



Safety and effectiveness have not been studied in pediatric patients.

April 2010

Dear Healthcare Professional:

Genentech and OSI Pharmaceuticals, Inc., are pleased to announce a new indication for Tarceva as maintenance therapy for advanced non-small cell lung cancer (NSCLC).

Tarceva monotherapy is now FDA-approved for the maintenance treatment of patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) whose disease has not progressed after four cycles of platinum-based first-line chemotherapy.

Tarceva monotherapy is also indicated for the treatment of patients with locally advanced or metastatic NSCLC after failure of at least one prior chemotherapy regimen.

Results from two, multicenter, placebo-controlled, randomized, Phase III trials conducted in first-line patients with locally advanced or metastatic NSCLC showed no clinical benefit with the concurrent administration of Tarceva with platinum-based chemotherapy [carboplatin and paclitaxel or gemcitabine and cisplatin] and its use is not recommended in that setting.

Also, Tarceva in combination with gemcitabine is indicated for the first-line treatment of patients with locally advanced, unresectable or metastatic pancreatic cancer.

Tarceva is approved in the maintenance setting, after first-line chemotherapy, for a broad patient population, irrespective of histology or biomarker status.

SATURN was an international, placebo-controlled, randomized, double-blind, phase III study that enrolled 889 patients with advanced NSCLC at approximately 160 sites worldwide.¹

- Coprimary end points were progression-free survival (PFS) in all patients and PFS in patients with EGFR IHC-positive tumors based on investigator assessment.¹
- Secondary end points were overall survival (OS) in all patients and those with EGFR IHC-positive tumors, OS and PFS in EGFR IHC-negative tumors, and safety.¹

In the pivotal SATURN trial, Tarceva demonstrated a benefit in OS and PFS in a broad (ITT) patient population.

Tarceva improved OS with a **19%** reduction in the risk of death

HR=0.81; 95% CI=0.70-0.95; $P=0.0088$; median: 12.0 months with Tarceva vs 11.0 months with placebo

Tarceva improved PFS based on investigator's assessment with a **29%** reduction in the risk of cancer progression or death

HR=0.71; 95% CI=0.62-0.82; $P<0.0001$; median: 2.8 months with Tarceva vs 2.6 months with placebo

Important safety information

- There have been reports of serious Interstitial Lung Disease (ILD)-like events, including fatalities, in patients receiving Tarceva for treatment of NSCLC, pancreatic cancer or other advanced solid tumors. Tarceva therapy should be interrupted for acute onset of new or progressive, unexplained pulmonary symptoms such as dyspnea, cough, and fever. If ILD is diagnosed, Tarceva should be discontinued and appropriate treatment instituted as needed.
- Cases of hepatic failure, hepatorenal syndrome, acute renal failure (all including fatalities), and renal insufficiency have been reported during use of Tarceva. Treatment with Tarceva should be used with extra caution in patients with total bilirubin $> 3 \times$ ULN. Tarceva dosing should be interrupted or discontinued if changes in liver function are severe. Patients should be closely monitored during therapy with Tarceva.

Important safety information is continued on the next page.

Tarceva[®]
erlotinib
tablets

Proven to prolong survival

Important safety information (continued)

- Gastrointestinal perforation (including fatalities) has been reported in patients receiving Tarceva. Permanently discontinue Tarceva in patients who develop gastrointestinal perforation.
- Bullous, blistering and exfoliative skin conditions have been reported including cases suggestive of Stevens-Johnson syndrome/toxic epidermal necrolysis, which in some cases were fatal. Interrupt or discontinue Tarceva treatment if the patient develops severe bullous, blistering or exfoliating conditions.
- In the pancreatic cancer trial, other serious adverse reactions associated with Tarceva plus gemcitabine and which may have included fatalities, were myocardial infarction/ischemia, cerebrovascular accident and microangiopathic hemolytic anemia with thrombocytopenia.
- Corneal perforation and ulceration have been reported during use of Tarceva. Interrupt or discontinue Tarceva therapy if patients present with acute/worsening ocular disorders such as eye pain.
- International Normalized Ratio (INR) elevation and infrequent reports of bleeding events, including gastrointestinal and non-gastrointestinal bleeding, have been reported in clinical studies. Patients taking warfarin or other coumarin-derivative anticoagulants should be monitored regularly for changes in prothrombin time or INR.
- Tarceva is pregnancy category D. When receiving Tarceva therapy, women should be advised to avoid pregnancy or breastfeeding.
- The most common adverse reactions in patients with NSCLC receiving single-agent Tarceva 150 mg were rash and diarrhea. In the 2nd/3rd line study, severe rash and diarrhea (9% & 6% NCI-CTC Grades 3/4, respectively) were reported. Rash and diarrhea each resulted in dose reductions (6% and 1%, respectively) and discontinuation in 1% of Tarceva-treated patients. In the maintenance study, severe rash and diarrhea (6.0% & 1.8% NCI-CTC Grades 3/4, respectively) were reported. Rash and diarrhea resulted in dose reductions or interruption (5.1% and 2.8%, respectively) and discontinuation (1.2% and 0.5%, respectively) of Tarceva-treated patients.
- The most common adverse reactions in patients with pancreatic cancer receiving Tarceva 100 mg plus gemcitabine were fatigue, rash, nausea, anorexia and diarrhea. Severe rash and diarrhea (5% and 5% NCI-CTC Grades 3/4, respectively) were reported. Rash and diarrhea each resulted in dose reductions in 2% of patients, and discontinuation in up to 1% of patients receiving Tarceva plus gemcitabine.

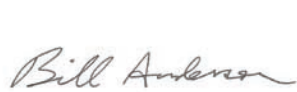
For additional safety information, please see accompanying full prescribing information.

Tarceva Access Solutions

Tarceva 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. To speak *live* with one of our Specialists, call **(888) 249-4918** from 6 AM to 5 PM PT Monday to Friday or visit **TarcevaAccessSolutions.com**.

For further information, visit our Web site at **www.tarceva.com**.

Sincerely,



Bill Anderson
Senior Vice President
Sales and Marketing
BioOncology Business Unit
Genentech, Inc.



Peter Melnyk
Senior Vice President
Sales and Marketing
OSI Pharmaceuticals

Reference: 1. Tarceva [package insert]. Melville, NY: OSI Pharmaceuticals Inc; 2010.

 **Tarceva**[®]
erlotinib
tablets