FOR HEALTHCARE PROFESSIONAL USE

Jemperli (dostarlimab-gxly) Injection 500 mg

A companion guide to 'Getting Started with JEMPERLI'

How to use the JEMPERLI Patient Discussion Tool

INDICATIONS

- JEMPERLI, in combination with carboplatin and paclitaxel, followed by JEMPERLI as a single agent, is indicated for the treatment of adult patients with primary advanced or recurrent endometrial cancer (EC).
- JEMPERLI, as a single agent, is indicated for the treatment of adult patients with mismatch repair deficient (dMMR) recurrent or advanced EC, as determined by an FDA-approved test, that has progressed on or following prior treatment with a platinum-containing regimen in any setting and are not candidates for curative surgery or radiation.

IMPORTANT SAFETY INFORMATION

Severe and Fatal Immune-Mediated Adverse Reactions

- Immune-mediated adverse reactions, which can be severe or fatal, can occur in any organ system or tissue and can occur at any time during or after treatment with a PD-1/PD-L1–blocking antibody, including JEMPERLI.
- Monitor closely for signs and symptoms of immune-mediated adverse reactions. Evaluate liver enzymes, creatinine, and thyroid function tests at baseline and periodically during treatment. For suspected immune-mediated adverse reactions, initiate appropriate workup to exclude alternative etiologies, including infection. Institute medical management promptly, including specialty consultation as appropriate.

Please see additional Important Safety Information throughout, and full Prescribing Information, including Medication Guide.

Using this resource

This companion guide is intended to be used along with the Patient Discussion Tool (Getting Started with JEMPERLI) to help facilitate conversations with patients considering, prescribed, or already taking JEMPERLI.

- The JEMPERLI Patient Discussion Tool was designed to help you educate patients considering, prescribed, or already taking JEMPERLI. It provides an overview, but is not a comprehensive source of all information for JEMPERLI
- This companion guide can help you make the most out of your use of the JEMPERLI Patient Discussion Tool—review it prior to a patient visit to help plan what you want to cover, or refer to it anytime as a refresher on important information to highlight
- We've highlighted important information to cover on each page, as well as example questions to ask patients to help you gauge their understanding
- The JEMPERLI Patient Discussion Tool is intended to support discussions with patients and is not intended for patients' individual use

This guide is not intended to be comprehensive or to replace your expertise and experience as a healthcare professional, but rather to supplement and support your conversations with your patients.

Remember to save this companion guide for quick access whenever you need to use the digital Patient Discussion Tool. This companion guide, along with the digital Patient Discussion Tool, is available on JEMPERLIHCP.com.

IMPORTANT SAFETY INFORMATION (CONT'D)

Severe and Fatal Immune-Mediated Adverse Reactions (cont'd)

- Based on the severity of the adverse reaction, withhold or permanently discontinue JEMPERLI. In general, if JEMPERLI requires interruption or discontinuation, administer systemic corticosteroids (1 to 2 mg/kg/day prednisone or equivalent) until improvement to ≤Grade 1. Upon improvement to ≤Grade 1, initiate corticosteroid taper and continue to taper over at least 1 month. Consider administration of other systemic immunosuppressants in patients whose immune-mediated adverse reaction is not controlled with corticosteroids.

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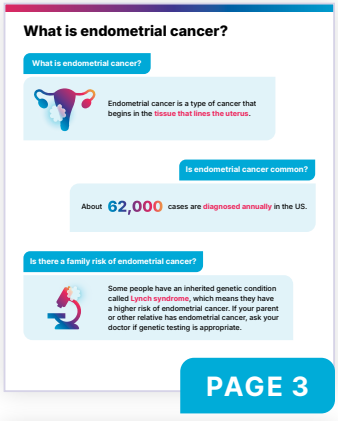
What is endometrial cancer? & What is JEMPERLI?

WHEN TO USE THESE PAGES:

- When talking to patients about JEMPERLI or their disease

THINGS TO HIGHLIGHT:

- The uterus (they may know it as the womb) has a lining called the endometrium. Endometrial cancer (EC) occurs when cancerous tumors start growing in this lining
- They are not alone—EC is the most common cancer of the female reproductive system
- JEMPERLI is an immunotherapy, not chemotherapy or radiation, and is designed to work with the immune system to help fight cancer, including EC



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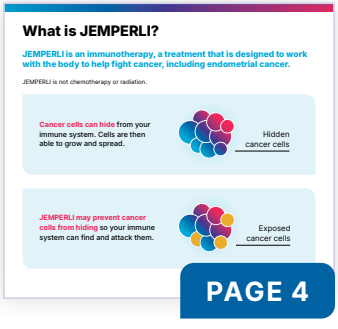

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Check with your patient

- **Do you have any questions about your EC diagnosis?**
- **Do you have any questions about how JEMPERLI works or about immunotherapy?**

IMPORTANT SAFETY INFORMATION (CONT'D)

Immune-Mediated Pneumonitis

- JEMPERLI can cause immune-mediated pneumonitis, which can be fatal. In patients treated with other PD-1/PD-L1–blocking antibodies, the incidence of pneumonitis is higher in patients who have received prior thoracic radiation. Pneumonitis occurred in 2.3% (14/605) of patients, including Grade 2 (1.3%), Grade 3 (0.8%), and Grade 4 (0.2%) pneumonitis.

Please see additional Important Safety Information throughout, and full Prescribing Information, including Medication Guide.

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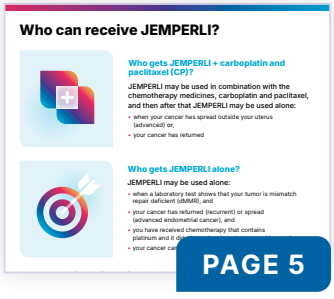
Who can receive JEMPERLI?

WHEN TO USE THIS PAGE:

- When talking to patients considering or starting treatment with JEMPERLI
- May help determine if a patient knows if they are receiving JEMPERLI in combination or as monotherapy



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THINGS TO HIGHLIGHT:

- Talk them through their prescribed treatment regimen—combination or monotherapy
- They may have questions about the other approved indication for EC, which can be covered on this page for their awareness

Check with your patient

- **What questions do you have about receiving JEMPERLI?**
- **Do you understand how you will be receiving JEMPERLI?**

IMPORTANT SAFETY INFORMATION (CONT'D)

Immune-Mediated Colitis

- Colitis occurred in 1.3% (8/605) of patients, including Grade 2 (0.7%) and Grade 3 (0.7%) adverse reactions. Cytomegalovirus infection/reactivation have occurred in patients with corticosteroid-refractory immune-mediated colitis. In such cases, consider repeating infectious workup to exclude alternative etiologies.

Immune-Mediated Hepatitis

- JEMPERLI can cause immune-mediated hepatitis, which can be fatal. Grade 3 hepatitis occurred in 0.5% (3/605) of patients.

Immune-Mediated Endocrinopathies

- Adrenal Insufficiency
  - Adrenal insufficiency occurred in 1.2% (7/605) of patients, including Grade 2 (0.5%) and Grade 3 (0.7%). For Grade 2 or higher adrenal insufficiency, initiate symptomatic treatment per institutional guidelines, including hormone replacement as clinically indicated. Withhold or permanently discontinue JEMPERLI depending on severity.

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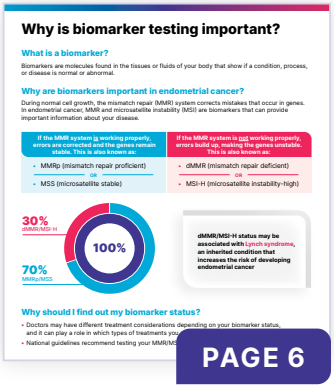
Why is biomarker testing important?

WHEN TO USE THIS PAGE:

- When talking to patients with questions about their biomarker status
- May help provide context for treatment selection for patients



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THINGS TO HIGHLIGHT:

- Most patients with EC are mismatch repair proficient (MMRp)
- Mismatch repair deficient (dMMR) or microsatellite instability-high (MSI-H) are common biomarkers, and up to 30% of people have dMMR/MSI-H EC tumors
- Their biomarker status may help their doctor make treatment decisions, and it can play a role in which types of treatments they are prescribed and how effective they may be

Check with your patient

- **Do you have any questions about biomarkers, or biomarker testing?**
- **Do you know your biomarker status?**

IMPORTANT SAFETY INFORMATION (CONT'D)

Immune-Mediated Endocrinopathies (cont'd)

- Hypophysitis
  - JEMPERLI can cause immune-mediated hypophysitis. Grade 3 hypophysitis occurred in 0.4% (1/241) of patients receiving JEMPERLI in combination with carboplatin and paclitaxel. Grade 2 hypophysitis occurred in 0.2% (1/605) of patients receiving JEMPERLI as a single agent. Initiate hormone replacement as clinically indicated. Withhold or permanently discontinue JEMPERLI depending on severity.
- Thyroid Disorders
  - Grade 2 thyroiditis occurred in 0.5% (3/605) of patients. Grade 2 hypothyroidism occurred in 12% (30/241) of patients receiving JEMPERLI in combination with carboplatin and paclitaxel.

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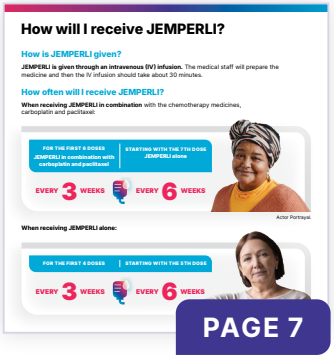
How will I receive JEMPERLI?

WHEN TO USE THIS PAGE:

- When talking to patients prior to their first dose of their prescribed JEMPERLI regimen
- May help with explaining how JEMPERLI is administered and/or the dosing schedule



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THINGS TO HIGHLIGHT:

- JEMPERLI is administered into their vein through an IV infusion
- Their JEMPERLI infusion will take about 30 minutes
  - If they are prescribed JEMPERLI + CP, their total time at the infusion center will be longer when they receive CP on the same day as their JEMPERLI infusion
- Explain the relevant dosing schedule—combination or monotherapy

Check with your patient

- **Do you have any questions or concerns about JEMPERLI dosing or the treatment schedule?**
- **Do you have any concerns about making your scheduled appointments?**

IMPORTANT SAFETY INFORMATION (CONT'D)

Immune-Mediated Endocrinopathies (cont'd)

- Thyroid Disorders (cont'd)
  - Grade 2 hypothyroidism occurred in 8% (46/605) of patients receiving JEMPERLI as a single agent. Hyperthyroidism occurred in 3.3% (8/241) of patients receiving JEMPERLI in combination with carboplatin and paclitaxel, including Grade 2 (2.9%) and Grade 3 (0.4%). Hyperthyroidism occurred in 2.3% (14/605) of patients receiving JEMPERLI as a single agent, including Grade 2 (2.1%) and Grade 3 (0.2%). Initiate thyroid hormone replacement or medical management of hyperthyroidism as clinically indicated. Withhold or permanently discontinue JEMPERLI depending on severity.
- Type 1 Diabetes Mellitus, Which Can Present with Diabetic Ketoacidosis
  - JEMPERLI can cause type 1 diabetes mellitus, which can present with diabetic ketoacidosis.

Please see additional Important Safety Information throughout, and full Prescribing Information, including Medication Guide.

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How JEMPERLI was studied in patients like you

WHEN TO USE THIS PAGE:

- When talking to patients about considering or starting treatment with JEMPERLI
- May help patients who are reluctant to start treatment and want more background about JEMPERLI

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THINGS TO HIGHLIGHT:

- The U.S. Food and Drug Administration (FDA) reviews data from clinical trials before approving a medication. If the clinical trial shows the medication's benefits outweigh the potential risks for the types of patients included in the clinical trial, then it's approved by the FDA, and is available as a potential treatment option
- Talk to them about the relevant clinical trial—combination or monotherapy
- Encourage them to scan the QR code to visit the JEMPERLI patient website, where they can learn more about JEMPERLI clinical trials and results, download resources made for them, like the Patient Brochure and Knowledge is Gold Brochure, or sign up to receive resources in the mail

Check with your patient

- **Do you have any questions about how JEMPERLI was studied?**

IMPORTANT SAFETY INFORMATION (CONT'D)

Immune-Mediated Endocrinopathies (cont'd)

- Type 1 Diabetes Mellitus, Which Can Present with Diabetic Ketoacidosis (cont'd)
  - Grade 3 type 1 diabetes mellitus occurred in 0.4% (1/241) of patients receiving JEMPERLI in combination with carboplatin and paclitaxel. Grade 3 type 1 diabetes mellitus occurred in 0.2% (1/605) of patients receiving JEMPERLI as a single agent. Monitor patients for hyperglycemia or other signs and symptoms of diabetes. Initiate treatment with insulin as clinically indicated. Withhold or permanently discontinue JEMPERLI depending on severity.

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What should I look out for during JEMPERLI treatment?

WHEN TO USE THIS PAGE:

- When talking to patients about side effects they may experience during and after their treatment with JEMPERLI
- It may be helpful to revisit this page during each office visit, as a reminder of what to look out for during and after treatment

THINGS TO HIGHLIGHT:

- Remind them to carefully review the Medication Guide at the end of the JEMPERLI Prescribing Information
- JEMPERLI can cause the immune system to attack normal organs and tissues in any area of their body, and they can sometimes become severe or fatal. This may happen anytime during or even after treatment
- They should reach out immediately if they have or suspect they have any of the signs or symptoms on this page. These are not all the possible side effects of JEMPERLI, so emphasize that they should call their doctor for medical advice about any side effects they experience
- This information is also in the Medication Guide and other JEMPERLI resources, like the Patient Brochure or Side Effects Guide

CONFIRM the patient understands who to contact (infusion center, oncologist team, primary care physician, 911) for information and has correct contact information to reach them.

Check with your patient

- **What questions do you have about possible side effects with JEMPERLI?**
- **Do you know who to reach out to about side effects or other needs while undergoing treatment?**

IMPORTANT SAFETY INFORMATION (CONT'D)

Immune-Mediated Nephritis with Renal Dysfunction

- JEMPERLI can cause immune-mediated nephritis, which can be fatal.

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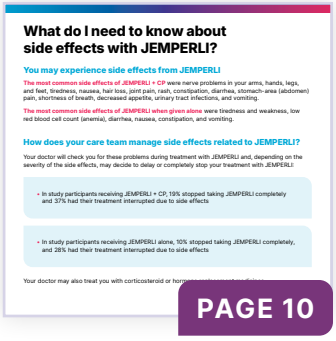
What do I need to know about side effects with JEMPERLI?

WHEN TO USE THIS PAGE:

- When explaining the most common side effects patients may experience during their treatment with their prescribed JEMPERLI regimen
- It may be helpful to revisit this page during each office visit, as a reminder of what to look out for during treatment



THINGS TO HIGHLIGHT:

- Talk about the most common side effects of JEMPERLI + CP or JEMPERLI when given alone, depending on whether they are receiving combination or monotherapy
- Their healthcare team will check them for these problems during treatment
  - Treatment may need to be delayed or stopped completely based on severity (discontinuation and interruption rates due to side effects shown on page for additional context)
  - They may need to be treated with corticosteroid or hormone replacement medicines

Check with your patient

- **Do you have any questions about these side effects or how they may be managed?**
- **Do you understand how we monitor and manage side effects?**

IMPORTANT SAFETY INFORMATION (CONT'D)

Immune-Mediated Nephritis with Renal Dysfunction (cont'd)

- Grade 2 nephritis, including tubulointerstitial nephritis, occurred in 0.5% (3/605) of patients.

Immune-Mediated Dermatologic Adverse Reactions

- JEMPERLI can cause immune-mediated rash or dermatitis.

Please see additional Important Safety Information throughout, and full Prescribing Information, including Medication Guide.

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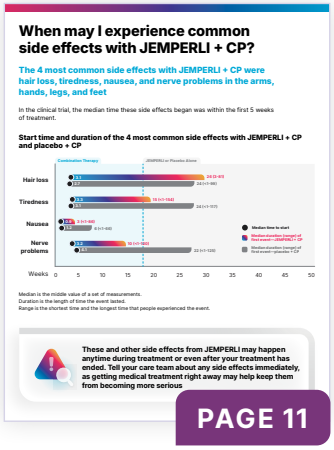
When may I experience common side effects with JEMPERLI + CP?

WHEN TO USE THIS PAGE:

- When patients are prescribed JEMPERLI + CP or before they start treatment, so they can learn about the timing of some common side effects that were seen in the clinical trial and how long they lasted

THINGS TO HIGHLIGHT:

- This chart shows the median start time and duration of the 4 most common side effects that happened during the clinical trial. You can highlight:
  - The median time patients on the trial began experiencing the first event of a side effect with JEMPERLI + CP and how it compared to placebo + CP
  - The median time these side effects began was within the first 5 weeks of treatment
- Emphasize that these are not the only side effects that may happen, and these or other side effects may happen at any time during or after treatment
- Reiterate that they should tell their healthcare team about any side effects immediately, as getting medical treatment right away may help keep them from becoming more serious



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SEE NEXT PAGE for suggestions of how to explain the side effects chart to patients.

If you want to learn more about adverse event timing, please see additional information for healthcare providers in the Office Education Guide.

IMPORTANT SAFETY INFORMATION (CONT'D)

Immune-Mediated Dermatologic Adverse Reactions (cont'd)

- Bullous and exfoliative dermatitis, including Stevens-Johnson syndrome (SJS), toxic epidermal necrolysis (TEN), and drug rash with eosinophilia and systemic symptoms (DRESS), have occurred with PD-1/PD-L1–blocking antibodies. Topical emollients and/or topical corticosteroids may be adequate to treat mild to moderate non-bullous/exfoliative rashes. Withhold or permanently discontinue JEMPERLI depending on severity.

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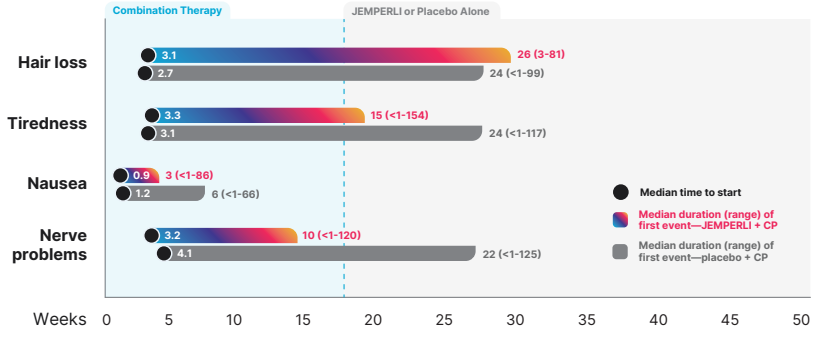
HOW TO READ THE CHART:

- Explain how to read the graph. Key definitions are shown below the chart
  - The black dot shows the median time when patients in the trial started having a side effect. The time, in weeks, is written inside each bar
  - The multicolored bar shows the median amount of time (in weeks) that patients had experienced the first event of each side effect with JEMPERLI + CP. The gray bar shows the median amount of time (in weeks) that patients had experienced the first event of each side effect with placebo + CP
  - At the end of each bar, the first number is the median duration in weeks, with the number in parentheses indicating the full range patients experienced this event, with the first number being the shortest duration and the second number being the longest duration

Start time and duration of the 4 most common side effects with JEMPERLI + CP and placebo + CP



Median is the middle value of a set of measurements.
Duration is the length of time the event lasted.
Range is the shortest time and the longest time that people experienced the event.

Check with your patient

- **Do you have any questions about the timing of these common side effects that were seen in the clinical trial?**
- **Do you have any questions about the chart that I've shown?**

IMPORTANT SAFETY INFORMATION (CONT'D)

Other Immune-Mediated Adverse Reactions

- The following clinically significant immune-mediated adverse reactions occurred in <1% of the 605 patients treated with JEMPERLI or were reported with the use of other PD-1/PD-L1–blocking antibodies. Severe or fatal cases have been reported for some of these adverse reactions.
  - *Nervous System*: Meningitis, encephalitis, myelitis and demyelination, myasthenic syndrome/myasthenia gravis, Guillain-Barré syndrome, nerve paresis, autoimmune neuropathy

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What happens if I experience side effects?

WHEN TO USE THIS PAGE:

- After discussing what side effects to watch out for with patients
- To make sure patients understand how and to whom they should report any new or worsening side effects

THINGS TO HIGHLIGHT:

- Telling their healthcare team about any new or worsening side effects allows the team to help manage these side effects
- Getting medical treatment right away may help keep any side effects from becoming more serious

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Check with your patient

- **Do you have any questions about how or when to report any side effects you might experience?**
- **Do you have any questions about how your healthcare team may manage any specific side effects?**

IMPORTANT SAFETY INFORMATION (CONT'D)

Other Immune-Mediated Adverse Reactions (cont'd)

- *Cardiac/Vascular*: Myocarditis, pericarditis, vasculitis
- *Ocular*: Uveitis, iritis, other ocular inflammatory toxicities. Some cases can be associated with retinal detachment. Various grades of visual impairment to include blindness can occur
- *Gastrointestinal*: Pancreatitis, including increases in serum amylase and lipase levels, gastritis, duodenitis
- *Musculoskeletal and Connective Tissue*: Myositis/polymyositis, rhabdomyolysis and associated sequelae including renal failure, arthritis, polymyalgia rheumatica
- *Endocrine*: Hypoparathyroidism
- *Other (Hematologic/Immune)*: Autoimmune hemolytic anemia, aplastic anemia, hemophagocytic lymphohistiocytosis, systemic inflammatory response syndrome, histiocytic necrotizing lymphadenitis (Kikuchi lymphadenitis), sarcoidosis, immune thrombocytopenia, solid organ transplant rejection, other transplant (including corneal graft) rejection

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Talking about your cancer and taking care during your JEMPERLI treatment

WHEN TO USE THIS PAGE:

- When you feel patients may be struggling with talking about or sharing their diagnosis
- May help for any patients that you feel may need encouragement to accept support or find ways to enjoy their time


Talking about your cancer and taking care during your JEMPERLI treatment

Talking About Your Cancer

You may feel a mix of emotions when talking about cancer. However, sharing your updates and feelings may help you feel more in control of your experience.

You decide **how**, and **with whom**, you want to talk about your treatment.

Find time to catch up with those you love and **do things you enjoy**.

Lean on the people you trust. **The people in your life genuinely want to help. There's no need to feel bad about accepting support when you need it**

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THINGS TO HIGHLIGHT:

- Sharing their updates and feelings may help them feel more in control of their experience, but they get to decide how, and with whom, they want to talk about their cancer or treatment
- Throughout treatment, it's important they catch up with those they love, and do things they enjoy when they feel up to it
- They should lean on the people they trust throughout treatment, and shouldn't feel bad about asking for or accepting support

Check with your patient

- **Do you need any help with how to tell your family or friends about your cancer diagnosis?**
- **Do you feel supported during your cancer treatment journey?**

IMPORTANT SAFETY INFORMATION (CONT'D)

Infusion-Related Reactions

- Severe or life-threatening infusion-related reactions have been reported with PD-1/PD-L1–blocking antibodies. Severe infusion-related reactions (Grade 3) occurred in 0.2% (1/605) of patients receiving JEMPERLI. Monitor patients for signs and symptoms of infusion-related reactions. Interrupt or slow the rate of infusion or permanently discontinue JEMPERLI based on severity of reaction.

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JEMPERLI Support & Resources

WHEN TO USE THIS PAGE:

- To help patients understand and access the JEMPERLI resources available to them and their care partners

THINGS TO HIGHLIGHT:

- They can find resources tailored for them on JEMPERLI.com
- They may scan the QR codes to easily access support resources from this page
- Print resources are available to patients
  - They can sign up on JEMPERLI.com to have resources mailed straight to their door
  - You can contact your GSK Oncology Account Manager to request print resources to give your patients

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Check with your patient

- **Do you know where to find JEMPERLI resources?**
- **Are there any other resources that you might find helpful?**

IMPORTANT SAFETY INFORMATION (CONT'D)

Complications of Allogeneic HSCT

- Fatal and other serious complications can occur in patients who receive allogeneic hematopoietic stem cell transplantation (HSCT) before or after treatment with a PD-1/PD-L1–blocking antibody, which may occur despite intervening therapy. Monitor patients closely for transplant-related complications and intervene promptly.

Embryo-Fetal Toxicity and Lactation

- Based on its mechanism of action, JEMPERLI can cause fetal harm. Advise pregnant women of the potential risk to a fetus. Advise females of reproductive potential to use effective contraception during treatment with JEMPERLI and for 4 months after their last dose. Because of the potential for serious adverse reactions from JEMPERLI in a breastfed child, advise women not to breastfeed during treatment with JEMPERLI and for 4 months after their last dose.

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Things to remember about your JEMPERLI treatment

WHEN TO USE THIS PAGE:

- As a summary of your conversation
- As a reminder to patients with whom you have already discussed JEMPERLI
- To help remind patients to talk to you about any issues they may experience during their treatment

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Check with your patient

- **Do you have any questions about EC, your treatment with JEMPERLI, or anything we just discussed?**
- **Do you feel confident in reaching out to your healthcare team for support during your treatment?**

IMPORTANT SAFETY INFORMATION (CONT'D)

Common Adverse Reactions

The most common adverse reactions (≥20%), including laboratory abnormalities, in patients with EC who received JEMPERLI in combination with carboplatin and paclitaxel were decreased hemoglobin, increased creatinine, peripheral neuropathy, decreased white blood cell count, fatigue, nausea, alopecia, decreased platelets, increased glucose, decreased lymphocytes, decreased magnesium, decreased neutrophils, increased AST, arthralgia, rash, constipation, diarrhea, increased ALT, decreased potassium, decreased albumin, decreased sodium, increased alkaline phosphatase, abdominal pain, dyspnea, decreased appetite, increased amylase, decreased phosphate, urinary tract infection, and vomiting.

The most common adverse reactions (≥20%) in patients with dMMR EC who received JEMPERLI as a single agent were fatigue/asthenia, anemia, nausea, diarrhea, constipation, vomiting, and rash. The most common Grade 3 or 4 laboratory abnormalities (>2%) were decreased lymphocytes, decreased sodium, increased alanine aminotransferase, increased creatinine, decreased neutrophils, decreased albumin, and increased alkaline phosphatase.

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Thank you for all you do for your patients and your practice!

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JEMPERLI RESOURCES

Find resources for your JEMPERLI patients and their care partners at JEMPERLI.com, like the Patient Brochure or Wellness Guide.

Resources for your practice can be found at JEMPERLIHCP.com, including the Core Summary Brochure and Adverse Reactions Guide.

Discover Together With JEMPERLI—a dedicated resource hub designed to support you and your patients.

Remember to save this companion guide for quick access whenever you need to use the digital Patient Discussion Tool. This companion guide, along with the digital Patient Discussion Tool, is available on JEMPERLIHCP.com.

Please see Important Safety Information throughout, and full Prescribing Information, including Medication Guide.

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