CRI Cancer Research Institute | REGENERON

HCP Viewpoints: A Poll on Advanced NSCLC Research

Lung cancer is the second most common form of cancer in the U.S. Approximately 80% of those cases are diagnosed as non-small cell lung cancer (NSCLC).[1] NSCLC is typically diagnosed in advanced stages, which is difficult to treat.[1]

In recent years, significant advancements have been made to improve the prevention, detection, and treatment of advanced NSCLC.[2] However, the high prevalence of disease and mortality rate warrants further research to help tailor treatment approaches to each individual patient.[2]

A recent survey of U.S. oncologists found that they are interested in seeing additional research in three key areas.

77%
Biomarkers

71%
New and investigational treatments involving immunotherapy

56%
Novel mechanisms to track treatment response

Treatment Priorities

While oncologists believe they are up to date on the latest research and treatment options available for patients with advanced NSCLC, they still feel there are areas where more work can be done. In fact, nearly one third believe there is more room for more immunotherapy options within the current landscape, with **nearly all (98%)** saying it's important to have **multiple treatments available for patients**.

75%+
feel it's important to **personalize treatment** plans for patients based on biomarkers (90%), medical history (81%) and individual lifestyles (76%).

88%
agree that more clinical research is necessary to treat advanced NSCLC patients with comorbidities like high blood pressure and pulmonary disease (which represent on average of 45% and 44% of their advanced NSCLC patients, respectively).

86%
experience challenges in managing treatment in patients with brain metastases, followed by liver (79%) and bone metastases (75%).

41%
of patients, on average, are treated with **immunotherapy** in the first line setting and 32% are treated in the second line setting.

71%
are most interested in additional **research into combination treatments involving immunotherapy**.

59%
also said they would be interested in more research on new combination treatments involving emerging **diagnostic or prognostic biomarkers**.

Community Perspective

"We have come a long way but must remain steadfast in our research efforts to ensure that oncologists have the necessary data and evidence-based treatment options they need to care for patients with all different backgrounds, health histories and comorbidities. The battle against cancer is far from over, and we are proud to be on the frontlines helping to improve outcomes for patients."

Jill O'Donnell-Tormey, Ph.D., CEO and Director of Scientific Affairs, Cancer Research Institute

Biomarkers and Oncogenic Alterations of Interest

The vast majority of oncologists (97%) view **biomarkers as important in treating patients** with advanced NSCLC, with about half (48%) describing it as important when making treatment decisions for advanced NSCLC patients. Beyond patient stratification, oncologists most often use biomarkers to predict treatment benefit.

Significant research has been done on biomarkers to determine treatment approaches for advanced NSCLC.[3] However, there is still an unmet need in patients with advanced NSCLC that possess certain biomarkers.

Top priorities for future biomarker and oncogenic alterations clinical research include:

- **BRAF 64%**
- **KRAS 71%**
- **EGFR & PD-L1 both at 60%**
- **ctDNA 65%**
- **MET overexpression 47%**
- **MET amplification 45%**

Expert Perspective

"Biomarker testing has dramatically changed care for advanced lung cancer, leading to better treatment options and quality of life for patients. Many times, testing has identified a biomarker that has made a difference in a patient's treatment plan. It is critical for patients to understand the importance of testing, so they can seek the appropriate treatment."

Julie Brahmer, M.D., M.Sc., Co-Director of the Upper Aerodigestive Department, Bloomberg Kimmel Institute for Cancer Immunotherapy at Johns Hopkins

Subpopulations

Oncologists overwhelmingly indicate the positive impact further clinical research on advanced NSCLC patients **among various subpopulations** and with **various comorbidities or metastatic sites** would have on their care.

63%
of oncologists believe there are not enough resources available on how to manage cardiovascular disease.

*Among those who have needed such resources.

65%
of oncologists wish they had **more clinical research** on advanced NSCLC patients with **brain metastases**, followed by 53% wishing for more research on **bone metastases**.

59%
say the same related to patients with an **ECOG performance status of 2 or higher**.

82%
agreed that their patients desire more clinical research on advanced NSCLC that is **tailored to their personal health history**.

Patient Perspective

"I knew bone and brain metastases were common, so I knew to ask my doctor for a bone scan when I started feeling soreness in my leg, which turned out to be cancer that spread to my femur. Living with cancer is **daily battle of mental fortitude**, but **I've received hope from other cancer survivors**. And my hope is that, regardless of how many progressions or setbacks I have, there's going to be a means to treat it."

May Ogilvie, advocate living with advanced NSCLC

In today's current landscape, oncologists agree that it is important to stay up to date on **new and emerging treatment options**, **clinical guidelines and clinical research**, and rely on the following to do so respectively:

90% and **82%** rely on peer-reviewed journals/ professional publications

70% and **63%** rely on professional medical organizations

60% rely on key opinion leaders/ experts in the field for both

About the survey and methodology

HCP Viewpoints: A Poll on Advanced NSCLC Research was conducted online by The Harris Poll on behalf of Cancer Research Institute and Regeneron, among 250 oncologists, hematologyoncologists, and surgical oncologists aged 31 or older practicing in the U.S., are licensed to practice oncology in their state, have a medical degree, and treat a minimum of 10 advanced non-small cell lung cancer (NSCLC) patients in a typical month. The survey was conducted from October 17 to November 8, 2023. Data are weighted where necessary by age and gender to bring them in line with their actual proportions in the population.

i. American Cancer Society. Cancer Facts and Figures 2023. Accessed on December 13, 2023.
ii. Yuan M, Huang LL, Chen JH, Wu J, Xu Q. The emerging treatment landscape of targeted therapy in non-small-cell lung cancer. Signal Transduct Target Ther. 2019 Dec 17;4:61.
iii. LUNGevity. Biomarker Testing. Accessed on September 28, 2023.

US.ONC.23.11.00271 V1.2024