



Strategic Insights Into Cervical Cancer

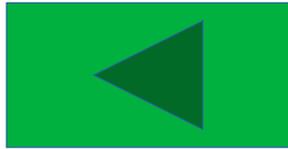
Live Meeting

Saturday, August 20, 2022

How to Navigate This Report



Click to move to topic of interest or ARS supporting data



Click to return to previous slide

Topic	
Report Objectives	
Report Snapshot	
• Session overview	
• Attendee overview	
• Agenda	
• Participant demographics	
Topline Takeaways and Strategic Recommendations	
Key Insights and Discussion Summary	
• Frontline therapy in the advanced cervical cancer landscape	
• Subsequent and second-line therapy in recurrent and metastatic disease	
• Impact of tisotumab vedotin in the cervical cancer landscape	
Advisor Key Takeaways	
ARS Data	

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**

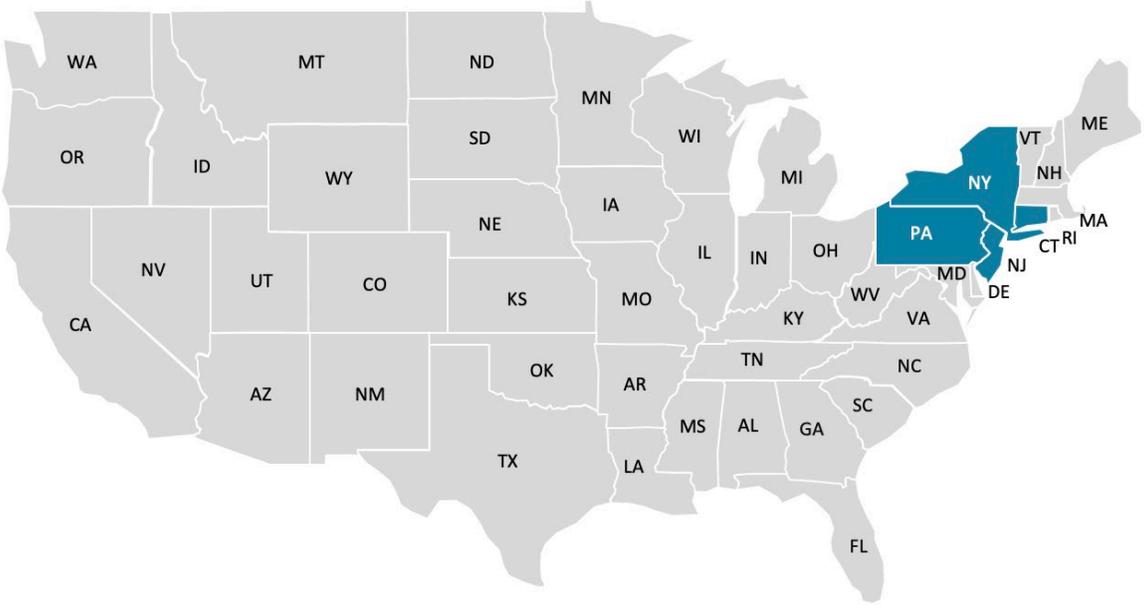
Data collection was accomplished through use of audience response system (ARS) questioning and in-depth moderated discussion

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

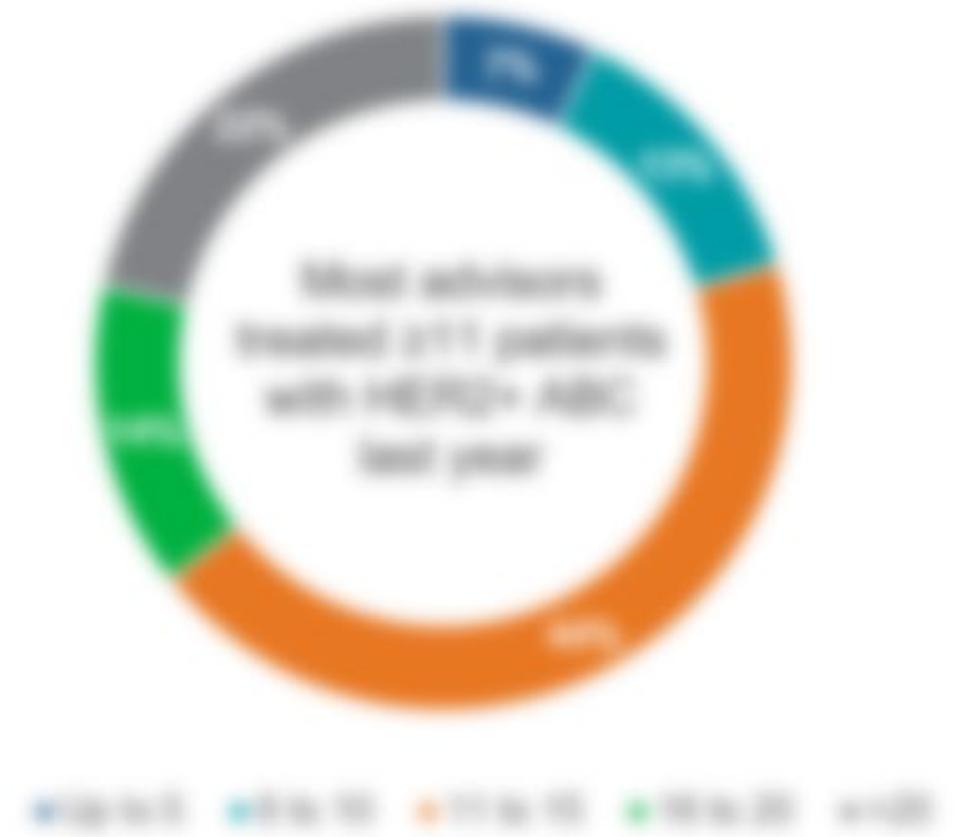


Participant Demographics

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 <ul style="list-style-type: none">• Program overview• ARS questions
2.00 PM – 3.10 PM (30-min presentation; 40-min discussion)	Initial Systemic Therapy for Advanced Cervical Cancer <ul style="list-style-type: none">• 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 <ul style="list-style-type: none">• ARS questions• Overview of current data• Reaction and discussion
4.30 PM – 4.45 PM (15 min)	Key Takeaways and Meeting Evaluation



Discussion Takeaways

TREATMENT OPTIONS – INSIGHTS AND DATA

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

1. Treatment success in Pembrolizumab (2019)

The overall survival benefit was not seen. This is not necessarily because there is no overall benefit, as we have overall survival...
I would not use a treatment option unless there is a clear benefit...
I would not use a treatment option unless there is a clear benefit...
I would not use a treatment option unless there is a clear benefit...

2. Data needed to justify from 2019 in Pembrolizumab

That is all a lot of things have been done, nothing is better than 5-FU and...
I would not use a treatment option unless there is a clear benefit...
I would not use a treatment option unless there is a clear benefit...
I would not use a treatment option unless there is a clear benefit...

TREATMENT OPTIONS – INSIGHTS AND DATA

“Due to peripheral neuropathy, you cannot give this forever, so it’s a limited duration of therapy.”

1. Treatment success in frontline (N=202)

The overall survival benefit was not seen. This is not necessarily because this is a curable disease, as we have never seen a curable disease. In our meta-analysis, we saw a significant benefit in terms of overall survival, but not in terms of progression-free survival. This is likely due to the fact that we were comparing a curable disease to a non-curable disease. The overall survival benefit was seen in the overall population, but not in the curable population. This is likely due to the fact that we were comparing a curable disease to a non-curable disease. The overall survival benefit was seen in the overall population, but not in the curable population. This is likely due to the fact that we were comparing a curable disease to a non-curable disease.

2. Data needed to confirm from NCI in frontline

There are a lot of things that we need to know, including a better understanding of the overall survival benefit. We need to know if this is a curable disease, as we have never seen a curable disease. In our meta-analysis, we saw a significant benefit in terms of overall survival, but not in terms of progression-free survival. This is likely due to the fact that we were comparing a curable disease to a non-curable disease. The overall survival benefit was seen in the overall population, but not in the curable population. This is likely due to the fact that we were comparing a curable disease to a non-curable disease. The overall survival benefit was seen in the overall population, but not in the curable population. This is likely due to the fact that we were comparing a curable disease to a non-curable disease.

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”

1. Treatment success in frontline (NCT02531029)

Overall survival (OS) was significantly better in the treatment group compared to the control group. The median OS was 12.1 months in the treatment group versus 8.7 months in the control group. The difference was statistically significant (p < 0.001). The most common adverse events were neutropenia, anemia, and thrombocytopenia. The overall response rate (ORR) was 45.2% in the treatment group and 12.1% in the control group. The median duration of response (DOR) was 11.2 months in the treatment group and 6.8 months in the control group. The median time to progression (TTP) was 10.3 months in the treatment group and 7.1 months in the control group.

2. Data needed to conduct front-line (NCT02531029)

The data needed to conduct front-line (NCT02531029) includes overall survival (OS), progression-free survival (PFS), and overall response rate (ORR). The median OS was 12.1 months in the treatment group versus 8.7 months in the control group. The median PFS was 8.9 months in the treatment group versus 6.1 months in the control group. The ORR was 45.2% in the treatment group and 12.1% in the control group. The median duration of response (DOR) was 11.2 months in the treatment group and 6.8 months in the control group. The median time to progression (TTP) was 10.3 months in the treatment group and 7.1 months in the control group. The most common adverse events were neutropenia, anemia, and thrombocytopenia. The overall safety profile was similar between the two groups.

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 ”

1. Treatment options in frontline (NCT02576434)

The overall survival benefit was not seen. This is not necessarily because there is no benefit because we are using a novel setting. I think what we really need to know is if we can get a significant benefit from the triplet. I think what we really need to know is if we can get a significant benefit from the triplet. I think what we really need to know is if we can get a significant benefit from the triplet.

2. Data needed to confirm from NCT02576434 in frontline

What are all the things that we need to know? We need to know if we can get a significant benefit from the triplet. I think what we really need to know is if we can get a significant benefit from the triplet. I think what we really need to know is if we can get a significant benefit from the triplet.



Advisor Key Takeaways

Advisor Key Takeaways (1/2)



ADVISOR

ADVISOR

> Finds the KEYNOTE-826 and tisotumab vedotin

> Following the presentation, is more interested in the use of nembrolizumab in advanced cervical cancer

• There is a better understanding of immunotherapy therapy
• There is a better understanding of immunotherapy therapy
• There is a better understanding of immunotherapy therapy
• There is a better understanding of immunotherapy therapy

• There is a better understanding of immunotherapy therapy
• There is a better understanding of immunotherapy therapy
• There is a better understanding of immunotherapy therapy
• There is a better understanding of immunotherapy therapy

• There is a better understanding of immunotherapy therapy
• There is a better understanding of immunotherapy therapy
• There is a better understanding of immunotherapy therapy
• There is a better understanding of immunotherapy therapy

• There is a better understanding of immunotherapy therapy
• There is a better understanding of immunotherapy therapy
• There is a better understanding of immunotherapy therapy
• There is a better understanding of immunotherapy therapy

• There is a better understanding of immunotherapy therapy
• There is a better understanding of immunotherapy therapy
• There is a better understanding of immunotherapy therapy
• There is a better understanding of immunotherapy therapy

• There is a better understanding of immunotherapy therapy
• There is a better understanding of immunotherapy therapy
• There is a better understanding of immunotherapy therapy
• There is a better understanding of immunotherapy therapy

• There is a better understanding of immunotherapy therapy
• There is a better understanding of immunotherapy therapy
• There is a better understanding of immunotherapy therapy
• There is a better understanding of immunotherapy therapy

• There is a better understanding of immunotherapy therapy
• There is a better understanding of immunotherapy therapy
• There is a better understanding of immunotherapy therapy
• There is a better understanding of immunotherapy therapy

Advisor Key Takeaways (2/2)



ADVISOR

> Feels that 4 drugs for PD-L1 positive should be standard

- There is better understanding of sequencing therapy
- Really want to talk further with combination and
- combination but not have a better understanding of those drugs and how a better idea of when to use them in the practice

- There is better understanding of some of the newer agents
- It's particularly interested in the combination and how that will and how would be combined to a second line option for my own clinical practice
- There is a lot more confidence in sequenced therapy and to change the combination that may offer better side effects

- It was good to hear about combination and clearly coming down the pipeline for immunotherapy

- There is a lot of good options for second line that just ICB 1 and combination with second line other profile and good response rate
- Sequencing is an issue

ADVISOR

> Enjoyed receiving the latest data on the inclusion of

- The combination therapy adding the new to have different options besides ICB1 and with or going to ICB1

- It's hoping that some of these combination agents will get added into practice and hopefully improve the look like

- It's interesting to learn about all these immunotherapy treatments, especially the specific antibodies
- It's a lot of options coming up in the future. The only issue will be to learn how to sequence these drugs

- Not convinced is the standard



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 $\leq 1/4$ of Their Cervical Cancer Patients; <20% See Mets in Over Half of Their Patients

FOR EXAMPLE PURPOSES ONLY

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

FOR EXAMPLE PURPOSES ONLY



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

FOR EXAMPLE PURPOSES ONLY



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

FOR EXAMPLE PURPOSES ONLY

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%)

FOR EXAMPLE PURPOSES ONLY



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

• [Blurred text]

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

FOR EXAMPLE PURPOSES ONLY



Scenario (cont)

> Patient receives chemoradiation. and after completion she remains under

> [blurred text]

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

FOR EXAMPLE PURPOSES ONLY

Percentage



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

• [Faded text]

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

FOR EXAMPLE PURPOSES ONLY

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

FOR EXAMPLE PURPOSES ONLY

*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

FOR EXAMPLE PURPOSES ONLY



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

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

FOR EXAMPLE PURPOSES ONLY



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

FOR EXAMPLE PURPOSES ONLY

*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

CASES

FOR EXAMPLE PURPOSES ONLY



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

CASES

FOR EXAMPLE PURPOSES ONLY



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

FOR EXAMPLE PURPOSES ONLY



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

[apptitudehealth.com](https://www.apptitudehealth.com)

