



CASES

INSIGHTS INTO RENAL CELL CARCINOMA

November 16, 2020

Northeast Region

HOW TO NAVIGATE THIS REPORT



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Time (EST)	Topic
5.30 PM – 5.45 PM (15 min)	Introduction
5.45 PM – 6.55 PM (70 min)	First-Line Therapy of Advanced Renal Cell Carcinoma
6.55 PM – 7.05 PM (10 min)	Break
7.05 PM – 8.15 PM (70 min)	Subsequent Management of Advanced Renal Cell Carcinoma
8.15 PM – 8.30 PM (15 min)	Key Takeaways and Meeting Evaluation

Topic	Slide
Study Objectives	
Report Snapshot	
Topline Takeaways and Strategic Considerations	
Key Insights: Treatment of Advanced Renal Cell Carcinoma	
Advisor Key Takeaways	
ARS Data: Advanced Renal Cell Carcinoma	

STUDY OBJECTIVES



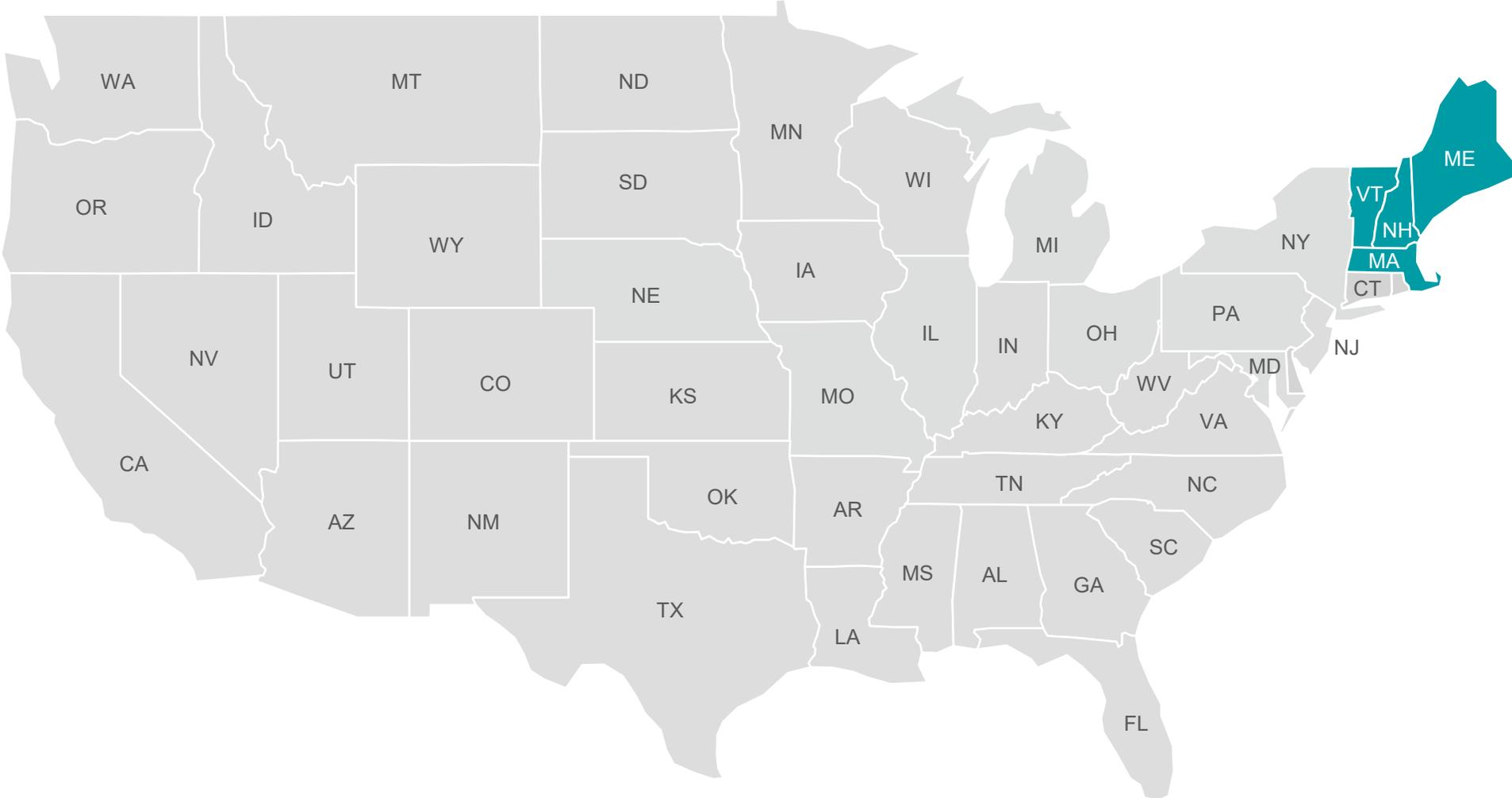
To gain advisors' perspectives on the following

- > Current treatment practices regarding therapy of advanced renal cell carcinoma (RCC)
- > Current treatment practice attitudes toward recently introduced and upcoming agents

- > A roundtable discussion, moderated by an Access Oncology Network physician, focusing on treatment of advanced RCC was held on November 16, 2020, in a virtual setting
- > Disease state and data presentations were developed in conjunction with Bradley A. McGregor, MD, a medical expert from Dana-Farber Cancer Institute
- > The group of advisors comprised 10 community oncologists from the following practices
 - Maine
 - New England Cancer Specialists, York Oncology, Maine Centers for Healthcare
 - Massachusetts
 - Lahey Clinic Medical Center, Steward Medical Group, University of Massachusetts, Norfolk Center for Cancer Care and Hematology, Southcoast Hematology and Oncology
 - New Hampshire
 - Foundation Hematology and Oncology
 - Vermont
 - Champlain Valley Hematology Oncology

- > Insights on the following therapies were obtained
 - Sunitinib, pazopanib, cabozantinib, axitinib, lenvatinib, ipilimumab, pembrolizumab, nivolumab, avelumab, everolimus, and combinations of these drugs
- > Data collection was accomplished through use of audience response system questioning and moderated discussion

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**Topline Takeaways and
Strategic Considerations**



TOPLINE TAKEAWAYS: ADVANCED RCC



First-Line Therapy

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[Redacted content]



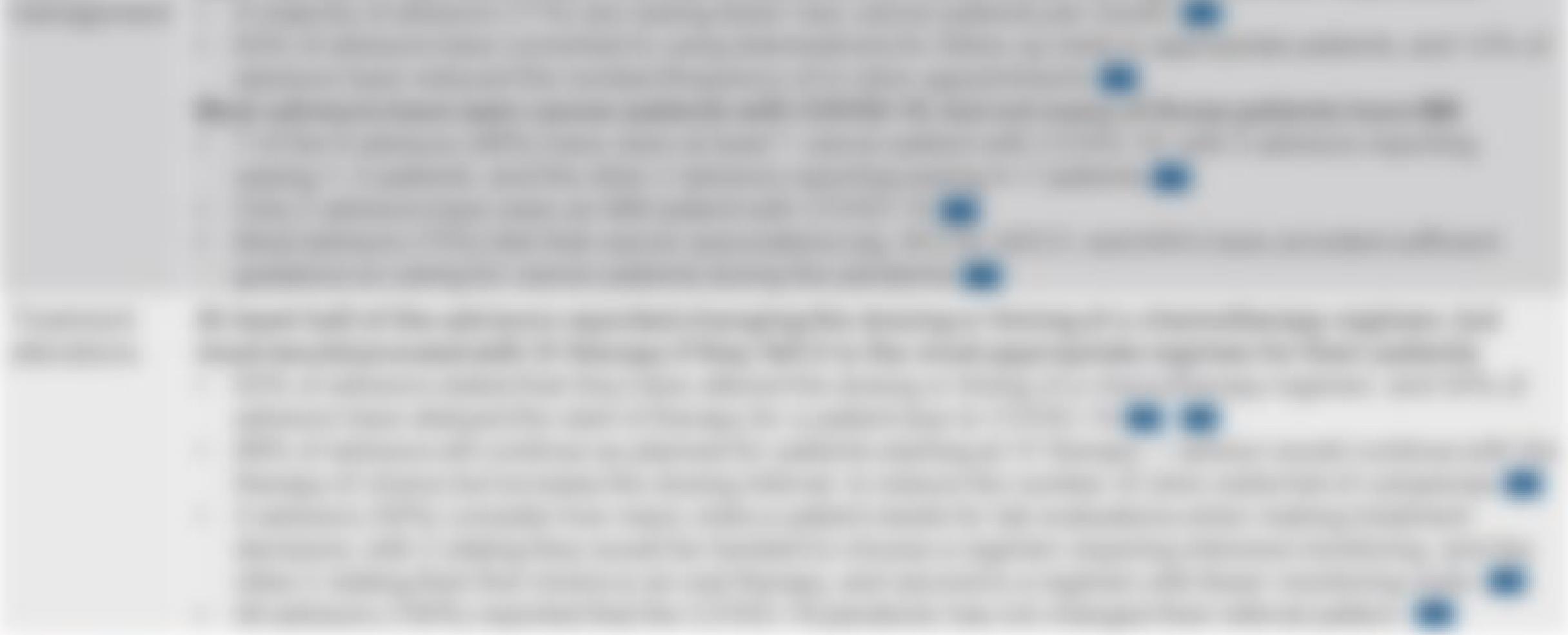
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Key Insights: Treatment of Advanced RCC

FIRST-LINE THERAPY OF ADVANCED RCC (1/2)

Topic	Data and Insights
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Therapy of	Most advisors are using TKI + immunotherapy (axi-pembro) or combination immunotherapy (ipi-nivo) in first line;
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FIRST-LINE THERAPY OF ADVANCED RCC (2/2)



Topic	Data and Insights
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Patient	Advisors are generally in alignment with use of the axitinib + pembrolizumab combination in first line
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[Blurred text]	[Blurred text]
[Blurred text]	[Blurred text]

QUOTES: FIRST-LINE TREATMENT OF ADVANCED RCC (1/2)



[Advisor 5]: “My decision is all about risk-stratification, and then performance

[Blurred text block]

QUOTES: FIRST-LINE TREATMENT OF ADVANCED RCC (2/2)



[Blurred text block]

[Blurred text block]

[Blurred text block]

[Blurred text block]

[On ini-nivo vs nombre-ovi: "I think ini-nivo vs nombre-ovi is the great debate..."]

[Blurred text block]

[Blurred text block]

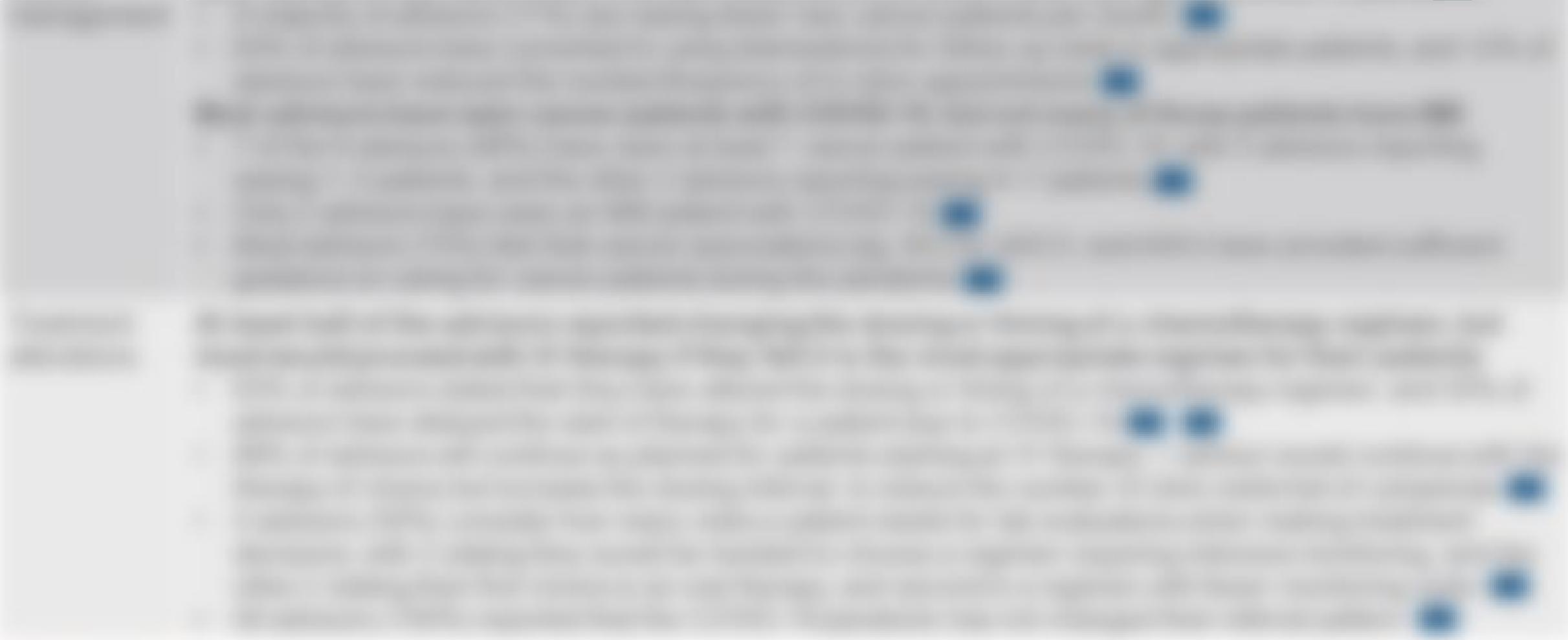
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SUBSEQUENT MANAGEMENT OF ADVANCED RCC



Topic	Data and Insights
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Therapy	Cabozantinib is the most frequently prescribed drug in second line for advanced RCC
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QUOTES: SUBSEQUENT MANAGEMENT OF ADVANCED RCC (1/2)



“[If cabo-nivo is given in the first line,] I would take one of the TKIs as single

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[Blurred text block]



QUOTES: SUBSEQUENT MANAGEMENT OF ADVANCED RCC (2/2)



“The issue always comes up when are you switching, you know, you want a

[Blurred text]





Advisor Key Takeaways

KEY TAKEAWAYS (1/2)

<u>Advisor 1</u>	<u>Advisor 2</u>
<ul style="list-style-type: none">• Yervoy and Opdivo is option number 1 in patients that can use it	<ul style="list-style-type: none">• For the higher risk patients in the first line setting, [I] may be a little

KEY TAKEAWAYS (2/2)

Advisor 7

- Ipi-nivo probably has the highest response rate and it's the

[Blurred content for Advisor 7]

Advisor 8

- Pembrolizumab-lenvatinib data for second line is really interesting

[Blurred content for Advisor 8]



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Advanced RCC

ARS RESULTS



IN THE PAST YEAR, IN HOW MANY UNIQUE RCC PATIENTS HAVE YOU USED THE DRUG SUNITINIB? (N = 10)

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FOR EXAMPLE PURPOSES ONLY

IN THE PAST YEAR, IN HOW MANY UNIQUE RCC PATIENTS HAVE YOU USED THE DRUG CABOZANTINIB? (N = 8*)

FOR EXAMPLE PURPOSES ONLY

IN THE PAST YEAR, IN HOW MANY UNIQUE RCC PATIENTS HAVE YOU USED A SINGLE-AGENT TKI INHIBITOR? (N = 8*)

FOR EXAMPLE PURPOSES ONLY

*Two advisors did not respond.

IN THE PAST YEAR, IN HOW MANY UNIQUE RCC PATIENTS HAVE YOU USED AXITINIB + PEMBROLIZUMAB? (N = 7*)

FOR EXAMPLE PURPOSES ONLY

*Three advisors did not respond.

IN THE PAST YEAR, IN HOW MANY UNIQUE RCC PATIENTS HAVE YOU USED IPILIMUMAB + NIVOLUMAB? (N = 8*)

FOR EXAMPLE PURPOSES ONLY

*Two advisors did not respond.

WHICH SITE OF METASTASIS CARRIES THE WORST PROGNOSIS IN METASTATIC KIDNEY CANCER PATIENTS?

FOR EXAMPLE PURPOSES ONLY

CABOZANTINIB DIFFERS FROM OTHER VEGFR TKIs IN ITS ABILITY TO INHIBIT WHICH TARGETS? (N = 8*)

FOR EXAMPLE PURPOSES ONLY

CABOZANTINIB HAS BEEN ASSOCIATED WITH EFFECTS ON THE FOLLOWING: (N = 10)

FOR EXAMPLE PURPOSES ONLY

THE MOST COMMON TOXICITY ASSOCIATED WITH CABOZANTINIB IS: (N = 9*)

FOR EXAMPLE PURPOSES ONLY

CASE 1

> A 70-year-old man initially found to have a 6-cm mass in his left kidney with

[Blurred text block]

[Blurred text block]

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

FOR EXAMPLE PURPOSES ONLY

> A 58-year-old man, diagnosed with RCC 4 years ago, underwent radical

[Blurred text block]

[Blurred text block]

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



FOR EXAMPLE PURPOSES ONLY

WHICH AGENT(S) DO YOU PRESCRIBE MOST FREQUENTLY FOR SECOND-LINE THERAPY? (N = 7*)

FOR EXAMPLE PURPOSES ONLY

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

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FOR EXAMPLE PURPOSES ONLY

WHAT WOULD YOU RECOMMEND FOR THIS PATIENT NOW? (N = 8*)

FOR EXAMPLE PURPOSES ONLY

*Two advisors did not respond.