

Background

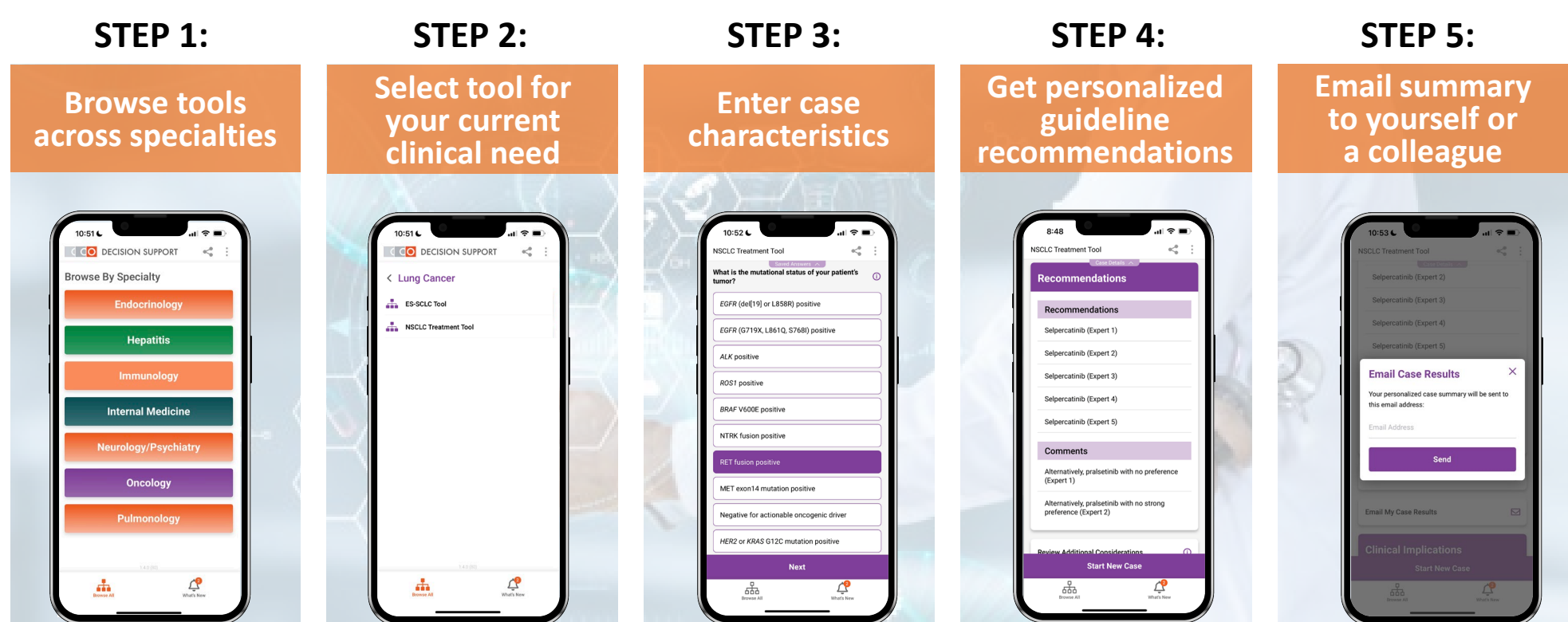
- Selective *RET* inhibitors selpercatinib and pralsetinib were approved in 2020 for advanced NSCLC with *RET* gene fusions
 - Selpercatinib ORR: 85% in treatment-naïve patients with 91% intracranial response among those with CNS metastases¹
 - Pralsetinib ORR: 61% in previously treated and 70% in treatment-naïve disease²
 - Experts and clinical guidelines recommend these selective *RET* inhibitors as preferred first-line therapy
- Delays in uptake of testing and biomarker-guided treatment for patients with advanced NSCLC are well documented despite clear evidence-based practice, guidelines, and expert recommendations³

Methods

- Multiple CME/CE-certified educational programs were conducted between May 2020 and August 2022
 - Symposia associated with 6 major oncology and pathology conferences: AMP 2020, ASCO 2020, USCAP 2020, AACR 2022, AMP 2022, ASCO 2022
 - 3 regional live workshop series across the US
 - 3 live webinars
 - 3 on-demand videos
- Self-identified practice trends obtained through case-based polling questions asked at baseline during each activity

Interactive Decision Support Tool

- Expert Insight on Therapy Selection for Unresectable Stage III and Metastatic NSCLC at clinicaloptions.com/LungTool or download the CCO Decision Support App

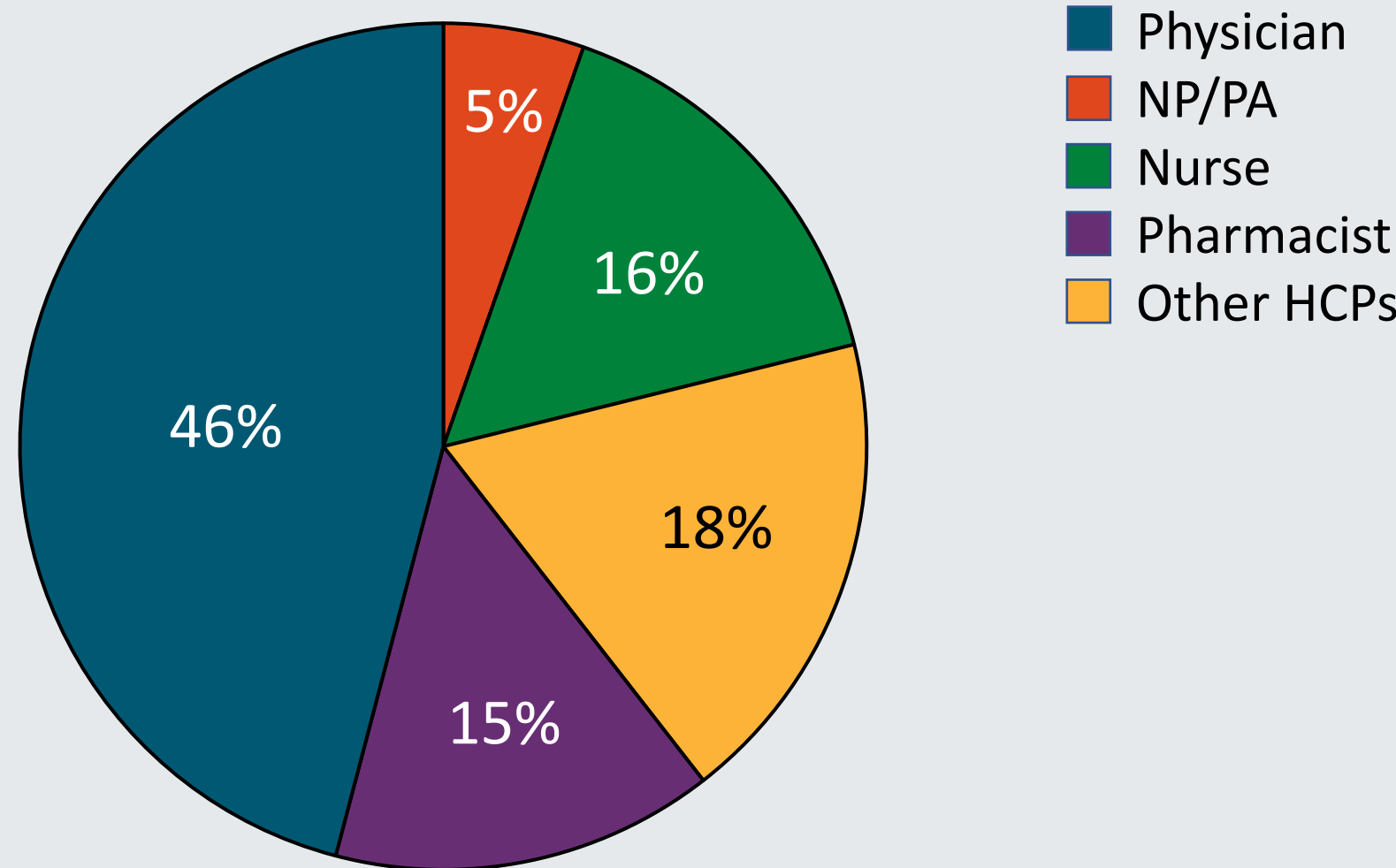


Find Tool App here



HCP Learner Demographics

N = 2736



Baseline HCP Knowledge and Practice Trends

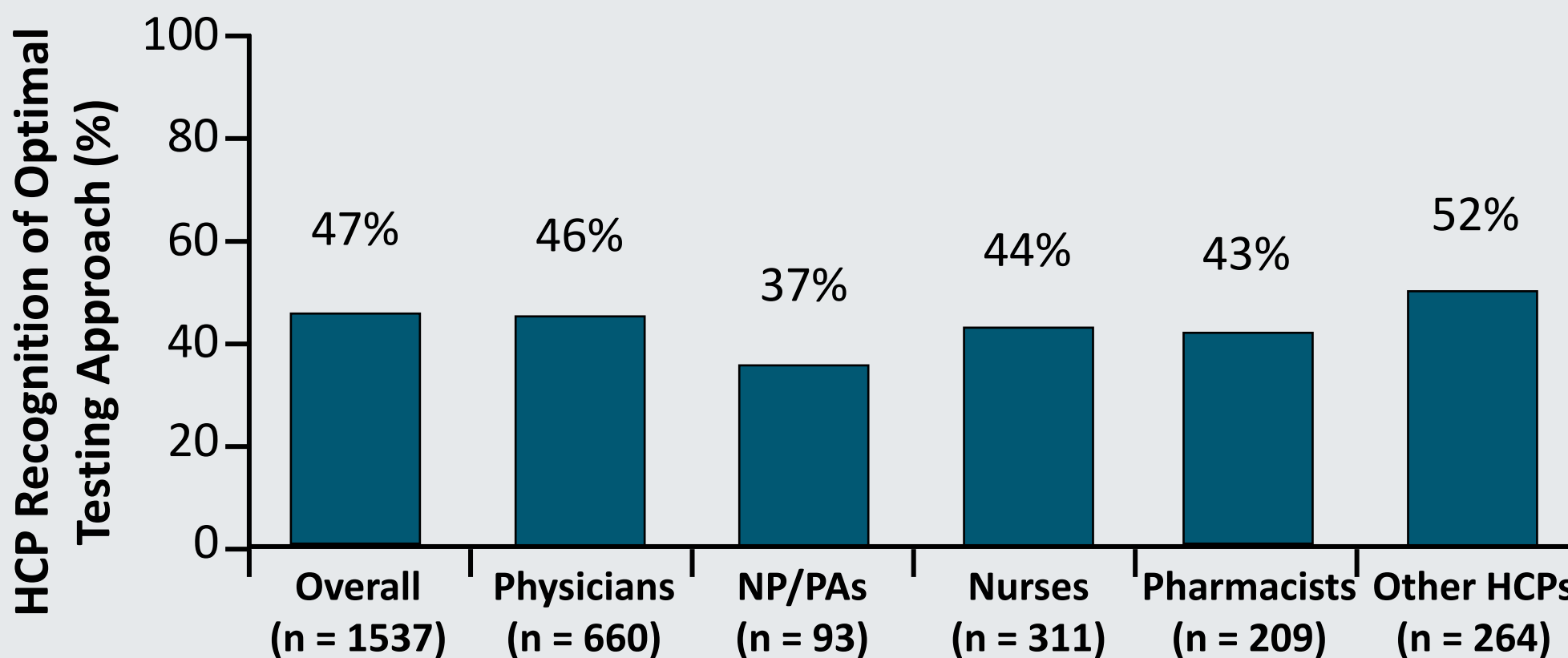
- Across all educational activities, 47% of HCP learners correctly identified the optimal method for detecting *RET* fusions in NSCLC
- 38% of HCP learners were able to identify the appropriate, expert-recommended therapy for a patient with newly diagnosed *RET* fusion-positive advanced NSCLC
 - A greater percentage of HCP learners from live satellite symposia (54%) were able to identify the optimal therapy as compared with HCPs attending live workshops in community cancer centers (24%)
- There was no improvement in HCP awareness of optimal testing methodology or treatment selection from 2020 to 2022 following the approvals of 2 *RET* inhibitors for *RET* fusion-positive NSCLC

Results

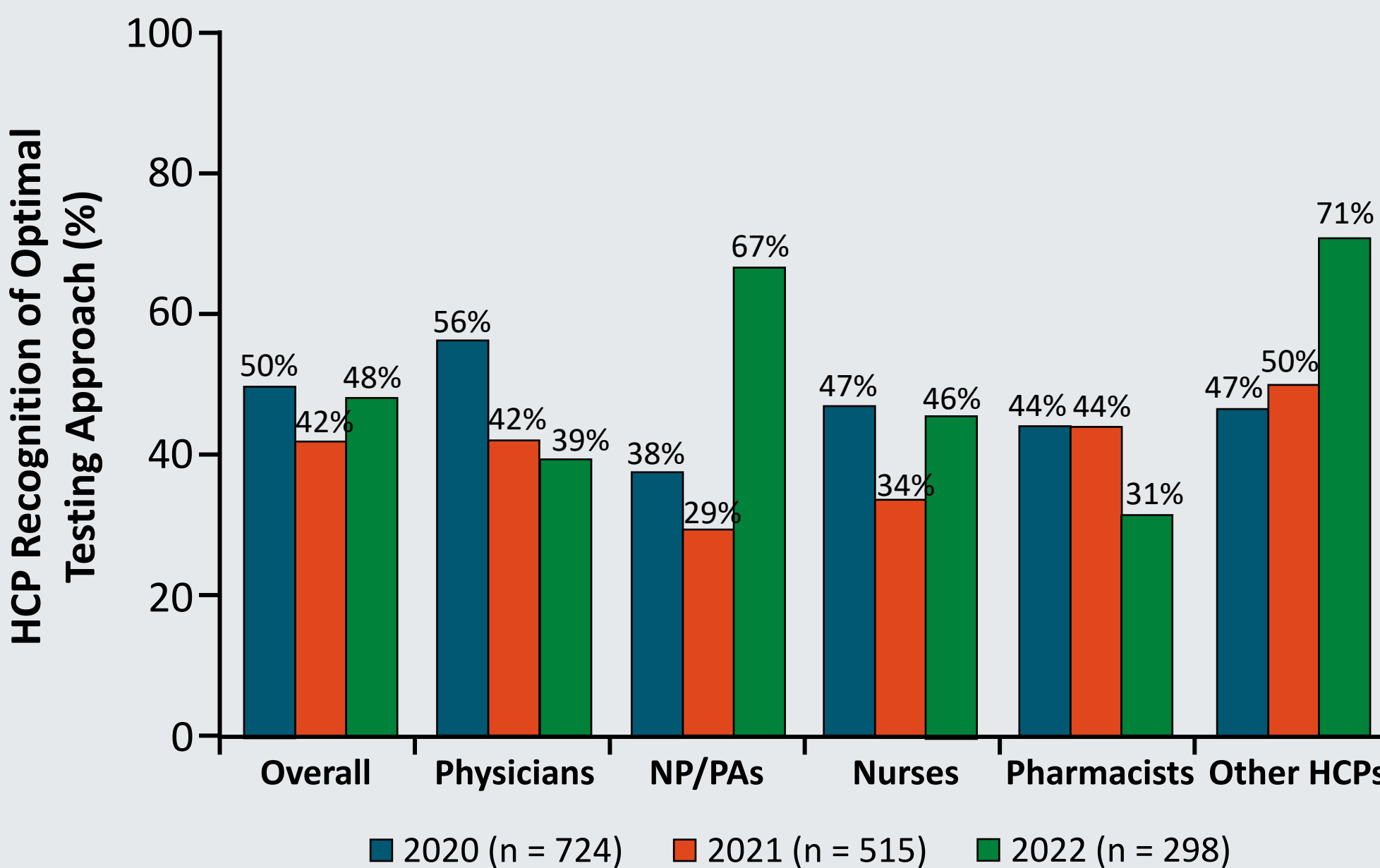
Baseline HCP Knowledge and Practice Trends

Methodology for Detecting *RET* Fusions in NSCLC

Practice Trends by Specialty

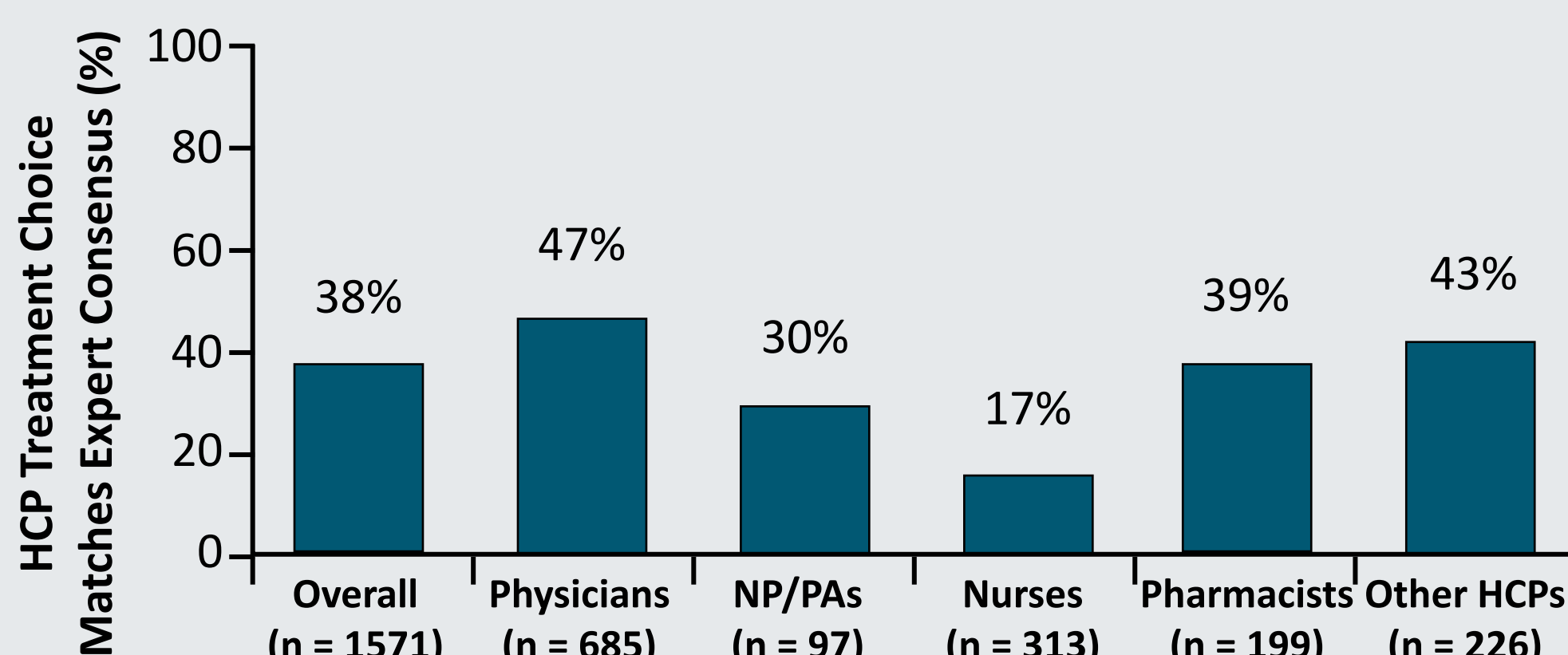


Practice Trends Over Time (2020-2022)

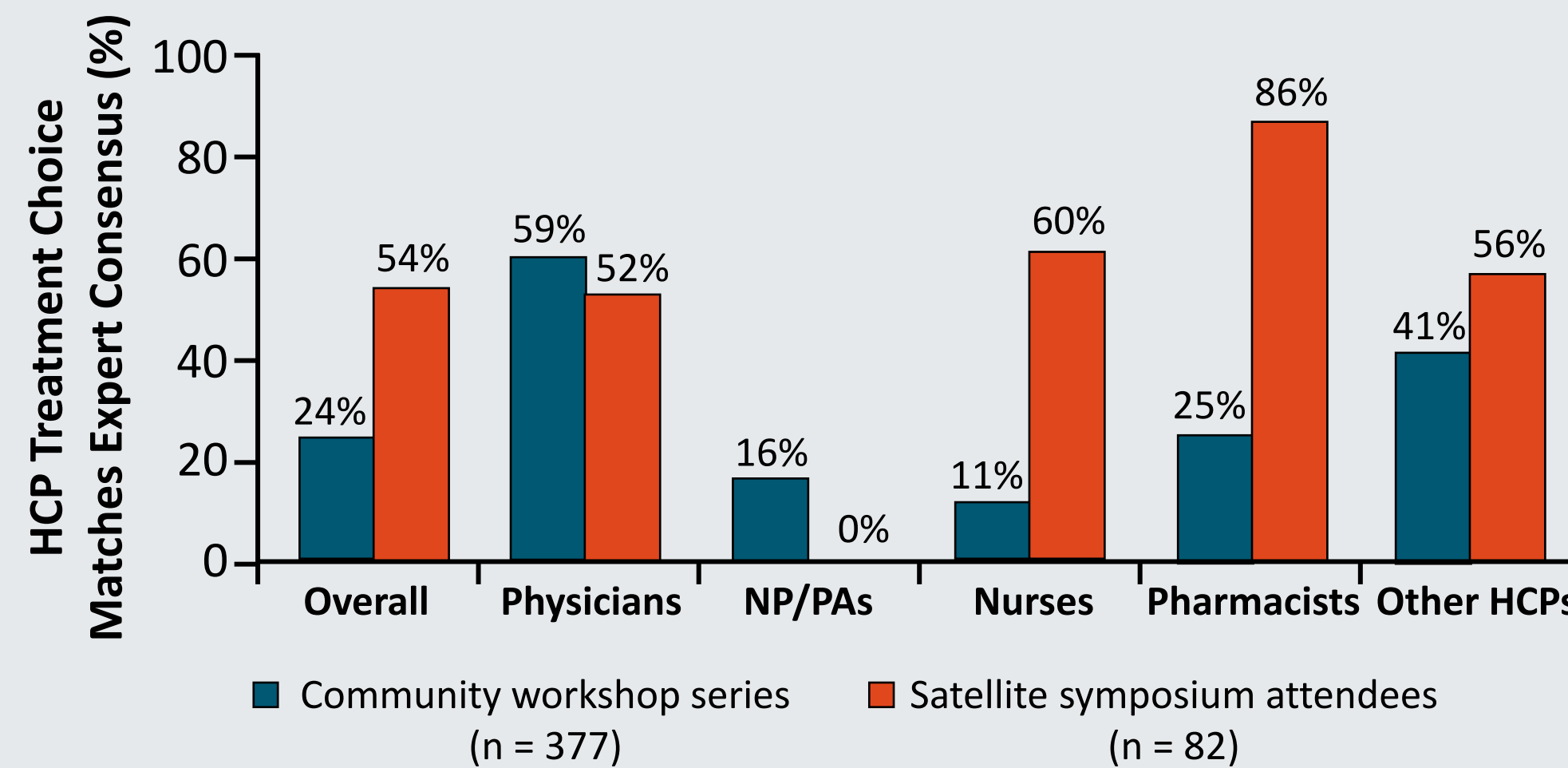


Therapy Selection for *RET* Fusion-Positive NSCLC

Practice Trends by Specialty



Community Workshop vs Conference Symposia Attendees



***CCO NSCLC treatment decision tool shows consensus among 5 experts to give selpercatinib or pralsetinib for a patient with newly diagnosed advanced NSCLC and a *RET* fusion**

Conclusions

- Among 2736 practicing HCPs, over a 2-year period, 53% were not aware of the optimal methodology for detection of *RET* fusions in advanced NSCLC
 - These data were consistent across interprofessional disciplines and over time
- Furthermore, 62% of HCPs did not select therapy consistent with expert consensus for the treatment of newly diagnosed *RET* fusion-positive advanced NSCLC
 - Divergence from expert guidance and evidence-based treatment was consistent across interprofessional disciplines, but more evident in community workshop vs live symposium learners

References

- Drilon A, et al. N Engl J Med. 2020;383:813-824.
- Gainor JF, et al. Lancet Oncol. 2021;22:959-969.
- Robert NJ, et al. ASCO 2021. Abstract 9004.

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