You are invited to attend
an educational program organized by Genentech on:

KADCYLA™ (ado-trastuzumab emtansine): The First Antibody-Drug Conjugate for HER2-Positive Metastatic Breast Cancer

PERJETA® (pertuzumab): A Treatment for HER2-Positive Metastatic Breast Cancer

INDICATIONS

KADCYLA

KADCYLA (ado-trastuzumab emtansine), injection for intravenous use, as a single agent, is indicated for the treatment of patients with HER2-positive, metastatic breast cancer who previously received trastuzumab and a taxane, separately or in combination. Patients should have either:

- Received prior therapy for metastatic disease, or
- Developed disease recurrence during or within six months of completing adjuvant therapy.

PERJETA

PERJETA (pertuzumab) is a HER2/neu receptor antagonist indicated in combination with Herceptin® (trastuzumab) and docetaxel for the treatment of patients with HER2-positive metastatic breast cancer who have not received prior anti-HER2 therapy or chemotherapy for metastatic disease.

Please see reverse for additional Important Safety Information and accompanying full Prescribing Information, including Boxed WARNINGS.

PROGRAM INFORMATION

PRESENTED BY

Dr. Maria Theodoulou
Memorial Sloan-Kettering Cancer Center
New York, NY

HOSTS

Will Jones 201-694-6532
jones.will@gene.com

EVENT CODE

PRF30030

You may RSVP by visiting us online at http://genersvp.com and entering the event code.

PROGRAM DATE AND LOCATION

Thursday, April 4, 2013
Steakhouse 85
85 Church Street
New Brunswick, NJ 08901

SCHEDULE OF EVENTS

6:00 pm Arrival Time
6:30 pm Presentation Time

Please note that this is a promotional educational program; CME credit will not be available

AUDIENCE

These programs have been developed for physician discussion and participation.

KADCYLA PROGRAM OVERVIEW

The purpose of this program is to discuss the efficacy and safety profile of KADCYLA, an antibody-drug conjugate (ADC) for the treatment of patients with HER2-positive metastatic breast cancer previously treated with trastuzumab and a taxane.

PERJETA PROGRAM OVERVIEW

The purpose of this program is to discuss the safety and efficacy of PERJETA, a HER2/neu receptor antagonist for the first-line treatment of patients with HER2-positive metastatic breast cancer.

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).

Kadcyla™ ado-trastuzumab emtansine

TDM0001544800 PER0001584400

PERJETA® pertuzumab for injection

IMPORTANT SAFETY INFORMATION

PERJETA (PERTUZUMAB)

PERJETA Boxed WARNING and Additional Important Safety Information

Boxed WARNING: Embryo-Fetal Toxicity

- **Exposure to PERJETA can result in embryo-fetal death and birth defects. Studies in animals have resulted in oligohydramnios, delayed renal development, and death. Advise patients of these risks and the need for effective contraception**

Additional Important Safety Information

- Left ventricular dysfunction, including cases of congestive heart failure and decreases in left ventricular ejection fraction (LVEF), occurred in patients in the PERJETA-treated group. Assess LVEF prior to initiation of PERJETA and at regular intervals during treatment to ensure that LVEF is within your institution's normal limits. Discontinue PERJETA and Herceptin if the LVEF has not improved or has declined further.
- PERJETA has been associated with infusion and hypersensitivity reactions/anaphylaxis. When all drugs were administered on the same day, the most common infusion reactions in the PERJETA-treated group (≥ 1.0%) were fatigue, dysgeusia, hypersensitivity, myalgia, and vomiting.
- Detection of HER2 protein overexpression is necessary for selection of patients appropriate for PERJETA therapy.
- The most common adverse reactions (> 30%) seen with PERJETA in combination with Herceptin and docetaxel were diarrhea, alopecia, neutropenia, nausea, fatigue, rash, and peripheral neuropathy.

Please see the accompanying PERJETA full Prescribing Information including Boxed WARNING for additional Important Safety Information.

KADCYLA (ADO-TRASTUZUMAB EMTANSINE)

Important Safety Information

Boxed WARNINGS: HEPATOTOXICITY, CARDIAC TOXICITY, EMBRYO-FETAL TOXICITY

- **Do Not Substitute KADCYLA for or with Trastuzumab.**
- **Hepatotoxicity: Serious hepatotoxicity has been reported, including liver failure and death in patients treated with KADCYLA. Monitor serum transaminases and bilirubin prior to initiation of KADCYLA treatment and prior to each KADCYLA dose. Reduce dose or discontinue KADCYLA as appropriate in cases of increased serum transaminases or total bilirubin.**
- **Cardiac Toxicity: KADCYLA administration may lead to reductions in LVEF. Evaluate left ventricular function in all patients prior to and during treatment with KADCYLA. Withhold treatment for clinically significant decrease in left ventricular function.**
- **Embryo-Fetal Toxicity: Exposure to KADCYLA can result in embryo-fetal death or birth defects. Advise patients of these risks and the need for effective contraception.**

The following additional serious adverse reactions have been reported in clinical trials with KADCYLA:

- Interstitial Lung Disease (ILD), including pneumonitis, some leading to acute respiratory distress syndrome or fatality: KADCYLA should be permanently discontinued in patients diagnosed with ILD or pneumonitis.
- Infusion-related reactions (IRR), Hypersensitivity: KADCYLA treatment should be interrupted in patients with severe IRR and permanently discontinued in the event of a life-threatening IRR.
- Thrombocytopenia: Monitor platelet counts prior to initiation of KADCYLA and prior to each dose. Institute dose modifications as appropriate.
- Peripheral neuropathy: KADCYLA should be temporarily discontinued in patients experiencing Grade 3 or 4 peripheral neuropathy until resolution to ≤ Grade 2.
- Reactions secondary to extravasation: The infusion site should be closely monitored for possible subcutaneous infiltration during drug administration.

Additional Important Safety Information:

- Detection of HER2 protein overexpression or gene amplification is necessary for selection of patients appropriate for KADCYLA therapy.
- Nursing mothers: Discontinue nursing or discontinue KADCYLA taking into consideration the importance of the drug to the mother.
- The most common adverse drug reactions (frequency > 25%) across clinical trials with KADCYLA were fatigue, nausea, musculoskeletal pain, thrombocytopenia, headache, increased transaminases, and constipation.

You are encouraged to report side effects to Genentech and the FDA. You may contact Genentech by calling 1-888-835-2555. You may contact the FDA by visiting www.fda.gov/medwatch or calling 1-800-FDA-1088.

Please see accompanying KADCYLA full Prescribing Information for additional Important Safety Information, including Boxed WARNINGS.

Kadcyla™ ado-trastuzumab emtansine

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PERJETA® pertuzumab for injection