A BTKi for adult patients with previously treated mantle cell lymphoma (MCL)[1]

CALQUENCE CONFIDENCE

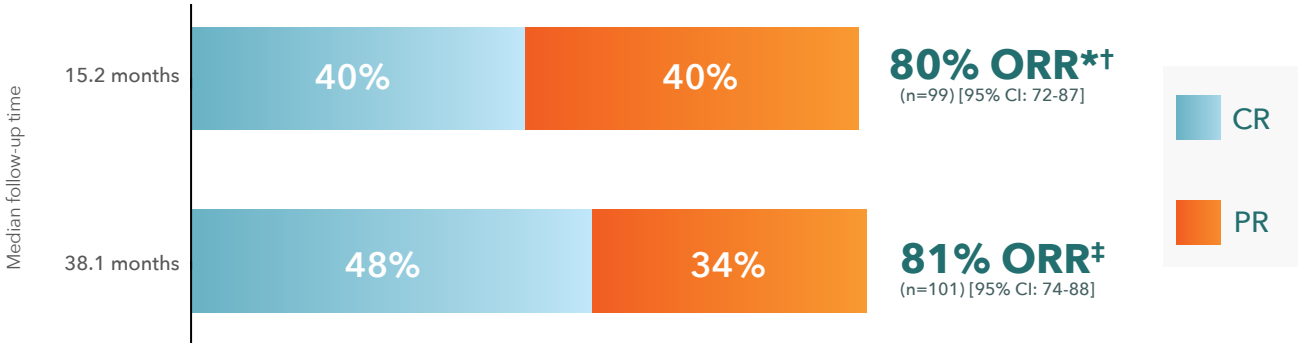
CALQUENCE®
acalabrutinib 100 mg tablets

WITH MEDIAN 38-MONTH LONG-TERM DATA[2]

Median follow-up of 38.1 months (range: 0.3 to 59.5 months).[2]

CALQUENCE HAS CONTINUED TO SHOW STRONG EFFICACY AND DEEP RESPONSES FOR OVER 3 YEARS IN PATIENTS WITH R/R MCL[2]

RESPONSE RATES OVER TIME (N=124)[1-3]



Median DoR: 29 months‡[2]
(95% CI: 17.5-39.1)

Median PFS: 22 months‡[2]
(95% CI: 16.6-33.3)

Median OS was not reached after a median follow-up of 38.1 months. Estimated 36-month OS rate was 60.5% (95% CI: 51.1-68.7).[2]

Baseline patient characteristics included median prior number of therapies (2; range: 1-5) and blastoid/pleomorphic cytomorphological variants (21%).[2,4]

After a median follow-up of 38.1 months, 24 patients (19%) remained on treatment and an additional 31 patients (25%) remained in follow-up for survival.[2]

*Independent Review Committee-assessed per 2014 Lugano Classification. Median follow-up of 15.2 months.[1]
†Investigator-assessed response rates were ORR: 81%; CR: 40%; PR: 41%.[1]
‡Investigator-assessed per 2014 Lugano Classification.[2,5]

BTKi=Bruton tyrosine kinase inhibitor; CI=confidence interval; CR=complete response; DoR=duration of response; NE=not estimable; ORR=overall response rate; OS=overall survival; PFS=progression-free survival; PR=partial response; R/R=relapsed/refractory.

INDICATION AND USAGE

CALQUENCE is a Bruton tyrosine kinase (BTK) inhibitor indicated for the treatment of adult patients with mantle cell lymphoma (MCL) who have received at least one prior therapy.

This indication is approved under accelerated approval based on overall response rate. Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trials.

IMPORTANT SAFETY INFORMATION ABOUT CALQUENCE® (acalabrutinib) tablets

Serious and Opportunistic Infections

Fatal and serious infections, including opportunistic infections, have occurred in patients with hematologic malignancies treated with CALQUENCE.

Serious or Grade 3 or higher infections (bacterial, viral, or fungal) occurred in 19% of 1029 patients exposed to CALQUENCE in clinical trials, most often due to respiratory tract infections (11% of all patients, including pneumonia in 6%). These infections predominantly occurred in the absence of Grade 3 or 4 neutropenia, with neutropenic infection reported in 1.9% of all patients.

Serious and Opportunistic Infections (cont'd)

Opportunistic infections in recipients of CALQUENCE have included, but are not limited to, hepatitis B virus reactivation, fungal pneumonia, *Pneumocystis jiroveci* pneumonia, Epstein-Barr virus reactivation, cytomegalovirus, and progressive multifocal leukoencephalopathy (PML). Consider prophylaxis in patients who are at increased risk for opportunistic infections. Monitor patients for signs and symptoms of infection and treat promptly.

Hemorrhage

Fatal and serious hemorrhagic events have occurred in patients with hematologic malignancies treated with CALQUENCE. Major hemorrhage (serious or Grade 3 or higher bleeding or any central nervous system bleeding) occurred in 3.0% of patients, with fatal hemorrhage occurring in 0.1% of 1029 patients exposed to CALQUENCE in clinical trials. Bleeding events of any grade, excluding bruising and petechiae, occurred in 22% of patients.

Use of antithrombotic agents concomitantly with CALQUENCE may further increase the risk of hemorrhage. In clinical trials, major hemorrhage occurred in 2.7% of patients taking CALQUENCE without antithrombotic agents and 3.6% of patients taking CALQUENCE with antithrombotic agents. Consider the risks and benefits of antithrombotic agents when co-administered with CALQUENCE. Monitor patients for signs of bleeding.

Please read full Prescribing Information, including Patient Information.

CALQUENCE®
acalabrutinib 100 mg tablets

THE 38-MONTH SAFETY PROFILE WAS CONSISTENT WITH INITIAL ANALYSIS[2]

Initial data analysis*

- The most common adverse drug reactions (≥20%) were anemia, thrombocytopenia, headache, neutropenia, diarrhea, fatigue, myalgia, and bruising[1]
- 1.6% dose reduction rate and 6.5% discontinuation rate due to adverse reactions[1]
- Events of clinical interest (any grade; Grade 3/4) included infections (53%; 13%), hemorrhage (31%; 1%), cardiac events (8%; 2%), and hypertension (2%; 1%)[3]

*Median duration of therapy was 16.6 months (range: 0.1 to 26.6 months).[1]

38-month analysis

- The most common non-hematological adverse events (≥20%) were headache, diarrhea, fatigue, cough, myalgia, and nausea[5]
- 2% dose reduction rate and 11% discontinuation rate due to adverse events[2,5]
- Events of clinical interest (any grade; Grade 3/4) included infections (68%; 17%), bleeding events (37%; 4%), cardiac events (13%; 5%), and hypertension (4%; 2%)[2]

LY-004 trial: An international, Phase 2, open-label, single-arm, multicenter trial of 124 patients (≥18 years) with MCL who had received ≥1 prior therapy. Patients received CALQUENCE 100 mg approximately every 12 hours until disease progression or unacceptable toxicity. The primary endpoint was investigator-assessed ORR per 2014 Lugano Classification; secondary endpoints included DoR, PFS, and OS.[3]

The initial data analysis was based on efficacy and safety endpoints from March 12, 2015, to January 5, 2016. The median follow-up time was 15.2 months.[3]

The 38-month analysis represents an additional year of follow-up succeeding the 26-month update from March 12, 2015, to February 12, 2018.[2-4]

SEE MORE DATA AT CALQUENCEHCP.COM

IMPORTANT SAFETY INFORMATION ABOUT CALQUENCE® (acalabrutinib) tablets (cont'd)

Hemorrhage (cont'd)

Consider the benefit-risk of withholding CALQUENCE for 3-7 days pre- and post-surgery depending upon the type of surgery and the risk of bleeding.

Cytopenias

Grade 3 or 4 cytopenias, including neutropenia (23%), anemia (8%), thrombocytopenia (7%), and lymphopenia (7%), developed in patients with hematologic malignancies treated with CALQUENCE. Grade 4 neutropenia developed in 12% of patients. Monitor complete blood counts regularly during treatment. Interrupt treatment, reduce the dose, or discontinue treatment as warranted.

Second Primary Malignancies

Second primary malignancies, including skin cancers and other solid tumors, occurred in 12% of 1029 patients exposed to CALQUENCE in clinical trials. The most frequent second primary malignancy was skin cancer, reported in 6% of patients. Monitor patients for skin cancers and advise protection from sun exposure.

Atrial Fibrillation and Flutter

Grade 3 atrial fibrillation or flutter occurred in 1.1% of 1029 patients treated with CALQUENCE, with all grades of atrial fibrillation or flutter reported in 4.1% of all patients. The risk may be increased in patients with cardiac risk factors, hypertension, previous arrhythmias, and acute infection. Monitor for symptoms of arrhythmia (eg, palpitations, dizziness, syncope, dyspnea) and manage as appropriate.

ADVERSE REACTIONS

The most common adverse reactions (≥20%) of any grade in patients with relapsed or refractory MCL were anemia,* thrombocytopenia,* headache (39%), neutropenia,* diarrhea (31%), fatigue (28%), myalgia (21%), and bruising (21%). The most common Grade ≥3 non-hematological adverse reaction (reported in at least 2% of patients) was diarrhea (3.2%).

*Treatment-emergent decreases (all grades) of hemoglobin (46%), platelets (44%), and neutrophils (36%) were based on laboratory measurements and adverse reactions.

Dose reductions or discontinuations due to any adverse reaction were reported in 1.6% and 6.5% of patients, respectively. Increases in creatinine to 1.5 to 3 times the upper limit of normal (ULN) occurred in 4.8% of patients.

DRUG INTERACTIONS

Strong CYP3A Inhibitors: Avoid co-administration of CALQUENCE with a strong CYP3A inhibitor. If these inhibitors will be used short-term, interrupt CALQUENCE. After discontinuation of strong CYP3A inhibitor for at least 24 hours, resume previous dosage of CALQUENCE.

Moderate CYP3A Inhibitors: Reduce the dosage of CALQUENCE to 100 mg once daily when co-administered with a moderate CYP3A inhibitor.

Strong CYP3A Inducers: Avoid co-administration of CALQUENCE with a strong CYP3A inducer. If co-administration is unavoidable, increase the dosage of CALQUENCE to 200 mg approximately every 12 hours.

SPECIFIC POPULATIONS

Based on findings in animals, CALQUENCE may cause fetal harm and dystocia when administered to a pregnant woman. There are no available data in pregnant women to inform the drug-associated risk. Advise pregnant women of the potential risk to a fetus.

Pregnancy testing is recommended for females of reproductive potential prior to initiating CALQUENCE therapy. Advise female patients of reproductive potential to use effective contraception during treatment with CALQUENCE and for 1 week following the last dose of CALQUENCE.

It is not known if CALQUENCE is present in human milk. Advise lactating women not to breastfeed while taking CALQUENCE and for 2 weeks after the last dose.

Avoid use of CALQUENCE in patients with severe hepatic impairment (Child-Pugh class C). No dosage adjustment of CALQUENCE is recommended in patients with mild (Child-Pugh class A) or moderate (Child-Pugh class B) hepatic impairment.

Please read full Prescribing Information, including Patient Information.

You may report side effects related to AstraZeneca products.

References: 1. CALQUENCE [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; 2022. **2.** Wang M, Rule S, Zinzani PL, et al. Acalabrutinib monotherapy in patients with relapsed/refractory mantle cell lymphoma: long-term efficacy and safety results from a phase 2 study. Poster presented at: American Society of Hematology Annual Meeting and Exposition; December 5–8, 2020 (Virtual Meeting). **3.** Wang M, Rule S, Zinzani PL, et al. Acalabrutinib in relapsed or refractory mantle cell lymphoma (ACE-LY-004): a single-arm, multicentre, phase 2 trial. *Lancet*. 2018;391(10121):659-667. **4.** Wang M, Rule S, Zinzani PL, et al. Durable response with single-agent acalabrutinib in patients with relapsed or refractory mantle cell lymphoma. *Leukemia*. 2019;33(11):2762-2766. **5.** Wang M, Rule S, Zinzani PL, et al. 2040 acalabrutinib monotherapy in patients with relapsed/refractory mantle cell lymphoma: long-term efficacy and safety results from a phase 2 study. Presented at: American Society of Hematology Annual Meeting and Exposition; December 5–8, 2020 (Virtual Meeting). Abs. 2040.

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