

DOCETAXEL WITH BEVACIZUMAB VS DOCETAXEL IN METASTATIC CASTRATION RESISTANT CANCER PROSTATE – A PILOT STUDY

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Introduction: Taxane resistance represents a significant challenge in the treatment of metastatic castration resistant Cancer Prostate with survival advantage of 2 months & median disease progression time of 6-8 months.

Aim: To evaluate the efficacy and tolerability of Docetaxel (Docerex) with Bevacizumab (Avastin) vrs Docetaxel (Docetere) in metastatic castration resistant cancer prostate (CRCaP).

Method: A total number of 30 patients of CRCaP were evaluated and grouped in two groups – A & B.

Group A (15 patients) received Inj.Docetaxel (Docerex) 70mg/sq.m every third week along with Inj.Bevacizumab (Avastin) 10mg/Kg of body weight every second week for six months consecutively vrs Group B (15 patients) received Inj.Docetaxel 70mg/sq.m every third weekly for six months consecutively. All the 30 patients were evaluated periodically to ascertain efficacy & tolerability of the drugs, adverse side effects and disease progression both biochemically and radiologically with a median follow up of six months after therapy.

Result: Group A – PSA declined $\geq 50\%$ in 12 patients (80%), disease was stable in 2 patients (13.67%), disease progressed in 1 patient (6.33%).

Group B – PSA declined $\geq 50\%$ in 6 patients (40%), disease was stable in 4 patients (27%) and in 5 patients (33%) disease progression was observed. Non haematological & haematological adverse effects were same in both the groups, excepting Epitaxis & ecchymosis whose incidence was more in Group A. Objective response was better observed in Group 'A' than in Group 'B' – Table 3.

Discussion: Docetaxel with Bevacizumab combination for CRCaP results in better efficacy & disease stability than with only Docetaxel therapy. Though bleeding complications like Epitaxis & Ecchymosis are seen with combination therapy but are manageable.

Conclusion: The small pilot study has clearly shown the combination therapy of Bevacizumab with Docetaxel is more effective & tolerable than with Docetaxel alone in management of CRCaP.