ADCETRIS® brentuximab vedotin

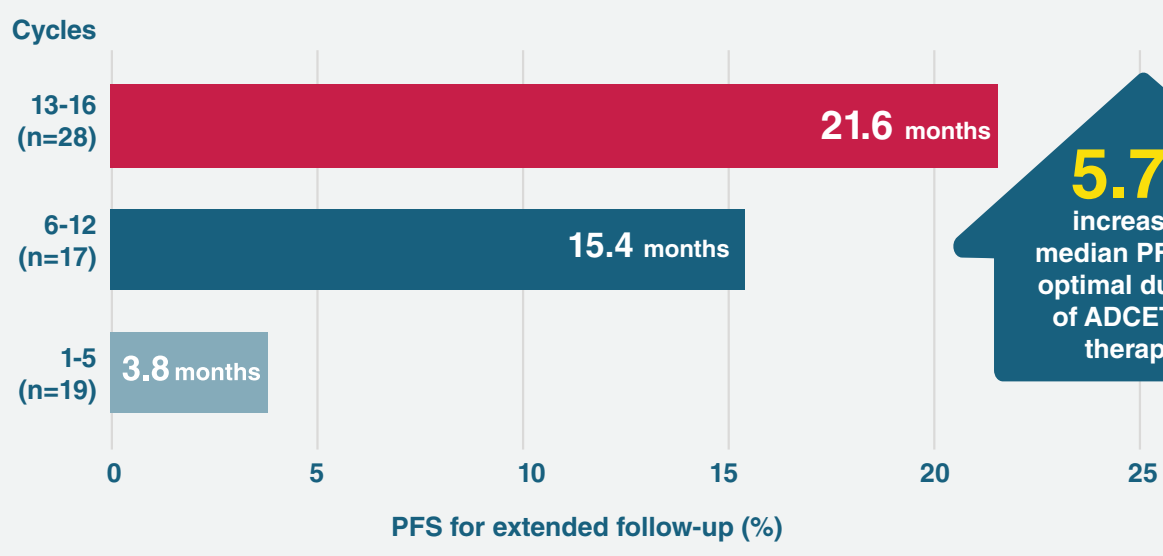
BRINGING Hope TO Life

Where there's ADCETRIS there's Hope

THINK 16

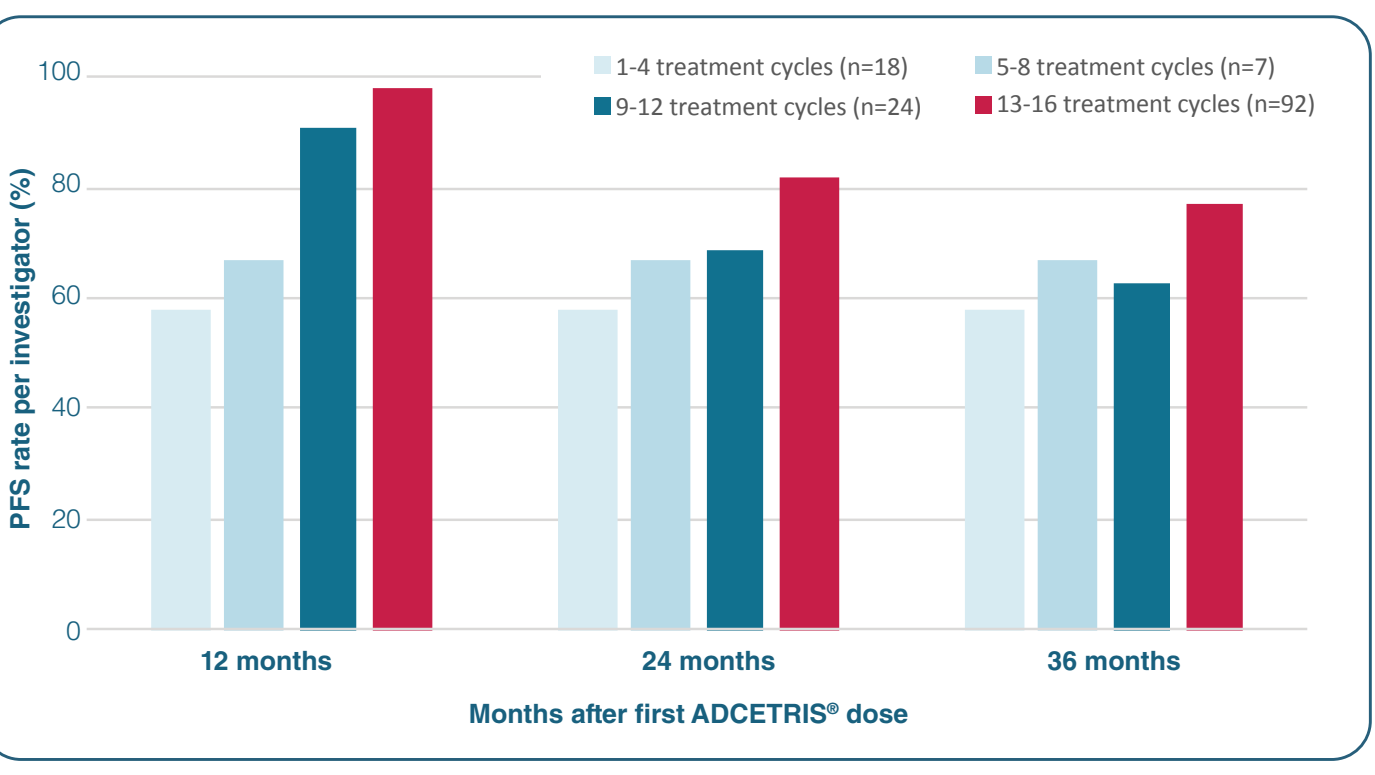
CLINICAL TRIALS HAVE DEMONSTRATED GREATER BENEFITS WITH OPTIMAL DURATION OF THERAPY WITH ADCETRIS®[1,2]

CD30+ CTCL patients receiving 13-16 cycles of ADCETRIS® had the longest median PFS of 21.6 months[1]



5.7X increase in median PFS with optimal duration of ADCETRIS® therapy*[1]

13-16 cycles of ADCETRIS® resulted in the highest rates of PFS across 3 years of follow-up in CD30+ HL**[2]

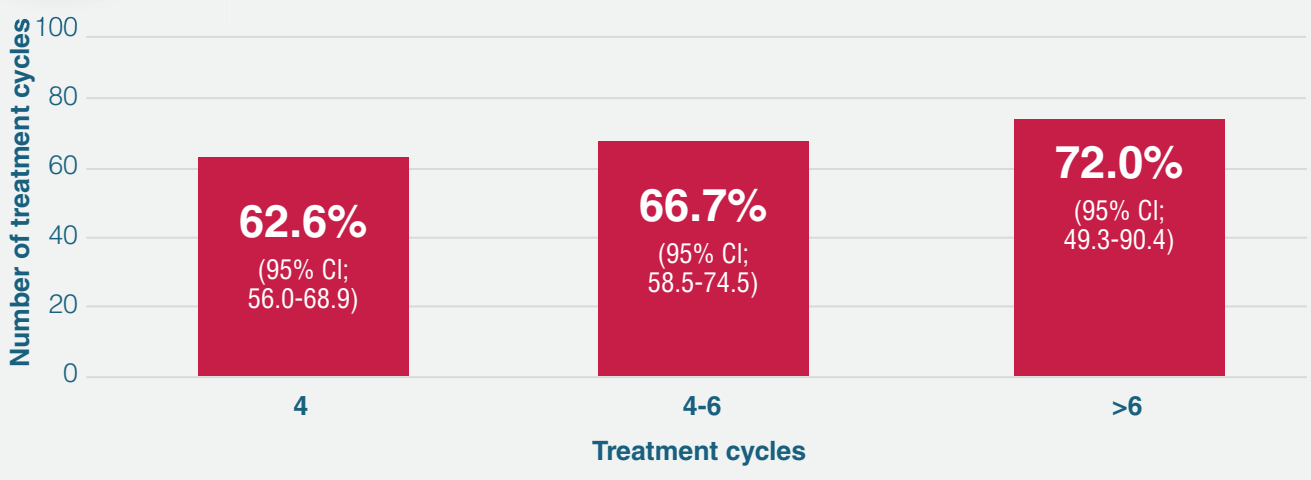


ASCT, autologous stem cell transplant; **CR,** complete response; **HL,** Hodgkin lymphoma; **ORR,** overall response rate; **R/R,** relapsed/refractory.

ADCETRIS®-treated patients achieved better responses with longer duration of therapy in the real world[3]

2021 meta-analysis

Positive association shown between the number of cycles and ORR inpatients across multiple studies[3]



ADCETRIS® can potentially provide further clinical benefits for patients with relapsed/refractory cHL even after initial clinical responses[4,5]

22.7%

of patients with r/r cHL who had achieved a PR to treatment at 4 cycles subsequently achieved CR with more cycles (n=66)[4]

ADCETRIS® 50mg powder for concentrate for solution for infusion

Singapore Abbreviated Prescribing Information (refer to full prescribing information for further details; full prescribing information available upon request).

Composition: Each vial contains 50 mg of brentuximab vedotin. After reconstitution, each ml contains 5 mg of brentuximab vedotin. **Indication:** Treatment of previously untreated Stage III or IV classical Hodgkin lymphoma (cHL), in combination with chemotherapy; treatment for relapsed or refractory CD30+ Hodgkin lymphoma (HL) following autologous stem cell transplant (ASCT) or at least 2 prior therapies when ASCT or multi-agent chemotherapy is not a treatment option; CD30+ HL at increased risk of relapse or progression following ASCT; frontline systemic anaplastic large cell lymphoma (sALCL) or other CD30-expressing peripheral T-cell lymphomas (PTCL), in combination with chemotherapy; relapsed or refractory sALCL; CD30+ cutaneous T-cell lymphoma (CTCL) (after at least 1 prior systemic therapy). **Dosage and Administration:** Treatment of previously untreated advanced cHL: in combination with chemotherapy (doxorubicin [A], vinblastine [V] and dacarbazine [D] [AVD]), 1.2 mg/kg IV infusion >30 minutes on days 1 and 15 of each 28-day cycle for 6 cycles. Primary prophylaxis with growth factor support (G-CSF) is recommended beginning with the first dose. Frontline PTCL: in combination with chemotherapy (cyclophosphamide [C], doxorubicin [H], and prednisone [P]; [CHP]) is 1.8 mg/kg administered as an intravenous infusion over 30 minutes every 3 weeks for 6 to 8 cycles. Primary prophylaxis with growth factor support (G-CSF) is recommended for all patients beginning with the first dose. Other Indications: 1.8 mg/kg IV infusion >30 min every 3 wks, up to a maximum of 16 cycles. **For all indications:** dose adjustment required for patients w/ renal & hepatic impairment and adverse events. If patients weigh >100 kg, dose calculation should use 100 kg. **Contraindications:** Hypersensitivity. Combined use of bleomycin **Special Precautions:** Closely monitor for new or worsening neurological, cognitive or behavioural signs or symptoms suggestive of progressive multifocal leukoencephalopathy; pulmonary toxicity; new or worsening abdominal pain suggestive of acute pancreatitis; emergence of possible serious & opportunistic infections; immediate & delayed infusion-related reactions. Discontinue use if anaphylaxis, Stevens-Johnson syndrome & toxic epidermal necrolysis occurs. Patients w/ rapidly proliferating tumour & high tumour burden at risk of tumour lysis syndrome. Monitor for symptoms of neuropathy. Patients experiencing new or worsening peripheral neuropathy may require a delay & a dose reduction or discontinuation of treatment. Monitor CBC prior to therapy; serum glucose; gastrointestinal complications; liver function. Patient w/ elevated BMI w/ or w/o history of DM; renal & hepatic impairment; on controlled Na-diet; with CD30+ CTCL subtypes other than mycosis fungoides and primary cutaneous ALCL. Women of childbearing potential should use 2 methods of contraception during & until 30 days after therapy. Men should not father a child during therapy & for up to 6 mths after last dose. May affect ability to drive or operate machinery. Pregnancy & lactation. Children & elderly. **Undesirable Effects:** Infection, upper respiratory tract infection, neutropenia, peripheral sensory neuropathy, peripheral motor neuropathy, cough, dyspnoea; nausea, diarrhoea, vomiting, constipation, abdominal pain, rash, pruritus, arthralgia, myalgia, fatigue, pyrexia, infusion-related reactions, weight decreased, herpes zoster, pneumonia, herpes simplex, oral candidiasis, anaemia, thrombocytopenia, hyperglycaemia, dizziness, ALT/AST increased, alopecia, back pain, chills, pneumocystis jiroveci pneumonia, staphylococcal bacteraemia, cytomegalovirus infection or reactivation, sepsis/septic shock, febrile neutropenia, anaphylactic reaction, anaphylactic transfusion reaction (for combination therapy), tumour lysis syndrome, demyelinating polyneuropathy, SJS/TEN, extravasation-related reactions, decreased appetite (for combination therapy), stomatitis (for combination therapy), bone pain (for combination therapy), insomnia (for combination therapy), ALT increased (for combination therapy), AST increased (for combination therapy). **Drug-Drug Interactions:** Increase the incidence of neutropenia w/ strong CYP3A4 & P-gp inhibitor eg ketoconazole. Reduced exposure to MMAE w/ strong CYP3A4 inducer eg rifampicin. Bleomycin. **Storage conditions:** Store between 2-8°C.

All figures have been drawn based on the original data[1-3]

*Median PFS in patients receiving 13-16 ADCETRIS® cycles (21.6%) compared to that in those who received 1-5 cycles (3.8%)

**Patients at increased risk of relapse/progression following ASCT. Excluding patients who discontinued treatment due to progression of disease. Not a randomized comparison.

ABBREVIATIONS

95% CI = 95% confidence interval; **ASCT** = autologous stem cell transplant; **HR** = hazard ratio; **CCR** = continued complete response; **CTCL** = cutaneous T-cell lymphoma; **CR** = complete response; **cHL** = classical Hodgkin lymphoma; **ORR** = overall response rate; **PR** = partial response; **PFS** = progression-free survival; **r/r cHL** = relapsed/refractory classical Hodgkin lymphoma

REFERENCES

1. Horwitz SM, et al. Blood Adv 2021;5(23):5098–5106.
2. Sweetenham J, et al. Poster presented at American Society of Hematology; 5–8 December 2015; Orlando, FL, USA: 3172.
3. Plattel W, et al. Leuk Lymphoma 2021;62(14):3320–3332.
4. Pellegrini C, et al. Oncotarget 2017;8(53):91703–91710.
5. Gandolfi L, et al. Oncologist 2016;21(12):1436–1441.

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