



Abraxane[®] for Injectable Suspension

(paclitaxel protein-bound particles for injectable suspension)
(albumin-bound)

In Metastatic Pancreatic Cancer (mPC)

ABRAXANE is indicated for the first-line treatment of patients with metastatic adenocarcinoma of the pancreas, in combination with gemcitabine.

Based on the MPACT trial

A PREFERRED 1L REGIMEN OPTION (CATEGORY 1 RECOMMENDATION)

Albumin-bound paclitaxel (ABRAXANE) + gemcitabine is a preferred first-line regimen option per NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines[®]) for metastatic pancreatic cancer¹

**NCCN
Category 1^a
Recommendation**

Patients with GOOD PERFORMANCE STATUS (PS)
PS 0 or 1

Some patients with
PS 2 (KPS ≥70)^b

National Comprehensive Cancer Network[®] (NCCN[®]) supports initiating albumin-bound paclitaxel (ABRAXANE) 125 mg/m² + gemcitabine given QW3/4 and treating until disease progression or unacceptable toxicity^{2,c}

Dose reductions or discontinuation may be needed based on severe hematologic, neurologic, cutaneous, or gastrointestinal toxicity

^aCategory 1: Based upon high-level evidence, there is uniform NCCN consensus that the intervention is appropriate.¹

^bGood performance status for this regimen (AG) is defined as KPS ≥70, so some patients with an ECOG score of 2 may be eligible to receive this regimen (AG).¹

^cAccording to the NCCN Chemotherapy Order Templates: Peer-reviewed statements of consensus of its authors derived from the NCCN Guidelines[®].

The albumin-bound paclitaxel (ABRAXANE) Phase III MPACT study enrolled patients with KPS ≥70.¹

Good performance status is defined as ECOG 0-1, with good biliary drainage and adequate nutritional intake, and ECOG 0-2 if considering gemcitabine + albumin-bound paclitaxel.¹

Please refer to the NCCN Guidelines for pancreatic cancer for a complete list of recommended treatment options.

STUDY DESIGN AND PRIMARY ENDPOINT

- The multinational, randomized, Phase III MPACT study compared ABRAXANE + gemcitabine vs gemcitabine alone as first-line treatment in 861 patients with mPC. Primary endpoint was OS. ABRAXANE (125 mg/m²) + gemcitabine (1000 mg/m²) was given QW3/4. In the gemcitabine arm, gemcitabine (1000 mg/m²) was given QW7/8 then QW3/4
- ABRAXANE + gemcitabine significantly increased median OS vs gemcitabine alone: 8.5 months with ABRAXANE + gemcitabine (n=431; 95% CI: 7.9-9.5) vs 6.7 months with gemcitabine alone (n=430; 95% CI: 6.0-7.2) (HR=0.72^d; 95% CI: 0.62-0.83; P<0.0001^e)³

^dStratified using Cox proportional hazard model.

^eBased on a stratified log-rank test (stratified by geographic region, KPS, and presence of liver metastasis).

AG=ABRAXANE + gemcitabine; ECOG=Eastern Cooperative Oncology Group; KPS=Karnofsky Performance Status; OS=overall survival; PS=performance status.

IMPORTANT SAFETY INFORMATION

WARNING — SEVERE MYELOSUPPRESSION

- **Do not administer ABRAXANE therapy to patients who have baseline neutrophil counts of less than 1500 cells/mm³**
- **Monitor for neutropenia, which may be severe and result in infection or sepsis. Perform frequent complete blood cell counts on all patients receiving ABRAXANE**

CONTRAINDICATIONS

- Baseline neutrophil counts of <1500 cells/mm³
- A history of severe hypersensitivity reactions to ABRAXANE

WARNINGS AND PRECAUTIONS

Severe Myelosuppression

- Severe myelosuppression (primarily neutropenia) is dose-dependent and a dose-limiting toxicity of ABRAXANE. In clinical studies, Grade 3-4 neutropenia occurred in 38% of patients with pancreatic cancer
- Monitor for severe neutropenia and thrombocytopenia by performing complete blood cell counts frequently, including prior to dosing on Days 1, 8, and 15 for pancreatic cancer
- Do not administer ABRAXANE to patients with baseline absolute neutrophil counts (ANC) of less than 1500 cells/mm³
- In patients with adenocarcinoma of the pancreas, withhold ABRAXANE and gemcitabine if the ANC is less than 500 cells/mm³ or platelets are less than 50,000 cells/mm³ and delay initiation of

the next cycle if the ANC is less than 1500 cells/mm³ or platelet count is less than 100,000 cells/mm³ on Day 1 of the cycle.

Resume treatment with appropriate dose reduction if recommended

Severe Neuropathy

- Sensory neuropathy is dose- and schedule-dependent
- If ≥ Grade 3 sensory neuropathy develops, withhold ABRAXANE treatment until resolution to ≤ Grade 1 for pancreatic cancer followed by a dose reduction for all subsequent courses of ABRAXANE

Sepsis

- Sepsis occurred in 5% of patients with or without neutropenia who received ABRAXANE in combination with gemcitabine
- Biliary obstruction or presence of biliary stent were risk factors for severe or fatal sepsis
- If a patient becomes febrile (regardless of ANC), initiate treatment with broad-spectrum antibiotics
- For febrile neutropenia, interrupt ABRAXANE and gemcitabine until fever resolves and ANC ≥1500 cells/mm³, then resume treatment at reduced dose levels

Pneumonitis

- Pneumonitis, including some cases that were fatal, occurred in 4% of patients receiving ABRAXANE in combination with gemcitabine
- Monitor patients for signs and symptoms and interrupt ABRAXANE and gemcitabine during evaluation of suspected pneumonitis
- Permanently discontinue treatment with ABRAXANE and gemcitabine upon making a diagnosis of pneumonitis

Please see additional Important Safety Information on the next page, and full Prescribing Information, including Boxed WARNING, at abraxane.com.

IMPORTANT SAFETY INFORMATION (CONT'D)

Severe Hypersensitivity

- Severe and sometimes fatal hypersensitivity reactions, including anaphylactic reactions, have been reported
- Do not rechallenge patients who experience a severe hypersensitivity reaction to ABRAXANE with this drug
- Cross-hypersensitivity between ABRAXANE and other taxane products has been reported and may include severe reactions such as anaphylaxis. Closely monitor patients with a previous history of hypersensitivity reaction to ABRAXANE with this drug

Use in Patients With Hepatic Impairment

- The exposure and toxicity of paclitaxel can be increased in patients with hepatic impairment. Closely monitor patients with hepatic impairment for severe myelosuppression
- ABRAXANE is not recommended in patients who have a total bilirubin >5 x ULN or AST >10 x ULN
- For pancreatic adenocarcinoma, ABRAXANE is not recommended for patients with moderate to severe hepatic impairment (total bilirubin >1.5 x ULN and AST ≤ 10 x ULN)

Albumin (Human)

- ABRAXANE contains albumin (human), a derivative of human blood

Embryo-Fetal Toxicity

- Based on mechanism of action and findings in animals, ABRAXANE can cause fetal harm when administered to a pregnant woman
- Advise females of reproductive potential of the potential risk to a fetus
- Advise females of reproductive potential to use effective contraception and avoid becoming pregnant during treatment with ABRAXANE and for at least six months after the last dose of ABRAXANE
- Advise male patients with female partners of reproductive potential to use effective contraception and avoid fathering a child during treatment with ABRAXANE and for at least three months after the last dose of ABRAXANE

ADVERSE REACTIONS

Pancreatic Adenocarcinoma Study

- Among the most common ($\geq 20\%$) adverse reactions in the phase III study, those with a $\geq 5\%$ higher incidence in the ABRAXANE/gemcitabine group compared with the gemcitabine group are neutropenia (73%, 58%), fatigue (59%, 46%), peripheral neuropathy (54%, 13%), nausea (54%, 48%), alopecia (50%, 5%), peripheral edema (46%, 30%), diarrhea (44%, 24%), pyrexia (41%, 28%), vomiting (36%, 28%), decreased appetite (36%, 26%), rash (30%, 11%), and dehydration (21%, 11%)
- Of these most common adverse reactions, those with a $\geq 2\%$ higher incidence of Grade 3-4 toxicity in the ABRAXANE/gemcitabine group compared with the gemcitabine group, respectively, are neutropenia (38%, 27%), fatigue (18%, 9%), peripheral neuropathy (17%, 1%), nausea (6%, 3%), diarrhea (6%, 1%), pyrexia (3%, 1%), vomiting (6%, 4%), decreased appetite (5%, 2%), and dehydration (7%, 2%)
- Thrombocytopenia (all grades) was reported in 74% of patients in the ABRAXANE/gemcitabine group vs 70% of patients in the gemcitabine group
- The most common serious adverse reactions of ABRAXANE (with a $\geq 1\%$ higher incidence) are pyrexia (6%), dehydration (5%), pneumonia (4%), and vomiting (4%)
- The most common adverse reactions resulting in permanent discontinuation of ABRAXANE were peripheral neuropathy (8%), fatigue (4%), and thrombocytopenia (2%)
- The most common adverse reactions resulting in dose reduction of ABRAXANE are neutropenia (10%) and peripheral neuropathy (6%)
- The most common adverse reactions leading to withholding or delay in ABRAXANE dosing are neutropenia (16%), thrombocytopenia (12%), fatigue (8%), peripheral neuropathy (15%), anemia (5%), and diarrhea (5%)
- Other selected adverse reactions with a $\geq 5\%$ higher incidence for all-grade toxicity in the ABRAXANE/gemcitabine group compared to the gemcitabine group, respectively, are asthenia (19%, 13%), mucositis (10%, 4%), dysgeusia (16%, 8%), headache (14%, 9%), hypokalemia (12%, 7%), cough (17%, 7%), epistaxis (15%, 3%), urinary tract infection (11%, 5%), pain in extremity (11%, 6%), arthralgia (11%, 3%), myalgia (10%, 4%), and depression (12%, 6%)
- Other selected adverse reactions with a $\geq 2\%$ higher incidence for Grade 3-4 toxicity in the ABRAXANE/gemcitabine group compared to the gemcitabine group are thrombocytopenia (13%, 9%), asthenia (7%, 4%), and hypokalemia (4%, 1%)

Postmarketing Experience With ABRAXANE and Other Paclitaxel Formulations

- Severe and sometimes fatal hypersensitivity reactions. Cross-hypersensitivity between ABRAXANE and other taxanes has been reported
- Congestive heart failure, left ventricular dysfunction, and atrioventricular block. Most patients were previously exposed to cardiotoxic drugs, such as anthracyclines, or had underlying cardiac history
- Extravasation. Closely monitor the ABRAXANE infusion site for possible infiltration during drug administration

DRUG INTERACTIONS

- Caution should be exercised when administering ABRAXANE concomitantly with medicines known to inhibit or induce either CYP2C8 or CYP3A4

USE IN SPECIFIC POPULATIONS

Pregnancy

- Based on the mechanism of action and findings in animals, ABRAXANE can cause fetal harm when administered to a pregnant woman. Advise females of the potential risk to a fetus and to avoid becoming pregnant while receiving ABRAXANE

Lactation

- Paclitaxel and/or its metabolites were excreted into the milk of lactating rats. Nursing must be discontinued when receiving treatment with ABRAXANE and for two weeks after the last dose

Females and Males of Reproductive Potential

- Based on animal studies and mechanism of action, ABRAXANE can cause fetal harm when administered to a pregnant woman
- Verify the pregnancy status of females of reproductive potential prior to starting treatment with ABRAXANE
- Advise females of reproductive potential to use effective contraception and avoid becoming pregnant during treatment with and for at least six months after the last dose of ABRAXANE [see *Warnings and Precautions*]
- Advise males with female partners of reproductive potential to use effective contraception and avoid fathering a child during treatment with ABRAXANE and for at least three months after the last dose of ABRAXANE [see *Warnings and Precautions*]
- Based on findings in animals, ABRAXANE may impair fertility in females and males of reproductive potential

Pediatric

- The safety and effectiveness of ABRAXANE in pediatric patients have not been established

Geriatric

- Diarrhea, decreased appetite, dehydration, and epistaxis were more frequent in patients 65 years or older compared with patients younger than 65 years old who received ABRAXANE and gemcitabine in adenocarcinoma of the pancreas

Renal Impairment

- There are insufficient data to permit dosage recommendations in patients with severe renal impairment or end stage renal disease (estimated creatinine clearance <30 mL/min)

DOSAGE AND ADMINISTRATION

- DO NOT SUBSTITUTE FOR OR WITH OTHER PACLITAXEL FORMULATIONS
- Dose reductions or discontinuation may be needed based on severe hematologic, neurologic, cutaneous, or gastrointestinal toxicity

Please see full Prescribing Information, including Boxed WARNING, at abraxanepro.com.

References: 1. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines[®]) for Pancreatic Adenocarcinoma V.1.2021. © National Comprehensive Cancer Network, Inc. 2020. All rights reserved. Accessed October 23, 2020. To view the most recent and complete version of the guideline, go online to NCCN.org. NCCN makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way. 2. National Comprehensive Cancer Network, Inc. Chemotherapy Order Template Pancreatic Adenocarcinoma: Gemcitabine/Albumin-bound Paclitaxel. Updated August 17, 2016. Accessed May 9, 2017. 3. Von Hoff DD, Ervin TJ, Arena FP, et al. Increased survival in pancreatic cancer with nab-paclitaxel plus gemcitabine. *N Engl J Med*. 2013;369(18):1691-1703.



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