APTITUDE HEALTH

EPICS

# BREAST CANCER IN 2020 AND BEYOND

Chair: Adam Brufsky, MD, PhD

This program consists of a series of 3 online breast cancer expert forums focused on advances in HER2+ early-stage breast cancer and standards of care.

All sessions are chaired by Adam Brufsky, MD, PhD, Magee-Womens Cancer Program at the UPMC Hillman Cancer Center, Pittsburgh, PA, USA. Life science companies have the ability to silently observe these important and timely online faculty discussions and to receive a comprehensive summary report.

## Virtual Meeting Day 1 | EPICS Advisory Board Session 1 | May 11, 2020

| Time | Topic | Speaker/Moderator |
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| 15 min | Welcome and Introductions | Adam Brufsky, MD, PhD |
| 15 min | **New Standards in HER2+ Early Breast Cancer**<br>• Neoadjuvant therapy (including patient selection)<br>• Risk of recurrence in early breast cancer<br>• Adjuvant therapy<br>• Duration of adjuvant treatment | TBD |
| 40 min | **Key Questions and Topics for Discussion**<br>• What is your current standard of care for neoadjuvant therapy for HER2+ breast cancer?<br>– Are there additional patients who would benefit from neoadjuvant therapy who do not receive it today? How do we ensure these patients receive appropriate treatment?<br>– Do all patients receive trastuzumab-containing therapy? If not, how do you make this decision?<br>– Have you incorporated pertuzumab into the neoadjuvant setting, or do you prefer trastuzumab-chemo alone?<br>– What is the optimal duration of neoadjuvant and adjuvant therapy?<br>– What are the best therapeutic combinations?<br>• Where do you see the future for stage II–III HER2+ breast cancer?<br>• How does use of HER2-targeted regimens in the adjuvant setting impact your treatment of metastatic disease? | TBD |
| 15 min | BREAK | |
| 20 min | **Maximizing Potential in HER2+ MBC**<br>• Available agents | TBD |

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| | – Trastuzumab (IV and SC) and biosimilars, pertuzumab, T-DM1, lapatinib, neratinib, trastuzumab deruxtecan, margetuximab<br>• Investigational agents and combinations<br>– CNS-penetrant TKIs (tucatinib [HER2CLIMB])<br>– CDK4/6 inhibitors (eg, PATINA)<br>– Immune checkpoint inhibitors<br>• Optimal patient selection and sequencing<br>• Special populations, including HR+/HER2+ and HER2-low | |
| 60 min | **Key Questions and Topics for Discussion**<br>• How has the management of HER2+ breast cancer changed over the past year? How do you see it continuing to evolve? Integration of new agents?<br>• What is the clinical relevance of new SC formulations?<br>• As current HER2-targeted therapies move to the adjuvant setting, how will you treat patients with metastatic disease?<br>• How do you manage HER2+/HR+ patients?<br>– What role do you see for CDK4/6 inhibitors in this setting? Will this be a first-line approach, or reserved for second line or beyond?<br>– What are other potential treatment combinations for HER2+/HR+ disease?<br>• What is your approach to CNS disease?<br>• How are you managing HER2-low patients?<br>• What is your opinion of the investigational agents for HER2+ MBC? Is any agent more promising than another? Where do you see these new agents fitting into the treatment paradigm?<br>• How are biosimilars impacting treatment patterns? Are clinicians adopting these alternative agents for all approved indications, or just the indication in which a trial was conducted? | TBD |
| 15 min | Wrap-up and Overview | Adam Brufsky, MD, PhD |

| Time | Topic | Speaker/Moderator |
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| 10 min | Introduction and Review Agenda | Adam Brufsky, MD, PhD |
| 15 min | **Current and Investigational Approaches in Triple-Negative Breast Cancer**<br>• Neoadjuvant and adjuvant treatment<br>• Biomarker testing and subtypes<br>• *BRCA*-mutated TNBC<br>– PARP inhibitors (olaparib, talazoparib)<br>• PD-(L)1 positive: First-line immunotherapy<br>• AR+: Androgen receptor signaling inhibitors<br>• Investigational agents<br>– Investigational PARP inhibitors<br>– PI3K/AKT and MEK inhibitors<br>– Other promising agents<br>• Angiogenesis inhibitors (bevacizumab) | |
| 30 min | **Key Questions and Topics for Discussion**<br>• Should there be routine testing for *BRCA* in your TNBC patients? What about PD-L1?<br>– What strategies would you suggest to improve testing in the community?<br>• What is your current treatment approach for patients with TNBC? *BRCA* vs non-*BRCA*? Other biomarker testing?<br>– Where do you place PARP inhibitors in your treatment algorithm?<br>– How do you choose between platinum agents and PARP inhibitors for *BRCA*-mutated TNBC?<br>– Does platinum chemotherapy add benefit for other TNBC subtypes?<br>– Where does immunotherapy fit into the treatment paradigm?<br>• How do you see treatment being sequenced for *BRCA* and PD-L1+ patients? What would be your first-choice therapy? Is there any benefit for one over the other in these patients?<br>– Will immunotherapy eventually move to earlier disease settings?<br>• Can genomic assays (eg, HRD) identify additional patients with *BRCA*-like cancers who may benefit from platinum- or PARP inhibitor-based therapies? Is there a role for PARP inhibitors outside of TNBC/*BRCA*-mutated patients?<br>• What is your opinion regarding antibody-drug conjugates for TNBC? Where do you see these agents fitting in the treatment paradigm?<br>• How do you view the potential of AR inhibitors in TNBC? | |

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| | • What factors impact chemotherapy choice for TNBC, eg, paclitaxel vs *nab*-paclitaxel? | |
| 10 min | BREAK | |
| 15 min | **Therapeutic Horizons in HR+ Breast Cancer**<br><br>**Evolving Treatments and New Developments in HR+ Metastatic Breast Cancer**<br>• Current standards<br>– AIs, tamoxifen<br>– CDK4/6 inhibitors (palbociclib, ribociclib, abemaciclib)<br>– PI3K pathway and mTOR inhibitors (eg, alpelisib, everolimus)<br>• Investigational combination regimens incorporating targeted agents<br>– HDAC inhibitors<br>– AURKA inhibitors<br>– CPI-CDK4/6 combinations<br>• PI3K inhibitors (buparlisib, pictilisib, taselisib, alpelisib)<br>• Novel endocrine agents (eg, RAD1901)<br>• Androgen receptor signaling inhibitors<br>• Estrogenic signaling<br>• Investigational agents (eg, sacituzumab govitecan) | |
| 35 min | **Key Questions and Topics for Discussion**<br>• What is your current treatment strategy for HR+/HER2– MBC?<br>– Do all patients receive CDK4/6 inhibitors first line? If not, which patients would not receive these agents?<br>– What is your preferred combination partner for CDK4/6 inhibitors?<br>– Does menopausal status influence your decision?<br>– What is the typical duration of treatment?<br>• How are you selecting between available CDK4/6 inhibitors? Do you personalize your selection on the basis of patient factors (eg, disease burden, comorbidities), or use the same agent in every patient? Are they interchangeable? In specific settings?<br>• What is the impact of metastatic localization on treatment selection? Bone, visceral, CNS?<br>• What treatment should patients get once their disease progresses on CDK4/6 inhibitors? Would you consider rechallenge with a different CDK4/6 inhibitor at a later time?<br>• Promising biomarkers to predict sensitivity or resistance to CDK4/6 inhibitors?<br>• Thoughts on the various combinations of CDK inhibitors with other targeted agents? | |

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| | • What are the most promising novel targets beyond CDK? Where do you envision PI3K, AURKA, or mTOR inhibitors fitting into the treatment algorithm?<br>• Does *PI3K* or *ESR1* mutation status offer any guidance to treatment choices? | |
| 15 min | **New Standards in HR+ Early Breast Cancer**<br>• Neoadjuvant therapy<br>• Adjuvant therapy<br>• Duration of neo/adjuvant treatment | |
| 30 min | **Key Questions and Topics for Discussion**<br>• What is the role of CDK4/6 inhibitors in the neoadjuvant and adjuvant setting? How do you see this evolving?<br>• What is the optimal duration and sequencing of (endocrine) therapy in the adjuvant HR+ setting?<br>• What are the promising novel treatment approaches in the adjuvant and neoadjuvant HR+ setting? | |
| 10 min | Conclusions and Wrap-up | Adam Brufsky, MD, PhD |

## Virtual Meeting Day 3 | OncoBoard Discussion Session 3 | May 23, 2020

Current treatment paradigms and controversies in breast cancer will be discussed by a selected group of experts via the OncoBoard platform. OncoBoard provides life science companies a closed collaborative online platform for rapid answers to follow-up questions coming out of the first 2 sessions. A selection of topics will be proposed to the experts for discussion on the platform.

### POTENTIAL TOPICS

**HER2+/HR–**

- How do you see sequencing in metastatic breast cancer evolving in the near future?
- What is the current placement of antibody-drug conjugates in HER2+ breast cancer? Do you see this evolving (including potential radioimmunotherapies)?
- Is there a role for immune checkpoint inhibitors and other immunomodulating agents?
- What is the role of the newer orally available agents for HER2+ breast cancer?

**HR+/HER2+**

- How do you see the integration of CDK4/6 inhibitors in the treatment of HR+/HER2+ patients?

**HR+/HER2–**

- Which agent(s) should be used for first-line therapy for fit patients with HR+/HER2– ABC?
- Progression on CDK4/6 inhibitors –do we stop or continue?
- How should the OS endpoint be integrated into treatment decisions regarding CDK4/6 inhibitors?

**Triple negative**

- How does PD-(L)1 expression affect treatment choice in TNBC?
- Which experimental therapies are most promising from a mechanistical perspective?
- What is the way forward in the “all negative” population?