

A single patient treatment protocol of trc105 combined with standard-dose bevacizumab for a patient with metastatic and refractory gestational trophoblastic neoplasia

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OBJECTIVE To treat multi-drug resistant gestational trophoblastic neoplasia (GTN) with a novel targeted therapy regimen

METHODS A patient with metastatic and refractory GTN was previously treated with a laparoscopic hysterectomy and the following chemotherapy regimens: EMA-CO, EMA-EP, TE-TP, ICE, autologous stem cell, and capecitabine. Despite this she had persistent unresectable disease. Based on preclinical evaluation of endoglin as a target in GTN, a clinical trial investigating TRC105 (anti-endoglin antibody) was initiated. The patient is now being treated in an IRB approved clinical trial of TRC105 10 mg/m² weekly plus bevacizumab 10 mg/kg every other week. Each cycle is 28 days

RESULTS To date the patient has received 5 cycles of TRC105 + bevacizumab. Beta hCG normalized during the 4th cycle (see β hCG curve below). Treatments have been well tolerated. Toxicities have included grade 1 epistaxis, fatigue, and bloody gums, grade 2 headache and gingivitis, and grade 3 hypertension. A TRC105 dose reduction to 8

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mg/m² was required with the 4th cycle secondary to gingivitis. Consolidation therapy is ongoing.

CONCLUSIONS TRC105 + bevacizumab appears to be an active and well tolerated regimen in this patient with multi-drug resistant GTN. Given the observed response a phase II trial of the combination is planned.

