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SCIENTIFIC COMMITTEE

GEOK HOON LIM
SINGAPORE

VERONIQUE TAN
SINGAPORE
SPEAKERS

BENITA TAN
SENIOR CONSULTANT, NATIONAL CANCER CENTRE SINGAPORE (NCCS)
SINGAPORE

CHAN CHING WAN
ASSOCIATE PROFESSOR, NATIONAL UNIVERSITY HOSPITAL
SINGAPORE

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CONSULTANT SURGEON, CHANGI GENERAL HOSPITAL
SINGAPORE

FAYE LIM
SENIOR CONSULTANT, NATIONAL CANCER CENTRE SINGAPORE (NCCS)
SINGAPORE

GALE LIM
HEAD AND CONSULTANT FOR THE DEPARTMENT OF PLASTIC,
RECONSTRUCTIVE SURGERY, KK WOMEN’S & CHILDREN’S HOSPITAL
SINGAPORE

GEOK HOON LIM
HEAD AND SENIOR CONSULTANT OF BREAST DEPARTMENT
KK WOMEN’S AND CHILDREN’S HOSPITAL
SINGAPORE
GERALD GUI
CONSULTANT BREAST SURGEON, THE ROYAL MARSDEN
UNITED KINGDOM

JULIANA CHEN
SENIOR CONSULTANT, TAN TOCK SENG HOSPITAL
SINGAPORE

PHILIP POORTMANS
PROFESSOR, CURIE INSTITUTE
BELGIUM

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SINGAPORE

YEE SIANG ONG
PLASTIC AND RECONSTRUCTIVE SURGEON, SINGAPORE GENERAL HOSPITAL
SINGAPORE
<table>
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<tr>
<td>18:00</td>
<td>Opening Remarks</td>
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<tr>
<td>18:05</td>
<td>Prepectoral or subpectoral implant- when to do which? and how I do my prepectoral implant reconstruction</td>
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<td>18:25</td>
<td>Q &amp; A</td>
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<td>18:40</td>
<td>ALCL- are implants still safe to use? What advice do we give to our patients?</td>
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<td>18:45</td>
<td>Q &amp; A</td>
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<td>19:15</td>
<td>A Multidisciplinary Approach to Neoadjuvant Therapy in Aggressive Breast Cancer</td>
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<td>19:20</td>
<td>Q &amp; A</td>
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<td>19:45</td>
<td>What surgeons need to know about preoperative radiation therapy?</td>
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<td>19:55</td>
<td>Q &amp; A</td>
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<tr>
<td>20:20</td>
<td>Tips and Tricks on Nipple Sparing Mastectomy in Women with Large and Ptotic Breast</td>
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<td>20:35</td>
<td>Closing Remark</td>
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**Chairperson:**
- CHING WAN CHAN, SINGAPORE
- Gale Lim, Singapore
- Faye Lim, Singapore
- Benita Tan, Singapore
- Juliana Chen, Singapore
- GEOK HOON LIM, SINGAPORE
Neoadjuvant PERJETA-Herceptin plus chemotherapy*: part of a complete, efficacious treatment regimen for HER2-positive eBC in the curative setting.1,2

Indication for neoadjuvant treatment:
PERJETA is indicated for use in combination with Herceptin and chemotherapy in the neoadjuvant treatment of adult patients with HER2-positive, locally advanced, inflammatory, or early stage breast cancer at high risk of recurrence.

eBC=early breast cancer; FEC=5-fluorouracil + epirubicin + cyclophosphamide; HER2=human epidermal growth factor receptor 2; PH=PERJETA-Herceptin.

*Fibrolipoma in the registrational trials included PH + docetaxel (4 cycles); NCISphere; PH + docetaxel + carboplatin (6 cycles); FEC (3 cycles) followed by PH + docetaxel (3 cycles); PH + FEC (3 cycles) followed by PH + docetaxel (3 cycles) (TRYPHAENA).1,4,4

There is insufficient evidence to recommend concomitant administration of an anthracycline with PERJETA.


Perjeta® (pertuzumab) – Abbreviated Prescribing Information
Before prescribing Perjeta, please consult the full local prescribing information.

THERAPEUTIC INDICATIONS: Metastatic breast cancer: Perjeta is indicated for use in combination with Herceptin and docetaxel for the treatment of adult patients with HER2-positive metastatic or locally recurrent unresectable breast cancer, who have not received previous anti-HER2 therapy or chemotherapy for their metastatic disease. Early breast cancer: Perjeta is indicated for use in combination with Herceptin and chemotherapy for the 1) neoadjuvant treatment of patients with HER2-positive locally advanced, inflammatory, or early stage breast cancer (either greater than 2 cm in diameter or node positive) as part of a complete treatment regimen for early breast cancer, and 2) adjuvant treatment of patients with HER2-positive early breast cancer at high risk of recurrence. POSOLOGY AND METHOD OF ADMINISTRATION: Perjeta is subject to restricted medical prescription and therapy should only be initiated under the supervision of a physician experienced in the administration of anti-cancer agents. Perjeta should be administered by a healthcare professional prepared to manage anaphylaxis and in an environment where full resuscitation service is immediately available. Patients treated with Perjeta must have HER2-positive tumour status defined as a score of 3+ by immunohistochemistry (IHC) and/or a ratio of ≥ 2.0 by in situ hybridization (ISH) assessed by a validated test. To ensure accurate and reproducible results, the testing must be performed in a specialised laboratory, which can ensure validation of the testing procedures. DOSAGE AND STRENGTHS: 420 mg/14 mL vial. CONTRAINDICATIONS: Perjeta is contraindicated in patients with known hypersensitivity to pertuzumab or to any of its excipients. SPECIAL WARNINGS AND PRECAUTIONS FOR USE: Left ventricular dysfunction: The incidence of symptomatic left ventricular systolic dysfunction (LVD) congestive heart failure) was higher in patients treated with Perjeta in combination with Herceptin and chemotherapy compared with Herceptin and chemotherapy patients. Patients who have received prior anthracyclines or prior radiotherapy to the chest area may be at higher risk of decreased LVEF. Infusion-related reactions: Perjeta has been associated with infusion-related reactions including events with fatal outcomes. Close observation of the patient during and for 60 minutes after the first infusion and during and for 30-60 minutes after subsequent infusions is recommended following the administration of Perjeta. Hyperчувствительность reactions/anaphylaxis: Severe hypersensitivity reactions, including anaphylaxis and events with fatal outcomes have been observed in patients treated with Perjeta. Medications to treat such reactions, as well as emergency equipment, should be available for immediate use. Follicle neutropenia: Patients treated with Perjeta, Herceptin and docetaxel are at increased risk of follicle neutropenia compared with patients treated with docetaxel, Herceptin and docetaxel, especially during the first 3 cycles of treatment. Symptomatic treatment for neutropenia should be considered. UNDESIRABLE EFFECTS: The safety of Perjeta has been evaluated in more than 6000 patients in Phase III trials and was generally consistent across studies. As Perjeta is used with Herceptin and chemotherapy, it is difficult to ascertain the causal relationship of an adverse event to a particular drug. The most common (≥ 10%) adverse drug reactions (ADR) ≥ 20% from pooled data were diarrhea, alopecia, nausea, fatigue, neutropenia and vomiting. The most common (≥ 10%) laboratory abnormality was neutropenia. ENHANCED SAFETY REPORTING FOR POTENTIAL PERJETA-EXPOSED PREGNANCIES: Perjeta should be avoided during pregnancy unless the potential benefit for the mother outweighs the potential risk to the fetus. There are no studies of Perjeta in pregnant women and the safety of Perjeta during pregnancy and lactation has not been established. Verify pregnancy status prior to the initiation of Perjeta. Women of child bearing potential including those who are partners of and male patients should use effective contraception while receiving Perjeta and for 6 months following the last dose of Perjeta. Monitor patients who become pregnant during Perjeta therapy or within 6 months following the last dose of Perjeta closely for oligohydramnios. If Perjeta is used during pregnancy or if a patient becomes pregnant while being treated with Perjeta or within 6 months following the last dose of Perjeta, immediately report exposure to the local Roche Adverse Event email at singapore.drsafety@roche.com or call (65) 6735 0550. Additional information will be requested during a Perjeta-exposed pregnancy and the first year of the infant’s life. This will enable Roche to better understand the safety of Perjeta and to provide appropriate information to Health Authorities, Healthcare Providers and patients.