For locally advanced NSCLC

PROGRESSION LIES AHEAD FOR MOST PATIENTS

Up to 89% of patients with locally advanced unresectable NSCLC who benefit from chemoradiation therapy will advance to metastatic disease. The median progression-free survival is <12 months.¹

AstraZeneca is investigating the potential for immunotherapy in this therapeutic setting.
Locally advanced NSCLC affects many patients

Approximately 180,000 patients were diagnosed with non-small cell lung cancer (NSCLC) in the US in 2015.

- 25%–40% of patients with NSCLC present with locally advanced disease.
  - The majority of patients with locally advanced NSCLC have unresectable tumors.

Patients newly diagnosed with NSCLC

25%–40% of patients with NSCLC present with locally advanced disease.

Over 43,000 patients were diagnosed with locally advanced NSCLC in the US in 2015.

The current recommendation for locally advanced unresectable NSCLC is CRT

NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) recommend concurrent chemoradiation therapy (CRT) for locally advanced, unresectable tumors.

- After 6–7 weeks of CRT, patients are monitored to determine if disease has progressed.

Current treatment recommendations for locally advanced NSCLC

More than half of patients with NSCLC (51%–83%) experience distress associated with waiting for the results of imaging scans during the active surveillance period.

There have been no advancements to the current standard of care for more than 10 years.

*Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Non-Small Cell Lung Cancer V.5.2017. © National Comprehensive Cancer Network, Inc. 2017. All rights reserved. Accessed April 4, 2017. To view the most recent and complete version of the guideline, go online to NCCN.org.

†Patients receive physicals and CT scans—with or without contrast—every 3–6 months for 3 years, then every 6 months for 2 years, then physicals and a low-dose CT scan without contrast annually.
There is a significant clinical need for improvements in patient outcomes after CRT

Up to 89% of patients with locally advanced unresectable NSCLC who benefit from CRT will advance to metastatic NSCLC.

- Median progression-free survival is <12 months after CRT completion.
- Median overall survival (OS) after CRT is less than 2 years.
  
* Based on 194 patients treated with concurrent chemoradiation therapy.

Although 67% of patients with locally advanced NSCLC respond to CRT, the 5-year survival rate is 15.1%.

OS rate following CRT

The potential of immunotherapy in locally advanced NSCLC is being investigated

Immunotherapy may help reinvigorate the immune system after CRT.

- Radiation may induce a series of immunogenic tumor changes which induce the upregulation of PD-L1 expression, interfering with T-cell activity and may lead to tumor progression.
- Some immunotherapies focus on optimizing T-cell function to enhance immune response to cancer.
- Some immunotherapies can block pathways used by tumors to evade an immune response.

AstraZeneca is investigating the potential of immunotherapy to help patients with locally advanced NSCLC.
There is an unmet need for improved patient outcomes in locally advanced NSCLC after chemoradiation therapy (CRT)

25%-40% of patients with NSCLC present with locally advanced disease

- There were approximately 43,000 new diagnoses for locally advanced NSCLC in the US in 2015
- The majority of patients with locally advanced NSCLC have unresectable tumors

Although many patients may initially benefit from CRT, there is a significant unmet need for improved treatment outcomes following CRT.

- Up to 89% of patients with locally advanced NSCLC progress to metastatic disease after CRT
- The median progression-free survival is <12 months after CRT completion
- Median OS after CRT is less than 2 years

AstraZeneca is evaluating the role of immunotherapy in locally advanced NSCLC

Visit AZimmuno-oncology.com to learn more about the Immuno-Oncology program at AstraZeneca

References: