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LUNG ALERT

New combination therapy improves survival in non-small cell lung cancer

▲ Sandler A, Gray R, Perry MC, *et al*. Paclitaxel–carboplatin alone or with bevacizumab for non–small-cell lung cancer. *N Engl J Med* 2006;**355**:2542–50.

The survival rate of patients with metastatic non-small-cell lung cancer remains poor even with chemotherapy. This randomised-controlled trial looks at the effect of monoclonal antibody against vascular endothelial growth factor (bevacizumab) in the treatment of patients with metastatic non-squamous-cell, non-small-cell-lung cancer.

Eight hundred and seventy- eight patients with recurrent or advanced non-small-cell lung cancer (stage IIIB or IV) were randomised to receive chemotherapy with paclitaxel and carboplatin alone (444) or paclitaxel–carboplatin and bevacizumab (434). Patients with squamous-cell cancers were excluded from the study because a phase 2 trial had shown serious haemorrhagic events in this sub-group. The primary endpoint of the study was overall survival. The authors report an improvement in median survival by 2 months on addition of bevacizumab to chemotherapy (12.3 months vs 10.3 months). The median progression-free survival in the two groups was 6.2 and 4.5 months, respectively. Surprisingly, the addition of bevacizumab also improved the response to chemotherapy, probably by improving drug delivery to the tumour. The baseline vascular endothelial growth factor (VEGF) levels did not correlate with overall survival.

The addition of bevacizumab resulted in increased treatment related deaths (15 vs 2; $p = 0.001$), mainly due to haemorrhage and neutropenia.

This study does show significant survival benefits of addition of bevacizumab to a chemotherapeutic regimen, for treatment of metastatic non-squamous-cell, non-small-cell lung cancer in a select group of patients, at the risk of increased treatment-related deaths. The exact mechanism by which the survival is improved is not clear as the VEGF levels did not correlate with overall survival.

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