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(73)	Proprietor	F. Hoffmann-La Roche AG, Grenzacherstrasse 124, 4070 Basel, Sveits
(72)	Inventor	BERNASCONI, Corrado, Nansenstrasse 7, CH-8050 Zürich, Sveits BOLLAG, David, Amerbachstrasse 33, CH-4057 Basel, Sveits
(74)	Agent or Attorney	PLOUGMANN VINGTOFT, Postboks 1003 Sentrum, 0104 OSLO, Norge

(54)	Title	COMBINATION THERAPY FOR THE TREATMENT OF OVARIAN CANCER
(56)	References Cited:	WO-A1-2008/075330, US-A1- 2007 166 388, US-A1- 2006 013 819 COHEN MARTIN H ET AL: "FDA drug approval summary: bevacizumab plus FOLFOX4 as second-line treatment of colorectal cancer.", THE ONCOLOGIST MAR 2007, vol. 12, no. 3, March 2007 (2007-03), pages 356-361, XP002712135, ISSN: 1083-7159 BAMIAS A ET AL: "Angiogenesis: a promising therapeutic target for ovarian cancer.", CRITICAL REVIEWS IN ONCOLOGY/HEMATOLOGY DEC 2012, vol. 84, no. 3, December 2012 (2012- 12), pages 314-326, XP002698499, ISSN: 1879-0461 LORTHOLARY A ET AL: "Weekly paclitaxel as a single agent or in combination with carboplatin or weekly topotecan in patients with resistant ovarian cancer: the CARTAXHY randomized phase II trial from GINECO", ANNALS OF ONCOLOGY, vol. 23, 2012, pages 346-352, Clinical Trials Identifier : NCT00976911: "Aurelia: A study of Avastin (Bevacizumab) added to chemotherapy in patients with platinum-resistant ovarian cancer", The National library of Medicine , 15 March 2011 (2011-03-15), Retrieved from the Internet: URL:clinicaltrials.gov [retrieved on 2017-06-12] RICHARDSON D L ET AL: "Combination gemcitabine, platinum, and bevacizumab for the

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Enclosed is a translation of the patent claims in Norwegian. Please note that as per the Norwegian Patents Acts, section 66i the patent will receive protection in Norway only as far as there is agreement between the translation and the language of the application/patent granted at the EPO. In matters concerning the validity of the patent, language of the application/patent granted at the EPO will be used as the basis for the decision. The patent documents published by the EPO are available through Espacenet (<http://worldwide.espacenet.com>) or via the search engine on our website here: <https://search.patentstyret.no/>

PATENTKRAV

1. Bevacizumab for anvendelse i en fremgangsmåte for behandling av en pasient som er diagnostisert med en platinaresistent epitelial eggstokkreft (EOC), et platinaresistent egglederkarzinom (FTC) eller et platinaresistent primært peritonealt karzinom (PPC), hvori fremgangsmåten omfatter å administrere til pasienten en effektiv mengde av bevacizumab og paklitaksel, hvori pasienten mottok to eller færre forutgående anti-kreft-behandlingsprogrammer, hvori behandlingen forlenger pasientens gjennomsnittlige progresjonsfrie overlevelsestid sammenlignet med en pasient med en platinaresistent epitelial eggstokkreft (EOC), et platinaresistent egglederkarzinom (FTC) eller et platinaresistent primært peritonealt karzinom (PPC) som kun mottar paklitaksel.
2. Bevacizumab for anvendelse ifølge krav 1, hvori pasienten ikke er refraktær overfor tidligere platinabehandling.
3. Bevacizumab for anvendelse ifølge krav 1, hvori pasienten har en målbar sykdom ifølge RECIST 1.0 eller en CA-125 påvisbar sykdom ifølge GCIG-kriteriene.
4. Bevacizumab for anvendelse ifølge krav 1, hvori pasienten har en ECOG-ytelsesstatus på 0-2 og en forventet gjenværende levetid på minst 12 uker.
5. Bevacizumab for anvendelse ifølge krav 1, hvori den effektive mengden av paklitakselet administreres ved 80 mg/m² som en 1-times intravenøs infusjon på dag 1, 8, 15 og 22 hver fjerde uke.
6. Bevacizumab for anvendelse ifølge krav 1, hvori den effektive mengden av bevacizumab er 10 mg/kg intravenøst hver annen uke eller 15 mg/kg intravenøst hver tredje uke.
7. Bevacizumab for anvendelse ifølge krav 6, hvori den effektive mengden av bevacizumab initialt administreres intravenøst over 90 minutter, med etterfølgende infusjoner over 60 minutter og deretter 30 minutter.
8. Bevacizumab for anvendelse ifølge krav 1, hvori pasienten har et platinafritt intervall (PFI) på mindre enn 3 måneder.
9. Bevacizumab for anvendelse ifølge krav 1, hvori pasienten har

abdominal ascites.

10. Bevacizumab for anvendelse ifølge krav 1, hvori behandlingen ytterligere forbedrer pasientens objektive responsrate (ORR) sammenlignet med en pasient med platinaresistent eggstokkreft som kun mottar paklitaksel.