

Altering Cervical Cancer's Trajectory

Context:

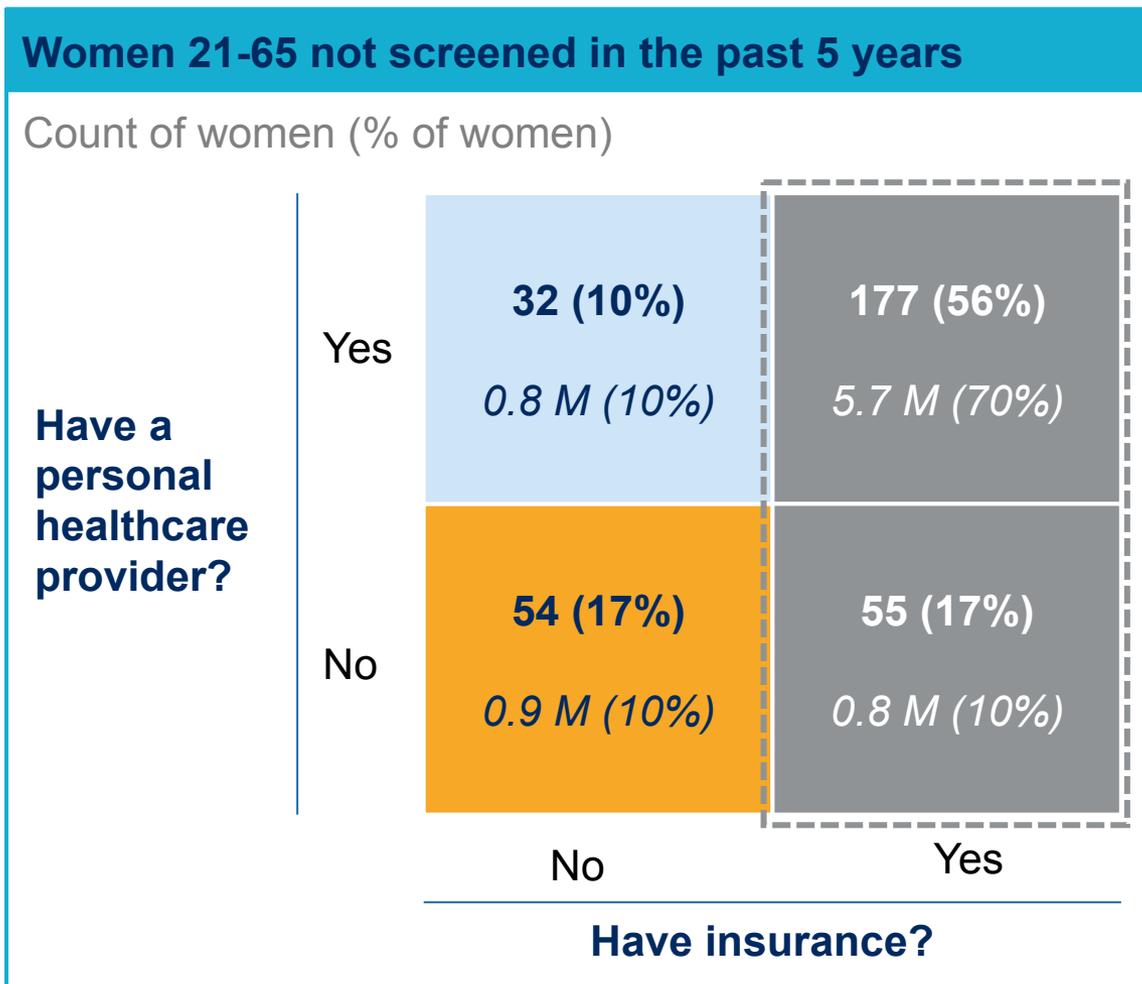
- Screening and treatment provide curative intervention in ~95% of women
- Yet ≥ 8 M women have not been screened within the last 5 years, and nearly 4K die from cervical cancer annually
- Genentech is focused on doing what is right for patients, and therefore are committed to reducing the incidence of advanced cervical cancer

Approach:

We seek to take a leadership role, in partnership with other key stakeholders, in the prevention of cervical cancer by:

- Educating women on the impact / need for appropriate screening and connecting PAP testing to cancer prevention
- Ensuring access to testing for all women by increasing awareness of existing screening resources
- Supporting the removal of barriers to make it easier for all HCPs to be actively accountable for screening and screening outcomes of their patients

Patient survey population breakdown is directionally consistent with CDC data

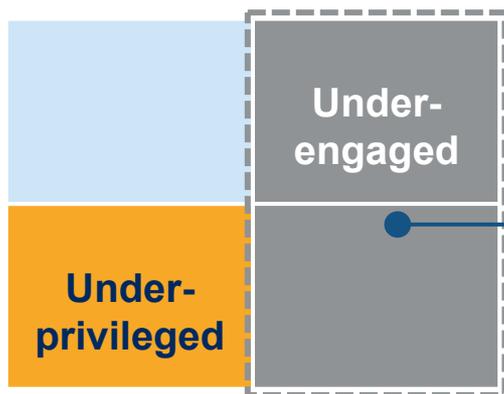


 "The Under-engaged"
 "The Underprivileged"

x (y%) ← Ipsos survey data N=318
x M (y%) ← 2014 US-wide data from CDC

SOURCE: Vital Signs: Cervical Cancer Incidence, Mortality, and Screening — United States, 2007–2012, MMWR, Nov 2014. Ipsos Omnibus Survey N=318 (Note 1503 women reached and 1185 women filtered out by screening question)

Patient survey points to lack of education and perceived cost barrier as primary reasons for the “Under-engaged” not getting screened



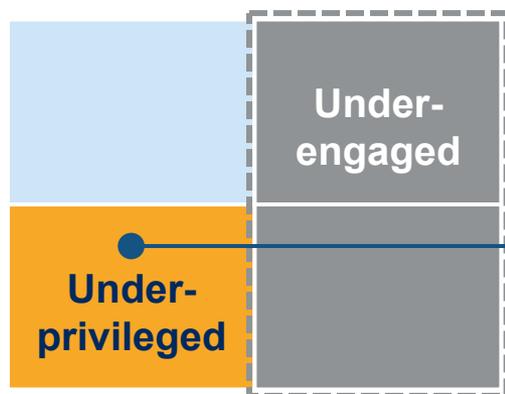
Survey insights on the “Under-engaged”

- **Lack education** regarding screening’s importance and its coverage by insurance, and **feel uncomfortable** getting screened
- **Have PCP/Family Physician** as regular healthcare provider (~85%)
- **Majority commercially insured** (commercial 60%, government 35%)
- **Diligent about annual physicals** (70% had at least 1 over 3 years)
- **Most haven’t had HPV vaccine** (70%)
- Tend to be older and poorer than national average

To influence the “Under-engaged”

- **Increasing provider-to-patient communication and education** is one channel to increase transparency, knowledge, and comfort around screening
- It can also be effective to **augment patient education through additional channels** such as physician office awareness and mass media

The “Under-privileged” are not screened due to general lack of engagement with health system



Survey insights on the “Under-privileged”

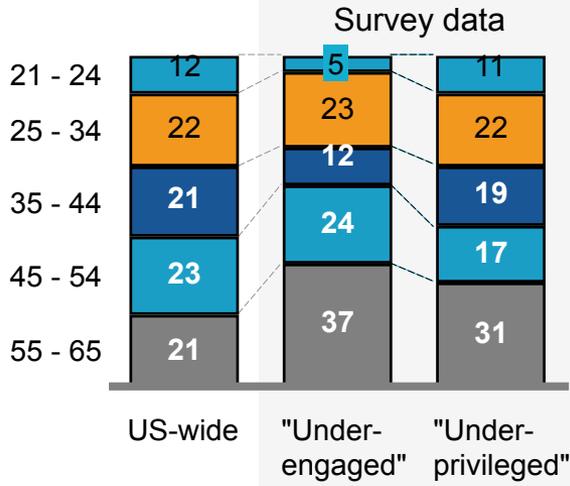
- **Are unscreened due to lack of a doctor and perceived cost barrier**
- **Have little access to preventive healthcare** (~80% hasn't had annual physical in 3 years; ~90% hasn't had HPV vaccine)
- **Are less educated** than national averages, and tend to **live in the South / Midwest**

To influence the “Under-privileged”

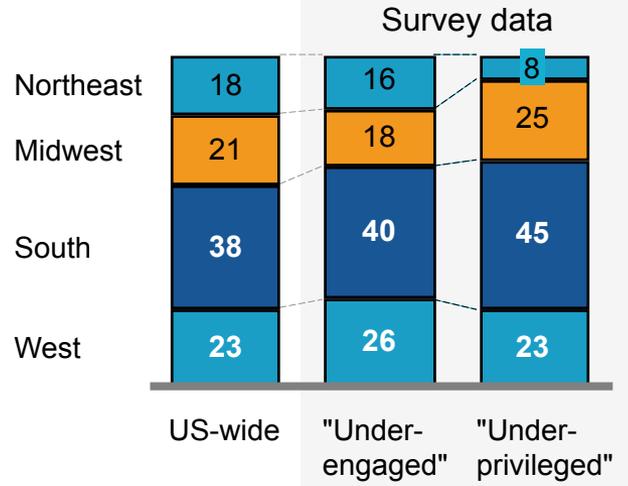
- **Education through social and traditional media** can be effective in influencing this segment
- **Increasing awareness of government funded screening programs** could increase screening rates
- **Simpler and more convenient government program signups** may further enable this audience to screen

Disparities between the unscreened population and the general US population are seen most in the "Under-privileged" segment of women

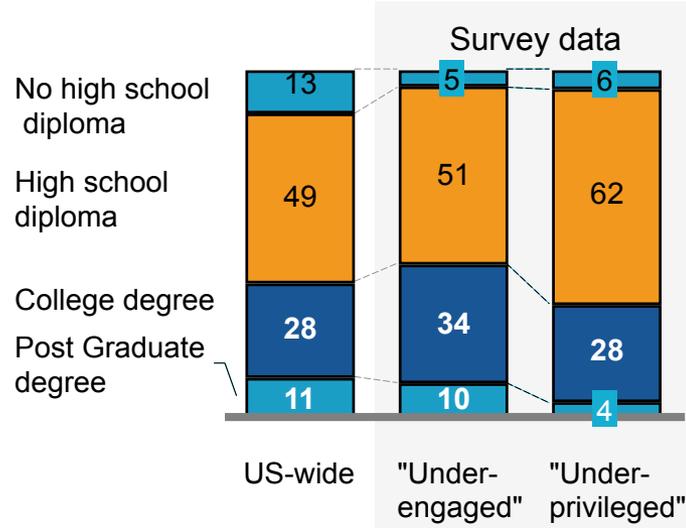
Age
% of women



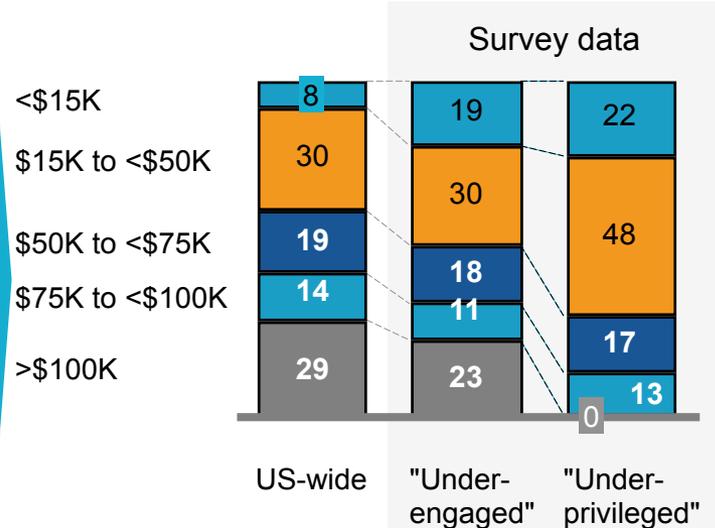
Region
% of women



Education
% of women



Household income
% of women



1 Based on women 25 and older

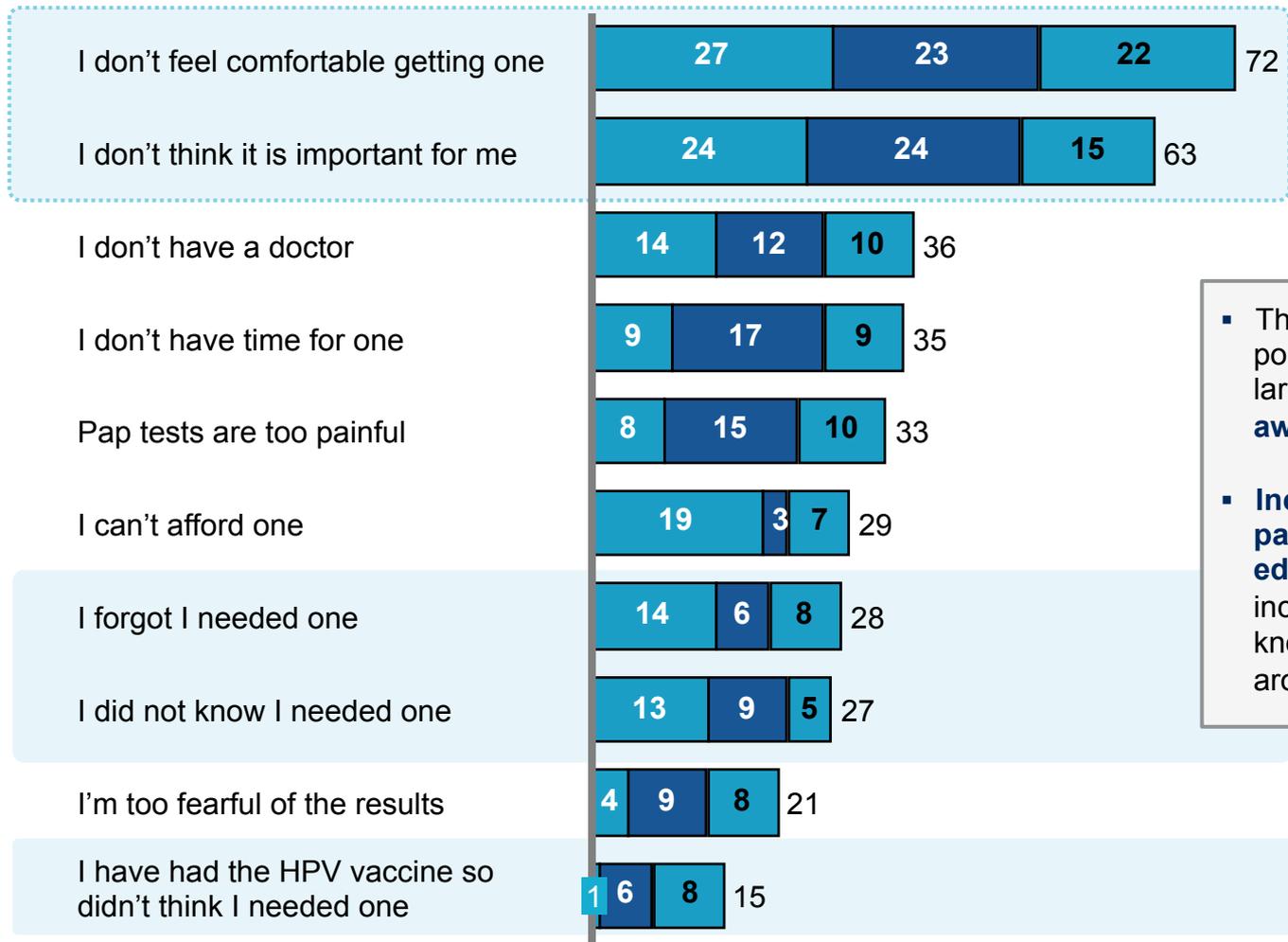
2 Based on income distribution of all US households

1

Main reasons “Under-engaged” women don’t get screened

Primary reasons women have not had a Pap test in the past 5 years

Number of respondents

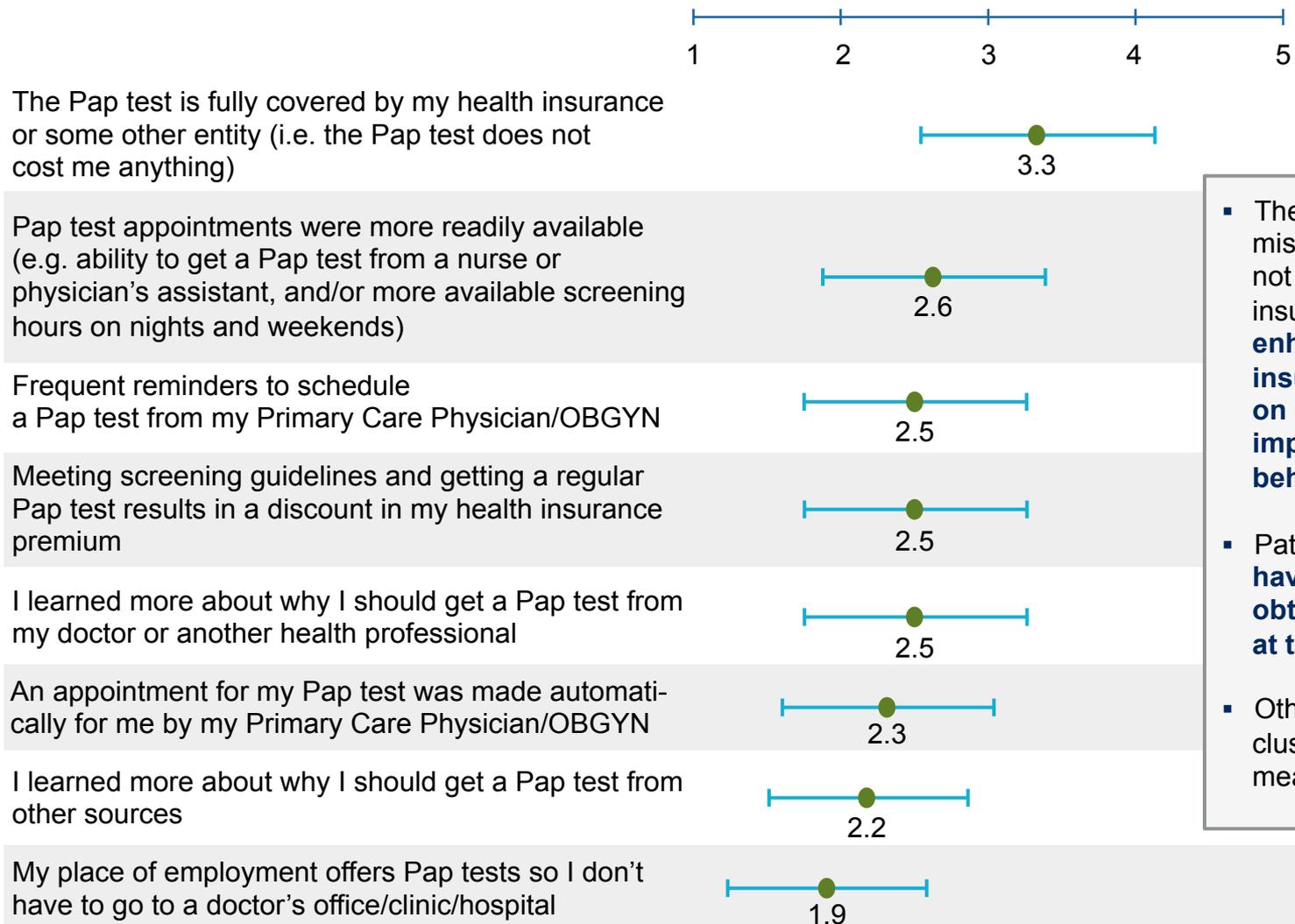


- Most important
- 2nd most important
- 3rd most important
- Main reasons
- Lack of awareness related reasons

- The “Under-engaged population” are unscreened largely due to **lack of awareness reasons**
- **Increasing provider-to-patient communication and education** is one channel to increase transparency, knowledge, and comfort around screening

1 Factors that could affect screening behavior

Factors that may affect the likelihood of getting a Pap test
(1= not at all likely and 5 = very likely)



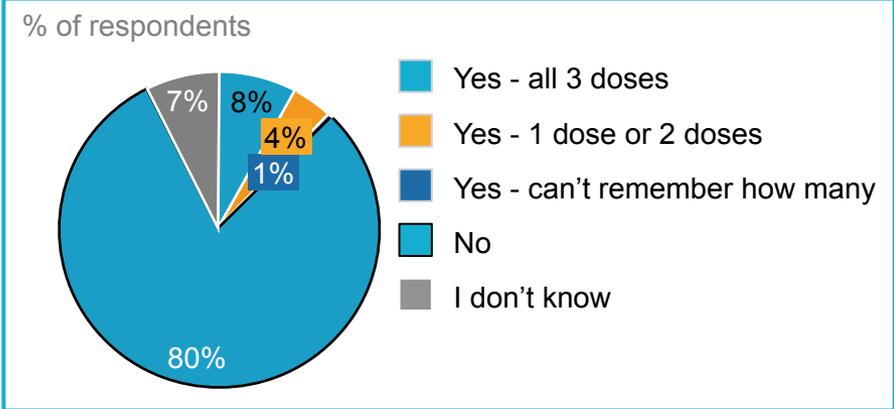
- There appears to be misconception that Pap is not fully covered by insurance, suggesting **enhanced provider and insurer communication on reimbursement may improve screening behavior**
- Patients **don't seem to have interest in obtaining Pap screening at their employers**
- Other factors are relatively clustered around the same mean

● Mean — Standard deviation

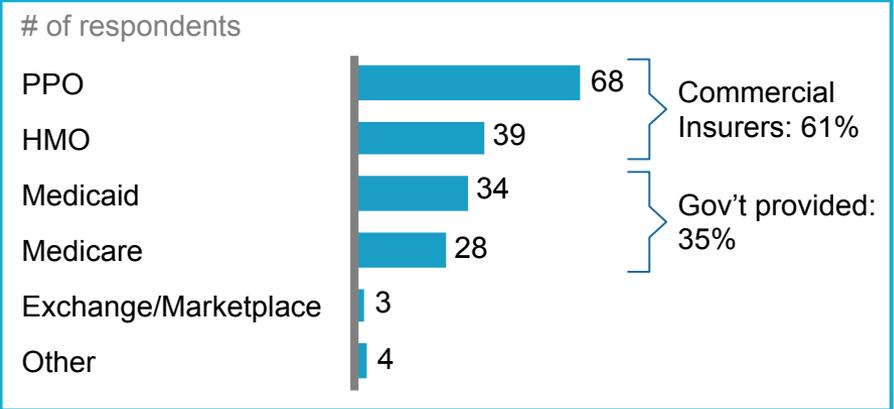
1

“Under-engaged” women have PCPs and commercial insurance, and are diligent about annual physicals

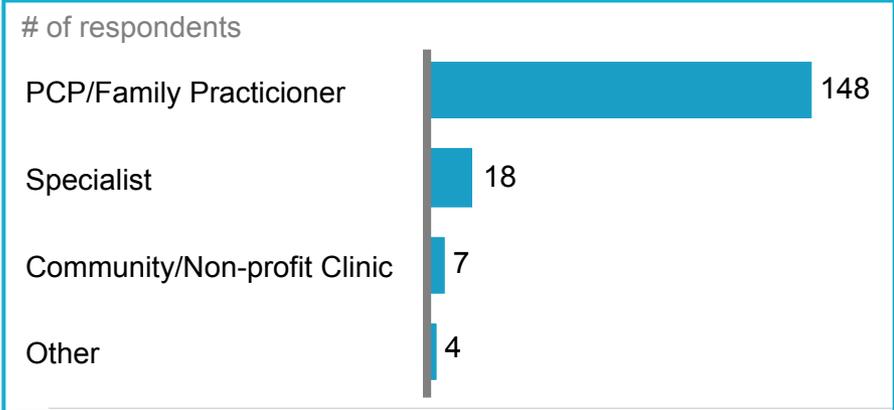
Q4 – Have you had the Human Papilloma Virus (HPV) vaccination (commonly known as Gardasil or Cervarix)?



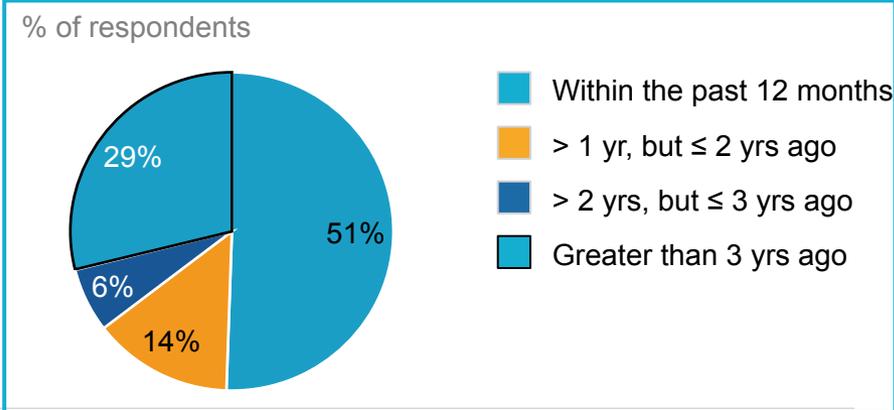
Q5 – Which of the following best describes your current healthcare insurance coverage? I am covered by...



Q6 – If you have one or more person(s) you think of as your personal doctor or health care provider, what type of provider is it?

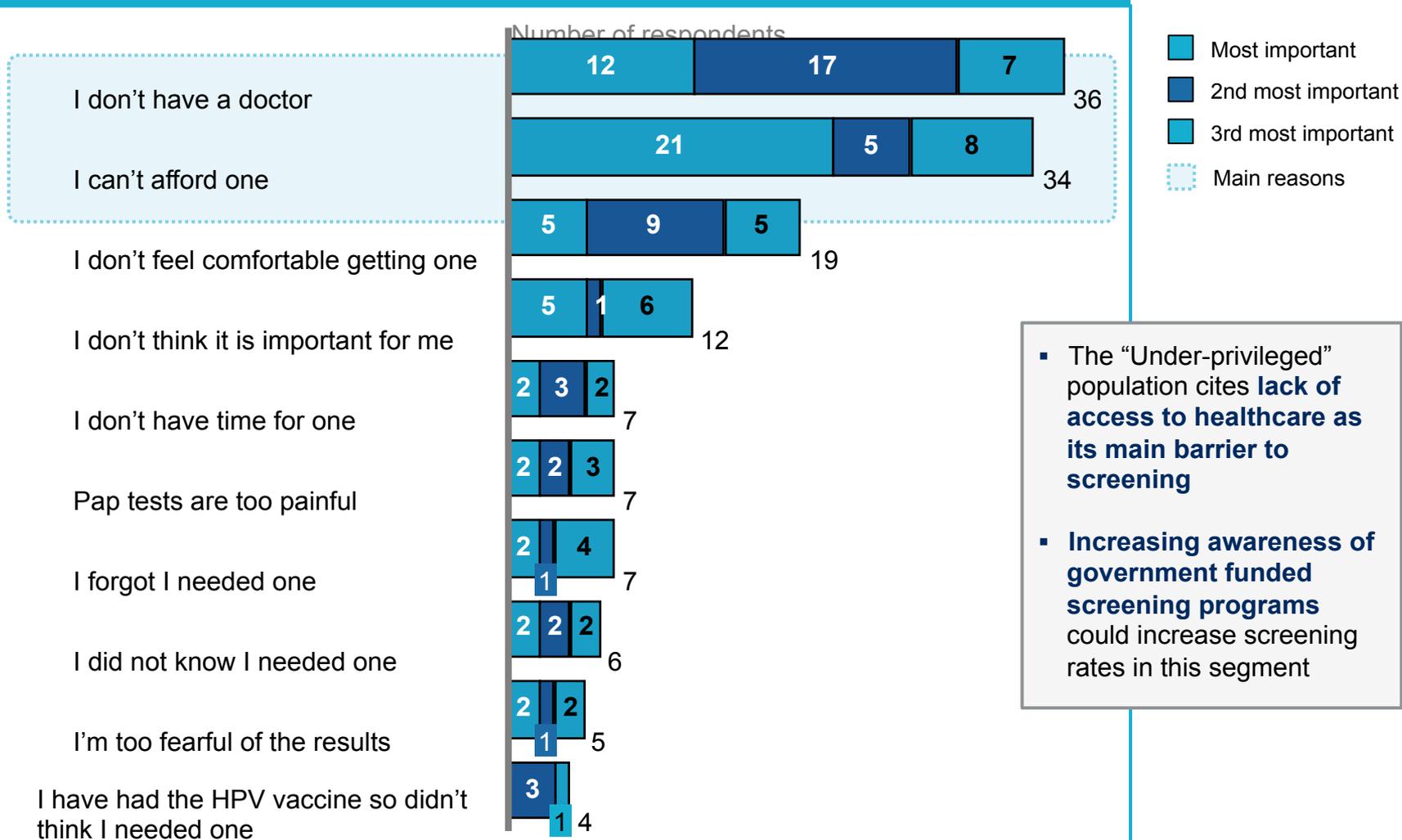


Q7 – When is the last time you had an annual physical?



2 Reasons “Under-privileged” women don’t get screened

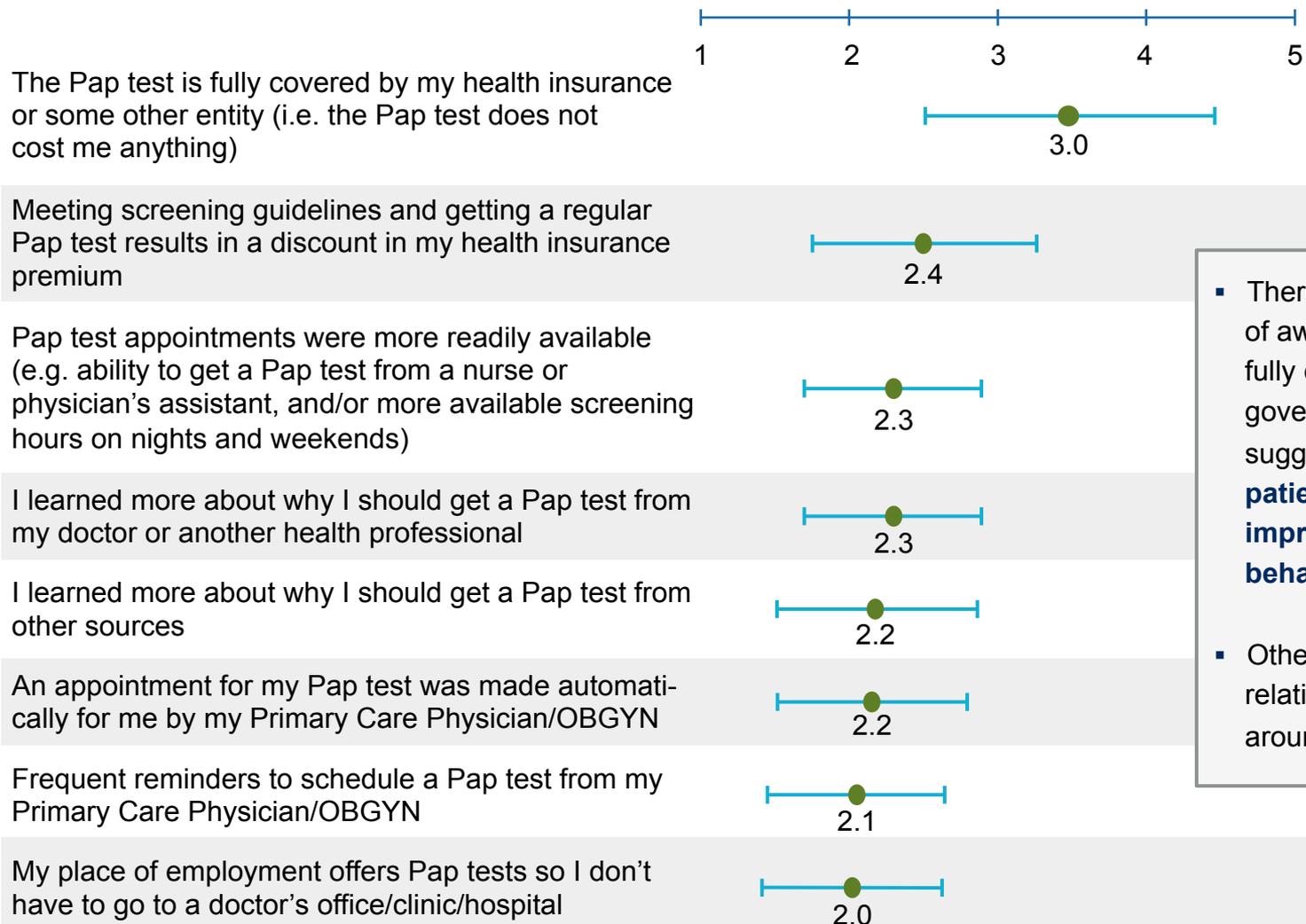
Primary reason women have not had a Pap test in the past 5 years



- The “Under-privileged” population cites **lack of access to healthcare as its main barrier to screening**
- **Increasing awareness of government funded screening programs could increase screening rates in this segment**

2 Factors that could affect screening behavior

Factors that may affect the likelihood of getting a Pap test
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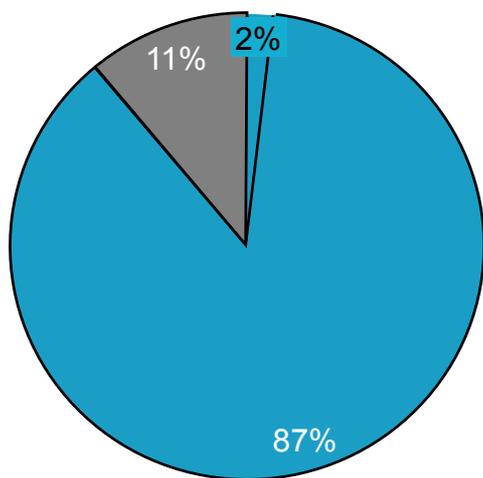
- There appears to be lack of awareness that Pap is fully covered by some government programs, suggesting **direct-to-patient education may improve screening behavior**
- Other factors are relatively clustered around the same mean

● Mean — Standard deviation

2 Understanding the health profile of unscreened women who do not have insurance or a provider

Q4 – Have you had the Human Papilloma Virus (HPV) vaccination (commonly known as Gardasil or Cervarix)?

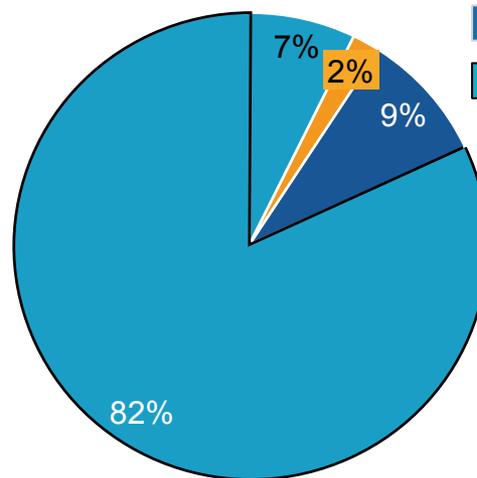
% of women



- Yes - all 3 doses
- No
- I don't know

Q7 – When is the last time you had an annual Physical?

% of women



- Within the past 12 mos
- > 1 yr, but ≤ 2 yrs ago
- > 2 yrs, but ≤ 3 yrs ago
- Greater than 3 yrs ago

- The vast majority of “under-privileged” women have little access to preventive healthcare