



# Complimentary Report

*Immediate Impact of ASCO on  
Clinical Practices in Melanoma*

The  
**Arcas**  
Group

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# 2011 ASCO Annual Meeting: Immediate Impact on Clinical Practices Melanoma

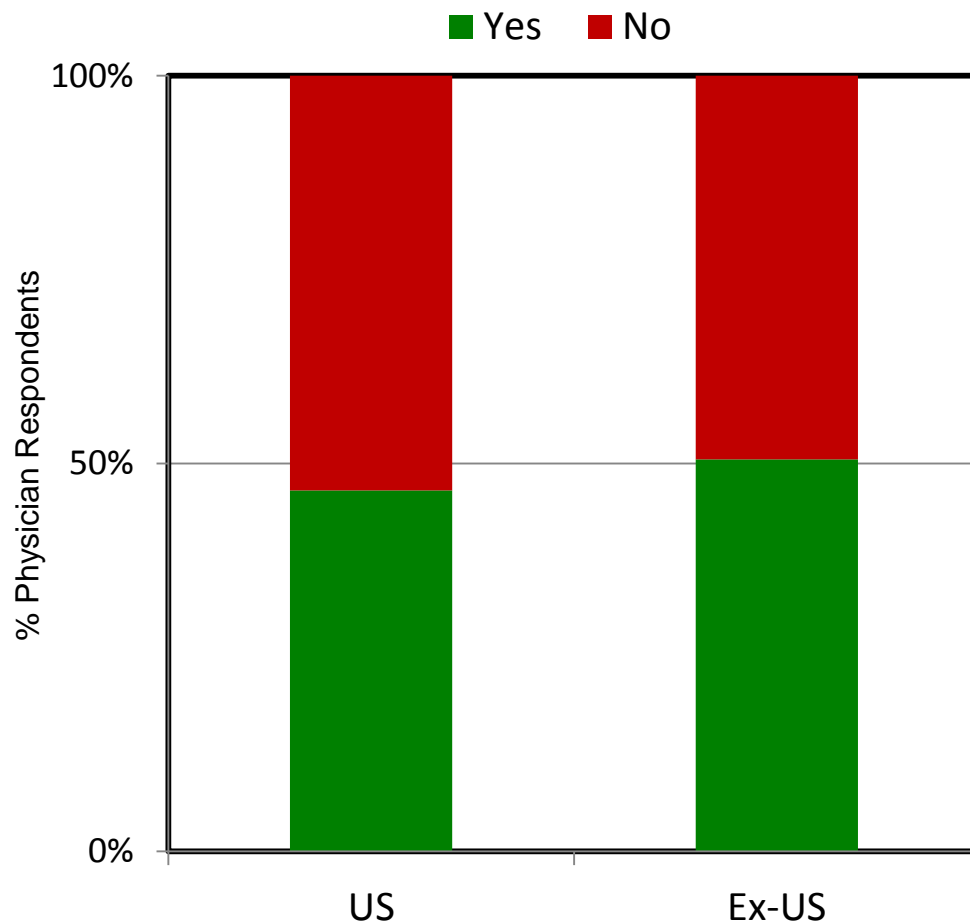
*Source:* MDOUTLOOK ASCO 2011 Quick Poll:  
June 2011

## 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
- Melanoma Quick Poll was launched by email in the morning of Friday, June 10, 2011
  - 4th 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 Melanoma
- Data taken on June 15<sup>th</sup> with 201 complete responses
  - ~1/2 of responses from USA
  - Responses received from 23 different countries in total
- No financial incentives provided for participation

# Attendance at 2011 ASCO Annual Meeting

## Attendance at ASCO Annual Meeting

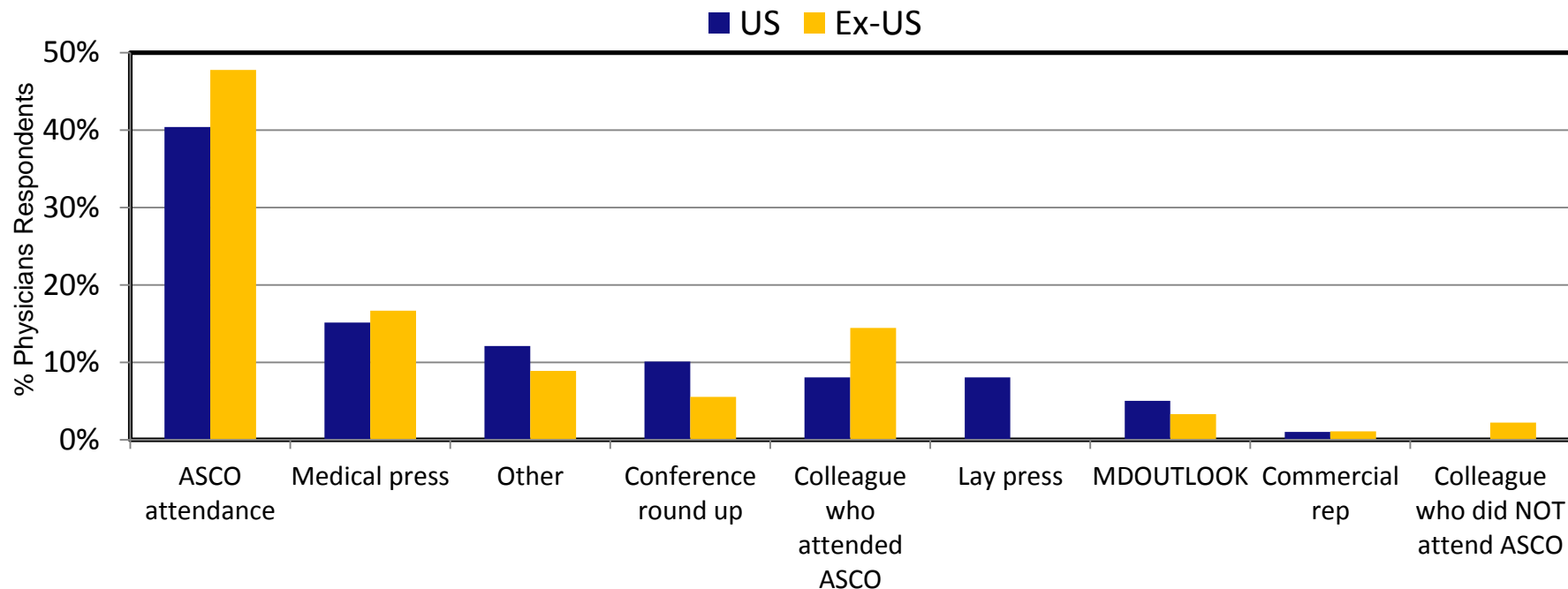


### Key Conclusions

- ~50% of all survey respondents attended this year's ASCO annual meeting
- Similar proportions of US and Ex-US clinicians were in attendance

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

## Source of Clinical Information from 2011 ASCO



### Key Conclusions

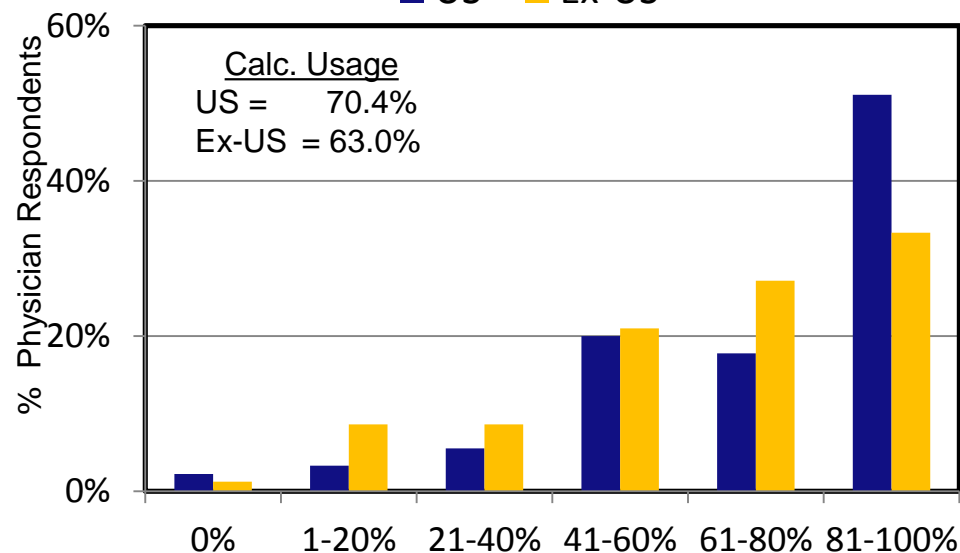
- Attendance at ASCO was the first source of clinical information for the largest proportion of respondents
- Medical press, conference round ups, and colleagues who attended ASCO were also selected by many physicians

# Melanoma Treaters Plan to Treat a Majority of Their V600E BRAF+ Melanoma Patients with Vemurafenib

## Usage of Vemurafenib By Stage

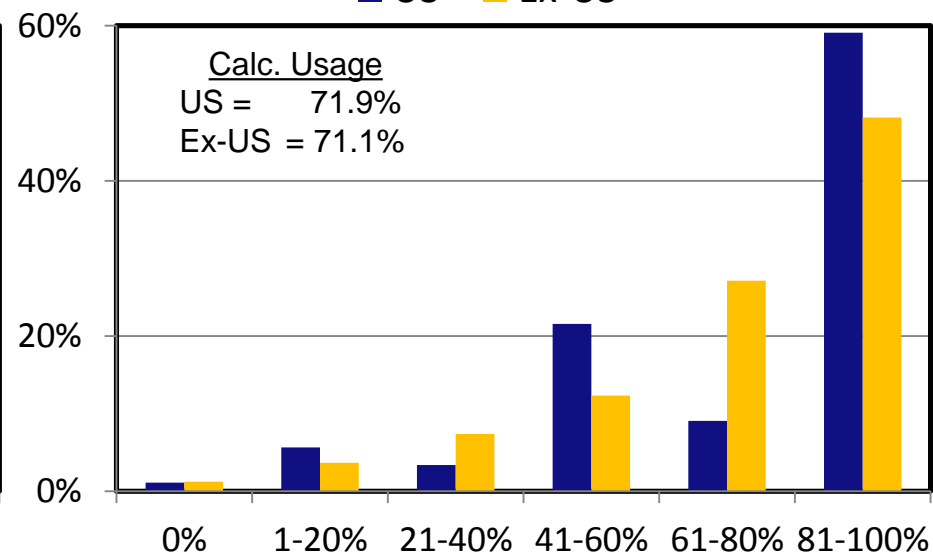
### Unresectable Stage III

■ US ■ Ex-US



### Stage IV

■ US ■ Ex-US



## Key Conclusions

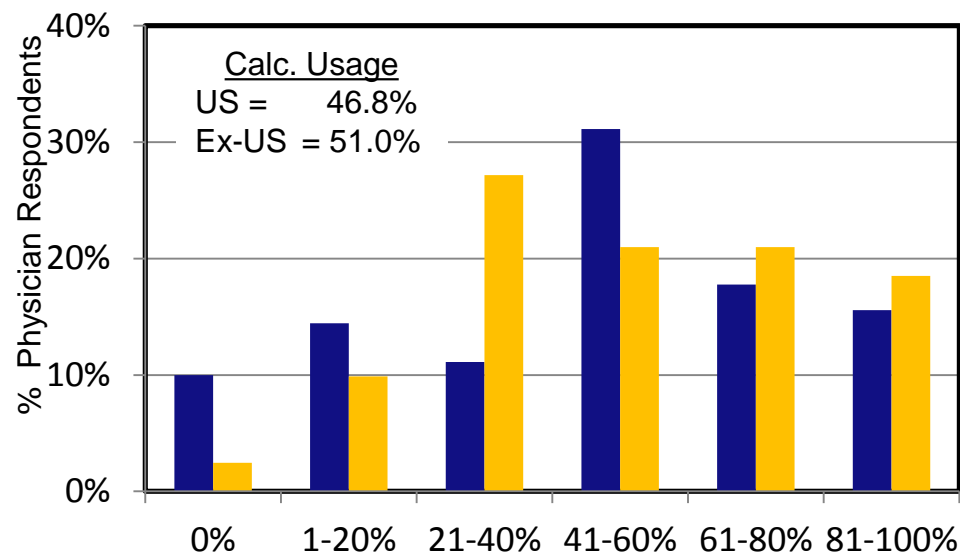
- US melanoma treaters have slightly higher anticipated usage of vemurafenib
  - A majority will place 81-100% of their stage III and stage IV melanoma patients on vemurafenib
- Ex-US melanoma treaters more likely to place stage IV melanoma patients on vemurafenib than stage III unresectable melanoma patients
  - ~50% will place 81-100% of their stage IV melanoma patients as opposed to 33% for their stage III patients

# Physicians Plan Selective Usage of Ipilimumab in Their Advanced and Metastatic Melanoma Patients with Ipilimumab

## Usage of Ipilimumab By Stage

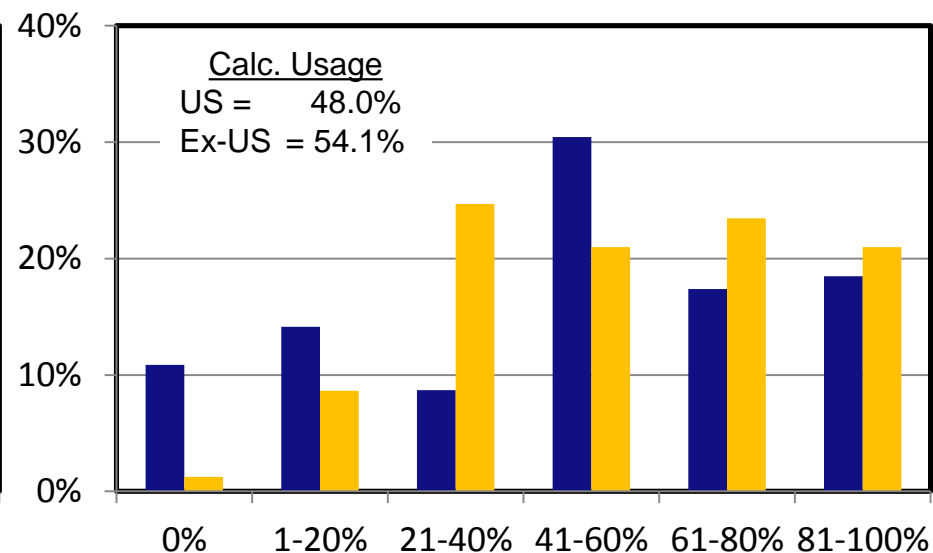
### Unresectable Stage III

■ US ■ Ex-US



### Stage IV

■ US ■ Ex-US

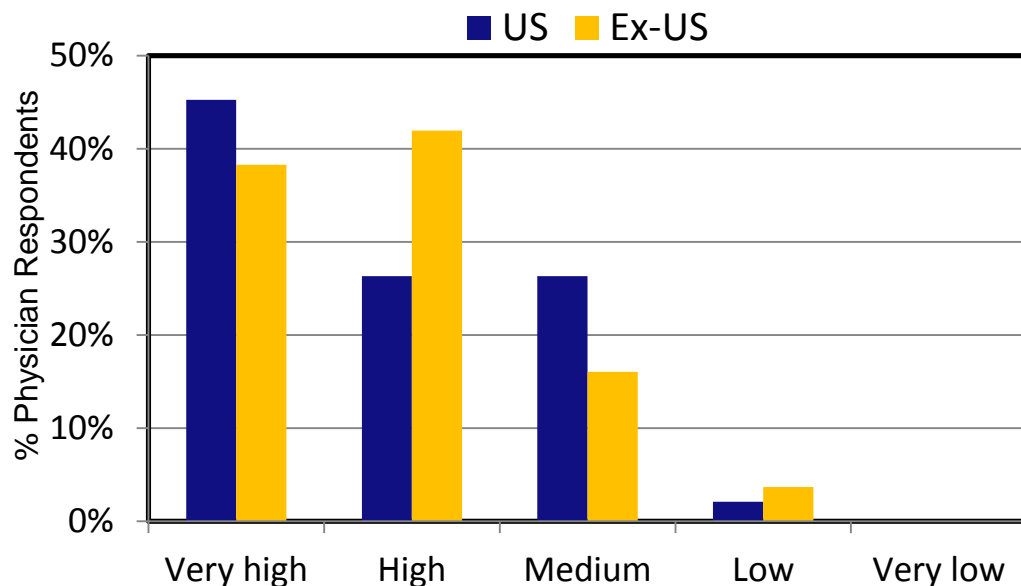


## Key Conclusions

- Largest proportion of US melanoma treaters will use ipilimumab for 41-60% of their unresectable stage III and stage IV melanoma patients
- Largest proportion of Ex-US melanoma treaters will use ipilimumab for 21-40% of their unresectable stage III and stage IV melanoma patients
  - Less than 5% of Ex-US melanoma treaters will not use ipilimumab vs. ~10% of US melanoma treaters

# Melanoma Treaters Rate Clinical Importance of Clinical Trial of GSK212 (MEK inhibitor) and GSK436 (BRAF) as Highly Important

## Importance of MEK and BRAF Inhibitors Trial



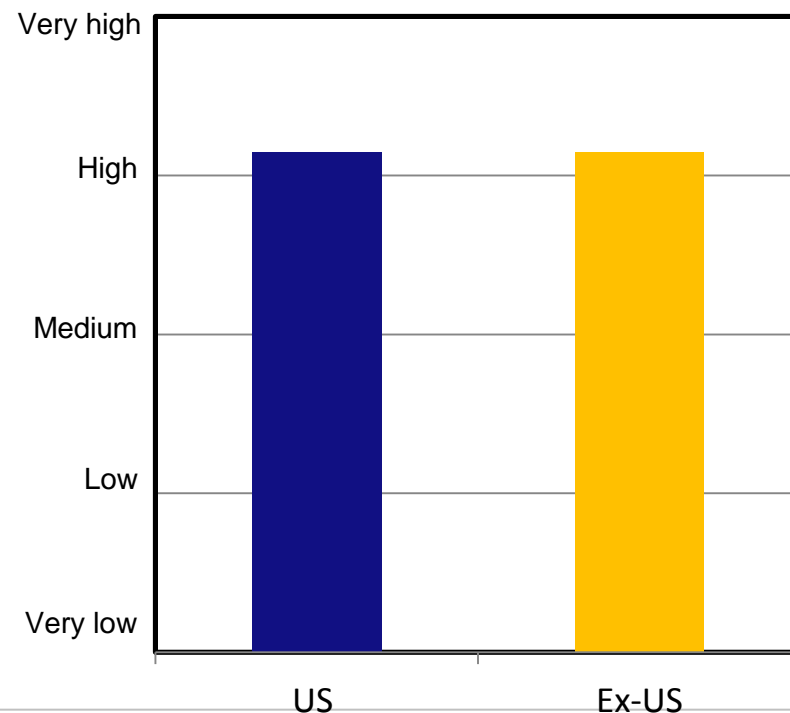
## Key Conclusions

- Overall, melanoma treaters view clinical trial testing GSK212 and GSK436 in combination as very high
- The majority of clinicians rate the clinical importance as high or very high
  - Less than 5% rated clinical importance as low

## Additional Information

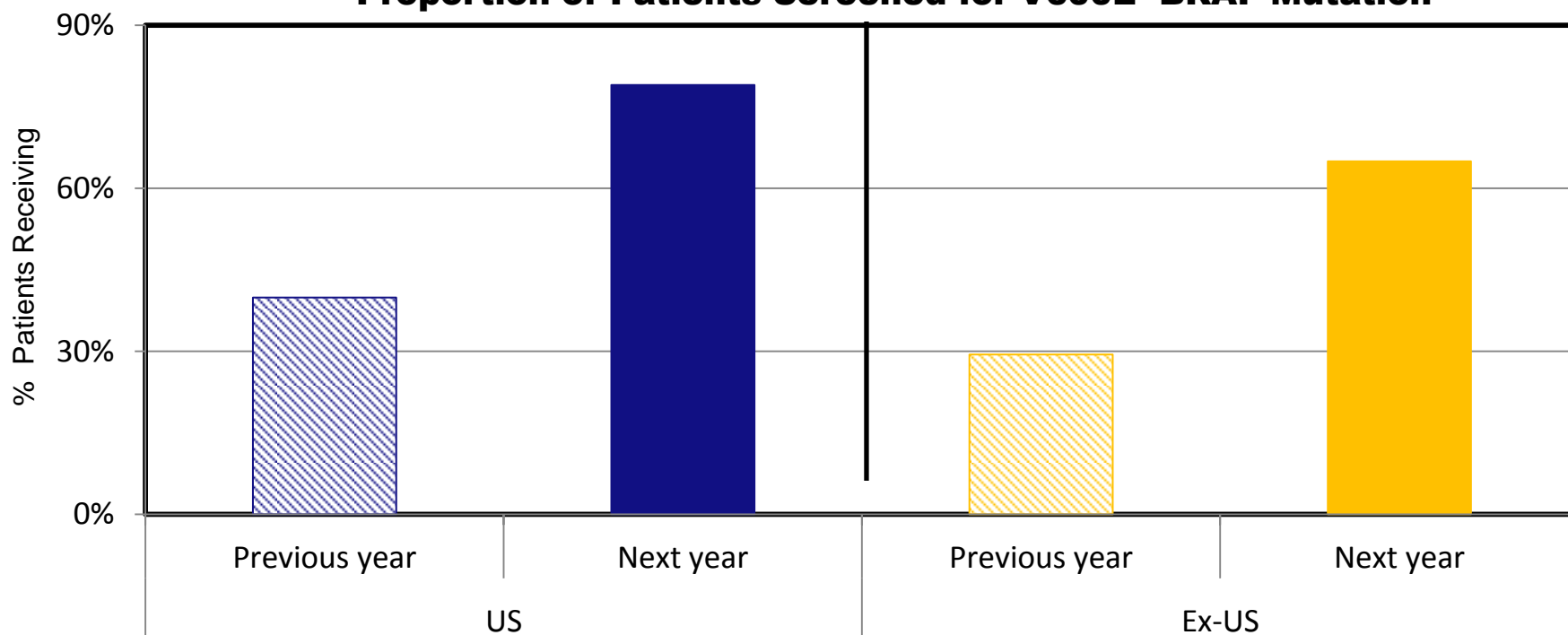
- Overall rating calculated by assigning numerical value to each rating option and then calculating the average

## Overall Rating of MEK and BRAF Clinical Trial



# Majority of Melanoma Patients Will Be Screened for V600E BRAF Mutation in the Next Year

**Proportion of Patients Screened for V600E BRAF Mutation**

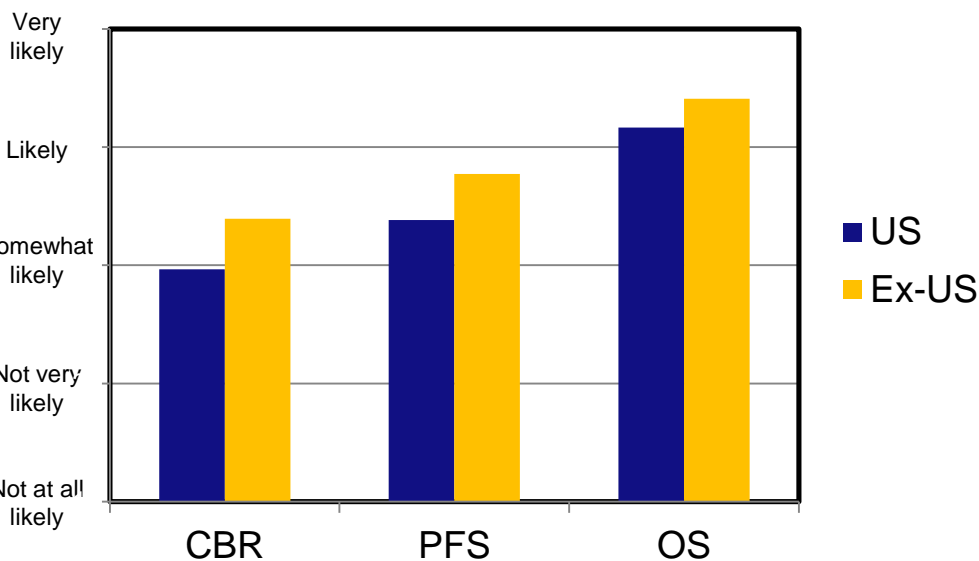


## Key Conclusions

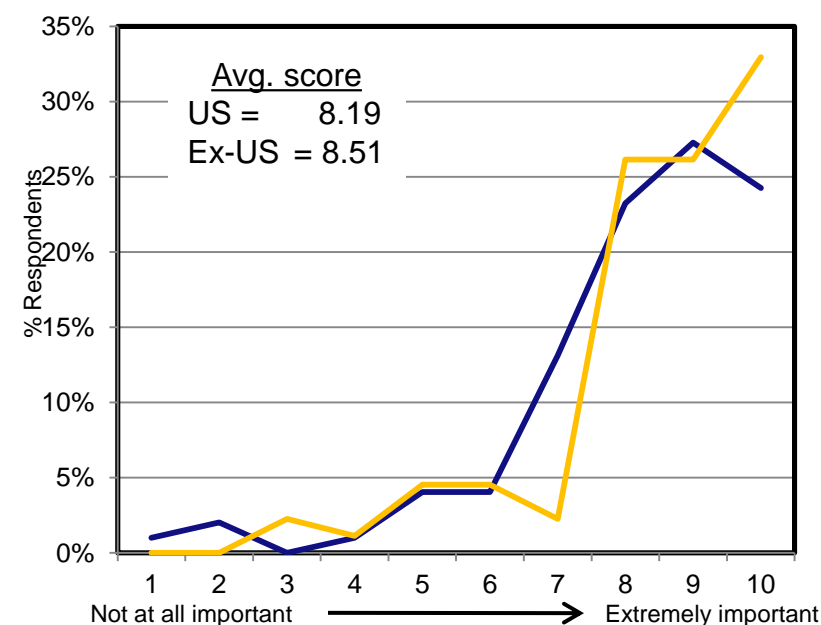
- The majority of US and Ex-US melanoma patients will be screened for the V600E BRAF mutation in the upcoming year
  - ~80% of US patients and 65% of Ex-US patients
- Less than 50% of patients were screened in the previous year
- 98% increase in the US and 120% increase in Ex-US

# 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 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<sup>+</sup> 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**<sup>®</sup>

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 profile 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, 485 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 Ixabepilone 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**

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

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**ThoughtLeader analysis, insight & perspective**

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

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**Continuous streaming of intelligence from  
validated sources**

**Total  
Oncology  
Intelligence**

# Unique Insight from Respected Experts

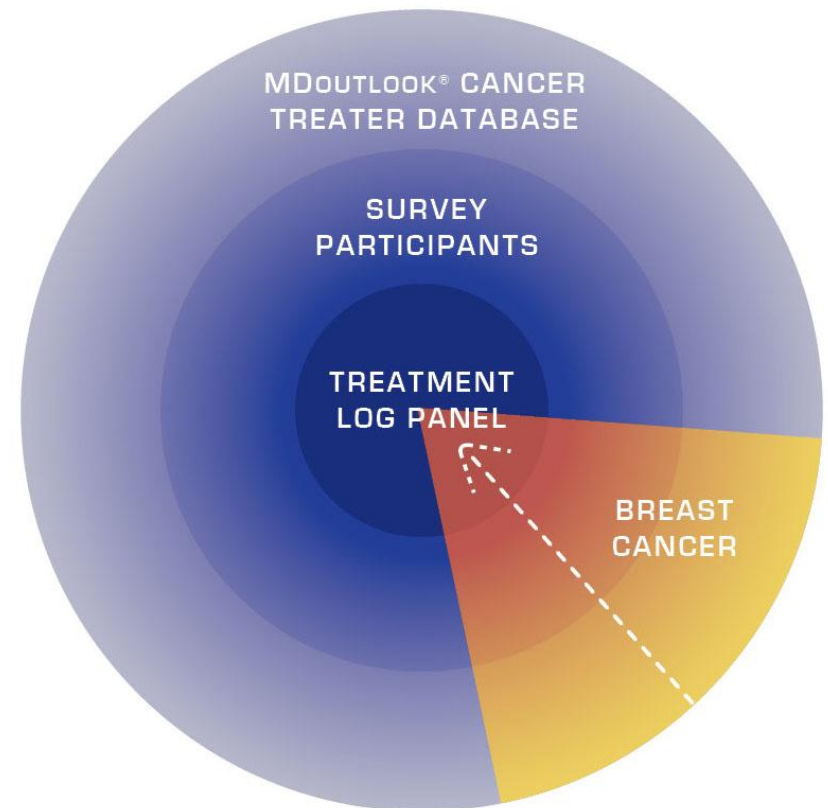
- **Exclusive and unique involvement of prominent ThoughtLeaders**
- **Experts provide insight into disease area and analysis**
- **Ensure direct and clinical relevance of surveys and treatment logs**
- **Multi-disciplinary composition**

## 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

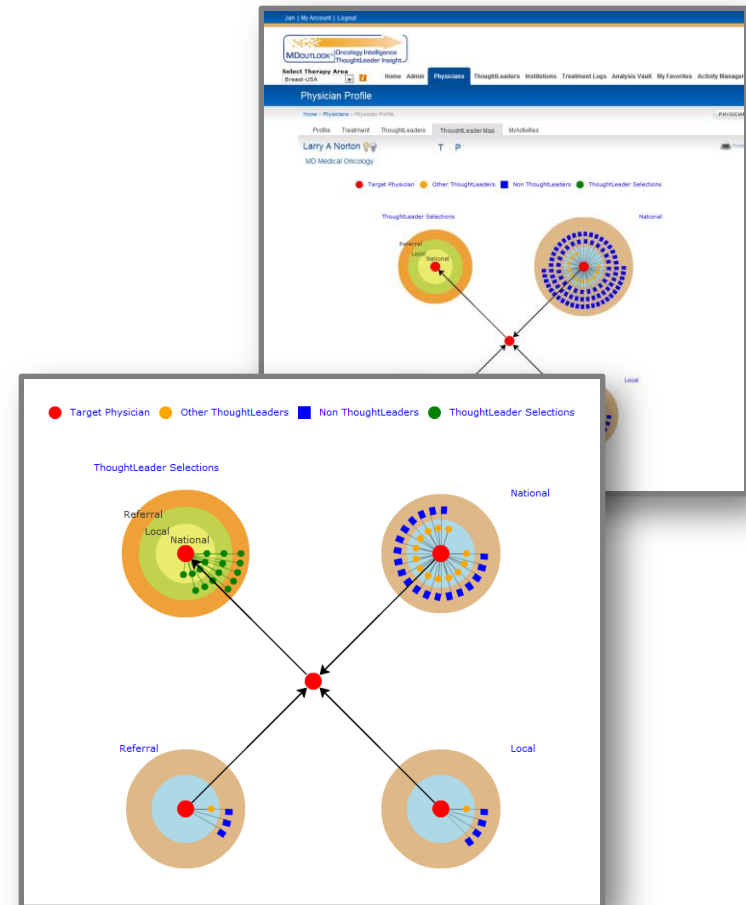
- Uniquely involves Strategy Council of prominent ThoughtLeaders
- Utilizes advanced segmentation by tumor, discipline, and key demographics
- Specifically recruited panels of treaters report monthly disease-specific treatment decisions



**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)

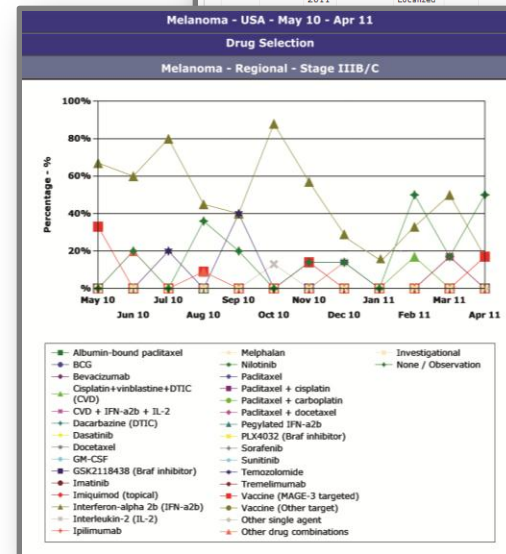
Treatment Logs

Home > Treatment Logs

1 2

Normal View Patient Groups

Patient Demographics			Diagnosis				Treatment			Patient Enrolled in Clinical Trial		Ulceration status		Treatment adjustments		Formulation
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	Patient Enrolled in Clinical Trial	Ulceration status	Treatment adjustments	Formulation			
USA	USA	03-26-2012	04-07-2011	N/A	Melanoma - Localized	Stage IIA	True	Histological	Surgery / Excision + Observation	NA	None / Observation	Non-ulcerated	Non-ulcerated			
USA	USA	03-07-2011	03-24-2011	03-24-2011	Melanoma - Regional	Stage IIIB/C	True	Histological	Immunotherapy	True	Adjuvant	Vaccine (MAGE-3 targeted)	Ulcerated			
USA	USA	02-24-2011	03-17-2011	N/A	Melanoma - Localized	Stage IA	True	Histological	Surgery / Excision + Observation	NA	None / Observation	Non-ulcerated	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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