ISP-16-6 Side effects of bevacizumab in epithelial ovarian cancer

Nippon Medical School
Rieko Kawase, Keisuke Kurose, Akihito Yamamoto, Koichi Yoneyama, Toshiyuki Takeshita

[Objective] Bevacizumab, a humanized anti-vascular endothelial growth factor monoclonal antibody, has been accepted as a therapeutic strategy for epithelial ovarian cancer. We retrospectively examined ovarian cancer cases treated with bevacizumab in our department. [Methods] Patients with advanced stage (FIGO stage III and IV) or recurrence with a history of fewer than two previous chemotherapy regimens, can be treated with bevacizumab if there are no significant complications such as thromboembolism or gastrointestinal tract disease. We studied side effects in patients who received chemotherapy with bevacizumab between November 2013 and September 2015. [Results] Out of 10 patients who received bevacizumab, 9 had advanced cancer. The adverse events were hypertension (2 cases), proteinuria (1 case) and pulmonary thromboembolism (1 case). Hypertension was controlled with calcium antagonists and angiotensin receptor blockers. A case of pulmonary thromboembolism was found incidentally on computed tomography, and bevacizumab treatment was abandoned. There were no cases of gastrointestinal perforation, bleeding or anaphylaxis. [Conclusion] Hypertension is frequently observed but can be controlled by medication. Since serious complications such as gastrointestinal perforation or thromboembolism require attention, risk factors need to be investigated in each cases.

ISP-16-7 Our experience of bevacizumab in the chemotherapy of ovarian cancer

Juntendo University[1], Juntendo University Nerima Hospital[2], Juntendo University Shizuoka Hospital[3]
Takafumi Ujihira[1], Kazunari Fujino[1], Soshi Kusunoki[1], Yayoi Sugimori[2], Miki Kimura[1], Hiroshi Kaneda[3], Tsuyoshi Ota[1], Yasuhisa Terao[1], Daiki Ogishima[2], Atsuo Itakura[1], Satoru Takeda[1]

[Objective] To evaluate the efficacy of Bevacizumab combination chemotherapy for ovarian cancer in our hospital. [Methods] For pertinent clinical data, we reviewed the hospital records of 46 patients treated by Bevacizumab combination chemotherapy between March 2014 and September 2015. All the patients had recurrent ovarian cancer (n=32) or untreated advanced (FIGO stage III to IV) ovarian cancer (n=14). We investigated the treatment results and Bevacizumab related adverse events. [Results] Median age was 62.0 years (range 30-84). The number of prior chemotherapy regimens 0/1/2/3- was 31.8/38.6/11.4/18.2%, respectively. Median duration of bevacizumab therapy was 9.3 months (range 0.4-18.7 with pauses). In initial therapy (n=14), response rate (RR) was 78%. In recurrence-therapy (n=32), platinum sensitive and sensitive patients were 12 and 20 cases, respectively. RR was 52.3% and 9.1%. Bevacizumab related grade 3-4 adverse event was included GI perforation (2.2%), GI hemorrhage (2.2%), wound-healing complications (4.5%), hypertension (4.5%), and cerebrovascular disease (2.2%). The rare adverse event included grade 2-acute subdural hematoma (2.2%). [Conclusion] In our experience, Bevacizumab combination chemotherapy for initial/recurrent therapy was shown effectiveness with acceptable tolerability in ovarian cancer patients.

ISP-16-8 A study on the efficacy of bevacizumab (BEV) for advanced and recurrent ovarian cancer

Kyushu University
Kiyoshi Aiko, Yoshiaki Kawano, Hiroshi Yagi, Masafumi Yasunaga, Ichiro Onoyama, Eisuke Kaneki, Akimasa Ichinoe, Kaoru Okugawa, Hideaki Yahata, Kenzo Sonoda, Kiyoko Kato

[Objective] BEV is mainly used for initial treatment of advanced ovarian cancer patients in Japan. We herein studied the efficacy of BEV for advanced and recurrent ovarian cancer. [Methods] Medical records of ovarian and peritoneal cancer patients who received chemotherapy with BEV from May 2014 to June 2015 were retrospectively reviewed. All patients provided written informed consent before treatment. [Results] Twenty nine patients (primary treatment, n=8 ; recurrent treatment, n=21) were included in this study. The median age and PS were 64 years old (35-79) and 0 (0-1), respectively. Paclitaxel+carboplatin (TC)+BEV therapy was performed for 8 primary (stage I, n=0 ; stage II, n=1 ; stage III, n=3 ; stage IV, n=4) and 12 sensitive relapse cases. Nine refractory relapse cases received nogitecan (NGT)+BEV treatment. Treatment response was CR, n=3 ; PR, n=7 ; and SD, n=10 (response rate (RR) : 50%) in primary and sensitive relapse cases ; PR, n=3 ; SD, n=4 ; PD, n=2 (RR : 33%) in refractory relapse cases. Adverse effects were detected as follows : intestinal perforation, 1 case (3%) ; high blood pressure, 6 cases (21%) ; leukopenia, 10 cases (34%) ; neutropenia, 19 cases (66%) ; anemia, 2 cases (6.8%) ; thrombocytopenia, 4 cases (14%). [Conclusion] BEV could be effectively used with TC or NGT for advanced and recurrent ovarian cancer.