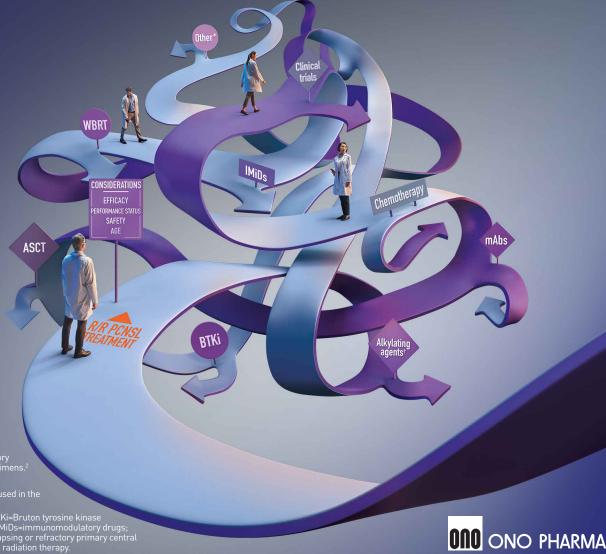
VARIOUS R/R PCNSL TREATMENT OPTIONS<sup>1,2</sup>

# BUT NO CLEAR CHOICE

Many patients with PCNSL relapse after first-line treatment—and there are no FDA-approved therapies.<sup>1,2</sup>



\*May include targeted agents, immunomodulatory agents, or other monotherapy/combination regimens.<sup>2</sup>

<sup>†</sup>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<sup>3,4</sup>

PCNSL is a rare, highly malignant non-Hodgkin lymphoma (NHL) that accounts for 2%-3% of NHL and 4% of CNS malignancies<sup>3-5</sup>

▶ Median age at diagnosis is 65 years<sup>6</sup>

### Patients with PCNSL are likely to face progression and poor outcomes<sup>4,7</sup>

- About one-third of patients may be refractory to first-line MTX-based chemotherapy regimens<sup>8</sup>
- $\blacktriangleright$  Up to 60% of patients who respond to first-line treatment may eventually relapse<sup>4,8</sup>
  - Half of patients relapse within 2 years of initial diagnosis<sup>2</sup>
- Most patients whose disease progresses will not achieve a durable second remission<sup>2</sup>

**7.2**MONTHS

Median overall survival time from first disease progression to death from any cause<sup>4</sup>





### 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<sup>6,9,10</sup>
- Elderly patients often have comorbid conditions and find medications difficult to tolerate, resulting in poor prognosis<sup>4,6,11,12</sup>

### Patients may be unable to tolerate further intensive therapy due to multiple factors<sup>2,4,12</sup>

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

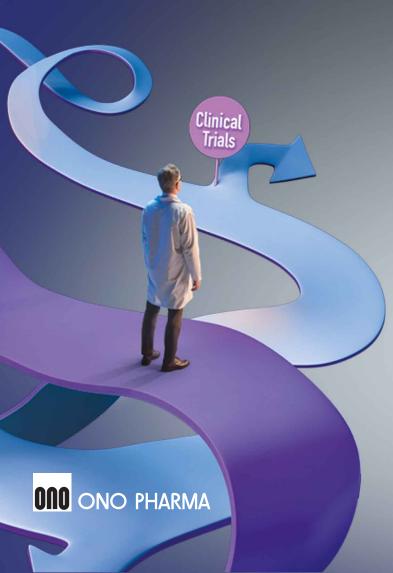
The primary recommendation of the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for R/R PCNSL is clinical trial participation.<sup>13</sup>



- ➤ No FDA-approved treatment options<sup>2,4</sup>
- → **No** accepted standard of care<sup>2,4</sup>
- ➤ No preferred regimen, per NCCN Guidelines®4,13

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NCCN=National Comprehensive Cancer Network®.



## AN UNMET NEED REMAINS FOR AN FDA-APPROVED AGENT<sup>2,4</sup>

Progress in R/R PCNSL requires overcoming numerous obstacles<sup>1,2,4,5</sup>

- 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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