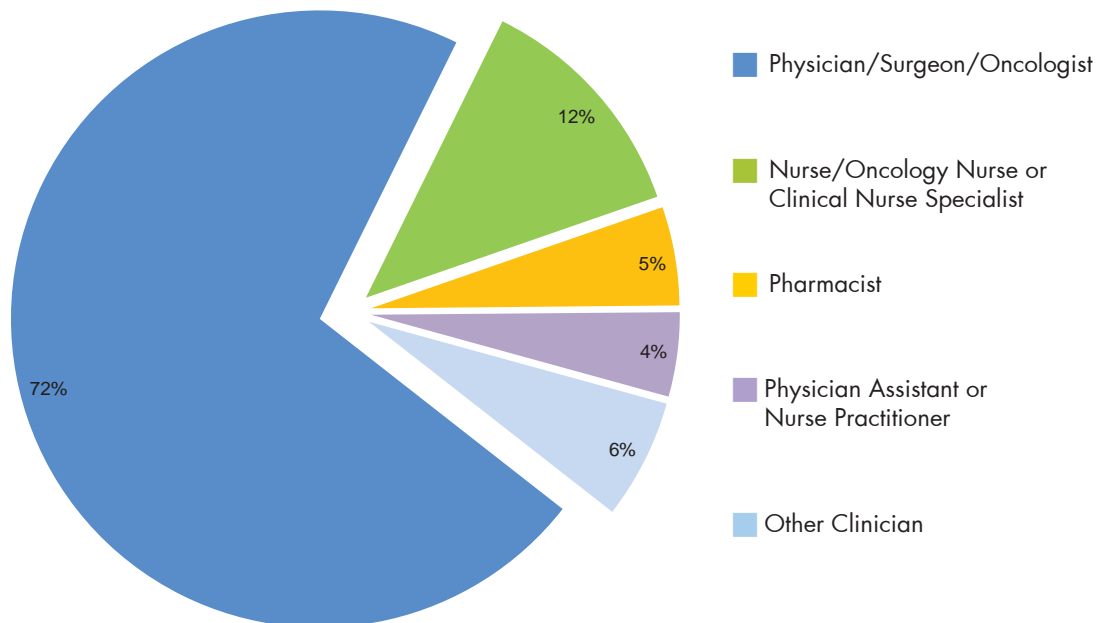


NCCN Trends™ is an analytics tool from the National Comprehensive Cancer Network® (NCCN®) that surveys how clinicians across the U.S. and around the globe are delivering cancer care. This summary includes the results of the June 2013 NCCN Trends™ Survey, which focused on Colorectal Cancer. This survey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

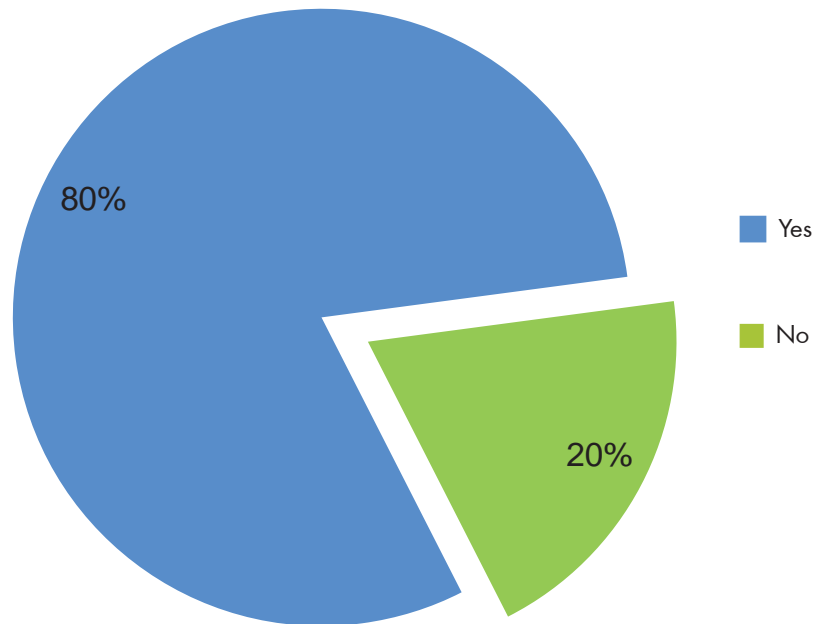
DEMOGRAPHICS

Distribution of Respondent Types (n = 1,607)

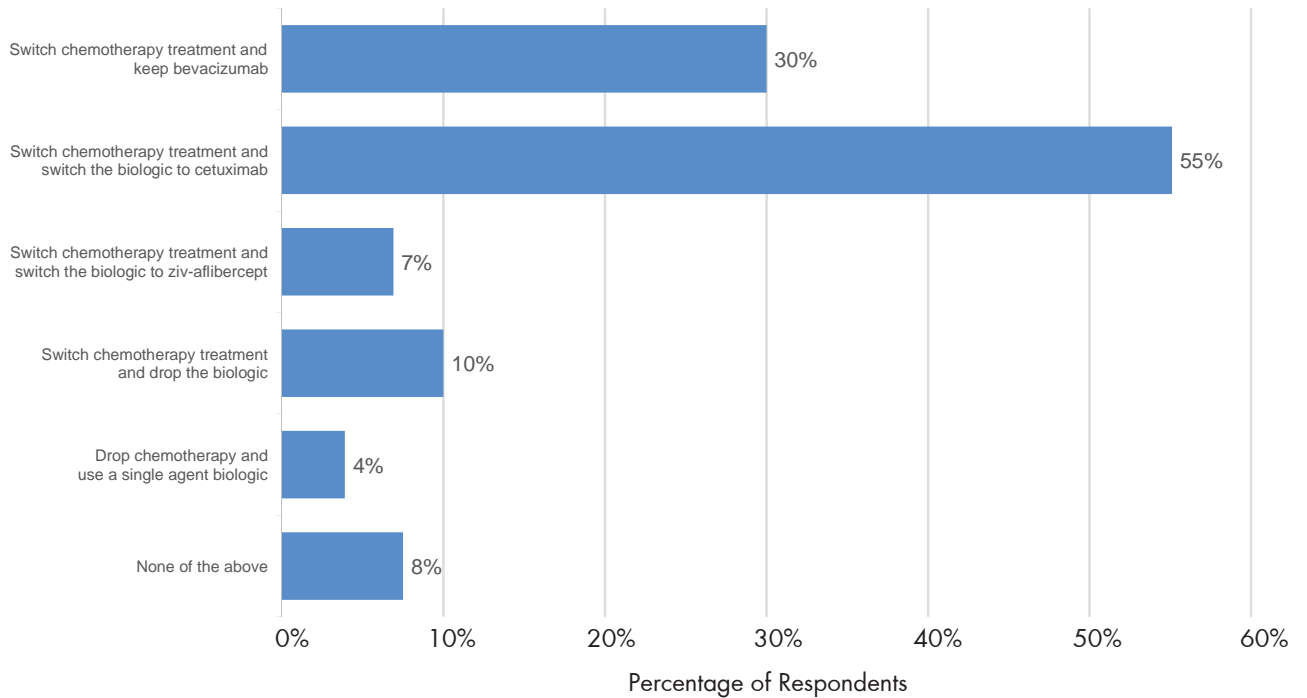


Note: Percentages may not total 100 because of rounding.

Q1. Do you treat patients with colorectal cancer? (n = 1,607)



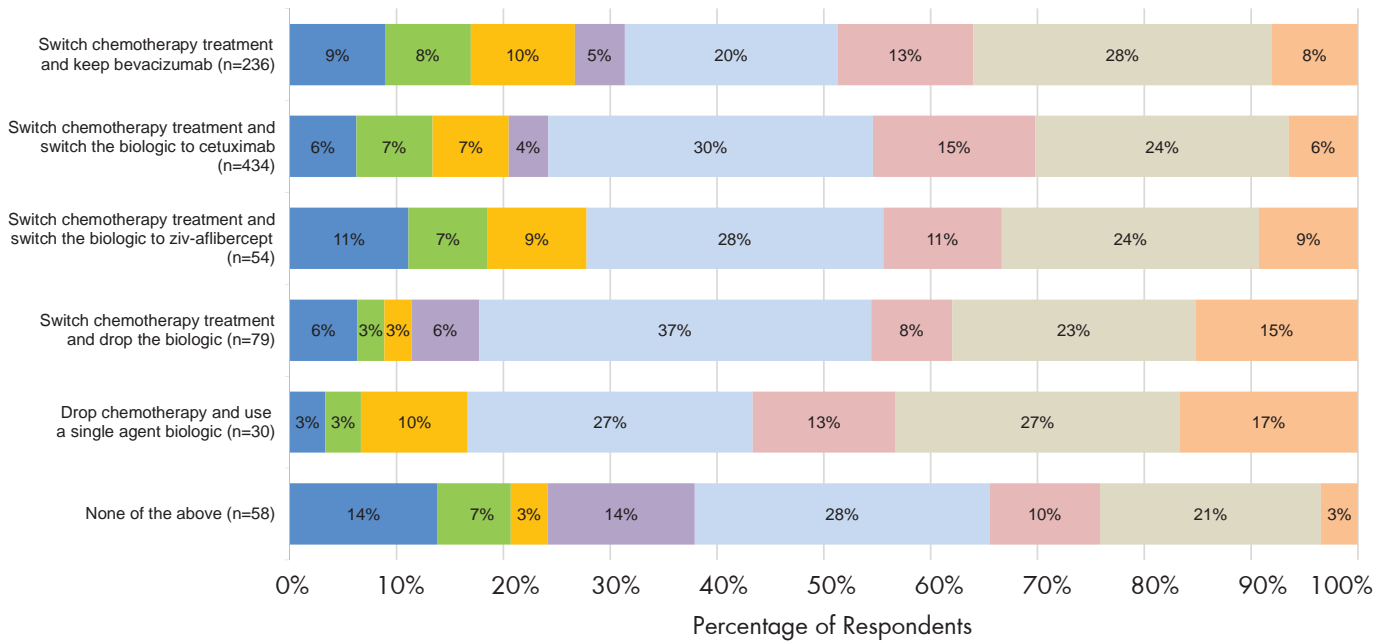
Q2. If a patient with metastatic colorectal cancer (mCRC), wild-type for KRAS, is being treated with FOLFOX (leucovorin/fluorouracil/oxaliplatin) + bevacizumab as a first line therapy, and has disease progression at 6 months, how do you routinely adjust therapy? (Select all that apply) (n = 787)



Q2. If a patient with metastatic colorectal cancer (mCRC), wild-type for KRAS, is being treated with FOLFOX (leucovorin/fluorouracil/oxaliplatin) + bevacizumab as a first line therapy, and has disease progression at 6 months, how do you routinely adjust therapy? (Select all that apply)

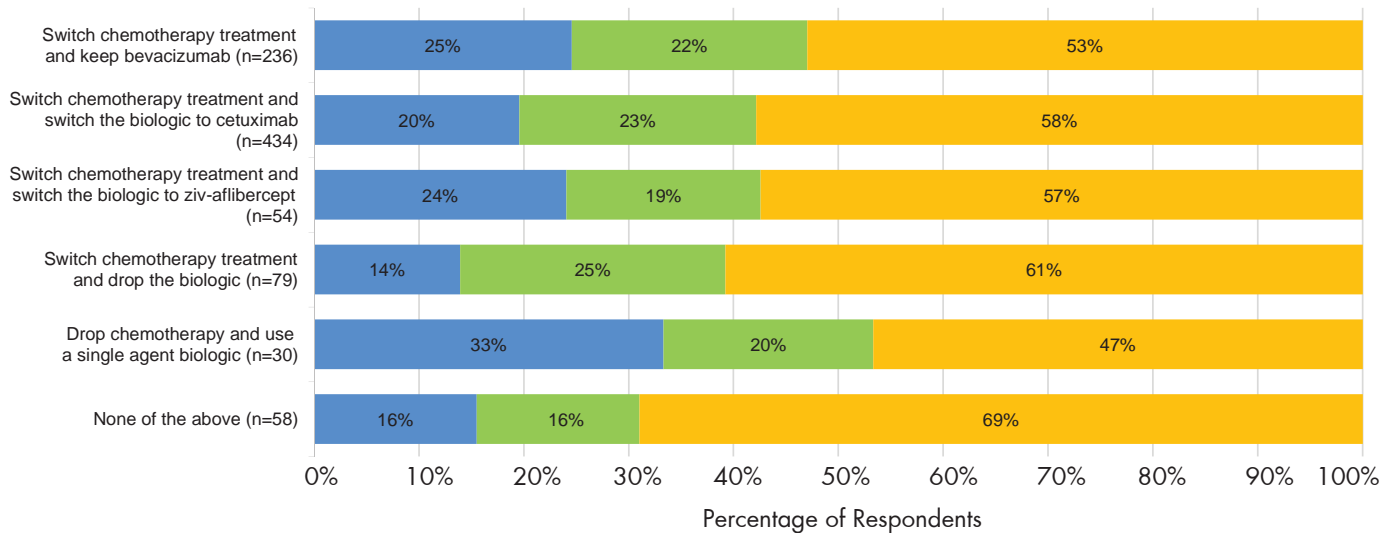
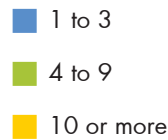
By Geography

- US Midwest
- US Northeast
- US South
- US West
- Europe
- Latin America
- Asia
- Other Non-US



Q2. If a patient with metastatic colorectal cancer (mCRC), wild-type for KRAS, is being treated with FOLFOX (leucovorin/fluorouracil/oxaliplatin) + bevacizumab as a first line therapy, and has disease progression at 6 months, how do you routinely adjust therapy? (Select all that apply)

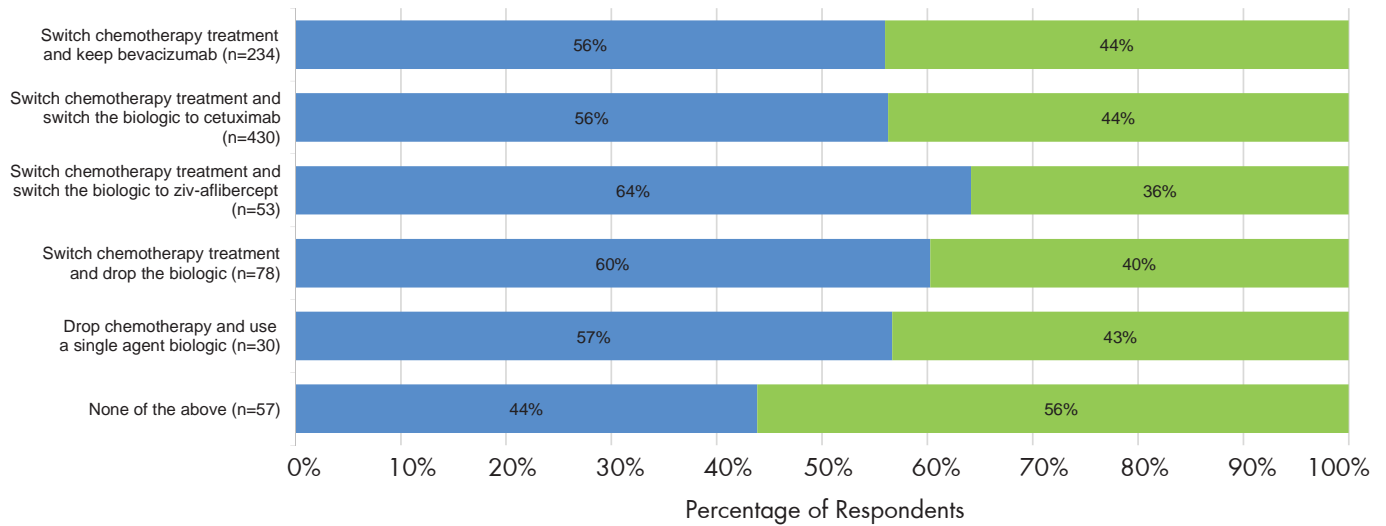
By Practice Size



Q2. If a patient with metastatic colorectal cancer (mCRC), wild-type for KRAS, is being treated with FOLFOX (leucovorin/fluorouracil/oxaliplatin) + bevacizumab as a first line therapy, and has disease progression at 6 months, how do you routinely adjust therapy? (Select all that apply)

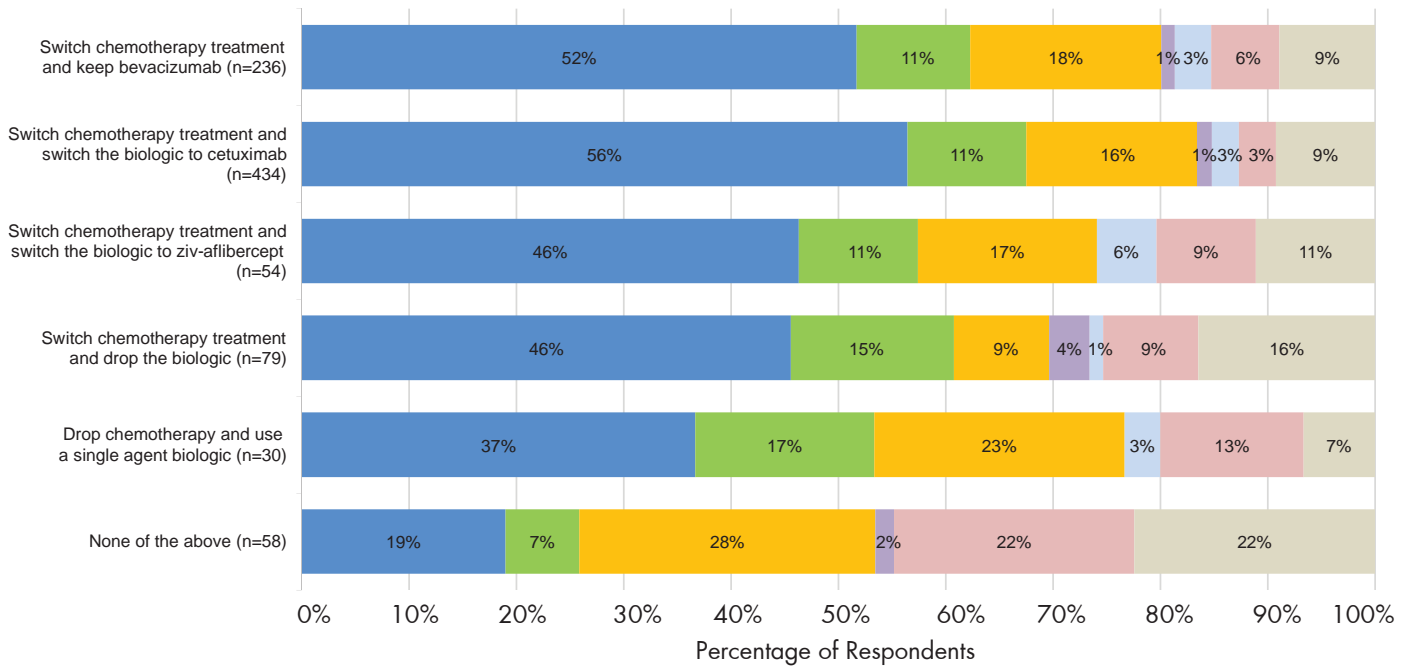
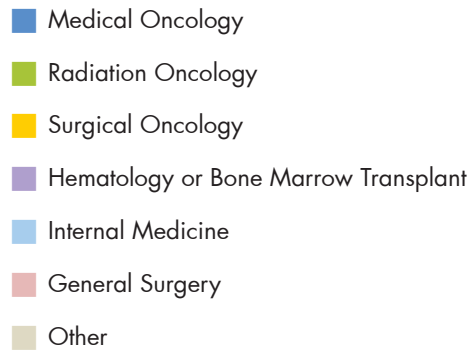
By Practice Setting

■ Academic Setting
 ■ Community Setting

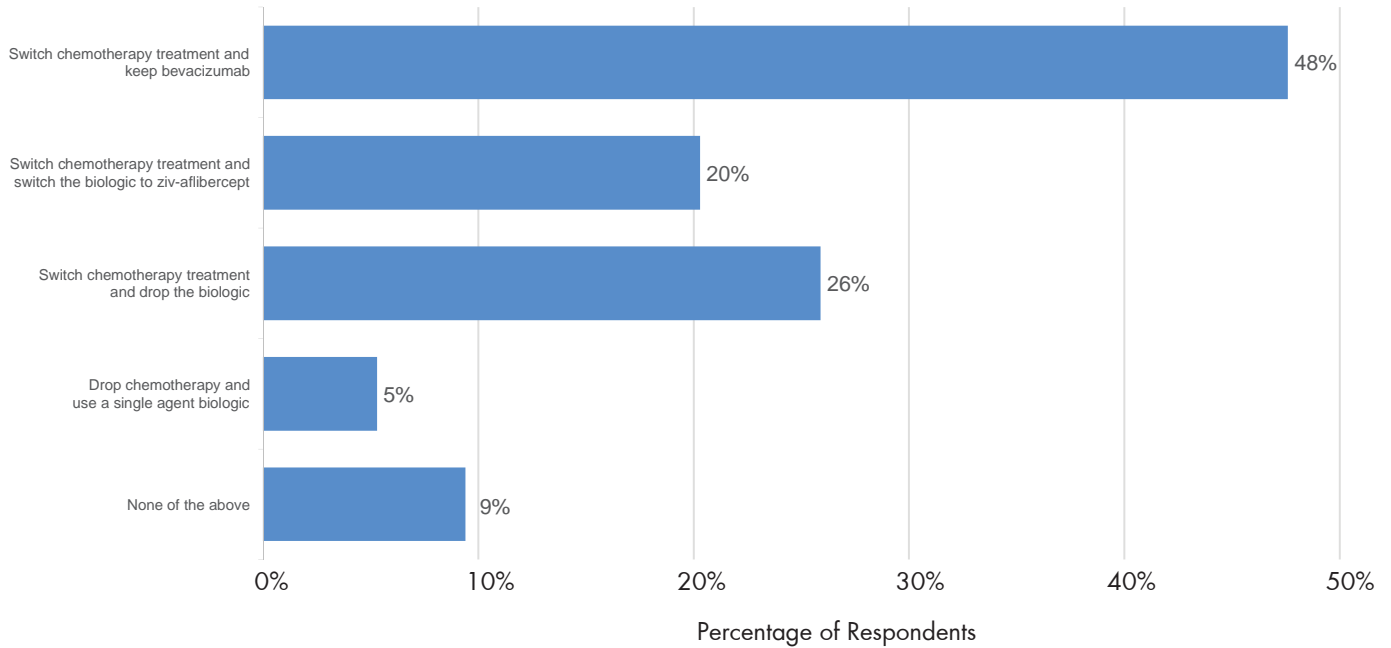


Q2. If a patient with metastatic colorectal cancer (mCRC), wild-type for KRAS, is being treated with FOLFOX (leucovorin/fluorouracil/oxaliplatin) + bevacizumab as a first line therapy, and has disease progression at 6 months, how do you routinely adjust therapy? (Select all that apply)

By Specialty



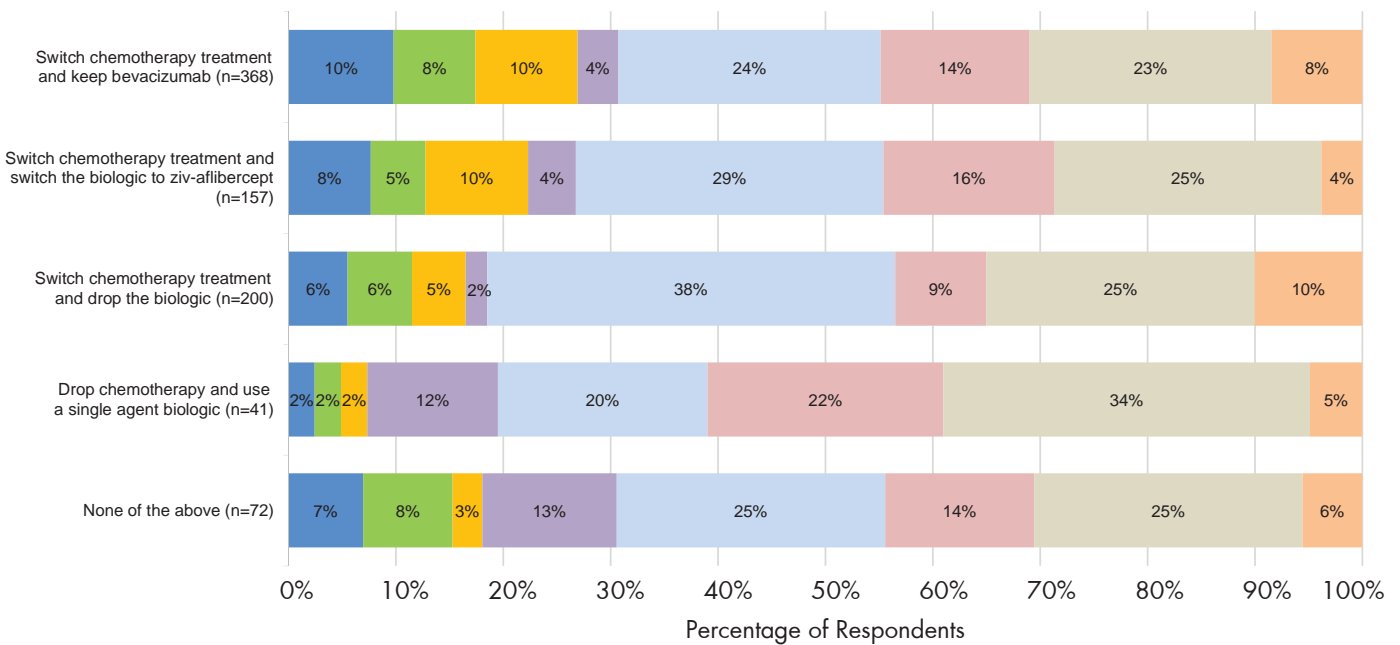
Q3. If a patient with mCRC, KRAS Mutant, is being treated with FOLFOX + bevacizumab as a first line therapy, and has disease progression at 6 months, how do you routinely adjust therapy? (Select all that apply) (n = 773)



Q3. If a patient with mCRC, KRAS Mutant, is being treated with FOLFOX + bevacizumab as a first line therapy, and has disease progression at 6 months, how do you routinely adjust therapy? (Select all that apply)

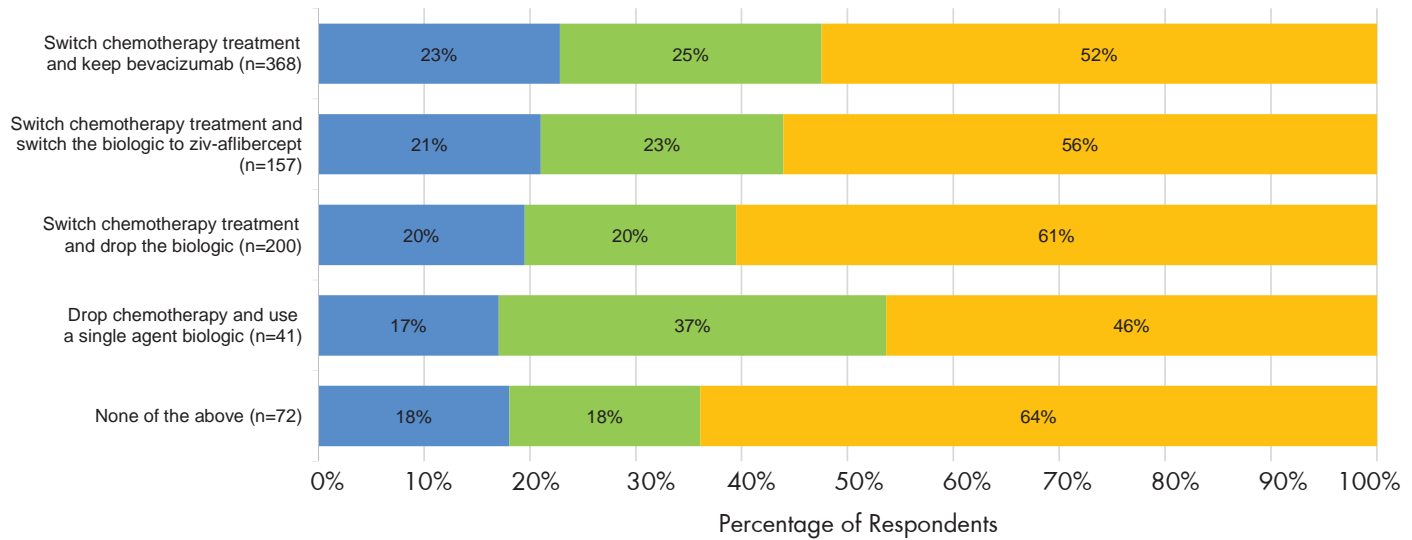
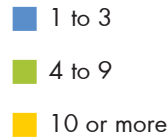
By Geography

- US Midwest
- US Northeast
- US South
- US West
- Europe
- Latin America
- Asia
- Other Non-US



Q3. If a patient with mCRC, KRAS Mutant, is being treated with FOLFOX + bevacizumab as a first line therapy, and has disease progression at 6 months, how do you routinely adjust therapy? (Select all that apply)

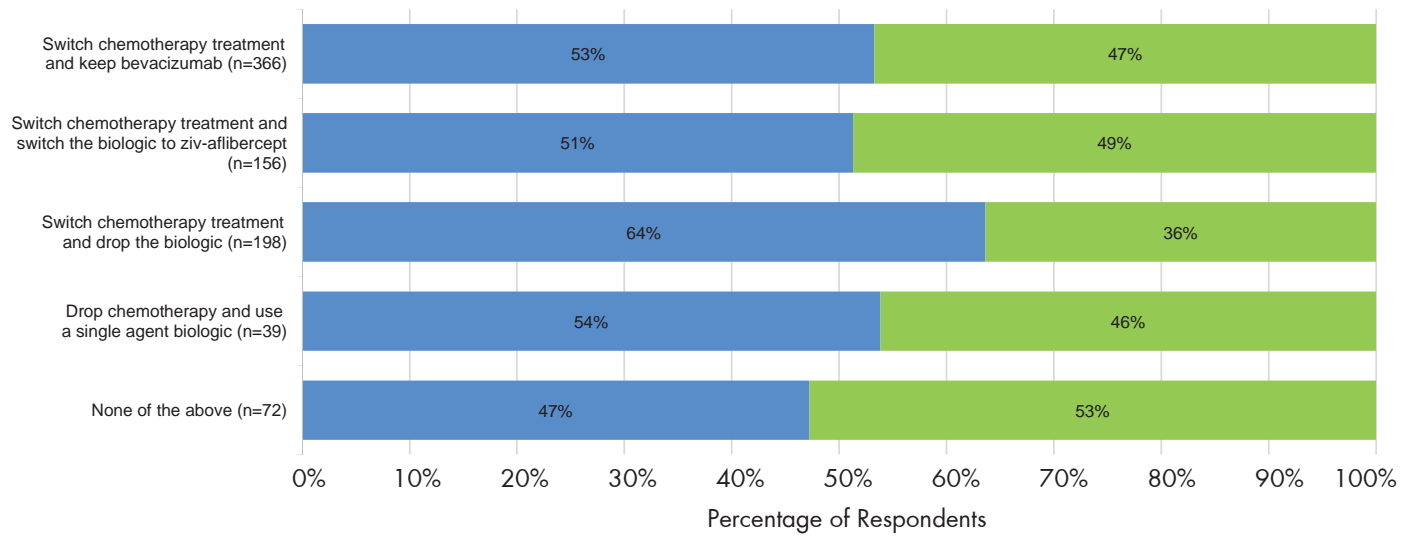
By Practice Size



Q3. If a patient with mCRC, KRAS Mutant, is being treated with FOLFOX + bevacizumab as a first line therapy, and has disease progression at 6 months, how do you routinely adjust therapy? (Select all that apply)

By Practice Setting

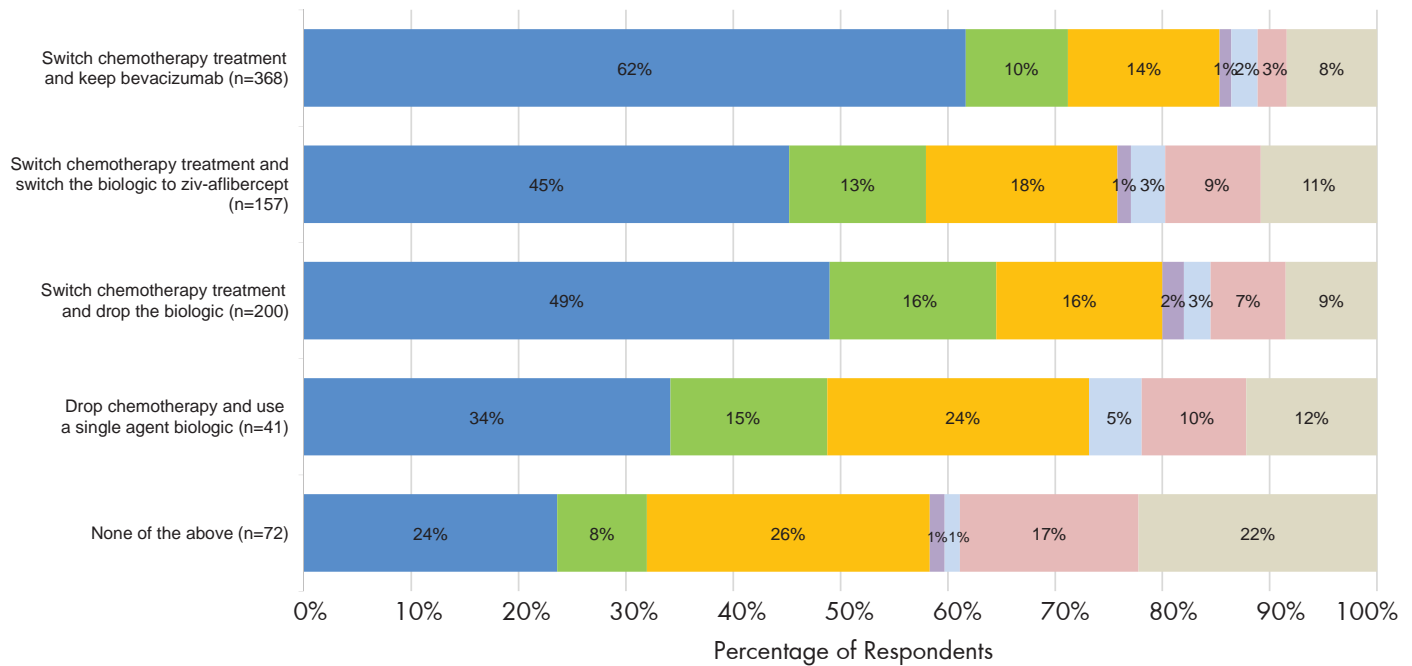
■ Academic Setting
 ■ Community Setting



Q3. If a patient with mCRC, KRAS Mutant, is being treated with FOLFOX + bevacizumab as a first line therapy, and has disease progression at 6 months, how do you routinely adjust therapy? (Select all that apply)

By Specialty

- Medical Oncology
- Radiation Oncology
- Surgical Oncology
- Hematology or Bone Marrow Transplant
- Internal Medicine
- General Surgery
- Other



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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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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