


Journal Article



Administration of temozolomide during and after radiotherapy for newly diagnosed high-grade gliomas excluding glioblastoma multiforme

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Abstract Primary brain high-grade gliomas, excluding glioblastoma are rare and heterogeneous tumors, showing different characteristic mutations and a better prognosis than glioblastomas. The addition of chemotherapy to the radiotherapy in the newly diagnosed disease has not been established yet. We treated 9 patients with newly diagnosed tumors with temozolomide at 75 mg/m² for 7 days a week during standard radiotherapy, followed by six cycles at 200 mg/m² on days 1–5 every 28 days. Fluorescence in situ hybridization for the 1 p/19 q loss was performed in seven out of the 9 patients. With a median follow-up of 15 months (range, 8–50), eight patients are alive and one died from disease progression. Four patients had disease progression at 7, 15, 14 and 13 months from the diagnosis. The 1 p/19 q loss was found in 5 patients; three have no evidence of disease, one had partial disease remission and one disease progression. Toxicities included one discitis requiring treatment withdrawal and specific

antibiotic therapy, and one transient grade 3 psoriasiform reaction. Based on this small series of patients, the addition of temozolomide to radiotherapy may be recommended.

Keywords Adjuvant therapy - Concomitant therapy - High-grade glioma - Malignant glioma - Radiotherapy - Temozolomide

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