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Insights Into Metastatic Castration-Resistant Prostate Cancer (mCRPC) – Central

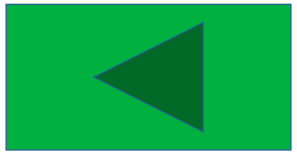
Virtual Platform

March 23, 2022

Insights From National Community Oncologists

How to Navigate This Report

Click to move to topic of interest or ARS supporting data



Click to return to previous slide

Contents

Report Objectives

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STUDY OBJECTIVES

To gain advisors' perspectives on

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

Report Snapshot: Session Overview

A moderated roundtable discussion was held with oncologists in the Central region of the United States in a virtual setting on **March 23, 2022**

Disease-state and data presentations were led by **Dr Scott Tagawa** from Weill Cornell Medical Center, in conjunction with content developed by the Aptitude Health clinical team

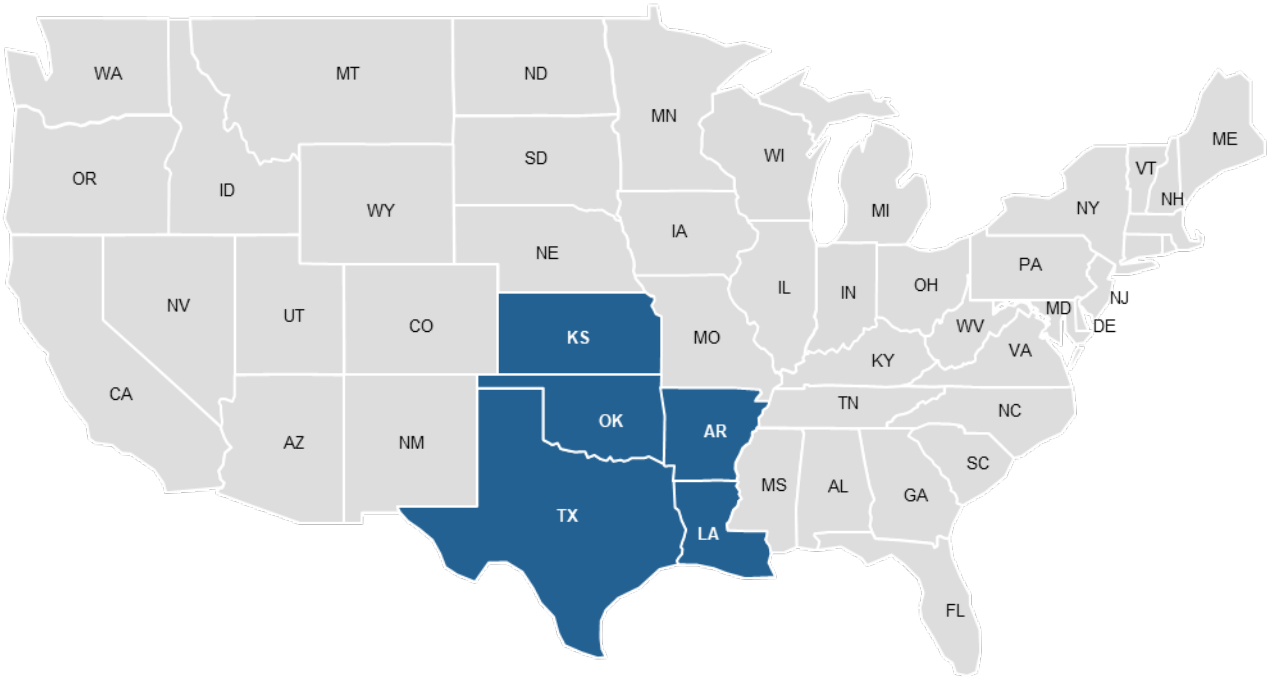
Insights were obtained on **first-line and subsequent therapies for mCRPC** in the community and their impact on patient management

Data collection was accomplished through use of audience response system (ARS) questioning and in-depth moderated discussion

Report Snapshot: Attendee Overview

> The group of advisors comprised 10 oncologists from the Central region of the United States

INSTITUTION	CITY	STATE
Cancer Center of Kansas	Wichita	KS
Highlands Oncology Group	Springdale	AR
Texas Oncology	Dallas	TX
CHRISTUS Ochsner Oncology Clinic	Lake Charles	LA
Hendrick Cancer Center	Abilene	TX
Texas Oncology	Houston	TX
The Center for Cancer and Blood Disorders	Irving	TX
Mercy	Oklahoma City	OK
Texas Oncology	Palestine	TX
The Center for Cancer and Blood Disorders	Weatherford	TX



Report Snapshot: Agenda

Time (ET)	Topic
6.00 PM – 6.15 PM (15 min)	**Introduction and ARS Questions** • Program overview and objectives • ARS questions
6.15 PM – 6.50 PM (35 min)	**Management of Metastatic Castration-Resistant Prostate Cancer (mCRPC)** • Overview of current data
6.50 PM – 7.50 PM (60 min)	**Moderated Discussion**
7.50 PM – 8.00 PM (10 min)	**Key Takeaways and Meeting Evaluation**

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Key Insights and Discussion Summary

Discussion: First-Line Treatment of mCRPC (1/3)

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FIRST-LINE TREATMENT – INSIGHTS AND DATA

"Mostly, it's like a clinical decision in my opinion and we go with docetaxel for a fast response, but I think this might

- Treatment success in frontline (1L/2L)

- Data needed to switch from 1L/2L in frontline

Discussion: First-Line Treatment of mCRPC (2/3)

FIRST-LINE TREATMENT – INSIGHTS AND DATA

"Our practice does not have institutional guidelines that we have to go by and send guidelines to get it paid for. It's

- Treatment success in frontline DLBCL

- Data needed to switch from SOC in frontline

Discussion: First-Line Treatment of mCRPC (3/3)

FIRST-LINE TREATMENT – INSIGHTS AND DATA

"We do have a genetic counselor . . . we use Myriad for all these things . . . mostly it has been tissue biopsies."

- [illegible]

[illegible]

- [illegible]

[illegible]

Discussion: Management of Progressive mCRPC (1/2)

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SUBSEQUENT TREATMENT – INSIGHTS AND DATA

"We're doing PSMA PETs, and the problem was we had to get the radio-isotope. Sometimes the half-life is at 3

- Treatment success in frontline DLBCL

- Data needed to switch from SOC in frontline

Discussion: Management of Progressive mCRPC (2/2)

SUBSEQUENT TREATMENT – INSIGHTS AND DATA

"If you don't have your diagnostic suite set up, I mean you have to build the suite. You have to get the radio

- Treatment success in frontline DLBCL

- Data needed to switch from SOC in frontline

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Advisor Key Takeaways

Advisor Key Takeaways

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ADVISOR		ADVISOR	
	> Re-emphasized the importance of using cabazitaxel		> Learned about different PET scans and their uses

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Insights Into Metastatic Castration-Resistant Prostate Cancer

ARS Results: First-Line Treatment of mCRPC

All Advisors See Patients With Advanced Prostate Cancer. For 60% of the Advisors This Is Less Than 20% of Their Total Patient Population (N = 10)

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Almost 90% of Advisors Declared More Than 20% of Their Patients With Advanced Prostate Cancer Have Metastatic Disease (n = 9*)

*One advisor did not respond.

All Advisors Refer More Than 25% of Their Patients With mCRPC for Germline and Somatic Testing (n = 9*)

What proportion of your mCRPC patients do you refer for germline and somatic

*One advisor did not respond.

Seventy Percent of the Advisors Have Access to a Hot Lab/Theranostics Department in Their Practice (N = 10)

What service lines are currently available within your practice to support the treatment of

Patient Scenario 1

- What would be your preferred therapy for a patient with mCRPC with the following

About 78% of the Advisors Would Select Docetaxel for a Patient With mCRPC With Symptomatic Visceral Metastases Previously Treated With ADT + an AR-Targeted Agent (n = 9*)

*One advisor did not respond.

Patient Scenario 2

- What would be your preferred therapy for a patient with mCRPC with the following

Half the Advisors Would Recommend an AR-Targeted Agent for a Patient With mCRPC With Asymptomatic Bone-Only Metastases Previously Treated With ADT (N = 10)

Patient Scenario 3

- What would be your preferred therapy for a patient with mCRPC with the following

Two-Thirds of the Advisors Would Recommend an AR-Targeted Agent for a Patient With mCRPC With Symptomatic Bone and Visceral Metastases Previously Treated With ADT-Docetaxel (n = 9*)

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*One advisor did not respond.

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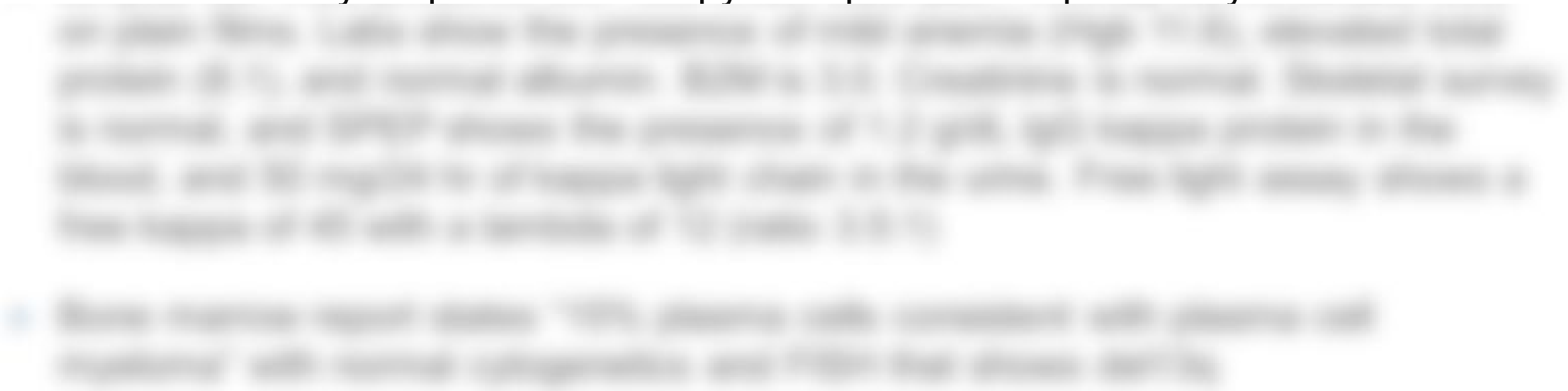
ARS Results: Management of Progressive mCRPC

Patient Scenario 1

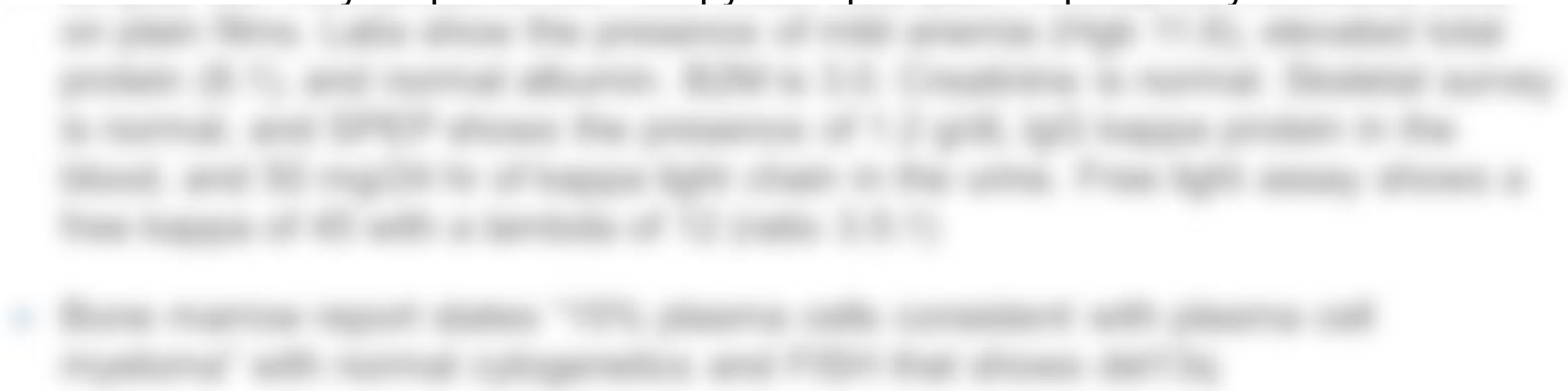
- What would be your preferred therapy for a patient with previously treated mCRPC



While the Majority of Advisors Would Utilize Cabazitaxel ± Carboplatin in This Scenario, 20% Would Choose a Trial of 177Lu-PSMA-617 (N = 10)

Patient Scenario 2

- What would be your preferred therapy for a patient with previously treated mCRPC



One-Third of Advisors Would Choose Radium-223 in This Case Scenario (n = 9*)

*One advisor did not respond.

Patient Scenario 3

- What would be your preferred therapy for a patient with mCRPC with the following

While Half the Advisors Would Recommend Cabazitaxel ± Carboplatin for This Patient, 40% Would Choose a Trial of 177Lu-PSMA-617 (N = 10)

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