



Michael Taylor <mdtaylor@gene.com>

Fwd: Ipsos methodology

Laura Chu <chu.laura@gene.com>

Mon, Apr 29, 2013 at 8:08 AM

To: Indiana Strombom <strombom.indiana@gene.com>, Michael Taylor <taylor.michael@gene.com>, Lisa Wang <wang.lisa@gene.com>, Daniel Koralek <koralek.daniel@gene.com>, Margaret McCusker <mccusker.margaret@gene.com>, "Oestergaard, Mikkel" <mikkel.oestergaard@roche.com>, Venkatram Kuturu <kuturu.venkatram@gene.com>, Melissa Brammer <brammer.melissa@gene.com>

Dear All,

Please find attached and below information on the IPSOS Oncology Monitor that GPS purchases. It's chart review data from oncology patients in the EU5 with similar data collected in the US. We currently have access to the data, with the most recent data cut located at on Shogun at /epidemiology/data/lpsos_onc_monitor

If you have any questions, please let me know and I can contact Agata for further details.

Thanks,
Laura

----- Forwarded message -----

From: **Agata Atkins** <Agata.Atkins@ipsos.com>

Date: Mon, Apr 29, 2013 at 7:55 AM

Subject: Ipsos methodology

To: Laura Chu <chu.laura@gene.com>

Hi Laura,

Please see below a brief introduction to Ipsos Healthcare ETOM sampling, data collection and projections methodology. This is EU specific information but US data is based on very similar principles. Please notice that most of the Roche analyses are run on unweighted sample but I included the projections info for you reference.

I attached as well:

- the Patient Diary Form the doctors have to complete for each patient
- our capabilities presentation which provides more details on the Oncology Monitor, the possibilities of combining it with custom research and few new research options we offer this year
- Oncology white paper: "Oncology: The Disease, the Dynamics and the Difficulties of Global Marketing Research"

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Doctor Target Construction and Market Sizing Study:

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Every two years we send a mail shot to approx 32,000 oncology-physicians across the total 5 EU countries:

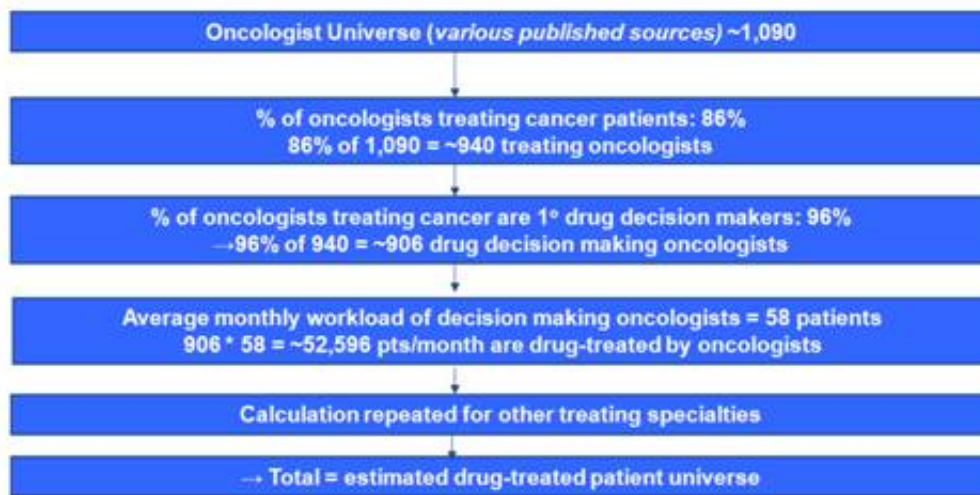
France, Germany, Italy, Spain and UK (the Ipsos proprietary Market Sizing Study); we conduct this to determine the following:

- Which physician specialities drug treat cancer patients, e.g. in Germany, Onco-Haematologists report overall in all tumours, also gynaecologists contribute significantly to the drug treated population for tumours such as breast cancer. With this knowledge we are able to ensure we have a representative proportion of relevant specialties within our doctor targets
- Who are the primary drug decision makers
- How many drug treated patients are seen every month, i.e. average workload of the doctors

From this information, we calculate what proportion of physicians we should be targeting in France, Germany, Italy, Spain, and UK based on their contribution to the overall estimated drug-treated cancer population. Please see the below for more detailed information:



Example MSS Results In France (All Tumours)



MSS biased towards those treating and using % treats over-estimates contribution

Notes: Universe numbers from various 2nd sources + local affiliate and fieldwork team feedback. MSS results average of 3 years.

Ipsos Healthcare

Once we have a target pool, we recruit based on the following general screening criteria:

- Only primary drug-decision makers are eligible to report patients
- Must be in full-time active practice
- Must see a minimum number of cancer patients per month
- Maximum number of doctors per practice to be recruited

We also take into account regional differences between each of the countries, i.e. we aim for representation of all cancer networks in the UK and factor in District General Hospitals and teaching hospital depiction; coverage of the office-hospital splits in Germany and appropriate regional splits; we target 40%:30%:30% split in North, Central and South Italy; key centers/regional splits in Spain and appropriate regional and public vs. private splits in France.

Patient Reporting:

We ask our primary drug treating physicians to complete a patient diary form per each patient (minimum and maximum quotas set) and a Dr demographic form. In Q1 2011 we launched online reporting and currently 85% of our sample doctors are submitting patient forms online across the EU5.

Projections

To arrive at our projected figures within our database we need to scale up our monthly patient sample size, as reported by the doctors, to a total universe estimate size for the drug treated population (as described in point 1) . We do not simply multiply each patient by 12 to get our annual sample but incorporate several factors to arrive at our very specific projection methodology. Each patient will have a unique projection factor applied to them; this is determined by several factors, including how often the patient will see the doctor using:

- Tumour type and line of therapy
- Whether a new or recurrent patient
- Regimen type: cytotoxic, hormonal, immunotherapy, biologic
- Length of drug treatment

We project to:

- annual patient numbers (unique patients count – used at top/tumour level only) and
- annual treatment numbers: actual treatment opportunities (as many patients can receive more than one treatment per year).

We continuously validate our projections by comparing against secondary source epidemiology data.

I hope you will find it useful. Please let me know if you have any questions.

Best regards,

Agata

Agata Atkins

Senior Research Executive

Ipsos Healthcare



Minerva House, 5 Montague Close - SE1 9AY - London

Direct: +44 20 3059 4615 Main: +44 20 3059 5000

agata.atkins@ipsos.com | <http://www.ipsos.com>

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VirologyMDx@ipsos.com or OncologyMDx@ipsos.com



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Laura Chu, MPH
Epidemiology, Patient Reported Outcomes and Healthcare Data Strategy
(EpiPRO)
Global Product Development Biometrics
Genentech (A Member of the Roche Group)
Mail Stop 66, 1 DNA Way, South San Francisco, CA 94080, USA
Office: [650-467-7916](tel:650-467-7916)

3 attachments



Global Oncology Monitor - Methodology.pptx
11514K



Q113 MM Diary Form - Roche.pdf
93K



Oncology_The Disease the Dynamics and the Difficulties of Global Marketing Research.pdf
1759K