אוגוסט 2018

HERCEPTIN® (Trastuzumab) 600 mg/5ml S.C

Solution for subcutaneous Injection

רופא/ה יקר/ה, רוקח/ת יקר/ה,

חברת רוש פרמצבטיקה (ישראל) בע"מ מבקשת להודיעכם על מספר עדכונים בעלון לרופא של התכשיר הרספטין 600 מ"ג/5 מ"ל S.C. בהודעה זו מצוינים רק עדכונים מהותיים ועדכונים אשר מהווים החמרה.

ההתוויה הרשומה לתכשיר בישראל:

Metastatic breast cancer

Herceptin is indicated for the treatment of adult patients with HER2 positive metastatic breast cancer (MBC):

- as monotherapy for the treatment of those patients who have received at least two chemotherapy regimens for their metastatic disease. Prior chemotherapy must have included at least an anthracycline and a taxane unless patients are unsuitable for these treatments. Hormone receptor positive patients must also have failed hormonal therapy, unless patients are unsuitable for these treatments.
- in combination with paclitaxel for the treatment of those patients who have not received chemotherapy for their metastatic disease and for whom an anthracycline is not suitable.
- in combination with docetaxel for the treatment of those patients who have not received chemotherapy for their metastatic disease.
- in combination with an aromatase inhibitor for the treatment of postmenopausal patients with hormone-receptor positive MBC, not previously treated with trastuzumab.

Early breast cancer

Herceptin is indicated for the treatment of adult patients with HER2 positive early breast cancer (EBC).

- following surgery, chemotherapy (neoadjuvant or adjuvant) and radiotherapy (if applicable).
- following adjuvant chemotherapy with doxorubicin and cyclophosphamide, in combination with paclitaxel or docetaxel.
- in combination with adjuvant chemotherapy consisting of docetaxel and carboplatin.
- in combination with neoadjuvant chemotherapy followed by adjuvant Herceptin therapy, for locally advanced (including inflammatory) disease or tumours > 2 cm in diameter.

Herceptin should only be used in patients with metastatic or early breast cancer whose tumours have either HER2 overexpression or HER2 gene amplification as determined by an accurate and validated assay.

הסבר:

טקסט עם קו תחתי מציין טקסט שהוסף לעלון.

~~טקסט עם קו חוצה~~ מציין טקסט שהוסר מן העלון.

למידע נוסף יש לעיין בעלון לרופא כפי שאושר על ידי משרד הבריאות.

Roche Pharmaceuticals (Israel) Ltd
6 Hacharash St.
P.O.B. 6391
Hod Hasharon 4524079
Tel. + 972-9-9737777
Fax + 972-9-9737850

העלון המעודכן נשלח לפרסום במאגר התרופות שבאתר משרד הבריאות, וניתן לקבלו מודפס
על-ידי פנייה לבעל הרישום: רוש פרמצבטיקה (ישראל) בע"מ, ת.ד. 6391,
הוד השרון 4524079 , טלפון 09-9737777. כתובתנו באינטרנט: www.roche.co.il.

ב ב ר כ ה,

לילי אדר
רוקחת ממונה

אביטל ויסברוט
מחלקת רישום

<u>עדכונים מהותיים בעלון לרופא</u>

בסעיף 4.4 Special warnings and precautions for use עודכן המידע הבא:

[…]

Neoadjuvant-adjuvant treatment
[…]
In the pivotal trial BO22227, Herceptin was administered concurrently with neoadjuvant chemotherapy that contained four cycles of epirubicin (cumulative dose 300 mg/m^2); at a median follow-up ~~of 40~~ <u>exceeding 70</u> months, the incidence of <u>cardiac failure/</u>congestive cardiac failure was 0.~~0~~<u>3</u>% in the Herceptin intravenous arm and 0.7% in the Herceptin subcutaneous arm. In patients with lower body weights (<59 kg, the lowest body weight quartile) the fixed dose used in the Herceptin subcutaneous arm was not associated with an increased risk of cardiac events or significant drop in LVEF.

בסעיף 4.7 Effects on ability to drive and use machines עודכן המידע הבא:

Herceptin ~~has no or negligible~~ <u>may have a minor</u> influence on the ability to drive or use machines<u>, (see section 4.8).</u> However, patients experiencing administration-related symptoms (see section 4.4) should be advised not to drive and use machines until symptoms abate.

בסעיף 4.8 Undesirable effects עודכן המידע הבא:

[…]

<u>Immunogenicity</u>

In the neoadjuvant-adjuvant EBC ~~treatment setting, 8.1 %~~ <u>study (BO22227), at a median follow-up exceeding 70 months, 10.1%</u> (~~24~~<u>30</u>/296) of patients treated with Herceptin intravenous and ~~14~~.9 % (~~44~~<u>47</u>/295) of patients receiving Herceptin subcutaneous vial developed antibodies against trastuzumab ~~(regardless of antibody presence at baseline).~~ Neutralizing anti-trastuzumab antibodies were detected in post-baseline samples in 2 of ~~24~~ <u>30</u> Herceptin intravenous and <u>4</u> of 44<u>7 in the</u> Herceptin subcutaneous ~~vial patients~~<u>arm</u>. ~~20~~<u>21</u>.0 % of patients treated with Herceptin subcutaneous formulation developed antibodies against the excipient hyaluronidase (rHuPH20).

The clinical relevance of these antibodies is not known<u>~~; nevertheless the~~. The presence of anti-trastuzumab antibodies had no impact on</u> pharmacokinetics, efficacy (determined by pathological Complete Response [pCR] <u>and event free survival [EFS]</u>) and safety determined by occurrence of administration related reactions (ARRs) of Herceptin intravenous and Herceptin subcutaneous ~~did not appear to be adversely affected by these antibodies~~.

Details of risk minimisation measures that are consistent with the EU Risk Management Plan are presented in Section 4.4.