21 November 2018

Important Drug Information: Change in product information for TECENTRIQ® (atezolizumab): Revision of TECENTRIQ® (atezolizumab) indication for the treatment of locally advanced or metastatic urothelial carcinoma in adults who are not eligible for cisplatin-containing chemotherapy

Dear Healthcare professional,

Roche Products Saudi Arabia L.L.C., in agreement with the Saudi Food and Drug Authority (SFDA), would like to inform you of a change in prescribing information for TECENTRIQ® (atezolizumab) based on preliminary data from an ongoing clinical trial (IMvigor130) that show reduced survival with Tecentriq monotherapy compared to platinum-based chemotherapy when used as first-line treatment for urothelial carcinoma (UC) patients with low expression of PD-L1 (less than 5% PD-L1 expression on tumor-infiltrating immune cells).

As a result, Tecentriq's first-line indication for urothelial carcinoma as monotherapy is being revised to the treatment of adult patients with locally advanced or metastatic UC after prior platinum-containing chemotherapy or who are considered cisplatin ineligible and ***whose tumors have a high expression of PD-L1*** (greater than or equal to 5% PD-L1 expression on tumor-infiltrating immune cells).

The use of Tecentriq after prior platinum-containing chemotherapy remains unchanged.

Background on the efficacy concern

IMvigor130 is an ongoing phase III, multicenter, randomized, placebo-controlled study comparing platinum-based chemotherapy with atezolizumab administered as monotherapy or atezolizumab in combination with platinum-based chemotherapy in patients with untreated locally advanced or metastatic urothelial carcinoma. IMvigor130 is enrolling patients in the first line setting who are both cisplatin eligible and cisplatin ineligible. The treatment arms are as follows:

- Arm A (atezolizumab in combination with platinum-based chemotherapy [cisplatin or carboplatin] and gemcitabine)
- Arm B (atezolizumab monotherapy)
- Arm C (placebo in combination with platinum-based chemotherapy [cisplatin or carboplatin] and gemcitabine)

Preliminary data showed a reduced survival with Tecentriq monotherapy compared to platinum-based chemotherapy in patients with metastatic urothelial cancer (mUC) who have not received prior therapy and whose tumours have low expression of the protein programmed death ligand 1

(PD-L1) (less than 5% PD-L1 expression on tumour-infiltrating immune cells). On 19 March 2018, the independent Data Monitoring Committee (iDMC) recommended that no new patients whose tumors have low PD-L1 expression should be recruited in Arm B. Patients already recruited in this arm were recommended to continue in the trial without treatment modification. Patients with tumors having high PD-L1 expression (5% or greater PD-L1 expression on tumour-infiltrating immune cells) were recommended to continue to be recruited in Arm B. Other arms of the trial (A and C) will continue as planned.

The iDMC has not noted any concerns with the adverse event profile of TECENTRIQ® in IMvigor130.

Indication Information

For a complete description of the indications, benefits and risks associated with the use of TECENTRIQ®, please refer to the full prescribing information.

Call for Reporting

Please report any suspected adverse reactions associated with the use of TECENTRIQ in accordance with the national requirements via the national spontaneous reporting system, to:

- **Roche Products Saudi Arabia L.L.C.**

Saudi Arabia P.O. Box 3683 Jeddah 23414
Direct Tel. +966 12211 4618
Mobile: +966 5678 44 692
Email: jeddah.drug_safety@roche.com
Local Safety Responsible: Hassan.linjawi@roche.com
www.roche.com

- **The National Pharmacovigilance and Drug Safety Centre (NPC)**

Land Line: 19999.
Website: https//:ade.sfda.gov.sa
Email: npc.drug@sfda.gov.sa
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