

Starting Off Strong: New Immunotherapy Paradigms for Early-Stage NSCLC and First-Line Treatment of Advanced-Stage NSCLC

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Program Overview

In this self-directed educational experience, learners can apply knowledge gained from expert discussion within comprehensive, customized case studies alongside real-time guidance from thought leaders via our tethered interactive @sk ChatBot™.



Our natural language AI-guided @sk ChatBot™ clinical decision support tool features clinician-instructed and peer-reviewed content in a conversational style. This dynamic format allows learners to tailor an educational experience to their interests and needs through real-time NSCLC Q&A.

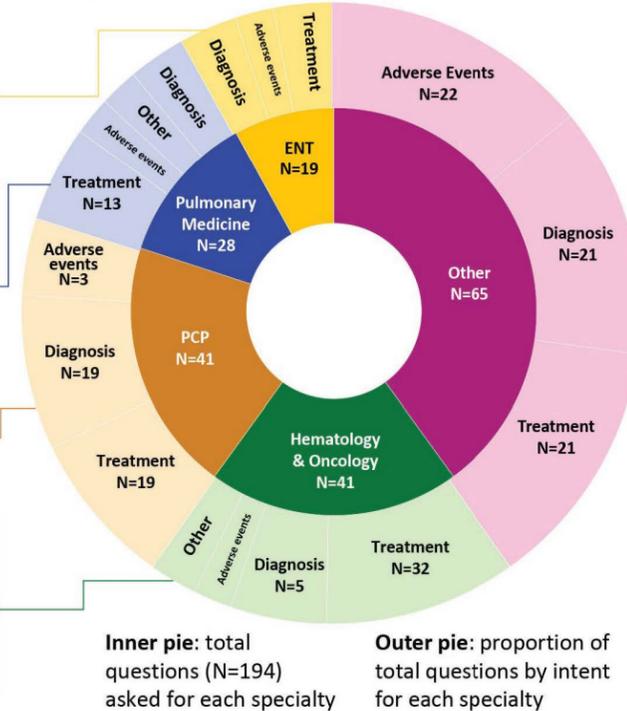
- **81%** of questions are asked between **2PM and 4PM** when clinicians **interact with patients** and may use chatbot to either **modify or reinforce their clinical practice strategy**.
- **New diagnoses** and consultations for **plans and treatments** usually happen in the afternoon hours possibly leading to more usage in this area.

Otolaryngologists are equally interested in learning about treatment, adverse events, and diagnosis
 “How long do patients with NSCLC usually survive?”
 “Is pneumonitis an adverse event with immunotherapy in NSCLC?”

Pulmonologists 46% of questions asked about treatment
 “First line treatment for adenocarcinoma”
 “What are the indications and contraindications for immune checkpoint inhibitors for NSCLC?”

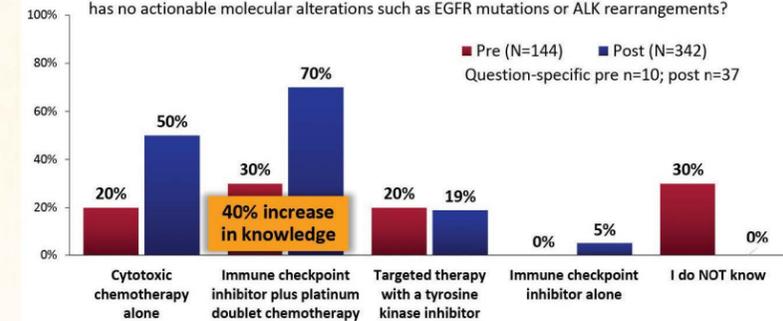
Primary Care Physicians are mostly interested in learning about treatment and diagnosis

Hematologists/Oncologists 78% of questions asked about treatment
 “What are the adverse events associated with immunotherapy in NSCLC?”
 “Treatment options for nonresponding metastatic pulmonary mass”



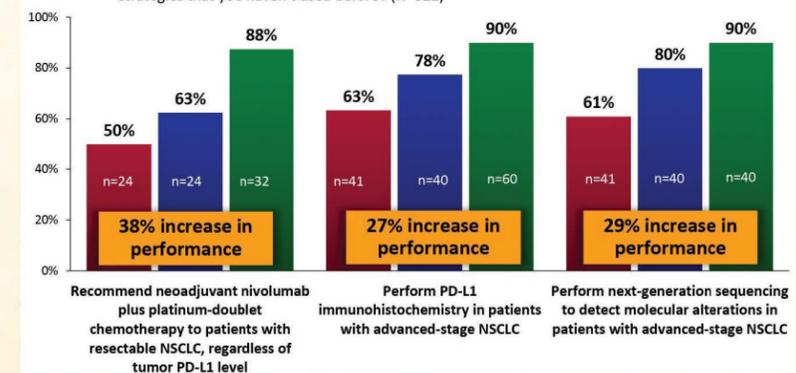
Impact and Success of Education: Level 3

What is the preferred first-line systemic therapy option for patients with metastatic nonsquamous non-small cell lung cancer (NSCLC) that does not express programmed death ligand 1 (PD-L1) and has no actionable molecular alterations such as EGFR mutations or ALK rearrangements?



Impact and Success of Education: Levels 4 & 5

Level 4: Currently, how often do you use the following clinical practice strategy/strategies (N=276)
 Level 4: Based on your participation in this CME/CE activity, how often do you now plan to use the following clinical practice strategy/strategies? (N=275)
 Level 5: Since completing this CME/CE activity, how often have you been using the following clinical strategies that you haven't used before? (N=321)



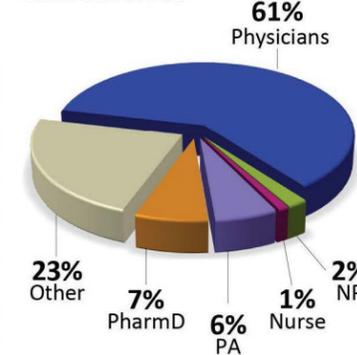
Key Metrics



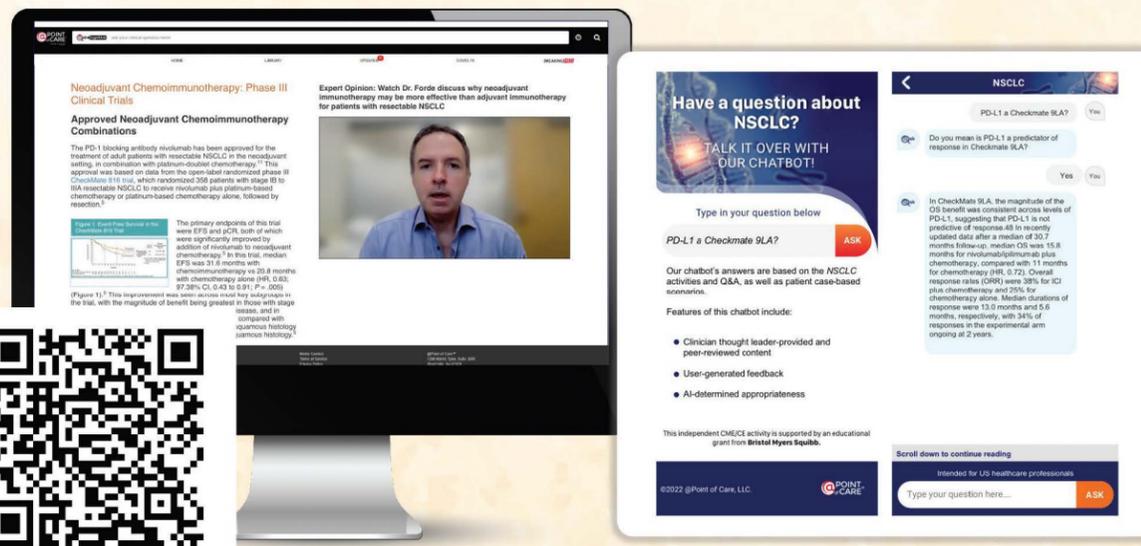
Academic: 2,596
 Community: 9,205

Total Physicians: 7,200
 Total Oncologists: 3,168
 Total Pulmonologists: 2,088

Clinical Role



Interactive Content Engagement



Key Insights

- 87%** of learners have implemented clinical strategies from this activity into practice (level 5) (N=321)
- 75%** of learners now plan to consider immunotherapy regimen (nivolumab plus ipilimumab) in patients with metastatic NSCLC expressing PD-L1 (≥1%) (level 4) Pre: 43% (N=276), Post: 75% (N=275)
- 70%** of learners now know that immune checkpoint inhibitor + platinum doublet chemotherapy is the preferred first-line systemic therapy option for patients with metastatic NSCLC that does not express PD-L1 and has no actionable molecular alterations (level 3) Pre: 30% (N=144), Post: 70% (N=342)

The independent CME/CE activities evaluated in this analysis were supported by an educational grant from **Bristol Myers Squibb**.