

# AEGEAN Live Launch Workshop Preread

## Preparation for the Key Messaging Workshop

**Overview:** This Preread is designed to prepare you for active participation in the *AEGEAN Live Launch Workshop*.

Read the information below, complete all question prompts, then bring your completed worksheet with you to the workshop. Refer to the *AEGEAN Virtual Workshop Preread* for information on each patient journey and key decision points.

## Scenario #1: Perioperative Journey

**REFER** to the following scenario, then **RESPOND** to the question prompts below.

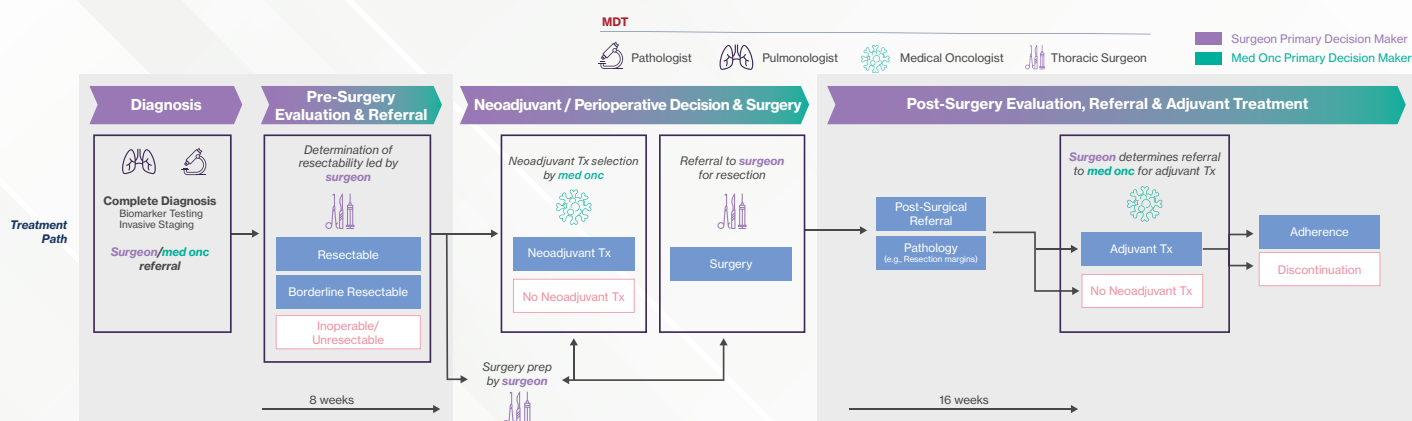
Dr Patel, a medical oncologist specializing in lung cancer, practices at a busy academic center. He regularly participates in lung cancer–focused MDT meetings, and his team participates in clinical trials. Dr Patel works closely with Dr Kim, a thoracic surgeon who forms a key part of the MDT.

Dr Kim believes that perioperative therapy should be considered for most potentially resectable patients. In a short meeting with Dr Kim, she described a patient with medically operable and surgically resectable stage IIIA (T3N1M0) NSCLC and no actionable biomarkers, whose case she just presented at a tumor board. She determined that this patient is medically operable and recommended a lobectomy, and the MDT discussed whether this patient should receive neoadjuvant immunotherapy prior to surgery.

Dr Patel was also available for a brief meeting on the same day; you know from your existing relationship that he is a firm believer in the benefits of perioperative treatment, with survival and safety data among the most important factors he considers when making management decisions. He explains that the MDT decided to proceed with neoadjuvant treatment for this patient; when pressed, he shares that he is leaning towards neoadjuvant pembrolizumab as part of a perioperative pembrolizumab regimen for this patient, based on the results of KEYNOTE-671, citing its OS data.

Four months later during another meeting with Dr Patel, you had the chance to follow up on this case. Dr Patel, who prescribed neoadjuvant pembrolizumab, shares that the patient has completed neoadjuvant treatment and just underwent resection, achieving R0 margins.

## Perioperative Patient Journey



	Pre-Surgery Evaluation & Referral	Neoadjuvant/Perioperative Decision & Surgery	Post-Surgery Evaluation, Referral & Adjuvant Treatment
<b>Key decision</b>	<b>Determination of resectability led by surgeon</b>	<b>Neoadjuvant treatment selection by med onc.</b>	<b>Post-surgical referral and surgeon determines referral to med onc. for adjuvant treatment</b>
Based on this scenario, summarize the outcome of each key decision made by the HCPs that led to the treatment choice			
Based on this scenario, describe what may have influenced each decision leading to the outcome(s) above			

Based on this scenario, summarize a call strategy. What key messages or data may be most impactful for these customers? Include the following:

Impactful opening and initial probing questions	
Key messaging tailored to each customer	
Anticipated customer feedback and how you would respond	
Compelling call to action	

## Scenario #2: Neoadjuvant Journey

**REFER** to the following scenario, then **RESPOND** to the question prompts below.

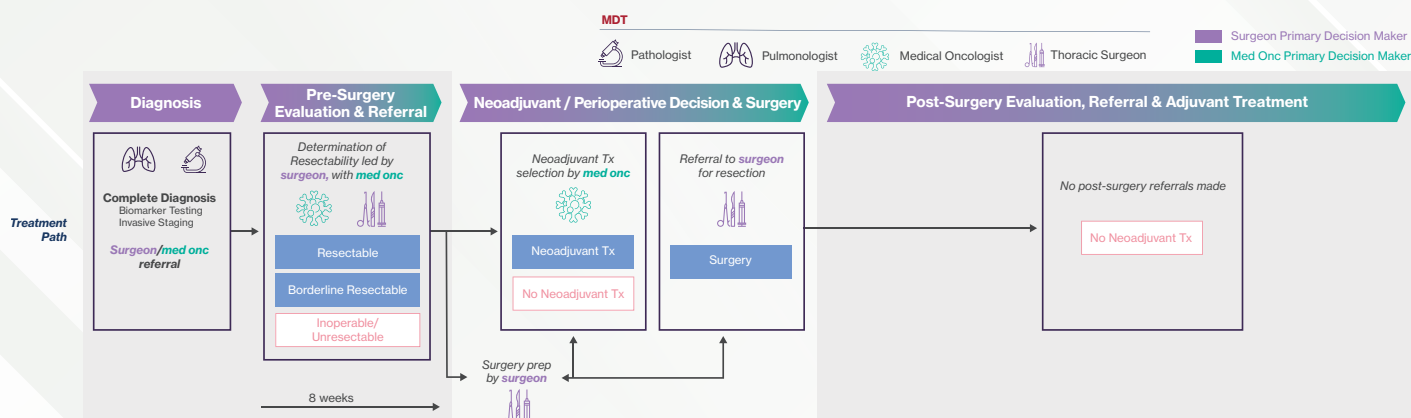
Dr Weston, a medical oncologist specializing in lung cancer, practices at a large academic center. She regularly presents patient cases at a weekly MDT meeting and attends several academic conferences a year.

Dr Weston is a firm believer in the benefits of neoadjuvant treatment, and makes treatment decisions based on survival data, safety data, and other nonclinical factors. In a brief conversation, Dr Weston shared that a thoracic surgeon, Dr Moreno, has just referred a patient with medically operable and surgically resectable stage IIIA (T2aN2M0) NSCLC and without *EGFR* mutations or *ALK* translocations to her. Dr Moreno recommends a lobectomy for this patient. Dr Moreno feels neoadjuvant treatment may be helpful to potentially downstage the tumor in this case, and wants to ensure it is considered by Dr Weston.

In advance of their presurgical MDT meeting later today, Dr Weston shares that she is leaning towards neoadjuvant nivolumab for this patient based on the results of CheckMate-816.

During a subsequent visit with Dr Moreno, you learn that his previous patient underwent a successful surgery that achieved R0 margins and a major pathologic response (MPR). Upon further conversation, Dr Moreno mentions that he does not typically refer cases to a medical oncologist when R0 margins are achieved, explaining that he considers these types of surgeries curative and does not believe the potential benefits of additional treatment would outweigh the risks.

### Neoadjuvant Patient Journey



	Neoadjuvant Decision & Surgery	Post-Surgery Evaluation, Referral & Adjuvant Treatment
<b>Key decision</b>	Neoadjuvant treatment selection by med onc.	No post-surgery referrals are made
Based on this scenario, summarize the outcome of each key decision made by the HCPs that led to the treatment choice		
Based on this scenario, describe what may have influenced each decision leading to the outcome(s) above		

Based on this scenario, summarize a call strategy. What key messages or data may be most impactful for these customers? Include the following:

Impactful opening and initial probing questions	
Key messaging tailored to each customer	
Anticipated customer feedback and how you would respond	
Compelling call to action	

## Scenario #3: Adjuvant Journey

**REFER** to the following scenario, then **RESPOND** to the question prompts below.

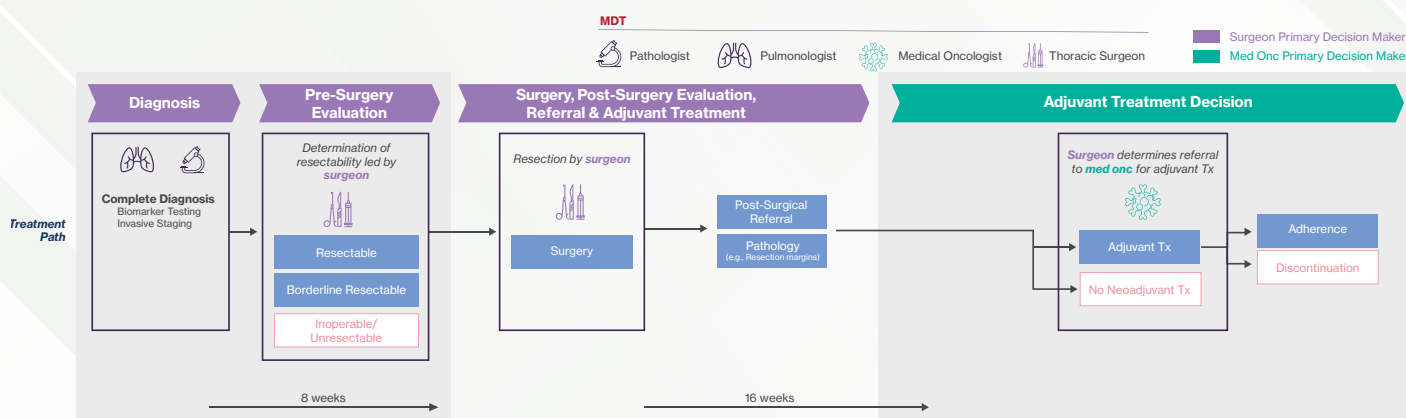
Dr Lam is a cardiothoracic surgeon who practices in a small, busy, rural community hospital. When she considers a presurgical referral necessary, she refers patients to Dr Hadad, a medical oncologist who treats all types of cancer, including lung cancer. Dr Lam prefers to proceed directly to surgery for all but the most complex cases of resectable NSCLC, fearing that neoadjuvant immunotherapy may negatively impact outcomes by introducing surgical delays.

Dr Lam shares that she is currently treating a patient with NSCLC who has an incomplete diagnosis; the patient's tumor size is small on imaging and there is no evidence of metastases, while biomarker results were unavailable. She intends to schedule the surgical procedure to take place within the next 1-2 weeks and will consider whether to refer the case to Dr Hadad based on the surgical outcomes.

In a follow-up meeting with Dr Lam, you learn that her previous patient has just undergone surgical resection, and the patient was pathologically upstaged to stage IIIA N1. Dr Lam is now planning to refer this case to Dr Hadad for adjuvant treatment, a decision primarily based on her concern that the patient's tumor was larger than what initially appeared in imaging, with occult nodal involvement.

During a subsequent, previously scheduled meeting with Dr Hadad, you enquired about this referral from Dr Lam. Dr Hadad explains that he is keen to initiate adjuvant immunotherapy which he views as an 'insurance policy' against recurrence, although he has not yet decided which specific therapy he will use.

### Adjuvant Patient Journey



	Pre-Surgery Evaluation	Surgery, Post-Surgery Evaluation & Referral	Adjuvant Treatment Decision
Key decision	Determination of resectability by surgeon	Post-surgical referral	Surgeon determines referral to med onc for adjuvant treatment
Based on this scenario, summarize the outcome of each key decision			
Based on this scenario, describe what may have influenced each decision leading to the outcome(s) above			

Based on this scenario, summarize a call strategy. What key messages or data may be most impactful for these customers? Include the following:

Impactful opening and initial probing questions	
Key messaging tailored to each customer	
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## Preparation for the Account Planning Workshop

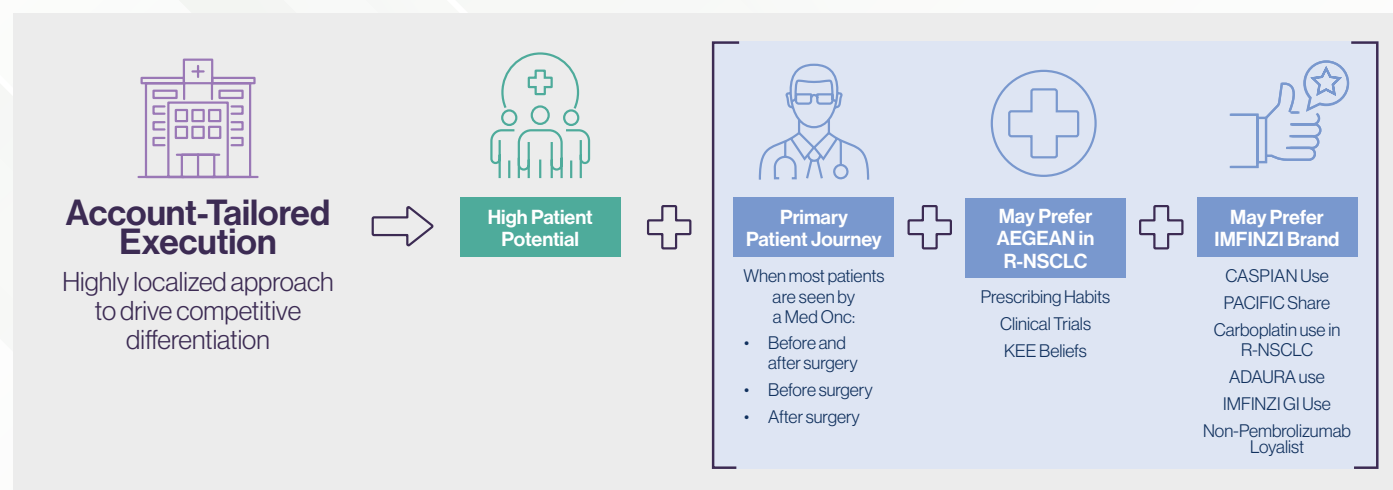
### Overview of Account Types

An account-tailored execution strategy is based on a highly localized approach to drive competitive differentiation. As part of this approach, each HCP and account will be categorized as either: Challenger, Must-Win, Opportunistic, or Low Potential (deprioritized). At launch, "Must Win" accounts are your top priority, while *select* "Challenger" and "Opportunistic" accounts will be a secondary focus.



### How Are Account Types Determined?






Determination of account type includes consideration of both patient opportunity and the likelihood of rapid AEGEAN adoption.



## Account Planning Template

The development of a tailored launch plan for each account involves completing an account planning sheet for each account. The account plan below is an example of an adjuvant account.

### Example Account Plan






Account Name:		
ABC Practice		
 <p><b>AEGEAN Account Category</b> (Must Win, Opportunistic, or Challenger):</p> <p><i>Must Win</i></p>	 <p><b>Tailored launch plan:</b></p>	
 <p><b>Key HCPs:</b></p> <p><i>Dr Patel, Dr Kim</i></p>	<p><b>Key HCP/Account Action Plan</b></p> <p><i>Build the rationale for perioperative and value of AEGEAN clinical data and surgical outcomes. Provide education to referral network HCPs (i.e., surgeons Dr. Chu and Dr. Collins) to improve multidisciplinary coordination and referral of cases prior to surgery.</i></p>	
 <p><b>Referral Network HCPs:</b></p> <p><i>Dr. Chu (thoracic surgeon) and Dr. Collins (cardiothoracic surgeon)</i></p>		<p><b>Modality-specific probes and clinical data messaging to key HCPs and other account stakeholders (i.e., nursing)</b></p> <p><i>Engage Dr. Kim and Dr. Patel with the benefits of starting with perioperative rationale using the CVA disease spread, followed by AEGEAN clinical profile including surgical outcomes.</i></p>
 <p><b>Patient Potential Segment (High, Medium or Low):</b></p> <p><i>High</i></p>		
<p><b>Feasibility Scores</b></p> <p><b>Overall Feasibility Flag (High, Medium, Low):</b></p> <p><i>Medium</i></p>	<p><b>Resource utilization (eg, OAS-delivered email, lunch &amp; learn, speaker program)</b></p> <p><i>CVA, Core Speaker Deck customized for adjuvant journey HCPs, RTE</i></p>	
<p><b>Primary Patient Journey (Before and After Surgery, Before Surgery, or After Surgery):</b></p> <p><i>After Surgery</i></p>		<p><b>Cross-functional partners involvement (who, when, and how deployed)</b></p> <p><i>RML, PMM, ONE and/or NOAT/ADORA for third-party/GPO disease state and multidisciplinary educational opportunities to build effective referral and enable perioperative use.</i></p>
<p><b>IMFINZI Preference (High, Medium, Low):</b></p> <p><i>High</i></p>		
<p><b>May Prefer IMFINZI in R-NSCLC (High, Medium, Low):</b></p> <p><i>Medium</i></p>		
<p><b>Current Predominant Modality</b> (Based on Profiling, Neoadjuvant, Perioperative, Adjuvant):</p> <p><i>Adjuvant</i></p>		



**COMPLETE** the account planning template below for one of your own accounts. Note that you will need to **REFER** to your account profiling insights, completely separately, to fully develop your account plan during the workshop.

## Account Planning Template

### Account Name:

 <p><b>AEGEAN Account Category</b> (Must Win, Opportunistic, or Challenger):</p>	 <p><b>Tailored launch plan:</b></p>	
 <p><b>Key HCPs:</b></p>	<p><b>Key HCP/Account Action Plan</b></p>	<p><b>Modality-specific probes and clinical data messaging to key HCPs and other account stakeholders (i.e., nursing)</b></p>
 <p><b>Referral Network HCPs:</b></p>		
 <p><b>Patient Potential Segment (High, Medium or Low):</b></p>		
<p><b>Feasibility Scores</b> Overall Feasibility Flag (High, Medium, Low):</p>	<p><b>Resource utilization (eg, OAS-delivered email, lunch &amp; learn, speaker program)</b></p>	<p><b>Cross-functional partners involvement (who, when, and how deployed)</b></p>
<p><b>Primary Patient Journey (Before and After Surgery, Before Surgery, or After Surgery):</b></p>		
<p><b>IMFINZI Preference (High, Medium, Low):</b></p> <p><b>May Prefer IMFINZI in R-NSCLC (High, Medium, Low):</b></p>		
<p><b>Current Predominant Modality</b> (Based on Profiling, Neoadjuvant, Perioperative, Adjuvant):</p>		

**ALK**, anaplastic lymphoma kinase; **EGFR**, epidermal growth factor receptor; **GI**, gastrointestinal; **HCP**, healthcare professional; **MDT**, multidisciplinary team; **Med Onc**, medical oncologist; **MPR**, major pathologic response; **NSCLC**, non-small cell lung cancer; **OS**, overall survival; **RO**, completely resected; **R-NSCLC**, resectable non-small cell lung cancer; **Tx**, treatment.