

CABARET: Carboplatin and bevacizumab in recurrent glioblastoma study (Part 1)

The CABARET trial is helping researchers answer an important health question. It is providing evidence for oncologists planning treatment for people with advanced brain tumours.

We appreciate the part played by our volunteer participants. This may help to improve the medical treatment of patients in the future.

If you have any questions about the results, please ask the study doctor or your general practitioner.

What was the trial about?

Glioblastoma is not common, but patients usually survive only a short time and there is no effective treatment if the disease recurs after chemotherapy. Glioblastoma is also difficult for carers.

In CABARET, the investigators used a promising new drug, bevacizumab. Two earlier trials had shown that it was safe. However, it was not known whether bevacizumab was better alone or given with chemotherapy. CABARET was designed to answer that question. Secondary questions were whether there was any benefit in continuing bevacizumab after the disease recurred, and what effect the drug had on mental function and quality of life.

Patients were randomly allocated to bevacizumab alone or bevacizumab with carboplatin chemotherapy. Patients were informed which treatment group they were in. All other treatment was the best available standard treatment for the disease.

122 patients were enrolled, 67 men and 65 women, with an average age 55. They started in the trial on average 11 months after their surgery.

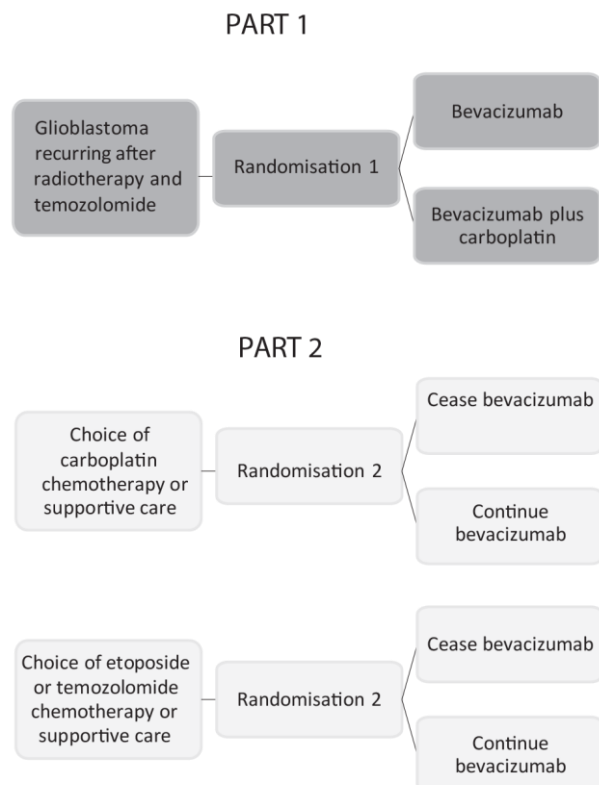
How was the effect of treatment measured?

The main outcome measured was the proportion of patients whose disease had not become worse 6 months after starting treatment. We also looked at how long people lived after the treatment.

Was the new treatment better?

On average the patients in the two groups had similar outcomes. The trial did not show that bevacizumab with chemotherapy was better or worse than bevacizumab alone.

At the 6-month mark, most people's tumours had progressed, regardless of the treatment they received. More than 80% of the patients on the trial had their disease worsen by this time point. The combination treatment did not help people to live longer than bevacizumab by itself.



What were the side-effects of the treatment?

Symptoms and events that are known to occur with bevacizumab or carboplatin treatment were specifically watched for. Some patients had some of these expected symptoms and events. Most patients suffered fatigue and many had high blood pressure. There were some cases of nausea and vomiting, constipation, headache, seizures, weight gain, shortness of breath and joint pain.

Were there any serious side-effects?

One patient died from bleeding and one from bowel perforation, which may have been related to the bevacizumab treatment. One patient had kidney failure, but this could have been due to another drug he was taking.

What does this mean for trial patients?

The single treatment and the combination treatment both benefited some patients, but as expected, the average survival has not been long.

Surviving patients could enter Part 2 of the trial. They were randomly allocated to continue or to stop bevacizumab treatment and they and their doctors could choose whether or not to also have more chemotherapy. Part 2 of the trial is now completed, and the results will be published in 2015.

How will the results help patients and doctors in future?

The results of this trial add to the knowledge that doctors have about treatment options for glioblastoma. The trial investigators also devised a new way of measuring changes in tumours on scans, which may be used by others in the future.

What will the researchers do next?

Some patients responded to the treatments but others did not, so biological differences are being investigated. Tumour tissue from patients is being analysed to look for individual differences in the tumours (molecular or genetic markers).

Where can I find out more about the trial?

Talk with your oncologist.

The trial results have been published in a journal article:

Field KM, Simes J, Nowak AK, Cher L, Wheeler H, Hovey EJ, and others. Randomized phase 2 study of carboplatin and bevacizumab in recurrent glioblastoma. *Neuro-oncology* 2015, volume 17, issue 11, pages 1504–1513. [Link](#)

Australian Cancer Trials

www.australiancancertrials.gov.au

Trial registration

www.anzctr.org.au

Registration number ACTRN12610000915055

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<http://meetinglibrary.asco.org/content/115649-132>

(see link, 'Abstract disclosures').