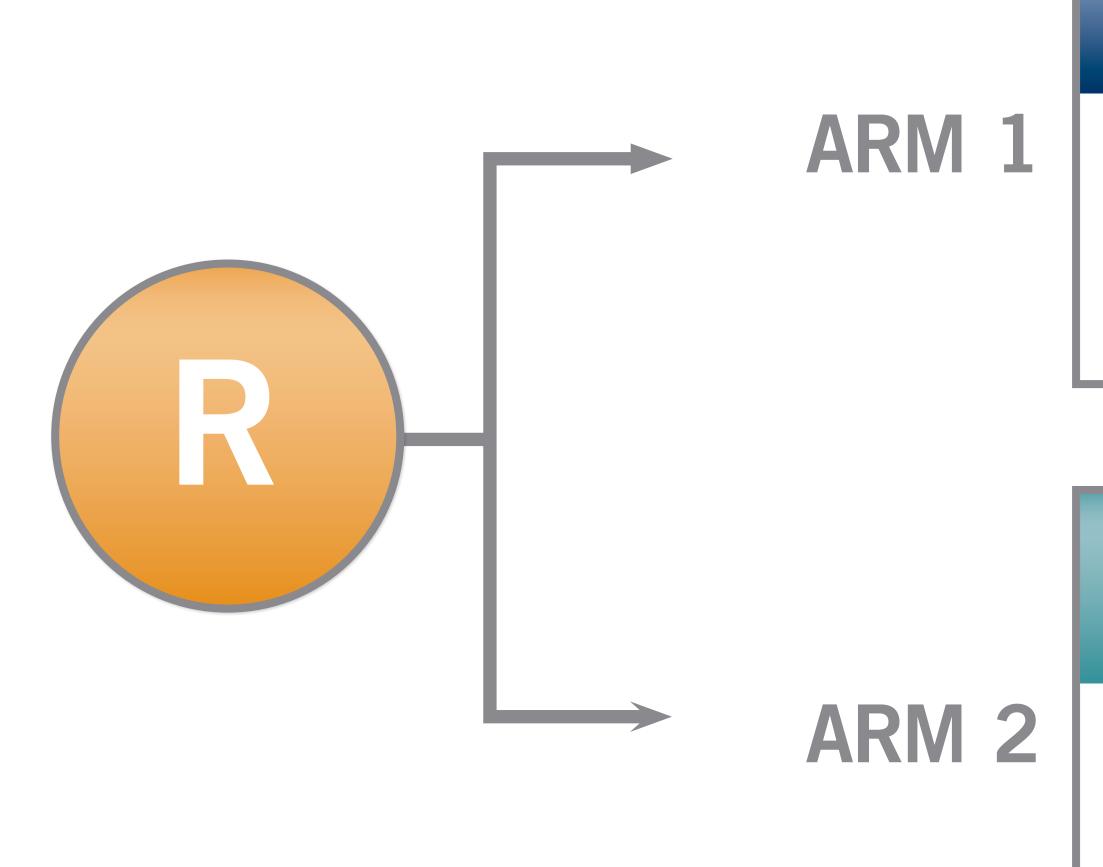
ECOG=E1505

A Phase III study of adjuvant chemotherapy with or without bevacizumab for patients with completely resected Stage IB (>4 cm)-IIIA NSCLC

- Estimated primary completion: July 2015 (Target N = 1500)
- Eligibility: Stage IB-IIIA (T2-3N0, T1-3N1, T1-3N2) NSCLC; assignment to pemetrexed/cisplatin for patients with nonsquamous cell histology only; complete resection within prior 6-12 weeks; no prior chemotherapy; no hormonal cancer therapy or radiation therapy within 5 years



Chemotherapy

Vinorelbine/cisplatin OR docetaxel/cisplatin OR gemcitabine/cisplatin OR pemetrexed/cisplatin (nonsquamous cell histology only) q3wk x 4

Chemotherapy + bevacizumab

Adjuvant chemotherapy (as described above) with bevacizumab on d1 q3wk up to 1 year

Principal Investigator: Heather Wakelee, MD ClinicalTrials.gov Identifier: NCT00324805





DR WAKELEE

The ECOG-E1505 trial design allows for 4 different chemotherapy backbones to

assess whether bevacizumab improves adjuvant chemotherapy — cisplatin/vinorelbine, cisplatin/docetaxel, cisplatin/gemcitabine and, for patients with nonsquamous cell histology, cisplatin/pemetrexed. We are starting to generate considerable comparative data on these different regimens in that setting. I find that a push is still felt for cisplatin/vinorelbine in our community. I usually offer patients with nonsquamous cell histology cisplatin/pemetrexed, and for patients with squamous cell histology I tend to use cisplatin/gemcitabine.



DR PATEL

ECOG-E1505 is the most important adjuvant trial that we're currently conducting. It's

answering the question of whether bevacizumab has a role in the adjuvant setting for NSCLC, and it also will provide us with information about the 4 different chemotherapy regimens. So we are actively enrolling patients on this trial.

