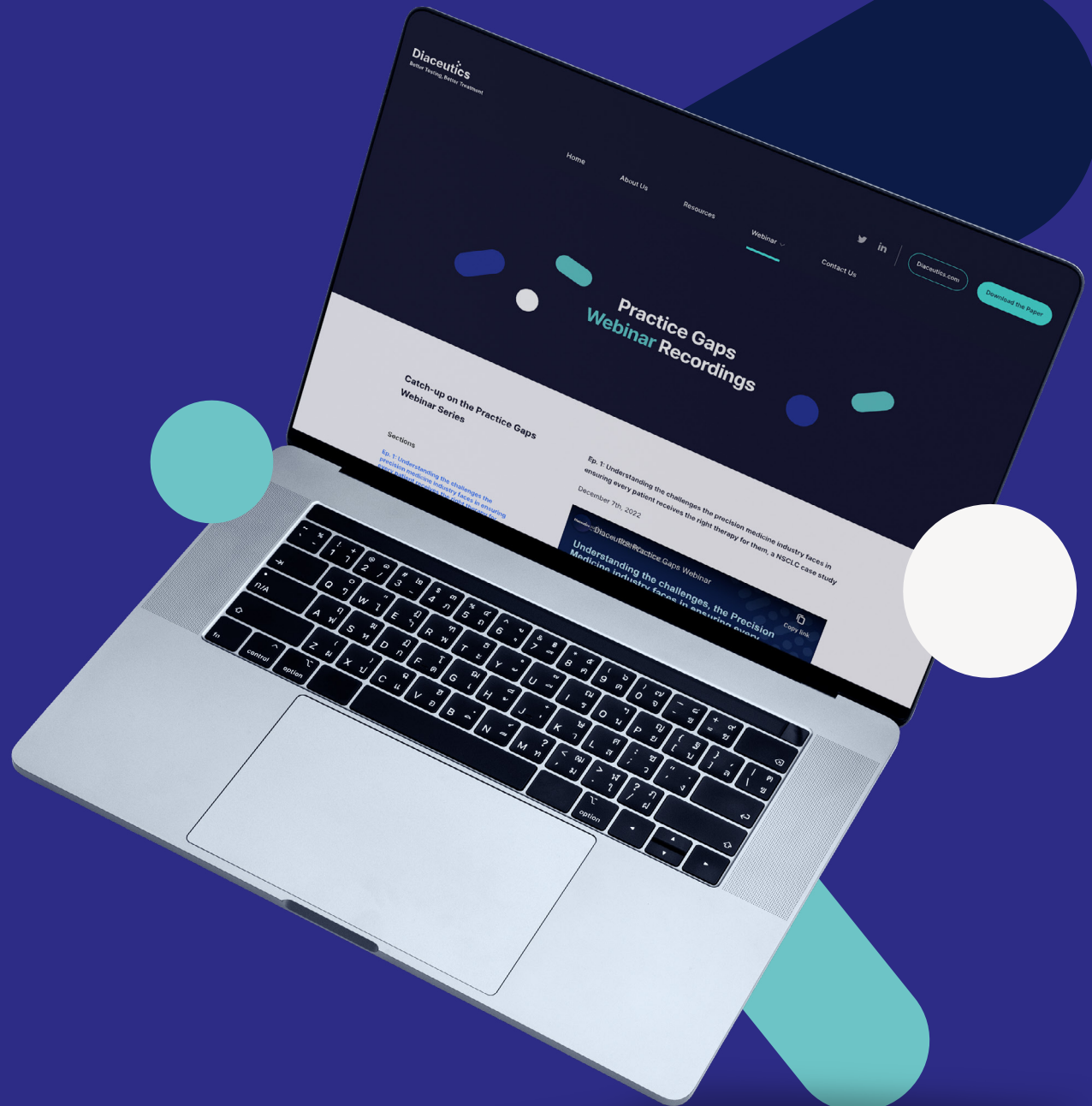


Practice Gaps Webinar 3

15th March 2023

Using real world evidence driven strategies to engage physicians at the treatment decision stage of the patient journey



Q&A

Question 1

How quickly are we able to monitor the Rx conversion?

We're able to do that in a very fresh time manner, the data that we have within DXRX is extremely fresh, our lab data is updated every single day with a three-day lag time, and our claims and specialty pharmacy data is updated on a weekly basis. So, we have data on both sides that allows us to measure that Rx conversion and obviously when you're looking at that and a time scale of data daily and weekly, you get down to very small numbers. To accurately measure it we look at rolling months so that we're constantly updating and constantly getting more accurate as that time goes on and it provides a very directional and quick analysis there knowing that we must roll that up each month and quarter and to get that as accurate as possible.

Jordan Clark
Chief Commercial Officer, Diaceutics

Question 2

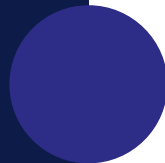
If you had to pick one practice gap to solve, what would be the easiest and which one would be the quickest?

I would look at the last practice gap. Whilst it may not be the easiest or the quickest, it is the biggest and I think you can have the most impact within the quickest time there. Improving reporting of molecular laboratory results thereby improves reporting to physicians, raises awareness of biomarkers and therapies and the association between those two and this is where I think there are multiple different tactics that can be used through omnichannel marketing, medical education, pop-ups in EHR systems and many other things. I think there is a whole host of things that can be done that will move the needle at an individual, hospital and clinic rate and if we do enough of those, we will move the needle and reduce that from down into the 20% into the 10% relatively quickly.

Jordan Clark
Chief Commercial Officer, Diaceutics

I'm going say the practice gap on performing the test and the testing rates and my thoughts around that are really a lot of the time that is where everyone's attention is so pharma are spending a lot of time looking at how do we improve the testing rates, how do we get more patients tested to understand if they're even eligible. So, with that in mind I feel like it is potentially the easiest one because there's so much focus on it already, whereas Rx conversion is more of a new concept. I do agree with everything Jordan has said I am just picking another gap to give a different perspective.

Derry Mae Keeling
Solutions Owner, Diaceutics



Question 3

You talked about some of the demographic work that was done and perhaps you can expand on that and talk about where you see some of the future Practice gap type studies and going in those different settings.

Yes, absolutely. So, it's been quite a big talking point since this paper was published, firstly we provided as part of the analysis the breakdown of ethnicity and gender, geographical breakdown and any comorbidities. What we've really started to look into and what could provide potential research that we will perform in the future is around looking at socioeconomic status and geography and how that potentially impacts the leakage, assessing whether it is different in certain geographies versus others. And with that knowledge, we can go in and find the solution of how we close that gap in different ways depending on what the status of one geography is over another or one socioeconomic is over another. So yes, very much an area of focus for us and in the future.

Derry Mae Keeling
Solutions Owner, Diaceutics

Question 4

What further analysis will be doing, perhaps, apart from that socioeconomic view?

Ok, so I've talked a lot about our data repository and what data we have available to us. What we would love to do is not limit this to just lung cancer. Let's expand this into other diseases and is there a way that we can expand into a more global context, potentially the data won't be as granular but are there areas of the practice gaps that we can look at in other countries such as in the EU? What are the comparisons of some of these practice gaps and how? How do they differ? Or are they very aligned, so definitely expanding into other disease areas, and expanding into other markets is a big thing for the future.

Derry Mae Keeling
Solutions Owner, Diaceutics

I want to particularly focus on different disease areas and the likes of ovarian cancer with BRCA and HRD, I think these are going to be really important things for us to look at. We look forward to looking at different indications and seeing the similarities and the differences compared to lung cancer.

Jordan Clark
Chief Commercial Officer, Diaceutics

Question 5

How effective are the interventions that we talked about in closing the gaps?

We see that they are extremely effective at that micro-level so when we look at physicians that we can track in our data that we can see that we do have a positive intervention on those individual physicians. There's one project that we're doing at the moment where we're looking at missed testing events, this is where a physician may have not conducted a specific biomarker test for a specific patient population and what we are doing is we are providing them with near real-time education once the test has been ordered and the physician has potentially missed a biomarker that could be actionable for them.

What we have seen is that when we do provide that education, we get a high engagement rate. They engage with the educational content above industry standards, we can then track that in the data and see in the following weeks that physician ordering the relevant biomarker test so we're able to increase testing rates at that individual physician level by providing that prompt asking 'have you thought about this biomarker as it's clinically actionable in this disease cohort?' ensuring that physicians are thinking about it and ordering it for appropriate patients. We see that these interventions are having a really positive impact at that physician level and we are seeing that testing is being done in subsequent weeks, which means that patient has the potential and the opportunity to be positive for that biomarker that allows them to go onto the innovative therapies which get approved because they have better outcomes and less toxicity than standard care, which ultimately means they have a better quality of life or even more Christmases and Thanksgivings with loved ones, which is what we're all here for.

Jordan Clark
Chief Commercial Officer, Diagnostics

For more information on **Practice Gaps Webinar 3** please get in contact at :

 marketing@diaceutics.com

To watch the webinar please follow the link below :

 [Watch the Webinar here](#)

