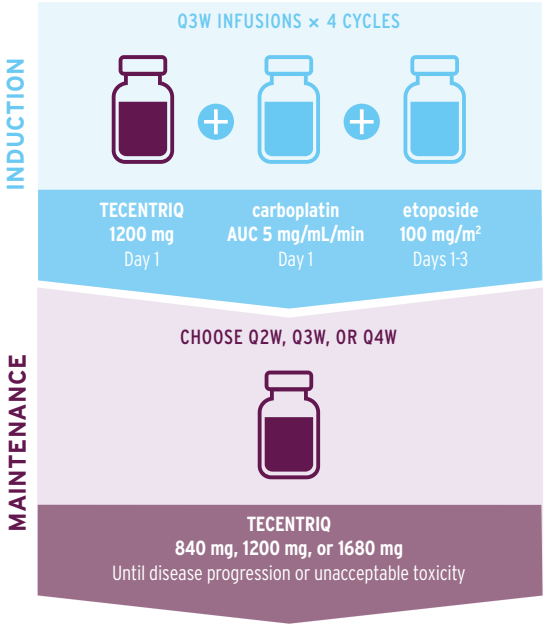
TECENTRIQ + CARBOPLATIN/ETOPOSIDE

For patients with 1L ES-SCLC

TECENTRIQ OFFERS FLEXIBLE DOSING OPTIONS DURING MAINTENANCE

Choose the dosing schedule that works for your patients with 1L ES-SCLC[1]



Dosing information for carbo/etop is based on IMpower133 trial; TECENTRIQ was administered q3w in IMpower133. Visualization of vials is illustrative and does not represent actual vial usage.

1L=first line; AUC=area under the concentration-time curve; carbo/etop=carboplatin/etoposide; IV=intravenous; q2w=every 2 weeks; q3w=every 3 weeks; q4w=every 4 weeks.

- During induction phase, TECENTRIQ should be administered by IV infusion first, followed by carboplatin, then etoposide
- During maintenance phase, TECENTRIQ can be administered as 840 mg every 2 weeks, as 1200 mg every 3 weeks, or as 1680 mg every 4 weeks

Indication

TECENTRIQ, in combination with carboplatin and etoposide, is indicated for the first-line treatment of adult patients with extensive-stage small cell lung cancer (ES-SCLC).

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, additional administration information, and Important Safety Information on the back of this card.

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

Additional administration information[1]

- 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
- Refer to the respective Prescribing Informations for carboplatin and etoposide for recommended dosing information

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. Permanently discontinue TECENTRIQ for Grade 3 or 4 pneumonitis
- **Immune-mediated hepatitis.** Immune-mediated hepatitis and liver test abnormalities, including fatal cases, have occurred. 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. Permanently discontinue TECENTRIQ for Grade 4 diarrhea or colitis
- **Immune-mediated endocrinopathies.** Thyroid disorders, adrenal insufficiency, type 1 diabetes mellitus, including diabetic ketoacidosis, and hypophysitis/hypopituitarism have occurred
- **Other immune-mediated adverse reactions.** TECENTRIQ can cause severe and fatal immune-mediated adverse reactions. These immune-mediated reactions may involve any organ system. Permanently discontinue TECENTRIQ for Grade 4 immune-mediated adverse reactions involving a major organ
- **Infections.** Severe infections, including fatal cases, have occurred
- **Infusion-related reactions.** Severe or life-threatening infusion-related reactions have occurred. Permanently discontinue TECENTRIQ in patients with Grade 3 or 4 infusion-related reactions
- **Embryo-fetal toxicity.** TECENTRIQ can cause fetal harm in pregnant women. Verify pregnancy status 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
- Advise female patients not to breastfeed while taking TECENTRIQ and for at least 5 months after the last dose

Most Common Adverse Reactions

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 accompanying full Prescribing Information for additional Important Safety Information.

Reference: 1. TECENTRIQ Prescribing Information. Genentech, Inc.

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

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