TECENTRIQ + NAB-PACLITAXEL*

A FIRST IN mTNBC

The first FDA-approved cancer immunotherapy combination in PD-L1+ metastatic triple-negative breast cancer (mTNBC)

*Paclitaxel protein-bound.

TECENTRIQ®
atezolizumab 840 mg / 1200 mg INJECTION FOR IV USE
CONNECT WITH PURPOSE

NCCN CATEGORY 2A, PREFERRED

NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) recommend atezolizumab (TECENTRIQ) in combination with nab-paclitaxel as a preferred option for patients with PD-L1 positive recurrent or metastatic triple-negative breast cancer (Category 2A).[1†]

†Category 2A: based upon lower-level evidence, there is uniform NCCN consensus that the intervention is appropriate. Preferred intervention: interventions that are based on superior efficacy, safety, and evidence; and, when appropriate, affordability.
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Indication

TECENTRIQ, in combination with paclitaxel protein-bound, is indicated for the treatment of adult patients with unresectable locally advanced or metastatic triple-negative breast cancer (TNBC) whose tumors express PD-L1 (PD-L1–stained tumor-infiltrating immune cells [IC] of any intensity covering ≥1% of the tumor area), as determined by an FDA-approved test.

This indication is approved under accelerated approval based on progression-free survival. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial(s).

Select Important Safety Information

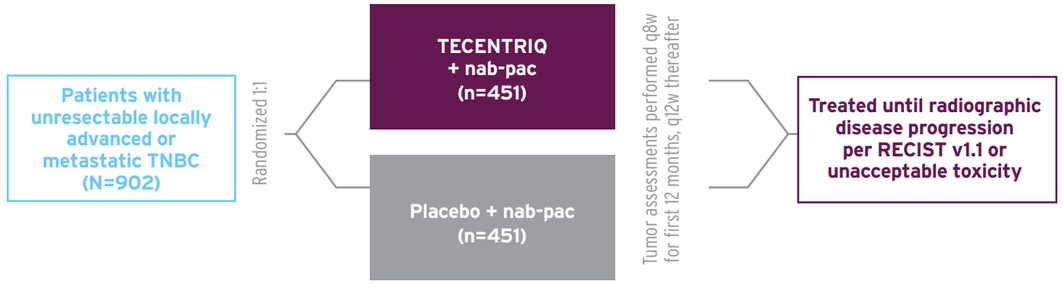
Serious and sometimes fatal adverse reactions occurred with TECENTRIQ treatment. Warnings and precautions include immune-mediated serious adverse reactions, including pneumonitis, hepatitis, colitis, endocrinopathies, and other immune-mediated adverse reactions. Other warnings and precautions include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

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

PD-L1=programmed death-ligand 1.

IMPASSION130: THE FIRST POSITIVE PHASE III TRIAL FOR A CANCER IMMUNOTHERAPY COMBINATION IN 1L mTNBC[2]

Multicenter, international, double-blind, randomized trial in patients who had not received prior chemotherapy for mTNBC[2]



Patients received IV infusions of TECENTRIQ 840 mg or placebo on Days 1 and 15 and nab-pac 100 mg/m^2 on Days 1, 8, and 15 as assigned for every 28-day cycle. This study included patients with ECOG PS of 0 or 1. Prior chemotherapy in the curative setting, including taxanes, was permitted if completed ≥12 months prior to randomization. This study excluded patients who had a history of autoimmune disease; administration of a live, attenuated vaccine within 4 weeks prior to randomization; administration of systemic immunostimulatory agents within 4 weeks or systemic immunosuppressive medications within 2 weeks prior to randomization; or untreated or corticosteroid-dependent brain metastases.

Coprimary endpoints[2]

- Progression-free survival (PFS)* in ITT and PD-L1+ populations
- Overall survival (OS) in ITT and PD-L1+ populations (testing of OS in PD-L1+ dependent on significance in ITT)†

Select secondary efficacy endpoints[2]

- Objective response rate (ORR)‡ and duration of response (DoR) in ITT and PD-L1+ populations*

†At this interim analysis, OS in ITT is immature and not statistically significant.

Stratification factors included PD-L1 expression status,§ liver metastases, and prior taxane treatment[2]

- PD-L1+ was defined as PD-L1–stained tumor-infiltrating immune cells (IC) of any intensity covering ≥1% of the tumor area

- 41% of patients in IMpassion130 were PD-L1+ (n=369/902)[2]
- **PFS results in the PD-L1+ population led to the accelerated approval of TECENTRIQ + nab-pac in PD-L1+ mTNBC[3]**

1L=first line; ECOG=Eastern Cooperative Oncology Group; ITT=intent to treat; IV=intravenous; nab-pac=nab-paclitaxel; PS=performance status; q8w=every 8 weeks; q12w=every 12 weeks; RECIST=Response Evaluation Criteria In Solid Tumors.

*Investigator assessed per RECIST v1.1.
‡Patients with measurable disease at baseline.
§PD-L1–stained IC <1% of tumor area vs ≥1% of tumor area, as determined by the VENTANA PD-L1 (SP142) Assay.

Important Safety Information

Serious Adverse Reactions

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

BASELINE CHARACTERISTICS WERE WELL BALANCED BETWEEN TREATMENT ARMS

PD-L1+ population baseline characteristics[2,3]

- PD-L1+ population demographics and baseline disease characteristics were generally representative of the broader study population
  - 41% of patients in both treatment arms were PD-L1+ (n=185/451 for TECENTRIQ + nab-pac; n=184/451 for placebo + nab-pac)

	TECENTRIQ + nab-pac (n=185)	Placebo + nab-pac (n=184)
Age		
18-40	17%	13%
41-64	60%	64%
≥65	23%	23%
Sex		
Female	100%	100%
Race		
Caucasian	68%	70%
Asian	21%	15%
African American	5%	8%
Native American	4%	5%
ECOG PS		
0	58%	61%
1	42%	39%
Prior treatment		
Prior neoadjuvant or adjuvant therapy‖	68%	64%
Prior taxane	52%	51%
Prior anthracycline	59%	55%
De novo metastatic	32%	36%
Site of metastases		
Lung	47%	53%
Brain	8%	6%
Liver	24%	21%

‖Patients who received neoadjuvant or adjuvant chemotherapy completed treatment ≥12 months prior to randomization.

- At baseline in the ITT population, median age was 55 years (range: 20-86), ECOG PS was 0 (58%) or 1 (41%), 100% of patients were female, 52% had lung metastases, 7% had brain metastases, 27% had liver metastases, and 51% had received prior taxane treatment and 54% prior anthracycline in the (neo)adjuvant setting

Important Safety Information (cont'd)

Immune-Mediated Pneumonitis

- TECENTRIQ can cause immune-mediated pneumonitis or interstitial lung disease, defined as requiring use of corticosteroids, including fatal cases
- In clinical studies of TECENTRIQ as a single agent (N=2616), pneumonitis occurred in 2.5% of patients, including Grade 3 (0.6%), Grade 4 (0.1%), and Grade 5 (<0.1%) events. The median time to onset of pneumonitis was 3.6 months (range, 3 days to 20.5 months) and the median duration of pneumonitis was 1.4 months (range, 1 day to 15.1 months). Pneumonitis led to discontinuation of TECENTRIQ in 0.4% of patients
- Monitor patients for signs and symptoms of pneumonitis. Evaluate patients with suspected pneumonitis with radiographic imaging. Administer corticosteroids at a dose of 1–2 mg/kg/day prednisone or equivalents, followed by a taper for Grade 2 or higher pneumonitis
- Withhold TECENTRIQ for Grade 2 and permanently discontinue for Grade 3 or 4 pneumonitis

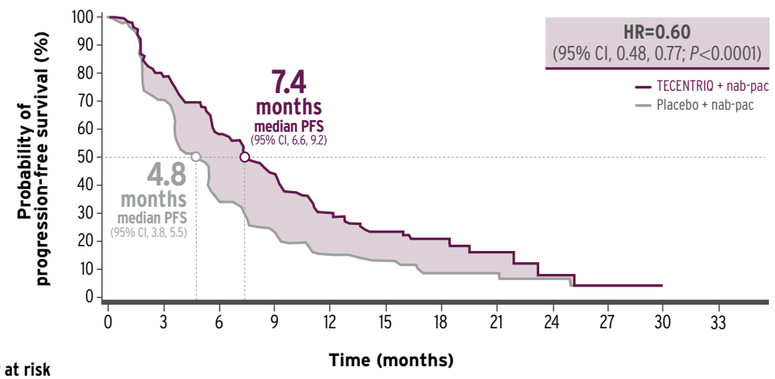
Please see accompanying full Prescribing Information and additional Important Safety Information throughout this brochure.

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

In 1L PD-L1+ mTNBC

SIGNIFICANTLY IMPROVED PFS WITH TECENTRIQ + NAB-PAC

40% reduced risk of disease progression or death with TECENTRIQ + nab-pac vs placebo + nab-pac[3]



Number at risk												
TECENTRIQ + nab-pac	185	145	102	73	38	19	10	6	2	1	NE	NE
Placebo + nab-pac	184	125	56	38	18	10	5	5	1	NE	NE	NE

CI=confidence interval; HR=hazard ratio; NE=not estimable.

- 1-year PFS was 29% with TECENTRIQ + nab-pac vs 16% with placebo + nab-pac (not prespecified and not powered to demonstrate statistically significant differences)[2]

Interim OS analysis in 1L PD-L1+ mTNBC[4]

Important limitations

- TECENTRIQ was approved under accelerated (conditional) approval, based on PFS results, and there are no final survival data available at this point
- OS in the PD-L1+ population was a coprimary endpoint in IMpassion130 that was dependent upon OS results in the ITT population. Therefore, OS in the PD-L1+ population was not formally tested due to the statistical hierarchy plan
- At the time of the second interim analysis, OS data were immature, with 59% deaths (80% of planned events) in the ITT population, and did not reach statistical significance. As a result, statistical significance for OS could not be determined in the PD-L1+ population
- These data should not be interpreted to suggest that TECENTRIQ confers a survival benefit in this population

Interim OS data

- OS results in the PD-L1+ population should be considered descriptive, and therefore exploratory
  - Kaplan-Meier analysis of immature data in the PD-L1+ population showed a median OS of 25 months in the TECENTRIQ + nab-pac arm and 18 months in the placebo + nab-pac arm (HR=0.71; 95% CI, 0.54, 0.93)
  - These results are subject to change as the data mature. Final survival data are not yet available

Test for PD-L1 to identify patients who are eligible for TECENTRIQ + nab-pac in 1L mTNBC

Important Safety Information (cont'd)

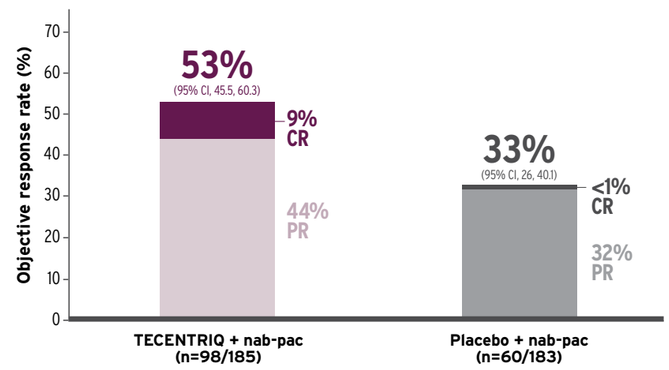
Immune-Mediated Hepatitis

- TECENTRIQ can cause liver test abnormalities and immune-mediated hepatitis, defined as requiring use of corticosteroids. Fatal cases have been reported

In 1L PD-L1+ mTNBC

TECENTRIQ + NAB-PAC: RESPONSE ACHIEVED IN MORE PATIENTS VS PLACEBO + NAB-PAC

More than half of patients responded to TECENTRIQ + nab-pac[3]*



CR=complete response; PR=partial response.
*Confirmed responses in patients with measurable disease at baseline.

- 9% of patients (17/185) had a complete response to TECENTRIQ + nab-pac vs <1% (1/183) with placebo + nab-pac
- Median DoR was 9.2 months (95% CI, 7.5, 11.9) with TECENTRIQ + nab-pac vs 6.2 months (95% CI, 5.5, 8.8) with placebo + nab-pac

Important Safety Information (cont'd)

Immune-Mediated Hepatitis (cont'd)

- In clinical studies of TECENTRIQ as a single agent (N=2616), hepatitis occurred in 9% of patients, including Grade 3 (2.3%), Grade 4 (0.6%), and Grade 5 (<0.1%) events. The median time to onset of hepatitis was 1.4 months (range, 1 day to 25.8 months) and the median duration was 24 days (range, 1 day to 13 months). Hepatitis led to discontinuation of TECENTRIQ in 0.4% of patients
- Monitor patients for signs and symptoms of hepatitis, during and after discontinuation of TECENTRIQ, including clinical chemistry monitoring. Administer corticosteroids at a dose of 1–2 mg/kg/day prednisone or equivalents, followed by a taper for Grade 2 or higher elevations of ALT, AST and/or total bilirubin
- Withhold TECENTRIQ for AST or ALT >3–8 × ULN or total bilirubin >1.5–3 × ULN. Permanently discontinue TECENTRIQ for AST or ALT >8 × ULN or total bilirubin >3 × ULN

Immune-Mediated Colitis

- TECENTRIQ can cause immune-mediated diarrhea or colitis, defined as requiring use of corticosteroids
- In clinical studies of TECENTRIQ as a single agent (N=2616), diarrhea or colitis occurred in 20% of patients, including Grade 3 (1.4%) events. The median time to onset of diarrhea or colitis was 1.5 months (range, 1 day to 41 months). Diarrhea or colitis led to discontinuation of TECENTRIQ in 0.2% of patients
- Monitor patients for signs and symptoms of diarrhea or colitis. If symptoms persist for longer than 5 days or recur, administer corticosteroids at a dose of 1–2 mg/kg/day prednisone or equivalents, followed by a taper for Grade 2 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 until Grade 1 or resolved and clinically stable on hormone replacement therapy

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

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

ADVERSE REACTIONS WERE CONSISTENT WITH THE KNOWN SAFETY PROFILES OF TECENTRIQ AND NAB-PAC[2,3]

Most adverse reactions (ARs) were grade 1 or 2 with TECENTRIQ + nab-pac[3]

ARs with incidence ≥10%*	TECENTRIQ + nab-pac (n=452)		Placebo + nab-pac (n=438)	
	All grades (%)	Grades 3-4 (%)	All grades (%)	Grades 3-4 (%)
Skin and subcutaneous tissue disorders				
Alopecia	56	<1	58	<1
Rash	17	<1	16	<1
Pruritus	14	0	10	0
Nervous system				
Peripheral neuropathies†	47	9	44	5
Headache	23	<1	22	<1
Dysgeusia	14	0	14	0
Dizziness	14	0	11	0
General disorders and administration site conditions				
Fatigue	47	4	45	3.4
Pyrexia	19	<1	11	0
Peripheral edema	15	<1	16	1.4
Asthenia	12	<1	11	<1
Gastrointestinal disorders				
Nausea	46	1.1	38	1.8
Diarrhea	33	1.3	34	2.1
Constipation	25	<1	25	<1
Vomiting	20	<1	17	1.1
Abdominal pain	10	<1	12	<1
Respiratory, thoracic, and mediastinal disorders				
Cough	25	0	19	0
Dyspnea	16	<1	15	<1
Metabolism and nutrition disorders				
Decreased appetite	20	<1	18	<1
Musculoskeletal and connective tissue disorders				
Arthralgia	18	<1	16	<1
Back pain	15	1.3	13	<1
Myalgia	14	<1	15	<1
Pain in extremity	11	<1	10	<1
Endocrine disorders				
Hypothyroidism	14	0	3.4	0
Infections and infestations				
Urinary tract infection	12	<1	11	<1
Upper respiratory tract infection	11	1.1	9	0
Nasopharyngitis	11	0	8	0

*Incidence ≥10% in the TECENTRIQ + nab-pac arm, graded per National Cancer Institute Common Terminology Criteria for Adverse Events version 4.0 (NCI CTCAE v4.0).
†Includes peripheral neuropathy, peripheral sensory neuropathy, paresthesia, and polyneuropathy.

- The safety profile of TECENTRIQ + nab-pac was generally consistent between the PD-L1+ and ITT populations[5]

Additional ARs reported in IMpassion130

Additional ARs and treatment discontinuation rates[2,3,5]

- ARs led to discontinuation of TECENTRIQ or placebo in 6% vs 1% of patients, respectively
- ARs leading to interruption of TECENTRIQ occurred in 31% of patients. The most common (≥2%) were neutropenia, neutrophil count decreased, hyperthyroidism, and pyrexia
- Serious ARs occurred in 23% (103/452) of patients. The most frequent were pneumonia (2%), urinary tract infection (1%), dyspnea (1%), and pyrexia (1%)
- Immune-related ARs requiring corticosteroid therapy occurred in 13% of patients in the TECENTRIQ + nab-pac arm vs 6% of patients in the placebo + nab-pac arm
- Six patients (1.3%) who were treated with TECENTRIQ + nab-pac experienced fatal ARs; these included septic shock, mucosal inflammation, auto-immune hepatitis, aspiration, pneumonia, and pulmonary embolism

Most common ARs[2,3]

- The most common ARs (≥20%) in patients receiving TECENTRIQ with nab-pac were alopecia (56%), peripheral neuropathies (47%), fatigue (47%), nausea (46%), diarrhea (33%), anemia (28%), constipation (25%), cough (25%), headache (23%), neutropenia (21%), vomiting (20%), and decreased appetite (20%)

Laboratory abnormalities[3]

- Of all grade laboratory abnormalities that worsened from baseline occurring in ≥20% of patients treated with TECENTRIQ, grade 3 or 4 abnormalities with TECENTRIQ + nab-pac vs placebo + nab-pac included increased creatinine (<1% vs <1%), increased ALT (6% vs 2.7%), increased AST (4.9% vs 3.4%), decreased calcium (1.1% vs <1%), decreased sodium (4.2% vs 2.7%), decreased albumin (<1% vs <1%), increased alkaline phosphatase (3.3% vs 2.7%), decreased phosphate (3.6% vs 3.7%), decreased hemoglobin (3.8% vs 3%), decreased leukocytes (14% vs 9%), decreased neutrophils (13% vs 13%), decreased lymphocytes (13% vs 8%), and increased prothrombin INR (<1% vs <1%)

ALT=alanine aminotransferase; AST=aspartate aminotransferase; INR=international normalized ratio.

Important Safety Information (cont'd)

Immune-Mediated Endocrinopathies (cont'd)

- Thyroid Disorders
  - In clinical studies of TECENTRIQ as a single agent (N=2616), hypothyroidism occurred in 4.6% of patients and hyperthyroidism occurred in 1.6% of patients. One patient experienced acute thyroiditis
  - Monitor thyroid function prior to and periodically during treatment with TECENTRIQ. Initiate hormone replacement therapy or medical management of hyperthyroidism as clinically indicated. Continue TECENTRIQ for hypothyroidism and interrupt for hyperthyroidism based on the severity
- Adrenal Insufficiency
  - In clinical studies of TECENTRIQ as a single agent (N=2616), adrenal insufficiency occurred in 0.4% of patients, including Grade 3 (<0.1%) events. The median time to onset was 5.7 months (range, 3 days to 19 months)
  - Monitor patients for clinical signs and symptoms of adrenal insufficiency. For Grade 2 or higher adrenal insufficiency, initiate prednisone 1-2 mg/kg/day or equivalents, followed by corticosteroid taper and hormone replacement therapy as clinically indicated
- Type 1 Diabetes Mellitus
  - In clinical studies of TECENTRIQ as a single agent (N=2616), 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 (N=2616), Grade 2 hypophysitis occurred in <0.1% of patients
  - For Grade 2 or higher hypophysitis, initiate prednisone 1-2 mg/kg/day or equivalents, followed by corticosteroid taper and hormone replacement therapy as clinically indicated

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

DOSING SCHEDULE ALLOWS PATIENTS AN INFUSION-FREE WEEK BETWEEN CYCLES

28-day dosing cycles continue until disease progression or unacceptable toxicity[3]*

*Based on dosing schedule from IMpassion130. Visualization of vials is illustrative and does not represent actual vial usage.

- For each 28-day cycle, TECENTRIQ is administered on Days 1 and 15, and nab-pac 100 mg/m² is administered on Days 1, 8, and 15
  - On Days 1 and 15, TECENTRIQ should be administered first, followed by nab-pac
- Administer the initial infusion of TECENTRIQ over 60 minutes; if the first infusion is tolerated, all subsequent infusions may be delivered over 30 minutes
- Do not administer TECENTRIQ as an IV push or bolus
- Do not co-administer other drugs through the same IV line
- TECENTRIQ and nab-pac may be discontinued for toxicity independently of each other
- See also the Prescribing Information for nab-pac prior to initiation

840-mg single-dose vial now approved for TECENTRIQ

Important Safety Information (cont'd)

Other Immune-Mediated Adverse Reactions

- TECENTRIQ can cause severe and fatal immune-mediated adverse reactions. These immune-mediated reactions may involve any organ system. While immune-mediated reactions usually manifest during treatment with TECENTRIQ, immune-mediated adverse reactions can also manifest after discontinuation of TECENTRIQ
- In clinical studies of TECENTRIQ as a single agent (N=2616) or were reported in other products in this class, the immune-mediated adverse reactions occurring at an incidence of <1% were cardiac (myocarditis), dermatologic (bullous dermatitis, pemphigoid, erythema multiforme, Stevens Johnson Syndrome/toxic epidermal necrolysis), gastrointestinal (pancreatitis, including increases in serum amylase or lipase levels), general (systemic inflammatory response syndrome, histiocytic necrotizing lymphadenitis), hematological (autoimmune hemolytic anemia, immune thrombocytopenic purpura), musculoskeletal (myositis, rhabdomyolysis), neurological (Guillain-Barré syndrome, myasthenia syndrome/myasthenia gravis, demyelination, immune-related meningoencephalitis, aseptic meningitis, encephalitis, facial and abducens nerve paresis, polymyalgia rheumatica, autoimmune neuropathy, and Vogt-Koyanagi-Harada syndrome), ophthalmological (uveitis, iritis), renal (nephrotic syndrome, nephritis), and vascular (vasculitis)
- 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, administer corticosteroids at a dose of 1-2 mg/kg/day prednisone or equivalents, followed by a taper
- If uveitis occurs in combination with other immune-mediated adverse reactions, evaluate for Vogt-Koyanagi-Harada syndrome, which has been observed with other products in this class and may require treatment with systemic steroids to reduce the risk of permanent vision loss
- Permanently discontinue TECENTRIQ for Grade 4 immune-mediated adverse reactions involving a major organ

Dosage modifications from the TECENTRIQ Prescribing Information[3†]

Adverse reaction	Severity of adverse reaction‡	Dosage modifications
Pneumonitis	Grade 2	Withhold dose until grade 1 or resolved and corticosteroid dose is less than or equal to prednisone 10 mg per day (or equivalent)
	Grade 3 or 4	Permanently discontinue
Hepatitis	AST or ALT >3 and ≤8 times ULN or total bilirubin >1.5 and ≤3 times ULN	Withhold dose until grade 1 or resolved and corticosteroid dose is less than or equal to prednisone 10 mg per day (or equivalent)
	AST or ALT >8 times ULN or total bilirubin >3 times ULN	Permanently discontinue
Colitis or diarrhea	Grade 2 or 3	Withhold dose until grade 1 or resolved and corticosteroid dose is less than or equal to prednisone 10 mg per day (or equivalent)
	Grade 4	Permanently discontinue
Endocrinopathies§	Grade 2, 3, or 4	Withhold dose until grade 1 or resolved and clinically stable on hormone replacement therapy
Other immune-mediated adverse reactions involving a major organ	Grade 3	Withhold dose until grade 1 or resolved and corticosteroid dose is less than or equal to prednisone 10 mg per day (or equivalent)
	Grade 4	Permanently discontinue
Infections	Grade 3 or 4	Withhold dose until grade 1 or resolved
Infusion-related reactions	Grade 1 or 2	Interrupt or slow the rate of infusion
	Grade 3 or 4	Permanently discontinue
Persistent grade 2 or 3 adverse reaction (excluding endocrinopathies)	Grade 2 or 3 adverse reaction that does not recover to grade 0 or 1 within 12 weeks after last TECENTRIQ dose	Permanently discontinue
Inability to taper corticosteroid	Inability to reduce to less than or equal to prednisone 10 mg per day (or equivalent) within 12 weeks after last TECENTRIQ dose	Permanently discontinue
Recurrent grade 3 or 4 adverse reaction	Recurrent grade 3 or 4 (severe or life-threatening) adverse reaction	Permanently discontinue

ULN=upper limit of normal.
†Consult the nab-pac Prescribing Information for dosage modifications and AR management.
‡NCI CTCAE v4.0.
§Including, but not limited to, hypophysitis, adrenal insufficiency, hyperthyroidism, and type 1 diabetes mellitus.

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atezolizumab 840 mg | 1200 mg
INJECTION FOR IV USE

TECENTRIQ PATIENT ACCESS AND SUPPORT

Genentech Oncology Access Solutions is committed to helping patients access the Genentech medicines they need

Genentech Oncology Access Solutions offers a range of access and reimbursement support for your patients and your practice. We can refer insured or underinsured patients to patient assistance to help with out-of-pocket drug costs. Patients must meet eligibility criteria.

Genentech Oncology Access Solutions for TECENTRIQ

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atezolizumab

Coverage and reimbursement support

From benefits investigations to resources for denials and appeals, Genentech Oncology Access Solutions provides coverage and reimbursement support. The completion and submission of coverage- or reimbursement-related documentation are the responsibility of the patient and health care provider. Genentech and TECENTRIQ make no representation or guarantee concerning coverage or reimbursement for any service or item.

Patient assistance options

Patient assistance is available for eligible patients with commercial insurance, public insurance or no insurance. These options may help patients with the out-of-pocket costs of their Genentech medicines. Each has its own eligibility criteria that must be met for patients to receive assistance.

For more information
Visit **Genentech-Access.com/TECENTRIQ**
Call **(888) 249-4918** from 6 AM-5 PM PT, Monday through Friday

Additional support: the Genentech Oncology Co-pay Program

With the Genentech Oncology Co-pay Program, eligible patients pay as little as $5 per valid prescription for TECENTRIQ with a maximum benefit of $25,000 per 12-month enrollment.

This Genentech Oncology Co-pay Program is valid ONLY for patients with commercial insurance who have a valid prescription for a Food and Drug Administration (FDA)-approved indication of a Genentech medication. Patients using Medicare, Medicaid, or any other federal or state government program to pay for their medications are not eligible.

Under the Program, the patient will pay a co-pay. After reaching the maximum Program benefit, the patient will be responsible for all out-of-pocket costs.

All participants are responsible for reporting the receipt of all Program benefits as required by any insurer or by law. No party may seek reimbursement for all or any part of the benefit received through this Program. This Program is void where prohibited by law. Genentech reserves the right to rescind, revoke, or amend the Program without notice at any time. Additional eligibility criteria apply. See full terms and conditions at CopayAssistanceNow.com.

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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 (N=2616), infections occurred in 42% of patients, including Grade 3 (8.7%), Grade 4 (1.5%), and Grade 5 (1%) events. In patients with UC, the most common Grade 3 or higher infection was urinary tract infections, occurring in 6.5% of patients. In patients with NSCLC, the most common Grade 3 or higher infection was pneumonia, occurring in 3.8% of patients
- Monitor patients for signs and symptoms of infection. For Grades 3 to 4 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 (N=2616), 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, slow the rate of, or permanently discontinue TECENTRIQ based on the severity. For Grade 1 or 2 infusion-related reactions, consider using pre-medications with subsequent doses. Permanently discontinue TECENTRIQ for 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. There are no available data on the use of TECENTRIQ in pregnant women. Animal studies have demonstrated that inhibition of the PD-L1/PD-1 pathway can lead to increased risk of immune-related rejection of the developing fetus resulting in fetal death
- 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

Use In Specific Populations

Nursing Mothers

- There is no information regarding the presence of TECENTRIQ in human milk, the effects on the breastfed infant, or the effects on milk production. As human IgG is excreted in human milk, the potential for absorption and harm to the infant is unknown
- Advise female patients not to breastfeed while taking TECENTRIQ and for at least 5 months after the last dose

Fertility

- 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 with paclitaxel protein-bound for mTNBC were alopecia (56%), peripheral neuropathies (47%), fatigue (47%), nausea (46%), diarrhea (33%), anemia (28%), constipation (25%), cough (25%), headache (23%), neutropenia (21%), vomiting (20%), and decreased appetite (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. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Breast Cancer V.3.2020. © National Comprehensive Cancer Network, Inc. 2020. All rights reserved. Accessed March 11, 2020. To view the most recent and complete version of the guideline, go online to NCCN.org. **2.** Schmid P, Adams S, Rugo HS, et al; IMpassion130 Trial Investigators. *N Engl J Med.* 2018;379:2108-2121. **3.** TECENTRIQ Prescribing Information. Genentech, Inc. **4.** Data on file (ASCO Presentation). Genentech, Inc. **5.** Data on file. Genentech, Inc.

TECENTRIQ®
atezolizumab

A first in mTNBC

TECENTRIQ + NAB-PAC: THE FIRST FDA-APPROVED CANCER IMMUNOTHERAPY COMBINATION IN PD-L1+ mTNBC

Significantly improved median PFS with TECENTRIQ + nab-pac[3]

Median PFS

7.4 MONTHS with TECENTRIQ + nab-pac (95% CI, 6.6, 9.2)

VS

4.8 MONTHS with placebo + nab-pac (95% CI, 3.8, 5.5)

HR=0.60; 95% CI, 0.48, 0.77; *P*<0.0001

- **Response achieved in more patients vs placebo + nab-pac[3]**
  - 53% confirmed ORR with TECENTRIQ + nab-pac (n=98/185; 95% CI, 45.5, 60.3) vs 33% with placebo + nab-pac (n=60/183; 95% CI, 26, 40.1)
  - 9% of patients (n=17/185) in the TECENTRIQ arm had a complete response vs <1% (n=1/183) with placebo + nab-pac
  - 44% of patients (n=81/185) in the TECENTRIQ arm had a partial response vs 32% (n=59/183) with placebo + nab-pac
- **ARs were consistent with the known safety profiles of TECENTRIQ and nab-pac[2,3]**
  - The most common ARs (≥20%) in patients receiving TECENTRIQ in combination with nab-pac were alopecia (56%), peripheral neuropathies (47%), fatigue (47%), nausea (46%), diarrhea (33%), anemia (28%), constipation (25%), cough (25%), headache (23%), neutropenia (21%), vomiting (20%), and decreased appetite (20%)

Test for PD-L1 to identify patients who could benefit from TECENTRIQ + nab-pac in 1L mTNBC

NCCN CATEGORY 2A, PREFERRED

NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) recommend atezolizumab (TECENTRIQ) in combination with nab-paclitaxel as a preferred option for patients with PD-L1 positive recurrent or metastatic triple-negative breast cancer (Category 2A).[1]*

*Category 2A: based upon lower-level evidence, there is uniform NCCN consensus that the intervention is appropriate. Preferred intervention: interventions that are based on superior efficacy, safety, and evidence; and, when appropriate, affordability.

The National Comprehensive Cancer Network® (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.

Indication

TECENTRIQ, in combination with paclitaxel protein-bound, is indicated for the treatment of adult patients with unresectable locally advanced or metastatic triple-negative breast cancer (TNBC) whose tumors express PD-L1 (PD-L1-stained tumor-infiltrating immune cells [IC] of any intensity covering ≥1% of the tumor area), as determined by an FDA-approved test.

This indication is approved under accelerated approval based on progression-free survival. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial(s).

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.

Learn more at **TECENTRIQ-HCP.com/mTNBC**

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TECENTRIQ®
atezolizumab 840 mg / 1200 mg INJECTION FOR IV USE
CONNECT WITH PURPOSE