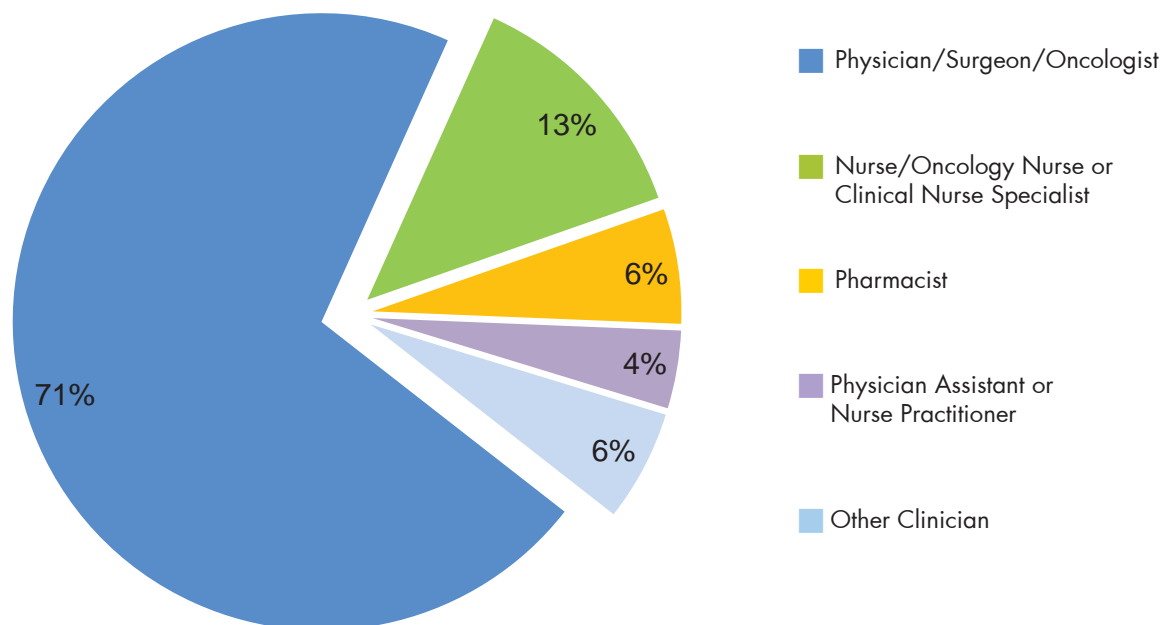


NCCN Trends™ is an analytics tool from the National Comprehensive Cancer Network® (NCCN®) that surveys how clinicians across the U.S. and around the globe are delivering cancer care. This summary includes the results of the October 2013 NCCN Trends™ Survey, which focused on Non-Small Cell Lung Cancer. This survey was sent to U.S. and International users of NCCN.org.

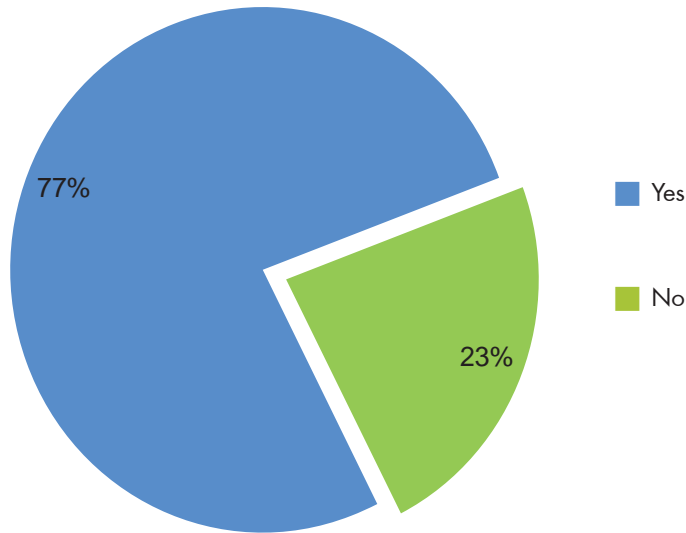
## DEMOGRAPHICS

**Distribution of Respondent Types (n = 1,030)**

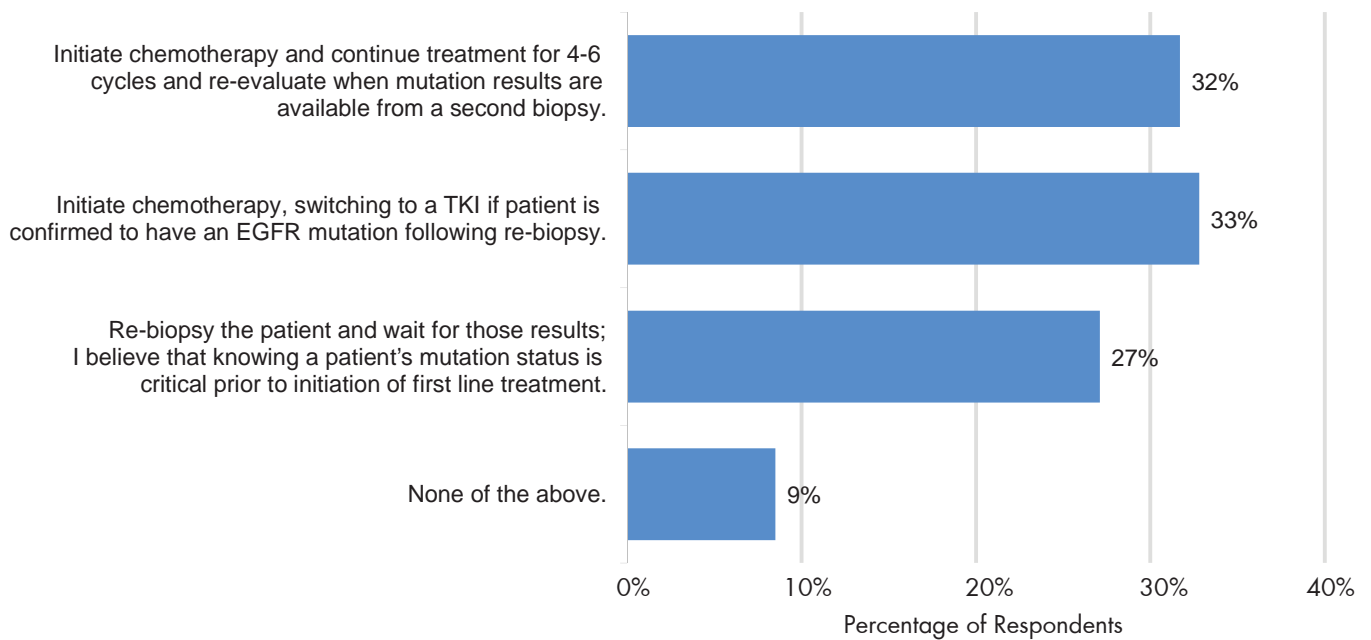


Note: Percentages may not total 100 because of rounding.

**Q1. Do you treat patients with non-small cell lung cancer (NSCLC)? (n = 1,030)**



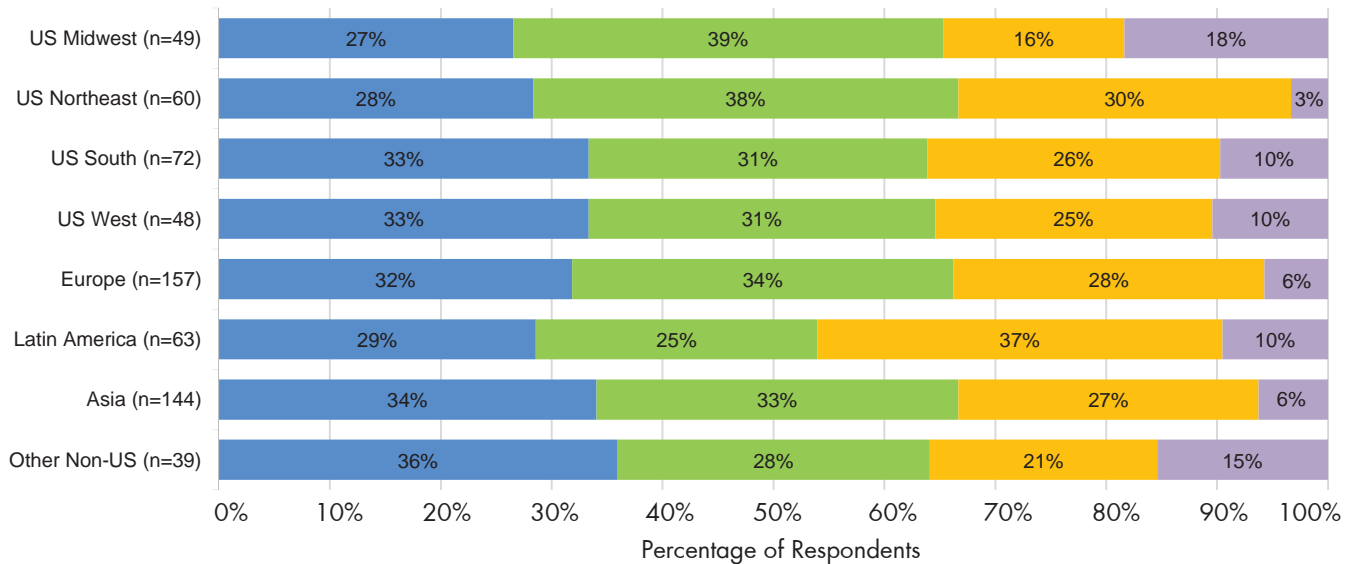
**Q2. Please tell us how you currently proceed with patients with non-squamous advanced/metastatic (stage IIIb/IV) NSCLC, and for whom EGFR testing was not completed due to inadequate tissue sampling: (n = 635)**



**Q2. Please tell us how you currently proceed with patients with non-squamous advanced/metastatic (stage IIIb/IV) NSCLC, and for whom EGFR testing was not completed due to inadequate tissue sampling:**

**By Geography**

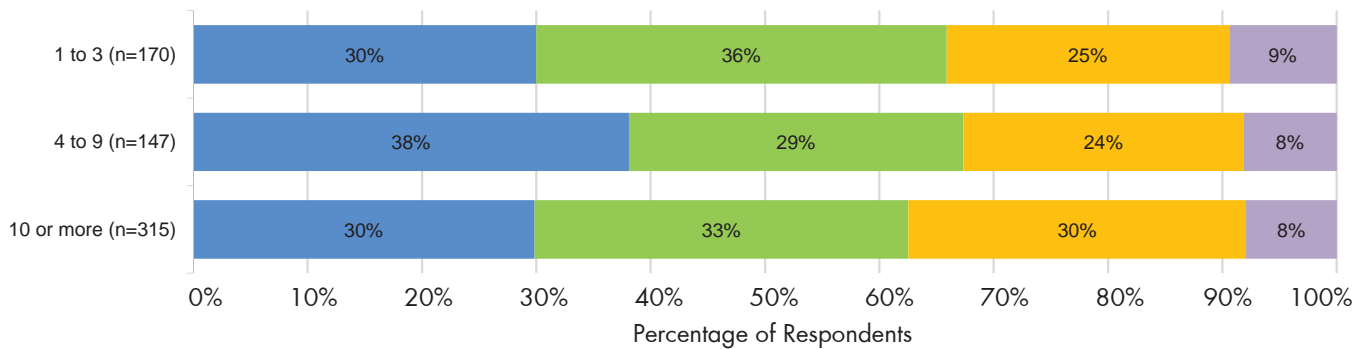
- Initiate chemotherapy and continue treatment for 4-6 cycles and re-evaluate when mutation results are available from a second biopsy.
- Initiate chemotherapy, switching to a TKI if patient is confirmed to have an EGFR mutation following re-biopsy.
- Re-biopsy the patient and wait for those results; I believe that knowing a patient's mutation status is critical prior to initiation of the first line treatment.
- None of the above.



**Q2. Please tell us how you currently proceed with patients with non-squamous advanced/metastatic (stage IIIb/IV) NSCLC, and for whom EGFR testing was not completed due to inadequate tissue sampling:**

**By Practice Size**

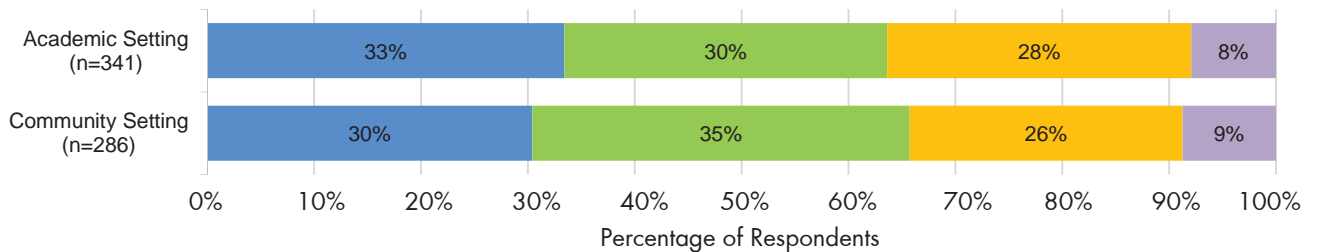
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**Q2. Please tell us how you currently proceed with patients with non-squamous advanced/metastatic (stage IIIb/IV) NSCLC, and for whom EGFR testing was not completed due to inadequate tissue sampling:**

**By Practice Setting**

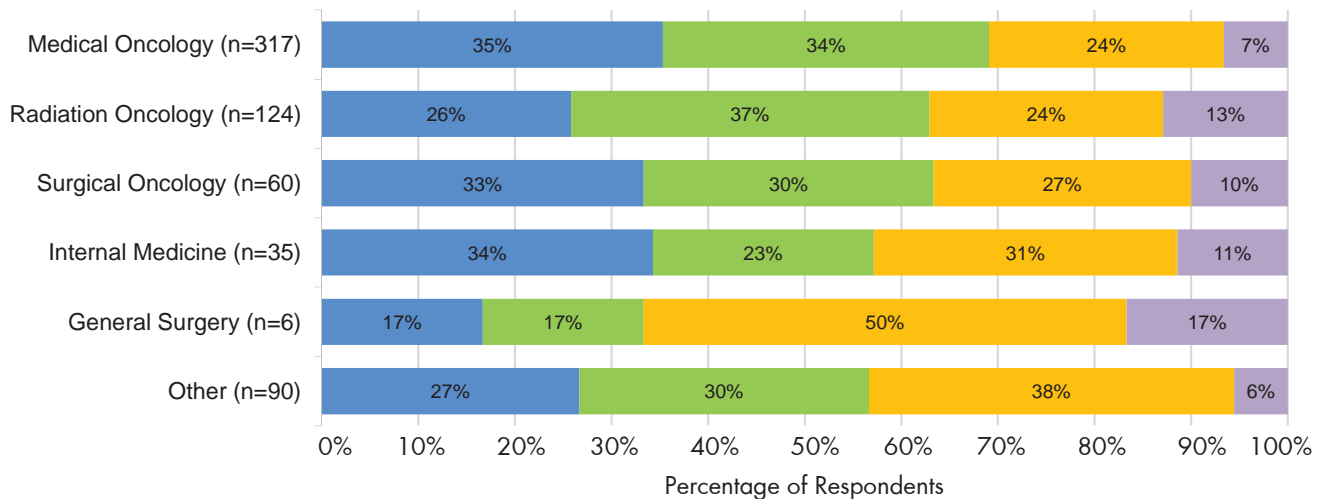
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- Re-biopsy the patient and wait for those results; I believe that knowing a patient's mutation status is critical prior to initiation of the first line treatment.
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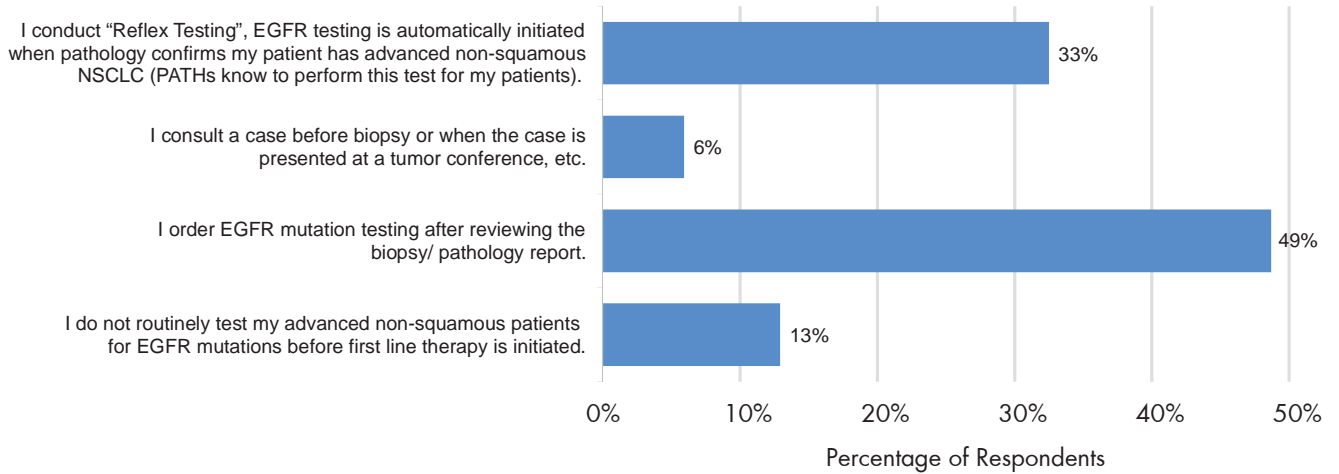
**Q2. Please tell us how you currently proceed with patients with non-squamous advanced/metastatic (stage IIIb/IV) NSCLC, and for whom EGFR testing was not completed due to inadequate tissue sampling:**

**By Specialty**

- Initiate chemotherapy and continue treatment for 4-6 cycles and re-evaluate when mutation results are available from a second biopsy.
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- None of the above.



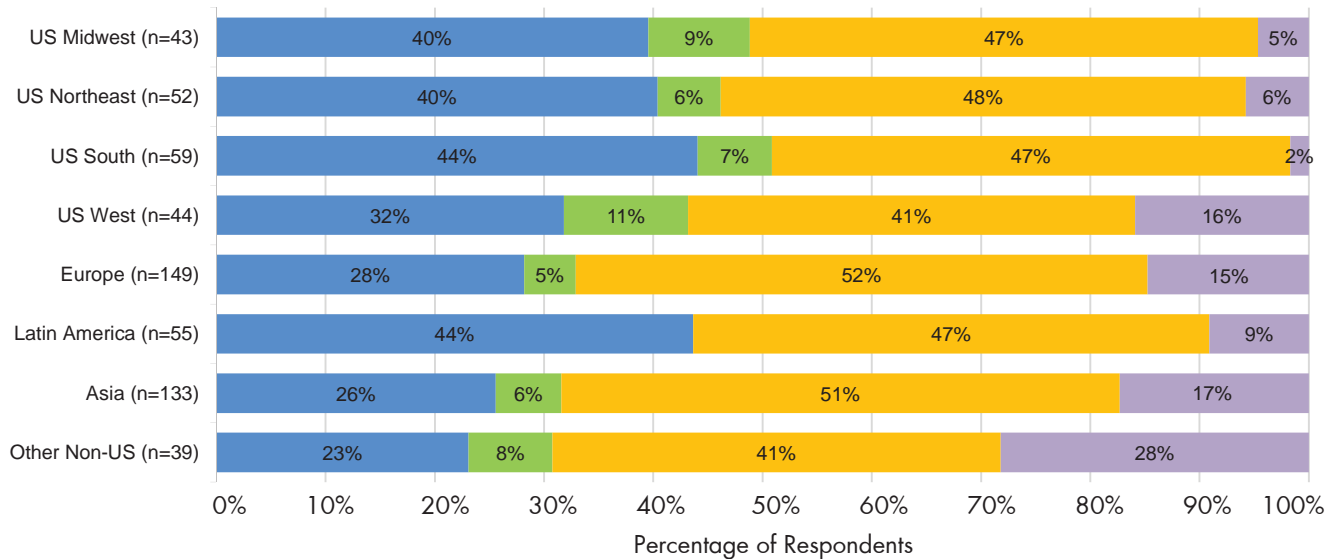
**Q3. Thinking about your advanced NSCLC patients where EGFR mutation testing occurs before 1st-line therapy is initiated, what is your standard methodology for testing? (n = 575)**



**Q3. Thinking about your advanced NSCLC patients where EGFR mutation testing occurs before 1st-line therapy is initiated, what is your standard methodology for testing?**

**By Geography**

- I conduct "Reflex Testing", EGFR testing is automatically initiated when pathology confirms my patient as advanced non-squamous NSCLC (PATHs know to perform this test for my patients).
- I consult a case before biopsy or when the case presented at a tumor conference, etc.
- I order EGFR mutation testing after reviewing the biopsy/pathology report.
- I do not routinely test my advanced non-squamous patients for EGFR mutations before 1st-line therapy is initiated.

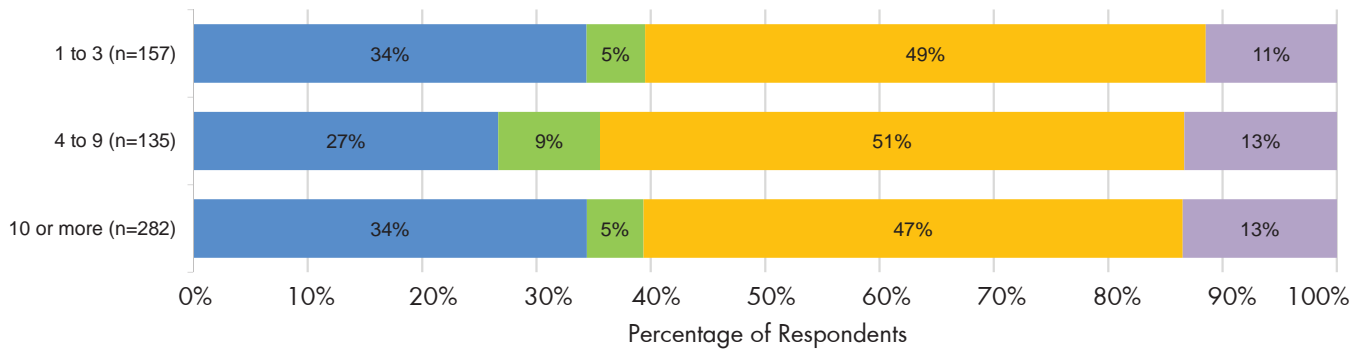




**Q3. Thinking about your advanced NSCLC patients where EGFR mutation testing occurs before 1st-line therapy is initiated, what is your standard methodology for testing?**

**By Practice Size**

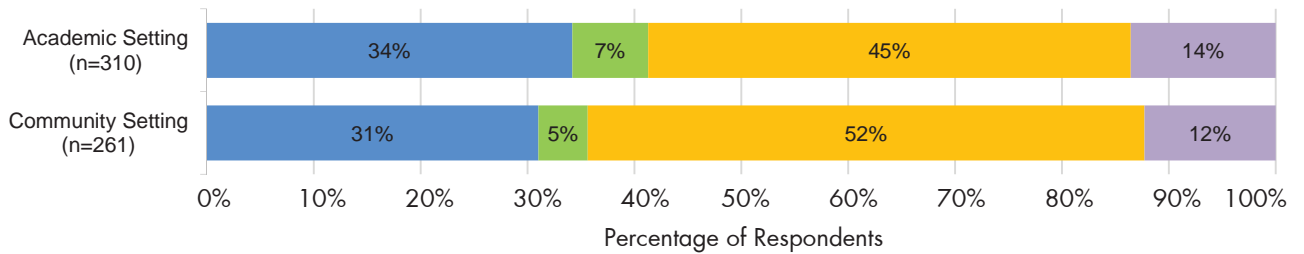
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**Q3. Thinking about your advanced NSCLC patients where EGFR mutation testing occurs before 1st-line therapy is initiated, what is your standard methodology for testing?**

**By Practice Setting**

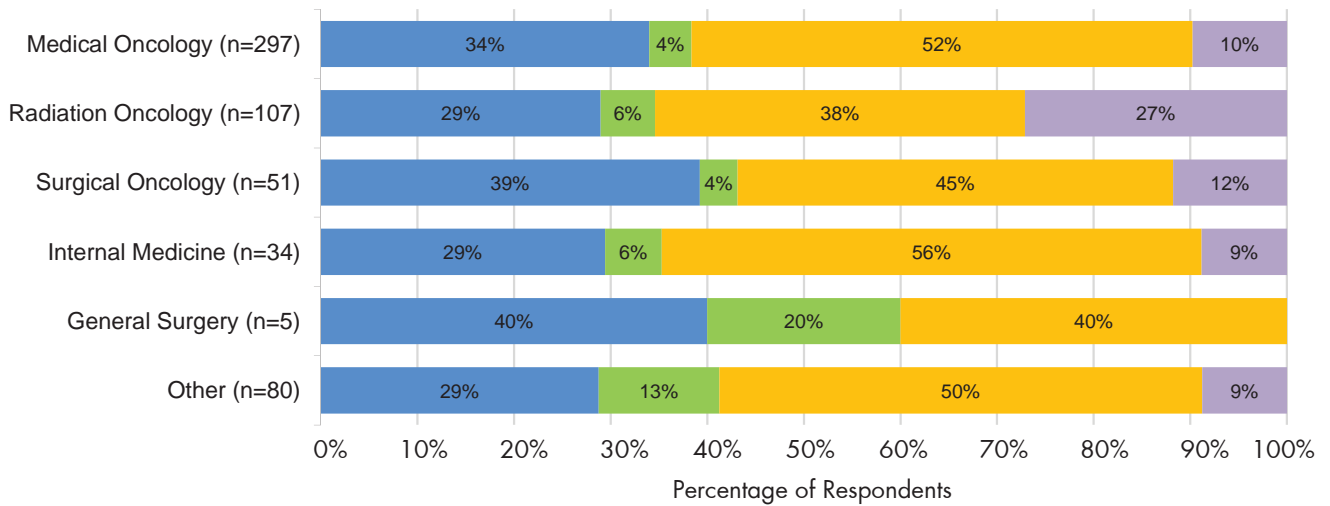
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**Q3. Thinking about your advanced NSCLC patients where EGFR mutation testing occurs before 1st-line therapy is initiated, what is your standard methodology for testing?**

**By Specialty**

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- I order EGFR mutation testing after reviewing the biopsy/pathology report.
- I do not routinely test my advanced non-squamous patients for EGFR mutations before 1st-line therapy is initiated.



**NCCN Trends™** is an analytics tool from the National Comprehensive Cancer Network® (NCCN®) that surveys how clinicians across the U.S. and around the globe are delivering cancer care. NCCN Trends™ surveys are designed to reach targeted populations that can include several thousand clinicians as a potential sample size. NCCN can also provide analytics on existing NCCN Trends™ and clinician demographic data sets, allowing for greater insight into oncology practice patterns.

To commission an **NCCN Trends™** survey, to discuss analytic and data services, or to request information on other NCCN programs and resources, please contact:

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**Senior Director, Business Insights**  
**215.690.0557**  
[maccracken@nccn.org](mailto:maccracken@nccn.org)

## **National Comprehensive Cancer Network® (NCCN®)**

The National Comprehensive Cancer Network® (NCCN®), a not-for-profit alliance of 23 of the world's leading cancer centers, is dedicated to improving the quality, effectiveness, and efficiency of care provided to patients with cancer. Through the leadership and expertise of clinical professionals at NCCN Member Institutions, NCCN develops resources that present valuable information to the numerous stakeholders in the health care delivery system. As the arbiter of high-quality cancer care, NCCN promotes the importance of continuous quality improvement and recognizes the significance of creating clinical practice guidelines appropriate for use by patients, clinicians, and other health care decision-makers. The primary goal of all NCCN initiatives is to improve the quality, effectiveness, and efficiency of oncology practice so patients can live better lives.



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