



Cordially Invites You to Attend an Educational Program Titled
“XGEVA (denosumab) and Prostate Cancer: Identifying Bone Metastases and Preventing Skeletal-Related Events”

Speaker:

Kenneth M. Kernan, MD
 Chairman – Department of Urology
 William Beaumont Hospital – Troy, Michigan

Paris Club59 West Hubbard Chicago, Illinois 60610
 Tel: 312-595-0800

Wednesday, February 15, 2012

Reception: 6:00 pm
 Dinner and Lecture: 6:30 pm

Please RSVP to:

Amy Bartolotta
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XGEVA® (denosumab) is indicated for the prevention of skeletal-related events in patients with bone metastases from solid tumors.

XGEVA® is not indicated for the prevention of skeletal-related events in patients with multiple myeloma.

See next page for Important Safety Information for XGEVA®.

In adherence with PhRMA guidelines, this medical education program is for health care professionals only. Inclusion of a health care professional's spouse or other guests is not appropriate.

Health Care Practitioners and Providers licensed in Massachusetts, Vermont, and Minnesota:

To comply with law and Amgen policies, Amgen is unable to offer food and beverages to (1) individuals with prescribing authority in Massachusetts, Vermont, and Minnesota; and (2) individuals employed by prescribers in Massachusetts and Vermont who support the provision of health care. We appreciate your understanding and support. 61261-R1-V1

Important Safety Information for XGEVA® (denosumab)





- **Hypocalcemia**

XGEVA[®] can cause severe hypocalcemia. Correct pre-existing hypocalcemia prior to XGEVA[®] treatment. Monitor calcium levels and administer calcium, magnesium, and vitamin D as necessary. Monitor levels more frequently when XGEVA[®] is administered with other drugs that can also lower calcium levels. Advise patients to contact a healthcare professional for symptoms of hypocalcemia.

Based on clinical trials using a lower dose of denosumab, patients with a creatinine clearance less than 30 mL/min or receiving dialysis are at greater risk of severe hypocalcemia compared to patients with normal renal function. The risk of hypocalcemia at the recommended dosing schedule of 120 mg every 4 weeks has not been evaluated in patients with a creatinine clearance less than 30 mL/min or receiving dialysis.

- **Osteonecrosis of the Jaw (ONJ)**

Osteonecrosis of the jaw (ONJ) can occur in patients receiving XGEVA[®], manifesting as jaw pain, osteomyelitis, osteitis, bone erosion, tooth or periodontal infection, toothache, gingival ulceration, or gingival erosion. Persistent pain or slow healing of the mouth or jaw after dental surgery may also be manifestations of ONJ.

Perform an oral examination and appropriate preventive dentistry prior to the initiation of XGEVA[®] and periodically during XGEVA[®] therapy. Advise patients regarding oral hygiene practices. Avoid invasive dental procedures during treatment with XGEVA[®].

Patients who are suspected of having or who develop ONJ while on XGEVA[®] should receive care by a dentist or an oral surgeon. In these patients, extensive dental surgery to treat ONJ may exacerbate the condition.

- **Adverse Reactions**

The most common adverse reactions in patients receiving XGEVA[®] were fatigue/asthenia, hypophosphatemia, and nausea.

The most common serious adverse reaction in patients receiving XGEVA[®] was dyspnea.

The most common adverse reactions resulting in discontinuation of XGEVA[®] were osteonecrosis and hypocalcemia.



[Please see accompanying full Prescribing Information](#)

