–26; 4. Jabbour E, et al. *Leukemia*. 2024;38:475–81; 5. ICLUSIG® (ponatinib) SmPC; Incyte, March 2022.

The recommended starting dose of ICLUSIG is 45 mg once daily. Please refer to the local SmPC for further information.[5]

A delay means that patients like Thomas may miss the opportunity to have the deepest response with ICLUSIG – consider early switch to ICLUSIG after just one 2G TKI[1,2]

OPTIC: ≤1% BCR::ABL1^{IS} by 48 months[3]*

Only the 45 mg → 15 mg cohort data are displayed to align with the SmPC recommended starting dose of 45 mg



OPTIC additional data: 30 mg and 15 mg

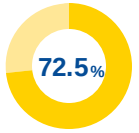
60% of patients receiving 45 mg → 15 mg ICLUSIG achieved ≤1% BCR::ABL1^{IS} by 48 months

Figure adapted from Cortes JE, et al.[3] with permission from the author.

OPTIC: Estimated 4-year PFS and OS[3]*

Only the 45 mg → 15 mg cohort data are displayed to align with the SmPC recommended starting dose of 45 mg

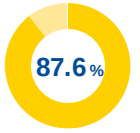
Estimated 4-year PFS



45 mg → 15 mg

OPTIC additional data: 30 mg and 15 mg

Estimated 4-year OS



45 mg → 15 mg

Estimated 4-year PFS was 72.5% and OS was 87.6% for patients receiving 45 mg → 15 mg ICLUSIG

Subgroup analysis showed similar ≤1% BCR::ABL1^{IS} rates at 12 months in patients with or without mutations[4]

Today, we know that treatment with a pan-inhibitor without delay may offer Thomas a better future[1–3]

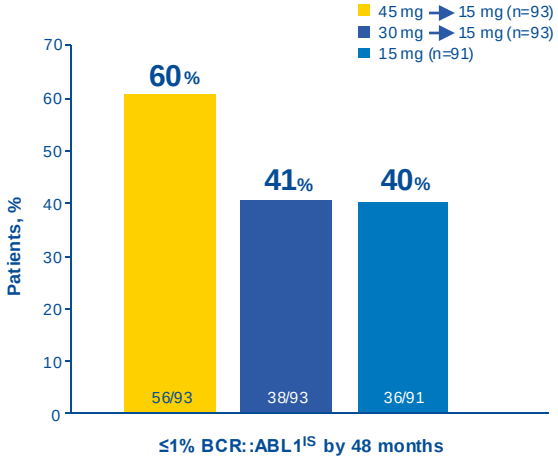
Representative patient case – not an actual patient.

*Median follow-up: 63 months in the 45-mg cohort. CP-CML, chronic-phase chronic myeloid leukaemia; IS, international scale; OPTIC, Optimizing Ponatinib Treatment In CP-CML; OS, overall survival; PFS, progression-free survival; SmPC, Summary of Product Characteristics; TKI, tyrosine kinase inhibitor.

1. ICLUSIG® (ponatinib) SmPC; Incyte, March 2022; 2. Kantarjian HM, et al. *Am J Hematol.* 2022;97:1419–26; 3. Cortes JE, et al. *Blood*. 2023;142(suppl 1):3164; Presentation at ASH 2023; Abstract 3164; available at: https://doi.org/10.1182/blood-2023-178790 (accessed September 2024); 4. Cortes J, et al. *Blood*. 2021;138:2042–50.

A delay means that patients like Thomas may miss the opportunity to have the deepest response with ICLUSIG – consider early switch to ICLUSIG after just one 2G TKI[1,2]

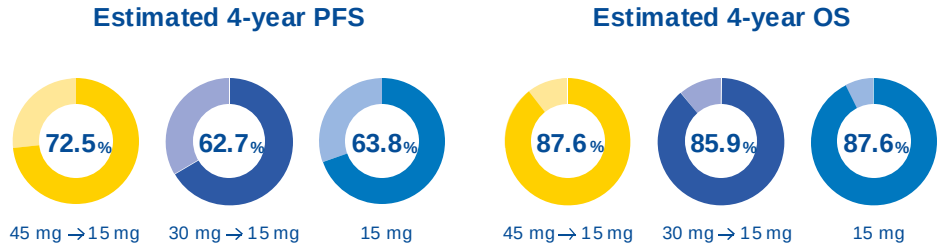
OPTIC: ≤1% BCR::ABL1^{IS} by 48 months[3]*



60% of patients receiving 45 mg → 15 mg ICLUSIG achieved ≤1% BCR::ABL1^{IS} by 48 months

Figure adapted from Cortes JE, et al.[3] with permission from the author.

OPTIC: Estimated 4-year PFS and OS[3]*



Estimated 4-year PFS was 72.5% and OS was 87.6% for patients receiving 45 mg → 15 mg ICLUSIG

Subgroup analysis showed similar ≤1% BCR::ABL1^{IS} rates at 12 months in patients with or without mutations[4]

Today, we know that treatment with a pan-inhibitor without delay may offer Thomas a better future[1–3]

Representative patient case – not an actual patient.
*Median follow-up: 63 months in the 45-mg cohort and 15-mg cohort; 65 months in the 30-mg cohort. 2G, second generation; CP-CML, chronic-phase chronic myeloid leukaemia; IS, international scale; OPTIC, Optimizing Ponatinib Treatment In CP-CML; OS, overall survival; PFS, progression-free survival; SmPC, Summary of Product Characteristics; TKI, tyrosine kinase inhibitor.

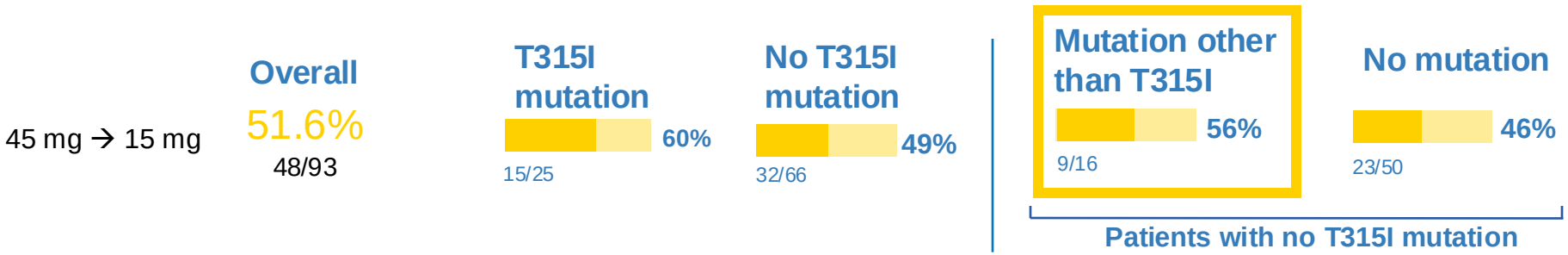
1. ICLUSIG® (ponatinib) SmPC; Incyte, March 2022; 2. Kantarjian HM, et al. *Am J Hematol.* 2022;97:1419–26; 3. Cortes JE, et al. *Blood*. 2023;142(suppl 1):3164; Presentation at ASH 2023; Abstract 3164; available at: https://doi.org/10.1182/blood-2023-178790 (accessed September 2024); 4. Cortes J, et al. *Blood*. 2021;138:2042–50.

A delay means that patients like Thomas may miss the opportunity to have the deepest response with ICLUSIG – consider early switch to ICLUSIG after just one 2G TKI[1,2]

OPTIC: Mutational subgroup analysis[3]

Only the 45 mg → 15 mg cohort data are displayed to align with the SmPC recommended starting dose of 45 mg

≤1% BCR::ABL1^{IS} by 12 months by baseline mutation status*



OPTIC additional data: 30 mg and 15 mg

Subgroup analysis showed similar ≤1% BCR::ABL1^{IS} rates at 12 months in patients with or without mutations[3]

Representative patient case – not an actual patient.

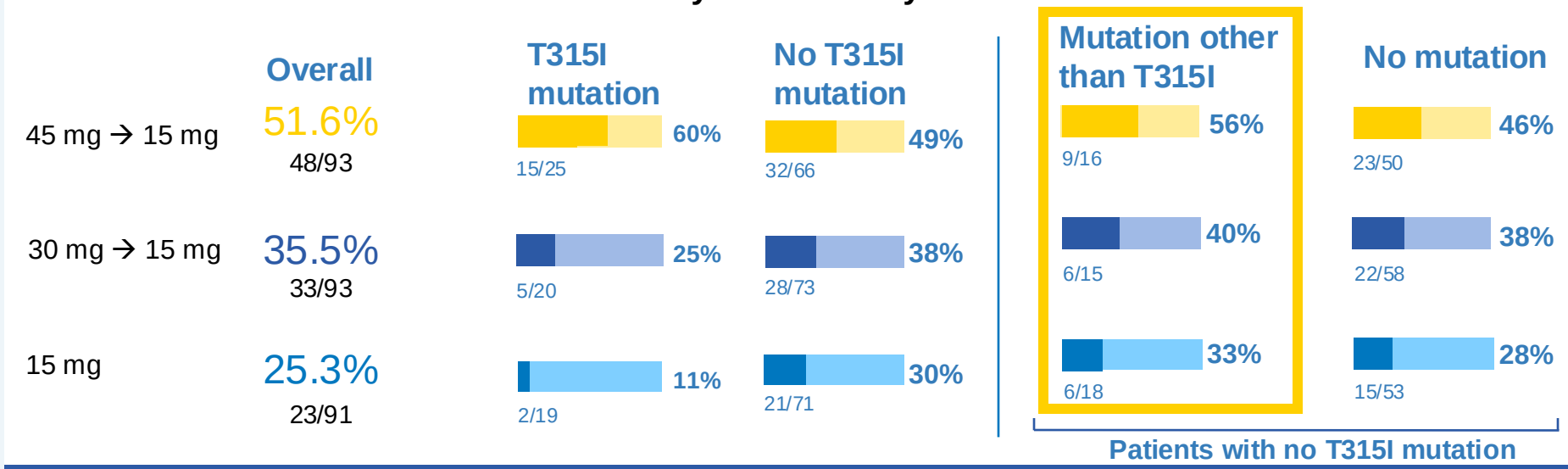
*4 patients did not have a mutation test result at baseline. 2G, second generation; CP-CML, chronic-phase chronic myeloid leukaemia; IS, international scale; OPTIC, Optimizing Ponatinib Treatment In CP-CML; SmPC, Summary of Product Characteristics; TKI, tyrosine kinase inhibitor.

1. ICLUSIG® (ponatinib) SmPC; Incyte, March 2022; 2. Kantarjian HM, et al. *Am J Hematol.* 2022;97:1419–26; 3. Cortes J, et al. *Blood*. 2021;138:2042–50.

A delay means that patients like Thomas may miss the opportunity to have the deepest response with ICLUSIG – consider early switch to ICLUSIG after just one 2G TKI[1,2]

OPTIC: Mutational subgroup analysis[3]

≤1% BCR::ABL1^{IS} by 12 months by baseline mutation status*



Subgroup analysis showed similar ≤1% BCR::ABL1^{IS} rates at 12 months in patients with or without mutations[3]

Representative patient case – not an actual patient.

*4 patients did not have a mutation test result at baseline. 2G, second generation; CP-CML, chronic-phase chronic myeloid leukaemia; IS, international scale; OPTIC, Optimizing Ponatinib Treatment In CP-CML; SmPC, Summary of Product Characteristics; TKI, tyrosine kinase inhibitor.

1. ICLUSIG® (ponatinib) SmPC; Incyte, March 2022; 2. Kantarjian HM, et al. *Am J Hematol.* 2022;97:1419–26; 3. Cortes J, et al. *Blood*. 2021;138:2042–50.

Thanks to OPTIC, there's now clear evidence to induce response, reduce dose and maintain response with ICLUSIG to safely manage patients like Thomas[1,2]

OPTIC: Dose-reduction regimen[3,4]

- Faster dose reductions vs PACE
- Fewer AE-related dose reductions vs PACE
- Lower median dose intensity vs PACE
- Dose can be re-escalated if patients experience loss of response

Thomas may regain MMR or achieve a deep molecular response (≤0.01% BCR::ABL1^{IS}) with ICLUSIG and may maintain his response following dose reduction[3,4]

Representative patient case – not an actual patient.

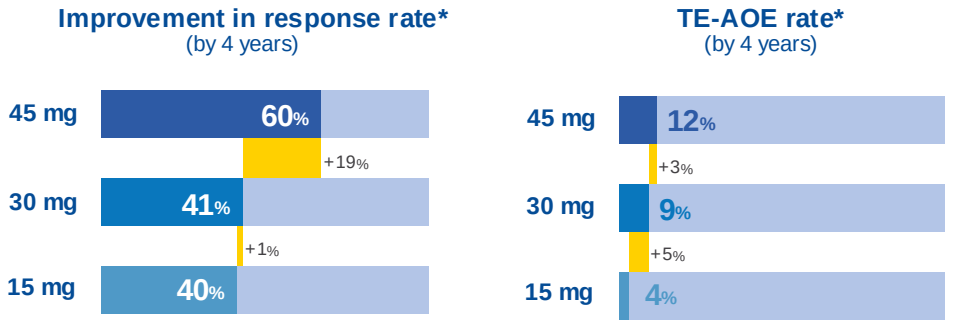
AE, adverse event; IS, international scale; MMR, major molecular response; OPTIC, Optimizing Ponatinib Treatment In Chronic Phase-Chronic Myeloid Leukaemia; PACE, Ponatinib Philadelphia Chromosome Positive Acute Lymphoblastic Leukaemia and Chronic Myeloid Leukaemia Evaluation; SmPC, Summary of Product Characteristics.

1. ICLUSIG® (ponatinib) SmPC; Incyte, March 2022; 2. Cortes J, et al. *Blood*. 2021;138:2042–50; 3. Cortes JE, et al. *Blood*. 2023;142(suppl 1):3164; Presentation at ASH 2023; Abstract 3164; available at: https://doi.org/10.1182/blood-2023-178790 (accessed September 2024); 4. Jabbour E, et al. *Leukemia*. 2024;38:475–81.

The recommended starting dose of ICLUSIG is 45 mg once daily. Please refer to the local SmPC for further information.[1]

Together, we've built experience and confidence in treating patients like Thomas with ICLUSIG over the last decade[1]

OPTIC: 4-year BCR::ABL1^{IS} and TE-AOE rates by dosing regimen[2]



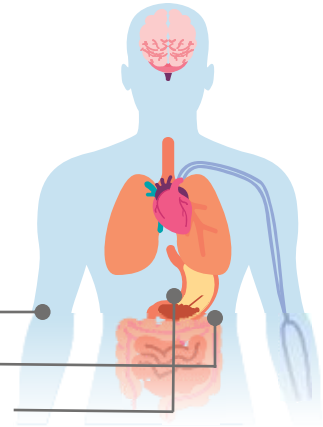
In OPTIC, a starting dose of 45 mg was associated with an 8% increase in the TE-AOE rate (12% vs 4%) but with a 20% improvement in the response rate (60% vs 40%)[2†]

Thomas' hypertension is well-controlled so he should be at minimal risk of CV adverse events[2–4*]

Adjudicated TE-AOEs in PACE were more likely in patients with multiple CV factors[3]

OPTIC: Non-haematologic Grade ≥3 TEAEs by 4-years[2]

Across the most common TEAEs, the number of TEAEs decreased from year 1 onwards



- Hypertension (10%)
- Increased ALT (3%)
- Increased lipase (7%)

You may be confident that ICLUSIG tolerability will be manageable for Thomas[1,2,5]

The OPTIC 4-year analysis established the consistency of the ICLUSIG safety profile over this prolonged period[2]

Representative patient case – not an actual patient. Please refer to the local SmPC for guidance on close monitoring of CV status.[1] Please refer to the safety slide for more information about the most common adverse events listed in the SmPC. *The analysis above is a descriptive clinical summary of the data to illustrate the relationship between the efficacy and TE-AOE rate; †Response rate of ≤1% BCR::ABL1^{IS} by 48 months when compared with the 15-mg cohort after 4 years of exposure. ALT, alanine transaminase; CV, cardiovascular; IS, international scale; OPTIC, Optimizing Ponatinib Treatment In Chronic Phase-Chronic Myeloid Leukaemia; PACE, Ponatinib Philadelphia Chromosome Positive Acute Lymphoblastic Leukaemia and Chronic Myeloid Leukaemia Evaluation; SmPC, Summary of Product Characteristics; TE-AOE, treatment-emergent arterial occlusive event; TEAE, treatment-emergent adverse event.

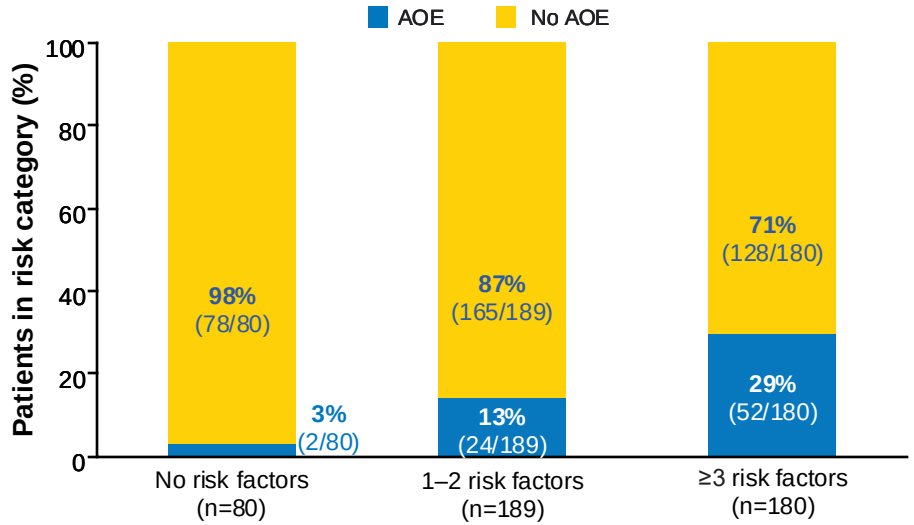
1. ICLUSIG® (ponatinib) SmPC; Incyte, March 2022; 2. Cortes JE, et al. *Blood*. 2023;142(suppl 1):3164; Presentation at ASH 2023; Abstract 3164; available at: https://doi.org/10.1182/blood-2023-178790 (accessed September 2024); 3. Januzzi JL, et al. *J Hematol Oncol.* 2022;15:1; 4. Jabbour E, et al. *Leukemia.*2024;38:475–81; 5. Cortes J, et al. *Blood.* 2021;138:2042–50.

Incyte

ICLUSIG®

Together, we've built experience and confidence in treating patients like Thomas with ICLUSIG over the last decade[1]

PACE: Adjudicated AOEs[2]



- 87% of patients with 1–2 risk factors did not experience an AOE
- Rate of AOEs may not increase with treatment duration

Figure adapted from Januzzi JL, et al.[2] Freely distributed under the Creative Commons Attribution License (CC-BY 4.0).

Adjudicated AOEs in PACE were more likely in patients with multiple CV factors[2]

Representative patient case – not an actual patient. Please refer to the local SmPC for guidance on close monitoring of CV status.[1] Please refer to the safety slide for more information about the most common adverse events listed in the SmPC.

AOE, arterial occlusive event; CML, chronic myeloid leukaemia; CV, cardiovascular; PACE, Ponatinib Philadelphia Chromosome Positive Acute Lymphoblastic Leukaemia and Chronic Myeloid Leukaemia Evaluation; SmPC, Summary of Product Characteristics.

1. ICLUSIG® (ponatinib) SmPC; Incyte, March 2022; 2. Januzzi JL, et al. *J Hematol Oncol.* 2022;15:1.

Considering ICLUSIG for Thomas

Thomas has resistant CP-CML and he has no history of CV events

- ICLUSIG may offer patients like Thomas a better future[1,2]
- **Together, we've built experience and confidence in treating patients, like Thomas, with ICLUSIG over the last decade[1,2]**
- ICLUSIG was the first and remains the only TKI approved in Europe capable of inhibiting all single BCR::ABL1 resistance mutations, including E255K[1,3,4]

Representative patient case – not an actual patient.
CP-CML, chronic-phase chronic myeloid leukaemia; SmPC, Summary of Product Characteristics; TKI, tyrosine kinase inhibitor.

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Martha: Identifying eligible patients with low resistance and medium CV risk

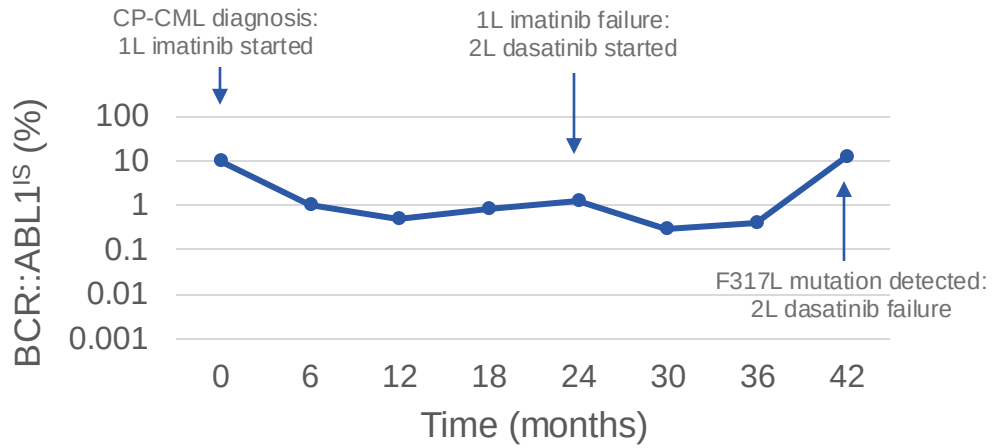
Martha

- Martha is a semi-retired, 65 year old who works in the neighbourhood café
- She lives with her daughter and is looking forward to their holiday abroad together

Clinical background

- Martha was diagnosed with CP-CML 42 months ago and became resistant to 1L imatinib at 36 months and 2L dasatinib at 42 months
- F317L mutation was detected at 42 months
- Her BCR::ABL1^{IS} level is 12%
- Her ELTS score is intermediate
- Martha takes beta blockers and statins to keep her hypertension and hypercholesterolaemia under control

Martha's BCR::ABL1^{IS} level demonstrated an initial response to 1L imatinib and 2L dasatinib. However, results at 36 and 42 months confirmed rising BCR::ABL1^{IS} levels



Martha may have fast, deep and durable responses with ICLUSIG[1]

OPTIC and PACE: Patient baseline characteristics[1,2]

ICLUSIG may benefit patients like Martha[3–6]

Representative patient case – not an actual patient.

1L, first line; 2L, second line; 2G, second generation; CV, cardiovascular; ELN, European LeukemiaNet; ELTS, EUTOS Long Term Survival; EUTOS, European Treatment and Outcome Study; IS, international scale; OPTIC, Optimizing Ponatinib Treatment In Chronic Phase-Chronic Myeloid Leukaemia; PACE, Ponatinib Philadelphia Chromosome Positive Acute Lymphoblastic Leukaemia and Chronic Myeloid Leukaemia Evaluation; SmPC, Summary of Product Characteristics; TKI, tyrosine kinase inhibitor.

1. Cortes JE, et al. *Blood.* 2018;132:393–404; 2. Cortes J, et al. *Blood.* 2021;138:2042–50; 3. Hochhaus A, et al. *Leukemia.* 2020;34:966–84; 4. Cross N, et al. *Leukemia.* 2023;37:2150–67; 5. Kantarjian HM, et al. *Am J Hematol.* 2022;97:1419–26; 6. Jabbour E, et al. *Leukemia.* 2024;38:475–81; 7. ICLUSIG® (ponatinib) SmPC; Incyte, March 2022.

The recommended starting dose of ICLUSIG is 45 mg once daily. Please refer to the local SmPC for further information.[7]

Incyte

ICLUSIG®

Martha: Identifying eligible patients with low resistance and medium CV risk

OPTIC: Patient baseline characteristics[1]

Only the 45 mg → 15 mg cohort data are displayed to align with the SmPC recommended starting dose of 45 mg

Characteristic	45 mg → 15 mg (n=94)
Age, years, median (range)	46 (19–81)
Male, n (%)	50 (53)
Prior TKIs, n (%)	
2	43 (46)
≥3	50 (53)
Reason prior therapy stopped, n (%)	
Resistant	92 (98)
BCR::ABL1 mutation, n (%)	
No mutation	51 (54)
T315I	25 (27)
Other	15 (16)

OPTIC additional data: 30 mg and 15 mg

Representative patient case – not an actual patient.

CP-CML, chronic-phase chronic myeloid leukaemia; CV, cardiovascular; OPTIC, Optimizing Ponatinib Treatment In CP-CML; SmPC, Summary of Product Characteristics; TKI, tyrosine kinase inhibitor.

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Martha: Identifying eligible patients with low resistance and medium CV risk

OPTIC: Patient baseline characteristics[1]

Characteristic	45 mg → 15 mg (n=94)	30 mg → 15 mg (n=94)	15 mg (n=94)
Age, years, median (range)	46 (19–81)	51 (21–77)	49 (18–81)
Male, n (%)	50 (53)	38 (40)	53 (56)
Prior TKIs, n (%)			
2	43 (46)	37 (39)	42 (45)
≥3	50 (53)	56 (60)	48 (51)
Reason prior therapy stopped, n (%)			
Resistant	92 (98)	94 (100)	94 (100)
BCR::ABL1 mutation, n (%)			
No mutation	51 (54)	58 (62)	54 (57)
T315I	25 (27)	21 (22)	21 (22)
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Martha: Identifying eligible patients with low resistance and medium CV risk

OPTIC: Patient baseline characteristics[1]

Only the 45 mg →15 mg cohort data are displayed to align with the SmPC recommended starting dose of 45 mg

Characteristic	45 mg → 15 mg (n=94)
Patients with CV risk factors, n (%)	
Hypertension	26 (28)
Diabetes mellitus	5 (5)
Hyperlipidaemia	19 (20)
Patients with ≥1 CV risk factor	32 (34)
Patients with >1 CV risk factor	5 (5)
Current or former smokers	29 (31)
BMI, kg/m^2, median (range)	27 (17–45)

OPTIC additional data: 30 mg and 15 mg

Representative patient case – not an actual patient.

BMI, body mass index; CP-CML, chronic-phase chronic myeloid leukaemia; CV, cardiovascular; OPTIC, Optimizing Ponatinib Treatment In CP-CML; SmPC, Summary of Product Characteristics.

1. Cortes J, et al. *Blood.* 2021;138:2042–50; 2. ICLUSIG® (ponatinib) SmPC; Incyte, March 2022.

The recommended starting dose of ICLUSIG is 45 mg once daily. Please refer to the local SmPC for further information.[2]

Martha: Identifying eligible patients with low resistance and medium CV risk

OPTIC: Patient baseline characteristics[1]

Characteristic	45 mg → 15 mg (n=94)	30 mg → 15 mg (n=94)	15 mg (n=94)
Patients with CV risk factors, n (%)			
Hypertension	26 (28)	25 (27)	22 (23)
Diabetes mellitus	5 (5)	3 (3)	7 (7)
Hyperlipidaemia	19 (20)	14 (15)	16 (17)
Patients with ≥1 CV risk factor	32 (34)	30 (32)	32 (34)
Patients with >1 CV risk factor	5 (5)	4 (4)	4 (4)
Current or former smokers	29 (31)	37 (39)	33 (35)
BMI, kg/m^2, median (range)	27 (17–45)	26 (17–49)	26 (18–49)

Representative patient case – not an actual patient.
BMI, body mass index; CP-CML, chronic-phase chronic myeloid leukaemia; CV, cardiovascular; OPTIC, Optimizing Ponatinib Treatment In CP-CML; SmPC, Summary of Product Characteristics.
1. Cortes J, et al. *Blood.* 2021;138:2042–50; 2. ICLUSIG® (ponatinib) SmPC; Incyte, March 2022.

The recommended starting dose of ICLUSIG is 45 mg once daily. Please refer to the local SmPC for further information.[2]

Martha: Identifying eligible patients with low resistance and medium CV risk

PACE: Patient baseline characteristics[1]

Characteristic	CP-CML (n=270)	AP-CML (n=85)	BP-CML (n=62)	Ph+ ALL (n=32)	Total (N=449)
Age, years, median (range)	60 (18–94)	60 (23–82)	53 (18–74)	62 (20–80)	59 (18–94)
Female, n (%)	126 (47)	48 (56)	25 (40)	12 (38)	211 (47)
Prior TKIs, n (%)					
≥2	251 (93)	80 (94)	60 (97)	26 (81)	417 (93)
≥3	154 (57)	47 (55)	37 (60)	12 (38)	250 (56)
Reason prior therapy stopped, n (%)					
Resistant	215 (80)	74 (87)	59 (95)	27 (84)	375 (84)
Intolerant only	39 (14)	6 (7)	2 (3)	2 (6)	49 (11)
Both resistant and intolerant	52 (19)	11 (13)	13 (21)	5 (16)	81 (18)
BCR::ABL1 mutation, n (%)	64 (24)	18 (21)	24 (39)	22 (69)	128 (29)

Representative patient case – not an actual patient.
ALL, acute lymphoblastic leukaemia; AP, accelerated phase; BP, blastic phase; CML, chronic myeloid leukaemia; CP, chronic phase; CV, cardiovascular; PACE, Ponatinib Ph+ ALL and CML Evaluation; Ph+, Philadelphia chromosome positive; SmPC, Summary of Product Characteristics; TKI, tyrosine kinase inhibitor.
1. Cortes JE, et al. *Blood.* 2018;132:393–404; 2. ICLUSIG® (ponatinib) SmPC; Incyte, March 2022.

The recommended starting dose of ICLUSIG is 45 mg once daily. Please refer to the local SmPC for further information.[2]

Martha: Identifying eligible patients with low resistance and medium CV risk

ICLUSIG may benefit patients like Martha[1–4]

Mutations account for resistance in approximately **1/3** of patients with CP-CML[1]

F317L single resistance mutation has been shown to confer resistance to dasatinib[2]

ICLUSIG is the only approved **BCR::ABL1 inhibitor 3G TKI** designed to potently inhibit BCR::ABL1 with or without any single resistance mutation, including F317L[1–4]

Representative patient case – not an actual patient.

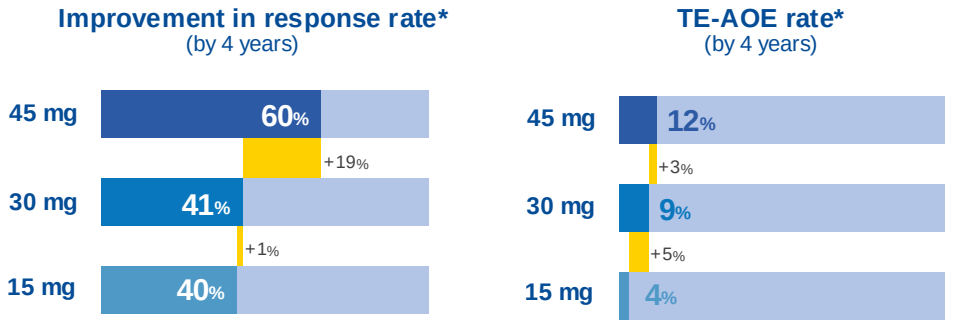
3G, third generation; CP-CML, chronic-phase chronic myeloid leukaemia; SmPC, Summary of Product Characteristics; TKI, tyrosine kinase inhibitor.

1. Hochhaus A, et al. *Leukemia.* 2020;34:966–84; 2. Cross N, et al. *Leukemia*. 2023;37:2150–67; 3. Kantarjian HM, et al. *Am J Hematol*. 2022;97:1419–26; 4. Jabbour E, et al. *Leukemia*. 2024;38:475–81; 5. ICLUSIG® (ponatinib) SmPC; Incyte, March 2022.

The recommended starting dose of ICLUSIG is 45 mg once daily. Please refer to the local SmPC for further information.[2]

Together, we've built experience and confidence in treating patients like Martha with ICLUSIG over the last decade[1]

OPTIC: 4-year BCR::ABL1^{IS} and TE-AOE rates by dosing regimen[2]



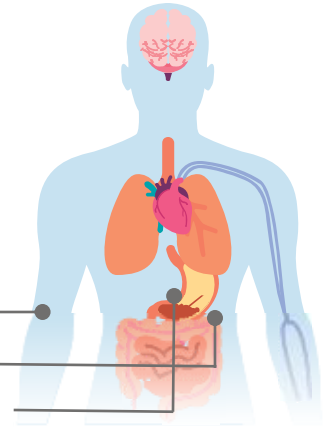
In OPTIC, a starting dose of 45 mg was associated with an 8% increase in the TE-AOE rate (12% vs 4%) but with a 20% improvement in the response rate (60% vs 40%)[2†]

Response-based dosing with ICLUSIG should maximise Martha's response while minimising toxicity[2–4*]

Rate of TE-AOEs may not increase with treatment duration[3]

OPTIC: Non-haematologic Grade ≥3 TEAEs by 4-years[2]

Across the most common TEAEs, the number of TEAEs decreased from year 1 onwards



- Hypertension (10%)
- Increased ALT (3%)
- Increased lipase (7%)

You may be confident that ICLUSIG tolerability will be manageable for Martha[1,2,5]

The OPTIC 4-year analysis established the consistency of the ICLUSIG safety profile over this prolonged period[2]

Representative patient case – not an actual patient. Please refer to the local SmPC for guidance on close monitoring of CV status.[1] Please refer to the safety slide for more information about the most common adverse events listed in the SmPC. *The analysis above is a descriptive clinical summary of the data to illustrate the relationship between the efficacy and TE-AOE rate; †Response rate of ≤1% BCR::ABL1^{IS} by 48 months when compared with the 15-mg cohort after 4 years of exposure. ALT, alanine transaminase; CP-CML, chronic-phase chronic myeloid leukaemia; CV, cardiovascular; IS, international scale; OPTIC, Optimizing Ponatinib Treatment In CP-CML; SmPC, Summary of Product Characteristics; TE-AOE, treatment-emergent arterial occlusive event; TEAE, treatment-emergent adverse event.

1. ICLUSIG® (ponatinib) SmPC; Incyte, March 2022; 2. Cortes JE, et al. *Blood*. 2023;142(suppl 1):3164; Presentation at ASH 2023; Abstract 3164; available at: https://doi.org/10.1182/blood-2023-178790 (accessed September 2024); 3. Jabbour E, et al. *Leukemia*. 2024;38:475–81; 4. Januzzi JL, et al. *J Hematol Oncol*. 2022;15:1; 5. Cortes J, et al. *Blood*. 2021;138:2042–50.

Incyte

BECAUSE TOMORROW MATTERS TODAY

Together, we've built experience and confidence in treating patients like Martha with ICLUSIG over the last decade[1]

OPTIC vs PACE: Exposure-adjusted AOEs[2]

AOEs per 100 PY

- Patients in OPTIC had a lower exposure-adjusted incidence of AOEs vs PACE and no AOEs occurred from year 3 onwards, demonstrating that response-based dosing for ICLUSIG improves treatment tolerance and mitigates CV risk

Rate of AOEs may not increase with treatment duration[2]

Representative patient case – not an actual patient. Please refer to the local SmPC for guidance on close monitoring of CV status.[1] Please refer to the safety slide for more information about the most common adverse events listed in the SmPC.

AOE, arterial occlusive event; CV, cardiovascular; OPTIC, Optimizing Ponatinib Treatment In Chronic Phase-Chronic Myeloid Leukaemia; PACE, Ponatinib Philadelphia Chromosome Positive Acute Lymphoblastic Leukaemia and Chronic Myeloid Leukaemia Evaluation; PY, patient-years; SmPC, Summary of Product Characteristics.

1. ICLUSIG® (ponatinib) SmPC; Incyte, March 2022; 2. Jabbour E, et al. *Leukemia*. 2024;38:475–81.

The recommended starting dose of ICLUSIG is 45 mg once daily. Please refer to the local SmPC for further information.[1]

Incyte

ICLUSIG®

Thanks to OPTIC, there's now clear evidence to induce response, reduce dose and maintain response with ICLUSIG to safely manage patients like Martha[1,2]

OPTIC: Dose-reduction regimen[3,4]

- Faster dose reductions vs PACE
- Fewer AE-related dose reductions vs PACE
- Lower median dose intensity vs PACE
- Dose can be re-escalated if patients experience loss of response
- ~60% reduction in AOE risk in OPTIC vs PACE*

Martha may regain MMR or achieve a deep molecular response (≤0.01% BCR::ABL1^{IS}) with ICLUSIG and may maintain her response following dose reduction; ICLUSIG's response-based dosing regimen should mitigate Martha's CV risk[3,4]

Representative patient case – not an actual patient. *The OPTIC comparison group started with an ICLUSIG dose of 45 mg which was reduced to 15 mg following a response.
AE, adverse event; AOE, arterial occlusive event; CV, cardiovascular; IS, international scale; MMR, major molecular response; OPTIC, Optimizing Ponatinib Treatment In Chronic Phase Chronic Myeloid Leukaemia; PACE, Ponatinib Philadelphia Chromosome Positive Acute Lymphoblastic Leukaemia and Chronic Myeloid Leukaemia Evaluation; SmPC, Summary of Product Characteristics.

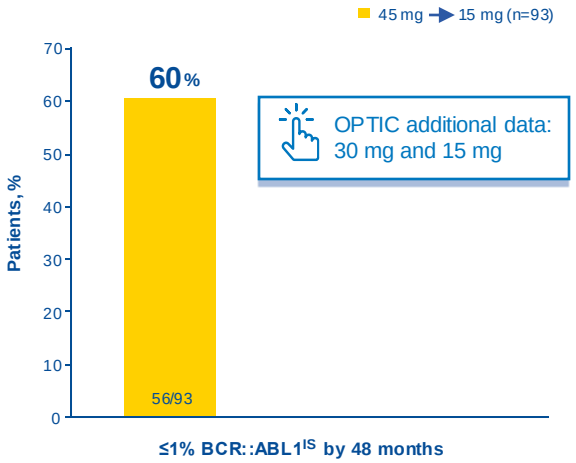
1. ICLUSIG® (ponatinib) SmPC; Incyte, March 2022; 2. Cortes J, et al. *Blood*. 2021;138:2042–50; 3. Cortes JE, et al. *Blood*. 2023;142(suppl 1):3164; Presentation at ASH 2023; Abstract 3164; available at: https://doi.org/10.1182/blood-2023-178790 (accessed September 2024); 4. Jabbour E, et al. *Leukemia*. 2024;38:475–81.

BECAUSE TOMORROW MATTERS TODAY

A delay means that patients like Martha may miss the opportunity to have the deepest response with ICLUSIG – consider early switch to ICLUSIG after just one 2G TKI[1,2]

OPTIC: ≤1% BCR::ABL1^{IS} by 48 months[3]*

Only the 45 mg → 15 mg cohort data are displayed to align with the SmPC recommended starting dose of 45 mg



OPTIC additional data: 30 mg and 15 mg

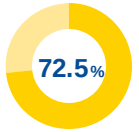
60% of patients receiving 45 mg → 15 mg ICLUSIG achieved ≤1% BCR::ABL1^{IS} by 48 months

Figure adapted from Cortes JE, et al.[3] with permission from the author.

OPTIC: Estimated 4-year PFS and OS[3]*

Only the 45 mg → 15 mg cohort data are displayed to align with the SmPC recommended starting dose of 45 mg

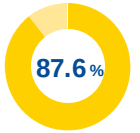
Estimated 4-year PFS



45 mg → 15 mg

OPTIC additional data: 30 mg and 15 mg

Estimated 4-year OS



45 mg → 15 mg

Estimated 4-year PFS was 72.5% and OS was 87.6% for patients receiving 45 mg → 15 mg ICLUSIG

Analysis showed similar ≤1% BCR::ABL1^{IS} rates at 12 months across all mutation subgroups[4]

Today, we know that treatment with a pan-inhibitor without delay may offer Martha a better future[1–3]

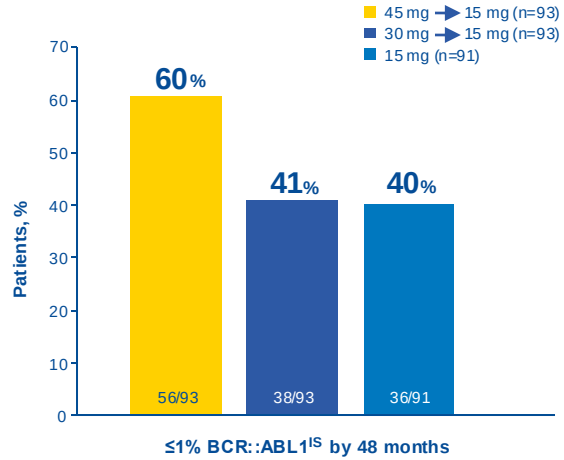
Representative patient case – not an actual patient.
*Median follow-up: 63 months in the 45-mg cohort. 2G, second generation; CP-CML, chronic-phase chronic myeloid leukaemia; IS, international scale; OPTIC, Optimizing Ponatinib Treatment In CP-CML; OS, overall survival; PFS, progression-free survival; SmPC, Summary of Product Characteristics; TKI, tyrosine kinase inhibitor.

1. ICLUSIG® (ponatinib) SmPC; Incyte, March 2022; 2. Kantarjian HM, et al. *Am J Hematol.* 2022;97:1419–26; 3. Cortes JE, et al. *Blood*. 2023;142(suppl 1):3164; Presentation at ASH 2023; Abstract 3164; available at: https://doi.org/10.1182/blood-2023-178790 (accessed September 2024); 4. Cortes J, et al. *Blood*. 2021;138:2042–50.

The recommended starting dose of ICLUSIG is 45 mg once daily. Please refer to the local SmPC for further information.[1]

A delay means that patients like Martha may miss the opportunity to have the deepest response with ICLUSIG – consider early switch to ICLUSIG after just one 2G TKI[1,2]

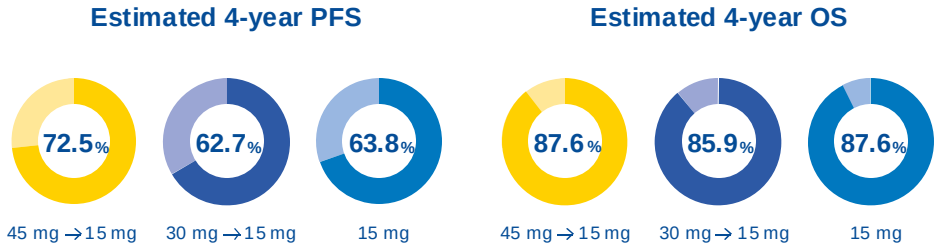
OPTIC: ≤1% BCR::ABL1^{IS} by 48 months[3]*



60% of patients receiving 45 mg → 15 mg ICLUSIG achieved ≤1% BCR::ABL1^{IS} by 48 months

Figure adapted from Cortes JE, et al.[3] with permission from the author.

OPTIC: Estimated 4-year PFS and OS[3]*



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Representative patient case – not an actual patient.
*Median follow-up: 63 months in the 45-mg cohort and 15-mg cohort; 65 months in the 30-mg cohort. 2G, second generation; CP-CML, chronic-phase chronic myeloid leukaemia; IS, international scale; OPTIC, Optimizing Ponatinib Treatment In CP-CML; OS, overall survival; PFS, progression-free survival; SmPC, Summary of Product Characteristics; TKI, tyrosine kinase inhibitor.

1. ICLUSIG® (ponatinib) SmPC; Incyte, March 2022; 2. Kantarjian HM, et al. *Am J Hematol.* 2022;97:1419–26; 3. Cortes JE, et al. *Blood*. 2023;142(suppl 1):3164; Presentation at ASH 2023; Abstract 3164; available at: https://doi.org/10.1182/blood-2023-178790 (accessed September 2024); 4. Cortes J, et al. *Blood*. 2021;138:2042–50.

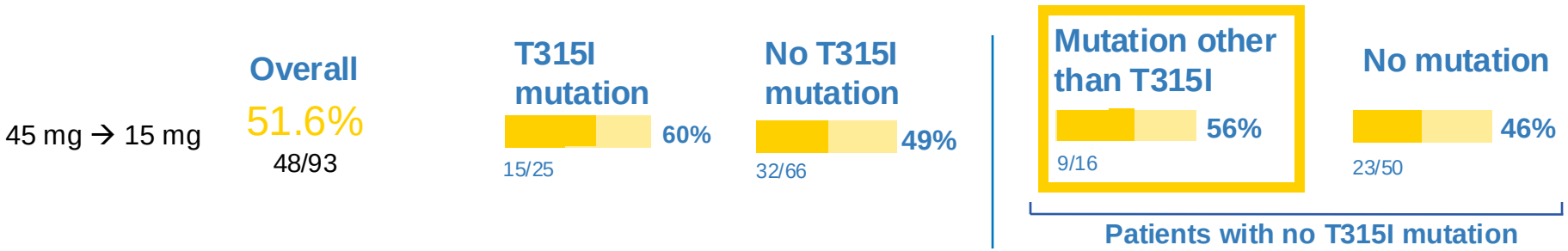
BECAUSE TOMORROW MATTERS TODAY

A delay means that patients like Martha may miss the opportunity to have the deepest response with ICLUSIG – consider early switch to ICLUSIG after just one 2G TKI[1,2]

OPTIC: Mutational subgroup analysis[3]

Only the 45 mg → 15 mg cohort data are displayed to align with the SmPC recommended starting dose of 45 mg

≤1% BCR::ABL1^{IS} by 12 months by baseline mutation status*



OPTIC additional data: 30 mg and 15 mg

Subgroup analysis showed similar ≤1% BCR::ABL1^{IS} rates at 12 months in patients with or without mutations[3]

Representative patient case – not an actual patient.

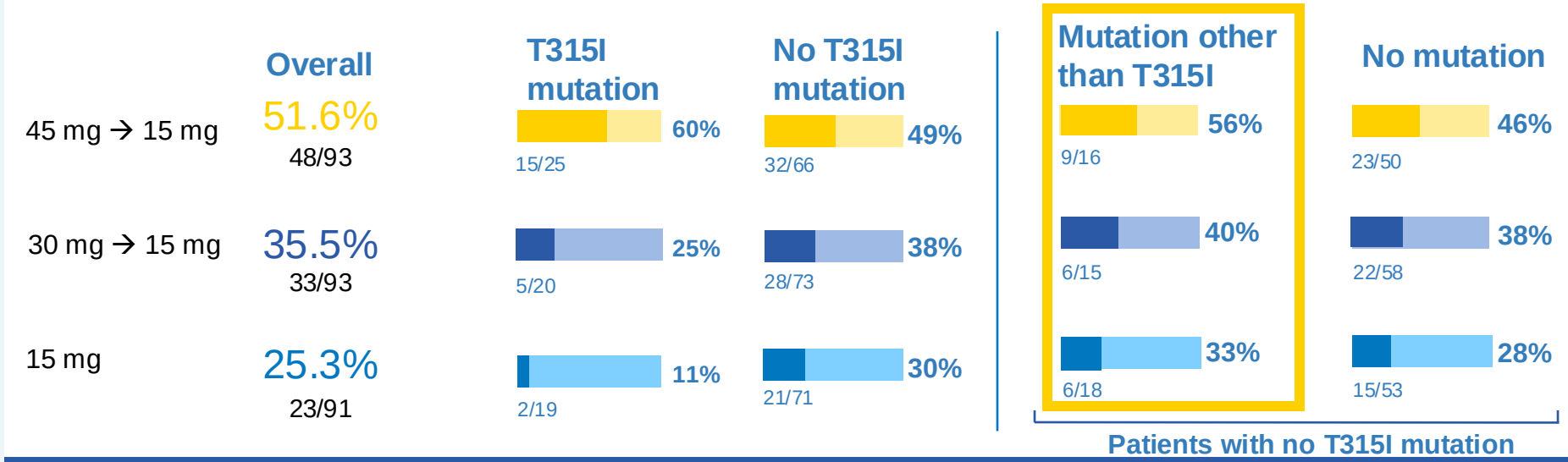
*4 patients did not have a mutation test result at baseline. 2G, second generation; CP-CML, chronic-phase chronic myeloid leukaemia; IS, international scale; OPTIC, Optimizing Ponatinib Treatment In CP-CML; SmPC, Summary of Product Characteristics; TKI, tyrosine kinase inhibitor.

1. ICLUSIG® (ponatinib) SmPC; Incyte, March 2022; 2. Kantarjian HM, et al. *Am J Hematol.* 2022;97:1419–26; 3. Cortes J, et al. *Blood*. 2021;138:2042–50.

A delay means that patients like Martha may miss the opportunity to have the deepest response with ICLUSIG – consider early switch to ICLUSIG after just one 2G TKI[1,2]

OPTIC: Mutational subgroup analysis[3]

≤1% BCR::ABL1^{IS} by 12 months by baseline mutation status*



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Representative patient case – not an actual patient.

*4 patients did not have a mutation test result at baseline. 2G, second generation; CP-CML, chronic-phase chronic myeloid leukaemia; IS, international scale; OPTIC, Optimizing Ponatinib Treatment In CP-CML; SmPC, Summary of Product Characteristics; TKI, tyrosine kinase inhibitor.

1. ICLUSIG® (ponatinib) SmPC; Incyte, March 2022; 2. Kantarjian HM, et al. *Am J Hematol.* 2022;97:1419–26; 3. Cortes J, et al. *Blood*. 2021;138:2042–50.

Considering ICLUSIG for Martha

Martha has resistant CP-CML; her hypertension and hypercholesterolaemia are well controlled

- ICLUSIG may offer patients like Martha a better future[1,2]
- **Together, we've built experience and confidence in treating patients, like Martha, with ICLUSIG over the last decade[1,2]**
- ICLUSIG was the first, and remains the only, TKI approved in Europe capable of inhibiting all single BCR::ABL1 resistance mutations, including F317L[1,3,4]

Representative patient case – not an actual patient.
CP-CML, chronic-phase chronic myeloid leukaemia; SmPC, Summary of Product Characteristics; TKI, tyrosine kinase inhibitor.

1. ICLUSIG® (ponatinib) SmPC; Incyte, March 2022; 2. Cortes JE, et al. *Blood*. 2023;142(suppl 1):3164; Presentation at ASH 2023; Abstract 3164; available at: https://doi.org/10.1182/blood-2023-178790 (accessed September 2024); 3. O'Hare T, et al. *Cancer Cell.* 2009;16:401–12; 4. Kantarjian HM, et al. *Am J Hematol.* 2022;97:1419–26.

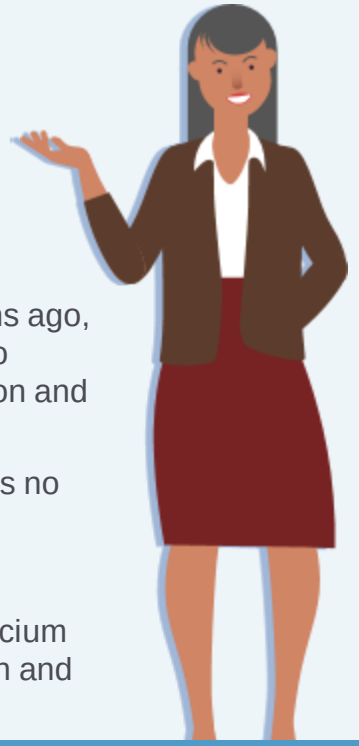
Maria: Identifying eligible patients with intolerance and medium CV risk

Maria

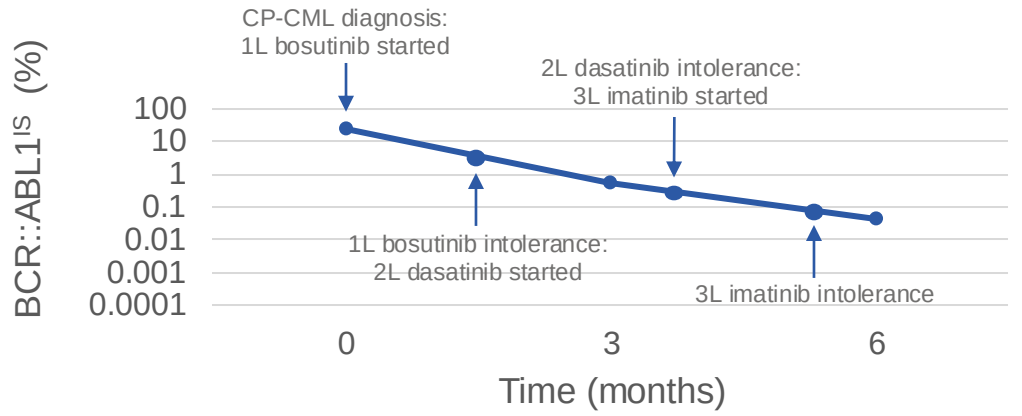
- Maria is a 67-year-old museum curator who has worked in exhibits across Europe
- Maria and her husband enjoy spending quality time together when gardening

Clinical background

- Maria was diagnosed with CP-CML 6 months ago, and became intolerant to 1L bosutinib due to diarrhoea, 2L dasatinib due to pleural effusion and 3L imatinib due to muscle cramps
- Her BCR::ABL1^{IS} level is 0.04% and she has no BCR::ABL1 mutations
- Her ELTS score is intermediate
- Maria is prescribed an ACE inhibitor and calcium channel blocker to manage her hypertension and her BMI is 31.0 kg/m^2



Maria's BCR::ABL1^{IS} level is responding to 3L imatinib



Maria may have fast, deep and durable responses with ICLUSIG[1]

RWE: Patient baseline characteristics[3–6]

ELN recommendations (2020) recommend starting ICLUSIG at a lower dose in the case of intolerance to previous TKIs[2]

Representative patient case – not an actual patient.
1L first line; 2L, second line; 3L, third line; ACE, angiotensin-converting enzyme; BMI, body mass index; CP-CML, chronic-phase chronic myeloid leukaemia; CV, cardiovascular; ELN, European LeukemiaNet; ELTS, EUTOS Long Term Survival; EUTOS, European Treatment and Outcome Study; IS, international scale; RWE, real-world evidence; SmPC, Summary of Product Characteristics; TKI, tyrosine kinase inhibitor.

1. Cortes JE, et al. *Blood.* 2018;132:393–404; 2. Hochhaus A, et al. *Leukemia.* 2020;34:966–84; 3. Breccia M, et al. *Hemasphere.* 2023;7(suppl):e8949080; Presentation at EHA 2023; Abstract P663; available at: https://doi.org/10.1097/01.HS9.0000969556.89490.80 (accessed September 2024); 4. Lurlo A, et al. *Blood.* 2019;134(suppl 1):1652; Presentation at ASH 2019; Abstract 1652; available at: https://doi.org/10.1182/blood-2019-126098 (accessed September 2024); 5. Devos T, et al. *Ann Hematol.* 2021;100:1723–32; 6. Cayssials E, et al. *Blood.* 2022;140(suppl 1):6776–77; Presentation at ASH 2022; Abstract 3016; available at: https://doi.org/10.1182/blood-2022-166111 (accessed September 2024); 7. ICLUSIG® (ponatinib) SmPC; Incyte, March 2022.

The recommended starting dose of ICLUSIG is 45 mg once daily. Please refer to the local SmPC for further information.[7]

BECAUSE TOMORROW MATTERS TODAY

Maria: Identifying eligible patients with intolerance and medium CV risk

RWE: Patient baseline characteristics[1–4]

Characteristic	OITI[1] (N=120)	Belgian Registry[3] (N=50)	TOPASE[4] (N=120)
Age, years, median (range) [Q1, Q3]	60 (19–93)	58 (19–83)	58 [45,69]
CP-CML, n (%)	111 (93)	30 (60)	104 (87)
Prior TKIs, n (%)			
1	60 (50)	4 (8)	17 (14)
2	42 (35)	23 (46)	59 (49)
≥3	18 (15)	23 (46)	42 (35)
Reason for starting ponatinib, n (%)			
Intolerance to prior TKI	40 (33)	20 (40)	72 (60)
Relapse or refractoriness to prior TKI	48 (40)*	14 (28)	30 (25)†
Patients with CV risk factors, n (%)			
History of CV events	20 (36)[2]	-	56 (47)
Hypertension	23 (41)[2]	17 (34)	39 (33)
Hyperlipidaemia	-	5 (10)	-
Starting dose of ponatinib, n (%)			
45 mg	43 (36)	36 (72)	21 (20)‡
30 mg	49 (41)	6 (12)	46 (44)‡
15 mg	28 (23)	7 (14)	37 (36)‡

Representative patient case – not an actual patient.

*Primary resistance: 29 (24%), secondary resistance: 19 (16%); †Reported as 'poor response to previous therapies'; ‡CP-CML population. CML, chronic myeloid leukaemia; CP, chronic phase; CV, cardiovascular; OITI, Observational study of Iclusig (ponatinib) Treatment in patients with CML in Italy; RWE, real-world evidence; SmPC, Summary of Product Characteristics; TKI, tyrosine kinase inhibitor; TOPASE, Therapeutic Observatory of Ponatinib About Safety and Efficacy.

1. Breccia M, et al. *Hemasphere*. 2023;7(suppl):e8949080; Presentation at EHA 2023; Abstract P663; available at: https://doi.org/10.1097/01.HS9.0000969556.89490.80 (accessed September 2024); 2. Lurlo A, et al. *Blood*. 2019;134(suppl 1):1652; Presentation at ASH 2019; Abstract 1652; available at: https://doi.org/10.1182/blood-2019-126098 (accessed September 2024); 3. Devos T, et al. *Ann Hematol*. 2021;100:1723–32; 4. Cayssials E, et al. *Blood*. 2022;140(suppl 1):6776–77; Presentation at ASH 2022; Abstract 3016; available at: https://doi.org/10.1182/blood-2022-166111 (accessed September 2024);
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The recommended starting dose of ICLUSIG is 45 mg once daily. Please refer to the local SmPC for further information.[5]

Together, we've built experience and confidence in treating patients like Maria with ICLUSIG over the last decade[1]

PACE: Incidence rates of newly occurring AOEs[2]

Number of CP-CML patients with events per patient-years:

0 to <1 year	1 to <2 years	2 to <3 years	3 to <4 years	4 to <5 years
15.8	15.6	13.4	9.8	4.9

Median dose intensity (mg/d):

0 to <1 year	1 to <2 years	2 to <3 years	3 to <4 years	4 to <5 years
32.1	31.4	24.8	19.0	20.4

Adjudicated AOEs in PACE were more likely in patients with multiple baseline CV factors[3]

Only 2 treatment-related AOEs were reported in the RWE study OITI[6]

Rate of new AOEs may not increase with longer treatment duration[2–4]

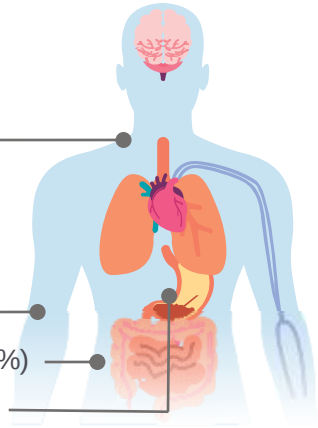
RWE: AEs and TRAEs[5–7]*

68% of patients experienced AEs in the Belgian registry:[5]

Most common AEs (≥10%) in the Belgian registry:
- Rash (26%)
- Dry skin (10%)

53–57% of patients in OITI and TOPASE experienced ≥1 TRAE[6,7]

Most common TRAEs in OITI were:[6]
- Hypertension (8%)
- Thrombocytopenia (6%)
- Increased lipase (5%)



You may be confident that ICLUSIG tolerability will be manageable for Maria[5–7]

The PACE 5-year analysis and RWE studies established the consistency of the ICLUSIG safety profile over a prolonged period[2,5–7]

Representative patient case – not an actual patient. Please refer to the local SmPC for further guidance on close monitoring of CV status.[1] Please refer to the safety slide for more information about the most common adverse events listed in the SmPC. *Includes both intolerant and resistant patients.

AE, adverse event; AOE, arterial occlusive event; CV, cardiovascular; OITI, Observational study of Iclusig (ponatinib) Treatment in patients with CML in Italy; PACE, Ponatinib Philadelphia Chromosome Positive Acute Lymphoblastic Leukaemia and Chronic Myeloid Leukaemia Evaluation; RWE, real-world evidence; SmPC, Summary of Product Characteristics; TOPASE, Therapeutic Observatory of Ponatinib About Safety and Efficacy; TRAE, treatment-related adverse event.

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BECAUSE TOMORROW MATTERS TODAY

ICLUSIG's response-based dosing regimen should improve Maria's treatment tolerability[1,2]

Patients with intolerance:

Maria's intolerance may contribute to nonadherence which could lead to loss of response, or biological progression to AP-/BP-CML[3–5]

Death attributed to disease progression is approximately 10 times that due to TRAEs in patients with CP-CML receiving 2L or 3L therapy[6]

Representative patient case – not an actual patient.

2L, second line; 3L, third line; AP, accelerated phase; BP, blastic phase; CML, chronic myeloid leukaemia; CP, chronic phase; SmPC, Summary of Product Characteristics; TRAE, treatment-related adverse events.

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The recommended starting dose of ICLUSIG is 45 mg once daily. Please refer to the local SmPC for further information.[7]

Incyte

BECAUSE TOMORROW MATTERS TODAY

For patients like Maria, early use of ICLUSIG after one 2G TKI may lead to the deepest responses[1,2]

RWE: Response rates and estimated survival[3–5]

OITI[3]

Prospective and retrospective, observational study (CP-, AP-, BP-CML; N=120)*

CP-CML: 93% | Intolerance: 33%

Belgian registry[4]

Prospective, observational study (CP-, AP-, BP-CML or Ph+ ALL; N=50)†

CP-CML: 60% | Intolerance (CML): 42%

TOPASE[5]

Ambispective, observational study (CP-, AP-, BP-CML; N=120)‡

CP-CML: 87% | Intolerance (CML): 60%

3-year response rates:[3,4] CP-CML (N=111)[3]

MMR: 31%

MR4–MR5: 50%

MR4: ≤0.01% BCR::ABL1^{IS}; MR5: ≤0.001% BCR::ABL1^{IS}

Intolerant CP-CML (n=14)[4]

MMR–MR2: 71%

MR2: ≤1% BCR::ABL1^{IS}

3-year KM estimates:[3,4] CP-CML (N=111)[3]

OS: 87%

(95% CI: 80.2–93.8)

PFS: 83%

(95% CI: 75.9–90.8)

CML (N=33)[4]

OS: 85%

PFS: 82%

Of the patients with CP-CML who were non-responders at baseline (n=70):[5]

60% achieved **MMR**

Median time to response:[5]

4.8 months

Results from real-world, observational studies suggest that Maria may achieve a deep, durable molecular response and long-term survival with ICLUSIG[3–5]

Representative patient case – not an actual patient. *Median follow-up in all patients: 41 months; †Median follow-up in patients with CML: 15 months; ‡Median follow-up in patients with CP-CML: 18.2 months. 2G, second generation; ALL, acute lymphoblastic leukaemia; AP, accelerated phase; BP, blastic phase; CI, confidence interval; CML, chronic myeloid leukaemia; CP, chronic phase; IS, international scale; KM, Kaplan Meier; MR, molecular response; MMR, major molecular response; OITI, Observational study of Iclusig (ponatinib) Treatment in patients with CML in Italy; OS, overall survival; PFS, progression-free survival; Ph+, Philadelphia chromosome positive; RWE, real-world evidence; SmPC, Summary of Product Characteristics; TOPASE, Therapeutic Observatory of Ponatinib About Safety and Efficacy; TKI, tyrosine kinase inhibitor.

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The recommended starting dose of ICLUSIG is 45 mg once daily. Please refer to the local SmPC for further information.[1]

Incyte

ICLUSIG®

Considering ICLUSIG for Maria

Maria has a history of intolerance; her hypertension is well controlled

- ICLUSIG may offer patients like Maria a better future[1–3]
- **Together, we've built experience and confidence in treating patients, like Maria, with ICLUSIG over the last decade[1–3]**
- Approximately 25% of patients with CML change TKIs because of AEs. We know that cycling TKIs may lead to mutations, lowering the likelihood of response to an alternative TKI[1,4,5]
- Considering an early switch to ICLUSIG after one 2G TKI for patients like Maria may improve their outcomes[1,4,5]

Representative patient case – not an actual patient.
2G, second generation; AE, adverse event; CML, chronic myeloid leukaemia; SmPC, Summary of Product Characteristics; TKI, tyrosine kinase inhibitor.

1. Claudiani S, et al. *Leukemia*. 2024;38:796–802; 2. Cortes JE, et al. *Blood*. 2023;142(suppl 1):3164; Presentation at ASH 2023; Abstract 3164; available at: https://doi.org/10.1182/blood-2023-178790 (accessed September 2024); 3. ICLUSIG® (ponatinib) SmPC; Incyte, March 2022; 4. Braun TP, et al. *Cancer Cell*. 2020;37:530–42; 5. Cortes J, Lang F. *J Hematol Oncol.* 2021;14:44.

The recommended starting dose of ICLUSIG is 45 mg once daily. Please refer to the local SmPC for further information.[3]

Peter: Identifying eligible patients with intolerance and low CV risk

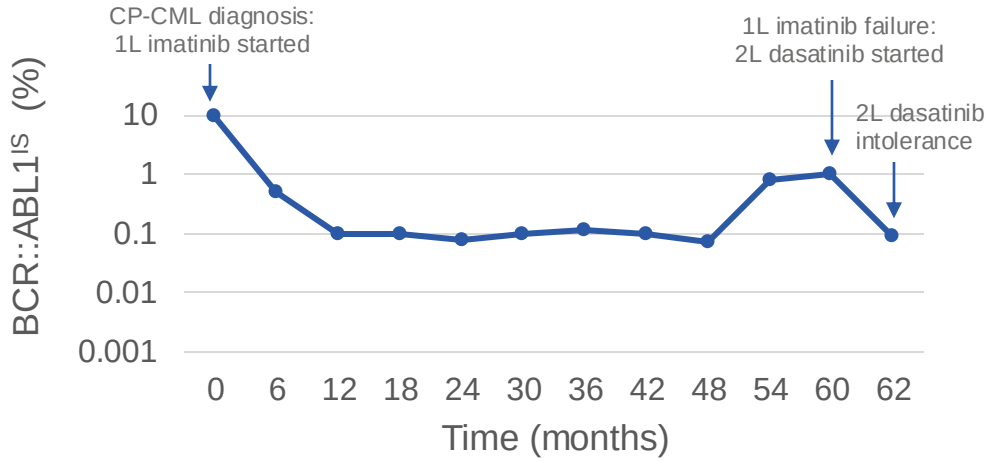
Peter

- Peter is a 52-year-old journalist for the local newspaper
- He is an amateur photographer and is excited for his next travelling adventure

Clinical background

- Peter was diagnosed with CP-CML 62 months ago, becoming resistant to 1L imatinib after 60 months and developed intolerance to 2L dasatinib after 2 months of treatment
- His BCR::ABL1^{IS} level is 0.09% after 2 months of dasatinib treatment
- His ELTS score is low
- Peter has no BCR::ABL1 mutations or previous history of CV events
- He has some gastrointestinal issues following treatment with dasatinib but no other comorbidities

Peter's BCR::ABL1^{IS} level is 0.09% after 2 months of 2L dasatinib treatment



Peter may have fast, deep and durable responses with ICLUSIG[1]

RWE: Patient baseline characteristics[2–4]

ELN recommendations (2020) recommend starting ICLUSIG at a lower dose in the case of intolerance to previous TKIs[5]

Representative patient case – not an actual patient.

1L, first line, 2L, second line; CP-CML, chronic-phase chronic myeloid leukaemia; CV, cardiovascular; ELN, European LeukemiaNet; ELTS, EUTOS Long Term Survival; EUTOS, European Treatment and Outcome Study; IS, international scale; RWE, real-world evidence; SmPC, Summary of Product Characteristics; TKI, tyrosine kinase inhibitor.

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BECAUSE TOMORROW MATTERS TODAY

Peter: Identifying eligible patients with intolerance and low CV risk

RWE: Patient baseline characteristics[1–3]

Characteristic	OITI[1] (N=120)	Belgian Registry[2] (N=50)	TOPASE[3] (N=120)
Age, years, median (range) [Q1, Q3]	60 (19–93)	58 (19–83)	58 [45,69]
CP-CML, n (%)	111 (93)	30 (60)	104 (87)
Prior TKIs, n (%)			
1	60 (50)	4 (8)	17 (14)
2	42 (35)	23 (46)	59 (49)
≥3	18 (15)	23 (46)	42 (35)
Reason for starting ponatinib, n (%)			
Intolerance to prior TKI	40 (33)	20 (40)	72 (60)
Relapse or refractoriness to prior TKI	48 (40)*	14 (28)	30 (25)†
Starting dose of ponatinib, n (%)			
45 mg	43 (36)	36 (72)	21 (20)‡
30 mg	49 (41)	6 (12)	46 (44)‡
15 mg	28 (23)	7 (14)	37 (36)‡

Representative patient case – not an actual patient.
*Primary resistance: 29 (24%), secondary resistance: 19 (16%); †Reported as 'poor response to previous therapies'; ‡CP-CML population. CML, chronic myeloid leukaemia; CP, chronic phase; CV, cardiovascular; OITI, Observational study of Iclusig (ponatinib) Treatment in patients with CML in Italy; RWE, real-world evidence; SmPC, Summary of Product Characteristics; TKI, tyrosine kinase inhibitor; TOPASE, Therapeutic Observatory of Ponatinib About Safety and Efficacy.

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Incyte

ICLUSIG®

ICLUSIG's response-based dosing regimen should improve Peter's treatment tolerability[1,2]

Patients with intolerance:

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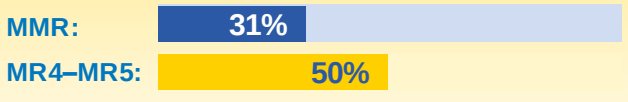
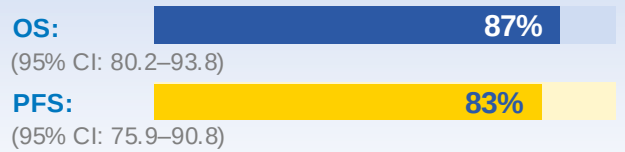


MR4: ≤0.01% BCR::ABL1^{IS}; MR5: ≤0.001% BCR::ABL1^{IS}

Intolerant CP-CML (n=14)[4]

MR2: ≤1% BCR::ABL1^{IS}

3-year KM estimates:[3,4] CP-CML (N=111)[3]



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achieved **MMR**

Median time to response:[5]

4.8 months

Results from real-world, observational studies suggest that Peter may achieve a deep, durable molecular response and long-term survival with ICLUSIG[3–5]

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Together, we've built experience and confidence in treating patients like Peter with ICLUSIG over the last decade[1]

PACE: Incidence rates of newly occurring AOEs[2]

Number of CP-CML patients with events per patient-years:

0 to <1 year	1 to <2 years	2 to <3 years	3 to <4 years	4 to <5 years
15.8	15.6	13.4	9.8	4.9

Median dose intensity (mg/d):

0 to <1 year	1 to <2 years	2 to <3 years	3 to <4 years	4 to <5 years
32.1	31.4	24.8	19.0	20.4

Only 2 treatment-related AOEs were reported in the RWE study OITI[3]

Peter should be at minimal risk of having CV adverse events[2,4,5]

Adjudicated AOEs in PACE were more likely in patients with multiple CV factors[4]

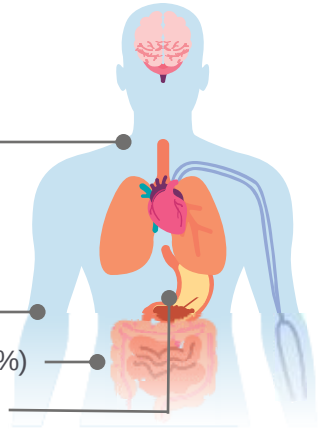
RWE: AEs and TRAEs[3,6,7]*

68% of patients experienced AEs in the Belgian registry:[6]

Most common AEs (≥10%) in the Belgian registry:
- Rash (26%)
- Dry skin (10%)

53–57% of patients in OITI and TOPASE experienced ≥1 TRAE[3,7]

Most common TRAEs in OITI were:[3]
- Hypertension (8%)
- Thrombocytopenia (6%)
- Increased lipase (5%)



You may be confident that ICLUSIG tolerability will be manageable for Peter[3,6,7]

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Incyte

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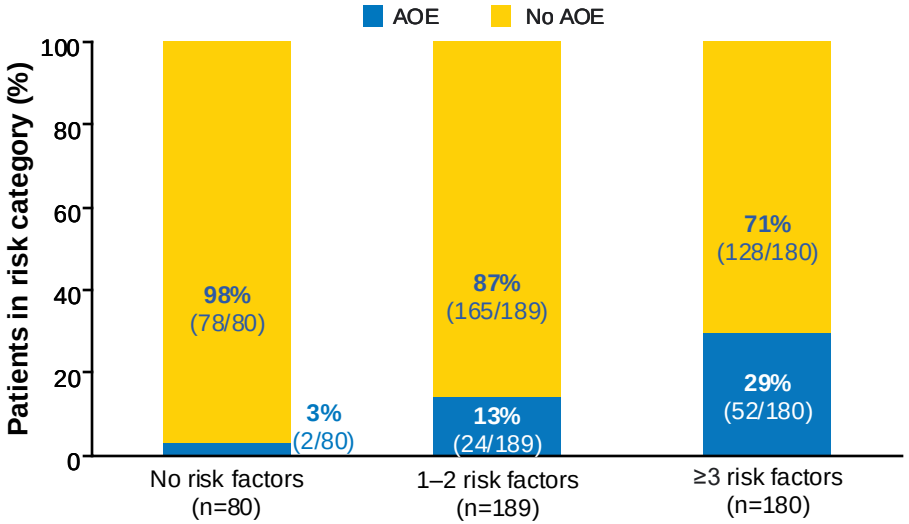
PACE: Adjudicated AOEs[2]



- 98% of patients with no CV risk factors did not experience an AOE
- Rate of AOEs may not increase with treatment duration

Figure adapted from Januzzi JL, et al.[2] Freely distributed under the Creative Commons Attribution License (CC-BY 4.0).

Adjudicated AOEs in PACE were more likely in patients with multiple CV factors[2]

Representative patient case – not an actual patient. Please refer to the local SmPC for guidance on close monitoring of CV status.[1] Please refer to the safety slide for more information about the most common adverse events listed in the SmPC.

AOE, arterial occlusive event; CV, cardiovascular; PACE, Ponatinib Philadelphia Chromosome Positive Acute Lymphoblastic Leukaemia and Chronic Myeloid Leukaemia Evaluation; SmPC, Summary of Product Characteristics.

1. ICLUSIG® (ponatinib) SmPC; Incyte, March 2022; 2. Januzzi JL, et al. *J Hematol Oncol.* 2022;15:1.

Considering ICLUSIG for Peter

Peter has a history of intolerance and no history of CV events

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Most common AEs and serious AEs

Common AEs

- AEs occurring in ≥10% of CML and Ph+ ALL patients in PACE:[1]

Upper respiratory tract infection, anaemia, platelet count decreased, neutrophil count decreased, decreased appetite, insomnia, headache, dizziness, hypertension, dyspnoea, cough, abdominal pain, diarrhoea, vomiting, constipation, nausea, lipase increased, alanine transferase increased, aspartate aminotransferase increased, rash, dry skin, pruritis, bone pain, arthralgia, myalgia, pain in extremity, back pain, muscle spasm, fatigue, asthenia, oedema peripheral, pyrexia, pain.

- A full list of ADRs can be found in the SmPC[1]

Serious AEs

- Serious AEs occurring in >2% of CML and Ph+ ALL patients in PACE:[1]

Pneumonia, pancreatitis, abdominal pain, atrial fibrillation, pyrexia, myocardial infarction, peripheral arterial occlusive disease, anaemia, angina pectoris, platelet count decreased, febrile neutropenia, hypertension, coronary artery disease, cardiac failure congestive, cerebrovascular accident, sepsis, cellulitis, acute kidney injury, urinary tract infection, lipase increased.

- A full list of serious ADRs can be found in the SmPC[1]

ADR. adverse drug reaction; AE, adverse event; ALL, acute lymphoblastic leukaemia; CML, chronic myeloid leukaemia; PACE, Ponatinib Ph+ ALL and CML Evaluation; Ph+, Philadelphia chromosome positive; SmPC, Summary of Product Characteristics.

1. ICLUSIG® (ponatinib) SmPC; Incyte, March 2022.

Austria Prescribing Information

Iclusig® 15 mg Filmtabletten / Iclusig® 30 mg Filmtabletten / Iclusig® 45 mg Filmtabletten
Wirkstoff: Ponatinib
Bevor Sie Iclusig® verschreiben, lesen Sie bitte die vollständige Fachinformation (FI).
Qualitative und quantitative Zusammensetzung:
Jede Filmtablette enthält 15 mg bzw. 30 mg bzw. 45 mg Ponatinib (als Hydrochlorid).
Sonstige Bestandteile mit bekannter Wirkung:
Jede Filmtablette enthält 40 mg (Iclusig 15 mg) bzw. 80 mg (Iclusig 30 mg) bzw. 120 mg (Iclusig 45 mg) Lactose-Monohydrat.
Vollständige Auflistung der sonstigen Bestandteile: Tablettenkern: Lactose-Monohydrat, Mikrokristalline Cellulose, Poly(O-carboxymethyl)stärke – Natriumsalz, hochdisperses Siliciumdioxid, Magnesiumstearat. Tablettenüberzug: Talkum, Macrogol 4000, Poly(vinylalkohol), Titandioxid (E171).
Anwendungsgebiete: Iclusig wird angewendet bei erwachsenen Patienten mit

chronischer myeloischer Leukämie (CML) in der chronischen Phase, akzelerierten Phase oder Blastenkrise, die behandlungsresistent gegenüber Dasatinib bzw. Nilotinib sind, die Dasatinib oder Nilotinib nicht vertragen und bei denen eine anschließende Behandlung mit Imatinib klinisch nicht geeignet ist, oder bei denen eine T315I-Mutation vorliegt.

Philadelphia-Chromosom-positiver akuter Lymphoblastenleukämie (Ph+ ALL), die behandlungsresistent gegenüber Dasatinib sind, die Dasatinib nicht vertragen und bei denen eine anschließende Behandlung mit Imatinib klinisch nicht geeignet ist, oder bei denen eine T315I-Mutation vorliegt.

Siehe Abschnitt 4.2 der FI zur Beurteilung des kardiovaskulären Status vor Beginn der Behandlung und Abschnitt 4.4 der FI zu Situationen, in denen eine alternative Behandlung erwogen werden kann.

Gegenanzeigen: Überempfindlichkeit gegen den Wirkstoff oder einen der sonstigen Bestandteile.

Nebenwirkungen: *Sehr häufige Nebenwirkungen (≥ 1/10):* Infektionen der oberen Atemwege, Anämie, verminderte Thrombozytenzahl, verminderte Neutrophilenzahl, verminderter Appetit, Schlaflosigkeit, Kopfschmerzen, Schwindel, Hypertonie, Dyspnoe, Husten, Bauchschmerzen, Durchfall, Erbrechen, Verstopfung, Übelkeit, erhöhte Lipasewerte, erhöhte Alaninaminotransferase, erhöhte Aspartataminotransferase, Ausschlag, trockene Haut, Pruritus, Knochenschmerzen, Arthralgie, Myalgie, Gliederschmerzen, Rückenschmerzen, Muskelspasmen, Abgeschlagenheit, Asthenie, peripheres Ödem, Fieber, Schmerzen. *Häufige Nebenwirkungen (≥ 1/100, < 1/10):* Pneumonie, Sepsis, Follikulitis, Zellulitis, Panzytopenie, febrile Neutropenie, verminderte Zahl weißer Blutzellen, verminderte Lymphozytenzahl, Hypothyreose, Dehydratation, Flüssigkeitsretention, Hypokalzämie, Hyperglykämie, Hyperurikämie, Hypophosphatämie, Hypertriglyceridämie, Hypokaliämie, Gewichtsverlust, Hyponatriämie, zerebrovaskuläres Ereignis, Hirninfarkt, periphere Neuropathie, Lethargie, Migräne, Hyperästhesie, Hypoästhesie, Parästhesie, transitorische ischämische Attacke, Verschwommensehen, trockenes Auge, periorbitales Ödem, Augenlidödem, Konjunktivitis, Sehverschlechterung, Herzinsuffizienz, Myokardinfarkt, kardiale Stauungsinsuffizienz, koronare Herzkrankheit, Angina pectoris, Perikarderguss, Vorhofflimmern, verminderte Ejektionsfraktion, akutes Koronarsyndrom, Vorhofflattern, periphere arterielle Verschlusskrankheit, periphere Ischämie, periphere Arterienstenose, Claudicatio intermittens, tiefe Venenthrombose, Hitzewallungen, plötzliche Hautrötung („Flushing"), Lungenembolie, Pleuraerguss, Epistaxis, Dysphonie, pulmonale Hypertonie, Pankreatitis, Amylase im Blut erhöht, gastroösophageale Refluxkrankheit, Stomatitis, Dyspepsie, geblähter Bauch, abdominelle Beschwerden, Mundtrockenheit, Magenblutung, Bilirubin im Blut erhöht, alkalische Phosphatase im Blut erhöht, Gamma-Glutamyltransferase erhöht, Ausschlag mit Juckreiz, Dermatitis exfoliativa, Erythem, Alopezie, Exfoliation der Haut, nächtliche Schweißausbrüche, Hyperhidrose, Petechien, Ekchymose, Hautschmerzen, exfoliative Dermatitis, Hyperkeratose, Hauthyperpigmentierung, Muskel- und Skelettschmerzen, Nackenschmerzen, die Skelettmuskulatur betreffende Brustschmerzen, erektile Dysfunktion, Schüttelfrost, grippaler Infekt, nicht kardial bedingte Schmerzen in der Brust, tastbarer Knoten, Gesichtsödem.

Gelegentliche Nebenwirkungen (≥ 1/1.000, < 1/100): Tumor-Lyse-Syndrom, Hirnarterienstenose, Hirnblutung, intrakranielle Blutung, posteriores reversibles Enzephalopathiesyndrom, Retinalvenenthrombose, Netzhautvenenverschluss, Verschluss einer Netzhautarterie, Myokardischämie, Herzbeschwerden, ischämische Kardiomyopathie, Koronararterienspasmus, linksventrikuläre Dysfunktion, schlechte periphere Durchblutung, Milzinfarkt, venöse Embolie, Venenthrombose, hypertensive Krise, Nierenarterienstenose, Lebertoxizität, Leberversagen, Ikterus. *Seltene Nebenwirkungen* (≥ 1/10.000, < 1/1.000): Pannikulitis (einschließlich Erythema nodosum). *Nebenwirkungen mit nicht bekannter Häufigkeit:* Aneurysmen und Arteriendissektionen.

Hinweise zu ausgewählten Nebenwirkungen:

Bei Patienten, die mit Iclusig behandelt wurden, sind schwerwiegende Gefäßverschlüsse, einschließlich kardiovaskulärer, zerebrovaskulärer und peripherer Gefäßereignisse und Venenthrombosen aufgetreten.

In allen Patientengruppen wurde häufig über eine Myelosuppression berichtet. In Zusammenhang mit BCR-ABL-Tyrosinkinase-Inhibitoren wurden Hepatitis-B-Reaktivierungen beobachtet. Einige Fälle führten zu akutem Leberversagen oder zu fulminanter Hepatitis, die eine Lebertransplantation notwendig machten oder zum Tod führten. Bei einigen BCR-ABL-Tyrosinkinase-Inhibitoren wurde über schwere Hautreaktionen (wie das Stevens-Johnson Syndrom) berichtet.

Warnhinweise: Enthält Lactose. Siehe Packungsbeilage für weitere Informationen. Die in der Flasche befindliche Dose mit Trockenmittel darf nicht geschluckt werden.

Verkaufsabgrenzung: Verschreibungspflichtig (Österreich: Rezept- und apothekenpflichtig, wiederholte Abgabe verboten).

Pharmakotherapeutische Gruppe: antineoplastische Mittel, Proteinkinase-Inhibitoren, ATC-Code: L01EA05

Inhaber der Zulassung: Incyte Biosciences Distribution B.V., Paasheuvelweg 25, 1105 BP Amsterdam, Niederlande.

Weitere Informationen: Ausführliche Informationen zu Warnhinweisen und Vorsichtsmaßnahmen für die Anwendung, Wechselwirkungen, Schwangerschaft und Stillzeit, Nebenwirkungen sowie Dosierung und Art/Dauer der Anwendung entnehmen Sie bitte der veröffentlichten Fachinformation (Zusammenfassung der Merkmale des Arzneimittels). **Stand:** 03/2022