# HR+/HER2- Advanced/Metastatic Breast Cancer: Patterns of Testing, Prescribing Behavior, and Perceptions of Treatment Options Among U.S. Community Oncologists

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## Objectives

- Breast cancer is a leading medical diagnosis among women and leading cause of cancer-related death in the U.S.[1] with the hormone receptor-positive/human epidermal growth factor receptor 2-negative (HR+/HER2-) subtype occurring in 70% of cases.[2] The 5-year survival rate for patients with advanced/metastatic breast cancer (aBC) is 13-27%.[3]
- The current standard of care (SOC) for first-line treatment of HR+/HER2- aBC consists of fulvestrant, administered via intramuscular injection.[2]
- As additional treatment options are needed for patients with HR+/HER2- aBC, it is important to understand treatment patterns, prescribing behavior and physician perceptions to inform potential uptake of novel treatments. Selective estrogen receptor degraders (SERDs) have emerged as a promising treatment strategy for patients with *ESR1* (*estrogen receptor 1*)-mutant aBC and may improve overall survival for specific patient populations.
- Elacestrant is a novel oral SERD under review for FDA approval. The phase III EMERALD trial (NCT03778931) evaluated postmenopausal women and men with aBC and disease progression on previous cyclin-dependent kinase 4/6 (CDK4/6) inhibitor treatment in combination with fulvestrant or an aromatase inhibitor (AI). Results from the clinical trial demonstrated an improved 12-month progression-free survival (PFS) rate among patients with ER+ (estrogen receptor positive) aBC treated with elacestrant compared to those who received the SOC (22.32% vs. 9.42%).[4]
- AIM: This survey-based study aimed to evaluate patterns of genetic testing, prescribing behavior, and perceptions of treatment options for HR+ /HER2- aBC among community oncologists.

## Methods

- Survey questions were administered to U.S. community oncologists at an in-person summit in April 2022 to ascertain physician perceptions, patterns of testing, and prescribing behaviors within the HR+/HER2- aBC landscape.
- Demographic data were collected prior to the summit via an online survey.
- Not all summit attendees responded to every survey question as indicated by sample size associated with the response rate specific per question and figure.
- Descriptive statistics were used to analyze the results.

## Results

- Respondents (N=53) reported their primary specialty as medical oncology (64%) and hematology oncology (36%) and had an average of 19 years in practice. All respondents treat/manage BC with 76% reporting BC as one of the solid tumors they treat most often, and they represented all regions of the U.S.: West (11%), Midwest (32%), Northeast (25%), and South (32%) (**Table 1**).
- Most respondents (73%) reported that they order next-generation sequencing testing at the time of metastasis/relapse (**Figure 1**); however, by a show of hands, few indicated testing for *ESR1* status at initial diagnosis.
- 64% of respondents indicated that if approved they were "*very likely to prescribe elacestrant*" after reviewing the EMERALD clinical trial data. By a show of hands, approximately half of attendees found it appealing to have a treatment option that does not include an intramuscular injection.
- Respondents cited improved PFS rates (26%), *ESR1* mutation status (25%), and improved overall survival (25%) as important factors when considering treatment for HR+/HER2- aBC with a novel therapy compared to SOC (**Figure 2**).

**Table 1: Physician respondent characteristics**

| | All respondents (N=53) |
|---|---|
| **Region of practice (n, %)** | |
| West | **6 (11)** |
| Northwest | **17 (32)** |
| Northeast | **13 (25)** |
| South | **17 (32)** |
| **Primary medical specialty (n, %)** | |
| Medical oncology | **34 (65)** |
| Hematology oncology | **19 (36)** |
| **Years in practice** | |
| Mean (min-max) | **19 (3-50)** |
| **Primarily employed by hospital (n, %)** | |
| Yes | **25 (47)** |

## Results, continued

**Figure 1: The application of next generation sequencing (NGS) in the breast cancer care continuum.**

*Question: At what point in the care continuum do you perform NGS for your patients with breast cancer? (n=48; select up to 2).*

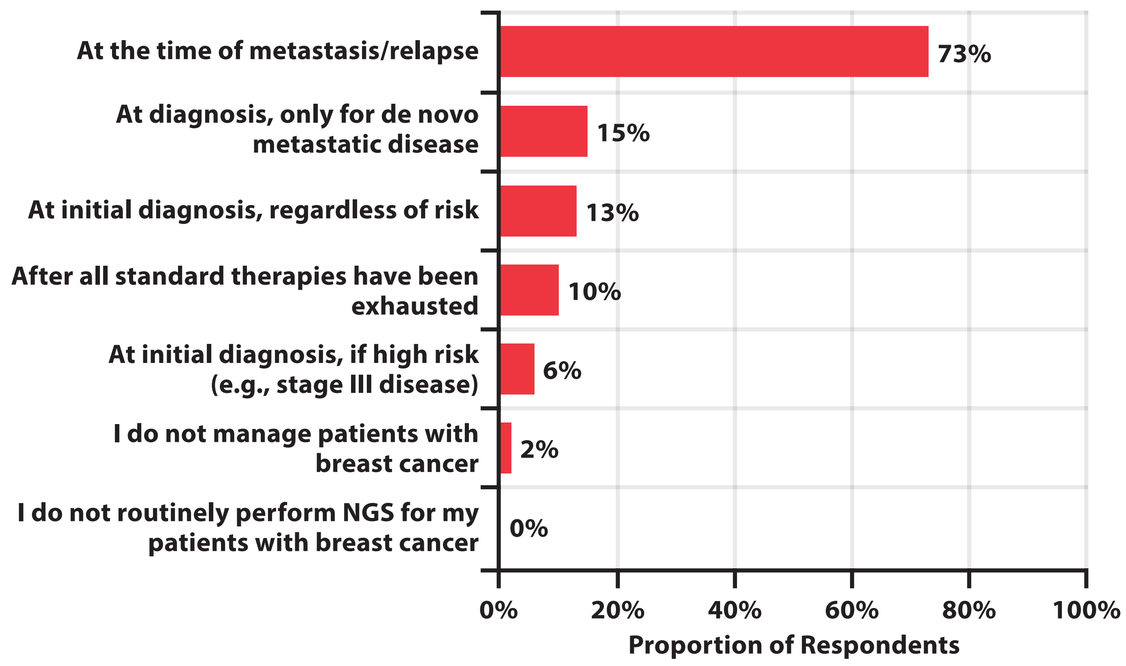
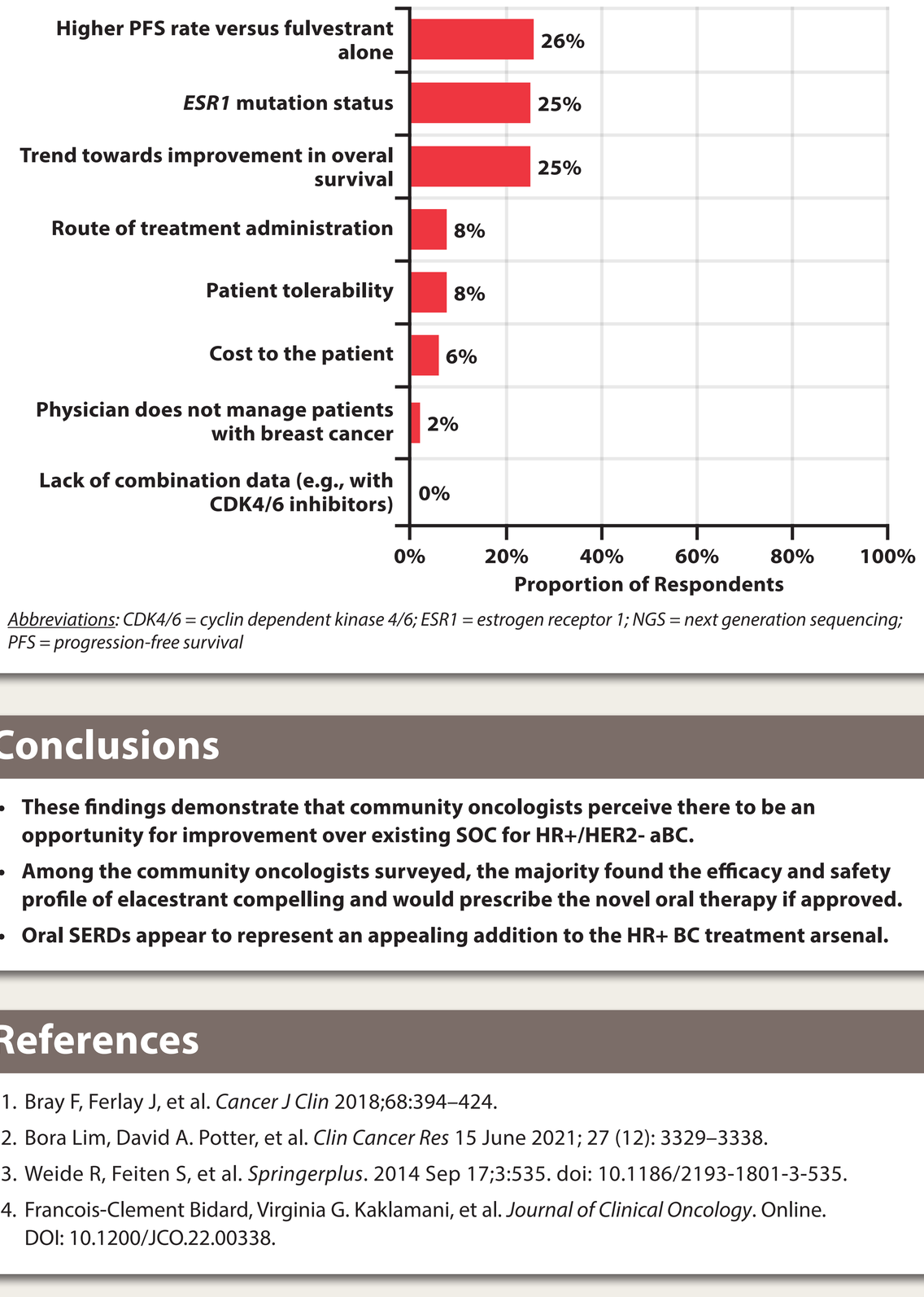



**Figure 2: Responses for prescribing SOC versus a new treatment.**

*Question: Based on the EMERALD study, and if approved by the FDA, which of the following would be the most important consideration when deciding to prescribe elacestrant for your patients with HR-positive/HER2-negative advanced/metastatic breast cancer? (n=49; single select response).*




*Abbreviations: CDK4/6 = cyclin dependent kinase 4/6; ESR1 = estrogen receptor 1; NGS = next generation sequencing; PFS = progression-free survival*

## Conclusions

- **These findings demonstrate that community oncologists perceive there to be an opportunity for improvement over existing SOC for HR+/HER2- aBC.**
- **Among the community oncologists surveyed, the majority found the efficacy and safety profile of elacestrant compelling and would prescribe the novel oral therapy if approved.**
- **Oral SERDs appear to represent an appealing addition to the HR+ BC treatment arsenal.**

## References

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