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Adding Bevacizumab to Initial Chemoradiation for Glioblastoma Does Not Lengthen Lives [1]

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In a new study, researchers found that adding bevacizumab (Avastin) to first-line (first treatments given) chemoradiation therapy did not lengthen the lives of patients with a common and aggressive type of brain tumor called glioblastoma. Chemoradiation therapy is a combination of chemotherapy, which is the use of drugs to kill cancer cells, and radiation therapy, which is the use of high energy x-rays or other particles to kill cancer cells.

Bevacizumab is a type of targeted therapy, a treatment that targets the cancer's specific genes, proteins, or the tissue environment that contributes to cancer growth and survival. It is approved by the U.S. Food and Drug Administration for people with glioblastoma that has come back after treatment. However, it has been used as a first-line treatment for patients newly diagnosed with glioblastoma despite little evidence that it works in this situation.

This study included 637 patients with newly-diagnosed glioblastoma who received either chemoradiation plus bevacizumab or chemoradiation plus a placebo (an inactive treatment, often called a "sugar pill") after surgery for the tumor. Researchers found that there was little difference in how long patients lived between those who received bevacizumab or a placebo (about 16 months for both groups of patients). They did find that there was a slight difference in how long it took for the disease to worsen, with it taking around three and a half months longer for the disease to worsen for patients who took bevacizumab. Researchers also found that patients who received bevacizumab experienced more side effects.

What this means for patients

"Unless we can identify a group of patients that clearly benefits from early use of bevacizumab, it appears that it should not be used in the first-line setting," said Mark R. Gilbert, MD, Professor of Neuro-Oncology at the University of Texas MD Anderson Cancer Center in Houston.

"Bevacizumab remains an important treatment for glioblastoma, but in most situations it should be saved for later." It is important to remember that treatment options may differ depending on a variety of factors. A treatment that is not recommended early in your treatment may be used

later. Talk with your doctor about your treatment options and how they might change over time.

Questions to Ask Your Doctor

- What type of brain tumor do I have?
- What is the stage/grade? What does this mean?
- What is my prognosis (chance of recovery)?
- What are my treatment options?
- Which treatment plan do you recommend? Why?

For More Information

[Guide to Brain Tumors](#) [2]

[Types of Treatment](#) [3]

[ASCO Expert Corner: Placebos in Cancer Clinical Trials](#) [4]

Links:

[1] <http://www.cancer.net/adding-bevacizumab-initial-chemoradiation-glioblastoma-does-not-lengthen-lives>

[2] <http://www.cancer.net/node/18562>

[3] <http://www.cancer.net/node/25071>

[4] <http://www.cancer.net/node/24390>