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Bevacizumab fails to impress in adjuvant colon cancer trial

Disappointing data from the AVANT study, showing that treatment with bevacizumab does not prolong disease-free survival when added to either FOLFOX4 or XELOX in patients with stage III colon cancer, were reported by Professor Aimery de Gramont, Hôpital Saint-Antoine, Paris, France.

Bevacizumab, a humanized anti-VEGF (vascular endothelial growth factor) monoclonal antibody, has demonstrated clinical efficacy in combination with 5-fluorouracil-based regimens in patients with metastatic colorectal cancer.

The therapeutic impact of concurrent bevacizumab with either FOLFOX4 or XELOX chemotherapy in the adjuvant setting was evaluated in this international, controlled phase III trial.

Eligible patients had high-risk stage II or stage III colon cancer and had undergone surgical resection. They were then randomly assigned to one of three treatment groups: arm A received FOLFOX4 on weeks 1–24, arm B received FOLFOX4 and bevacizumab on weeks 1–24, then bevacizumab alone on weeks 25–48 or arm C received XELOX and bevacizumab on weeks 1–24, then bevacizumab alone on weeks 25–48.

Professor Aimery de Gramont, Hôpital Saint-Antoine, Paris, France

The primary end point was disease-free survival for patients with stage III colon cancer, with follow-up assessments performed every 6 months after randomization for 4 years, then annually until recurrence or death.

A total of 3451 (2867 stage III) patients (median age 58–59 years) were enrolled between December 2004 and June 2007. Median duration of follow up was 48 months.

However, Professor de Gramont reported that bevacizumab did not prolong disease-free survival or overall survival when added to either FOLFOX4 or XELOX in patients with stage III colon cancer, based on the final efficacy analysis conducted in September 2010.

He added that efficacy results favoured the chemotherapy-alone control arm, and that numerically more relapses and deaths occurred in both the bevacizumab arms compared to control.

The observed adverse events were consistent with those previously reported in pivotal trials of bevacizumab across tumour types for approved indications.

Stephen Pinn

PET prognosis data may improve survival in oesophageal cancer

European investigators have claimed that using positron emission tomography (PET) imaging to detect responses to chemotherapy before surgery can help determine a patient's prognosis in locally advanced adenocarcinoma of the oesophagogastric junction.

Dr Florian Lordick, Director of the Department of Haematology and Oncology, Klinikum Braunschweig, Brunswick, Germany, reported that those patients responding to chemotherapy had better median event-free and overall survival than non-responders.

He and his colleagues also found that those who did not respond to chemotherapy did not benefit from additional radiation.

Dr Lordick, outlining data from a prospective study, MUNICON II, commented: 'PET testing after 2 weeks of chemotherapy... can help a physician distinguish patients who are responding to chemotherapy from those who are not, and who can therefore be spared from the unnecessary toxicities of treatment that is unlikely to improve their outcome'.

Earlier studies had shown that using PET imaging with fluorodeoxyglucose (FDG) can help detect response to chemotherapy given before surgery to shrink tumours in patients with locally advanced adenocarcinoma of the oesophagogastric junction.

In the MUNICON II study, 56 patients with locally advanced oesophagogastric cancer were divided into responders and non-responders on the basis of PET results after 2 weeks of chemotherapy.

For patients who had a metabolic response, treatment continued for three additional months before surgery. For those without a PET response early during chemotherapy, therapy was changed and radiation was given before surgery to reduce the tumour size and increase the likelihood of completely removing the cancer.

A total of 33 patients responded to chemotherapy as measured by PET, while 23 did not. Of the 33 responders, 27 (82%) were able to undergo curative surgery compared to 16 (70%) of non-responders.

After a median follow-up time of 38 months, the median event-free survival and median overall survival of non-responding patients were 15.4 months and 18.3 months respectively. The responders had yet to reach median event-free survival and median overall survival after 38 months.

Next, the team plan to confirm the prognostic and predictive value of PET in a randomized, multi-centre, international trial called IMAGE. In addition, they will look for new treatment approaches for those patients who have poor prognoses based on the lack of early metabolic responses in chemotherapy.

Stephen Pinn