AVASTIN®
bevacizumab
Solution for intravenous infusion

Please join us for the program:
"Treatment of Platinum-Resistant Ovarian Cancer and Advanced Cervical Cancer with AVASTIN-Based Therapy"

Date: Wednesday, September 14, 2016

Time: 6:30 PM Eastern Time

Location:
Due Mari
78 Albany Street
New Brunswick, NJ 08901

Presented By:
Sharyn Lewin, MD
Holy Name Medical Center
Teaneck, NJ

Hosted By:
Maureen Connolly, Genentech

To RSVP:
Visit **http://www.medforcereg.net/SGEN5423**
or contact Maureen Connolly at (732) 674-2295 or Connolly.Maureen@Gene.Com

Indications
Avastin in combination with paclitaxel, pegylated liposomal doxorubicin or topotecan is indicated for the treatment of patients with platinum-resistant recurrent epithelial ovarian, fallopian tube or primary peritoneal cancer who received no more than 2 prior chemotherapy regimens.

Avastin (bevacizumab) in combination with paclitaxel and cisplatin or paclitaxel and topotecan is indicated for the treatment of persistent, recurrent, or metastatic carcinoma of the cervix.

Program Agenda:
Wednesday, September 14, 2016
Arrival Time: 6:00 PM Eastern Time
Presentation Time: 6:30 PM Eastern Time

Audience
This oncology program has been developed for physician peer-to-peer discussion and participation.

Program Overview
The goal of this program is to describe the indication and proposed mechanism of action for Avastin® (bevacizumab) and review efficacy and safety data of platinum-resistant ovarian cancer and advanced cervical cancer.

Register for this exciting program today! Event Code: MF005423

Boxed WARNINGS
- **Gastrointestinal (GI) perforation**
  - Serious and sometimes fatal GI perforation occurs at a higher incidence in Avastin-treated patients compared to controls
  - The incidences of GI perforation ranged from 0.3% to 3.2% across clinical studies
  - Discontinue Avastin in patients with GI perforation
- **Surgery and wound healing complications**
  - The incidence of wound healing and surgical complications, including serious and fatal complications, is increased in Avastin-treated patients
  - Do not initiate Avastin for at least 28 days after surgery and until the surgical wound is fully healed. The appropriate interval between termination of Avastin and subsequent elective surgery required to reduce the risks of impaired wound healing/wound dehiscence has not been determined
  - Discontinue Avastin at least 28 days prior to elective surgery and in patients with wound healing complications requiring medical intervention
- **Hemorrhage**
  - Severe or fatal hemorrhage, including hemoptysis, GI bleeding, hematemesis, central nervous system hemorrhage, epistaxis, and vaginal bleeding, occurred up to 5-fold more frequently in patients receiving Avastin. Across indications, the incidence of grade ≥3 hemorrhagic events among patients receiving Avastin ranged from 0.4% to 6.9%
  - Do not administer Avastin to patients with serious hemorrhage or recent hemoptysis (≥1/2 tsp of red blood)
  - Discontinue Avastin in patients with serious hemorrhage (ie, requiring medical intervention)

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Additional serious adverse events

- Additional serious and sometimes fatal adverse events with increased incidence in the Avastin-treated arm vs control included
  - GI fistulae (up to 2% in metastatic colorectal cancer and ovarian cancer patients)
  - Non-GI fistulae (<1% in trials across various indications; 1.8% in a cervical cancer trial)
  - Arterial thromboembolic events (grade ≥3, 2.6%)
  - Proteinuria (nephrotic syndrome, <1%)
- Additional serious adverse events with increased incidence in the Avastin-treated arm vs control included
  - GI-vaginal fistulae occurred in 8.3% of patients in a cervical cancer trial
  - Venous thromboembolism (grade 3–4, up to 10.6%) in patients with persistent, recurrent, or metastatic cervical cancer treated with Avastin
  - Hypertension (grade 3–4, 5%–18%)
  - Posterior reversible encephalopathy syndrome (PRES) (<0.5%)
- Infusion reactions with the first dose of Avastin were uncommon (<3%), and severe reactions occurred in 0.2% of patients
- Inform females of reproductive potential of the risk of ovarian failure prior to starting treatment with Avastin
- Avoid use in patients with ovarian cancer who have evidence of recto-sigmoid involvement by pelvic examination or bowel involvement on CT scan or clinical symptoms of bowel obstruction

Most common adverse events

- Across indications, the most common adverse reactions observed in Avastin patients at a rate >10% and at least twice the control arm rate were
  - Epistaxis
  - Headache
  - Hypertension
  - Rhinitis
  - Proteinuria
  - Taste alteration
  - Dry skin
  - Rectal hemorrhage
  - Lacrimation disorder
  - Back pain
  - Exfoliative dermatitis
- Across all studies, Avastin was discontinued in 8.4% to 21% of patients because of adverse reactions

Pregnancy warning

- Based on the mechanism of action and animal studies, Avastin may cause fetal harm
- Advise female patients that Avastin may cause fetal harm, and to inform their healthcare provider of a known or suspected pregnancy
- Advise females of reproductive potential to use effective contraception during treatment with Avastin and for 6 months after the last dose of Avastin
- Advise nursing women that breastfeeding is not recommended during treatment with Avastin
- Avastin may impair fertility

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

Please see accompanying full Prescribing Information, including Boxed WARNINGS, for additional important safety information.

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