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PRODUCT VISUAL GUIDE





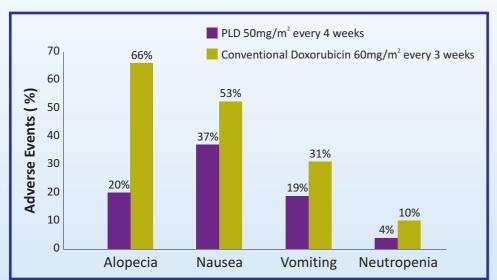


R. 20 mg / 10 ml Doxorubicin (2 mg / ml) Hydrochloride Liposome Injection sittik. Indilee (Pegylated Liposome Concentrate for Infu-LIPOSOMAL FORMULATION DO NOT SUBSTITUTE G Storile, single use vial Sichle, single use val GETWELL

Strengths – 20mg/10ml, 50mg/25ml

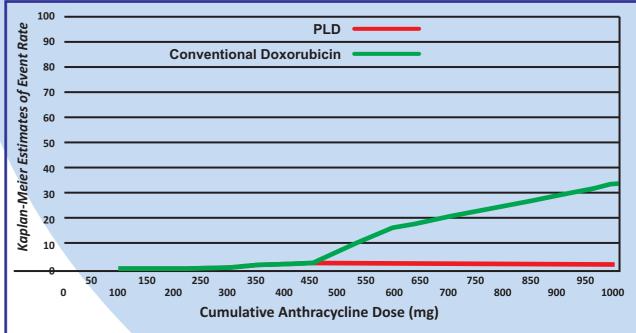
It is Indicated :-

- For metastatic carcinoma of the ovary, in patients with refractory disease to both paclitaxel and platinum based chemotherapy regimen.
- For the treatment of AIDS related Kaposi's sarcoma in patients showing disease progression.
- For the treatment of **Multiple Myeloma** in combination with bortezomib in patients who have not previously received bortezomib and have received at least one prior therapy.
- For the treatment of **metastatic Breast Cancer** patients with increased cardiac • risk.



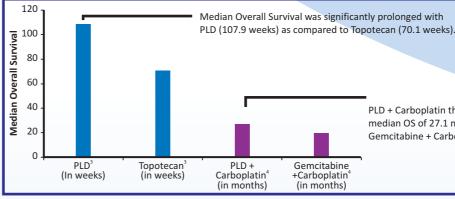
ADVERSE EVENTS OF PLD VS CONVENTIONAL DOXORUBICIN

RATE OF CARDIAC EVENTS (DEFINED AS LAST LVEF < 35%) VS CUMULATIVE ANTHRACYCLINE DOSE²

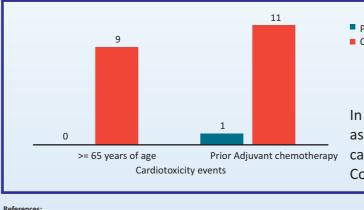


Risk of developing a cardiac event i.e. a resting LVEF value of 35% or less was lower with PLD than with Conventional Doxorubicin As cumulative lifetime anthracycline dose increases, the use of Conventional Doxorubicin is limited to 550 mg/m² due to an increased risk of developing cardiotoxicity.

PLD IS THE DRUG OF CHOICE IN PLATINUM SENSITIVE RECURRENT OVARIAN CANCER⁴



PLD IS THE DRUG OF CHOICE IN HIGH RISK METASTATIC BREAST CANCER PATIENTS⁵



Annals of Oncology 15:440-449,2004 Stephen R D Johnston, "Caelyx (Pegylated Liposon Doxorubicin Hydrochloride)

Gynecol Oncol. 2004; 95: 1 – 8 Oncologist. 2010; 15(10):1073 - 82

- A Novel Anthracycline, " cited at http://www.touchbriefings.com/pdf/26/ept032_t_schering2.pdf Annals of Oncology 15: 440 - 449, 2004

I-DOX

PLD + Carboplatin therapy resulted in a longe median OS of 27.1 months as compared to Gemcitabine + Carboplatin therapy (19.7 months).

PLD 50mg/m² every 4 weeks Conventional Doxorubicin 60mg/m² every 3 weeks

In high risk MBC patients, PLD was associated with significantly less cardiotoxicity as compared to Conventional Doxorubicin⁵.

BENDAWELTM Bendamustine Hydrochloride for Injection (Lyophilized)

Strength – 100mg

It is indicated :-

- For the treatment of patients with chronic lymphocytic leukemia. Efficacy relative to first line therapies other than chlorambucil has not been established.
- For the treatment of indolent B-cell non-Hodgkin lymphoma that has progressed during or within six months of treatment with rituximab or a rituximab containing regimen.



ΤM PEMETRA Pemetrexed for Injection (Lyophilized)

Strengths - 100mg, 500mg

It is indicated :-

- As a single agent for the treatment of patients with advanced nonsquamous non-small cell lung cancer (NSCLC), after prior chemotherapy.
- For the treatment for malignant pleural mesothelioma along with cisplatin, when surgery is not an option.





PEMETRA

PACLIVEL Paclitaxel Injection

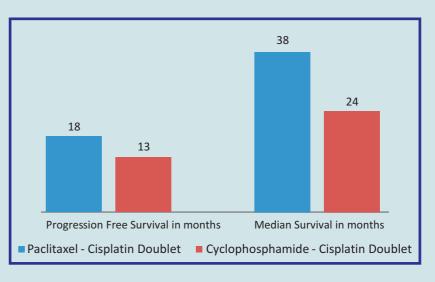
Strengths - 30mg / 5ml, 100mg / 16.7ml, 260mg / 43.4ml, 300mg / 50ml

It is indicated :-

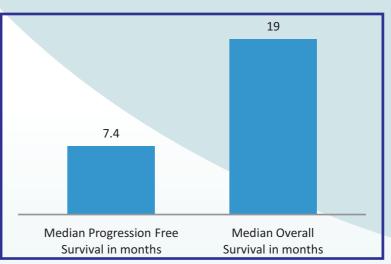
- As first line and subsequent therapy for the treatment of advanced carcinoma of the ovary.
- For the **adjuvant treatment** of **node-positive breast cancer** administered sequentially to standard doxorubicin containing combination chemotherapy.
- In combination with Cisplatin is indicated for the **first line** treatment of **NSCLC** cancer in patients who are not candidates for potentially curative surgery or radiation therapy.
- For the second-line treatment of AIDS related Kaposi's



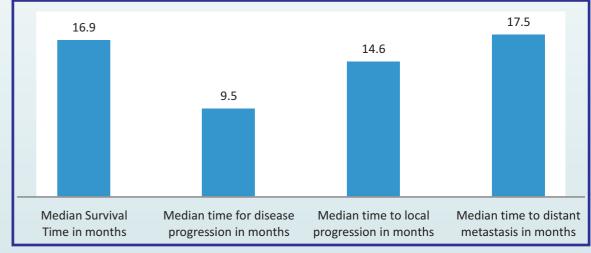
Paclitaxel in Stage III & IV Ovarian Cancer¹



Weekly Paclitaxel/Gemcitabine in Metastatic Breast Cancer or Locally advanced Breast Cancer²



Induction Paclitaxel- Carboplatin followed by concurrent radiation therapy and weekly Paclitaxel and consolidation Paclitaxel-Carboplatin in stage III NSCLC³



Reference

1. International Journal of Women's Health 2010:2411-427

2. Jpn J Clin Oncol. 2011 Apr;41(4):455-61

J Thorac Oncol. 2011 Jan;6(1):79-85.

PACLIWEL

Inoperable Pancreatic Cancer¹

R TAXEWELL

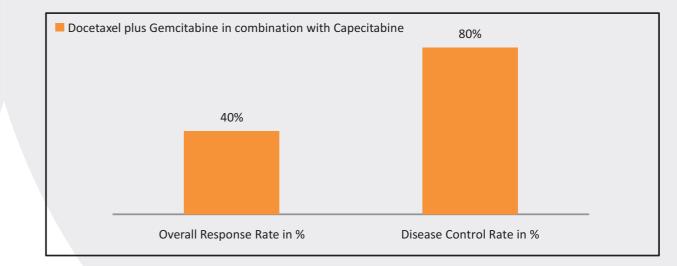
Docetaxel Injection Concentrate with Solvent

Strengths - 20mg / 0.5ml, 80mg / 2ml, 120mg / 3ml

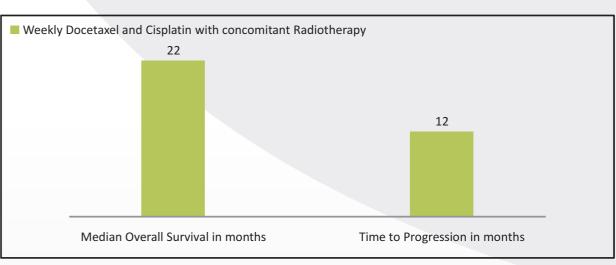
It is indicated for the treatment of :-

- NSCLC
- Metastatic Breast Cancer
- Hormone Refractory Prostate Cancer (HRPC)
- Gastric Adenocarcinoma (GC)
- Squamous Cell Carcinoma of the Head and Neck Cancer (SCCHN).

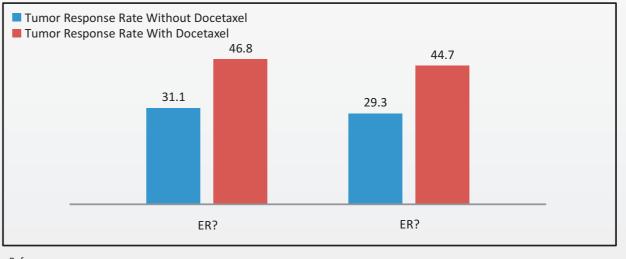




Stage III NSCLC²



Docetaxel produces a higher response rate in both ER⁺ & ER⁻ Metastatic Breast Cancer Patients³



Reference

1. Cancer Chemother Pharmacol. 2011 Aug 20.

Cancer Chemother Pharmacol, 2011 Apr 17. 2.

3. The Oncologist 2010; 15:476-483



TAXEWELL

DOCETEL **Docetaxel for Injection** (Lyophilized) with Diluent

Strengths – 20mg, 80mg, 120mg

It is indicated for the treatment of :-

- NSCLC
- Metastatic Breast Cancer
- Hormone Refractory Prostate Cancer (HRPC)
- Gastric Adenocarcinoma (GC)
- Squamous Cell Carcinoma of the Head and Neck Cancer (SCCHN).

Docetaxel Injection IP

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• Better storage & stability than conventional formulation, thereby improving efficacy.

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DOCETE

• Improved solubility, thereby reducing the reconstitution time with minimal efforts.

TM **EPIRUBA** Epirubicin Hydrochloride for Injection (Lyophilized)

Strengths – 10mg, 50mg It is indicated :-

- As a component of adjuvant therapy in patients with evidence of **axillary** node tumor involvement following resection of primary breast cancer.
- 1. 65% of patients with Invasive Breast Cancer achieved a complete response which enabled them to undergo breast conserving surgery after being undergone treatment with **Paclitaxel and Epirubicin**¹.
- 2. Epirubicin plus CMF (Cyclophosphamide, Methotrexate and Fluorouracil) is superior to CMF alone as adjuvant treatment for early breast cancer with Relapse-free and overall survival rates being significantly higher in the Epirubicin–CMF groups than in the CMF-alone groups².
 - 2-year relapse-free survival, 91% vs.85%
 - 5-year relapse-free survival, 76% vs. 69%
 - 2-year overall survival, 95% vs. 92%
 - 5-year overall survival, 82% vs. 75%



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References

1. Clin Drug Invest. 2006; 26(12):691-701

N Engl J Med 2006; 355:1851-1862



EPIRUBA



TM GEMWEL

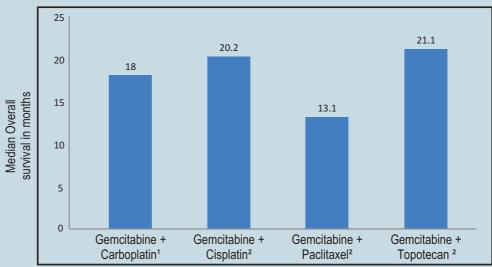
Gemcitabine for Injection (Lyophilized)

Strengths – 200mg, Igm It is indicated :-

- For the treatment of relapsed advanced ovarian cancer in combination with Carboplatin.
- In combination with Paclitaxel for the first-line treatment of metastatic breast cancer patients after failure of prior anthracycline containing adjuvant therapy.
- In combination with Cisplatin for the **first-line treatment** of inoperable, locally advanced (Stage IIIA or IIIB) or metastatic (Stage IV) non-small cell lung cancer.
- For the first-line treatment of locally advanced or metastatic Adenocarcinoma of the pancreas.



Gemcitabine combinations in Recurrent Ovarian Cancer



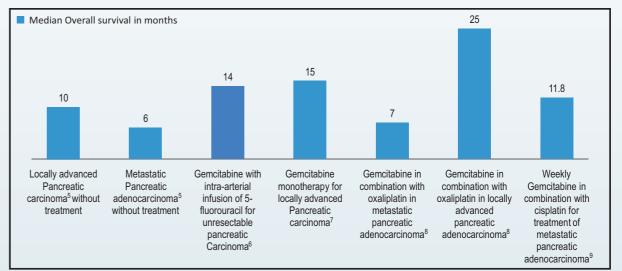
Gemcitabine in Advanced Stage NSCLC³

	Overall Survival in Adenocarcinoma in months	Overall Survival in Squamous cell carcinoma in months	Overall Survival in Large cell carcinoma in months
Gemcitabine /CDDP	8.1	9.4	9.7
Paclitaxel/CDDP	9.1	6.9	6.1
Docetaxel/CDDP	7.7	8.1	6.8

Gemcitabine combinations in patients with pretreated MBC

	Overall Response rates	Median Progression Free Survival in months	Median Survival times in months
Gemcitabine - Vinorelbine	39%	5.7	17.5
Gemcitabine - Cisplatin	47.70%	6.9	13
Gemcitabine - Capecitabine	34.70%	8.3	19.4

Gemcitabine in Pancreatic Cancer



6.

8.

9.

Reference

- Annals of Oncology12: 1115-1120,2001. 1
- Annals of Oncology 17 (Supplement 5); v188-v194, 2006 7.
- Clinical Medicine Insights: Oncology 2011:5; 177-184
- Br J Cancer. 2011 Mar 29;104(7):1071-8.
- Hu et al. Journal of Hematology & Oncology 2011, 4:11

Pancreas, 2005 Apr:30(3):223-6 Jpn J Clin Oncol. 2010 Jun;40(6):573-9 Gastroenterol Clin Biol. 2005 Oct;29(10):1006-9. Pancreatology. 2006;6(6):635-41.

GEMWEL

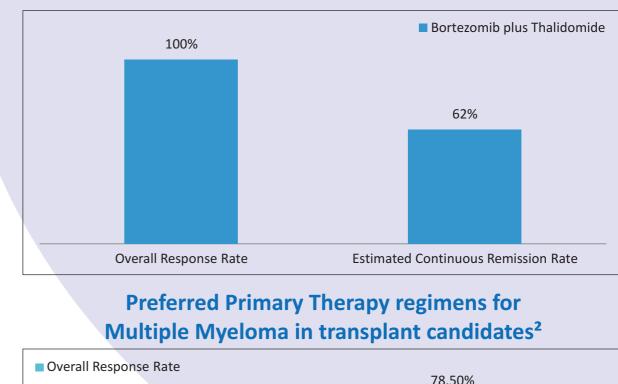
Newly Diagnosed Multiple Myeloma¹

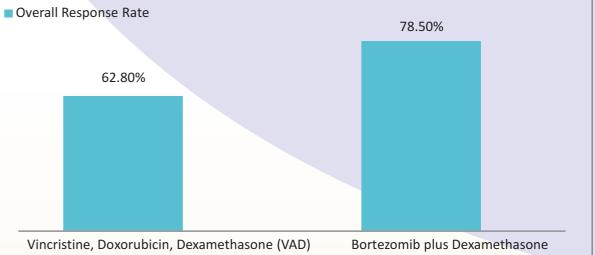
NEOMIB Bortezomib for Injection (Lyophilized)

Strengths – 2mg, 3.5mg It is indicated :-

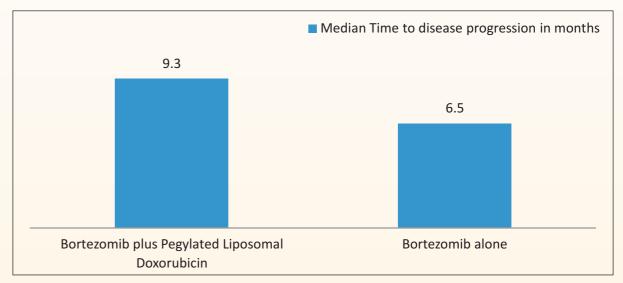
- In the treatment of **Multiple Myeloma**.
- In the treatment of Mantle Cell Lymphoma who have received at least 1 prior therapy.







Treatment of Progressive or Relapsed Myeloma³



Reference

Zhonghua Nei Ke Za Zhi. 2011 Apr;50(4):291-4.

J Clin Oncol 2010; 28: 4621-4629

J Clin Oncol 2007; 25: 3892-3901 3.

NEOMIB



Strengths - 150mg/15ml, 450mg/45ml

It is indicated :-

- For the **initial treatment** of **advanced ovarian carcinoma** in combination with Cyclophosphamide.
- For the **palliative treatment** of patients with **recurrent ovarian carcinoma**.





Strengths - 10mg/10ml, 50mg/50ml

It is indicated :-

- For metastatic testicular tumors as combination therapy.
- For metastatic ovarian tumors in combination with Cyclophosphamide.
- As a single agent for patients with transitional cell bladder cancer.



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CARBOWEL

CISWEL

FOSFATM Ifosfamide for Injection with Mesna Injection

Ifosfamide for Injection Strengths - Igm, 2gm, 3gm It is indicated :-

- As the first line single agent therapy in Soft tissue sarcoma.
- As a single agent or in combination with Cisplatin and Bleomycin in advanced or recurrent cervical carcinoma.

Mesna Injection

Strengths - 2ml, 4ml

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It is indicated :-

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• As a prophylatic agent in reducing the incidence of ifosfamide induced hemorrhagic cystitis.

TM **XYLOTIN** Oxaliplatin Injection / Oxaliplatin for Injection (Lyophilized)

Oxaliplatin Injection Strengths - 50mg/25ml, 100mg/50ml

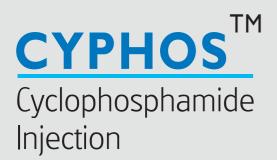
Oxaliplatin for Injection (Lyophilized) Strengths – 50mg, 100mg

It is indicated :-

- As a adjuvant treatment of stage III (Duke's C) colon cancer in patients who • have undergone complete resection of the primary tumor.
- In the treatment of advanced metastatic colorectal cancer.







Strengths - 200mg, 500mg, Igm It is indicated for the treatment of :-

- Hodgkin's lymphoma, Lymphocytic lymphoma, Mixed cell type lymphoma, Histocytic lymphoma, Burkitt's lymphoma?
- Multiple Myeloma
- Leukemia: Chronic lymphocytic leukemia, chronic granulocytic leukemia, acute myelogenous, monocytic leukemia and acute lymphoblastic leukemia in children
- Mycosis fungoides
- Neuroblastoma
- Adenocarcinoma
- Retinoblastoma
- Carcinoma of breast

Cyclophosphamide Injection IP tittise, an HI15 A AFTS HE end the ien bat CYPHOS Üvc ophosphamide in the second erst wirth Injection P 16.31(0) Ster. Lyclophosphamide rjection P Cyclophosphamice **CYPHOS**Th Injection P a conceptantice nadia R CYPHOS For I.V use only СҮРНО in in in in CYPHOS For I.V use only 10.10 For LV use only all' soulz GETWELL GETWELL GETWELL

TM TINOWEL Dactinomycin for Injection (Lyophilized)

Strength – 0.5 mg

It is indicated :-

- For the treatment of Wilm's tumor, childhood rhabdomyosarcoma, Ewing's Sarcoma and metastatic nonseminomatous testicular cancer as a combination therapy.
- For the treatment of **gestational trophoblastic neoplastic** as a single agent or as a combination therapy.
- · For Palliative or adjunctive treatment of locally recurrent or locoregional solid malignancies.
- For the treatment of Germ cell tumors, Kaposi's sarcoma, Melanoma and Osteogenic sarcoma.



CYPHOS



DOXORUBA[®] Doxorubicin HCI Injection / Doxorubicin HCI for Injection (Lyophilized)

Doxorubicin HCl Injection Strengths - 10mg/5ml, 50mg/25ml

Doxorubicin HCl for Injection (Lyophilized) Strengths – 10mg, 50mg

It is indicated for the treatment of :-

- Carcinoma of the breast, lung, bladder, thyroid and also ovarian carcinoma
- Bone and soft tissue sarcoma
- Hodgkin's lymphoma and Non Hodgkin's lymphoma
- Neuroblastoma, Wilm's tumor
- Acute lymphoblastic leukemia and Acute myeloblastic leukemia

ETOPATM Etoposide Injection / Etoposide Capsules

Etoposide Injection Strength - 100mg/5ml

Etoposide capsules Strengths – 50mg, 100mg

It is indicated for the treatment of :-

- Small cell lung cancer
- Testicular cancer
- Bladder cancer
- Hodgkin's lymphoma
- Non-Hodgkin's lymphoma





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DOXORUBA

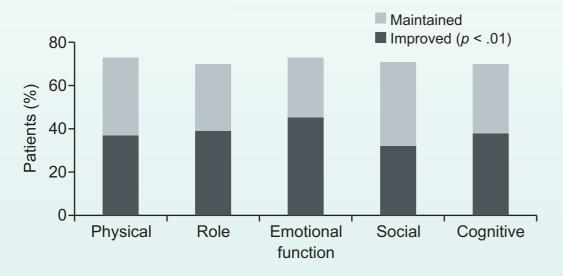


Strength – 500mg Pack-I x 10Tabs It is indicated :-

- For the treatment of Adjuvant Colorectal Cancer and Metastatic **Breast Cancer**.
- For the treatment of **Breast Cancer**.

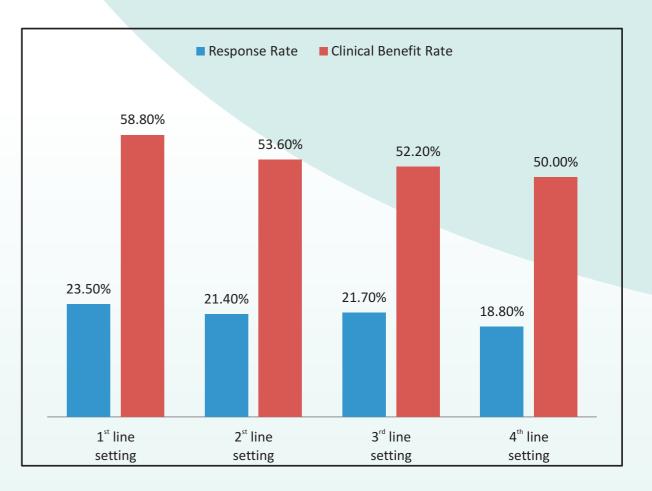


Capecitabine treatment improves quality of life in women with breast cancer¹.



Capecitabine monotherapy is effective and well tolerated in all settings of chemotherapy in patients with metastatic or advanced breast cancer²

	1st line setting	2nd line setting	3rd line setting	4th line setting
Median number of cycles in each setting	12 cycles	11 cycles	9 cycles	11 cycles
Response Rate	23.50%	21.40%	21.70%	18.80%
Clinical Benefit Rate	58.80%	53.60%	52.20%	50.00%



Reference

- 1 Gelmon K, Chan A, Harbeck N; The Role of Capecitabine in First - Line Treatment for Patients with Metastatic Breast Cancer; The Oncologist2006; 11 (suppl 1):42 - 51
- 2. Jpn J Clin Oncol 2010; 40(3) 188-193

CABITA



Strengths – 20mg, 100mg, 250mg Pack – 1 x 5 Caps

It is indicated :-

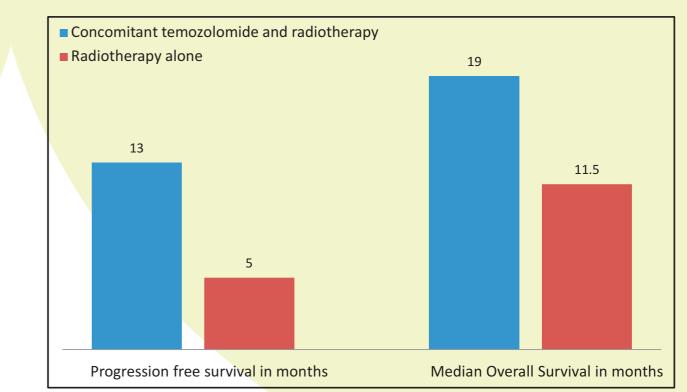
- For the treatment of **newly diagnosed glioblastoma multiforme (GBM) concomitantly with radiotherapy** and then as maintenance treatment.
- For the treatment of **Refractory anaplastic** astrocytomas.



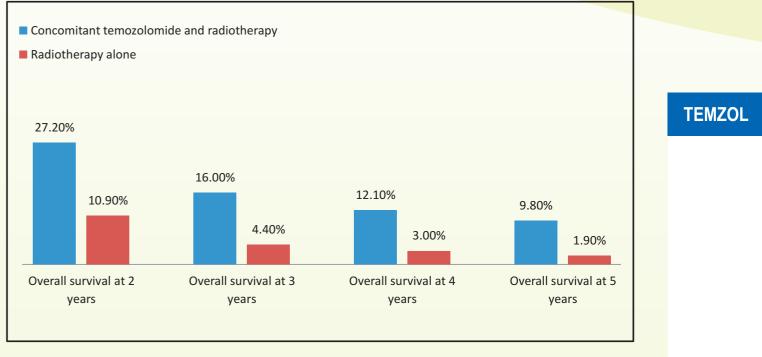




Concurrent Temozolomide and Radiotherapy more effective than Radiotherapy alone for treatment of newly diagnosed glioblastoma multiforme¹



Effects of radiotherapy with concomitant and adjuvant temozolomide versus radiotherapy alone on survival in Glioblastoma in a randomised Phase III study²



Reference

1. J BUON. 2011 Jan-Mar;16(1):133-7.

2. Lancet Oncol 2009; 10: 459 - 66



Strengths – 100mg,400mg Pack – 1 x 10Tabs

It is indicated :-

- For the treatment of **Philadelphia chromosome positive myeloid leukemia** in **blast crisis**, **accelerated crisis** or in **chronic phase** after failure of interferon alpha therapy.
- For the treatment of Gastrointestinal Stromal Tumors (GIST).



Methods: A retrospective study of 171 CML-CP patients receiving imatinib monotherapy was done with 73 in the initial treatment group (disease course < / = 6 months) and 98 in the re-treatment group (disease courses > 6 months).







RESULTS

RESULTS	Initial treatment group	Re-treatment group
Median time to major molecular response	15 months	36 months
Progression free survival at 84 months	97%	85%
Event free survival at 84 months	92%	70%

Conclusion: CML-CP patients benefits from early treatment with Imatinib.

Seven year response to Imatinib as initial treatment versus re-treatment in Chinese patients with Chronic Myelogenous Leukemia in the chronic phase¹.

MATNIB

First line Gefitinib in NSCLC²

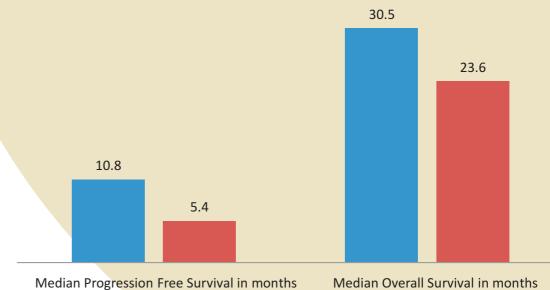


Strength – 250mg Pack-3x10Tabs

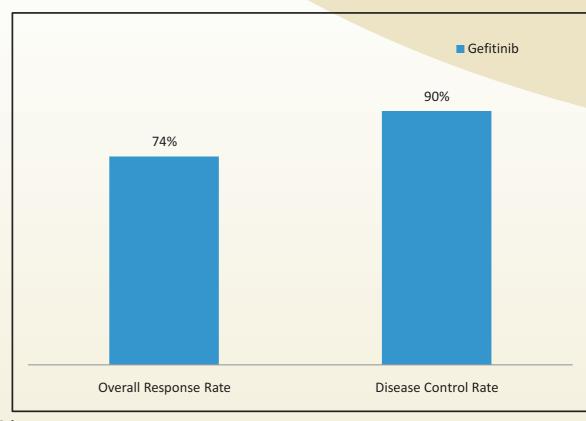
• It is indicated as monotherapy for locally advanced or metastatic NSCLC.



Gefitinib vs. Carboplatin / Paclitaxel was compared as a first line treatment in NSCLC, and it was concluded that this is the first time a targeted monotherapy has demonstrated significantly longer PFS than doublet chemotherapy¹.



First-Line Gefitinib therapy for elderly advanced NSCLC patients with Epidermal Growth Factor Receptor mutations³



Reference

http://www.ispub.com/journal/the_internet_journal_of_pulmonary_medicine/volume_11_number_2_5/article/gefitinib-as-1. monotherapy-in-the-first-line-setting-in-non-small-cell-lung-cancer.html

N Engl J Med. 2010 Jun 24;362(25):2380-8

Journal of Clinical Oncology, Vol 28, No 15_suppl (May 20 Supplement), 2010:7561 3.



Gefitinib Carboplatin - Paclitaxel

GEFTIWEL



Strengths – 4mg, 8mg $Pack - 5 \times 8 Tabs$

It is indicated :-

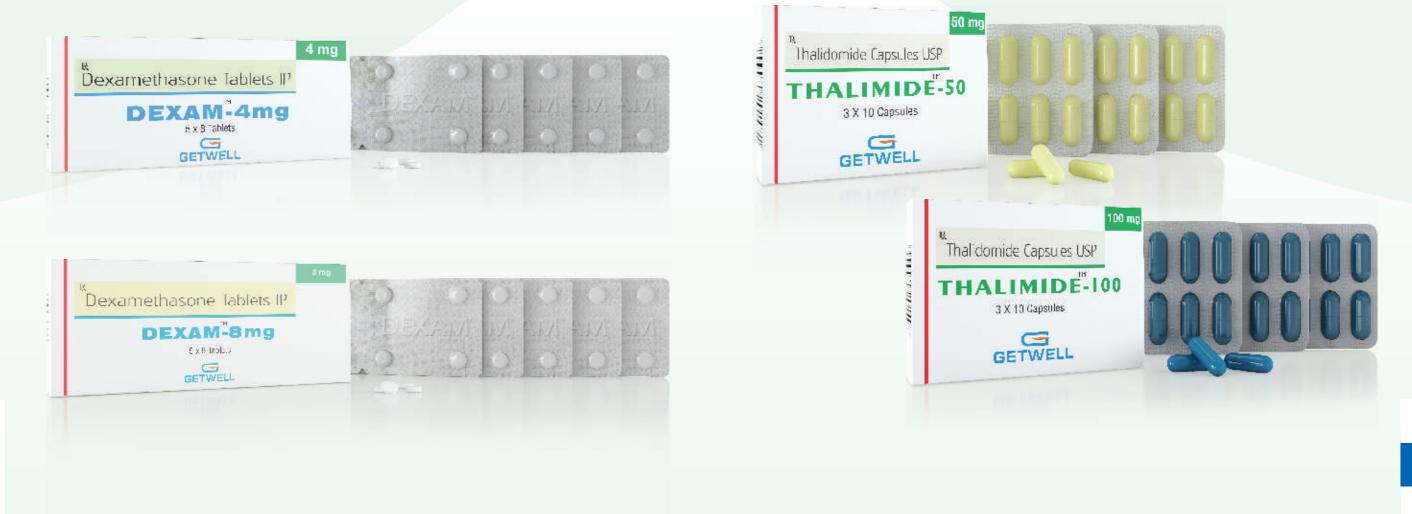
- For palliative management of Leukemias and lymphomas in adults and acute leukemias of childhood.
- As premedication in chemotherapy associated nausea and vomiting and taxane therapy.



Strengths – 50mg, 100mg Pack – 3 × 10 Caps

It is indicated for the treatment of :-

- Cutaneous manifestations of moderate to severe Erythema Nodosum Leprosum (ENL).
- Patients with newly diagnosed Multiple Myeloma in combination with Dexamethasone.

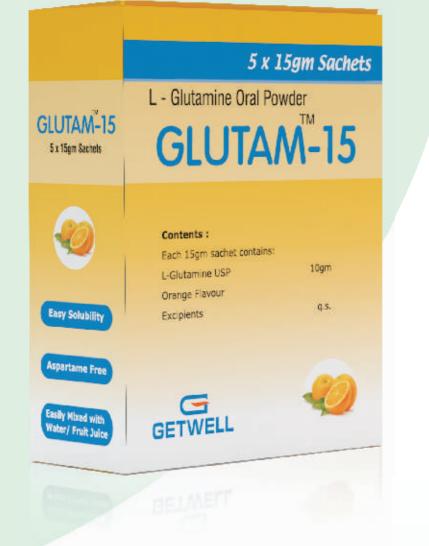


DEXAM

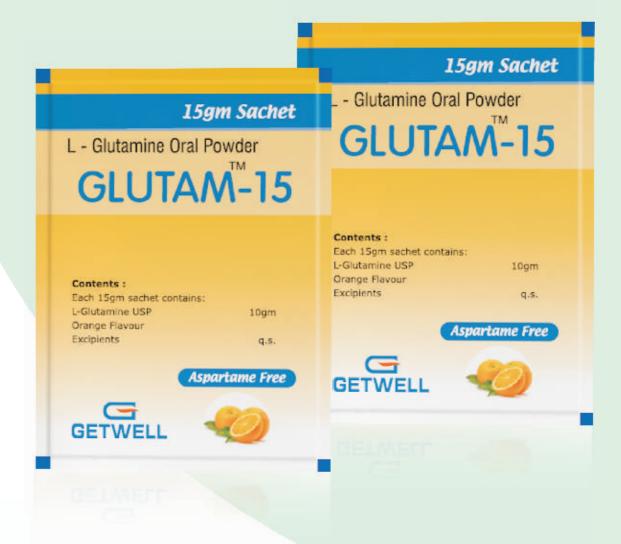


GLUTAMTM 15 L-Glutamine Oral Powder

Strength – 15gm



- Glutamine supplements decrease the incidence and severity of adverse effects due to radiation in cancer patients such as dermatitis in breast cancer patients', **Stomatitis & Oesophagitis^{2,3}** & intestinal permeability⁴.
- · Glutamine prevents chemotherapy associated mucositis, diarrhea associated Irinotecan, nervous system damage caused by Paclitaxel, Cardiotoxicity caused by anthracycline⁴. It is given concomitantly along with Methotrexate to enhance it tumorocidal activity.
- In surgery, glutamine decreases infections and **improves recovery after surgery**. Glutamine supplementation attenuated the negative postoperative nitrogen balance and supports muscle protein synthesis⁶. Glutamine **boosts the immune system** by increasing levels of lymphocytes⁷.
- Glutamine enhances selectivity of chemotherapy by protecting normal tissue from chemotherapy and by sensitizing tumor cells to chemotherapy.
- Oral glutamine reduce incidence of gastrointestinal, Nervous system, heart complications, diarrhea due to chemotherapy.



- · Glutamine supplementations reduce tumor growth by 40% and stimulate natural killer cell activity.8
- Glutamine nutrition decreases infections and shortens hospital stay in Bone marrow transplant patients.
- GLN supplementation reduced length of hospital stay on an average of 4 d.

References

- 1. Oral glutamine curbs radiation dermatitis in breast cancer patients; Internal Medicine News, March 1, 2005; cited at http://findarticles.com/p/articles/mi_hb4365/is_5_38/ai_n29173335/.
- Skubitz, Keith M., Anderson, Peter M. Oral glutamine to reduce Stomatitis, 1996, US 5545668.
- Savarese DM, Savy G, Vahdat L, Wischmeyer PE, Corey B; Prevention of chemotherapy and radiation toxicity with glutamine; Cancer Treat Rev. 2003; 29(6): 501-13.
- Nutritional Supplements That Support Cancer Chemotherapy; cited at http://www.powershow.com/view/11ba7-ZjEzO/Nutritional_Supplements_That_Support_Cancer_Chemotherapy; cited on July 30, 2010, 10am
- Rouse K, Nwokedi E, Woodliff JE, Epstein J, Klimberg VS; Glutamine Enhances Selectivity of Chemotherapy Through Changes in Glutathione Metabolism; Annals of Surgery; 1995; 221(4): 420-426.
- Wilmore DW; The Effect of Glutamine Supplementation in Patients Following Elective Surgery and Accidental Injury; JN The Journal of Nutrition; 2001; 131: 2543S-2549S
- Rouse K, Nwokedi E, Woodliff JE, Epstein J, Klimberg VS; Glutamine Enhances Selectivity of Chemotherapy Through Changes in Glutathione Metabolism; Annals of Surgery; 1995; 221(4): 420-426.
- 8. Klimberg VS; Is Glutamine Effective in Enhancing Host Immune Response to Tumor?; JN The Journal of Nutrition; 135: 2920S, 2005
- Souba WW; Glutamine and Cancer; Annals of Surgery; 1993; 218(6): 715-728 9.

GLUTAM-15



Strength - 4mg

It is indicated :-

- For the treatment of **hypercalcemia of malignancy**. •
- For treatment of bone metastasis in patients with multiple myeloma and solid tumors in conjunction with antineoplastic therapy.
- To preserve bone mineral density in premenopausal women who have develop ovarian failure due to adjuvant chemotherapy.*

* Eur J Cancer. 2011 Mar;47(5):683-9. Epub 2011 Feb 14.



Strengths - I5mg/2ml, 50mg/5ml

It is indicated :-

- After high dose Methotrexate therapy in osteosarcoma to diminish the toxicity caused by Methotrexate.
- In the treatment of **megaloblastic anemia** due to folic acid therapy when oral therapy is not • recommended.
- For use in combination with 5-fluorouracil to prolong survival in the **palliative treatment** • patients with advanced colorectal cancer.





