Understanding China’s Oncology Care: What Primary Research Reveals Beyond Secondary Data

Insights from groupH’s physician network across China – uncovering what truly drives patient and physician behaviour in oncology

2026

Executive Summary:
China Oncology Playbook for Western Pharma

China's vast patient base and advanced digital infrastructure enable lean entry, but only for companies that build local evidence early, plan NRDL pricing for long-term scale, and focus resources on areas where they can differentiate.

Tactic 1

Leverage digital health platforms to maximize launch

China's digital health platforms now reach over 500 million users and are embedded in oncology care, enabling pharma to gauge demand and engage patients & physicians before committing heavy resources.

- Use online consultation data to map patient flow, referral patterns, and identify target populations
- Partner with major platforms (e.g. JD Health) for pre-launch disease education through physician livestreams, utilize digital tools like symptom checkers to prompt early engagement
- Leverage real-time engagement data to refine product messaging and align it with patient literacy, preferences, and digital habits

Implication: If your product has a digital health ecosystem, China offers a lower-friction entry path than many other markets.

Tactic 2

Treat NRDL* access as a long game requiring upfront sacrifice

NRDL* is essential for volume, but inclusion typically requires 50-70% price cuts plus China-specific clinical or economic data that foreign studies rarely provide.

- Build NRDL strategy 18-24 months pre-launch: model scenarios where a 60% price cut drives 3-5× volume growth
- Enter only with clear clinical or economic advantage over domestic options
- Once entry is decided, generate local evidence early: run bridging studies and RWE programs that demonstrate value in Chinese patients

Implication: Don't plan NRDL blindly, enter only when you can secure volume to offset steep price cuts, backed by strong differentiation and local data.

Tactic 3

Prioritize narrow populations to avoid home-grown competitors

As of 2025, China has approved 20+ domestic PD-(L)1 drugs, which sell at half ex-China prices: broad entry means fierce price pressure and low return on investment

- Identify 2-3 niche indications where you have clear clinical superiority (e.g. rare mutations)
- Establish local manufacturing partnerships early, import-only models face 30-40% cost premiums and regulatory delays
- Partner locally to navigate the complex process of getting hospital formulary access and understand prescriber motivations

Implication: Consider demonstrating value in less crowded markets, where focused entry sidesteps domestic drugs that may be preferred over direct alternatives

Source: groupH research and analysis *NRDL = National Reimbursement Drug List

An effective local strategy requires engaging physician and family decision-makers, tailoring messaging to local treatment beliefs, and managing TCM's real-world impact on adherence and evidence quality.

Tactic 4

Product messaging should resonate clearly with family members and physicians

65% of cancer patients are intentionally kept unaware of their cancer diagnosis by family. Treatment decisions are family- / physician-led; winning trust here determines uptake.

- Tailor product messaging to family priorities (safety, quality of life, reduced family burden)
- Strengthen physician endorsement, as most patients follow medical authority
- Adapt consent and education materials to local literacy and communication norms, consider phased disclosure where appropriate

Implication: Commercial success depends on earning both physician advocacy and family confidence, engagement strategies should address each group directly.

Tactic 5

Leverage or reshape IV potency perceptions when designing commercial messaging

Chinese patients often view IV therapies as more powerful than oral and subcutaneous drugs, even when clinical efficacy is equal.

- For IV drug commercialization, center messaging around efficacy claims (especially focusing on treatment-free remissions and curative potential, where possible)
- For oral or subcutaneous drug commercialization, center messaging around:
  - Convenience, home comfort, and fewer hospital visits (patient communications)
  - Reduced hospital workload and resource burden (provider communications)

Implication: Shape delivery format messaging and narrative to local beliefs.

Tactic 6

Proactively track and manage TCM's impact on adherence and data integrity

Over half of cancer patients use TCM* alongside Western therapies, often without informing their doctors, causing adherence issues and confounded trial data.

- Educate physicians on the value of discussing TCM openly with patients to inform them of potential for TCM-drug interactions and benefits of ceasing TCM during treatment
- Note TCM use when collecting real-world evidence and recording adverse events
- Consider adding ongoing TCM use to exclusion criteria for trails where recruitment is not expected to be difficult, to control for confounding and adherence effects

Implication: TCM can undermine outcomes. Track it, manage it, and factor it into evidence generation.

Source: groupH research and analysis * TCM=Traditional Chinese Medicine

Introduction

In China, digital integration and cultural norms are redefining how patients access and accept treatment. Expanding digital health, family influence, IV bias, hidden TCM use, and CAR-T hurdles continue to shape adoption patterns.

Digital Health

Digital health is redefining access and engagement, playing a central role in clinical trial recruitment, treatment adherence, and post-launch reach, especially in digitally connected urban and rural settings.

Informed Consent

Oncology care remains physician- and family-driven, with informed consent shaped by cultural norms and variable health literacy, creating challenges for clinical trials and prompting the rise of hybrid consent models.

Treatment Preference

IV therapies are still seen as more potent, though preferences are evolving toward oral agents, when convenience is matched by demonstrated efficacy.

Traditional Medicine

Traditional Chinese medicine is often used off the record to manage side effects, which can complicate adherence and confound real-world outcomes.

CAR-T

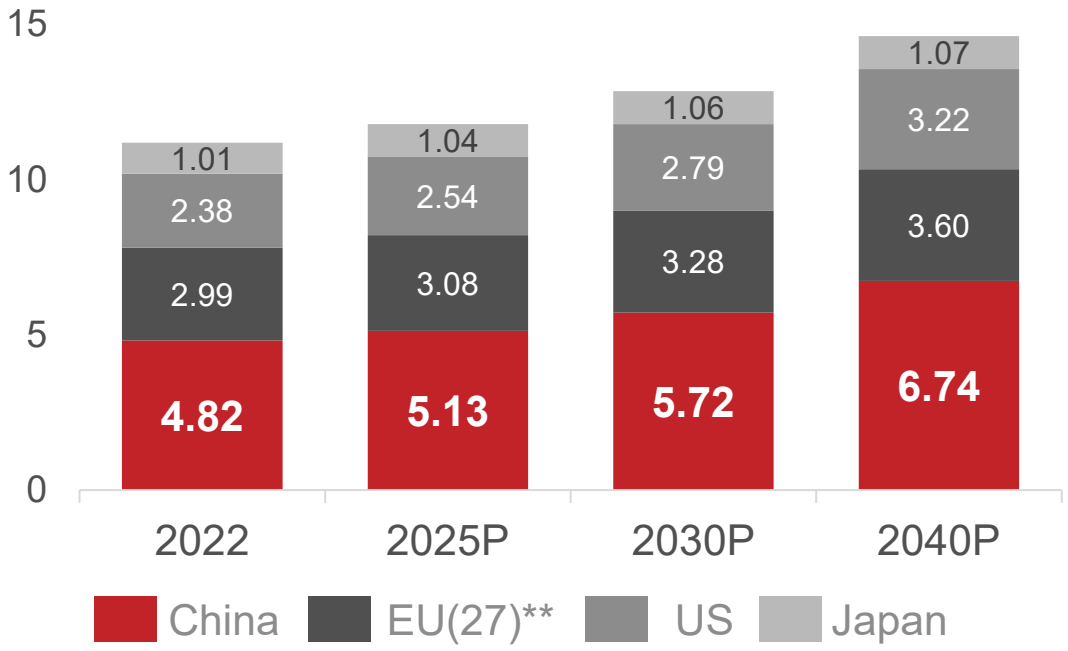
The CAR-T landscape is increasingly crowded and complex. Western entrants likely face hurdles from complex regulations, fierce local competition, pricing pressure, and diminishing room to differentiate without strong local alignment.

Source: groupH research and analysis, Chinese physician interviews 2025

China represents a massive oncology opportunity, driven by the world's largest cancer population and rapidly expanding access through national reimbursement.

China's share of global cancer incidence will remain around one-quarter through 2040, driving the largest absolute increase in new cases worldwide

Projected New Cancer Cases (All Cancers, Millions)
In Major Geographies: China, EU(27), US, Japan (2022-2040P*)**



Source: IARC, Cancer Tomorrow (GLOBOCAN 2022 projections)

Massive Cancer Burden, Expanding Drug Access

- **China is home to the world's largest cancer population**, with approximately 4.82 million new cases in 2022, more than double the US (2.38 million) and accounting for 24.1% of global incidence
- **Access to innovative therapies is rapidly expanding** through the National Reimbursement Drug List (NRDL) and city-level pilot programs, driving broader adoption across public healthcare systems
- **NRDL inclusion can drive dramatic volume growth**, often increasing sales by 170–720% in exchange for significant price concessions of 50–63%***
  - Example: ***Tagrisso*** accepted a ~70% price cut, driving ~2× sales and ~3× patient reach within a year; ***Perjeta*** cut ~74% and achieved a 23-fold sales increase in the first year of listing

* P=Projected. **EU(27) refers to the region composed of the 27 member-states of the European Union (i.e., without UK)
*** NRDL+ (2023), citing IQVIA data. "Access Pathway for Innovative Medicines in China – Basic Social Medical Insurance."

Western drug developers face major hurdles to success in China's oncology market. Localized strategies that account for intense domestic competition, cultural nuances, and real-world treatment dynamics will be critical for success.

Key Hurdle	Description
Local Competition	▪ **Local competition is fierce**, driven by PD-1 saturation, homegrown CAR-T programs, and widespread use of Traditional Chinese Medicine (TCM)
Regional Fragmentation	▪ **Wide variation in patient preferences, physician practice patterns, and healthcare access across China** complicates strategy design and makes national-scale adoption difficult without strong local insight
Lack of Local Strategies	▪ **Western drug developers often lack a localized strategy**, relying on global data and assumptions that don't align with China's clinical practices, regulatory environment, or patient realities, limiting relevance and uptake
Cultural and Behavioral Gaps	▪ **Deep-rooted beliefs, treatment expectations, and cultural norms** shape both patient and physician behavior, often leading to resistance or skepticism toward new or unfamiliar therapies

Source: groupH research and analysis

This paper provides recommendations to address key strategic challenges for Western pharma navigating China's oncology landscape.

Topics Explored in this White Paper

1. **Digital health in Oncology**
2. **Informed Consent Practices**
3. **Patient Treatment Preference**
4. **Traditional Chinese Medicine**
5. **China's CAR-T Landscape**

Analysis Driven by Local KOL and Physician Insights

- This paper provides real perspectives from 8 KOLs and 33 community physicians that reveal on-the-ground dynamics that influence **feasibility and adoption** – beyond what guidelines or secondary data can show
- Understanding these factors early helps inform **feasibility assessments, trial design, and commercialization strategies** in China's complex oncology ecosystem

Interviewee Locations

Source: groupH research and analysis

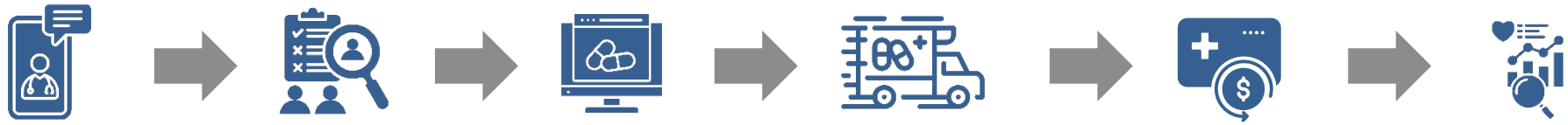
Digital health in Oncology

AstraZeneca's digital health partnerships built the digital backbone that enabled Forxiga's nationwide reach and half-billion-dollar sales in China, shaping a model for pharma-digital health collaboration.

Digital Evolution	2018 Foundational Infrastructure	2020 Digital Access Expansion	2021 Integrated Care Ecosystem	2023 Value-Based Digital Outcomes
Partnership	AliHealth	AliHealth JDH	Tencent 微医 WeDoctor	AliHealth
Key Initiatives	**Co-developed AI-powered pharmacovigilance tools** for AE detection and safety reporting, improving accuracy to 95% and tripling efficiency	Integrated AliHealth Pharmacy Cloud for **remote e-prescriptions** and JD Health for **nationwide home delivery** during COVID-19	Partnered with Tencent and WeDoctor to **build a closed-loop digital care system** linking online consultation, e-prescription, delivery, and follow-up	Expanded digital chronic-care programs to **capture real-world evidence**, showing how China's digital health ecosystem drives measurable outcomes and impact
Forxiga Touchpoint	**Laid digital backbone** later leveraged by Forxiga's online safety and patient monitoring channels	Remote e-prescriptions/refills kept patients adherent through lockdowns – paving the way for **Forxiga's expansion to 80 % of Tier-1 hospitals** nationwide	Enabled **one-stop chronic-care journeys** for diabetes and heart-failure patients, featuring virtual pharmacist counselling and WeChat-based education programs	Leveraging this infrastructure, Forxiga achieved **¥3.5 billion (≈ $500 M) in annual sales** (2023) – 10% of global market share

Source: groupH research and analysis, company website, public filings

China's digital health platforms now operate as integrated ecosystems linking patient access, drug fulfillment, and real-world evidence.



	Online Consultation	Trial Recruitment	E-Pharmacy	Drug Distribution	Reimbursement Integration	Data & RWE[1] Platform
Major Platforms	平安好医生 JDH 京东健康 AliHealth 阿里健康 丁香医生 微医 WE DOCTOR 春雨医生 美团买药 你的家庭药箱 百度健康 好大夫在线	平安好医生 AliHealth 阿里健康 JDH 京东健康 丁香医生 微医 WE DOCTOR 春雨医生 好医生 临研通 ClinExpert.com	平安健康 PING AN HEALTH AliHealth 阿里健康 JDH 京东健康 1药网 益丰大药房 Yifeng Pharmacy 泰康集团 Taikang Group 国药在线 yao123.com 九州通医药集团 JOINTOWN PHARMACEUTICAL GROUP SPH 上海医药 SHANGHAI PHARMA 水滴健康 腾讯医疗健康 Tencent HealthCare	平安健康 PING AN HEALTH 京东物流 JD Logistics AliHealth 阿里健康 1药网 上药云健康 九州通医药集团 JOINTOWN PHARMACEUTICAL GROUP 国药集团 SINOPHARM 国大药房 GuoDa Drugstore 美团买药 你的家庭药箱 大参林 dashenlin	平安医保科技 AliHealth 阿里健康 JDH 京东健康 1药网 微医 WE DOCTOR	平安科技 PING AN TECHNOLOGY JDH 京东健康 AliHealth 阿里健康 丁香园 WWW.DXY.CN 微医 WE DOCTOR 零氪科技 LinkDoc 腾讯医疗健康 Tencent HealthCare 医度云
Key Features	Connects patients with licensed doctors for e-diagnosis, e-Rx, chronic & follow-up care	Online consultation generates verified patient data that enable precise trial matching	Provides auto-refill, pharmacist consultation, and tracks adherence for continuous care	Enables direct-to-patient delivery, cold-chain logistics & same-day fulfillment	Connects to insurance cloud for instant claims, seamless payment and settlement	Aggregates EMR[2] & pharmacy data, for cohort building & analytics for trial and RWE studies
Data Flow	Diagnosis & treatment data →	Pre-screened cohort data →	Dispensing & adherence data →	Fulfillment & delivery data →	Claims & payment data →	RWE insights, feedback loop ↻
Pharma-Tech Partnership	AstraZeneca AliHealth 阿里健康	Pfizer JDH 京东健康	Roche JDH 京东健康	sanofi 京东物流 JD Logistics	AstraZeneca 平安健康 PING AN HEALTH	Roche 腾讯医疗健康 Tencent HealthCare

LEGEND | Ping An Ecosystem: 平安好医生 平安健康 PING AN HEALTH 平安医保科技 平安科技 PING AN TECHNOLOGY | JDH Ecosystem: JDH 京东健康 京东物流 JD Logistics | AliHealth Ecosystem: AliHealth 阿里健康 | Other Small Platforms

1. RWE – real-world evidence; 2. EMR = electronic medical record

Source: groupH research and analysis, company website, public filings

In China, digital health is deeply embedded in the healthcare system, creating a fast lane for drug access, patient education, and oncology care support, unlike in the US, where digital health is still fragmented and supplemental.

Strategic Enabler

Digital health in China is a drug developer's partner, not just a tool, offering direct access to patients, education, and adherence support at national scale

Tactical Channel

In the US, digital health is a supplementary channel, useful for specific services but limited in scale, integration, and strategic value due to fragmented systems and uneven adoption

National policy-backed system integration: online consultations, e-pharmacy, reimbursement all-in-one system Healthy China 2030, Internet + Care policies	**Fragmented systems** Slower integration into national frameworks
App-based usage, a few "super apps" dominate AliHealth, JD Health, Ping An, etc.	**Patients use multiple disconnected tools** Hospitals, insurers, and third-party vendors each offer their own apps or portals
National guidelines prioritize elder-friendly app features Tailored app designs like simplified interfaces, voice assistance, caregiver access for older patients	**While technically feasible, tailored designs have not scaled** Fragmented platforms, weak policy push, low commercial incentive, and HIPAA constraints limited rollout of elder-friendly features
Physicians incentivized to use digital health platforms Commission based (commercial platform), annual performance bonus (hospital platform)	**Physician adoption still variable, especially post-pandemic** Reimbursement policies, technology integration, and patient preferences influence ongoing utilization
Less restrictive data laws → more room for AI, targeting	**HIPAA slow down real-time data use and outreach**

Source: groupH research and analysis

Digital health platforms are increasingly used in oncology trials, enabling broader recruitment, remote follow-up, AE monitoring, and virtual protocol coordination, making digital partnerships key to improving trial efficiency and reach.

Digital health is Reshaping Trial Recruitment

Clinical Trial Recruitment Portal on A Popular Digital Health Platform

Implications

Leverage high-traffic digital health platforms (e.g. AliHealth, JDH) to improve trial efficiency, safety oversight, and accessibility:

- **Expand patient recruitment reach**, especially in lower-tier cities
- **Enable integrated trial management** using features like remote follow-ups, retention support, AE monitoring, virtual multidisciplinary meetings
- **Co-develop real-world data collection frameworks** via digital health interactions

*"When patients don't respond to existing therapies, I often recommend **clinical trials**, which they can now easily access through digital health as a last option."*

Chinese KOL

Source: groupH research and analysis, Chinese physician interviews 2025

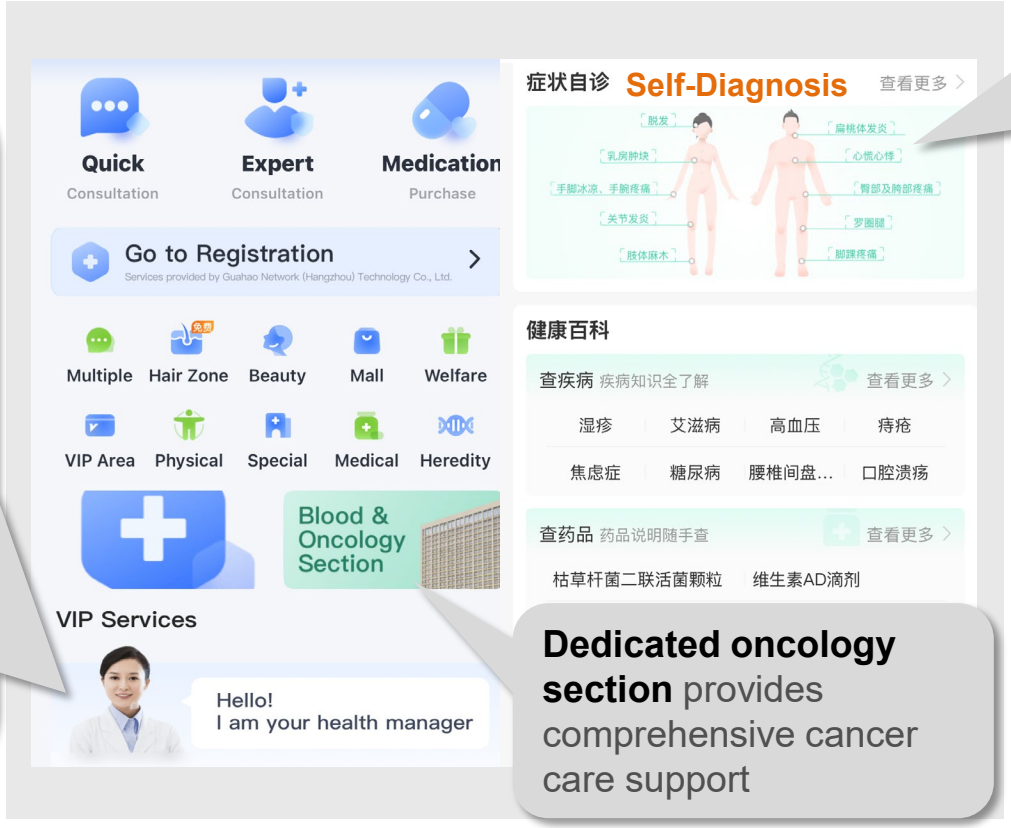
Partnering with digital health platforms using AI triage, self-diagnosis, and early patient engagement features allows pharma to shape oncology care pathways early, increasing the likelihood their therapies are chosen in treatment decisions.

Engaging Patients at First Symptom: The New Frontline for Oncology Influence

Early Patient Engagement Pathway

AI triage integrated with virtual assistant enables rapid initial patient engagement:

When patients enter symptoms online, AI can flag potential cancer risks and immediately surface pharma-supported education, patient support resources, or trial info, improving brand positioning at the point of first concern



Dedicated oncology section provides comprehensive cancer care support

Symptom checker and self-diagnosis tool help patients identify potential health risks early and recommend relevant examinations to include in their annual checkups

Implications

- Western pharma can gain an edge in oncology by **partnering with digital health platforms** that use AI triage, virtual assistants, and self-diagnosis tools
- These tools can help pharma **reach patients at the earliest stage of concern**, **shape perceptions**, and **guide care pathways**, increasing the chances their therapies are considered in treatment decisions

Source: groupH research and analysis

Leveraging digital health platforms is critical for pharma to strengthen real-world outcomes and brand impact by providing education, reminders, and monitoring that improve adherence and support long-term cancer therapies at scale.

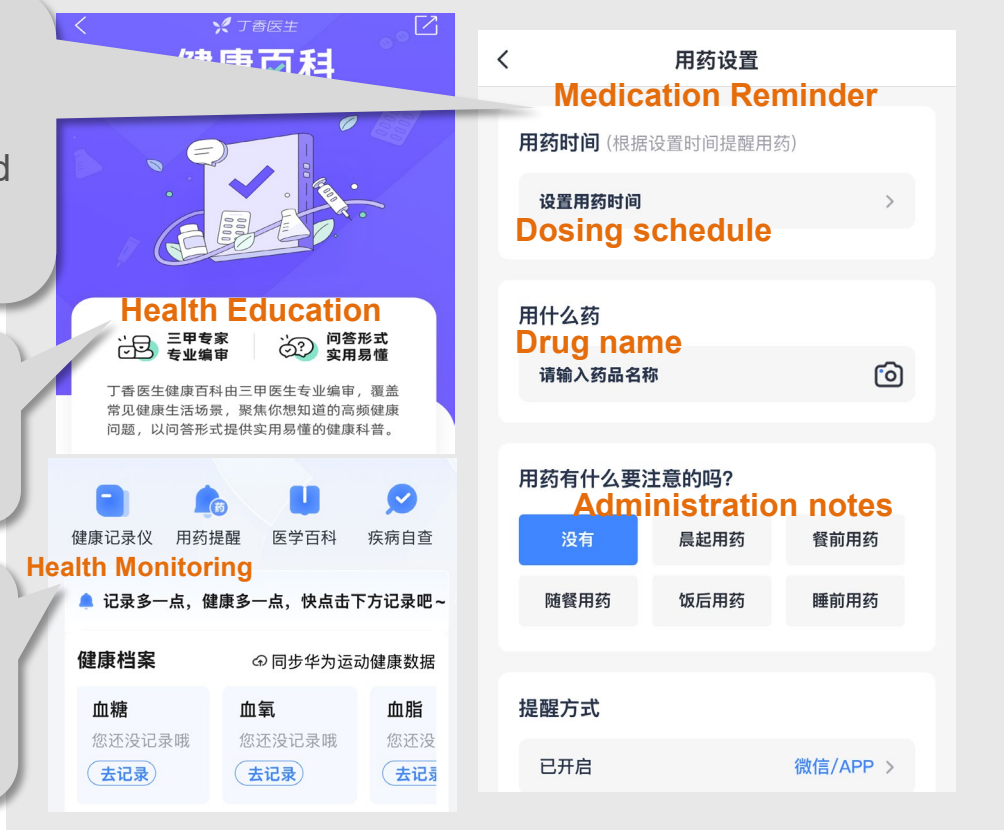
Supportive Care at Digital Scale

Platform-Based Supportive Care

Medication reminders help patients stay on schedule with dosing, using WeChat or SMS alerts to support adherence and improve outcomes in long-term treatments like oral chemo

Patient education hubs to drive patient awareness and explain complex regimens

Health monitoring feature allows patients to track key indicators and symptom changes, and detect disease progression early



*"Digital health makes **personalized care** possible. Offline, patients often receive fragmented care, but now they can have one doctor managing their entire treatment journey."*

Chinese Physician

Implications

Leveraging digital health is key to:

- **Strengthen real-world outcomes and brand differentiation**
- **Drive adherence** via education, reminders, and monitoring
- **Scale support for long-term care**

Source: groupH research and analysis, Chinese physician interviews 2025

Partnering with direct-to-patient platforms is critical for pharma to ensure oncology therapies are accessible, with remote prescribing, renewals, and pharmacist guidance improving adherence and experience in long-term treatment.

Accelerating Patient Reach at Scale, Boosting Product Visibility and Access

Direct-to-Patient Distribution Platform

Three steps for **remote prescribing**: enter condition ➔ online consultation and prescription ➔ home delivery

Four steps for **prescription refill**: select medication ➔ describe reason for renewal ➔ remote follow-up and prescription ➔ home delivery

Pharmacist consultation service provides tailored advice on regimens, insurance coverage, and administration guide to support safe and effective drug use

*"Many of my patients ask about complex chemotherapy regimens online, and we **address their concerns in real time** to support adherence and improve outcomes."*

Chinese KOL

Implications

Direct-to-patient distribution improve convenience and drive adoption. To fully leverage this channel, it's critical to **partner with major platforms, equip online providers and pharmacists** to boost product visibility and accessibility

Source: groupH research and analysis, Chinese physician interviews 2025

In China, digital health is more than a support function: it's a strategic lever for accelerating oncology R&D and commercialization. Western drug developers that integrate it early will outpace those that treat it as optional.

Key China Insight	Implications for Drug Developers
Digital health has become a key channel for cancer care in China, with strong post-COVID policy support helping connect rural patients to top oncologists and narrow the urban–rural care gap	**Pharma's digital presence directly impacts products visibility and market reach** – drugs not listed on top digital health platforms risks losing real-world share
Digital health ecosystem is shifting from high volume to higher quality, expanding beyond consultations to deliver full-spectrum oncology care like remote monitoring, follow-ups, education, and prescription refills – improving patient adherence and outcomes	**Understanding and adapting to China's evolving oncology digital health landscape is essential for pharma success**, with growing opportunities for post-launch patient support and adherence monitoring, especially for oral or self-administered cancer therapies
Digital health is increasingly used in oncology trials for recruitment, remote follow-up, AE monitoring, and virtual protocol coordination, making digital partnerships vital to trial efficiency and scale	**Clinical development teams may consider to explore digital health-supported hybrid trial** models and develop remote follow-up protocols, particularly to expand access in Tier 2–3 cities

Source: groupH research and analysis

Informed Consent Practices

Chinese cancer patients are often uninformed about their diagnosis, therapy choice relies on family members rather than the patient, limiting control over treatment choices.

Family and Cultural Drivers that Reduce Informed Consent

Families often drive disclosure decisions, with doctors following their wishes due to past laws holding physicians liable for harm from bad news

Families often control treatment decisions, choose therapies appearing less severe to maintain concealment, like oral drugs over injections and outpatient over inpatient care

There is a cultural belief that patients live longer if unaware of their cancer, prompting families to conceal disease severity and reassure terminally ill patients to maintain hope and comfort

Civil Code of China (Article 1219) allows close relatives to provide written consent for patients with severe conditions

Interview Feedback

*"At least **two-thirds** of cancer patients in China don't know their true diagnosis, especially those in rural areas below the county level."*

Chinese KOL

*"I typically weigh the family's wishes and the patient's psychological resilience when deciding whether to disclose a diagnosis. It's often a **delicate balance between respecting the patient and involving the family**."*

Chinese Physician

*"There is a **deep sense of fear and avoidance** surrounding any discussion of cancer, especially among older generations or in rural areas."*

Chinese KOL

Source: groupH research and analysis, Chinese physician interviews 2025

In China, hospitals implement cost-control policies and physicians view cost-control as part of their responsibility, often filter treatment options based on what they think the patient can afford instead of transparently discussing all options.

Physician and Hospital System Drivers that Reduce Informed Consent

Hospital budget caps make physicians highly cost-conscious, often acting as gatekeepers who limit diagnostics, expensive regimens, or certain trial offers to reduce financial burden

Physicians often tailor treatment discussions based on patients' finances or insurance, limiting options for those with basic insurance while providing well-insured or self-paying patients a fuller, more transparent view of expensive therapies

Physicians often make treatment decisions for elderly or rural patients with low health literacy, sometimes providing limited explanations of treatment trade-offs

Interview Feedback

*"This drug is on the NRDL, but out-of-pocket costs remain high. Its benefit is minimal and not worth the price, so **I don't even bring it up with my patients**."*

Chinese Physician

*"**Most patients don't ask questions** about treatment options or clinical trials, they just follow what I say."*

Chinese Physician

*"For patients who are more **independent and well-educated**, we're more likely to involve them directly in treatment decisions."*

Chinese Physician

Source: groupH research and analysis, Chinese physician interviews 2025

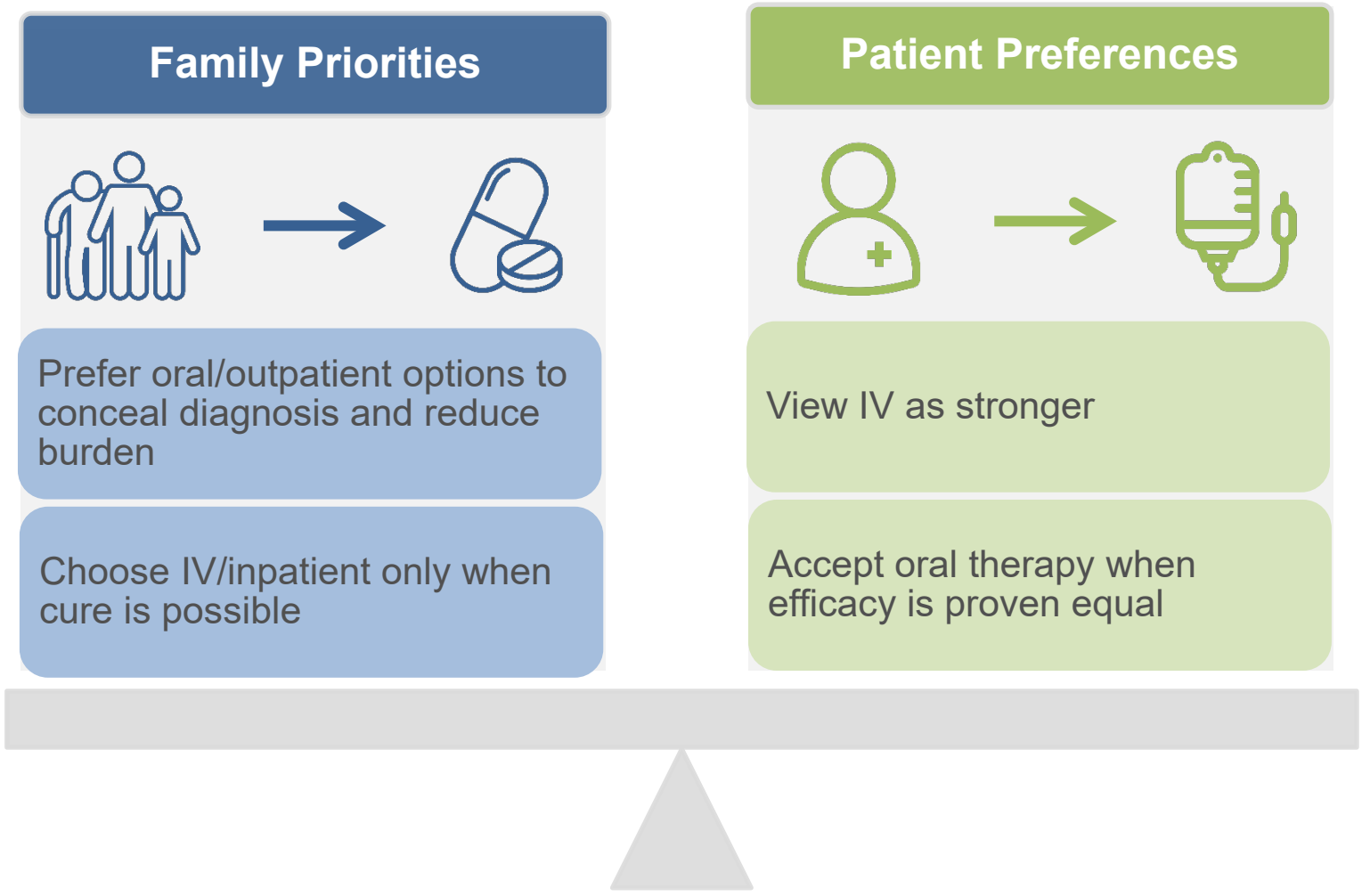
Low health literacy and family-led decisions require product messaging that clearly resonates with both physicians and family members to build trust and drive participation.

Key China Insight		Implications for Drug Developers
65% of cancer patients are kept unaware of their diagnosis by family; treatment choices are primarily made by family members	→	**Tailor product messaging to family priorities** (safety, quality of life, reduced family burden) is essential to drive adoption
Families often prioritize **comfort and affordability**, while **physicians** filter options based on **cost-effectiveness and practicality**	→	**Design education and consent materials that address both perspectives**: simplify data visuals for families and highlight clinical and economic outcomes for physicians
Family-centric disclosure complicates trial enrollment as physicians balance ethics with cultural expectations, respecting autonomy while involving family decisions	→	**Use a hybrid disclosure approach in trials**, letting patients choose who is informed first, involve family when appropriate, and staged information for gradual adjustment
Health literacy and awareness of patient rights is limited, especially outside major cities, patients often deferring entirely to doctors' decisions	→	**Physician buy-in remains the primary driver** of product adoption and trial participation, while patient-facing materials should be simplified and culturally tailored

Source: groupH research and analysis

Treatment Preference

While families often push for oral/outpatient regimens to conceal severity and minimize hospital stays, patients themselves tend to view IV as more powerful.

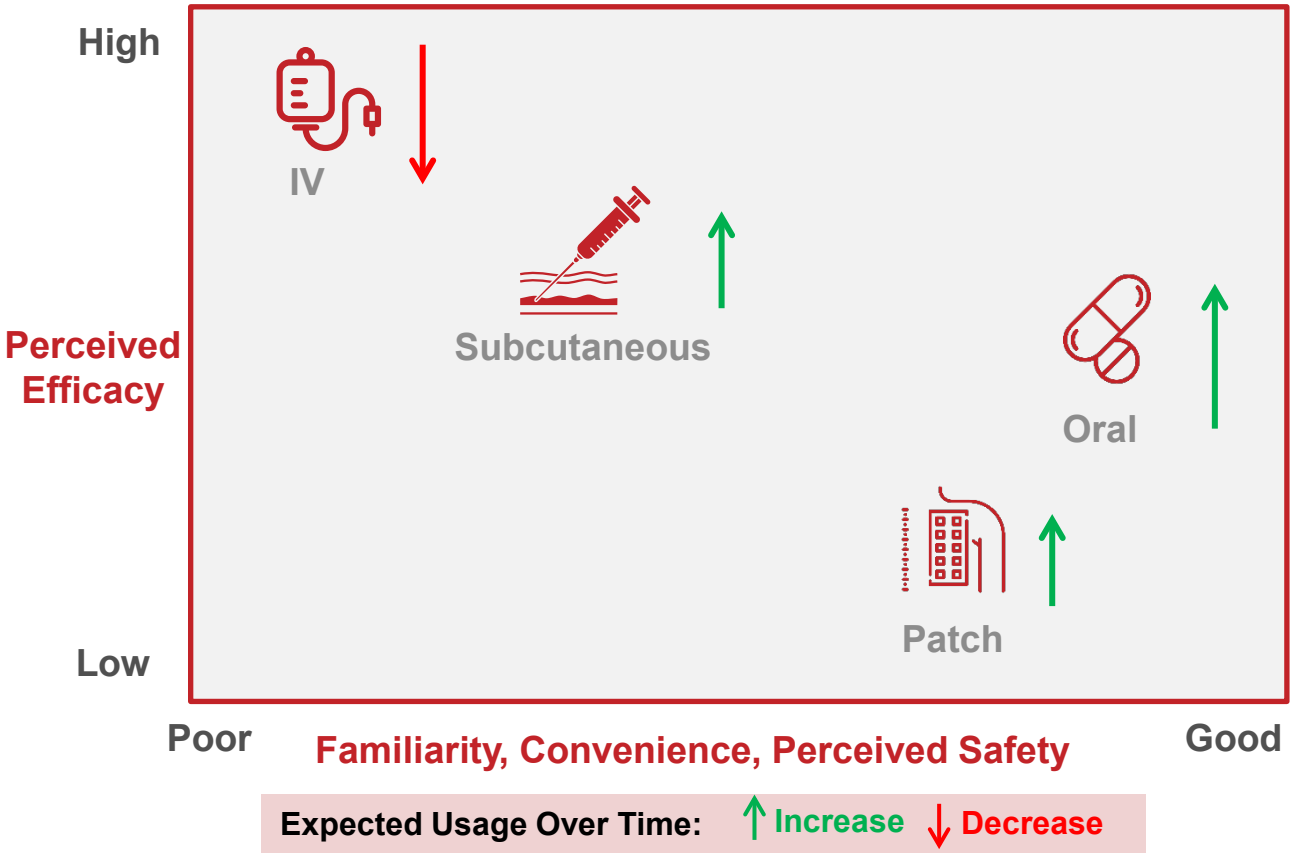


Source: groupH research and analysis; Chinese physician interviews 2025

As policy shifts curb IV overuse, patient preference is tilting toward safer, more convenient options, creating growth opportunities for oral and other self-administered therapies, especially in chronic and symptom management settings.

Shifting Preferences in Drug Delivery

Balancing Effectiveness, Safety, and Convenience



Key Insights

- **IV** use is **declining** – it's seen as potent but with higher AE risk, suited for **acute cases** (e.g., cisplatin, paclitaxel, etc.)
- **Oral** use is **growing**, favored for convenience in **chronic cancers** (e.g., TKIs for CML, EGFR inhibitors for NSCLC)
- **Subcutaneous** (SC) delivery is **rising**, offering a balance of convenient and trust (e.g., rituximab SC for NHL, trastuzumab SC for breast cancer)
- **Dermal patches see modest growth**, valued for steady and safe doing in **long-term symptom relief** like cancer pain

*"As health education improves, I've noticed that **patients are becoming more confident in oral medications**. For example, most people with acute gastroenteritis now choose oral rehydration salts instead of relying on IV fluids."*

Chinese KOL

Source: groupH research and analysis, Chinese physician interviews 2025

When commercializing in China, leverage IV's perceived strength to reinforce efficacy, and position oral or subcutaneous drugs around convenience, comfort, and reduced hospital burden.

Key China Insight		Implications for Drug Developers
Chinese cancer patients and families often associate **IV therapy with stronger efficacy and curative potential**, especially in hospital settings	→	For IV therapies, **center commercial messaging around treatment potency, curative potential, and clinical rigor**, reinforce confidence by linking hospital administration with serious disease control
Oral and subcutaneous formats are increasingly valued for their convenience, home use, and lower emotional and financial burden when efficacy is comparable	→	For oral and subcutaneous drugs, emphasize **home comfort, reduced hospital visits, and lower family burden** in patient and caregiver messaging. Highlight **reduced workload and improved efficiency** for providers and healthcare systems

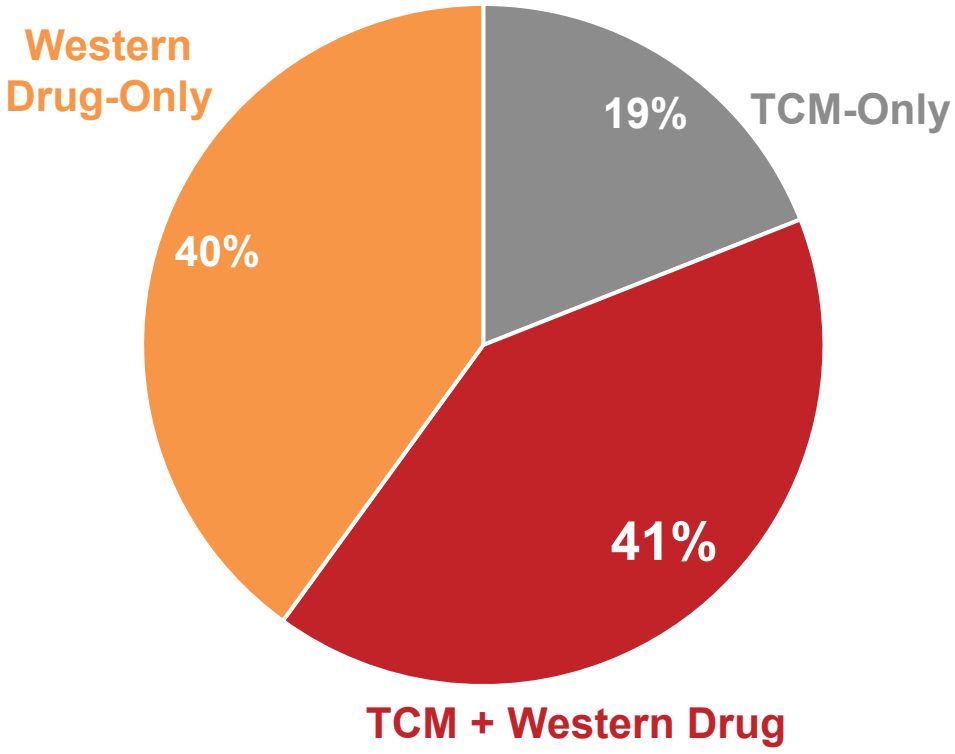
Source: groupH research and analysis

Traditional Chinese Medicine

TCM-Western medicine integration has become the leading patient preference in China, driven by a growing belief that the combination approach offers both potent treatment and safer long-term disease management.

General Patient Preference (2022)

Cross-sectional survey in Hangzhou, n=471



> *"Many of my patients **see TCM as a conservative option,** they don't expect strong efficacy, but they believe it's generally safe and gentle."*

Chinese KOL

Key Insights

- **TCM is widely viewed as safer and less toxic**, making it preferable for chronic care, while **Western medicine is seen as more potent but with greater side effects**, well-suited for acute conditions.
- **Many patients now prefer combining TCM with Western medicine in cancer care**, especially managing cancer-related symptoms such as pain, and drug side effects like nausea and fatigue – many patients believe it helps mitigate the long-term effects of Western drugs.

Source: groupH research and analysis, Chinese physician interviews 2025

Western medicine remains the backbone therapy for tumor control, as Chinese patients view it as more effective and targeted than TCM, primarily relying on it for disease control and treatment despite safety trade-offs.

Western medicine is generally perceived as more effective than TCM and remains the go-to treatment for tumor control despite safety trade-offs, especially in urgent, critical, or well-defined conditions where precision and efficacy are prioritized:

Acute or critical cancer cases

First-line treatment for aggressive or late-stage cancers requiring rapid intervention (e.g., chemotherapy for high tumor burden)

Specialty oncology care

Hospital-based delivery of advanced treatments such as CAR-T, and inpatient management of treatment-related complications

Primary tumor control and maintenance

Standard of care for achieving remission or disease stabilization, using evidence-based drug regimens (e.g., chemo, targeted, or endocrine therapies) for well-defined tumor types

Cancer Recurrence Prevention

Widely trusted adjuvant or neoadjuvant therapies aimed at preventing cancer recurrence post-surgery

> *"**Younger** patients or those in **early stages** still hope for a cure. Western medicine is their go-to."*

Chinese Oncologist

> *"Because TCM lacks RCT evidence, many Chinese people are **skeptical** about how effective it really is."*

Chinese Oncologist

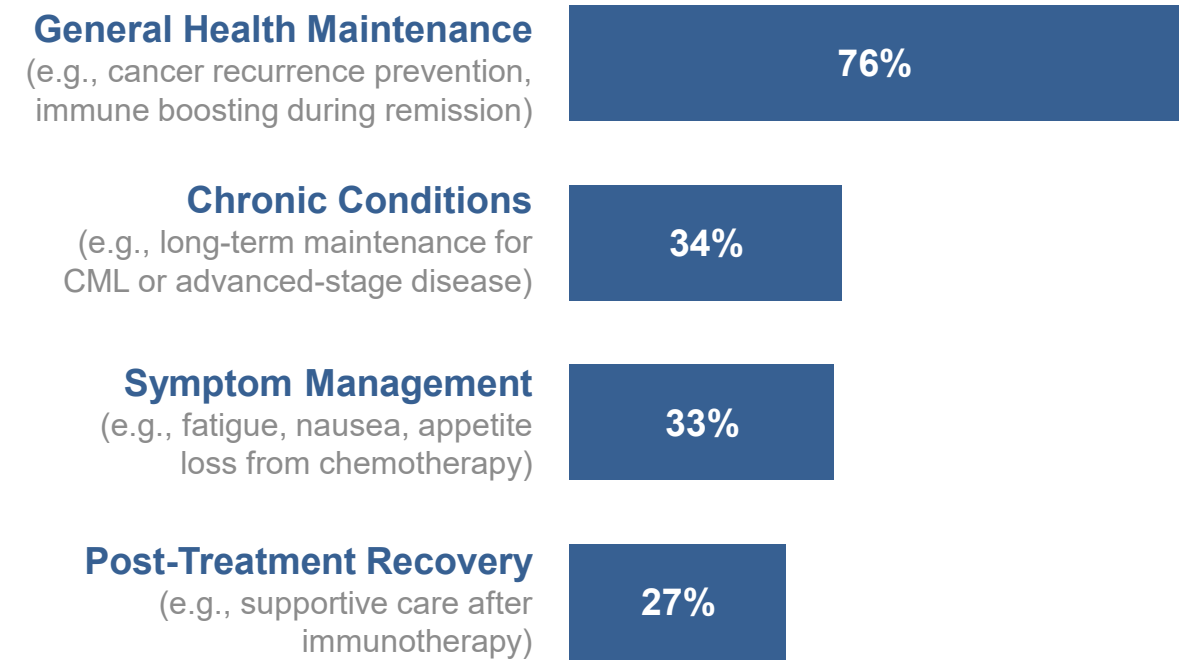
Implications

- **Efficacy** is prioritized for **younger** and **early-stage** patient segments
- **Short-term side effects are acceptable** if the drug delivers strong, timely therapeutic impact

Source: groupH research and analysis, Chinese physician interviews 2025

TCM is primarily used for wellness and mild ailments, but is also seen as a complementary approach in chronic or severe diseases to help mitigate side effects from long-term western drug use.

TCM's Role in Symptom Relief, Recovery, and Wellbeing
Implications for Long-Term Oncology Treatment



Source: Adapted from 2021 national cross-sectional survey (n=28,993; 31 provinces, 163 hospitals)

*"Many **older patients** are hesitant to rely on Western medicine alone due to **concerns about long-term side effects**. They often feel that combining it with TCM can somehow help reduce those side effects."*

Chinese KOL

*"Many patients with liver cancer believe Western drug can **damage the liver**, so they hope TCM can mitigate it."*

Chinese Physician

Implications

- **Long-term side effects** are a major concern for older cancer patients
- **Low-toxicity, well-tolerated therapies** may gain an edge in chronic treatment settings

Source: groupH research and analysis, Chinese physician interviews 2025

TCM is widespread and often undisclosed, pharma must proactively prevent, monitor, and control its impact on adherence, safety, and data integrity.

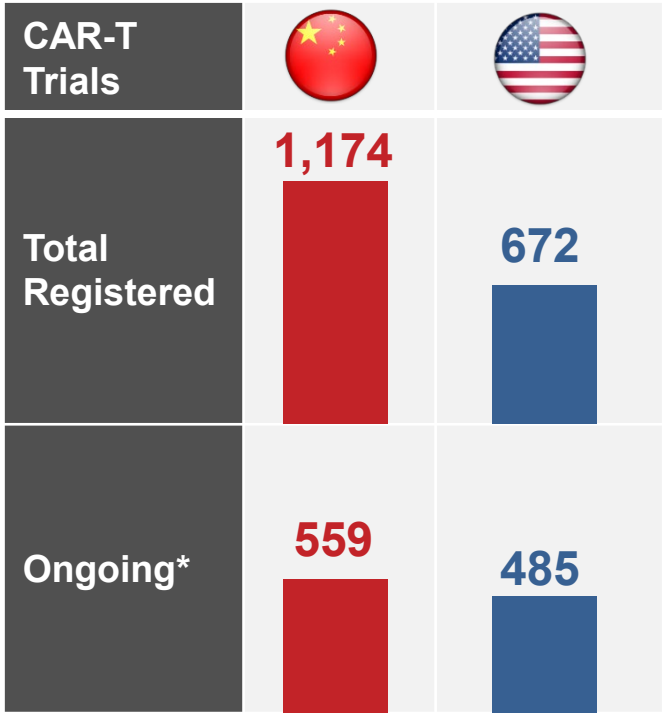
Key China Insight	Implications for Drug Developers
Over half of cancer patients **use TCM alongside Western therapies**, often without disclosure	**Consider adding ongoing TCM use in patient exclusion criteria** where feasible, educate physicians and investigators to screen for TCM and explain interaction risks to patients
Some patients continue TCM use during treatment despite guidance, **risking data distortion and adherence issues**	If TCM use persists, **document it systematically** in trial and real-world evidence datasets, counsel patients on ceasing its use, and adjust data analysis to account for confounding effects
Many Chinese patients **believe TCM helps manage side effects or boosts immunity**	**Develop communication materials** that help physicians and patients understand how concurrent TCM use can weaken treatment outcomes and adherence

Source: groupH research and analysis

China’s CAR-T Landscape

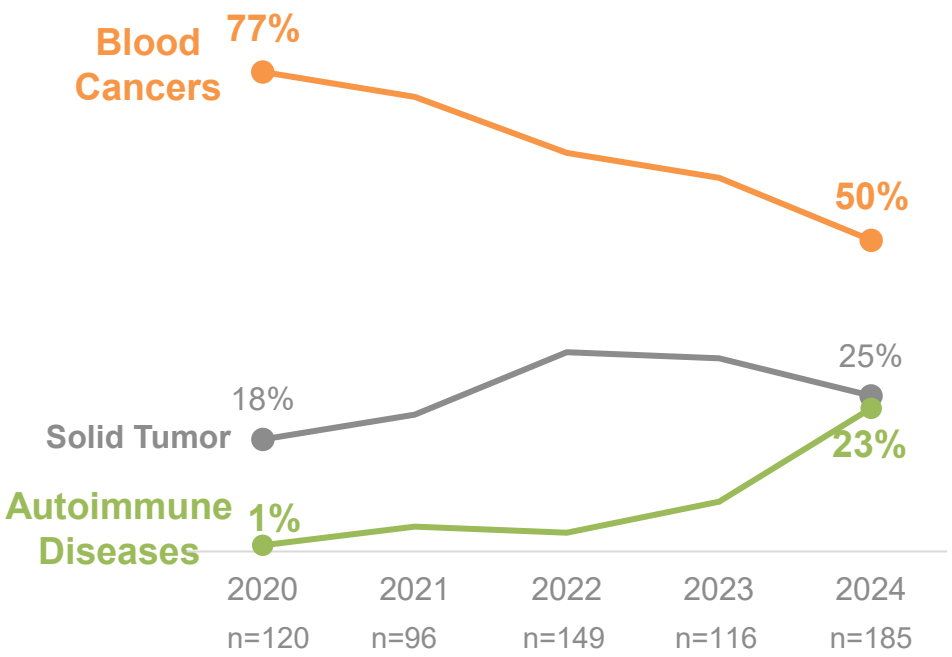
China's CAR-T trial volume now exceeds that of the US. Saturation in blood cancers and rapid expansion into new indications heighten entry barriers, without clear differentiation, direct market entry poses high risk and limited upside.

China's interest in CAR-T therapy has surged over the past decade. As of March 2025, it leads the US in both total and ongoing CAR-T trials



China's CAR-T innovation is diversifying and crowding out blood cancer space

Newly Registered China CAR-T Trials
by Disease Area, 2020-2024



Implications

- Trial saturation in blood cancers and growing focus on new indications **heighten entry barriers**
- Western players need **strong differentiation, local partnerships, and clear positioning** to compete in China's crowded CAR-T market

Chinese KOL

*"I see CAR-T as promising but perhaps **overhyped** for solid tumors."*

Source: ClinicalTrials.gov and Chinese Clinical Trial Registry, Chinese physician interviews 2025
* "Ongoing status" includes "Active, not recruiting," "Not yet recruiting," and "Recruiting" on CT.gov and refers to Phase I-III trials on ChiCTR

China's CAR-T market, from early in-licensing to global outbound – domestic players now driving innovation.

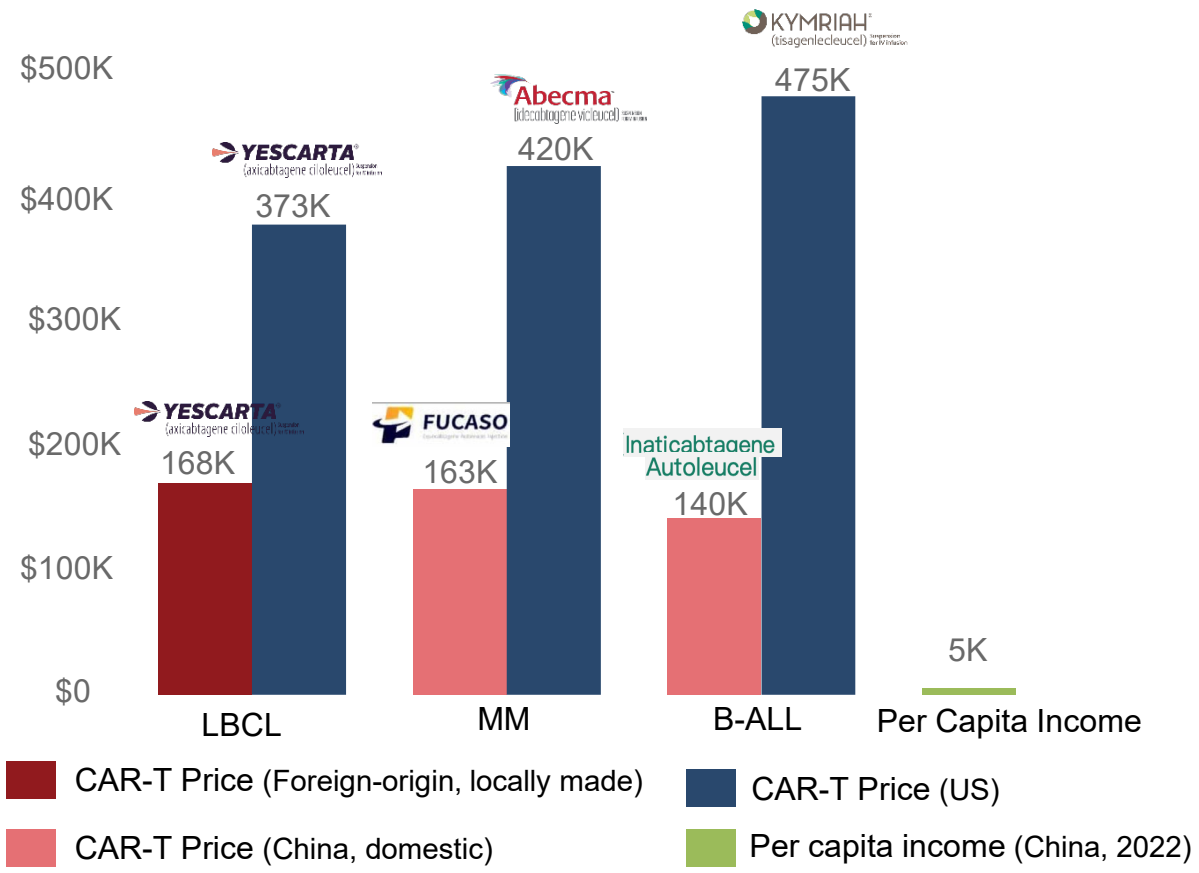
	Early In-Licensing Leaders		China-First Outbound Players		Emerging Domestic Innovators		
Key Players	FOSUNKite 复星凯特生物	药明巨诺 JW Therapeutics	LEGEND BIOTECH	GRACELL	IASO BIOTHERAPEUTICS	CARSGEN THERAPEUTICS	合源生物 JUVENTAS
Key Product	YESCARTA® (axicabtagene ciloleucel)	Carteyva®	CARVYKTI® (ciltacabtagene autoleucel)	FasT CAR	FUCASO	Zevor-cel	Inaticabtagene Autoleucel
NMPA Approval	Jun 2021	Sep 2021	Aug 2024	*Ongoing trials**	Jun 2023	Feb 2024	Nov 2023
Indication	3L r/r LBCL	3L r/r LBCL	3L+ r/r MM	r/r MM	3L+ r/r MM	3L+ r/r MM	r/r B-ALL
Partnership	FOSUN PHARMA 复星医药; Kite A GILEAD Company	药明康德 WuXi AppTec; Bristol Myers Squibb	Janssen PHARMACEUTICAL COMPANIES OF Johnson & Johnson	AstraZeneca	Innovent 信达生物制药	华东医药股份有限公司 HUADONG MEDICINE CO.,LTD.	CASI Pharmaceuticals
Market Position	Market leader (~ 58% share in 2023)	Second approved CAR-T, ~ 42% share by 2023	First China-developed CAR-T, US-approved	Marks rising global interest in Chinese CAR-T	BCMA leader in MM indication	Leader in solid tumor CAR-T	Leader in CD19 CAR-T; hospital spin-off
Key Message	**Western CAR-T entry into China**		**Chinese tech gaining global interest**		**Leading new indications (MM, CD19)**		

Source: groupH research and analysis
* Not yet approved as of Aug 2025

Affordability remains a key barrier to CAR-T uptake, even as localized manufacturing has helped reduce prices in China.

CAR-T Pricing: China vs. US, Foreign-origin vs. Domestic

Benchmarked Against China's Income (2022)



Key Insights

- Locally manufactured CAR-T therapies in China cost **two to three times less** than in the US
- However, CAR-T remains out of reach for most Chinese patients, and each treatment costs the equivalent of **~30 years** of average annual income (~$5K in 2022)
- This suggests that **affordability remains a key barrier to adoption** and highlights the urgent need for innovative reimbursement models

Current Patient Access Level

By mid-2023, Yescarta had treated just **~700** lymphoma patients in China since its 2021 launch – a modest number considering the large pool of eligible cancer patients

Source: International Biopharma Industry report on Gilead Kite & Fosun (2024), International Journal of Health Policy Management – Zheng & Zhang (2024) letter on CAR-T payment and insurance in China

Local programs like city insurance and risk-sharing schemes have expanded access to CAR-T, but usage remains limited to those who can afford it or access partial coverage.

City Insurance

Over 75 commercial plans and 100+ city "Hui Min Bao" programs* now cover CAR-T, typically **reimbursing 30–40%**.

For example, Shanghai's city insurance offers **up to ¥500K** (~$70K) reimbursement with a modest premium of ¥129/year (~$18/year)

Out-of-Pocket

Even with city insurance, patients must still pay **60–70% out of pocket,** a burden that remains high but may be manageable for middle-class families

Pay-for-Outcome Model

In 2023, Fosun Kite launched a **risk-sharing program** for Yescarta: lymphoma patients who don't achieve complete remission within 3 months can receive a **50% refund** on out-of-pocket costs, **up to ¥600,000** (~$84K), covering about half the treatment cost

*"**Cost, side effects, frailty**, and **logistics** often make me think twice before recommending CAR-T to my patients."*

Chinese Physician

*"**Cost remains the main barrier** to CAR-T adoption, and it's unlikely to receive NRDL** coverage in the near term."*

Chinese Physician

Source: groupH research and analysis, Chinese physician interviews 2025

* City-specific commercial medical insurance programs, jointly launched by local governments and commercial insurers, are designed to benefit local residents

** NRDL=National Reimbursement Drug List

Shanghai city insurance significantly reduces upfront and net costs for Yescarta patients compared to no city insurance, highlighting that local reimbursement is key to driving broader adoption.

Yescarta Cost Sharing Under Shanghai City Insurance

(*By 3-Month Complete Remssion Outcome*)

With City Insurance:

Patients pay **$98K** upfront. If no CR* at 3 months, the $49K refund lowers their net cost to **$49K**

Without City Insurance:

Patients bear the full **$168K**. A $84K refund eases the blow if no CR*, but cost remains high at **$84K**

Source: groupH research and analysis

* CR= Complete Remission

Unlike the US, China adds unique hurdles for CAR-T approvals, including mandatory bridging trials and local manufacturing, making market entry more complex and time-consuming for Western drug developers.

		
Bridging Study	■ **Bridging studies required to confirm efficacy and safety in Chinese patients, regardless of global approvals**	☐ **FDA often accept robust global pivotal trial data without requiring separate local trials**
Local Manufacturing	■ **Tech transfer and local GMP manufacturing required for commercialization**	☐ **Centralized manufacturing allowed if GMP and quality standards are met**
Lot-Release Testing	■ Mandatory – **Independent government testing** for every batch adds lead time	■ Mandatory – **handled by manufacturer** under FDA oversight, no separate government testing per lot
Hospital Accreditation	■ Only select tertiary hospitals are authorized for CAR-T, requiring specialized infrastructure, trained staff, and AE management capabilities	■ CAR-T is limited to certified treatment centers under REMS programs (e.g., for Kymriah or Yescarta)

■ **Mandatory** ☐ **Optional**

Source: groupH research and analysis

China’s CAR-T landscape is becoming increasingly competitive. Western entrants likely face hurdles from complex regulations, fierce local competition, pricing pressure, and diminishing room to differentiate without strong local alignment.

Key China Insight	Implications for Drug Developers
CAR-T trial volume in China has surpassed the US, with growing activity beyond blood cancers into liver, gastric, and other high-need solid tumors	**Identify 2-3 niche indications where you have clear clinical superiority** (e.g. rare mutations), broad entry means fierce price pressure and low return on investment
Domestic companies have shifted from importing CAR-T technologies to out-licensing globally, as seen in Legend Biotech’s 2017 deal with J&J and AstraZeneca’s recent acquisition of Gracell)	To enter, Western pharma should consider **establishing joint manufacturing or co-development partnerships** to align with China’s growing innovation base and meet domestic quality and cost standard
Regulatory and reimbursement systems favor locally produced therapies, while foreign CAR-Ts face higher cost and complex approvals	**Partner locally to navigate city-level reimbursement and value-based pricing programs**, expanding affordability and demonstrating local health-economic value

Source: groupH research and analysis

Many eligible Chinese patients for CAR-T decline treatment due to high costs, logistical barriers, and safety concerns. Physician gatekeeping and family-driven decision-making further reduce uptake.

Why do eligible patients decline CAR-T in China?

High cost & travel burden

Out-of-pocket costs, long hospital stays, and travel deter many – even with partial reimbursement or charity aid

Fear of severe side effects

Severe AEs like CRS, plus complex monitoring, create fear – especially among patients with low medical literacy

Physician gatekeeping

Doctors may filter CAR-T as an option, depending on local hospital resources, patient literacy, and dropout risk

Family-driven, conservative choices

Families may choose conservative care (TCM or palliative care) over CAR-T, especially in older or rural populations

*"Even when patients qualify, many refuse CAR-T because the **costs and risks feel overwhelming** to them and their families."*

Chinese Physician

*"In practice, **I choose medicines based on what I believe my patients can handle and afford**."*

Chinese Physician

LEGEND **Universal in China** **Variable in China**

Source: groupH research and analysis, Chinese physician interviews 2025

groupH's Advantage in China Primary Research

We deliver China primary research end-to-end in-house – faster, deeper, and more cost-effective than outsourced approaches, trusted by global pharma clients to uncover insights beyond what secondary data can reveal.

Typical Global Firms	groupH (China Primary Research)
Recruit via third-party agencies ➔ **slow & fragmented**	Direct access to physicians/KOLs, no external recruiters needed; recent work spanned **8 KOLs + 33 community physicians** across Tier 1–3 cities
Focus on Tier-1 centers ➔ **limited representation**	**Broader reach** across regions; balanced KOL + community mix
Translation layers ➔ **lost nuance**	**Native-language interviews**; capture cultural context & micro-signals
Multiple vendors for recruitment, moderation, and analysis ➔ **coordination delays**	**Fully in-house workflow** from recruit ➔ moderate ➔ analyze ➔ bilingual deliverables
High cost & slow delivery overall ➔ **limited scalability**	**Low cost, rapid turnaround**; scalable model that plugs seamlessly into global projects

Source: groupH research and analysis

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