

You are cordially invited to attend a non-CME educational program:

**EGFR exon 20 insertion mutations:
A Treatment for Patients With
Locally Advanced or Metastatic Non-Small Cell Lung Cancer (NSCLC)**

PRESENTED BY

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Medical Oncologist

University of California San Diego, San Diego, CA

Dr. Husain is a paid speaker for Janssen Pharmaceuticals, Inc.

DATE/TIME

Thursday, March 10, 2022 at 6:30 PM PT

LOCATION

Fleming's Prime Steakhouse

180 El Camino Real, Palo Alto, CA 94304 • (650) 329-8457

**Please RSVP to your Janssen Representative before Thursday, March 03, 2022
or visit <http://www.medforcereg.net/SOMP/170315>**

Mark Hanes - (831) 277-3848

To attend this program, I attest that:

- I understand that Coronavirus/COVID-19 is very contagious, that COVID-19 is believed to spread mainly from person-to-person contact, and that it is not possible to eliminate any and all risks related to the potential spread of COVID-19
- I am participating in this event voluntarily and at my own risk
- I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell

I acknowledge that Janssen cannot guarantee that I will not become infected with COVID-19 (coronavirus) by virtue of attendance at this event and that Janssen has not made any representations or undertaken any obligations with respect to the venue of this event or the health of any staff or other participants. The number of attendees and the use of face coverings for this event will be determined based on local government guidance and a local assessment of risk.

INDICATION

RYBREVANT[®] (amivantamab-vmjw) is indicated for the treatment of adult patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) with epidermal growth factor receptor (EGFR) exon 20 insertion mutations, as detected by an FDA-approved test, whose disease has progressed on or after platinum-based chemotherapy.

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

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

Infusion-Related Reactions

RYBREVANT[®] can cause infusion-related reactions (IRR); signs and symptoms of IRR include dyspnea, flushing, fever, chills, nausea, chest discomfort, hypotension, and vomiting.

Based on the safety population, IRR occurred in 66% of patients treated with RYBREVANT[®]. Among patients receiving treatment on Week 1 Day 1, 65% experienced an IRR, while the incidence of IRR was 3.4% with the Day 2 infusion, 0.4% with the Week 2 infusion, and cumulatively 1.1% with subsequent infusions. Of the reported IRRs, 97% were Grade 1-2, 2.2% were Grade 3, and 0.4% were Grade 4. The median time to onset was 1 hour

(range 0.1 to 18 hours) after start of infusion. The incidence of infusion modifications due to IRR was 62% and 1.3% of patients permanently discontinued RYBREVANT[®] due to IRR.

Premedicate with antihistamines, antipyretics, and glucocorticoids and infuse RYBREVANT[®] as recommended. Administer RYBREVANT[®] via a peripheral line on Week 1 and Week 2. Monitor patients for any signs and symptoms of infusion reactions during RYBREVANT[®] infusion in a setting where cardiopulmonary resuscitation medication and equipment are available. Interrupt infusion if IRR is suspected. Reduce the infusion rate or permanently discontinue RYBREVANT[®] based on severity.

Please read Important Safety Information continued on the reverse.
Please read enclosed full Prescribing Information for RYBREVANT[®].

Please read PhRMA guidelines on the reverse.

IMPORTANT SAFETY INFORMATION (continued)

WARNINGS AND PRECAUTIONS (continued)

Interstitial Lung Disease/Pneumonitis

RYBREVANT[®] can cause interstitial lung disease (ILD)/pneumonitis. Based on the safety population, ILD/pneumonitis occurred in 3.3% of patients treated with RYBREVANT[®], with 0.7% of patients experiencing Grade 3 ILD/pneumonitis. Three patients (1%) discontinued RYBREVANT[®] due to ILD/pneumonitis.

Monitor patients for new or worsening symptoms indicative of ILD/pneumonitis (e.g., dyspnea, cough, fever). Immediately withhold RYBREVANT[®] in patients with suspected ILD/pneumonitis and permanently discontinue if ILD/pneumonitis is confirmed.

Dermatologic Adverse Reactions

RYBREVANT[®] can cause rash (including dermatitis acneiform), pruritus and dry skin. Based on the safety population, rash occurred in 74% of patients treated with RYBREVANT[®], including Grade 3 rash in 3.3% of patients. The median time to onset of rash was 14 days (range: 1 to 276 days). Rash leading to dose reduction occurred in 5% of patients, and RYBREVANT[®] was permanently discontinued due to rash in 0.7% of patients.

Toxic epidermal necrolysis occurred in one patient (0.3%) treated with RYBREVANT[®].

Instruct patients to limit sun exposure during and for 2 months after treatment with RYBREVANT[®]. Advise patients to wear protective clothing and use broad-spectrum UVA/UVB sunscreen. Alcohol-free emollient cream is recommended for dry skin.

If skin reactions develop, start topical corticosteroids and topical and/or oral antibiotics. For Grade 3 reactions, add oral steroids and consider dermatologic consultation. Promptly refer patients presenting with severe rash, atypical appearance or distribution, or lack of improvement within 2 weeks to a dermatologist. Withhold, dose reduce or permanently discontinue RYBREVANT[®] based on severity.

Ocular Toxicity

RYBREVANT[®] can cause ocular toxicity including keratitis, dry eye symptoms, conjunctival redness, blurred vision, visual impairment, ocular itching, and uveitis. Based on the safety population, keratitis occurred in 0.7% and uveitis occurred in 0.3% of patients treated with RYBREVANT[®]. All events were Grade 1-2. Promptly refer patients presenting with eye symptoms to an ophthalmologist. Withhold, dose reduce or permanently discontinue RYBREVANT[®] based on severity.

Embryo-Fetal Toxicity

Based on its mechanism of action and findings from animal models, RYBREVANT[®] can cause fetal harm when administered to a pregnant woman. Advise females of reproductive potential of the potential risk to the fetus. Advise female patients of reproductive potential to use effective contraception during treatment and for 3 months after the final dose of RYBREVANT[®].

Adverse Reactions

The most common adverse reactions ($\geq 20\%$) were rash (84%), IRR (64%), paronychia (50%), musculoskeletal pain (47%), dyspnea (37%), nausea (36%), fatigue (33%), edema (27%), stomatitis (26%), cough (25%), constipation (23%), and vomiting (22%). The most common Grade 3 to 4 laboratory abnormalities ($\geq 2\%$) were decreased lymphocytes (8%), decreased albumin (8%), decreased phosphate (8%), decreased potassium (6%), increased alkaline phosphatase (4.8%), increased glucose (4%), increased gamma-glutamyl transferase (4%), and decreased sodium (4%).

Please read enclosed full Prescribing Information for RYBREVANT[®].

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PhRMA GUIDELINES

In adherence with PhRMA guidelines, spouses or other guests are not permitted to attend company-sponsored programs. For all attendees, please be advised that information such as your name and the value and purpose of any educational item, meal or other items of value you receive may be publicly disclosed. If you are licensed in any state or other jurisdiction, or are an employee or contractor of any organization or governmental entity, that limits or prohibits meals from pharmaceutical companies, please identify yourself so that you (and we) are able to comply with such requirements.

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