Now Approved

ALECENSA™
alectinib 150 mg capsules

Please join us for

A Discussion on a New Treatment Option for Patients With ALK+ Non-Small Cell Lung Cancer

REGISTER FOR THIS EXCITING PROGRAM TODAY!
Event Code: MF004208

DATE/TIME:
Thursday, March 31, 2016
Arrival: 6:00 PM
Presentation: 7:00 PM

LOCATION:
Hilltop Grille
2310 West Broad Street
Athens, GA 30606

PRESENTED BY:
Eric Nadler, MD

HOSTED BY:
Robyn Dennis, Genentech

RSVP:
Visit **http://www.medforcereg.net/SGEN4208**
or contact Robyn Dennis at 678-644-4140 or
Dennis.Robyn@Gene.Com

INDICATION
ALECENSA® is indicated for the treatment of patients with anaplastic lymphoma kinase (ALK)-positive, metastatic non-small cell lung cancer (NSCLC) who have progressed on or are intolerant to crizotinib.

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

IMPORTANT SAFETY INFORMATION
Hepatotoxicity: Monitor liver laboratory tests every 2 weeks during the first 2 months of treatment, then periodically during treatment. Based on the severity of the adverse reaction, withhold then dose reduce, or permanently discontinue ALECENSA.

Interstitial Lung Disease (ILD)/Pneumonitis: Severe ILD (Grade 3) occurred in 0.4% of patients. Immediately withhold ALECENSA in patients diagnosed with ILD/pneumonitis and permanently discontinue if no other potential causes of ILD/pneumonitis have been identified.

Bradycardia: Monitor heart rate and blood pressure regularly. If symptomatic, withhold ALECENSA then dose reduce or permanently discontinue.

Severe Myalgia and Creatine Phosphokinase (CPK) Elevation: Advise patients to report any unexplained muscle pain, tenderness, or weakness. Assess CPK levels every 2 weeks for the first month of treatment and as clinically indicated in patients reporting symptoms. Based on the severity of the CPK elevation, withhold, then resume or dose reduce ALECENSA.

Embryo-Fetal Toxicity: ALECENSA can cause fetal harm. Advise pregnant women of the potential risk to a fetus. Advise females of reproductive potential to use effective contraception during treatment with ALECENSA and for 1 week following the final dose.

Most Common Adverse Reactions: The most common adverse reactions (incidence ≥20%) were fatigue, constipation, edema, and myalgia.

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 additional Important Safety Information in full Prescribing Information.

AUDIENCE
This oncology program has been developed for physician education.

PROGRAM OVERVIEW
The goal of this program is to describe the ALK+ NSCLC indication for ALECENSA and review efficacy and safety data.

Minnesota, Vermont, the **Department of Defense,** and the **Department of Veterans Affairs** have restrictions on receiving in-kind benefits (e.g., meals, 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., parking) in connection with the program.

When you RSVP please indicate whether you will accept or opt out of Genentech's in-kind benefits (e.g., meals, valet parking) at the program. If you choose to opt out you may either pay for the meal and parking on your own, or not consume anything at the program.

For all program attendees who receive Genentech's in-kind benefits at this program, Genentech will report the attendee's name and the value received as required by federal and state disclosure laws (for more information on the federal law please visit http://sunshine.gene.com).

The meal cost may vary by event location and be up to $125 per person (exceptions may apply).

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