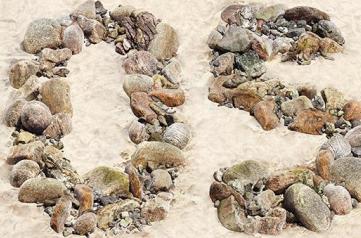


For adult patients who have received oxaliplatin- and irinotecan-based regimens

# Reimagine Survival



**The first and only novel targeted therapy approved for mCRC, regardless of mutation status, in more than a decade<sup>1-5</sup>**

In FRESCO-2, FRUZAQLA® (fruquintinib) + BSC significantly improved overall survival vs placebo + BSC (7.4 vs 4.8 months, a 2.6-month difference); HR=0.66 (95% CI: 0.55-0.80);  $P<0.001^1$

**NCCN  
RECOMMENDS**

Fruquintinib (FRUZAQLA®) is a National Comprehensive Cancer Network® (NCCN®) Category 2A potential treatment option for patients with previously treated mCRC, regardless of mutation status<sup>6,7\*</sup>

BSC=best supportive care; CI=confidence interval; HR=hazard ratio.

## INDICATION

FRUZAQLA is indicated for the treatment of 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, 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.



UNMET  
NEED/MOA

FRESCO-2

EFFICACY:  
OS

EFFICACY:  
PFS

SAFETY

FRESCO

EFFICACY:  
OS

EFFICACY:  
PFS

SAFETY

QOL/  
DOSING

ASSIST/  
ISI

ISI/  
REFERENCES

# New treatments that extend survival while preserving QoL are needed to reduce mortality rates in mCRC<sup>8-10</sup>

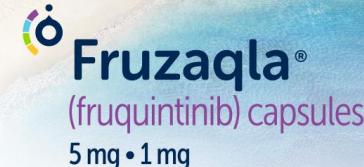
CRC can be deadly, with low survival rates for patients with metastatic disease

≤70%

of patients with CRC will experience metastatic disease, whether at diagnosis or over the course of treatment<sup>8</sup>

~15%

5-year relative survival rate for patients with distant mCRC<sup>10</sup>



Please see additional Important Safety Information throughout, full [Important Safety Information](#), and full [Prescribing Information](#) for FRUZAQLA.

Treatment of CRC can be intense and negatively impact QoL<sup>11</sup>

The symptomatology of CRC and cytotoxic agent treatment-related side effects can substantially impact patients' well-being

- Fatigue, insomnia, and/or psychological challenges can all affect emotional, social, physical, and functional status



Novel therapies that consider the delicate balance of efficacy, tolerability, and quality of life are desperately needed

AGC=protein kinase A, G, and C families; CAMK=calcium/calmodulin-dependent protein kinases; CK1=casein kinase 1; CMGC=cyclin-dependent kinase, mitogen-activated protein kinase, glycogen synthase kinase, and cyclin-dependent-like kinase; CRC=colorectal cancer; IC=inhibitory concentration; QoL=quality of life; 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.



UNMET NEED/MOA

FRESCO-2

EFFICACY: OS

EFFICACY: PFS

SAFETY

FRESCO

EFFICACY: OS

EFFICACY: PFS

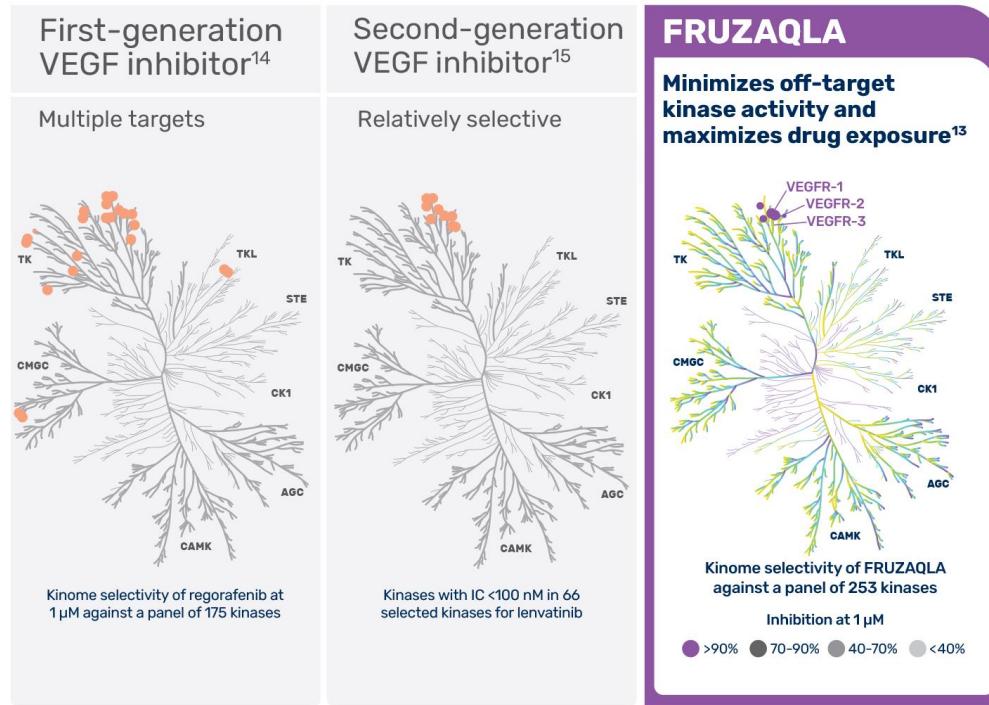
SAFETY

QoL/ DOSING

ASSIST/ ISI

ISI/ REFERENCES

# FRUZAQLA is a novel, selective inhibitor of all 3 VEGF receptors<sup>1,12,13</sup>



FRUZAQLA is a non-chemotherapy that limits off-target kinase activity, allowing for high drug exposure and sustained target inhibition<sup>13</sup>

- Restricts tumor growth and progression (VEGFR-1 and VEGFR-2)<sup>13,16</sup>
- Potential to inhibit lymphangiogenesis (VEGFR-3)<sup>13,17</sup>

Preclinical activity does not necessarily correlate with clinical outcomes.

## 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  $\geq 3$  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.

Please see additional Important Safety Information throughout, full [Important Safety Information](#), and full [Prescribing Information](#) for FRUZAQLA.

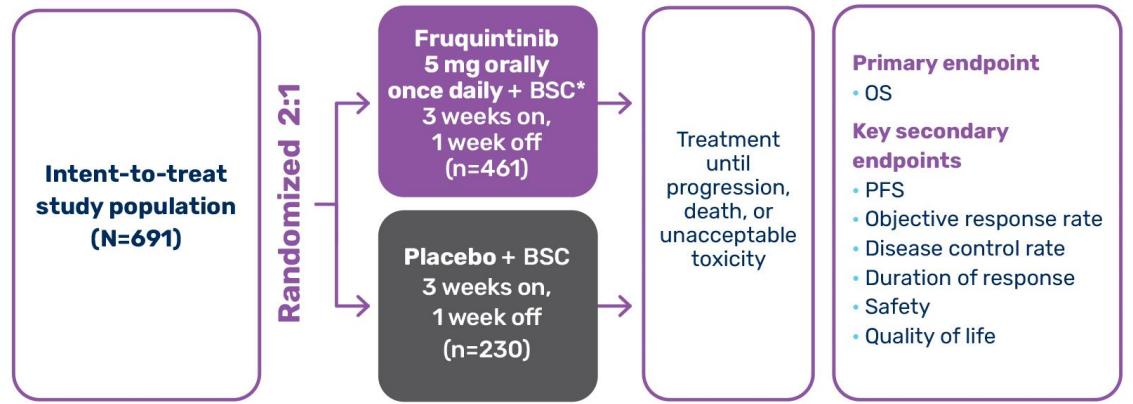


UNMET NEED/MOA	FRESCO-2	EFFICACY: OS	EFFICACY: PFS	SAFETY	FRESCO	EFFICACY: OS	EFFICACY: PFS	SAFETY	QOL/ DOSING	ASSIST/ ISI	ISI/ REFERENCES
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# FRESCO-2 was a global, randomized, double-blind, multicenter, phase 3 study<sup>1,4</sup>



## FRESCO-2 STUDY DESIGN<sup>1,4</sup>



### Inclusion criteria<sup>1</sup>

- ECOG PS 0-1
- 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
- Progression during or after prior treatment with trifluridine-tipiracil, regorafenib, or both

### Stratification<sup>4</sup>

- Prior therapy (trifluridine-tipiracil vs regorafenib vs trifluridine-tipiracil and regorafenib)<sup>†</sup>
- RAS mutational status (wild type vs mutant)
- Duration of metastatic disease (≤18 months vs >18 months)

ECOG PS=Eastern Cooperative Oncology Group performance status; EGFR=epidermal growth factor receptor; OS=overall survival; PFS=progression-free survival.

\*Best supportive care was determined by local clinical practice.<sup>4</sup>

<sup>†</sup>To prevent unintentional enrichment, the number of patients treated with previous regorafenib was limited to 50% of the total randomly assigned patients.<sup>4</sup>

## 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.

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



UNMET NEED/MOA

FRESCO-2

EFFICACY: OS

EFFICACY: PFS

SAFETY

FRESCO

EFFICACY: OS

EFFICACY: PFS

SAFETY

QOL/ DOSING

ASSIST/ ISI

ISI/ REFERENCES

# FRUZAQLA was studied in a robust clinical trial that included a heterogeneous patient population<sup>1,4</sup>



Characteristic		FRUZAQLA + BSC n=461 (%)	Placebo + BSC n=230 (%)
<b>Age</b>	Median (range) ≥65 years	64 (56–70) 214 (46)	64 (56–69) 111 (48)
<b>Sex</b>	Female Male	216 (47) 245 (53)	90 (39) 140 (61)
<b>Region</b>	North America Europe Japan Australia	82 (18) 329 (71) 40 (9) 10 (2)	42 (18) 166 (72) 16 (7) 6 (3)
<b>ECOG PS<sup>a</sup></b>	0 1	196 (43) 265 (57)	102 (44) 128 (56)
<b>Primary site at first diagnosis</b>	Colon left Colon right Colon left and right Colon unknown Rectum	192 (42) 97 (21) 4 (1) 25 (5) 143 (31)	92 (40) 53 (23) 2 (1) 13 (6) 70 (30)
<b>Liver metastases</b>	Yes No	339 (74) 122 (26)	156 (68) 74 (32)
<b>Duration of metastatic disease<sup>b</sup></b>	≤18 months >18 months	37 (8) 424 (92)	13 (6) 217 (94)
<b>RAS status</b>	Wild type Mutant	170 (37) 291 (63)	85 (37) 145 (63)
<b>BRAF V600E mutation</b>	No Yes Other/unknown	401 (87) 7 (2) 53 (11)	198 (86) 10 (4) 22 (10)
<b>Prior lines of therapy (metastatic disease)</b>	Median (range) ≤3 >3	4 (3–6) 125 (27) 336 (73)	4 (3–6) 64 (28) 166 (72)
<b>Prior therapies</b>	VEGF inhibitor EGFR inhibitor	445 (97) 180 (39)	221 (96) 88 (38)
<b>Prior trifluridine–tipiracil or regorafenib</b>	Trifluridine–tipiracil Regorafenib Both	240 (52) 40 (9) 181 (39)	121 (53) 18 (8) 91 (40)

<sup>a</sup>ECOG PS scores range from 0 to 5, with 0 indicating fully active and higher scores indicating greater disability.<sup>4</sup>

<sup>b</sup>Duration of metastatic disease=(date of randomization – date of diagnosis of metastatic disease)/30.4375.<sup>4</sup>

## 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.

Please see additional Important Safety Information throughout, full [Important Safety Information](#), and full [Prescribing Information](#) for FRUZAQLA.



UNMET  
NEED/MOA

FRESCO-2

EFFICACY:  
OS

EFFICACY:  
PFS

SAFETY

FRESCO

EFFICACY:  
OS

EFFICACY:  
PFS

SAFETY

QOL/  
DOSING

ASSIST/  
ISI

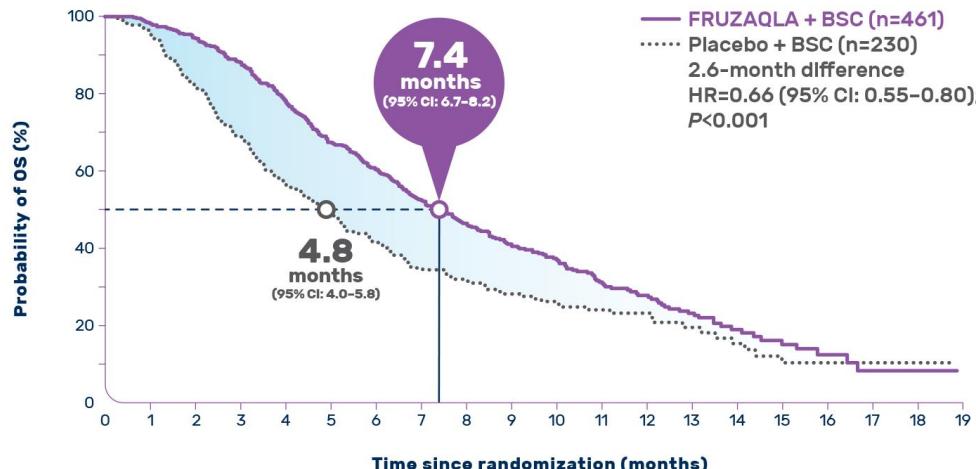
ISI/  
REFERENCES

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

# FRUZAQLA demonstrated significant overall survival benefit<sup>1</sup>

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



**34%** reduction in risk of death  
with FRUZAQLA + BSC vs placebo + BSC



#### 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  $\geq 3$  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.



UNMET NEED/MOA

FRESCO-2

EFFICACY: OS

EFFICACY: PFS

SAFETY

FRESCO

EFFICACY: OS

EFFICACY: PFS

SAFETY

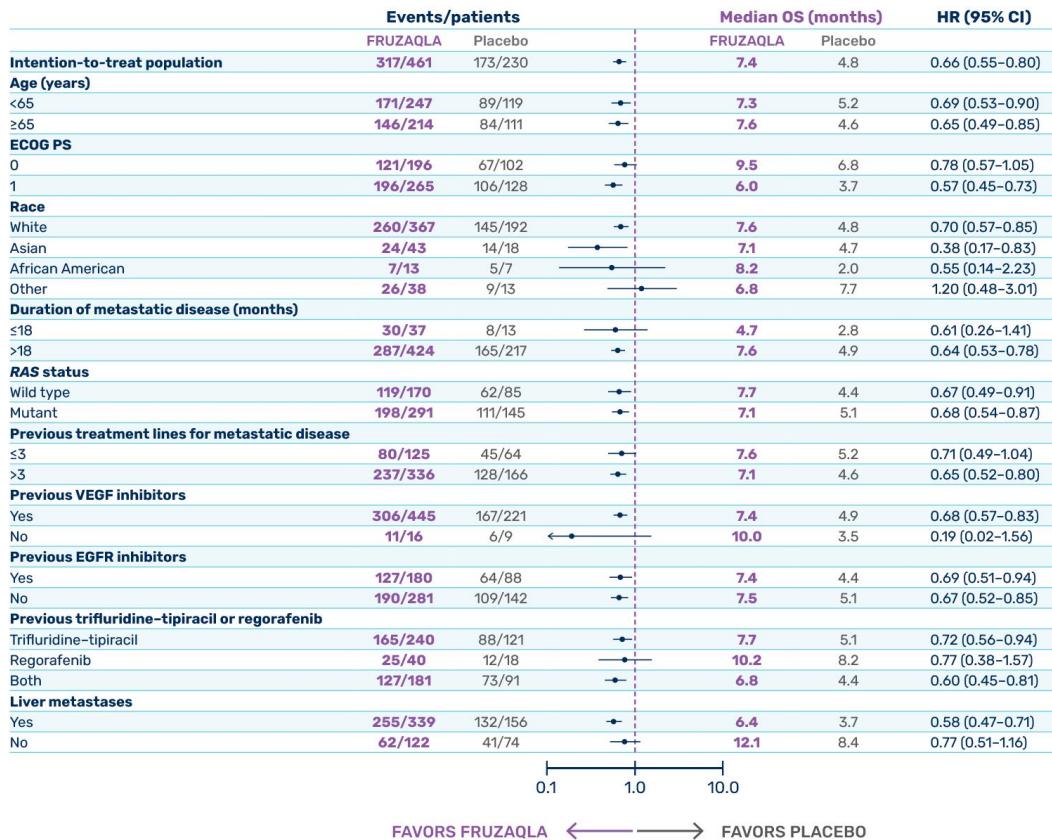
QOL/ DOSING

ASSIST/ ISI

ISI/ REFERENCES

# OS benefit was consistent across most prespecified subgroups<sup>4</sup>

Results seen regardless of duration of metastatic disease, RAS status, prior types of therapy, and presence of liver metastases



This study was not powered to show significance in OS across these specified groups.

## 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.

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

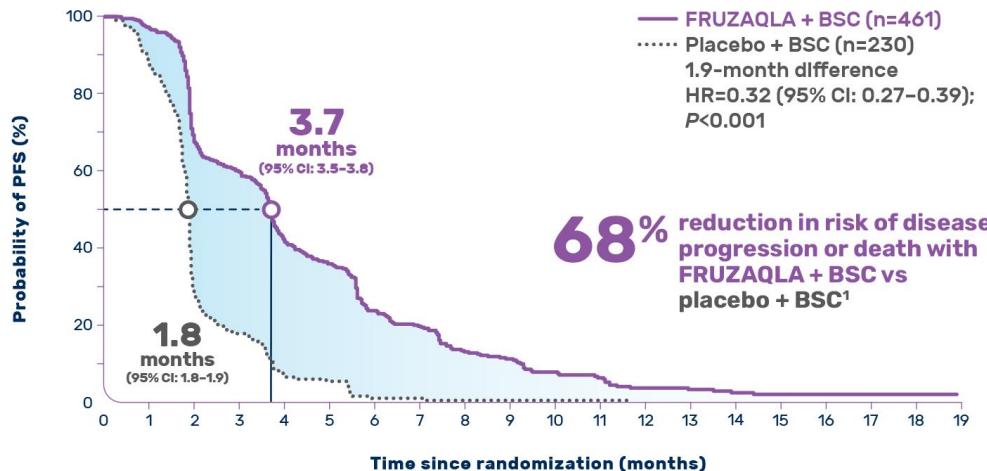


UNMET NEED/MOA	FRESCO-2	EFFICACY: OS	EFFICACY: PFS	SAFETY	FRESCO	EFFICACY: OS	EFFICACY: PFS	SAFETY	QOL/ DOSING	ASSIST/ ISI	ISI/ REFERENCES
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In a study of FRUZAQLA + BSC vs placebo + BSC in patients with previously treated mCRC

# FRUZAQLA more than doubled median progression-free survival<sup>1,4</sup>

PFS in patients with previously treated mCRC



## Patients at risk

FRUZAQLA + BSC	461	430	291	256	170	146	89	71	43	36	21	17	10	9	6	4	2	2	0
Placebo + BSC	230	194	60	36	12	10	2	2	1	1	1	1	0						

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

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

56% Disease control rate with FRUZAQLA + BSC

16% Disease control rate with placebo + BSC

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

\*Disease control was defined as the proportion of patients with a best overall response of confirmed complete response, partial response, or stable disease for  $\geq 7$  weeks.<sup>4</sup>



## 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.



UNMET NEED/MOA

FRESCO-2

EFFICACY: OS

EFFICACY: PFS

SAFETY

FRESCO

EFFICACY: OS

EFFICACY: PFS

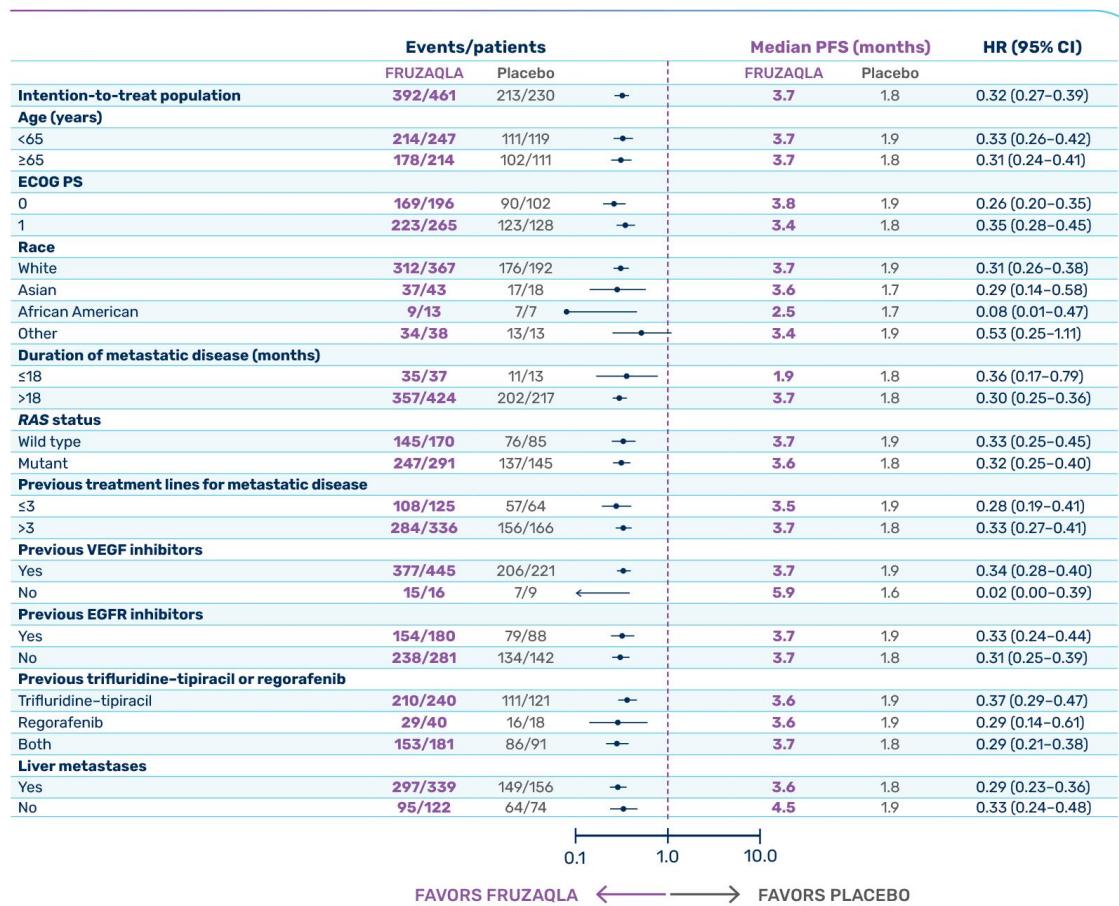
SAFETY

QOL/ DOSING

ASSIST/ ISI

ISI/ REFERENCES

# PFS benefit was consistent across most prespecified subgroups<sup>4</sup>



This study was not powered to show significance in PFS across these specified groups.

## 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.

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



UNMET NEED/MOA	FRESCO-2	EFFICACY: OS	EFFICACY: PFS	SAFETY	FRESCO	EFFICACY: OS	EFFICACY: PFS	SAFETY	QOL/ DOSING	ASSIST/ ISI	ISI/ REFERENCES
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# In FRESCO-2, the majority of ARs were manageable and predictable<sup>1,4,18</sup>

ARs occurring in  $\geq 10\%$  of patients<sup>1</sup>

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

<sup>a</sup>Represents a composite of multiple related terms.

Please see additional Important Safety Information throughout, full [Important Safety Information](#), and full [Prescribing Information](#) for FRUZAQLA.

- Predictable refers to ARs consistent with inhibition of VEGF and VEGFR<sup>18\*</sup>
- Serious ARs occurred in 38% of patients treated with FRUZAQLA + BSC. Serious ARs in  $\geq 2\%$  of patients treated with FRUZAQLA + BSC included hemorrhage (2.2%) and gastrointestinal perforation (2.0%)<sup>1</sup>
- Fatal ARs occurred in 14 (3.1%) patients treated with FRUZAQLA + BSC. Fatal ARs occurring in  $\geq 2$  patients treated with FRUZAQLA + BSC include pneumonia (n=3), sepsis/septic shock (n=2), and hepatic failure/encephalopathy (n=2)<sup>1</sup>



# FRUZAQLA had low Grade 3/4 laboratory abnormalities<sup>1</sup>

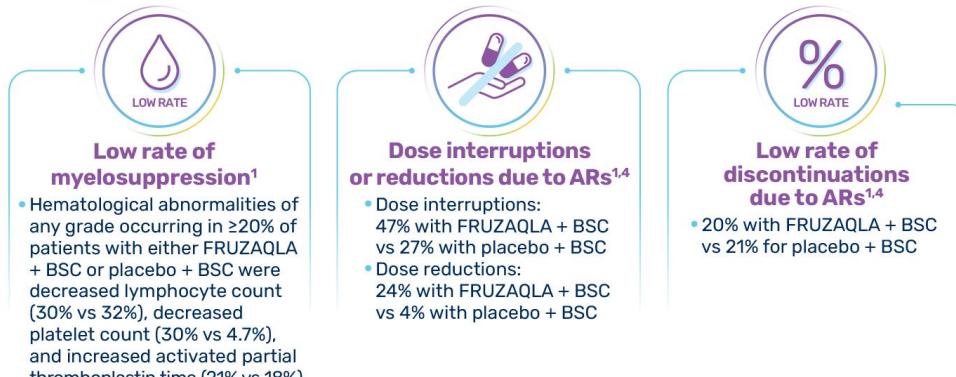
Select laboratory abnormalities worsening from baseline and occurring in  $\geq 20\%$  of patients<sup>a,b</sup>

Laboratory abnormality	FRUZAQLA + BSC (n=456)		Placebo + BSC (n=230)	
	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

<sup>a</sup>Graded according to NCI CTCAE version 5.0.

<sup>b</sup>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<sup>1,4</sup>



Please see additional Important Safety Information throughout, full [Important Safety Information](#), and full [Prescribing Information](#) for FRUZAQLA.



UNMET NEED/MOA

FRESCO-2

EFFICACY: OS

EFFICACY: PFS

SAFETY

FRESCO

EFFICACY: OS

EFFICACY: PFS

SAFETY

QOL/ DOSING

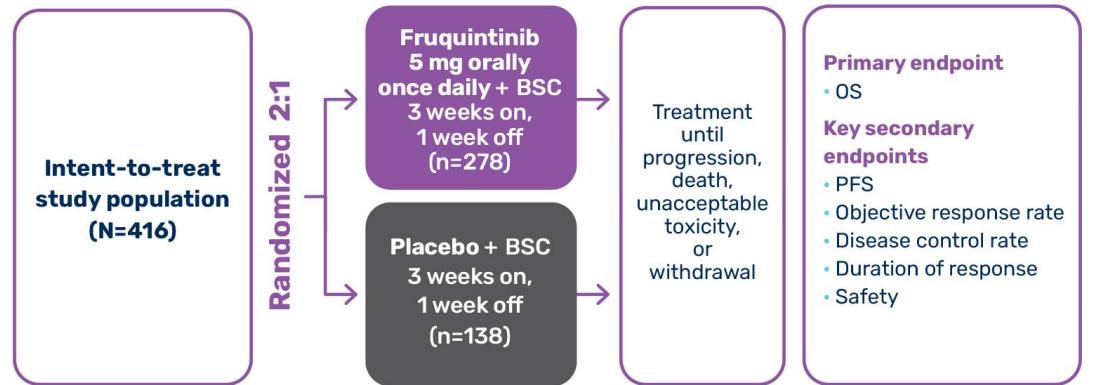
ASSIST/ ISI

ISI/ REFERENCES

# FRESCO was a single-country (China), multicenter, randomized, double-blind, placebo-controlled phase 3 trial<sup>1,5</sup>



## FRESCO STUDY DESIGN<sup>1,5</sup>



### Inclusion criteria<sup>1,5</sup>

- Aged 18–75
- ECOG PS 0–1
- Progression during or after prior treatment with fluoropyrimidine-, oxaliplatin-, or irinotecan-based chemotherapy
- No prior treatment with VEGFR inhibitor

### Stratification<sup>5</sup>

- Prior VEGF inhibitor therapy (yes vs no)
- K-RAS mutational status (wild type vs mutant)



More than 1100 patients were studied across two phase 3 studies, FRESCO and FRESCO-2<sup>1</sup>

2L=second-line; 3L=third-line.

## 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.



UNMET NEED/MOA	FRESCO-2	EFFICACY: OS	EFFICACY: PFS	SAFETY	FRESCO	EFFICACY: OS	EFFICACY: PFS	SAFETY	QOL/ DOSING	ASSIST/ ISI	ISI/ REFERENCES
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# FRESCO was a robust clinical trial that included a population of patients who had received ≥2 prior lines of therapy<sup>1,5</sup>



Please see additional Important Safety Information throughout, full [Important Safety Information](#), and full [Prescribing Information](#) for FRUZAQLA.

Characteristic	FRUZAQLA + BSC n=278 (%)	Placebo + BSC n=138 (%)	
<b>Age</b>	Median (range) <65 years	55 (23–75) 228 (82.0)	57 (24–74) 110 (79.7)
<b>Sex</b>	Female Male	120 (43.2) 158 (56.8)	41 (29.7) 97 (70.3)
<b>ECOG PS</b>	1 <sup>a</sup>	201 (72.3)	101 (73.2)
<b>Time from first diagnosis to randomization</b>	Median (range), years	1.8 (0.1–9.7)	2.0 (0.3–9.8)
<b>Colorectal cancer stage at first diagnosis</b>	I II III IV Missing information	8 (2.9) 34 (12.2) 118 (42.4) 117 (42.1) 1 (0.4)	4 (2.9) 18 (13.0) 51 (37.0) 63 (45.7) 2 (1.4)
<b>Primary disease site at first diagnosis</b>	Colon Rectum Colon and rectum Missing information <sup>b</sup>	147 (52.9) 125 (45.0) 6 (2.2) 0	70 (50.7) 60 (43.5) 7 (5.1) 1 (0.7)
<b>K-RAS status</b>	Wild type	157 (56.5)	74 (53.6)
<b>Primary tumor location at first diagnosis</b>	Left Right Left and right Unknown Missing information	214 (77.0) 56 (20.1) 4 (1.4) 4 (1.4) 0	115 (83.3) 21 (15.2) 0 1 (0.7) 1 (0.7)
<b>Metastases</b>	Multiple Liver	265 (95.3) 185 (66.5)	134 (97.1) 102 (73.9)
<b>Prior antitumor treatment</b>	Chemotherapy Radiation therapy Surgery	278 (100) 85 (30.6) 264 (95.0)	138 (100) 39 (28.3) 125 (90.6)
<b>Prior therapy</b>	2L or 3L chemotherapy VEGF inhibitors <sup>c</sup> EGFR inhibitors <sup>d</sup>	190 (68.3) 84 (30.2) 40 (14.4)	98 (71.0) 41 (29.7) 19 (13.8)
<b>Prior chemotherapy with VEGF and EGFR inhibitors<sup>e</sup></b>	Neither VEGF only EGFR only Both	167 (60.1) 71 (25.5) 27 (9.7) 13 (4.7)	83 (60.1) 36 (26.1) 14 (10.1) 5 (3.6)

<sup>a</sup>All eligible patients had ECOG PS=0 or 1 (0=fully active, able to carry on all predisease activities without restriction; 1=restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature).<sup>5</sup>

<sup>b</sup>Referred to cecum.<sup>5</sup>

<sup>c</sup>Included 120 patients who had received bevacizumab (fruquintinib arm, 83; placebo arm, 37) and 5 patients who had received afibbercept (fruquintinib arm, 1; placebo arm, 4).<sup>5</sup>

<sup>d</sup>Cetuximab.<sup>5</sup>

<sup>e</sup>No patients received VEGFR inhibitors.<sup>5</sup>



~80% of patients in the FRESCO trial received ≤3L treatment<sup>19</sup>



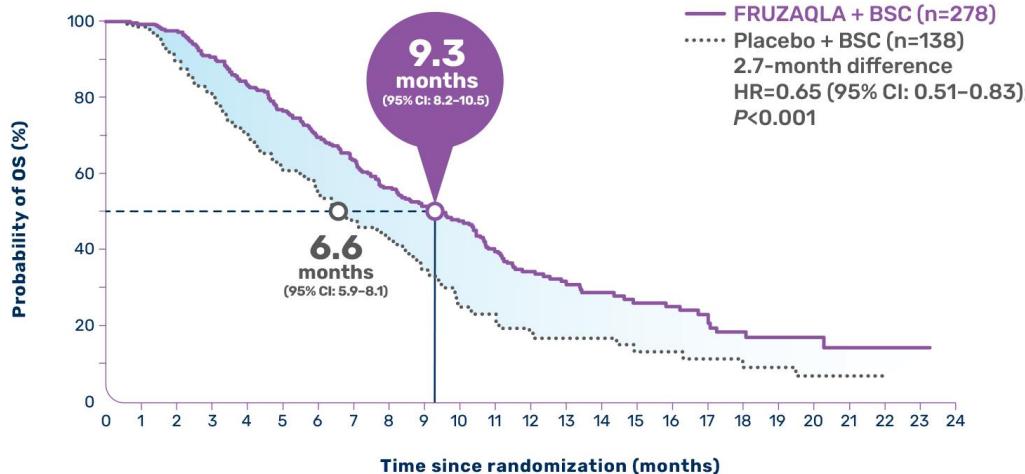
UNMET NEED/MOA	FRESCO-2	EFFICACY: OS	EFFICACY: PFS	SAFETY	FRESCO	EFFICACY: OS	EFFICACY: PFS	SAFETY	QOL/ DOSING	ASSIST/ ISI	ISI/ REFERENCES
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In a study of FRUZAQLA + BSC vs placebo + BSC in patients with previously treated mCRC

# FRUZAQLA demonstrated significant overall survival benefit<sup>1</sup>

Nearly 3-month improvement in median OS

OS in patients with previously treated mCRC



## Patients at risk

FRUZAQLA + BSC	278	276	269	249	229	210	190	174	154	127	105	77	56	44	34	28	25	20	14	10	6	4	3	1	0
Placebo + BSC	138	133	121	109	95	82	73	63	57	38	25	19	13	12	11	7	7	5	4	4	2	2	1	0	

- Rapid separation of OS curve beginning at Month 2

 **35% reduction in risk of death**  
with FRUZAQLA + BSC vs placebo + BSC



## IMPORTANT SAFETY INFORMATION (continued)

### WARNINGS AND PRECAUTIONS (continued)

- 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.

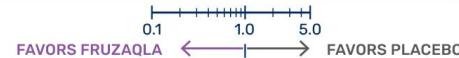
Please see additional Important Safety Information throughout, full [Important Safety Information](#), and full [Prescribing Information](#) for FRUZAQLA.



UNMET NEED/MOA	FRESCO-2	EFFICACY: OS	EFFICACY: PFS	SAFETY	FRESCO	EFFICACY: OS	EFFICACY: PFS	SAFETY	QOL/ DOSING	ASSIST/ ISI	ISI/ REFERENCES
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# OS benefit was consistent across most prespecified subgroups<sup>5,19</sup>

Group	FRUZAQLA		Placebo		HR (95% CI)
	Events	Total	Events	Total	
<b>Age (years)</b>					
<65	151	228	88	110	0.56 (0.43-0.73)
≥65	37	50	21	28	0.95 (0.55-1.63)
<b>ECOG PS</b>					
0	50	77	28	37	0.50 (0.31-0.79)
1	138	201	81	101	0.68 (0.52-0.90)
<b>Time from first metastatic diagnosis to randomization (months)</b>					
≤18	115	163	64	75	0.58 (0.43-0.79)
>18	73	115	45	63	0.65 (0.45-0.94)
<b>Number of prior treatment lines on metastatic disease</b>					
≤3	146	221	86	107	0.64 (0.49-0.83)
>3	42	57	23	31	0.53 (0.31-0.90)
<b>Previous chemotherapy lines</b>					
2 or 3	126	190	80	98	0.60 (0.46-0.80)
>3	62	88	29	40	0.67 (0.43-1.05)
<b>Prior use of VEGF inhibitors</b>					
Yes	60	84	35	41	0.68 (0.45-1.03)
No	128	194	74	97	0.60 (0.45-0.80)
<b>Prior use of EGFR inhibitors</b>					
Yes	31	40	14	19	0.68 (0.35-1.30)
No	157	238	95	119	0.62 (0.48-0.80)
<b>Prior targeted treatments</b>					
No anti-VEGF and no anti-EGFR	109	167	63	83	0.63 (0.46-0.86)
Anti-VEGF or anti-EGFR	79	111	46	55	0.63 (0.43-0.90)
<b>K-RAS status</b>					
Wild type	103	157	56	74	0.56 (0.40-0.78)
Mutated	85	121	53	64	0.75 (0.53-1.07)
<b>Primary tumor site</b>					
Colon	98	147	55	70	0.68 (0.49-1.07)
Rectum	84	125	46	60	0.60 (0.41-0.86)
Colon and rectum	6	6	7	7	0.34 (0.10-1.18)
<b>Primary tumor site at the time of diagnosis</b>					
Left side	141	214	91	115	0.56 (0.43-0.73)
Right side	41	56	16	21	0.96 (0.53-1.75)
<b>Metastasis</b>					
Single	5	13	2	4	1.03 (0.20-5.37)
Multiple	183	265	107	134	0.61 (0.48-0.78)
<b>Liver metastasis</b>					
Yes	134	185	85	102	0.59 (0.45-0.77)
No	54	93	24	36	0.75 (0.46-1.21)
<b>Overall</b>	<b>188</b>	<b>278</b>	<b>109</b>	<b>138</b>	<b>0.62 (0.49-0.79)</b>



This study was not powered to show significance in OS across these specified groups.

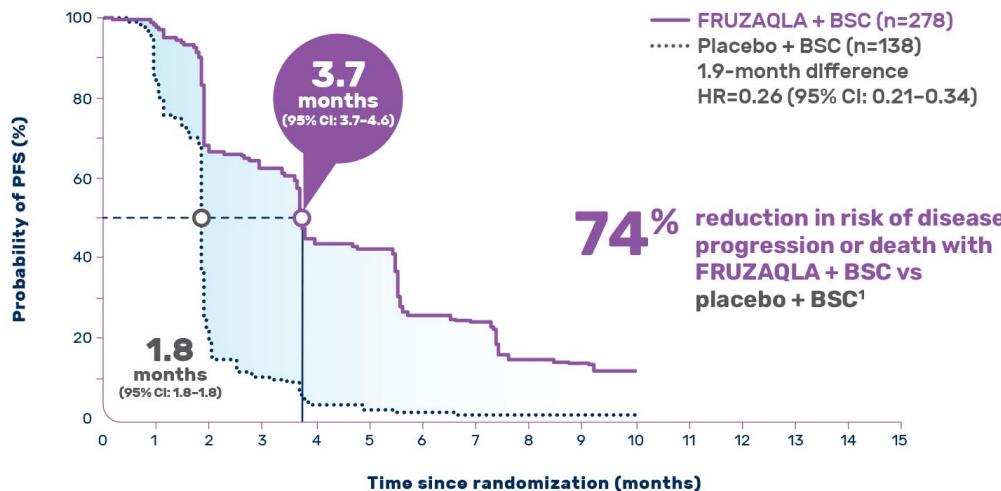


Please see additional Important Safety Information throughout, full [Important Safety Information](#), and full [Prescribing Information](#) for FRUZAQLA.

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

# FRUZAQLA more than doubled median progression-free survival<sup>1,5</sup>

PFS in patients with previously treated mCRC



## Patients at risk

FRUZAQLA + BSC	278	264	178	165	112	109	63	59	33	31	21
Placebo + BSC	138	108	22	14	5	4	3	2	2	2	2

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

Statistical significance is not implied. P value for the PFS analysis in FRESCO was not included due to lack of multiplicity adjustment for this analysis.

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.

\*Disease control was defined as a complete response, partial response, or stable disease for ≥8 weeks.<sup>5</sup>



## IMPORTANT SAFETY INFORMATION (continued)

### WARNINGS AND PRECAUTIONS (continued)

- **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. Advise females of childbearing potential and males with female partners of childbearing potential to use effective contraception during treatment with FRUZAQLA and for 2 weeks after the last dose.

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



UNMET NEED/MOA

FRESCO-2

EFFICACY: OS

EFFICACY: PFS

SAFETY

FRESCO

EFFICACY: OS

EFFICACY: PFS

SAFETY

QOL/ DOSING

ASSIST/ ISI

ISI/ REFERENCES

## Consistent PFS benefit observed across all prespecified subgroups<sup>5</sup>



	FRUZAQLA		Placebo		HR (95% CI)
Group	Events	Total	Events	Total	
<b>Age (years)</b>					
<65	189	228	101	110	• 0.26 (0.20–0.33)
≥65	46	50	24	28	• 0.33 (0.19–0.56)
<b>ECOG PS</b>					
0	63	77	32	37	• 0.14 (0.08–0.24)
1	172	201	93	101	• 0.31 (0.24–0.40)
<b>Time from first metastatic diagnosis to randomization (months)</b>					
≤18	140	163	68	75	• 0.28 (0.21–0.38)
>18	95	115	57	63	• 0.24 (0.17–0.34)
<b>Number of prior treatment lines on metastatic disease</b>					
≤3	185	221	99	107	• 0.27 (0.21–0.35)
>3	50	57	26	31	• 0.26 (0.15–0.45)
<b>Previous chemotherapy lines</b>					
2 or 3	160	190	91	98	• 0.27 (0.21–0.36)
>3	75	88	34	40	• 0.25 (0.16–0.39)
<b>Prior use of VEGF inhibitors</b>					
Yes	70	84	36	41	• 0.24 (0.15–0.38)
No	165	194	89	97	• 0.26 (0.20–0.35)
<b>Prior use of EGFR inhibitors</b>					
Yes	36	40	16	19	• 0.21 (0.10–0.42)
No	199	238	109	119	• 0.27 (0.21–0.35)
<b>Prior targeted treatments</b>					
No anti-VEGF and no anti-EGFR	140	167	75	83	• 0.28 (0.21–0.37)
Anti-VEGF or anti-EGFR	95	111	50	55	• 0.24 (0.16–0.35)
<b>K-RAS status</b>					
Wild type	133	157	65	74	• 0.18 (0.13–0.26)
Mutated	102	121	60	64	• 0.36 (0.26–0.50)
<b>Primary tumor at the time of diagnosis</b>					
Left side	182	214	102	115	• 0.25 (0.19–0.33)
Right side	45	56	21	21	• 0.25 (0.14–0.45)
<b>Metastasis</b>					
Single	10	13	3	4	• 0.13 (0.03–0.70)
Multiple	225	265	122	134	• 0.27 (0.22–0.35)
<b>Liver metastasis</b>					
Yes	160	185	95	102	• 0.22 (0.17–0.30)
No	75	93	30	36	• 0.34 (0.22–0.53)
<b>Overall</b>	<b>235</b>	<b>278</b>	<b>125</b>	<b>138</b>	<b>• 0.27 (0.21–0.34)</b>



**This study was not powered to show significance in PFS across these specified groups.**

## **IMPORTANT SAFETY INFORMATION (continued)**

## ADVERSE REACTIONS

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

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

## In FRESCO, the majority of ARs were manageable and predictable<sup>1,5,18</sup>



### ARs occurring in $\geq 10\%$ of patients<sup>1</sup>

AR	FRUZAQLA + BSC (n=278)		Placebo + BSC (n=137)	
	All grades (%)	Grades 3/4 (%)	All grades (%)	Grades 3/4 (%)
Hypertension <sup>a</sup>	<b>61</b>	<b>23</b>	17	2.2
Proteinuria <sup>a</sup>	<b>55</b>	<b>4.7</b>	30	0
Palmar-plantar erythrodysesthesia	<b>49</b>	<b>11</b>	2.9	0
Dysphonia <sup>a</sup>	<b>38</b>	<b>0</b>	1.5	0
Stomatitis <sup>a</sup>	<b>33</b>	<b>0.7</b>	2.9	0
Abdominal pain <sup>a</sup>	<b>29</b>	<b>4</b>	17	1.5
Hemorrhage <sup>a</sup>	<b>28</b>	<b>1.1</b>	14	0
Diarrhea <sup>a</sup>	<b>25</b>	<b>3.6</b>	5	0
Fatigue <sup>a</sup>	<b>25</b>	<b>2.5</b>	13	1.5
Musculoskeletal pain <sup>a</sup>	<b>22</b>	<b>2.2</b>	6	1.5
Anorexia <sup>a</sup>	<b>21</b>	<b>1.4</b>	9	0
Hypothyroidism	<b>17</b>	<b>0</b>	2.2	0
Back pain	<b>15</b>	<b>1.8</b>	7	0
Arthralgia	<b>13</b>	<b>0.4</b>	2.2	0
Throat pain	<b>10</b>	<b>0</b>	1.5	0

<sup>a</sup>Represents a composite of multiple related terms.

- Predictable refers to ARs consistent with inhibition of VEGF and VEGFR<sup>18\*</sup>
  - Serious ARs occurred in 15% of patients treated with FRUZAQLA + BSC. Serious ARs in ≥2% of patients treated with FRUZAQLA + BSC included intestinal obstruction (2.9%) and hemorrhage (2.2%)<sup>1</sup>
  - Fatal ARs occurred in 7 (2.5%) patients treated with FRUZAQLA + BSC including cerebral infarction (n=1), gastrointestinal hemorrhage (n=1), hemoptysis (n=1), bacterial infection (n=1), lung/lower respiratory infection (n=2), and multiple organ dysfunction (n=1)<sup>1</sup>

\*Despite predictability, individual patient experiences may vary.

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

## **FRUZAQLA had low Grade 3/4 laboratory abnormalities<sup>1</sup>**



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

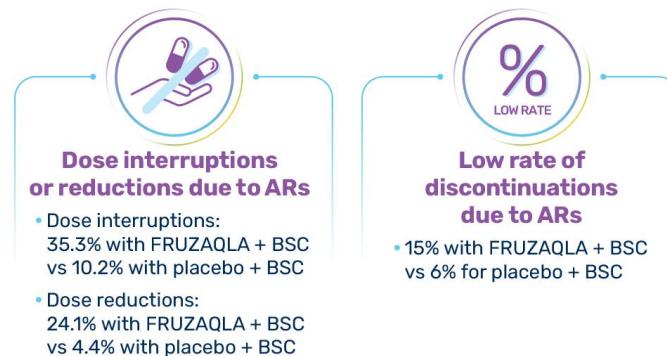
**Select laboratory abnormalities worsening from baseline and occurring in  $\geq 20\%$  of patients<sup>a,b</sup>**

FRUZAQLA + BSC (n=278)		Placebo + BSC (n=137)		
Laboratory abnormality	All grades (%)	Grades 3/4 (%)	All grades (%)	Grades 3/4 (%)
Creatinine increased	<b>87</b>	<b>0.7</b>	75	1.5
Glucose increased	<b>43</b>	<b>1.1</b>	31	3.0
Aspartate aminotransferase increased	<b>42</b>	<b>3.6</b>	31	1.5
Alkaline phosphatase increased	<b>40</b>	<b>4.3</b>	34	6
Bilirubin increased	<b>39</b>	<b>4.7</b>	34	8
Alanine aminotransferase increased	<b>33</b>	<b>2.2</b>	18	1.5
Sodium decreased	<b>33</b>	<b>6</b>	31	5
Platelets decreased	<b>29</b>	<b>3.6</b>	6	0.7
Urate increased	<b>26</b>	<b>26</b>	22	22
Calcium decreased	<b>25</b>	<b>0.4</b>	13	0
Hemoglobin decreased	<b>23</b>	<b>0.7</b>	33	4.5
Potassium decreased	<b>22</b>	<b>1.8</b>	15	2.3

<sup>a</sup>Graded according to NCI CTCAE version 4.03

<sup>b</sup>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: 257-277) and placebo (range: 126-134).

## Manageable safety profile with FRUZAQLA<sup>1,5</sup>



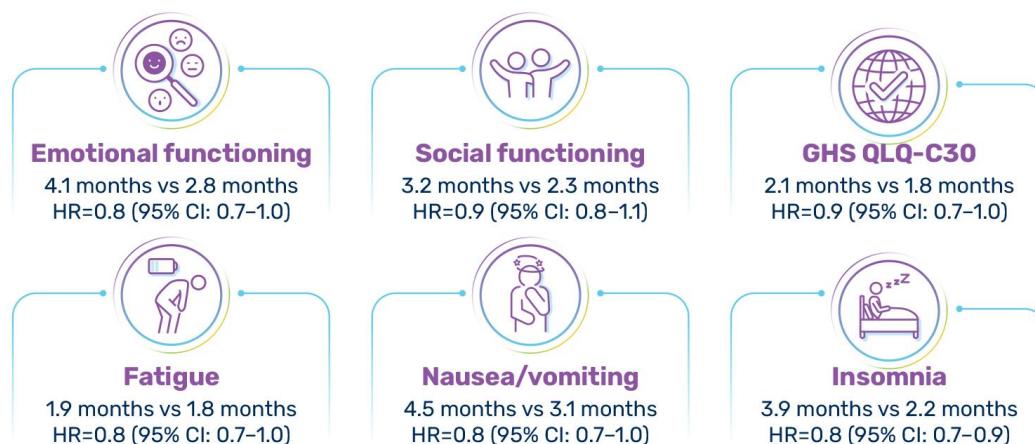
# In FRESCO-2, patients reported preserved QoL\* across certain measures vs placebo<sup>19†</sup>

Patients treated with FRUZAQLA experienced delayed or maintained time to deterioration vs placebo

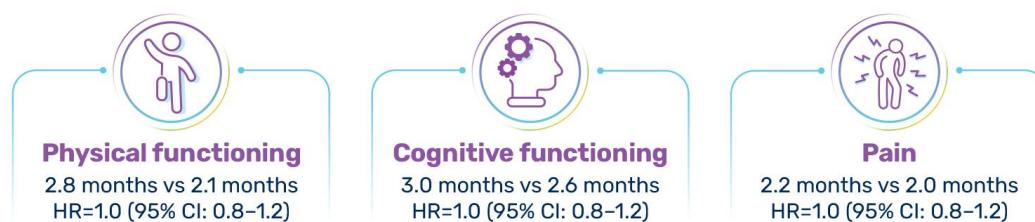
\*Quality of life (QoL) refers to TTD.

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. Select QoL outcomes shown below measured TTD and were analyzed using Kaplan-Meier method, stratified log-rank test, and stratified Cox PH model

## Delayed TTD subscales vs placebo



## Maintained TTD subscales vs 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.

<sup>†</sup>The data above show TTD subscales that were delayed or maintained. Other TTD subscales that were evaluated were EQ-5D-5L VAS, EQ-5D-5L index scores, role functioning, dyspnea, appetite loss, constipation, diarrhea, and financial difficulty.<sup>19</sup>



## IMPORTANT SAFETY INFORMATION (continued)

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

Please see additional Important Safety Information throughout, full [Important Safety Information](#), and full [Prescribing Information](#) for FRUZAQLA.



UNMET NEED/MOA

FRESCO-2

EFFICACY: OS

EFFICACY: PFS

SAFETY

FRESCO

EFFICACY: OS

EFFICACY: PFS

SAFETY

QOL/ DOSING

ASSIST/ ISI

ISI/ REFERENCES

# Convenient, once-daily oral dosing with FRUZAQLA<sup>1</sup>



## IMPORTANT SAFETY INFORMATION (continued)

### USE IN SPECIFIC POPULATIONS

- Lactation:** Advise women not to breastfeed during treatment with FRUZAQLA and for 2 weeks after the last dose.

Please see additional Important Safety Information throughout, full [Important Safety Information](#), and full [Prescribing Information](#) for FRUZAQLA.

## Clear dose reductions can help manage ARs

Dose level	FRUZAQLA dose
Recommended dose	5 mg orally once daily
First dose reduction	4 mg orally once daily
Second dose reduction	3 mg orally once daily
<b>Permanently discontinue FRUZAQLA in patients unable to tolerate 3 mg orally daily</b>	



UNMET NEED/MOA

FRESCO-2

EFFICACY: OS

EFFICACY: PFS

SAFETY

FRESCO

EFFICACY: OS

EFFICACY: PFS

SAFETY

QOL/ DOSING

ASSIST/ ISI

ISI/ REFERENCES

Takeda Oncology Here2Assist®

# Committed to supporting your patients

Takeda Oncology Here2Assist is a comprehensive support program committed to helping your patients navigate coverage requirements, identify available financial assistance, and connect with helpful resources throughout their Takeda Oncology treatment.

- ▶ Works with your patients' insurance company to help get your patient started on their medication
- ▶ Identifies available financial assistance that may be right for your patients
- ▶ Identifies specialty pharmacies to help fill and ship your patients' prescriptions appropriately
- ▶ Conducts regular follow-up calls to patients



Please see additional Important Safety Information throughout, full [Important Safety Information](#), and full [Prescribing Information](#) for FRUZAQLA.



For more information about patient access support and financial assistance that your patients may qualify for, call us at 1-844-817-6468, Option 2.

**Let's Talk. We're available Monday-Friday, 8 AM-8 PM ET, or visit us at [www.Here2Assist.com/hcp](http://www.Here2Assist.com/hcp) to learn more.**



UNMET NEED/MOA	FRESCO-2	EFFICACY: OS	EFFICACY: PFS	SAFETY	FRESCO	EFFICACY: OS	EFFICACY: PFS	SAFETY	QOL/ DOSING	ASSIST/ ISI	ISI/ REFERENCES
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# Important Safety Information

## 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.
- 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  $\geq 3$  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.
- 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.
- Gastrointestinal Perforation** occurred in patients treated with FRUZAQLA. In 911 patients with mCRC treated with FRUZAQLA, 1.3% experienced a Grade  $\geq 3$  gastrointestinal perforation, including one fatal event. Permanently discontinue FRUZAQLA in patients who develop gastrointestinal perforation or fistula.
- Hepatotoxicity.** FRUZAQLA can cause liver injury. In 911 patients with mCRC treated with FRUZAQLA, 48% experienced increased ALT or AST, including Grade  $\geq 3$  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.
- Proteinuria.** FRUZAQLA can cause proteinuria. In 911 patients with mCRC treated with FRUZAQLA, 36% experienced proteinuria and 2.5% of patients experienced Grade  $\geq 3$  events. Monitor for proteinuria before initiation and periodically throughout treatment with FRUZAQLA. For proteinuria  $\geq 2\text{g}/24\text{ hours}$ , withhold FRUZAQLA until improvement to  $\leq$ Grade 1 proteinuria and resume FRUZAQLA at a reduced dose. Discontinue FRUZAQLA in patients who develop nephrotic syndrome.
- 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.



UNMET NEED/MOA	FRESCO-2	EFFICACY: OS	EFFICACY: PFS	SAFETY	FRESCO	EFFICACY: OS	EFFICACY: PFS	SAFETY	QOL/ DOSING	ASSIST/ ISI	ISI/ REFERENCES
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# Important Safety Information

## 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.
- 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. Advise females of childbearing potential and males with female partners of childbearing potential to use effective contraception during treatment with FRUZAQLA and for 2 weeks after the last dose.

### ADVERSE REACTIONS

The most common adverse reactions (incidence  $\geq 20\%$ ) following treatment with FRUZAQLA included hypertension, palmar-plantar erythrodysthesia (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.

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](http://www.fda.gov/medwatch).

Please see additional Important Safety Information throughout, full [Important Safety Information](#), and full [Prescribing Information](#) for FRUZAQLA.



UNMET NEED/MOA	FRESCO-2	EFFICACY: OS	EFFICACY: PFS	SAFETY	FRESCO	EFFICACY: OS	EFFICACY: PFS	SAFETY	QOL/ DOSING	ASSIST/ ISI	ISI/ REFERENCES
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# References

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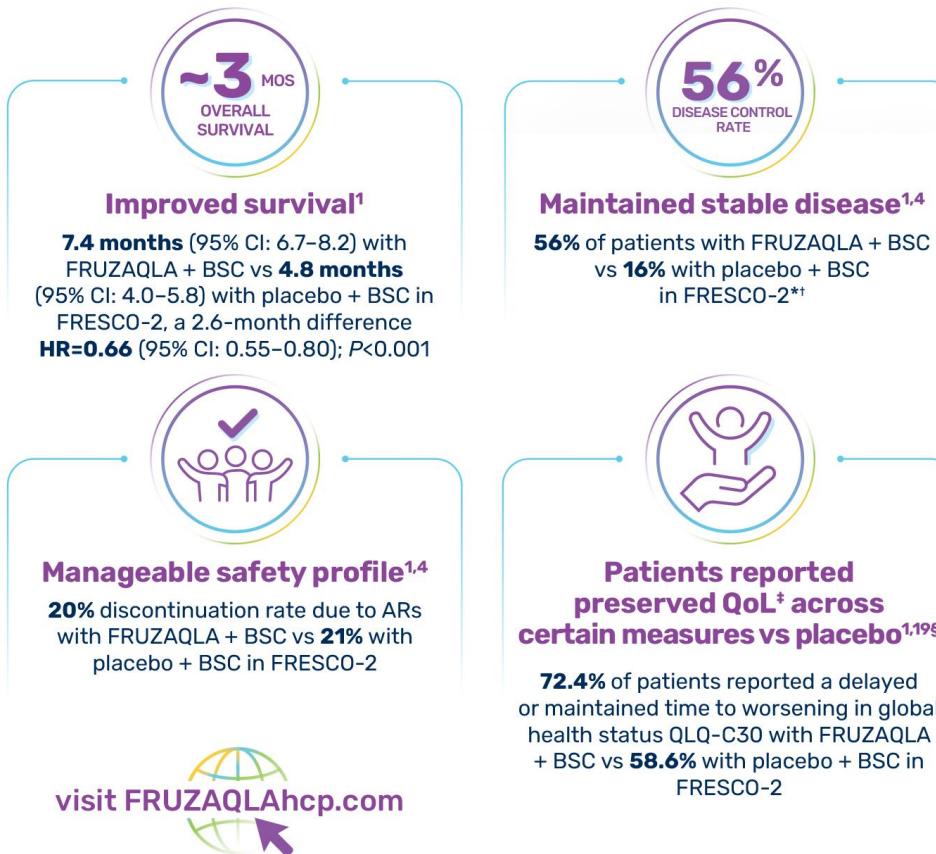


Please see additional Important Safety Information throughout, full **Important Safety Information**, and full **Prescribing Information** for FRUZAQLA.



UNMET NEED/MOA	FRESCO-2	EFFICACY: OS	EFFICACY: PFS	SAFETY	FRESCO	EFFICACY: OS	EFFICACY: PFS	SAFETY	QOL/ DOSING	ASSIST/ ISI	ISI/ REFERENCES
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# Choose FRUZAQLA—an oral, targeted therapy that extends survival while delaying or maintaining time to deterioration vs placebo<sup>1,17</sup>



<sup>\*</sup>Disease control was defined as the proportion of patients with a best overall response of confirmed complete response, partial response, or stable disease for  $\geq 7$  weeks.<sup>4</sup>

<sup>†</sup>This study was not powered to show significance in disease control rate.

<sup>‡</sup>Quality of life (QoL) refers to TTD.

<sup>§</sup>This study was not powered to show significance in QoL.

## IMPORTANT SAFETY INFORMATION

### WARNINGS AND PRECAUTIONS (continued)

**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.



ONCOLOGY

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UNMET NEED/MOA

FRESCO-2

EFFICACY: OS

EFFICACY: PFS

SAFETY

FRESCO

EFFICACY: OS

EFFICACY: PFS

SAFETY

QOL/ DOSING

ASSIST/ ISI

ISI/ REFERENCES