

## Why Continuous Innovation matters

Most progress against cancer has not resulted from major breakthroughs, but from **CONTINUOUS INNOVATION**—step-by-step advances—in the treatment and understanding of the disease over time. Each new cancer medicine—whether it extends life by weeks, months or years, or provides fewer side effects and a better quality of life—leads to new discoveries.

Despite progress against it, cancer continues to be a burden to patients, society and the economy—which is why it is vital to foster Continuous Innovation against the disease.

Unfortunately, the opposite is happening and healthcare decision makers are according higher value to breakthroughs. Breakthroughs, which occur as part of Continuous Innovation, are welcomed but rare. Setting artificial thresholds that only reward breakthroughs does not fully recognize how innovation against cancer is made.

Clearly, policies are needed now to protect Continuous Innovation. But first, there must be proof of its value through time. That's why the **PACE Continuous Innovation Indicators™** was created.

### The PACE Continuous Innovation Indicators™ (CII)

is the first evidence-based, customizable online tool to review progress against cancer over time. The CII makes it possible for those who influence the course of cancer progress—including researchers, policymakers, health policy experts and patient advocates—to:

- visualize progress against specific cancer types over time;
- gain a better understanding of the true evolution of cancer treatment progress and value; and
- consider the potential impact of policy reforms that affect the speed of Continuous Innovation and patient access.

Now, the tool is even easier to use with enhanced data comparison capabilities in a total of 12 cancer types: breast, colorectal, endometrial, gastric, gastrointestinal stromal tumor (GIST), renal, hepatic, non-small cell lung, pancreatic, prostate, skin (melanoma) and testicular.

Learn more about the CII and access the tool at [www.pacenetorkusa.com/continuousinnovation.php](http://www.pacenetorkusa.com/continuousinnovation.php)

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## Patient Access to Cancer care Excellence (PACE)

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### What CII users think

“The CII consolidates a vast amount of information into an easy-to-interpret visual,” said Lynn M. Matrisian, PhD, MBA, Chief Research Officer, Pancreatic Cancer Action Network. “We are excited about using it to better see where progress is being made against cancer and where we can make future advancements.”

“The visuals of the CII are very helpful to get a quick overview of where we are in the fight against cancer,” said Pam Traxel, Vice President, Alliance Development & Philanthropy, American Cancer Society Cancer Action Network.

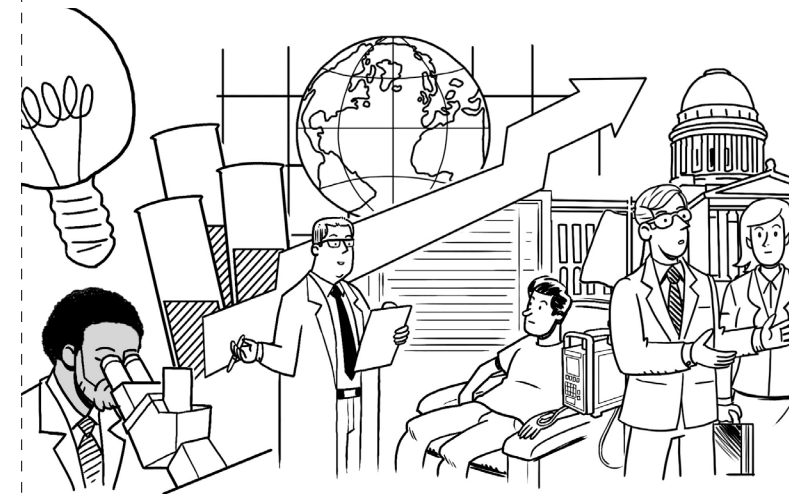
“The PACE CII is a very easy-to-use and welcome tool for patients and advocates to assess the success rate of metastatic breast cancer treatments,” said CJ “Dian” Corneliusen-James, Director of Advocacy, METAvivor. “I especially like the fact that updates can be easily and quickly applied to ensure currency.”

### About PACE

PACE (Patient Access to Cancer care Excellence), a Lilly Oncology initiative, is a global collaboration that encourages public policies and healthcare decisions that speed the development of new medicines, assure that cancer treatments respond to the needs and qualities of individual patients, and improve patient access to the most effective cancer medicines. To learn more about PACE, please visit <https://pacenetork.com>.

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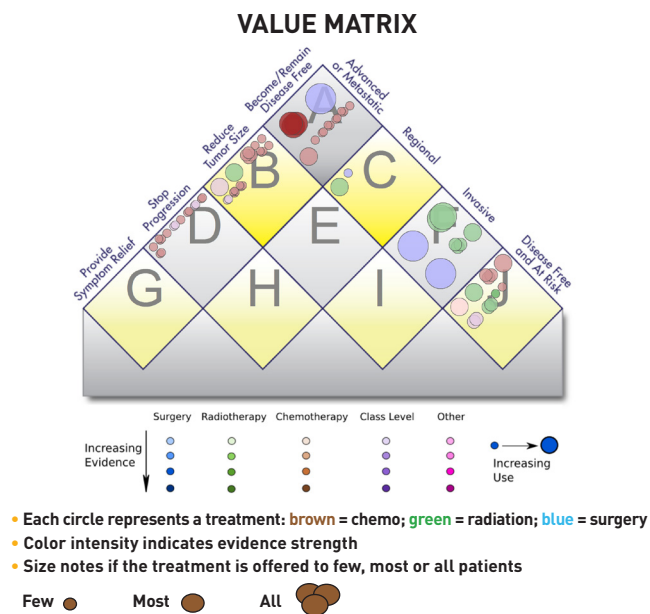
## PACE CONTINUOUS INNOVATION INDICATORS™



The First Online Tool to Measure Progress Against Cancer is Now Interactive

## How the CII works

While most progress against cancer results from Continuous Innovation, quantifying this progress can be complicated. The CII aims to make this complex process easier by collating thousands of pieces of objective evidence from authoritative, published sources. This evidence is displayed in a summary graph (**Value Matrix, E-score**) from which a user can access supporting evidence and additional information.

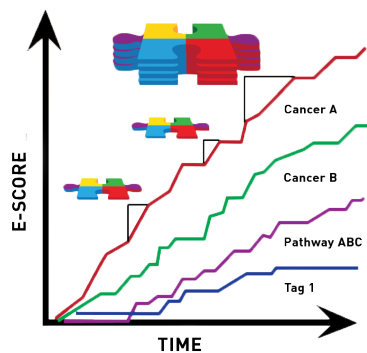


### What is a Value Matrix?

The Value Matrix is used to show what multidisciplinary treatments are available at a certain point in time, and classify the treatments based on the disease state and therapeutic goal.

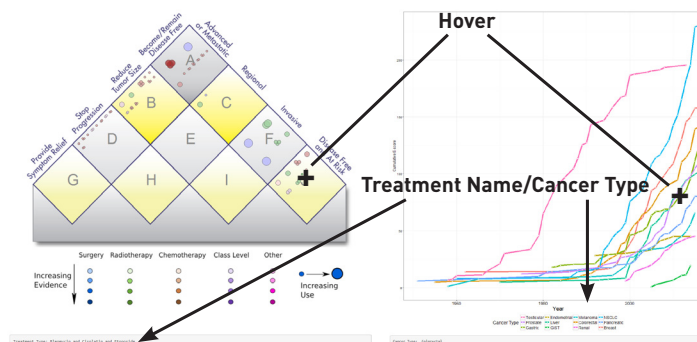
### What is an E-score?

E-scores, or evidence scores, provide a quantitative assessment of the level of cumulative progress achieved by or between existing cancer treatments, based on the strength of the evidence weighted by the assigned value. Users can select the cancer type they are interested in scoring, assign their own values on the matrix, and add other parameters to focus on specific therapeutic goals.



## How the CII can be used

- 1 Deep dive data made simpler:** Users can hover over and click on data points within the graphs to identify treatment names and cancer type and to create tables to compare data. Advanced search functions allow for filtering data by several parameters, including treatment name, reference date, E-score contribution and cancer type. All data tables and graphs can be exported in multiple file formats for further analysis.



### CII: REAL WORLD EXAMPLE

*James, a molecular biologist, just started a new policy-related job with an organization that advocates for increased funding in specific areas of cancer research. He must quickly understand where the most progress against cancer has occurred and where the greatest unmet needs remain. He uses the CII to dive deep into the data, exploring the evidence for treatments against different solid tumors. By identifying patterns in historical success stories, he is able to recommend the cancer areas that are in most need of further research.*

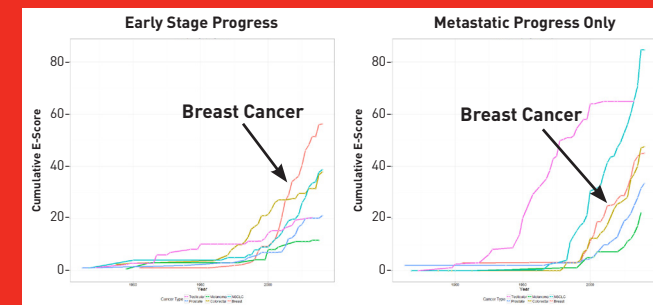
- 2 Custom weighted analyses:** Users can explore the effects of different value weights on the assessment of progress against different cancers by assigning custom weights for the E-score analysis. For example, a very different picture emerges when considering only evidence supporting curative treatments compared to weighting all evidence equally.

## ACCESS IT NOW!

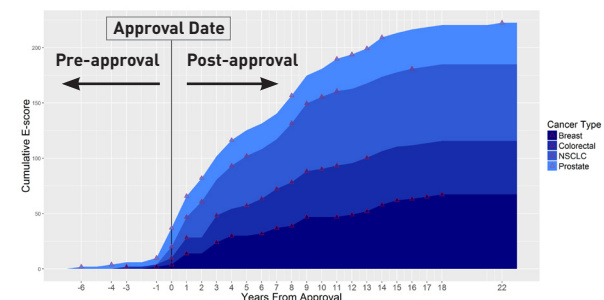
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### CII: REAL WORLD EXAMPLE

*Mary is preparing materials for a public awareness campaign highlighting the need for better metastatic breast cancer treatments. There is a widespread perception that past progress has transformed breast cancer into a chronic and rarely fatal disease. Mary uses the CII to conduct a custom weighted analysis to show that although more progress has been made in breast cancer than any other early stage solid tumor, breast cancer drops to fourth place when comparing treatments in the metastatic setting.*



- 3 Approval date analyses:** Because cancer therapies often involve continued experimentation—through different combinations, lines or therapy types—the value of a therapy can grow over time. Users can compare progress and answer questions about the amount of evidence available prior to regulatory approval, at the time of approval, and over time after the treatment has been introduced into clinical practice. Comparisons can be made between cancer types, individual treatments, treatment classes, and FDA approval mechanisms. These findings can support dynamic value assessments and risk models.



### CII: REAL WORLD EXAMPLE

*Carla is a health economist who has been tasked to work on an exploratory risk-sharing project between a payer and the pharmaceutical industry for a newly approved therapy. Early trials supporting the new treatment show only a modest benefit. She needs to understand the likelihood that more evidence might later support the use of this treatment in new contexts. She uses the CII to evaluate historical trends in the amount of evidence generated before and after approval for all drugs of the same class. Carla finds that 70 percent of previously approved drugs have additional benefits in later indications or combinations. She uses these findings to decide whether to enter into the risk-sharing agreement.*