



CASES

INSIGHTS INTO METASTATIC CASTRATION- RESISTANT PROSTATE CANCER (mCRPC)

December 15, 2020

Virtual Meeting – Northeast Region

HOW TO NAVIGATE THIS REPORT



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| Study Objective | |
| Report Snapshot | |
| Participant Demographics | |
| Key Insights | |
| Advisor Key Takeaways | |
| ARS Data: Precision Medicine in mCRPC | |
| ARS Data: Management of Progressive mCRPC | |

| Time | Topic |
|---|---|
| 15 min | Introduction |
| 20-min presentation; 30-min discussion | Precision Medicine in Metastatic Castration-Resistant Prostate Cancer (mCRPC) |
| 10 min | Break |
| 30-min presentation; 60-min discussion | Management of Progressive mCRPC |
| 15 min | Key Takeaways and Meeting Evaluation |

STUDY OBJECTIVE

To gain advisors' perspectives on the following

- > Genetic testing in metastatic castration-resistant prostate cancer (mCRPC)
- > Current treatment practices regarding first-line treatment of mCRPC
- > Management of progressive and/or symptomatic mCRPC

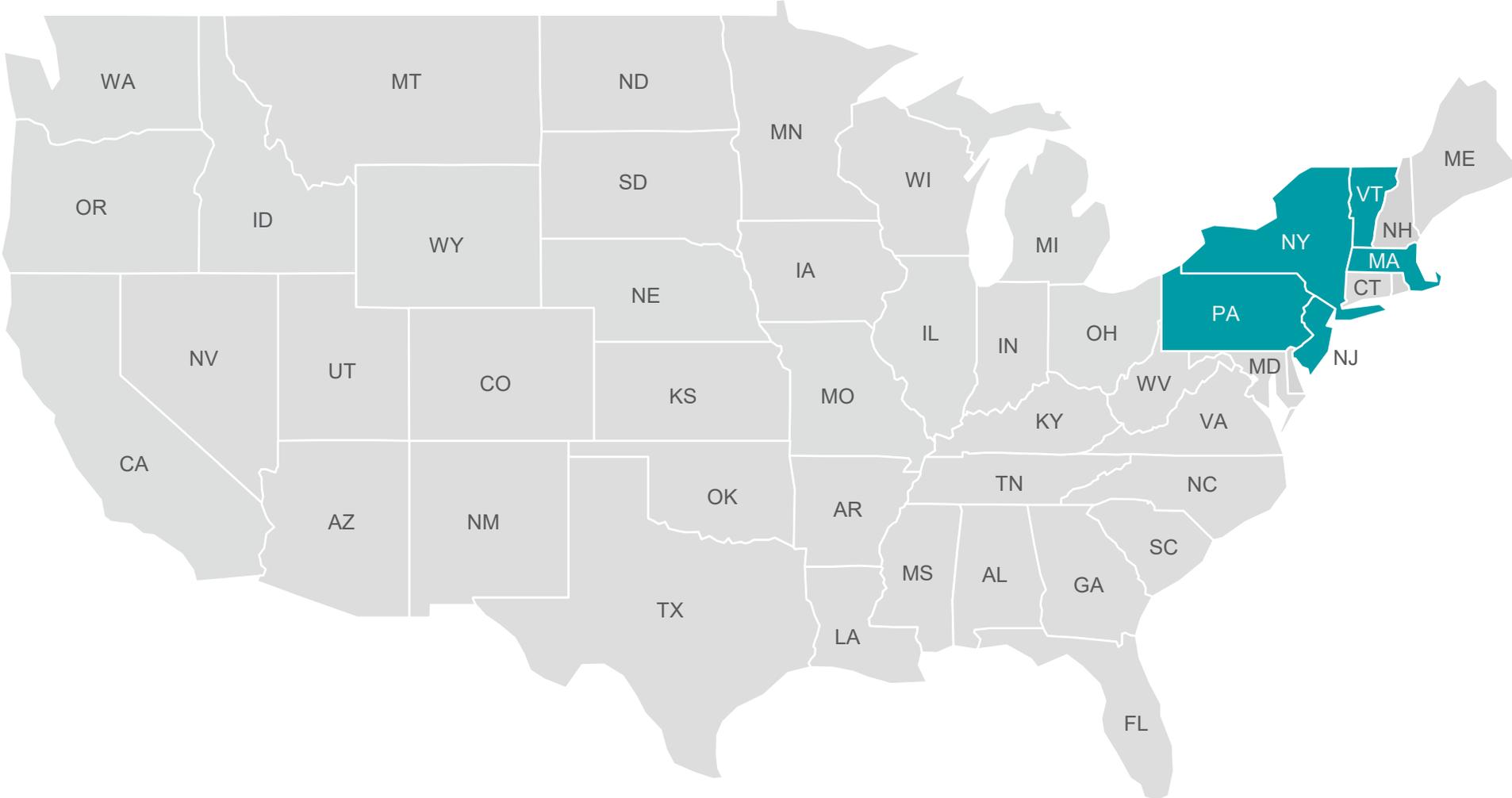
- > A virtual, moderated roundtable discussion focusing on the treatment of mCRPC was held on December 15, 2020
- > Disease state and data presentations were developed in conjunction with Daniel Petrylak, MD, a medical expert from Yale School of Medicine
- > The group of advisors comprised 10 medical oncologists from the Northeast region
- > Insights into genetic testing methods and therapies were obtained, with a particular focus on olaparib, rucaparib, genetic testing (somatic/germline); *BRCA*, *HRR*, and *PALB2* mutations
- > Data collection was accomplished through use of audience response system (ARS) questioning and moderated discussion

PARTICIPATING PRACTICES (1/2)



| Practice | City/State |
|---|---------------------|
| Advanced Care Oncology & Hematology Associates | Springfield, NJ |
| Allegheny Oncology Network | Natrona Heights, PA |
| Champlain Valley Hematology Oncology | Colchester, VT |
| Jefferson Health Sidney Kimmel Cancer Center | Sewell, NJ |
| Kenneth R. Hoffman, MD and Associates | Teaneck, NJ |
| Lahey Clinic Medical Center | Swampscott, MA |
| Lahey Hospital and Medical Center | Lexington, MA |
| MD Anderson Cancer Center at Cooper University Hospital | Camden, NJ |
| New York Oncology Hematology | New York, NY |
| Penn Medicine–Cherry Hill Division | Cherry Hill, NJ |

PARTICIPATING PRACTICES (2/2)



PARTICIPANT DEMOGRAPHICS

What percentage of your TOTAL patients whom you see per month have advanced prostate cancers? (N = 7)*

What proportion of your patients with advanced disease whom you see per month have metastatic disease (mCRPC)? (N = 8)†

FOR EXAMPLE PURPOSES ONLY



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Key Insights

TOPLINE TAKEAWAYS: METASTATIC CRPC



Precision Medicine in mCRPC

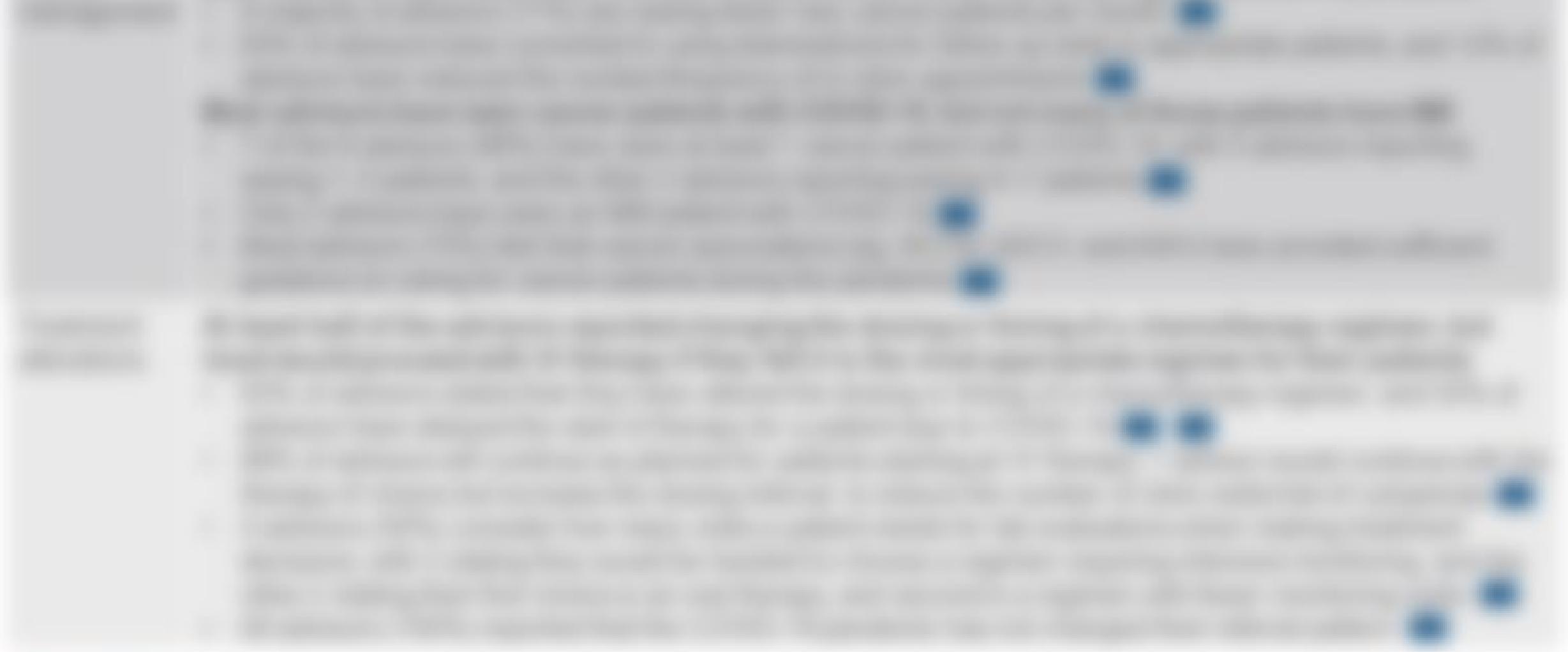
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PRECISION MEDICINE IN mCRPC (1/2)



| Topic | Data and Insights |
|---------|--|
| Genetic | Most advisors are performing genetic mutation testing to some extent in their mCRPC patients. However, there was overall |

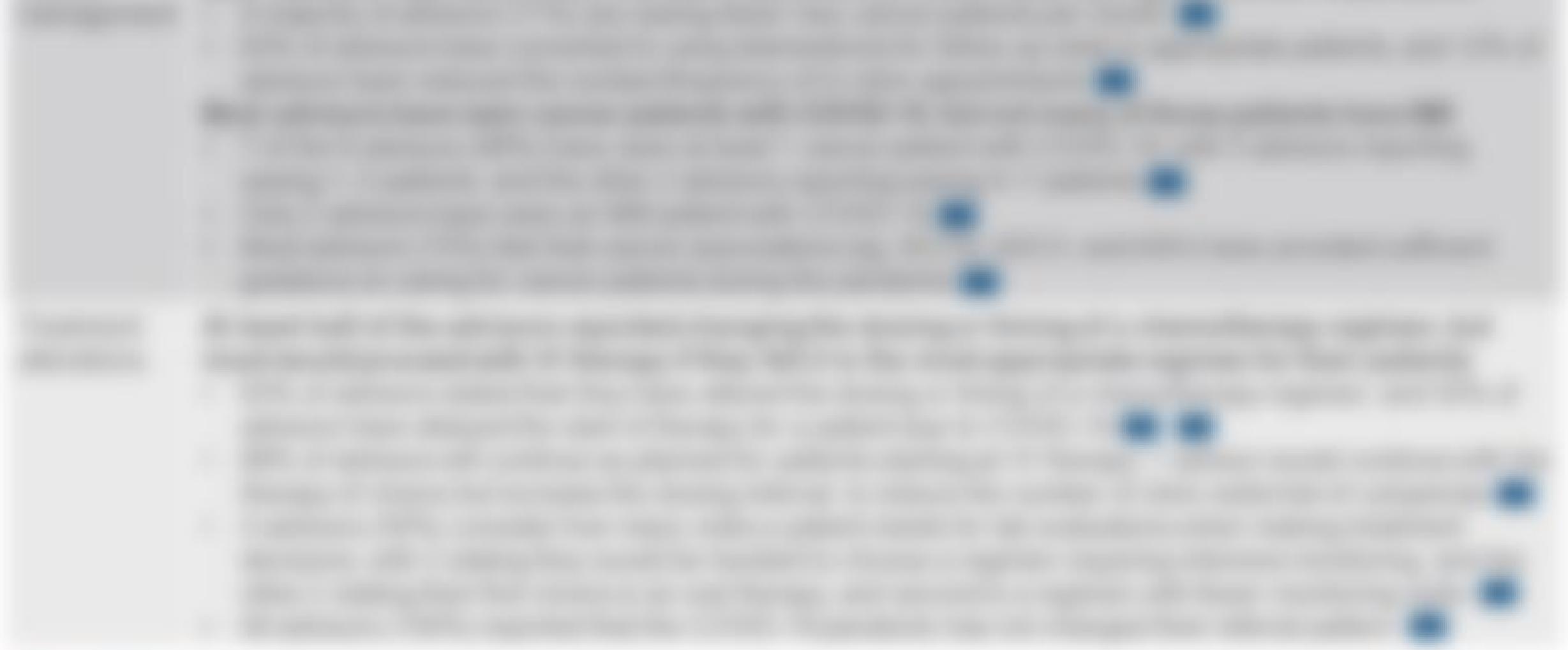


PRECISION MEDICINE IN mCRPC (2/2)



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

| | |
|---------|---|
| Genetic | Advisors are using different sample types for testing, but the majority are using archival tissue |
|---------|---|





QUOTES: PRECISION MEDICINE IN mCRPC



On when they perform genetic testing

“At the advent of castration-resistant disease, I try to make sure that I

[blurred text]

MANAGEMENT OF PROGRESSIVE mCRPC (1/2)



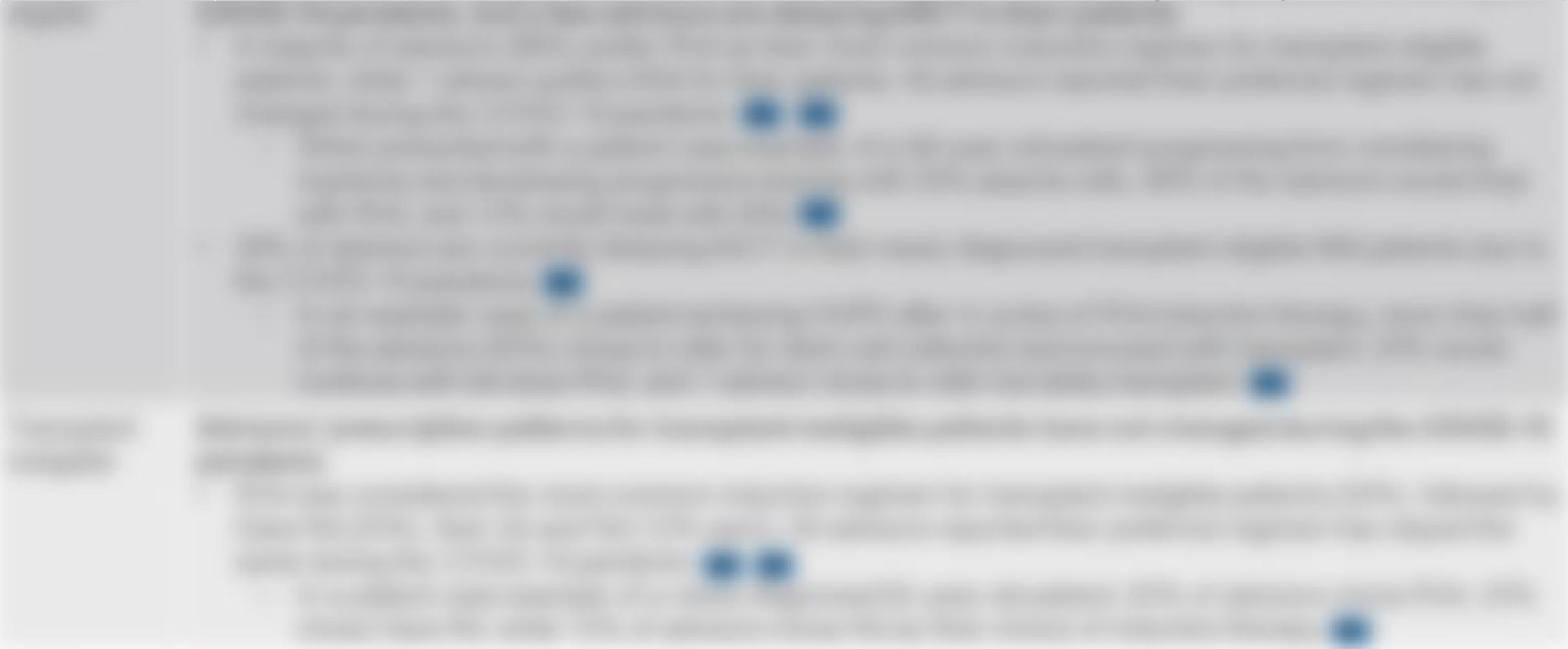
| Topic | Data and Insights |
|----------------|--|
| Perceptions of | Advisors have similar levels of familiarity with the PROfound and TRITON2 trials, but olaparib is the preferred PARP |



MANAGEMENT OF PROGRESSIVE mCRPC (2/2)



| Topic | Data and Insights |
|--------------|--|
| Patient case | Most advisors would use a PARP inhibitor only in a case of progressive mCRPC with <i>BRCA1/2</i> mutation and prefer |





QUOTES: MANAGEMENT OF PROGRESSIVE mCRPC



On using PARP inhibitors

“Even though PARP inhibitors have anemia, nausea, and fatigue, they

“All else being equal, you might choose one [PARP inhibitor] over

[blurred text]

ADVISOR KEY TAKEAWAYS (1/2)



| <u>Advisor 1</u> | <u>Advisor 2</u> |
|---|--|
| <ul style="list-style-type: none">• Will reconsider using Guardant since they do not test for | <ul style="list-style-type: none">• You need to know the molecular fingerprint of your |

ADVISOR KEY TAKEAWAYS (2/2)



| | |
|---|--|
| <p>Advisor 6</p> <ul style="list-style-type: none">Guardant does not do <i>PALB2</i> or <i>ATM</i> mutation analysis | <p>Advisor 7</p> <ul style="list-style-type: none">Do both genomic and somatic mutation testing |
|---|--|



Precision Medicine in mCRPC

ARS RESULTS

WHAT PROPORTION OF YOUR mCRPC PATIENTS DO YOU REFER FOR GENETIC MUTATION TESTING? (N = 8)*

FOR EXAMPLE PURPOSES ONLY

WHAT PROPORTION OF YOUR mCRPC PATIENTS THAT YOU REFER FOR GENETIC TESTING UNDERGO GERMLINE TESTING? (N = 9)*

FOR EXAMPLE PURPOSES ONLY

WHAT PROPORTION OF YOUR mCRPC PATIENTS THAT YOU REFER FOR GENETIC TESTING UNDERGO SOMATIC TUMOR TESTING? (N = 8)*

FOR EXAMPLE PURPOSES ONLY

FOR WHICH OF THE FOLLOWING mCRPC PATIENT POPULATIONS WOULD YOU RECOMMEND GENETIC TESTING? PLEASE SELECT ALL THAT APPLY (N = 9)*

FOR EXAMPLE PURPOSES ONLY

WHEN DO YOU ORDER GENETIC TESTING FOR YOUR PATIENTS? PLEASE SELECT ALL THAT APPLY (N = 8)*

100%

FOR EXAMPLE PURPOSES ONLY

WHICH OF THE FOLLOWING SAMPLE TYPES ARE YOU USING TO TEST FOR HRR GENE MUTATIONS? PLEASE SELECT ALL THAT APPLY (N = 9)*

FOR EXAMPLE PURPOSES ONLY

WHICH COMMERCIALY AVAILABLE GENE ASSAYS DO YOU CURRENTLY USE FOR HRRm TESTING? PLEASE SELECT ALL THAT APPLY (N = 8)*

FOR EXAMPLE PURPOSES ONLY

DO RESULTS FROM HRRm TESTING IMPACT YOUR TREATMENT DECISIONS? (N = 8)*

FOR EXAMPLE PURPOSES ONLY

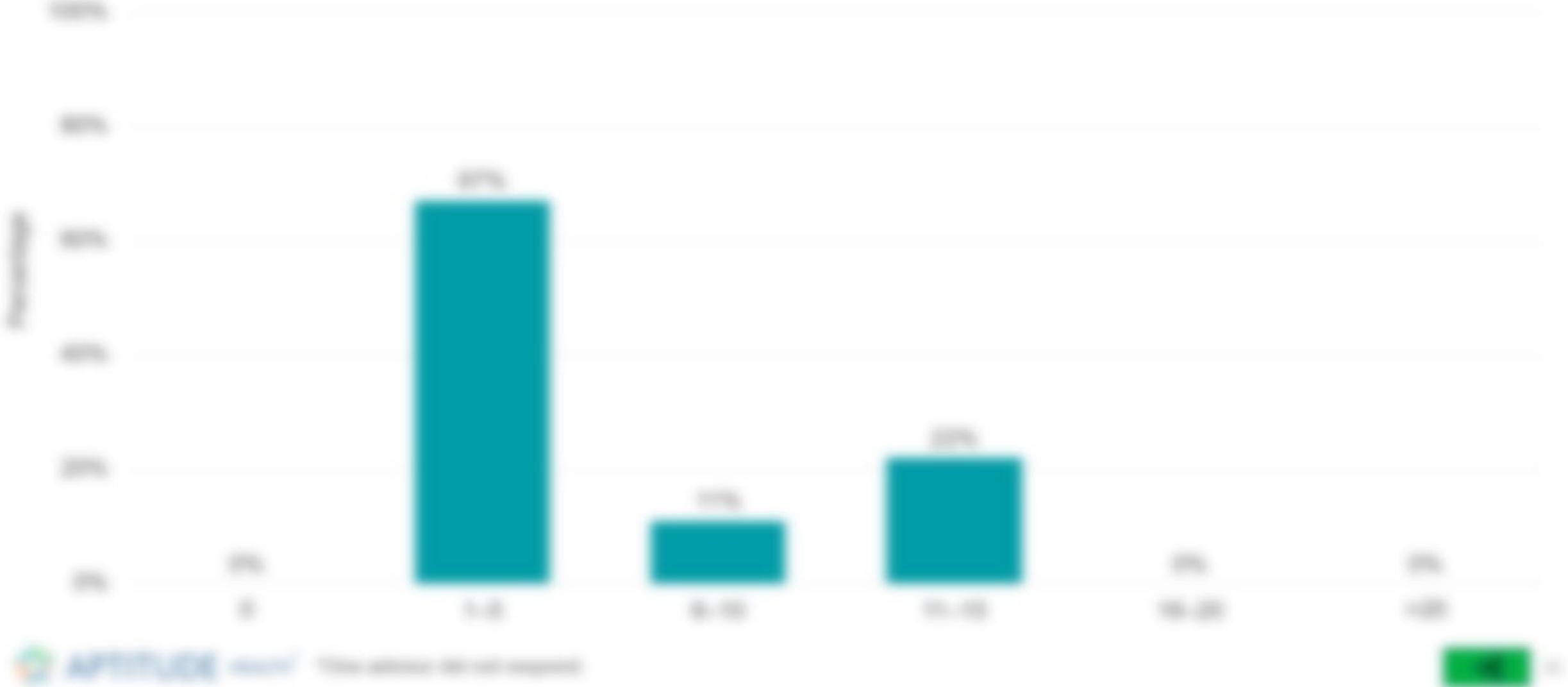


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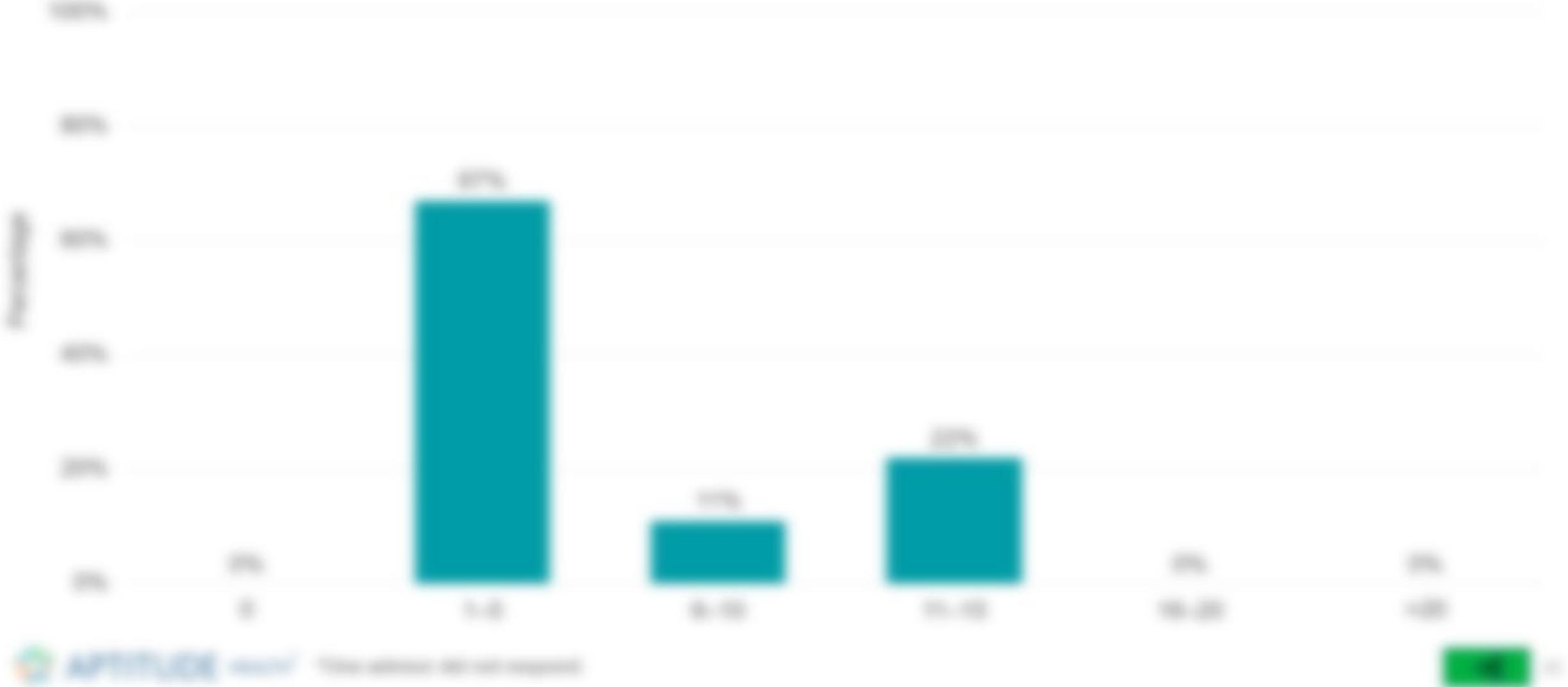
Management of Progressive mCRPC

ARS RESULTS

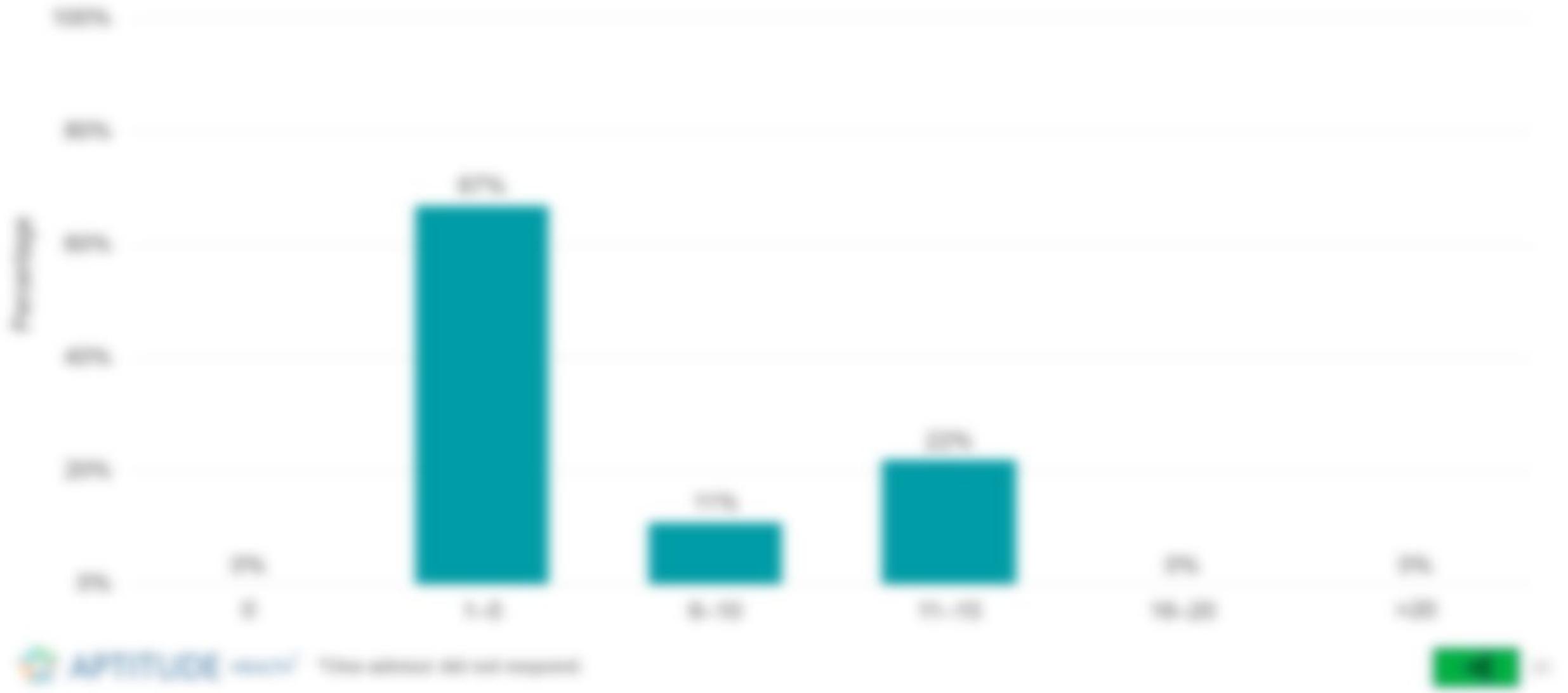
APPROXIMATELY HOW MANY CRPC PATIENTS HAVE YOU TREATED WITH OLAPARIB (LYNPARZA) OVER THE PAST 3 MONTHS? (N = 8)*



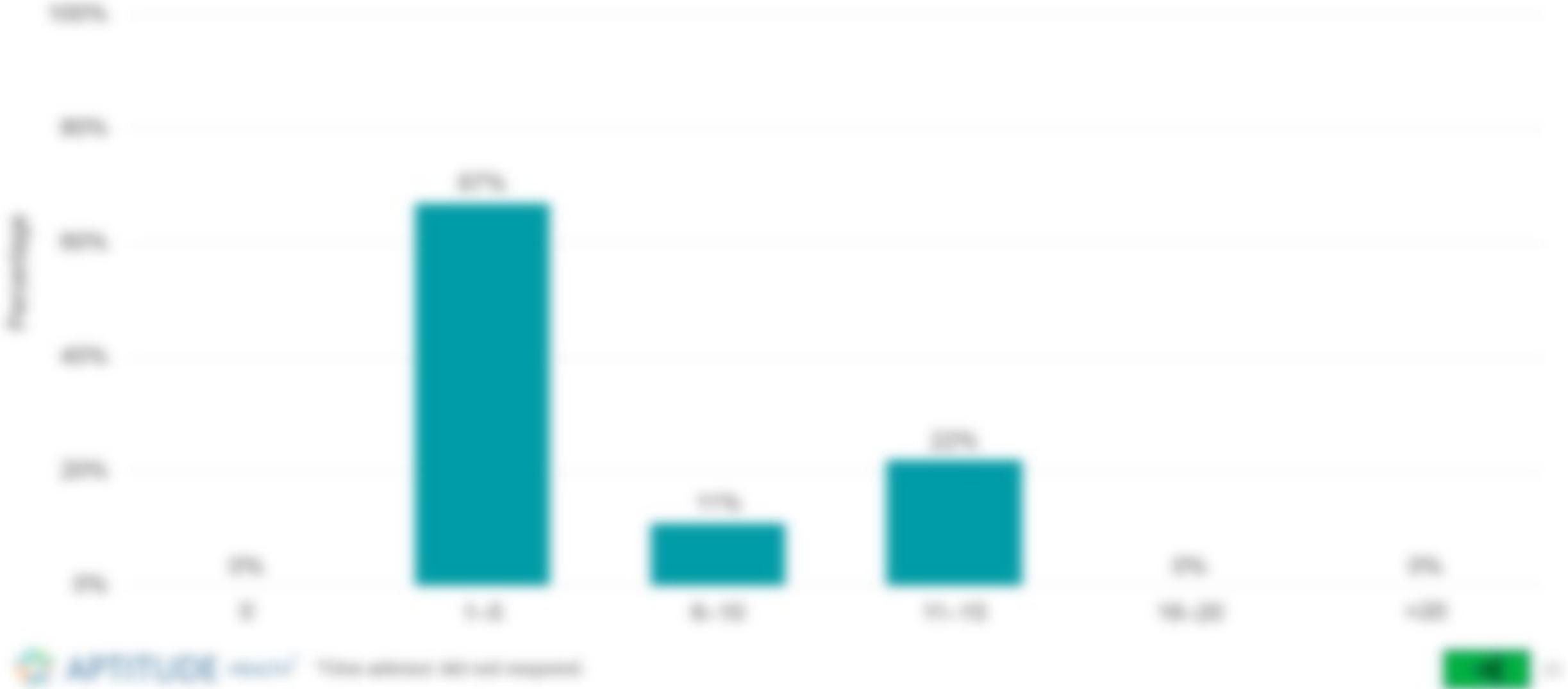
ON A SCALE OF 1-5, HOW FAMILIAR ARE YOU WITH THE RESULTS OF THE PROFOUND TRIAL? 1 = NOT AT ALL FAMILIAR, 5 = EXTREMELY FAMILIAR (N = 9)*



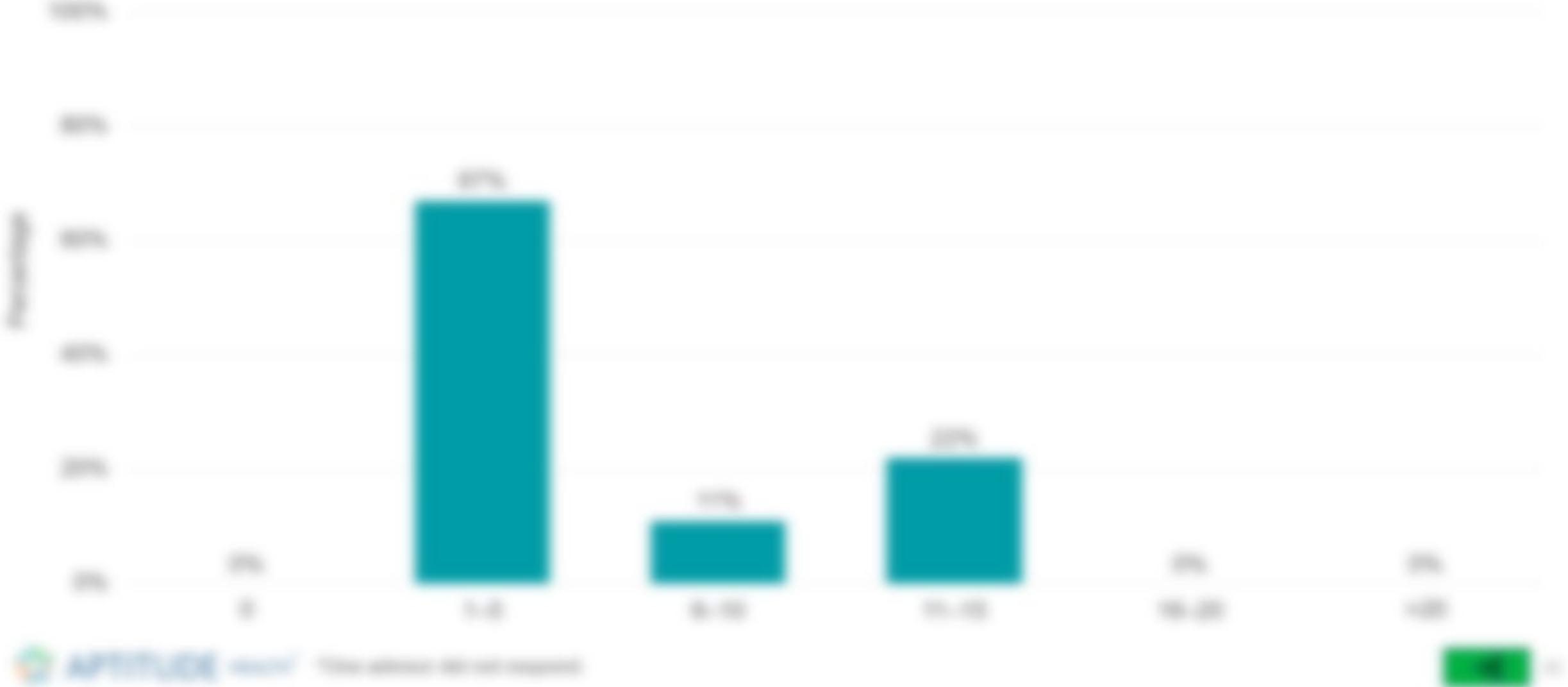
TO APPROXIMATELY HOW MANY CRPC PATIENTS HAVE YOU PRESCRIBED RUCAPARIB (RUBRACA) OVER THE PAST 3 MONTHS? (N = 9)*



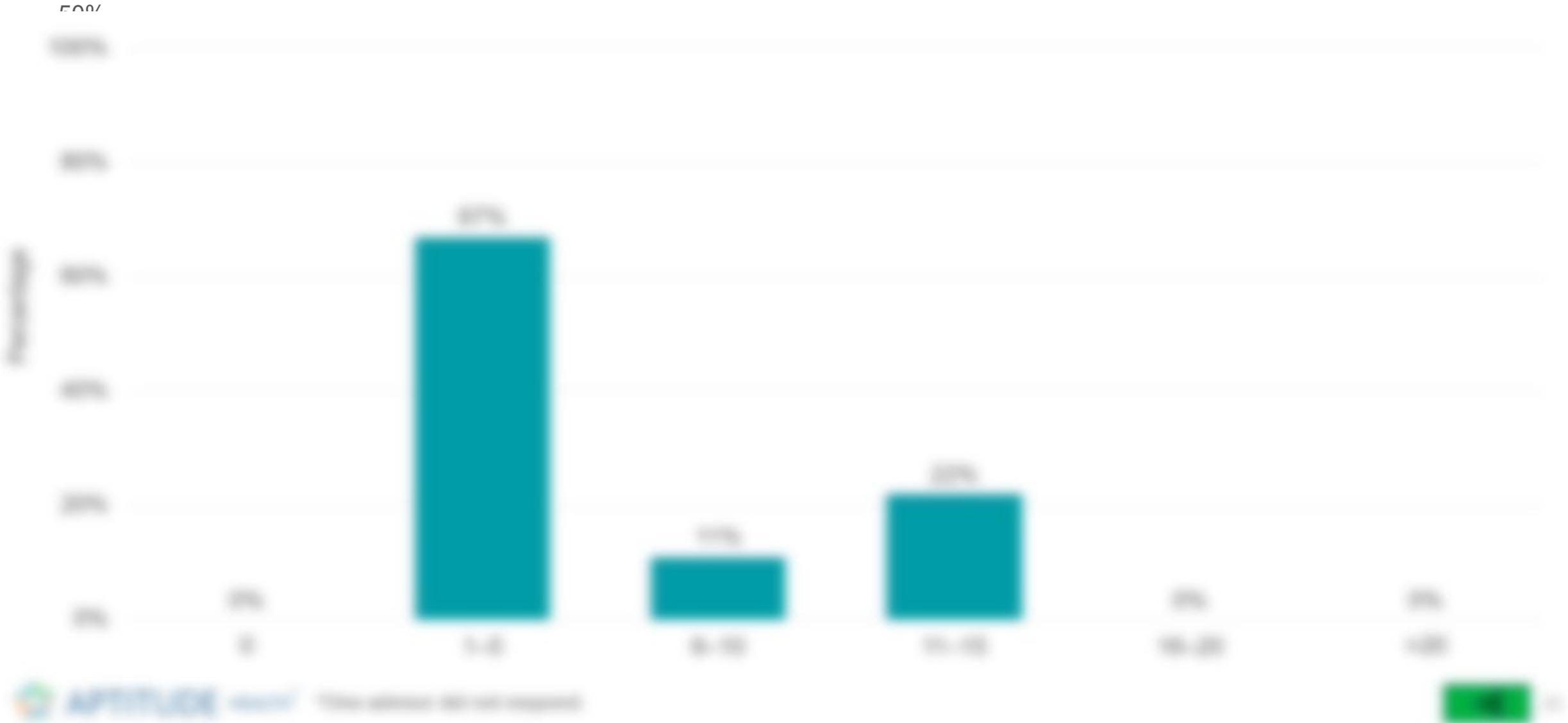
ON A SCALE OF 1–5, HOW FAMILIAR ARE YOU WITH THE RESULTS OF THE TRITON2 TRIAL? 1 = NOT AT ALL FAMILIAR, 5 = EXTREMELY FAMILIAR (N = 8)*



IN GENERAL, WHAT PERCENTAGE OF YOUR mCRPC PATIENTS WHO PROGRESS ON NHA GO ON TO CHEMOTHERAPY? (N = 9)*



WHAT PERCENTAGE OF YOUR PATIENTS WHO PROGRESS ON NHA AND ARE HRRm GO ON TO PARPi? (N = 8)*

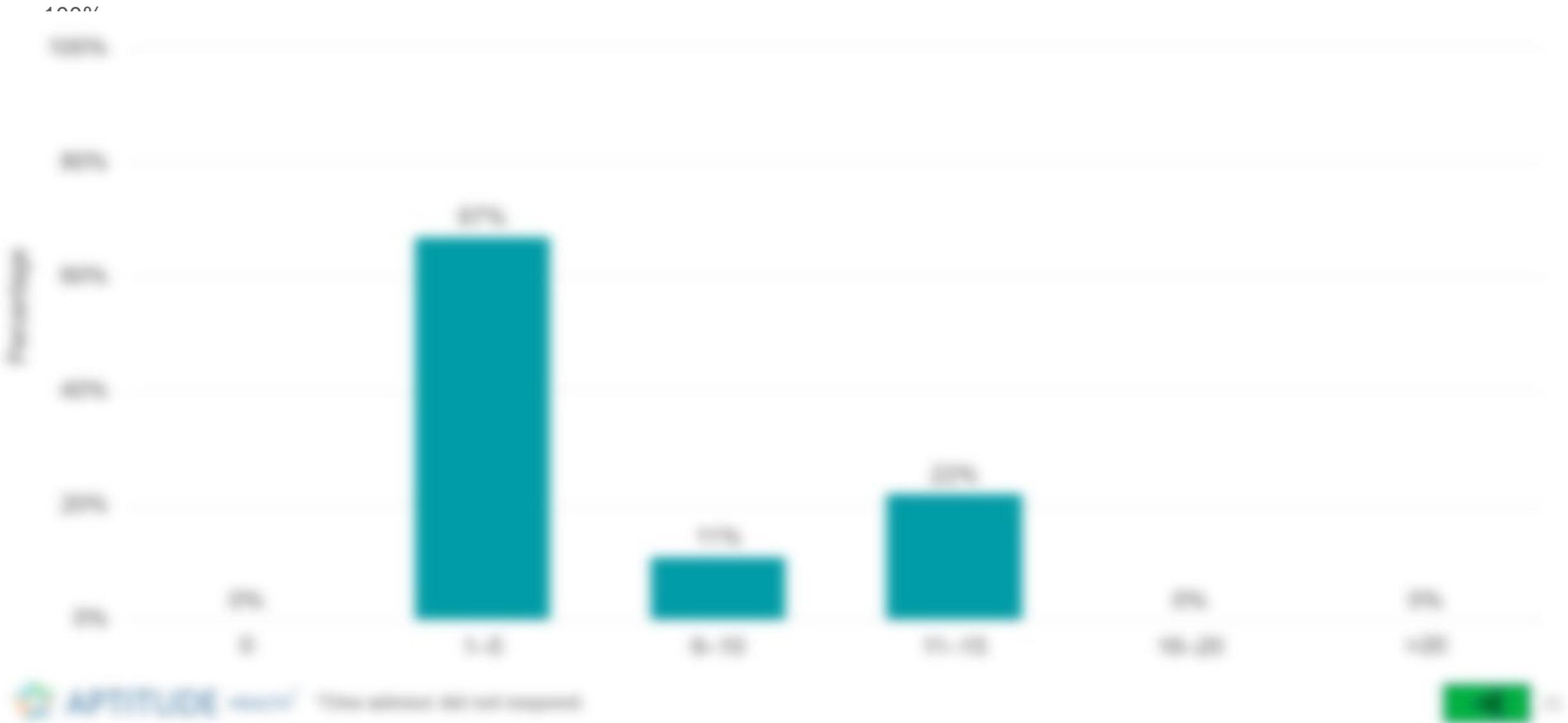


> A 70-year-old man with mCRPC who underwent prostatectomy 8 years ago had

[Blurred text block]

[Blurred text block]

WHAT WOULD BE YOUR PREFERRED RECOMMENDATION NOW? (N = 10)



IF NGS REVEALED A DELETERIOUS MUTATION IN *BRCA2* INSTEAD OF *PALB2* IN THE PRIOR PATIENT, WHAT WOULD BE YOUR PREFERRED RECOMMENDATION? (N = 9)*

