Off-label uses of bevacizumab: renal cell carcinoma and other miscellaneous non-colorectal cancer indications

BlueCross BlueShield Association

Record Status
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Citation

Authors’ objectives
This assessment summarizes and evaluates evidence on outcomes of bevacizumab for clear cell renal carcinoma and other malignancies besides colorectal cancers. For each cancer, evidence on bevacizumab is assessed separately as second- or subsequent-line therapy for advanced or metastatic disease, as first-line therapy for advanced or metastatic disease, or as adjuvant therapy for early stage disease. Another Assessment (Vol. 21, No. 8) summarizes and evaluates evidence on health outcomes of bevacizumab for breast cancer and non-small cell lung cancer.

Authors’ conclusions
An RCT showed that, compared with no second-line therapy, bevacizumab improved PFS of patients progressing after IL-2 therapy (92.95% of those randomized). However, the trial did not detect an effect of bevacizumab on OS. When this RCT was published, no alternative treatments with proven effectiveness were available for these patients. Subsequently, the U.S. Food and Drug Administration approved two new drugs for renal carcinoma, sorafenib and sunitinib. A large phase III RCT for the same indication showed that sorafenib improved OS compared with placebo.

Presently, it is not possible to determine whether outcomes of bevacizumab are at least equivalent to those of sorafenib. Nor is there evidence on the outcomes of bevacizumab for patients who progress after interferon alfa, sorafenib or sunitinib. Thus, no conclusions are possible on outcomes of bevacizumab for patients with metastatic clear cell renal carcinoma that progressed after treatment with IL-2, interferon alfa, sorafenib, or sunitinib.

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Address for correspondence
BlueCross BlueShield Association, Technology Evaluation Center, 225 North Michigan Ave, Chicago, Illinois, USA.
Tel: 888 832 4321 Email: tec@bcbsa.com

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