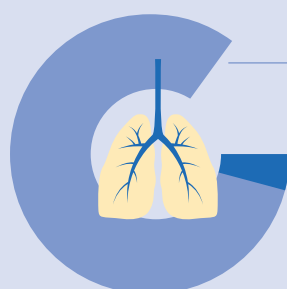


# Anaplastic lymphoma kinase-positive (ALK+) non-small cell lung cancer (NSCLC)

## Lung cancer

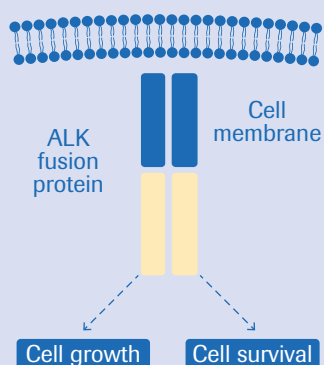
Every year lung cancer causes **1.59 million deaths worldwide**, more than any other cancer.<sup>1</sup>



About **85%** of lung cancer cases are NSCLC.<sup>2</sup> Approximately **5%** of these are **ALK+**.<sup>3</sup>

## ALK+ NSCLC

In ALK+ NSCLC, the ALK fusion or rearrangement drives **cancer cell growth and survival**.<sup>4,5</sup>

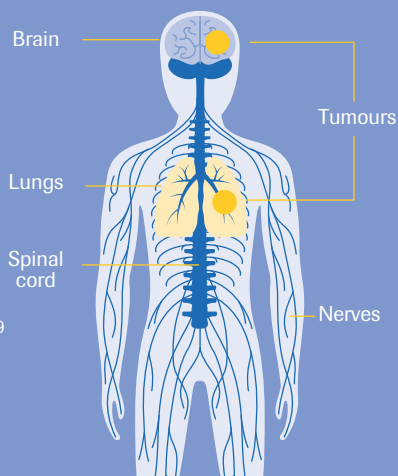


## Patient profile

<p>Age</p> <p>median <b>52</b><sup>6</sup></p>	<p>Gender</p> <p><b>54%</b> women<sup>7</sup></p>	<p>Smoking history</p> <p>more common in light or <b>non-smokers</b><sup>8</sup></p>
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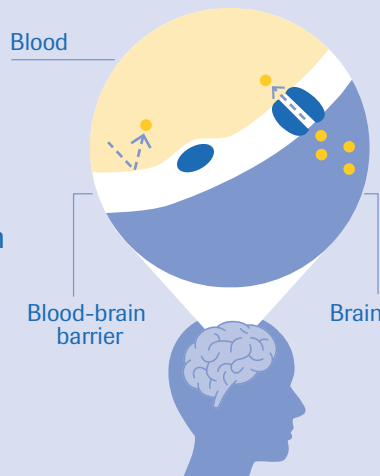
## CNS metastases

The central nervous system (CNS) is a common site of progression.<sup>9</sup>



## CNS metastases are difficult to treat

as the blood-brain barrier blocks and actively removes some drug molecules from the brain.<sup>10</sup>

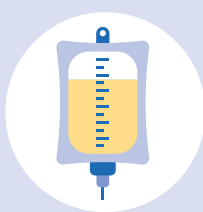


## First-line treatments<sup>11</sup>

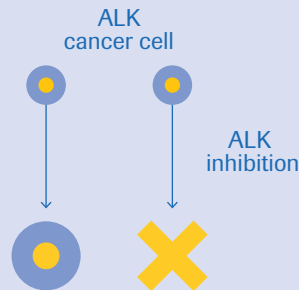
Surgery

Chemotherapy

Targeted therapies



ALK inhibitors stop the ALK mutated protein from working, and **inhibit the growth and survival of the ALK+ cancer cell**.<sup>5,6</sup>



Most patients progress on the current standard of care within one year of treatment, and approximately **60% will develop CNS metastases**.<sup>12,13</sup>



A treatment which is active in the CNS can delay **development and worsening** of CNS metastases.<sup>5</sup>



An effective treatment with the added benefit of CNS activity can **prolong the time to disease progression**.<sup>14</sup>



It is important to consider all these factors when deciding on the **best treatment for each individual patient**.



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