APTITUDE HEALTH®

CASES

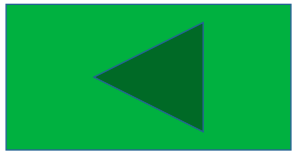
Consensus CASES – Pathways in *NTRK* Fusion-Positive Cancers

September 14, 2021

OneOncology

How to Navigate This Report

Click to move to topic of interest or ARS supporting data



Click to return to previous slide

Contents

CASES

Report Objectives

STUDY OBJECTIVE
To gain advisors' perspectives on > Testing protocols and treatment pathways for *NTRK* fusion-positive cancers

Report Snapshot: Session Overview

A moderated roundtable discussion was held with oncologists from the OneOncology network in a virtual setting on **September 14, 2021**

Disease state and data presentations were led by **Dr Lee Schwartzberg** from The West Clinic in conjunction with content developed by the Aptitude Health clinical team

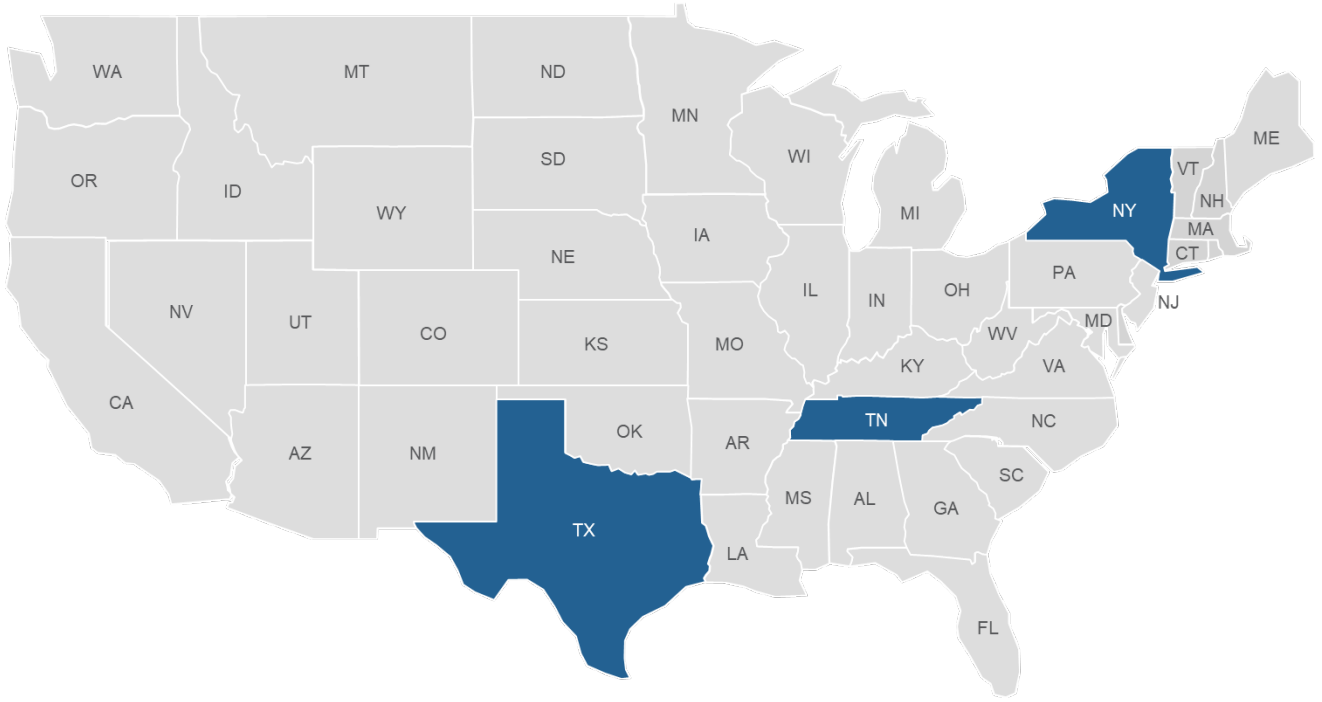
Insights were obtained on **testing protocols and treatment pathways for *NTRK* fusion-positive cancers** in the community setting

Data collection was accomplished through a **premeeting questionnaire** of 33 **physicians** and in-depth **moderated discussion** with 11 physicians.

Report Snapshot: Attendee Overview

> The group of advisors comprised 11 oncologists from New York, Tennessee, and Texas

INSTITUTION	CITY	STATE
The Center for Cancer and Blood Disorders	Fort Worth	TX
New York Cancer & Blood Specialists	Port Jefferson	NY
New York Cancer & Blood Specialists	Bronx	NY
West Cancer Center	Memphis	TN
Tennessee Oncology	Chattanooga	TN
Tennessee Oncology	Nashville	TN
Tennessee Oncology	Shelbyville	TN
The West Clinic	Germantown	TN



Report Snapshot: Agenda

Time (ET)	Topic
6.00 PM – 6.15 PM (15 min)	Introduction and ARS Questions
6.15 PM – 6.30 PM (15 min)	*NTRK* Gene Fusions as Oncogenic Drivers
6.30 PM – 6.45 PM (15 min)	Treatment of Thyroid/Salivary Gland Cancers
6.45 PM – 7.30 PM (45 min)	Consensus Pathway Discussion: Thyroid/Salivary Gland Cancers
7.30 PM – 7.45 PM (15 min)	Break
7.45 PM – 8.00 PM (15 min)	Treatment of Lung Cancer
8.00 PM – 8.45 PM (45 min)	Consensus Pathway Discussion: Lung Cancer
8.45 PM – 9.00 PM (15 min)	Key Takeaways and Meeting Evaluation

APTITUDE HEALTH®

CASES

Key Insights and Discussion Summary

Thyroid/Salivary Gland Cancers

Discussion: Thyroid/Salivary Gland Cancers (1/3)

CASES

INSIGHTS

"The full RAI-refractory patient, I do test them. I just I haven't seen one."

- [illegible]

- [illegible]

Discussion: Thyroid/Salivary Gland Cancers (2/3)

CASES

INSIGHTS

"For OncoEMR, we have an ordering system where we have to go down and pick 'Other molecular' and then it

- [illegible]

[illegible]

- [illegible]

[illegible]

Discussion: Thyroid/Salivary Gland Cancers (3/3)

CASES

INSIGHTS

"I really think the data is very robust. When we have a targetable, an actual mutation, we'd like to prefer that. And

- Treatment success in frontline DLBCL

- Data needed to switch from BCIC in frontline

APTITUDE HEALTH®

CASES

Key Insights and Discussion Summary

Lung Cancer

Discussion: Lung Cancer (1/2)

CASES

INSIGHTS

"In my practice, like I'm testing with next-generation sequencing at the time of diagnosis, especially the ones that

- [illegible]

[illegible]

- [illegible]

[illegible]

Discussion: Lung Cancer (2/2)

CASES

INSIGHTS

"So this is really nice data, and if we see a patient, we definitely use NTRK as first line so we can use the resistant

- [illegible]

[illegible]

- [illegible]

[illegible]

APTITUDE HEALTH®

CASES

Key Insights and Discussion Summary

Pathway Consensus

Discussion: Pathway Consensus

INSIGHTS

[Regarding the utility of pathways in oncology] "I think overall they can be very helpful. They can help confirm a diagnosis

- [illegible]

- [illegible]

APTITUDE HEALTH®

CASES

Advisor Key Takeaways

Advisor Key Takeaways

ADVISOR		ADVISOR	
1	> Using RNA testing for *NTRK* mutations in thyroid cancer [illegible]	5	> This reinforces the RNA based testing approach [illegible]
2	[illegible]	6	[illegible]
3	[illegible]	7	[illegible]
4	[illegible]	8	[illegible]

APTITUDE HEALTH®

CASES

Thyroid Cancer-Specific Questions

Nineteen Percent of the Advisors Have Treated ≥4 RAI-R mDTC Patients in the Past 12 Months; Around One-Quarter of the Advisors Treated an *NTRK* Fusion-Positive mDTC Patient

CASES

Approximately how many patients with RAI-R metastatic DTC (mDTC) have you treated in the

Approximately how many *NTRK* fusion-positive mDTC patients have you *ever* treated? (N = 31)

The Majority of Advisors Test for *NTRK* Gene Fusions Upfront in mDTC; 16% of Advisors Do Not Test for *NTRK* Fusions

CASES

For 58% of Advisors, Most or All of Their RAI-R mDTC Patients Receive *NTRK* Fusion Testing

CASES

Just Over Half of the Advisors Need to Specifically Request *NTRK* Fusion Testing

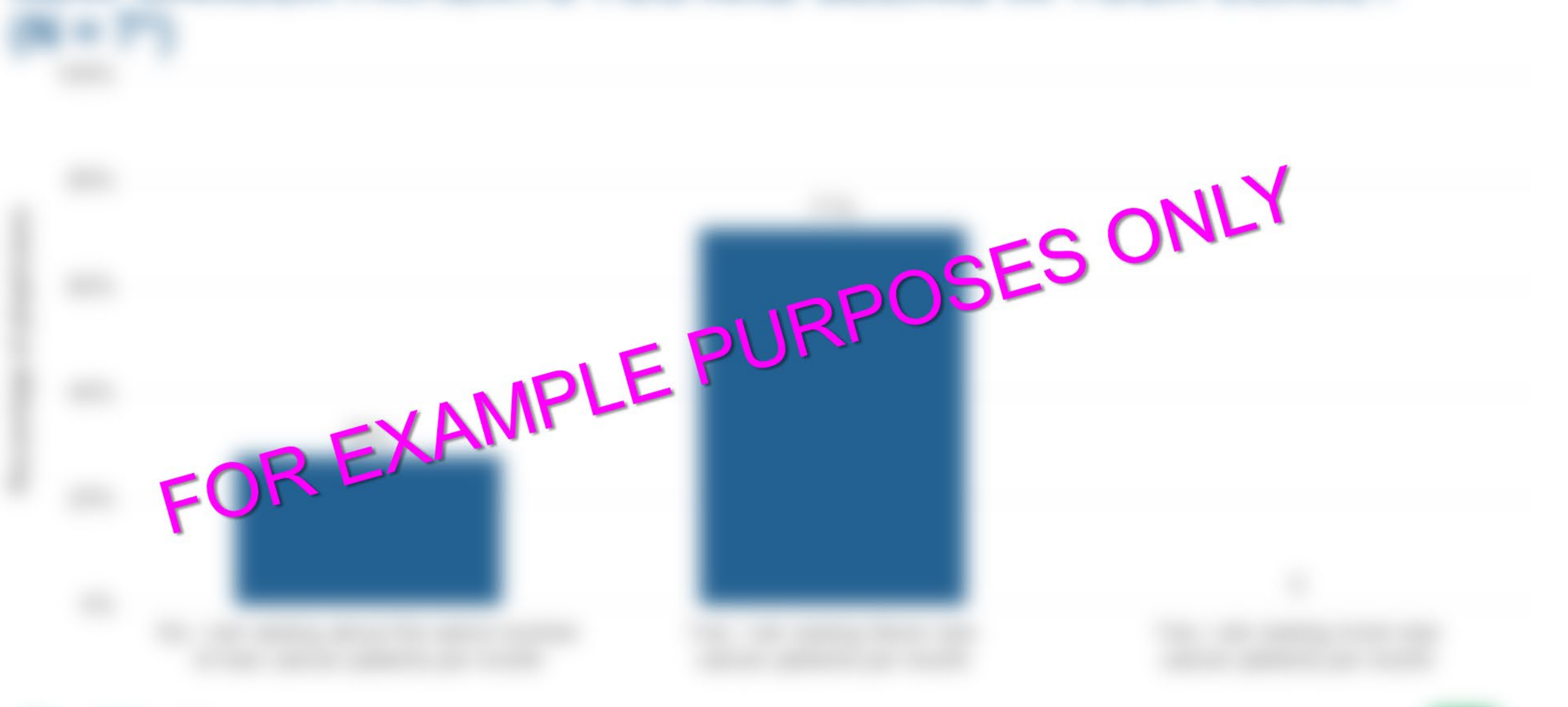
Most Advisors Outsource *NTRK* Gene Fusion Testing in mDTC; the Majority of These Advisors Use DNA-Based Testing

CASES

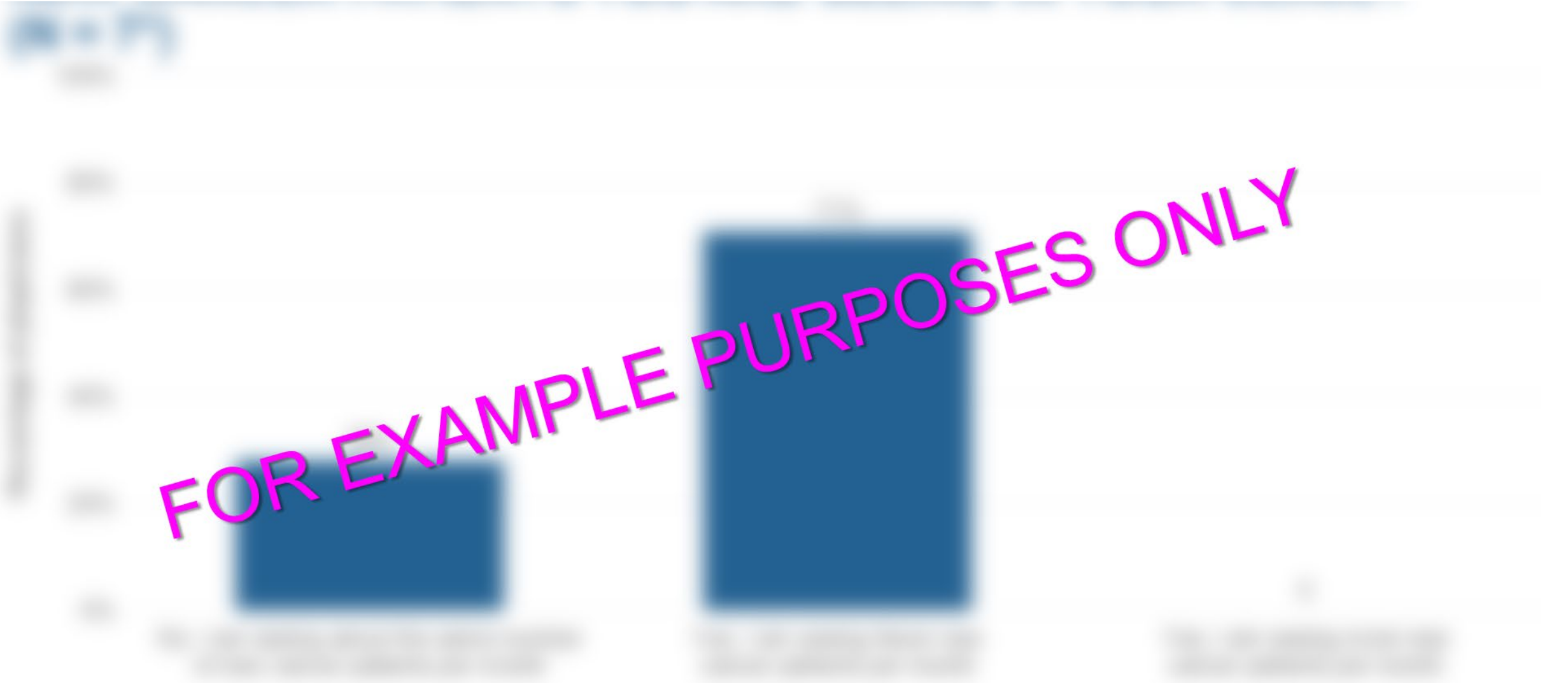
In mDTC, 58% of the Advisors Perform Tissue-Based Testing First, Followed by a Liquid Biopsy Where Appropriate

CASES

All Advisors Who Treat RAI-R mDTC Would Switch to a TRK Inhibitor in an *NTRK*+ Patient; the Slight Majority Would Make the Switch at Disease Progression



More Advisors Would Choose Larotrectinib Over Entrectinib in RAI-R mDTC; However, 39% of Advisors Were Unsure of Their Choice of TRK Inhibitor



APTITUDE HEALTH®

CASES

Lung Cancer-Specific Questions

Forty-Eight Percent of the Advisors Have Treated ≥21 mNSCLC Patients in the Past Year; 45% of Advisors Have Treated an *NTRK* Fusion-Positive mNSCLC Patient

Approximately how many patients with metastatic NSCLC (mNSCLC) have you treated in the past 12 months? (N = 33)

Approximately how many *NTRK* fusion-positive mNSCLC patients have you *ever* treated? (N = 33)

For the Majority of Advisors, Most or All of Their mNSCLC Patients Receive *NTRK* Fusion Testing

What percentage of your mNSCLC patients receive *NTRK* fusion testing? (N = 33)

For 55% of Advisors, *NTRK* Fusion Testing Is Automatically Requested

Is *NTRK* fusion testing automatically requested for mNSCLC patients or do you need to specifically request the testing? (N = 33)

Most Advisors Outsource *NTRK* Gene Fusion Testing in NSCLC; the Majority of These Advisors Use DNA-Based Testing

How does your practice test NSCLC patients for *NTRK* gene fusions? Select all that apply.
(N = 33)

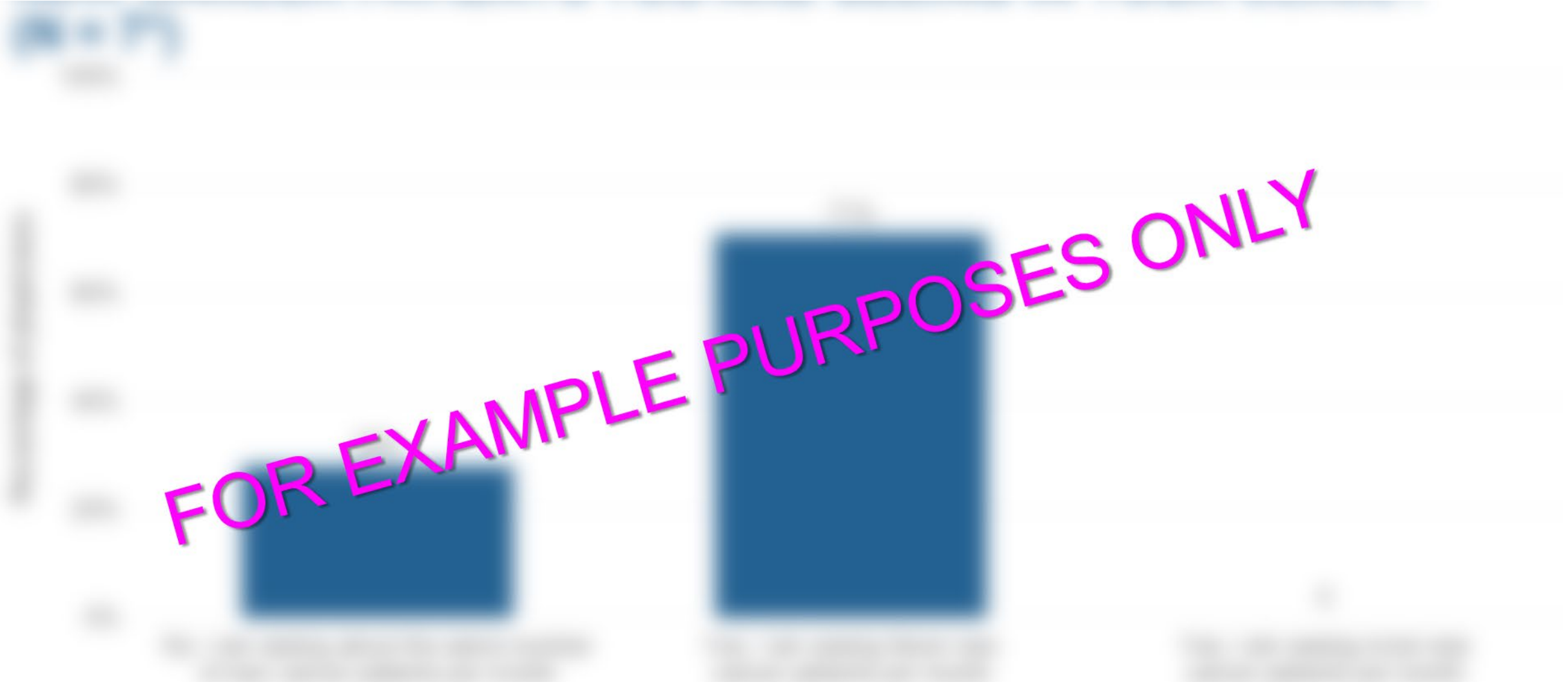
Most Advisors Initially Use Tissue for Biomarker Testing and Reflex to Liquid Biopsy Where Appropriate

What testing algorithms do most of your patients with mNSCLC experience for biomarker testing? (N = 33)

Slightly More Advisors Initiate First-Line Therapy While Waiting for *NTRK* Fusion Results vs Waiting for *NTRK* Fusion Results Before Beginning Therapy

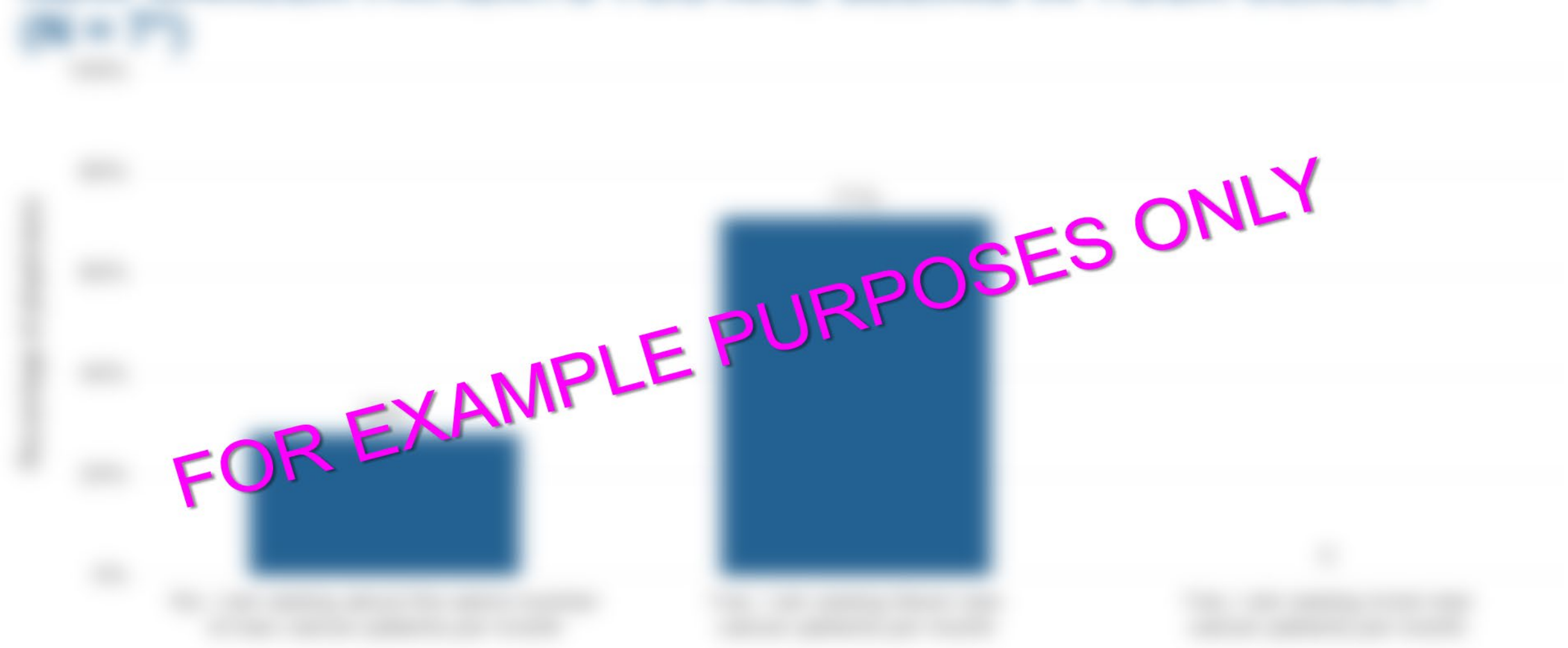
Most Advisors Would Use a TRK Inhibitor for This Patient; Slightly More Would Choose Larotrectinib

If an *NTRK* gene fusion is detected in a mNSCLC patient *prior* to initiating first-line systemic therapy, what therapy option would you prefer (assuming adenocarcinoma

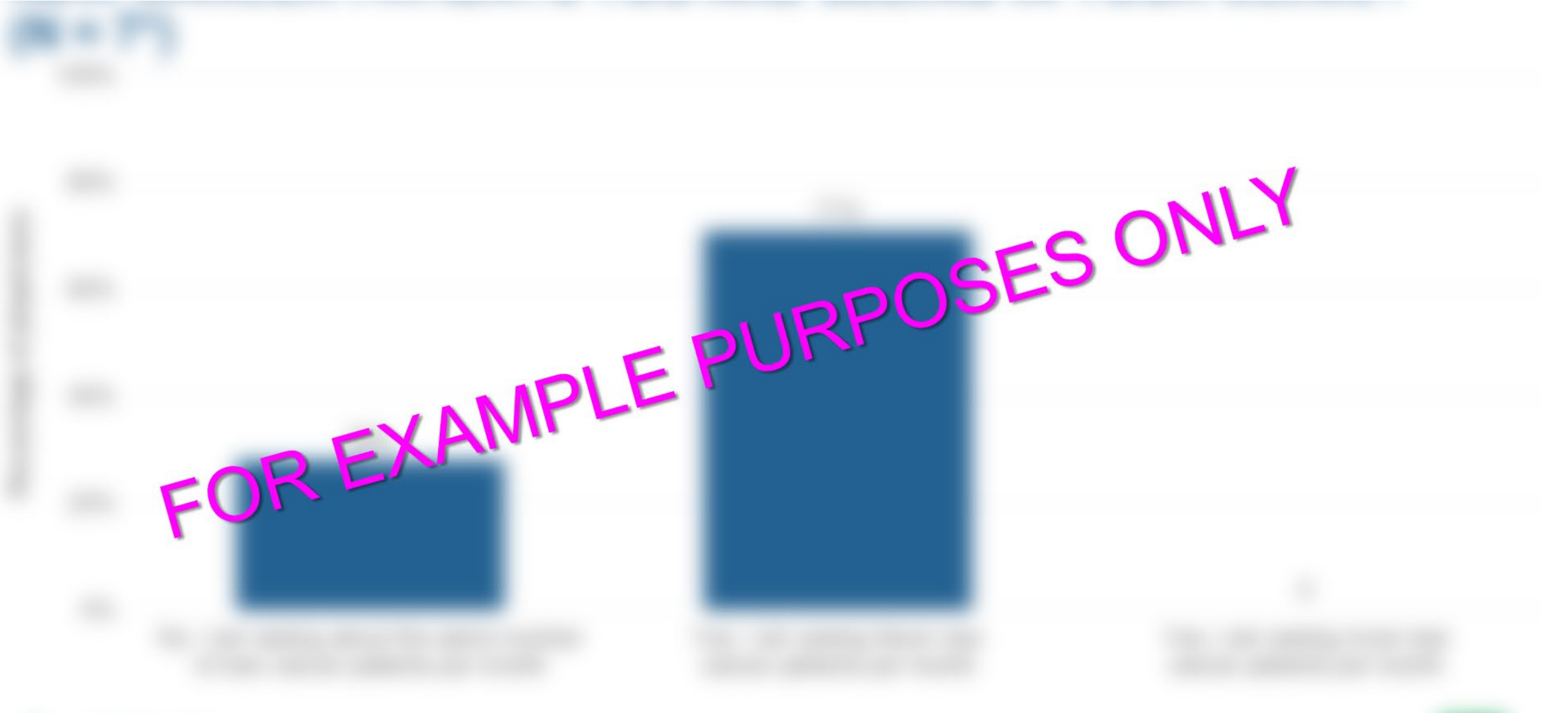


Around Half of the Advisors (47%) Would Be Comfortable or Very Comfortable With Switching Therapy to a TRK Inhibitor

When an *NTRK* fusion is detected *after* first-line systemic therapy was initiated for mNSCLC, how comfortable would you be in switching therapy to a TRK inhibitor, with 1 being Very uncomfortable and 5 being Very comfortable? (N = 32)

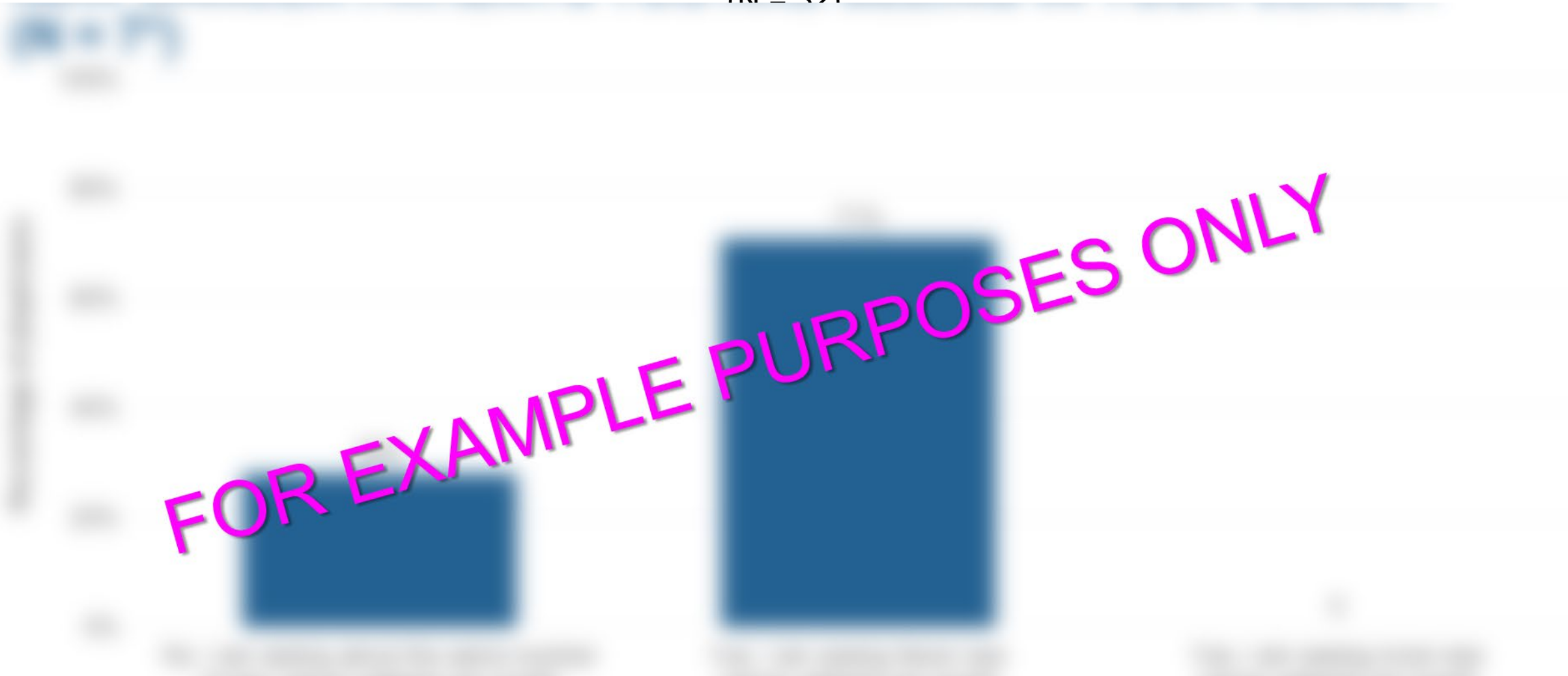


All Advisors Would Switch to a TRK Inhibitor in an *NTRK*+ Patient; the Majority Would Make the Switch at Disease Progression



Most Advisors Were Not Familiar With the Comparative Effectiveness Data of Entrectinib vs Larotrectinib in NSCLC

On a scale of 1–5, how familiar are you with the comparative effectiveness data on entrectinib vs larotrectinib in NSCLC, with 1 being Unfamiliar and 5 being Very familiar? (N = 32)



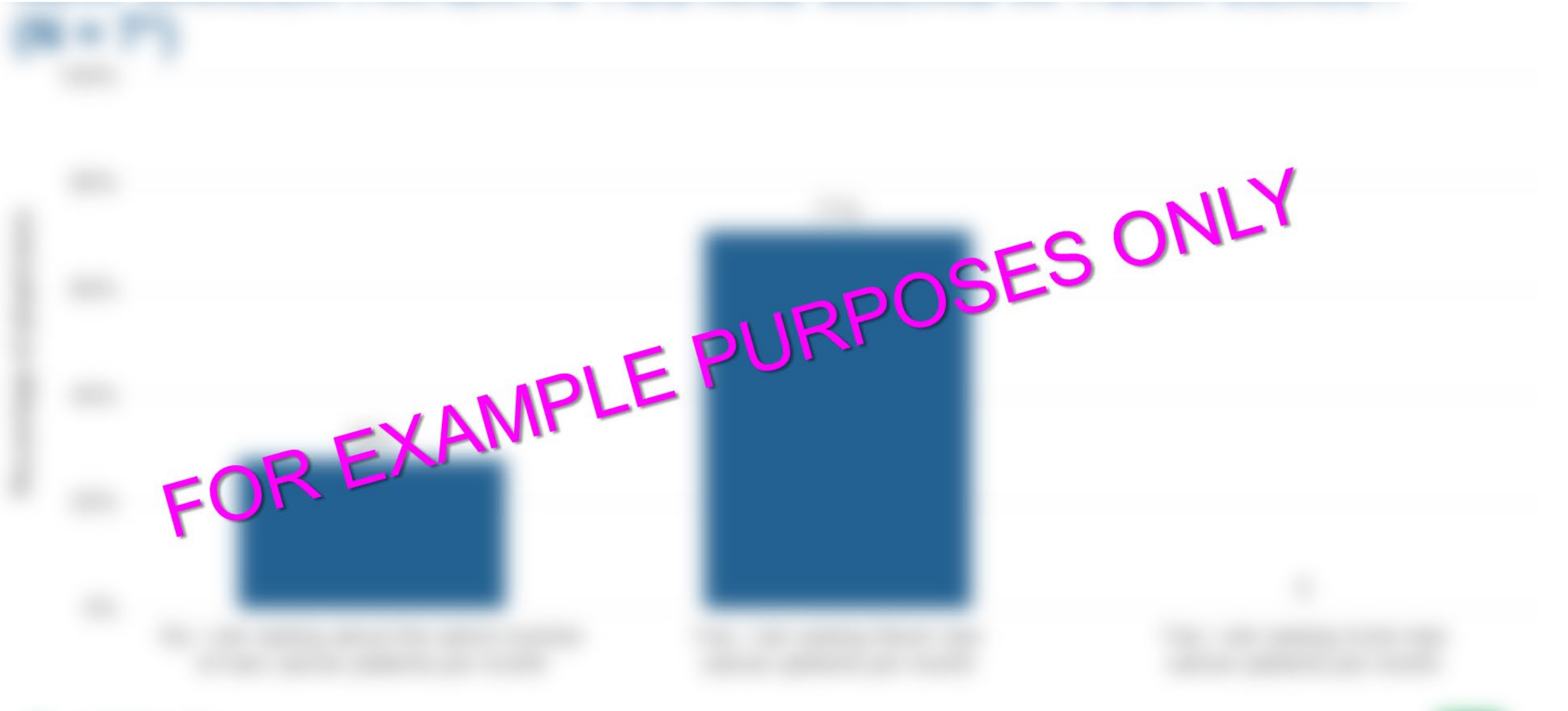
Slightly More Advisors Would Choose Larotrectinib Over Entrectinib in mNSCLC; Around One-Third of Advisors (31%) Were Unsure of Their Choice of TRK Inhibitor

APTITUDE HEALTH®

CASES

Testing/Pathway-Specific Questions

Most Advisors Do Not Have a Field for *NTRK* Biomarker Status in Their EHR



How Biomarker Testing Is Ordered

Please describe how you order biomarker testing at your practice. (N = 31)	
Ordered through EMR – “molecular testing” then I manually type in Tempus xT for tissue. I order Guardant or Tempus Blood through EMR under orders tab	Ordered through HER – panel testing.

How Biomarker Testing Results Are Received by the Physician

CASES

Please describe how the results of biomarker testing are reported and transmitted back to the treating physician. (N = 30)

I am signed up for Tempus Portal and they are also scanned into EMR	I receive an email when the results are available. Also, my MA prints the results out and puts them on my desk
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]

In Most Advisors' Practices, Patients Are Treated On-Pathway ≥81% of the Time; 13% of the Advisors Do Not Use Clinical Pathways in Their Practice

Most Advisors' Practices Have Pathways for mNSCLC; for 40% of Advisors, Their Practice Has Pathways for *NTRK* Fusion-Positive Cancers

CASES

FOR EXAMPLE PURPOSES ONLY

Practices Have Varied Approaches to Modifying Clinical Pathways; for 47% of the Advisors, Their Practice Modifies Pathways Every 4–6 Months

*Three advisors indicated they are unsure; 1 advisor specified every 3 months.

For Practices That Use Clinical Pathways, Slightly More Have Pathways Integrated Into the EHR

Are your clinical pathways integrated into the EHR? (N = 30)

Pathways Are Typically From a Third-Party Entity, Most Often ClinicalPath or OneOncology

Are the clinical pathways used in your practice developed internally or do you rely on a third-party entity? (N = 30)

For Those Who Have Internally Created Pathways, the Department Head, a Disease-State Expert, and a Precision Medicine Expert Are Most Likely to Be Involved

If your clinical pathways are created internally, who is part of the pathway development?
Select all that apply. (N = 30)

APTITUDE HEALTH®

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