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No salvage using high-dose chemotherapy plus/minus reirradiation for relapsing previously irradiated medulloblastoma.

Massimino M, Gandola L, Spreafico F, Biassoni V, Luksch R, Collini P, Solero CN, Simonetti F, Pignoli E, Cefalo G, Poggi G, Modena P, Mariani L, Potepan P, Podda M, Casanova M, Pecori E, Acerno S, Ferrari A, Terenziani M, Meazza C, Polastri D, Ravagnani F, Fossati-Bellani F.

Division of Pediatrics, Fondazione IRCCS Istituto Nazionale Tumori, Milan, Italy. maura.massimino@istitutotumori.mi.it

Abstract

PURPOSE: Myeloablative regimens were frequently used for medulloblastoma relapsing after craniospinal irradiation (CSI): in 1997-2002, we used repeated surgery, standard-dose and myeloablative chemotherapy, and reirradiation.

METHODS AND MATERIALS: In 10 patients, reinduction included sequential high-dose etoposide, high-dose cyclophosphamide/vincristine, and high-dose carboplatin/vincristine, then two myeloablative courses with high-dose thiotepa (+/- carboplatin); 6 other patients received two of four courses of cisplatin/etoposide. Hematopoietic precursor mobilization followed high-dose etoposide or high-dose cyclophosphamide or cisplatin/etoposide therapy. After the overall chemotherapy program, reirradiation was prescribed when possible.

RESULTS: Seventeen patients were treated: previous treatment included CSI of 19.5-36 Gy with posterior fossa/tumor boost and chemotherapy in 16 patients. Fifteen patients were in their first and 2 in their second and third relapses, respectively. First progression-free survival had lasted a median of 26 months. Relapse sites included leptomeninges in 9 patients, spine in 4 patients, posterior fossa in 3 patients, and brain in 1 patient. Three patients underwent complete resection of recurrence, and 10 underwent reirradiation. Twelve of 14 patients with assessable tumor had an objective response after reinduction; 2 experienced progression and were not given the myeloablative courses. Remission lasted a median of 16 months. Additional relapses appeared in 13 patients continuing the treatment. Fifteen patients died of progression and 1 died of pneumonia 13 months after relapse. The only survivor at 93 months had a single spinal metastasis that was excised and irradiated. Survival for the series as a whole was 11-93 months, with a median of 41 months.

CONCLUSIONS: Despite responses being obtained and ample use of surgery and reirradiation, second-line therapy with myeloablative schedules was not curative, barring a few exceptions. A salvage therapy for medulloblastoma after CSI still needs to be sought.

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