

ASCO '08

» Media, Giveaways, and Foot Traffic

One writer spent a significant amount of time on the floor of the exhibit hall and came away with distinct impressions of the competition for share of voice at this year's annual meeting. Share your thoughts on the exhibit hall floor by writing us at editor@oncbiz.com.

A variety of media stories coming out of this year's ASCO identifying "winners" and "losers" included:

- *Forbes* who declared Novartis as the winner, citing the success of Zometa (breast cancer) and RAD001 (kidney cancer) both making a nice bump in share price, and ImClone as the loser with Erbitux for the less than stellar 1.2 month improvement in survival for lung cancer patients.
- In contrast, *PharmaExec.com* asserted that ImClone was a big winner with Erbitux, due to its stellar 1.2 month improvement in survival for lung cancer patients.
- *The New York Times'* Andrew Pollack declared: "Two biotechnology giants [ImClone and Genentech] did battle here at the nation's largest cancer conference... and both remained standing." Apparently, Erbitux will battle on equal footing with Avastin.
- At *ABC News*, patients were identified as the big winners.

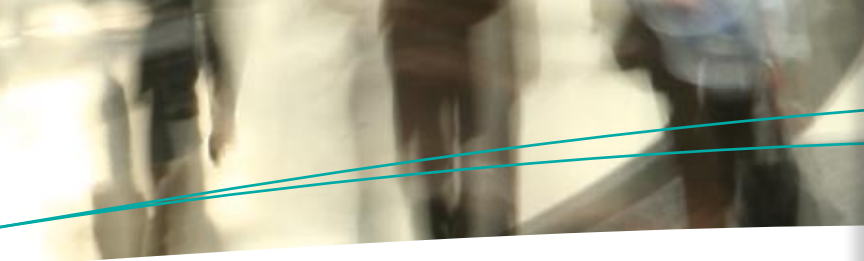
To be fair, no news outlet with an army of reporters could cover this event in its entirety—with over 4,300 abstracts as source material, 30 designated topic tracks, each with 20 or more sessions and each accounting for as many as 5 presenters. Even if a person were to attend just one evening's worth of industry-sponsored symposia, an ASCO day could run up to 14 hours.

Fierce Booth Competition and Giveaways

When on the exhibit floor, there is but one mysterious question to be considered, and that is: Why does a person stand in a long line to get a laser pointer that retails for twenty dollars? I can't even speculate. But stand we do, and while standing are subjected to the influences that surround us: lighted panel displays, blaring videos, chatty sales reps. It's a carnival of sorts and to describe all that is seen and done, suffice it to say that games were offered, products were pushed, and information was graciously imparted.

I was impressed by a great many who contended for my attention, but in the end, choosing the best booth was easy: Sanofi-Aventis. Located just in and left of the entrance to the exhibit hall, I first encountered S-A's marketed products, such as Taxotere. Yet, just past these standard displays was a generous area that had been set aside for materials dedicated to patient support, and adjacent to that, an area to discuss drug access and reimbursement issues. This was the largest commitment to patient resources I have ever seen at ASCO, or any other major medical meeting. (In speaking with numerous





Top 5 Media Stories from ASCO '08

They may not have been “winners” in the traditional sense of the word, but the following drugs and their studies emerging from ASCO’s front lines definitely made the most media noise in the days before, during, and after the annual meeting. After tracking the news daily over several weeks, here’s what we consider to have been the “Top Five Media Stories from ASCO 2008.”

Compiled By Nancy Ciancaglini

By Neil Canavan

patient advocacy groups throughout ASCO, Genentech and Amgen were declared major supporters of patient groups.)

This area flowed into a second, physically separate area that highlighted S-A’s pipeline products, and the floor plan of this display then flowed naturally into the area set aside for international guests. Overall, this entire booth was visually pleasing, easy to navigate, informative, and most importantly, commendable for addressing patients’ needs.



Nearly equal in size and perhaps quadruple the wattage of Sanofi’s output was Genentech. Always a favorite of conference attendees, this booth was crammed with things to do and see, and generally crammed with guests doing and seeing them. After escaping this high-tech fiesta, I retreated to the relative serenity of the adjacent Amgen booth. It was not so much an enclosure as a landscape with a few partitions—a modest number of displays, a minimum volume of handouts, and space and quiet enough so that one could talk.

If Genentech’s success was, in a way, undone by being too attractive, several booths were nearly torpedoed

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RANK	STORIES
01	<p>The FLEX Study: Erbitux’s® [cetuximab; ImClone] head-to-head challenge with Avastin® [bevacizumab; Genentech] as a first-line treatment in advanced lung cancer was the “most discussed study” at ASCO according to <i>The Wall Street Journal Health Blog</i>. But when the Phase 3 data were finally released to coincide with the study’s plenary session, the results were a let-down to analysts and reporters alike. ImClone’s drug, given with standard chemotherapy, added a mere 5-weeks to a patient’s life when compared with a chemotherapy regimen alone. As one <i>Forbes</i> article pointed out, Erbitux showed a “barely statistically significant” survival advantage. In a previous study of Avastin, the drug showed that it extended the lives of patients with lung cancer by two months—a small difference but still superior to the Erbitux data.</p> <p>What’s Next: Will Erbitux change the first-line treatment paradigm for patients with lung cancer who can’t take Avastin? Maybe, maybe not. ImClone co-markets Erbitux in the US with Bristol-Myers Squibb and in Europe with Merck KGaA.</p>
02	<p>The CRYSTAL Study: The runner-up to FLEX, in terms of media noise, was another big Erbitux Phase 3 study which examined the drug’s efficacy as an initial treatment in patients with advanced colon cancer. The study showed that patients who had the mutated <i>K-ras</i> gene failed to respond to Erbitux, but that the drug could benefit patients with normal <i>K-ras</i>. <i>The New York Times</i> said that the ASCO data could position Erbitux as the poster drug for personalized medicine, tailoring treatments to individual patients. But a gloomier view is that the study results might limit Erbitux’s market for the drug.</p> <p>What’s Next: The new data is prompting the revision of a large ongoing National Cancer Institute-sponsored study to include only patients with normal <i>K-ras</i>. The trial will compare Erbitux and/or Avastin together with chemotherapy in advanced colorectal cancer.</p>
03	<p>The RECORD-1 Study: In a Phase 3 study of 400 patients with advanced renal cell carcinoma who had failed previous therapies that included Sutent® [sunitinib; Pfizer] and Nexavar® [sorafenib; Onyx/Bayer], the data on RAD001 [everolimus; Novartis] proved that the experimental mTOR inhibitor may pose serious competition to those already-approved treatments. Afinitor, everolimus’s proposed brand name,</p>

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by a device that is way too popular: the engraving machine. Be it a pen, pointer, or personalized pad, these machines keep people lined up and waiting, not to mention blocking booth traffic for long minutes at a time. This problem was not exclusive to that particular device. Lines formed for any giveaway, even when the object itself was unknown. An actual exchange sounded like this: “Q: What’s the toy?” A: “Um... it’s black.”

There are only three things a booth really needs in order to drive foot traffic: caffeine, sugar, and a place to sit. Many booths had caffeine, some had sugar, and few had a truly comfortable place to sit. Standouts in this area were Abraxis, Wyeth, and Celgene. Comfort also comes into play regarding materials to be carried. For instance, Novartis was distributing a very slickly packaged set of DVDs regarding the MOAs of its products, but may have lost some takers due to its size.

Other Standouts

- **Eli Lilly**—in a way this was more art gallery than booth. Numerous paintings were displayed from the “Lilly Oncology on Canvas” program—a nice reminder that this is actually about patients.



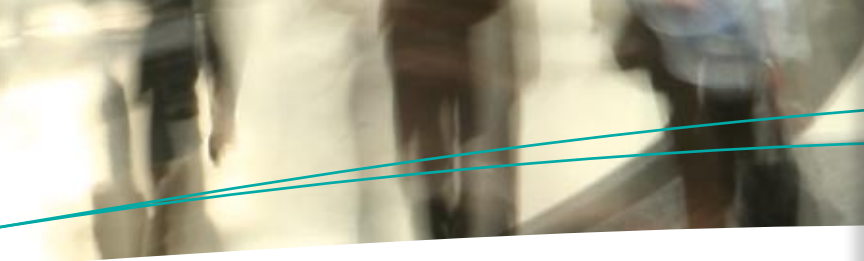
- **Novartis**—they had the best gift: a hand painted ceramic bowl from Kenya. This represented their work in the “Community Catalyst Campaign”.



- **GlaxoSmithKline**—half of this expansive booth was set aside for patient recruitment for clinical trials. The largest commitment of space for this purpose I’ve ever seen.
- **Merck AG**—video theater showing Erbitux’s MOA in 3D. Hugely popular.



- **AstraZeneca**—one did not walk through this exhibit, but around it. The central mass, entirely enclosed, was dedicated to international guests. Educational materials were impressive.
- **Pfizer**—second runner up. Very impressive design, open and inviting, lots of interactive activities, great



Top 5 Media Stories from ASCO '08

RANK	STORY
03 (cont.)	<p>extended the time without tumor growth from 1.9 months to 4 months in patients and reduced the risk of cancer progression by 70%. The drug may provide an unmet need as an option for patients with this difficult-to-treat and often deadly cancer. Dr. Robert Motzer of Memorial Sloan-Kettering Cancer Center, New York, NY and the study's lead investigator, said that with a therapeutic advance like this, kidney cancer might one day be managed more like a chronic disease rather than as a life-threatening illness.</p> <p>What's Next: The once-daily oral pill is also being tested in other cancers including lymphoma and neuroendocrine tumors.</p>
04	<p>The ABCSG-12 Study: There were numerous reports on Novartis AG's bone drug, Zometa® [zoledronic acid; Novartis] which prevents bone loss during breast cancer treatment. <i>The Associated Press</i> said this was "the first large study to affirm wider anti-cancer hopes for [the drug] and other bone-building drugs called bisphosphonates." In the trial of 1,800 premenopausal women taking hormones for early-stage breast cancer, Zometa reduced by one-third the chances that the cancer would recur in bones or anywhere else. Investigators from the Austrian Breast & Colorectal Cancer Study Group (ABCSG) announced the findings during a plenary presentation. Novartis sponsored the trial with AstraZeneca PLC, whose adjuvant therapy breast cancer drug Arimidex® [anastrozole; AstraZeneca] was also part of the study.</p> <p>What's Next: A national study is now looking at the use of Zometa in both pre- and postmenopausal women.</p>
05	<p>The ACTIVATE and ACT II Studies: Maybe it enjoyed an extra boost from the media because it resonated with the timely news on Senator Ted Kennedy's brain tumor diagnosis, but Avant Immunotherapeutics' experimental brain cancer vaccine, CDX-110, which Pfizer recently licensed, could stand alone on the merits of its two Phase 2 trial results in glioblastoma multiforme (GBM). In the ACT II trial, CDX-110 more than doubled the survival time of patients with GBM, the most common and deadly form of brain cancer. Patients administered the vaccine, which primes the immune system to attack the tumor, lived on average for 33 months, compared with patients who received standard therapy, who survived on average for only 14 months. Tumors also grew back more slowly after surgery in patients treated with CDX-110. Similarly positive results for patients with GBM were reported in the ACTIVATE study. Dr. John Sampson of Duke University Medical Center, who presented data at ASCO, called the trial results "almost unheard of."</p> <p>What's Next: A larger randomized study is currently enrolling patients at 24 sites across the United States. NIH</p>

educational giveaways (i.e., a DVD: "How to Write an Outstanding Manuscript"). Everything about this booth was right, from the scenery to the staff. Pfizer's growing commitment to oncology is obvious. In the words of one oncology consultant, "This is a huge turnaround for them."

Pfizer was also aggressive off the floor. A press conference was held, followed the next day by an investor relations meeting that attracted press members from the likes of Bloomberg and Dow Jones. The purpose of the latter was to highlight the pipeline in general, and in particular, the creation of a new business arm dedicated exclusively to the allocation of Pfizer resources to oncology.

Final Thoughts

So, who won this year? I've had my say. But for every attendee at ASCO 2008 there will be a different take: The clinician, the analyst, the investor, and the, journalist all saw the game from their own seats in the arena and formulated their own opinions. One thing is certain though, regardless of who won, the stakes in this game are enormous. It's your best chance in the calendar year of presenting your data, promoting your products, positioning your company, and building confidence and loyalty for your customers. See you next year! **NC**

>>OBR DAILY NEWS FLASH

What's the global cancer drug market worth? IMS Health forecasts it could reach \$80 billion by 2012, fueled in part by the increased use of targeted therapies and longer treatment periods for patients worldwide. (Reuters, 5/15/08)