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Responses with asciminib continue to deepen over time in patients with chronic myeloid leukemia in chronic phase (CML-CP) after ≥2 prior tyrosine kinase inhibitors (TKIs) in the phase 3 ASCEMBL study

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Poster presentation at: SOHO 2023 Eleventh Annual Meeting; September 6-9, 2023; Houston, TX, and virtual.

Supplementary Material

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Methods

- **The aim of these exploratory analyses is to characterize the efficacy of asciminib vs bosutinib according to prior treatments received and the reason for discontinuation of the last prior TKI and to determine whether any relevant factors are associated with response and time to response**
- ASCEMBL is a phase 3, randomized, open-label study in which patients were randomized 2:1 to **asciminib 40 mg twice daily** or **bosutinib 500 mg once daily**, stratified by baseline MCyR status
- Eligible patients (aged ≥18 years) had a diagnosis of CML-CP after treatment with ≥2 prior TKIs and treatment failure (lack of efficacy) per 2013 ELN recommendations for 2L therapy or intolerance of their most recent TKI at screening; patients with *BCR::ABL1*^{IS} >10% at week 24 were considered to have lack of efficacy and discontinued therapy
- Exploratory analyses included the following: molecular response at weeks 12, 24, 48, and 96 by baseline *BCR::ABL1*^{IS} levels; cumulative incidence of *BCR::ABL1*^{IS} ≤1% and MMR in nonresponders by week 24 who continued therapy; *BCR::ABL1*^{IS} ≤1% and MMR rates at week 96 by last TKI received and reason for its discontinuation and by number of prior 2G TKIs; and cumulative incidence of MMR and DMR (MR^{4} and MR$^{4.5}$) by baseline *BCR::ABL1*^{IS} levels (≥10% vs <10%), reason for prior TKI discontinuation (lack of efficacy vs intolerance), and line of randomized therapy (fourth vs fifth)

2G, second generation; **2L**, second line; **ABL1**, Abelson tyrosine kinase 1; **BCR,** breakpoint cluster region; **CML-CP**, chronic myeloid leukemia in chronic phase; **DMR,** deep molecular response (MR^{4}, *BCR::ABL1*^{IS} ≤0.01%; MR$^{4.5}$, *BCR::ABL1*^{IS} ≤0.0032%); **ELN**, European LeukemiaNet. **IS**, International Scale; **MCyR**, major cytogenetic response; **MMR**, major molecular response (*BCR::ABL1*^{IS} ≤0.1%); **TKI**, tyrosine kinase inhibitor.

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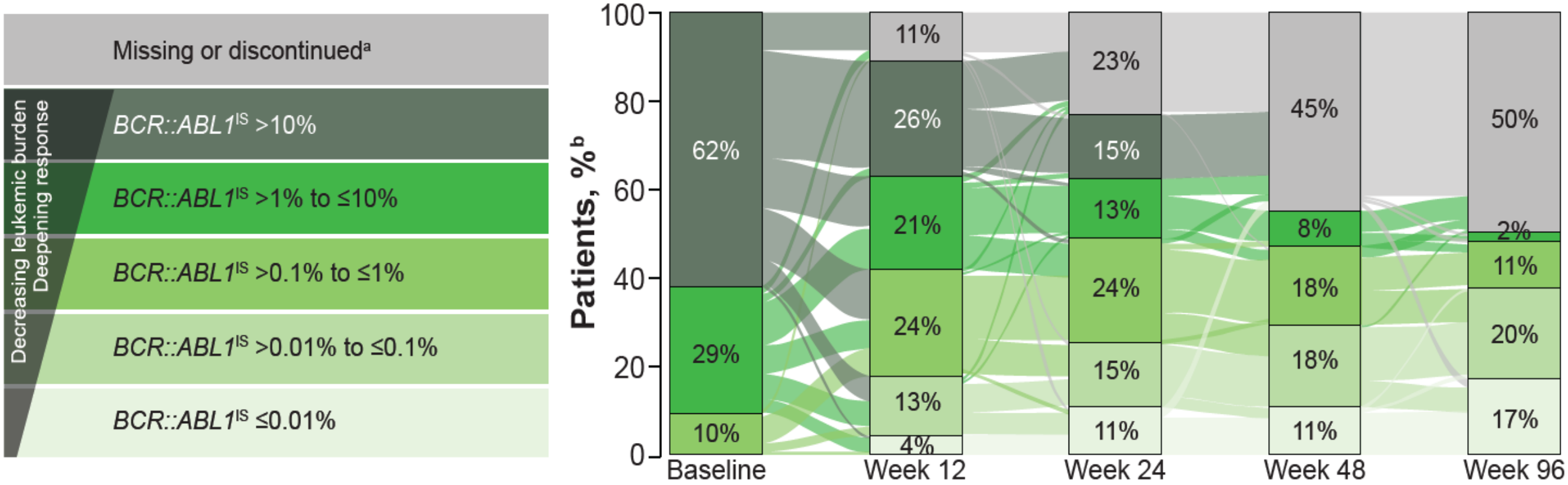
BCR::ABL1^{IS} Levels Over Time With Asciminib



- Response rates continued to **deepen over time** with **asciminib, irrespective of baseline *BCR::ABL1*^{IS} levels**

[a] Includes patients with a missing assessment; patients who discontinued due to lack of efficacy, progressive disease, death, or other reasons; and patients with an assessment that occurred after a treatment failure criterion was met.

[b] Percentages were calculated on the basis of the full analysis set (asciminib, n=157). Percentages may not add up to 100% due to rounding.

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Categorical Response Shift From Baseline at Scheduled Time Points

Variable[a]	Asciminib Baseline *BCR::ABL1*^{IS}[,b]				Bosutinib Baseline *BCR::ABL1*^{IS}[,b]			
	>0.1% to ≤1% (n=15)	>1% to ≤10% (n=45)	>10% (n=97)	Total (N=157)	>0.1% to ≤1% (n=4)	>1% to ≤10% (n=23)	>10% (n=49)	Total (N=76)
Post-treatment *BCR::ABL1*^{IS} at 12 weeks[c]								
Distribution, n (%)								
≤0.0032%	0	2 (4.4)	0	2 (1.3)	0	0	0	0
>0.0032% to ≤0.01%	1 (6.7)	3 (6.7)	1 (1.0)	5 (3.2)	0	1 (4.3)	0	1 (1.3)
>0.01% to ≤0.1%	3 (20.0)	9 (20.0)	9 (9.3)	21 (13.4)	1 (25.0)	5 (21.7)	0	6 (7.9)
>0.1% to ≤1%	10 (66.7)	10 (22.2)	18 (18.6)	38 (24.2)	2 (50.0)	3 (13.0)	5 (10.2)	10 (13.2)
>1% to ≤10%	0	15 (33.3)	18 (18.6)	33 (21.0)	0	9 (39.1)	7 (14.3)	16 (21.1)
>10%	0	3 (6.7)	38 (39.2)	41 (26.1)	0	3 (13.0)	26 (53.1)	29 (38.2)
Discontinued/missing[d]	1 (6.7)	3 (6.7)	13 (13.4)	17 (10.8)	1 (25.0)	2 (8.7)	11 (22.4)	14 (18.4)
Post-treatment *BCR::ABL1*^{IS} at 24 weeks[c]								
Distribution, n (%)								
≤0.0032%	2 (13.3)	9 (20.0)	3 (3.1)	14 (8.9)	0	1 (4.3)	0	1 (1.3)
>0.0032% to ≤0.01%	0	1 (2.2)	2 (2.1)	3 (1.9)	0	3 (13.0)	0	3 (3.9)
>0.01% to ≤0.1%	4 (26.7)	8 (17.8)	11 (11.3)	23 (14.6)	2 (50.0)	1 (4.3)	3 (6.1)	6 (7.9)
>0.1% to ≤1%	8 (53.3)	13 (28.9)	16 (16.5)	37 (23.6)	1 (25.0)	3 (13.0)	4 (8.2)	8 (10.5)
>1% to ≤10%	0	10 (22.2)	11 (11.3)	21 (13.4)	0	7 (30.4)	5 (10.2)	12 (15.8)
>10%	0	2 (4.4)	21 (21.6)	23 (14.6)	0	2 (8.7)	15 (30.6)	17 (22.4)
Discontinued/missing[d]	1 (6.7)	2 (4.4)	33 (34.0)	36 (22.9)	1 (25.0)	6 (26.1)	22 (44.9)	29 (38.2)

[a] Percentages were calculated on the basis of the full analysis set.
[b] The number of patients is the number who received at least one dose of asciminib in each category of *BCR::ABL1*^{IS} at baseline.
[c] The numbers of patients with assessments at baseline and at 12 and 24 weeks after treatment are shown.
[d] Includes missing assessment, discontinuation due to lack of efficacy/progressive disease/death, discontinuation due to other reasons, assessment occurred after a treatment failure criterion was met, and assessment not evaluable.

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Categorical Response Shift From Baseline at Scheduled Time Points (Cont)

Variable[a]	Asciminib Baseline *BCR::ABL1*^{IS}[,b]				Bosutinib Baseline *BCR::ABL1*^{IS}[,b]			
	>0.1% to ≤1% (n=15)	>1% to ≤10% (n=45)	>10% (n=97)	Total (N=157)	>0.1% to ≤1% (n=4)	>1% to ≤10% (n=23)	>10% (n=49)	Total (N=76)
Post-treatment *BCR::ABL1*^{IS} at 48 weeks[c]								
Distribution, n (%)								
≤0.0032%	2 (13.3)	8 (17.8)	2 (2.1)	12 (7.6)	0	1 (4.3)	0	1 (1.3)
>0.0032% to ≤0.01%	1 (6.7)	2 (4.4)	2 (2.1)	5 (3.2)	0	2 (8.7)	0	2 (2.6)
>0.01% to ≤0.1%	5 (33.3)	10 (22.2)	14 (14.4)	29 (18.5)	2 (50.0)	1 (4.3)	4 (8.2)	7 (9.2)
>0.1% to ≤1%	5 (33.3)	12 (26.7)	11 (11.3)	28 (17.8)	0	3 (13.0)	3 (6.1)	6 (7.9)
>1% to ≤10%	0	5 (11.1)	8 (8.2)	13 (8.3)	0	3 (13.0)	1 (2.0)	4 (5.3)
>10%	0	0	0	0	0	1 (4.3)	0	1 (1.3)
Discontinued/missing[d]	2 (13.3)	8 (17.8)	60 (61.9)	70 (44.6)	2 (50.0)	12 (52.2)	41 (83.7)	55 (72.4)
Post-treatment *BCR::ABL1*^{IS} at 96 weeks[c]								
Distribution, n (%)								
≤0.0032%	2 (13.3)	10 (22.2)	5 (5.2)	17 (10.8)	1 (25.0)	3 (13.0)	0	4 (5.3)
>0.0032% to ≤0.01%	1 (6.7)	4 (8.9)	5 (5.2)	10 (6.4)	0	1 (4.3)	3 (6.1)	4 (5.3)
>0.01% to ≤0.1%	7 (46.7)	12 (26.7)	13 (13.4)	32 (20.4)	1 (25.0)	1 (4.3)	2 (4.1)	4 (5.3)
>0.1% to ≤1%	2 (13.3)	9 (20.0)	6 (6.2)	17 (10.8)	0	2 (8.7)	2 (4.1)	4 (5.3)
>1% to ≤10%	0	2 (4.4)	1 (1.0)	3 (1.9)	0	2 (8.7)	0	2 (2.6)
>10%	0	0	0	0	0	0	0	0
Discontinued/missing[d]	3 (20.0)	8 (17.8)	67 (69.1)	78 (49.7)	2 (50.0)	14 (60.9)	42 (85.7)	58 (76.3)

[a] Percentages were calculated on the basis of the full analysis set.
[b] The number of patients is the number who received at least one dose of asciminib in each category of *BCR::ABL1*^{IS} at baseline.
[c] The numbers of patients with assessments at baseline and at 48 and 96 weeks after treatment are shown.
[d] Includes missing assessment, discontinuation due to lack of efficacy/progressive disease/death, discontinuation due to other reasons, assessment occurred after a treatment failure criterion was met, and assessment not evaluable.

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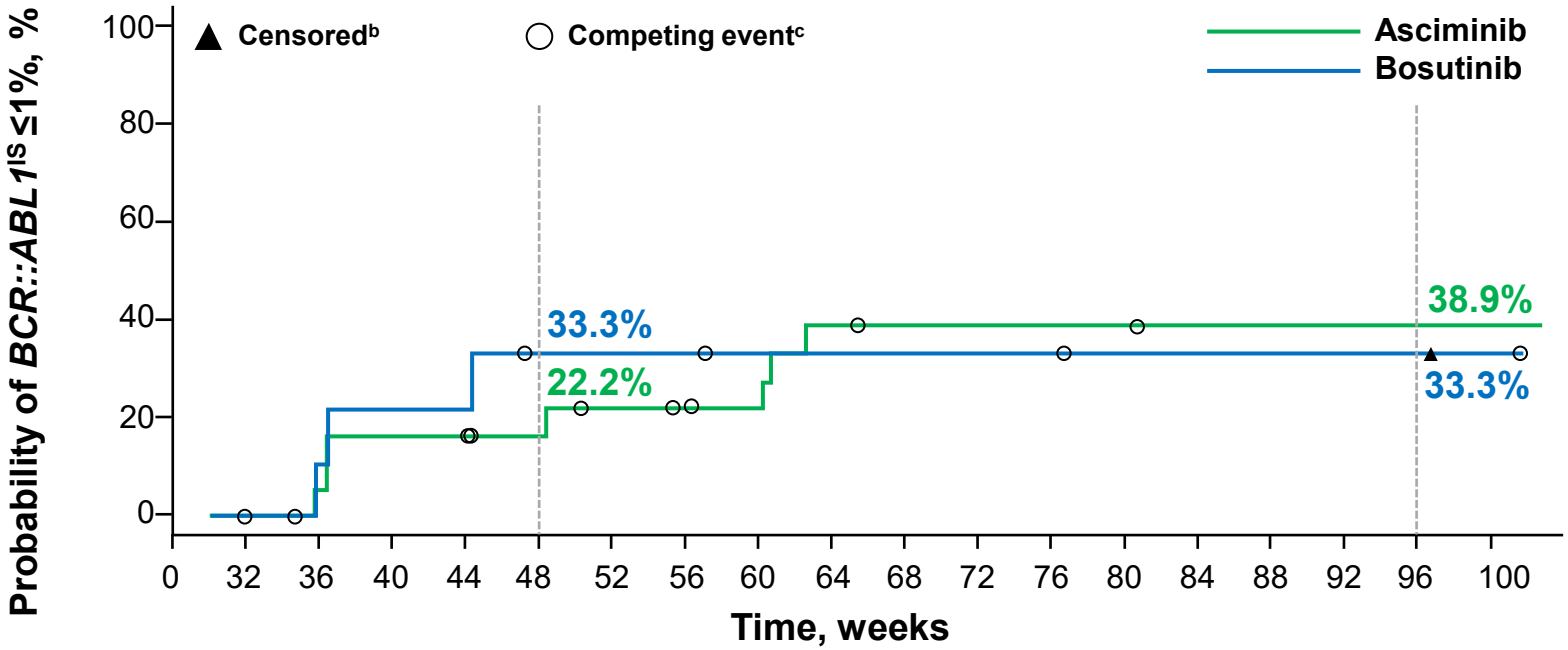
Cumulative Rate of *BCR::ABL1*^{IS} ≤1% Among Patients With *BCR::ABL1*^{IS} >1% by Week 24 and Who Continued Asciminib[a]



No. of patients still at risk

Asciminib	18	18	14	14	12	11	10	8	6	5	4	4	4	3	3	3	3	3	3
Bosutinib	9	8	6	6	5	4	4	3	3	3	3	3	2	2	2	2	2	1	0

Cumulative no. of competing events

Asciminib	0	0	1	1	3	3	4	6	6	6	7	7	7	8	8	8	8	8	8
Bosutinib	0	1	1	1	1	2	2	3	3	3	3	3	4	4	4	4	4	4	5

[a] Patients with *BCR::ABL1*^{IS} >10% at week 24 discontinued the study and were not included in this analysis.
[b] Nonresponders were censored at their last molecular assessment date.
[c] Discontinuation from treatment for any reason without prior achievement of *BCR::ABL1*^{IS} ≤1% is considered a competing event.

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Cumulative Rate of *BCR::ABL1*^{IS} ≤1% Among Patients With *BCR::ABL1*^{IS} >1% by Week 24 and Who Continued Asciminib[a]

	Asciminib 40 mg twice daily (n=157)
No. of patients who did not achieve *BCR::ABL1*^{IS} ≤1% by week 24 and remained on asciminib after week 24	18
No. of patients who **achieved *BCR::ABL1*^{IS} ≤1%** among those who had not achieved *BCR::ABL1*^{IS} ≤1% by week 24 and remained on asciminib	10
No. of patients who discontinued treatment before achievement of *BCR::ABL1*^{IS} ≤1% at any time before week 96 data cutoff	8
No. of patients continuing treatment at data cutoff without *BCR::ABL1*^{IS} ≤1%	0
Estimated cumulative *BCR::ABL1*^{IS} ≤1% incidence (95% CI)	
36 weeks[b] (12 weeks after week 24)	16.7 (3.9-37.2)
48 weeks[b]	22.2 (6.5-43.6)
60 weeks[b]	33.3 (12.8-55.5)
72 weeks[b]	38.9 (16.4-61.0)
84 weeks[b]	38.9 (16.4-61.0)
96 weeks[b]	38.9 (16.4-61.0)

- Among patients who did not achieve *BCR::ABL1*^{IS} ≤1% by week 24 but remained on **asciminib** beyond week 24, the cumulative incidence (95% CI) of *BCR::ABL1*^{IS} was:
  - **22.2% (6.5%-43.6%) by 1 year**
  - **38.9% (16.4%-61.0%) by 2 years**

[a] Patients with *BCR::ABL1*^{IS} >10% at week 24 discontinued the study and were not included in this analysis.
[b] Indicates time window.

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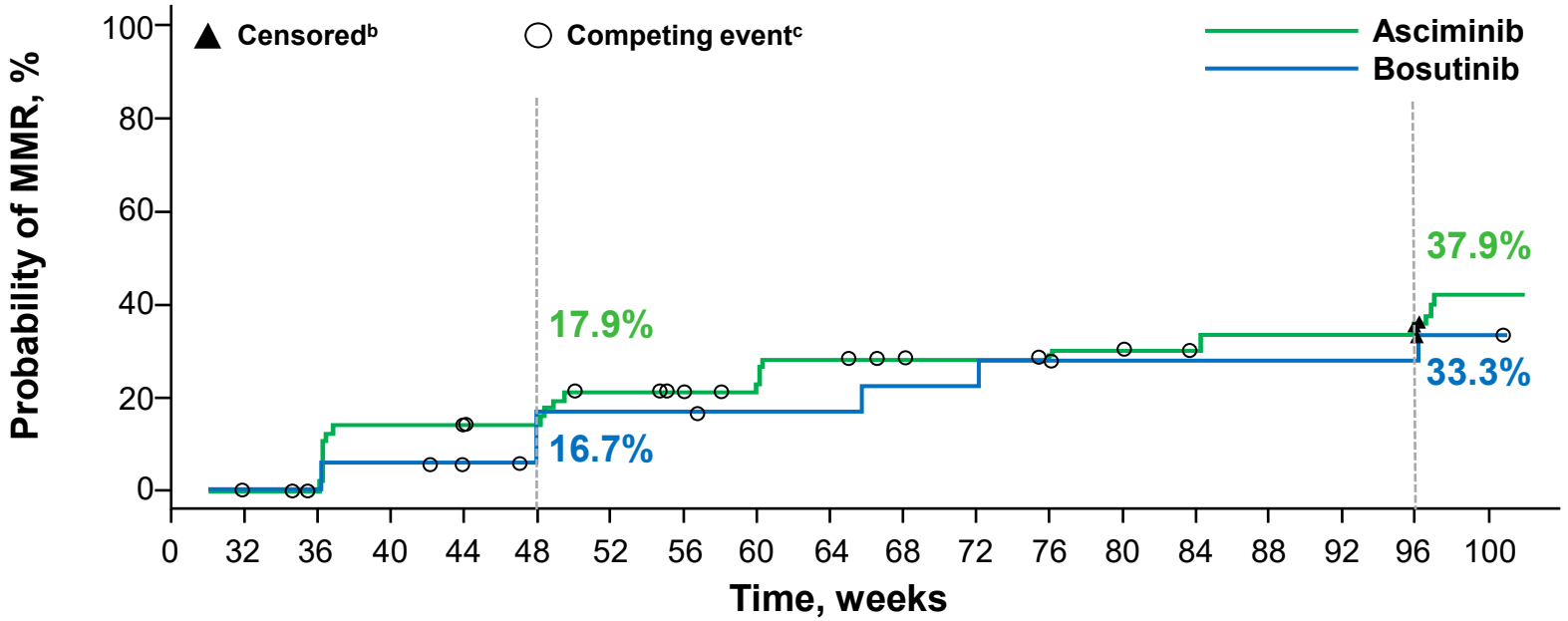
Cumulative MMR Rate Among Patients With *BCR::ABL1*^{IS} >0.1% by Week 24 and Who Continued Asciminib[a]



No. of patients still at risk

Asciminib	56	56	47	47	45	42	40	37	32	32	29	29	27	26	23	23	23	15	14
Bosutinib	18	17	15	15	13	10	10	9	9	9	8	7	6	6	6	6	6	3	2

Cumulative no. of competing events

Asciminib	0	0	1	1	3	3	4	7	8	8	11	11	12	13	14	14	14	14	14
Bosutinib	0	1	2	2	4	5	5	6	6	6	6	6	7	7	7	7	7	7	8

[a] Patients with *BCR::ABL1*^{IS} >10% at week 24 discontinued the study and were not included in this analysis.
[b] Nonresponders were censored at their last molecular assessment date.
[c] Discontinuation from treatment for any reason without prior achievement of MMR is considered a competing event.

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Cumulative MMR Rate Among Patients With *BCR::ABL1*^{IS} >0.1% by Week 24 and Who Continued Asciminib[a]

	Asciminib 40 mg twice daily (n=157)
No. of patients who did not achieve MMR by week 24 and remained on asciminib after week 24	56
No. of patients who **achieved MMR** among those who had not achieved MMR by week 24 and remained on asciminib	25
No. of patients who discontinued treatment before achievement of MMR at any time before week 96 data cutoff	16
No. of patients continuing treatment at data cutoff without MMR	15
Estimated cumulative incidence (95% CI) of MMR in patients without MMR by week 24	
36 weeks (12 weeks after week 24)	12.5 (5.4-22.6)
48 weeks	17.9 (9.1-29.0)
60 weeks	28.6 (17.4-40.8)
72 weeks	28.6 (17.4-40.8)
84 weeks	32.1 (20.3-44.6)
96 weeks	37.9 (25.1-50.6)

- Among patients who did not achieve MMR by week 24 but remained on **asciminib** beyond week 24, the cumulative incidence (95% CI) of MMR was:
  - **17.9% (9.1%-29.0%) by 1 year**
  - **37.9% (25.1%-50.6%) by 2 years**

[a] Patients with *BCR::ABL1*^{IS} >10% at week 24 discontinued the study and were not included in this analysis.

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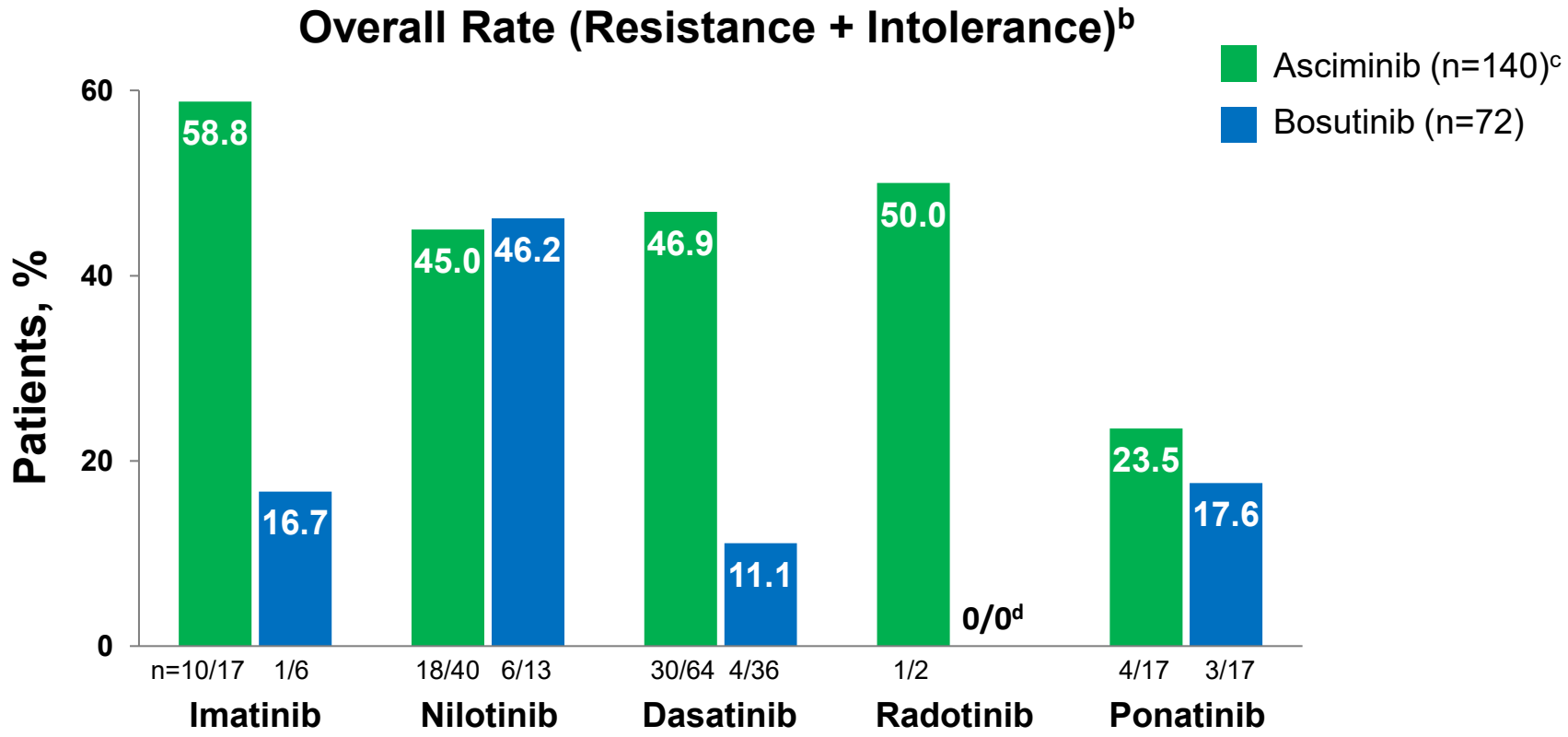
Overall *BCR::ABL1*^{IS} ≤1% Rate at Week 96 by the Last TKI Received and the Reason for Its Discontinuation in Patients With *BCR::ABL1*^{IS} >1% at Baseline[a]



- Patients receiving **asciminib** **achieved *BCR::ABL1*^{IS} ≤1% at week 96** regardless of the last TKI received and the reason for its discontinuation, and **overall rates** were **mostly higher** with **asciminib** than with **bosutinib**

[a] Based on 142 of 157 patients (90.4%) receiving asciminib and 72 of 76 (94.7%) receiving bosutinib with *BCR::ABL1*^{IS} >1% at baseline. [b] The overall rate is the combined rate of *BCR::ABL1*^{IS} ≤1% in patients who discontinued their last treatment due to resistance and intolerance. [c] Does not include 2 patients, 1 of whom discontinued due to reasons other than resistance or intolerance and 1 of whom received a treatment other than the TKIs listed here. [d] No patients in the bosutinib arm had previously received radotinib.

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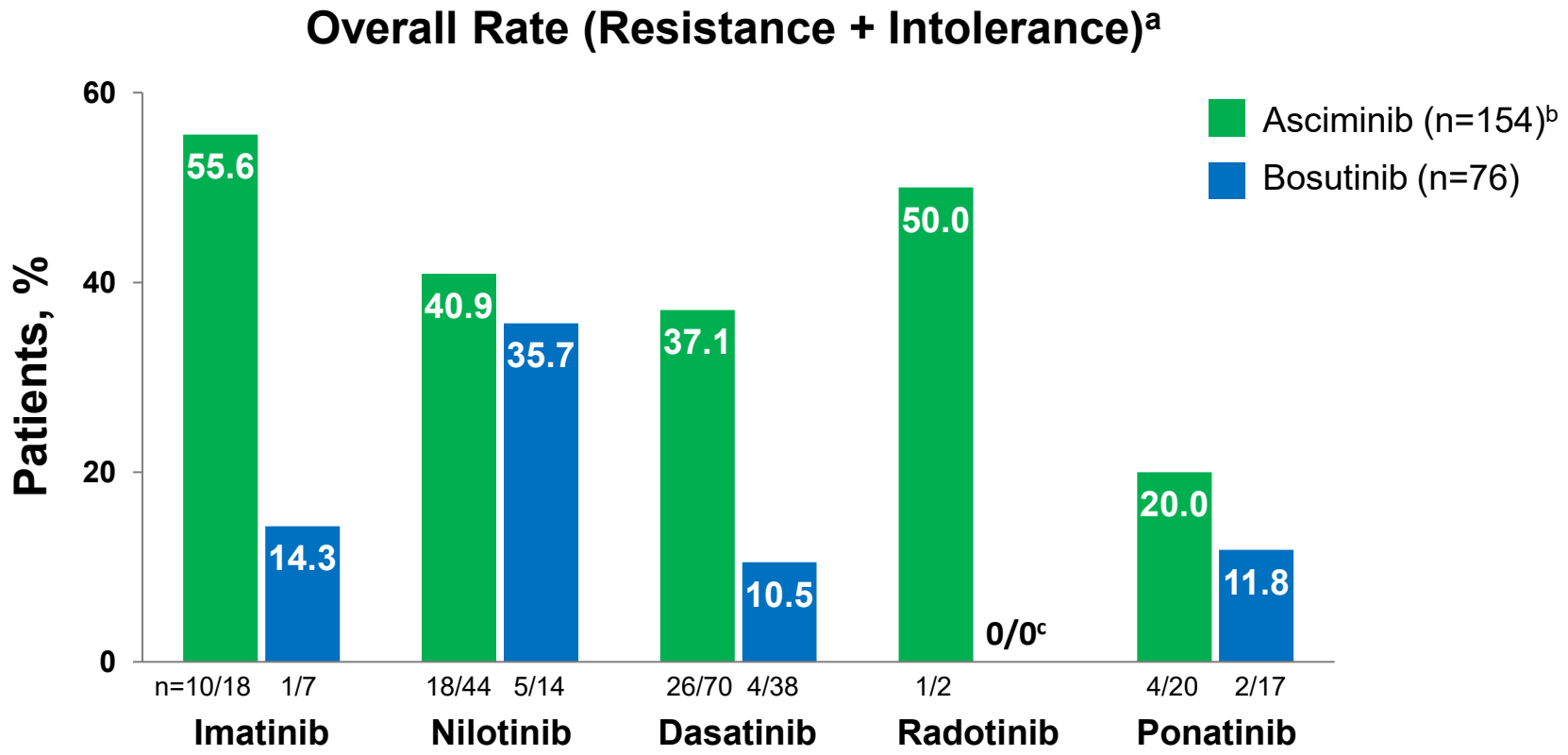
Overall MMR Rate at Week 96 by the Last TKI Received and the Reason for Its Discontinuation



- Patients receiving **asciminib** **achieved MMR at week 96** regardless of the last TKI received and the reason for its discontinuation, and **overall rates** were **higher** with **asciminib** than with **bosutinib**

[a] The overall rate is the combined rate of MMR in patients who discontinued their last treatment due to resistance and intolerance. [b] Does not include 3 patients, 2 of whom discontinued due to reasons other than resistance or intolerance, and 1 of whom received a treatment other than the TKIs listed here. [c] No patients in the bosutinib arm had previously received radotinib.

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Time to MMR Adjusting for Competing Risks[a] by Baseline *BCR::ABL1*^{IS} Levels

BCR::ABL1^{IS} Levels at Baseline: ≥10%	Asciminib n=97	Bosutinib n=49
MMR, n (%)	30 (30.9)	6 (12.2)
Competing risks, n (%)	59 (60.8)	40 (81.6)
Treatment discontinuation	59 (60.8)	40 (81.6)
Censored, n (%)	8 (8.2)	3 (6.1)
Estimated cumulative incidence (95% CI)		
36 weeks	18.6 (11.6-27.0)	6.3 (1.6-15.7)
48 weeks	25.2 (16.9-34.3)	8.4 (2.5-18.7)
60 weeks	26.3 (17.8-35.5)	10.5 (3.6-21.5)
72 weeks	28.4 (19.7-37.8)	12.6 (4.8-24.2)
84 weeks	28.4 (19.7-37.8)	12.6 (4.8-24.2)
96 weeks	28.4 (19.7-37.8)	12.6 (4.8-24.2)

BCR::ABL1^{IS} Levels at Baseline: <10%	Asciminib n=60	Bosutinib n=27
MMR, n (%)	39 (65.0)	12 (44.4)
Competing risks, n (%)	8 (13.3)	13 (48.1)
Treatment discontinuation	8 (13.3)	13 (48.1)
Censored, n (%)	13 (21.7)	2 (7.4)
Estimated cumulative incidence (95% CI)		
36 weeks	43.9 (30.9-56.1)	29.6 (13.7-47.5)
48 weeks	45.7 (32.5-57.9)	37.0 (19.1-55.2)
60 weeks	53.0 (39.2-65.0)	37.0 (19.1-55.2)
72 weeks	56.6 (42.6-68.4)	37.0 (19.1-55.2)
84 weeks	58.4 (44.4-70.1)	40.7 (21.8-58.9)
96 weeks	62.1 (47.9-73.4)	40.7 (21.8-58.9)

- **More patients** receiving **asciminib** than **bosutinib** achieved **MMR** by each time point regardless of baseline *BCR::ABL1*^{IS} levels

[a] The competing risks include discontinuation from treatment due to any reason without prior achievement of MMR.

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Time to DMR Adjusting for Competing Risks[a] by Baseline *BCR::ABL1*^{IS} Levels

BCR::ABL1^{IS} Levels at Baseline: ≥10%	Asciminib n=97	Bosutinib n=49
DMR, n (%)	15 (15.5)	4 (8.2)
Competing risks, n (%)	62 (63.9)	41 (83.7)
Treatment discontinuation	62 (63.9)	41 (83.7)
Censored, n (%)	20 (20.6)	4 (8.2)
Estimated cumulative incidence (95% CI)		
36 weeks	5.2 (1.9-11.0)	0.0 (NE-NE)
48 weeks	6.3 (2.6-12.5)	0.0 (NE-NE)
60 weeks	7.4 (3.2-13.9)	0.0 (NE-NE)
72 weeks	7.4 (3.2-13.9)	2.1 (0.1-10.4)
84 weeks	7.4 (3.2-13.9)	4.2 (0.7-13.4)
96 weeks	8.5 (3.9-15.3)	4.2 (0.7-13.4)

BCR::ABL1^{IS} Levels at Baseline: <10%	Asciminib n=60	Bosutinib n=27
DMR, n (%)	21 (35.0)	7 (25.9)
Competing risks, n (%)	9 (15.0)	16 (59.3)
Treatment discontinuation	9 (15.0)	16 (59.3)
Censored, n (%)	30 (50.0)	4 (14.8)
Estimated cumulative incidence (95% CI)		
36 weeks	22.0 (12.4-33.3)	18.5 (6.5-35.2)
48 weeks	23.7 (13.8-35.3)	18.5 (6.5-35.2)
60 weeks	25.5 (15.1-37.2)	18.5 (6.5-35.2)
72 weeks	25.5 (15.1-37.2)	22.2 (8.7-39.6)
84 weeks	27.3 (16.6-39.2)	25.9 (11.0-43.7)
96 weeks	30.9 (19.4-43.0)	25.9 (11.0-43.7)

- **More patients** receiving **asciminib** than **bosutinib** achieved **DMR** by each time point regardless of baseline *BCR::ABL1*^{IS} levels

[a] The competing risks include discontinuation from treatment due to any reason without prior achievement of DMR.

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Time to MMR Adjusting for Competing Risks[a] by Reason for Discontinuation of Previous TKI

Reason for Discontinuation of Prior TKI: Lack of Efficacy	Asciminib n=95	Bosutinib n=54
MMR, n (%)	35 (36.8)	6 (11.1)
Competing risks, n (%)	49 (51.6)	44 (81.5)
Treatment discontinuation	49 (51.6)	44 (81.5)
Censored, n (%)	11 (11.6)	4 (7.4)
Estimated cumulative incidence (95% CI)		
36 weeks	23.2 (15.3-32.2)	5.6 (1.4-14.1)
48 weeks	26.6 (18.1-35.8)	5.6 (1.4-14.1)
60 weeks	28.8 (19.9-38.2)	7.5 (2.3-16.8)
72 weeks	31.0 (21.9-40.6)	7.5 (2.3-16.8)
84 weeks	32.1 (22.8-41.8)	9.4 (3.3-19.4)
96 weeks	33.2 (23.8-43.0)	9.4 (3.3-19.4)

Reason for Discontinuation of Prior TKI: Intolerance	Asciminib n=59	Bosutinib n=22
MMR	34 (57.6)	12 (54.5)
Competing risks, n (%)	17 (28.8)	9 (40.9)
Treatment discontinuation	17 (28.8)	9 (40.9)
Censored, n (%)	8 (13.6)	1 (4.5)
Estimated cumulative incidence (95% CI)		
36 weeks	37.5 (25.1-49.8)	36.4 (16.8-56.4)
48 weeks	44.7 (31.5-57.1)	50.0 (26.5-69.6)
60 weeks	50.2 (36.5-62.4)	50.0 (26.5-69.6)
72 weeks	53.8 (39.9-65.9)	54.5 (29.9-73.8)
84 weeks	53.8 (39.9-65.9)	54.5 (29.9-73.8)
96 weeks	55.7 (41.6-67.6)	54.5 (29.9-73.8)

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- **More patients** receiving **asciminib** than **bosutinib** achieved **MMR** by each time point among patients who **discontinued** their **previous TKI** due to **lack of efficacy**

[a] The competing risks include discontinuation from treatment due to any reason without prior achievement of MMR.

Poster presentation at: SOHO 2023 Eleventh Annual Meeting; September 6-9, 2023; Houston, TX, and virtual.

Time to DMR Adjusting for Competing Risks[a] by Reason for Discontinuation of Previous TKI

Reason for Discontinuation of Prior TKI: Lack of Efficacy	Asciminib n=95	Bosutinib n=54
DMR, n (%)	19 (20.0)	4 (7.4)
Competing risks, n (%)	50 (52.6)	45 (83.3)
Treatment discontinuation	50 (52.6)	45 (83.3)
Censored, n (%)	26 (27.4)	5 (9.3)
Estimated cumulative incidence (95% CI)		
36 weeks	10.7 (5.4-17.9)	3.8 (0.7-11.7)
48 weeks	12.9 (7.0-20.6)	3.8 (0.7-11.7)
60 weeks	15.1 (8.7-23.2)	3.8 (0.7-11.7)
72 weeks	15.1 (8.7-23.2)	3.8 (0.7-11.7)
84 weeks	15.1 (8.7-23.2)	5.7 (1.4-14.5)
96 weeks	15.1 (8.7-23.2)	5.7 (1.4-14.5)

Reason for Discontinuation of Prior TKI: Intolerance	Asciminib n=59	Bosutinib n=22
DMR, n (%)	17 (28.8)	7 (31.8)
Competing risks, n (%)	20 (33.9)	12 (54.5)
Treatment discontinuation	20 (33.9)	12 (54.5)
Censored, n (%)	22 (37.3)	3 (13.6)
Estimated cumulative incidence (95% CI)		
36 weeks	13.6 (6.3-23.7)	13.6 (3.2-31.4)
48 weeks	13.6 (6.3-23.7)	13.6 (3.2-31.4)
60 weeks	13.6 (6.3-23.7)	13.6 (3.2-31.4)
72 weeks	13.6 (6.3-23.7)	22.7 (7.8-42.4)
84 weeks	15.4 (7.5-25.8)	27.3 (10.4-47.4)
96 weeks	20.7 (11.3-32.0)	27.3 (10.4-47.4)

- **More patients** receiving **asciminib** than **bosutinib** achieved **DMR** by each time point among patients who **discontinued** their **previous TKI** due to **lack of efficacy**

[a] The competing risks include discontinuation from treatment due to any reason without prior achievement of DMR.

Poster presentation at: SOHO 2023 Eleventh Annual Meeting; September 6-9, 2023; Houston, TX, and virtual.

Time to MMR Adjusting for Competing Risks[a] by Line of Randomized Treatment

Line of Randomized Therapy: Third	Asciminib n=82	Bosutinib n=30
MMR, n (%)	41 (50.0)	11 (36.7)
Competing risks, n (%)	33 (40.2)	17 (56.7)
Treatment discontinuation	33 (40.2)	17 (56.7)
Censored, n (%)	8 (9.8)	2 (6.7)
Estimated cumulative incidence (95% CI)		
36 weeks	33.2 (23.2-43.6)	20.0 (7.9-36.1)
48 weeks	38.3 (27.7-48.8)	26.7 (12.2-43.6)
60 weeks	40.9 (30.0-51.4)	30.0 (14.5-47.3)
72 weeks	43.4 (32.3-54.0)	30.0 (14.5-47.3)
84 weeks	44.7 (33.5-55.3)	33.3 (16.8-50.8)
96 weeks	45.9 (34.6-56.5)	33.3 (16.8-50.8)

Line of Randomized Therapy: Fourth	Asciminib n=44	Bosutinib n=29
MMR, n (%)	18 (40.9)	7 (24.1)
Competing risks, n (%)	21 (47.7)	19 (65.5)
Treatment discontinuation	21 (47.7)	19 (65.5)
Censored, n (%)	5 (11.4)	3 (10.3)
Estimated cumulative incidence (95% CI)		
36 weeks	25.0 (13.3-38.6)	17.6 (6.2-33.7)
48 weeks	29.5 (16.8-43.5)	21.2 (8.2-38.1)
60 weeks	34.1 (20.4-48.2)	21.2 (8.2-38.1)
72 weeks	38.6 (24.2-52.9)	24.8 (10.3-42.4)
84 weeks	38.6 (24.2-52.9)	24.8 (10.3-42.4)
96 weeks	40.9 (26.1-55.2)	24.8 (10.3-42.4)

- **More patients** receiving **asciminib** than **bosutinib** **achieved MMR** by each time point **regardless** of the **line of randomized treatment (third vs fourth)**

[a] The competing risks include discontinuation from treatment due to any reason without prior achievement of MMR.

Poster presentation at: SOHO 2023 Eleventh Annual Meeting; September 6-9, 2023; Houston, TX, and virtual.

Time to DMR Adjusting for Competing Risks[a] by Line of Randomized Treatment

Line of Randomized Therapy: Third	Asciminib n=82	Bosutinib n=30
DMR, n (%)	20 (24.4)	8 (26.7)
Competing risks, n (%)	36 (43.9)	18 (60.0)
Treatment discontinuation	36 (43.9)	18 (60.0)
Censored, n (%)	26 (31.7)	4 (13.3)
Estimated cumulative incidence (95% CI)		
36 weeks	14.9 (8.1-23.6)	10.0 (2.4-24.0)
48 weeks	16.2 (9.1-25.1)	10.0 (2.4-24.0)
60 weeks	17.4 (10.0-26.5)	10.0 (2.4-24.0)
72 weeks	17.4 (10.0-26.5)	16.7 (5.8-32.4)
84 weeks	17.4 (10.0-26.5)	23.3 (9.8-40.1)
96 weeks	20.0 (12.0-29.4)	23.3 (9.8-40.1)

Line of Randomized Therapy: Fourth	Asciminib n=44	Bosutinib n=29
DMR, n (%)	12 (27.3)	3 (10.3)
Competing risks, n (%)	21 (47.7)	22 (75.9)
Treatment discontinuation	21 (47.7)	22 (75.9)
Censored, n (%)	11 (25.0)	4 (13.8)
Estimated cumulative incidence (95% CI)		
36 weeks	11.4 (4.1-22.8)	7.2 (1.2-20.8)
48 weeks	13.6 (5.4-25.6)	7.2 (1.2-20.8)
60 weeks	15.9 (6.9-28.3)	7.2 (1.2-20.8)
72 weeks	15.9 (6.9-28.3)	7.2 (1.2-20.8)
84 weeks	18.2 (8.4-31.0)	7.2 (1.2-20.8)
96 weeks	20.5 (9.9-33.6)	7.2 (1.2-20.8)

- **More patients** receiving **asciminib** than **bosutinib** **achieved DMR** by each time point among patients who received **randomized treatment** in the **fourth line**

[a] The competing risks include discontinuation from treatment due to any reason without prior achievement of DMR.

Poster presentation at: SOHO 2023 Eleventh Annual Meeting; September 6-9, 2023; Houston, TX, and virtual.