1L unresectable or metastatic hepatocellular carcinoma

WILL YOU CHOOSE SURVIVAL?

When data matters, choose TECENTRIQ + Avastin® (bevacizumab)

The first and only immunotherapy combination to significantly improve survival and delay disease progression vs sorafenib[1]

Coprimary endpoints

- 42% reduction in risk of death achieved with TECENTRIQ + Avastin vs sorafenib (median OS was not reached vs 13.2 months; HR=0.58; 95% CI, 0.42, 0.79; *P*=0.0006)
- 41% reduction in disease progression or death demonstrated with TECENTRIQ + Avastin vs sorafenib (median PFS was 6.8 months vs 4.3 months; HR=0.59; 95% CI, 0.47, 0.76; *P*<0.0001)

Visit **TECENTRIQ.COM/uHCC**

Learn more about the #1 most prescribed regimen in 1L unresectable or mHCC[1,2]*

1L=first line; CI=confidence interval; EMR=electronic medical record; HR=hazard ratio; HSCT=hematopoietic stem cell transplantation; mHCC=metastatic hepatocellular carcinoma; OS=overall survival; PFS=progression-free survival.

*Flatiron EMR data through September 2022.

Indication

TECENTRIQ, in combination with bevacizumab, is indicated for the treatment of adult patients with unresectable or metastatic hepatocellular carcinoma (HCC) who have not received prior systemic therapy.

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 with 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

Median follow-up of 8.6 months

UNPRECEDENTED 1L SURVIVAL[1,3]

The major efficacy outcome measures were OS and IRF-assessed PFS per RECIST v1.1 in the ITT population. Key secondary endpoints included ORR* and DoR.*

	TECENTRIQ + Avastin (bevacizumab) (n=336)	Sorafenib (n=165)	Reduction in risk
OS	**MEDIAN OS NOT REACHED** (95% CI, NE, NE)	**13.2 MONTHS** (95% CI, 10.4, NE)	**42%** **HR=0.58** (95% CI, 0.42, 0.79; *P*=0.0006)
PFS†	**6.8 MONTHS** (95% CI, 5.8, 8.3)	**4.3 MONTHS** (95% CI, 4.0, 5.6)	**41%** **HR=0.59** (95% CI, 0.47, 0.76; *P*<0.0001)
ORR†‡ (*P*<0.0001)	**28%** (n=93; 95% CI, 23, 33)	**12%** (n=19; 95% CI, 7, 17)	

DoR=duration of response; HCC mRECIST=hepatocellular carcinoma modified Response Evaluation Criteria In Solid Tumors; IRF=independent review facility; ITT=intent to treat; IV=intravenous; NE=not estimable; ORR=overall response rate; q3w=every 3 weeks; RECIST=Response Evaluation Criteria In Solid Tumors.

ORR as assessed by HCC mRECIST was 33% with TECENTRIQ + Avastin (n=112/336; 95% CI, 28, 39) vs 13% with sorafenib (n=21/165; 95% CI, 8, 19).‡

*Assessed by IRF per RECIST v1.1 and HCC mRECIST.

†Assessed by IRF per RECIST v1.1.

‡Confirmed responses.

Study design: IMbrave150 was a Phase III, multicenter, international, open-label, randomized trial that compared TECENTRIQ + Avastin to sorafenib in 501 patients with locally advanced unresectable and/or metastatic HCC who had not received prior systemic therapy. Patients were randomized (2:1) to receive either TECENTRIQ 1200 mg IV followed by Avastin 15 mg/kg IV on the same day q3w or 400 mg sorafenib given orally twice daily, until disease progression or unacceptable toxicity.

7% of patients demonstrated a complete response with TECENTRIQ + Avastin compared to 0% with sorafenib, while 21% of patients demonstrated a partial response compared to 12% with sorafenib

Important Safety Information

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 TECENTRIQ. While immune-mediated adverse reactions usually manifest during treatment with TECENTRIQ, they can also manifest after discontinuation of treatment. Early identification and management of immune-mediated adverse reactions are essential to ensure safe use of TECENTRIQ.

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

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

Median follow-up of 15.6 months

OS WHEN ACCOUNTING FOR RISK STATUS

Prespecified descriptive follow-up analysis of OS in the ITT population[4]

	TECENTRIQ + Avastin (bevacizumab)	Sorafenib	Reduction in risk
ITT population	**19.2 MONTHS** (95% CI, 17.0, 23.7; n=336)	**13.4 MONTHS** (95% CI, 11.4, 16.9; n=165)	**34%** **HR=0.66** (95% CI, 0.52, 0.85)

Exploratory post hoc analysis of OS based on risk status[5]

- 20% of the ITT population in the IMbrave150 study consisted of patients with high-risk characteristics including Vp4 MVI (15%), bile duct invasion (2%), and tumor ≥50% of the liver (6%)

	TECENTRIQ + Avastin	Sorafenib	Reduction in risk
Excluding high-risk patients	**22.8 MONTHS** (95% CI, 19.1, 24.9; n=272)	**15.7 MONTHS** (95% CI, 13.2, 19.0; n=128)	**32%** **HR=0.68** (95% CI, 0.51, 0.91)
High-risk patients only	**7.6 MONTHS** (95% CI, 6.6, 12.8; n=64)	**5.5 MONTHS** (95% CI, 4.1, 6.7; n=37)	**38%** **HR=0.62** (95% CI, 0.39, 1.00)

These are descriptive analyses; therefore, the *P* values cannot be formally claimed.

Post hoc analyses were not powered to demonstrate statistically significant differences and no conclusions can be drawn from these analyses.

The baseline characteristics of each subgroup were in line with their respective risk level.

Observed safety events were in line with the known safety profile of each drug and the complications of the underlying malignancy.

MVI=macrovascular invasion.

Important Safety Information (cont'd)

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

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.

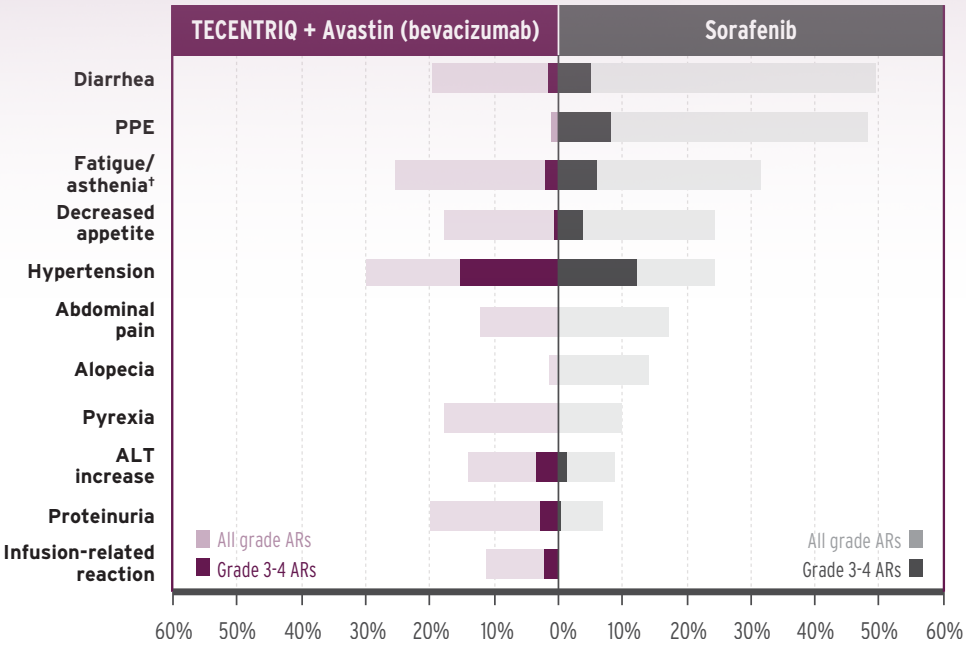
Withhold or permanently discontinue TECENTRIQ depending on severity. In general, if TECENTRIQ requires interruption or discontinuation, administer systemic corticosteroid therapy (1 to 2 mg/kg/day prednisone or equivalent) until improvement to Grade 1 or less, then initiate corticosteroid taper and continue 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.

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

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

OBSERVED DIFFERENCES OF SELECT ARs

ARs occurring at a frequency of ≥10% in patients in either arm and ≥5% difference between arms[1,3]*



AE=adverse event; ALT=alanine aminotransferase; AR=adverse reaction; PPE=palmar-plantar erythrodysesthesia.

*Graded per National Cancer Institute Common Terminology Criteria for Adverse Events version 4.0 (NCI CTCAE v4.0).

†Includes fatigue and asthenia.

Consider how certain ARs can impact your 1L unresectable or mHCC patients

- The most common grade 3 to 4 ARs (≥2%) were hypertension, proteinuria, infusion-related reaction, and fatigue/asthenia[1]
- Treatment-related grade 3 to 4 AEs were 36% with TECENTRIQ + Avastin vs 46% with sorafenib[6]
- The most common ARs (rate ≥10%) in patients who received TECENTRIQ in combination with bevacizumab for HCC were hypertension (30%), fatigue/asthenia (26%), proteinuria (20%), diarrhea (19%), pruritus (19%), decreased appetite (18%), pyrexia (18%), constipation (13%), abdominal pain (12%), cough (12%), nausea (12%), rash (12%), infusion-related reactions (11%), weight decreased (11%), epistaxis (10%), and vomiting (10%)[1]

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

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

ADDITIONAL SAFETY DATA REPORTED IN IMBRAVE150[1,3]

- 4.6% of patients who were treated with TECENTRIQ + Avastin (bevacizumab) experienced fatal ARs. The most common ARs leading to death were GI and esophageal varices hemorrhage (1.2%) and infections (1.2%)
- Serious ARs occurred in 38% of patients treated with TECENTRIQ + Avastin
  - The most frequent (≥2%) were GI hemorrhage (7%), infections (6%), and pyrexia (2.1%)
- ARs leading to discontinuation of TECENTRIQ occurred in 9% of patients in the TECENTRIQ + Avastin arm; the discontinuation rate due to ARs was 10% in the sorafenib arm
  - The most common ARs leading to discontinuation of TECENTRIQ were hemorrhages (1.2%), including GI, subarachnoid, and pulmonary hemorrhages; increased transaminases or bilirubin (1.2%); infusion-related reaction/cytokine release syndrome (0.9%); and autoimmune hepatitis (0.6%)
- ARs leading to interruption of TECENTRIQ + Avastin occurred in 41% of patients
  - The most common (≥2%) were liver function laboratory abnormalities, including increased transaminases, bilirubin, or alkaline phosphatase (8%); infections (6%); GI hemorrhages (3.6%); thrombocytopenia/decreased platelet count (3.6%); hyperthyroidism (2.7%); and pyrexia (2.1%)
- Immune-related ARs requiring systemic corticosteroid therapy occurred in 12% of patients in the TECENTRIQ + Avastin arm

Select safety data related to bleeding events[3,6]

- The majority (73%) of bleeding/hemorrhage AEs were grade 1 to 2
- The proportion of patients experiencing grade 3 to 4 bleed rates was 6.4% with TECENTRIQ + Avastin and 5.8% with sorafenib
- All IMbrave150 patients were required to receive an EGD within 6 months prior to treatment initiation

EGD=esophagogastroduodenoscopy; GI=gastrointestinal.

Important Safety Information (cont'd)

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 alone, 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

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

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

IMPORTANT SAFETY INFORMATION (CONT'D)

Immune-Mediated Pneumonitis (cont'd)

- Systemic corticosteroids were required in 55% (46/83) of patients with pneumonitis. Pneumonitis resolved in 69% of the 83 patients. Of the 39 patients in whom TECENTRIQ was withheld for pneumonitis, 25 reinitiated TECENTRIQ after symptom improvement; of these, 4% had recurrence of pneumonitis

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 alone, 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 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 alone, 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 TECENTRIQ after symptom improvement; of these, none had recurrence of hepatitis

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 alone, 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 82% (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 alone, 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

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

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

IMPORTANT SAFETY INFORMATION (CONT'D)

Immune-Mediated Endocrinopathies (cont'd)

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 alone, 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 alone, 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 alone, 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

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
- Type 1 diabetes mellitus occurred in 0.3% (7/2616) of patients receiving TECENTRIQ alone, 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 alone, 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

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

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

IMPORTANT SAFETY INFORMATION (CONT'D)

Immune-Mediated Dermatologic Adverse Reactions (cont'd)

- Immune-mediated dermatologic adverse reactions occurred in 0.6% (15/2616) of patients receiving TECENTRIQ alone, 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 alone, including Grade 3 (0.2%) reactions
- The frequency and severity of infusion-related reactions were similar across the recommended dose range

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

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

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

IMPORTANT SAFETY INFORMATION (CONT'D)

Complications of Allogeneic HSCT After PD-1/PD-L1 Inhibitors (cont'd)

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 bevacizumab for HCC were hypertension (30%), fatigue/asthenia (26%), and proteinuria (20%).

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 TECENTRIQ Prescribing Information and full Avastin Prescribing Information for additional Important Safety Information.

References: 1. TECENTRIQ Prescribing Information. Genentech, Inc. **2.** Data on file. Genentech, Inc. **3.** Finn RS, Qin S, Ikeda M, et al; IMbrave150 Investigators. Atezolizumab plus bevacizumab in unresectable hepatocellular carcinoma. *N Engl J Med*. 2020;382:1894-1905. **4.** Cheng A-L, Qin S, Ikeda M, et al. Updated efficacy and safety data from IMbrave150: atezolizumab plus bevacizumab vs. sorafenib for unresectable hepatocellular carcinoma. *J Hepatol*. 2022;76:862-873. **5.** Finn RS, Qin S, Ikeda M, et al. IMbrave150: updated efficacy and safety by risk status in patients (pts) receiving atezolizumab (atezo) + bevacizumab (bev) vs sorafenib (sor) as first-line treatment for unresectable hepatocellular carcinoma (HCC). Paper presented at: Annual Meeting of the American Association for Cancer Research; April 10-15, 2021; virtual conference. **6.** Data on file. Clinical Study Report YO40245. Genentech, Inc. **7.** Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Hepatocellular Carcinoma V.1.2023. © National Comprehensive Cancer Network, Inc. 2023. All rights reserved. Accessed March 10, 2023. To view the most recent and complete version of the guideline, go online to www.NCCN.org.

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

Start with TECENTRIQ + Avastin (bevacizumab).
Visit **TECENTRIQ.COM/uHCC**

NCCN RECOMMENDS | CATEGORY 1, PREFERRED OPTION

Atezolizumab (TECENTRIQ) + bevacizumab (Avastin) is a National Comprehensive Cancer Network® (NCCN®) **Category 1, preferred** first-line systemic therapy option for patients with unresectable* or metastatic hepatocellular carcinoma (Child-Pugh Class A).[7†‡§]

NCCN CATEGORY 2A, useful in certain circumstances recommended option for patients with Child-Pugh Class B cirrhosis.[‡‖]

*In patients who are not transplant candidates.
†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.
‡Category 1: based upon high-level evidence, there is uniform NCCN consensus that the intervention is appropriate.
NCCN=National Comprehensive Cancer Network® (NCCN®).
§Preferred intervention: interventions that are based on superior efficacy, safety, and evidence; and, when appropriate, affordability.
‖Category 2A: based upon lower-level evidence, there is uniform NCCN consensus that the intervention is appropriate.

Indication

TECENTRIQ, in combination with bevacizumab, is indicated for the treatment of adult patients with unresectable or metastatic hepatocellular carcinoma (HCC) who have not received prior systemic therapy.

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 with 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.

Genentech
A Member of the Roche Group

M-US-00010761(v3.0)

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