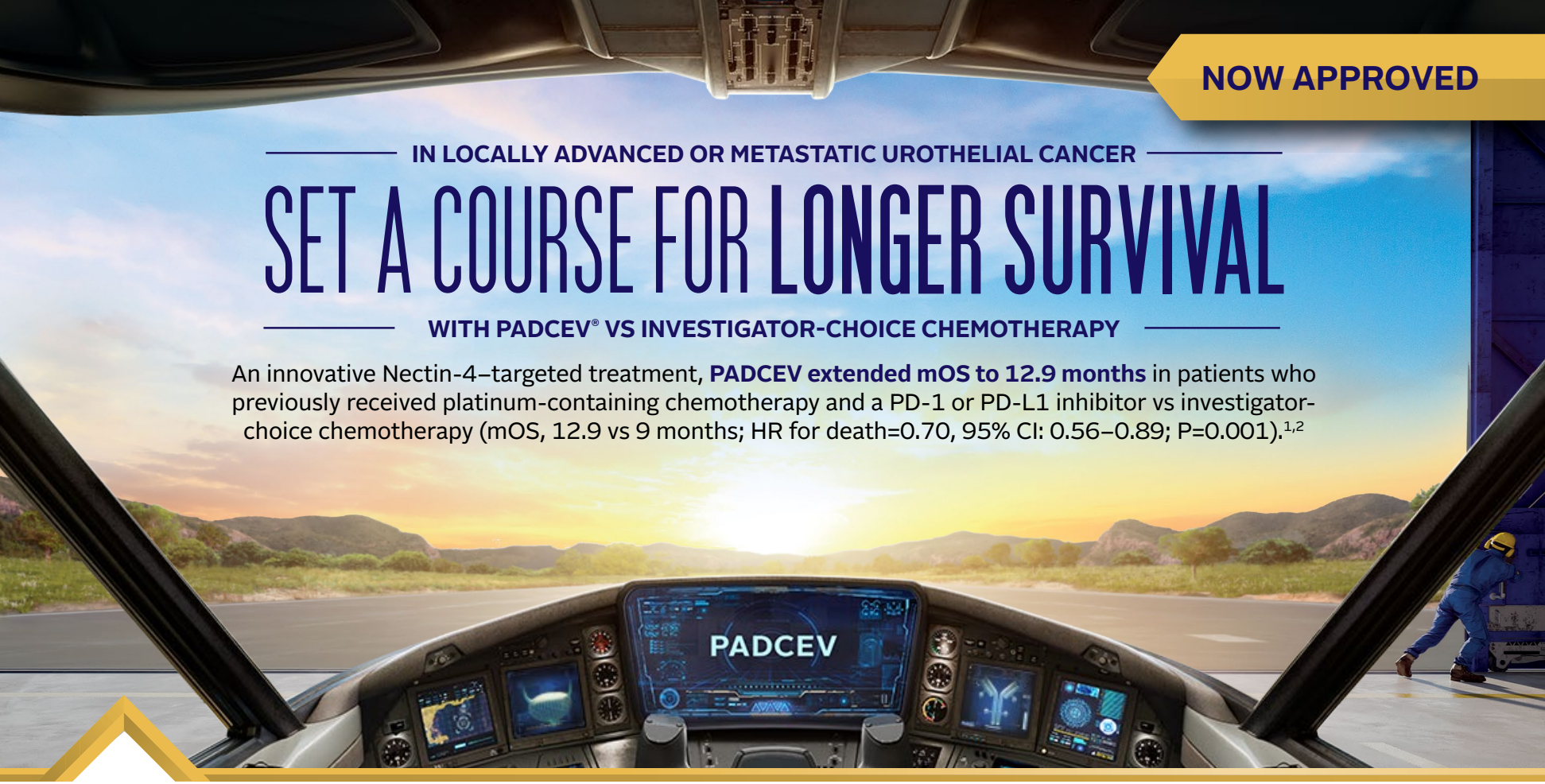

NOW APPROVED

IN LOCALLY ADVANCED OR METASTATIC UROTHELIAL CANCER

SET A COURSE FOR LONGER SURVIVAL

WITH PADCEV® VS INVESTIGATOR-CHOICE CHEMOTHERAPY

An innovative Nectin-4–targeted treatment, **PADCEV extended mOS to 12.9 months** in patients who previously received platinum-containing chemotherapy and a PD-1 or PD-L1 inhibitor vs investigator-choice chemotherapy (mOS, 12.9 vs 9 months; HR for death=0.70, 95% CI: 0.56–0.89; P=0.001).[1,2]

INDICATION

PADCEV is indicated for the treatment of adult patients with locally advanced (LA) or metastatic urothelial cancer (mUC) who have previously received a programmed death receptor-1 (PD-1) or programmed death-ligand 1 (PD-L1) inhibitor, and a platinum-containing chemotherapy in the neoadjuvant/adjuvant, locally advanced or metastatic setting.[1]

ADC – antibody-drug conjugate; CI – confidence interval; HR – hazard ratio; LA – locally advanced; mOS – median overall survival; mPFS – median progression-free survival; mUC – metastatic urothelial carcinoma; OR – odd ratio; ORR – objective response rate; PD-1 – programmed death receptor-1; PD-L1 – programmed death-ligand 1; QoL – quality of life; UC – urothelial carcinoma

PADCEV®
enfortumab vedotin
Powder for Concentrate for Solution for Infusion 20 mg and 30 mg vials

PADCEV has demostrated OS, PFS, and ORR benefits vs investigator-choice chemotherapy[1,2]

For patients with LA/ mUC who have received a platinum-containing regimen and PD-1 or PD-L1 inhibitor[1]

An innovative ADC targeted against Nectin-4 with no biomarker testing required[1,2]

12.9 months mOS delivered to patient population with PADCEV vs 9.0 months with investigator-choice chemotherapy (HR for death=0.70, 95% CI: 0.58–0.89; P=0.001[†‡1,2]

38% reduction in risk of disease progression or death with PADCEV vs investigator-choice chemotherapy (mPFS of 5.6 months vs 3.7 months, respectively [HR=0.62, 95% CI: 0.51–0.75; P<0.001])[†§1,2]

> 2x ORR with PADCEV vs investigator-choice chemotherapy (41% [95% CI: 35–47] vs 18% [95% CI: 14–23]. respectively, P<0.001)[‡‖1,2]

A manageable safety profile in a pre-treated population[1,2]

Most adverse reactions reported with PADCEV were Grade 1–2. The incidence of treatment-related adverse events was similar with PADCEV and with chemotherapy[1,2]

Maintained QoL vs investigator –choice chemotherapy[1]

Patients treated with PADCEV reported less pain vs single-agent chemotherapy (52% reported an improvement in pain with PADCEV vs 29% with investigator-choice chemotherapy, OR=2.76, CI=1.81–4.22)[1]

You can start PADCEV at the first sign of progression in appropriate patients with LA/mUC[1]

References: 1. PADCEV Singapore Approved Package Insert May 2022 **2.** Powles T, Rosenberg JE, Sonpavde GP, et al. Entortumab Vedotin in Previously Treated Advanced Urothelial Carcinoma. N Engl J Med. 2021; 384(12): 1125–1135. **3.** Astellas Data on File. EV-301 Clinical Study Report.

*Investigator-choice chemotherapy: standard docetaxel, paclitaxel or vinflunine.[2]
† One-sided P-value; pre-determined efficacy boundary = 0.00679 (adjusted by observed deaths of 301).[2]
‡ One-sided P-value; pre-determined efficacy boundary = 0.02189 (adjusted by observed PFS1 events of 432).[3]
§ One-sided P-value; pre-determined efficacy boundary = 0.025 (adjusted by 100% information fraction).[1]

Adverse Event Statement:
Report any adverse events to Astellas Pharma Singapore Pte. Ltd. at pv@sg.astellas.com. Alternatively, adverse events may be reported to the Health Sciences Authority at Tel: 6866 1111, Fax: 6478 9069 or online at https://www.hsa.gov.sg/adverse-events.

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