# Survey of 50 General Medical Oncologists: Antibody-Drug Conjugates in the Treatment of Lung Cancer

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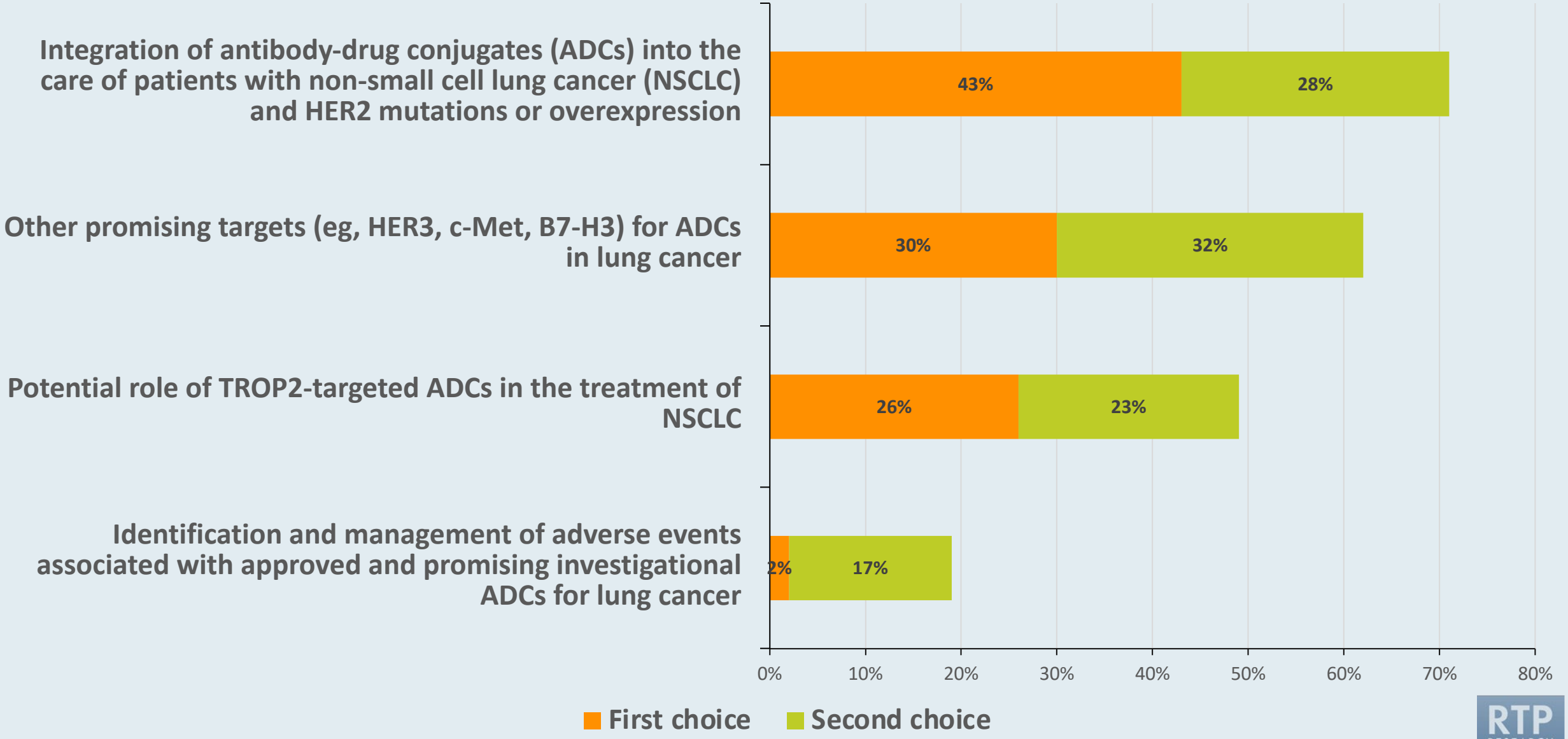
# Topics of Interest for Future CME Programs

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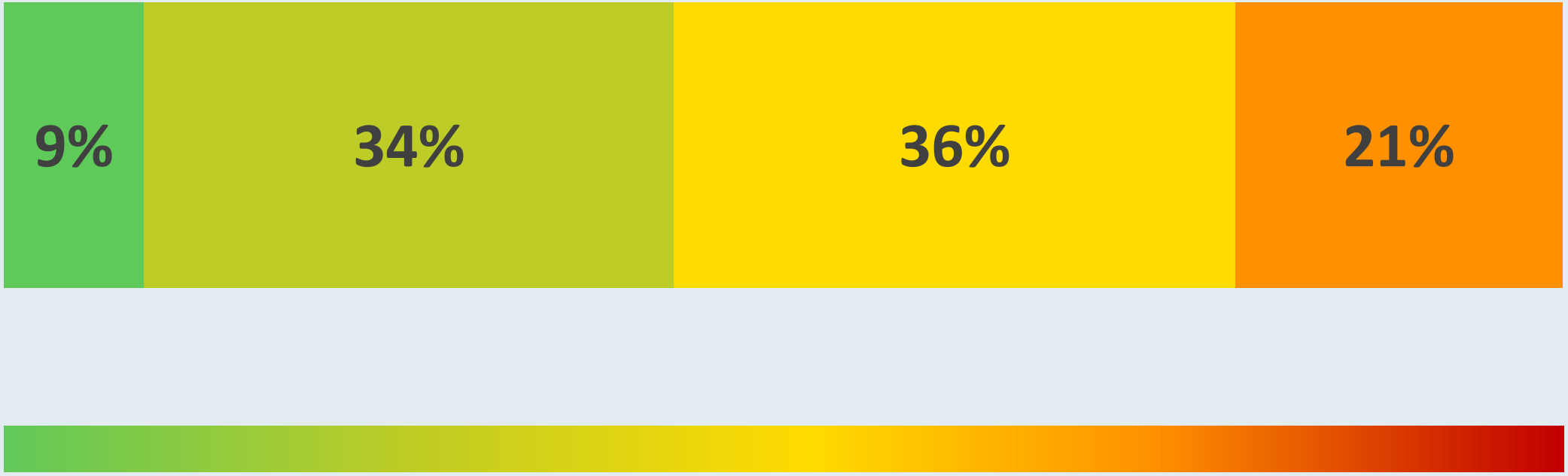
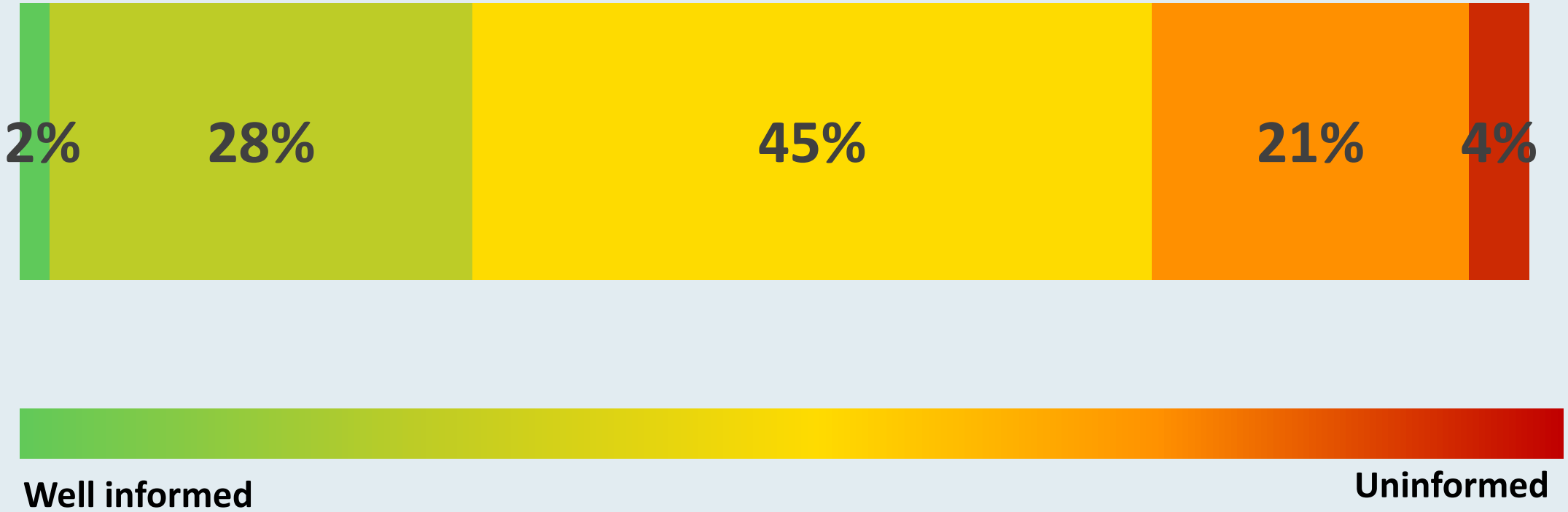
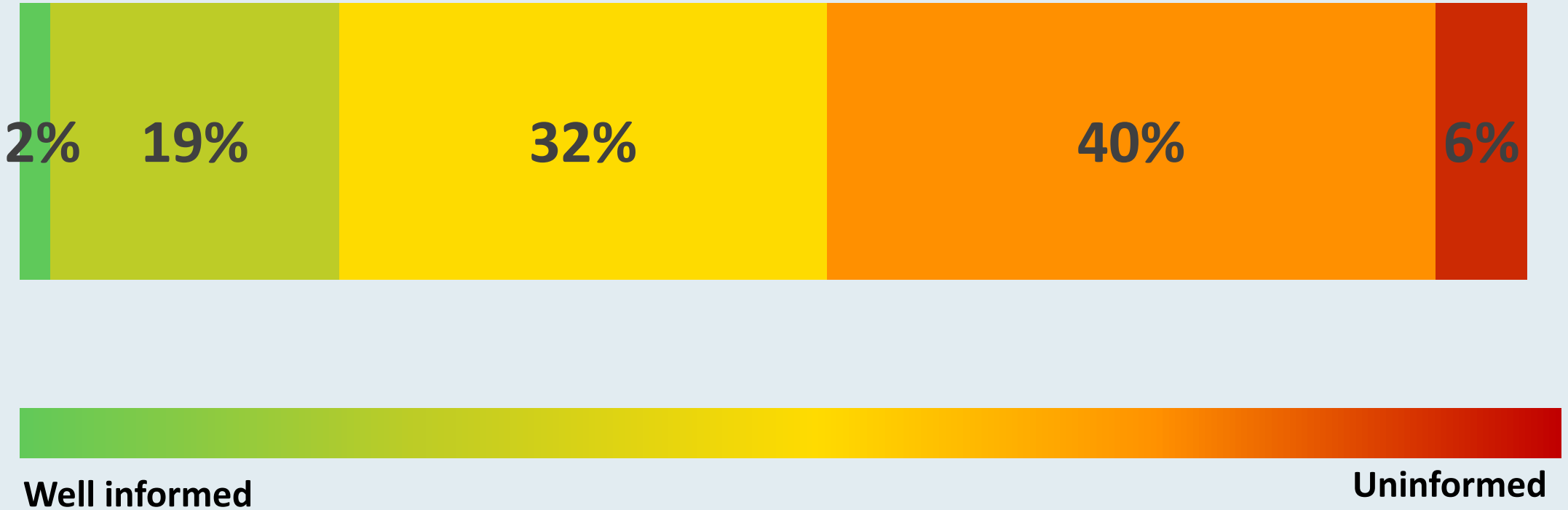
# How comfortable/familiar are you with the published data sets, available guidelines, investigator perspectives and ongoing research studies pertaining to the integration of ADCs into the care of patients with NSCLC and HER2 mutations or overexpression?



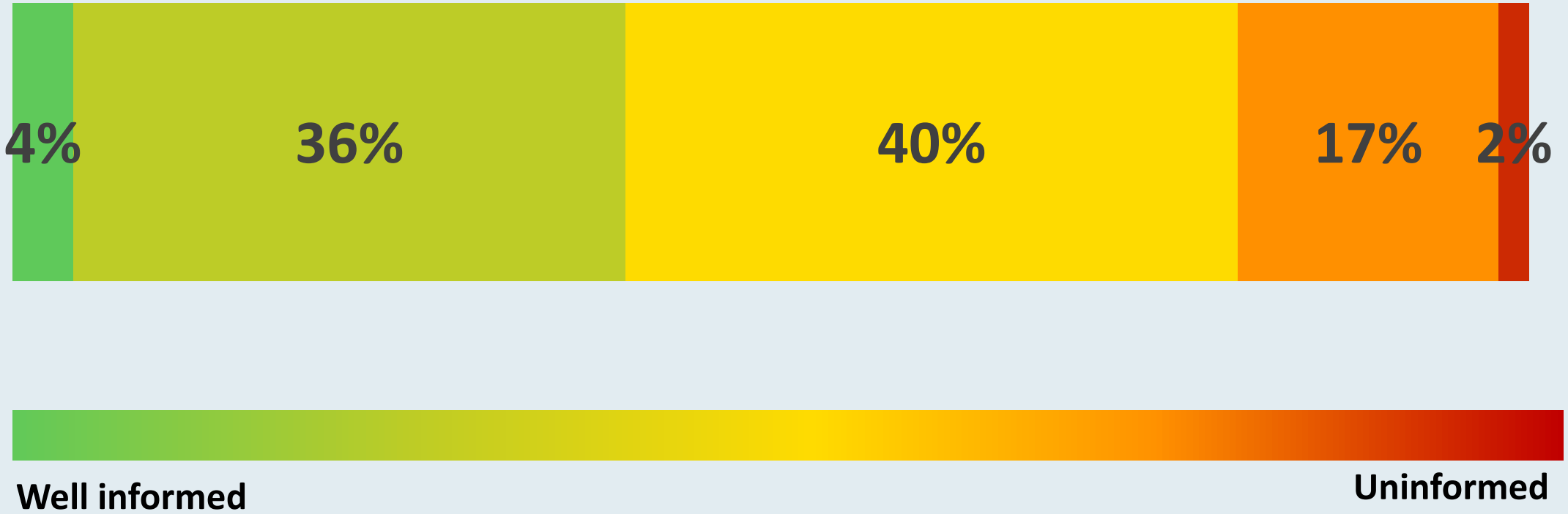
# How comfortable/familiar are you with the published data sets, available guidelines, investigator perspectives and ongoing research studies pertaining to the potential role of TROP2-targeted ADCs in the treatment of NSCLC?



# How comfortable/familiar are you with the published data sets, available guidelines, investigator perspectives and ongoing research studies pertaining to other promising targets (eg, HER3, c-Met, B7-H3) for ADCs in lung cancer?



# How comfortable/familiar are you with the published data sets, available guidelines, investigator perspectives and ongoing research studies pertaining to the identification and management of adverse events associated with approved and promising investigational ADCs for lung cancer?



# Questions from General Medical Oncologists on the Use of Anti-HER2 Targeted Therapy

- What do you typically choose for treatment after progression or poor tolerability?
- Choice of anti-HER2 agents?
- Do you use in first or second line?
- Can we consider this in first line (as with EGFR or other driver mutations)?
- When to stop therapy? I have a patient who is on cycle forty something
- Can T-DXd cause cirrhosis of the liver? Patient has history of EtOH abuse but has not been drinking much for 2 years
- Is there a role for trastuzumab deruxtecan in first line therapy?
- Combination therapy with HER2 therapy for mNSCLC?
- If she progresses, I would first do a liquid biopsy and then a tissue biopsy if needed for NGS testing. If HER2 positive IHC, would T-DXd be the preferred therapy?
- Role of T-DXd in HER2 low NSCLC?
- Will HER2 directed therapy become first line in the future for patients with HER2 mutant NSCLC?

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# Questions from General Medical Oncologists on the Use of Anti-HER2 Targeted Therapy (Continued)

- What is the best anti-HER2 agent?
- Would it be okay to use anti-HER2 agent for patients with IHC of 2+?
- First line regimen?
- In your expert opinion, which is preferred for HER2-positive NSCLC: Trastuzumab deruxtecan or trastuzumab emtansine?
- Will anti-HER2 therapy have the same efficacy in HER2 mutant and HER2 overexpressing?
- In what cases would you recommend T-DXd?
- What line of treatment is best? Can you use HER2 targeted in patients with possible underlying lung disease secondary to radiation/immunotherapy?
- How to monitor for pneumonitis in this patient population?
- Would you offer first line anti-HER2 ADC?
- If developed interstitial lung disease with treatment, how best to coordinate treatment versus side effects?

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# Questions from General Medical Oncologists on the Use of Anti-HER2 Targeted Therapy (Continued)

- Does T-DXd have a role in adjuvant therapy?
- What are some upcoming combination HER2 directed therapies in NSCLC?
- How effective is it to target HER2 overexpression?
- Evidence for using trastuzumab deruxtecan in HER2-positive 2+ patients and HER2 positive by FISH patients, versus HER2 mutant patients?
- If someone fails T-DXd, what's next? Another HER2 targeted agent or move on?
- In young, never smokers, of course we are testing for biomarkers much earlier in the course of management. What are some of the current markers being investigated and approach to combination therapies when more than one biomarker is present?
- How do you assess for ILD in these patients, especially if they have had prior radiation?
- Do you test FISH for amplification of HER2?

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# Questions from General Medical Oncologists on the Use of TROP2-Directed Treatment

- How do you sequence Dato-DXd in NSCLC? Do you preemptively give mouthwashes, and how often and for how many days? Any other substitutes for this that may work since this is expensive?
- Role in patients with second line adenocarcinoma? What about other histologies?
- Expected side effect profile in terms of most common issues to manage, and which are rare/potentially fatal to worry about?
- What line of treatment would you introduce it? What tolerance level would preclude its use?
- I have never used datopotamab and need to learn about it when it is FDA approved.
- When should one use datopotamab and is it part of the NCCN guidelines? Adverse effects of datopotamab deruxtecan?
- What are some promising options in the pipeline?
- How would you sequence TROP2 directed therapy in patients with targetable mutations?

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# Questions from General Medical Oncologists on the Use of TROP2-Directed Treatment (Continued)

- Next line of therapy if progression? Platinum based chemotherapy? Or Dato-DXd?
- Use in squamous cell NSCLC subtypes?
- Do you expect datopotamab deruxtecan to become SoC for 2nd line?
- When to use datopotamab?
- What is the mechanism of action and where is it best used in terms of sequencing in patients with HER2-positive NSCLC?
- Does TROP2-directed treatment require TROP2 expression?
- Which line? What are some common side effects?
- Is this agent being studied in other histologies as well?
- What testing must be done prior to starting this therapy?
- How to select patients who are more likely to benefit from this regimen?
- Which patients should be considered for this treatment?
- Tolerability? Dose adjustments?
- Like to learn more about side effects.

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# Questions from General Medical Oncologists on the Use of TROP2-Directed Treatment (Continued)

- Would TROP-directed therapy be best second line approach?
- Does TROP2 expression matter for response?
- Will Dato-DXd be a better alternative to docetaxel/ramucirumab in second line, why better in squamous?
- If no actionable markers present, then other than clinical trial enrollment, does any therapy in 2nd line have benefit over single-agent chemo/docetaxel? Can ADC be used as third line in such patients if no other options and if insurance does not approve usage of ADC in 2nd line?
- Recent progress in targeted therapy for NSCLC?
- When should we use this therapy and how do I monitor?
- Where does this agent fit in?
- How would you sequence Dato-DXd with other approved therapies?

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# Impediments or Barriers to the Delivery of High-Quality Care

- Getting non-FDA-approved medicines based on NGS targets
- Management of patients with progressive lung cancer with no targeted mutations
- Time to do in-depth research/reading on the current identification and targeting of biomarkers
- My lung cancer patients have very poor PS
- Access to some of the clinical trials targeting c-Met, B7-H3
- It is difficult to monitor for drug related pneumonitis when they have abnormal lung imaging at baseline and many reasons to have respiratory symptoms
- Costs, copays
- Lack of trials
- Availability of clinical trial
- Insurance

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# Impediments or Barriers to the Delivery of High-Quality Care (Continued)

- Limited choice of options typically after docetaxel
- Support staff
- Cost of medications
- Lack of good efficacy
- Delays in PET, bronchoscopy, MRIs in community setting
- Hemoptysis causes problems
- Keeping up-to-date with approved agents
- More effective therapy and targets
- Interpretation of result of uncommon driver mutation
- Insurance coverage for the new treatments
- Patient understanding/education

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# Impediments or Barriers to the Delivery of High-Quality Care (Continued)

- Need education on second- and third-line therapies for Stage IV lung cancer
- Delay in results of tissue/liquid biopsy (next gen sequencing)
- Overwhelmed with new data
- Advanced cancer with poor PS by the time they are seen
- Coverage from managed care plans — high copays and often lack of copay assistance
- Ongoing smoking in late stages while getting chemotherapy ... lessens chemo benefit
- Rapidly changing landscape of lung cancer management, especially early-stage disease
- Lack of access to new targeted therapy outside of clinical trials

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# Impediments or Barriers to the Delivery of High-Quality Care (Continued)

- Insurance coverage, remembering all the side effects
- Tissue insufficient for biomarker testing
- No insurance coverage
- Delays in having next generation seq results to make treatment decisions
- The NGS test takes time to come back but patient declines rapidly while waiting for the results
- Insurance approval
- Delay in NGS testing up front
- Access to quick molecular testing and close contact with surgeons
- Lack of tissue for NGS testing

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# Impediments or Barriers to the Delivery of High-Quality Care (Continued)

- Constantly changing therapeutics
- Finding patients with appropriate carriers
- Access to treatment or clinical trials
- Insurance
- Uncertainty about best option in 3rd line therapy
- Patient's performance status declines significantly after first two lines of therapy, and might not be able to tolerate ADCs
- Adverse effect management, smoking cessation
- Delay in starting treatments due to organizational issues

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