NT-24. IPILIMUMAB AND BEVACIZUMAB IN Glioblastoma
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BACKGROUND: Current median survival in glioblastoma is less than a year. Ipilimumab is a monoclonal antibody that inhibits CTLA-4 and has shown significant activity in melanoma including in brain metastases. Evidence of activity in other tumor types is emerging. METHODS: In this single practice case series, 6 patients with glioblastoma were treated with ipilimumab and bevacizumab. Informed consent was obtained from each patient for this ‘off-label’ combination. A review of safety, response and survival was undertaken. RESULTS: 6 patients with glioblastoma were treated, 5 female and 1 male. Median age at initiating treatment was 47 yrs (range 31-55). WHO performance status ranged from 1-4. 4 patients had recurrent disease and 2 patients were treated following first-line palliative chemoradiation. Ipilimumab was dosed at 3mg/kg, q3w for 4 doses then 12 weekly maintenance. Bevacizumab was administered at 10mg/kg, q2w. Concurrent therapies given: GM-CSF (5), valganciclovir (5), temozolomide (3), lomustine (3). Toxicity was evaluated in all patients: fatigue grade 1 and 2 (3), grade 4 (1); diarrhea grade 1 (1); dry skin grade 1 (1); alopecia grade 1 (1). Best responses seen were CR in one patient and PR in one patient. 3 patients are awaiting initial radiological evaluation of response. One patient died from disease progression within 6 weeks of commencing ipilimumab. Response and toxicity data continues to be evaluated. CONCLUSIONS: In this series, combination ipilimumab and bevacizumab has shown promising activity with an acceptable toxicity profile. Optimal dose and timing of use of ipilimumab in the glioblastoma treatment pathway has yet to be determined but warrants further investigation within prospective studies.