AT-18. SURVIVAL ANALYSIS OF PATIENTS WITH A PFS EVENT WHO DID NOT RECEIVE POST-PROGRESSION THERAPY IN AVAglio (BEVACIZUMAB [BEV] PLUS RADIOTHERAPY [RT] AND TEMOZOLOMIDE [TMZ] FOR NEWLY DIAGNOSED Glioblastoma [GBM])

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BACKGROUND: Many patients with GBM only receive one line of therapy. GBM patients who cannot receive post-PD therapy are not easily identifiable at diagnosis and may represent up to 50% of patients (Graus, Neuro Oncol 2013; Chen, Asia Pac J Clin Oncol 2013). Since post-study treatment may confound OS analyses in clinical trials, we evaluated outcomes for AVAglio patients who did not receive post-PD therapy. METHODS: In AVAglio patients (n = 921) received: BEV + RT/TMZ or placebo + RT/TMZ (6wks); 28-day break; BEV + TMZ or placebo + TMZ (x6); BEV or placebo until PD/unacceptable toxicity. Co-primary endpoints: investigator-assessed PFS and OS. Post-PD therapy was received by 321 placebo (69%) and 284 BEV (62%) patients (post-PD BEV: 144 placebo-treated patients, 62 BEV-treated patients). An exploratory analysis of PFS/OS in patients who did not receive post-PD therapy was performed. RESULTS: In the intent-to-treat population, first-line BEV + RT/TMZ extended investigator-assessed PFS versus placebo + RT/TMZ (median 10.6 vs 6.2 months; HR 0.64, 95% CI 0.55-0.74; p < 0.0001) but not OS (median 16.8 vs 16.7 months; HR 0.88, 95% CI 0.76-1.02; p = 0.0987). For patients with PFS events who did not receive post-PD therapy, placebo (n = 105) versus BEV (n = 120), respectively: median OS 8.0 vs 11.6 months (HR 0.67, 95% CI 0.49-0.91); median PFS 4.8 vs 8.4 months (HR 0.62, 95% CI 0.46-0.84). Cox multiple regression for OS treatment effect (adjusted for prognostic factors): HR 0.61, 95% CI 0.42-0.87. Baseline characteristics of patients with PFS events who did not receive post-PD therapy were balanced for standard prognostic factors (age, gender, WHO PS, recursive partitioning analysis class, MGMT status, Mini Mental State Examination score, corticosteroid use). CONCLUSION: In this post-hoc analysis of AVAglio patients in whom the potential confounding effect of subsequent therapies could not impact the effect of first-line therapy, the longer PFS observed with BEV + RT/TMZ (versus placebo + RT/TMZ) was associated with longer OS.