
HER2-POSITIVE BREAST CANCER

DIAGNOSTIC TOOLS AND CHALLENGES

PRESENTED BY:

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PROGRAM DATE:

Thursday, June 3, 2010

AUDIENCE

This oncology program has been developed for physician peer-to-peer discussion and participation.

SCHEDULE OF EVENTS

- 6:30 PM Registration
- 7:00 PM Welcome and Introduction
- 7:15 PM Presentation and Dinner
- 8:15 PM Question and Answer Session
- 8:30 PM Conclusion

LOCATION

Outback Steakhouse
4808 South Thompson Street
Springdale, AR 72764
479-872-2800

You may RSVP by visiting us online at www.genie-sb.com or by calling 1 (877) 436.4372.

HOST

Douglas Campbell
Genentech BioOncology

Please note that this is a promotional educational program; CME credits will not be available.

EVENT CODE

27707

Please see accompanying full Prescribing Information including BOXED WARNINGS and additional Important Safety Information.

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ADJUVANT INDICATIONS

Herceptin is indicated for adjuvant treatment of HER2-overexpressing node-positive or node-negative (ER/PR-negative or with one high-risk feature*) breast cancer:

- As part of a treatment regimen containing doxorubicin, cyclophosphamide, and either paclitaxel or docetaxel
- With docetaxel and carboplatin
- As a single agent following multi-modality anthracycline-based therapy

*High-risk features for patients with ER/PR+ breast cancer include: tumor size >2 cm, age <35 years, and histologic and/or nuclear grade 2/3.

METASTATIC INDICATIONS

Herceptin is indicated:

- In combination with paclitaxel for the first-line treatment of HER2-overexpressing metastatic breast cancer
- As a single agent for treatment of HER2-overexpressing breast cancer in patients who have received one or more chemotherapy regimens for metastatic disease

BOXED WARNINGS and Additional Important Safety Information

Herceptin administration can result in sub-clinical and clinical cardiac failure manifesting as congestive heart failure and decreased left ventricular ejection fraction. Serious infusion reactions and pulmonary toxicity have occurred; fatal infusion reactions have been reported. Exacerbation of chemotherapy-induced neutropenia has also occurred. Herceptin can cause oligohydramnios and fetal harm when administered to a pregnant woman. The most common adverse reactions associated with Herceptin use were fever, nausea, vomiting, infusion reactions, diarrhea, infections, increased cough, headache, fatigue, dyspnea, rash, neutropenia, anemia, and myalgia.

Please see accompanying full Prescribing Information including BOXED WARNINGS and additional Important Safety Information.