Cumulative incidence of MMR was also higher with asciminib vs bosutinib by week 96 in patients who discontinued their last prior TKI due to lack of efficacy (33.2% vs 9.4%) and by line of randomized therapy (3L: 45.9% vs 33.3%; 4L: 40.9% vs 24.8%).

Overall MMR rates at week 96 were higher with asciminib vs bosutinib regardless of the last prior TKI received and the reason for its discontinuation (95% CI, 25.1-50.6) (95% CI, 6.5-43.6) (95% CI, 16.4-61.0) (95% CI, 9.1-29.0) (95% CI, 25.1-50.6)

Patients who continued asciminib beyond week 24 could achieve responses by later time points c,d

MMR rates at week 96 were higher with asciminib vs bosutinib

In patients resistant to all prior lines of one 2G TKI: 34.3% vs 7.7%

In patients resistant to all prior lines of two 2G TKIs: 35.0% vs 16.7%

Cumulative incidence of MMR increased in both arms regardless of baseline BCR::ABL1 IS levels yet was consistently higher with asciminib vs bosutinib

Study design:

- Asciminib
  - 40 mg BID
  - (n=157)

- Bosutinib
  - 500 mg QD
  - (n=76)

Patients still on treatment (at data cutoff):

- 53.5% still receiving asciminib
- 19.7% still receiving bosutinib

a ClinicalTrials.gov identifier, NCT03106779. b Data cutoff: October 6, 2021. c Adjusting for competing risks. d Patients with BCR::ABL1 IS >10% at week 24 discontinued the study and were not included in this analysis. e Does not include 3 patients: 2 discontinued due to reasons other than resistance or intolerance; 1 received treatment other than the TKIs listed here.