

Gemcitabine in Combination With Bevacizumab in Patients With Advanced Pancreatic Carcinoma

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Purpose: Pancreatic carcinoma is a vascular tumor with poor prognosis. Given the previously reported activity of gemcitabine in pancreatic carcinoma and the potential benefits of targeting the vascular endothelial growth factor pathway with bevacizumab, a phase II study of gemcitabine plus bevacizumab was undertaken to define efficacy and toxicity profiles in patients with advanced pancreatic carcinoma.

Patients and Methods: Twenty-five patients with advanced disease received gemcitabine 1,000 mg/m² on days 1, 8, and 15 of a 28-day cycle and bevacizumab 5 mg/kg was administered on days 1 and 15 until disease progression or unaccepted toxicity.

Results: The objective response rate was 20% and 28% of patients had stable disease. Median overall survival was 8.8 months and median time to progression was 5.8 months, with an estimated 1-year survival of 36%. The most common treatment-related grade 3/4 hematologic toxicities included leukopenia/neutropenia in 4 patients and thrombocytopenia in 2 patients. Nonhematologic toxicities attributable to bevacizumab included bleeding in 5 patients, hypertension in 4 patients, thromboses in 3 patients, proteinuria in 5 patients, and gastrointestinal perforation in 1 patient.

Conclusion: Gemcitabine plus bevacizumab could be safely administered with close monitoring and showed moderate antitumor activity for patients with advanced pancreatic

carcinoma. The high time to disease progression rate is encouraging, and this regimen is worthy of further investigation.