



Insights Into Urothelial Carcinoma (UC)

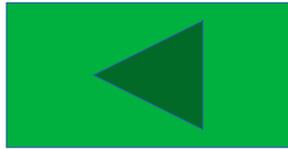
September 17, 2022

Insights From Community Oncologists in the
Midwestern US

How to Navigate This Report



Click to move to topic of interest or ARS supporting data



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MEETING OBJECTIVES

- > Gain advisors' perspectives on recent clinical data focusing on the evolving treatment landscape in urothelial carcinoma, including initial treatment approaches and subsequent management of advanced urothelial carcinoma

Report Snapshot: Session Overview



A moderated roundtable discussion was held with oncologists from the Midwest region of the US on **September 17, 2022**

Disease-state and data presentations were led and moderated by **Dr Bradley McGregor** from Dana-Farber Cancer Institute, in conjunction with content developed by the Aptitude Health clinical team

Insights were gained on the **UC treatment landscape** in the community setting, including **initial treatment approaches and subsequent management of advanced UC**

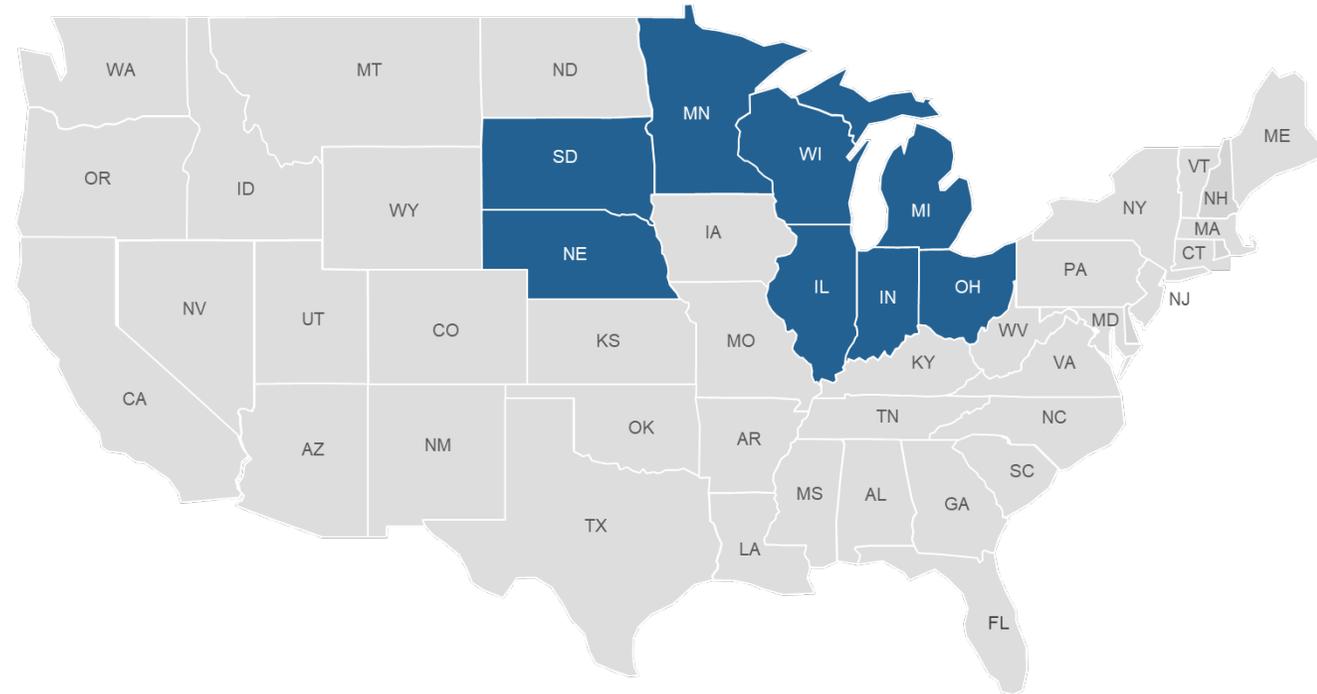
Data collection was accomplished through **audience response system (ARS)** questions and **in-depth moderated discussion**

Report Snapshot: Attendee Overview



- > Physicians comprised 14 oncologists from the Midwest United States
 - Attendees of the roundtable represented community oncologists from Illinois, Indiana, Michigan, Minnesota, Nebraska, Ohio, South Dakota, and Wisconsin

INSTITUTION	CITY	STATE
Karmanos Cancer Institute	Flint	MI
Illinois Cancer Specialists	Chicago	IL
Good Samaritan Hospital	Vincennes	IN
Northwest Community Hospital	Arlington Heights	IL
Cancer Center – Froedtert Hospital	Milwaukee	WI
HealthPartners	Saint Paul	MN
Nebraska Cancer Specialists	Grand Island	NE
Oncology of NorthShore	Rolling Meadows	IL
Zangmeister Cancer Center	Columbus	OH
HealthPartners	Saint Paul	MN
OhioHealth	Delaware	OH
UH Parma Medical Center	Parma	OH
University of Chicago Medicine	Orland Park	IL
Prairie Lakes Healthcare System	Watertown	SD



Report Snapshot: Agenda



Time (CT)	Topic
9.15 AM – 9.30 AM	Introduction <ul style="list-style-type: none">• Program overview
9.30 AM – 10.40 AM	First-Line Therapy for Advanced UC <ul style="list-style-type: none">• ARS questions• Presentation• Reaction and moderated discussion
10.40 AM – 10.50 AM	Break
10.50 AM – 12.00 PM	Second-Line and Subsequent Management of Advanced UC <ul style="list-style-type: none">• ARS questions• Presentation• Reaction and moderated discussion
12.00 PM – 12.15 PM	Key Takeaways and Meeting Evaluation



Discussion Summary

Discussion: Management of Locally Advanced and Metastatic UC (1/5)



INSIGHTS AND DATA

"I think, you know, the bladder cancer is becoming the lung cancer of pelvis. So, whatever we do changes so much. . . ."

1. Treatment outcomes in bladder UC (1/5)

The overall survival benefit was modest. This is not necessarily surprising, given the complex nature of the disease, and the need for a comprehensive approach. . . .

2. Data needed to address these issues in bladder UC

What if all of our things were done right, nothing is better than 500000 and 500000. . . .

Discussion: Management of Locally Advanced and Metastatic UC (2/5)



INSIGHTS AND DATA

"I think that would be the next standard of care most probably. . . ."

Treatment outcomes in Frontline UC (2012)

The overall survival benefit was modest. This is not necessarily surprising, given the limited number of patients who were treated with the combination. . . . The overall survival benefit was modest. This is not necessarily surprising, given the limited number of patients who were treated with the combination. . . .

Time to progression to second-line therapy in Frontline UC

Time to progression to second-line therapy was modest. This is not necessarily surprising, given the limited number of patients who were treated with the combination. . . . The overall survival benefit was modest. This is not necessarily surprising, given the limited number of patients who were treated with the combination. . . .



Advisor Key Takeaways

Advisor Key Takeaways (1/2)



ADVISOR

> The EV + pembrolizumab data in platinum-ineligible patients seems exciting

- There is a better understanding of sequencing strategies
- There is a better understanding of what to do with platinum-ineligible patients
- There is a better understanding of what to do with platinum-eligible patients

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Advisor Key Takeaways (2/2)



ADVISOR

> How PD-L1 doesn't play a major role in therapy sequencing

- There is a better understanding of sequencing therapy
- There is a better understanding of immunotherapy and immunotherapy sequencing
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ARS Results

While the Majority of Advisors Have Treated 6–15 UC Patients, a Small Percentage of Advisors Treated 16–20 UC Patients in the Past Year

FOR EXAMPLE PURPOSES ONLY

*Three advisors did not respond.

Half of Advisors Indicated 31%–60% of Their UC Patients Have Metastatic Disease, With Slightly Less Than Half Reporting a Total of >61%



FOR EXAMPLE PURPOSES ONLY

Nearly Two-Thirds of Advisors Indicated 31%–60% and Slightly More Than One-Third Indicated $\leq 30\%$ of Their UC Patients Are Cisplatin Ineligible

FOR EXAMPLE PURPOSES ONLY

The Most Important Factors Advisors Consider Prior to Choosing a First-Line Regimen Were Performance Status, Concurrent Comorbidities, and Organ Function

FOR EXAMPLE PURPOSES ONLY

The Top 3 Reasons for Choosing a Specific First-Line Therapy Are Clinical Efficacy, Tolerability Profile, and Survival Benefit



FOR EXAMPLE PURPOSES ONLY

The Majority of Advisors Selected Gemcitabine + Cisplatin Followed by Avelumab Maintenance as Their Preferred Regimen for Cisplatin-Eligible Patients With Metastatic Disease

FOR EXAMPLE PURPOSES ONLY

The Majority of Advisors Selected Gemcitabine + Carboplatin Followed by Avelumab Maintenance as Their Preferred Regimen for Cisplatin-Ineligible Patients With Metastatic Disease

FOR EXAMPLE PURPOSES ONLY

The Majority of Advisors Reported That 31%–60% of Their UC Patients Achieved Stable Disease After Receiving First-Line Gemcitabine + Carboplatin Therapy

FOR EXAMPLE PURPOSES ONLY

All Advisors Believe the Choice of First-Line Regimen Significantly Impacts Their Approach to Subsequent Therapy

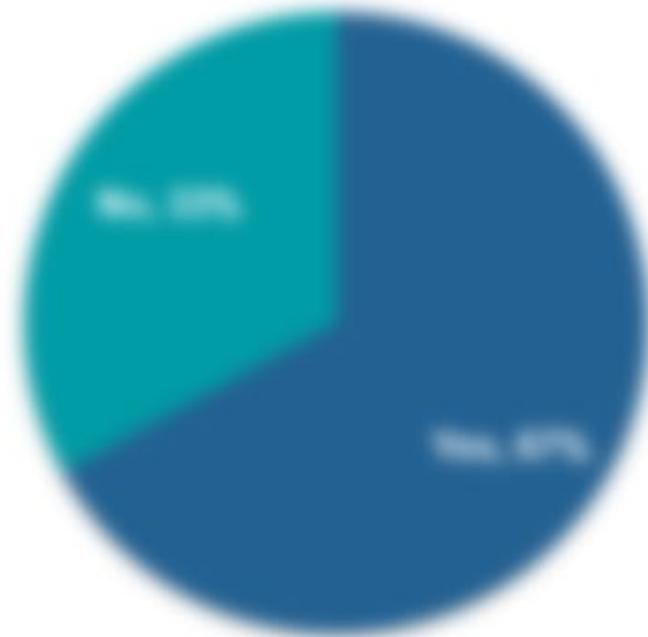
FOR EXAMPLE PURPOSES ONLY

The Most Important Factors That Impact Later-Line Therapy Choices Are Prior Therapies Received, Patient Comorbidities, and Molecular Alterations

FOR EXAMPLE PURPOSES ONLY

*Three advisors did not respond.

While 60% of Advisors Currently Use EV, 40% Indicated They Would Incorporate EV Into Their Treatment Algorithm for Suitable Patients



All Advisors Would Choose EV for This Patient With Progressive Metastatic Disease

FOR EXAMPLE PURPOSES ONLY

The Top 3 Reasons for Therapy Discontinuation Are Disease Progression, Adverse Events, and Impaired Organ Function

FOR EXAMPLE PURPOSES ONLY

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