



Complimentary Report

*Immediate Impact of ASCO
on Clinical Practices in
GI Malignancies*

The
Arcas
Group

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2011 ASCO Annual Meeting: Immediate Impact on Clinical Practices GI Malignancies

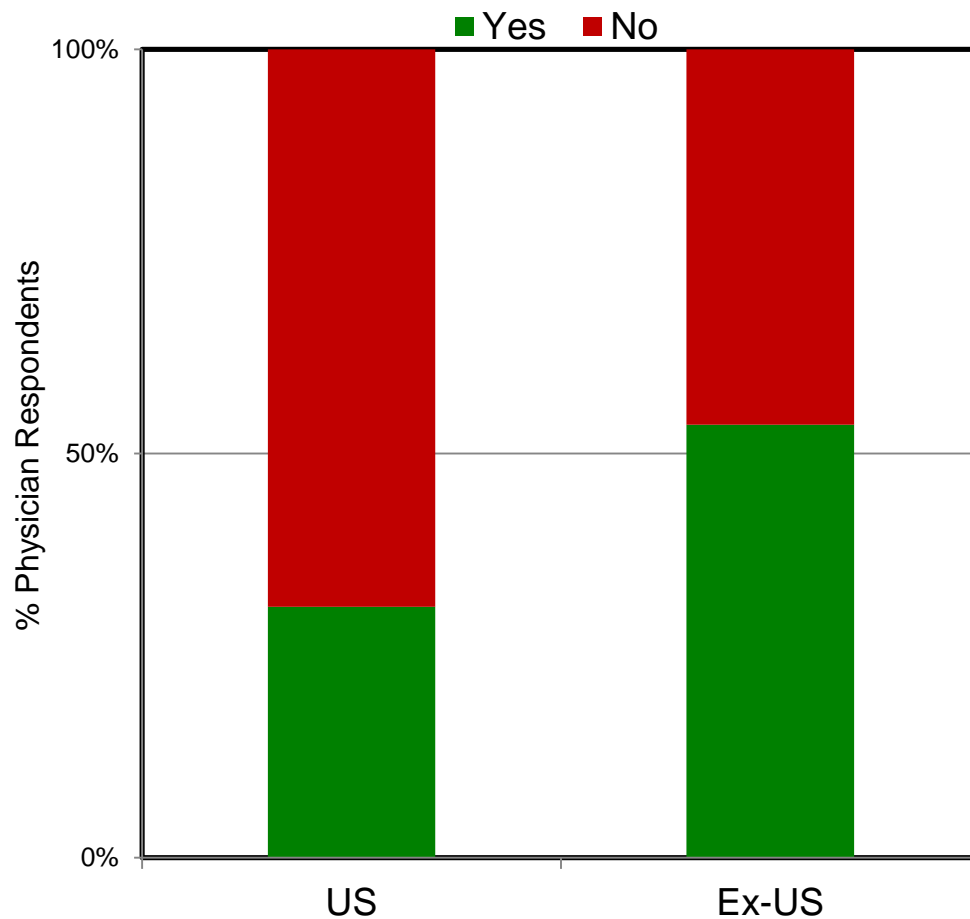
Source: MDOUTLOOK ASCO 2011 Quick Poll:
June 2011

Quick Poll Methodology and Respondents' Geographic Distribution

- 2011 American Society of Clinical Oncology (ASCO) Annual Meeting was held in Chicago, IL. June 3-7, 2011
- GI Malignancies Quick Poll was launched by email in the afternoon of Thursday, June 9, 2011
 - 3rd in a series of 4 ASCO Quick Polls: Non-small cell lung cancer (NSCLC), GU (prostate and renal) cancers, GI cancers, and Melanoma
- Sent to global distribution of Medical Oncologists and clinicians with a clinical interest in GI malignancies
- Data taken on June 15th with 88 complete responses
 - ~2/3 of responses from USA
 - Responses received from 18 different countries in total
- No financial incentives provided for participation

Attendance at 2011 ASCO Annual Meeting

Attendance at ASCO Annual Meeting

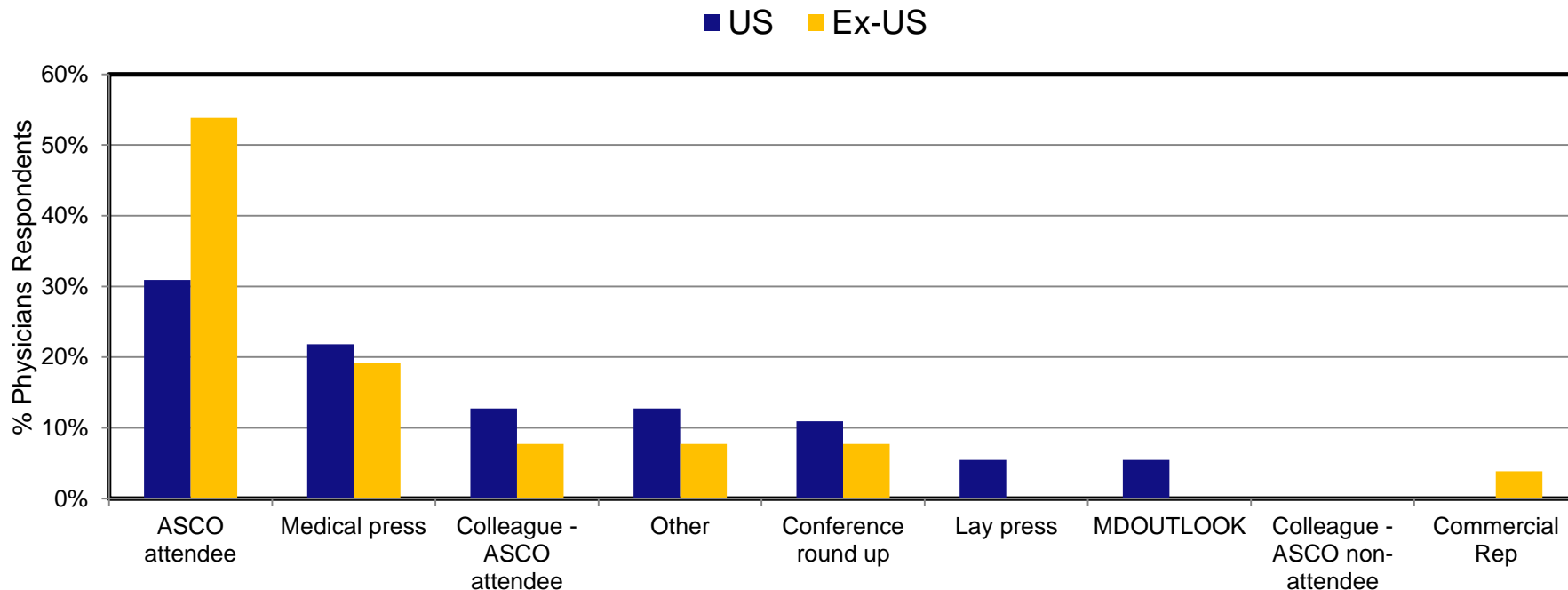


Key Conclusions

- Almost half of all survey respondents attended the 2011 ASCO Annual Conference in Chicago, IL
- A higher percentage of Ex-US respondents were in attendance at this year's ASCO Annual Meeting than US respondents

Physicians Use a Wide Variety of Sources to Learn About Clinical Information from ASCO 2011

Source of Clinical Information from 2011 ASCO



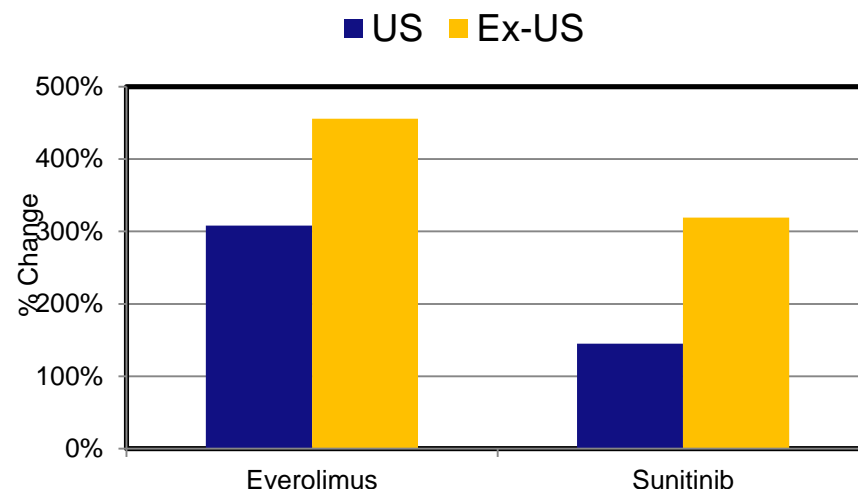
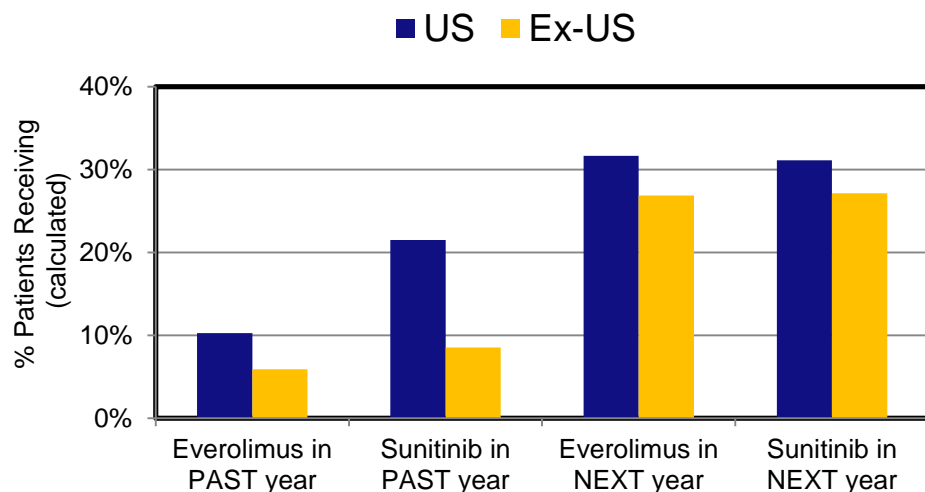
Key Conclusions

- Attendance at ASCO was the first source of clinical information for the largest proportion of respondents
- Medical press, colleagues who attended ASCO and conference round ups were also selected by many physicians

Clinical Use of Sunitinib and Everolimus for PNET Will Dramatically Increase Globally

Usage of Everolimus and Sunitinib in PNET

Expected Change in Drug Use Over the Next Year for PNET



Key Conclusions

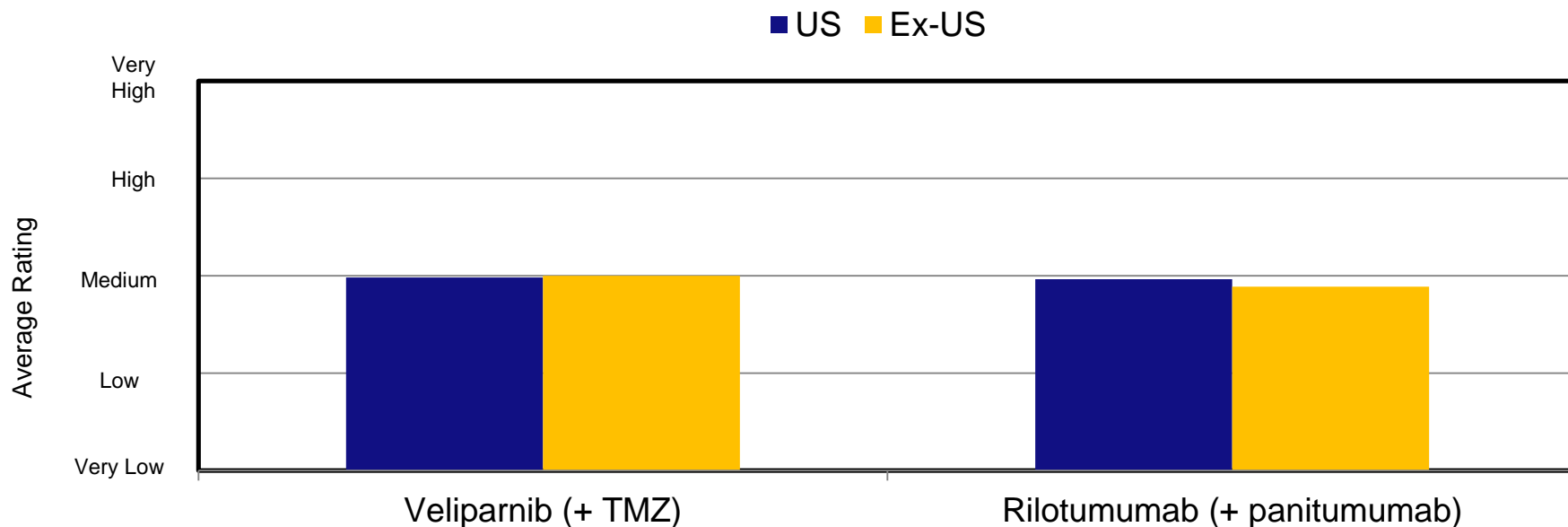
- Use of everolimus and sunitinib in PNET is expected to rise significantly inside and outside the U.S.
 - Usage of everolimus will rise 308% and 456% in the U.S. and Ex-US countries, respectively
 - Usage of sunitinib will rise 145% and 319% in the U.S. and Ex-US countries, respectively

Additional Information

- Abstract #4009: "Everolimus in Patients with Advanced Pancreatic Neuroendocrine Tumors (pNET): Updated Results of a Randomized, Double-blind, Placebo-Controlled, Multicenter, Phase III trial (RADIANT-3)"
- Abstract #4008: "Updated Overall Survival (OS) and Progression-Free Survival (PFS) by Blinded Independent Central Review (BICR) of Sunitinib (SU) Versus Placebo (PBO) for Patients (Pts) with Advanced Unresectable Pancreatic Neuroendocrine Tumors (NET)"

Oncologists Have Moderate Expectations for Novel Targeted Therapies for Metastatic Colorectal Cancer

Expectations About Novel Targeted Therapies for Metastatic Colorectal Cancer



Key Conclusions

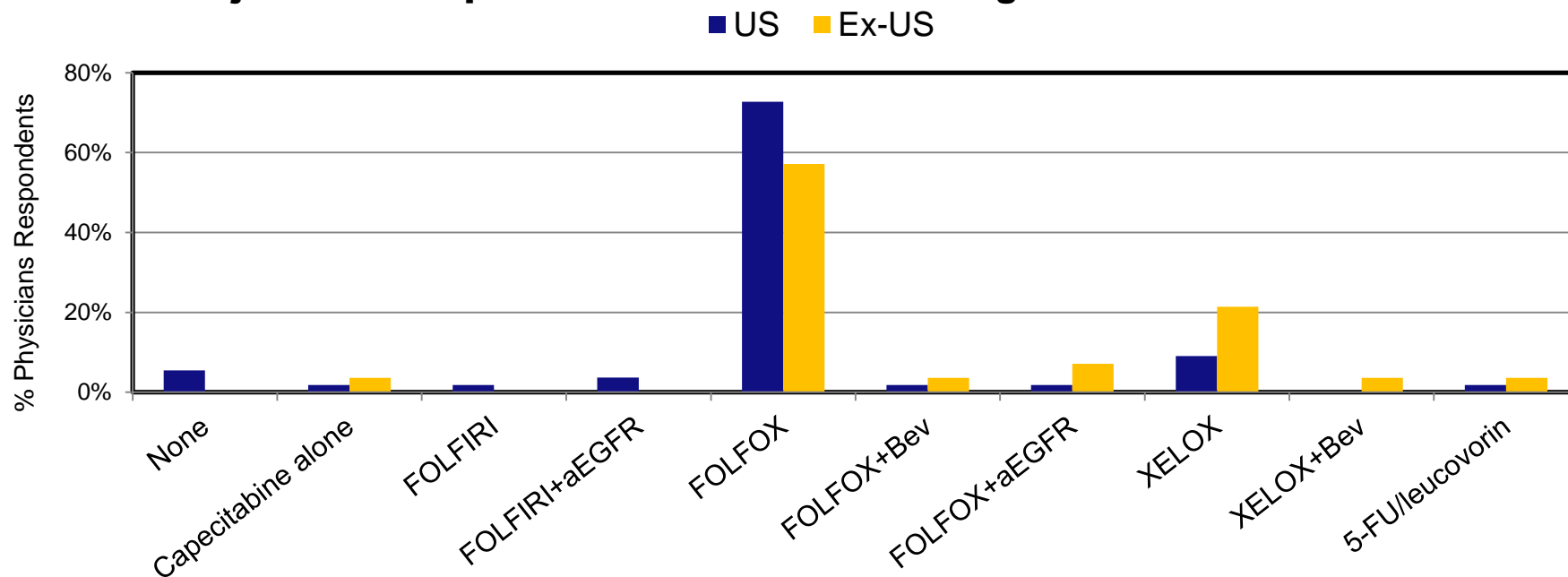
- Overall, Abstracts #3502 & #3500 were rated as having a medium clinical importance
 - ~ 1/4 rated veliparnib high or very high
 - ~ 1/5 rated rilotumumab high or very high
- Very similar expectations across geographic regions

Additional Information

- Abstract #3502: "A phase II study of the PARP inhibitor ABT-888 plus temozolomide in patients with heavily pretreated, metastatic colorectal cancer"
- Abstract #3500: "A randomized, phase Ib/II trial of rilotumumab (AMG 102; ril) or ganitumab (AMG 479; gan) with panitumumab (pmab) versus pmab alone in patients (pts) with wild-type (WT) KRAS metastatic colorectal cancer (mCRC): Primary and biomarker analyses"

Oncologists Preferentially Use FOLFOX as Adjuvant Treatment for Stage III Colorectal Cancer

Adjuvant Therapies for the Treatment of Stage III Colorectal Cancer



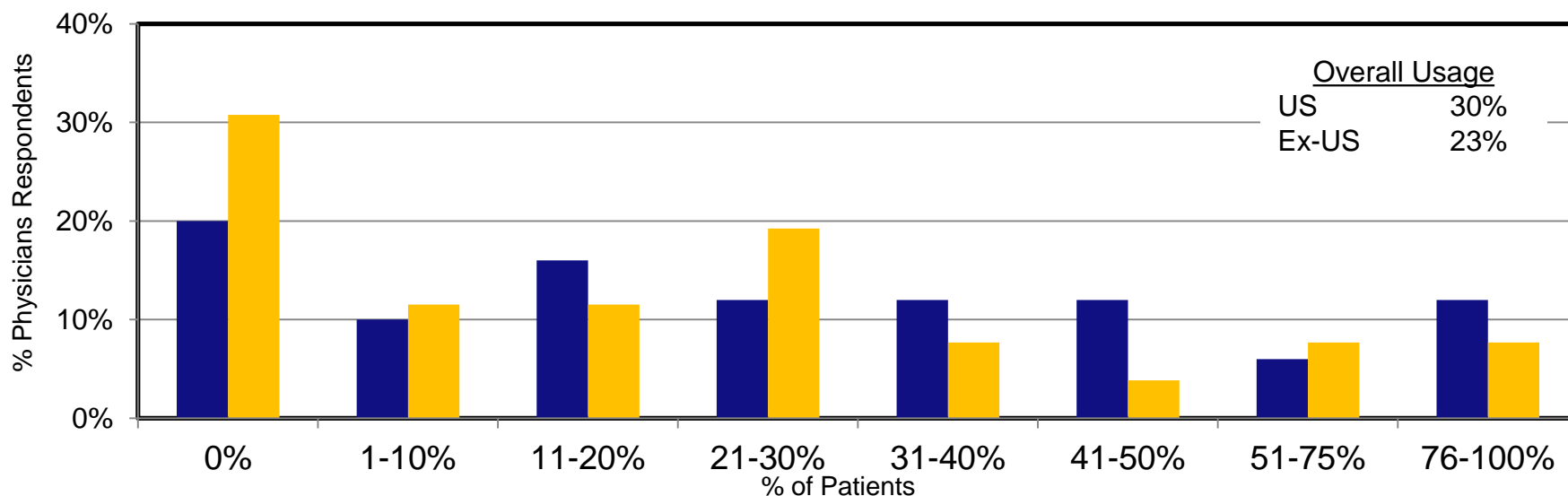
Key Conclusions

- FOLFOX is the most commonly used adjuvant therapy for stage III colorectal cancer
 - About 2/3 of oncologists use this approach
 - US clinicians use this treatment slightly more than Ex-US physicians
- XELOX is the second most common adjuvant therapy
 - Primarily used by Ex-US practitioners

Wide Disparity in Continuing Anti-Angiogenic Therapy After Progression in Stage IV Colorectal Cancer

Continuing Usage of Anti-Angiogenic Therapy for Stage IV CRC After Progression on Anti-Angiogenic Therapy

■ US ■ Ex-US

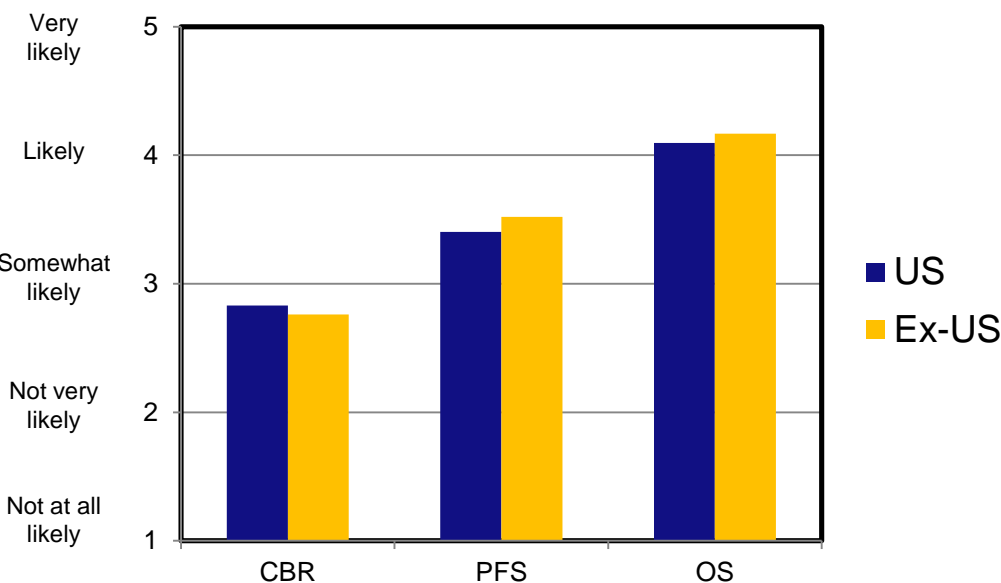


Key Conclusions

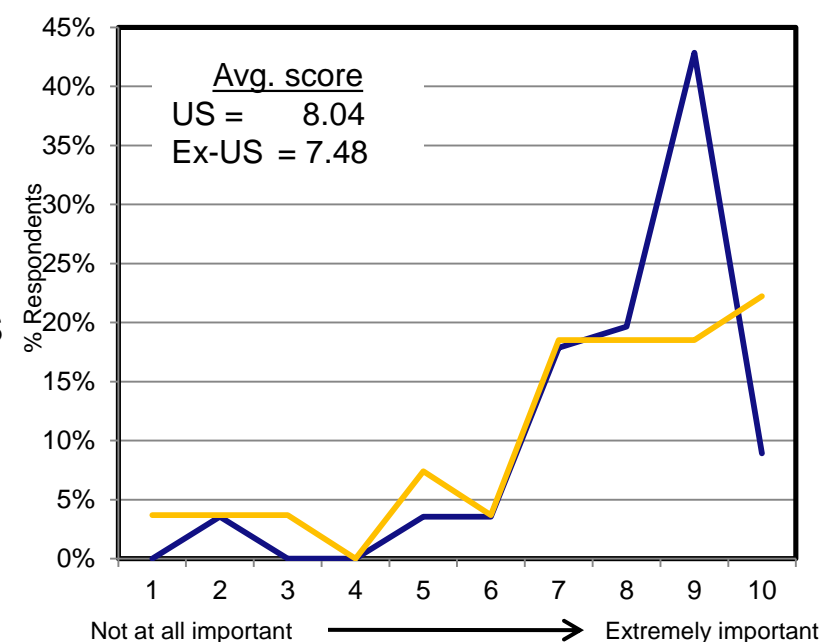
- There is no consensus as to the current usage of continuing anti-angiogenic therapy (bevacizumab) after progression
 - Largest subset of clinicians do NOT continue usage
- Slightly more usage in the U.S. than outside the U.S.

Selection of Clinical Trial Endpoints Has a Strong Impact on the Integration of Research into Clinical Practice

Likelihood of Using a Therapeutic Approach “Off-Label” Due to Clinical Trial Endpoints



Importance of Clinical Trial Endpoints to Use After Regulatory Approval



Key Conclusions

- The reported clinical trial endpoint is very important to physicians in their decision whether to immediately use the findings in practice before regulatory approval
 - Overall survival (OS) > Progression free survival (PFS) > Clinical benefit rate (CBR)
- The choice of clinical trial endpoints continues to be very important even after regulatory approval
- Similar results across geographic regions

Conclusions from the ASCO 2011 Quick Poll on GI malignancies

- Close to half of all respondents attended the 2011 ASCO annual meeting
 - Ex-US respondents had higher level of attendance
- News from ASCO impacts the entire oncology community
 - A variety of sources are used by the non-attendees to learn about the important news
- Use of everolimus and sunitinib as treatment for PNET will greatly increase worldwide
- There is a modest amount of clinical enthusiasm for the novel targeted agents veliparnib and rilotumumab in metastatic colorectal cancer
- FOLFOX is the standard adjuvant therapy for stage III colorectal cancer
 - US oncologists use this approach slightly more than Ex-US oncologists
- There is not a consistent approach to the continued use of anti-angiogenic therapy after progression in stage IV colorectal cancer
- The primary clinical trial endpoint reported influences the integration of research into clinical practice

Conclusions from the ASCO 2011 Quick Poll on Melanoma

- Close to half of all respondents attended the 2011 ASCO annual meeting
 - US and Ex-US respondents had roughly similar levels of attendance
- News from ASCO impacts the entire oncology community
 - A variety of sources are used by the non-attendees to learn about the important news
- Melanoma treaters plan to use vemurafenib in over 50% of their V600E BRAF⁺ melanoma patients
 - Slightly higher anticipated usage amongst Ex-US respondents
- Clinicians plan to use ipilimumab in ~50% of their advanced and metastatic melanoma patients
 - Very little difference in usage between unresectable stage III and stage IV melanoma patients
- Respondents view the clinical trial testing GSK212 and GSK436 in combination as having very high in clinical importance
- Melanoma treaters will double the number of patients screened for V600E BRAF mutation in the next year
- The primary clinical trial endpoint reported influences the integration of research into clinical practice

The Arcas Group

A strategic marketing services company specializing in:

- Disease intelligence
- Clinician & ThoughtLeader identification and profiling
- Physician / treater engagement



The MDOUTLOOK Platform



“Total Oncology Intelligence”
A Critical Step Ahead

MDOUTLOOK Value

Oncology Intelligence
ThoughtLeader Insight

MDOUTLOOK[®]

Powered by The Arcas Group

MDOUTLOOK = ACTIONABLE ONCOLOGY INSIGHT

Unique online platform offering a comprehensive intelligence in:

- **Global clinical decision patterns**
- **Clinical treatment choices**
- **ThoughtLeader identification and influences**
- **Treater mapping and referral patterns**

Superior Targeting of Cancer Treaters

- Covers 62,000+ treaters globally
 - 30,000+ in US
 - 17,000+ in Europe
 - Multi-disciplinary composition
- Rich individual profiles for clinicians, ThoughtLeaders, Institutions - updated 2x/year
- Disease-specific treatment profile available per treater
- Real-time intelligence feeds

The screenshot displays the MDOUTLOOK Physician Profile for Daniel R. Budman, MD. The page is organized into several sections:

- Personal Information:** Daniel R. Budman, MD, Associate Director, Dana-Farber Cancer Institute, Division of Oncology.
- Primary Clinical Role:** Medical Oncology.
- Areas of Clinical Interest:** Breast, Hematology, PTCL.
- Affiliation:** North Shore University Hospital Center for Advanced Medicine, 489 Lakeside Road, New Hyde Park, NY 11042, USA.
- Other Affiliations:** NYU Langone Medical Center.
- Association Membership:** AACR, ASCO, ASH, ESMO, STAF ASSOCIATION, ISARF, CALGB.
- Publications:** Lists several recent publications, including "Emerging role of small ribonucleic acids in gastrointestinal tumors" and "The hedgehog pathway as a therapeutic target for treatment of breast cancer".
- Clinical Trials:** Lists ongoing clinical trials such as "Paclitaxel, Irinotecan, Albumin-Stabilized Nanoparticle Formulation, or Irinotecan With or Without Docetaxel in Treating Patients With Stage IIIC or Stage IV Breast Cancer" and "Anticoagulation and Inferior Vena Cava Filters in Cancer Patients With a Venous Thromboembolism".

Innovative Multi-channel Intelligence

**Deep analysis of proprietary
MDOUTLOOK® databases**

**Customized and advanced segmentation by tumor,
discipline, geography, office setting**

ThoughtLeader analysis, insight & perspective

**Real-time intelligence
through on-going clinician interaction**

**Continuous streaming of intelligence from
validated sources**

**Total
Oncology
Intelligence**

Unique Insight from Respected Experts

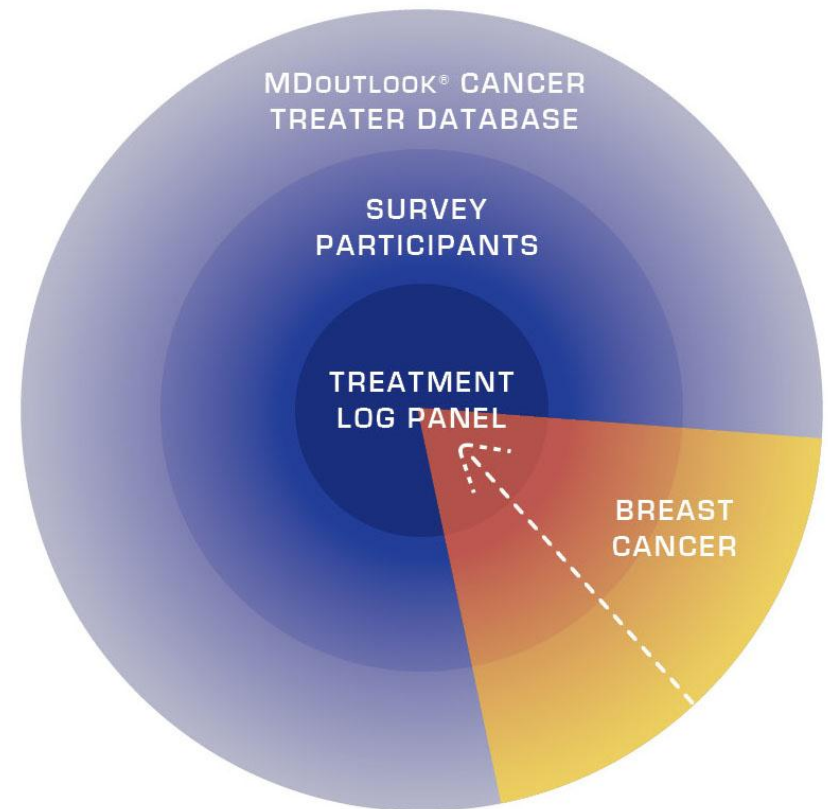
- **Exclusive and unique involvement of prominent ThoughtLeaders**
- **Experts provide insight into disease area and analysis**
- **Ensure direct and clinical relevance of surveys and treatment logs**
- **Multi-disciplinary composition**

Strategy Council

Lauren Pinter Brown, MD	John Kirkwood, MD
Alexander Eggermont, MD, PhD	Sagar Lonial, MD
Keith Flaherty, MD	Peter Mohr, MD
William Gradishar, MD	Joyce O'Shaughnessy, MD
Axel Hauschild, MD	Nicholas Thatcher, MD, PhD
Peter Heald, MD	Alan Venook, MD

Robust Disease Coverage

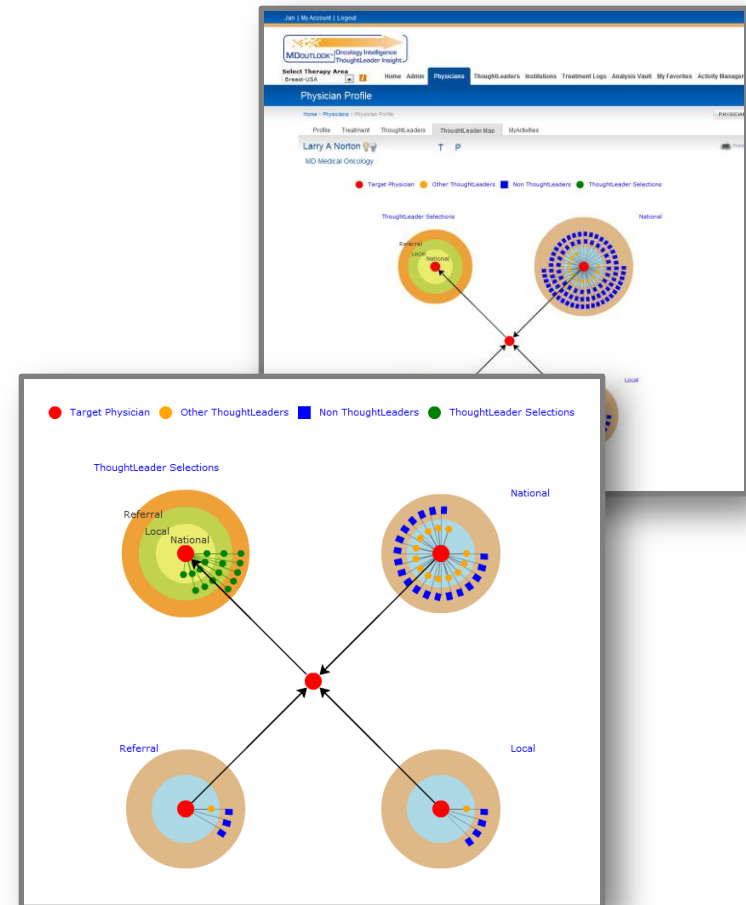
- Uniquely involves Strategy Council of prominent ThoughtLeaders
- Utilizes advanced segmentation by tumor, discipline, and key demographics
- Specifically recruited panels of treaters report monthly disease-specific treatment decisions



**Guided by ThoughtLeader
Strategy Council**

Market-driven ThoughtLeader Identification & Mapping

- Peer-nominated, bottom-up identification of ThoughtLeaders
- Interactive network mapping, providing insight into their real sphere of influence
- Multi-level classification showing national and international experts, regional experts and referral physicians
- Identifies referral patterns up-to 3 levels deep



Multi-dimensional, Real-time View of Clinical Decision Making

- Patient Treatment Logs provide objective insight into how and why patients are being treated
- Real-time monthly and aggregate reporting
- Uniquely combines quantitative and qualitative insight by providing rationale for each clinical decision
- Fully compliant with medical and privacy practices (US+EU)

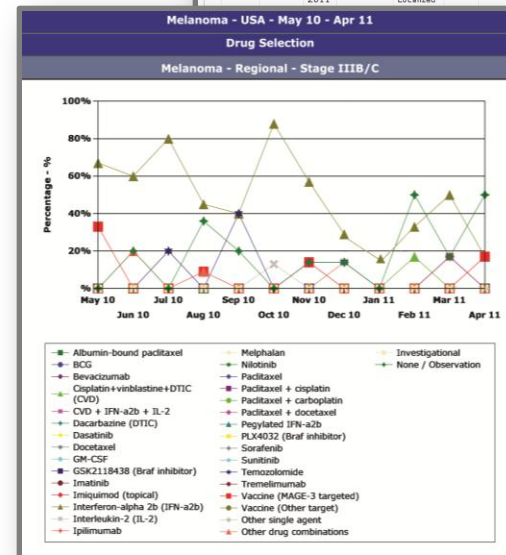
Treatment Logs

Home > Treatment Logs

1 2

Normal View Patient Groups

Patient Demographics			Diagnosis			Treatment			Patient Enrolled in Clinical Trial			
Id#	Country	Date of diagnosis	Date of 1st SLH status	Date of 1st medical (drug) intervention	Disease	Stage	Lab Normal	Type of Diagnosis	Treatment Selection	Ulceration status	Treatment adjustments	Formulation
USA		03-26-2012	04-07-2011	N/A	Melanoma - Localized	Stage IIA	True	Histological	Surgery / Excision + Observation	NA	None / Observation	Non-ulcerated
USA		03-07-2011	03-24-2011		Melanoma - Regional	Stage IIIB/C	True	Histological	Immunotherapy	True	Adjuvant (MAGE-3 targeted)	Ulcerated
USA		02-24-2011	03-17-2011	N/A	Melanoma - Localized	Stage IA	True	Histological	Surgery / Excision + Observation	NA	None / Observation	Non-ulcerated



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

For more information or to schedule a capabilities discussion, please feel free to contact us.

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