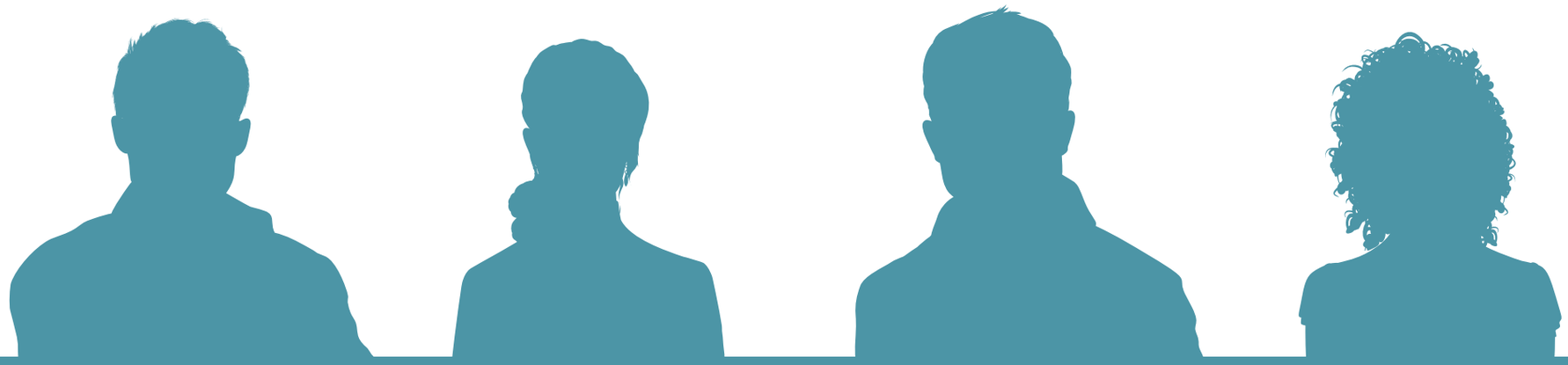
For adults with metastatic small cell lung cancer (SCLC) with disease progression on or after platinum-based chemotherapy,

PURSUE A RESPONSE WITH *ZEPZELCA*® (lurbinectedin)



Which of your patients with metastatic ***SCLC*** could benefit from treatment with ZEPZELCA?

INDICATION

ZEPZELCA is indicated for the treatment of adult patients with metastatic small cell lung cancer (SCLC) with disease progression on or after platinum-based chemotherapy. This indication is approved under accelerated approval based on overall response rate and duration of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial(s).

IMPORTANT SAFETY INFORMATION

Myelosuppression

ZEPZELCA can cause myelosuppression. In clinical studies of 554 patients with advanced solid tumors receiving ZEPZELCA, Grade 3 or 4 neutropenia occurred in 41% of patients, with a median time to onset of 15 days and a median duration of 7 days. Febrile neutropenia occurred in 7% of patients.

Sepsis occurred in 2% of patients and was fatal in 1% (all cases occurred in patients with solid tumors other than SCLC). Grade 3 or 4 thrombocytopenia occurred in 10%, with a median time to onset of 10 days and a median duration of 7 days. Grade 3 or 4 anemia occurred in 17% of patients.

Please see pages 18 and 19 for Important Safety Information and accompanying full Prescribing Information.

ZEPZELCA® (lurbinectedin) for injection 4 mg

CONTENTS

ZEPZELCA WAS STUDIED IN A PHASE 2, OPEN-LABEL, MULTICENTER, SINGLE-ARM STUDY

ZEPZELCA® (lurbinectedin) for injection 4 mg

The phase 2 study was a multicenter, open-label, multi-cohort trial evaluating ZEPZELCA as a single agent in 105 adult patients with advanced or metastatic SCLC with disease progression on or after platinum-based chemotherapy. Patients received ZEPZELCA 3.2 mg/m^2 by intravenous infusion every 21 days (one cycle) for a median of 4 cycles (range: 1 to 24 cycles). Treatment continued until disease progression or unacceptable toxicity. The major efficacy outcome measure was confirmed investigator-assessed overall response rate (ORR). Additional efficacy outcome measures included duration of response and an independent review committee (IRC)-assessed ORR using Response Evaluation Criteria In Solid Tumors v1.1. The proportion of patients with disease control (a complete response [CR], partial response [PR], or stable disease [SD]) was an exploratory outcome measure.[1,2]

Baseline Characteristics[1]	
	N=105
Median age (years)	60
Age range (years)	40-83
≥65 years	35%
Male	60%
White	75%[a]
ECOG PS 0-1	92%
Former/current smokers	92%

ECOG PS=Eastern Cooperative Oncology Group Performance Status.

[a]1% were Asian, 1% were Black, and 23% were not reported.

IMPORTANT SAFETY INFORMATION (*CONTINUED*)

Myelosuppression (*continued*)

Administer ZEPZELCA only to patients with baseline neutrophil count of at least 1,500 cells/mm^3 and platelet count of at least 100,000/mm^3. Monitor blood counts including neutrophil count and platelet count prior to each administration. For neutrophil count less than 500 cells/mm^3 or any value less than lower limit of normal, the use of G-CSF is recommended. Withhold, reduce the dose, or permanently discontinue ZEPZELCA based on severity.

Please see pages 18 and 19 for Important Safety Information and accompanying full Prescribing Information.

ZEPZELCA WAS STUDIED IN A PHASE 2, OPEN-LABEL, MULTICENTER, SINGLE-ARM STUDY

ZEPZELCA® (lurbinectedin) for injection 4 mg

ZEPZELCA WAS STUDIED ACROSS THE PLATINUM-RESISTANT AND PLATINUM-SENSITIVE SCLC SPECTRUM

- **Platinum resistant** was defined as recurrence or progression <90 days after the last dose of platinum-containing chemotherapy (chemotherapy-free interval [CTFI] <90 days)[1]
- **Platinum sensitive** was defined as recurrence or progression ≥90 days after the last dose of platinum-containing chemotherapy (CTFI ≥90 days)[1]

Patient Population According to CTFI[1–3]

N=105	CTFI	n
Platinum resistant (n=45)	<30 days	21
	30 to <90 days	24
Platinum sensitive (n=60)	90 to <180 days	40
	≥180 days	20

IMPORTANT SAFETY INFORMATION (*CONTINUED*)

Hepatotoxicity

ZEPZELCA can cause hepatotoxicity. In clinical studies of 554 patients with advanced solid tumors receiving ZEPZELCA, Grade 3 elevations of ALT and AST were observed in 6% and 3% of patients, respectively, and Grade 4 elevations of ALT and AST were observed in 0.4% and 0.5% of patients, respectively. The median time to onset of Grade ≥3 elevation in transaminases was 8 days (range: 3 to 49), with a median duration of 7 days.

Monitor liver function tests prior to initiating ZEPZELCA, periodically during treatment, and as clinically indicated. Withhold, reduce the dose, or permanently discontinue ZEPZELCA based on severity.

Please see pages 18 and 19 for Important Safety Information and accompanying full Prescribing Information.

For adults with metastatic SCLC with disease progression on or after platinum-based chemotherapy,

ZEPZELCA PROVIDED SUBSTANTIAL EFFICACY IN BOTH PLATINUM-RESISTANT AND PLATINUM-SENSITIVE PATIENTS

ZEPZELCA® (lurbinectedin) for injection 4 mg

In the overall population, >1 in 3 patients achieved an overall response by investigator assessment[1]

Overall Response Rate (CR + PR) by CTFI (95% CI)[1,3]

	Investigator Assessment	IRC Assessment
Overall population	**35%** (26–45)	**30%** (22–40)
CTFI <30 days[a]	**14%** (3–36)	**10%** (1–30)
CTFI 30 to <90 days[a]	**29%** (13–51)	**17%** (5–37)
CTFI 90 to <180 days[a]	**38%** (23–54)	**40%** (25–57)
CTFI ≥180 days[a]	**60%** (36–81)	**50%** (27–73)

[a]These subgroup exploratory analyses were not powered to determine statistical significance. Results are descriptive only.

IMPORTANT SAFETY INFORMATION (*CONTINUED*)

Extravasation Resulting in Tissue Necrosis

Extravasation of ZEPZELCA resulting in skin and soft tissue injury, including necrosis requiring debridement, can occur. Consider use of a central venous catheter to reduce the risk of extravasation, particularly in patients with limited venous access. Monitor patients for signs and symptoms of extravasation during the ZEPZELCA infusion.

If extravasation occurs, immediately discontinue the infusion, remove the infusion catheter, and monitor for signs and symptoms of tissue necrosis. The time to onset of necrosis after extravasation may vary.

Administer supportive care and consult with an appropriate medical specialist as needed for signs and symptoms of extravasation. Administer subsequent infusions at a site that was not affected by extravasation.

Please see pages 18 and 19 for Important Safety Information and accompanying full Prescribing Information.

For adults with metastatic SCLC with disease progression on or after platinum-based chemotherapy,

ZEPZELCA PROVIDED SUBSTANTIAL EFFICACY IN BOTH PLATINUM-RESISTANT AND PLATINUM-SENSITIVE PATIENTS

ZEPZELCA® (lurbinectedin) for injection 4 mg

Exploratory Analysis of Disease Control Rate (CR + PR + SD) by CTFI (95% CI)[3,b]

	Investigator Assessment	IRC Assessment
Overall population	**69%** (59–77)	**62%** (52–71)
CTFI <30 days[a]	**62%** (38–82)	**48%** (26–70)
CTFI 30 to <90 days[a]	**42%** (22–63)	**46%** (26–67)
CTFI 90 to <180 days[a]	**75%** (59–87)	**70%** (54–83)
CTFI ≥180 days[a]	**95%** (75–100)	**80%** (56–94)

Duration of Response (Median in Months) by CTFI (95% CI)[1,3]

	Investigator Assessment	IRC Assessment
Overall population	**5.3** (4.1–6.4)	**5.1** (4.9–6.4)
CTFI <30 days[a]	**7.1** (5.1–9.1)	**5.1** (–)
CTFI 30 to <90 days[a]	**4.1** (2.6–5.3)	**4.5** (2.4–5.3)
CTFI 90 to <180 days[a]	**6.2** (3.5–8.8)	**5.3** (4.9–8.8)
CTFI ≥180 days[a]	**5.5** (2.9–11.2)	**5.5** (2.8–8.5)

Limitations of DCR data

No conclusions about efficacy can be drawn from these descriptive data because they are results from exploratory end points in a phase 2, single-arm study.

[a]These subgroup exploratory analyses were not powered to determine statistical significance. Results are descriptive only.

[b]According to RECIST v1.1. Complete response (CR): Disappearance of all target lesions. Any pathological lymph nodes must have reduction in short axis to <10 mm. Partial response (PR): At least a 30% decrease in the sum of diameters of target lesions, taking as reference the baseline sum diameters. Stable disease (SD): Neither sufficient shrinkage to qualify for PR nor sufficient increase to qualify for progressive disease, taking as reference the smallest sum diameters while on study.[4]

IMPORTANT SAFETY INFORMATION (*CONTINUED*)

Rhabdomyolysis

Rhabdomyolysis has been reported in patients treated with ZEPZELCA.

Monitor creatine phosphokinase (CPK) prior to initiating ZEPZELCA and periodically during treatment as clinically indicated. Withhold or reduce the dose based on severity.

Embryo-Fetal Toxicity

ZEPZELCA can cause fetal harm when administered to a pregnant woman. Advise pregnant women of the potential risk to a fetus. Advise female patients of reproductive potential to use effective contraception during treatment with ZEPZELCA and for 6 months after the last dose. Advise male patients with female partners of reproductive potential to use effective contraception during treatment with ZEPZELCA and for 4 months after the last dose.

Please see pages 18 and 19 for Important Safety Information and accompanying full Prescribing Information.

MOST ADVERSE REACTIONS WITH *ZEPZELCA* WERE GRADE 1 OR 2[1,3]

ZEPZELCA® (lurbinectedin) for injection 4 mg

Adverse Reactions (≥10%) in Patients With SCLC[1]		
Adverse reaction	**ZEPZELCA (N=105)**	
	All Grades[a,b] (%)	**Grades 3–4 (%)**
General disorders		
Fatigue	77	12
Pyrexia	13	0
Chest pain	10	0
Gastrointestinal disorders		
Nausea	37	0
Constipation	31	0
Vomiting	22	0
Diarrhea	20	4
Abdominal pain[c]	11	1
Musculoskeletal and connective tissue disorders		
Musculoskeletal pain[d]	33	4
Metabolism and nutrition disorders		
Decreased appetite	33	1

Adverse Reactions (≥10%) in Patients With SCLC (*continued*)[1]		
Adverse reaction	**ZEPZELCA (N=105)**	
	All Grades[a,b] (%)	**Grades 3–4 (%)**
Respiratory, thoracic, and mediastinal disorders		
Dyspnea	31	6
Cough[e]	20	0
Infections and infestations		
Respiratory tract infection[f]	18	5
Pneumonia[g]	10	7
Nervous system disorders		
Peripheral neuropathy[h]	11	1
Headache	10	1

Alopecia occurred in 1% of patients[3]

[a]Graded per National Cancer Institute Common Terminology Criteria for Adverse Events (NCI CTCAE) 4.0.
[b]No grade 5 adverse reactions were reported.
[c]Includes abdominal pain, abdominal pain upper, and abdominal discomfort.
[d]Includes musculoskeletal pain, back pain, arthralgia, pain in extremity, musculoskeletal chest pain, neck pain, bone pain, and myalgia.
[e]Includes cough and productive cough.
[f]Includes upper respiratory tract infection, viral upper respiratory tract infection, respiratory tract infection, and bronchitis.
[g]Includes pneumonia and lung infection.
[h]Includes neuropathy peripheral, neuralgia, paresthesia, peripheral sensory neuropathy, hypoesthesia, and hyperesthesia.

Please see pages 18 and 19 for Important Safety Information and accompanying full Prescribing Information.

ZEPZELCA HAS A SAFETY PROFILE WITH A LOW DISCONTINUATION RATE DUE TO ADVERSE REACTIONS

ZEPZELCA® (lurbinectedin) for injection 4 mg

Select Laboratory Abnormalities (≥20%) Worsening From Baseline[1]

Laboratory abnormalities	ZEPZELCA (N=105)	
	All Grades[a,b] (%)	Grades 3–4 (%)
Hematology		
Decreased leukocytes	79	29
Decreased lymphocytes	79	43
Decreased hemoglobin	74	10
Decreased neutrophils	71	46
Decreased platelets	37	7
Chemistry		
Increased creatinine	69	0
Increased alanine aminotransferase	66	4
Increased glucose	52	5
Decreased albumin	32	1
Decreased sodium	31	7
Increased aspartate aminotransferase	26	2
Decreased magnesium	22	0

[a]The denominator used to calculate the rate varied from 95 to 105 based on the number of patients with a baseline value and at least one post-treatment value.
[b]Graded per NCI CTCAE 4.0.

- In the phase 2 study, 22% of patients received granulocyte colony-stimulating factor (G-CSF) for secondary prophylaxis or therapy for neutropenia, but primary prophylaxis was not allowed[1,2]

Permanent discontinuation due to an adverse reaction occurred in 1.9% of patients with SCLC (2 of 105).[1]

- Adverse reactions resulting in permanent discontinuation in ≥1% of patients included peripheral neuropathy and myelosuppression

Dosage interruptions due to an adverse reaction occurred in 30.5% of patients.[1]

- Adverse reactions requiring dosage interruption in ≥3% of patients included neutropenia and hypoalbuminemia

Dosage reductions due to an adverse reaction occurred in 25% of patients.[1]

- Adverse reactions requiring dosage reductions in ≥3% of patients included neutropenia, febrile neutropenia, and fatigue

Please see pages 18 and 19 for Important Safety Information and accompanying full Prescribing Information.

DO YOU HAVE A PATIENT, LIKE WILSON, WHO **RELAPSED ≥180 DAYS FOLLOWING FIRST-LINE PLATINUM-BASED CHEMOTHERAPY?**

ZEPZELCA® (lurbinectedin) for injection 4 mg


Actor Portrayal

WILSON

Retired city employee, fisherman, grandfather of 5

- 77 years old
- Former smoker
- **Diagnosed with extensive-stage SCLC 1 year ago**
- First-line treatment: carboplatin + etoposide + atezolizumab
- Achieved partial response with first-line treatment with Grade 3 thrombocytopenia and vomiting
- Continued on atezolizumab maintenance therapy
- **Relapsed 225 days following last dose of platinum regimen**
- Progressive disease in the lymph nodes and liver
- **Current ECOG PS: 2**

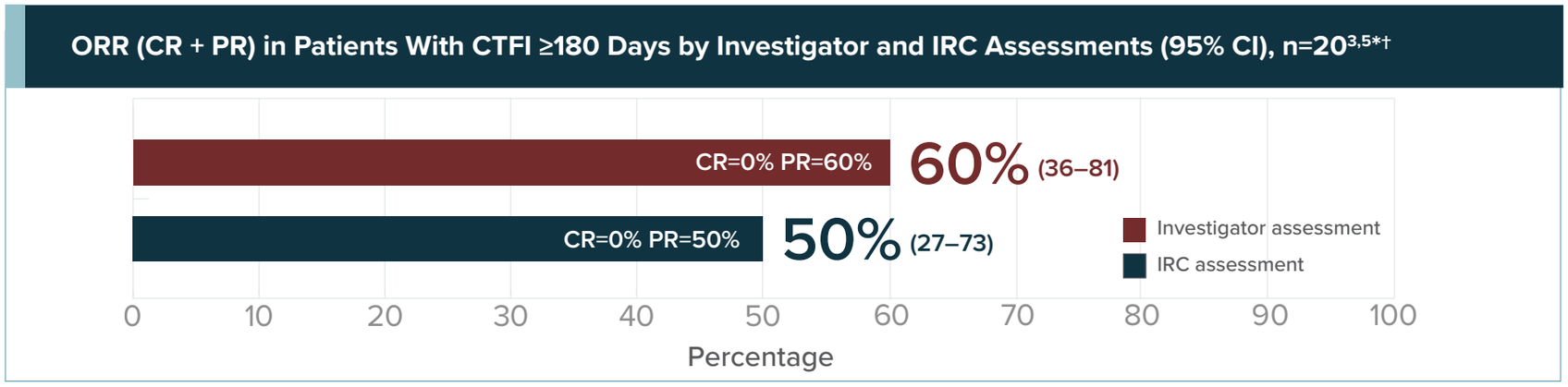
Click for efficacy data in patients with a CTFI of ≥180 days from the phase 2 study

Please see pages 18 and 19 for Important Safety Information and accompanying full Prescribing Information.

For adults with metastatic SCLC with disease progression on or after platinum-based chemotherapy,

ZEPZELCA PROVIDED EFFICACY IN PATIENTS WHO HAD A CTFI OF ≥180 DAYS*†

ZEPZELCA® (lurbinectedin) for injection 4 mg



IN AN EXPLORATORY ANALYSIS, DCR (CR + PR + SD) IN THE 20 PATIENTS WITH A CTFI OF ≥180 DAYS WAS[5*†]:

- **95%** (75–100) in the investigator assessment (CR=0%; PR=60%; SD=35%)
- **80%** (56–94) in the IRC assessment (CR=0%; PR=50%; SD=30%)

Limitations of DCR data

No conclusions about efficacy can be drawn from these descriptive data because they are results from exploratory end points in a phase 2, single-arm study.

DURATION OF RESPONSE IN THE 20 PATIENTS WITH A CTFI OF ≥180 DAYS IN THE PHASE 2, SINGLE-ARM STUDY[5*†]:

- **5.5** (2.9–11.2) **months** median DOR in the investigator assessment
- **5.5** (2.8–8.5) **months** median DOR in the IRC assessment

*These subgroup exploratory analyses were not powered to determine statistical significance. Results are descriptive only.

†CTFI ≥180 days=recurrence or progression 180 days or more after the last dose of platinum-based chemotherapy.

Consider ZEPZELCA for a patient, like Wilson, with a CTFI of ≥180 days

IMPORTANT SAFETY INFORMATION (*CONTINUED*)

Lactation

There are no data on the presence of ZEPZELCA in human milk, however, because of the potential for serious adverse reactions from ZEPZELCA in breastfed children, advise women not to breastfeed during treatment with ZEPZELCA and for 2 weeks after the last dose.

Please see pages 18 and 19 for Important Safety Information and accompanying full Prescribing Information.

DO YOU HAVE A PATIENT, LIKE ANITA, WHO **RELAPSED BETWEEN 90 AND <180 DAYS FOLLOWING FIRST-LINE PLATINUM-BASED CHEMOTHERAPY?**

ZEPZELCA® (lurbinectedin) for injection 4 mg

ANITA

Café owner, landscape painter, mother of teenage twins

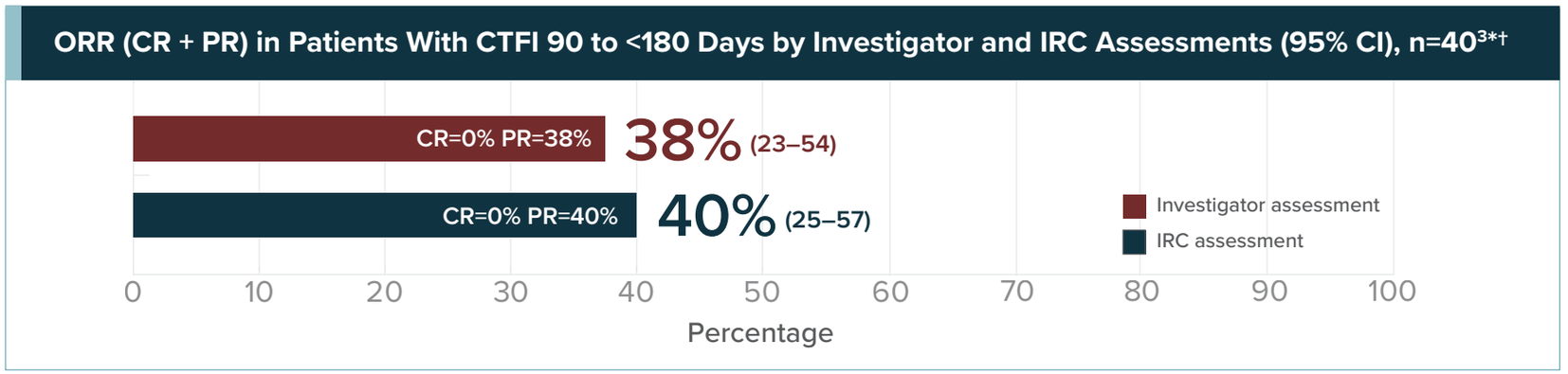
- 47 years old
- Former smoker
- **Diagnosed with extensive-stage SCLC 9 months ago**
- First-line treatment: cisplatin + etoposide + durvalumab
- Achieved partial response with first-line treatment with manageable myelosuppression and moderate nausea
- Continued on durvalumab maintenance therapy
- **Relapsed 120 days following last dose of platinum regimen**
- Progressive disease in the lungs, lymph nodes, and adrenal glands
- **Current ECOG PS: 0**

Click for efficacy data in patients with a CTFI of 90 to <180 days from the phase 2 study

Please see pages 18 and 19 for Important Safety Information and accompanying full Prescribing Information.

ZEPZELCA PROVIDED EFFICACY IN PATIENTS WHO HAD A CTFI OF 90 TO <180 DAYS*†

ZEPZELCA® (lurbinectedin) for injection 4 mg



IN AN EXPLORATORY ANALYSIS, DCR (CR + PR + SD) IN THE 40 PATIENTS WITH A CTFI OF 90 TO <180 DAYS WAS[3*†]:

- **75%** (59–87) in the investigator assessment (CR=0%; PR=38%; SD=38%)
- **70%** (54–83) in the IRC assessment (CR=0%; PR=40%; SD=30%)

Limitations of DCR data

No conclusions about efficacy can be drawn from these descriptive data because they are results from exploratory end points in a phase 2, single-arm study.

DURATION OF RESPONSE IN THE 40 PATIENTS WITH A CTFI OF 90 TO <180 DAYS IN THE PHASE 2, SINGLE-ARM STUDY[3*†]:

- **6.2** (3.5–8.8) **months** median DOR in the investigator assessment
- **5.3** (4.9–8.8) **months** median DOR in the IRC assessment

*These subgroup exploratory analyses were not powered to determine statistical significance. Results are descriptive only.

†CTFI 90 to <180 days=recurrence or progression between 90 and <180 days after the last dose of platinum-based chemotherapy.

Consider ZEPZELCA for a patient, like Anita, with a CTFI of 90 to <180 days

IMPORTANT SAFETY INFORMATION (*CONTINUED*)

MOST COMMON ADVERSE REACTIONS

The most common adverse reactions, including laboratory abnormalities, (≥20%) are leukopenia (79%), lymphopenia (79%), fatigue (77%), anemia (74%), neutropenia (71%), increased creatinine (69%), increased alanine aminotransferase (66%), increased glucose (52%), thrombocytopenia (37%), nausea (37%), decreased appetite (33%), musculoskeletal pain (33%), decreased albumin (32%), constipation (31%), dyspnea (31%), decreased sodium (31%), increased aspartate aminotransferase (26%), vomiting (22%), decreased magnesium (22%), cough (20%), and diarrhea (20%).

Please see pages 18 and 19 for Important Safety Information and accompanying full Prescribing Information.

DO YOU HAVE A PATIENT, LIKE GEORGE, WHO **RELAPSED BETWEEN 30 AND <90 DAYS FOLLOWING FIRST-LINE PLATINUM-BASED CHEMOTHERAPY?**

ZEPZELCA® (lurbinectedin) for injection 4 mg

GEORGE

Retired roofer, Navy veteran, bowling-league champion

- 68 years old
- Smoker
- **Diagnosed with extensive-stage SCLC 5 months ago**
- First-line treatment: carboplatin + etoposide + atezolizumab
- Achieved partial response with first-line treatment with manageable neutropenia and nausea
- Continued on atezolizumab maintenance therapy
- **Relapsed 60 days following last dose of platinum regimen**
- Progressive disease in the lymph nodes, liver, and adrenal glands
- **Current ECOG PS: 1**

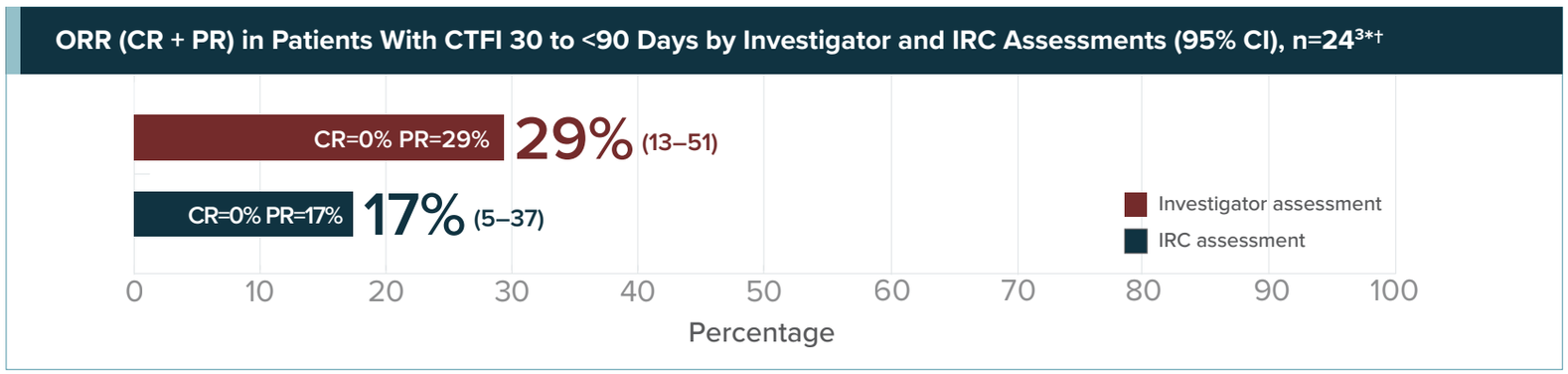
Click for efficacy data in patients with a CTFI of 30 to <90 days from the phase 2 study

Please see pages 18 and 19 for Important Safety Information and accompanying full Prescribing Information.

For adults with metastatic SCLC with disease progression on or after platinum-based chemotherapy,

ZEPZELCA PROVIDED EFFICACY IN PATIENTS WITH A CTFI OF 30 TO <90 DAYS*†

ZEPZELCA® (lurbinectedin) for injection 4 mg



IN AN EXPLORATORY ANALYSIS, DCR (CR + PR + SD) IN THE 24 PATIENTS WITH CTFI 30 TO <90 DAYS WAS*†:

- **42%** (22–63) in the investigator assessment (CR=0%; PR=29%; SD=13%)[3]
- **46%** (26–67) in the IRC assessment (CR=0%; PR=17%; SD=29%)[3]

Limitations of DCR data

No conclusions about efficacy can be drawn from these descriptive data, because they are results from exploratory end points in a phase 2, single-arm study.

DURATION OF RESPONSE IN THE 24 PATIENTS WITH A CTFI OF 30 TO <90 DAYS IN THE PHASE 2, SINGLE-ARM STUDY[3*†]:

- **4.1** (2.6–5.3) **months** median DOR in the investigator assessment
- **4.5** (2.4–5.3) **months** median DOR in the IRC assessment

*These subgroup exploratory analyses were not powered to determine statistical significance. Results are descriptive only.

†CTFI 30 to <90 days=recurrence or progression between 30 and <90 days after the last dose of platinum-based chemotherapy.

Consider ZEPZELCA for a patient, like George, with a CTFI of 30 to <90 days

IMPORTANT SAFETY INFORMATION (*CONTINUED*)

DRUG INTERACTIONS

Effect of CYP3A Inhibitors and Inducers

Avoid coadministration with a strong or a moderate CYP3A inhibitor (including grapefruit and Seville oranges) as this increases lurbinectedin systemic exposure which may increase the incidence and severity of adverse reactions to ZEPZELCA. If coadministration cannot be avoided, reduce the ZEPZELCA dose as appropriate.

Avoid coadministration with a strong CYP3A inducer as it may decrease systemic exposure to lurbinectedin, which may decrease the efficacy of ZEPZELCA.

Please see pages 18 and 19 for Important Safety Information and accompanying full Prescribing Information.

DO YOU HAVE A PATIENT, LIKE EILEEN, WHO **RELAPSED <30 DAYS FOLLOWING FIRST-LINE PLATINUM-BASED CHEMOTHERAPY?**

ZEPZELCA® (lurbinectedin) for injection 4 mg

Actor Portrayal

EILEEN

Retired factory worker, community theater actor, grandmother of 7

- 65 years old
- Current smoker
- **Diagnosed with extensive-stage SCLC 4 months ago**
- First-line treatment: cisplatin + etoposide + durvalumab
- Achieved partial response with first-line treatment with manageable myelosuppression
- Continued on durvalumab maintenance therapy
- **Relapsed 25 days following last dose of platinum regimen**
- Progressive disease in lungs and lymph nodes
- **Current ECOG PS: 1**

Click for efficacy data in patients with a CTFI of <30 days from the phase 2 study

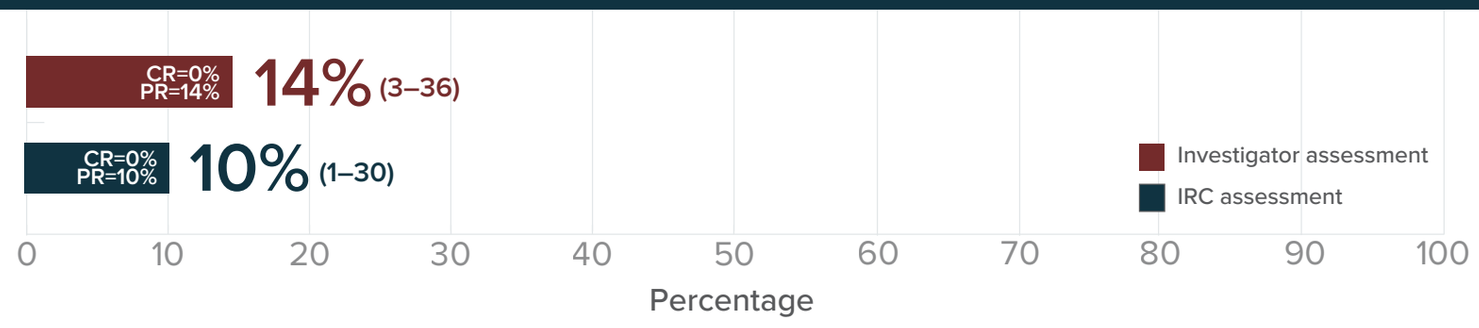
Please see pages 18 and 19 for Important Safety Information and accompanying full Prescribing Information.

For adults with metastatic SCLC with disease progression on or after platinum-based chemotherapy,

ZEPZELCA PROVIDED EFFICACY IN PATIENTS WITH CTFI <30 DAYS*†

ZEPZELCA® (lurbinectedin) for injection 4 mg

ORR (CR + PR) in Patients With CTFI <30 Days by Investigator and IRC Assessments (95% CI), n=21[3*†]



IN AN EXPLORATORY ANALYSIS, DCR (CR + PR + SD) IN THE 21 PATIENTS WITH CTFI <30 DAYS WAS[3*†]:

- **62%** (38–82) in the investigator assessment (CR=0%; PR=14%; SD=48%)
- **48%** (26–70) in the IRC assessment (CR=0%; PR=10%; SD=38%)

Limitations of DCR data

No conclusions about efficacy can be drawn from these descriptive data because they are results from exploratory end points in a phase 2, single-arm study.

DURATION OF RESPONSE IN THE 21 PATIENTS WITH CTFI <30 DAYS[3*†]:

- **7.1** (5.1–9.1) **months** median DOR in the investigator assessment
- **5.1** (–) **months** median DOR in the IRC assessment

*These subgroup exploratory analyses were not powered to determine statistical significance. Results are descriptive only.

†CTFI <30 days=recurrence or progression <30 days after the last dose of platinum-based chemotherapy.

Consider ZEPZELCA for a patient, like Eileen, with a CTFI of <30 days

IMPORTANT SAFETY INFORMATION (*CONTINUED*)

GERIATRIC USE

Of the 105 patients with SCLC administered ZEPZELCA in clinical studies, 37 (35%) patients were 65 years of age and older, while 9 (9%) patients were 75 years of age and older. No overall difference in effectiveness was observed between patients aged 65 and older and younger patients.

There was a higher incidence of serious adverse reactions in patients ≥65 years of age than in patients <65 years of age (49% vs 26%, respectively). The serious adverse reactions most frequently reported in patients ≥65 years of age were related to myelosuppression and consisted of febrile neutropenia (11%), neutropenia (11%), thrombocytopenia (8%), and anemia (8%).

Please see pages 18 and 19 for Important Safety Information and accompanying full Prescribing Information.

NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®)[6]*

- **The NCCN Guidelines® recommend lurbinectedin (ZEPZELCA®) as a Category 2A treatment option for patients who relapse following first-line platinum-based chemotherapy, independent of platinum sensitivity status*†‡§**
- **Lurbinectedin (ZEPZELCA) is a Category 2A recommended subsequent SCLC therapy option (ECOG PS 0–2)**

NCCN=National Comprehensive Cancer Network® (NCCN®).

Category 2A: Based on lower-level evidence, there is uniform NCCN consensus that the intervention is appropriate.

*Other recommended regimen.

†See NCCN Guidelines for SCLC for detailed recommendations, including other treatment options.

‡Subsequent refers to second-line and beyond therapy.

§There are no NCCN Category 1 recommendations for treatment in relapsed SCLC patients at this point in time.

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.

Learn more at ZEPZELCApro.com

IMPORTANT SAFETY INFORMATION (*CONTINUED*)

MOST COMMON ADVERSE REACTIONS

The most common adverse reactions, including laboratory abnormalities, (≥20%) are leukopenia (79%), lymphopenia (79%), fatigue (77%), anemia (74%), neutropenia (71%), increased creatinine (69%), increased alanine aminotransferase (66%), increased glucose (52%), thrombocytopenia (37%), nausea (37%), decreased appetite (33%), musculoskeletal pain (33%), decreased albumin (32%), constipation (31%), dyspnea (31%), decreased sodium (31%), increased aspartate aminotransferase (26%), vomiting (22%), decreased magnesium (22%), cough (20%), and diarrhea (20%).

Please see pages 18 and 19 for Important Safety Information and accompanying full Prescribing Information.

INDICATION

ZEPZELCA® (lurbinectedin) is indicated for the treatment of adult patients with metastatic small cell lung cancer (SCLC) with disease progression on or after platinum-based chemotherapy.

This indication is approved under accelerated approval based on overall response rate and duration of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial(s).

IMPORTANT SAFETY INFORMATION

Myelosuppression

ZEPZELCA can cause myelosuppression. In clinical studies of 554 patients with advanced solid tumors receiving ZEPZELCA, Grade 3 or 4 neutropenia occurred in 41% of patients, with a median time to onset of 15 days and a median duration of 7 days. Febrile neutropenia occurred in 7% of patients.

Sepsis occurred in 2% of patients and was fatal in 1% (all cases occurred in patients with solid tumors other than SCLC). Grade 3 or 4 thrombocytopenia occurred in 10%, with a median time to onset of 10 days and a median duration of 7 days. Grade 3 or 4 anemia occurred in 17% of patients.

Administer ZEPZELCA only to patients with baseline neutrophil count of at least 1,500 cells/mm^3 and platelet count of at least 100,000/mm^3.

Monitor blood counts including neutrophil count and platelet count prior to each administration. For neutrophil count less than 500 cells/mm^3 or any value less than lower limit of normal, the use of G-CSF is recommended. Withhold, reduce the dose, or permanently discontinue ZEPZELCA based on severity.

Hepatotoxicity

ZEPZELCA can cause hepatotoxicity. In clinical studies of 554 patients with advanced solid tumors receiving ZEPZELCA, Grade 3 elevations of ALT and AST were observed in 6% and 3% of patients, respectively, and Grade 4 elevations of ALT and AST were observed in 0.4% and 0.5% of patients, respectively. The median time to onset of Grade ≥3 elevation in transaminases was 8 days (range: 3 to 49), with a median duration of 7 days.

Monitor liver function tests prior to initiating ZEPZELCA, periodically during treatment, and as clinically indicated. Withhold, reduce the dose, or permanently discontinue ZEPZELCA based on severity.

Extravasation Resulting in Tissue Necrosis

Extravasation of ZEPZELCA resulting in skin and soft tissue injury, including necrosis requiring debridement, can occur. Consider use of a central venous catheter to reduce the risk of extravasation, particularly in patients with limited venous access. Monitor patients for signs and symptoms of extravasation during the ZEPZELCA infusion.

If extravasation occurs, immediately discontinue the infusion, remove the infusion catheter, and monitor for signs and symptoms of tissue necrosis. The time to onset of necrosis after extravasation may vary.

Administer supportive care and consult with an appropriate medical specialist as needed for signs and symptoms of extravasation. Administer subsequent infusions at a site that was not affected by extravasation.

Rhabdomyolysis

Rhabdomyolysis has been reported in patients treated with ZEPZELCA.

Monitor creatine phosphokinase (CPK) prior to initiating ZEPZELCA and periodically during treatment as clinically indicated. Withhold or reduce the dose based on severity.

Please see page 19 for additional Important Safety Information and accompanying full Prescribing Information.

IMPORTANT SAFETY INFORMATION (*CONTINUED*)

Embryo-Fetal Toxicity

ZEPZELCA® (lurbinectedin) can cause fetal harm when administered to a pregnant woman. Advise pregnant women of the potential risk to a fetus. Advise female patients of reproductive potential to use effective contraception during treatment with ZEPZELCA and for 6 months after the last dose. Advise male patients with female partners of reproductive potential to use effective contraception during treatment with ZEPZELCA and for 4 months after the last dose.

Lactation

There are no data on the presence of ZEPZELCA in human milk, however, because of the potential for serious adverse reactions from ZEPZELCA in breastfed children, advise women not to breastfeed during treatment with ZEPZELCA and for 2 weeks after the last dose.

MOST COMMON ADVERSE REACTIONS

The most common adverse reactions, including laboratory abnormalities, (≥20%) are leukopenia (79%), lymphopenia (79%), fatigue (77%), anemia (74%), neutropenia (71%), increased creatinine (69%), increased alanine aminotransferase (66%), increased glucose (52%), thrombocytopenia (37%), nausea (37%), decreased appetite (33%), musculoskeletal pain (33%), decreased albumin (32%), constipation (31%), dyspnea (31%), decreased sodium (31%), increased aspartate aminotransferase (26%), vomiting (22%), decreased magnesium (22%), cough (20%), and diarrhea (20%).

DRUG INTERACTIONS

Effect of CYP3A Inhibitors and Inducers

Avoid coadministration with a strong or a moderate CYP3A inhibitor (including grapefruit and Seville oranges) as this increases lurbinectedin systemic exposure which may increase the incidence and severity of adverse reactions to ZEPZELCA. If coadministration cannot be avoided, reduce the ZEPZELCA dose as appropriate.

Avoid coadministration with a strong CYP3A inducer as it may decrease systemic exposure to lurbinectedin, which may decrease the efficacy of ZEPZELCA.

GERIATRIC USE

Of the 105 patients with SCLC administered ZEPZELCA in clinical studies, 37 (35%) patients were 65 years of age and older, while 9 (9%) patients were 75 years of age and older. No overall difference in effectiveness was observed between patients aged 65 and older and younger patients. There was a higher incidence of serious adverse reactions in patients ≥65 years of age than in patients <65 years of age (49% vs 26%, respectively). The serious adverse reactions most frequently reported in patients ≥65 years of age were related to myelosuppression and consisted of febrile neutropenia (11%), neutropenia (11%), thrombocytopenia (8%), and anemia (8%).

References: 1. ZEPZELCA (lurbinectedin). Prescribing Information. Palo Alto, CA: Jazz Pharmaceuticals, Inc. **2.** Trigo J, Subbiah V, Besse B, et al. Lurbinectedin as second-line treatment for patients with small-cell lung cancer: a single-arm, open-label, phase 2 basket trial. *Lancet Oncol*. 2020;21(5):645–654. **3.** Data on file. LUR-2020-003. Palo Alto, CA: Jazz Pharmaceuticals, Inc. **4.** Eisenhauer EA, Therasse P, Bogaerts J, et al. New response evaluation criteria in solid tumours: revised RECIST guideline (version 1.1). *Eur J Cancer*. 2009;45(2):228–247. **5.** Subbiah V, Paz-Ares L, Besse B, et al. Antitumor activity of lurbinectedin in second-line small cell lung cancer patients who are candidates for re-challenge with the first-line treatment. *Lung Cancer*. 2020;150:90–96. **6.** Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Small Cell Lung Cancer. V.2.2023. © National Comprehensive Cancer Network, Inc. 2022. All rights reserved. Accessed October 28, 2022. To view the most recent and complete version of the guideline, go online to NCCN.org.

Please see page 18 for additional Important Safety Information and accompanying full Prescribing Information.