What does PERJETA treat?
PERJETA® (pertuzumab) is approved for use prior to surgery in combination with Herceptin® (trastuzumab) and docetaxel in people with HER2-positive, locally advanced, inflammatory, or early stage (tumor is greater than 2 cm in diameter or node positive) breast cancer. PERJETA should be used as part of a complete treatment regimen for early stage breast cancer. This use of PERJETA is based on an improvement in the percentage of patients whose cancer shrinks or disappears after treatment. Currently, no data have shown whether or not treatment with PERJETA prior to surgery improves survival.

- The safety of PERJETA in combination with doxorubicin-containing regimens has not been established
- The safety of PERJETA administered for greater than 6 cycles for early-stage breast cancer has not been established

What are the most serious side effects of PERJETA?
Receiving PERJETA during pregnancy can result in the death of an unborn baby and birth defects.

PERJETA may cause heart problems, including those without symptoms (such as reduced heart function) and those with symptoms (such as congestive heart failure). Please refer to page 12 for more information on these serious side effects.

Please see additional Important Safety Information throughout, and the accompanying full Prescribing Information, including most serious side effects.
Introduction to PERJETA

A diagnosis of early breast cancer (EBC) can be overwhelming. Your healthcare team may have given you a lot of information about breast cancer and treatment options to consider. If you have received this brochure, your doctor thinks treating the cancer with medicine before surgery, called neoadjuvant therapy, may be able to help you.

What is PERJETA?

PERJETA is an FDA-approved breast cancer treatment given before surgery as part of a complete treatment together with other medicines including Herceptin and docetaxel. PERJETA is for patients who have human epidermal growth factor receptor 2-positive (HER2-positive), locally advanced, inflammatory, or early stage (tumor is greater than 2 cm in diameter or node positive) breast cancer.

This use of PERJETA is based on an improvement in the percentage of patients whose cancer shrinks or disappears after treatment. Currently, no data have shown whether or not treatment with PERJETA prior to surgery improves survival.

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PERJETA is what is called a HER2 dimerization inhibitor (HDI), which means that it is an anticancer medicine that works by blocking HER2 receptors in cells. More information is available in this brochure.

PERJETA IS THE FIRST MEDICINE APPROVED BY THE FDA FOR NEOADJUVANT TREATMENT (BEFORE SURGERY) FOR HER2-POSITIVE EARLY BREAST CANCER

What are other possible serious side effects of PERJETA?

PERJETA should not be used in patients who are allergic to pertuzumab or to any of the ingredients in PERJETA. Possible serious side effects of PERJETA include infusion-related reactions and severe allergic reactions (hypersensitivity reactions/anaphylaxis).

In this brochure, learn about:

- HER2-positive breast cancer
- Understanding HER2-positive breast cancer
- How targeted HER2 therapies are thought to work
- What to know about treatment before surgery
- What type of treatment is given before surgery?
- How are neoadjuvant therapies shown to be effective?
- PERJETA—a treatment for early HER2-positive breast cancer
- What does PERJETA treat?
- What you may expect during neoadjuvant therapy with PERJETA
- Important Safety Information
- Where to get support
- Financial support and resources
- PERJETA patient support line
- Breast cancer information and support groups
- Questions to ask your healthcare team

Glossary

- Questions to ask your healthcare team

This brochure can help you and your healthcare team decide which choices best meet your medical and personal needs.

The information in this brochure is not intended to replace the advice of your healthcare team. If you have any questions about your treatment be sure to contact your healthcare team.

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Understanding HER2-positive breast cancer

What is HER2-positive breast cancer?

HER2 receptors are on all cells, including healthy cells and cancer cells. HER2-positive breast cancer cells have more HER2 receptors than normal. Too much HER2 makes these cancer cells grow and divide too rapidly, causing the formation of tumors.

**NORMAL CELL**

- 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.

**HER2-POSITIVE CANCER CELL**

- HER2 receptor: Causes cells to grow and divide too rapidly.

CANCER MEDICINES CALLED HER2-TARGETED THERAPIES HAVE BEEN DEVELOPED TO TARGET THE HER2 RECEPTOR

How targeted HER2 therapies are thought to work

People with HER2-positive breast cancer may be eligible for HER2-targeted therapies

**Targeted therapies** are designed to attack specific proteins on cancer cells that cause them to grow and multiply. Because these proteins may be on normal cells as well, targeted therapies can also affect healthy cells. PERJETA and Herceptin (trastuzumab) are targeted therapies that target the HER2 receptor, but they each fight cancer in a different way.

**PERJETA IS DESIGNED TO ATTACK HER2 ON CANCER CELLS**

**PERJETA is a HER2-targeted therapy**

PERJETA is one of the medicines available to people with HER2-positive breast cancer. It is a targeted therapy that is given intravenously, through a port, like Herceptin. PERJETA and Herceptin aim to fight cancer cells that have too much HER2 and are designed to cause less harm to normal cells.

Normal cells also have HER2 (just not as much), so HER2-targeted therapies can also affect healthy cells and cause side effects, including serious side effects. Please see pages 12-13 for additional safety information.

**How will my doctor and I know if PERJETA is right for me?**

PERJETA has been shown to work only in people with HER2-positive breast cancer. You must have a HER2 test to know if your breast cancer is HER2-positive before receiving an anti-HER2 treatment, such as PERJETA.

Please see additional Important Safety Information throughout, and the accompanying full Prescribing Information, including most serious side effects.
What to know about treatment before surgery

What type of treatment is given before surgery?
When medicines like chemotherapy, targeted therapy, or hormonal therapy are used to treat cancer before surgery, the treatment is called neoadjuvant therapy.

Early breast cancer treatment plan for patients who may be eligible for neoadjuvant therapy

- **STEP 1**: Diagnosis
- **STEP 2**: Neoadjuvant treatment (before surgery)
- **STEP 3**: Surgery
- **STEP 4**: Adjuvant treatment (after surgery)

How are neoadjuvant therapies shown to be effective?

A pathologist checks the breast tissue and nodes removed during surgery to see how well neoadjuvant therapy worked. Neoadjuvant therapy works if cancer cells are not detected from the breast and lymph nodes. This is called a pathological complete response.

A pathological complete response is not a cure. A pathological complete response can give some information about the cancer, but it may not change a treatment plan.

What are the potential benefits of neoadjuvant therapy for breast cancer?
Neoadjuvant therapy may:
- Help improve the chance that surgery will be successful
- Give more options for the type of surgery that can be performed
- Help reduce or eliminate cancer cells before surgery
- Show a healthcare team if certain therapies are likely to work after surgery

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- The safety of PERJETA in combination with doxorubicin-containing regimens has not been established
- The safety of PERJETA administered for greater than 6 cycles for early-stage breast cancer has not been established
PERJETA—a treatment for early HER2-positive breast cancer

Why is PERJETA used in neoadjuvant therapy?
PERJETA is the first drug approved by the FDA to treat breast cancer before surgery. This approval was based on 2 clinical trials of more than 600 patients with HER2-positive breast cancer who received neoadjuvant therapy.

In one of these trials, when PERJETA, Herceptin, and docetaxel were given together before surgery, 39.3% of the breast tumors treated had a pathological complete response to treatment, compared with 21.5% who had a pathological complete response to treatment with Herceptin and docetaxel.

Pathological complete response seen in breast tumors before surgery

Pathological complete response: Pathological complete response is achieved when no cancer cells are detected when a tumor and nearby lymph nodes are tested from a patient who had medicine before surgery.

39.3%  
When patients were given PERJETA, Herceptin, and docetaxel

21.5%  
When patients were given Herceptin and docetaxel

What does PERJETA treat?
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• The safety of PERJETA in combination with doxorubicin-containing regimens has not been established

• The safety of PERJETA administered for greater than 6 cycles for early-stage breast cancer has not been established

What is a complete treatment course?
PERJETA is a medicine that works with other medicines to fight cancer.

• Before surgery, PERJETA (P) is given with:
  — Herceptin (H) and docetaxel (D). Other chemotherapy or chemotherapies may also be given before surgery

• After surgery, Herceptin is given to complete a total of 1 year of treatment (time before and after surgery)

One full year of Herceptin treatment

12-18 weeks  
Treatment before surgery

34-40 weeks  
Treatment after surgery

• Sometimes other chemotherapy is also given with Herceptin after surgery

What infusion-related reactions may occur with PERJETA?
The most common infusion-related reactions with PERJETA when given with Herceptin and docetaxel are feeling tired, abnormal or altered taste, allergic reactions, muscle pain, and vomiting. The most common infusion-related reactions when receiving PERJETA alone were fever, chills, feeling tired, headache, weakness, allergic reactions, and vomiting.

Please see additional Important Safety Information throughout, and the accompanying full Prescribing Information, including most serious side effects.
What you may expect during neoadjuvant therapy with PERJETA

How does neoadjuvant therapy with PERJETA begin?
If you and your doctor decide that neoadjuvant therapy with PERJETA is right for you, you may receive PERJETA, Herceptin, and docetaxel as part of a complete treatment course that may last up to 18 weeks before surgery. Your treatment will continue after surgery (adjuvant therapy) and includes Herceptin.

Possible courses of PERJETA-based neoadjuvant treatment

How are the medicines given in a complete treatment course?
PERJETA is typically given every 3 weeks, on the same day as Herceptin and docetaxel, and during the same visit. PERJETA is given as an intravenous infusion, which means that medicine is administered directly and slowly into the bloodstream through a vein.

Be sure to contact your healthcare team right away if you are experiencing side effects

What should I know if I am pregnant or thinking of getting pregnant?
Birth control should be used while receiving PERJETA and for 7 months after your last dose of PERJETA. If you are a mother who is breastfeeding, you should talk with your doctor about either stopping breastfeeding or stopping PERJETA. If you are exposed to PERJETA during pregnancy, or become pregnant while receiving PERJETA or within 7 months following the last dose of PERJETA in combination with Herceptin, you are encouraged to enroll in the MoHER Pregnancy Registry by contacting 1-800-690-6720 or visiting http://www.motherpregnancyregistry.com/ and report PERJETA exposure to Genentech at 1-888-835-2555.

What are the most common side effects of PERJETA?
The most common side effects of PERJETA when given with Herceptin and docetaxel as part of an early breast cancer regimen before surgery are hair loss, diarrhea, nausea, and low levels of white blood cells with or without a fever.
Important Safety Information

What does PERJETA treat?
PERJETA® (pertuzumab) is approved for use prior to surgery in combination with Herceptin® (trastuzumab) and docetaxel in people with HER2-positive, locally advanced, inflammatory, or early stage (tumor is greater than 2 cm in diameter or node positive) breast cancer. PERJETA should be used as part of a complete treatment regimen for early stage breast cancer. This use of PERJETA is based on an improvement in the percentage of patients whose cancer shrinks or disappears after treatment. Currently, no data have shown whether or not treatment with PERJETA prior to surgery improves survival.

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- The safety of PERJETA administered for greater than 6 cycles for early-stage breast cancer has not been established

What should I know about side effects with PERJETA?
Not all people have serious side effects; however, side effects with PERJETA therapy are common. It is important to know what side effects may happen and what symptoms you should watch for.

- Your doctor may stop treatment if serious side effects happen. Be sure to contact your healthcare team right away if you have questions or are worried about any side effects

What are the most serious side effects?
PERJETA may cause heart problems, including those without symptoms (such as reduced heart function) and those with symptoms (such as congestive heart failure).

- Your doctor may run tests to monitor your heart function before and during treatment with PERJETA
- Based on test results your doctor may hold or discontinue treatment with PERJETA
- Receiving PERJETA during pregnancy can result in the death of an unborn baby and birth defects.
  - Birth control should be used while receiving PERJETA and for 7 months after your last dose of PERJETA. If you are a mother who is breastfeeding, you should talk with your doctor about either stopping breastfeeding or stopping PERJETA
  - If you think you may be pregnant, you should contact your healthcare provider immediately
  - If you are exposed to PERJETA during pregnancy, or become pregnant while receiving PERJETA or within 7 months following the last dose of PERJETA in combination with Herceptin, you are encouraged to enroll in the Mother Pregnancy Registry by contacting 1-800-690-6720 or visiting http://www.motherpregnancyregistry.com/ and report PERJETA exposure to Genentech at 1-888-835-2555

What are other possible serious side effects?
- PERJETA should not be used in patients who are allergic to pertuzumab or to any of the ingredients in PERJETA
- Infusion-related reactions: PERJETA is a medicine that is delivered into a vein through a needle. This process can cause reactions known as infusion-related reactions. The most common infusion-related reactions when receiving PERJETA, Herceptin, and docetaxel were feeling tired, abnormal or altered taste, allergic reactions, muscle pain, and vomiting.
  - Severe allergic reactions: Some people receiving PERJETA may have severe allergic reactions, called hypersensitivity reactions or anaphylaxis. This reaction may be severe, may happen quickly, and may affect many areas of the body

How will my doctor and I know if PERJETA is right for me?
PERJETA has only been shown to work in people with HER2-positive breast cancer. You must have a HER2 test to know if your breast cancer is HER2-positive before receiving an anti-HER2 treatment, such as PERJETA.

What are the most common side effects?
The most common side effects of PERJETA when given with Herceptin and docetaxel as part of an early breast cancer regimen before surgery are:
  - Hair loss
  - Diarrhea
  - Nausea
  - Low levels of white blood cells with or without a fever

The most common side effects of PERJETA when given with Herceptin and docetaxel following 3 cycles of epirubicin, cyclophosphamide, and fluorouracil as part of an early breast cancer regimen before surgery are:
  - Feeling tired
  - Hair loss
  - Diarrhea
  - Nausea
  - Vomiting
  - Low levels of white blood cells with or without a fever

The most common side effects of PERJETA when given with Herceptin, docetaxel, and carboplatin as part of an early breast cancer regimen before surgery are:
  - Feeling tired
  - Hair loss
  - Diarrhea
  - Nausea
  - Vomiting
  - Low platelet count
  - Low levels of red blood cells

You are encouraged to report side effects to Genentech and the FDA. You may report side effects to the FDA at (800) FDA-1088 or www.fda.gov/medwatch. You may also report side effects to Genentech at 1-888-835-2555.

Please see additional Important Safety Information throughout, and the accompanying full Prescribing Information, including most serious side effects.
Financial resources for people taking PERJETA

Financial support and resources

PERJETA Access Solutions | www.genentech-access.com/perjeta
PERJETA Access Solutions may be able to help you get the medicine you need.
To learn more about PERJETA Access Solutions support and services, call 1-888-249-4918.

BioOncology Co-pay Card | www.copayassistancenow.com
Genentech offers the BioOncology Co-pay Card to help you with the out-of-pocket (OOP) costs of PERJETA.
To learn more about the BioOncology Co-pay Card, call 1-888-249-4918 to speak live with one of our specialists.
To enroll directly, call 1-855-MYCOPAY (1-855-692-6729).

Genentech® Access to Care Foundation (GATCF)
The Genentech® Access to Care Foundation (GATCF) can help you receive PERJETA free of charge, if you qualify.

The PERJETA and Access Solutions logos are registered trademarks of Genentech, Inc.

PERJETA patient support line

TALK TO EXPERT NURSES WHO CAN ANSWER YOUR QUESTIONS ABOUT PERJETA

Call 1-855-PERJETA (1-855-737-5382) to talk to registered oncology nurses.
When you have important questions about PERJETA treatment or need additional support, call the PERJETA Patient Support Line. Registered oncology nurses are available to answer questions and provide information about PERJETA.
Genentech cannot provide medical advice.

WE'RE HERE TO HELP YOU UNDERSTAND YOUR TREATMENT

Nurses are available to answer your treatment questions, including:

- How PERJETA is designed to work
- The potential benefits and risks of PERJETA
- Side effects of PERJETA
- What to expect from Herceptin treatment
- Finding reimbursement help for PERJETA

Every nurse on the team:

- Is a registered nurse who specializes in cancer
- Has about 20 years of experience
- Is knowledgeable about PERJETA treatment

The information you receive from the PERJETA Patient Support Line is not meant to replace the advice of your healthcare team. Genentech will not provide medical advice regarding your medical condition or treatment.

Please see additional Important Safety Information throughout, and the accompanying full Prescribing Information, including most serious side effects.
Questions you may want to ask your healthcare team

To better understand your treatment plan, it may help to have a discussion with someone on your healthcare team who you're comfortable with. Here are some common questions to help you get started.

- Is treatment before surgery right for me?
- What can I expect during neoadjuvant treatment?
- Is PERJETA the right treatment choice for my type of breast cancer?
- How is PERJETA different from Herceptin (trastuzumab)?
- How is PERJETA different from docetaxel?
- What do I need to do to prepare for my infusion?
- How long do I need to receive PERJETA?
- How long do I need to receive docetaxel?
- What treatment options are available to me after surgery?
- What side effects should I expect, and how severe might they be?
- Are there methods to help manage certain side effects?
- How can I tell if the treatment is working?

Additional information and support

Breast cancer information and support*
American Cancer Society | www.cancer.org
1-800-227-2345
Information is available for people living with cancer: families, friends, and survivors.

BREASTCANCER.ORG | www.breastcancer.org
This website is dedicated to providing reliable and current medical information about treatment options, symptoms, diagnosis, and prevention.

HER2 Support Group | www.her2support.org
This site offers information on news and current research for HER2-positive breast cancer, along with online message boards.

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

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

Young Survival Coalition | www.youngsurvival.org
A global organization dedicated to critical issues in young women with breast cancer.

* These organizations are an incomplete listing of cancer support organizations and 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 oncology nurse educator any questions you may have about your cancer or treatment plan.

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**Glossary**

**Adjuvant therapy:**
Additional treatment for early breast cancer that is given after the main treatment (usually surgery) that may include radiation therapy, chemotherapy, hormonal therapy, or targeted therapy

**Chemotherapy:**
A type of medicine that kills cells that grow and divide rapidly; these can include cancer cells or normal cells

**HER2 dimerization inhibitor:**
An anticancer medicine that works by blocking HER2 receptors in cells

**HER2-positive:**
When breast cancer cells have too many HER2 receptors, the disease is 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 therapy:**
Helps fight tumors that thrive on hormones like estrogen or progesterone by acting on hormone receptors on tumor cells or by decreasing the amount of estrogen available to bind these receptors

**Intravenous:**
A method of administering a drug by inserting a needle into your vein. Also known as an IV infusion, which means that medicine is slowly given directly into the bloodstream through a vein or port

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

**Neoadjuvant therapy:**
Treatment given prior to surgery

**Pathological complete response:**
Pathological complete response is achieved when no cancer cells are detected (when a tumor and nearby lymph nodes are tested) from a patient who had medicine before surgery

**Pathologist:**
A physician who uses laboratory tests to study body fluids and tissues. The results of these tests help your primary care doctor make a diagnosis about your health, identify any medical problems you may have, and monitor your health when you have a chronic illness, such as cancer

**Port:**
An implanted device through which blood may be withdrawn and drugs may be infused without repeated needle sticks; also called "port-a-cath"

**Targeted therapy:**
A type of medicine that is designed to attack specific cancer cells and can also affect healthy 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

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Starting treatment early with PERJETA

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