



CASES

INSIGHTS INTO BREAST CANCER

Wednesday, August 26, 2020

Virtual Meeting

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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

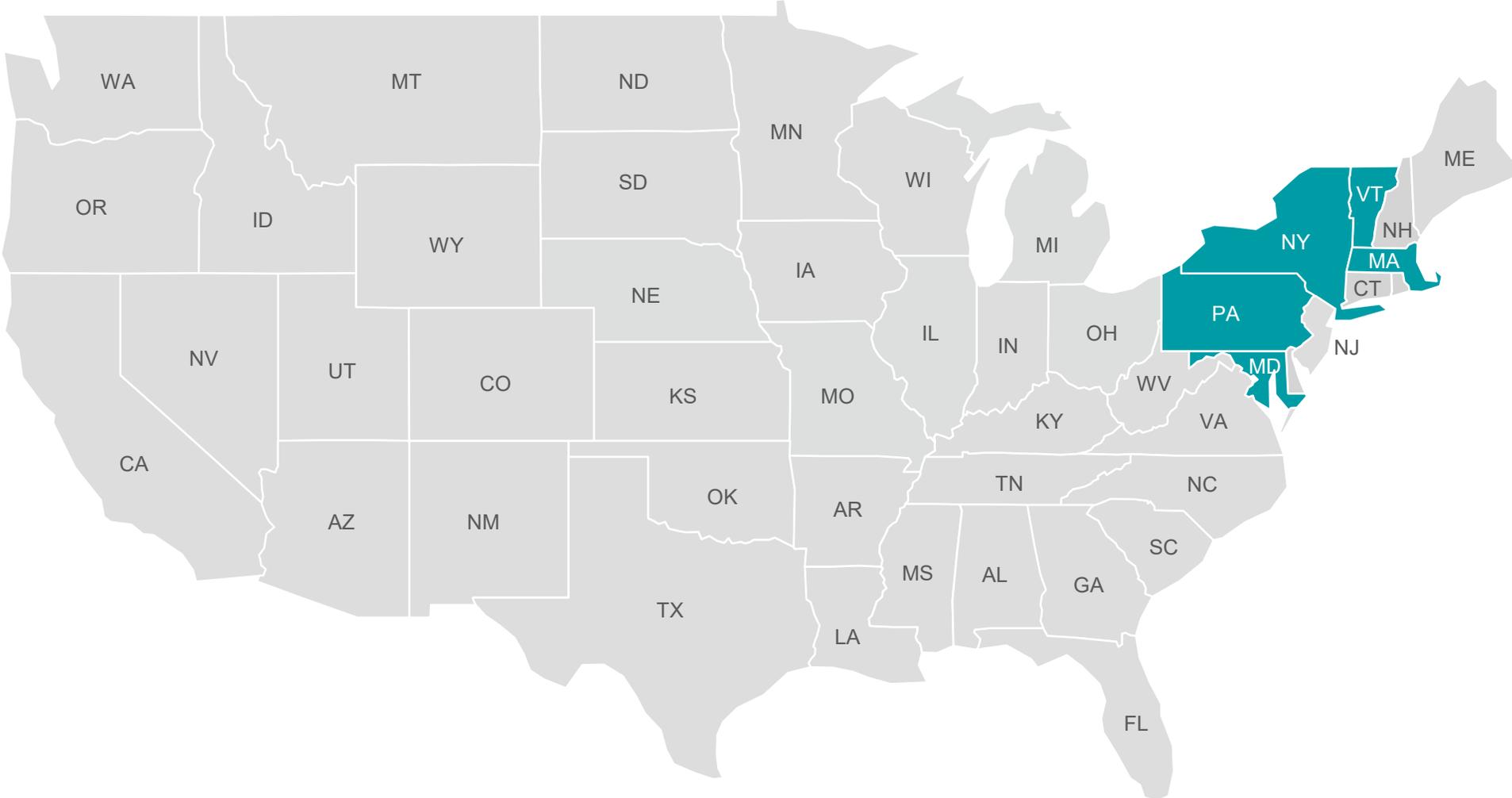


To gain advisors' perspectives on the following

- > Current treatment practices regarding therapy of HR+, HER2+, and triple-negative advanced breast cancer (ABC)
- > 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 via a virtual platform on August 26, 2020
- > Disease state and data presentations were developed in conjunction with Joyce O'Shaughnessy, MD, a medical expert from Baylor-Sammons Cancer Center in Dallas, TX
- > The group of advisors comprised 10 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, trastuzumab deruxtecan, tucatinib, neratinib, AIs, 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

NORTHEAST REGION CASES



PARTICIPANT DEMOGRAPHICS (1/2)

Approximately how many patients with HR+ ABC have you treated in the last year? (N = 9)*

Approximately how many patients with HER2+ ABC have you treated in the past year? (N = 9)*



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PARTICIPANT DEMOGRAPHICS (2/2)

Approximately how many patients with triple-negative ABC have you treated in the past year? (N = 9)*



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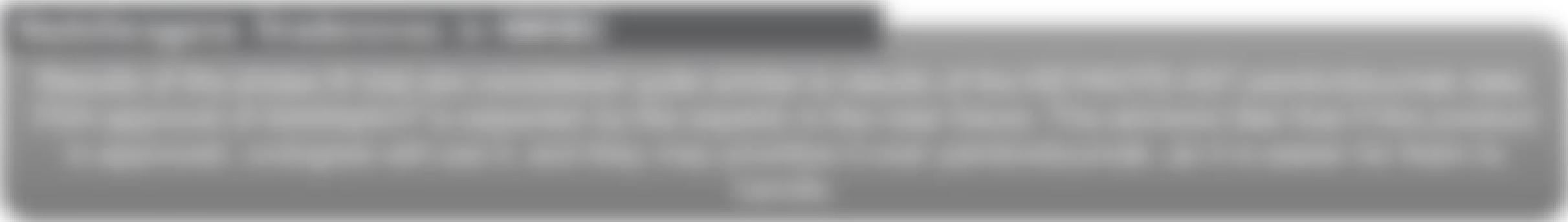


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Treatment of HR+ ABC

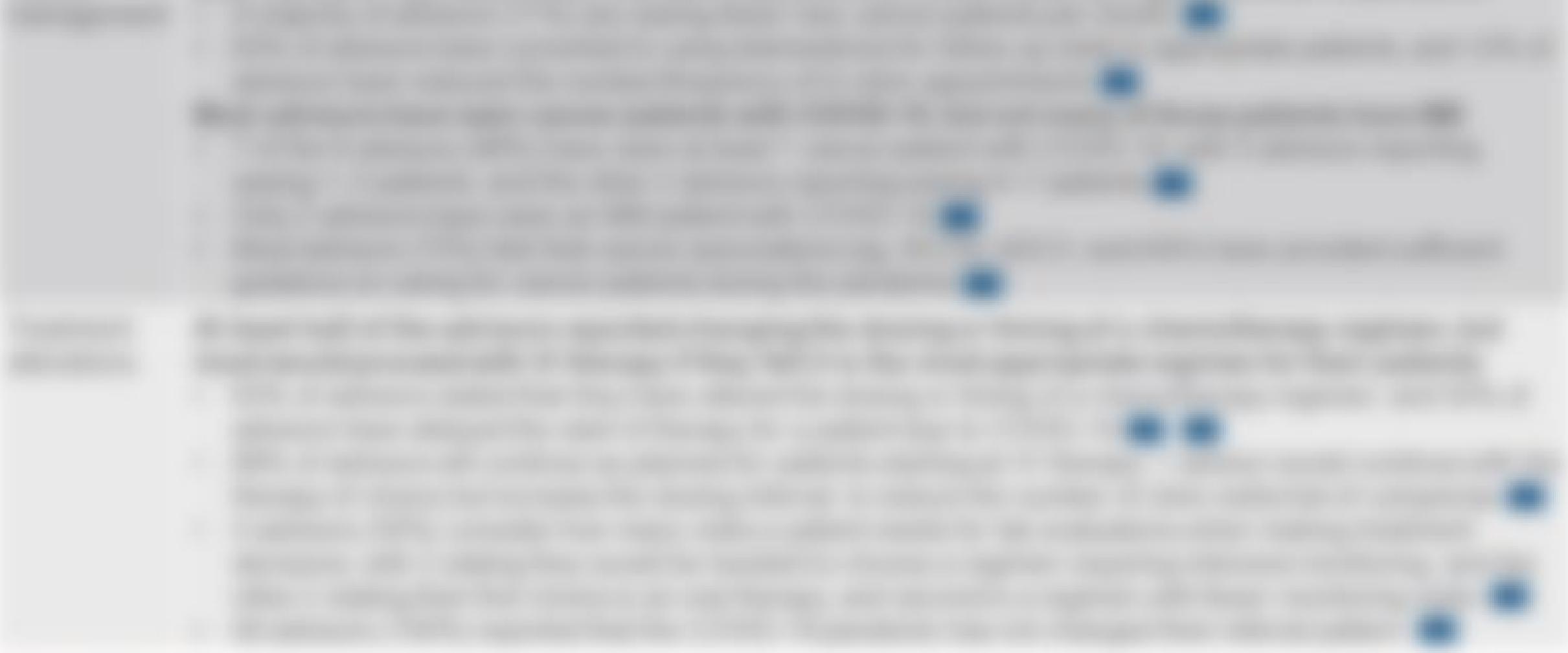
First-Line Therapy

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
First-line	<ul style="list-style-type: none">All the advisors chose a CDK4/6 inhibitor plus ET as first-line therapy in a patient with bone-only HR+/HER2- mBC. The





QUOTES: HR+ ABC (1/2)



“Kisqali is more associated with a liver toxicity. Verzenio, most

“I have good experience with Ibrance; I’m getting more

[Blurred text]





QUOTES: HR+ ABC (2/2)



“I have been very hesitant to use it, but the data today seems to

“Fulvestrant alone because once a patient has used a CDK4/6 inhibitor, I don’t try to use it again in the subsequent line.” [on

[blurred text]



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Treatment of HER2+ ABC

First-Line Therapy

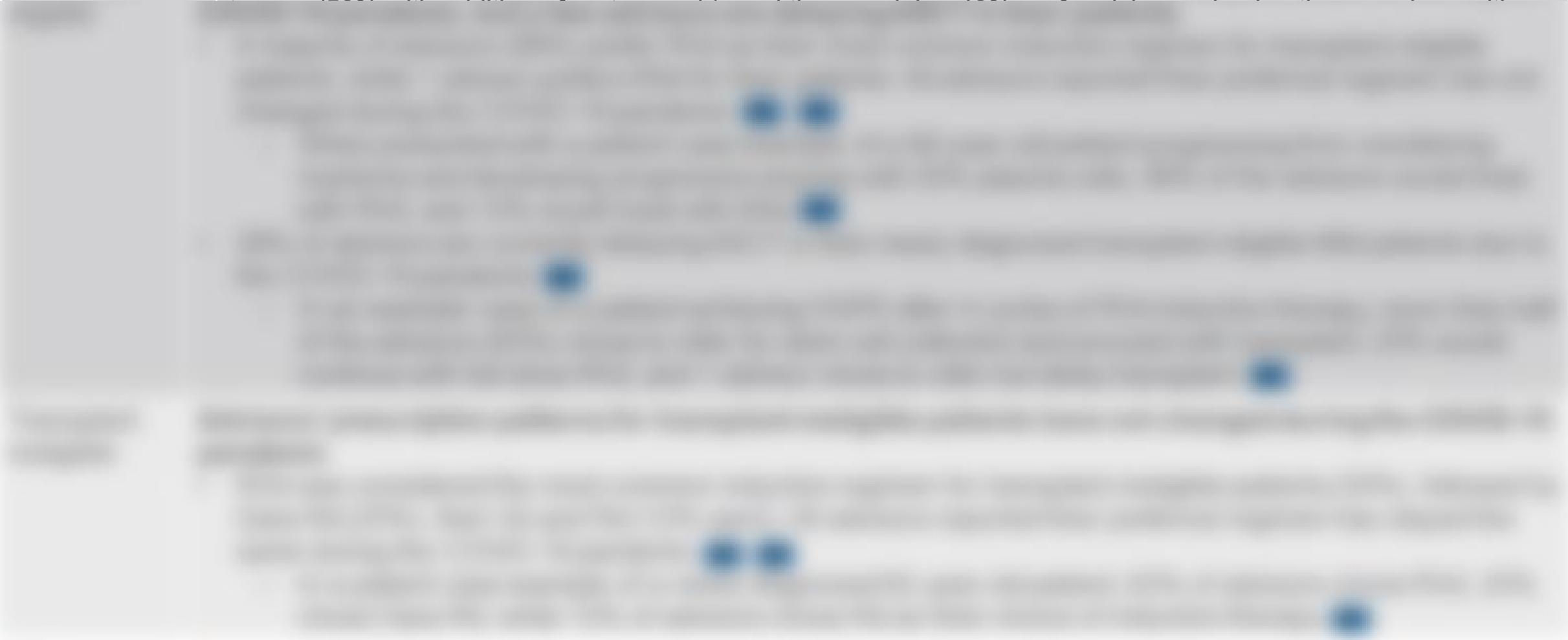
Advisors noted taxane plus dual HER2 inhibitors as their preferred frontline therapy to treat HER2+ mBC

[Redacted content]

[Redacted content]

TREATMENT OF HER2+ ABC

Topic	Data and Insights
HR+/HER2+	For HR+/HER2+ mBC, the majority of the advisors (60%) prefer treating their patients with trastuzumab plus





QUOTES: HER2+ ABC



“I would say we’ve used a lot of T-DM1. I’m very

[blurred text]

[blurred text]

[blurred text]

[blurred text]

“Generally T-DM1. Good tolerance, good response. If

[blurred text]

[blurred text]

[blurred text]





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Treatment of mTNBC

First-Line Therapy

Advisors routinely test for *BRCA* mutations and other potential genetic aberrations in patients with TNBC,

[Redacted content]

[Redacted content]

TREATMENT OF mTNBC



Topic	Data and Insights
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Testing	90% of the advisors would recommend genetic testing to a recurrent, metastatic <60-year-old TNBC patient with no
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[Blurred]	[Blurred]



QUOTES: mTNBC



"I generally try to refer everybody for *BRCA* testing. The

"From my experience from other cancers, it's very

[Blurred text]





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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 = 9)*



FOR EXAMPLE PURPOSES ONLY



IN HOW MANY BREAST CANCER PATIENTS HAVE YOU EVER USED THE DRUG PALBOCICLIB (IBRANCE)? (N = 9)*



FOR EXAMPLE PURPOSES ONLY



IN HOW MANY BREAST CANCER PATIENTS HAVE YOU EVER USED THE DRUG RIBOCICLIB (KISQALI)? (N = 9)*



FOR EXAMPLE PURPOSES ONLY



IN HOW MANY BREAST CANCER PATIENTS HAVE YOU EVER USED THE DRUG ABEMACICLIB (VERZENIO)? (N = 9)*



FOR EXAMPLE PURPOSES ONLY



IN HOW MANY BREAST CANCER PATIENTS HAVE YOU EVER USED THE DRUG BEVACIZUMAB (AVASTIN)? (N = 9)*

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



FOR EXAMPLE PURPOSES ONLY



IN HOW MANY BREAST CANCER PATIENTS HAVE YOU USED A PARP INHIBITOR IN THE PAST YEAR? (N = 10)



FOR EXAMPLE PURPOSES ONLY



IN HOW MANY BREAST CANCER PATIENTS HAVE YOU USED AN IMMUNE CHECKPOINT INHIBITOR (EG, ANTI-PD-1 OR PD-L1) IN THE PAST YEAR? (N = 21)*

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IN ADDITION TO AN ANTI-OSTEOCLAST AGENT, YOU RECOMMEND: (N = 9)*

100%

FOR EXAMPLE PURPOSES ONLY



CASE 1 (HR+ ABC) CONT.

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

[Blurred text block]

[Blurred text block]

YOU RECOMMEND: (N = 10)



CASE 1 (HR+ ABC) CONT.

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

[Blurred text block]

> *[Blurred text block]*

IN THIS CASE, YOUR RECOMMENDATION FOR THERAPY WOULD BE: (N = 10)

100%

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 block]

- > [Blurred text]

REGARDING SYSTEMIC THERAPY, YOU RECOMMEND: (N = 10)

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CASE 3 (HR+ ABC)

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

[Blurred text]

[Blurred text]

YOU RECOMMEND: (N = 10)



WHAT IS THE PRIMARY REASON YOU PRESCRIBE THE CDK4/6 INHIBITOR OF YOUR CHOICE? (SELECT ALL THAT APPLY) (N = 10)

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 = 10)

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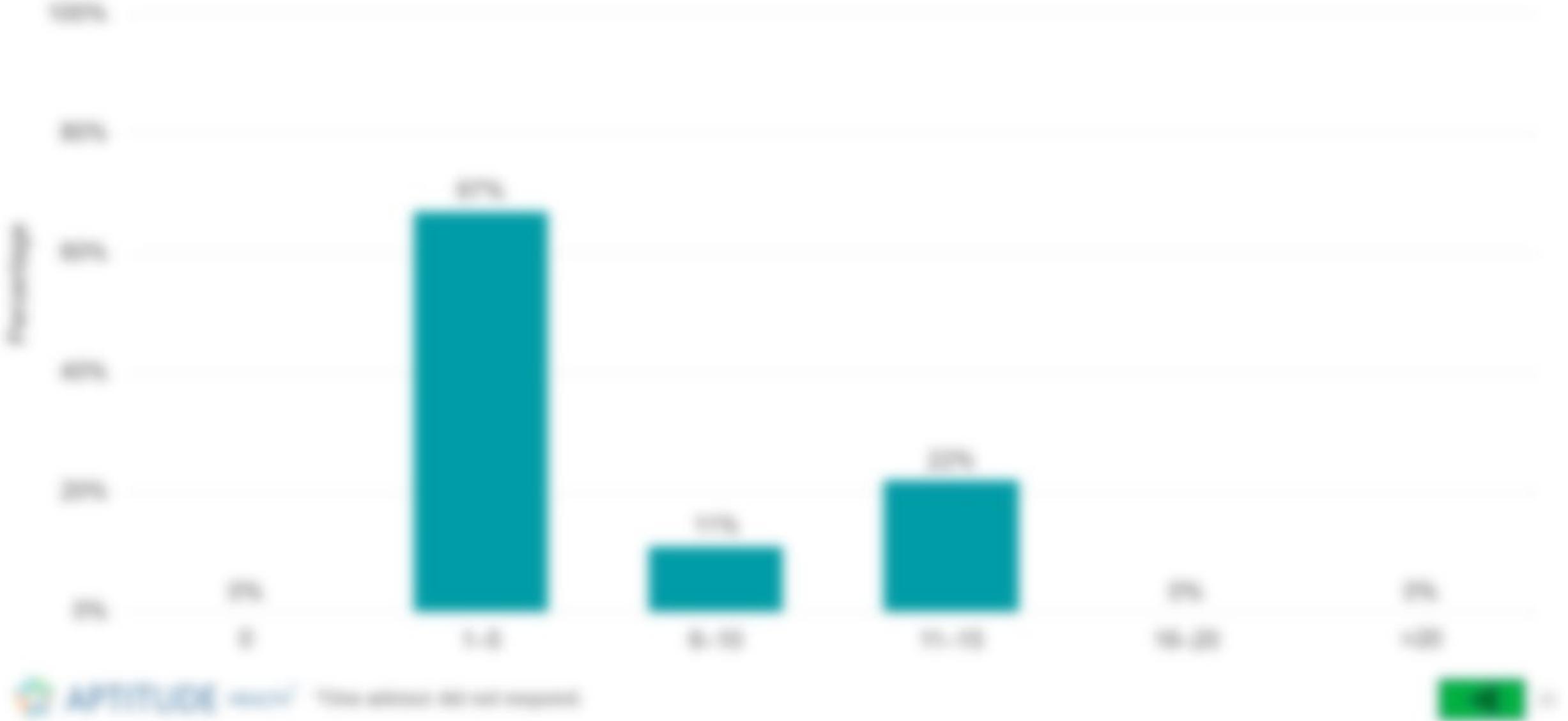


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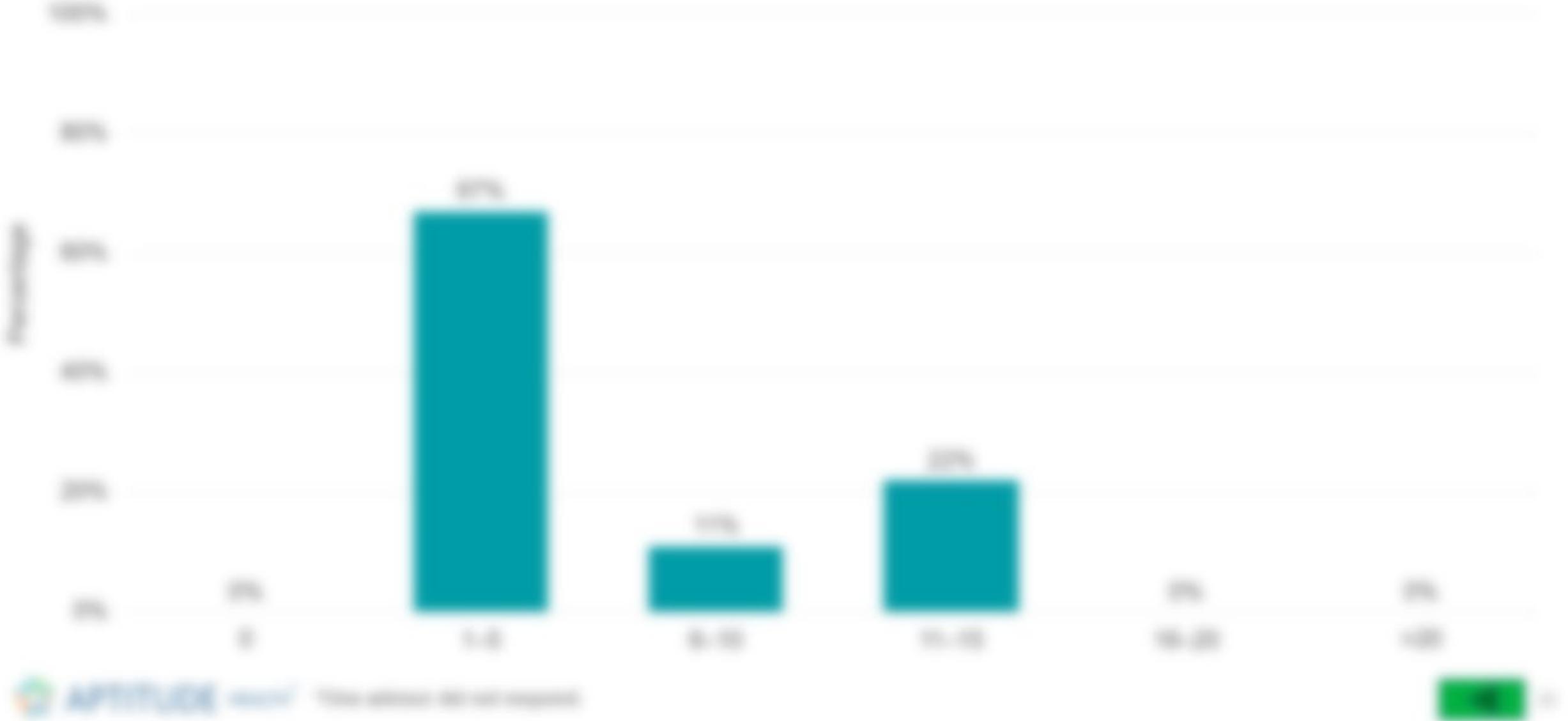
Treatment of HER2+ ABC

ARS RESULTS

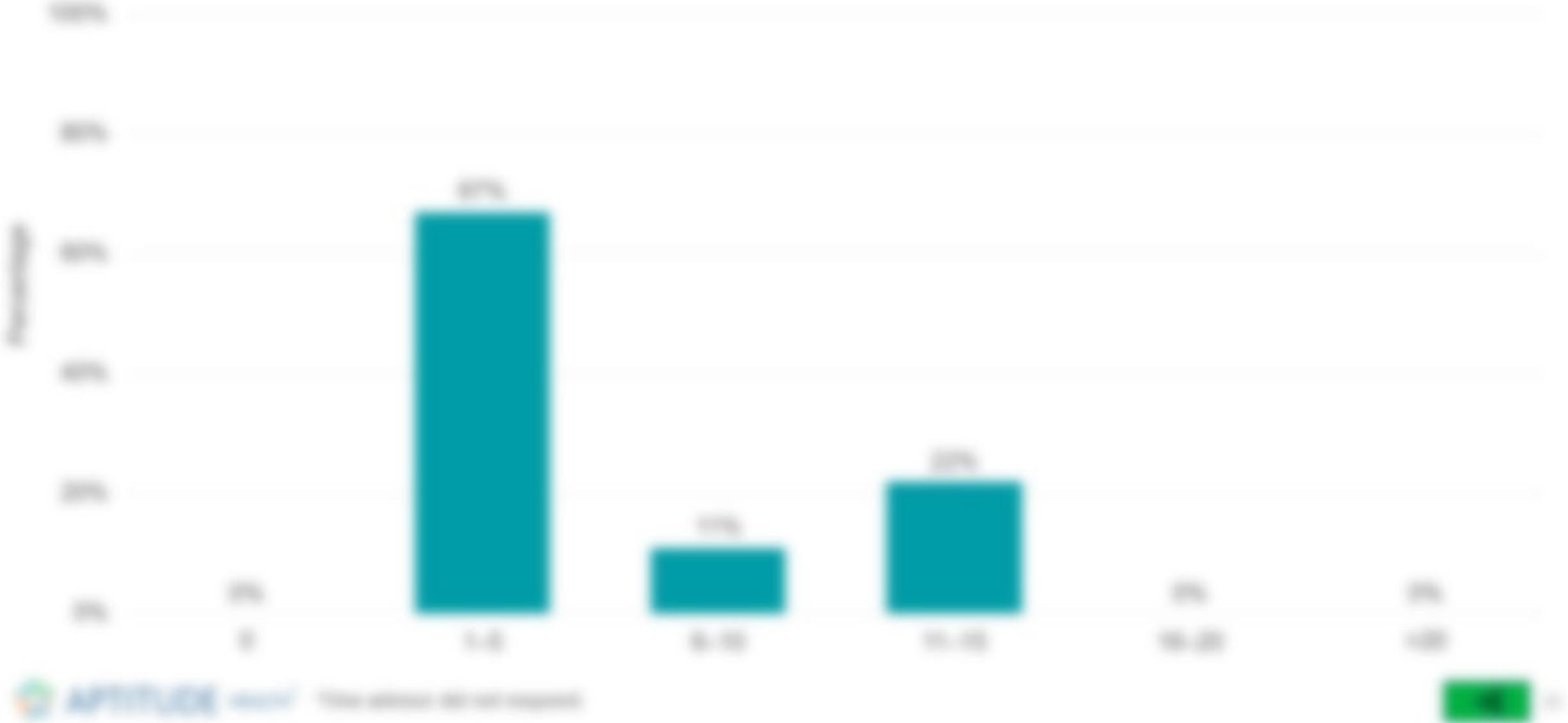
IN HOW MANY BREAST CANCER PATIENTS HAVE YOU EVER USED THE DRUG TRASTUZUMAB (HERCEPTIN)? (N = 10)



IN HOW MANY BREAST CANCER PATIENTS HAVE YOU EVER USED THE DRUG PERTUZUMAB (PERJETA)? (N = 9)*

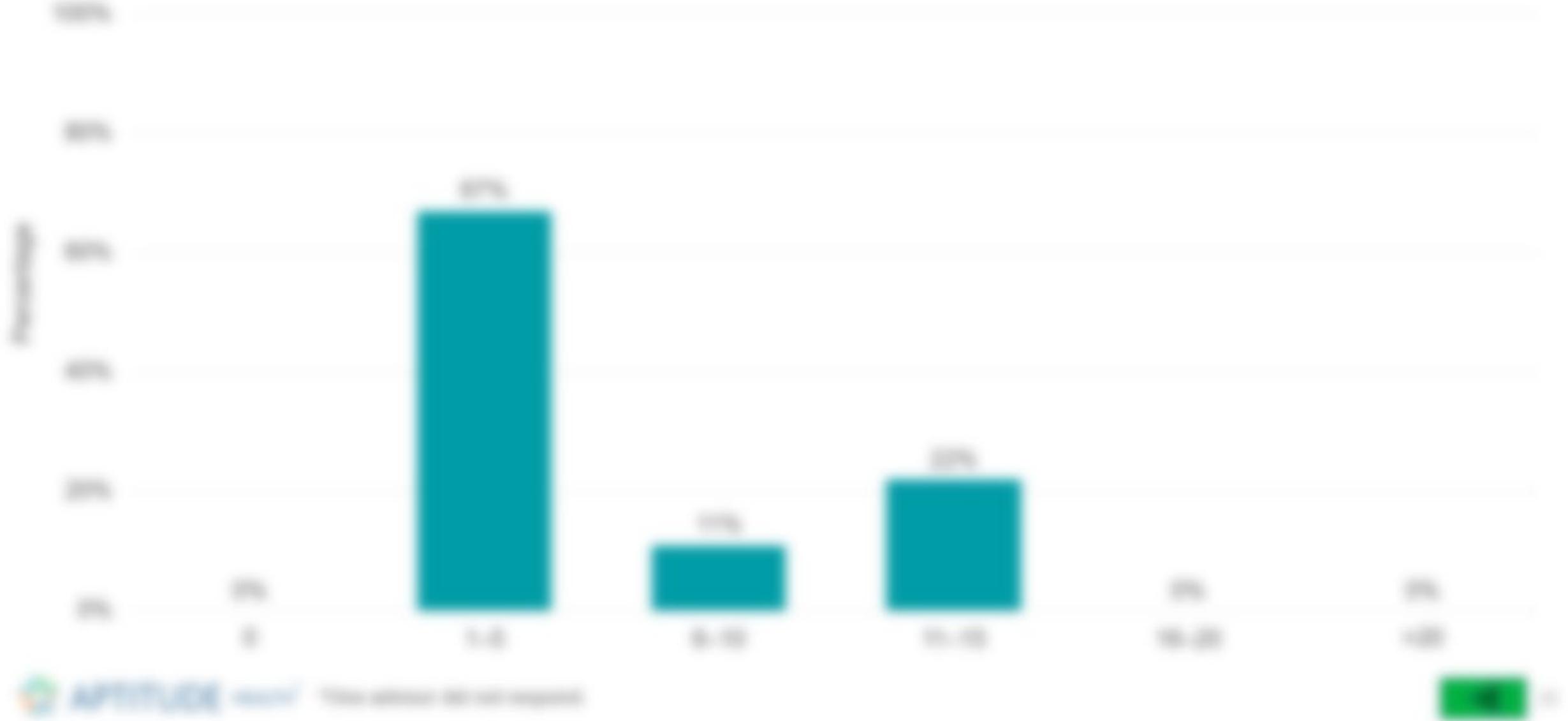


IN HOW MANY BREAST CANCER PATIENTS HAVE YOU USED THE DRUG T-DM1 (KADCYLA) IN THE PAST YEAR? (N = 9)*



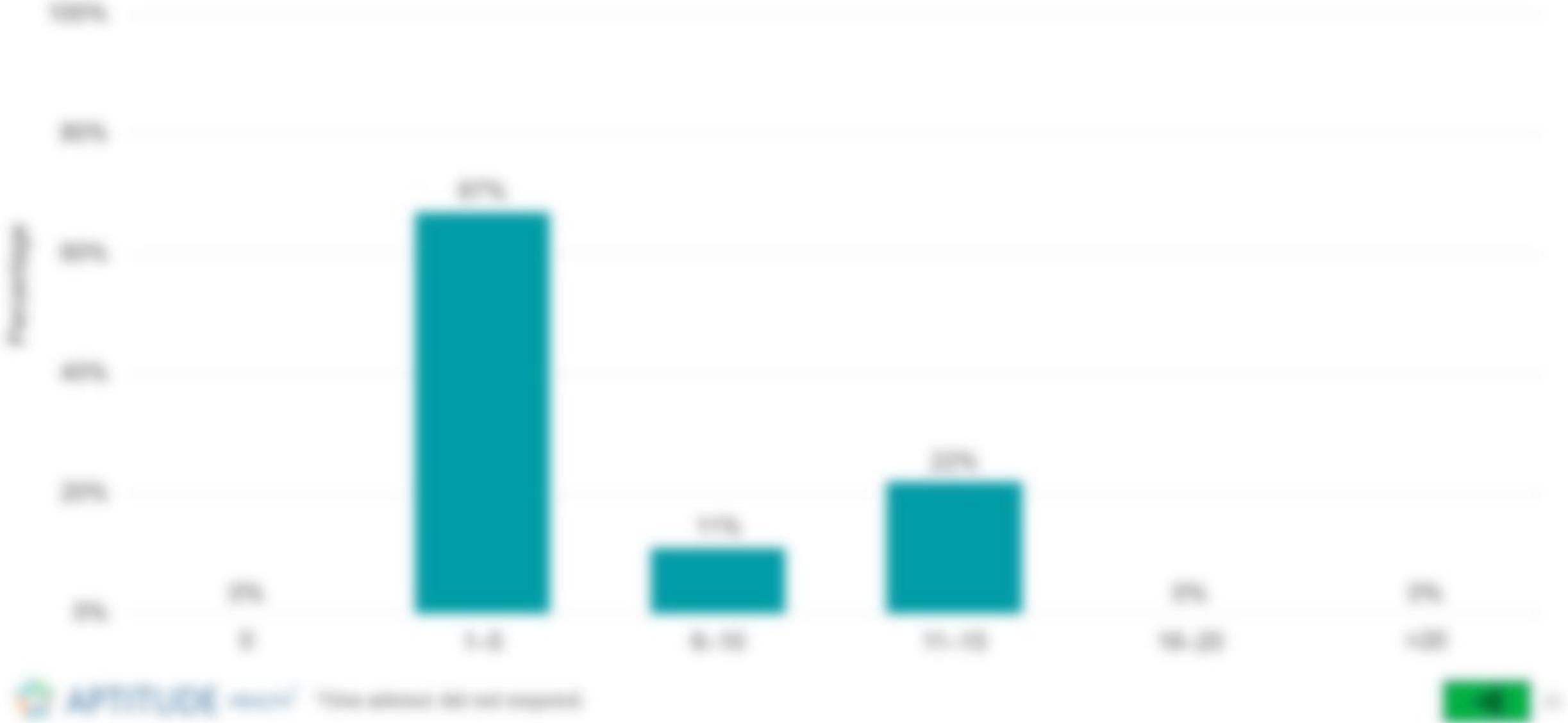
IN HOW MANY BREAST CANCER PATIENTS HAVE YOU USED THE DRUG TRASTUZUMAB DERUXTECAN (ENHERTU) IN THE PAST 12 MONTHS?

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IN HOW MANY BREAST CANCER PATIENTS HAVE YOU USED THE DRUG LAPATINIB (TYKERB) IN THE PAST YEAR? (N = 10)

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

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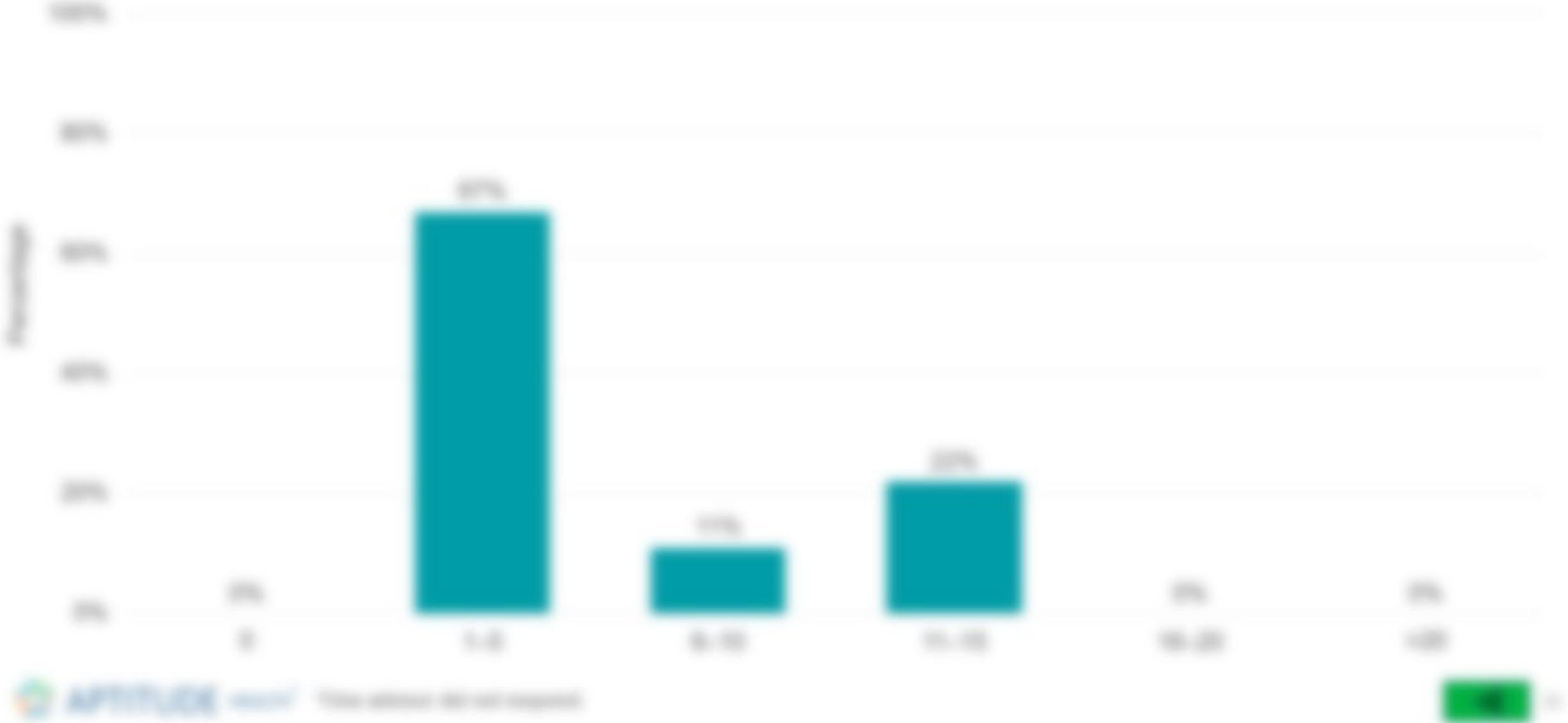
IN HOW MANY BREAST CANCER PATIENTS HAVE YOU USED THE DRUG TUCATINIB (TUKYSA) IN THE PAST YEAR? (N = 10)

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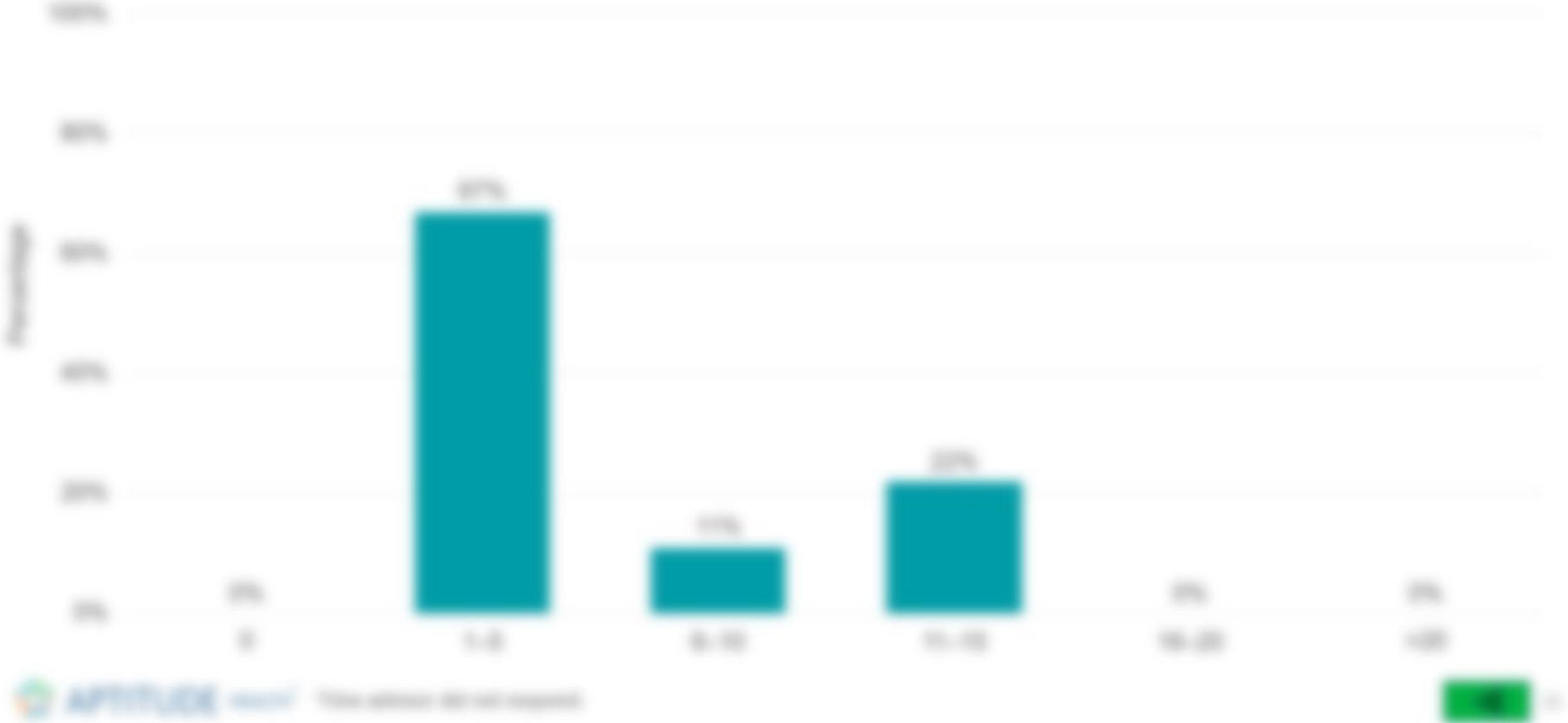


IN HOW MANY BREAST CANCER PATIENTS HAVE YOU USED THE DRUG NERATINIB (NERLYNX) IN THE PAST YEAR? (N = 10)

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IN ADDITION TO AN ANTIOSTEOCLAST AGENT, YOU RECOMMEND: (N = 10)



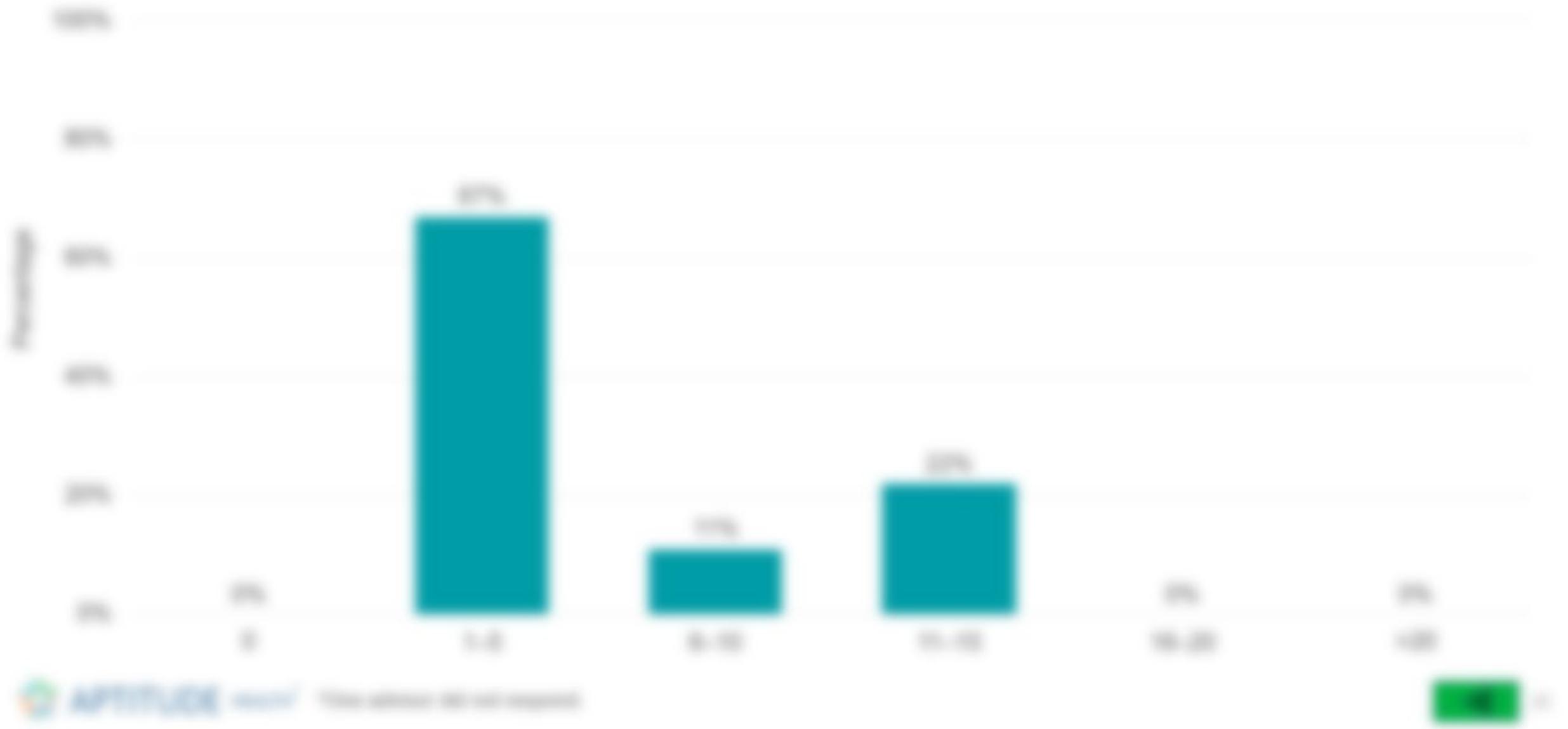
CASE 1 (HER2+ ABC) CONT.

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

... (blurred text)

... (blurred text)

IN ADDITION TO AN ANTI-OSTEOCLAST AGENT, AS MAINTENANCE THERAPY YOU RECOMMEND: (N = 10)



CASE 1 (HER2+ ABC) CONT.

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

• [Blurred text]

YOU NOW RECOMMEND: (N = 10)



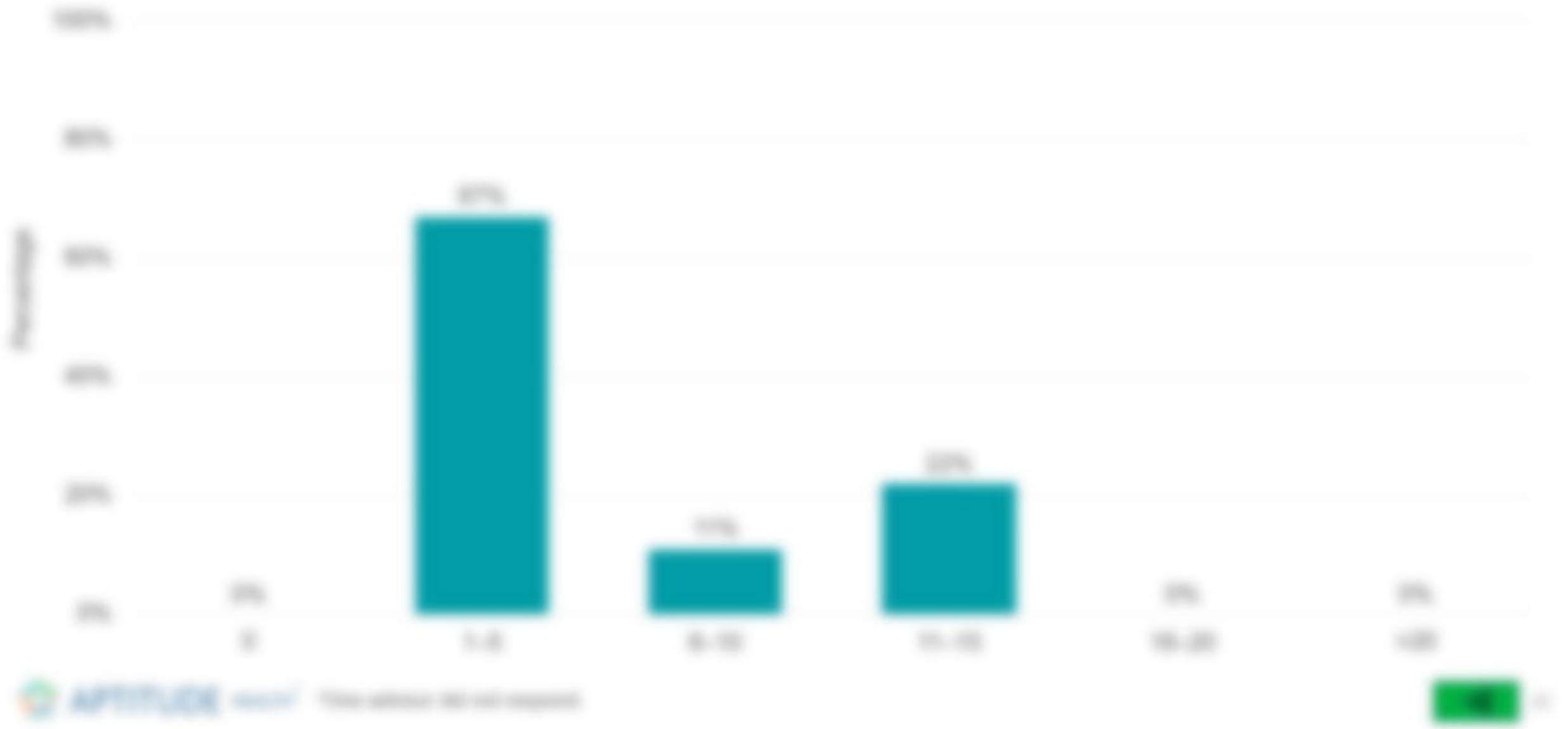
CASE 1 (HER2+ ABC) CONT.

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

[Blurred text block]

[Blurred text block]

YOU RECOMMEND: (N = 10)





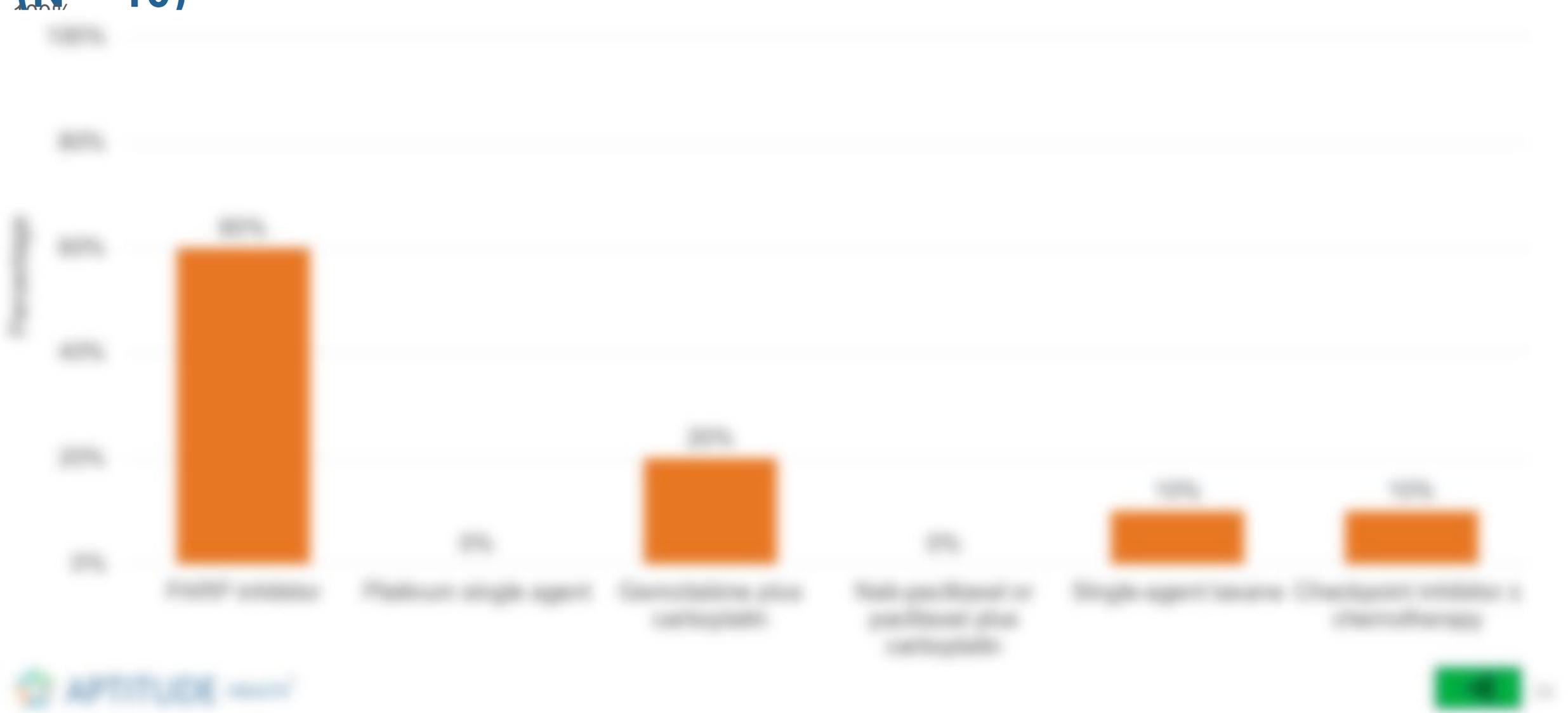
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Treatment of mTNBC

ARS RESULTS

DO YOU USE IMMUNE CHECKPOINT INHIBITORS (EG, ATEZOLIZUMAB) IN PATIENTS WITH PD-(L)1-POSITIVE TNBC? (N = 10)

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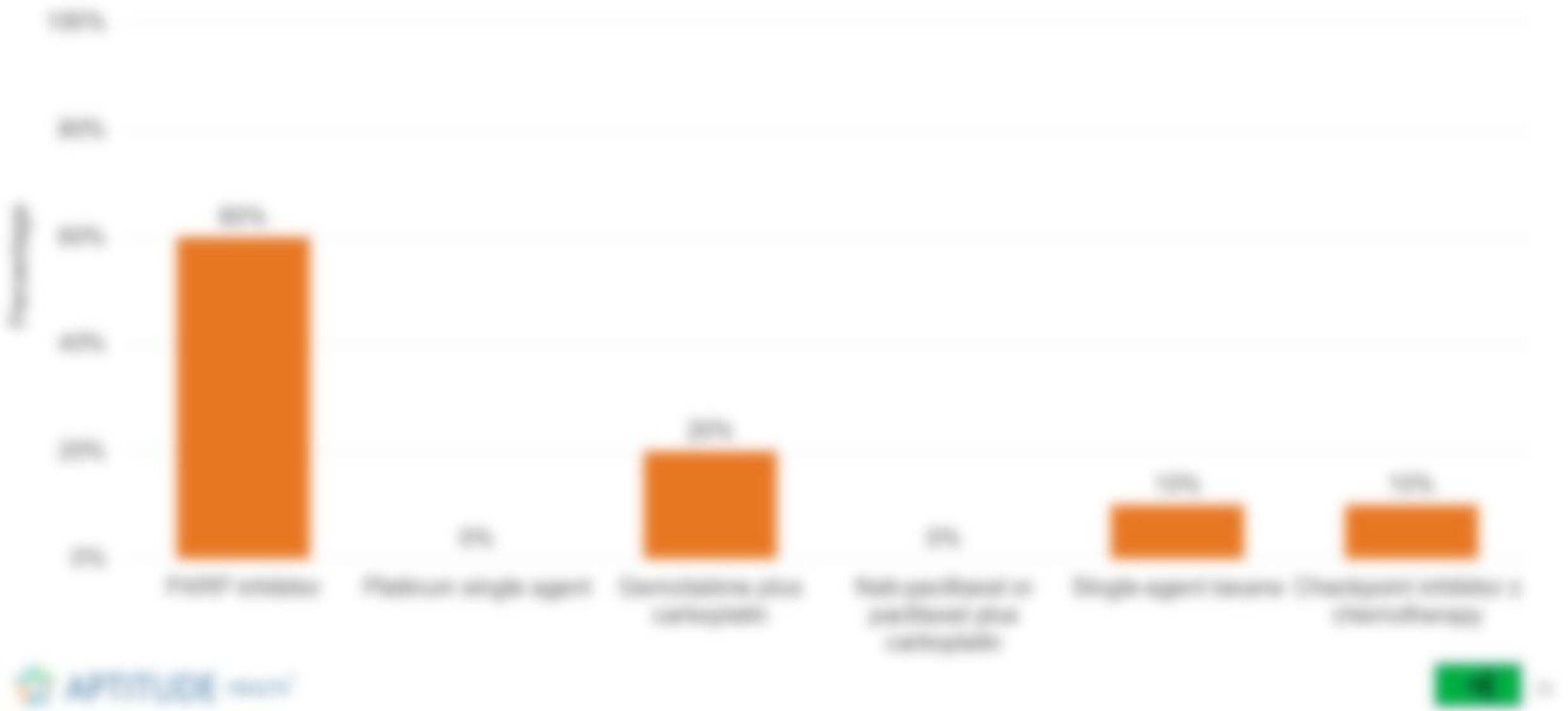
CASE 1 (TNBC)

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

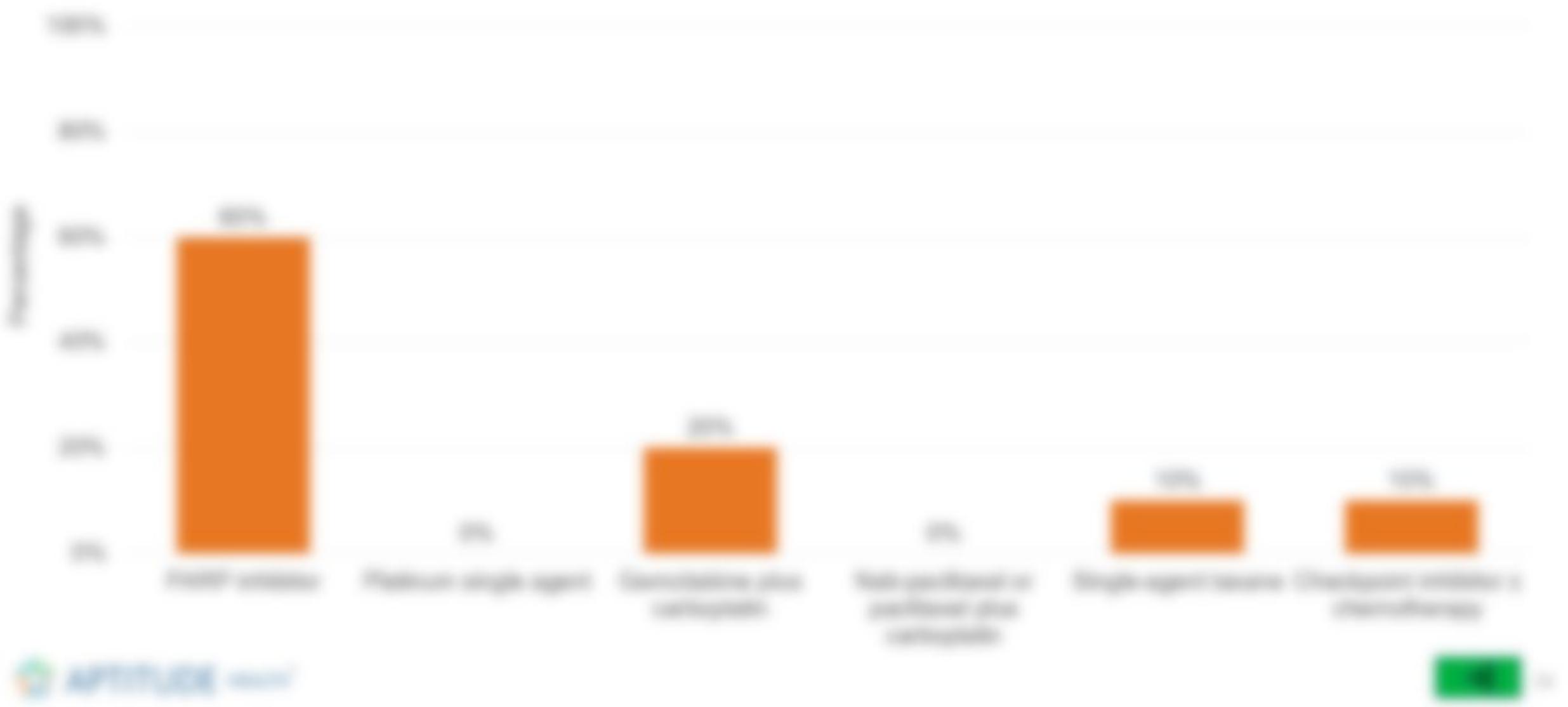
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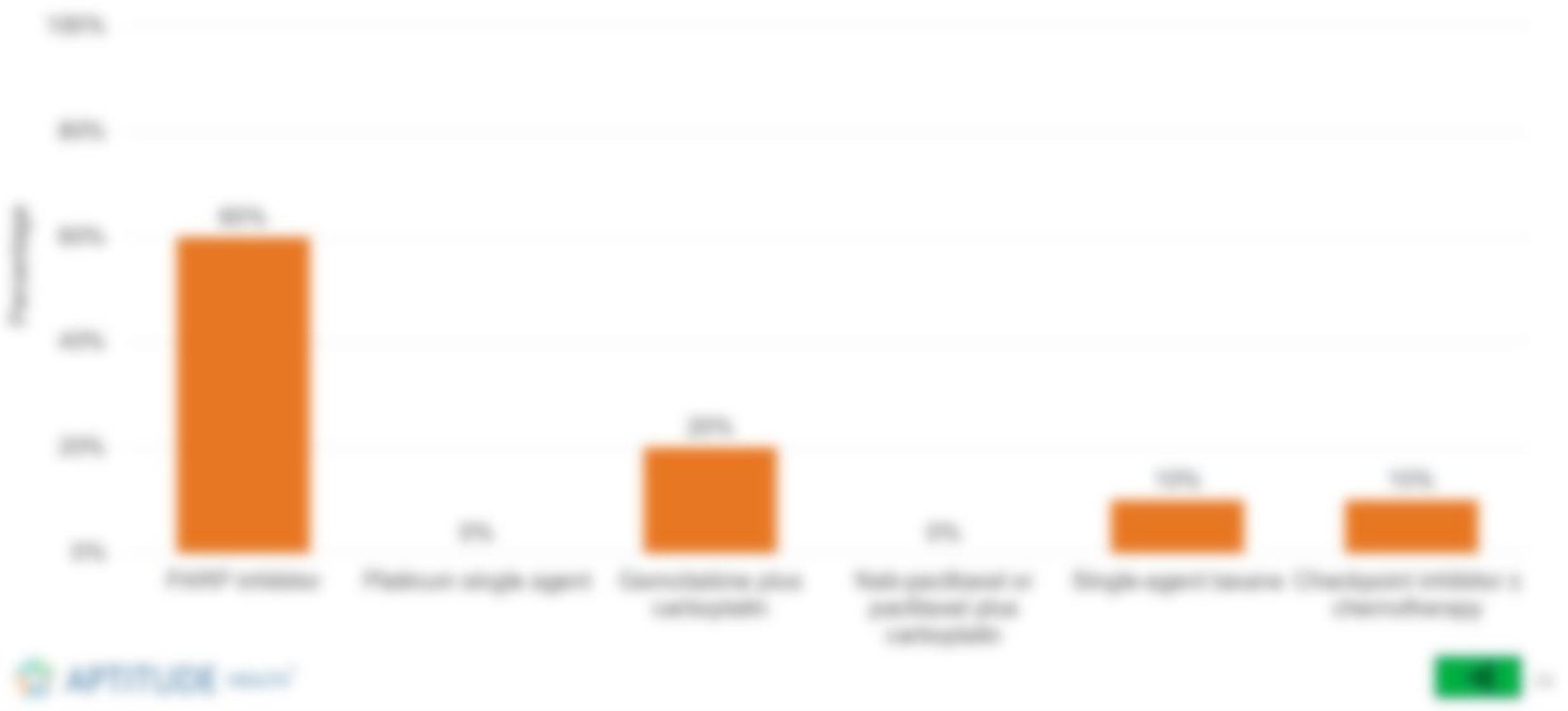
YOU RECOMMEND: (N = 10)



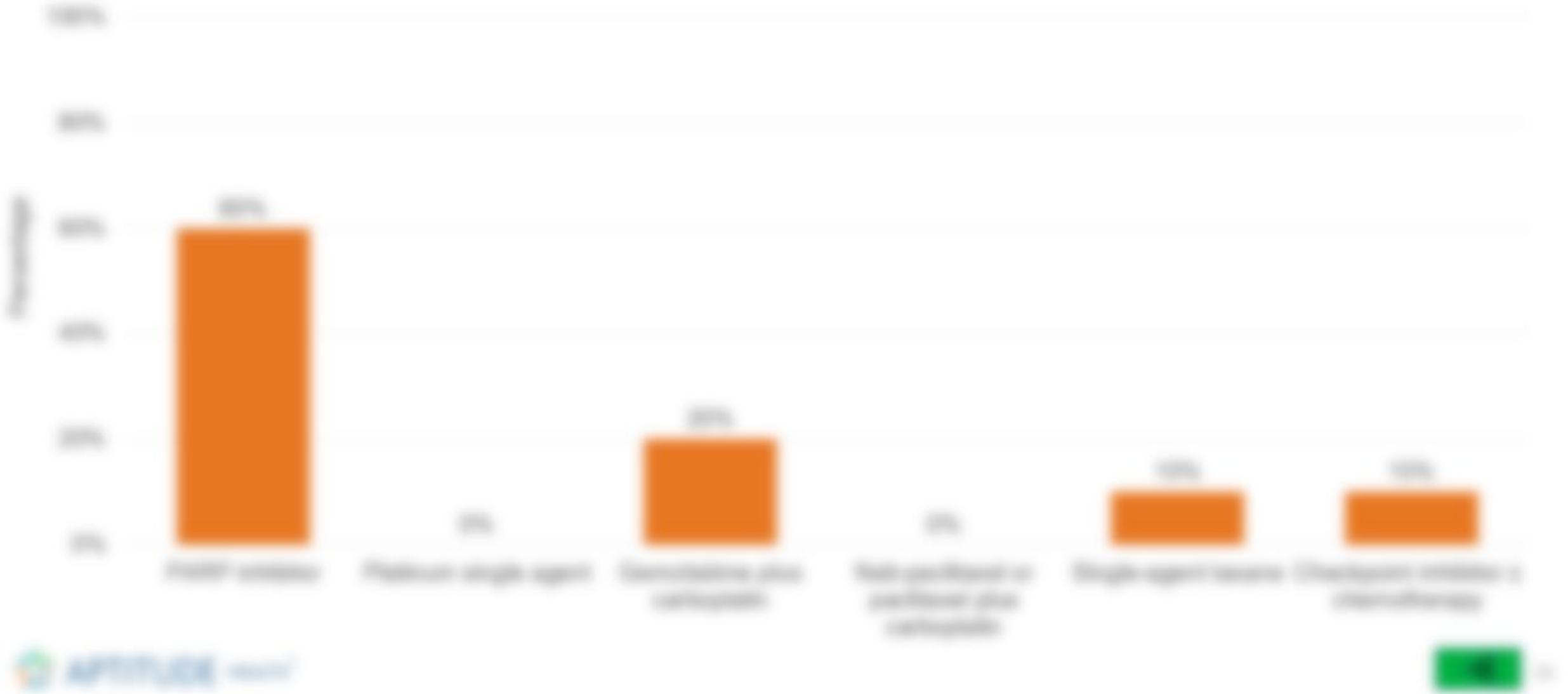
CASE 1 (TNBC) CONT: SHE IS FOUND TO HAVE A DELETERIOUS *BRCA1* MUTATION. REGARDING SYSTEMIC THERAPY FOR HER MEDIASTINAL LN-ONLY METASTATIC TNBC, YOU RECOMMEND: (N = 10)



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 = 10)



FOR ER+/HER2- MBC PATIENTS, AT WHAT AGE DO YOU RECOMMEND GERMLINE MUTATION TESTING, REGARDLESS OF FAMILY HISTORY? (N = 9)*



CASE 2 (TNBC)

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

[Blurred text]

[Blurred text]

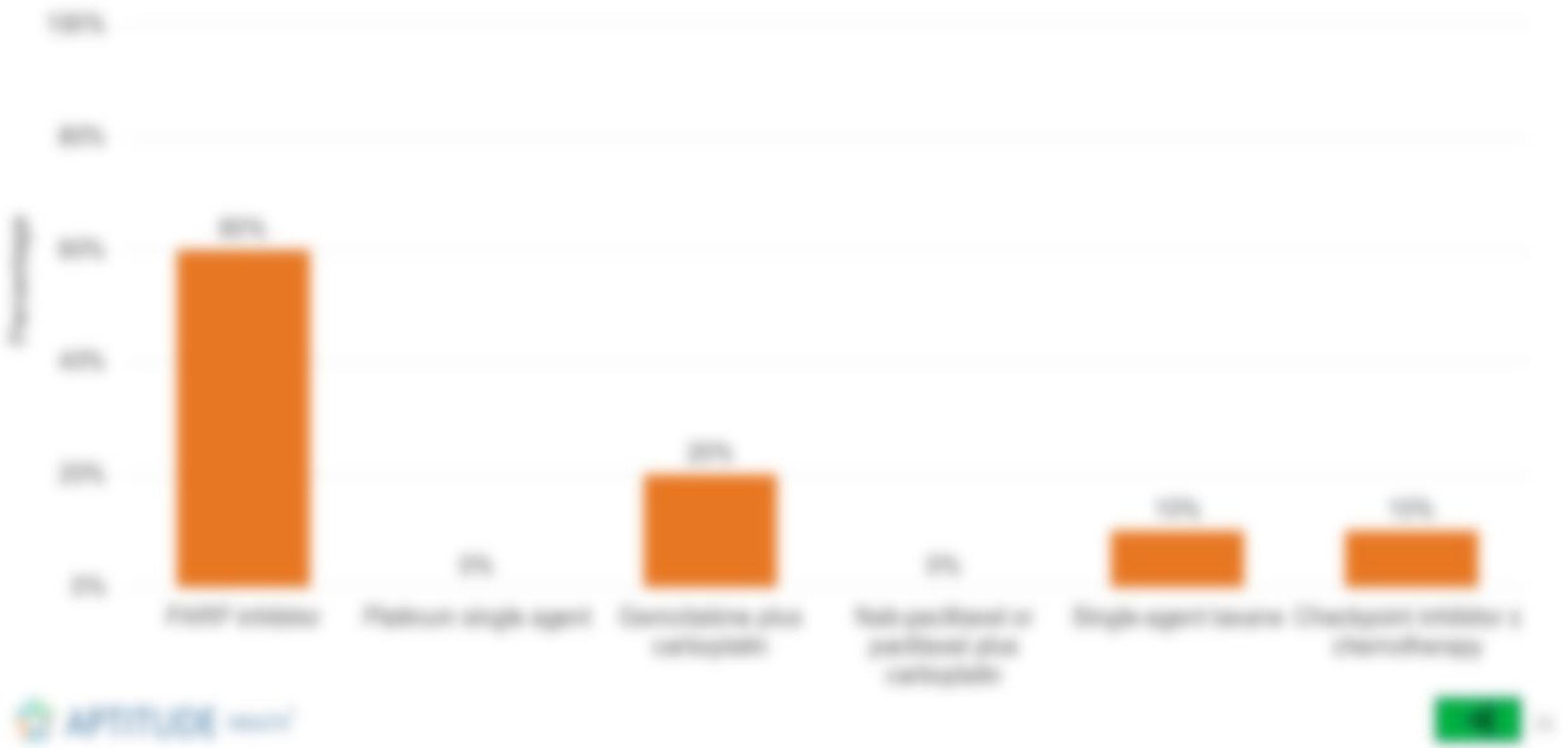
WOULD YOU ORDER AR IHC? (N = 10)



CASE 2 (TNBC) CONT: HER AR IS 80% 2+ ON A METASTATIC LN BIOPSY. YOU RECOMMEND: (N = 10)



WHAT TREATMENT WOULD YOU RECOMMEND? (N = 10)



KEY TAKEAWAYS (1/2)



<p>[Blurred text]</p>	<p>[Blurred text]</p>

KEY TAKEAWAYS (2/2)



<p>[Blurred text]</p>	<p>[Blurred text]</p>
<p>[Blurred text]</p>	<p>[Blurred text]</p>
<p>[Blurred text]</p>	<p>[Blurred text]</p>
<p>[Blurred text]</p>	<p>[Blurred text]</p>