

LONGER OVERALL SURVIVAL

IN LOCALLY ADVANCED OR METASTATIC UROTHELIAL CARCINOMA¹



+7.1
MONTHS

prolonged overall survival¹

INCLUDED IN GUIDELINES

ESMO, EAU, NCCN2-4

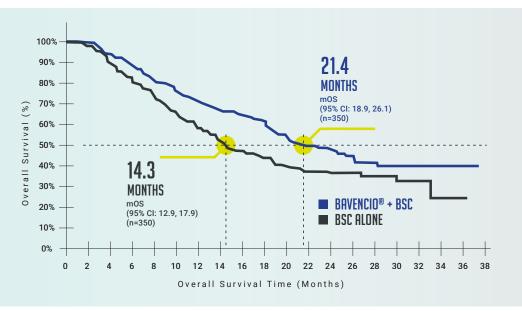
BROAD USE independent on PD-L1 expression⁵ BAVENCIO® as first-line switch maintenance therapy after platinum-containing chemotherapy can preserve the benefits achieved with chemotherapy and significantly prolong patients' lives.1





Longer overall survival in locally advanced or metastatic urothelial carcinoma¹

BAVENCIO® + BSC demonstrated superior mOS vs BSC alone among all randomized patients¹







No new safety signals identified1

In the overall population, any cause adverse events occurred in 98 % of BAVENCIO® + BSC treated patients, versus 77.7 % of patients in the control group. The most common adverse events of grade 3 or higher in the BAVENCIO® + BSC arm were urinary tract infections, anemia, fatigue, and hematuria.¹

Quality of life was not negatively impacted during administration of BAVENCIO®.6



Premedication⁵

Prior to the first 4 infusions of BAVENCIO® premedication is necessary with

- antihistamine
- · paracetamol



Dosage⁵

The recommended dose of BAVENCIO® is 10 mg/kg body weight every 2 weeks.



Administration⁵

BAVENCIO® is administered intravenously over 60 minutes.

 ${\tt BSC=best\ supportive\ care,\ CI=confidence\ interval,\ HR=hazard\ ratio,\ mOS=median\ overall\ survival\ properties and an experimental overall\ survival\ properties and all survival\ properties are supported by the survival\ properties and the survival\ properties are supported by the survival\ properties and the survival\ properties are supported by the survival\ properties and the survival\ properties are supported by the survival\ properties and the survival\ properties are supported by the survival\ properties are supported by the survival\ properties are survival\ properties and the survival\ properties are supported by the survival\ properties are supported by the survival\ properties are survival\ properties and the survival\ properties are survival\ properties are survival\ properties and the survival\ properties are survival\ properties and the survival\ properties are survival\ pr$

References

1. Powles T, et al. Avelumab maintenance therapy for advanced or metastatic urothelial carcinoma. N Engl J Med. 2020;383(13):1218-1230. doi:10.1056/NEJMoa2002788 2. ESMO Guidelines Committee. eUpdate—Bladder cancer treatment recommendations. July 16, 2020. https://www.esmo.org/guidelines/genitourinary-cancers/ bladder-cancer/eupdate-bladder-cancer-treatment-recommendations4. Accessed July 2021. 3. EAU Guidelines. Edn. presented at the EAU Annual Congress Milan 2021. ISBN 978-94-92671-13-4. 4. National Comprehensive Cancer Network® (NCCN Guidelines®). Bladder Cancer (version 2.2021). https://www.nccn.org/professionals/physician_gls/pdf/bladder.pdf. Accessed July 2021. 5. Current BAVENCIO® (Avelumab) product information, www.swissmedicfinfo.ch. 6. Powles T, et al. Patient-reported outcomes from JAVELIN Bladder 100: avelumab first-line maintenance+BSC vs BSC alone for advanced urothelial carcinoma. Poster presented at ESMO Virtual Congress 2020,14. Sep-18. Oct, Abstract No. 2653.

Bavencio® (20 mg/ml avelumab, fully human immunoglobulin G1 monoclonal antibody).

I: For the treatment of patients with metastatic Merkel cell carcinoma (MCC). As monotherapy for the first-line maintenance treatment of patients with locally advanced or metastatic urothelial carcinoma (UC) whose disease has not progressed with first-line platinum-based induction chemotherapy. PO: 10 mg/kg body weight once every 2 weeks, administered intravenously over 60 minutes until disease progression or unacceptable toxicity. Premedication with an antihistamine and with paracetamol at least prior to the first 4 infusions. Handling instructions and guidelines for withholding or discontinuation of the therapy are to be strictly adhered to. CI: Hypersensitivity to avelumab or to any of the excipients. W: Immune-related adverse reactions including haemophagocytic lymphohisticocytosis, immune-related pneumonitis, immune-related departitis, immune-related apacreatitis, immune-related myocarditis, immune-related myocarditis, immune-related myocarditis, immune-related ephritis. Infusion-related excitons which might be severe. Adverse events in transplant recipients, embryofoetal toxicity. IA: None known. Most common UE: Immune-related adverse reactions and infusion-related reactions. Headache, dizziness, neuropathy peripheral, hypertension, hypotension, dry mouth, increased liver values, fatigue, pyrexia, asthenia, chills, influenza like illness, nausea, vomiting, diarrhoea, constipation, decreased appetite, weight decreased, hyponatraemia, abdominal pain, urinary tract infection, dyspnoea, cough, pneumonitis, dysphonia, rash, pruritus, dry skin, anaemia, lymphopenia, thrombocytopenia, hypothyroidism, hyperthyroidism, back pain, arthralgia, myalgia, creatinine, amylase or lipase increased, peripheral oedema. P: 1 + 4 vials of 10 ml (200 mg avelumab). [A] For further information, see www.swissmedicinfo.ch. AUG21

