



CASES

INSIGHTS INTO BREAST CANCER

October 2019

Seattle, WA

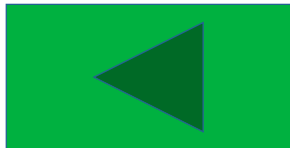
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Topic	Slide
Study Objectives	
Report Snapshot	
Participant Demographics	
Treatment of HR+ ABC	
Treatment of HER2+ ABC	
Treatment of mTNBC	
ARS Data: HR+ ABC	
ARS Data: HER2+ ABC	
ARS Data: mTNBC	

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 October 25, 2019, in Seattle, WA
- > Disease state and data presentations were developed in conjunction with a medical expert from the University of Washington
- > The group of advisors comprised 11 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 (1/2)

Demographic Data 1



100%
100%
100%
100%
100%
100%

Demographic Data 2



100%
100%
100%
100%
100%
100%

Additional demographic information and notes.

PARTICIPANT DEMOGRAPHICS (2/2)

Approximately how many patients with hormone receptor-positive (HR+), HER2-positive (HER2+), or triple-





Treatment of HR+ ABC



TOPLINE TAKEAWAYS: HR+ ABC

[Redacted content]

[Redacted content]

TREATMENT OF HR+ ABC



Topic	Data and Insights
Expectations	Advisors underestimate the clinical benefit rate of first-line CDK4/6 inhibition plus AI or fulvestrant in clinical practice (vs that



QUOTES: HR+ ABC

Quote 1: [Blurred text]

Quote 2: [Blurred text]

Quote 3: [Blurred text]

Quote 4: [Blurred text]

Quote 5: [Blurred text]

Quote 6: [Blurred text]

Quote 7: [Blurred text]



CASES

Treatment of HER2+ ABC



TOPLINE TAKEAWAYS: HER2+ ABC

[Redacted content]

[Redacted content]

TREATMENT OF HER2+ ABC



Topic	Data and Insights
HR+, HER2+	For HR+, HER2+ mBC the majority of the advisors (82%) prefer treating their patients with HER2-targeted



QUOTES: HER2+ ABC

HER2+ breast cancer 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 a type of receptor that helps cells grow and divide. In HER2+ breast cancer, there is an overexpression of this protein, which can lead to more aggressive cancer growth.

HER2+ breast cancer is often treated with targeted therapy, such as trastuzumab (Herceptin), which specifically targets the HER2 protein. This treatment can help slow down or stop the growth of the cancer cells. In addition, HER2+ breast cancer is often treated with chemotherapy and hormone therapy.

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Treatment of mTNBC

TOPLINE TAKEAWAYS: mTNBC

[Redacted content]

[Redacted content]

TREATMENT OF mTNBC

Topic	Data and Insights
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[Blurred text]	[Blurred text]
[Blurred text]	[Blurred text]
[Blurred text]	[Blurred text]

QUOTES: mTNBC



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STRATEGIC CONSIDERATIONS



- 1. **THE COMPANY'S STRATEGIC POSITION**
 - Analyze the company's current strategic position in the market, including its strengths, weaknesses, opportunities, and threats.
 - Evaluate the company's competitive advantage and its ability to sustain it over time.
 - Assess the company's financial performance and its ability to fund its strategic initiatives.
- 2. **MARKET OPPORTUNITIES**
 - Identify new market segments and customer needs that the company can address.
 - Evaluate the potential for growth in existing markets and the feasibility of entering new markets.
 - Assess the company's ability to leverage its resources and capabilities to capitalize on these opportunities.



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Treatment of HR+ ABC

ARS RESULTS

IN HOW MANY BREAST CANCER PATIENTS HAVE YOU EVER USED THE DRUG EVEROLIMUS (AFINITOR)? (N = 10)

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IN HOW MANY BREAST CANCER PATIENTS HAVE YOU EVER USED THE DRUG PALBOCICLIB (IBRANCE)? (N = 10)

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IN HOW MANY BREAST CANCER PATIENTS HAVE YOU EVER USED THE DRUG RIBOCICLIB (KISQALI)? (N = 10)

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IN HOW MANY BREAST CANCER PATIENTS HAVE YOU EVER USED THE DRUG ABEMACICLIB (VERZENIO)? (N = 10)

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IN HOW MANY BREAST CANCER PATIENTS HAVE YOU EVER USED THE DRUG ALPELISIB (PIQRAY) IN THE PAST YEAR? (N = 10)

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IN HOW MANY BREAST CANCER PATIENTS HAVE YOU EVER USED A PARP INHIBITOR IN THE PAST YEAR? (N = 10)

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IN HOW MANY BREAST CANCER PATIENTS HAVE YOU EVER USED AN IMMUNE CHECKPOINT INHIBITOR (EG, ANTI-PD-1 OR PD-L1) IN THE PAST YEAR? (N = 10)

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WHAT IS THE CBR (ORR% + %SD) WITH FIRST-LINE AI + CDK4/6 INHIBITOR IN THE FIRST-LINE SETTING? (N = 10)

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CASE 1 (HR+ ABC)



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IN ADDITION TO AN ANTI-OSTEOCLAST AGENT, YOU RECOMMEND: (N = 10)

FOR EXAMPLE PURPOSES ONLY



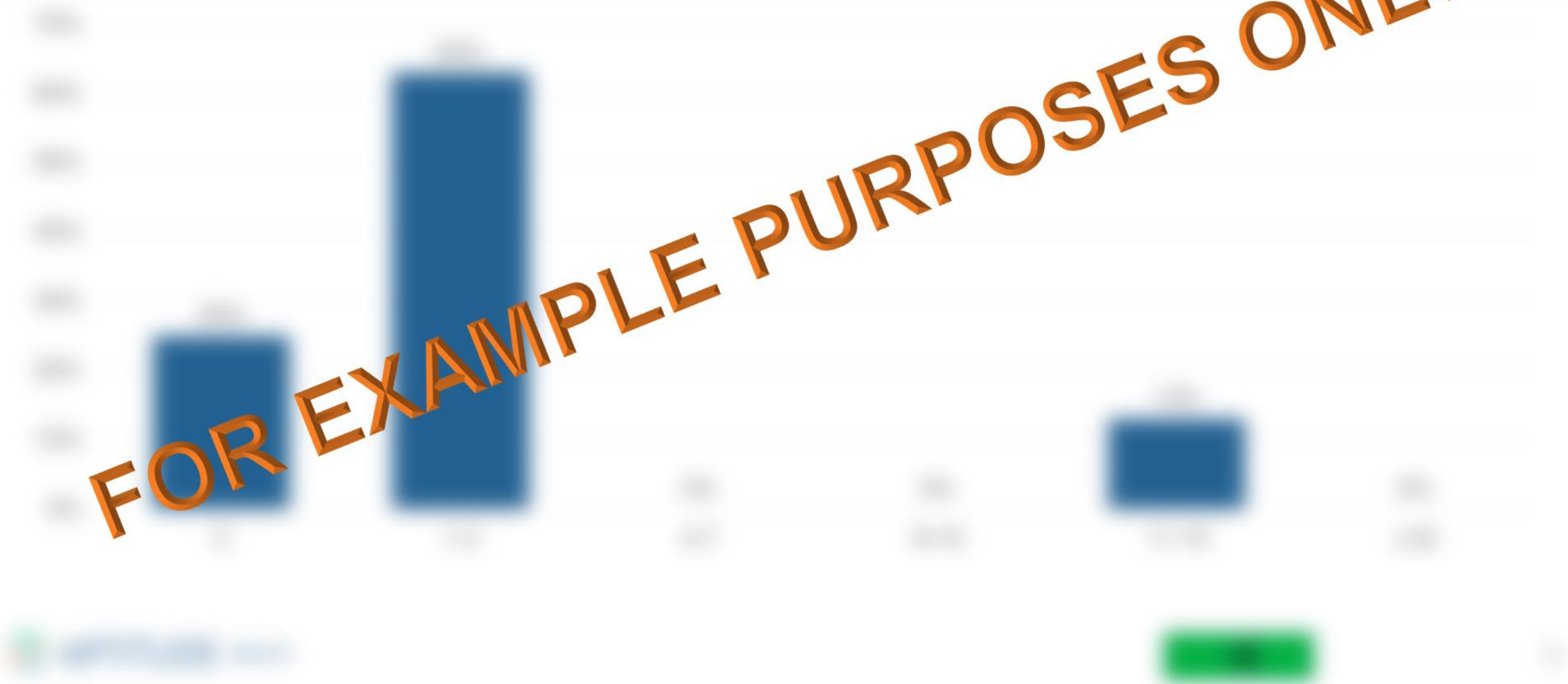
CASE 1 (HR+ ABC) CONT.



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YOU RECOMMEND: (N = 10)

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CASE 1 (HR+ ABC) CONT.

The patient is a 65-year-old male with a history of hypertension, hyperlipidemia, and type 2 diabetes mellitus. He presented to the emergency department with acute chest pain and shortness of breath. The patient is currently on aspirin, statins, and metformin. The patient's vital signs are stable, and the physical examination is unremarkable. The electrocardiogram (ECG) shows ST-segment depression in leads II, III, and aVF, consistent with a non-ST-segment elevation myocardial infarction (NSTEMI). The patient's troponin levels are elevated, and the chest X-ray is normal. The patient is being managed with aspirin, statins, and metformin, and is being discharged with instructions to follow up with his primary care physician.

IN THIS CASE, YOUR RECOMMENDATION FOR THERAPY WOULD BE: (N = 10)

FOR EXAMPLE PURPOSES ONLY



CASE 2 (HR+ ABC)



1. The patient is a 65-year-old male with a history of hypertension, hyperlipidemia, and type 2 diabetes. He is currently on treatment with lisinopril, atorvastatin, and metformin. He presents with a 2-week history of progressive weight loss, fatigue, and decreased appetite. He also reports intermittent fevers and night sweats. Physical examination is unremarkable. Laboratory studies show hemoglobin 10 g/dL, hematocrit 30%, and ferritin 100 ng/mL. A chest X-ray shows a 2-cm nodule in the right upper lobe. A PET-CT scan shows increased FDG uptake in the right upper lobe nodule and multiple lymph nodes. A biopsy of the nodule shows a poorly differentiated carcinoma. Immunohistochemistry is positive for CK7, CK20, and TTF-1. The patient is diagnosed with primary lung adenocarcinoma. He is scheduled for a lobectomy and lymph node dissection.

REGARDING SYSTEMIC THERAPY, YOU RECOMMEND: (N = 10)

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CASE 3 (HR+ ABC)



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YOU RECOMMEND: (N = 10)

FOR EXAMPLE PURPOSES ONLY



WHAT IS THE PRIMARY REASON YOU PRESCRIBE THE CDK4/6 INHIBITOR OF YOUR CHOICE? (SELECT ALL THAT APPLY) (N = 24)

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HOW DO YOU EXPECT YOUR PRESCRIBING PATTERN OF CDK4/6 INHIBITORS TO CHANGE OVER THE NEXT 12–18 MONTHS? SELECT 1 OR 2 ANSWERS (N = 14)

FOR EXAMPLE PURPOSES ONLY





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Treatment of HER2+ ABC

ARS RESULTS



IN HOW MANY BREAST CANCER PATIENTS HAVE YOU EVER USED THE DRUG PERTUZUMAB (PERJETA)? (N = 10)

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IN HOW MANY BREAST CANCER PATIENTS HAVE YOU EVER USED THE DRUG TRASTUZUMAB (HERCEPTIN)? (N = 10)

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IN HOW MANY BREAST CANCER PATIENTS HAVE YOU EVER USED THE DRUG T-DM1 (KADCYLA) IN THE PAST YEAR? (N = 10)

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IN HOW MANY BREAST CANCER PATIENTS HAVE YOU EVER USED THE DRUG LAPATINIB (TYKERB) IN THE PAST YEAR?
(N = 10)

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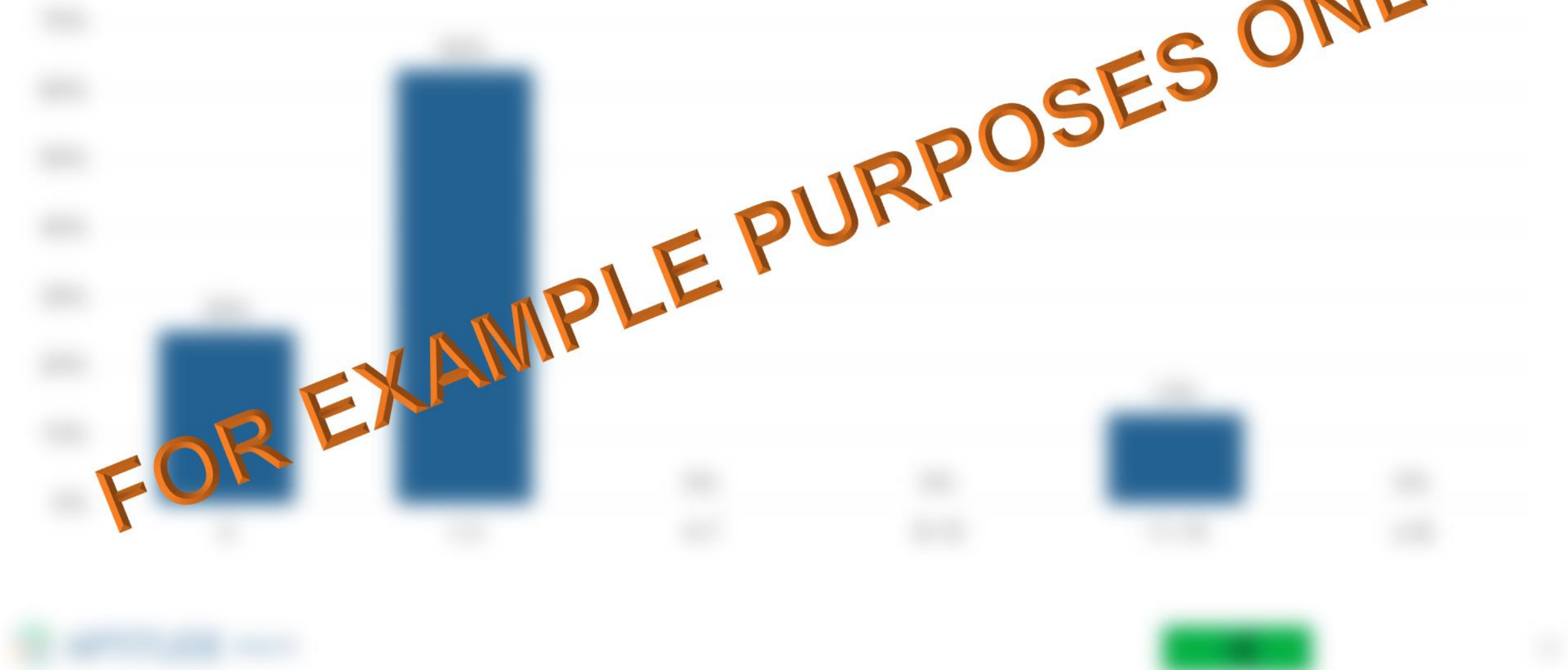
FOR EXAMPLE PURPOSES ONLY



IN HOW MANY BREAST CANCER PATIENTS HAVE YOU EVER USED THE DRUG BEVACIZUMAB (AVASTIN) IN THE PAST YEAR?
(N = 10)

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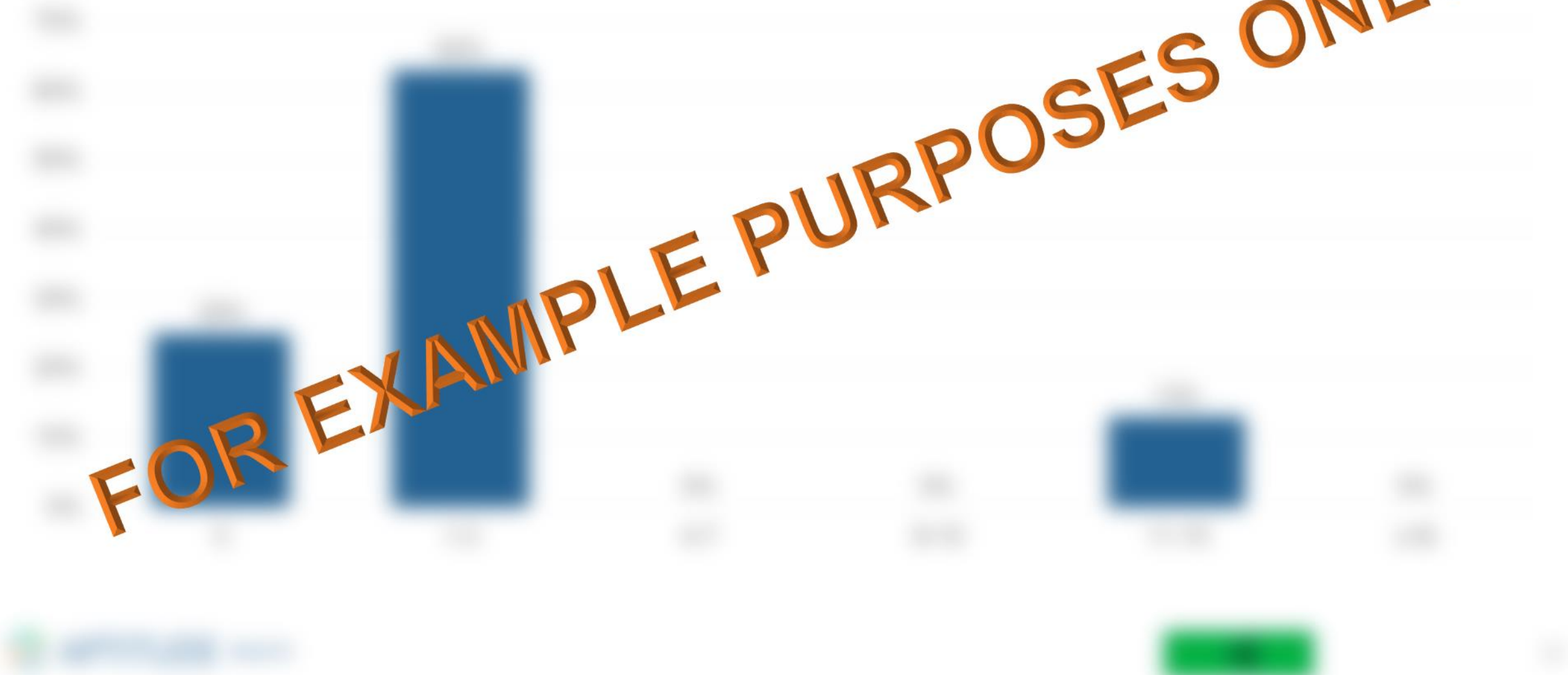
HOW FAMILIAR ARE YOU WITH THE RESULTS OF THE MONALEESA-7 TRIAL? (N = 10)

FOR EXAMPLE PURPOSES ONLY



HOW FAMILIAR ARE YOU WITH THE RESULTS OF THE MONARCH 2 TRIAL? (N = 10)

FOR EXAMPLE PURPOSES ONLY



CASE 1 (HER2+ ABC)



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IN ADDITION TO AN ANTI-OSTEOCLAST AGENT, YOU RECOMMEND: (N = 11)

FOR EXAMPLE PURPOSES ONLY



CASE 1 (HER2+ ABC) CONT.



1. [Illegible text]

IN ADDITION TO AN ANTI-OSTEOCLAST AGENT, AS MAINTENANCE THERAPY YOU RECOMMEND: (N = 11)

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CASE 1 (HER2+ ABC) CONT.



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YOU NOW RECOMMEND: (N = 11)

FOR EXAMPLE PURPOSES ONLY



CASE 1 (HER2+ ABC) CONT.



- 1. [Faded text]
- 2. [Faded text]
- 3. [Faded text]
- 4. [Faded text]
- 5. [Faded text]
- 6. [Faded text]
- 7. [Faded text]
- 8. [Faded text]
- 9. [Faded text]
- 10. [Faded text]

YOU RECOMMEND: (N = 10)

FOR EXAMPLE PURPOSES ONLY





CASES

Treatment of mTNBC

ARS RESULTS

CASE 1 (TNBC)



[Blurred text block containing case details]

YOU RECOMMEND: (N = 11)

FOR EXAMPLE PURPOSES ONLY



CASE 1 (TNBC) CONT.: SHE IS FOUND TO HAVE A DELETERIOUS *BRCA1* MUTATION. REGARDING SYSTEMIC THERAPY FOR HER MEDIASTINAL LN-ONLY METASTATIC TNBC, YOU RECOMMEND: (N = 10)

FOR EXAMPLE PURPOSES ONLY



CASE 1 (TNBC) CONT.: SHE IS FOUND TO NOT HAVE A DELETERIOUS GERMLINE MUTATION. REGARDING SYSTEMIC THERAPY FOR HER MEDIASTINAL LN-ONLY METASTATIC TNBC, YOU RECOMMEND: (N = 11)

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FOR ER+, HER2- MBC PATIENTS, AT WHAT AGE DO YOU RECOMMEND GERMLINE MUTATION TESTING, REGARDLESS OF FAMILY HISTORY? (N = 11)

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CASE 2 (TNBC)



[Blurred text area]

WOULD YOU ORDER AR IHC? (N = 11)

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CASE 2 (TNBC) CONT.: HER AR IS 80% 2+ ON A METASTATIC LN BIOPSY. YOU RECOMMEND: (N = 11)

FOR EXAMPLE PURPOSES ONLY



CASE 3 (TNBC)



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WHAT TREATMENT WOULD YOU RECOMMEND? (N = 11)

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