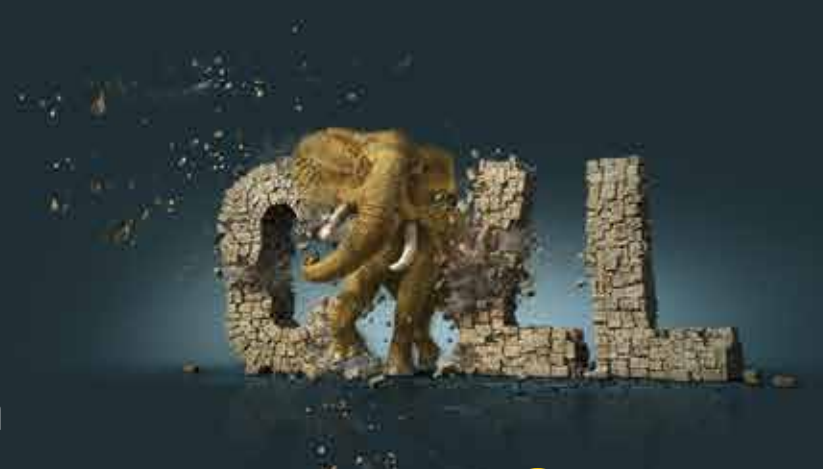

Webinar Invitation

Novel Therapy With FINITE TREATMENT DURATION In Previously Untreated CLL Patients[1]

7th Jan 2021 (Thursday) | 7:00 pm – 8:40 pm

CHAIRPERSON

Professor Gan Gin Gin
Senior Consultant Haematologist

SPEAKER

Dr. Othman Al-Sawaf
Consultant Haemato-oncologist
University Hospital of Cologne, Germany

Dr. Ng Soo Chin
Senior Consultant Haematologist

JOIN US LIVE ON 7th Jan 2021, 7.00 pm – 8.40 pm:

REGISTER HERE

OR

AGENDA

TIME	TOPIC	SPEAKER
7:00 pm – 7:05 pm	Welcome Address	AbbVie Malaysia
7:05 pm – 7:10 pm	Introduction by Chairperson	Professor Gan Gin Gin
7:10 pm – 7:35 pm	**Novel Therapy with Finite Treatment Duration in Previously Untreated CLL Patients**	Dr. Othman Al-Sawaf
7:35 pm – 7:45 pm	Q&A	
7:45 pm – 8:00 pm	**Case Presentation 1**	Dr. Othman Al-Sawaf
8:00 pm – 8:10 pm	**Panel Discussion and Q&A**	*Moderated by* Professor Gan Gin Gin
8:10 pm – 8:25 pm	**Case Presentation 2**	Dr. Ng Soo Chin
8:25 pm – 8:35 pm	**Panel Discussion and Q&A**	*Moderated by* Professor Gan Gin Gin
8:35 pm – 8:40 pm	Final Summary and Close	Professor Gan Gin Gin

* CPD Points will be awarded
CLL=chronic lymphocytic leukaemia

SPEAKER BIOGRAPHIES

Chairperson
Professor Gan Gin Gin
Senior Consultant Haematologist

Prof Gan Gin Gin is currently a professor of Medicine at University Malaya Medical Centre (UMMC). She is also an adjunct associate professor with University of Newcastle, Australia. She is currently holding the position of vice president of Malaysian Society of Hematology (MSH). She is involved in many international clinical trials and participates in international registries . Her major areas of expertise are general haematology, haematology-oncology and haemotopoeitic stem cell transplantation. She is the author and co-author of more than 60 publications.

Guest Speaker
Dr. Othman Al-Sawaf
Consultant Haemato-oncologist
University Hospital of Cologne in Germany

Dr. Othman Al-Sawaf is haematologist/oncologist at the University Hospital Cologne, Cologne, Germany, and study physician at the German CLL Study Group (GCLLSG). He studied medicine at Medical School of RWTH Aachen University in Aachen, Germany, and joined the Department I of Internal Medicine I of Professor Michael Hallek at the University Hospital of Cologne in 2016.

His research focus lies on basic and clinical research on chronic lymphocytic leukaemia (CLL). He works as coordinating physician and principal investigator for national and international phase II and III trials. As the GCLLSG medical monitor, Dr. Al-Sawaf is a key contributor to the CLL14 trial and has particular interest on genomic aberrations, minimal residual disease and quality of life of patients treated with novel agents.

Speaker
Dr. Ng Soo Chin
Senior Consultant Haematologist

Dr. Ng Soo Chin graduated from University of Malaya in 1981 and obtained his initial post-graduate qualification i.e. Master of Pathology (distinction) from University of Malaya in 1986. He then passed his MRCP (UK) and FRCPA (Aus) in 1987 and 1989 respectively. He is currently the Consultant Haematologist at Subang Jaya Medical Center (SJMC) and director of SJMC Clinical Diagnostic Laboratory. He was responsible for setting up the first private blood diseases center and together with Dr. Alan Teh established the first private haematopoietic stem cell transplant center in Malaysia. He has presented and published more than 230 scientific papers in Haematology. He served as member for Asia-Pacific advisory boards for chronic myeloid leukemia, lymphoma, multiple myeloma and ITP respectively. He was an Expert Panel member for NCCN Asia CML practice guideline 2009. He is the past President of the Malaysian Society of Haematology and also the past President of the Asean Federation of Haematology.

Reference:
1. VENCLEXTA™ Package Insert: 14 September 2020.

ABBREVIATED PRESCRIBING INFORMATION. VENCLEXTA™. Active Ingredient: Tablets: Venetoclax 10mg, 50mg, 100mg. **Indication:** Venclexta in combination with rituximab is indicated for the treatment of adult patients with chronic lymphocytic leukaemia (CLL) who have received at least one prior therapy. VENCLEXTA in combination with obinutuzumab is indicated for the treatment of adult patients with previously untreated CLL. Venclexta is indicated as monotherapy for the treatment of patients with chronic lymphocytic leukaemia (CLL) with 17p deletion who have received at least one prior therapy, or patients with CLL without 17p deletion who have received at least one prior therapy and for whom there are no other suitable treatment options. **Dosage and Administration:** Instruct patients to take Venclexta tablets with a meal and water at approximately the same time each day. Venclexta tablets should be swallowed whole and not chewed, crushed, or broken prior to swallowing. Venclexta dose must be administered according to a weekly ramp-up schedule to the daily dose of 400 mg over a period of 5 weeks. Dosing schedule for ramp-up phase: 20 mg once daily for 7 days (week 1), 50mg once daily for week 2, 100mg once daily for week 3, 200mg once daily for week 4, 400mg once daily for week 5 and beyond. The 5-week ramp-up dosing schedule is designed to gradually reduce tumor burden (debulk) and decrease the risk of tumor lysis syndrome (TLS). **Venclexta in Combination with Obinutuzumab:** Venclexta should be given for a total of 12 cycles: each cycle consisting of 28 days: 6 cycles in combination with obinutuzumab, followed by 6 cycles of Venclexta as a single agent. On Cycle 1 Day 1, start obinutuzumab administration at 1000 mg (dose may be split as 100 mg and 900 mg on Day 1 and 2, respectively). Administer 1000 mg on Day 8 and 15 of Cycle 1, and on Day 1 of five subsequent cycles (total of 6 cycles). On Cycle 1 Day 22, start Venclexta according to the ramp-up schedule, continuing through Cycle 2 Day 28. After completing the ramp-up schedule, patients should continue Venclexta 400 mg once daily from Cycle 3 Day 1 of obinutuzumab to the end of Cycle 12. **Venclexta in Combination with Rituximab:** Start rituximab administration after the patient has completed the ramp-up schedule with Venclexta and has received the 400 mg dose of Venclexta for 7 days. Patients should continue Venclexta 400 mg once daily for 24 months from Cycle 1 Day 1 of rituximab. **Venclexta as Monotherapy:** The recommended dose of Venclexta is 400 mg once daily after the patient has completed the ramp-up schedule. Venclexta should be taken orally once daily until disease progression or unacceptable toxicity is observed. Perform tumor burden assessments, including radiographic evaluation. Assess blood chemistry in all patients and correct pre-existing abnormalities prior to initiation of treatment with Venclexta. For prophylaxis of TLS, dose modifications and use in specific populations please refer to the full prescribing information. **Contraindications:** Concomitant use of Venclexta with strong CYP3A inhibitors is contraindicated at initiation and during ramp-up phase. **Warning & Precautions:** Tumor Lysis Syndrome (TLS). Venclexta can cause rapid reduction in tumor, and thus poses a risk for TLS at initiation and during the ramp-up phase. Changes in electrolytes consistent with TLS that require prompt management can occur as early as 6-8 hours following the first dose of Venclexta and at each dose increase. Patients with high tumor burden are at greater risk of TLS when initiating Venclexta. Reduced renal function (CrCl <80 mL/min) further increases the risk. Patients should be assessed for risk and should receive appropriate prophylaxis for TLS, including hydration and anti-hyperuricemics. Monitor blood chemistries and manage abnormalities promptly. Interrupt dosing if needed. Employ more intensive measures (intravenous hydration, frequent monitoring, hospitalization) as overall risk increases. Concomitant use of Venclexta with strong or moderate CYP3A inhibitors may increase the risk for TLS at initiation and during ramp-up phase. **Neutropenia:** Grade 3 or 4 neutropenia have occurred in patients treated with Venclexta. Monitor complete blood counts throughout the treatment period. Dose interruptions or dose reductions are recommended for severe neutropenia. Consider supportive measures including antimicrobials for any signs of infection and use of growth factors (e.g., G-CSF). **Serious Infection:** Serious infections, including events of sepsis and events with fatal outcome, have been reported in patients treated with Venclexta. Monitor patients for fever and any symptoms of infection and treat promptly. Interrupt dosing as appropriate. **Immunization:** The safety and efficacy of immunization with live attenuated vaccines during or following Venclexta therapy have not been studied. Live vaccines should not be administrated during treatment with Venclexta and thereafter until Bcell recovery. **Pregnancy and Lactation:** Venclexta is not recommended during pregnancy and in women of childbearing potential not using highly effective contraception. Breastfeeding should be discontinued during treatment with Venclexta. **Adverse Reactions:** In clinical trials, the most common adverse reactions were neutropenia, lymphopenia, leukopenia, thrombocytopenia, diarrhea, nausea, anemia, upper respiratory tract infection, pneumonia, fatigue, hyperkalemia, hyperphosphatemia, hypocalcemia, blood creatinine increased, hyperuricemia, urinary tract infection, sepsis, vomiting and constipation. The most important Adverse Reactions are TLS and Neutropenia. Please refer to Full prescribing information for details. **Full prescribing information is available upon request. Ref: PI dated Sept 2020.**

FOR HEALTHCARE PROFESSIONALS USE ONLY
Full prescribing information is available upon request. Please refer to full prescribing information before prescribing.

Organised by:

VENCLEXTA™ venetoclax tablets

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