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Insights Into Renal Cell Carcinoma

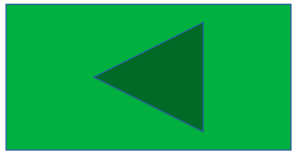
Virtual Platform

February 23, 2022

Insights From Southwest Community Oncologists

How to Navigate This Report

Click to move to topic of interest or ARS supporting data



Click to return to previous slide

Contents

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Report Snapshot: Session Overview

A moderated roundtable discussion was held with oncologists across the Southwest region of the United States in a virtual setting on **February 23, 2022**

Disease state and data presentations were led by **Dr Rana McKay** from UC San Diego and moderated by **Dr Sushil Bhardwaj** from the Good Samaritan Regional Medical Center, in conjunction with content developed by the Aptitude Health clinical team

Insights were obtained on **first-line and subsequent therapies for advanced RCC** in the community and impact on patient management

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

Report Snapshot: Attendee Overview

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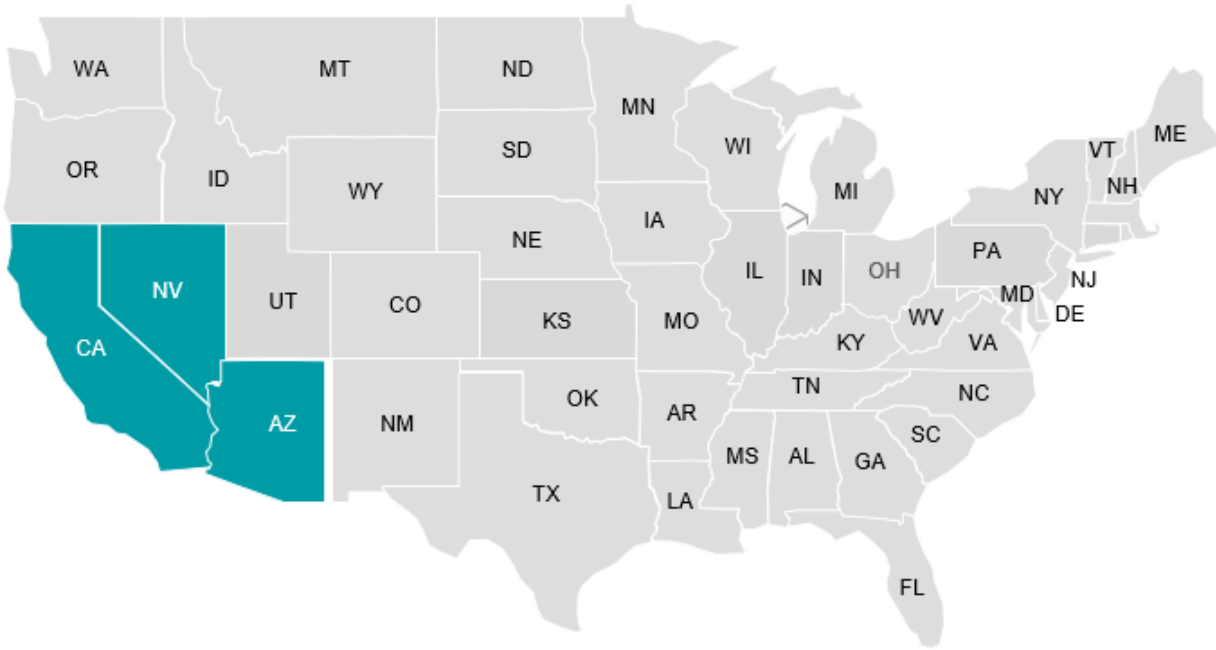
> The group of advisors comprised 10 oncologists from the Southwest region of the United States

INSTITUTION	CITY	STATE
Arizona Center for Cancer Care	Scottsdale	AZ
Desert Hematology Oncology	Surprise	AZ
Comprehensive Cancer Centers of Nevada	Las Vegas	NV
Loma Linda University	Loma Linda	CA
Ventura County Hematology Oncology Specialists	Ventura	CA
Palo Verde Cancer Specialists	Phoenix	AZ
Cancer and Blood Specialty Clinic	Los Alamitos	CA
Ironwood Cancer & Research Centers	Mesa	AZ
Kaiser Permanente	San Diego	CA
Keck Medicine of USC	Huntington Beach	CA



Report Snapshot: Agenda

Time (ET)	Topic
6.00 PM – 6.15 PM (15 min)	**Introduction and ARS Questions** • Program overview • Introductions • ARS questions
6.15 PM – 7.25 PM (70 min)	**First-Line Therapy in Advanced RCC** • Overview of current data • Reaction and discussion
7.25 PM – 7.35 PM (10 min)	**Break**
7.35 PM – 8.45 PM (70 min)	**Subsequent Management for Advanced RCC** • ARS questions • Overview of current data • Reaction and discussion
8.45 PM – 9.00 PM (15 min)	**Key Takeaways and Meeting Evaluation**

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Key Insights and Discussion Summary

Discussion: First-Line Treatment of Advanced RCC (1/4)

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FIRST-LINE TREATMENT – INSIGHTS AND DATA

"I definitely go by the risk status, high risk, intermediate, and low risk. And so for my low-risk patients, kind of

- [illegible]

[illegible]

- [illegible]

[illegible]

Discussion: First-Line Treatment of Advanced RCC (2/4)

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FIRST-LINE TREATMENT – INSIGHTS AND DATA

"I have [used cabozantinib] in combination but not as a single agent."

- [illegible]

[illegible]

- [illegible]

[illegible]

Discussion: First-Line Treatment of Advanced RCC (3/4)

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FIRST-LINE TREATMENT – INSIGHTS AND DATA

"I think most of my patients can tolerate axitinib + pembro frontline. I've used that quite a bit. And then my

- [illegible]

- [illegible]

Discussion: First-Line Treatment of Advanced RCC (4/4)

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FIRST-LINE TREATMENT – INSIGHTS AND DATA

"[On CheckMate 9ER data] I mean, it demonstrated statistically significant improvement in overall survival across

- Treatment success in frontline (N-IMCL)

"It's overall survival, that's what we need. This is not metastatic disease, this is curable disease, so we need overall survival."

"... cure without any significant long-term toxicity. ... I think when I define success, I would rather use a landmark endpoint rather than using OS or PFS, and I would say what's the disease-free rate at 3 years. I definitely do think OS is important if there is significant toxicity with the treatment, and people dying from competing comorbidities."

- Data needed to switch from SOC in frontline

"First of all, a lot of things have been tried, nothing is better than N-CHOP, and frankly, I'm pretty happy with how N-CHOP performs for my patients."

"I would be a late adopter. I would not be one of the first ones to move based on PFS or anything like that. I want something that's tried and true and we know how well it works."

"If the toxicities are not very severe, I think a hazard ratio of 0.85 or better would be something that I would be looking at."

"Overall survival data, that's ideal, but in this disease state OS is hard to come by, so you do have to use some surrogates of efficacy. So, I do think that a 3- or 5-year event-free survival kind of story is likely what's going to start driving my use of any regimen. ... PFS IS NOT sufficient."

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Key Insights: Treatment of Advanced Renal Cell Carcinoma

Subsequent Management of Advanced RCC

Discussion: Subsequent Management in Advanced RCC (1/4)

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SUBSEQUENT TREATMENT – INSIGHTS AND DATA

"I scan them every 3 months with the full-body scans. If the patient has a new mass, of course that's the clear sign

- [illegible]

[illegible]

- [illegible]

[illegible]

Discussion: Subsequent Management in Advanced RCC (2/4)

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SUBSEQUENT TREATMENT – INSIGHTS AND DATA

"I think lenvatinib is very effective, but the dose is a little bit something that I get hesitant."

- [illegible]

- [illegible]

Discussion: Subsequent Management in Advanced RCC (3/4)

SUBSEQUENT TREATMENT – INSIGHTS AND DATA

General comments:

"My go-to combination is the pembro + axi and cabo + nivo."

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

- Data needed to switch from 1L/2L to frontline

Discussion: Subsequent Management in Advanced RCC (4/4)

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SUBSEQUENT TREATMENT – INSIGHTS AND DATA

After cabo-nivo:

"If my first line is cabo + nivo, then the available second line is tivo."

- Treatment success in frontline (N,IMC),

- Data needed to switch from (N)IC in frontline

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Advisor Key Takeaways

Advisor Key Takeaways

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ADVISOR	ADVISOR
> Combination therapy (TKI + IO) is promising	> Data about lenvatinib + pembro and second-line cabozantinib is good
1	5
2	6
3	7
4	8

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Insights Into Renal Cell Carcinoma

ARS Results: First-Line Treatment of Advanced RCC

About 70% of the Advisors Have Used Single-Agent TKI to Treat RCC Patients as a First-Line Therapy in the Past Year (N = 10)

In the past year, in how many unique RCC patients have you used a single-agent TKI

All Advisors Have Used Axitinib + Pembrolizumab to Treat RCC Patients as a First-Line Therapy in the Past Year (N = 10)

In the past year, in how many unique RCC patients have you used axitinib +

About 80% of the Advisors Have Used Cabozantinib + Nivolumab as a First-Line Therapy in the Past Year (N = 10)

In how many unique RCC patients have you used cabozantinib + nivolumab as a first-line therapy?

About 33% of the Advisors Have Used Lenvatinib + Pembrolizumab as a First-Line Therapy in the Past Year (n = 9*)

In the past year, in how many unique RCC patients have you used lenvatinib + pembrolizumab as a first-line therapy?

Only 11% of the Advisors Have Used Axitinib + Avelumab as a First-Line Therapy to Treat RCC Patients in the Past Year (n = 9*)

In the past year, in how many unique RCC patients have you used axitinib + avelumab as

80% of the Advisors Have Used Ipilimumab + Nivolumab as First-Line Therapy for RCC in the Past Year, but the Majority Have Only Limited Use (N = 10)

In the past year, in how many unique RCC patients have you used ipilimumab + nivolumab

Overall Survival Was Cited as the Main Driver for Selection of First-Line Therapy (N = 10)

When evaluating new options for first-line treatment of RCC, which of the following aspects is the most influential on therapy choice?

Half of the Advisors Believe Hepatic Metastases Carry the Worst Prognosis in Metastatic Kidney Cancer Patients (N = 10)

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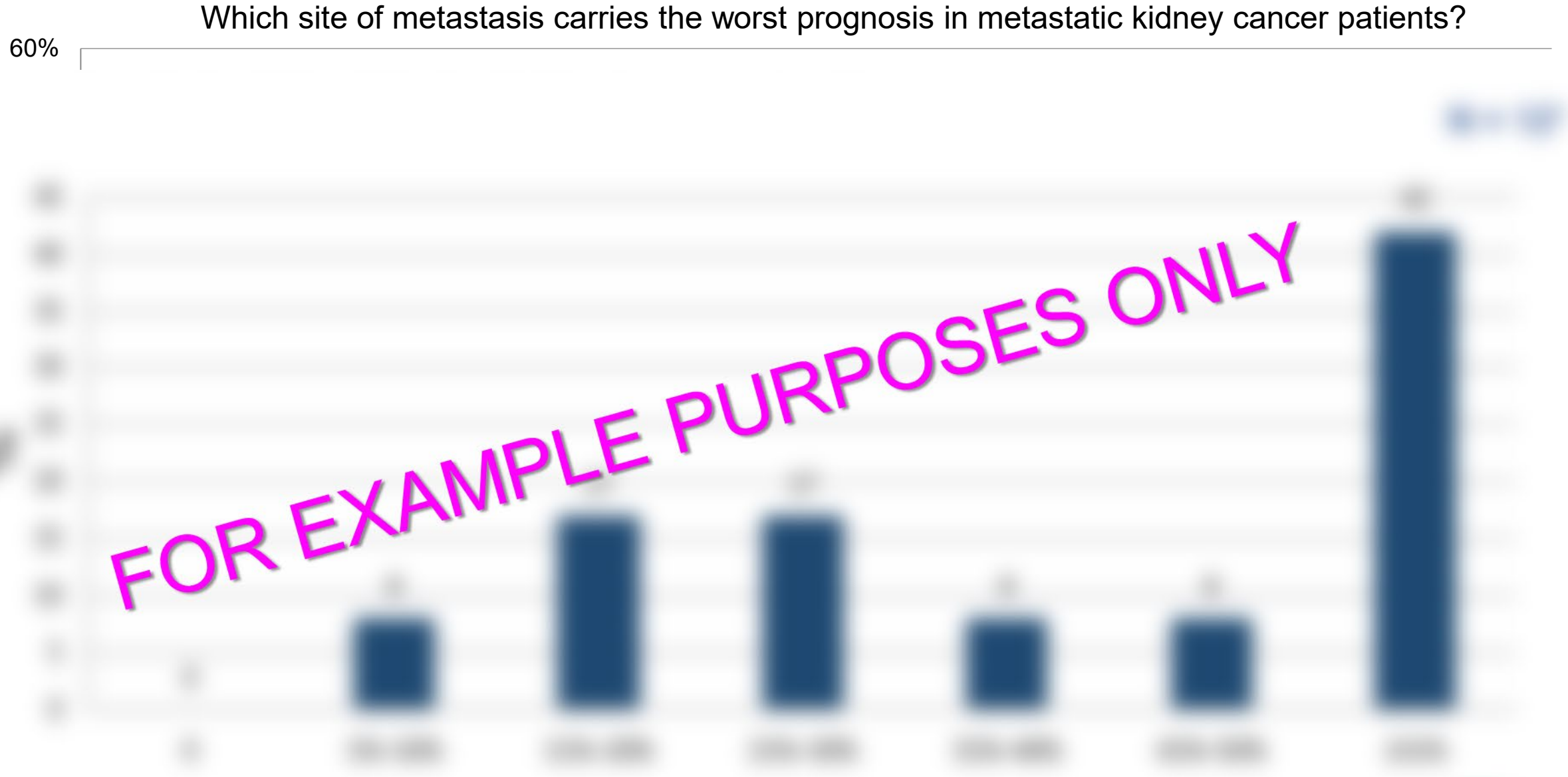

Patient Case 1

- A 58-year-old man diagnosed with RCC 4 years ago underwent radical

Most Advisors Would Recommend IO + TKI (most frequently axi-pembro) as First-Line Treatment for This Low-Risk Patient (N = 10)

What would you recommend for this patient at this time?

Patient Case 2

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- A 70-year-old man was initially found to have a 6-cm mass in his left kidney with

Most Advisors Would Recommend IO + TKI (nearly half with axi-pembro) as First-Line Treatment for This Intermediate-Risk Patient (n = 9*)

What would you recommend for this patient at this time?

Patient Case 2, Continued

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- Assume the same 70-year-old man (6-cm mass in his left kidney; clear cell

Half of the Advisors Would Recommend TKI (cabozantinib) as Next-Line Treatment for This Intermediate-Risk Patient (N = 10) Who Previously Received Pembro as Adjuvant Therapy

What would you recommend for this patient in this situation?

Patient Case 3

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- A 68-year-old woman presents with severe fatigue, blood in her urine, and pain in

Most Advisors Would Recommend IO + TKI (most frequently axi-pembro) as First-Line Treatment for This High-Risk Patient (N = 10)

What would you recommend for this patient at this time?

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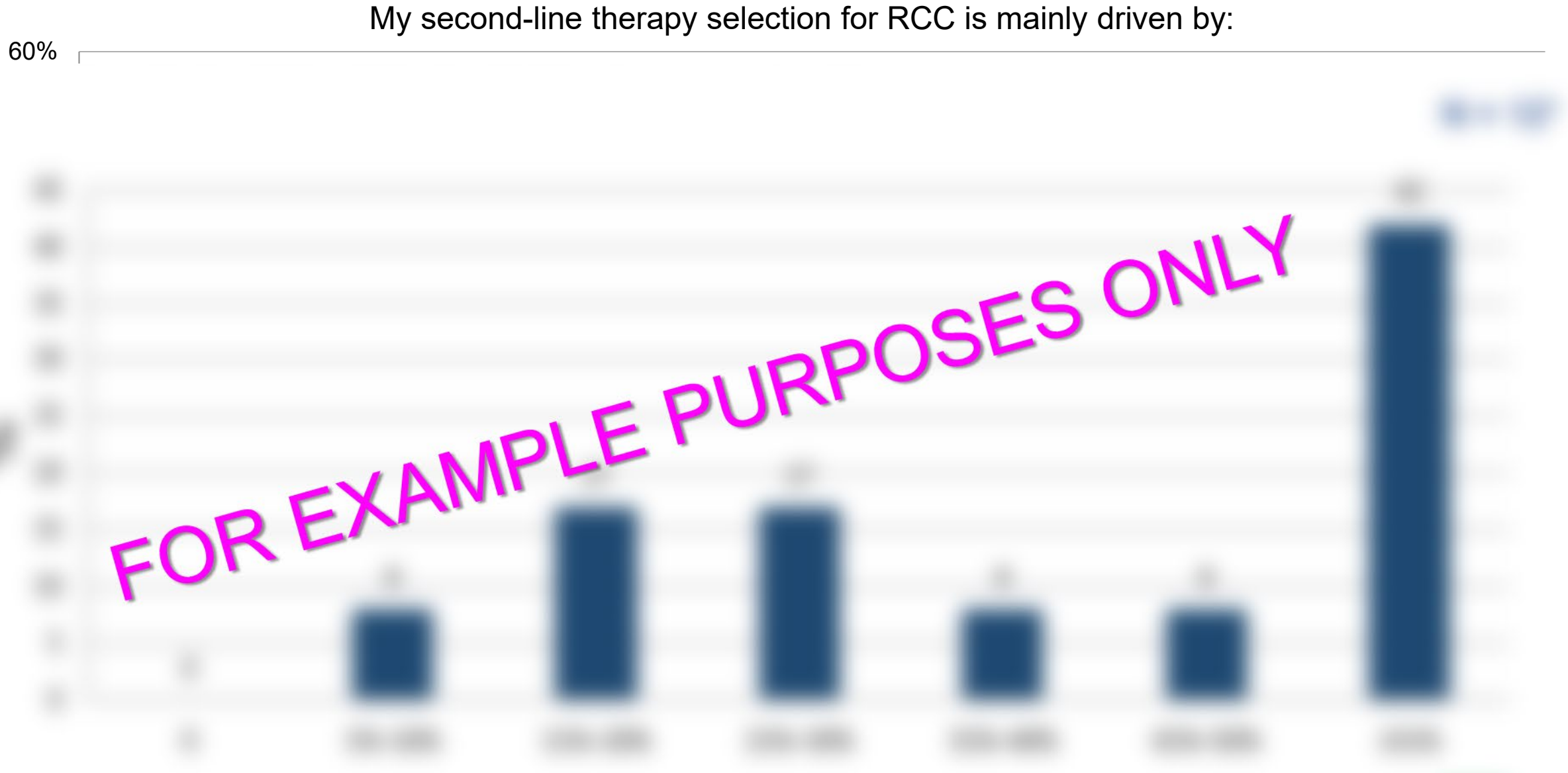
ARS Results: Subsequent Management of Advanced RCC

The Majority of the Advisors Prefer Cabozantinib as Second-Line Therapy for Advanced RCC (n = 9*)

Proven Efficacy Was the Most Frequently Cited Driver for Selection of Second-Line Therapy (N = 10)



Patient Case 2, Continued

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- The 70-year-old male with past nephrectomy and metastatic RCC (liver and lymph nodes) was initially started on axitinib + pembrolizumab. Eleven months later his

Most of the Advisors Would Recommend Cabozantinib as the Next Line of Therapy for This Patient (N = 10)

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