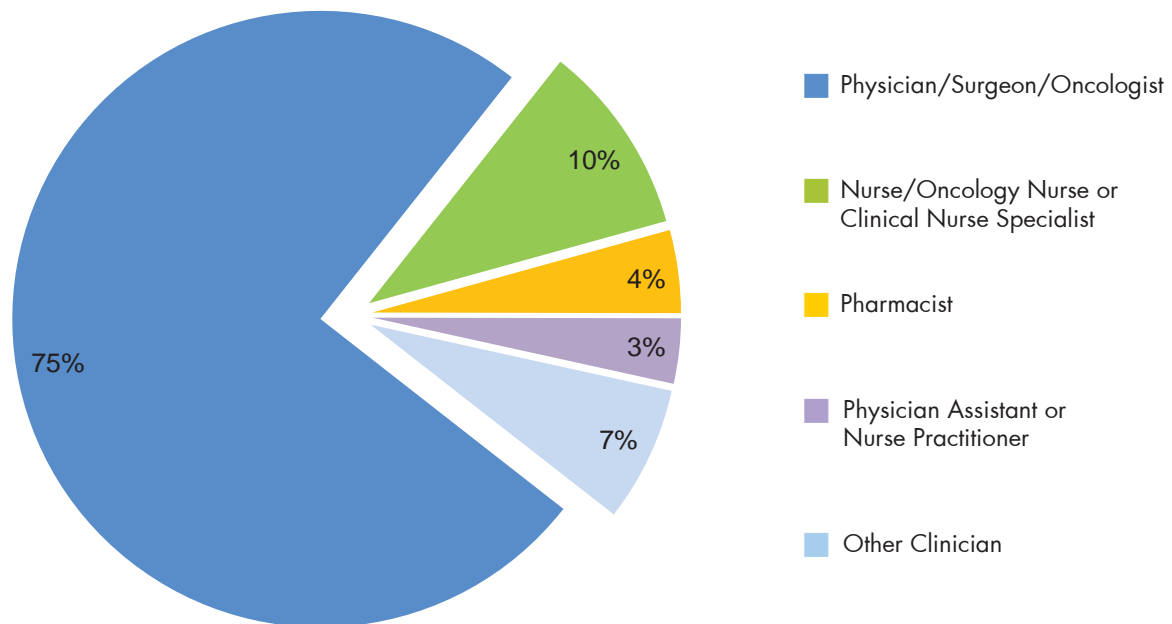


NCCN Trends™ is an analytics tool from the National Comprehensive Cancer Network® (NCCN®) that surveys how clinicians across the U.S. and around the globe are delivering cancer care. This summary includes the results of the June 2012 NCCN Trends™ Survey, which focused on Colorectal Cancer. This survey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

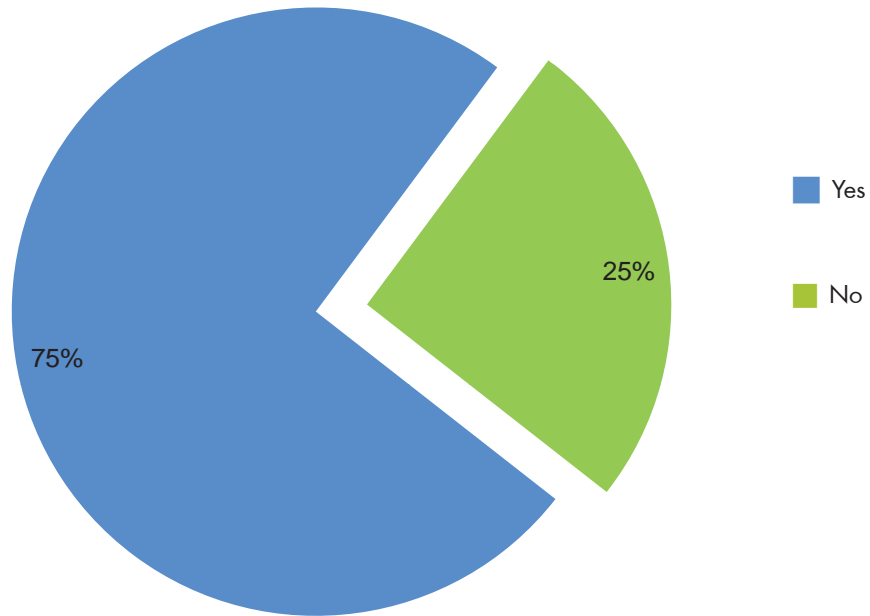
DEMOGRAPHICS †

Distribution of Respondent Types (n = 1,702)

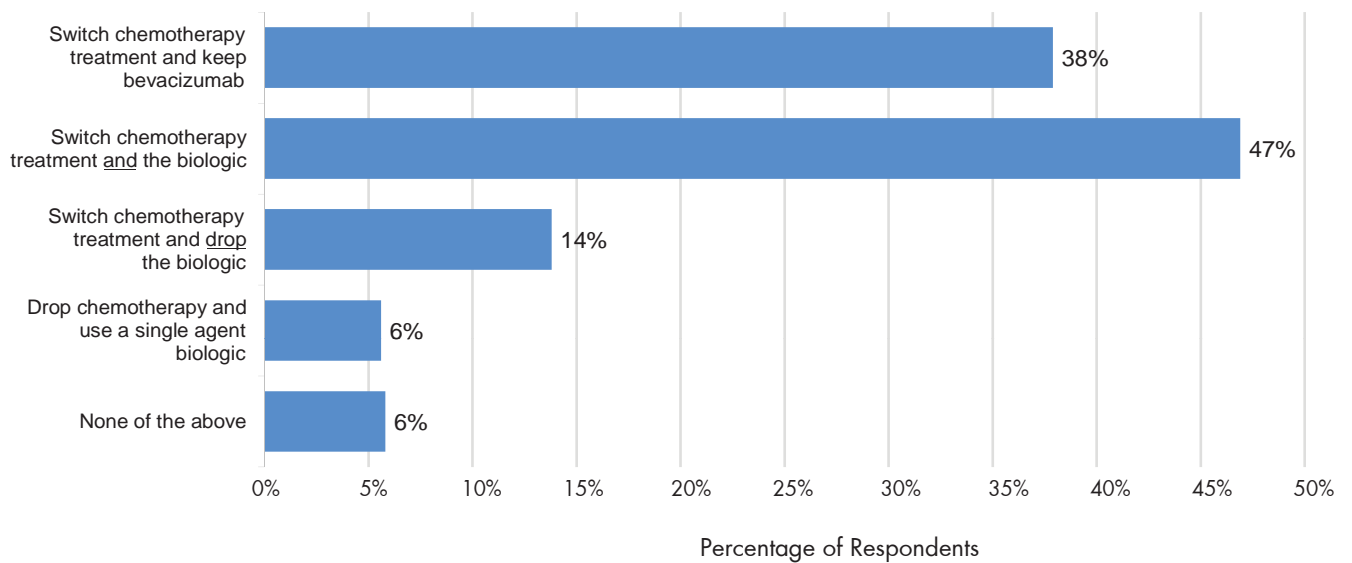


†Note: Percentages may not total 100 because of rounding.

Q1. Do you treat patients with metastatic colorectal cancer?

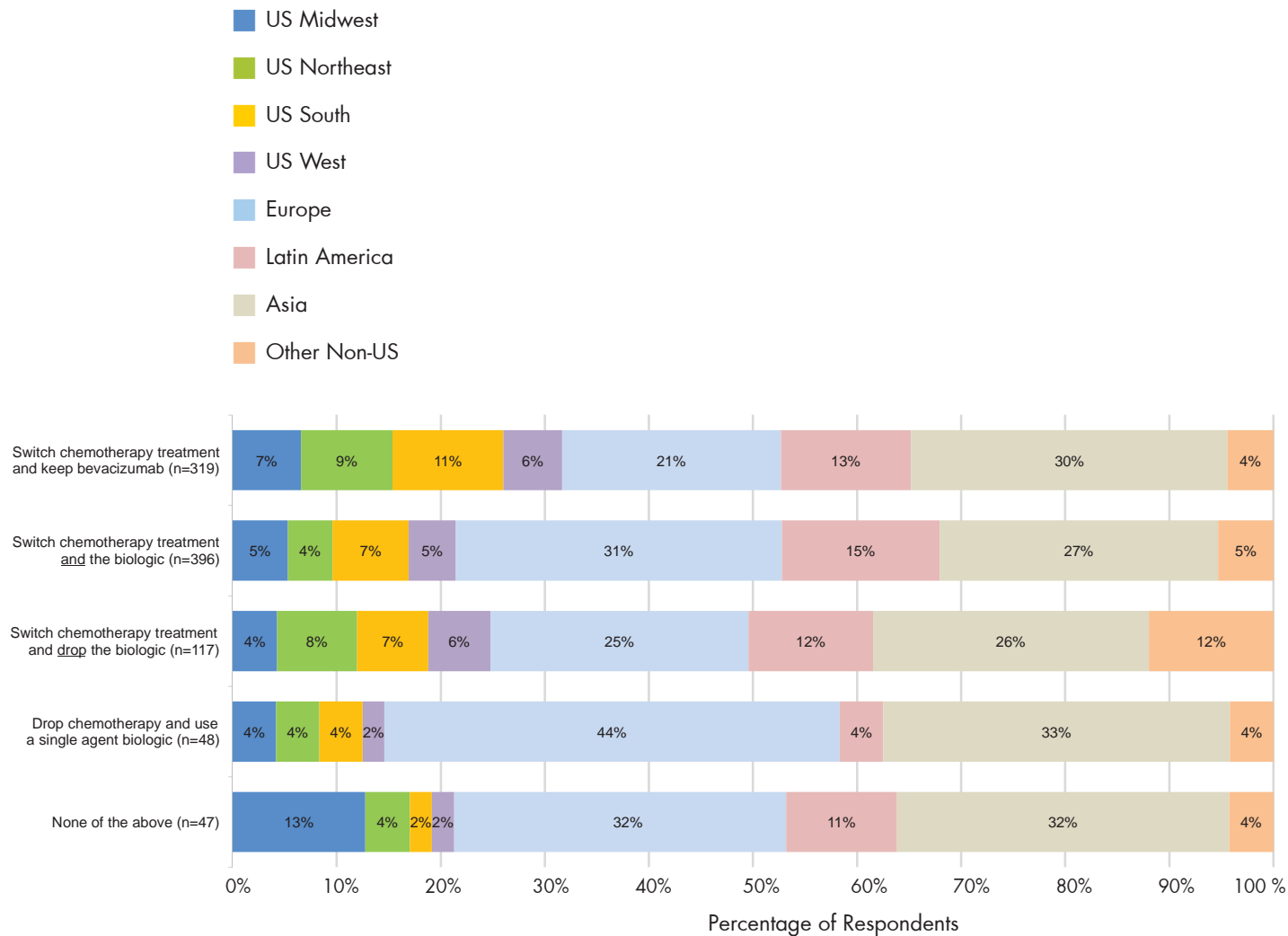


Q2. If a patient with metastatic colorectal cancer (mCRC), wild-type for KRAS, is being treated with FOLFOX (leucovorin/fluorouracil/oxaliplatin) + bevacizumab as a first-line therapy, and has disease progression at 6 months, how do you routinely adjust therapy? (Select all that apply)



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)

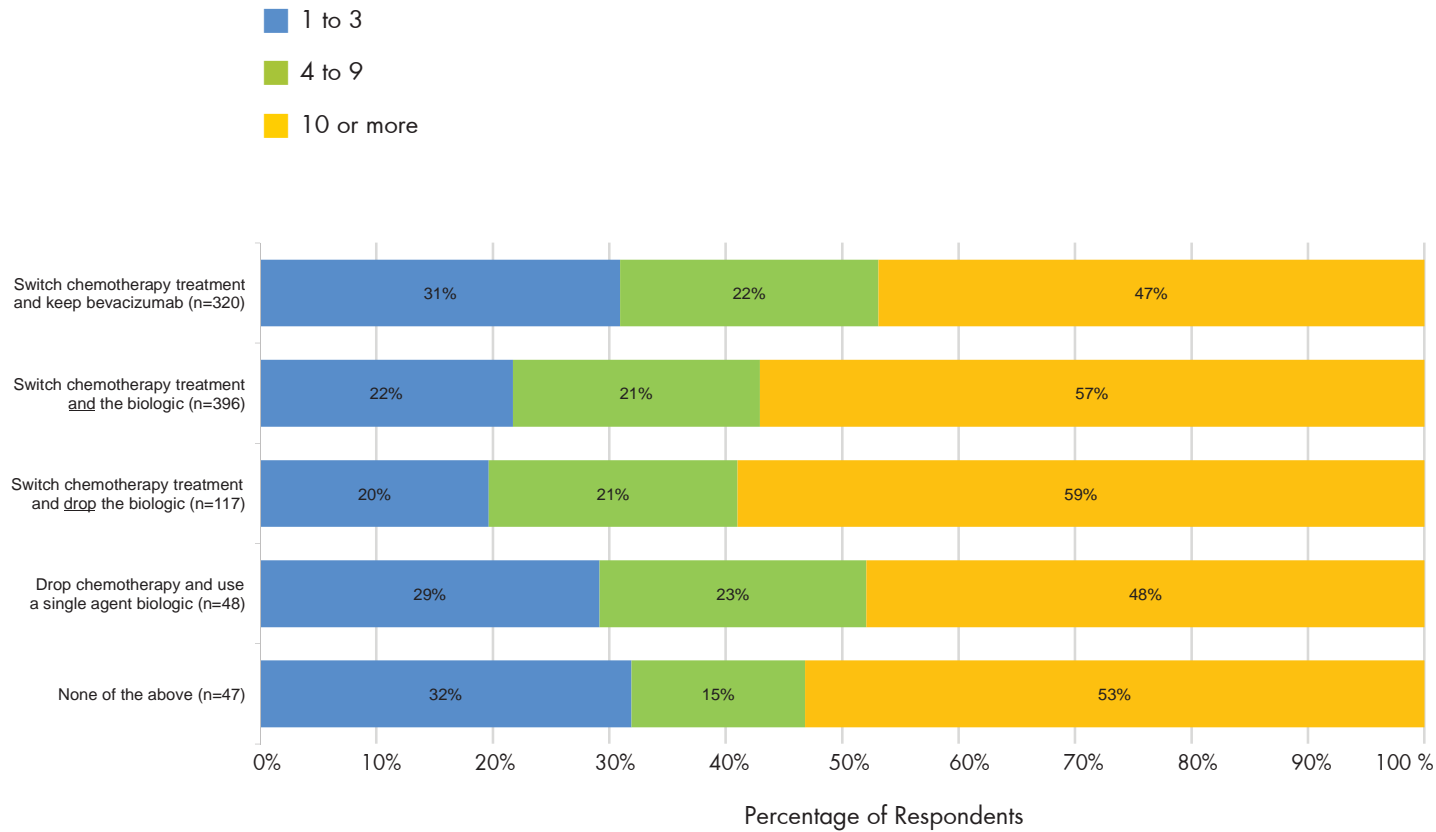
By Geography†



†Note: Percentages may not total 100 because of rounding.

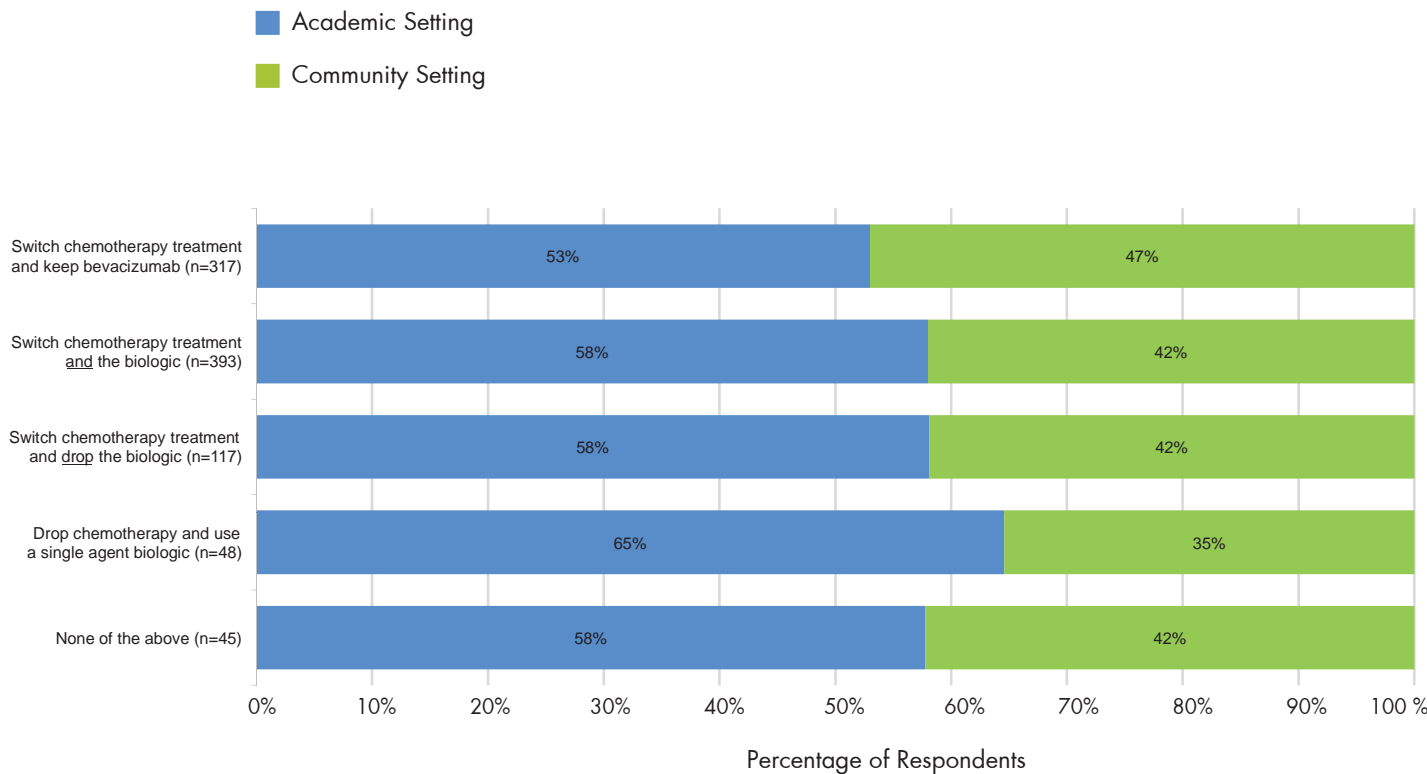
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By Practice Size



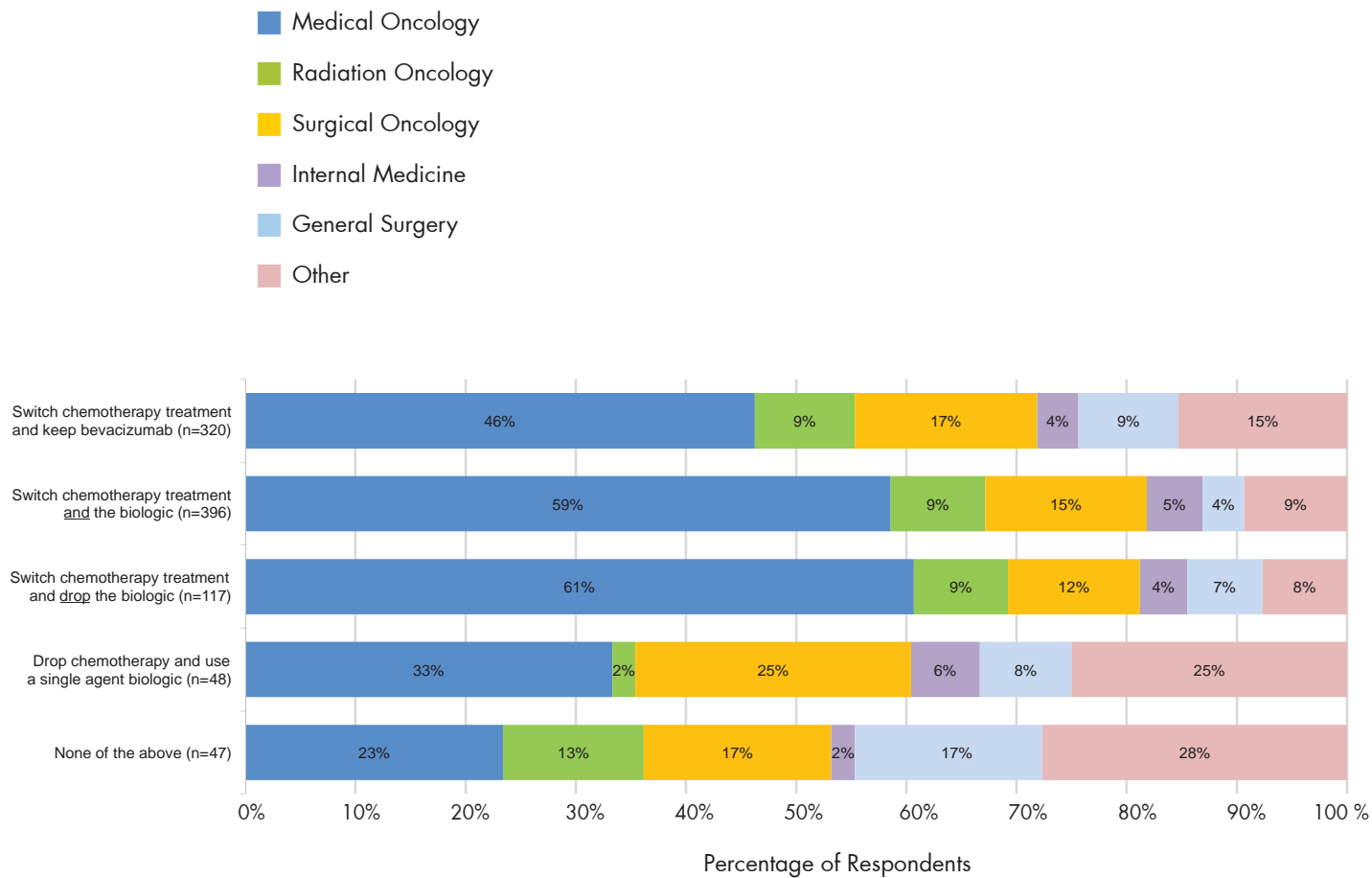
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By Practice Setting



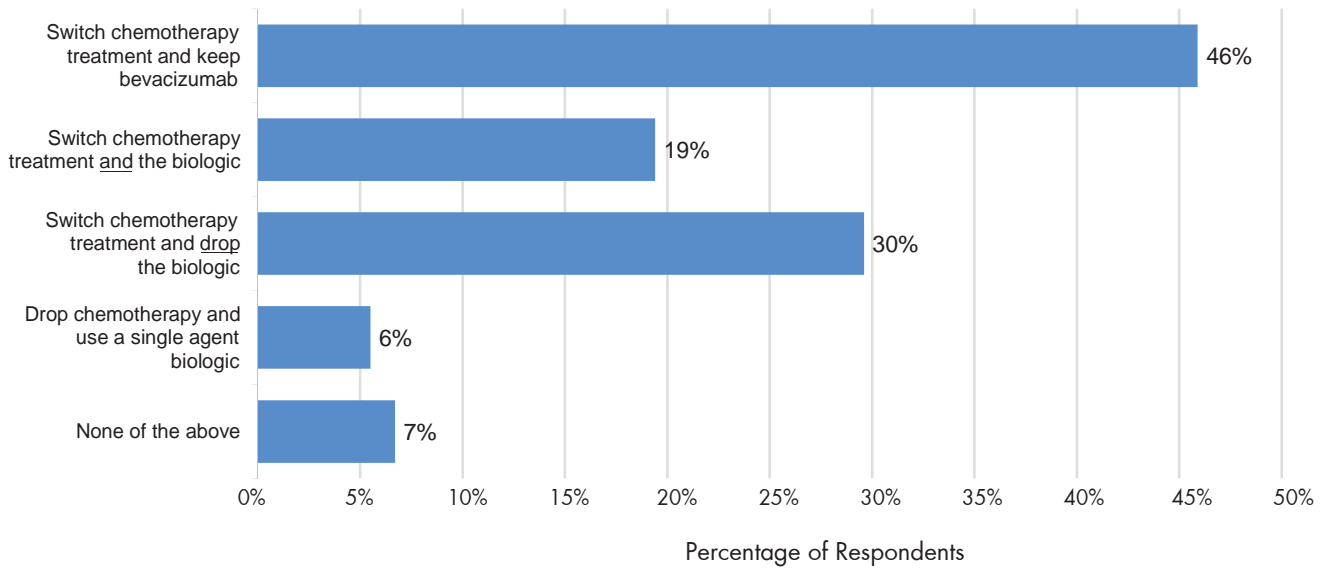
Q2. If a patient with metastatic colorectal cancer (mCRC), wild-type for KRAS, is being treated with FOLFOX (leucovorin/fluorouracil/oxaliplatin) + bevacizumab as a first-line therapy, and has disease progression at 6 months, how do you routinely adjust therapy? (Select all that apply)

By Specialty†



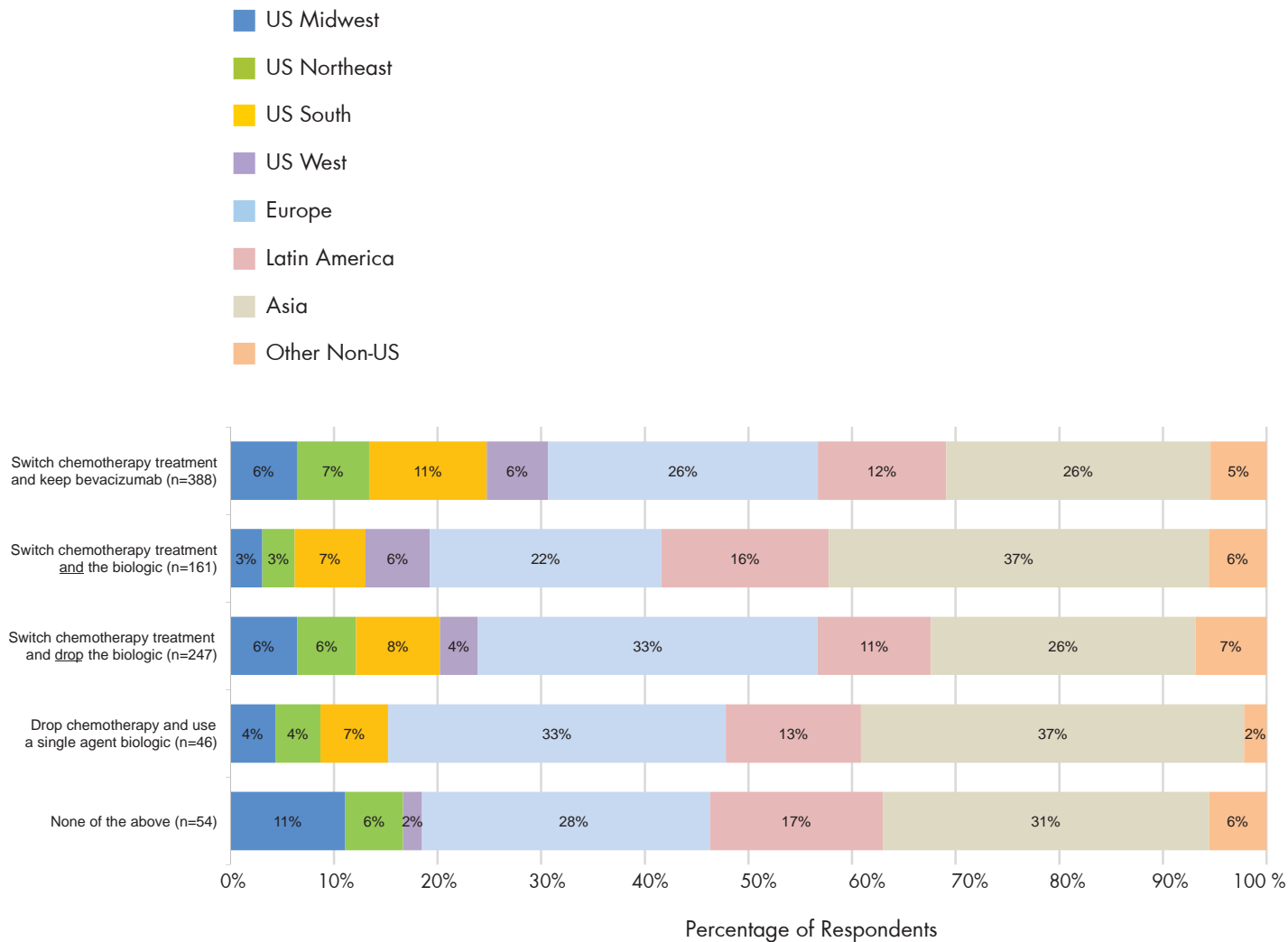
†Note: Percentages may not total 100 because of rounding.

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)



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)

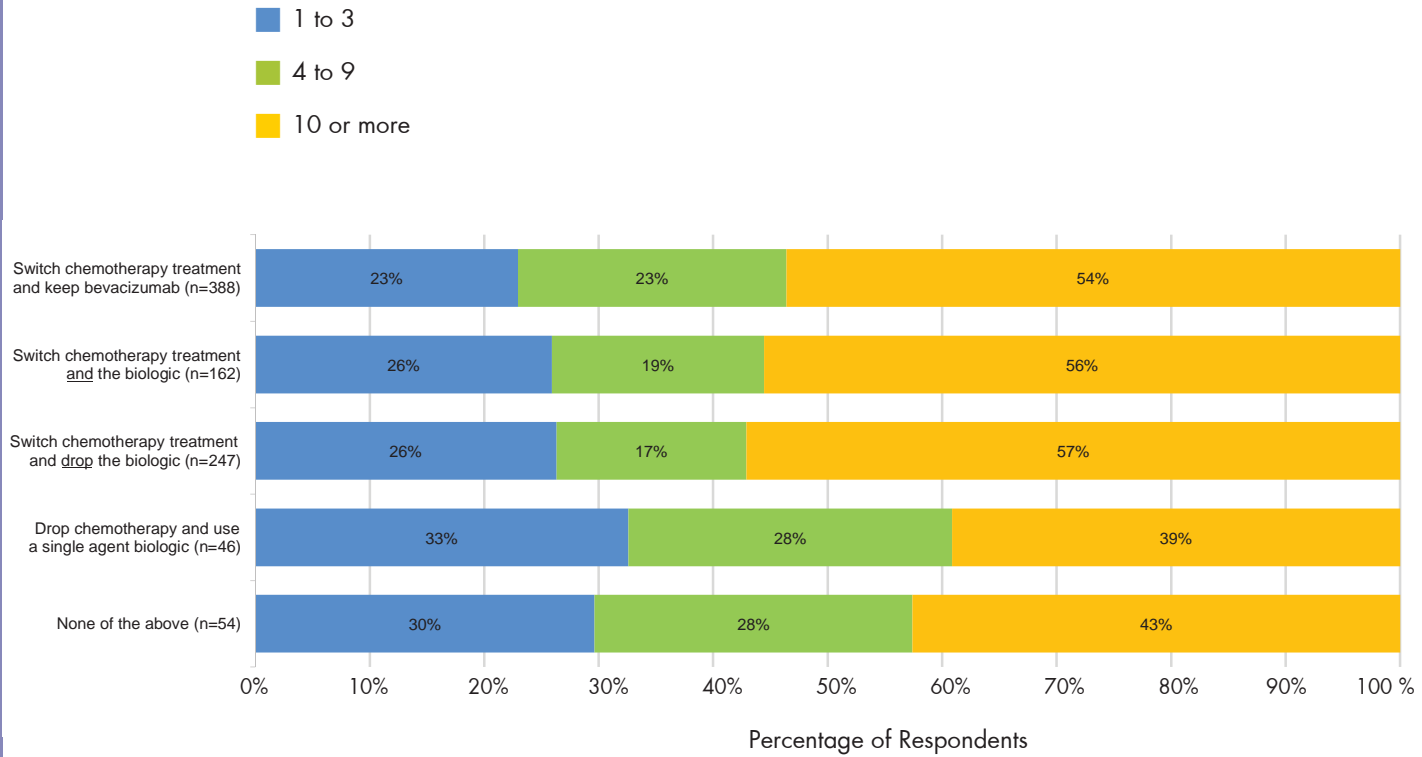
By Geography†



†Note: Percentages may not total 100 because of rounding.

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)

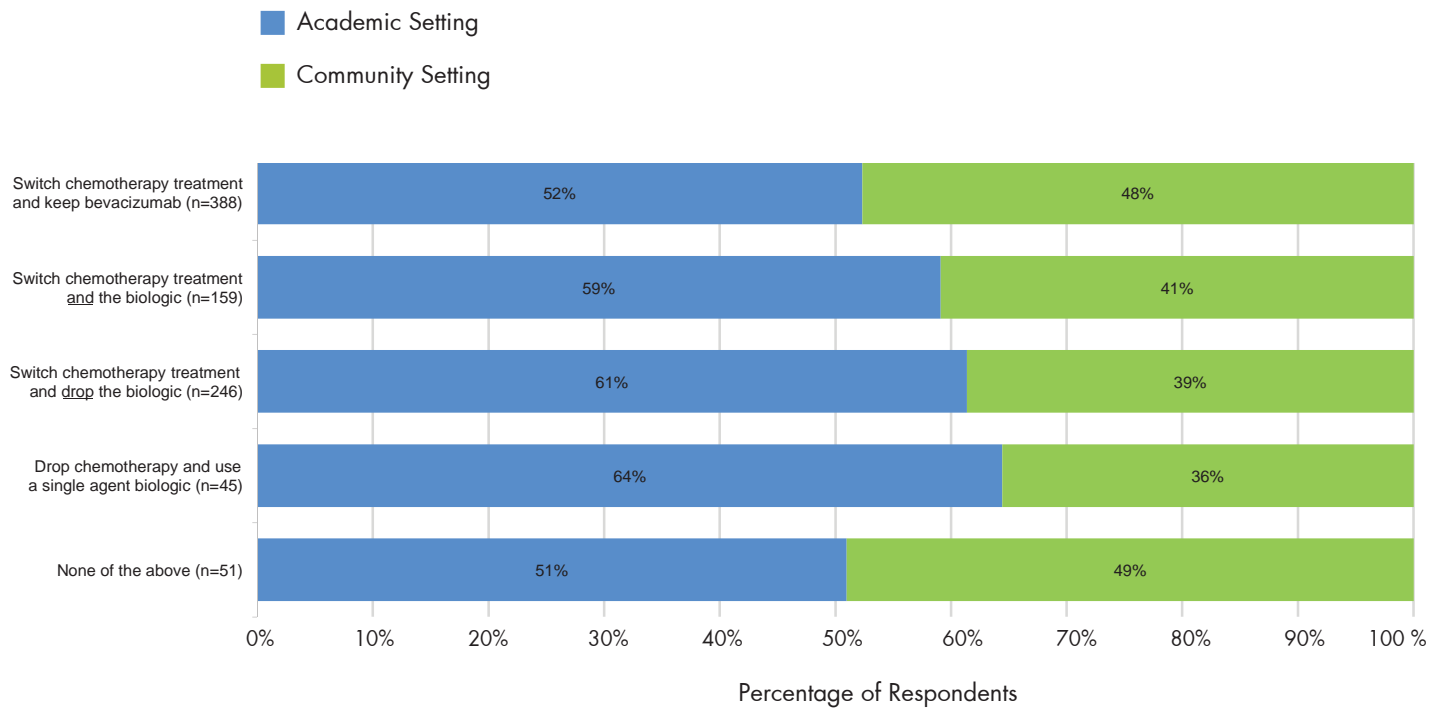
By Practice Size†



†Note: Percentages may not total 100 because of rounding.

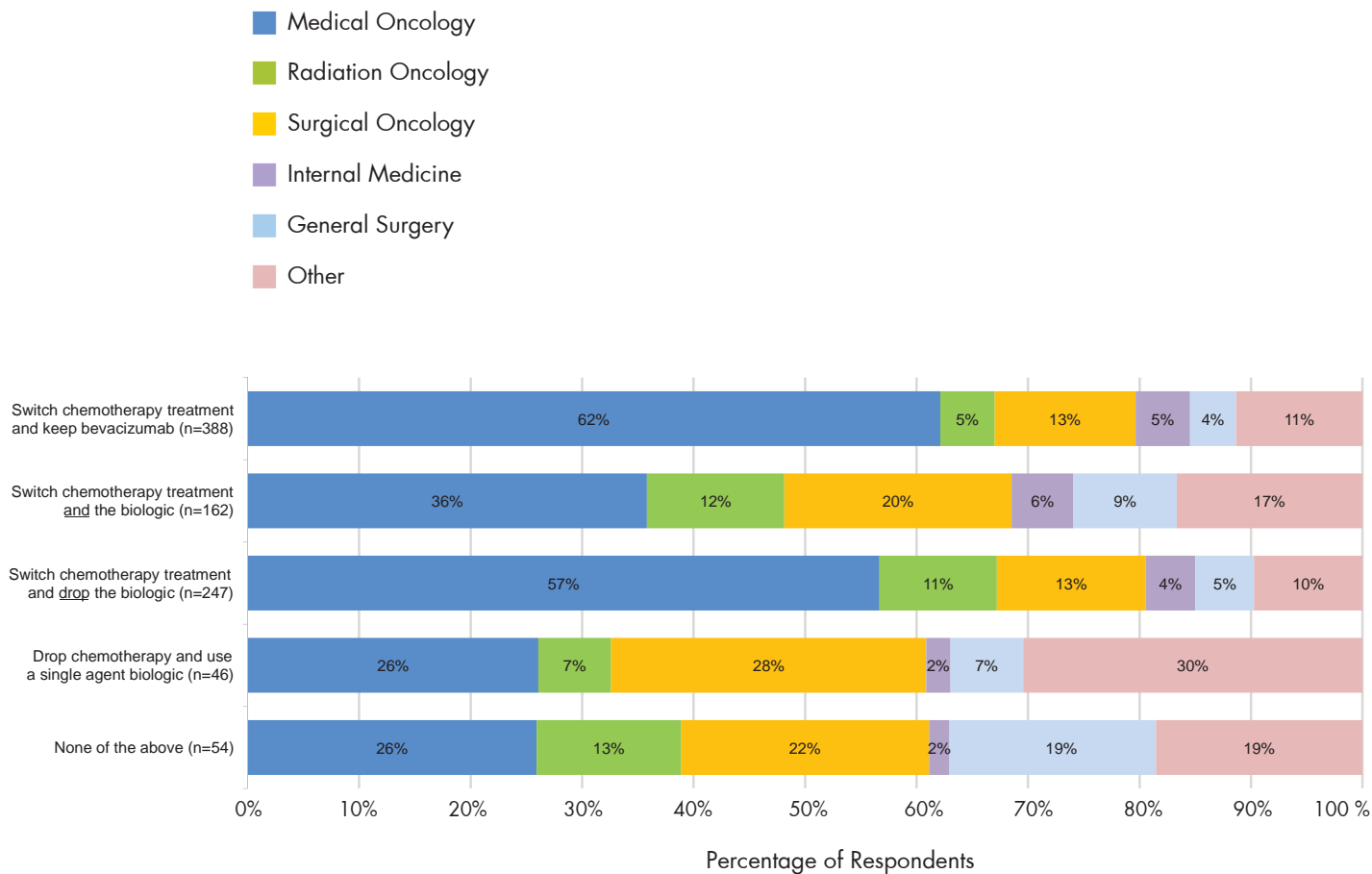
Q3. If a patient with mCRC, KRAS Mutant, is being treated with FOLFOX + bevacizumab as a first-line therapy, and has disease progression at 6 months, how do you routinely adjust therapy? (Select all that apply)

By Practice Setting



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†



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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
Senior 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

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