

Backgrounder: "Clear Your View" Campaign

An initiative to raise awareness of the importance of complete biomarker testing before starting first-line treatment for all advanced cancer patients, with a focus on non-small cell lung cancer (NSCLC) and colorectal cancer (CRC) patients

Current rates of biomarker testing in advanced NSCLC and CRC fail to meet recommended medical guidelines, causing many patients to receive inappropriate therapy¹⁻⁴

For non-small cell lung cancer patients:

- Medical guidelines recommend all patients with metastatic or advanced NSCLC undergo testing for 10 biomarkers: EGFR, ALK, ROS1, BRAF, NTRK, MET, RET, PD-L1, ERBB2, and KRAS⁵
- Yet more than 80% of advanced NSCLC patients do not receive complete biomarker testing, putting them at risk for inappropriate treatment.¹
- For patients matched to the right therapy based on their genomic profile, targeted therapies often have higher overall response rates compared to chemotherapy or immunotherapy.⁶⁻¹⁰ As an example, immunotherapy isn't right for every newly diagnosed NSCLC patient. Patients with *EGFR*, *ALK*, or *BRAF* alterations have a lower overall response rate to immunotherapy than to targeted therapy¹¹⁻¹⁷
- The right therapy matched to the patient's genomic profile can significantly extend median overall survival rate for NSCLC patients compared to chemotherapy alone.⁶⁻¹⁰

For colorectal cancer patients:

- Medical guidelines recommend all patients with metastatic or advanced CRC undergo testing for 6 biomarkers: KRAS, NRAS, BRAF, ERBB2 (HER2), NTRK, and MSI¹⁸
- Yet 60% of CRC patients do not receive complete biomarker testing, putting them at risk for inappropriate treatment⁴
- As an example, 72% of patients who received anti-EGFR therapy did not have guideline-aligned RAS and BRAF testing to in fact determine eligibility for that treatment⁴
- The right therapy matched to the patient's genomic profile can significantly improve survival for advanced CRC patients¹⁹

Why does clinical adoption of complete biomarker testing and precision oncology lag behind medical guidelines? Various factors include: Physician-reported gaps in the knowledge and skills needed to incorporate into clinical practice, challenges in keeping track of latest recommendations, time associated with getting complete biomarker results, cost of tests when not covered by insurance.¹⁻⁴

There may be only one opportunity for the right first-line treatment decision. For NSCLC and CRC patients, only one in two make it to second-line therapy.^{20, 2}

"Clear Your View" campaign urges oncologists to "Test for All Biomarkers"

Physicians are in the driver's seat when it comes to helping their patients get the best treatment

Testing for all guideline-recommended biomarkers is the only way to help ensure the right treatment from the start for patients with advanced NSCLC and CRC. Now, an awareness campaign – "Clear Your View" – offers oncologists a new roadmap for biomarker testing:

STOP For every advanced NSCLC or CRC patient, order all guideline-recommended biomarkers.

WAIT Get complete results to determine the most effective therapy.

TREAT Choose the therapy with confidence.

Unbranded awareness campaign drives home that the right testing drives the right treatment



The key image of the campaign

An oncologist behind the wheel with a severely cracked windshield and with an impaired view that could lead to an accident.



The key message to oncologists

For your patients newly diagnosed with advanced NSCLC or CRC, do not proceed without a clear view ahead.

The calls to action

- 1. Test completely for all guideline-recommended biomarkers for every newly diagnosed advanced NSCLC or CRC patient.
- 2. Visit ClearYourView.org for additional information.

The campaign's main communication channels

- Website (clearyourview.org) and social media, with patient stories and more
- Online advertising and emails

The timeframe

The "Clear Your View" campaign runs throughout 2021 and beyond.

The campaign is supported by these lung cancer organizations:



The campaign is supported by these colorectal cancer organizations:





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