



Insights Into Advanced Endometrial Cancer (aEC)

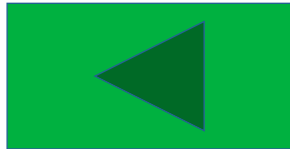
Friday, October 13, 2023

Insights From Community Oncologists in the Northeastern US










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	
Topline Takeaways and Strategic Recommendations	
Key Insights and Discussion Summary	
• Frontline Treatment of aEC	
• Treatment of Recurrent aEC	
Advisor Key Takeaways	
ARS Data	

Report Snapshot: Session Overview



A moderated roundtable discussion was held with oncologists from the Northeastern US in Philadelphia, PA, on **October 13, 2023**

Session moderation and data presentations were led by **Dr Bhavana Pothuri**, from NYU Langone Health, with content developed in conjunction with the Aptitude Health clinical team

Insights were obtained on the use of **evolving treatment landscape of aEC** in the community setting

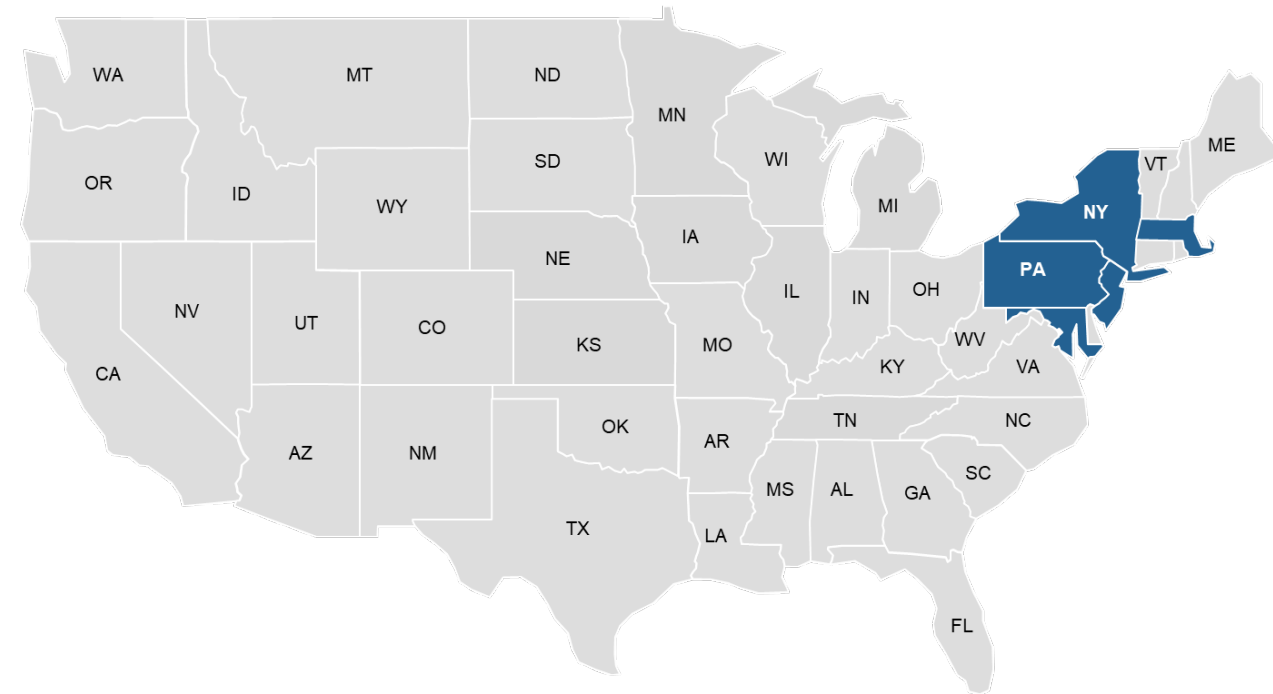
Data collection was accomplished through use of audience response system (ARS) questioning and in-depth moderated discussion

Report Snapshot: Attendee Overview



- > The group of advisors comprised 13 oncologists from the Northeast region of the United States
 - Attendees of the roundtable represented community oncologists from Pennsylvania, New York, Massachusetts, New Jersey, and Maryland

Institution	City	State
Allegheny Oncology Network	Natrona Heights	PA
Chesapeake Oncology Hematology Associates	Annapolis	MD
New York Oncology Hematology	Hudson	NY
Lahey Medical Center	Peabody	MA
Cancer Care Associates of York	York	PA
Rowan Virtua	Stratford	NJ
Hackensack Meridian Health	South River	NJ
Jefferson Health	Sewell	NJ
Greater Washington Oncology Associates	Silver Spring	MD
Advanced Care Oncology & Hematology Associates	Englewood	NJ
Regional Cancer Care Associates	Riverdale	NJ
NYU Medical Oncology Associates	New York	NY
UPMC Western Maryland	Cumberland	MD



Participant Demographics

Approximately how many patients with aEC who had not received a prior systemic therapy have you treated in the past 12 months? (n = 11*)

Approximately how many patients with aEC who had received 1 prior systemic therapy have you treated in the past 12 months? (n = 12†)



Report Snapshot: Agenda



Time (ET)	Topic
2.00 PM – 2.15 PM	Introduction <ul style="list-style-type: none">• Program overview
2.15 PM – 3.45 PM	Frontline Treatment of aEC <ul style="list-style-type: none">• ARS questions• Overview of current first-line data• Reaction and discussion
3.45 PM – 4.00 PM	Break
4.00 PM – 4.50 PM	Treatment of Recurrent aEC <ul style="list-style-type: none">• ARS questions• Overview of current R/R data• Reaction and discussion
4.50 PM – 5.00 PM	Key Takeaways and Meeting Evaluation



Discussion

Frontline Treatment of aEC

Discussion: Frontline Treatment of aEC (1/7)

INSIGHTS AND DATA

“MSI, MMR status, it looks very important. You [now] have options of chemotherapy backbone with Pembro or the

The overall survival that we are seeing. This is not necessarily disease-free or overall survival, so we need overall survival.
I would not use a backbone regimen with pembrolizumab. I think when you have pembrolizumab, you should use a backbone regimen with fluoropyrimidine or 5-FU, and I would not think the disease-free rate at 1 year. I believe as time goes on, there is a significant benefit with the treatment, and overall long-term survival.
Overall survival.

That of all, a lot of things have been done, getting a better idea of MMR and MSI. It really helps with how to choose patients for the backbone.
I would use a backbone. I would not be one of the first ones to move toward an MSI or anything like that. I want something that has been used and we know how well it works.
If the backbone are not very good, I think a regimen with 5-FU or capecitabine would be something that would be better.
Overall survival rate, that's what we're looking at. In the disease-free rate, it's hard to come by, so you do have to use some surrogate of efficacy. So, I do think that a lot of people have been looking at disease-free rate, which is going to start driving the use of any regimen. MSI is not sufficient.

Discussion: Frontline Treatment of aEC (2/7)



INSIGHTS AND DATA

"The only nuance I'll add is for early stage, I do send off Signatera liquid tumor assays. It is just in general, more for

the overall survival that's what we want. This is not necessarily disease-free or overall survival, it's overall survival.

I would not use any significant prognostic factors. I think when I get the results, I would either use a frontline regimen either that using 10 or 15%, and I would use that as the disease-free rate at 1 year. I think in that 10 or 15% is important if there is significant toxicity with the treatment, and I would go from something like that.

That's all, a lot of things have been said, nothing is better than 10-15% and 15-20%. It's really hard to say 10-15% patients for the patients.

I would use a 10-15% rate. I would not be one of the first ones to move based on 10% or anything like that. I want something that's clear and that we can move from 10-15%.

If the toxicity is not very severe, I think a higher rate of 10-15% or better would be something that I would be looking at.

Overall survival rate, that's what we're looking at. I think the disease-free rate is important to use some surrogate of efficacy. So, I think that's a bit of a trade-off between overall survival rate of drug, is that what's going to be driving the use of any regimen. 10% is not sufficient.

Discussion: Frontline Treatment of aEC (3/7)



INSIGHTS AND DATA

"I don't think it makes a difference, honestly. I think it's a Coke or Pepsi. I think it's different studies, different duration of follow-up."

1. Treatment success in frontline OS/EC

The overall survival that's what we want. This is not necessarily disease-free or overall survival, it's overall survival.
I would not say significant long-term benefit. I think when you're looking at overall survival, you're looking at patients who are using OS or OS/EC, and I would say that the disease-free rate at 1 year, I believe, is that OS is superior if there is significant benefit with the treatment, and overall long-term survival is important.

2. Data needed to confirm front OS/EC in frontline

That's all a lot of things have been said, nothing is better than OS/EC/EC and OS/EC. It's really hard to say OS/EC/EC patients for the overall.
I would be a little unclear. I would not be one of the first ones to move toward OS/EC or anything like that. I don't remember that's what we had and we know that OS/EC.
If the benefits are not very small, I think a hazard ratio of 0.85 or better would be something that I would be looking at.
Overall survival rate, that's what we're looking at. I think it's important to have data on OS/EC or OS/EC, but in the disease-free OS is really important to you as well as some surrogate of efficacy. So I do think that a lot of people would like to see data on OS/EC, but I think what's going to be important is the rate of OS/EC. OS/EC is not sufficient.

have proof of survival with what you treat frontline vs if you have a proof, I think this makes a difference. OS is still important."

Discussion: Frontline Treatment of aEC (4/7)



INSIGHTS AND DATA

"I think it's a great, very impressive study."

1. Treatment success in Frontline (N=202)

The overall success rate was 85%. This is a very impressive success rate for a frontline treatment. In our case, overall success was 85% with no significant side effects. This study is quite impressive. I think you can see a significant reduction in the use of IV or IVF, and I think you can see the success rate of 85%. I think it is a very important finding. I think it is significant finding with the treatment, and I think you can see that something is working.

2. Data needed to confirm from NCI in Frontline

That's all a lot of things have been done, nothing is better than 85% and 85%. It's really hard to see 85% patients for the patients. I think it is a very important finding. I think you can see the success rate of 85% or something like that. I think something that's been done and we know that it's working. If the results are not very good, I think a success rate of 85% or better would be something that would be looking at. I think overall, this study is a very important finding. I think you can see the success rate of 85% or something like that. I think something that's been done and we know that it's working. I think overall, this study is a very important finding. I think you can see the success rate of 85% or something like that. I think something that's been done and we know that it's working.

Discussion: Frontline Treatment of aEC (5/7)

INSIGHTS AND DATA

“Oh yeah, myeloma and lymphoma, so it’s approved [in other malignancies]. . . . Yeah, very tough.”

1. Treatment success in frontline aEC

The overall success rate is very low. This is not necessarily because the disease is so aggressive, but because of the nature of the disease. . . . The overall success rate is very low. This is not necessarily because the disease is so aggressive, but because of the nature of the disease. . . . The overall success rate is very low. This is not necessarily because the disease is so aggressive, but because of the nature of the disease. . . .

2. Data needed to support front-line aEC

What kind of data is needed to support front-line aEC? . . . The overall success rate is very low. This is not necessarily because the disease is so aggressive, but because of the nature of the disease. . . . The overall success rate is very low. This is not necessarily because the disease is so aggressive, but because of the nature of the disease. . . .

Discussion: Frontline Treatment of aEC (7/7)



INSIGHTS AND DATA

Segmenting

1. Treatment success in Frontline (2019)

The overall success rate for frontline treatment is 70%. This is a significant improvement over the 50% success rate for the overall population. The success rate is significantly higher for patients who are treated with a combination of drugs compared to those who are treated with a single drug. The success rate is also significantly higher for patients who are treated with a combination of drugs compared to those who are treated with a single drug. The success rate is also significantly higher for patients who are treated with a combination of drugs compared to those who are treated with a single drug.

2. Data needed to confirm Frontline (2019)

There are several things that need to be done to confirm the success of frontline treatment. First, we need to know the success rate for each drug. Second, we need to know the success rate for each combination of drugs. Third, we need to know the success rate for each patient. Fourth, we need to know the success rate for each patient who is treated with a combination of drugs. Fifth, we need to know the success rate for each patient who is treated with a single drug. Sixth, we need to know the success rate for each patient who is treated with a combination of drugs compared to those who are treated with a single drug. Seventh, we need to know the success rate for each patient who is treated with a combination of drugs compared to those who are treated with a single drug.



Discussion

Treatment of Recurrent aEC

Discussion: Treatment of Recurrent aEC

INSIGHTS AND DATA

"I think you have used immunotherapy in the first line, you are done without immune therapy, so you will not use it in the

1. Treatment success in frontline (N=202)

The overall survival rate was 50%. This is not statistically different from the overall survival rate in the overall population. I think you have used immunotherapy in the first line, you are done without immune therapy, so you will not use it in the second line. I think you have used immunotherapy in the first line, you are done without immune therapy, so you will not use it in the second line. I think you have used immunotherapy in the first line, you are done without immune therapy, so you will not use it in the second line.

2. Data needed to confirm from NCI in frontline

That's all, a lot of things have been done, nothing is really new. I think you have used immunotherapy in the first line, you are done without immune therapy, so you will not use it in the second line. I think you have used immunotherapy in the first line, you are done without immune therapy, so you will not use it in the second line. I think you have used immunotherapy in the first line, you are done without immune therapy, so you will not use it in the second line.



Advisor Key Takeaways

Advisor Key Takeaways (1/2)



ADVISOR

> SIENDO trial and the efficacy of selinexor

- Have a better understanding of sequencing therapy
- Have a better understanding of combination and individual use
- Have a better understanding of these drugs and how a better idea of when to use them in my practice
- Have a better understanding of some of my other options
- Be particularly interested in the combination and how that will be used in the future for a second line option for my own patients
- Have a good understanding of targeted therapy and be able to understand how they will be used in my practice

• It was good to hear about combinations and what's coming down the pipeline for immunotherapy

- Have a lot of good options for second line that just look good and manage with decent side effect profile and good response rate
- Sequencing is an issue

ADVISOR

> 4 subtypes: POLE, dMMR, copy number low, p53

- The immunotherapy options are not to have different options besides PD-1 and anti-CTLA-4

- Be happy that some of these immunotherapy agents will get added into frontline and hopefully improve the outcomes

- Be interested to learn about all these immunotherapy treatments, specifically the immune antibodies
- A lot of options coming up in the future. The only issue will be to learn how to sequence these drugs

- Not focused on the standard

Advisor Key Takeaways* (2/2)



ADVISOR

> Dostarlimab + chemotherapy in front line vs

1. There is a better understanding of sequencing therapy
2. There is a better understanding of the combination and
3. There is a better understanding of the combination and
4. There is a better understanding of the combination and

5. There is a better understanding of the combination and
6. There is a better understanding of the combination and
7. There is a better understanding of the combination and
8. There is a better understanding of the combination and

9. There is a better understanding of the combination and
10. There is a better understanding of the combination and

11. There is a better understanding of the combination and
12. There is a better understanding of the combination and

ADVISOR

> Data for the use of immunotherapy + chemotherapy in

1. The combination of immunotherapy and chemotherapy in
2. The combination of immunotherapy and chemotherapy in

3. The combination of immunotherapy and chemotherapy in
4. The combination of immunotherapy and chemotherapy in

5. The combination of immunotherapy and chemotherapy in
6. The combination of immunotherapy and chemotherapy in

7. The combination of immunotherapy and chemotherapy in
8. The combination of immunotherapy and chemotherapy in

9. The combination of immunotherapy and chemotherapy in



ARS Data

Nearly Three-Quarters of Community Oncologists Had Treated 1–5 Patients With aEC Who Had Not Received a Prior Systemic Therapy With a Chemotherapy + Immunotherapy Combination in the Past Year

In the past 12 months, approximately how many patients with aEC who had not received a

FOR EXAMPLE PURPOSES ONLY

*Two advisors did not respond.



Nearly Two-Thirds of Advisors Perform IHC Testing (MMR, p53, and HER2), NGS Testing (TP53, MMR), and Receptor Testing for ER and/or PR in Their Patients With aEC

Which of the following do you perform in your patients with aEC?

FOR EXAMPLE PURPOSES ONLY

*Two advisors did not respond.



Most Advisors Perform Comprehensive Molecular Analysis in Their Patients With aEC Who Have Received 1 Prior Systemic Therapy; Nearly a Third Do Not Perform Molecular Analysis in This Population

Which of the following do you perform in your patients with recurrent aEC

FOR EXAMPLE PURPOSES ONLY

*Two advisors did not respond.



Almost All Community Oncologists Perform NGS in 76%–100% of Their Patients With aEC



In what percentage of your patients with aEC do you perform NGS? (n = 10*)

FOR EXAMPLE PURPOSES ONLY

*Three advisors did not respond.



All Advisors Typically Receive Their NGS Results in More Than 11 Days, With the Majority Reporting an Average Turnaround Time of 11–15 Days



On average, what is the typical turnaround time to receive the results from NGS

FOR EXAMPLE PURPOSES ONLY



> A 62-year-old woman presents with abnormal uterine bleeding. Following an initial

...

After Seeing the RUBY and NRG-GY018 Data, All Community Oncologists Would Recommend a Chemotherapy + Immunotherapy Combination for a pMMR, TP53wt Patient With aEC

Which of the following systemic therapies would you now recommend?

FOR EXAMPLE PURPOSES ONLY

*One advisor did not respond.



Patient Case (cont.)

> The same 62-year-old patient is treated with carboplatin + paclitaxel. One year

• [Blurred text]

Over Two-Thirds of Advisors Would Recommend Lenvatinib + Pembrolizumab in a pMMR, TP53wt Patient With aEC Experiencing Progression 1 Year After Completion of Carboplatin + Paclitaxel

You would now recommend: (N = 13)

FOR EXAMPLE PURPOSES ONLY

Nearly All Advisors Believe NCCN Guideline Recommendations Have the Greatest Impact on Their Treatment Decisions in Patients With aEC

Which of the following have the greatest impact on your treatment decision in your

FOR EXAMPLE PURPOSES ONLY

Prior to the Program, Nearly Half the Advisors Were Not Familiar With the SIENDO Study

What do you see as the most impressive finding from the long-term follow-up of the

FOR EXAMPLE PURPOSES ONLY

The Majority of Advisors Said the Greatest Benefit to Using Selinexor in Their Patients With aEC Is Its Efficacy in a Patient Population With an Unmet Need (*TP53*wt)


What do you see as the greatest benefit to selinexor use in patients with aEC? (N = 13)

FOR EXAMPLE PURPOSES ONLY

Three-Quarters of Advisors Indicated That Managing and Monitoring for AEs Associated With Selinexor Is the Greatest Barrier to Its Use in Patients With aEC

What do you see as the greatest barrier to selinexor use in patients with aEC? (N = 13)

FOR EXAMPLE PURPOSES ONLY



US 5901-C Peachtree Dunwoody Road NE
Suite 200, Atlanta, GA 30328, US

EU Wilhelmina van Pruysenweg 104
2595 AN The Hague, the Netherlands

UK 6th Floor, 2 Kingdom Street
London, W2 6BD, United Kingdom

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

