CABOMETYX™ (cabozantinib) tablets
60 mg | 40 mg | 20 mg

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

***After anti-angiogenic therapy**

13th Annual California Cancer Conference

Presented by:
Sandy Liu, MD
UCLA

Date: Saturday, August 19, 2017

Time: 12:20 PM

Location: The Langham Hotel, Pasadena
1401 South Oak Knoll Avenue
Pasadena, CA 91106
Plaza Meeting Room

Hosted by: Emily Beason
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310-625-9240

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
   Emily Beason
   ebeason@exelixis.com
   310-625-9240
2. Or Register Online at http://bit.ly/2eKODxa
3. Or you may complete the registration form below and fax it to 888-269-4201

Full Name | Credentials | Title

Institution | City | State | Zip Code

Email Address | Phone

License Number (only if licensed in MA or MN) | Meeting Code: 494

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

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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 7.1% (3.1% 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 antidiarrheal 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.

Please see accompanying full Prescribing Information at https://cabometyx.com/downloads/cabometyxuspi.pdf.

Minnesota, Vermont, the **Department of Defense,** and the **Department of Veterans Affairs,** and certain institutions have restrictions on receiving in-kind benefits (e.g., meals, valet parking) at company-sponsored events. You are accountable for understanding and complying with such restrictions. If you are licensed in or affiliated with any of these states, federal agencies, or institutions, Exelixis policies may restrict you from consuming any portion of the Exelixis-sponsored meal at this program or from receiving any other in-kind benefit from Exelixis (e.g., valet parking) in connection with the program.

For all program attendees who receive in-kind benefits at this program, Exelixis will report the attendee's name and the value received as required by federal and state disclosure laws.

The meal cost may vary by event location and be up to $135 per person (exceptions may apply).

Please refrain from inviting guests or spouses to these educational programs. Non-healthcare professionals are strictly prohibited from attending such programs.
