TECENTRIQ IN LUNG CANCER

AN OVERVIEW OF THE 5 APPROVALS ACROSS SCLC AND NSCLC

Indications

TECENTRIQ is indicated in:

Extensive-Stage Small Cell Lung Cancer (ES-SCLC)

- In combination with carboplatin and etoposide, for the first-line treatment of adult patients with ES-SCLC

Metastatic Non-Small Cell Lung Cancer (NSCLC)

- As a single agent, for the first-line treatment of adult patients with metastatic non-small cell lung cancer (NSCLC) whose tumors have high PD-L1 expression (PD-L1–stained ≥50% of tumor cells [TC ≥50%] or PD-L1–stained tumor-infiltrating immune cells [IC] covering ≥10% of the tumor area [IC ≥10%]), as determined by an FDA-approved test, with no EGFR or ALK genomic tumor aberrations
- In combination with bevacizumab, paclitaxel, and carboplatin, for the first-line treatment of adult patients with metastatic non-squamous NSCLC with no EGFR or ALK genomic tumor aberrations
- In combination with paclitaxel protein-bound and carboplatin, for the first-line treatment of adult patients with metastatic non-squamous NSCLC with no EGFR or ALK genomic tumor aberrations
- As a single agent, for the treatment of adult patients with metastatic NSCLC who have disease progression during or following platinum-containing chemotherapy. Patients with EGFR or ALK genomic tumor aberrations should have disease progression on FDA-approved therapy for NSCLC harboring these aberrations prior to receiving TECENTRIQ

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.

ALK=anaplastic lymphoma kinase; EGFR=epidermal growth factor receptor; PD-L1=programmed death-ligand 1; SCLC=small cell lung cancer.

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

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WITH 5 LUNG CANCER APPROVALS

TECENTRIQ OFFERS A VERSATILE RANGE OF THERAPEUTIC OPTIONS[1-8]

SCLC	NSCLC			
1L ES-SCLC	1L nsq mNSCLC*	1L nsq mNSCLC*	1L sq or nsq, PD-L1–high (TC ≥50% or IC ≥10%) mNSCLC*	2L+ sq or nsq mNSCLC†
IMpower133 **Atezolizumab (TECENTRIQ) + carboplatin/etoposide**	IMpower150 **Atezolizumab (TECENTRIQ) + bevacizumab (Avastin®) + carboplatin/paclitaxel**	IMpower130 **Atezolizumab (TECENTRIQ) + nab-paclitaxel‡/ carboplatin**	IMpower110 **Atezolizumab (TECENTRIQ) monotherapy**	OAK **Atezolizumab (TECENTRIQ) monotherapy**
12.3 MONTHS mOS (coprimary endpoint) VS **10.3 MONTHS** with placebo + carbo/etop HR=0.70; 95% CI, 0.54, 0.91; *P*=0.0069; median follow-up of 13.9 months§	**19.2 MONTHS mOS (coprimary endpoint)** VS **14.7 MONTHS** with Avastin + carbo/pac HR=0.78; 95% CI, 0.64, 0.96; *P*=0.016; median follow-up of ≈20 months§	**18.6 MONTHS mOS (coprimary endpoint)** VS **13.9 MONTHS** with nab-pac/carbo HR=0.80; 95% CI, 0.64, 0.99; *P*=0.0384; median follow-up of 18.5 months§	**20.2 MONTHS mOS (primary endpoint)** VS **13.1 MONTHS** with platinum-based chemotherapy HR=0.59; 95% CI, 0.40, 0.89; *P*=0.0106; median follow-up of 15.7 months§	**13.8 MONTHS mOS (primary endpoint)** VS **9.6 MONTHS** with docetaxel HR=0.74; 95% CI, 0.63, 0.87; *P*=0.0004; median follow-up of 21 months
NCCN CATEGORY 1, PREFERRED‖	NCCN CATEGORY 1‖	NCCN CATEGORY 2A‖	NCCN CATEGORY 2A, PREFERRED‖	NCCN CATEGORY 1, PREFERRED‖

1L=first line; 2L=second line; carbo/etop=carboplatin/etoposide; carbo/pac=carboplatin/paclitaxel; CI=confidence interval; HR=hazard ratio; mNSCLC=metastatic non-small cell lung cancer; mOS=median overall survival; nab-pac/carbo=nab-paclitaxel/carboplatin; NCCN=National Comprehensive Cancer Network; nsq=non-squamous; OS=overall survival; sq=squamous.

*With no EGFR or ALK genomic tumor aberrations.
†Patients with EGFR or ALK genomic tumor aberrations should have disease progression on FDA-approved therapy for NSCLC harboring these aberrations prior to receiving TECENTRIQ.
‡Nab-paclitaxel (nab-pac) is also referred to as paclitaxel protein-bound.
§Based on OS interim analysis.
‖NCCN makes no warranties of any kind whatsoever regarding their content, use, or application, and disclaims any responsibility for their application or use in any way. See the NCCN Guidelines® for detailed recommendations, including other preferred options.
Category 1: based upon high-level evidence, there is uniform NCCN consensus that the intervention is appropriate.
Category 2A: based upon lower-level evidence, there is uniform NCCN consensus that the intervention is appropriate.

Important Safety Information

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

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ALL 5 TECENTRIQ APPROVALS IN LUNG CANCER INCLUDE FLEXIBLE DOSING OPTIONS (Q4W, Q3W, AND Q2W) WHEN TECENTRIQ IS USED AS A SINGLE AGENT[1]

SCLC	NSCLC			
TECENTRIQ + carbo/etop for 1L ES-SCLC	**TECENTRIQ + Avastin® (bevacizumab) + carbo/pac** for 1L nsq mNSCLC	**TECENTRIQ + nab-pac/carbo** for 1L nsq mNSCLC	**TECENTRIQ monotherapy** for 1L PD-L1-high* mNSCLC	**TECENTRIQ monotherapy** for 2L+ mNSCLC
Induction (q3w for 4 cycles) **Day 1** TECENTRIQ 1200 mg IV + carboplatin AUC 5 mg/mL/min + etoposide 100 mg/m² **Days 2 and 3** etoposide 100 mg/m²	**Induction (q3w for 4 to 6 cycles)** **Day 1** TECENTRIQ 1200 mg IV + bevacizumab 15 mg/kg IV + paclitaxel 200 mg/m²† + carboplatin AUC 6 mg/mL/min **Post-induction** TECENTRIQ 1200 mg IV + bevacizumab 15 mg/kg IV Until disease progression or unacceptable toxicity	**Induction (q3w for 4 to 6 cycles)** **Day 1** TECENTRIQ 1200 mg IV + nab-paclitaxel 100 mg/m² + carboplatin AUC 6 mg/mL/min **Days 8 and 15** nab-paclitaxel 100 mg/m²	**Choose from** **1680 mg q4w** *or* **1200 mg q3w** *or* **840 mg q2w**	
Maintenance **1680 mg q4w** *or* **1200 mg q3w** *or* **840 mg q2w**	Post-induction if Avastin is discontinued **1680 mg q4w** *or* **1200 mg q3w** *or* **840 mg q2w**	Maintenance **1680 mg q4w** *or* **1200 mg q3w** *or* **840 mg q2w**		
Until disease progression or unacceptable toxicity				

Q4W dosage is administered with two 840-mg vials of TECENTRIQ. The dosing for chemotherapy was based on the IMpower133, IMpower150, and IMpower130 trials.
AUC=area under the concentration-time curve; IV=intravenous; q2w=every 2 weeks; q3w=every 3 weeks; q4w=every 4 weeks.

*TC ≥50% or IC ≥10%.
†In patients of Asian race/ethnicity, the paclitaxel dose was lowered from 200 mg/m² to 175 mg/m².

Important Safety Information (cont'd)

Immune-Mediated Pneumonitis (cont'd)

- In clinical studies of TECENTRIQ in combination with platinum-based chemotherapy for NSCLC and SCLC, pneumonitis occurred in 5.5% of patients, including Grades 3 to 4 (1.4%) events

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TECENTRIQ DOSING INFORMATION (CONT'D)

TECENTRIQ can be administered in 30-minute IV infusions, if the initial 60-minute infusion is tolerated[1]

For combination therapy regimens

- During the induction phase, administer TECENTRIQ prior to chemotherapy and bevacizumab (if applicable) when given on the same day

Additional administration information

- Do not administer TECENTRIQ as an IV push or bolus
- Do no co-administer other drugs through the same IV line
- Refer to the respective Prescribing Information for all other medications for recommended dosing information

Could your next patient be eligible for 1 of the 5 TECENTRIQ approvals in lung cancer?
Learn more at TECENTRIQ-HCP.com/Approvals

Important Safety Information (cont'd)

Immune-Mediated Pneumonitis (cont'd)

- 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

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

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IMPORTANT SAFETY INFORMATION (CONT'D)

Immune-Mediated Hepatitis (cont'd)

- In clinical studies of TECENTRIQ in combination with platinum-based chemotherapy for NSCLC and SCLC, hepatitis occurred in 14% of patients, including Grades 3 to 4 (4.1%) 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
- In clinical studies of TECENTRIQ in combination with platinum-based chemotherapy for NSCLC and SCLC, diarrhea or colitis occurred in 29% of patients, including Grades 3 to 4 (4.3%) 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
- 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
  - In clinical studies of TECENTRIQ in combination with platinum-based chemotherapy for NSCLC and SCLC, hypothyroidism occurred in 11% of patients, including Grades 3 to 4 (0.3%) events
  - 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
- The frequency and severity of hyperthyroidism, thyroiditis, adrenal insufficiency, diabetes mellitus, and hypophysitis were similar whether TECENTRIQ was given as a single agent or in combination with other antineoplastic drugs in NSCLC and SCLC

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 and in combination with platinum-based chemotherapy, 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

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IMPORTANT SAFETY INFORMATION (CONT'D)

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
- The frequency and severity of infections were similar whether TECENTRIQ was given as a single agent or in combination with other antineoplastic drugs in NSCLC and SCLC
- 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
- The frequency and severity of infusion-related reactions were similar whether TECENTRIQ was given as a single agent or in combination with other antineoplastic drugs in NSCLC and SCLC
- 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 alone were fatigue/asthenia (48%), decreased appetite (25%), nausea (24%), cough (22%), and dyspnea (22%).

The most common adverse reactions (rate ≥20%) in patients who received TECENTRIQ in combination with other antineoplastic drugs for NSCLC and SCLC were fatigue/asthenia (49%), nausea (38%), alopecia (35%), constipation (29%), diarrhea (28%), and decreased appetite (27%).

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 full Prescribing Information for additional Important Safety Information.

References: 1. TECENTRIQ Prescribing Information. Genentech, Inc. **2.** Sabari JK, Lok BH, Laird JH, Poirier JT, Rudin CM. Unravelling the biology of SCLC: implications for therapy. *Nat Rev Clin Oncol*. 2017;14:549-561. **3.** Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Small Cell Lung Cancer V.1.2021. © National Comprehensive Cancer Network, Inc. 2020. All rights reserved. Accessed September 21, 2020. To view the most recent and complete version of the guideline, go online to www.NCCN.org. **4.** Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Non-Small Cell Lung Cancer V.8.2020. © National Comprehensive Cancer Network, Inc. 2020. All rights reserved. Accessed September 21, 2020. To view the most recent and complete version of the guideline, go online to www.NCCN.org. **5.** Horn L, Mansfield AS, Szczęsna A, et al. First-line atezolizumab plus chemotherapy in extensive-stage small-cell lung cancer. *N Engl J Med*. 2018;379:2220-2229. **6.** Socinski MA, Jotte RM, Cappuzzo F, et al; IMpower150 Study Group. Atezolizumab for first-line treatment of metastatic nonsquamous NSCLC. *N Engl J Med*. 2018;378:2288-2301. **7.** West HW, McCleod M, Hussein M, et al. Atezolizumab in combination with carboplatin plus nab-paclitaxel chemotherapy compared with chemotherapy alone as first-line treatment for metastatic non-squamous non-small cell lung cancer (IMpower130): a multicenter, randomized, open-label, phase 3 trial. *Lancet Oncol*. 2019;20:924-937. **8.** Rittmeyer A, Barlesi F, Waterkamp D, et al; OAK Study Group. Atezolizumab versus docetaxel in patients with previously treated non-small-cell lung cancer (OAK): a phase 3, open-label, multicentre randomised controlled trial. *Lancet*. 2017;389:255-265.

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