[KADCYLA FAQ SCRIPT FOR INBOUND CALLS]

[REQUIRED CONTENT]

Notes:

1. This is an FAQ script for inbound calls.
2. Copy in gray highlights reflects instructions for the Nurse and will not be read aloud to caller
3. Start with the greeting in the General Introduction section, and then proceed to the appropriate FAQ to address each caller's needs.
4. Read disclaimer below and remind caller that the information provided is for educational purposes only and is not meant to replace the advice of his or her healthcare provider.
5. Inform each caller that the call will be recorded for quality and training purposes.
6. Read the appropriate Indication Statement and Boxed Warning to each caller at the start of the call, as part of the General Introduction/greeting.
7. Read the generic name ado-trastuzumab emtansine (a-DO tras-TOO-zoo-mab em-TAN-seen) to the caller at the first mention of KADCYLA.
8. Read the Important Safety Information at the end of each call. Direct caller to a specific section of the PI for additional information. Do not try to interpret or explain information in the PI. Direct caller to the Internet for the full PI or, if he/she does not have Internet access, send him/her a copy of the PI in the mail. See Transactional opt-in script.
9. The questions at the end of each FAQ are meant to guide you in assessing the caller's understanding of the information and the answer. Use them as you feel necessary.
10. If a person calls to opt out of the program, or if at any time during the call the person wishes to opt out, he or she may opt out of the program. See Opt-Out script. The call center will record the reason for the opt-out and remove the caller from the program.
11. All questions and responses are intended for use with patients, caregivers, and healthcare providers unless otherwise noted.

[Disclaimer should be read to all callers.]

The information provided is not intended to be a substitute for the advice of your healthcare team. Always discuss with your healthcare team any questions you may have about your cancer therapy and treatment with KADCYLA™ (ado-trastuzumab emtansine).

[Indication statement should be read to the caller at the start of each call. Read professional indication for HCPs and patient indication for all other callers. Read the boxed warning after the indication statement.]

[HCP indication]

KADCYLA, or ado-trastuzumab emtansine, injection for intravenous use, as a single agent, is indicated for the treatment of patients with HER2-positive, metastatic breast cancer, or MBC, who previously received trastuzumab and a taxane, separately or in combination. Patients should have either:

- Received prior therapy for metastatic disease, or
- Developed disease recurrence during or within six months of completing adjuvant therapy

[Patient indication]

KADCYLA is approved to treat HER2-positive breast cancer that has spread to other parts of the body (metastatic breast cancer) after prior treatment with trastuzumab (Herceptin) and a taxane. Prior treatment could have been for the initial treatment of breast cancer or for the treatment of cancer that had spread to other parts of the body.

[Boxed warning should be read to the caller after the indication statement, at the start of each call. Read professional boxed warning to HCPs and patient boxed warning for all other callers.]

[HCP boxed warning]

Boxed WARNINGS: HEPATOTOXICITY, CARDIAC TOXICITY, EMBRYO-FETAL TOXICITY

- **Do not substitute KADCYLA for or with trastuzumab**
- **Hepatotoxicity: Serious hepatotoxicity has been reported, including liver failure and death in patients treated with KADCYLA. Monitor serum transaminases and bilirubin prior to initiation of KADCYLA treatment and prior to each KADCYLA dose. Reduce dose or discontinue KADCYLA as appropriate in cases of increased serum transaminases or total bilirubin**
- **Cardiac toxicity: KADCYLA administration may lead to reductions in left ventricular ejection fraction (LVEF). Evaluate left ventricular function in all patients prior to and during treatment with KADCYLA. Withhold treatment for clinically significant decrease in left ventricular function**
- **Embryo-fetal toxicity: Exposure to KADCYLA can result in embryo-fetal death or birth defects. Advise patients of these risks and the need for effective contraception**

[Patient boxed warning]

What is the most important safety information I should know about KADCYLA?

KADCYLA is not the same medicine as trastuzumab, known as Herceptin.

There are possible serious side effects of KADCYLA. Contact your doctor right away if you experience any of these symptoms. Your doctor may do tests before starting KADCYLA and before each dose to monitor for these side effects. KADCYLA treatment may be stopped or the dose may be lowered if you experience any of these side effects.

Liver problems

- KADCYLA may cause severe liver problems that can be life-threatening. Symptoms of liver problems may include vomiting, nausea, eating disorder (anorexia), yellowing of the skin (jaundice), stomach pain, dark urine, or itching

Heart problems

- KADCYLA may cause heart problems, including those without symptoms (such as reduced heart function) and those with symptoms (such as congestive heart failure). Symptoms may include swelling of the ankles or legs, shortness of breath, cough, rapid weight gain of greater than 5 lbs in less than 24 hours, dizziness or loss of consciousness, or irregular heartbeat

Pregnancy

- Receiving KADCYLA during pregnancy can result in the death of an unborn baby and birth defects. Birth control should be used while you receive KADCYLA and for 6 months after your last dose of KADCYLA
- If you are exposed to KADCYLA during pregnancy, contact your healthcare provider right away; you are also encouraged to enroll in the MotHER Pregnancy Registry by calling 1-800-690-6720
- If you are a mother who is breastfeeding, you should talk with your doctor about either stopping breastfeeding or stopping KADCYLA

Contact your doctor right away if you experience symptoms associated with these side effects.

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