

IND SAFETY REPORT: INITIAL WRITTEN REPORT

TO: *Division of Biologic Oncology Products, Center for Drug Evaluation and Research, FDA*

FAX: 301-796-9849

1. IND NUMBER 7921	2. AGENT NAME Bevacizumab (rhuMAb VEGF)	3. DATE May 11, 2011
4. SPONSOR Division of Cancer Treatment and Diagnosis, National Cancer Institute		
5. REPORTER'S NAME, TITLE, AND INSTITUTION Helen Chen, MD-Associate Branch Chief for Investigational Therapeutics 3, Investigational Drug Branch, CTEP, DCTD, NCI		6. PHONE NUMBER 301-496-1196
		7. FAX NUMBER 301-402-0428
8a. PROTOCOL NUMBER (AE #) GOG-0252 (AE# 1653247)	8b. AE GRADE: AE Grade 3: Musculoskeletal/soft tissue –Other: Necrotizing fasciitis	
9. PATIENT IDENTIFICATION 111-0252-051	10. AGE 55 yrs	11. SEX Female
12. DESCRIPTION OF ADVERSE EVENT The patient is a 55-year-old female with ovarian epithelial cancer who developed grade 3 necrotizing fasciitis while on a phase 3 trial utilizing the investigational agent bevacizumab in combination with paclitaxel and cisplatin. She began the first course of the investigational therapy on February 28, 2011 and received the last doses of bevacizumab and paclitaxel on March 21, 2011 (Cycle 2, Day 1), and the last dose of cisplatin on March 23, 2011 (Cycle 2, Day 3). On April 8, 2011 (Cycle 2, Day 19), the patient, who had a prior history of peritoneal infection, presented to the clinic with an infected intraperitoneal (IP) port, and was referred to the ER. In the ER, she complained of chills and fatigue. The patient's right lower quadrant scar had a slight wound dehiscence with no significant discharge. Her right upper quadrant had an area of redness, erythema, and tenderness around the IP port. She was started on IV fluids, and was admitted for IP port infection. The next day, an assessment of the wound infection with areas of necrotizing fasciitis in both the superior and the lower parts of the incision at the site of insertion of the IP infusaport was made. The patient underwent a radical wound debridement, which was a combination of sharp and Pulsavac [®] debridement of the anterior abdominal wall including skin, subcutaneous tissue, rectus sheath, and excision of previous necrotizing fasciitis as well as the removal of IP infusaport. On April 14, 2011, the patient was discharged with plans for follow-up. Additional information has been requested from the investigational site. There is a reasonable possibility that the experience may have been caused by the drug.		
13. DOSE, ROUTE, AND SCHEDULE Cycle = 3 Weeks: Phase A (Cycles 1-6): Bevacizumab: 15 mg/kg IV over 30-90 minutes on Day 1, beginning with Cycle 2. Phase B (Cycles 7-22): Bevacizumab: 15 mg/kg IV over 30-90 minutes on Day 1.		
14. DATES OF TREATMENT The patient began the investigational therapy on February 28, 2011, and received the last dose of bevacizumab on March 21, 2011 (Cycle 2, Day 1).		
15. ACCRUAL AND IND EXPERIENCE Number of patients enrolled in NCI-sponsored clinical trials using bevacizumab = 32,891. There have been 5 other cases of necrotizing fasciitis reported to the NCI as serious adverse events through AdEERS for bevacizumab.		
16. COMMENTS Also administered on this protocol: Phase A (Cycles 1-6): Paclitaxel: 135 mg/m ² IV over 3 hours on Day 1; Cisplatin: 75 mg/m ² IP on Day 2; Paclitaxel: 60 mg/m ² IP on Day 8.		
AT THIS TIME, NO OTHER INFORMATION IS AVAILABLE. IF UPON FURTHER INVESTIGATION RELEVANT INFORMATION BECOMES AVAILABLE, THEN A FOLLOW-UP REPORT WILL BE SUBMITTED IN ACCORDANCE WITH 21CFR 312.32(d) (2). DISCLAIMER per 21 CFR 312.32(e): THIS SAFETY REPORT DOES NOT NECESSARILY REFLECT A CONCLUSION OR ADMISSION BY THE CTEP IDB SENIOR INVESTIGATOR/SPONSOR THAT THE INVESTIGATIONAL AGENT/THERAPY CAUSED OR CONTRIBUTED TO THE ADVERSE EXPERIENCE BEING REPORTED.		

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