

YOU HAVE WHAT IT TAKES IN THE FIGHT AGAINST mCRC

Vectibix® in combination with FOLFOX chemotherapy is designed for patients with wild-type *RAS* metastatic colorectal cancer (mCRC), and a *RAS* test can show what type of mCRC you have.^{1,2}



Use this discussion guide to talk to your doctor and learn if Vectibix® is right for you

Indication

Vectibix® (panitumumab) is for treating patients with wild-type *RAS* metastatic colorectal cancer (cancer that has spread outside of the colon and rectum). *RAS* status is determined by an FDA-approved test. Wild-type *RAS* is a cancer without mutations in the *KRAS* and *NRAS* genes.

Vectibix® can be used:

- As a first-time treatment given with chemotherapy called FOLFOX (folinic acid, fluorouracil, oxaliplatin)
- Alone, following disease progression with the following chemotherapies: fluoropyrimidine-, oxaliplatin-, and irinotecan-containing chemotherapy

Vectibix® is not to be used to treat patients with tumors that have mutations in the *RAS* gene (called *RAS* mutant), or when the *RAS* mutation status is unknown. Talk to your doctor about your *RAS* status.

Important Safety Information

In a clinical study, nearly all patients (90%) taking Vectibix® experienced skin rash or other skin reactions. Skin reactions included but were not limited to:

- Acne-like skin rash
- Itching
- Redness
- Skin rash
- Skin peeling
- Nail infections at the side of the nail beds of the fingers or toes
- Dry skin
- Openings in the skin

Of these patients, 15% had severe skin reactions that involved, for some, pain, disfigurement, ulceration, or loss of outer layers of skin when receiving Vectibix® alone. Some patients who developed severe skin reactions also developed infections in the blood, skin, fat, or tissue that sometimes resulted in death.

Please see full Important Safety Information on pages 4-5.

 **Vectibix®**
(panitumumab)
100mg/5ml | 20mg/ml for injection

Talking with your doctor

A discussion guide to bring
to your next appointment

Have I already had a *RAS* test done or do I need one? _____

What is my *RAS* status? _____

What does my *RAS* status mean for my treatment options? _____

Am I a candidate for treatment with Vectibix[®] + FOLFOX chemotherapy? _____

How well has Vectibix[®] worked for other patients with wild-type *RAS* metastatic colorectal cancer? _____

How, where, and when will I receive Vectibix[®]? _____

Important Safety Information

Your doctor may need to make changes to your dose to address your side effects or, in the event of severe or life-threatening side effects, stop Vectibix[®] treatment. It is important that you tell your doctor right away if you have any skin reactions or any signs of infection (such as chills, fever, or increased redness or swelling of an existing skin reaction).

Talking with your doctor (continued)

Can you explain the possible side effects of Vectibix®? _____

What should I do if I experience side effects with Vectibix®? _____

How can I get help paying for Vectibix®? _____



Visit Vectibix.com for more information

Important Safety Information

Patients who have metastatic colorectal cancer with *RAS*-mutant tumors should not receive Vectibix®. Several clinical trials have been done evaluating treatments that block part of the pathway that increases tumor cell growth (anti-epidermal growth factor receptor [EGFR]).

Anti-EGFR treatments include Vectibix® and Erbitux® (cetuximab). In studies of these medicines, patients with *RAS*-mutant tumors experienced serious side effects without any benefit from the treatment. In one study, patients with *RAS*-mutant tumors who received Vectibix® + FOLFOX did not live as long as patients who received FOLFOX alone.

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Of these patients, 15% had severe skin reactions that involved, for some, pain, disfigurement, ulceration, or loss of outer layers of skin when receiving Vectibix® alone. Some patients who developed severe skin reactions also developed infections in the blood, skin, fat, or tissue that sometimes resulted in death.

Your doctor may need to make changes to your dose to address your side effects or, in the event of severe or life-threatening side effects, stop Vectibix® treatment. It is important that you tell your doctor right away if you have any skin reactions or any signs of infection (such as chills, fever, or increased redness or swelling of an existing skin reaction).

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Some patients who were taking Vectibix® developed low levels of certain electrolytes, including:

- Magnesium
- Calcium
- Potassium

Your doctor may check the levels of these electrolytes in your blood while you are on treatment and for up to 2 months after you finish treatment. Your doctor may add other oral or intravenous medications to your Vectibix® treatment.

Vectibix® is given by infusion into a vein. Some patients may develop an infusion reaction, which can be severe and in rare cases has resulted in death. In one clinical study, infusion reactions developed in 4% of patients, and 1% of patients experienced serious infusion reactions. Infusion reactions included:

- Fever
- Chills
- Shortness of breath
- Throat spasms
- Low blood pressure

Depending on how severe the reaction is, your doctor may decide to slow the rate of the infusion, stop the infusion, or stop your Vectibix® treatment completely.

Tell your doctor right away if you experience severe diarrhea or dehydration. Some patients treated with Vectibix® and chemotherapy developed kidney failure and other complications because of severe diarrhea and dehydration.

Lung disease, including fatal lung disease, occurred in 1% or less of patients who had taken Vectibix®. Tell your doctor if you have problems breathing, wheezing, or a cough that doesn't go away or keeps coming back. If you have had lung problems in the past, be sure to tell your doctor. Your doctor may decide to stop Vectibix® treatment.

Important Safety Information (continued)

Being in the sun may make skin reactions worse. Wear sunscreen and protective clothing (such as a hat) and avoid direct sunlight while you are on treatment with Vectibix®. Tell your doctor if you have new or worsening skin reactions.

Inflammation of the eye and injury to the cornea have been reported. Tell your doctor if you have any vision changes or eye problems. If you experience any of these side effects or they worsen, your doctor should interrupt or discontinue Vectibix®.

In a study of patients treated for mCRC, the addition of Vectibix® to the combination of Avastin® (bevacizumab) and chemotherapy caused patients to experience severe side effects and to not live as long as patients receiving only Avastin® and chemotherapy. Do not take Avastin® with Vectibix®.

- Some moderate to severe side effects happened at a higher rate for Vectibix® patients, including acne-like rash, diarrhea, dehydration, painful ulcers and mouth sores, and abnormally low levels of potassium and magnesium in the blood.
- Serious or potentially fatal blood clots that traveled to the lungs occurred more in Vectibix®-treated patients, and less than 1% of Vectibix®-treated patients died.
- Because of the side effects experienced, patients receiving Vectibix®, Avastin®, and chemotherapy received less chemotherapy for the first 24 weeks of the study compared with those receiving Avastin® and chemotherapy.

Vectibix® can cause harm to an unborn child. Use effective birth control to avoid pregnancy while taking Vectibix® and for at least 2 months after the last dose.

In patients who received Vectibix® alone, the most commonly reported side effects (experienced by 20% or more of patients) were different types of skin rash, infections at the side of the nail beds of the fingers or toes, fatigue (extreme tiredness), nausea, and diarrhea.

In patients who received Vectibix® + FOLFOX, the most commonly reported side effects (experienced by 20% or more of patients) were diarrhea, sore mouth, inflammation of mucous membranes, weakness, infection of the nail beds, loss of appetite, low magnesium, low potassium, rash, acne-like skin rash, itching, and dry skin. The most common serious side effects were diarrhea and dehydration.

References: 1. Vectibix® (panitumumab) prescribing information, Amgen. 2. Allegra CJ, Rumble RB, Hamilton SR, et al. Extended RAS gene mutation testing in metastatic colorectal carcinoma to predict response to anti-epidermal growth factor receptor monoclonal antibody therapy: American Society of Clinical Oncology provisional clinical opinion update 2015. *J Clin Oncol*. 2016;34:179-185.

Please read the full Prescribing Information and discuss it with your doctor.

