A Petition to Genentech, Inc.

Ian T. Clark, CEO
Genentech, Inc.
1 DNA Way
South San Francisco, CA 94080
(cc: Sandra Horning, M.D., SVP Global Head, Clinical Research Hematology/Oncology)

Dear Mr. Clark,

We urge Genentech to do what is in the best interest of women diagnosed with breast cancer. We are breast cancer patients and advocates who are writing to urge Genentech to fulfill the promise of targeted therapy and include a non-systemic treatment arm in the clinical trials to evaluate the adjuvant/neo-adjuvant use of T-DM1 for HER2+ early breast cancer. We also asked that you include non-anthracycline regimens for those arms which do include systemic chemotherapy. These trials represent an unprecedented opportunity for at least a subset of women to move their care toward less toxic treatment, without sacrificing treatment benefit.

These decisions must be considered in the context of the reality for women. We know that a significant number of women diagnosed with early breast cancer are overtreated. And we know that the number of these women is increasing, as the population is aging and more women are being diagnosed. We also know that there is no absolute cure for breast cancer and that our current treatments do not work for many women. It is critically important that while steps are being taken to improve the benefit from treatment, steps are also taken to reduce the harms from treatment. We do not want to see Genentech squander this opportunity to move patient care forward on both fronts.

The promise of targeted cancer treatment, and particularly with drug-antibody conjugates such as T-DM1 , is more effective treatment that is less toxic. The promise is to save lives with fewer long term health consequences. But this promise of targeted cancer treatment will never be realized without taking bold steps in clinical trial design now. We must move away from the systemic, toxic therapy and "add-on" model in breast cancer clinical trials and treatment.

A trial of T-DM1, a novel drug which includes a chemotherapy agent that is not dispersed systemically, provides the perfect opportunity to move away from a more toxic regimen. With T-DM1, women will still get chemotherapy. Using the old "add-on" approach will not deliver on the promise of real progress for patients. This is an opportunity to provide a model for research on future conjugates in breast cancer. **We must act now and get it right**.

And for those arms within the trial that will include systemic chemotherapy treatment, non-anthracycline based regimens are best for women. No prospective randomized clinical trial has shown anthracyclines to be more effective than other chemotherapies, while the toxicities are significant, including an increased risk of leukemia and harm to the heart. Considering non-anthracycline regimens seems particularly important now as we have evidence of a dramatic decline in their use in the community. The "standard of care" within the clinical trial design used to evaluate any new agent should reflect the actual care being given in the community in order to give relevant and meaningful results to patients.

We are hopeful that T-DM1 will provide meaningful benefit to those with early breast cancer, but we are also equally hopeful that Genentech will do what is best for women and will use this opportunity to decrease the harms women experience from treatment for early breast cancer.

Sincerely,