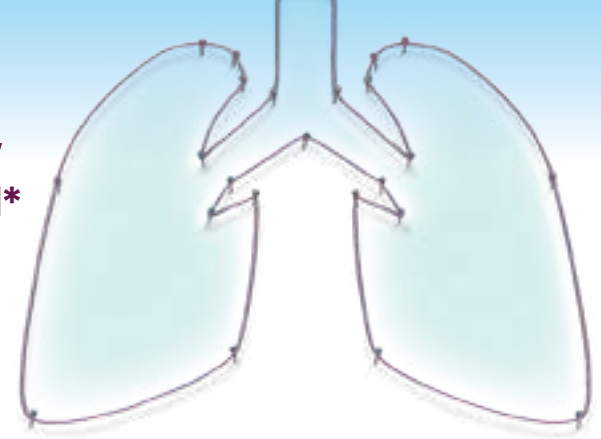
3 REASONS TO CHOOSE TECENTRIQ + CARBO/ETOP, THE #1 MOST PRESCRIBED REGIMEN IN 1L ES-SCLC[1*]



1 1ST AND ONLY immunotherapy combination with significantly superior OS and PFS in 1L ES-SCLC, as demonstrated in the IMpower133 trial[2,3]

- 12.3 months median OS vs 10.3 months with placebo + carbo/etop (HR=0.70[†]; 95% CI, 0.54, 0.91; *P*=0.0069)[2,3‡§]
- 5.2 months median PFS vs 4.3 months with placebo + carbo/etop (HR=0.77; 95% CI, 0.62, 0.96; *P*=0.0170)[2,3‡‖]

- 1st FDA-approved treatment for 1L ES-SCLC in 20 years[2,4]

2 Nearly 2 YEARS of follow-up OS data[1]

- Additional exploratory analysis conducted to further evaluate survival benefit

3 3 FLEXIBLE, CHEMO-FREE maintenance dosing options

- The first and only regimen with **q4w, q3w, and q2w** maintenance dosing options in 1L ES-SCLC[2]

NCCN CATEGORY 1, PREFERRED

Atezolizumab (TECENTRIQ) + carbo/etop is a preferred immunotherapy/chemotherapy option (Category 1) for first-line treatment of patients with ES-SCLC in the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®).[5¶#]

1L=first line; carbo/etop=carboplatin/etoposide; CI=confidence interval; ECOG=Eastern Cooperative Oncology Group; EMR=electronic medical record; ES-SCLC=extensive-stage small cell lung cancer; HR=hazard ratio; NCCN=National Comprehensive Cancer Network; OS=overall survival; PFS=progression-free survival; PS=performance status; q2w=every 2 weeks; q3w=every 3 weeks; q4w=every 4 weeks.

*Flatiron EMR data ending March 2020.

[†]Analyses were stratified by gender and ECOG PS.

[‡]Based on the stratified log-rank test.

[§]Based on OS interim analysis.

[‖]As determined by investigator per RECIST v1.1.

[¶]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.

Learn more at **TECENTRIQ-HCP.com/3reasons**

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

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

Median follow-up of 13.9 months

1 THE 1ST AND ONLY IMMUNOTHERAPY COMBINATION TO DEMONSTRATE SIGNIFICANTLY SUPERIOR OS AND PFS IN 1L ES-SCLC[2,3]

30% reduction in the risk of death vs placebo + carbo/etop[2,3]

Median OS

12.3 MONTHS with TECENTRIQ + carbo/etop	VS	**10.3 MONTHS** with placebo + carbo/etop

HR=0.70[†]; 95% CI, 0.54, 0.91; *P*=0.0069[‡§]

Adding TECENTRIQ to carbo/etop significantly improved median PFS[2,3]

Median PFS

5.2 MONTHS with TECENTRIQ + carbo/etop	VS	**4.3 MONTHS** with placebo + carbo/etop

HR=0.77; 95% CI, 0.62, 0.96; *P*=0.0170[‡‖]

*Flatiron EMR data ending March 2020.
[†]Analyses were stratified by gender and ECOG PS only.
[‡]Based on the stratified log-rank test.
[§]Based on OS interim analysis.
[‖]As determined by investigator per RECIST v1.1.

IMpower133 was a Phase III, multicenter, randomized, double-blind, placebo-controlled trial in patients who had received no prior chemotherapy for ES-SCLC (N=403). Patients were randomized 1:1 to receive TECENTRIQ or placebo with carbo/etop. The major efficacy outcome measures were OS and investigator-assessed PFS. Select secondary efficacy measures included 12-month OS rate. During induction, patients were assigned to receive carboplatin AUC 5 mg/mL/min on Day 1 and etoposide 100 mg/m^2 on Days 1 to 3 of each 21-day cycle for a maximum of 4 cycles, with either TECENTRIQ 1200 mg or placebo intravenously (IV) on Day 1 of each cycle. The induction phase was followed by a maintenance phase during which patients received either TECENTRIQ or placebo every 3 weeks until disease progression or unacceptable toxicity. Randomization was stratified by gender, ECOG PS, and the presence of brain metastases; analyses were stratified by gender and ECOG PS only. This study excluded patients who had active or untreated CNS metastases; history of autoimmune disease; administration of a live, attenuated vaccine within 4 weeks prior to randomization; or administration of systemic immunosuppressive medications within 1 week prior to randomization. Prophylactic cranial irradiation was permitted during the maintenance phase, but thoracic radiation therapy was not.[2,3]

AUC=area under the concentration-time curve; CNS=central nervous system.

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
- 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
- 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

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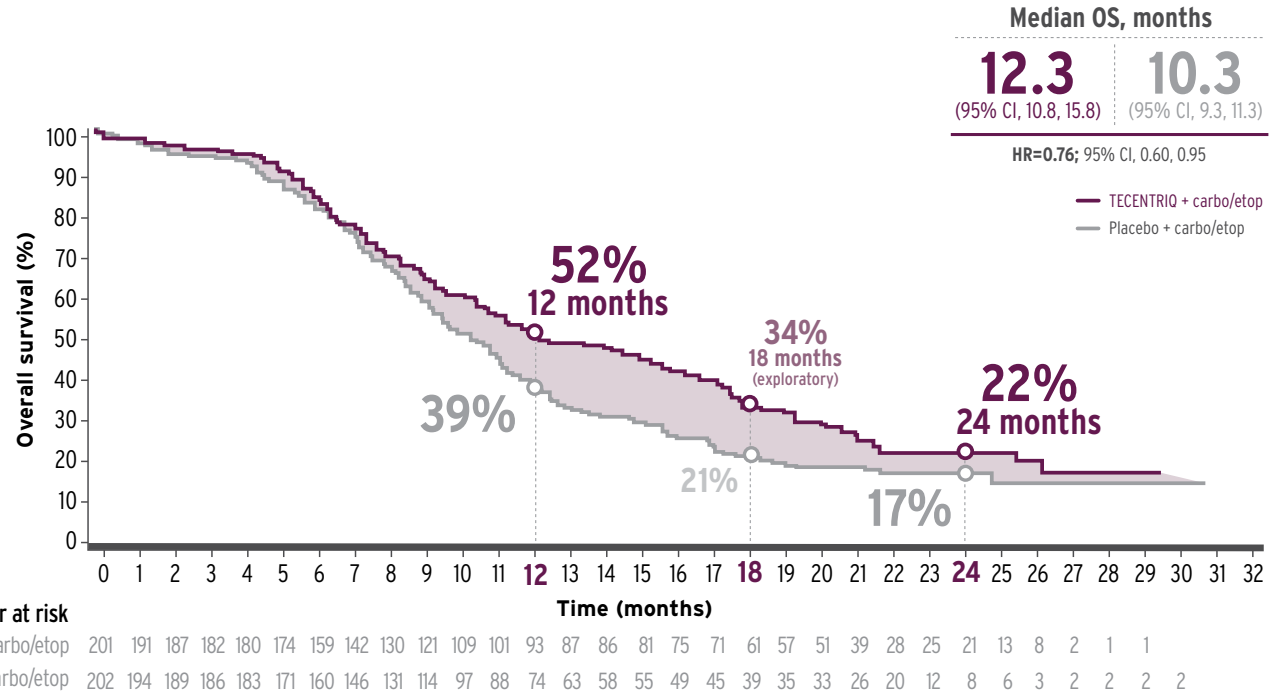
Median follow-up of 22.9 months

2 NEARLY 2 YEARS OF CLINICAL DATA IN 1L ES-SCLC[1]

Updated exploratory survival data based on nearly 2 years of follow-up



Landmark analyses were not powered to demonstrate statistically significant differences and no conclusions can be drawn from these analyses. The 12- and 24-month OS rates were prespecified secondary endpoints. The 18-month OS rate was not prespecified and is considered exploratory. The 24-month OS rates may be subject to change with longer follow-up.

The safety observed in the updated analysis was generally consistent with the safety observed in the initial analysis.

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
- 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

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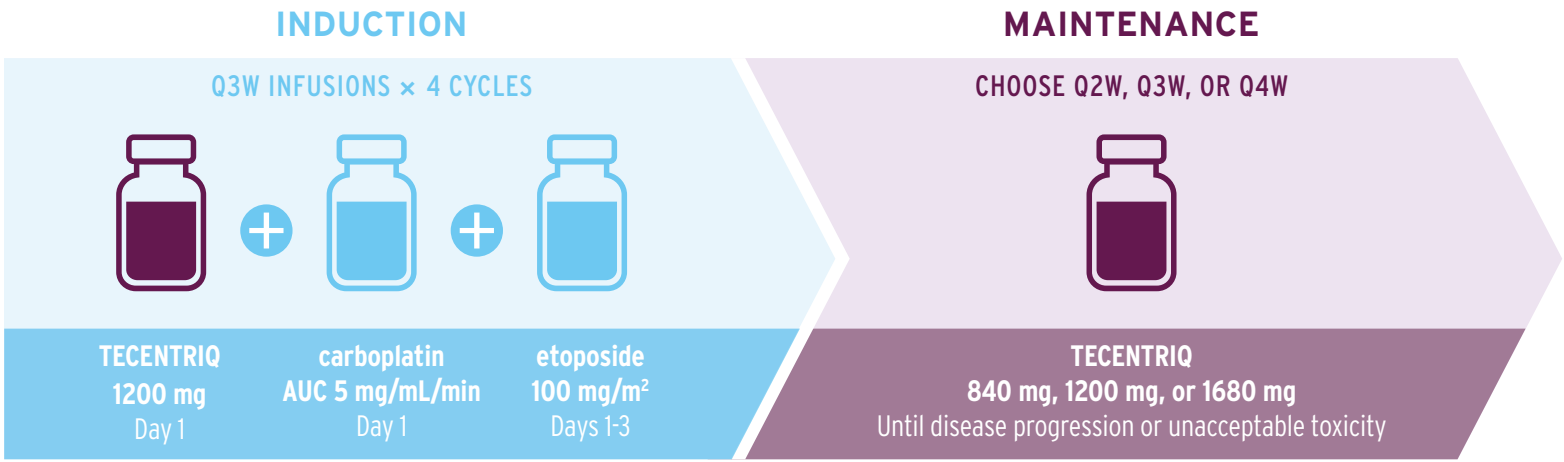
3 FLEXIBLE, CHEMO-FREE MAINTENANCE DOSING OPTIONS

Choose a maintenance infusion schedule that helps meet your patient's needs[2]

☑ q4w ☑ q3w ☑ q2w



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

Important Safety Information (cont'd)

Immune-Mediated Hepatitis (cont'd)

- 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

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3 FLEXIBLE, CHEMO-FREE MAINTENANCE DOSING OPTIONS (CONT'D)

- 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

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

Additional administration information[2]

- Do not administer TECENTRIQ as an IV push or bolus
- Do not co-administer other drugs through the same IV line
- Refer to the Prescribing Information for carboplatin and etoposide for recommended dosing information

Important Safety Information (cont'd)

Immune-Mediated Colitis (cont'd)

- 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

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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
  - 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

Other Immune-Mediated Adverse Reactions (cont'd)

- 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

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

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IMPORTANT SAFETY INFORMATION (CONT'D)

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 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. Data on file. Genentech, Inc. **2.** TECENTRIQ Prescribing Information. Genentech, Inc. **3.** 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. **4.** 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. **5.** 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 August 14, 2020. To view the most recent and complete version of the guideline, go online to www.NCCN.org.

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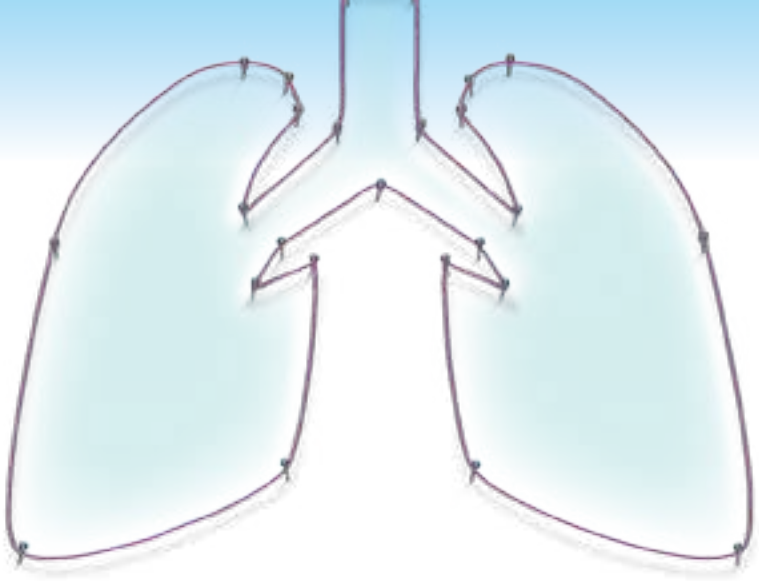
CHOOSE TECENTRIQ + CARBO/ETOP IN 1L ES-SCLC



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  - 5.2 months median PFS vs 4.3 months with placebo + carbo/etop (HR=0.77; 95% CI, 0.62, 0.96; *P*=0.0170)[2,3†§]
- **Nearly 2 years** of exploratory follow-up clinical data[1]
- **3 flexible, chemo-free** maintenance dosing options (q4w, q3w, and q2w)

NCCN CATEGORY 1, PREFERRED

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*Analyses were stratified by gender and ECOG PS.
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¶Category 1: based upon high-level evidence, there is uniform NCCN consensus that the intervention is appropriate.

1L ES-SCLC is 1 of 5 TECENTRIQ APPROVALS IN LUNG CANCER

Explore **TECENTRIQ-HCP.com/3reasons** to learn more

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.

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