

SCEMBLIX - The unmet need in CML - HCP

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

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

Image



Image



 **SCEMBLIX®** ▼
(asciminib) 20 mg, 40 mg tablets

SCEMBLIX®▼ (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.^{†2}

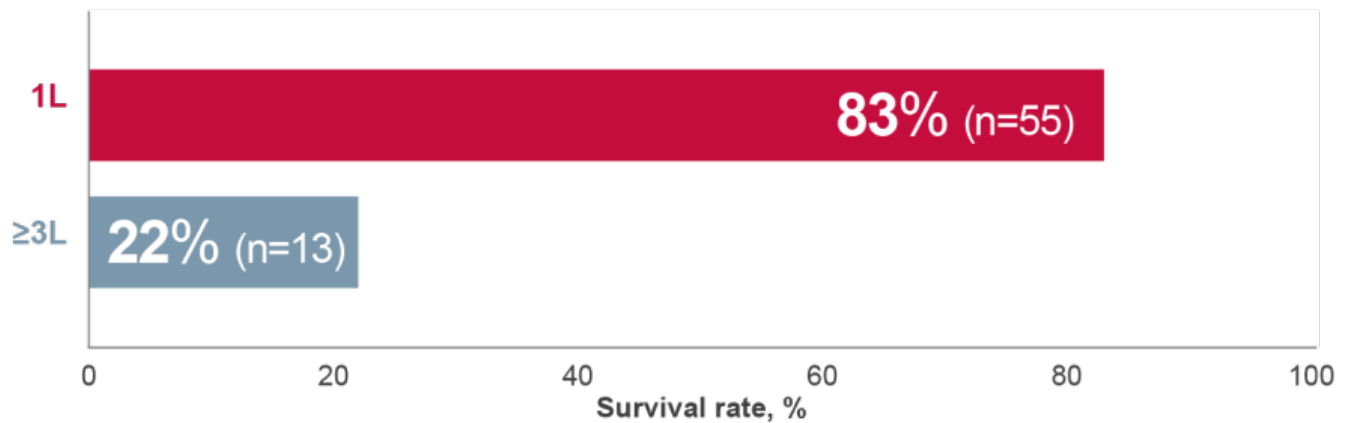
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In approximately **2/3** of those who had at least 1 TKI switch it was due to **resistance**^{†4} (n=73/113)

8-year overall survival, N=902

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Adapted from Bosi GR, et al. 2019.²

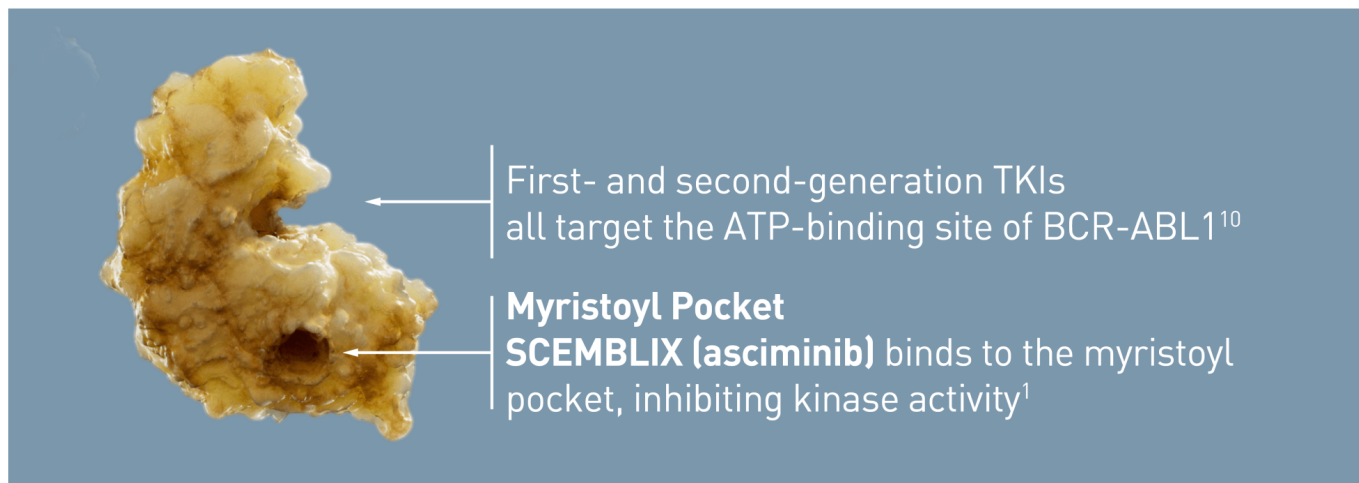
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Optimal monitoring is important to assess treatment benefits and inform the decision to switch.^{5,6} When a TKI fails, timely switching can limit the progression of disease⁶

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}

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 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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5. Smith G, et al. *Br J Haematol* 2020;191:171–193.
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