1
00:00:08,925 --> 00:00:09,634
REBLOZYL

2
00:00:09,634 --> 00:00:11,469
luspatercept is indicated

3
00:00:11,469 --> 00:00:15,473
for the treatment of anemia without previous erythropoiesis.

4
00:00:15,473 --> 00:00:19,728
Stimulating agent use in adult patients with very low to intermediate

5
00:00:19,936 --> 00:00:23,940
risk myelodysplastic syndromes who may require regular

6
00:00:24,065 --> 00:00:28,194
red blood cells transfusion REBLOZYL is not indicated

7
00:00:28,194 --> 00:00:32,615
for use as a substitute for RBC transfusions in patients

8
00:00:32,866 --> 00:00:36,578
who require immediate correction of anemia.

9
00:00:36,661 --> 00:00:40,623
This promotional educational activity is brought to you

10
00:00:40,790 --> 00:00:44,669
by Bristol-Myers Squibb and is not certified

11
00:00:44,919 --> 00:00:48,673
for continuing medical education.

12
00:00:48,757 --> 00:00:52,135
I'm a paid speaker for Bristol-Myers Squibb

13
00:00:52,177 --> 00:00:55,597

and must present information in compliance

14
00:00:55,597 --> 00:00:58,641
with FDA requirements applicable

15
00:00:58,641 --> 00:01:02,479
to Bristol Myers Squibb.

16
00:01:02,562 --> 00:01:04,898
Hello. I'm George Yaghmour from USC

17
00:01:04,898 --> 00:01:11,029
Norris Comprehensive Cancer Center and Hospital in Los Angeles, California.

18
00:01:11,112 --> 00:01:13,490
Today, I'm excited to talk about REBLOZYL

19
00:01:13,490 --> 00:01:18,620
and why it has emerged as a strong first-line treatment option for patients

20
00:01:18,620 --> 00:01:22,957
in my practice with symptomatic anemia due to non-del (5q)

21
00:01:22,957 --> 00:01:25,960
lower-risk MDS.

22
00:01:25,960 --> 00:01:30,131
We will also discuss the use of REBLOZYL in the exploratory subgroup

23
00:01:30,131 --> 00:01:33,218
of patients with baseline serum erythropoietin

24
00:01:33,426 --> 00:01:38,056
less than or equal to 200 U/L.

25
00:01:38,139 --> 00:01:38,973

REBLOZYL was

26
00:01:38,973 --> 00:01:43,436
approved for first-line use in adult patients regardless of RS

27
00:01:43,436 --> 00:01:47,816
status and the serum erythropoietin levels.

28
00:01:47,899 --> 00:01:52,654
Approval was based on data from the COMMANDS clinical trial.

29
00:01:52,737 --> 00:01:57,575
This accentuates the clinical value of REBLOZYL, giving healthcare

30
00:01:57,575 --> 00:02:03,706
professionals the opportunity to improve treatment outcomes for their
patients.

31
00:02:03,790 --> 00:02:07,127
It's great when you have broad indication

32
00:02:07,210 --> 00:02:11,131
for a medication like REBLOZYL.

33
00:02:11,214 --> 00:02:14,467
The COMMANDS trial was a Phase 3, open-label,

34
00:02:14,467 --> 00:02:18,805
randomized, active-controlled clinical trial of REBLOZYL

35
00:02:18,888 --> 00:02:24,644
vs epoetin alfa in ESA-naive adult patients with anemia

36
00:02:24,644 --> 00:02:27,522
due to low-risk MDS.

37
00:02:27,522 --> 00:02:32,485
Patients were randomly assigned in a 1:1 fashion to receive REBLOZYL

38
00:02:32,694 --> 00:02:37,115
at a starting dose of 1.0 mg/kg subcutaneously

39
00:02:37,240 --> 00:02:40,118
with titration up to 1.75 mg/kg

40
00:02:40,118 --> 00:02:46,583
once every 3 weeks or epoetin alfa at a starting dose

41
00:02:46,583 --> 00:02:51,421
or 450 IU/Kg with titration up

42
00:02:51,421 --> 00:02:54,424
to 1050 IU/kg

43
00:02:54,465 --> 00:02:59,012
weekly for 24 weeks.

44
00:02:59,095 --> 00:02:59,888
The primary

45
00:02:59,888 --> 00:03:03,766
composite endpoint was RBC transfusion independence

46
00:03:03,975 --> 00:03:09,606
for 12 consecutive weeks during Weeks 1 to 24 and mean hemoglobin

47
00:03:09,606 --> 00:03:15,987
increase of greater than or equal to 1.5 g/dL.

48
00:03:16,070 --> 00:03:19,240
Other secondary endpoints, along with the eligibility

49
00:03:19,240 --> 00:03:23,286
criteria, are also shown on screen.

50
00:03:23,369 --> 00:03:26,372
Now let's have a look at the efficacy data.

51
00:03:26,497 --> 00:03:31,252
As you can see, 60.4% of patients in the REBLOZYL

52
00:03:31,252 --> 00:03:35,381
arm were transfusion-independent for at least 12 weeks

53
00:03:35,590 --> 00:03:38,885
and had a mean hemoglobin increase of greater

54
00:03:38,885 --> 00:03:43,473
than or equal to 1.5 grams per deciliter,

55
00:03:43,640 --> 00:03:47,477
compared to 34.8% of patients

56
00:03:47,727 --> 00:03:50,563
in the epoetin alfa arm.

57
00:03:50,563 --> 00:03:52,899
This data demonstrate superiority

58
00:03:52,899 --> 00:03:57,278
of REBLOZYL vs epoetin alfa, with nearly twice

59
00:03:57,278 --> 00:04:01,115
as many patients showing clinical response.

60
00:04:01,199 --> 00:04:04,494
Let's now discuss the secondary endpoints.

61
00:04:04,535 --> 00:04:07,830
When we review the duration of transfusion independence,

62
00:04:07,914 --> 00:04:12,210

the median was two and a half years for patients who responded to treatment

63
00:04:12,210 --> 00:04:18,132
with REBLOZYL vs one and a half years for patients on epoetin alfa.

64
00:04:18,216 --> 00:04:21,135
This is a durable transfusion-free period,

65
00:04:21,135 --> 00:04:25,139
and an important treatment consideration for me.

66
00:04:25,223 --> 00:04:25,848
Note that the

67
00:04:25,848 --> 00:04:30,603
analysis limitation of duration of RBC-TI greater than or equal to 12

68
00:04:30,853 --> 00:04:36,484
was not powered to detect statistical significance.

69
00:04:36,567 --> 00:04:38,945
REBLOZYL also demonstrated higher

70
00:04:38,945 --> 00:04:44,075
response rates across all secondary efficacy endpoints.

71
00:04:44,158 --> 00:04:48,371
Now let's switch to subgroup analysis data from the COMMANDS trial,

72
00:04:48,454 --> 00:04:52,667
specifically for patients with low serum erythropoietin

73
00:04:52,667 --> 00:04:58,172
(less than or equal to 200 U/L) at baseline.

74
00:04:58,256 --> 00:05:03,678
As shown, the REBLOZYL arm had a response rate of 66.2%

75
00:05:03,761 --> 00:05:08,182
and the epoetin alfa arm had a response rate of 41%.

76
00:05:08,266 --> 00:05:12,103
However, please note that the exploratory analysis

77
00:05:12,186 --> 00:05:15,398
should not be interpreted to determine treatment differences

78
00:05:15,398 --> 00:05:20,236
between arms in this subgroup because of limited sample size,

79
00:05:20,320 --> 00:05:23,114
lack of statistical hypothesis testing,

80
00:05:23,114 --> 00:05:27,660
and the increased probability of false positive finding.

81
00:05:27,744 --> 00:05:30,747
Next, the duration of transfusion independence

82
00:05:30,788 --> 00:05:34,959
was 140.1 weeks for REBLOZYL

83
00:05:35,168 --> 00:05:39,714
and 89.7 weeks for epoetin alfa.

84
00:05:39,756 --> 00:05:44,719
While the subgroup analysis was not powered to detect statistically

85
00:05:44,719 --> 00:05:49,432
significant differences in response rates to draw conclusions,

86
00:05:49,515 --> 00:05:54,562
this data helps me feel confident in treating my patients.

87

00:05:54,645 --> 00:05:59,567
Since we've reviewed the efficacy information for REBLOZYL, let's go over

88
00:05:59,567 --> 00:06:05,114
some of the safety data from the full analysis of the COMMANDS trial.

89
00:06:05,198 --> 00:06:09,827
As you may have noticed, most adverse events in the clinical trial were Grade 1 or 2

90
00:06:09,827 --> 00:06:13,790
The most common (more than 10%)

91
00:06:13,790 --> 00:06:19,295
all-grade adverse events included fatigue, diarrhea, peripheral edema,

92
00:06:19,504 --> 00:06:22,423
nausea, dyspnea, asthenia,

93
00:06:22,423 --> 00:06:27,261
dizziness, headache, back pain, COVID-19, and anemia.

94
00:06:27,345 --> 00:06:29,722
The most common 2% or more

95
00:06:29,722 --> 00:06:34,685
Grade 3 or more adverse events included hypertension, dyspnea,

96
00:06:34,769 --> 00:06:40,316
COVID-19, pneumonia, thrombocytopenia, neutropenia, and anemia.

97
00:06:40,358 --> 00:06:42,860
Selected lab abnormalities that changed

98
00:06:42,860 --> 00:06:47,907
from Grade 0-2 at baseline to Grade 2 or more at any time

99

00:06:47,907 --> 00:06:51,953
during the studies in at least 10% of patients

100
00:06:52,120 --> 00:06:55,123
where the glomerular filtration rate

101
00:06:55,164 --> 00:06:58,126
and total bilirubin increased.

102
00:06:58,126 --> 00:07:03,506
Other clinically relevant adverse events reported in less than 5%

103
00:07:03,548 --> 00:07:06,551
of patients are injection-site reactions,

104
00:07:06,676 --> 00:07:10,721
including erythema, pruritus, and rash.

105
00:07:10,805 --> 00:07:15,226
Given the superior efficacy, long-lasting transfusion independence

106
00:07:15,226 --> 00:07:19,856
and demonstrated safety in the intent-to-treat population with
REBLOZYL,

107
00:07:19,856 --> 00:07:25,695
I can confidently prescribe and recommend its use in the first-line

108
00:07:25,695 --> 00:07:31,451
setting for appropriate patients with symptomatic anemia due to non-
del (5q)

109
00:07:31,451 --> 00:07:35,830
low-risk MDS.

110
00:07:35,913 --> 00:07:38,708
REBLOZYL is indicated for the treatment of anemia without previous
erythropoiesis

111
00:07:38,708 --> 00:07:40,209
stimulating agent use in adult patients

112
00:07:40,209 --> 00:07:42,044
with very low- to intermediate-risk myelodysplastic syndromes

113
00:07:42,044 --> 00:07:45,006
who may require regular red blood cell transfusions.

114
00:07:45,256 --> 00:07:47,717
REBLOZYL is not indicated for use as a substitute for red blood

115
00:07:47,717 --> 00:07:50,720
cell transfusions in patients who require immediate correction of
anemia.

116
00:07:50,803 --> 00:07:52,305
In adult patients with beta thalassemia,

117
00:07:52,305 --> 00:07:55,600
thromboembolic events were reported in 3.6% of REBLOZYL-treated
patients.

118
00:07:55,725 --> 00:07:58,603
Thromboembolic events included deep vein thrombosis, pulmonary
embolus,

119
00:07:58,603 --> 00:08:00,104
portal vein thrombosis and ischemic stroke.

120
00:08:00,104 --> 00:08:03,941
Patients with known risk factors for thromboembolism may be at further
increased risk

121
00:08:03,941 --> 00:08:05,151
of thromboembolic conditions.

122
00:08:05,151 --> 00:08:08,446

Consider thromboprophylaxis in patients at increased risk of thromboembolic events.

123
00:08:08,529 --> 00:08:09,614
Monitor patients for signs

124
00:08:09,614 --> 00:08:12,575
and symptoms of thromboembolic events and institute treatment promptly.

125
00:08:12,783 --> 00:08:16,078
Hypertension was reported in 11.4% of REBLOZYL-treated patients.

126
00:08:16,162 --> 00:08:17,121
Across clinical studies,

127
00:08:17,121 --> 00:08:21,125
the incidence of Grade 3 to 4 hypertension ranged from 2% to 9.6%.

128
00:08:21,209 --> 00:08:24,712
In ESA-naive adult patients with MDS with normal baseline blood pressure,

129
00:08:24,837 --> 00:08:29,258
36% of patients developed a systolic blood pressure of 140 millimeters of mercury

130
00:08:29,258 --> 00:08:32,303
or higher, and 6% of patients developed diastolic blood pressure

131
00:08:32,470 --> 00:08:34,597
of 80 millimeters of mercury or higher.

132
00:08:34,597 --> 00:08:36,682
Monitor blood pressure prior to each administration.

133
00:08:36,682 --> 00:08:38,059
Manage new or exacerbations

134
00:08:38,059 --> 00:08:41,062
of preexisting hypertension using anti-hypertensive agents.

135
00:08:41,103 --> 00:08:44,106
REBLOZYL may cause fetal harm when administered to a pregnant woman.

136
00:08:44,232 --> 00:08:46,901
REBLOZYL caused increased post-implantation loss,

137
00:08:46,901 --> 00:08:49,904
decreased litter size, and increased incidence of skeletal variations
in pregnant

138
00:08:49,987 --> 00:08:50,404
rat and rabbit studies.

139
00:08:50,404 --> 00:08:53,699
Advise pregnant women of the potential risk to a fetus.

140
00:08:53,699 --> 00:08:56,702
Advise females of reproductive potential to use effective
contraception during treatment

141
00:08:56,702 --> 00:08:58,871
and for at least 3 months after the final dose.

142
00:08:58,871 --> 00:09:01,916
Grade 3 or higher adverse reactions included hypertension and dyspnea.

143
00:09:02,166 --> 00:09:04,627
These were observed in 2% or more of patients.

144
00:09:04,627 --> 00:09:07,296
The most common all-grade adverse reactions included diarrhea,

145
00:09:07,296 --> 00:09:10,299
fatigue, hypertension, peripheral edema, nausea, and dyspnea.

146
00:09:10,424 --> 00:09:12,510
These were observed in 10% or more of patients.

147
00:09:12,510 --> 00:09:15,555
It is not known whether REBLOZYL is excreted into human milk or
absorbed

148
00:09:15,555 --> 00:09:17,056
systemically after ingestion by a nursing infant.

149
00:09:17,056 --> 00:09:19,934
REBLOZYL was detected in milk of lactating rats.

150
00:09:19,934 --> 00:09:22,603
When a drug is present in animal milk, it is likely that the drug will
be present

151
00:09:22,603 --> 00:09:23,354
in human milk.

152
00:09:23,354 --> 00:09:25,147
Because many drugs are excreted in human milk,

153
00:09:25,147 --> 00:09:28,067
and because of the unknown effects of REBLOZYL in infants, a decision

154
00:09:28,067 --> 00:09:31,070
should be made whether to discontinue nursing or to discontinue
treatment.

155
00:09:31,279 --> 00:09:34,240
Because of the potential for serious adverse reactions in the
breastfed child,

156
00:09:34,240 --> 00:09:35,825
breastfeeding is not recommended during treatment

157
00:09:35,825 --> 00:09:37,702

and for 3 months after the last dose.

158
00:09:37,702 --> 00:09:40,997
Abuse of REBLOZYL may be seen in athletes for the effects on erythropoiesis.

159
00:09:41,080 --> 00:09:43,124
Misuse of drugs that increase erythropoiesis,

160
00:09:43,124 --> 00:09:45,918
such as REBLOZYL, by healthy persons may lead to polycythemia,

161
00:09:45,918 --> 00:09:48,671
which may be associated with life-threatening cardiovascular complications.