

Real people Real commitment

Helene received adjuvant Herceptin therapy for HER2+ breast cancer.



Who is Herceptin for?

Herceptin is approved for the treatment of early-stage breast cancer that is **H**uman **E**pidermal growth factor **R**eceptor **2**-positive (HER2+) and has spread into the lymph nodes, or is HER2+ and has not spread into the lymph nodes. If it has not spread into the lymph nodes, the cancer needs to be estrogen receptor/progesterone receptor (ER/PR)-negative or have one high risk feature.* Herceptin can be used in several different ways:

- As part of a treatment course including the chemotherapy drugs **Adriamycin**[®] (doxorubicin), **Cytoxan**[®] (cyclophosphamide), and either **Taxol**[®] (paclitaxel) or **Taxotere**[®] (docetaxel). This treatment course is known as “**AC→TH**”
- With the chemotherapy drugs **Taxotere** and **Paraplatin**[®] (carboplatin). This treatment course is known as “**TCH**”
- Alone after treatment with multiple other therapies, including an anthracycline (Adriamycin)-based therapy (a type of chemotherapy)

*High risk is defined as ER/PR-positive with one of the following features: tumor size >2 cm, age <35 years, or tumor grade 2 or 3.

Adriamycin is a registered trademark of Pharmacia Inc.
Cytosan, Taxol, and Paraplatin are registered trademarks of Bristol-Myers Squibb Company.
Taxotere is a registered trademark of sanofi-aventis U.S. LLC.

Please see pages 2-3, 20-31, and accompanying full Prescribing Information for **Serious Side Effects** and additional important safety information.



References: **1.** 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. **2.** Herceptin Prescribing Information. Genentech, Inc. October 29, 2010. **3.** Treatment option overview. National Cancer Institute web site. <http://www.cancer.gov/cancertopics/pdq/treatment/breast/Patient/page5>. Accessed November 17, 2010.

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Important safety information you should know

about Herceptin



Helene received adjuvant **Herceptin** therapy for HER2+ breast cancer. She is shown here with her daughter.

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 adjuvant (early) patient died of significantly weakened heart muscle
- Your doctor will evaluate your heart function before and during treatment. For adjuvant breast cancer therapy, your doctor will also evaluate your heart function after the end of 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 20-31 and accompanying full Prescribing Information for **Serious Side Effects** and additional important safety information.



If you've been diagnosed
you want to do all you

with HER2+ breast cancer,
can to fight it



The woman pictured here is a model.

**Herceptin has been studied in
more than 10,000 women**

Now your doctor has prescribed **adjuvant**
Herceptin therapy for you.

**Herceptin is designed to help fight
your specific type of cancer.**



Adjuvant therapy is additional treatment for early breast cancer that is given after the main treatment (usually surgery). Adjuvant therapy for HER2+ breast cancer may include radiation therapy, chemotherapy, hormonal therapy, or targeted therapy.

Please see pages 20-31 and accompanying full Prescribing Information for **Serious Side Effects** and additional important safety information.





The woman pictured here is a model.



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Please see pages 20-31 and accompanying full Prescribing Information for **Serious Side Effects** and additional important safety information.





How HER2+ breast cancer is different

Approximately 1 in 4 patients with breast cancer has HER2+ breast cancer¹



The woman pictured here is a model.

Please see pages 20-31 and accompanying full Prescribing Information for **Serious Side Effects** and additional important safety information.

What makes HER2+ breast cancer different?

Not all breast cancers are the same. HER2+ breast cancer cells have more HER2 receptors (a particular protein found on the surface of cells) than normal breast cells.

- Having too many HER2 receptors may make the cancer cells grow and divide faster, creating more HER2+ cancer cells
- HER2+ breast cancer is considered **aggressive** because it grows and spreads quickly

Targeted therapy is available for some women with HER2+ breast cancer



Aggressive cancers are cancers that grow and spread very quickly. HER2+ breast cancer (your doctor may call it “HER2-overexpressing breast cancer”) is considered aggressive because the cells have too many HER2 receptors, which cause the cells to grow and divide too quickly.



Targeted therapy for HER2+ breast cancer

In addition to traditional therapies, there are targeted therapies that target cells with specific receptors for treatment. Some targeted therapies target HER2 receptors, which may help keep the cancer from growing.^{2,3}

Treatment definitions

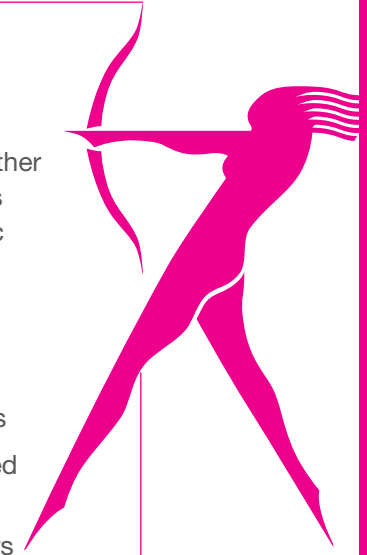
Targeted therapies³

- **Targeted therapy** is different from other types of therapy. Targeted therapy is designed to target cells with specific receptors for treatment

Traditional therapies³

- **Radiation therapy** uses high-energy rays to kill cells and/or shrink tumors
- **Chemotherapy** is drugs that are used to destroy cells
- **Hormonal therapy** helps fight tumors that thrive on hormones like estrogen or progesterone by acting on hormone receptors on tumor cells or by decreasing the amount of estrogen available to bind to these receptors

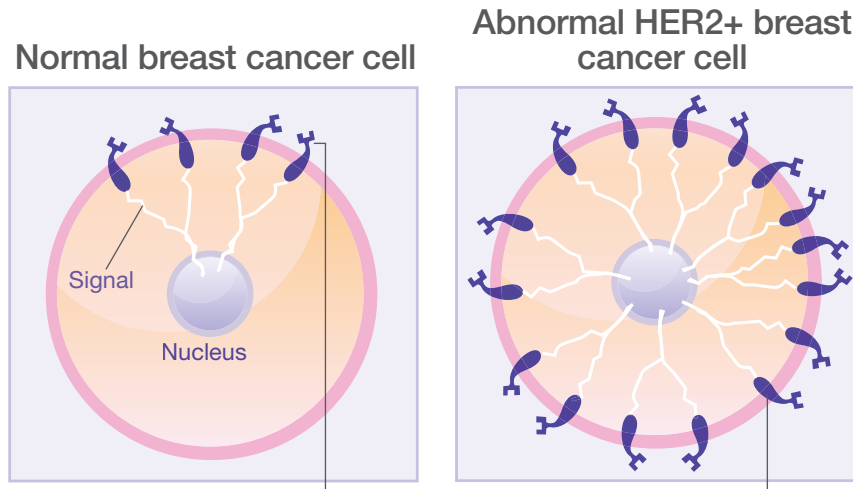
Based on your needs, your doctor may choose one or more of these treatments for you.



Please see pages 20-31 and accompanying full Prescribing Information for **Serious Side Effects** and additional important safety information.



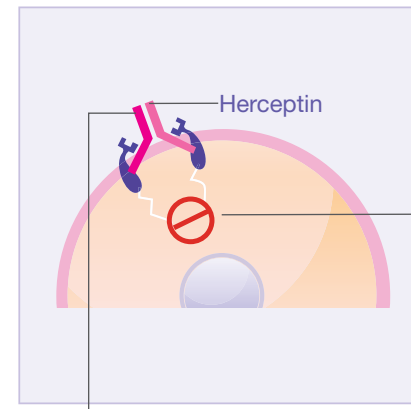
Herceptin: Targeted therapy for HER2+ breast cancer^{1,2}



Normal amount of HER2 receptors send signals telling cells to grow and divide

Too many HER2 receptors send more signals, causing cells to grow too quickly

How Herceptin may work



Herceptin may stop the HER2 receptors from signaling the cell to grow

In preclinical studies, Herceptin was shown to attach to HER2 receptors

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

Important Safety Information (cont'd from page 10)

- The most common side effects associated with Herceptin in the adjuvant breast cancer setting were:
 - Headache
 - Nausea
 - Diarrhea
 - Chills
- 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

Please see pages 20-31 and accompanying full Prescribing Information for **Serious Side Effects** and additional important safety information.





In 4 trials of more than 10,000 women with early-stage breast cancer

Adding 1 year of Herceptin to chance of remaining

Studies 1 & 2: After completion of chemotherapy (Adriamycin and Cytoxan), Herceptin weekly taken with Taxol weeks 1-12 followed by Herceptin alone weekly



52%

Higher chance of remaining cancer free longer in the group of women who received AC→TH* (n=1872) compared with the group that received AC→T (n=1880), when both groups in these 2 studies were looked at

- 2% of patients on AC→TH experienced congestive heart failure (CHF) vs 0.4% without Herceptin

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 adjuvant (early) patient died of significantly weakened heart muscle
- Your doctor will evaluate your heart function before and during treatment. For adjuvant breast cancer therapy, your doctor will also evaluate your heart function after the end of treatment. Your doctor will stop Herceptin therapy if you have serious weakening of the heart muscle or changes in the heart muscle structure

Please see pages 20-31 and accompanying full Prescribing Information for **Serious Side Effects** and additional important safety information.

therapy increased the cancer free longer

Study 3: After surgery and chemotherapy, Herceptin taken every 3 weeks



46%

Higher chance of remaining cancer free longer in the group of women who received Herceptin alone† (n=1693) compared with the group that did not receive Herceptin (n=1693)

- 2% of patients on Herceptin experienced CHF vs 0.3% without Herceptin

Serious Side Effects (cont'd from page 12)

- 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

*Herceptin as part of a treatment course including the chemotherapy drugs Adriamycin, Cytoxan, and either Taxol or Taxotere. This treatment course is known as "AC→TH."

†Herceptin alone after treatment with several other therapies, including an anthracycline (Adriamycin)-based therapy (a type of chemotherapy).



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In 4 trials of more than 10,000 women with early-stage breast cancer

Adding 1 year of Herceptin to
chance of remaining

therapy increased the
cancer free longer

Study 4: After completion of chemotherapy (Adriamycin and Cytoxan),
Herceptin weekly taken with Taxotere weeks 1-12 followed by
Herceptin alone every 3 weeks

Study 4: After surgery, Herceptin weekly taken with Taxotere and carboplatin
weeks 1-18 followed by Herceptin alone every 3 weeks



40%

Higher chance of remaining cancer free
longer in the group of women who received
AC→TH* (n=1074) compared with the group
that received AC→T (n=1073)

- 2% of patients on AC→TH experienced CHF vs 0.3% without Herceptin

Serious Side Effects: 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

Please see pages 20-31 and accompanying full Prescribing Information for **Serious Side Effects** and additional important safety information.



33%

Higher chance of remaining cancer free
longer in the group of women who received
TCH† (n=1075) compared with the group
that received AC→T (n=1073)

- 0.4% of patients on TCH experienced CHF vs 0.3% without Herceptin

Serious Side Effects: Heart Monitoring

- Your doctor will evaluate your heart function before and during treatment. For adjuvant breast cancer therapy, your doctor will also evaluate heart function after the end of treatment. Your doctor will stop Herceptin therapy if you exhibit weakening of the heart muscle or changes in the heart muscle structure
- If you are taking Herceptin and have stopped treatment temporarily because of significant heart problems, your doctor should monitor your heart health more frequently

*Herceptin as part of a treatment course including the chemotherapy drugs Adriamycin, Cytoxan, and either Taxol or Taxotere. This treatment course is known as "AC→TH."

†Herceptin with Taxotere and carboplatin. This treatment course is known as "TCH."



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Based on clinical trials

It is recommended that Herceptin be taken for 1 year— and there are different dosing schedules

- **AC→TH:** Herceptin is taken as part of a treatment course including the chemotherapy drugs **Adriamycin**, **Cytoxan**, and either **Taxol** or **Taxotere**
- **TCH:** Herceptin is taken along with the chemotherapy drugs **Taxotere** and **Paraplatin** (carboplatin)
- **Monotherapy:** Herceptin is taken alone after treatment with several other therapies, including an anthracycline (Adriamycin)-based therapy (a type of chemotherapy)

Serious Side Effects: Infusion Reactions and Lung Problems

- Some patients have had serious infusion reactions and lung problems; infusion reactions leading to death have been reported
- Symptoms usually happen during or within 24 hours of taking Herceptin

Herceptin is recommended for 1 year²

The available dosing options are:

- **Weekly:** When you receive Herceptin together with chemotherapy, you will receive Herceptin once a week
- **Every 3 weeks:** When you receive Herceptin after you have had surgery and have finished chemotherapy, you will receive Herceptin every 3 weeks

Serious Side Effects: Infusion Reactions and Lung Problems (cont'd from page 16)

- **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

Please see pages 20-31 and accompanying full Prescribing Information for **Serious Side Effects** and additional important safety information.





Real answers to your questions about important

safety information for Herceptin

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. For adjuvant breast cancer therapy, your doctor will also evaluate heart function after the end of 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.

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



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What are the possible Serious Side Effects of Herceptin? (cont'd)



Infusion Reactions



Some patients have had serious infusion reactions; infusion reactions leading to death have been reported. 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.



The woman pictured here is a model.

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



What are the possible Serious Side Effects of Herceptin?

(cont'd)



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**.



Helene received adjuvant **Herceptin therapy** for HER2+ breast cancer. She is shown here with her daughter.

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





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

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



The woman pictured here is a model.



What are the possible Serious Side Effects of Herceptin? (cont'd)

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.

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



What are the possible Serious Side Effects of Herceptin? (cont'd)



HER2 Testing



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



The woman pictured here is a model.

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





What Are the Most Common Side Effects Associated with Herceptin?



The most common side effects associated with Herceptin in the adjuvant breast cancer setting are:

- Headache
- Diarrhea
- Nausea
- Chills

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.

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



The woman pictured here is a model.

Questions that will give you the real

After reading this booklet, you may still have questions about your HER2+ breast cancer or your treatment. Feel free to jot down other questions you may have. You may also find it helpful to ask a friend or family member to help you ask questions and take notes during your first few visits.

About your diagnosis:

What stage (size and location) is my HER2+ breast cancer and how does it affect my treatment plan?

Please see pages 20-31 and accompanying full Prescribing Information for **Serious Side Effects** and additional important safety information.



What should I ask my doctor?

information you need

How is early-stage HER2+ breast cancer different from HER2+ metastatic breast cancer (cancer that has spread to other parts of the body)?

Is my HER2+ breast cancer hormone-receptor positive?





About treatment:

What are my treatment options?

Should I be on multiple therapies?

How long will I need to stay on these treatments?

What are the chances my HER2+ breast cancer will come back after treatment?

Are there any treatment options that may lower my cardiac risk?

Please see pages 20-31 and accompanying full Prescribing Information for **Serious Side Effects** and additional important safety information.



About Herceptin:

What should I do to be ready for my infusion (cancer treatment given intravenously)?

How is my Herceptin treatment different from chemotherapy?

How long will I need to be on Herceptin?

How often will I need to get infusions?

What are the possible serious side effects from the infusion?

- A severe allergic reaction Swelling of the lung
- Swelling Severe shortness of breath
- Lung problems

What side effects should I expect?

Please see pages 20-31 and accompanying full Prescribing Information for **Serious Side Effects** and additional important safety information.



What should I ask my doctor?

How should I handle talking to you about side effects I may experience?

Are there any symptoms or problems I might have during my Herceptin treatment that I should immediately tell you about?

- New onset or worsening shortness of breath
- Cough
- Swelling of the ankles or legs
- Swelling of the face
- Palpitations
- Weight gain of more than 5 pounds in 24 hours
- Dizziness or loss of consciousness
- _____
- _____
- _____

How often will my nurse follow up with my oncologist (a doctor who treats patients with cancer) about my Herceptin treatment and my progress?

How often will my heart be tested?

ECHO: _____

MUGA: _____





Real support through helpful resources

Financial support and resources

Herceptin Access Solutions™*

Herceptin Access Solutions helps to resolve specific access and reimbursement issues for individual patients every day. Our dedicated specialists help bring patient treatment and practice solutions together.



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).



Genentech® Access to Care Foundation

The Genentech® Access to Care Foundation (GATCF) was established to help patients with unmet medical needs who are uninsured or rendered uninsured by payer denial and who meet specific financial and medical criteria to receive proper medical treatment.



Please see pages 20-31 and accompanying full Prescribing Information for **Serious Side Effects** and additional important safety information.

Additional resources offering financial assistance or information:

CancerCare®

www.cancercare.org

NeedyMeds

www.needymeds.org

Patient Advocate Foundation

www.patientadvocate.org

The Wellness Community®

www.thewellnesscommunity.org



*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.

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HER connection

INFORMATION AND RESOURCES ABOUT BREAST CANCER

The HER connection program offers resources to help you understand more about your disease.



Support line

The program features a support line that is designed to help you get timely advice and answers to your questions about HER2+ breast cancer.

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

- Breast cancer
- HER2+ breast cancer treatment options
- Resources for reimbursement support



Online support

Genentech is committed to providing you with support throughout your breast cancer journey. For resources and information, please visit the web sites listed to the right.

Please see pages 20-31 and accompanying full Prescribing Information for **Serious Side Effects** and additional important safety information.



Support program

- www.HERconnection.com

- Learn more about HER2+ breast cancer and treatment options
- Connect with other women who have HER2+ breast cancer

- www.herceptin.com

- Learn about Herceptin therapy benefits and risks



Enroll now!

There are 3 ways to enroll in HER connection:

- Web site enrollment: www.HERconnection.com
- Support line enrollment: 1-866-449-HER2 (1-866-449-4372)
- Mail enrollment: A form is included at the back of this brochure




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Educational and informational resources*

There are support groups and national organizations that may be helpful to you and your family. These include:



Breastcancer.org
www.breastcancer.org

BREASTCANCER.ORG This web site is dedicated to providing reliable and current medical information about treatment options, symptoms, diagnosis, and prevention. The site also includes up-to-date research news, online “ask the expert” conferences, and discussion boards.



Breast Cancer Network of Strength®
www.networkofstrength.org
 or call 1-800-221-2141 (English)
 or 1-800-986-9505 (Spanish)


This site provides programs, services, multilingual publications, and a list of affiliates across the country. The YourShoes™ support center offers peer support, including a 24/7 hotline with real-time interpretation in more than 150 languages. Breast cancer survivors conduct all YourShoes services.



HER2 Support Group
www.her2support.org


This site offers information on news and current research for HER2+ breast cancer, along with online message boards, which serve as forums for discussion among patients, family members, caregivers, and medical professionals.

Please see pages 20-31 and accompanying full Prescribing Information for **Serious Side Effects** and additional important safety information.




Living Beyond Breast Cancer
www.lbbc.org or call 1-888-753-5222

This nonprofit organization is dedicated to empowering all women affected by breast cancer to live as long as possible with the best quality of life.



American Cancer Society®
www.cancer.org or call 1-800-227-2345

This comprehensive web site offers information for cancer patients, families, friends, survivors, professionals, and volunteers.



National Cancer Institute®
www.cancer.gov or call 1-800-4-CANCER
 (1-800-422-6237)

This web site provides easy access to comprehensive research-based information and resources for cancer researchers, health professionals, patients and their families, advocates, news media, and the public.

*The organizations here 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 professional's medical advice. Ask your doctor or nurse any questions you may have about your cancer or treatment plan.

