Sancuso®
(Granisetron Transdermal Patch)

# Think Sancuso® First

## 1 PATCH > 5 DAYS Prevention of CINV[1]

**Preventing . . . . . .**


Granisetron 3.1 mg / 24 hours

**12 years clinical experience[2]**

KYOWA KIRIN

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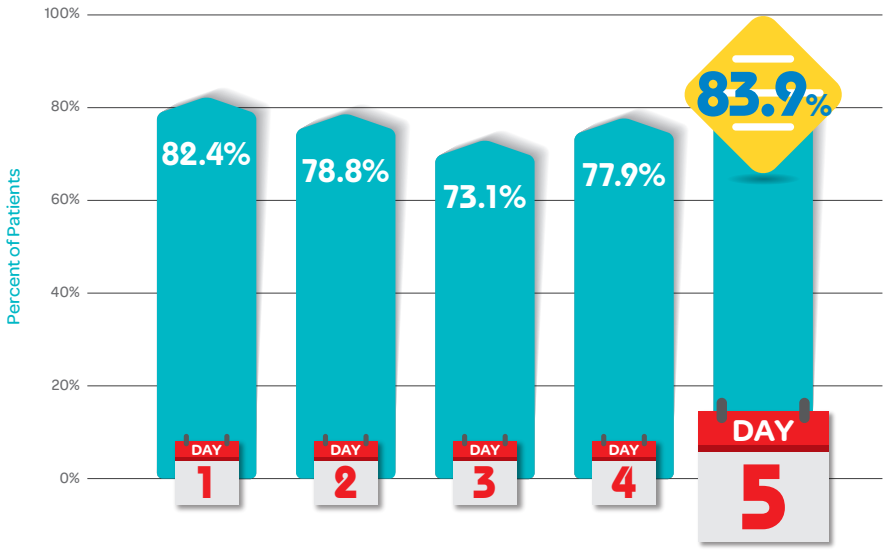
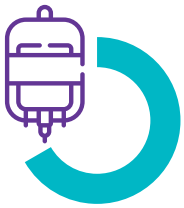
## Percent of Patients Obtaining Complete Control of CINV by Day[3,a]




## Patients received moderately emetogenic chemotherapy and highly emetogenic chemotherapy multiday (3-5) regimens[4]

**71%** of patients received platinum-based regimens (cisplatin)[4]



**72%** patients were receiving chemotherapy for the first time[4]

[a] In the phase 3 trial, the primary endpoint was complete control, which is defined as no vomiting/retching, no more than mild nausea, and no rescue medication needed from first dose to 24 hours after last dose of chemotherapy[1]

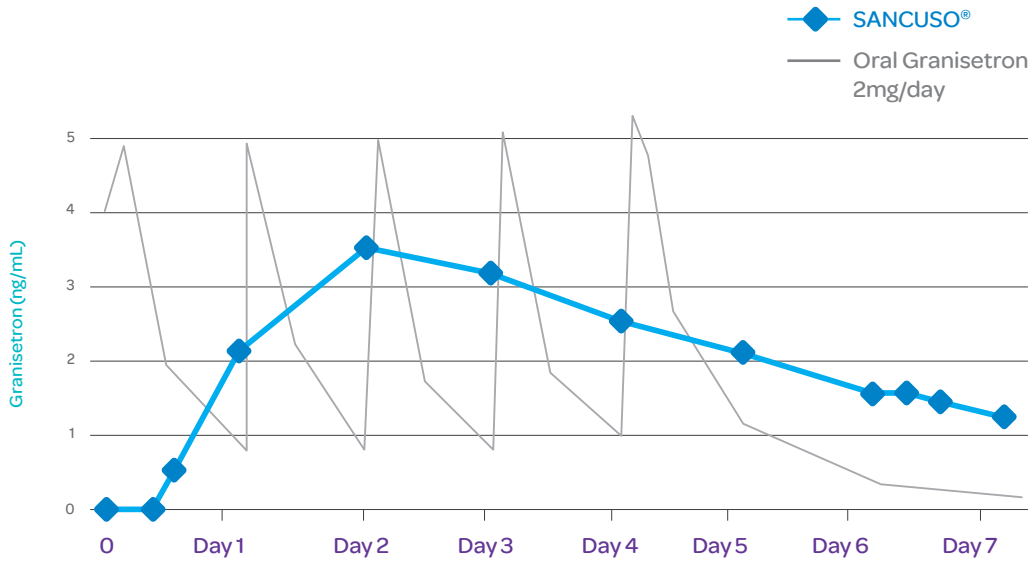
## SANCUSO® is recommended in the National Comprehensive Cancer Network (NCCN) antiemetic treatment guidelines for the prevention of CINV[4]

The use of SANCUSO® complies with the NCCN recommendation that choice of antiemetic is based on the emetogenicity of the chemotherapy regimen and individual patient factors (eg, partial or complete bowel obstruction, concomitant drug treatments, including opiates)[4]

# Consistent Coverage

## The SANCUSO® patch delivers consistent, predictable coverage maintained throughout 5 DAYS[1]

### Bioavailability of SANCUSO® patch vs daily oral granisetron 2 mg dosing[5]




**Study design:**
Phase 1 pharmacokinetic study of 12 healthy white male subjects who were randomly assigned to a sequence of treatments, either oral granisetron (2 mg) for 5 days or the 52cm8 transdermal patch (34.3 mg granisetron) for 5 days.[5,6]

- **SANCUSO® avoids the peak-trough fluctuations in blood levels seen with daily oral granisetron[5]**
- **Smoother daily pharmacokinetic levels vs daily variability with oral granisetron[5]**
- **Maintains steady control, even through hours 25 to 120[6]**

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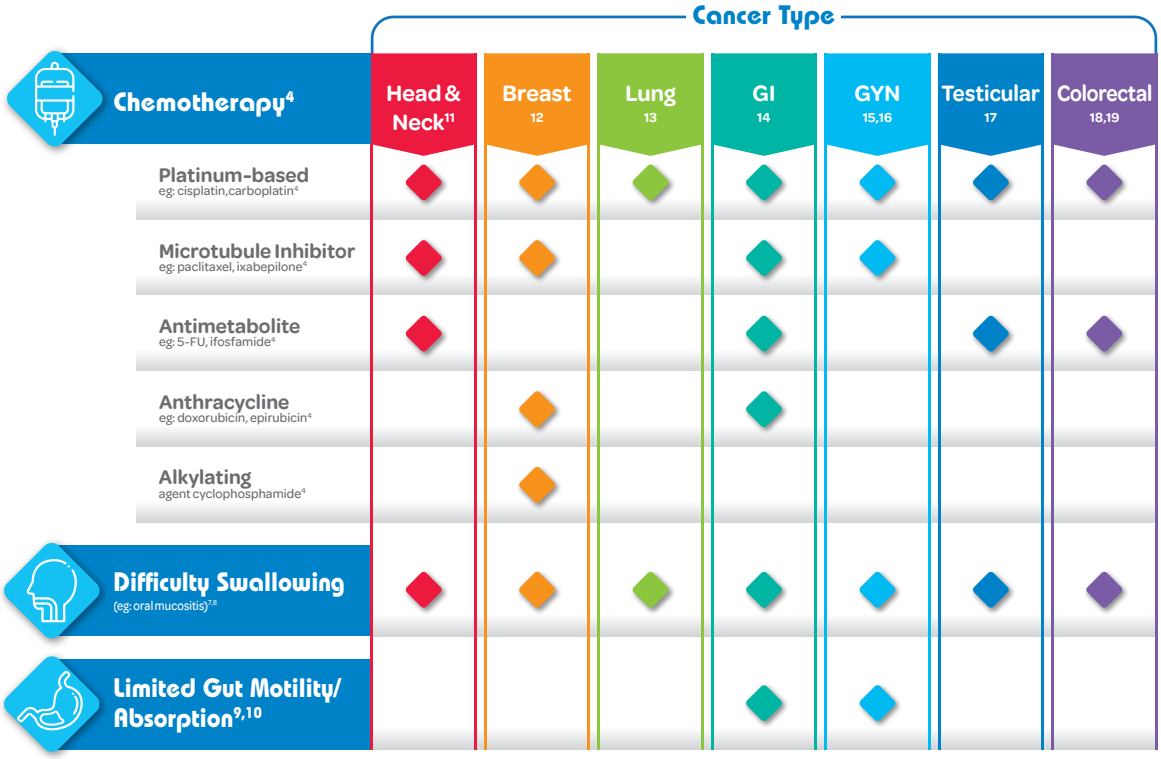
# When Should You Consider SANCUSO®?

## An option for patients who are unable to take or retain daily oral antiemetics

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**Reference: 1.** Hong Kong Prescribing information, Jan 2017. **2.** Data on file. Kyowa Kirin, Inc. **3.** Boccia RV, Gordan LN, Clark G, Howell JD, Grunberg SM; on behalf of the SANCUSO Study Group. Efficacy and tolerability of transdermal granisetron for the control of chemotherapy-induced nausea and vomiting associated with moderately and highly emetogenic multi-day chemotherapy: a randomized, double-blind, phase III study. Support Care Cancer. 2011;19(10):1609-1617. **4.** National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®). Antiemesis. Version 2.2020. **5.** Mason JW, Moon TE. Use and cardiovascular safety of transdermal and other granisetron preparations in cancer management. Cancer Manag Res. 2013;5:179-185. doi:10.2147/CMAR.S34352. **6.** Howell J, Mason JW, Guillory G, Donachie P. Cardiac safety of a granisetron transdermal system in the treatment of chemotherapy-induced nausea and vomiting. Poster presented at: the 8th Annual Conference of the Hematology/Oncology Pharmacy Association; March 21-24, 2012; Orlando, FL. **7.** Lalla RV, Bowen J, Barasch A, et al. MASCC/ISOO clinical practice guidelines for the management of mucositis secondary to cancer therapy. Cancer. 2014;120:1453-1461. **8.** Cawley MM, Benson LM. Current trends in managing oral mucositis. Clin J Oncol Nurs. 2005;9(5):584-592. **9.** Di Lorenzo C, Youssef NN. Diagnosis and management of intestinal motility disorders. Semin Pediatr Surg. 2010;19:50-58. **10.** Keller J, Layer P. Intestinal and anorectal motility and functional disorders. Best Pract Res Clin Gastroenterol. 2009;23:407-423. **11.** National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®), Head and Neck Cancer. Version 2.2020. **12.** National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) Breast Cancer. Version 5.2020. **13.** National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®). Non-Small Cell Lung Cancer Version 6.2020. **14.** National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®). Gastric Cancer. Version 2.2020. **15.** National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®). Cervical Cancer. Version 1.2020. **16.** National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®). Ovarian Cancer Including Fallopian Tube Cancer and Primary Peritoneal Cancer. Version 1.2020. **17.** National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®). Testicular Cancer. Version 3.2020. **18.** National comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®). Colon Cancer. Version 4.2020. **19.** National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®). Rectal Cancer. Version 6.2020.


**Abbreviated Package Insert of SANCUSO® Transdermal system 3.1mg/24hours**

Composition: Granisetron. Indication: Prevention of nausea & vomiting in patients receiving moderately &/or highly emetogenic chemotherapy of up to 5 consecutive days. Dosage & Administration: Adult Apply a single patch to the upper outer arm for a min of 24 hr before chemotherapy. May be applied to a max of 48 hr before chemotherapy as appropriate. Remove the patch a min of 24 hr after completion of chemotherapy. Can be worn for up to 7 days depending on the duration of the chemotherapy regimen. Contraindications: Hypersensitivity. Precautions: May mask a progressive ileus &/or gastric distention. Serotonin syndrome is associated with the use of the patch, particularly with concomitant use of serotonergic drugs. Remove patch if severe reactions or a generalized skin reaction occur. Avoid exposing the patch and surrounding area to direct external heat sources, such as heating pads. Avoid direct exposure of application site to natural or artificial sunlight. Pregnancy & lactation; Children; Elderly. Common adverse reactions: Constipation, headache. Interaction: Serotonin syndrome may occur following the concomitant use of 5-HT3 receptor antagonists & other serotonergic drugs. P/P: Transdermal patch 34.3 mg/52 cm2 x 1's. Approved version of package insert: Jan 2017
Please refer to the full prescribing information before prescribing. Further information is available upon request.


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