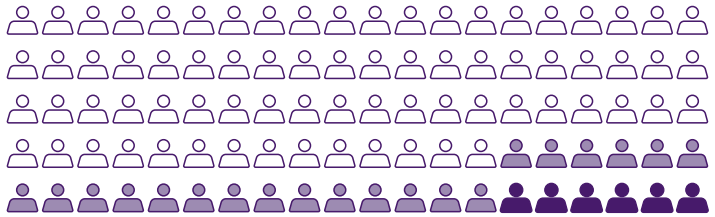
Treatment with ERLEADA® and the potential for rash

Erleada® (apalutamide) tablets

How common was rash seen in the ERLEADA® clinical trials?

In the ERLEADA® clinical trials, rash (as a grouped term, all grades*) associated with apalutamide was one of the most common adverse events and occurred in 26% of the patients treated with ERLEADA® + ADT vs. 8% in the placebo + ADT arm.

Grade 3 rashes (defined as covering >30% BSA†) were reported in 6% of patients treated with ERLEADA® + ADT vs. 0.5% in the placebo + ADT arm.‡



ERLEADA® (apalutamide tablets) is indicated for:

- the treatment of patients with metastatic castration-sensitive prostate cancer (mCSPC)
- the treatment of patients with non-metastatic castration-resistant prostate cancer (nmCRPC).
  - ERLEADA® has not been studied in patients with nmCRPC at low risk of developing metastases. The benefit and risk profile in these patients is unknown.

How should I adjust my patient's treatment if they are experiencing a rash?

Rash Grade 3 or higher

At the 1st occurrence:

- hold dosing until symptoms improve to ≤ Grade 1 or original grade
- resume at the same dose or a reduced dose (180 mg or 120 mg)

If the rash recurs at Grade 3 or higher:

- dose of apalutamide should be reduced to the next lower dose level

⚠ The recommended dose of ERLEADA® is 240 mg. A maximum of 2 dose level reductions (to 120 mg) is allowed. If the patient cannot tolerate the 120 mg dose then ERLEADA® should be discontinued.

Tell your patients about the possibility of a rash with ERLEADA®.

* Rash, as a grouped term, includes rash, rash maculo-papular, rash generalized, urticaria, rash pruritic, rash macular, conjunctivitis, erythema multiforme, rash papular, skin exfoliation, genital rash, rash erythematous, stomatitis, drug eruption, mouth ulceration, rash pustular, blister, papule, pemphigoid, skin erosion, dermatitis, and rash vesicular.

† BSA = Body Surface Area

‡ Skin rash led to treatment discontinuation in 7% of patients who experienced rash, dose reduction in 14% and dose interruption in 28% of patients.
Onset of rash occurred at a median of 83 days of ERLEADA® treatment and resolved within a median of 78 days from onset of rash for 78% of patients. Rash was commonly managed with oral antihistamines, topical corticosteroids, and 19% of patients received systemic corticosteroids.

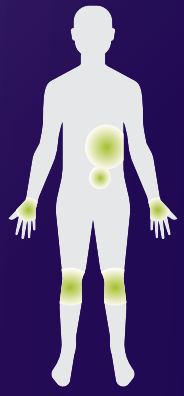
How is rash graded?

Common Terminology Criteria for Adverse Events from the National Institute of Health define the grades of maculopapular rash as:[1]

Grade 1

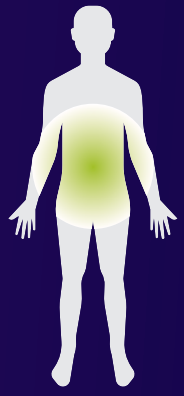
Grade 1 rashes are defined as covering **<10% of the BSA** with or without symptoms (e.g., pruritus, burning, tightness).

Grade 2



Grade 2 rashes are defined as covering **10-30% of the BSA** with or without symptoms (e.g., pruritus, burning, tightness); limiting instrumental activities of daily living (ADL); rash covering **>30% BSA** with or without mild symptoms.

Grade 3



Grade 3 rashes are defined as covering **>30% of the BSA** with moderate or severe symptoms; limiting self care ADL.

Example of a maculo-papular rash

Skin rash* associated with ERLEADA® was commonly described as macular or maculo-papular.

BSA = Body Surface Area

References:

1. National Institutes of Health. Common Terminology Criteria for Adverse Events. 2017:138. https://ctep.cancer.gov/protocoldevelopment/electronic_applications/docs/CTCAE_v5_Quick_Reference_5x7.pdf. Accessed on December 20, 2019
2. ERLEADA® Product Monograph. Janssen Inc. December 11, 2019.

Janssen Inc.| 19 Green Belt Drive| Toronto, Ontario | M3C 1L9
www.janssen.com/canada | CP-144206E

Janssen Oncology
PHARMACEUTICAL COMPANIES OF Johnson & Johnson

MEMBER OF INNOVATIVE MEDICINES CANADA

PAAB

How was rash treated in ERLEADA® clinical trials?

In the ERLEADA® clinical trials, patients with skin rash were commonly managed with the following:

- topical corticosteroids
- oral antihistamines
- systemic corticosteroids (19%)

Skin rash led to:

- dose reduction (14%)
- drug interruption (28%)
- dose discontinuation (7%)

Median time to resolution was 3 times longer for patients on the apalutamide arm (100 days) than those on placebo (29 days). Of the patients who had dose interruption, 59% experienced recurrence of rash upon reintroduction of ERLEADA®.

Depending on the severity of the rash, consider referring the patient to a dermatologist.

Consult the Product Monograph at www.janssen.com/canada/products for important information about:

- Contraindications in women who are or may be pregnant.
- Other relevant warnings and precautions regarding cardiac disorders, QTc prolongation, fall and fractures, seizures, reproduction and fertility, monitoring and laboratory tests.
- Conditions of clinical use, adverse reactions, drug interactions and dosing/administration instructions.

The product monograph is also available by calling 1-800-567-3331 or 1-800-387-8781.

℞ Erleada® (apalutamide) tablets