



Tecentriq plus Chemotherapy and Avastin Reduced the Risk of Disease Worsening or Death in Phase III study in People with Extensive-stage Small Cell Lung Cancer

- Tecentriq plus chemotherapy and Avastin demonstrated statistically significant prolongation of progression-free survival for the initial treatment of extensive-stage small cell lung cancer (ES-SCLC)
- Phase III BEAT-SC study evaluated the addition of Avastin to Tecentriq and chemotherapy, one of the standard treatments for ES-SCLC

TOKYO, October 24, 2023 -- [Chugai Pharmaceutical Co., Ltd.](#) (TOKYO: 4519) announced today that phase III BEAT-SC study, evaluating Tecentriq® (atezolizumab) in combination with Avastin® (bevacizumab) and platinum-based chemotherapy as a first-line treatment for extensive-stage small cell lung cancer (ES-SCLC), met its primary endpoint of progression-free survival (PFS).

“We are very pleased that Tecentriq plus chemotherapy and Avastin showed the improvement of PFS in difficult-to treat ES-SCLC. We will continue to consider ways to provide new value to patients,” said Dr. Osamu Okuda, Chugai’s President and CEO.

Tecentriq in combination with Avastin and chemotherapy demonstrated a statistically significant reduction in the risk of disease progression or death (improvement of PFS) compared with Tecentriq and chemotherapy. Overall survival, one of the secondary endpoints, did not show a statistically significant prolongation at this interim analysis and the study will continue until the planned future analysis. Tecentriq in combination with Avastin and chemotherapy was tolerated, and no new safety signal of this combination were observed. The data will be presented at an upcoming medical meeting.

About small cell lung cancer (SCLC)

SCLC has the most aggressive course of any lung cancer and is characterized by rapid progression and poor survival. Due to its fast-growing nature, two-thirds of patients are diagnosed with extensive-stage (ES)-SCLC, when the cancer has already spread to other parts of the body.¹

SCLC accounts for about 10~15%² of all lung cancers, and is estimated to affect about 20,000 people in Japan.³

Tecentriq was the first cancer immunotherapy to show a survival benefit in ES-SCLC and was the first approved treatment option in 17 years in Japan.

About BEAT-SC study

BEAT-SC study is a randomised, placebo-controlled and double-blinded global phase III study evaluating

Tecentriq® (atezolizumab) plus Avastin® (bevacizumab) and chemotherapy versus Tecentriq and chemotherapy alone as an initial (first-line) treatment in 330 people with extensive-stage small cell lung cancer. Primary endpoint is progression-free survival. Secondary endpoints include overall survival, response rate and safety. This study was conducted in Japan and China.

About combination of Tecentriq and Avastin

The combination of Tecentriq and Avastin may improve cancer immunity against various types of cancer. The anti-VEGF inhibitory activity of Avastin is related to its immunomodulatory activity, in addition to its known anti-angiogenic activity.⁴⁻⁷ Avastin may also improve the immunosuppressive tumor microenvironment.⁸ The T-cell-mediated effect of Tecentriq on cancer cells may be enhanced by combining Avastin with VEGF-mediated immunosuppression.⁹⁻¹⁷

Trademarks used or mentioned in this release are protected by law.

Sources

1. ASCO Cancer.net. Lung Cancer – Small Cell (View all). Available from: <https://www.cancer.net/cancer-types/33776/view-all>. Accessed September 2023.
2. Govindan R, Page N, Morgensztern D, Read W, Tierney R, Vlahiotis A, et al. Changing epidemiology of small cell lung cancer in the United States over the last 30 years: analysis of the surveillance, epidemiologic, and end results database. *J Clin Oncol* 2006;24(28):4539-44.
3. Japanese Society of Medical Oncology/New Clinical Oncology Version 5.0 (Nankodo) (Japanese only)
4. Ferrara N, et al. *Nat Rev Drug Discov*, 2004; 3(5): 391-400.
5. Hegde PS. et al.: *Semin Cancer Biol* 2018; 52 (Pt 2): 117-124.
6. Gabrilovich DI. et al.: *Nat Med* 1996; 2(10):1096-1103.
7. Oyama T. et al.: *J Immunol* 1998; 160(3): 1224-1232.
8. Huang Y, et al.: *Cancer Res*. 2013 May 15;73(10):2943-8.
9. Goel S. et al.: *Physiol Rev* 2011; 91(3): 1071-1121.
10. Motz GT. et al.: *Nat Med* 2014; 20(6): 607-615.
11. Hodi FS. et al.: *Cancer Immunol Res* 2014; 2(7): 632-642.
12. Wallin JJ. et al.: *Nat Commun* 2016; 7: 12624.
13. Zitvogel L, et al. *Immunity*, 2013; 39(1): 74-88.
14. Gabrilovich DI., Nagaraj S.: *Nat Rev Immunol* 2009; 9(3): 162-174.
15. Roland CL. et al.: *PLoS One* 2009; 4(11): e7669.
16. Facciabene A. et al.: *Nature* 2011; 475(7355): 226-230.
17. Voron T. et al.: *J Exp Med* 2015; 212(2): 139-148.

###