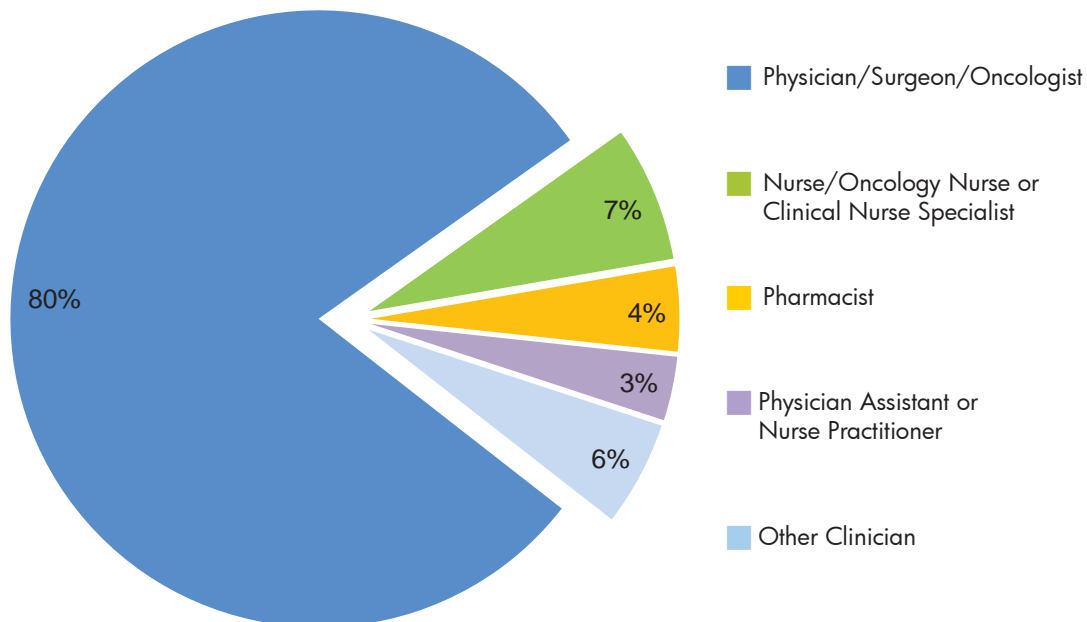


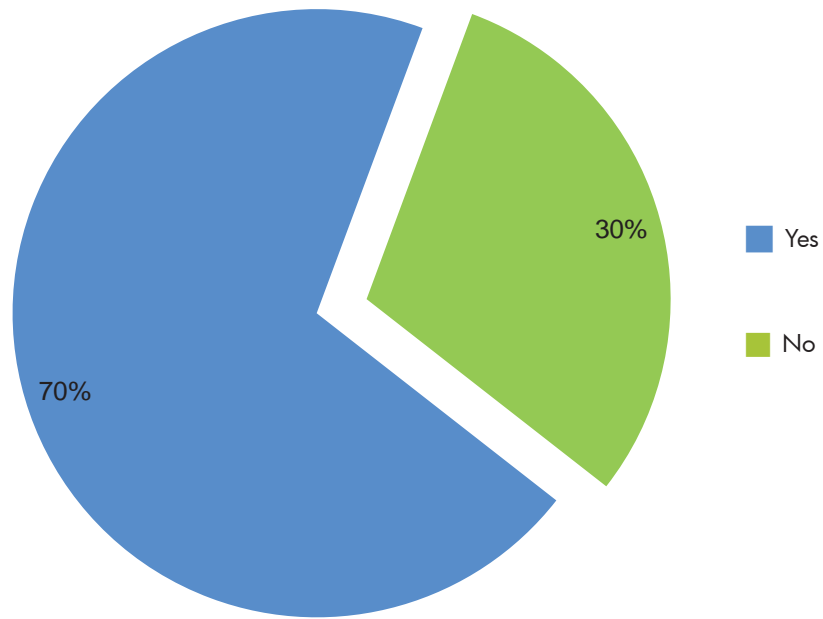
NCCN Trends™ is an analytics tool from the National Comprehensive Cancer Network® (NCCN®) that surveys how clinicians across the U.S. and around the globe are delivering cancer care. This summary includes the results of the March 2012 NCCN Trends™ Survey, which focused on Gastrointestinal Stromal Tumors (GIST). This survey was sent to U.S. and International users of NCCN.org.

DEMOGRAPHICS

Distribution of Respondent Types (n = 1,378)



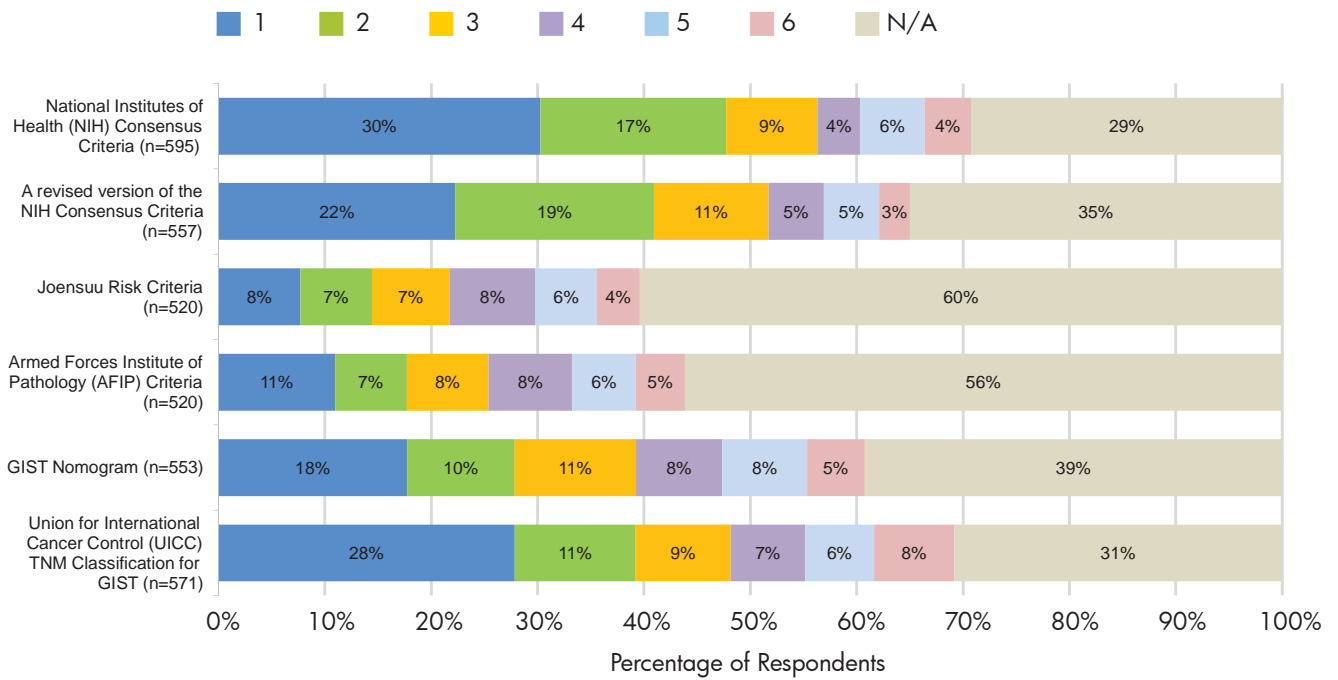
Q1. Do you treat patients with gastrointestinal stromal tumors (GIST)?
(n = 1,393)



Results: March 2012

GASTROINTESTINAL STROMAL TUMORS

Q2. Please rank in the following order the criteria you reference most, with 1 being the criteria most referenced, when assessing the risk of recurrence following complete resection in patients with GIST. Please only rank the criteria that you reference, otherwise check N/A (not applicable). (n = 682)†

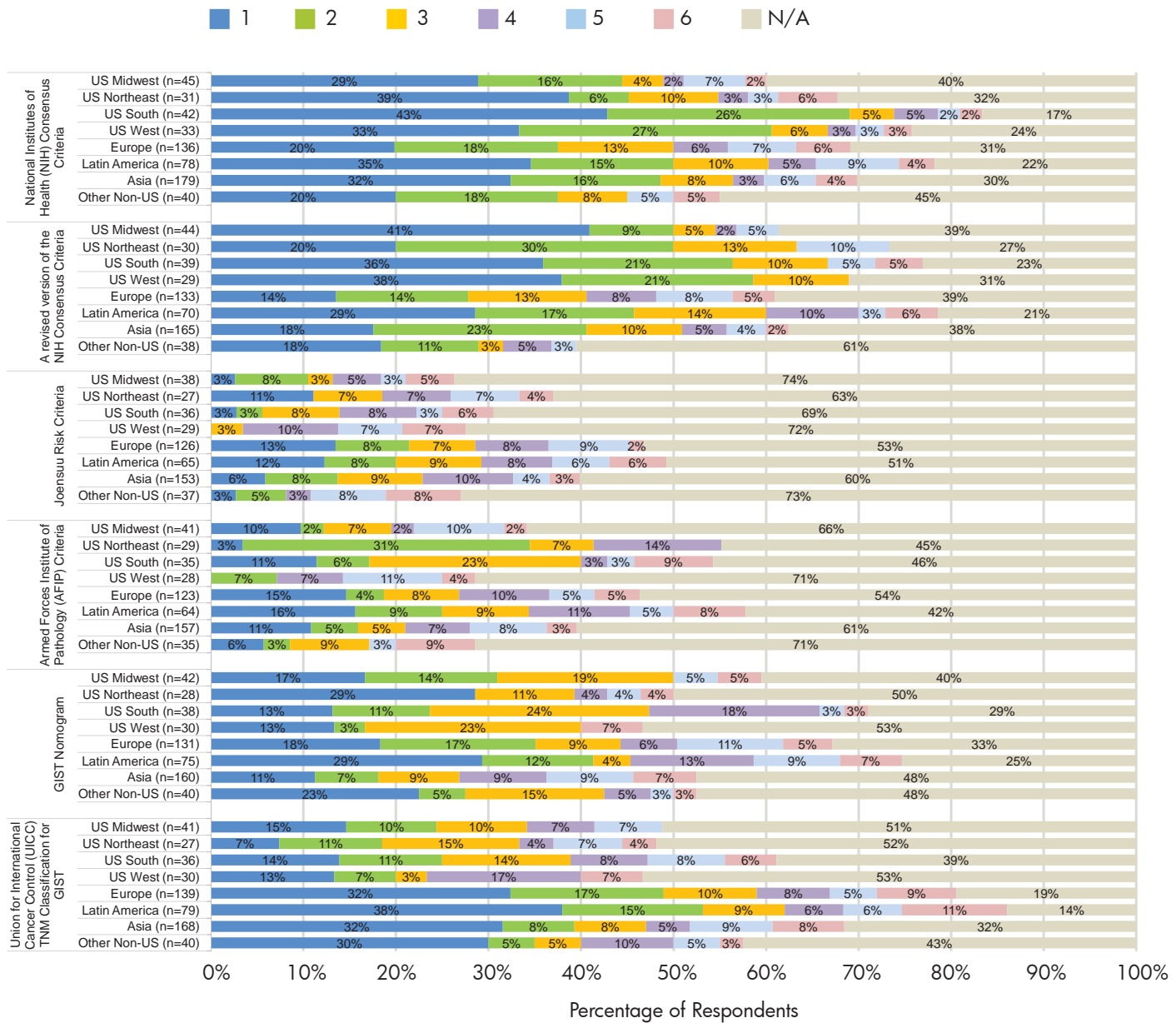


†Note: Percentages may not total 100 because of rounding

Results: March 2012
GASTROINTESTINAL STROMAL TUMORS

Q2. Please rank in the following order the criteria you reference most, with 1 being the criteria most referenced, when assessing the risk of recurrence following complete resection in patients with GIST. Please only rank the criteria that you reference, otherwise check N/A (not applicable).

By Geography†



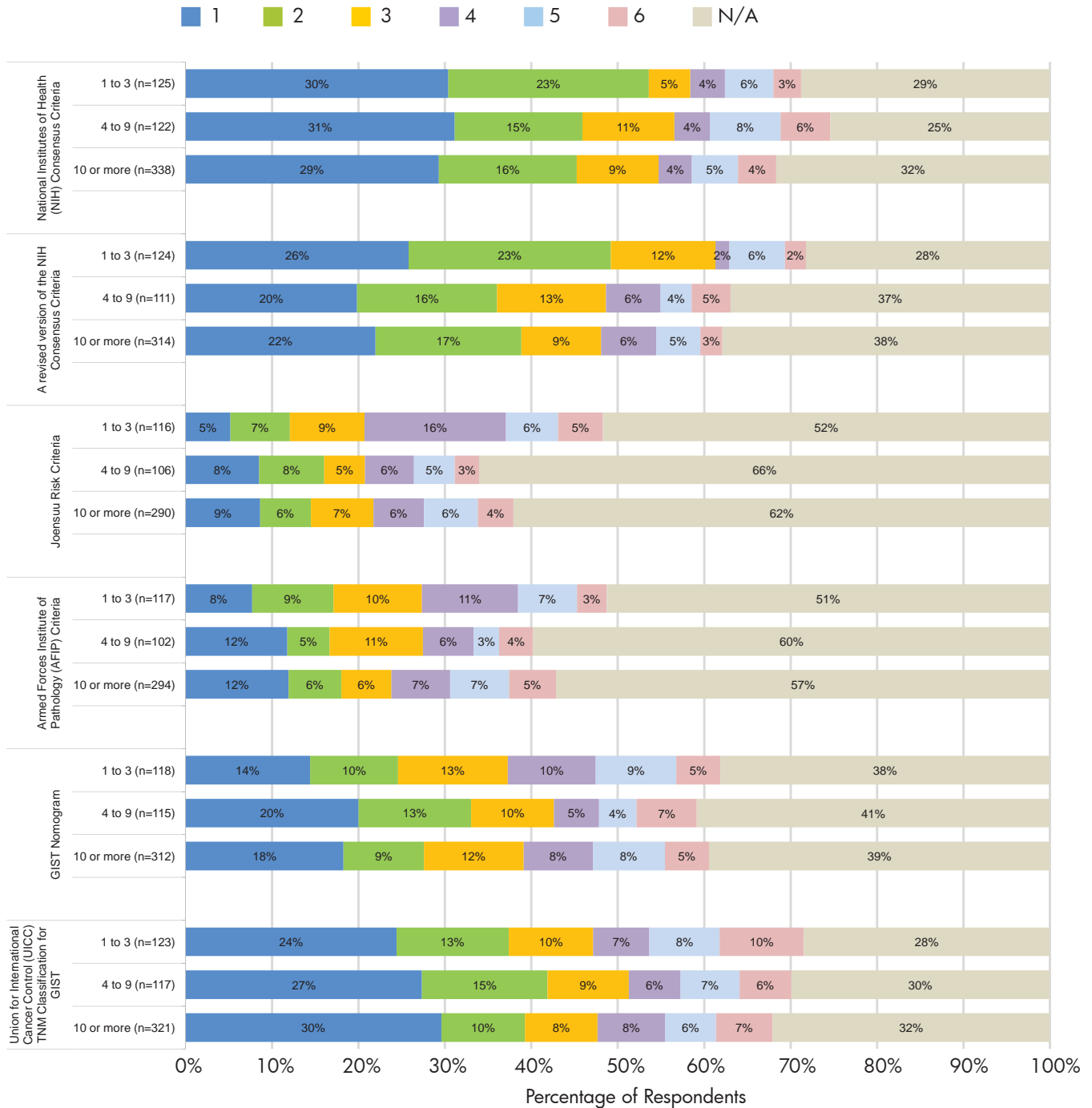
†Note: Percentages may not total 100 because of rounding

Results: March 2012

GASTROINTESTINAL STROMAL TUMORS

Q2. Please rank in the following order the criteria you reference most, with 1 being the criteria most referenced, when assessing the risk of recurrence following complete resection in patients with GIST. Please only rank the criteria that you reference, otherwise check N/A (not applicable).

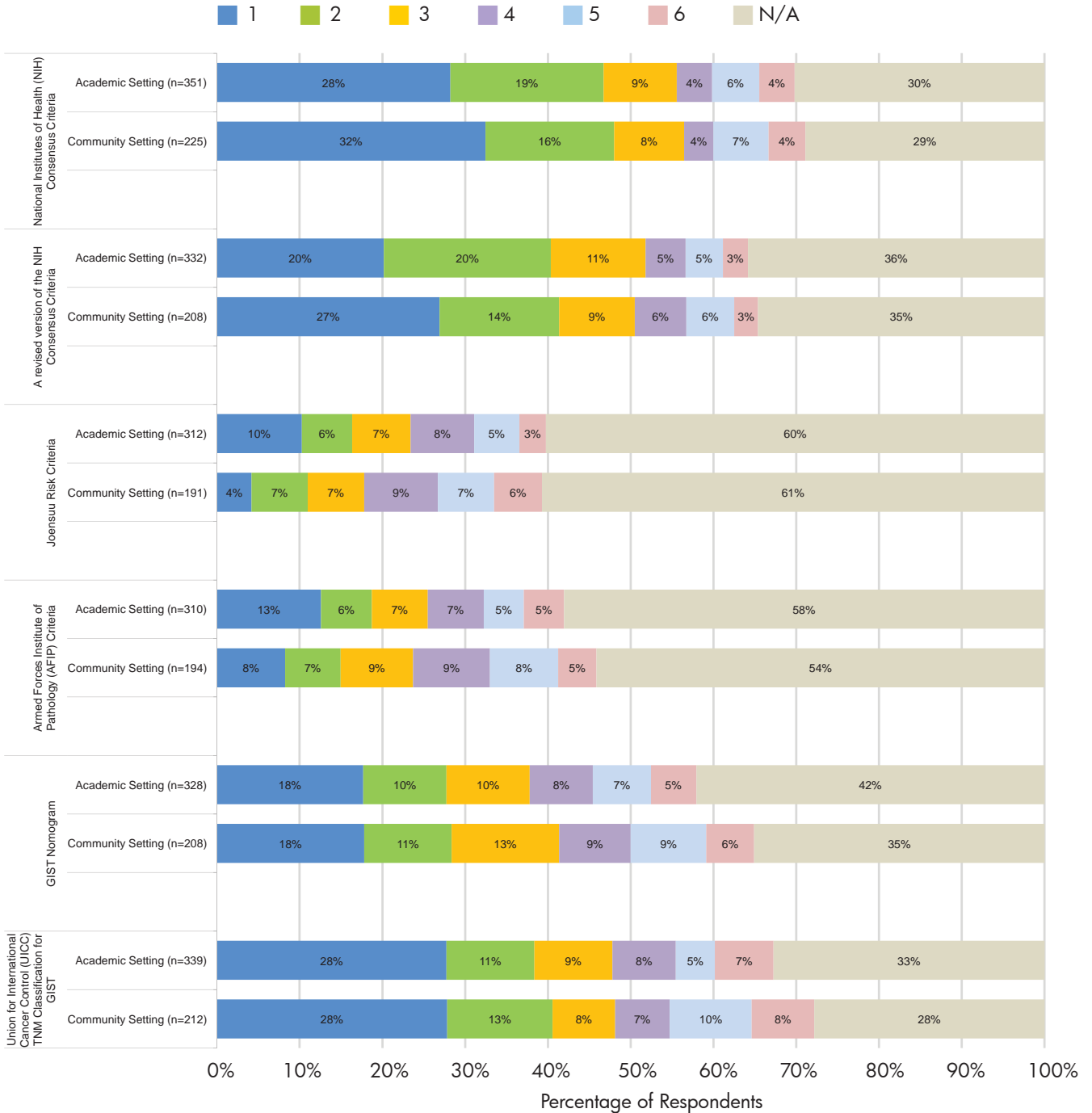
By Practice Size †



†Note: Percentages may not total 100 because of rounding

Q2. Please rank in the following order the criteria you reference most, with 1 being the criteria most referenced, when assessing the risk of recurrence following complete resection in patients with GIST. Please only rank the criteria that you reference, otherwise check N/A (not applicable).

By Practice Setting†

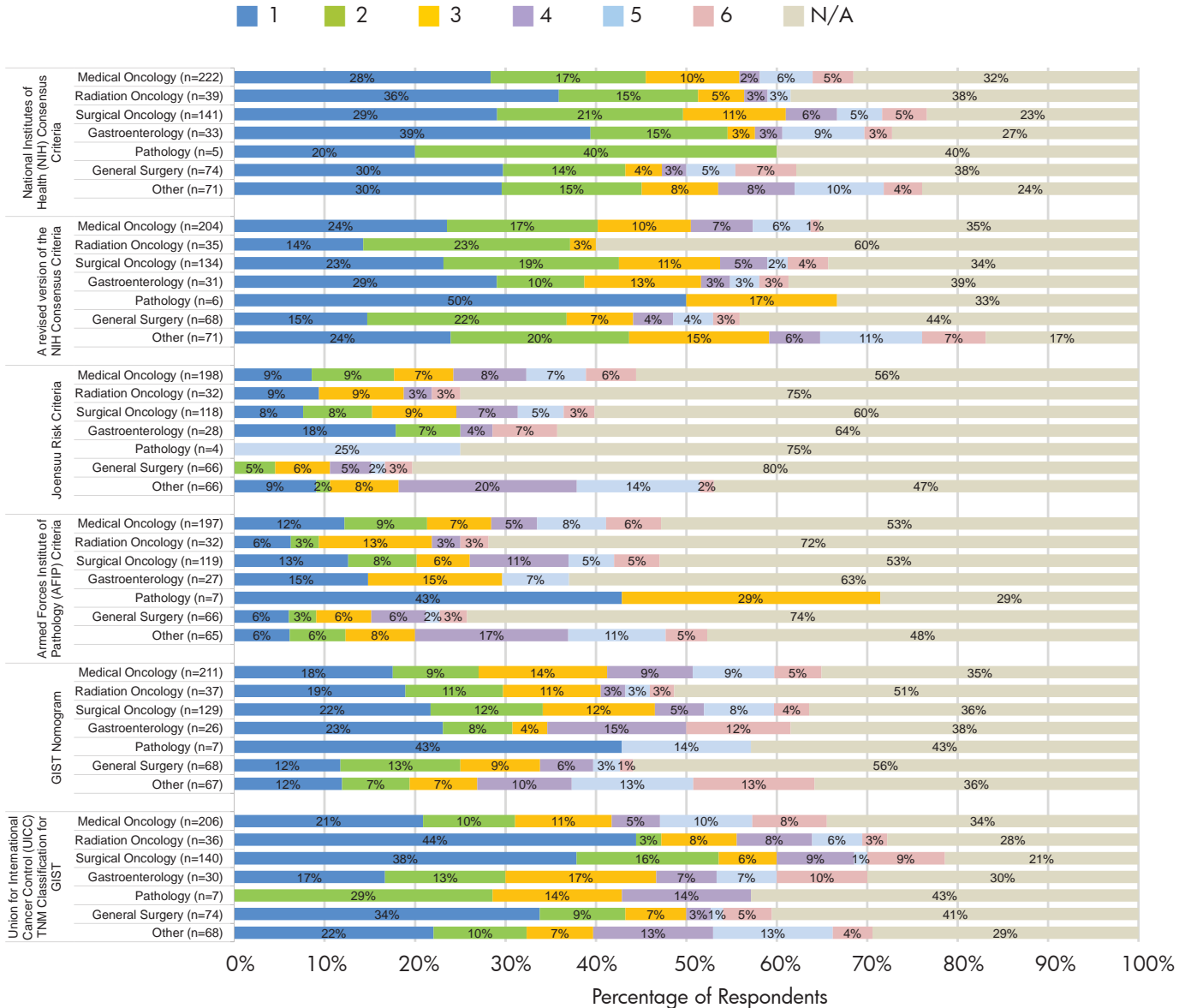


†Note: Percentages may not total 100 because of rounding

Results: March 2012
GASTROINTESTINAL STROMAL TUMORS

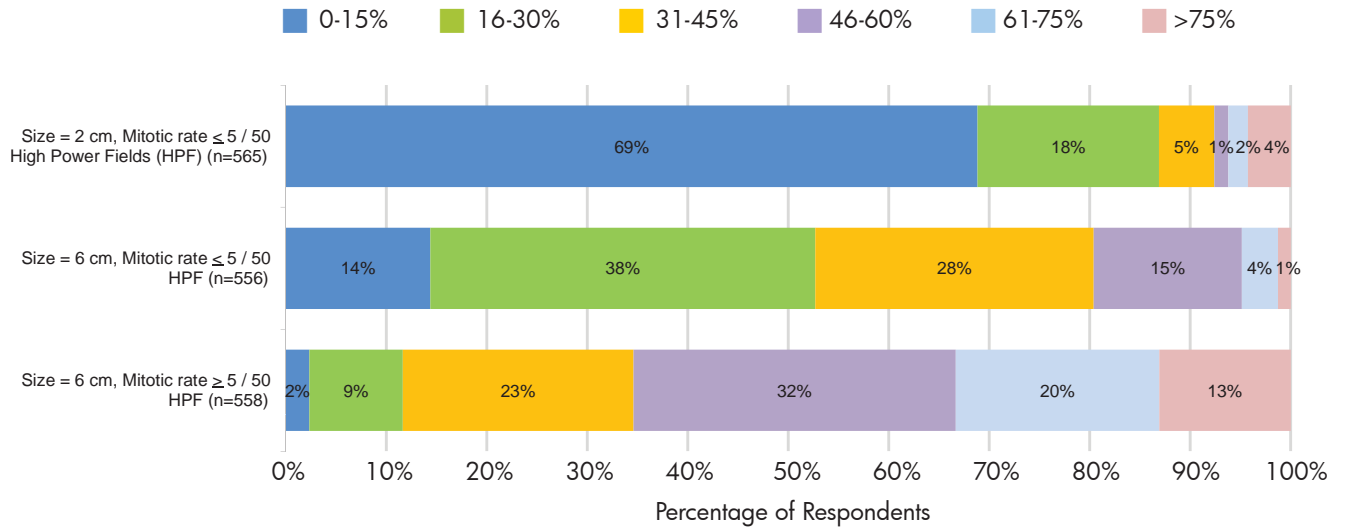
Q2. Please rank in the following order the criteria you reference most, with 1 being the criteria most referenced, when assessing the risk of recurrence following complete resection in patients with GIST. Please only rank the criteria that you reference, otherwise check N/A (not applicable).

By Specialty†



†Note: Percentages may not total 100 because of rounding

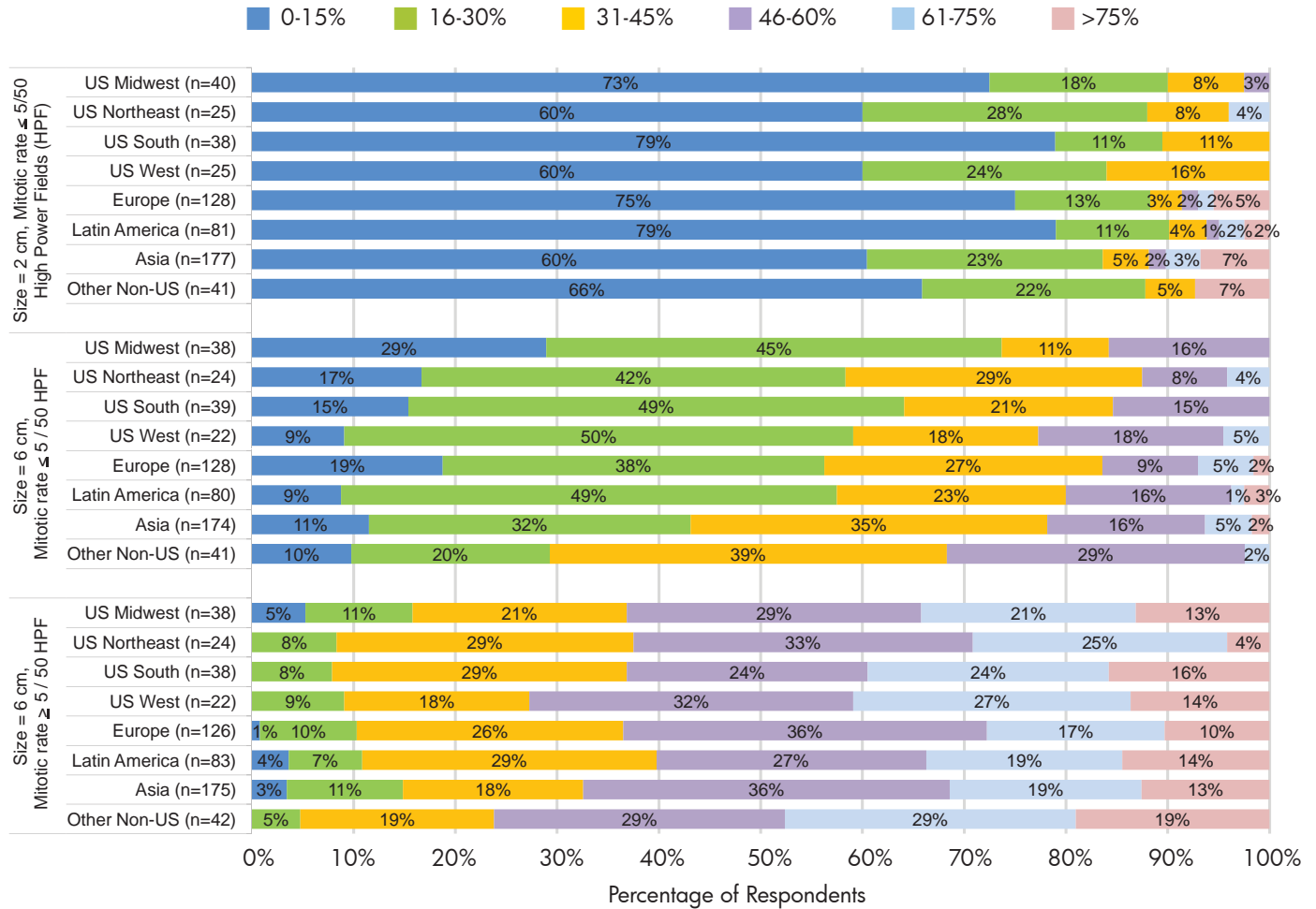
Q3. What is the 5-year risk of recurrence rate associated with each of the gastric origin GIST characteristics after complete resection? (n = 578)†



†Note: Percentages may not total 100 because of rounding

Q3. What is the 5-year risk of recurrence rate associated with each of the gastric origin GIST characteristics after complete resection?

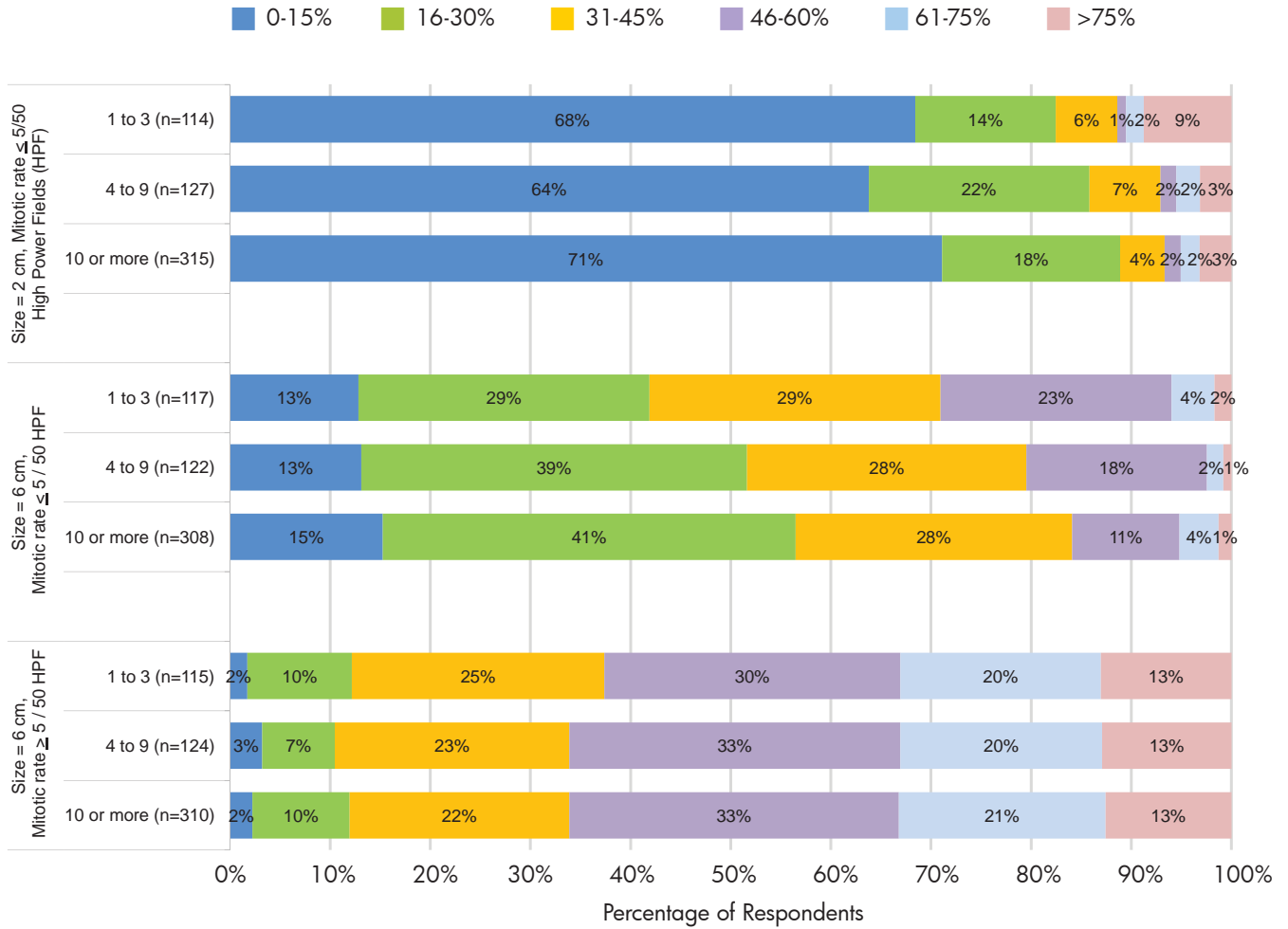
By Geography†



†Note: Percentages may not total 100 because of rounding

Q3. What is the 5-year risk of recurrence rate associated with each of the gastric origin GIST characteristics after complete resection?

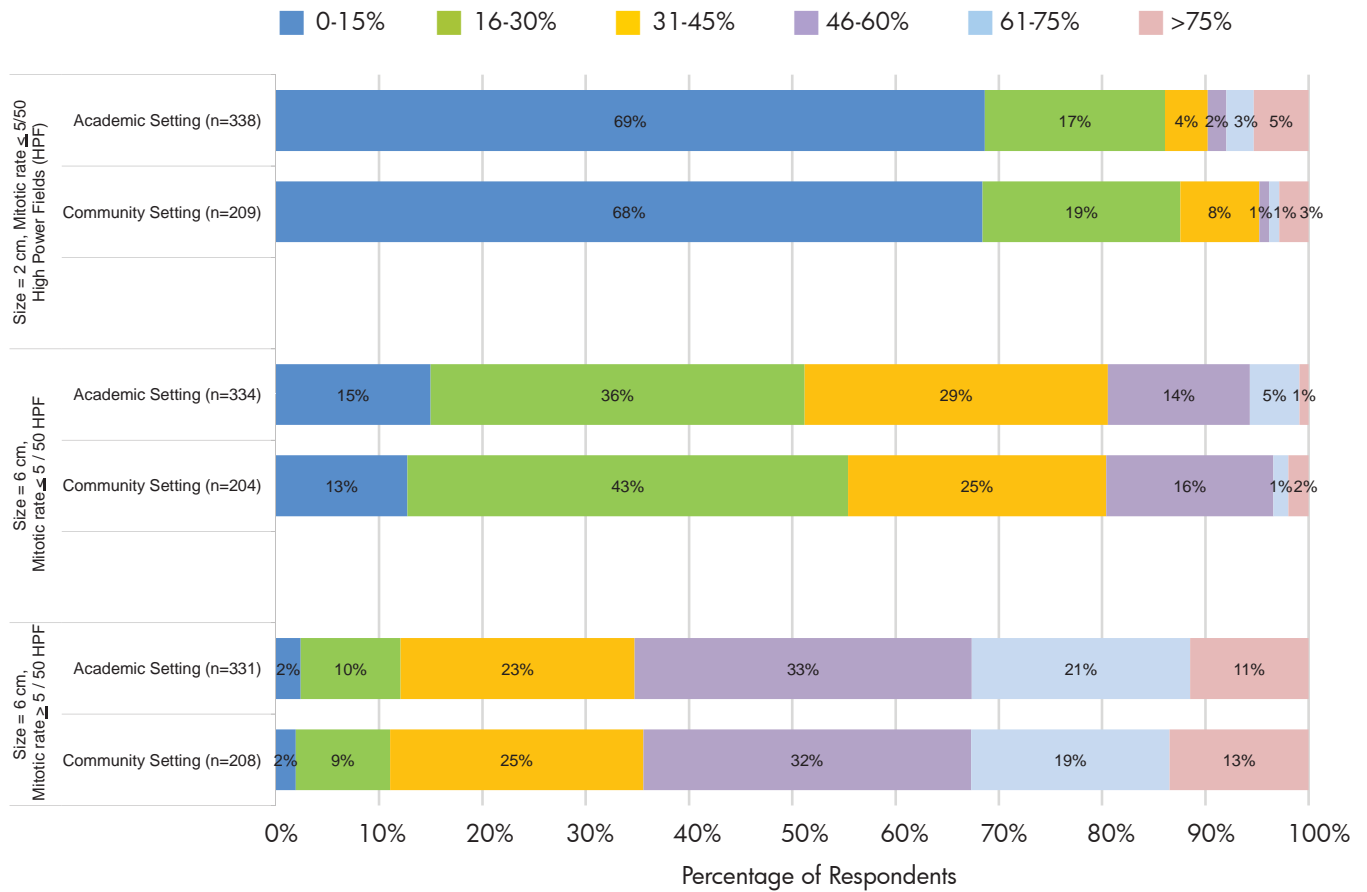
By Practice Size †



†Note: Percentages may not total 100 because of rounding

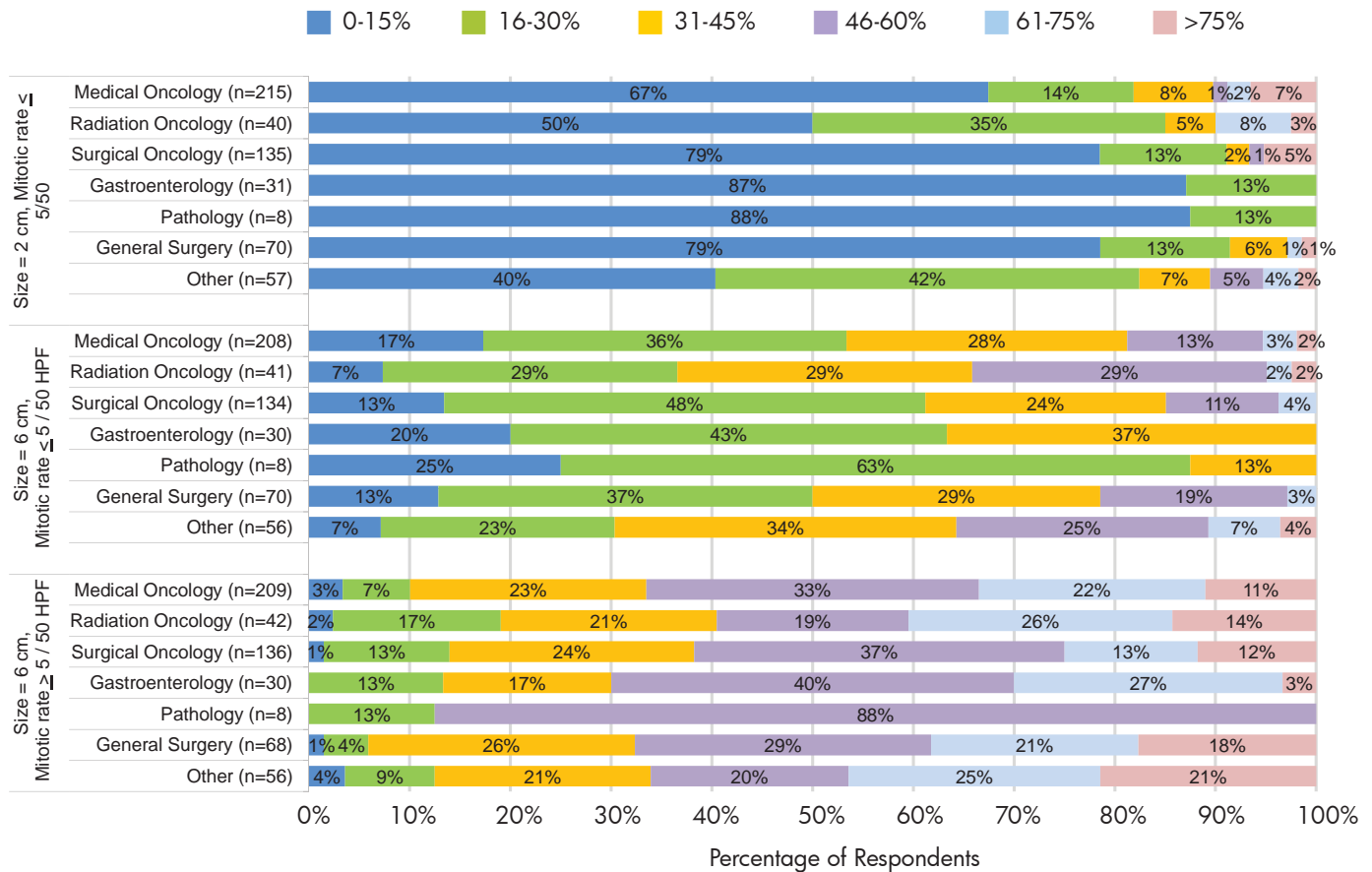
Q3. What is the 5-year risk of recurrence rate associated with each of the gastric origin GIST characteristics after complete resection?

By Practice Setting



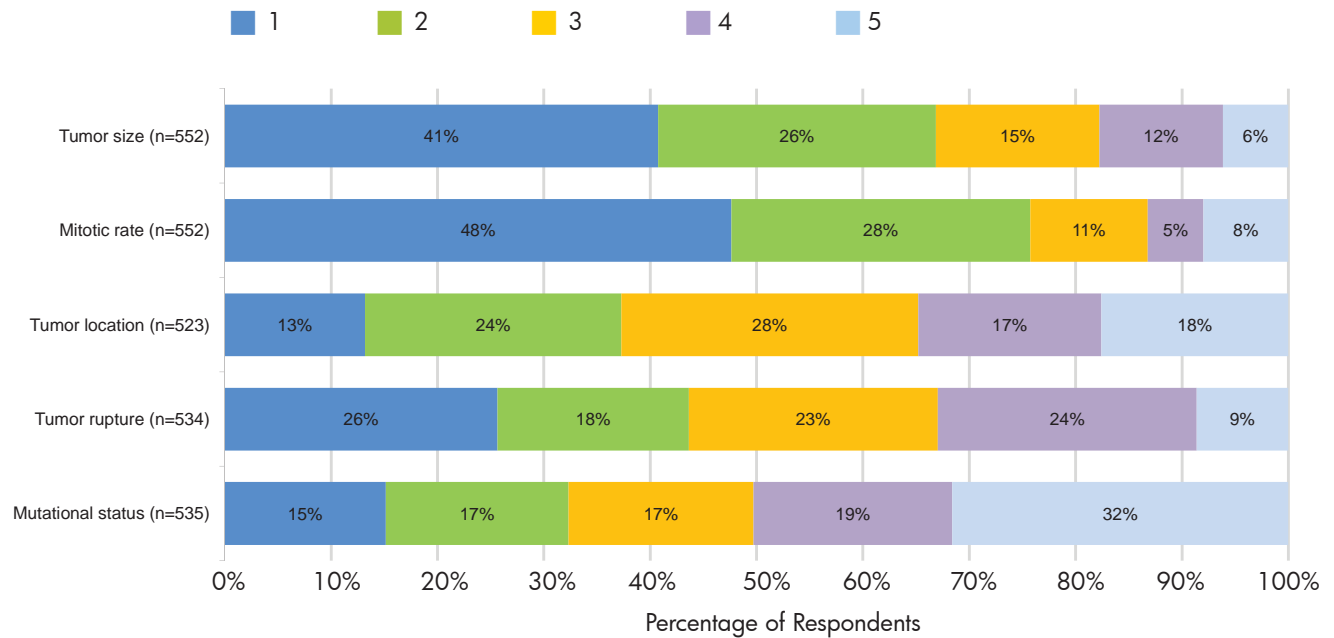
Q3. What is the 5-year risk of recurrence rate associated with each of the gastric origin GIST characteristics after complete resection?

By Specialty†



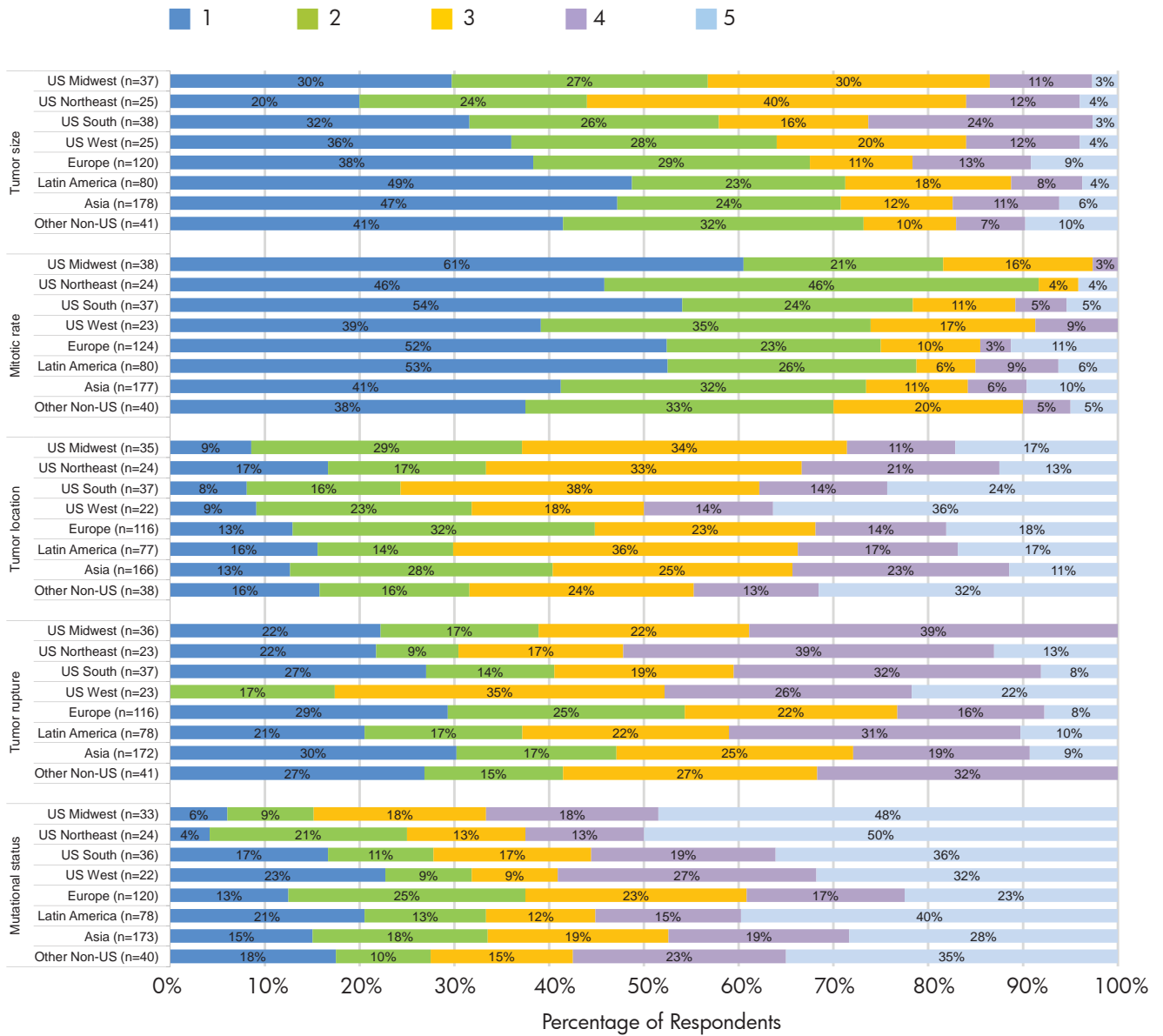
†Note: Percentages may not total 100 because of rounding

Q4. Please rank in order, with 1 being the most significant, which prognostic feature(s) of primary tumor you use to determine the risk of recurrence in patients with KIT-positive GIST: (n = 572)



Q4. Please rank in order, with 1 being the most significant, which prognostic feature(s) of primary tumor you use to determine the risk of recurrence in patients with KIT-positive GIST:

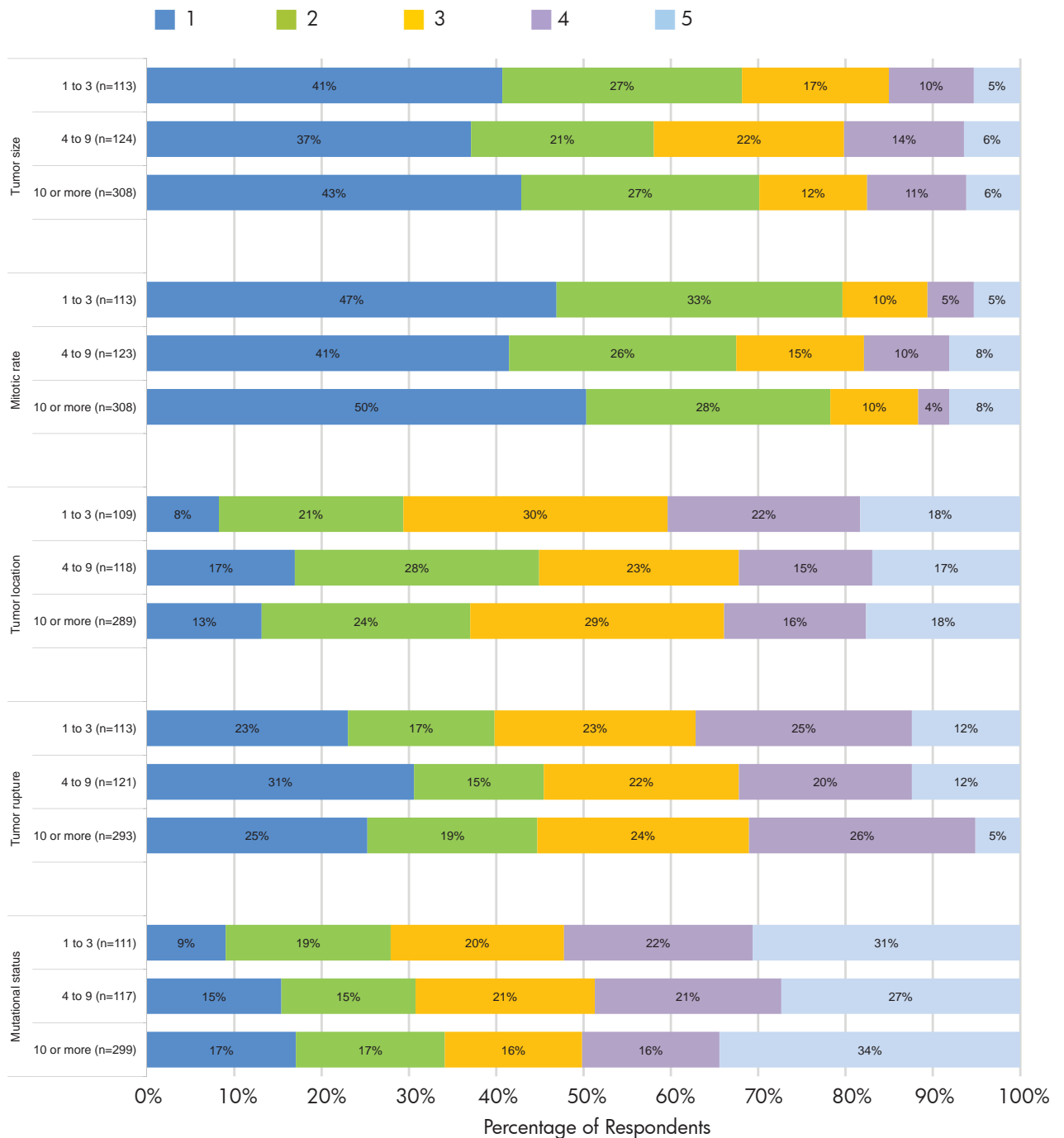
By Geography†



†Note: Percentages may not total 100 because of rounding

Q4. Please rank in order, with 1 being the most significant, which prognostic feature(s) of primary tumor you use to determine the risk of recurrence in patients with KIT-positive GIST:

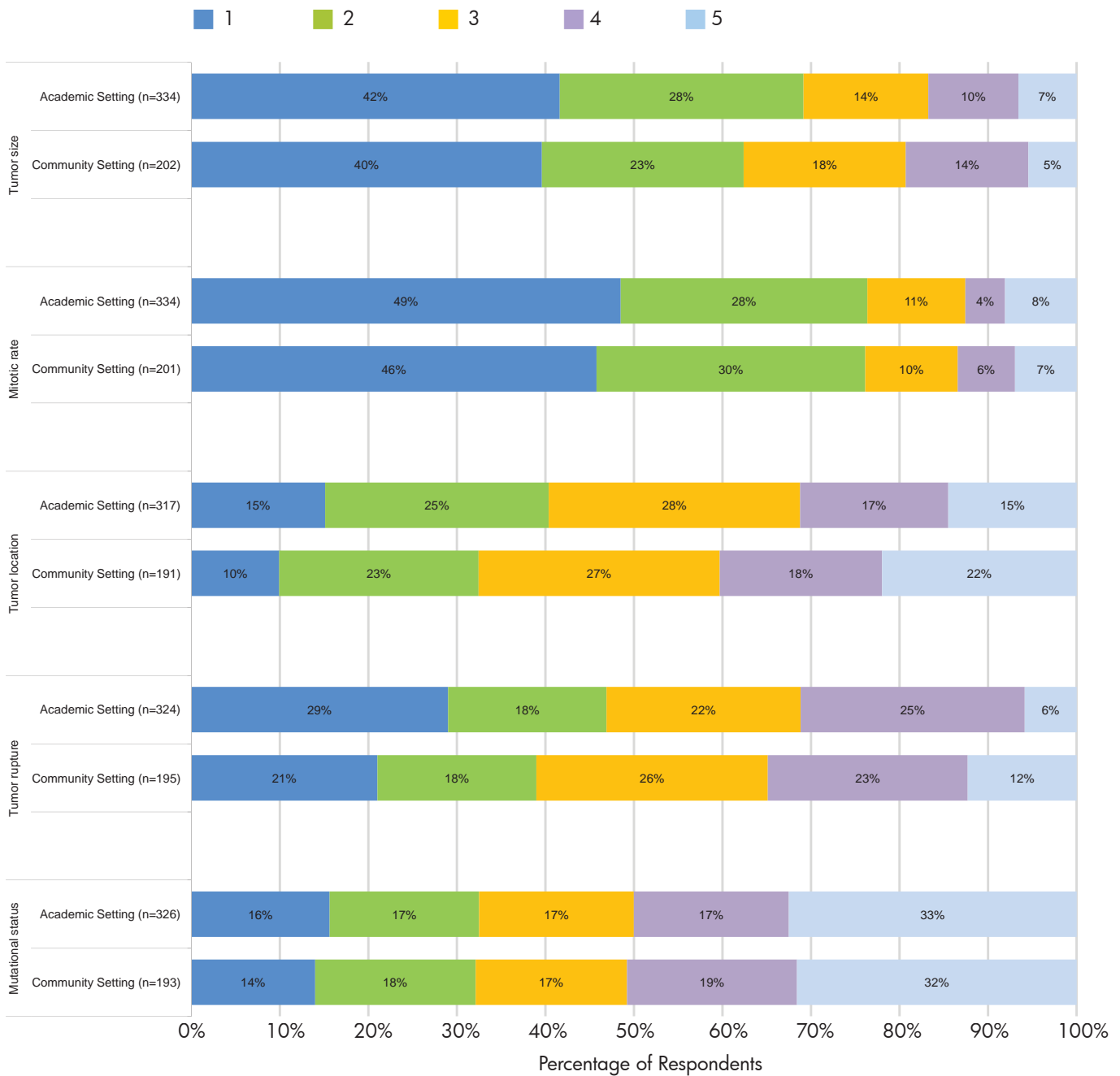
By Practice Size †



†Note: Percentages may not total 100 because of rounding

Q4. Please rank in order, with 1 being the most significant, which prognostic feature(s) of primary tumor you use to determine the risk of recurrence in patients with KIT-positive GIST:

By Practice Setting†

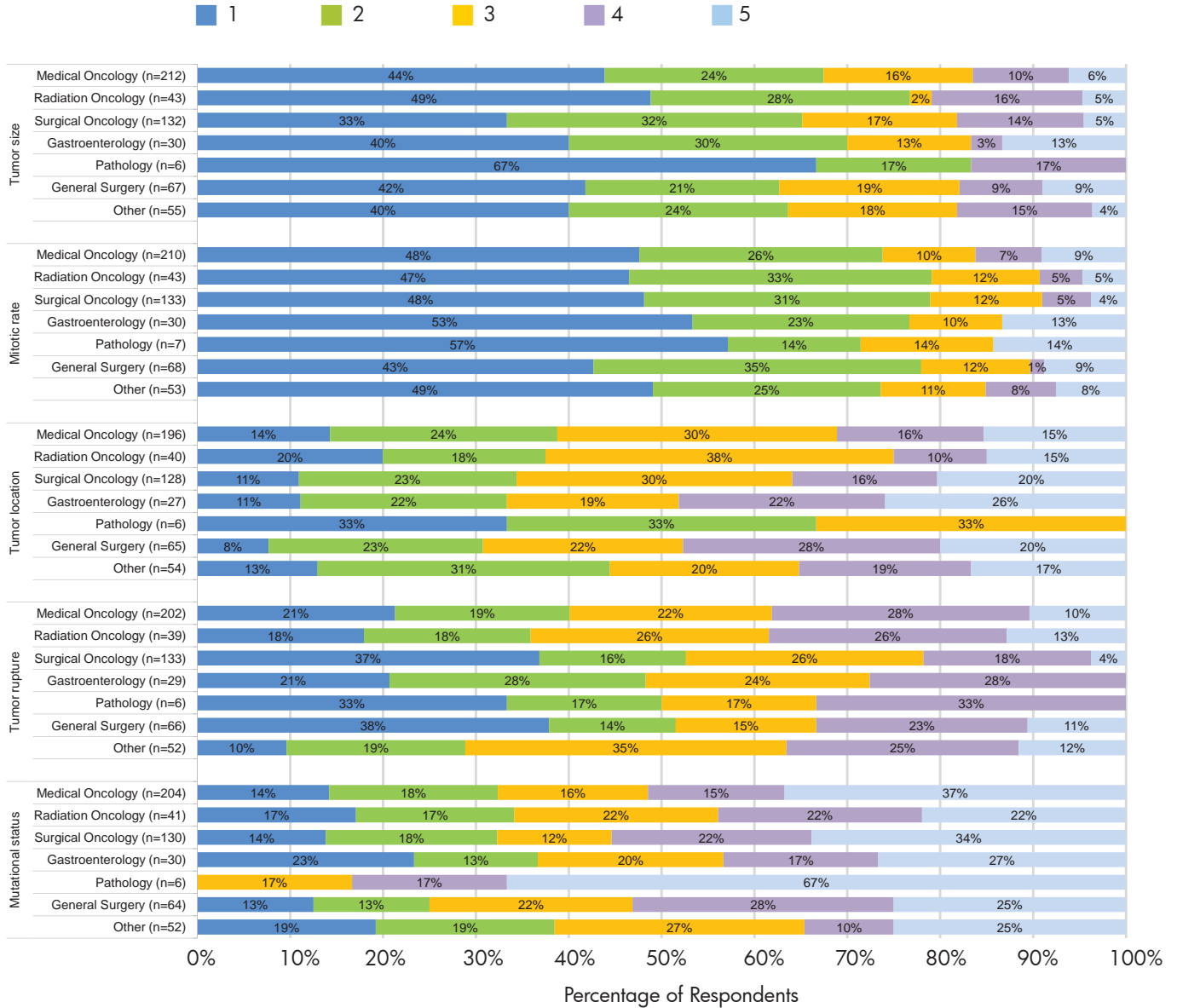


†Note: Percentages may not total 100 because of rounding

Results: March 2012
GASTROINTESTINAL STROMAL TUMORS

Q4. Please rank in order, with 1 being the most significant, which prognostic feature(s) of primary tumor you use to determine the risk of recurrence in patients with KIT-positive GIST:

By Specialty†



†Note: Percentages may not total 100 because of rounding

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:

Christine MacCracken, MSHEd, BSN
Director, Business Insights
215.690.0557
maccracken@nccn.org

National Comprehensive Cancer Network® (NCCN®)

The National Comprehensive Cancer Network® (NCCN®), a not-for-profit alliance of 21 of the world's leading cancer centers, is dedicated to improving the quality and effectiveness 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.



National
Comprehensive
Cancer
Network®

275 Commerce Drive • Suite 300
Fort Washington, PA, 19034
Telephone: 215.690.0300
Fax: 215.690.0280

NCCN.org - For Clinicians • NCCN.com - For Patients

*All NCCN Trends™ survey content and resulting data are owned by NCCN. Survey responses are made anonymous to protect the privacy of survey respondents. NCCN may license survey content, data, and analytic results to third parties, but retains the rights to use this data for other purposes, including the support of educational and research efforts or for other strategic or business purposes.