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1: [Pediatr Blood Cancer](#). 2008 Jul 11. [Epub ahead of print]

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Dose intensive melphalan and cyclophosphamide with autologous hematopoietic stem cells for recurrent medulloblastoma or germinoma.

[Kadota RP](#), [Mahoney DH](#), [Doyle J](#), [Duerst R](#), [Friedman H](#), [Holmes E](#), [Kun L](#), [Zhou T](#), [Pollack IF](#).

Rady Children's Hospital, San Diego, California.

PURPOSE: To determine the response, toxicity, and survival for children with progressive or recurrent medulloblastoma and germinoma using a single myeloablative course of chemotherapy supported by autologous hematopoietic stem cells. **PATIENTS AND METHODS:** Subjects were in second remission or had minimal residual disease at the time of study entry. The conditioning regimen consisted of cyclophosphamide 6,000 mg/m² plus melphalan 180 mg/m². **RESULTS:** Twenty-nine evaluable pediatric patients were accrued. The most frequent major toxicities were myelosuppression, infections, and stomatitis, but no toxic deaths were recorded. Best responses were: CR = 6, CCR = 13, PR = 6, SD = 2, and PD = 2. There were 6 medulloblastoma and 3 germinoma survivors with a median follow-up of 7.5 years (range = 2.8-10). Two germinoma survivors received radiotherapy after autografting for presumptive progressive disease. **CONCLUSION:** Myeloablative chemotherapy consisting of cyclophosphamide and melphalan was tolerable in the relapsed brain tumor setting with 19/29 cases achieving CR or CCR status and 9/29 becoming long-term survivors. *Pediatr Blood Cancer* (c) 2008 Wiley-Liss, Inc.

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