Overview of Avastin® and Assessment of its Proper Use in Japan

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Generic name
- Bevacizumab (genetical recombination)

Anti-VEGF humanized monoclonal antibody:
- 93% derived from human IgG1, 7% from murine antibody
- A protein composed of two light chains, each consisting of 214 amino acids, and two heavy chains, each consisting of 453 amino acids (molecular weight: 149 KDa)

Target
- Inhibits VEGF-induced angiogenesis by binding to human VEGF (VEGF-A).

Formulation: injection (vial)
- Avastin® for intravenous infusion 100mg/4mL: single vial
- Avastin® for intravenous infusion 400mg/16mL: single vial
Factors necessary for angiogenesis

1. Migration of vascular endothelial cells
2. Proliferation of vascular endothelial cells
3. Survival of immature vascular endothelial cells (inhibition of apoptosis)
4. Increased vascular permeability

Vascular endothelial growth factor receptor-1 (VEGFR-1) and VEGFR-2 are specifically expressed on vascular endothelial cells. The above factors bind to these receptors as a ligand, thus exerting their effects.
VEGF and VEGF Receptors

- IGF = insulin-like growth factor
- PDGF = platelet-derived growth factor
- EGF = epidermal growth factor
- bFGF = basic fibroblast growth factor
- IL-8 = interleukin-8
- COX-2 = cyclooxygenase
- NO = nitric oxide

Binds with VEGF receptor, activating tyrosine kinase

Angiogenesis

Other angiogenic factors

Survival

Proliferation

Migration

Vascular permeability ↑
Angiogenesis and Progression of Cancer

Primary tumor

Premalignant stage

(Avascular tumor)

Malignant tumor

(Angiogenic switch)

Tumor growth

(Vascularised tumor)

Vascular invasion

(Tumor cell intravasation)

Metastasis

Dormant micrometastasis

(Seeding in distant organs)

Overt metastasis

(Secondary angiogenesis)

Stages at which angiogenesis plays a role in tumor progression

Mode of Action and the Relation with Treatment Effects

Abnormal tumor vasculature

1. Regression of existing microvasculature
   Additive effect for tumor shrinkage
   (direct effect of Avastin®)

2. Normalization of existing vasculature
   Maximizes effect of anticancer drugs used with Avastin®
   (Enhancing effect of the combination therapy)

3. Inhibition of newly formed vessels
   Prolonged overall survival and progression-free survival
   (direct effect of Avastin®)

- Starvation
- Enhancement of combination therapy
Mode of Action

Tumor environment and VEGFR

Mode of action of Avastin®
Overview (2)

■ Effect/Efficacy
  - Advanced or refractory colorectal cancer who is not the candidate for the curative operation

■ Dosage and administration
  - The usual adult dosage of bevacizumab is 5 mg/kg or 10 mg/kg bodyweight per intravenous infusion in combination with other anticancer chemotherapy. The administration interval should be two weeks or longer.

■ Approval conditions
  - Because of a very limited number of patients treated in the internal clinical trials, a post-marketing surveillance of all patients who received Avastin® after the launch of it should be conducted until the data of a certain number of patients are accumulated in order to identify the background of the patients and collect the safety and efficacy data of them early, and take necessary measures for proper use of Avastin®.
1. Measures to promote proper use of Avastin®
   - Prior confirmation from relevant medical institutions and physicians
   - Confirmation upon first delivery of product
   - Prior enrollment and caution exercised to patients scheduled to receive Avastin®
   - Post-marketing surveillance (centralized monitoring of adverse drug reactions for all patients enrolled)

2. Conduct post-marketing surveillance study of all patients
   - Target number of cases: 2,500
   - Survey period: 18 months after launch (tentative)

3. Develop materials for physicians, pharmacists, nurses and patients to promote proper use

4. Establish the external peer review committee
Post Marketing Surveillance Study

Type of survey
- Post marketing surveillance study

Subjects:
- All colorectal cancer patients treated with Avastin®

Survey objectives:
1. Confirm whether the incidence of adverse drug reactions typically associated with Avastin® such as gastrointestinal perforations and tumor-related hemorrhage are similar to those found in overseas clinical trials, and also investigate risk factors.

2. Investigate all adverse drug reactions for patients given dosages of 5mg/kg/2 weeks and 10mg/kg/2 weeks.

Target number of cases:
- 2,500

Length of survey:
- 18 months
Timeline of Events Since Launch

- **Launch**
- Start of PMS study of all patients

- Start of confirmation of eligibility (enrollment) with contact slips to be used

- **Publication of safety confirmation study results (JO18158) at JSMO**

- Revision of prescription information

- Release the interim results of PMS survey (1,018 cases)

- **Final results of PMS Study (2,705 cases) to be presented at JSCO**

- 2,500 patients enrolled for PMS survey

- Start of enrollment for FOLFIRI+ BV clinical trial (after launch)

**JSMO:** Japanese Society of Medical Oncology  
**JSCO:** Japan Society of Clinical Oncology  
**BV:** Bevacizumab
Enrollment and Collection of ADR Reports

Number of patients treated with Avastin® (estimated)
- Number of patients treated since launch: 11,783
  - PMS survey
    - Cases enrolled 2,712* (June 11, 2007 to November 9, 2007)
  - Cases due to be treated with Avastin® (using contact slips)
    - Cases enrolled 9,071* (as of August 21, 2008)

ADR reports collected in PMS survey interim results
- Number of patients in interim report: 1,018
  - 626 patients experienced ADR (rate of incidence: 61.49%); total of 2,271 ADR reports
    - Severe ADR: 178 patients (incidence rate: 17.49%); total of 303 reports
    - Major ADR (SOC)
      - Abnormal clinical test values (decrease in leukocyte, neutrophil and platelet counts, etc.), gastrointestinal disorders (nausea, diarrhea, stomatitis, etc.), cardiovascular disorders (hypertension, etc.)

* Chugai Pharmaceutical website (updated on August 26, 2008) http://www.chugai-pharm.co.jp/
## Assessment of Proper Use in Japan

**PMS study—total number of patients: 1,018**
- Rate of proper use: 97.15%

<table>
<thead>
<tr>
<th>Background</th>
<th>Rate of proper use (%)</th>
<th>Cases other than proper use</th>
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</thead>
<tbody>
<tr>
<td>Indications</td>
<td>100.0%</td>
<td>Patients with conditions other than colorectal cancer: 0</td>
</tr>
<tr>
<td>Warning</td>
<td>99.9%</td>
<td>Patients with cerebral metastasis: 1 (continued from private import)</td>
</tr>
<tr>
<td>Treatment line</td>
<td>97.8%</td>
<td>Third-line therapy: 22</td>
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<tr>
<td>Complications that could be a risk factor for ADR of Avastin®</td>
<td>99.9%</td>
<td>Aftereffect of stroke: 1</td>
</tr>
<tr>
<td>Performance status (P.S.)</td>
<td>100.0%</td>
<td>P.S. of 3 or greater: 0</td>
</tr>
<tr>
<td>Previous treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major operation</td>
<td>99.6%</td>
<td>Operation within 28 days of beginning administration: 4</td>
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<tr>
<td>Therapy</td>
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<tr>
<td>Combination chemotherapy</td>
<td>99.8%</td>
<td>5-FU single agent therapy (due to allergic reaction to I-LV)</td>
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<td></td>
<td>Combination therapy with 5-FU and CPT-11: 1</td>
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This report can be downloaded in PDF format from the Chugai Pharmaceutical website (information released on August 6, 2008).

- [http://www.chugai-pharm.co.jp/](http://www.chugai-pharm.co.jp/) (Japanese Only)

The final results of the PMS study (2,705 patients) are scheduled to be presented at the Japan Society of Clinical Oncology (JSCO) annual meeting this year.

- **October 31, 2008**
  - Symposium 6
  - “At the Front Line of Molecular Targeted Therapy (2) Clinical Research”