

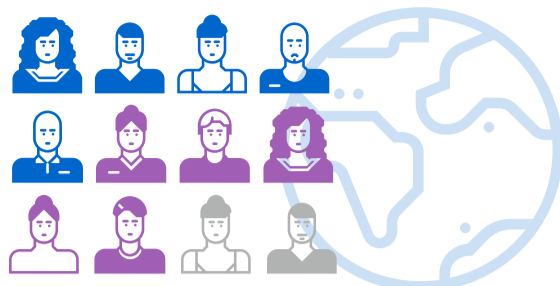
A typical treatment journey for people with early NSCLC

Roche

Lung cancer remains the biggest cause of cancer-related deaths.¹

Every year, more than **2.2 million people** are diagnosed with lung cancer globally – up to **85%** with non-small cell lung cancer (NSCLC).^{1,2}

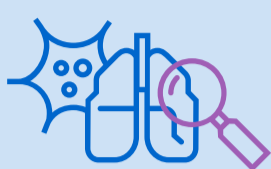
More than half of those diagnosed with NSCLC are diagnosed at an **early or locally advanced stage (Stage I-III)**, where the cancer has not spread outside the lungs and nearby lymph nodes.^{3,4}



Some of the known barriers to early diagnosis are:⁵

- Lack of identifiable symptoms
- Patient stigma and fear
- Misdiagnosis due to non-specific symptoms

Diagnosis



Early detection of NSCLC can change the treatment pathway for patients and increase the options available.⁶

Current methods of diagnosis include:⁷

CT scan	Tissue biopsy	Examination under a microscope
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Once a diagnosis of early NSCLC is confirmed, a multidisciplinary team should meet to ensure each person diagnosed receives the treatment that is right for them.^{8,9}

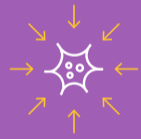
Making treatment decisions

Research suggests that personalised medicines may offer a clinical benefit in the adjuvant setting, and that in the future biomarker testing may be recommended for all patients at diagnosis, irrespective of whether they are diagnosed with early or advanced cancer.



Current treatment options

Neoadjuvant therapy, including chemotherapy or radiation, is administered before surgery to reduce tumour size and target micrometastases (small clusters of cancer cells) earlier.¹⁰⁻¹²



Most people with Stage I-III NSCLC have **surgery**, but the timing of this intervention depends on each patient's disease.¹³



Surgery

Even after surgery, micrometastases may remain and are undetectable with current methods.

Adjuvant therapy, including chemotherapy, radiation therapy and targeted therapy, is administered after surgery to remove any remaining cancer cells and reduce the risk of recurrence.¹⁰



About **half** of all people with early lung cancer experience a cancer recurrence following surgery.¹⁴

Monitoring and follow-up

Taking a collaborative approach

By working together and ensuring a collaborative, multidisciplinary approach, patients can experience more personalised treatment journeys and better outcomes.



The need for early treatment

At Roche, we are committed to providing people with early lung cancer the best chance of a cure, by investigating new treatments that can lead to more durable responses, tailored to each patient's unique needs.

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