

ANTIBODY-DRUG CONJUGATE (ADC) SEQUENCING

Sequential ADC use is cautiously supported, with clinicians favoring distinct targets or payloads. However, shared concerns around efficacy, resistance, toxicity, and limited evidence highlight the need for more data and clinical guidance to optimize sequencing strategies.

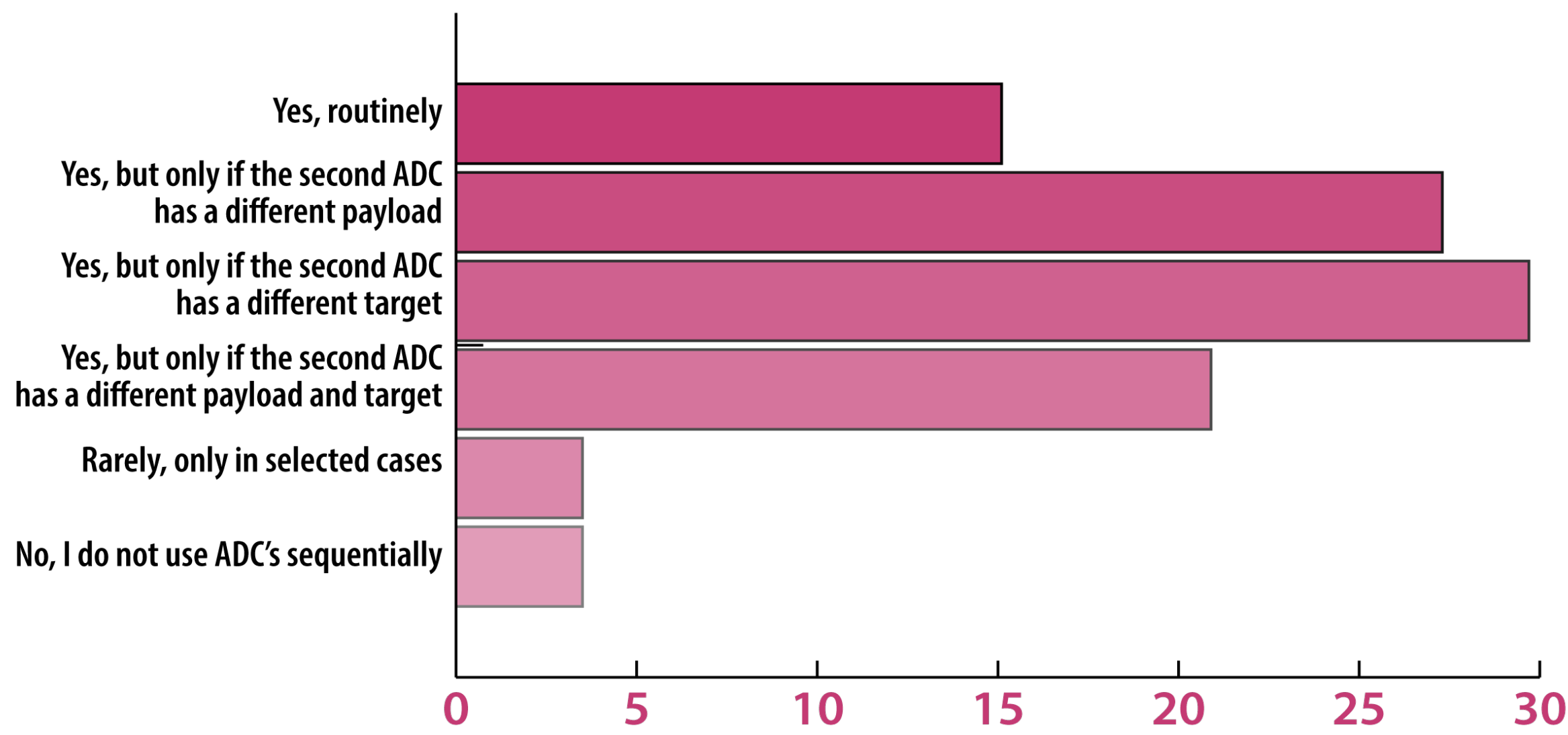
The background of the slide features a complex, abstract pattern. It consists of a network of thin, light-colored lines connecting small dots. Overlaid on this network are numerous hexagonal shapes and cross symbols. These elements are rendered in a variety of soft, pastel colors including shades of purple, blue, orange, and pink, creating a layered and geometric aesthetic.

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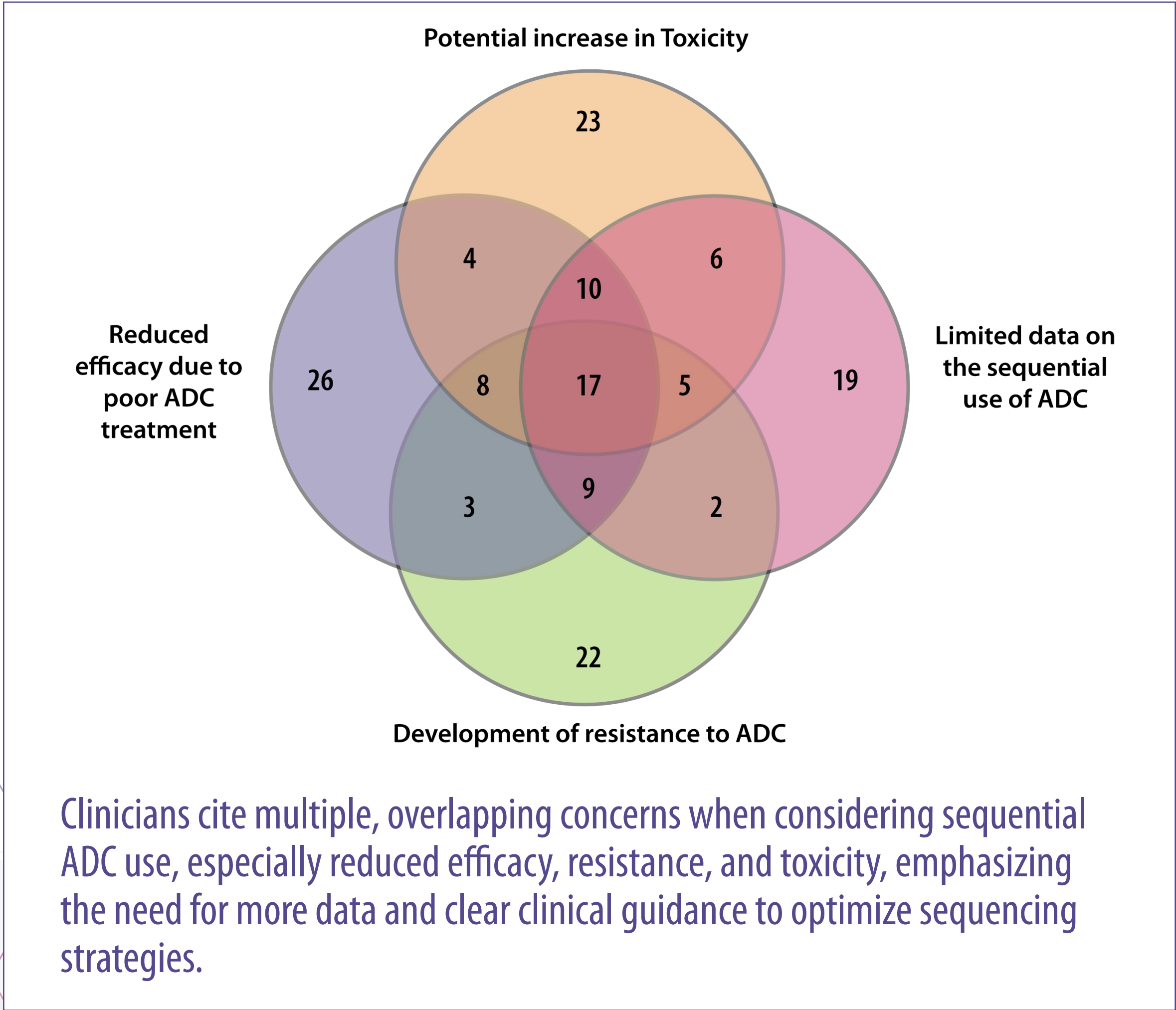
CLINICAL PERSPECTIVE: SEQUENCING ADC AFTER PROGRESSION

Clinician Perspectives on Using a Second ADC
After Prior ADC Progression (n=172)



Sequential ADC use is generally supported, but most clinicians apply it selectively, favoring agents with different targets or payloads to maximize efficacy and minimize redundancy.

CLINICAL CONCERNS SURROUNDING SEQUENTIAL USE OF ADCS



CLINICAL INSIGHTS INTO ADC SEQUENCING

✓ **Selective Support for Sequencing**

Most clinicians are open to using a second ADC after prior progression, but prefer agents with different targets, different payloads, or both to reduce cross-resistance and maximize efficacy.

⚠ **Caution Over Routine Use**

Routine use of sequential ADCs is uncommon, reflecting a cautious, mechanism-driven approach. Complete avoidance is rare, suggesting ADCs remain a viable option when thoughtfully selected.

⚡ **Primary Concerns Identified**

- Reduced efficacy from prior ADC exposure
 - Increased toxicity
 - Resistance development
 - Lack of clinical data on sequencing strategies
- Many clinicians report multiple, overlapping concerns, underscoring the complexity of treatment planning.