



Complimentary Report

*Immediate Impact of ASCO on
Clinical Practices in NSCLC*

The
Arcas
Group

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2011 ASCO Annual Meeting: Immediate Impact on Clinical Practices NSCLC

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
- NSCLC Quick Poll was launched by email in the afternoon of Wednesday, June 8, 2011
 - 1st 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 NSCLC
- Data taken on June 15th with 124 complete responses
 - Over 1/2 of responses from USA
 - Responses received from 20 different countries in total
- No financial incentives provided for participation

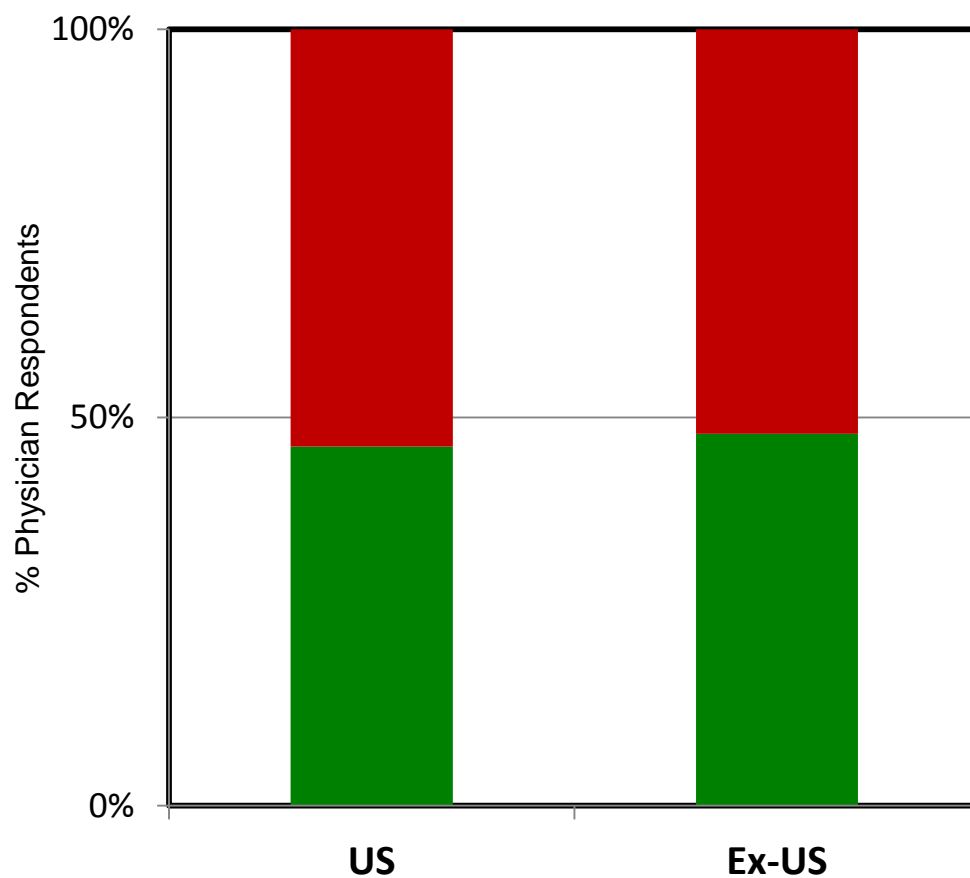
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Attendance at 2011 ASCO Annual Meeting

Attendance at ASCO Annual Meeting

■ Yes ■ No

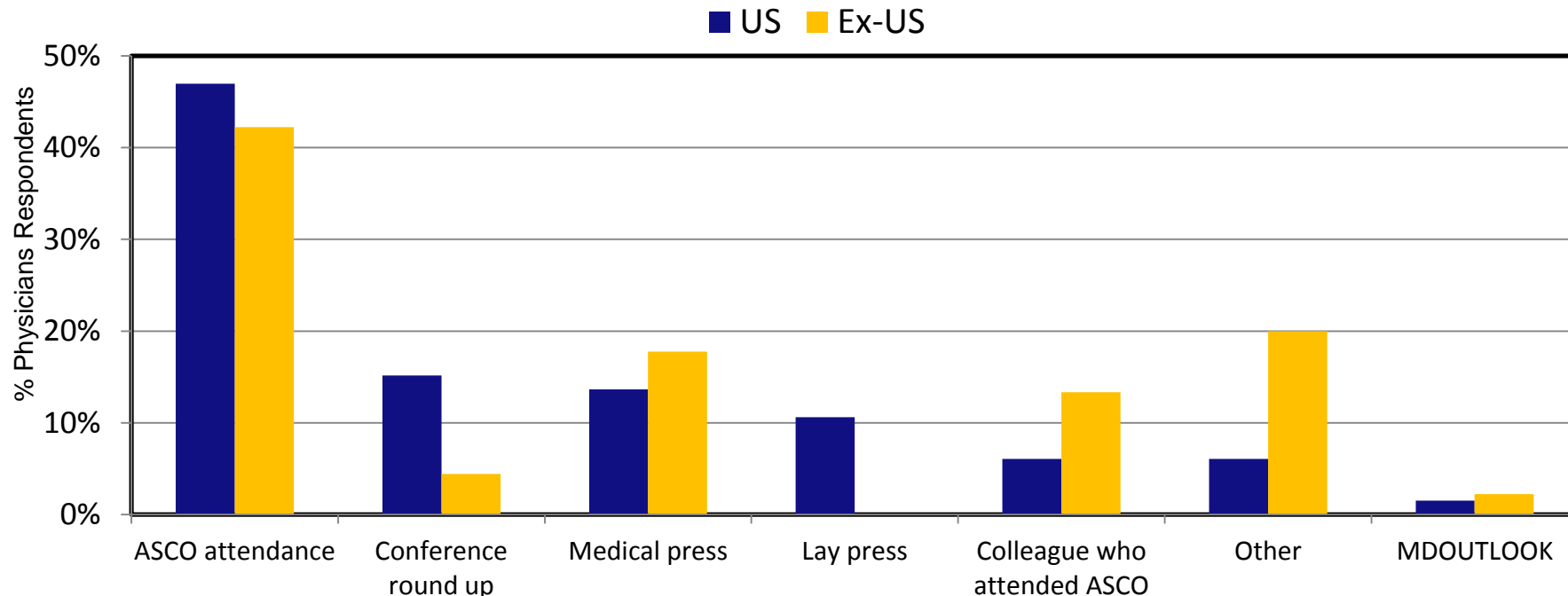


Key Conclusions

- Slightly less than 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



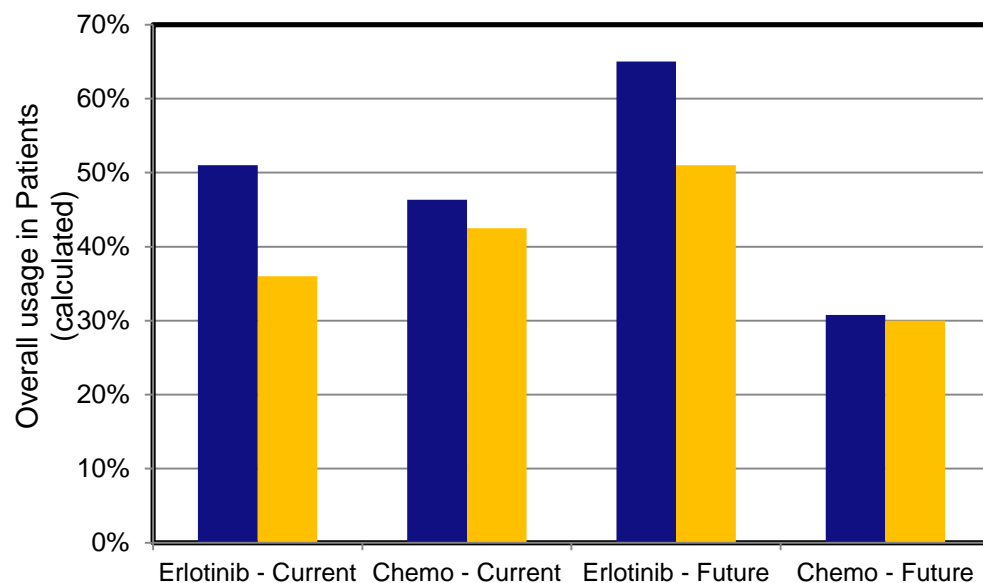
Key Conclusions

- 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

NSCLC Treaters Plan Increased Usage of Erlotinib While Decreasing Usage of Platinum Based Chemotherapy

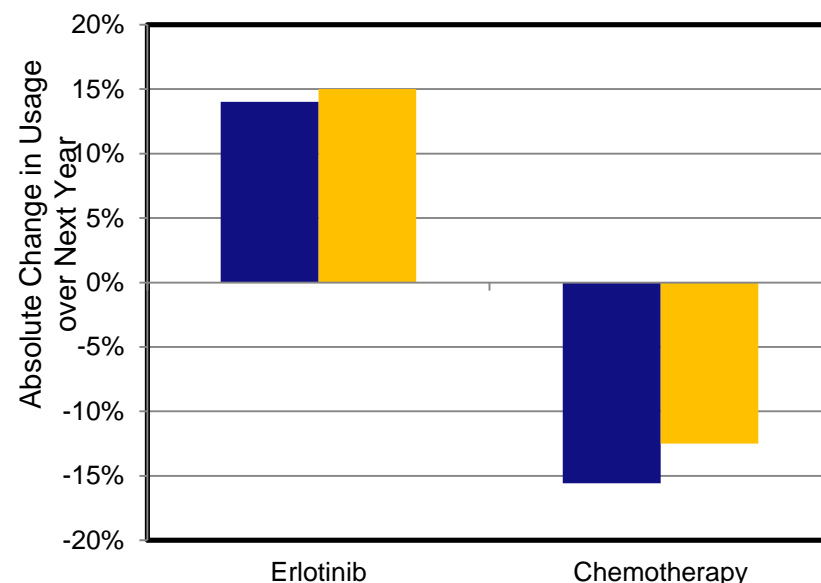
Usage Erlotinib vs. Platinum Based Chemotherapy in EGFR^{mut} NSCLC

■ US ■ Ex-US



Expected Change in Usage over Next Year

■ US ■ Ex-US



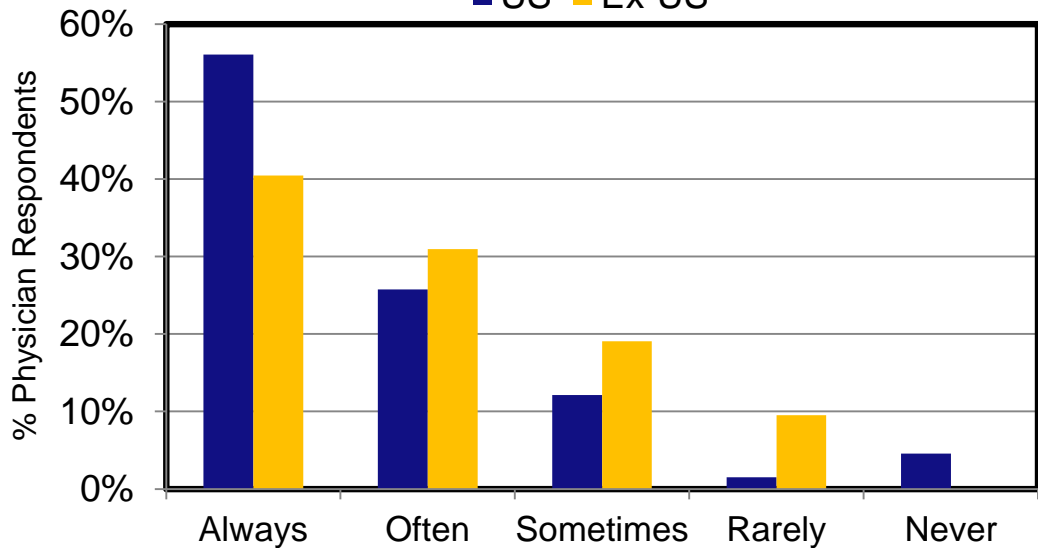
Key Conclusions

- In the next year a majority of patients with metastatic NSCLC who have EGFR mutations will receive erlotinib
 - Usage of erlotinib is higher in the US than Ex-US
- Usage of platinum based chemotherapy will decrease in the coming year
 - ~30% of patients will receive chemotherapy
- Mostly similar results across geographic regions

Large Proportion of Clinicians Plan to Always Use Crizotinib EML4-ALK⁺ NSCLC patients

Usage of Crizotinib

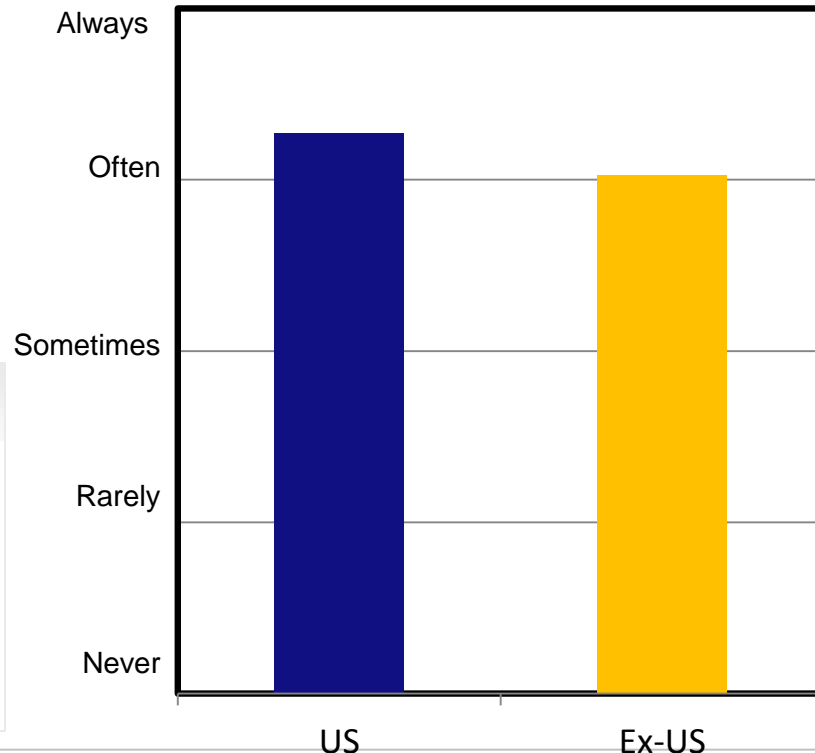
■ US ■ Ex-US



Additional Information

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

Overall Usage of Crizotinib

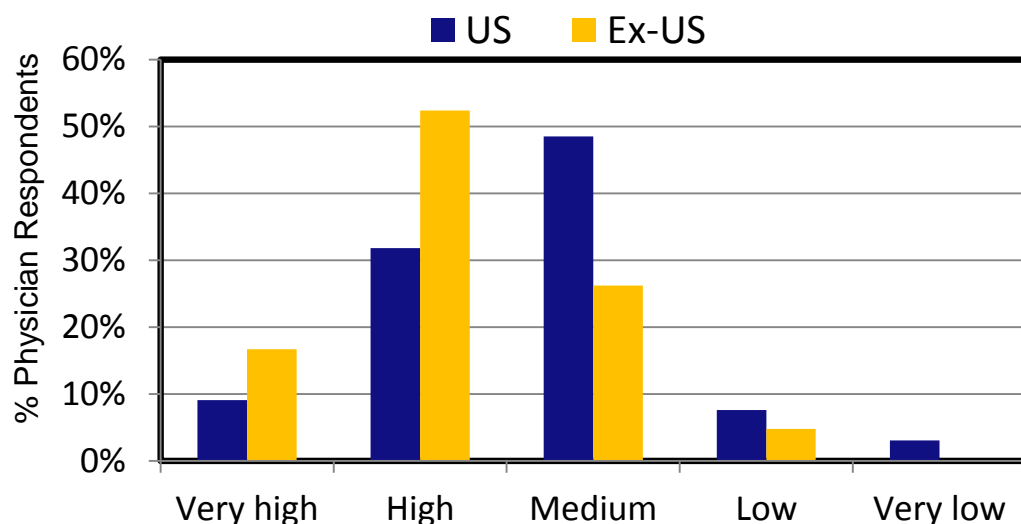


Key Conclusions

- Overall, respondents indicate they will often or always use crizotinib for their appropriate NSCLC patients
 - Over 50% of clinicians in the US plan to always use
 - 40% for clinicians in Ex-US countries
- Very few clinicians plan to rarely or never use crizotinib for their EML4-ALK⁺ NSCLC patients

Anti-c-Met Combination Therapy is Expected to Have a Positive Impact on Treatment of c-Met⁺ Patients

Clinical Importance of anti-c-Met Combination Therapy



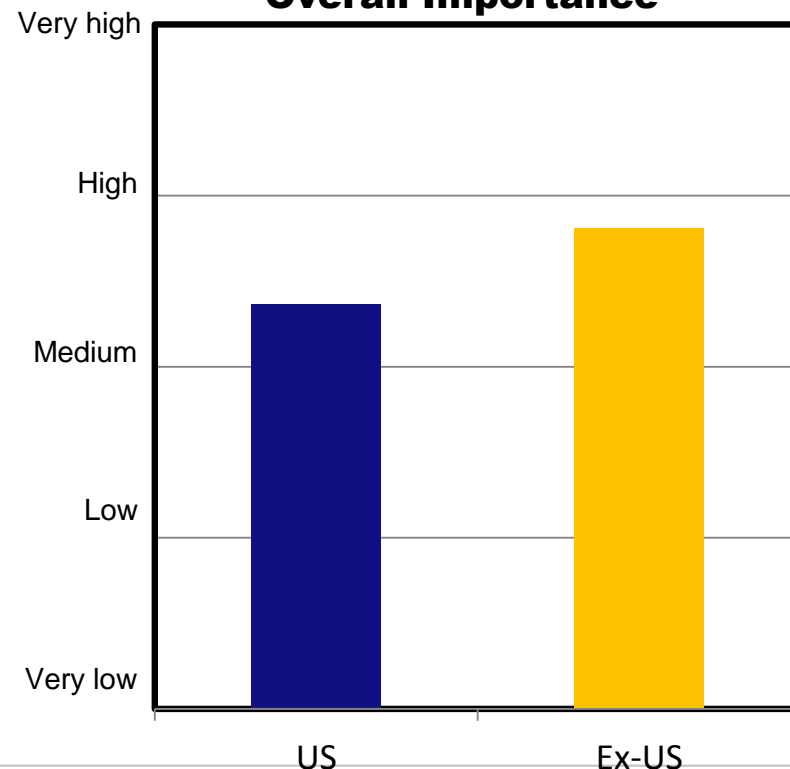
Key Conclusions

- Over 50% of Ex-US clinicians find new data on combination therapy with anti-c-Met to be of high clinical importance
- Largest proportion of US clinicians find new data to be of medium importance
- Very few clinicians find new data to be of low or very low importance

Additional Information

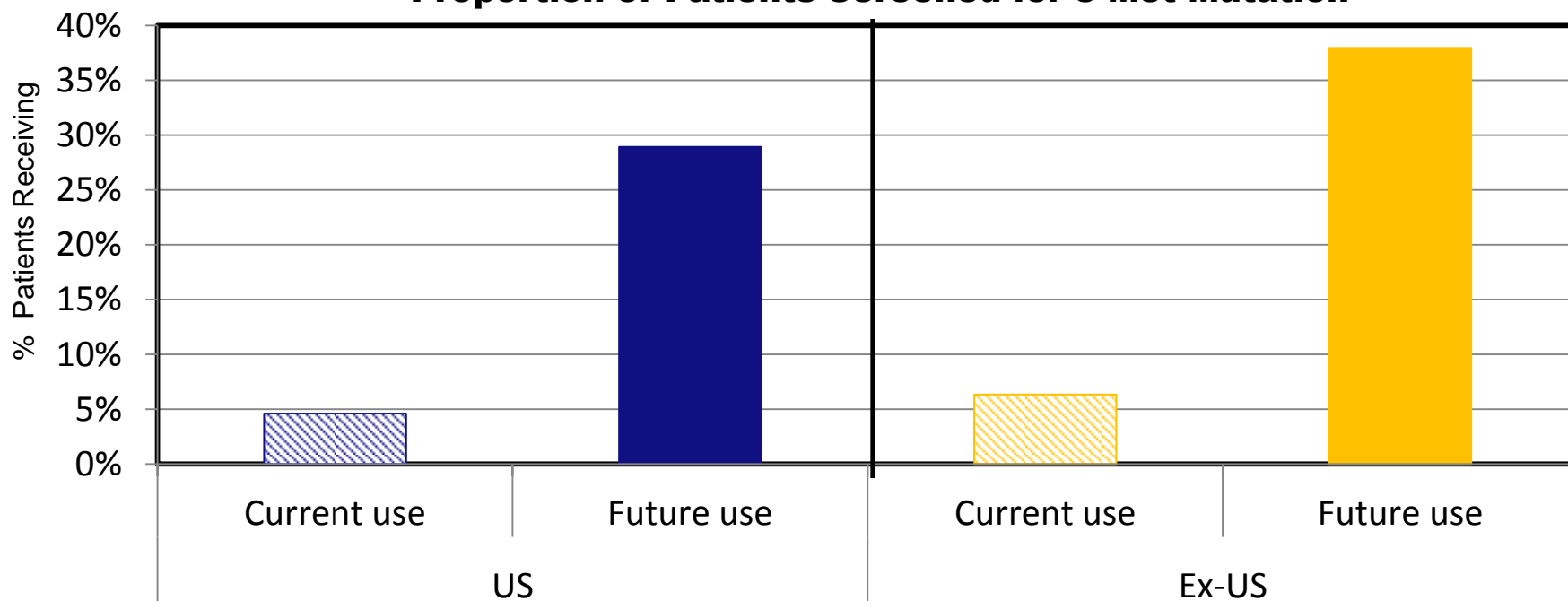
- Overall rating calculated by assigning numerical value to each rating option and then calculating the average

Overall Importance



Screening of NSCLC Patients for c-Met Mutation is Expected to Increase Dramatically in the Near Future

Proportion of Patients Screened for c-Met Mutation

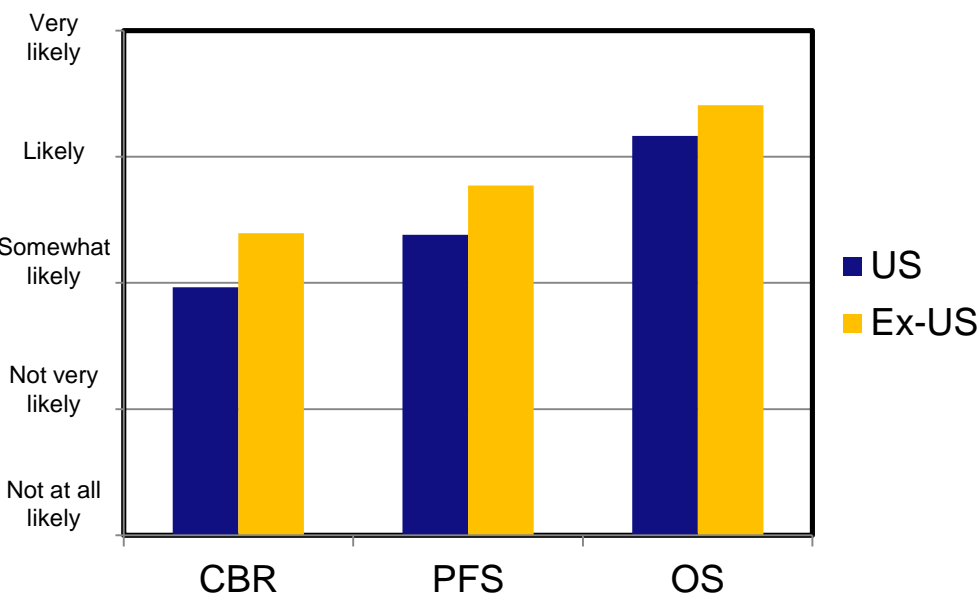


Key Conclusions

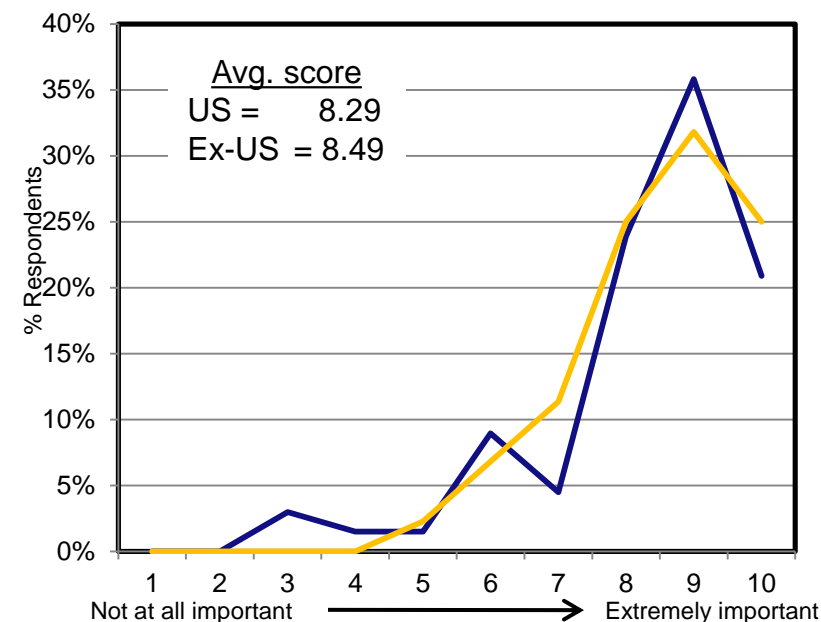
- Currently, the vast majority of NSCLC patients are not tested for mutations of c-Met
 - Only about 5% of patients are currently tested
- In the next 12 months US clinicians plan to test close to 30% of their NSCLC patients; close to 40% for Ex-US clinicians
 - ~500% increase in testing for both US and Ex-US NSCLC patients
- Testing for Met mutation will be slightly more prevalent outside of the 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 NSCLC

- Close to half of all respondents attended the 2011 ASCO annual meeting
 - US and Ex-US clinicians 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
- Usage of erlotinib in metastatic NSCLC with an EGFR mutation will increase in the next year
 - A majority of these patients will receive erlotinib
- Usage of crizotinib for NSCLC patients with EML4-ALK mutation expected to be the standard of care
 - ~1/2 of US clinicians will always use crizotinib for this patient population
- Targeting c-Met in patients resistant to anti-EGFR therapy is anticipated to have a large impact in the future treatment of NSCLC patients
- 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 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, 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 Bevacizumab 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

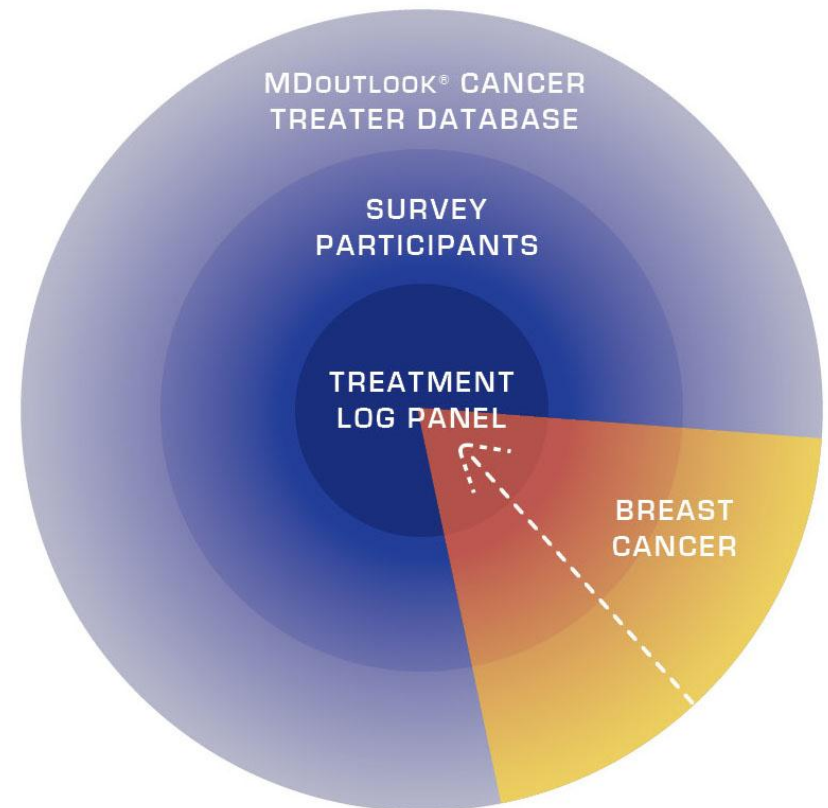
- **Exclusive and unique involvement of prominent ThoughtLeaders**
- **Experts provide insight into disease area and analysis**
- **Ensure direct and clinical relevance of surveys and treatment logs**
- **Multi-disciplinary composition**

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

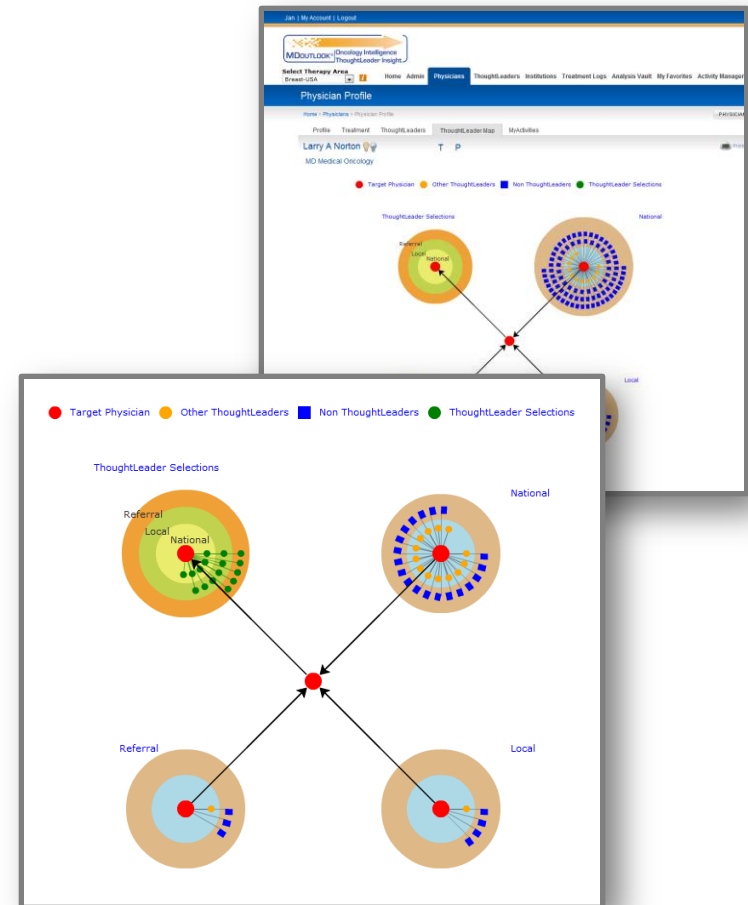
- Uniquely involves Strategy Council of prominent ThoughtLeaders
- Utilizes advanced segmentation by tumor, discipline, and key demographics
- Specifically recruited panels of treaters report monthly disease-specific treatment decisions



**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)

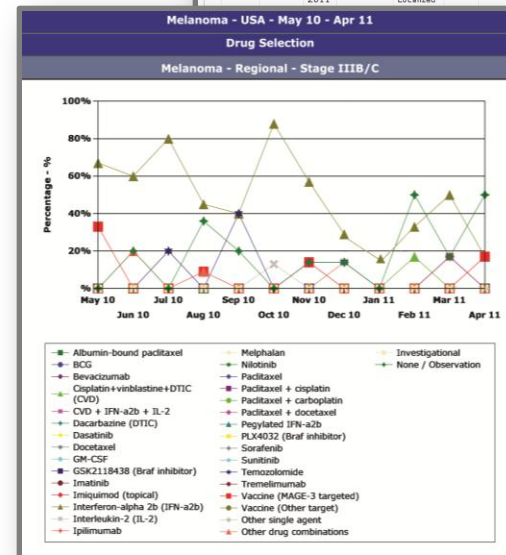
Treatment Logs

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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