



CASES

INSIGHTS INTO HER2+ BREAST CANCER

October 14, 2020

HOW TO NAVIGATE THIS REPORT



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Time	Topic
5.00 PM – 5.15 PM (15 min)	Introduction
5.15 PM – 6.15 PM (60 min)	Initial Treatment of HER2+ Advanced Breast Cancer
6.15 PM – 6.20 PM (5 min)	BREAK
6.20 PM – 7.50 PM (90 min)	Management of Progressive HER2+ Metastatic Disease
7.50 PM – 8.00 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	

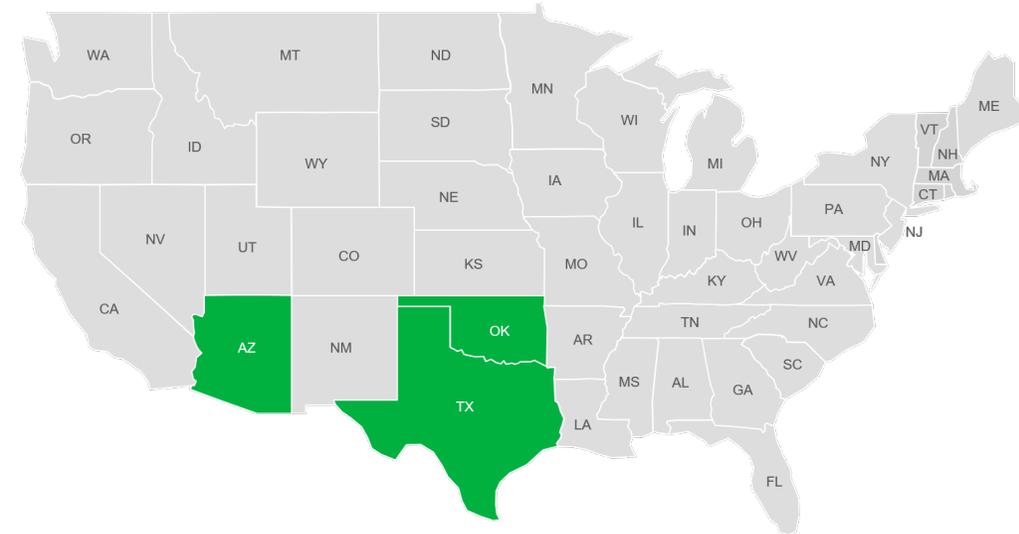
STUDY OBJECTIVES



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 October 14, 2020, in a virtual setting
- > Disease state and data presentations were developed in conjunction with Joyce O'Shaughnessy, MD, a medical expert from Baylor Charles A. Sammons Cancer Center
- > The group of advisors comprised 9 community oncologists from practices in Oklahoma, Texas, and Arizona
- > Insights on the following therapies were obtained
 - Trastuzumab (and biosimilars), lapatinib, pertuzumab, T-DM1, neratinib, tucatinib, trastuzumab deruxtecan, aromatase inhibitors, and chemotherapies
- > Data collection was accomplished through use of audience response system questioning and moderated discussion





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Topline Takeaways

TOPLINE TAKEAWAYS: HER2+ BC



Neoadjuvant Therapy

[Redacted content]

[Redacted content]



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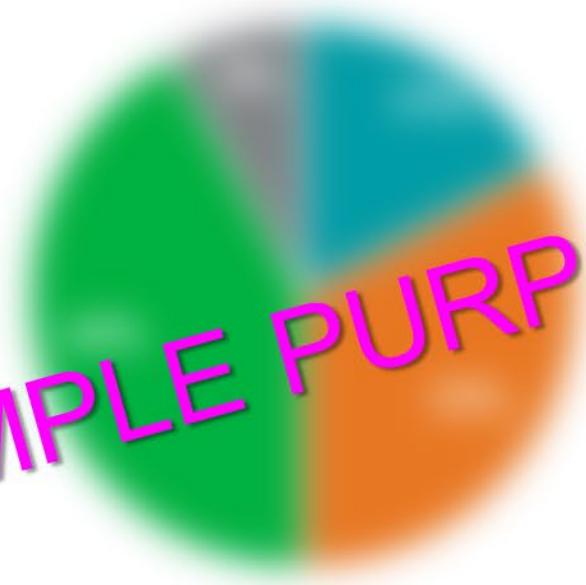
Participant Demographics



PARTICIPANT DEMOGRAPHICS (1/4)

Approximately what percentage of your patients have breast cancer? (n = 8*)

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 = 4*)

Approximately what percentage of your breast cancer patients have advanced or metastatic breast cancer? (n = 4*)

FOR EXAMPLE PURPOSES ONLY

PARTICIPANT DEMOGRAPHICS (3/4)

Approximately how many unique patients with early stage HER2+ breast cancer have you treated in the past year? (n = 6*)

Approximately how many patients with HER2+ advanced breast cancer have you treated in the past year? (n = 5†)

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PARTICIPANT DEMOGRAPHICS (4/4)

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Key Insights: Treatment of HER2+ ABC

TREATMENT OF HER2+ BC (1/2)

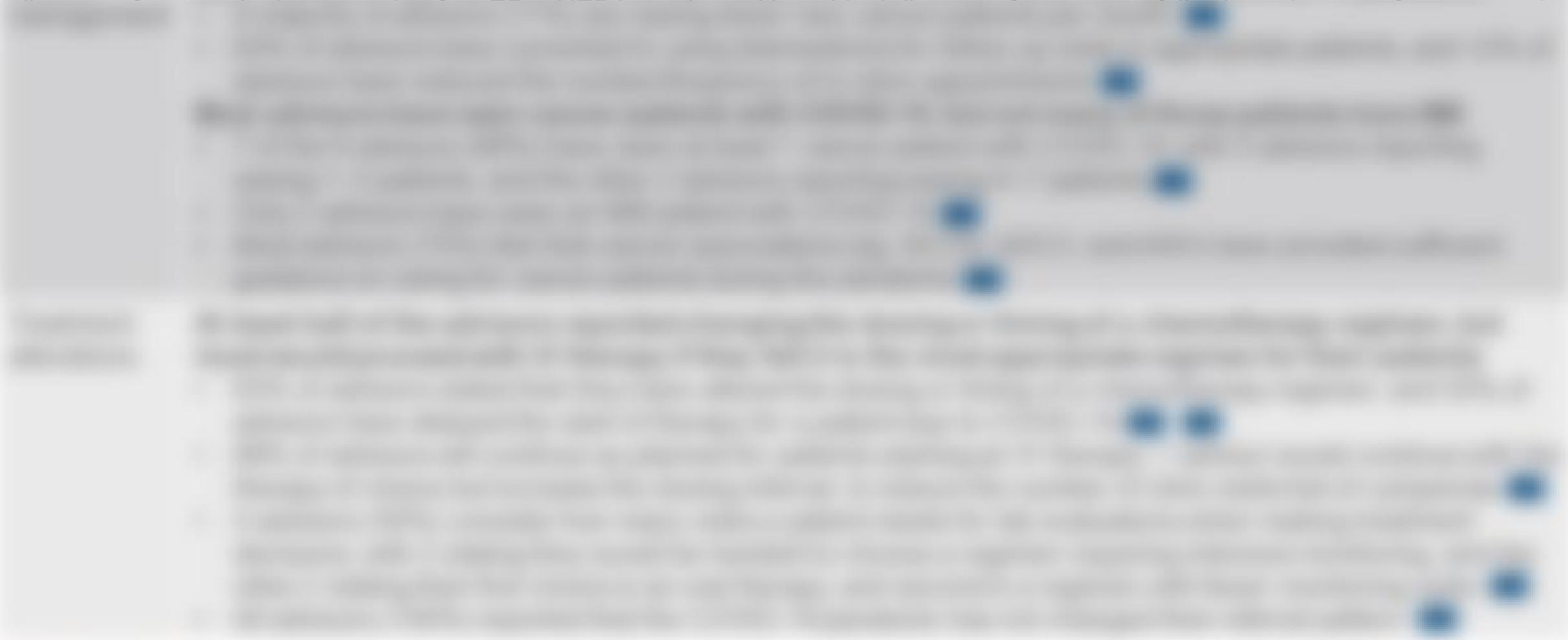


Topic	Data and Insights
HER2+	<p>All the advisors include HER2-targeting regimens in the therapy plan when a patient has HER2+ breast cancer</p> <p>HER2-targeting regimens are a key component of the treatment plan for HER2+ breast cancer. The majority of advisors (85%) recommend the use of HER2-targeting agents, such as trastuzumab, pertuzumab, and ado-trastuzumab emtansine (T-DM1), in combination with chemotherapy. This is consistent with the standard of care for HER2+ breast cancer, which has been established through clinical trials and is supported by NCCN and ASCO guidelines.</p> <p>The most common HER2-targeting regimen is trastuzumab plus chemotherapy, which is used in approximately 75% of cases. Pertuzumab is also commonly used, often in combination with trastuzumab and chemotherapy, in approximately 60% of cases. T-DM1 is used in approximately 40% of cases, typically as a second-line or adjuvant treatment.</p> <p>The use of HER2-targeting regimens is also influenced by the patient's clinical history and the stage of the disease. For example, patients with early-stage disease may receive HER2-targeting therapy as part of their initial treatment, while patients with advanced disease may receive it as a second-line or later-line treatment.</p>

TREATMENT OF HER2+ BC (2/2)



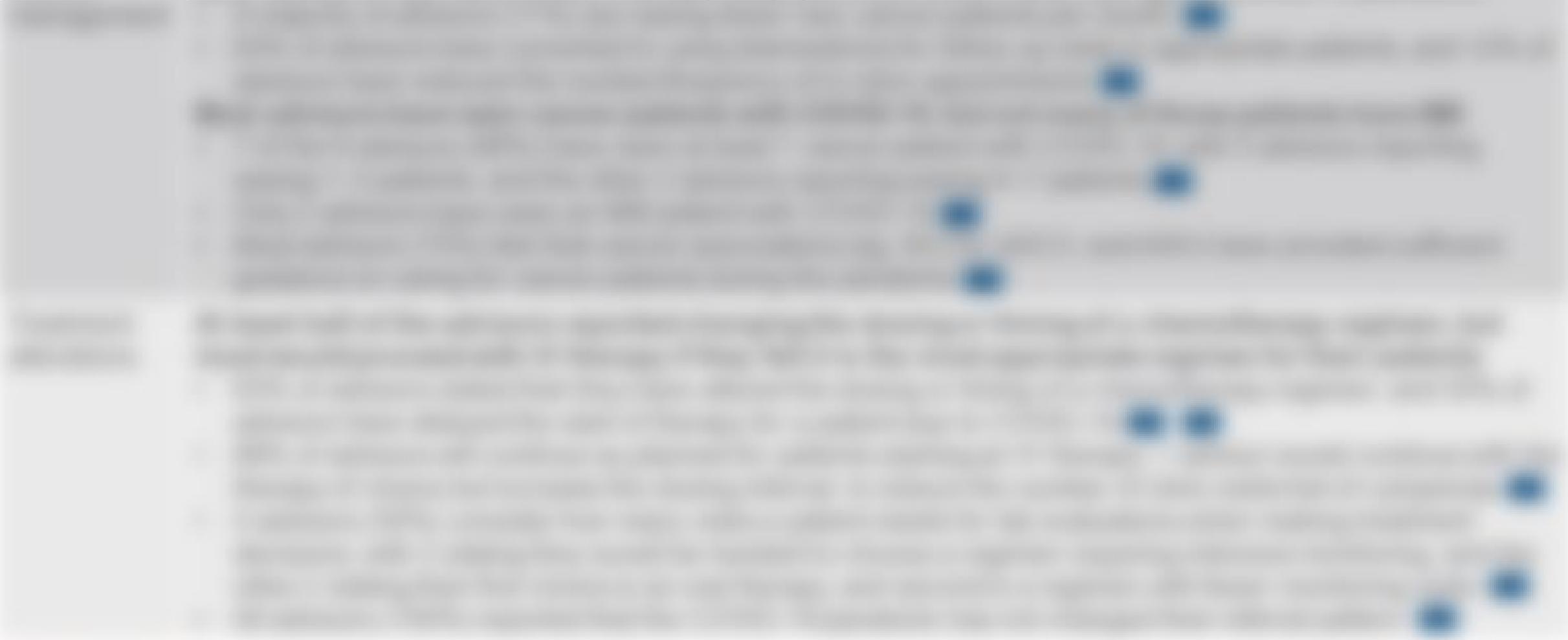
Topic	Data and Insights
Residual	For residual disease after surgery following a neoadjuvant therapy, advisors tend to choose T-DM1



TREATMENT OF HER2+ mBC



Topic	Data and Insights
First-line	Advisors prefer the dual HER2 blockade regimen for systemic treatment of HER2+ disease



QUOTES: INITIAL TREATMENT OF HER2+ ADVANCED BREAST CANCER



[On use of neratinib]: “I think the reason I’ve not been interested [in

...]

...]

...]

...]

...]

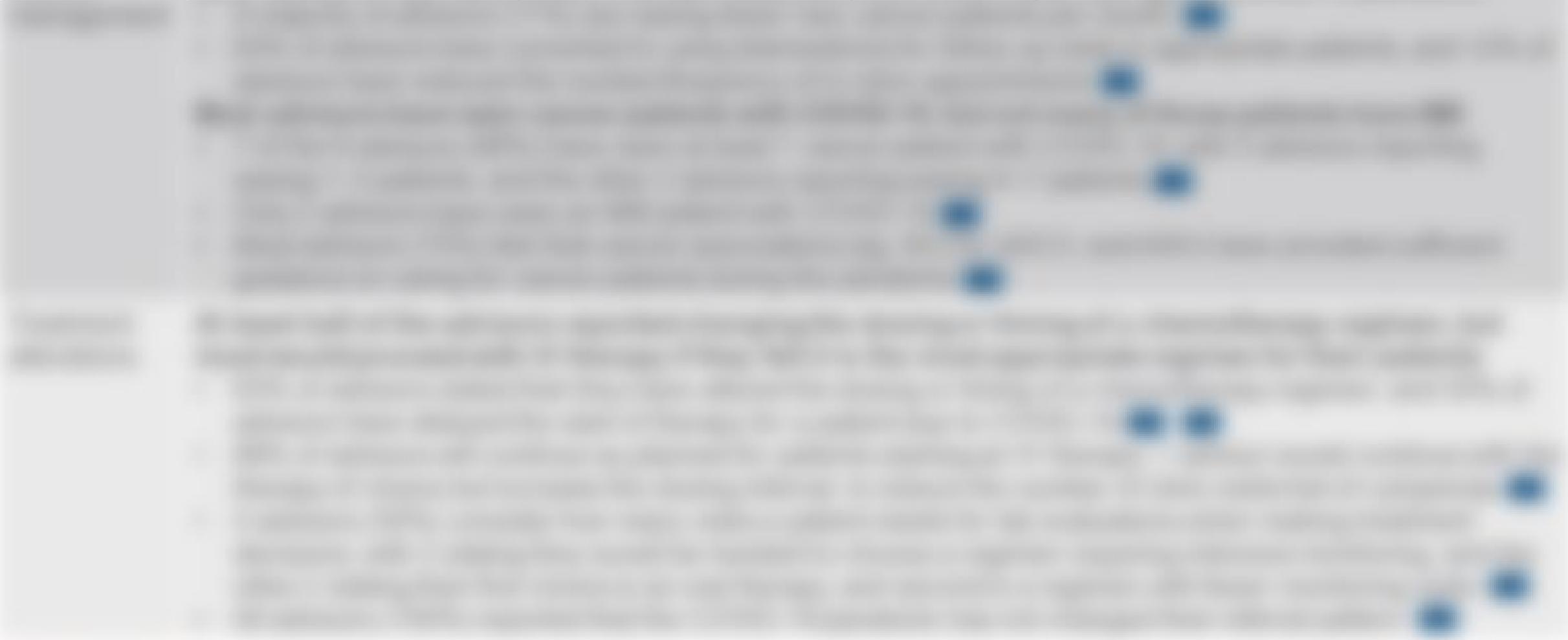
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...]

TREATMENT OF PROGRESSIVE HER2+ mBC (1/2)



Topic	Data and Insights
Second-line	Advisors are increasingly interested in the tucatinib regimen in second line. Currently, most advisors



TREATMENT OF PROGRESSIVE HER2+ mBC (2/2)



Topic	Data and Insights
Perceptions	Advisors want to use tucatinib in the second-line setting, specifically in patients with brain metastases



QUOTES: PROGRESSIVE HER2+ mBC (2/3)



[On use of tucatinib]: “I have used tucatinib before. I did have experience

[Blurred text]

[Blurred text]

[Blurred text]

[Blurred text]

[On tucatinib’s side effects]: “I’ve only had very limited experience with it

[Blurred text]

[Blurred text]

[Blurred text]



QUOTES: PROGRESSIVE HER2+ mBC (3/3)



[Would you consider adjuvant neratinib after Kadcyła?]: “Quite honest

[blurred text]



Advisor Key Takeaways

KEY TAKEAWAYS*



<p>[Blurred text]</p>	<p>[Blurred text]</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? (N = 6*)

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

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IN HOW MANY BREAST CANCER PATIENTS HAVE YOU USED THE DRUG T-DM1 (KADCYLA) IN THE PAST YEAR? (N = 6*)



FOR EXAMPLE PURPOSES ONLY



IN HOW MANY BREAST CANCER PATIENTS HAVE YOU USED THE DRUG LAPATINIB (TYKERB) IN THE PAST YEAR? (N = 6*)



FOR EXAMPLE PURPOSES ONLY



IN HOW MANY BREAST CANCER PATIENTS HAVE YOU USED THE DRUG NERATINIB (NERLYNX) IN THE PAST YEAR? (N = 6*)



FOR EXAMPLE PURPOSES ONLY



IN HOW MANY BREAST CANCER PATIENTS HAVE YOU USED THE DRUG TRASTUZUMAB DERUXTECAN (ENHERTU) IN THE PAST YEAR? (N = 6*)



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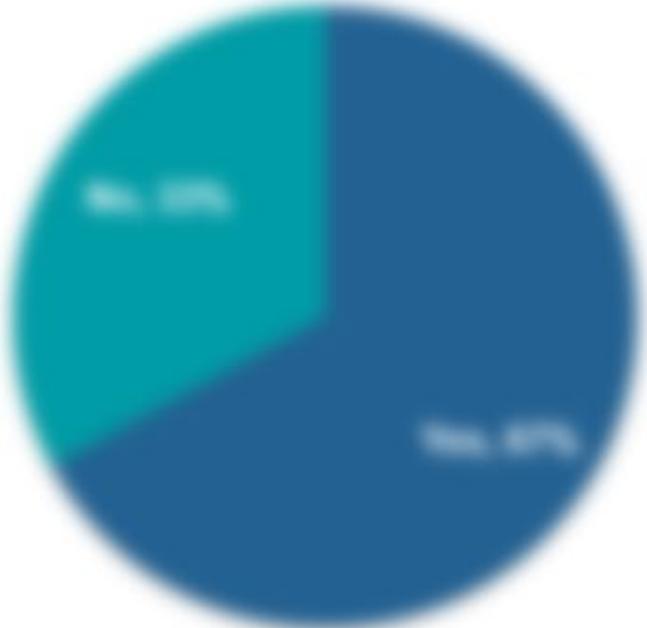


SINCE THE RECENT APPROVAL OF TUCATINIB (TUKYSA), IN HOW MANY OF YOUR HER2+ PATIENTS HAVE YOU PRESCRIBED THIS THERAPY? (N = 6*)

FOR EXAMPLE PURPOSES ONLY

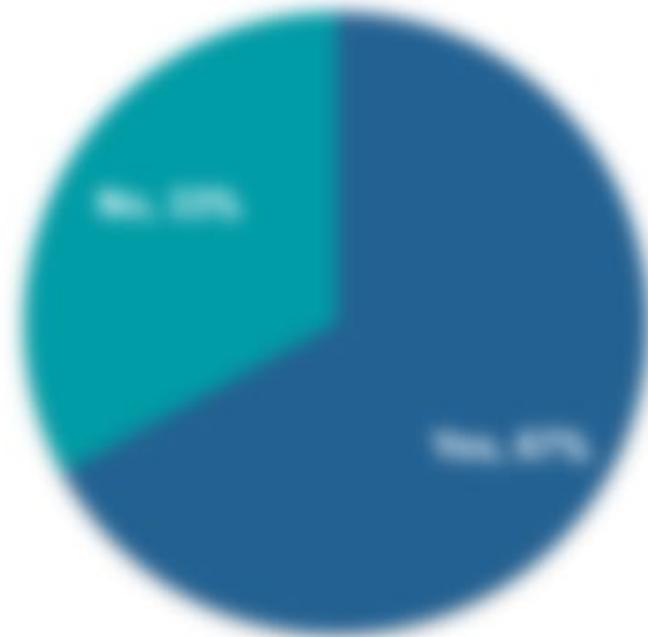


FOLLOWING ADJUVANT TRASTUZUMAB-BASED THERAPY, HAVE YOU EVER PRESCRIBED ADDITIONAL THERAPY (EXTENDED ADJUVANT) FOR YOUR HER2+ BREAST CANCER PATIENTS? (N = 6*)



CASE 1

- > A 47-year-old premenopausal woman presents with stage IIIa (T2N0) HER2+, ER+, PR- IDC. Would you consider neoadjuvant therapy for this patient? (N = 5*)



IF YES, WHICH NEOADJUVANT THERAPY WOULD YOU RECOMMEND? (N = 6)*

FOR EXAMPLE PURPOSES ONLY

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

[Blurred text]

[Blurred text]

WHAT WOULD YOU CONSIDER NEXT FOR THIS PATIENT? (N = 6*)

FOR EXAMPLE PURPOSES ONLY

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

[Blurred text block]

[Blurred text block]

IN ADDITION TO AN ANTIOSTEOCLAST AGENT, YOU
RECOMMEND: (N = 8*)

FOR EXAMPLE PURPOSES ONLY

CASE 2 CONT.

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

[Blurred text]

[Blurred text]

IN ADDITION TO AN ANTIOSTEOCLAST AGENT, AS
MAINTENANCE THERAPY YOU RECOMMEND. (N = 7*)

FOR EXAMPLE PURPOSES ONLY

CASE 2 CONT.

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

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[Blurred text block]

YOU NOW RECOMMEND: (N = 7*)

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CASE 2 CONT.

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

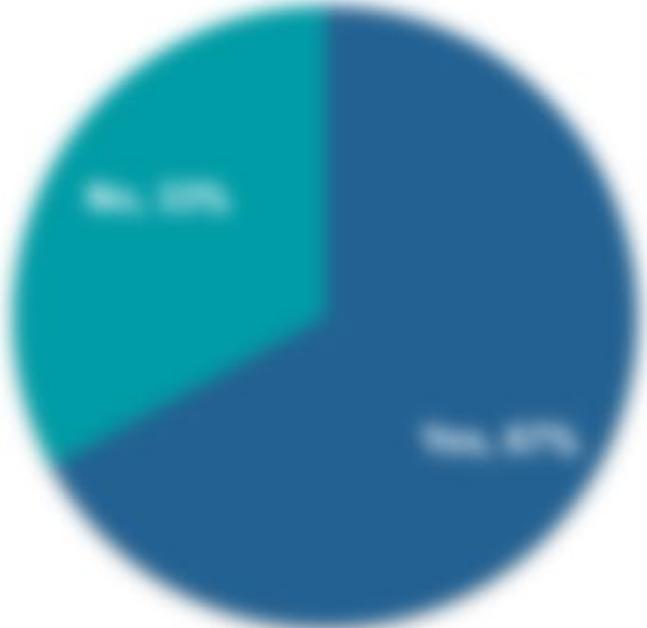
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YOU RECOMMEND: (N = 7*)

FOR EXAMPLE PURPOSES ONLY

TRUE OR FALSE: THE PNEUMONITIS AND INTERSTITIAL LUNG DISEASE ASSOCIATED WITH TRASTUZUMAB DERUXTECAN WILL PREVENT ME FROM PRESCRIBING THIS THERAPY IN APPLICABLE PATIENTS. (N = 6*)



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 = 8*)

