FRUZAQLA® (fruquintinib) and the US Veteran Population

THE FIRST AND ONLY

novel targeted therapy approved for mCRC, regardless of mutation status, in more than a decade[1-5]

VA ONCOLOGY PATHWAYS RECOMMENDED

Fruquintinib (FRUZAQLA) is recommended by the VA Oncology Clinical Pathways as a potential treatment option for patients with previously treated mCRC[6,7]

NCCN CATEGORY 2A*

National Comprehensive Cancer Network® (NCCN®) recommends fruquintinib (FRUZAQLA) as a potential treatment option for patients with mCRC post exposure to oxaliplatin- and irinotecan-based regimens, regardless of mutation status[8,9]

VA=US Department of Veterans Affairs.

*Category 2A is based upon lower-level evidence, meaning there is uniform NCCN consensus (≥85% support of the Panel) that the intervention is appropriate.

INDICATION

FRUZAQLAis indicated for the treatment of adult patients with metastatic colorectal cancer (mCRC) who have been previously treated with fl uoropyrimidine-, oxaliplatin-, and irinotecan-based chemotherapy, an anti-VEGF therapy, and, if RAS wild-type and medically appropriate, an anti-EGFR therapy.

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

- **Hypertension** occurred in 49% of 911 patients with mCRC treated with FRUZAQLA, including Grade 3-4 events in 19%, and hypertensive crisis in three patients (0.3%). Do not initiate FRUZAQLA unless blood pressure is adequately controlled. Monitor blood pressure weekly for the first month and at least monthly thereafter as clinically indicated. Initiate or adjust anti-hypertensive therapy as appropriate. Withhold, reduce dose, or permanently discontinue FRUZAQLA based on severity of hypertension.

Please see additional Important Safety Information throughout, full Important Safety Information, and full Prescribing Information for FRUZAQLA.

Fruzaqla®
(fruquintinib) capsules
5 mg • 1 mg

Many US veterans remain at risk of developing colorectal cancer

1 million veterans ≥50 years of age will develop CRC[10]

CRC can be deadly, with low survival rates for patients with metastatic disease[11]

17% ▶ of veterans have distant disease at diagnosis

18% ▶ 3-year survival rate for veterans with distant mCRC

CRC is the second deadliest cancer in the United States, with ~53,000 deaths expected in 2025 alone[12,13]

CRC=colorectal cancer; NSDUH=National Survey on Drug Use and Health; VACCR=US Department of Veterans Affairs Central Cancer Registry.

*Pooled data collected by the NSDUH from 2010-2015.[14]
†Data collected by the VACCR from 12,551 VA patients diagnosed with CRC nationwide from 2009-2012.[11]
‡91% of VA patients are male.[11]
§Large areas where tons of waste products (including trash, plastics, wood, metal, paints, solvents, munitions, and medical and human waste) were burned in the open air.[18]

IMPORTANT SAFETY INFORMATION (continued)

WARNINGS AND PRECAUTIONS (continued)

- **Hemorrhagic Events** including serious, fatal events can occur with FRUZAQLA. In 911 patients with mCRC treated with FRUZAQLA, 6% of patients experienced gastrointestinal hemorrhage, including 1% with a Grade ≥3 event and 2 patients with fatal hemorrhages. Permanently discontinue FRUZAQLA in patients with severe or life-threatening hemorrhage. Monitor the International Normalized Ratio (INR) levels in patients receiving anticoagulants.

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Many US veterans have unique characteristics that correlate with risk factors for CRC

Tobacco use
Nearly 3 in 10 veterans use tobacco products[14,15]*

Poor diet
Veterans may be more likely to have a poor diet (high in red and processed meats and low in fruits and vegetables)[15,16]

Assigned male at birth
97% of veterans diagnosed were men[11,15†]

Age ≥50 years
97% of veterans diagnosed were ≥50 years of age[11,15†‡]

CRC is also recognized by the VA as a presumptive cancer for Gulf War and post-9/11 veterans who were exposed to burn pits[6,7,17§]

Hypothetical patient.

IMPORTANT SAFETY INFORMATION (continued)

WARNINGS AND PRECAUTIONS (continued)

- **Infections.** FRUZAQLA can increase the risk of infections, including fatal infections. In 911 patients with mCRC treated with FRUZAQLA, the most common infections were urinary tract infections (6.8%), upper respiratory tract infections (3.2%) and pneumonia (2.5%); fatal infections included pneumonia (0.4%), sepsis (0.2%), bacterial infection (0.1%), lower respiratory tract infection (0.1%), and septic shock (0.1%). Withhold FRUZAQLA for Grade 3 or 4 infections, or worsening infection of any grade. Resume FRUZAQLA at the same dose when the infection has resolved.

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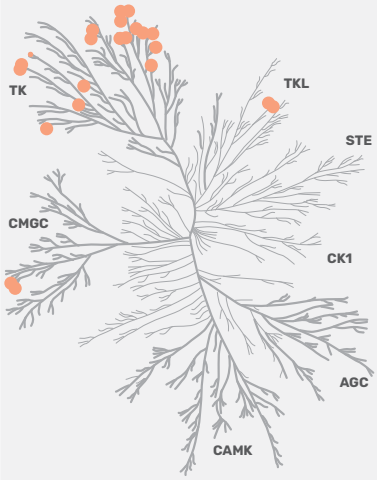
FRUZAQLA is a novel, selective inhibitor of all 3 VEGF receptors[1,19,20]

First-generation VEGF inhibitor[21]

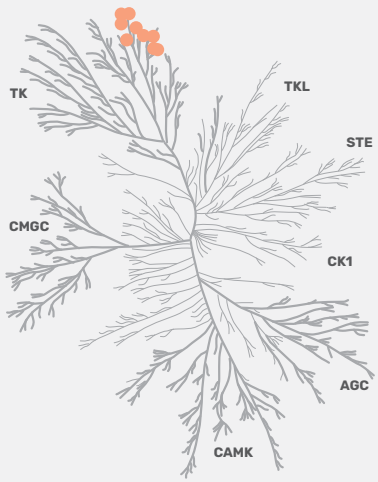
Limited selectivity



Kinome selectivity of regorafenib at 1 µM against a panel of 175 kinases

Second-generation VEGF inhibitor[22]

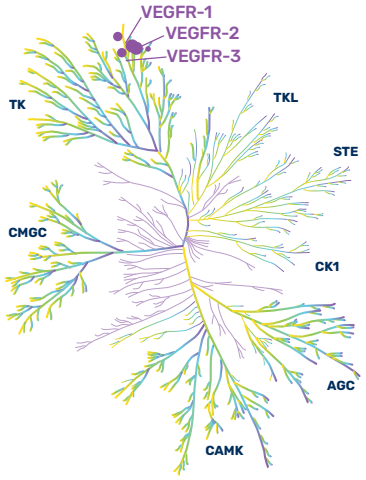
Moderate selectivity



Kinases with IC <100 nM in 66 selected kinases for lenvatinib

FRUZAQLA

Limits off-target kinase activity, allowing for drug exposure achieving sustained target inhibition[19]



Kinome selectivity of FRUZAQLA against a panel of 253 kinases

Inhibition at 1 µM

>90% 70-90% 40-70% <40%

FRUZAQLA is a non-chemotherapy that limits off-target kinase activity, allowing for drug exposure achieving sustained target inhibition[19]

- Restricts tumor growth and progression (VEGFR-1 and VEGFR-2)[19,23]
- Potential to inhibit lymphangiogenesis (VEGFR-3)[19,24]

Preclinical activity does not necessarily correlate with clinical outcomes.

AGC=protein kinase A, G, and C families; CAMK=calcium/calmodulin-dependent protein kinase; CK1=casein kinase 1; CMGC=cyclin-dependent kinase, mitogen-activated protein kinase, glycogen synthase kinase, and cyclin-dependent-like kinase; EGFR=epidermal growth factor receptor; FOLFIRI=leucovorin, fluorouracil, and irinotecan; FOLFIRINOX=leucovorin, fluorouracil, oxaliplatin, and irinotecan; FOLFOX=leucovorin, fluorouracil, and oxaliplatin; HER2=human epidermal growth factor receptor 2; IC=inhibitory concentration; MSS=microsatellite stable; NTRK=neurotrophic tyrosine receptor kinase; pMMR=proficient mismatch repair; STE=serine/threonine-specific protein kinase; TK=tyrosine kinase; TKL=tyrosine kinase-like kinase; VEGF=vascular endothelial growth factor; VEGFR=vascular endothelial growth factor receptor.

Please see additional Important Safety Information throughout, full Important Safety Information, and full Prescribing Information for FRUZAQLA.

NCCN recommends fruquintinib (FRUZAQLA) as a potential treatment option for patients with previously treated mCRC, regardless of mutation status[8,9]

Fruquintinib (FRUZAQLA) is indicated for the treatment of adult patients with metastatic colorectal cancer (mCRC) who have been previously treated with fluoropyrimidine-, oxaliplatin-, and irinotecan-based chemotherapy, an anti-VEGF therapy, and, if *RAS* wild-type and medically appropriate, an anti-EGFR therapy.[1]

Potential treatment algorithms*†

Initial therapy	Subsequent therapies	
FOLFOX ± bevacizumab	FOLFIRI ± bevacizumab‡ or FOLFIRI + cetuximab/ panitumumab§	**Fruquintinib** or Regorafenib or Trifluridine + tipiracil ± bevacizumab

Initial therapy	Subsequent therapy
FOLFIRINOX ± bevacizumab	**Fruquintinib** or Regorafenib or Trifluridine + tipiracil ± bevacizumab

*Other permutations and combinations are also recommended in NCCN guidelines.
†These examples are for *BRAF* and HER2 wild type, pMMR/MSS, and *NTRK* gene fusion negative disease, unless otherwise noted.
‡If *RAS* mutant.
§If *RAS* wild type.

IMPORTANT SAFETY INFORMATION (continued)

WARNINGS AND PRECAUTIONS (continued)

- **Gastrointestinal Perforation** occurred in patients treated with FRUZAQLA. In 911 patients with mCRC treated with FRUZAQLA, 1.3% experienced a Grade ≥3 gastrointestinal perforation, including one fatal event. Permanently discontinue FRUZAQLA in patients who develop gastrointestinal perforation or fistula.

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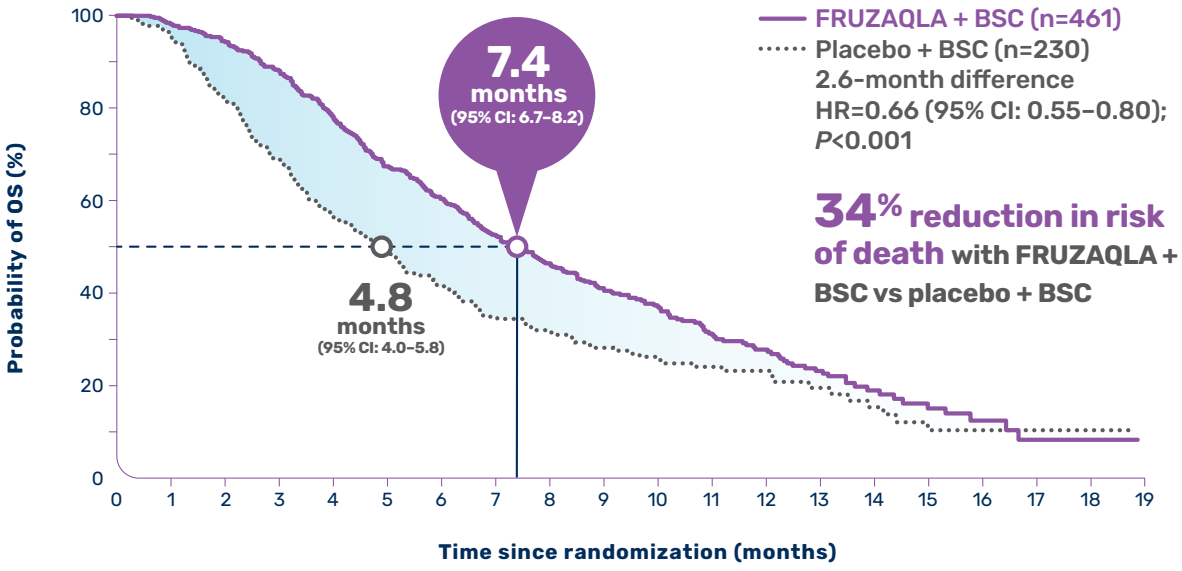
In a study of FRUZAQLA + BSC vs placebo + BSC in patients with previously treated mCRC

FRUZAQLA demonstrated significant overall survival benefit[1]

Nearly 3-month improvement in median OS

OS in patients with previously treated mCRC



Patients at risk

FRUZAQLA + BSC	461	449	429	395	349	297	266	224	184	143	113	79	58	41	23	14	7	4	4	0
Placebo + BSC	230	216	184	153	125	105	89	73	63	45	37	31	20	15	10	6	3	2	1	0

- Early and rapid separation of OS curve evident at Month 1

Study design: FRESCO-2 was a global, multicenter, randomized, double-blind, placebo-controlled study that enrolled 691 patients with mCRC who had disease progression during or after prior treatment with fluoropyrimidine-, oxaliplatin-, or irinotecan-based chemotherapy, an anti-VEGF biological therapy, and, if *RAS* wild type, an anti-EGFR biological therapy, and trifluridine-tipiracil, regorafenib, or both.* Patients were randomized 2:1 to receive either FRUZAQLA 5 mg orally once daily + BSC† (3 weeks on, 1 week off) (n=461) or placebo + BSC (3 weeks on, 1 week off) (n=230). Treatment continued until progression, death, or unacceptable toxicity. Primary efficacy outcome measure was overall survival. Secondary efficacy outcome measures were progression-free survival, objective response rate, disease control rate,‡ duration of response, safety, and quality of life.[1,4]

BSC=best supportive care; CI=confidence interval; HR=hazard ratio; mPFS=median progression-free survival; OS=overall survival.

*To prevent unintentional enrichment, the number of patients treated with previous regorafenib was limited to 50% of the total randomly assigned patients.[4]
†Best supportive care was determined by local clinical practice.[4]
‡Disease control was defined as the proportion of patients with a best overall response of confirmed complete response, partial response, or stable disease for ≥7 weeks.[4]

IMPORTANT SAFETY INFORMATION (continued)

WARNINGS AND PRECAUTIONS (continued)

- **Hepatotoxicity.** FRUZAQLA can cause liver injury. In 911 patients with mCRC treated with FRUZAQLA, 48% experienced increased ALT or AST, including Grade ≥3 events in 5%, and fatal events in 0.2% of patients. Monitor liver function tests (ALT, AST, and bilirubin) before initiation and periodically throughout treatment with FRUZAQLA. Temporarily hold and then reduce or permanently discontinue FRUZAQLA depending on the severity and persistence of hepatotoxicity as manifested by elevated liver function tests.

Please see additional Important Safety Information throughout, full Important Safety Information, and full Prescribing Information for FRUZAQLA.

FRUZAQLA more than doubled median progression-free survival and maintained stable disease[1,4]

3.7 months mPFS with FRUZAQLA + BSC

(95% CI: 3.5–3.8) vs **1.8 months** with placebo + BSC (95% CI: 1.8–1.9), a 1.9-month difference; **HR=0.32** (95% CI: 0.27–0.39); *P*<0.001

Disease control rate was stable for more than half of patients treated with FRUZAQLA + BSC‡

This study was not powered to show significance in disease control rate.

IMPORTANT SAFETY INFORMATION (continued)

WARNINGS AND PRECAUTIONS (continued)

- **Proteinuria.** FRUZAQLA can cause proteinuria. In 911 patients with mCRC treated with FRUZAQLA, 36% experienced proteinuria and 2.5% of patients experienced Grade ≥3 events. Monitor for proteinuria before initiation and periodically throughout treatment with FRUZAQLA. For proteinuria ≥2g/24 hours, withhold FRUZAQLA until improvement to ≤Grade 1 proteinuria and resume FRUZAQLA at a reduced dose. Discontinue FRUZAQLA in patients who develop nephrotic syndrome.

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In FRESCO-2, the majority of ARs were manageable and predictable[1,4,25]

ARs occurring in ≥10% of patients[1]

	FRUZAQLA + BSC (n=456)		Placebo + BSC (n=230)	
AR	**All grades (%)**	**Grades 3/4 (%)**	**All grades (%)**	**Grades 3/4 (%)**
Fatigue[a]	**53**	**12**	39	4.8
Hypertension[a]	**38**	**14**	9	0.9
Stomatitis[a]	**31**	**2.2**	7.8	0.4
Abdominal pain[a]	**25**	**3.5**	20	3
Diarrhea[a]	**24**	**3.7**	11	0
Hypothyroidism	**21**	**0.4**	0.4	0
Palmar-plantar erythrodysesthesia	**19**	**6**	2.6	0
Proteinuria[a]	**18**	**1.8**	5	0.9
Dysphonia[a]	**18**	**0**	5	0
Musculoskeletal pain[a]	**16**	**1.1**	7	0
Arthralgia	**11**	**0.9**	4.3	0

[a]Represents a composite of multiple related terms.

- Predictable refers to ARs consistent with inhibition of VEGF and VEGFR[25]*
- Serious ARs occurred in 38% of patients treated with FRUZAQLA + BSC. Serious ARs in ≥2% of patients treated with FRUZAQLA + BSC included hemorrhage (2.2%) and gastrointestinal perforation (2.0%)[1]
- Fatal ARs occurred in 14 (3.1%) patients treated with FRUZAQLA + BSC. Fatal ARs occurring in ≥2 patients treated with FRUZAQLA + BSC included pneumonia (n=3), sepsis/septic shock (n=2), and hepatic failure/encephalopathy (n=2)[1]

Low rate of myelosuppression[26]

Hematologic abnormalities of grade 3/4 in >2% of patients:

- Anemia: 0.9% with FRUZAQLA + BSC vs 3.2% with placebo + BSC
- Decreased lymphocyte count: 5.6% with FRUZAQLA + BSC vs 4.6% with placebo + BSC

AR=adverse reaction; NCI CTCAE=National Cancer Institute Common Terminology Criteria for Adverse Events.

*Despite predictability, individual patient experiences may vary.

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FRUZAQLA had low Grade 3/4 laboratory abnormalities[1]

Select laboratory abnormalities worsening from baseline and occurring in ≥20% of patients[a,b]

	FRUZAQLA + BSC (n=456)		Placebo + BSC (n=230)	
Laboratory abnormality	**All grades (%)**	**Grades 3/4 (%)**	**All grades (%)**	**Grades 3/4 (%)**
Triglycerides increased	**53**	**2.8**	22	1.0
Cholesterol increased	**37**	**1.9**	22	1.9
Aspartate aminotransferase increased	**36**	**4.3**	24	1.9
Albumin decreased	**35**	**1.6**	32	1.4
Sodium decreased	**35**	**1.1**	27	0.9
Alanine aminotransferase increased	**34**	**5**	22	1.4
Bilirubin increased	**30**	**7**	21	8
Lymphocytes decreased	**30**	**6**	32	4.7
Platelets decreased	**30**	**0.2**	4.7	0
Activated partial thromboplastin time increased	**21**	**2.7**	18	1.5
Alkaline phosphatase increased	**20**	**1.6**	27	0.5
Magnesium decreased	**20**	**0.5**	10	0.5

[a]Graded according to NCI CTCAE version 5.0.
[b]Each test incidence is based on the number of patients who had both baseline and at least one on-study laboratory measurement available: FRUZAQLA (range: 409–444) and placebo (range: 195–216).

Manageable safety profile with FRUZAQLA[1,4]

Dose interruptions or reductions due to ARs

- Dose interruptions: 47% with FRUZAQLA + BSC vs 27% with placebo + BSC
- Dose reductions: 24% with FRUZAQLA + BSC vs 4% with placebo + BSC

Low rate of discontinuations due to ARs

- 20% with FRUZAQLA + BSC vs 21% for placebo + BSC

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Patients reported preserved QoL* across certain measures vs placebo[27]

Patients treated with FRUZAQLA experienced delayed or maintained time to deterioration vs placebo in FRESCO-2

*Quality of life (QoL) refers to TTD.

Based on predefined MIDs for QLQ-C30 global health status, QLQ-C30 subscales, and EQ-5D-5L, the median TTD and the corresponding HR for all scales and subscales showed a trend favoring FRUZAQLA. QoL outcomes shown below measured TTD and were analyzed using Kaplan-Meier method, stratified log-rank test, and stratified Cox PH model

	Median TTD (months)		HR (95% CI)
	FRUZAQLA	Placebo	
Delayed TTD subscales vs placebo			
EQ-5D-5L VAS	**2.6**	1.9	0.8 (0.60–0.90)
EQ-5D-5L index scores	**3.0**	1.9	0.8 (0.70–1.00)
GHS QLQ-C30	**2.1**	1.8	0.9 (0.70–1.00)
Emotional functioning	**4.1**	2.8	0.8 (0.70–1.00)
Social functioning	**3.2**	2.3	0.9 (0.80–1.10)
Fatigue	**1.9**	1.8	0.8 (0.70–1.00)
Nausea/vomiting	**4.5**	3.1	0.8 (0.70–1.00)
Dyspnea	**4.3**	2.2	0.7 (0.60–0.90)
Insomnia	**3.9**	2.2	0.8 (0.70–0.90)
Appetite loss	**3.4**	2.5	0.9 (0.80–1.10)
Constipation	**4.6**	3.1	0.8 (0.70–1.00)
Financial difficulty	**5.4**	3.3	0.8 (0.60–0.90)
Maintained TTD subscales vs placebo			
Physical functioning	**2.8**	2.1	1.0 (0.80–1.20)
Role functioning	**2.5**	2.0	1.0 (0.80–1.10)
Cognitive functioning	**3.0**	2.6	1.0 (0.80–1.20)
Pain	**2.2**	2.0	1.0 (0.80–1.20)
Diarrhea	**4.3**	3.7	1.0 (0.80–1.20)

FAVORS FRUZAQLA ← → FAVORS PLACEBO

This study was not powered to show significance in QoL.

GHS=global health status; MID=minimally important difference; PH=proportional hazard; QLQ=quality of life questionnaire; TTD=time to deterioration.

IMPORTANT SAFETY INFORMATION (continued)

WARNINGS AND PRECAUTIONS (continued)

- **Palmar-Plantar Erythrodysesthesia (PPE)** occurred in 35% of 911 patients treated with FRUZAQLA, including 8% with Grade 3 events. Based on severity of PPE, withhold FRUZAQLA and then resume at the same or reduced dose.

Please see additional Important Safety Information throughout, full Important Safety Information, and full Prescribing Information for FRUZAQLA.

Convenient, once-daily oral dosing with FRUZAQLA[1]

Simple once-daily treatment

The recommended dosage of FRUZAQLA is 5 mg (one capsule) taken orally once daily for the first 21 days followed by 7 days off treatment for each 28-day cycle.

With or without food

Capsules (5 mg and 1 mg) should be swallowed whole.

About the same time each day

Patients should take a missed dose if <12 hours have passed since the missed scheduled dose. Patients should not take 2 doses on the same day to make up for a missed dose.

Clear dose reductions can help manage ARs

Recommended dose reductions

Dose level	FRUZAQLA dosage
Recommended dose	5 mg orally once daily
First dose reduction	4 mg orally once daily
Second dose reduction	3 mg orally once daily

Permanently discontinue FRUZAQLA in patients unable to tolerate 3 mg orally once daily

No dose adjustments required for:

Mild hepatic impairment

Mild, moderate, or severe renal impairment

IMPORTANT SAFETY INFORMATION (continued)

WARNINGS AND PRECAUTIONS (continued)

- **Posterior Reversible Encephalopathy Syndrome (PRES),** a syndrome of subcortical vasogenic edema diagnosed by characteristic finding on MRI, occurred in one of 911 patients treated with FRUZAQLA. Perform an evaluation for PRES in any patient presenting with seizures, headache, visual disturbances, confusion, or altered mental function. Discontinue FRUZAQLA in patients who develop PRES.

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Important Safety Information

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

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- **Gastrointestinal Perforation** occurred in patients treated with FRUZAQLA. In 911 patients with mCRC treated with FRUZAQLA, 1.3% experienced a Grade ≥3 gastrointestinal perforation, including one fatal event. Permanently discontinue FRUZAQLA in patients who develop gastrointestinal perforation or fistula.
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- **Palmar-Plantar Erythrodysesthesia (PPE)** occurred in 35% of 911 patients treated with FRUZAQLA, including 8% with Grade 3 events. Based on severity of PPE, withhold FRUZAQLA and then resume at the same or reduced dose.
- **Posterior Reversible Encephalopathy Syndrome (PRES),** a syndrome of subcortical vasogenic edema diagnosed by characteristic finding on MRI, occurred in one of 911 patients treated with FRUZAQLA. Perform an evaluation for PRES in any patient presenting with seizures, headache, visual disturbances, confusion, or altered mental function. Discontinue FRUZAQLA in patients who develop PRES.

IMPORTANT SAFETY INFORMATION (continued)

WARNINGS AND PRECAUTIONS (continued)

- **Impaired Wound Healing.** In 911 patients with mCRC treated with FRUZAQLA, 1 patient experienced a Grade 2 event of wound dehiscence. Do not administer FRUZAQLA for at least 2 weeks prior to major surgery. Do not administer FRUZAQLA for at least 2 weeks after major surgery and until adequate wound healing. The safety of resumption of FRUZAQLA after resolution of wound healing complications has not been established.
- **Arterial Thromboembolic Events.** In 911 patients with mCRC treated with FRUZAQLA, 0.8% of patients experienced an arterial thromboembolic event. Initiation of FRUZAQLA in patients with a recent history of thromboembolic events should be carefully considered. In patients who develop arterial thromboembolism, discontinue FRUZAQLA.
- **Allergic Reactions to FD&C Yellow No. 5 (Tartrazine) and No. 6 (Sunset Yellow FCF).** FRUZAQLA 1 mg capsules contain FD&C Yellow No. 5 (tartrazine), which may cause allergic-type reactions (including bronchial asthma) in certain susceptible persons. FRUZAQLA 1 mg contains FD&C Yellow No. 6 (sunset yellow FCF), which may cause allergic reactions.
- **Embryo-Fetal Toxicity.** Based on findings in animal studies and its mechanism of action, FRUZAQLA can cause fetal harm when administered to pregnant women. Advise pregnant women of the potential risk to a fetus.

ADVERSE REACTIONS

The most common adverse reactions (incidence ≥20%) following treatment with FRUZAQLA included hypertension, palmar-plantar erythrodysesthesia (hand-foot skin reactions), proteinuria, dysphonia, abdominal pain, diarrhea, and asthenia.

DRUG INTERACTIONS: Avoid concomitant administration of FRUZAQLA with strong or moderate CYP3A inducers.

USE IN SPECIFIC POPULATIONS

- **Lactation:** Advise women not to breastfeed during treatment with FRUZAQLA and for 2 weeks after the last dose.
- **Females and Males of Reproductive Potential**
  - **Pregnancy Testing:** Verify pregnancy status of females of reproductive potential prior to initiating FRUZAQLA.
  - **Contraception:** Females of childbearing potential and males with female partners of childbearing potential should use effective contraception during treatment and for 2 weeks after the last dose of FRUZAQLA.
  - **Infertility:** Advise females of reproductive potential that FRUZAQLA may cause post-implantation loss.

To report SUSPECTED ADVERSE REACTIONS, contact Takeda Pharmaceuticals at 1-844-662-8532 or the FDA at 1-800-FDA-1088 or **www.fda.gov/medwatch**.

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Choose FRUZAQLA—an oral, once-daily, targeted therapy that significantly improves survival while delaying or maintaining TTD vs placebo[1,19,27]

United States Veterans

~3 MOS OVERALL SURVIVAL

Improved survival[1]

7.4 months with FRUZAQLA + BSC (95% CI: 6.7-8.2) vs **4.8 months** with placebo + BSC (95% CI: 4.0–5.8) in FRESCO-2, a 2.6-month difference **HR=0.66** (95% CI: 0.55–0.80); *P*<0.001

Manageable safety profile[1,4]

20% discontinuation rate due to ARs with FRUZAQLA + BSC vs **21%** with placebo + BSC in FRESCO-2

Patients reported preserved QoL* across certain measures vs placebo[1,27†]

72.4% of patients reported a delayed or maintained time to worsening in global health status QLQ-C30 with FRUZAQLA + BSC vs **58.6%** with placebo + BSC in FRESCO-2 (maximum percentages)

*Quality of life (QoL) refers to TTD.

†This study was not powered to show significance in QoL.

Visit FRUZAQLAhcp.com to explore more efficacy and safety data

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IMPORTANT SAFETY INFORMATION (continued)

WARNINGS AND PRECAUTIONS (continued)

- **Impaired Wound Healing.** In 911 patients with mCRC treated with FRUZAQLA, 1 patient experienced a Grade 2 event of wound dehiscence. Do not administer FRUZAQLA for at least 2 weeks prior to major surgery. Do not administer FRUZAQLA for at least 2 weeks after major surgery and until adequate wound healing. The safety of resumption of FRUZAQLA after resolution of wound healing complications has not been established.

Please see additional Important Safety Information throughout, full Important Safety Information, and full Prescribing Information for FRUZAQLA.

Fruzaqla®
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