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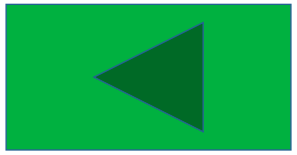
Strategic Insights Into Cervical Cancer

Live Meeting

Saturday, August 20, 2022

How to Navigate This Report

Click to move to topic of interest or ARS supporting data



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Report Objectives

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STUDY OBJECTIVES

- Gain advisors' perspectives on the latest study data on recent drug combination approvals for the first-line setting and novel agents emerging in the second-line setting for advanced cervical cancer

Report Snapshot: Session Overview

A moderated roundtable discussion was held with community oncologists from 4 states in the US in a live setting on **August 20, 2022**

Cervical cancer disease state presentation on clinical care, therapy practices, and factors that influence treatment options was led by **Mark Shahin, MD,** Jefferson Health, Willow Grove, PA, and discussion moderated by **Keren Sturtz, MD,** SCL Health, Denver, CO, in conjunction with content developed by the Aptitude Health clinical team

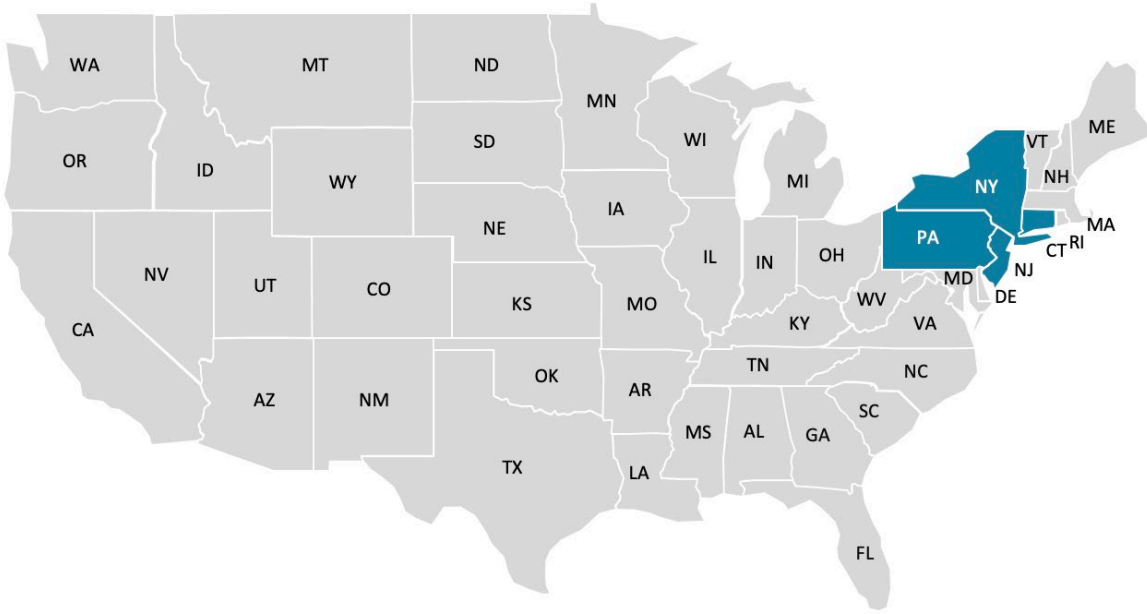
Insights were obtained on **treatment practices in first- and second-line settings, perceptions of AEs, and impressions of novel data in treatment of recurrent and metastatic disease**

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 11 community oncologists from 4 states

INSTITUTION	CITY	STATE
Yale School of Medicine	Waterford	CT
Cooper University Hospital	Camden	NJ
Minniti Center for Medical Oncology and Hematology	Mickelton	NJ
Penn Medicine	Voorhees	NJ
Jefferson Health	Sewell	NJ
Maimonides Cancer Center	Brooklyn	NY
New York Oncology Hematology	Hudson	NY
New York Cancer & Blood Specialists	Staten Island	NY
Allegheny Health Network	Natrona Heights	PA
Mercy Oncology	Philadelphia	PA
Penn State Health/Hershey Medical Center	Reading	PA



Participant Demographics

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What percentage of your patients have cervical cancer?

Approximately how many unique patients with cervical cancer do you personally manage per month?

Report Snapshot: Agenda

Time (ET)	Topic
1.45 PM – 2.00 PM (15 min)	**Introduction** • Program overview • ARS questions
2.00 PM – 3.10 PM (30-min presentation; 40-min discussion)	**Initial Systemic Therapy for Advanced Cervical Cancer** • Overview of current data • Reaction and discussion
3.10 PM – 3.20 PM (10 min)	**Break**
3.20 PM – 4.30 PM (30-min presentation; 40-min discussion)	**Treatment of Progressive Metastatic Cervical Cancer** • ARS questions • Overview of current data • Reaction and discussion
4.30 PM – 4.45 PM (15 min)	**Key Takeaways and Meeting Evaluation**

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Discussion Takeaways

Discussion: Therapy for Advanced Cervical Cancer (1/6)

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TREATMENT OPTIONS – INSIGHTS AND DATA

"The duration of response in the pembrolizumab arm was 18 months vs 10 months, which I found

- [illegible]

[illegible]

- [illegible]

[illegible]

Discussion: Therapy for Advanced Cervical Cancer (2/6)

TREATMENT OPTIONS – INSIGHTS AND DATA

"I was impressed with the cemiplimab with the adeno subtype. They seem to respond well regardless of

- Treatment success in frontline (S,BC),

[illegible]

- Data needed to switch from SOC in frontline

[illegible]

Discussion: Therapy for Advanced Cervical Cancer (3/6)

TREATMENT OPTIONS – INSIGHTS AND DATA

"I think as far as efficacy data presented, I'm impressed, but I'm just becoming aware of this."

- Treatment success in frontline (SLIDE)

- Data needed to switch from SOC in frontline

Discussion: Therapy for Advanced Cervical Cancer (4/6)

TREATMENT OPTIONS – INSIGHTS AND DATA

"Due to peripheral neuropathy, you cannot give this forever, so it's a limited duration of therapy."

- Treatment success in frontline (N,BC),

[illegible]

- Data needed to switch from SOC in frontline

[illegible]

Discussion: Therapy for Advanced Cervical Cancer (5/6)

TREATMENT OPTIONS – INSIGHTS AND DATA

"I think the new wave of all of this is ADCs, bispecific T-cell engagers, and so something like this does seem cutting-edge, and really, we're becoming more familiar with it."

- Treatment success in frontline (N,BC),

- Data needed to switch from SOC in frontline

Discussion: Therapy for Advanced Cervical Cancer (6/6)

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TREATMENT OPTIONS – INSIGHTS AND DATA

"For PD-L1 negative it is going to be your triplet and any IO for those PD-L1–negative patients in the second line."

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

- Data needed to switch from SOC in frontline

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Advisor Key Takeaways

Advisor Key Takeaways (1/2)

ADVISOR		ADVISOR	
1	> Finds the KEYNOTE-826 and tisotumab vedotin [illegible]	5	> Following the presentation, is more interested in the use of pembrolizumab in advanced cervical cancer [illegible]
2	[illegible]	6	[illegible]
3	[illegible]	7	[illegible]
4	[illegible]	8	[illegible]

Advisor Key Takeaways (2/2)

ADVISOR		ADVISOR	
1	> Feels that 4 drugs for PD-L1 positive should be standard > [illegible]	5	> Enjoyed receiving the latest data on the inclusion of > [illegible]
2	> [illegible] > [illegible] > [illegible]	6	> [illegible]
3	> [illegible]	7	> [illegible] > [illegible]
4	> [illegible] > [illegible]	8	> [illegible]

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Insights Into Systemic Therapy for Advanced Cervical and Treatment of Progressive Metastatic Cervical Cancer

ARS Results

The Majority of Advisors See Mets After Initial Diagnosis and Treatment in ≤1/4 of Their Cervical Cancer Patients; <20% See Mets in Over Half of Their Patients

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Almost All Advisors Choose Combination Therapy Over Single-Agent Therapy in Recurrent or Metastatic Disease

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Of Advisors Who Prefer Single-Agent Therapy in First-Line Recurrent or Metastatic Disease, Half Would Use Cisplatin, and Half Would Choose Carboplatin

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Pembrolizumab Combinations Are Preferred by the Advisors in First-Line Therapy in Recurrent or Metastatic Disease; >2/3 of Advisors Would Use It With Carboplatin-Paclitaxel ± Bevacizumab

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The Majority of Advisors Conduct Biomarker Testing in the Recurrent Setting or Metastatic Setting (82%), While the Remaining Advisors Opt to Test at Initial Diagnosis (19%)

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Scenario

- A 51-year-old white woman presents with perimenopausal spotting. Evaluation

Nearly Three-Fourths of Advisors Would Choose Systemic Chemotherapy in a Patient Diagnosed With Recurrent Endocervical Cancer With Negative Margins Following Radical Hysterectomy, Pelvic and PA LN Dissection

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Scenario (cont)

- Patient receives chemoradiation. and after completion she remains under

If the Patient Is Treated With Chemoradiation and a Follow-up CT-Guided Biopsy Shows Adenocarcinoma and PD-L1 Positive, CPS 3, Advisors Would Treat With Systemic Therapy + Pembrolizumab

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Scenario (cont)

- Patient receives paclitaxel-carboplatin with bevacizumab. At completion of cycle 6

Complete Response Following 6 Cycles of Paclitaxel-Carboplatin + Bevacizumab and Bevacizumab Maintenance With a CT Revealing Mets and Recurrence: Most Advisors (45%) Would Treat With Pembrolizumab, and 1/3 Would Use Tisotumab Vedotin

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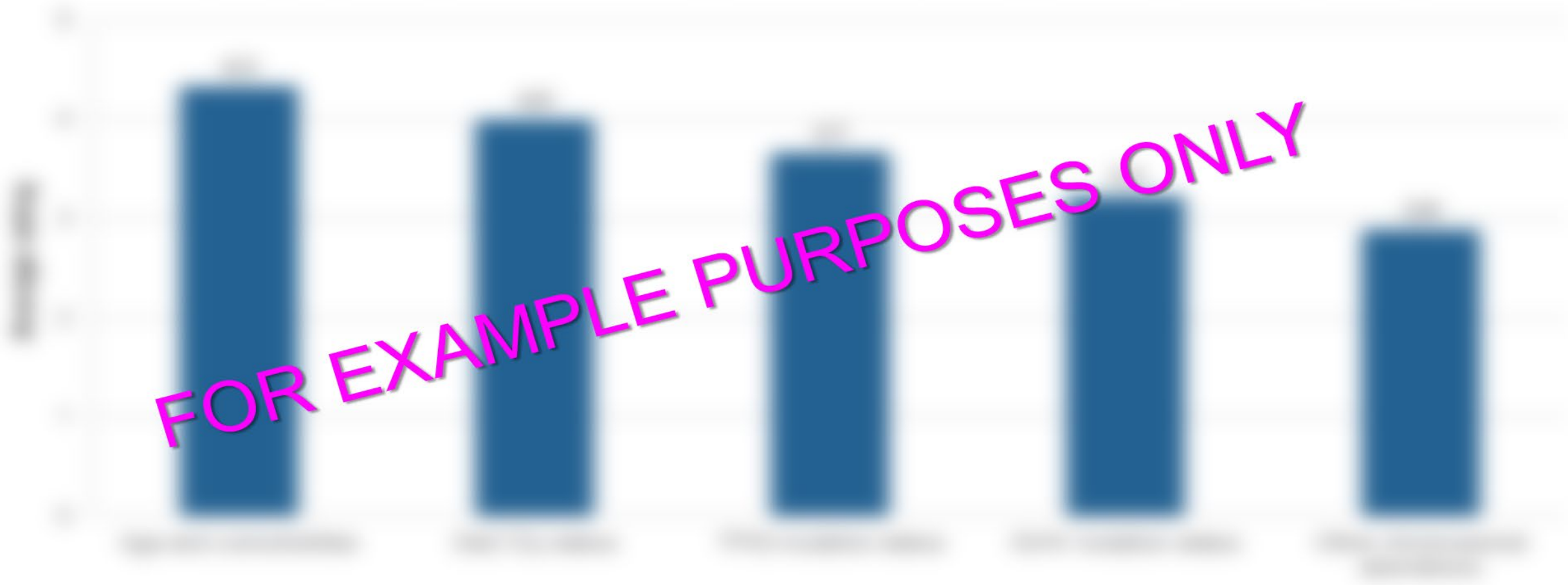

Performance Status, Prior Anti–PD-L1 Therapies, Age and Comorbidity Status Are the Primary Factors That Inform Advisors' Choice of Second-Line or Subsequent Therapy

*One advisor did not respond.

Two-Thirds of Advisors Prefer Pembrolizumab to Treat PD-L1–Positive Patients in Second-Line or Subsequent Therapy; the Remaining 1/3 Would Use Tisotumab Vedotin

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*Two advisors did not respond.

Tisotumab Vedotin Is the Agent of Choice for PD-L1–Negative Patients in Second-Line or Subsequent Therapy for Almost All Advisors

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FOR EXAMPLE PURPOSES ONLY

Advisors Feel Most Strongly About the Efficacy (33%) and Safety Profile (27%) of Tisotumab Vedotin, Followed by Ease of Use (17%) and Familiarity (17%) With the Agent

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The Advisors Consider Familiarity With the Agent and Cost as Primary Weaknesses of Tisotumab Vedotin

*One advisor did not respond.

All Advisors Have Used Tisotumab Vedotin in Patients in the Recurrent Setting Over the Last Year; the Majority (91%) Have Used It in ≤3 Patients

More Than Two-Thirds of Advisors Have Used Bevacizumab in 4–6 Patients in the Recurrent Setting Over the Last Year

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Insufficient Efficacy, Durability Challenges, and Safety Concerns Are Considered the Primary Unmet Needs in Current Treatment by the Advisors

*One advisor did not respond.

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