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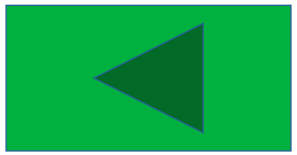
# Insights Into Differentiated Thyroid Cancer (DTC) – Southeast

April 29, 2024

# 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 Objectives

## STUDY OBJECTIVES

Gain advisors' perspectives on the management of radioactive iodine (RAI)-refractory or -ineligible metastatic differentiated thyroid cancer (mDTC) and second-line systemic therapy

# Report Snapshot: Session Overview

Moderated roundtable discussions were held with oncologists virtually on **April 29, 2024**

Disease state and data presentations were led by **Marcia Brose, MD, PhD,** from the Sidney Kimmel Cancer Center, with content developed in conjunction with the Aptitude Health clinical team

Insights were obtained on **therapies and practices in differentiated thyroid cancer (DTC)** in the community setting

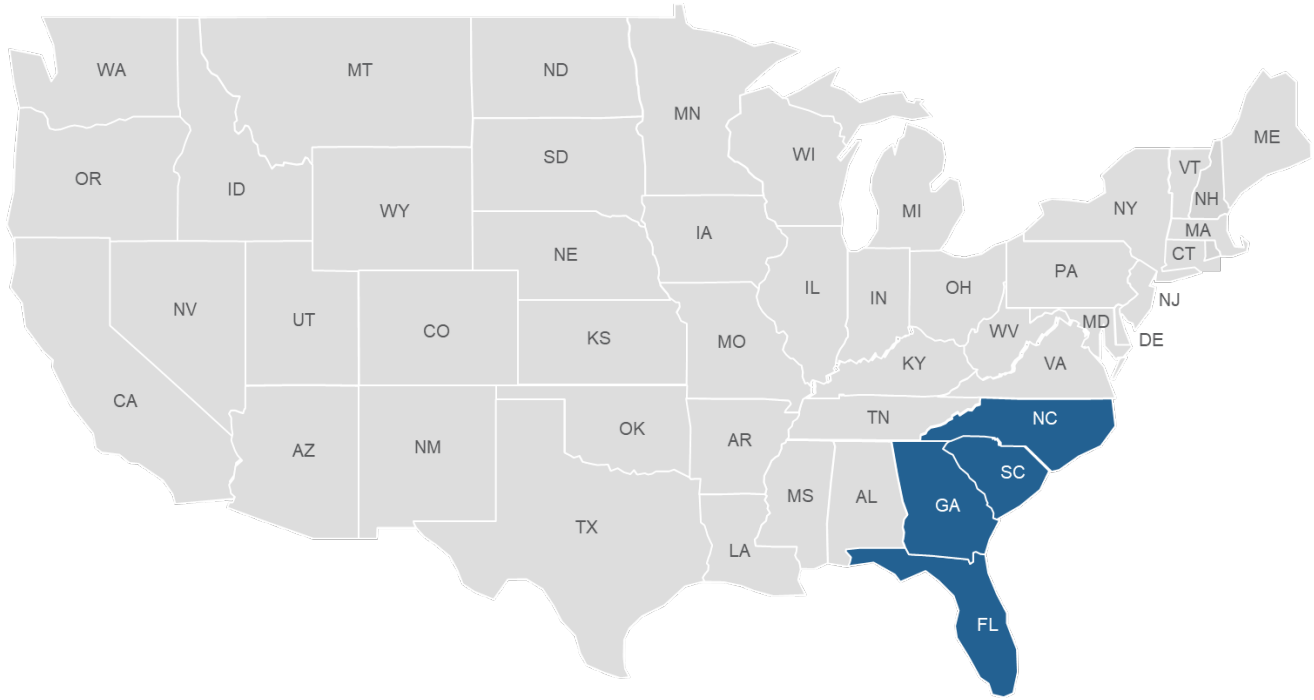
Data collection was accomplished through use of audience response system (ARS) questioning and in-depth moderated discussion

# Report Snapshot: Attendee Overview

> The group of advisors comprised 15 oncologists from Florida, Georgia, South Carolina, and North Carolina

| INSTITUTION | CITY | STATE |
|---|---|---|
| Health First | Melbourne | FL |
| Miami Cancer Institute | Miami | |
| Heart of Florida Health Center | Ocala | |
| Mid Florida Cancer Centers | Oviedo | |
| Hematology Oncology Associates of the Treasure Coast | Port St Lucie | |
| Florida Cancer Specialists & Research Institute | Tampa | |
| | Trinity | |
| Georgia Cancer Center | Augusta | GA |
| Piedmont Rockdale | Conyers | |
| Northwest Georgia Oncology Centers* | Marietta | |
| Georgia Cancer Specialists | Stockbridge | |
| Carolina Oncology Specialists | Hickory | NC |
| Atrium Health Wake Forest Baptist | Statesville | |
| Conway Medical Center | Conway | SC |

*Two physicians from this institution attended.



# Report Snapshot: Agenda

| Time (ET) | Topic |
|---|---|
| **6.00 PM – 6.15 PM (15 min)** | **Introduction**<br>• Program overview and objectives<br>• ARS questions |
| **6.15 PM – 7.05 PM (20-min presentation; 30-min discussion)** | **Management of RAI-Refractory or -Ineligible Disease (metastatic DTC)**<br>• Overview of current data<br>• Discussion |
| **7.05 PM – 7.15 PM (10 min)** | **Break** |
| **7.15 PM – 8.45 PM (30-min presentation; 60-min discussion)** | **Second-Line Systemic Therapy**<br>• ARS questions<br>• Overview of current data<br>• Discussion |
| **8.45 PM – 9.00 PM (15 min)** | **Key Takeaways and Meeting Evaluation** |

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# Discussion Summary

## Management of RAI-Refractory or -Ineligible Disease

# Management of RAI-Refractory or -Ineligible Disease (1/3)

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## mDTC – INSIGHTS AND DATA

*"So, I think you said the one is the mixed dose, which is 400 mCi is the top dose, and other one is, say if you do the radio-*

# Management of RAI-Refractory or -Ineligible Disease (2/3)

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## mDTC – INSIGHTS AND DATA

*"I try to do it right after when we see the radioactive iodine persistence, like refractory to radioactive iodine, and try to do the*

# Management of RAI-Refractory or -Ineligible Disease (3/3)

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## mDTC – INSIGHTS AND DATA

*"To be frank, before this talk, I was thinking that if there is BRAF, I would have been using BRAF, but now I would change.*

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# Discussion Summary

## Second-Line Systemic Therapy

# Second-Line Systemic Therapy (1/4)

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## mDTC – INSIGHTS AND DATA

*"If you have a patient receive the target[ed therapy] just because they have a target, so they receive whatever. What's your*

# Second-Line Systemic Therapy (2/4)

## mDTC – INSIGHTS AND DATA

*"I've used it before. . . . Due to my experience with other tumor types, I actually—especially in renal cell, where I have the*

# Second-Line Systemic Therapy (3/4)

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## mDTC – INSIGHTS AND DATA

*"I have not [seen these data before]."*

# Second-Line Systemic Therapy (4/4)

## mDTC – INSIGHTS AND DATA

*"Cabo or sorafenib, in terms of safety, unfortunately none is a winner. We've just got to be aggressive, manage it. They have*

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# Advisor Key Takeaways

# Advisor Key Takeaways (1/2)

| ADVISOR | | ADVISOR | |
|---|---|---|---|
| 1 | > Appreciated the summary/treatment algorithm<br>> I have a better understanding of sequencing therapies<br>> I really wasn't that familiar with polatuzumab and tafasitamab but now I have a better understanding of these drugs and have a better idea of when to use them in my practice | 5 | > Importance of dose intensity with cabozantinib<br>> For relapsed/refractory patients it's nice to have different options besides R-ICE and auto or going to CAR T |
| 2 | > I have a better understanding of some of my relapse options<br>> I'm particularly interested in the tafasitamab and hope that tafa and Rev would be tolerated for a second-line option for my very elderly patients<br>> There's a lot more enthusiasm for targeted therapy and for things like polatuzumab that may offer lesser side effects | 6 | > I'm hoping that some of these second-line agents will get added onto frontline and hopefully improve the cure rate |
| 3 | > It was great to hear about innovations and what's coming down the pipeline for relapsed/refractory | 7 | > Very interesting to learn about all these relapsed/refractory treatments, specifically the bispecific antibodies<br>> A lot of options coming up in the future. The only issue will be to learn how to sequence these drugs |
| 4 | > There's a lot of good options for second line than just CAR T and transplant with decent side effect profile and good response rates<br>> Sequencing is an issue | 8 | > Still R-CHOP is the standard |

# Advisor Key Takeaways* (2/2)

| ADVISOR | | ADVISOR | |
|---|---|---|---|
| 1 | > Save BRAF inhibitors for third line<br>> I have a better understanding of sequencing therapies<br>> I really wasn't that familiar with pralatuzumab and tafasitamab but now I have a better understanding of these drugs and have a better idea of when to use them in my practice | 5 | > Use and sequencing of BRAF inhibitors<br>> For relapsed/refractory patients it's nice to have different options besides R-ICE and auto or going to CAR T |
| 2 | > I have a better understanding of some of my relapse options<br>> I'm particularly interested in the tafasitamab and hope that tafa and Rev would be tolerated for a second-line option for my very elderly patients<br>> There's a lot more enthusiasm for targeted therapy and for things like polatuzumab that may offer lesser side effects | 6 | > I'm hoping that some of these second-line agents will get added onto frontline and hopefully improve the cure rate |
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| 4 | > There's a lot of good options for second line than just CAR T and transplant with decent side effect profile and good response rates<br>> Sequencing is an issue | 8 | > SMI R-CHOP is the standard |

One physician did not share key takeaways.

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# ARS Data

Management of RAI-Refractory or -Ineligible Disease (mDTC)

# 47% of Attendees Treated at Least 4 Patients With mDTC in the Past Year


*Two physicians did not respond.

# 69% of Oncologists Perform Biomarker Testing in All Patients

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What percentage of your patients with mDTC receive biomarker testing? (n = 13*)



*Two physicians did not respond.

# The Majority of Oncologists Use Tissue for Biomarker Testing and Reflex to Liquid When Appropriate


*Two physicians did not respond.

# In Situations Where There Is Not Sufficient Tissue for Testing, Almost All Oncologists Would Recommend Liquid Biopsy; Over Half Would Order a Rebiopsy

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*One physician did not respond.

# Roughly Half of Attendees Test for Mutations Up Front; the Other Half Test After RAI

# Attendees Typically Perform Full Biomarker Testing in mDTC

Which of the following biomarkers do you test for in mDTC? (*Select all that apply*) (N = 15)

# 86% of Oncologists Would Use a Targeted Therapy First Line if Biomarker Information Is Available

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*One physician did not respond.

# Most Attendees Would Keep a Patient on Systemic Therapy Until Progression, Even if an Actionable Mutation Is Identified Mid-Treatment

# Oncologists Use Lenvatinib First Line in the Majority of Their Patients With mDTC

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# Oncologists Rarely Use Sorafenib First Line for mDTC

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In what percentage of your patients with mDTC do you use sorafenib as first-line



*One physician did not respond.

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# ARS Results

Second-Line Therapy

# 71% of Attendees Had Recent Experience With mDTC Post-Lenvatinib


*One physician did not respond.

# Attendees Had Minimal Experience With mDTC Post-Sorafenib

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Approximately how many patients with mDTC have you treated in the past 12 months



*Three physicians did not respond.

# In the Past Year, 46% of Attendees Had Treated a Patient With mDTC After Progression on a Targeted Therapy



*Two physicians did not respond.

# 85% of Oncologists Would Recommend Dabrafenib + Trametinib Second Line for *BRAF*-Mutated mDTC


*Two physicians did not respond.

# 61% of Attendees Had Experience With Cabozantinib

In approximately how many patients with mDTC have you ever used the drug



*Two physicians did not respond.

# Only 8% of Attendees Had Ever Used Immunotherapy in mDTC


*Two physicians did not respond.

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