



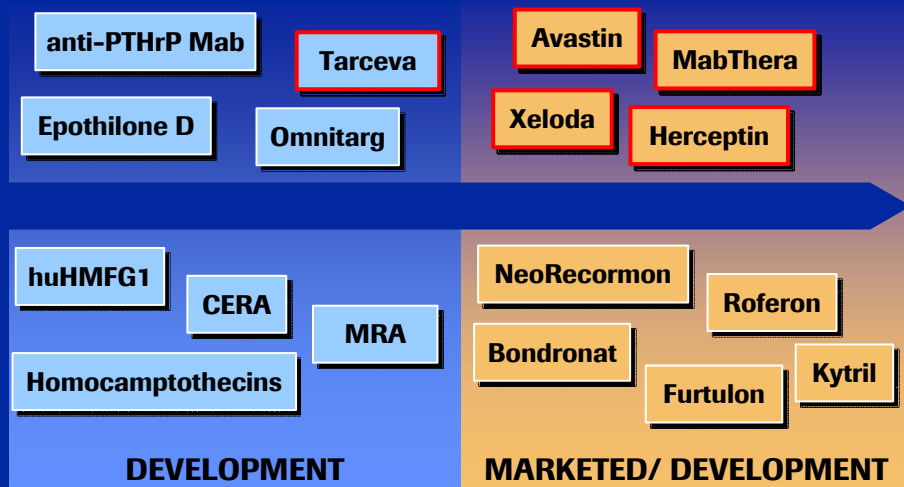
## Roche in Oncology Key data presented during ASCO, 2004

*Kapil Dhingra*

*Vice President, Roche Oncology*



## Oncology Portfolio *Five products with survival benefit*





## Key Abstracts

### **Xeloda**

- X-ACT study: Abstract 3509

### **MabThera**

- MInT study: Abstract 6500
- ECOG1486: Abstract 6502

### **Tarceva & Avastin** (discussed in OSI presentation)

- NSCLC: Abstract 2000
- Renal: Abstract 4502
- Breast: Abstract 2001

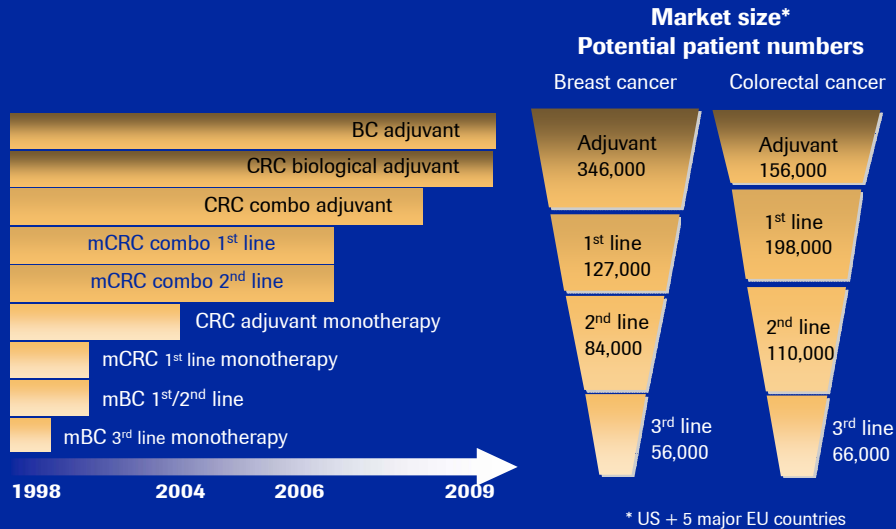


**Xeloda**

**MabThera/ Rituxan**

# Xeloda

## Leveraging the portfolio in BC and CRC

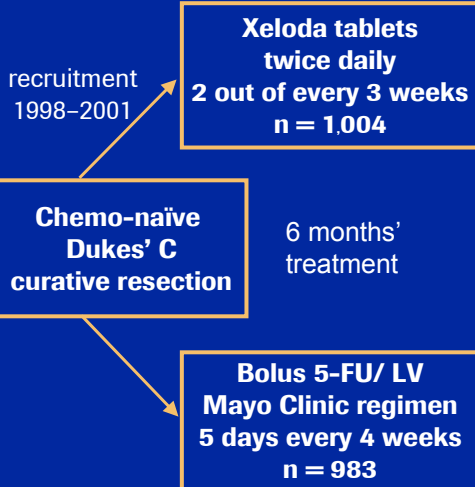


## Xeloda versus bolus 5-FU/LV as adjuvant therapy for colon cancer (the X-ACT study): Positive efficacy results of a phase III trial

J. Cassidy, W. Scheithauer, J. McKendrick, H. Kröning, M. P. Nowacki, J. F. Seitz, C. Twelves, G. Van Hazel, A. Wong, E. Diaz-Rubio, on behalf of the X-ACT Study Investigators

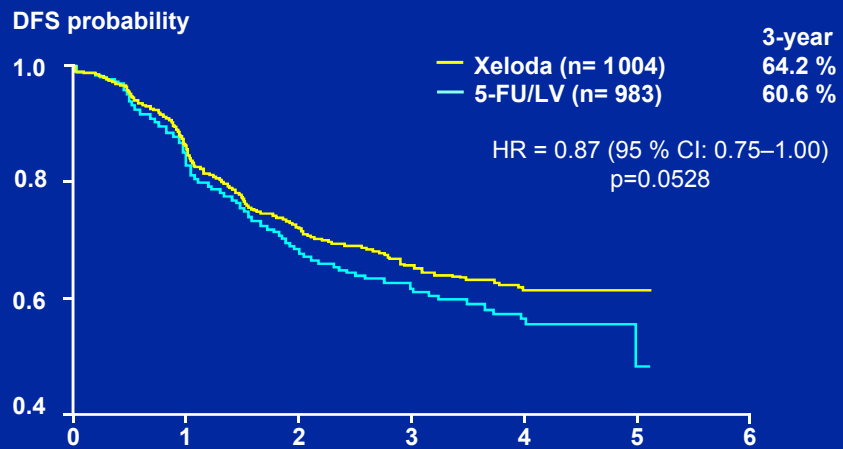
ASCO Abstract 3509

# X-ACT trial in adjuvant treatment of early colon cancer (Dukes C colon cancer)



- Primary endpoint:
  - disease free survival (DFS)  $\geq$  bolus 5-FU/LV
- Secondary endpoints:
  - relapse-free survival (RFS)
  - overall survival
  - tolerability (NCIC CTC)
  - QoL impact
  - pharmaco-economics

## Primary endpoint met\* *Trend to superior disease-free survival*



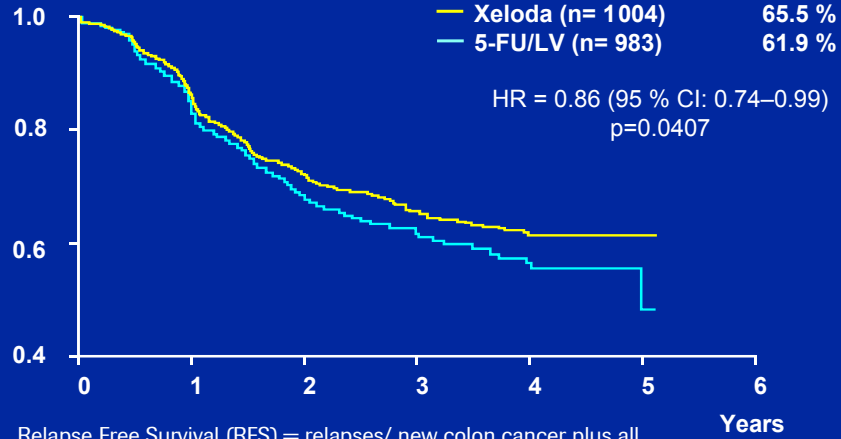
Disease Free Survival (DFS) = RFS plus all deaths from other cancers  
 Median follow-up 3.8 years  
 \* intent to treat analysis

This is preliminary information and subject to FDA approval

## Superior relapse-free survival



RFS probability

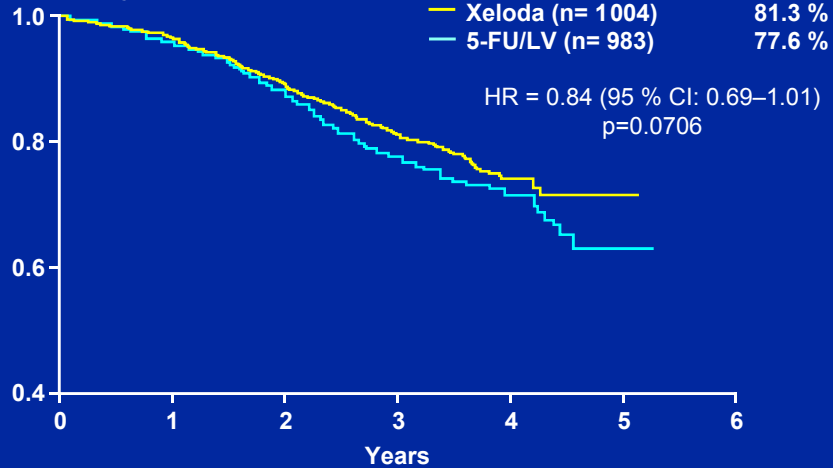


This is preliminary information and subject to FDA approval

## Trend to improved overall survival

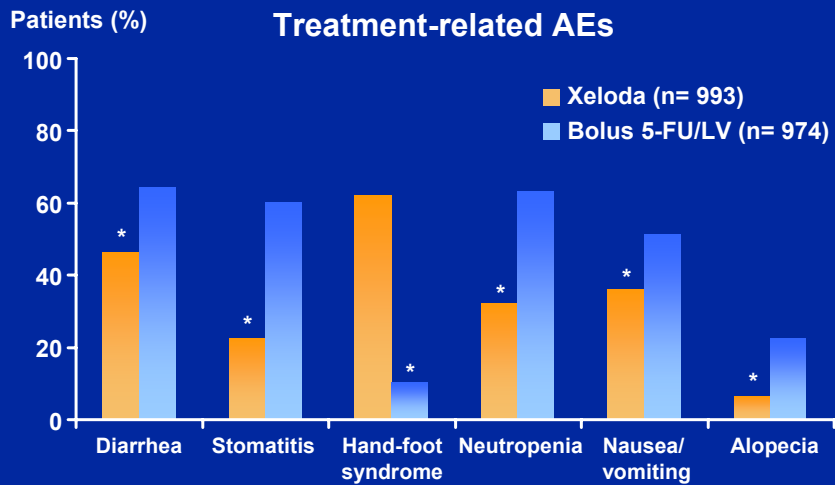


Survival probability



This is preliminary information and subject to FDA approval

## Safety profile versus bolus 5-FU/LV (all grades)



\* p<0.001

Scheithauer W et al. Ann Oncol 2003;14:1735-43

This is preliminary information and subject to FDA approval

## X-ACT study conclusions



- Primary endpoint was met
- Trend to improved disease free survival and overall survival supported by
  - statistically superior relapse free survival
- Consistently positive results in all efficacy analyses
- Improved safety (all grades) except hand & foot syndrome
- P.I. concluded that Xeloda should replace 5-FU/ LV in adjuvant treatment of colon cancer

This is preliminary information and subject to FDA approval

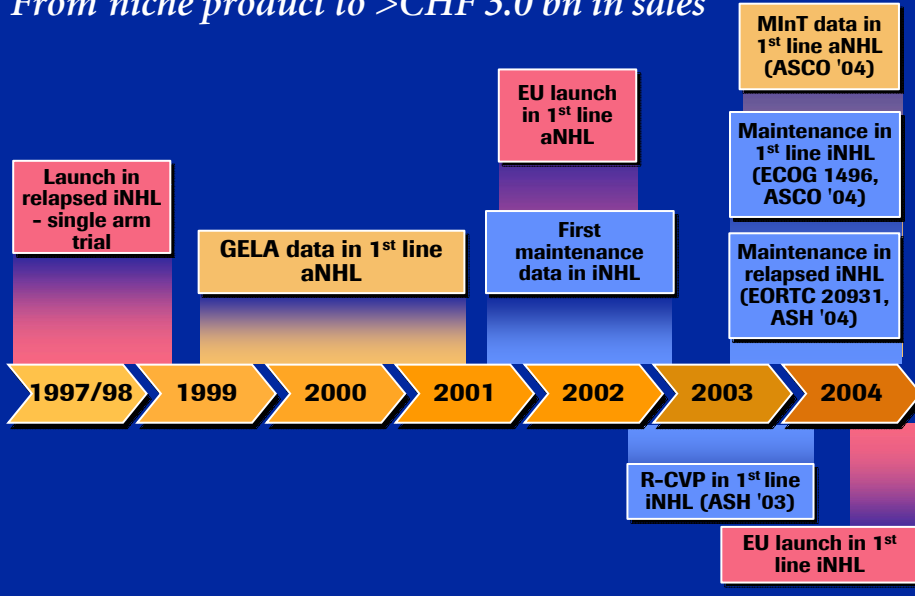


Xeloda

MabThera/ Rituxan

## MabThera / Rituxan milestones

*From niche product to >CHF 3.0 bn in sales*



# MInT



**Randomized intergroup trial of first line treatment for patients  $\leq 60$  years with diffuse large B-cell non-Hodgkin's lymphoma (DLBCL) with a CHOP-like regimen with or without the anti-CD20 antibody rituximab – early stopping after first interim analysis.**

M. Pfreundschuh, L. Trümper, D. Ma, A. Österborg, R. Pettengell, M. Trneny, L. Shepherd, J. Walewski, P.-L. Zinzani, and M. Loeffler for the MabThera International Trial (MInT) Group.

ASCO Abstract 6500

## MInT Trial Design

**CD20+ DLBCL**  
**18-60 years**  
**IPI 0,1**  
**Stages II-IV,**  
**I with bulk**

Randomized

**6 x CHOP-like**  
**+ 30-40 Gy (Bulk, E)**

**6 x CHOP-like**  
**+ Rituximab**  
**+ 30-40 Gy (Bulk, E)**

1<sup>o</sup> endpoint:

- time to treatment failure (TTF)

2<sup>o</sup> endpoints:

- complete remission rate
- progression under treatment
- overall survival

# MIInT

## Remission Rates

	Chemo (n=165)	R-Chemo (n=161)
<b>Complete remission (CR/CRu)</b>	<b>65%*</b>	<b>85%*</b>
Partial remission (PR)	12%	7%
No change (NC)	4%	1%
<b>Progressive disease (PD)</b>	<b>16%**</b>	<b>5%**</b>
Death under therapy	1%	1%
Unknown	2%	1%

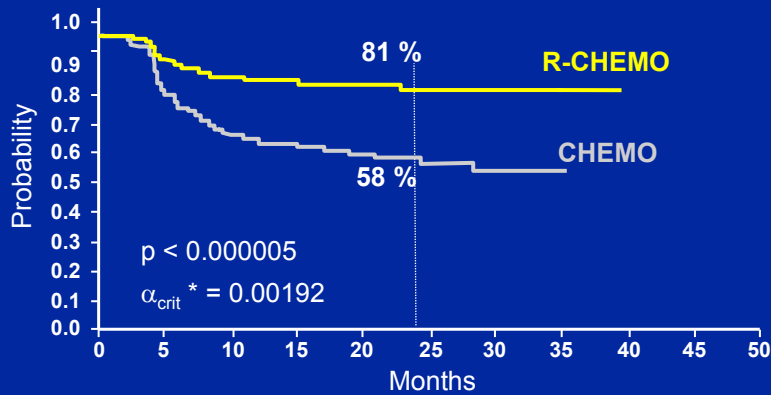
\* $p < 0.0005$  (Fisher's exact test)

\*\* $p = 0.0018$  (Fisher's exact test)

# MIInT

## Time to Treatment Failure

Median time of observation: 24 months

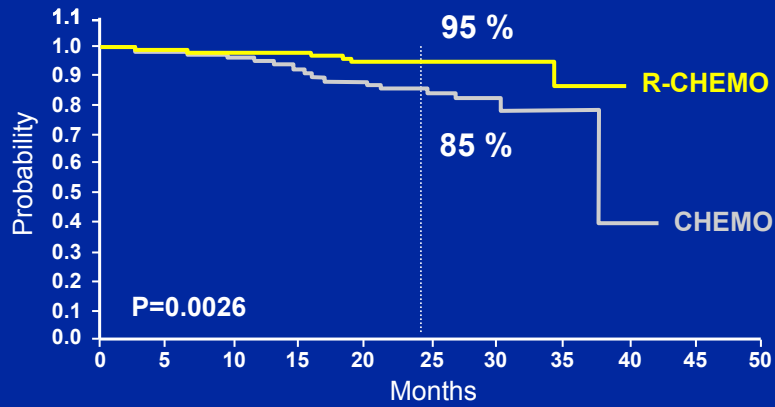


\*  $\alpha_{crit}$  for updated analysis

# MIInT

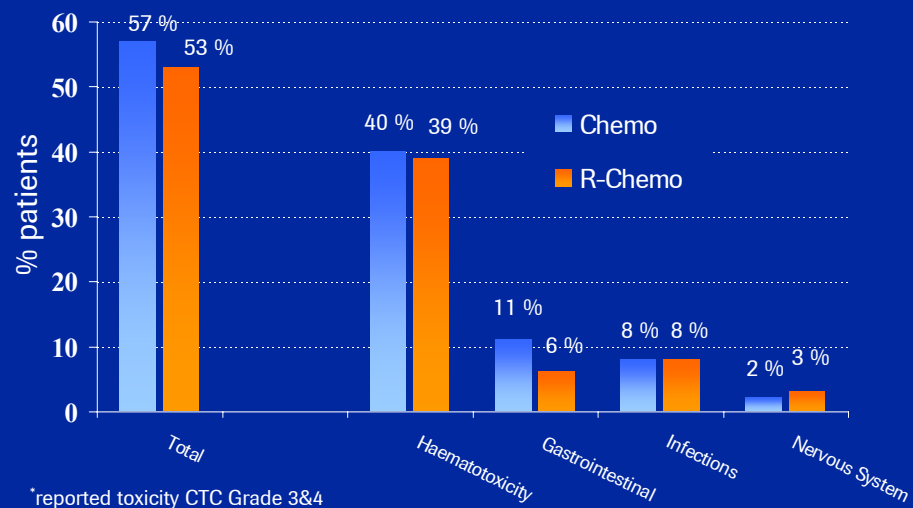
## Overall Survival

Median time of observation: 24 months



# MIInT

## Adverse Events\*



**MInT**

## Summary

Rituximab added to CHOP-like chemotherapy in young low-risk DLBCL induces:

- higher remission rates
- reduced progression rates
- prolonged time to treatment failure
- increased survival rates
- no additional toxicity

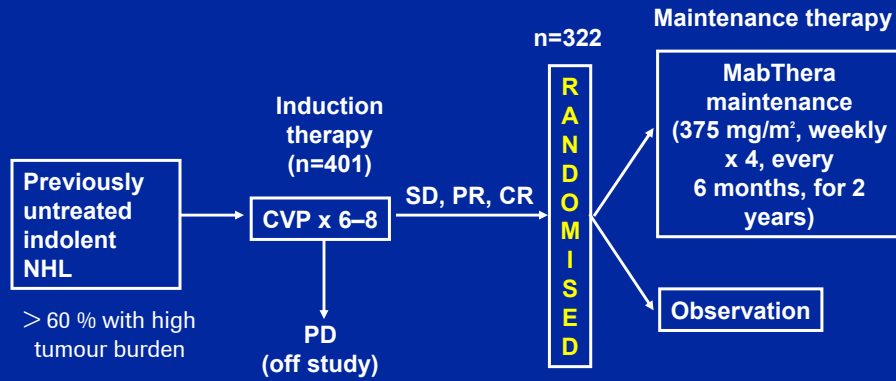


### **Results of E1496: A phase III trial of CVP with or without maintenance rituximab in advanced indolent lymphoma (NHL).**

T. M. Habermann, R. Gascoyne, S. R. Frankel, S. J. Hornig; Eastern Cooperative Oncology Group, Cancer and Leukemia Group

ASCO Abstract 6502

## CVP ± MabThera maintenance therapy in previously untreated indolent NHL (E1496): study design



1<sup>o</sup> endpoint: PFS from time of 2nd (maintenance) randomization  
 84 % power to detect 50 % improvement in median PFS  
 82 % power to detect improvement in 2-yr survival from 87 % to 93.5 %

## Results



	Maintenance therapy	
	MabThera (n=154)	Observation (n=149)
Estimated 2-year PFS (%)	74	42
Estimated 4-year PFS (%)	58	34
Estimated 2-year OS (%)	95	91

## Conclusions



- Maintenance rituximab is well tolerated with no increase in grade 3-4 toxicity.
- Maintenance rituximab improves the response rate following CVP induction therapy.
- Maintenance rituximab prolongs median PFS by 2.7 years (HR=0.5) after completion of CVP.
- Differences in OS are not statistically significant ( $p=0.06$ ) with few events to date.