

Educational Opportunities to Improve HER2 Testing and Use of Newer Therapies for HER2-Positive MBC Among Community Healthcare Professionals

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Background

- The management of HER2+ MBC has continued to evolve, with multiple FDA approvals of novel HER2-targeted agents since late 2019, including an approval for the recently defined HER2-low MBC subtype

Aim

- To **determine clinical practice and knowledge gaps in implementation of guideline and expert recommendations** regarding optimal testing for and treatment of **HER2+ MBC** with recently approved agents among oncology HCPs participating in educational programs on these topics

Methods

- Between January 2020 and October 2022, we conducted several expert-designed, CME-certified educational activities for HCPs focused on recommended HER2 testing and treatment of HER2+ MBC
- Baseline responses to polling questions across activities that assessed HCP knowledge, practice patterns, and confidence in HER2 testing and the use of newer targeted therapies in the setting of HER2+ MBC were analyzed and compared with expert recommendations

Educational Activities

- 8 live and/or online activities (beginning in January 2020) presented a case for which experts selected T-DXd (5 activities, n = 567 HCP responses; top middle and top right panels) or tucatinib-based therapy (4 activities, n = 598 HCP responses; bottom middle panel) as the optimal treatment for the patient
- 6 live and/or online activities (beginning in May 2020) asked practice pattern questions (n = 548 HCP responses; bottom right panel)
- HCP type across activities (N = 1289): MD, 69%; nurse/NP, 16%; PharmD, 12%; other HCP, 3%

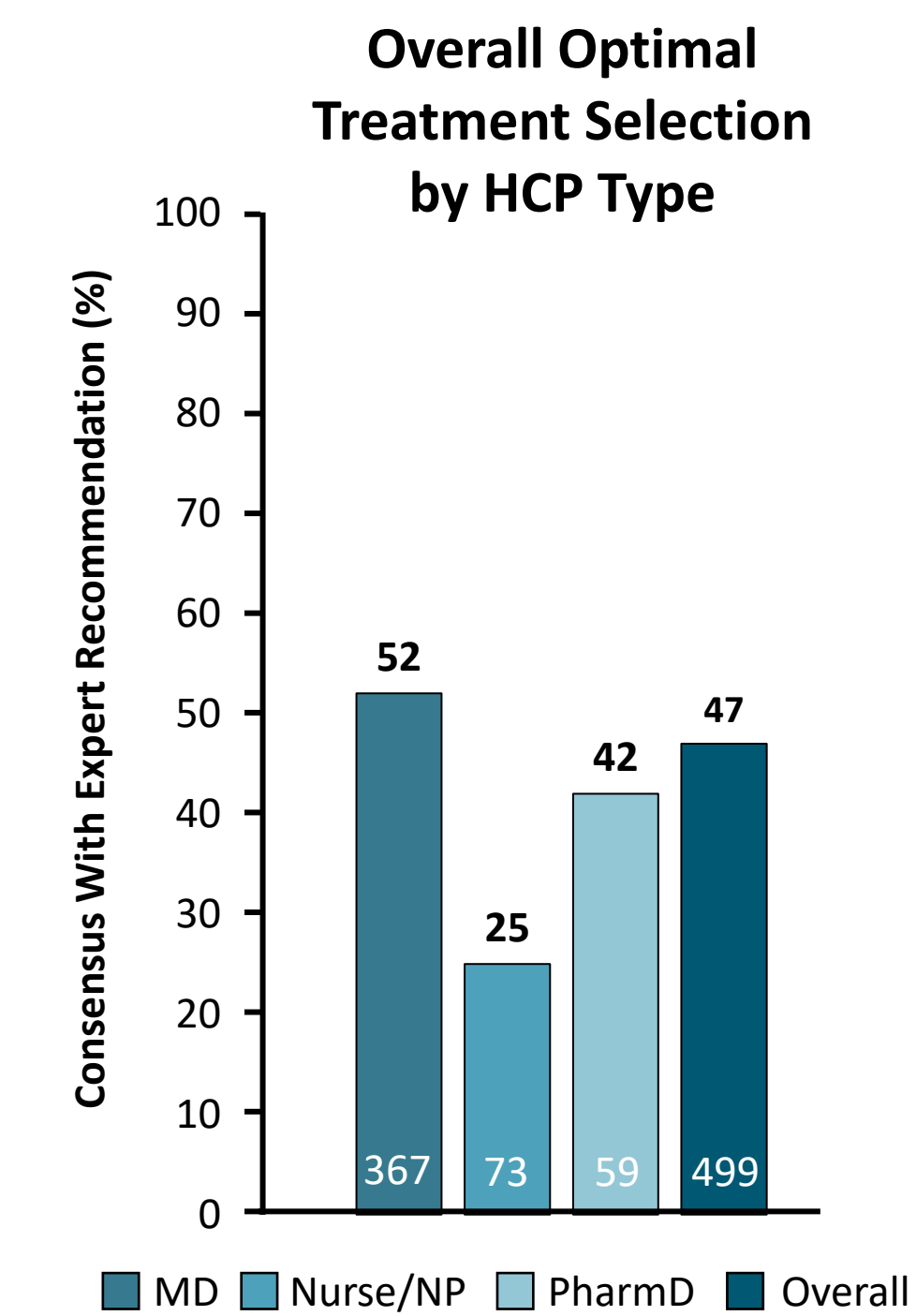
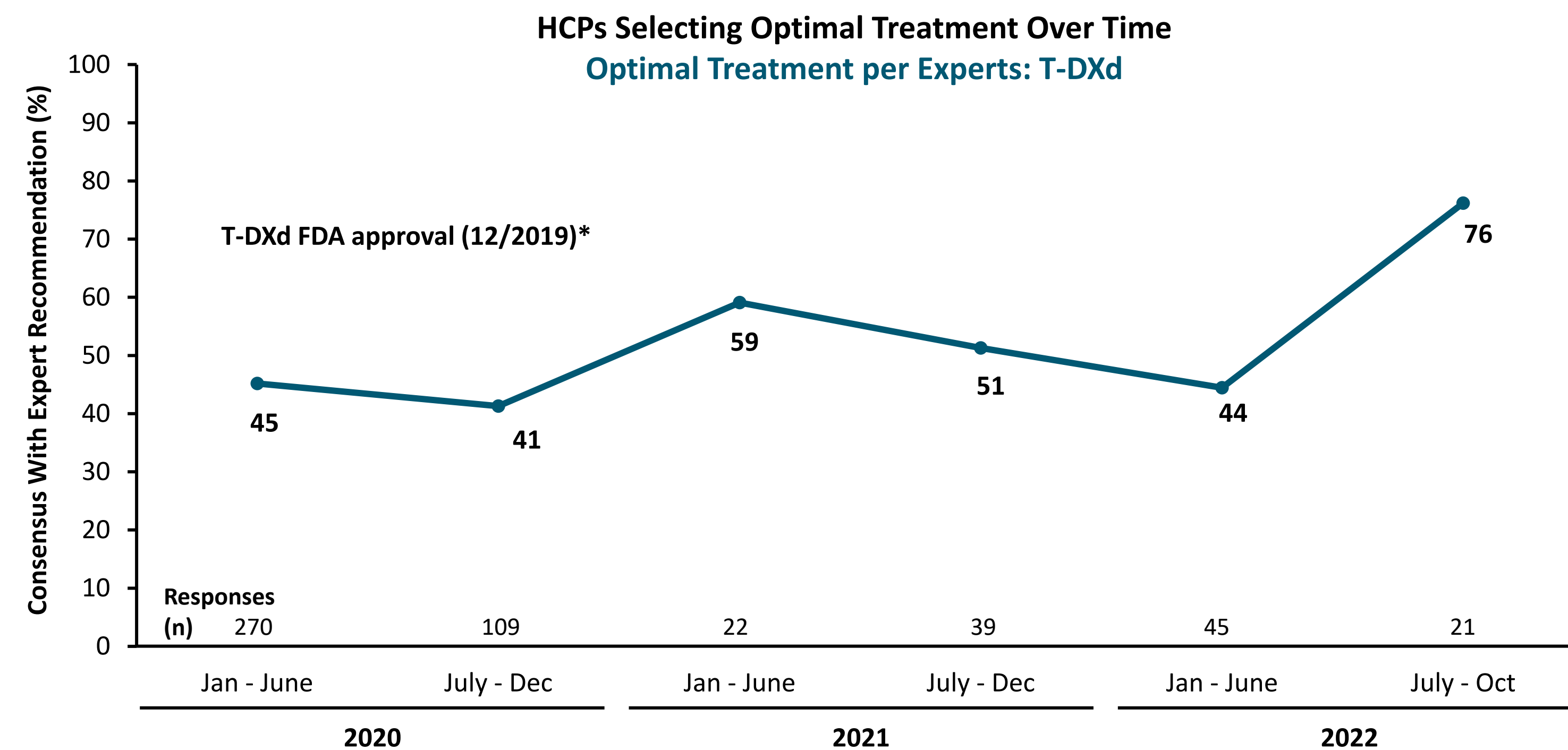
Conclusions

- Many HCPs are **challenged** to optimally incorporate recommendations for the **use of novel HER2-targeted therapies** in the care of patients with HER2+ MBC
- After new approvals, **uptake of knowledge and shifts in clinical practice to align with expert recommendations are slow**, suggesting the need for ongoing effective educational interventions

AC, doxorubicin/cyclophosphamide; ADC, antibody–drug conjugate; BC, breast cancer; CNS, central nervous system; HCP, healthcare professional; MBC, metastatic breast cancer; mets, metastases; NP, nurse practitioner; PD, progressive disease; T-DM1, trastuzumab emtansine; T-DXd, trastuzumab deruxtecan; THP, docetaxel/trastuzumab/pertuzumab; TKI, tyrosine kinase inhibitor.

Results

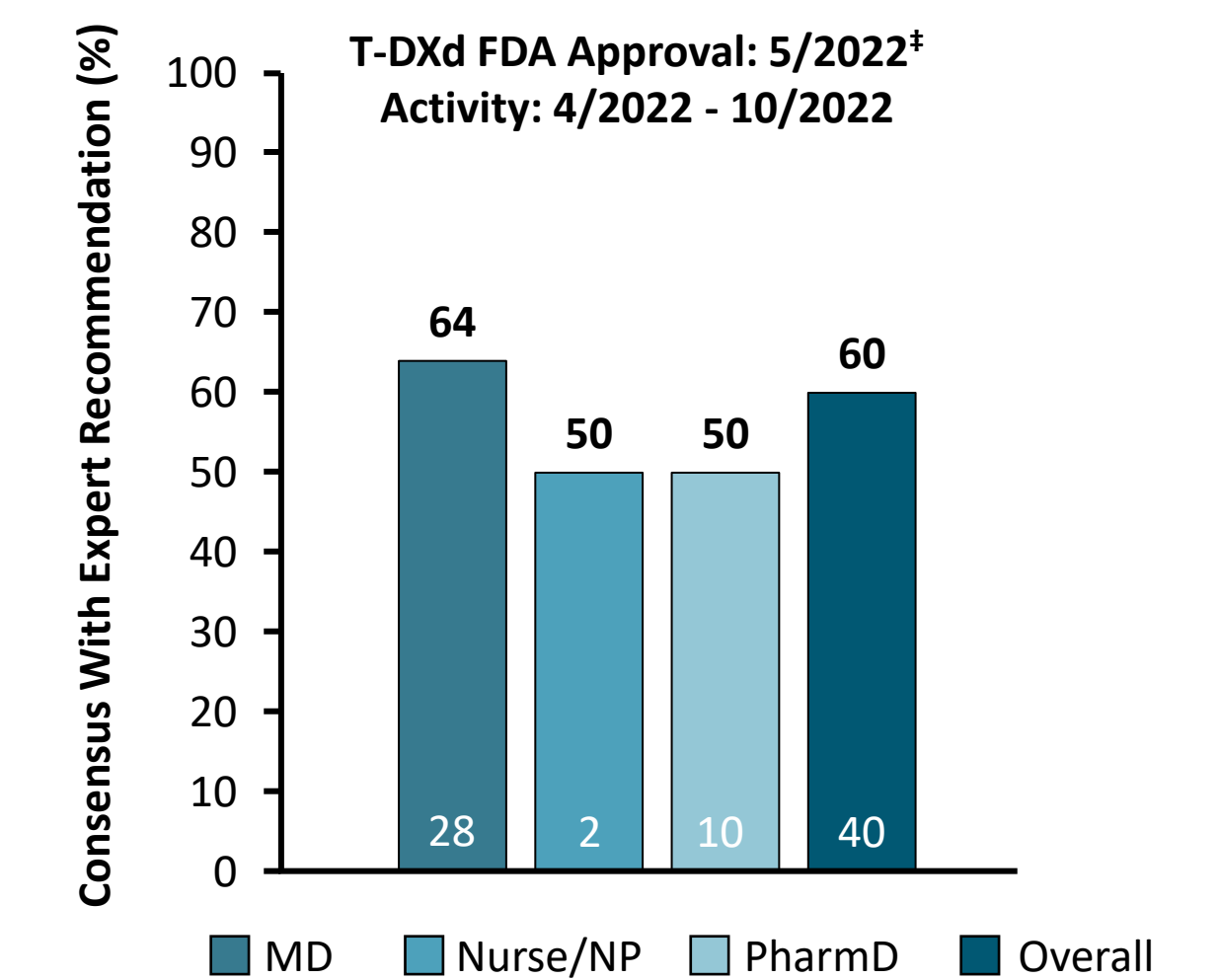
Selecting Treatment for Case Patients With HER2+ MBC, Prior THP and T-DM1 With PD, *No CNS Mets*



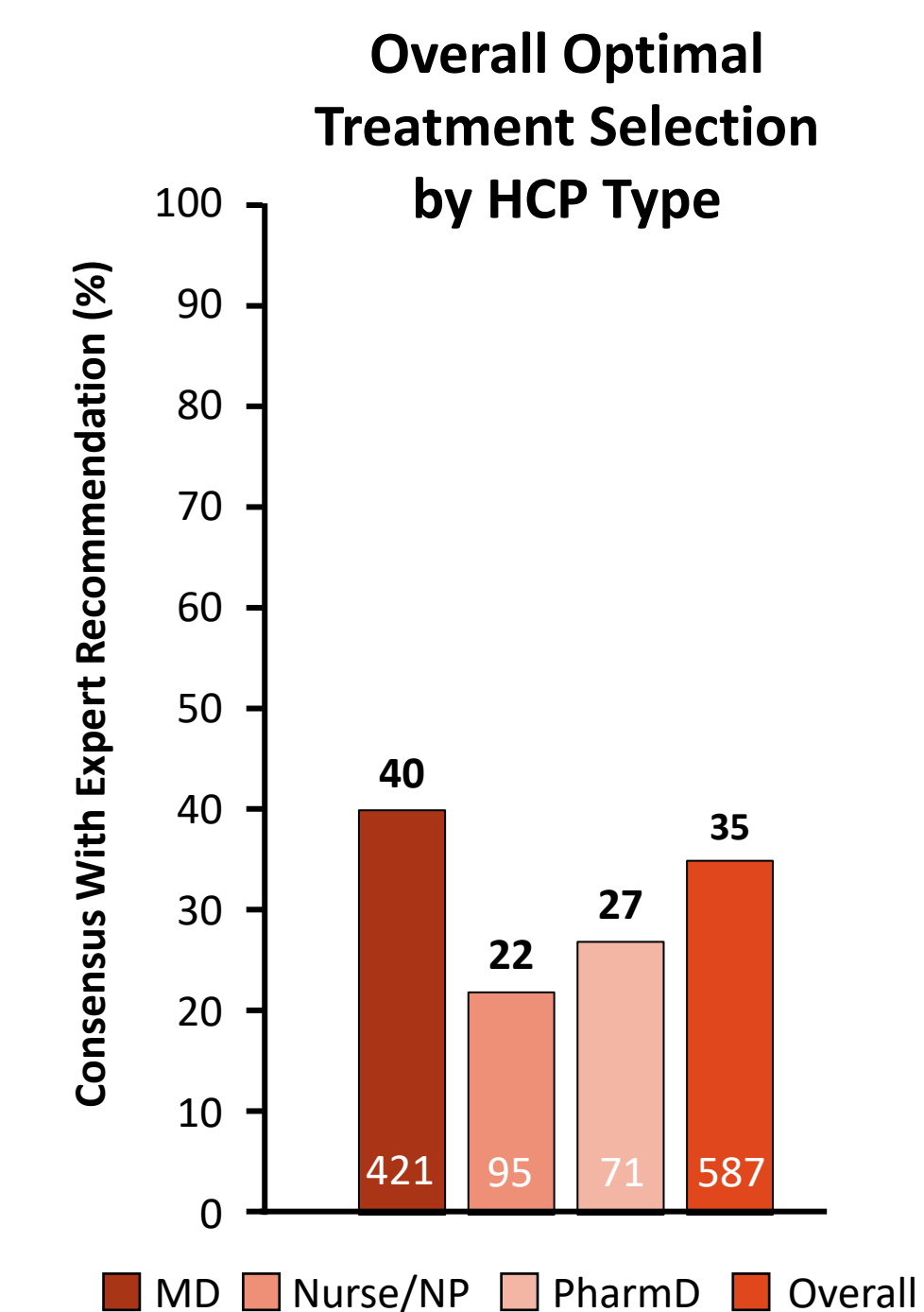
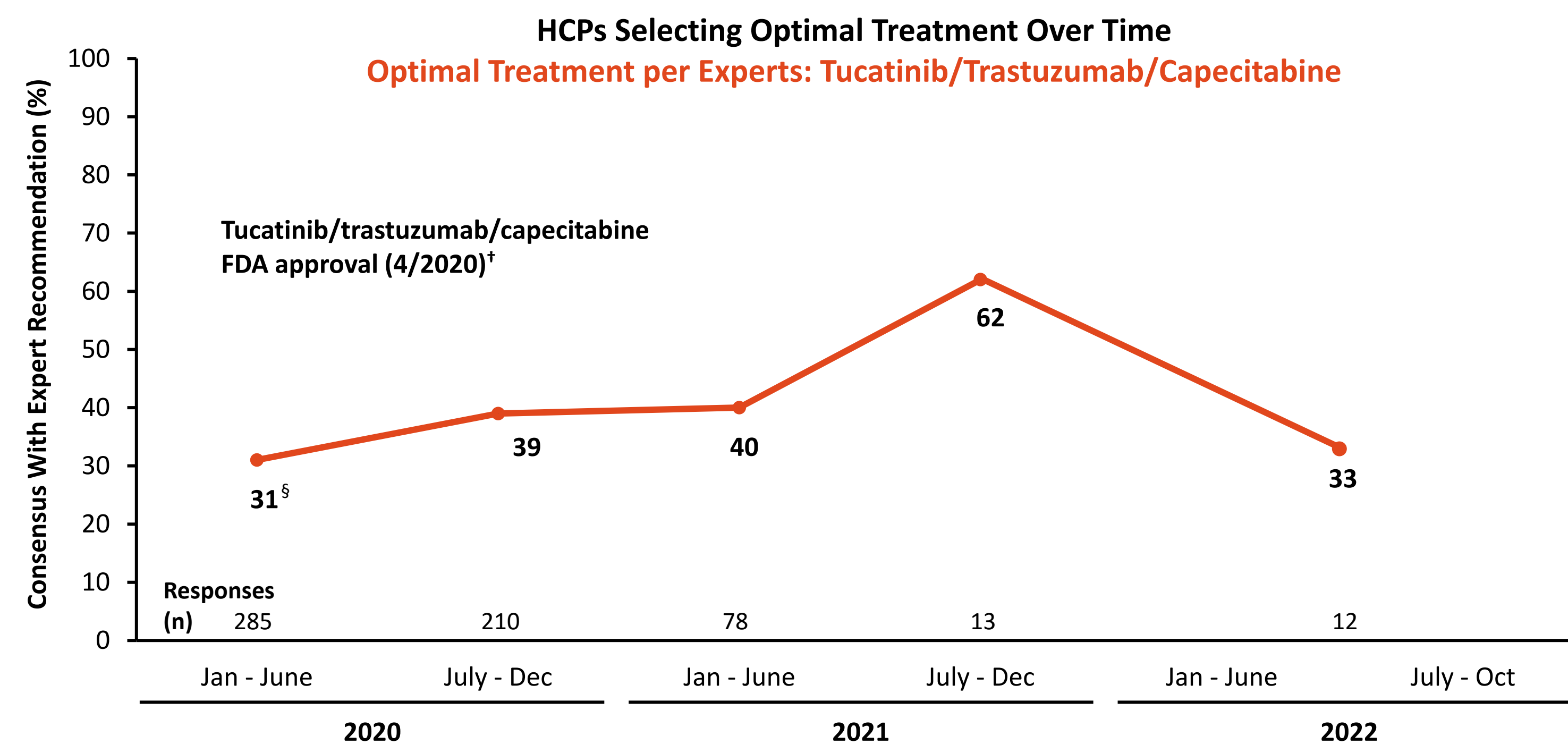
Selecting Treatment for Additional Case Patient

Case: HER2+ MBC, Prior Adjuvant AC-THP and THP for MBC With PD, *No CNS Mets*

Overall Optimal Treatment Selection by HCP Type **Optimal Treatment per Experts: T-DXd**

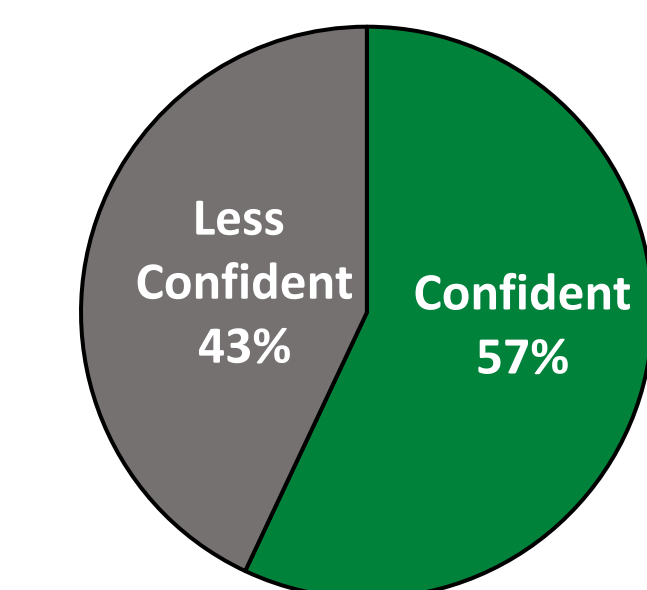


Selecting Treatment for Case Patients With HER2+ MBC, Prior THP and T-DM1 With PD, *CNS Mets*



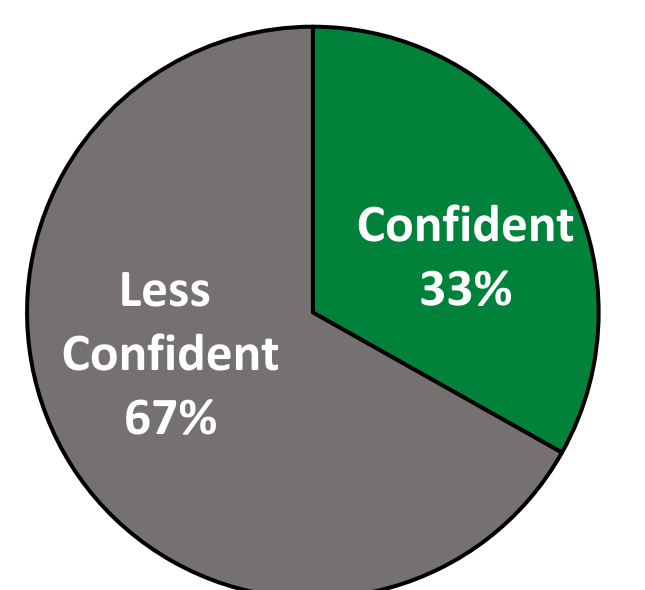
Confidence in HER2 Testing and Use of Novel Agents for HER2+ MBC

“How confident are you in optimally applying current HER2 testing guidelines?”



N = 171 (57% MDs)

“How confident are you in integrating new HER2-targeted ADCs and TKIs into the care of patients with HER2+ MBC?”



N = 377 (60% MDs)

*Approved for patients with unresectable or metastatic HER2+ BC who received ≥ 2 prior anti-HER2-based regimens in metastatic setting. [†]Approved for patients with advanced unresectable or metastatic HER2+ BC, including patients with brain metastases, who have received ≥ 1 prior anti-HER2-based regimen in metastatic setting. [‡]Approved for patients with unresectable or metastatic HER2+ BC who have received prior anti-HER2-based regimen in either metastatic or neoadjuvant/adjuvant setting and have developed disease recurrence during/within 6 months of completing therapy. [§]For 1 case from an activity starting April 2020, neratinib + capecitabine also was considered optimal response.