

SCSEMBLIX - The unmet need in CML - HCP

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

Image



Image



 **SCSEMBLIX**<sup>®</sup> ▼  
(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.<sup>1</sup>

**The below content is for healthcare professionals in Great Britain only. If you require information for Northern Ireland please refer to the [Northern Ireland prescribing information](#).**

## **The unmet need in chronic myeloid**

# leukaemia

Tyrosine kinase inhibitors (TKIs) have improved CML prognosis, yet survival remains poor in patients on  $\geq 3$ rd line therapy.<sup>2,3</sup>

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.<sup>3</sup>

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During 2nd line treatment:<sup>3</sup>

Image



**of patients fail to achieve major molecular response (MMR) (n=1279)\*<sup>3</sup>**

Image



**of patients fail to achieve complete cytogenetic response (CCyR) within 2 years (n=958)\*<sup>3</sup>**

\*Results for MMR and CCyR rates are taken from multiple studies including different 2L medications. This is a meta-analysis.<sup>3</sup>

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In CML patients, a low 8-year overall survival was associated with being on  $\geq 3$ rd line of treatment.<sup>12</sup>

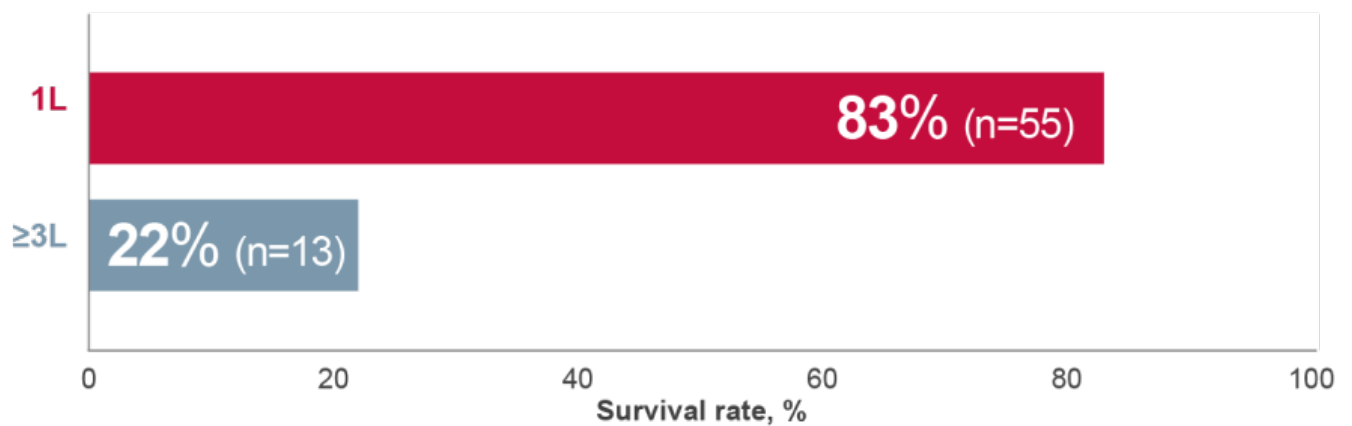
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**Approximately 2/3** of those who had at least 1 TKI switch was due to **resistance**<sup>14</sup> (n=73/113)

### 8-year overall survival, N=902

Image



Adapted from Bosi GR, et al. 2019.<sup>2</sup>

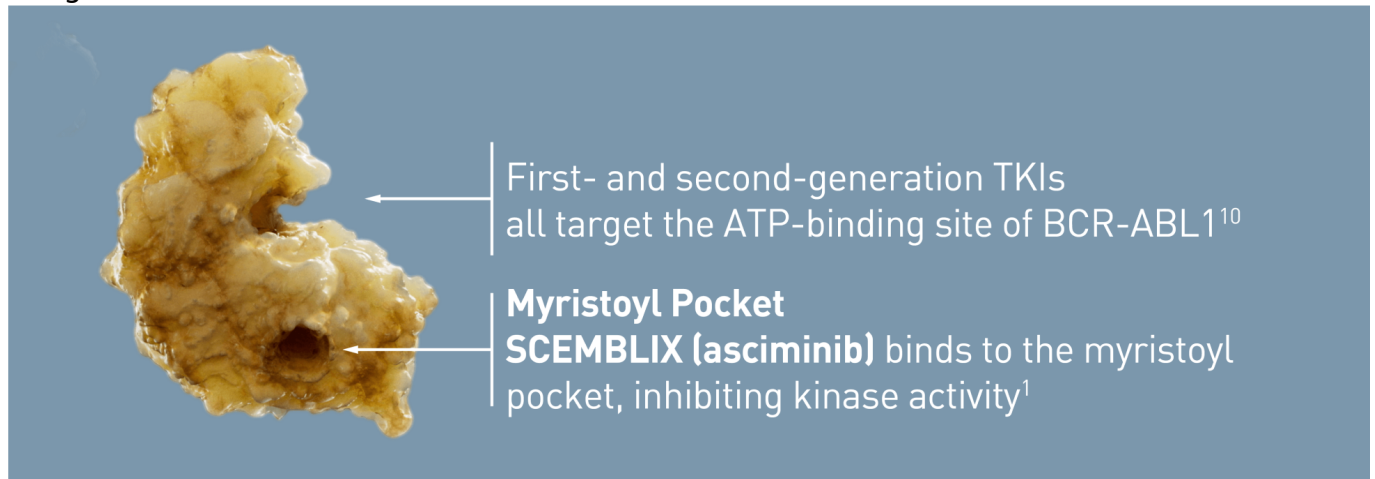
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**Optimal monitoring is important to assess treatment benefits and inform the decision to switch.**<sup>5,6</sup> When a TKI fails, timely switching can limit the progression of disease<sup>6</sup>

**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.**<sup>3</sup> Patients in ≥3L of treatment may need a different mechanism of action to optimise outcomes.<sup>2,7-9</sup>

## Image



*“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 quote<sup>11</sup>**

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

**Adapted from 5L CML patient quote<sup>12</sup>**

**SCEMBLIX is the first and only STAMP inhibitor, specifically targeting the ABL1 myristoyl pocket<sup>10,13,14</sup>**

[Discover the MOA](#)

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

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

ATP, adenosine triphosphate; CCyR, complete cytogenetic response; CI, confidence interval; CML, chronic myeloid leukaemia; 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

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7. Soverini S, et al. *Blood* 2009;114(10):2168-2171.
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