TECENTRIQ®
atezolizumab INJECTION FOR INTRAVENOUS USE 1200 mg

NEW FDA APPROVAL

On behalf of Genentech, you are invited to attend an expert-led educational presentation

TECENTRIQ® in Locally Advanced or Metastatic Urothelial Carcinoma (mUC) and Previously Treated Metastatic Non-small Cell Lung Cancer (NSCLC)

Wednesday, August 30, 2017
Arrival Time: 6:00 PM
Presentation Time: 6:30 PM

John Bentley's Restaurant
2915 El Camino Real
Redwood City, CA, 94061

FEATURED FACULTY
Erin Myklebust, MN, ANP, AOCNP
Providence Health Services
Portland, OR

Hosted by: Georgiana Koko, MSN, ACNP-BC
Please RSVP to 209-229-5969 or koko.georgiana@gene.com

PROGRAM OBJECTIVES:

- Provide overviews of mUC and NSCLC
- Describe TECENTRIQ and its proposed mechanism of action
- Present the pivotal clinical trial data for locally advanced or metastatic urothelial carcinoma and previously treated metastatic NSCLC
- Review dosage and administration, including
  - Guidelines for dose modifications
  - Preparation of infusion
- Provide PI recommendations for managing immune-related adverse events
- Review Important Safety Information

INDICATIONS AND USAGE

Locally Advanced or Metastatic Urothelial Carcinoma

TECENTRIQ (atezolizumab) is indicated for the treatment of patients with locally advanced or metastatic urothelial carcinoma who:

- are not eligible for cisplatin-containing chemotherapy, or
- have disease progression during or following any platinum-containing chemotherapy, or within 12 months of neoadjuvant or adjuvant chemotherapy

This indication is approved under accelerated approval based on tumor response rate and durability of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trials.

Metastatic Non-Small Cell Lung Cancer

TECENTRIQ is indicated for the treatment of patients with metastatic non-small cell lung cancer (NSCLC) who have disease progression during or following platinum-containing chemotherapy. Patients with EGFR or ALK genomic tumor aberrations should have disease progression on FDA-approved therapy for these aberrations prior to receiving TECENTRIQ.

Please see accompanying full Prescribing Information and reverse for Important Safety Information.

Minnesota, Vermont, the Department of Defense, and the Department of Veterans Affairs have restrictions on receiving meals at company-sponsored events. You are accountable for understanding such restrictions and complying with them. If you are licensed in or affiliated with any of these states or federal agencies, Genentech policies may restrict your participation in this event. Your local Genentech representative can help you determine if our policies permit your attendance. When you RSVP, please indicate whether you will accept or opt out of accepting a meal at the program. If you choose to opt out, you may either pay for the meal on your own or not consume anything at the program.

For all attendees who opt in to accept a meal paid for by Genentech at this event, Genentech will report the attendee's name and value of the meal, as required by federal and state disclosure laws (for more information on the federal law please visit http://sunshine.gene.com). The meal cost may vary by event location and be up to $125 per person (exceptions may apply).

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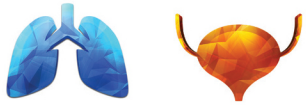

IMPORTANT SAFETY INFORMATION for TECENTRIQ® (atezolizumab)

Serious Adverse Reactions

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

- **Immune-related pneumonitis.** Immune-mediated pneumonitis or interstitial lung disease have occurred. Fatal cases have been observed in patients with urothelial carcinoma (UC) and non-small cell lung cancer (NSCLC). Permanently discontinue TECENTRIQ for Grade 3 or 4 pneumonitis
- **Immune-related hepatitis.** Immune-mediated hepatitis and liver test abnormalities, including a fatal case of hepatitis in a patient with UC, have occurred. Permanently discontinue TECENTRIQ for Grade 3 or 4 immune-mediated hepatitis
- **Immune-related colitis.** Immune-mediated colitis or diarrhea, including a fatal case of diarrhea-associated renal failure in a patient with UC, occurred. Permanently discontinue TECENTRIQ for Grade 4 diarrhea or colitis
- **Immune-related endocrinopathies.** Immune-related thyroid disorders, adrenal insufficiency, hypophysitis, and type 1 diabetes mellitus, including diabetic ketoacidosis, have occurred. Permanently discontinue TECENTRIQ for Grade 4 hypophysitis
- **Other immune-related adverse reactions.** Meningoencephalitis, myasthenic syndrome/myasthenia gravis, Guillain-Barré syndrome, ocular inflammatory toxicity, and pancreatitis, including increases in serum amylase and lipase levels, have occurred. Permanently discontinue TECENTRIQ for any grade of meningitis or encephalitis, or any grade of myasthenic syndrome/myasthenia gravis or Guillain-Barré syndrome. Permanently discontinue TECENTRIQ for Grade 4 or any grade of recurrent pancreatitis
- **Infection.** Severe infections, such as sepsis, herpes encephalitis, and mycobacterial infection leading to retroperitoneal hemorrhage, have occurred. Fatal cases have been observed in patients with UC and NSCLC
- **Infusion-related reactions.** Severe infusion reactions occurred. Permanently discontinue TECENTRIQ in patients with Grade 3 or 4 infusion reactions
- **Embryo-fetal toxicity.** TECENTRIQ can cause fetal harm in pregnant women. Advise patients 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 in cisplatin-ineligible UC (rate ≥20%) were fatigue (52%), decreased appetite (24%), diarrhea (24%), and nausea (22%).

The most common adverse reactions (rate ≥20%) in previously treated UC were fatigue (52%), decreased appetite (26%), nausea (25%), urinary tract infection (22%), pyrexia (21%), and constipation (21%).

The most common adverse reactions in NSCLC (rate ≥20%) included fatigue (46%), decreased appetite (35%), dyspnea (32%), cough (30%), nausea (22%), musculoskeletal pain (22%), and constipation (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.

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Please see accompanying full Prescribing Information for additional Important Safety Information.

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