APTITUDE HEALTH®

CASES

INSIGHTS INTO BREAST CANCER

July 2020

Virtual Meeting

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STUDY OBJECTIVES

To gain the perspectives of advisors from the southeast region of the United States 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

REPORT SNAPSHOT

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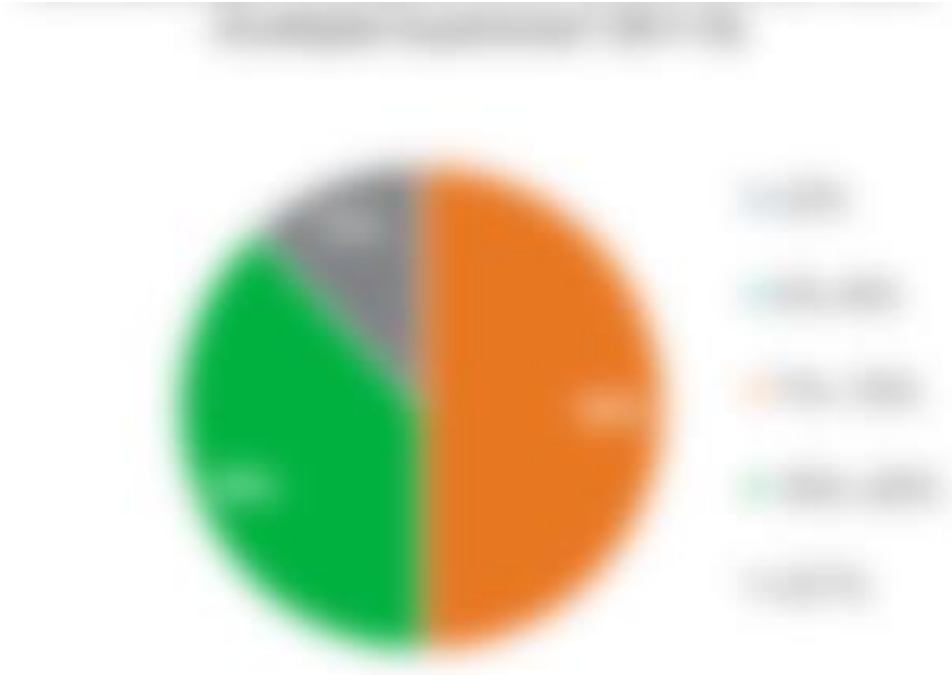
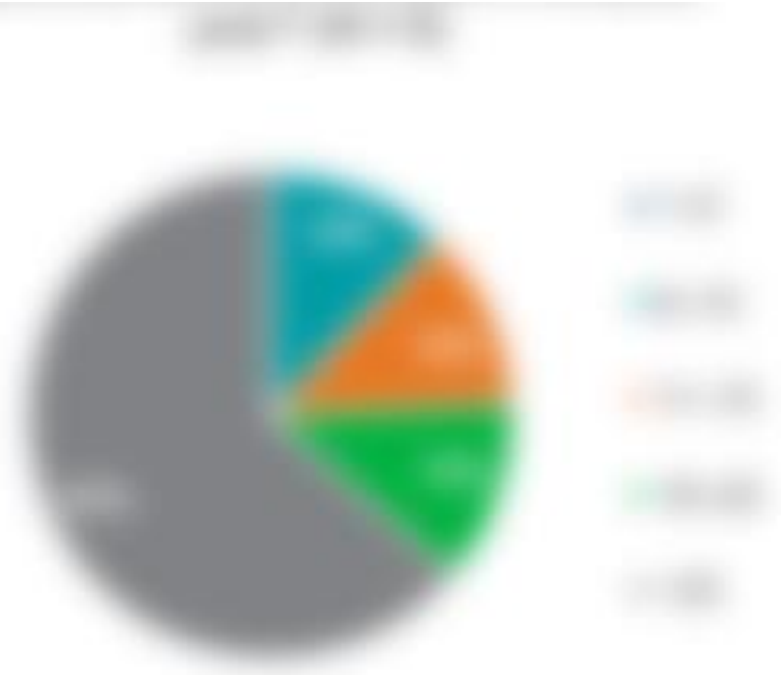
- A roundtable discussion, moderated by an Axess Oncology Network physician, focusing on treatment of metastatic breast cancer was held via a virtual platform on July 8, 2020
- Disease state and data presentations were developed in conjunction with Adam Brufsky, MD, PhD, a medical expert from the University of Pittsburgh
- The group of advisors comprised community oncologists from the southeast region of the United States
  - Community oncologists were invited from Alabama, Georgia, Florida, South Carolina, Tennessee, and Virginia
  - Attendees of the roundtable represented community oncologists from Florida, Georgia, South Carolina, and Virginia
- 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, tucatinib, 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)

Approximately how many patients with HR+ ABC have you treated in the last year? (N = 6)



Approximately how many patients with HER2+ ABC have you treated in the past year? (N = 6)



PARTICIPANT DEMOGRAPHICS* (2/2)

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Treatment of HR+ ABC

TOPLINE TAKEAWAYS – HR+, HER2– 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+, HER2– ABC

Topic	Data and Insights
First-line therapy	Despite their answers to the provided case (as discussed in the first bullet below), all advisors stated that palbociclib plus endocrine therapy is their first choice for first-line therapy, because they have more experience with that agent, are familiar with its

QUOTES – HR+ ABC

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“I usually do like fulvestrant, and then I try—if I can get

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Treatment of HER2+ ABC

TOPLINE TAKEAWAYS – HER2+ ABC

First-Line Therapy

Most advisors noted taxane plus dual HER2 targeting as their preferred frontline therapy to treat HER2+

TREATMENT OF HER2+ ABC

Topic	Data and Insights
HR+, HER2+	For HR+, HER2+ mBC half of the advisors (50%) prefer treating their patients with multiagent HER2-targeted

QUOTES – HER2+ ABC

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Treatment of mTNBC

TOPLINE TAKEAWAYS – mTNBC

First-Line Therapy

All the advisors routinely test for PD-L1 expression as well as *BRCA* mutations and other potential genetic

TREATMENT OF mTNBC

Topic	Data and Insights
Testing	All the advisors stated that they would recommend genetic testing to a recurrent, metastatic <60-year-old TNBC patient with no family history of breast cancer.

QUOTES – mTNBC

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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 = 7)*

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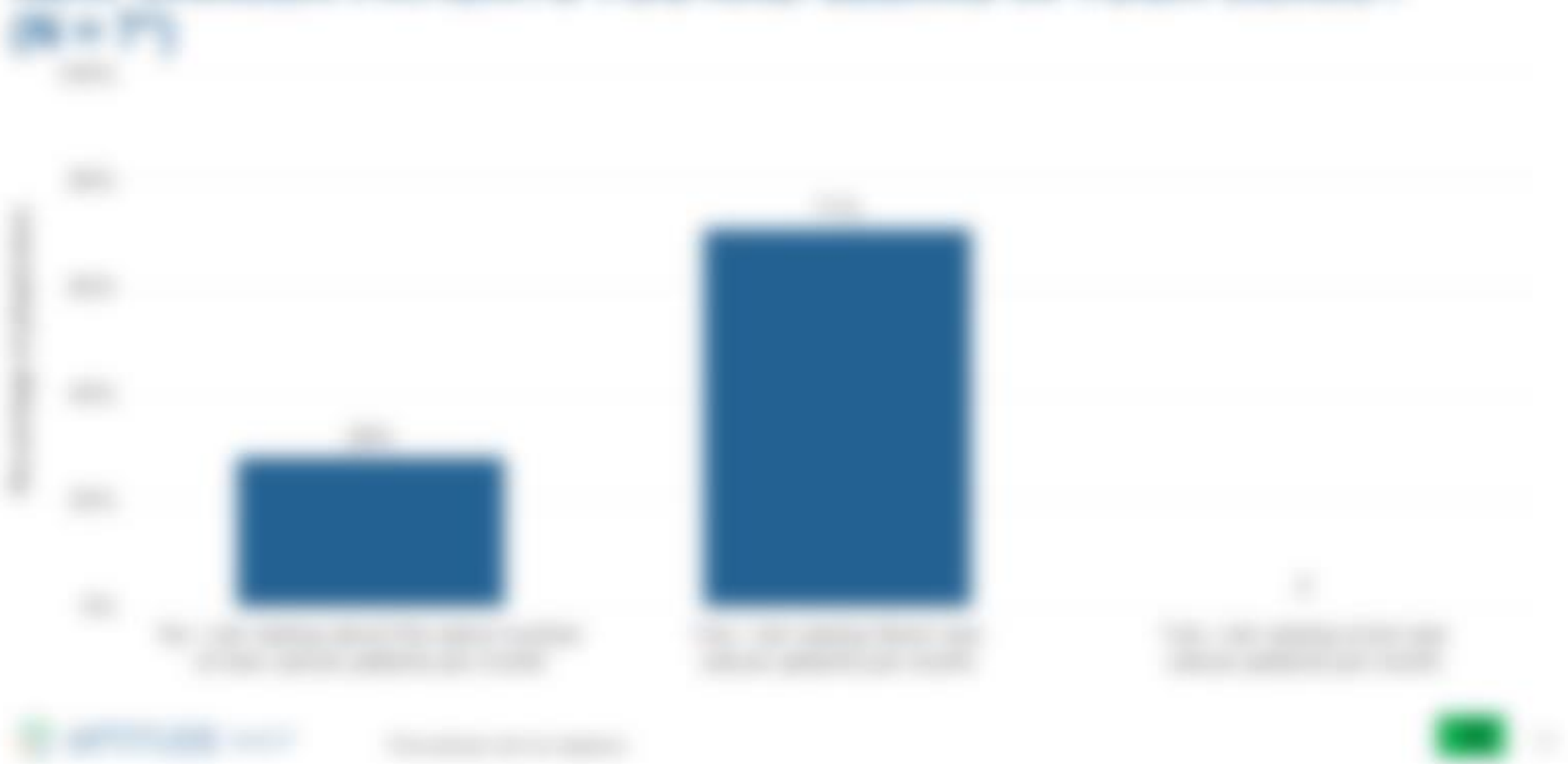

IN HOW MANY BREAST CANCER PATIENTS HAVE YOU EVER USED THE DRUG PALBOCICLIB (IBRANCE)? (N = 8)*

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IN HOW MANY BREAST CANCER PATIENTS HAVE YOU EVER USED THE DRUG RIBOCICLIB (KISQALI)? (N = 8)*

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IN HOW MANY BREAST CANCER PATIENTS HAVE YOU EVER USED THE DRUG ABEMACICLIB (VERZENIO)? (N = 8)*

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IN HOW MANY BREAST CANCER PATIENTS HAVE YOU EVER USED THE DRUG ALPELISIB (PIQRAY) IN THE PAST YEAR? (N = 9)*

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IN HOW MANY BREAST CANCER PATIENTS HAVE YOU EVER USED A PARP INHIBITOR IN THE PAST YEAR? (N = 9)*

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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 = 9)*

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CASE 1 (HR+ ABC)

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- A 58-year-old woman presents with de novo T3N1M1 grade 2 ER+/PR+/HER2–

IN ADDITION TO AN ANTI-OSTEOCLAST AGENT, YOU RECOMMEND: (N = 8)*

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CASE 1 (HR+ ABC) CONT.

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

YOU RECOMMEND: (N = 9)*

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CASE 1 (HR+ ABC) CONT.

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

IN THIS CASE, YOUR RECOMMENDATION FOR THERAPY WOULD BE: (N = 8)*

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CASE 2 (HR+ ABC)

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

on plain films. Labs show the presence of mild anemia (Hgb 11.8), elevated total protein (8.1), and normal albumin. BUN is 13. Creatinine is normal. Skeletal survey is normal, and SPEP shows the presence of 1.2 g/dL IgG kappa protein in the blood, and 50 mg/24 hr of kappa light chain in the urine. Free light assay shows a free kappa of 40 with a kappa/lambda of 12 (ratio 1.5:1).

- Bone marrow report states "15% plasma cells consistent with plasma cell myeloma" with normal cytogenetics and FISH that shows del(17p).

REGARDING SYSTEMIC THERAPY, YOU RECOMMEND: (N = 8)*

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CASE 3 (HR+ ABC)

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

YOU RECOMMEND: (N = 9)*

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WHAT IS THE PRIMARY REASON YOU PRESCRIBE THE CDK4/6 INHIBITOR OF YOUR CHOICE? (SELECT ALL THAT APPLY) (N = 9)*

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 = 9)*

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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 = 8)*

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IN HOW MANY BREAST CANCER PATIENTS HAVE YOU EVER USED THE DRUG TRASTUZUMAB (HERCEPTIN)? (N = 8)*

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IN HOW MANY BREAST CANCER PATIENTS HAVE YOU EVER USED THE DRUG T-DM1 (KADCYLA) IN THE PAST YEAR? (N = 8)*

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IN HOW MANY BREAST CANCER PATIENTS HAVE YOU EVER USED THE DRUG LAPATINIB (TYKERB) IN THE PAST YEAR? (N = 8)*

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IN HOW MANY BREAST CANCER PATIENTS HAVE YOU EVER USED THE DRUG BEVACIZUMAB (AVASTIN) IN THE PAST YEAR? (N = 8)*

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IN HOW MANY BREAST CANCER PATIENTS HAVE YOU EVER USED THE DRUG TUCATINIB (TUKYSA) IN THE PAST YEAR? (N = 8)*

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IN HOW MANY BREAST CANCER PATIENTS HAVE YOU EVER USED THE DRUG NERATINIB (NERLYNX) IN THE PAST YEAR? (N = 8)*

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CASE 1 (HER2+ ABC)

CASES

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

IN ADDITION TO AN ANTI-OSTEOCLAST AGENT, YOU RECOMMEND: (N = 8)*

CASE 1 (HER2+ ABC) CONT.

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

IN ADDITION TO AN ANTI-OSTEOCLAST AGENT, AS MAINTENANCE THERAPY YOU RECOMMEND: (N = 8)*

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CASE 1 (HER2+ ABC) CONT.

CASES

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

YOU NOW RECOMMEND: (N = 8)*

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CASE 1 (HER2+ ABC) CONT.

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

YOU RECOMMEND: (N = 9)*

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Treatment of mTNBC

ARS RESULTS

IN HOW MANY BREAST CANCER PATIENTS HAVE YOU USED A PARP INHIBITOR IN THE PAST YEAR? (N = 7)*

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CASE 1 (mTNBC)

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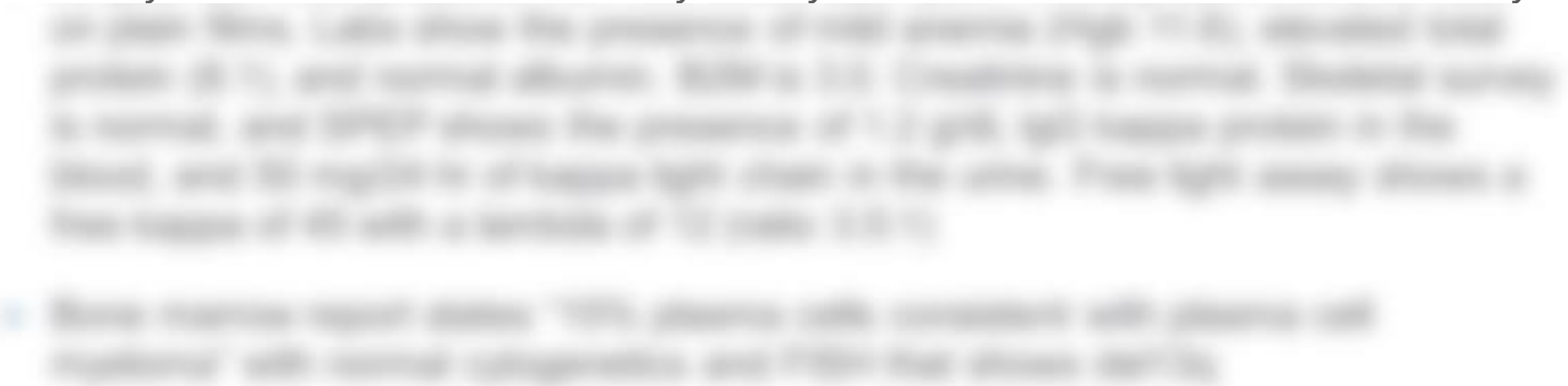
- A 51-year-old woman with no family history of breast cancer who had mastectomy



- Bone marrow report states "15% plasma cells consistent with plasma cell myeloma" with normal cytogenetics and FISH that shows del(17p)

YOU RECOMMEND: (N = 8)*

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CASE 1 (mTNBC) CONT. SHE IS FOUND TO HAVE A DELETERIOUS *BRCA1* MUTATION. REGARDING SYSTEMIC THERAPY FOR HER MEDIASTINAL LN-ONLY METASTATIC TNBC, YOU RECOMMEND: (N = 8)*

CASE 1 (mTNBC) CONT. SHE IS FOUND TO NOT HAVE A DELETERIOUS GERMLINE MUTATION. REGARDING SYSTEMIC THERAPY FOR HER MEDIASTINAL LN-ONLY METASTATIC TNBC, YOU RECOMMEND: (N = 7)*

FOR ER+, HER2– mBC PATIENTS, AT WHAT AGE DO YOU RECOMMEND GERMLINE MUTATION TESTING, REGARDLESS OF FAMILY HISTORY? (N = 8)*

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CASE 2 (mTNBC)

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

WOULD YOU ORDER AR IHC? (N = 9)*

CASE 2 (mTNBC) CONT. HER AR IS 80% 2+ ON A METASTATIC LN BIOPSY. YOU RECOMMEND: (N = 8)*

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CASE 3 (mTNBC)

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

WHAT TREATMENT WOULD YOU RECOMMEND? (N = 9)*

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KEY TAKEAWAYS

Advisor 1	Advisor 5
• The flow chart for treating HR+/HER2-negative breast cancer tells me	• Looking forward to the somatic *BRCA*, because obviously we're