Insights Into Neuroendocrine Tumors (NET) – West

September 30, 2024

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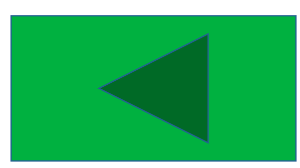

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Report Objectives

STUDY OBJECTIVES

Gain attendees' perspectives on

- Current treatment practices in and understanding of unresectable or advanced pancreatic NETs (PNETs) and gastrointestinal extrapancreatic NETs (GEP-NETs)
- Current treatment practices in and understanding of unresectable or advanced lung NETs

Report Snapshot: Session Overview

Moderated roundtable discussions were held with oncologists virtually on **September 30, 2024**

Disease state and data presentations were led by **Heloisa Soares, MD, PhD,** from University of Utah Health, and moderated by **Tanios S. Bekaii-Saab, MD,** from Mayo Clinic with content developed in conjunction with the Aptitude Health clinical team

Insights were obtained on **treatment practices in neuroendocrine tumors (NETs)** in the community setting

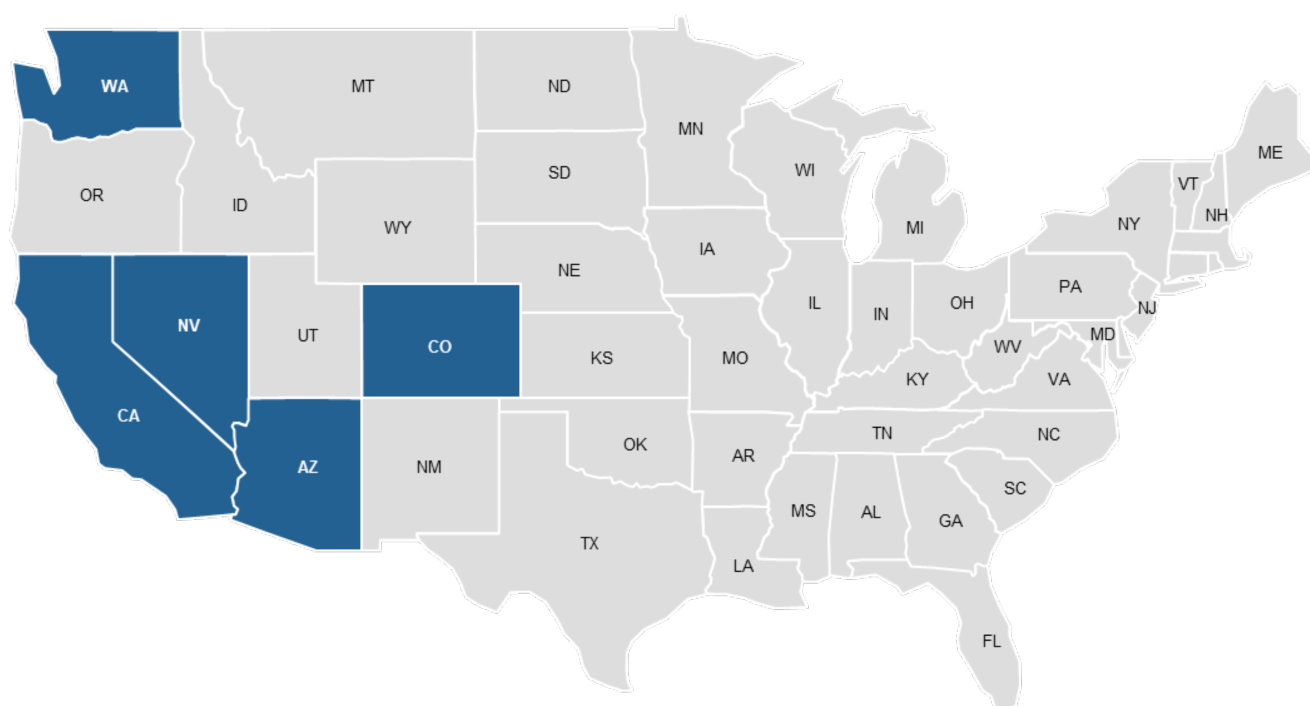
Data collection was accomplished through use of audience response system (ARS) questioning and in-depth moderated discussion

Report Snapshot: Attendee Overview

> The group of advisors comprised 10 oncologists from Arizona, California, Colorado, Nevada, and Washington

INSTITUTION	CITY	STATE
Arizona Center for Cancer Care	Phoenix	AZ
Ironwood Cancer & Research Centers	Phoenix	AZ
City of Hope	Newport Beach	CA
Riverside Medical Center*	Riverside	CA
Rocky Mountain Cancer Centers	Thornton	CO
Renown Health	Reno	NV
Providence	Lacey	WA
Skagit Regional Health	Mount Vernon	WA
Valley Medical Center	Renton	WA

*Two physicians from this institution attended.



Report Snapshot: Agenda

Time (ET)	Topic
6.00 PM – 6.10 PM	**Introduction** • Program overview and objectives
6.10 PM – 7.45 PM	**Treatment of Unresectable or Advanced Pancreatic NETs (PNETs) and Gastrointestinal Extrapancreatic NETs (GEP-NETs)** • ARS questions • Overview of current data • Discussion
7.45 PM – 8.00 PM	**Break**
8.00 PM – 8.45 PM	**Treatment of Unresectable or Advanced Lung NETs** • ARS questions • Overview of current data • Discussion
8.45 PM – 9.00 PM	**Key Takeaways and Meeting Evaluation**

Discussion Summary

Treatment of Unresectable or Advanced PNETs and GEP-NETs

Treatment of Unresectable or Advanced PNETs and GEP-NETs (1/9)

Discussion – INSIGHTS AND DATA

"How do they come to me? Mostly it's, I would say, a GI surgeon, like the general surgeons will get these cases. They come

Treatment of Unresectable or Advanced PNETs and GEP-NETs (2/9)

Discussion – INSIGHTS AND DATA

"City of Hope has a couple of docs who do, surgeons, hepatobiliary surgery, mainly. So, they end up seeing a lot of these

Treatment of Unresectable or Advanced PNETs and GEP-NETs (3/9)

Discussion – INSIGHTS AND DATA

"By the way, as my patients evolve, if they progress, I do pass them to my partner. So, I only keep my stable patients. Once

Treatment of Unresectable or Advanced PNETs and GEP-NETs (4/9)

Discussion – INSIGHTS AND DATA

“To answer your question of sort of how do you sequence treatment, I think it’s going to come down to what we always do in

Treatment of Unresectable or Advanced PNETs and GEP-NETs (5/9)

Discussion – INSIGHTS AND DATA

"So, I think just like everyone else is saying, a lot of my lines of therapy depend on how sick and how quickly it's happening.

Treatment of Unresectable or Advanced PNETs and GEP-NETs (6/9)

Discussion – INSIGHTS AND DATA

"I do start out with somatostatin analogues. Sometimes, if they just have more symptoms, but the disease is stable, then I

Treatment of Unresectable or Advanced PNETs and GEP-NETs (7/9)

Discussion – INSIGHTS AND DATA

“Another on the arsenal of doing that. A lot of us are very comfortable with cabozantinib, so it’s nice that it’s there. I think it is

Treatment of Unresectable or Advanced PNETs and GEP-NETs (8/9)

Discussion – INSIGHTS AND DATA

“In those that are heavily pretreated with PRRT, as well, I would favor cabo vs [everolimus and sunitinib]. . . . It’d be a great

Treatment of Unresectable or Advanced PNETs and GEP-NETs (9/9)

Discussion – INSIGHTS AND DATA

"Pancreatic, yes, I think we're getting away from—that mucositis is pretty terrible with everolimus. The cabo, I've not had

Discussion Summary

Treatment of Unresectable or Advanced Lung NETs

Treatment of Unresectable or Advanced Lung NETs (1/5)

Discussion – INSIGHTS AND DATA

"I agree that the surgeons send over a lot of cases. We actually have an intake oncology coordinator that gets a lot of

Treatment of Unresectable or Advanced Lung NETs (2/5)

Discussion – INSIGHTS AND DATA

"I think I agree with everybody else in that we're seeing more of these nodules. We're following more nodules. We're

Treatment of Unresectable or Advanced Lung NETs (3/5)

Discussion – INSIGHTS AND DATA

"The first thing would be surgery. I normally present them in our multidisciplinary clinic, and we do normally excise them.

Treatment of Unresectable or Advanced Lung NETs (4/5)

Discussion – INSIGHTS AND DATA

"But the big thing I want to say is PRRT, lung tissue is so fragile, and interstitial lung disease can occur, pneumonitis. So, I

Treatment of Unresectable or Advanced Lung NETs (5/5)

Discussion – INSIGHTS AND DATA

"I think the data was pretty favorable towards cabo, so I think it's a great option, even though the numbers were few. The

Advisor Key Takeaways

Advisor Key Takeaways*

ADVISOR	ADVISOR
> Knowing that cabozantinib, which we are very familiar with its	> Cabozantinib obviously has a proven role in treating pancreatic

ARS Data

Treatment of Unresectable or Advanced PNETs and GEP-NETs

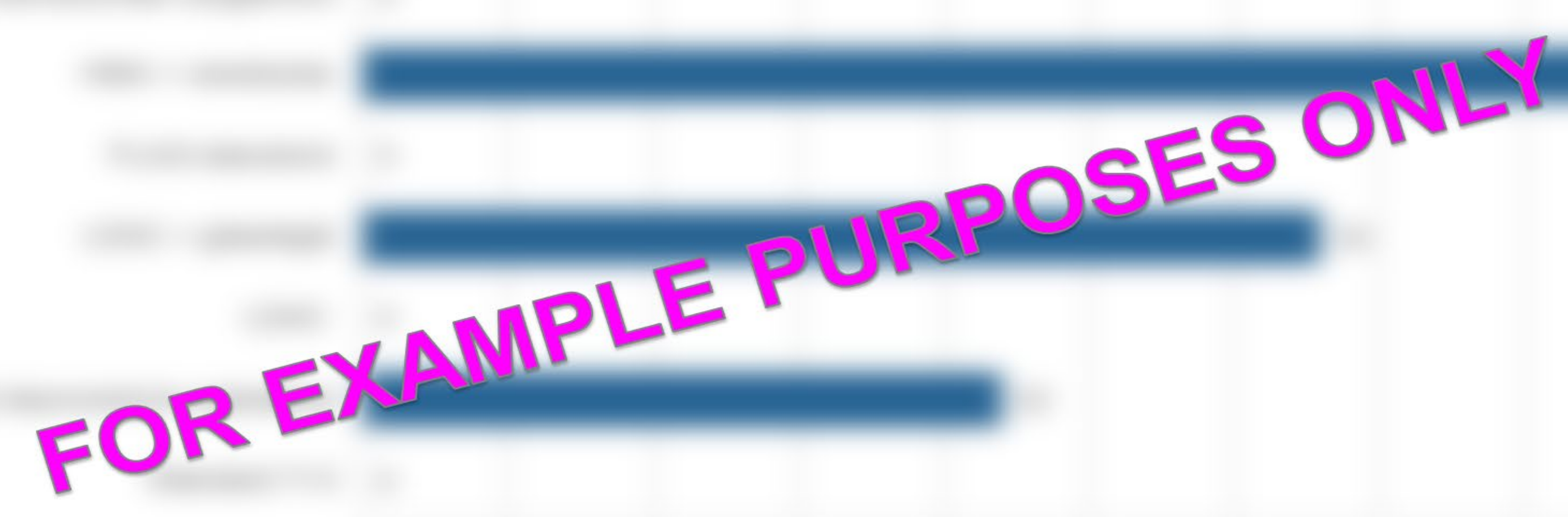
Most Physicians Had Treated 6–10 Patients With PNETs in the Past Year; a Minority Treated ≥16

FOR EXAMPLE PURPOSES ONLY

The Majority of Physicians Treated 6–15 Patients With GEP-NETs in the Past Year

FOR EXAMPLE PURPOSES ONLY

Rate of Progression, Grade, Functionality, and Guidelines Recommendations Are the Main Factors That Influence Physicians' Sequencing in PNETs and GEP-NETs



All Physicians Use SSA First Line for PNETs

Which systemic therapy do you typically use first line in patients with PNETs? (N = 10)

FOR EXAMPLE PURPOSES ONLY

Physicians' Practices in PNETs in Second Line Diverge; Some Use Chemotherapy and Others Use TKI, mTOR Inhibitors, or PRRT

FOR EXAMPLE PURPOSES ONLY

The Majority of Physicians Use PRRT in Third Line for PNETs

FOR EXAMPLE PURPOSES ONLY

80% of Physicians Use SSA to Treat GEP-NETs in First Line, but a Couple Favor Chemotherapy or PRRT

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Most Physicians Use Either mTOR Inhibitors or PRRT to Treat GEP-NETs in the Second Line

FOR EXAMPLE PURPOSES ONLY

Half of Physicians Use PRRT Third Line in GEP-NETs, While Others Choose mTOR Inhibitors or Chemotherapy

FOR EXAMPLE PURPOSES ONLY

60% of Physicians Refer Patients With PNETs or GEP-NETs to Specialty Centers for PRRT; the Rest Treat These Patients Themselves

FOR EXAMPLE PURPOSES ONLY

40% of Attendees Were Most Familiar With the CABINET Trial

FOR EXAMPLE PURPOSES ONLY

The Majority of Attendees Would Use Cabozantinib in the Second Line for PNETs and GEP-NETs If Approved

FOR EXAMPLE PURPOSES ONLY

ARS Results

Treatment of Unresectable or Advanced Lung NETs

60% of Attendees Had Treated at Least 6 Patients With Advanced Lung NETs in the Past Year

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For Most Advisors, a Minority of Their Patients With NETs Have Lung NETs

FOR EXAMPLE PURPOSES ONLY

Comorbidities and Rate of Progression Are the Factors That Most Strongly Influence Physicians' Sequencing in Lung NETs

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The Majority of Advisors Use First-Line SSA for Lung NETs

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Physicians' Practices in Lung NETs in Second Line Vary; Some Use mTOR Inhibitors and Others Use Chemotherapy, PRRT, or SCLC Regimens

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Most Physicians Use Chemotherapy, mTOR Inhibitors, or PRRT in Third Line for Lung NETs

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