BIOPHARMA Oncologist National Advisory Board

Analysis and Recommendations Report

Touchpoint #4
Table of Contents

- Methodology
- Touchpoint Participants
- Executive Summary – Quantitative & Qualitative
- Touchpoint Objectives
- Key Insights
- Strategic Recommendations & Next Steps
- Advisor Feedback
- Your COI
- Next Touchpoint
METHODOLOGY

Online Touchpoint

WHAT
Advisors were asked to answer questions online on the private, intuitive, and white labelled BIOPHARMA portal.

| Discussion Forum Format | 11 Questions Asked | Moderated by Dr. Loise Nurokha | August 13–24 |

WHO
Oncologist advisors were invited using Impetus’ recruitment service and were selected based on BIOPHARMA’s list of key customers.

| Oncologists | National |

HOW
Advisors were able to complete this 1-hour activity at their convenience, at a time and place that suited them best, while still having the ability to interact with other advisors.

WHEN
Advisors were given 10 business days to complete this activity.
PARTICIPANTS

Dr. Alice Lau
Edmonton, AB

Dr. Akram Elsa
Calgary, AB

Dr. Jane Patrick
Burnaby, BC

Dr. Mark Jacobson
Thunder Bay, ON

Dr. Allen Greenwood
Halifax, NS

Dr. Sacha Bookbinder
Toronto, ON

Dr. Mark Vandenhoek
Kingston, ON

Dr. Deb Thomas
Winnipeg, MB

Dr. Syed Lacroix
Laval, QC

Dr. Loise Nurokha - Moderator
Ottawa, ON
TOUCHPOINT METRICS

10
Total advisor participants

197
Comments in this touchpoint

43
Average minutes to complete

852
Average words per advisor

90%
Engagement this touchpoint

21
Total likes
OBJECTIVE 1
Gather advisor insights on literature considered when making treatment decisions

OBJECTIVE 2
Gather advisor insights on relevant biomarkers and predictive factors

OBJECTIVE 3
Gather advisor insights on regional bias in treatment algorithms
Most advisors reported that they refer to the latest peer-reviewed studies in high-impact oncology journals for the most up-to-date treatment decisions.

Especially, well-designed clinical trials with large sample sizes and long follow-up periods were considered essential sources of information related to anti-cancer treatments and patient care.

Meta-analyses, systematic reviews, and real-world evidence studies are also important to confirm the findings of clinical trials.

**IMPETUS RECOMMENDATIONS**

To influence the advisors’ treatment decisions, large-scale randomized double-blinded clinical trials showing the safety and efficacy of the treatment are crucial. An online or in-person advisory board can be conducted to help at all stages of this process, from designing the research protocol, choosing the appropriate methodologies and analyses, to writing the final manuscript.
Not surprisingly, the most relevant biomarkers for the advisors’ practice are those for which there is an associated inhibitor such as EGFR, HER2, and BRAF.

Other important prognostic and diagnostic cancer markers include PSA, CA-125, and AFP, among many others.

With the continuous advances in technology, genetic tests and imaging-based markers are expected to play even bigger roles in the future.

“In the future, genetic screening will be mainstream and help decide the treatment strategy for most, if not all, patients.”
- Dr. Elsa

“Research should focus on identifying new and better biomarkers and on developing companion diagnostics.”
- Dr. Thomas

**IMPETUS RECOMMENDATIONS**
Research efforts to identify new prognostic and diagnostic biomarkers, as well as new molecules to target, should be prioritized.
The treatment algorithms currently used differ greatly between the provinces.

This poses a major obstacle for ensuring consistent cancer treatment, patient care, and funding throughout the country.

To overcome this barrier, national guidelines and/or a consensus statement should be developed.

**INSIGHT | THERE IS SUBSTANTIAL REGIONAL BIAS IN TREATMENT ALGORITHMS**

**IMPETUS RECOMMENDATIONS**

BIOPHARMA can help reduce the regional bias in treatment algorithms by supporting the development of national guidelines. As a first step, a working group comprising relevant key opinion leaders should be assembled. Webinars and the Impetus InSite Platform’s discussion forum are ideal formats for keeping the discussion going between live meetings.
KEY INSIGHTS SUMMARY

1. The advisors refer to several different sources of information for their treatment decisions.

2. The most relevant molecular biomarkers are those for which there is a targeted treatment.

3. There is substantial regional bias in treatment algorithms.
STRATEGIC RECOMMENDATIONS SUMMARY

1. To influence the advisors’ treatment decisions, large-scale randomized double-blinded clinical trials showing the safety and efficacy of the treatment are crucial. An online or in-person advisory board can be conducted to help at all stages of the process, from designing the research protocol, choosing the appropriate methodologies and analyses, to writing the final manuscript.

2. Research efforts to identify new prognostic and diagnostic biomarkers, as well as new molecules to target, should be prioritized.

3. BIOPHARMA can help reduce the regional bias in treatment algorithms by supporting the development of national guidelines. As a first step, a working group comprising relevant key opinion leaders should be assembled. Webinars and the Impetus InSite Platform’s discussion forum are ideal formats for keeping the discussion going between live meetings.
OVERARCHING RECOMMENDATIONS

To facilitate the advisors’ treatment decisions, focus on (1) conducting large-scale randomized clinical trials with appropriate analyses and sub-analyses, (2) developing new biomarkers and genetic assays, and (3) developing national guidelines regarding the treatment algorithms for different cancers.

Conducting a series of online touchpoints with key stakeholders can help with all of the above. Especially, the Impetus InSite Platform’s discussion forum is ideal for debating the relevance of different analyses and assays, and the asynchronous annotation tool can be used to co-create and edit all kinds of manuscripts and documents.
“The online discussion format was easy to use and interactive. The questions asked were relevant and made me really think about my own practice.”

“This was my first time participating in a virtual advisory board. It was an interesting experience and I learned a lot from my colleagues.”

“It is very convenient to be able to respond to the questions on my own time. I also enjoyed seeing the other advisors’ comments.”
FEEDBACK IS A GIFT

• Your collaboration with us overall
  – Continue, Stop, Start
• Today’s Meeting:
  – Your impressions of the value of this meeting?
  – What did we discuss that didn’t add value for you?
  – What else would you have liked to cover that we didn’t?
  – What was really successful / valuable today?
  – On a scale of 1-10, where would you rate this meeting
    • 1 = “I never want to experience this again”
    • 10 = “I would do this all over again right now ... if I didn’t have another meeting”
NEXT STEPS
YOUR CAMPAIGN OF INTERACTIONS

**JAN**
- **RECRUITMENT**
  - Suitable advisors were identified and contacted

**APR**
- **T2: LIVE MEETING**
  - During the live meeting, current issues facing oncologists and how to overcome these were discussed

**MAY**
- **T1: PRE-MEETING TOUCHPOINT**
- **T3: POST-MEETING TOUCHPOINT**
  - Feedback and additional thoughts from the live meeting were collected using web forms. Future topics to discuss were also identified

**JUN**

**AUG**
- **T4: ONLINE TOUCHPOINT**
  - The current touchpoint. Based on the feedback given in touchpoints 2 and 3, barriers to treatment decision-making were explored in detail

**OCT**
- **T5: WEBINAR**
  - A webinar to discuss the formation of a working group for creating a national treatment algorithm consensus statement is planned

**DEC**
- **T6: ONLINE TOUCHPOINT**
  - The final touchpoint for this advisory board. Any unaddressed concerns of the advisors will be explored
TOUCHPOINT 4

- As per the touchpoint objectives, the advisors further explored the concerns raised in touchpoints 2 and 3 related to regional bias in treatment algorithms and the current and future factors to consider as part of treatment decision-making.

- Planning was initiated for the webinar to be held in October. The advisors were asked to vote on the best date and time to hold the meeting (October 9, 10, 16, or 17 at 5.00 or 6.00 pm EST). The meeting time will be finalized by August 31.

TOUCHPOINT 5: WEBINAR

- Check interest re: forming national working group.

- Discuss potential issues to focus on in order to reduce bias in regional treatment algorithms.
YOUR NEXT TOUCHPOINT

WEBINAR

A 1-hour webinar to be held at the date and time that works for the most advisors.

Confirm which representatives from BIOPHARMA will attend the meeting.

Send out email invitations to all advisors and representatives to join the webinar.

Create mobile polling questions to gauge advisors’ interest in joining the working group and to receive feedback on which issues to prioritize once the group is formed.