The safety profile of CYRAMZA + erlotinib was observed to be consistent with that of the individual treatment components, with no new safety signals identified[12]

Most common TEAEs in RELAY (occurring in ≥40% of patients)[13]

	CYRAMZA + erlotinib (n=221)				**Placebo** + erlotinib (n=225)			
Preferred Term %	Any Grade	Grade 1–2	Grade 3	Grade 4	Any Grade	Grade 1–2	Grade 3	Grade 4
At least 1 TEAE	100	28	64	5	100	46	49	4
Diarrhea	70	63	7	0	71	70	1	0
Dermatitis acneiform	67	53	15	0	68	59	9	0
Paronychia	53	49	4	0	51	48	3	0
Hypertension	45	22	24	0	12	7	5	0
Increased ALT	43	34	8	1	31	24	6	1
Increased AST	42	37	5	0	26	21	4	<1
Stomatitis	42	40	2	0	36	35	1	0
Dry skin	38	37	<1	0	40	38	2	0

- The rates of serious AEs were similar in the CYRAMZA + erlotinib and placebo + erlotinib groups (15% vs 12%, respectively)[12]
- Similar rates of Grade 3/4 TEAEs were reported for the CYRAMZA + erlotinib and placebo + erlotinib treatment arms[12,13]
  - The only notable exceptions were hypertension (24% vs 5%), diarrhea (7% vs 1%), and dermatitis acneiform (15% vs 9%)[12]

AE=adverse event; ALT=alanine aminotransferase; AST=aspartate aminotransferase; TEAE=treatment-emergent adverse event.

Tell me what I might expect

Discontinuation rates due to TEAEs were similar between the CYRAMZA + erlotinib and placebo + erlotinib groups[13]*

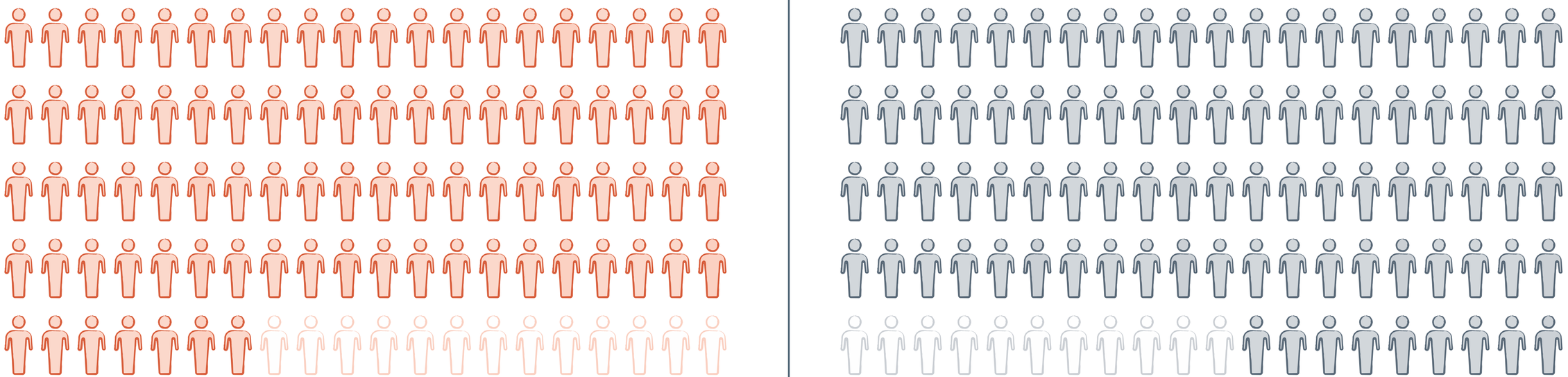
CYRAMZA + erlotinib
n=221

12.7%

vs

10.7%

Placebo + erlotinib
n=225



Discontinuation rates due to TEAEs

*The most frequent reasons for discontinuations due to an AE were increased ALT (n=3, CYRAMZA arm; n=4, placebo arm); paronychia (n=3, CYRAMZA arm; n=0, placebo arm); and abnormal hepatic function (n=0, CYRAMZA arm, n=3, placebo arm).[13]