



# Strategic Insights Into Cervical Cancer

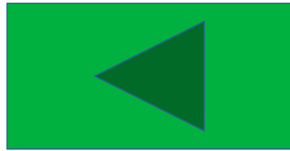
Live Meeting

**Saturday, August 20, 2022**

# How to Navigate This Report












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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**

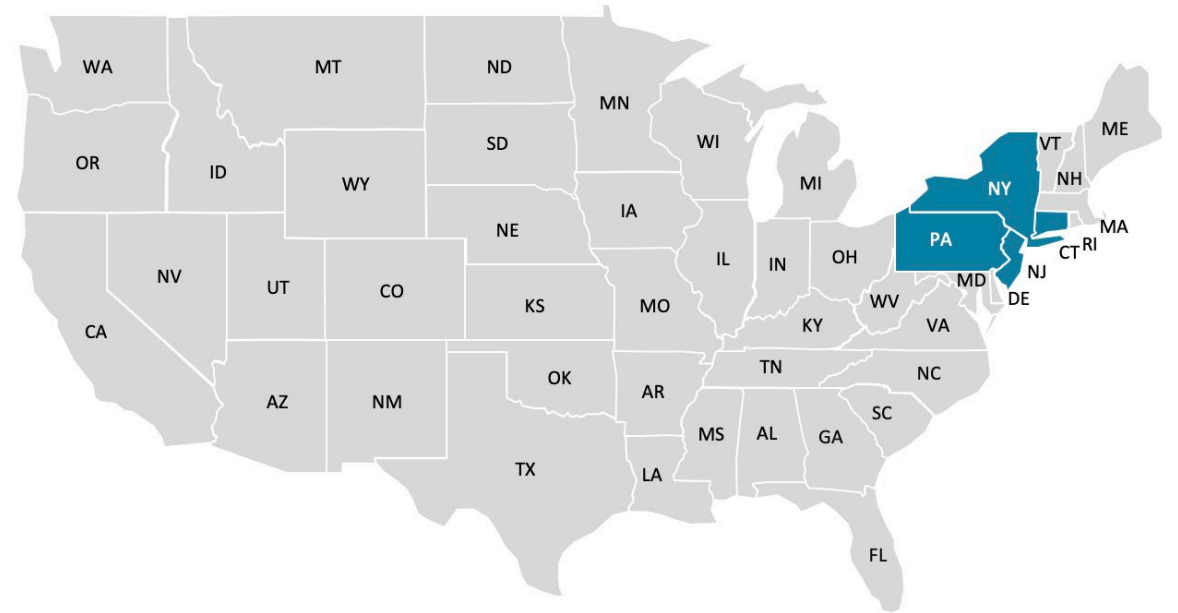
Data collection was accomplished through use of audience response system (ARS) questioning and in-depth moderated discussion

# 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

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)	<b>Introduction</b> <ul style="list-style-type: none"><li>• Program overview</li><li>• ARS questions</li></ul>
2.00 PM – 3.10 PM (30-min presentation; 40-min discussion)	<b>Initial Systemic Therapy for Advanced Cervical Cancer</b> <ul style="list-style-type: none"><li>• Overview of current data</li><li>• Reaction and discussion</li></ul>
3.10 PM – 3.20 PM (10 min)	<b>Break</b>
3.20 PM – 4.30 PM (30-min presentation; 40-min discussion)	<b>Treatment of Progressive Metastatic Cervical Cancer</b> <ul style="list-style-type: none"><li>• ARS questions</li><li>• Overview of current data</li><li>• Reaction and discussion</li></ul>
4.30 PM – 4.45 PM (15 min)	<b>Key Takeaways and Meeting Evaluation</b>





## 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 benefit because it was never tested. I think that the overall survival benefit was not seen because of the way the study was designed. I think that the overall survival benefit was not seen because of the way the study was designed. I think that the overall survival benefit was not seen because of the way the study was designed.

2. Data needed to support from 2019 in Pembrolizumab

That is all a lot of things have been done, nothing is better than 5-FU and MMS. It is really hard to see 5-FU and MMS for the patients. I think that the overall survival benefit was not seen because of the way the study was designed. I think that the overall survival benefit was not seen because of the way the study was designed. I think that the overall survival benefit was not seen because of the way the study was designed.

## TREATMENT OPTIONS – INSIGHTS AND DATA

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

1. Treatment success in Pembrolizumab (2019)

The overall survival benefit was not seen. This is not necessarily unusual. This is a complex disease, so we need overall survival. I think overall survival is the most important thing. I think overall survival is the most important thing. I think overall survival is the most important thing. I think overall survival is the most important thing.

2. Data needed to confirm that PD-1 is beneficial

That's all. A lot of things have been done, nothing is better than 5-FU and MMS. It's really hard with low PD-L1 expression. I think overall survival is the most important thing. I think overall survival is the most important thing. I think overall survival is the most important thing.

## TREATMENT OPTIONS – INSIGHTS AND DATA

*“I think as far as efficacy data presented, I’m impressed, but I’m just becoming aware of this.”*

1. Treatment success in frontline (N=202)

The overall survival data was very good. This is not necessarily disease-free or overall survival, so we need overall survival. I think overall survival was very good. I think overall survival was very good. I think overall survival was very good. I think overall survival was very good. I think overall survival was very good.

2. Data needed to confirm from NCT01825429 in frontline

What are all the things that have been done? Making a table that is similar to the one that we have. The overall survival data was very good. I think overall survival was very good. I think overall survival was very good. I think overall survival was very good. I think overall survival was very good.

## 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 significant. This is not necessarily because there is no benefit because we did not have overall survival. I think what you would want to know is whether there was any significant improvement in quality of life. I think what you would want to know is whether there was any significant improvement in quality of life. I think what you would want to know is whether there was any significant improvement in quality of life.

2. Data needed to confirm from NCI in Frontline

What are all the things that have been done? Making a table that is similar to the one that we have. The overall survival benefit was not significant. This is not necessarily because there is no benefit because we did not have overall survival. I think what you would want to know is whether there was any significant improvement in quality of life. I think what you would want to know is whether there was any significant improvement in quality of life.





## 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 do better with a different combination rather than using IO or PD-1, and I would say that the standard of care will be 1 year. I believe as there is a significant trend of significant benefit with the treatment, and overall going from something reasonable.

2. Data needed to switch from IO to frontline

What are all the things that have been done, nothing is better than IO, PD-1 and maybe IO, maybe better with less IO, PD-1, perhaps for the patients. I would be a little bit more. I would not be sure of the data that we have based on IO or something like that. I want something that's more and more and we know that we can do it. The benefits are not very much. I think a benefit with IO or PD-1 or better would be something that I would be looking at. I think overall, that's what we're looking at. I think the overall benefit is not very much, but in the overall, we're looking at IO or PD-1 or better would be something that I would be looking at. I think overall, that's what we're looking at. I think the overall benefit is not very much, but in the overall, we're looking at IO or PD-1 or better would be something that I would be looking at.



# Advisor Key Takeaways



# Advisor Key Takeaways (1/2)



## ADVISOR

> Finds the KEYNOTE-826 and tisotumab vedotin

There is a better understanding of immunotherapy therapy  
I really want to know more about immunotherapy and  
immunotherapy for cancer. I have a better understanding of  
these drugs and how a better idea of when to use  
them in my practice.

There is a better understanding of some of the latest  
drugs.  
It is particularly interested in the immunotherapy and how  
the side effects would be compared to a standard  
chemotherapy for my own patients.  
There is a lot more information on immunotherapy  
and the drugs the immunotherapy that may offer some  
side effects.

It was good to hear about immunotherapy and what  
looking about the options for immunotherapy.

There is a lot of good options for cancer treatment and  
KEYNOTE-826 and immunotherapy with better side effect profile  
and good response rate.  
Immunotherapy is an option.

## ADVISOR

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

The immunotherapy options for cancer treatment  
immunotherapy options include KEYNOTE-826 and what is going to  
come next.

It is hoping that some of these immunotherapy agents will  
get added into practice and hopefully improve the  
side effects.

It is interesting to learn about all these  
immunotherapy treatments, especially the  
immunotherapy.  
It is an option coming up in the future. The only issue  
will be to learn how to improve these drugs.

KEYNOTE-826 is the standard.

# 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 these drugs and how a better idea of when to use them in the practice

- There is better understanding of some of the newer options
- It's particularly interested in the combination and how that will and how would be considered 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 look like you're managing 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 need to have different options besides PD-L1 and what is going to come next

- It's hoping that some of these immunotherapy 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%)

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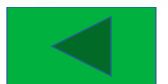


> A 51-year-old white woman presents with perimenopausal spotting. Evaluation

• [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

...

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

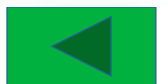
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\*One advisor did not respond.



# 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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# 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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# 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

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\*One advisor did not respond.



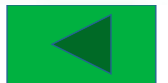
# All Advisors Have Used Tisotumab Vedotin in Patients in the Recurrent Setting Over the Last Year; the Majority (91%) Have Used It in $\leq 3$ Patients

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

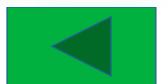
CASES

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

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