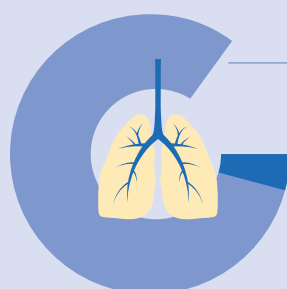


Anaplastic lymphoma kinase-positive (ALK+) non-small cell lung cancer (NSCLC)

Lung cancer

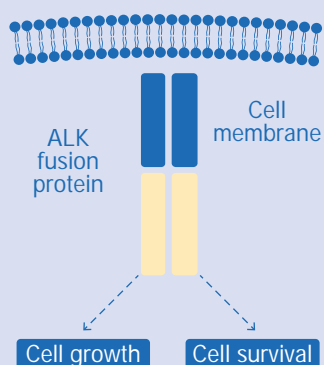
Every year lung cancer causes **2.09 million deaths worldwide**, more than any other cancer.¹



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

ALK+ NSCLC

In ALK+ NSCLC, the ALK fusion or rearrangement drives **cancer cell growth and survival**.^{4,5}

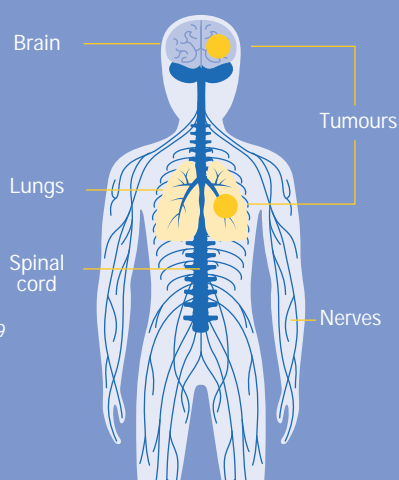


Patient profile

<p>Age</p> <p>median 52⁶</p>	<p>Gender</p> <p>54% women⁷</p>	<p>Smoking history</p> <p>more common in light or non-smokers⁸</p>
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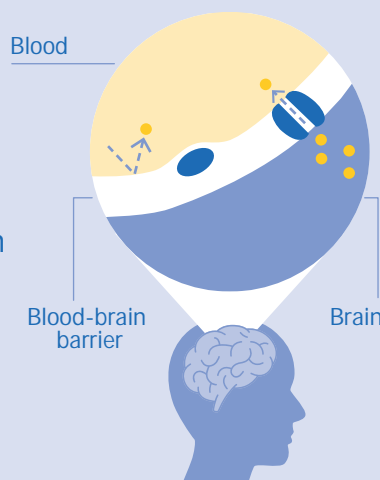
CNS metastases

The central nervous system (CNS) is a common site of progression.⁹



CNS metastases are difficult to treat

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

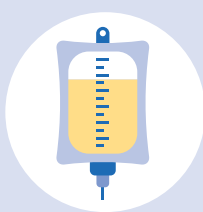


First-line treatments¹¹

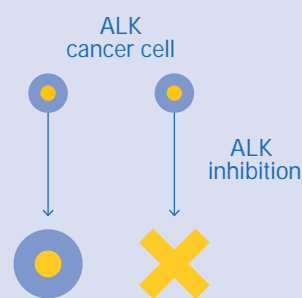
Surgery

Chemotherapy

Targeted therapies



ALK inhibitors stop the ALK mutated protein from working, and **inhibit the growth and survival of the ALK+ cancer cell**.^{5,6}



Most patients progress on the current standard of care within one year of treatment, and approximately **60% will develop CNS metastases**.^{12,13}



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



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



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



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