

COMBINING THE ANTIBODIES YOU KNOW IN ONE FASTER MODE OF ADMINISTRATION^{1,2}

PHESGO—a fixed-dose subcutaneous formulation with PERJETA[®]
(pertuzumab) and trastuzumab that's administered in **~5 minutes**.^{*1}

^{*}Refers to actual PHESGO injection time of ~5 minutes for the maintenance dose. **The loading dose is ~8 minutes.**
This does not account for observation time and other aspects of treatment. Actual clinic time may vary.¹

PHESGO is FDA approved for all the same HER2+ breast cancer indications as PERJETA.

NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines[®]) state that pertuzumab, trastuzumab, and hyaluronidase-zzxf injection for subcutaneous use (**PHESGO**) **may be substituted anywhere that IV pertuzumab (PERJETA) + trastuzumab are given** as part of systemic therapy for HER2+ breast cancer.^{†3}

Indications

Early Breast Cancer

PHESGO[®] (pertuzumab, trastuzumab, and hyaluronidase-zzxf) is indicated for use in combination with chemotherapy for

- the neoadjuvant treatment of adult patients with HER2-positive, locally advanced, inflammatory, or early stage breast cancer (either greater than 2 cm in diameter or node-positive) as part of a complete treatment regimen for early breast cancer (EBC)
- the adjuvant treatment of adult patients with HER2-positive EBC at high risk of recurrence

Select patients for therapy based on an FDA-approved companion diagnostic test.

Metastatic Breast Cancer

PHESGO is indicated for use in combination with docetaxel for the treatment of adult patients with HER2-positive metastatic breast cancer (MBC) who have not received prior anti-HER2 therapy or chemotherapy for metastatic disease.

Select patients for therapy based on an FDA-approved companion diagnostic test.

Important Safety Information

BOXED WARNINGS: Cardiomyopathy, Embryo-Fetal Toxicity, and Pulmonary Toxicity

- **PHESGO administration can result in subclinical and clinical cardiac failure.**
The incidence and severity was highest in patients receiving PHESGO with anthracycline-containing chemotherapy regimens. Evaluate cardiac function prior to and during treatment with PHESGO. Discontinue PHESGO treatment in patients receiving adjuvant therapy and withhold PHESGO in patients with metastatic disease for clinically significant decrease in left ventricular function
- **Exposure to PHESGO can result in embryo-fetal death and birth defects, including oligohydramnios and oligohydramnios sequence manifesting as pulmonary hypoplasia, skeletal abnormalities, and neonatal death. Advise patients of these risks and the need for effective contraception**
- **PHESGO administration can result in serious and fatal pulmonary toxicity. Discontinue PHESGO for anaphylaxis, angioedema, interstitial pneumonitis, or acute respiratory distress syndrome. Monitor patients until symptoms completely resolve**

[†]Pertuzumab, trastuzumab, and hyaluronidase-zzxf injection for subcutaneous use (PHESGO) has different dosing and administration instructions compared to the intravenous products.

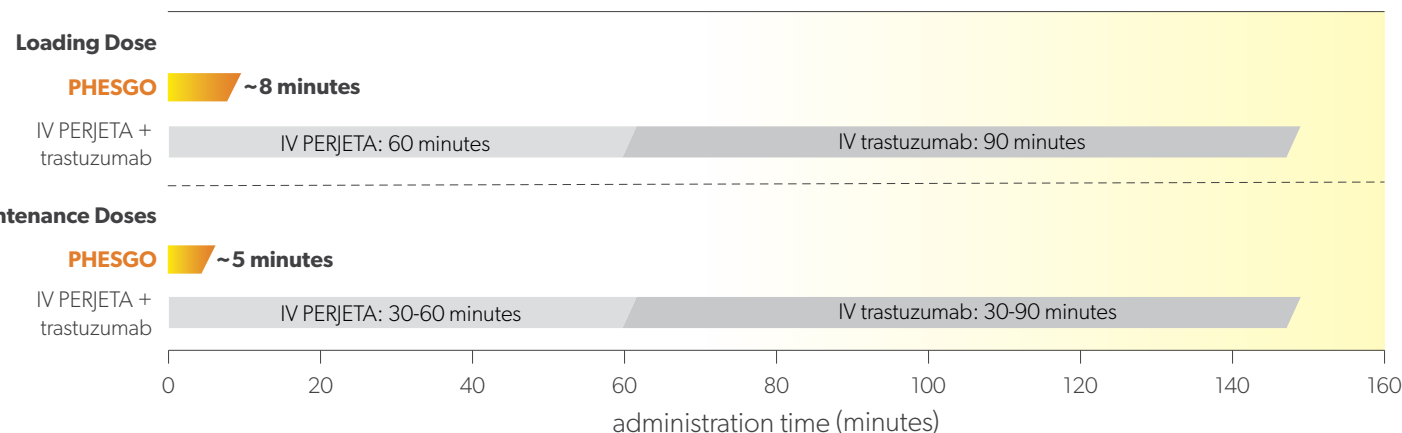
HER2=human epidermal growth factor receptor 2.

PHESGO can be given to eligible patients, such as those¹:

- With HER2+ EBC or MBC
- Who already started IV PERJETA® (pertuzumab) + trastuzumab and would like to switch
- Who have not started any HER2+ breast cancer treatment yet
- Who have or haven't completed chemotherapy as part of their complete treatment regimen

PHESGO is a faster treatment option for your patients and practice^{1,2}

Faster administration with PHESGO vs IV PERJETA + trastuzumab^{*1,2}



- Patients should be observed for a minimum of 30 minutes after initial dose of PHESGO and 15 minutes after each maintenance dose of PHESGO for signs of hypersensitivity symptoms or administration-related reactions. Medications to treat such reactions, as well as emergency equipment, should be available for immediate use
- An observation period of 30 to 60 minutes is recommended after each PERJETA infusion and before commencement of any subsequent infusion of trastuzumab or chemotherapy

*Refers to actual injection time of PHESGO vs infusion time of IV PERJETA + trastuzumab and does not account for all aspects of treatment. Actual clinic time may vary. PERJETA and trastuzumab can be given in any order.^{1,2} Please see the PERJETA [full Prescribing Information](#) for additional dosing information for PERJETA + trastuzumab.

Fixed-dose PHESGO requires¹:

- NO** reconstitution
- NO** dilution
- NO** weight adjustments
- NO** IV loading dose
- NO** port access with a subcutaneous injection

Eligible patients currently receiving IV PERJETA + trastuzumab can be transitioned to PHESGO at the next scheduled dose of treatment.¹

The same indications and treatment schedule you're used to with PERJETA + trastuzumab-based therapy^{1,2}

In early breast cancer,

- Eligible patients should receive PHESGO as part of a complete treatment regimen, every 3 weeks for a total of 1 year (up to 18 cycles) or until disease recurrence or unmanageable toxicity, whichever occurs first[†]

In metastatic breast cancer,

- Eligible patients should receive PHESGO alongside docetaxel as first-line treatment, every 3 weeks until disease progression or unmanageable toxicity, whichever occurs first

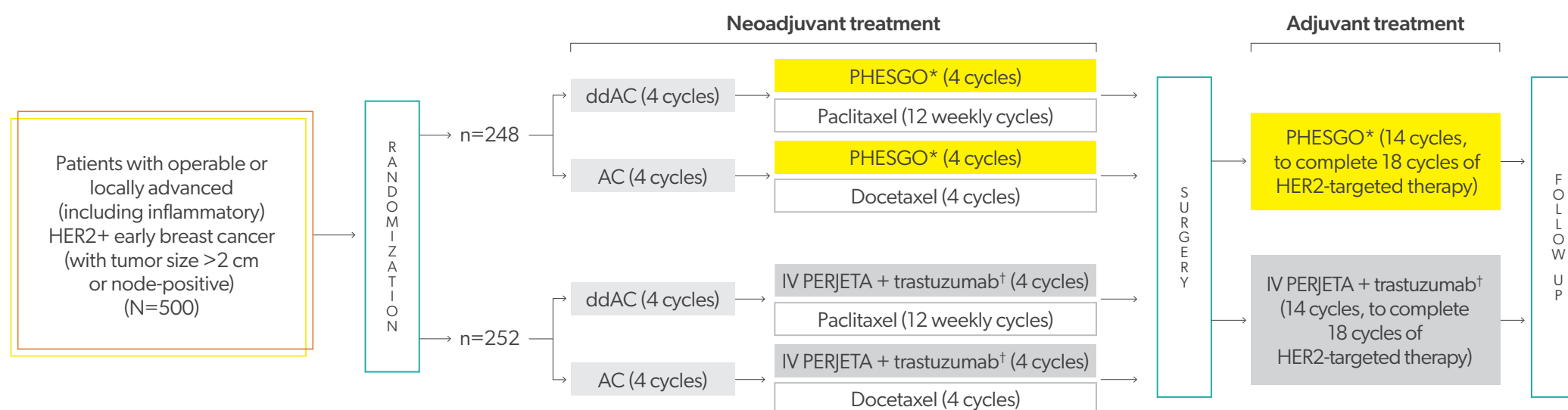
[†]In early breast cancer, patients who begin PHESGO-based therapy in the neoadjuvant setting should receive 3-6 cycles before surgery and should continue treatment after surgery, every 3 weeks, to complete 1 year (up to 18 cycles). Patients who begin treatment in the adjuvant setting should receive a total of 1 year (up to 18 cycles) of PHESGO-based therapy, every 3 weeks, starting on Day 1 of the first taxane-containing cycle.¹

See full PHESGO dosing and administration information on page 11

FeDeriCa evaluated the pharmacokinetics (PK), efficacy, and safety of PHESGO vs IV PERJETA® (pertuzumab) + trastuzumab¹

FeDeriCa trial design^{1,4,5}

Phase III, randomized, open-label trial designed to demonstrate non-inferiority of PHESGO compared to intravenous PERJETA and trastuzumab.



Treatment cycles with PHESGO or IV PERJETA + trastuzumab were received every 3 weeks. Patients received adjuvant radiotherapy and endocrine therapy as per investigator's discretion.

Primary endpoint: Non-inferiority of the Cycle 7 (i.e., pre-dose Cycle 8) pertuzumab serum C_{trough} .

Secondary endpoints: Non-inferiority of the Cycle 7 (i.e., pre-dose Cycle 8) trastuzumab C_{trough} , efficacy (pCR),[‡] and safety.

Stratification factors: Hormone receptor status; clinical stage at presentation (Stage II-IIIa or IIIB-IIIC); type of chemotherapy.

***PHESGO dosing:** 1200 mg pertuzumab/600 mg trastuzumab/30,000 units hyaluronidase loading dose, followed by 600 mg pertuzumab/600 mg trastuzumab/20,000 units hyaluronidase maintenance dose.

†**IV PERJETA dosing:** 840 mg loading dose, 420 mg for subsequent cycles; **IV trastuzumab dosing:** 8 mg/kg loading dose, 6 mg/kg for subsequent cycles. In adjuvant period, substitution of IV trastuzumab for subcutaneous trastuzumab (trastuzumab-oysk) was permitted at investigator discretion. Trastuzumab-oysk was given as a fixed dose of 600 mg. 61 patients received trastuzumab-oysk.

‡pCR=pathological complete response (ypT0/is, ypN0, defined as the absence of invasive neoplastic cells in the breast and in the axillary lymph nodes).

Chemotherapy regimens: **ddAC dosing:** doxorubicin (60 mg/m²) and cyclophosphamide (600 mg/m²) every 2 weeks; **AC dosing:** doxorubicin (60 mg/m²) and cyclophosphamide (600 mg/m²) every 3 weeks; **paclitaxel dosing:** 80 mg/m² weekly; **docetaxel dosing:** 75 mg/m² every 3 weeks. Docetaxel dose could be escalated to 100 mg/m² at subsequent cycles at investigator's discretion.

AC=doxorubicin + cyclophosphamide; ddAC=dose-dense doxorubicin-cyclophosphamide.

Important Safety Information (cont'd)

Contraindications

PHESGO is contraindicated in patients with known hypersensitivity to pertuzumab, or trastuzumab, or hyaluronidase, or to any of its excipients.

Please see [Important Safety Information](#) throughout, and click [here](#) for full Prescribing Information, including BOXED WARNINGS.

Patient demographics and disease characteristics were well balanced between both arms of the study⁴

Select patient baseline characteristics⁴

| | PHESGO (n=248) | IV PERJETA® (pertuzumab) + trastuzumab (n=252) |
|---|--------------------|--|
| Median age, years (range) | 52 (25-81) | 49 (27-76) |
| Median weight at baseline, lbs (range) | 143.3 (89.3-299.8) | 145.5 (88.2-277.8) |
| Race, n (%) | | |
| American Indian or Alaska Native | 10 (4.0) | 10 (4.0) |
| Asian | 51 (20.6) | 54 (21.4) |
| Black or African American | 3 (1.2) | 3 (1.2) |
| Native Hawaiian or Other Pacific Islander | 0 | 0 |
| White | 165 (66.5) | 164 (65.1) |
| Multiple | 3 (1.2) | 2 (0.8) |
| Unknown | 16 (6.5) | 19 (7.5) |
| Clinical stage at presentation, n (%) | | |
| II-III A | 198 (79.8) | 201 (79.8) |
| IIIB-IIIC | 50 (20.2) | 51 (20.2) |
| Hormone receptor status, n (%) | | |
| ER- and PgR-negative | 96 (38.7) | 97 (38.5) |
| ER- or PgR-positive | 151 (60.9) | 155 (61.5) |
| Unknown* | 1 (0.4) | 0 |
| Nodal status, n (%) | | |
| Node-negative | 101 (40.7) | 109 (43.3) |
| Node-positive | 147 (59.3) | 141 (56.0) |
| Unknown† | 0 | 2 (0.8) |
| Type of chemotherapy, n (%) | | |
| ddAC → paclitaxel | 120 (48.4) | 120 (47.6) |
| AC → docetaxel | 128 (51.6) | 132 (52.4) |

*Status is considered unknown if either ER or PgR status is unknown.⁴

†Regional lymph nodes could not be assessed (e.g., previously removed or not removed at all).

• Clinical stage at presentation, hormone receptor status, and type of chemotherapy were stratification factors⁴

ER=estrogen receptor; PgR=progesterone receptor.

Please see [Important Safety Information](#) throughout, and click [here](#) for full Prescribing Information, including BOXED WARNINGS.

PHESGO demonstrated non-inferior PK vs IV PERJETA® (pertuzumab) + trastuzumab¹

PK results for pertuzumab and trastuzumab within PHESGO vs IV PERJETA and trastuzumab¹

| | PHESGO (n=206) | IV PERJETA + trastuzumab (n=203) |
|--|--------------------------|----------------------------------|
| Primary endpoint: pertuzumab Cycle 7 C _{trough} | 88.7 mcg/mL | 72.4 mcg/mL |
| Geometric mean ratio | 1.22 (90% CI: 1.14-1.31) | |
| Secondary endpoint: trastuzumab Cycle 7 C _{trough} | 58.7 mcg/mL | 44.1 mcg/mL |
| Geometric mean ratio | 1.33 (90% CI: 1.24-1.43) | |

- Non-inferiority was concluded if the lower bound of the 90% confidence interval of the geometric mean ratio was ≥ 0.8 ⁴

Secondary endpoint: efficacy (pCR)^{*1}

| PHESGO (n=248) | IV PERJETA + trastuzumab (n=252) |
|---------------------------|----------------------------------|
| 59.7% (95% CI: 53.3-65.8) | 59.5% (95% CI: 53.2-65.6) |

*pCR=pathological complete response (ypT0/is, ypN0, defined as the absence of invasive neoplastic cells in the breast and in the axillary lymph nodes).

Important Safety Information (cont'd)

Cardiomyopathy

- PHESGO administration can result in subclinical and clinical cardiac failure. The incidence and severity was highest in patients receiving PHESGO with anthracycline-containing chemotherapy regimens. An increased incidence of left ventricular ejection fraction (LVEF) decline has been observed in patients treated with intravenous pertuzumab, intravenous trastuzumab, and docetaxel
- PHESGO can cause left ventricular cardiac dysfunction, arrhythmias, hypertension, disabling cardiac failure, cardiomyopathy, and cardiac death
- PHESGO can also cause asymptomatic decline in LVEF
- Patients who receive anthracycline after stopping PHESGO may also be at increased risk of cardiac dysfunction
- Discontinue PHESGO treatment in patients receiving adjuvant therapy and withhold PHESGO in patients with metastatic disease for clinically significant decrease in left ventricular function

Please see [Important Safety Information](#) throughout, and click [here](#) for full Prescribing Information, including BOXED WARNINGS.

Comparable safety was observed in FeDeriCa between both arms¹

Summary of adverse reactions (ARs) occurring in ≥15% of patients who received PHESGO¹

| | All Grades (%) | | Grades 3-4 (%) | |
|-------------------------------|----------------|--|----------------|--|
| | PHESGO (n=248) | IV PERJETA® (pertuzumab) + IV/SC trastuzumab (n=252) | PHESGO (n=248) | IV PERJETA + IV/SC trastuzumab (n=252) |
| Alopecia | 77 | 71 | 0 | 0.4 |
| Nausea | 60 | 61 | 2 | 1.6 |
| Diarrhea | 60 | 57 | 7 | 4.8 |
| Anemia | 36 | 43 | 1.6 | 4.4 |
| Asthenia | 31 | 32 | 0.4 | 2.4 |
| Fatigue | 29 | 24 | 2 | 2 |
| Stomatitis | 25 | 24 | 0.8 | 0.8 |
| Myalgia | 25 | 19 | 0.4 | 0.4 |
| Arthralgia | 24 | 28 | 0 | 0.4 |
| Constipation | 22 | 21 | 0 | 0 |
| Neutropenia | 22 | 27 | 14 | 14 |
| Vomiting | 20 | 19 | 0.8 | 1.2 |
| Radiation skin injury | 19 | 19 | 0.4 | 0.4 |
| Dysgeusia | 17 | 14 | 0 | 0 |
| Headache | 17 | 25 | 0 | 0.8 |
| Decreased appetite | 17 | 19 | 0.8 | 0.4 |
| Insomnia | 17 | 13 | 0 | 0.4 |
| Peripheral sensory neuropathy | 16 | 14 | 0.8 | 0.4 |

SC=subcutaneous.

[cont'd on next page](#)

Summary of adverse reactions (ARs) occurring in ≥15% of patients who received PHESGO (cont'd)¹

| | All Grades (%) | | Grades 3-4 (%) | |
|--------------------------|----------------|--|----------------|--|
| | PHESGO (n=248) | IV PERJETA® (pertuzumab) + IV/SC trastuzumab (n=252) | PHESGO (n=248) | IV PERJETA + IV/SC trastuzumab (n=252) |
| Rash | 16 | 21 | 0.4 | 0 |
| Dry skin | 15 | 13 | 0.4 | 0 |
| Mucosal inflammation | 15 | 20 | 0.8 | 1.2 |
| Injection site reaction* | 15 | 0.8 | 0 | 0 |
| Cough | 15 | 13 | 0.4 | 0 |

*An injection site reaction was defined as a local reaction.⁵

Understanding injection site reactions (ISRs) from both arms in the FeDeriCa trial^{1,5,6}

- ISRs in FeDeriCa were all mild to moderate (Grades 1-2)
- Mild ISRs were characterized by tenderness with or without associated symptoms like warmth, erythema, or itching
- Moderate ISRs were characterized by pain, lipodystrophy, edema, or phlebitis

Serious ARs occurring in patients receiving PHESGO¹

- Serious ARs occurred in 16% of patients who received PHESGO
- Serious ARs in >1% of patients included febrile neutropenia (4%), neutropenic sepsis (1%), and neutrophil count decreased (1%)
- One fatal adverse reaction occurred in 1/248 (0.4%) of patients, which was due to acute myocardial infarction, and occurred prior to the start of HER2-targeted treatment with PHESGO

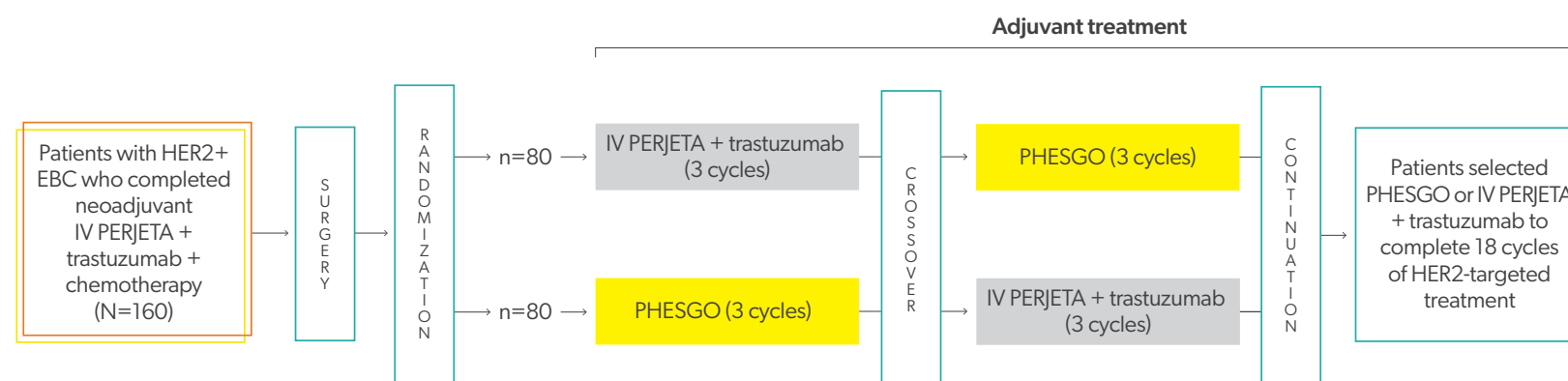
Adverse reactions resulting in permanent discontinuation of any study drug occurred in 8% of patients in the PHESGO arm. Adverse reactions which resulted in permanent discontinuation of PHESGO were ejection fraction decreased (1.2%), cardiac failure (0.8%), and pneumonitis/pulmonary fibrosis (0.8%).¹

Dosage interruptions (of any study drug) due to an adverse reaction occurred in 40% of patients who received PHESGO. Adverse reactions which required dosage interruption (of any study drug) in >1% of patients who received PHESGO included neutropenia (8%), neutrophil count decreased (4%), and diarrhea (7%).¹

More patients preferred subcutaneous administration with PHESGO over IV administration with PERJETA® (pertuzumab) + trastuzumab¹

PHranceSCa trial design^{1,7}

Phase II, randomized, open-label, crossover trial of patients with HER2+ early breast cancer. The primary objective of the study was to evaluate patient preference for PHESGO.



Primary endpoint: Percentage of patients who preferred PHESGO over IV PERJETA + trastuzumab when surveyed after Cycle 6 of adjuvant treatment.

EBC=early breast cancer.

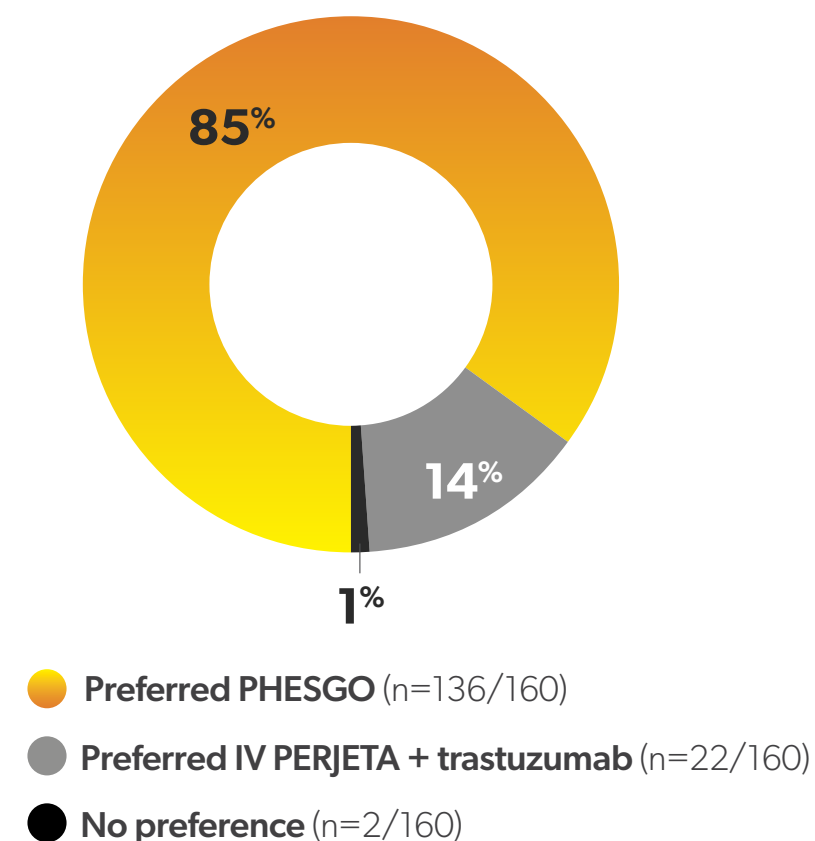
Important Safety Information (cont'd)

Cardiac Monitoring

- Evaluate cardiac function prior to and during treatment. For adjuvant breast cancer therapy, also evaluate cardiac function after completion of PHESGO
- Conduct thorough cardiac assessment, including history, physical examination, and determination of LVEF by echocardiogram or MUGA scan
- Monitor frequently for decreased left ventricular function during and after PHESGO treatment
- Monitor more frequently if PHESGO is withheld for significant left ventricular cardiac dysfunction

Please see [Important Safety Information](#) throughout, and click [here](#) for full Prescribing Information, including BOXED WARNINGS.

85% of patients preferred using PHESGO over IV PERJETA + trastuzumab, citing less time in the clinic as the most common reason*¹



14% of patients preferred using IV PERJETA + trastuzumab, citing more comfort during administration as the most common reason.*¹

*When surveyed after Cycle 6 of adjuvant treatment. Data are based on the primary analysis with a clinical cutoff date (CCOD) of February 24, 2020. As of the CCOD, all 160 patients had completed all 6 cycles of the crossover period.^{1,7}

Safety data from the PHranceSCa trial*⁷

| | IV PERJETA® (pertuzumab) + trastuzumab → PHESGO | | PHESGO → IV PERJETA + trastuzumab | | |
|---|--|-------------------|--------------------------------------|-------------------|----------------------|
| Five most common ARs (in ≥5% of patients), n (%) | Cycles 1-3 (n=80) | Cycles 4-6 (n=80) | Cycles 1-3 (n=80) | Cycles 4-6 (n=80) | All patients (n=160) |
| Radiation skin injury | 17 (21.3%) | 7 (8.8%) | 10 (12.5%) | 10 (12.5%) | 43 (26.9%) |
| Injection site reaction | 0 | 12 (15.0%) | 24 (30.0%) | 0 | 36 (22.5%) |
| Diarrhea | 12 (15.0%) | 7 (8.8%) | 6 (7.5%) | 4 (5.0%) | 25 (15.6%) |
| Fatigue | 5 (6.3%) | 4 (5.0%) | 5 (6.3%) | 4 (5.0%) | 15 (9.4%) |
| Hot flush | 6 (7.5%) | 4 (5.0%) | 5 (6.3%) | 0 | 15 (9.4%) |
| Total # of patients with ≥1 AR (%) | 62 (77.5%) | 58 (72.5%) | 62 (77.5%) | 51 (63.8%) | 140 (87.5%) |

AR rates before and after switching treatment⁷:

- From IV PERJETA + trastuzumab to PHESGO: 78% → 73%
- From PHESGO to IV PERJETA + trastuzumab: 78% → 64%

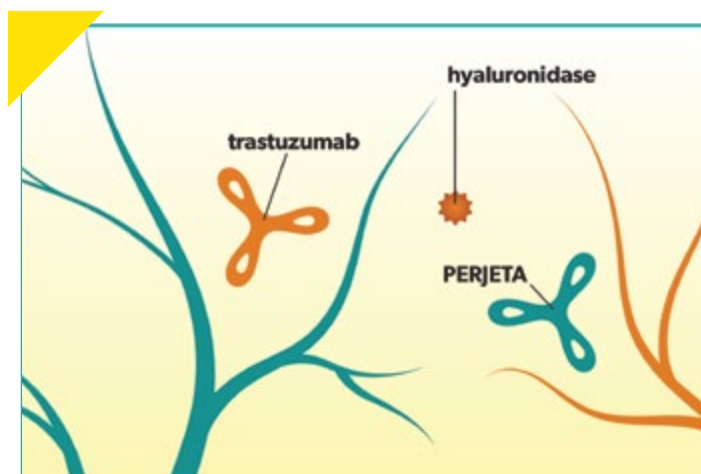
During the crossover period, serious ARs were reported in 2 patients (1.3%) receiving PHESGO and in 6 patients (3.8%) receiving IV PERJETA + trastuzumab; Grade ≥3 ARs were reported in 4 patients (2.5%) receiving PHESGO and in 6 patients (3.8%) receiving IV PERJETA + trastuzumab. There were no Grade 4 or 5 ARs reported during the study at the clinical cutoff date. More injection site reactions were observed with PHESGO (all Grade 1 or 2). There were no discontinuations due to local injection site reactions with PHESGO.⁷

* Data are based on the primary analysis with a CCOD of February 24, 2020. As of the CCOD, all 160 patients had completed all 6 cycles of the crossover period.^{1,7}

Limitations of data: These safety analyses are descriptive only.

Proposed mechanism of action for the PHESGO subcutaneous injection

Specially formulated with hyaluronidase^{1,8,9}

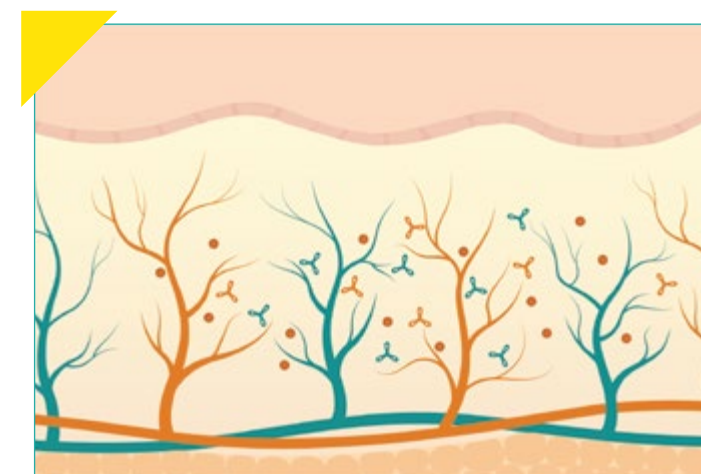


- PHESGO combines PERJETA® (pertuzumab) and trastuzumab, 2 monoclonal antibodies, with recombinant human hyaluronidase



- Hyaluronidase is an endoglycosidase used to increase dispersion and absorption of co-administered drugs when administered subcutaneously

How hyaluronidase is thought to work¹



- Hyaluronidase increases permeability of the subcutaneous tissue by depolymerizing hyaluronan, based on preclinical studies
- In the doses administered, hyaluronidase in PHESGO acts transiently and locally
- The effects of hyaluronidase are reversible, and permeability of the subcutaneous tissue is restored within 24 to 48 hours

Important Safety Information (cont'd)

Embryo-Fetal Toxicity

- PHESGO can cause fetal harm when administered to a pregnant woman. In post-marketing reports, use of intravenous trastuzumab during pregnancy resulted in cases of oligohydramnios and oligohydramnios sequence manifesting as pulmonary hypoplasia, skeletal abnormalities, and neonatal death. In an animal reproduction study, administration of intravenous pertuzumab to pregnant cynomolgus monkeys during the period of organogenesis resulted in oligohydramnios, delayed fetal kidney development, and embryo-fetal death at exposures 2.5 to 20 times the exposure in humans at the recommended dose, based on C_{max}
- Verify the pregnancy status of females of reproductive potential prior to the initiation of PHESGO. Advise pregnant women and females of reproductive potential that exposure to PHESGO during pregnancy or within 7 months prior to conception can result in fetal harm. Advise females of reproductive potential to use effective contraception during treatment and for 7 months following the last dose of PHESGO
- There is a pregnancy pharmacovigilance program for PHESGO. If PHESGO is administered during pregnancy, or if a patient becomes pregnant while receiving PHESGO or within 7 months following the last dose of PHESGO, health care providers and patients should immediately report PHESGO exposure to Genentech at 1-888-835-2555

Please see [Important Safety Information](#) throughout, and click [here](#) for full Prescribing Information, including BOXED WARNINGS.

Recommended dosing →

Additional dosing considerations →

Treatment regimens →

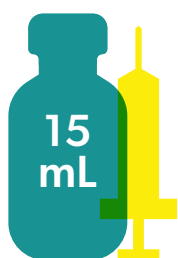
Preparation & storage →

Recommended dosing and administration for PHESGO

Important: PHESGO has different dosage and administration instructions than IV pertuzumab, IV trastuzumab, and subcutaneous trastuzumab when administered alone. Do not substitute PHESGO for or with PERJETA® (pertuzumab), trastuzumab, ado-trastuzumab emtansine, or fam-trastuzumab deruxtecan.¹

PHESGO should be administered every 3 weeks^{1,5}

Loading (initial) dose



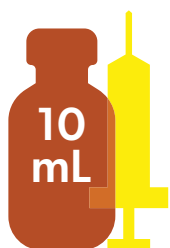
1200 mg pertuzumab, 600 mg trastuzumab, 30,000 units hyaluronidase per 15 mL supplied in a **single-dose, ready-to-use vial**

Administer subcutaneously over approximately **8 minutes** at a rate of no more than 2 mL/min

Observe for hypersensitivity or administration-related reactions: **minimum of 30 minutes***

NDC: 50242-245-01

Maintenance dose



600 mg pertuzumab, 600 mg trastuzumab, 20,000 units hyaluronidase per 10 mL supplied in a **single-dose, ready-to-use vial**

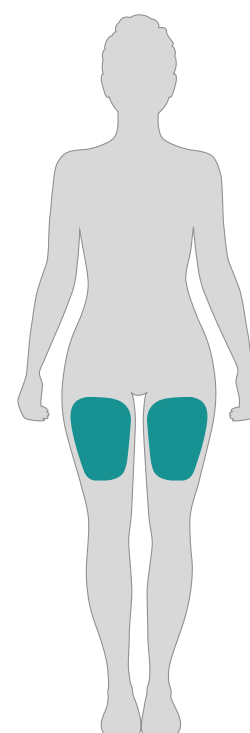
Administer subcutaneously over approximately **5 minutes** at a rate of no more than 2 mL/min

Observe for hypersensitivity or administration-related reactions: **minimum of 15 minutes***

NDC: 50242-260-01

*Medications to treat such reactions, as well as emergency equipment, should be available for immediate use.

Administration instructions¹



PHESGO must always be administered by a healthcare professional.

PHESGO is for subcutaneous use **ONLY in the thigh. Do NOT administer intravenously.**

- **Do not split the dose** between 2 syringes or between 2 sites of administration
- Injection site should be alternated between the left and right thigh only
- New injections should be given at least 1 inch from the previous site on healthy skin and never into areas where the skin is red, bruised, tender, or hard
- During the treatment course with PHESGO, other subcutaneous medications should preferably be injected at different sites

Eligible patients currently receiving IV PERJETA + trastuzumab can be transitioned to PHESGO at the next scheduled dose of treatment.¹

Watch a video for detailed instructions on how to administer PHESGO and download the Dosing & Administration Guide →

Additional dosing considerations and dose modifications

Patient selection¹

Assessment of HER2 protein overexpression and/or HER2 gene amplification should be performed using FDA-approved tests specific for breast cancers by laboratories with demonstrated proficiency.

Dose sequencing¹

- In patients receiving an anthracycline-based regimen for early breast cancer, administer PHESGO following completion of the anthracycline
- In patients receiving PHESGO for early breast cancer with docetaxel or paclitaxel, administer docetaxel or paclitaxel after PHESGO
- In patients receiving PHESGO for metastatic breast cancer with docetaxel, administer docetaxel after PHESGO

Transitioning from IV PERJETA® (pertuzumab) + trastuzumab to PHESGO^{1,5}

- In patients receiving IV PERJETA + trastuzumab with <6 weeks since their last dose, administer PHESGO as a maintenance dose of 600 mg, 600 mg, 20,000 units/10 mL and every 3 weeks for subsequent administrations
- In patients receiving IV PERJETA + trastuzumab with ≥6 weeks since their last dose, administer PHESGO as an initial dose of 1,200 mg, 600 mg, 30,000 units/15 mL, followed by a maintenance dose of 600 mg, 600 mg, 20,000 units/10 mL every 3 weeks for subsequent administrations

Delayed or missed doses of PHESGO¹

- If the time between 2 sequential injections **is less than 6 weeks, do not wait until the next planned dose.** The maintenance dose of 600 mg, 600 mg, 20,000 units/10 mL should be administered
- If the time between 2 sequential injections is **6 weeks or more, readminister the initial dose** of 1,200 mg, 600 mg, 30,000 units/15 mL followed every 3 weeks thereafter by maintenance dose of 600 mg, 600 mg, 20,000 units/10 mL

Dosing adjustments¹

- No dose adjustments for PHESGO are required for patient body weight or for concomitant chemotherapy regimen
- For chemotherapy dose modification, see relevant prescribing information
- **If patient experiences a significant injection-related reaction, slow down or pause the injection** and administer appropriate medical therapies. Evaluate and carefully monitor patients until complete resolution of signs and symptoms
- **If patient experiences a serious hypersensitivity reaction (e.g., anaphylaxis), discontinue injection immediately**

Dose modification and monitoring for left ventricular dysfunction¹

Assess left ventricular ejection fraction (LVEF) prior to initiation of PHESGO and at regular intervals during treatment.

| Pretreatment LVEF: | | Withhold PHESGO for at least 3 weeks for an LVEF decrease to: | | Resume PHESGO after 3 weeks if LVEF has recovered to: | |
|--------------------------------|-------|--|--|---|--|
| Early Breast Cancer (EBC) | ≥55%* | <50% with a fall of ≥10% points below pre-treatment value | | Either | |
| | | | | ≥50% | <10% points below pre-treatment value |
| Metastatic Breast Cancer (MBC) | ≥50% | Either <40% 40%-45% with a fall of ≥10% points below pre-treatment value | | Either | |
| | | | | >45% | 40%-45% with a fall of <10%-points below pre-treatment value |

*For patients receiving anthracycline-based chemotherapy, an LVEF of ≥50% is required after completion of anthracyclines before starting PHESGO.



Monitor LVEF prior to initiation and then every ~12 weeks in MBC and EBC (once during neoadjuvant therapy).¹

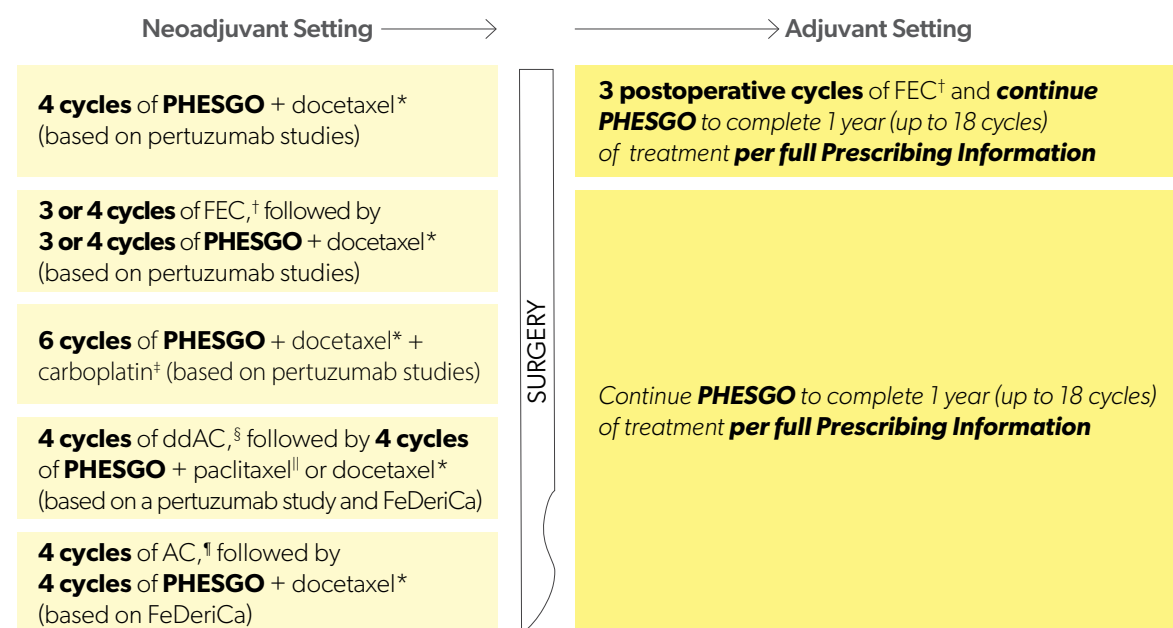
If after a repeat assessment within approximately 3 weeks the LVEF has not improved, has declined further, and/or the patient is symptomatic, permanently discontinue PHESGO.

Treatment regimens for EBC and MBC, based on pertuzumab studies and FeDeriCa

Early breast cancer treatment regimen^{1,2}

Eligible patients with HER2+ EBC should receive PHESGO every 3 weeks to complete 1 year of treatment (up to 18 cycles) or until disease recurrence or unmanageable toxicity, whichever occurs first, as part of a complete treatment regimen including anthracycline- and/or taxane-based chemotherapy.

Neoadjuvant chemotherapy regimens



Adjuvant chemotherapy regimens

PHESGO should start on Day 1 of the first taxane-containing cycle.

Non-anthracycline-based chemotherapy regimen

6 cycles of docetaxel** + carboplatin[‡]

Anthracycline-based regimens

3 or 4 cycles of FEC^{††} or FAC,^{‡‡} followed by 3 or 4 cycles of docetaxel** or 12 cycles of weekly paclitaxel^{||}

4 cycles of AC^{§§} or EC,^{||||} followed by 3 or 4 cycles of docetaxel** or 12 cycles of weekly paclitaxel^{||}

Metastatic breast cancer treatment regimen^{1,10}

Eligible patients with HER2+ MBC should receive PHESGO every 3 weeks until disease progression or unmanageable toxicity, whichever occurs first, alongside at least 6 cycles of docetaxel.

- In CLEOPATRA (NCT00567190), it was recommended that docetaxel be administered for a minimum of 6 cycles
 - The docetaxel dose could be decreased by 25% due to toxicity or increased to 100 mg/m² in those patients who could tolerate this dose
 - Fewer than 6 cycles were allowed for unmanageable toxicity
 - Comparable docetaxel exposure between the 2 treatment arms in CLEOPATRA
 - Docetaxel was administered for a median of 8 cycles in both treatment arms
- PHESGO should be continued until disease progression or unmanageable toxicity
- If docetaxel is discontinued, PHESGO may be continued on its own

*Docetaxel dosing: 75 mg/m², which could be escalated to 100 mg/m² if initial dose was well tolerated (escalation of docetaxel above 75 mg/m² is not recommended when administered with carboplatin as in TRYPHAENA [NCT00976989]).
 †FEC dosing in NeoSphere (NCT00545688): 5-fluorouracil (600 mg/m²), epirubicin (90 mg/m²), and cyclophosphamide (600 mg/m²); FEC dosing in TRYPHAENA and BERENICE (NCT02132949): 5-fluorouracil (500 mg/m²), epirubicin (100 mg/m²), and cyclophosphamide (600 mg/m²).
 ‡Carboplatin dosing: AUC 6.
 §ddAC dosing: doxorubicin (60 mg/m²) and cyclophosphamide (600 mg/m²) every 2 weeks for 4 cycles with GCSF support.
 ||Paclitaxel dosing: 80 mg/m².
 ¶AC dosing: 4 cycles of doxorubicin (60 mg/m²) and cyclophosphamide (600 mg/m²) every 3 weeks.
 **Docetaxel dosing: 75 mg/m², which could be escalated to 100 mg/m² if initial dose was well tolerated (not escalated in non-anthracycline-based regimens); docetaxel dosing following AC or EC administration: 100 mg/m² for 3 cycles or 75 mg/m² for first cycle and 100 mg/m² for subsequent 3 cycles, or 75 mg/m² for 4 cycles.
 ††FEC dosing: 5-fluorouracil (500-600 mg/m²), epirubicin (90-120 mg/m²), and cyclophosphamide (500-600 mg/m²).
 ‡‡FAC dosing: 5-fluorouracil (500-600 mg/m²), doxorubicin (50 mg/m²), and cyclophosphamide (500-600 mg/m²).
 §§AC dosing: doxorubicin (60 mg/m²) and cyclophosphamide (500-600 mg/m²) every 3 weeks or 2 weeks with GCSF support.
 ||||EC dosing: epirubicin (90-120 mg/m²) and cyclophosphamide (500-600 mg/m²) every 3 weeks or 2 weeks with GCSF support.

AUC=area under the curve; EC=epirubicin + cyclophosphamide; FAC=fluorouracil, doxorubicin, and cyclophosphamide; FEC=fluorouracil, epirubicin, and cyclophosphamide; GCSF=granulocyte colony-stimulating factor.

Please see the PERJETA® (pertuzumab) [full Prescribing Information](#) for additional dosing information for PERJETA + trastuzumab.

Preparation and storage



Vial storage¹

PHEGO is supplied in sterile, preservative-free, single-dose vials for subcutaneous administration. Store PHEGO vials in the refrigerator at 2°C to 8°C (36°F to 46°F) in the original carton to protect from light, until time of use. Do not freeze.

Checking the vial¹

To prevent medication errors, it is important to check the vial labels to ensure that the drug being prepared and administered is PHEGO and not IV PERJETA[®] (pertuzumab), or IV or subcutaneous trastuzumab.

Inspect the vial for particulate matter and discoloration prior to administration, whenever solution and container permit. Do not use vial if particulates or discoloration is present. The solution should be clear to opalescent, colorless to slightly brownish. Do not shake.

Preparing the injection¹

A syringe, a transfer needle, and an injection needle are needed to withdraw PHEGO solution from the vial and inject it subcutaneously. PHEGO is compatible with stainless steel, polypropylene, polycarbonate, polyethylene, polyurethane, polyvinyl chloride, and fluorinated ethylene polypropylene.

A

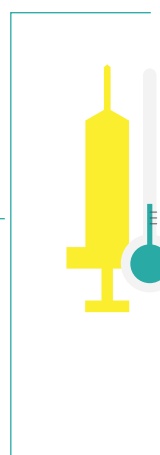
Do not dilute PHEGO. Use a syringe with a transfer needle to withdraw the PHEGO solution from the vial. Discard any unused portion remaining in the vial. Remove transfer needle.

B

Immediately prior to administration, attach a 25G-27G (3/8"–5/8") hypodermic injection needle to the syringe. Check the syringe to ensure the right dose is being administered: initial dose (15 mL) or maintenance dose (10 mL).

C

Inject PHEGO into patient's thigh slowly and gently over about 8 minutes for the initial dose and about 5 minutes for the maintenance dose.



Syringe storage¹

If the syringe containing PHEGO is not used immediately, it can be stored in the refrigerator for up to 24 hours (2°C to 8°C, 36°F to 46°F) and at room temperature for up to 4 hours (20°C to 25°C, 68°F to 77°F). Avoid unnecessary storage.

- If the dose is not to be administered immediately, and the solution of PHEGO has been withdrawn from the vial into the syringe, replace the transfer needle with a syringe closing cap
- Do not attach a hypodermic needle until time of administration to avoid needle clogging
- Label the syringe with the peel-off sticker

Comparing preparation for administration between PERJETA® (pertuzumab) + trastuzumab IV and PHESGO^{1,2,11}

How to prepare*:



Infused PERJETA + trastuzumab^{†2,11} (Preparation for immediate use)

1. Take PERJETA vial out of the refrigerator
2. Open packaging
3. Inspect for particulates and discoloration
4. Gather sterile syringe and needle
5. Withdraw appropriate volume of PERJETA with sterile needle and syringe
6. Dilute into 250 mL 0.9% sodium chloride PVC or non-PVC polyolefin infusion bag[‡]
7. Mix diluted solution by gentle inversion. Do not shake
8. Take trastuzumab vial out of the refrigerator
9. Open packaging
10. Gather sterile syringe and needle
11. Draw up sterile water for injection (SWFI) into syringe
12. Inject SWFI into trastuzumab vial slowly
13. Swirl the vial to aid reconstitution. Do not shake. Allow the vial to stand undisturbed for about 5 minutes
14. Visually inspect vial for particulate matter and discoloration
15. Determine the dose (mg) of trastuzumab
16. Calculate the volume of reconstituted trastuzumab solution needed
17. Withdraw this amount from vial using sterile needle and syringe
18. Dilute into a PVC or polyethylene bag containing 250 mL of 0.9% sodium chloride injection[‡]
19. Gently invert the bag to mix solution
20. Transfer to infusion suite



Subcutaneous PHESGO¹ (Preparation for immediate use)

1. Take appropriate PHESGO vial out of the refrigerator (15 mL vial for initial dose, 10 mL vial for maintenance dose)
2. Open packaging
3. Inspect vial for particulates and discoloration
4. Gather syringe and transfer needle
5. Withdraw PHESGO from vial into syringe using a transfer needle. Do not dilute
6. Remove transfer needle and replace with a syringe closing cap (never transport an uncapped syringe)
7. Label the syringe with the peel-off sticker
8. Transfer to infusion suite

[†]Do not substitute trastuzumab for or with ado-trastuzumab emtansine. PERJETA and trastuzumab can be given in any order.

***Do not use dextrose (5%) solution for PERJETA and trastuzumab.**

***The preparation processes above are generalized examples only, which may not reflect practice guidelines at all facilities or for all trastuzumab products. These are not full instructions for dose preparation; refer to each product's USPI for specific dosing and administration.**

Indications

Early Breast Cancer

PERJETA® (pertuzumab) is indicated for use in combination with Herceptin® (trastuzumab) and chemotherapy for

- the neoadjuvant treatment of patients with HER2-positive, locally advanced, inflammatory, or early stage breast cancer (either greater than 2 cm in diameter or node-positive) as part of a complete treatment regimen for early breast cancer (EBC)
- the adjuvant treatment of patients with HER2-positive early breast cancer (EBC) at high risk of recurrence

Metastatic Breast Cancer

PERJETA is indicated for use in combination with Herceptin and docetaxel for the treatment of patients with HER2-positive metastatic breast cancer (MBC) who have not received prior anti-HER2 therapy or chemotherapy for metastatic disease

Please see [Important Safety Information](#) for PERJETA on page 16, and click [here](#) for full Prescribing Information for additional Important Safety Information, including BOXED WARNINGS.

INDICATIONS AND IMPORTANT SAFETY INFORMATION FOR PERJETA

Indications

Early Breast Cancer

PERJETA® (pertuzumab) is indicated for use in combination with Herceptin® (trastuzumab) and chemotherapy for

- the neoadjuvant treatment of patients with HER2-positive, locally advanced, inflammatory, or early stage breast cancer (either greater than 2 cm in diameter or node-positive) as part of a complete treatment regimen for early breast cancer (EBC)
- the adjuvant treatment of patients with HER2-positive early breast cancer (EBC) at high risk of recurrence

Metastatic Breast Cancer

PERJETA is indicated for use in combination with Herceptin and docetaxel for the treatment of patients with HER2-positive metastatic breast cancer (MBC) who have not received prior anti-HER2 therapy or chemotherapy for metastatic disease

Important Safety Information

BOXED WARNINGS: Left Ventricular Dysfunction and Embryo-Fetal Toxicity

- PERJETA can result in subclinical and clinical cardiac failure manifesting as decreased left ventricular ejection fraction (LVEF) and congestive heart failure (CHF). Evaluate cardiac function prior to and during treatment. Discontinue PERJETA treatment for a confirmed clinically significant decrease in left ventricular function**
- Exposure to PERJETA can result in embryo-fetal death and birth defects. Advise patients of these risks and the need for effective contraception**

Additional Important Safety Information

- PERJETA is contraindicated in patients with known hypersensitivity to pertuzumab or to any of its excipients
- PERJETA has been associated with severe and sometimes fatal infusion and hypersensitivity reactions/anaphylaxis

Most Common Adverse Reactions

In the neoadjuvant treatment of breast cancer

- The most common adverse reactions (>30%) with PERJETA in combination with trastuzumab and docetaxel administered for 4 cycles were alopecia, neutropenia, diarrhea, and nausea
- The most common adverse reactions (>30%) with PERJETA in combination with trastuzumab and docetaxel administered for 3 cycles following 3 cycles of 5-fluorouracil, epirubicin, and cyclophosphamide (FEC) were diarrhea, nausea, alopecia, neutropenia, vomiting, and fatigue
- The most common adverse reactions (>30%) with PERJETA in combination with docetaxel, carboplatin, and trastuzumab (TCH) administered for 6 cycles were diarrhea, alopecia, neutropenia, nausea, fatigue, vomiting, anemia, and thrombocytopenia
- The most common adverse reactions (>30%) with PERJETA in combination with trastuzumab and paclitaxel administered for 4 cycles following 4 cycles of dose-dense doxorubicin and cyclophosphamide (ddAC) were nausea, diarrhea, alopecia, fatigue, constipation, peripheral neuropathy, and headache
- The most common adverse reactions (>30%) with PERJETA in combination with trastuzumab and docetaxel for 4 cycles following 4 cycles of FEC were diarrhea, nausea, alopecia, asthenia, constipation, fatigue, mucosal inflammation, vomiting, myalgia, and anemia

In the adjuvant treatment of breast cancer, the most common adverse reactions (>30%) with PERJETA in combination with trastuzumab and chemotherapy were diarrhea, nausea, alopecia, fatigue, peripheral neuropathy, and vomiting

In the treatment of metastatic breast cancer, the most common adverse reactions (>30%) seen with PERJETA in combination with trastuzumab and docetaxel were diarrhea, alopecia, neutropenia, nausea, fatigue, rash, and peripheral neuropathy

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

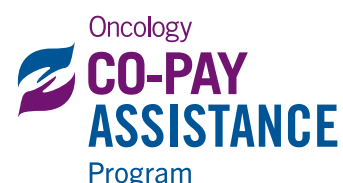
Please see [full Prescribing Information](#) for additional Important Safety Information for PERJETA, including BOXED WARNINGS.

Financial Resources

ACCESS SOLUTIONS®

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- Genentech Access Solutions offers a range of access and reimbursement support for your patients and practice
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1 co-pay card covers 2 antibodies.

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- Eligible patients pay as little as \$5 per injection co-pay or co-insurance until the \$25,000 annual limit is reached
- To learn more about the Genentech Oncology Co-pay Assistance Program or to get the full terms and conditions, call **(855) MY-COPAY (855-692-6729)** or visit copayassistancenow.com

The Genentech Oncology Co-pay Assistance Program is valid ONLY for patients with commercial insurance who have a valid prescription for a Food and Drug Administration (FDA)-approved indication of a Genentech medication. Patients using Medicare, Medicaid, or any other federal or state government program to pay for their medications are not eligible.

Under the Program, the patient will pay a co-pay. After reaching the maximum Program benefit, the patient will be responsible for all out-of-pocket costs.

All participants are responsible for reporting the receipt of all Program benefits as required by any insurer or by law. No party may seek reimbursement for all or any part of the benefit received through this Program. This Program is void where prohibited by law. Genentech reserves the right to rescind, revoke, or amend the Program without notice at any time. Additional eligibility criteria apply. See full terms and conditions at copayassistancenow.com.

Patient Coverage

Most commercially insured patients have favorable access to PHESGO⁵

- **Policies that cover at parity or better include United, Anthem, Aetna, Cigna, Humana, and HCSC***
- New and existing PHESGO patients have favorable coverage to PI on most commercial plans, without pertuzumab + biosimilar trastuzumab IV regimen required first[†]
- Less than 1% of patients do not have favorable coverage for PHESGO

Insurer/payer policies are subject to change. The completion and submission of coverage or reimbursement-related documentation are the responsibility of the patient and the healthcare provider. Genentech makes no representation or guarantee concerning coverage or reimbursement for any service or item. Inclusion of a plan or product is not intended to imply a recommendation of a particular plan or product.

*PHESGO is covered at parity or better compared with pertuzumab + biosimilar trastuzumab IV regimen.

[†]Percentages of commercially insured patients with favorable access to PHESGO is defined as coverage at parity or better compared with pertuzumab + biosimilar trastuzumab IV regimens. Calculation is based on data updated as of June 2021.⁵

INDICATIONS AND IMPORTANT SAFETY INFORMATION FOR PHESGO

Indications

Early Breast Cancer

PHESGO® (pertuzumab, trastuzumab, and hyaluronidase-zzxf) is indicated for use in combination with chemotherapy for

- the neoadjuvant treatment of adult patients with HER2-positive, locally advanced, inflammatory, or early stage breast cancer (either greater than 2 cm in diameter or node-positive) as part of a complete treatment regimen for early breast cancer (EBC)
- the adjuvant treatment of adult patients with HER2-positive EBC at high risk of recurrence

Select patients for therapy based on an FDA-approved companion diagnostic test.

Metastatic Breast Cancer

PHESGO is indicated for use in combination with docetaxel for the treatment of adult patients with HER2-positive metastatic breast cancer (MBC) who have not received prior anti-HER2 therapy or chemotherapy for metastatic disease.

Select patients for therapy based on an FDA-approved companion diagnostic test.

Important Safety Information

BOXED WARNINGS: Cardiomyopathy, Embryo-Fetal Toxicity, and Pulmonary Toxicity

- PHESGO administration can result in subclinical and clinical cardiac failure. The incidence and severity was highest in patients receiving PHESGO with anthracycline-containing chemotherapy regimens. Evaluate cardiac function prior to and during treatment with PHESGO. Discontinue PHESGO treatment in patients receiving adjuvant therapy and withhold PHESGO in patients with metastatic disease for clinically significant decrease in left ventricular function
- Exposure to PHESGO can result in embryo-fetal death and birth defects, including oligohydramnios and oligohydramnios sequence manifesting as pulmonary hypoplasia, skeletal abnormalities, and neonatal death. Advise patients of these risks and the need for effective contraception
- PHESGO administration can result in serious and fatal pulmonary toxicity. Discontinue PHESGO for anaphylaxis, angioedema, interstitial pneumonitis, or acute respiratory distress syndrome. Monitor patients until symptoms completely resolve

Contraindications

PHESGO is contraindicated in patients with known hypersensitivity to pertuzumab, or trastuzumab, or hyaluronidase, or to any of its excipients.

Additional Important Safety Information

Cardiomyopathy

- PHESGO administration can result in subclinical and clinical cardiac failure. The incidence and severity was highest in patients receiving PHESGO with anthracycline-containing chemotherapy regimens. An increased incidence of left ventricular ejection fraction (LVEF) decline has been observed in patients treated with intravenous pertuzumab, intravenous trastuzumab, and docetaxel
- PHESGO can cause left ventricular cardiac dysfunction, arrhythmias, hypertension, disabling cardiac failure, cardiomyopathy, and cardiac death
- PHESGO can also cause asymptomatic decline in LVEF
- Patients who receive anthracycline after stopping PHESGO may also be at increased risk of cardiac dysfunction
- Discontinue PHESGO treatment in patients receiving adjuvant therapy and withhold PHESGO in patients with metastatic disease for clinically significant decrease in left ventricular function

Cardiac Monitoring

- Evaluate cardiac function prior to and during treatment. For adjuvant breast cancer therapy, also evaluate cardiac function after completion of PHESGO
- Conduct thorough cardiac assessment, including history, physical examination, and determination of LVEF by echocardiogram or MUGA scan
- Monitor frequently for decreased left ventricular function during and after PHESGO treatment
- Monitor more frequently if PHESGO is withheld for significant left ventricular cardiac dysfunction

(cont'd next page)

PHESGO is a fixed-dose subcutaneous formulation with PERJETA® (pertuzumab) and trastuzumab that's administered in ~5 minutes*¹

The same antibodies you know in one faster mode of administration^{1,2}



PHESGO vs IV PERJETA:

- **SAME** indications
- **SAME** frequency[†]
- **SAME** number of cycles[†]

Does not require port access¹

Fixed-dose PHESGO requires¹:



NO reconstitution

NO dilution

NO weight adjustments

NO IV loading dose

NO port access with a subcutaneous injection

*Refers to actual PHESGO injection time of ~5 minutes for the maintenance dose. **The loading dose is ~8 minutes.** This does not account for observation time and other aspects of treatment. Actual clinic time may vary.¹

[†]See [full PHESGO dosing guidelines](#) on pages 11-14. See the PERJETA [full Prescribing Information](#) for additional dosing information for PERJETA + trastuzumab.

Consider starting or switching your eligible patients with HER2+ EBC or MBC to PHESGO today.

Indications

Early Breast Cancer

PHESGO® (pertuzumab, trastuzumab, and hyaluronidase-zzxf) is indicated for use in combination with chemotherapy for

- the neoadjuvant treatment of adult patients with HER2-positive, locally advanced, inflammatory, or early stage breast cancer (either greater than 2 cm in diameter or node-positive) as part of a complete treatment regimen for early breast cancer (EBC)
- the adjuvant treatment of adult patients with HER2-positive EBC at high risk of recurrence

Select patients for therapy based on an FDA-approved companion diagnostic test.

Metastatic Breast Cancer

PHESGO is indicated for use in combination with docetaxel for the treatment of adult patients with HER2-positive metastatic breast cancer (MBC) who have not received prior anti-HER2 therapy or chemotherapy for metastatic disease.

Select patients for therapy based on an FDA-approved companion diagnostic test.

Please see [Important Safety Information](#) throughout, and click [here](#) for full Prescribing Information, including BOXED WARNINGS.

References: **1.** PHESGO Prescribing Information. Genentech, Inc. 2020. **2.** PERJETA Prescribing Information. Genentech, Inc. 2021. **3.** Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Breast Cancer V4.2022. © National Comprehensive Cancer Network, Inc. 2022. All rights reserved. Accessed June 21, 2022. To view the most recent and complete version of the guideline, go online to NCCN.org. NCCN makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way. **4.** Tan AR, Im S-A, Mattar A, et al. Fixed-dose combination of pertuzumab and trastuzumab for subcutaneous injection plus chemotherapy in HER2-positive early breast cancer (FeDeriCa): a randomised, open-label, multicentre, non-inferiority, phase 3 study. *Lancet Oncol.* 2021;22(1):85-97. **5.** Data on file. Genentech, Inc. **6.** National Cancer Institute. National Institutes of Health. U.S. Department of Health and Human Services. Common Terminology Criteria for Adverse Events (CTCAE) Version 4.0, June 14, 2010. https://ctep.cancer.gov/protocolDevelopment/electronic_applications/ctc.htm. Accessed August 3, 2022. **7.** O'Shaughnessy J, Sousa S, Cruz J, et al. Preference for the fixed-dose combination of pertuzumab and trastuzumab for subcutaneous injection in patients with HER2-positive early breast cancer (PHranceSCa): a randomised, open-label, phase II study. *Eur J Cancer.* 2021;152:223-232. **8.** Scheuer W, Friess T, Burtscher H, et al. Strongly enhanced antitumor activity of trastuzumab and pertuzumab combination treatment on HER2-positive human xenograft tumor models. *Cancer Res.* 2009;69(24):9330-9336. **9.** Lee-Hoeflich ST, Crocker L, Yao E, et al. A central role for HER3 in HER2-amplified breast cancer: implications for targeted therapy. *Cancer Res.* 2008;68(14):5878-5887. **10.** Baselga J, Cortés J, Kim S-B, et al; CLEOPATRA Study Group. Pertuzumab plus trastuzumab plus docetaxel for metastatic breast cancer. *N Engl J Med.* 2012;366(2):109-119. **11.** HERCEPTIN Prescribing Information. Genentech, Inc. 2021.

HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use PHESGO safely and effectively. See full prescribing information for PHESGO.

PHESGO (pertuzumab, trastuzumab, and hyaluronidase-zzxf) injection, for subcutaneous use

Initial U.S. Approval: 2020

WARNING: CARDIOMYOPATHY, EMBRYO-FETAL TOXICITY, and PULMONARY TOXICITY

See full prescribing information for complete boxed warning.

Cardiomyopathy: PHESGO administration can result in subclinical and clinical cardiac failure manifesting as CHF, and decreased LVEF, with greatest risk when administered concurrently with anthracyclines. Evaluate cardiac function prior to and during treatment. Discontinue PHESGO for cardiomyopathy. (2.3, 5.1)

Embryo-fetal Toxicity: Exposure to PHESGO can result in embryo-fetal death and birth defects. Advise patients of these risks and the need for effective contraception. (5.2, 8.1, 8.3)

Pulmonary Toxicity: Discontinue PHESGO for anaphylaxis, angioedema, interstitial pneumonitis, or acute respiratory distress syndrome. (5.3)

INDICATIONS AND USAGE

PHESGO is a combination of pertuzumab and trastuzumab, HER2/neu receptor antagonists, and hyaluronidase, an endoglycosidase, indicated for:

- Use in combination with chemotherapy as:
 - neoadjuvant treatment of patients with HER2-positive, locally advanced, inflammatory, or early stage breast cancer (either greater than 2 cm in diameter or node positive) as part of a complete treatment regimen for early breast cancer. (1.1)
 - adjuvant treatment of patients with HER2-positive early breast cancer at high risk of recurrence (1.1)
- Use in combination with docetaxel for treatment of patients with HER2-positive metastatic breast cancer (MBC) who have not received prior anti-HER2 therapy or chemotherapy for metastatic disease. (1.2)

DOSAGE AND ADMINISTRATION

- **For subcutaneous use in the thigh only.**
- **PHESGO has different dosage and administration instructions than intravenous pertuzumab and trastuzumab products.**
- **Do not administer intravenously.** (2.2)
- Perform HER2 testing using FDA-approved tests by laboratories with demonstrated proficiency. (1, 2.1)

- The initial dose of PHESGO is 1,200 mg pertuzumab, 600 mg trastuzumab, and 30,000 units hyaluronidase administered subcutaneously over approximately 8 minutes, followed every 3 weeks by a dose of 600 mg pertuzumab, 600 mg trastuzumab, and 20,000 units hyaluronidase administered subcutaneously over approximately 5 minutes. (2.2)
- Neoadjuvant: administer PHESGO by subcutaneous injection every 3 weeks and chemotherapy by intravenous infusion preoperatively for 3 to 6 cycles. (2.2)
- Adjuvant: administer PHESGO by subcutaneous injection every 3 weeks and chemotherapy by intravenous infusion postoperatively for a total of 1 year (up to 18 cycles). (2.2)
- MBC: administer PHESGO by subcutaneous injection and docetaxel by intravenous infusion every 3 weeks. (2.2)

DOSAGE FORMS AND STRENGTHS

Injection:

- 1,200 mg pertuzumab, 600 mg trastuzumab, and 30,000 units hyaluronidase/15 mL (80 mg, 40 mg, and 2,000 units/mL) of solution in a single-dose vial. (3)
- 600 mg pertuzumab, 600 mg trastuzumab, and 20,000 units hyaluronidase/10 mL (60 mg, 60 mg, and 2,000 units/mL) of solution in a single-dose vial. (3)

CONTRAINDICATIONS

PHESGO is contraindicated in patients with known hypersensitivity to pertuzumab, or trastuzumab, or hyaluronidase, or to any of its excipients. (4)

WARNINGS AND PRECAUTIONS

- Exacerbation of Chemotherapy-Induced Neutropenia. (5.4)
- Hypersensitivity and Administration-Related Reactions (ARRs): Monitor patients for systemic hypersensitivity reactions. Permanently discontinue PHESGO in patients who experience anaphylaxis or severe hypersensitivity reactions. (5.5)

ADVERSE REACTIONS

Neoadjuvant and Adjuvant Treatment of Breast Cancer

- The most common adverse reactions (>30%) with PHESGO were alopecia, nausea, diarrhea, anemia, and asthenia. (6.1)

Metastatic Breast Cancer (based on intravenous pertuzumab)

- The most common adverse reactions (> 30%) with pertuzumab in combination with trastuzumab and docetaxel were diarrhea, alopecia, neutropenia, nausea, fatigue, rash, and peripheral neuropathy. (6.1)

To report SUSPECTED ADVERSE REACTIONS, contact Genentech at 1-888-835-2555 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

USE IN SPECIFIC POPULATIONS

Females and Males of Reproductive Potential: Verify the pregnancy status of females prior to initiation of PHESGO. (8.3)

See 17 for PATIENT COUNSELING INFORMATION.

Revised: 06/2020

FULL PRESCRIBING INFORMATION: CONTENTS*
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FULL PRESCRIBING INFORMATION

WARNING: CARDIOMYOPATHY, EMBRYO-FETAL TOXICITY, and PULMONARY TOXICITY

Cardiomyopathy

PHESGO administration can result in subclinical and clinical cardiac failure. The incidence and severity was highest in patients receiving PHESGO with anthracycline-containing chemotherapy regimens.

Evaluate cardiac function prior to and during treatment with PHESGO. Discontinue PHESGO treatment in patients receiving adjuvant therapy and withhold PHESGO in patients with metastatic disease for clinically significant decrease in left ventricular function [see Dosage and Administration (2.3) and Warnings and Precautions (5.1)].

Embryo-fetal Toxicity

Exposure to PHESGO can result in embryo-fetal death and birth defects, including oligohydramnios and oligohydramnios sequence manifesting as pulmonary hypoplasia, skeletal abnormalities, and neonatal death. Advise patients of these risks and the need for effective contraception [see Warnings and Precautions (5.2) and Use in Specific Populations (8.1), (8.3)].

Pulmonary Toxicity

PHESGO administration can result in serious and fatal pulmonary toxicity. Discontinue PHESGO for anaphylaxis, angioedema, interstitial pneumonitis, or acute respiratory distress syndrome. Monitor patients until symptoms completely resolve [see Warnings and Precautions (5.3)].

1 INDICATIONS AND USAGE

1.1 Early Breast Cancer (EBC)

PHESGO is indicated for use in combination with chemotherapy for

- the neoadjuvant treatment of adult patients with HER2-positive, locally advanced, inflammatory, or early stage breast cancer (either greater than 2 cm in diameter or node positive) as part of a complete treatment regimen for early breast cancer [see Dosage and Administration (2.2) and Clinical Studies (14.2)].
- the adjuvant treatment of adult patients with HER2-positive early breast cancer at high risk of recurrence [see Dosage and Administration (2.2) and Clinical Studies (14.2)].

Select patients for therapy based on an FDA-approved companion diagnostic test [see Dosage and Administration (2.1)].

1.2 Metastatic Breast Cancer (MBC)

PHESGO is indicated for use in combination with docetaxel for the treatment of adult patients with HER2-positive metastatic breast cancer who have not received prior anti-HER2 therapy or chemotherapy for metastatic disease [see Dosage and Administration (2.2) and Clinical Studies (14.1)].

Select patients for therapy based on an FDA-approved companion diagnostic test [see Dosage and Administration (2.1)].

2 DOSAGE AND ADMINISTRATION

2.1 Patient Selection

Select patients based on HER2 protein overexpression or HER2 gene amplification in tumor specimens [see *Indications and Usage (1) and Clinical Studies (14)*]. Assessment of HER2 protein overexpression and HER2 gene amplification should be performed using FDA-approved tests specific for breast cancer by laboratories with demonstrated proficiency. Information on the FDA-approved tests for the detection of HER2 protein overexpression and HER2 gene amplification is available at: <http://www.fda.gov/CompanionDiagnostics>.

Improper assay performance, including use of suboptimally fixed tissue, failure to utilize specified reagents, deviation from specific assay instructions, and failure to include appropriate controls for assay validation, can lead to unreliable results.

2.2 Important Dosage and Administration Information

PHESGO is for subcutaneous use only in the thigh. Do not administer intravenously.

PHESGO has different dosage and administration instructions than intravenous pertuzumab, intravenous trastuzumab, and subcutaneous trastuzumab when administered alone.

Do not substitute PHESGO for or with pertuzumab, trastuzumab, ado-trastuzumab emtansine, or fam-trastuzumab deruxtecan.

PHESGO must always be administered by a healthcare professional.

In patients receiving an anthracycline-based regimen for early breast cancer, administer PHESGO following completion of the anthracycline.

In patients receiving PHESGO for early breast cancer with docetaxel or paclitaxel, administer docetaxel or paclitaxel after PHESGO.

In patients receiving PHESGO for metastatic breast cancer with docetaxel, administer docetaxel after PHESGO.

Observe patients for a minimum of 30 minutes after initial dose of PHESGO and 15 minutes after each maintenance dose of PHESGO for signs or hypersensitivity symptoms or administration-related reactions. Medications to treat such reactions, as well as emergency equipment, should be available for immediate use [see *Warnings and Precautions (5.5)*].

2.3 Recommended Doses and Schedules

The recommended dosage and administration schedule for PHESGO are shown in Table 1.

Table 1: Recommended Dosage and Administration Schedule

| Dose | Strength | Administration Instructions |
|--|--|--|
| Initial dose | 1,200 mg pertuzumab, 600 mg trastuzumab, and 30,000 units hyaluronidase in 15 mL (1,200 mg, 600 mg, and 30,000 units/15 mL) | Administer subcutaneously over approximately 8 minutes |
| Maintenance dose (administer every 3 weeks) | 600 mg pertuzumab, 600 mg trastuzumab, and 20,000 units hyaluronidase in 10 mL (600 mg, 600 mg, and 20,000 units/10 mL) | Administer subcutaneously over approximately 5 minutes every 3 weeks |

No dose adjustments for PHESGO are required for patient body weight or for concomitant chemotherapy regimen.

Patients currently receiving intravenous pertuzumab and trastuzumab can transition to PHESGO. In patients receiving intravenous pertuzumab and trastuzumab with < 6 weeks since their last dose, administer PHESGO as a maintenance dose of 600 mg pertuzumab/600 mg trastuzumab and every 3 weeks for subsequent administrations. In patients receiving intravenous pertuzumab and trastuzumab with ≥ 6 weeks since their last dose, administer PHESGO as an initial dose of 1,200 mg pertuzumab/600 mg trastuzumab, followed by a maintenance dose of 600 mg pertuzumab/600 mg trastuzumab every 3 weeks for subsequent administrations.

Neoadjuvant Treatment of Breast Cancer

Administer PHESGO every 3 weeks for 3 to 6 cycles as part of a treatment regimen for early breast cancer [*see Clinical Studies (14.2)*].

Refer to the prescribing information for pertuzumab, administered in combination with trastuzumab and chemotherapy, for recommended dose and dosage modifications.

Following surgery, patients should continue to receive PHESGO to complete 1 year of treatment (up to 18 cycles) or until disease recurrence or unmanageable toxicity, whichever occurs first, as a part of a complete regimen for early breast cancer.

Adjuvant Treatment of Breast Cancer

Administer PHESGO every 3 weeks for a total of 1 year (up to 18 cycles) or until disease recurrence or unmanageable toxicity, whichever occurs first, as part of a complete regimen for early breast cancer, including standard anthracycline- and/or taxane-based chemotherapy. Start PHESGO on Day 1 of the first taxane-containing cycle [*see Clinical Studies (14.2)*].

Metastatic Breast Cancer (MBC)

When administered with PHESGO, the recommended initial dose of docetaxel is 75 mg/m² administered as an intravenous infusion. The dose may be escalated to 100 mg/m² administered every 3 weeks if the initial dose is well tolerated. Administer PHESGO until disease progression or unmanageable toxicity, whichever occurs first.

2.4 Dose Modification

Dose Modification for delayed or missed doses

For delayed or missed doses of PHESGO, if the time between two sequential injections is less than 6 weeks, administer the maintenance dose of 600 mg, 600 mg, and 20,000 units/10 mL. Do not wait until the next planned dose.

If the time between two sequential injections is 6 weeks or more, re-administer the initial dose of 1,200 mg, 600 mg, and 30,000 units/15 mL, followed every 3 weeks thereafter by a maintenance dose of 600 mg, 600 mg, and 20,000 units/10 mL.

For chemotherapy dose modifications, see relevant prescribing information.

Cardiomyopathy [*see Boxed Warning, Warnings and Precautions (5.1)*]

Assess left ventricular ejection fraction (LVEF) prior to initiation of PHESGO and at regular intervals during treatment as indicated in Table 2.

The recommendations on dose modifications in the event of LVEF dysfunction are indicated in Table 2 [*see Warnings and Precautions (5.1)*].

Table 2: Dose Modifications for Left Ventricular Dysfunction

| | Pre-treatment LVEF: | Monitor LVEF every: | Withhold PHESGO for at least 3 weeks for an LVEF decrease to: | Resume PHESGO after 3 weeks if LVEF has recovered to: | |
|---------------------------------|----------------------------|---|--|--|--|
| Early Breast Cancer | $\geq 55\%^*$ | ~12 weeks (once during neoadjuvant therapy) | <50% with a fall of $\geq 10\%$ -points below pre-treatment value | Either | |
| | | | | $\geq 50\%$ | <10% points below pre-treatment value |
| Metastatic Breast Cancer | $\geq 50\%$ | ~12 weeks | Either | | Either |
| | | | <40% | 40%-45% with a fall of $\geq 10\%$ -points below pre-treatment value | >45% 40%-45% with a fall of <10%-points below pre-treatment value |

* For patients receiving anthracycline-based chemotherapy, a LVEF of $\geq 50\%$ is required after completion of anthracyclines, before starting PHESGO

If after a repeat assessment within approximately 3 weeks, the LVEF has not improved, has declined further, and/or the patient is symptomatic, permanently discontinue PHESGO [see *Warnings and Precautions (5.1)*].

Hypersensitivity and Administration-Related Reactions

Discontinue the injection immediately if the patient experiences a serious hypersensitivity reaction (e.g. anaphylaxis) [see *Warnings and Precautions (5.5)*].

2.5 Preparation for Administration

To prevent medication errors, it is important to check the vial labels to ensure that the drug being prepared and administered is PHESGO and not intravenous pertuzumab, or intravenous trastuzumab, or subcutaneous trastuzumab.

Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration, whenever solution and container permit. Do not use vial if particulates or discoloration is present. Do not shake. Discard any unused portion remaining in the vial.

For both the initial and maintenance dose, each corresponding PHESGO vial is ready-to-use for one subcutaneous injection and should not be diluted.

A syringe, a transfer needle, and an injection needle are needed to withdraw PHESGO solution from the vial and inject it subcutaneously. PHESGO may be injected using 25G-27G (3/8"-5/8") hypodermic injection needles.

To avoid needle clogging, attach the hypodermic injection needle to the syringe immediately prior to administration followed by volume adjustment to 15 mL (initial dose) and 10 mL (maintenance dose). If the dose is not to be administered immediately, and the solution of PHESGO has been withdrawn from the vial into the syringe, replace the transfer needle with a syringe closing cap. Label the syringe with the peel-off sticker and store the syringe in the refrigerator [2°C to 8°C (36°F to 46°F)] for up to 24 hours and at room temperature [20°C to 25°C (68°F to 77°F)] for up to 4 hours and avoid unnecessary storage.

PHESGO is compatible with stainless steel, polypropylene, polycarbonate, polyethylene, polyurethane, polyvinyl chloride and fluorinated ethylene polypropylene.

Administration

- Administer PHESGO 1,200 mg, 600 mg, 30,000 units/15 mL subcutaneously over approximately 8 minutes
- Administer PHESGO 600 mg, 600 mg, 20,000 units/10 mL subcutaneously over approximately 5 minutes

The subcutaneous injection site should be alternated between the left and right thigh only. New injections should be given at least 1 inch (2.5 cm) from the previous site on healthy skin and never into areas where the skin is red, bruised, tender, or hard. Do not split the dose between two syringes or between two sites of administration. During the treatment course with PHESGO, other medications for subcutaneous administration should preferably be injected at different sites.

3 DOSAGE FORMS AND STRENGTHS

Injection: PHESGO is a clear to opalescent, and colorless to slightly brownish solution provided as:

- 1,200 mg pertuzumab, 600 mg trastuzumab, and 30,000 units hyaluronidase/15 mL (80 mg, 40 mg, and 2,000 units/mL) of solution in a single-dose vial
- 600 mg pertuzumab, 600 mg trastuzumab, and 20,000 units hyaluronidase/10 mL (60 mg, 60 mg, and 2,000 units/mL) of solution in a single-dose vial

4 CONTRAINDICATIONS

PHESGO is contraindicated in patients with known hypersensitivity to pertuzumab, or trastuzumab, or hyaluronidase, or to any of its excipients.

5 WARNINGS AND PRECAUTIONS

5.1 Cardiomyopathy

PHESGO can cause hypertension, arrhythmias, left ventricular cardiac dysfunction, disabling cardiac failure, cardiomyopathy, and cardiac death [*see Boxed Warning: Cardiomyopathy*]. PHESGO can cause asymptomatic decline in LVEF.

An increased incidence of LVEF decline has been observed in patients treated with intravenous pertuzumab, intravenous trastuzumab, and docetaxel. A 4-6 fold increase in the incidence of symptomatic myocardial dysfunction has been reported among patients receiving trastuzumab, with the highest absolute incidence occurring when trastuzumab was administered with an anthracycline.

Patients who receive anthracycline after stopping PHESGO may also be at increased risk of cardiac dysfunction [*see Drug Interactions (7) and Clinical Pharmacology (12.2)*].

Cardiac Monitoring

Prior to initiation of PHESGO, conduct a thorough cardiac assessment, including history, physical examination, and determination of LVEF by echocardiogram or MUGA scan.

During treatment with PHESGO, assess LVEF at regular intervals [*see Dosage and Administration (2.4)*].

If after a repeat assessment within approximately 3 weeks, the LVEF has not improved, has declined further, and/or the patient is symptomatic, permanently discontinue PHESGO.

Following completion of PHESGO, continue to monitor for cardiomyopathy and assess LVEF measurements every 6 months for at least 2 years as a component of adjuvant therapy.

PHESGO

In the FeDeriCa study, the percentage of patients with at least one cardiac disorder was 22% in the PHESGO arm. The most frequent cardiac adverse reaction in the PHESGO arm was ejection fraction decreased.

The incidence of cardiac failure (NYHA Class III/IV) with a LVEF decline $\geq 10\%$ and a drop to less than 50% was 0.8% in the PHESGO arm. Confirmed asymptomatic or mildly symptomatic (NYHA Class II) declines in LVEF $\geq 10\%$ and a drop to less than 50% was 1.2% in the PHESGO arm [see *Adverse Reactions (6.1)*].

PHESGO and/or intravenous pertuzumab and trastuzumab have not been studied in patients with a pretreatment LVEF value of $< 55\%$ (EBC) or $< 50\%$ (MBC); a prior history of CHF, conditions that could impair left ventricular function such as uncontrolled hypertension, recent myocardial infarction, serious cardiac arrhythmia requiring treatment or a cumulative prior anthracycline exposure to $> 360 \text{ mg/m}^2$ of doxorubicin or its equivalent.

5.2 Embryo-Fetal Toxicity

PHESGO can cause fetal harm when administered to a pregnant woman. In post-marketing reports, use of intravenous trastuzumab during pregnancy resulted in cases of oligohydramnios and oligohydramnios sequence manifesting as pulmonary hypoplasia, skeletal abnormalities, and neonatal death. In an animal reproduction study, administration of intravenous pertuzumab to pregnant cynomolgus monkeys during the period of organogenesis resulted in oligohydramnios, delayed fetal kidney development, and embryo-fetal death at exposures 2.5 to 20 times the exposure in humans at the recommended dose, based on C_{max} .

Verify the pregnancy status of females of reproductive potential prior to the initiation of PHESGO. Advise pregnant women and females of reproductive potential that exposure to PHESGO during pregnancy or within 7 months prior to conception can result in fetal harm. Advise females of reproductive potential to use effective contraception during treatment and for 7 months following the last dose of PHESGO [see *Use in Specific Populations (8.1, 8.3) and Clinical Pharmacology (12.3)*].

5.3 Pulmonary Toxicity

PHESGO can cause serious and fatal pulmonary toxicity. These adverse reactions have been reported with intravenous trastuzumab. Pulmonary toxicity includes dyspnea, interstitial pneumonitis, pulmonary infiltrates, pleural effusions, non-cardiogenic pulmonary edema, pulmonary insufficiency and hypoxia, acute respiratory distress syndrome, and pulmonary fibrosis. Patients with symptomatic intrinsic lung disease or with extensive tumor involvement of the lungs, resulting in dyspnea at rest, appear to have more severe toxicity.

5.4 Exacerbation of Chemotherapy-Induced Neutropenia

PHESGO may exacerbate chemotherapy-induced neutropenia. In randomized controlled clinical trials with intravenous trastuzumab, Grade 3-4 neutropenia and febrile neutropenia were higher in patients receiving trastuzumab in combination with myelosuppressive chemotherapy as compared to those who received chemotherapy alone. The incidence of septic death was similar among patients who received trastuzumab and those who did not.

5.5 Hypersensitivity and Administration-Related Reactions

Severe administration-related reactions (ARRs), including hypersensitivity, anaphylaxis, and events with fatal outcomes, have been associated with intravenous pertuzumab and trastuzumab. Patients experiencing dyspnea at rest due to complications of advanced malignancy and comorbidities may be at increased risk of a severe or of a fatal ARR.

In the FeDeriCa study, the incidence of hypersensitivity was 1.2% in the PHESGO arm. Administration-related reactions occurred in 21% of patients who received PHESGO. In the

PHESGO arm, the most common administration-related reactions were injection site reaction (15%) and injection site pain (2%).

Closely monitor patients during and for 30 minutes after the injection of initial dose and during and for 15 minutes following subsequent injections of maintenance dose of PHESGO. If a significant injection-related reaction occurs, slow down or pause the injection and administer appropriate medical therapies. Evaluate and carefully monitor patients until complete resolution of signs and symptoms.

Permanently discontinue with PHESGO in patients who experience anaphylaxis or severe injection-related reactions. Medications to treat such reactions, as well as emergency equipment, should be available for immediate use. For patients experiencing reversible Grade 1 or 2 hypersensitivity reactions, consider pre-medication with an analgesic, antipyretic, or an antihistamine prior to readministration of PHESGO [see *Adverse Reactions* (6.1)].

PHESGO is contraindicated in patients with known hypersensitivity to pertuzumab, trastuzumab, hyaluronidase or to any of its excipients [see *Contraindications* (4)].

6 ADVERSE REACTIONS

The following adverse reactions are discussed in greater detail in other sections of the label:

- Cardiomyopathy [see *Warnings and Precautions* (5.1)]
- Embryo-Fetal Toxicity [see *Warnings and Precautions* (5.2)]
- Pulmonary Toxicity [see *Warnings and Precautions* (5.3)]
- Exacerbation of Chemotherapy-Induced Neutropenia [see *Warnings and Precautions* (5.4)]
- Hypersensitivity and Administration-Related Reactions [see *Warnings and Precautions* (5.5)]

6.1 Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice.

Neoadjuvant and Adjuvant Treatment of Breast Cancer

The safety of PHESGO was evaluated in an open-label, multicenter, randomized study (FeDeriCa) conducted in 500 patients with HER2 overexpressing early breast cancer [see *Clinical Studies* (14.2)].

Patients were randomized to receive either PHESGO (1,200 mg pertuzumab, 600 mg trastuzumab, and 30,000 units hyaluronidase/15 mL) followed every 3 weeks by a maintenance dose of 600 mg pertuzumab, 600 mg trastuzumab, and 20,000 units hyaluronidase/10 mL or the recommended dosages for intravenous pertuzumab and intravenous trastuzumab. Patients were randomized to receive 8 cycles of neoadjuvant chemotherapy with concurrent administration of 4 cycles of either PHESGO or intravenous pertuzumab and trastuzumab during cycles 5-8, followed by surgery. Following surgery, patients continued therapy with PHESGO or intravenous pertuzumab and trastuzumab (intravenous or subcutaneously administered) as treated prior to surgery, for an additional 14 cycles, to complete 18 cycles. The median duration of treatment for PHESGO was 24 weeks (range: 0-42 weeks).

Serious adverse reactions occurred in 16% of patients who received PHESGO. Serious adverse reactions in > 1% of patients included febrile neutropenia (4%), neutropenic sepsis (1%), and neutrophil count decreased (1%). One fatal adverse reaction occurred in 1/248 (0.4%) of patients,

which was due to acute myocardial infarction, and occurred prior to the start of HER2 targeted treatment with PHESGO.

Adverse reactions resulting in permanent discontinuation of any study drug occurred in 8% of patients on the PHESGO arm. Adverse reactions which resulted in permanent discontinuation of PHESGO were ejection fraction decreased (1.2%), cardiac failure (0.8%), and pneumonitis/pulmonary fibrosis (0.8%).

Dosage interruptions due to an adverse reaction occurred in 40% of patients who received PHESGO. Adverse reactions which required dosage interruption in > 1% of patients who received PHESGO included neutropenia (8%), neutrophil count decreased (4%), and diarrhea (7%).

Tables 3 summarizes the adverse reactions in FeDeriCa.

Table 3: Adverse Reactions ($\geq 5\%$) in Patients Who Received PHESGO in FeDeriCa

| Body System/Adverse Reactions | PHESGO (n=248) | | Intravenous pertuzumab plus intravenous or subcutaneous trastuzumab (n=252) | |
|---|-----------------------------|-------------------------------|--|-------------------------------|
| | All Grades % | Grades 3 – 4 % | All Grades % | Grades 3 – 4 % |
| Skin and subcutaneous tissue disorders | | | | |
| Alopecia | 77 | 0 | 71 | 0.4 |
| Dry skin | 15 | 0.4 | 13 | 0 |
| Rash | 16 | 0.4 | 21 | 0 |
| Nail discoloration | 9 | 0 | 6 | 0 |
| Erythema | 9 | 0 | 5 | 0 |
| Dermatitis | 7 | 0 | 6 | 0 |
| Nail disorder | 7 | 0 | 7 | 0.4 |
| Palmar-plantar erythrodysesthesia syndrome | 6 | 0.8 | 5 | 0.4 |
| Gastrointestinal disorders | | | | |
| Nausea | 60 | 2 | 61 | 1.6 |
| Diarrhea | 60 | 7 | 57 | 4.8 |
| Stomatitis | 25 | 0.8 | 24 | 0.8 |
| Constipation | 22 | 0 | 21 | 0 |
| Vomiting | 20 | 0.8 | 19 | 1.2 |
| Dyspepsia | 14 | 0 | 12 | 0 |
| Hemorrhoids | 9 | 0 | 4.0 | 0 |
| Abdominal pain upper | 8 | 0 | 6 | 0 |
| Abdominal pain | 9 | 0.4 | 6 | 0 |
| Blood and lymphatic system disorders | | | | |
| Anemia | 36 | 1.6 | 43 | 4.4 |
| Neutropenia | 22 | 14 | 27 | 14 |
| Leukopenia | 9 | 2.4 | 14 | 2 |
| Febrile neutropenia | 7 | 7 | 6 | 6 |
| General disorders and administration site conditions | | | | |
| Asthenia | 31 | 0.4 | 32 | 2.4 |

| Body System/Adverse Reactions | PHESGO (n=248) | | Intravenous pertuzumab plus intravenous or subcutaneous trastuzumab (n=252) | |
|--|--------------------|----------------------|---|----------------------|
| | All Grades % | Grades 3 – 4 % | All Grades % | Grades 3 – 4 % |
| Fatigue | 29 | 2 | 24 | 2 |
| Mucosal inflammation | 15 | 0.8 | 20 | 1.2 |
| Injection site reaction | 15 | 0 | 0.8 | 0 |
| Pyrexia | 13 | 0 | 16 | 0.4 |
| Edema peripheral | 8 | 0 | 10 | 0 |
| Malaise | 7 | 0 | 6 | 0.4 |
| Influenza-like illness | 5 | 0 | 3.6 | 0 |
| Nervous system disorders | | | | |
| Dysgeusia | 17 | 0 | 14 | 0 |
| Peripheral sensory neuropathy | 16 | 0.8 | 14 | 0.4 |
| Headache | 17 | 0 | 25 | 0.8 |
| Neuropathy peripheral | 12 | 0.4 | 15 | 2 |
| Paresthesia | 10 | 0.8 | 8 | 0 |
| Dizziness | 13 | 0 | 11 | 0 |
| Investigations | | | | |
| Weight decreased | 11 | 0.8 | 6 | 0.8 |
| Musculoskeletal and connective tissue disorders | | | | |
| Myalgia | 25 | 0.4 | 19 | 0.4 |
| Arthralgia | 24 | 0 | 28 | 0.4 |
| Back pain | 10 | 0 | 4.8 | 0 |
| Bone pain | 7 | 0 | 5 | 0 |
| Pain in extremity | 6 | 0 | 8 | 0 |
| Muscle spasms | 6 | 0 | 7 | 0 |
| Musculoskeletal pain | 6 | 0.4 | 8 | 0 |
| Respiratory, thoracic and mediastinal disorder | | | | |
| Cough | 15 | 0.4 | 13 | 0 |
| Epistaxis | 12 | 0 | 14 | 0.4 |
| Dyspnea | 10 | 1.2 | 5 | 0 |
| Rhinorrhea | 7 | 0 | 4.4 | 0 |
| Infections and infestations | | | | |
| Upper respiratory tract infection | 11 | 0 | 8 | 0.8 |
| Nasopharyngitis | 9 | 0 | 10 | 0 |
| Paronychia | 7 | 0.4 | 3.6 | 0 |
| Urinary tract infection | 7 | 0.4 | 5 | 0 |
| Injury, poisoning and procedural complications | | | | |
| Procedural pain | 13 | 0 | 10 | 0 |
| Radiation skin injury | 19 | 0.4 | 19 | 0.4 |
| Infusion related reaction | 3.6 | 0 | 15 | 0.8 |
| Metabolism and nutrition disorders | | | | |
| Decreased appetite | 17 | 0.8 | 19 | 0.4 |

| Body System/Adverse Reactions | PHESGO (n=248) | | Intravenous pertuzumab plus intravenous or subcutaneous trastuzumab (n=252) | |
|-------------------------------|--------------------|----------------------|---|----------------------|
| | All Grades % | Grades 3 – 4 % | All Grades % | Grades 3 – 4 % |
| Hypokalemia | 7 | 1.6 | 8 | 0 |
| Psychiatric disorders | | | | |
| Insomnia | 17 | 0 | 13 | 0.4 |
| Eye disorders | | | | |
| Lacrimation increased | 5 | 0.4 | 6 | 0 |
| Dry eye | 5 | 0.4 | 3.2 | 0 |
| Vascular disorders | | | | |
| Hot flush | 12 | 0 | 13 | 0 |

Clinically relevant adverse reactions in < 5% of patients who received PHESGO include ejection fraction decreased (3.6%) and pruritus (3.2%).

Table 4 summarizes the laboratory abnormalities in FeDeriCa.

Table 4: Select Laboratory Abnormalities (≥5%) that Worsened from Baseline in Patients Who Received PHESGO in FeDeriCa ¹

| Laboratory Abnormality | PHESGO (n=248) | | Intravenous pertuzumab plus intravenous or subcutaneous trastuzumab (n=252) | |
|-----------------------------------|--------------------|----------------------|--|----------------------|
| | All Grades % | Grades 3 – 4 % | All Grades % | Grades 3 – 4 % |
| Hematology | | | | |
| Hemoglobin (low) | 90 | 2.8 | 92 | 4.4 |
| Lymphocytes, Absolute (low) | 89 | 37 | 88 | 36 |
| Total Leukocyte Count (low) | 82 | 25 | 78 | 25 |
| Neutrophils, Total Absolute (low) | 68 | 30 | 67 | 33 |
| Platelet (low) | 27 | 0 | 28 | 0.4 |
| Chemistry | | | | |
| Creatinine (high) | 84 | 0 | 87 | 0.4 |
| Alanine aminotransferase (high) | 58 | 1.6 | 68 | 2.4 |
| Aspartate aminotransferase (high) | 50 | 0.8 | 58 | 0.8 |
| Potassium (low) | 17 | 5.2 | 17 | 2.8 |
| Albumin (low) | 16 | 0 | 20 | 0.4 |
| Potassium (high) | 13 | 1.2 | 9 | 0 |
| Sodium (low) | 13 | 0.4 | 10 | 1.6 |
| Bilirubin (high) | 9 | 0 | 9 | 0.4 |
| Glucose (low) | 9 | 0 | 9 | 0.4 |

| | PHESGO (n=248) | | Intravenous pertuzumab plus intravenous or subcutaneous trastuzumab (n=252) | |
|-------------------------------|-----------------------------|-------------------------------|--|-------------------------------|
| | All Grades % | Grades 3 – 4 % | All Grades % | Grades 3 – 4 % |
| Laboratory Abnormality | | | | |
| Sodium (high) | 7 | 0.8 | 10 | 0.8 |

¹ The denominator used to calculate the rate varied from 163 to 252 based on the number of patients with a baseline value and at least one post-treatment value.

Other Clinical Trials Experience

The safety of the addition of intravenous pertuzumab to trastuzumab in combination with chemotherapy has been established in studies conducted in patients with HER2 overexpressing early breast cancer. The following adverse reactions have been reported following administration of intravenous pertuzumab and trastuzumab: diarrhea, alopecia, nausea, fatigue, neutropenia, vomiting, peripheral neuropathy, constipation, anemia, asthenia, mucosal inflammation, myalgia, and thrombocytopenia. Refer to the Prescribing Information for pertuzumab for more information.

The safety of intravenous pertuzumab, trastuzumab and docetaxel has been established in patients with HER2 overexpressing metastatic breast cancer. The following adverse reactions have been reported following administration of intravenous pertuzumab and trastuzumab: diarrhea, alopecia, neutropenia, nausea, fatigue, rash, and peripheral neuropathy. Refer to the Prescribing Information for pertuzumab for more information.

6.2 Immunogenicity

As with all therapeutic proteins, there is potential for immunogenicity with PHESGO. The detection of antibody formation is highly dependent on the sensitivity and specificity of the assay. Additionally, the observed incidence of antibody (including neutralizing antibody) positivity in an assay may be influenced by several factors including assay methodology, sample handling, timing of sample collection, concomitant medications, and underlying disease. For these reasons, comparison of the incidence of antibodies to PHESGO and intravenous pertuzumab and trastuzumab in the FeDeriCa study with the incidence of antibodies in other studies or to other products may be misleading.

In the FeDeriCa study, the incidence of treatment-emergent anti-pertuzumab and anti-trastuzumab antibodies in most patients completing 1-4 cycles of therapy was 3% (7/237) and 0.4% (1/237), respectively, in patients treated with intravenous pertuzumab and trastuzumab. The incidence of treatment-emergent anti-pertuzumab, anti-trastuzumab, and anti-recombinant human hyaluronidase PH20 antibodies in most patients completing 1-4 cycles of therapy was 4.8% (11/231), 0.9% (2/232), and 0.9% (2/225), respectively, in patients treated with PHESGO. Among patients who tested positive to anti-pertuzumab antibodies, neutralizing anti-pertuzumab antibodies were detected in one patient treated with intravenous pertuzumab and trastuzumab and in one patient treated with PHESGO. Among patients who tested positive to anti-trastuzumab antibodies, neutralizing anti-trastuzumab antibodies were detected in one patient treated with PHESGO.

The clinical relevance of the development of anti-pertuzumab, anti-trastuzumab or anti-recombinant human hyaluronidase PH20 antibodies after treatment with PHESGO is unknown.

6.3 Postmarketing Experience

The following adverse reactions have been identified with the use of intravenous pertuzumab and trastuzumab. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

- Glomerulopathy
- Immune thrombocytopenia
- Tumor lysis syndrome (TLS): Patients with significant tumor burden (e.g. bulky metastases) may be at a higher risk. Patients could present with hyperuricemia, hyperphosphatemia, and acute renal failure which may represent possible TLS. Providers should consider additional monitoring and/or treatment as clinically indicated.

7 DRUG INTERACTIONS

Patients who receive anthracycline after stopping PHESGO may be at increased risk of cardiac dysfunction because of PHESGO's long washout period [*see Clinical Pharmacology (12.3)*]. If possible, avoid anthracycline-based therapy for up to 7 months after stopping PHESGO. If anthracyclines are used, carefully monitor the patient's cardiac function.

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

Pregnancy Pharmacovigilance Program

There is a pregnancy pharmacovigilance program for PHESGO. If PHESGO is administered during pregnancy, or if a patient becomes pregnant while receiving PHESGO or within 7 months following the last dose of PHESGO, health care providers and patients should immediately report PHESGO exposure to Genentech at 1-888-835-2555.

Risk Summary

PHESGO can cause fetal harm when administered to a pregnant woman. In post-marketing reports, use of intravenous trastuzumab during pregnancy resulted in cases of oligohydramnios and oligohydramnios sequence manifesting as pulmonary hypoplasia, skeletal abnormalities, and neonatal death (*see Data*). In an animal reproduction study, administration of pertuzumab to pregnant cynomolgus monkeys during the period of organogenesis resulted in oligohydramnios, delayed fetal kidney development, and embryo-fetal deaths at clinically relevant exposures that were 2.5 to 20-fold greater than exposures in humans receiving the recommended dose, based on C_{max} (*see Data*). Apprise the patient of the potential risks to a fetus. There are clinical considerations if PHESGO is used during pregnancy or within 7 months prior to conception (*see Clinical Considerations*).

The estimated background risk of major birth defects and miscarriage for the indicated population is unknown. In the U.S. general population, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is 2-4% and 15-20%, respectively.

Clinical Considerations

Fetal/Neonatal Adverse Reactions

Monitor women who received PHESGO during pregnancy or within 7 months prior to conception for oligohydramnios. If oligohydramnios occurs, perform fetal testing that is appropriate for gestational age and consistent with community standards of care.

Data

Human Data

In post-marketing reports, use of trastuzumab during pregnancy resulted in cases of oligohydramnios and of oligohydramnios sequence, manifesting in the fetus as pulmonary hypoplasia, skeletal abnormalities, and neonatal death. These case reports described oligohydramnios in pregnant women who received trastuzumab either alone or in combination with chemotherapy. In some case reports, amniotic fluid index increased after trastuzumab was stopped. In one case, trastuzumab therapy resumed after amniotic index improved and oligohydramnios recurred.

Animal Data

PHESGO for subcutaneous injection contains pertuzumab, trastuzumab, and hyaluronidase [*see Description (11)*].

Pertuzumab:

Pregnant cynomolgus monkeys were treated on Gestational Day (GD) 19 with loading doses of 30 to 150 mg/kg pertuzumab, followed by bi-weekly doses of 10 to 100 mg/kg. These dose levels resulted in clinically relevant exposures of 2.5 to 20-fold greater than exposures in humans receiving the recommended dose, based on C_{max} . Intravenous administration of pertuzumab from GD19 through GD50 (period of organogenesis) was embryotoxic, with dose-dependent increases in embryo-fetal death between GD25 to GD70. The incidences of embryo-fetal loss were 33, 50, and 85%. At Caesarean section on GD100, oligohydramnios, decreased relative lung and kidney weights, and microscopic evidence of renal hypoplasia consistent with delayed renal development were identified in all pertuzumab dose groups. Pertuzumab exposure was reported in offspring from all treated groups, at levels of 29% to 40% of maternal serum levels at GD100.

Trastuzumab:

In studies where intravenous trastuzumab was administered to pregnant cynomolgus monkeys during the period of organogenesis at doses up to 25 mg/kg given twice weekly (up to 25 times the recommended weekly human dose of 2 mg/kg), trastuzumab crossed the placental barrier during the early (Gestation Days 20 to 50) and late (Gestation Days 120 to 150) phases of gestation. The resulting concentrations of trastuzumab in fetal serum and amniotic fluid were approximately 33% and 25%, respectively, of those present in the maternal serum but were not associated with adverse developmental effects.

Hyaluronidase:

In an embryo-fetal study, mice have been dosed daily by subcutaneous injection during the period of organogenesis with hyaluronidase (recombinant human) at dose levels up to 2,200,000 U/kg, which is >2,400 and 3,600, based on loading and maintenance doses, respectively, times higher than the human dose. The study found no evidence of teratogenicity. Reduced fetal weight and increased numbers of fetal resorptions were observed, with no effects found at a daily dose of 360,000 U/kg, which is >400 and 600, based on loading and maintenance doses, respectively, times higher than the human dose.

In a peri- and post-natal reproduction study, mice have been dosed daily by subcutaneous injection, with hyaluronidase (recombinant human) from implantation through lactation and weaning at dose levels up to 1,100,000 U/kg, which is >1,200 and 1,800, based on loading and maintenance doses, respectively, times higher than the human dose. The study found no adverse effects on sexual maturation, learning and memory or fertility of the offspring.

8.2 Lactation

Risk Summary

There is no information regarding the presence of pertuzumab, trastuzumab or hyaluronidase in human milk, the effects on the breastfed infant, or the effects on milk production. Published data

suggest that human IgG is present in human milk but does not enter the neonatal and infant circulation in substantial amounts. Trastuzumab was present in the milk of lactating cynomolgus monkeys but not associated with neonatal toxicity (*see Data*). Consider the developmental and health benefits of breast feeding along with the mother's clinical need for PHESGO treatment and any potential adverse effects on the breastfed child from PHESGO or from the underlying maternal condition. This consideration should also take into account the elimination half-life of pertuzumab and the trastuzumab wash out period of 7 months [*see Clinical Pharmacology (12.3)*].

Data

In lactating cynomolgus monkeys, trastuzumab was present in breast milk at about 0.3% of maternal serum concentrations after pre- (beginning Gestation Day 120) and post-partum (through Post-partum Day 28) doses of 25 mg/kg administered twice weekly (25 times the recommended weekly human dose of 2 mg/kg of intravenous trastuzumab). Infant monkeys with detectable serum levels of trastuzumab did not exhibit any adverse effects on growth or development from birth to 1 month of age.

8.3 Females and Males of Reproductive Potential

PHESGO can cause embryo-fetal harm when administered during pregnancy.

Pregnancy Testing

Verify the pregnancy status of females of reproductive potential prior to the initiation of PHESGO.

Contraception

Females

Advise females of reproductive potential to use effective contraception during treatment and for 7 months following the last dose of PHESGO [*see Use in Specific Populations (8.1) and Clinical Pharmacology (12.3)*].

8.4 Pediatric Use

The safety and effectiveness of PHESGO in pediatric patients have not been established.

8.5 Geriatric Use

Of the total number of patients in the FeDeriCa study (n=500) treated with PHESGO, 11% were 65 and over, while 1.6% were 75 and over. Clinical studies of PHESGO did not include sufficient numbers of patients age 65 years and older to determine whether they respond differently from younger patients.

In the intravenous trastuzumab trials, the risk of cardiac dysfunction was increased in geriatric patients as compared to younger patients, in both those receiving treatment for adjuvant therapy or metastatic disease. Other differences in safety or effectiveness were not observed between elderly patients and younger patients. In the intravenous pertuzumab in combination with trastuzumab trials, the risk of decreased appetite, anemia, weight decreased, asthenia, dysgeusia, neuropathy peripheral and hypomagnesemia was increased in patients 65 years of age and older compared to patients less than 65 years of age.

11 DESCRIPTION

PHESGO is a combination of pertuzumab, trastuzumab, and hyaluronidase.

Pertuzumab is a recombinant humanized monoclonal antibody that targets the extracellular dimerization domain (Subdomain II) of the human epidermal growth factor receptor 2 protein

(HER2). Pertuzumab is produced by recombinant DNA technology in a mammalian cell (Chinese Hamster Ovary) culture. Pertuzumab has an approximate molecular weight of 148 kDa.

Trastuzumab is a humanized IgG1 kappa monoclonal antibody that selectively binds with high affinity to the extracellular domain of the human epidermal growth factor receptor 2 protein, HER2. Trastuzumab is produced by recombinant DNA technology in a mammalian cell (Chinese Hamster Ovary) culture. Trastuzumab has a molecular weight of approximately 148 kDa.

Hyaluronidase (recombinant human) is an endoglycosidase used to increase the dispersion and absorption of co-administered drugs when administered subcutaneously. It is a glycosylated single-chain protein produced by mammalian (Chinese Hamster Ovary) cells containing a DNA plasmid encoding for a soluble fragment of human hyaluronidase (PH20). Hyaluronidase (recombinant human) has a molecular weight of approximately 61 kDa.

PHESGO (pertuzumab, trastuzumab, and hyaluronidase-zzxf) injection is a sterile, preservative-free, clear to opalescent, and colorless to slightly brownish solution supplied in single-dose vials for subcutaneous administration.

PHESGO injection is supplied as two different configurations:

- PHESGO is supplied in a 15 mL single-dose vial containing 1,200 mg of pertuzumab, 600 mg of trastuzumab, and 30,000 units of hyaluronidase, and α,α -trehalose (397 mg), L-histidine (6.75 mg), L-histidine hydrochloric monohydrate (53.7 mg), L-methionine (22.4 mg), polysorbate 20 (6 mg), and sucrose (685 mg) with a pH of 5.5.
- PHESGO is supplied in a 10 mL single-dose vial containing 600 mg of pertuzumab, 600 mg of trastuzumab, and 20,000 units of hyaluronidase, and α,α -trehalose (397 mg), L-histidine (4.4 mg), L-histidine hydrochloric monohydrate (36.1 mg), L-methionine (14.9 mg), polysorbate 20 (4 mg), and sucrose (342 mg) with a pH of 5.5.

12 CLINICAL PHARMACOLOGY

12.1 Mechanism of Action

Pertuzumab targets the extracellular dimerization domain (subdomain II) of HER2 and, thereby, blocks ligand-dependent heterodimerization of HER2 with other HER family members, including EGFR, HER3 and HER4. As a result, pertuzumab inhibits ligand-initiated intracellular signaling through two major signaling pathways, mitogen-activated protein (MAP) kinase and phosphoinositide 3-kinase (PI3K). Inhibition of these signaling pathways can result in cell growth arrest and apoptosis, respectively.

Trastuzumab binds to subdomain IV of the extracellular domain of the HER2 protein to inhibit the ligand-independent, HER2 mediated cell proliferation and PI3K signaling pathway in human tumor cells that overexpress HER2.

Both pertuzumab and trastuzumab-mediated antibody-dependent cell-mediated cytotoxicity (ADCC) have been shown to be preferentially exerted on HER2 overexpressing cancer cells compared with cancer cells that do not overexpress HER2.

While pertuzumab alone inhibited the proliferation of human tumor cells, the combination of pertuzumab and trastuzumab augmented anti-tumor activity in HER2-overexpressing xenograft models.

Hyaluronan is a polysaccharide found in the extracellular matrix of the subcutaneous tissue. It is depolymerized by the naturally occurring enzyme hyaluronidase. Unlike the stable structural components of the interstitial matrix, hyaluronan has a half-life of approximately 0.5 days. Hyaluronidase increases permeability of the subcutaneous tissue by depolymerizing hyaluronan. In the doses administered, hyaluronidase in PHESGO acts transiently and locally.

The effects of hyaluronidase are reversible and permeability of the subcutaneous tissue is restored within 24 to 48 hours.

Hyaluronidase has been shown to increase the absorption rate of a trastuzumab product into the systemic circulation when given in the subcutis of Göttingen Minipigs.

12.2 Pharmacodynamics

Cardiac Electrophysiology

The effect of intravenous pertuzumab with an initial dose of 840 mg followed by a maintenance dose of 420 mg every three weeks on QTc interval was evaluated in a subgroup of 20 patients with HER2-positive breast cancer (NCT00567190). No large changes in the mean QT interval (i.e., greater than 20 ms) from placebo based on Fridericia correction method were detected in the trial. A small increase in the mean QTc interval (i.e., less than 10 ms) cannot be excluded because of the limitations of the trial design.

The effects of trastuzumab on electrocardiographic (ECG) endpoints, including QTc interval duration, were evaluated in patients with HER2 positive solid tumors. Trastuzumab had no clinically relevant effect on the QTc interval duration and there was no apparent relationship between serum trastuzumab concentrations and change in QTcF interval duration in patients with HER2 positive solid tumors.

12.3 Pharmacokinetics

The pharmacokinetics (PK) of pertuzumab and trastuzumab was characterized in the FeDeriCa study following subcutaneous administration of PHESGO (1200 mg pertuzumab/600 mg trastuzumab initial dose followed by 600 mg pertuzumab/600 mg trastuzumab every 3 weeks) and intravenous administration of pertuzumab and trastuzumab (840 mg pertuzumab/8 mg/kg trastuzumab initial dose followed by 420 mg pertuzumab/6 mg/kg trastuzumab every 3 weeks). The pharmacokinetic parameters of pertuzumab and trastuzumab are described in Table 5. Trastuzumab is estimated to reach concentrations that are < 1 mcg/mL by 7 months in at least 95% patients.

Pertuzumab Cycle 7 C_{trough} (i.e., pre-dose cycle 8) showed non-inferiority of pertuzumab within PHESGO (88.7 mcg/mL) to intravenous pertuzumab (72.4 mcg/mL), with a geometric mean ratio of 1.22 (90% CI: 1.14–1.31). Trastuzumab Cycle 7 C_{trough} showed non-inferiority of trastuzumab within PHESGO (58.7 mcg/mL) to intravenous trastuzumab (44.1 mcg/mL), with a geometric mean ratio of 1.33 (90% CI: 1.24–1.43). [see Clinical Studies (14.2)].

A population PK analysis reported that, following subcutaneous administration of PHESGO, the mean Cycle 7 C_{max} and AUC_{0-21 days} of pertuzumab were 34% lower and 5% higher, respectively, than that following intravenous administration of pertuzumab. The mean Cycle 7 C_{max} and AUC_{0-21 days} of trastuzumab were 31% lower and 9% higher, respectively, than that following intravenous administration of trastuzumab.

Table 5: PK Parameters of Pertuzumab and Trastuzumab Following Subcutaneous Administration of PHESGO *

| | Pertuzumab ^a | Trastuzumab ^b |
|--|-------------------------|--------------------------|
| Absorption | | |
| Absolute Bioavailability | 0.7 (18) | 0.8 (13) |
| First-order absorption rate, k _a (day ⁻¹) | 0.4 (8) † | 0.4 (2.9) † |
| T _{max} (day) | 4 (1 – 21) ‡ | 4 (1– 22) ‡ |
| Distribution | | |

| | | |
|--|----------|----------|
| Volume of Central Compartment (L) | 2.8 (35) | 2.9 (19) |
| Elimination | | |
| Linear Elimination Clearance (L/day) | 0.2 (24) | 0.1 (30) |
| Non-linear Elimination V_{\max} (mg/day) | N/A | 12 (20) |
| Non-linear Elimination K_m (mg/L) | N/A | 34 (39) |

* Parameters represented as population mean (intersubject variability) unless otherwise specified

^a Parameters obtained from FeDeriCa population PK model unless otherwise specified

^b Parameters obtained from subcutaneous trastuzumab population PK model unless otherwise specified

[†] Residual standard error

[‡] Median (range) values from FeDeriCa study

Specific Populations

Lean body weight and baseline serum albumin level were included as significant covariates in the pertuzumab population PK model. However, no dose adjustments based on body weight or baseline albumin level are needed, as the exposure changes are not considered clinically relevant.

Body weight showed a statistically significant influence on trastuzumab PK. In patients with a body weight < 58 kg, mean Cycle 7 AUC_{0-21 days} of trastuzumab was about 34% higher after PHESGO than after intravenous trastuzumab treatment, whereas in the highest BW group (> 77 kg) Cycle 7 AUC_{0-21 days} was 24% lower after PHESGO than after intravenous trastuzumab treatment. However, no body weight-based dose adjustments are needed, as the exposure changes are not considered clinically relevant.

No clinically significant differences in the pharmacokinetics of pertuzumab and trastuzumab were observed based on age (25 to 80 years), race (Asian and non-Asian) and renal impairment (creatinine clearance determined by Cockcroft-Gault 30 mL/min or greater). The effects of hepatic impairment on the pharmacokinetics of pertuzumab and trastuzumab are unknown.

Drug Interaction Studies

There have been no formal drug interaction studies performed with PHESGO in humans. Clinically significant interactions among pertuzumab, trastuzumab, and concomitant medications used in clinical trials have not been observed.

13 NONCLINICAL TOXICOLOGY

13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

PHESGO contains pertuzumab, trastuzumab, and hyaluronidase.

Pertuzumab

Studies have not been performed to evaluate the carcinogenicity or mutagenic potential of pertuzumab. No specific fertility studies in animals have been performed to evaluate the effect of pertuzumab.

No adverse effects on male and female reproductive organs were observed in repeat-dose toxicity studies of up to six months duration in cynomolgus monkeys.

Trastuzumab

Trastuzumab has not been tested for carcinogenicity potential.

No evidence of mutagenic activity was observed when trastuzumab was tested in the standard Ames bacterial and human peripheral blood lymphocyte mutagenicity assays at concentrations of up to 5000 mcg/mL. In an in vivo micronucleus assay, no evidence of chromosomal damage to mouse bone marrow cells was observed following bolus intravenous doses of up to 118 mg/kg of trastuzumab.

A fertility study was conducted in female cynomolgus monkeys at doses up to 25 times the weekly recommended human dose of 2 mg/kg of intravenous trastuzumab and has revealed no evidence of impaired fertility, as measured by menstrual cycle duration and female sex hormone levels.

Hyaluronidase

Hyaluronidases are found in most tissues of the body. Long-term animal studies have not been performed to assess the carcinogenic or mutagenic potential of hyaluronidase. In addition, when subcutaneous hyaluronidase (recombinant human) was administered to cynomolgus monkeys for 39 weeks at dose levels up to 220,000 U/kg, which is >223 and 335, based on loading and maintenance doses, respectively, times higher than the human dose, no evidence of toxicity to the male or female reproductive system was found through periodic monitoring of in-life parameters, e.g., semen analyses, hormone levels, menstrual cycles, and also from gross pathology, histopathology and organ weight data.

14 CLINICAL STUDIES

14.1 Neoadjuvant and Adjuvant Treatment of Breast Cancer

The effectiveness of PHESGO for use in combination with chemotherapy has been established for the treatment of patients with HER2-positive early breast cancer. Use of PHESGO for this indication is supported by evidence from adequate and well-controlled studies conducted with intravenous pertuzumab and intravenous trastuzumab administered in combination with chemotherapy in adults with HER2-overexpressing early breast cancer (NCT00545688, NCT00976989, NCT02132949, NCT01358877) and additional pharmacokinetic and safety data that demonstrated comparable pharmacokinetics and safety profiles between PHESGO and intravenous pertuzumab and intravenous trastuzumab in FeDeriCa [*see Adverse Reactions (6.1) and Clinical Pharmacology (12.3)*].

FeDeriCa

The FeDeriCa study (NCT03493854) was an open-label, multicenter, randomized study conducted in 500 patients with operable or locally advanced (including inflammatory) HER2-positive breast cancer with a tumor size > 2 cm or node-positive. HER2 overexpression was defined as IHC 3+ in > 10% of immunoreactive cells or HER2 gene amplification by ISH (ratio of HER2 gene signals to centromere 17 signals ≥ 2.0) using an FDA-approved test. Patients were randomized to receive 8 cycles of neoadjuvant chemotherapy with concurrent administration of 4 cycles of either PHESGO or intravenous pertuzumab and trastuzumab during cycles 5-8, followed by surgery. Investigators selected one of two of the following neoadjuvant chemotherapy regimens for individual patients:

- 4 cycles of doxorubicin (60 mg/m²) and cyclophosphamide (600 mg/m²) every 2 weeks followed by paclitaxel (80 mg/m²) weekly for 12 weeks
- 4 cycles of doxorubicin (60 mg/m²) and cyclophosphamide (600 mg/m²) every 3 weeks followed by 4 cycles of docetaxel (75 mg/m² for the first cycle and then 100 mg/m² at subsequent cycles at the investigator's discretion) every 3 weeks

Following surgery, patients continued therapy with PHESGO or intravenous pertuzumab and trastuzumab as treated prior to surgery, for an additional 14 cycles, to complete 18 cycles of anti-HER2 therapy. Patients also received adjuvant radiotherapy and endocrine therapy as per investigator's discretion. In adjuvant period, substitution of intravenous trastuzumab for subcutaneous trastuzumab was permitted at investigator discretion. Patients received HER2-targeted therapy every 3 weeks according to Table 6 as follows:

Table 6: Dosing and Administration of PHESGO, Intravenous Pertuzumab, Intravenous Trastuzumab, and Subcutaneous Trastuzumab

| Medication | Administration | Dose | |
|------------------|-----------------|----------------|--------------|
| | | Initial | Maintenance |
| PHESGO | Subcutaneously | 1200 mg/600 mg | 600mg/600 mg |
| Pertuzumab | Intravenously | 840 mg | 420 mg |
| Trastuzumab | Intravenously | 8 mg/kg | 6 mg/kg |
| Trastuzumab-oysk | Subcutaneously* | 600 mg | |

* In adjuvant period substitution of intravenous trastuzumab for subcutaneous trastuzumab was permitted at investigator discretion

FeDeriCa was designed to demonstrate non-inferiority of the Cycle 7 (i.e., pre-dose Cycle 8) pertuzumab serum C_{trough} from PHESGO pertuzumab to the intravenous pertuzumab (primary endpoint) [see *Clinical Pharmacology* 12.3]. Secondary endpoints included Cycle 7 serum trastuzumab C_{trough}, efficacy (pathological complete response [pCR], defined as the absence of invasive neoplastic cells in the breast and in the axillary lymph nodes), and safety. The median age was 51 years (range: 25-81), and the majority of patients were White (66%). The majority of patients had hormone receptor-positive disease (61%) or node-positive disease (58%).

The pCR rate was 59.7% (95% CI: 53.3, 65.8) in the PHESGO arm and 59.5% (95% CI: 53.2, 65.6) in the intravenous pertuzumab and trastuzumab arm.

Table 7: Summary of Pathological Complete Response (pCR) (FeDeriCa)

| | PHESGO n=248 | Intravenous pertuzumab + trastuzumab n=252 |
|--|-------------------------|---|
| pCR (ypT0/is, ypN0) | 148 (59.7%) | 150 (59.5%) |
| Exact 95% CI for pCR Rate ¹ | (53.3%, 65.8%) | (53.2%, 65.6%) |
| Difference in pCR rate (SC minus IV arm) | 0.15% | |
| 95% CI for the difference in pCR ² rate | (-8.7%; 9.0%) | |

¹ Confidence interval for one sample binomial using Pearson-Clopper method

² Hauck-Anderson continuity correction has been used in this calculation

14.2 Metastatic Breast Cancer

The effectiveness of PHESGO for use in combination with docetaxel has been established for the treatment of patients with HER2-positive metastatic breast cancer who have not received prior anti-HER2 therapy or chemotherapy for metastatic disease. Use of PHESGO for this indication is supported by evidence from adequate and well-controlled studies conducted with intravenous pertuzumab and intravenous trastuzumab administered in combination with chemotherapy in adults with HER2-overexpressing metastatic breast cancer (NCT00567190) and additional pharmacokinetic and safety data that demonstrated comparable pharmacokinetics and safety profiles between PHESGO and intravenous pertuzumab and intravenous trastuzumab in FeDeriCa [see *Adverse Reactions* (6.1), *Clinical Pharmacology* (12.3), and *Clinical Studies* (14.2)].

14.3 Patient Experience

The PHranceSCa study (NCT03674112) was a randomized, multi-center, open-label cross-over trial conducted in 160 patients with HER2-positive breast cancer undergoing adjuvant treatment. All patients completed neoadjuvant treatment with pertuzumab, trastuzumab and chemotherapy and had surgery before randomization. Following randomization, 80 patients in arm A received 3 cycles of intravenous pertuzumab and trastuzumab followed by 3 cycles of PHESGO and 80

patients in arm B received 3 cycles of PHESGO followed by 3 cycles of intravenous pertuzumab and trastuzumab. All patients received 18 total cycles of HER2-targeted therapy. After Cycle 6, 136 out of 160 patients (85%) reported preferring subcutaneous administration of PHESGO over intravenous pertuzumab and trastuzumab and the most common reason was that administration required less time in the clinic. After Cycle 6, 22 out of 160 patients (14%) reported preferring intravenous pertuzumab and trastuzumab over PHESGO and the most common reason was feels more comfortable during administration. Two out of 160 patients (1%) had no preference for the route of administration. All 160 patients (100%) completed the preference questionnaire.

16 HOW SUPPLIED/STORAGE AND HANDLING

16.1 How Supplied

PHESGO (pertuzumab, trastuzumab, and hyaluronidase-zzxf) injection is a sterile, preservative-free, clear to opalescent, and colorless to slightly brownish solution in single-dose vials for subcutaneous administration supplied as each carton containing one single-dose vial:

- 1,200 mg pertuzumab, 600 mg trastuzumab, and 30,000 units hyaluronidase/15 mL (80 mg, 40 mg, and 2,000 units/mL) (NDC 50242-245-01).
- 600 mg pertuzumab, 600 mg trastuzumab, and 20,000 units hyaluronidase/10 mL (60 mg, 60 mg, 2,000 units/mL) (NDC 50242-260-01).

16.2 Storage and Handling

Store PHESGO vials in the refrigerator at 2°C to 8°C (36°F to 46°F) in the original carton to protect from light.

Do not freeze. Do not shake.

17 PATIENT COUNSELING INFORMATION

Cardiomyopathy

- Advise patients to contact a health care professional immediately for any of the following: new onset or worsening shortness of breath, cough, swelling of the ankles/legs, swelling of the face, palpitations, weight gain of more than 5 pounds in 24 hours, dizziness or loss of consciousness [*see Warnings and Precautions (5.1)*].

Embryo-Fetal Toxicity

- Advise pregnant women and females of reproductive potential that exposure to PHESGO during pregnancy or within 7 months prior to conception can result in fetal harm. Advise female patients to contact their healthcare provider with a known or suspected pregnancy [*see Use in Specific Populations (8.1)*].
- Advise women who are exposed to PHESGO during pregnancy or within 7 months prior to conception that there is a pregnancy pharmacovigilance program that monitors pregnancy outcomes. Encourage these patients to report their pregnancy to Genentech [*see Use in Specific Populations (8.1)*].
- Advise females of reproductive potential to use effective contraception during treatment and for 7 months following the last dose of PHESGO [*see Use in Specific Populations (8.3)*].

Hypersensitivity and Administration-Related Reactions

- Advise patients to contact their healthcare provider immediately and to report any symptoms of hypersensitivity and administration-related reactions including dizziness, nausea, chills, fever, vomiting, diarrhea, urticaria, angioedema, breathing problems, or chest pain [*see Warnings and Precautions (5.5)*].

PHESGO [pertuzumab, trastuzumab, and hyaluronidase-zzxf]

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