

The DCCC Brain Tumor Center

The Research Center is a member of DCCC and supported by The Danish Cancer Society





A Systematic Review of Targeted Therapy for Neurofibromatosis Type-2 Mutated Vestibular Schwannomas

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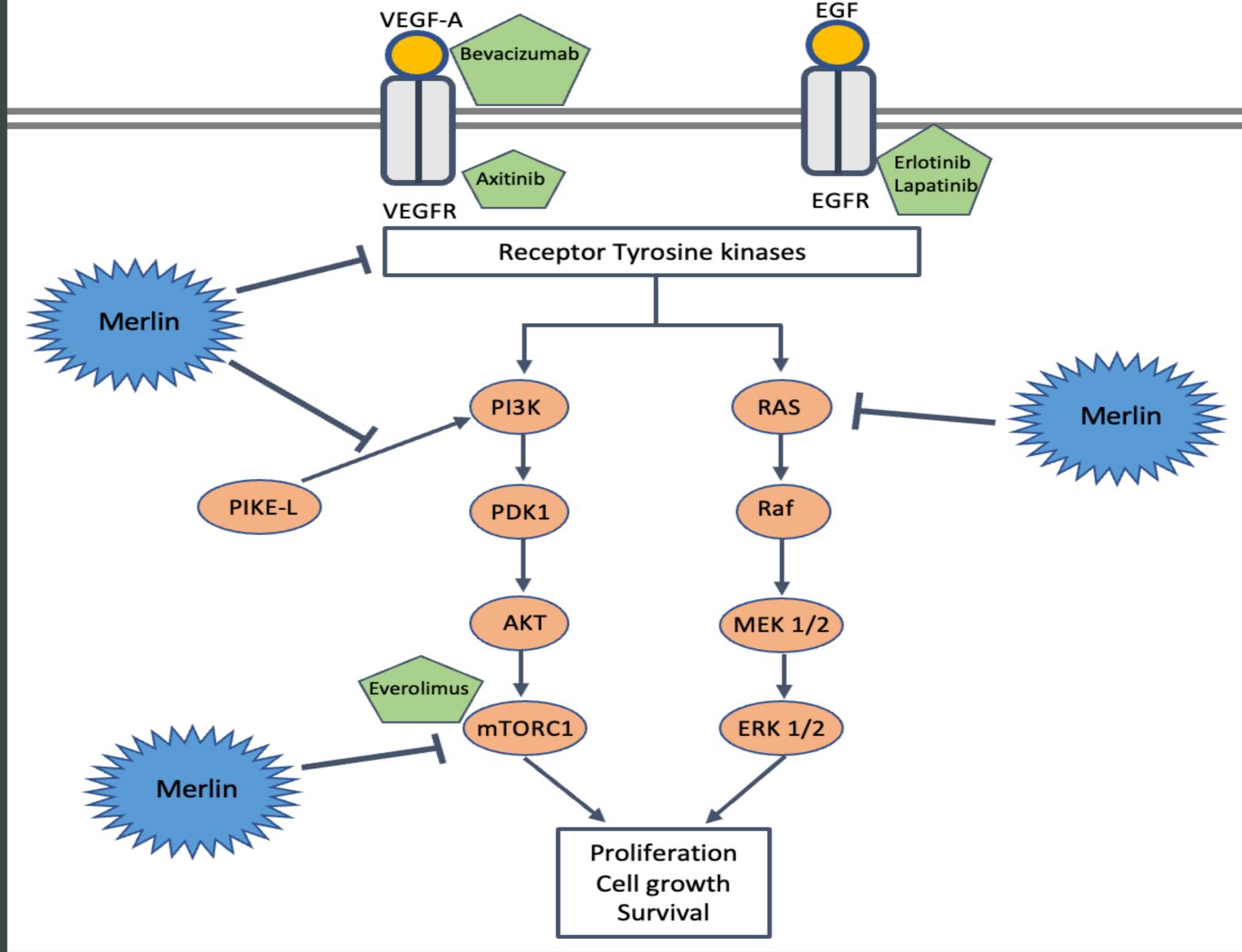
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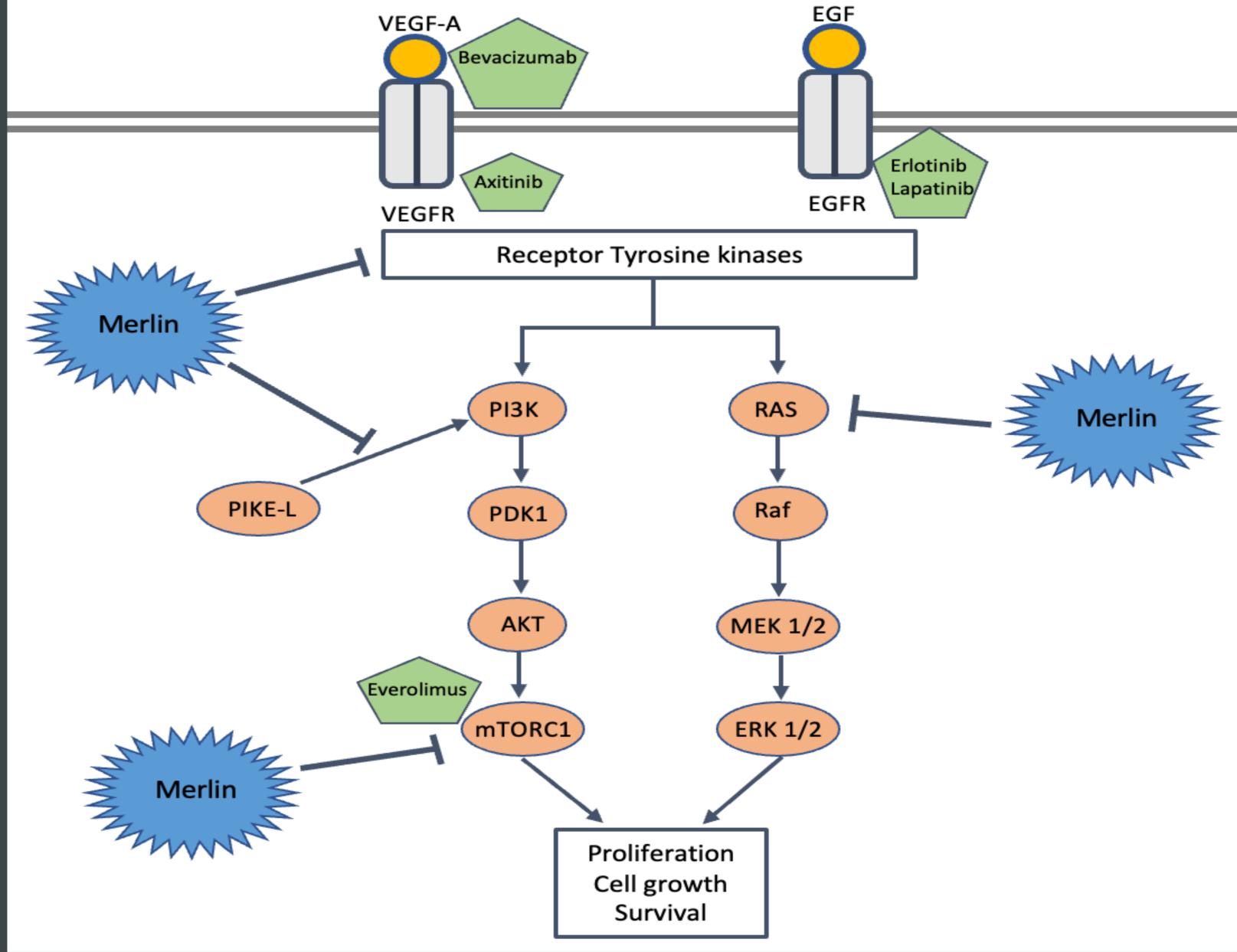
BACKGROUND

Neurofibromatosis type 2 (NF2) is an autosomal dominant tumour pre-disposing syndrome caused by mutations in the NF2 gene. One of its hallmarks is bilateral vestibular schwannomas (VS) causing hearing loss.



Figure 2: Signalling pathways regulated by Merlin





AIM

To summarize the clinical efficacy and safety of targeted agents when treating NF2 patients with VS.

METHODS

Primary outcome

- **Radiographic response:** > 20% decrease in tumour volume, 1)
- **Hearing response:** Significant increase in word recognition scores 2)

Figure 1: Selection process of the studies according to the PRISMA guidelines

Identification of studies via databases and registers

Identification of studies via other methods

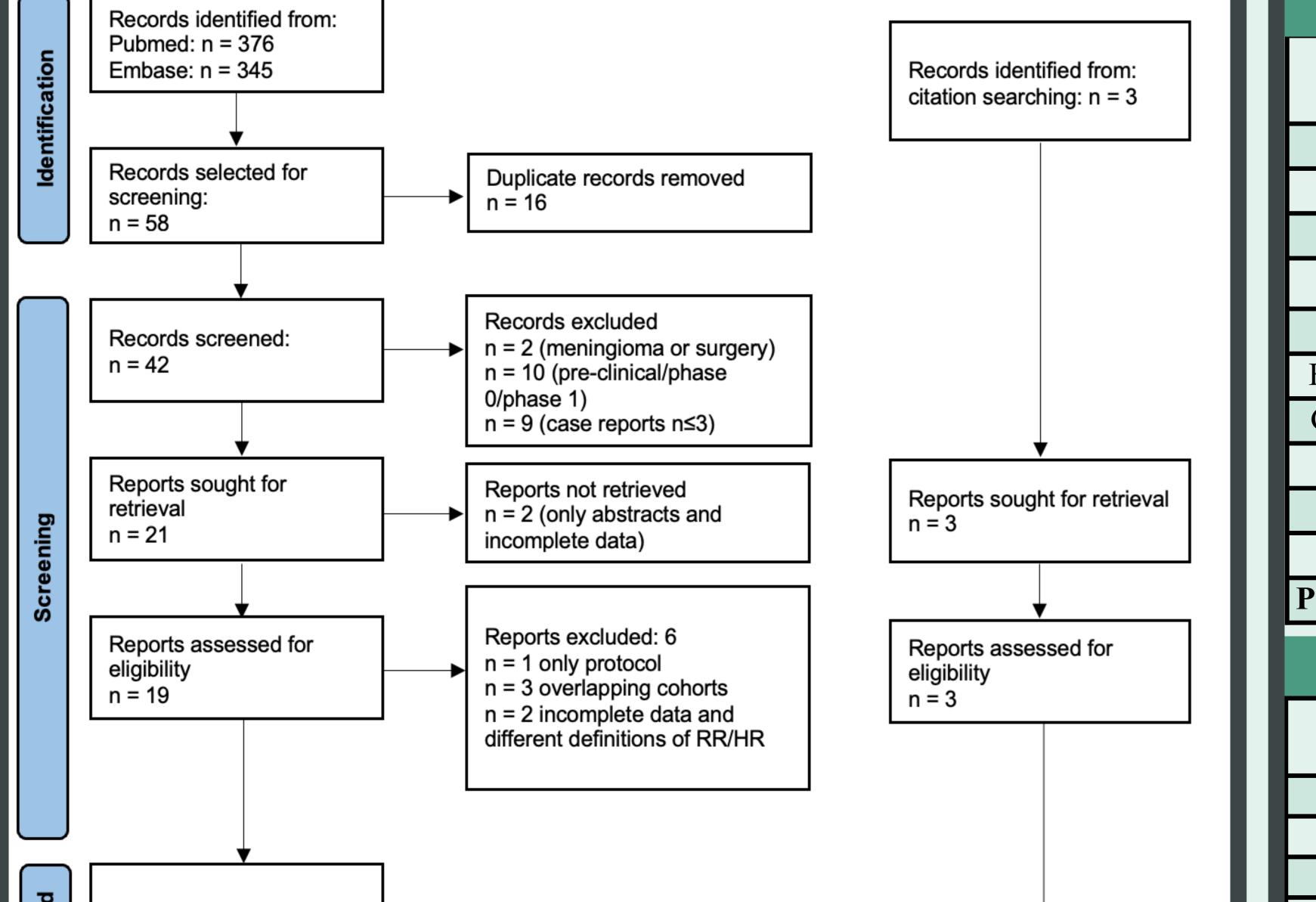


Table 1: Overview of studies investigating bevacizumab									
Study	Cohort size	Dosage and scheduling			Radiographic response	Hearing response			
Morris et al, 2016	61	5mg/kg/2 weeks			32%	45%			
Blakeley et al, 2016	14	7.5 mg/kg/3 weeks			43%	36%			
Plotkin et al, 2019	22	10 mg/kg/2 weeks			32%	41%			
Alanin et al, 2014	12	10 mg/kg/2 weeks			50%	33%			
Plotkin et al, 2012	31	5 mg/kg/2 weeks			55%	57%			
Farsctschi et al, 2015	3	5 mg/kg/2-3 weeks			100%	0%			
Goutagny et al, 2016	16	5 mg/kg/2 weeks			36%	NR			
Hochart et al, 2014	7	5-10 mg/kg/2 weeks			14%	25%			
Sverak et al, 2019	17	5-10 mg/kg every 2-6 weeks			47%	56%			
Renzi et al, 2019	17	5-10 mg/kg/2-3 weeks		12%	62%				
Pooled data (95% CI)	200*	5-10 mg/kg/2-3 weeks		38% (32-45)	45% (36 – 54)				
Table 2: Overview of studies investigating other drugs									
Study and drug		Cohort	R	adiographic	Hearing				
			size		response	response			
Karajannis et al, 2013, Everolimus			10		0%	0%			
Goutagny et al, 2014, Everolimus			10		0%	0%			
Karajannis et al, 2012, Lapatinib			21		6%	31%			

Reports included in review	Plotkin et al, 2010, Erlotinib	11	0%	17%					
j n = 16	Tamura et al, 2019, VEGFR vaccine	7	29%	40%					
	Phadnis et al, 2020, Axitinib	12	17%	25%					
CONCLUSION									
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Bevacizumab was the most effective targeted treatment									
• Hearing response rate of $45\% (36 - 54)$									
• Radiographic response rate of $38\% (32 - 45)$									
• The most common grade 3-4 toxicities were hypertension, proteinuria and menorrhagia									
• A lower bevacizumab dosage (5mg/kg), compared to a higher dosage (10mg/kg) showed similar efficacy and was associated with lower toxicity									
• Other targeted agents, like lapatinib and the VEGF receptor vaccine show				5					