













# Insights Into Cisplatin-Induced Ototoxicity in Localized, Nonmetastatic Solid Tumors

July – September 2024

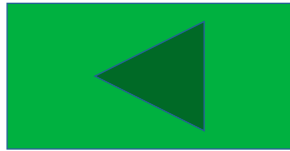
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Topic	
Report Objectives	
Report Snapshot	
• Session overview	
• Attendee overview	
• Participant demographics	
• Agenda	
Topline Takeaways and Strategic Recommendations	
Key Insights	
Discussion Summary	
Advisor Key Takeaways	
ARS Data	

# How to Navigate This Report



Click to move to topic of interest or ARS supporting data



Click to return to previous slide

## MEETING OBJECTIVES

Gain advisors' perspectives on existing and emerging treatments for managing cisplatin-induced toxicities in localized, nonmetastatic solid tumors, including the current landscape, challenges, and future directions

# Report Snapshot: Session Overview



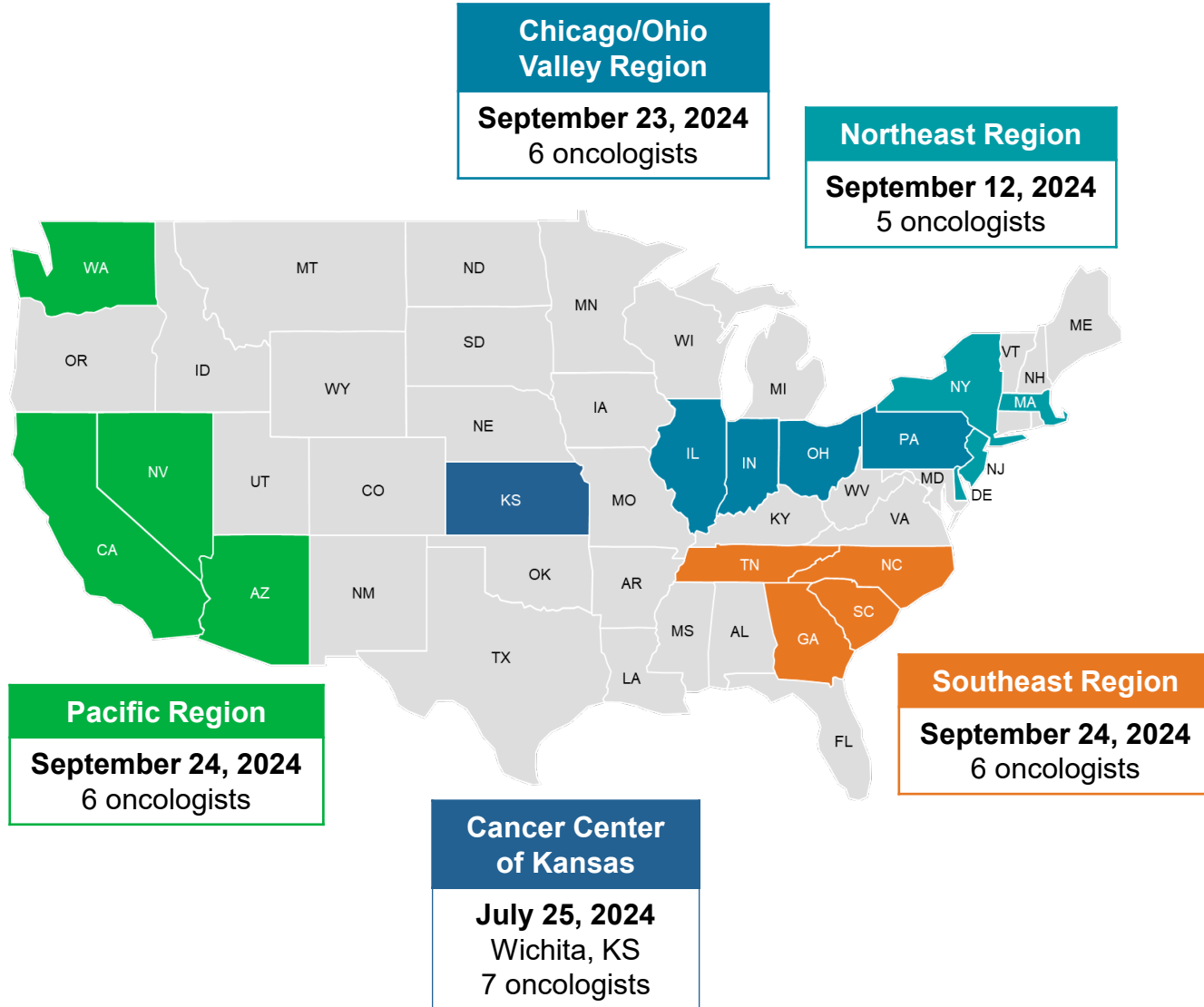
A series of 5 moderated virtual roundtable discussions were held with community oncologists from July to September 2024

Disease state and data presentations and discussions were led and moderated by **Noah Federman, MD**, from UCLA David Geffen School of Medicine, and **Ralph V. Bocchia, MD, FACP**, from Georgetown University in conjunction with content developed by the Aptitude Health clinical team

Insights were obtained on the cisplatin-induced ototoxicity landscape in the community setting, including occurrence, monitoring, and managing toxicities in patients receiving cisplatin for localized, nonmetastatic solid tumors

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

# Report Snapshot: Attendee Overview



	INSTITUTION	CITY	STATE
Southeast Region	Georgia Cancer Specialists	Atlanta	GA
	Northwest Georgia Oncology Centers/ WellStar	Atlanta	
	Northwest Georgia Oncology Centers	Cartersville	NC
	Atrium Health	Huntersville	
	Tennessee Oncology	Shelbyville	TN
	Carolina Blood and Cancer Care Associates	Lancaster	SC
Northeast Region	New York Cancer & Blood Specialists	Port Jefferson	NY
	Hematology-Oncology Associates of CNY	Syracuse	
	Dana-Farber Cancer Institute	Boston	MA
	Abramson Cancer Center Cherry Hill	Cherry Hill	NJ
	Medical Oncology Hematology Consultants	Newark	DE
Pacific Region	Enloe Medical Center	Chico	CA
	Compassionate Cancer Care	Fountain Valley	
	Riverside Medical Center	Riverside	NV
	Comprehensive Cancer Centers of Nevada	Las Vegas	
	Arizona Oncology	Tucson	AZ
	MultiCare Regional Cancer Center	Tacoma	WA
Chicago/Ohio Valley Region	Hematology Oncology of Indiana	Indianapolis	IN
	Northwest Cancer Centers	Valparaiso	
	Illinois Cancer Specialists	Arlington Heights	IL
	York Cancer Center	York	PA
	Hope Center for Cancer Care	Mars	
	UH Seidman Cancer Center	Parma	OH

# Participant Demographics

How many pediatric patients (age >1 month to 18 years) with localized, nonmetastatic solid tumors have you treated with cisplatin in the past 12 months? (n = 26\*)

How many adolescent and/or young adult (AYA) patients (age 15–39) with localized, nonmetastatic solid tumors have you treated with cisplatin in the past 12 months? (n = 24†)

How many adult patients (age >39 years) with localized, nonmetastatic solid tumors have you treated with cisplatin in the past 12 months? (n = 27‡)



Time	Topic
10 min	<b>Introduction</b> <ul style="list-style-type: none"><li>• Program overview and objectives</li><li>• ARS questions</li></ul>
20 min	<b>Management of Cisplatin-Induced Ototoxicity in Localized, Nonmetastatic Solid Tumors</b>
25 min	<b>Moderated Discussion</b>
5 min	<b>Key Takeaways and Adjourn</b>





# Discussion Summary

# Insights From Discussion (1/5)



## Perceptions of Cisplatin-Induced Ototoxicity

*(Note: The following table content is blurred in the original image. The structure is based on the visible headers and layout.)*

Overall Summary of Findings	Findings	Findings	Findings	Findings
<p>1. The study highlights the significant impact of cisplatin-induced ototoxicity on patients' quality of life, particularly in terms of hearing and communication. The findings suggest that early identification and management of ototoxicity are crucial for minimizing long-term effects.</p> <p>2. The research also emphasizes the need for interdisciplinary collaboration between oncologists, audiologists, and patient support services to provide comprehensive care and address the diverse needs of affected patients.</p>	<p>3. The study identifies several key factors that influence the severity of ototoxicity, including cumulative cisplatin dose, patient age, and pre-existing hearing impairment. These findings underscore the importance of individualized risk assessment and monitoring.</p> <p>4. The research also highlights the potential for hearing recovery in some patients, suggesting that ongoing monitoring and supportive interventions may be beneficial in these cases.</p>	<p>5. The study emphasizes the need for further research to explore the underlying mechanisms of cisplatin-induced ototoxicity and to develop more effective strategies for prevention and treatment.</p> <p>6. The findings also suggest that patient education and counseling are essential for helping patients understand the risks and benefits of cisplatin therapy and for encouraging them to report any changes in hearing promptly.</p>	<p>7. The study highlights the importance of regular audiological monitoring for patients receiving cisplatin therapy, particularly for those at higher risk of ototoxicity.</p> <p>8. The research also suggests that the use of hearing aids and other assistive devices may be helpful in managing the effects of hearing loss and improving communication outcomes.</p>	<p>9. The study emphasizes the need for ongoing support and care for patients with cisplatin-induced ototoxicity, including counseling, hearing rehabilitation, and access to support groups.</p> <p>10. The findings also suggest that further research is needed to explore the long-term effects of cisplatin-induced ototoxicity and to develop more effective strategies for prevention and treatment.</p>

# Insights From Discussion (2/5)



## Experience Monitoring for Cisplatin-Induced Ototoxicity Symptoms

Placeholder text for the main content of the slide, which is currently blurred.

Section 1	Section 2	Section 3	Section 4	Section 5
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## Experience Managing Cisplatin-Induced Ototoxicity Symptoms

Presenters had discussed various aspects of managing cisplatin-induced ototoxicity symptoms, including patient education, monitoring, and treatment options. The following table summarizes the key points discussed by each presenter.

Presenter Name	Key Points	Key Points	Key Points	Key Points
Dr. [Name]	Dr. [Name]	Dr. [Name]	Dr. [Name]	Dr. [Name]

# Insights From Discussion (4/5)



## Perceptions of Sodium Thiosulfate (STS) Clinical Data

Perceptions of Sodium Thiosulfate (STS) Clinical Data

Overall Summary of Perceptions	Positive Perceptions	Neutral Perceptions	Negative Perceptions	Key Takeaways
<p>Overall Summary of Perceptions</p> <p>Key findings from the discussion include:</p> <ul style="list-style-type: none"><li>Perceptions of STS clinical data are generally positive, with many participants highlighting its effectiveness and safety.</li><li>There is a strong emphasis on the need for further research and clinical trials to validate the data.</li><li>Participants expressed concerns about the quality and reliability of the data, particularly regarding the methodology used in the studies.</li><li>There is a call for greater transparency and communication from the regulatory agencies and the pharmaceutical industry.</li></ul>	<p>Positive Perceptions</p> <p>Key findings from the discussion include:</p> <ul style="list-style-type: none"><li>Many participants expressed a strong belief in the effectiveness of STS, particularly in the treatment of certain conditions.</li><li>There is a high level of interest in the clinical data, with many participants requesting more information and resources.</li><li>Participants highlighted the potential for STS to improve patient outcomes and reduce healthcare costs.</li><li>There is a strong sense of optimism about the future of STS, with many participants expressing their confidence in the clinical data.</li></ul>	<p>Neutral Perceptions</p> <p>Key findings from the discussion include:</p> <ul style="list-style-type: none"><li>Some participants expressed a neutral or mixed view of the clinical data, citing concerns about the quality and reliability of the studies.</li><li>There is a need for more robust and comprehensive clinical data to support the use of STS.</li><li>Participants emphasized the importance of transparency and communication in the clinical research process.</li><li>There is a call for greater collaboration between the regulatory agencies and the pharmaceutical industry to address these concerns.</li></ul>	<p>Negative Perceptions</p> <p>Key findings from the discussion include:</p> <ul style="list-style-type: none"><li>Some participants expressed a negative view of the clinical data, citing concerns about the quality and reliability of the studies.</li><li>There is a strong sense of skepticism about the use of STS, particularly in the treatment of certain conditions.</li><li>Participants highlighted the potential for harm and adverse effects associated with the use of STS.</li><li>There is a call for greater oversight and regulation of the pharmaceutical industry to ensure the safety and effectiveness of its products.</li></ul>	<p>Key Takeaways</p> <p>Key findings from the discussion include:</p> <ul style="list-style-type: none"><li>There is a strong need for further research and clinical trials to validate the clinical data on STS.</li><li>Greater transparency and communication are essential for building trust and confidence in the clinical research process.</li><li>Collaboration between the regulatory agencies and the pharmaceutical industry is crucial for addressing the concerns and improving the quality of clinical data.</li><li>There is a strong emphasis on the need for robust and comprehensive clinical data to support the use of STS.</li></ul>

# Insights From Discussion (5/5)



## Clinical Considerations for STS Use in Ototoxicity Prevention

Pharmacokinetic and pharmacodynamic properties of STS (Sodium Thiosulfate) are summarized in the table below. The table is organized into five columns representing different clinical considerations: Indications, Contraindications, Warnings, Precautions, and Adverse Effects.

Indications	Contraindications	Warnings	Precautions	Adverse Effects
<p>STS is used to treat cyanide poisoning and as an antidote for certain heavy metal poisoning. It is also used in the treatment of certain types of cancer, such as bladder cancer and head and neck cancer. STS is used to prevent and treat radiation-induced cystitis and proctitis. It is also used to prevent and treat radiation-induced leukoencephalopathy. STS is used to prevent and treat radiation-induced pneumonitis. It is also used to prevent and treat radiation-induced dermatitis. STS is used to prevent and treat radiation-induced alopecia. It is also used to prevent and treat radiation-induced xeroderma. STS is used to prevent and treat radiation-induced dry eye. It is also used to prevent and treat radiation-induced dry mouth. STS is used to prevent and treat radiation-induced dry skin. It is also used to prevent and treat radiation-induced dry hair. STS is used to prevent and treat radiation-induced dry nails. It is also used to prevent and treat radiation-induced dry lips. STS is used to prevent and treat radiation-induced dry throat. It is also used to prevent and treat radiation-induced dry cough. STS is used to prevent and treat radiation-induced dry wheezing. It is also used to prevent and treat radiation-induced dry shortness of breath. STS is used to prevent and treat radiation-induced dry chest pain. It is also used to prevent and treat radiation-induced dry dizziness. STS is used to prevent and treat radiation-induced dry lightheadedness. It is also used to prevent and treat radiation-induced dry fainting. STS is used to prevent and treat radiation-induced dry loss of consciousness. It is also used to prevent and treat radiation-induced dry coma. STS is used to prevent and treat radiation-induced dry death.</p>	<p>STS is contraindicated in patients with a known hypersensitivity to STS or any of its components. It is also contraindicated in patients with severe renal impairment. STS is contraindicated in patients with severe liver impairment. It is also contraindicated in patients with severe heart failure. STS is contraindicated in patients with severe lung disease. It is also contraindicated in patients with severe blood disorders. STS is contraindicated in patients with severe electrolyte imbalances. It is also contraindicated in patients with severe acid-base imbalances. STS is contraindicated in patients with severe hypoxia. It is also contraindicated in patients with severe hyperoxia. STS is contraindicated in patients with severe hypotension. It is also contraindicated in patients with severe hypertension. STS is contraindicated in patients with severe hypothermia. It is also contraindicated in patients with severe hyperthermia. STS is contraindicated in patients with severe hypoglycemia. It is also contraindicated in patients with severe hyperglycemia. STS is contraindicated in patients with severe hypocalcemia. It is also contraindicated in patients with severe hypercalcemia. 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STS may cause severe hypokalemia and hyperkalemia. It may also cause severe hyponatremia and hypernatremia. STS may cause severe hypochloremia and hyperchloremia. It may also cause severe hypophosphatemia and hyperphosphatemia. STS may cause severe hypocalcemia and hypercalcemia. It may also cause severe hypomagnesemia and hypermagnesemia. STS may cause severe hypokalemia and hyperkalemia. It may also cause severe hyponatremia and hypernatremia. STS may cause severe hypochloremia and hyperchloremia. It may also cause severe hypophosphatemia and hyperphosphatemia.</p>	<p>STS should be used with caution in patients with severe renal impairment. It should also be used with caution in patients with severe liver impairment. STS should be used with caution in patients with severe heart failure. It should also be used with caution in patients with severe lung disease. STS should be used with caution in patients with severe blood disorders. It should also be used with caution in patients with severe electrolyte imbalances. STS should be used with caution in patients with severe acid-base imbalances. It should also be used with caution in patients with severe hypoxia and hyperoxia. STS should be used with caution in patients with severe hypotension and hypertension. It should also be used with caution in patients with severe hypothermia and hyperthermia. STS should be used with caution in patients with severe hypoglycemia and hyperglycemia. It should also be used with caution in patients with severe hypocalcemia and hypercalcemia. STS should be used with caution in patients with severe hypomagnesemia and hypermagnesemia. It should also be used with caution in patients with severe hypokalemia and hyperkalemia. STS should be used with caution in patients with severe hyponatremia and hypernatremia. It should also be used with caution in patients with severe hypochloremia and hyperchloremia. STS should be used with caution in patients with severe hypophosphatemia and hyperphosphatemia.</p>	<p>STS may cause severe hypotension, dizziness, lightheadedness, fainting, loss of consciousness, coma, death, severe hypoxia, hyperoxia, severe hypotension, hypertension, severe hypothermia, hyperthermia, severe hypoglycemia, hyperglycemia, severe hypocalcemia, hypercalcemia, severe hypomagnesemia, hypermagnesemia, severe hypokalemia, hyperkalemia, severe hyponatremia, hypernatremia, severe hypochloremia, hyperchloremia, severe hypophosphatemia, hyperphosphatemia.</p>



## Advisor Key Takeaways

# Advisor Key Takeaways (Cancer Center of Kansas\*)



ADVISOR	ADVISOR
<ul style="list-style-type: none"><li>&gt; I'd never heard of this drug so that's my big key<ul style="list-style-type: none"><li>There is a better understanding of sequencing therapy</li><li>Really want to talk further with oncologist and understand how we have a better understanding of these drugs and have a better idea of when to use them in my practice</li></ul></li></ul>	<ul style="list-style-type: none"><li>&gt; I really didn't know about this drug<ul style="list-style-type: none"><li>There is a better understanding of when to use these different options besides T-DM1 and when to go to CAR T</li></ul></li></ul>
<ul style="list-style-type: none"><li>&gt; There is a better understanding of some of my other options<ul style="list-style-type: none"><li>It's particularly important in the adjuvant and how that will and how much we should be considering for a second line option for my own clinical practice</li><li>There is a lot more evidence for targeted therapy and to things the oncologist that may offer more side effects</li></ul></li></ul>	<ul style="list-style-type: none"><li>&gt; The hope is that some of these immunotherapy agents will get added into practice and hopefully improve the outcomes</li></ul>
<ul style="list-style-type: none"><li>&gt; It was good to hear about immunotherapy and what's coming down the pipeline for immunotherapy</li></ul>	<ul style="list-style-type: none"><li>&gt; It's interesting to learn about all these immunotherapy treatments, especially the targeted antibodies</li><li>&gt; A lot of options coming up in the future. The only issue will be to learn how to sequence these drugs</li></ul>
<ul style="list-style-type: none"><li>&gt; There is a lot of good options for second line that just CAR T and management with second line other profile and good response rate</li><li>&gt; Sequencing is an issue</li></ul>	<ul style="list-style-type: none"><li>&gt; Not too much in the standard</li></ul>



# Advisor Key Takeaways (Northeast Region)



ADVISOR	ADVISOR
<ul style="list-style-type: none"><li>&gt; In the realm for ototoxicity, I think [STS] is a great option<ul style="list-style-type: none"><li>There is a better understanding of ototoxicity compared to other options</li><li>There is a better understanding of the mechanism of action of STS</li><li>There is a better understanding of the safety profile of STS</li><li>There is a better understanding of the efficacy of STS</li></ul></li></ul>	<ul style="list-style-type: none"><li>&gt; I think it's definitely promising; 45% [reduction in ...]<ul style="list-style-type: none"><li>The reduction in ... is a promising result</li></ul></li></ul>
<ul style="list-style-type: none"><li>&gt; There is a better understanding of the safety profile of STS<ul style="list-style-type: none"><li>There is a better understanding of the efficacy of STS</li><li>There is a better understanding of the mechanism of action of STS</li><li>There is a better understanding of the safety profile of STS</li></ul></li></ul>	<ul style="list-style-type: none"><li>&gt; The reduction in ... is a promising result<ul style="list-style-type: none"><li>There is a better understanding of the safety profile of STS</li></ul></li></ul>
<ul style="list-style-type: none"><li>&gt; It was good to hear about the potential for STS<ul style="list-style-type: none"><li>There is a better understanding of the safety profile of STS</li></ul></li></ul>	<ul style="list-style-type: none"><li>&gt; The reduction in ... is a promising result<ul style="list-style-type: none"><li>There is a better understanding of the safety profile of STS</li></ul></li></ul>
<ul style="list-style-type: none"><li>&gt; There is a better understanding of the safety profile of STS<ul style="list-style-type: none"><li>There is a better understanding of the efficacy of STS</li></ul></li></ul>	<ul style="list-style-type: none"><li>&gt; The reduction in ... is a promising result<ul style="list-style-type: none"><li>There is a better understanding of the safety profile of STS</li></ul></li></ul>

# Advisor Key Takeaways (Southeast Region)



## ADVISOR

> This is a protective agent, reduce auditory toxicity,

- There is a better understanding of sequencing therapy
- There is a better understanding of the mechanism of action of these drugs and how a better use of them is possible

- There is a better understanding of some of the adverse effects
- It is particularly important in the subcutaneous and oral use and how these could be considered as a second-line option for myelosuppressive agents
- There is a better understanding of support therapy and how to manage the subcutaneous that may offer some side effects

- It was good to hear about innovations and already working about the pipeline for immunomodulators

- There is a lot of good options for second-line that just look like first-line and management with adverse side effect profile and good response rates
- Sequencing is an issue

## ADVISOR

- The immunomodulators, especially the ones in phase III/IV, are really interesting and worth to get to know

- It is hoping that some of these immunomodulators agents will get added into frontline and hopefully improve the outcomes

- It is interesting to learn about all these immunomodulators treatments, especially the specific antibodies

- It is a lot of options coming up in the future. The only issue will be to learn how to sequence these drugs

- Not too much of the standard

# Advisor Key Takeaways (Chicago/Ohio Valley Region\*)



ADVISOR	ADVISOR
<p>&gt; Reduction in the patients that were treated [was] about 40% - 45%.</p> <ul style="list-style-type: none"> <li>There is a better understanding of sequencing through the system.</li> <li>Really want to work with commercial and institutional payers. There is a better understanding of those drugs and how a better idea of when to use them in the pipeline.</li> </ul>	<p>&gt; The data is very convincing.</p> <ul style="list-style-type: none"> <li>The commercial payers, adding the need to have different options besides 1-1-1, and what is going to work?</li> </ul>
<ul style="list-style-type: none"> <li>There is a better understanding of some of the other options.</li> <li>It is particularly important in the institutional and how that will work. There would be a need for a commercial option for the new drugs, either.</li> <li>There is a lot more attention to supplier change and to change the commercial that may offer some other options.</li> </ul>	<ul style="list-style-type: none"> <li>It is hoping that some of these innovative agents will get added into bundles and hopefully improve the look like.</li> </ul>
<ul style="list-style-type: none"> <li>It was good to hear about innovations and what is coming down the pipeline for institutional payers.</li> </ul>	<ul style="list-style-type: none"> <li>It is interesting to learn about all these institutional payers, especially the specialty payers.</li> <li>A lot of options coming up in the future. The only issue will be to learn how to sequence these drugs.</li> </ul>
<ul style="list-style-type: none"> <li>There is a lot of good options for access that they just don't have and managing with access with other payers and good response rates.</li> <li>Sequencing is an issue.</li> </ul>	<ul style="list-style-type: none"> <li>Not a concern of the advisor.</li> </ul>

# Advisor Key Takeaways (Pacific Region)



ADVISOR	ADVISOR
<ul style="list-style-type: none"><li>&gt; I'm glad we have an agent available for ototoxicity<ul style="list-style-type: none"><li>There is a better understanding of ototoxicity amongst oncologists</li><li>There is a better understanding of ototoxicity amongst oncologists</li><li>There is a better understanding of ototoxicity amongst oncologists</li><li>There is a better understanding of ototoxicity amongst oncologists</li></ul></li></ul>	<ul style="list-style-type: none"><li>&gt; I'd like to see it in the NCCN Guidelines so that I can<ul style="list-style-type: none"><li>There is a better understanding of ototoxicity amongst oncologists</li><li>There is a better understanding of ototoxicity amongst oncologists</li><li>There is a better understanding of ototoxicity amongst oncologists</li><li>There is a better understanding of ototoxicity amongst oncologists</li></ul></li></ul>
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<ul style="list-style-type: none"><li>&gt; It was good to hear about ototoxicity and about getting more data on the agents for ototoxicity<ul style="list-style-type: none"><li>There is a better understanding of ototoxicity amongst oncologists</li><li>There is a better understanding of ototoxicity amongst oncologists</li><li>There is a better understanding of ototoxicity amongst oncologists</li><li>There is a better understanding of ototoxicity amongst oncologists</li></ul></li></ul>	<ul style="list-style-type: none"><li>&gt; There is a better understanding of ototoxicity amongst oncologists<ul style="list-style-type: none"><li>There is a better understanding of ototoxicity amongst oncologists</li><li>There is a better understanding of ototoxicity amongst oncologists</li><li>There is a better understanding of ototoxicity amongst oncologists</li><li>There is a better understanding of ototoxicity amongst oncologists</li></ul></li></ul>
<ul style="list-style-type: none"><li>&gt; There is a better understanding of ototoxicity amongst oncologists<ul style="list-style-type: none"><li>There is a better understanding of ototoxicity amongst oncologists</li><li>There is a better understanding of ototoxicity amongst oncologists</li><li>There is a better understanding of ototoxicity amongst oncologists</li><li>There is a better understanding of ototoxicity amongst oncologists</li></ul></li></ul>	<ul style="list-style-type: none"><li>&gt; There is a better understanding of ototoxicity amongst oncologists<ul style="list-style-type: none"><li>There is a better understanding of ototoxicity amongst oncologists</li><li>There is a better understanding of ototoxicity amongst oncologists</li><li>There is a better understanding of ototoxicity amongst oncologists</li><li>There is a better understanding of ototoxicity amongst oncologists</li></ul></li></ul>



**ARS Data**

# Most Advisors Are at Least Moderately Concerned Regarding Cisplatin-Induced Ototoxicity



FOR EXAMPLE PURPOSES ONLY

# 93% of Advisors Estimated That Up to 50% of Patients With Localized Disease Experience Hearing Loss and/or Tinnitus After Cisplatin Treatment

FOR EXAMPLE PURPOSES ONLY

# Nearly Half of Advisors Reported That Approximately 1%–10% of Patients With Localized Disease Experience Hearing Loss and/or Tinnitus After Carboplatin Treatment

FOR EXAMPLE PURPOSES ONLY



# 66% of Oncologists Indicated That Up to 25% of Cisplatin-Treated Patients With Hearing Loss and/or Tinnitus Experience Long-Term Effects of Ototoxicity

FOR EXAMPLE PURPOSES ONLY

# 41% of Advisors Do Not Currently Monitor for Symptoms of Ototoxicity in Cisplatin-Treated Patients

Do you currently perform audiologic monitoring for ototoxicity in cisplatin-treated patients

FOR EXAMPLE PURPOSES ONLY

# The Majority of Oncologists Who Monitor for Cisplatin-Induced Ototoxicity Do So Before, During, and After Treatment



FOR EXAMPLE PURPOSES ONLY

\*Two advisors did not respond.



# Most Advisors Manage Symptoms of Ototoxicity by Stopping or Reducing Cisplatin and/or Referring Patients to Audiology

FOR EXAMPLE PURPOSES ONLY

\*One advisor did not respond.

# None of the Advisors Had Experience With Sodium Thiosulfate Injection to Reduce the Risk of Cisplatin-Induced Ototoxicity

FOR EXAMPLE PURPOSES ONLY

# Most Advisors (76%) Value Inclusion in NCCN Guidelines as a Top Factor for Treatment Options in the Management of Cisplatin-Induced Toxicities

**FOR EXAMPLE PURPOSES ONLY**

\*One advisor did not respond.



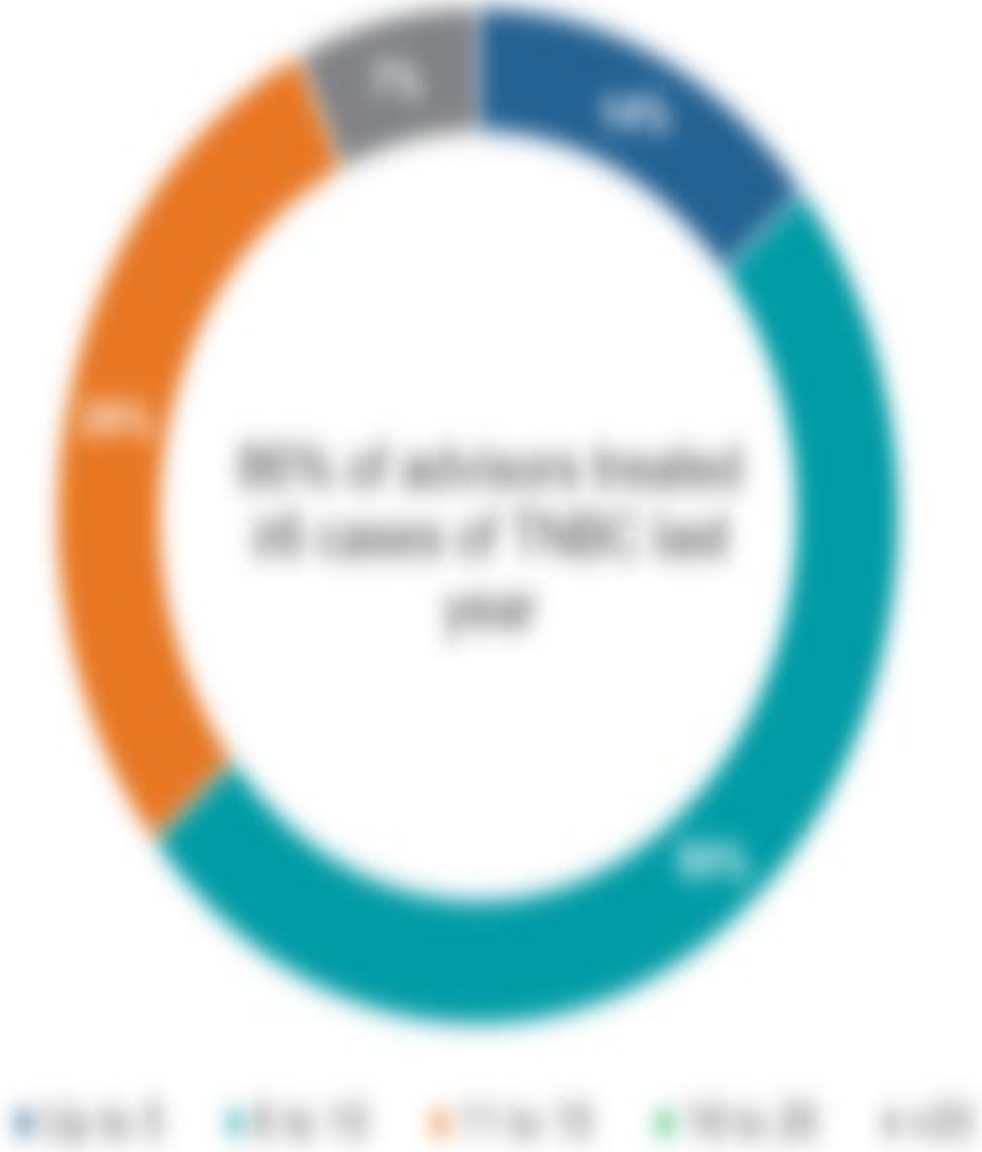
# ARS Data by Region/Practice

Participant Demographics

# Participant Demographics by Region/Practice (1/3)



How many pediatric patients (age >1 month to 18 years) with localized, nonmetastatic solid tumors have you treated with cisplatin in the past 12 months?

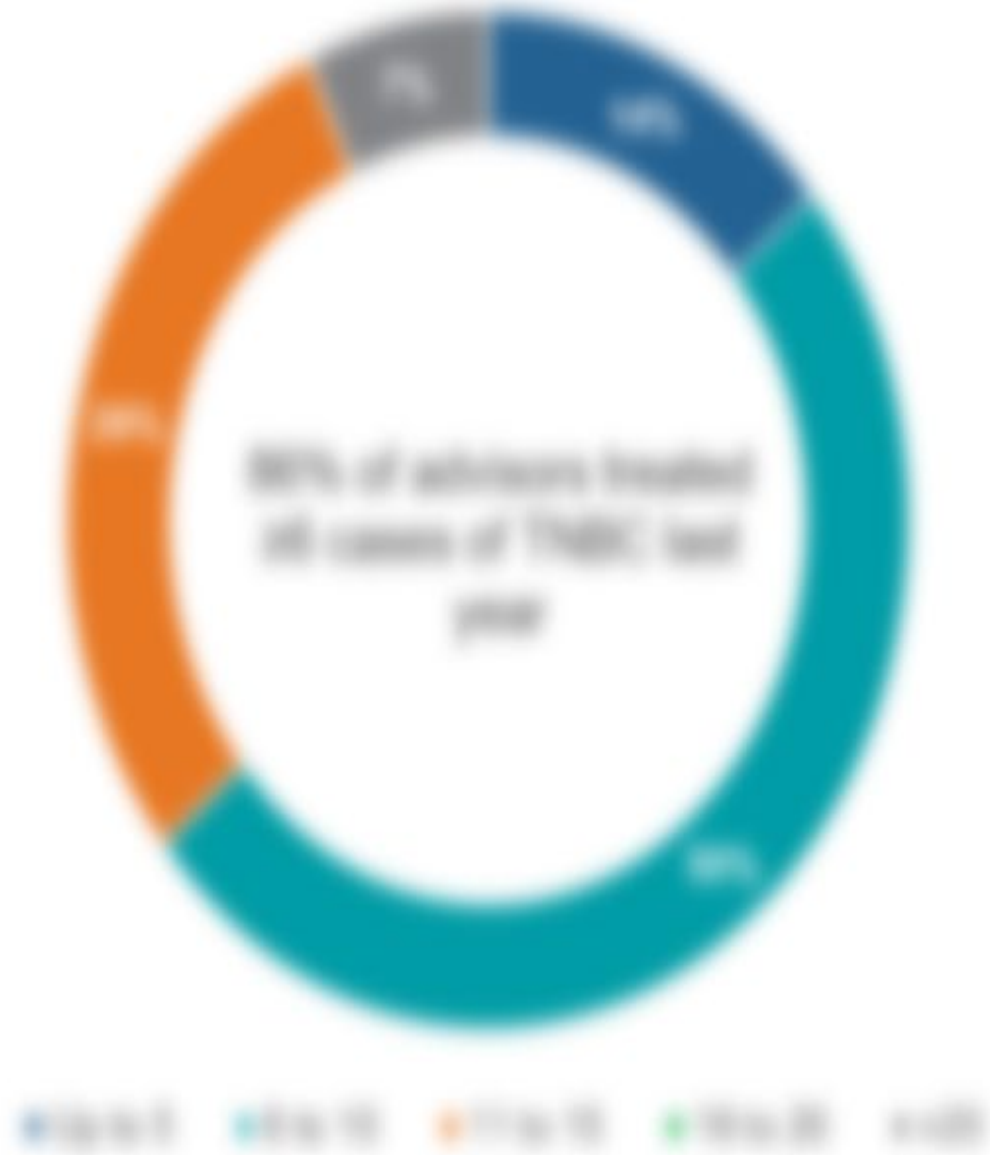




# Participant Demographics by Region/Practice (2/3)



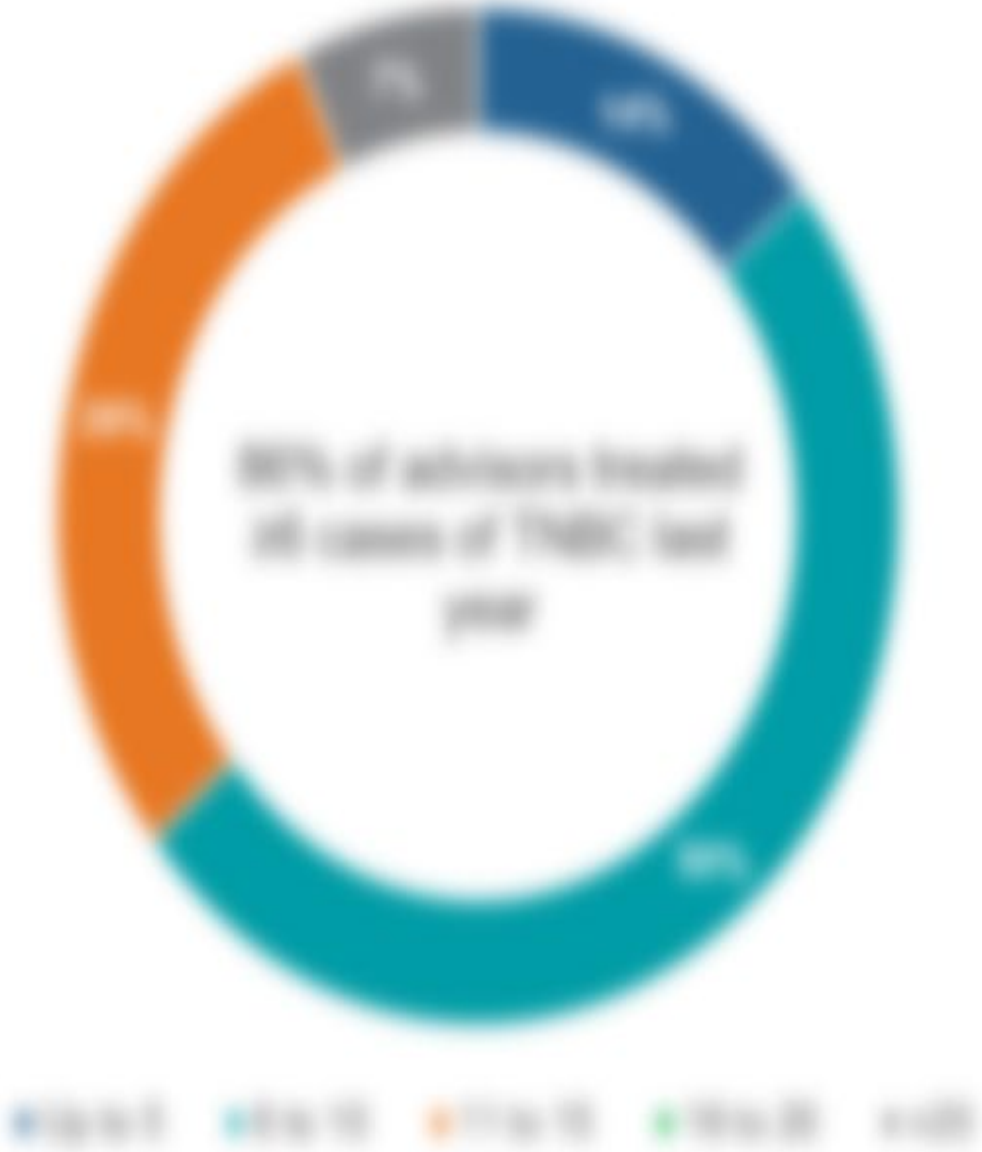
How many adolescent and/or young adult (AYA) patients (age 15–39) with localized, nonmetastatic solid tumors have you treated with cisplatin in the past 12 months?



# Participant Demographics by Region/Practice (3/3)



How many adult patients (age >39 years) with localized, nonmetastatic solid tumors have you treated with cisplatin in the past 12 months?














# ARS Data by Practice

CASES in Ototoxicity: Cancer Center of Kansas  
(Region 1)

July 25, 2024

	Topics	Data and Insights
Cisplatin-Induced Ototoxicity	Concerns With Ototoxicity	
	Experience With Cisplatin-Induced Ototoxicity	
	Experience With Carboplatin-Induced Ototoxicity	
	Long-Term Effects of Ototoxicity	
	Audiologic Monitoring Experience (1/2)	
	Audiologic Monitoring Experience (2/2)	
	Ototoxicity Symptom Management	
	STS Injection Experience	
	Clinical Decision Factors for Toxicity Management	

# Concerns With Ototoxicity

FOR EXAMPLE PURPOSES ONLY

# Experience With Cisplatin-Induced Ototoxicity

FOR EXAMPLE PURPOSES ONLY

# Experience With Carboplatin-Induced Ototoxicity

FOR EXAMPLE PURPOSES ONLY

# Long-Term Effects of Ototoxicity

FOR EXAMPLE PURPOSES ONLY



# Audiologic Monitoring Experience (1/2)

FOR EXAMPLE PURPOSES ONLY

# Audiologic Monitoring Experience (2/2)

FOR EXAMPLE PURPOSES ONLY

# Ototoxicity Symptom Management

FOR EXAMPLE PURPOSES ONLY

# STS Injection Experience

FOR EXAMPLE PURPOSES ONLY

\*One advisor did not respond.

# Clinical Decision Factors for Toxicity Management

**FOR EXAMPLE PURPOSES ONLY**

Percentage of advisors



# ARS Data by Region

CASES in Ototoxicity: Northeast Region

September 12, 2024

# Insights From ARS Data: Northeast Region



	Topics	Data and Insights
Cisplatin-Induced Ototoxicity	Concerns With Ototoxicity	
	Experience With Cisplatin-Induced Ototoxicity	
	Experience With Carboplatin-Induced Ototoxicity	
	Long-Term Effects of Ototoxicity	
	Audiologic Monitoring Experience (1/2)	
	Audiologic Monitoring Experience (2/2)	
	Ototoxicity Symptom Management	
	STS Injection Experience	
	Clinical Decision Factors for Toxicity Management	

# Concerns With Ototoxicity

FOR EXAMPLE PURPOSES ONLY



# Experience With Cisplatin-Induced Ototoxicity

FOR EXAMPLE PURPOSES ONLY

# Experience With Carboplatin-Induced Ototoxicity

FOR EXAMPLE PURPOSES ONLY

# Long-Term Effects of Ototoxicity

FOR EXAMPLE PURPOSES ONLY

# Audiologic Monitoring Experience (1/2)

FOR EXAMPLE PURPOSES ONLY

# Audiologic Monitoring Experience (2/2)

FOR EXAMPLE PURPOSES ONLY

# Ototoxicity Symptom Management

FOR EXAMPLE PURPOSES ONLY

# STS Injection Experience

FOR EXAMPLE PURPOSES ONLY

# Clinical Decision Factors for Toxicity Management

**FOR EXAMPLE PURPOSES ONLY**





# ARS Data by Region

CASES in Ototoxicity: Southeast Region

September 24, 2024

# Insights From ARS Data: Southeast Region



	Topics	Data and Insights
Cisplatin-Induced Ototoxicity	Concerns With Ototoxicity	
	Experience With Cisplatin-Induced Ototoxicity	
	Experience With Carboplatin-Induced Ototoxicity	
	Long-Term Effects of Ototoxicity	
	Audiologic Monitoring Experience (1/2)	
	Audiologic Monitoring Experience (2/2)	
	Ototoxicity Symptom Management	
	STS Injection Experience	
	Clinical Decision Factors for Toxicity Management	

# Concerns With Ototoxicity

FOR EXAMPLE PURPOSES ONLY

\*One advisor did not respond.

# Experience With Cisplatin-Induced Ototoxicity

FOR EXAMPLE PURPOSES ONLY

\*One advisor did not respond.

# Experience With Carboplatin-Induced Ototoxicity

FOR EXAMPLE PURPOSES ONLY

# Long-Term Effects of Ototoxicity

FOR EXAMPLE PURPOSES ONLY

# Audiologic Monitoring Experience (1/2)

FOR EXAMPLE PURPOSES ONLY

# Audiologic Monitoring Experience (2/2)

FOR EXAMPLE PURPOSES ONLY



# Ototoxicity Symptom Management

FOR EXAMPLE PURPOSES ONLY

# STS Injection Experience

FOR EXAMPLE PURPOSES ONLY

# Clinical Decision Factors for Toxicity Management










FOR EXAMPLE PURPOSES ONLY



# ARS Data by Region

CASES in Ototoxicity: Chicago/Ohio Valley Region

September 23, 2024

	Topics	Data and Insights
Cisplatin-Induced Ototoxicity	Concerns With Ototoxicity	
	Experience With Cisplatin-Induced Ototoxicity	
	Experience With Carboplatin-Induced Ototoxicity	
	Long-Term Effects of Ototoxicity	
	Audiologic Monitoring Experience (1/2)	
	Audiologic Monitoring Experience (2/2)	
	Ototoxicity Symptom Management	
	STS Injection Experience	
	Clinical Decision Factors for Toxicity Management	

# Concerns With Ototoxicity

FOR EXAMPLE PURPOSES ONLY

\*One advisor did not respond.

# Experience With Cisplatin-Induced Ototoxicity

FOR EXAMPLE PURPOSES ONLY

\*Two advisors did not respond.

# Experience With Carboplatin-Induced Ototoxicity

FOR EXAMPLE PURPOSES ONLY

\*One advisor did not respond.



# Long-Term Effects of Ototoxicity

FOR EXAMPLE PURPOSES ONLY

\*One advisor did not respond.

# Audiologic Monitoring Experience (1/2)

FOR EXAMPLE PURPOSES ONLY

\*One advisor did not respond.

# Audiologic Monitoring Experience (2/2)

FOR EXAMPLE PURPOSES ONLY

\*Two advisors did not respond.

# Ototoxicity Symptom Management

FOR EXAMPLE PURPOSES ONLY

\*One advisor did not respond.

# STS Injection Experience

FOR EXAMPLE PURPOSES ONLY

\*One advisor did not respond.

# Clinical Decision Factors for Toxicity Management

**FOR EXAMPLE PURPOSES ONLY**

Percentage of advisors

\*One advisor did not respond.



# ARS Data by Region

CASES in Ototoxicity: Pacific Region

September 24, 2024

# Insights From ARS Data: Pacific Region



	Topics	Data and Insights
Cisplatin-Induced Ototoxicity	Concerns With Ototoxicity	
	Experience With Cisplatin-Induced Ototoxicity	
	Experience With Carboplatin-Induced Ototoxicity	
	Long-Term Effects of Ototoxicity	
	Audiologic Monitoring Experience (1/2)	
	Audiologic Monitoring Experience (2/2)	
	Ototoxicity Symptom Management	
	STS Injection Experience	
	Clinical Decision Factors for Toxicity Management	



# Concerns With Ototoxicity

FOR EXAMPLE PURPOSES ONLY

# Experience With Cisplatin-Induced Ototoxicity

FOR EXAMPLE PURPOSES ONLY

# Experience With Carboplatin-Induced Ototoxicity

FOR EXAMPLE PURPOSES ONLY

# Long-Term Effects of Ototoxicity

FOR EXAMPLE PURPOSES ONLY

# Audiologic Monitoring Experience (1/2)

FOR EXAMPLE PURPOSES ONLY

# Audiologic Monitoring Experience (2/2)

FOR EXAMPLE PURPOSES ONLY

# Ototoxicity Symptom Management

FOR EXAMPLE PURPOSES ONLY

# STS Injection Experience

FOR EXAMPLE PURPOSES ONLY



# Clinical Decision Factors for Toxicity Management

**FOR EXAMPLE PURPOSES ONLY**

Percentage of advisors



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