IRA Threatens Advancements in Lung Cancer Treatments

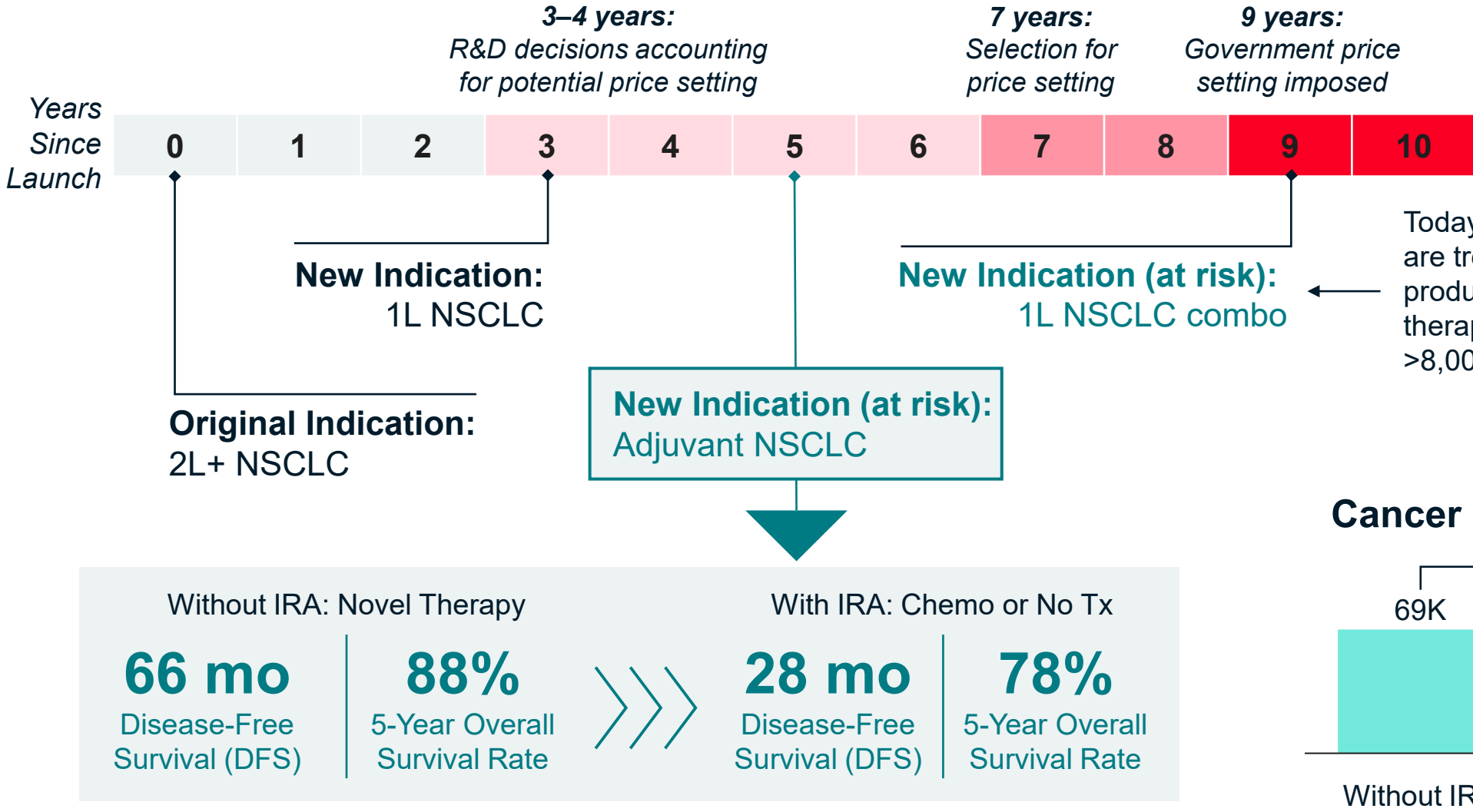
Lung cancer is the third most common cancer in the US, but the leading cause of death from cancer. Diagnosis in early stages drastically prolongs survival. Due to the life-threatening and progressive nature of cancer, for ethical and practical reasons, medicines are often initially studied and approved in patients with more advanced stages of disease and in those who have exhausted other treatment options before being tested in earlier stage cancers. Post FDA approval research may show that a medicine works in treating cancer before it progresses to advanced stages, or even prevents cancer from returning after surgery to remove cancer. This requires additional R&D and FDA approval.

Key Points:

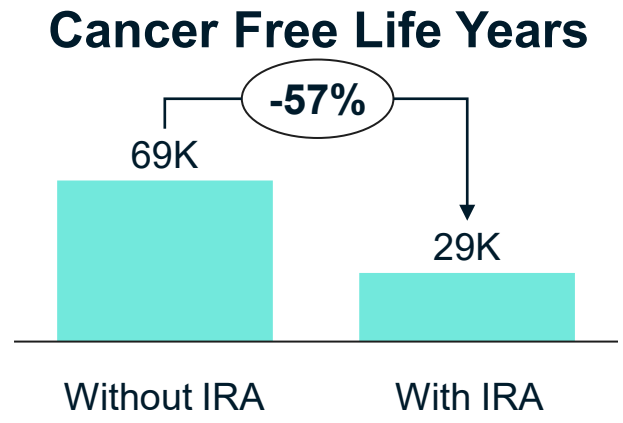
- R&D exploring if a medicine is effective in preventing cancer from coming back after surgery often happens only after drug is initially approved for more advanced stages of illness.
- Post-approval research leading to such applications is critical to improving survival rates for patients with lung cancer.
- But these approved uses may never come to market under the IRA because of the significantly shorter timeline to conduct post-approval research before new medicines can be subject to Medicare price setting.

Without new medicines for early lung cancers, only half as many people with NSCLC would be cancer free and alive five years after treatment.

Case Study Scenario: IRA Undercuts Continued Research on Medicines for Non-Small Cell Lung Cancer (NSCLC) and New Indications



Without IRA: Novel Therapy		With IRA: Chemo or No Tx	
66 mo Disease-Free Survival (DFS)	**88%** 5-Year Overall Survival Rate	**28 mo** Disease-Free Survival (DFS)	**78%** 5-Year Overall Survival Rate



IRA could significantly shorten lifespan and treatment options for people with lung cancers.

Abbreviations: R&D = Research and Development; NSCLC = Non-small cell lung cancer