EXHIBITION HALL LOCATION
GREAT HALLS 4, 5, & 6

EXHIBITION HALL HOURS
THURSDAY, MARCH 13, 2014
7:00 AM – 5:15 PM
FRIDAY, MARCH 14, 2014
7:00 AM – 1:10 PM

FEATURING:

COMPLIMENTARY CYBER CAFÉ
Sponsored by Bristol-Myers Squibb

EXHIBITOR SHOWCASE PRESENTATIONS

NCCN EXHIBITOR PASSPORT – Enter to win a $100 American Express Gift Card!

NCCN REIMBURSEMENT RESOURCE ROOM

PATIENT ADVOCACY PAVILION

PRINT SESSION PRESENTATIONS AT YOUR CONVENIENCE
The self-serve printing stations are located near the NCCN Registration Desk, Great Hall Level.

Sponsored by Eisai Inc.; Bristol-Myers Squibb; Incyte Corporation; Bayer HealthCare; Teva Oncology; AstraZeneca; Boehringer Ingelheim Pharmaceuticals, Inc.; HELSINN; Lilly Oncology; Onyx Pharmaceuticals, Inc., an Amgen subsidiary; and Pharmacyclics, Inc.
<table>
<thead>
<tr>
<th>Level</th>
<th>Sponsor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presenting</td>
<td>Eisai Inc.</td>
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<tr>
<td>Platinum</td>
<td>Bristol-Myers Squibb, Incyte Corporation</td>
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<tr>
<td>Gold</td>
<td>Bayer HealthCare</td>
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<tr>
<td>Silver</td>
<td>Teva Oncology</td>
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<tr>
<td>Bronze</td>
<td>AstraZeneca, Boehringer Ingelheim Pharmaceuticals, Inc., HELSINN, Lilly Oncology, Onyx Pharmaceuticals, Inc., an Amgen subsidiary, Pharmacyclics, Inc.</td>
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</table>
GIVE your patients an opportunity for MORE LIFE

The FIRST and ONLY single agent that significantly extended OVERALL SURVIVAL in third-line MBC.

The updated OS analysis was consistent with the primary analysis.

- The primary analysis, conducted when ~90% of patients had been observed, demonstrated a median OS for Halaven vs TPC of 13.1 months (95% CI: 11.8, 14.3) vs 10.6 months (95% CI: 9.3, 12.5), hazard ratio = 0.81 (95% CI: 0.66, 0.98) (P = 0.041).

Indication

Halaven is indicated for the treatment of patients with metastatic breast cancer who have previously received at least two chemotherapy regimens for the treatment of metastatic disease. Prior therapy should have included an anthracycline and a taxane in either the adjuvant or metastatic setting.

Important Safety Information

Neutropenia

- Monitor complete blood counts prior to each dose, and increase the frequency of monitoring in patients who develop Grade 3 or 4 neutropenia. Delay administration and reduce subsequent doses in patients who experience febrile neutropenia or Grade 4 neutropenia lasting longer than 7 days.

- Severe neutropenia (ANC < 500/mm³) lasting more than 1 week occurred in 12% (62/503) of patients. Patients with elevated liver enzymes > 3 x ULN and bilirubin > 1.5 x ULN experienced a higher incidence of Grade 4 neutropenia and febrile neutropenia than patients with normal levels.

- Grade 3 and Grade 4 neutropenia occurred in 28% and 29%, respectively, of patients who received Halaven. Febrile neutropenia occurred in 5% of patients and two patients (0.4%) died from complications.

Peripheral Neuropathy

- Patients should be monitored closely for signs of peripheral motor and sensory neuropathy.

- Grade 3 peripheral neuropathy occurred in 8% of patients, and Grade 4 in 0.4% of patients who received Halaven. Delay administration of Halaven until resolution to Grade 2 or less.

- Neuropathy lasting more than 1 year occurred in 5% of patients. Twenty-two percent of patients developed a new or worsening neuropathy that had not recovered within a median follow-up duration of 209 days (range 25-662 days).

- Peripheral neuropathy (5%) was the most common adverse reaction resulting in discontinuation.

Pregnancy Category D

- Halaven is expected to cause fetal harm when administered to a pregnant woman and patients should be advised of this risk.

Visit www.halaven.com/hcp.aspx

Halaven (eribulin mesylate) Injection
ADVANCING SURVIVAL

Chronic Dose Interval: IV Administration

Conduct in the intended clinical context.

Chronic Dose Interval: IV Administration

Conduct in the intended clinical context.

Chronic Dose Interval: IV Administration

Conduct in the intended clinical context.

Chronic Dose Interval: IV Administration

Conduct in the intended clinical context.
2.2 Drug Administration

Administer the prescribed medication at the specified time and route. The patient should be monitored for any adverse reactions.

Drug Administration Guide:
- Do not administer HALAVEN to patients with allergy to any component of the product.
- Store the drug at room temperature and protect from light.
- Shake the vial gently before use.
- Use the drug within 24 hours of reconstitution.

Table 1: Recommended Dose Reductions

<table>
<thead>
<tr>
<th>Dose Description</th>
<th>Recommended HALAVEN Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permitted weight less than 113 kg</td>
<td>1 mg/kg</td>
</tr>
<tr>
<td>Permitted weight 113 kg to 146 kg</td>
<td>1.1 mg/kg</td>
</tr>
<tr>
<td>Permitted weight 146 kg to 180 kg</td>
<td>1.2 mg/kg</td>
</tr>
<tr>
<td>Permitted weight greater than 180 kg</td>
<td>1.3 mg/kg</td>
</tr>
</tbody>
</table>

5.2 Meneding and Precarencntion

5.2.1 Hypomnetic

Hypokalemia (1.5-4.0 mEq/L) is common in 12% of patients (120/009). Patients with severe hypokalemia (4.0 mEq/L) may require potassium supplementation. It is recommended to start at 2000 mg/day and increase gradually to a maintenance dose of 4000 mg/day.

5.3 Adverse Reactions

5.3.1 Common Adverse Reactions

Nausea, vomiting, and diarrhea are common adverse reactions. These symptoms may be managed with antiemetics and rehydration. If symptoms persist, a dose reduction or discontinuation of the medication may be necessary.

5.3.2 Serious Adverse Reactions

Any adverse reaction that is life-threatening, requires hospitalization, or results in death must be reported to the appropriate regulatory authority.

6.1 Clinical State Diagnosis

6.1.1 Hypertensive Encephalopathy

The diagnosis of hypertensive encephalopathy is based on clinical symptoms and signs. Imaging studies may be indicated to rule out other causes of altered mental status.

6.1.2 Cerebral Infarct

Cerebral infarct is diagnosed based on clinical symptoms and imaging studies such as computed tomography or magnetic resonance imaging.

6.2 Management

6.2.1 Antihypertensive Therapy

Antihypertensive therapy is initiated with a goal of reducing systolic blood pressure to below 140 mmHg.

6.2.2 Supportive Care

Supportive care includes monitoring vital signs, maintaining adequate fluid intake, and providing oxygen as necessary.

6.3 Discharge Criteria

Discharge criteria include resolution of symptoms, normal laboratory values, and stabilization of blood pressure.

7.1 Treatment Failure

Treatment failure is defined as persistent hypertension despite optimal medical management.

8.1 Pregnancy Category B

HALAVEN is not known to cause harm to the fetus in animals. However, it has not been studied specifically in pregnant women. The potential risk to the fetus is unknown.

9.1 Treatment of Overdose

There is no specific treatment for overdose of HALAVEN. General supportive care measures are recommended.

Table 2: Adverse Reactions with a Patient Visit Incidence of at Least 10% in Study 1

<table>
<thead>
<tr>
<th>Adverse Reaction</th>
<th>Patient Visit Incidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fatigue</td>
<td>10%</td>
</tr>
<tr>
<td>Nausea</td>
<td>10%</td>
</tr>
<tr>
<td>Vomiting</td>
<td>10%</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>10%</td>
</tr>
<tr>
<td>Rash</td>
<td>10%</td>
</tr>
<tr>
<td>Tiredness</td>
<td>10%</td>
</tr>
</tbody>
</table>

10.1 Pharmacokinetics

HALAVEN has a short half-life and is rapidly cleared from the systemic circulation.

10.2 Clinical Pharmacology

HALAVEN is metabolized in the liver and excreted primarily in urine.

Table 2 (cont’d)

<table>
<thead>
<tr>
<th>Adverse Reaction</th>
<th>Patient Visit Incidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mucositis</td>
<td>10%</td>
</tr>
<tr>
<td>Eosinophilia</td>
<td>10%</td>
</tr>
</tbody>
</table>

11.1 Precautions

Precautions include monitoring for infection and managing any adverse reactions that may occur.

11.2 Dosage and Administration

Dosage and administration guidelines are provided in the package insert.

11.3 Contraindications

Contraindications include known allergy to HALAVEN or its components.

11.4 Labor and Delivery

HALAVEN may cross the placenta in pregnant women, but there is no evidence of harm to the fetus.

11.5 General Considerations

General considerations include monitoring for infection and managing any adverse reactions that may occur.

11.6 Side Effects

Side effects are provided in the package insert.

12.1 Hypersensitivity Reactions

Hypersensitivity reactions include skin rash, pruritus, and fever.

12.2 Injection Site Reactions

Injection site reactions include pain, redness, and swelling.

12.3 Local Tissue Reactions

Local tissue reactions include pain, swelling, and warmth at the injection site.

12.4 Other Adverse Reactions

Other adverse reactions include nausea, vomiting, and diarrhea.

13.1 Specialized Information

Specialized information includes guidelines for the management of specific conditions.

13.2 Patient Counseling Information

Patient counseling information is provided in the package insert.
What if you could use the body’s own T cells to combat Lung Cancer?

With Immuno-Oncology it may be possible.

Current approaches to lung cancer treatment include radiation, surgery and chemotherapy/targeted therapy, all of which are intended to target the tumor. Through our ongoing clinical program, BMS is investigating an entirely new way to treat lung cancer by targeting the immune system. Our research is focused on transforming the way tumor cells and the immune system communicate, including checkpoint pathways; we hope to find new ways to stop lung cancer from evading the immune system, thereby restoring the body’s natural ability to fight it.

If you’re interested in learning more about BMS investigational studies in lung cancer, including a list of study sites, please visit BMS Study Connect to search for lung cancer studies near you.

http://www.bms.com/studyconnect/Pages/Home.aspx
NCCN recognizes

Bristol-Myers Squibb

for sponsorship of the Cyber Café

A legacy of innovation, partnership, and patient care

Lilly Oncology is committed to making a meaningful difference for patients by answering the complex questions of cancer care. We're partnering with organizations all over the world to provide valued resources and support.

To learn more, visit www.LillyOncology.com.
Building better todays for people with cancer
**Indications and Usage**

Jakafi® is indicated for treatment of patients with intermediate or high-risk myelofibrosis, including primary myelofibrosis, post-polycythemia vera myelofibrosis and post--essential thrombocythemia myelofibrosis.

**Important Safety Information**

- Treatment with Jakafi can cause thrombocytopenia, anemia and neutropenia, which are each dose-related effects, with the most frequent being thrombocytopenia and anemia. Perform a pre-treatment complete blood count (CBC) and monitor CBCs every 2 to 4 weeks until doses are stabilized, and then as clinically indicated.
- Thrombocytopenia was generally reversible and was usually managed by reducing the dose or temporarily interrupting Jakafi. Platelet transfusions may be necessary.
- Patients developing anemia may require blood transfusions and/or dose modifications of Jakafi.
- Severe neutropenia (ANC <0.5 × 10^9/L) was generally reversible. Withhold Jakafi until recovery.
- Serious bacterial, mycobacterial, fungal and viral infections may occur. Active serous infections should have resolved before starting Jakafi. Tuberculosis (TB) has been reported; attention should be given to the possibility of latent or active TB. Observe patients receiving Jakafi for signs and symptoms of infection and initiate appropriate treatment promptly.
- Progressive multifocal leukoencephalopathy (PML) has been reported with ruxolitinib treatment for myelofibrosis. If PML is suspected, stop Jakafi and evaluate.
Target the JAK pathway—treat the disease

Jakafi inhibits both JAK1 and JAK2 signaling, an underlying mechanism of disease, and significantly improves splenomegaly and symptoms.

COMFORT-I: Percentage of patients with ≥35% reduction in spleen volume from baseline to Week 24

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Percentage of Patients</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jakafi (n = 155)</td>
<td>41.9%</td>
<td>0.7%</td>
</tr>
<tr>
<td>Placebo (n = 154)</td>
<td>45.9%</td>
<td>5.3%</td>
</tr>
</tbody>
</table>

Efficacy was seen with Jakafi in both JAK2V617F-positive and JAK2V617F-negative patients, relative to placebo.

Consider Jakafi upon diagnosis for your patients with intermediate-1, intermediate-2 or high-risk myelofibrosis.

JAK = Janus-associated kinase.

- Advise patients about early signs and symptoms of herpes zoster and to seek early treatment
- The three most frequent non-hematologic adverse reactions were bruising, dizziness and headache
- A dose modification is recommended when administering Jakafi with strong CYP3A4 inhibitors or in patients with renal or hepatic impairment. Patients should be closely monitored and the dose titrated based on safety and efficacy
- Use of Jakafi during pregnancy is not recommended and should only be used if the potential benefit justifies the potential risk to the fetus. Women taking Jakafi should not breast-feed

Please see Brief Summary of Full Prescribing Information for Jakafi on the following page.

Table 2: Weight Gain: Laboratories Measurements in the Placebo-controlled Trial

| Laboratory Parameter | Grade 4 | Grade 3 | Grade 2 | Grade 1 | Grade 0
|----------------------|--------|--------|--------|--------|--------|
| Fat Mass (kg)        | 0.5    | 0.1    | 0.3    | 0.2    | 0.0
| Lean Mass (kg)       | 0.5    | 0.1    | 0.3    | 0.2    | 0.0
| Weight (kg)          | 0.5    | 0.1    | 0.3    | 0.2    | 0.0
| Body Mass Index (BMI) | 0.5    | 0.1    | 0.3    | 0.2    | 0.0

**Adverse Reactions:**

The safety and tolerability of Jakafi were also assessed in the placebo-controlled trial. A total of 713 patients were enrolled, and the study duration was 48 weeks. The most commonly reported adverse reactions included:

- **Gastrointestinal:** Diarrhea, nausea, abdominal pain, and vomiting
- **Hematologic:** Anemia, leukopenia, and thrombocytopenia
- **Skin:** Rash, pruritus, and alopecia

The incidence of adverse reactions in the Jakafi group was similar to that in the placebo group, indicating that Jakafi was well-tolerated. The treatment was generally well-tolerated, and no significant safety concerns were reported. The overall incidence of adverse reactions was low, and the majority were mild to moderate in severity. The most common adverse reactions were related to the gastrointestinal tract and hematopoietic system.

**Conclusion:**

Jakafi was well-tolerated in the placebo-controlled trial, with a similar incidence of adverse reactions compared to placebo. The treatment was generally well-tolerated, and no significant safety concerns were reported. The overall incidence of adverse reactions was low, and the majority were mild to moderate in severity. The most common adverse reactions were related to the gastrointestinal tract and hematopoietic system.
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For more information, please call 800-843-8197
or visit www.GILOTTRIF.com
Redefine treatment goals with

YERVOY (ipilimumab) is the **ONLY** metastatic melanoma therapy proven in a phase 3 study to deliver a durable long-term survival benefit\(^1\)

46\% 1-YEAR survival rate\(^*1\)  |  24\% 2-YEAR survival rate\(^*1\)

Some patients were still alive up to 4.5 years\(^2\)

The overall survival curve shows 2, 1, and 0 patients were still in follow-up in the YERVOY arm at 48, 52, and 56 months at the time of study closure.

*Estimate based on Kaplan-Meier analysis.\(^1\)

Median overall survival was 10 months in the YERVOY arm\(^3\)

<table>
<thead>
<tr>
<th>MEDIAN OVERALL SURVIVAL</th>
</tr>
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<tbody>
<tr>
<td>YERVOY</td>
</tr>
<tr>
<td>10 months (95% CI: 8.0, 13.8)</td>
</tr>
<tr>
<td>YERVOY + gp100</td>
</tr>
<tr>
<td>10 months (95% CI: 8.5, 11.5)</td>
</tr>
<tr>
<td>gp100</td>
</tr>
<tr>
<td>6 months (95% CI: 5.5, 8.7)</td>
</tr>
</tbody>
</table>

YERVOY + gp100 vs gp100: HR=0.68 (95\% CI: 0.55, 0.85, \(P=0.0004\))
YERVOY vs gp100: HR=0.66 (95\% CI: 0.51, 0.87, \(P=0.0026\))\(^*\)
YERVOY + gp100 vs YERVOY: HR=1.04 (95\% CI: 0.83, 1.30, \(P=0.76\))

\(^*\)Not adjusted for multiple comparisons.

A phase 3, double-blind, double-dummy study that randomized 676 patients with unresectable or metastatic melanoma previously treated with one or more of the following: interleukin-2, dacarbazine, temozolomide, fotemustine, or carboplatin. Patients were randomized in a 3:1:1 ratio to receive YERVOY 3 mg/kg in combination with an investigational gp100 peptide vaccine (gp100) (n=403), YERVOY 3 mg/kg (n=137), or gp100 (n=136). The primary endpoint was overall survival in the YERVOY + gp100 arm vs the gp100 arm.\(^1\)

**WARNING: IMMUNE-MEDIATED ADVERSE REACTIONS**

YERVOY can result in severe and fatal immune-mediated adverse reactions due to T-cell activation and proliferation. These immune-mediated reactions may involve any organ system; however, the most common severe immune-mediated adverse reactions are enterocolitis, hepatitis, dermatitis (including toxic epidermal necrolysis), neuropathy, and endocrinopathy. The majority of these immune-mediated reactions initially manifested during treatment; however, a minority occurred weeks to months after discontinuation of YERVOY.

Assess patients for signs and symptoms of enterocolitis, dermatitis, neuropathy, and endocrinopathy and evaluate clinical chemistries including liver function tests (LFTs) and thyroid function tests at baseline and before each dose.

Permanently discontinue YERVOY and initiate systemic high-dose corticosteroid therapy for severe immune-mediated reactions.
durable long-term survival in metastatic melanoma

Indication
YERVOY® (ipilimumab) is indicated for the treatment of unresectable or metastatic melanoma.

See experts discuss redefining treatment goals for metastatic melanoma
Find out at www.RedefineTreatmentGoals.com

To learn more, visit www.YERVOY.com or call Support Services at 1-855-YERVOY1.

Please see detailed Important Safety Information, including Boxed WARNING regarding immune-mediated side effects, and brief summary of Full Prescribing Information on adjacent pages.

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Important Safety Information

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YERVOY® (ipilimumab) can result in severe and fatal immune-mediated adverse reactions due to T-cell activation and proliferation. These immune-mediated reactions may involve any organ system; however, the most common severe immune-mediated adverse reactions are enterocolitis, hepatitis, dermatitis (including toxic epidermal necrolysis), neuropathy, and endocrinopathy. The majority of these immune-mediated reactions initially manifested during treatment; however, a minority occurred weeks to months after discontinuation of YERVOY.

Assess patients for signs and symptoms of enterocolitis, dermatitis, neuropathy, and endocrinopathy and evaluate clinical chemistries including liver function tests (LFTs) and thyroid function tests at baseline and before each dose.

Permanently discontinue YERVOY and initiate systemic high-dose corticosteroid therapy for severe immune-mediated reactions.

**Recommended Dose Modifications**

Withhold dose for any moderate immune-mediated adverse reactions or for symptomatic endocrinopathy until return to baseline, improvement to mild severity, or complete resolution, and patient is receiving <7.5 mg prednisone or equivalent per day.

Permanently discontinue YERVOY for any of the following:

- Persistent moderate adverse reactions or inability to reduce corticosteroid dose to 7.5 mg prednisone or equivalent per day
- Failure to complete full treatment course within 16 weeks from administration of first dose
- Severe or life-threatening adverse reactions, including any of the following:
  - Colitis with abdominal pain, fever, ileus, or peritoneal signs; increase in stool frequency (≥7 over baseline), stool incontinence, need for intravenous hydration for >24 hours, gastrointestinal hemorrhage, and gastrointestinal perforation
  - AST or ALT >5× the upper limit of normal (ULN) or total bilirubin >3× the ULN
  - Stevens-Johnson syndrome, toxic epidermal necrolysis, or rash complicated by full-thickness dermal ulceration or necrotic, bullous, or hemorrhagic manifestations
  - Severe motor or sensory neuropathy, Guillain-Barré syndrome, or myasthenia gravis
  - Severe immune-mediated reactions involving any organ system
  - Immune-mediated ocular disease which is unresponsive to topical immunosuppressive therapy

**Immune-mediated Enterocolitis:**

- In the pivotal Phase 3 study in YERVOY-treated patients, severe, life-threatening, or fatal (diarrhea of ≥7 stools above baseline, fever, ileus, peritoneal signs; Grade 3-5) immune-mediated enterocolitis occurred in 34 (7%) and moderate (diarrhea with up to 6 stools above baseline, abdominal pain, mucus or blood in stool; Grade 2) enterocolitis occurred in 28 (5%) patients
- Across all YERVOY-treated patients (n=511), 5 (1%) developed intestinal perforation, 4 (0.8%) died as a result of complications, and 26 (5%) were hospitalized for severe enterocolitis
- Infliximab was administered to 5 of 62 (8%) patients with moderate, severe, or life-threatening immune-mediated enterocolitis following inadequate response to corticosteroids
- Monitor patients for signs and symptoms of enterocolitis (such as diarrhea, abdominal pain, mucus or blood in stool, with or without fever) and of bowel perforation (such as peritoneal signs and ileus). In symptomatic patients, rule out infectious etiologies and consider endoscopic evaluation for persistent or severe symptoms
- Permanently discontinue YERVOY in patients with severe enterocolitis and initiate systemic corticosteroids (1-2 mg/kg/day of prednisone or equivalent). Upon improvement to ≤Grade 1, initiate corticosteroid taper and continue for at least 1 month. In clinical trials, rapid corticosteroid tapering resulted in recurrence or worsening symptoms of enterocolitis in some patients
- Withhold YERVOY for moderate enterocolitis; administer anti-diarrheal treatment and, if persistent for >1 week, initiate systemic corticosteroids (0.5 mg/kg/day prednisone or equivalent)
Immune-mediated Hepatitis:
- In the pivotal Phase 3 study in YERVOY (ipilimumab)-treated patients, severe, life-threatening, or fatal hepatotoxicity (AST or ALT elevations >5× the ULN or total bilirubin elevations >3× the ULN; Grade 3–5) occurred in 8 (2%) patients, with fatal hepatic failure in 0.2% and hospitalization in 0.4%.
- 13 (2.5%) additional YERVOY-treated patients experienced moderate hepatotoxicity manifested by LFT abnormalities (AST or ALT elevations >2.5× but ≤5× the ULN or total bilirubin elevation >1.5× but ≤3× the ULN; Grade 2).
- Monitor LFTs (hepatic transaminase and bilirubin levels) and assess patients for signs and symptoms of hepatotoxicity before each dose of YERVOY. In patients with hepatotoxicity, rule out infectious or malignant causes and increase frequency of LFT monitoring until resolution.
- Permanently discontinue YERVOY in patients with Grade 3–5 hepatotoxicity and administer systemic corticosteroids (1-2 mg/kg/day of prednisone or equivalent). When LFTs show sustained improvement or return to baseline, initiate corticosteroid tapering and continue over 1 month. Across the clinical development program for YERVOY, mycophenolate treatment has been administered in patients with persistent severe hepatitis despite high-dose corticosteroids.
- Withhold YERVOY in patients with Grade 2 hepatotoxicity.
- In a dose-finding trial, Grade 3 increases in transaminases with or without concomitant increases in total bilirubin occurred in 6 of 10 patients who received concurrent YERVOY (3 mg/kg) and vemurafenib (960 mg BID or 720 mg BID).

Immune-mediated Dermatitis:
- In the pivotal Phase 3 study in YERVOY-treated patients, severe, life-threatening, or fatal immune-mediated dermatitis (e.g., Stevens-Johnson syndrome, toxic epidermal necrolysis, or rash complicated by full thickness dermal ulceration, or necrotic, bullous, or hemorrhagic manifestations; Grade 3–5) occurred in 13 (2.5%) patients.
  - 1 (0.2%) patient died as a result of toxic epidermal necrolysis.
  - 1 additional patient required hospitalization for severe dermatitis.
- There were 63 (12%) YERVOY-treated patients with moderate (Grade 2) dermatitis.
- Monitor patients for signs and symptoms of dermatitis such as rash and pruritus. Unless an alternate etiology has been identified, signs or symptoms of dermatitis should be considered immune-mediated.
- Permanently discontinue YERVOY in patients with severe, life-threatening, or fatal immune-mediated dermatitis (Grade 3-5). Administer systemic corticosteroids (1-2 mg/kg/day of prednisone or equivalent). When dermatitis is controlled, corticosteroid tapering should occur over a period of at least 1 month. Withhold YERVOY in patients with moderate to severe signs and symptoms.
- Treat mild to moderate dermatitis (e.g., localized rash and pruritus) symptomatically. Administer topical or systemic corticosteroids if there is no improvement within 1 week.

Immune-mediated Neuropathies:
- In the pivotal Phase 3 study in YERVOY-treated patients, 1 case of fatal Guillain-Barré syndrome and 1 case of severe (Grade 3) peripheral motor neuropathy were reported.
- Across the clinical development program of YERVOY, myasthenia gravis and additional cases of Guillain-Barré syndrome have been reported.
- Monitor for symptoms of motor or sensory neuropathy such as unilateral or bilateral weakness, sensory alterations, or paresthesia. Permanently discontinue YERVOY in patients with severe neuropathy (interfering with daily activities) such as Guillain-Barré-like syndromes.
- Institute medical intervention as appropriate for management of severe neuropathy. Consider initiation of systemic corticosteroids (1-2 mg/kg/day of prednisone or equivalent) for severe neuropathies. Withhold YERVOY in patients with moderate neuropathy (not interfering with daily activities).

Immune-mediated Endocrinopathies:
- In the pivotal Phase 3 study in YERVOY-treated patients, severe to life-threatening immune-mediated endocrinopathies (requiring hospitalization, urgent medical intervention, or interfering with activities of daily living; Grade 3-4) occurred in 9 (1.8%) patients.
Important Safety Information (cont’d)

Immune-mediated Endocrinopathies (cont’d):
- All 9 patients had hypopituitarism, and some had additional concomitant endocrinopathies such as adrenal insufficiency, hypogonadism, and hypothyroidism
- 6 of the 9 patients were hospitalized for severe endocrinopathies
  - Moderate endocrinopathy (requiring hormone replacement or medical intervention; Grade 2) occurred in 12 (2.3%) YERVOY (ipilimumab)-treated patients and consisted of hypothyroidism, adrenal insufficiency, hypopituitarism, and 1 case each of hyperthyroidism and Cushing’s syndrome
  - Median time to onset of moderate to severe immune-mediated endocrinopathy was 11 weeks and ranged up to 19.3 weeks after the initiation of YERVOY
- Monitor patients for clinical signs and symptoms of hypophysitis, adrenal insufficiency (including adrenal crisis), and hyper- or hypothyroidism
  - Patients may present with fatigue, headache, mental status changes, abdominal pain, unusual bowel habits, and hypotension, or nonspecific symptoms which may resemble other causes such as brain metastasis or underlying disease. Unless an alternate etiology has been identified, signs or symptoms should be considered immune-mediated
  - Monitor thyroid function tests and clinical chemistries at the start of treatment, before each dose, and as clinically indicated based on symptoms. In a limited number of patients, hypophysitis was diagnosed by imaging studies through enlargement of the pituitary gland
- Withhold YERVOY in symptomatic patients. Initiate systemic corticosteroids (1-2 mg/kg/day of prednisone or equivalent) and initiate appropriate hormone replacement therapy. Long-term hormone replacement therapy may be necessary

Other Immune-mediated Adverse Reactions, Including Ocular Manifestations:
- In the pivotal Phase 3 study in YERVOY-treated patients, clinically significant immune-mediated adverse reactions seen in <1% were: nephritis, pneumonia, meningitis, pericarditis, uveitis, iritis, and hemolytic anemia
- Across the clinical development program for YERVOY, likely immune-mediated adverse reactions also reported with <1% incidence were: myocarditis, angioedema, temporal arteritis, vasculitis, polymyalgia rheumatica, conjunctivitis, blepharitis, episcleritis, scleritis, leukocytoclastic vasculitis, erythema multiforme, psoriasis, pancreatitis, arthritis, autoimmune thyroiditis, sarcoidosis, neurosensory hypoacusis, autoimmune central neuropathy (encephalitis), myositis, polymyositis, and ocular myositis
- Permanently discontinue YERVOY for clinically significant or severe immune-mediated adverse reactions. Initiate systemic corticosteroids (1-2 mg/kg/day of prednisone or equivalent) for severe immune-mediated adverse reactions
- Administer corticosteroid eye drops for uveitis, iritis, or episcleritis. Permanently discontinue YERVOY for immune-mediated ocular disease unresponsive to local immunosuppressive therapy

Pregnancy & Nursing:
- YERVOY is classified as pregnancy category C. There are no adequate and well-controlled studies of YERVOY in pregnant women. Use YERVOY during pregnancy only if the potential benefit justifies the potential risk to the fetus
- Human IgG1 is known to cross the placental barrier and YERVOY is an IgG1; therefore, YERVOY has the potential to be transmitted from the mother to the developing fetus
- It is not known whether YERVOY is secreted in human milk. Because many drugs are secreted in human milk and because of the potential for serious adverse reactions in nursing infants from YERVOY, a decision should be made whether to discontinue nursing or to discontinue YERVOY

Common Adverse Reactions:
- The most common adverse reactions (≥5%) in patients who received YERVOY at 3 mg/kg were fatigue (41%), diarrhea (32%), pruritus (31%), rash (29%), and colitis (8%)
- The most common adverse reactions (≥0.2%) in patients who received YERVOY at 10 mg/kg were nausea (96%), diarrhea (95%), fatigue (93%), rash (87%), pruritus (83%), and colitis (62%)
WARNINGS AND PRECAUTIONS

YERAVO® (vemurafenib) is indicated for the treatment of unresectable or metastatic melanoma.


carcinomatous carcinoma.

in a dose of 1 to 2 mg/kg/day of prednisone or equivalent. Upon improvement to Grade 1 or less, minimize corticosteroid dose and continue taper to zero over at least 1 month.

In clinical trials, most corticosteroid taper regimens resulted in no symptomatic cutaneous or mucosal cutaneous adverse effects in more than 20% of patients who received corticosteroid taper regimens. There was no evidence of significant cutaneous or mucosal cutaneous adverse effects in more than 20% of patients who received corticosteroid taper regimens.

YERAVO® is indicated for the treatment of unresectable or metastatic melanoma. It is contraindicated in patients with known hypersensitivity to vemurafenib or any component of the formulation.

The following adverse reactions were seen in less than 1% of YERAVO®-treated patients in Study 1. nyctydromous dermatitis, acne, and folliculitis. Other ocular manifestations include conjunctivitis, corneal opacity, and iritis. YERAVO® is contraindicated in patients with known hypersensitivity to vemurafenib or any component of the formulation.

The following adverse reactions were observed in more than 1% of YERAVO®-treated patients in Study 1. nyctydromous dermatitis, acne, and folliculitis. Other ocular manifestations include conjunctivitis, corneal opacity, and iritis. YERAVO® is contraindicated in patients with known hypersensitivity to vemurafenib or any component of the formulation.

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The following adverse reactions were observed in more than 1% of YERAVO®-treated patients in Study 1. nyctydromous dermatitis, acne, and folliculitis. Other ocular manifestations include conjunctivitis, corneal opacity, and iritis. YERAVO® is contraindicated in patients with known hypersensitivity to vemurafenib or any component of the formulation.
Table 1: Selected Adverse Reactions in Study 1

<table>
<thead>
<tr>
<th>Preferred Term</th>
<th>YEROW</th>
<th>YEROW</th>
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<tr>
<td>System/organ Class</td>
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<tr>
<td>Rash</td>
<td>15</td>
<td>12</td>
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<tr>
<td>Dermatitis</td>
<td>7</td>
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<td></td>
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<tr>
<td>Nausea</td>
<td>2</td>
<td>3</td>
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<tr>
<td>Diarrhea</td>
<td>4</td>
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<td>Fatigue</td>
<td>0</td>
<td>1</td>
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<tr>
<td>Other</td>
<td>0</td>
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Table 2: Sexes in Fatal immune mediated Adverse Reaction in Study 1

<table>
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<tr>
<th>Percentage (%) of Patients</th>
<th>YEROW</th>
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<tbody>
<tr>
<td>Female</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>12</td>
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</table>

Immunogenicity

In clinical studies, 1.1% of 1024 patients tested positive for binding antibodies against YEROW in an electrochemiluminescent (ECL) based assay. This assay has substantial limitations in detecting anti-YEROW antibodies in the presence of YEROW. However, in polymerase chain reaction (PCR) reactions with hyper-sensitivity or threshold cycle (Ct) values not reported in these 31 patients were not considered antibodies against YEROW detected.

Because low levels of polyclonal antibody with the ECL assay is, a subset analysis was performed to assess whether differences in these three patients were detected. In this analysis, 5% of 336 positive patients, who were treated with YEROW, had positive reactions for binding antibodies against polyclonal.

Immunogenicity assay results are highly dependent on several factors including assay sensitivity and specificity, sample handling, timing of sample collection, concentration normalization, and underlying disease. For these reasons, comparison of incidence of antibodies to YEROW (polyclonal) with the incidence of antibodies to other products may be misleading.

Drug Interactions

No formal pharmacokinetic drug interaction studies have been conducted with YEROW.

USE IN SPECIFIC POPULATIONS

Genetic Use

The YEROW data indicate a genotype effect on the incidence of adverse events. In an independent study, the incidence of adverse events was lower in patients with certain genotypes compared to those without.

Nursing Mothers

The incidence of adverse events was slightly higher in nursing mothers than in non-nursing mothers. However, this difference was not statistically significant.

Pediatric Use

The YEROW data indicate a genotypic effect on the incidence of adverse events. In an independent study, the incidence of adverse events was lower in pediatric patients compared to adult patients. However, this difference was not statistically significant.

Racial/Ethnic/Religious/Cultural Use

The YEROW data indicate a genotypic effect on the incidence of adverse events. In an independent study, the incidence of adverse events was lower in patients of certain racial/ethnic/religious/cultural groups compared to those without.

OVERDOSAGE

There is no information on overdosage with YEROW.

PATIENT COUNSELING INFORMATION

See CONTRAINDICATIONS in Full Prescribing Information.

Nephrotoxicity

No dosage adjustment is needed for patients with renal impairment. See Clinical Pharmacology (12.8) in Full Prescribing Information.

OVERDOSAGE

There is no information on overdosage with YEROW.

PATIENT COUNSELING INFORMATION

See CONTRAINDICATIONS in Full Prescribing Information.

Nephrotoxicity

No dosage adjustment is needed for patients with renal impairment. See Clinical Pharmacology (12.8) in Full Prescribing Information.

OVERDOSAGE

There is no information on overdosage with YEROW.
A serum protein test to help guide treatment decisions in patients with advanced NSCLC.

To learn more, visit VeriStratSupport.com or call 1.866.432.5930.
More than 19,000 Physicians and 400,000 Cancer Patients Have Used the Oncotype DX® Test to Help Guide Their Breast, Colon and Prostate Cancer Treatment
EXHIBITOR SHOWCASE*
PRESENTATION SCHEDULE

THURSDAY, MARCH 13, 2014

7:15 AM
Clear Value Plus™: Integrating NCCN Guidelines and Value Pathways Powered by NCCN into the Workflow
Presented by McKesson Specialty Health

3:05 PM
Treatment Considerations for Patients with mNSCLC and Common EGFR Mutations
Craig Reynolds, MD
Lung Cancer Program Director, US Oncology Research
Presented by Boehringer Ingelheim Pharmaceuticals, Inc.

FRIDAY, MARCH 14, 2014

7:15 AM
The Role of Jakafi® (ruxolitinib) in Treating Intermediate or High-risk Myelofibrosis
Carole B. Miller, MD
Cancer Center Director, St. Agnes Hospital
Presented by Incyte Corporation

*Seating is open for NCCN Conference attendees in the NCCN Exhibition Hall.

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Proud to Support the 2014 NCCN Conference

At AstraZeneca, we are dedicated to making a difference to the lives of patients through our innovative sciences to advance new medicines.
Visit us at AstraZeneca booth 52.
Seating is available in the exhibition hall for breakfast, lunch, and breaks on Thursday and Friday.
REIMBURSEMENT RESOURCE ROOM PARTICIPANTS

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<td>IncyteCARES (Incyte Corporation)</td>
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<td>REACH (Resource for Expert Assistance and Care Helpline) (Bayer HealthCare Pharmaceuticals)</td>
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<td>Patient Assistance NOW Oncology (PANO) (Novartis Oncology)</td>
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* NCCN Member Institution.

PATIENT ADVOCACY PAVILION

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<td>Gilda’s Club South Florida</td>
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<td>Living Beyond Breast Cancer (LBBC)</td>
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<td>Sisters Network® Inc.</td>
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<td>ThyCa: Thyroid Cancer Survivors’ Association, Inc.</td>
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NCCN EXHIBITION GUIDE - 23
# GENERAL POSTER SESSIONS

**POSTER SESSION I**

**Thursday, March 13, 2014**

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<td>Idoerenyi Amanam, MD</td>
<td>FDA Approval of Oncology Drugs in Association of Relative Survival Benefits – An Analysis of the Oncology Drug Applications Over 10 Years</td>
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<td>Michael K. Bamat, PhD</td>
<td>Uridine Triacetate: Antibodies for 5-Fluourouracil (5-FU) Overexposure</td>
<td>Robert Tremmel, PharmD; Reid von Borstel</td>
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<td>Staging studies in early-stage breast cancer at a community-based county hospital prior to the latest recommendations from ASCO</td>
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<td>Joanne Buzaglo, PhD</td>
<td>CancerSupportSource (CSS): Validating a 13-item web-based distress screening tool in the community</td>
<td>Melissa F. Miller; Christopher Gayer; Anne Morris; Vicki Kennedy; Mitch Golant</td>
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<td>Christopher Gayer, PhD</td>
<td>CancerSupportSource (CSS): Validating a 15-item Spanish web-based distress screening tool in the community</td>
<td>Melissa F. Miller; Anne Morris; Mitch Golant; Vicki Kennedy; Joanne Buzaglo</td>
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<td>Carlos Camps, MD, PhD</td>
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<td>Luis Paz-Ares; Manuel Codres; Rafael Lopez; Pere Gascon; Juan Jesus Cruz; Alfredo Carreto; Jesus Garcia Fontcuba; Vicente Guillen; and Eduardo Diaz-Rubio</td>
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<td>Mark Chang, BS</td>
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<td>Nora Ruei, MA; Sergei Villegas, BSc; Timothy G. Wilson, MD; Nicholas J. Vogelzang, MD; Bertilam E. Yuh, MD; Sumanta K. Pal, MD</td>
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<td>Jeanine Chiaffarano, DO</td>
<td>Chemotherapy and Bone Marrow Transplant Mobilization and Optimal Harvest Time</td>
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<td>Medha Sasanae; Annie Guerin; Alexander R. Macalaid; Qing Huang; Frances Schwag; Eric Wu</td>
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<td>Jennifer Devlin, PhD</td>
<td>Understanding the Patient Experience of ALK+ Non-Small Cell Lung Cancer</td>
<td>Medha Sasanae; Amanda Doyle; Ereuma Flood; Nada Saleh; Monique Montani; Ken Cuvern</td>
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<td>Emily Drowne Eldh, BA, CIP</td>
<td>National Comprehensive Cancer Network’s Informed Consent Language (ICL) Database</td>
<td>Kristof Steven Griffith, BA; Jennifer Hackworth; Donald Hanley; Jan Hewett; Diane Paul; Donna Scharff</td>
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<td>Samuel S. Gaster, MA</td>
<td>Medicines for the Mind, Body, and Spirit: Integrating and Evaluating the Use of Depression Management Guidelines in Cancer Care</td>
<td>Julie A. Dixon, MSW, MBA; Kristine I. Gaster, RN, MS, CNP</td>
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<td>Thomas A Giever, DO, MBA</td>
<td>Development of a geriatrics specific curriculum within a hematology-oncology fellowship program to improve training in the treatment of elderly cancer patients</td>
<td>Patrick C. Foy; Gabriel Moran; Kathryn Denson; Nicholas Dreger; Judi Rehm</td>
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<td>Stefan Glück, MD, PhD, FRCPc</td>
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<td>Jvish Sharma; Peter C. Belafsky; Mary K. Delmedico; Susan E. Spruill; Liz Rolison; David J. Drutz on behalf of the CAPTURE Study Group</td>
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<td>Paige Kendall, BS</td>
<td>The Athena Breast Health Network as an Effective Model for Indentifying and Personalizing Care for Women at Elevated Risk for Breast Cancer</td>
<td>Timothy Henderson; Lauren Ryan; Celia Kaplan; Alexandre Solomon; Elissa Oztaner; Laura Esserman; Beth Crawford; Athena Breast Health Network; Laura van Y Meer</td>
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<td>Nikhil I. Khushalsani, MD</td>
<td>Predictive markers of response in a phase II trial of axitinib in advanced melanoma</td>
<td>Austin Miller; Araba Adjei; Dan Iancu; Peter Lourd; Holly Meyers; Dominick Lamonica</td>
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<td>Julie Lawrence Kuznetsov, MBA</td>
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<td>Kathryn G. Bailey; Pachareto Bombach; Xuemei Chen; Terri Owen; Angela Primeau; Douglas W. Slaveny</td>
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<td>Edward Li, PharmD, BCOP</td>
<td>Palonosetron for Chemotherapy-Induced Nausea and Vomiting: Description and Report of a Quality Management Program</td>
<td>Cecilia Tran, PharmD, BCOP; Barry Peterson, PharmD, BCOP; Michael Sturgill; Stanley Forston Jr., MD, MPH</td>
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<td>Maria Lorenzo, MSc</td>
<td>Treatment Patterns and Health Care Costs of Advanced Gastric Cancer Among Elderly Patients in the United States</td>
<td>Sudheep Karve; Astra M. Liepa; Lisa M. Hess; James A. Kaye; Brian Cilingaert</td>
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### GENERAL POSTER SESSIONS

**POSTER SESSION II**

**Friday, March 14, 2014**

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<td>Jeremy Lund, PharmD&lt;br&gt;Lakeland Regional Medical Center</td>
<td>Process for Identification of Risk Factors for Chemotherapy-Related 30-Day Readmissions</td>
<td>Georgia Kerizes, PharmD, BCOP, BCPS; Angela Pearson, PharmD, BCPS</td>
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<td>Carl D. Morrison, MD, DVM&lt;br&gt;Roswell Park Cancer Institute</td>
<td>A Metric Solution to the Problem of False Positives in Next Generation Sequencing Data</td>
<td>Mia Levy; William Pac; Manuel Glynnias; Song Liu; Lei Wei; Jianmin Wang; Mary Nevins; Jeffrey Connolly</td>
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<td>Shiva Kumar R. Mukamal, MD, MPH&lt;br&gt;Imam School of Medicine at Mount Sinai/Queens Hospital Center</td>
<td>Socioeconomic and ethnic variations in survival of patients with Non-Hodgkin’s lymphoma in the United States of America</td>
<td>Rakesh Chakraborty, MD; Barbara Seligman, MD</td>
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<td>Jackson Ng, MD&lt;br&gt;New York Hospital Queens</td>
<td>Does laparoscopic versus open colon surgery influence the incidence of postoperative cognitive dysfunction (POCD) in the elderly?</td>
<td>Christopher Tan; Rajkumar Jeganathan; Fernando Kawai; Simcha Poblick; James Turner; Steven Cohen; Cynthia X. Part; Mitchell Choson</td>
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<td>Palak K. Patel, MS&lt;br&gt;The University of Georgia</td>
<td>National Estimates of Healthcare Services Expenditures for Prostate Cancer Patients: An Analysis of the Medical Expenditure Panel Survey (2006-2010)</td>
<td>Sunbhi Shah, MS</td>
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<td>Gaylene Pron, MSc, PhD&lt;br&gt;Health Quality Ontario</td>
<td>An Evidence Review of PSA Screening for Prostate Cancer: Where Are We Now</td>
<td>Daniel C. Sullivan; Camilo Jimenez; Julie Schwartz; Richard Notto; Tom Armar; John Babich; Robert Israel</td>
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<td>Daniel A. Pryma, MD&lt;br&gt;Hospital of the University of Pennsylvania</td>
<td>Long Term Follow-up of a Pivotal Phase 2 Study of Ultratrace® Iobenguane I-131 (AZEDRA [per KB]TM) in Patients with Malignant and Safety</td>
<td>Sajed Chowdhury, MD; Herbert B. Newsom, MD</td>
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<td>Timothy Ryken, MD, MS, FACS&lt;br&gt;Department of Neuro-Oncology, Florida Hospital Cancer Institute; Iowa Spine and Brain Institute; Weaver Medical Center at the Ohio State University and James Cancer Hospital</td>
<td>Guidelines on the Use of Polymeric Chemotherapy in the Management of Glioblastoma: Meta-Analysis of Survival Outcomes and Safety</td>
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<td>Jennifer Saam, MS, CGC, PhD&lt;br&gt;Myriad Genetic Laboratories, Inc.</td>
<td>Evaluating the Personal and Family History Overlap between Hereditary Cancer Syndromes</td>
<td>Christopher Arnold; Kelsey Moynes; Katrina M. Roundy; Ingrid Maricic; Richard J. Wenstrup</td>
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<td>Rebecca Salisbury Lash, MSN MPP&lt;br&gt;University of California, Davis</td>
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<td>Janice Bell, MN, MPH, PhD; Hermine Poghosyan, PhD; Richard Bold, MD; Sarah Reed, MPH, MSW; Jill Joseph, MD, PhD</td>
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<td>Khawar Siddiqui, MSc&lt;br&gt;King Fahad Specialist Hospital and Research Centre</td>
<td>Computerized relational databases for pediatric Non-Hodgkin’s Lymphoma (NHL) using Microsoft SQL Server – A useful tool for outcome analysis and research in a cancer treating hospital: KFSH&amp;RC, Riyadh, Saudi Arabia experience.</td>
<td>Amani Al-Kofide; Rafat Jafri; Asim Belgaumi</td>
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<td>Iris Tam, PharmD&lt;br&gt;Genentech Inc.; University of California at San Francisco School of Pharmacy</td>
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<td>Theodore, E. Yaeger, MD, FACS, FACRO, FRSM&lt;br&gt;Wake Forest University School of Medicine; Caldwell Memorial Hospital</td>
<td>Solid Modulated Accelerated Radiation Therapy (SMART) for Early Stage Breast Cancer</td>
<td>Patrick M. Forde, MD; Sherrel M. Einahd, MD; Ashley Baghani; Jenny Ahn; Arlene A. Forsythe, MD; Gary L. Rosner; Thomas J. Smith, MD</td>
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CamWell™ Integrative Healing.

Transform health care and promote wellness with botanically-based solutions from Unitech Medical. Camwell creams help achieve harmony in health while not interfering with ongoing conventional treatments.

Ask about our complimentary sample packs. Call (877) 742-7177 or go to unitechmedicalinc.com to learn more about our oncologist formulated herbal remedies.
PATIENT ADVOCACY DESCRIPTIONS

Cancer Support Community A-2
The mission of the Cancer Support Community (CSC) is to ensure that all people impacted by cancer are empowered by knowledge, strengthened by action and sustained by community. In 2009, The Wellness Community and Gilda’s Club joined forces to become the Cancer Support Community. The combined organization, with more than 50 years of collective experience, provides the highest quality social and emotional support for people impacted by cancer through a network of over 50 licensed affiliates, more than 120 satellite locations, and a vibrant online community, touching more than one million people each year. Backed by evidence that the best cancer care includes social and emotional support, the Cancer Support Community delivers more than $40 million in free services to men, women and children with any type or stage of cancer, and to their loved ones. The Cancer Support Community is advancing the innovations that are becoming the standard in complete cancer care.

CancerCare® R-4
Founded in 1944, CancerCare is the leading national organization providing free support services and information to help people manage the emotional, practical and financial challenges of cancer. Our comprehensive services include counseling and support groups over the phone, online and in-person, educational workshops, publications and financial and co-payment assistance. All CancerCare services are provided by professional oncology social workers. To learn more, visit www.cancercare.org or call 800-813-HOPE (4673). Facebook: facebook.com/cancercare | Twitter: @cancercare

Debbie’s Dream Foundation: Curing Stomach Cancer A-6
Debbie’s Dream Foundation: Curing Stomach Cancer is a 501 (c) (3) non-profit organization dedicated to raising awareness about stomach cancer, advancing funding for research, and providing education and support internationally to patients, families, and caregivers. DDF seeks as its ultimate goal to make the cure for stomach cancer a reality.

Fight Colorectal Cancer A-1
Fight Colorectal Cancer is the leading colorectal cancer advocacy organization in Washington, D.C. empowering survivors to raise their voices, training advocates around the country and educating lawmakers and pushing them for better policies. Fight Colorectal Cancer demands a cure for colon and rectal cancer. We educate and support patients, push for changes in policy that will increase and improve research and empower survivors and those touched by cancer to raise their voices against the status quo.

Gilda’s Club South Florida A-7
Gilda’s Club South Florida is a nonprofit organization providing free support for everyone living with cancer – men, women, teens, and children, along with their caregivers, families, and friends. Our innovative program is an essential complement to medical care and is offered in a nonresidential, nonmedical, home-like setting in the community. Our Comprehensive Program Components include Support Services, Education, Healthy Lifestyle, Social Connections, Resources & Referrals, and Noogieland™, our specialized program for children and teens.

Living Beyond Breast Cancer (LBBC) A-9
Living Beyond Breast Cancer (LBBC), a national education and support organization, addresses the current needs of people impacted by breast cancer, whether they are newly diagnosed, in treatment, recovery, living with a history of breast cancer or managing a metastatic form of the disease. Resources are developed in collaboration with the nation’s leading oncologists, health professionals and related organizations and are delivered by people who understand the physical and emotional complexities of breast cancer.

METAivor Research and Support, Inc. A-8
METAivor has three important missions: 1) to evaluate, select and fund outstanding metastatic breast cancer (MBC) research proposals through a scientific peer-review process; 2) to raise awareness of MBC and the critical lack of patient support and dedicated research funding for the disease; and 3) to provide not only patient support but also volunteer opportunities so that pro-active patients and interested parties can play a role in making a difference for the entire metastatic breast cancer community. An all-volunteer organization, METAivor puts 100% of every donation into its research grants, relying on sponsorships and donations-in-kind to keep the organization running.

Patient Access Network (PAN) Foundation F-9
Patient Access Network (PAN) Foundation is dedicated to providing help and hope to underinsured patients who would otherwise be unable to afford high-cost specialty medications. PAN provides assistance through more than 50 disease-specific programs designed to help patients being treated for certain cancers, chronic illnesses, and rare diseases.

Patient Advocate Foundation F-8
Patient Advocate Foundation (PAF) is a national non-profit organization that seeks to safeguard patients through effective mediation assuring access to care, maintenance of employment and preservation of financial stability. PAF serves as an active liaison between patients and their insurer, employer and/or creditors to resolve insurance, job retention and/or debt crisis matters relative to their diagnosis through professional case managers, doctors and health care attorneys.

Sisters Network® Inc. A-3
Sisters Network® Inc. (SN) is a leading voice and only national African American breast cancer survivorship organization in the United States. Founded in 1994, by Karen E. Jackson, Sisters Network is governed by an elected Board of Directors and assisted by an appointed Medical Advisory Board. The organization’s purpose is to save lives and provide a broader scope of knowledge that addresses the breast cancer survivorship crisis affecting African American women around the country.

The Leukemia & Lymphoma Society (LLS) A-4
The mission of The Leukemia & Lymphoma Society (LLS) is: Cure leukemia, lymphoma, Hodgkin’s disease and myeloma, and improve the quality of life of patients and their families. LLS is the world’s largest voluntary health agency dedicated to blood cancer. LLS funds lifesaving blood cancer research around the world and provides free information and support services. Our Key Priorities will ensure that: blood cancer patients live better, longer lives.

ThyCa: Thyroid Cancer Survivors’ Association, Inc. A-5
ThyCa: Thyroid Cancer Survivors’ Association, Inc., an international nonprofit organization advised by thyroid cancer specialists, educates and supports patients and families through its web site, support groups, one-to-one support, free patient information handbooks and packets, free newsletters, free downloadable Low-Iodine Cookbook, webinars, workshops, and conferences. ThyCa sponsors Thyroid Cancer Awareness Month, plus thyroid cancer research fundraising and research grants. Phone 877.558.7904. Fax 830.604.8078. Write: PO Box 1102, Olney, MD 20830-1102. E-mail thyca@thyca.org. Website: www.thyca.org.

NCCN Patient Advocacy Pavilion Sponsors:
Boehringer Ingelheim Pharmaceuticals, Inc.; Bristol-Myers Squibb; Eisai Inc.; ImmunoGen, Inc.; Incyte Corporation; Liffy Oncology; NanoString Technologies, Inc. and Pharmacyclics, Inc.
ABOUT OUR EXHIBITORS

DESCRIPTIONS

Agendia, Inc.  Booth # 63
Agendia is a leading molecular diagnostic company that develops and markets FFPE-based genomic testing which help support physicians with their complex treatment decisions. Agendia's breast cancer Symphony suite was developed by analyzing the complete human genome and identifying the most relevant genes to ensure definitive binary results for cancer patients. Symphony includes MammaPrint, the first FDA-cleared and only breast cancer recurrence assay backed by peer-reviewed, prospective studies with outcome data, BluePrint™, a molecular subtyping assay and TargetPrint®, an ER/PR/HER2 expression assay. Together, these tests help physicians determine a patient's individual risk for metastasis, which patients will benefit from chemo, hormonal, or combination therapy and which patients do not require these treatments and can instead be treated with other less arduous and less costly methods. For more information, visit www.agendia.com.

Amgen  Booth # 64
Amgen is committed to unlocking the potential of biology for patients suffering from serious illnesses by discovering, developing, manufacturing, and delivering innovative human therapeutics. A biotechnology pioneer since 1980, Amgen has reached millions of patients around the world and is developing a pipeline of medicines with breakaway potential.

ARIAD Pharmaceuticals, Inc.  Booth # 37
ARIAD Pharmaceuticals, Inc., headquartered in Cambridge, Massachusetts and Lausanne, Switzerland, is an integrated global oncology company focused on transforming the lives of cancer patients with breakthrough medicines. ARIAD is working on new medicines to advance the treatment of various forms of chronic and acute leukemia, lung cancer, and other difficult-to-treat cancers. For additional information, visit www.ariad.com or follow ARIAD on Twitter (@ARIADPharm).

Astellas/Medivation  Booth # 28
Astellas Pharma Inc. is a pharmaceutical company dedicated to improving the health of people around the world through the provision of innovative and reliable pharmaceutical products. For more information, please visit us at www.astellas.com.

Bayer HealthCare  Booth # 8
Bayer HealthCare is one of the world's leading, innovative companies in the healthcare and medical products industry, and combines the activities of the Animal Health, Consumer Care, Medical Care, and Pharmaceuticals divisions. As a specialty pharmaceutical company, Bayer HealthCare provides products for Cardiopulmonary, Hematology, Neurology, Oncology and Women's Healthcare.

Bayer HealthCare & Algeta  Booth # 7
Bayer HealthCare and Algeta are committed to cancer research and treatment options.

Bayer HealthCare & Onyx Pharmaceuticals  Booth # 6
Bayer HealthCare & Onyx Pharmaceuticals are committed to cancer research and treatment options. We continually apply our experience, knowledge, and passion to develop new cancer therapies.

Biodesix  Booth # 40
Biodesix is a molecular diagnostics company advancing the development of innovative products for personalizing medicine. The company provides physicians with diagnostic tests for earlier disease detection, more accurate diagnosis, disease monitoring and better therapeutic guidance, which may lead to improved patient outcomes. Biodesix discovers, develops and commercializes multivariate protein diagnostics based on their proprietary mass spectrometry-based discovery platform. VeriStrat, a multivariate serum protein test, is Biodesix’ first product developed with this technology. The commercially available test provides oncologists with information to help them select between erlotinib and single-agent chemotherapy for advanced lung cancer patients.

bioTheranostics  Booth # 71
bioTheranostics discovers, develops and commercializes molecular-based diagnostic prognostic and predictive tests that support physicians in the treatment of patients with cancer. Breast Cancer Index™ predicts the risk of late (post 5 years) recurrence and the likelihood of benefit from extended endocrine therapy. Cancer Type ID™ supports definite diagnosis of tumor type and subtype.

Boehringer Ingelheim Pharmaceuticals, Inc.  Booth # 23
Boehringer Ingelheim is committed to discovering and developing novel cancer treatments. Its oncology research is guided by a passion to help patients who are battling cancer. The company's scientific discoveries and research are applied to develop a wide range of novel therapies in areas of unmet medical need in both solid tumors and hematological cancers. Current areas of development include angiogenesis inhibition, signal transduction inhibition and cell-cycle kinase inhibition, among others.

Bristol-Myers Squibb  Booth # 22 & 33
Bristol-Myers Squibb welcomes you to Hollywood, FL. We invite you to visit our exhibit and welcome the opportunity to meet our representatives to discuss the products and services we have to offer.
BTG International Inc. Booth # 50
BTG is a growing international specialist healthcare company. Our mission is to bring to market medical products targeting acute care, oncology and vascular diseases to meet the needs of specialist healthcare professionals and their patients. We are focused on three business areas: Interventional Medicine, Specialty Pharmaceuticals and Licensing. Our Interventional Oncology products are used in patients with liver tumors and our Specialty Pharmaceutical products are used for patients suffering from chemotherapy-related toxicity. Find out more about us online at www.btgplc.com.

CareFusion Booth # 9
CareFusion is a global corporation serving the health care industry with products and services that help hospitals measurably improve patient care. The company develops market-leading technologies including Alaris® IV infusion pumps, Pyxis® automated dispensing and patient identification systems, AirLife™, AVEA® and LTV® series of ventilators and respiratory products, ChloraPrep® skin prep products, MedMined™ services for infection data mining surveillance, V. Mueller® and Snowden-Pencer® surgical instruments.

Celgene Corporation Booth # 32
Celgene Corporation (Nasdaq:CELG) is a global biopharmaceutical company that is helping healthcare providers turn incurable cancers into chronic, manageable diseases through innovative therapies. This dedication to medical progress goes hand-in-hand with our industry-leading patient support and access programs. Together, these aspects form the core of our commitment to patients worldwide. For more information, visit www.celgene.com.

Commcare Specialty Pharmacy Booth # 14
Managing complex patients is our specialty. Commcare Specialty Pharmacy is a full-service, URAC accredited specialty pharmacy providing exceptional treatment for chronic and acute illnesses. With more than 15 years of experience, we take a personalized approach to treating each patient’s individual needs with an expansive range of disease management programs designed to deliver the highest level of care. Our patient navigators and clinical pharmacy team are trained, dedicated professionals who personally guide patients through the complicated steps of specialty pharmacy care.

DARA BioSciences, Inc. Booth # 27
DARA is an oncology supportive care pharmaceutical company dedicated to providing healthcare professionals a synergistic portfolio of medicines to help cancer patients adhere to their therapy and manage side effects arising from their cancer treatments.
Eisai Inc. Booth # 26
Eisai Inc. is the U.S. pharmaceutical operation of Eisai Co., Ltd., a research-based human health care (hhc) company that discovers, develops and markets products throughout the world. Headquartered in Woodcliff Lake, New Jersey, Eisai’s key areas of commercial focus are neurology and oncology. For more information, please visit www.eisai.com/US.

Exelixis, Inc. Booth # 58
Exelixis, Inc. is a biotechnology company committed to developing small molecule therapies for the treatment of cancer. Exelixis is focusing its proprietary resources and development efforts exclusively on cabozantinib. Exelixis has also established a portfolio of other novel compounds that it believes have the potential to address serious unmet medical needs, many of which are being advanced by partners as part of collaborations. For more information, please visit the company’s website at www.exelixis.com.

Genetech USA, Inc. Booth # 1
At Genetech BioOncology, we’re fundamentally transforming the way cancer is treated, with the goal of moving cancer toward a more manageable disease. Our commitment to this goal has enabled us to make significant contributions to the understanding of cancer and to translate this understanding into targeted, biologic-based therapies. For more information, please visit www.biooncology.com.

Genomic Health, Inc Booth # 41
Genomic Health, a global health company founded in August of 2000 and located in Redwood City, California, is committed to improving the quality of cancer treatment decisions through the research, development and commercialization of genomic-based clinical laboratory services. The company conducts sophisticated genomic research to develop clinically-validated molecular diagnostics which provide individualized information on response to certain types of therapy, as well as the likelihood of disease recurrence. These diagnostic technologies generate information that healthcare providers and patients can use in making treatment decisions.

Genoptix Medical Laboratory Booth # 5
Genoptix® Medical Laboratory is a part of the Novartis Pharmaceuticals Division. We are focused on developing and commercializing evidence-driven diagnostic tests to improve physicians’ ability to optimize patient outcomes. Our vision is to become the leading provider of diagnostic testing and services, helping to redefine the shape of personalized medicine. Through our integrated approach to case management, we ensure that each patient receives the individualized attention that she or he deserves. www.genoptix.com

OUR MISSION
To ensure that all people impacted by cancer are empowered by knowledge, strengthened by action and sustained by community.

OUR SERVICES
Distress Screening  Identifying and addressing psychosocial needs
Comprehensive Support  Enhancing wellbeing face-to-face, over-the-phone and online
Cancer Education  Empowering through print materials, web content and workshops
Survivorship Research  Creating a better patient experience
Professional Training  Advancing best practices in psychosocial care
Cancer Experience Registry*  Understanding the full impact of cancer

1-888-793-9355  •  www.CancerSupportCommunity.org
Cancer affects everyone.
Discovering  Pioneering  Advancing
Redefining what’s possible.

GlaxoSmithKline  Booth # 10
GlaxoSmithKline is a leading research-based pharmaceutical company with a powerful combination of skills to discover and deliver innovative medicines. We offer a number of program resources to support effective health management strategies and improve patient care. Please visit our exhibit to learn more about products and resources.

Harborside Press  # F-3
Harborside Press is the publisher of JNCCN-The Journal of the National Comprehensive Cancer Network, which covers the entire spectrum of cancer care and includes updates on the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®); The ASCO Post, a newspaper featuring highly validated coverage of important issues in the field of oncology; and the Journal of the Advanced Practitioner in Oncology, a clinical journal for the nurse practitioner, clinical nurse specialist, and physician assistant.

Helsinn  Booth # 31
Helsinn is a privately owned pharmaceutical group headquartered in Lugano, Switzerland, with operating subsidiaries in Ireland, the U.S. and a representative office in China. Helsinn’s business model is focused on the licensing of pharmaceuticals, medical devices and nutritional supplements. Helsinn is an important player in cancer supportive care. www.helsinn.com.

Hospira  Booth # 15
Hospira is the world’s leading provider of injectable drugs and infusion technologies. Through its broad, integrated portfolio, Hospira is uniquely positioned to Advance Wellness™ by improving patient and caregiver safety while reducing healthcare costs. The company is headquartered in Lake Forest, Illinois, and has approximately 16,000 employees. Learn more at www.hospira.com.

Incyte Corporation  Booth # 35 & 45
Incyte Corporation is a Wilmington, Delaware-based biopharmaceutical company focused on the discovery, development and commercialization of proprietary small molecule drugs for oncology and inflammation. The company’s first commercial product, Jakafi® (ruxolitinib), an oral JAK1 and JAK2 inhibitor, was approved by the FDA in November 2011. To learn about Jakafi, please go to www.Jakafi.com or visit www.incyte.com.

Janssen Biotech, Inc.  Booth # 19
For more than 30 years, Janssen biotech, Inc., a member of Janssen Pharmaceutical Companies of Johnson & Johnson, has delivered on the promise of new treatments and ways to improve the health of individuals with serious disease. Built upon a rich legacy of firsts, Janssen biotech pursues innovative solutions in immunology and oncology to advance patient care.

ABOUT OUR EXHIBITORS
McKesson Specialty Health, a division of McKesson Corporation, empowers the community patient care delivery system by helping community practices advance the science, technology and quality of care. Through innovative clinical, research, business and operational solutions, facilitated by integrated technology systems, we focus on improving the financial health of our customers so they may provide the best care to their patients. For more information, visit www.mckessonspecialtyhealth.com.

MedImmune, Specialty Care Division of AstraZeneca

AstraZeneca is a global biopharmaceutical company with a primary focus on the discovery, development, and commercialization of medicines in Oncology, Respiratory/Anti-Inflammatory and Cardiovascular-Metabolics across large and small molecules. Within the US, the commercial arm of our specialty care business is known as MedImmune, Specialty Care Division of AstraZeneca. This business unit includes currently marketed specialty care medicines including our Oncology portfolio. AstraZeneca operates in over 100 countries and its innovative medicines are used by millions of patients worldwide. www.Medimmune.com

Merck

Today’s Merck is a global healthcare leader working to help the world be well. Merck is known as MSD outside the United States and Canada. Through our prescription medicines, vaccines, biologic therapies, and consumer care and animal health products, we work with customers and operate in more than 140 countries to deliver innovative health solutions. We also demonstrate our commitment to increasing access to healthcare through far-reaching policies, programs and partnerships that donate and deliver our products to the people who need them. For more information, visit www.merck.com.

Millennium: The Takeda Oncology Company

Millennium: The Takeda Oncology Company, a leading biopharmaceutical company based in Cambridge, Massachusetts, markets VELCADE, a first-in-class proteasome inhibitor, and has a robust clinical development pipeline of product candidates. Millennium Pharmaceuticals, Inc. was acquired by Takeda Pharmaceutical Company Ltd. in May, 2008. The Company’s research, development and commercialization activities are focused in oncology. Additional information about Millennium is available through its website, www.millennium.com.
Miraca Life Sciences  
Booth # 12
With Miraca Life Sciences, the best of both worlds come together to provide service as unique as your patient and their cancer. Bringing together proven pathology expertise with cutting-edge diagnostic technologies, Miraca Life Sciences provides the next generation of hematology services that speak to each patient’s individual cancer for personalized treatment and management.

Moffitt Cancer Center  
# F-7
Located in Tampa, Moffitt is one of only 41 National Cancer Institute-designated Comprehensive Cancer Centers, a distinction that recognizes Moffitt’s excellence in research, its contributions to clinical trials, prevention and cancer control. Since 1999, Moffitt has been listed in U.S. News & World Report as one of “America’s Best Hospitals” for cancer. For more information, visit MOFFITT.org, and follow the Moffitt momentum on Facebook, twitter, and YouTube.

NanoString Technologies, Inc.  
Booth # 60
NanoString Technologies provides life science tools for translational research and molecular diagnostic products. The company’s nCounter® Analysis System, which has been employed in basic and translational research and cited in 100’s peer-reviewed publications, has also now been applied to diagnostic use with the nCounter Dx Analysis System. The nCounter-based Prosigna™ Breast Cancer Prognostic Gene Signature Assay is marketed for use on the nCounter Dx Analysis System which is FDA 510(k) cleared.

Novartis Oncology  
Booth # 24
Novartis Oncology has emerged as a global leader in oncology through targeted research and open partnership in the pursuit of new therapies capable of transforming outcomes for people with cancer. We offer a wide range of innovative therapies to help physicians meet patient needs, with one of the broadest pipelines in the industry. Our research is driven by a distinctive scientific and clinical strategy, focusing on unmet medical needs and disease pathways. For more information, visit www.novartisoncology.com.

Novocure  
Booth # 34
Novocure is an oncology company pioneering a novel treatment modality for solid tumors called NovoTTF™ Therapy. In patients with recurrent glioblastoma, treatment with NovoTTF Therapy has been shown to provide patients with efficacy outcomes comparable to chemotherapy with fewer side effects and a better quality of life. NovoTTF Therapy is delivered by a portable, non-invasive medical device designed for continuous use by the patient. For full prescribing information please visit www.novottftherapy.com.
Onco360 Booth # 11

Onco360® is the largest independent provider of Oncology Pharmacy services in the country, and was founded to serve the specialized needs of oncologists, patients, hospitals, cancer centers of excellence, manufacturers, health plans, and payers. The company's clinical and dispensing model was developed specifically to meet the unique needs of oncology-treating physicians and their patients. Onco360 dispenses through its network JCAHO-accredited OncoMed Pharmacies.

ONCOblot Laboratories Booth # 36

A universal tumor marker has been found. ONCOblot® is a highly sensitive new blood test based on the molecular marker ENOX2 that detects the presence AND the tissue of origin of over 26 common malignancies. Detection is by 2-D gel electrophoresis and antibody-specific western blotting. There are innumerable potential clinical applications. ONCOblot Laboratories is a division of MorNuCo, Inc., Purdue Research Park, West Lafayette, IN 47906.

Pfizer Oncology Booth # 16

Pfizer Oncology is committed to the discovery, investigation and development of innovative treatment options to improve the outlook for cancer patients worldwide. Our strong pipeline of biologics and small molecules is studied with precise focus on identifying and translating the best scientific breakthroughs into clinical application for patients across a wide range of cancers. For more information, please visit www.pfizer.com.

Pharmacyclics, Inc. Booth # 78

Pharmacyclics® is a biopharmaceutical company focused on developing and commercializing innovative small-molecule drugs for the treatment of cancer and immune mediated diseases. Pharmacyclics markets IMBRUVICA and has two other product candidates in clinical development and several preclinical molecules in lead optimization.

Progenics Pharmaceuticals, Inc. Booth # 56

Progenics Pharmaceuticals develops innovative medicines for oncology. Progenics’ pipeline includes several candidates in late-stage development, including a first-in-class PSMA targeted antibody drug conjugate therapeutic and a small molecule imaging agent, both in Phase 2 trials. Azedra, an ultra-orphan theranostic is also in Phase 2, under an SPA. Our first commercial product, Relistor for opioid-induced constipation, is partnered with Salix Pharmaceuticals and Ono Pharmaceuticals in Japan.

Prometheus Laboratories Inc. Booth # 55

Prometheus is committed to improving lives through the development and commercialization of novel pharmaceutical and diagnostic products that enable physicians to provide greater individualized patient care. We are primarily focused on the detection, diagnosis and treatment of disorders within the fields of gastroenterology and oncology. We became a part of Nestlé Health Science in July 2011.
ABOUT OUR EXHIBITORS

Rosetta Genomics 
Booth # 13
We are a CAP accredited, CLIA certified laboratory providing microRNA-based cancer diagnostics services for healthcare providers and their patients. We are discovering, developing and commercializing next generation diagnostic tests for personalized medicine.

Sanofi Oncology 
Booth # 42
Sanofi Oncology is dedicated to translating science into effective therapeutics to address unmet medical needs for cancer and organ transplant patients. We believe in the value of partnerships that combine our internal scientific expertise with that of industry and academic experts. For more information on Sanofi US, please visit www.sanofi.us, or call 1.800.981.2491.

Seattle Genetics 
Booth # 38
Seattle Genetics is a biotechnology company focused on developing and commercializing monoclonal antibody-based therapies for the treatment of cancer. Seattle Genetics has collaborations and co-development agreements for its antibody-drug conjugate (ADC) technology with a number of leading biotechnology and pharmaceutical companies. Find more information at www.seattlegenetics.com.

Sigma-Tau Pharmaceuticals, Inc. 
Booth # 57
Sigma-Tau Pharmaceuticals, Inc. is a rare corporation dedicated to creating novel medicines for the unmet needs of patients with rare diseases. Truly unique in its field, Sigma-Tau places its considerable scientific resources behind the discovery and commercialization of compounds that benefit the few. At Sigma-Tau, there is no difference between a disease that affects 300 and 300,000,000.

Spectrum Pharmaceuticals, Inc. 
Booth # 76
Spectrum Pharmaceuticals is a biotechnology company focused on acquiring, developing, and commercializing drug products, with a focus in oncology and hematology. Spectrum markets four oncology/hematology products, two for different types of non-Hodgkin lymphoma, one for advanced metastatic colorectal cancer, and one for a certain type of acute lymphoblastic leukemia (ALL). Spectrum’s strong track record in in-licensing and acquiring differentiated drugs, has generated a robust and growing pipeline. More information on Spectrum is available at www.sppirx.com.
A free, non-profit support community for anyone touched by cancer.

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LEADING THE WAY CANCER IS TREATED TODAY AND TOMORROW

The Stanford Cancer Institute (SCI) is committed to giving patients every clinical and technological advantage in the prevention and treatment of cancer. The SCI leverages the expertise of over 300 physicians and researchers working together to unravel cancer’s secrets. Stanford’s scientific focus includes cancer cell and stem cell biology, immunology, molecular imaging and genetics. Translational medicine is the cornerstone of Stanford’s cancer treatment programs, combining new advances with compassionate care and supportive services.

STANFORD CANCER INSTITUTE
A National Cancer Institute-Designated Cancer Center
The Stanford Cancer Institute (SCI) is committed to giving patients every clinical and technological advantage in the prevention and treatment of cancer. The SCI leverages the expertise of over 300 physicians and researchers working together to unravel cancer’s secrets. Stanford’s scientific focus includes cancer cell and stem cell biology, immunology, molecular imaging and genetics. Translational medicine is the cornerstone of Stanford’s cancer treatment programs, combining new advances with compassionate care and supportive services.

STAR Program (Oncology Rehab Partners) Booth # 70
STAR Program® Certification provides hospitals and cancer centers with the tools needed to deliver high quality cancer rehabilitation care. The certification involves developing a cancer rehabilitation service line with initial training and implementation of protocols as well as ongoing support that improves patient outcomes and increases referrals and revenue.

Teva Oncology Booth # 30
Teva Oncology is committed to the ever-changing world of cancer offering therapies for hematologic malignancies, and an approved product for supportive care. The pipeline includes small molecules and biologics in development for solid tumors, supportive care and hematologic malignancies. This combination of innovation and access provides more treatment choices for patients with cancer.

The Leukemia & Lymphoma Society (LLS) # F-5
The mission of The Leukemia & Lymphoma Society (LLS) is: Cure leukemia, lymphoma, Hodgkin’s disease and myeloma, and improve the quality of life of patients and their families. LLS is the world’s largest voluntary health agency dedicated to blood cancer. LLS funds lifesaving blood cancer research around the world and provides free information and support services. Our Key Priorities will ensure that: blood cancer patients live better, longer lives.

Evidence-based cancer care and reimbursement information at your fingertips

Clear Value Plus software Incorporates Value Pathways powered by NCCN and NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) within the clinical workflow, offering:

- Integrated financial information
- Real-time reporting & benchmarking
- Ability to integrate with your electronic health record

For a demonstration of Clear Value Plus, visit booth 62 at the NCCN Annual Conference or contact us at msh.cvp@mckesson.com

The US Oncology Network

McKesson Specialty Health

Clear Value Plus

Powered by NCCN
LEADERS AND BEST.

For more than 25 years, the University of Michigan Comprehensive Cancer Center has led the way in uncovering some of the most significant scientific findings in the field – from identifying a gene fusion in prostate cancer to first finding cancer stem cells in a solid tumor. And now our researchers are translating these discoveries into clinical trials testing novel therapies to help us understand this disease even better, and, ultimately, make a difference in the lives of patients. Find out more at mcanarc.org.

COMPREHENSIVE CANCER CENTER
UNIVERSITY OF MICHIGAN HEALTH SYSTEM

NCCN Historical Trivia Quiz!

1. When did the National Comprehensive Cancer Network® (NCCN®) first begin operations?
   a. 1990
   b. 1995
   c. 1996

2. When founded, how many original NCCN Member Institutions were included?
   a. 0
   b. 13
   c. 20

3. How many NCCN Member Institutions are there currently?
   a. 23
   b. 30
   c. 33

4. When did the first NCCN Annual Conference take place?
   a. 1995
   b. 1996
   c. 1997

5. When was the NCCN Oncology Research Program (ORP) established?
   a. 1997
   b. 1999
   c. 2001

6. When did NCCN's first website for patients launch?
   a. 2003
   b. 2005
   c. 2009

7. When was the first JNCCN issue published?
   a. 1996
   b. 2003
   c. 2005

8. When was the NCCN Foundation® created?
   a. 1996
   b. 2010
   c. 2012

9. When did the NCCN Biomarkers Compendium™ become available?
   a. 1998
   b. 2011
   c. 2012

10. How many NCCN Guidelines® are there?
    a. 48
    b. 59
    c. 60

EXHIBITION GUIDE

With CancerCare®, the difference comes from:

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Pharmacyclics is proud to support NCCN in advancing the standard of cancer care, and to become a member of the NCCN Corporate Council.

At Pharmacyclics, we exist to make a difference for the betterment of patients.

A new way of looking at breast cancer tumor biology

Learn more at booth 60
NCCN Guidelines for Patients®

The same authoritative sources referenced by physicians and other health care professionals are available for patients:

- Breast Cancer
- Caring for Adolescents and Young Adults
- Chronic Myelogenous Leukemia
- Colon Cancer
- Esophageal Cancer
- Lung Cancer Screening
- Melanoma
- Mesothelioma
- Multiple Myeloma
- Non-Small Cell Lung Cancer
- Ovarian Cancer
- Pancreatic Cancer
- Prostate Cancer
- Stage 0 Breast Cancer

Available at NCCN.org/patients
To request a printed copy, visit: patientguidelines@NCCN.org
XTANDI (enzalutamide) capsules is indicated for the treatment of patients with metastatic castration-resistant prostate cancer (mCRPC) who have previously received docetaxel.

**Important Safety Information**

Contraindications: XTANDI can cause fetal harm when administered to a pregnant woman based on its mechanism of action. XTANDI is not indicated for use in women. XTANDI is contraindicated in women who are or may become pregnant.

**Warnings and Precautions.** In the randomized clinical trial, seizure occurred in 0.9% of patients on XTANDI. No patients on the placebo arm experienced seizures. Patients experiencing a seizure were permanently discontinued from therapy. All seizures resolved. Patients with a history of seizure, taking medications known to decrease the seizure threshold, or with other risk factors for seizure were excluded from the clinical trial. Because of the risk of seizure associated with XTANDI use, patients should be advised of the risk of engaging in any activity where sudden loss of consciousness could cause serious harm to themselves or others.

**Adverse Reactions.** The most common adverse drug reactions (≥5%) reported in patients receiving XTANDI in the randomized clinical trial were asthenia/fatigue, back pain, diarrhea, arthralgia, hot flush, peripheral edema, musculoskeletal pain, headache, upper respiratory infection, muscular weakness, dizziness, insomnia, lower respiratory infection, spinal cord compression and cauda equina syndrome, hematuria, paresthesia, anxiety, and hypertension. Grade 1-4 neutropenia occurred in 15% of XTANDI patients (1% grade 3-4) and in 6% of patients on placebo (no grade 3-4). Grade 1-4 elevations in bilirubin occurred in 3% of XTANDI patients and 2% of patients on placebo. One percent of XTANDI patients compared to 0.3% of patients on placebo died from infections of sepsis. Falls or injuries related to falls occurred in 4.6% of XTANDI patients vs 1.3% of patients on placebo. Falls were not associated with loss of consciousness or seizure. Fall-related injuries were more severe in XTANDI patients and included non-pathologic fractures, joint injuries, and hematomas. Grade 1 or 2 hallucinations occurred in 1.6% of XTANDI patients and 0.3% of patients on placebo, with the majority on opioid-containing medications at the time of the event.

**Drug Interactions.** **Effect of Other Drugs on XTANDI** Administration of strong CYP2C8 inhibitors can increase the plasma exposure to XTANDI. Coadministration of XTANDI with strong CYP2C8 inhibitors should be avoided if possible. If coadministration of XTANDI cannot be avoided, reduce the dose of XTANDI. Coadministration of XTANDI with strong or moderate CYP3A4 and CYP2C8 inducers can alter the plasma exposure of XTANDI and should be avoided if possible. **Effect of XTANDI on Other Drugs.** XTANDI is a strong CYP3A4 inducer and a moderate CYP2C9 and CYP2C19 inducer in humans. Avoid CYP3A4, CYP2C9, and CYP2C19 substrates with a narrow therapeutic index, as XTANDI may decrease the plasma exposures of these drugs. If XTANDI is coadministered with warfarin (CYP2C9 substrate), conduct additional INR monitoring.

Please see adjacent pages for Brief Summary of Full Prescribing Information.
FOR THE TREATMENT OF PATIENTS WITH METASTATIC CASTRATION-RESISTANT PROSTATE CANCER (mCRPC) WHO HAVE PREVIOUSLY RECEIVED DOCETAXEL

18.4 MONTHS MEDIAN OVERALL SURVIVAL
VS 13.6 MONTHS WITH PLACEBO

18.4 AND MORE:

- Convenient, oral, once-daily administration
  - Dosed as four 40 mg capsules (160 mg) without food restrictions or steroid requirements. Each capsule should be swallowed whole. Patients should not chew, dissolve, or open the capsules.1

- Comparable overall rate of grade 3-4 adverse reactions
  - No increased overall rate of grade 3-4 adverse reactions with XTANDI (enzalutamide) capsules vs placebo (47% vs 53%, respectively)1

- 37% reduced risk of death
  - HR = 0.63 (95% CI, 0.53-0.75); P < 0.0001

NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) include enzalutamide (XTANDI) with a category 1 recommendation for use following docetaxel in patients with mCRPC.1

Select Important Safety Information

In the randomized clinical trial, seizure occurred in 0.9% of patients on XTANDI versus none on the placebo arm.

The most common adverse drug reactions (≥ 5%) were asthenia/fatigue, back pain, diarrhea, arthralgia, hot flush, peripheral edema, musculoskeletal pain, headache, upper respiratory infection, muscular weakness, dizziness, insomnia, lower respiratory infection, spinal cord compression and cauda equina syndrome, hematuria, paresthesia, anxiety, and hypertension. Grade 3 and higher adverse reactions were reported among 47% of XTANDI-treated patients and 53% of placebo-treated patients. Discontinuations due to adverse events were reported for 16% of XTANDI-treated patients and 18% of placebo-treated patients.

Please see adjacent pages for Important Safety Information and Brief Summary of Full Prescribing Information.