



CASES

INSIGHTS INTO ADVANCED RENAL CELL CARCINOMA (RCC)

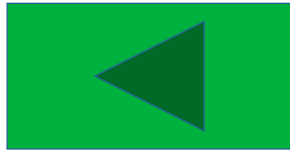
Thursday, December 3, 2020

Virtual Meeting

HOW TO NAVIGATE THIS REPORT



Click to move to topic of interest or ARS supporting data



Click to return to previous slide

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	
Study Objective	
Report Snapshot	
Key Insights	
ARS Data – Introduction	
ARS Data – Subsequent Management of Advanced RCC	
Advisor Key Takeaways	

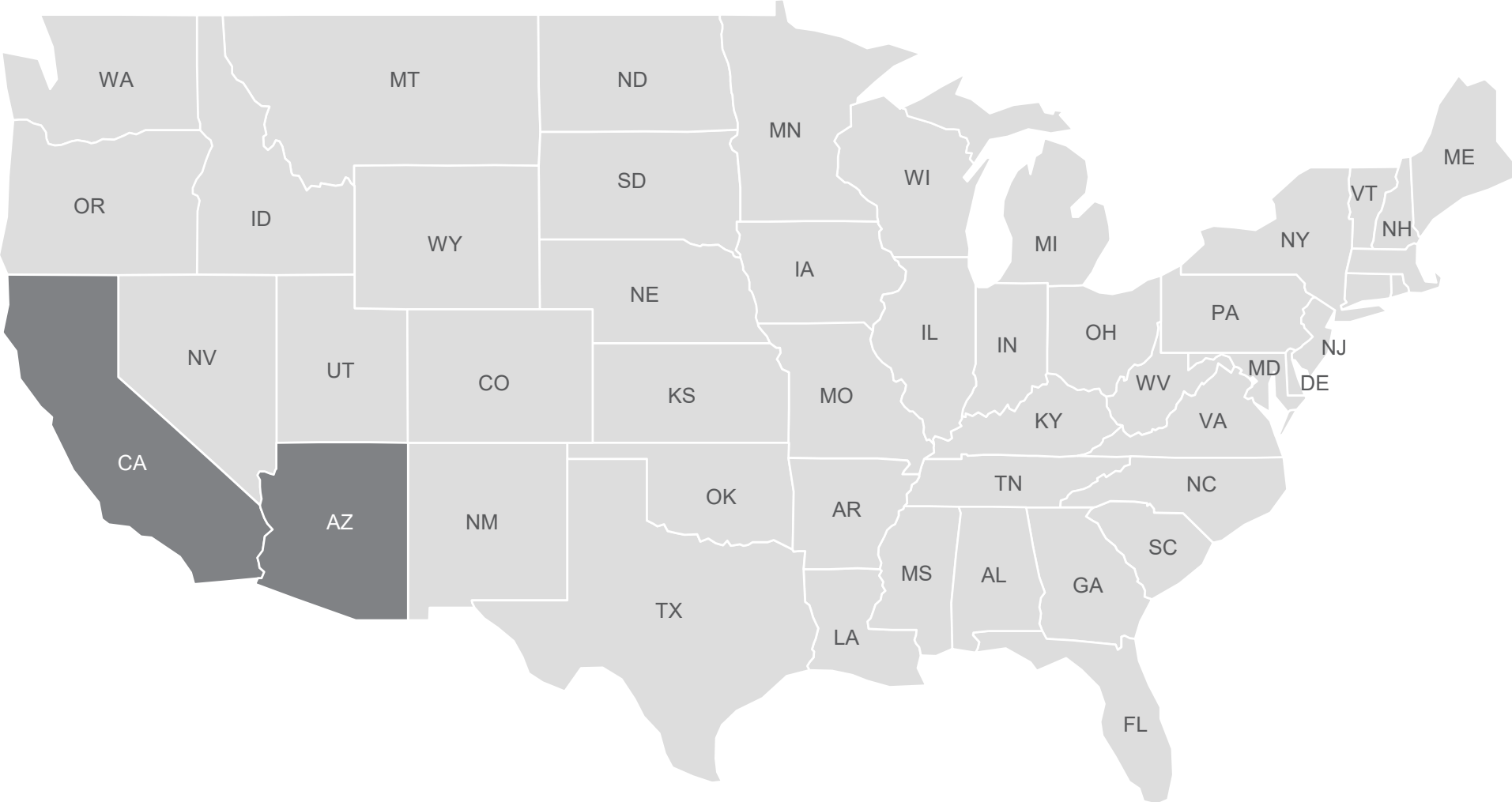
STUDY OBJECTIVE



To gain advisors' perspectives on the following

- > Current treatment practices regarding therapy of advanced RCC
- > Current treatment practice attitudes toward recently introduced and upcoming agents

SOUTHWEST CASES



- > A roundtable discussion, moderated by an Access Oncology Network physician, focusing on treatment of advanced RCC was held on December 3, 2020, in a virtual setting
- > Disease state and data presentations were developed by Sumanta Kumar Pal, MD, a medical expert from City of Hope Comprehensive Cancer Center, Duarte, California
- > The group of advisors comprised 12 community oncologists from practices across Southern California and Arizona
 - OC Blood and Cancer Care, Riverside Medical Center, Keck Medicine of USC, Southern California Permanente Medical Group, Los Angeles Cancer Network, Pacific Shores Medical Group, Arizona Center for Cancer Care, Sonoran Hematology and Oncology, Ironwood Cancer & Research Centers, and Virginia G. Piper Cancer Care Network
- > 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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Key Insights

ADVANCED RCC

Management of First-Line Therapy

- Patient risk is taken into account when choosing first-line therapy. For favorable-risk patients, axitinib

Management of First-Line Therapy

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Subsequent Management of Advanced RCC

- Physicians decide on therapy switch on the basis of a radiographic and clinical examination

MANAGEMENT OF FIRST-LINE THERAPY (1/2)




Topic	Insights and Data
Frontline	Patient risk is taken into account when choosing first-line therapy

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MANAGEMENT OF FIRST-LINE THERAPY (2/2)

Topic	Data and Insights
Cabozantinib	<ul style="list-style-type: none"><li data-bbox="364 248 2328 294">• The majority of advisors (82%) think cabozantinib differs from other TKIs in its ability to inhibit MET/AXL 

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QUOTES – MANAGEMENT OF FIRST-LINE THERAPY



[CheckMate 9ER data]: “I am a fan of axitinib + pembro, and

[Blurred text]

[Blurred text]

[Blurred text]

[Blurred text]

[Blurred text]

[Blurred text]

SUBSEQUENT MANAGEMENT OF ADVANCED RCC (1/2)



Topic	Insights and Data
Therapy switch	Physicians decide on a therapy switch on the basis of radiographic and clinical examination

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SUBSEQUENT MANAGEMENT OF ADVANCED RCC (2/2)



Topic	Insights and Data
Novel therapies	<ul style="list-style-type: none">• Advisors consider the lenvatinib + pembro phase II study very interesting, with lenvatinib offering a
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QUOTES – SUBSEQUENT MANAGEMENT OF ADVANCED RCC



[Determining when to switch therapies]: “Will perform CT

[Blurred text block]

[Blurred text block]

[Blurred text block]

[Blurred text block]

[Blurred text block]

[Blurred text block]

[Blurred text block]



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ARS Data – Introductory ARS Questions

IN THE PAST YEAR, IN HOW MANY UNIQUE RCC PATIENTS HAVE YOU USED THE DRUG SUNITINIB? (N = 12)

FOR EXAMPLE PURPOSES ONLY

IN THE PAST YEAR, IN HOW MANY UNIQUE RCC PATIENTS HAVE YOU USED THE DRUG CABOZANTINIB? (N = 12)



FOR EXAMPLE PURPOSES ONLY

IN THE PAST YEAR, IN HOW MANY UNIQUE RCC PATIENTS HAVE YOU USED A SINGLE-AGENT TKI? (N = 12)

FOR EXAMPLE PURPOSES ONLY

IN THE PAST YEAR, IN HOW MANY UNIQUE RCC PATIENTS HAVE YOU USED AXITINIB + PEMBROLIZUMAB? (N = 12)



FOR EXAMPLE PURPOSES ONLY

IN THE PAST YEAR, IN HOW MANY UNIQUE RCC PATIENTS HAVE YOU USED IPILIMUMAB + NIVOLUMAB? (N = 12)

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FOR EXAMPLE PURPOSES ONLY

WHICH SITE OF METASTASIS CARRIES THE WORST PROGNOSIS IN METASTATIC KIDNEY CANCER PATIENTS? (N = 12)

FOR EXAMPLE PURPOSES ONLY

CABOZANTINIB DIFFERS FROM OTHER VEGFR TKIs IN ITS ABILITY TO INHIBIT WHICH TARGETS? (N = 11*)

FOR EXAMPLE PURPOSES ONLY

CABOZANTINIB HAS BEEN ASSOCIATED WITH EFFECTS ON THE FOLLOWING: (N = 12)



FOR EXAMPLE PURPOSES ONLY

THE MOST COMMON TOXICITY ASSOCIATED WITH CABOZANTINIB IS: (N = 12)

FOR EXAMPLE PURPOSES ONLY

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

...

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

FOR EXAMPLE PURPOSES ONLY

*One advisor did not respond.

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

• [Blurred text]

WHAT WOULD YOU RECOMMEND FOR THIS PATIENT? (N = 12)

FOR EXAMPLE PURPOSES ONLY



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**ARS Data – Subsequent
Management of Advanced
RCC**

WHICH AGENT(S) DO YOU PRESCRIBE MOST FREQUENTLY FOR SECOND-LINE THERAPY? (N = 9)

FOR EXAMPLE PURPOSES ONLY

*Three advisors did not respond.



MY SECOND-LINE THERAPY SELECTION FOR RCC IS MAINLY DRIVEN BY: (N = 9)



FOR EXAMPLE PURPOSES ONLY



PATIENT CASE (CONT.)

- > The 70-year-old male with past nephrectomy and metastatic RCC (liver and lymph

[Blurred text block]

- > [Blurred text block]

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

FOR EXAMPLE PURPOSES ONLY

*One advisor did not respond.



Advisor Key Takeaways



ADVISOR KEY TAKEAWAYS (1/2)



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ADVISOR KEY TAKEAWAYS (2/2)



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