14th January 2016

Tarceva® (erlotinib): First line maintenance indication now restricted to treatment of patients whose tumors harbor an EGFR-activating mutation

Dear Healthcare Professional,

Roche Products (Ireland) Limited would like to inform you about an important change to the Tarceva® (erlotinib) prescribing information.

Summary

- **Tarceva is no longer indicated for the first line maintenance treatment in patients without an epidermal growth factor receptor (EGFR) activating mutation based on data from the IUNO study. This study led to the conclusion that the benefit-risk of Tarceva for maintenance treatment of patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) after 4 cycles of standard platinum-based first-line chemotherapy whose tumors do not harbor an EGFR-activating mutation is no longer considered favorable.**
- **The indication has been revised to the following: *"Tarceva is also indicated for switch maintenance treatment in patients with locally advanced or metastatic NSCLC with EGFR activating mutations and stable disease after first-line chemotherapy".***
- **This information is being sent in agreement with the European Medicines Agency.**

Further information

The IUNO study is a randomized, double-blind, placebo-controlled, phase 3 study of first-line maintenance Tarceva versus initiating Tarceva at the time of disease progression in patients with advanced NSCLC whose tumors did not harbor an EGFR-activating mutation (exon 19 deletion or exon 21 L858R mutation) and who had not progressed following 4 cycles of platinum-based chemotherapy. Patients were randomized to receive maintenance Tarceva or maintenance placebo followed by chemotherapy/best supportive care or Tarceva upon disease progression, respectively.

Overall survival (OS) was not superior in patients randomized to receive maintenance Tarceva followed by chemotherapy upon progression compared to patients randomized to receive maintenance placebo followed by Tarceva upon progression (HR=1.02, 95% CI, 0.85 to 1.22, p=0.82). In the maintenance phase, patients who received Tarceva also did not have superior progression-free survival (PFS) compared with patients who received placebo (HR=0.94, 95% CI, 0.80 to 1.11, p=0.48).

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Based on the results observed in the IUNO study, Tarceva is no longer indicated for maintenance treatment in patients without an EGFR activating mutation. Consequently, the first line maintenance indication in section 4.1 Therapeutic indication – Non small cell lung cancer of the Summary of Product Characteristics has been revised as indicated in the summary section above.

Changed from:

> "*Tarceva is also indicated as monotherapy for maintenance treatment in patients with locally advanced or metastatic NSCLC with stable disease after 4 cycles of standard platinum-based first-line chemotherapy*"

Changed to:

> *"Tarceva* ***is also indicated for switch*** *maintenance treatment in patients with locally advanced or metastatic NSCLC* ***with EGFR activating mutations and*** *stable disease* ***after first-line chemotherapy***"

The product information for Tarceva has been updated to implement this change. Full prescribing and adverse event information for Tarceva will be available shortly in the product information via:

- www.medicines.ie
- www.ema.europe.eu
- www.hpra.ie

Call for Reporting

Healthcare professionals should report any suspected side effects of Tarceva. Suspected adverse reactions should be reported to the HPRA using a Yellow Card obtained either from the HPRA, or electronically via the website at www.hpra.ie. Adverse reactions can also be reported to the HPRA by calling (01) 676 4971.

Adverse events should also be reported to the Drug Surveillance Centre in Roche Products (Ireland) Limited by mail, telephone (01-4690700), fax (01-4690793) or email (Ireland.drug_surveillance_centre@roche.com).

Company contact point

For further information or any questions please contact Roche Medical Information by mail, telephone (01-4690700), fax (01-4690791) or email (ireland.druginfo@roche.com).

Please distribute this communication further within your team.

Yours,

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