



**CASES**

# **INSIGHTS INTO BREAST CANCER**

Saturday, August 24, 2019

Washington, DC

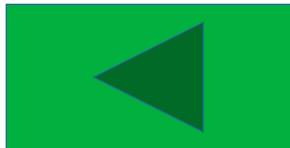
# HOW TO NAVIGATE THIS REPORT












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Treatment of mTNBC	
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ARS Data: HER2+ ABC	
ARS Data: mTNBC	

# STUDY OBJECTIVES



To gain advisors' perspectives on the following

- > Current treatment practices regarding therapy of HR+, HER2+, and triple-negative advanced breast cancer
- > Current treatment practice attitudes toward recently introduced and upcoming agents

- > A roundtable discussion, moderated by an Axess Oncology Network Physician, focusing on treatment of metastatic breast cancer was held on August 24, 2019, in Washington, DC
- > Disease state and data presentations were developed in conjunction with a medical expert from the University of Pittsburgh
- > The group of advisors comprised 14 community oncologists
- > Insights on the following therapies were obtained
  - HR+: fulvestrant, letrozole, AIs, CDK4/6 inhibitors, PI3K and mTOR inhibitors, HDAC inhibitors, chemotherapies
  - HER2+: trastuzumab (and potential biosimilars), lapatinib, pertuzumab, T-DM1, neratinib, AIs, mTOR inhibitors, chemotherapies
  - TNBC: PARP inhibitors, pembrolizumab, enzalutamide, antibody-drug conjugates (sacituzumab govitecan, GPNMB), immunotherapy, chemotherapies
- > Data collection was accomplished through use of audience response system questioning and moderated discussion

# PARTICIPANT DEMOGRAPHICS (N = 14)

Figure 1: Participant Demographics (N = 14)



Figure 2: Participant Demographics (N = 14)



The data presented in the two pie charts illustrates the demographic composition of the 14 participants. The first chart, 'Figure 1: Participant Demographics (N = 14)', provides a detailed breakdown across six categories, including gender and age groups. The second chart, 'Figure 2: Participant Demographics (N = 14)', offers a more focused view, highlighting the distribution across four categories. Both charts show a relatively balanced gender distribution, with approximately 43% of participants being male and 57% being female. The age distribution is also varied, with the largest group being in the 25-34 age range (35.7%), followed by the 18-24 age group (28.6%).

# PARTICIPANT DEMOGRAPHICS (N = 14)

Figure 1: Participant Demographics by Gender



Figure 2: Participant Demographics by Age Group



Figure 3: Participant Demographics by Education Level

# PARTICIPANT DEMOGRAPHICS (N = 11)

Figure 1: Participant Demographics (N = 11)



Figure 1: Participant Demographics (N = 11)





## Treatment of HR+ mBC

# TOPLINE TAKEAWAYS: HR+ ABC

**Key Takeaway 1: HR+ ABC**

The first key takeaway discusses the importance of HR+ ABC in the context of the current business environment. It highlights the need for organizations to adapt to changing market conditions and the role of HR+ ABC in achieving this goal. The text emphasizes the importance of having a clear understanding of the business and its needs, and the role of HR+ ABC in providing the necessary support and resources to achieve these goals.

**Key Takeaway 2: HR+ ABC**

The second key takeaway discusses the importance of HR+ ABC in the context of the current business environment. It highlights the need for organizations to adapt to changing market conditions and the role of HR+ ABC in achieving this goal. The text emphasizes the importance of having a clear understanding of the business and its needs, and the role of HR+ ABC in providing the necessary support and resources to achieve these goals.

## TREATMENT OF HR+ ABC

Topic	Data and Insights
Topic 1	Insight 1: The first row of data contains a single data point.
Topic 2	Insight 2: The second row of data contains a single data point.
Topic 3	Insight 3: The third row of data contains a single data point.
Topic 4	Insight 4: The fourth row of data contains a single data point.
Topic 5	Insight 5: The fifth row of data contains a single data point.

# QUOTES: HR+ ABC



THE FIRST STEP IN THE PROCESS OF  
IDENTIFYING A PROBLEM IS TO  
DEFINE IT. THIS IS NOT ALWAYS  
EASY, BUT IT IS ESSENTIAL.

THE SECOND STEP IS TO  
ANALYZE THE PROBLEM.

THE THIRD STEP IS TO  
DEVELOP A SOLUTION.

THE FOURTH STEP IS TO  
IMPLEMENT THE SOLUTION.

THE FIFTH STEP IS TO  
EVALUATE THE RESULTS.

THE SIXTH STEP IS TO  
REFLECT ON THE PROCESS.

THE SEVENTH STEP IS TO  
SHARE THE RESULTS.

THE EIGHTH STEP IS TO  
LEARN FROM THE EXPERIENCE.

THE NINTH STEP IS TO  
APPLY THE LESSONS LEARNED.

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## Treatment of HER2+ mBC

# TOPLINE TAKEAWAYS: HER2+ ABC

**Key Takeaway 1: HER2+ ABC**

HER2+ ABC is a key factor in determining the treatment approach for breast cancer. The presence of HER2+ ABC indicates a more aggressive disease, which may require more intensive treatment. The ABC (Anatomical, Biological, and Clinical) approach is a comprehensive way to assess the patient's disease and tailor the treatment to their specific needs.

**Key Takeaway 2: HER2+ ABC**

HER2+ ABC is a key factor in determining the treatment approach for breast cancer. The presence of HER2+ ABC indicates a more aggressive disease, which may require more intensive treatment. The ABC (Anatomical, Biological, and Clinical) approach is a comprehensive way to assess the patient's disease and tailor the treatment to their specific needs.

Topic	Data and Insights

## QUOTES: HER2+ ABC





## Treatment of mTNBC

# TOPLINE TAKEAWAYS: mTNBC

**Key Takeaway:** mTNBC is a highly aggressive cancer with poor prognosis. The primary treatment is systemic therapy, including chemotherapy and targeted therapy. Clinical trials are ongoing to evaluate novel treatments and biomarkers.

**Key Takeaway:** mTNBC is a highly aggressive cancer with poor prognosis. The primary treatment is systemic therapy, including chemotherapy and targeted therapy. Clinical trials are ongoing to evaluate novel treatments and biomarkers.

# TREATMENT OF mTNBC

Topic	Data and Insights
Introduction	<p>The first row of data shows a significant increase in sales volume, with a peak in the second quarter. This is likely due to the launch of the new product line.</p>
Market Analysis	<p>The second row of data indicates a strong correlation between marketing spend and sales growth. The third row shows a slight dip in sales, which may be attributed to a change in market conditions.</p>
Financial Performance	<p>The third row of data shows a steady increase in profit margins over the last six months. This is a positive indicator of the company's financial health.</p>
Customer Satisfaction	<p>The fourth row of data shows a high level of customer satisfaction, with a score of 4.5 out of 5. This is a testament to the quality of the products and services provided.</p>
Operational Efficiency	<p>The fifth row of data shows a significant improvement in operational efficiency, with a reduction in costs and an increase in productivity.</p>

## QUOTES: mTNBC

# STRATEGIC CONSIDERATIONS

- The company is not currently using a strategic planning process. This is a major weakness, and the company's long-term success will depend on its ability to address this issue.
  - Develop a strategic planning process, including a mission statement, vision statement, and strategic goals. This process should be reviewed and updated annually to ensure that the company is on track to achieve its long-term goals.
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## Advisor Key Takeaways

# KEY TAKEAWAYS\*

<p>1. <b>Strategic Planning</b></p> <p>2. <b>Market Analysis</b></p> <p>3. <b>Competitive Advantage</b></p> <p>4. <b>Resource Allocation</b></p> <p>5. <b>Performance Metrics</b></p>	<p>1. <b>Strategic Planning</b></p> <p>2. <b>Market Analysis</b></p> <p>3. <b>Competitive Advantage</b></p> <p>4. <b>Resource Allocation</b></p> <p>5. <b>Performance Metrics</b></p>
<p>6. <b>Strategic Planning</b></p> <p>7. <b>Market Analysis</b></p> <p>8. <b>Competitive Advantage</b></p> <p>9. <b>Resource Allocation</b></p> <p>10. <b>Performance Metrics</b></p>	<p>6. <b>Strategic Planning</b></p> <p>7. <b>Market Analysis</b></p> <p>8. <b>Competitive Advantage</b></p> <p>9. <b>Resource Allocation</b></p> <p>10. <b>Performance Metrics</b></p>
<p>11. <b>Strategic Planning</b></p> <p>12. <b>Market Analysis</b></p> <p>13. <b>Competitive Advantage</b></p> <p>14. <b>Resource Allocation</b></p> <p>15. <b>Performance Metrics</b></p>	<p>11. <b>Strategic Planning</b></p> <p>12. <b>Market Analysis</b></p> <p>13. <b>Competitive Advantage</b></p> <p>14. <b>Resource Allocation</b></p> <p>15. <b>Performance Metrics</b></p>
<p>16. <b>Strategic Planning</b></p> <p>17. <b>Market Analysis</b></p> <p>18. <b>Competitive Advantage</b></p> <p>19. <b>Resource Allocation</b></p> <p>20. <b>Performance Metrics</b></p>	<p>16. <b>Strategic Planning</b></p> <p>17. <b>Market Analysis</b></p> <p>18. <b>Competitive Advantage</b></p> <p>19. <b>Resource Allocation</b></p> <p>20. <b>Performance Metrics</b></p>



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## Treatment of HR+ mBC

ARS RESULTS



IN HOW MANY PATIENTS HAVE YOU EVER USED THE DRUG  
EVEROLIMUS (AFINITOR)? (N = 14)

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IN HOW MANY PATIENTS HAVE YOU EVER USED THE DRUG  
PALBOCICLIB (IBRANCE)? (N = 13)

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IN HOW MANY PATIENTS HAVE YOU EVER USED THE  
DRUG RIBOCICLIB (KISQALI)? (N = 14)

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IN HOW MANY PATIENTS HAVE YOU EVER USED THE  
DRUG ABEMACICLIB (VERZENIO)? (N = 14)

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WHAT IS THE CBR (ORR% + %SD) WITH FIRST-LINE AI +  
CDK4/6 INHIBITOR IN THE FIRST-LINE SETTING? (N = 13)

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## CASE STUDY 1: HR+ ABC

2. 100-year-old with 10,000 mg/day prednisone for 10 years with 100 mg/day prednisone reduction and 4 consultations with 2-3 day symptoms. The last visit was to arrange telephone advice and telephone visits. The patient was 100% and symptoms were 100% after 10 days. The patient is 100% and symptoms were 100% after 10 days. The patient is 100% and symptoms were 100% after 10 days.

IN ADDITION TO AN ANTI-OSTEOCLAST AGENT, YOU  
RECOMMEND: (N = 13)

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## CASE STUDY 1: HR+ ABC

- [illegible]



YOU RECOMMEND: (N = 13)

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# CASE STUDY 1: HR+ ABC



- 1. The patient is a 45-year-old male with a history of type 2 diabetes mellitus (DM2) and hypertension (HT). He is currently on treatment with metformin and lisinopril. He has been experiencing weight gain and fatigue for the last 6 months. His blood glucose levels are well controlled (HbA1c 6.5%).
- 2. The patient is treated with metformin and lisinopril. In addition to treatment with these drugs, improvement in the patient's weight and reduction of levels of active disease is observed after 12 months. After 12 months of treatment, the diagnosis was not confirmed and the patient was not treated with disease progression of disease. Monitoring shows no other signs of disease.
- 3. Treatment of progression is based only after 12 months of treatment with disease. The patient's disease has progressed to multiple signs and symptoms, as well as with multiple test results (abnormalities), with normal test results.

# YOUR RECOMMENDATION FOR THERAPY WOULD BE: (N = 13)

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## CASE STUDY 2: HR+ ABC

- [illegible]

REGARDING SYSTEMIC THERAPY, YOU RECOMMEND:  
(N = 13)

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## CASE STUDY 3: HR+ ABC

- [illegible]

YOU RECOMMEND: (N = 14)

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WHAT IS THE PRIMARY REASON YOU PRESCRIBE THE CDK4/6 INHIBITOR OF YOUR CHOICE? (SELECT ALL THAT APPLY) (N = 32)

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HOW DO YOU EXPECT YOUR PRESCRIBING PATTERN OF  
CDK4/6 INHIBITORS TO CHANGE OVER THE NEXT 12–18  
MONTHS? (N = 14)

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# Treatment of HER2+ ABC

ARS RESULTS

IN HOW MANY PATIENTS HAVE YOU EVER USED THE DRUG  
PERTUZUMAB (PERJETA)? (N = 14)

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IN HOW MANY PATIENTS HAVE YOU EVER USED THE DRUG  
TRASTUZUMAB (HERCEPTIN)? (N = 14)

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IN HOW MANY PATIENTS HAVE YOU EVER USED THE DRUG  
T-DM1 (KADCYLA)? (N = 14)

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IN HOW MANY PATIENTS HAVE YOU EVER USED THE DRUG  
LAPATINIB (TYKERB)? (N = 14)

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# IN HOW MANY PATIENTS HAVE YOU EVER USED THE DRUG BEVACIZUMAB (AVASTIN)? (N = 14)

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# HOW FAMILIAR ARE YOU WITH THE LATEST RESULTS OF THE MONALEESA-7 TRIAL? (N = 14)



FOR EXAMPLE PURPOSES ONLY



# HOW FAMILIAR ARE YOU WITH THE LATEST RESULTS OF THE MONARCH-2 TRIAL? (N = 13)

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## CASE STUDY 1: HER2+ ABC

2. The patient had mild to moderate pain, which was relieved by analgesics and 4 consultations with the pain management. The last visit was to arrange physiotherapy and occupational therapy, and management with medication was not given. The patient is healthy after the last consultation. The BMI is 19.5, age 52, female, 165 cm, and the last HbA1c is 5.6% with no acute symptoms.

IN ADDITION TO AN ANTI-OSTEOCLAST AGENT, YOU  
RECOMMEND: (N = 13)

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# CASE STUDY 1: HER2+ ABC



HER2+ ABC is a type of breast cancer that is characterized by the presence of the HER2 protein on the surface of the cancer cells. This protein is responsible for the growth and spread of the cancer. The treatment for HER2+ ABC typically involves the use of targeted therapy, such as trastuzumab, which blocks the action of the HER2 protein. In addition to targeted therapy, patients may also receive chemotherapy and hormone therapy. The prognosis for HER2+ ABC is generally better than for other types of breast cancer, but it can still be a challenging disease to treat. The goal of treatment is to achieve a complete response, which means that all of the cancer cells have been destroyed. This can be achieved in some cases, but it is not always possible. The use of targeted therapy has significantly improved the outcomes for patients with HER2+ ABC, but there is still a need for further research to improve the treatment of this disease.

IN ADDITION TO AN ANTI-OSTEOCLAST AGENT, AS  
MAINTENANCE THERAPY, YOU RECOMMEND: (N = 13)

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# CASE STUDY 1: HER2+ ABC



- 65-year-old female presents with a 2cm x 2cm x 1cm palpable lump in the right breast, with no axillary lymphadenopathy. Imaging is otherwise negative for metastases. Biopsy of breast mass confirms (HER2+) invasive ductal carcinoma.
- The patient is treated with trastuzumab plus docetaxel. In addition to achieving a partial response in the breast, there are no radiographic signs of distant disease at 12 months. After 12 months of treatment, the disease has not progressed and the patient is stable. There are no signs of progression of disease. Imaging shows no other signs of metastases.
- A second course of trastuzumab plus docetaxel is given. The patient's disease has progressed to multiple sites, including the brain. There are no signs of progression of disease, with normal brain function.

YOU NOW RECOMMEND: (N = 13)

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# CASE STUDY 1: HER2+ ABC



- 65-year-old female presents with a 2cm x 2cm x 1cm palpable lump in the right breast, with no axillary lymphadenopathy. Imaging is otherwise negative for metastases. Biopsy of breast mass confirms (HER2+) invasive ductal carcinoma.
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- A second course of trastuzumab plus docetaxel is given. The patient's disease has progressed to multiple sites, including the brain. There are no signs of progression of disease, with normal brain function.



YOU RECOMMEND: (N = 13)

CASES

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# Treatment of mTNBC

ARS RESULTS

# CASE STUDY 1: TNBC



1. The patient is a 55-year-old female with a history of breast cancer, diagnosed in 2015. She is currently on adjuvant chemotherapy and hormone therapy. The patient is being evaluated for a potential second primary malignancy. The patient's medical history includes hypertension, hyperlipidemia, and a recent diagnosis of type 2 diabetes. The patient is also a current smoker. The patient's physical examination is within normal limits. The patient's laboratory tests are within normal limits. The patient's imaging studies are within normal limits. The patient's overall health is good. The patient is being followed up for a period of 6 months.

YOU RECOMMEND: (N = 11)

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# CASE STUDY 1: TNBC



1. The patient is a 55-year-old female with a history of breast cancer, who was diagnosed with TNBC in 2015. She has been on a combination of chemotherapy and hormone therapy for the past 18 months. The patient is currently experiencing side effects from the treatment, including fatigue, weight gain, and hair loss. She is also experiencing a decrease in her quality of life and is looking for ways to manage her symptoms. The patient is currently on a combination of chemotherapy and hormone therapy, and is looking for ways to manage her symptoms. The patient is currently on a combination of chemotherapy and hormone therapy, and is looking for ways to manage her symptoms.

YOU RECOMMEND: (N = 10)

FOR EXAMPLE PURPOSES ONLY

# CASE STUDY 1: TNBC



- 1. The patient is a 55-year-old female with a history of breast cancer, who was diagnosed with TNBC in 2015. She has been treated with chemotherapy and radiation therapy. She is currently on a clinical trial for a new treatment. The trial is a phase II study, and the patient is the first in her cohort. The trial is comparing the new treatment to the standard of care. The patient is doing well on the trial, and the results are promising. The patient is very happy with the results, and she is looking forward to the next phase of the trial.

YOU RECOMMEND: (N = 12)

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FOR ER+/HER2- MBC PATIENTS, AT WHAT AGE DO YOU RECOMMEND GERMLINE MUTATION TESTING, REGARDLESS OF FAMILY HISTORY? (N = 12)

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# CASE STUDY 2: TNBC



- 1. The patient is a 55-year-old female with a history of breast cancer, who was diagnosed with TNBC in 2015. She has been treated with chemotherapy and radiation therapy. She is currently on a clinical trial for a new treatment. The patient is asking for help with her symptoms and wants to know what to expect from the new treatment.

# WOULD YOU ORDER AR IHC? (N = 14)

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HER AR IS 80% 2+ ON A METASTATIC LN BIOPSY. YOU  
RECOMMEND: (N = 14)

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FOR EXAMPLE PURPOSES ONLY

# CASE STUDY 3: TNBC



- 1. The patient is a 55-year-old female with a history of breast cancer, who was diagnosed with TNBC in 2015. She has been treated with chemotherapy and radiation therapy. She is currently on a clinical trial for a new treatment. The patient is asking for help with her symptoms and wants to know what to expect from the new treatment.

# WHAT TREATMENT WOULD YOU RECOMMEND? (N = 14)

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### **US Headquarters**

5901-C Peachtree Dunwoody Road NE  
Suite 200, Atlanta, GA 30328, US

### **EU Headquarters**

Wilhelmina van Pruisenweg 104  
2595 AN The Hague, the Netherlands

**[aptitude-health.com](https://aptitude-health.com)**