Pirtobrutinib in Post-cBTKi CLL/SLL: ~30 Months Follow-Up and Subgroup Analysis With/Without

Prior BCL2i From the Phase 1/2 BRUIN Study

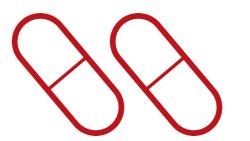
JA Woyach, JR Brown, P Ghia, LE Roeker, K Patel, TA Eyre, T Munir, E Lech-Maranda, N Lamanna, CS Tam, JF Seymour, B Tessoulin, NN Shah, C Ujjani, B Fahkri, CC Coombs, I Flinn, MR Patel, SD Nasta, JB Cohen, AJ Alencar, CY Cheah, S Ma, JM Rhodes, D Jagadeesh, PL Zinzani, A Osterborg, K Izutsu, DE Tsai, P Abada, M Balbas, J Li, AS Ruppert, W Jurczak, WG Wierda

Background

There are limited prospective data and treatment options in the post-cBTKi setting



Pirtobrutinib is an oral, highly potent and selective, non-covalent (reversible) BTK inhibitor with sustained BTK inhibition throughout the dosing interval



An updated analysis of the phase 1/2 BRUIN study examined the efficacy and safety of pirtobrutinib in patients with post-cBTKi CLL with a median 30-month follow-up

Study design

The BRUIN phase 1/2 study examined the efficacy and safety of pirtobrutinib in 778 patients with previously treated CLL or other B-cell non-Hodgkin lymphoma

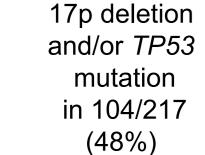
282 patients with cBTKi pretreated CLL were evaluated for efficacy and safety

Patient characteristics

Patients were generally considered high risk and were heavily pretreated (median of 4 prior lines of therapy)



BTK C481 mutations in 96/245 (39%)



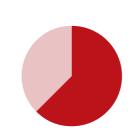
IGHV unmutated in 193/225 (86%)



Efficacy results

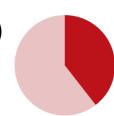
Patients with prior cBTKi (n=282) had a median PFS of 19.4 months and an 18-month PFS rate of 52.8%

> Patients naïve to BCL2i (n=154) Median PFS: 23.0 months 18-month PFS rate: 62.5%



Patients exposed to BCL2i (n=128) Median PFS: 15.9 months

18-month PFS rate: 39.6%



Median OS was not reached, 18-month OS rates showed similar trends as PFS for BCL2i-naïve and exposed patients. In contrast, overall response rate was consistent, regardless of prior BCL2i exposure

Safety results



Median time on treatment for the CLL population with prior cBTKi was 18.7 months

7 patients (2.5%) permanently discontinued due to treatment-related adverse events

Treatment-emergent adverse events (any grade; ≥20%)

Neutropenia^a Diarrhea Fatigue Cough Contusion 34.4% 28.4% 27.3% 26.2% 36.9% COVID-19 Dyspnea Nausea Abdominal pain 22.3% 22.0% 21.3%

Adverse events of interest (grade ≥3; all cause)

Infections^b Hemorrhage^c Hypertension 30.9% 2.1% 4.3% Atrial fibrillation/flutterd Arthralgia Rashe 1.1% 1.8% 1.4%

Summary

With a median follow-up of 30 months, pirtobrutinib continues to show clinically meaningful and durable efficacy in heavily pretreated patients with CLL/SLL post-covalent BTKi



Longer PFS was observed in patients naïve to a BCL2i than in patients exposed to a BCL2i



25.9%

Low rates of discontinuation due to drug-related toxicity