POLIVY™ (polatuzumab vedotin-piiq) IN RELAPSED OR REFRACTORY DIFFUSE LARGE B-CELL LYMPHOMA AFTER TWO PRIOR THERAPIES

Media Inquiries:
(650) 467-6800

POLIVY™
polatuzumab vedotin-piiq
INJECTION FOR INTRAVENOUS USE 140MG

About POLIVY™ (polatuzumab vedotin-piiq)

POLIVY™ (polatuzumab vedotin-piiq) in combination with bendamustine plus a rituximab product (BR) was granted accelerated approval by the U.S. Food and Drug Administration (FDA) for the treatment of adults with relapsed or refractory (R/R) diffuse large B-cell lymphoma (DLBCL), who have received at least two prior therapies.[1] POLIVY is administered on a fixed-duration schedule as an intravenous (IV) infusion every 21 days in combination with BR for six cycles.[1]

The FDA's Accelerated Approval Program allows conditional approval of a medicine that fills an unmet medical need for a serious condition. This approval of POLIVY was granted based on complete response rate. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial.[1]

POLIVY represents:

- **FIRST AND ONLY** antibody-drug conjugate (ADC) to target CD79b,[2,3] a protein that is highly expressed in B-cells, including DLBCL. ADCs are a cancer treatment that are designed to directly deliver chemotherapy to specific cells, including cancer cells.[4]
- Polivy in combination with BR is the **FIRST AND ONLY** regimen approved by the FDA based on a randomized trial that studied patients with R/R DLBCL.
- **MUCH-NEEDED TREATMENT OPTION** for people with R/R DLBCL who have received at least two prior therapies.
- **NINTH BREAKTHROUGH THERAPY DESIGNATION** to receive FDA approval under Genentech's hematology portfolio.

Important Safety Information

Possible serious side effects

Everyone reacts differently to Polivy therapy, so it's important to know what the side effects are. **Some people who have been treated with Polivy have experienced serious to fatal side effects.** A patient's doctor may stop or adjust a patient's treatment if any serious side effects occur. **Patients must contact their healthcare team if there are any signs of these side effects.**

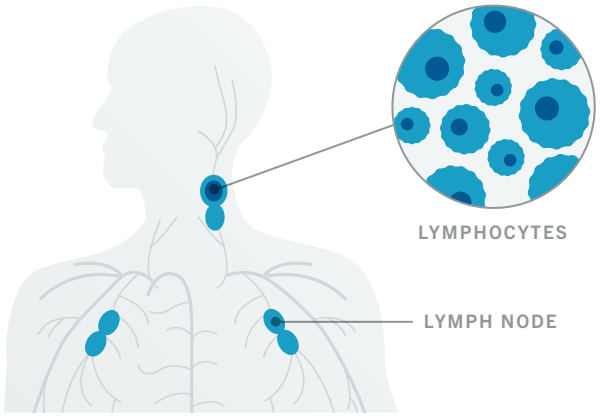
(continued on next page)

Please see the following pages and Polivy full Prescribing Information including Most Serious Side Effects for Important Safety Information.

About DLBCL

Non-Hodgkin's lymphoma (NHL) is the most common blood cancer among adults in the U.S.[5,6] It occurs when lymphocytes, a specific type of immune cell, grow out of control.

NHL encompasses more than 60 different types of blood cancers[7] that can either be indolent (slow growing) or aggressive (fast growing). The growth rate guides how doctors approach treatment.[8,9] DLBCL – an aggressive form of lymphoma – is the most common type of NHL in the U.S.[10] and affects a type of immune cell called the B-cell.



1 OUT OF 3
NON-HODGKIN'S LYMPHOMA CASES ARE DLBCL[10]

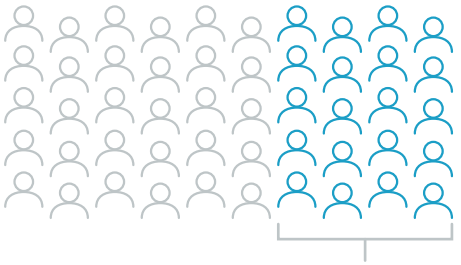
NEARLY 25,000
PEOPLE IN THE U.S. WILL BE DIAGNOSED WITH DLBCL IN 2019[10,11]

66 YEARS OLD
TYPICAL AGE OF DIAGNOSIS[12]

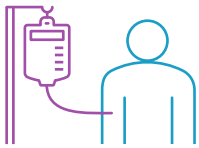
MEN
ARE SLIGHTLY MORE LIKELY TO DEVELOP DLBCL THAN WOMEN[12]

Treatment Journey for Patients with DLBCL After Two Prior Therapies

Meaningful progress has been made in the frontline treatment of DLBCL.[13] However, up to **40 percent** of people **will not respond** to the frontline standard-of-care treatment or have their aggressive lymphoma return (also known as **R/R DLBCL**).[13]



40% UNRESPONSIVE TO FRONTLINE STANDARD OF CARE OR THE DISEASE RETURNS



The most common recommended next course of treatment is **hematopoietic stem cell transplant** (HSCT)

Many are not eligible for HSCT due to age or other factors.[14,15,16] For these patients there is **no current standard of care**.[16,17,18]

For those who are eligible for HSCT, ~**50 percent will relapse**,[19,20,21] and prognosis worsens with each relapse.[22]

POLIVY is a much-needed treatment option for people with R/R DLBCL who have had **at least two prior therapies**.

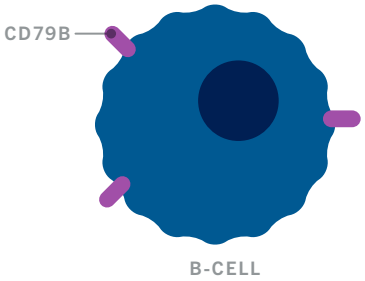
Important Safety Information (continued)

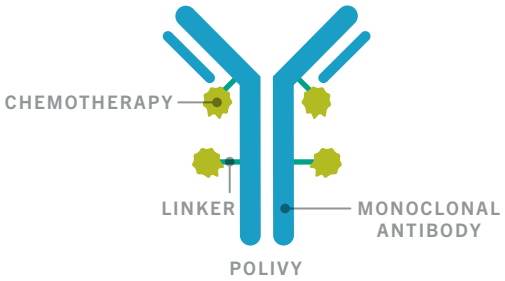
- **Infections:** Patients should contact their healthcare team, if they experience a fever of 100.4°F or higher, chills, cough, or pain during urination. Also, a patient's doctor may give medication, which may prevent some infections, before giving Polivy and monitor blood counts throughout treatment with Polivy
- **Infusion-related reactions:** A patient may experience fever, chills, rash, or breathing problems within 24 hours of infusion
- **Nerve problems in arms and legs:** This may happen as early as after the first dose and may worsen with every dose. If a patient already has nerve pain, Polivy may make it worse. The patient's doctor will monitor for signs and symptoms, such as numbness and tingling

(continued on next page)

Please see the following pages and Polivy full Prescribing Information including Most Serious Side Effects for Important Safety Information.

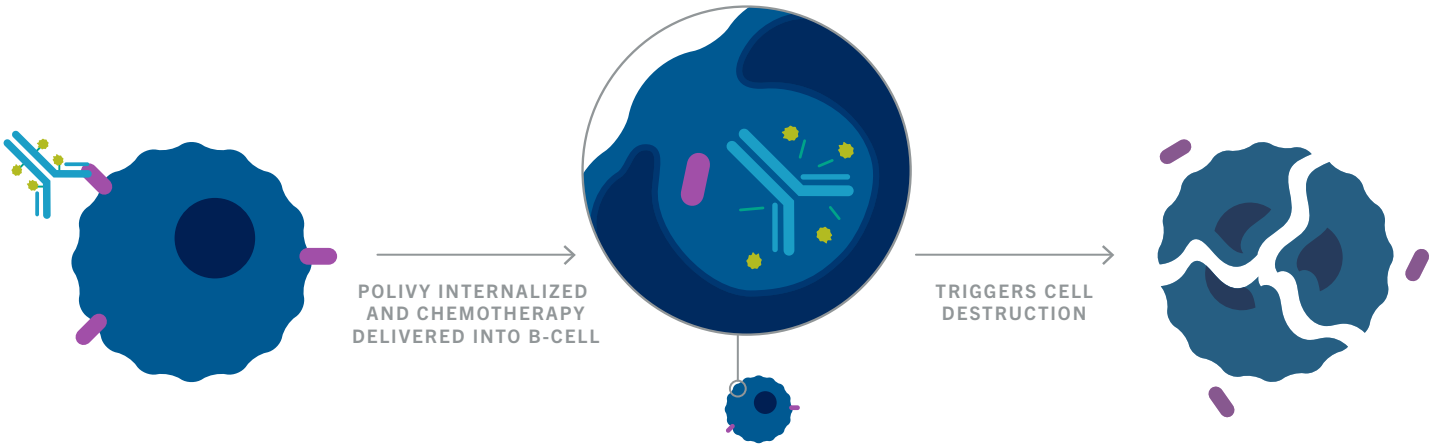
How POLIVY May Work (Proposed Mechanism of Action)[23]





POLIVY is an ADC that binds specifically to **CD79b**, a protein that is highly expressed in almost all B-cells including cancerous ones. POLIVY is designed to work differently from traditional chemotherapies because it has the ability to find specific dividing B-cells, including cancer cells.

The therapy is made up of three components: a **monoclonal antibody** designed to target the CD79b protein, a **chemotherapy** that destroys cancer cells and a **linker** that attaches the chemotherapy to the monoclonal antibody.



When POLIVY binds to the CD79b protein on B-cells, the entire complex is taken into the cell. Chemotherapy attached to POLIVY is then released from the antibody and triggers the destruction of the dividing cells, which include cancer cells.

Important Safety Information (continued)

- **Rare and serious brain infections:** A patient's doctor will monitor the patient closely for signs and symptoms of these types of infections. Patients should contact their doctor if they experience confusion, dizziness or loss of balance, trouble talking or walking, or vision changes
- **Tumor lysis syndrome:** Caused by the fast breakdown of cancer cells. Signs include nausea, vomiting, diarrhea, and lack of energy
- **Potential harm to liver:** Some signs include tiredness, weight loss, pain in the abdomen, dark urine, and yellowing of the skin or the white part of the eyes. Patients may be at higher risk if they already have liver problems or are taking other medication

(continued on next page)

Please see the following pages and Polivy full Prescribing Information including Most Serious Side Effects for Important Safety Information.

POLIVY Efficacy

The Phase II GO29365 randomized study evaluated the safety and efficacy of POLIVY in combination with BR compared to BR alone, which included 80 people with R/R DLBCL who had received at least one prior treatment and who were not eligible for HSCT. Results showed:

Endpoints from GO29365 Study	POLIVY + BR	BR alone
PRIMARY ENDPOINT		
COMPLETE RESPONSE (CR)*	**40%** 16 of 40 patients (95% Confidence Interval [CI]: 25-57)	**18%** 7 of 40 patients (95% CI: 7-33)
SELECT ADDITIONAL ENDPOINTS		
OBJECTIVE RESPONSE RATE (ORR)**	**45%** 18 of 40 patients (95% CI: 29-62)	**18%** 7 of 40 patients (95% CI: 7-33)
DURATION OF RESPONSE (DOR)*** DOR benefit ≥ 6 months	**64%** 16 of 25 patients	**30%** 3 of 10 patients
DOR benefit ≥ 12 months	**48%** 12 of 25 patients	**20%** 2 of 10 patients
BEST OVERALL RESPONSE (BOR)****	**63%** 25 of 40 patients (95% CI: 46-77)	**25%** 10 of 40 patients (95% CI: 13-41)

**CR = no cancer detected at time of assessment at end of treatment*
***At end of treatment defined as 6-8 weeks after day 1 of cycle 6 or last study treatment*
****In the 25 patients who achieved a BOR in the Polivy + BR arm and the 10 patients who achieved a BOR in the BR alone arm*
*****BOR of CR or partial remission at any time in the study*

POLIVY received accelerated approval for DLBCL patients who have received at least two prior therapies.

POLIVY Clinical Development Program

POLIVY is also being studied in combination with other chemotherapies and targeted therapies for various indications in NHL.

Important Safety Information (continued)

Side effects seen most often

The most common side effects during treatment were

- Low blood cell counts (platelets, red blood cells, white blood cells)
- Nerve problems in arms and legs
- Tiredness or lack of energy
- Diarrhea
- Nausea
- Fever
- Decreased appetite
- Infections

(continued on next page)

Please see the following pages and Polivy full Prescribing Information including Most Serious Side Effects for Important Safety Information.

Important Safety Information (continued)

Polivy may not be for everyone. A patient should talk to their doctor if they are

- **Pregnant or may be pregnant:** Data have shown that Polivy may harm an unborn baby
- **Planning to become pregnant:** Women should avoid getting pregnant while taking Polivy. Women should use effective contraception during treatment and for at least 3 months after their last Polivy treatment. Men taking Polivy should use effective contraception during treatment and for at least 5 months after their last Polivy treatment
- **Breastfeeding:** Women should not breastfeed while taking Polivy and for 2 months after the last dose

These may not be all the side effects. Patients should talk to their healthcare provider for more information about the benefits and risks of Polivy treatment.

Report side effects to the FDA at (800) FDA-1088 or www.fda.gov/medwatch. Report side effects to Genentech at (888) 835-2555.

Please visit www.Polivy.com for the full Prescribing Information for additional Important Safety Information.

1 POLIVY (polatuzumab vedotin-piiq) Prescribing Information. Genentech, Inc. 2019.
2 Sehn LH, et al. Polatuzumab Vedotin (Pola) Plus Bendamustine (B) with Rituximab (R) or Obinutuzumab (G) in Relapsed/Refractory (R/R) Diffuse Large B-Cell Lymphoma (DLBCL): Updated Results of a Phase (Ph) Ib/II Study. American Society of Hematology 2018. Poster Abstract: P1683.
3 ADC review. Polatuzumab vedotin demonstrates clinical efficacy across a range of diffuse large b-cell lymphoma subgroups. https://adcreview.com/news/polatuzumab-vedotin-demonstrates-clinical-efficacy-across-a-range-of-diffuse-large-b-cell-lymphoma-subgroups/. Accessed March 12, 2019.
4 NCI. NCI Dictionary of Cancer Terms. https://www.cancer.gov/publications/dictionaries/cancer-terms/def/antibody-drug-conjugate. Accessed March 07, 2019.
5 NCI. Cancer Statistics. https://www.cancer.gov/about-cancer/understanding/statistics. Accessed March 05, 2019.
6 NCI. Common Cancer types. https://www.cancer.gov/types/common-cancers . Accessed March 05, 2019.
7 Swerdlow S.H., et al. WHO Classification of Tumors of Haematopoetic and Lymphoid Tissues. IARC: Lyon 2008.
8 National Cancer Institute. Adult Non-Hodgkin Lymphoma Treatment (PDQ®).http://www.cancer.gov/types/lymphoma/patient/adult-nhl-treatment-pdq. Accessed March 13, 2019.
9 National Cancer Institute. Adult Non-Hodgkin Lymphoma Treatment – for health professionals (PDQ®). http://www.cancer.gov/types/lymphoma/hp/adult-nhl-treatment-pdq#section/all. Accessed March, 13 2019.
10 ACS. Types of B-Cell Lymphoma. https://www.cancer.org/cancer/non-hodgkin-lymphoma/about/b-cell-lymphoma.html. Accessed March 05, 2019.
11 ACS. Key Statistics for Non-Hodgkin Lymphoma. https://www.cancer.org/cancer/non-hodgkin-lymphoma/about/key-statistics.html. Accessed March 13, 2019.
12 National Cancer Institute SEER Cancer Statistics. Cancer Stat Facts: NHL - Diffuse Large B-Cell Lymphoma (DLBCL). https://seer.cancer.gov/statfacts/html/dlbcl.html. Accessed May 24, 2019.
13 Maurer JM, et al. Event-free survival at 24 months is a robust end point for disease-related outcome in diffuse large B-cell lymphoma treated with immunochemotherapy. J Clin Oncol. 2014;32:1066-73.
14 Sarkozy and Coiffier. Diffuse Large B-cell Lymphoma in the Elderly: A Review of Potential Difficulties. Clinical Cancer Research 2013: 19:1660-9.
15 Haioun C, Lepage E, Gisselbrecht C, Salles G, Coiffier B, Brice P, et al.Survival benefit of high-dose therapy in poor-risk aggressive non-Hodgkin's lymphoma: final analysis of the prospective LNH87-2 protocol—a groupe d'etude des lymphomes de l'Adulte study. J Clin Oncol 2000; 18: 3025–30.
16 Galaznik A, et al. Systematic review of therapy used in relapsed or refractory diffuse large B-cell lymphoma and follicular lymphoma. Future Science OA 2018: 4: 49.
17 Vacirca JL, et al. Bendamustine combined with rituximab for patients with relapsed or refractory diffuse large B cell lymphoma. Ann Hematol. 2014;93:403–409.
18 Lohr JG, et al. Discovery and prioritization of somatic mutations in diffuse large B-cell lymphoma (DLBCL) by whole-exome sequencing. PNAS 2012;109: 3879–3884.
19 Crump M, et al. Outcomes in refractory diffuse large B-cell lymphoma: results from the international SCHOLAR-1 study. Blood 2017: 130: 1800-1808.
20 Hamadani M, Hari PN, Zhang Y, et al. Early failure of frontline rituximab-containing chemo-immunotherapy in diffuse large B cell lymphoma does not predict futility of autologous hematopoietic cell transplantation. Biol Blood Marrow Transplant. 2014; 20: 1729-1736.
21 Gisselbrecht C, Schmitz N, Mounier N, et al.Rituximab maintenance therapy after autologous stem-cell transplantation in patients with relapsed CD20(+) diffuse large B-cell lymphoma: final analysis of the collaborative trial in relapsed aggressive lymphoma. J Clin Oncol. 2012; 30: 4462-4469.
22 McMillan A, et al. Post Relapse Survival Rates in Diffuse Large B-Cell Lymphoma. Blood 2016 128: 4204.
23 ADC Review. POLATUZUMAB VEDOTIN (DRUG DESCRIPTION). https://adcreview.com/polatuzumab-vedotin-drug-description/ Accessed March 07, 2019.