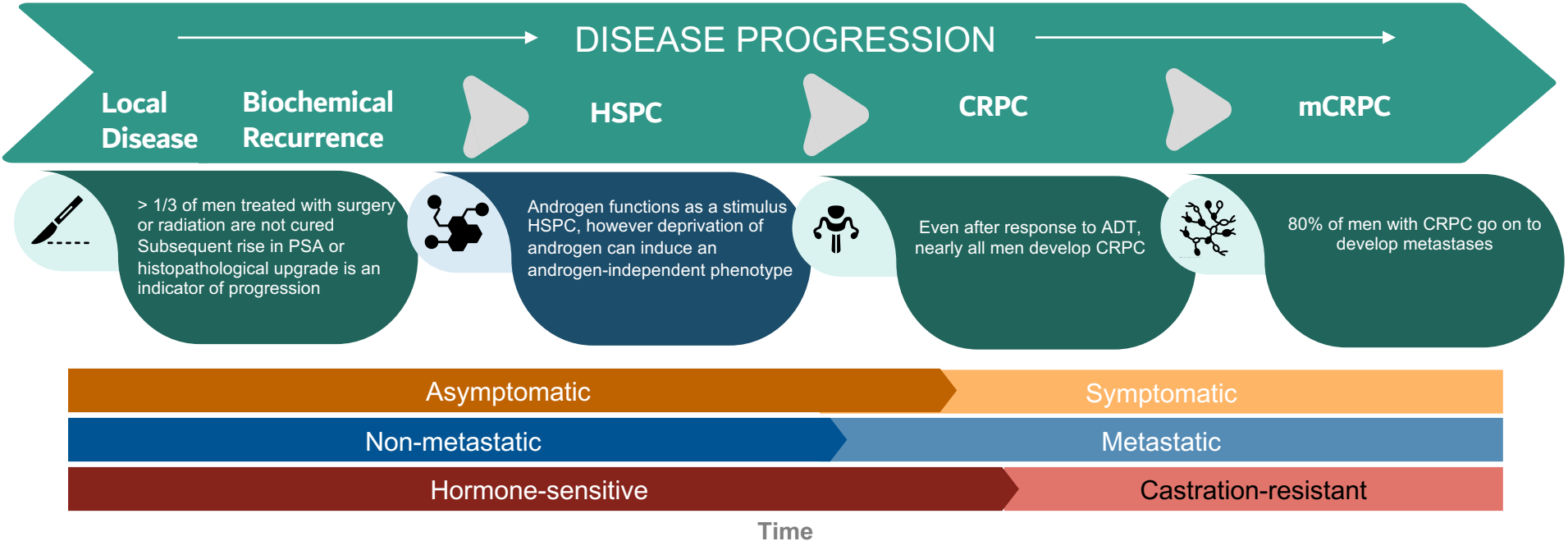
MEDICAL AFFAIRS

# mCRPC Disease State

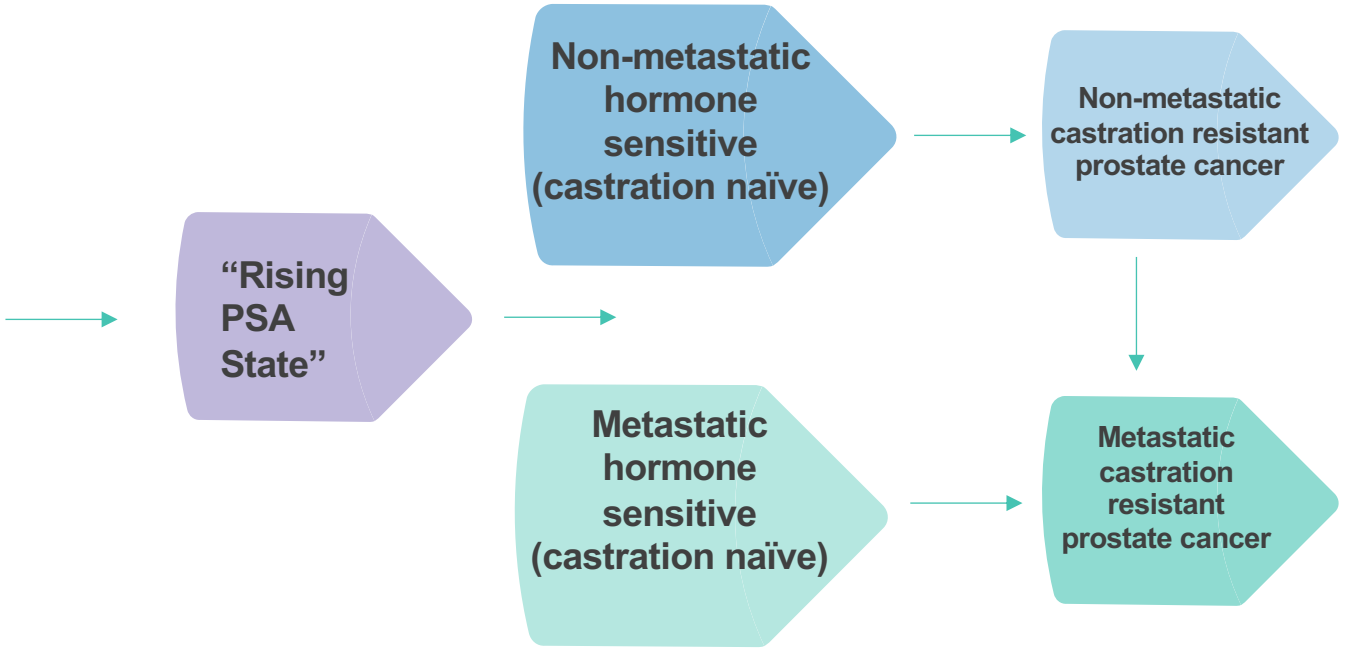
Dendreon®

# PROSTATE CANCER DISEASE PROGRESSION



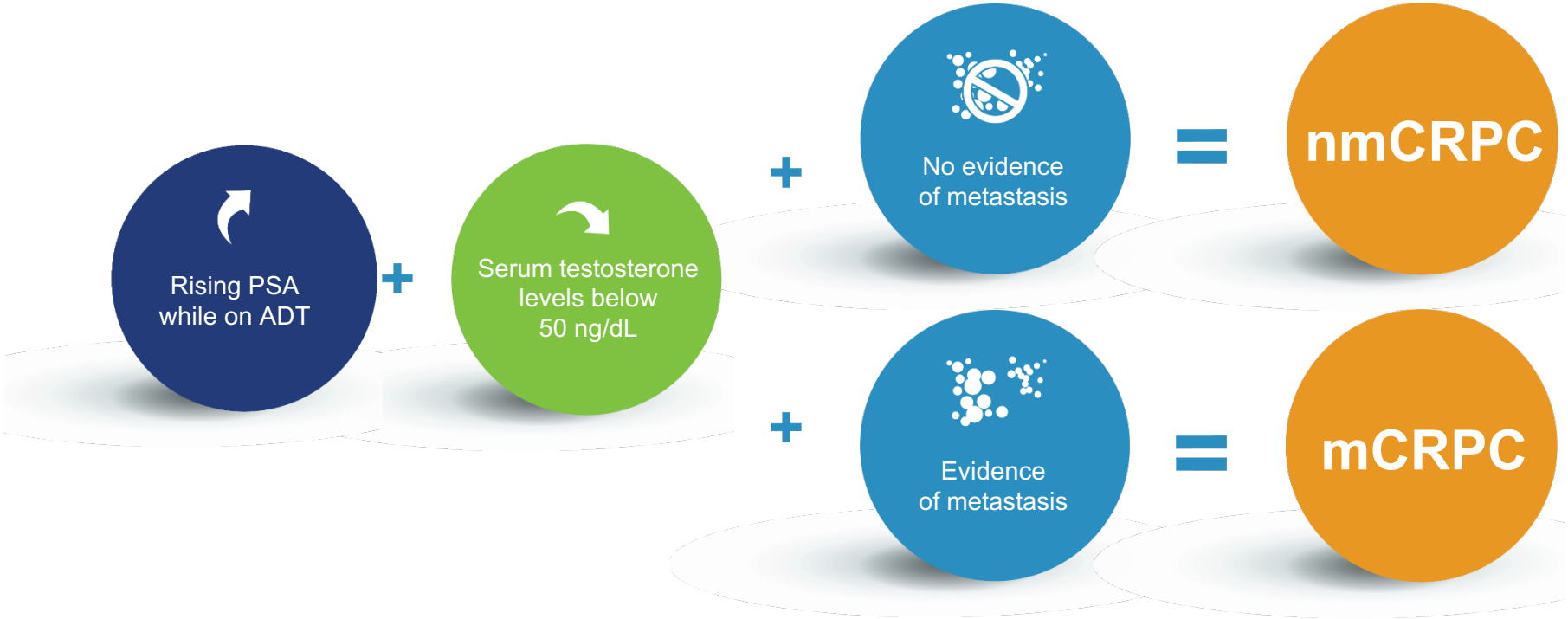

Modified and Obtained from Crawford ED, et al. *Urol Oncol*. 2017;35S:S1-S13
Adapted from and modified: D'Amico A et al. *N Engl J Med*. 2004;351:125-135; D'Amico A et al. *JAMA*. 2005;294:440-447; Penson DF. *Clin Adv Hematol Oncol*. 2011. Scher HI, et al. *J Clin Oncol* 2008;26:1148-1159.

# ADVANCED PROSTATE CANCER PROGRESSION




Gillessen S et al. *Ann Oncol*. 2015;26:1589-1604

# DEFINING CASTRATION RESISTANT PROSTATE CANCER (CRPC) IN 3 STEPS




Cookson MS, et al; American Urological Association. *AUA Guidelines for CRPC August 2018*

# METASTATIC PROSTATE CANCER

## Spread from Primary Site to Secondary Site

- Lymph nodes (LN) are often first site of metastasis (mets)
  - If spread to LN higher chance that it has spread to other areas of the body
- Most common site of mets in PC: bones
  - Bone metastases are seen in 85% to 90% of metastatic cases
  - Main cause of mortality, impacting 65% to 75% of patient[1]
- Less frequent to other organs such as the liver, lung, or brain

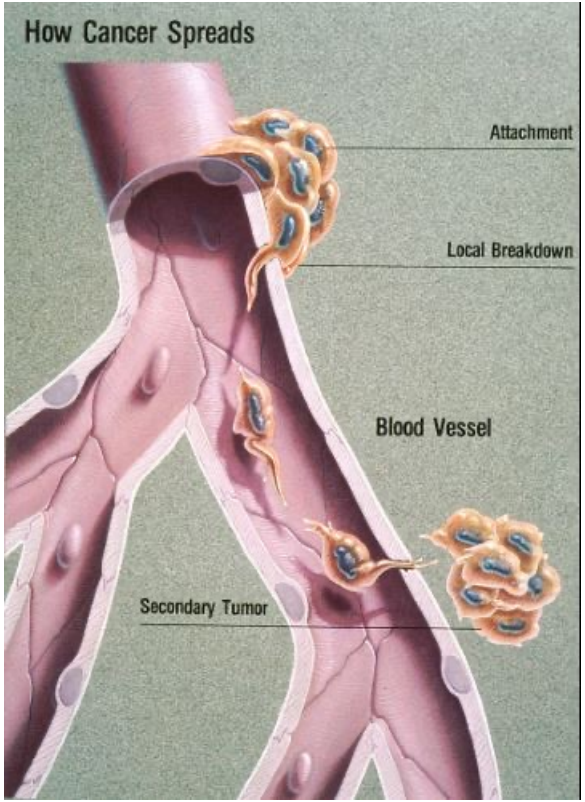



Image Bank NIH NCI Jane Hurd Accessed January 19,2021

1. Tong T, Lei H, Guan Y, et al. Revealing Prognostic Value of Skeletal-Related Parameters in Metastatic Castration-Resistant Prostate Cancer on Overall Survival: A Systematic Review and Meta-Analysis of Randomized Controlled Trial. *Front Oncol.* 2020;10:586192. doi:10.3389/fonc.2020.586192

# METASTATIC CASTRATE RESISTANT PROSTATE CANCER (mCRPC)

- Despite castrate levels of androgens, the androgen receptor (AR) remains active and continues to drive prostate cancer progression
- mCRPC is an incurable disease and most PC deaths are the result of mCRPC
- Historically the median survival for mCRPC ≤ 2yrs, now nearly 3 years[1]
- **PROVENGE® (sipuleucel-T) is approved in mCRPC**[2]


1. Dong L, Zieren RC, Xue W, de Reijke TM, Pienta KJ. Metastatic prostate cancer remains incurable, why? Asian J Urol. 2019 Jan;6(1):26-41. doi: 10.1016/j.ajur.2018.11.005. Epub 2018 Nov 29. PMID: 30775246; PMCID: PMC6363601.
2. Please see full prescribing information available at www.Provenge.com/HCP

# PROVENGE Important Safety Information

| | |
|---|---|
| **Acute Infusion Reactions** | Acute infusion reactions (reported within 1 day of infusion) may occur and include nausea, vomiting, fatigue, fever, rigor or chills, respiratory events (dyspnea, hypoxia, and bronchospasm), syncope, hypotension, hypertension, and tachycardia. |
| **Thromboembolic Events** | Thromboembolic events, including deep venous thrombosis and pulmonary embolism, can occur following infusion of PROVENGE. The clinical significance and causal relationship are uncertain. Most patients had multiple risk factors for these events. PROVENGE should be used with caution in patients with risk factors for thromboembolic events. |
| **Vascular Disorders** | Cerebrovascular events (hemorrhagic/ischemic strokes and transient ischemic attacks) and cardiovascular disorders (myocardial infarctions) have been reported following infusion of PROVENGE. The clinical significance and causal relationship are uncertain. Most patients had multiple risk factors for these events. |
| **Handling Precautions** | PROVENGE is not tested for transmissible infectious diseases. |
| **Concomitant Chemotherapy or Immunosuppressive Therapy** | Chemotherapy or immunosuppressive agents (such as systemic corticosteroids) given concurrently with the leukapheresis procedure or PROVENGE has not been studied. Concurrent use of immune-suppressive agents may alter the efficacy and/or safety of PROVENGE. |
| **Adverse Reactions** | The most common adverse reactions reported in clinical trials (≥ 15% of patients receiving PROVENGE) were chills, fatigue, fever, back pain, nausea, joint ache, and headache. |

**Please see full prescribing information available at www.Provenge.com/HCP**

PROVENGE [prescribing]. Seal Beach, CA: Dendreon Pharmaceuticals; 2017.