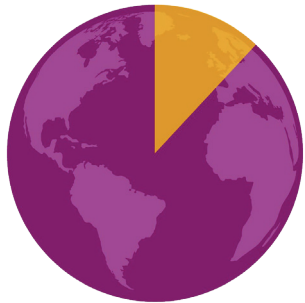


Acute Lymphoblastic Leukemia (ALL)/ Lymphoblastic Lymphoma (LBL)

Worldwide incidence of ALL

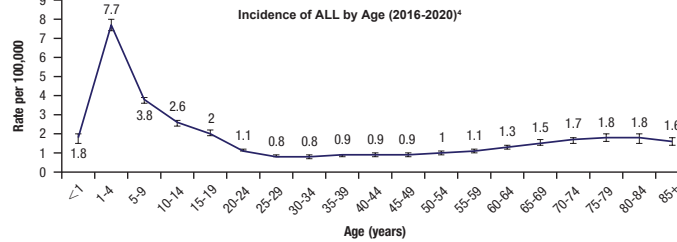


Worldwide, ALL represents **12%** of all leukemia cases¹

- In people aged <20 years who are diagnosed with leukemia, ~75% are diagnosed with ALL²

ALL/LBL is predominantly a cancer of childhood

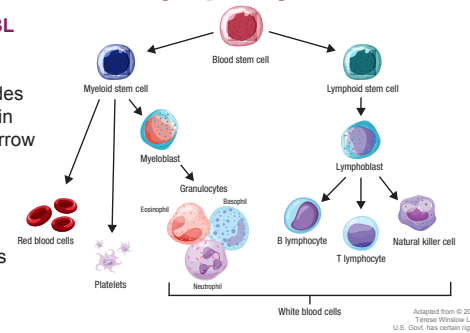
The median age at diagnosis for ALL is 17 years, with 53.5% of patients diagnosed at <20 years of age³



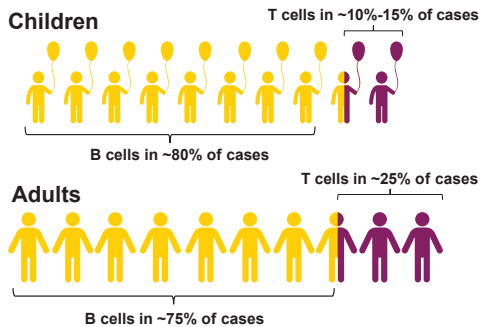
ALL/LBL develops from immature lymphoblasts and lymphocytes^{3,5}

In patients with ALL/LBL

- Overproduction of immature lymphoblasts and lymphocytes impedes healthy cell production in the blood and bone marrow
- Recurrent infections, fatigue from anemia, and easy bruising/bleeding are common symptoms and progress quickly if untreated⁶



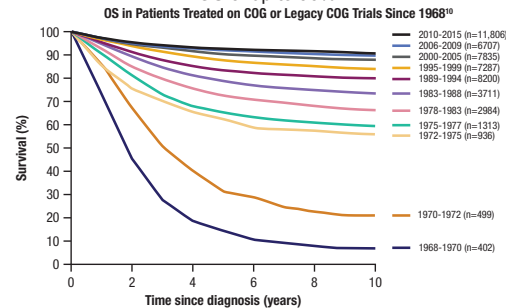
ALL can be classified as derived from a B-cell or T-cell lineage⁷



In contrast to ALL, 85%-90% of LBL cases are of T-cell lineage⁸

Prognosis in children has improved over time

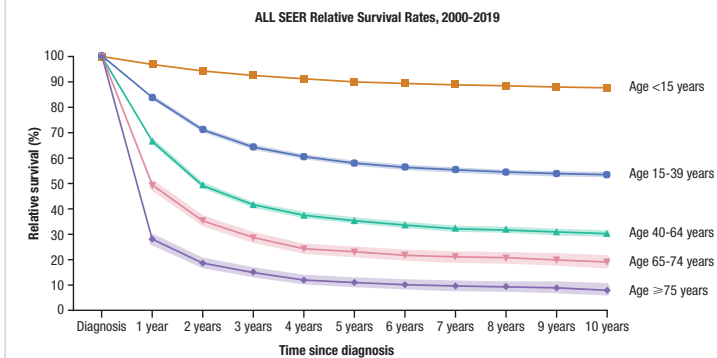
Trials between 2000 and 2011 have provided 5-year EFS of up to 85% and OS of up to 90%⁹



Asparaginase has been a core component to pediatric treatment regimens for over 40 years.

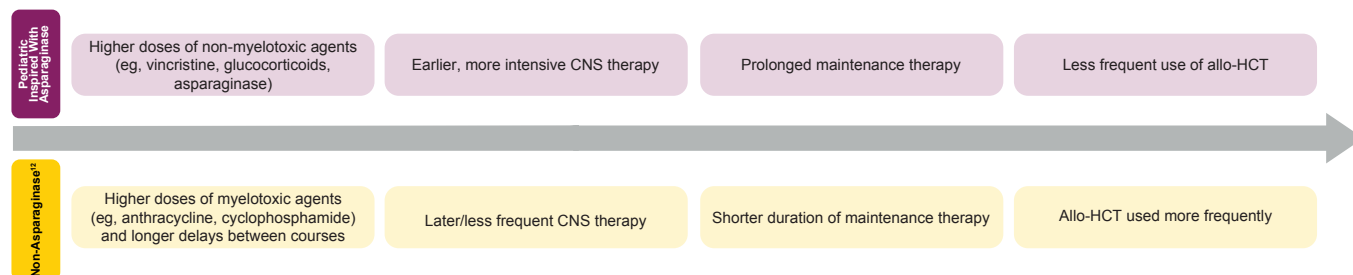
From Raetz EA, et al. *Pediatr Blood Cancer*. 2023;70(Suppl 6):e30585. Copyright © 2023 Wiley Periodicals LLC. Reprinted with permission from Wiley Periodicals LLC.

5-year survival rates decrease with increasing age⁴



Key differences in pediatric-inspired/asparaginase-containing regimens vs non-asparaginase ALL regimens

Over recent years, the treatment of adults diagnosed with ALL has evolved, with many study groups using pediatric-inspired regimens or unmodified pediatric protocols in adults up to 60 years old¹¹



Adapted from Carobolante F, et al. *Ther Adv Hematol*. 2020.

Abbreviations: ALL = acute lymphoblastic leukemia, allo-HCT = allogeneic hematopoietic cell transplantation; CNS = central nervous system; COG = Children's Oncology Group; EFS = event-free survival; LBL = lymphoblastic lymphoma; OS = overall survival; SEER = Surveillance, Epidemiology, and End Results program.

References: 1. Dong Y, et al. *Exp Hematol Oncol*. 2020;9:14. 2. Cancer.Net. Leukemia - Acute Lymphoblastic. ALL - Childhood. Statistics. Available at <https://www.cancer.net/cancer-types/leukemia-acute-lymphoblastic-all-childhood/statistics>. Accessed March 2024. 3. National Cancer Institute. SEER Cancer Stat Facts: Acute Lymphocytic Leukemia. Available at <https://seer.cancer.gov/statfacts/html/lyal.html>. Accessed October 2023. 4. National Cancer Institute. SEER Cancer Statistics Explorer Network. Available at <https://seer.cancer.gov/statistics-network/explorer/application.html>. Accessed October 2023. 5. National Cancer Institute. Childhood acute lymphoblastic leukemia treatment (PDQ) - health professional version. Available at <https://www.cancer.gov/types/leukemia/hp/child-all-treatment-pdq>. Accessed October 2023. 6. Onciu M. *Hematol Oncol Clin North Am*. 2009;23(4):655-674. 7. NCCN Clinical Practice Guidelines in Oncology: Pediatric Acute Lymphoblastic Leukemia-Version 1.2022. 8. Luca DC. *Clin Lab Med*. 2021;41(3):405-418. 9. Hungar SP, Mullighan CG. *N Engl J Med*. 2016;373(16):1541-1552. 10. Raetz EA, et al. *Pediatr Blood Cancer*. 2023;70(Suppl 6):e30585. 11. Neaga A, et al. *Cancers (Basel)*. 2021;2021:3886. 12. Carobolante F, et al. *Ther Adv Hematol*. 2020;11:2040620720903531.

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