



**CASES**

# **INSIGHTS INTO LUNG CANCER**

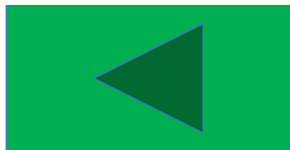
Saturday, October 26, 2019

Seattle, WA













# HOW TO NAVIGATE THIS REPORT



Click to move to topic of interest or ARS supporting data



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Meeting Objectives	
Report Snapshot	
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# MEETING OBJECTIVES



To gain advisors' perspectives on the following

- > Management of patients with NSCLC and *EGFR* or *ALK* mutations
- > Current use of treatment options including immunotherapy in advanced NSCLC
- > Treatment of progressive disease

- > A moderated roundtable discussion focusing on treatment of NSCLC was held on October 26, 2019, in Seattle, WA
- > Disease state and data presentations were developed in conjunction with an expert from the University of Washington
- > The group of advisors comprised 10 community oncologists
- > Insights on the following therapies were obtained: afatinib, alectinib, atezolizumab, bevacizumab, brigatinib, carboplatin, ceritinib, crizotinib, dacomitinib, docetaxel, erlotinib, gefitinib, gemcitabine, lorlatinib, *nab*-paclitaxel, necitumumab, nivolumab, osimertinib, pembrolizumab, pemetrexed, ramucirumab
- > Data collection was accomplished through use of audience response system questioning and in-depth moderated discussion



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Participant Demographics



# PARTICIPANT DEMOGRAPHICS

What percentage of the patients that you see have NSCLC? (N = 9)



Approximately what percentage of your patients with NSCLC have adenocarcinoma? (N = 10)



# PARTICIPANT DEMOGRAPHICS (N = 10)

Approximately what percentage of your patients with NSCLC have squamous histology?



Approximately how many patients with *EGFR*-mutated NSCLC have you treated in the last year?





# PARTICIPANT DEMOGRAPHICS (N = 10)

Demographic Data 1



- Category 1
- Category 2
- Category 3
- Category 4
- Category 5
- Category 6

Demographic Data 2



- Category 1
- Category 2
- Category 3
- Category 4
- Category 5
- Category 6

Summary text block containing demographic information.



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## Key Insights

TREATMENT OF *EGFR* MUTATION-,  
*ALK* MUTATION-, AND *NTRK* FUSION-  
POSITIVE NSCLC

# TOPLINE TAKEAWAYS: TREATMENT OF *EGFR* MUTATION-, *ALK* MUTATION-, AND *NTRK* FUSION-POSITIVE NSCLC



**KEY TAKEAWAYS:**

[Redacted content]

**KEY TAKEAWAYS:**

[Redacted content]

**KEY TAKEAWAYS:**

[Redacted content]

# TREATMENT OF *EGFR* MUTATION-, *ALK* MUTATION-, OR *NTRK* FUSION-POSITIVE NSCLC



Topic	Insights and Data
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# QUOTES: TREATMENT OF *EGFR* MUTATION-, *ALK* MUTATION-, AND *NTRK* FUSION-POSITIVE NSCLC

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[Blurred text block containing multiple paragraphs of text, likely representing quotes or clinical trial descriptions.]



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## Key Insights

FIRST-LINE TREATMENT OF PAN-WILD-TYPE  
SQUAMOUS AND NON-SQUAMOUS NSCLC

# TOPLINE TAKEAWAYS: FIRST-LINE TREATMENT OF PAN-WILD-TYPE SQUAMOUS AND NON-SQUAMOUS NSCLC



**KEY TAKEAWAYS**

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**KEY TAKEAWAYS**

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**KEY TAKEAWAYS**

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# FIRST-LINE TREATMENT OF PAN-WILD-TYPE SQUAMOUS AND NON-SQUAMOUS NSCLC



Topic	Insights and Data
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CASES

## Key Insights

CURRENT TREATMENT OF  
PROGRESSIVE DISEASE

# TOPLINE TAKEAWAYS: CURRENT TREATMENT OF PROGRESSIVE DISEASE



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[Redacted text]

[Redacted text]

# CURRENT TREATMENT OF PROGRESSIVE DISEASE



Topic	Insights and Data
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# QUOTES: CURRENT TREATMENT OF PROGRESSIVE DISEASE



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]



## Advisor Key Takeaways



# KEY TAKEAWAYS



<p>Q1: [Faded text]</p>	<p>Q1: [Faded text]</p>
<p>Q2: [Faded text]</p>	<p>Q2: [Faded text]</p>
<p>Q3: [Faded text]</p>	<p>Q3: [Faded text]</p>

# KEY TAKEAWAYS



<p><b>Q1</b></p> <p>1. How do you define a key takeaway?</p> <p>2. What are the key takeaways from this case study?</p> <p>3. How do you measure the success of a key takeaway?</p>	<p><b>Q2</b></p> <p>1. How do you define a key takeaway?</p> <p>2. What are the key takeaways from this case study?</p> <p>3. How do you measure the success of a key takeaway?</p>
<p><b>Q3</b></p> <p>1. How do you define a key takeaway?</p> <p>2. What are the key takeaways from this case study?</p> <p>3. How do you measure the success of a key takeaway?</p>	<p><b>Q4</b></p> <p>1. How do you define a key takeaway?</p> <p>2. What are the key takeaways from this case study?</p> <p>3. How do you measure the success of a key takeaway?</p>





## Strategic Considerations

# STRATEGIC CONSIDERATIONS



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



# ARS Data – Baseline Usage Polling

# FOR A FIRST-LINE NSCLC PATIENT, I GENERALLY HAVE INFORMATION ON THE FOLLOWING (CHECK ALL THAT APPLY) (N = 10)



# HOW MANY PATIENTS WITH NSCLC HAVE YOU TREATED WITH ALECTINIB? (N = 10)

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FOR EXAMPLE PURPOSES ONLY

# HOW MANY PATIENTS WITH NSCLC HAVE YOU TREATED WITH CRIZOTINIB? (N = 10)

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FOR EXAMPLE PURPOSES ONLY



# HOW MANY PATIENTS WITH NSCLC HAVE YOU TREATED WITH CERITINIB? (N = 10)

CASES

FOR EXAMPLE PURPOSES ONLY

# HOW MANY PATIENTS WITH NSCLC HAVE YOU TREATED WITH BRIGATINIB? (N = 10)

CASES

FOR EXAMPLE PURPOSES ONLY



# HOW MANY PATIENTS WITH NSCLC HAVE YOU TREATED WITH LORLATINIB? (N = 10)

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FOR EXAMPLE PURPOSES ONLY



# HOW MANY PATIENTS WITH NSCLC HAVE YOU TREATED WITH ERLOTINIB? (N = 10)

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FOR EXAMPLE PURPOSES ONLY

# HOW MANY PATIENTS WITH NSCLC HAVE YOU TREATED WITH AFATINIB? (N = 10)

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FOR EXAMPLE PURPOSES ONLY

# HOW MANY PATIENTS WITH NSCLC HAVE YOU TREATED WITH GEFITINIB? (N = 10)

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FOR EXAMPLE PURPOSES ONLY

# HOW MANY PATIENTS WITH NSCLC HAVE YOU TREATED WITH OSIMERTINIB? (N = 10)

CASES

FOR EXAMPLE PURPOSES ONLY

# HOW MANY PATIENTS WITH NSCLC HAVE YOU TREATED WITH DACOMITINIB? (N = 9)

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FOR EXAMPLE PURPOSES ONLY

 CASES A large, stylized logo consisting of several thick, dark brown, curved lines that form a circular, sunburst-like pattern. The lines are thick and have a slight curve, creating a sense of movement and energy.

ARS Data – Treatment of  
*EGFR* Mutation-, *ALK*  
Mutation-, and *NTRK* Fusion-  
Positive NSCLC



> A 49-year-old Asian-American female never-smoker presents with dyspnea on

[The following text is heavily blurred and illegible.]



# WHAT IS THE CHANCE THIS PATIENT WILL HAVE AN *EGFR* MUTATION? (N = 10)

FOR EXAMPLE PURPOSES ONLY

THE PATIENT'S TUMOR RETURNS POSITIVE FOR EXON 19 MUTATION. WHICH OF THE FOLLOWING AGENTS WOULD YOU PREFER FOR FRONTLINE TREATMENT OF *EGFR*-MUTATED NSCLC? (N = 9)

FOR EXAMPLE PURPOSES ONLY

> A 60-year-old woman presents with a persistent cough and is found on CXR to

[The following text is heavily blurred and illegible.]

# YOUR CHOICE OF *EGFR* TKI IN THIS PATIENT WOULD BE (N = 9)

FOR EXAMPLE PURPOSES ONLY

# PATIENT CASE (CONTINUED)



> The patient is treated with erlotinib and has a response lasting 18 months. She is

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# AT THIS POINT YOU WOULD: (N = 9)

FOR EXAMPLE PURPOSES ONLY



**CASES**

**ARS Data – First-Line  
Treatment of Pan–Wild-Type  
Squamous and Non-squamous  
NSCLC**

# HOW OFTEN HAVE YOU ORDERED PD-L1 TESTING FOR YOUR NSCLC PATIENTS? (N = 10)

FOR EXAMPLE PURPOSES ONLY



# APPROXIMATELY HOW MANY PATIENTS WITH PD-L1-POSITIVE NSCLC HAVE YOU SEEN IN THE LAST YEAR?

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FOR EXAMPLE PURPOSES ONLY



# HOW MANY PATIENTS WITH NSCLC HAVE YOU TREATED WITH NIVOLUMAB? (N = 10)

FOR EXAMPLE PURPOSES ONLY

# HOW MANY PATIENTS WITH NSCLC HAVE YOU TREATED WITH PEMBROLIZUMAB? (N = 10)

FOR EXAMPLE PURPOSES ONLY

# HOW MANY PATIENTS WITH NSCLC HAVE YOU TREATED WITH ATEZOLIZUMAB? (N = 10)

FOR EXAMPLE PURPOSES ONLY

# HOW MANY PATIENTS WITH NSCLC HAVE YOU TREATED WITH BEVACIZUMAB? (N = 9)

FOR EXAMPLE PURPOSES ONLY

- > A 65-year-old WF with 40-pk-yr smoking hx presents with cough and DOE. CXR

[The following text is heavily blurred and illegible.]

# WHICH OF THE FOLLOWING WOULD YOU CONSIDER IN THIS PATIENT? (N = 10)

FOR EXAMPLE PURPOSES ONLY

# PATIENT CASE (CONTINUED)

> Patient does well on initial chemotherapy (pem-carbo-bev). Sx resolve; pleural

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# WHICH OF THE FOLLOWING WOULD BE YOUR NEXT APPROACH? (N = 10)

FOR EXAMPLE PURPOSES ONLY

- > A 75-year-old male former smoker (1–1.5 ppd × 20 yr; quit 1980) initially presented

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[Blurred text block]

# WHAT WOULD YOU DO NEXT? (N = 10)

FOR EXAMPLE PURPOSES ONLY

# PATIENT CASE (CONTINUED)

> Over the proceeding 2–3 weeks, pain improved but did not resolve. He noted

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# HOW WOULD YOU TREAT THIS PATIENT NOW? (N = 10)

FOR EXAMPLE PURPOSES ONLY

- > A 75-year-old AAM with 80 pk-yr smoking hx presents with chest and RUQ pain.

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# WHICH OF THE FOLLOWING REGIMENS IS INAPPROPRIATE FOR THIS PATIENT? (N = 9)

FOR EXAMPLE PURPOSES ONLY

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ARS Data –  
Current Treatment of  
Progressive Disease



FOR A SECOND-LINE NSCLC PATIENT WITH *EGFR* MUTATION TREATED WITH TKI, I GENERALLY (CHECK ALL THAT APPLY) (N = 10)

FOR EXAMPLE PURPOSES ONLY

FOR A SECOND-LINE NSCLC PATIENT, I GENERALLY HAVE INFORMATION ON THE FOLLOWING (CHECK ALL THAT APPLY) (N = 9)

FOR EXAMPLE PURPOSES ONLY

THE OVERALL SURVIVAL ADVANTAGE SEEN WITH ATEZOLIZUMAB COMPARED WITH DOCETAXEL IN THE OAK TRIAL WAS ONLY IN PATIENTS TESTING POSITIVE FOR PD-L1 EXPRESSION (N = 9)

FOR EXAMPLE PURPOSES ONLY

- > A 68-year-old male former smoker (40 pack-years) is diagnosed with stage IV

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# WHICH OF THE FOLLOWING IS YOUR MOST LIKELY COURSE OF ACTION? (N = 8)

FOR EXAMPLE PURPOSES ONLY

- > A 72-year-old male is diagnosed with stage IV squamous carcinoma and receives

[The following text is heavily blurred and illegible.]

# YOU WOULD NOW RECOMMEND: (N = 9)

FOR EXAMPLE PURPOSES ONLY