הודעה על החמרה (מידע בטיחות) בעלון לרופא

(מעודכן 05.2013)

תאריך <u>25/11/2015</u>

שם תכשיר באנגלית ומספר הרישום [131-59-31060-00] שם בעל הרישום: Roche Pharmaceuticals (Israel) Ltd

! טופס זה מיועד לפרוט ההחמרות בלבד

טופס זה מיועד לפרוט ההחמרות בלבד !						
ההחמרות המבוקשות - עלון לרופא						
טקסט חדש	טקסט נוכחי	פרק בעלון				
Proteinuria (see section 4.8) Patients with a history of hypertension may be at increased risk for the development of proteinuria when treated with Avastin. There is evidence suggesting that all Grade (US National Cancer Institute-Common Terminology Criteria for Adverse Events [NCI-CTCAE v.3]) proteinuria may be related to the dose. Monitoring of proteinuria by dipstick urinalysis is recommended prior to starting and during therapy. Grade 4 proteinuria (nephrotic syndrome) was seen in up to 1.4% of patients treated with Avastin. Therapy should be permanently discontinued in patients who develop nephrotic syndrome (NCI-CTCAE	Proteinuria (see section 4.8) Patients with a history of hypertension may be at increased risk for the development of proteinuria when treated with Avastin. There is evidence suggesting that all Grade (US National Cancer Institute-Common Terminology Criteria for Adverse Events [NCI-CTCAE v.3]) proteinuria may be related to the dose. Monitoring of proteinuria by dipstick urinalysis is recommended prior to starting and during therapy. Therapy should be permanently discontinued in patients who develop Grade 4 proteinuria (nephrotic syndrome) (NCI-CTCAE	4.4 Special warnings and precautions for use				
Proteinuria (see section 4.4) In clinical trials, proteinuria has been reported within the range of 0.7% to 38% of patients receiving Avastin. Proteinuria ranged in severity from clinically asymptomatic, transient, trace proteinuria to nephrotic syndrome, with the great majority as Grade 1 proteinuria (NCI-CTCAE v.3). Grade 3 proteinuria was reported in up to 8.1% of treated patients. Grade 4 proteinuria (nephrotic syndrome) was seen in up to 1.4% of treated patients. Testing for proteinuria is recommended prior to start of Avastin therapy. In most clinical trials urine protein levels of ≥ 2g/24 hrs led to the holding of Avastin until recovery to < 2g/24 hrs.	[] Proteinuria (see section 4.4) In clinical trials, proteinuria has been reported within the range of 0.7% to 38% of patients receiving Avastin. Proteinuria ranged in severity from clinically asymptomatic, transient, trace proteinuria to nephrotic syndrome, with the great majority as Grade 1 proteinuria (NCI-CTCAE v.3). Grade 3 proteinuria was reported in up to 8.1% of treated patients. Grade 4 proteinuria (nephrotic syndrome) was seen in up to 1.4% of treated patients. The proteinuria seen in clinical trials was not associated with renal dysfunction and rarely required permanent discontinuation of therapy. Testing for proteinuria is recommended prior to start of Avastin therapy. In most clinical trials urine protein levels of ≥ 2g/24 hrs led to the holding of Avastin until recovery to < 2g/24 hrs.	4.8 Undesirable effects				
[] Laboratory abnormalities Clinical trials have shown that						

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transient increases in serum creatinine (ranging between 1.5-1.9 times baseline level), both with and without proteinuria, are associated with the use of Avastin. The observed increase in serum creatinine was not associated with a higher incidence of clinical manifestations of renal impairment in patients treated with Avastin.					

מצ"ב העלון, שבו מסומנות ההחמרות המבוקשות <mark>על רקע צהוב</mark>.

ותי ולא שינויים במיקום הטקסט.	ש לסמן רק תוכן מו	<u>בעלון)</u> בצבע שונה. י	בגדר החמרות סומנו <u>(</u>	שינויים שאינם נ

הועבר בדואר אלקטרוני בתאריך: 25 בנובמבר 2015