



Cancer Epidemiology Primer

Confidential & Proprietary

1

Cancer Epidemiology Primer

Confidential & Proprietary

What is Cancer Epidemiology?

Epidemiology is the study of the distribution (who, where, and when) and potential causes of specific conditions or events in specified populations

- Cancer epidemiology is a relatively new science, which has matured only in the last half of the 20th century
 - It has already contributed greatly to the understanding of the causes of different types of cancers and evaluating novel treatment options
 - Advances in biology are now providing new tools for epidemiological investigations into the occurrence and distribution of cancer in our population
 - The incorporation of biological markers and the development of genetic epidemiology are just the beginning of the multidisciplinary approach to better understanding these diseases



Cancer Epidemiology Primer • Epiphany Partners Inc.

Slide 2

2

Cancer Epidemiology Primer Confidential & Proprietary

The Goals of Cancer Epidemiology

- Cancer epidemiology focuses on understanding cancer within populations to improve detection and treatment, and eventually prevent cancer

Goals of Epidemiology

Today

Understand how cancers occur, are distributed across populations, and transform over the course of disease

- Detect cancer early with diagnostics
- Develop more effective treatments
- Incorporate biological markers

Tomorrow

Identify risk factors for cancer to create preventative measures

Epiphany Partners Inc. Cancer Epidemiology Primer • Epiphany Partners Inc. Slide 3

3

Cancer Epidemiology Primer Confidential & Proprietary

Cancer Epidemiology's Applications

- Cancer epidemiology is generated and forecasted to provide insights and perspectives for different purposes:
 - General size and scale of cancer patients for **public health** purposes
 - **Clinical assessments** focusing on prevention, diagnosis, prognosis, and treatment of disease
 - **Economic issues** focused on resources and costs of cancer, including patient behavior
 - **Genetic factors** and their interplay with environmental factors in the development of cancers
 - Assessment of **cancer heterogeneity** and other pathologic factors
 - **Strategic evaluations** of the current and future cancer market size, accounting for potential changes in populations, treatments, and patient outcomes

Epiphany Partners Inc. Cancer Epidemiology Primer • Epiphany Partners Inc. Slide 4

4

Cancer Epidemiology Primer Confidential & Proprietary

The Foundation of Cancer Epidemiology

- The four main epidemiology concepts are incidence, mortality, survival, and prevalence

<p>Incidence The number of people diagnosed with a disease <u>in a given year</u></p>	<p>Prevalence The number (or percent) of people within a population who were previously diagnosed with the disease and are alive on a <u>particular date</u></p>
<p>Mortality The death rate, or the number of deaths, in a given population that occur <u>within one year</u></p>	<p>Survival Percent of people surviving from the time of diagnosis for a <u>specified number of years</u> – 1, 3, 5, 10 years</p>

Epiphany Partners Inc. Cancer Epidemiology Primer • Epiphany Partners Inc. Slide 5

5

Cancer Epidemiology Primer Confidential & Proprietary

Understanding Cancer Incidence

- Let's consider an example population

= 10,000 women = 10,000 men

and

Population: 100,000 people

Epiphany Partners Inc. Cancer Epidemiology Primer • Epiphany Partners Inc. Slide 6

6

Cancer Epidemiology Primer Confidential & Proprietary

Crude Incidence

- Crude incidence gives the rate of disease, in a given population, at a given time

Crude incidence is **15,000 per 100,000** or a crude incidence rate of **0.15**

Useful for: estimating an overall number of people with the disease

Epiphany Partners Inc. Cancer Epidemiology Primer • Epiphany Partners Inc. Slide 7

7

Cancer Epidemiology Primer Confidential & Proprietary

Age-Specific Incidence

- Age-specific incidence describes the incidence in specific age groups

Crude incidence is **15,000 per 100,000** or a crude incidence rate of **0.15**

Age Group	Incidence Rate
0-19	0.00
20 to 49	0.10
50 to 64	0.25
65 to 79	0.35
80+	0.50

Useful for: forecasting incidence for each age group and/or gender, accounting for the impact of changes in both number of cases and population

Epiphany Partners Inc. Cancer Epidemiology Primer • Epiphany Partners Inc. Slide 8

8

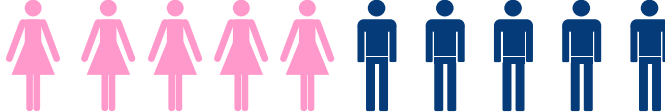
Cancer Epidemiology Primer Confidential & Proprietary

Mortality


- Mortality describes the death rate, or the number of deaths, in a population for a specific year
 - These rates are derived from death certificates collected by governments

Year-end December 31, 2025

People with the disease in 2025



People who died during 2025



Mortality for 2025 is **35,000 per 100,000** or a mortality rate of **0.35**

Caveat: Reported mortality is independent of reported survival due to different data sources

Epiphany Partners Inc. Cancer Epidemiology Primer • Epiphany Partners Inc. Slide 9

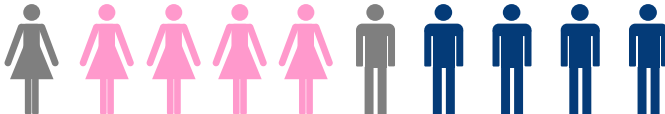
9

Cancer Epidemiology Primer Confidential & Proprietary

Observed Cancer Survival


- Observed survival is the proportion of patients who are alive each successive year regardless of cause of death

A 5-year observed survival rate of 80%




Crude (observed) Rate: excludes patients with death from any cause

EXCLUDES



John who died of cancer

AND



Jane who had cancer, but died of a heart attack

Caveat: Reported survival is independent of reported mortality due to different data sources

Epiphany Partners Inc. Cancer Epidemiology Primer • Epiphany Partners Inc. Slide 10

10

Cancer Epidemiology Primer Confidential & Proprietary

Relative Cancer Survival

- Relative cancer survival is the proportion of patients who are alive each successive year, excluding only patients who died of cancer

A 5-year observed survival rate of 80% converts to a 5-year **relative survival rate of 90%**

Relative Rate: only excludes deaths from cancer, using actuarial analysis to “add back” those patients who didn’t die of cancer

Caveat: Relative survival is always higher than observed survival given the “add back” of patients

Epiphany Partners Inc. Cancer Epidemiology Primer • Epiphany Partners Inc. Slide 11

11

Cancer Epidemiology Primer Confidential & Proprietary

Using Survival Data

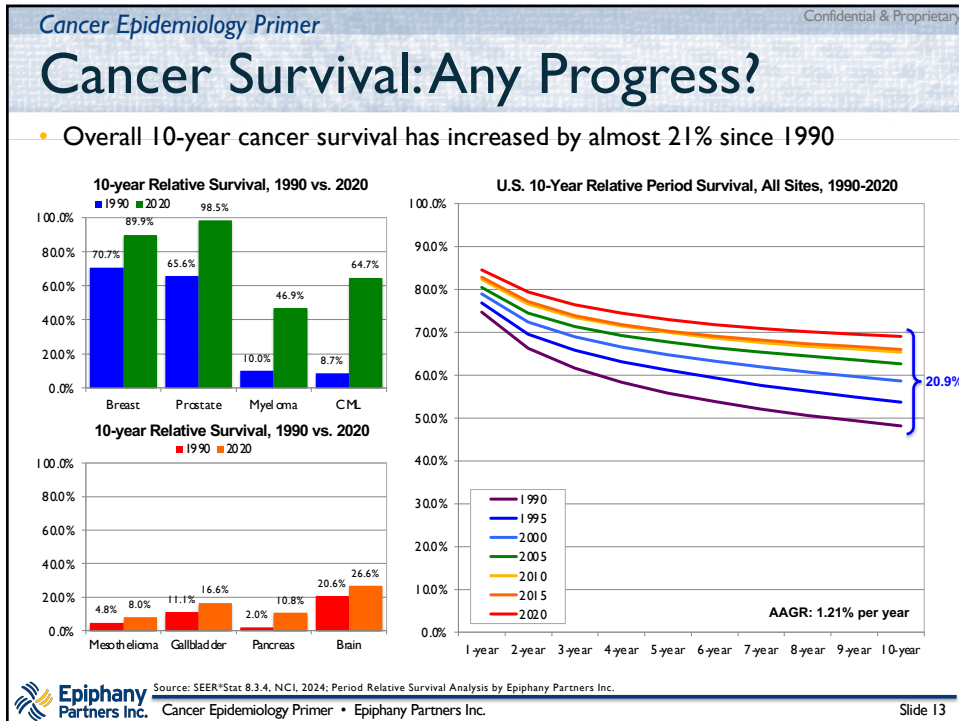
- When considering survival statistics, its always best to use “observed” or “crude” survival
 - “Relative” survival is always higher than “observed” survival and is useful when determining overall risk of cancer-related death, but should **NEVER** be used to calculate epidemiology statistics

Cancer	Observed Survival			Relative Survival			Differential
	1-year	5-year	10-year	1-year	5-year	10-year	5-year
All Sites	82.58%	64.75%	53.20%	84.52%	72.90%	68.99%	8.16%
Gastric	61.54%	31.80%	23.61%	63.15%	36.50%	32.04%	4.70%
Lung	55.30%	26.47%	15.70%	56.91%	30.75%	21.89%	4.28%
Pancreas	40.46%	12.40%	8.46%	41.54%	13.93%	10.81%	1.53%
Prostate	96.68%	84.92%	71.23%	99.40%	98.48%	98.48%	13.55%

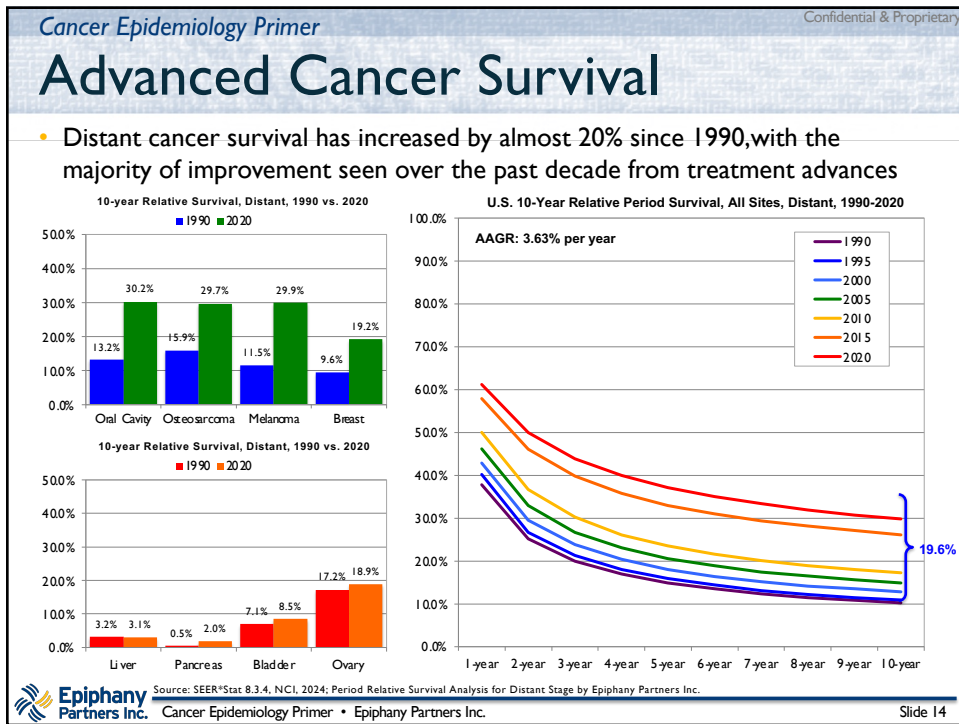
Source: SEER*Stat 8.4.3, 8 Registries, NCI, 2024.

Epiphany Partners Inc. Cancer Epidemiology Primer • Epiphany Partners Inc. Slide 12

12



13



14

Cancer Epidemiology Primer Confidential & Proprietary

Point Prevalence

- Point prevalence describes the number of people with a diagnosis who are alive on a certain date
 - Most prevalence statistics use “point prevalence”

People with disease on January 1, 2025

PLUS Incident for 2025

LESS People who died during 2025

Point Prevalence on December 31, 2025

Epiphany Partners Inc. Cancer Epidemiology Primer • Epiphany Partners Inc. Slide 15

15

Cancer Epidemiology Primer Confidential & Proprietary

Standard 5-Year Prevalence

- Standard prevalence includes anyone who has previously had a diagnosis and is still alive **within** a set time period
 - Useful for: determining the “burden of disease” focusing on patients who may be available for treatment

Year-end December 31, 2025

2025 5-Year Standard Prevalence

Includes: NOT NOT

Mark who is still undergoing treatment and was diagnosed 2 years ago

Mary who was diagnosed 7 years ago (outside timeframe)

Mike who was diagnosed 11 years ago (outside timeframe)

Epiphany Partners Inc. Cancer Epidemiology Primer • Epiphany Partners Inc. Slide 16

16

Cancer Epidemiology Primer Confidential & Proprietary

Standard 10-Year Prevalence

- Standard prevalence includes anyone who has previously had a diagnosis and is still alive **within** a set time period

Useful for: determining the "burden of disease" focusing on patients who may be available for treatment

Year-end December 31, 2025

2025 10-Year Standard Prevalence

Includes: **AND** **NOT**

Mark who is still undergoing treatment and was diagnosed 2 years ago Mary who was diagnosed 7 years ago Mike who was diagnosed 11 years ago (outside timeframe)

Epiphany Partners Inc. Cancer Epidemiology Primer • Epiphany Partners Inc. Slide 17

17

Cancer Epidemiology Primer Confidential & Proprietary

Prevalence by Stage

- Prevalence by Stage describes the total number of people alive at a given point in time who are in a particular stage of their disease

Prevalence by Stage on December 31, 2025

Stage I

8.3%

Stage II

16.7%

Stage III

25.0%

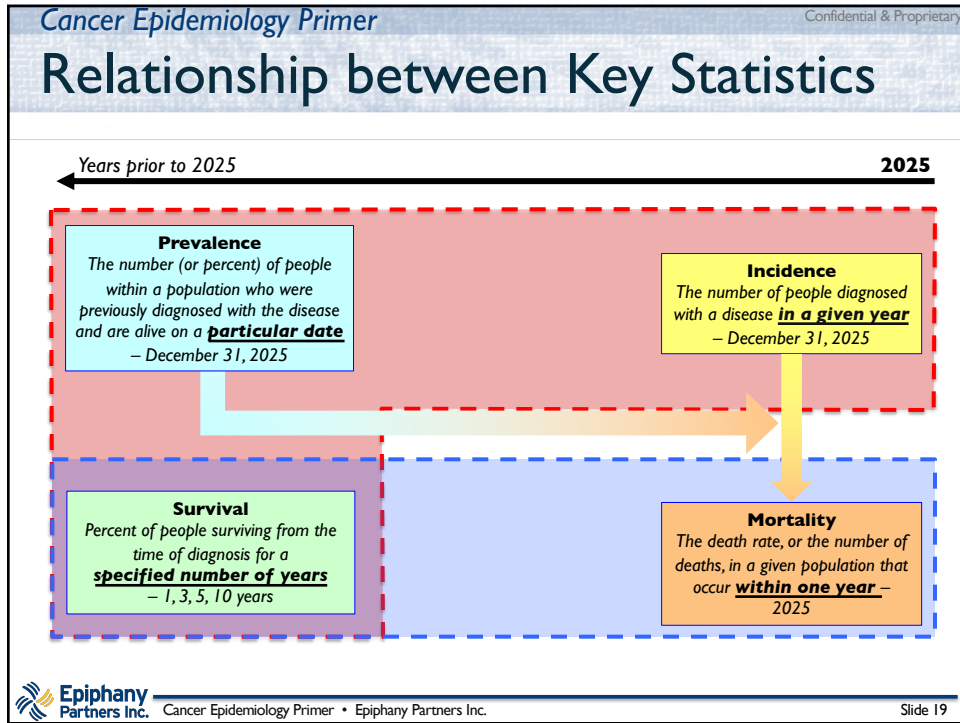
Stage IV

50.0%

KEY METHODOLOGY ISSUE: In order to properly "re-stage" patients, it is important to determine both relapse and progression from early- to late-stage disease over the specified time frame (e.g., 5 years)

Epiphany Partners Inc. Cancer Epidemiology Primer • Epiphany Partners Inc. Slide 18

18



19

Epiphany

Leaders in the Field of Cancer and Rare Disease Epidemiology

<p>Brittany Britt (910) 625-5623 brittany@time4epi.com</p>	<p>Shelley Frederickson (218) 235-0340 shelley@time4epi.com</p>
<p>Monique Anderson (650) 440-9190 monique@time4epi.com</p>	<p>Roger Halualani (650) 766-1883 roger@time4epi.com</p>

www.time4epi.com

Isn't It Time You Had an Epiphany?

Confidential & Proprietary

20