

THINK POSITIVE,  
THINK **ALECENSA®** FIRST



GUIDELINES

NCCN GUIDELINES:

recommended **alectinib as the preferred 1L therapy option** (category 1) in ALK+ NSCLC<sup>1</sup>.

ESMO CLINICAL PRACTICE GUIDELINES:

for ALK-rearranged NSCLC gave **alectinib the highest level of recommendation [I, A]** and the highest Magnitude of Clinical Benefit Scale score of 4<sup>2</sup>.

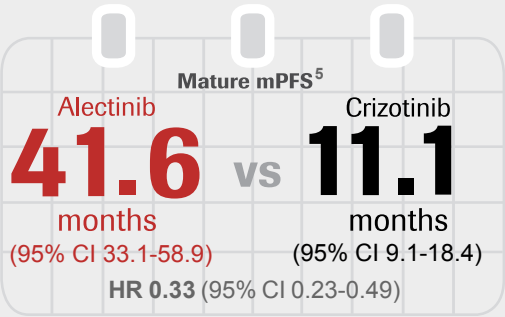
ASCO GUIDELINES:

recommended alectinib as the **preferred option in the first-line** (evidence quality: high; strength of recommendation: strong)<sup>3</sup>

ALESIA: multicentre, phase III, open-label study of alectinib vs crizotinib in untreated Asian patients with advanced ALK+ NSCLC <sup>4</sup>.

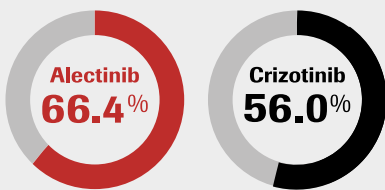
EFFICACY

3x longer efficacy benefit with alectinib vs crizotinib<sup>5</sup>



**Consistent mPFS benefit** in alectinib-treated patients, irrespective of **CNS metastases** at baseline<sup>5,6</sup>

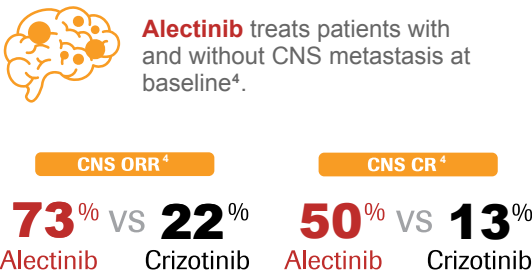
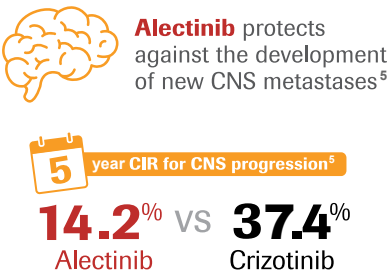
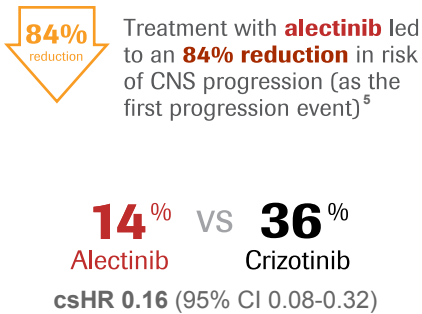
**Clinically meaningful improvement in OS** with alectinib vs crizotinib at **5 years**<sup>5</sup>



With Asian patients as the study cohort, clinically meaningful improvement in both PFS and OS vs crizotinib consistent with ALEX trial <sup>4-6</sup>.

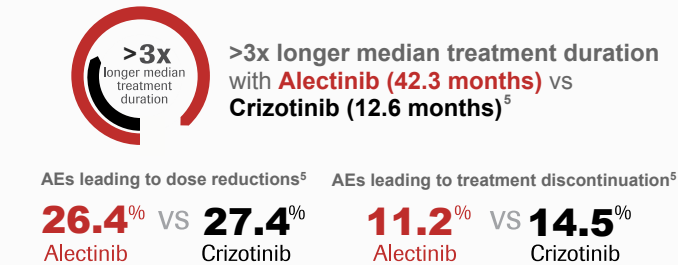
CNS PROTECTION AND EFFICACY

Superior CNS benefit with alectinib vs crizotinib<sup>4,5</sup>



SAFETY AND TOLERABILITY

Alectinib is well tolerated and has a well-characterised, manageable safety profile across multiple clinical trials and in clinical practice <sup>4-6</sup>



Most common Grade ≥ 3 AEs<sup>5</sup>

Alectinib	VS	Crizotinib
• <b>8.8%</b> Weight increase		• <b>0.8%</b> Nausea
• <b>2.4%</b> ALT increased		• <b>4.8%</b> ECG QT prolonged
		• <b>14.5%</b> Neutrophil count decreased
		• <b>6.5%</b> ALT increased

**Consistent safety profile of alectinib with no new safety signals at 5 years with longer treatment duration vs crizotinib<sup>5</sup>**

WEALTH OF EVIDENCE



**Alectinib** has a **wealth of evidence** in the first-line setting, with **consistent results** in 380 patients treated in our pivotal phase III trials (ALEX and ALESIA),<sup>4-6</sup> which are now translating into real-world clinical practice<sup>7</sup>



**ALECENSA** is indicated for the **first-line treatment** of patients with **anaplastic lymphoma kinase (ALK)-positive locally advanced or metastatic non-small cell lung cancer (NSCLC)**.<sup>8</sup>

AE, adverse event; ALK, anaplastic lymphoma kinase; ALT, alanine aminotransferase; ASCO, American Society of Clinical Oncology; CI, confidence interval; CIR, cumulative incidence rate; CNS, central nervous system; CPK, creatine phosphokinase; CR, complete response;csHR, cause-specific hazard ratio; ESMO, European Society for Medical Oncology; HR, hazard ratio; NCCN, National Comprehensive Cancer Network; NE, not evaluable; NSCLC, non-small cell lung cancer; ORR, objective response rate; OS, overall survival;mPFS, median progression-free survival; TKI, tyrosine kinase inhibitor

References:

**1.** .Ganti AKP, Loo BW, Bassetti M, Blakely C, Chiang A, D'Amico TA, D'Avella C, Dowlati A, Downey RJ, Edelman M, Florsheim C, Gold KA, Goldman JW, Grecula JC, Hann C, Iams W, Iyengar P, Kelly K, Khalil M, Koczywas M, Merritt RE, Mohindra N, Molina J, Moran C, Pokharel S, Puri S, Qin A, Rusthoven C, Sands J, Santana-Davila R, Shafique M, Waqar SN, Gregory KM, Hughes M. Small Cell Lung Cancer, Version 2.2022, NCCN Clinical Practice Guidelines in Oncology. J Natl Compr Canc Netw. 2021 Dec;19(12):1441-1464. doi: 10.6004/jnccn.2021.0058. PMID: 34902832.; **2.**Hendriks LE, Kerr KM, Menis J, Mok TS, Nestle U, Passaro A, Peters S, Planchard D, Smit EF, Solomon BJ, Veronesi G, Reck M; ESMO Guidelines Committee. Electronic address: clinicalguidelines@esmo.org. Oncogene-addicted metastatic non-small-cell lung cancer: ESMO Clinical Practice Guideline for diagnosis, treatment and follow-up. Ann Oncol. 2023 Jan 23:S0923-7534(22)04781-0. doi: 10.1016/j.annonc.2022.12.009. Epub ahead of print. PMID: 36872130.; **3.** Owen DH, Singh N, Ismaila N, Blanchard E, Celano P, Florez N, Jain D, Leighl NB, Mamdani H, Masters G, Moffitt PR, Naidoo J, Phillips T, Riely GJ, Robinson AG, Schenk E, Schneider BJ, Sequist L, Spigel DR, Jaiyesimi IA. Therapy for Stage IV Non-Small-Cell Lung Cancer With Driver Alterations: ASCO Living Guideline, Version 2022.2. J Clin Oncol. 2023 Feb 10;41(5):e10-e20. doi: 10.1200/JCO.22.02124. Epub 2022 Dec 19. PMID: 36534938.; **4.** Zhou C, Kim SW, Reungwetwattana T, Zhou J, Zhang Y, He J, Yang JJ, Cheng Y, Lee SH, Bu L, Xu T, Yang L, Wang C, Liu T, Morcos PN, Lu Y, Zhang L. Alectinib versus crizotinib in untreated Asian patients with anaplastic lymphoma kinase-positive non-small-cell lung cancer (ALESIA): a randomised phase 3 study. Lancet Respir Med. 2019 May;7(5):437-446. doi: 10.1016/S2213-2600(19)30053-0. Epub 2019 Apr 10. PMID: 30981696.; **5.** Zhou C, Lu Y, Kim SW, Baisamut (Reungwetwattana) T, Zhou J, Zhang Y, He J, Yang JJ, Cheng Y, Lee SH,10 Chang J, Fang J, Liu Z, Bu L, Qian L, Xu T, Archer V, Hilton M, Zhou M, Zhang L. Alectinib vs crizotinib in Asian patients with treatment-naïve advanced ALK+ non-small cell lung cancer: 5-year update from the Phase 3 ALESIA study. ESMO. 2022.; **6.** Mok T, Camidge DR, Gadgeel SM, Rosell R, Dziadziuszko R, Kim DW, Pérol M, Ou SI, Ahn JS, Shaw AT, Bordogna W, Smoljanovi V, Hilton M, Ruf T, Noé J, Peters S. Updated overall survival and final progression-free survival data for patients with treatment-naive advanced ALK-positive non-small-cell lung cancer in the ALEX study. Ann Oncol. 2020 Aug;31(8):1056-1064. doi: 10.1016/j.annonc.2020.04.478. Epub 2020 May 11. PMID: 32418886.; **7.** Krebs M, Polito L, Smoljanovic V, Trinh, H Crane, G. Treatment patterns and outcomes for patients (pts) with anaplastic lymphoma kinase-positive (ALK+) advanced non-small cell lung cancer (NSCLC) in US clinical practice. Annals of Oncology. 2019. 30. 10.1093/annonc/mdz260.068. **8.** Alecensa® Package Insert version Jan 2022

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