

Building hope

Today

Over the past decade, personalized medicine has created a paradigm shift in the delivery of individualized clinical care, however it is still seen that most treatments for chronic conditions including cancer are prescribed without the use of a biomarker to select patients.1

Significant progress is being made in how cancers are diagnosed and this movement is set to continue.



The dynamics of cancer are changing...

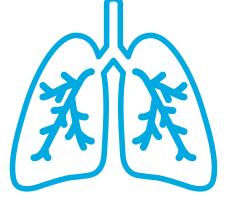


There is a rising incidence of cancer globally, as people are living longer lives and risk increases with age.^{2,3} Conversely, improvements in overall survival for some types of cancer has been seen thanks to modern day medicine and diagnostics.4



There have been considerable improvements in cancer treatment with the success of high precision, targeted therapies.5

Lung cancer is the most common cancer,6 as well as the most common cause of cancer death, worldwide. The economic burden of lung cancer is significant; in particular the cost of failure of initial treatment.8 Therefore, innovation is essential to maximize patient outcomes and the disease survival rate.





Companion diagnostics can identify the potential safety and efficacy of a certain therapy by analysing the patient's genetic makeup. This personalized approach is becoming more common in cancer and nonsmall cell lung cancer (NSCLC) in particular.



Therapy-guiding diagnostics have the potential to reduce the cost of healthcare and improve patient outcomes.9 FDA seeks to facilitate innovations in precision medicine¹⁰ and encourages the development of therapies and diagnostic tools.11 In fact, nearly 1 in 4 drugs that were FDA approved from 2014 to 2016 was a personalized medicine.12

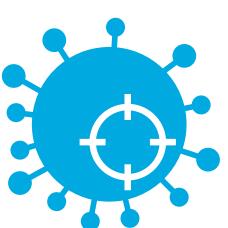
Tomorrow

Agilent believes that personalized medicine will continue to improve patient outcomes and healthcare spending towards more effective treatments with fewer side effects across all cancer types.

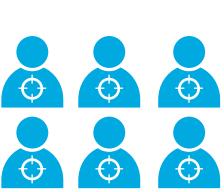




Globally, it is estimated that the number of new cancer cases will rise within two decades to 22 million.13



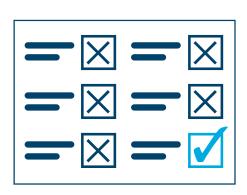
Personalized medicine and diagnostics are critical to the delivery of better healthcare in the future: getting the right therapy to the right patient at the right time.¹⁴



Method of Test and Not on Its Value. GEN 2010;30(4).

Comprehensive diagnostic characterization of each tumor could enable personalized treatment pathways assisted by artificial intelligence.

This could allow for the best possible outcomes while minimizing adverse drug reactions.



Certain companion diagnostic tests can save between \$600 to \$28,000¹⁵ per patient by e.g. reducing the price of carrying out unnecessary treatments, as they allow treatments to be ruled out before initiation.16

- Jørgensen JT and Hersom M. Companion diagnostics—a tool to improve pharmacotherapy. Ann Transl Med
- Thun MJ et al. The global burden of cancer: priorities for prevention. Carcinogenesis 2010;31(1):100-10. Cancer Research UK. 1 in 2 people in the UK will get cancer. Available at: http://www.cancerresearchuk
- org/about-us/cancer-news/press-release/2015-02-04-1-in-2-people-in-the-uk-will-get-cancer?_ ga=2.64946346.46246959.1509545790-1113342918.1509545790 [Accessed November 2017]
- Ke X and Shen L. Molecular targeted therapy of cancer: The progress and future prospect. Frontiers in Laboratory Medicine 2017; 1(2): 69-75. Macmillan Cancer Support. Living after diagnosis: Median survival times. Available at: https://www.macmillan.org.
- uk/documents/aboutus/newsroom/livingaftercancermediancancersurvivaltimes.pdf [Accessed November 2017] Global Lung Cancer Coalition. Global briefing: symptom awareness and attitudes to lung cancer. Findings from a global study. Available at: http://www.lungcancercoalition.org/uploads/docs/Global%20briefing%20-%20FINAL.pdf
- [Accessed December 2017]. World Health Organisation (WHO). Cancer Fact sheet February 2017. Available at: http://www.who.int/ mediacentre/factsheets/fs297/en/ [Accessed December 2017].
- Kutikova L. The economic burden of lung cancer and the associated costs of treatment failure in the United States, Lung Cancer 2005:50(2):143-54

Witonsky J. Companion Diagnostic Reimbursement: Currently, Rates of Reimbursement Are Based Solely on the

- 10. Principles for Codevelopment of an In Vitro Companion Diagnostic Device with a Therapeutic Product. Draft Guidance for Industry and Food and Drug Administration Staff. Available at: https://www.fda.gov/downloads/ MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/UCM510824.pdf [Accessed December
- 11. Food and Drug Administration. In Vitro Companion Diagnostic Devices: Guidance for Industry and Food
- and Drug Administration Staff 2014. Available at: https://www.fda.gov/downloads/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/UCM262327.pdf [Accessed November 2017].
- 12. The Personalized Medicine Coalition. The Personalized Medicine Report 2017. Available at: http://www
- personalizedmedicinecoalition.org/Userfiles/PMC-Corporate/file/The-Personalized-Medicine-Report1.pdf 13. National Cancer Institute. Cancer Statistics. Available at: https://www.cancer.gov/about-cancer/understanding/
- statistics [Accessed November 2017]. 14. Foroutan B. Personalized Medicine: A Review with Regard to Biomarkers. J Bioequiv 2015;7(6):244-56 15. The Microeconomics of Personalized Medicine. Available at: https://www.mckinsey.com/industries/
- pharmaceuticals-and-medical-products/our-insights/the-microeconomics-of-personalized-medicine [Accessed 16. Agarwal A et al. The current and future state of companion diagnostics. Pharmgenomics Pers Med