



CASES

CURRENT APPROACHES IN HER2+ BREAST CANCER

November 2, 2020

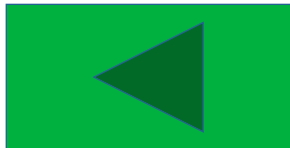
HOW TO NAVIGATE THIS REPORT



Click to return to table of contents









Click to move to topic of interest or ARS supporting data



Click to return to previous slide

Time	Topic
5.00 PM – 5.15 PM (15 min)	Introduction and ARS Questions
5.15 PM – 6.15 PM (60 min)	Management Options in HER2+ Metastatic Disease
6.15 PM – 6.30 PM (15 min)	Postpresentation ARS Questions

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

STUDY OBJECTIVES

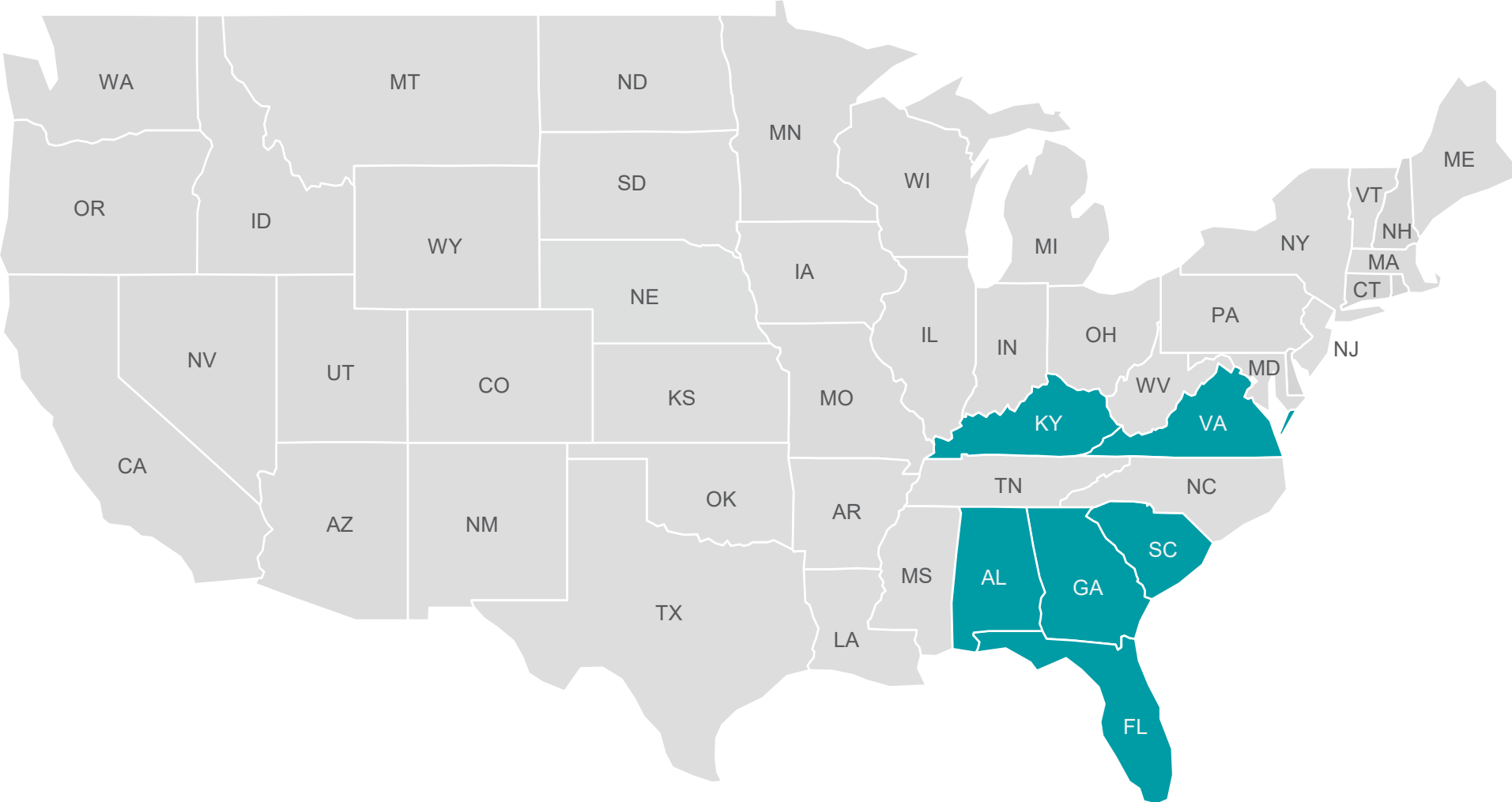


To gain advisors' perspectives on the following

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

- > An insights-generating meeting focusing on treatment of HER2+ breast cancer was held on November 2, 2020, in a virtual setting
- > Disease state and data presentations were developed in conjunction with Ian Krop, MD, PhD, a medical expert from Dana-Farber Cancer Institute
- > A faculty discussion panel additionally included Martin Dietrich, MD, PhD, and Lee Schwartzberg, MD, FACP
- > The group of advisors comprised 27 community oncologists from the Southeast region of the US
 - The advisors represented the following practices: Florida Cancer Specialists, Bon Secours Cancer Institute, Georgia Cancer Specialists, Commonwealth Cancer Center, University of Alabama Hospital, Oncology & Hematology Associates of West Broward, Aventura Hospital & Medical Center, Mid-Florida Cancer Centers, Peeples Cancer Institute, Hematology-Oncology Associates of Alabama, South Carolina Cancer Specialists, Northwest Georgia Oncology Centers PC, Center for Hematology-Oncology, Kaiser Permanente, Cancer & Blood Specialists of NOVA, AdventHealth, and Hematology Oncology Associates of the Palm Beaches
- > Insights on the following therapies were obtained
 - Trastuzumab, lapatinib, pertuzumab, T-DM1, neratinib, tucatinib, trastuzumab deruxtecan, Als, and chemotherapies
- > Data collection was accomplished through use of audience response system questioning both prior to and following the expert's presentation and discussion with the faculty panel

SOUTHEAST REGION





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Topline Takeaways

Safety and Activity

Advisors feel trastuzumab deruxtecan has the best activity in HER2+ mBC patients without brain mets, and strongly feel

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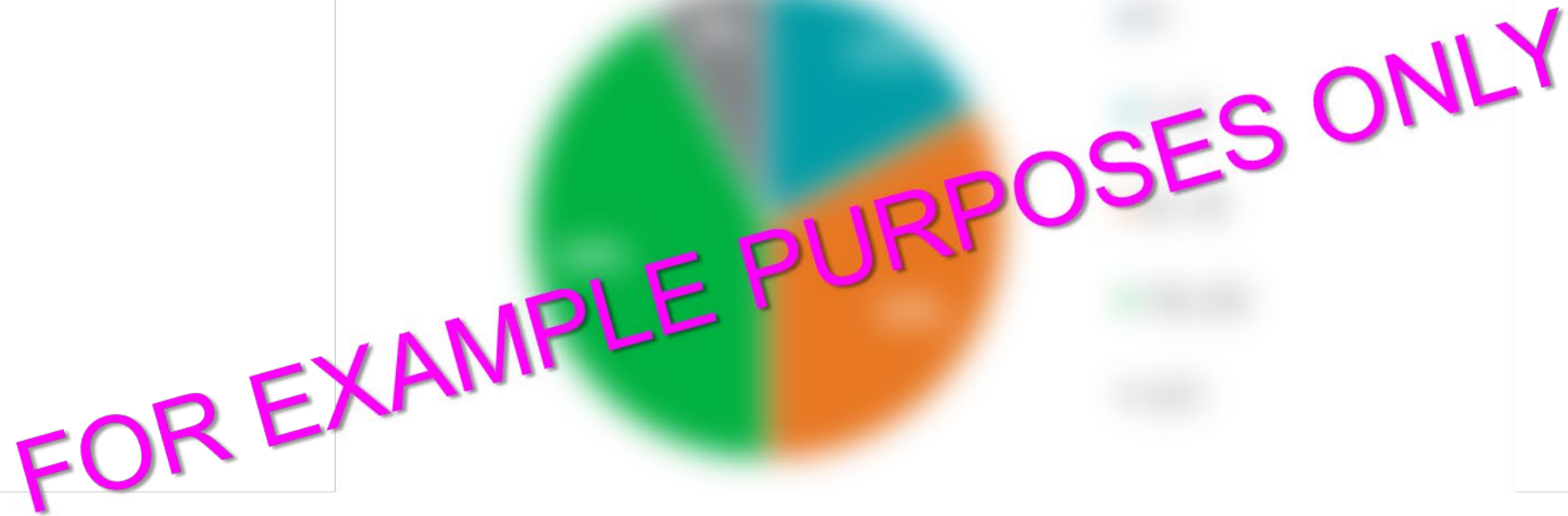


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Participant Demographics

PARTICIPANT DEMOGRAPHICS

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



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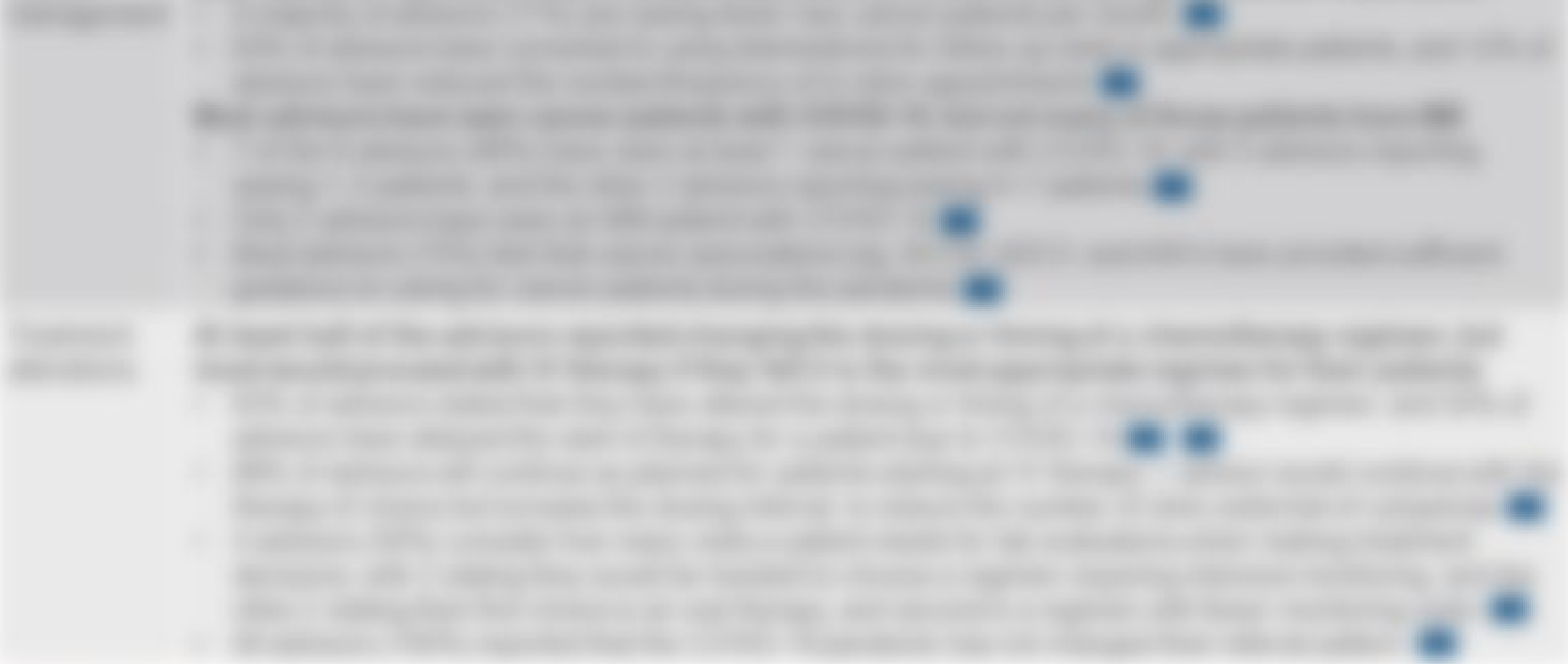
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**Key Insights: Treatment of
HER2+ mBC**

TREATMENT OF HER2+ mBC (1/2)

Topic	Data and Insights
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Experience	When treating HER2+ mBC, most advisors are using T-DM1 and have less experience with newly introduced HER-2-targeting
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TREATMENT OF HER2+ mBC (2/2)



Topic	Data and Insights
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Second-line	In HER2+ mBC patients without brain metastases who progress following first-line THP, most advisors indicated they prefer to
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Treatment of HER2+ mBC

ARS RESULTS

IN HOW MANY BREAST CANCER PATIENTS HAVE YOU USED THE DRUG T-DM1 (KADCYLA) IN THE PAST YEAR? (N = 16*)



FOR EXAMPLE PURPOSES ONLY



IN HOW MANY BREAST CANCER PATIENTS HAVE YOU USED THE DRUG NERATINIB (NERLYNX) IN THE PAST YEAR? (N = 15*)

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IN HOW MANY BREAST CANCER PATIENTS HAVE YOU USED THE DRUG TRASTUZUMAB DERUXTECAN (ENHERTU) IN THE PAST YEAR? (N = 10*)

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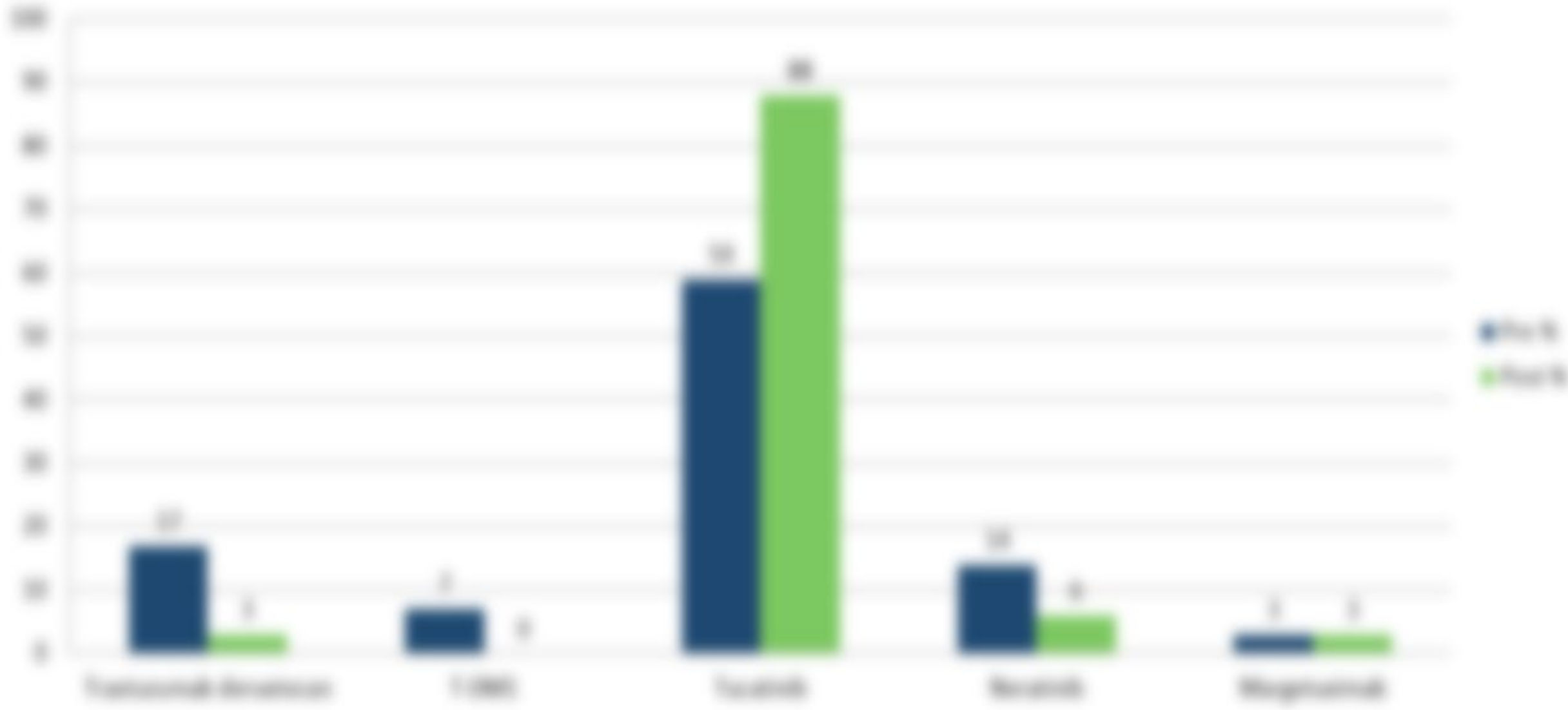
IN HOW MANY OF YOUR HER2+ PATIENTS HAVE YOU PRESCRIBED TUCATINIB (TUKYSA) IN THE PAST YEAR?

CASES

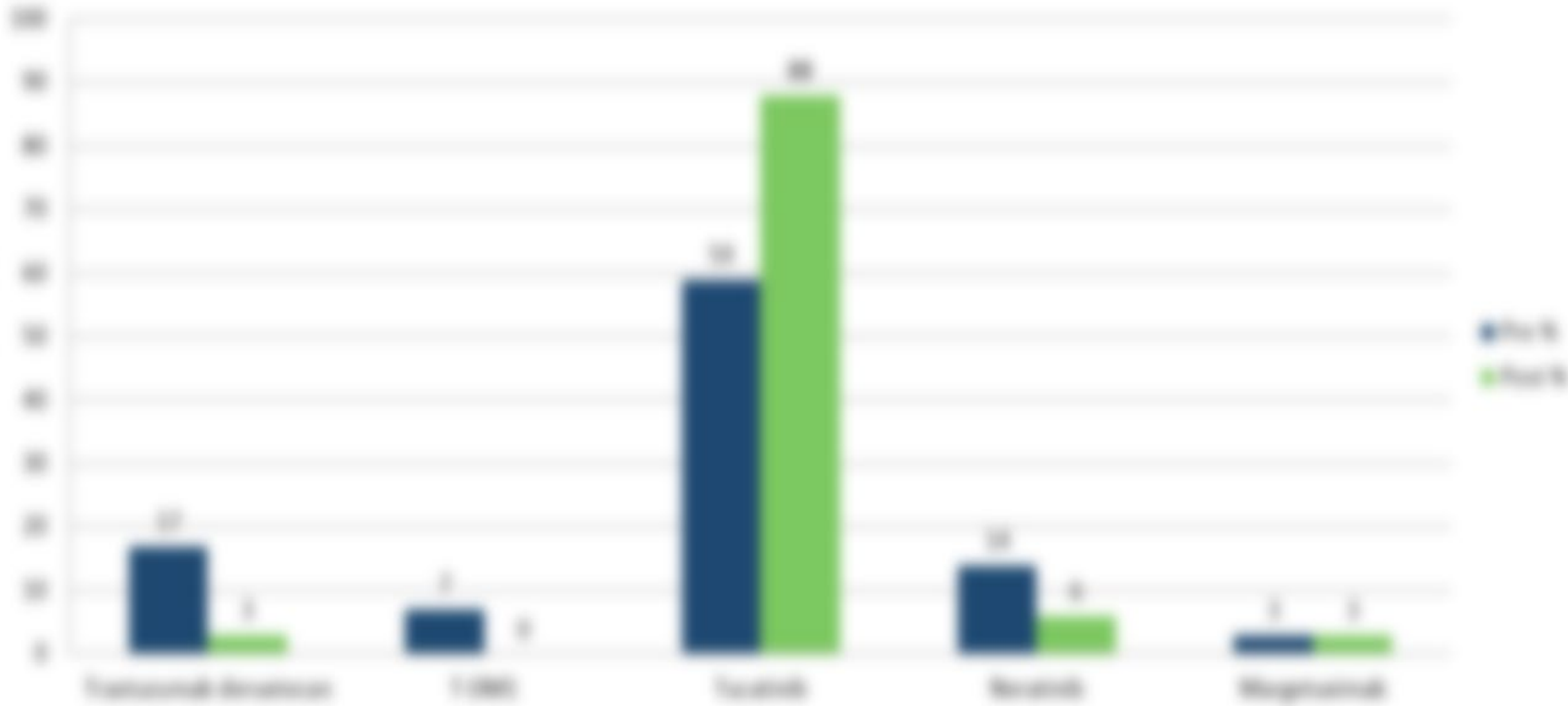
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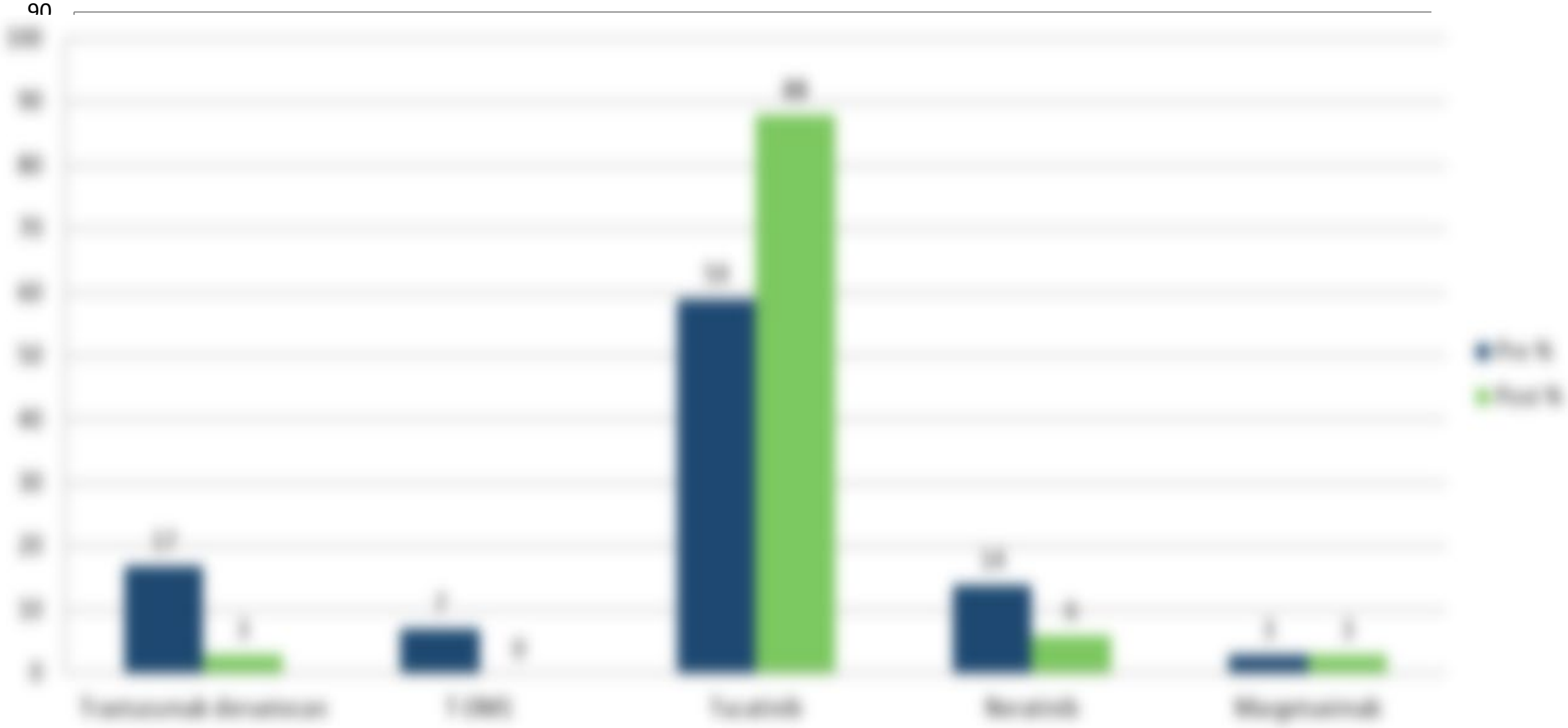
WHICH OF THE FOLLOWING THERAPIES DO YOU FEEL HAS THE BEST ACTIVITY IN PATIENTS WITH BRAIN METASTASES? (PRE: N = 16*; POST: N = 16*)



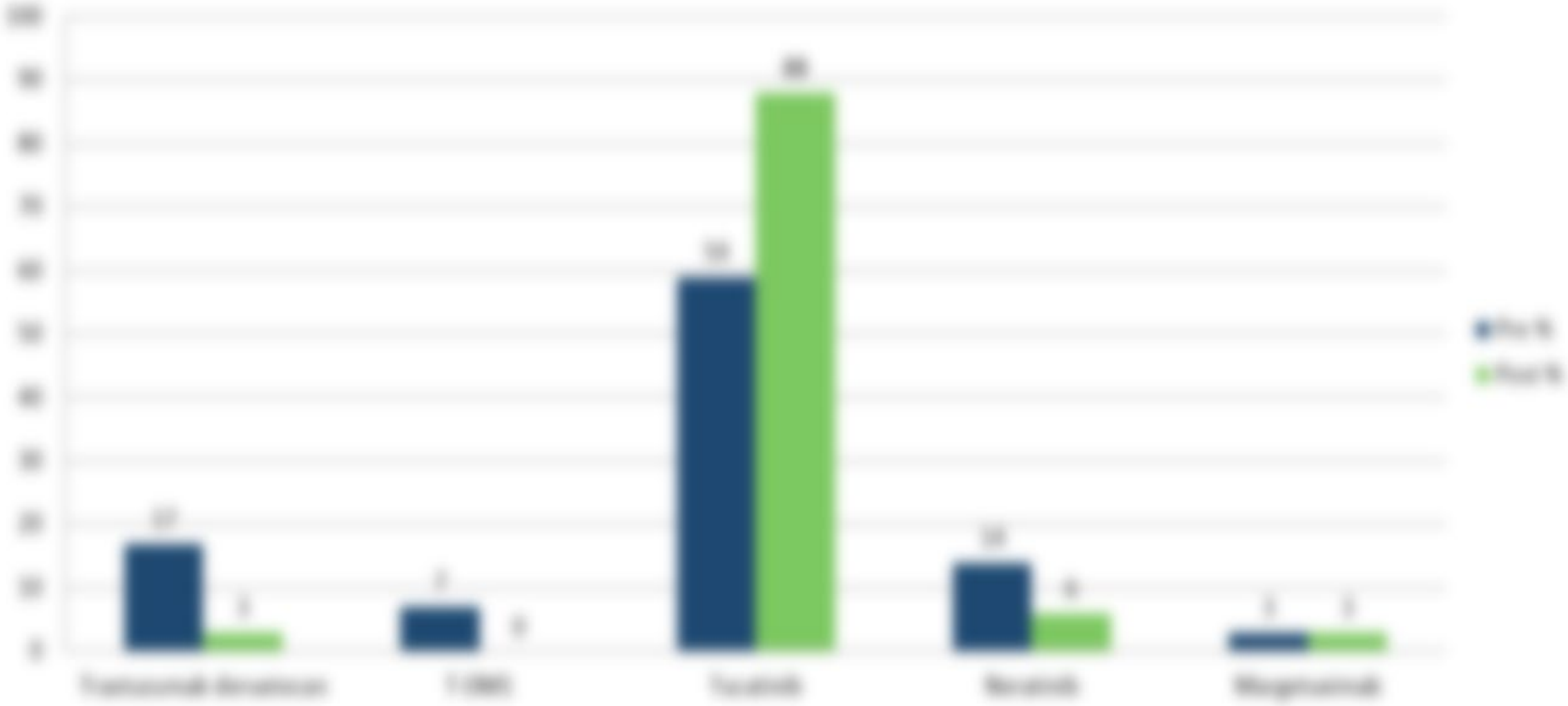
WHICH OF THE FOLLOWING THERAPIES DO YOU FEEL HAS THE BEST ACTIVITY IN PATIENTS WITHOUT BRAIN METASTASES? (PRE: N = 15*; POST: N = 16†)



WHICH OF THE FOLLOWING DO YOU FEEL HAS THE MOST CONCERNING TOXICITY PROFILE? (PRE: N = 15*; POST: N = 15*)



DO YOU FEEL COMFORTABLE MANAGING INTERSTITIAL LUNG DISEASE ASSOCIATED WITH TRASTUZUMAB DERUXTECAN? (PRE: N = 17*; POST: N = 18†)



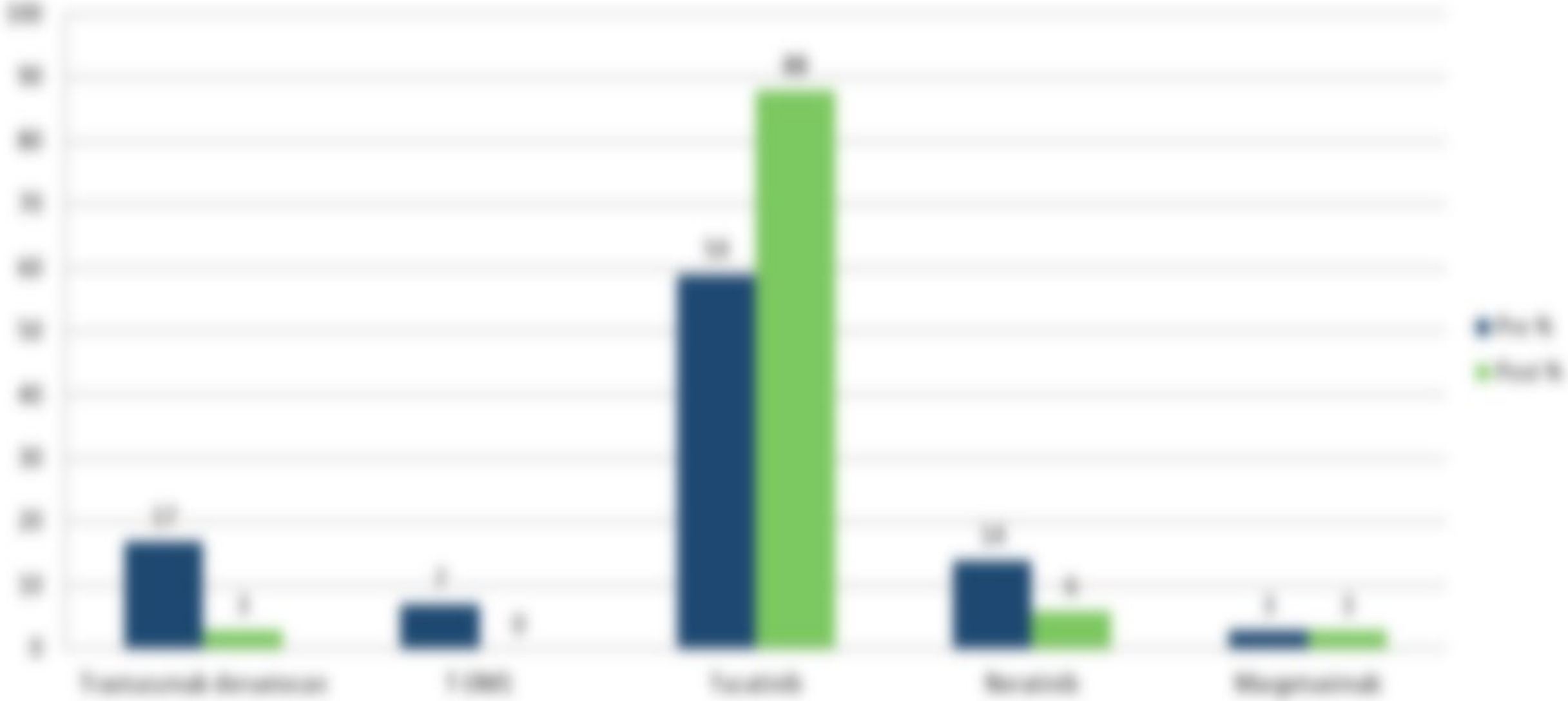
WHEN SELECTING SYSTEMIC THERAPY FOR A PATIENT WITH HER2+ METASTATIC DISEASE PROGRESSING AFTER FIRST-LINE THP AND SECOND-LINE T-DM1, WHICH FACTOR IS MOST IMPORTANT TO YOU? (N =19*)

FOR EXAMPLE PURPOSES ONLY



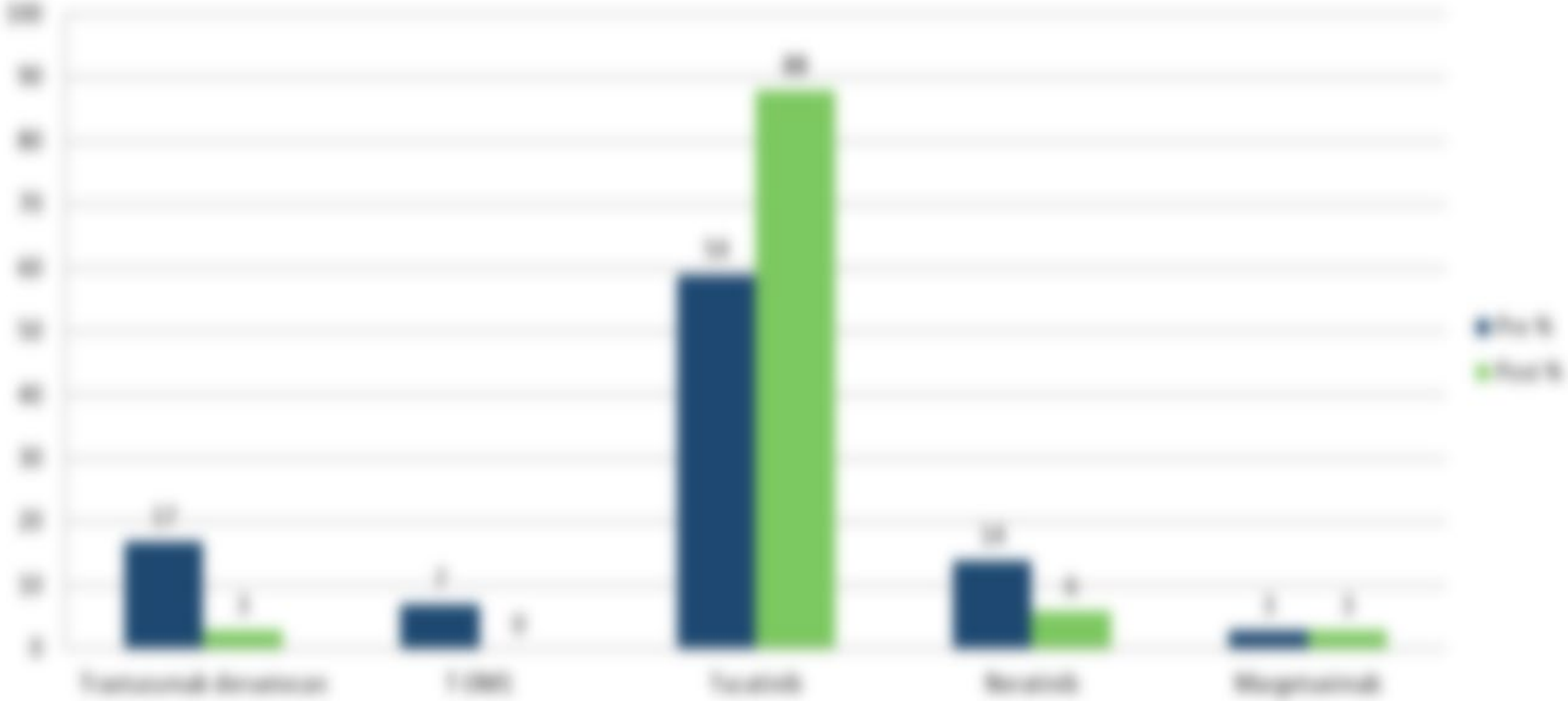
FOLLOWING FIRST-LINE THP FOR HER2+ METASTATIC DISEASE, WHICH OF THE FOLLOWING THERAPIES WOULD YOU PREFER TO USE IN SECOND LINE FOR A PATIENT WITHOUT BRAIN METASTASES?

(PRE: N = 18*, POST: N = 10+)



FOLLOWING FIRST-LINE THP FOR HER2+ METASTATIC DISEASE, WHICH OF THE FOLLOWING THERAPIES WOULD YOU PREFER TO USE IN SECOND LINE FOR A PATIENT WITH STABLE BRAIN METASTASES?

(PRE: N = 10*, POST: N = 10*)



FOLLOWING FIRST-LINE THP FOR HER2+ METASTATIC DISEASE, WHICH OF THE FOLLOWING THERAPIES WOULD YOU PREFER TO USE IN SECOND LINE FOR A PATIENT WITH ACTIVE BRAIN METASTASES?

(PRE: N = 20*, POST: N = 10+)

