Abstracts

P17.45. CARBOPLATIN ALONE AND IN COMBINATION WITH BEVACIZUMAB IN A 5MG/KG EVERY-3-WEEK SCHEDULE, IN PATIENTS WITH RECURRENT GliOBLASTOMAS: A SINGLE CENTER EXPERIENCE
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PURPOSE: Carboplatin (CDDP) and Bevacizumab (BEV) are active in GBM with different profiles of toxicity. In a previous report, we have demonstrated the efficacy of Bevacizumab in a 5mg/kg every 3 week schedule. We investigated the efficacy of BEV in combination with CDDP vs CDDP alone in patients with recurrent glioblastomas (GBMs) in a phase II, single-center, non-comparative study. MATERIAL AND METHODS: patients with progression disease (PD) following surgery, RT and TMZ, received CDDP at AUC 5 alone or in combination with BEV 5mg/kg and every 3 weeks for recurrent GBMs between June 2010 and December 2013. Baseline characteristics and outcomes after treatment were recorded. Primary end points were progression-free survival and objective response rate. Secondary end points included safety and overall survival. RESULTS: 48 patients (median age 43 (range 22.4-74.8); M/F 28/20) were enrolled into the study. The median number of cycles in each group was 5 CDDP cycles and 6 CDDP + BEV (range 2-8). No toxicities or intracerebral bleeding were observed. In the BEV + CDDP group 8 patients (35%) had partial response, 9 of them (39%) had minor response, 10 had stable disease and 4 patients (17%) had progressive disease. In the other group 2 patients had partial response, 4 minor responses, 10 had stable disease and 9 experienced PD. Thus, the objective response rate was 64% vs 24%, respectively (p = 0.003). In BEV + CDDP and CDDP alone groups, estimated median PFS was 6.7 vs 5.1 respectively (p = 0.09); and median OS were 7.6 vs 8.3 months (p = 0.66) respectively. CONCLUSIONS: Association of BV to CDDP seemed to improve response rate in recurrent GBMs. However, the clinical benefit of this interesting approach needs a validation in a larger patient cohort.