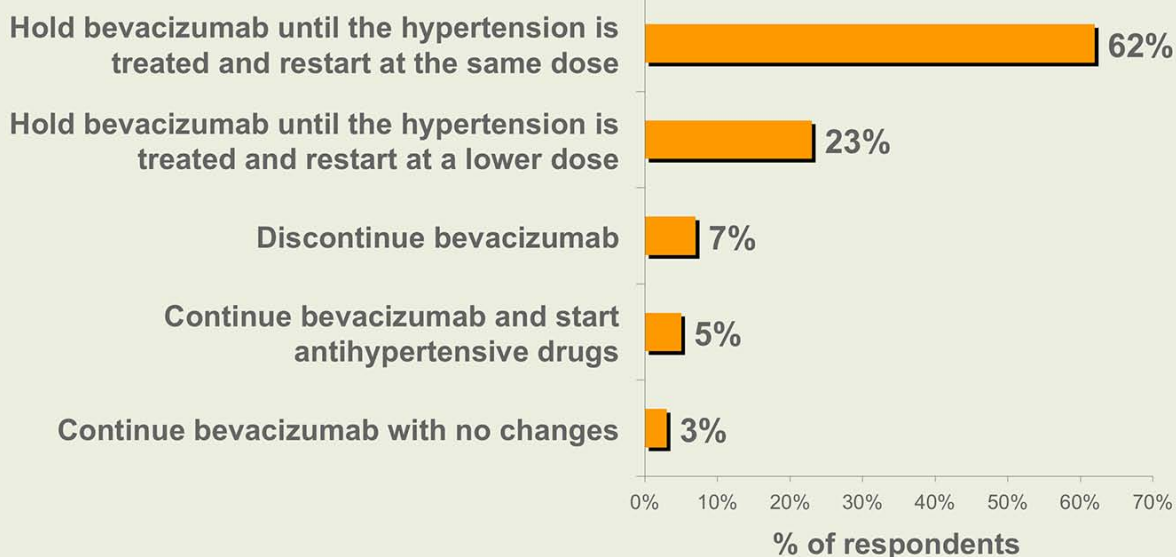


Management of hypertension in patients receiving bevacizumab

A 60-year-old patient with advanced nonsquamous PWT NSCLC receives carboplatin/paclitaxel/bevacizumab and achieves a partial response/stable disease. During the fourth cycle of bevacizumab maintenance the patient develops Stage I hypertension (155/90 mm Hg). What would be your approach to the bevacizumab maintenance?



EDITOR'S COMMENTS

Hypertension is a common toxicity with almost all anti-VEGF agents, and although it is often referred to in discussions, its management is rarely interrogated in a granular fashion. As such, we sought to identify how clinicians approach a patient receiving bevacizumab who develops Stage I hypertension (155/90 mm Hg). Somewhat surprisingly, 85% of oncologists, including Dr Ramalingam, would hold the drug until the blood pressure could be better controlled despite the fact that the package insert only suggests this approach in patients with “severe” hypertension. Dr Wakelee takes a different tack and adds an ACE inhibitor while continuing the drug.

SELECT REFERENCES WITH LINKS

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