

未承認薬・適応外薬の要望

1. 要望内容に関連する事項

要望者 (該当するものにチェックする。)	<input checked="" type="checkbox"/> 学会 (学会名; 日本眼科学会) <input type="checkbox"/> 患者団体 (患者団体名;) <input type="checkbox"/> 個人 (氏名;)	
優先順位	9 位 (全 14 要望中)	
要望する医薬品	成分名 (一般名)	ベバシズバブ
	販売名	アバスチン点滴静注用 100mg
	会社名	中外製薬株式会社
	国内関連学会	日本眼炎症学会
	未承認薬・適応外薬の分類 (該当するものにチェックする。)	<input type="checkbox"/> 未承認薬 <input checked="" type="checkbox"/> 適応外薬
要望内容	効能・効果 (要望する効能・効果について記載する。)	視神経乳頭もしくは網膜新生血管に対する治療 (とくに非虚血性の新生血管の場合)
	用法・用量 (要望する用法・用量について記載する。)	1mg(40 μ l) 硝子体内注射
	備考 (該当する場合はチェックする。)	<input checked="" type="checkbox"/> 小児に関する要望 (特記事項等)
「医療上の必要性に係る基準」への該当性 (該当す	1. 適応疾病の重篤性 <input type="checkbox"/> ア 生命に重大な影響がある疾患 (致死的な疾患) <input checked="" type="checkbox"/> イ 病気の進行が不可逆的で、日常生活に著しい影響を及ぼす疾患 <input type="checkbox"/> ウ その他日常生活に著しい影響を及ぼす疾患 (上記の基準に該当すると考えた根拠)	

るものにチェックし、該当すると考えた根拠について記載する。)	血管新生をともなう眼疾患は不可逆的に進行し失明にいたるため。 2. 医療上の有用性 <input checked="" type="checkbox"/> ア 既存の療法が国内にない <input type="checkbox"/> イ 欧米等の臨床試験において有効性・安全性等が既存の療法と比べて明らかに優れている ウ 欧米等において標準的療法に位置づけられており、国内外の医療環境の違い等を踏まえても国内における有用性が期待できると考えられる (上記の基準に該当すると考えた根拠)
備考	

2. 要望内容に係る欧米での承認等の状況

欧米等 6 か国での承認状況 (該当国にチェックし、該当国の承認内容を記載する。)	<input type="checkbox"/> 米国 <input type="checkbox"/> 英国 <input type="checkbox"/> 独国 <input type="checkbox"/> 仏国 <input type="checkbox"/> 加国 <input type="checkbox"/> 豪州		
	[欧米等 6 か国での承認内容]		
		欧米各国での承認内容 (要望内容に関連する箇所を下線)	
	米国	販売名 (企業名)	無
		効能・効果	
		用法・用量	
		備考	
	英国	販売名 (企業名)	無
		効能・効果	
		用法・用量	
		備考	
	独国	販売名 (企業名)	無
		効能・効果	
		用法・用量	
		備考	
仏国	販売名 (企業名)	無	
	効能・効果		
	用法・用量		
	備考		

	加国	販売名（企業名）	無
		効能・効果	
		用法・用量	
		備考	
	豪国	販売名（企業名）	無
		効能・効果	
		用法・用量	
		備考	
欧米等 6 か国での標準的使用状況 (欧米等 6 か国で要望内容に関する承認がない適応外薬についての み、該当国にチェックし、 該当国の標準的使用内容を 記載する。)	<input type="checkbox"/> 米国 <input type="checkbox"/> 英国 <input type="checkbox"/> 独国 <input type="checkbox"/> 仏国 <input type="checkbox"/> 加国 <input type="checkbox"/> 豪州		
	〔欧米等 6 か国での標準的使用内容〕		
	欧米各国での標準的使用内容（要望内容に関連する箇所を下線）		
米国	販売名（企業名）	AVASTIN® Solution for intravenous infusion (Genentech, Inc.)	
	効能・効果	1.1 Metastatic Colorectal Cancer (mCRC) Avastin is indicated for the first- or second-line treatment of patients with metastatic carcinoma of the colon or rectum in combination with intravenous 5-fluorouracil-based chemotherapy.	
		1.2 Non-Squamous Non-Small Cell Lung Cancer (NSCLC) Avastin is indicated for the first-line treatment of unresectable, locally advanced, recurrent or metastatic non-squamous non-small cell lung cancer in combination with carboplatin and paclitaxel.	
		1.3 Metastatic Breast Cancer (MBC) Avastin is indicated for the treatment of patients who have not received chemotherapy for metastatic HER2-negative breast cancer in combination with paclitaxel. The effectiveness of Avastin in MBC is based on an improvement in progression free survival. There are no data demonstrating an improvement in disease-related symptoms or increased survival with Avastin. Avastin is not indicated for patients with breast cancer that has progressed following anthracycline and taxane chemotherapy administered for metastatic disease.	

		<p>1.4 Glioblastoma Avastin is indicated for the treatment of glioblastoma with progressive disease in adult patients following prior therapy as a single agent. The effectiveness of Avastin in glioblastoma is based on an improvement in objective response rate. There are no data demonstrating an improvement in disease-related symptoms or increased survival with Avastin.</p> <p>1.5 Metastatic Renal Cell Carcinoma (mRCC) Avastin is indicated for the treatment of metastatic renal cell carcinoma in combination with interferon alfa.</p>
<p>用法・用量</p>	<p>Patients should continue treatment until disease progression or unacceptable toxicity.</p> <p>Metastatic Colorectal Cancer (mCRC) The recommended doses are 5 mg/kg or 10 mg/kg every 2 weeks when used in combination with intravenous 5-FU-based chemotherapy.</p> <ul style="list-style-type: none"> · Administer 5 mg/kg when used in combination with bolus-IFL. · Administer 10 mg/kg when used in combination with FOLFOX4. <p>Non-Squamous Non-Small Cell Lung Cancer (NSCLC) The recommended dose is 15 mg/kg every 3 weeks in combination with carboplatin and paclitaxel.</p> <p>Metastatic Breast Cancer (MBC) The recommended dose is 10 mg/kg every 2 weeks in combination with paclitaxel.</p> <p>Glioblastoma The recommended dose is 10 mg/kg every 2 weeks.</p> <p>Metastatic Renal Cell Carcinoma (mRCC) The recommended dose is 10 mg/kg every 2 weeks in combination with interferon alfa.</p>	
<p>備考</p>		
<p>英国 独国</p>	<p>販売名（企業名） Avastin 25 mg/ml concentrate for solution for infusion (Roche Registration Limited)</p>	

	<p>仏国</p>	<p>効能・効果</p>	<p>Avastin (bevacizumab) in combination with fluoropyrimidine-based chemotherapy is indicated for treatment of patients with metastatic carcinoma of the colon or rectum.</p> <p>Avastin in combination with paclitaxel is indicated for first-line treatment of patients with metastatic breast cancer. For further information as to HER2 status, please refer to section 5.1.</p> <p>Avastin in combination with capecitabine is indicated for first-line treatment of patients with metastatic breast cancer in whom treatment with other chemotherapy options including taxanes or anthracyclines is not considered appropriate. Patients who have received taxane and anthracycline-containing regimens in the adjuvant setting within the last 12 months should be excluded from treatment with Avastin in combination with capecitabine. For further information as to HER2 status, please refer to section 5.1.</p> <p>Avastin, in addition to platinum-based chemotherapy, is indicated for first-line treatment of patients with unresectable advanced, metastatic or recurrent non-small cell lung cancer other than predominantly squamous cell histology.</p> <p>Avastin in combination with interferon alfa-2a is indicated for first line treatment of patients with advanced and/or metastatic renal cell cancer.</p>
		<p>用法・用量</p>	<p>Avastin must be administered under the supervision of a physician experienced in the use of antineoplastic medicinal products.</p> <p>It is recommended that treatment be continued until progression of the underlying disease.</p> <p>Dose reduction for adverse events is not recommended. If indicated, therapy should either be permanently discontinued or temporarily suspended as described in section 4.4.</p> <p>Metastatic carcinoma of the colon or rectum (mCRC)</p> <p>The recommended dose of Avastin, administered as</p>

		<p>an intravenous infusion, is either 5 mg/kg or 10 mg/kg of body weight given once every 2 weeks or 7.5 mg/kg or 15 mg/kg of body weight given once every 3 weeks.</p> <p>Metastatic breast cancer (mBC)</p> <p>The recommended dose of Avastin is 10 mg/kg of body weight given once every 2 weeks or 15 mg/kg of body weight given once every 3 weeks as an intravenous infusion.</p> <p>Non-small cell lung cancer (NSCLC)</p> <p>Avastin is administered in addition to platinum-based chemotherapy for up to 6 cycles of treatment followed by Avastin as a single agent until disease progression.</p> <p>The recommended dose of Avastin is 7.5 mg/kg or 15 mg/kg of body weight given once every 3 weeks as an intravenous infusion.</p> <p>Clinical benefit in NSCLC patients has been demonstrated with both 7.5 mg/kg and 15 mg/kg doses. For details refer to section 5.1 Pharmacodynamic Properties, Non-small cell lung cancer (NSCLC).</p> <p>Advanced and/or metastatic Renal Cell Cancer (mRCC)</p> <p>The recommended dose of Avastin is 10 mg/kg of body weight given once every 2 weeks as an intravenous infusion.</p>
	備考	
加国	販売名（企業名）	AVASTIN
	効能・効果	<p><i>Metastatic Colorectal Cancer (mCRC)</i></p> <p>AVASTIN in combination with fluoropyrimidine-based chemotherapy is indicated for first-line treatment of patients with metastatic carcinoma of the colon or rectum.</p> <p><i>Locally Advanced, Metastatic or Recurrent Non Small Cell Lung Cancer (NSCLC)</i></p>

			<p>AVASTIN, in combination with carboplatin/paclitaxel chemotherapy regimen, is indicated for treatment of patients with unresectable advanced, metastatic or recurrent non-squamous nonsmall cell lung cancer.</p> <p>NOC/c Metastatic Breast Cancer (mBC)</p> <p>AVASTIN in combination with paclitaxel is indicated for the treatment of patients with metastatic HER2-negative breast cancer who are ECOG Class 0-1.</p> <p>NOC/c Malignant Glioma (WHO Grade IV) - Glioblastoma</p> <p>AVASTIN, as a single agent, is indicated for the treatment of patients with glioblastoma after relapse or disease progression, following prior therapy.</p>
		<p>用法・用量</p>	<p>Metastatic Colorectal Cancer</p> <p>The recommended dose of AVASTIN is 5 mg/kg of body weight given once every 14 days as an intravenous infusion.</p> <p>Locally Advanced, Metastatic or Recurrent Non Small Cell Lung Cancer (NSCLC)</p> <p>The recommended dose of AVASTIN, administered in addition to carboplatin + paclitaxel chemotherapy regimen, is 15 mg/kg of body weight given once every 3 weeks as an intravenous infusion.</p> <p>NOC/c Metastatic Breast Cancer</p> <p>The recommended dose of AVASTIN for metastatic breast cancer treatment is 10 mg/kg of body weight given at weeks 1 and 3 of each 4-week cycle.</p> <p>NOC/c Malignant Glioma (WHO Grade IV) - Glioblastoma</p> <p>The recommended dose of AVASTIN is 10 mg/kg of body weight given once every 2 weeks as an intravenous infusion.</p>
		<p>備考</p>	

		<p>販売名（企業名）</p>	<p>AVASTIN</p>
	<p>効能・効果</p>	<p>Metastatic Colorectal Cancer AVASTIN (bevacizumab) in combination with fluoropyrimidine-based chemotherapy is indicated for the treatment of patients with metastatic colorectal cancer.</p> <p>Locally recurrent or metastatic Breast Cancer AVASTIN (bevacizumab) in combination with paclitaxel is indicated for the first-line treatment of metastatic breast cancer in patients in whom an anthracycline-based therapy is contraindicated.</p> <p>Advanced, metastatic or recurrent non-squamous Non Small Cell Lung Cancer (NSCLC) AVASTIN (bevacizumab), in combination with carboplatin and paclitaxel, is indicated for firstline treatment of patients with unresectable advanced, metastatic or recurrent, non-squamous, non-small cell lung cancer.</p> <p>Advanced and/or metastatic Renal Cell Cancer AVASTIN (bevacizumab) in combination with interferon alfa-2a is indicated for treatment of patients with advanced and/or metastatic renal cell cancer.</p> <p>Grade IV Glioma AVASTIN (bevacizumab) as a single agent, is indicated for the treatment of patients with Grade IV glioma after relapse or disease progression after standard therapy, including chemotherapy.</p>	
	<p>用法・用量</p>	<p>Metastatic Colorectal Cancer The recommended dose of AVASTIN, administered as an IV infusion, is as follows; First-line treatment: 5 mg/kg of body weight given once every 2 weeks or 7.5 mg/kg of body weight given once every 3 weeks Second-line treatment: 10 mg/kg of body weight given every 2 weeks or 15 mg/kg of body weight given once every 3 weeks.</p>	

		<p>It is recommended that AVASTIN treatment be continued until progression of the underlying disease.</p> <p>Locally recurrent or metastatic Breast Cancer The recommended dose of AVASTIN is 10 mg/kg of body weight given once every 2 weeks or 15 mg/kg of body weight given once every 3 weeks as an IV infusion.</p> <p>It is recommended that AVASTIN treatment be continued until progression of the underlying disease.</p> <p>Advanced, metastatic or recurrent non-squamous Non-Small Cell Lung Cancer The recommended dose of AVASTIN in combination with carboplatin and paclitaxel is 15 mg/kg of body weight given once every 3 weeks as an IV infusion. AVASTIN is administered in addition to carboplatin and paclitaxel for up to 6 cycles of treatment followed by AVASTIN as a single agent until disease progression.</p> <p>Advanced and/or metastatic Renal Cell Cancer The recommended dose of AVASTIN is 10 mg/kg given once every 2 weeks as an IV infusion. It is recommended that AVASTIN treatment be continued until progression of the underlying disease.</p> <p>AVASTIN should be given in combination with IFN alfa-2a (ROFERON-A®). The recommended IFN alfa-2a dose is 9 MIU three times a week, however, if 9 MIU is not tolerated, the dosage may be reduced to 6 MIU and further to 3 MIU three times a week (see <i>CLINICAL TRIALS</i>). Please also refer to the ROFERON-A Product Information.</p> <p>Grade IV Glioma The recommended dose of AVASTIN is 10 mg/kg of body weight given once every 2 weeks or 15 mg/kg of body weight given once every 3 weeks as an intravenous infusion. It is recommended that AVASTIN treatment be continued until progression</p>
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		of the underlying disease.
	備考	

3. 要望内容に係る国内外の公表文献・成書等について

(1) 無作為化比較試験、薬物動態試験等に係る公表文献としての報告状況

<文献の検索方法（検索式や検索時期等）、検索結果、文献・成書等の選定理由の概略等>

AVASTIN と主な病名で検索後に最新文献や IF の高い文献を各病名で 1 報選択した。病名 黄斑変性、緑内障、未熟児網膜症、黄斑浮腫、等。

<海外における臨床試験等>

1) Ranibizumab and bevacizumab for neovascular age-related macular degeneration.

CATT Research Group, Martin DF, Maguire MG, Ying GS, Grunwald JE, Fine SL, Jaffe GJ.

NEJM, 2011 May 19;Vol.364(20):1897-1908. (Epub 2011 Apr 28.)

2) Intravitreal bevacizumab for neovascular glaucoma: a randomized controlled trial.

Journal of glaucoma, Vol.18 (8) p632-637 (Oct-Nov 2009)

3) Efficacy of intravitreal bevacizumab for stage 3+ retinopathy of prematurity.stage 3+

NEJM, Vol.364(7)、p603-615 2011

4) Meta-analysis and review on the effect of bevacizumab in diabetic macular edema .

Graefes archive for clinical and experimental ophthalmology, Vol.249、p15-27、2011

5) Intravitreal bevacizumab as first local treatment for uveitis-related choroidal neovascularization: long-term results.

Acta ophthalmologica, Vol.89(2),179-184, 2011

<日本における臨床試験等>

1) Two-Year Visual Results for Older Asian Women Treated With Photodynamic Therapy or Bevacizumab for Myopic Choroidal Neovascularization

American J of Ophthalmology, Vol.149, 140-146, 2010 (published online 20 October 2009)

(2) Peer-reviewed journal の総説、メタ・アナリシス等の報告状況

1) Meta-analysis and review on the effect of bevacizumab in diabetic macular edema .
Graefe's archive for clinical and experimental ophthalmology、Vol.249、p15-27、2011

(3) 教科書等への標準的治療としての記載状況

<海外における教科書等>

1)

<日本における教科書等>

1)

(4) 学会又は組織等の診療ガイドラインへの記載状況

<海外におけるガイドライン等>

1)

<日本におけるガイドライン等>

1)

(5) 要望内容に係る本邦での臨床試験成績及び臨床使用実態（上記（1）以外）について

1)

(6) 上記の（1）から（5）を踏まえた要望の妥当性について

<要望効能・効果について>

1)

<要望用法・用量について>

1)

<臨床的位置づけについて>

1)

4. 実施すべき試験の種類とその方法案

1)

5. 備考

<その他>

1)

6. 参考文献一覧

1)

