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BRIEF SUMMARY OF THE TRANSPARENCY COMMITTEE OPINION

AVASTIN (bevacizumab), monoclonal antibody

No clinical benefit demonstrated in first-line of non-squamous locally advanced or metastatic non-small cell lung cancer.

Main points

- AVASTIN has Marketing Authorisation in combination with platinum-based chemotherapy, in first-line treatment of adult patients with advanced and inoperable, metastatic or recurrent non-small cell lung cancer (NSCLC) other than predominantly squamous cell histology.
- It is part of the first-line options in treatment of NSCLC.

Therapeutic use

- First-line treatment of NSCLC:
  In the absence of activating EGFR or ALK mutation, or if the mutational status of the tumour is not available or is uncertain, the first-line treatment of advanced stage, inoperable or metastatic patients is based on platinum-based combination therapy. In the case of a non-squamous cell NSCLC, chemotherapy is recommended, combining cisplatin or, in case of contraindication, carboplatin with gemcitabine, vinorelbine, paclitaxel, docetaxel or pemetrexed.
  Bevacizumab can be combined with a double platinum-based chemotherapy, in the absence of contraindication, in patients with a performance index of 0-1.

- **Role of the medicinal product in the therapeutic strategy**
  First-line treatment
  According to experts, the two main first-line strategies used in France are the combination of cisplatin/pemetrexed in combination or not with bevacizumab and the combination of bevacizumab/carboplatin/paclitaxel.
  AVASTIN is a therapeutic option in the first-line treatment of non-squamous NSCLC.
  It is not possible to treat patients with non-squamous non-small cell lung cancer with a performance index of 0-1 (in the absence of: haemotypsis exceeding 2.5 mL, major surgery in the previous 28 days, tumour in contact with great thoracic vessels and cardiovascular disease) without combining bevacizumab with a platinum-based chemotherapy. This opinion takes into account the limited alternatives in treatment of this disease and the contribution of this medicinal product in the therapeutic strategy.

Clinical data

- According to experts:
  - The combination of AVASTIN and a platinum chemotherapy significantly improves the percentage of response, the progression-free survival and overall survival (according to studies) regardless of the dose of AVASTIN; there is no clear dose-efficacy relationship.
  - The two different strategies according to reference centres. The platinum-based doublet chemotherapy most often used today is the combination of cisplatin/pemetrexed (CIS/PEM), 4 cycles followed by pemetrexed as maintenance treatment if there is no progression of the disease. The combination of AVASTIN with carboplatin/paclitaxel (CAR/PAC) followed by AVASTIN in maintenance monotherapy has demonstrated a similar efficacy in patients with adenocarcinoma, but the two strategies have not been directly compared in a phase III study. The combination of AVASTIN with platinum doublets other than CAR/PAC is possible, but considering the efficacy of CIS/PEM in patients with adenocarcinoma, if one does not wish to use the CAR/PAC doublet in combination with AVASTIN, CIS/PEM is preferable to CIS/GEM.

- The contribution of AVASTIN in patients with cerebral metastases is significant, with a high percentage of response. When there is no contraindication, it is the treatment standard for cerebral metastases that cannot be treated by stereotaxy.

Prescribing conditions

- Prescription restricted to cancer treatment and clinical oncology specialists
- Medicinal product reserved for hospital use

Benefit of the medicinal product

- The actual benefit* of AVASTIN is substantial.

- AVASTIN does not provide improvement of actual clinical benefit** (IACB V) in the first-line treatment of non-squamous non-small cell lung cancer.

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This document was created on the basis of the Transparency Committee Opinion of 25 May 2016 (CT-14880) and is available at **www.has-sante.fr**

* The actual clinical benefit (ACB) of a medicinal product describes its benefit primarily in terms of its clinical efficacy and the seriousness of the condition being treated. The HAS Transparency Committee assesses the ACB, which can be substantial, moderate, low or insufficient for reimbursement for hospital use.

** The improvement of actual clinical benefit (IACB) describes the improvement in treatment provided by a medicinal product compared with existing treatments. The HAS Transparency Committee assesses the degree of IACB on a scale from I (major) to IV (minor). A level V IACB (equivalent of “no IACB”) means "no clinical added value".