Clinical Review of CABOMETYX: A Treatment Standard for Advanced Renal Cell Carcinoma*

12th Annual New Orleans Summer Cancer Meeting

Presented by:
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Baton Rouge Clinic

Date: Saturday, July 22, 2017
Location: Roosevelt Hotel
130 Roosevelt Way
New Orleans, LA 70112

Time: 12:15pm
Hosted by: Mike Myers
mmyers@exelixis.com
985-960-3569

Register for this program today!*

Indication:
CABOMETYX™ is indicated for the treatment of patients with advanced renal cell carcinoma (RCC) who have received prior anti-angiogenic therapy.

Please see Important Safety Information on the following page and full Prescribing Information at this presentation and at https://cabometyx.com/downloads/cabometyxuspi.pdf.

Contact your local sales representative if you have any questions regarding this program.

Registration:
1. RSVP to
   mmyers@exelixis.com
   985-960-3569
3. Or you may complete the registration form below and fax it to 888-269-4201

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*Program is intended for HCPs including: Oncologists, NPs, PAs, RNs, Pharmacists, Medical Assistants
Important Safety Information

WARNINGS AND PRECAUTIONS

• Severe hemorrhage occurred with CABOMETYX. Grade ≥3 hemorrhagic events occurred in 2.1% of CABOMETYX patients vs 1.6% of everolimus patients. Fatal hemorrhages also occurred in the cabozantinib clinical program. Do not administer CABOMETYX to patients that have or are at risk for severe hemorrhage.

• Gastrointestinal (GI) perforations and fistulas were reported. Fistulas were reported in 1.2% (with 0.6% anal fistula) of CABOMETYX patients vs 0% of everolimus patients. GI perforations were reported in 0.9% of CABOMETYX patients vs 0.6% of everolimus patients. Fatal perforations occurred in the cabozantinib clinical program. Monitor patients for symptoms. Discontinue CABOMETYX in patients who experience a fistula that cannot be appropriately managed or a GI perforation.

• Thrombotic events increased with CABOMETYX. Venous thromboembolism (7.3% CABOMETYX vs 2.5% everolimus), pulmonary embolism (3.9% CABOMETYX vs 0.3% everolimus), and arterial thromboembolism events (0.9% CABOMETYX vs 0.3% everolimus) were reported. Fatal thrombotic events occurred in the cabozantinib clinical program. Discontinue CABOMETYX in patients who develop an acute myocardial infarction, cerebral infarction, or other serious arterial thromboembolic complication.

• Hypertension and hypertensive crisis occurred with CABOMETYX. Treatment-emergent hypertension increased with CABOMETYX. Hypertension was reported in 37% (15% grade ≥3) of CABOMETYX patients vs 71% (31% grade ≥3) of everolimus patients. Monitor blood pressure prior to initiation and regularly during CABOMETYX treatment. Withhold CABOMETYX for hypertension that is not adequately controlled with medical management; when controlled, resume CABOMETYX at a reduced dose. Discontinue CABOMETYX for hypertensive crisis or severe hypertension that cannot be controlled with antihypertensive therapy or medical management.

• Diarrhea occurred in 74% (11% grade 3) of CABOMETYX patients vs 28% (2% grade 3) of everolimus patients. Withhold CABOMETYX in patients who develop intolerable grade 2 diarrhea or grade 3-4 diarrhea that cannot be managed with standard anti diarrheal treatments until improvement to grade 1; resume CABOMETYX at a reduced dose.

• Palmar-plantar erythrodysesthesia (PPES) occurred in 42% (8.2% grade 3) of CABOMETYX patients vs 6% (<1% grade 3) of everolimus patients. Withhold CABOMETYX in patients who develop intolerable grade 2 PPES or grade 3 PPES until improvement to grade 1; resume CABOMETYX at a reduced dose.

• Reversible posterior leukoencephalopathy syndrome (RPLS), a syndrome of subcortical vasogenic edema diagnosed by characteristic finding on MRI, occurred in the cabozantinib clinical program. Evaluate for RPLS in patients presenting with seizures, headache, visual disturbances, confusion, or altered mental function. Discontinue CABOMETYX in patients who develop RPLS.

• Embryo-fetal toxicity may be associated with CABOMETYX. Advise pregnant women of the potential risk to a fetus. Advise females of reproductive potential to use effective contraception during CABOMETYX treatment and for 4 months after the last dose.

ADVERSE REACTIONS

The most commonly reported (≥25%) adverse reactions were diarrhea, fatigue, nausea, decreased appetite, PPES, hypertension, vomiting, weight decreased, and constipation.

DRUG INTERACTIONS

• Avoid strong CYP3A4 inhibitors. Reduce the dosage of CABOMETYX if concomitant use with strong CYP3A4 inhibitors cannot be avoided.

• Avoid strong CYP3A4 inducers. Increase the dosage of CABOMETYX if concomitant use with strong CYP3A4 inducers cannot be avoided.

USE IN SPECIFIC POPULATIONS

• Advise a lactating woman not to breastfeed during CABOMETYX treatment and for 4 months after the final dose.

• In patients with mild to moderate hepatic impairment, reduce the CABOMETYX dosage. CABOMETYX is not recommended for use in patients with severe hepatic impairment.