Geriatric Oncology Consortium

Impactful Education Through Innovative Engagement
Who We Are

• We are a full service strategic medical communications company with extensive individual and collective experience in all cancer types as well as supportive care

• We are the only oncology education and communications company owned and operated solely by Key Opinion Leaders with expertise in all sub-specialties of cancer care

• In operation for over 10 years, our staff of academic and private sector oncologists are internationally recognized thought leaders in their respective sub-specialties

• Together, we can provide you with access to the depth and breadth of our experience on both sides of the delivery of care to patients
Delivery of Impactful Education Through Innovative Engagement

- Facilitate communication between health care providers, patients, and pharmaceutical/biotech companies
  - Interactive, Repetitive, Targeted

- Understanding and supporting key oncology education needs in order to apply new knowledge into practice
  - Enhance and define patient management strategies that improve patient outcomes
  - Increase awareness by promoting understanding of innovative therapies
  - Outline evidence-based medicine that improves progression free and overall survival as well as minimize side effects and toxicity

- Enrich the continued training of physicians and other healthcare professionals:
  - Present data in an engaging and meaningful manner

- Develop key relationships with thought leaders in Oncology
  - Promote KOLs ability to teach other Oncologists and HCPs
Effective Educational Programs Utilize Interactive Elements to Bring the Clinical Data to Life

For more information, click on the HOME icon in the slide show presentation mode to hyperlink to the Oncology Consortium website. Log in with username: “pharmaclient” and password: “client.pharma”
Our Strengths

- Medical communication expertise; creative & scientific understanding
- Knowledge of disease & therapeutic landscape
- Extensive clinical experience
- Exceptional relationships with thought leaders (US/International)
- Innovative programs for physician education
Oncology Consortium – Who We Are

Biostatistics Consortium:
- Charles S. Davis, PhD
- Gosford A. Sawyerr, MA

Gastrointestinal Oncology Consortium:
- Tanios Bekaii-Saab, MD
- Charles S. Fuchs, MD, MPH
- Axel Grothey, MD
- Aiwa Ruth He, MD, PhD
- Heinz-Josef Lenz, MD, FACP
- John L. Marshall, MD
- Michael A. Morse, MD, FACP
- Weijing Sun, MD FACP
- Eugene A. Woltering, MD, FACS

Breast Oncology Consortium:
- Kimberly L. Blackwell, MD
- Adam Brufsky, MD, PhD
- Francisco J. Esteva, MD, PhD, FACP
- William J. Gradishar, MD, FACP, FASCO
- Joyce A. O’Shaughnessy, MD
- Hope S. Rugo, MD
- Lee S. Schwartzberg, MD, FACP
- Andrew D. Seidman, MD
- Sandra M. Swain, MD, FACP
- Debu Tripathy, MD

Geriatric Oncology Consortium:
- Stuart M. Lichtman, MD, FACP

Dermatologic Oncology Consortium:
- Ronald Bukowski, MD, FACP
- Marc S. Ernstoff, MD, FACP
- John M. Kirkwood, MD
- Mario E. Lacouture, MD
Gynecologic Oncology Consortium:
• Thomas Herzog, MD
• Stuart M. Lichtman, MD, FACP
• William P. McGuire, MD

Leukemia, Lymphoma, and Myeloma Consortium:
• James O. Armitage, MD
• Sergio A. Giralt, MD
• Andre Goy, MD
• Steven Horwitz, MD
• Sundar Jagannath, MD
• Charles A. Schiffer, MD, PhD
• Richard Stone, MD
• Martin S. Tallman, MD
• Andrew D. Zelenetz, MD

Head and Neck Oncology Consortium:
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• Ezra Cohen, MD
• Alan Ho, MD, PhD
• Lori Wirth, MD

Neuro-Oncology Consortium:
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• Adam Mamelak, MD
• Katherine B. Peters, MD, PhD
• Michael D. Prados, MD
• John H. Sampson, MD, PhD, MBA, MHSc

Pediatric Oncology Consortium:
• John M. Goldberg, MD
• Robert G. Maki, MD, PhD, FACP

Sarcoma Consortium:
• Robert G. Maki, MD, PhD, FACP
• Richard F. Riedel, MD
• Scott Schuetze, MD, PhD
• Jonathan C. Trent
Oncology Consortium – Who We Are

**Thoracic Oncology Consortium:**
- Paul A. Bunn, Jr, MD
- David R. Gandara, MD
- Primo N. Lara, Jr., MD
- Joan H. Schiller, MD, FASCO

**Oncology Nursing Consortium:**
- Denise Albano, RN, NP
- Amy Goodrich, RN, MSN, CRNP, RA
- Judith K. Payne, PhD, RN, AOCN, FAAN
- Julie Ann Plantamura, RN, MSN, FNPc
- Kathleen M. Shurpin, PhD, ANP-C, NPP, RN
- Sylvia K. Wood, DNP, APRN, ANP-BC

**Supportive Care Oncology Consortium:**
- David H. Henry, MD
- Lee S. Schwartzberg, MD, FACP
- Winston W. Tan, MD

**Urologic Oncology Consortium:**
- E. Roy Berger, MD, FACP
- Ronald M. Bukowski, MD, FACP
- Sia Daneshmand, MD
- Stephen J. Freedland, MD
- Robert A. Figlin, MD, FACP
- Thomas E. Hutson, DO
- Primo N. Lara, Jr., MD
- Robert J. Motzer, MD
- Brian I. Rini, MD, FACP
- Charles J. Ryan, MD
- Mark C. Scholz, MD
- Cora N. Sternberg, MD, FACP
- Winston W. Tan, MD
- Nicholas J. Vogelzang, MD
Dr. Lichtman is an Attending Physician and Member, Memorial Sloan-Kettering Cancer Center and Professor of Medicine, Weill Cornell Medical College. He coauthored the book, "Management of Gynecological Cancers in Older Women", and paper on gynecologic cancer in the special Geriatric Oncology edition of the Journal of Clinical Oncology.
Our Wide Range of Strategic Service Offerings

- Access & Reimbursement
- Biostatistics Course for Sales Representatives & Marketing Employees
- Branding & Marketing
- Foundational, Medical School-level, Clinical Education for Pharmaceutical Staff (e.g. medical affairs, sales, marketing)
- Training Sales Reps: bringing new Reps, Marketing Managers, & Medical Science Liaisons up to speed in the current oncology landscape
- Advisory Boards & Scientific Presentations
- National & International Speakers Bureaus
- Thought Leader Development
- Clinical Development Guidance
- Medical & Scientific Education
- Public Health Education
- Online Webinars
- Publications
- Symposia
Examples of Slides from OC Decks

- Mechanism of Action (MOA) animation
- Case Studies
Preclinical studies show that VEGF-A, VEGF-B, and PLGF may contribute to angiogenesis

(Example: MOA)


VEGFR=Vascular endothelial growth factor receptor; PLGF=Placental growth factor; BM=Bone marrow
Preclinical studies show that VEGF-A, VEGF-B, and PLGF may contribute to angiogenesis (Example: MOA)


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# Case Library

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<th>Case #</th>
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<td>1</td>
<td>M, 67 yrs, mCRC, recurrent after resection of metastasis and FOLFOX + bevacizumab; <strong>KRAS MT</strong>; Comorbidities: HTN, diabetes</td>
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<tr>
<td>2</td>
<td>M, 58 yrs, mCRC, <strong>KRAS MT</strong>, rapid progression after 3 months of 1st line FOLFOX plus bevacizumab; Comorbidities: HTN, diabetes</td>
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<td>3</td>
<td>M, 67 yrs, mCRC, primary removed, slow healing wound, <strong>KRAS WT</strong>; Comorbidities: HTN</td>
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<td>4</td>
<td>F, 68 yrs, mCRC, <strong>KRAS MT</strong>, developed significant hypertension during FOLFOX plus bevacizumab; now progressive disease; Comorbidities: obesity</td>
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<td>5</td>
<td>F, 75 yrs, mCRC, <strong>KRAS WT</strong>, progression after 6 months of 1st line FOLFOX plus panitumumab; Comorbidities: CABG, MI</td>
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<td>6</td>
<td>M, 57 yrs, mCRC, <strong>KRAS MT</strong>; Progression to stage IV within 6 months of adjuvant FOLFOX for stage IIIC disease; Comorbidities: HTN</td>
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**Abbreviations:**
- mCRC = Metastatic colorectal cancer
- CABG = coronary artery bypass graft
- HTN = Hypertension
- F = female
- FOLFOX = Folinic acid (FOL), fluorouracil (F), and Oxaliplatin (OX)
- KRAS = Kirsten rat sarcoma viral oncogene homolog
- MI = Myocardial Infarction
- M = male
- MT = Mutation
- ECOG = Eastern Cooperative Oncology Group
- WT = Wild type
- yrs = years
Case 1
Case 1: mCRC, recurrent after resection of metastasis and FOLFOX + bevacizumab; KRAS MT

- Peter; 67 years old; African American businessman; controlled diabetes and HTN.
- Presented with dyspnea and RUQ fullness.
- Labs: Hgb of 8.2
- Colonoscopy: cecal mass; biopsy: adenocarcinoma.
- CT scan: cecal mass and isolated liver lesion; PET scan showed no other sites of disease. CEA 275; RAS mutational analysis: codon 12 KRAS MT; ECOG 1
- Treated with 6 cycles of FOLFOX with bevacizumab.
- CT showed a significant response with only minimal residual disease. CEA decreased to 5 ng/mL.
- Underwent colectomy and R0 liver resection; later resumed FOLFOX + bevacizumab for 6 more cycles.
- CT scan at conclusion of FOLFOX + bevacizumab shows new masses in both hepatic lobes. CEA increasing; He complains of minor RUQ pain.

Photo is not an actual patient Used for illustration only

KRAS=Kirsten rat sarcoma viral oncogene homolog; MT=Mutation; ECOG=Eastern Cooperative Oncology Group; HTN=Hypertension; RUQ=Right upper quadrant; Hgb=Hemoglobin; CEA= Carcinoembryonic antigen; CT=Computerized tomography; PET; Positron emission tomography; FOLFOX= Folinic acid (FOL), fluorouracil (F), and Oxalipatin (OX); FOLFIRI= Folinic Acid, Fluorouracil, and Irinotecan; R=residual tumor; mCRC= Metastatic colorectal cancer
Discussion (Can be ARS question)

• What would guide your decision to select ziv-aflibercept combined with FOLFIRI for this patient?
• Would you treat this patient differently if KRAS wildtype?
• Which factor has the greatest influence on your choice of a second-line regimen in mCRC?
A variety of sequencing options are possible within the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®)1,2

◆ One possible sequence of treatment for mCRC consistent with the NCCN Guidelines®1,2,*

- Oxaliplatin regimen ± bevacizumab OR panitumumab

**References:**
1. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Colon Cancer V.3.2014. © National Comprehensive Cancer Network, Inc 2013. All rights reserved. Accessed [February 26, 2014]. To view the most recent and complete version of the guideline, go online to www.nccn.org. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, NCCN GUIDELINES®, and all other NCCN Content are trademarks owned by the National Comprehensive Cancer Network, Inc.
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BSC=Best supportive care; KRAS=Kirsten rat sarcoma viral oncogene homolog; FOLFIRI=Folinic Acid, Fluorouracil, and Irinotecan; mCRC=Metastatic colorectal cancer; PD=progressive disease
Our Mission

To Be Your Partner of Choice for All Your Strategic Medical Communication Initiatives in Geriatric Oncology
Our Philosophy

• Quality comes first
  – Quality in understanding – in depth oncology knowledge, with vast clinical and research expertise
  – Quality in listening – tailored programs responsive to basic and clinical science issues and the current/future medical landscape
  – Quality in implementation – extensive historic and present-day experience provides our unique perspective

• Our trust, teamwork, reliability, and timing are essential to the success of our programs and performance
Why Partner With Us?

• Extensive individual & collective experience in all aspects of oncology

• Specific expertise current & emerging therapeutic landscape

• Well-established relationships with global thought leaders & professional associations (multinational)

• Unique ability to plan & anticipate educational needs of the medical community

• Capacity to implement global, regional, & local initiatives
Our Clients
Questions

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