

What Should I Ask My Doctor?

Here are some questions you may want to ask your cancer care team about your metastatic stomach/gastroesophageal junction (GEJ) cancer or your treatment. Feel free to jot down other questions you may have. It may be helpful to download and print these questions and take them with you to your office visit. You may also want to ask a friend or family member to help you ask questions or take notes during your first few visits.

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.

About Stomach/GEJ Cancer

What stage is my stomach/GEJ cancer?

Is my cancer HER2+?

What are my treatment options?

Please see page 3 and accompanying full Prescribing Information for Serious Side Effects and additional Important Safety Information.



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?

Please see page 3 and accompanying full Prescribing Information for Serious Side Effects and additional Important Safety Information.

Indications and Important Safety Information

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What possible **Serious Side Effects** and Additional Important Safety Information should I know about Herceptin?

- **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**
- **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**
- Worsening of low white blood cell counts associated with chemotherapy has also occurred
- You must have a HER2 test to determine if your stomach cancer is HER2-positive before taking Herceptin
- The most common side effects associated with Herceptin are low white blood cell counts, diarrhea, fatigue, low red blood cell counts, 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

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 full Prescribing Information for **Serious Side Effects** and additional Important Safety Information.