



CASES

INSIGHTS INTO HEPATOCELLULAR CARCINOMA

Virtual Platform

November 4, 2020

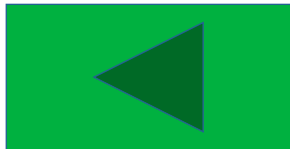
HOW TO NAVIGATE THIS REPORT



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
5.30 PM – 5.45 PM (15 min)	Introduction
5.45 PM – 6.10 PM (25 min)	First-Line Treatment of Advanced HCC
6.10 PM – 6.40 PM (30 min)	Moderated Discussion
6.40 PM – 6.50 PM (10 min)	BREAK
6.50 PM – 7.20 PM (30 min)	Second-Line and Subsequent Therapy for Advanced HCC
7.20 PM – 8.15 PM (55 min)	Moderated Discussion
8.15 PM – 8.30 PM (15 min)	Key Takeaways and Meeting Evaluation

Topic	Slide
Study Objectives	
Report Snapshot	
Topline Takeaways	
Participant Demographics	
Key Insights: Treatment of Advanced Hepatocellular Carcinoma	
Advisor Key Takeaways	
ARS Results: Insights Into Hepatocellular Carcinoma	

STUDY OBJECTIVES



To gain advisors' perspectives on

- > 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 treatment of HCC was held on November 4, 2020, in a virtual setting
- > Disease state and data presentations were developed in conjunction with Tanios Bekaii-Saab, MD, a medical expert from the Mayo Clinic in Phoenix, Arizona
- > The group of advisors comprised 12 community oncologists from the midwest United States including
 - Illinois Cancer Specialists; Singh Arora Oncology Hematology; Zangmeister Cancer Center; AMITA Health Cancer Institute; St. Joseph Mercy Oakland Cancer Center; Great Lakes Cancer Management Specialist; Cleveland Clinic Akron General Hematology/Oncology; Gesme Consulting; Northwest Cancer Center; Fort Wayne Medical Oncology and Hematology; Loyola University Medical Center
- > Insights on the following therapies were obtained
 - Sorafenib vs lenvatinib; checkpoint inhibitors including atezolizumab and nivolumab; cabozantinib, nivolumab vs pembrolizumab, ramucirumab (high alpha-fetoprotein [AFP]), regorafenib, ipilimumab + nivolumab
- > Data collection was accomplished through use of an audience response system (ARS), questioning, and moderated discussion



Topline Takeaways

INSIGHTS INTO HEPATOCELLULAR
CARCINOMA

TOPLINE TAKEAWAYS



First-Line Therapy

[Redacted content]

[Redacted content]

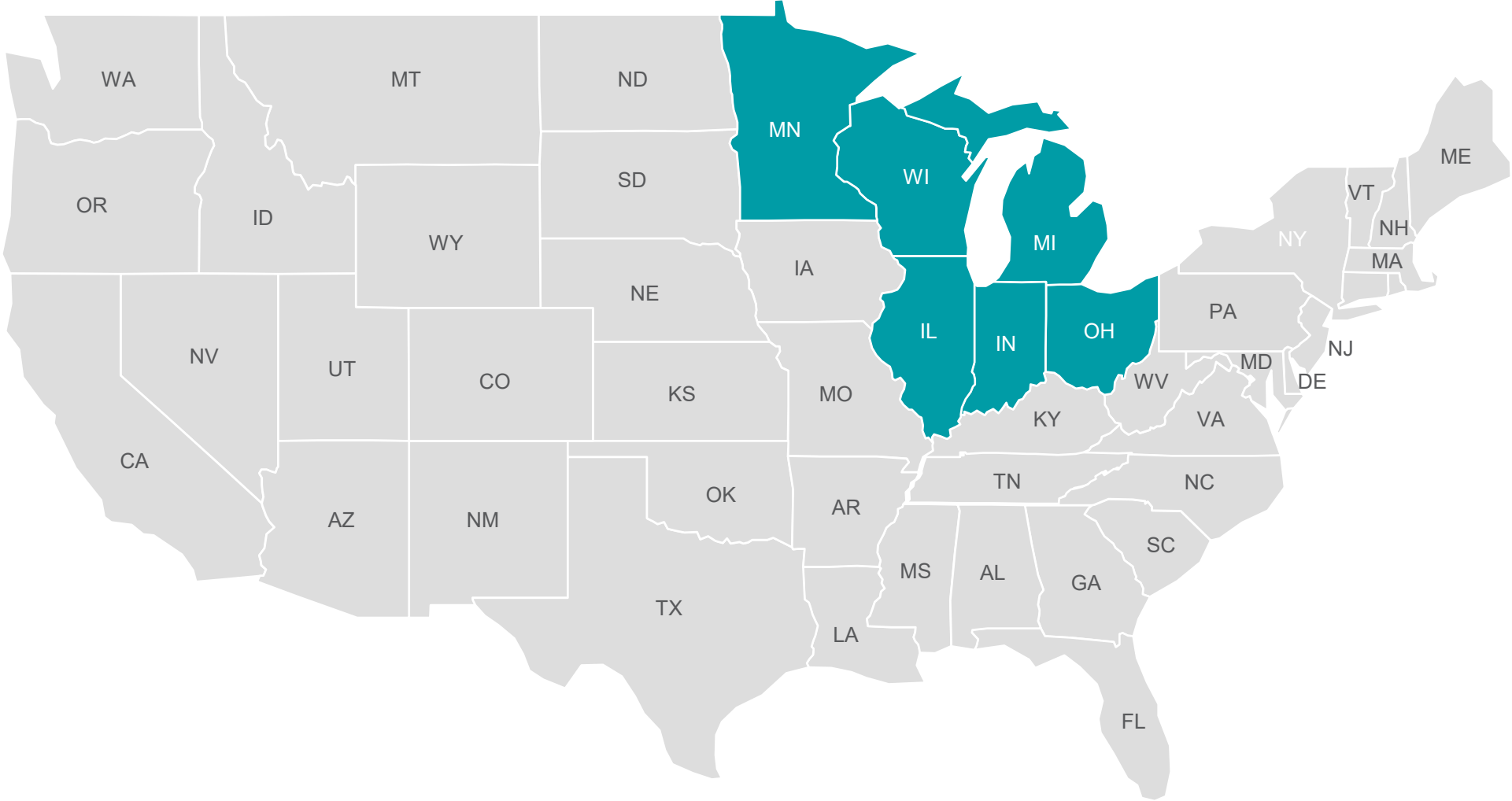


CASES

Participant Demographics

INSIGHTS INTO HEPATOCELLULAR
CARCINOMA

PARTICIPANT DEMOGRAPHICS (1/2)



PARTICIPANT DEMOGRAPHICS (2/2)

Approximately what percentage of your patients have advanced/unresectable HCC? (n = 12)



[Blurred text area]

 CASES

Key Insights: Treatment of Advanced Hepatocellular Carcinoma

FIRST-LINE TREATMENT OF
ADVANCED HCC

FIRST-LINE TREATMENT OF ADVANCED HCC (1/2)



Topic	Data and Insights
	Advisors see a variety of cancer patients and most do not specialize in unresectable HCC

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

FIRST-LINE TREATMENT OF ADVANCED HCC (2/2)



Topic	Data and Insights
	For first-line therapy, advisors give the greatest deference by far to treatment effectiveness vs other

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

QUOTES: FIRST-LINE TREATMENT OF ADVANCED HCC



[Regarding using lenvatinib instead of atezolizumab +

[Blurred text block]

[Blurred text block]

[Blurred text block]

[Blurred text block]

[Blurred text block]

[Blurred text block]

SECOND-LINE AND SUBSEQUENT THERAPY FOR ADVANCED HCC (1/3)



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

	Similar to first-line treatment approaches, advisors give the greatest preference to treatment
--	--

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

SECOND-LINE AND SUBSEQUENT THERAPY FOR ADVANCED HCC (2/3)



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

While changing mechanism of action for second-line therapies vs first line is preferred, advisors do not

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

SECOND-LINE AND SUBSEQUENT THERAPY FOR ADVANCED HCC (3/3)



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

Advisors acknowledge that there is no true biomarker to guide treatments of advanced HCC patients

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

QUOTES: SECOND-LINE AND SUBSEQUENT THERAPY FOR ADVANCED HCC



“I try to . . . switch the class of the drug. So now I'm using

[blurred text]

[blurred text]

[blurred text]

[blurred text]

[blurred text]

[blurred text]

[blurred text]



CASES

Advisor Key Takeaways

ADVISOR KEY TAKEAWAYS (1/3)



Advisor 1

- The treatment field of advanced HCC is evolving,

[Blurred content for Advisor 1]

Advisor 3

- This advisor was reminded of the caution that must be

[Blurred content for Advisor 3]

ADVISOR KEY TAKEAWAYS (2/3)



Advisor 5

- Learned that cabozantinib is used in patients who have

Advisor 7

- The firm data showing the atezolizumab + bevacizumab

ADVISOR KEY TAKEAWAYS (3/3)



Advisor 9

- As a young physician, this advisor found the review of

Advisor 11

- Moving atezolizumab + bevacizumab to the first-line setting



CASES

INSIGHTS INTO HEPATOCELLULAR CARCINOMA

ARS RESULTS: FIRST-LINE TREATMENT OF
ADVANCED HCC

APPROXIMATELY WHAT PERCENTAGE OF YOUR PATIENTS HAVE ADVANCED/UNRESECTABLE HCC? (N = 12)

FOR EXAMPLE PURPOSES ONLY

IN GENERAL, MY PREFERRED FIRST-LINE SYSTEMIC THERAPY FOR UNRESECTABLE HCC IS: (N = 12)

FOR EXAMPLE PURPOSES ONLY

MY FIRST-LINE THERAPY SELECTION FOR UNRESECTABLE HCC IS MAINLY DRIVEN BY: (N = 12)

FOR EXAMPLE PURPOSES ONLY

IN HOW MANY ADVANCED HCC PATIENTS HAVE YOU EVER USED ATEZOLIZUMAB + BEVACIZUMAB IN THE FIRST-LINE SETTING? (N = 12)

FOR EXAMPLE PURPOSES ONLY

CASE 1

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

[Blurred text block]

[Blurred text block]

WHAT WOULD YOU RECOMMEND FOR THIS PATIENT? (N = 11)



FOR EXAMPLE PURPOSES ONLY



CASES

INSIGHTS INTO HEPATOCELLULAR CARCINOMA

ARS RESULTS: SECOND-LINE AND
SUBSEQUENT THERAPY FOR ADVANCED HCC

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

FOR EXAMPLE PURPOSES ONLY

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

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 41-YEAR-OLD PATIENT NOW? (N = 10)

FOR EXAMPLE PURPOSES ONLY

HOW IMPORTANT IS AFP LEVEL WHEN DETERMINING SECOND-LINE THERAPY FOR YOUR HCC PATIENTS? (N = 11)

FOR EXAMPLE PURPOSES ONLY

IN HOW MANY UNRESECTABLE HCC PATIENTS HAVE YOU EVER USED THE DRUG RAMUCIRUMAB IN THE SECOND-LINE SETTING? (N = 12)

FOR EXAMPLE PURPOSES ONLY



US Headquarters

5901-C Peachtree Dunwoody Road NE
Suite 200, Atlanta, GA 30328, US

EU Headquarters

Wilhelmina van Pruisenweg 104
2595 AN The Hague, the Netherlands

aptitudehealth.com

