

Presurgical Feasibility of Bevacizumab for Nephrectomy-Eligible, Treatment-Naïve Patients with Metastatic Renal Cell Carcinoma

Presentation discussed in this issue:

Jonasch E et al. **Phase II presurgical feasibility study of bevacizumab in untreated patients with metastatic renal cell carcinoma.** *J Clin Oncol* 2009;27(25):4076-81.
[Abstract](#)

Slides from the presentation

Phase II Presurgical Feasibility Study of Bevacizumab in Untreated Patients with Metastatic Renal Cell Carcinoma

Jonasch E et al.

Journal of Clinical Oncology 2009;27(25):4076-81.

Research
To Practice®

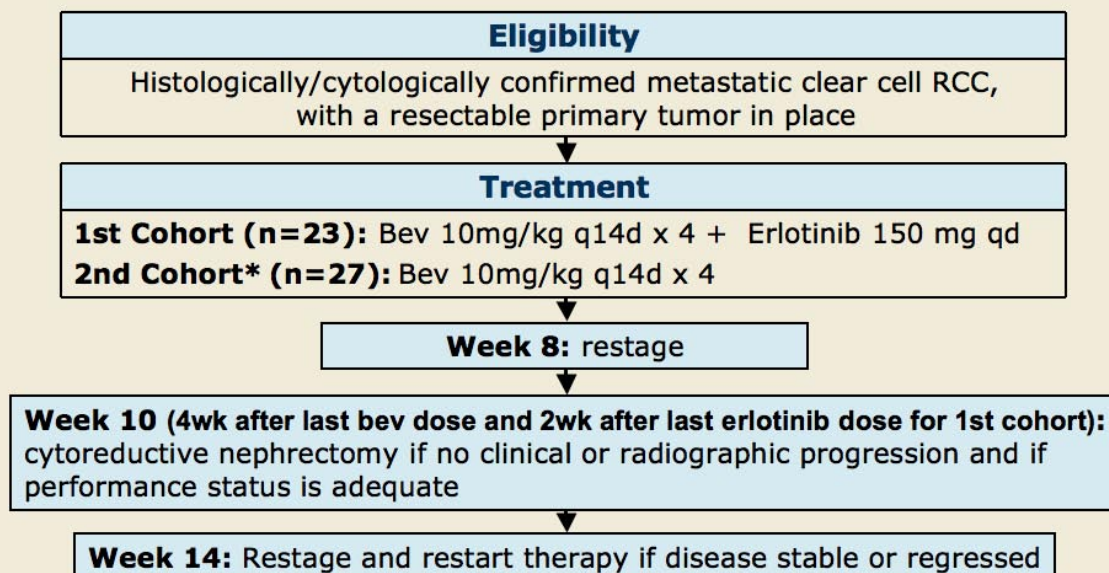
Introduction

- The role of cytoreductive nephrectomy (CN) for mRCC is not well established
 - Two randomized clinical trials demonstrated improved survival of patients who underwent nephrectomy in addition to treatment of metastases with immunotherapy (*NEJM* 2001;345:1655; *Lancet* 2001;358:966)
 - Little attention has been given to the timing of nephrectomy relative to systemic therapy
- Objectives of this single-site prospective study in patients with newly diagnosed, untreated mRCC with intermediate- and poor-risk features:
 - Determine safety of CN after antiangiogenic therapy with bevacizumab (bev)
 - Compare clinical outcomes attained with bev pretreatment to those of nephrectomy followed by antiangiogenic therapy
 - Determine whether bev pretreatment can select for benefit from CN

Source: Jonasch E et al. *J Clin Oncol* 2009; 27(25):4076-81.

Research
To Practice®

Phase II, Non-Randomized, Single-Institution Study



* Study amended after report of no benefit to addition of erlotinib in randomized phase II setting (JCO 2007)

Source: Jonasch E et al. *J Clin Oncol* 2009; 27(25):4076-81.

Research
To Practice®

Perioperative Outcome and Complications

- No report of intraoperative or perioperative complications attributable to study drug
- At four weeks postoperatively, 9 patients (20.9%) had delayed wound healing
 - No treatment delay (n = 5)
 - 20-21 days treatment delay (n = 2)
 - Grade 3, delayed wound healing, preventing resumption of trial therapy (n = 2)
 - Surgical intervention for fascial dehiscence three months after restarting bev therapy (n = 1)
- Postoperative death due to prolonged/challenging operation and deemed unrelated to study drug (n = 2)
- Median overall hospital stay = 5 days

Source: Jonasch E et al. *J Clin Oncol* 2009; 27(25):4076-81.

Research
To Practice®

Clinical Outcomes

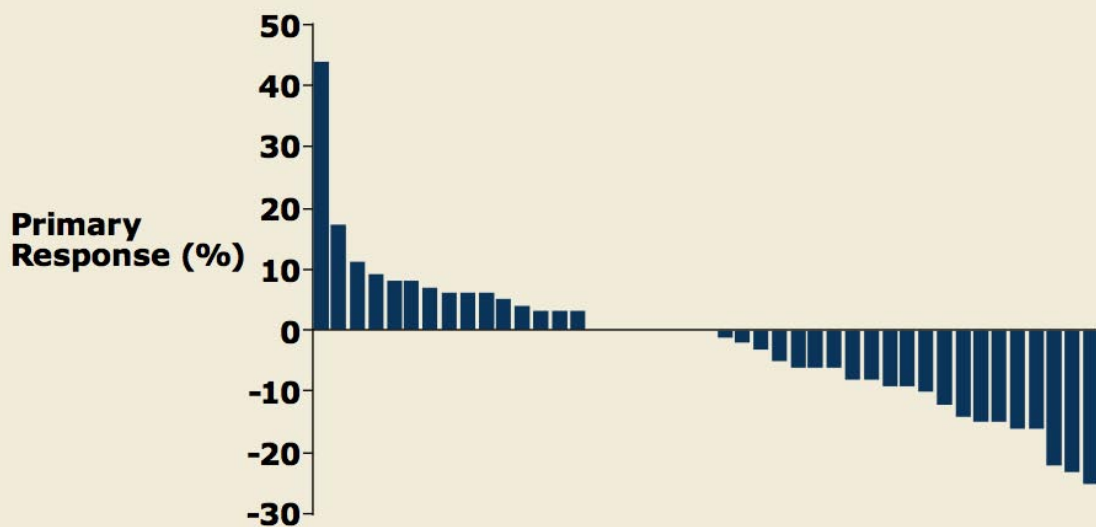
Outcome Variable	Patients (n = 50)
Nephrectomy rate	84%
Median progression-free survival* (PFS)	11.0 months
Median overall survival (OS)	25.4 months
Median response duration	8.3 months
Overall response (OR)	12%
Complete response (CR)	2%
Partial response (PR)	10%

* Time to disease progression from time of first treatment

Source: Jonasch E et al. *J Clin Oncol* 2009; 27(25):4076-81.

Research
To Practice®

Waterfall Plot of Best Response in Primary Tumor Site to Presurgical Bevacizumab for mRCC



52% (23/45 patients with first restaging scans) had primary tumor reduction

Source: With permission from Jonasch E et al. *J Clin Oncol* 2009; 27(25):4076-81. Research To Practice®

Discussion and Conclusions

- Presurgical treatment of mRCC with bevacizumab therapy yields clinical outcomes comparable to post-surgical treatment with antiangiogenic therapy but may result in wound-healing delays
 - Nephrectomy rate = 84%
 - Rate of delay in wound healing = 20.9%
 - Primary tumor regression rate = 52%
- In intermediate- and poor-risk populations, the observed PFS outcomes fall within the prospectively anticipated range for PFS, and OS is comparable to those from studies in the front-line setting
 - Median PFS: 11.0 mos; Median OS: 25.4 mos
- This study was unable to define the role of presurgical systemic therapy for selecting appropriate patients for CN due to lack of randomization and small sample size
- Prospective randomized trials exploring the definitive clinical benefit of this treatment approach are warranted

Source: Jonasch E et al. *J Clin Oncol* 2009; 27(25):4076-81.

Research To Practice®