



Huge rise in Phase III abstracts: Will these new therapeutics succeed?

There are >3x Phase III abstracts being presented at ASCO 2017 vs ASCO 2016*



Cancer Types	Δ ASCO 2016
GI – Non-Colorectal	+19
GI – Colorectal	+17
Breast – Local/Regional	+17
GU – Non-Prostate	+13
Gynecologic	+13
GU – Prostate	+11
Head and Neck	+10
Lung – NSC Local, SC	+8
Lung – NSC Metastatic	+7
Leukemia / MDS	+5

Largest drivers include solid tumors, especially GI, GU and Gynecologic sites

Top Companies	Δ ASCO 2016
Genentech / Roche	+11
AstraZeneca	+5
Bristol-Myers Squibb	+5
Bayer	+5
Novartis	+4
Abbvie	+4
Pfizer	+2
Amgen	+2
Eisai	+2
Celgene / Sanofi	+1 each

Genentech / Roche made the largest jump, while Merck, the 2016 leader, had 1 less abstract in 2017

Key Questions

- Are there solid biomarker strategies?
- Will the trials enroll all patients?
- Will physicians / payers adopt?
- Any indication nuances that may deter?
- Will reimbursement adversely affect patient access?

* All numbers represent abstracts, NOT clinical trials
GI, Gastrointestinal; GU, Genitourinary; MDS, Myelodysplastic Syndrome;
NSC, Non-small Cell; SC, Small cell