

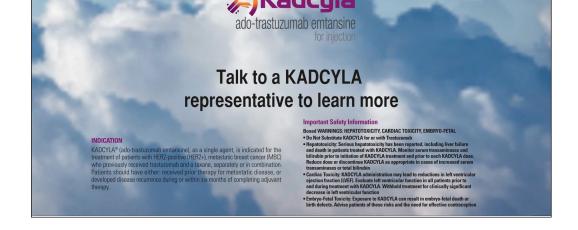


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The following additional serious adverse reactions have been reported in clinical trials with KADCYLA:

- Interstitial Lung Disease (ILD), including pneumonitis, some leading to acute respiratory distress syndrome or fatality: KADCYLA should be permanently discontinued in patients diagnosed with ILD or pneumonitis
- Infusion-related reactions (IRRI), Hypersensitivity: KADCYLA treatment should be interrupted in
 patients with severe IRR and permanently discontinued in the event of a life-threatening IRR
- Thrombocytopenia: Monitor platelet counts prior to initiation of KADCYLA and prior to each dose. Institute dose modifications as appropriate
- Peripheral neuropathy: KADCYLA should be temporarily discontinued in patients experiencing Grade 3 or 4 peripheral neuropathy until resolution to ≤ Grade 2
- Reactions secondary to extravasation: The infusion site should be closely monitored for possible subcutaneous infiltration during drug administration

Additional Important Safety Information:

- Detection of HER2 protein overexpression or gene amplification is necessary for selection of patients appropriate for KADCYLA therapy
- Nursing mothers: Discontinue nursing or discontinue KADCYLA taking into consideration the importance of the drug to the mother
- The most common adverse drug reactions (frequency > 25%) across clinical trials with KADCYLA were fatigue, nausea, musculoskeletal pain, thrombocytopenia, headache, increased transaminases, and constipation

You are encouraged to report side effects to Genentech and the FDA. You may contact Genentech by calling 1-888-835-2555. You may contact the FDA by visiting www.fda.gov/medwatch or calling 1-800-FDA-1088.

Please see KADCYLA full Prescribing Information for additional important safety information, including Boxed WARNINGS.

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