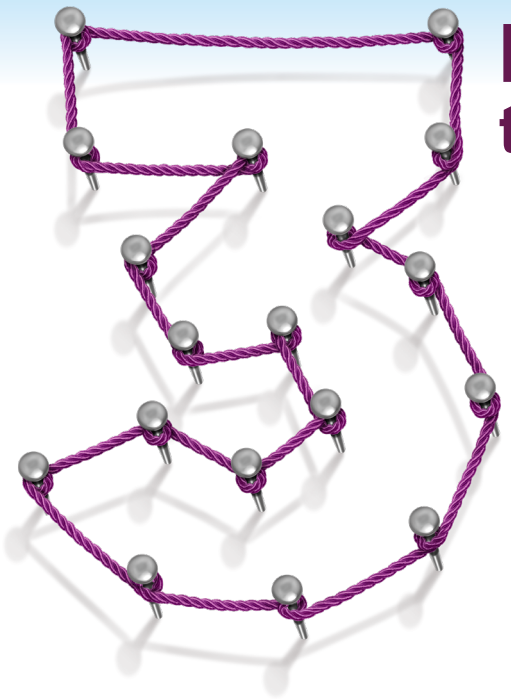

REASONS TO CHOOSE TECENTRIQ + CARBO/ETOP, the #1 most prescribed regimen in 1L ES-SCLC[1]*

1ST AND ONLY immunotherapy combination with significantly superior OS and PFS in 1L ES-SCLC, as demonstrated in the IMpower133 trial[2,3]

- 12.3 months median OS vs 10.3 months with placebo + carbo/etop (HR=0.70†; 95% CI, 0.54, 0.91; *P*=0.0069; N=403) with a median follow-up of 13.9 months‡§
- 5.2 months median PFS vs 4.3 months with placebo + carbo/etop (HR=0.77†; 95% CI, 0.62, 0.96; *P*=0.0170; N=403) with a median follow-up of 13.9 months‡‖

NEARLY 2 YEARS of follow-up[1]

- Additional exploratory analysis conducted to further evaluate survival benefit

3 FLEXIBLE dosing options with TECENTRIQ[2]

- The first and only regimen with q4w, q3w, and q2w dosing options in 1L ES-SCLC

NCCN CATEGORY 1, PREFERRED

Atezolizumab (TECENTRIQ) + carbo/etop is a preferred immunotherapy/chemotherapy option (Category 1) for first-line treatment of patients with ES-SCLC in the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®).[4¶#]

*Flatiron EMR data ending December 2020.
†Analyses were stratified by gender and ECOG PS.
‡Based on the stratified log-rank test.
§Based on OS interim analysis.
‖As determined by investigator per RECIST v1.1.
¶NCCN makes no warranties of any kind whatsoever regarding their content, use, or application, and disclaims any responsibility for their application or use in any way. See the NCCN Guidelines® for detailed recommendations, including other preferred options.
#Category 1: based upon high-level evidence, there is uniform NCCN consensus that the intervention is appropriate.

1L=first line; carbo/etop=carboplatin/etoposide; CI=confidence interval; ECOG=Eastern Cooperative Oncology Group; EMR=electronic medical record; HR=hazard ratio; HSCT=hematopoietic stem cell transplantation; NCCN=National Comprehensive Cancer Network; OS=overall survival; PFS=progression-free survival; PS=performance status; q4w=every 4 weeks; q3w=every 3 weeks; q2w=every 2 weeks; RECIST=Response Evaluation Criteria In Solid Tumors.

Learn more at **TECENTRIQ-HCP.com/3reasons**

Indication

TECENTRIQ, in combination with carboplatin and etoposide, is indicated for the first-line treatment of adult patients with extensive-stage small cell lung cancer (ES-SCLC).

Select Important Safety Information

Serious and sometimes fatal adverse reactions occurred with TECENTRIQ treatment. Warnings and precautions include severe and fatal immune-mediated adverse reactions, including pneumonitis, colitis, hepatitis, endocrinopathies, dermatologic adverse reactions, nephritis and renal dysfunction, and solid organ transplant rejection. Other warnings and precautions include infusion-related reactions, complications of allogeneic HSCT, and embryo-fetal toxicity.

Please see full Prescribing Information and additional Important Safety Information throughout this brochure.

TECENTRIQ® atezolizumab 840 mg / 1200 mg INJECTION FOR IV USE

CONNECT WITH PURPOSE

Median follow-up of 13.9 months

THE 1ST AND ONLY IMMUNOTHERAPY COMBINATION TO DEMONSTRATE SIGNIFICANTLY SUPERIOR OS AND PFS IN 1L ES-SCLC[2,3]

30% reduction in the risk of death vs placebo + carbo/etop[2,3]

Median OS

12.3 MONTHS with TECENTRIQ + carbo/etop

VS

10.3 MONTHS with placebo + carbo/etop

HR=0.70*; 95% CI, 0.54, 0.91; *P*=0.0069[†‡]

Adding TECENTRIQ to carbo/etop significantly improved median PFS[2,3]

Median PFS

5.2 MONTHS with TECENTRIQ + carbo/etop

VS

4.3 MONTHS with placebo + carbo/etop

HR=0.77*; 95% CI, 0.62, 0.96; *P*=0.0170[†§]

AUC=area under the concentration-time curve; CNS=central nervous system.
*Analyses were stratified by gender and ECOG PS only.
†Based on the stratified log-rank test.
‡Based on OS interim analysis.
§As determined by investigator per RECIST v1.1.

IMpower133 was a Phase III, multicenter, randomized, double-blind, placebo-controlled trial in patients who had received no prior chemotherapy for ES-SCLC (N=403). Patients were randomized 1:1 to receive TECENTRIQ or placebo with carbo/etop. The major efficacy outcome measures were OS and investigator-assessed PFS. Select secondary efficacy measures included 12-month OS rate. During induction, patients were assigned to receive carboplatin AUC 5 mg/mL/min on Day 1 and etoposide 100 mg/m^2 on Days 1 to 3 of each 21-day cycle for a maximum of 4 cycles, with either TECENTRIQ 1200 mg or placebo intravenously (IV) on Day 1 of each cycle. The induction phase was followed by a maintenance phase during which patients received either TECENTRIQ or placebo every 3 weeks until disease progression or unacceptable toxicity. Randomization was stratified by gender, ECOG PS, and the presence of brain metastases; analyses were stratified by gender and ECOG PS only. This study excluded patients who had active or untreated CNS metastases; history of autoimmune disease; administration of a live, attenuated vaccine within 4 weeks prior to randomization; or administration of systemic immunosuppressive medications within 1 week prior to randomization. Prophylactic cranial irradiation was permitted during the maintenance phase, but thoracic radiation therapy was not.[2,3]

Important Safety Information

Serious Adverse Reactions

Please refer to the full Prescribing Information for important dose management information specific to adverse reactions.

Severe and Fatal Immune-Mediated Adverse Reactions

TECENTRIQ is a monoclonal antibody that belongs to a class of drugs that bind to either the programmed death-receptor 1 (PD-1) or the PD-ligand 1 (PD-L1), blocking the PD-1/PD-L1 pathway, thereby removing inhibition of the immune response, potentially breaking peripheral tolerance and inducing immune-mediated adverse reactions. The following immune-mediated adverse reactions may not include all possible severe and fatal immune-mediated reactions.

Immune-mediated adverse reactions can occur in any organ system or tissue and at any time after starting a PD-1/PD-L1 blocking antibody. While immune-mediated adverse reactions usually manifest during treatment with PD-1/PD-L1 blocking antibodies, they can also manifest after discontinuation of treatment.

Monitor patients closely for symptoms and signs that may be clinical manifestations of underlying immune-mediated adverse reactions. Evaluate liver enzymes, creatinine, and thyroid function at baseline and periodically during treatment. In cases of suspected immune-mediated adverse reactions, initiate appropriate workup to exclude alternative etiologies, including infection. Institute medical management promptly, including specialty consultation as appropriate.

Please see full Prescribing Information and additional Important Safety Information throughout this brochure.

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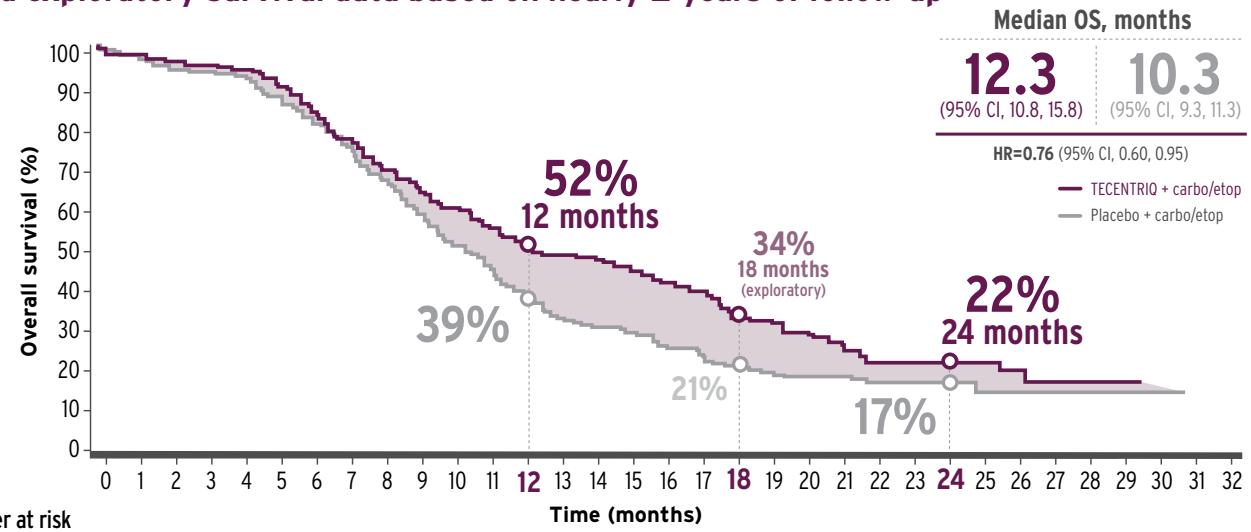
atezolizumab
840 mg | 1200 mg
INJECTION FOR IV USE

Median follow-up of 22.9 months

NEARLY 2 YEARS OF CLINICAL DATA IN 1L ES-SCLC[1]

Updated exploratory survival data based on nearly 2 years of follow-up[1]



Landmark analyses were not powered to demonstrate statistically significant differences and no conclusions can be drawn from these analyses. The 12- and 24-month OS rates were prespecified secondary endpoints. The 18-month OS rate was not prespecified and is considered exploratory. The 24-month OS rates may be subject to change with longer follow-up.

The safety observed in the updated analysis was generally consistent with the safety observed in the initial analysis.

Important Safety Information (cont'd)

Severe and Fatal Immune-Mediated Adverse Reactions (cont'd)

Withhold or permanently discontinue TECENTRIQ depending on severity. In general, if TECENTRIQ requires interruption or discontinuation, administer systemic corticosteroid therapy (1 to 2 mg/kg/day prednisone or equivalent) until improvement to Grade 1 or less, then initiate corticosteroid taper and continue to taper over at least 1 month. Consider administration of other systemic immunosuppressants in patients whose immune-mediated adverse reactions are not controlled with corticosteroid therapy.

Immune-Mediated Pneumonitis

- TECENTRIQ can cause immune-mediated pneumonitis. The incidence of pneumonitis is higher in patients who have received prior thoracic radiation
- Immune-mediated pneumonitis occurred in 3% (83/2616) of patients receiving TECENTRIQ as a single agent, including fatal (<0.1%), Grade 4 (0.2%), Grade 3 (0.8%), and Grade 2 (1.1%) adverse reactions. Pneumonitis led to permanent discontinuation of TECENTRIQ in 0.5% and withholding of TECENTRIQ in 1.5% of patients. Systemic corticosteroids were required in 55% (46/83) of patients with pneumonitis

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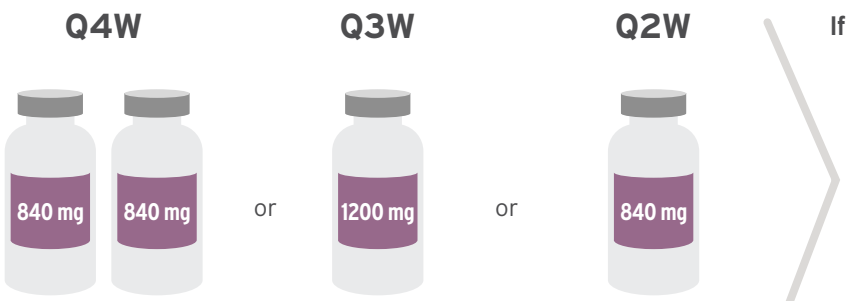
TECENTRIQ OFFERS 3 FLEXIBLE DOSING OPTIONS[2]

Choose the TECENTRIQ infusion schedule that works for your patients[2]



Visualization of vials is illustrative.

If initial 60-minute infusion is tolerated, TECENTRIQ can be administered intravenously over

- Administer TECENTRIQ prior to chemotherapy when given on the same day
- Do not administer TECENTRIQ as an IV push or bolus
- Do not co-administer other drugs through the same IV line
- Refer to the respective Prescribing Information for each therapeutic agent administered in combination with TECENTRIQ for the recommended dosage information, as appropriate

Important Safety Information (cont'd)

Immune-Mediated Colitis

- TECENTRIQ can cause immune-mediated colitis. Colitis can present with diarrhea, abdominal pain, and lower gastrointestinal (GI) bleeding. Cytomegalovirus (CMV) infection/reactivation has been reported in patients with corticosteroid-refractory immune-mediated colitis. In cases of corticosteroid-refractory colitis, consider repeating infectious workup to exclude alternative etiologies
- Immune-mediated colitis occurred in 1% (26/2616) of patients receiving TECENTRIQ as a single agent, including Grade 3 (0.5%) and Grade 2 (0.3%) adverse reactions. Colitis led to permanent discontinuation of TECENTRIQ in 0.2% and withholding of TECENTRIQ in 0.5% of patients. Systemic corticosteroids were required in 50% (13/26) of patients with colitis. Colitis resolved in 73% of the 26 patients. Of the 12 patients in whom TECENTRIQ was withheld for colitis, 8 reinitiated treatment with TECENTRIQ after symptom improvement; of these, 25% had recurrence of colitis

Immune-Mediated Hepatitis

- TECENTRIQ can cause immune-mediated hepatitis. Immune-mediated hepatitis occurred in 1.8% (48/2616) of patients receiving TECENTRIQ as a single agent, including fatal (<0.1%), Grade 4 (0.2%), Grade 3 (0.5%), and Grade 2 (0.5%) adverse reactions. Hepatitis led to permanent discontinuation of TECENTRIQ in 0.2% and withholding of TECENTRIQ in 0.2% of patients. Systemic corticosteroids were required in 25% (12/48) of patients with hepatitis. Hepatitis resolved in 50% of the 48 patients. Of the 6 patients in whom TECENTRIQ was withheld for hepatitis, 4 reinitiated treatment with TECENTRIQ after symptom improvement; of these, none had recurrence of hepatitis

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IMPORTANT SAFETY INFORMATION (CONT'D)

Immune-Mediated Endocrinopathies

Adrenal Insufficiency

- TECENTRIQ can cause primary or secondary adrenal insufficiency. For Grade 2 or higher adrenal insufficiency, initiate symptomatic treatment, including hormone replacement as clinically indicated
- Adrenal insufficiency occurred in 0.4% (11/2616) of patients receiving TECENTRIQ as a single agent, including Grade 3 (<0.1%) and Grade 2 (0.2%) adverse reactions. Adrenal insufficiency led to permanent discontinuation of TECENTRIQ in 1 patient and withholding of TECENTRIQ in 1 patient. Systemic corticosteroids were required in 81% (9/11) of patients with adrenal insufficiency; of these, 3 patients remained on systemic corticosteroids. The single patient in whom TECENTRIQ was withheld for adrenal insufficiency did not reinitiate TECENTRIQ

Hypophysitis

- TECENTRIQ can cause immune-mediated hypophysitis. Hypophysitis can present with acute symptoms associated with mass effect such as headache, photophobia, or visual field cuts. Hypophysitis can cause hypopituitarism. Initiate hormone replacement as clinically indicated
- Hypophysitis occurred in <0.1% (2/2616) of patients receiving TECENTRIQ as a single agent, including Grade 2 (1 patient, <0.1%) adverse reactions. Hypophysitis led to permanent discontinuation of TECENTRIQ in 1 patient and no patients required withholding of TECENTRIQ. Systemic corticosteroids were required in 50% (1/2) of patients with hypophysitis. Hypophysitis did not resolve in these 2 patients

Thyroid Disorders

- TECENTRIQ can cause immune-mediated thyroid disorders. Thyroiditis can present with or without endocrinopathy. Hypothyroidism can follow hyperthyroidism. Initiate hormone replacement for hypothyroidism or medical management for hyperthyroidism as clinically indicated
- Thyroiditis occurred in 0.2% (4/2616) of patients receiving TECENTRIQ as a single agent, including Grade 2 (<0.1%) adverse reactions. Thyroiditis did not lead to permanent discontinuation of TECENTRIQ in any of these patients, but led to withholding of TECENTRIQ in 1 patient. Hormone replacement therapy was required in 75% (3/4) of patients with thyroiditis. Systemic corticosteroids were required in 25% (1/4) of patients with thyroiditis. Thyroiditis resolved in 50% of patients. The single patient in whom TECENTRIQ was withheld for thyroiditis reinitiated TECENTRIQ; this patient did not have recurrence of thyroiditis
- Hyperthyroidism occurred in 0.8% (21/2616) of patients receiving TECENTRIQ as a single agent, including Grade 2 (0.4%) adverse reactions. Hyperthyroidism did not lead to permanent discontinuation of TECENTRIQ in any of these patients, but led to withholding of TECENTRIQ in 0.1% of patients. Antithyroid therapy was required in 29% (6/21) of patients with hyperthyroidism. Of these 6 patients, the majority remained on antithyroid treatment. Of the 3 patients in whom TECENTRIQ was withheld for hyperthyroidism, 1 patient reinitiated TECENTRIQ; this patient did not have recurrence of hyperthyroidism
- Hypothyroidism occurred in 4.9% (128/2616) of patients receiving TECENTRIQ as a single agent, including Grade 3 (0.2%) and Grade 2 (3.4%) adverse reactions. Hypothyroidism did not lead to permanent discontinuation of TECENTRIQ in any of these patients, but led to withholding of TECENTRIQ in 0.6% of patients. Hormone replacement therapy was required in 81% (104/128) of patients with hypothyroidism. The majority of patients with hypothyroidism remained on thyroid hormone replacement. Of the 17 patients in whom TECENTRIQ was withheld for hypothyroidism, 8 reinitiated TECENTRIQ after symptom improvement
- Hypothyroidism occurred in 11% (277/2421) of patients with NSCLC and SCLC receiving TECENTRIQ in combination with platinum-based chemotherapy, including Grade 4 (<0.1%), Grade 3 (0.3%), and Grade 2 (5.7%) adverse reactions. Hypothyroidism led to permanent discontinuation of TECENTRIQ in 0.1% and withholding of TECENTRIQ in 1.6% of patients. Hormone replacement therapy was required in 71% (198/277) of patients with hypothyroidism. The majority of patients with hypothyroidism remained on thyroid hormone replacement. Of the 39 patients in whom TECENTRIQ was withheld for hypothyroidism, 9 reinitiated TECENTRIQ after symptom improvement

Type 1 Diabetes Mellitus, Which Can Present With Diabetic Ketoacidosis

- Monitor patients for hyperglycemia or other signs and symptoms of diabetes. Initiate treatment with insulin as clinically indicated

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IMPORTANT SAFETY INFORMATION (CONT'D)

Immune-Mediated Endocrinopathies (cont'd)

- Type 1 diabetes mellitus occurred in 0.3% (7/2616) of patients receiving TECENTRIQ as a single agent, including Grade 3 (0.2%) and Grade 2 (<0.1%) adverse reactions. Type 1 diabetes mellitus led to permanent discontinuation of TECENTRIQ in 1 patient and withholding of TECENTRIQ in 2 patients. Treatment with insulin was required for all patients with confirmed Type 1 diabetes mellitus and insulin therapy was continued long-term. Of the 2 patients in whom TECENTRIQ was withheld for Type 1 diabetes mellitus, both reinitiated TECENTRIQ treatment

Immune-Mediated Nephritis With Renal Dysfunction

- TECENTRIQ can cause immune-mediated nephritis
- Immune-mediated nephritis with renal dysfunction occurred in <0.1% (1/2616) of patients receiving TECENTRIQ as a single agent, and this adverse reaction was a Grade 3 (<0.1%) adverse reaction. Nephritis led to permanent discontinuation of TECENTRIQ in this patient. This patient required systemic corticosteroids. In this patient, nephritis did not resolve

Immune-Mediated Dermatologic Adverse Reactions

- TECENTRIQ can cause immune-mediated rash or dermatitis. Exfoliative dermatitis, including Stevens-Johnson syndrome (SJS), DRESS, and toxic epidermal necrolysis (TEN), has occurred with PD-1/PD-L1 blocking antibodies. Topical emollients and/or topical corticosteroids may be adequate to treat mild to moderate non-exfoliative rashes
- Immune-mediated dermatologic adverse reactions occurred in 0.6% (15/2616) of patients receiving TECENTRIQ as a single agent, including Grade 3 (<0.1%) and Grade 2 (0.2%) adverse reactions. Dermatologic adverse reactions led to permanent discontinuation of TECENTRIQ in 0.1% and withholding of TECENTRIQ in 0.2% of patients. Systemic corticosteroids were required in 20% (3/15) of patients with dermatologic adverse reactions. Dermatologic adverse reactions resolved in 87% of the 15 patients. Of the 4 patients in whom TECENTRIQ was withheld for immune-mediated dermatologic adverse reactions, none reinitiated TECENTRIQ

Other Immune-Mediated Adverse Reactions

- The following clinically significant immune-mediated adverse reactions occurred at an incidence of <1% (unless otherwise noted) in patients who received TECENTRIQ or were reported with the use of other PD-1/PD-L1 blocking antibodies
  - *Cardiac/Vascular*: Myocarditis, pericarditis, vasculitis
  - *Nervous System*: Meningitis, encephalitis, myelitis and demyelination, myasthenic syndrome/myasthenia gravis (including exacerbation), Guillain-Barré syndrome, nerve paresis, autoimmune neuropathy
  - *Ocular*: Uveitis, iritis, and other ocular inflammatory toxicities can occur. Some cases can be associated with retinal detachment. Various grades of visual impairment, including blindness, can occur. If uveitis occurs in combination with other immune-mediated adverse reactions, consider a Vogt-Koyanagi-Harada-like syndrome, as this may require treatment with systemic steroids to reduce the risk of permanent vision loss
  - *Gastrointestinal*: Pancreatitis to include increases in serum amylase and lipase levels, gastritis, duodenitis
  - *Musculoskeletal and Connective Tissue*: Myositis/polymyositis, rhabdomyolysis and associated sequelae including renal failure, arthritis, polymyalgia rheumatic
  - *Endocrine*: Hypoparathyroidism
  - *Other (Hematologic/Immune)*: Hemolytic anemia, aplastic anemia, hemophagocytic lymphohistiocytosis, systemic inflammatory response syndrome, histiocytic necrotizing lymphadenitis (Kikuchi lymphadenitis), sarcoidosis, immune thrombocytopenic purpura, solid organ transplant rejection

Infusion-Related Reactions

- TECENTRIQ can cause severe or life-threatening infusion-related reactions. Monitor for signs and symptoms of infusion-related reactions. Interrupt, slow the rate of, or permanently discontinue TECENTRIQ based on the severity. For Grade 1 or 2 infusion-related reactions, consider using pre-medications with subsequent doses
- Infusion-related reactions occurred in 1.3% of patients receiving TECENTRIQ as a single agent, including Grade 3 (0.2%) reactions
- The frequency and severity of infusion-related reactions were similar whether TECENTRIQ was given as a single agent, in combination with other antineoplastic drugs in NSCLC and SCLC, and across the recommended dose range

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IMPORTANT SAFETY INFORMATION (CONT'D)

Complications of Allogeneic HSCT After PD-1/PD-L1 Inhibitors

- Fatal and other serious complications can occur in patients who receive allogeneic hematopoietic stem cell transplantation (HSCT) before or after being treated with a PD-1/PD-L1 blocking antibody
- Transplant-related complications include hyperacute graft-versus-host disease (GVHD), acute GVHD, chronic GVHD, hepatic veno-occlusive disease (VOD) after reduced intensity conditioning, and steroid-requiring febrile syndrome (without an identified infectious cause)
- These complications may occur despite intervening therapy between PD-1/PD-L1 blockage and allogeneic HSCT
- Follow patients closely for evidence of transplant-related complications and intervene promptly. Consider the benefits versus risks of treatment with a PD-1/PD-L1 blocking antibody prior to or after an allogeneic HSCT

Embryo-Fetal Toxicity

- Based on its mechanism of action, TECENTRIQ can cause fetal harm when administered to a pregnant woman. There are no available data on the use of TECENTRIQ in pregnant women. Animal studies have demonstrated that inhibition of the PD-L1/PD-1 pathway can lead to increased risk of immune-related rejection of the developing fetus, resulting in fetal death
- Verify pregnancy status of females of reproductive potential prior to initiating TECENTRIQ. Advise females of reproductive potential of the potential risk to a fetus and to use effective contraception during treatment with TECENTRIQ and for at least 5 months after the last dose

Use In Specific Populations

Nursing Mothers

- There is no information regarding the presence of TECENTRIQ in human milk, the effects on the breastfed infant, or the effects on milk production. As human IgG is excreted in human milk, the potential for absorption and harm to the infant is unknown
- Because of the potential for serious adverse reactions in breastfed infants from TECENTRIQ, advise female patients not to breastfeed while taking TECENTRIQ and for at least 5 months after the last dose

Fertility

- Based on animal studies, TECENTRIQ may impair fertility in females of reproductive potential while receiving treatment

Most Common Adverse Reactions

The most common adverse reactions (rate ≥20%) in patients who received TECENTRIQ in combination with other antineoplastic drugs for NSCLC and SCLC were fatigue/asthenia (49%), nausea (38%), alopecia (35%), constipation (29%), diarrhea (28%), and decreased appetite (27%).

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 full Prescribing Information for additional Important Safety Information.

References: 1. Data on file. Genentech, Inc. **2.** TECENTRIQ Prescribing Information. Genentech, Inc. **3.** Horn L, Mansfield AS, Szczęsna A, et al. First-line atezolizumab plus chemotherapy in extensive-stage small-cell lung cancer. *N Engl J Med*. 2018;379:2220-2229. **4.** Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Small Cell Lung Cancer V.1.2021. © National Comprehensive Cancer Network, Inc. 2020. All rights reserved. Accessed December 8, 2020. To view the most recent and complete version of the guideline, go online to www.NCCN.org.

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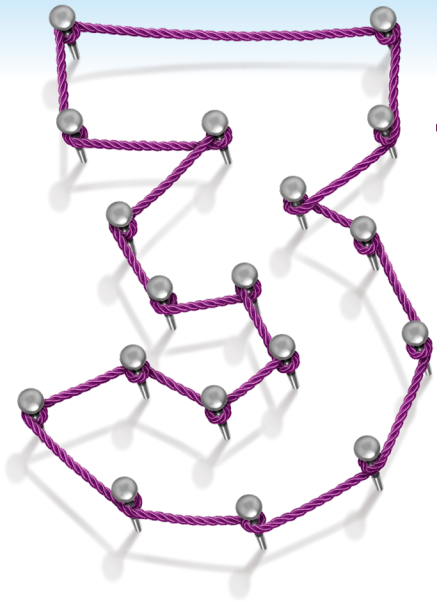

REASONS TO CHOOSE TECENTRIQ + CARBO/ETOP IN 1L ES-SCLC

- **1ST AND ONLY immunotherapy combination with significantly superior OS and PFS in 1L ES-SCLC, as demonstrated in the IMpower133 trial[2,3]**
  - 12.3 months median OS vs 10.3 months with placebo + carbo/etop (HR=0.70*; 95% CI, 0.54, 0.91; *P*=0.0069; N=403) with a median follow-up of 13.9 months[2,3†‡]
  - 5.2 months median PFS vs 4.3 months with placebo + carbo/etop (HR=0.77*; 95% CI, 0.62, 0.96; *P*=0.0170; N=403) with a median follow-up of 13.9 months[2,3†§]
- **NEARLY 2 YEARS of exploratory follow-up clinical data[1]**
- **3 FLEXIBLE dosing options with TECENTRIQ (q4w, q3w, and q2w)[2]**

NCCN CATEGORY 1, PREFERRED

Atezolizumab (TECENTRIQ) + carbo/etop is a preferred immunotherapy/chemotherapy option (Category 1) for first-line treatment of patients with ES-SCLC in the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®).[4‖¶]

*Analyses were stratified by gender and ECOG PS.
†Based on the stratified log-rank test.
‡Based on OS interim analysis.
§As determined by investigator per RECIST v1.1.

‖NCCN makes no warranties of any kind whatsoever regarding their content, use, or application, and disclaims any responsibility for their application or use in any way. See the NCCN Guidelines® for detailed recommendations, including other preferred options.
¶Category 1: based upon high-level evidence, there is uniform NCCN consensus that the intervention is appropriate.

1L ES-SCLC IS 1 OF 5 TECENTRIQ APPROVALS IN LUNG CANCER

▶ Explore **TECENTRIQ-HCP.com/3reasons** to learn more

Indication

TECENTRIQ, in combination with carboplatin and etoposide, is indicated for the first-line treatment of adult patients with extensive-stage small cell lung cancer (ES-SCLC).

Select Important Safety Information

Serious and sometimes fatal adverse reactions occurred with TECENTRIQ treatment. Warnings and precautions include severe and fatal immune-mediated adverse reactions, including pneumonitis, colitis, hepatitis, endocrinopathies, dermatologic adverse reactions, nephritis and renal dysfunction, and solid organ transplant rejection. Other warnings and precautions include infusion-related reactions, complications of allogeneic HSCT, and embryo-fetal toxicity.

Please see full Prescribing Information and additional Important Safety Information throughout this brochure.

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