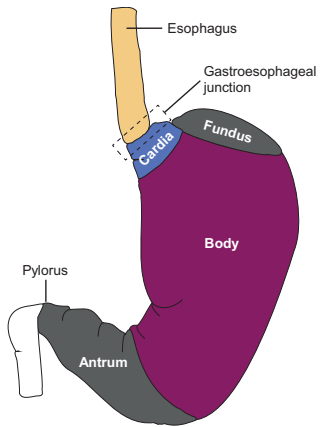


Gastroesophageal adenocarcinoma (GEA) is a heterogeneous group of malignancies comprising of gastric, esophageal, and gastroesophageal junction (GEJ) adenocarcinomas¹



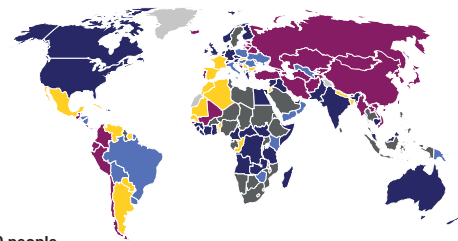
Gastric adenocarcinomas occur near the junction of the esophagus (cardia or fundus) and in the body and distal regions (antrum or pylorus) of the stomach¹

GEJ adenocarcinomas occur where the distal esophagus joins the cardia²

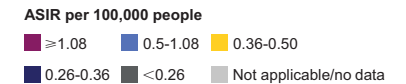
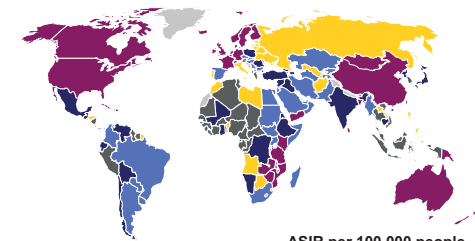
Esophageal adenocarcinomas occur predominantly in the lower esophagus near the GEJ³

Over 1,000,000 people worldwide are diagnosed with GEA every year⁴

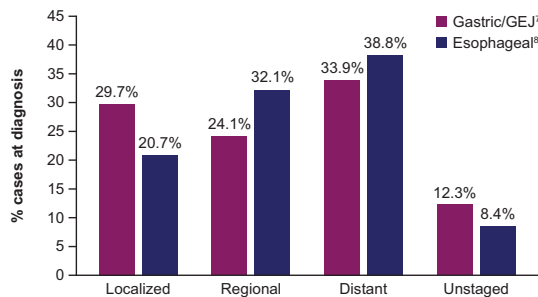
Gastric/GEJ cancer⁵



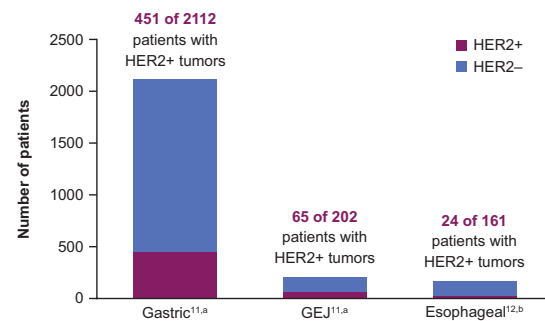
Esophageal adenocarcinomas⁶



Most patients are diagnosed with distant disease, which has a 5-year survival rate of <10%



HER2 overexpression/amplification occurs in ~20% of GEA cases^{9,10}



In the US, ~25% of patients with advanced/metastatic GEA were not tested for HER2 status^{15,c}



Abbreviations: ASIR, age-standardized incidence rate; GEA, gastroesophageal adenocarcinoma; GEJ, gastroesophageal junction; HER2, human epidermal growth factor receptor 2; IHC, immunohistochemistry; ISH, in situ hybridization; US, United States.

Footnotes: ¹IHC 3+ and/or ISH positive. ²IHC 3+ or IHC2+ and ISH positive. ³79% of patients with gastric cancer, 71% of patients with esophageal cancer, and 76% of patients with GEJ adenocarcinomas tested for HER2 status. ¹⁵

References: 1. Ajani JA, et al. *Nat Rev Dis Primers*. 2017;3:17036. 2. Buas MF, Vaughan TL. *Semin Radiat Oncol*. 2013;23(1):3-9. 3. Cancer Genome Atlas Research Network, et al. *Nature*. 2017;541(7636):169-175. 4. Arnold M, et al. *Gut*. 2020;69(9):1564-1571. 5. International Agency for Research on Cancer. Global Cancer Observatory (GLOBOCAN) Global Cancer Statistics 2020. https://gco.iarc.fr/today/online-analysis-map?v=2020&mode=population&mode_population=continents&population=900&populations=900&key=asr&sex=0&cancer=7&type=0&statistic=5&prevalence=0&population_group=0&ages_group%5B%5D=0&ages_group%5B%5D=17&nb_items=10&group_cancer=1&include_nmsc=0&include_nmsc_other=0&projection=natural-earth&color_palette=default&map_scale=quantile&map_nb_colors=5&continent=0&show_ranking=0&rotate=%255B10%252C0%255D. Accessed March 2023. 6. Morgan E, et al. *Gastroenterology*. 2022;163(3):649.e2-658.e2. 7. National Cancer Institute. SEER Explorer - Stomach: recent trends in SEER age-adjusted incidence rates, 2011-2020. https://seer.cancer.gov/statistics-network/explorer/application.html?site=600&data_type=1&graph_type=4&compareBy=sex&chk_sex_1=1&race=1&age_range=1&advopt_precision=1&advopt_show_count=on&hdn_view=1#resultsRegion1. Accessed April 2023. 8. National Cancer Institute. SEER Explorer - Adenocarcinoma of the esophagus: recent trends in SEER age-adjusted incidence rates, 2011-2020. https://seer.cancer.gov/statistics-network/explorer/application.html?site=600&data_type=1&graph_type=4&compareBy=sex&chk_sex_1=1&race=1&age_range=1&advopt_precision=1&advopt_show_count=on&hdn_view=1&advopt_show_apc=on&advopt_display=2#resultsRegion1. Accessed April 2023. 9. Oh D-Y, Bang Y-J. *Nat Rev Clin Oncol*. 2020;17(1):33-48. 10. Bermúdez A, et al. *Diagnostics (Basel)*. 2021;11(6):944. 11. Van Cutsem E, et al. *Gastric Cancer*. 2015;18(3):476-484. 12. Plim PS, et al. *BMC Cancer*. 2019;19(1):38. 13. Bang Y-J, et al. *Lancet*. 2010;376(9742):687-697. 14. Prins MJ, et al. *Ann Oncol*. 2013;24(5):1290-1297. 15. Janjigian Y, et al. *Ann Oncol*. 2018;29(Suppl 5):v23-v24.

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