

ICON7

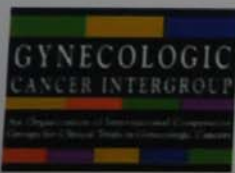
Bevacizumab in Ovarian Cancer

MRC

Clinical
Trials
Unit

ICON7: Final overall survival results in the GCIIG phase III randomized trial of bevacizumab in women with newly diagnosed ovarian cancer

**AM Oza, TJ Perren, AM Swart, W Schröder, E Pujade-Lauraine, H Havsteen,
P Beale, A Cervantes, AC Embleton, M Parmar**
on behalf of the ICON7 investigators
(MRC/NCRI, AGO-OVAR, GINECO, NSGO, ANZGOG, GEICO, NCIC-CTG)

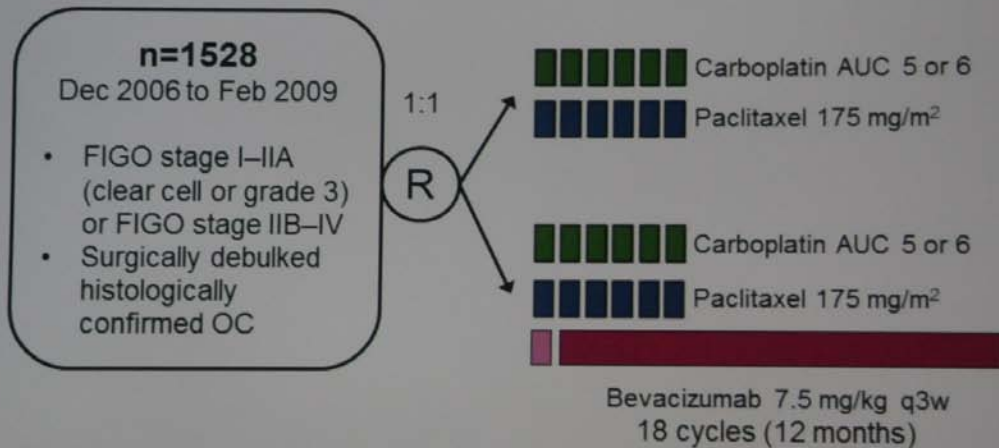


MRC | Medical Research Council

- AM Oza: Clinical trial funding (ROSiA); travel reimbursement for advisory boards (Roche)
- TJ Perren: Honoraria for advisory boards and lectures; travel and congress funding (Roche)
- E Pujade-Lauraine: Honoraria (Roche)
- AM Swart, A Cervantes, AC Embleton, M Parmar: None

MRC-sponsored academic-led Roche-supported trial to investigate use of bevacizumab and to support licensing

- **The women who participated in the trial and their families**
- **Participating GCIG groups**
AGO, ANZGOG, GEICO, GINECO, MRC/NCRI, NSGO, NCIC CTG
- **The 263 clinical sites and their staff**
- **Trial Management Group**
T Perren, A Oza, AM Swart, W Qian, M Parmar, L Farrelly, C Kwakye, N Thompson, C Irl, G Jayson, D Stark, M Sculpher, J Pfisterer, G Elser, A Kruger, P Beale, J Martyn, K Gillies, A Cervantes, F Nepote, E Pujade-Lauraine, F Marmion, B Votan, M Carey, M Bacon, R Meyer, G Kristensen, G Anderson, R Kaplan
- **MRC Clinical Trials Unit Coordination**
S Bannoo, L Farrelly, AM Swart, W Qian, E Hainsworth, C Griffin, A Embleton, A Cook, R Kaplan
- **Trial Physicians**
F al-Terkait, S Sim, F Collinson



Stratification variables:

- **Stage & extent of debulking** (I–III debulked ≤ 1 cm vs I–III debulked > 1 cm vs IV and inoperable stage III)
- **Timing of intended treatment start** (≤ 4 vs > 4 weeks after surgery)
- **GCIG group**

ICON7 was powered for both PFS and OS, designed to detect:

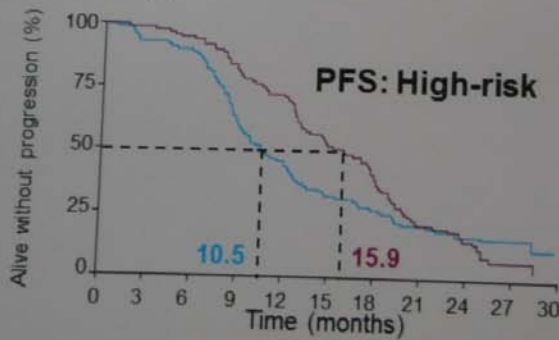
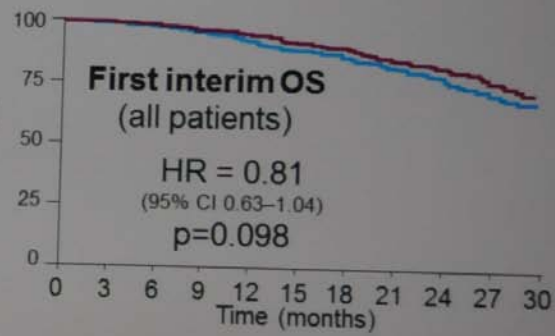
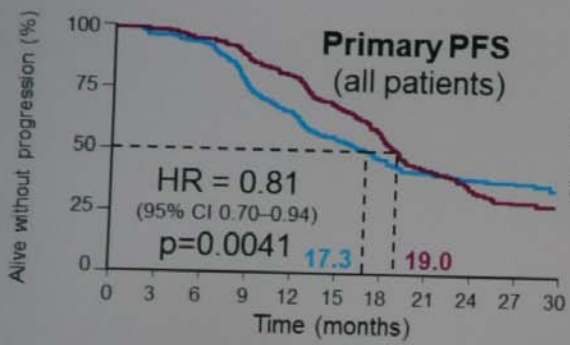
- PFS HR = 0.78 (684 events; 90% power)
- OS HR = 0.81 (715 events; 80% power)

	Median follow-up, months	PFS events	OS events (% of required events)
Mature PFS analysis (cut-off Feb 28, 2010; ESMO 2010)	19	759	241 (34%)
Updated interim OS analysis requested by regulatory authorities (cut-off Nov 30, 2010; ASCO 2011)	28	934	378 (53%)
Final OS analysis	49	1080	714 (100%)

ICON7

Bevacizumab in Ovarian Cancer

Primary analysis (2010)



ICON7

Bevacizumab in Ovarian Cancer

Baseline characteristics

MRCClinical
Trials
Unit

7

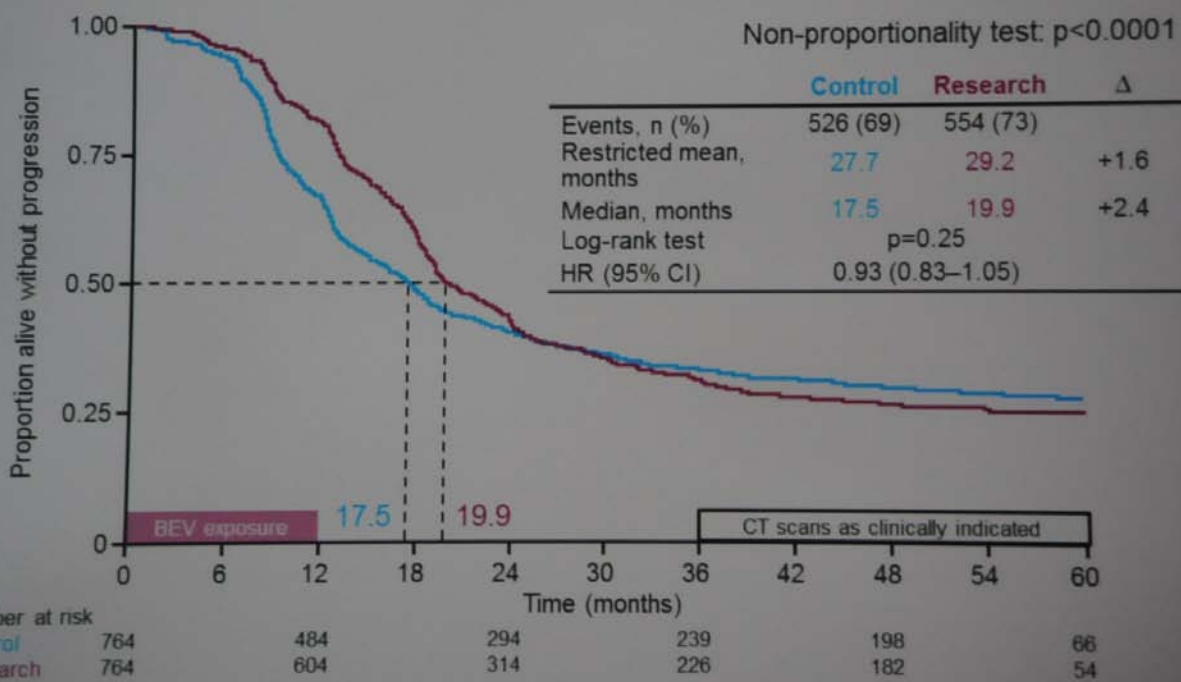
Characteristic, n (%)	Control (n=764)	Research (n=764)
FIGO stage, n (%)		
I/IIA	75 (10)	67 (9)
IIB–IIIB	160 (21)	155 (20)
IIIC/IV	529 (69)	542 (71)
Debulking surgery/residuum		
Optimal surgery (≤ 1 cm)	548 (72)	555 (73)
0 cm	353 (46)	340 (45)
$>0, \leq 1$ cm	175 (23)	194 (25)
Unknown	20 (3)	21 (3)
Suboptimal surgery (>1 cm)	199 (26)	192 (26)
No surgery	17 (2)	13 (2)
FIGO stage and residuum*		
Stage I–III (≤ 1 cm)	508 (66)	518 (68)
Stage I–III (>1 cm)	150 (20)	140 (18)
Stage III (inoperable)/IV	106 (14)	106 (14)
Intent to start chemotherapy*		
≤ 4 weeks from surgery	328 (43)	326 (43)
>4 weeks from surgery	436 (57)	438 (57)

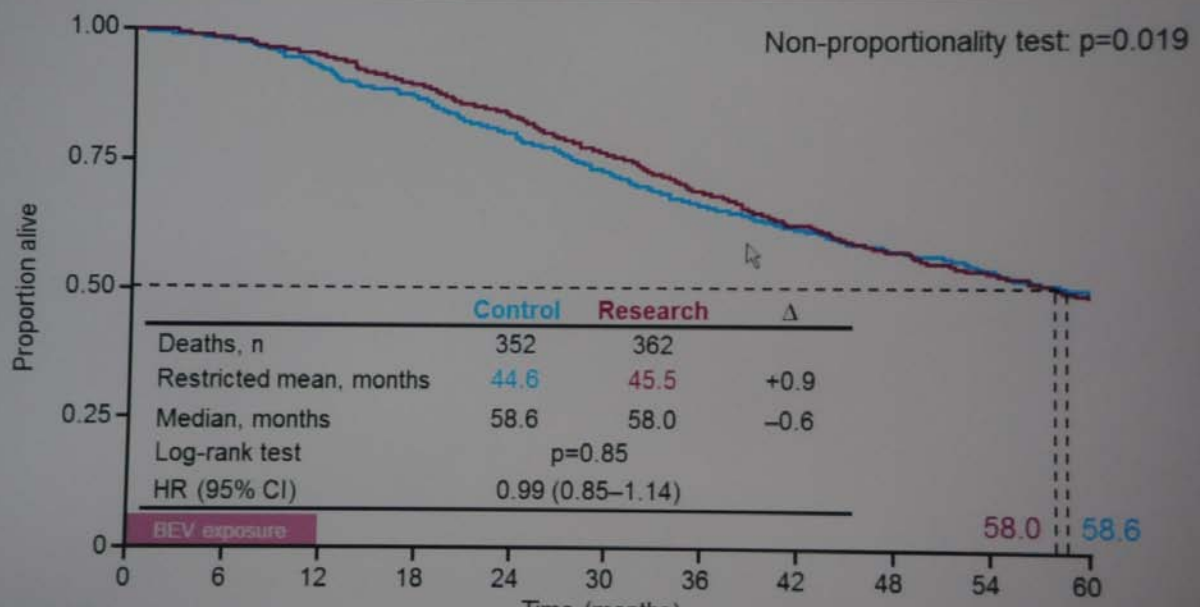
*Stratification variable

ICON7

Bevacizumab in Ovarian Cancer

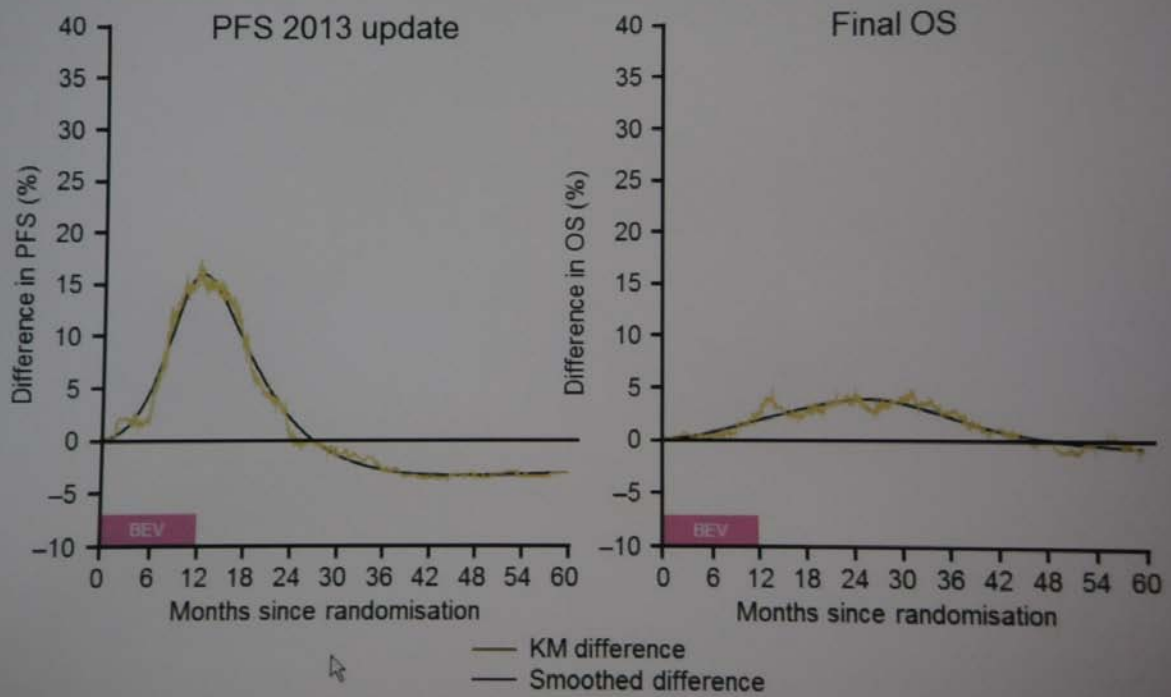
PFS (2013 update)



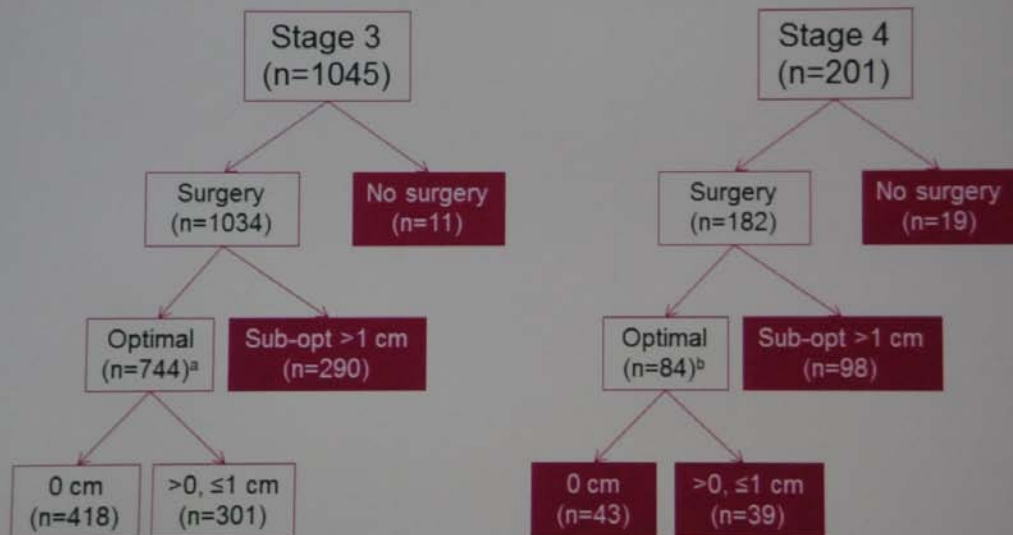


Number at risk	Time (months)										
	0	6	12	18	24	30	36	42	48	54	60
Control	764	676	578	476	397	317	246	186	136	96	56
Research	764	707	618	502	401	301	201	151	101	51	14

Absolute difference in PFS & OS (n=1528)



Definition of high-risk subgroup



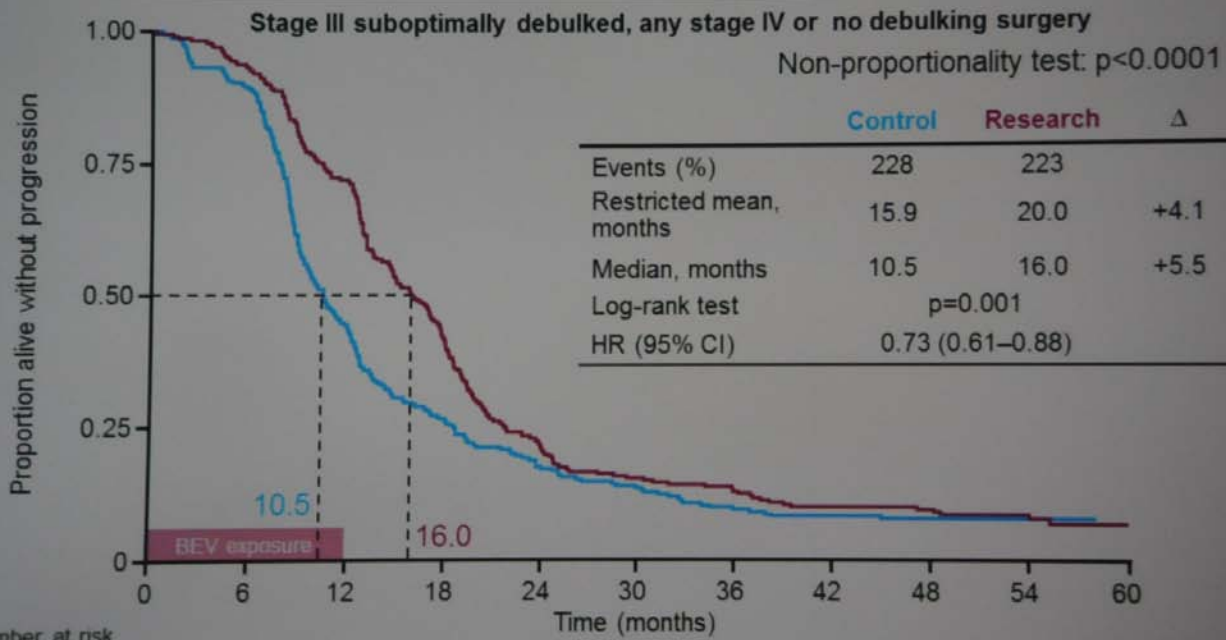
Modified ICON7 high-risk group (n=502)

Original ICON7 high-risk group (n=472)

^aOptimal unknown residual size (n=25)

^bOptimal unknown residual size (n=2)

PFS (2013 update): High-risk (n=502)



Number at risk	0	6	12	18	24	30	36	42	48	54	60
Control	254	109	43	24	18	6					
Research	248	175	53	32	23	5					

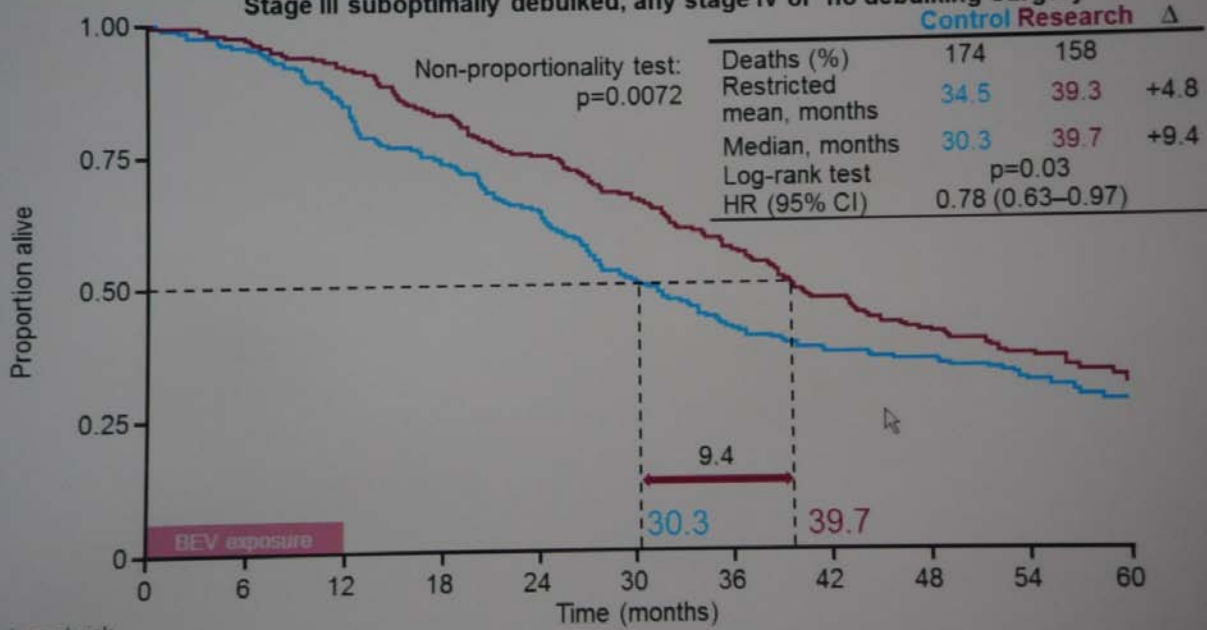
ICON7

Bevacizumab in Ovarian Cancer

Final OS: High-risk (n=502)

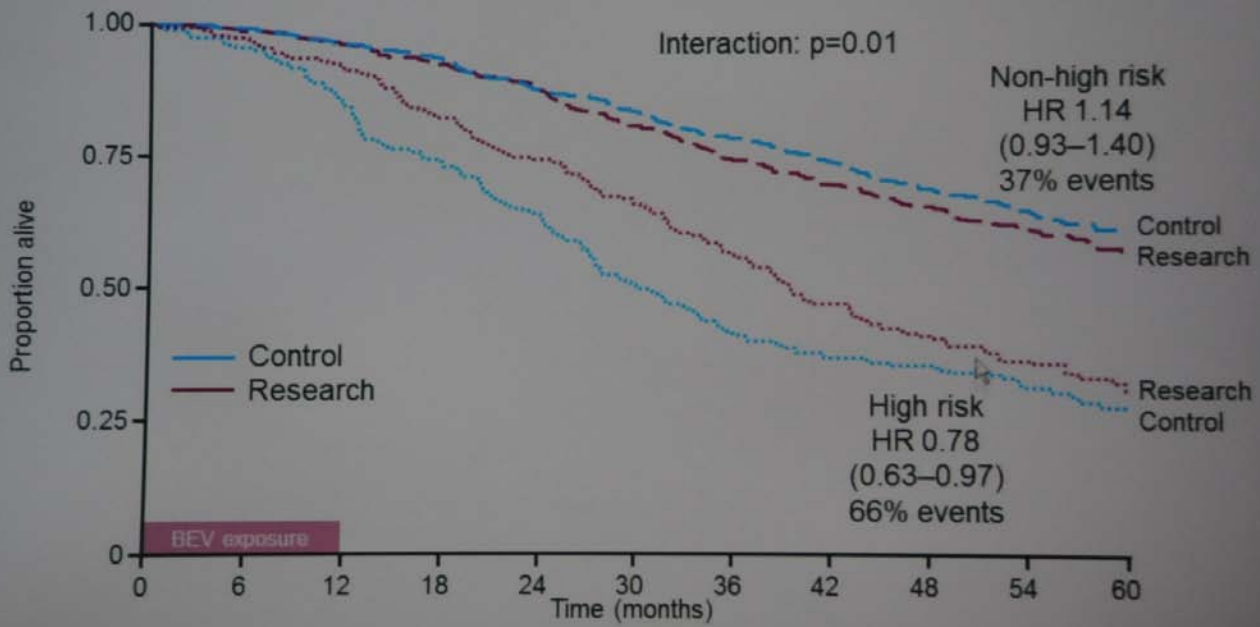


Stage III suboptimally debulked, any stage IV or no debulking surgery

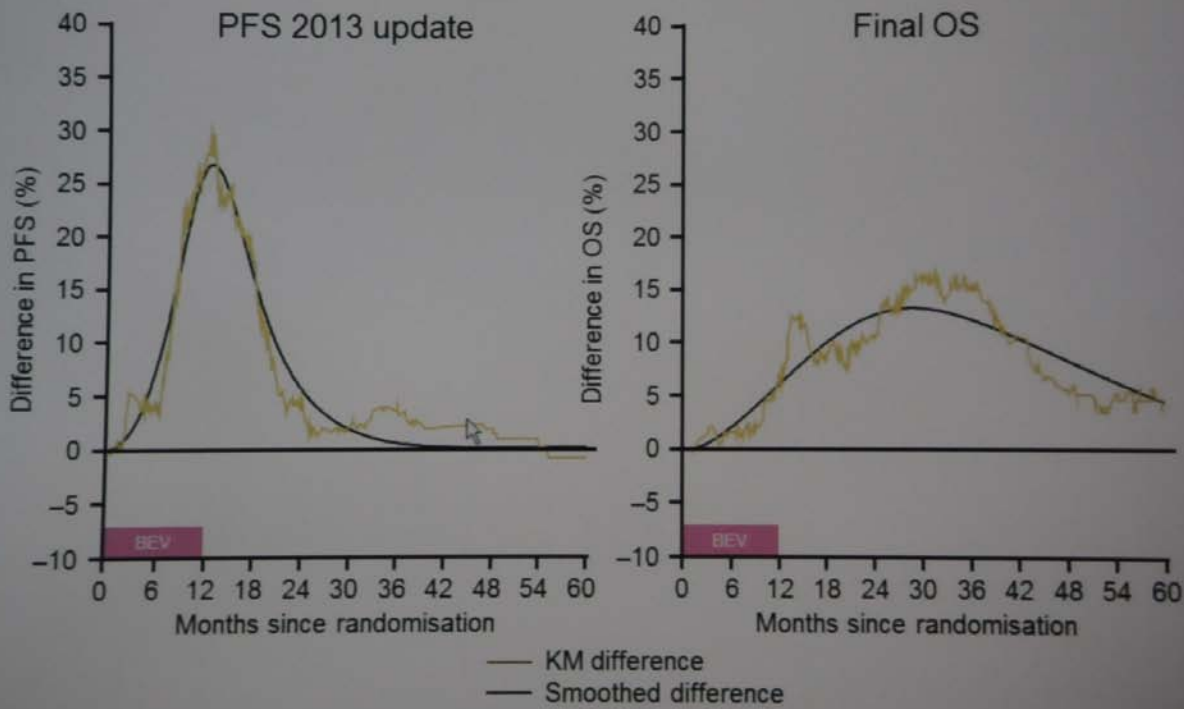


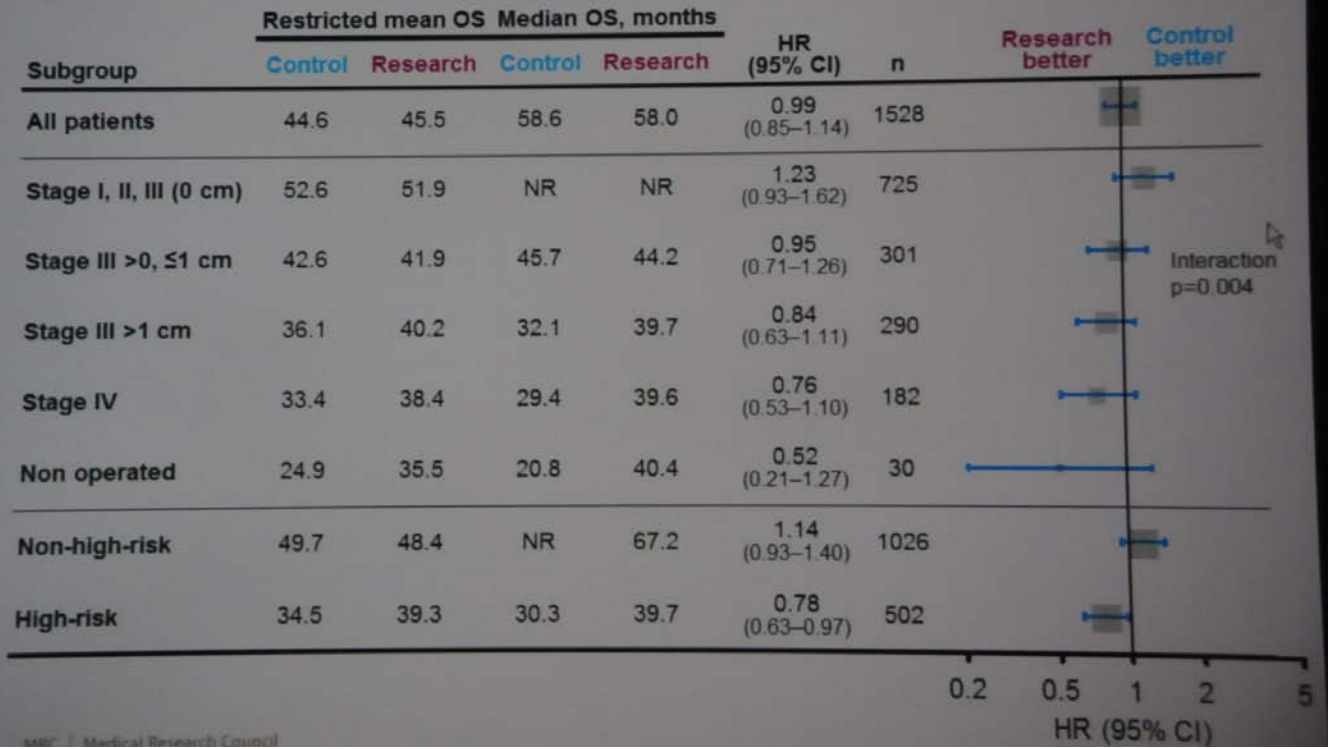
Number at risk	0	6	12	18	24	30	36	42	48	54	60
Control	254	208	156	101	82	21					
Research	248	224	180	135	95	27					

Final OS by risk groups



Absolute difference in PFS & OS: High-risk subgroup





Final OS analyses for ICON7 show:

- In the entire population:
 - OS curves are non-proportional → restricted mean is the appropriate statistic for the difference (0.9 months)
 - No evidence of a difference in OS (log-rank $p=0.85$)
 - Any OS difference is not clinically meaningful
- In the high-risk subgroup (suboptimally debulked stage III, stage IV and non-operated patients):
 - Significant OS improvement with bevacizumab 7.5 mg/kg (log-rank $p=0.03$, non-proportionality test $p=0.007$)
 - 4.8 months' improvement by restricted means
 - 9.4 months' median difference with HR 0.78 (95% CI 0.63–0.97)
 - OS difference in high-risk subgroup is clinically meaningful

Conclusion

ECCO

- Practice changing pivotal trials – bevacizumab is an active drug in advanced bulky ovarian cancer
- Bevacizumab with weekly paclitaxel should be considered a new paradigm in platinum resistant ovarian cancer
 - Most favourable clinical benefit/cost ratio
- First line bevacizumab and 3-weekly chemotherapy should be considered a standard of care in high risk ovarian cancer
 - Prioritise most high risk: eg inoperable, stage 4, ?miliary residual disease and those least likely to tolerate in subsequent line