APTITUDE HEALTH®

CASES

INSIGHTS INTO METASTATIC CASTRATION-RESISTANT PROSTATE CANCER

Tuesday, December 22, 2020

Southeast Region

Medical Oncologist Meeting

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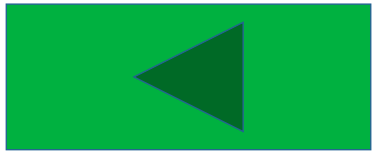
HOW TO NAVIGATE THIS REPORT

CASES

Click to move to topic of interest or ARS supporting data



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Advisor Key Takeaways	
ARS Data	

AGENDA

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Time (EST)	Topic
5.30 PM – 5.45 PM (15 min)	Introduction
5.45 PM – 6.35 PM (20-min presentation; 30-min discussion)	Precision Medicine in Metastatic Castration-Resistant Prostate Cancer (mCRPC)
6.35 PM – 6.45 PM (10 min)	Break
6.45 PM – 8.15 PM (30-min presentation; 60-min discussion)	Management of Progressive mCRPC
8.15 PM – 8.30 PM (15 min)	Key Takeaways and Meeting Evaluation

STUDY OBJECTIVE

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To gain advisors' perspectives on the following

- Current practices regarding first-line treatment of metastatic castration-resistant prostate cancer (mCRPC)
- Current treatment practices regarding management of progressive disease

REPORT SNAPSHOT

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- A virtual, moderated roundtable discussion focusing on the treatment of mCRPC was held on December 22, 2020
- Disease state and data presentations were developed in conjunction with Neal Shore, MD, FACS, from the Atlantic Urology Clinics
- The group of advisors comprised 11 medical oncologists from the southeast 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 questionnaires and moderated discussion

PARTICIPATING PRACTICES

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Practice	State
Kaiser	Georgia
Georgia Cancer Specialists	Georgia
Peeples Cancer Institute	Georgia
Tennessee Oncology	Tennessee
Florida Cancer Specialists	Florida
Mid Florida Oncology and Hematology	Florida
Self Medical Group	South Carolina
Piedmont Healthcare	Georgia
SC Cancer Specialists	South Carolina
Carolina Blood and Cancer Care	South Carolina

PARTICIPANT DEMOGRAPHICS

What percentage of your TOTAL patients whom you see per month have advanced prostate cancers? (N = 10)

What proportion of your patients with advanced disease whom you see per month have metastatic disease (mCRPC)? (N = 10)

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Key Insights

TOPLINE TAKEAWAYS – CRPC

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Genetic Testing

- Advisors noted that patients are typically referred to them by the urologist at an advanced stage of the disease. They

CRPC AND GENETIC TESTING

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Topic	Insights and Data
Genetic	All advisors noted that at least some of their mCRPC patients are referred for genetic testing and that they do not

QUOTES – GENETIC TESTING

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On time point when patients are seen by oncologists and when oncologists perform genetic testing

MANAGEMENT OF mCRPC (1/2)

Topic	Insights and Data
PARP inhibition	**Advisors have more experience with the PARP inhibitor olaparib than with rucaparib to treat mCRPC**

MANAGEMENT OF mCRPC (2/2)

Topic	Insights and Data
Patient case	**Only a few advisors prefer to treat patients with *PALB2* mutation with a PARP inhibitor. For *BRCA*-positive**

QUOTES – MANAGEMENT OF mCRPC

PARP inhibitor

“I think it would be hard to argue that the drugs (olaparib and rucaparib) are fundamentally different.”

ADVISOR KEY TAKEAWAYS (1/2)

Dr 1

- The key is to test and then to test as many cases as you can

Dr 2

- Acquiring tissue is an issue, for both somatic and germline mutation

ADVISOR KEY TAKEAWAYS (2/2)

Dr 7

- I am now reassured on testing and sequencing of treatment

Dr 8

- I am more comfortable with the spartan data

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ARS Data

WHAT PROPORTION OF YOUR mCRPC PATIENTS DO YOU REFER FOR GENETIC MUTATION TESTING? (N = 10*)

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*One advisor did not respond.

WHAT PROPORTION OF YOUR mCRPC PATIENTS WHOM YOU REFER FOR GENETIC TESTING UNDERGO GERMLINE TESTING? (N = 10*)

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*One advisor did not respond.

WHAT PROPORTION OF YOUR mCRPC PATIENTS WHOM YOU REFER FOR GENETIC TESTING UNDERGO SOMATIC TUMOR TESTING? (N = 11)

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FOR WHICH OF THE FOLLOWING mCRPC PATIENT POPULATIONS WOULD YOU RECOMMEND GENETIC TESTING? PLEASE SELECT ALL THAT APPLY. (N = 32 RESPONSES)

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WHEN DO YOU ORDER GENETIC TESTING FOR YOUR PATIENTS? PLEASE SELECT ALL THAT APPLY. (N = 15 RESPONSES)

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WHICH OF THE FOLLOWING SAMPLE TYPES ARE YOU USING TO TEST FOR HRR GENE MUTATIONS? PLEASE SELECT ALL THAT APPLY. (N = 18 RESPONSES)

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WHICH COMMERCIALLY AVAILABLE GENE ASSAYS DO YOU CURRENTLY USE FOR HRRm TESTING? PLEASE SELECT ALL THAT APPLY (N = 10 RESPONSES)

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DO RESULTS FROM HRRm TESTING IMPACT YOUR TREATMENT DECISIONS? (N = 11)

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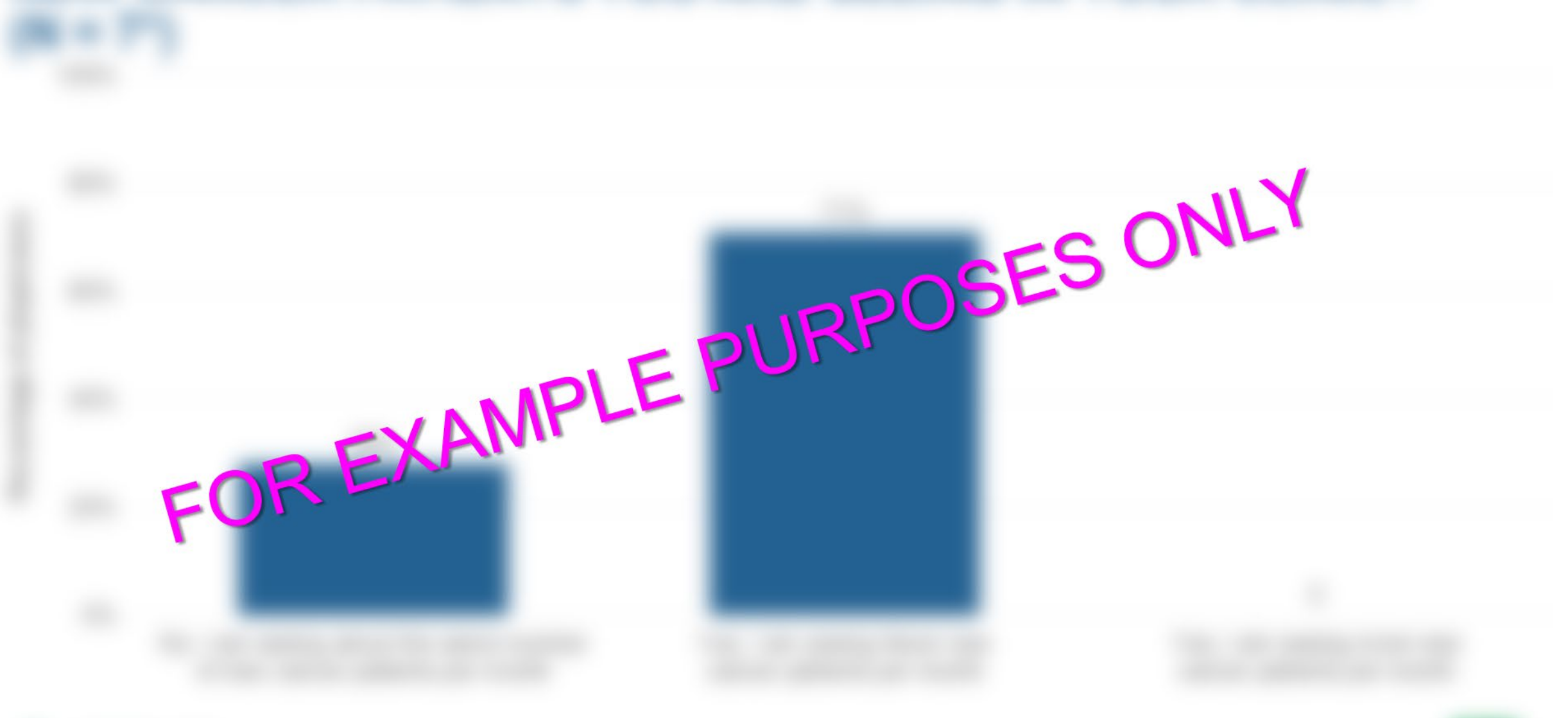

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APPROXIMATELY HOW MANY CRPC PATIENTS HAVE YOU TREATED WITH OLAPARIB (LYNPARZA) OVER THE PAST 3

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ON A SCALE OF 1–5, HOW FAMILIAR ARE YOU WITH THE RESULTS OF THE PROfound TRIAL? (1 = NOT AT ALL

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*One advisor did not respond.

TO APPROXIMATELY HOW MANY CRPC PATIENTS HAVE YOU PRESCRIBED RUCAPARIB (RUBRACA) OVER THE PAST 3

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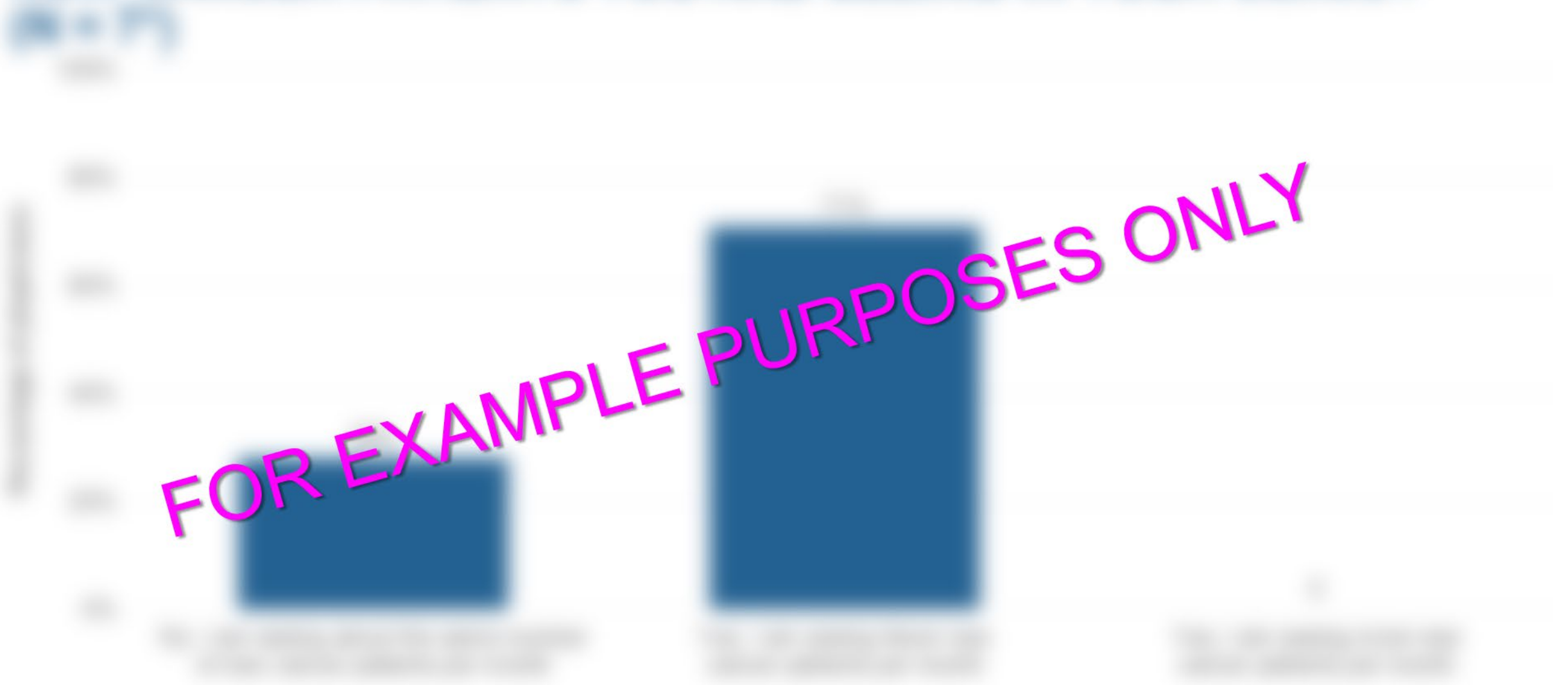
ON A SCALE OF 1–5, HOW FAMILIAR ARE YOU WITH THE RESULTS OF THE TRITON2 TRIAL? (1 = NOT AT ALL



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

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*Two advisors did not respond.

WHAT PERCENTAGE OF YOUR PATIENTS WHO PROGRESS ON NHA GO ON TO PARP INHIBITOR? (N = 10*)

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*One advisor did not respond.

PATIENT CASE

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

WHAT WOULD BE YOUR PREFERRED RECOMMENDATION NOW? (N = 11)

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IF NGS REVEALED A DELETERIOUS MUTATION IN *BRCA2* INSTEAD OF *PALB2* IN THE PRIOR PATIENT, WHAT WOULD BE

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*One advisor did not respond.

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