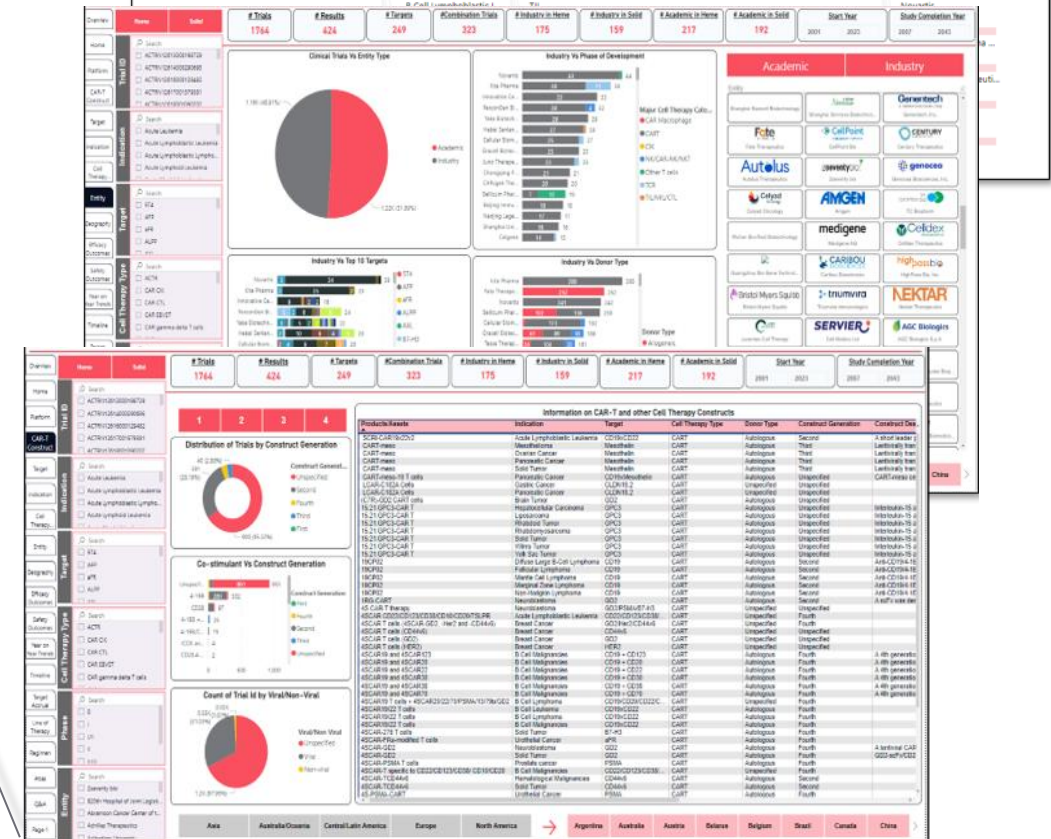
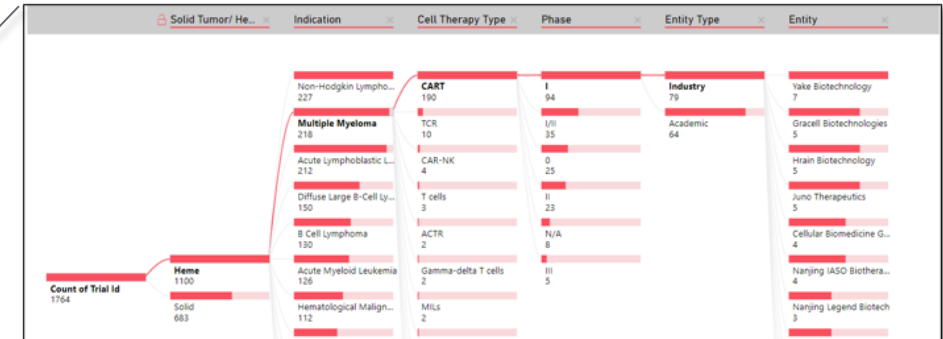
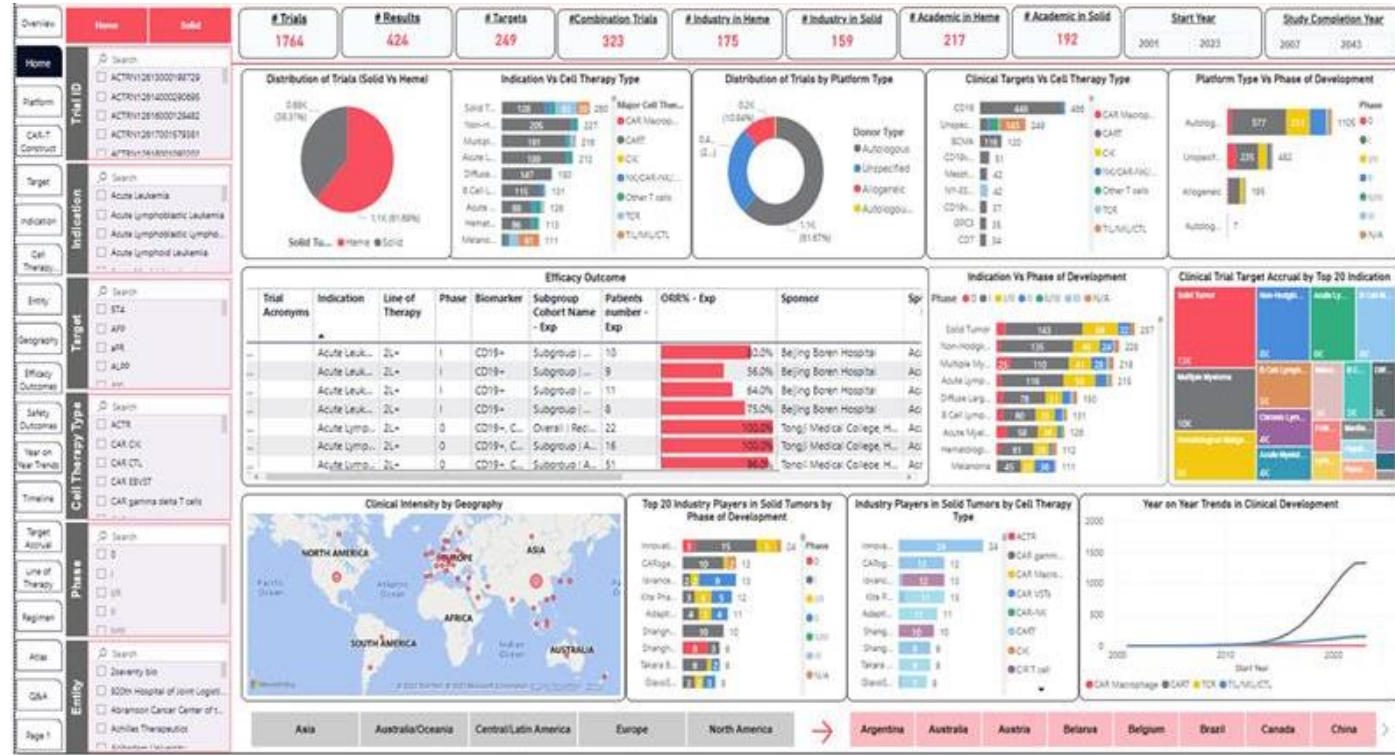


# Cell and Gene Therapy Intelligence Platform | Dashboard Screensgrabs

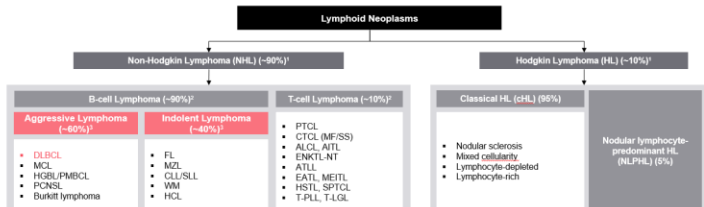


# Tumor Landscape Reports | Screengrabs

## Disease Overview

### Classification of Lymphomas

B-cell lymphomas are broadly categorized into Aggressive and Indolent Lymphomas; DLBCL is the fast-growing, aggressive form of lymphoma



ATLL: Adult T-cell Leukemia/Lymphoma; CLL/SLL: Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma; CTCL: Cutaneous T-cell Lymphoma; DLBCL: Diffuse Large B-cell Lymphoma; ENKTL: Epstein-Barr Virus-Associated T-cell Lymphoma; FL: Follicular Lymphoma; MCL: Mantle Cell Lymphoma; HGBL: High Grade B-cell Lymphoma; MZL: Marginal Zone Lymphoma; PCNSL: Primary CNS Lymphoma; PMBCL: Primary Marginal B-cell Lymphoma; PTCL: Peripheral T-cell Lymphoma; WM: Waldenström Macroglobulinemia.

Source: 1. Jemal et al., 2008; 2. Cancer.Net Lymphomas; 3. ILS Lymphoma

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## Epidemiology

### Epidemiology

DLBCL accounts for ~30% of all NHL cases; ~60% of DLBCL patients are diagnosed with advanced-stage disease at diagnosis

Epidemiology	US (2022) <sup>1</sup>	France	Germany	Spain	Italy	UK (2020) <sup>2</sup>	Japan (2020) <sup>3</sup>	China (2020) <sup>4</sup>
<b>Total NHL</b>	80,470	14,450	18,550	8,200	14,030	16,810	33,000	92,830
<b>Incidence</b>								
Aggressive NHL (60% of NHL) <sup>2</sup>	48,280	8,670	11,130	4,920	8,420	10,080	19,800	55,700
DLBCL (30% of NHL) <sup>2</sup>	24,140	4,330	5,560	2,460	4,210	5,040	9,900	27,850
<b>5-Year Prevalence (NHL)<sup>2</sup></b>	2,40,300	44,810	60,500	26,240	43,960	54,320	75,540	2,60,550
<b>Mortality (NHL)<sup>2</sup></b>	20,250	5,860	7,800	3,050	5,170	5,620	15,220	54,350
<b>5-Year Relative Survival</b>								
NHL	73.8%	65.9% <sup>5,6</sup>	63.5% <sup>5,6</sup>	60.4% <sup>5,6</sup>	61.8% <sup>5,6</sup>	56.7% <sup>5,6</sup>	51.5% <sup>5,6</sup>	71.6% <sup>5,6</sup>
DLBCL	64.6% <sup>5,6</sup>	51% <sup>5,6</sup>	56.5% <sup>5,6</sup>	48% <sup>5,6</sup>	50.5% <sup>5,6</sup>	59.2% <sup>5,6</sup>	57.2% <sup>5,6</sup>	61.5% <sup>5,6</sup>

<sup>1</sup>Based on data from SEER 17 2012-2016; <sup>2</sup>Based on data from 2009-2007; <sup>3</sup>Based on data from 2003-2004; <sup>4</sup>Based on data from 1994-2015; <sup>5</sup>Based on data from 2004-2018; followed up to April 2022

<sup>6</sup>1. Distribution of DLBCL by Stage in US: Stage I: 20%; Stage II: 18%; Stage III: 38%; Unknown: 4%; 2. 5-year relative survival in DLBCL by stage in the US: Stage I: 79.3%; Stage II: 74.7%; Stage III: 63.1%; Unknown: 54.9%

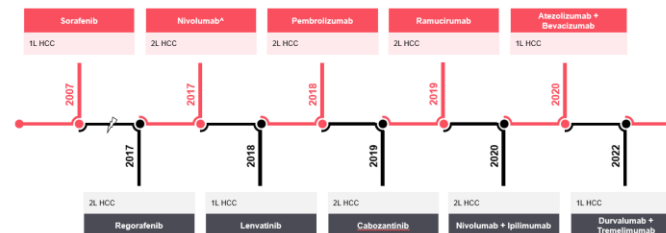
Source: 1. SEER 2022; 2. Jhoban 2020; 3. ILS NHL Facts; 4. Angello et al., EJC 2008-2007; 2015; 2024; 5. Chhug et al., UC 2015; 6. Liu et al., Cancer Medicine 2020; 7. NMSJ Factbook; 8. Kinoshita et al., J Clin Exp Hematol 2021

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## Approval Timelines

### Approval Timelines of Key Agents in Advanced HCC

Besides anti-VEGF TKIs approvals, IO-IO and IO-VEGF combinations have made their way into the treatment architecture of HCC



\*BMS withdrew the indication for Nivolumab monotherapy in HCC patients after sorafenib failure (Confirmatory Phase 3 CheckMate 459 study did not meet the primary endpoint of OS). Therefore, NCCN panel removed nivolumab as a subsequent-line treatment option for patients with Child-Pugh A disease, while maintained the recommendations for Child-Pugh B disease

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## Current Treatment Landscape

### Current Treatment Landscape – HCC (US)

Liver transplantation and resection are the mainstay curative treatment; intermediate-stage patients are treated with ablation approaches and/or ADTs such as TACE, Y90-TARE

Primary Therapy	Hepatocellular Carcinoma <sup>1</sup>	
	Potentially Resectable or Transplantable, Operable	Unresectable
Very early stage	BCLC B, Child-Pugh A	BCLC D, Child-Pugh A,B
Early stage	BCLC A, Child-Pugh A,B	BCLC C, Child-Pugh A,B
Intermediate stage	BCLC B, Child-Pugh A,B	BCLC C, Child-Pugh A,B
Advanced stage	BCLC C, Child-Pugh A,B	BCLC D, Child-Pugh A,B
Relapsed/Refractory HCC	Child-Pugh A or B	Child-Pugh C

**Transplant Eligible:** • Transplant (patients who meet UNOS criteria) • Bridge therapy \* to liver transplant

**Transplant Ineligible:** • Locoregional therapy • Ablation\* • EBRT • Systemic therapy

**Best Supportive Care:** • Best Supportive Care

**Child-Pugh A:** • Atezolizumab + Bevacizumab (Cat 1) • Durvalumab + Tremelimumab (Cat 1) • Sorafenib (Cat 1) (Class B7)

**Child-Pugh A or B:** • Nivolumab\* (Cat 2B)

**Child-Pugh B:** • Durvalumab • Pembrolizumab (Cat 2B) • Bevacizumab + Sunitinib (CN)

**Child-Pugh A & AFP stable regime:** • Ramucicromab\* (Cat 1)

**Pan Tumor Approvals:** • RET Gene Fusion\* • MET/RET Fusion\* • Selpercatinib (Cat 2B) • Dostarlimab (Cat 2B) • Pembrolizumab (Cat 2B) • Lenvatinib • Cabozantinib • Sunitinib • Tivozanib • Regorafenib • Sorafenib • Nivolumab + Ipilimumab • Pembrolizumab (Cat 2B) • Bevacizumab + Sunitinib (CN)

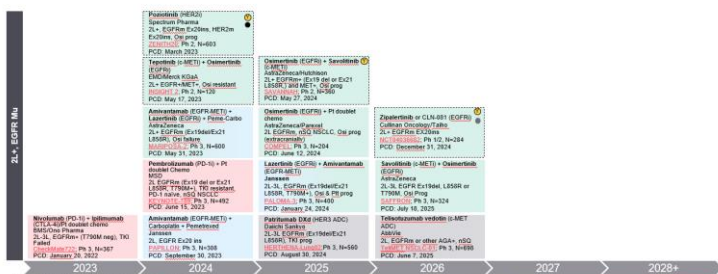
Source: 1. NCCN Guidelines Hepatobiliary Cancers V4.2022

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## Expected Time to Market of Emerging Agents

### US Approval Timelines of Key Competitors (2023-2028+): EGFRm positive NSCLC (2/2)

Next-gen therapies targeting Osimertinib resistance mechanisms are expected to enter the market by 2025

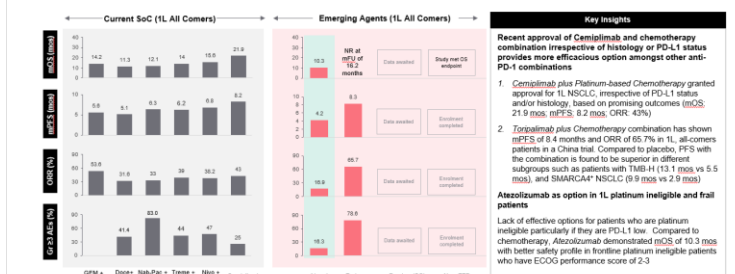


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## Efficacy and Safety Benchmarks

### Current & Emerging Efficacy/Safety Benchmarks: Advanced/Metastatic All comers (Frontline) NSCLC

Cemiplimab+chemo doublet's superior efficacy (mOS ~22 months) may impact use of other anti-PD-1/L1 + chemo-based T1C



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