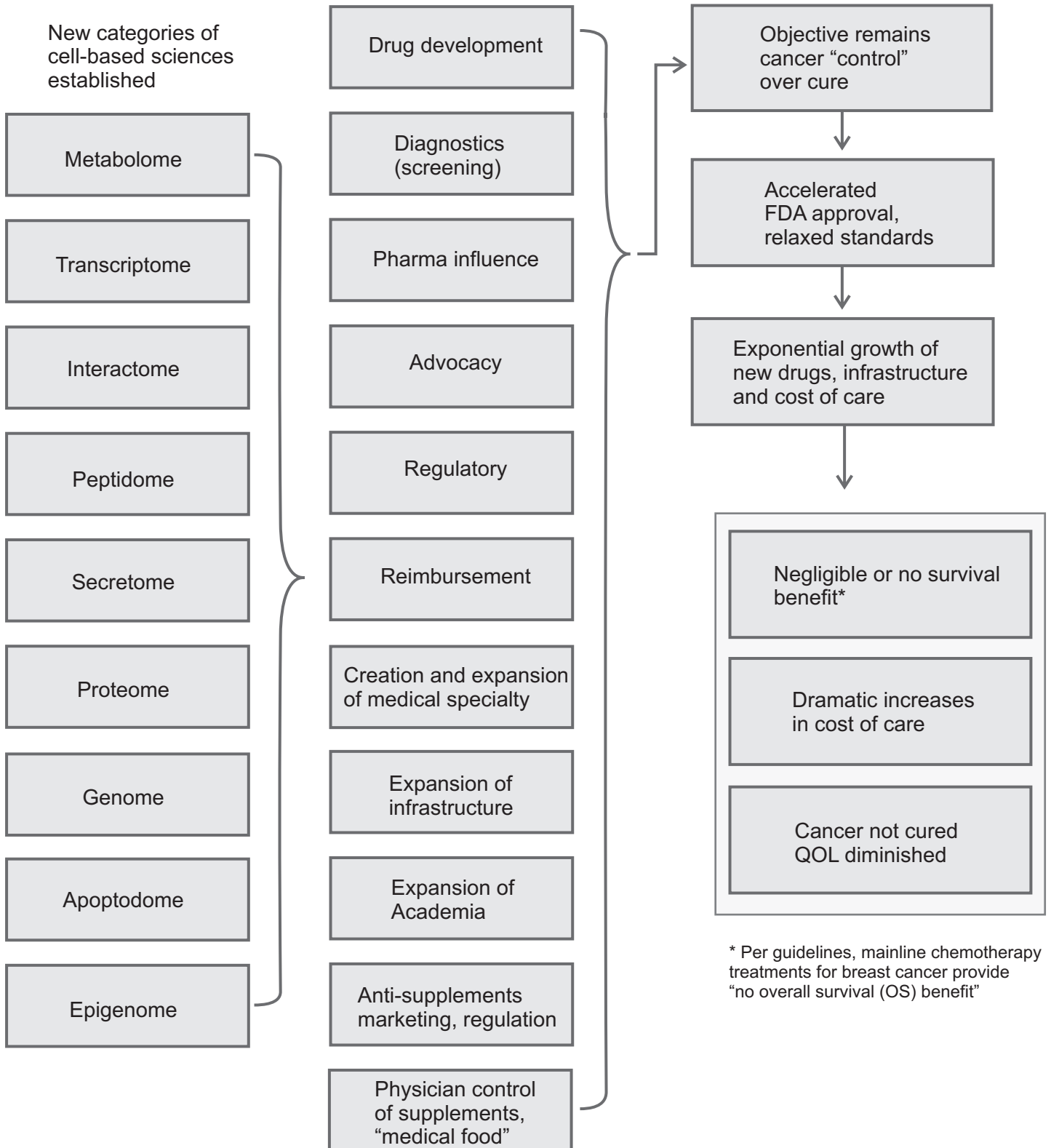


Genetics and Conventional Medicine: Future of Treatment for Cancer and Chronic Diseases



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article excerpt:

“Since one or more of the VEGF ligand family is overexpressed in most solid cancers, there was great optimism that inhibition of the VEGF pathway would represent an effective antiangiogenic therapy for most tumour types. Encouragingly, VEGF pathway targeted drugs such as bevacizumab, sunitinib and aflibercept have shown activity in certain settings. However, inhibition of VEGF signalling is not effective in all cancers, prompting the need to further understand how the vasculature can be effectively targeted in tumours.” (an amazing understatement for known resistance mechanisms!)

Table 1 Randomised trials of anti-angiogenic agents cited in this article

<u>Breast cancer</u>	<u>Treatment</u>	<u>Trial</u>	<u>Outcome</u>
Metastatic 1st line:	Paclitaxel ± bevacizumab	E2100 [40]	Improvement in PFS not OS
	Docetaxel ± bevacizumab (HER-2 negative population)	AVADO [41]	Improvement in PFS, OS NA
	Capecitabine, taxane or anthracycline ± bevacizumab (HER-2 neg pop)	RIBBON-1 [42]	Improvement in PFS but not in OS
	Docetaxel and trastuzumab ± bevacizumab (HER-2 pos pop)	AVEREL [104]	No improvement in PFS, OS NA
	Docetaxel ± sunitinib (HER-2 negative population)	Sun 1064 [45]	No improvement in PFS or OS
	Paclitaxel ± bevacizumab or sunitinib (HER-2 negative population)	SUN 1094 [46]	Inferior PFS for sunitinib arm
<u>Prostate cancer (CRPC)**</u>	<u>Treatment</u>	<u>Trial</u>	<u>Outcome</u>
Metastatic 1st line:	Docetaxel/prednisone ± bevacizumab	CALGB 90401	Improvement in PFS but not OS
	Docetaxel/prednisone ± aflibercept	VENICE [53]	No improvement in PFS or OS

PFS - progression-free survival
OS - overall survival
CRPC - castrate-resistant prostate cancer

Anti-angiogenic therapy for cancer: current progress,
unresolved questions and future directions,
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