

Advanced lung cancer patients see improved, progression-free survival

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Patients with advanced non-small cell lung cancer whose disease has progressed following chemotherapy have a higher rate of tumor shrinkage and a longer interval before cancer progression when bevacizumab is added to standard second-line erlotinib therapy, according to a study presented at the 2008 Chicago Multidisciplinary Symposium in Thoracic Oncology.

Bevacizumab in combination with chemotherapy and erlotinib alone have each demonstrated a significant improvement in survival when used for the treatment of patients with advanced non-small cell lung cancer. Researchers in this phase III, multicenter clinical trial were hopeful that the combination of the two agents that target different pathways would show a survival benefit.

Six hundred and thirty six patients were enrolled in the study between June 2005 and April 2008. All patients received erlotinib combined with either bevacizumab or a placebo. Neither the patients nor their doctors knew whether they were receiving bevacizumab or the placebo. The final analysis was conducted after 418 deaths.

The study found that the addition of bevacizumab to erlotinib did not improve overall survival compared to erlotinib and placebo. However, there was clear evidence of clinical activity with improvements in progression-free survival and response rate when bevacizumab was added to erlotinib compared to erlotinib alone.

"Bevacizumab and erlotinib are active agents in the treatment of advanced NSCLC. Together they improve progression free survival of patients with recurrent advanced NSCLC," said John Hainsworth, M.D., lead author on this study and chief scientific officer at the Sarah Cannon Research Institute in Nashville. "We remain committed to exploring how survival can be improved using these agents."

Source: American Society for Therapeutic Radiology and Oncology

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