ZENSIGHTS®

Seagen Data Supplier RFI

Definitive Healthcare, LLC

August 2022

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3. Data Supplier Information

1. Company Legal Name

Definitive Healthcare, LLC

2. Year Founded

2011

3. Ownership Type

Public

4. Corporate Headquarters Address

492 Old Connecticut Path, Framingham, MA 01701

5. Major Operational Center Address (if unique from Corporate Headquarters)

Same as #4

6. Company Origin and Overall Mission

The Definitive Healthcare platform was launched in 2011, and we are now positioned as the leading provider of data on the U.S. healthcare provider market. Our vision is to create new paths to commercial success in the healthcare market for our clients. With a mission to transform data, analytics, and expertise into healthcare commercial intelligence.

Our data and analytics platform are the most robust and comprehensive repository of data on U.S. healthcare providers, covering virtually all providers across the healthcare continuum from hospitals and health systems to ambulatory providers to long-term care providers to individual health care practitioners. In addition to tracking nearly the entire universe of providers, we also deliver deep intelligence on each one of those providers ranging from demographic and firmographic attributes to claims analytics to detailed intelligence on affiliations and relationships. The data and analytics platform were built on the idea of "evolving with the market", in which the product is developed based on valuable feedback from clients we serve as well as the rapidly changing and legislative-driven healthcare industry.

The growth in Definitive Healthcare's product suite is matched with the growth of the company with all aspects of the business scaling at a rapid pace over the last decade. Definitive Healthcare has consistently been named in the top 5 as a Best Places to Work in Massachusetts (most recently ranked #1 for 2020) and awarded one of the fastest growing companies in North America by Deloitte. We now serve over 2,900 customers world-wide, and our team is comprised of over 900 employees.

7. Organizational Structure (Appx # of FTEs, appx # FTEs working on US pharmaceutical data, data processing & analytics, divisions, etc.)

~900 employees working across all customer verticals, majority in US, other countries are India and Sweden. Products/Services targeted to companies who desire data in the healthcare provider market.

8.

Key Contact Information for the contracting process (name, title, direct office telephone number, mobile telephone number, email)

Name: Tom Jordan

Title: Enterprise Account Executive

Direct Office Telephone Number: (508) 345-4512

Mobile Telephone Number: (508) 345-4512

Email: tjordan@definitivehc.com

9. What is your competitive advantage on patient claims data for Oncology and why should Seagen select your firm over others in your competitive market mix?

DH feels strongly that we have the best data assets in house for oncology and rare disease in the industry. We also have in house some of the most foremost experts working with the data in oncology that leverage proprietary methods to course correct on many of the typical mistakes our competitors make. While this response is likely common among all the vendors submitted, there are tangible features of DH data assets that make this statement true.

If you are looking for the counts of scripts at census level for each provider, then we are not the vendor for you. However, if you're looking to understand the patient's journey, or build a business strategy to identify targets within context of their IDN control, or know the key opinion leaders to influence colleagues or individuals who make business decisions (clinicians operating as executives), or identify organizations receptive to new treatments for your patient population, DH is vastly superior to our competitors.

By design, our claims data was integrated with our Healthcare Reference Data. This means a complete removal of duplication that occurs when institutions have hundreds of NPI's associated with their accounts and these NPI's are individually represented. In oncology in particular, it is standard that patients see multiple specialties, have extensive diagnostic work ups, are captured in the inpatient and outpatient settings of care, and we often find exaggerations of patient potential in our competitors' data as they merely "roll up" volume, inflating representations at the organization and IDN level.

DH by design leverages our longitudinal patient, Healthcare Reference Data, and Monocl Scientific Insight data to give our oncology clients an accurate reflection of reality. From our proprietary methodology to identify primary tumors for each patient and then proper clinical representation for metastatic conditions, to the ability to enumerate the "quarterback" and care team for each patient for Physician Attribution, to leveraging Monocl data to synthesize the clinical experts and key opinion leaders and their research contributions, DH presents the industry's first holistic solution for oncology markets.

4. Seagen Account Team/Change Management

10.
Profile the proposed Seagen Account Team, including

Executive Sponsor (name & location) and
Account Team, including day-to-day account lead (please provide a proposed Org Chart and tenure of each team member)

-Julie Ferris, VP Commercial Optimization (Executive Sponsor) Malvern, Pennsylvania (1 Year)

Julie leads a team that specializes in building custom solutions with data expertise and innovative approaches to address the unprecedented business challenges faced in today's healthcare ecosystem.

Julie is a seasoned healthcare data science professional with over 15 years of building companies and products using advanced analytics and AI/ML for the life sciences industry. Julie's in-depth knowledge originates from working for a major health insurance company where she learned the details of healthcare billing and coding. Prior to DHC, Julie was a data analyst at a small startup company called Aileron Solutions (acquired by IQVIA in 2014), where she worked extensively with Top 10 Pharmaceutical and Medical Device clients supporting commercial initiatives. Julie then joined Symphony Health Solutions (now PRA Health Sciences) on their Commercial Effectiveness - Advanced Analytics team building out capabilities that harness the power of AI/ML techniques. Her interest in AI/ML was the catalyst to join a small startup, Swoop Inc., where she was responsible to build and establish their healthcare practice. As VP of Health Research, Julie led initiatives for AI driven capabilities using privacy safe techniques where she was instrumental for their success which led to acquisition by a media

company, W2O, in 2020.

Julie has a B.S. from Saint Joseph's University in Philadelphia where she studied Psychology and Marketing.

Publications & Presentations:

Comparing Healthcare Costs Associated with Oral and Subcutaneous Methotrexate or Biologic Therapy for Rheumatoid Arthritis in the United States

Lee J, Pelkey R, Gubitosa J, Henrick MF, Ganz ML;

https://pubmed.ncbi.nlm.nih.gov/28465768/

Identification of a Warm Autoimmune Hemolytic Anemia (wAIHA) Population Using Predictive Analytics of a Known Clinically Profiled Cohort

Keith R. McCrae, MD[1,2], Jennifer Beachell[3]*, Tricia Gooljarsingh, PhD[4]*, Mary Lee Tjoa, PhD[5]*, Graham K Jones, PhD[6]* and Julieanna K Gubitosa[7]*

https://ash.confex.com/ash/2020/webprogram/Paper138557.html

A Multi-Factor Approach to Measuring Treatment Persistency and Patient Adherence for those on Idiosyncratic Treatment Schedules

Maughn K., MPH, Gubitosa. J.

-Tom Jordan, Enterprise Account Executive - Norton, Massachusetts (About 9 years)

-Amanda Doherty, Sr. Customer Success Manager (Day to Day Account Lead) – Mansfield, Massachusetts (Over 4.5 Years)

Tom & Amanda have partnered together for 4+ years to support some of our largest Life Science customers.

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11. If applicable, upload file(s) to support answer to previous question here.

Proposed_Seagen_Account_Team_Organizational_Chart_8_16_2022.jpg

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12.
Using the background provided, describe the staffing structure you suggest would work best for Seagen. Please be specific regarding the structure you recommend.

How would you manage the day-to-day interactions with the Seagen office?
How do you manage the communication ensuring expectations are met?
What is the process for managing escalations on projects?

Senior Customer Success Manager: Responsible for managing day-to-day interactions with the Seagen office. (Would also liason trainings, custom reporting needs, data questions and another other similar requests, or needs of the Seagen team)

Support is provided by the Professional Services Team, COAA Services Team, Account Executive and Executive Sponsors as needed.

We use the project tracking software ASANA to ensure project expectations are met. ASANA also gives us the option to manage escalations when necessary.

13.
Please provide an outline of the team members you would assign to Seagen and their roles:

Sales Leads/BD Leads
Service Leads
Consultants
Subject Matter Experts
Etc.

-Julie Ferris, VP Commercial Optimization (Executive Sponsor)

-Tom Jordan, Enterprise Account Executive (Sales/BD Lead)

-Amanda Doherty, Sr. Customer Success Manager (Customer Success Lead)

-John Caccavaro, Sr. Solutions Engineer (Solutions Lead)

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14. Seagen personnel would like to interview candidates proposed for the day-to-day lead role for their business either via Video or by direct visit. Is this possible?

Yes, we would be absolutely open to interviewing either by video, in person, or any other means.

15.
Implementation Business Rules and Timeline – please provide a detailed implementation plan and timeline from contract award to launch readiness that will include all brands (Adcetris, Padcev, Tinvak, Tuysa). For each of the activities in the implementation plan, please identify the responsible party within your company and required resources from Seagen in terms of function/role and level of involvement.

*Note: you may upload supporting files in following question.

Log in credentials to Definitive's web based SAAS platform will be provided within 24 hours of an agreement being reached. This will ensure users have access to the subscribed to information immediately while custom data reports are created. Also with in the first day, we will coordinate a report planning meeting with relevant Seagen personnel and a Senior Data Analysis who will be responsible for the creation and maintenance of any custom data projects. This initial scoping meeting will determine data needs, format requirements, preferred update cadence and a timeline will be set for initial deliverables. Generally, these timelines range from 5-15 business days depending on complexity.

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16. If applicable, upload file(s) to support answer to previous question here.

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17. What type of offerings are included in the data cost to support one-time change management of switching patient claims data? Example offerings can include consulting, report testing, business rules, support, training, communication and coordination, etc.

DH offers the level of support that meets any need of our clients. Each client has a dedicated Customer Service Manager to serve our clients. In addition, each product has extensive training and online support documentation to address methodology and explain the data points and nuances as to how they are presented in each product (defhc.com, Monocl, IZE).

Custom reports and engagements have direct support with data analysts and leaders to build a specification to support custom work. Our Commercial Optimization team has extensive knowledge on the data and advanced analytics and work in a complete consulting style engagement with data and deliverables accompanied with a detailed PowerPoint highlighting the findings and insight. Whatever level of support is needed by our clients, we have multiple options.

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5. Oncology Patient Data

18.
Please fill out and upload the workbook, titled "Oncology Patient Data Tables" that was included with the email sent to you with the link to this questionnaire. Specific ICD codes are provided in the spreadsheet/Excel file titled "Seagen ICD CPT Codes"

19.
Please describe your Longitudinal Patient/Claims and lab data offerings.

Does it include diagnosis codes (ICD-10)?
Provide physician-level data with unique ID?
Is data aggregated at the HCP level?

Our longitudinal claims data set includes both medical and prescription activity associated with the HCPs, HCOs, and labs rendering, ordering, or billing for specified activities. Each claim has a date stamp, list of diagnoses and services rendered (by HCPCS, ICD-10, DRG, NDC), payor information, provider information and a consistent deidentified patient token. This consistent patient token allows us to identify a relevant patient at initial diagnosis and follow them through their care journey, understand providers preferred treatment paths and assess referral relationships between HCPs, HCOs and third-party labs.

20. Provide data delivery options, available frequency options (daily, weekly, monthly etc.) and data lags by claims type (Rx and Mx). Please provide data maturity curves specific to Seagen product basket.

*Note: you may upload data matury curves in following question.

For Organization and Provider level aggregates, we have an online platform, flat files that can be delivered in any delimiter and placed on SFTP or S3, we also have custom dashboards available and pre-configured dashboard. Our Rx and Mx data is updated monthly with the first look at a months activity being made available 2 weeks post the close of the month. During this initial release we generally publish about 60% of the clinical activity we will eventually see. The following update (~6 weeks post the close of the month) we publish an additional 35%+ of activity. The vast majority of the remaining 5% is released in the update 10 weeks post the close of the month but there is a long tail on this data due to providers billing practices.

21. Please upload data maturity files here.

22.
Describe your overall coverage and quality of experience in patient data in oncology data?

What is the availability of oral and infused oncology therapy data?
What restrictions (if any) do you have in the oncology market data

DH has varying coverage in oncology depending on the therapeutic areas. Our average is around 65% capture of the market but can vary from 20% to 90% depending on multiple nuances in the data for any given disease state. Our assets include both open and closed patient level claims.

Like our competitors, DH has errors of omission, with specific under representation in geographies with closed network systems (Kaiser in CA and UPMC in Western PA). Some of less commonly known are also pediatric cancers, which can impact representation due to care received at St. Jude Children's Hospital and Shriners, both of which do not submit claims as patient care is subsidized via grants and donations.

DH is superior in the infused oncology space. We leverage the combined integration of our longitudinal patients claims data with our Healthcare Reference Data to identify and link the infusion clinics and their hospitals where patients are receiving treatment and care. This enables superior capture of this information as we can reconcile over 98% patients to care providers.

Oral Oncolytics are captured to a lesser extent. DH has a mix of open and closed claims assets allowing us to report even data that is captured via limited distribution in Specialty Pharmacies for available payers.

23.
Do you offer subscription services powered by Longitudinal Patient/Claims data? If so, please explain.

What is the source of the patient claims data?

What is the period (duration) of claims?
How frequently is the data updated?

Yes, we offer a subscription service to our longitudinal claims' dataset sourced from several clearinghouses, pharmaceutical switches, and retail pharmacies. This data runs from 2016- YTD 2022 and is updated monthly.

24.
What is the data access structure for your data sets?

Are there any issues or restrictions for snowflake?
Provide complete data dictionary for your datasets

Similar to our response for Question #20, for Organization and Provider level aggregates, we have an online platform, flat files that can be delivered in any delimiter and placed on SFTP or S3, we also have custom dashboards available and pre-configured dashboard. For APLD, our clients are permitted to access the data without a HIPAA Site Certification if we host the data in our HIPAA Certified environment database. In the event, our clients want the data to be hosted on their own severs, they will be required to undergo a HIPAA Site Certification to ensure the technical infrastructure safeguards are in line with Federal Regulations.

Clients are not permitted to download patient level data from our HIPAA Certified platform for APLD.

1. Are there any issues or restrictions for snowflake?: There would be no issues or restrictions with Snowflake.
2. Provide complete data dictionary for your datasets: Please see emailed file titled "DHC Data Dictionaries 8_16_2022"

25.
What is your level of CMS patient data integration and capture for oncology products?

Do you have FFS and Managed CMS claims data?

Yes. DH has both the CMS released files and has a large volume of Medicare FFS in the longitudinal patient dataset. Medicare Advantage appears in the longitudinal asset as well and is mapped as such. In the event we are reporting at the provider level SAF and our longitudinal patient claims data, DH will back out volume that are feel are duplicative in the clearinghouse data.

26.
What lab data do you have for oncology patients?

What types of tests and attributes are available in the lab data? Please provide data dictionary for lab data.
Is lab data integrated with claims data having a common IDs for patients, HCPs, and payer dimensions?
What is the frequency and source of lab data?

Lab data is a subset of our medical claims dataset and is tracked with the same patient token applied to procedures, prescriptions, and diagnoses where available with a CPT code. This data set includes genetic testing lab activity, 3rd party, and on-site reference lab activity. The lab test billing information, firmographic lab information, and insight into the ordering HCP requesting the lab work is all available but the result of the lab work is not available. If our clients are looking to integrate lab data, DH in is on the DataVant token and ecosystem and we can support the purchase, HIPAA Certification, and integration of the lab data. DH intentionally works with our clients to scope as many of the details need to be addressed regarding the overlap of patients available with lab data and DH internal patient universe before encouraging our clients to make this type of investment. This data is updated monthly.

27.
How do you quality-check your data for accuracy?

Please specify any procedures that you have in place to catch and correct issues prior to data going to clients?
How do you ensure the highest quality data that can be trusted; and if an issue is found by a client, how is this handled?

DH has comprehensive QA checks on all inbound data we receive. We built macro level deduplication and data cleansing rules to remove many common misrepresentations of claims data that are typical of a like database. Each specific engagement and data analysis has multiple team members working to ensure the analytics process is executed without error and the insights and

findings makes sense logically or can be validated by other findings in the data.

28.
What changes have you made to your data supplier network in the last 1 year? Can you provide estimate changes to the data volume based on the recent changes (e.g.: % new vs recurring each year). Please share examples of Oncology related data supplier disruptions in the last 1 year.

DH has had no data disruptions in the past year with their vendors. DH has a combination of open and closed data assets. We leverage stability panels for trending analysis to ensure proper persistency in data reporting depending on the objective of our clients business question.

DH has onboarded 4 sources in the past year with a production release of Q4 2022. The capture varies greatly because specific therapeutic area and disease state. We have seen an approximate lift of 35% lift in most markets.

29. How are changes to your data suppliers managed and communicated with pharma manufacturers? Please provide examples of Oncology related data supplier change communicated to the customers in the last 1 year.

DH has attracted tenured claims industry talent that have worked at legacy vendors in the industry with raw claims and who have explicitly worked as end users of the data providing insight to clients. As a result, our internal data management operations are a well oiled machine, with an internal Data Warehouse Advisory Committee overseeing. These individuals at helm, providing guidance to our data engineering teams and ensuring collaboration across data science, product, and custom analytics groups. This creates a single source of truth for our data as we operate using 1 database to drive the insight.

The underlying data is profiled and monitored extensively on an ongoing basis with data profiling checks and quality assurance checks across the chain of custody and downflow transformations. NPI's and product codes are monitored for consistency in reporting, and we flag providers who do not meet our standards and should be omitted in trending exercises. Data Quality is our way of life at our organization and not marketing materials.

DH contracts directly with our sources and does not aggregate through a third party. We pride ourselves on healthy partnerships with our vendors and has never lost a source. In the past year, we have retained all our sources, and acquired 2 more for a Q4 2022 launch, with 2 more to come in 2023.

Please provide examples of Oncology related data supplier change communicated to the customers in the last 1 year.: Doesn't apply, but in the event DH provided SeaGen a custom support, we flag providers where their data reporting consistency is of concerned and not recommended for market trending.

30. Option to upload examples of Oncology-related data supplier change communications.

31. Can patient claims data be used for field triggers (based on diagnosis and/or Rx business rules)? If yes – provide key aspects on how your offerings are differentiated for field triggers (data lag, integration with CRM or reporting platform etc.)

Yes, we currently provide monthly field triggers based on business rules and predictive analytics. DH offers native integration with Salesforce and full integration with other CRM systems or platforms. Trigger reports can be sent directly to your CRM system via ingestion of automated reports.

32.
What socioeconomic and demographic data do you have including: race ethnicity, socioeconomic status, level of access to care by location, distance to advanced oncology sites?

What is the source of the data and how frequently is the data updated?
At what level can this data can be reported (HCP, Geo, National etc.)

Our clinical data includes patient age, gender and the zip3 area they come from. This zip3 area can be mapped to census information to derive an assumed racial, ethnic and socioeconomic status mix of a group of patients. Access and distance to advanced oncology sites is more directly taken from this information.

33. Please provide us with your firm's position regarding use of data for publication:
Are there any considerations or restrictions regarding use of your data for publication or conference presentations?
Do you have examples you can provide of published studies and/or presentations using your data?
Have your data been used for regulatory and or HTA submissions? Please explain.

> While the data is not generally available for public disclosure, we can consider use cases on a case-by-case basis for approval. In such circumstances, Company may require pre-review/approval before publication; either anonymity or cite Company as the source.

34. If applicable, upload file(s) to support answer to previous question here.

6. Data Evolution

35. How are you evolving your patient data strategy and strategic focus based on your knowledge of your clients' needs?

DH is always on the market for data assets that add value to our clients. Our 2020 acquisition of Monocl made available a platform and asset that provided tremendous value to our clients specifically in oncology and rare disease. As our clients continue to serve markets with niche and extremely limited subject matter expertise, Monocl provided an asset and platform to identify key influences, researchers, grant recipients, clinical trials, and publications from around the globe. The ability to identify these providers and organizations integrated with our patient claims data gave context to patient journeys and enabled patient cohort bisections, those we know that would enter a realm of expertise and those patients at risk for being forever lost in the healthcare system. This prioritizes the outreach strategies and enables optimal points of intervention.

DH will continue to make investments in patient data that can be tokenized and integrated to expand our foundation There is a 5-year roadmap with strategic investments completely based on clients' needs and their feedback.

DH is part of the DataVant ecosystem, enabling client specific data needs and options. For any given client initiative, DH can leverage the DV ecosystem containing EMR/EHR data, consumer data, lab data for any need. DH works with our clients to build the patients in our data and then will assess the overlap of that population in the context of other external assets. This enables our clients to control the strategic investments in other data assets if desired in a tangible capacity.

36. How are you addressing the evolving healthcare landscape and what information and data does your organization see as most important to help your clients answer their most challenging questions?

Simply put, unprecedented market events have created uttered chaos, and everyone is reeling in reactivity. Market consolidation has been occurring at a rapid rate and new players continue to emerge. Payers are merging with pharmacies; retail clinics and ambulatory surgery centers are complicating care coordination but provide high financial incentives for payers and their provider owners. Bespoke concierge care models once reserved for the elite wealthy are growing and reaching the masses.

On top of that, the pandemic created a new normal and the entire patient population is mentally and physically adjusting. Patient behavior has changed and with it comes an entirely new set of problems.

Oncology has been disproportionately impacted. Fear has driven much of patient behavior for the worse and as a result, preventative medicine has been completely gutted. Disease manifestations where many patients would promptly seek medical attention have been downplayed. Annual CBC and diagnostics have been shattered, in part by patient behavior, in part due to diagnostic supply chain shortages on key substances like iodine.

This has completely shifted the time to diagnosis and stage of malignancy to later stages. Patients that would have normally been someone diagnosed at Stage 1, had their tumor removed, and monitored were compromised and now have limited options with cytotoxic therapies. Clinicians are pushed to the max because of staffing shortages and atypical specialties are stepping up to offer support and continue to have emerging control and influence. At the same time, science, particularly genetics has completely changed our understanding of these diseases.

The are many companies that have answers for one of the challenges in today's chaos. Where DH stands out, is having a

holistic solution to factor for all these variables that are impacting today's landscape. Creating a business strategy that only accounts for one challenge will produce bad insight. Oncology brands cannot afford the luxury of choosing one problem and trying to solve for it, it's not enough.

A providers knowledge base on the disease and treatments, their ability to make their own treatment decisions (their affiliation, GPO and IDN status), their training, their colleagues (referral networks) and mentors (KOL's) are just as relevant as the patient population they serve. A clinician may have the perfect patient primed for your therapy, but if the clinician doesn't understand its potential impact, or doesn't have the ability to make the decision to use that therapy or can't get the drug is just as pertinent if that patient doesn't have payer coverage or isn't an ideal candidate for your therapy.

Data without context is meaningless; DH operates on the principle of providing our clients with that context.

37.

How are you pipelining new data and opportunities or partnerships? What are the areas that your organization is prioritizing for future product offerings and services?

DH prides itself on collaboration. Our priorities are doing what is best for our customers and data integrity. It is a foolish notion to think any one vendor has the best of everything. DH is has made large scale investments on patient level data and our legacy Healthcare Reference Data product. We invest in complimentary assets, like Monocl, to these initiatives but ensure we do not lose our focus on them.

DH's most recent investment is a data agnostic platform through its acquisition of Analytical Wizards. We encourage our clients to purchase the best data assets for their business question, even if it doesn't always mean our own data. We work with some of our biggest competitor's data, without issue, in order to provide best solution for our clients.

As we look to the future, we are intent on analytical powerhouse with the extensive knowledge we have on the data for our clients. We continue to scale our Data Science, ensuring it's not just a buzzword, but a tangible enhancement to our assets such as creating claims-based specialty, rankings on affiliations, influence scoring. Our future is enabling our clients with holistic insight for their market.

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7. Other Services

38. Do you offer Analytics Services around your or other's data offerings? If so, please explain.

DH has made several strategic investments in resources, personnel, and technical infrastructure and is officially coming to market as an Analytics Powerhouse, which has not been the legacy reputation.

In the Fall of 2021, a team specializing in Predictive and Advanced Analytics was created as a separate group. This team works with client in a consulting style engagement and builds the full suite of bespoke deliverables. This team engages with clients, listens to their business question, and then builds the solutions and deliverables and advises clients on the insight and its impact to their commercial strategy ensuring the output is actionable. The team includes seasoned claims and analytics professionals, data scientists, statisticians who are experts in their knowledge and support. This team builds patient journeys, HEOR Analyses, Referral Network analyses, Line of Therapy and Regimen analyses, Lookalike/Predictive Modeling, Patient Alerts/Triggers, Fully Custom Dashboards, and Market Sizing Projections using DH data assets.

In 2022, DH acquired Analytics Wizards. This team specializes in data agnostic solutions that allow combinations of data assets (including competitor data assets like DDD, Xponent, PHAST, SNR) to be centralized and combined and has pre-configured dashboards with a vast amount of legacy brand metrics including source of business, line of therapy, key performance indicators, and promotional mix models regardless of data source.

DH has always had a large Professional Services team that build custom reports from the underlying data that appears in the product platform. This team supports custom data extractions for our clients and builds recurring deliverables varying in range of simple to very complex.

Definitive Healthcare fully intends to dominate the industry in the upcoming years from an analytics perspective. DH has 4 publications to be released in the upcoming quarter that have been collaborations with clients.

39.
Do you offer Consulting Services related to your oncology patient data offerings? If so, please explain.

How do you proactively offer ideas and perspectives based on your deep knowledge of your client's data that highlights actionable opportunities?

DH's Commercial Optimization Advanced Analytics (COAA) offers a full suite of consulting services. This team operates with the focus on digestible and actionable insight. Clients communicate their business problem or question, and the team will build custom solution to directly address it. The team builds and delivers effective solutions and works with our clients to plan and provide recommendations on optimizing their commercial market strategy.

Under our Strategic Solutions, there is a larger group that can support the building of custom reports, CRM integration, and master data management. The team has claims data experts, statisticians, data scientists, and engineers. It's lead by team with extensive knowledge in oncology, data, and former brand leads to are there to support clients and their questions.

40. Who do you view as your competitors for each of your product offerings?

No one. DH considers themselves in a league of their own with their assets. However, if pushed, IQVIA and Symphony Health Solutions have competitive assets on hospital and medical claims, and superior assets on prescription claims. IQVIA's One Key, LexisNexis, and Compile have been mentioned on competitors in the healthcare reference data market.

While we are aware of Komodo Health, we have received such a wide variety of client feedback on their assets, we are quite frankly unsure of the degree of competition. DH has operated with excellence in the commercial space for brands and less on research and development where they have focused.

41. Do you offer Master Data Management services? Data validation services?

DH offers data management and integration services. Our work includes verifying and integrating clients' accounts to create a mapping to our Definitive ID. This includes an automated process and the option to have manual resolution and is scoped by volume of records and initial data evaluation.

42. Do you offer data integration services? For instance, can your patient claims data integrate with other data providers like Lab, EHR, SPs etc. using standard patient tokens like Datavant?

Yes. Definitive Healthcare has conducted rigorous evaluation of the tokenization software available and has concluded that DataVant is the optimal partner. SeaGen and Definitive Healthcare would then need a Link package to be able to bridge tokens from Definitive Health to SeaGen for any data investment SeaGen made. The above tokenization and Link package would be a separate scope of work specific for the engagement.

Separate from the tokenization, regardless of vendor, and in alignment with federal regulations, all de-identified data assets are required to undergo a HIPAA Certification via Expert Determination or have any of the identifying elements listed for Safe Harbor removed including the removal of all dates. Our current aggregated asset has gone through this process and our underlying transaction level data has been deemed de-identified via Expert Determination.

Any time additional data sources that are tokenized are added, the certification needs to be redone - this is true for ANY vendor. If SeaGen were to merge our data with any other tokenized asset, SeaGen would need to undergo Expert Determination to review the fields/variables that are being added and certify that the data statistically remains de-identified. Therefore, if Janssen SeaGen through this process and provided the certification to Definitive Healthcare, they could add additional data. DH has done this successfully with client data and other assets.

43. What products and services do you provide that integrate various data sets for a more comprehensive understanding of markets?

All of DH's products and services are designed for various types of integration with a specific focus for comprehensive understanding of the market.

DH acquired Analytical Wizards in 2022. Their platform is a data agnostic solution that can combine disparate datasets (like DDD, Xponent, PHAST, SNR) together to build a holistic solution. IZE Insights Engine and Analytics Platform allow our clients to bring all types of data into a centralize location and leverage the assets to together and drive the insights needed for promotional analytics, KPI's, performance tracking and other types of brand learnings.

For combining patient level data, DH leverages their COAA team to build comprehensive custom dashboards, reports, and insights for our clients who wish to integrate EMR/EHR data, lab, or their own tokenized assets. The team specializes in building full scale solutions: from patient journeys, referral networks, line of therapy, HEOR, and predictive analytics/look alike modeling that can be leveraged and customized for any client need.

DH also has CRM integration, which operates as a foundation supporting MDM solutions and clients own internal platforms.

44. Do you offer staff augmentation services? Please describe your typical roles, pricing, and oversight.

DH offers staff augmentation through our Passport Analytics portfolio. Passport is a combination product and service which incorporates specific cuts of claims data into customized dashboards that provide brand & target level insights. Passport includes the option of adding additional on and offshore FTEs for staff augmentation needs.

Additionally, Definitive offers a stand-alone staff augmentation service. Pricing varies depending on the role & length of engagement.

Roles in either option range from junior to senior analytics staff to client management personnel.

45. What is your overall turnover rate for your staff augmentation roles, if you provide such roles? What is your average tenure on the staff augmentation teams for each role?

As a public company, our annual report has publicly available corporate statistics including headcount statistics: https://ir.definitivehc.com/

As for average tenure on the staff augmentation teams:

-Junior analytics staff: 2-4 years

-Mid-level analytics experts (we strongly prefer not to offer them more than 50% towards an engagement): 5-8 years

-Senior level experts (we never offer them more than 50% towards an engagement and generally senior people are made available to lead a team of mid/junior analysts): >10 years

We have very low attrition rates, and we appreciate the knowledge gained during engagements, so our goal is to keep the staff turnover to a minimum except in circumstances where somebody gets promoted or wants to change practice areas.

46.
Are any of your services offshore?

Do you offer an onshore alternative?
Do you have hybrid models?

We have both onshore and offshore services and they can be mixed (hybrid).

8. Pricing/Contracting

47. Can you meet a deadline for a contract signing of October 1, 2022?

Yes, we would be able to match the pace for an engagement signoff for October, 1 2022.

48. Are your terms flexible for each individual component of your services concerning contract length? (i.e., some stand-alone services can be contracted for 1 or 2 years, while others may be 3 years)

Yes, but some components may have product access dependencies which would require contract alignment.

49. What out-clauses do you typically offer with contracts on data purchases?

Subscription licenses may not be terminated for convenience but may be terminated for uncured breach. Subscription license terms are in increments of 12-month terms. Non-renewal rights are permitted with 90 days' advance notice.

50.
Are there any restrictions to the use of data that you sell to Pharmaceutical Manufacturers?

What is your policy around TPAs, and do you block any companies from entering into a TPA with you?
Are there any additional restrictions on reporting HCP level data to sales or medical teams?

Are there any restrictions to the use of data that you sell to Pharmaceutical Manufacturers?:
-Data is to be used for customer's internal business purposes and may not be resold or provided to 3rd parties. As it relates to certain data sets (i.e. clearinghouse data on commercial medical and rx claims) that data set may not be used to recruit individuals to participate in clinical trials.
What is your policy around TPAs, and do you block any companies from entering into a TPA with you?:
-Third parties are to be evaluated before permitted access to the data. We may require additional controls if the third party is a company competitor or existing customer.
Are there any additional restrictions on reporting HCP level data to sales or medical teams?:
DH may have limitations for Physician Opt Outs for certain types of contact. "Opt Out" status can be included on any files that include a physician or executive on a 'do not call' list or has opted out of marketing material via the CCPA.

9. Compliance/Security

51. Please outline your HIPAA compliance protocols.

Please see emailed zipped folder titled "PolicyDocuments2022DefHC (2)"
DH works with sensitive data that is at the de-identified patient level. However, DH has undergone an evaluation via Expert Determination and has received HIPAA Certification by an independent third party to ensure that the data is de-identified in accordance with 45 CFR 164.514 (b)(1) for our data, technical infrastructure, and internal processes.

All employees undergo HIPAA Compliance training annually and immediately when they are hired and are aware of the restrictions they have when working with the data. DH has numerous protocols in place including data profiling for quality checks, personnel checks, and balances for those working with the raw data, and proper security for safeguarding the data asset.

Our clients will receive specific flow down terms in the data license agreement that are required to work with even aggregated forms of our data. In the event a client wishes to add additional patient assets to the data, they are required to receive a HIPAA Certification, and maintain the proper standards for data, technology, and processing. DH would also need to receive a copy of the certification.

52. What is your policy concerning on-site work since COVID-19? What are your plans moving forward to allow for on-site work?

One of our guiding principles is that every employee contributes to our culture and community. This is driven by our interactions, communication, and engagement with others. Collaborating, socializing, learning, and coaching can be more effective when people come together in person.

Our second principle is to ensure that everyone has the wherewithal to manage work-life balance. An important aspect of

maintaining this balance is having the flexibility to work remotely. Working remotely can minimize issues when navigating the personal demands of home, family, or friends and assist when dealing with the unexpected complexities of modern life. With limited exceptions, remote work is a benefit for all employees and not something that has to be "earned."

Supporting "Flex Work"
In a post-COVID world, we provide greater latitude in where, when, and how people work.

Where you work: Employees can select their degree of remote work, with the ability to change preference over time. Working together in person is still beneficial, and employees are encouraged to spend time in the office in ways that support collaboration, learning, and community efforts

When you work: If their job allows for it, individuals have the flexibility to time-shift—enabling them to step away from work during the day while making up the time earlier in the morning or later in the evening

How you work: Focus should be on an employee's performance and whether they successfully achieved their goals, and not following a historical construct of being in the office for a fixed set of hours. Performance actions should be taken if an employee is not meeting job expectations—regardless of being remote or in the office

Our Offices, a New Sense of Purpose
Our offices will continue to support employees as they did before. As employees have greater flexibility while remote, the office takes on a more critical role in maximizing in-person, face-to-face interactions with others. The office will become the primary space where people come together to:
-Work together and collaborate, be it planned or spontaneous activities
-Participate in company events and activities that support our culture
-Interact, celebrate, and socialize with colleagues and other team members
-Learn and develop, both formally and informally

The office is also critical when onboarding and getting new employees up to speed.

53. What is your data continuity plan?

Please see emailed zipped folder titled "PolicyDocuments2022DefHC (2)"
All of our infrastructure is backed up to air gapped non-fungible devices.

54.
Do you have disaster preparedness plans in place? Do you share the plans with clients?

Have you ever lost a client's data? What happened?
How would you demonstrate your ability to execute?

Please see emailed zipped folder titled "PolicyDocuments2022DefHC (2)"
Do you have disaster preparedness plans in place?
-Yes
Do you share the plans with clients?
-Yes
Have you ever lost a client's data?
-No, we typically do not house customer data.
What happened?
-N/A
How would you demonstrate your ability to execute?
-N/A

55.
Security of IT/Data structure – please provide supporting documentation regarding your data center and how does your structure decrease risk for _____?

IT structure

Data security & HIPAA / HITRUST Compliance and Certification

Back-up functionality

Operational % uptime

Back-up generator

Location of back-up data center

Internal Audit function

Please see emailed zipped folder titled "PolicyDocuments2022DefHC (2)"

56. If applicable, upload file(s) to support answer to previous question here.

Seagen Account Team Organizational Chart

Julie Ferris, VP Commercial Optimization (Executive Sponsor)
- Todd Bellemare, SVP, Strategic Solutions — Joe Mirisola, Cheif Revenue Officer — Robert Musslewhite, CEO

Tom Jordan, Enterprise Account Executive
- Guy Bowman, VP Enterprise Accounts — Jason Reynolds, SVP Account Management

Amanda Doherty, Sr. Customer Success Manager (Day to Day Account Lead)
- Kim Hunter, Manager of Customer Success — Allastair Meffen, VP Customer Experience

Question: Please provide the counts of patients by diagnosis in the table; please note that all time periods are 2-year/24-month time periods. Specific IDC codes are provided in spread sheet titled "Seagen ICD CPT Codes"

Patient Counts by Diagnosis									
Category	Unique Patients		Total Claims		Unique NPI		# Academic Institutions		# Community Institutions	
	2018-2019	2020-2021	2018-2019	2020-2021	2018-2019	2020-2021	2018-2019	2020-2021	2018-2019	2020-2021
Lung Cancer	966,066	925,603	11,001,676	10,220,023	440,978	440,353	200	199	43,896	43,482
Metastatic Lung Cancer	390,959	372,245	4,387,001	4,163,628	273,858	272,827	199	196	27,506	27,244
Urothelial Cancer	478,456	456,474	3,613,412	3,424,736	256,639	258,041	195	193	30,228	30,154
Metastatic Urothelial Cancer	67,889	67,675	656,688	656,460	100,347	100,737	191	187	13,099	13,123
Cervical Cancer	112,923	106,947	810,341	791,670	118,241	114,832	189	192	16,604	16,166
Metastatic Cervical Cancer	47,013	45,249	530,256	505,053	89,941	87,499	189	185	11,071	10,897
Colorectal Cancer	705,632	679,026	7,408,519	7,195,429	373,075	377,274	197	194	41,542	41,285
Metastatic Colorectal Cancer	211,187	210,538	2,263,749	2,252,214	200,128	200,370	193	191	21,307	21,469
Hodgkin's Lymphoma	105,532	97,616	771,234	700,444	133,456	127,196	197	194	17,460	16,622
Breast Cancer	1,985,496	1,934,474	17,996,753	17,471,945	469,623	478,210	200	198	47,268	47,515
Metastatic Breast Cancer	316,282	319,385	3,391,734	3,414,413	216,797	221,562	195	195	22,446	22,708

All metastatic cancer counts must have a diagnosis for the primary cancer type (e.g., Metastatic Lung must have primary of lung)

Question: Please provide patient counts by payer type; please note that all time periods are 2-year/24-month time periods. Does your payer data include plan data including: plan number, co-pay amount, allowed cost?

	Patient Counts by Payer Type					
	Commercial	**Managed Medicare**	**Medicare**	**Managed Medicaid**	**Other**	**Total**
Category	2020-2021	2020-2021	2020-2021	2020-2021	2020-2021	2020-2021
Metastatic Lung Cancer	228,516	80,009	143,302	39,158	24,569	372,245
Metastatic Urothelial Cancer	39,473	14,371	28,366	4,641	3,955	67,675
Metastatic Cervical Cancer	29,030	9,957	16,212	6,460	3,059	45,249
Metastatic Colorectal Cancer	137,002	39,079	68,963	21,613	12,957	210,538
Hodgkin's Lymphoma	70,757	12,551	16,543	9,939	6,903	97,616
Metastatic Breast Cancer	211,736	56,709	94,450	31,391	30,363	319,385

All metastatic cancer counts must have a diagnosis for the primary cancer type (e.g., Metastatic Lung must have primary of lung)

Yes or No: Payer date include: Yes

Plan Number:	No
Co-pay Amount	No
Allowed Cost	No

Question: Please provide patient counts by brand (see attached spreadsheet); please note that all time periods are 2-year/24-month time periods

Brand	2018-2019	2020-2021
ADCETRIS	3,667	4,087
Avastin	476,015	470,806
BAVENCIO	4,229,640	4,643,669
Blenrep	0	532
Enhertu	0	2,489
HERZUMA	2	437
Herceptin	43,905	21,359
Herceptin Hylecta	128	767
KADCYLA	5,218	8,365
KEYTRUDA	55,586	81,944
Kanjinti	1,859	17,275
Lynparza	15,121	23,646
Nerlynx	3,096	2,440
OGIVRI	9	2,673
OPDIVO	42,588	36,390
Ontruzant	0	601
PADCEV	3	1,500
PERJETA	21,810	21,757
Phesgo	0	999
Pomalyst	8,385	7,008
Revlimid	35,228	26,332
Rituxan	97,247	62,419
Rituxan Hycela	28,786	28,605
TRODELVY	0	1,931
TUKYSA	0	1,553
Trazimera	0	3,824

Question: Please provide the counts of HER2 testing for mCRC and mBC patients (see attached spreadsheet); please note that all time periods are 2-year/24-month time periods

Table 4 Lab Testing - # Tests Ordered		
Test	2018-2019	2020-2021
HER2 testing for mCRC patients	80,106	78,955
HER2 testing for mBC Patients	140,267	132,480

January Oncology Patients		
DHC Receive Month	Patients	% Total
2022-01	59,562	4.9%
2022-02	543,793	49.5%
2022-03	393,877	81.9%
2022-04	156,324	94.7%
2022-06	31,075	97.2%
2022-07	18,550	98.8%
2022-08	14,984	100.0%
Total	1,218,165	100.0%