

HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use ABRAXANE safely and effectively. See full prescribing information for ABRAXANE.

ABRAXANE[®] for Injectable Suspension (paclitaxel protein-bound particles for injectable suspension) (albumin-bound)
Initial U.S. Approval: 2005

WARNING: NEUTROPENIA

See full prescribing information for complete boxed warning.

- Do not administer ABRAXANE therapy to patients with baseline neutrophil counts of less than 1,500 cells/mm³. (4)
 - It is recommended that frequent peripheral blood cell counts be performed to monitor the occurrence of bone marrow suppression. (4, 5.1, 6.1, 6.2)
- DO NOT SUBSTITUTE FOR OR WITH OTHER PACLITAXEL FORMULATIONS.**

----- **RECENT MAJOR CHANGES** -----

- | | |
|---|---------|
| • Indications and Usage. (1.2) | 10/2012 |
| • Dosage and Administration. (2.2) | 10/2012 |
| • Warnings and Precautions, Hypersensitivity. (5.3) | 09/2012 |

----- **INDICATIONS AND USAGE** -----

ABRAXANE is a microtubule inhibitor indicated for the treatment of:

- Metastatic Breast Cancer, after failure of combination chemotherapy for metastatic disease or relapse within 6 months of adjuvant chemotherapy. Prior therapy should have included an anthracycline unless clinically contraindicated. (1.1)
- Locally advanced or metastatic Non-Small Cell Lung Cancer (NSCLC), as first-line treatment in combination with carboplatin, in patients who are not candidates for curative surgery or radiation therapy. (1.2)

----- **DOSAGE AND ADMINISTRATION** -----

- Metastatic Breast Cancer: Recommended dosage of ABRAXANE is 260 mg/m² intravenously over 30 minutes every 3 weeks. (2.1)
- Non-Small Cell Lung Cancer: Recommended dosage of ABRAXANE is 100 mg/m² intravenously over 30 minutes on Days 1, 8, and 15 of each 21-day cycle; carboplatin AUC 6 mg•min/mL is given intravenously on Day 1 of each 21 day cycle immediately after ABRAXANE administration. (2.2)
- No adjustment is necessary for patients with mild hepatic impairment. Withhold ABRAXANE if AST > 10 x ULN or bilirubin > 5 x ULN. Reduce starting dose in patients with moderate to severe hepatic impairment. (2.3)
- Dose Reductions: Dose reductions or discontinuation may be needed based on severe hematologic or neurologic toxicities. (2.4)

- Use caution when handling cytotoxic drugs. Closely monitor the infusion site for extravasation and infiltration. No premedication is required prior to administration. (2.5)

----- **DOSAGE FORMS AND STRENGTHS** -----

- Single use vial containing 100 mg of paclitaxel. (3)

----- **CONTRAINDICATIONS** -----

- Neutrophil counts of < 1,500 cells/mm³. (4)
- Severe hypersensitivity reaction to ABRAXANE. (4)

----- **WARNINGS AND PRECAUTIONS** -----

- ABRAXANE causes myelosuppression. Monitor CBC and withhold and/or reduce the dose as needed. (5.1)
- Sensory neuropathy occurs frequently and may require dose reduction or treatment interruption. (5.2)
- Severe hypersensitivity reactions with fatal outcome have been reported. Do not re-challenge with this drug. (5.3)
- Exposure and toxicity of paclitaxel can be increased in patients with hepatic impairment; therefore administer with caution. (5.4)
- ABRAXANE contains albumin derived from human blood, which has a theoretical risk of viral transmission. (5.5)
- Fetal harm may occur when administered to a pregnant woman. Advise women of childbearing potential to avoid becoming pregnant while receiving ABRAXANE. (5.6)
- Advise men not to father a child while on ABRAXANE. (5.7)

----- **ADVERSE REACTIONS** -----

- The most common adverse reactions (≥ 20%) in metastatic breast cancer are alopecia, neutropenia, sensory neuropathy, abnormal ECG, fatigue/asthenia, myalgia/arthralgia, AST elevation, alkaline phosphatase elevation, anemia, nausea, infections, and diarrhea. (6.1)
- The most common adverse reactions (≥ 20%) in NSCLC when used in combination with carboplatin are anemia, neutropenia, thrombocytopenia, alopecia, peripheral neuropathy, nausea, and fatigue. (6.2)

To report SUSPECTED ADVERSE REACTIONS, contact Celgene Corporation at 1-888-423-5436 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

----- **DRUG INTERACTIONS** -----

- Use caution when concomitantly administering ABRAXANE with inhibitors or inducers of either CYP2C8 or CYP3A4. (7)

See 17 for PATIENT COUNSELING INFORMATION and FDA-approved patient labeling (Patient Information).

Revised: October 2012

FULL PRESCRIBING INFORMATION: CONTENTS*

WARNING: NEUTROPENIA

1 INDICATIONS AND USAGE

- 1.1 Metastatic Breast Cancer
- 1.2 Non-Small Cell Lung Cancer

2 DOSAGE AND ADMINISTRATION

- 2.1 Metastatic Breast Cancer
- 2.2 Non-Small Cell Lung Cancer
- 2.3 Dosage in Patients with Hepatic Impairment
- 2.4 Dose Reduction/Discontinuation Recommendations
- 2.5 Preparation and Administration Precautions
- 2.6 Preparation for Intravenous Administration
- 2.7 Stability

3 DOSAGE FORMS AND STRENGTHS

4 CONTRAINDICATIONS

5 WARNINGS AND PRECAUTIONS

- 5.1 Hematologic Effects
- 5.2 Nervous System
- 5.3 Hypersensitivity
- 5.4 Hepatic Impairment
- 5.5 Albumin (Human)
- 5.6 Use in Pregnancy
- 5.7 Use in Men

6 ADVERSE REACTIONS

- 6.1 Clinical Trials Experience in Metastatic Breast Cancer
- 6.2 Clinical Trials Experience in Non-Small Cell Lung Cancer
- 6.3 Post-Marketing Experience with ABRAXANE and other Paclitaxel Formulations

- 6.4 Accidental Exposure

7 DRUG INTERACTIONS

8 USE IN SPECIFIC POPULATIONS

- 8.1 Pregnancy
- 8.3 Nursing Mothers
- 8.4 Pediatric Use
- 8.5 Geriatric Use
- 8.6 Patients with Hepatic Impairment
- 8.7 Patients with Renal Impairment

10 OVERDOSAGE

11 DESCRIPTION

12 CLINICAL PHARMACOLOGY

- 12.1 Mechanism of Action
- 12.3 Pharmacokinetics

13 NONCLINICAL TOXICOLOGY

- 13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

14 CLINICAL STUDIES

- 14.1 Metastatic Breast Cancer
- 14.2 Non-Small Cell Lung Cancer

15 REFERENCES

16 HOW SUPPLIED/STORAGE AND HANDLING

- 16.1 How Supplied
- 16.2 Storage
- 16.3 Handling and Disposal

17 PATIENT COUNSELING INFORMATION

* Sections or subsections omitted from the full prescribing information are not listed.

FULL PRESCRIBING INFORMATION

ABRAXANE® for Injectable Suspension (paclitaxel protein-bound particles for injectable suspension) (albumin-bound)

WARNING: NEUTROPENIA

- Do not administer ABRAXANE therapy to patients who have baseline neutrophil counts of less than 1,500 cells/mm³. In order to monitor the occurrence of bone marrow suppression, primarily neutropenia, which may be severe and result in infection, it is recommended that frequent peripheral blood cell counts be performed on all patients receiving ABRAXANE [see *Contraindications (4), Warnings and Precautions (5.1) and Adverse Reactions (6.1, 6.2)*].
- Note: An albumin form of paclitaxel may substantially affect a drug's functional properties relative to those of drug in solution. DO NOT SUBSTITUTE FOR OR WITH OTHER PACLITAXEL FORMULATIONS.

1 INDICATIONS AND USAGE

1.1 Metastatic Breast Cancer

ABRAXANE is indicated for the treatment of breast cancer after failure of combination chemotherapy for metastatic disease or relapse within 6 months of adjuvant chemotherapy. Prior therapy should have included an anthracycline unless clinically contraindicated.

1.2 Non-Small Cell Lung Cancer

ABRAXANE is indicated for the first-line treatment of locally advanced or metastatic non-small cell lung cancer, in combination with carboplatin, in patients who are not candidates for curative surgery or radiation therapy.

2 DOSAGE AND ADMINISTRATION

2.1 Metastatic Breast Cancer

After failure of combination chemotherapy for metastatic breast cancer or relapse within 6 months of adjuvant chemotherapy, the recommended regimen for ABRAXANE is 260 mg/m² administered intravenously over 30 minutes every 3 weeks.

2.2 Non-Small Cell Lung Cancer

The recommended dose of ABRAXANE is 100 mg/m² administered as an intravenous infusion over 30 minutes on Days 1, 8, and 15 of each 21-day cycle. The recommended dose of carboplatin is AUC = 6 mg•min/mL on Day 1 only of each 21-day cycle, beginning immediately after the completion of ABRAXANE administration.

2.3 Dosage in Patients with Hepatic Impairment

No dose adjustment is necessary for patients with mild hepatic impairment. Patients with moderate and severe hepatic impairment treated with ABRAXANE may be at increased risk of toxicities known to paclitaxel. Withhold ABRAXANE if AST >10 x ULN or bilirubin > 5 x ULN. Recommendations for dosage adjustment for the first course of therapy are shown in Table 1.

For metastatic breast cancer, the dose of ABRAXANE can be increased from 130 mg/m² up to 200 mg/m² in patients with severe hepatic impairment in subsequent cycles based on individual tolerance.

For non-small cell lung cancer, reduce the dose of ABRAXANE to 50 mg/m² in patients with severe hepatic impairment. In subsequent cycles, the dose of ABRAXANE may be increased to 75 mg/m² as tolerated.

Monitor patients closely [see *Warnings and Precautions (5.4), Use in Specific Populations (8.6), and Clinical Pharmacology (12.3)*].

Table 1: Recommendations for Starting Dose in Patients with Hepatic Impairment

	SGOT (AST) Levels			Bilirubin Levels		ABRAXANE Dose ^a	
						MBC	NSCLC
Mild	< 10 x ULN			> ULN to ≤ 1.25 x ULN		260 mg/m ²	100 mg/m ²
Moderate	< 10 x ULN	AND		1.26 to 2 x ULN		200 mg/m ²	75 mg/m ²
Severe	< 10 x ULN			2.01 to 5 x ULN		130 mg/m ^{2b}	50 mg/m ^{2c}
	> 10 x ULN		OR	> 5 x ULN		not eligible	not eligible

MBC = Metastatic Breast Cancer; NSCLC = Non-Small Cell Lung Cancer.

^a Dosage recommendations are for the first course of therapy. The need for further dose adjustments in subsequent courses should be based on individual tolerance.

^b A dose increase to 200 mg/m² in subsequent courses should be considered based on individual tolerance.

^c Increase dose to 75 mg/m² in subsequent courses, as tolerated.

2.4 Dose Reduction/Discontinuation Recommendations

Metastatic Breast Cancer

Patients who experience severe neutropenia (neutrophil <500 cells/mm³ for a week or longer) or severe sensory neuropathy during ABRAXANE therapy should have dosage reduced to 220 mg/m² for subsequent courses of ABRAXANE. For recurrence of severe neutropenia or severe sensory neuropathy, additional dose reduction should be made to 180 mg/m². For Grade 3 sensory neuropathy hold treatment until resolution to Grade 1 or 2, followed by a dose reduction for all subsequent courses of ABRAXANE [see *Contraindications (4), Warnings and Precautions (5.1, 5.2) and Adverse Reactions (6.1)*].

Non-Small Cell Lung Cancer

- Do not administer ABRAXANE on Day 1 of a cycle until absolute neutrophil count (ANC) is at least 1500 cells/mm³ and platelet count is at least 100,000 cells/mm³ [see *Contraindications (4), Warnings and Precautions (5.1) and Adverse Reactions (6.2)*].
- In patients who develop severe neutropenia or thrombocytopenia withhold treatment until counts recover to an absolute neutrophil count of at least 1500 cells/mm³ and platelet count of at least 100,000 cells/mm³ on Day 1 or to an absolute neutrophil count of at least 500 cells/mm³ and platelet count of at least 50,000 cells/mm³ on Days 8 or 15 of the cycle. Upon resumption of dosing, permanently reduce ABRAXANE and carboplatin doses as outlined in Table 2.
- Withhold ABRAXANE for Grade 3-4 peripheral neuropathy. Resume ABRAXANE and carboplatin at reduced doses (see Table 2) when peripheral neuropathy improves to Grade 1 or completely resolves [see *Warnings and Precautions (5.2) and Adverse Reactions (6.2)*].

Table 2: Permanent Dose Reductions for Hematologic and Neurologic Adverse Drug Reactions in NSCLC

Adverse Drug Reaction	Occurrence	Weekly ABRAXANE Dose (mg/m ²)	Every 3-Week Carboplatin Dose (AUC mg•min/mL)
Neutropenic Fever (ANC less than 500/mm ³ with fever $>38^{\circ}\text{C}$) OR Delay of next cycle by more than 7 days for ANC less than 1500/mm ³ OR ANC less than 500/mm ³ for more than 7 days	First	75	4.5
	Second	50	3
	Third	Discontinue Treatment	
Platelet count less than 50,000/mm ³	First	75	4.5
	Second	Discontinue Treatment	
Severe sensory Neuropathy – Grade 3 or 4	First	75	4.5
	Second	50	3
	Third	Discontinue Treatment	

2.5 Preparation and Administration Precautions

ABRAXANE is a cytotoxic drug and, as with other potentially toxic paclitaxel compounds, caution should be exercised in handling ABRAXANE. The use of gloves is recommended. If ABRAXANE (lyophilized cake or reconstituted suspension) contacts the skin, wash the skin immediately and thoroughly with soap and water. Following topical exposure to paclitaxel, events may include tingling, burning and redness. If ABRAXANE contacts mucous membranes, the membranes should be flushed thoroughly with water.

Given the possibility of extravasation, it is advisable to closely monitor the infusion site for possible infiltration during drug administration. Limiting the infusion of ABRAXANE to 30 minutes, as directed, reduces the likelihood of infusion-related reactions [see *Adverse Reactions (6.3)*].

Premedication to prevent hypersensitivity reactions is generally not needed prior to the administration of ABRAXANE. Premedication may be needed in patients who have had prior hypersensitivity reactions to ABRAXANE. Patients who experience a severe hypersensitivity reaction to ABRAXANE should not be re-challenged with this drug [see *Warnings and Precautions (5.3)*].

2.6 Preparation for Intravenous Administration

ABRAXANE is supplied as a sterile lyophilized powder for reconstitution before use. **AVOID ERRORS, READ ENTIRE PREPARATION INSTRUCTIONS PRIOR TO RECONSTITUTION.**

1. Aseptically, reconstitute each vial by injecting 20 mL of 0.9% Sodium Chloride Injection, USP.
2. Slowly inject the 20 mL of 0.9% Sodium Chloride Injection, USP, over a minimum of 1 minute, using the sterile syringe to direct the solution flow onto the **INSIDE WALL OF THE VIAL**.



3. **DO NOT INJECT** the 0.9% Sodium Chloride Injection, USP, directly onto the lyophilized cake as this will result in foaming.
4. Once the injection is complete, allow the vial to sit for a minimum of 5 minutes to ensure proper wetting of the lyophilized cake/powder.
5. Gently swirl and/or invert the vial slowly for at least 2 minutes until complete dissolution of any cake/powder occurs. Avoid generation of foam.
6. If foaming or clumping occurs, stand solution for at least 15 minutes until foam subsides.

Each mL of the reconstituted formulation will contain 5 mg/mL paclitaxel.

Calculate the exact total dosing volume of 5 mg/mL suspension required for the patient: Dosing volume (mL) = Total dose (mg)/5 (mg/mL).

The reconstituted suspension should be milky and homogenous without visible particulates. If particulates or settling are visible, the vial should be **gently** inverted again to ensure complete resuspension prior to use. Discard the reconstituted suspension if precipitates are observed. Discard any unused portion.

Inject the appropriate amount of reconstituted ABRAXANE into an empty, sterile intravenous bag [plasticized polyvinyl chloride (PVC) containers, PVC or non-PVC type intravenous bag]. The use of specialized DEHP-free solution containers or administration sets is not necessary to prepare or administer ABRAXANE infusions. The use of an in-line filter is not recommended.

Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration whenever solution and container permit.

2.7 Stability

Unopened vials of ABRAXANE are stable until the date indicated on the package when stored between 20°C to 25°C (68°F to 77°F) in the original package. Neither freezing nor refrigeration adversely affects the stability of the product.

Stability of Reconstituted Suspension in the Vial

Reconstituted ABRAXANE in the vial should be used immediately, but may be refrigerated at 2°C to 8°C (36°F to 46°F) for a maximum of 8 hours if necessary. If not used immediately, each vial of reconstituted suspension should be replaced in the original carton to protect it from bright light. Discard any unused portion.

Stability of Reconstituted Suspension in the Infusion Bag

The suspension for infusion when prepared as recommended in an infusion bag should be used immediately but may be stored at ambient temperature (approximately 25°C) and lighting conditions for up to 4 hours. Discard any unused portion.

3 DOSAGE FORMS AND STRENGTHS

Single use vials containing 100 mg of paclitaxel.

4 CONTRAINDICATIONS

- ABRAXANE should not be used in patients who have baseline neutrophil counts of $< 1,500$ cells/mm³.
- Patients who experience a severe hypersensitivity reaction to ABRAXANE should not be rechallenged with the drug.

5 WARNINGS AND PRECAUTIONS

5.1 Hematologic Effects

Bone marrow suppression (primarily neutropenia) is dose-dependent and a dose-limiting toxicity of ABRAXANE. In clinical studies, Grade 3-4 neutropenia occurred in 34% of patients with metastatic breast cancer (MBC) and 47% of patients with non-small cell lung cancer (NSCLC).

Monitor for myelotoxicity by performing complete blood cell counts frequently, including prior to dosing on Day 1 (for MBC) and Days 1, 8, and 15 (for NSCLC). Do not administer ABRAXANE to patients with baseline absolute neutrophil counts (ANC) of less than 1,500 cells/mm³. In the case of severe neutropenia (<500 cells/mm³ for seven days or more) during a course of ABRAXANE therapy, reduce the dose of ABRAXANE in subsequent courses in patients with either MBC or NSCLC.

In patients with MBC, resume treatment with every-3-week cycles of ABRAXANE after ANC recovers to a level >1,500 cells/mm³ and platelets recover to a level >100,000 cells/mm³.

In patients with NSCLC, resume treatment if recommended (see Dosage and Administration, Table 2) at permanently reduced doses for both weekly ABRAXANE and every-3-week carboplatin after ANC recovers to at least 1500 cells/mm³ and platelet count of at least 100,000 cells/mm³ on Day 1 or to an ANC of at least 500 cells/mm³ and platelet count of at least 50,000 cells/mm³ on Days 8 or 15 of the cycle [see Dosage and Administration (2.4)].

5.2 Nervous System

Sensory neuropathy is dose- and schedule-dependent [see Adverse Reactions (6.1, 6.2)]. The occurrence of Grade 1 or 2 sensory neuropathy does not generally require dose modification. If ≥ Grade 3 sensory neuropathy develops, treatment should be withheld until resolution to Grade 1 or 2 for metastatic breast cancer or until resolution to ≤ Grade 1 for NSCLC followed by a dose reduction for all subsequent courses of ABRAXANE [see Dosage and Administration (2.4)].

5.3 Hypersensitivity

Severe and sometimes fatal hypersensitivity reactions, including anaphylactic reactions, have been reported. Patients who experience a severe hypersensitivity reaction to ABRAXANE should not be re-challenged with this drug.

5.4 Hepatic Impairment

Because the exposure and toxicity of paclitaxel can be increased with hepatic impairment, administration of ABRAXANE in patients with hepatic impairment should be performed with caution. The starting dose should be reduced for patients with moderate or severe hepatic impairment [see Dosage and Administration (2.3), Use in Specific Populations (8.6) and Clinical Pharmacology (12.3)].

5.5 Albumin (Human)

ABRAXANE contains albumin (human), a derivative of human blood. Based on effective donor screening and product manufacturing processes, it carries a remote risk for transmission of viral diseases. A theoretical risk for transmission of Creutzfeldt-Jakob Disease (CJD) also is considered extremely remote. No cases of transmission of viral diseases or CJD have ever been identified for albumin.

5.6 Use in Pregnancy

ABRAXANE can cause fetal harm when administered to a pregnant woman. Administration of paclitaxel protein-bound particles to rats during pregnancy at doses lower than the maximum recommended human dose, based on body surface area, caused embryo-fetal toxicities, including intrauterine mortality, increased resorptions, reduced numbers of live fetuses, and malformations.

There are no adequate and well-controlled studies in pregnant women receiving ABRAXANE. If this drug is used during pregnancy, or if the patient becomes pregnant while receiving this drug, the patient should be apprised of the potential hazard to the fetus. Women of childbearing potential should be advised to avoid becoming pregnant while receiving ABRAXANE [see Use in Specific Populations (8.1)].

5.7 Use in Men

Men should be advised not to father a child while receiving ABRAXANE [see Nonclinical Toxicology (13.1)].

6 ADVERSE REACTIONS

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice.

The most common adverse reactions (≥ 20%) with single-agent use of ABRAXANE in metastatic breast cancer are alopecia, neutropenia, sensory neuropathy, abnormal ECG, fatigue/asthenia, myalgia/arthralgia, AST elevation, alkaline phosphatase elevation, anemia, nausea, infections, and diarrhea [see Adverse Reactions (6.1)].

The most common adverse reactions (≥ 20%) of ABRAXANE in combination with carboplatin for non-small cell lung cancer are anemia, neutropenia, thrombocytopenia, alopecia, peripheral neuropathy, nausea, and fatigue [see Adverse Reactions (6.2)]. The most common serious adverse reactions of ABRAXANE in combination with carboplatin for non-small cell lung cancer are anemia (4%) and pneumonia (3%). The most common adverse reactions resulting in permanent discontinuation of ABRAXANE were neutropenia (3%), thrombocytopenia (3%), and peripheral neuropathy (1%). The most common adverse reactions resulting in dose reduction of ABRAXANE were neutropenia (24%), thrombocytopenia (13%), and anemia (6%). The most common adverse reactions leading to withholding or delay in ABRAXANE dosing were neutropenia (41%), thrombocytopenia (30%), and anemia (16%).

6.1 Clinical Trials Experience in Metastatic Breast Cancer

Table 3 shows the frequency of important adverse events in the randomized comparative trial for the patients who received either single-agent ABRAXANE or paclitaxel injection for the treatment of metastatic breast cancer.

Table 3: Frequency^a of Important Treatment Emergent Adverse Events in the Randomized Metastatic Breast Cancer Study on an Every-3-Weeks Schedule

	Percent of Patients	
	ABRAXANE 260 mg/m ² over 30 min (n=229)	Paclitaxel Injection 175 mg/m ² over 3 h ^b (n=225)
Bone Marrow		
Neutropenia		
< 2.0 x 10 ⁹ /L	80	82
< 0.5 x 10 ⁹ /L	9	22
Thrombocytopenia		
< 100 x 10 ⁹ /L	2	3
< 50 x 10 ⁹ /L	<1	<1
Anemia		
< 11 g/dL	33	25
< 8 g/dL	1	<1
Infections	24	20
Febrile Neutropenia	2	1
Bleeding	2	2
Hypersensitivity Reaction^c		
All	4	12
Severe ^d	0	2
Cardiovascular		
Vital Sign Changes During Administration		
Bradycardia	<1	<1
Hypotension	5	5
Severe Cardiovascular Events ^d	3	4
Abnormal ECG		
All Patients	60	52
Patients with Normal Baseline	35	30
Respiratory		
Cough	7	6
Dyspnea	12	9
Sensory Neuropathy		
Any Symptoms	71	56
Severe Symptoms ^d	10	2
Myalgia / Arthralgia		
Any Symptoms	44	49
Severe Symptoms ^d	8	4
Asthenia		
Any Symptoms	47	39
Severe Symptoms ^d	8	3
Fluid Retention/Edema		
Any Symptoms	10	8
Severe Symptoms ^d	0	<1
Gastrointestinal		
Nausea		
Any Symptoms	30	22
Severe Symptoms ^d	3	<1
Vomiting		
Any Symptoms	18	10
Severe Symptoms ^d	4	1
Diarrhea		
Any Symptoms	27	15
Severe Symptoms ^d	<1	1
Mucositis		
Any Symptoms	7	6
Severe Symptoms ^d	<1	0
Alopecia	90	94

	Percent of Patients	
	ABRAXANE 260 mg/m ² over 30 min (n=229)	Paclitaxel Injection 175 mg/m ² over 3 h ^b (n=225)
Hepatic (Patients with Normal Baseline)		
Bilirubin Elevations	7	7
Alkaline Phosphatase Elevations	36	31
AST (SGOT) Elevations	39	32
Injection Site Reaction	<1	1

^a Based on worst grade by NCI Common Terminology Criteria for Adverse Events (CTCAE) version 2.

^b Paclitaxel injection patients received premedication.

^c Includes treatment-related events related to hypersensitivity (e.g., flushing, dyspnea, chest pain, hypotension) that began on a day of dosing.

^d Severe events are defined as at least grade 3 toxicity.

Adverse Event Experiences by Body System

Hematologic Disorders

Neutropenia was dose dependent and reversible. Among patients with metastatic breast cancer in the randomized trial, neutrophil counts declined below 500 cells/mm³ (Grade 4) in 9% of the patients treated with a dose of 260 mg/m² compared to 22% in patients receiving paclitaxel injection at a dose of 175 mg/m². Pancytopenia has been observed in clinical trials.

Infections

Infectious episodes were reported in 24% of the patients treated with ABRAXANE. Oral candidiasis, respiratory tract infections and pneumonia were the most frequently reported infectious complications.

Hypersensitivity Reactions (HSRs)

Grade 1 or 2 HSRs occurred on the day of ABRAXANE administration and consisted of dyspnea (1%) and flushing, hypotension, chest pain, and arrhythmia (all <1%). The use of ABRAXANE in patients previously exhibiting hypersensitivity to paclitaxel injection or human albumin has not been studied.

Cardiovascular

Hypotension, during the 30-minute infusion, occurred in 5% of patients. Bradycardia, during the 30-minute infusion, occurred in <1% of patients. These vital sign changes most often caused no symptoms and required neither specific therapy nor treatment discontinuation.

Severe cardiovascular events possibly related to single-agent ABRAXANE occurred in approximately 3% of patients. These events included cardiac ischemia/infarction, chest pain, cardiac arrest, supraventricular tachycardia, edema, thrombosis, pulmonary thromboembolism, pulmonary emboli, and hypertension. Cases of cerebrovascular attacks (strokes) and transient ischemic attacks have been reported.

Electrocardiogram (ECG) abnormalities were common among patients at baseline. ECG abnormalities on study did not usually result in symptoms, were not dose-limiting, and required no intervention. ECG abnormalities were noted in 60% of patients. Among patients with a normal ECG prior to study entry, 35% of all patients developed an abnormal tracing while on study. The most frequently reported ECG modifications were non-specific repolarization abnormalities, sinus bradycardia, and sinus tachycardia.

Respiratory

Dyspnea (12%), cough (7%), and pneumothorax (<1%) were reported after treatment with ABRAXANE.

Neurologic

The frequency and severity of sensory neuropathy increased with cumulative dose. Sensory neuropathy was the cause of ABRAXANE discontinuation in 7/229 (3%) patients. Twenty-four patients (10%) treated with ABRAXANE developed Grade 3 peripheral neuropathy; of these patients, 14 had documented improvement after a median of 22 days; 10 patients resumed treatment at a reduced dose of ABRAXANE and 2 discontinued due to peripheral neuropathy. Of the 10 patients without documented improvement, 4 discontinued the study due to peripheral neuropathy.

No Grade 4 sensory neuropathies were reported. Only one incident of motor neuropathy (Grade 2) was observed in either arm of the controlled trial.

Vision Disorders

Ocular/visual disturbances occurred in 13% of all patients (n=366) treated with ABRAXANE and 1% were severe. The severe cases (keratitis and blurred vision) were reported in patients who received higher doses than those recommended (300 or 375 mg/m²). These effects generally have been reversible.

Arthralgia/Myalgia

The symptoms were usually transient, occurred two or three days after ABRAXANE administration, and resolved within a few days.

Hepatic

Grade 3 or 4 elevations in GGT were reported for 14% of patients treated with ABRAXANE and 10% of patients treated with paclitaxel injection in the randomized trial.

Renal

Overall 11% of patients experienced creatinine elevation, 1% severe. No discontinuations, dose reductions, or dose delays were caused by renal toxicities.

Other Clinical Events

Nail changes (changes in pigmentation or discoloration of nail bed) have been reported. Edema occurred in 10% of patients; no patients had severe edema. Dehydration and pyrexia were also reported.

6.2 Clinical Trials Experience in Non-Small Cell Lung Cancer

Adverse reactions were assessed in 514 ABRAXANE/carboplatin-treated patients and 524 paclitaxel injection/carboplatin-treated patients receiving first-line systemic treatment for locally advanced (stage IIIB) or metastatic (IV) non-small cell lung cancer (NSCLC) in a multicenter, randomized, open-label trial. ABRAXANE was administered as an intravenous infusion over 30 minutes at a dose of 100 mg/m² on Days 1, 8, and 15 of each 21-day cycle. Paclitaxel injection was administered as an intravenous infusion over 3 hours at a dose of 200 mg/m², following premedication. In both treatment arms carboplatin at a dose of AUC = 6 mg•min/mL was administered intravenously on Day 1 of each 21-day cycle after completion of ABRAXANE/paclitaxel infusion.

The differences in paclitaxel dose and schedule between the two arms limit direct comparison of dose- and schedule-dependent adverse reactions. Among patients evaluable for adverse reactions, the median age was 60 years, 75% were men, 81% were White, 49% had adenocarcinoma, 43% had squamous cell lung cancer, 76% were ECOG PS 1. Patients in both treatment arms received a median of 6 cycles of treatment.

The following common (≥ 10% incidence) adverse reactions were observed at a similar incidence in ABRAXANE plus carboplatin-treated and paclitaxel injection plus carboplatin-treated patients: alopecia 56%, nausea 27%, fatigue 25%, decreased appetite 17%, asthenia 16%, constipation 16%, diarrhea 15%, vomiting 12%, dyspnea 12%, and rash 10% (incidence rates are for the ABRAXANE plus carboplatin treatment group).

Table 4 provides the frequency and severity laboratory-detected abnormalities which occurred with a difference of ≥ 5% for all grades (1-4) or ≥ 2% for Grade 3-4 toxicity between ABRAXANE plus carboplatin-treated patients or paclitaxel injection plus carboplatin-treated patients.

Table 4: Selected Hematologic Laboratory-Detected Abnormalities With a Difference of ≥ 5% for grades (1-4) or ≥ 2% for Grade 3-4 Toxicity Between Treatment Groups

	ABRAXANE (100 mg/m ² weekly) plus carboplatin		Paclitaxel Injection (200 mg/m ² every 3 weeks) plus carboplatin	
	Grades 1-4 (%)	Grade 3-4 (%)	Grades 1-4 (%)	Grade 3-4 (%)
Anemia ^{1,2}	98	28	91	7
Neutropenia ^{1,3}	85	47	83	58
Thrombocytopenia ^{1,3}	68	18	55	9

¹ 508 patients assessed in ABRAXANE/carboplatin-treated group

² 514 patients assessed in paclitaxel injection/carboplatin-treated group

³ 513 patients assessed in paclitaxel injection/carboplatin-treated group

Table 5 provides the frequency and severity of adverse reactions, which occurred with a difference of ≥ 5% for all grades (1-4) or ≥ 2% for Grade 3-4 between either treatment group for the 514 ABRAXANE plus carboplatin-treated patients compared with the 524 patients who received paclitaxel injection plus carboplatin.

Table 5: Selected Adverse Reactions with a Difference of ≥5% for All Grade Toxicity or ≥2% for Grade 3-4 Toxicity Between Treatment Groups

System Organ Class	MedDRA v 12.1 Preferred Term	ABRAXANE (100 mg/m ² weekly) + carboplatin (N=514)		Paclitaxel Injection (200 mg/m ² every 3 weeks) + carboplatin (N=524)	
		Grade 1-4 Toxicity (%)	Grade 3-4 Toxicity (%)	Grades 1-4 Toxicity (%)	Grade 3-4 Toxicity (%)
Nervous system disorders	Peripheral neuropathy ^a	48	3	64	12
General disorders and administration site conditions	Edema peripheral	10	0	4	<1
Respiratory thoracic and	Epistaxis	7	0	2	0

mediastinal disorders					
Musculoskeletal and connective tissue disorders	Arthralgia	13	<1	25	2
	Myalgia	10	<1	19	2

^a Peripheral neuropathy is defined by the MedDRA Version 14.0 SMQ neuropathy (broad scope).

For the ABRAXANE plus carboplatin treated group, 17/514 (3%) patients developed Grade 3 peripheral neuropathy and no patients developed Grade 4 peripheral neuropathy. Grade 3 neuropathy improved to Grade 1 or resolved in 10/17 patients (59%) following interruption or discontinuation of ABRAXANE.

6.3 Post-Marketing Experience with ABRAXANE and other Paclitaxel Formulations

Unless otherwise noted, the following discussion refers to the adverse reactions that have been identified during post-approval use of ABRAXANE. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure. In some instances, severe events observed with paclitaxel injection may be expected to occur with ABRAXANE.

Hypersensitivity Reactions

Severe and sometimes fatal hypersensitivity reactions have been reported with ABRAXANE. The use of ABRAXANE in patients previously exhibiting hypersensitivity to paclitaxel injection or human albumin has not been studied.

Cardiovascular

There have been reports of congestive heart failure and left ventricular dysfunction with ABRAXANE. Most of the individuals were previously exposed to cardiotoxic drugs, such as anthracyclines, or had underlying cardiac history.

Respiratory

There have been reports of pneumonitis, interstitial pneumonia and pulmonary embolism in patients receiving ABRAXANE and reports of radiation pneumonitis in patients receiving concurrent radiotherapy. Reports of lung fibrosis have been received as part of the continuing surveillance of paclitaxel injection safety and may also be observed with ABRAXANE.

Neurologic

Cranial nerve palsies and vocal cord paresis have been reported, as well as autonomic neuropathy resulting in paralytic ileus.

Vision Disorders

Reports in the literature of abnormal visual evoked potentials in patients treated with paclitaxel injection suggest persistent optic nerve damage. These may also be observed with ABRAXANE.

Reduced visual acuity due to cystoid macular edema (CME) has been reported during treatment with ABRAXANE as well as with other taxanes. After cessation of treatment, CME improves and visual acuity may return to baseline.

Hepatic

Reports of hepatic necrosis and hepatic encephalopathy leading to death have been received as part of the continuing surveillance of paclitaxel injection safety and may occur following ABRAXANE treatment.

Gastrointestinal (GI)

There have been reports of intestinal obstruction, intestinal perforation, pancreatitis, and ischemic colitis following ABRAXANE treatment. There have been reports of neutropenic enterocolitis (typhlitis), despite the coadministration of G-CSF, occurring in patients treated with paclitaxel injection alone and in combination with other chemotherapeutic agents.

Injection Site Reaction

There have been reports of extravasation of ABRAXANE. Given the possibility of extravasation, it is advisable to monitor closely the ABRAXANE infusion site for possible infiltration during drug administration.

Severe events such as phlebitis, cellulitis, induration, necrosis, and fibrosis have been reported as part of the continuing surveillance of paclitaxel injection safety. In some cases the onset of the injection site reaction in paclitaxel injection patients either occurred during a prolonged infusion or was delayed by a week to ten days. Recurrence of skin reactions at a site of previous extravasation following administration of paclitaxel injection at a different site, i.e., "recall", has been reported.

Other Clinical Events

Skin reactions including generalized or maculopapular rash, erythema, and pruritus have been observed with ABRAXANE. There have been case reports of photosensitivity reactions, radiation recall phenomenon, and in some patients previously exposed to capecitabine, reports of palmar-plantar erythrodysesthesia. Stevens-Johnson syndrome and toxic epidermal necrolysis have been reported.

There have been reports of conjunctivitis, cellulitis, and increased lacrimation with paclitaxel injection.

6.4 Accidental Exposure

No reports of accidental exposure to ABRAXANE have been received. However, upon inhalation of paclitaxel, dyspnea, chest pain, burning eyes, sore throat, and nausea have been reported. Following topical exposure, events have included tingling, burning, and redness.

7 DRUG INTERACTIONS

The metabolism of paclitaxel is catalyzed by CYP2C8 and CYP3A4. In the absence of formal clinical drug interaction studies, caution should be exercised when administering ABRAXANE concomitantly with medicines known to inhibit (e.g., ketoconazole and other imidazole antifungals, erythromycin, fluoxetine, gemfibrozil, cimetidine, ritonavir, saquinavir, indinavir, and nelfinavir) or induce (e.g., rifampicin, carbamazepine, phenytoin, efavirenz, and nevirapine) either CYP2C8 or CYP3A4.

There are no clinically important pharmacokinetic drug-drug interactions between carboplatin and ABRAXANE [see *Clinical Pharmacology* (12.3)].

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

Pregnancy Category D [see *Warnings and Precautions* (5.6)].

There are no adequate and well-controlled studies in pregnant women using ABRAXANE. Based on its mechanism of action and findings in animals, ABRAXANE can cause fetal harm when administered to a pregnant woman. If this drug is used during pregnancy, or if the patient becomes pregnant while receiving this drug, the patient should be apprised of the potential hazard to the fetus. Women of childbearing potential should be advised to avoid becoming pregnant while receiving ABRAXANE.

Administration of paclitaxel protein-bound particles to rats during pregnancy, on gestation days 7 to 17 at doses of 6 mg/m² (approximately 2% of the daily maximum recommended human dose on a mg/m² basis) caused embryofetal toxicities, as indicated by intrauterine mortality, increased resorptions (up to 5-fold), reduced numbers of litters and live fetuses, reduction in fetal body weight and increase in fetal anomalies. Fetal anomalies included soft tissue and skeletal malformations, such as eye bulge, folded retina, microphthalmia, and dilation of brain ventricles. A lower incidence of soft tissue and skeletal malformations were also exhibited at 3 mg/m² (approximately 1% of the daily maximum recommended human dose on a mg/m² basis).

8.3 Nursing Mothers

It is not known whether paclitaxel is excreted in human milk. Paclitaxel and/or its metabolites were excreted into the milk of lactating rats. Because many drugs are excreted in human milk and because of the potential for serious adverse reactions in nursing infants, a decision should be made to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.

8.4 Pediatric Use

The safety and effectiveness of ABRAXANE in pediatric patients have not been evaluated.

8.5 Geriatric Use

Of the 229 patients in the randomized study who received ABRAXANE for the treatment of metastatic breast cancer, 13% were at least 65 years of age and < 2% were 75 years or older. No toxicities occurred notably more frequently among patients who received ABRAXANE.

Of the 514 patients in the randomized study who received ABRAXANE and carboplatin for the first-line treatment of non-small cell lung cancer, 31% were 65 years or older and 3.5% were 75 years or older. Myelosuppression, peripheral neuropathy, and arthralgia were more frequent in patients 65 years or older compared to patients younger than 65 years old. No overall difference in effectiveness, as measured by response rates, was observed between patients 65 years or older compared to patients younger than 65 years old.

8.6 Patients with Hepatic Impairment

Because the exposure and toxicity of paclitaxel can be increased in patients with hepatic impairment, the administration of ABRAXANE should be performed with caution in patients with hepatic impairment [see *Dosage and Administration* (2.3), *Warnings and Precautions* (5.4), and *Clinical Pharmacology* (12.3)].

8.7 Patients with Renal Impairment

The use of ABRAXANE has not been studied in patients with renal impairment.

10 OVERDOSAGE

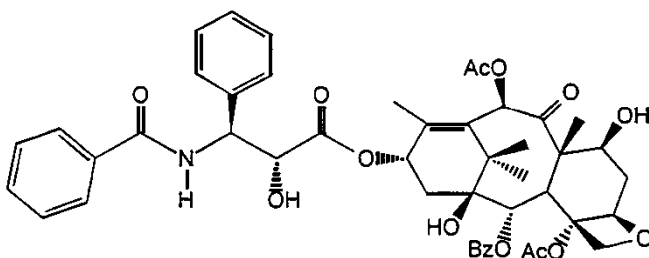
There is no known antidote for ABRAXANE overdose. The primary anticipated complications of overdose would consist of bone marrow suppression, sensory neurotoxicity, and mucositis.

11 DESCRIPTION

ABRAXANE, a microtubule inhibitor, is an albumin-bound form of paclitaxel with a mean particle size of approximately 130 nanometers. Paclitaxel exists in the particles in a non-crystalline, amorphous state. ABRAXANE is supplied as a white to yellow, sterile, lyophilized powder for reconstitution with 20 mL of 0.9% Sodium Chloride Injection, USP prior to intravenous infusion. Each single-use vial contains 100 mg of paclitaxel (bound to human albumin) and approximately 900 mg of human albumin (containing sodium caprylate and sodium acetyltryptophanate). Each milliliter (mL) of reconstituted suspension contains 5 mg paclitaxel. ABRAXANE is free of solvents.

The active agent in ABRAXANE is paclitaxel. The chemical name for paclitaxel is 5 β ,20-Epoxy-1,2 α ,4,7 β ,10 β ,13 α -hexahydroxytax-11-en-9-one 4,10-diacetate 2-benzoate 13-ester with (2R,3S)-N-benzoyl-3-phenylisoserine.

Paclitaxel has the following structural formula:



Paclitaxel is a white to off-white crystalline powder with the empirical formula C₄₇H₅₁NO₁₄ and a molecular weight of 853.91. It is highly lipophilic, insoluble in water, and melts at approximately 216°C to 217°C.

12 CLINICAL PHARMACOLOGY

12.1 Mechanism of Action

ABRAXANE is a microtubule inhibitor that promotes the assembly of microtubules from tubulin dimers and stabilizes microtubules by preventing depolymerization. This stability results in the inhibition of the normal dynamic reorganization of the microtubule network that is essential for vital interphase and mitotic cellular functions. Paclitaxel induces abnormal arrays or "bundles" of microtubules throughout the cell cycle and multiple asters of microtubules during mitosis.

12.3 Pharmacokinetics

Absorption

The pharmacokinetics of total paclitaxel following 30 and 180-minute infusions of ABRAXANE at dose levels of 80 to 375 mg/m² were determined in clinical studies. Dose levels of mg/m² refer to mg of paclitaxel in ABRAXANE. Following intravenous administration of ABRAXANE, paclitaxel plasma concentrations declined in a biphasic manner, the initial rapid decline representing distribution to the peripheral compartment and the slower second phase representing drug elimination. The terminal half-life was approximately 27 hours.

The drug exposure (AUCs) was dose proportional over 80 to 375 mg/m² and the pharmacokinetics of paclitaxel were independent of the duration of ABRAXANE administration. At the dose of 260 mg/m² for metastatic breast cancer, the mean maximum concentration of paclitaxel, which occurred at the end of the infusion, was 18,741 ng/mL. The mean total clearance was 15 L/hr/m². The mean volume of distribution was 632 L/m² indicating extensive extravascular distribution and/or tissue binding of paclitaxel.

The pharmacokinetic data of 260 mg/m² ABRAXANE administered over a 30-minute infusion was compared to the pharmacokinetics of 175 mg/m² paclitaxel injection over a 3-hour infusion. The clearance was larger (43%) and the volume of distribution was also higher (53%) for ABRAXANE than for paclitaxel injection. Differences in the maximum concentration (C_{max}) and dose-corrected C_{max} reflected differences in total dose and rate of infusion. There were no differences in terminal half-lives.

Distribution

In vitro studies of binding to human serum proteins, using paclitaxel concentrations ranging from 0.1 to 50 µg/mL, indicated that between 89% to 98% of drug is bound; the presence of cimetidine, ranitidine, dexamethasone, or diphenhydramine did not affect protein binding of paclitaxel.

Metabolism

In vitro studies with human liver microsomes and tissue slices showed that paclitaxel was metabolized primarily to 6 α -hydroxypaclitaxel by CYP2C8; and to two minor metabolites, 3'-*p*-hydroxypaclitaxel and 6 α , 3'-*p*-dihydroxypaclitaxel, by CYP3A4. *In vitro*, the metabolism of paclitaxel to 6 α -hydroxypaclitaxel was inhibited by a number of agents (ketoconazole, verapamil, diazepam, quinidine, dexamethasone, cyclosporin, teniposide, etoposide, and vincristine), but the concentrations used exceeded those found *in vivo* following normal therapeutic doses. Testosterone, 17 α -ethinyl estradiol, retinoic acid, and quercetin, a specific inhibitor of CYP2C8, also inhibited the formation of 6 α -hydroxypaclitaxel *in vitro*. The pharmacokinetics of paclitaxel may also be altered *in vivo* as a result of interactions with compounds that are substrates, inducers, or inhibitors of CYP2C8 and/or CYP3A4 [see *Drug Interactions* (7)].

Excretion

After a 30-minute infusion of 260 mg/m² doses of ABRAXANE, the mean values for cumulative urinary recovery of unchanged drug (4%) indicated extensive non-renal clearance. Less than 1% of the total administered dose was excreted in urine as the metabolites 6 α -hydroxy paclitaxel and 3'-p-hydroxy paclitaxel.

Fecal excretion was approximately 20% of the total dose administered.

Effect of Hepatic Impairment

The pharmacokinetic profile of ABRAXANE administered as a 30-minute infusion was evaluated in 15 out of 30 solid tumor patients with mild to severe hepatic impairment defined by serum bilirubin levels and AST levels. Patients with AST > 10 x ULN or bilirubin > 5 x ULN were not enrolled. ABRAXANE doses were assigned based on the degree of hepatic impairment as described:

- Mild (bilirubin > ULN to \leq 1.25 x ULN and AST > ULN and < 10 x ULN): 260 mg/m²
- Moderate (bilirubin 1.26 to 2 x ULN and AST > ULN and < 10 x ULN): 200 mg/m²
- Severe (bilirubin 2.01 to 5 x ULN and AST > ULN and < 10 x ULN): 130 mg/m²

The 260 mg/m² dose for mild hepatic impairment and the 200 mg/m² dose for moderate hepatic impairment resulted in paclitaxel exposures within the range seen in patients with normal hepatic function (mean AUC_{0-∞} = 14,789 \pm 6,703 hr*ng/mL). The 130 mg/m² dose in patients with severe hepatic impairment resulted in lower paclitaxel exposures than those seen in normal subjects. In addition, patients with severe hepatic impairment had higher mean cycle 1 absolute neutrophil count (ANC) nadir values than those with mild and moderate hepatic impairment. Table 6 summarizes the AUC values observed in the study. The 200 mg/m² dose has not been evaluated in patients with severe hepatic impairment, but it is predicted to adjust the paclitaxel AUC to the range observed in patients with normal hepatic function. There are no data for patients with AST >10 x ULN or bilirubin >5 x ULN [see Dosage and Administration (2.3) and Use in Specific Populations (8.6)].

Table 6: Exposure (AUC_{0-∞}) of ABRAXANE Administered Intravenously over 30 Minutes in Patients with Hepatic Impairment

	Mild (n=5)	Moderate (n=5)	Severe ^a (n=5)
Dose	260 mg/m ²	200 mg/m ²	130 mg/m ²
AUC_{inf} (hr*ng/mL)			
Mean \pm SD	17434 \pm 11454	14159 \pm 13346	9187 \pm 6475
Median (range)	13755 (7618, 35262)	7866 (5919, 37613)	6134 (5627, 20684)

^abilirubin 2.01 to 5 x ULN and AST > ULN and < 10 x ULN

Effect of Renal Impairment

The effect of renal impairment on the disposition of ABRAXANE has not been studied [see Use in Specific Populations (8.7)].

Pharmacokinetic Interactions between Carboplatin and ABRAXANE

Administration of carboplatin immediately after the completion of ABRAXANE infusion to patients with non-small cell lung cancer did not cause clinically important changes in paclitaxel exposure. The observed mean AUC_{inf} of free carboplatin was approximately 23% higher than the targeted value (6 min*mg/mL) but its mean half life and clearance were consistent with those reported in the absence of paclitaxel.

13 NONCLINICAL TOXICOLOGY

13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

The carcinogenic potential of ABRAXANE has not been studied.

Paclitaxel was clastogenic *in vitro* (chromosome aberrations in human lymphocytes) and *in vivo* (micronucleus test in mice). ABRAXANE was not mutagenic in the Ames test or the CHO/HGPRT gene mutation assay.

Administration of paclitaxel protein-bound particles to male rats at 42 mg/m² on a weekly basis (approximately 16% of the daily maximum recommended human exposure on a body surface area basis) for 11 weeks prior to mating with untreated female rats resulted in significantly reduced fertility accompanied by decreased pregnancy rates and increased loss of embryos in mated females. A low incidence of skeletal and soft tissue fetal anomalies was also observed at doses of 3 and 12 mg/m²/week in this study (approximately 1 to 5% of the daily maximum recommended human exposure on a mg/m² basis). Testicular atrophy/degeneration was observed in single-dose toxicology studies in rodents administered paclitaxel protein-bound particles at doses lower than the recommended human dose; doses were 54 mg/m² in rodents and 175 mg/m² in dogs.

14 CLINICAL STUDIES

14.1 Metastatic Breast Cancer

Data from 106 patients accrued in two single arm open label studies and from 460 patients enrolled in a randomized comparative study were available to support the use of ABRAXANE in metastatic breast cancer.

Single Arm Open Label Studies

In one study, ABRAXANE was administered as a 30-minute infusion at a dose of 175 mg/m² to 43 patients with metastatic breast cancer. The second trial utilized a dose of 300 mg/m² as a 30-minute infusion in 63 patients with metastatic breast cancer. Cycles were administered at 3-week intervals. Objective responses were observed in both studies.

Randomized Comparative Study

This multicenter trial was conducted in 460 patients with metastatic breast cancer. Patients were randomized to receive ABRAXANE at a dose of 260 mg/m² given as a 30-minute infusion, or paclitaxel injection at 175 mg/m² given as a 3-hour infusion. Sixty-four percent of patients had impaired performance status (ECOG 1 or 2) at study entry; 79% had visceral metastases; and 76% had > 3 sites of metastases. Fourteen percent of the patients had not received prior chemotherapy; 27% had received chemotherapy in the adjuvant setting, 40% in the metastatic setting and 19% in both metastatic and adjuvant settings. Fifty-nine percent received study drug as second or greater than second-line therapy. Seventy-seven percent of the patients had been previously exposed to anthracyclines.

In this trial, patients in the ABRAXANE treatment arm had a statistically significantly higher reconciled target lesion response rate (the trial primary endpoint) of 21.5% (95% CI: 16.2% to 26.7%), compared to 11.1% (95% CI: 6.9% to 15.1%) for patients in the paclitaxel injection treatment arm. See Table 7. There was no statistically significant difference in overall survival between the two study arms.

Table 7: Efficacy Results from Randomized Metastatic Breast Cancer Trial

		ABRAXANE 260 mg/m²	Paclitaxel Injection 175 mg/m²
Reconciled Target Lesion Response Rate (primary endpoint)^a			
All randomized patients	Response Rate [95% CI]	50/233 (21.5%) [16.19% – 26.73%]	25/227 (11.1%) [6.94% – 15.09%]
	p-value ^b	0.003	
Patients who had failed combination chemotherapy or relapsed within 6 months of adjuvant chemotherapy ^c	Response Rate [95% CI]	20/129 (15.5%) [9.26% – 21.75%]	12/143 (8.4%) [3.85% – 12.94%]

^a Reconciled Target Lesion Response Rate (TLRR) was the prospectively defined protocol specific endpoint, based on independent radiologic assessment of tumor responses reconciled with investigator responses (which also included clinical information) for the first 6 cycles of therapy. The reconciled TLRR was lower than the investigator Reported Response Rates, which are based on all cycles of therapy.

^b From Cochran-Mantel-Haenszel test stratified by 1st line vs. > 1st line therapy.

^c Prior therapy included an anthracycline unless clinically contraindicated.

14.2 Non-Small Cell Lung Cancer

A multicenter, randomized, open-label study was conducted in 1052 chemo-naïve patients with Stage IIIb/IV non-small cell lung cancer to compare ABRAXANE in combination with carboplatin to paclitaxel injection in combination with carboplatin as first-line treatment in patients with advanced non-small cell lung cancer. ABRAXANE was administered as an intravenous infusion over 30 minutes at a dose of 100 mg/m² on Days 1, 8, and 15 of each 21-day cycle. Paclitaxel injection was administered as an intravenous infusion over 3 hours at a dose of 200 mg/m², following premedication. In both treatment arms carboplatin at a dose of AUC = 6 mg•min/mL was administered intravenously on Day 1 of each 21-day cycle after completion of ABRAXANE/paclitaxel infusion. Treatment was administered until disease progression or development of an unacceptable toxicity. The primary efficacy outcome measure was overall response rate as determined by a central independent review committee using RECIST guidelines (Version 1.0).

In the intent-to-treat (all-randomized) population, the median age was 60 years, 75% were men, 81% were White, 49% had adenocarcinoma, 43% had squamous cell lung cancer, 76% were ECOG PS 1, and 73% were current or former smokers. Patients received a median of 6 cycles of treatment in both study arms.

Patients in the ABRAXANE/carboplatin arm had a statistically significantly higher overall response rate compared to patients in the paclitaxel injection/carboplatin arm [(33% versus 25%) see Table 8]. There was no statistically significant difference in overall survival between the two study arms.

Table 8: Efficacy Results from Randomized Non-Small Cell Lung Cancer Trial (Intent-to-Treat Population)

	ABRAXANE (100 mg/m² weekly) + carboplatin (N=521)	Paclitaxel Injection (200 mg/m² every 3 weeks) + carboplatin (N=531)
Overall Response Rate (ORR)		
Confirmed complete or partial overall response, n (%)	170 (33%)	132 (25%)
95% CI	28.6, 36.7	21.2, 28.5
P-value (Chi-Square test)	0.005	
Median DoR in months (95% CI)	6.9 (5.6, 8.0)	6.0 (5.6, 7.1)
Overall Response Rate by Histology		
Carcinoma/Adenocarcinoma	66/254 (26%)	71/264 (27%)
Squamous Cell Carcinoma	94/229 (41%)	54/221 (24%)
Large Cell Carcinoma	3/9 (33%)	2/13 (15%)
Other	7/29 (24%)	5/33 (15%)

CI = confidence interval; DoR= Duration of response

15 REFERENCES

1. NIOSH Alert: Preventing occupational exposures to antineoplastic and other hazardous drugs in healthcare settings. 2004. U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health, DHHS (NIOSH) Publication No. 2004-165.
2. OSHA Technical Manual, TED 1-0.15A, Section VI: Chapter 2. Controlling Occupational Exposure to Hazardous Drugs. OSHA, 1999. http://www.osha.gov/dts/osta/otm/otm_vi/otm_vi_2.html
3. American Society of Health-System Pharmacists. (2006) ASHP Guidelines on Handling Hazardous Drugs. *Am J Health-Syst Pharm.* 2006;63:1172-1193.
4. Polovich, M., White, J. M., & Kelleher, L.O. (eds.) 2005. Chemotherapy and biotherapy guidelines and recommendations for practice (2nd. ed.) Pittsburgh, PA: Oncology Nursing Society.

16 HOW SUPPLIED/STORAGE AND HANDLING

16.1 How Supplied

Product No.: 103450
NDC No.: 68817-134-50 100 mg of paclitaxel in a single-use vial, individually packaged in a carton.

16.2 Storage

Store the vials in original cartons at 20°C to 25°C (68°F to 77°F). Retain in the original package to protect from bright light.

16.3 Handling and Disposal

Procedures for proper handling and disposal of anticancer drugs should be considered. Several guidelines on this subject have been published [see *References (15)*]. There is no general agreement that all of the procedures recommended in the guidelines are necessary or appropriate.

17 PATIENT COUNSELING INFORMATION

See FDA-Approved Patient Labeling (Patient Information).

- ABRAXANE injection may cause fetal harm. Advise patients to avoid becoming pregnant while receiving this drug. Women of childbearing potential should use effective contraceptives [see *Warnings and Precautions (5.6) and Use in Specific Populations (8.1)*].
- Advise men not to father a child while receiving ABRAXANE [see *Warnings and Precautions (5.7)*].
- Patients must be informed of the risk of low blood cell counts and instructed to contact their physician immediately for fever or evidence of infection.
- Patients should be instructed to contact their physician for persistent vomiting, diarrhea, signs of dehydration, cough or breathing difficulties, or signs of an allergic reaction.
- Patients must be informed that sensory neuropathy occurs frequently with ABRAXANE and patients should advise their physicians of numbness, tingling, pain or weakness involving the extremities [see *Warnings and Precautions (5.2)*].
- Explain to patients that alopecia, fatigue/asthenia, and myalgia/arthritis occur frequently with ABRAXANE.
- Patients must be informed that hypersensitivity reactions may occur, which could be severe and sometimes fatal.

Manufactured for: Celgene Corporation
Summit, NJ 07901

ABRAXANE® is a registered trademark of Abraxis BioScience, LLC.

**This label may not be the latest approved by FDA.
For current labeling information, please visit <https://www.fda.gov/drugsatfda>**

©2005-2012 Abraxis BioScience, LLC.

All Rights Reserved.

Abraxis BioScience, LLC is a wholly owned subsidiary of Celgene Corporation.

U.S. Patent Numbers: 5,439,686; 5,498,421; 6,096,331; 6,506,405; 6,537,579; 6,749,868; 6,753,006;
7,820,788; 7,923,536; 8,034,375; 8,268,348; and RE41,884.

ABRPI.004/PPI.004 10/12

Patient Information

ABRAXANE® (ah-BRAKS-ane) (paclitaxel protein-bound particles for injectable suspension) (albumin-bound)

Read this Patient Information before you start receiving ABRAXANE and before each infusion. This information does not take the place of talking with your doctor about your medical condition or your treatment.

What is ABRAXANE?

ABRAXANE is a prescription cancer medicine used to treat advanced breast cancer and advanced lung cancer.

It is not known if ABRAXANE is safe or effective in children.

Who should not receive ABRAXANE?

Do not receive ABRAXANE if:

- your white blood cell count is below 1,500 cells/ mm³
- you have had a severe hypersensitivity reaction to ABRAXANE.

What should I tell my doctor before receiving ABRAXANE?

Before you receive ABRAXANE, tell your doctor if you:

- have liver or kidney problems
- are a man planning to father a child. You should not father a child during your treatment with ABRAXANE. ABRAXANE can harm the unborn baby of your partner. Talk to your doctor if this is a concern to you.
- are pregnant or plan to become pregnant. ABRAXANE can harm your unborn baby. Women who may become pregnant should use effective birth control (contraception). Talk to your doctor about the best way to prevent pregnancy while receiving ABRAXANE.
- are breastfeeding or plan to breastfeed. It is not known if ABRAXANE passes into your breast milk. You and your doctor should decide if you will receive ABRAXANE or breastfeed.

Tell your doctor about all the medicines you take, including prescription and non-prescription medicines, vitamins, and herbal supplements.

Know the medicines you take. Keep a list to show your doctor and pharmacist each time you get a new medicine.

How will I receive ABRAXANE?

- Your doctor will prescribe ABRAXANE in an amount that is right for you.

- Premedication to prevent allergic reactions is generally not needed to receive ABRAXANE. Premedication may be needed if you have had a prior allergic reactions to ABRAXANE. In case of severe allergic reaction, ABRAXANE should not be used again.
- ABRAXANE will be given to you by intravenous infusion into your vein.
- Your doctor should do regular blood tests while you receive ABRAXANE.

What are the possible side effects of ABRAXANE?

ABRAXANE may cause serious side effects, including:

- decreased blood cell counts. ABRAXANE can cause a severe decrease in neutrophils (a type of white blood cells important in fighting against bacterial infections) and platelets (important for clotting and to control bleeding). Your doctor will check your blood cell count during your treatment with ABRAXANE and after you have stopped your treatment.
- numbness, tingling, or burning in your hands or feet (neuropathy).
- hypersensitivity reactions, which could be severe, and sometimes fatal.

The most common side effects of ABRAXANE include:

- hair loss
- numbness or tingling in the hands or feet
- abnormal heart beat
- tiredness
- joint and muscle pain
- changes in your liver function tests
- low red blood cell count (anemia). Red blood cells carry oxygen to your body tissues. Tell your doctor if you feel weak, tired or short of breath.
- nausea
- infections. If you have a fever (temperature of greater than 100.4° F) or other signs of infection, tell your doctor right away.
- diarrhea

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

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

General information about the safe and effective use of ABRAXANE.

Medicines are sometimes prescribed for purposes other than those listed in a Patient Information leaflet.

This Patient Information leaflet summarizes the important information about ABRAXANE. If you would like more information, talk to your doctor. You can ask your doctor or pharmacist for information about ABRAXANE that is written for healthcare professionals.

For more information, call 1-888-423-5436.

What are the ingredients in ABRAXANE?

Active ingredient: paclitaxel (bound to human albumin).

Other ingredient: human albumin (containing sodium caprylate and sodium acetyltryptophanate)

This Patient Information has been approved by the U.S. Food and Drug Administration.

Revised: October 2012

Manufactured for: Celgene Corporation
Summit, NJ 07901

ABRAXANE® is a registered trademark of Abraxis BioScience, LLC.

©2005-2012 Abraxis BioScience, LLC.

All Rights Reserved.

Abraxis BioScience, LLC is a wholly owned subsidiary of Celgene Corporation.

U.S. Patent Numbers: 5,439,686; 5,498,421; 6,096,331; 6,506,405; 6,537,579;
6,749,868; 6,753,006; 7,820,788; 7,923,536; 8,034,375; 8,268,348; and
RE41,884.

ABRPPI.004 10/12