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**KARGER** Full Text

### **Preradiation Chemotherapy with ACNU-CDDP in Patients with Newly Diagnosed Glioblastoma: A Retrospective Analysis.**

[Han JH](#), [Park CK](#), [Lee SH](#), [Kim CY](#), [Kim DW](#), [Paek SH](#), [Kim DG](#), [Heo DS](#), [Kim IH](#), [Jung HW](#).

Department of Neurosurgery, Seoul National University Bundang Hospital, Gyeonggi-do, Korea.

**Objective:** We evaluated the benefit of preradiation chemotherapy with ACNU (nimustine) and CDDP (cisplatin) in patients with newly diagnosed glioblastoma by retrospective analysis. **Methods:** A total of 151 patients were newly confirmed to have glioblastoma between January 2000 and December 2004. All patients underwent surgical resection: 38 (25.2%) patients underwent complete resection, 73 (48.3%) underwent incomplete resection and 40 (26.5%) underwent biopsy. Preradiation chemotherapy using ACNU-CDDP was administered as an initial adjuvant therapy for 87 (57.6%) patients (ACNU-CDDP group), radiation therapy was performed in 31 (20.5%) patients (RT group) and the remaining 33 (21.9%) patients were treated with other regimens or refused to undergo further treatment. **Results:** The median survival time was 13 months (95% CI 11.29-14.71), and the overall survival rate was 54.0% at 1 year and 21.3% at 2 years. The differences in median survival time between the complete resection group and biopsy group and between the ACNU-CDDP group and RT group were significant (15.0 vs. 10 months,  $p = 0.028$ , and 16.0 vs. 12.0 months,  $p = 0.036$ , respectively) in the univariate analyses. Even in the multivariate analysis, preradiation chemotherapy using ACNU-CDDP had a significant effect on survival prolongation (HR = 0.628,  $p = 0.042$ ). The usage of temozolomide for adjuvant or salvage therapy also had an independent and significantly positive effect on survival (HR = 0.511,  $p = 0.006$ ). Grade 3 and 4 hematologic toxicities occurred in 28 (32.1%) patients in the ACNU-CDDP group, but there were no treatment-related deaths. **Conclusion:** Preradiation chemotherapy with ACNU-CDDP as an initial therapy for patients with newly diagnosed glioblastoma is feasible and should be assessed in a randomized phase III study. Copyright © 2009 S. Karger AG, Basel.

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