



LEXALYTICS PHARMA

Compendia and Guidelines

Compendia or Treatment Guidelines are a vital piece of the puzzle in Medical Affairs. Health Care Providers (HCPs) and Physicians use them to guide treatment decisions, and insurers use them to authorize treatments and prescriptions. They are a **key driver of success and how well it performs in the markets**. Our **Compendia and Guidelines Tool** will analyze compendia over time and track changes that might affect an insurer's comfort with a drug. **These changes could include:**

- New drug combinations
- Being recommended as a new 2nd tier treatment
- Unexpected drug interactions

Time is the critical element in Compendia. The sooner you're aware of Compendia changes with one of your drugs or become aware of a problem in a competitor drug, the more time you'll have to address the risk or opportunity.

As is standard for all Lexalytics Pharmaceutical products, our **Compendia and Guidelines Tool** can be **trained and customized** for a given drug or condition. This tailoring is crucial for these sorts of guidelines. Understanding the condition and treatments is essential to spotting minor changes that might significantly affect how frequently a drug is prescribed. The key to our guidelines tool is a time-based differencing model that monitors and tracks compendia changes over time. These changes can be accessed via an API for integration into internal workflow systems or via an Excel-based review tool.

Figure 1 | Lexalytics built a tool highlighting Compendia changes from previous versions

Printed by Michael Blaise on 12/5/2012 2:39:07 PM. For personal use only. Not approved for distribution. The NCCN Biomarkers Compendium is copyrighted by the National Comprehensive Cancer Network, Inc. All rights reserved.

About the NCCN Biomarkers Compendium™

OPTIONS

Use the drop-down menus to search the database:

Guideline: Colon Cancer

Disease: -- Please choose one --

Molecular Abnormality: -- Please choose one --

Gene Symbol: -- Please choose one --

Select fields to display:

Specific Indication

Test

Chromosome

Test Detects

Methodology

Specimen Types

Test Purpose

Guideline Page with Recommendation

Notes

Display All Columns

Show All Records Reset Filters Print 0 ready for print

Search: []

Showing 1 to 5 of 5 entries

Disease Description	Specific Indication	Molecular Abnormality	Gene Symbol	NCCN Category Of Evidence	NCCN Recommendation: Clinical Decision	Test Purpose
Colon Cancer	All patients	CEA/CAE (CEA) expression	CEACAM5	2A	CEA levels correlate with tumor burden and recurrence and are measured at initial workup, post-surgical resection, and in ongoing surveillance, and/or monitoring response to therapy.	Monitoring
Colon Cancer	Metastatic disease	KRAS codons 12 and 13 exon 2 mutation	KRAS	2A	Suspected or proven metastatic or synchronous adenocarcinoma (any T, any N, M1). Determination of tumor KRAS gene status. If KRAS non-mutated, consider BRAF testing.	Predictive
Colon Cancer	Patients <50 years of age or with stage II disease	MLH1, MSH2, MSH6 or PMS2 mutations leading to lack of protein expression	MLH1, MSH2, MSH6, PMS2	2A	The panel recommends that MMR protein testing be performed for all patients younger than 50 years with colon cancer, based on an increased likelihood of Lynch syndrome in this population. MMR testing should also be considered for all patients with stage II disease, because stage II MSI-H patients may have a good prognosis and do not benefit from 5-FU adjuvant therapy.	Predictive, Prognostic
Colon Cancer	Patients <50 years of age or with stage II disease	Microsatellite instability (MSI)		2A	The panel recommends that MMR protein testing be performed for all patients younger than 50 years with colon cancer, based on an increased likelihood of Lynch syndrome in this population. MMR testing should also be considered for all patients with stage II disease, because stage II MSI-H patients may have a good prognosis and do not benefit from 5-FU adjuvant therapy.	Predictive, Prognostic
Colon Cancer	Metastatic disease	BRAF V600E mutation	BRAF	2A	Suspected or proven metastatic or synchronous adenocarcinoma (any T, any N, M1). Determination of tumor KRAS gene status. If KRAS non-mutated, consider BRAF testing.	Predictive, Prognostic

Showing 1 to 5 of 5 entries

The NCCN Biomarkers Compendium™ is copyrighted by the National Comprehensive Cancer Network, Inc. All rights reserved. © 2012. The NCCN Biomarkers Compendium™ and the illustrations herein may not be reproduced in any form without the express written permission of NCCN. The NCCN Biomarkers Compendium™ neither represents an all-inclusive listing of biomarker tests used in cancer treatment nor every oncology-related use and indication for biomarker testing. Any clinician seeking to apply or consult the NCCN Biomarkers Compendium™ is expected to use independent medical judgment in the context of individual clinical circumstances to determine any patient's care or treatment.

To learn more, reach out to us for an informal conversation.