TECENTRIQ®
atezolizumab INJECTION FOR INTRAVENOUS USE 1200 mg

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

A Clinical Case Perspective for Advanced Practice Providers and Nurses: TECENTRIQ® in Previously Treated Metastatic Non-small Cell Lung Cancer (NSCLC) and Locally Advanced or Metastatic Urothelial Carcinoma (mUC)

Monday, November 12, 2018
Arrival Time: 6:00 PM
Presentation Time: 6:30 PM

Left Bank Brasserie
377 Santana Row
Suite 1100
San Jose, CA, 95128

FEATURED FACULTY
Julie Luckart, DNP, AOCNP, FNP
Utah Cancer Specialists
Salt Lake City, UT

Hosted by: Korrina Lau,
Please RSVP to 408-206-3100 or lau.korrina@gene.com

PROGRAM OBJECTIVES:

- Review select TECENTRIQ clinical data for previously treated metastatic NSCLC and cisplatin-ineligible, locally advanced or metastatic UC
- Review patient cases in 2L NSCLC and 1L cisplatin-ineligible, PDL1-positive,* mUC
- Provide PI recommendations for managing immune-related adverse reactions
- Review Important Safety Information

*In this case, PDL1-positive is being used as shorthand to describe patients with ≥5% PD-L1 expression on ICs in the tumor tissue.

INDICATIONS AND USAGE

Metastatic Non-Small Cell Lung Cancer

TECENTRIQ® (atezolizumab) 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.

Locally Advanced or Metastatic Urothelial Carcinoma

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

- Are not eligible for cisplatin-containing chemotherapy and whose tumors express PD-L1 (PD-L1–stained tumor-infiltrating immune cells [IC] covering ≥5% of the tumor area), as determined by an FDA-approved test, or
- Are not eligible for any platinum-containing chemotherapy regardless of PD-L1 status, 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.

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

Minnesota, New Jersey, Vermont, and Federal Entities (e.g., the Department of Defense and the Department of Veterans Affairs) have restrictions on receiving in-kind benefits (e.g., meals, valet parking) 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 you from consuming any portion of the Genentech-sponsored meal at this program or from receiving any other in-kind benefit from Genentech (e.g., valet parking) in connection with the program.

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The meal cost may vary by event location and be up to $150 per person (exceptions may apply).

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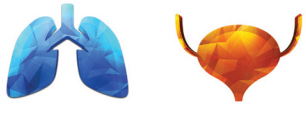

IMPORTANT SAFETY INFORMATION for TECENTRIQ® (atezolizumab)

Serious Adverse Reactions

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

- **Immune-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 colitis or diarrhea 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 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 in previously treated UC (rate ≥20%) 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%) were fatigue (43.5%), decreased appetite (23.5%), dyspnea (22%), and cough (26.4%).

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.

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