



Insights Into Breast Cancer

Virtual Platform

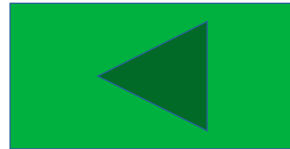
March 24, 2022

Insights From Community Oncologists in the
Central United States







How to Navigate This Report



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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

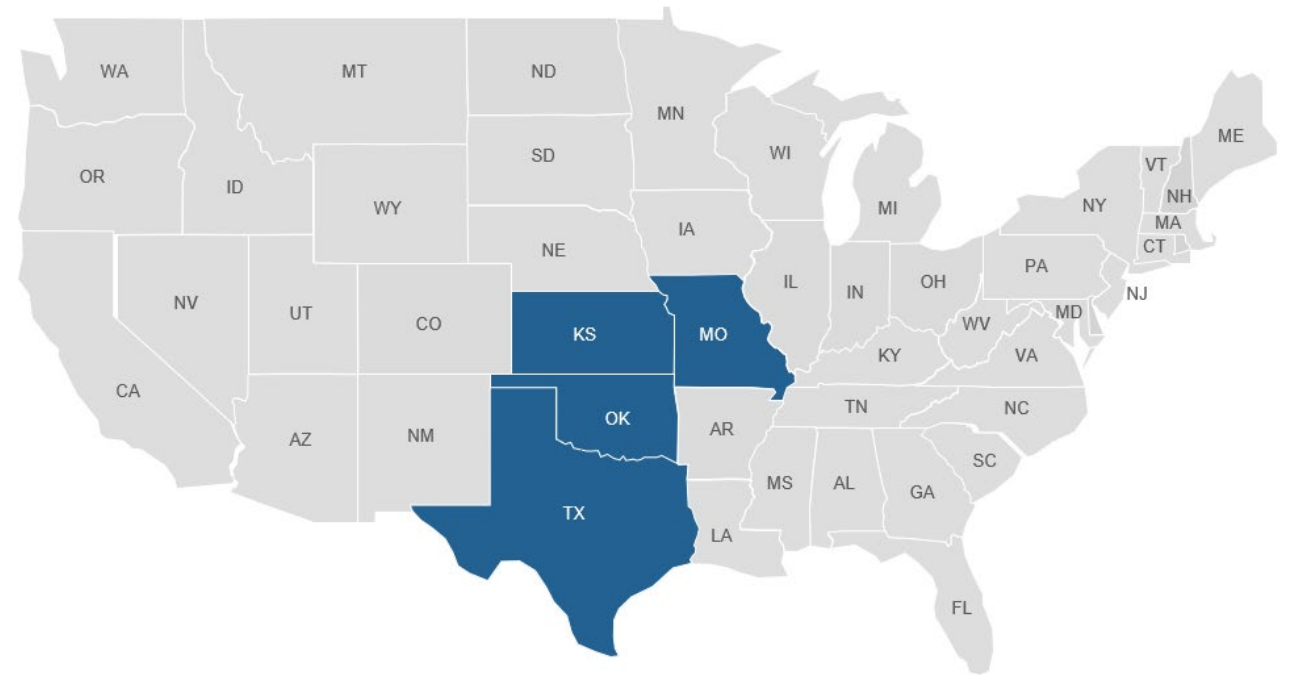
Report Snapshot: Attendee Overview



- > 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

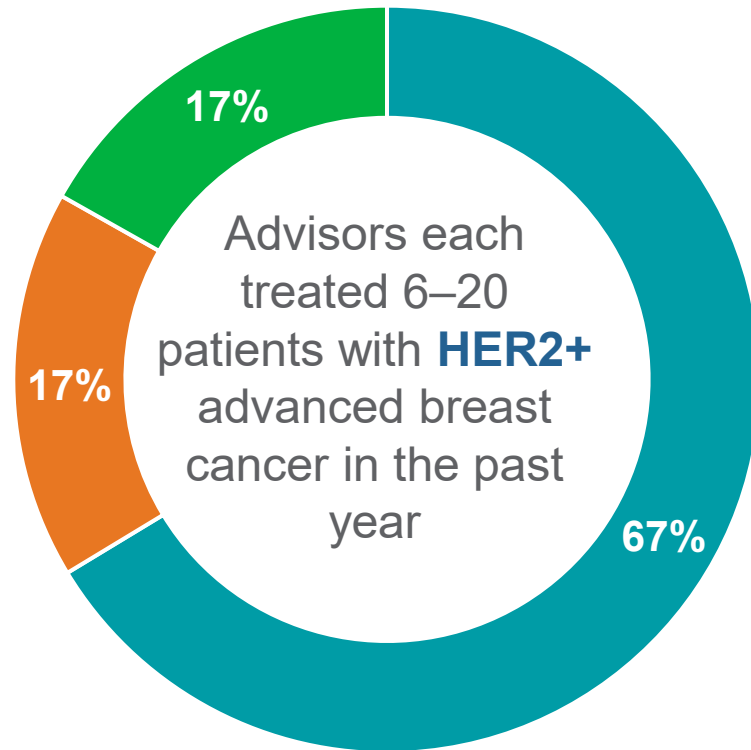
INSTITUTION	CITY	STATE
Cancer Center of Kansas*	Wichita	KS
Jefferson City Medical Group	Jefferson City	MO
Mercy	Oklahoma City	OK
Hendrick Health	Abilene	TX
Texas Oncology	Dallas	TX
Texas Oncology	Humble	TX
Texas Oncology	Palestine	TX

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



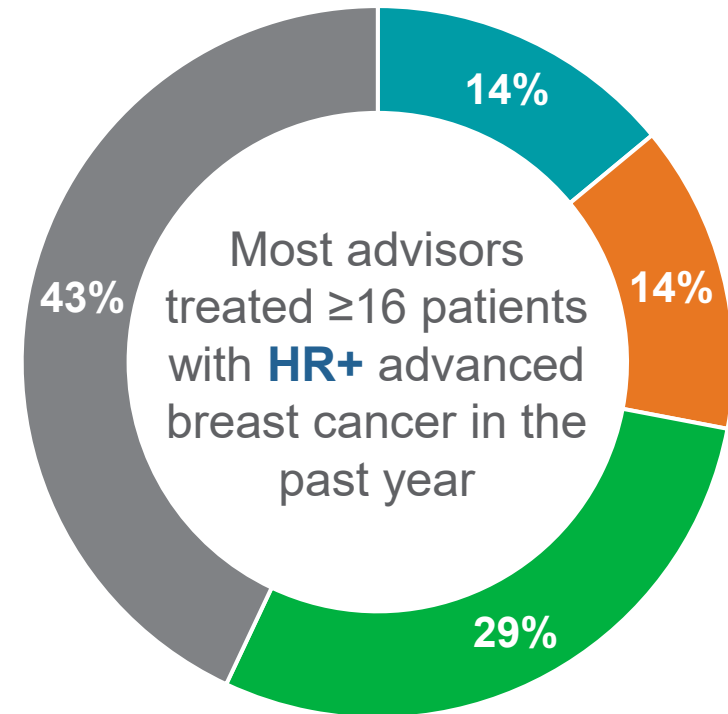
Participant Demographics

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



■ ≤5 ■ 6-10 ■ 11-15 ■ 16-20 ■ ≥21

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



■ ≤5 ■ 6-10 ■ 11-15 ■ 16-20 ■ ≥21

Report Snapshot: Agenda



Time (CT)	Topic
6.00 PM – 6.15 PM (15 min)	Introduction and ARS Questions <ul style="list-style-type: none">• Program overview
6.15 PM – 7.25 PM (70 min)	Treatment of HER2+ Advanced Breast Cancer <ul style="list-style-type: none">• 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 <ul style="list-style-type: none">• ARS questions• Overview of current data• Reaction and discussion
8.45 PM – 9.00 PM (15 min)	Key Takeaways and Meeting Evaluation



Key Insights and Discussion

Treatment of HER2+ Advanced Breast Cancer

HER2+ DISEASE – INSIGHTS AND DATA

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

1. Treatment approach in frontline (2019)

The overall survival benefit was not clear. This is not necessarily because there is no benefit because there is no clear overall survival benefit. I would not use a treatment approach with trastuzumab + pertuzumab + docetaxel as a first-line approach because the overall survival was not clear. I would not use a treatment approach with trastuzumab + docetaxel as a first-line approach because the overall survival was not clear. I would not use a treatment approach with trastuzumab + docetaxel as a first-line approach because the overall survival was not clear.

2. Data needed to confirm from 2019 in frontline

What are all the things that have been done, nothing is better than trastuzumab and pertuzumab. I would not use a treatment approach with trastuzumab + pertuzumab + docetaxel as a first-line approach because the overall survival was not clear. I would not use a treatment approach with trastuzumab + pertuzumab + docetaxel as a first-line approach because the overall survival was not clear. I would not use a treatment approach with trastuzumab + pertuzumab + docetaxel as a first-line approach because the overall survival was not clear.



Key Insights and Discussion

Treatment of HR+ Advanced Breast Cancer

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

the overall survival that we’ve seen. This is not necessarily disease-free or overall survival, so we need overall survival.”
“I would not use palbociclib long-term therapy. I think when I think overall survival, I would rather use a treatment approach either that using CDK4/2 inhibitors, and I would use that for the disease-free rate at 1 year. I believe as there is a significant impact of palbociclib overall with the treatment, and overall long-term survival.”

“That’s all a lot of things have been said, nothing is better than CDK4/2 and therapy. It would be hard with low CDK4/2 inhibitors for my patients.”
“I would use a CDK4/2 inhibitor. I would not be one of the first ones to move beyond an ER+ or anything like that. I want something that’s been used and that we know that we’re using.”
“The benefits are not very good. I think a typical rate of 1.5% or better would be something that I would be looking at.”
“Overall survival rate, that’s what we’re looking at. I think the disease-free rate is a better one to go by, so you do have to use some surrogate of efficacy. So, I do think that a 1.5% or better overall survival rate of 1 year is what we’re going to start doing the use of any agent. ER+ is not sufficient.”



Advisor Key Takeaways

Advisor Key Takeaways



ADVISOR		ADVISOR	
	<p>> Learned a lot about both HER2+ and HR+ ABC</p> <ul style="list-style-type: none"> There is a better understanding of sequencing therapy Really want to talk further with oncologists and understand how we can have a better understanding of these drugs and have a better idea of when to use them in the practice 		<p>> Nice to see studies identifying which options are</p> <ul style="list-style-type: none"> The sequencing strategy appears to need to have different options based on HR+ and what is going to come next
	<ul style="list-style-type: none"> There is a better understanding of some of the newer options It's particularly interesting in the adjuvant and how that will and how much we should be interested in a sequential option for the early adjuvant setting There is a lot more evidence for targeted therapy and to change the paradigm that they offer some side effects 		<ul style="list-style-type: none"> It's hoping that some of these sequential agents will get added into practice and hopefully improve the outcomes
	<ul style="list-style-type: none"> It was good to hear about innovations and what's coming down the pipeline for immunotherapy 		<ul style="list-style-type: none"> It's interesting to learn about all these immunotherapy treatments, especially the targeted antibodies It's a lot of options coming up in the future. The only issue will be to learn how to sequence these drugs
	<ul style="list-style-type: none"> There is a lot of good options for women who have got HR+ and treatment with breast cancer often profile and good response rates Sequencing is an issue 		<ul style="list-style-type: none"> HR+ breast is the standard



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*)



FOR EXAMPLE PURPOSES ONLY

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

FOR EXAMPLE PURPOSES ONLY

*Two advisors did not respond.



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

FOR EXAMPLE PURPOSES ONLY

*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*)

FOR EXAMPLE PURPOSES ONLY

*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*)

FOR EXAMPLE PURPOSES ONLY

*One advisor did not respond.



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

FOR EXAMPLE PURPOSES ONLY

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

FOR EXAMPLE PURPOSES ONLY

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

[Blurred text block]

- > [Blurred text block]

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)

CASES

FOR EXAMPLE PURPOSES ONLY

Patient Case 1 (cont)



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

[Blurred text]

[Blurred text]

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



FOR EXAMPLE PURPOSES ONLY

*One advisor did not respond.

Patient Case 1 (cont)



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

[Blurred text]

[Blurred text]

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

FOR EXAMPLE PURPOSES ONLY

*One advisor did not respond.





ARS Results

Treatment of HR+ Advanced Breast Cancer

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



FOR EXAMPLE PURPOSES ONLY

*One advisor did not respond.

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

[Blurred text block]

[Blurred text block]

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



FOR EXAMPLE PURPOSES ONLY

*Two advisors did not respond.



Patient Case 2 (cont)



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

[Blurred text]

[Blurred text]

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

FOR EXAMPLE PURPOSES ONLY

*Two advisors did not respond.



Patient Case 2 (cont)

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

[Blurred text]

[Blurred text]

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*)

FOR EXAMPLE PURPOSES ONLY

*One advisor did not respond.

Patient Case 3

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

• She has been on tamoxifen for 10 years and has had a total hip replacement for 10 years. She has a history of osteoporosis and is on bisphosphonates. She has a history of hypertension and is on antihypertensives. She has a history of hyperlipidemia and is on statins. She has a history of chronic kidney disease and is on dialysis. She has a history of diabetes and is on insulin. She has a history of depression and is on antidepressants. She has a history of anxiety and is on anxiolytics. She has a history of asthma and is on inhalers. She has a history of chronic pain and is on opioids. She has a history of alcohol use disorder and is on naltrexone. She has a history of smoking and is on nicotine replacement therapy. She has a history of obesity and is on weight loss medications. She has a history of hypertension and is on antihypertensives. She has a history of hyperlipidemia and is on statins. She has a history of chronic kidney disease and is on dialysis. She has a history of diabetes and is on insulin. She has a history of depression and is on antidepressants. She has a history of anxiety and is on anxiolytics. She has a history of asthma and is on inhalers. She has a history of chronic pain and is on opioids. She has a history of alcohol use disorder and is on naltrexone. She has a history of smoking and is on nicotine replacement therapy. She has a history of obesity and is on weight loss medications.

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

FOR EXAMPLE PURPOSES ONLY

*One advisor did not respond.

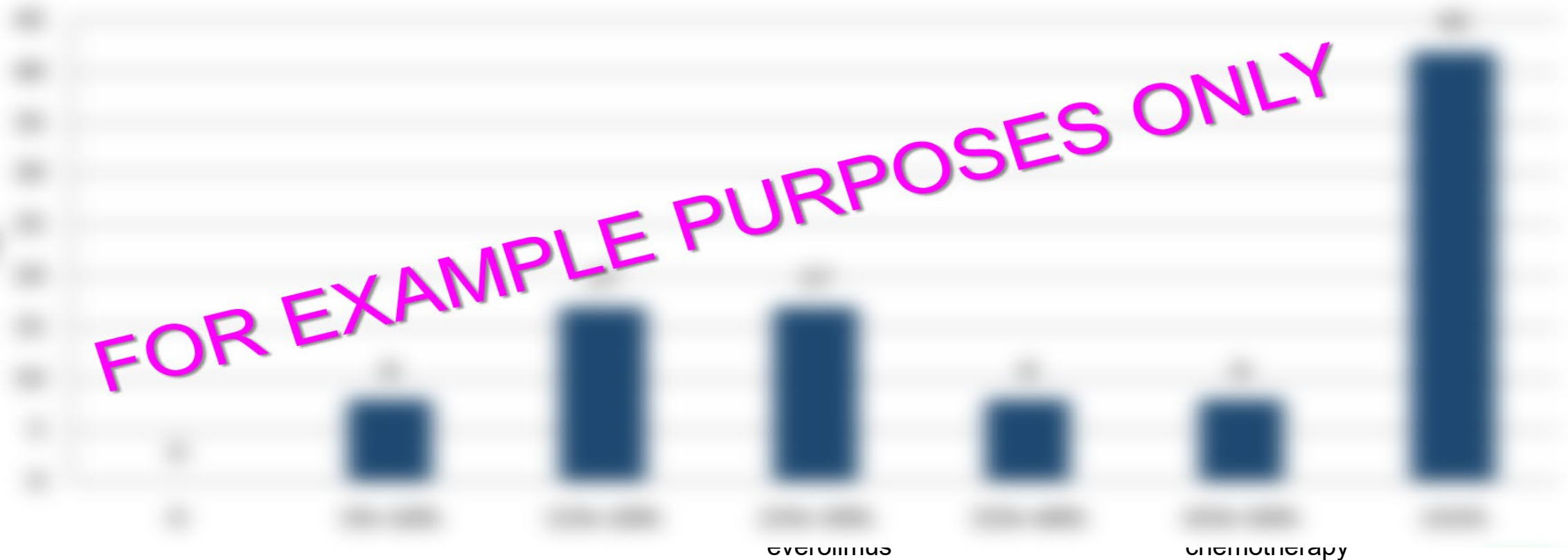


> A 55-year-old post-menopausal woman has been on adjuvant anastrozole for 4

• [Blurred text]

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*)

FOR EXAMPLE PURPOSES ONLY



*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*)

FOR EXAMPLE PURPOSES ONLY

*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

FOR EXAMPLE PURPOSES ONLY

*One advisor did not respond.



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