

Basal cell carcinoma (BCC) is the **most common** type of skin cancer **worldwide**

1 out of **1000** Europeans develops BCC¹

BCC mostly occurs in people aged **>50 years**, commonly in SUN-exposed areas of the body

Recurrence happens in 5–10% of patients²

Advanced BCC can be **disfiguring, debilitating, or even fatal**^{3–6}

Most BCC cases can be managed by surgery, but in **~1–10%** of patients, the disease progresses to **inoperable** advanced BCC^{3,7}

Erivedge[®] is associated with **>5 years** clinically meaningful improvements in health-related quality of life (QoL), particularly in **emotional wellbeing**¹⁴

Erivedge[®] can provide **clinically meaningful benefit** for patients with advanced BCC and **preserve organ function** in critical or functionally sensitive areas⁶

Erivedge[®] is a **targeted** therapy **approved** by the European Medicines Agency and the Food and Drug Administration for the treatment of adults with:

Basal cell carcinoma (BCC)

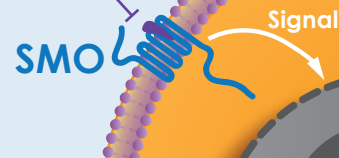
Locally advanced BCC (laBCC)

Symptomatic metastatic BCC (mBCC)

that is inappropriate for surgery or radiotherapy^{8,9}

90% of patients with BCC have the **Hedgehog pathway** abnormally activated, causing basal cell proliferation and survival^{10,11}

Erivedge[®] (vismodegib) inhibits a component of the Hedgehog pathway^{11,12}



Erivedge[®]
vismodegib

A STANDARD-OF-CARE ORAL TREATMENT FOR PATIENTS WITH LOCALLY ADVANCED OR METASTATIC BASAL CELL CARCINOMA

EPIDEMIOLOGY

THERAPY

IMPACT ON QoL

CLINICAL TRIAL RESULTS

32%

Complete Response¹³

Erivedge[®] treatment has demonstrated **clinically meaningful and lasting lesion reductions**, with more than 2-year duration of response in laBCC¹³

Erivedge[®] is the **only approved** oral treatment for patients with symptomatic mBCC¹²

48%

Objective Response¹³

Please see full Prescribing Information for additional details on clinical trials data and safety information.

References

1. Apalla Z et al. *Dermatol Pract Concept* 2017;7:1; 2. Bonnet Blanc JM. *Ann Dermatol Venereol* 2012;139:A135–A143; 3. Mohan SV et al. *Curr Dermatol Rep* 2014;3:40–45; 4. Lear JT et al. *Br J Cancer* 2014;111:1476–1481; 5. Peris K et al. *Future Oncol* 2015;11:703–712; 6. Amici JM et al. *Eur J Dermatol* 2015;25:586–594; 7. Dreier J et al. *Br J Dermatol* 2014;171:1066–1072; 8. Erivedge SPC Feb 2019. Available at: <https://www.ema.europa.eu/en/medicines/human/EPAR/erivedge>; 9. Erivedge USPI. Available at: https://www.accessdata.fda.gov/drugsatfda_docs/label/2019/203388s012bl.pdf; 10. Teh MT et al. *Cancer Res* 2005;65:8597–8603; 11. Reifemberger J et al. *Cancer Res* 1998;58:1798–1803; 12. Frampton JE, Basset-Seguin N. *Drugs* 2018;78:1145–1156; 13. Sekulic A, et al. *BMC Cancer* 2017;17:332; 14. Hansson J et al. *Eur J Dermatol* 2018;28:775–783.



Erivedge is indicated for the treatment of adult patients with symptomatic metastatic basal cell carcinoma or locally advanced basal cell carcinoma inappropriate for surgery or radiotherapy (see sections 4.4 "Special warnings and precautions for use" and 5.1 "Pharmacodynamic properties" of the Erivedge Summary of Product Characteristics*).

*Reference: https://www.ema.europa.eu/en/documents/product-information/erivedge-epar-product-information_en.pdf