

Ruxolitinib vs Best Available Therapy in Patients With Steroid-Refractory/ Dependent Chronic Graft-vs-Host Disease: Analyses of Patient-Reported Outcomes

This infographic is associated with Poster Presentation 3909 presented at the 2021 ASH meeting, held in Atlanta, GA, on December 11-14, 2021

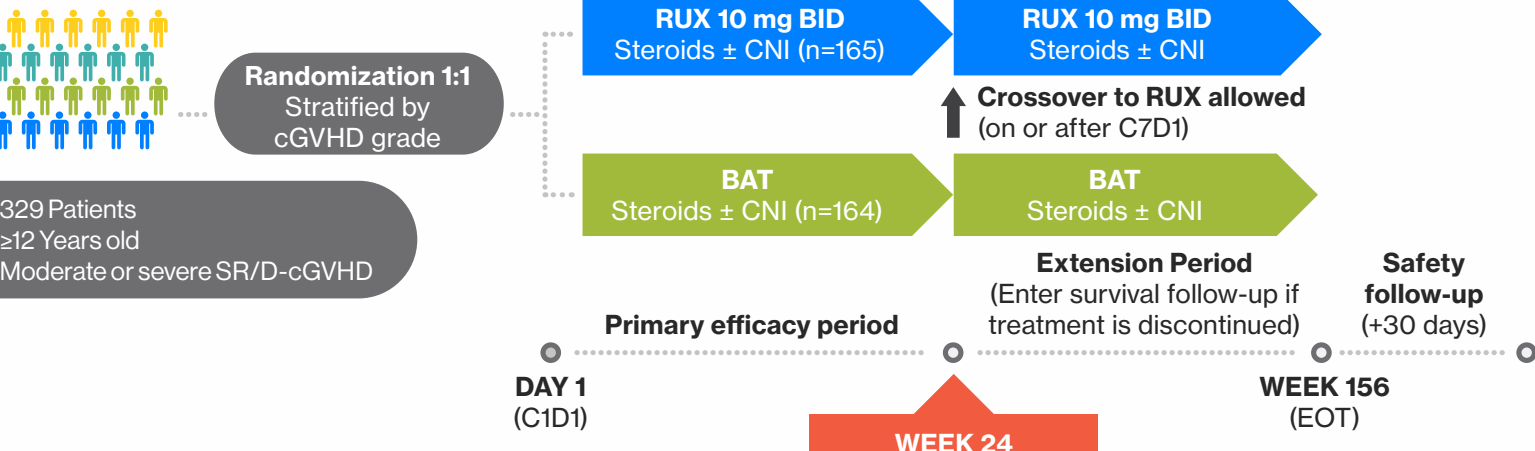
Executive Summary



- ✓ In REACH3, ruxolitinib treatment led to greater improvements in both physician-assessed cGVHD outcomes and PROs compared with BAT
 - Unlike in the BAT arm, symptom burden decreased rapidly in the ruxolitinib arm, with continuing improvement observed over time
- ✓ An organ response at week 24 in eye, skin, mouth, or lung was predictive of a decrease from baseline in the respective mLSS subscale score at week 24
- ✓ Patients were more likely to report a feeling of improvement in their symptoms when treated with ruxolitinib vs BAT
- ✓ **Importantly, the patient experience of organ-specific symptom improvements was consistent with physician-assessed objective organ responses, both of which were greater with ruxolitinib than BAT**

Study Design

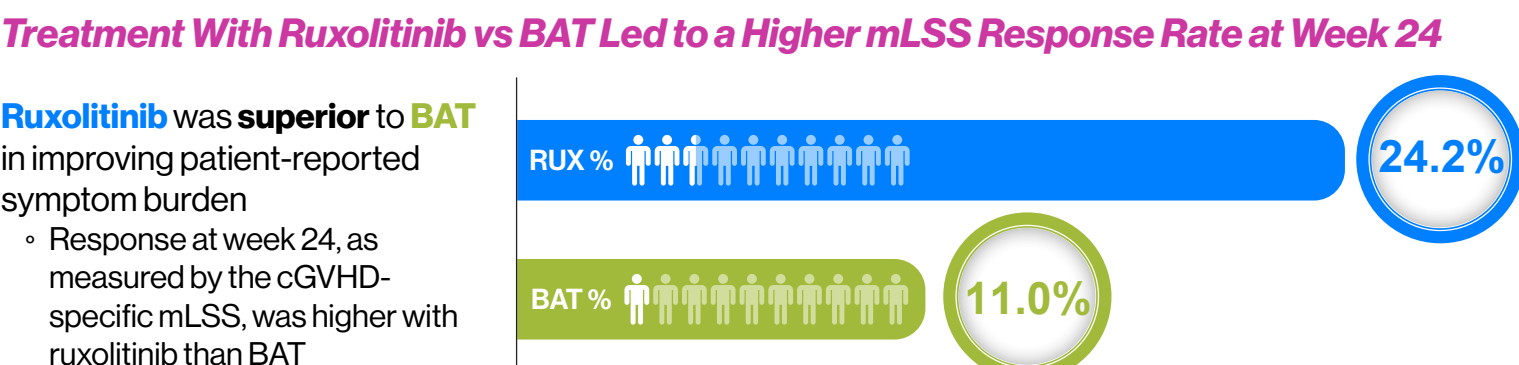
REACH3 is the first successful, randomized phase 3 trial in SR/D cGVHD



- **Primary endpoint:**
 - ORR (complete response + partial response) at week 24 using NIH criteria
- **Key secondary endpoints:**
 - Failure-free survival
 - Modified Lee Symptom Scale (mLSS) response at week 24

mLSS Response

Treatment With Ruxolitinib vs BAT Led to a Higher mLSS Response Rate at Week 24



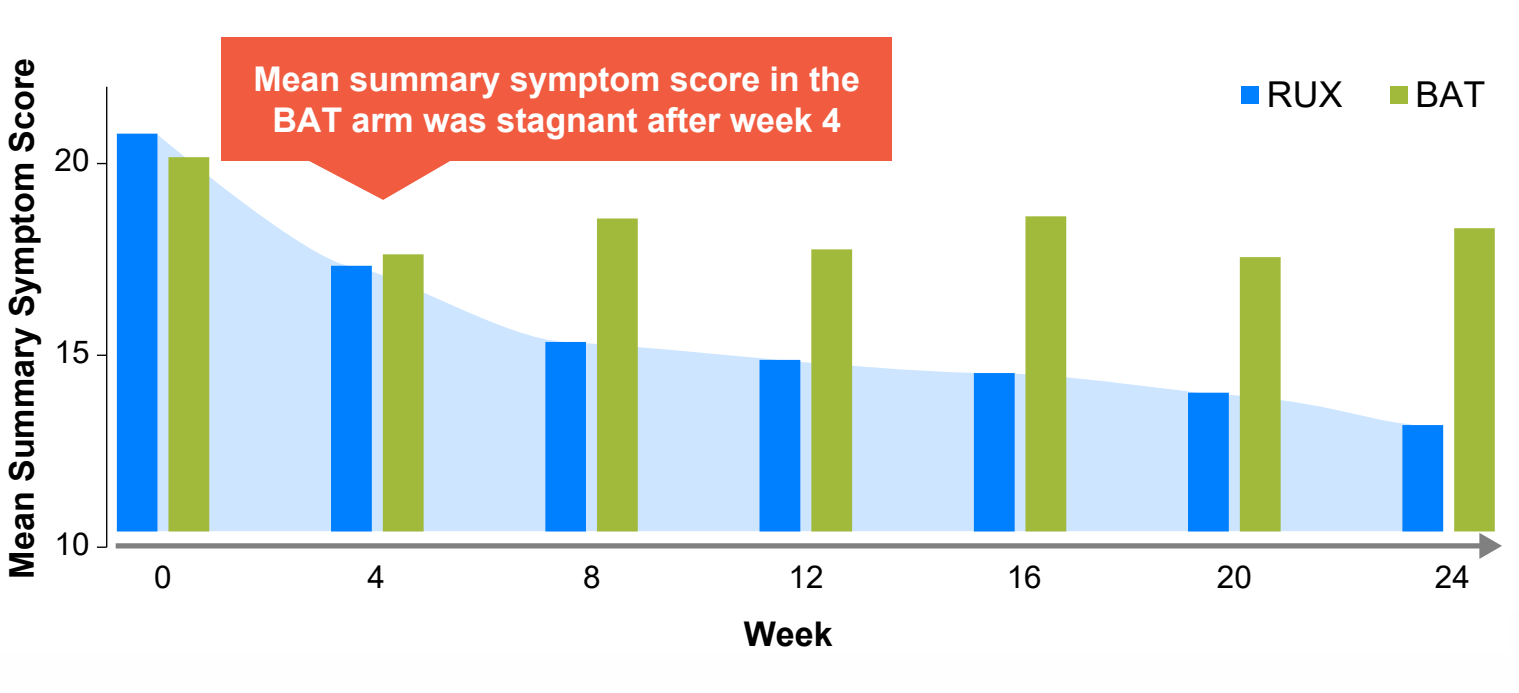
Ruxolitinib was superior to BAT in improving patient-reported symptom burden

- Response at week 24, as measured by the cGVHD-specific mLSS, was higher with ruxolitinib than BAT

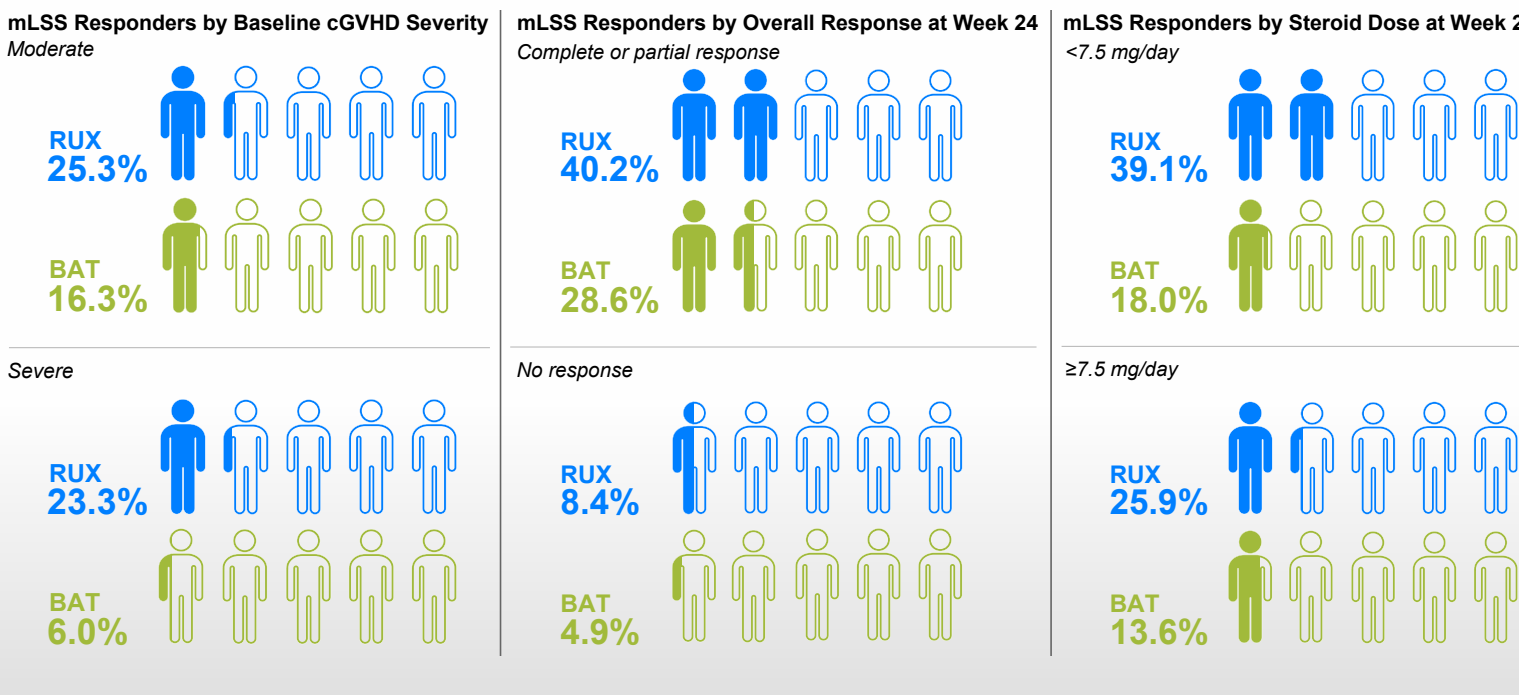
The mLSS is a modified form of the LSS, a validated, cGVHD-specific, 30-item, self-administered survey ranging from 0 (no symptoms) to 100 (worst symptoms) with 1 summary score and 7 subscales (skin, mouth, eye, lung, energy, nutrition, psychological)

This means about 1 in 4 patients treated with ruxolitinib achieved an mLSS response compared with only 1 in 10 patients treated with BAT

Ruxolitinib Led to Rapid and Durable Symptom Reduction



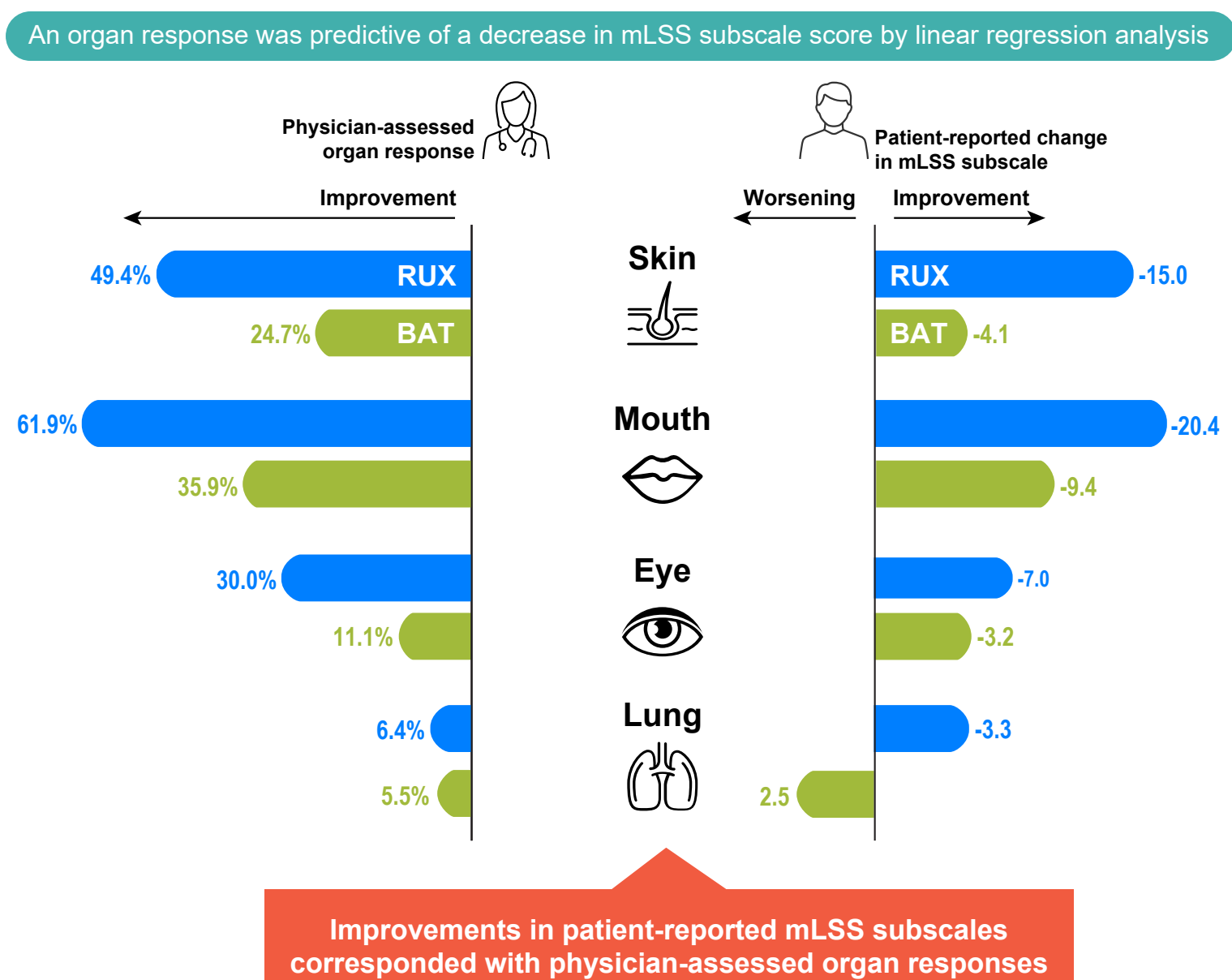
The mLSS Response Rate Was Higher With Ruxolitinib Across Key Patient Subgroups



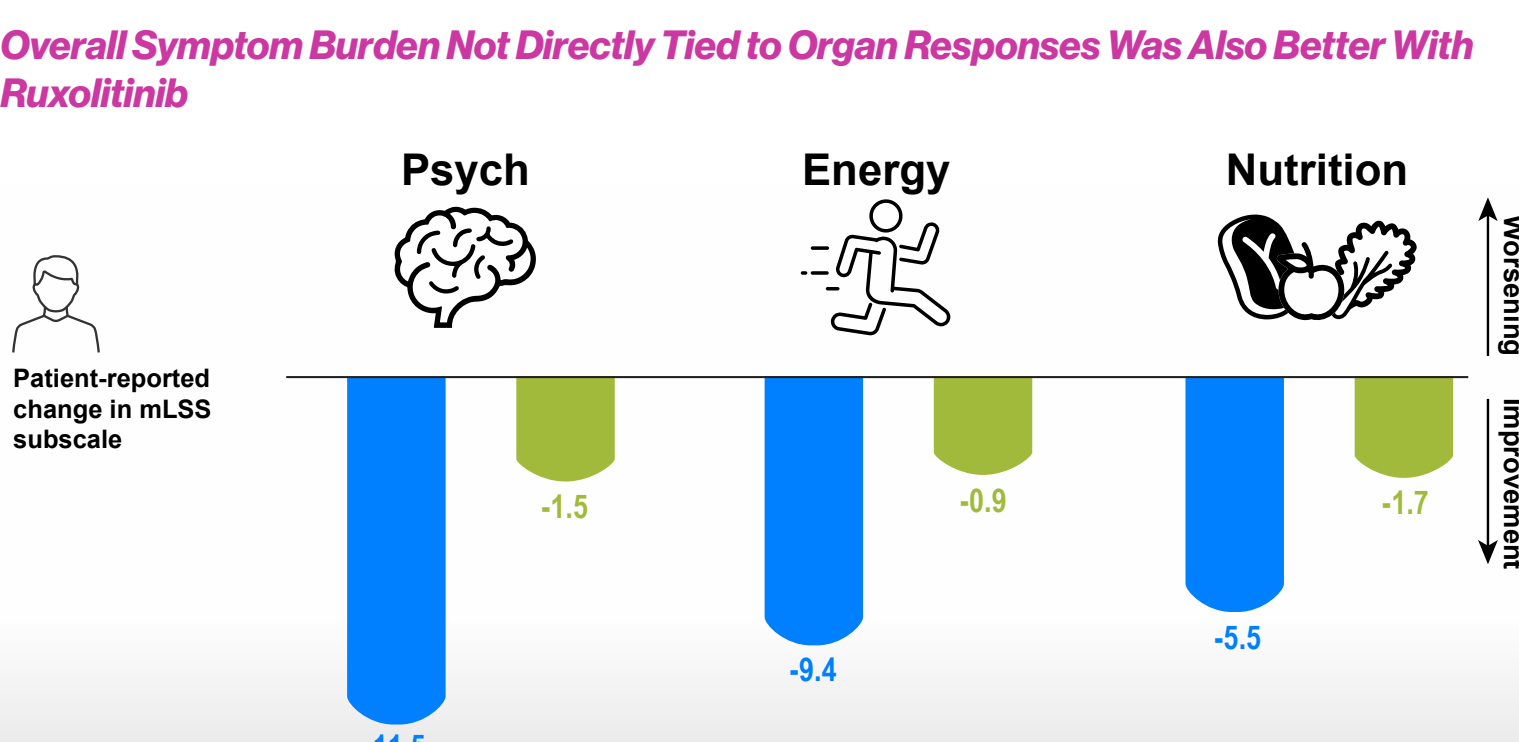
Organ and mLSS Response

Mean Reductions in mLSS Subscale Scores and Individual Organ Responses at Week 24 Were Greater With Ruxolitinib Than BAT

An organ response was predictive of a decrease in mLSS subscale score by linear regression analysis



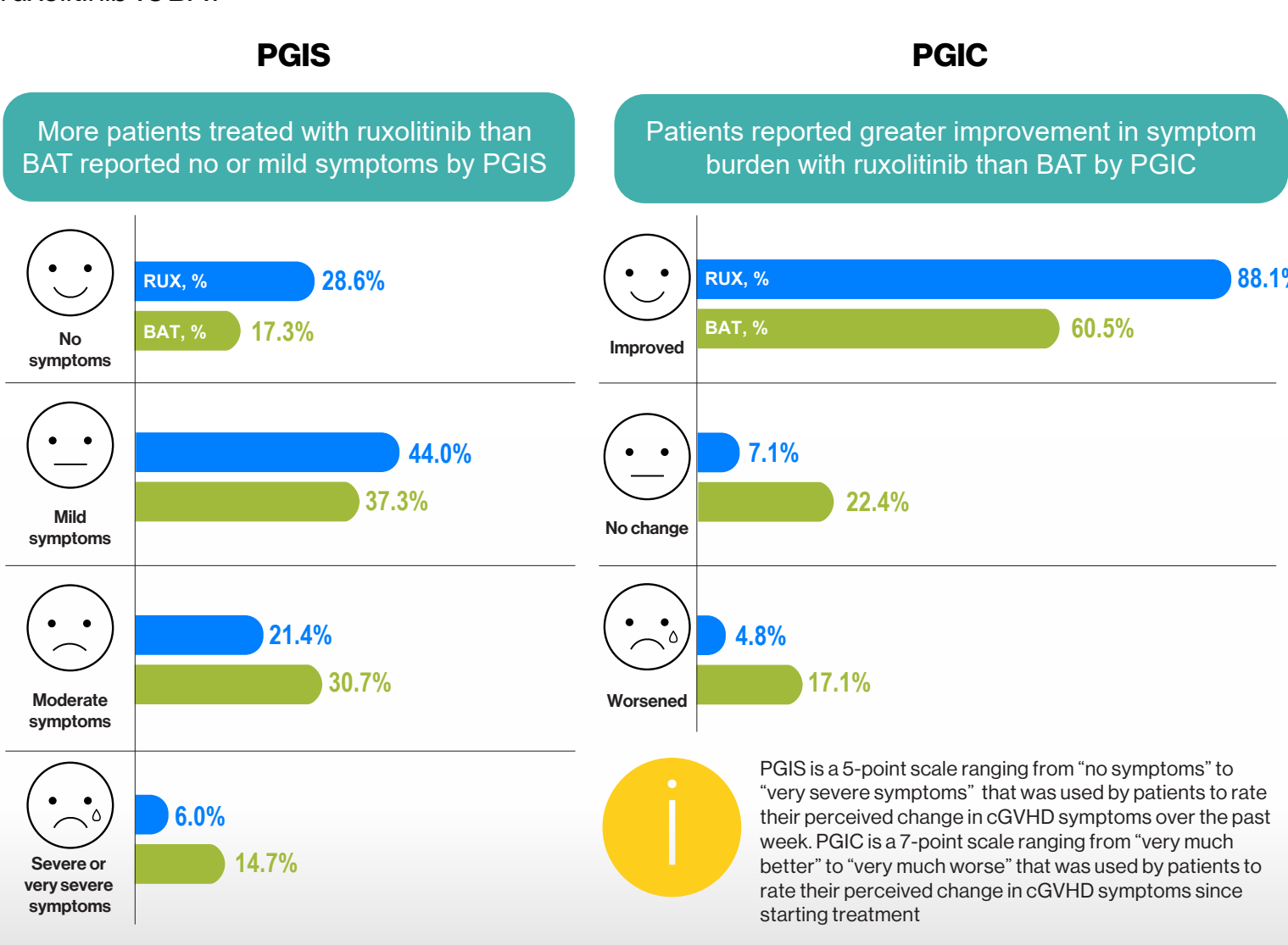
Overall Symptom Burden Not Directly Tied to Organ Responses Was Also Better With Ruxolitinib



Additional PROs

Other Non-cGVHD-Specific PROs Reflected the Positive Effect of Ruxolitinib

Patients were more likely to report a feeling of improvement in their symptoms when treated with ruxolitinib vs BAT



Abbreviations

BAT, best available therapy; BID, twice daily; CNI, calcineurin inhibitor; PGIC, patient global impression of change; mLSS, modified Lee Symptom Scale; NIH, National Institutes of Health; ORR, overall response rate; INHIBIT, International Chronic Graft-vs-Host Disease; PGIS, Patient-Reported Global Impression of Severity; PRO, patient-reported outcome; RUX, ruxolitinib; SR/D, steroid refractory/dependent.

Study Information

Study number: NCT0312603
Study sponsors: Novartis and Incyte
Full title of the ASH 2021 oral presentation: Patient-Reported Outcomes Among Patients With Steroid-Refractory or -Dependent Chronic Graft-vs-Host Disease Randomized to Ruxolitinib vs Best Available Therapy
Visit the web at: <https://bit.ly/LeeSJ3909?r=qr>