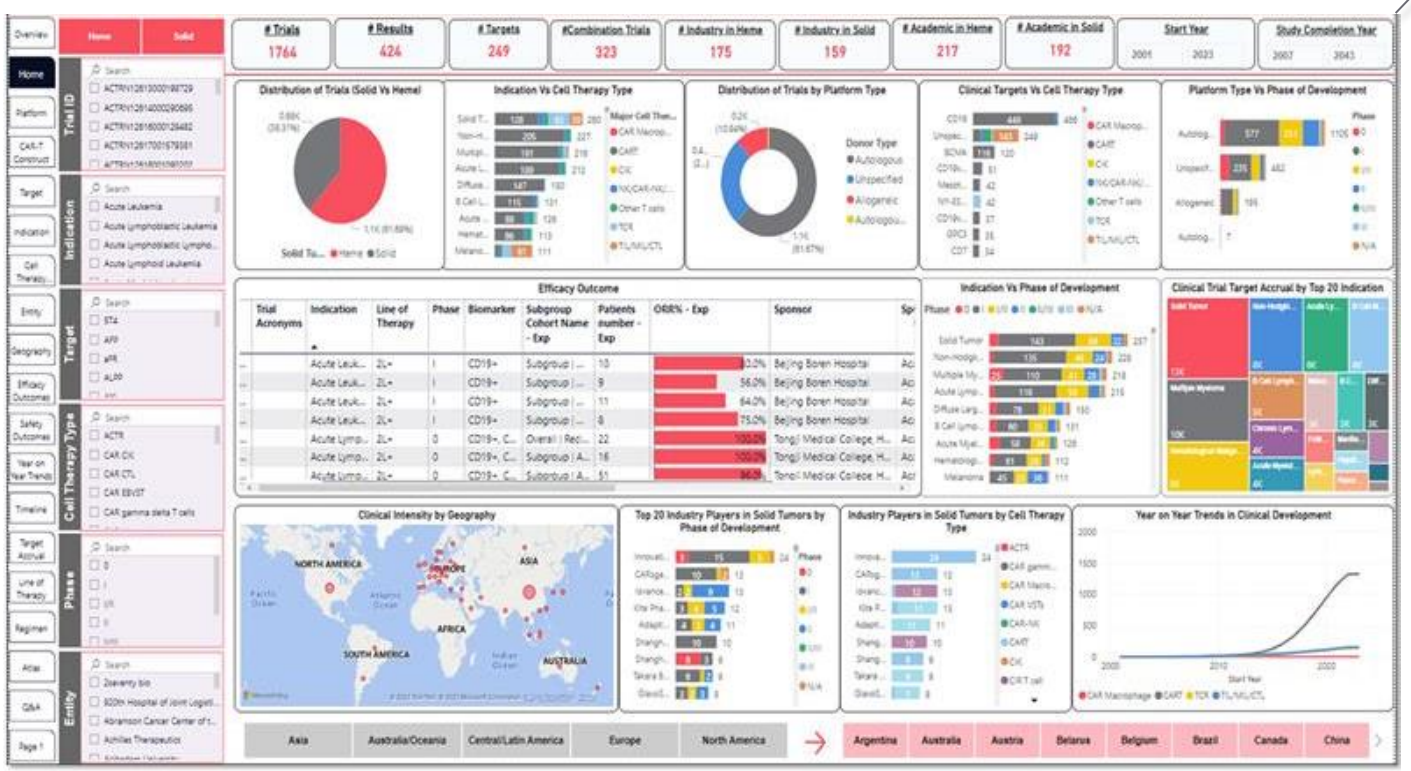
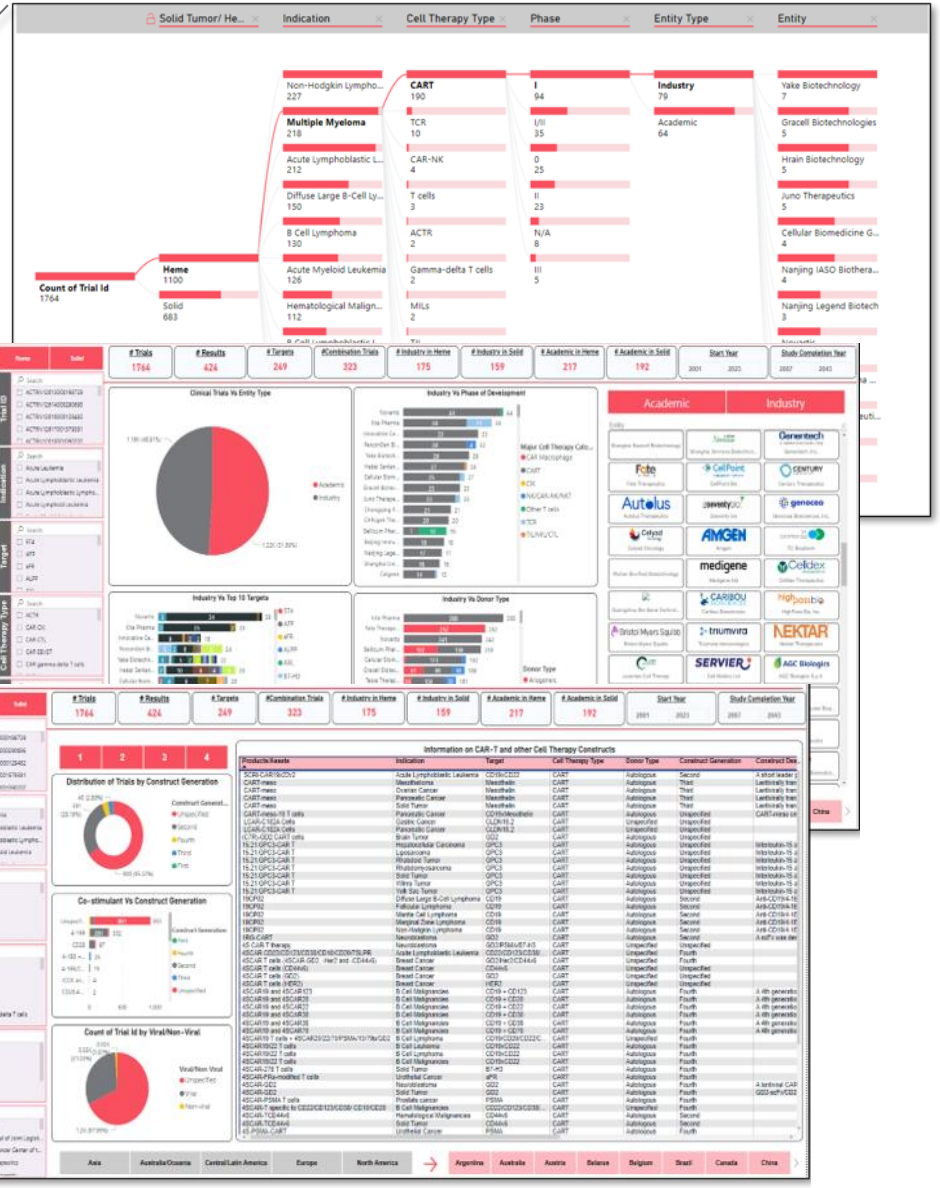
# Cell and Gene Therapy Intelligence Platform | Dashboard Screengrabs



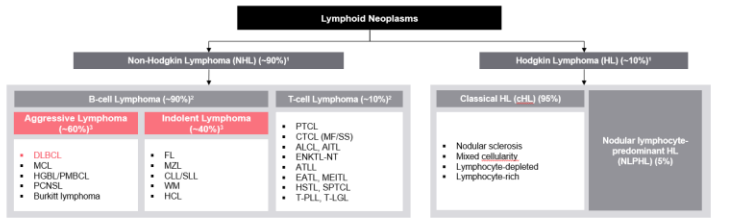



# Tumor Landscape Reports | Screengrabs

## 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 Leukemia; CTCL: Cutaneous T-cell Lymphoma; DLBCL: Diffuse Large B-cell Lymphomas; ENKTCL: Extranodal Natural Killer/T-cell Lymphoma; FL: Follicular Lymphoma; HCL: Hairy Cell Lymphoma; HGBL: High Grade B-cell Lymphoma; MCL: Mantle Cell lymphoma; MZL: Marginal Zone Lymphoma; PCNSL: Primary CNS lymphoma; PMBCL: Primary Mediastinal B-Cell Lymphoma; PTCL: Peripheral T-cell Lymphomas; WM: Waldenstrom's Macroglobulinemia

Source: 1. Smedby et al., 2006; 2. Cancer.Net Lymphoma; 3. LLS Lymphoma



## 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)[1] | EU5 (2020)[2] | | | | | Japan (2020)[2] | China (2020)[2] |
|---|---|---|---|---|---|---|---|---|---|
| | | | France | Germany | Spain | Italy | UK (2020)[2] | | |
| Incidence | Total NHL | 80,470 | 14,450 | 18,550 | 8,200 | 14,030 | 16,810 | 33,000 | 92,830 |
| | Aggressive NHL (60% of NHL)[3] | 48,280 | 8,670 | 11,130 | 4,920 | 8,420 | 10,080 | 19,800 | 55,700 |
| | DLBCL (30% of NHL)[3] | 24,140 | 4,330 | 5,560 | 2,460 | 4,210 | 5,040 | 9,900 | 27,850 |
| 5-Year Prevalence (NHL)[2] | | 2,40,300 | 44,810 | 60,590 | 26,240 | 43,960 | 54,320 | 75,540 | 2,60,550 |
| Mortality (NHL)[2] | | 20,250 | 5,860 | 7,800 | 3,050 | 5,170 | 5,620 | 15,220 | 54,350 |
| 5-Year Relative Survival | NHL | 73.8% | 65.9%[4,b] | 63.5%[4,b] | 60.4%[4,b] | 61.6%[4,b] | 56.7%[4] | 51.5%[5] | 71.6%[6] |
| | DLBCL | 64.6%[4] | 51%[4,b] | 56.5%[4,b] | 48%[4,b] | 50.5%[4,b] | 59.2%[7,a] | 57.2%[5,c] | 61.5%[6,d] |

[a] Based on data from SEER 17 2012-2018; [b] Based on data from 2000-2007; [c] Based on data from 2003–2006; [d] Based on data from 1996–2015; [e] Based on data from 2004-2016, followed up to April 2022

Note
1. Distribution of DLBC by Stage in US*: Stage I: 20%, Stage II: 20%, Stage III: 18%; Stage IV: 36%, Unknown: 6%
2. 5-year relative survival in DLBCL by stage in the US: Stage I: 79.5%, Stage II: 74.6%, Stage III: 65.5%, Stage IV: 54.7%, Unknown: 54.9%

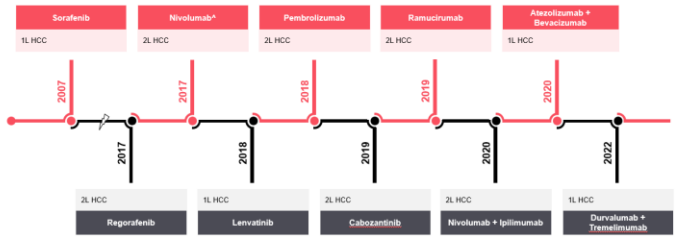
Source: 1. SEER 2022; 2. Globocan 2020; 3. LLS NHL Facts; 4. Angelis et al., EJC (2000-2007) 2015;2254-2268; 5. Chihara et al., IJC 2015; 6. Liu et al., Cancer Medicine 2020; 7. NMRN Factsheets; 8. Kinoshita et al., J Clin Exp Hematop 2021



## Approval Timelines

### Approval Timelines of Key Agents in Advanced HCC

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



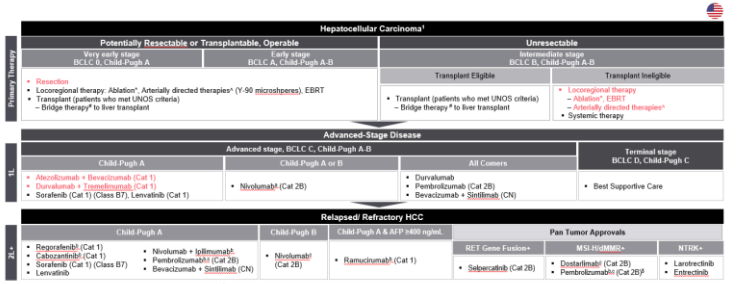

^BMS withdrew the indication for Nivolumab monotherapy in HCC patients after sorafenib failure (Confirmatory Phase 3 CheckMate 459 study did not meet the primary endpoint of OS). Therefore, NCCN panel removed nivolumab as a subsequent-line treatment option for patients with Child-Pugh A disease, while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



## 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



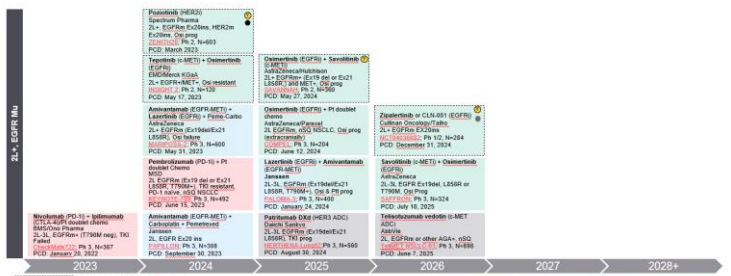

Source: 1. NCCN Guidelines Hepatobiliary Cancers V4.2022



## 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






## 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 triplets