



Complimentary Report

*Global Impact of New Clinical
Data in Pancreatic
Neuroendocrine Tumors*

The
Arcas
Group

Contact:
info@thearcasgroup.com
info@mdoutlook.com

www.thearcasgroup.com

Atlanta | Philadelphia | Europe

Immediate Impact of Recent Phase III Clinical Trials: Sunitinib and Everolimus in the Treatment of Pancreatic Neuroendocrine Tumors (PNET)

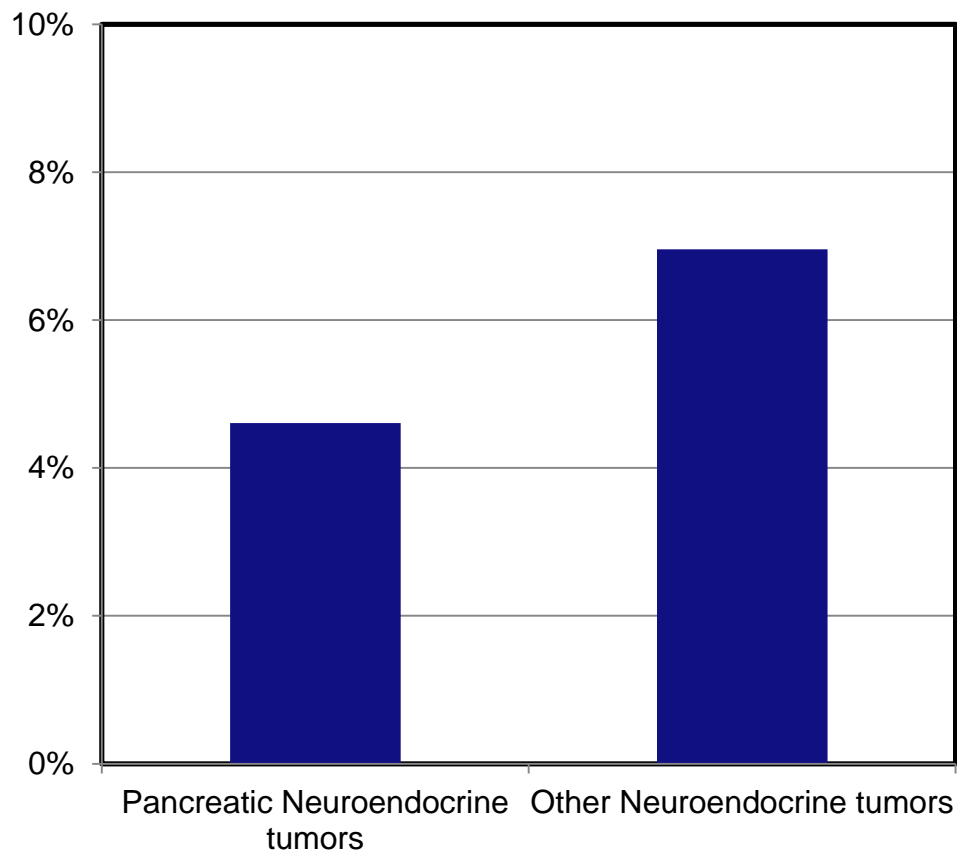
Source: MDOUTLOOK 2011 Quick Poll:
February 10-21, 2011

Quick Poll Methodology and Respondents' Geographic Distribution

- Two manuscripts and an editorial review were published in the February 10, 2011 issue of the *New England Journal of Medicine* describing the results of phase III clinical trials on sunitinib and everolimus for the treatment of pancreatic neuroendocrine tumors (PNET)
- MDOUTLOOK Quick Poll was launched via email on February 10, 2011 to gauge impact of these findings
 - Sent to global distribution of selected Medical Oncologists
- Data closed on February 20th with 131 complete responses
 - Responses from 22 countries
 - ~2/3 of responses from USA
 - ~20% of responses from Europe
- No financial incentives provided

Neuroendocrine Tumors Comprise a Small Part of Oncology Practices

Proportion of Practice Devoted Towards Neuroendocrine Tumors



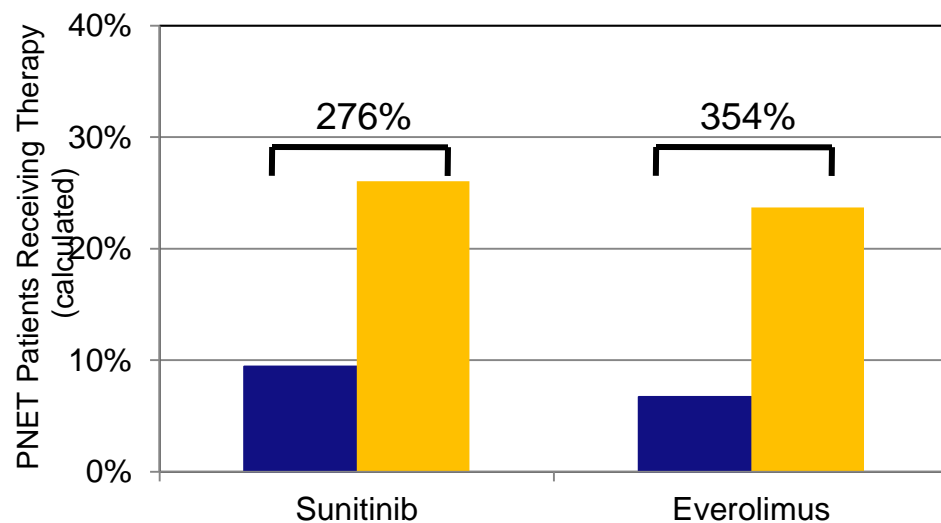
Key Conclusions

- Neuroendocrine tumors make up a small percentage of oncologists' practices
 - Pancreatic neuroendocrine tumors are ~5% of respondents' practices
 - Other neuroendocrine tumors are slightly more prevalent, comprising ~7% of respondents' practices
- Few individuals specialize in neuroendocrine tumors
 - Only 2% of respondents reported >20% of their practice comprised of PNET patients
 - Only 6% reported >20% of practice was directed to other neuroendocrine tumors

Both Sunitinib and Everolimus are Expected to Become Widely Used Therapeutics for PNET in 2011

Expected Changes in Drug Usage

■ 2010 ■ 2011



Key Conclusions

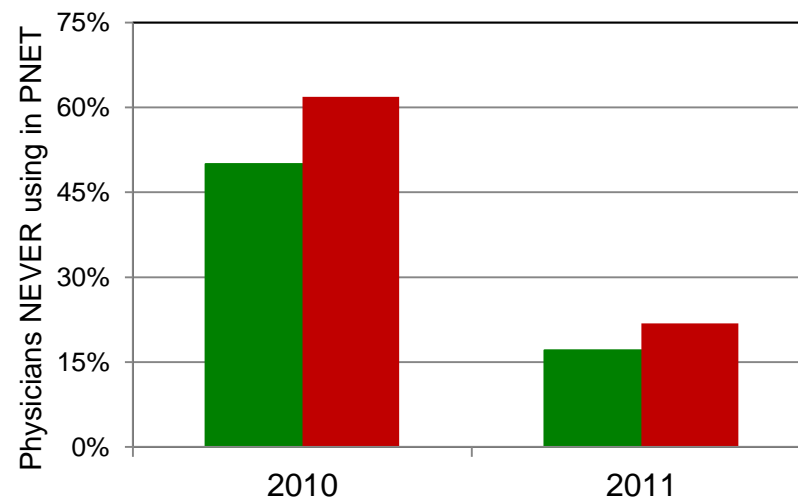
- Both sunitinib and everolimus will be used to treat substantially more patients with PNET in 2011
 - Sunitinib had and is expected to maintain its slight preference in use for PNET patients
- While most physicians hadn't used these therapeutics for PNET in 2010, over $\frac{3}{4}$ of oncologists expect to do so with some patients in 2011

Additional Information

- Physicians selected the proportion of PNET patients who received / they expect to receive each therapy and presented values were calculated from the ranges

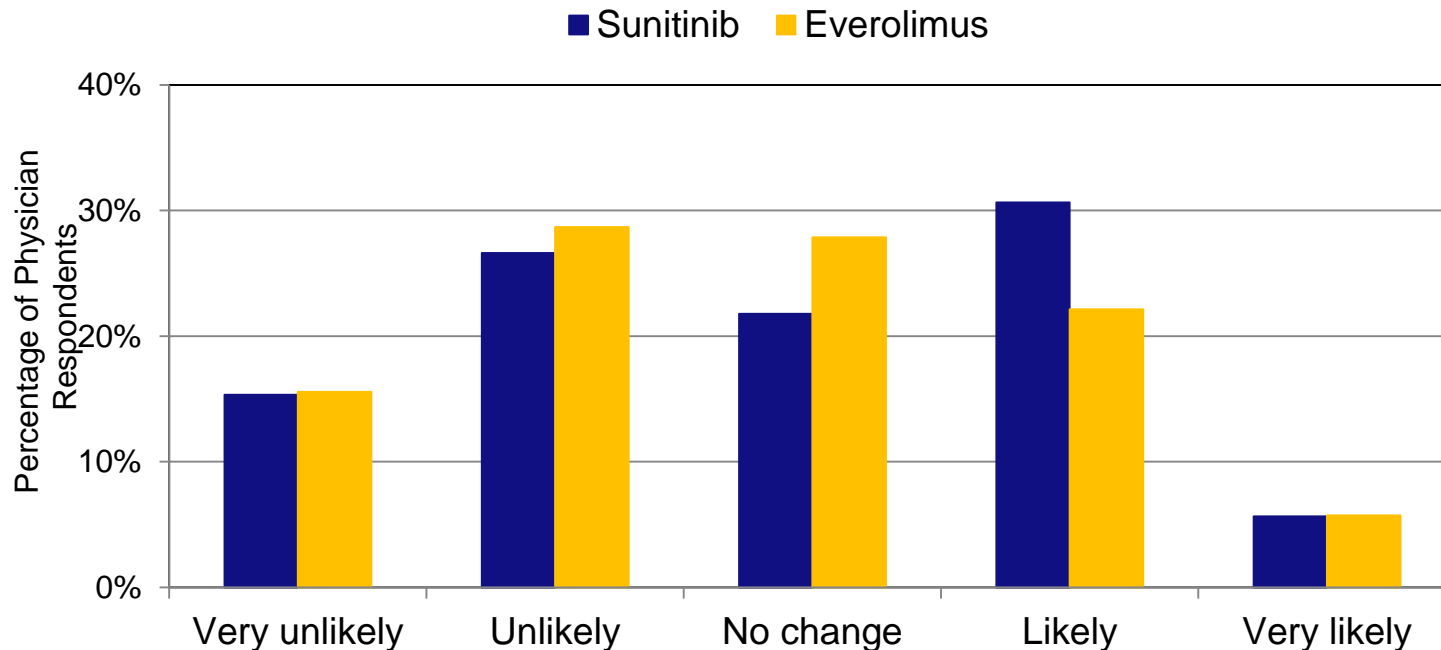
Physicians Using in Zero PNET Patients

■ Sunitinib ■ Everolimus



Potential Side Effects Will Limit the Use of Sunitinib and Everolimus in PNET in a Subset of Oncologists

Likelihood Side Effect Profiles will Deter Usage in PNET



Key Conclusions

- With both sunitinib and everolimus, a subset of treaters will avoid using these therapeutics because of the potential for side effects
- Everolimus appears to have a slight advantage in its side effect profile with PNET patients

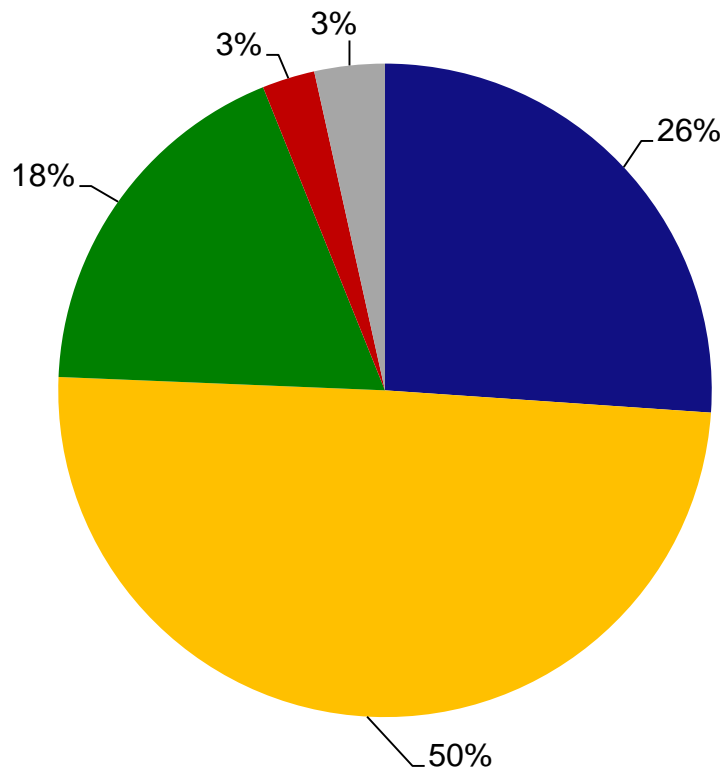
Additional Information

- Physician responses for sunitinib and everolimus were independent of each other
- Potential adverse events for sunitinib include diarrhea, nausea, vomiting, asthenia, and fatigue; for everolimus include stomatitis, rash, diarrhea, fatigue, and infections

Extended Therapy with Sunitinib or Everolimus is Expected to be Tolerated by Patients with PNET

Patients' Willingness to Stay on Extended Therapy with New Agents for PNET

■ Very likely ■ Likely ■ Unlikely ■ Very unlikely ■ Unsure

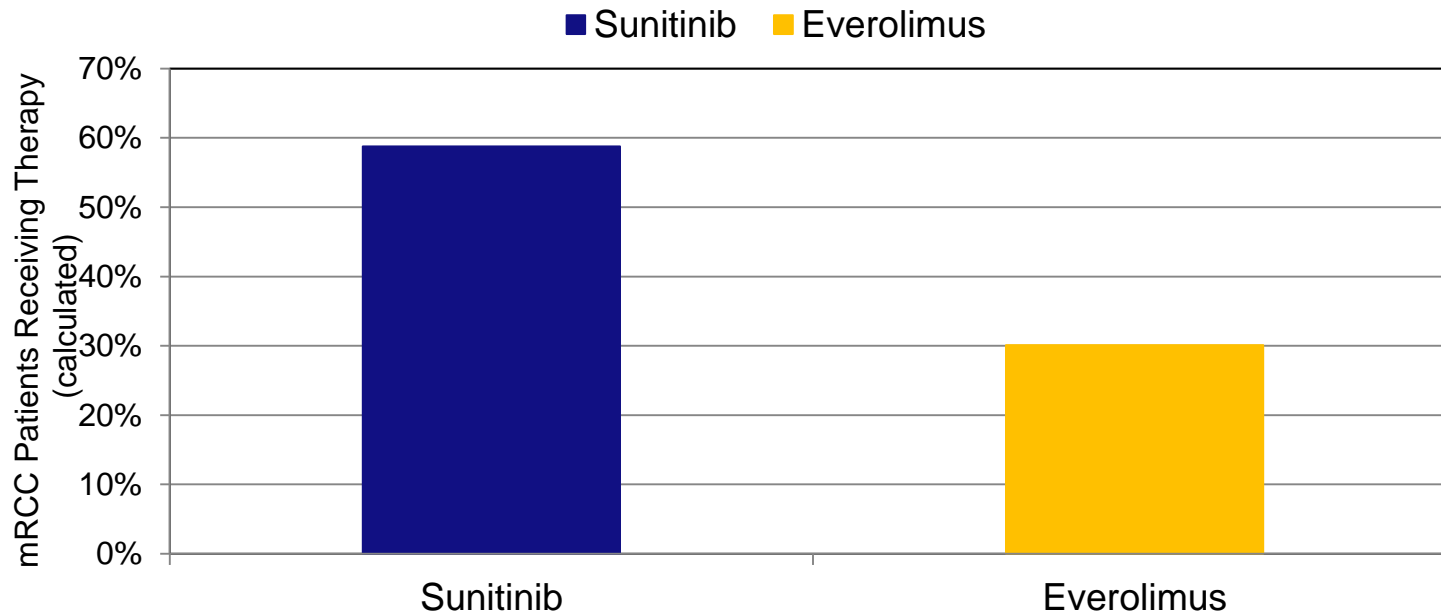


Key Conclusions

- Most oncologists believe their patients will stay on extended therapy with sunitinib and everolimus for control of their PNET
- Overall similar responses among US and Non-US physicians (not shown)

Sunitinib and Everolimus Are Currently Widely Used for Metastatic Renal Cell Carcinoma

Current Usage of Sunitinib and Everolimus in mRCC



Key Conclusions

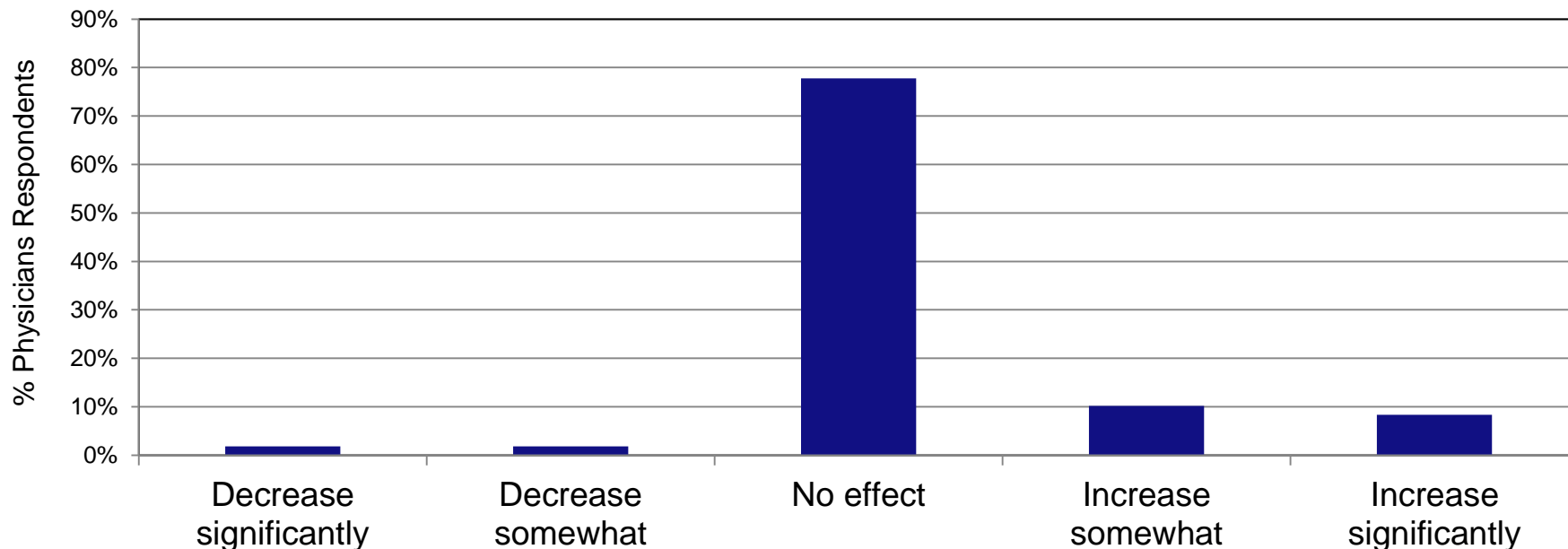
- Sunitinib is received by most patients with metastatic Renal Cell Carcinoma (mRCC)
- Everolimus is used in the treatment of ~1/3 of mRCC patients
- Few physicians never use sunitinib or everolimus in mRCC (not shown)

Additional Information

- Data limited to those respondents who treat mRCC
- Values were calculated from the ranges of mRCC patients who receive each therapy
- Physician responses for sunitinib and everolimus were independent of each other

Most Oncologists Independently Judge Usage of a Therapeutic Among Different Tumor Types

Impact Additional Regulatory Approval Will Have on mRCC Usage



Key Conclusions

- For vast majority, obtaining regulatory approval for PNET will not impact usage in mRCC
- Of those oncologists expecting to change behavior, 2nd approval will most likely lead to increased usage

Additional Information

- Expected impact on sunitinib or everolimus usage was not differentiated
- These results are consistent with previous MDOUTLOOK results which showed that 2nd approval has only a slightly positive impact on usage in initial therapeutic area

Conclusions About the Immediate Impact of Sunitinib and Everolimus in the Treatment of Pancreatic Neuroendocrine Tumors

- Neuroendocrine tumors in general comprise only a small portion of most oncologists' practices
- Recent data published in the *NEJM* will lead to a large increase in the proportion of patients with pancreatic neuroendocrine tumors who receive sunitinib or everolimus as a therapeutic option
 - The majority of treaters expect to use both of these drugs in 2011 for the treatment of PNET
- The potential for side effects will impact a subset of oncologists, limiting their use in patients with PNET
- Oncologists widely believe their patients with PNET will stay on extended treatment with sunitinib or everolimus
- While both sunitinib and everolimus are currently widely used in the treatment of metastatic renal cell carcinoma, regulatory approval for PNET will have little affect on their usage in mRCC

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 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**

**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

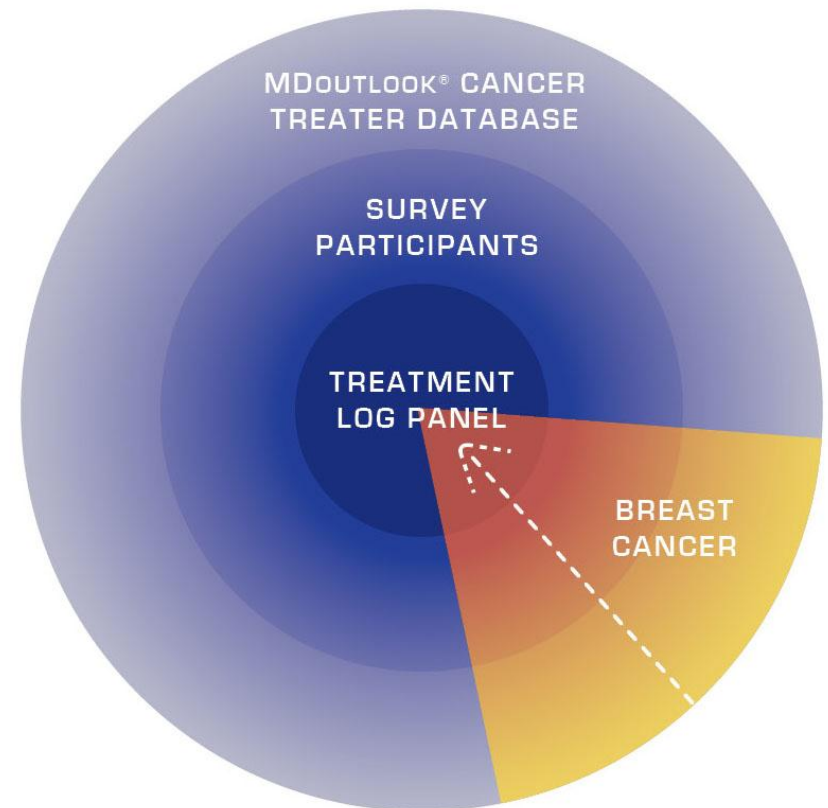
- **Exclusive and unique involvement of prominent ThoughtLeaders**
- **Experts provide insight into disease area and analysis**
- **Ensure direct and clinical relevance of surveys and treatment logs**
- **Multi-disciplinary composition**

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

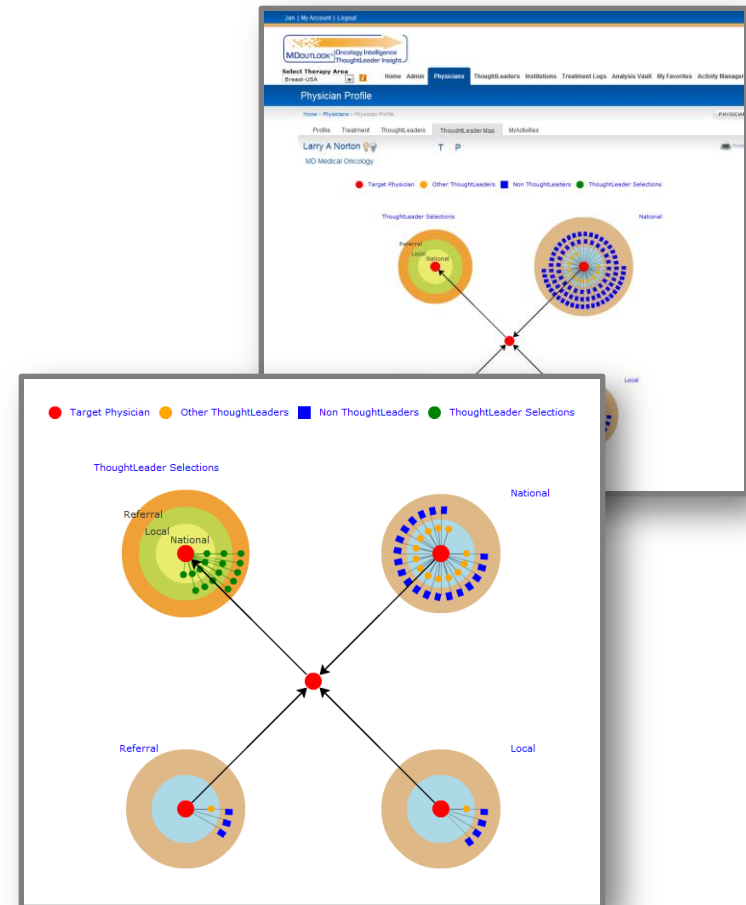
- **Uniquely involves Strategy Council of prominent ThoughtLeaders**
- **Utilizes advanced segmentation by tumor, discipline, and key demographics**
- **Specifically recruited panels of treaters report monthly disease-specific treatment decisions**



**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)

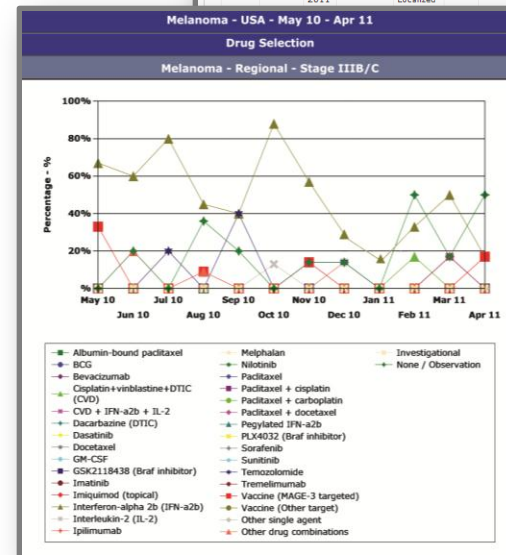
Treatment Logs

Home > Treatment Logs

1 2

Normal View Patient Groups

Patient Demographics			Diagnosis				Treatment			Patient Enrolled in Clinical Trial		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		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.

Contact:

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



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