Leukemia, Lymphoma, and Myeloma Oncology Consortium
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
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

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

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

Dermatologic Oncology Consortium:
- Ronald Bukowski, MD, FACP
- Marc S. Ernstoff, MD, FACP
- John M. Kirkwood, MD
- Mario E. Lacouture, MD

Geriatric Oncology Consortium:
- Stuart M. Lichtman, MD, FACP
# Oncology Consortium – Who We Are

## 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:
- Julie Bauman, MD
- Ezra Cohen, MD
- Alan Ho, MD, PhD
- Lori Wirth, MD

## Neuro-Oncology Consortium:
- Henry S. Friedman, MD
- 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
Leukemia, Lymphoma, And Myeloma Consortium

James O. Armitage, MD

Dr. James O. Armitage, a graduate of the University of Nebraska Medical Center, completed his internship and residency in Internal Medicine at Nebraska, a fellowship in Hematology/Oncology at the University of Iowa and a brief stint in private practice in Omaha. He developed and directed the Bone Marrow Transplant program at the University of Iowa and later at the University of Nebraska.

Sergio A. Giralt, MD

Dr. Giralt is the Chief of the Adult Bone Marrow Transplant Service in the Division of Hematologic Oncology at Memorial Sloan Kettering Cancer Center in New York, New York. He is affiliated with Weill Cornell Medical College as a Professor of Medicine.

Andre Goy, MD

Andre Goy, MD is the Chairman and Director of the John Theurer Cancer Center at Hackensack University Medical Center, as well as the Lymphoma Division Chief. He is the Chief Science Officer and Director of Research and Innovation of Regional Cancer Care Associates. Dr. Goy also holds the title of Professor of Medicine, Georgetown University.
Leukemia, Lymphoma, And Myeloma Consortium

Steven M. Horwitz, MD

Dr. Horwitz is a medical oncologist who serves as an Assistant Professor at both the Joan and Sanford I. Weill Medical College Department of Medicine, Cornell University, New York Presbyterian Hospital and Memorial Sloan-Kettering Cancer Center, New York, NY.

Sundar Jagannath, MD

Dr. Jagannath is Director of the Multiple Myeloma Program at Mount Sinai Hospital’s Tisch Cancer Institute and Professor of Medicine at Icahn School of Medicine, N.Y., N.Y. A board-certified internal medicine and medical oncology specialist, he received his medical degree, Maharaja Sayajirao University, Baroda, India.

Charles A. Schiffer, MD, PhD

Dr. Schiffer is Professor of Medicine and Oncology at Wayne State University School of Medicine and the Karmanos Cancer Institute in Detroit, Michigan. He is the director of the Leukemia/Lymphoma Multidisciplinary Program.
Richard Stone, MD

Richard Stone, MD, is the Chief of Staff and Director of the Adult Acute Leukemia Program at Dana-Farber, and Professor of Medicine at Harvard Medical School. Dr. Stone is nationally recognized for his translational and clinical research concerning blood and bone marrow malignancies including acute leukemia, myeloproliferative disorders and myelodysplastic syndrome [MDS].

Martin S. Tallman, MD

Dr. Horwitz is a medical oncologist who serves as an Assistant Professor at both the Joan and Sanford I. Weill Medical College Department of Medicine, Cornell University, New York Presbyterian Hospital and Memorial Sloan-Kettering Cancer Center, New York, NY.

Andrew D. Zelenetz, MD

Dr. Zelenetz is the Vice Chair, Medical Informatics in the Department of Medicine at Memorial Sloan-Kettering Cancer Center (MSKCC) in New York. He is also Associate Professor of Medicine at Weill Medical College of Cornell University. Dr. Zelenetz’s research focuses primarily on improving clinical outcomes in lymphoma and on the molecular mechanisms of non-Hodgkin lymphoma.
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
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VEGFR=Vascular endothelial growth factor receptor; PLGF=Placental growth factor
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; SMC=Smooth muscle cell
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; SMC=Smooth muscle cell
<table>
<thead>
<tr>
<th>Case #</th>
<th>Patient Profile</th>
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<tbody>
<tr>
<td>1</td>
<td>M, 67 yrs, mCRC, recurrent after resection of metastasis and FOLFOX + bevacizumab; KRAS MT; Comorbidities: HTN, diabetes</td>
</tr>
<tr>
<td>2</td>
<td>M, 58 yrs, mCRC, KRAS MT, rapid progression after 3 months of 1st line FOLFOX plus bevacizumab; Comorbidities: HTN, diabetes</td>
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<tr>
<td>3</td>
<td>M, 67 yrs, mCRC, primary removed, slow healing wound, KRAS WT; Comorbidities: HTN</td>
</tr>
<tr>
<td>4</td>
<td>F, 68 yrs, mCRC, KRAS MT, developed significant hypertension during FOLFOX plus bevacizumab; now progressive disease; Comorbidities: obesity</td>
</tr>
<tr>
<td>5</td>
<td>F, 75 yrs, mCRC, KRAS WT, progression after 6 months of 1st line FOLFOX plus panitumumab; Comorbidities: CABG, MI</td>
</tr>
<tr>
<td>6</td>
<td>M, 57 yrs, mCRC, KRAS MT; Progression to stage IV within 6 months of adjuvant FOLFOX for stage IIIC disease; Comorbidities: HTN</td>
</tr>
</tbody>
</table>

mCRC= Metastatic colorectal cancer; CABG=coronary artery bypass graft; HTN=Hypertension; F=female; FOLFOX= Folinic acid (FOL), fluorouracil (F), and Oxalipatin (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 \textit{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\(^1,2,\ast\):

- Oxaliplatin regimen ± bevacizumab OR panitumumab

References: 1. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines\(^\circledR\)) 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\(^\circledR\), NCCN\(^\circledR\), NCCN GUIDELINES\(^\circledR\), and all other NCCN Content are trademarks owned by the National Comprehensive Cancer Network, Inc.
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Our Mission

To Be Your Partner of Choice for All Your Strategic Medical Communication Initiatives in Leukemia, Lymphoma, and Myeloma 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
Questions

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