TECENTRIQ + AVASTIN® (BEVACIZUMAB) + CARBOPLATIN/PACLITAXEL

HELP PATIENTS CONNECT WITH A POWERFUL COMBINATION

A unique cancer immunotherapy regimen with OS and PFS results in 1L metastatic nsqNSCLC,* including data in key patient types

*With no EGFR or ALK genomic tumor aberrations.

TECENTRIQ®
atezolizumab INJECTION FOR INTRAVENOUS USE 1200 mg
CONNECT WITH PURPOSE

Indication

TECENTRIQ in combination with bevacizumab, paclitaxel, and carboplatin, is indicated for the first-line treatment of patients with metastatic non-squamous, non-small cell lung cancer (nsqNSCLC) with no EGFR or ALK genomic tumor aberrations.

Select Important Safety Information

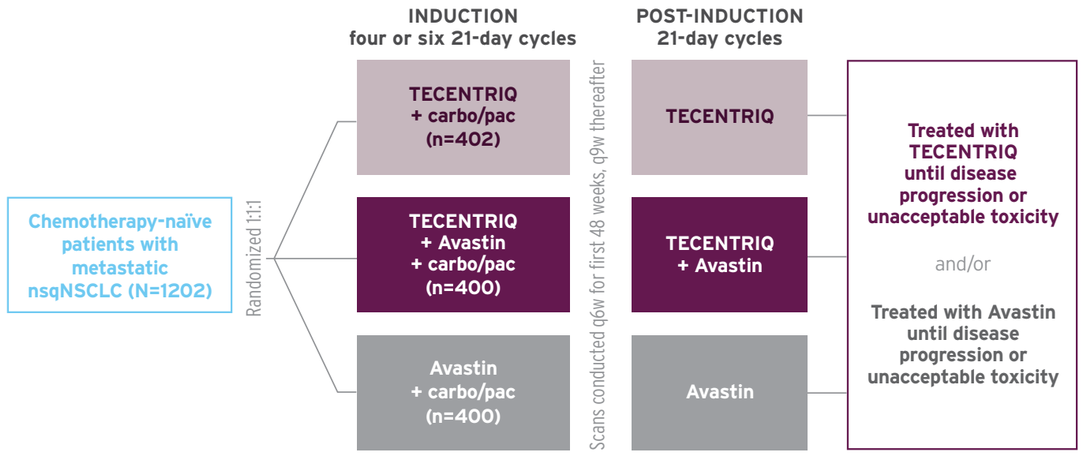
Serious and sometimes fatal adverse reactions occurred with TECENTRIQ treatment. Warnings and precautions include immune-mediated serious adverse reactions, including pneumonitis, hepatitis, colitis, endocrinopathies, and other immune-mediated adverse reactions. Other warnings and precautions include infections, infusion-related reactions, and embryo-fetal toxicity.

1L=first line; ALK=anaplastic lymphoma kinase; EGFR=epidermal growth factor receptor; OS=overall survival; PFS=progression-free survival.

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

IMPOWER150: A ROBUST PIVOTAL STUDY INCLUSIVE OF KEY PATIENT TYPES

Phase III, multicenter, international, randomized, open-label, 3-arm trial in 1L chemotherapy-naïve patients with metastatic nsqNSCLC[1,2]



Patients received IV infusions of TECENTRIQ 1200 mg, Avastin 15 mg/kg, carboplatin AUC 6, and paclitaxel 175 mg/m^2 or 200 mg/m^2 q3w. This study excluded patients who had a history of autoimmune disease; administration of a live, attenuated vaccine within 28 days prior to randomization; active or untreated CNS metastases; administration of systemic immunostimulatory agents within 4 weeks or systemic immunosuppressive medications within 2 weeks prior to randomization; clear tumor infiltration into the thoracic great vessels or clear cavitation of pulmonary lesions as seen on imaging.

Efficacy data were stratified by the presence of liver metastases, PD-L1 expression status,* and gender

Coprimary endpoints[1]

- OS in the ITT-WT subpopulation
- PFS using RECIST v1.1 in the ITT-WT subpopulation

Key secondary endpoints[1]

- Overall response rate (ORR) and duration of response (DoR) in the ITT-WT subpopulation

AUC=area under the concentration-time curve; carbo/pac=carboplatin/paclitaxel; CNS=central nervous system; IC=tumor-infiltrating immune cells; ITT=intent to treat; IV=intravenous; PD-L1=programmed death-ligand 1; q3w=every 3 weeks; q6w=every 6 weeks; q9w=every 9 weeks; RECIST=Response Evaluation Criteria In Solid Tumors; TC=tumor cell; WT=wild-type.

*TC ≥50% and IC ≥1% vs TC <50% and IC ≥5% vs TC <50% and IC <5%.

Important Safety Information (cont'd)

Serious Adverse Reactions

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

Immune-Mediated Pneumonitis

- TECENTRIQ can cause immune-mediated pneumonitis or interstitial lung disease, defined as requiring use of corticosteroids, including fatal cases

TECENTRIQ + Avastin (bevacizumab) + carbo/pac was evaluated across key patient types[1-3]

ITT baseline characteristics	TECENTRIQ + Avastin + carbo/pac (n=400)	Avastin + carbo/pac (n=400)
Patient demographics		
Median age (range)	63 (31-89)	63 (31-90)
Male	60%	60%
Caucasian	81%	84%
Smoking history		
Never	21%	19%
Current/previous	23%/57%	23%/58%
ECOG PS		
0	40%	45%
1	60%	55%
Liver metastases		
Yes	13%	14%
No	87%	86%
PD-L1 expression status		
TC ≥50% or IC ≥10%	19%	18%
TC <50% and IC <10%	81%	82%
TC or IC ≥1%	52%	49%
TC and IC <1%	48%	51%

ECOG=Eastern Cooperative Oncology Group; PS=performance status.

- The demographics for the 696 patients in the ITT-WT subpopulation were similar to the ITT population, except for the absence of patients with EGFR- or ALK-positive NSCLC

Important Safety Information (cont'd)

Immune-Mediated Pneumonitis (cont'd)

- Across clinical trials of TECENTRIQ as a single agent (N=2616), pneumonitis occurred in 2.5% of patients, including Grade 3 (0.6%), Grade 4 (0.1%), and Grade 5 (<0.1%) events. The median time to onset of pneumonitis was 3.6 months (range, 3 days to 20.5 months) and the median duration of pneumonitis was 1.4 months (range, 1 day to 15.1 months). Pneumonitis led to discontinuation of TECENTRIQ in 0.4% of patients
- The incidence of pneumonitis in 793 TECENTRIQ-treated patients in IMpower150 was 4.5%, including Grade 3 to 4 (1.8%) events
- Monitor patients for signs and symptoms of pneumonitis. Evaluate patients with suspected pneumonitis with radiographic imaging. Administer corticosteroids at a dose of 1–2 mg/kg/day prednisone or equivalents, followed by a taper for Grade 2 or higher pneumonitis
- Withhold TECENTRIQ for Grade 2 and permanently discontinue for Grade 3 or 4 pneumonitis

Immune-Mediated Hepatitis

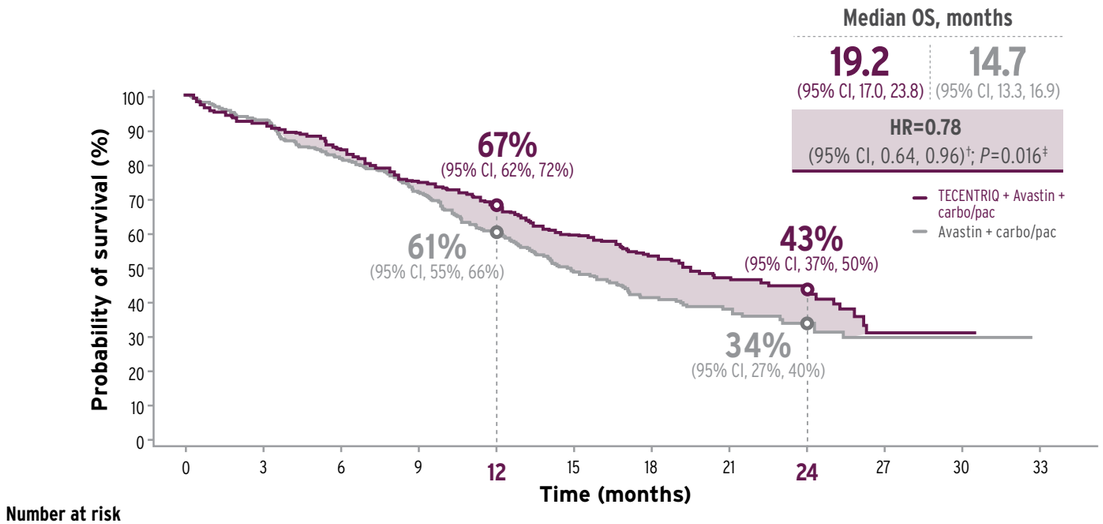
- TECENTRIQ can cause liver test abnormalities and immune-mediated hepatitis, defined as requiring use of corticosteroids. Fatal cases have been reported
- Across clinical trials of TECENTRIQ as a single agent (N=2616), hepatitis occurred in 9% of patients, including Grade 3 (2.3%), Grade 4 (0.6%), and Grade 5 (<0.1%) events. The median time to onset of hepatitis was 1.4 months (range, 1 day to 25.8 months) and the median duration was 24 days (range, 1 day to 13 months). Hepatitis led to discontinuation of TECENTRIQ in 0.4% of patients

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

TECENTRIQ® atezolizumab INJECTION FOR INTRAVENOUS USE 1200 mg

TECENTRIQ + AVASTIN (BEVACIZUMAB) + CARBO/PAC DELIVERED SUPERIOR OVERALL SURVIVAL BENEFIT*

Additional 4.5 months of overall survival benefit vs Avastin + carbo/pac alone in ITT-WT patients[1,2]



*Based on OS interim analysis.

- Median follow-up was ≈20 months
- Median PFS was 8.5 months with TECENTRIQ + Avastin + carbo/pac (95% CI, 7.3, 9.7) vs 7.0 months with Avastin + carbo/pac alone (95% CI, 6.3, 7.9) (HR=0.71; 95% CI, 0.59, 0.85; *P*=0.0002)†‡§

Increased survival against an established 3-drug regimen, Avastin + carbo/pac

Additional OS analyses[1]

- At interim analysis, no significant OS benefit was demonstrated with TECENTRIQ + carbo/pac vs Avastin + carbo/pac (HR=0.84; 95% CI, 0.72, 1.08; *P*=0.204)†‡
- Exploratory analyses showed that the subset of patients in the TECENTRIQ + Avastin + carbo/pac arm who were ADA positive by Week 4 (30%) appeared to have a similar effect on OS as compared to patients who tested negative for treatment-emergent ADA by Week 4 (70%)

ADA=antidrug antibody; CI=confidence interval; HR=hazard ratio.

†Stratified by the presence of liver metastases, PD-L1 expression status, and gender.
‡Based on the stratified log-rank test compared to the Avastin + carbo/pac arm.
§As determined by independent review facility per RECIST v1.1.

PRESPECIFIED EXPLORATORY SUBGROUP ANALYSIS OF OVERALL SURVIVAL

Overall survival in key patient types[3]

- These prespecified exploratory subgroup analyses were not powered to demonstrate statistically significant differences between treatment arms

	N=696	HR	Median OS (months): TECENTRIQ + Avastin + carbo/pac	Median OS (months): Avastin + carbo/pac
ITT-WT	100%	0.78	**19.2**	14.7
Age				
<65	54%	0.83	**19.0**	14.3
65 to 74	36%	0.68	**22.5**	15.2
75 to 84	9%	0.80	**16.6**	14.1
Gender				
Male	61%	0.71	**19.2**	14.0
Female	39%	0.90	**19.5**	17.1
Smoking history				
Never	16%	0.76	**22.2**	18.9
Current/previous	84%	0.79	**18.7**	14.1
ECOG PS				
0	41%	0.74	**25.2**	24.2
1	58%	0.80	**15.3**	12.4
Liver metastases				
Yes	14%	0.54	**13.2**	9.1
No	86%	0.83	**19.8**	16.7
PD-L1 expression status				
TC ≥50% or IC ≥10%	20%	0.70	**25.2**	15.0
TC <50% and IC <10%	80%	0.81	**18.2**	14.4
TC or IC ≥1%	51%	0.77	**22.5**	16.4
TC and IC <1%	49%	0.82	**17.1**	14.1

0.2 — 1.0 — 2.0
HR‖
In favor of TECENTRIQ + Avastin + carbo/pac
In favor of Avastin + carbo/pac alone

‖The HR value was stratified for the ITT-WT subpopulation. All other subgroup HR values were unstratified.

In patients with liver metastases, median OS was 13.2 months with TECENTRIQ + Avastin + carbo/pac vs 9.1 months with Avastin + carbo/pac alone (HR=0.54; 95% CI, 0.33, 0.88; n=94)

Important Safety Information (cont'd)

Immune-Mediated Hepatitis (cont'd)

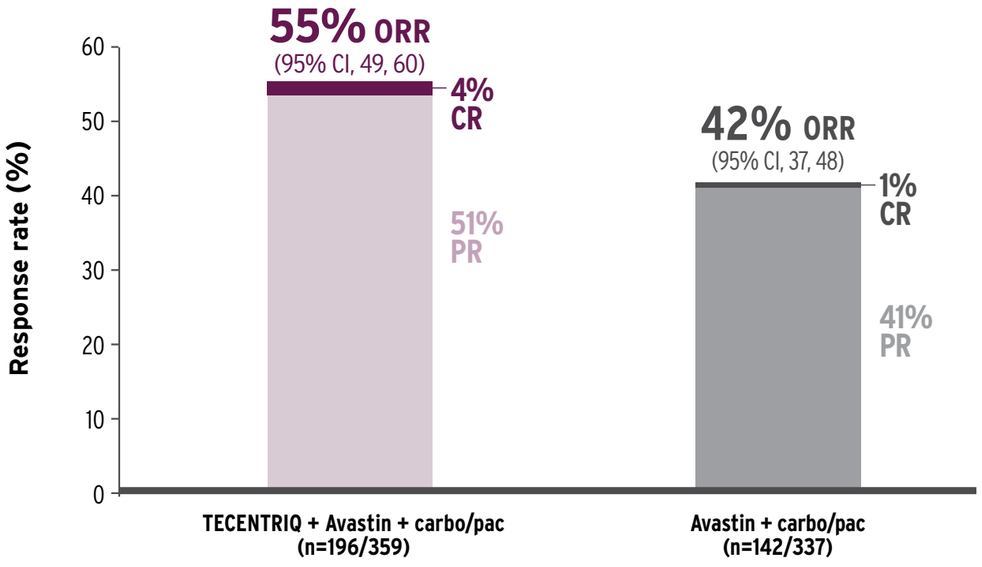
- The incidence of hepatitis in 793 TECENTRIQ-treated patients in IMpower150 was 12.1%, including Grade 3 to 4 (4%) events
- Monitor patients for signs and symptoms of hepatitis, during and after discontinuation of TECENTRIQ, including clinical chemistry monitoring. Administer corticosteroids at a dose of 1-2 mg/kg/day prednisone or equivalents, followed by a taper for Grade 2 or higher elevations of ALT, AST and/or total bilirubin

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

TECENTRIQ®
atezolizumab INJECTION FOR INTRAVENOUS USE 1200 mg

DURABLE RESPONSES FOR MORE PATIENTS

A majority of patients responded to TECENTRIQ + Avastin (bevacizumab) + carbo/pac vs Avastin + carbo/pac alone[1*†]



CR=complete response; PR=partial response.

*As determined by independent review facility per RECIST v1.1.
†These data are representative of the ITT-WT subpopulation.

TECENTRIQ + Avastin + carbo/pac demonstrated durable responses vs Avastin + carbo/pac alone[1*†]

Median DoR

10.8 MONTHS with TECENTRIQ + Avastin + carbo/pac (n=196; 95% CI, 8.4, 13.9)

VS

6.5 MONTHS with Avastin + carbo/pac (n=142; 95% CI, 5.6, 7.6)

Important Safety Information (cont'd)

Immune-Mediated Hepatitis (cont'd)

- Withhold TECENTRIQ for AST or ALT >3–8 × ULN or total bilirubin >1.5–3 × ULN. Permanently discontinue TECENTRIQ for AST or ALT >8 × ULN or total bilirubin >3 × ULN

Immune-Mediated Colitis

- TECENTRIQ can cause immune-mediated diarrhea or colitis, defined as requiring use of corticosteroids
- Across clinical trials of TECENTRIQ as a single agent (N=2616), diarrhea or colitis occurred in 20% of patients, including Grade 3 (1.4%) events. The median time to onset of diarrhea or colitis was 1.5 months (range, 1 day to 41 months). Diarrhea or colitis led to discontinuation of TECENTRIQ in 0.2% of patients
- The incidence of diarrhea or colitis in 793 TECENTRIQ-treated patients in IMpower150 was 27%, including Grade 3 to 4 (4.3%) events
- Monitor patients for signs and symptoms of diarrhea or colitis. If symptoms persist for longer than 5 days or recur, administer corticosteroids at a dose of 1–2 mg/kg/day prednisone or equivalents, followed by a taper for Grade 2 diarrhea or colitis
- Withhold TECENTRIQ for Grade 2 or 3 and permanently discontinue for Grade 4 diarrhea or colitis

Important Safety Information (cont'd)

Immune-Mediated Endocrinopathies

- TECENTRIQ can cause immune-mediated endocrinopathies, including thyroid disorders, adrenal insufficiency, and type 1 diabetes mellitus, including diabetic ketoacidosis, and hypophysitis/hypopituitarism
- Withhold TECENTRIQ for Grade 2 to 4 endocrinopathies until Grade 1 or resolved and clinically stable on hormone replacement therapy
- Thyroid Disorders
  - Across clinical trials of TECENTRIQ as a single agent (N=2616), hypothyroidism occurred in 4.6% of patients and hyperthyroidism occurred in 1.6% of patients. One patient was noted to have acute thyroiditis
  - The incidence of hypothyroidism in 793 TECENTRIQ-treated patients in IMpower150 was 11.3%, and 8.6% of patients required hormone replacement therapy. Hyperthyroidism occurred in 3.4% of patients and 0.1% experienced thyroiditis
  - Monitor thyroid function prior to and periodically during treatment with TECENTRIQ. Initiate hormone replacement therapy or medical management of hyperthyroidism as clinically indicated. Continue TECENTRIQ for hypothyroidism and interrupt for hyperthyroidism based on the severity
- Adrenal Insufficiency
  - Across clinical trials of TECENTRIQ as a single agent (N=2616), adrenal insufficiency occurred in 0.4% of patients, including Grade 3 (<0.1%) events. The median time to onset was 5.7 months (range, 3 days to 19 months)
  - The incidence of adrenal insufficiency in 793 TECENTRIQ-treated patients in IMpower150 was 0.8%
  - Monitor patients for clinical signs and symptoms of adrenal insufficiency. For Grade 2 or higher adrenal insufficiency, initiate prednisone 1–2 mg/kg/day or equivalents, followed by corticosteroid taper and hormone replacement therapy as clinically indicated
- Type 1 Diabetes Mellitus
  - Across clinical trials of TECENTRIQ as a single agent (N=2616), type 1 diabetes mellitus occurred in <0.1% of patients. The incidence of new onset diabetes mellitus in 698 TECENTRIQ-treated patients in IMpower150 was 0.1%
  - Monitor patients for hyperglycemia or other signs and symptoms of diabetes. Initiate treatment with insulin as clinically indicated
- Hypophysitis
  - Across clinical trials of TECENTRIQ as a single agent (N=2616), Grade 2 hypophysitis occurred in <0.1% of patients
  - The incidence of hypophysitis in 793 TECENTRIQ-treated patients in IMpower150 was 0.4%, including Grade 2 (0.1%) and Grade 3 (0.1%) events
  - For Grade 2 or higher hypophysitis, initiate prednisone 1 to 2 mg/kg/day or equivalents, followed by corticosteroid taper and hormone replacement therapy as clinically indicated

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

TECENTRIQ® atezolizumab INJECTION FOR INTRAVENOUS USE 1200 mg

ADVERSE REACTIONS PROFILE IN IMPOWER150

Adverse reactions (ARs) occurring in ≥15% of patients receiving TECENTRIQ in IMpower150[1]

ITT population	TECENTRIQ + Avastin + carbo/pac (n=393)		Avastin (bevacizumab) + carbo/pac (n=394)	
Adverse reaction	All grades* (%)	Grades 3-4* (%)	All grades* (%)	Grades 3-4* (%)
Neuropathy†	56	3	47	3
Fatigue/asthenia	50	6	46	6
Alopecia	48	0	46	0
Myalgia/pain‡	42	3	34	2
Nausea	39	4	32	2
Diarrhea§	33	6	25	0.5
Constipation	30	0.3	23	0.3
Decreased appetite	29	4	21	0.8
Arthralgia	26	1	22	1
Hypertension	25	9	22	8
Rash‖	23	2	10	0.3
Cough	20	0.8	19	0.3
Vomiting	19	2	18	1
Pyrexia	19	0.3	9	0.5
Epistaxis	17	1	22	0.3
Proteinuria¶	16	3	15	3
Headache	16	0.8	13	0

*Graded per National Cancer Institute Common Terminology Criteria for Adverse Events version 4.0 (NCI CTCAE v4.0).
†Includes peripheral neuropathy, peripheral sensory neuropathy, hypoesthesia, paresthesia, dysesthesia, and polyneuropathy.
‡Includes pain in extremity, musculoskeletal chest pain, musculoskeletal discomfort, neck pain, back pain, myalgia, and bone pain.
§Includes diarrhea, gastroenteritis, colitis, and enterocolitis.
‖Includes rash, maculopapular rash, drug eruption, eczema, asteatotic eczema, dermatitis, contact dermatitis, erythematous rash, macular rash, pruritic rash, seborrheic dermatitis, and psoriasiform dermatitis.
¶Data based on preferred terms since laboratory data for proteinuria were not systematically collected.

Important Safety Information (cont'd)

Other Immune-Mediated Adverse Reactions

- TECENTRIQ can cause severe and fatal immune-mediated adverse reactions. These immune-mediated reactions may involve any organ system. While immune-mediated reactions usually manifest during treatment with TECENTRIQ, immune-mediated adverse reactions can also manifest after discontinuation of TECENTRIQ
- Across clinical trials of TECENTRIQ as a single agent (N=2616), cardiac (myocarditis), dermatologic (bullous dermatitis, pemphigoid, erythema multiforme, Stevens Johnson Syndrome/toxic epidermal necrolysis), gastrointestinal (pancreatitis, including increases in serum amylase or lipase levels), general (systemic inflammatory response syndrome, histiocytic necrotizing lymphadenitis), hematological (autoimmune hemolytic anemia, immune thrombocytopenic purpura), musculoskeletal (myositis, rhabdomyolysis), neurological (Guillain-Barré syndrome, myasthenia syndrome/myasthenia gravis, demyelination, immune-related meningoencephalitis, aseptic meningitis, encephalitis, facial and abducens nerve paresis, polymyalgia rheumatica, autoimmune neuropathy, and Vogt-Koyanagi-Harada syndrome), ophthalmological (uveitis, iritis), renal (nephrotic syndrome, nephritis), and vascular (vasculitis) immune-mediated adverse reactions occurred at an incidence of <1% in patients who received TECENTRIQ or were reported for other products in this class of therapy
- For suspected Grade 2 immune-mediated adverse reactions, exclude other causes and initiate corticosteroids as clinically indicated. For severe (Grade 3 or 4) adverse reactions, administer corticosteroids at a dose of 1-2 mg/kg/day prednisone or equivalents, followed by a taper

Additional ARs reported in IMpower150[1]

- The most common ARs (≥20%) in patients receiving TECENTRIQ + Avastin + carbo/pac were fatigue/asthenia (50%), alopecia (48%), nausea (39%), diarrhea (32%), constipation (30%), decreased appetite (29%), arthralgia (26%), hypertension (25%), and peripheral neuropathy (24%)
- ARs led to discontinuation of TECENTRIQ in 15% of patients
- Serious ARs occurred in 44% of patients. The most frequent serious ARs (>2%) were febrile neutropenia, pneumonia, diarrhea, and hemoptysis
- Of all grade laboratory abnormalities that worsened from baseline in ≥20% of patients receiving TECENTRIQ in IMpower150, grade 3 or 4 abnormalities with TECENTRIQ + Avastin + carbo/pac vs Avastin + carbo/pac alone included hypomagnesemia (2% vs 1%), hypoalbuminemia (3% vs 2%), increased AST (4% vs 0.8%), hyponatremia (10% vs 9%), increased alkaline phosphatase (2% vs 1%), increased ALT (6% vs 0.5%), hyperkalemia (3% vs 2%), increased creatinine (1% vs 2%), hypocalcemia (3% vs 3%), hypophosphatemia (4% vs 4%), hypokalemia (7% vs 4%), anemia (10% vs 9%), neutropenia (31% vs 26%), and lymphopenia (17% vs 13%)

ALT=alanine aminotransferase; AST=aspartate aminotransferase.

Important Safety Information (cont'd)

Other Immune-Mediated Adverse Reactions (cont'd)

- If uveitis occurs in combination with other immune-mediated adverse reactions, evaluate for Vogt-Koyanagi-Harada syndrome, which has been observed with other products in this class and may require treatment with systemic steroids to reduce the risk of permanent vision loss
- Permanently discontinue TECENTRIQ for Grade 4 immune-mediated adverse reactions involving a major organ

Infections

- TECENTRIQ can cause severe infections including fatal cases
- Across clinical trials of TECENTRIQ as a single agent (N=2616), infections occurred in 42% of patients, including Grade 3 (8.7%), Grade 4 (1.5%), and Grade 5 (1%) events. In patients with UC, the most common Grade 3 or higher infection was urinary tract infections, occurring in 6.5% of patients. In patients with NSCLC, the most common Grade 3 or higher infection was pneumonia, occurring in 3.8% of patients
- The incidence of infections in 793 TECENTRIQ-treated patients in IMpower150 was 50.1%, including Grade 3 (12%), Grade 4 (1.9%), and Grade 5 (0.4%) events. The most common Grade 3 or higher infection was pneumonia, occurring in 4.8% of patients
- Monitor patients for signs and symptoms of infection. For Grade 3 to 4 infections, withhold TECENTRIQ and resume once clinically stable

Infusion-Related Reactions

- TECENTRIQ can cause severe or life-threatening infusion-related reactions
- Across clinical trials of TECENTRIQ as a single agent (N=2616), infusion-related reactions occurred in 1.3% of patients, including Grade 3 (0.2%) events
- The incidence of infusion-related reactions in 793 TECENTRIQ-treated patients in IMpower150 was 3.8%, including Grade 3 to 4 (0.8%) events
- 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. Permanently discontinue TECENTRIQ for Grade 3 or 4 infusion-related reactions

Embryo-Fetal Toxicity

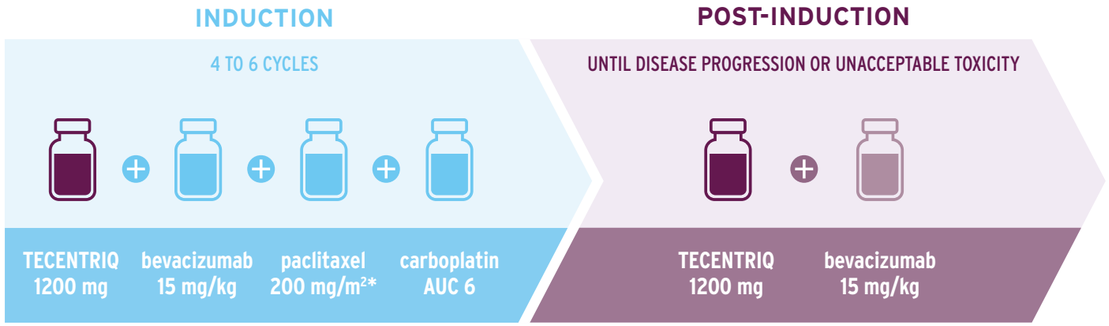
- Based on its mechanism of action, TECENTRIQ can cause fetal harm when administered to a pregnant woman. There are no available data on the use of TECENTRIQ in pregnant women. Animal studies have demonstrated that inhibition of the PD-L1/PD-1 pathway can lead to increased risk of immune-related rejection of the developing fetus resulting in fetal death

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

TECENTRIQ®
atezolizumab
INJECTION FOR INTRAVENOUS USE 1200 mg

A CONSISTENT INFUSION SCHEDULE WITH CHEMOTHERAPY-FREE POST-INDUCTION DOSING

Consistent infusions once every 3 weeks[1,2]



Based on dosing schedule from IMpower150.
*In patients of Asian race/ethnicity, the paclitaxel dose was lowered from 200 mg/m² to 175 mg/m².

- TECENTRIQ should be administered prior to bevacizumab, paclitaxel, and carboplatin on Day 1 of each cycle
- Administer the initial infusion of TECENTRIQ over 60 minutes; if the first infusion is tolerated, all subsequent infusions may be delivered over 30 minutes
- 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 Informations for bevacizumab, paclitaxel, and carboplatin for recommended dosing information

Important Safety Information (cont'd)

Embryo-Fetal Toxicity (cont'd)

- Verify pregnancy status of females of reproductive potential prior to initiating TECENTRIQ. Advise females of reproductive potential of the potential risk to a fetus. Advise females of reproductive potential 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
- 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 receiving TECENTRIQ with bevacizumab, paclitaxel, and carboplatin for previously untreated NSCLC were fatigue/asthenia (50%), alopecia (48%), nausea (39%), diarrhea (32%), constipation (30%), decreased appetite (29%), arthralgia (26%), hypertension (25%), and peripheral neuropathy (24%). Serious adverse reactions occurred in 44% of patients. The most frequent serious adverse reactions (>2%) were febrile neutropenia, pneumonia, diarrhea, and hemoptysis.

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 accompanying full Prescribing Information for additional Important Safety Information.

Dosage modifications from the TECENTRIQ Prescribing Information[1†]

Adverse reaction	Severity of adverse reaction‡	Dosage modifications
Pneumonitis	Grade 2	Withhold dose until grade 1 or resolved and corticosteroid dose is less than or equal to prednisone 10 mg per day (or equivalent)
	Grade 3 or 4	Permanently discontinue
Hepatitis	AST or ALT >3 and ≤8 times ULN or total bilirubin >1.5 and ≤3 times ULN	Withhold dose until grade 1 or resolved and corticosteroid dose is less than or equal to prednisone 10 mg per day (or equivalent)
	AST or ALT >8 times ULN or total bilirubin >3 times ULN	Permanently discontinue
Colitis or diarrhea	Grade 2 or 3	Withhold dose until grade 1 or resolved and corticosteroid dose is less than or equal to prednisone 10 mg per day (or equivalent)
	Grade 4	Permanently discontinue
Endocrinopathies§	Grade 2, 3, or 4	Withhold dose until grade 1 or resolved and clinically stable on hormone replacement therapy
Other immune-mediated adverse reactions involving a major organ	Grade 3	Withhold dose until grade 1 or resolved and corticosteroid dose is less than or equal to prednisone 10 mg per day (or equivalent)
	Grade 4	Permanently discontinue
Infections	Grade 3 or 4	Withhold dose until grade 1 or resolved
Infusion-related reactions	Grade 1 or 2	Interrupt or slow the rate of infusion
	Grade 3 or 4	Permanently discontinue
Persistent grade 2 or 3 adverse reaction (excluding endocrinopathies)	Grade 2 or 3 adverse reaction that does not recover to grade 0 or 1 within 12 weeks after last TECENTRIQ dose	Permanently discontinue
Inability to taper corticosteroid	Inability to reduce to less than or equal to prednisone 10 mg per day (or equivalent) within 12 weeks after last TECENTRIQ dose	Permanently discontinue
Recurrent grade 3 or 4 adverse reaction	Recurrent grade 3 or 4 (severe or life-threatening) adverse reaction	Permanently discontinue

ULN=upper limit of normal.
†Consult the bevacizumab, carboplatin, and paclitaxel Prescribing Informations for dosage modifications and AR management.
‡NCI CTCAE v4.0.
§Including, but not limited to, hypophysitis, adrenal insufficiency, hyperthyroidism, and type 1 diabetes mellitus.

TECENTRIQ®
atezolizumab
INJECTION FOR INTRAVENOUS USE 1200 mg

TECENTRIQ + AVASTIN (BEVACIZUMAB) + CARBO/PAC

HELP PATIENTS CONNECT WITH A POWERFUL COMBINATION

TECENTRIQ + Avastin + carbo/pac delivered superior overall survival benefit in ITT-WT patients[1,2]*

Median OS

19.2 MONTHS with TECENTRIQ + Avastin + carbo/pac (95% CI, 17.0, 23.8)

VS

14.7 MONTHS with Avastin + carbo/pac (95% CI, 13.3, 16.9)

HR=0.78; 95% CI, 0.64, 0.96; *P*=0.016

*Based on OS interim analysis.

IMpower150 was stratified by key patient characteristics[1,2]

- ☑ Presence of liver metastases
- ☑ PD-L1 expression status†
- ☑ Gender

†TC ≥50% and IC ≥1% vs TC <50% and IC ≥5% vs TC <50% and IC <5%.

Most common adverse reactions[1]

- The most common ARs (≥20%) in patients receiving TECENTRIQ + Avastin + carbo/pac were fatigue/asthenia (50%), alopecia (48%), nausea (39%), diarrhea (32%), constipation (30%), decreased appetite (29%), arthralgia (26%), hypertension (25%), and peripheral neuropathy (24%)

Indication

TECENTRIQ in combination with bevacizumab, paclitaxel, and carboplatin, is indicated for the first-line treatment of patients with metastatic non-squamous, non-small cell lung cancer (nsqNSCLC) with no EGFR or ALK genomic tumor aberrations.

Select Important Safety Information

Serious and sometimes fatal adverse reactions occurred with TECENTRIQ treatment. Warnings and precautions include immune-mediated serious adverse reactions, including pneumonitis, hepatitis, colitis, endocrinopathies, and other immune-mediated adverse reactions. Other warnings and precautions include infections, infusion-related reactions, and embryo-fetal toxicity.

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

References: 1. TECENTRIQ Prescribing Information. Genentech, Inc. **2.** Socinski MA, Jotte RM, Cappuzzo F, et al; IMpower150 Study Group. Atezolizumab for first-line treatment of metastatic nonsquamous NSCLC. *N Engl J Med.* 2018;378:2288-2301. **3.** Data on file. Genentech, Inc.

Learn more at **TECENTRIQ-HCP.com/mNSCLC**

Genentech
A Member of the Roche Group

TECENTRIQ®
atezolizumab INJECTION FOR INTRAVENOUS USE 1200 mg
CONNECT WITH PURPOSE