

The **first and only monoclonal antibody** therapy in HER2+ metastatic gastric and gastroesophageal junction (GEJ) cancer

This is not an actual Herceptin patient.



Who is Herceptin for?

Herceptin is approved, in combination with chemotherapy (cisplatin and either capecitabine or 5-fluorouracil), for the treatment of HER2+ metastatic cancer of the stomach or gastroesophageal junction (where the esophagus meets the stomach) in patients who have not received prior treatment for their metastatic disease.

Serious Side Effects

- ▶ Herceptin treatment can result in heart problems, including those without symptoms (reduced heart function) and those with symptoms (congestive heart failure). The risk and seriousness of these heart problems were highest in people who received both Herceptin and a certain type of chemotherapy (anthracycline). One patient died in an adjuvant (early) breast cancer trial of significantly weakened heart muscle
- ▶ Your doctor will evaluate your heart function before and during treatment. Your doctor will stop Herceptin therapy if you have serious weakening of the heart muscle or changes in the heart muscle structure
- ▶ Some patients have had serious infusion reactions and lung problems; infusion reactions leading to death have been reported. Your doctor may have you completely stop Herceptin treatment if you have a severe allergic reaction, swelling, lung problems, swelling of the lungs, or severe shortness of breath
- ▶ Herceptin can cause harm to the fetus (unborn baby), in some cases death to the fetus, when taken by a pregnant woman

Please see pages 10-13 and accompanying full Prescribing Information for **Serious Side Effects** and additional important safety information.





What is HER2+ stomach/GEJ cancer?

Stomach cancer overview

Stomach cancer (also known as gastric cancer) is a common cancer. An estimated 989,000 new cases of stomach cancer are diagnosed each year worldwide, of which 21,000 cases occur in the United States.^{1,2} In the **ToGA*** study, 22% of patients screened had tumors that were HER2+, a specific kind of stomach cancer.³

Stomach cancers also include cancer of the gastroesophageal junction (also known as the **GEJ**), where the esophagus meets the stomach.⁴

Stomach cancers are often found at the **metastatic** stage, leading to



- **Metastatic (stomach or GEJ) cancer** is cancer that began in the stomach or GEJ, but has spread to other parts of the body
- **GEJ** stands for the gastroesophageal junction, which is the place in the body where the esophagus meets the stomach
- **HER2+ stomach or GEJ cancer** is a type of cancer involving an abnormally high amount of HER2 receptors, which are proteins on the surface of cells that encourage cell growth

*Study that led to the approval of Herceptin in stomach cancer.

What is HER2+ stomach/GEJ cancer and how is it different?

- ▶ Not all stomach/GEJ cancers are the same
- ▶ HER2+ stomach/GEJ cancer cells have more HER2 receptors (a particular protein found on the surface of cells) than normal stomach cells
- ▶ Too many HER2 receptors send signals, causing cells to grow too quickly
- ▶ In the **ToGA*** study, 22% of patients screened had tumors that were HER2+³

How do I know if I have HER2+ stomach/GEJ cancer and why is this important?

- ▶ The following two types of tests can determine HER2 status in stomach/GEJ cancer⁶:

- 1 **FISH (Fluorescence In Situ Hybridization)**
- 2 **IHC (ImmunoHistoChemistry)**

- ▶ Knowing whether you have HER2+ stomach/GEJ cancer is important because it may help your doctor determine which treatment option is right for you. If you are HER2+, Herceptin may be a treatment for you

If you have any questions about these tests or about your HER2 status, ask your doctor. He or she will determine the best way to find out whether you have HER2+ stomach/GEJ cancer and which treatment option may be best for you.

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Targeted therapy for HER2+ metastatic stomach/GEJ cancer

Herceptin is a monoclonal antibody—a type of targeted therapy—shown in preclinical studies to target cells with too many HER2 receptors.⁶

Herceptin is the first and only targeted therapy approved for the treatment of HER2+ metastatic stomach or GEJ cancer. Traditional therapies, such as chemotherapy and radiation therapy, are also used to treat HER2+ metastatic stomach or GEJ cancer.^{7,8}

Treatment definitions

Targeted therapies⁹

- **Targeted therapy** is different from other types of therapy. Targeted therapy targets cancer cells with specific proteins (such as receptors) for treatment

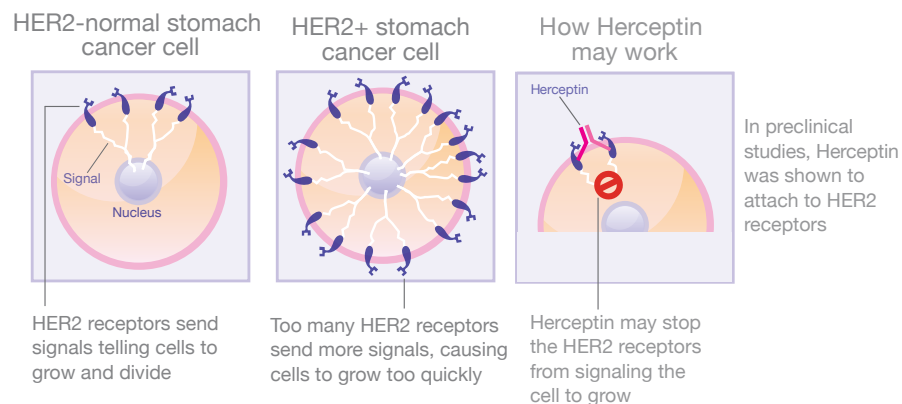
Traditional therapies^{8,10}

- **Radiation therapy** uses high-energy rays to kill cancer cells and/or shrink tumors
 - **Chemotherapy** are drugs that are used to destroy cancer cells and/or shrink tumors
- Based on your needs, your healthcare provider may choose one or more of these treatments for you.*



Targeted therapy for HER2+ metastatic stomach/GEJ cancer

How Herceptin may work^{6,11}



Important Safety Information

- ▶ Worsening of low white blood cell counts associated with chemotherapy has also occurred
- ▶ You must have a HER2 test to determine if your cancer is HER2-positive before taking Herceptin
- ▶ The most common side effects associated with Herceptin are low white and red blood cell counts, diarrhea, fatigue, swelling of the mouth lining, weight loss, upper respiratory tract infections, fever, low platelet counts, swelling of the mucous membranes, swelling of the nose and throat, and a change in taste



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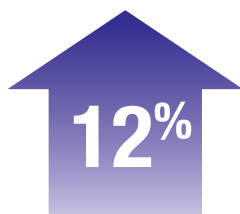
In HER2+ metastatic stomach/GEJ cancer

Herceptin is the first and only monoclonal antibody proven to increase the chance of living longer

In a clinical study of patients with HER2+ metastatic stomach/GEJ cancer who were not previously treated, there was a:



increase in median overall survival (OS) shown in the final median overall survival analysis^{6*}
(**13.5**-month median OS with Herceptin and chemotherapy vs **11.0**-month median OS with chemotherapy alone[†])



increase in median OS shown in the updated median overall survival analysis^{6†§}
(**13.1**-month median OS with Herceptin and chemotherapy vs **11.7**-month median OS with chemotherapy alone[†])

*In the final overall survival analysis, median OS meant half the patients treated with Herceptin plus chemotherapy lived less than 13.5 months, while half lived longer.

†Chemotherapy was cisplatin plus either capecitabine or 5-fluorouracil.

‡In the updated overall survival analysis, median OS meant half the patients treated with Herceptin plus chemotherapy lived less than 13.1 months, while half lived longer.

§Updated analysis was conducted one year after the final analysis.



What are the possible benefits and most common side effects of Herceptin as seen in the **ToGA** trial?



What are the most common side effects of Herceptin as seen in the **ToGA** trial?



of patients in the Herceptin plus chemotherapy arm had a side effect where less than half their blood was pumped from the left ventricle with each heartbeat, compared with 1.1% of patients in the chemotherapy alone arm⁶

In the **ToGA** trial, the most common adverse reactions (occurring in $\geq 10\%$ of patients) that were increased ($\geq 5\%$ difference) with Herceptin plus chemotherapy vs chemotherapy alone were:

- ▶ Low white and red blood cell counts
- ▶ Diarrhea
- ▶ Fatigue
- ▶ Swelling of the mouth lining
- ▶ Weight loss
- ▶ Upper respiratory tract infections
- ▶ Fever
- ▶ Low platelet counts
- ▶ Swelling of the mucous membranes
- ▶ Swelling of the nose and throat
- ▶ Change in taste

In the **ToGA** trial, the most common adverse events that led to discontinuation of Herceptin (without worsening of the disease) were:

- ▶ Infection
- ▶ Diarrhea
- ▶ Fever brought on by low white blood cell counts

Please see pages 10-13 and accompanying full Prescribing Information for **Serious Side Effects** and additional important safety information.



What can I expect when on Herceptin plus chemotherapy?

Herceptin is given as one of two regimens⁶

1 Herceptin + cisplatin + capecitabine

2 Herceptin + cisplatin + 5-FU*

*Also known by its full name (5-fluorouracil).

- ▶ Herceptin is usually given at your doctor's office or clinic
- ▶ Herceptin is given by an IV (intravenous) infusion, which means it is given through a needle that is inserted into your vein
- ▶ In HER2+ metastatic stomach/GEJ cancer, Herceptin is given every 3 weeks

Talk to your doctor about your treatment goals

- ▶ You will most likely continue to take Herceptin until your disease grows or spreads or until the side effects become unmanageable

Herceptin administration⁶

First dose	90 minutes
All other doses when taking Herceptin every 3 weeks	30-90 minutes

Infusion Reactions

- ▶ Some patients have had serious infusion reactions; infusion reactions leading to death have been reported within hours to days following a serious infusion reaction
- ▶ Symptoms usually happen during or within 24 hours of taking Herceptin
- ▶ **Your infusion should be temporarily stopped if you experience shortness of breath or very low blood pressure**
- ▶ **Your doctor should monitor you until these symptoms completely go away**
- ▶ **Your doctor may have you completely stop Herceptin treatment if you have:**
 - A severe allergic reaction
 - Swelling
 - Lung problems
 - Swelling of the lungs
 - Severe shortness of breath
- ▶ Infusion reaction symptoms consist of:
 - Fever and chills
 - Nausea
 - Vomiting
 - Pain (in some cases at tumor sites)
 - Headache
 - Dizziness
 - Shortness of breath
 - Very low blood pressure
 - Rash
 - Lack of energy and strength

Please see pages 10-13 and accompanying full Prescribing Information for **Serious Side Effects** and additional important safety information.





What are the possible Serious Side Effects of Herceptin?

Heart Problems



▶ Herceptin treatment can result in heart problems, including those without symptoms (such as reduced heart function) and those with symptoms (such as congestive heart failure). The risk and seriousness of these heart problems were highest in people who received both Herceptin and a certain type of chemotherapy (anthracycline). One patient died in an adjuvant (early) breast cancer trial of significantly weakened heart muscle

- ▶ Herceptin can cause serious heart problems, including:
 - A decline in heart function
 - Irregular heartbeats
 - High blood pressure
 - Serious heart attack
 - Death
- ▶ **Your doctor will stop Herceptin therapy if you have weakening of the heart muscle or changes in the heart muscle structure**

Monitoring the Heart



▶ **Your doctor will evaluate your heart function before and during treatment**

- ▶ Your doctor may run tests, such as an echocardiogram or a MUGA scan, and will review your health history to see how well the heart muscle is working
- ▶ If you are taking Herceptin and have stopped treatment temporarily because of significant heart problems, your doctor should monitor your heart health more frequently

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 - Very low blood pressure
 - Rash
 - Lack of energy and strength

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Pregnancy



▶ **Herceptin can cause harm to the fetus (unborn baby), in some cases death to the fetus, when taken by a pregnant woman**

- ▶ You should use effective birth control methods while receiving Herceptin and for at least 6 months after you finish taking Herceptin
- ▶ Nursing mothers taking Herceptin may want to stop nursing or stop Herceptin, depending on the importance of the drug to the mother
- ▶ Women exposed to Herceptin during pregnancy may wish to enroll in **MotHER—the Herceptin Pregnancy Registry** by calling **1-800-690-6720**

Taking Herceptin Can Result in Serious and Potentially Deadly Lung Problems, Including:



- ▶ A severe shortness of breath
- ▶ Too little oxygen in the body
- ▶ Fluid in or around the lungs
- ▶ Swelling of the lungs
- ▶ Weakening of the valve between the heart and the lungs
- ▶ Scarring of the lungs

Problems like these may occur after an infusion reaction. If you have trouble breathing at rest due to existing lung disease, or large lung tumors appear, you may have more serious lung problems. Your doctor should stop Herceptin if you experience lung problems.

Please see accompanying full Prescribing Information for **Serious Side Effects** and additional important safety information.



What is the Additional Important Safety Information associated with Herceptin?

Worsening of Low White Blood Cell Counts Due to Chemotherapy



- ▶ Worsening of low white blood cell counts to serious and life-threatening levels and associated fever were higher in patients taking Herceptin in combination with chemotherapy when compared with those who received chemotherapy alone. The likelihood that a patient will die from infection was similar among patients who received Herceptin and those who did not

HER2 Testing



- ▶ You must have a HER2 test to determine if your stomach cancer is HER2-positive before taking Herceptin, as benefit has only been shown in patients whose tumors are HER2-positive

What Are the Most Common Side Effects Associated With Herceptin?



- ▶ The most common side effects associated with Herceptin are:

- Low white blood cell counts
- Upper respiratory tract infections
- Diarrhea
- Fever
- Fatigue
- Low platelet counts
- Low red blood cell counts
- Swelling of the mucous membranes
- Swelling of the mouth lining
- Swelling of the nose and throat
- Weight loss
- A change in taste

Because everyone is different, it is not possible to predict what side effects any one person will have. If you have questions or concerns about side effects, you should talk to your doctor.



Frequently asked questions

After reading this booklet, you may still have questions about your metastatic stomach/GEJ cancer or your treatment. Feel free to jot down other questions you may want to ask your healthcare provider. You may also find it helpful to have a friend or family member help you ask questions and take notes during your visit to your healthcare provider.

About stomach/GEJ cancer

▶ **What stage is my stomach/GEJ cancer?**

▶ **Is my cancer HER2+?**

▶ **What are my treatment options?**

About Herceptin plus chemotherapy

▶ **How should I prepare for my infusion?**

▶ **How is my Herceptin treatment different from chemotherapy?**

▶ **How long will I need to be on Herceptin plus chemotherapy?**

▶ **How often will I need to get infusions?**

▶ **What are the possible serious and most common side effects?**

▶ **What should I alert my healthcare team about?**

Financial support & resources

Financial Resources

Herceptin Access Solutions™*

Herceptin Access Solutions helps to resolve specific access and reimbursement issues for individual patients every day.



Visit www.HerceptinAccessSolutions.com or speak to an Access Solutions reimbursement specialist at 1-888-249-4918 (6 AM to 5 PM Pacific Time, Monday-Friday).

*Please note: This description is provided for informational purposes only. The submission and completion of reimbursement- or coverage-related documentation are the responsibility of the patient and healthcare provider. Genentech, Inc. makes no representation or guarantee concerning reimbursement or coverage for any service or item.

Genentech® Access to Care Foundation

The Genentech® Access to Care Foundation (GATCF) was established to help patients with unmet medical needs who are uninsured.



Educational and informational resources†

†The organizations below are an incomplete listing of cancer support organizations and are not controlled by, endorsed by, or affiliated with Genentech, Inc. The list is meant for informational purposes only and is not meant to replace your healthcare provider's medical advice. Ask your doctor or nurse about any questions you have about your cancer or treatment plan.

Gastric Cancer Fund

www.gastriccancer.org



The Gastric Cancer Fund is a non-profit organization dedicated to helping people fight gastric cancer through education, research, support, and advocacy.

Find the Gastric Cancer Fund on Facebook: <http://www.facebook.com/pages/Gastric-Cancer-Fund/104859701546>

Men's Health Network (MHN)

www.menshealthnetwork.org



National non-profit organization dedicated to promoting health through prevention messages and other educational materials and programs.

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Patient Support Line

866.449.4372

Nurses are available on call 24 hours a day, 7 days a week to talk one-on-one and answer questions about:

- ▶ HER2+ metastatic stomach/GEJ cancer
- ▶ Treatment options
- ▶ Resources for reimbursement support

For more information, please visit
herceptin.com/gastric

References: **1.** SEER stat fact sheets: stomach. National Cancer Institute web site. <http://seer.cancer.gov/statfacts/html/stomach.html>. Accessed October 6, 2010. **2.** Stomach cancer incidence and mortality worldwide in 2008 summary. International Agency for Research on Cancer web site. <http://globocan.iarc.fr/factsheets/cancers/stomach.asp>. Accessed October 6, 2010. **3.** Jørgensen JT. Targeted HER2 treatment in advanced gastric cancer. *Oncology*. 2010;78:26-33. **4.** NCCN Clinical Practice Guidelines in Oncology™: Gastric Cancer. V.2.2010. <http://www.nccn.org>. Accessed August 26, 2010. **5.** Wagner AD, Grothe W, Haerting J, Kleber G, Grothey A, Fleig WE. Chemotherapy in advanced gastric cancer: a systematic review and meta-analysis based on aggregate data. *J Clin Oncol*. 2006;24:2903-2909. **6.** Herceptin Prescribing Information. Genentech, Inc. October 29, 2010. **7.** Bang Y-J, Van Cutsem E, Feyereislova A, et al; for the ToGA Trial Investigators. Trastuzumab in combination with chemotherapy versus chemotherapy alone for treatment of HER2-positive advanced gastric or gastro-oesophageal junction cancer (ToGA): a phase 3, open-label, randomised controlled trial. *Lancet*. 2010;376:687-697. **8.** Radiation therapy for cancer. National Cancer Institute web site. <http://www.cancer.gov/cancertopics/factsheet/Therapy/radiation>. Accessed August 26, 2010. **9.** Monoclonal antibodies. American Cancer Society web site. <http://www.cancer.org/Treatment/TreatmentsandSideEffects/TreatmentTypes/Immunotherapy/immunotherapy-monoclonal-antibodies>. Accessed August 26, 2010. **10.** Understanding chemotherapy. National Cancer Institute web site. <http://www.cancer.gov/cancertopics/coping/chemo-side-effects/understandingchemo>. Accessed August 26, 2010. **11.** Pegram M, Slamon D. Biological rationale for HER2/neu (c-erbB2) as a target for monoclonal antibody therapy. *Semin Oncol*. 2000;27(suppl 9):13-19.

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 **Herceptin**
trastuzumab