Protect Yourself,
Faster and Stronger

CinnaPoi etin®
Erythropoietin β

CinnaGen
Indications:

- Anemic Patients with Chronic Kidney Disease (CKD)
- Autologous Pre-Donation
- Anemia of Prematurity
- Anemia due to Chemotherapy in Patients with Non-Myeloid Malignancies

Epoetin Beta:

- A short-acting erythropoiesis-stimulating agent (ESA)
- Directly stimulate erythrocyte production
- A hallmark of anemia therapy in patients with chronic kidney disease (CKD)
- Improve quality of life across many different malignancy types

PROVEN EFFICACY AND SAFETY

Clinical efficacy of epoetin beta in treatment of chemotherapy-induced anemia across a broad range of malignancy types

- Epoetin beta is effective in anemia due to chemotherapy in wide range of malignancies, both solid (e.g., breast, lung, ovarian and prostate) and hematologic (MM, NHL, CLL).
- Transfusion need is reduced with epoetin beta, with as many as 90% of patients reported to remain transfusion free.
- The approved 30,000 IU once-weekly dosing regimen (as opposed to the 10,000 IU three-time weekly regimen) provides greater convenience and can result in improved treatment compliance.

<table>
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<th>Patient population</th>
<th>Study design and duration</th>
<th>Efficacy of epoetin beta</th>
<th>Transfusion status</th>
<th>QoL benefit</th>
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| Solid tumors                        | Open-label, single-arm, mean 75 days
(n = 255)                          | Hb response: increase > 1 g/dl: 62% | Patients transfused: 13% | Yes         |
| Solid tumors                        | Parallel-group, 12 weeks
(n = 189)                          | Response after 12 weeks: 36% (epoetin) vs. 9% (control) | Patients transfused: week 1–12: 29% (epoetin) vs. 41% (control)
| MM, NHL or CLL                      | Double-blind, parallel-group, 16 weeks
transfusion-dependent
(n = 343, ITT)                     | Hb response: 67% (epoetin) vs. 27% (control) | Transfusion-free patients: from wk 5–16: 67% (epoetin) vs. 48% (placebo)
| Solid/hematologic                   | Open-label, parallel-group, 12 weeks
malignancies
(n = 302, ITT)                      | Hb increase: 2.1 g/dl (epoetin) vs. 0.9 g/dl (control) | Pts transfused: 32% (epoetin) vs. 52% (control)
|                                     |                           |                          | Yes         |
Comparison of the therapeutic efficacy of epoetin beta and epoetin alfa and darbepoetin alfa in anemic cancer patients

The results of a recent retrospective survey including 125 patients in 27 French oncology centers, have indicated that in daily clinical practice, all three commercially available erythropoietic proteins are effective in managing anemia in patients with cancer; however, this study has showed the percentage of patients, amongst whom the Hb level was never lower than its initial value was significant greater in epoetin beta treated patients compared with those treated with epoetin alfa or darbepoetin alfa.

**FAST AND CONVENIENCE IN USE**
(PREFILLED SYRINGE)

Comparison of mean maximum and minimum change in hemoglobin levels between erythropoietic proteins

Hemoglobin increase of ≥1 and ≥2g/dl (with mean time to increase, days) in patients over the duration of treatment (A) and associated mean cumulative dose (B).
Comparison of subcutaneous injection pain among equivalent doses of epoetin beta and epoetin alfa and darbepoetin alfa

SC epoetin alfa and darbepoetin alfa injections are more significantly painful than equivalent doses of epoetin-beta.²,³,⁶,¹⁰

LESS PAINFUL THAN COMPARABLE DOSES OF OTHER ERYTHROPOIETINS IN SC INJECTION

Visual analogue scale (VAS) records of SC administration of saline (SAL), Epoetin Beta, phosphate-buffered Epoetin Alfa (EPO-αph) and citrate buffered Epoetin Alfa (EPO-αci). EPO-αph scored significantly higher compared to SAL and EPO-β (P ≤ 0.001) and EPO-αci scored significantly higher than EPO-αph (p ≤ 0.001).²

Visual Analogue Scale (VAS) is a subjective measure of pain. It consists of a 10cm line with two end points representing "no pain" and "worst pain imaginable".

Pain perception after subcutaneous injection of epoetin-b (filled columns) and darbepoetin-a (hatched columns) as documented on the visual analogue scale (VAS)² by patients, parents and the care giving nurse.⁴


