

VARIOUS R/R PCNSL
TREATMENT OPTIONS^{1,2}

BUT NO CLEAR CHOICE

Many patients with PCNSL
relapse after first-line
treatment—and there are no
FDA-approved therapies.^{1,2}



*May include targeted agents, immunomodulatory agents, or other monotherapy/combination regimens.²

[†]Also a type of chemotherapy.

Not all drugs within the presented classes are used in the treatment of R/R PCNSL.

ASCT=autologous stem cell transplantation; BTKi=Bruton tyrosine kinase inhibitor; FDA=Food and Drug Administration; IMiDs=immunomodulatory drugs; mAbs=monoclonal antibodies; R/R PCNSL=relapsing or refractory primary central nervous system lymphoma; WBRT=whole brain radiation therapy.

PATIENTS WITH R/R PCNSL FACE A PARTICULARLY POOR PROGNOSIS^{3,4}

PCNSL is a rare, highly malignant non-Hodgkin lymphoma (NHL) that accounts for 2%-3% of NHL and 4% of CNS malignancies³⁻⁵

› Median age at diagnosis is 65 years⁶

Patients with PCNSL are likely to face progression and poor outcomes^{4,7}

- › About one-third of patients may be refractory to first-line MTX-based chemotherapy regimens⁸
- › Up to 60% of patients who respond to first-line treatment may eventually relapse^{4,8}
 - Half of patients relapse within 2 years of initial diagnosis²
- › Most patients whose disease progresses will not achieve a durable second remission²

7.2
MONTHS

Median overall survival time from first disease progression to death from any cause⁴





IN R/R PCNSL NAVIGATING TREATMENT APPROACHES CAN BE CHALLENGING

Considerations with current R/R PCNSL treatment options

- › Many current treatments in R/R PCNSL can cause significant toxicity^{6,9,10}
- › Elderly patients often have comorbid conditions and find medications difficult to tolerate, resulting in poor prognosis^{4,6,11,12}

Patients may be unable to tolerate further intensive therapy due to multiple factors^{2,4,12}

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|---|-------------------------------|------------------------------|
| › Debilitating symptoms, such as cognitive impairment and paralysis | › Advanced age | › Poor physiological fitness |
| | › Renal insufficiency | › Other comorbidities |
| | › Impaired performance status | |

The primary recommendation of the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for R/R PCNSL is clinical trial participation.¹³

**R/R
PCNSL**

- › No FDA-approved treatment options^{2,4}
- › No accepted standard of care^{2,4}
- › No preferred regimen, per NCCN Guidelines^{®4,13}

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NCCN=National Comprehensive Cancer Network®.

IN R/R PCNSL AN UNMET NEED REMAINS FOR AN FDA-APPROVED AGENT^{2,4}

Clinical
Trials

Progress in R/R PCNSL requires overcoming numerous obstacles^{1,2,4,5}

- Lack of prospective, multicenter studies
- Low number of eligible patients
- No accepted standard of care
- Understanding of PCNSL pathobiology is not well established

ONO IS RISING TO THE CHALLENGE

Learn more at NavigatingPCNSL.com

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