Kadcyla®
trastuzumab emtansine

- **50% Reduction** in the risk of recurrence or death Vs Trastuzumab[1]
- +11.3% absolute improvement in 3-year IDFS with KADCYLA vs Trastuzumab[1]
- The IDFS benefit was consistent across all key subgroups, regardless of the selected neoadjuvant anti-HER2 agent[1]
- The safety profile is consistent with previous studies, well known, and manageable[1]

Shows Robust efficacy & safety profile from multiple clinical trials

mBC	eBC
EMILIA (Ph III, n = 495)[2]	KATHERINE (Ph III, n = 743)[7]
TH3RESA (Ph III, n = 404)[3]	KRISTINE (Ph III, n = 223)[8]
KAMILLA (Ph IIIb, n = 2002)[4]	KAITLIN (Ph III, n = 928)[9]
MARIANNE (Ph III, n = 730)[5]	
KATE2 = (Ph II, n = 200)[6]	

- International guidelines recommends 2L treatment choice in patients with HER2+mBC[10,11]
- Overall survival (OS) benefit proven in clinical trials and real-world experience[2,12]

KADCYLA is recommended as 14 cycles of adjuvant treatment for patients with residual invasive disease after neoadjuvant treatment by the following international guidelines[13,14,15,16]

▶ St. Gallen 2019 ▶ ESMO 2019 (Category A) ▶ NCCN v1 2019 (Category 1) ▶ AGO 2019

The Blue Tree Services provides an Easy Pay Option to reduce the upfront cost burden to the patients eligible for Roche therapy

THE BLUE TREE
Cancer Patients Support Programme
Together in cancer care

An initative managed by TATA 1mg Technologies Pvt.Ltd

To know more, give a missed call on
Toll free number 1800-266-3366
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A comprehensive Patient Support Program that stands by your patient in their Fight Against Cancer

eBC: Early Breast Cancer ; mBC: Metastatic Breast Cancer
IDFS: Invasive Disease Free Survival
AGO: Arbeitsgemeinschaft Gynäkologische Onkologie; ESMO: European Society for Medical Oncology;
NCCN: National Comprehensive Cancer Network

References

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Warning: To be sold by retail on the prescription of an "Oncologist" only

ABRIDGED PRESCRIBING INFORMATION
(Kadcyla®) SUMMARY OF PRESCRIBING INFORMATION:
Generic Name: Trastuzumab Emtansine for Injection
Brand Name: Kadcyla®
Indications: Metastatic Breast Cancer (MBC): Kadcyla, as a single agent, is indicated for the treatment of patients with HER2-positive, unresectable locally advanced or metastatic breast cancer who have received prior treatment with trastuzumab and a taxane. Early Breast Cancer (EBC): Kadcyla, as a single agent, is indicated for the adjuvant treatment of adult patients with HER2-positive early breast cancer who have residual disease, in the breast and/or lymph nodes, after pre-operative systemic treatment that included HER2 targeted therapy. Type of Dosage form: Sterile powder for concentrate for infusion solution. Kadcyla is supplied as a single-use vial containing powder for concentrate for infusion solution, at an active ingredient (Trastuzumab emtansine) concentration of 20 mg/mL. Dosage and administration: Patients treated with Kadcyla should have HER2 positive tumor status, defined as a score of 3+ by immunohistochemistry (IHC) or a ratio of ≥ 2.0 by in situ hybridization (ISH) or by fluorescence in situ hybridization (FISH) assessed by a validated test. Substitution by any other biological medicinal product requires the consent of the prescribing physician. The safety and efficacy of alternating or switching between Kadcyla and products that are biosimilar but not deemed interchangeable has not been established. Therefore, the benefit-risk of alternating or switching needs to be carefully considered. Kadcyla must be reconstituted and diluted by a healthcare professional and administrated as an intravenous infusion. Do not administer as an intravenous push or bolus. Schedule: The recommended dose of Kadcyla is 3.6 mg/kg given as an intravenous infusion every 3 weeks (21-day cycle). Administer the initial dose as a 90 minute intravenous infusion. Patients should be observed during the infusion and for at least 90 minutes following the initial dose for fever, chills, or other infusion related reactions. The infusion site should be closely monitored for possible subcutaneous infiltration during drug administration. If prior infusions were well tolerated, subsequent doses of Kadcyla may be administered as 30 minute infusions and patients should be observed during the infusions and for at least 30 minutes after infusion. The infusion rate of Kadcyla should be slowed or interrupted if the patient develops Warning: To be sold by retail on the prescription of an "Oncologist" only Page 2 of 5 infusion-related symptoms. Discontinue Kadcyla for life-threatening infusion reactions. Duration of treatment: Patients with EBC should receive treatment for a total of 14 cycles unless there is disease recurrence or unmanageable toxicity. Patients with MBC should receive treatment until disease progression or unmanageable toxicity. Delayed or Missed dose: If a planned dose of Kadcyla is missed, it should be administered as soon as possible; do not wait until the next planned cycle. The schedule of administration should be adjusted to maintain a 3-week interval between doses. The infusion may be administered at the rate the patient tolerated the most recent infusion. Contraindications: Kadcyla is contraindicated in patients with a known hypersensitivity to Kadcyla or any of the excipients. Warnings and Precautions: Pulmonary Toxicity: Cases of interstitial lung disease (ILD), including pneumonitis, some leading to acute respiratory distress syndrome or a fatal outcome, have been reported in clinical trials with Kadcyla. It is recommended that treatment with Kadcyla be permanently discontinued in patients who are diagnosed with ILD or pneumonitis except for radiation pneumonitis in the adjuvant setting, where Kadcyla should be permanently discontinued for ≥ Grade 3 or for Grade 2 not responding to standard treatment. Patients with dyspnea at rest due to complications of advanced malignancy, and comorbidities, and receiving concurrent pulmonary radiation therapy may be at increased risk of pulmonary events. Hepatotoxicity: Hepatotoxicity, predominantly in the form of asymptomatic increases in the concentrations of serum transaminases (Grade 1-4 transaminitis), has been observed while on treatment with Kadcyla in clinical trials. Serious hepatobiliary disorders, including nodular regenerative hyperplasia (NRH) of the liver and some with a fatal outcome due to drug- induced liver injury have been observed in patients treated with Kadcyla in clinical trials. Upon diagnosis of NRH, Kadcyla treatment must be permanently discontinued. Liver function should be monitored prior to initiation of treatment and each Kadcyla dose. Kadcyla treatment in patients with serum transaminases >3x ULN and concomitant total bilirubin >2x ULN should be permanently discontinued. Upon diagnosis of NRH, Kadcyla treatment must be permanently discontinued. Dose reductions or discontinuation for increased serum transaminases and total bilirubin are specified in the full prescribing information. Kadcyla has not been studied in patients with serum transaminases >2.5x ULN or total bilirubin >1.5x ULN prior to initiation of treatment. Kadcyla treatment in patients with serum transaminases >3x ULN and concomitant total bilirubin >2x ULN should be permanently discontinued. Left Ventricular Dysfunction: Patients treated with Kadcyla are at increased risk of developing left ventricular dysfunction. Left ventricular ejection fraction (LVEF) < 40% has been observed in patients treated with Kadcyla, and therefore symptomatic congestive heart failure (CHF) is a potential risk. The decision to administer Kadcyla in patients with MBC with low LVEF must be made only after careful benefit risk assessment and cardiac function should be closely monitored in these patients. Specific guidelines regarding dose modifications and discontinuation are provided in full prescribing information. Infusion-Related Reactions: Treatment with Kadcyla has not been studied in patients who Page 3 of 5 had trastuzumab permanently discontinued due to infusion-related reactions (IRR); treatment with Kadcyla is not recommended for these patients. Kadcyla treatment should be interrupted in patients with severe IRR. Kadcyla treatment should be permanently discontinued in the event of a life threatening infusion-related reaction. Hypersensitivity Reactions: Patients should be observed closely for hypersensitivity reactions, especially during the first infusion. Hemorrhage: Cases of hemorrhagic events, including central nervous system, respiratory, and gastrointestinal hemorrhage, have been reported with Kadcyla. Some of these bleeding events resulted in fatal outcomes. Thrombocytopenia: Thrombocytopenia, or decreased platelet counts, was reported in patients in clinical trials of Kadcyla. In clinical trials, the incidence and severity of thrombocytopenia were higher in Asian patients. It is recommended that platelet counts are monitored prior to each Kadcyla dose. Neurotoxicity: Peripheral neuropathy, mainly Grade 1 and predominantly sensory, has been reported in clinical trials of Kadcyla. Patients should be clinically monitored on an ongoing basis for signs/ symptoms of neurotoxicity. Extravasation: In Kadcyla clinical studies, reactions secondary to extravasation have been observed. These reactions have been observed more frequently within 24 hours of infusion. In the post marketing setting, very rare cases of epidermal injury or necrosis following extravasation have been observed. Use in Special Populations: Geriatric Use: No dose adjustment of Kadcyla is required in patients aged ≥ 65 years. There are insufficient data to establish the safety and efficacy of Kadcyla in patients 75 years of age or older. Pediatric Use: The safety and efficacy of Kadcyla in children and adolescents (< 18 years) have not been established. Renal Impairment: No adjustment to the starting dose of Kadcyla is needed in patients with mild or moderate renal impairment. Hepatic impairment: No adjustment to the starting dose is required for patients with mild or moderate hepatic impairment. Kadcyla has not been studied in patients with severe hepatic impairment. Treatment of patients with hepatic impairment should be undertaken with caution due to known hepatotoxicity observed with Kadcyla. Females and Males of Reproductive Potential: Contraception: Women of child bearing potential and female partners of male patients of child bearing potential should use effective contraception while receiving Kadcyla and for at least 7 months following the last dose of Kadcyla. Pregnancy: No clinical studies of Kadcyla in pregnant women have been performed. No reproductive and developmental toxicology studies have been conducted with Kadcyla. Trastuzumab, a component of Kadcyla, can cause fetal harm or death when administered to a pregnant woman. Administration of Kadcyla to pregnant women is not recommended. Women who become pregnant must contact their doctor and should be advised of the possibility of harm to the fetus. Labor and Delivery: The safe use of Kadcyla during labor and delivery has not been Page 4 of 5 established. Lactation: It is not known whether Kadcyla is excreted in human breast milk. Since many drugs are excreted in human milk and because of the potential for serious adverse reactions in nursing infants from Kadcyla, women should discontinue nursing prior to initiating treatment with Kadcyla. Women may begin nursing 7 months following the last dose of Kadcyla. Undesirable Effects: This is not the complete list. From Clinical trials, the very commonly reported adverse events were fatigue, pyrexia, musculoskeletal pain, arthralgia, myalgia, headache, neuropathy peripheral, insomnia, epistaxis, cough, dyspnea, rash, haemorrhage, thrombocytopenia, anemia, nausea, constipation, stomatitis, vomiting, dry mouth, diarrhea, abdominal pain, UTI, transaminases increased, asthenia, chills and hypokalemia. No new data are available on undesirable effects from the Post marketing expereience. Interactions with other medicinal products and other forms of interaction: No formal drug-drug interaction studies with Kadcyla in humans have been conducted. In vitro metabolism studies in human liver microsomes suggest that DM1, a component of trastuzumab emtansine, is metabolized mainly by CYP3A4 and, to a lesser extent, by CYP3A5. DM1 does not induce or inhibit P450-mediated metabolism in vitro. Caution should be taken when Kadcyla is co-administered with potent CYP3A inhibitors. Overdose: There is no known antidote for trastuzumab emtansine overdose. In case of overdose, the patient should be closely monitored. Storage condition: Vials - Store vials at 2–8°C until time of reconstitution. This medicine should not be used after the expiry date (Expiry Date) shown on the pack. Shelf-life of product is 36 months when stored under the recommended storage conditions. Shelf-life of the reconstituted solution - Product vials reconstituted with sterile water for injection should be used immediately following reconstitution. If not used immediately, the reconstituted vials can be stored for up to 24 hours at 2-8°C, and must be discarded thereafter. Do not freeze the reconstituted solution. Shelf-life of the solution for infusion containing the reconstituted product - The reconstituted Kadcyla solution diluted in polyvinyl chloride (PVC) or latex-free PVC-free polyolefin bags containing 0.9% Sodium Chloride Injection, or 0.45% Sodium Chloride Injection, may be stored at 2–8°C for up to 24 hours prior to use. Particulates may be observed on storage if diluted in 0.9% Sodium Chloride Injection, therefore, a 0.2 or 0.22 micron in-line polyethersulfone (PES) filter is required for administration. Do not freeze the solution for infusion containing the reconstituted product. Kadcyla should not be mixed or diluted with other drugs. Packs: Each pack contains a single-use vial of 100mg or 160mg of trastuzumab emtansine. 100 mg single use vial: 1 pack containing 15 mL glass vial that contains 100 mg of trastuzumab emtansine. Page 5 of 5 160 mg single use vial: 1 pack containing 20 mL glass vial that contains 160 mg of trastuzumab emtansine. Please read full prescribing information before usage. Details of Permission or License Number with date: IMP-268/2014 dated 18 December 2014. Date of Revision: Current at June 2021, version 11.0

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For Scientific information on Roche Medicinal Product please write to india.medinfo@roche.com
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146-B, 166 A, Unit No. 7, 8, 9; 8th Floor, R City Office, R City Mall, Lal Bahadur Shastri Marg Ghatkopar, Mumbai, Maharashtra - 400 086; Tel No. +91 22 50457300; Fax No. +91 22 50457301

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