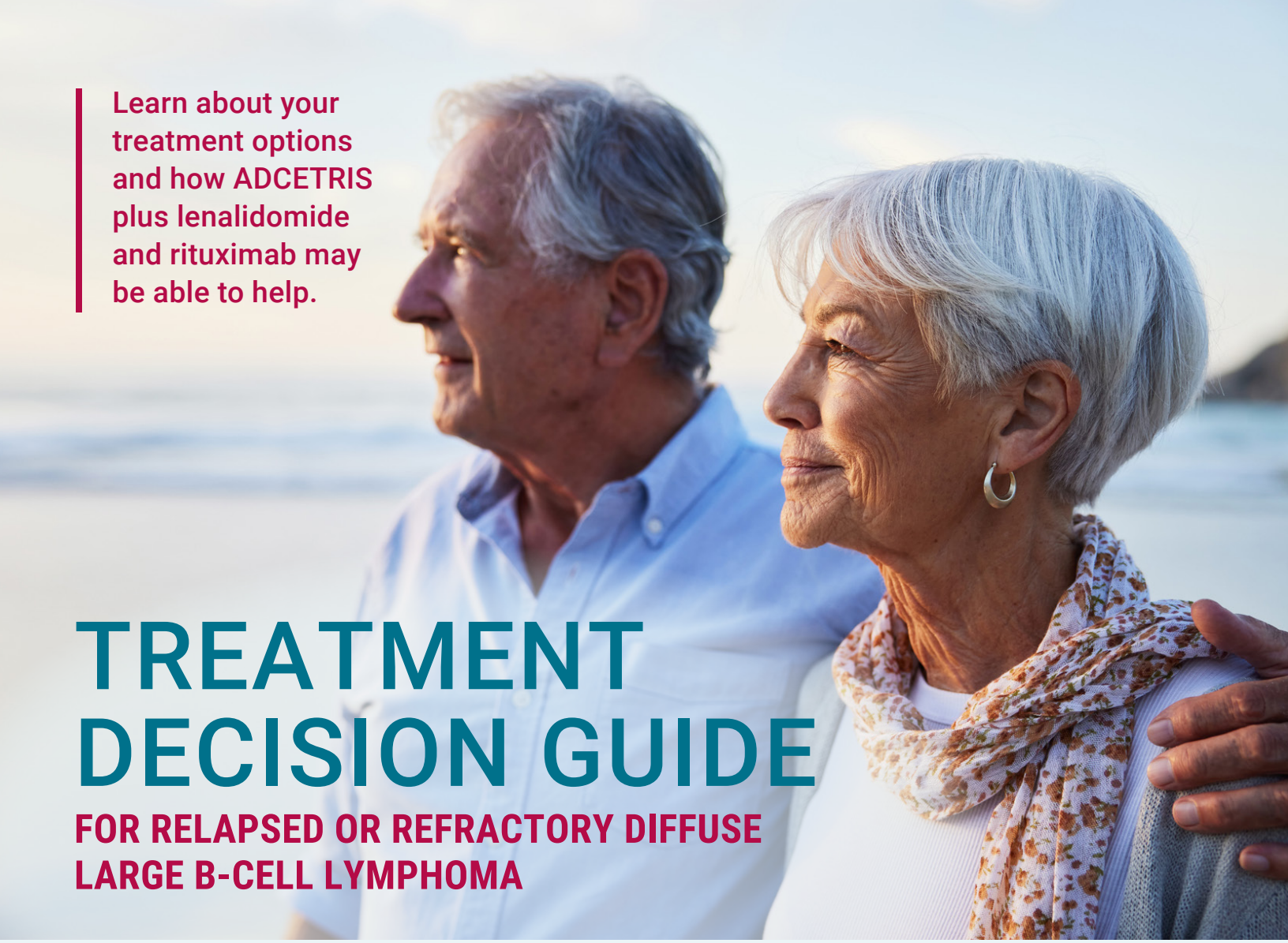
Learn about your treatment options and how ADCETRIS plus lenalidomide and rituximab may be able to help.



TREATMENT DECISION GUIDE

FOR RELAPSED OR REFRACTORY DIFFUSE LARGE B-CELL LYMPHOMA

What is ADCETRIS?

ADCETRIS, in combination with lenalidomide and rituximab, is approved to treat adults with relapsed or refractory large B-cell lymphoma (LBCL), including diffuse large B-cell lymphoma (DLBCL) not otherwise specified (NOS), DLBCL arising from indolent lymphoma, or high-grade B-cell lymphoma (HGBL), after two or more lines of systemic therapy who are not eligible for stem cell transplant or chimeric antigen receptor (CAR) T-cell therapy.

Select Important Safety Information

IMPORTANT WARNING

PROGRESSIVE MULTIFOCAL LEUKOENCEPHALOPATHY (PML): Patients treated with ADCETRIS can have a rare, serious brain infection called PML that can lead to death. Tell your doctor immediately if you have mood or behavior changes, confusion, problems in thinking or loss of memory, changes in vision, speech, or walking, or decreased strength or weakness on one side of the body. PML may also be caused by prior treatments or diseases that weakened your immune system.

Please see additional Important Safety Information on Pages 2-3, and Important Facts about ADCETRIS, including BOXED WARNING, at adcetris.com

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What important safety information should I know about ADCETRIS?

It's important to tell your healthcare team about any side effects so that they can be monitored and addressed as early as possible. Stay in contact with your healthcare team to let them know about any side effects that you are experiencing.

Important Safety Information

What is the most important serious safety information I should know about ADCETRIS?

- **PROGRESSIVE MULTIFOCAL LEUKOENCEPHALOPATHY (PML): Patients treated with ADCETRIS can have a rare, serious brain infection called PML that can lead to death.** Tell your doctor immediately if you have mood or behavior changes, confusion, problems in thinking or loss of memory, changes in vision, speech, or walking, or decreased strength or weakness on one side of the body. PML may also be caused by prior treatments or diseases that weakened your immune system.
- **Do not take ADCETRIS** if you are receiving bleomycin

What are the other possible serious side effects of ADCETRIS?

- **Nerve damage (peripheral neuropathy).** Tell your doctor if you have any numbness or tingling in your hands or feet or any muscle weakness.
- **Allergic and infusion reactions.** Tell your doctor if you experience symptoms of fever, chills, rash, or breathing problems within 24 hours of infusion. If you have a reaction, you may be given medicines before your ADCETRIS treatment.
- **Blood problems.** Serious cases, including death, of fever with a low number of white blood cells have occurred with ADCETRIS. Serious cases of a low number of white blood cells, a low number of platelets, or a low number of red blood cells can occur.

  Your doctor will do blood tests to check your blood cell levels during ADCETRIS treatment. Your doctor may give you a medicine called G-CSF. Tell your doctor if you have a fever of 100.5°F or higher, chills, cough, or pain when you urinate.
- **Infections** caused by bacteria, fungi, or viruses have been reported.
- **Tumor lysis syndrome** is caused by the fast breakdown of cancer cells. Your doctor will monitor you for symptoms.
- **Patients with severe kidney disease or moderate or severe liver disease** may have more side effects and deaths than patients without kidney or liver problems.
- **Liver problems.** Serious liver problems, including death, can occur. Tell your doctor if you feel tired, do not feel like eating, have upper stomach pain, dark urine, or yellow skin and eyes (jaundice).
- **Lung problems.** Serious lung problems, including death, can occur. Tell your doctor if you have a new cough, a cough that gets worse, or feel out of breath.
- **Skin problems** called Stevens-Johnson syndrome and toxic epidermal necrolysis can happen. Tell your doctor if you have rash, hives, sores in your mouth, or blistering or peeling skin.
- **Gastrointestinal (GI) problems**. Serious cases, including death, related to the pancreas, stomach, intestine, and colon can happen. If you have lymphoma that involves your stomach or intestine, you could have a higher risk of GI problems. Tell your doctor if you have severe stomach pain, chills, fever, nausea, vomiting, or diarrhea.
- **High blood sugar.** Your doctor will test your blood during ADCETRIS treatment. Tell your doctor if you need to urinate more often than usual, are very thirsty, or have blurry vision.

The **most common side effects (≥20%) in adult patients** who received ADCETRIS are:

- nerve damage (peripheral neuropathy)
- nausea
- feeling tired
- muscle pain
- constipation
- diarrhea
- vomiting
- fever
- infection in the nose or sinuses
- sores or swelling in the mouth and/or in the digestive tract
- upper stomach pain
- rash

The **most common laboratory abnormalities (≥20%) in adult patients** who received ADCETRIS are:

- a decrease in white blood cells
- an increase in creatinine
- a decrease in hemoglobin
- an increase in blood sugars
- an increase in alanine aminotransferase (ALT)
- an increase of aspartate aminotransferase (AST)

The **most common severe side effects (≥5%) in pediatric patients** who received ADCETRIS are:

- a low number of white blood cells
- a low number of red blood cells
- a low number of platelets
- fever with a low number of white blood cells
- sores or swelling in the mouth
- infection

These are not all the possible side effects of ADCETRIS. Tell your doctor about any side effect that bothers you or does not go away. If you have certain side effects, your doctor may lower your dose, delay, or stop your ADCETRIS treatment.

What should I tell my doctor before I start treatment with ADCETRIS?

- **All your medical conditions,** including if you have kidney, liver, or lung problems, an infection, or diabetes.
- **If you are pregnant or plan to become pregnant.** ADCETRIS may harm your unborn baby. **Females who are able to become pregnant:** Your doctor should give you a pregnancy test before starting ADCETRIS treatment. You should use effective birth control during ADCETRIS treatment and for 2 months after your last dose of ADCETRIS. Tell your doctor right away if you become pregnant or think you are pregnant during ADCETRIS treatment. **Men with female partners who can get pregnant** should use effective birth control during ADCETRIS treatment and for 4 months after the last dose.
- **If you are breastfeeding or plan to breastfeed**. Do not breastfeed during ADCETRIS treatment.
- **All the medicines you take,** including prescription and over-the-counter medicines, vitamins, and herbal supplements. ADCETRIS and certain other medicines can affect each other.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/Safety/MedWatch or call 1-800-FDA-1088.

Please see Important Facts about ADCETRIS, including BOXED WARNING.

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How to use this guide

This Treatment Decision Guide addresses common questions people with relapsed or refractory DLBCL may have about treatment with ADCETRIS plus lenalidomide and rituximab.

This guide has been designed for you. It aims to empower you, allowing you to take control of your health journey while considering your individual circumstances and preferences. You will find information and tools to help you make knowledgeable treatment decisions.

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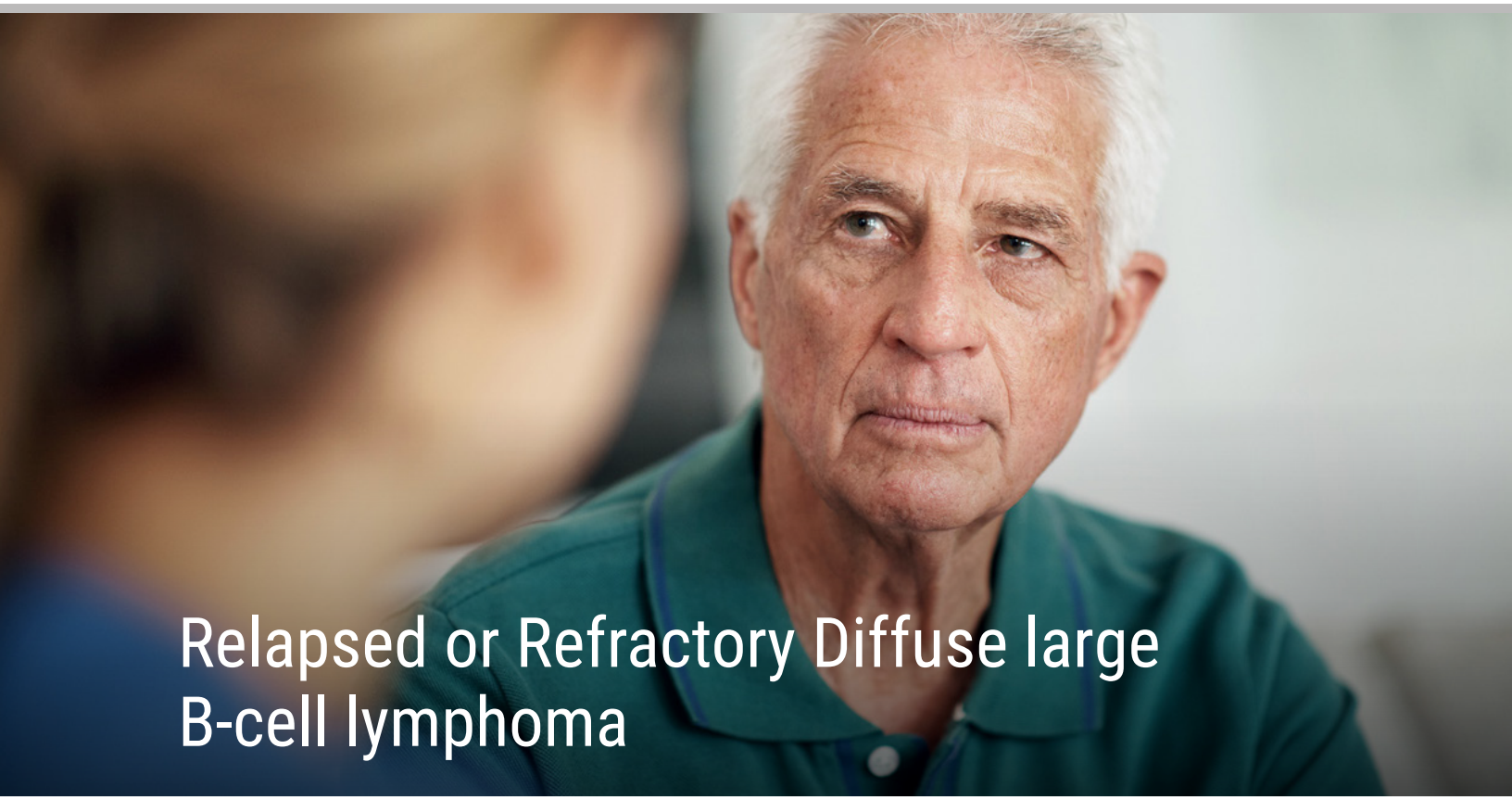


Relapsed or Refractory Diffuse large B-cell lymphoma

Diffuse large B-cell lymphoma (DLBCL) is the most common type of non-Hodgkin lymphoma, which is a type of blood cancer. It typically responds well to initial treatment, yet many people experience relapsed or refractory DLBCL.

RELAPSED DLBCL

When signs or symptoms of cancer lessen or disappear but then return after a period of time

REFRACTORY DLBCL

When cancer does not respond or stops responding to treatment

UP TO 40%

OF PEOPLE WITH DLBCL WILL EXPERIENCE A RELAPSE OR HAVE A REFRACTORY RESPONSE TO TRADITIONAL CHEMOTHERAPY.

This guide explores some of the treatment options for relapsed or refractory DLBCL and explains the clinical data for ADCETRIS plus lenalidomide and rituximab.

Share this guide with family, friends, and caregivers. You can also use it to discuss your treatment options with your doctor at your next appointment.

Advocating for yourself

YOUR TREATMENT CHOICE MATTERS

Your voice matters when it comes to making a treatment decision for relapsed or refractory DLBCL. And while your doctor is the expert regarding your diagnosis, you and your care team are equal partners in making treatment decisions. Your perspective and concerns play an essential role in selecting a treatment that works for you.

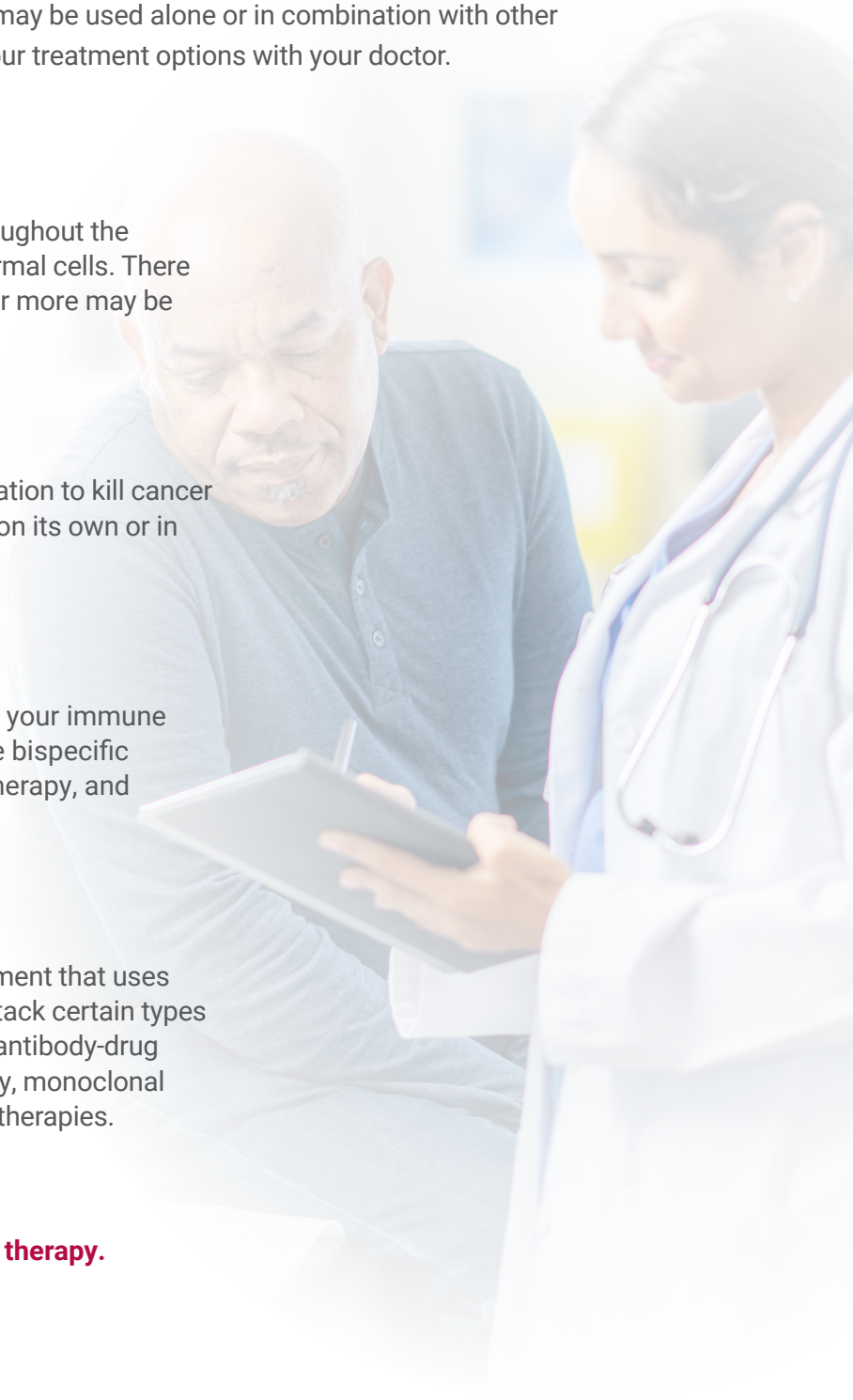
To help play an active role in your treatment plan:

- Familiarize yourself with all the treatments that are available for relapsed or refractory DLBCL
- Know that it's okay to ask your doctor about any treatment, including ADCETRIS, even if they have not brought it up
- Seek a second opinion if that will help you feel confident about your treatment choice. Your doctor may be able to help with this referral

Use this guide to learn about ADCETRIS plus lenalidomide and rituximab. Understanding the benefits and risks of treatment can help prepare you to have an informed discussion about your options with your doctor. As you read this guide, write down any questions you may have.

Understanding different types of treatment

Several therapies are approved for relapsed or refractory DLBCL. Some treatments work differently in the body than others. Some may be used alone or in combination with other treatments. It's important to discuss all your treatment options with your doctor.



CHEMOTHERAPY

Chemotherapy kills fast-dividing cells throughout the body, including cancer cells and some normal cells. There are different types of chemotherapy — 1 or more may be combined to treat DLBCL.

RADIATION THERAPY

Radiation therapy uses high doses of radiation to kill cancer cells or slow their growth. It may be used on its own or in combination with other treatments.

IMMUNOTHERAPY

Immunotherapies increase the activity of your immune system to fight cancer cells. They include bispecific antibody therapy, monoclonal antibody therapy, and immunomodulator therapy.

TARGETED THERAPY

Targeted therapy is a type of cancer treatment that uses drugs or other therapies to identify and attack certain types of cancer cells. This therapy may include antibody-drug conjugates, some types of immunotherapy, monoclonal antibody therapies, or bispecific antibody therapies.

ADCETRIS is an antibody drug conjugate, which is a targeted therapy.

STEM CELL TRANSPLANT

A stem cell transplant involves using your own or a donor's healthy stem cells to rebuild the immune and blood system after chemotherapy.

CAR T-CELL THERAPY

CAR T-cell therapy is a type of immunotherapy. It is made by adding a special receptor to your own T cells. This receptor helps your T cells find and kill cancer cells.

CLINICAL TRIALS

Clinical trials investigate new ways to find, prevent, and treat cancer. They are used to determine how well a treatment may work and if it is safe and effective to use in people.

SUPPORTIVE CARE

Supportive care includes physical, psychological, social, and spiritual support for patients and their families, including pain management, mental health, nutritional support, and palliative care.

This is not a complete list of available treatments. Talk to your doctor about all the treatments that may be an option for you.

What to consider when choosing a treatment

Your doctor will consider many factors when recommending a treatment plan, including your age, overall health, and whether or not receiving a stem cell transplant or CAR T-cell therapy is possible. Additional questions you may want to discuss with your doctor include:

What are the potential outcomes from treatment?

What are the possible side effects of the treatment we are considering?

Will treatment require traveling?

Can I recover from treatment at home, or will I need to stay in the hospital or at a nearby hotel?

How long will I need to stay in the hospital after treatment?

Will I need a caregiver to travel with me?

Will treatment require finding a new doctor and care team?

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Could a targeted approach be right for your relapsed or refractory DLBCL?

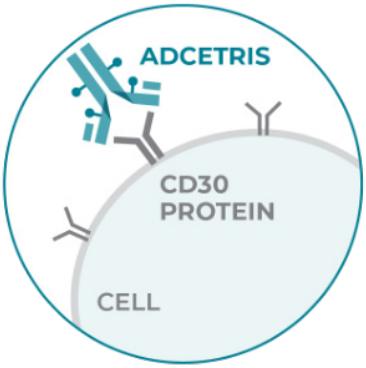
WHAT IS ADCETRIS?

ADCETRIS is not like traditional chemotherapy. ADCETRIS is a type of targeted treatment called an antibody-drug conjugate, which is made from an antibody and a drug that are linked together.

ADCETRIS is used in combination with lenalidomide, an oral (immunomodulary) drug and rituximab, an infusion (targeted monoclonal antibody).

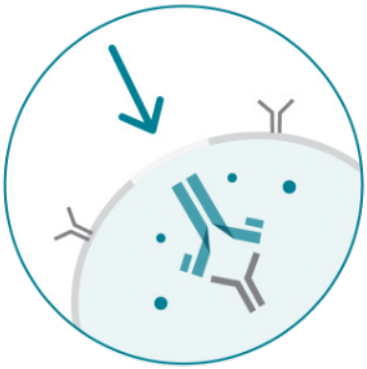
How ADCETRIS works

ADCETRIS targets CD30, a protein typically found on the outside of lymphoma cells.



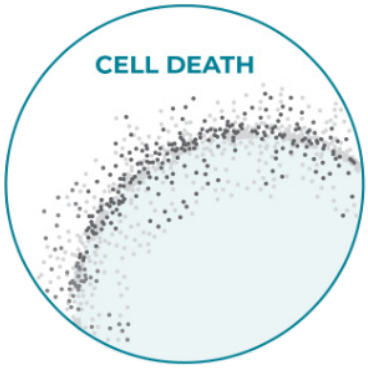
Step 1

ADCETRIS aims to attach to cells that have a protein on their surface called CD30.



Step 2

Once attached, ADCETRIS is brought into the cell and released.



Step 3

The drug stops the cell from being able to grow and divide, causing the cell to die.

Even though CD30 is not commonly found on healthy cells, ADCETRIS may still harm normal cells and cause side effects. Talk to your doctor if you have questions about how it works and about side effects.

ASK YOUR DOCTOR

How does ADCETRIS plus lenalidomide and rituximab work differently from the treatments I have tried before?

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ADCETRIS is a well-established treatment for certain types of lymphoma

Nearly **1700 patients** with certain types of lymphoma received treatment with ADCETRIS across 8 clinical trials.

Over **67,000 patients in the United States** and over **183,000 patients worldwide** have been treated with ADCETRIS since 2011.

Healthcare providers have relied on the extensive clinical study data of ADCETRIS when treating their patients. Researchers continue to investigate ADCETRIS in clinical trials to discover new ways to advance treatment for patients.

Please see additional Important Safety Information on Pages 2-3, and Important Facts about ADCETRIS, including BOXED WARNING, at adcetris.com

ADCETRIS is FDA-approved across 8 indications

2011

- Adults with classical Hodgkin lymphoma after a stem cell transplant fails or after at least 2 chemotherapy treatments fail and stem cell transplant is not an option
- Adults with systemic anaplastic large cell lymphoma after at least 1 combination chemotherapy treatment fails

2015

Adults with classical Hodgkin lymphoma at high risk of coming back or becoming worse after a stem cell transplant

2017

Adults with primary cutaneous anaplastic large cell lymphoma or CD30-expressing mycosis fungoides after systemic therapy (drugs that spread throughout the body)

2018

- Adults with previously untreated Stage 3 or 4 classical Hodgkin lymphoma, in combination with chemotherapy (Adriamycin, vinblastine, and dacarbazine)
- Adults with previously untreated systemic anaplastic large cell lymphoma or other CD30-expressing peripheral T-cell lymphomas, including angioimmunoblastic T-cell lymphoma and peripheral T-cell lymphomas not otherwise specified, in combination with chemotherapy (cyclophosphamide, doxorubicin, and prednisone)

2022

Children 2 years of age and older with previously untreated high risk classical Hodgkin lymphoma, in combination with chemotherapy (doxorubicin, vincristine, etoposide, prednisone, and cyclophosphamide)

2025

ADCETRIS, in combination with lenalidomide and rituximab, for adults with DLBCL that has come back or didn't respond to 2 or more prior treatments and who are not candidates for stem cell transplant or CAR T-cell therapy

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Understanding clinical trials, study designs, and endpoints

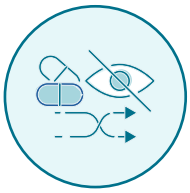
WHAT IS A CLINICAL TRIAL?

Clinical trials are research studies that test how well certain medical approaches work in people.

WHAT IS A STUDY DESIGN?

A **study design** describes how a clinical trial is set up for research and what researchers are trying to learn through the study, as well as additional details, such as:

- Who is eligible to participate in the study
- How treatment will be administered
- The dosage, or how much treatment will be administered and how often
- The schedule of study visits
- Follow-up and monitoring procedures



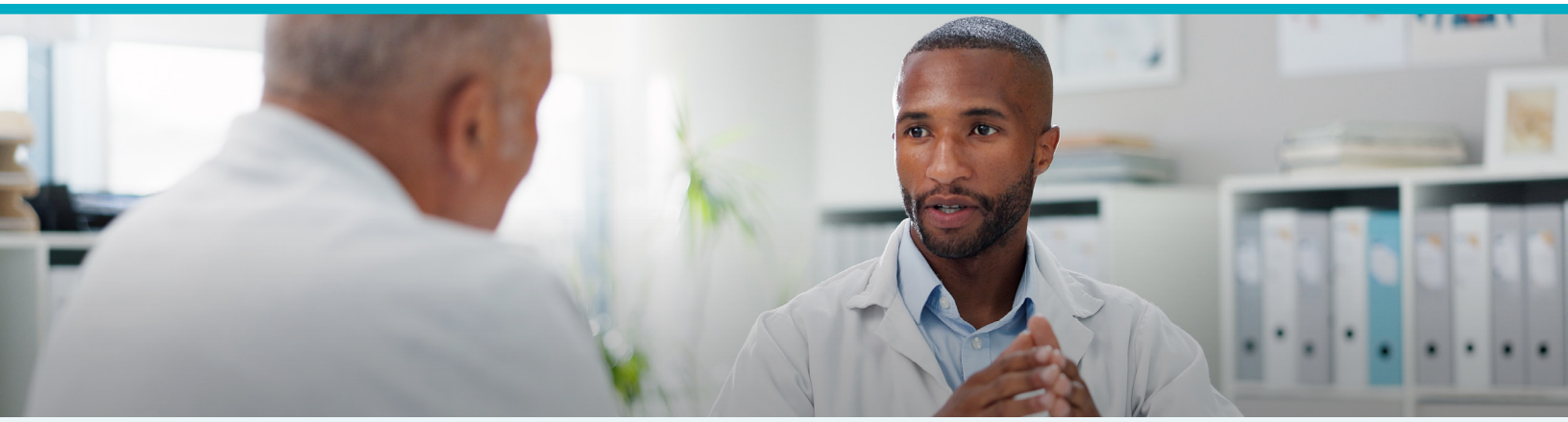
NOT ALL CLINICAL TRIALS ARE ALIKE

How a study is designed may impact the strength of its findings and the way they are interpreted. A **Phase 3 randomized study** helps ensure that the medical data and outcomes of a clinical trial are rigorous and with minimal bias.

A Phase 3 randomized study may include:

- A large number of patients
- Study centers in many different locations, including other countries
- More than 1 treatment group to allow for comparison. For example, one group may receive a placebo while the other group receives the experimental medicine
  - Participants may be randomly assigned to each group. This randomization helps make sure each group is as similar as possible before beginning treatment. This also helps to reduce any selection bias that could affect results
  - Researchers and patients may be blinded, meaning that they will not know who is receiving which treatment. This technique helps reduce unconscious bias that could affect results

Please see additional Important Safety Information on Pages 2-3, and Important Facts about ADCETRIS, including BOXED WARNING, at adcetris.com



ASK YOUR DOCTOR

How do the study designs for my treatment options differ?

WHAT ARE STUDY ENDPOINTS?

Study endpoints are measures defined before a trial starts to find out if a treatment may be safe or effective. They help answer questions, such as, is the treatment shrinking the cancer? Or, is the person living longer? Medicines have to show that the benefit they provide to the patient may outweigh whatever risk they pose.

HOW DO ENDPOINTS AND GOALS AFFECT TREATMENT DECISIONS?

When deciding on a treatment, your oncologist may look at many clinical studies and assess the study design and different study endpoints. This information can be helpful in choosing the right treatment for you and figuring out how likely you are to meet your goals.

Some common study endpoints in cancer trials include:

OVERALL SURVIVAL
The length of time that patients remain alive after enrolling in the study.

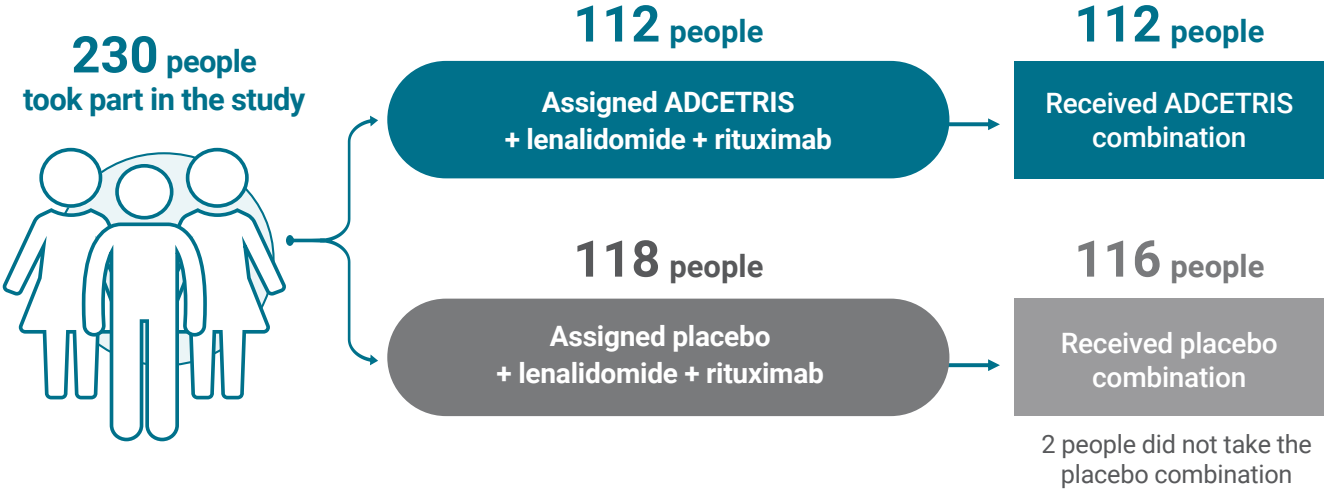
OVERALL RESPONSE RATE
The percentage of patients whose cancer decreases or disappears because of treatment. The study may also evaluate how long this response lasts.


ECHELON-3 was
a Phase 3 randomized
and blinded study

The ECHELON-3 study evaluated ADCETRIS plus lenalidomide and rituximab in adults with relapsed or refractory DLBCL

ECHELON-3 STUDY DESIGN

ECHELON-3 was a large, international, clinical study of **230 people** that compared the **effectiveness and safety** of ADCETRIS plus lenalidomide and rituximab to placebo plus lenalidomide and rituximab in adult patients with relapsed or refractory DLBCL after 2 or more lines of treatments. The study included patients who had received or were not eligible to receive CAR T-cell therapy or a stem cell transplant.



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Main Study Results

OVERALL SURVIVAL RESULTS

The primary goal, or **primary endpoint**, of the ECHELON-3 study was to determine how long patients remained alive after being enrolled in the study, also referred to as overall survival.

Overall survival was significantly higher with ADCETRIS plus lenalidomide and rituximab compared to placebo plus lenalidomide and rituximab

37%

REDUCED RISK OF DEATH FOR PATIENTS TREATED WITH ADCETRIS PLUS LENALIDOMIDE AND RITUXIMAB COMPARED TO PLACEBO PLUS LENALIDOMIDE AND RITUXIMAB

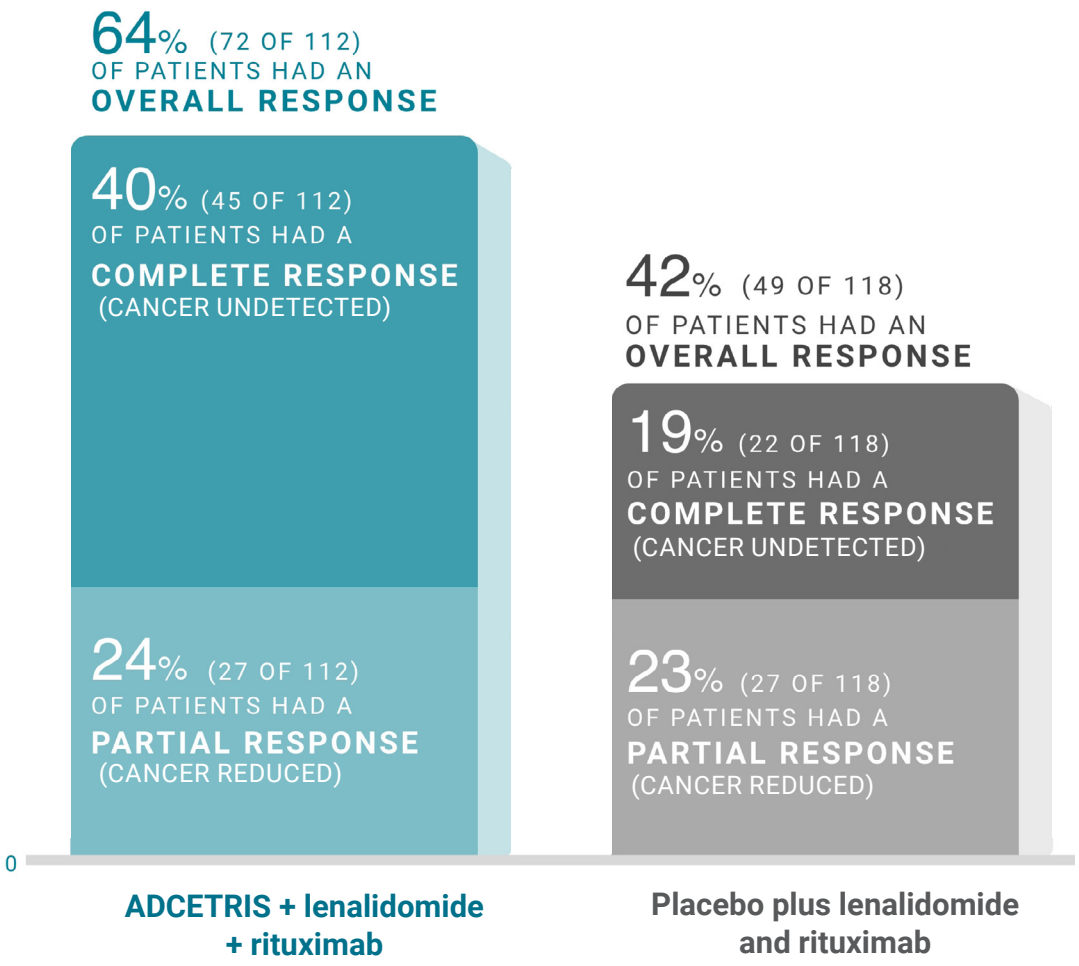
Median overall survival in the ADCETRIS plus lenalidomide and rituximab group was **13.8 months** compared with 8.5 months in the placebo plus lenalidomide and rituximab group.

Median: The middle number in a list of numbers.

OVERALL RESPONSE RATE

One of the **secondary endpoints** or goals of the ECHELON-3 study was to determine the percentage of patients whose cancer decreased or disappeared because of treatment.

More people treated with ADCETRIS plus lenalidomide and rituximab saw their cancer get smaller or become undetectable compared with those receiving placebo plus lenalidomide and rituximab



Please see next page for safety information about ADCETRIS.

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Understanding side effects

To be approved by the FDA, a treatment must show that the benefit it provides to the patient outweighs whatever risk it poses. But all cancer treatments can cause side effects, or unwanted health issues, and some may be serious or severe.

THE MOST IMPORTANT SERIOUS SAFETY INFORMATION YOU SHOULD KNOW ABOUT ADCETRIS

PROGRESSIVE MULTIFOCAL LEUKOENCEPHALOPATHY (PML): Patients treated with ADCETRIS can have a rare, serious brain infection called PML that can lead to death. Tell your doctor immediately if you have mood or behavior changes, confusion, problems with thinking or loss of memory, changes in vision, speech, or walking, or decreased strength or weakness on one side of your body. PML may also be caused by prior treatments or diseases that have weakened your immune system.

Do not take ADCETRIS if you are receiving bleomycin.

THE MOST COMMON SIDE EFFECTS

In people treated with ADCETRIS plus lenalidomide and rituximab, the **most common side effects that occurred in ≥20% of study patients** were feeling tired (46%), diarrhea (31%), nerve damage (peripheral neuropathy; PN) (27%), COVID-19 (27%), pneumonia (27%), rash (27%), and kidney problems (20%).

The **most common serious side effects that occurred in >2% of study patients** were pneumonia (21%), COVID-19 (13%, includes COVID-19 pneumonia), sepsis (9%), significantly low numbers of white blood cells with a fever (7%), hemorrhage (3.6%), urinary tract infection (3.6%), low blood platelet count (2.7%), and upper respiratory tract infection (2.7%).

The **most common laboratory abnormalities that occurred in ≥30% of study patients** were a decrease in white blood cells, a decrease in platelets, a decrease in hemoglobin, an increase in an enzyme called alanine aminotransferase (ALT), and a decrease in potassium.

These are not the only side effects of ADCETRIS. For more information on side effects, please see the Important Safety Information on pages 2 and 3 and Important Facts about ADCETRIS, including BOXED WARNING, at adcetris.com.

Sepsis – A serious condition in which the body responds improperly to an infection. Sepsis causes extensive inflammation throughout your body that can lead to tissue damage, organ failure, and even death.

Hemorrhage – Bleeding from a damaged blood vessel.

Tell your doctor about any side effect concerns you have

Your doctor should prescribe G-CSF right at the start of your ADCETRIS treatment. G-CSF is a medication that may help reduce the chance of neutropenia (low white blood cell count).

Don't stop, change, or delay your ADCETRIS plus lenalidomide and rituximab treatment unless directed by your doctor. Your doctor may take additional steps to help manage side effects, including:

- Reducing your ADCETRIS dosage, or delaying your next dose, until symptoms improve
- Stopping ADCETRIS completely if side effects are severe or do not improve

Do you have questions about side effects?

Note them here to discuss with your doctor.

How ADCETRIS is given

DOSING AND ADMINISTRATION FOR ADCETRIS

ADCETRIS and rituximab are both given as an **intravenous (IV) infusion** (directly into the vein) at the doctor's office or clinic:

- Given every **3 weeks**
- Takes about **30 minutes**
- Rituximab will be given separately, and starting with cycle 2, rituximab intravenous treatment could be substituted with rituximab and hyaluronidase human via subcutaneous injection every 3 weeks

Your doctor may ask you to come to the office early to prepare and stay afterward for monitoring.

Lenalidomide is a **pill** taken by mouth **every day.**

The treatments are given until your disease progresses or you have unacceptable side effects. Your doctor may reduce, hold, or stop your ADCETRIS treatment based on side effects.

ASK YOUR DOCTOR

How does the administration of ADCETRIS plus lenalidomide and rituximab differ from the other treatment options available to me?

What should I tell my doctor before I start treatment with ADCETRIS?

TELL YOUR DOCTOR:

- All your medical conditions, including if you have kidney, liver, or lung problems, an infection, or diabetes.
- If you are pregnant or plan to become pregnant. ADCETRIS may harm your unborn baby. Females who are able to become pregnant: Your doctor should give you a pregnancy test before starting ADCETRIS treatment. You should use effective birth control during ADCETRIS treatment and for 2 months after your last dose of ADCETRIS. Tell your doctor right away if you become pregnant or think you are pregnant during ADCETRIS treatment. Men with female partners who can get pregnant should use effective birth control during ADCETRIS treatment and for 4 months after the last dose.
- If you are breastfeeding or plan to breastfeed. Do not breastfeed during ADCETRIS treatment.
- All the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. ADCETRIS and certain other medicines can affect each other.

GET QUESTIONS TO ASK AT YOUR NEXT APPOINTMENT

Download the Doctor Discussion Guide at **ADCETRIS.com**

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Pfizer Oncology together™

Looking for support? We've got you covered

Pfizer Oncology Together understands that getting your prescribed Pfizer Oncology medicine is at the top of your to-do list. That's why our dedicated team offers you available resources, personalized support, and connections to financial assistance, if needed, to help you work through the challenges of access and reimbursement.

From finding financial assistance options to addressing coverage concerns, Pfizer Oncology Together is here to support you every step of the way.

Financial Assistance

Pfizer Oncology Together will help you find potential financial assistance options for your prescribed Pfizer Oncology medicine, regardless of your insurance coverage. This applies to patients who are eligible and cannot afford to pay for their medicine.

Personalized Support

If you're prescribed a Pfizer Oncology medicine, you can get personalized support from a Field Reimbursement Director (FRD) at every step of your treatment. These experts are here to answer your questions and connect you with helpful resources and organizations.* Once you are signed up, an FRD will work with you directly.

*Some services are provided through third-party organizations that operate independently and are not controlled by Pfizer. Availability of services and eligibility requirements are determined solely by these organizations. Opt-in required.

For live support,
call 1-877-744-5675 (Monday–Friday 8 AM–8 PM ET)

Visit
PfizerOncologyTogether.com

Scan here to access the ADCETRIS Resources Page

Scan here to learn more about Pfizer Oncology Together

Please see additional Important Safety Information on Pages 2-3, and Important Facts about ADCETRIS, including BOXED WARNING, at adcetris.com

Pfizer Oncology

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