

Combination of bevacizumab and lomustine with first recurrence of glioblastoma prolongs PFS but not OS

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Results of EORTC trial 26101 presented today at The 20th Annual Scientific Meeting and Education Day of the Society for Neuro-Oncology showed that bevacizumab treatment in patients with progressive glioblastoma, despite prolonged progression-free survival, does not confer a survival advantage.

Prof. Dr. Wolfgang Wick of the Uniklinik Heidelberg and coordinator

of this study says, "The future challenge is to identify those patients deriving benefit from that treatment."

With an annual incidence of approximately five cases per 100,000 persons, gliomas are the most frequently occurring brain tumor in adults. Glioblastomas represent roughly 60-70% of all [gliomas](#), and for this type of glioma there is no curative treatment.

"Standard first line treatment consists of surgical resection followed by radiation and concomitant and adjuvant temozolomide therapy. For recurrence, there are treatment options, but we still have no standard [treatment](#)," points out Dr. Wick. "Phase II data from the BELOB trial had indicated that the combination of bevacizumab and lomustine might produce an overall survival benefit compared with either monotherapy for patients with first progression of a glioblastoma."

EORTC trial 26101 was coordinated by the EORTC Brain Tumor Group and included 437 [patients](#) at 44 sites located in eight countries: Austria, Belgium, France, Germany, Italy, Switzerland, The Netherlands, and the United Kingdom.

Provided by European Organisation for Research and Treatment of Cancer

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