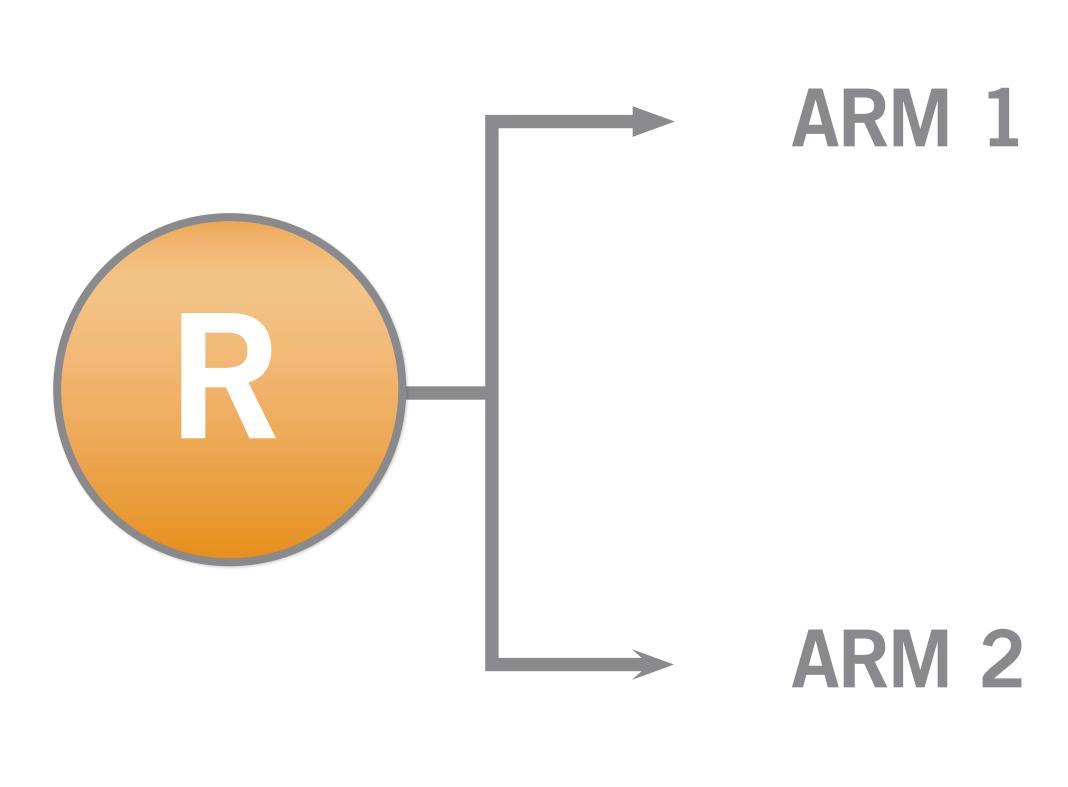
A Phase III trial of second-line bevacizumab and standard therapy in NSCLC previously treated with bevacizumab and platinum doublet-containing chemotherapy

- Estimated primary completion: April 2015 (Target N = 600)
- Eligibility: Disease progression after 4 to 6 cycles of first-line bevacizumab and platinum doublet-containing chemotherapy and at least 2 cycles of bevacizumab maintenance therapy; no major cardiac disease or history of hemoptysis Grade ≥2 within 3 months of randomization



Bevacizumab 7.5 or 15 mg/kg IV + investigator's choice of standard therapy q3wk

Investigator's choice of standard therapy q3wk

Study Director: Hoffman-La Roche

ClinicalTrials.gov Identifier: NCT01351415

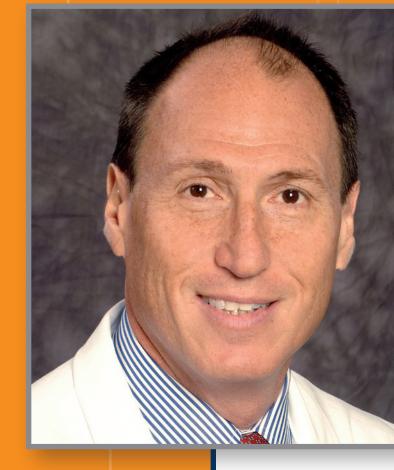




DR LANGER

AvaALL is a Phase III randomized trial for bevacizumab-eligible patients who have completed their

initial treatment of 4 to 6 cycles of a bevacizumab-containing chemotherapy. The patients have also begun maintenance therapy with bevacizumab, so we are selecting out patients who have already demonstrated benefits from bevacizumab. The patients are then randomly assigned to a standard second-line treatment or standard second-line treatment with bevacizumab. The bevacizumab beyond progression arm can continue to a third- and even fourth-line treatment.



DR LILENBAUM

Our standard practice is to use bevacizumab as first-line therapy and to discontinue it thereafter

for the majority of patients. This isn't uniform practice, especially for those patients who go on to maintenance bevacizumab. Discontinuing bevacizumab after first-line therapy may not be the appropriate way to use this drug because the rationale for using an anti-angiogenic drug may persist beyond the initial line of therapy, and in fact this has been shown to be the case in colorectal cancer, in which an overall survival advantage was evident with this approach.

