

Bevacizumab Improves Outcome in Newly Diagnosed Advanced Breast Cancer

The clinical benefit of a combination of first-line bevacizumab (Avastin, Genentech) and taxane chemotherapy in patients with HER2-negative metastatic breast cancer was validated by the findings of a phase III double-blind, placebo-controlled study reported at the 2008 annual meeting of the American Society of Clinical Oncology. The trial, performed by Dr. David Miles and colleagues, randomized 736 women with previously untreated locally recurrent or metastatic breast cancer to first-line therapy with docetaxel plus either placebo or bevacizumab (7.5 or 15 mg/kg every 3 weeks). At study start, new data supporting the benefit of bevacizumab became available and thus researchers allowed patients the option to receive bevacizumab in the second-line setting along with chemotherapy. Progression-free survival, which was the study's primary objective, was significantly higher in the bevacizumab groups compared to the docetaxel-alone group after a median follow-up of 11 months. Analysis of the unstratified population found that women receiving the lower dose of bevacizumab had a 21% lower chance of experiencing disease progression compared to women receiving placebo (hazard ratio 0.79; $P=.03$). Women receiving the higher dose of bevacizumab had a slightly better response (hazard ratio 0.72; $P=.0099$). In evaluating the stratified patient population, which was screened for additional antineoplastic therapy that started before disease progression, hazard ratios for progression in the low and high dose groups were 0.69 and 0.61, respectively. Tumor reduction was achieved in fewer women receiving docetaxel alone compared to those receiving low- and high-dose bevacizumab (44.4% vs 55.2% and 63.1%, respectively). Safety was also evaluated in this study: the rate of grade 3 or higher adverse events was somewhat higher in the bevacizumab groups (low dose: 74.8%; high dose: 74.1%) compared to the docetaxel-alone group (67%); however, the rates of adverse events leading to death were similar across all three groups.

Interferon Benefits Patients With Early Stage III Melanoma

A retrospective study performed by Dr. Janice N. Cormier and colleagues found that adjuvant treatment with high-dose interferon (IFN) improved recurrence-free survival

in patients with early stage III melanoma. It was previously demonstrated that adjuvant IFN lengthened recurrence-free survival in patients with high-risk melanoma in the "pre-sentinel lymph node biopsy era." The role of this therapy in a selected group of patients with early stage III disease, however, has not been thoroughly explored. In the retrospective study of 486 patients who underwent surgery for metastatic lymph-node cutaneous stage III melanoma, researchers evaluated the effect of IFN therapy on patient survival. Study outcomes, which were published in the May 1 issue of *Cancer*, including the primary outcome of recurrence-free survival and secondary outcome of overall survival, were compared among patients who also received adjuvant treatment with IFN ($n=141$; 29%) and those who had surgery alone ($n=345$). The median recurrence-free survival for all patients was 2.27 years and the estimated 5-year recurrence-free survival was 41%. The median overall survival was 5.6 years and the estimated 5-year overall survival was 53%. The analysis found that IFN was the only independent predictor for recurrence-free survival in patients with stage IIIA melanoma (hazard ratio 0.4; $P=.02$). It was shown though that IFN has no effect on overall survival or on patients who had more advanced disease. Despite ongoing discussion about the risk:benefit ratio of adjuvant IFN, data from this study support the belief that patients with stage IIIA disease should be made aware of the potential clinical benefits of IFN in early stage III melanoma.

Finasteride Lowers Prostate Cancer Risk in All Men

A prostate cancer prevention trial performed by Dr. Ian Thompson and colleagues found that treatment with finasteride (Proscar, Merck) resulted in a 25% reduction in the risk of prostate cancer. However, it was uncertain if this finding represented a preventive or treatment effect. These new findings, which were published in the May issue of *Urology*, propose that finasteride has both preventive and treatment effects. In the trial, 10,181 patients were divided into five groups based on their prostate cancer risk, which was determined by a predictive logistic model. The men were also stratified according to prostate-specific antigen (PSA) levels, which were to be no greater than 3.0 ng/mL as per eligibility criteria. The study showed that finasteride treatment resulted in a statistically significant reduction in the risk of prostate cancer in all five risk groups. Additionally, finasteride

reduced the risk of prostate cancer regardless of PSA level; however, the effects of the treatment slightly decreased as PSA levels increased. The researchers concluded that the study results support the clinical use of finasteride to reduce prostate cancer risk. Furthermore, they stress the importance of informing men undergoing PSA screening about the potential benefit of finasteride in reducing this risk.

Stereotactic Radiosurgery Can Extend Survival in Small Recurrent Glioblastomas

According to a report by Dr. Doo-Sik Kong and colleagues in the May 1 issue of *Cancer*, stereotactic radiosurgery is safe and effective in selected patients with recurrent small-sized glioblastomas. Despite the controversy surrounding repeat radiation for recurrent gliomas, some studies have suggested that stereotactic surgery is effective, particularly for glioblastoma. The study evaluated the efficacy of stereotactic radiosurgery as a salvage treatment and its ability to prolong survival time in 114 patients with recurrent grade 3 gliomas and

glioblastomas. The researchers found that the median overall survival (OS) after stereotactic radiosurgery was 26 months in patients with gliomas and 13 months in patients with glioblastomas (1-year OS; 64.1% and 58.4%, respectively). Median progression-free survival (PFS) after stereotactic radiosurgery was 8.6 months in patients with gliomas and 4.6 months in patients with glioblastomas (1-year PFS; 49.4% and 20.5%, respectively). The researchers noted that stereotactic radiosurgery significantly prolonged survival in patients with recurrent glioblastoma, but not in patients with glioma, when compared to historical controls. Although safety was not evaluated, complications of stereotactic radiosurgery were noted; nausea, vomiting, and headache were reported during the study and were usually controlled with steroid medications. Also, 22 of 114 patients showed radiation necrosis on magnetic resonance imaging performed at follow-up. The researchers concluded that stereotactic radiosurgery is a relatively safe and efficacious treatment option for patients with recurrent small-sized glioblastomas; however, the efficacy in recurrent grade 3 gliomas requires further evaluation.

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