

Media Release

UK Consumer and Medical Media



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Avastin® (bevacizumab) receives approval to treat ovarian cancer: First new medicine for 15 years halts ovarian cancer for six months more than chemotherapy alone^{1,2}

New hope in fight against Britain's deadliest gynaecological cancer, which kills over 4,000 UK women per year³

Welwyn Garden City, 17th January 2012: Avastin has received approval from the European Medicines Agency (EMA) for the treatment of women with advanced ovarian cancer, in combination with standard chemotherapy (carboplatin and paclitaxel). Avastin is now available to patients in England through application to the Cancer Drugs Fund. Clinicians in Scotland, Wales and Northern Ireland can make individual funding requests for Avastin.

"Avastin is the first new drug that has been shown to improve outcomes for women with advanced ovarian cancer for the past 15 years. I am delighted that Avastin has now been licensed and is therefore now potentially available to suitable women who are diagnosed with this devastating disease. Ovarian cancer currently has the worst outcomes of all gynaecological cancers and halting disease progression for six months is an important step forward in treating this condition" said Dr Timothy Perren, Consultant Medical Oncologist, St James's University Hospital.

The efficacy of Avastin has been demonstrated in two Phase III studies.

The first trial is GOG-0218:² this was a multicentre, randomised, double-blinded, placebo-controlled study, which included 1,873 women with previously untreated advanced epithelial ovarian, primary peritoneal or fallopian tube cancer. The study showed that women who received the combination of Avastin and chemotherapy and then continued on Avastin alone, lived an average of six months longer without their disease getting worse (progression-free survival or PFS), compared to those who received chemotherapy alone (median PFS of 18.2 months compared to 12 months respectively; HR=0.62 [95% CI 0.52-

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0.75], $p < 0.0001$).¹ Avastin was given 3-weekly for up to 15 months. Avastin was generally well tolerated and no new adverse events were reported beyond those reported in other pivotal trials of Avastin.^{1,2}

The second trial is ICON7: this was a Phase III, randomised, multi-centre, two arm open-label study, which was conducted using a lower dose of Avastin (7.5mg/kg, 3-weekly for up to 12 months), and enrolled patients with both early stage and more advanced disease. In this study, the women who had more advanced ovarian cancer (i.e. cancer which had spread from the ovaries to involve other organs within the abdominal cavity; or had spread beyond the abdomen and pelvis and who were unable to have all of their visible disease removed by surgery) who were treated with Avastin combined with standard chemotherapy, followed by continued single-agent Avastin achieved an additional 5.5 months PFS, compared with those receiving chemotherapy alone (median PFS of 16 vs. 10.5 months respectively, HR=0.73 [95% CI 0.60–0.87], $p < 0.001$).⁴ Adverse events were consistent with those observed in GOG-0218 and other pivotal trials of Avastin.¹

This heralds a new era of hope for women diagnosed with ovarian cancer, who have previously been faced with a devastating diagnosis plus a lack of innovative treatments. We are delighted that Avastin is now available to women across the country” said Louise Bayne, Chief Executive, Ovacome.

Final information on whether Avastin improves the survival of women with ovarian cancer will emerge in 2013.

Avastin has a well-established tolerability profile and the most frequently observed adverse drug reactions in clinical trials were hypertension, fatigue, neuropathy and proteinuria.¹ The most common side effects are generally manageable, for example, hypertension can generally be managed with conventional antihypertensive treatment.

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With approximately 6,500 new cases diagnosed each year, ovarian cancer is the fourth most common cause of cancer death in women in the UK and the most common cause of gynaecological cancer death.³

--- ENDS ---

Notes to Editors

About the GOG-0218 study²

GOG-218 was a multicentre, randomised, double-blinded, placebo-controlled phase III study in 1,873 women after surgical debulking treatment for previously untreated advanced stage epithelial ovarian, primary peritoneal or fallopian tube carcinoma. The trial evaluates Avastin plus carboplatin and paclitaxel chemotherapy compared to carboplatin and paclitaxel chemotherapy alone. The trial is also designed to assess the continued use of Avastin alone in the maintenance setting following the initial combined regimen of Avastin and chemotherapy.

Patients were randomised to one of three treatment arms, each of which lasted up to 15 months (or 22 cycles):

- ARM 1: Placebo in combination with carboplatin (AUC 6 IV) and paclitaxel (175mg/m²) chemotherapies (6 cycles) followed by maintenance use of placebo alone (22 cycles, 3-weekly for up to 15 months)
- ARM 2: Avastin (15mg/kg; 5 cycles starting at cycle 2) in combination with carboplatin and paclitaxel chemotherapies (6 cycles, 3-weekly) followed by maintenance use of placebo alone (22 cycles, up to 15 months)
- ARM 3: Avastin (15mg/kg; 5 cycles starting at cycle 2) in combination with carboplatin and paclitaxel chemotherapies (6 cycles, 3-weekly) followed by the maintenance use of Avastin alone (22 cycles, up to 15 months)

The primary endpoint of the study was PFS as assessed by the study investigators.

Secondary endpoints of the study included overall survival, PFS by independent review,

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objective response rate, safety, quality of life measures and analysis of patient tumour and blood samples. Detailed safety assessments were ongoing during the study.

This study was sponsored by the National Cancer Institute (NCI) under a Cooperative Research and Development Agreement between the NCI and Roche and was being conducted by a network of researchers led by the Gynecologic Oncology Group (GOG).

About the ICON7 study⁴

ICON7 was a multicentre, randomised, double-blinded, placebo-controlled phase III study in 1,520 women after surgical debulking treatment for previously untreated early and advanced stage epithelial ovarian, primary peritoneal or fallopian tube carcinoma.

Women in the study were randomly assigned to:

- ARM 1: carboplatin (AUC 5 or 6) and paclitaxel (175 mg per square meter of body-surface area), given every 3 weeks for 6 cycles,
ARM 2: carboplatin (AUC 5 or 6) and paclitaxel (175 mg per square meter of body-surface area), given every 3 weeks for 6 cycles, plus bevacizumab (7.5 mg per kilogram of body weight), given concurrently every 3 weeks for 5 or 6 cycles and continued for up to 12 additional cycles.

Outcome measures included progression free survival, first analyzed per protocol and then updated, quality of life and interim overall survival.

In the overall study population: 2.4 additional months of progression free survival (PFS) was achieved with Avastin (7.5mg/kg) plus chemotherapy, followed by continuation of Avastin front-line for up to 12 months compared to chemotherapy alone (median PFS of 19.8 months compared to 17.4 months (HR=0.87 [95% CI] 0.77-0.99, p= 0.039). The outcome from the addition of Avastin to standard chemotherapy was substantially larger for those women with more advanced disease and it is those results that are highlighted above.

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ICON7 is led by the U.K. Medical Research Council Clinical Trials Unit (MRC CTU) and sponsored by the MRC under a Cooperative Research and Development Agreement between the MRC and Roche. It was designed by members of the Trial Management Group, who reviewed and approved the protocol. The Trial Management Group included representatives from the Gynaecological Cancer Intergroup (GCIG) and F. Hoffmann–La Roche. Patients were recruited through GCIG cooperative groups in the UK, Scandanavia, Germany, France, Spain, Canada, Australia & New Zealand.

Ovarian cancer – by numbers

No. 1 cause of gynaecological cancer death (including cervical and uterine cancer)³

2nd most common gynaecological cancer in the UK (after uterine)³

Twice as likely to die if you are diagnosed with ovarian cancer, compared with women diagnosed with breast cancer^{5,6}

Over 50% increased incidence in women aged 65 and over in the last 30 years³

75% of diagnoses happen after the cancer has already spread (advanced ovarian cancer)⁷

85% of cases occur in women aged over 50⁸

4,370 deaths in the UK in 2008³

6,500 new cases in the UK each year³

About Avastin treatment for ovarian cancer

Angiogenesis is a process that occurs naturally in the body and involves the growth of new blood vessels, for example, during wound healing or in the menstrual cycle. Tumour angiogenesis is a fundamental process required for a tumour to grow and to spread (metastasise) to other parts of the body.^{9,10}

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Ovarian tumours have high levels of VEGF and as a consequence, a well developed blood supply.

Avastin is an anti-angiogenic therapy that specifically binds and blocks the biological effects of VEGF¹ (vascular endothelial growth factor), the key driver of tumour angiogenesis.¹¹

Inhibiting the formation of these new blood vessels helps starve the tumour of the essential oxygen and nutrients it needs to grow and spread.¹² By controlling angiogenesis, tumour growth can be controlled.

Avastin is approved in the EU for the treatment of the advanced stages of five common cancer types: colorectal cancer, breast cancer, lung cancer and kidney cancer and ovarian cancer. More than 1,000,000 patients have been treated with Avastin so far.¹³ An ongoing clinical programme with over 450 clinical trials is investigating the use of Avastin in various tumour types.

Please refer to the Avastin Summary of Product Characteristics for full details, available at: www.emc.medicines.org.uk.¹

About Ovacome

Anyone with further questions can speak to a qualified nurse by calling the Ovacome helpline on 0207 299 6650.

About Roche in the UK

Roche is a leader in research-focused healthcare and in the UK employs nearly 2,000 people in pharmaceuticals and diagnostics. Roche is the world's largest biotech company with truly differentiated medicines in oncology, virology, inflammation, metabolism and CNS. Roche's personalised healthcare strategy aims at providing medicines and diagnostic tools that enable tangible improvements in the health, quality of life and survival of patients. Find out more at www.rocheuk.com.

For further information please contact:

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