

SNP located in exon 28 of VEGFR-1 corresponding respectively to TAT codon and TAC codon for tyrosine at position 1213. In another aspect, there is provided a pharmaceutical composition comprising an angiogenesis inhibitor comprising bevacizumab or an antibody that binds essentially the same epitope on VEGF as bevacizumab for the treatment of a patient suffering from pancreatic cancer or renal cell cancer, wherein the patient has been identified as more suitably treated with the angiogenesis inhibitor in accordance with the method as defined above.

The present disclosure further relates to a method for improving the treatment effect of chemotherapy of a patient suffering from cancer by adding an angiogenesis inhibitor, such as bevacizumab, based on the genotype at the synonymous T/C SNP located in exon 28 of VEGFR-1 corresponding respectively to TAT codon and TAC codon for tyrosine at position 1213.

Claims

1. An in vitro method of determining whether a patient suffering from pancreatic cancer or renal cell cancer is suitably treated by a therapy with an angiogenesis inhibitor comprising bevacizumab or an antibody that binds essentially the same epitope on VEGF as bevacizumab, said method comprising:

(a) determining in a sample derived from a patient suffering from pancreatic cancer or renal cell cancer the genotype at the synonymous T/C SNP located in exon 28 of VEGFR-1 corresponding respectively to TAT codon and TAC codon for tyrosine at position 1213, and

(b) identifying said patient as more or less suitably treated by a therapy with an angiogenesis inhibitor comprising bevacizumab or an antibody that binds essentially the same epitope on VEGF as bevacizumab based on said genotype, wherein the presence of each T allele at said SNP indicates an increased likelihood that the patient is more suitably treated, or the presence of each C allele at said SNP indicates an increased likelihood that the patient is less suitably treated.

2. The method of claim 1, wherein whether a patient is suitably treated by a therapy with an angiogenesis inhibitor is determined in terms of whether progression-free survival or overall survival is improved.

~~3. The method of any one of claims 1 to 2, wherein the angiogenesis inhibitor is formulated for administration as a co-treatment with a chemotherapeutic agent or chemotherapy regimen.~~

~~4. The method of any one of claims 1 to 3, wherein the angiogenesis inhibitor is formulated for administration with one or more agents selected from the group consisting of interferon alpha and gemcitabine erlotinib.~~

5. —A pharmaceutical composition comprising an angiogenesis inhibitor comprising bevacizumab or an antibody that binds essentially the same epitope on VEGF as bevacizumab for the treatment of a patient suffering from pancreatic cancer or renal cell cancer, wherein the patient has been identified as more suitably treated with the angiogenesis inhibitor in accordance with the method of any one of claims 1 to 4.