



WELCOME

Amanda Bruemmer – Senior Manager, Product Marketing



Before We Start



This meeting is being recorded.



We will be **MUTING** everyone except the presenter to make sure the audio is clean and clear.



Q&A will be done by using the "Questions" feature.



The recording and slides will be **available** on our website later during the week.





INTRODUCTION

Matt Ingram - Product Vice President, Avalon Healthcare Solutions



Speakers



Julie Wiedower, MS, PhDc, CGC

Senior Director of Medical Affairs, Managed Care in Oncology and Screening, Guardant Health



Shawn Stinson, MD

Senior Vice President,
Healthcare Innovation
and Improvement,
BlueCross BlueShield of
South Carolina



Michael Lemieux, PhD

Medical Policy and Scientific Affairs Manager, Avalon Healthcare Solutions



Mike Dovidio, PharmD

Product Manager, Avalon Healthcare Solutions



Agenda:

- 1 Welcome and Introduction
- 2 Improving Patient Outcomes with Genetic Testing and Targeted Therapies: Mike Dovidio
- The Promise of Genetic Testing: Julie Wiedower
- 4 Harnessing the Science: Michael Lemieux
- Health Plan and Practitioner View: Dr. Shawn Stinson
- 6 Panel Discussion: Moderated by Matt Ingram
- 7 Question and Answer
- 8 Closing





IMPROVING PATIENT OUTCOMES WITH GENETIC TESTING AND TARGETED THERAPIES

Mike Dovidio, PharmD - Product Manager, Avalon Healthcare Solutions



The Avalon Impact





Lab Values Management

NOW

Analytics platform to enable data discovery and deployment across various conditions including CKD & Non-Small Cell-Lung Cancer.

Data exchange for testing results and genetic mutation matching logic.



NEXT

Leveraging existing analytics platform and automated PA capabilities for additional solid tumor types and medications reimbursed through the pharmacy benefit.



LATER

Leveraging existing analytics and data discovery capabilities to expand into new clinical conditions.



Key Highlights Analytics platform with derived lab insights to inform value-based care, improve outcomes, and decrease costs across clinical conditions. <u>Identify care gaps</u> and direct intervention/next best action, <u>streamline the PA process</u> and auto-approve when lab value insights indicate compliance, <u>risk stratify patients</u> that are in most need and accelerate time to treatment.

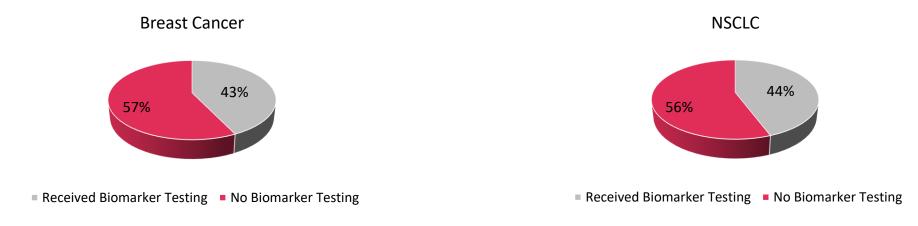


LAB VALUES MANAGEMENT: ONCOLOGY



Challenge: Utilization of Genetic Testing

- Undertested population could be on an inappropriate drug that does not match tumor mutation
- A retrospective study shows that as few as 18% of NSCLC patients received all NCCN recommended gene mutation tests¹



Internal Analysis of Avalon Member Data

1. Journal of Clinical Oncology 10.1200/2023



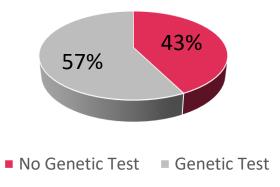
Challenge: Use of Marker Drugs

 43% of NSCLC Members are on a Biomarker Drug with no evidence of a genetic test¹

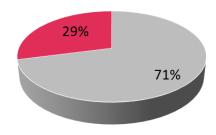
• In a study of over 27,000 NSCLC members, 29% were not on the appropriate targeted treatment based on their lab results²

 In a study of over 9,500 NSCLC members, 44% had a positive biomarker and were not on the NCCN recommended therapy³





JCO Study on Drug Mismatch

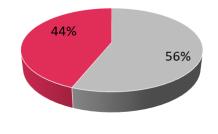


- Members on appropriate tartgeted therapy
- Member on incorrect targeted therapy

1 Internal Analysis of Avalon Member Data

2 Journal of Clinical Oncology, Volume 6, Number 6, 2022

NCCN Treatment with Positive Biomarkers



- Received recommended therapy
- Did NOT receive recommended therapy

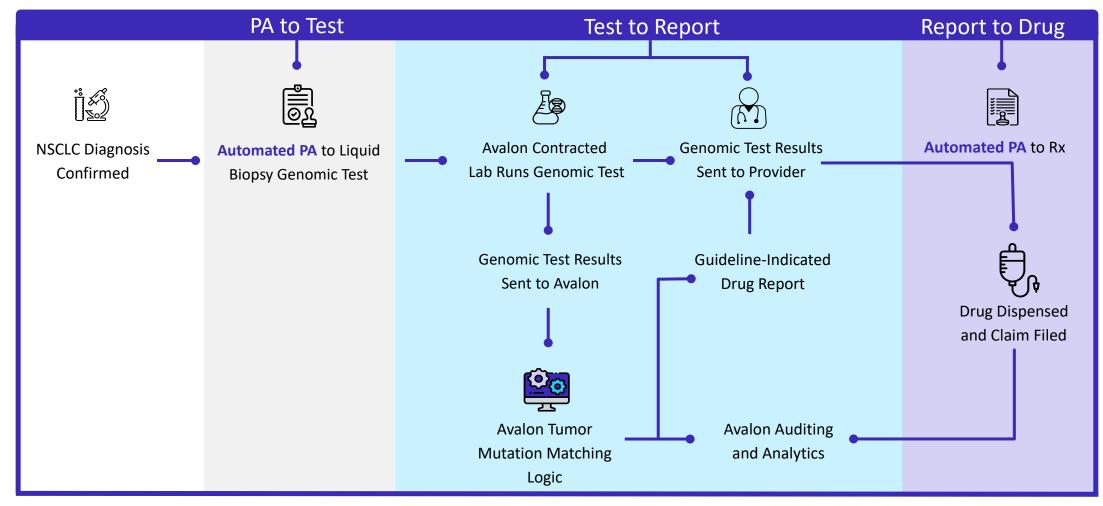
3 Journal of Cancer Medicine Volume 12, Dec 2023



Fast Track Prior Authorization (PA) | Lab Values Management Oncology

SPEED TIME TO GENETIC TESTING AND APPROPRIATE DRUG

TIMELINE SAVINGS: FROM 40-60 DAYS TO 15 DAYS





Avalon Solution Key Takeaways



Increased Quality of Care

- Utilization of guideline concordant treatment
- Broad panel genomic testing
- Liquid biopsy testing



Faster Speed of Care

- Reduce the time to test and time to guideline concordant medication
- Elimination of PA requirements in two key areas



Decreased Overall Cost of Care

Reduction in administrative costs





THE PROMISE OF GENETIC TESTING

Julie Wiedower, MS, PhDc, CGC - Senior Director of Medical Affairs, Managed Care in Oncology and Screening, Guardant Health



Advanced Stage Patient

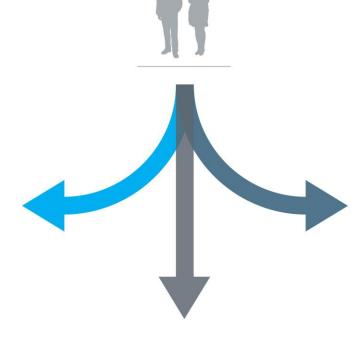
Immunotherapy











Targeted Therapy





Chemotherapy













Underutilization Is a Problem

Turnaround time is the #1 barrier to testing. Tissue testing can be Time to Treatment less predicable and take 2-3 weeks or longer. 1-5 Samples may be insufficient for a complete test and require Tissue Handling coordination involving multiple care team members. 6-8 Patient costs and insurance overage were the #2 and #3 barriers Costs according to oncologists.1 Inequity of Access Testing rates are different across ethnicities and practice types.9

50% NSCLC patients do not get all guideline-recommended genes tested, and only 10% receive targeted treatment.²⁻⁶

^{1.} Guardant Health manuscript pending submission.; ACS CAN Survey Oncologists 2021; Kris et al. JAMA. 2014. 2. Aggarwal C et al. JAMA Oncol. 2019. 3. Thompson et al. Clin Canc Res. 2016. 4. Villaflor et al. Oncotarget. 2016. 5. Hagemann et al. Cancer. 2015. 6. Gutierrez et al. Clin Lung Cancer. 2017. 7. Pennell et al. ASCO Educational Book. 2019. 8. Hagemann IA et al. Cancer. 2015.. 8. Sadik et al. 2022 Journal of Clinical Oncology Precision Oncology 9. Roberts et al., 2023 JAMA Open and Sheinson et al., 2021 JCOPO





Easy and Accessible

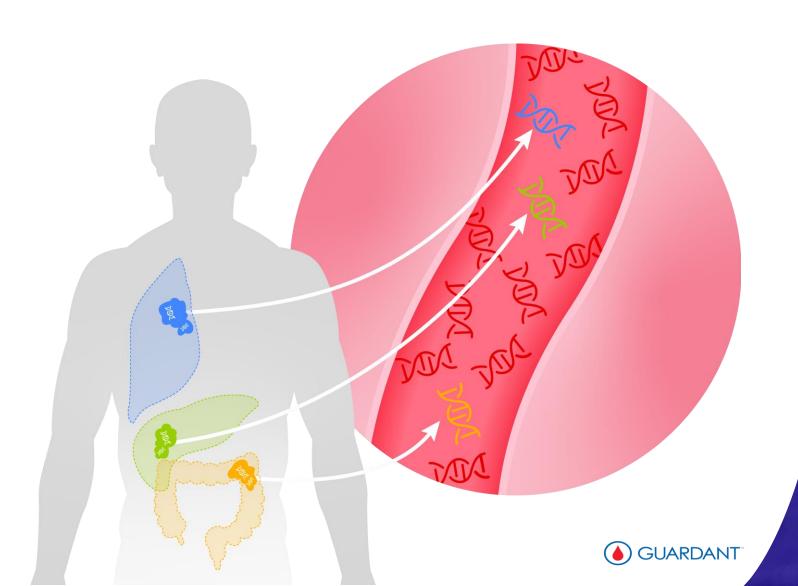


GUIDELINE-COMPLETE GENOMIC PROFILING THROUGH A NON-INVASIVE BLOOD TEST

FDA APPROVED





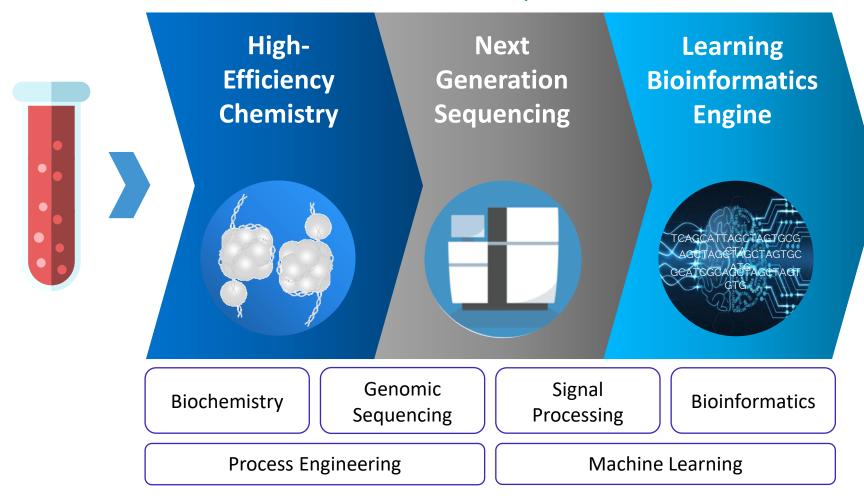


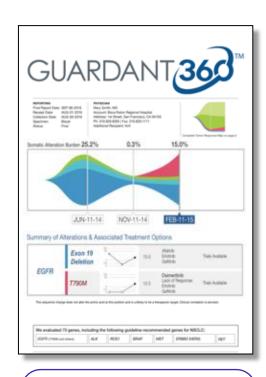


Sensitive and Comprehensive



GUARDANT360 DIGITAL SEQUENCING PLATFORM





Actionable, easy to interpret reporting





Clear and Trustworthy



Summary of Detected Somatic Alterations, Immunotherapy Biomarkers & Associated Treatment Options

Detected Alteration(s) / Biomarker(s)	Associated FDA-approved therapies	Clinical trial availability (see page 4)	% cfDNA or Amplification
EML4-ALK Fusion	Alectinib, Brigatinib, Ceritinib, Crizotinib, Lorlatinib	Yes	0.3%
<i>IDH1</i> R132H	Ivosidenib	Yes	0.5%

~95% concordance with tissue samples in NSCLC¹

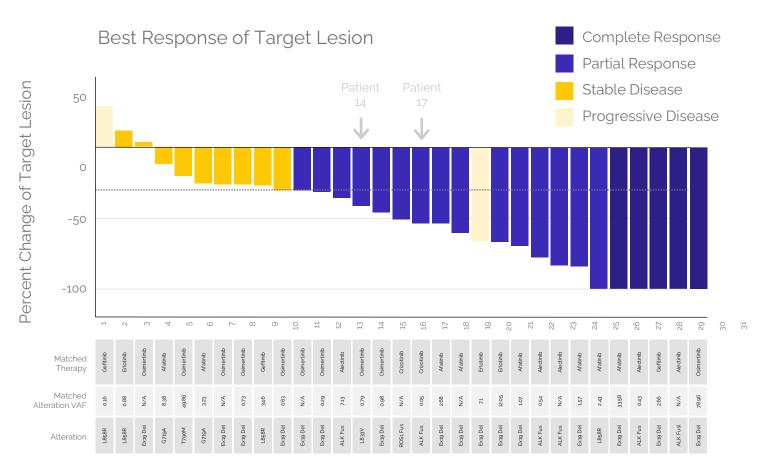




Clinically Useful

Clinical Utility

PATIENTS BENEFIT FROM TARGETED THERAPY GUIDED BY GUARDANT360



VAF of the target alteration did not impact the patient's response to targeted therapy

- Patient 14 harbored an EGFR
 L833V mutation at 0.79% VAF and achieved a PR on osimertinib
- Patient 17 harbored an EML4-ALK fusion at 0.05% VAF and achieved a PR on crizotinib

Important Note: Each color represents the best response of the target lesion while on targeted therapy. VAF = Variant Allele Frequency.

1. Page RD et al. Clinical Lung Cancer. 2022.

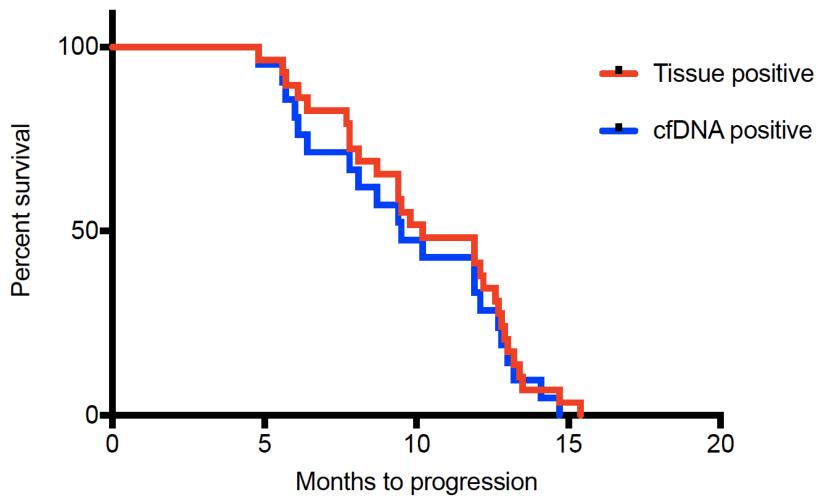




Clinically Useful



PATIENTS BENEFIT FROM TARGETED THERAPY GUIDED BY GUARDANT360



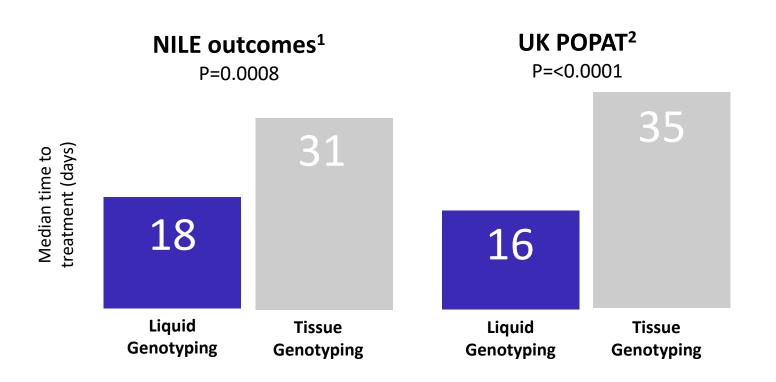




Faster



GUARDANT360 CUT THE TIME TO TREATMENT IN HALF



5-7 dayTurnaround time

Time to treatment in

half the time

as tissue CGP

Start patients on treatment significantly faster using Guardant360^{1,2}



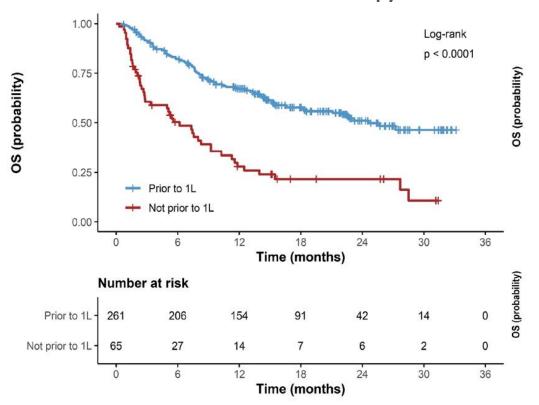


Faster = Better Outcomes in NSCLC



AVAILABILITY OF GENOMIC PROFILING RESULTS PRIOR TO 1L THERAPY IS ASSOCIATED WITH 4X LONGER OVERALL SURVIVAL¹

Overall Survival (OS) by Availability of Molecular Genotyping Results Prior to 1L Therapy



Overall Survival

24.6 months in patients with genomic profiling results prior to first-line treatment

VS.

6.2 months in patients without genomic profiling results prior to first-line treatment p<0.0001

Overall survival difference remained significant even after accounting for differences in ECOG performance status using multivariable Cox models.





Guardant Is The Leader in Comprehensive Liquid Biopsy for Treatment Selection



500+

peer-reviewed publications



150+

clinical outcome studies



400,000+

patients tested



15,000+

Oncologists as customer base







HARNASSING THE SCIENCE

Michael Lemieux, PhD - Medical Policy and Scientific Affairs Manager, Avalon Healthcare Solutions



Avalon's Laboratory Technology Evaluation (LTE) Approach – Elevating the Industry Standard

COMPREHENSIVE & EVIDENCE-BASED REVIEW OF LABORATORY DEVELOPED TESTS





Avalon's **dedicated full-time scientists** support expert review of LDTs



All LDT evaluations are overseen by **Ph.D. and M.D. subject matter experts**



An emphasis on analytical validity, clinical validity, and clinical utility guides downstream coverage decisions



Final coverage decisions are made by Avalon's independent Clinical Advisory Board (CAB)



Seamless Integration of Clinically Valid and Useful Tests into Laboratory Policy

AVALON PROVIDES LABORATORY POLICIES THAT REFLECT THE LEADING EDGE OF SCIENCE AND BEST CLINICAL PRACTICE



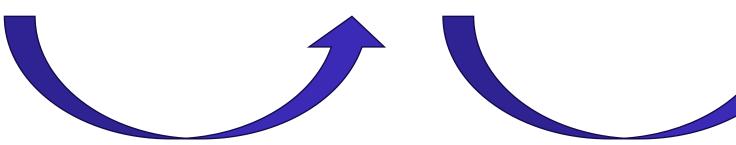
Approval through Avalon's Clinical Advisory Board



Inclusion of the test/technology within Avalon laboratory policy by Avalon Scientists and Medical Writers



Delivery of the policy to health plan clients for adoption discussion







HEALTH PLAN AND PRACTITIONER PERSPECTIVE

Shawn Stinson, MD – Senior Vice President, Healthcare Innovation and Improvement, BlueCross BlueShield of South Carolina





Julie Wiedower, MS, PhDc, CGC



Shawn Stinson, MD



Michael Lemieux, PhD



Mike Dovidio, PharmD

PANEL DISCUSSION AND Q&A



Matt Ingram



Thank you



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To register for our upcoming webinars and sign up for our newsletters, please visit: www.avalonhcs.com