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CYRAMZA, as combination or monotherapy, demonstrated improved QoL outcomes from both patient and physician perspectives



Patient assessment

● TIME TO DETERIORATION
IN EORTC GLQ-C30 SCALES



Doctor assessment

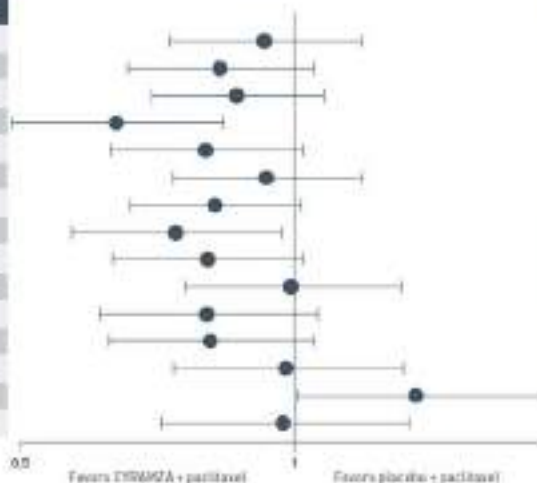
● COMBINATION: TIME TO ECOG
PS-DETERIORATION BY ≥ 1

● MONOTHERAPY: TIME TO ECOG
PS-DETERIORATION TO ≥ 2

CYRAMZA + Paclitaxel Maintains Patients at a Better PS and QoL for a Longer Time

Patient Assessment: Time to Deterioration in EORTC QLQ-C30 Scales¹

Scale	CYRAMZA + paclitaxel no. of patients	Placebo + paclitaxel no. of patients
Global health status	151	126
Physical functioning	170	144
Role functioning	190	171
Emotional functioning	112	117
Cognitive functioning	150	100
Social functioning	147	144
Fatigue	194	174
Nausea and vomiting	121	101
Pain	149	130
Dyspnea	130	119
Headache	118	100
Appetite loss	133	121
Constipation	104	99
Diarrhea	136	80
Financial difficulties	102	81



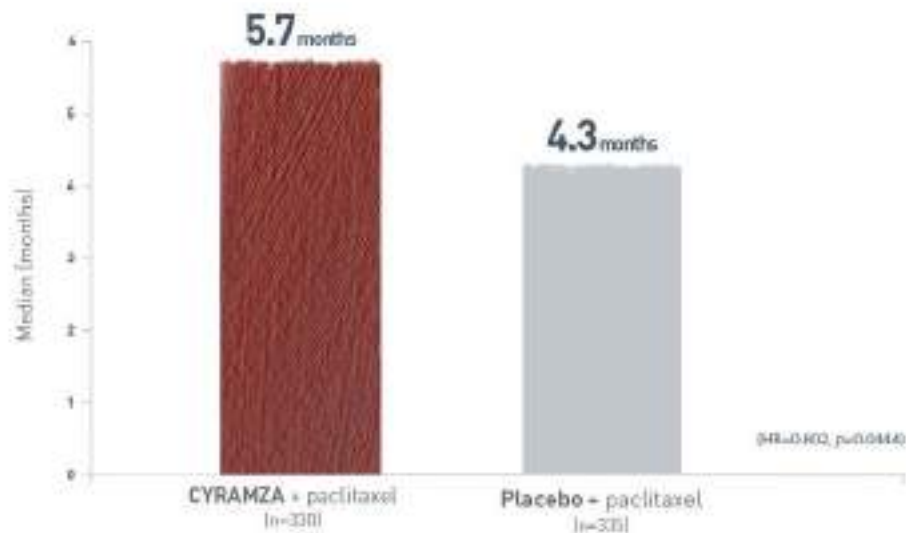
HR (95% CI)
0.52 (0.374, 0.734)
0.83 (0.642, 1.068)
0.66 (0.502, 0.871)
0.44 (0.341, 0.584)
0.89 (0.635, 1.219)
0.93 (0.741, 1.179)
0.82 (0.646, 1.016)
0.76 (0.604, 0.964)
0.89 (0.656, 1.227)
0.99 (0.766, 1.284)
0.87 (0.637, 1.207)
0.91 (0.671, 1.248)
0.99 (0.743, 1.292)
1.33 (1.007, 1.754)
0.97 (0.721, 1.313)

Adapted from G-Jordan S E, et al., 2014.

CI=confidence interval; EORTC QLQ-C30=European Organization for Research and Treatment of Cancer Quality of Life Questionnaire; HR=hazard ratio; PS=performance status; QoL=quality of life.

CYRAMZA + Paclitaxel Maintains Patients at a Better PS and QoL for a Longer Time

Doctor Assessment: Time to ECOG PS Deterioration by ≥ 1 Level¹

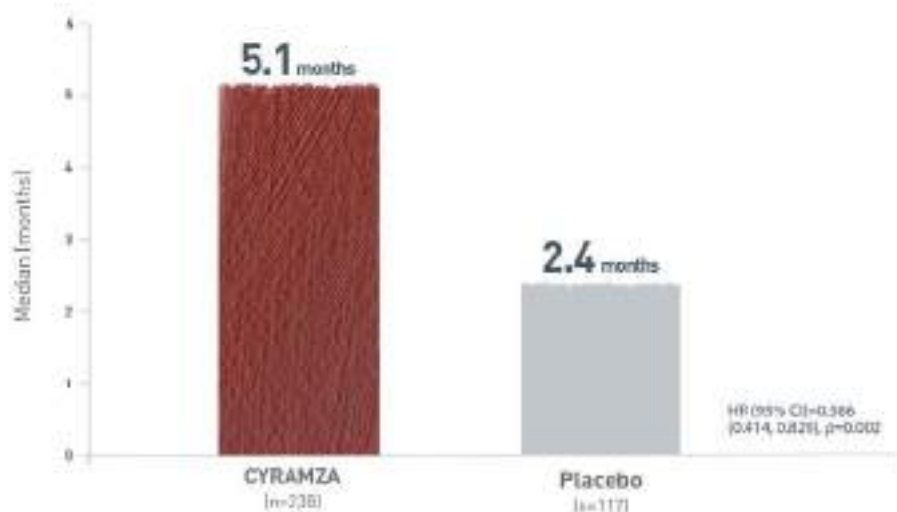


ECOG-Eastern Cooperative Oncology Group; PS=performance status; QoL=quality of life.

Adapted from A. Ribba S. et al. 2018

CYRAMZA Monotherapy Maintains Patients at a Better PS for a Longer Time¹

Time to ECOG PS Deterioration to ≥ 2 - Based on Doctor Assessment



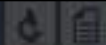
CI=confidence interval; ECOG=Eastern Cooperative Oncology Group; PS=performance status; HR=hazard ratio.

Adapted from Fujita CC, et al. 2014.

STUDY DESIGN



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References:

1. Al-Batran S-E, et al. Quality-of-life and performance status results from the phase III RAINBOW study of ramucirumab plus paclitaxel versus placebo plus paclitaxel in patients with previously treated gastric or gastroesophageal junction adenocarcinoma. *Ann Oncol* 2016;27:673-679.
2. Fuchs CS, et al. Ramucirumab monotherapy for previously treated advanced gastric or gastro-oesophageal junction adenocarcinoma (REGARD): an international, randomised, multicentre, placebo-controlled, phase 3 trial. *Lancet* 2014;383(9911):31-39.



TIME TO DISSEMINATION
IN CLINICAL TRIALS



COMBINATION TIME TO CLINICAL
DISSEMINATION



MONOTHERAPY TIME TO CLINICAL
DISSEMINATION



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Disease control is important for maintaining or improving QoL of patients with advanced gastric cancer¹

In a pooled, post-hoc analysis of RAINBOW and REGARD:

- +** CR/PR improves parameters including global QoL, emotional functioning, pain, appetite loss and nausea/vomiting
- =** SD maintains QoL
- PD leads to QoL deterioration

80%
of patients
receiving

CYRAMZA + paclitaxel achieved
disease control vs. **64%**
on placebo + paclitaxel²

¹CR=complete response; PR=partial response; QoL=quality of life; SD=stable disease; PD=progressive disease.

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Disease control is important for maintaining or improving QoL of patients with advanced gastric cancer¹



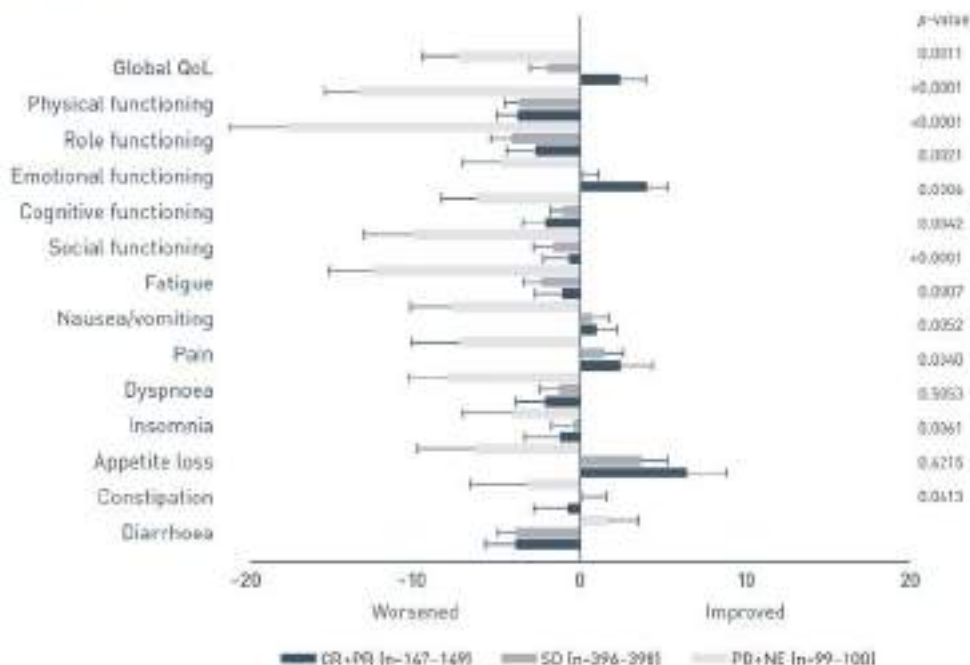
Reference:

1. Chau I, et al. Association of quality of life with disease characteristics and treatment outcomes in patients with advanced gastric cancer: exploratory analysis of RAINBOW and REGARD phase III trials. *Eur J Cancer* 2019;107:115-123.
2. Wilke H, et al. Ramucicromab plus paclitaxel versus placebo plus paclitaxel in patients with previously treated advanced gastric or gastro-oesophageal junction adenocarcinoma (RAINBOW): a double-blind, randomised phase 3 trial. *Lancet Oncol* 2014;15:1224-1235.



PD leads to QoL deterioration

Pooled exploratory analysis (N=989): Change from baseline in QLQ-C30 scores by best overall response at week 6*



* Patients with disease progression between week 4 were excluded from the analysis.