

Translation

Anti-Cancer Agent “Tarceva[®],” Obtained Approval for Additional Indication (First Line Therapy) of Non-Small Cell Lung Cancer with *EGFR* Mutations

June 14, 2013 (Tokyo) - Chugai Pharmaceutical Co., Ltd. [Main Office: Chuo-ku, Tokyo. Chairman & CEO: Osamu Nagayama (hereafter, “Chugai”)] announced today that it obtained approval by the Japanese Ministry of Health, Labour and Welfare (MHLW) on June 14, 2013, for the additional indication of “chemotherapy-naïve, unresectable, recurrent/advanced non-small cell lung cancer (NSCLC) with *EGFR* mutations,” for the epidermal growth factor receptor (EGFR) tyrosine kinase inhibitor, “Tarceva[®] Tablet 25mg, 100mg and 150mg” [generic name: erlotinib hydrochloride] (hereafter, Tarceva[®]).

Chugai filed an application for approval for “chemotherapy-naïve, unresectable, recurrent/advanced NSCLC with *EGFR* mutations” with the MHLW based on the results from a Japanese phase II clinical trial and an overseas phase III clinical trial (The EURTAC trial).

In the phase II clinical trial conducted in Japan in 103 NSCLC patients with *EGFR* mutations, the median progression-free survival, the primary endpoint, was 11.8 months (95% CI: 9.7 months - 15.3 months)¹⁾. The EURTAC trial compared Tarceva[®] monotherapy to platinum-based standard chemotherapies in 174 NSCLC patients with *EGFR* mutations. The study met its primary endpoint by demonstrating statistically significant improvement in median progression-free survival in patients who received Tarceva[®] monotherapy (10.4 months vs. 5.1 months), significantly reducing the risk of the disease getting worse by 66 percent compared with standard chemotherapies (hazard ratio=0.34, p<0.0001)²⁾. The EURTAC trial was stopped at a pre-planned interim analysis as the study met its primary endpoint. In both studies, the safety profile was consistent with the previous reports related to Tarceva[®], and Tarceva[®] was well tolerated.

Similar results were reported in the OPTIMAL trial, which is a study conducted in China with the same design as the EURTAC trial³⁾.

Tarceva[®] was approved for *EGFR* mutation positive NSCLCs in Europe in August 2011 and in the US in May 2013.

The number of patients newly diagnosed as lung cancer in Japan is estimated to be approximately 115,000 in 2015⁴⁾. The occurrence of *EGFR* gene mutation in NSCLC patients observed in the EURTAC study was approximately ten percent in the European patients and approximately 30 percent in Asian patients⁵⁾.

As the top pharmaceutical company in the field of oncology, Chugai is convinced that Tarceva® can contribute to the treatment of patients with “chemotherapy-naïve, unresectable, recurrent/advanced NSCLC with *EGFR* mutations” by providing a new therapeutic option.

1. Horiike A., et al., ESMO2012 Abstract No.1260, Annals of Oncology 23 (9); 2012
2. Rosell R., et al., ESMO2012 Abstract No.LBA31, Annals of Oncology 23 (9); 2012
3. Zhou C., et al., The Lancet Oncology 12 (8); 735-752, 2011
4. Sobue T., et al., Cancer White Paper 2012, Shinoharashinsha Inc.
5. Rosell R., et al., NEJM 361; 1-10: 2009

About Tarceva®

Tarceva® is a once-daily, oral treatment for advanced or metastatic NSCLC and pancreatic cancer. It has been shown to potently inhibit EGFR, a protein involved in the growth and development of cancers.

In Japan, Tarceva® received approval for “unresectable recurrent/advanced NSCLC that has become aggravated after chemotherapy” in October 2007 and “pancreatic cancer not amenable to curative resection” in July 2011 (Tarceva® Tablet 150mg is not approved for pancreatic cancer.)

Tarceva® is a registered trademark of OSI Pharmaceuticals, LLC, a member of the Astellas global group of companies.

Drug Information

The underlined descriptions are newly added or changed.

Brand name: Tarceva® Tablet 25 mg
Tarceva® Tablet 100 mg
Tarceva® Tablet 150 mg

Generic name: Erlotinib Hydrochloride

Indications: O Unresectable, recurrent/advanced NSCLC that has become aggravated after chemotherapy
O Chemotherapy-naïve, unresectable, recurrent/advanced NSCLC with EGFR mutations
O Pancreatic cancer not amenable to curative resection

Dosage and administration:

1. NSCLC

The usual adult dosage is 150 mg of erlotinib administered orally once daily, at least one hour before or at least two hours after the ingestion of food. The dose may be reduced as appropriate based on the patient's condition.

2. Pancreatic cancer, not amenable to curative resection

The recommended daily dose of TARCEVA is 100 mg taken at least one hour before or two hours after the ingestion of food, in combination with gemcitabine. The dose may be reduced as appropriate based on the patient's condition.

Drug prices: Tarceva® Tablet 25 mg JPY 1,923.3 / tablet
Tarceva® Tablet 100 mg JPY 7,070.5 / tablet
Tarceva® Tablet 150 mg JPY 10,347 / tablet