HCP EDUCATION

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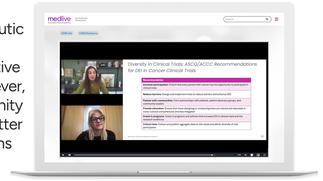
PI3K/AKT/mTOR Inhibitors in HR+/HER2– Breast Cancer: Bridging the Gap Between Evidence and Community Practice in Toxicity Management



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INTRODUCTION



PI3K/AKT/mTOR inhibitors represent a significant therapeutic advance for hormone receptor-positive, HER2-negative advanced breast cancer. However, real-world adoption in community settings remains limited. To better understand clinician perceptions and challenges associated with managing treatment-related toxicities, a multi-phase CME initiative was developed to gather insights directly from community practitioners and deliver targeted education focused on adverse event (AE) management.

METHODOLOGY

Educational Program and Evaluation Details

Interventions

Phase 1: Video Roundtable (90 min): Academic & Community Oncologists

Establishing a Consensus on Adverse Event Management for Treatment of HR+/HER2- mBC: Spotlight on PI3K/AKT/PTEN Pathway

Overview:
1. An online roundtable convened to discuss best practices for and provide guidance on the management of patients with HR+/HER2- ABC with PI3K/AKT/mTOR inhibitors
2. Qualitative analysis of the roundtable transcript identified thematic insights and consensus strategies
3. Findings were synthesized and served as the foundation for **Phase 2**

Phase 2: On-demand CME/CE for Clinicians (45 min)

Expert Consensus on Adverse Event Management for HR+ Metastatic Breast Cancer Treated with PI3K, AKT, and mTOR Inhibitors

- **Module 1:** Clinical Data for Treatment Activating the PI3K/AKT/PTEN Pathway
- **Module 2:** Best Practices and Adverse Event Management Protocol
- **Module 3:** Operationalizing Considerations

4 Micro-learning videos (2-4 minutes each)

Data Collected

Pre-/post-activity survey developed in accordance with National Board of Medical Examiner guidelines assessed knowledge, competence, and intended practice changes. Statistical tests of significance applied to comparisons of individual questions (pre- vs post-activity).

RESULTS

Phase 1:

Panelists identified **hyperglycemia** (100%), **rash** (83%), and **diarrhea** as the most challenging AEs.

- **Hyperglycemia**: Difficult to manage due to limited endocrinology access.
- **Rash**: Frequently required dose interruption/discontinuation.
- **Diarrhea**: Manageable with early patient education.



of community oncologists cited limited specialist/pharmacy support as a major barrier to implementing AE management strategies.

Phase 2:



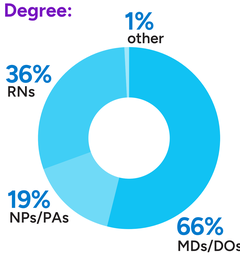
10,240
Total Participants
575 CME enduring
9,665 Micro-learning

Micro-learning:

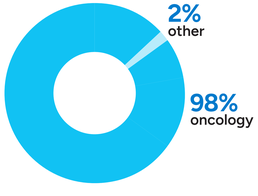


9,665
4,501 NPI-verified oncologists, 3,487 oncology nurses, and 1,677 oncology pharmacist completions

Degree:



Specialty:





of CME learners identified as current treaters seeing an average of 12 patients with mBC each week

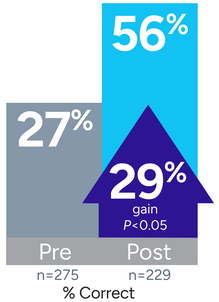


of CME learners completed the activity (275 learners, 229 completers)

Knowledge/confidence gains

The activity significantly improved clinicians' understanding of molecular mechanisms:

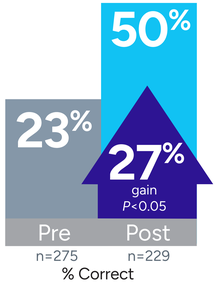
What is the reported prevalence of PIK3CA mutations in HR+ mBC patients?



% Correct
28% - 46%

The activity significantly improved ability to interpret key efficacy data from pivotal trials:

In the SOLAR-1 trial, what was the median progression-free survival (PFS) for patients with PIK3CA-mutated HR+/HER2- advanced breast cancer receiving alpelisib plus fulvestrant?



% Correct
11.0 months

Intended Practice Changes

Changes expected to be incorporated into practice: (select all that apply)

	Percentage
Increased coordination of care with specialists to manage complex AEs associated with PI3K/AKT/mTOR inhibitors	45%
More frequent use of novel PI3K/AKT/PTEN-pathway inhibitor therapies in PIK3CA-mutated, HR-positive, HER2-negative mBC	34%
More rigorous testing for PIK3CA mutation to guide treatment decisions in patients with HR-positive, HER2-negative mBC	33%
Implement stricter monitoring for AEs associated with PI3K/AKT/PTEN-pathway inhibitor therapies	33%

CONCLUSION

The roundtable revealed critical barriers to integrating pathway-directed therapies in community settings, including gaps in specialist access, variability in supportive care infrastructure, and uncertainty around AE management. The educational component demonstrated measurable improvements in knowledge and intent to change practice, supporting the value of combining qualitative insights with structured learning to address implementation challenges. When grounded in real-world perspectives and reinforced by clinical data, education on targeted therapies can enhance clinician readiness to integrate these strategies into routine care and overcome barriers in community settings.