

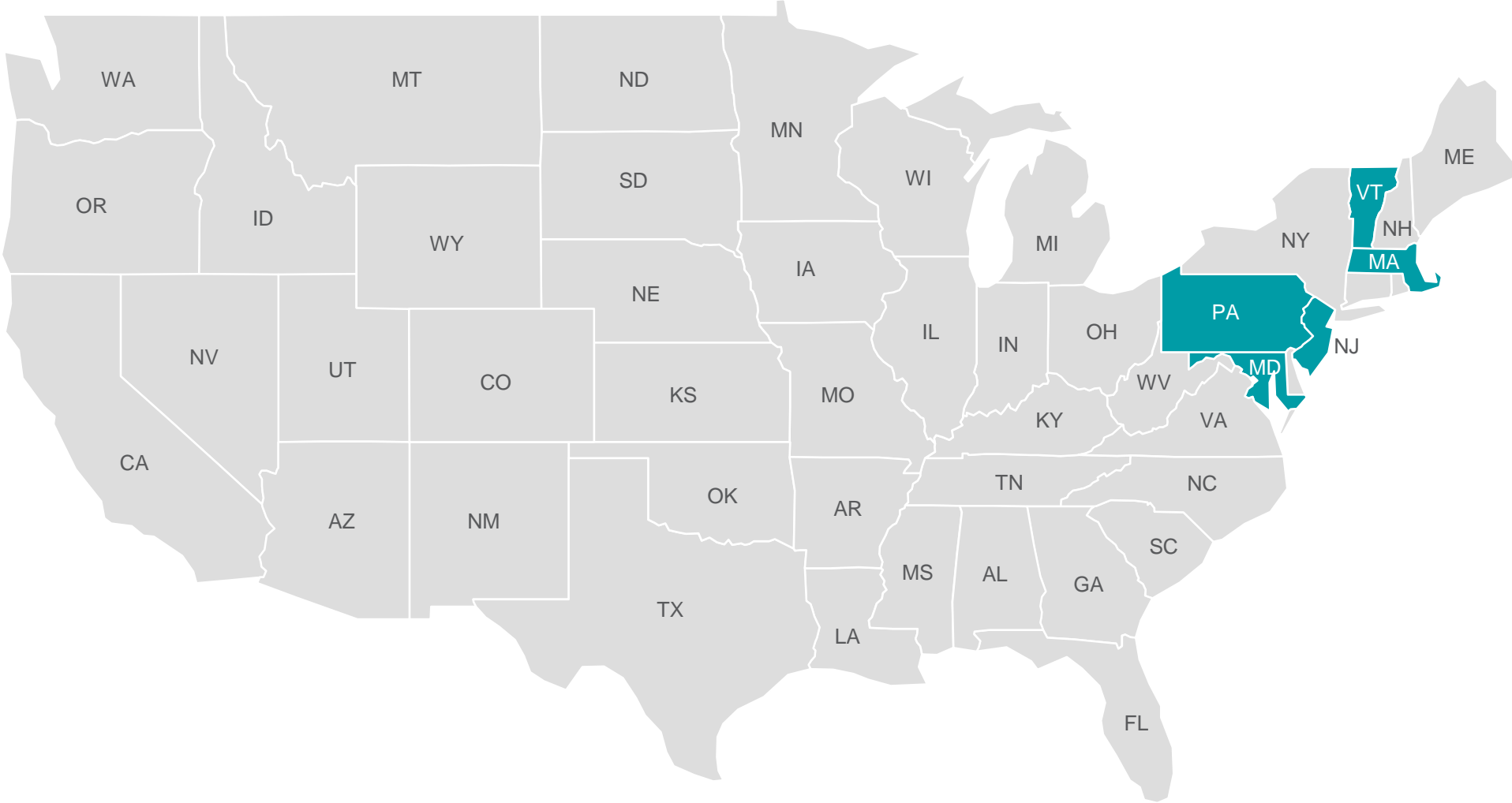


CASES

INSIGHTS INTO HEPATOCELLULAR CARCINOMA

August 19, 2020

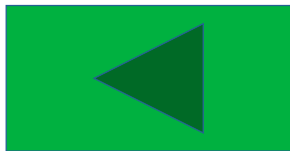
NORTHEAST CASES












HOW TO NAVIGATE THIS REPORT



Click to move to topic of interest or ARS supporting data



Click to return to previous slide

Topic	Slide
Study Objectives	
Report Snapshot	
Topline Takeaways	
Strategic Considerations	
Participant Demographics	
Key Insights	
Advisor Takeaways	
ARS Data – First-Line Treatment of Advanced HCC	
ARS Data – Second-Line and Subsequent Therapy for Advanced HCC	

STUDY OBJECTIVES



To gain advisors' perspectives on the

- > Current treatment practices regarding therapy of unresectable advanced hepatocellular carcinoma (HCC)
- > Current treatment practice attitudes toward recently introduced and upcoming agents

- > A roundtable discussion, moderated by an Axess Oncology Network physician, focusing on the treatment of HCC was held on August 19, 2020, in a virtual setting
- > Disease state and data presentations were developed in conjunction with Dr Tanios Bekaii-Saab from Mayo Clinic Cancer Center
- > The group of advisors comprised 10 community oncologists from the Northeast region of the United States
 - Attendees of the roundtable represented community oncologists from New Jersey, Massachusetts, Maryland, Vermont, and Pennsylvania
- > Insights on the following therapies were obtained: sorafenib, lenvatinib, cabozantinib, bevacizumab, atezolizumab, pembrolizumab, ramucirumab, ipilimumab, and nivolumab
- > Data collection was accomplished through use of audience response system questioning and moderated discussion



CASES

Topline Takeaways

First-Line Therapy

Historically, advisors have favored lenvatinib for unresectable HCC in the first-line setting. More



CASES

Participant Demographics



PARTICIPANT DEMOGRAPHICS

Approximately what percentage of your patients have advanced/unresectable hepatocellular carcinoma? (N = 9*)



FOR EXAMPLE PURPOSES ONLY

[Blurred text area]



CASES

Key Insights

FIRST-LINE TREATMENT OF ADVANCED HCC



Topic	Data and Insights
-------	-------------------

[Blurred text]	[Blurred text]
[Blurred text]	[Blurred text]

QUOTES – FIRST-LINE TREATMENT OF ADVANCED HCC



[How do you approach advanced HCC?]

“I have been using Lenvima because of the liver toxicity numbers for Lenvima.

[Blurred text block containing the main body of the quote on the left side of the page.]

[How do you approach advanced HCC?: Advisor 5]

[Blurred text block containing the main body of the quote on the right side of the page.]



SECOND-LINE AND SUBSEQUENT THERAPY FOR ADVANCED HCC



Topic	Data and Insights
Second-Line	There is no consensus among the advisors on the use of a specific drug in the second-line setting for

[Blurred]	[Blurred]
[Blurred]	[Blurred]
[Blurred]	[Blurred]
[Blurred]	[Blurred]
[Blurred]	[Blurred]
[Blurred]	[Blurred]

QUOTES – SECOND-LINE AND SUBSEQUENT THERAPY FOR ADVANCED HCC



“I really focus on changing up the mechanism of action. That being said, I think

[Blurred text block]

[Blurred text block]

[Blurred text block]

[Blurred text block]

[Blurred text block]

[Blurred text block]

[Blurred text block]



CASES

Advisor Takeaways

ADVISOR KEY TAKEAWAYS (1/2)



Dr 1

- Reaffirmation of atezo-bev as really standard of care in the frontline as a

Dr 2

- Frontline atezo-beva, second-line cabo, and third line. For those patients

ADVISOR KEY TAKEAWAYS (2/2)



Dr 7

- First-line atezo and bevacizumab

[Blurred text for Dr 7]

Dr 8

- I actually like the data on the antidrug antibodies and once you've

[Blurred text for Dr 8]





CASES

HCC ARS

FIRST-LINE TREATMENT OF ADVANCED HCC

IN GENERAL, MY PREFERRED FIRST-LINE SYSTEMIC THERAPY FOR UNRESECTABLE HCC IS: (N = 10)

FOR EXAMPLE PURPOSES ONLY

MY FIRST-LINE THERAPY SELECTION FOR UNRESECTABLE HCC IS MAINLY DRIVEN BY: (N = 10)

FOR EXAMPLE PURPOSES ONLY

IN HOW MANY ADVANCED HCC PATIENTS HAVE YOU EVER USED ATEZOLIZUMAB + BEVACIZUMAB IN THE FIRST-LINE SETTING? (N = 10)

FOR EXAMPLE PURPOSES ONLY

CASE 1

- > A 68-year-old man, whose past medical history is significant only for diabetes.

- [Blurred text]

WHAT WOULD YOU RECOMMEND FOR THIS PATIENT? (N = 10)

FOR EXAMPLE PURPOSES ONLY



CASES

HCC ARS

SECOND-LINE AND SUBSEQUENT
THERAPY FOR ADVANCED HCC

IN GENERAL, MY PREFERRED SECOND-LINE THERAPY FOR UNRESECTABLE HCC IS: (N = 8*)

FOR EXAMPLE PURPOSES ONLY

MY SECOND-LINE THERAPY SELECTION FOR UNRESECTABLE HCC IS MAINLY DRIVEN BY: (N = 9*)

FOR EXAMPLE PURPOSES ONLY

> A 41-year-old white male presents with chronic HBV infection. His HCC diagnosis:

[Blurred text]

[Blurred text]

WHAT WOULD YOU RECOMMEND FOR THIS PATIENT NOW? (N = 10)

FOR EXAMPLE PURPOSES ONLY

HOW IMPORTANT IS AFP LEVEL WHEN DETERMINING SECOND-LINE THERAPY FOR YOUR HCC PATIENTS? (N = 10)



FOR EXAMPLE PURPOSES ONLY

IN HOW MANY UNRESECTABLE HCC PATIENTS HAVE YOU EVER USED THE DRUG RAMUCIRUMAB IN THE SECOND-LINE SETTING? (N = 10)

CASES

FOR EXAMPLE PURPOSES ONLY