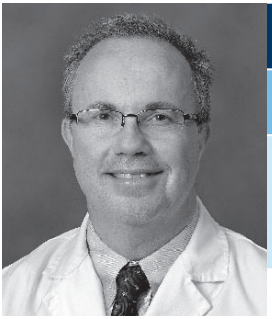

INTERVIEW

Alan B Sandler, MD

Dr Sandler is Professor of Medicine and Division Chief of Hematology and Medical Oncology at Oregon Health and Science University in Portland, Oregon.

Tracks 1-16

Select Excerpts from the Interview

Track 2

DR LOVE: Would you comment on your recent data with advanced NSCLC correlating tumor-related outcome with the presence of hypertension during treatment with carboplatin/paclitaxel and bevacizumab?

DR SANDLER: Hypertension as a potential predictor of benefit from bevacizumab is an interesting concept. In a landmark analysis, patients with hypertension were compared to patients without hypertension. High blood pressure by the end of cycle one was defined as blood pressure greater than 150/100 at any previous time or an increase of at least 20 mm Hg in diastolic blood pressure from baseline. It appears that the development of high blood pressure may be associated with improved outcomes (Dahlberg 2010; [4.1]).

4.1 **Blood Pressure and Outcome After One Cycle of Bevacizumab (Bev) and Carboplatin (C)/Paclitaxel (P) in Advanced Non-Small Cell Lung Cancer**

	CP		CP + bev		*p*-value
	No HBP	HBP	No HBP	HBP	
Median overall survival	10.1 mo	10.3 mo	11.5 mo	15.9 mo	0.0002
Median progression-free survival	4.2 mo	3.6 mo	5.5 mo	7.0 mo	<0.0001

HBP = high blood pressure

Dahlberg SE et al. *J Clin Oncol* 2010;28(6):949-54.

Track 5

DR LOVE: Considering the additional data presented on the use of bevacizumab in NSCLC since the ECOG-E4599 study was first presented, would you revisit the contraindications to bevacizumab in NSCLC?

DR SANDLER: The ECOG-E4599 trial did not include patients with squamous cell histology, and that's still an absolute contraindication. Since that time, data from studies such as PASSPORT have shown that patients with previously treated brain metastases can safely receive bevacizumab (Socinski 2009). Registry trials, such as ARIES and SAiL, have reported that patients with stable anticoagulation seem to fare well while receiving bevacizumab (Wozniak 2010; Lynch 2008).

The issue that challenges me is treatment for a patient with hemoptysis. Who truly has hemoptysis, and who doesn't? I would urge physicians to be conservative. We somewhat empirically use the half-teaspoon measurement as the defining point. My intent is to have something quantifiable to make a distinction between individuals who truly have hemoptysis and gross blood and those who perhaps have a little bronchitis or a recent bronchoscopy and have pink-tinged sputum. If a patient truly has hemoptysis, play it conservatively and do not administer bevacizumab.

DR LOVE: Where are we today in terms of understanding the potential risk factors for pulmonary hemorrhage and cavitation, for example?

DR SANDLER: We and others have attempted to define which patients with nonsquamous NSCLC are at higher risk. In a retrospective analysis of ECOG

Phase II and Phase III data, the only potential risk factor for pulmonary hemorrhage that stood out was baseline hemoptysis (Sandler 2009). During analysis of the ARIES and SAiL data a number of potential factors were investigated, including tumor size larger or smaller than three centimeters, tumor location — central versus peripheral — and baseline cavitation. None of those panned out (Kumar 2010; Wozniak 2010).

Track 8

DR LOVE: What are your thoughts on Mark Socinski's presentation at ASCO 2010 comparing carboplatin/*nab* paclitaxel to carboplatin/paclitaxel in the front-line treatment of metastatic NSCLC?

DR SANDLER: This large randomized study reported improved response rates on the *nab* paclitaxel arm. Patients with squamous cell histology also fared well on *nab* paclitaxel (Socinski 2010; [4.2]). We await data on progression-free and overall survival, which may be presented at ASCO 2011. ■

4.2

Efficacy of Carboplatin/*Nab* Paclitaxel versus Carboplatin/Paclitaxel as First-Line Therapy for Advanced Non-Small Cell Lung Cancer

Response by independent review	Carboplatin/ paclitaxel	Carboplatin/ *nab* paclitaxel	Response ratio*	*p*-value
Response rate — **all patients**	25% (n = 531)	33% (n = 521)	1.31	0.005
Response rate — **squamous histology**	24% (n = 221)	41% (n = 228)	—	<0.001
Response rate — **nonsquamous histology**	25% (n = 310)	26% (n = 292)	—	0.808

* Response ratio > 1 favors *nab* paclitaxel

Socinski MA et al. *Proc ASCO* 2010;**Abstract LBA7511**.

SELECT PUBLICATIONS

Lynch TJ et al. **Preliminary treatment patterns and safety outcomes for non-small cell lung cancer (NSCLC) from ARIES, a bevacizumab treatment observational cohort study (OCS).** *Proc ASCO* 2008;**Abstract 8077**.

Kumar P et al. **Baseline (BL) radiographic characteristics and severe pulmonary hemorrhage (SPH) in bevacizumab (BV)-treated non-small cell lung cancer (NSCLC) patients (pt): Results from ARIES, an observational cohort study (OCS).** *Proc ASCO* 2010;**Abstract 7619**.

Sandler AB et al. **Retrospective evaluation of the clinical and radiographic risk factors associated with severe pulmonary hemorrhage in first-line advanced, unresectable non-small-cell lung cancer treated with carboplatin and paclitaxel plus bevacizumab.** *J Clin Oncol* 2009;27(9):1405-12.

Socinski MA et al. **Safety of bevacizumab in patients with non-small-cell lung cancer and brain metastases.** *J Clin Oncol* 2009;27(31):5255-61.

Wozniak AJ et al. **Clinical outcomes (CO) for special populations of patients (pts) with advanced non-small cell lung cancer (NSCLC): Results from ARIES, a bevacizumab (BV) observational cohort study (OCS).** *Proc ASCO* 2010;**Abstract 7618**.