

SINGLE-AGENT BEVACIZUMAB IN OFF-LABEL TREATMENT OF RECURRENT OR REFRACTORY GLIOMA



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Background and importance

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The treatment of recurrent/refractory (RR) glioma is characterized by limited efficacy and poor prognosis. Currently, the main second-line therapies include agents such as temozolomide, regorafenib, and platinum-based regimens.

Aim and objectives

Evaluation of the clinical benefit of single-agent bevacizumab in RR glioma from 2015 to 2021. A retrospective monocentric study.

Material and methods

Clinical benefit evaluation: median PFS, median overall survival (OS) and corticosteroid dose reduction; radiological response (RANO) The schedule of bevacizumab was 10 mg/kg every 15 or 21 days.

Results

We collected data from 30 RR glioma patients (glioblastoma n.17, astrocytoma n.9, oligodendroglioma n.3, and ependymoma n.1). The median age was 52 years (range, 24-73 years). The median duration of bevacizumab treatment was 5 months (range: 1-16). Results showed in Tab. 1 and Tab. 2.

Clinical Benefit (median)

PFS (month)	4,42
OS (month)	5,15

Tab. 1

Best Radiological Response

	n	%
PR/SD	25	83,3
PD	5	16,7

Tab. 2

Of 21 patients treated with corticosteroids, 9 patients reduced and 12 discontinued. (Tab.3)

Corticosteroids dose reduction/discontinuation post-BV (n = 21)

	n	%
Reduction	9	42,8
Discontinuation	12	57,2

Tab. 3

Subsequent lines of therapy are illustrated in Fig.4

Subsequent lines of therapy (n=28)

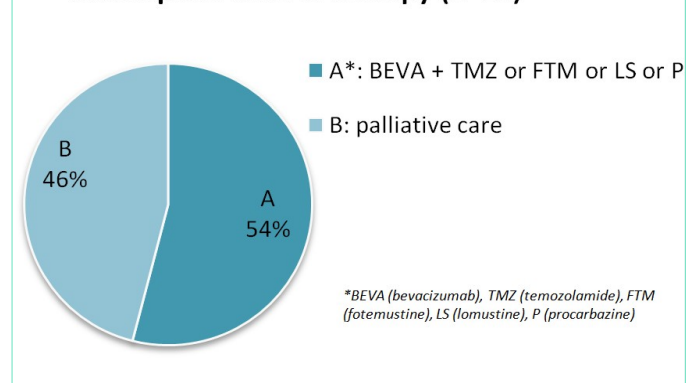


Fig. 4

Conclusion

A clinical benefit was observed in the majority of RR glioma patients treated with bevacizumab.

References

Villani V, Fabi A, Tanzilli A, [..], Pace A. A multicenter real-world study of bevacizumab in heavily pretreated malignant gliomas: clinical benefit is a plausible end point? *Future Oncol.* 2019 May;15(15):1717-1727.