

SCEMBLIX - The unmet need in CML - HCP

[Scemblix® \(asciminib\) prescribing information](#) [Glivec® \(imatinib\) prescribing information](#)

Image



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 **SCSEMBLIX**[®] ▼
(asciminib) 20 mg, 40 mg tablets

SCSEMBLIX[®] ▼ (asciminib) is indicated for the treatment of adult patients with Philadelphia chromosome-positive chronic myeloid leukaemia (Ph + CML) in chronic phase (CP), previously treated with two or more tyrosine kinase inhibitors, and without a known T315I mutation.¹

The unmet need in chronic myeloid leukaemia

Tyrosine kinase inhibitors (TKIs) have improved CML prognosis, yet survival remains poor in patients on ≥ 3 rd line therapy.^{2,3}

Many patients on TKIs face treatment failure or discontinuation due to intolerance, with up

to half of patients discontinuing 1st line imatinib within 5 years.³

During 2nd-line treatment:³

Image



of patients fail to achieve major molecular response (MMR) (n=1279)*³

Image



of patients fail to achieve complete cytogenetic response (CCyR) within 2 years (n=958)*³

*Results for MMR and CCyR rates are taken from multiple studies including different 2nd line medications. This is a meta-analysis.³

In CML patients, a low 8-year overall survival was associated with being on ≥ 3 rd line treatment.¹²

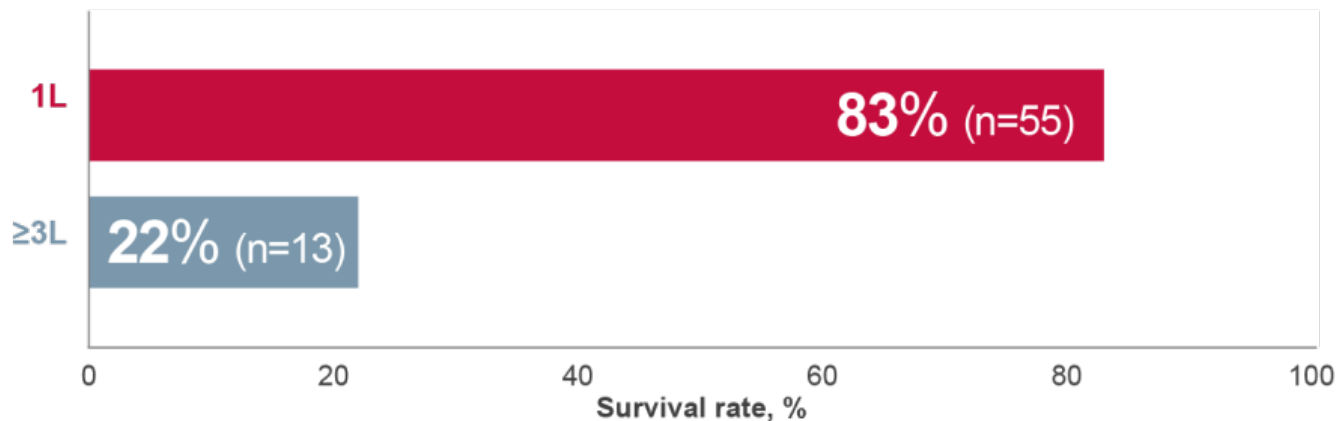
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In approximately 2/3 of those who had at least 1 TKI switch it was due to **resistance**⁴ (n=73/113)

8-year overall survival, N=902

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Adapted from Bosi GR, et al. 2019.²

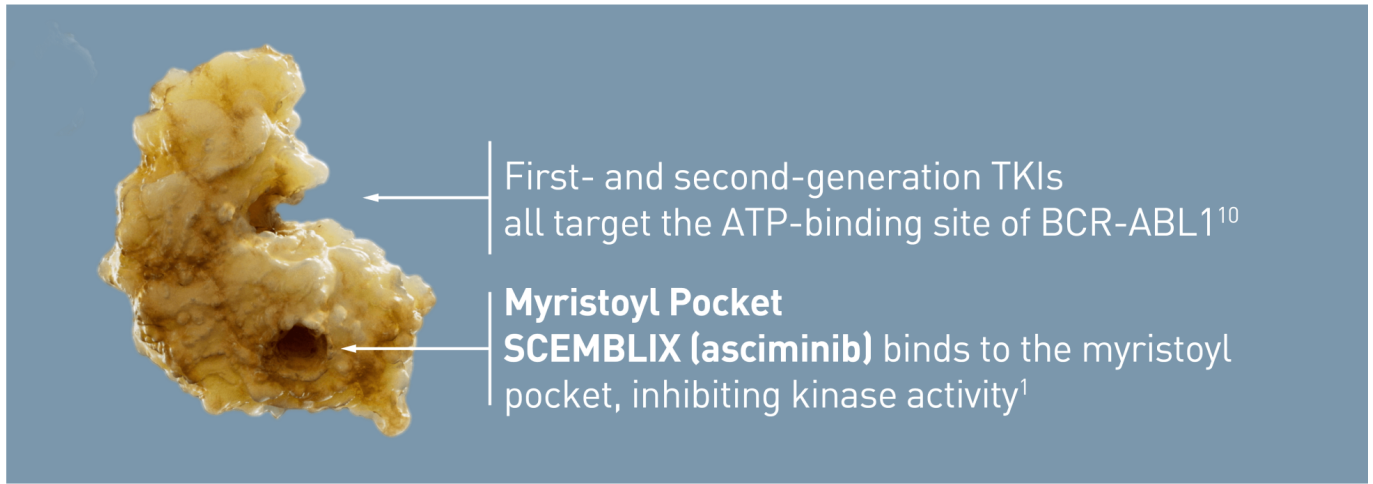
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Optimal monitoring is important to assess treatment benefits and inform the decision to switch.^{5,6} When a TKI fails, timely switching can limit the progression of disease⁶

A 2nd generation TKI may have limited benefit in a ≥3L setting, after the failure of another 2nd generation TKI and 1st generation TKI prior.³ Patients in ≥3L treatment may need a different mechanism of action to optimise outcomes.^{2,7-9}

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“You can end up running out of options for patients who experience side effects. Then you need to consider transplant after 4th line or chemotherapy options”

Adapted from haematologist quote¹¹

“In a year I had gone from taking one drug and living a normal life to having zero options”

Adapted from 5L CML patient quote¹²

SCEMBLIX is the first and only STAMP inhibitor, specifically targeting the ABL1 myristoyl pocket^{10,13,14}

[Discover the MOA](#)

The ASCEMBL trial did not restrict to Ph+ patients with CP-CML. SCEMBLIX is indicated in adults with Ph+ CP-CML previously treated with two or more tyrosine kinase inhibitors and without a known T315I mutation.^{1,13}

†Data from a retrospective, non-interventional study conducted at 21 UK NHS secondary and tertiary care centres on 257 patients with CML.⁴

1L, first line; 3L, third line; ATP, adenosine triphosphate; BCR-ABL, breakpoint cluster region and Abelson murine leukaemia viral oncogene homologue; CCyR, complete cytogenetic response; CI, confidence interval; CML, chronic myeloid leukaemia; CP, chronic phase; MCyR, major cytogenetic response; MMR, major molecular response; MOA, mechanism of action; NHS, National Health Service; Ph+, Philadelphia chromosome positive; STAMP, specifically targeting the ABL1 myristoyl pocket; TKI, tyrosine kinase inhibitor.

For further information, please refer to the [Summary of Product Characteristics](#).

References

1. SCEMBLIX (asciminib) Summary of Product Characteristics.

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