RANDOM42®

PART OF THE LOCKWOOD GROUP

STORYBOARD

DATE:
January 30, 2026

PROJECT:
Pirto USMA Microlearning 2D Animation Series – Progression vs Intolerance

JOB NUMBER:
ELI126

WORD COUNT:
242

Identifying Disease Progression or Treatment Intolerance in CLL

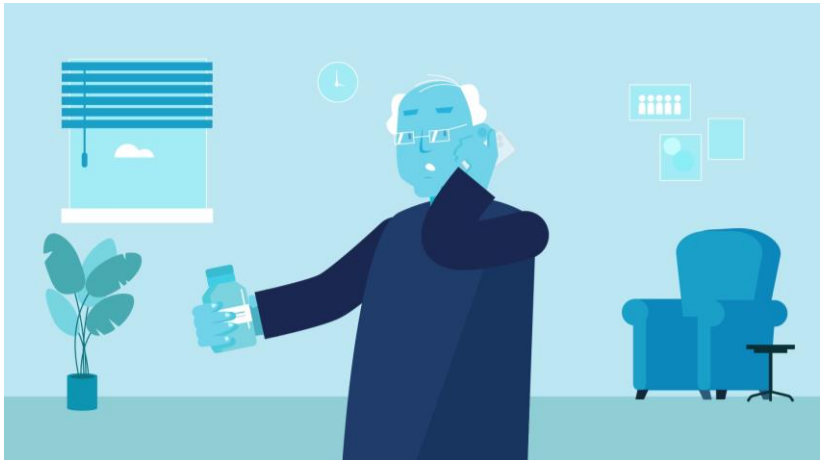
Lilly

SCENE 01 – FRAME 01

VISUAL:
Title slide.

VO:
NA

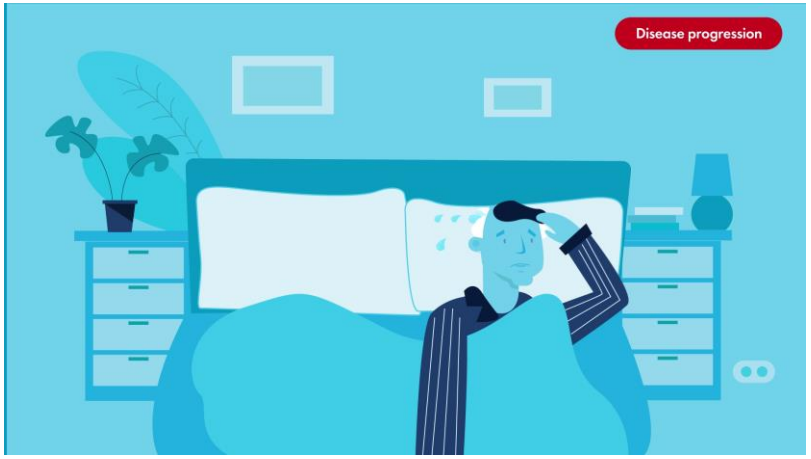
FRAME 02



VISUAL:
The video opens with a patient looking at their medicine label and speaking over the phone with their nurse/doctor.

VO:
In CLL, disease progression and treatment intolerance are the primary reasons for treatment discontinuation.

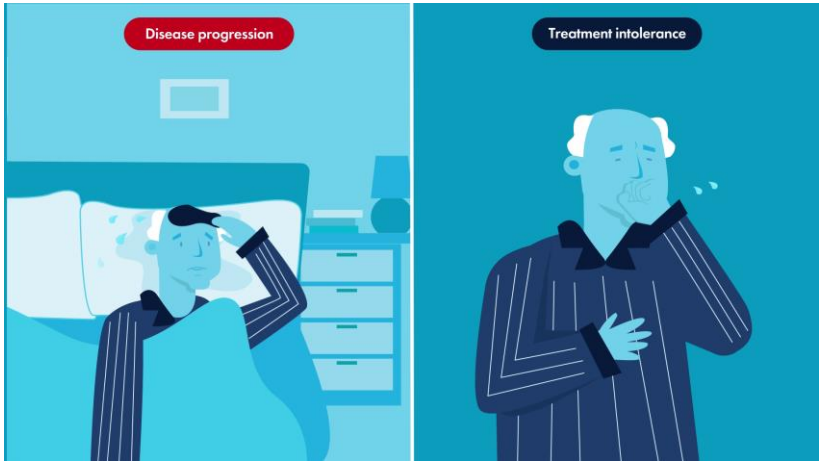
FRAME 03



VISUAL:
We transition to a frame showcasing disease progression.

VO:
Disease progression refers to worsening of disease as it continues to spread,...

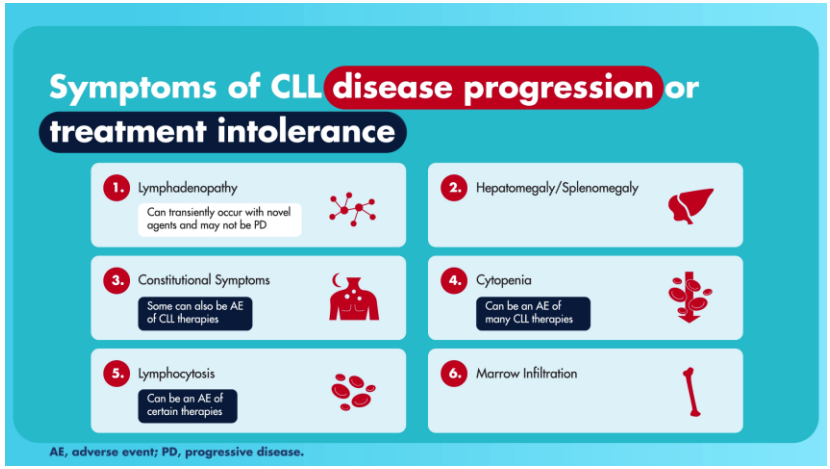
FRAME 04



VISUAL:
The frame becomes a split screen, and we showcase treatment intolerance on the right-hand side.

VO:
...whereas intolerance is characterized by unbearable or harmful adverse events that lead to treatment interruption or discontinuation.

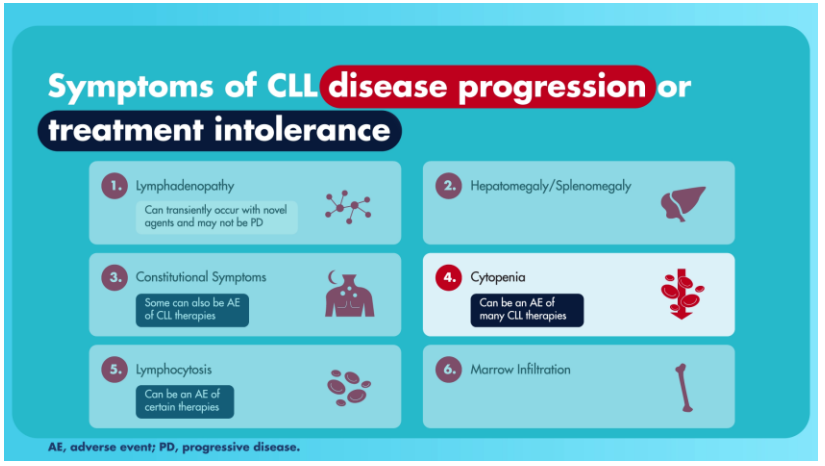
SCENE 02– FRAME 01



VISUAL:
The list of symptoms of CLL progression is displayed on screen. When VO reads "they could present," the text appears highlighting similarities in symptoms of CLL disease progression and treatment intolerance.

VO:
However, differentiating between disease progression and treatment intolerance can be challenging as they could present with similar symptoms.

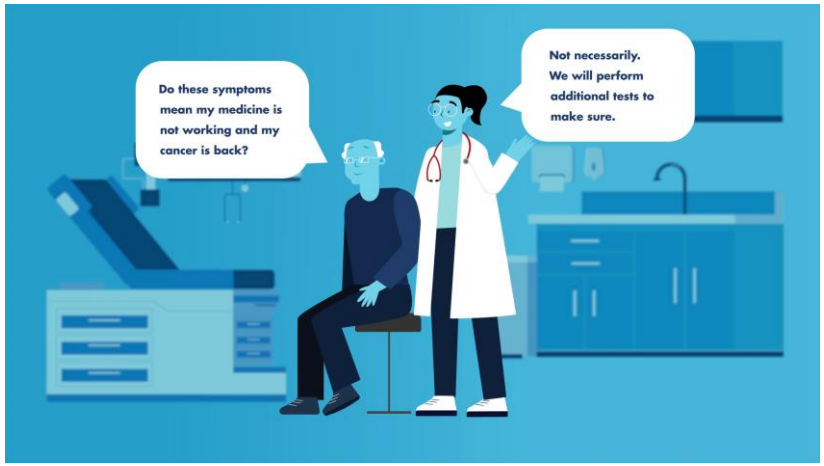
FRAME 02



VISUAL:
Continued. The rest of the boxes are greyed out, and cytopenia is focused on.

VO:
For example, cytopenia can be a symptom of CLL progression and an adverse event of many CLL therapies.

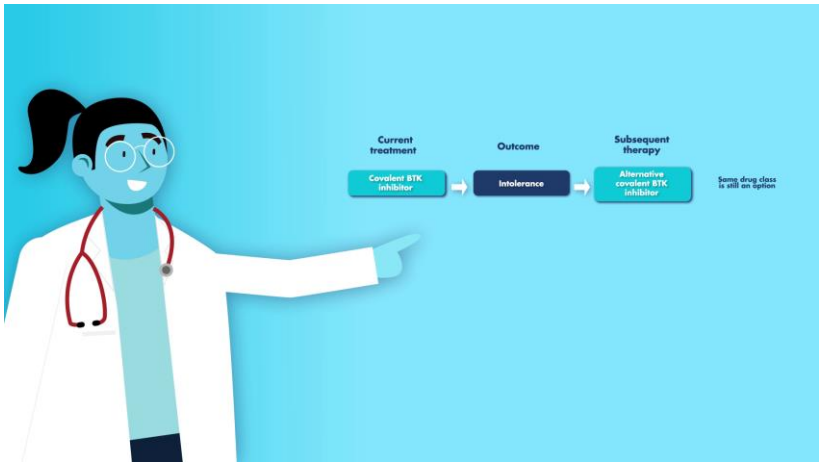
FRAME 03



VISUAL:
In this frame, the oncologist assesses the lymph nodes in the patient's neck, speech bubbles appear to reflect a conversation.

VO:
It is essential to distinguish between treatment intolerance and disease progression, as each has distinct clinical implications.

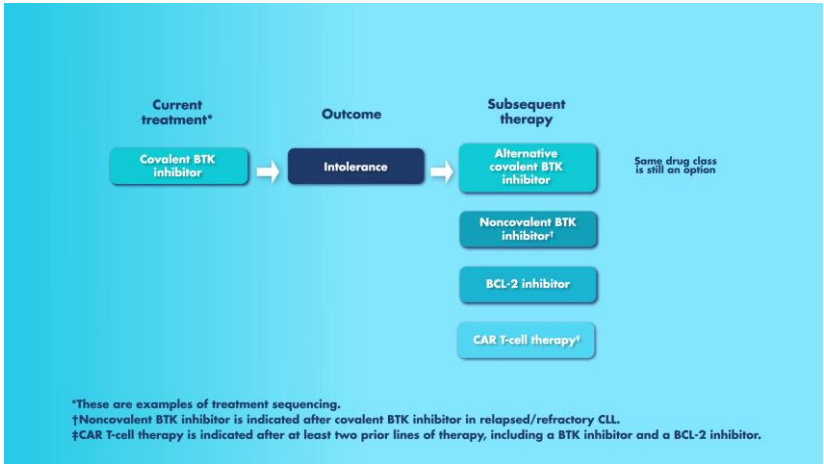
FRAME 04



VISUAL: We zoom in to focus on a "treatment sequencing options after intolerance"' graphic that begins to develop in time with the VO.

VO: If a patient experiences intolerance, it may be possible to try a different agent from the same drug class. For instance, if a patient experiences intolerance while on a covalent BTK inhibitor, they have the option to stay in the same drug class with an alternative covalent BTK inhibitor,...

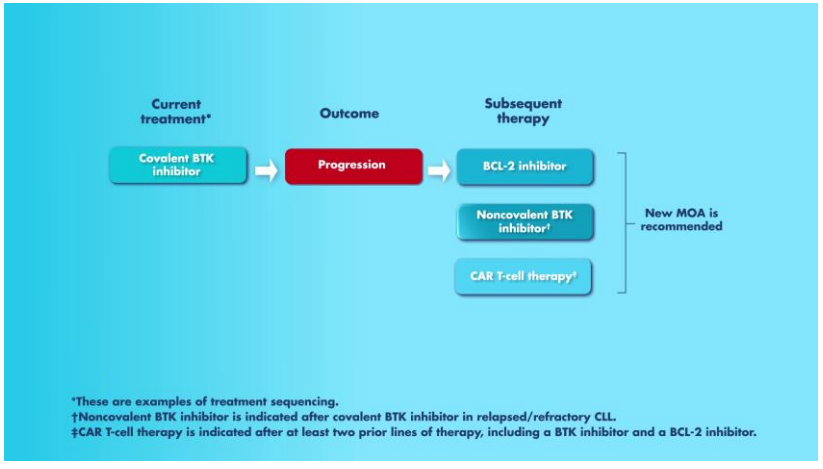
SCENE 02 – FRAME 05



VISUAL:
We continue to focus on a 'treatment sequencing options after intolerance' graphic that develops in time with the VO.

VO:
...as well as potential options from other drug classes, depending on previous lines of therapy received.

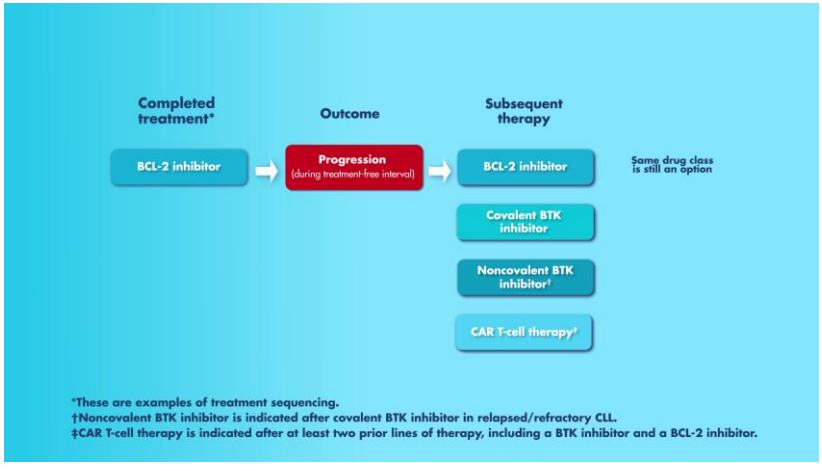
FRAME 06



VISUAL:
The full progression graphic illustrating examples of treatment sequencing after progression on covalent BTK inhibitor is shown on screen.

VO:
In contrast, when a patient experiences disease progression, a new MOA is recommended for the next line of therapy. Illustrated here are potential subsequent therapy options when a patient progresses on a covalent BTK inhibitor.

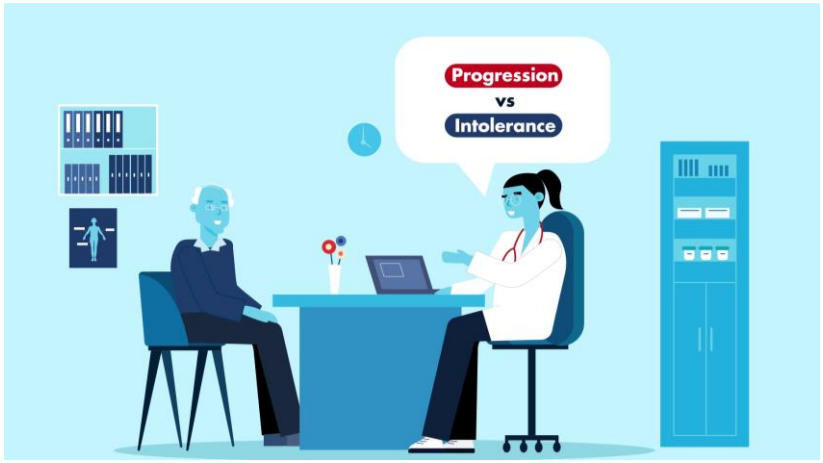
FRAME 07



VISUAL:
A graphic illustrating examples of treatment sequencing after progression during treatment-free interval builds in a dynamic manner on screen.

VO:
If disease progression occurs during a treatment-free interval, 1 to 3 years after completion of fixed-duration therapy, a retreatment with the same MOA can be an option.

SCENE 03- FRAME 01



VISUAL:
The graphic from the previous screen fades into a thought bubble and a patient with CLL is shown talking to their HCP.

VO:
Differentiating between disease progression and treatment intolerance is essential to maximize the duration on therapy and optimize outcomes.

FRAME 03

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For more information, please visit **education.lillymedical.com**

VISUAL:
Lilly logo/call to action.

VO:
NA

FRAME 02

References:

1. Shadman M, et al. *Clin Lymphoma Myeloma Leuk*. 2023;23(7):515-526.
2. Flannery MA, et al. *J Clin Oncol*. 2021;39(19):2150-2163.
3. National Cancer Institute. Accessed May 2, 2025. https://www.cancer.gov/publications/dictionaries/cancer-terms/def/progression.
4. Hallek M, et al. *Blood*. 2018;131(25):2745-2760.
5. Hallek M. *Am J Hematol*. 2025;100(3):450-480.
6. Galitzia A, et al. *Cancers (Basel)*. 2024;16(11):1996.
7. CLL Society. https://cllsociety.org/cll-sll-patient-education-toolkit/cancer-related-fatigue/
8. Fresa A, et al. *Cancers (Basel)*. 2024;16(11):2011.
9. Hampel PJ, Parikh SA. [published correction appears in *Blood Cancer J*. 2022;12(12):172]. *Blood Cancer J*. 2022;12(11):161.
10. Soumerai JD, et al. *Blood Adv*. 2025;9(5):1213-1229.
11. Jaypirca. Package insert. Eli Lilly and Company, Inc; 2025.

VISUAL:
References.

VO:
NA