YOUR GUIDE TO LUTATHERA

ACT NOW
to slow NET progression for longer

NETs in the digestive system or pancreas are not all slow growing—some may grow and spread quickly.

Take the opportunity to slow progression early with LUTATHERA

NETs, neuroendocrine tumors.

What is LUTATHERA?

LUTATHERA® (lutetium Lu 177 dotatate) is a prescription medicine used to treat adults and children aged 12 years and older with a type of cancer known as gastroenteropancreatic neuroendocrine tumors (GEP-NETs) that are positive for the hormone receptor somatostatin, including GEP-NETs in the foregut, midgut, and hindgut.

IMPORTANT SAFETY INFORMATION

What are some important things to know about the safety of LUTATHERA?

LUTATHERA is associated with some serious safety considerations and, in some cases, these may require your health care provider to adjust or stop your treatment. You should always follow your health care provider's instructions. Safety considerations include:

- **Radiation exposure:** Treatment with LUTATHERA will expose you to radiation, which can contribute to your long-term radiation exposure. Overall radiation exposure is associated with an increased risk for cancer. The radiation will be detectable in your urine for up to 30 days following administration of the drug. It is important to minimize radiation exposure to household contacts consistent with good radiation safety practices as advised by your health care provider.

Please see additional Important Safety Information throughout, full Important Safety Information on pages 22 and 23, and full Prescribing Information for LUTATHERA.

LUTATHERA®
(lutetium Lu 177 dotatate)
injection, for intravenous use

Finding out you have a NET, or learning that your NET has progressed, is not easy. You may have worries about what to do next to slow progression.

In this booklet, you will learn about LUTATHERA, a targeted treatment that has been prescribed to more than **15,000 people with gastroenteropancreatic neuroendocrine tumors (GEP-NETs).**

Learning more about your treatment options can help you move forward—so you can take the first steps toward treating your disease.

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Topics we will cover

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Because the threat of progression is constant in NETs—**it's important to act early**

Most GEP-NETs are slow growing, but not all NETs are alike

Some NETs:

- Grow and spread quickly
- Become faster growing over time
- Progress even while on treatment

NETs grow and progress, but you have the opportunity to slow progression sooner

Understanding your cancer can help you and your doctor decide on the type of treatment you need.

Take early action for NETs

At diagnosis

Act early with higher-grade tumors (Ki-67 score)

Faster-growing tumors need a treatment that can slow progression.

- Your doctor can check how fast your cancer is growing by testing for a protein called Ki-67. Higher scores mean the cancer is higher grade, and growing and spreading more quickly
- Tumors can be grade 1 (Ki-67, 0%–2%), grade 2 (Ki-67, 3%–20%), or grade 3 (Ki-67, 21%–100%)

After progression

Act early after progressing on SSA treatment

- Standard treatment with somatostatin analogues (SSAs) can help control symptoms but may not be enough on its own to slow progression

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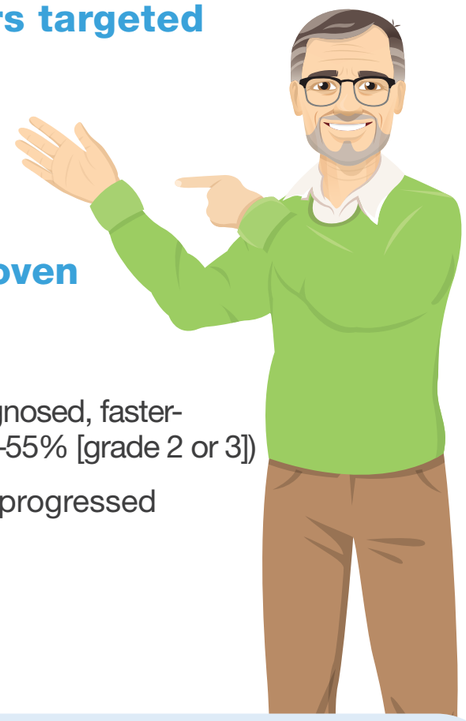
LUTATHERA early can help **slow NET progression for longer**

LUTATHERA delivers targeted radiation to NETs



LUTATHERA was proven to slow progression for longer:

- In people with recently diagnosed, faster-growing NETs (Ki-67, 10%–55% [grade 2 or 3])
- In people with NETs that progressed on SSA

LUTATHERA may be right for you if you have been recently diagnosed or if your NETs recently progressed on an SSA

IMPORTANT SAFETY INFORMATION (continued)

What are some important things to know about the safety of LUTATHERA? (continued)

- **Bone marrow problems:** Treatment with LUTATHERA increases the risk of myelosuppression, a condition in which bone marrow activity is decreased, resulting in a drop in blood cell counts. You may experience blood-related side effects such as low red blood cells (anemia), low numbers of cells that are responsible for blood clotting (thrombocytopenia), and low numbers of white blood cells (neutropenia). Speak with your health care provider if you experience any signs or symptoms of infection, fever, chills, dizziness, shortness of breath, or increased bleeding or bruising. Your health care provider may need to adjust or stop your treatment accordingly.

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I was recently diagnosed with GEP-NETs
Can LUTATHERA be my first treatment?

Know your NETs: Understand what your recently diagnosed cancer looks like

Choosing the first treatment for your cancer is a big step after diagnosis. The questions below can help you and your doctor see if LUTATHERA could fit into your treatment plan right from the start.

See if LUTATHERA is an option from the start

Has my cancer spread to my lymph nodes or other organs?

LUTATHERA was studied in people who had GEP-NETs that spread to nearby tissue, lymph nodes, or other organs. People who couldn't have surgery to remove their cancer were also included.

Is my cancer well differentiated?

LUTATHERA was studied in people who had well-differentiated GEP-NETs.

Is my tumor functional (producing hormones) or nonfunctional?

LUTATHERA is an option for functional and nonfunctional tumors.

Is my cancer SSTR+?

LUTATHERA targets NET cells that have proteins called somatostatin receptors (SSTRs). You can find out if your cancer is SSTR positive (SSTR+) by asking your doctor to undergo SSTR imaging. You may have heard this referred to as a gallium or copper scan.

Is my cancer faster growing (Ki-67, 10% or more [grade 2 or 3])?

A Ki-67 test can tell you how fast your cancer is growing. LUTATHERA was studied in people who have faster-growing GEP-NETs (Ki-67, 10%–55% [grade 2 or 3]).

If these apply to your cancer, ask your doctor if LUTATHERA could be the right first treatment for you

IMPORTANT SAFETY INFORMATION (continued)

What are some important things to know about the safety of LUTATHERA? (continued)

- **Secondary bone marrow and blood cancers:** Other serious conditions that you may develop as a direct result of treatment with LUTATHERA include blood and bone marrow disorders known as secondary myelodysplastic syndrome and cancer known as acute leukemia. Your health care provider will routinely check your blood cell counts and tell you if they are too low or too high.

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I am currently on an SSA
Can LUTATHERA be my next step?

Know your NETs: Understand what your cancer looks like after SSA progression

If the SSA you're taking now isn't enough, or if your NETs progress in the future, it's important to talk with your doctor about what to do next. The questions below can help you and your doctor decide on the right time to start LUTATHERA.

See if LUTATHERA is an option after progressing on SSA

Is my cancer slower growing (Ki-67, 0%–20% [grade 1 or 2])?

A Ki-67 test can tell you how fast your cancer is growing. LUTATHERA was studied in people who have slower-growing GEP-NETs (Ki-67, 0%–20% [grade 1 or 2]).

Is my cancer progressing while on SSA treatment?

If your cancer grew or spread, SSA treatment may not be enough. LUTATHERA was studied in people whose cancer progressed while on SSA treatment.

Has my cancer spread to my lymph nodes or other organs?

LUTATHERA was studied in people who had GEP-NETs that spread to nearby tissue, lymph nodes, or other organs. People who couldn't have surgery to remove their cancer were also included.

Has my doctor confirmed that my cancer is SSTR+?

LUTATHERA targets NET cells that have proteins called SSTRs. You can find out if your cancer is SSTR+ by asking your doctor to undergo SSTR imaging. You may have heard this referred to as a gallium or copper scan.

If these apply to your cancer, ask your doctor if LUTATHERA could be the right next step for you

Right now could be the right time for LUTATHERA

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LUTATHERA slowed NET progression for longer in people with recently diagnosed, faster-growing NETs

The NETTER-2 trial included 226 people who were recently diagnosed with SSTR+ GEP-NETs that were faster growing (Ki-67, 10%–55%). They were split into 2 groups: 151 received LUTATHERA and a long-acting SSA, and 75 received a long-acting, high-dose SSA alone.

SLOW

The study measured progression-free survival (PFS). PFS is the amount of time cancer doesn't grow or spread during and after treatment. Median PFS is the length of time when half of the people treated have not yet progressed. **It's about slowing progression.**

LUTATHERA works with SSA to give people

more time without progression

Median PFS

Compared with **8.5 months** for people taking SSA alone

Half of the people taking LUTATHERA + SSA did not have their cancer progress at 22.8 months compared with 8.5 months for people taking SSA alone. These results were seen at a 23-month check-in.

People taking LUTATHERA were **72% less likely to have their cancer progress** compared with people taking SSA alone

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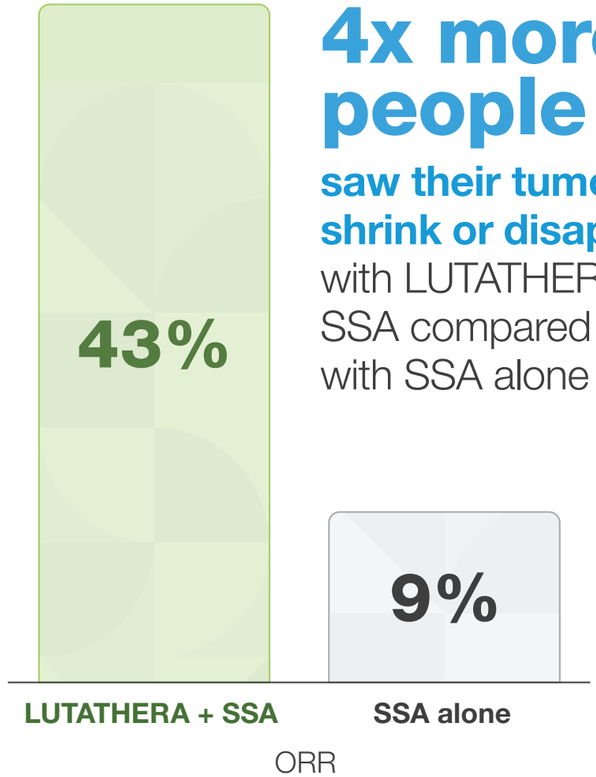
Tumors were more likely to shrink with LUTATHERA

The study also measured **objective response rate (ORR)**. ORR is the percentage of people whose cancer got smaller or disappeared.



ORR

4x more people

saw their tumors shrink or disappear with LUTATHERA + SSA compared with SSA alone

IMPORTANT SAFETY INFORMATION (continued)

What are some important things to know about the safety of LUTATHERA? (continued)

- **Kidney problems:** Treatment with LUTATHERA will expose your kidneys to radiation and may impair their ability to work as normal. You may be at an increased risk for kidney problems after LUTATHERA treatment if you already have kidney impairment before treatment. In some cases, patients have experienced kidney failure after treatment with LUTATHERA. Your health care provider will provide you with an amino acid solution before, during, and after LUTATHERA to help protect your kidneys. You should stay well hydrated before, on the day of, and on the day after your treatment. You should urinate frequently before, on the day of, and on the day after administration of LUTATHERA. Your doctor will monitor your kidney function and may withhold, reduce, or stop your LUTATHERA treatment accordingly.

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LUTATHERA slowed NET progression for longer in people with NETs that progressed on SSA

The NETTER-1 trial included 229 people with SSTR+ GEP-NETs who had tumors that were slower growing (Ki-67, 0%–20%) and progressed on treatment with an SSA. They were split into 2 groups: 116 received LUTATHERA and a long-acting SSA, and 113 received a long-acting, high-dose SSA alone.

LUTATHERA works with SSA to give people more time without progression

People taking LUTATHERA + SSA were

79% less likely to have their cancer progress

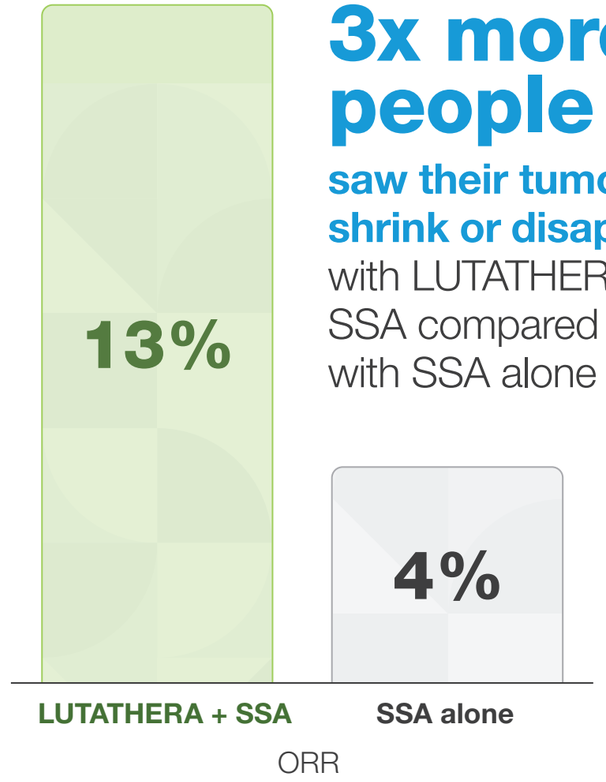
compared with people taking SSA alone

In people taking LUTATHERA + SSA,

more than half were progression free at a 14-month check-in.

In people taking SSA alone, half had their disease progress at 8.5 months

Tumors were more likely to shrink with LUTATHERA



3x more people

saw their tumors shrink or disappear with LUTATHERA + SSA compared with SSA alone

IMPORTANT SAFETY INFORMATION (continued)

What are some important things to know about the safety of LUTATHERA? (continued)

- **Liver problems:** In clinical studies of LUTATHERA, less than 1% of patients were reported to have tumor bleeding (hemorrhage), swelling (edema), or tissue damage (necrosis) to the liver. If you have tumors in your liver, you may be more likely to experience these side effects. Tell your health care provider right away if you have any of these signs and symptoms of liver problems: yellowing of the skin or the whites of the eyes (jaundice), unusual darkening of the urine, unusual tiredness, right upper stomach area (abdomen) pain, confusion, and/or swelling of the stomach area (abdomen). Your health care provider will monitor your liver using blood tests and may need to withhold, reduce, or stop your LUTATHERA treatment accordingly.

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Understanding side effects

All prescription medications come with safety considerations. It's natural to want to know about the potential side effects before starting treatment. Ask your care team if you have any questions or want more information.

Some considerations you should be aware of before starting LUTATHERA relate to:

- Radiation exposure
- Bone marrow problems
- Secondary bone marrow and blood cancers
- Kidney problems
- Liver problems
- Allergic reactions
- Hormonal gland problems (carcinoid crisis)
- Embryo-fetal toxicity
- Infertility

What are the most common side effects of LUTATHERA?

The most common and most serious side effects of LUTATHERA include:

- Decreased blood cell counts
- Increased liver enzymes
- Vomiting
- Nausea
- Increased blood glucose
- Decreased blood potassium levels

There are other possible side effects of LUTATHERA. Talk to your care team if you experience any side effects. You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

What happens if I have side effects?

Your care team will monitor you for side effects during your treatment. This includes doing blood work or other tests. If you experience side effects, there are many ways your care team can help, including:

- Giving you medicine to help with side effects (for example, treatment to protect your kidneys)
- Delaying your LUTATHERA treatment
- Changing the dose of LUTATHERA
- Stopping LUTATHERA treatment if needed

Ask your care team for advice if you experience any side effects

FDA, US Food and Drug Administration.

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Guidance for radiation safety

Radiation will be in your body, blood, and urine right after treatment. Your care team will give you and your loved ones next steps to help reduce radiation exposure to those around you. Here are instructions you may receive that can help keep you and others safe.

Throughout treatment

Hydrating

- Drink plenty of fluids the day before, the day of, and the day after your LUTATHERA treatment. This will help get rid of extra radiation in your body during treatment

For at least 3 days after receiving LUTATHERA

Using the toilet

- Use the toilet in a seated position and flush twice

Distancing

- Stay 3 feet or more apart from others

Sleeping

- Sleep in a separate bed from others and avoid sex

For at least 7 days after receiving LUTATHERA

Showering

- Shower daily for at least 7 days after treatment. Use separate towels and washcloths

Treatment centers will have their own guidance for radiation safety. Always follow your care team's instructions and ask them any questions you may have.

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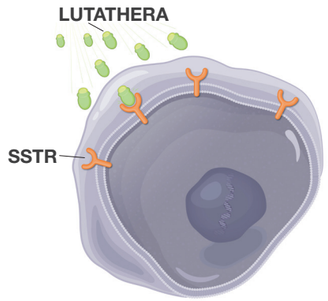
LUTATHERA delivers **targeted radiation to NET cells**

LUTATHERA is a type of treatment called **peptide receptor radionuclide therapy (PRRT)**. PRRTs can target a specific protein on cancer cells. They then deliver a small but powerful dose of radiation to those cancer cells.

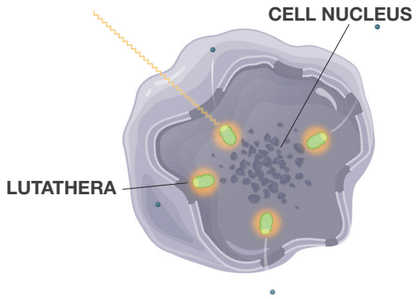
Most GEP-NETs have SSTRs on the surface of their cells. LUTATHERA harnesses and delivers the power of radiation to SSTR+ NET cells. This happens in 2 steps.

How LUTATHERA works



Find

LUTATHERA finds NET cells by targeting the SSTRs on the surface of the cells.



Attack

LUTATHERA enters the NET cells and attacks from within. It releases radiation inside the cells, destroying them.

LUTATHERA targets and attacks cells with SSTRs but radiation also affects neighboring cells.

Know your SSTR status

You can find out if your cancer is SSTR+ by asking your doctor for SSTR imaging, a special kind of positron emission tomography (PET) scan. **You may have heard this referred to as a gallium or copper scan**

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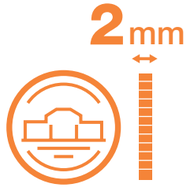
Understanding targeted radiation with LUTATHERA

It's understandable to have questions about the targeted radiation LUTATHERA delivers. Learning how it works in your body can help you feel more informed about the treatment.

The amount of radiation in your body at discharge is similar to what is used in SSTR imaging

After each infusion, your care team will monitor the radiation in your body until it is at a safe level for you to leave. **This level of radiation is like what you are exposed to during SSTR imaging (gallium scan).**



The radiation travels no more than 2.2 millimeters

Radiation from LUTATHERA spreads no more than 2.2 millimeters (1/10 of an inch) in your tissue. **This is similar to the thickness of a nickel coin.**

The amount of radiation exposure to those around you is less than a chest x-ray

In a clinical trial, the average total exposure to caregivers in the 5 days after a treatment was **less than the exposure from 1 chest x-ray.**

Radiation from LUTATHERA does not stay in your body long

Within 2 days, most of the radiation will leave your body.
Within 14 days, more than 99% of the radiation will be gone.

IMPORTANT SAFETY INFORMATION (continued)

What are some important things to know about the safety of LUTATHERA? (continued)

- **Allergic reactions:** Allergic reactions have occurred in people who were treated with LUTATHERA. Notify your health care provider if you develop symptoms of an allergic reaction. Seek emergency help right away for any serious allergic reactions. Symptoms may include trouble breathing or swallowing; raised bumps (hives); rash or itching; and swelling of the face, lips, tongue, throat, or arms.

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Understanding how you will receive LUTATHERA

LUTATHERA will be given at your nearest treatment center

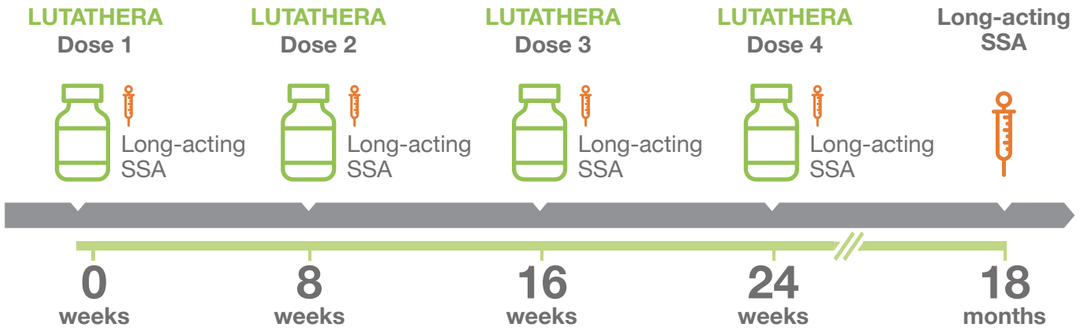
Because LUTATHERA uses radiation, your doctor will send you to a treatment center with a care team that is trained to give LUTATHERA.

LUTATHERA dosing

- LUTATHERA is given as an intravenous (IV) infusion, once every 8 weeks, for 4 doses
- A long-acting SSA is also given as an intramuscular (IM) injection between 4 to 24 hours after each dose of LUTATHERA
- After your last dose of LUTATHERA, you may continue receiving a long-acting SSA every 4 weeks for 18 months after starting treatment with LUTATHERA. Follow your doctor's instructions for treatment*

*You may continue to receive a long-acting SSA every 4 weeks for 18 months after starting treatment with LUTATHERA or until your cancer progresses.

Infusion every 8 weeks for 4 doses



IMPORTANT SAFETY INFORMATION (continued)

What are some important things to know about the safety of LUTATHERA? (continued)

- **Hormonal gland problems (carcinoid crisis):** During your treatment you may experience certain symptoms that are related to hormones released from your cancer. These symptoms may include flushing, diarrhea, difficulty breathing (bronchospasm), and low blood pressure (hypotension), and may occur during or within the 24 hours after your first LUTATHERA treatment. Your health care provider will monitor you closely. Speak with your health care provider if you experience any of these signs or symptoms.

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Understanding how you will receive LUTATHERA (continued)

Most people finished all 4 doses

in the clinical studies

More than 15,000 people with GEP-NETs have received LUTATHERA

in treatment centers across the United States

Use the treatment site locator to find the closest treatment center for LUTATHERA.

You can also ask your doctor if there are specific treatment centers they have worked with before.

What to expect during treatment

When starting LUTATHERA, knowing what to expect can help you feel prepared and ready for treatment.

Before your first LUTATHERA dose

At least 4 weeks or more before treatment

- Your doctor will stop your long-acting SSA treatment until your first LUTATHERA dose
- You may receive a short-acting SSA if symptoms return before your LUTATHERA infusion

24 hours before treatment

- Your doctor will stop short-acting SSA treatment at least 24 hours before your LUTATHERA infusion

On the infusion day

Before LUTATHERA infusion

- You will receive a medicine that helps with vomiting or an upset stomach that you may experience
- Thirty minutes before you are given LUTATHERA, you will start an amino acid infusion. This will help protect your kidneys

LUTATHERA infusion

- LUTATHERA infusion takes 30 to 40 minutes
- When your LUTATHERA infusion is done, you will continue the amino acid infusion for at least 3 hours
- Your care team will monitor you and let you know when it's safe to leave the treatment center that day

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What to expect during treatment (continued)

After the infusion

4 to 24 hours after infusion

- A long-acting SSA will be given between 4 to 24 hours after your LUTATHERA infusion. Your care team will tell you when and where you will receive it

Laboratory tests

- Your care team will schedule regular blood work and other tests to see how you are doing on treatment. These tests can tell them if you are having side effects and will help them give you the care you need

IMPORTANT SAFETY INFORMATION (continued)

What are some important things to know about the safety of LUTATHERA? (continued)

- **Pregnancy warning:** Tell your health care provider if you are pregnant. LUTATHERA can harm your unborn baby. Females should use an effective method of birth control during treatment and for 7 months after the last dose of LUTATHERA. Males with female partners should use an effective method of birth control during treatment with LUTATHERA and for 4 months after the last dose.

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Novartis Patient Support™

Personalized support to help you start and stay on LUTATHERA treatment

Once you and your doctor decide to start LUTATHERA, Novartis Patient Support is here to help.

We can help you:

Navigate the insurance process

Your dedicated Novartis Patient Support team will work with your provider to help navigate insurance coverage for LUTATHERA.

Get financial support*

If you have private insurance, you could be eligible for Co-Pay Plus and pay as little as $25 for your LUTATHERA treatment.

Answer questions across the treatment journey

Speak to a live Novartis Patient Support agent about what to expect before, during, or after treatment.

*Limitations apply. Up to $15,000 over the course of the treatment. Offer not valid under Medicare, Medicaid, or any other federal or state programs. Novartis reserves the right to rescind, revoke, or amend this program without notice.

If you have already been prescribed LUTATHERA, sign up for Novartis Patient Support

Call 1-844-638-7222, Monday through Friday, 8 AM to 8 PM ET, excluding holidays.

Ask your health care provider to help you sign up for assistance, like the Co-Pay Plus offer.

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Notes

Important Safety Information

What is LUTATHERA?

LUTATHERA® (lutetium Lu 177 dotatate) is a prescription medicine used to treat adults and children aged 12 years and older with a type of cancer known as gastroenteropancreatic neuroendocrine tumors (GEP-NETs) that are positive for the hormone receptor somatostatin, including GEP-NETs in the foregut, midgut, and hindgut.

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LUTATHERA is associated with some serious safety considerations and, in some cases, these may require your health care provider to adjust or stop your treatment. You should always follow your health care provider's instructions. Safety considerations include:

- **Radiation exposure:** Treatment with LUTATHERA will expose you to radiation, which can contribute to your long-term radiation exposure. Overall radiation exposure is associated with an increased risk for cancer. The radiation will be detectable in your urine for up to 30 days following administration of the drug. It is important to minimize radiation exposure to household contacts consistent with good radiation safety practices as advised by your health care provider.
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- **Secondary bone marrow and blood cancers:** Other serious conditions that you may develop as a direct result of treatment with LUTATHERA include blood and bone marrow disorders known as secondary myelodysplastic syndrome and cancer known as acute leukemia. Your health care provider will routinely check your blood cell counts and tell you if they are too low or too high.
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Important Safety Information (continued)

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- **Hormonal gland problems (carcinoid crisis):** During your treatment you may experience certain symptoms that are related to hormones released from your cancer. These symptoms may include flushing, diarrhea, difficulty breathing (bronchospasm), and low blood pressure (hypotension), and may occur during or within the 24 hours after your first LUTATHERA treatment. Your health care provider will monitor you closely. Speak with your health care provider if you experience any of these signs or symptoms.
- **Pregnancy warning:** Tell your health care provider if you are pregnant. LUTATHERA can harm your unborn baby. Females should use an effective method of birth control during treatment and for 7 months after the last dose of LUTATHERA. Males with female partners should use an effective method of birth control during treatment with LUTATHERA and for 4 months after the last dose.
- **Breastfeeding warning:** You should not breastfeed during treatment with LUTATHERA and for 2.5 months after your last dose of LUTATHERA.
- **Fertility problems:** Treatment with LUTATHERA may cause infertility. This is because radiation absorbed by your testes or ovaries over the treatment period falls within the range of exposure in which temporary or permanent infertility may occur.

What are the most common side effects of LUTATHERA?

The most common and most serious side effects of LUTATHERA include decreased blood cell counts, increased liver enzymes, vomiting, nausea, increased blood glucose, and decreased blood potassium levels.

Talk to your doctor if you experience any of these side effects. There are other possible side effects of LUTATHERA. For more information and to learn more about LUTATHERA, talk to your doctor or health care provider.

Adverse reactions observed in children aged 12 years and older were similar to those observed in adults treated with LUTATHERA.

What other medicines may interact with LUTATHERA?

Tell your health care provider if you are taking any other medications. You should stop taking your long-acting somatostatin analogue at least 4 weeks before LUTATHERA treatment. You may continue taking short-acting somatostatin analogues up to 24 hours before your LUTATHERA treatment.

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

Please see full Prescribing Information for LUTATHERA.

LUTATHERA®
(lutetium Lu 177 dotatate)
injection, for intravenous use

If you have SSTR+ GEP-NETs:
Right now may be the right time for LUTATHERA

Act now to slow NET progression for longer

Know your NETs

- Not all NETs are slow growing. Know your Ki-67 score to see how fast your cancer is growing
- NETs can progress on SSA treatment. Regular scans can help you know when you need another treatment

Ask when LUTATHERA could fit into your treatment plan

Right from the start if you are recently diagnosed and have faster-growing tumors (Ki-67, 10% or more)

As your next step if you are on SSA treatment and are experiencing progression

Ready to talk to your doctor about LUTATHERA?
Visit the **LUTATHERA website** for a guide to help you get more out of your conversation.

IMPORTANT SAFETY INFORMATION (continued)

What are some important things to know about the safety of LUTATHERA? (continued)

- **Breastfeeding warning:** You should not breastfeed during treatment with LUTATHERA and for 2.5 months after your last dose of LUTATHERA.
- **Fertility problems:** Treatment with LUTATHERA may cause infertility. This is because radiation absorbed by your testes or ovaries over the treatment period falls within the range of exposure in which temporary or permanent infertility may occur.

Please see additional Important Safety Information throughout, full Important Safety Information on pages 22 and 23, and full Prescribing Information for LUTATHERA.

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