

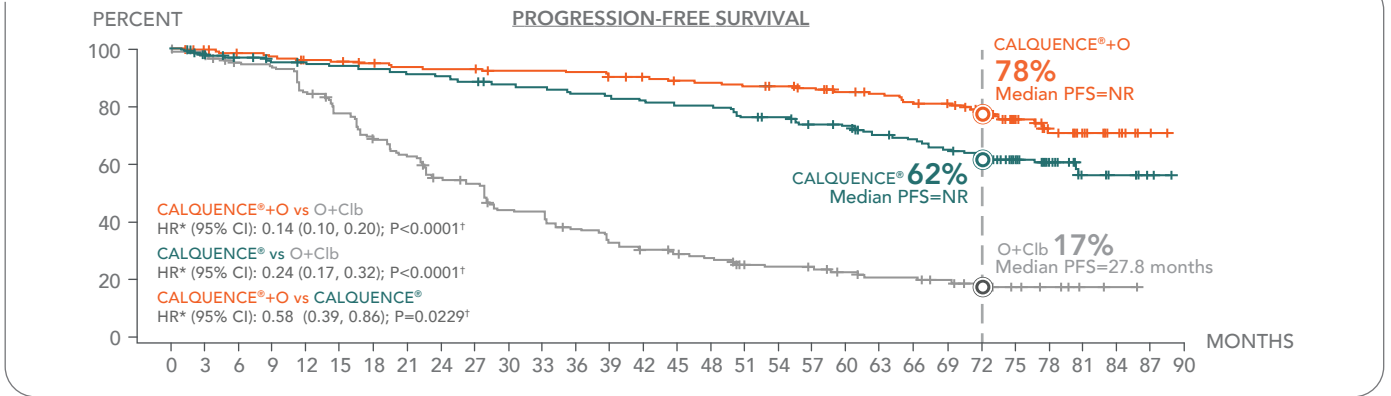
First Line Treatment for CLL¹⁻⁴

CALQUENCE®
(acalabrutinib) 100 mg capsules

ELEVATE
YOUR CONFIDENCE

1L CLL Recommendation
ESMO 2021²
iwCLL 2022³
NCCN 2024⁴

Superior PFS to Obinutuzumab + Chlorambucil¹



Consistent Superiority Regardless of del(17p) / TP53m¹

	CALQUENCE® Regimens vs O + Clb CLL with del(17p)/TP53m		
	PFS at 6 years	HR [‡] (95%, CI)	Median PFS (months)
CALQUENCE® + O	56%	0.28 (0.13, 0.59); P=0.0009*	73.1
CALQUENCE®	56%	0.23 (0.10, 0.52); P=0.0002#	NR
O + Clb	18%	-	17.5

Proven Safety Profile¹

- ELEVATE-TN 6 year follow-up: most common any-grade AEs and grade ≥3 AEs were consistent with earlier analyses.⁵
- ELEVATE-TN 5 year follow-up: discontinuation rates due to AEs were similar (CALQUENCE® + O, 17% [n=179]; CALQUENCE®, 16% [n=179]; O + Clb, 14% [n=177]).⁵

*HR based on stratified Cox proportional-hazards model. †P-value based on stratified log-rank test. ‡HR based on unstratified Cox proportional-hazards model. #P-value based on unstratified log-rank test. §Most common any-grade AEs and grade ≥3 AEs include: diarrhea, headache, arthralgia, neutropenia, fatigue, cough, COVID-19, thrombocytopenia, pneumonia, hypertension, syncope.

Abbreviations: AE, adverse event; CI, confidence interval; Clb, chlorambucil, CLL, chronic lymphocytic leukemia; del(17p), deletion of the short arm of chromosome 17; ESMO, European society for medical oncology; HR, hazard ratio; iwCLL, international workshop on chronic lymphocytic leukemia; mo, months; NR, not reached; O, obinutuzumab; PFS, progression-free survival; TP53m, TP53 gene mutations.

Reference: 1. Sharman J, et al. Acalabrutinib ± Obinutuzumab vs Obinutuzumab + Chlorambucil in Treatment-naïve Chronic Lymphocytic Leukemia: 6-Year Follow-up of ELEVATE-TN. Presented at: American Society of Hematology (ASH) Annual Meeting and Exposition 2023; 9-12 December 2023; San Diego, California. Abs 636. 2. Eichhorst B, et al. Ann Oncol. 2021 Jan;32(1):23-33. 3. Hallek M, et al. Am J Hematol. 2021 Dec 1;96(12):1679-1705. 4. Weirda WG, et al. Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®). Version 1. 2024. Available at: NCCN.org. Accessed 31 Jan 2024. 5. Sharman JF, Egyed M, Jurczak W, et al. Acalabrutinib ± obinutuzumab vs obinutuzumab + chlorambucil in treatment-naïve chronic lymphocytic leukemia: 5-year treatment-naïve chronic lymphocytic leukaemia (ELEVATE-TN); a randomised controlled phase 3 trial published correction appears in follow-up of ELEVATE-TN. Poster presented at: American Society of Clinical Oncology (ASCO) Annual Meeting; June 3-7, 2022. Abs 7539.

Presentation: Acalabrutinib capsule 100 mg. Indications: For the treatment of adult patients with: • Mantle cell lymphoma (MCL) who have received at least one prior therapy • Chronic lymphocytic leukemia (CLL). Dosage: 100 mg orally approximately every 12 hours, swallow whole with water and with or without food. Contraindications: None. Precautions: Consider prophylaxis in patients who are at increased risk for opportunistic infections. Monitor patients for signs and symptoms of infection and treat promptly; Monitor patients for signs of bleeding. Consider the benefit-risk of withholding for 3-7 days pre- and post-surgery depending upon the type of surgery and the risk of bleeding; Monitor complete blood counts regularly; Other malignancies have occurred, including skin cancers and other solid tumors. Advise patients to use sun protection; Monitor for symptoms of arrhythmias and manage; Avoid in patients with severe hepatic impairment; May cause fetal harm and dystocia in pregnancy; Advise not to breastfeed while taking and for at least 2 weeks after the final dose. Interactions: Avoid co-administration with strong CYP3A inhibitors, strong CYP3A inducers and proton pump inhibitors. Dose adjustments may be recommended; Stagger dosing with H2-receptor antagonists and antacids. Undesirable effects: Anemia, neutropenia, upper respiratory tract infection, thrombocytopenia, headache, diarrhea, and musculoskeletal pain. Full local prescribing information is available upon request. API.HK.CAL.0620

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Please refer to the full Prescribing Information for further information (including information on warnings and precautions, special populations, hepatic and renal impairment, fertility, pregnancy and lactation) prior to prescribing. Please visit contactus.medical.astrazeneca.com, for (1) enquiring Medical Information (MI), (2) reporting Individual Case Safety Report (ICSR) and/or (3) reporting Product Quality Complaint (PQC) to AstraZeneca Hong Kong Limited. HK-11026 Nov 2024