



CASES

INSIGHTS INTO HER2+ BREAST CANCER

May 16, 2020

HOW TO NAVIGATE THIS REPORT



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Time	Topic
9.00 AM – 9.15 AM (15 min)	Introduction
9.15 AM – 10.15 AM (60 min)	Initial Treatment of HER2+ Advanced Breast Cancer
10.15 AM – 10.20 AM (5 min)	BREAK
10.20 AM – 11.50 AM (90 min)	Management of Progressive HER2+ Metastatic Disease
11.50 AM – 12.00 PM (10 min)	Key Takeaways and Meeting Evaluation

Topic	Slide
Study Objectives	
Report Snapshot	
Topline Takeaways	
Participant Demographics	
Key Insights: Treatment of HER2+ ABC	
Advisor Key Takeaways	
ARS Data: HER2+ ABC	

STUDY OBJECTIVES



To gain advisors' perspectives on the following

- > Current treatment practices regarding HER2+ advanced breast cancer
- > Management of progressive HER2+ metastatic disease
- > Current treatment practice attitudes toward recently introduced and upcoming agents

- > A roundtable discussion, moderated by an Axess Oncology Network physician, focusing on treatment of HER2+ breast cancer was held on May 16, 2020, in a virtual setting
- > Disease state and data presentations were developed in conjunction with Sara Hurvitz, MD, a medical expert from David Geffen School of Medicine at UCLA
- > The group of advisors comprised 13 community oncologists
- > Insights on the following therapies were obtained
 - Trastuzumab (and biosimilars), lapatinib, pertuzumab, T-DM1, neratinib, tucatinib, trastuzumab deruxtecan, Als, chemotherapies
- > Data collection was accomplished through use of audience response system questioning and moderated discussion



Topline Takeaways



TOPLINE TAKEAWAYS: HER2+ BC



Neoadjuvant Therapy

Most advisors noted docetaxel plus carboplatin plus trastuzumab plus pertuzumab as preferred neoadjuvant



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Participant Demographics



PARTICIPANT DEMOGRAPHICS (1/4)

Approximately what percentage of your patients have breast cancer? (n = 13)

FOR EXAMPLE PURPOSES ONLY



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PARTICIPANT DEMOGRAPHICS (2/4)

Approximately what percentage of your breast cancer patients have early stage breast cancer? (n = 12)*

Approximately what percentage of your breast cancer patients have advanced or metastatic breast cancer? (n = 12)*



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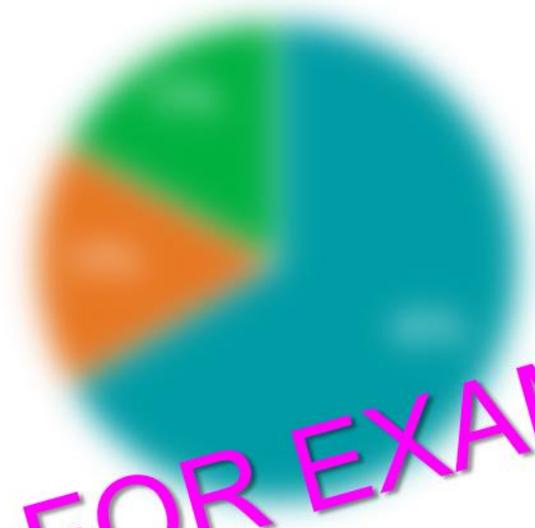
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PARTICIPANT DEMOGRAPHICS (3/4)

Approximately how many unique patients with early stage HER2+ breast cancer have you treated in the past year? (n = 12)*

Approximately how many patients with HER2+ advanced breast cancer have you treated in the past year? (n = 13)

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PARTICIPANT DEMOGRAPHICS (4/4)

FOR EXAMPLE PURPOSES ONLY



Key Insights: Treatment of HER2+ ABC



TREATMENT OF HER2+ BC



Topic	Data and Insights
HER2+	Advisors typically subscribe to the philosophy that HER2-targeting regimens should always be included in the therapy
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TREATMENT OF HER2+ BC



Topic	Data and Insights
Residual	Following prior use of trastuzumab and pertuzumab in the neoadjuvant setting, a majority of advisors would switch



TREATMENT OF HER2+ mBC



Topic	Data and Insights
First-Line	Most advisors follow the preferred NCCN regimen for systemic treatment of HER2+ disease



QUOTES: INITIAL TREATMENT OF HER2+ ADVANCED BREAST CANCER

“[Regarding impact of neoadjuvant therapy on first-line

therapy, Dr. Slamon stated, “The impact of neoadjuvant therapy on first-line therapy is not clear. It is not clear if it is better to give it first or if it is better to give it after. It is not clear if it is better to give it first or if it is better to give it after.”

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TREATMENT OF PROGRESSIVE HER2+ mBC



Topic	Data and Insights
Second-Line	While there were some advisors who would select the tucatinib regimen in second line, most advisors noted T-

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TREATMENT OF PROGRESSIVE HER2+ mBC



Topic	Data and Insights
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Perceptions	Tucatinib could become the favored second-line therapy in patients with brain metastases, but be pushed to
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QUOTES: PROGRESSIVE HER2+ mBC

“With this data, I would choose tucatinib combination for

[blurred text]

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Advisor Key Takeaways



KEY TAKEAWAYS (1/2)



<p>1. Introduction</p> <p>2. Background</p> <p>3. Methodology</p> <p>4. Results</p> <p>5. Conclusion</p>	<p>1. Introduction</p> <p>2. Background</p> <p>3. Methodology</p> <p>4. Results</p> <p>5. Conclusion</p>
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KEY TAKEAWAYS (2/2)



<p>1. Introduction</p> <p>2. Background</p> <p>3. Methodology</p> <p>4. Results</p> <p>5. Conclusion</p>	<p>1. Introduction</p> <p>2. Background</p> <p>3. Methodology</p> <p>4. Results</p> <p>5. Conclusion</p>
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Treatment of HER2+ ABC

ARS RESULTS

IN HOW MANY BREAST CANCER PATIENTS HAVE YOU USED THE DRUG PERTUZUMAB (PERJETA) IN THE PAST YEAR?

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IN HOW MANY BREAST CANCER PATIENTS HAVE YOU USED THE DRUG TRASTUZUMAB (HERCEPTIN) IN THE PAST YEAR?

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



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

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IN HOW MANY BREAST CANCER PATIENTS HAVE YOU USED THE DRUG NERATINIB (NERLYNX) IN THE PAST YEAR?

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IN HOW MANY BREAST CANCER PATIENTS HAVE YOU USED THE DRUG TRASTUZUMAB DERUXTECAN (ENHERTU) IN THE PAST YEAR? (N = 13)

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SINCE THE RECENT APPROVAL OF TUCATINIB (TUKYSA), IN HOW MANY OF YOUR HER2+ PATIENTS HAVE YOU PRESCRIBED THIS THERAPY? (N = 13)

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FOLLOWING ADJUVANT TRASTUZUMAB-BASED THERAPY, HAVE YOU EVER PRESCRIBED ADDITIONAL THERAPY (EXTENDED ADJUVANT) FOR YOUR HER2+ BREAST CANCER PATIENTS? (N = 13)

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CASE 1

- > A 47-year-old premenopausal woman presents with T2N0 HER2+/ER+/PR- IDC. Would you consider neoadjuvant therapy for this patient?

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IF YES, WHICH NEOADJUVANT THERAPY WOULD YOU RECOMMEND? (N = 13)

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- > She is treated with neoadjuvant docetaxel plus carboplatin with trastuzumab plus

[The following text is heavily blurred and illegible.]

WHAT WOULD YOU CONSIDER NEXT FOR THIS PATIENT? (N = 13)

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

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IN ADDITION TO AN ANTIOSTEOCLAST AGENT, YOU RECOMMEND: (N = 13)

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CASE 2 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 ANTIOSTEOCLAST AGENT, AS
MAINTENANCE THERAPY YOU RECOMMEND: (N = 13)

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

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YOU NOW RECOMMEND: (N = 13)

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CASE 2 CONT.

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

[The following text is heavily blurred and illegible.]

YOU RECOMMEND: (N = 13)

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THE PNEUMONITIS AND INTERSTITIAL LUNG DISEASE ASSOCIATED WITH TRASTUZUMAB DERUXTECAN WILL PREVENT ME FROM PRESCRIBING THIS THERAPY IN APPLICABLE PATIENTS. (N = 13)

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TUCATINIB HAS RECENTLY BEEN APPROVED (IN COMBINATION WITH TRASTUZUMAB AND CAPECITABINE) FOR PATIENTS WITH ADVANCED UNRESECTABLE/METASTATIC HER2+ DISEASE WHO HAVE RECEIVED 1 OR MORE PRIOR ANTI-HER2-BASED REGIMENS, INCLUDING PATIENTS WITH BRAIN METASTASES. DO YOU PLAN TO INCORPORATE THIS THERAPEUTIC OPTION INTO YOUR TREATMENT ALGORITHM? (N = 13)

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