BAVENCIO®
avelumab Injection

# LONG-TERM OVERALL SURVIVAL BENEFIT

## IN LOCALLY ADVANCED OR METASTATIC UROTHELIAL CARCINOMA[1]

**APPROVED IRRESPECTIVE OF PD-L1 STATUS[2]**

**+8.8 MONTHS**
prolonged overall survival presented at ASCO GU 2022[1]

**Recommended as SoC in first-line**
by ESMO, EAU and NCCN guidelines[3-5]

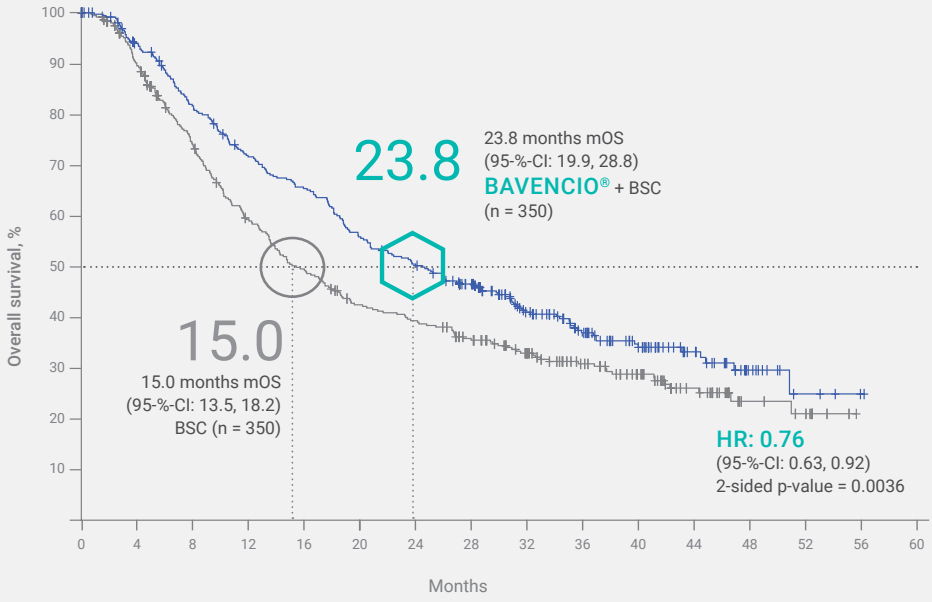
**Do more than watch and wait**
and enable more patients to receive an immunotherapy in first-line[1]

MERCK Pfizer

# Longer overall survival confirmed with >2-year median follow-up presented at ASCO GU 2022[1]

BAVENCIO® + BSC demonstrated superior mOS vs BSC alone among **all randomized patients**[1]

**mOS in the overall population**




**24%**
**reduction in the risk of death**

**8.8 MONTHS**
**improvement in mOS**

### 13 months longer OS in patients with CR to platinum-based chemotherapy[1]

The median OS after complete response to platinum-based chemotherapy was 39.8 months (95% CI: 28.5, NE) in the BAVENCIO® + BSC arm versus 26.8 months (95% CI: 18.5, 33.6) in the BSC arm (HR 0.72; 95% CI: 0.482, 1.076).[1]

### OS benefit with BAVENCIO® despite 2L immunotherapies in BSC arm[1]

Considerably more patients in the BSC arm than in the BAVENCIO® + BSC arm received a subsequent anticancer drug therapy (72.0% versus 52.9%) from which the majority (73.8% versus 21.6%) had a PD-1/PD-L1 inhibitor.[1]

### Demonstrated long-term safety[1]

No new safety signals were identified with the long-term follow-up. The discontinuation rate due to treatment-emergent adverse events was 14.2% in the BAVENCIO® + BSC arm and 19.5% of patients were still receiving BAVENCIO® after ≥2 years.[1]

Click here to access the ASCO GU 2022 abstract[1]

Download the BAVENCIO® order form in German or French

Click here to reach out for more information on BAVENCIO®

2L = second line, ASCO GU = American Society of Clinical Oncology Genitourinary Cancers Symposium, BSC = best supportive care, CI = confidence interval, CR = complete response, EAU = European Asssociation of Urology, ESMO = European Association of Medical Oncology, HR = hazard ratio, mOS = median overall survival, NCCN = National Comprehensive Cancer Network, NE = not estimable, PD-1 = Programmed death protein 1, PD-L1 = Programmed death ligand 1, SoC = Standard of Care

**References**

**1.** Powles T, et al. Avelumab first-line (1L) maintenance for advanced urothelial carcinoma (UC): long-term follow up results from the JAVELIN Bladder 100 trial. Presented at ASCO GU 2022. **2.** Current product information. BAVENCIO® (avelumab), www.swissmedicinfo.ch. **3.** Powles T, et al. Bladder cancer: ESMO clinical practice guideline for diagnosis, treatment and follow-up. Annals of Oncology. 2022;33(3):244-258. **4.** EAU Guidelines. Edn. presented at the EAU Annual Congress Milan 2021. ISBN 978-94-92671-13-4. **5.** National Comprehensive Cancer Network® (NCCN Guidelines®). Bladder Cancer (Version 1.2022). https://www.nccn.org/professionals/physician_gls/pdf/bladder.pdf Accessed February 2022. **6.** Powles T, et al. Avelumab maintenance therapy for advanced or metastatic urothelial carcinoma. N Engl J Med. 2020;383(13):1218-1230. **7.** Powles T, et al. 745P Patient-reported outcomes (PROs) from JAVELIN Bladder 100: Avelumab first-line (1L) maintenance + best supportive care (BSC) vs BSC alone for advanced urothelial carcinoma (UC). Annals of Oncology. 2020;31:S578-S579.

**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 lymphohistiocytosis, immune-related pneumonitis, immune-related hepatitis, immune-related colitis, immune-related pancreatitis, immune-related myocarditis, immune-related endocrinopathies (hypothyroidism or hyperthyroidism, adrenal insufficiency, type 1 diabetes mellitus), immune-related nephritis. Infusion-related reactions 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

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