



The only nationally subsidized immunotherapy option for early stage NSCLC in Singapore.

TECENTRIQ®
atezolizumab



ADJUVANT TECENTRIQ: A new treatment option in early-stage NSCLC

IMpower010: adjuvant TECENTRIQ (atezolizumab), following chemotherapy in patients with PD-L1-high resected Stage II-III* NSCLC, excluding EGFR/ALK+ disease

Cancer returns within **five years** for most people with resected NSCLC²

Despite adjuvant chemotherapy, approximately

60% of people with Stage II²



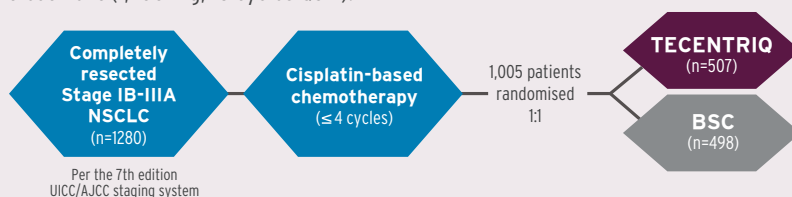
75% of people with Stage III²



experience recurrence within **five years of surgery²**

IMpower010: A global phase 3, randomised, open-label trial¹

Patients received chemotherapy before receiving ~1 year of adjuvant TECENTRIQ treatment (1,200 mg, 16 cycles Q3W).³



Primary endpoint:¹

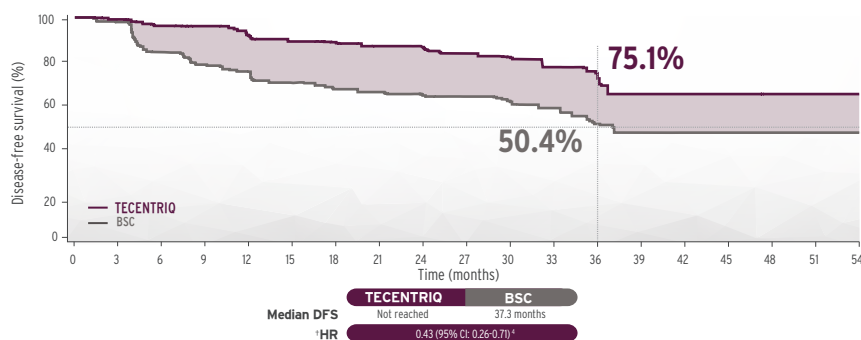
- Investigator-assessed disease-free survival (DFS)

Select secondary endpoints:¹

- Overall survival (OS) in the intention-to-treat (ITT) population,
- DFS in PD-L1-high (≥50%) Stage II-III^A* population

Baseline characteristics, including histology, stage of disease and PD-L1 status were well-balanced between treatment arms.¹

IMpower010 met its primary endpoint of DFS in the PD-L1≥1% Stage II-III* population with an improved magnitude of benefit in the PD-L1-high population.³



Adjuvant TECENTRIQ
reduced the risk of disease recurrence or death by

57%
vs BSC

in people with Stage II-III* NSCLC, excluding EGFR/ALK+ disease⁴

The DFS benefit was consistent across Stage II and Stage IIIA disease, with adjuvant TECENTRIQ, compared with BSC⁴

In the PD-L1 TC ≥50% stage II-III^A subpopulation, a clinically meaningful OS trend in favor of atezolizumab was observed [HR of 0.43 (95% CI: 0.24, 0.78)]⁶



Scan here for the full presentation slide of IMpower 010 OS update at WCLC 2022

The safety profile in IMpower010, in the overall population (ITT), was consistent with that of adjuvant TECENTRIQ monotherapy across multiple cancer types. No new safety signals were observed. The most common adverse events were generally low grade and manageable.^{1,3}

BSC, best supportive care.

*Stage II-III^A (TNM 7th edition)/select Stage II-III^B (TNM 8th edition)¹⁵ ¹Unstratified

References: 1. TECENTRIQ (atezolizumab), Singapore Prescribing Information September 2022 2. Pignon J-P et al; Lung adjuvant cisplatin evaluation: a pooled analysis by the LACE Collaborative Group. J Clin Oncol. 2008; 26:3552-3559. 3. Felip E et al; Adjuvant atezolizumab after adjuvant chemotherapy in resected stage IB-III^A non-small-cell lung cancer (IMpower010): a randomised, multicentre, open-label, phase 3 trial. Lancet. 2021;398:1344-1357. 4. Felip E et al; Atezolizumab vs best supportive care in stage II-III^A NSCLC with high PD-L1 expression: sub analysis from the pivotal phase III IMpower010 study. Presented at: European Lung Cancer Congress; 30 March - 2 April 2022. 5. Goldstraw P et al; The IASLC Lung Cancer Staging Project: proposals for revision of the TNM stage groupings in the forthcoming (eighth) edition of the TNM Classification for lung cancer. J Thorac Oncol. 2016;11(1):39-51. 6. H. Wakelee et al. PL03.09 IMpower010: Overall Survival Interim Analysis of a Phase III Study of Atezolizumab vs Best Supportive Care in Resected NSCLC. WCLC 2022. August 8, 2022. Vienna, Austria



For Healthcare Professionals only

Before prescribing Tecentriq, please consult the full local prescribing information by visiting <https://www.roche.com.sg/en/pharma/tecentriq.html> or by scanning the following QR code.

ENHANCED SAFETY REPORTING FOR POTENTIAL Tecentriq-EXPOSED Pregnancy: e.g. If a pregnancy occurs while using Tecentriq or within 7 months following the last dose of Tecentriq, please immediately report pregnancy to the local Roche Adverse Event email at singapore.drugsafety@roche.com or call (65) 6735 0550. Additional information will be requested during a Tecentriq-exposed pregnancy and the first year of the infant's life. This will enable Roche to better understand the safety of Tecentriq and to provide appropriate information to Health Authorities, Healthcare Providers and patients.

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