

If you have wild-type RAS colorectal cancer that has spread outside of the colon and rectum, then Vectibix® may be right for you.¹

INDICATION

Vectibix® is indicated for treating adult patients with wild-type *RAS* metastatic colorectal cancer (cancer that has spread outside 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®, when given with FOLFOX or alone, is not to be used to treat patients with tumors that have mutations in the *RAS* gene (called *RAS* mutant). Vectibix® is not to be used when the *RAS* mutation status is unknown. Talk to your doctor about your *RAS* status.

IMPORTANT SAFETY INFORMATION

Vectibix® can cause skin side effects, which may be severe. 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 18-19.



GETTING STARTED

Is Vectibix® right for you?

Learning about wild-type RAS metastatic* colorectal cancer (mCRC) and its treatment can be a lot to take in. This brochure can help answer questions you or your loved ones may have.

What you'll find inside this guide

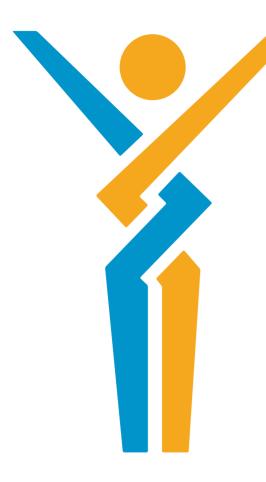
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IMPORTANT SAFETY INFORMATION

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).

^{*}Has spread to other parts of the body.

WHAT IS VECTIBIX®



Vectibix[®] is a treatment for people with colorectal cancer that has spread to other organs and who have a normal *RAS* gene, also known as wild-type *RAS*.¹

When colorectal cancer has spread to other organs, it is called metastatic colorectal cancer, which is abbreviated as mCRC.²

Wild-type *RAS* means that laboratory tests found no changes (mutations) in *RAS* genes in the cancer.^{3,4} *RAS* is a protein marker, or "biomarker," that can be detected in the cancer by an FDA-approved test.^{1,3-5}

Talk with your doctor about getting an FDA-approved biomarker test to determine your *RAS* status and see if Vectibix® may be right for you.

IMPORTANT SAFETY INFORMATION

Patients who have metastatic colorectal cancer with *RAS*-mutant tumors should not receive Vectibix® with FOLFOX or alone. 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.

What is mCRC?

Cancers that start in the colon or rectum, which make up the large intestine, are called colorectal cancers, abbreviated as CRCs.^{2,6}

When CRC spreads to other organs, it is called metastatic CRC, or mCRC.²

Not All Metastatic Colorectal Cancer Is the Same

Some tumor types may respond to certain treatments, while others do not.⁶⁻⁹



Hypothetical patient.

For ~30-40% of people with CRC, their cancer eventually becomes metastatic.¹⁰

IMPORTANT SAFETY INFORMATION

Some patients who were taking Vectibix® developed low levels of certain electrolytes, including magnesium, calcium and potassium. Some patients also developed high levels of 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 yourVectibix® treatment





Factors that inform your treatment plan

There are two main factors that doctors may use to establish a personalized first treatment plan for mCRC:⁶⁻⁸

- √ Biomarker status, or tumor genetics
- √ Location of the original tumor within the colon/rectum

Both factors can influence treatment choices because some tumor types may respond to certain treatments, while others do not.⁶⁻⁸



Identifying cancer biomarkers may lead to the right treatment for you

Biomarker tests reveal the genetic characteristics of your cancer.¹¹

It is important for you to have biomarker testing as soon as you are diagnosed so your doctor can decide how to treat your cancer.

IMPORTANT SAFETY INFORMATION

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.



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Mutant vs wild-type RAS

Only a RAS biomarker test shows if you have a RAS mutant or wild-type RAS gene.5

If your *RAS* gene has a mutation (change), this is called RAS mutant⁴ If your RAS gene does not have a mutation, this is called wild-type RAS⁴



Vectibix® is not to be used to treat patients with mutant RAS, or whose RAS status is not known.1

About half of patients with mCRC have wild-type *RAS*, the type of mCRC that Vectibix® targets¹²

Cancer treatment guidelines recommend tumor tissue biomarker testing for all patients with mCRC.¹³

IMPORTANT SAFETY INFORMATION

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.



Tumor location, or "sidedness," may also help your doctor decide on a treatment plan

The side of the colon that a tumor is on, or sidedness, may influence how well people respond to certain treatments, and can impact potential treatment choices.^{8,14,15}



Talk to your doctor about your biomarker status and tumor location.

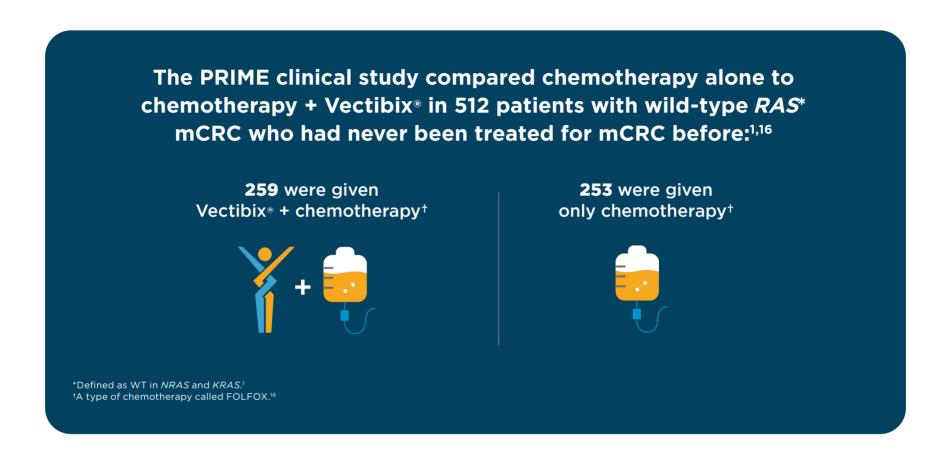
IMPORTANT SAFETY INFORMATION

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.



BENEFITS OF VECTIBIX®

PRIME Clinical Study



First clinical trial to establish that Vectibix® works for patients' first treatment after colorectal cancer has spread.^{1,16}

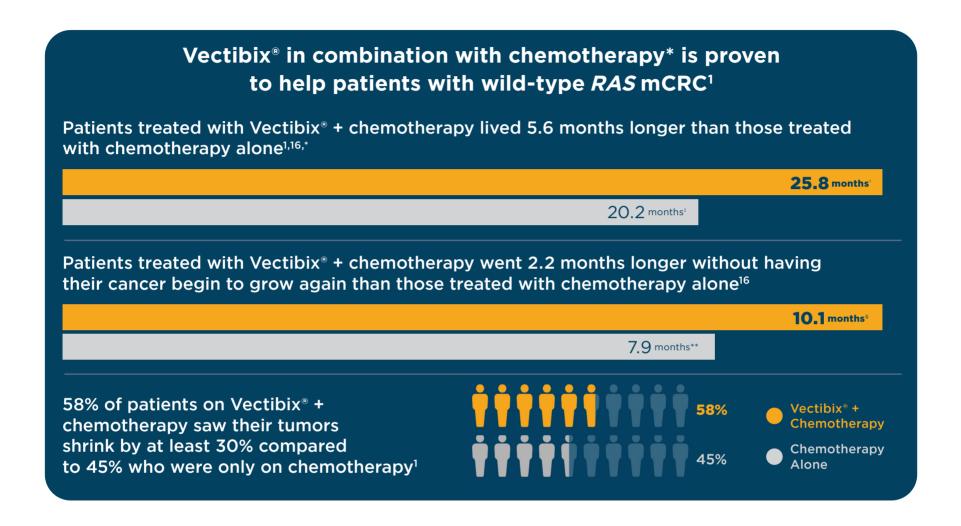
PRIME = Panitumumab Randomized Trial in Combination With Chemotherapy for Metastatic Colorectal Cancer to Determine Efficacy.

IMPORTANT SAFETY INFORMATION

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.



BENEFITS OF VECTIBIX®



The PRIME clinical study showed the benefits of adding Vectibix® to chemotherapy for people newly diagnosed with wild-type *RAS*^{††} mCRC starting their first treatment regimen.^{1,16}

IMPORTANT SAFETY INFORMATION

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[®].



^{*}Survival events measured in 82% of patients.

[†] Half of patients treated with Vectibix® + chemotherapy were alive at 25.8 months or longer.

[‡] Half of patients treated with chemotherapy alone were alive at 20.2 months or longer.

[§] Half of patients treated with Vectibix® + chemotherapy went 10.1 months without having their cancer progress.

^{**} Half of patients treated with chemotherapy alone went 7.9 months without having their cancer progress.

[&]quot;Defined as WT in NRAS and KRAS."

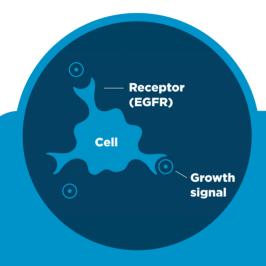
HOW VECTIBIX® WORKS

Vectibix® blocks cancer growth signals¹

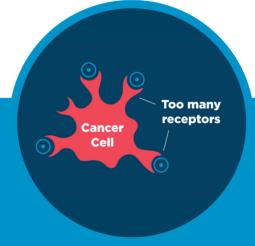
Cells receive signals to grow and multiply

In mCRC, too many
EGFR receptors
contribute to
out-of-control growth

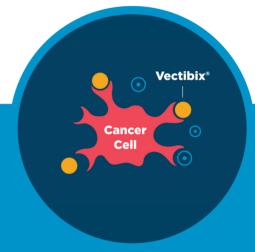
Vectibix® blocks growth signals from getting to EGFR receptors



Receptors on the cell surface receive signals instructing them to grow and divide. The epidermal growth factor receptor (EGFR) is one type of receptor found on healthy normal cells, including skin and hair follicles.



EGFR is found in greater numbers than normal on some colorectal cancer cells. When there are more receptors, more signals can be received, allowing uncontrolled cancer cell growth and survival.



Vectibix® is a monoclonal antibody designed to latch on to EGFR and block growth signals from reaching it. Vectibix® is also called an anti-EGFR therapy.

Blocking signals may help stop the growth and survival of cancer cells.

IMPORTANT SAFETY INFORMATION

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.



STARTING VECTIBIX®

Starting Vectibix®

What to expect when you're being treated with Vectibix®

One infusion every 2 weeks¹



How do I receive Vectibix®?

Vectibix[®] is given as an infusion into a vein.¹
It may be given during the same visit as your FOLFOX chemotherapy.¹



How long will the infusion take?

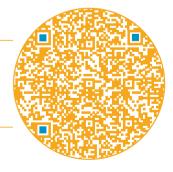
- First dose: For most patients, the Vectibix® infusion will take 60 minutes.1
- Following doses: A Vectibix® infusion may take 30-60 minutes, depending on how you tolerate the medicine. For patients who need a larger dose, Vectibix® infusion will take 90 minutes or more.¹



How will my dose be adjusted?

Your doctor may adjust your dose and infusion time based on how you tolerate the medicine.¹

Questions about Vectibix®? Scan to download the doctor discussion guide.



IMPORTANT SAFETY INFORMATION

- 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.





Why do skin reactions occur when taking Vectibix®?

Vectibix® is designed to block growth signals on cancer cells that are the same as growth signals that help skin and nails regenerate. This is why you may have skin reactions while you are taking Vectibix®.1,17,18

- Nearly all patients (90%) taking Vectibix® in clinical studies experienced skin rash or other skin reactions.¹
- Of these patients, 15% had severe skin reactions that involved, for some, pain, disfigurement, ulceration, or loss of outer layers of skin.¹
- Some patients who developed severe skin reactions also developed infections in the blood, skin, fat, or tissue that sometimes resulted in death.¹

Always talk to your doctor about any side effects you experience, including skin rash.

IMPORTANT SAFETY INFORMATION

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.



Take care of your skin before and during treatment with Vectibix®



Some skin reactions you will likely have while taking Vectibix[®]:1

- Acne-like rash
- Skin rash
- Nail infections
- Dry skin
- Redness
- Skin peeling
- Openings in the skin
- Itching



You will likely also see changes in your nails while taking **Vectibix®, including:**^{1,19,20}

- Redness and swelling around the sides of your nails
- Grooves or ridges
- Discoloration

- Infections in the skin around the edges of nails
- Tenderness or pain in the skin around and under nails

These changes can start as early as within 20 days of starting treatment or as late as 6 months after treatment. 19,20 Monitor and treat any skin changes as directed by your doctor. Notify your doctor right away if your condition gets worse.

Depending on the severity of the reaction, your doctor may choose to adjust or delay your dose or stop your Vectibix® treatment.1

IMPORTANT SAFETY INFORMATION

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.



Proactive steps may help

Guidelines recommend starting skin care at least 1 day before you begin treatment with Vectibix®20,21



IMPORTANT SAFETY INFORMATION

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. Serious side effects were diarrhea and dehydration.



Skin and nail care Dos and Don'ts during treatment with Vectibix®

DO



Moisturize your skin multiple times throughout the day with a fragrance and dye-free moisturizer^{19,22,23}



Use sun protection with an SPF of 30 or higher; reapply throughout the day or as recommended¹⁹



Limit sun exposure by wearing long-sleeved shirts and pants; wear a hat when outdoors²²



Wear rubber gloves or cotton-lined gloves when washing dishes or cleaning^{23,24}



Use mild soaps when washing skin²³

DON'T



Use skin products with perfumes or alcohol²²



Apply over-the-counter acne medications, creams, and gels^{19,22}



Push back your cuticles or bite your fingernails²⁴



Use strong soaps or detergents¹⁹



Wear tight shoes, which may irritate feet or toenails^{19,24}



Expose yourself to sun or ultraviolet light from suntanning lamps and beds²²



Use artificial/acrylic nails²⁴

Almost all people treated with Vectibix® have skin side effects.1

IMPORTANT SAFETY INFORMATION

These are not all the possible side effects of Vectibix®. Call your healthcare provider for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.



HELPFUL AMGEN AND COMMUNITY SUPPORT RESOURCES

AMGEN Support

Personalized patient support designed for you.



Call Amgen SupportPlus at (866) 264-2778



Monday - Friday, 9:00 am - 8:00 pm ET



For more information, visit, www.amgensupportplus.com/patient



Amgen Nurse Partners*

Dedicated Amgen Nurse Partners will be with you along the way to offer supplemental support and information about resources to help you access your prescribed Amgen medication.

- Guidance on resources that may help lower out-of-pocket medication cost
- Assistance to help you stay on track with your medication
- Answers to your questions about Amgen SupportPlus



Financial support for Vectibix®

We know every patient has unique needs. And we're here to provide financial support information and resources, regardless of your current financial situation or the type of insurance you have.

Amgen SupportPlus Co-Pay Program

• If you have private or commercial insurance from your employer or buy directly from a health insurance company, you may be eligible for the Amgen SupportPlus Co-Pay Program.

Additional financial support/patient assistance programs

• Amgen SupportPlus can provide information about independent nonprofit foundations that may be able to help.†

[†]Eligibility for resources provided by independent nonprofit patient assistance programs is based on the nonprofit's criteria. Amgen has no control over these programs and provides information as a courtesy only.



^{*}Amgen Nurse Partners are only available to patients that are prescribed certain Amgen products. They are not part of your treatment team and do not provide medical advice, nursing, or case-management services. Amgen Nurse Partners will not inject patients with Amgen medications. Patients should always consult their healthcare provider regarding medical decisions or treatment concerns.

HELPFUL AMGEN AND COMMUNITY SUPPORT RESOURCES

Connect with the colorectal cancer patient and caregiver community



Cancer information, programs, and services for patients and caregivers



A leader in patient support and empowerment, offering information, resources, and tools to help patients and families



An organization championing the fight against colorectal cancer and the relentless pursuit of finding a cure



An online support organization for patients and caregivers

Scan to learn more about available support options at AMGEN Support





IMPORTANT SAFETY INFORMATION:

Vectibix® can cause skin side effects, which may be severe. 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.

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).

Patients who have metastatic colorectal cancer with *RAS*-mutant tumors should not receive Vectibix® with FOLFOX or alone. 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.

Some patients who were taking Vectibix® developed low levels of certain electrolytes, including magnesium, calcium and potassium. Some patients also developed high levels of 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.



IMPORTANT SAFETY INFORMATION: (continued)

If you have had lung problems in the past, be sure to tell your doctor. Your doctor may decide to stop Vectibix® treatment.

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. Serious side effects were diarrhea and dehydration.

These are not all the possible side effects of Vectibix[®]. Call your healthcare provider for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.



When you have wild-type RAS colorectal cancer that has spread

VECTIBIX® IS ON YOUR SIDE



INDICATION

Vectibix[®] is indicated for treating adult patients with wild-type RAS metastatic colorectal cancer (cancer that has spread outside 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:

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- Alone, following disease progression with the following chemotherapies: fluoropyrimidine-, oxaliplatin-, and irinotecan-containing chemotherapy.

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

IMPORTANT SAFETY INFORMATION

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- Itching
- Redness
- Skin rash
- Skin peeling
- Acne-like skin rash
 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.

References: 1. Vectibix® (panitumumab) prescribing information, Amgen. 2. NCCN Guidelines for Patients®. Colon cancer, 2024. www.nccn.org/ patients/guidelines/content/PDF/colon-patient. pdf. Accessed May 28, 2025. 3. American Cancer Society. Colorectal Cancer Early Detection, Diagnosis, and Staging. www.cancer.org/cancer/types/colon-rectal-cancer/detection-diagnosis-staging.html. Accessed May 28, 2025. 4. National Cancer Institute (NCI) Dictionary of Cancer Terms. RAS gene family. www.cancer.gov/publications/dictionaries/cancer-terms/def/ras-gene-family. Accessed May 28, 2025. **5.** 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. 6. American Cancer Society. About colorectal cancer. www.cancer.org/content/dam/ CRC/PDF/Public/8604.00.pdf. Accessed May 28, 2025. 7. Ciardiello F, Ciardiello D, Martini G, Napolitano S, Tabernero J, Cervantes A. Clinical management of metastatic colorectal cancer in the era of precision medicine. CA Cancer J Clin. 2022;72:372-401. 8. Baran B, Mert Ozupek N, Yerli Tetik N, Acar E, Bekcioglu O, Baskin Y. Difference between left-sided and right-sided colorectal cancer: a focused review of literature. Gastroenterology Res. 2018;11:264-273. 9. Boeckx N, Koukakis R, Op de Beeck K, et al. Primary tumor sidedness has an impact on prognosis and treatment outcome in metastatic colorectal cancer: results from two randomized first-line panitumumab studies. Ann Oncol. 2017;28:1862-1868. 10. Duineveld LA, van Asselt KM, Bemelman WA, et al. Symptomatic and asymptomatic colon cancer recurrence: a multicenter cohort study. Ann Fam Med. 2016;14:215-220. 11. National Cancer Institute. Biomarker testing for cancer treatment. www.cancer.gov/about-cancer/treatment/ types/biomarker-testing-cancer-treatment. Accessed May 28, 2025. 12. Zhao B, Wang L, Qiu H, et al. Mechanisms of resistance to anti-EGFR therapy in colorectal cancer. Oncotarget. 2016;8:3980-4000. 13. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Colon Cancer, V.1.2024. www.nccn.org/professionals/physician_gls/pdf/colon.pdf. Accessed May 28, 2025. 14. Stintzing S, Tejpar S, Gibbs P, Thiebach L, Lenz HJ. Understanding the role of primary tumour localisation in colorectal cancer treatment and outcomes. Eur J Cancer. 2017;84:69-80. 15. Bahl A, Talwar V, Sirohi B, et al. Primary tumor location as a prognostic and predictive marker in metastatic colorectal cancer (mCRC). Front Oncol. 2020;10:964. 16. Douillard J-Y, Oliner KS, Siena S, et al. Panitumumab-FOLFOX4 treatment and RAS mutations in colorectal cancer. N Engl J Med. 2013;369:1023-1034. 17. Lynch TJ Jr, Kim ES, Eaby B, et al. Epidermal growth factor receptor inhibitor-associated cutaneous toxicities: an evolving paradigm in clinical management. Oncologist. 2007;12:610-621. 18. Lupu I, Bacalbasa N, Cojocaru I, et al. Cutaneous adverse reactions specific to epidermal growth factor receptor inhibitors. J Med Life. 2015;8:57-61. 19. Burtness B, Anadkat M, Basti S, et al. NCCN Task Force Report: Management of dermatologic and other toxicities associated with EGFR inhibition in patients with cancer. J Natl Compr Canc Netw. 2009;7 Suppl 1:S5-S24. 20. Lacouture ME, Anadkat MJ, Bensadoun RJ, et al. Clinical practice guidelines for the prevention and treatment of EGFR inhibitor-associated dermatologic toxicities. Support Care Cancer. 2011;19:1079-1095. 21. Kobayashi Y, Komatsu Y, Yuki S, et al. Randomized controlled trial on the skin toxicity of panitumumab in Japanese patients with metastatic colorectal cancer: HGCSG1001 study; J-STEPP. Future Oncol. 2015;11:617-627. 22. Melosky B, Burkes R, Rayson D, Alcindor T, Shear N, Lacouture M. Management of skin rash during EGFR-targeted monoclonal antibody treatment for gastrointestinal malignancies: Canadian recommendations. Curr Oncol. 2009;16:16-26. 23. Monti M, Motta S. Clinical management of cutaneous toxicity of anti-EGFR agents. Int J Biol Markers. 2007;22:53-61. 24. Fleishman, B, Fox LP, Garfield DH, Viele CS, Messner C. Tips for managing treatment-related rash and dry skin. Cancer Care Connect. 2009. media.cancercare.org/publications/original/ 8-ccc_rash.pdf. Accessed May 28, 2025.

Please see Vectibix.com for more information.

Please see full Important Safety Information on pages 18-19.



