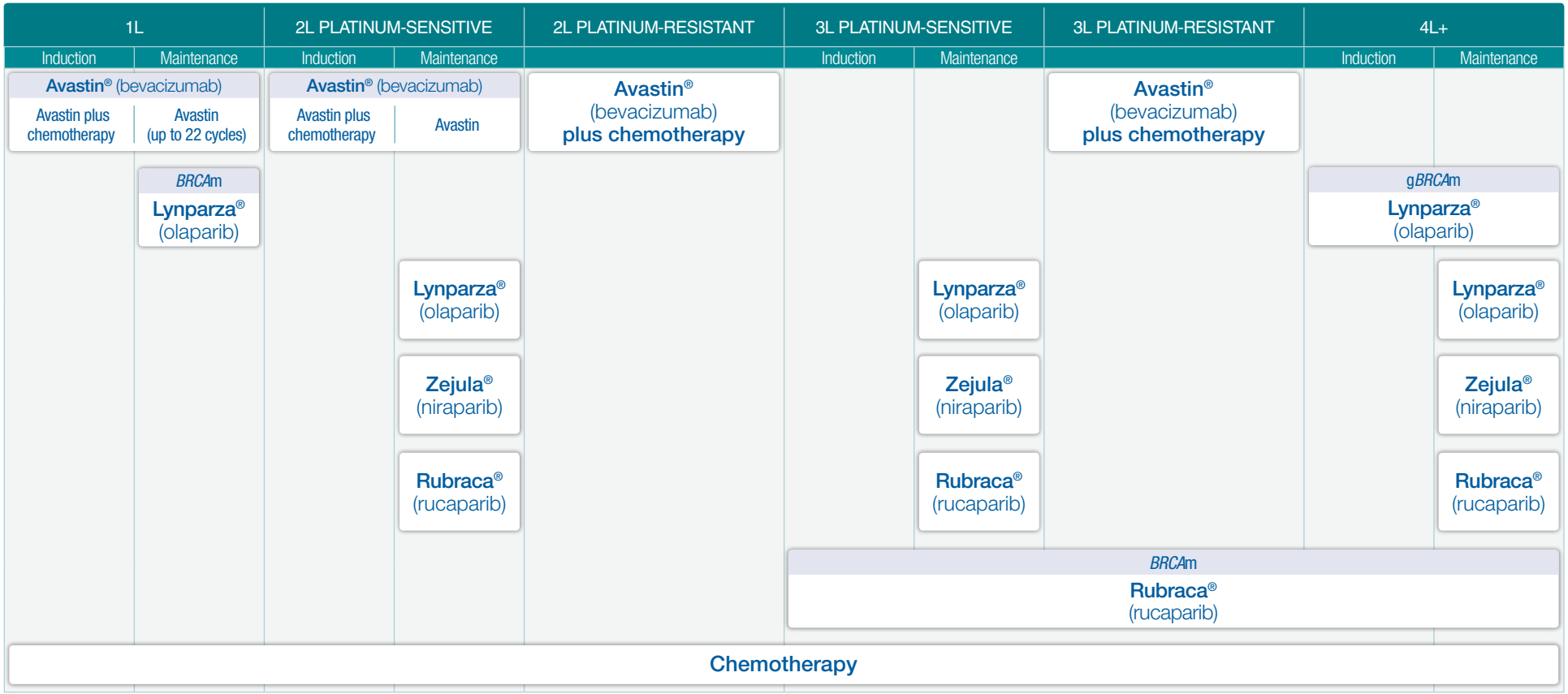
Avastin® (bevacizumab) and PARP inhibitor approvals in ovarian cancer as of January 2019

The following graphic illustrates where Avastin and PARP inhibitors are currently approved in ovarian cancer.[1-4]*



PARP=poly(ADP-ribose) polymerase; 1L=first-line; *BRCA*m=BReast CAncer susceptibility gene mutation; 2L=second-line; 3L=third-line; 4L=fourth-line; g*BRCA*m=germline BReast CAncer susceptibility gene mutation.

Indications

- Avastin, in combination with carboplatin and paclitaxel, followed by Avastin as a single agent, is indicated for the treatment of patients with stage III or IV epithelial ovarian, fallopian tube, or primary peritoneal cancer following initial surgical resection
- 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, in combination with carboplatin and paclitaxel, or with carboplatin and gemcitabine, followed by Avastin as a single agent, is indicated for the treatment of patients with platinum-sensitive recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer

Boxed WARNINGS

- **Gastrointestinal (GI) perforation**
  - Serious and sometimes fatal GI perforation occurs at a higher incidence in Avastin-treated patients compared to patients treated with chemotherapy
  - The incidence of GI perforation ranged from 0.3% to 3% 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
  - Withhold Avastin for at least 28 days prior to elective surgery. Do not administer Avastin for at least 28 days after surgery and until the wound is fully healed
  - Discontinue 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. In clinical studies, the incidence of grade ≥3 hemorrhagic events among patients receiving Avastin ranged from 0.4% to 7%
  - Do not administer Avastin to patients with serious hemorrhage or a recent history of hemoptysis (≥1/2 tsp of red blood)
  - Discontinue Avastin in patients who develop grade 3-4 hemorrhage

***Please see reverse for Lynparza®, Zejula®, and Rubraca® indication statements.**

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

Important safety information (continued)

Additional serious adverse events

- Additional serious and sometimes fatal adverse events with increased incidence in the Avastin-treated arm vs chemotherapy arm included:
  - Non-GI fistulae (<1% to 1.8%, highest in patients with cervical cancer)
  - Arterial thromboembolic events (grade ≥3, 5%, highest in patients with GBM)
  - Renal injury and proteinuria
    - Grade 3–4 proteinuria ranged from 0.7% to 7% in clinical studies
    - Nephrotic syndrome (<1%)
- Additional serious adverse events with increased incidence in the Avastin-treated arm vs chemotherapy arm included:
  - Venous thromboembolism (grade ≥3, 11% seen in GOG-0240)
  - Hypertension (grade 3–4, 5%–18%)
  - Posterior reversible encephalopathy syndrome (PRES) (<0.5%)
  - Congestive heart failure (CHF): grade ≥3 left ventricular dysfunction (1%)
- Infusion reactions with the first dose of Avastin occurred in <3% of patients, and severe reactions occurred in 0.2% of patients
- 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
- Inform females of reproductive potential of the risk of ovarian failure prior to initiating treatment with Avastin

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 not to breastfeed during treatment with Avastin and for 6 months following their last dose of treatment
- Avastin may impair fertility

Most common adverse events

- Across studies, the most common adverse reactions observed in Avastin patients at a rate >10% 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% to 22% of patients because of adverse reactions

Other Indications

Lynparza® (olaparib) is indicated

- for the maintenance treatment of adult patients with deleterious or suspected deleterious germline or somatic *BRCA*-mutated (g*BRCA*m or s*BRCA*m) advanced epithelial ovarian, fallopian tube or primary peritoneal cancer who are in complete or partial response to first-line platinum-based chemotherapy. Select patients with g*BRCA*m advanced epithelial ovarian, fallopian tube or primary peritoneal cancer for therapy based on an FDA-approved companion diagnostic for Lynparza.
- for the maintenance treatment of adult patients with recurrent epithelial ovarian, fallopian tube or primary peritoneal cancer, who are in complete or partial response to platinum-based chemotherapy.
- for the treatment of adult patients with deleterious or suspected deleterious germline *BRCA*-mutated (g*BRCA*m) advanced ovarian cancer who have been treated with three or more prior lines of chemotherapy. Select patients for therapy based on an FDA-approved companion diagnostic for Lynparza.

Rubraca® (rucaparib) is indicated

- for the maintenance treatment of adult patients with recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer who are in a complete or partial response to platinum-based chemotherapy
- for the treatment of adult patients with deleterious *BRCA* mutation (germline and/or somatic)-associated epithelial ovarian, fallopian tube, or primary peritoneal cancer who have been treated with two or more chemotherapies. Select patients for therapy based on an FDA-approved companion diagnostic for Rubraca®

Zejula® (niraparib) is indicated for the maintenance treatment of adult patients with recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer who are in a complete or partial response to platinum-based chemotherapy.

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

References: 1. Avastin Prescribing Information. Genentech, Inc. 2018. **2.** Zejula Prescribing Information. TESARO, Inc. May 2018. **3.** Lynparza Prescribing Information. AstraZeneca. December 2018. **4.** Rubraca Prescribing Information. Clovis Oncology, Inc. April 2018.

Genentech
A Member of the Roche Group

AVASTIN®
bevacizumab
100 MG/4 ML INJECTION FOR IV USE

 AVP/111418/0039a(1) (01/19)