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Insights Into Breast Cancer

October 25, 2025

La Jolla, CA

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Report Snapshot

Report Snapshot: Session Overview

Disease state and data presentations were led on **October 25, 2025,** by **Mark Pegram, MD,** from Stanford University, La Jolla, CA, with content developed in conjunction with the Aptitude Health scientific team

The objectives of the meeting were to gain attendees' perspectives on current treatment practices and recent updates in

- **HR+ early breast cancer (eBC)**
- **HR+ metastatic breast cancer (mBC)**

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

Insights on the treatment of HR+ eBC and HR+ mBC were obtained from **13 community oncologists** from California and Nevada

Report Snapshot: Session Agenda

Time (PT)	Topic
1.00 PM – 1.15 PM (15 min)	**Introduction** > Program overview > Baseline ARS questions
1.15 PM – 2.15 PM (20-min presentation; 40-min discussion)	**Treatment of HR+ Early Breast Cancer (eBC)** > Overview of current data > Reaction and discussion
2.15 PM – 2.30 PM (15 min)	**Break**
2.30 PM – 2.40 PM (10 min)	**ARS Questions**
2.40 PM – 3.45 PM (25-min presentation; 40-min discussion)	**Treatment of HR+ Metastatic Breast Cancer (mBC)** > Overview of current data > Reaction and discussion
3.45 PM – 4.00 PM (15 min)	**3 Key Takeaways and Meeting Evaluation**

Report Snapshot: Attendee Overview

Report Snapshot: Attendee Demographics

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Detailed Insights

Objective 1: Detailed Insights (1/2)

Objective 1: Detailed Insights (2/2)

Objective 1: Supportive Quotes From Discussion (1/4)

[redacted]

Topic	Advisor Statements
[redacted]	[redacted]

Objective 1: Supportive Quotes From Discussion (2/4)

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Topic	Advisor Statements
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]

Objective 1: Supportive Quotes From Discussion (3/4)

Topic	Advisor Statements
Influences of brain metastasis on decision of HER2-targeted therapies	"I forget which DESTINY-Breast study it was, but there was a recent study. I think that specifically focused on brain mets. And prior to that data, I think most of us were probably using HER2CLIMB for those patients. But now I think there is very good data that this is active in the CNS, including for leptomeningeal disease. So, knowing that, and I think it's much easier than the HER2CLIMB regimen, in terms of like the bulkiness and multiple medications on the schedule. So, I feel comfortable for people with CNS mets." "Yeah, I would agree. I mean, I think there's enough data that, that datrucelecan has CNS penetrants. I think the emphasis in that HER2CLIMB data is on that brain met population, but the chronography of that regimen is incredibly difficult, and there's a tremendous amount of GI toxicity and transaminitis, and it's very difficult to give. So, I'm pretty comfortable using T-DXd in the brain met population. I think there is a cohort showing CNS penetrants there." "Yeah, I would agree. I mean, I think that that will be another way of weighing the decision of which one to use as an induction, and adds the asset of being able to control that, that conventional therapy can." "I think that comes up, too, in the adjuvant setting with neratinib. So if you look at the arms, if you had a high-risk patient and they got neratinib, they had less late CNS lives, metastasis than those that did not get neratinib."

Objective 1: Supportive Quotes From Discussion (4/4)

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Topic	Advisor Statements
[illegible]	[illegible]

Objective 2: Detailed Insights (1/2)

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[redacted]

Topline Takeaway: [redacted]

When discussing HR+ disease, advisors emphasized that safety, toxicity management, quality of life, and efficacy outcomes guide treatment decisions

- [redacted]
  - [redacted]
- [redacted]

Following progression on first-line letrozole plus abemaciclib, most advisors would recommend fulvestrant plus ribociclib for a patient with HR+ HER2- mBC in the absence of any actionable mutations

- [redacted]
- [redacted]

Advisors found the data from [redacted] highly compelling and expressed interest in the [redacted] trials to expand the arsenal of available treatments for HR+ mBC

- [redacted]
  - [redacted]

Objective 2: Detailed Insights (2/2)

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[redacted]

[redacted]

[redacted]

Objective 2: Detailed Insights (3/3)

Objective 2: Supportive Quotes From Discussion (1/3)

Objective 2: Supportive Quotes From Discussion (2/3)

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[redacted]

Topic	Advisor Statements
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

Objective 2: Supportive Quotes From Discussion (3/3)

Objective 3: Detailed Insights (1/2)

Objective 3: Detailed Insights (2/2)

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[redacted]

Objective 3: Supportive Quotes From Discussion (1/5)

Objective 3: Supportive Quotes From Discussion (2/5)

Topic	Advisor Statements
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]

Objective 3: Supportive Quotes From Discussion (3/5)

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Objective 3: Supportive Quotes From Discussion (4/5)

Topic	Advisor Statements
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]

Objective 3: Supportive Quotes From Discussion (5/5)

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Attendee Key Takeaways

Attendee Key Takeaways (1/3)

Attendee Key Takeaways (2/3)

Attendee Key Takeaways (3/3)

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ARS Data

Lymph Node Involvement and Oncotype or Other Tests Are the Disease Factors Most Advisors Use (85% each) to Determine if a Patient With eBC Has High Recurrence Risk

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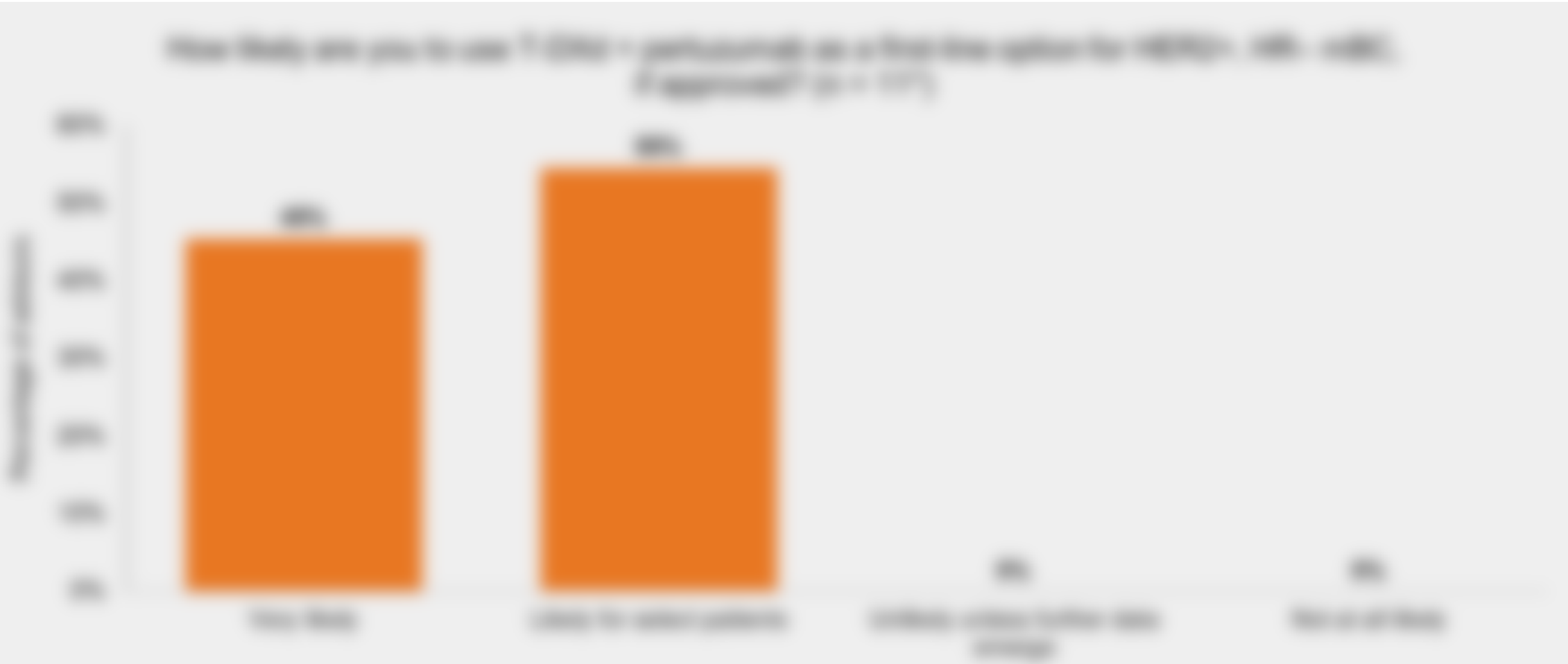
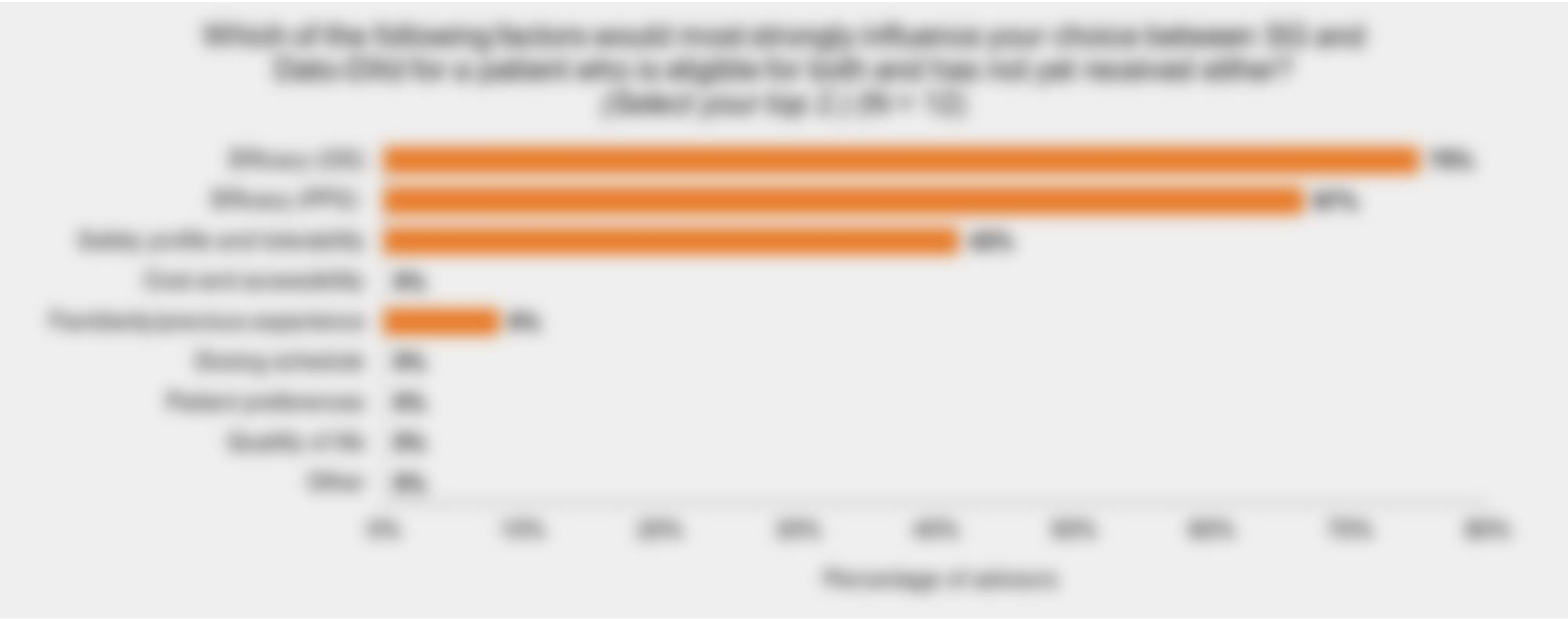
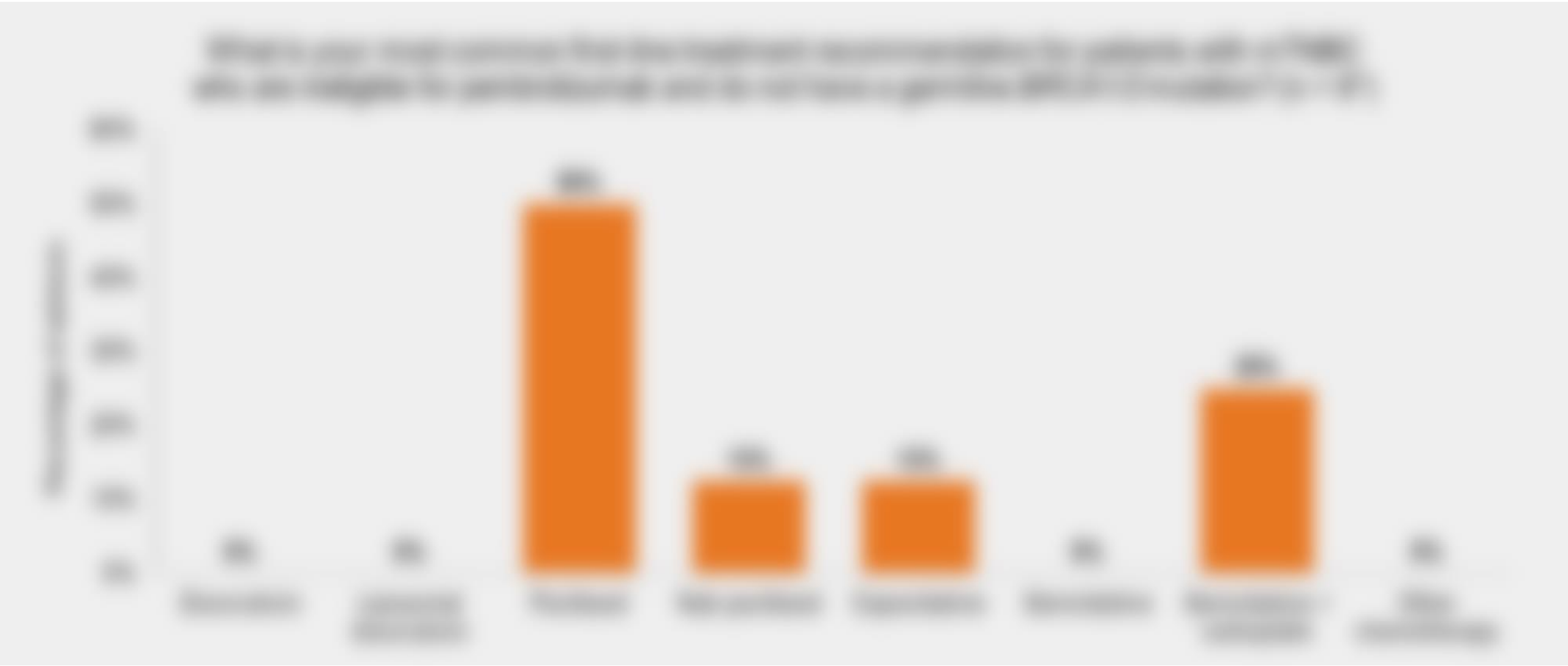
The Majority of Advisors (77%) Use Oncotype DX, But Do Not Use the RSClin Tool; 23% of Advisors Use Both



Efficacy Data (85%), Safety Profile/Toxicity Management/QOL (62%), and Risk of Recurrence (54%) Most Strongly Drive Advisors' Treatment Decisions in HR+ eBC

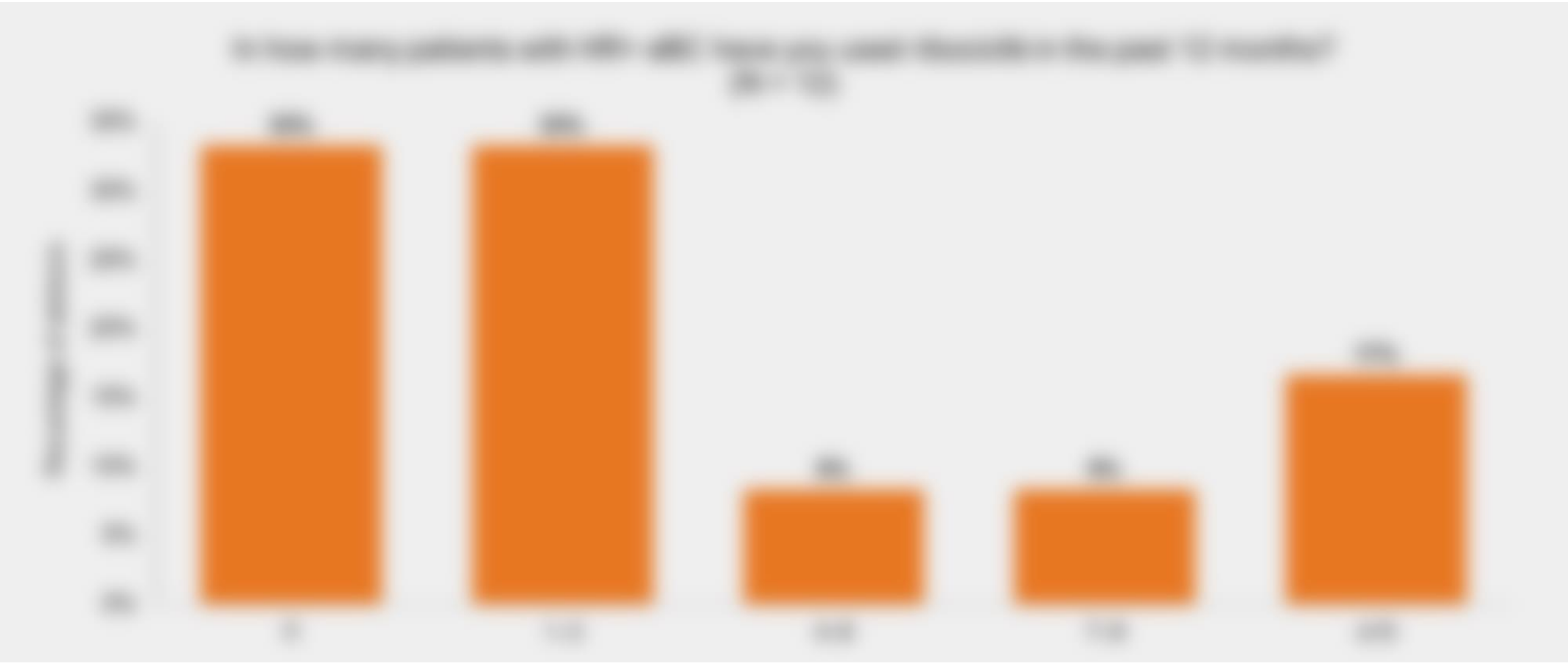


84% of Advisors Estimate That Up to Half Their Patients With HR+ eBC Receive a CDK4/6i



All Advisors Used Abemaciclib in at Least 1 Patient With HR+ eBC in the Last Year

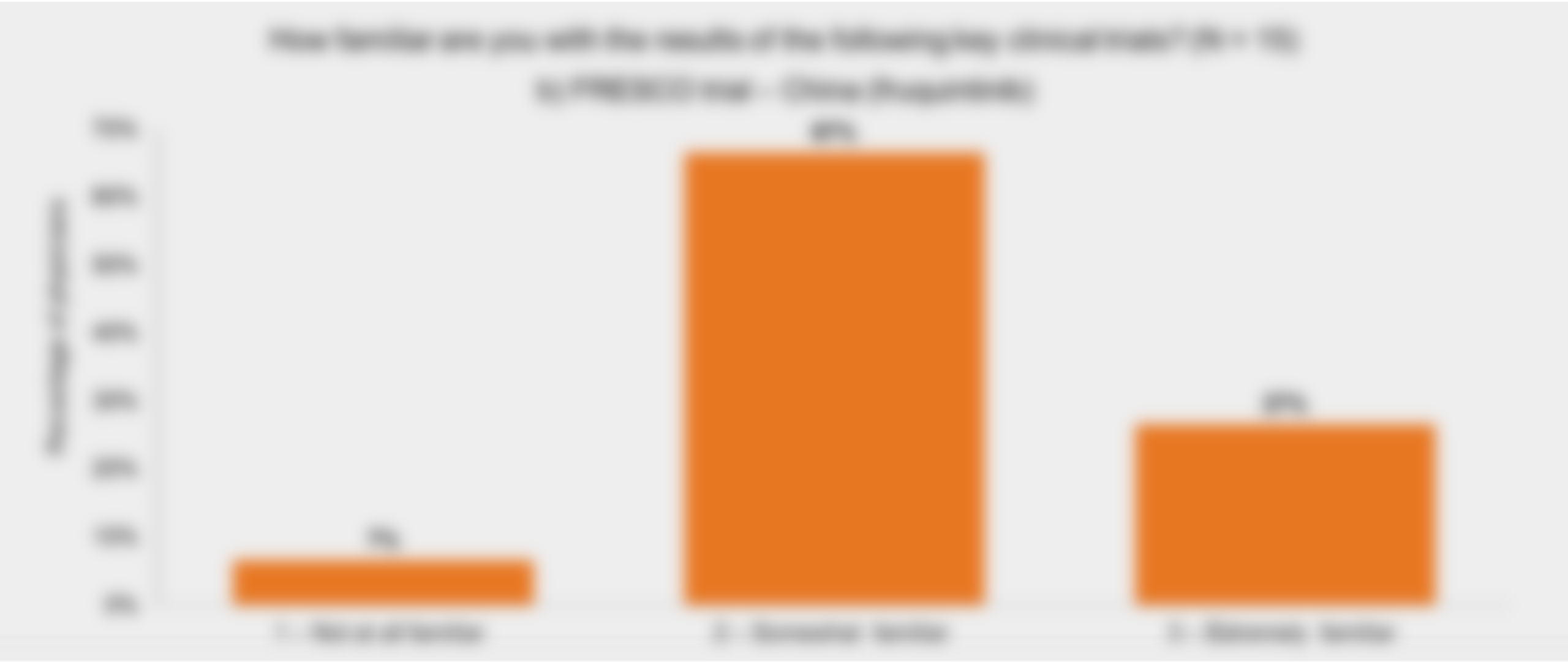
83% of Advisors Prescribed Ribociclib in at Least 1 Patient With HR+ eBC in the Past Year



*One advisor did not respond.

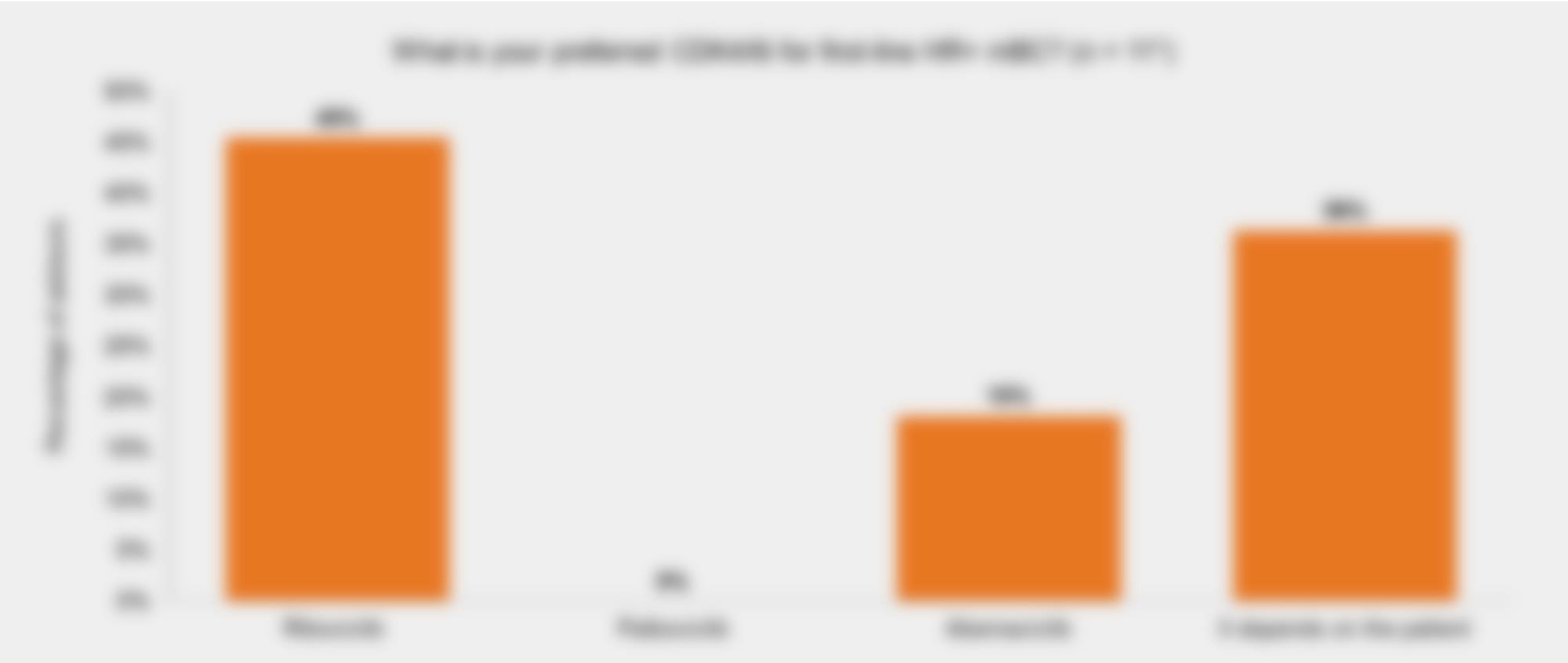
Overall Survival (92%) Is the Endpoint Advisors Find Most Clinically Relevant in HR+ eBC Trials, Followed by Disease-Free Survival (69%) and Invasive Disease-Free Survival (54%)

Most Advisors (60%) Utilize CDK4/6i in HR+ mBC in 1 Line of Therapy



*Three advisors did not respond.

Ribociclib Is the Preferred CDK4/6i in First-Line HR+ mBC for 45% of Advisors



Efficacy Results and Preferred Status in NCCN Guidelines (82% each) Are the Primary Reasons Advisors Prescribe Their Choice of CDK4/6i, Followed by Toxicity Profile (73%)

Patient Case

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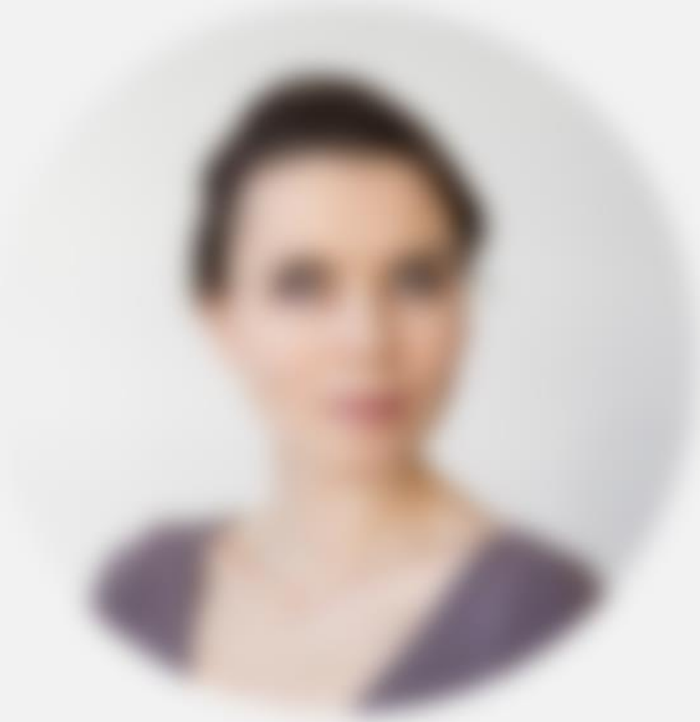

A 58-year-old postmenopausal woman presents with T3N1M1 grade 2 ER+, PR+, HER2- IDC with painful metastases to multiple bony sites. She is treated with letrozole plus abemaciclib in addition to zoledronic acid. After 30 months on treatment, she develops new left hip and lumbar spine pain, and bone scan shows progression of disease. Restaging shows no other areas of metastases. She has no actionable mutations.

For a Patient With T3N1M1 Grade 2 HR+, HER2– IDC and No Actionable Mutations, 56% of Advisors Recommended Fulvestrant or Exemestane Plus Everolimus After Progression on Letrozole Plus Abemaciclib; 22% Recommended Fulvestrant Plus Abemaciclib

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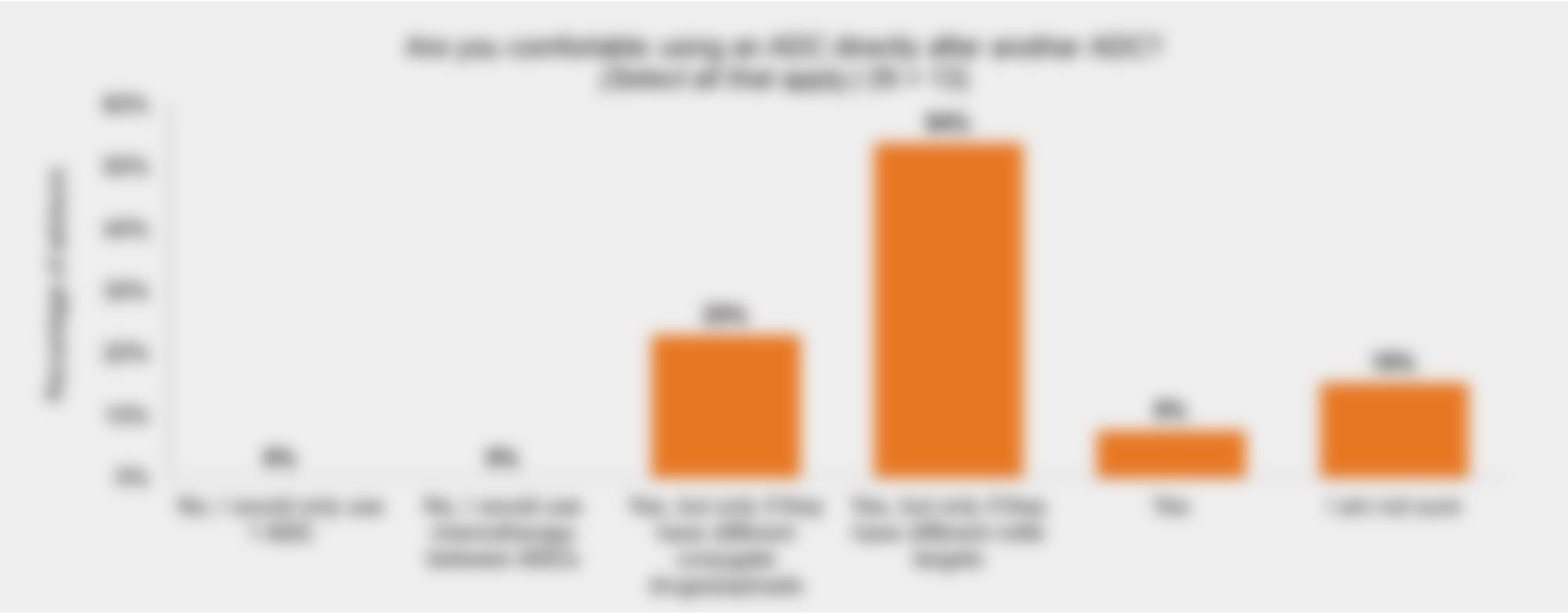
Just Over Half (54%) of the Advisors Would Be Comfortable Using an ADC Directly After Another ADC if They Have Different mAb Targets



For a Patient With HR+, HER2 IHC 0, Endocrine-Refractory mBC, 64% of Advisors Would Use Sacituzumab Govitecan Before Dato-DXd

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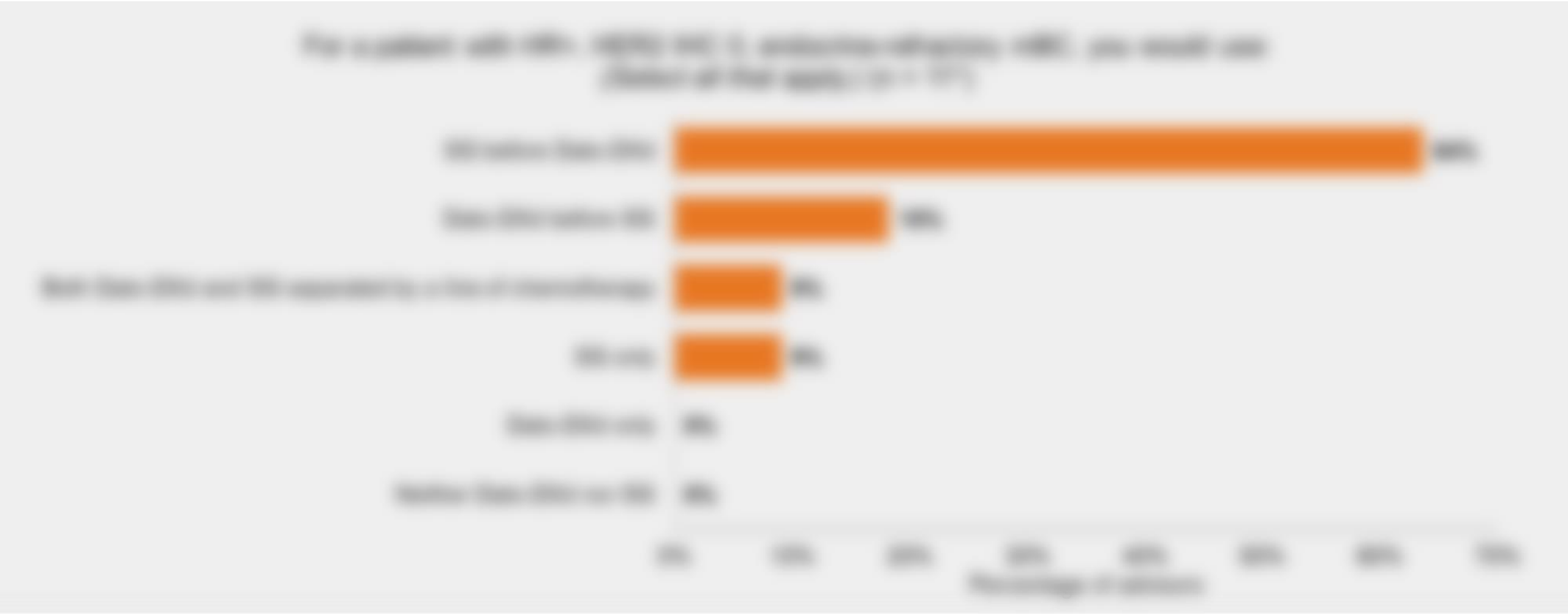
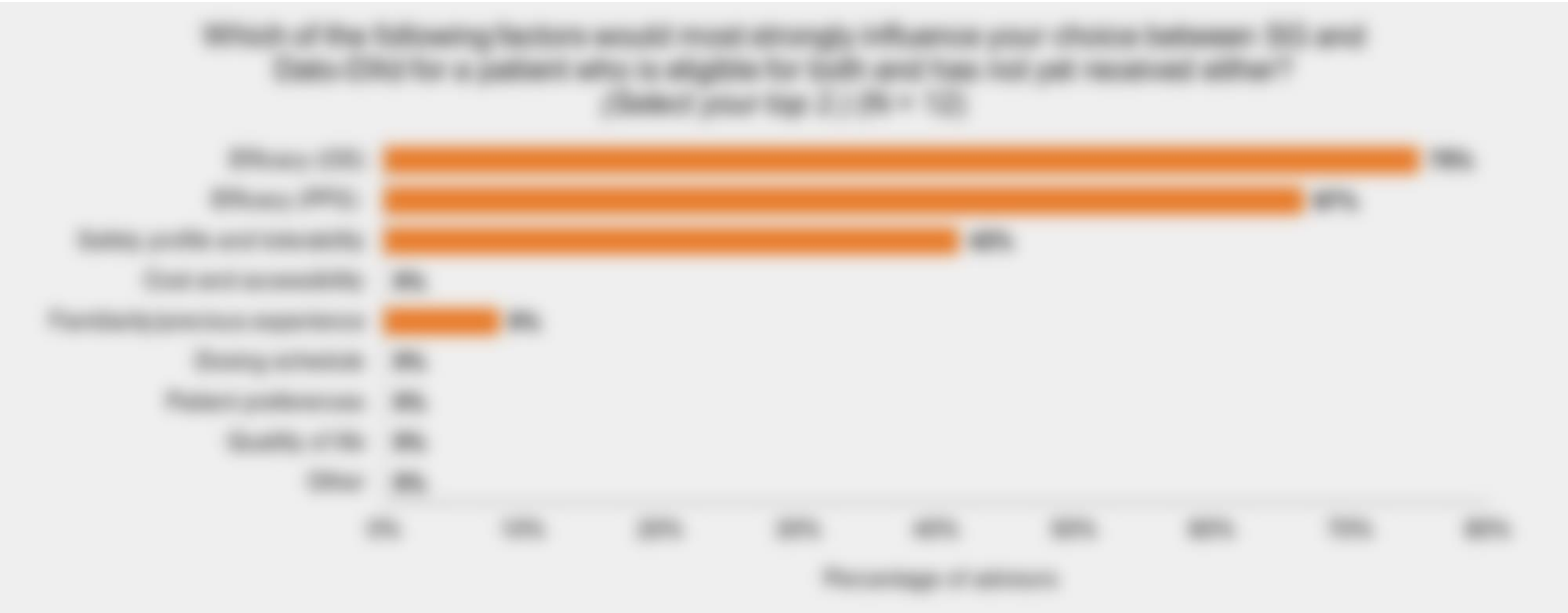


46% of Advisors Would Use SG Before Dato-DXd and 31% Would Use Dato-DXd Before SG for a Patient With HR+, HER2-Low/Ultralow, Endocrine-Refractory mBC



Safety Profile and Tolerability (82%), OS, and PFS (55% each) Most Strongly Influence Choice Between SG and Dato-DXd for Patients Who Are Eligible for Both But Have Not Received Either

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For Almost One-Fourth of Advisors, Their Pathology Department Reports HER2-Ultralow Results

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