TREATMENT FOR

HER2-positive (HER2+) early breast cancer

Who is KADCYLA for?

KADCYLA is a prescription medicine used as an adjuvant (after surgery) treatment for HER2-positive early breast cancer when the patient has taken neoadjuvant (before surgery) treatment including a taxane and trastuzumab (Herceptin®) and there is cancer remaining in the tissue removed during surgery. Patients are selected for therapy based on an FDA-approved test for KADCYLA.

What are the most serious side effects of KADCYLA?

KADCYLA can cause severe liver problems that can be life-threatening. KADCYLA may cause heart problems, including those without symptoms (such as reduced heart function) and those with symptoms (such as congestive heart failure). Receiving KADCYLA during pregnancy can result in the death of an unborn baby and birth defects.

HER2+: HER2 stands for human epidermal growth factor receptor 2. You must have a HER2 test to know if your breast cancer is HER2+.

Please see Important Safety Information on pages 2, 12-13 and full Prescribing Information, including most serious side effects.
What is the most Important Safety Information I should know about KADCYLA?

Liver problems
- KADCYLA may cause severe liver problems that can be life-threatening. Symptoms of liver problems may include vomiting, nausea, eating disorder (anorexia), yellowing of the skin (jaundice), stomach pain, dark urine, or itching.

Heart problems
- KADCYLA may cause heart problems, including those without symptoms (such as reduced heart function) and those with symptoms (such as congestive heart failure). Symptoms may include swelling of the ankles or legs, shortness of breath, cough, rapid weight gain of more than 5 pounds in 24 hours, dizziness or loss of consciousness, or irregular heartbeat.

Pregnancy
- Receiving KADCYLA during pregnancy can result in the death of an unborn baby and birth defects. Birth control should be used while you receive KADCYLA and for 7 months after your last dose of KADCYLA.
  - If you think you may be pregnant, you should contact your healthcare provider immediately.
  - If you are exposed to KADCYLA during pregnancy or if you become pregnant within 7 months following your last dose of KADCYLA, you are encouraged to report KADCYLA exposure to Genentech by calling 1-888-835-2555.
  - If you are a male patient with a female partner that could become pregnant, birth control should be used during treatment and for 4 months following your last dose of KADCYLA.
  - You should not breastfeed during treatment and for 7 months after the last dose of KADCYLA.

Contact your doctor right away if you experience symptoms associated with these side effects.

Table of Contents

Understanding HER2+ early breast cancer .................................................. 4
Treating HER2+ early breast cancer ............................................................... 6
About KADCYLA ............................................................................................ 8
How KADCYLA is thought to work .............................................................. 10
Important Safety Information ...................................................................... 12
Questions to ask your doctor ....................................................................... 14
Resources and support ................................................................................ 16
Glossary ......................................................................................................... 19

This brochure provides information about HER2+ early breast cancer and treatment with KADCYLA. It should not replace the advice of your healthcare team.

Remember, your doctor and healthcare team are your primary sources of information. Only they can give you medical advice about your disease and treatment.

Discover a support program made for you
HERConnection is here throughout your treatment journey. Learn more on page 16.

Please see Important Safety Information on pages 2, 12-13 and full Prescribing Information, including most serious side effects.
Understanding HER2+ early breast cancer

What is HER2+ early breast cancer?
All the cells in the body—healthy and cancerous—have HER2 receptors. But HER2+ breast cancer cells have too many HER2 receptors, which make them grow and divide faster than other types of cells. This causes tumors to form.

In early breast cancer, the cancer starts in the breast but has not spread to other parts of the body. However, cancer cells may also be in nearby glands called lymph nodes.

How does my doctor know that my breast cancer is HER2+?
Only a HER2 test will show if your breast cancer is HER2+. This test should be done before any breast cancer treatment is started. KADCYLA has been shown to work only in people with HER2+ breast cancer.

HER2 receptor: A type of protein that is found on the surface of cells in everyone. This protein tells cells to grow and divide. Too much HER2 is called “HER2 overexpression” and may result in the cells growing and dividing more quickly.

Tumor: An abnormal mass or growth of tissue that occurs when cells divide too rapidly, in an uncontrolled way. Tumors that are malignant are known as cancer.

Early breast cancer: When the cancer is located in only the breast or is in the breast and has only spread to nearby lymph nodes, but not to other parts of the body.

Lymph nodes: Small, bean-shaped organs found throughout the body that store white blood cells and help remove cell waste, germs, and other harmful substances from the body.

What else might my doctor test?
Not all HER2+ breast cancers are the same. Your doctor looks at many factors before recommending a treatment plan for you. Here are some of the factors your doctor may look at:

Lymph node status
Your doctor will check if the cancer cells are also in nearby glands called lymph nodes. If cancer cells are found in one or more lymph nodes, the cancer is said to be “node-positive” (node+).

Hormone receptor status
Two hormones naturally made by the body are called estrogen and progesterone. These hormones attach to hormone receptors on cells. Some tumors have hormone receptors—they can have estrogen receptors, progesterone receptors, or both. This is called “hormone receptor-positive” breast cancer. "Hormone receptor-negative” breast cancer is when the cancer cells do not have hormone receptors. Hormone receptor-positive breast cancer may be more likely to respond to hormonal treatment.

Tumor size and grade
The size of the tumor is how large it is at its widest point. The grade of the tumor is how different the cancer cells look from healthy cells.

<table>
<thead>
<tr>
<th>Grade 1</th>
<th>Grade 2</th>
<th>Grade 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cells are growing more slowly and look more like normal breast tissue.</td>
<td>Cells look somewhat different from healthy breast tissue and are growing faster than in grade 1, but not as fast as in grade 3.</td>
<td>Cells look very different from normal tissue and will probably grow and spread more quickly.</td>
</tr>
</tbody>
</table>

Hormone receptor: A protein on the edge or inside of cells to which hormones attach.

Hormonal treatment: Helps fight tumors that thrive on hormones such as estrogen or progesterone by attaching to hormone receptors on tumor cells or by decreasing the amount of hormones available to bind these receptors.

Please see Important Safety Information on pages 2, 12-13 and full Prescribing Information, including most serious side effects.
Treating HER2+ early breast cancer

What is HER2-targeted treatment?

Targeted cancer treatments are designed to target specific characteristics of cancer cells, but may also affect healthy cells. They are different from traditional chemotherapy. Chemotherapy kills cells that grow and divide rapidly, regardless of whether they are healthy cells or cancer cells. HER2-targeted treatments are designed to bind to HER2 receptors to fight cancer cells that have too many HER2 receptors. Keep in mind that healthy cells also have HER2 receptors—just not as many—so these types of treatments can affect healthy cells, too.

What is neoadjuvant and adjuvant treatment?

Everyone’s treatment plan is unique. Some people receive neoadjuvant treatment (before surgery), some receive adjuvant treatment (after surgery), and some people receive both. Each type has its purpose and every patient’s journey is unique, but the goal of treatment in early breast cancer is the same: cure. While the goal of treatment is to keep you cancer free as long as possible, no treatment plan is a guarantee of that.

Keep in mind that not all cancers respond to neoadjuvant or adjuvant treatment. It’s possible that the cancer may still return after treatment. In addition, some people may experience serious or common side effects during or after treatment. You and your doctor should discuss your specific goals of treatment and the potential side effects that you may experience.

Targeted cancer treatment: A type of medication that targets specific characteristics of cancer cells and may also affect normal cells.

Traditional chemotherapy: A type of medication that kills cells that grow and divide rapidly, including cancer cells and normal cells.

Where does KADCYLA fit in?

KADCYLA is a prescription medicine used as an adjuvant (after surgery) treatment for HER2-positive early breast cancer if you have taken neoadjuvant (before surgery) treatment including a taxane and trastuzumab (Herceptin®) and there is cancer remaining in the tissue removed during surgery. You are selected for therapy based on an FDA-approved test for KADCYLA.

If your doctor is considering KADCYLA for you, your treatment plan may look like this:

After neoadjuvant treatment and surgery, a pathologist checks to see if any cancer cells are present in the breast tissue or any lymph nodes that the surgeon removed. If cancer cells are found in any of the removed tissue, this is called residual disease. If you have HER2+ early breast cancer and residual disease, your doctor may choose KADCYLA for you.

Neoadjuvant treatment: Treatment given before surgery.

Adjuvant treatment: Treatment given after surgery.

Residual disease: When cancer cells are present in surgically removed tissue, even after neoadjuvant treatment.

Please see Important Safety Information on pages 2, 12-13 and full Prescribing Information, including most serious side effects.
How do I take KADCYLA?

Like many cancer medicines, KADCYLA is given as an intravenous (IV) infusion in your doctor’s office, at a hospital, or at an infusion center.

KADCYLA is given every 3 weeks for 14 rounds of infusion—sometimes called “cycles”—unless the cancer comes back or side effects cause the treatment to be stopped sooner. Treatment with KADCYLA typically would last less than a year.

Getting the infusion

Your healthcare team will wait at least 90 minutes after the first infusion, and at least 30 minutes after each following infusion, to check for any reactions. If side effects occur, they may adjust, delay, or stop your treatment.

What if I miss an infusion?

If you miss a dose of KADCYLA, DO NOT WAIT until your next 3-week cycle of treatment. Contact your doctor or nurse right away and work with them to reschedule the treatment you missed.

Important Safety Information

What are the additional possible serious side effects of KADCYLA?

- Lung problems
- Infusion-related reactions
- Serious bleeding
- Low platelet count
- Nerve damage
- Skin reactions around the infusion site

See more information on pages 12-13.
How KADCYLA is thought to work

What is KADCYLA?

KADCYLA is the first HER2-targeted treatment of its kind. It is made up of two cancer-fighting agents in one drug:

- The **monoclonal antibody** trastuzumab (the same antibody in Herceptin)
- A chemotherapy

What makes KADCYLA different?

- KADCYLA is thought to bring chemotherapy inside HER2+ cells and kill them
- KADCYLA is designed to cause less harm to normal cells, although it can still affect them. KADCYLA can cause serious side effects. Please see pages 2, 12-13 for Important Safety Information

How KADCYLA is thought to work

1. **Attaches to a HER2 receptor**
   - KADCYLA is designed to find HER2+ cells and attach to them. It tells the cells to stop growing and tells the body’s **immune system** to destroy them.

2. **Goes inside the cell**
   - KADCYLA also goes inside the cell to keep fighting from the inside.

3. **Breaks apart inside the cell**
   - KADCYLA releases the chemotherapy inside the cell.

4. **Works to help kill the cell**
   - The chemotherapy goes to work inside the cell, causing the cell to die.

**Monoclonal antibody:** A type of protein made in the laboratory that binds to substances in the body such as a specific type of cancer cell, but may also affect some healthy cells. Monoclonal antibodies used to treat cancer can be used alone or to carry drugs or other substances directly to cancer cells.

**Immune system:** Your body’s natural defense against infections and disease.

Please see Important Safety Information on pages 2, 12-13 and full Prescribing Information, including most serious side effects.
KADCYLA is a prescription medicine used as an adjuvant (after surgery) treatment for HER2-positive early breast cancer when the patient has taken neoadjuvant (before surgery) treatment including a taxane and trastuzumab (Herceptin®) and there is cancer remaining in the tissue removed during surgery.

Patients are selected for therapy based on an FDA-approved test for KADCYLA.

Important Safety Information

What is the most Important Safety Information I should know about KADCYLA?

Liver problems
- KADCYLA may cause severe liver problems that can be life-threatening. Symptoms of liver problems may include vomiting, nausea, eating disorder (anorexia), yellowing of the skin (jaundice), stomach pain, dark urine, or itching.

Heart problems
- KADCYLA may cause heart problems, including those without symptoms (such as reduced heart function) and those with symptoms (such as congestive heart failure). Symptoms may include swelling of the ankles or legs, shortness of breath, cough, rapid weight gain of more than 5 pounds in 24 hours, dizziness or loss of consciousness, or irregular heartbeat.

Pregnancy
- Receiving KADCYLA during pregnancy can result in the death of an unborn baby and birth defects. Birth control should be used while you receive KADCYLA and for 7 months after your last dose of KADCYLA.
- If you think you may be pregnant, you should contact your healthcare provider immediately.
- If you are exposed to KADCYLA during pregnancy or if you become pregnant within 7 months following your last dose of KADCYLA, you are encouraged to report KADCYLA exposure to Genentech by calling 1-888-835-2555.
- If you are a male patient with a female partner that could become pregnant, birth control should be used during treatment and for 4 months following your last dose of KADCYLA.
- You should not breastfeed during treatment and for 7 months after the last dose of KADCYLA.

Contact your doctor right away if you experience symptoms associated with these side effects.

What are the additional possible serious side effects of KADCYLA?

Lung problems
- KADCYLA may cause lung problems, including inflammation of the lung tissue, which can be life-threatening. Signs of lung problems may include trouble breathing, cough, tiredness, and fluid in the lungs.

Infusion-related reactions
- Symptoms of an infusion-related reaction may include one or more of the following: the skin getting hot or red (flushing), chills, fever, trouble breathing, low blood pressure, wheezing, tightening of the muscles in the chest around the airways, or a fast heartbeat. Your doctor will monitor you for infusion-related reactions.

Serious bleeding
- KADCYLA can cause life-threatening bleeding. Taking KADCYLA with other medications used to thin your blood (antiplatelet) or prevent blood clots (anticoagulation) can increase your risk of bleeding. Your doctor should provide additional monitoring if you are taking one of these other drugs while on KADCYLA. Even when blood thinners are not also being taken, life-threatening bleeding may occur with KADCYLA.

Low platelet count
- Low platelet count may happen during treatment with KADCYLA. Platelets help your blood to clot. Signs of low platelets may include easy bruising, bleeding, and prolonged bleeding from cuts. In mild cases there may not be any symptoms.

Nerve damage
- Symptoms may include numbness and tingling, burning or sharp pain, sensitivity to touch, lack of coordination, muscle weakness, or loss of muscle function. Your doctor will monitor you for symptoms of nerve damage.

Skin reactions around the infusion site
- KADCYLA may leak from the vein or needle and cause reactions such as redness, tenderness, skin irritation, or pain or swelling at the infusion site. If this happens, it is more likely to happen within 24 hours of the infusion.

What are the most common side effects of KADCYLA?

The most common side effects in people taking KADCYLA for early breast cancer are:
- Tiredness
- Nausea
- Liver problems
- Pain that affects the bones, muscles, ligaments, and tendons
- Bleeding
- Low platelet count
- Headache
- Weakness, numbness, and pain in the hands and feet
- Joint pain

You are encouraged to report side effects to Genentech and the FDA. You may contact Genentech by calling 1-888-835-2555. You may contact the FDA by visiting www.fda.gov/medwatch or calling 1-800-FDA-1088.

Talk to a healthcare professional for more information about the benefits and risks of KADCYLA.

Please see full Prescribing Information for Important Safety Information, including most serious side effects.

If you cannot afford your medication, visit genentech-access.com/patient for financial assistance information.
Talk to your doctor or nurse to learn more about KADCYLA. Here are some questions to help you get started.

- Is KADCYLA right for me?
- How is KADCYLA different from Herceptin® (trastuzumab)?
- How is KADCYLA different from chemotherapy?
- What can I expect during treatment with KADCYLA?
- Where will I go to get my treatment?
- How do I prepare for my infusions?
- How long will I take KADCYLA?
- How will my doctor know if KADCYLA is working?
- What potential side effects should I expect or know about?
- When should I seek immediate medical attention while on KADCYLA?
- What should I know about pregnancy and breastfeeding during or after treatment with KADCYLA?
- Do I need to change my diet or activities while taking KADCYLA?
- Who is on my healthcare team, and what do they help me with? How can I reach them?

Who to call:

How to reach them:

When to call:

Please see Important Safety Information on pages 2, 12-13 and full Prescribing Information, including most serious side effects.
Resources and support

Resources available for people taking KADCYLA
Phone lines are open from 6 am – 5 pm PT, Monday-Friday

Genentech Access Solutions is here to help you learn how to get the Genentech medicine you need. Genentech Access Solutions can:
- Help you learn if your health insurance covers your Genentech medicine
- Refer you to patient assistance options if you are eligible

Call 1-888-249-4918 or visit genentech-access.com/kadcyla/patients

HERConnection

HERConnection is a free support program that was designed specifically for people with HER2+ breast cancer who are taking Genentech medicines, such as KADCYLA. It provides information and resources that can help educate and empower you throughout your treatment journey.

Visit HERConnection.com to see what you’ll get and sign up.

Patient resource center
We’re here to help. Genentech’s Patient Resource Center is dedicated to getting patients and caregivers to the right resource for information about Genentech medicines. Please call 1-877-GENENTECH (1-877-436-3683)

Remember, your doctor and healthcare team are your primary sources of information. Only they can give you medical advice about your disease and treatment.

The Genentech Patient Foundation gives free Genentech medicine to people who meet income guidelines and:
- Who don’t have insurance
- Whose treatment is not covered by insurance
- Who are struggling with high out-of-pocket costs

To learn more and to apply for help, call 1-888-941-3331 or visit GenentechPatientFoundation.com

Genentech Access Solutions can refer you to the BioOncology Co-pay Card program. It can help you with the out-of-pocket costs for your Genentech medicine, if you’re eligible.

Eligibility criteria apply. Not valid for patients using federal or state government programs to pay for their medications. Patient must be taking the Genentech medication for a FDA-approved indication.

To learn more about the BioOncology Co-pay Card or to get the full list of terms and conditions, call 1-888-249-4918 or visit www.copayassistancenow.com

KADCYLA, its logo, and the Access Solution logo are registered trademarks of Genentech, Inc.

Please see Important Safety Information on pages 2, 12-13 and full Prescribing Information, including most serious side effects.
Additional breast cancer support and information*

**American Cancer Society**
Information for people living with cancer, as well as families, friends, and survivors
www.cancer.org | 1-800-227-2345

**BreastCancer.org**
Reliable and current medical information about treatment options, symptoms, diagnosis, and prevention
www.breastcancer.org

**HER2 Support Group**
News and current research on HER2+ breast cancer, along with online message boards
her2support.org

**Living Beyond Breast Cancer**
Support and information for people who are newly diagnosed, in treatment, years beyond treatment, or living with breast cancer
www.lbbc.org | 1-888-753-LBBC (5222)

**SHARE**
A network of breast and other cancer survivors who want to share their experience with others
www.sharecancersupport.org | 1-866-891-2392

**Susan G. Komen**
Information for people living with cancer, families, friends, and survivors
www.komen.org | 1-877-465-6636

**Young Survival Coalition**
An organization dedicated to critical issues for young women with breast cancer
www.youngsurvival.org

---

**Glossary**

**Adjuvant treatment**: Treatment given after surgery.

**Early breast cancer**: When the cancer is located in only the breast or is in the breast and has only spread to nearby lymph nodes, but not to other parts of the body.

**HER2+**: HER2 stands for human epidermal growth factor receptor 2. When breast cancer cells have too many HER2 receptors, they are called HER2-positive, or HER2+ breast cancer.

**HER2 receptor**: A type of protein that is found on the surface of cells in everyone. This protein tells cells to grow and divide. Too much HER2 is called “HER2 overexpression” and may result in the cells growing and dividing more quickly.

**Hormonal treatment**: Helps fight tumors that thrive on hormones such as estrogen or progesterone by acting on hormone receptors on tumor cells or by decreasing the amount of hormones available to bind these receptors.

**Hormone receptor**: A protein on the edge or inside of cells to which hormones attach.

**Immune system**: Your body’s natural defense against infections and disease.

**Lymph nodes**: Small, bean-shaped organs found throughout the body that store white blood cells and help remove cell waste, germs, and other harmful substances from the body.

**Monoclonal antibody**: A type of protein made in the laboratory that binds to substances in the body such as a specific type of cancer cell, but may also affect some healthy cells. Monoclonal antibodies used to treat cancer can be used alone or to carry drugs or other substances directly to cancer cells.

**Neoadjuvant treatment**: Treatment given before surgery.

**Residual disease**: When cancer cells are present in surgically removed tissue, even after neoadjuvant treatment.

**Targeted cancer treatment**: A type of medication that targets specific characteristics of cancer cells and may also affect normal cells.

**Traditional chemotherapy**: A type of medication that kills cells that grow and divide rapidly, including cancer cells and normal cells.

**Tumor**: An abnormal mass or growth of tissue that occurs when cells divide too rapidly, in an uncontrolled way. Tumors that are malignant are known as cancer.

---

*This is a partial list of some cancer support organizations. They are not controlled by, endorsed by, or affiliated with Genentech, Inc. The list is meant for informational purposes only and is not intended to replace your healthcare professional’s medical advice. Ask your doctor or your healthcare team any questions you have about your cancer or treatment plan.

Please see Important Safety Information on pages 2, 12-13 and full Prescribing Information, including most serious side effects.
PATIENT GUIDE

TREATMENT FOR HER2-positive (HER2+) early breast cancer

Who is KADCYLA for?

KADCYLA is a prescription medicine used as an adjuvant (after surgery) treatment for HER2-positive early breast cancer when the patient has taken neoadjuvant (before surgery) treatment including a taxane and trastuzumab (Herceptin®) and there is cancer remaining in the tissue removed during surgery. Patients are selected for therapy based on an FDA-approved test for KADCYLA.

What are the most serious side effects of KADCYLA?

KADCYLA can cause severe liver problems that can be life-threatening. KADCYLA may cause heart problems, including those without symptoms (such as reduced heart function) and those with symptoms (such as congestive heart failure). Receiving KADCYLA during pregnancy can result in the death of an unborn baby and birth defects.

HER2+:

HER2 stands for human epidermal growth factor receptor 2. You must have a HER2 test to know if your breast cancer is HER2+.

Please see Important Safety Information on pages 2, 12-13 and full Prescribing Information, including most serious side effects.