NI-60. RECURRENT PATTERNS OF BEVACIZUMAB MONOTHERAPY FOR RECURRENT PRIMARY Glioblastoma AND PERSPECTIVES ON BEVACIZUMAB-BASED THERAPIES
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BACKGROUND. Prognosis of patients with recurrent glioblastoma (GBM) remains dismal, with median overall survival (mOS) ranging from 7 to 10 months. Currently, bevacizumab (BEV), a monoclonal antibody against VEGF, has been widely used since it prolonged progression-free survival (PFS) accompanied with symptom relief in BEV trials. However, improvement of OS seems modest at most, and issues regarding short survival after BEV failure, invasive relapse, and difficulty in determining true progression remain unsolved. Here we examined the patterns of radiological BEV failure in relationship with survival of several post-treatment periods. METHODS. Twenty-five patients with primary GBM who were treated with BEV monotherapy at recurrence in Kyorin University Hospital since August 2009 were included in this study. Mean age was 55 yo, 13 males/12 females, median KPS was 60 (30-100), and mOS from the initial surgery was 23.2 months. MRI patterns at BEV progression were determined using modified classification by Nowosielsky et al. (Neurology 2014) as follows: 1) T2-diffuse, 2) cT1-flare up, 3) Primary non-responders, 4) T2-circumscribed, and 5) Remote metastasis. RESULTS. mPFS and mOS of BEV monotherapy were 3.4 and 7.6 months, respectively, and post-BEV mOS was 4.7 months. Frequency and BEV-PFS/post-BEV OS were 1) 20%, 3.8/0.8 months; 2) 40%, 3.4/7.1 months, 3) 24%, 0.9/3.3 months, 4) 8%, 3.7/3.9 months, 5) 8%, 2.0/4.2 months. The cT1-flare up recurrent pattern was found most frequently with relatively better survivals, whereas the T2-diffuse recurrence included fatal brain stem invasion in two cases, resulting in poorer prognosis. CONCLUSIONS. BEV monotherapy showed limited survival benefit and the clinical course after BEV failure, invasive relapse, and difficulty in determining true progression remain unsolved. Although RANO criteria have been a standard method to determine progression, measurement of T2/FLAIR hyperintensity remains critically controversial. Efforts to improve BEV-based therapy for recurrent GBM including longitudinal and combined chemotherapy will be also discussed.
NOW ENROLLING
Phase 2b study of IGV-001 in patients with newly diagnosed glioblastoma (NCT04485949)

OBJECTIVES

Key Inclusion Criteria
Patients who take part in the trial* must:
• Have newly diagnosed glioblastoma
• Be 18 to 70 years of age
• Have a KPS score ≥70 (unable to work but able to care for themselves overall)

Key Exclusion Criteria
Patients are not allowed to participate* in the trial if they have:
• A tumor that is on both sides of the brain
• Had previous surgery or anticancer treatment for glioblastoma
• Glioblastoma that came back
• Another cancer† while having glioblastoma or within the last 3 years that is not cured
• A weakened immune system (example: HIV, HBV, HCV) or an autoimmune disorder (example: Crohn’s disease)
• Heart disease or history of heart issues

SAFETY

OBJECTIVE
Safety and tolerability

PRIMARY OBJECTIVE
Progression-free survival

SECONDARY OBJECTIVE
Overall survival

CRITERIA

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*Additional criteria apply. Please refer to protocol 14379-201 for full inclusion and exclusion criteria. †Patients can participate if they had some skin cancers, superficial bladder cancer (cancer that was only on the surface of the lining of the bladder), or carcinoma in situ (cancer that had not spread) of the cervix or breast that had been cured.

HIV, human immunodeficiency virus; HBV, hepatitis B virus; HCV, hepatitis C virus; IGF-1R, insulin-like growth factor 1 receptor; KPS, Karnofsky Performance Scale; RT, radiotherapy; SOC, standard of care; TMZ, temozolomide.

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