For maintenance treatment in 1L extensive-stage small cell lung cancer

On behalf of Genentech, you are invited to attend an expert-led educational presentation:

IMforte regimen: The first and only FDA-approved combination for maintenance treatment in 1L ES-SCLC

A review of the trial data for the IMforte regimen (TECENTRIQ + lurbinectedin)

Indication

TECENTRIQ, in combination with lurbinectedin, is indicated for the maintenance treatment of adult patients with ES-SCLC whose disease has not progressed after first-line induction therapy with TECENTRIQ or atezolizumab and hyaluronidase-tqjs, carboplatin and etoposide.

Featured Faculty

Firas B. Badin, MD
Lexington, KY

Thursday, February 26, 2026

Arrival Time: 5:45 pm ET
Start Time: 6:00 pm ET

VENUE

Seasons 52
1000 W Big Beaver Rd
Troy, MI 48084

Please RSVP by 02/23/26

Jean Reader at 248-444-9140 or please register at genentechrsvp.com with LM26-1145

Program Overview:

- An overview of the SCLC landscape
- An introduction to the IMforte clinical trial design, patient characteristics, and pivotal efficacy and safety data

Important Safety Information

Severe and Fatal Immune-Mediated Adverse Reactions

TECENTRIQ is a monoclonal antibody that belongs to a class of drugs that bind to either the programmed death-receptor 1(PD-1) or the PD-ligand 1 (PD-L1), blocking the PD-1/PD-L1 pathway, thereby removing inhibition of the immune response, potentially breaking peripheral tolerance and inducing immune-mediated adverse reactions. Important immune-mediated adverse reactions listed under Warnings and Precautions may not include all possible severe and fatal immune-mediated reactions.

Please see full Prescribing Information and additional Important Safety Information on the following pages.

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

When you RSVP, please indicate whether you will accept or opt out of Genentech's in-kind benefits (e.g., meals, valet parking) at the program. If you choose to opt out you may either pay for the meal and parking on your own, or not consume anything at the program.

For all program attendees who receive Genentech's in-kind benefits at this program, Genentech will report the attendee's name and the value received as required by federal and state disclosure laws (For more information on the federal law, please visit sunshine.gene.com).

The meal cost may vary by event location and be up to $150 per person (exceptions may apply).

1L=first-line; ES-SCLC=extensive-stage small cell lung cancer; FDA=US Food and Drug Administration; SCLC=small cell lung cancer.

TECENTRIQ® atezolizumab 840 mg / 1200 mg INJECTION FOR IV USE

Important Safety Information (cont'd)

Severe and Fatal Immune-Mediated Adverse Reactions (cont'd)

Immune-mediated adverse reactions can occur in any organ system or tissue and at any time after starting TECENTRIQ. While immune-mediated adverse reactions usually manifest during treatment with TECENTRIQ, they can also manifest after discontinuation of treatment.

Early identification and management of immune-mediated adverse reactions are essential to ensure safe use of TECENTRIQ. Monitor patients closely for symptoms and signs that may be clinical manifestations of underlying immune-mediated adverse reactions.

In general, if TECENTRIQ requires interruption or discontinuation, administer systemic corticosteroid therapy (1 to 2 mg/kg/day prednisone or equivalent) until improvement to Grade 1 or less, then initiate corticosteroid taper and continue to taper over at least 1 month. Consider administration of other systemic immunosuppressants in patients whose immune-mediated adverse reactions are not controlled with corticosteroid therapy.

Immune-Mediated Pneumonitis

- TECENTRIQ can cause immune-mediated pneumonitis. The incidence of pneumonitis is higher in patients who have received prior thoracic radiation
- Immune-mediated pneumonitis occurred in 3% (83/2616) of patients receiving TECENTRIQ alone, including fatal (<0.1%), Grade 4 (0.2%), Grade 3 (0.8%), and Grade 2 (1.1%) adverse reactions

Immune-Mediated Colitis

- TECENTRIQ can cause immune-mediated colitis. Colitis can present with diarrhea, abdominal pain, and lower gastrointestinal (GI) bleeding. Cytomegalovirus (CMV) infection/reactivation has been reported in patients with corticosteroid-refractory immune-mediated colitis. In cases of corticosteroid-refractory colitis, consider repeating infectious workup to exclude alternative etiologies
- Immune-mediated colitis occurred in 1% (26/2616) of patients receiving TECENTRIQ alone, including Grade 3 (0.5%) and Grade 2 (0.3%) adverse reactions

Immune-Mediated Hepatitis

- TECENTRIQ can cause immune-mediated hepatitis
- Immune-mediated hepatitis occurred in 1.8% (48/2616) of patients receiving TECENTRIQ alone, including fatal (<0.1%), Grade 4 (0.2%), Grade 3 (0.5%), and Grade 2 (0.5%) adverse reactions

Immune-Mediated Endocrinopathies
Adrenal Insufficiency

- TECENTRIQ can cause primary or secondary adrenal insufficiency. For Grade 2 or higher adrenal insufficiency, initiate symptomatic treatment, including hormone replacement as clinically indicated
- Adrenal insufficiency occurred in 0.4% (11/2616) of patients receiving TECENTRIQ alone, including Grade 3 (<0.1%) and Grade 2 (0.2%) adverse reactions

Hypophysitis

- TECENTRIQ can cause immune-mediated hypophysitis. Hypophysitis can present with acute symptoms associated with mass effect such as headache, photophobia, or visual field cuts. Hypophysitis can cause hypopituitarism. Initiate hormone replacement as clinically indicated
- Hypophysitis occurred in <0.1% (2/2616) of patients receiving TECENTRIQ alone, including Grade 2 (1 patient, <0.1%) adverse reactions

Thyroid Disorders

- TECENTRIQ can cause immune-mediated thyroid disorders. Thyroiditis can present with or without endocrinopathy. Hypothyroidism can follow hyperthyroidism. Initiate hormone replacement for hypothyroidism or medical management for hyperthyroidism as clinically indicated
- Thyroiditis occurred in 0.2% (4/2616) of patients receiving TECENTRIQ alone, including Grade 2 (<0.1%) adverse reactions
- Hyperthyroidism occurred in 0.8% (21/2616) of patients receiving TECENTRIQ alone, including Grade 2 (0.4%) adverse reactions
- Hypothyroidism occurred in 4.9% (128/2616) of patients receiving TECENTRIQ alone, including Grade 3 (0.2%) and Grade 2 (3.4%) adverse reactions
- Hypothyroidism occurred in 11% (277/2421) of patients with NSCLC and SCLC receiving TECENTRIQ in combination with platinum-based chemotherapy, including Grade 4 (<0.1%), Grade 3 (0.3%), and Grade 2 (5.7%) adverse reactions

Type 1 Diabetes Mellitus, Which Can Present With Diabetic Ketoacidosis

- Initiate treatment with insulin as clinically indicated
- Type 1 diabetes mellitus occurred in 0.3% (7/2616) of patients receiving TECENTRIQ alone, including Grade 3 (0.2%) and Grade 2 (<0.1%) adverse reactions

Immune-Mediated Nephritis With Renal Dysfunction

- TECENTRIQ can cause immune-mediated nephritis
- Immune-mediated nephritis with renal dysfunction occurred in <0.1% (1/2616) of patients receiving TECENTRIQ alone, and this adverse reaction was a Grade 3 (<0.1%) adverse reaction

Immune-Mediated Dermatologic Adverse Reactions

- TECENTRIQ can cause immune-mediated rash or dermatitis. Exfoliative dermatitis, including Stevens-Johnson syndrome (SJS), DRESS, and toxic epidermal necrolysis (TEN), has occurred with PD-1/PD-L1 blocking antibodies. Topical emollients and/or topical corticosteroids may be adequate to treat mild to moderate non-exfoliative rashes
- Immune-mediated dermatologic adverse reactions occurred in 0.6% (15/2616) of patients receiving TECENTRIQ alone, including Grade 3 (<0.1%) and Grade 2 (0.2%) adverse reactions

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Important Safety Information (cont'd)

Other Immune-Mediated Adverse Reactions

- The following clinically significant immune-mediated adverse reactions occurred at an incidence of <1% (unless otherwise noted) in patients who received TECENTRIQ or were reported with the use of other PD-1/PD-L1 blocking antibodies
  - Cardiac/Vascular: Myocarditis, pericarditis, vasculitis
  - Nervous System: Meningitis, encephalitis, myelitis and demyelination, myasthenic syndrome/myasthenia gravis (including exacerbation), Guillain-Barré syndrome, nerve paresis, autoimmune neuropathy
  - Ocular: Uveitis, iritis, and other ocular inflammatory toxicities can occur. Some cases can be associated with retinal detachment. Various grades of visual impairment, including blindness, can occur. If uveitis occurs in combination with other immune-mediated adverse reactions, consider a Vogt-Koyanagi-Harada-like syndrome, as this may require treatment with systemic steroids to reduce the risk of permanent vision loss
  - Gastrointestinal: Pancreatitis to include increases in serum amylase and lipase levels, gastritis, duodenitis
  - Musculoskeletal and Connective Tissue: Myositis/polymyositis, rhabdomyolysis and associated sequelae including renal failure, arthritis, polymyalgia rheumatic
  - Endocrine: Hypoparathyroidism
  - Other (Hematologic/Immune): Hemolytic anemia, aplastic anemia, hemophagocytic lymphohistiocytosis, systemic inflammatory response syndrome, histiocytic necrotizing lymphadenitis (Kikuchi lymphadenitis), sarcoidosis, immune thrombocytopenic purpura, solid organ transplant rejection

Infusion-Related Reactions

- TECENTRIQ can cause severe or life-threatening infusion-related reactions, including anaphylaxis. Interrupt, slow the rate of infusion, or permanently discontinue based on severity
- Infusion-related reactions occurred in 1.3% of patients, including Grade 3 (0.2%) reactions

Complications of Allogeneic HSCT After PD-1/PD-L1 Inhibitors

- Fatal and other serious complications can occur in patients who receive allogeneic HSCT before or after being treated with a PD-1/PD-L1 blocking antibody
- Follow patients closely for evidence of transplant-related complications and intervene promptly. Consider the benefits versus risks of treatment with a PD-1/PD-L1 blocking antibody prior to or after an allogeneic HSCT

Embryo-Fetal Toxicity

- TECENTRIQ can cause fetal harm when administered to a pregnant woman
- Verify pregnancy status of females of reproductive potential prior to initiating TECENTRIQ
- Advise females of reproductive potential of the potential risk to a fetus and to use effective contraception during treatment with TECENTRIQ and for at least 5 months after the last dose

Most Common Adverse Reactions

The most common adverse reactions (rate ≥20%) in patients who received TECENTRIQ in combination with other antineoplastic drugs for NSCLC and SCLC were fatigue/asthenia (49%), nausea (38%), alopecia (35%), constipation (29%), diarrhea (28%), and decreased appetite (27%).

Use in Specific Populations

Advise female patients not to breastfeed during treatment and for at least 5 months after the last dose.

You may report side effects to the FDA at 1-800-FDA-1088 or www.fda.gov/medwatch. You may also report side effects to Genentech at 1-888-835-2555.

Please see full Prescribing Information for additional Important Safety Information.

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