

## Tecentriq<sup>®</sup> (atezolizumab), Avastin<sup>®</sup> (bevacizumab) – New indication

- On May 29, 2020, <u>Genentech announced</u> the FDA approval of <u>Tecentriq (atezolizumab)</u>, in combination with bevacizumab (eg, <u>Avastin®</u>), is indicated for the treatment of patients with unresectable or metastatic hepatocellular carcinoma (HCC) who have not received prior systemic therapy.
  - Avastin's drug label reflects the same new indication.
- Tecentriq is also approved for urothelial carcinoma, non-small cell lung cancer (NSCLC), triplenegative breast cancer, and small cell lung cancer.
- Avastin is also approved for colorectal cancer, NSCLC, glioblastoma, renal cell carcinoma, cervical cancer, and epithelial ovarian, fallopian tube, or primary peritoneal cancer.
- According to the American Cancer Society, it is estimated that more than 42,000 Americans will be diagnosed with liver cancer in 2020. HCC accounts for approximately 75% of all liver cancer cases in the U.S. HCC develops predominantly in people with cirrhosis due to chronic hepatitis (B and C) or alcohol consumption, and typically presents at an advanced stage.
- The approval of Tecentriq for the new indication was based on IMbrave150, an open-label, randomized study in 501 patients with locally advanced unresectable and/or metastatic HCC. Patients received Tecentriq plus Avastin or <a href="Nexavar">Nexavar</a> (sorafenib) until disease progression or unacceptable toxicity. The major efficacy outcome measures were overall survival (OS) and progression free survival (PFS).
  - Median OS was not estimable with Tecentriq plus Avastin vs. 13.2 months with Nexavar (hazard ratio [HR] 0.58; 95% CI: 0.42, 0.79; p = 0.0006).
  - Median PFS was 6.8 months with Tecentriq plus Avastin vs. 4.3 months with Nexavar (HR 0.59; 95% CI: 0.47, 0.76; p < 0.0001).</li>
- The most common adverse reactions (≥ 20%) with Tecentriq use in combination with Avastin in patients with HCC were hypertension, fatigue and proteinuria.
- The recommended dose of Tecentriq for the treatment of HCC is 1,200 mg administered as an
  intravenous infusion over 60 minutes, followed by 15 mg/kg of Avastin on the same day, every 3
  weeks until disease progression or unacceptable toxicity.
  - If Avastin is discontinued for toxicity, the recommended dosage of Tecentriq is 840 mg every 2 weeks, 1,200 mg every 3 weeks or 1,680 mg every 4 weeks.
  - Refer to the drug label for Avastin prior to initiation.
  - Refer to the Tecentriq and Avastin drug labels for dosing for all their other indications.



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