



# AVAST-M

Adjuvant aVASTin Trial  
in high risk Melanoma

## AVAST-M Patient Newsletter:

### Final Results

June 2017

#### Final Results of the UK AVAST-M Clinical Trial – Patient Update

You may recall that we announced the interim results of the AVAST-M clinical trial at the international conference of the American Society of Clinical Oncology (ASCO) in Chicago in June 2013. The final results have now been obtained and were announced at the June 2017 ASCO conference. This update is to let the people who took part in this trial know about the results and the researchers' conclusions.

First, a reminder about what the AVAST-M trial involved. 1,343 patients who had previously undergone surgery to remove melanoma were recruited from 48 UK hospitals between 2007 and 2012. The trial was funded by Cancer Research UK and is one of the largest melanoma trials ever undertaken.

The aim of the trial was to find out whether using a new drug, Avastin (also known as bevacizumab), to treat patients who have a high risk of melanoma recurrence might reduce the risk of melanoma coming back, and so improve life expectancy. Avastin was given over the course of a year. Half of the patients were allocated to treatment with Avastin ('the treatment arm') and the other half to observation ('the observation arm').

At the time of our last update, in June 2013, we reported that the researchers' initial conclusions were as follows:

- Fewer patients who were treated with Avastin had experienced a recurrence of melanoma compared with those who did not receive it.
- Early indications suggested that Avastin may delay the time until melanoma recurrence, although it was too soon to know the full impact of this finding.
- There was no evidence that Avastin alters overall life expectancy.
- These interim findings suggested that the standard of care should not be changed to using Avastin for all melanoma patients after surgery.

The final results of the AVAST-M trial have now borne out these earlier indications:

- Avastin slightly delays the time until melanoma comes back after surgery: 49 in 100 people treated with Avastin had had a recurrence, compared with 55 in 100 people on the observation arm.
- However this does not mean there is an overall life expectancy benefit. The proportion of people treated with Avastin who had died after 5 years was almost identical to the proportion on the observation arm.

These final results confirm that the standard of care should not be changed to using Avastin as treatment for melanoma patients after surgery.

Dr Pippa Corrie, AVAST-M Trial Chief Investigator, comments:

‘I would like to renew our thanks to all those who took part in the AVAST-M trial. Although the results confirm that Avastin should not become a standard treatment after melanoma surgery, we have learned a great deal through this clinical trial and these conclusions will help shape the future of melanoma treatments.’

‘The contribution of those who participated in AVAST-M was thoroughly worthwhile and will benefit others suffering from this disease in future’.

### **Further Information**

If you have any questions about this update, please talk to your specialist oncology doctor, who is fully informed about the AVAST-M trial results.

