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# Negative Thinking Not Necessarily Depression

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Adding Avastin to standard therapy delayed progression of advanced HER2-negative breast cancer in women without prior treatment.

RIBBON 1, a phase III study of 1,237 women compared different chemotherapy regimens with or without Avastin. Chemotherapies included Xeloda (capecitabine), taxane-, and anthracycline-based therapies. Researchers found that Avastin resulted in better progression-free survival regardless of the chemotherapy regimen, as well as increased response rate. Median progression-free survival with Xeloda/Avastin reached 8.6 months compared with 5.7 months with Xeloda alone. Similarly, the taxane and anthracycline regimens improved median progression-free survival from eight months to 9.2 months with Avastin.

Data on whether Avastin provides an overall survival benefit is not yet complete. However, as expected, the addition of Avastin, a targeted agent that blocks a protein that stimulates blood vessel growth to tumors, increased toxicity, including high blood pressure. Study data will be submitted to the Food and Drug Administration later this year for possible approval of Avastin with chemotherapies other than Taxol as a first-line treatment for advanced HER2-negative breast cancer. The drug is already approved for this population as a first-line therapy with Taxol, as well as for colorectal, lung, and brain cancers.