

GLG Vital Signs

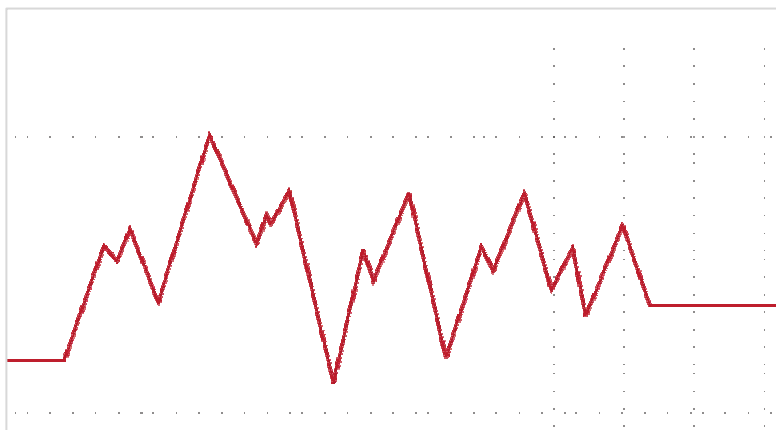
Post-ESMO Impact: Nexavar/Denosumab

Views from Ten Medical Oncologists

Reactions from ten top medical oncologists, powered by the GLG Healthcare CouncilsSM, regarding data presented by Amgen and Bayer at the 34th European Society of Medical Oncology (ESMO) Congress in Berlin the week of September 21, 2009.

Vital Signs Questions:

1. Please discuss your thoughts on the data released at the European Society for Medical Oncology (ESMO) Congress on Nexavar.
2. Please discuss your thoughts on the data released at ESMO on Denosumab.
3. How do you believe the latest data presented on Nexavar and Denosumab above and the upcoming full releases at ESMO will affect the overall prescription of these drugs?



About GLG Vital Signs: GLG Vital Signs are quick-turnaround Q&A reports, powered by GLG Q&A and the GLG CouncilsSM, and driven by publicly available news and issues. Vital Signs are meant to offer rapidly-delivered anecdotal insights from key thought and opinion leaders from the GLG Councils. GLG Vital Signs are available for purchase. GLG clients can commission custom Q&A reports by providing GLG with unique questions for GLG Council Member populations.

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Vital Signs Population Description

Respondents included top medical oncologists from leading institutions in the United States and Europe who specialize in breast cancer treatment. These physicians include clinicians treating breast cancer, principal investigators on past breast cancer clinical trials, and thought leaders who have published widely on targeted therapeutics for the disease.

Vital Signs Methodology

Vital Signs reports are quick-turnaround Q&A of select GLG Council Members. To improve turn-around time and our ability to deliver urgent insights, Vital Signs are not edited for content. Our goal with Vital Signs is to deliver aggregated insights to clients with as much speed as possible, presenting a real-time glimpse into important issues and topics of interest.

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GLG VITAL SIGNS RESULTS

1. Please discuss your thoughts on the data released at the European Society for Medical Oncology (ESMO) Congress on Nexavar.?

Respondent Answers

#1 A small difference of 6 vs months. In this country most patients would receive Avastin as first line and I do not know how these results fit it

#2 Sorafenib in combination with capecitabine significantly increases progression-free survival by 2.5 months (HR= 0.576, p<0.0006)

#3 Need more information regarding types of patients treated: line of treatment and prior treatments received, sited of metastatic disease. Need more data to be fleshed out before I get excited. Many other agents available for breast cancer.

#4 promising, however this was a phase II trial that included only 229 patients who were all Her-2 negative, and had little prior treatment

#5 Data presented are very promising. No data on overall survival is available... bevacizumab is not shown yet to prolong overall survival together with paclitaxel. Data on toxicity are expected: 2.5 months in prolongation of PFS should be strictly faced with the toxicity profile.

#6 very interesting concept

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#7 This randomized phase 2 study presents encouraging data about the role of angiogenesis inhibitors in combination with chemotherapy. As this is phase 2 study, this is not practice changing data, but does support further evaluation of nexavar in phase 2/3 trials in the first line and pretreated settings in breast cancer.

#8 Very interesting, especially the hazard ratio. The only damper is that it is progression free survival rather than disease free or overall survival

#9 significant data, very significant p value, but the overall gain is still small ~ 2 months, is this really worth what nexavar costs? Also, what was the safety/toxicity data.

#10 in my view this is enough to get the drug to market

2 Please discuss your thoughts on the data released at ESMO on Denosumab.

Respondent Answers

#1 A significant decrease in SREs and time to SRE. Should affect how we treat patients in the Future

#2 In a randomized phase III trial, denosumab has demonstrated superiority over zoledronate in the treatment of bone metastases from breast cancer regarding time to increasing pain, time to first skeletal-related event and time to hypercalcemia. Another study reported non-inferiority in patients with bone metastases from tumors other than breast cancer.

#3 I am surprised they saw ONJ in the Denosumab group at all! Other issues about Denosumab in the lay press over past few months temper any excitement about this information!

#4 very promising improvement in SRE, also SQ administration. Will still want to see longer term safety data.

#5 Very interesting and promising data on the peculiar activity and mechanism of action of denosumab: Other preclinical data on the antineoplastic activity of this compound will make this drug capable of overcoming zoledronate

#6 maybe this will get either zometa or denosumab to be approved for use

#7 This randomized phase 3 trial suggests superiority at several endpoints for denosumab over zometa, and possibly improved toxicity. Denosumab could represent new standard of care for bone metastases, however reimbursement issues will be important as these improvements may not be relevant enough to justify substantial increases in cost.

#8 very interesting. I suspect many clinicians will consider using denosumab rather than zometa for this population

#9 significant data compared to our current standard of care, zoledronic acid

#10 very interesting data that may change the standard for bone mets

3. How do you believe the latest data presented on Nexavar and Denosumab above and the upcoming full releases at ESMO will affect the overall prescribing of these drugs?

The figures in the table below represent the percentage of all respondents who selected each response, followed by the actual number in parentheses.

Answer	Significantly increase	Slightly increase	Will not change	Slightly decrease	Significantly decrease
Nexavar	20.00% (2)	50.00% (5)	30.00% (3)	0.00% (0)	0.00% (0)
Denosumab	70.00% (7)	20.00% (2)	10.00% (1)	0.00% (0)	0.00% (0)