RAMUCIRUMAB + PACLITAXEL

THE FIRST AND ONLY FDA-APPROVED combination regimen included in the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) with a CATEGORY 1 recommendation

for the treatment of locally advanced or metastatic gastric or GEJ adenocarcinoma in the second-line setting[1,2,3]

A PREFERRED OPTION[1,2]

CATEGORY 1 NCCN Guidelines® Recommendations:

Locally Advanced or Metastatic Gastric Adenocarcinoma*[2]

- ✓ Single-agent ramucirumab
- ✓ Ramucirumab with paclitaxel

Locally Advanced or Metastatic Esophagogastric Junction Adenocarcinoma†[3]

- ✓ Single-agent ramucirumab
- ✓ Ramucirumab with paclitaxel

CATEGORY 1: Based upon high-level evidence, there is uniform National Comprehensive Cancer Network® (NCCN®) consensus that the intervention is appropriate.

References: 1. CYRAMZA Prescribing Information - Singapore, 22 June 2021. **2.** Referenced with permission from The NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Gastric Cancer V.2.2019. © National Comprehensive Cancer Network, Inc. 2015. All rights reserved. Accessed June 30, 2021. To view the most recent and complete version of the guidelines, go online to http://www.nccn.org. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, NCCN GUIDELINES®, and all other NCCN content are trademarks owned by the National Comprehensive Cancer Network, Inc. **3.** Referenced with permission from The NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Esophageal and Esophagogastric Junction Cancers V.2.2019. © National Comprehensive Cancer Network, Inc. 2015. All rights reserved. Accessed June 30, 2021. To view the most recent and complete version of the guidelines, go online to http://www.nccn.org. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, NCCN GUIDELINES®, and all other NCCN content are trademarks owned by the National Comprehensive Cancer Network, Inc.

*NCCN Guidelines for Gastric Cancer V.2.2019 recommend single-agent ramucirumab (CYRAMZA) and ramucirumab (CYRAMZA) in combination with paclitaxel as preferred second-line treatment options for locally advanced or metastatic gastric adenocarcinoma.

†NCCN Guidelines for Esophageal and Esophagogastric Junction (EGJ) Cancers V.2.2019 recommend single-agent ramucirumab (CYRAMZA) and ramucirumab (CYRAMZA) in combination with paclitaxel as preferred second-line treatment options for locally advanced or metastatic EGJ adenocarcinoma.

CYRAMZA + PACLITAXEL: EFFICACY OVERVIEW[1]

MEDIAN OS

Major Outcome Measure (95% CI)

CYRAMZA + paclitaxel (n=330): **9.6** MONTHS (8.5, 10.8)

VS

Placebo + paclitaxel (n=335): **7.4** MONTHS (6.3, 8.4)

Hazard ratio=0.81 [0.68, 0.96]; *P*=0.017

MEDIAN PFS

Supportive Outcome Measure (95% CI)

CYRAMZA + paclitaxel (n=330): **4.4** MONTHS (4.2, 5.3)

VS

Placebo + paclitaxel (n=335): **2.9** MONTHS (2.8, 3.0)

Hazard ratio=0.64 (0.54, 0.75); *P*<0.001

ORR

Supportive Outcome Measure (95% CI)

CYRAMZA + paclitaxel (n=330): **28%** (23, 33)

VS

Placebo + paclitaxel (n=335): **16%** (13, 20)

P<0.001

Abbreviated Prescribing Information:

C: One ml contains 10 mg ramucirumab. **I:** Gastric cancer: Cyramza as a single agent or in combination with paclitaxel, is indicated for the treatment of adult patients with advanced or metastatic, gastric or gastro-oesophageal junction adenocarcinoma, with disease progression on or after prior fluoropyrimidine- or platinum-containing chemotherapy. Non-small cell lung cancer (NSCLC): Cyramza in combination with erlotinib is indicated for the first-line treatment of adult patients with metastatic non-small cell lung cancer with activating epidermal growth factor receptor (EGFR) mutations. Cyramza in combination with docetaxel, is indicated for the treatment of adult patients with locally advanced or metastatic NSCLC with disease progression on or after platinum based chemotherapy. Colorectal cancer: Cyramza in combination with FOLFIRI (irinotecan, folinic acid, and 5-fluorouracil), is indicated for the treatment of adult patients with metastatic colorectal cancer with disease progression on or after prior therapy with bevacizumab, oxaliplatin and a fluoropyrimidine. Hepatocellular carcinoma (HCC): Cyramza monotherapy is indicated for the treatment of adult patients with advanced or unresectable HCC who have a serum alpha fetoprotein (AFP) of ⩾ 400 ng/ml and who have been previously treated with sorafenib. **D:** Gastric cancer and gastro-oesophageal junction (GEJ) adenocarcinoma: Cyramza in combination with paclitaxel: 8 mg/kg on Days 1 and 15 of a 28-day cycle, prior to paclitaxel infusion. Cyramza as a single agent: 8 mg/kg every 2 weeks. NSCLC: 10 mg/kg on Day 1 of a 21-day cycle, prior to docetaxel infusion. NSCLC with activating EGFR mutations: Cyramza 10 mg/kg every two weeks in combination with erlotinib. Colorectal cancer: 8 mg/kg every 2 weeks administered by intravenous infusion, prior to FOLFIRI administration. HCC: 8 mg/kg every 2 weeks **CI:** Hypersensitivity to the active substance or to any of the excipients. For patients with NSCLC, Cyramza is contraindicated where there is tumour cavitation or tumour involvement of major vessels. **SP:** Arterial thromboembolic events, gastrointestinal perforations, severe bleeding, gastrointestinal haemorrhage, pulmonary haemorrhage in NSCLC, infusion-related reactions, hypertension, PRES, aneurysms and artery dissections, impaired wound healing, hepatic impairment, fistula, proteinuria, stomatitis, renal impairment, sodium restricted diet, reversible posterior leukoencephalopathy syndrome, thyroid dysfunction, elderly patients with NSCLC **AR:** Very common (⩾ 1/10): Thrombocytopenia , headache, hypertension, abdominal pain, diarrhoea, proteinuria, peripheral oedema, infections, neutropenia, leukopenia, anaemia, epistaxis, stomatitis, alopecia, fatigue, mucosal inflammation, peripheral oedema. **P/P:** 1 vial of 10 ml or 50 ml. **Reference:** Cyramza PI 30 Mar 2021 revision, approved 22 Jun 2021.

CYRAMZA® (ramucirumab)

TAKE ACTION

CYR/LBM/300621/JL