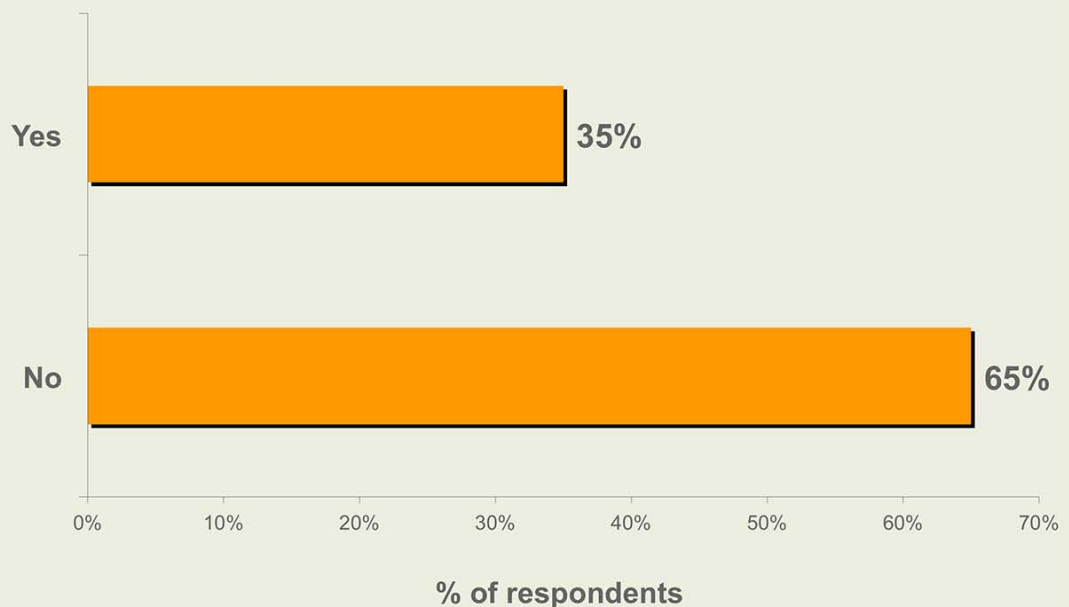


Use of bevacizumab in patients with mSCLC and no evidence of disease in the lungs

An otherwise healthy 60-year-old patient who previously received adjuvant treatment for Stage II squamous cell lung cancer is found on follow-up to have multiple hepatic nodules. Biopsy documents recurrence. Scanning reveals no other sites of disease. Would you administer bevacizumab?



EDITOR'S COMMENTS

Squamous cell histology has long been considered a contraindication to the use of bevacizumab. However, this thinking relates more to concerns about toxicity, specifically hemoptysis, than it does to efficacy. We decided to try to tease out exactly what was driving the issue by asking about a patient with squamous cell lung cancer who, after resection and adjuvant therapy, experienced a recurrence with disease entirely outside the lung. Most GOs and Dr Ramalingam would not use bevacizumab in this situation, but about one third would, including Dr Wakelee, who points out that patients with squamous cell tumors are safely receiving bevacizumab in her adjuvant ECOG-E1505 study.

SELECT REFERENCES WITH LINKS

Hainsworth JD et al. **BRIDGE: An open-label phase II trial evaluating the safety of bevacizumab + carboplatin/paclitaxel as first-line treatment for patients with advanced, previously untreated, squamous non-small cell lung cancer.** *J Thorac Oncol* 2011;6(1):109-14. [Abstract](#)

Johnson DH et al. **Randomized phase II trial comparing bevacizumab plus carboplatin and paclitaxel with carboplatin and paclitaxel alone in previously untreated locally advanced or metastatic non-small-cell lung cancer.** *J Clin Oncol* 2004;22(11):2184-91. [Abstract](#)