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CASES

Insights Into Breast Cancer

Virtual Platform

March 24, 2022

Insights From Community Oncologists in the Central United States

How to Navigate This Report

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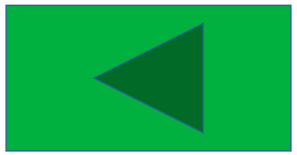
Click to move to topic of interest or ARS supporting data



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Report Objectives

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STUDY OBJECTIVES
> Gain perspectives on community oncology treatment practices in HR+ and HER2+ mBC
> Gain insight into the influence of recent data and approvals on community treatment practices

Report Snapshot: Session Overview

A moderated roundtable discussion was held with oncologists in the Central United States in a virtual setting on **March 24, 2022**

Disease-state and data presentations were led and moderated by **Dr William J. Gradishar** from Northwestern University in conjunction with content developed by the Aptitude Health clinical team

Insights were obtained on **therapies for HER2+ and HR+ advanced breast cancer** in the community setting

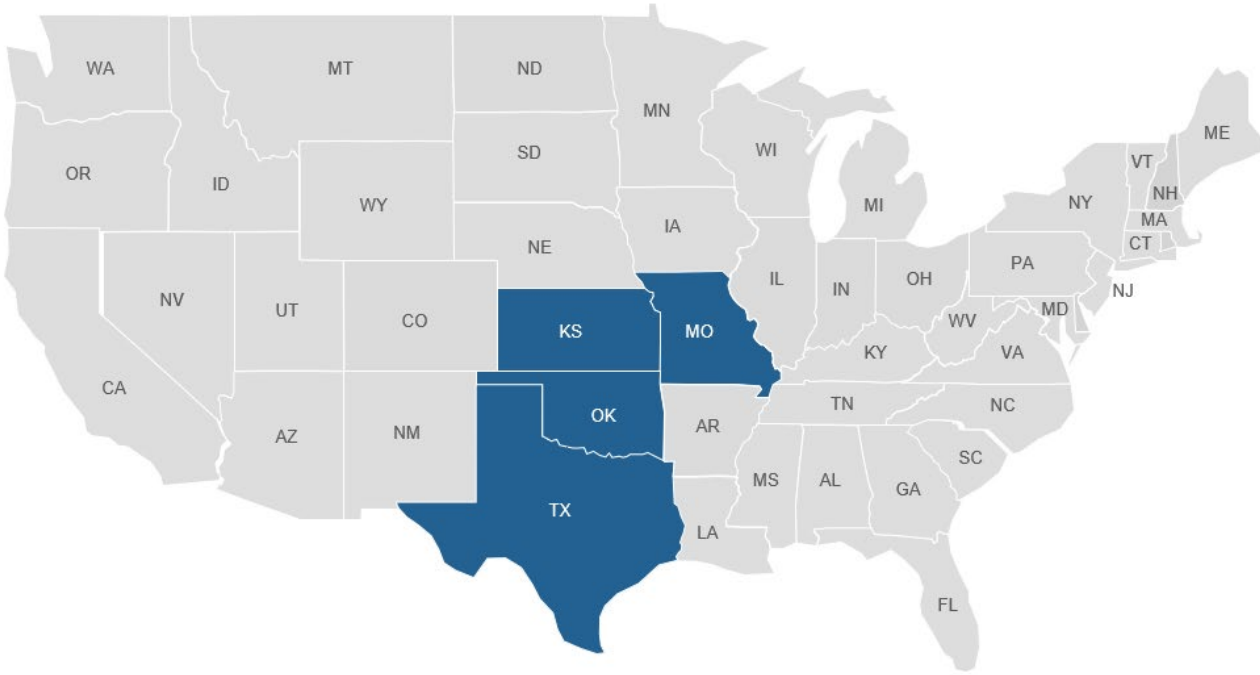
Data collection was accomplished through use of audience response system (ARS) questioning and in-depth moderated discussion

Report Snapshot: Attendee Overview

- The group of advisors comprised 8 oncologists from the Central United States
  - Attendees of the roundtable represented community oncologists from Kansas, Missouri, Oklahoma, and Texas

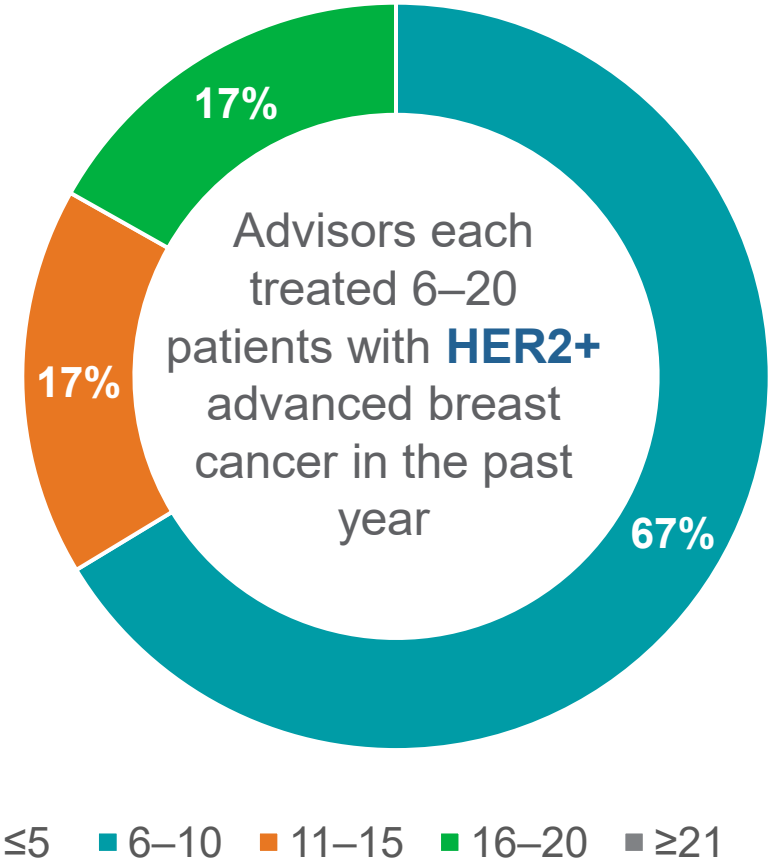
INSTITUTION	CITY	STATE
Cancer Center of Kansas*	Wichita	KS
Jefferson City Medical Group	Jefferson City	MO
Mercy	Oklahoma City	OK
Hendrick Health	Abilene	TX
Texas Oncology	Dallas	TX
Texas Oncology	Humble	TX
Texas Oncology	Palestine	TX

*More than 1 advisor from this institution attended the program.

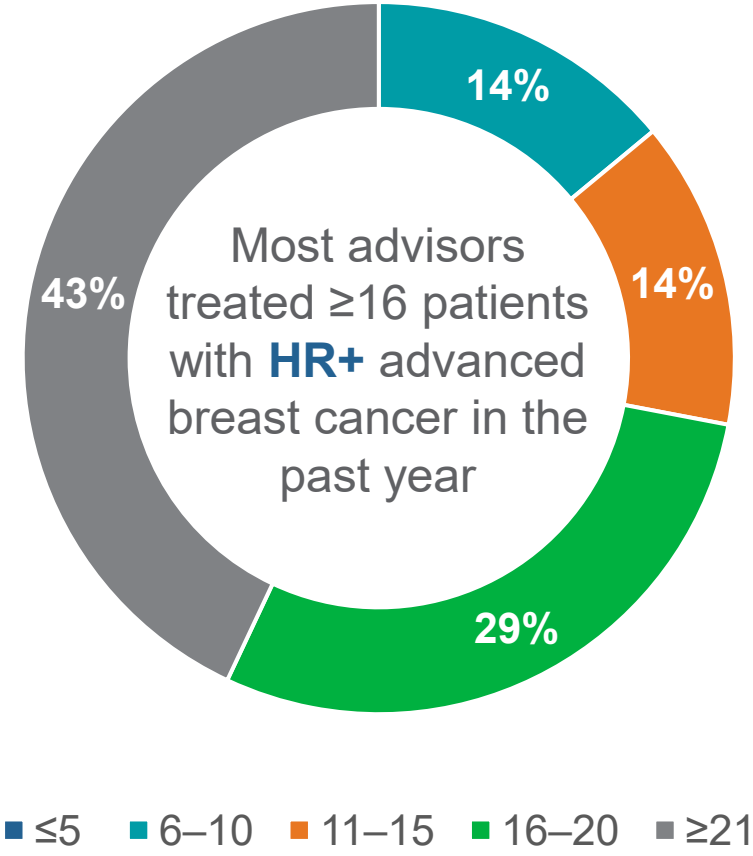


Participant Demographics

Approximately how many patients with HER2+ advanced breast cancer have you treated in the past year? (n = 6*)



Approximately how many patients with HR+ advanced breast cancer have you treated in the past year? (n = 7†)



*Two advisors did not respond; †One advisor did not respond.

Report Snapshot: Agenda

Time (CT)	Topic
6.00 PM – 6.15 PM (15 min)	**Introduction and ARS Questions** • Program overview
6.15 PM – 7.25 PM (70 min)	**Treatment of HER2+ Advanced Breast Cancer** • ARS questions • Overview of current data • Reaction and discussion
7.25 PM – 7.35 PM (10 min)	**Break**
7.35 PM – 8.45 PM (70 min)	**Treatment of HR+ Advanced Breast Cancer** • ARS questions • Overview of current data • Reaction and discussion
8.45 PM – 9.00 PM (15 min)	**Key Takeaways and Meeting Evaluation**

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Key Insights and Discussion

Treatment of HER2+ Advanced Breast Cancer

Discussion: Treatment of HER2+ Advanced Breast Cancer (1/3)

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HER2+ DISEASE – INSIGHTS AND DATA

"For somebody who presents with advanced HER2+ metastatic breast cancer, typically I will start with a taxane +

- [illegible]

[illegible]

- [illegible]

[illegible]

Discussion: Treatment of HER2+ Advanced Breast Cancer (2/3)

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HER2+ DISEASE – INSIGHTS AND DATA

"Generally, patients tolerate the regimen well. I did not have any major side effects—no interstitial lung disease or

- Treatment success in frontline DLBCL

- Data needed to switch from SOC in frontline

Discussion: Treatment of HER2+ Advanced Breast Cancer (3/3)

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HER2+ DISEASE – INSIGHTS AND DATA

Impressions of	*"At time of progression . . . T-DM1 was my go-to drug. Now with DESTINY-Breast03, it makes more sense to start with T-*
[redacted]	[redacted]
[redacted]	[redacted]

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Key Insights and Discussion

Treatment of HR+ Advanced Breast Cancer

Discussion: Treatment of HR+ Advanced Breast Cancer (1/2)

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HR+ DISEASE – INSIGHTS AND DATA

"Palbociclib, initially . . . out of habit and familiarity, but more and more I've been using abemaciclib and ribociclib."

- Treatment success in frontline (3L/4L)

- Data needed to switch from SOC in frontline

Discussion: Treatment of HR+ Advanced Breast Cancer (2/2)

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HR+ DISEASE – INSIGHTS AND DATA

"Patients tolerate the palbociclib well. I can dose-adjust well, and I've been using it now for more than 7 years, and I've

- Treatment success in frontline DLBCL

- Data needed to switch from BCIC in frontline

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Advisor Key Takeaways

Advisor Key Takeaways

ADVISOR		ADVISOR	
	> Learned a lot about both HER2+ and HR+ ABC		> Nice to see studies identifying which options are

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ARS Results

Treatment of HER2+ Advanced Breast Cancer

Advisors Each Treated 6–20 Patients With HER2+ Advanced Breast Cancer in the Past Year (n = 6*)

*Two advisors did not respond.

Two-Thirds of Advisors Would Sequence T-DM1 After T-DXd Following DESTINY-Breast03 (n = 6*)

*Two advisors did not respond.

Advisors Were Not Completely Aware of DESTINY-Breast03 Outcomes (n = 7*)

*One advisor did not respond.

Advisors Would Be Most Willing to Use T-DXd in the Second Line Following Favorable 12-Month OS, CR, and Safety Profile Outcomes (n = 7*)

*One advisor did not respond.

Systemic Control of Visceral Metastases and Performance Status/AE Profile Are the Most Important Factors for Selecting Second-Line Therapy, According to Advisors (n = 7*)

*One advisor did not respond.

Sixty-Three Percent of Advisors Feel Neratinib Has the Most Concerning Toxicity Profile (N = 8)

Eighty-Eight Percent of Advisors Are Moderately to Strongly Influenced by Potential ILD When Choosing T-DXd (N = 8)

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Patient Case 1

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- A 55-year-old post-menopausal woman presents with de novo ER+, PR–, HER2+

Half of Advisors Would Recommend Trastuzumab Plus Taxane Plus Pertuzumab First-Line for an ER+, HER2+, Post-menopausal Patient, and 25% Would Recommend T-DXd (N = 8)

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Patient Case 1 (cont)

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- She is treated with 6 cycles of docetaxel plus trastuzumab plus pertuzumab and

All Advisors Would Recommend a Trastuzumab Combination as Maintenance Therapy for This Patient (n = 7*)

*One advisor did not respond.

Patient Case 1 (cont)

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- Following 6 cycles of docetaxel plus trastuzumab plus pertuzumab for her de novo

Eighty-Six Percent of Advisors Would Recommend T-DXd After Liver and Bone Progression With Moderate Liver Disease (n = 7*)

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*One advisor did not respond.

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ARS Results

Treatment of HR+ Advanced Breast Cancer

Most Advisors Treated ≥16 Patients With HR+ Advanced Breast Cancer in the Past Year (n = 7*)

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*One advisor did not respond.

Patient Case 2

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- A 58-year-old woman presents with de novo T3N1M1 grade 2 ER+, PR+, HER2–

Fifty Percent of Advisors Would Recommend a Palbociclib Combination for a De Novo Patient With ER+, PR+, HER2– IDC (n = 6*)

*Two advisors did not respond.

Patient Case 2 (cont)

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- The patient is treated with letrozole plus palbociclib, in addition to zoledronic acid,

Two-Thirds of Advisors Would Recommend Fulvestrant ± Abemaciclib for This Patient With Bone-Only Progression After Letrozole Plus Palbociclib (n = 6*)

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*Two advisors did not respond.

Patient Case 2 (cont)

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- Instead of progression only in bone after 30 months on letrozole plus palbociclib,

Advisors Were Generally Split Between Fulvestrant, Fulvestrant or Exemestane Plus Everolimus, or Fulvestrant Plus Palbociclib for This Patient With Bone and Liver Progression (n = 7*)

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*One advisor did not respond.

Patient Case 3

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- A 65-year-old obese woman has had ER+, PR+ bone-only mBC for 10 years,

Seventy-One Percent of Advisors Would Recommend Abemaciclib (alone or in combination with AI or fulvestrant) in Late-Line ER+, PR+ mBC (n = 7*)

*One advisor did not respond.

Patient Case 4

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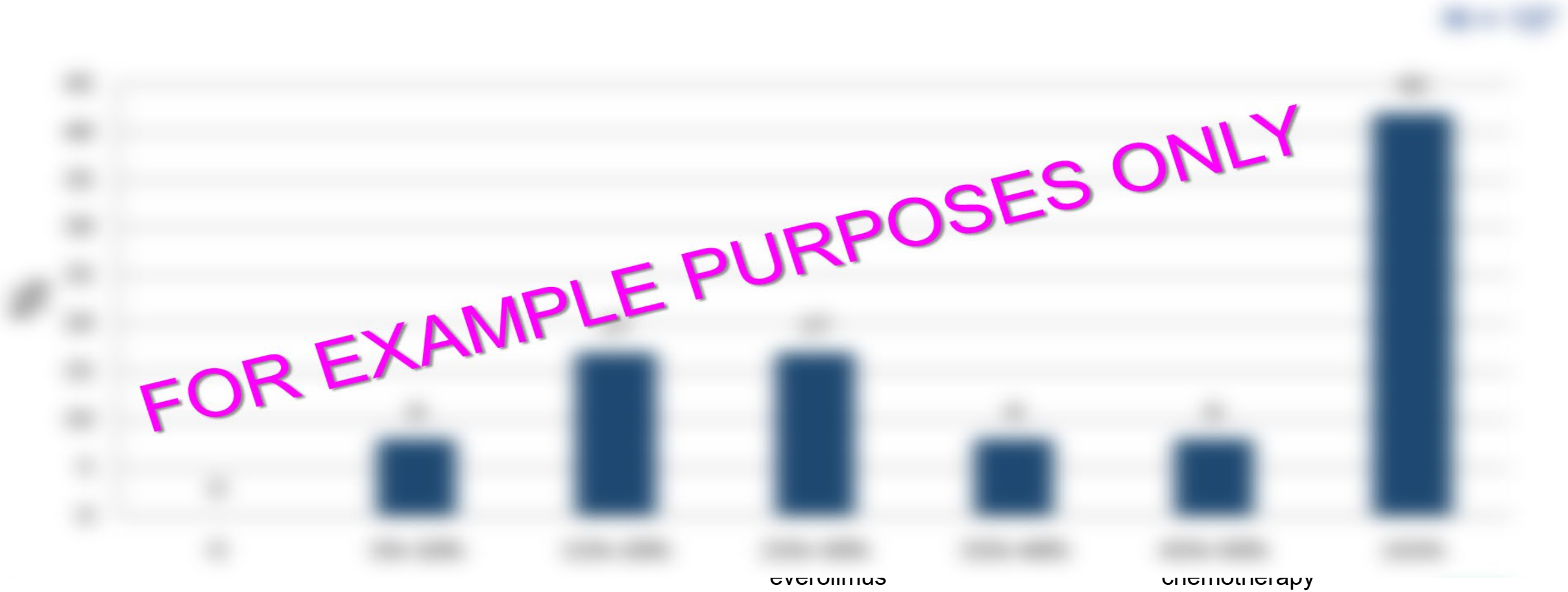
- A 55-year-old post-menopausal woman has been on adjuvant anastrozole for 4

For Mildly Symptomatic Liver Progression, the Primary Choice of Advisors Is a Taxane-Based Combination, but the Split Between Different CDK4/6i Is Equal for Those Who Choose Fulvestrant Plus CDK4/6 Inhibitor (n = 7*)



*One advisor did not respond.

Advisors' Choice of a CDK4/6 Inhibitor Is Primarily Influenced by Efficacy Results, Followed by Toxicity Profile and Familiarity With the Agent (n = 7*)

*One advisor did not respond.

Advisors Foresee Prescribing More Abemaciclib/Ribociclib and Less Palbociclib, or Will Maintain Their Current Prescription Pattern (n = 7*)

How do you expect your prescribing pattern of CDK4/6 inhibitors to change over the next

*One advisor did not respond.

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