



MDOUTLOOK Quick Poll Report:

Changing European Paradigms for the Treatment of Metastatic Breast Cancer

Prepared: March 2011

The
Arcas
Group

T +1.404.496.4136
F +1.404.496.4418
info@mdoutlook.com | info@thearcasgroup.com

www.thearcasgroup.com

Atlanta | Philadelphia | Europe

Impact of Recent Events on Treatment Decisions for European Patients with Metastatic Breast Cancer

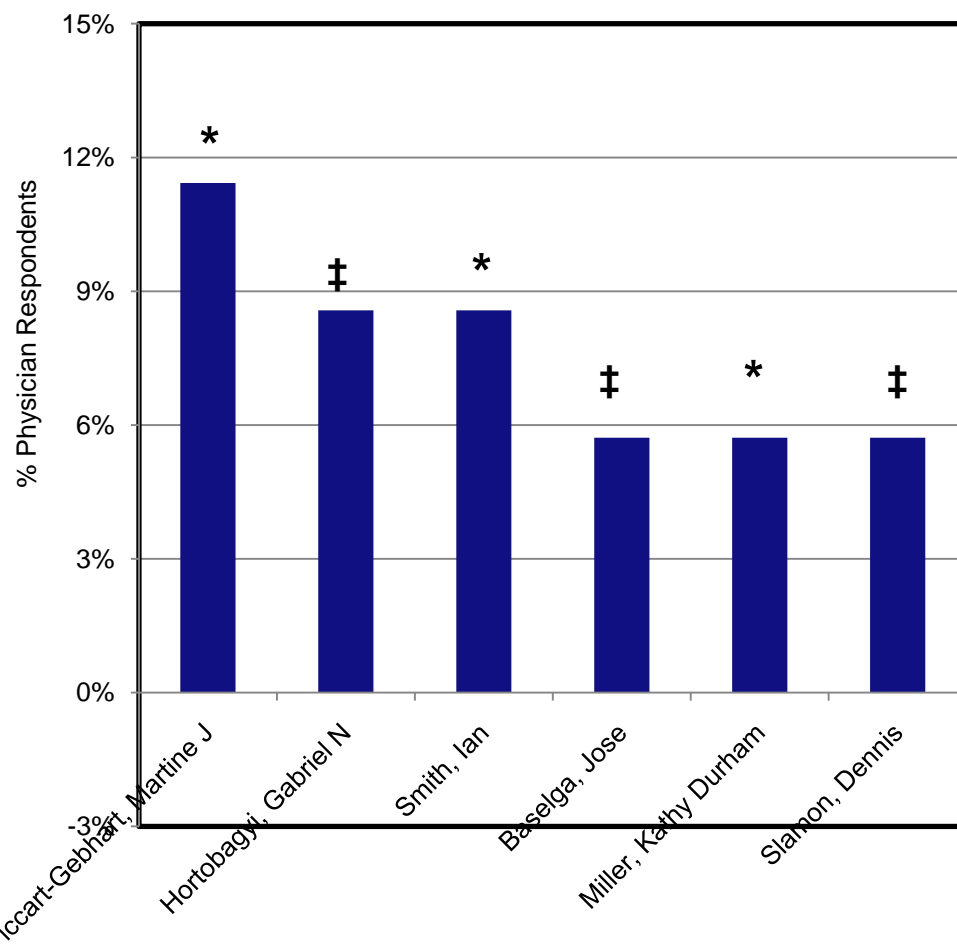
Source: **MDOUTLOOK 2011 Quick Poll**
March 3-14, 2011

Quick Poll Methodology and Respondents' Geographic Distribution

- Quick Poll was launched by email on Thursday, March 3, 2011
 - Sent to European distribution of Medical Oncologists
 - Invitees were located in 23 countries
 - ~2/3 of invitations to 5-EU (France, Germany, Italy, Spain, and United Kingdom)
- Survey closed on March 14th with 36 complete responses
 - Responses from 13 countries
 - >60% of responses from 5-EU
- No financial incentives provided

International ThoughtLeaders for Breast Cancer are Heterogeneously Recognized by Europeans

Top International ThoughtLeaders Selected in this Activity



Key Conclusions

- Diverse recognition of international ThoughtLeaders by Europeans
 - 44 individuals were selected by Quick Poll participants
 - No physician was selected by more than 12% of the respondents
 - Dr. Martine Piccart-Gebhart was selected most often
- Only 57% of all ThoughtLeader selections are currently based in Europe even though all respondents were from Europe

Additional Information

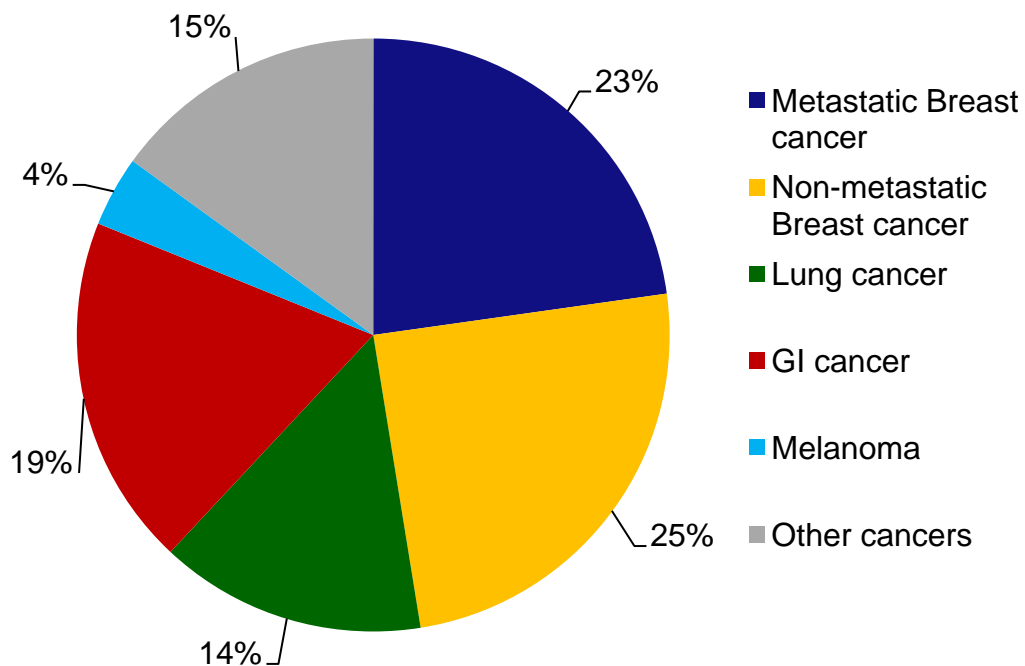
- Each respondent could select up to 5 international ThoughtLeaders

* Located in Europe

‡ Located in the United States

Breast Cancer is a Main Focus of Respondents' Oncology Practices

Respondents' Overall Patient Flow



Key Conclusions

- About 50% of the respondents' practice is focused on breast cancer
 - Relatively even split between metastatic and non-metastatic disease
- Previous activities in U.S. suggest ~30% of most oncologists' practice are focused on breast cancer
 - Geographic difference or participation bias?

Breast Cancer Comprises a Standard Distribution of Respondents' Oncology Practices

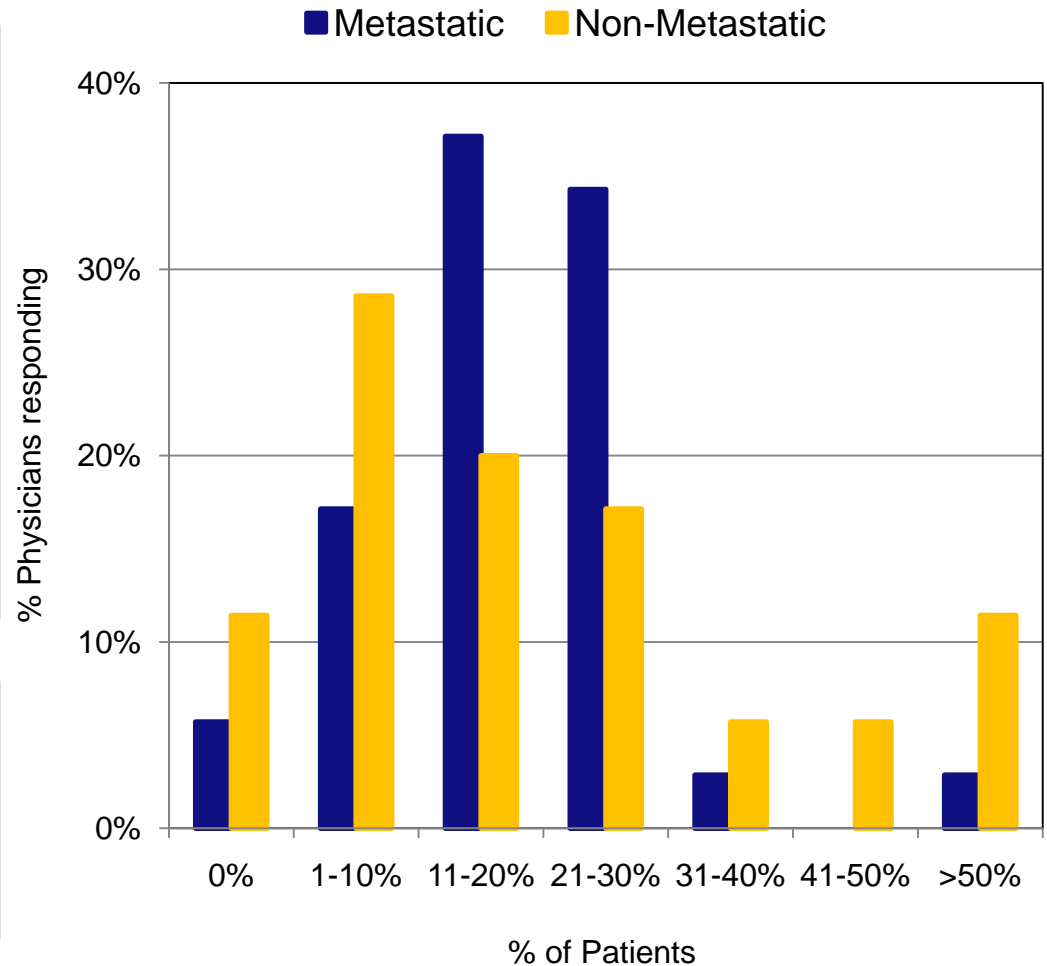
Key Conclusions

- For most respondents, metastatic breast cancer represents 11-30% of their practice
- There is a much broader range for non-metastatic breast cancer, including a subset who specialize in it
- Overall, 1 in 5 respondents specialize in breast cancer ($\geq 50\%$ of practice is breast cancer patients)
 - Primarily for non-metastatic disease

Additional Information

- Respondents could enter any number from 0-100
- Responses were grouped into the appropriate range

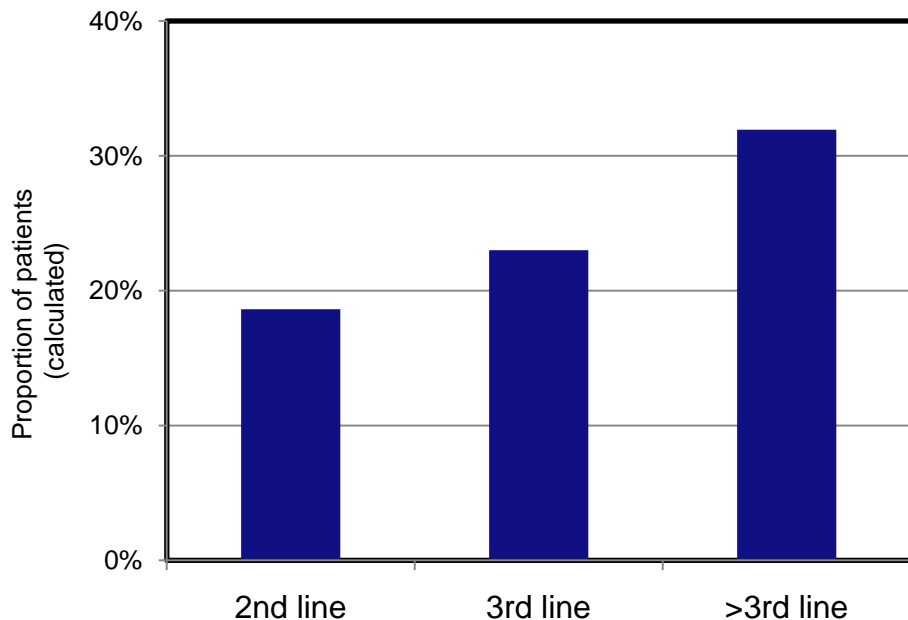
Distribution of Breast Cancer Patient Flows



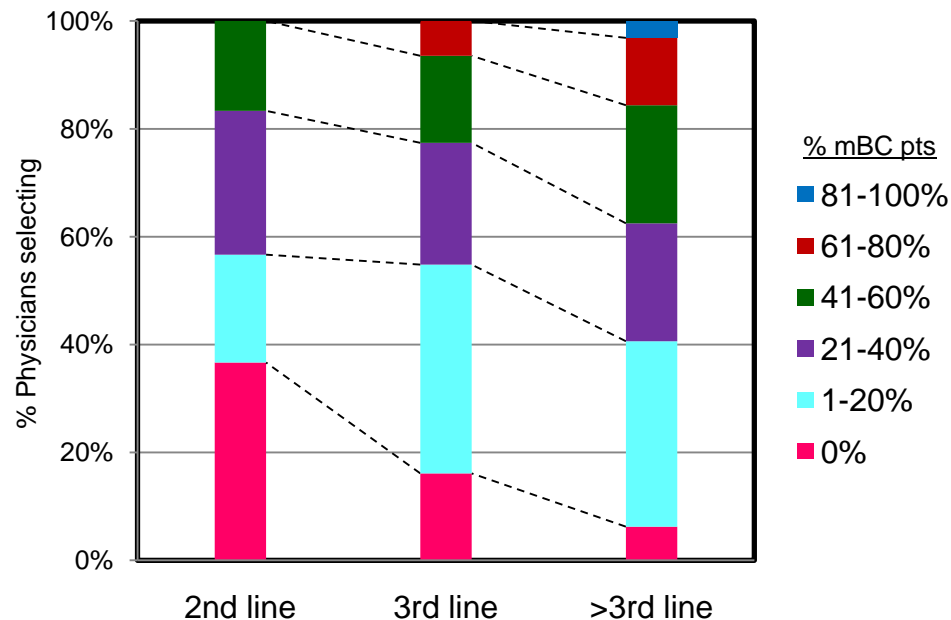
Expected Usage of Eribulin in Europe: Impact of the Results from the Phase III EMBRACE Clinical Trial

Usage of Eribulin for Metastatic Breast Cancer is Expected to Increase with Each Line of Treatment

Patients Expected to Receive Eribulin



Distribution of Expected Usage



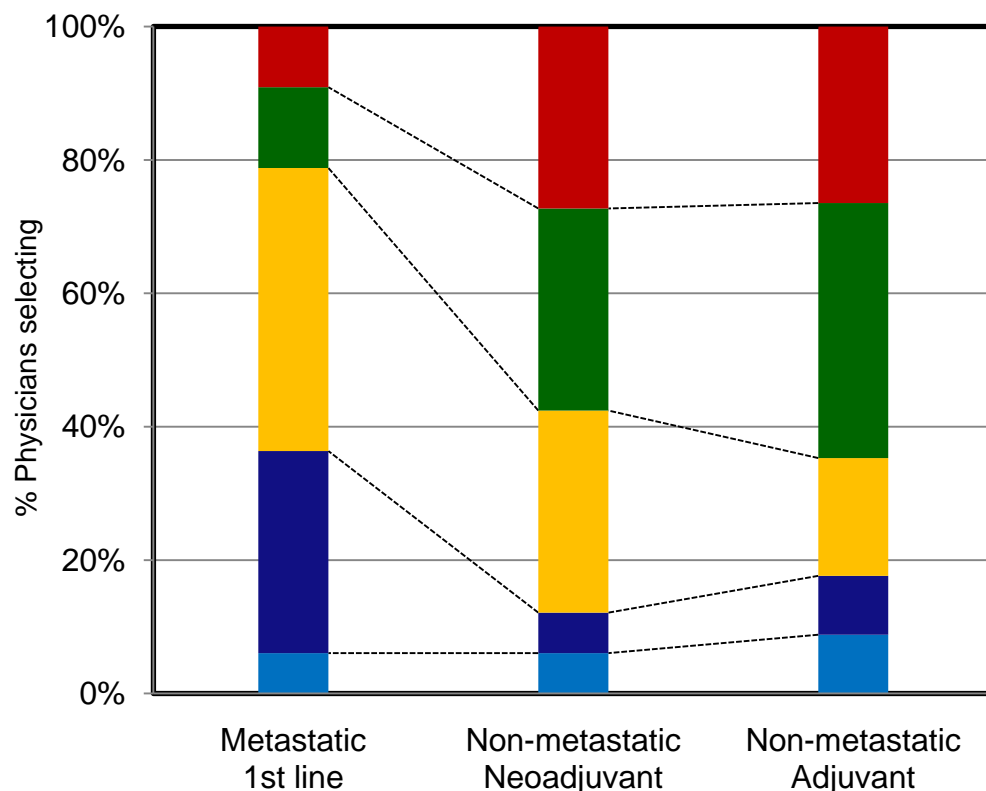
Key Conclusions

- For 2nd line, eribulin will either not be used at all or be used moderately
- At 3rd line, majority of physicians will use; ~40% will use in a small, selected group of patients
- After 3rd line, vast majority of oncologists will use; total usage will reach ~1/3 of patients
- Only a small subset of physicians will use eribulin in the majority of their patients with breast cancer at any line of therapy

Eribulin is Anticipated to be Useful as an Up-Front Treatment for Metastatic Breast Cancer

Expectations for Eribulin in Additional Areas of Breast Cancer Treatment

■ Very likely ■ Likely ■ Somewhat likely ■ Not very likely ■ Unlikely



Key Conclusions

- It is widely held that eribulin may be an effective up-front treatment for metastatic breast cancer
- Initial expectations concerning eribulin as an adjuvant or neoadjuvant treatment for non-metastatic disease are lower
 - May change if clinical studies in these areas are begun

Additional Information

- Current studies have reported data with eribulin in the recurrent metastatic setting
- Clinical trials in the up-front metastatic settings are currently on-going

Bevacizumab in Metastatic Breast Cancer: Changes in Regulatory Labeling Affecting Usage

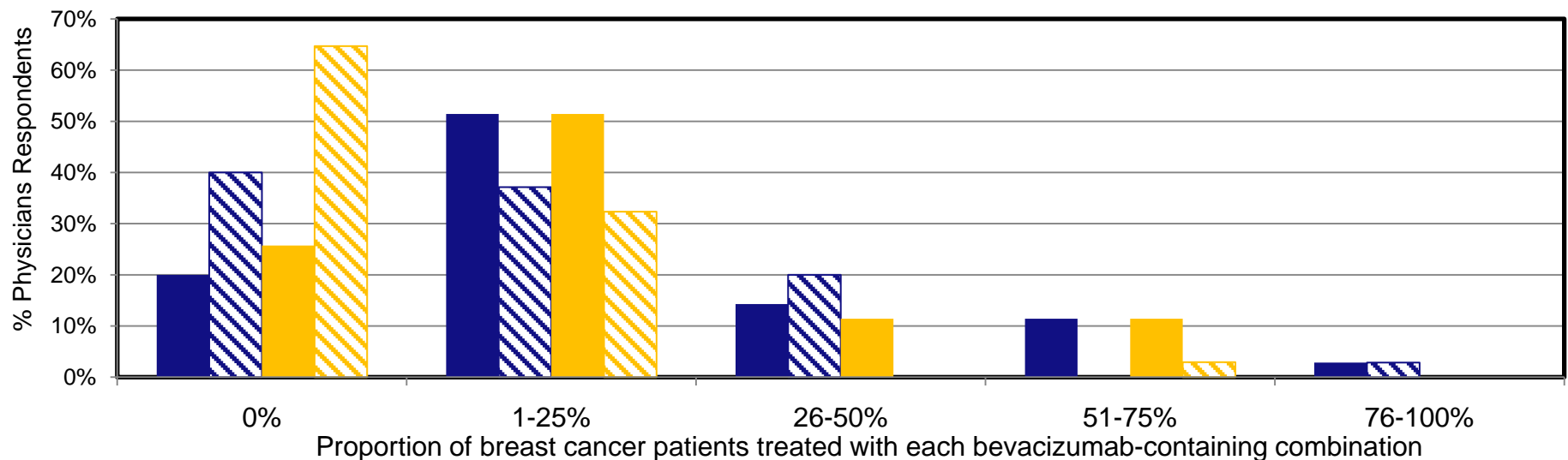
Summary of the Controversy concerning Bevacizumab in Metastatic Breast Cancer:

After obtaining “fast-track approval” for metastatic breast cancer, primarily based on improved PFS, confirmatory clinical trials failed to any survival benefit to its use. On March 1st, the EMA reaffirmed its approval for bevacizumab in combination with paclitaxel but removed its approval with docetaxel; NICE has withheld its approval and the U.S. FDA is still reviewing its approval status.

Severe Reductions in the Usage of Bevacizumab with Docetaxel for Metastatic Breast Cancer Have Already Occurred

Usage of Bevacizumab in Patients with Metastatic Breast Cancer

- Before controversy began (2009) – with paclitaxel
- ▨ Before controversy began (2009) – with docetaxel
- After controversy began (2010) – with paclitaxel
- ▨ After controversy began (2010) – with docetaxel

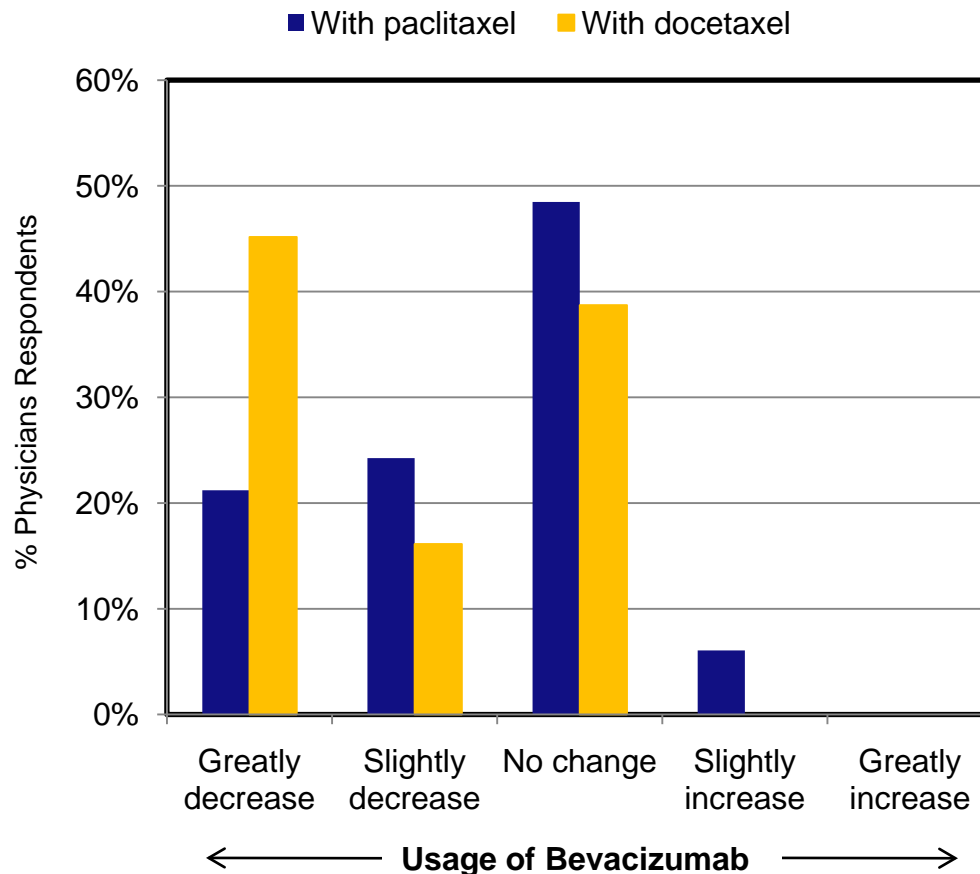


Key Conclusions

- Usage of bevacizumab with docetaxel decreased severely after the current controversy began
 - Calculated usage dropped from 15% to 6% of patients (60% decrease in usage)
 - Most stopped using this combination
- There was only a minor affect on the usage of bevacizumab with paclitaxel
 - Calculated usage decreased from 21% to 18% (14% decrease in usage)

EMA's Decision on Bevacizumab in Metastatic Breast Cancer Will Have a Large Impact on Future Treatment Decisions

Expected Impact of EMA Decision on 2011 Usage



Key Conclusions

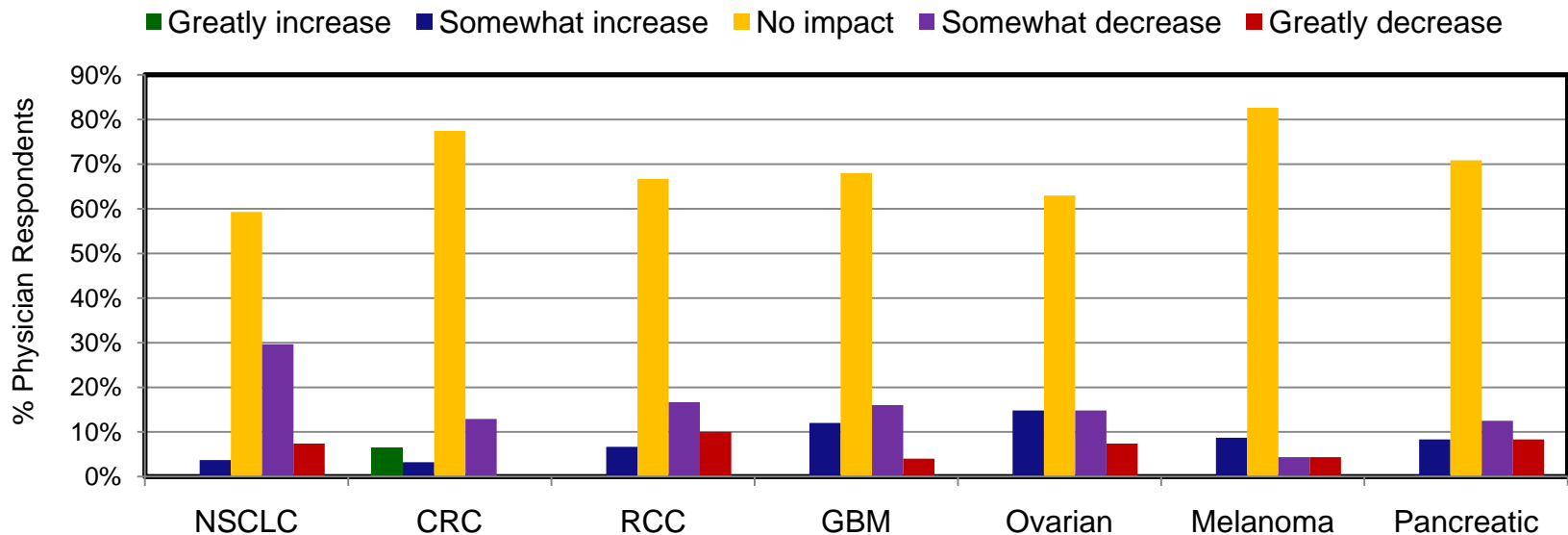
- The EMA's decision to remove its approval of bevacizumab + docetaxel will continue to reduce the use of this combination for metastatic breast cancer in Europe
- Even with the continued approval of bevacizumab with paclitaxel, over 40% of oncologists will reduce their use of this combination

Additional Information

- This data does not take into account changes in usage that have already occurred (see previous page)

Usage of Bevacizumab in Most non-Breast Tumor Types Will be only Slightly Affected by EMA's Decision Regarding Breast Cancer

Impact of Breast Cancer Events on Usage in Other Tumor Types



Key Conclusions

- For most oncologists, regulatory decisions impacting breast cancer will not impact their bevacizumab usage in other tumor types
 - Consistent results with other MDOUTLOOK activities
- For those who will be impacted, the majority will have a negative view in these other tumor types, even though no new safety signals were seen

Additional Information

- NSCLC = Non-small cell lung cancer
- CRC = Colorectal cancer
- RCC = Renal cell carcinoma
- GBM = Glioblastoma multiforme
- Ovarian, Melanoma, and Pancreatic are currently unapproved uses but are under clinical investigation

Conclusions from Impact of Recent Events on Treatment Decisions for European Patients with Metastatic Breast Cancer

- Participants in this activity were more focused on breast cancer than typically seen (~50% of their practices vs. ~30% of practices)
 - Further work is needed to understand if this is a geographic difference (Europe vs. U.S.) or a participation selection bias
- Most European oncologists expect to use eribulin for some of their patients with recurrent metastatic breast cancer, especially in 3rd line and later
 - Up to 1/3 of patients will receive eribulin after 3rd line of treatment
- Eribulin is also widely expected to be effective in the 1st line setting
 - Less enthusiasm for Neoadjuvant and Adjuvant uses (not yet in clinical trials)
- Severe reductions (60%) have already been made in the usage of bevacizumab + docetaxel for metastatic breast cancer
 - The usage of bevacizumab + paclitaxel has only been slightly reduced
- EMA's decision on bevacizumab will have a large, primarily negative, impact on its use in metastatic breast cancer regardless of the chemotherapy backbone
 - For the most part, this decision will not change oncologists' viewpoints for other tumor types (currently approved and those under clinical investigation)

The MDOUTLOOK Platform



“Total Oncology Intelligence”
A Step Ahead

MDOUTLOOK: A Step Ahead

- **MDoutlook** is a unique web-based, disease intelligence platform that provides a comprehensive view of clinical decision patterns and treatment choices.
- Guided by ThoughtLeader composed Strategy Councils, **MDoutlook** offers:
 - Treatment Decision Reports and Analysis
 - Real-time Chart Pulls with Treatment Decision Rationale
 - Current profiles of 50,000 oncologists and their institutions
 - ThoughtLeader Influence Mapping and Referral Mapping, as revealed directly by clinicians
- For more information about **MDoutlook** please email info@mdoutlook.com or call +1.404.496.4136.

Distribution of these materials for informational purposes to colleagues is freely allowed. PowerPoint slides of this report are available upon request.

Please contact us for more information or to schedule a demonstration.



The
Arcas
Group

Contact:

info@thearcasgroup.com
888.3OUTLOOK | 888.368.8566
+1.404.496.4136 (International)
www.thearcasgroup.com