

Drug combo doesn't lengthen glioblastoma survival

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[progression](#) or death, 0.49; 95 percent confidence interval, 0.39 to 0.61; P patients in the monotherapy group. Neither health-related quality of life nor neurocognitive function was affected by adding bevacizumab to lomustine.

"The effect on progression-free survival was not associated with an increase in overall survival, and [combination therapy](#) was associated with increased toxicity," conclude the authors.

Several authors disclosed financial ties to the pharmaceutical industry, including F. Hoffmann-La Roche, which provided funding for the study.

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(HealthDay)—In patients with progressive glioblastoma, treatment with lomustine plus bevacizumab does not confer a survival advantage over treatment with lomustine alone, according to a study published online Nov. 15 in the *New England Journal of Medicine*.

Wolfgang Wick, M.D., from the University of Heidelberg in Germany, and colleagues randomly assigned patients with progression after chemoradiation (2-to-1 ratio) to receive lomustine plus bevacizumab (combination group, n = 288) or lomustine alone (monotherapy group, n = 149 patients).

The researchers found that the median overall survival was 9.1 months in the combination group and 8.6 months in the monotherapy group (hazard ratio for death, 0.95; 95 percent confidence interval, 0.74 to 1.21; P = 0.65). However, locally assessed progression-free survival was 2.7 months longer in the combination group than in the monotherapy group (hazard ratio for [disease](#)

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