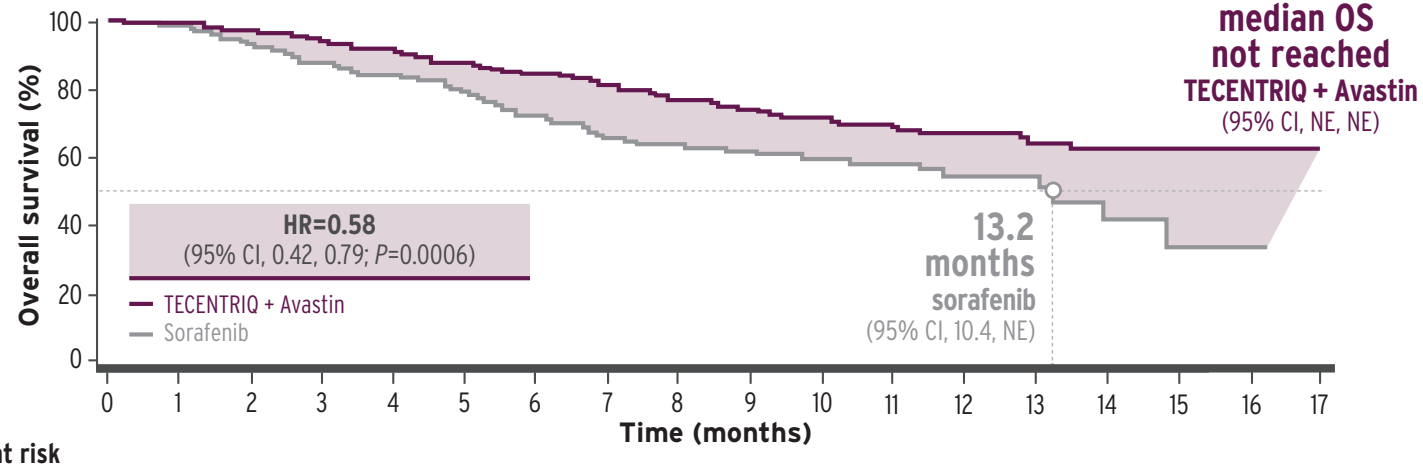
TECENTRIQ + AVASTIN® (bevacizumab)

UNPRECEDENTED OVERALL SURVIVAL IN 1L UNRESECTABLE OR mHCC

TECENTRIQ® atezolizumab 840 mg / 1200 mg INJECTION FOR IV USE

CONNECT WITH PURPOSE

Coprimary endpoint: 42% reduced risk of death demonstrated with TECENTRIQ + Avastin vs sorafenib[1]



Number at risk

TECENTRIQ + Avastin	336	329	320	312	302	288	275	255	222	165	118	87	64	40	20	11	3	NE
Sorafenib	165	157	143	132	127	118	105	94	86	60	45	33	24	16	7	3	1	NE

- **Coprimary endpoint:** significantly improved median PFS of 6.8 months with TECENTRIQ + Avastin (95% CI, 5.8, 8.3) vs 4.3 months with sorafenib (95% CI, 4.0, 5.6) (HR=0.59; 95% CI, 0.47, 0.76; *P*<0.0001)[1]*
- **Secondary endpoint:** 28% ORR with TECENTRIQ + Avastin (n=93/336; 95% CI, 23, 33) vs 12% with sorafenib (n=19/165; 95% CI, 7, 17) (*P*<0.0001)[1]*†
  - 7% of patients demonstrated a complete response vs 0% with sorafenib, while 21% of patients demonstrated a partial response vs 12% with sorafenib

IMbrave150 was a Phase III, multicenter, international, open-label, randomized trial that compared TECENTRIQ + Avastin to sorafenib in 501 patients with locally advanced unresectable and/or metastatic HCC who had not received prior systemic therapy. Patients were randomized (2:1) to receive either TECENTRIQ 1200 mg IV followed by Avastin 15 mg/kg IV on the same day q3w or 400 mg sorafenib given orally twice daily, until disease progression or unacceptable toxicity. The major efficacy outcome measures were OS and IRF-assessed PFS per RECIST v1.1 in the ITT population. Key secondary endpoints included ORR‡ and DoR.[1,2‡]

1L=first line; CI=confidence interval; DoR=duration of response; HCC mRECIST=hepatocellular carcinoma modified Response Evaluation Criteria In Solid Tumors; HR=hazard ratio; IRF=independent review facility; ITT=intent to treat; IV=intravenous; mHCC=metastatic hepatocellular carcinoma; NE=not estimable; ORR=overall response rate; OS=overall survival; PFS=progression-free survival; q3w=every 3 weeks; RECIST=Response Evaluation Criteria In Solid Tumors.

*Assessed by IRF per RECIST v1.1.
†Confirmed responses.
‡Assessed by IRF per RECIST v1.1 and HCC mRECIST.

Indication

TECENTRIQ, in combination with bevacizumab, is indicated for the treatment of patients with unresectable or metastatic hepatocellular carcinoma (HCC) who have not received prior systemic therapy.

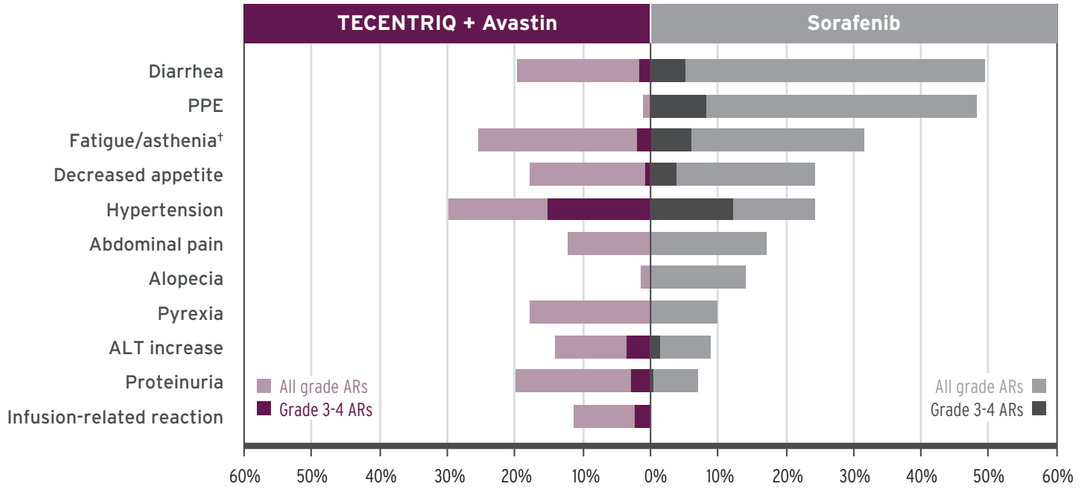
Select Important Safety Information

Serious and sometimes fatal adverse reactions occurred with TECENTRIQ treatment. Warnings and precautions include immune-mediated serious adverse reactions, including pneumonitis, hepatitis, colitis, endocrinopathies, and other immune-mediated adverse reactions. Other warnings and precautions include infections, infusion-related reactions, and embryo-fetal toxicity.

Please see accompanying full Prescribing Information and additional Important Safety Information throughout this brochure.

OBSERVED DIFFERENCES OF SELECT ARs BETWEEN TECENTRIQ + AVASTIN (bevacizumab) VS SORAFENIB

ARs occurring at a frequency of ≥10% in patients in either arm and ≥5% difference between arms[1,3]*



AE=adverse event; ALT=alanine aminotransferase; AR=adverse reaction; PPE=palmar-plantar erythrodysesthesia.

*Graded per National Cancer Institute Common Terminology Criteria for Adverse Events version 4.0 (NCI CTCAE v4.0).

†Includes fatigue and asthenia.

Consider how certain ARs can impact your 1L unresectable HCC patients

- Treatment-related grade 3 to 4 ARs were 36% with TECENTRIQ + Avastin vs 46% with sorafenib[1,3]
  - The most common grade 3 to 4 ARs (≥2%) were hypertension, proteinuria, infusion-related reaction, and fatigue/asthenia

Important Safety Information

Serious Adverse Reactions

Please refer to the full Prescribing Information for important dose management information specific to adverse reactions.

Immune-Mediated Pneumonitis

- Immune-mediated pneumonitis or interstitial lung disease, including fatal cases, have occurred with TECENTRIQ treatment
- In clinical studies of TECENTRIQ as a single agent, 2.5% of patients developed pneumonitis, including Grade 3 (0.6%), Grade 4 (0.1%), and Grade 5 (<0.1%) events
- Monitor patients for signs and symptoms of pneumonitis. Evaluate patients with suspected pneumonitis with radiographic imaging. Administer corticosteroids followed by a taper. Withhold TECENTRIQ for Grade 2 and permanently discontinue for Grade 3 or 4 pneumonitis

Please see accompanying full Prescribing Information and additional Important Safety Information throughout this brochure.

ADDITIONAL SAFETY DATA REPORTED IN IMBRAVE150[1-3]

- The proportion of patients experiencing grade 3 to 4 bleed rates was 6.4% with TECENTRIQ + Avastin and 5.7% with sorafenib
  - The majority of bleeding/hemorrhage AEs were grade 1 to 2
- 4.6% of patients who were treated with TECENTRIQ + Avastin experienced fatal ARs. The most common ARs leading to death were gastrointestinal and esophageal varices hemorrhage (1.2%) and infections (1.2%)
- Serious ARs occurred in 38% of patients treated with TECENTRIQ + Avastin
  - The most frequent (≥2%) were gastrointestinal hemorrhage (7%), infections (6%), and pyrexia (2.1%)
- ARs leading to discontinuation of TECENTRIQ occurred in 9% of patients in the TECENTRIQ + Avastin arm vs 10% with sorafenib
  - The most common ARs leading to discontinuation of TECENTRIQ were hemorrhages (1.2%), including gastrointestinal, subarachnoid, and pulmonary hemorrhages; increased transaminases or bilirubin (1.2%); infusion-related reaction/cytokine release syndrome (0.9%); and autoimmune hepatitis (0.6%)
- ARs leading to interruption of TECENTRIQ + Avastin occurred in 41% of patients
  - The most common (≥2%) were liver function laboratory abnormalities including increased transaminases, bilirubin, or alkaline phosphatate (8%); infections (6%); gastrointestinal hemorrhages (3.6%); thrombocytopenia/decreased platelet count (3.6%); hyperthyroidism (2.7%); and pyrexia (2.1%)
- Immune-related ARs requiring systemic corticosteroid therapy occurred in 12% of patients in the TECENTRIQ + Avastin arm

Important Safety Information (cont'd)

Immune-Mediated Hepatitis

- Liver test abnormalities and immune-mediated hepatitis, including fatal cases, have occurred with TECENTRIQ treatment
- In clinical studies of TECENTRIQ as a single agent, hepatitis occurred in 9% of patients, including Grade 3 (2.3%), Grade 4 (0.6%), and Grade 5 (<0.1%) events
- Monitor patients for signs and symptoms of hepatitis, during and after discontinuation of TECENTRIQ, including clinical chemistry monitoring. Administer corticosteroids followed by a taper for immune-mediated hepatitis. Withhold TECENTRIQ for AST or ALT elevations more than 3 and up to 8 times the upper limit of normal or total bilirubin more than 1.5 and up to 3 times the upper limit of normal. Permanently discontinue TECENTRIQ for AST or ALT elevations more than 8 times the upper limit of normal or total bilirubin more than 3 times the upper limit of normal

Immune-Mediated Colitis

- Immune-mediated diarrhea or colitis have occurred with TECENTRIQ treatment
- In clinical studies of TECENTRIQ as a single agent, diarrhea or colitis occurred in 20% of patients, including Grade 3 (1.4%) events
- Monitor patients for signs and symptoms of diarrhea or colitis. Withhold TECENTRIQ for Grade 2 or 3 and permanently discontinue for Grade 4 diarrhea or colitis

Immune-Mediated Endocrinopathies

- TECENTRIQ can cause immune-mediated endocrinopathies, including thyroid disorders; adrenal insufficiency; type 1 diabetes mellitus, including diabetic ketoacidosis; and hypophysitis/hypopituitarism
- Withhold TECENTRIQ for Grades 2 to 4 endocrinopathies

TECENTRIQ®
atezolizumab
840 mg | 1200 mg
INJECTION FOR IV USE

IMPORTANT SAFETY INFORMATION (CONT'D)

Immune-Mediated Endocrinopathies (cont'd)

- Thyroid Disorders
  - In clinical studies of TECENTRIQ as a single agent, hypothyroidism occurred in 4.6% of patients and hyperthyroidism occurred in 1.6% of patients
  - Monitor thyroid function prior to and during treatment with TECENTRIQ. Initiate hormone replacement therapy or medical management of hyperthyroidism as clinically indicated
- Adrenal Insufficiency
  - In clinical studies of TECENTRIQ as a single agent, adrenal insufficiency occurred in 0.4% of patients, including Grade 3 (<0.1%) events
  - Monitor patients for clinical signs and symptoms of adrenal insufficiency. For Grade 2 or higher adrenal insufficiency, initiate corticosteroids and hormone replacement therapy as clinically indicated
- Type 1 Diabetes Mellitus
  - In clinical studies of TECENTRIQ as a single agent, type 1 diabetes mellitus occurred in <0.1% of patients
  - Monitor patients for hyperglycemia or other signs and symptoms of diabetes. Initiate treatment with insulin as clinically indicated
- Hypophysitis
  - In clinical studies of TECENTRIQ as a single agent, Grade 2 hypophysitis occurred in <0.1% of patients
  - For Grades 2 to 4 hypophysitis, initiate corticosteroids and hormone replacement therapy as clinically indicated

Other Immune-Mediated Adverse Reactions

- TECENTRIQ can cause severe and fatal immune-mediated adverse reactions. These immune-mediated reactions may involve any organ system
- In clinical studies of TECENTRIQ as a single agent or were reported in other products in this class, the immune-mediated adverse reactions occurring at an incidence of <1% were cardiac, dermatologic, gastrointestinal, general, hematological, musculoskeletal, neurological, ophthalmological, renal, and vascular
- For suspected Grade 2 immune-mediated adverse reactions, exclude other causes and initiate corticosteroids as clinically indicated. For severe (Grade 3 or 4) adverse reactions, withhold TECENTRIQ and administer corticosteroids. Permanently discontinue TECENTRIQ for Grade 4 immune-mediated adverse reactions involving a major organ
- Evaluate for Vogt-Koyanagi-Harada syndrome if uveitis occurs in combination with other immune-mediated adverse reactions

Infections

- TECENTRIQ can cause severe infections including fatal cases
- In clinical studies of TECENTRIQ as a single agent, infections occurred in 42% of patients, including Grade 3 (8.7%), Grade 4 (1.5%), and Grade 5 (1%) events
- Monitor patients for signs and symptoms of infection. For Grade 3 or higher infections, withhold TECENTRIQ and resume once clinically stable

Infusion-Related Reactions

- TECENTRIQ can cause severe or life-threatening infusion-related reactions
- In clinical studies of TECENTRIQ as a single agent, infusion-related reactions occurred in 1.3% of patients, including Grade 3 (0.2%) events
- Monitor patients for signs and symptoms of infusion-related reactions. Interrupt or slow the rate of infusion in patients with Grade 1 or 2 infusion-related reactions. Permanently discontinue TECENTRIQ in patients with Grade 3 or 4 infusion-related reactions

Embryo-Fetal Toxicity

- Based on its mechanism of action, TECENTRIQ can cause fetal harm when administered to a pregnant woman. Verify pregnancy status of females of reproductive potential prior to initiating TECENTRIQ. Advise females of reproductive potential of the potential risk to a fetus. Advise females of reproductive potential to use effective contraception during treatment with TECENTRIQ and for at least 5 months after the last dose

Nursing Mothers/Fertility

- Because of the potential for serious adverse reactions in breastfed infants from TECENTRIQ, advise female patients not to breastfeed while taking TECENTRIQ and for at least 5 months after the last dose
- Based on animal studies, TECENTRIQ may impair fertility in females of reproductive potential while receiving treatment

Most Common Adverse Reactions

The most common adverse reactions (rate ≥20%) in patients who received TECENTRIQ in combination with bevacizumab for HCC were hypertension (30%), fatigue/asthenia (26%), and proteinuria (20%).

You may report side effects to the FDA at 1-800-FDA-1088 or www.fda.gov/medwatch. You may also report side effects to Genentech at 1-888-835-2555.

Please see accompanying full Prescribing Information for additional Important Safety Information.

References: 1. TECENTRIQ Prescribing Information. Genentech, Inc. **2.** Finn RS, Qin S, Ikeda M, et al; IMbrave150 Investigators. Atezolizumab plus bevacizumab in unresectable hepatocellular carcinoma. *N Engl J Med*. 2020;382:1894-1905. **3.** Data on file. Clinical Study Report YO40245. Genentech, Inc.

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TECENTRIQ®
atezolizumab 840 mg / 1200 mg INJECTION FOR IV USE
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