SQUAMOUS CELL CARCINOMA OF THE HEAD & NECK (SCCHN)

Debiopharm
WE DEVELOP FOR PATIENTS

Today SCCHN remains a hard-to-treat cancer with a heavy physical, psychological and economic burden and poor long-term outcomes, despite current standard of care (radical tumor resection for eligible patients or platinum-based concomitant chemo-radiotherapy).[1]

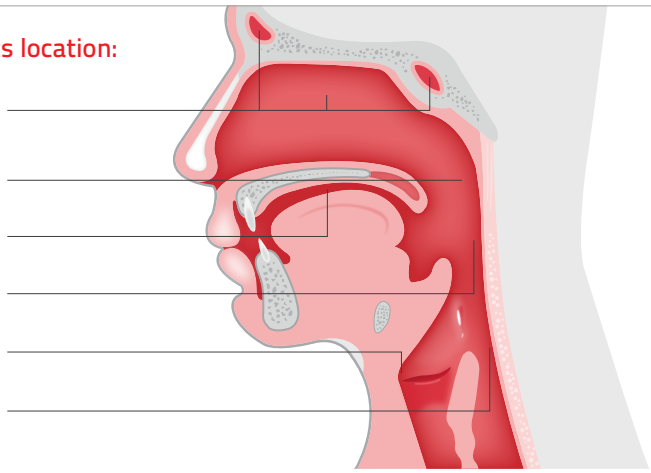
THE 6TH MOST COMMON CANCER TYPE WORLDWIDE

740,000 new cases and **400,000** deaths per year worldwide[2]

The majority of patients are diagnosed with locally-advanced disease (LA-SCCHN)[3]

SCCHN is classified by its location:

- Behind the nose (nasal cavity and paranasal sinuses)
- Upper part of the throat near the nasal cavity (nasopharynx)
- Mouth (oral cavity)
- Middle part of the throat near the mouth (oropharynx)
- Voicebox (larynx)
- Lower part of the throat near the larynx (hypopharynx)



HIGH-RISK LA-SCCHN PATIENTS FACE A POOR PROGNOSIS

WHICH LA-SCCHN PATIENTS ARE CONSIDERED HIGH-RISK?

- Patients with human papillomavirus (HPV) negative oropharyngeal (OPC) tumors have a worse prognosis than HPV positive OPC patients.[5]
- Regardless of their HPV status, patients with history of current or past heavy smoking (>1 pack per day over 10 or more years) have worse prognosis when compared to patients who have less heavily or never smoked.[5,6]
- Also, those with more advanced staged tumors - stage IV, N2 or N3 compared to stage III, N0 or N1.[5,6]

More than **50%** of LA-SCCHN patients relapse during the 5 years after treatment[7]

HPV status is a strong and consistent determinant of superior survival and the 5-year survival rates among patients with HPV-positive tumors is approximately **75** to **80%**, versus **45** to **50%** among patients with HPV-negative tumors.[5]

THE MULTIFACETED BURDEN OF LA-SCCHN

PHYSICAL AND PSYCHOLOGICAL IMPACT

Consequences of surgery can strongly impact LA-SCCHN patients' quality of life by resulting in functional loss (swallowing, speaking, hearing, smelling) and change in facial appearance (disfigurement), both affecting patients' self-esteem and contact with others.[8-10] More than 40% of head and neck cancer patients suffer from depression.[10]

INVASIVE TREATMENTS

LA-SCCHN patients undergo radical surgery as primary treatment, as well as surgical reconstruction whenever is feasible, with an average 21 days of hospitalization, with older patients requiring intensive care stays. Follow-up support includes enteral feeding and voice therapy, tracheostomy, dental care, nutritional and psychiatric support and treatment of sensory disorders.[11]

HIGH COSTS

Head and neck cancer is among the solid tumors generating the highest expenditures for health care systems.[12]

Cost estimates in the United States:

- 3.64 billion US$ in direct medical costs in 2010[13]
- 3.63 billion US$ in productivity costs and value of imputed caregiving and household activities in 2008[14]
- 98 days of absence from work in average in 2008[15]

Cost estimates in the UK and France:

- 309 million £ in the UK over 5 years (from 2006 to 2010)[16]
- 665 million € in France in 2012[17]

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