

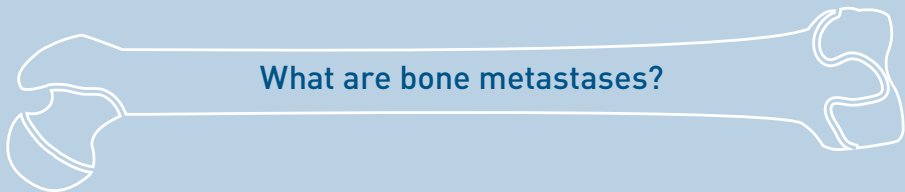


KEEPING YOUR BONES STRONG
AS YOU FIGHT YOUR CANCER



This brochure will help you understand bone metastases from solid tumors and serious bone problems,* and provide you with a treatment option for preventing serious bone problems after your cancer from a solid tumor has spread to your bones.

*Serious bone problems are defined as broken bones (fractures), the need for bone surgery, radiation treatments for bone pain, and pressure on the spinal cord.¹



What are bone metastases?

Bone metastases occur when cancer spreads to bones¹

Cancer cells can break away from the original tumor and spread to other parts of the body. When cancer cells settle in a new location and begin to grow, they are known as metastases.¹

Bone is one of the most common places for cancer to spread and begin to grow. These are called bone metastases.¹

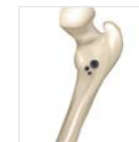


Notes and Questions For Your Next Visit

Bone metastases occur when cancer spreads to bones¹



1. Bone without metastases



2. Beginning of bone metastases



3. Bone with fully developed metastases

Bone metastases are **different** from bone cancer. Bone cancers start in the bone. They are less common than bone metastases.¹

Which types of cancer may spread to bones?

Cancer may spread to different parts of the body, but bone is a common site¹
Also, certain types of cancer are more likely to spread to the bone.¹



About **7 out of 10** men with **advanced metastatic prostate cancer** develop bone metastases²



About **7 out of 10** women with **advanced metastatic breast cancer** develop bone metastases²

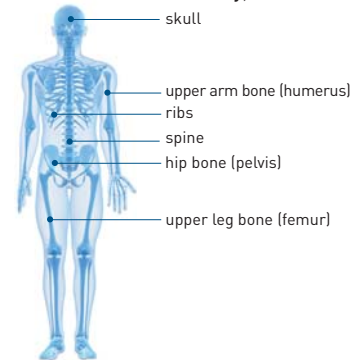


About **4 out of 10** patients with **advanced metastatic lung cancer** develop bone metastases²

Bone metastases are also known to occur with thyroid and kidney cancers.¹

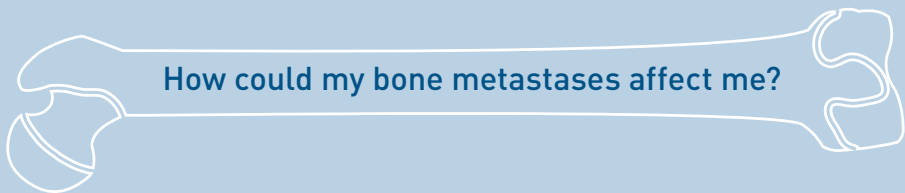
Notes and Questions For Your Next Visit

Bone metastases most often occur in bones near the center of the body, such as the¹:



*Serious bone problems are defined as broken bones (fractures), the need for bone surgery, radiation treatments for bone pain, and pressure on the spinal cord.¹

YOU ARE NOT ALONE—BONE METASTASES ARE COMMON.² TOGETHER, YOU AND YOUR DOCTOR CAN HELP PREVENT SERIOUS BONE PROBLEMS* FROM BONE METASTASES



How could my bone metastases affect me?

Bone metastases may lead to bone breakdown and serious bone problems^{1*}

The body constantly remakes bones to keep them strong.¹ Your body has cells that break down old bone, while other cells build bone back up. As cancer cells grow in the bone, they interrupt the activity of these cells and weaken the bone, which can lead to serious bone problems, including¹:

- Broken bones (fractures)
- Need for surgery to prevent or repair broken bones
- Need for radiation treatments to the bone
- Pressure on the spinal cord (spinal cord compression)

*Serious bone problems are defined as broken bones (fractures), the need for bone surgery, radiation treatments for bone pain, and pressure on the spinal cord.¹

Notes and Questions For Your Next Visit

Bone metastases can lead to serious bone problems, including¹:



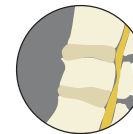
Broken bones (fractures)



Surgery to bone



Radiation to bone



Spinal cord compression

IT IS IMPORTANT TO PROTECT YOUR BONES NOW TO HELP PREVENT SERIOUS BONE PROBLEMS LATER^{1,3}



What are some common symptoms of serious bone problems?*

Worsening or new pain may be a sign of serious bone problems¹

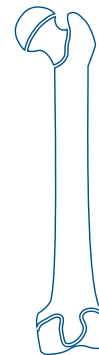
Bone pain is a common symptom of bone metastases. If this pain worsens or spreads to a different area of bone, it may be a sign of serious bone problems.

*Serious bone problems are defined as broken bones (fractures), the need for bone surgery, radiation treatments for bone pain, and pressure on the spinal cord.¹



Notes and Questions For Your Next Visit

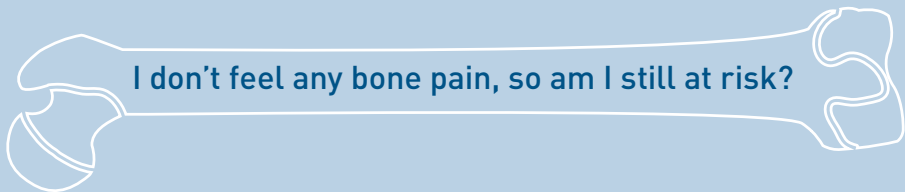
Common signs and symptoms of serious bone problems¹



- Sudden, severe pain
- Pain that prevents you from moving
- Pain in your back or neck
- Difficulty urinating
- Constipation
- Lack of bowel or bladder control
- Numbness
- Weakness
- Paralysis

This is a list of common signs and symptoms related to serious bone problems. Other signs and symptoms may occur.

ALWAYS TALK TO YOUR DOCTOR ABOUT ANY NEW PAIN OR OTHER SYMPTOMS YOU MAY BE EXPERIENCING¹



I don't feel any bone pain, so am I still at risk?

Bone metastases put you at risk for serious bone problems^{3*}

Not everyone will have pain as an indicator that they have a serious bone problem. For example, a small study in men with prostate cancer with bone metastases found that pain was not reported in about 1/2 of the patients who ultimately experienced a serious bone problem.³

*Serious bone problems are defined as broken bones (fractures), the need for bone surgery, radiation treatments for bone pain, and pressure on the spinal cord.¹



Notes and Questions For Your Next Visit



**CHOOSE A MEDICINE THAT
PROTECTS YOUR BONES TO
HELP PREVENT SERIOUS
BONE PROBLEMS**



How can I protect myself from serious bone problems?*

There are specific kinds of medicines that can help keep your bones strong¹

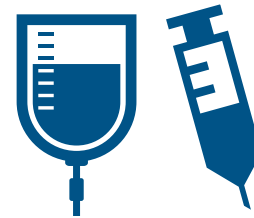
Bone metastases can lead to an increased risk of serious bone problems. There are treatments that can strengthen your bones and help prevent serious bone problems. You may need to add a medicine that helps prevent serious bone problems to your current therapy.¹

Sometimes calcium and vitamin D supplements are recommended along with these bone-targeting medicines. Calcium and vitamin D supplements can help prevent low calcium levels in the blood, which can occur with these medications.¹

*Serious bone problems are defined as broken bones (fractures), the need for bone surgery, radiation treatments for bone pain, and pressure on the spinal cord.¹

Notes and Questions For Your Next Visit

Some bone-targeting medicines require an IV infusion, while others are delivered as a shot under the skin¹



TAKING A MEDICINE TO HELP PREVENT SERIOUS BONE PROBLEMS CAN HELP KEEP YOUR BONES STRONG TO HELP AVOID SERIOUS BONE PROBLEMS WHILE YOU FIGHT YOUR CANCER¹



Do I require a bone-targeting medicine?

If your cancer from a solid tumor has spread to your bones, it is important to prevent serious bone problems* before they happen^{1,3}

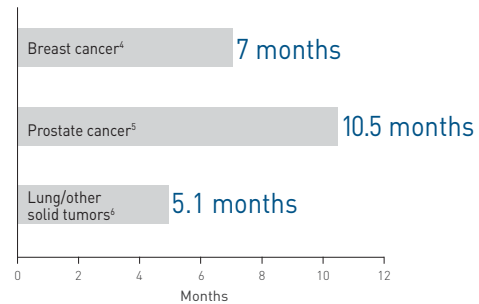
Serious bone problems often occur quickly—within 1 year of being diagnosed with bone metastases.⁴⁻⁶ Research shows that serious bone problems happen before most patients start taking a bone-targeting medicine.⁷

56% of patients experienced a serious bone problem before receiving a bone-targeting medicine⁷

*Serious bone problems are defined as broken bones (fractures), the need for bone surgery, radiation treatments for bone pain, and pressure on the spinal cord.¹

Notes and Questions For Your Next Visit

Median time[†] to first serious bone problem in patients with bone mets not using a bone-targeting medicine

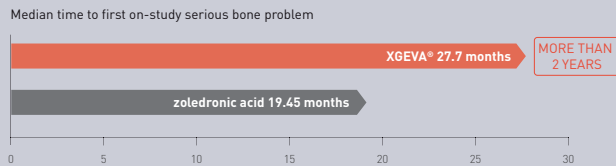


[†]Median time refers to the number of months it took 1/2 of the total number of people studied to have a serious bone problem.

NOW THAT YOU HAVE BEEN DIAGNOSED WITH BONE METASTASES, TALK WITH YOUR DOCTOR AS SOON AS POSSIBLE ABOUT A TREATMENT PLAN TO PREVENT SERIOUS BONE PROBLEMS

XGEVA® may be the right option for you

Studies show that XGEVA® provides longer protection from serious bone problems* than another commonly used bone-targeting medicine, zoledronic acid[§]



XGEVA® is not indicated for the prevention of serious bone problems in patients with multiple myeloma.[¶]

Indication

XGEVA® is a prescription medicine used to prevent fracture, spinal cord compression, or the need for radiation or surgery to bone in patients with multiple myeloma and in patients with bone metastases from solid tumors.[¶]

Please see additional Important Safety Information on pages 22-25 of this brochure.



Notes and Questions
For Your Next Visit

In a study of 2,046 people with breast cancer, XGEVA® was shown to be better than zoledronic acid in preventing serious bone problems.[¶]

In a study of 1,901 men with prostate cancer, XGEVA® was shown to be better than zoledronic acid in preventing serious bone problems.[¶]

In a study of 1,776 people with other solid tumors,[†] or multiple myeloma, XGEVA® was no worse than zoledronic acid in lowering the chance of serious bone problems.[¶]

*Serious bone problems are defined as broken bones (fractures), the need for bone surgery, radiation treatments for bone pain, and pressure on the spinal cord.¹

[†]Excluding breast and prostate cancer.[¶]

Important Safety Information

Do not take XGEVA® if you have low blood calcium (hypocalcemia) or are allergic to denosumab or any of its ingredients. XGEVA® can significantly lower the calcium levels in your blood and some deaths have been reported. Severe jaw bone problems and unusual thigh bone fracture have been reported. Patients with Giant Cell Tumor of Bone and patients with bones that are not fully matured may develop high blood calcium levels after they stop taking XGEVA®, that can be serious. The risk of broken bones in the spine may increase after stopping XGEVA®. You should not become pregnant while taking XGEVA® because XGEVA® can harm your unborn baby.

XGEVA®
(denosumab) injection

XGEVA® may be the right option for you

How does XGEVA® work?

XGEVA® works by blocking the signals to the cells that break down bone, effectively slowing the breakdown process and helping to prevent serious bone problems.⁹

XGEVA® is a prescription bone medicine⁹:

- Used to prevent serious bone problems*
- Given by your doctor as a single shot under the skin every 4 weeks
- Calcium and vitamin D should be taken as prescribed by your doctor while you take XGEVA®

*Serious bone problems are defined as broken bones (fractures), the need for bone surgery, radiation treatments for bone pain, and pressure on the spinal cord.¹

Indication

XGEVA® is a prescription medicine used to prevent fracture, spinal cord compression, or the need for radiation or surgery to bone in patients with multiple myeloma and in patients with bone metastases from solid tumors.⁷

Please see additional Important Safety Information on pages 22-25 of this brochure.

18

XGEVA® is a convenient injection given under the skin once every 4 weeks in your doctor's office⁹



Important Safety Information

Do not take XGEVA® if you have low blood calcium (hypocalcemia) or are allergic to denosumab or any of its ingredients. XGEVA® can significantly lower the calcium levels in your blood and some deaths have been reported. Severe jaw bone problems and unusual thigh bone fracture have been reported. Patients with Giant Cell Tumor of Bone and patients with bones that are not fully matured may develop high blood calcium levels after they stop taking XGEVA®, that can be serious. The risk of broken bones in the spine may increase after stopping XGEVA®. You should not become pregnant while taking XGEVA® because XGEVA® can harm your unborn baby.

XGEVA®
(denosumab) injection

19



Notes and Questions For Your Next Visit

**TALK TO YOUR DOCTOR ABOUT HOW XGEVA®
CAN PREVENT SERIOUS BONE PROBLEMS,¹
AND ASK IF IT IS RIGHT FOR YOU**

ACCESS TO XGEVA®

The XGEVA FIRST STEP™ Program is a co-pay coupon program for eligible* patients with commercial (private) insurance

If you and your doctor decide that XGEVA® is right for you, the XGEVA FIRST STEP™ Program can help you pay for your prescription.

- No income eligibility requirements*
- \$25 out-of-pocket per dose
- Up to \$5,000 per 6-month period*
- Program covers out-of-pocket XGEVA® medicine costs only
 - Program does not cover office visit, physician, staff, or administrative charges associated with administering XGEVA®
- Contact the XGEVA FIRST STEP™ Program at 1-888-65-STEP1 or AmgenFIRSTSTEP.com for full program eligibility requirements

For patients with Medicare and Medicaid

- Patients may be eligible for financial assistance from independent co-pay foundations

For uninsured patients

- Patients may qualify to receive XGEVA® at no cost from The Safety Net Foundation

- Must have private commercial health insurance that covers medication costs for XGEVA® (denosumab) under a medical benefit plan
- May not be a participant in any federal, state, or government-funded healthcare program such as Medicare, Medicare Advantage, Medicare Part D, Medicaid, Medigap, Veterans Affairs (VA), the Department of Defense (DoD), or TriCare
- Program invalid where otherwise prohibited by law

*Total program benefits \$5,000 per patient per 6-month calendar period. Patient is responsible for costs above this amount. Patients may not seek reimbursement for value received from the XGEVA FIRST STEP™ Program from any third-party payers, including a flexible spending account or healthcare savings accounts. If at any time patients begin receiving coverage under any federal, state, or government-funded healthcare program, patients will no longer be eligible to participate in the Amgen FIRST STEP™ Program and must call 1-888-65-STEP1 (1-888-657-8371) Monday through Friday, 9 am-8 pm ET to stop participation. Restrictions may apply. Offer subject to change or discontinuation without notice. This is not health insurance. For a complete list of eligibility requirements, call 1-888-657-8371.

Notes and Questions For Your Next Visit

IMPORTANT SAFETY INFORMATION

Do not take XGEVA® if you have low blood calcium (hypocalcemia). Your low blood calcium must be treated before you receive XGEVA®. XGEVA® can significantly lower the calcium levels in your blood and some deaths have been reported. Take calcium and vitamin D as your doctor tells you to. Tell your doctor right away if you experience spasms, twitches, cramps, or stiffness in your muscles or numbness or tingling in your fingers, toes, or around your mouth.

Do not take XGEVA® if you are allergic to denosumab or any of the ingredients of XGEVA®. Serious allergic reactions have happened in people who take XGEVA®. Call your doctor or go to your nearest emergency room right away if you have any symptoms of a serious allergic reaction, including low blood pressure (hypotension); trouble breathing; throat tightness; swelling of the face, lips, or tongue, rash; itching; or hives.

What is the most important information you should know about XGEVA®?

Do not take XGEVA® if you take Prolia. XGEVA® contains the same medicine as Prolia® (denosumab).

Severe jaw bone problems (osteonecrosis)

Severe jaw bone problems may happen when you take XGEVA®. Your doctor should examine your mouth before you start, and while you are taking XGEVA®. Tell your dentist that you are taking XGEVA®. It is important for you to practice good mouth care during treatment with XGEVA®. In studies of patients with bone involvement, the rate of severe jaw problems was higher the longer they were being treated with XGEVA®.

Unusual thigh bone fracture

Unusual thigh bone fracture has been reported. Symptoms of a fracture include new or unusual pain in your hip, groin, or thigh.

Risk of high calcium levels in patients with Giant Cell Tumor of Bone and in patients who are still growing

Patients with a type of cancer called Giant Cell Tumor of Bone and patients with bones that are not fully matured are at a greater risk to develop high blood calcium levels after they stop taking XGEVA®, that can be serious.

Increased risk of broken bones in the spine after discontinuing XGEVA®

After your treatment with XGEVA® is stopped, your risk for breaking bones in your spine can increase, especially if you have a history of risk factors such as osteoporosis or prior fractures.

Possible harm to your unborn baby

You should not become pregnant while taking XGEVA®. Tell your doctor right away if you are pregnant, plan to become pregnant, or suspect you are pregnant. XGEVA® can harm your unborn baby.

IMPORTANT SAFETY INFORMATION (continued)

Tell your doctor if you:

- Are taking a medicine called Prolia® (denosumab) because it contains the same medicine as XGEVA®
- Have symptoms of low blood calcium such as muscle stiffness or cramps
- Have symptoms of severe jaw bone problems such as pain or numbness
- Have ongoing pain or slow healing after dental surgery
- Have symptoms of high blood calcium such as nausea, vomiting, headache, and decreased alertness
- Are pregnant, plan to become pregnant, suspect you are pregnant, or breastfeeding

While taking XGEVA®, you should:

- Tell your doctor about all medications you are taking. Your doctor needs to know if you are taking other medications that also lower blood calcium levels.
- Take good care of your teeth and gums and visit a dentist as recommended
- Tell your dentist that you are taking XGEVA®
- Tell your doctor if you plan to have dental surgery or teeth removed
- Talk to your doctor before you stop taking XGEVA® about your risk for broken bones in your spine.
- Women of child bearing age should use highly effective contraception while taking XGEVA® and for at least 5 months after the last dose of XGEVA®

What are the possible side effects of XGEVA®?

In patients with bone metastases from solid tumors using XGEVA®, the most common side effects were tiredness/weakness, low phosphate levels in your blood, and nausea. The most common serious side effect of XGEVA® was shortness of breath.

In multiple myeloma patients receiving XGEVA®, the most common side effects were diarrhea, nausea, low red blood cells, low blood platelets and calcium levels, back pain, swelling of the lower legs or hands, upper respiratory tract infection, rash, and headache. The most common serious adverse reaction in multiple myeloma patients was pneumonia.

These are not all the possible side effects of XGEVA®. For more information, ask your doctor or pharmacist.

Call your doctor for medical advice about 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-FDA1088.

Please see accompanying Full Prescribing Information.

References: 1. American Cancer Society. Bone metastasis. American Cancer Society Web site. <http://www.cancer.org/facs/groups/cid/documents/webcontent/000087.pdf>. Revised February 17, 2014. Accessed June 1, 2015. 2. Coleman RE. Clinical features of metastatic bone disease and risk of skeletal morbidity. *Clin Cancer Res*. 2006;12(suppl 20):6243s-6249s. 3. Saad F, Eastham J. Zoledronic acid improves clinical outcomes when administered before onset of bone pain in patients with prostate cancer. *Urology*. 2010;76(5):1175-1181. 4. Lipton A, Theriault RL, Hortobagyi GN, et al. Pamidronate prevents skeletal complications and is effective palliative treatment in women with breast carcinoma and osteolytic bone metastases: long term follow-up of two randomized, placebo-controlled trials. *Cancer*. 2000;88(5):1082-1090. 5. Saad F, Gleason DM, Murray R, et al; for the Zoledronic Acid Prostate Cancer Study Group. A randomized, placebo-controlled trial of zoledronic acid in patients with hormone-refractory metastatic prostate carcinoma. *J Natl Cancer Inst*. 2002;94(19):1458-1468. 6. Rosen LS, Gordon D, Tchekmedyian NS, et al; on behalf of the Zoledronic Acid Lung Cancer and Other Solid Tumors Study Group. Long-term efficacy and safety of zoledronic acid in the treatment of skeletal metastases in patients with nonsmall cell lung carcinoma and other solid tumors: a randomized, phase III, double-blind, placebo-controlled trial. *Cancer*. 2004;100(12):2613-2621. 7. Data on file, Amgen. 8. Lipton A, Fizazi K, Stopeck AT, et al. Superiority of denosumab to zoledronic acid for prevention of skeletal-related events: a combined analysis of 3 pivotal, randomised, phase 3 trials. *Eur J Cancer*. 2012;48(16):3082-3092. 9. XGEVA® (denosumab) prescribing information, Amgen.



Amgen Inc.
One Amgen Center Drive
Thousand Oaks, CA 91320-1799
www.amgen.com

©2020 Amgen Inc.

All rights reserved.

USA-162X-80649

03-20

XGEVA[®]
(denosumab) injection