

Please join Genentech BioOncology...

Avastin (bevacizumab) in Metastatic Non-Small Cell Lung Cancer

Presented by Dionne Dendy RN CRNP-BC MSN MHA OCN
Genentech Oncology Clinical Coordinator

Wednesday, August 18, 2010
6:00 pm

Steakhouse 85
85 Church Street
New Brunswick, NJ 08901
732-247-8585

HOSTS:
Russel Talamo &
Saloni Kumar,
Clinical Oncology Specialists

Please RSVP to Kozachuk.Jean@gene.com by August 12th.

INDICATIONS

Avastin, in combination with intravenous 5-fluorouracil-based chemotherapy, is indicated for first- or second-line treatment of patients with metastatic carcinoma of the colon or rectum.

Avastin, in combination with carboplatin and paclitaxel, is indicated for first-line treatment of patients with unresectable, locally advanced, recurrent or metastatic non-squamous, non-small cell lung cancer.

Boxed WARNINGS and additional important safety information

- **Gastrointestinal (GI) perforation:** Avastin administration can result in the development of GI perforation, in some cases resulting in fatality. GI perforation, sometimes associated with intra-abdominal abscess, occurred throughout treatment with Avastin (i.e., was not correlated to duration of exposure). Permanently discontinue Avastin therapy in patients with GI perforation.
- **Wound healing complication:** Avastin administration can result in the development of wound dehiscence, in some instances resulting in fatality. Permanently discontinue Avastin therapy in patients with wound dehiscence requiring medical intervention. The appropriate interval between termination of Avastin and subsequent elective surgery has not been determined.
- **Hemorrhage:** Severe, and in some cases fatal, pulmonary hemorrhage can occur in patients with NSCLC treated with chemotherapy and Avastin. Do not administer Avastin to patients with recent hemoptysis ($\geq 1/2$ tsp of red blood). Other serious bleeding events occurring in patients receiving Avastin across all indications include GI hemorrhage, subarachnoid hemorrhage, and hemorrhagic stroke. Permanently discontinue Avastin in patients with serious hemorrhage (i.e., requiring medical intervention) and initiate aggressive medical management.
- Additional serious adverse events included non-GI fistula formation, arterial thromboembolic events, hypertensive crisis, reversible posterior leukoencephalopathy syndrome, neutropenia and infection, nephrotic syndrome, and congestive heart failure.
- The most common grade 3–5 (nonhematologic) and 4–5 (hematologic) events that may have occurred in Avastin indications (first-line NSCLC, first- and second-line MCRC) included neutropenia, fatigue, hypertension, infection, hemorrhage, asthenia, abdominal pain, pain, deep vein thrombosis, intra-abdominal thrombosis, syncope, diarrhea, constipation, leukopenia, nausea, vomiting, dehydration, ileus, neuropathy–sensory, neurologic–other, and headache.

Please see accompanying full Prescribing Information, including Boxed WARNINGS, for additional important safety information.