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Medical Oncologist Study

September 29th, 2010



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Agenda

- 1 Method**
- 2 Executive Summary**
- 3 Detailed Results**

Patient Knowledge and Information Gathering

Importance of Progression-Free Survival

Factors Considered when Recommending a Metastatic Cancer Treatment

Government Funding

Access to Targeted Biologics

Method

Respondent Qualification

- **A total of 41 Medical Oncologists from across Canada answered an online survey about the importance of progression-free survival and the government funding process for late stage cancer treatments.**
 - All of the Oncologists surveyed indicated treating at least 1 or more patients with breast cancer each year

Fieldwork

- **Data collection for this study was conducted between July 23, 2010 and September 17, 2010**

Quality Control

- **Leger Marketing's experience and expertise in public opinion and marketing research extend to the quality and standards of every research project. Detailed verification and validation procedures at each stage of the process ensure data accuracy.**

Executive Summary

- **While nearly half of Oncologists say their patients lack knowledge about metastatic cancer prior to diagnosis, most say once they are diagnosed, they take on a proactive role enquiring or seeking out information on new treatments, clinical trials and support groups**
- **Despite this keen patient interest in acquiring information, the majority of oncologists say metastatic cancer patients lack access to adequate support and resources**
- **While nearly all Oncologists believe progression-free survival is important to the emotional well-being of a patient with metastatic cancer and is a meaningful primary end-point for the disease, 7 in 10 do not believe it should be evaluated equally with overall survival as a meaningful endpoint in clinical trials**
- **3 in 4 Oncologists show concern for the restriction current funding decisions have on their ability to provide patients with all available treatment options and say this lack of funding impacts what treatment they decide to recommend to metastatic patients**
- **Clinical trial results is the first factor Oncologists consider when recommending a metastatic cancer treatment; half say in general they consider a patient's ability to pay for the treatment (if not funded)**
- **Nonetheless, half of oncologists have recommended a treatment option that was not publically funded to later learn that the patient is unable to cover the costs, this happens despite the finding that 7 in 10 say they would never knowingly make such a recommendation**
 - 3 in 4 Oncologists who have prescribed such non-funded treatments say it is rare or impossible for a patient to generate the needed funds

Executive Summary (Continued...)

- **When it comes to government funding, 8 in 10 Oncologists feel that progression-free survival should be a valid primary end-point and taken into consideration by governments when making decisions about what treatment to fund for metastatic cancer**
- **At least 3 in 4 Oncologists believe the quality of life of a patient and overall survival rate should hold greater weight than the cost of the treatment when governments are determining which treatments to fund and on average, say progression-free survival and overall survival should hold about equal importance**
- **Most Oncologists believe patients or patient organizations rarely or never influence a governments funding decision, but rather the Oncologists that evaluate the clinical benefit**
 - This may be in part due to the fact that 8 in 10 Oncologists say their metastatic cancer patients are not knowledgeable of the government funding process and how it affects their treatment options
- **Nearly all Oncologists say access to targeted biologics improves their ability to treat metastatic cancer and 8 in 10 oppose the restriction of targeted biologics for metastatic cancer based on cost alone**

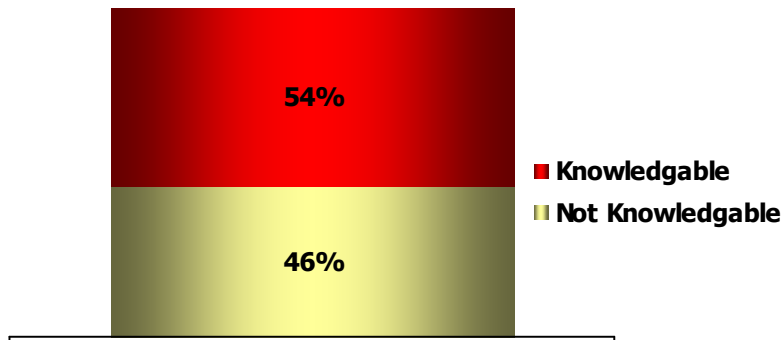
Detailed Results

Patient Knowledge and Information Gathering

Nearly Half Say Patients Lack Knowledge of Metastatic Cancer Prior to Diagnosis

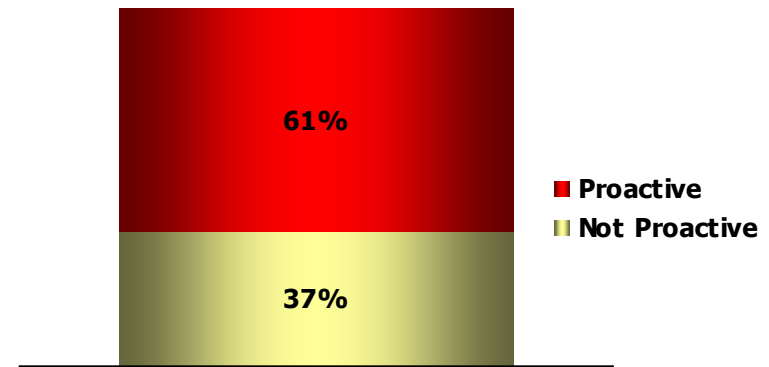
- While nearly half (46%) of Oncologists say their patients lack knowledge about this type of cancer prior to being diagnosed, most (61%) say once they are diagnosed with metastatic cancer, they take on a proactive role by gathering information to help make decisions about their treatment

Knowledge of Metastatic Cancer Prior to Diagnosis



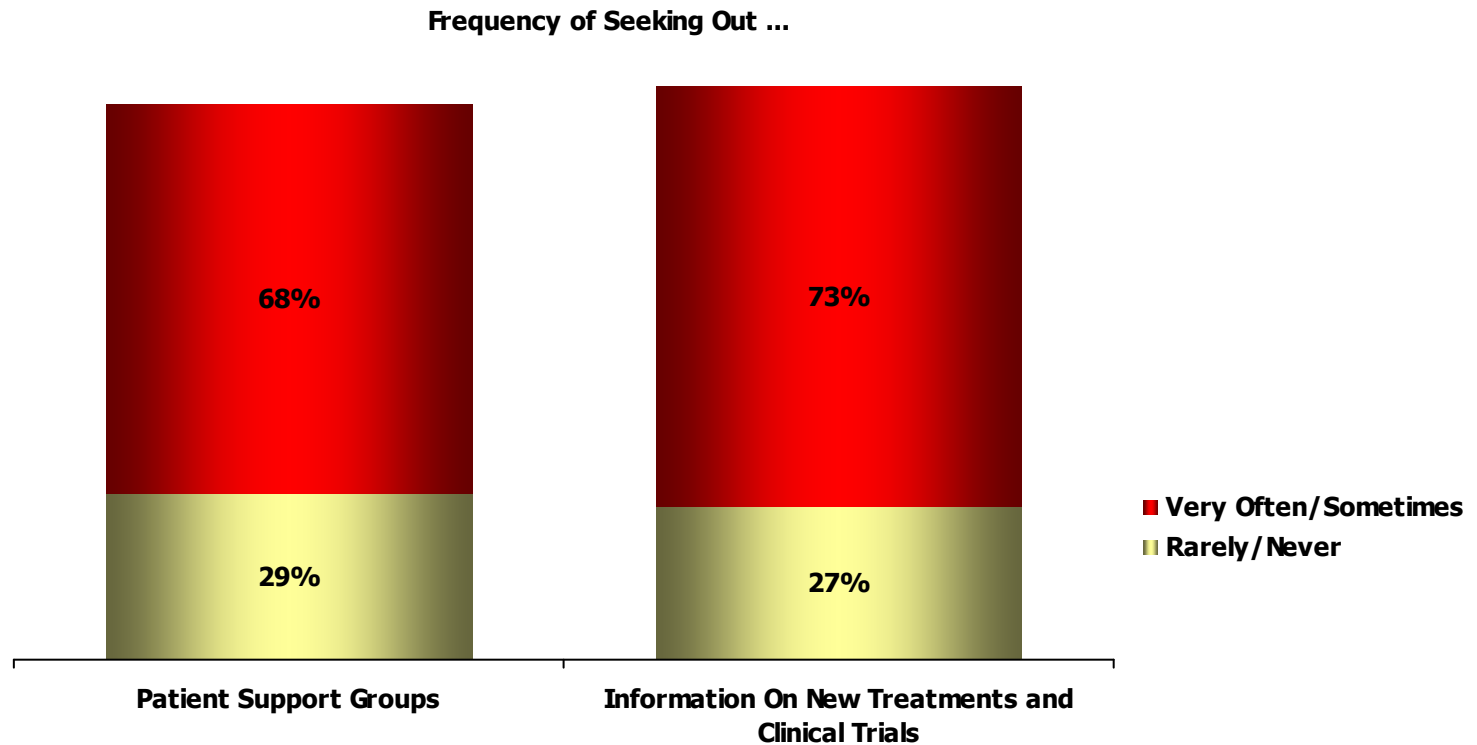
Q1. Prior to being diagnosed with metastatic cancer, how knowledgeable do you believe patients are about what a metastatic cancer diagnosis means? Base: All Oncologists (n=41)

Patient Proactiveness in Gathering Information about Metastatic Cancer



Q2. How proactive are your metastatic cancer patients in terms of gathering information and helping make decisions about their treatment? Base: All Oncologists (n=41)

At least 7 in 10 Oncologists Say Patients Seek Out Information On New Treatments, Clinical Trials and Support Groups



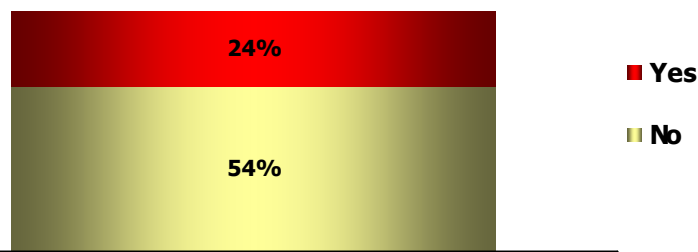
Q5. How often do your metastatic cancer patients inquire about, or actively seek out, patient support groups?
Base: All Oncologists (n=41)

Q6. In your experience, how often do metastatic cancer patients seek out information on new treatments and clinical trials?
Base: All Oncologists (n=41)

Half of Oncologists Say Metastatic Cancer Patients Lack Access to Support and Resources

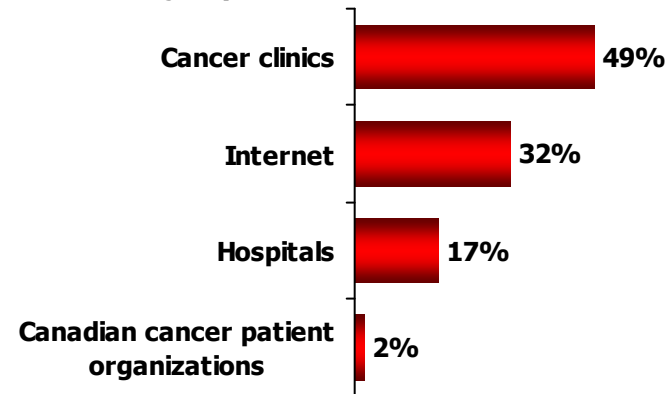
- While the majority of Oncologists say diagnosed metastatic patients seek out support groups, new treatments and clinical trials (68% and 73% respectively), more than half (54%) believe these patients lack access to adequate support and resources
- Oncologists say of the resources and support that is available to their patients, nearly half of their diagnosed patients receive information from cancer clinics (49%), followed by the Internet (32%)
 - Only 2% mention Canadian cancer patient organizations

Availability of Adequate Support and Resources to Canadian Patients with Metastatic Cancer



Q9. In your opinion, do you think that there are adequate support and resources available to Canadian patients with metastatic cancer?
Base: All Oncologists (n=41)

Majority of Patients Recieve Information From...



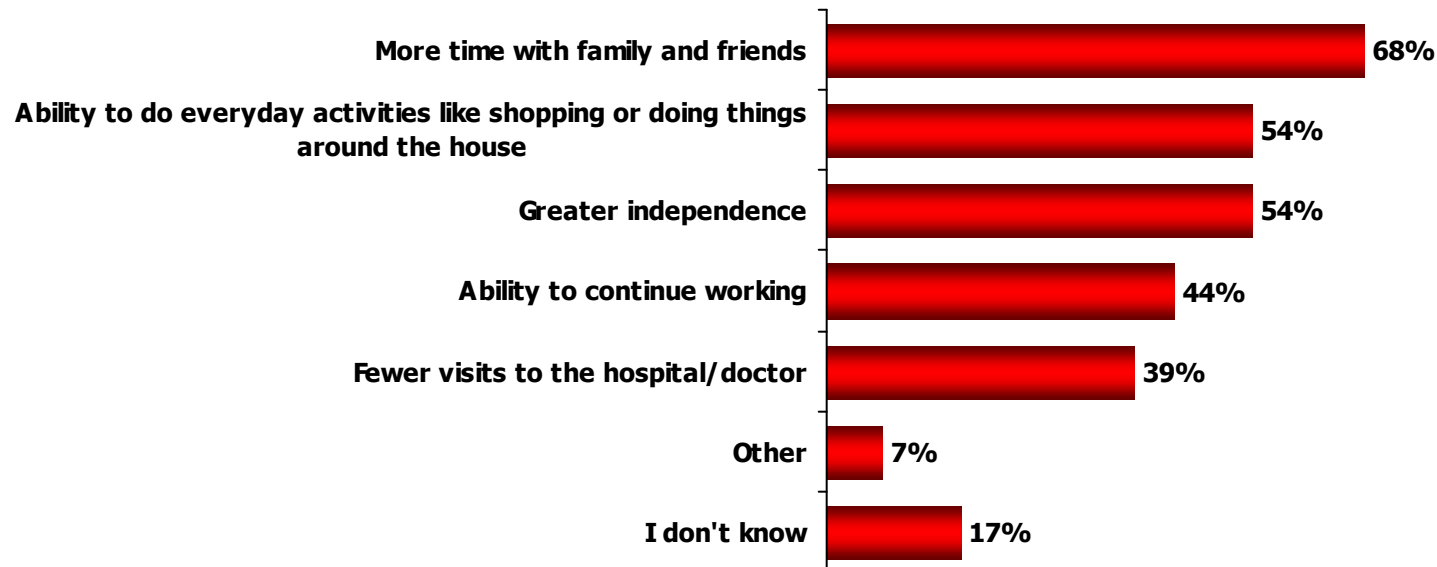
Q8. From your experience, where do the majority of your patients receive information on metastatic cancer?
Base: All Oncologists (n=41)

Importance of Progression-Free Survival

9 in 10 Oncologists Say Progression-Free Survival is Important to the Emotional Well-Being of Metastatic Patients

- Almost all Oncologists say progression-free survival is important to the emotional well-being of their patients diagnosed with metastatic cancer (93%) with most saying their patients describe the value of delaying the progression of their cancer as spending more time with family and friends (68%)
- The majority of Oncologists also say delaying progression gives their patients a feeling of greater independence and the ability to do everyday activities like shopping and household activities (54% for both, respectively)

Patient's Perspective - Value in Delaying Progression of their Metastatic Cancer



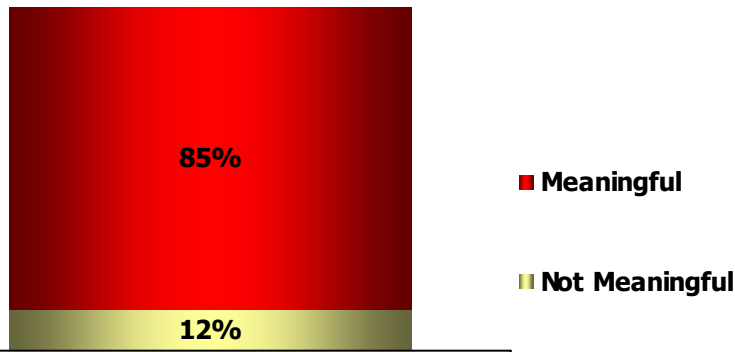
Q25. From your patients' perspective, how have they described the value in delaying the progression of their metastatic cancer?
Base: All Oncologists (n=41)

Factors Considered when Recommending a Metastatic Cancer Treatment

Disconnect: Progression-Free Survival Meaningful Endpoint but Should Not be Evaluated Equally with Overall Survival

- While 8 in 10 (85%) Oncologists feel that progression-free survival is a meaningful endpoint for metastatic patients when determining treatment, when it comes to clinical trials, 71% do not believe progression-free survival and overall survival should be evaluated equally as a meaningful endpoint

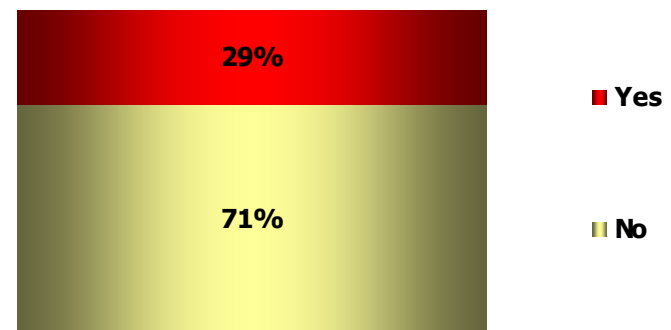
Meaningfulness of Progression-Free Survival as a Primary Endpoint when Determining Appropriate Treatments



Q22. How meaningful is progression-free survival as a primary endpoint when determining appropriate treatments for metastatic cancer?

Base: All Oncologists (n=41)

Belief in Progression-free Survival receiving Equal Evaluation as Overall Survival Rate as a Meaningful Endpoint in Clinical Trials



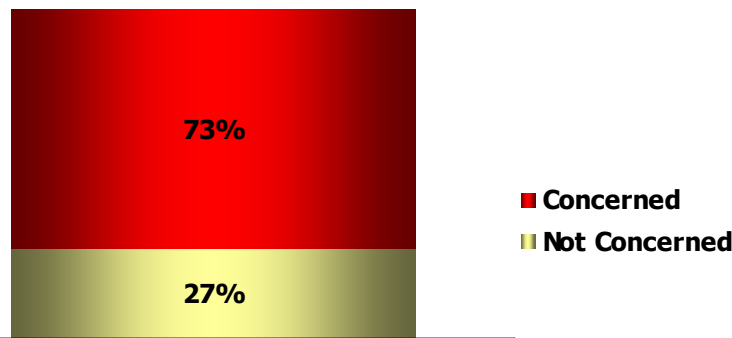
Q24. Do you believe that progression-free survival and overall survival should be evaluated equally as a meaningful endpoint in clinical trials?

Base: All Oncologists (n=41)

7 in 10 Say Lack of Funding Impacts their Decision of which Treatment to Recommend

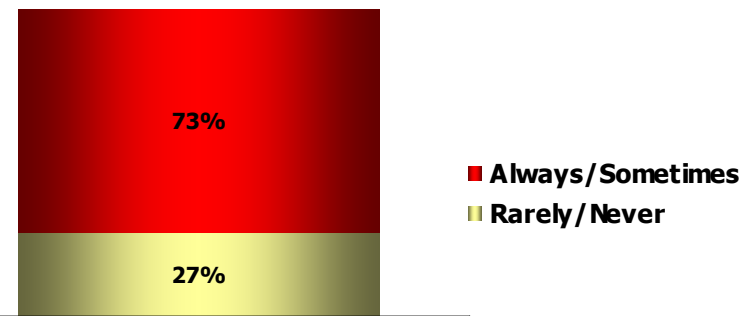
- Although the large majority of Oncologists believe progression-free survival to be a meaningful endpoint when determining treatment for metastatic patients, they are concerned that current funding decisions and the cost of specific treatments restricts their ability to provide their patients with all available options (73%) and say this lack of funding generally impacts which treatment they recommend (73%)

Concern for the Restriction Current Funding Decisions have on Ability to Provide Patients with all Available Treatment Options



Q18. How concerned are you that current funding decisions restrict your ability to provide your patients with all available options when choosing their cancer treatment? Base: All Oncologists (n=41)

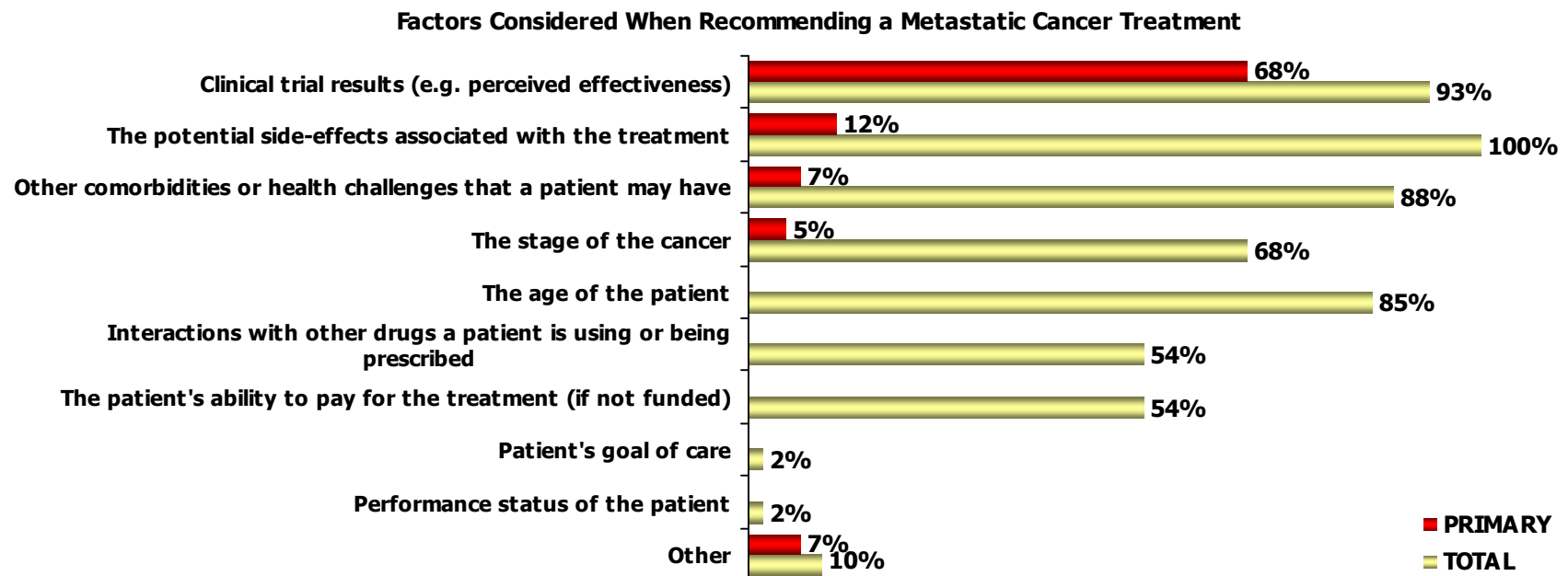
Frequency with Which Lack of Funding or Cost Implications has on Treatment Recommended to Metastatic Patients



Q12. How often does the lack of funding or cost of specific treatments impact your decision on what treatment to recommend to patients with metastatic cancer? Base: All Oncologists (n=41)

Only Half of Oncologists Consider a Patient's Ability to Pay for Treatment when Recommending a Treatment

- While only half (54%) of Oncologists say they consider their patients ability to pay for the treatment when recommending it to the patient, this could be a sign that many Oncologists are only prescribing publically funded treatments (i.e. know it is affordable for the patient)
- While the large majority (68%) of Oncologists say clinical trial results is the *first* thing they consider when recommending a treatment, potential side affects tops the list of total factors considered with every Oncologist saying this is a consideration (100%)

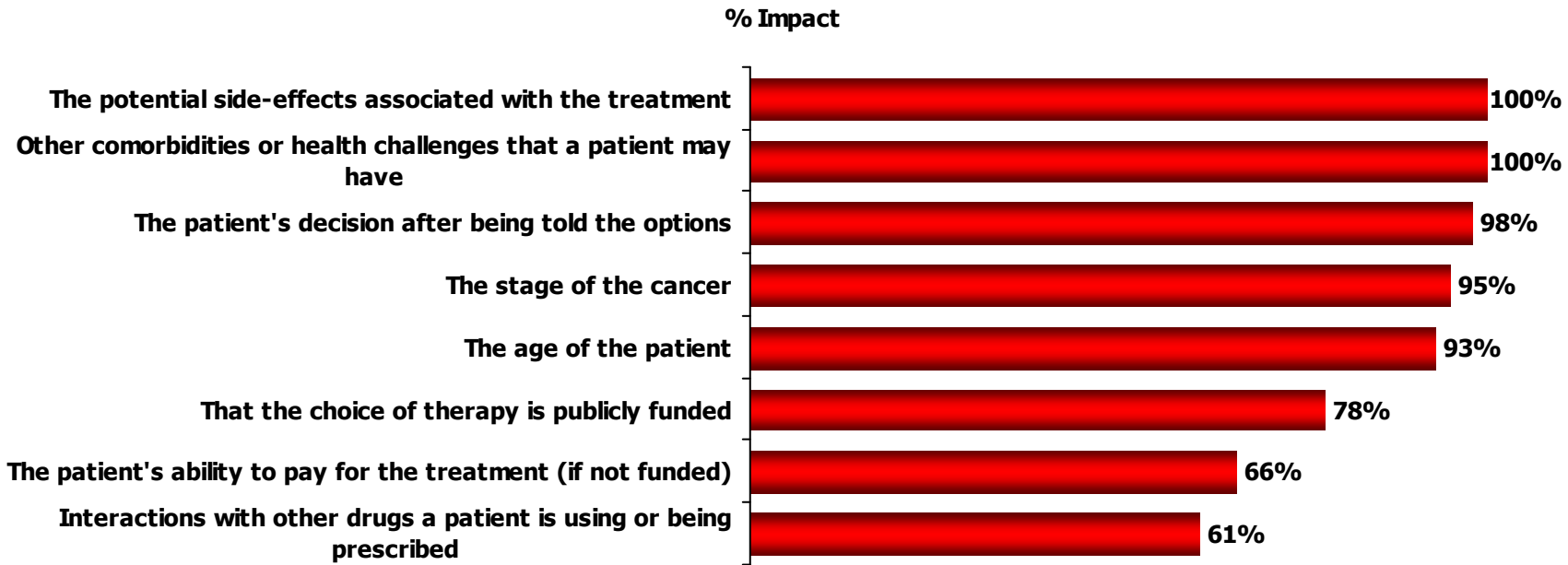


Q7/Q10. Of the following factors, which do you consider when recommending a metastatic cancer treatment to your patients?
 Base: All Oncologists (n=41)

6 in 10 Oncologists Say a Patients Ability to Pay for a Treatment (if not funded) Impacts their Decision of What Treatment to Recommend

- Overall, for the majority of Oncologists, the cost of treatment does impact their decision on what treatment to recommend to their patient
 - 78% say whether or not the choice of therapy is publically funded impacts their decision and 66% say the patients ability to pay (if not funded) impacts their decision

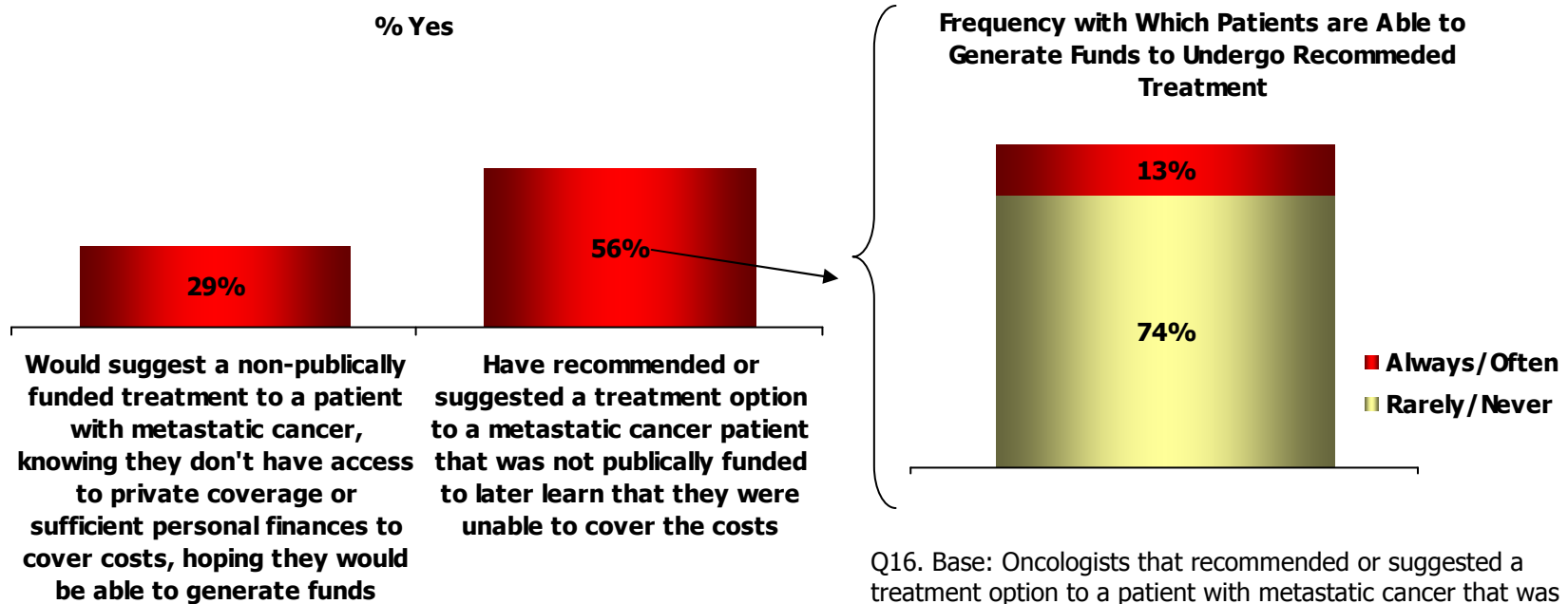
- Nonetheless, cost, as it may rightfully so, has less of an impact on an Oncologists treatment decision than factors such as side effects, health challenges, the age of the patient and stage of the cancer



Q11. How much of an impact does each of these factors have in your decision of what treatment to recommend? Base: All Oncologists (n=41)

Majority of Oncologists Have Recommended a Treatment to a Patient to Later Learn the Patient Cannot Cover the Costs

- Although most Oncologists say they would never suggest a non-publically funded treatment to a patient knowing they don't have access to private coverage or personal finances to cover the cost (66%), the majority have recommended a treatment option only to find out later that the patient has no access to coverage or sufficient finances to cover the costs (56%)
- Among those that have recommended a treatment not knowing their patient does not have access or sufficient finances the majority of oncologists say those patients are rarely or never able to generate the funds to undergo the suggested treatment (74%)

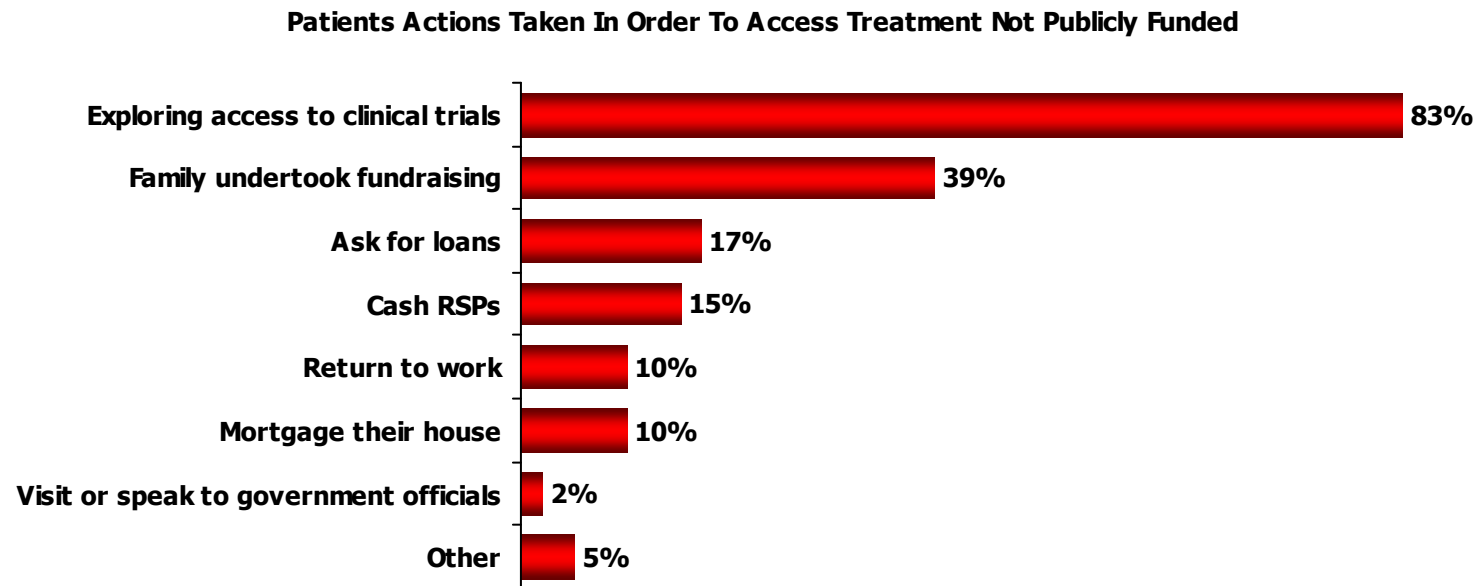


Q17/15. Base: All Oncologists (n=41)

Q16. Base: Oncologists that recommended or suggested a treatment option to a patient with metastatic cancer that was not publicly funded, later learning they didn't have access to coverage or sufficient personal finances to cover costs (n=23)

Oncologists say Patients Most Commonly Explore Access to Clinical Trials when Treatment is Not Publicly Funded

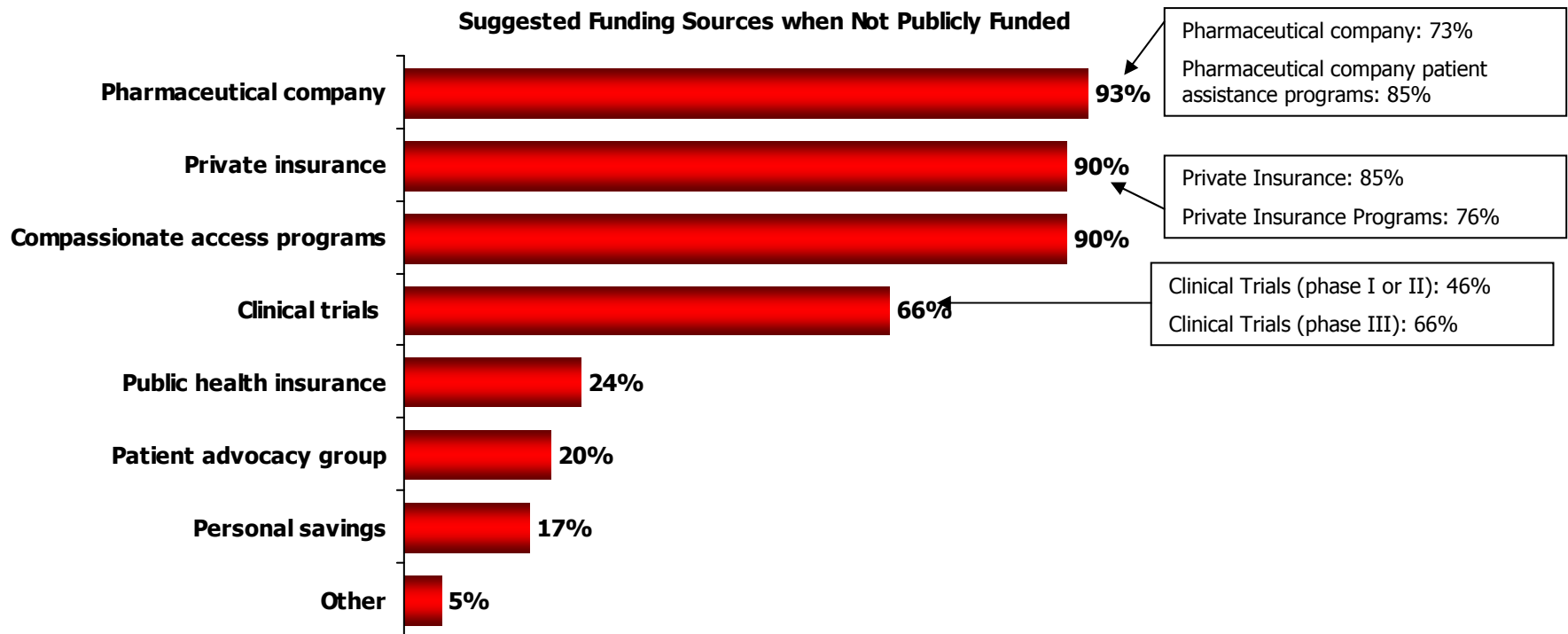
- 8 in 10 Oncologists say they have seen patients explore access to clinical trials (83%), followed by 2 in 5 (39%) saying family undertook fundraising



Q21. Which of the following actions have you seen patients take in order to access treatments that are not publicly funded?
Base: All Oncologists (n=41)

Pharmaceutical Companies Most Commonly Recommended Source for Funding

- When recommending sources of funding for non-publically funded treatments 9 in 10 Oncologists recommend pharmaceutical companies (especially their patient assistance programs (85%)), private insurance and compassionate access programs
- Most Oncologists also suggest clinical trials for funding, especially those for phase 3 (66%)
- Only 1 in 5 Oncologists suggest a patient advocacy group



Q13. What sources for funding would you suggest to patients when recommending a treatment that is not publicly funded?

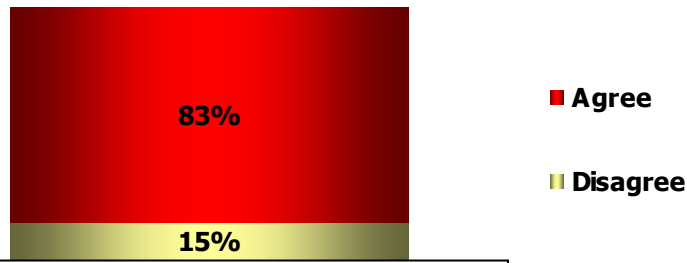
Q14. When patients are looking to receive funding through the private market, what sources do you recommend to them?

Base: All Oncologists (n=41)

Government Funding

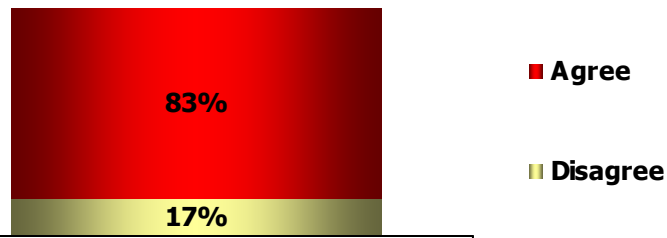
8 in 10 Express Support for Progression-Free Survival as a Primary End-Point & Consideration in Funding Decisions

Governments Should Consider Progression-Free Survival as a Meaningful Endpoint when Making Reimbursement Decisions for Metastatic Cancer Treatments



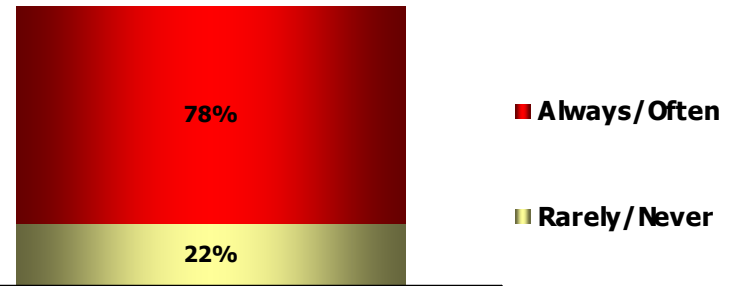
Q19. Base: All Oncologists (n=41)

"I feel that progression-free survival should be a valid primary end-point and taken into consideration by governments when making decisions about what treatment to fund for metastatic cancer"



Q27. Base: All Oncologists (n=41)

Frequency with Which Progression-Free Survival Should be taken into Consideration by Governments when Making Funding Decisions

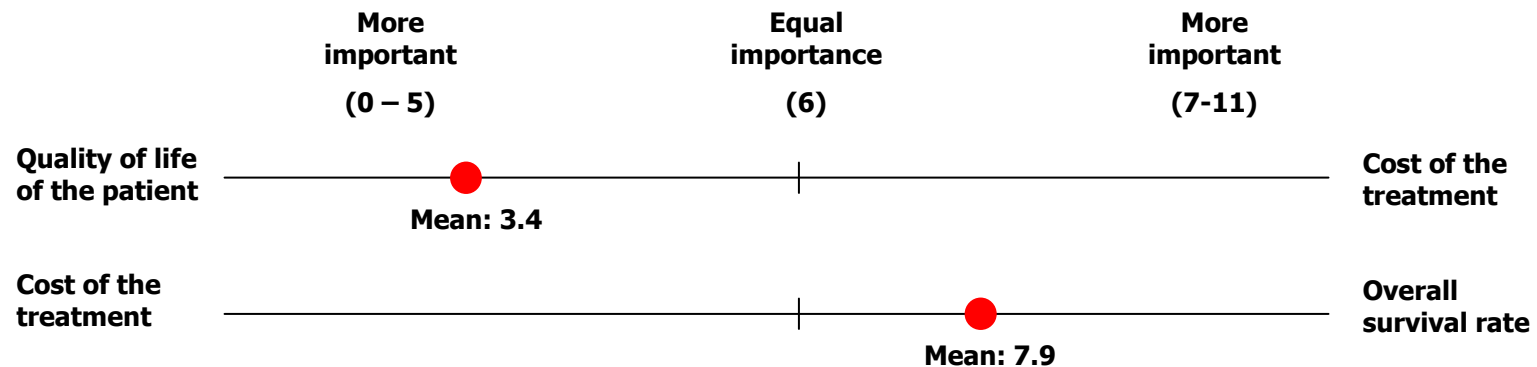


Q20. Base: All Oncologists (n=41)

- The large majority (83%) of Oncologists agree that governments should consider progression-free survival as a meaningful endpoint when making reimbursement decisions for metastatic cancer, given the limitations of obtaining overall survival rate data
- An additional 8 in 10 (78%) Oncologists believe progression-free survival should be taken into consideration by governments when funding decisions are being made
 - 66% say this should *often* be the case
- Overall, 83% of Oncologists feel that progression-free survival should be a valid primary end-point and taken into consideration by governments when making decisions about what treatment to fund for metastatic cancer

Cost of Treatment Inferior to Quality of Life and Overall Survival Rate

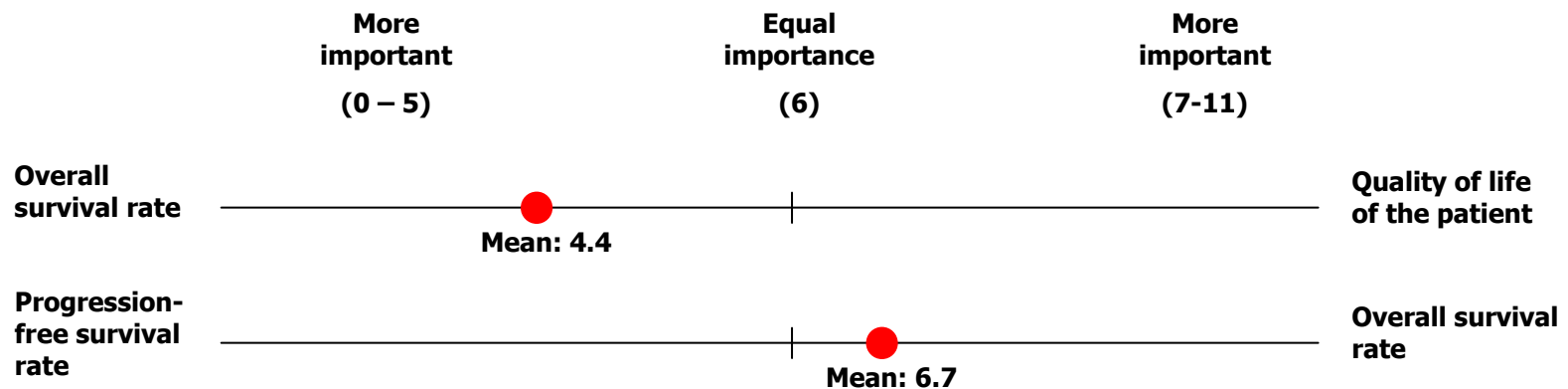
- **According to Oncologists, when governments are making decisions about what treatments to fund for late stage cancer, the patients quality of life and overall survival rate should weigh heavier on their decision than the cost of the treatment**
 - 88% of Oncologists say the patients quality of life should be more important than the cost of the treatment and 73% say the same about overall survival rate



Q26. When the government is determining which treatments to fund for late stage cancer treatment, please tell us which of these you feel should be more important and to what extent. Base: All Oncologists (n=41)

On Average, Oncologists say Progression-Free Survival Should be Just as Important as Overall Survival When Determining Reimbursement

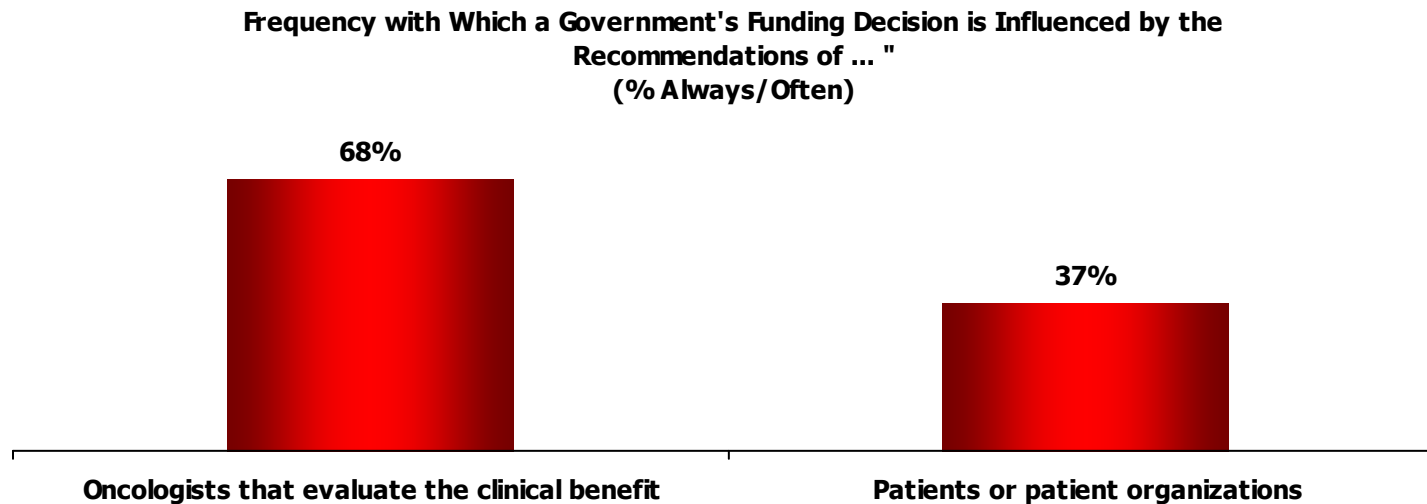
- On average, Oncologists rate the importance of progression-free survival nearly equal to that of overall survival when asked which should weigh in more on the minds of government decision makers when determining which treatments to fund for late stage cancer
- On average, overall survival rate, however, is seen to be slightly more important than the patient's quality of life



Q26. When the government is determining which treatments to fund for late stage cancer treatment, please tell us which of these you feel should be more important and to what extent. Base: All Oncologists (n=41)

Patients Rarely or Never Influence Government Funding Decisions

- According to the majority of Oncologists, patient or patient organizations rarely or never influence a governments funding decision (56%), but rather the Oncologists that evaluate the clinical benefit (68% say they always/often do)
- One reason this may be the case is the fact that 8 in 10 (81%) Oncologists say their metastatic cancer patients are not knowledgeable of the government funding process and how this affects their treatment options
- Some verbatim comments Oncologists gave as to why these groups do/ do not influence government decisions, are presented on the following slide



Q28/Q30. Base: All Oncologists (n=41)

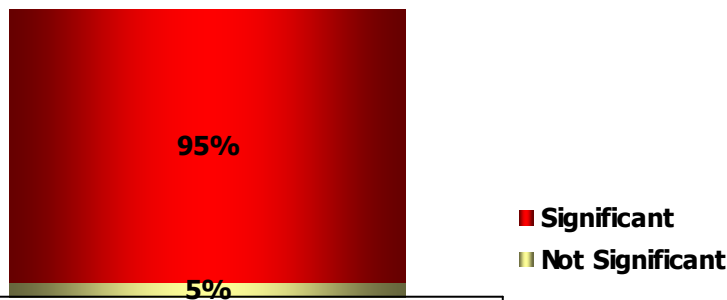
	Oncologists that Evaluate the Clinical Benefit	Patients or Patient Organizations
Reasons for Always/Often	<p>"Governments seek the opinion of guideline committees and reimbursement committees to make decisions"</p> <p>"Some medical Oncologists sit on the committees where these decisions are made. Also medical Oncologists write the consensus guidelines for the province"</p> <p>"Government officials are not medical experts"</p> <p>"The government depends on expert recommendations from physicians. This is related to clinical trial results. The government also looks at the cost as an additional important factor."</p> <p>"Guidelines are reviewed in the funding process"</p> <p>"There is a need to get the medical side of the story to compare to the cost side of the story"</p>	<p>"This is often seen regionally (provincially for example). Media portraying a particular patient with complaints of unavailable medicine...usually gets it covered within a short while."</p> <p>"Depends on disease prevalence"</p> <p>"From previous examples including breast cancer lobby and perception (general)"</p> <p>"Politicians don't like to be embarrassed by news reports about patients, even if the evidence for the treatment and the cost are unfavourable"</p> <p>"Patients have political clout and are voters"</p>
Reasons for Rarely/Never	<p>"Funding authorities largely rely on objective clinical trial data rather than expert consensus opinion"</p> <p>"Administration makes final decision on funding for drugs"</p>	<p>"It's not a process that is open to patient lobbying"</p> <p>"Unless the patient advocacy group is prominent"</p> <p>"They may "listen" to what these groups say but they do not use the information in decision making"</p> <p>"I don't think governments base decisions on patients' opinions"</p>

Access to Targeted Biologics

9 in 10 Oncologists Believe Access to Targeted Biologics Improves Their Ability to Treat Metastatic Cancer

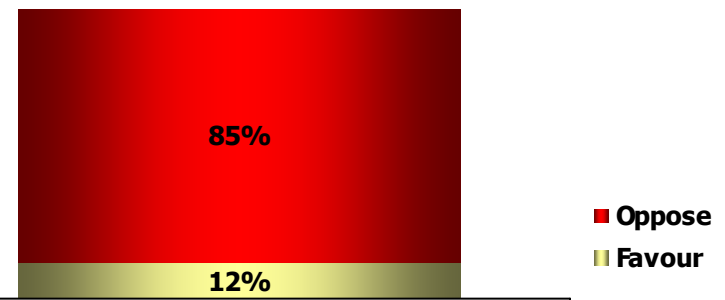
- Nearly all Oncologists (95%) say access to targeted biologics improves their ability to treat metastatic cancer with a further 85% saying they oppose the restriction of targeted biologics for metastatic cancer based on cost alone

Access to Biologics Improves Ability to Treat Metastatic Cancer



Q32. How much does access to new targeted biologics improve your ability to treat metastatic cancer? Base: All Oncologists (n=41)

Restricting Access to Targeted Biologics Based on Cost of Treatment



Q33. What is your opinion on restricting access to targeted biologics for metastatic cancer based on the cost of the treatment alone? Base: All Oncologists (n=41)