

ADVERTISEMENT


 Subscribe  
**FULL-TEXT ACCESS.**

ADVERTISEMENT


 High  
 quality  
 article  
 reprints

October 2008, 63:4 &gt; SEQUENTIAL SALVAGE CHEMOTHERAPY...

[< Previous](#) | [Next >](#)

## ARTICLE LINKS:

[Fulltext](#) | [PDF \(131 K\)](#)**SEQUENTIAL SALVAGE CHEMOTHERAPY FOR RECURRENT INTRACRANIAL HEMANGIOPERICYTOMA.****CLINICAL STUDIES**

Neurosurgery, 63(4):720-727, October 2008.  
 Chamberlain, Marc C. M.D.; Glantz, Michael J. M.D., M.P.H.

**Abstract:**

**OBJECTIVE:** Hemangiopericytoma (HPC) is an uncommon primary brain tumor with an almost invariable tendency to recur and metastasize. We undertook a retrospectively collected case series of recurrent intracranial HPCs treated with salvage chemotherapy with the primary objective of evaluating progression-free survival.

**METHODS:** Fifteen patients, ages 26 to 62 years, with recurrent HPC and who were previously treated with surgery and involved-field radiotherapy were studied. Eight (53%) of these patients had undergone re-resection before study entry. Ten patients (67%) were treated with stereotactic radiotherapy. Chemotherapy was administered to 5 patients at first relapse, 8 at second relapse, and 2 at third relapse (none of these patients were candidates for reoperation or stereotactic radiotherapy). Eight patients developed disseminated disease, all with multifocal intracranial disease (5 with cerebrospinal fluid dissemination, 4 with extraneural metastases). All patients were initially treated with cyclophosphamide, doxorubicin, and vincristine (CAV). After disease progression despite the administration of CAV in clinically appropriate patients, [alpha]-interferon ([alpha]-IFN) (9 patients) was administered. Five patients were treated with ifosfamide, cisplatin, and etoposide after they failed to respond to [alpha]-IFN. Neurological and neuroradiographic evaluations were performed every 8 weeks.

**RESULTS:** All patients were evaluable. A median of 4 cycles of CAV; 8 cycles of [alpha]-IFN; and 2 cycles of ifosfamide, cisplatin, and etoposide were administered. Chemotherapy-related toxicity included alopecia (100%), anemia (40%), thrombocytopenia (27%), and neutropenia (40%). Best response included 6 patients (40%) with a neuroradiographic partial response (2 with CAV, 4 with [alpha]-IFN), 14 (93%) had stable disease (9 with CAV, 5 with [alpha]-IFN), and 9 (60%) had progressive disease (4 with CAV, 5 with ifosfamide, cisplatin, and etoposide). The median overall survival was 14 months (range, 2-24 mo).

**CONCLUSION:** Salvage chemotherapy demonstrated modest efficacy with acceptable toxicity in this cohort of adult patients with recurrent surgery- and radiotherapy-refractory intracranial HPC.

Copyright (C) by the Congress of Neurological Surgeons

Copyright © 2008, Congress of Neurological Surgeons. All rights reserved.

Published by Lippincott Williams &amp; Wilkins.

[Copyright/Disclaimer Notice](#) • [Privacy Policy](#)[XML](#) [Subscribe to our RSS feed](#)

 Order  
 Today!