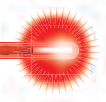


KEY COMPONENTS OF PHOTODYNAMIC THERAPY (PDT)

Featuring PHOTOFRIN® (porfimer sodium) for Injection



PHOTOFRIN® (porfimer sodium) IS INDICATED FOR

Palliation of patients with completely obstructing esophageal cancer, or of patients with partially obstructing esophageal cancer who, in the opinion of their physician, cannot be satisfactorily treated with Nd:YAG laser therapy.

Treatment of microinvasive endobronchial non–small cell lung cancer (NSCLC) in patients for whom surgery and radiotherapy are not indicated.

Reduction of obstruction and palliation of symptoms in patients with completely or partially obstructing endobronchial NSCLC. PHOTOFRIN® (porfimer sodium) is indicated for the ablation of high-grade dysplasia (HGD) in Barrett's esophagus patients who do not undergo esophagectomy.

IMPORTANT SAFETY INFORMATION ABOUT PHOTOFRIN FOR INJECTION

Photodynamic therapy (PDT) with PHOTOFRIN is a two-stage process requiring administration of both drug and light in a properly equipped facility. Refer to the OPTIGUIDE™ instructions for use for complete instructions concerning the fiber optic diffuser.

PHOTOFRIN is contraindicated in patients with porphyria. PDT is contraindicated in patients with an existing tracheoesophageal or bronchoesophageal fistula and patients with tumors eroding into a major blood vessel. PDT is not suitable for emergency treatment of patients with severe acute respiratory distress caused by an obstructing endobronchial lesion because 40 to 50 hours are required between injection with PHOTOFRIN and laser light treatment. PDT is not suitable for patients with esophageal or gastric varices, or patients with esophageal ulcers >1 cm in diameter.

Tracheoesophageal or bronchoesophageal fistula can occur if esophageal tumor is eroding into trachea or bronchial tree. Gastrointestinal perforation can occur. There is a high risk of bleeding in patients with esophageal varices and for fatal massive hemoptysis with endobronchial tumors that are: large, centrally located; cavitating; extensive, extrinsic to the bronchus. After treatment of high-grade dysplasia (HGD) in Barrett's esophagus (BE), monitor endoscopic biopsy every three months, until four consecutive negative evaluations for HGD have been recorded. Photosensitivity can be expected; ocular sensitivity is possible. Allow 2-4 weeks between PDT and subsequent radiotherapy. Substernal chest pain may occur after treatment. Treatment-induced inflammation can cause airway obstruction. Administer with caution to patients with tumors in locations where treatment-induced inflammation can obstruct the main airway. Esophageal stenosis occurs frequently after treatment of HGD in BE. Patients with hepatic or renal impairment may need longer precautionary measures for photosensitivity (possibly more than 90 days). Thromboembolic events can occur following photodynamic therapy with PHOTOFRIN.

MOST COMMON ADVERSE REACTIONS reported during clinical trials are:

Esophageal Cancer: Anemia, pleural effusion, pyrexia, constipation, nausea, chest pain, pain, abdominal pain, dyspnea, photosensitivity reaction, pneumonia, vomiting, insomnia, back pain, pharyngitis.

Obstructing Endobronchial Cancer: Dyspnea, photosensitivity reaction, hemoptysis, pyrexia, cough, pneumonia.

Superficial Endobronchial Tumors: Exudate, photosensitivity reaction, bronchial obstruction, edema, bronchostenosis.

High-Grade Dysplasia in Barrett's Esophagus: Photosensitivity reaction, esophageal stenosis, vomiting, chest pain, nausea, pyrexia, constipation, dysphagia, abdominal pain, pleural effusion, dehydration.

Inform patients to report adverse reactions. All patients who receive PHOTOFRIN will be photosensitive for at least 30 days and should be warned about this and counselled to take appropriate precautions. Laser treatment should not be given if an overdose of PHOTOFRIN is administered.

FOR MORE INFORMATION ABOUT PHOTOFRIN visit www.Photofrin.com or call Pinnacle Biologics, Inc. at 1-866-248-2039.

You are encouraged to report negative side effects of prescription drugs to the FDA.

Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

Please see full prescribing information for PHOTOFRIN.



THE 3 COMPONENTS OF PHOTODYNAMIC THERAPY (PDT)



1. PHOTOFRIN® (porfimer sodium)



PHOTOFRIN® (porfimer sodium) is injected several days prior to laser activation, where it's selectively retained in tumor cells. When activated with red laser light, the drug produces a chain reaction of cell death in targeted tissue, with low collateral damage to healthy tissue.

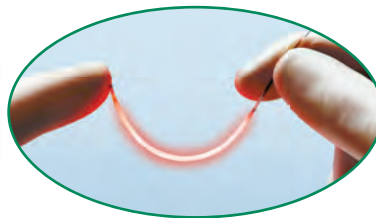


2. FIBER

DCYL250



The DCYL Diffuser Series has a range of fibers for reaching the tumor and delivering red laser light for PHOTOFRIN activation. The series includes the DCYL700, with a flexible yet durable material to ease navigation through instruments and anatomy.



DCYL700 DIFFUSER SERIES

Fibers shown actual size

3. LASER



The laser generates 630 nm wavelength red laser light necessary for PHOTOFRIN activation.



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