



CASES

INSIGHTS INTO BREAST CANCER

Friday, February 21, 2020

San Diego, CA

HOW TO NAVIGATE THIS REPORT



Click to return to table of contents



Click to move to topic of interest or ARS supporting data



Click to return to previous slide

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



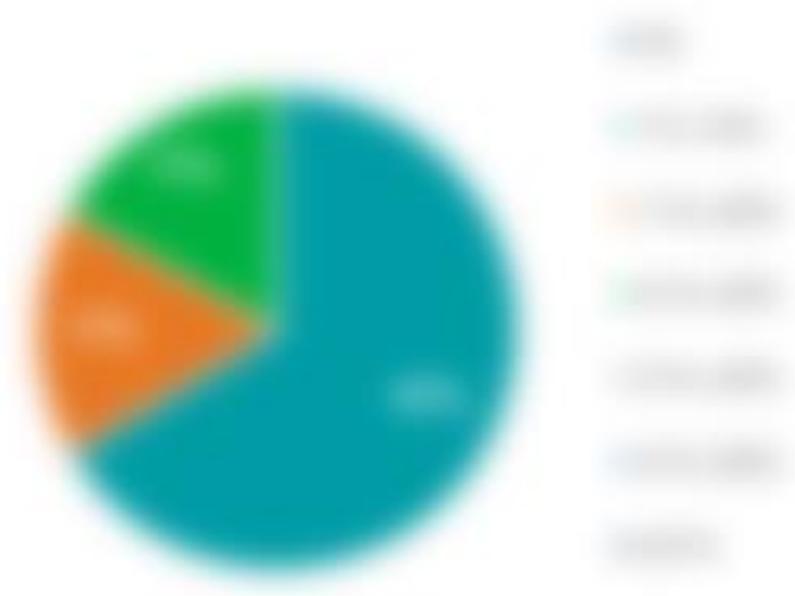
To gain advisors' perspectives on the following

- > 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 February 21, 2020, in San Diego, CA
- > Disease state and data presentations were developed in conjunction with Mark Pegram, MD, a medical expert from Stanford Women's Cancer Center
- > The group of advisors comprised 13 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 (1/3)

Approximately what percentage of your patients have breast cancer? (n = 11)*



Approximately what percentage of your breast cancer patients have advanced or metastatic breast cancer? (n = 11)*



[Blurred text block]

PARTICIPANT DEMOGRAPHICS (2/3)

Approximately how many patients with HR+ ABC have you treated in the last year? (n = 11)*

Approximately how many patients with HER2+ ABC have you treated in the past year? (n = 11)*



PARTICIPANT DEMOGRAPHICS (3/3)

Approximately how many patients with triple-negative ABC have you treated in the past year? (n = 12)*



[Blurred text area]



Treatment of HR+ ABC



First-Line Therapy

Advisors are either using an AI or fulvestrant with a CDK4/6 inhibitor to treat de novo HR+, HER2- mBC

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



“The bone marrow suppression becomes an issue with ribo and

[Blurred text block]



CASES

Treatment of HER2+ ABC

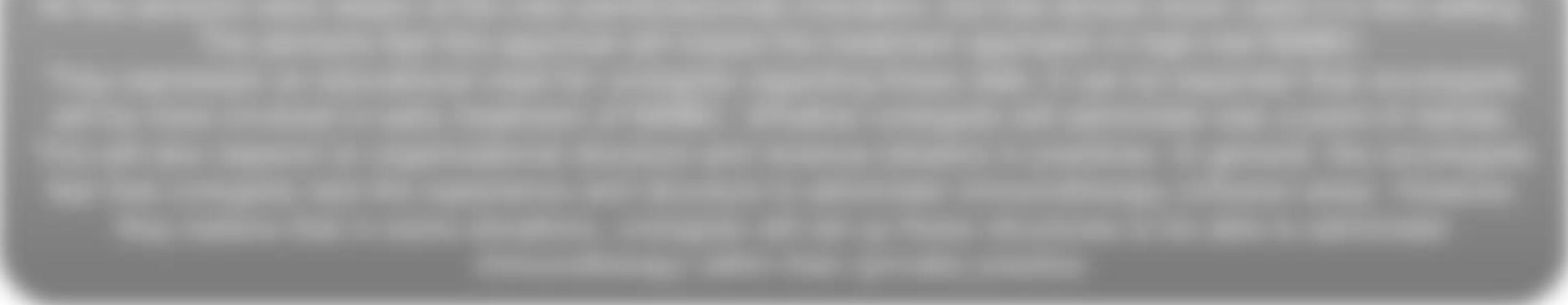


TOPLINE TAKEAWAYS: HER2+ ABC



First-Line Therapy

Advisors noted taxane plus dual HER2 inhibitors as their preferred frontline therapy to treat HER2+ mBC



TREATMENT OF HER2+ ABC

Topic	Data and Insights
HR+, HER2+	For HR+, HER2+ mBC advisors were split, with slightly more than half preferring HER2-targeted therapies plus

[Blurred text]	[Blurred text]

QUOTES: HER2+ ABC



“Well, I mean it's a smaller molecule [tucatinib] and I

[blurred text]



CASES

Treatment of mTNBC

First-Line Therapy

All of the advisors routinely test for *BRCA* mutations and other potential genetic aberrations in patients with

TREATMENT OF mTNBC

Topic	Data and Insights
Testing	All of the advisors stated that they would recommend genetic testing to a recurrent, metastatic <60-year-old
[Blurred]	[Blurred]

QUOTES: mTNBC



“TNBC has 4 subtypes. They may behave different.”

[Blurred text block]



CASES

Treatment of HR+ ABC

ARS RESULTS



IN HOW MANY BREAST CANCER PATIENTS HAVE YOU EVER USED THE DRUG EVEROLIMUS (AFINITOR)? (N = 12)



FOR EXAMPLE PURPOSES ONLY

IN HOW MANY BREAST CANCER PATIENTS HAVE YOU EVER USED THE DRUG PALBOCICLIB (IBRANCE)? (N = 12)



FOR EXAMPLE PURPOSES ONLY

IN HOW MANY BREAST CANCER PATIENTS HAVE YOU EVER USED THE DRUG RIBOCICLIB (KISQALI)? (N = 12)



FOR EXAMPLE PURPOSES ONLY

IN HOW MANY BREAST CANCER PATIENTS HAVE YOU EVER USED THE DRUG ABEMACICLIB (VERZENIO)? (N = 12)



FOR EXAMPLE PURPOSES ONLY

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

CASES

FOR EXAMPLE PURPOSES ONLY

IN HOW MANY BREAST CANCER PATIENTS HAVE YOU EVER USED A PARP INHIBITOR IN THE PAST YEAR? (N = 11)

CASES

FOR EXAMPLE PURPOSES ONLY

IN HOW MANY BREAST CANCER PATIENTS HAVE YOU EVER USED AN IMMUNE CHECKPOINT INHIBITOR (EG, ANTI-PD-1



FOR EXAMPLE PURPOSES ONLY

WHAT IS THE CBR (ORR% + %SD) WITH FIRST-LINE AI + CDK4/6 INHIBITOR IN THE FIRST-LINE SETTING? (N = 11)

FOR EXAMPLE PURPOSES ONLY

CASE 1 (HR+ ABC)

> A 58-year-old woman presents with de novo T3 N1 M1 grade 2 ER+/PR+/HER2-

[The following text is heavily blurred and illegible.]

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

FOR EXAMPLE PURPOSES ONLY

CASE 1 (HR+ ABC) CONT.

> The patient is treated with letrozole plus palbociclib, in addition to zoledronic acid,

[Blurred text area]

YOU RECOMMEND: (N = 11)

FOR EXAMPLE PURPOSES ONLY

everolimus

CASE 1 (HR+ ABC) CONT.

> What if instead of progression only in bone after 30 months on letrozole plus

[Blurred text area]

IN THIS CASE, YOUR RECOMMENDATION FOR THERAPY WOULD BE: (N = 13)

FOR EXAMPLE PURPOSES ONLY

CASE 2 (HR+ ABC)

- > A 65-year-old obese woman has had ER+/PR+ bone-only mBC for 10 years

[Blurred text area]

REGARDING SYSTEMIC THERAPY, YOU RECOMMEND: (N = 12)

CASES

FOR EXAMPLE PURPOSES ONLY



CASE 3 (HR+ ABC)

> A 55-year-old postmenopausal woman has been on adjuvant anastrozole for 4

[The following text is heavily blurred and illegible.]

YOU RECOMMEND: (N = 11)

FOR EXAMPLE PURPOSES ONLY

WHAT IS THE PRIMARY REASON YOU PRESCRIBE THE CDK4/6 INHIBITOR OF YOUR CHOICE? (SELECT ALL THAT APPLY) (N = 26)

FOR EXAMPLE PURPOSES ONLY

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 = 13)

FOR EXAMPLE PURPOSES ONLY



CASES

Treatment of HER2+ ABC

ARS RESULTS



IN HOW MANY BREAST CANCER PATIENTS HAVE YOU EVER USED THE DRUG PERTUZUMAB (PERJETA)? (N = 12)



FOR EXAMPLE PURPOSES ONLY

IN HOW MANY BREAST CANCER PATIENTS HAVE YOU EVER USED THE DRUG TRASTUZUMAB (HERCEPTIN)? (N = 12)

CASES

FOR EXAMPLE PURPOSES ONLY

IN HOW MANY BREAST CANCER PATIENTS HAVE YOU EVER USED THE DRUG T-DM1 (KADCYLA) IN THE PAST YEAR? (N = 12)



FOR EXAMPLE PURPOSES ONLY

IN HOW MANY BREAST CANCER PATIENTS HAVE YOU EVER USED THE DRUG LAPATINIB (TYKERB) IN THE PAST YEAR? (N = 11)

CASES

FOR EXAMPLE PURPOSES ONLY

IN HOW MANY BREAST CANCER PATIENTS HAVE YOU EVER USED THE DRUG BEVACIZUMAB (AVASTIN) IN THE PAST

CASES

FOR EXAMPLE PURPOSES ONLY

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)

> A 55-year-old postmenopausal woman presents with ER+/PR–/HER2+ bone-only

[The following text is heavily blurred and illegible.]

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

FOR EXAMPLE PURPOSES ONLY

CASE 1 (HER2+ ABC) CONT.

- > She is treated with 6 cycles of docetaxel plus trastuzumab plus pertuzumab and

[The following text is heavily blurred and illegible.]

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

FOR EXAMPLE PURPOSES ONLY

CASE 1 (HER2+ ABC) CONT.

- > Following 6 cycles of taxane plus trastuzumab plus pertuzumab for her de novo

[The following text is heavily blurred and illegible.]

YOU NOW RECOMMEND: (N = 13)

FOR EXAMPLE PURPOSES ONLY

CASE 1 (HER2+ ABC) CONT.



> She receives treatment with T-DM1 followed at disease progression with

[Blurred text area containing illegible text]

YOU RECOMMEND: (N = 13)

FOR EXAMPLE PURPOSES ONLY



CASES

Treatment of mTNBC

ARS RESULTS

CASE 1 (TNBC)

- > A 51-year-old woman with no family history of breast cancer who had mastectomy

[Blurred text area]

YOU RECOMMEND: (N = 12)

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 = 11)

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 = 12)

FOR EXAMPLE PURPOSES ONLY

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

CASES

FOR EXAMPLE PURPOSES ONLY

CASE 2 (TNBC)

> A 75-year-old woman presents with biopsy-proven metastatic blastic bone and LN-

[Blurred text area]

WOULD YOU ORDER AR IHC? (N = 12)

FOR EXAMPLE PURPOSES ONLY

CASE 2 (TNBC) CONT.: HER AR IS 80% 2+ ON A METASTATIC LN BIOPSY. YOU RECOMMEND: (N = 12)

FOR EXAMPLE PURPOSES ONLY

CASE 3 (TNBC)

> A 39-year-old woman with T2N1 TNBC underwent bilateral mastectomy then dose-

[Blurred text area]

WHAT TREATMENT WOULD YOU RECOMMEND? (N = 12)

FOR EXAMPLE PURPOSES ONLY