Date: 5 December 2018

Direct Healthcare Professional Communication

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

Dear Healthcare Professional,

Roche Products (New Zealand) Limited ("Roche") would like to inform you of a change to the Data Sheet for Tecentriq based on preliminary data from an ongoing clinical trial (IMvigor130) that show reduced survival with Tecentriq monotherapy compared to platinum-based chemotherapy when used as first-line treatment for urothelial carcinoma (UC) patients with low expression of PD-L1 (less than 5% PD-L1 expression on tumour-infiltrating immune cells).

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

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

Background on the efficacy concern

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

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

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Preliminary data showed a reduced survival with Tecentriq monotherapy compared to platinum-based chemotherapy in patients with metastatic urothelial cancer (mUC) who have not received prior therapy and whose tumours have low expression of the protein programmed death ligand 1 (PD-L1) (less than 5% PD-L1 expression on tumour-infiltrating immune cells). On 19 March 2018, the independent Data Monitoring Committee (iDMC) recommended that no new patients whose tumors have low PD-L1 expression should be recruited in Arm B. Patients already recruited in this arm were recommended to continue in the trial without treatment modification. Patients with tumors having high PD-L1 expression (5% or greater PD-L1 expression on tumour-infiltrating immune cells) were recommended to continue to be recruited in Arm B. Other arms of the trial (A and C) will continue as planned.

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

Further Information

The Therapeutic Indications and Clinical Trials sections of the Data Sheet have been updated in line with this new information. Before prescribing, please review the full Tecentriq Data Sheet available at www.medsafe.govt.nz.

If you have any questions or require additional information regarding the use of Tecentriq please contact Roche Medical Information on 0800 276 243 or email at auckland.medinfonz@roche.com.

Reporting Adverse Events

Roche will continue to monitor the safety of Tecentriq through established reporting mechanisms and notify regulatory authorities as per current regulations.

Please report any suspected adverse events via email to Roche Drug Safety at nz.drugsafety@roche.com. Alternatively, this information may be reported to the Centre for Adverse Reactions Monitoring (CARM) in Dunedin by telephone on (03) 479 7247, by fax on (03) 479 7150, online at https://nzphvc.otago.ac.nz/reporting or by email to nzphvc@otago.ac.nz.

Sincerely,

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