

Abstracts from the 15th Annual Meeting of the Society for Neuro-Oncology (SNO), November 18–21, 2010, Montreal, Quebec, Canada

OT-34. Survival And Toxicity Update Of The Phase 2 Trial Of Bevacizumab (Bv) In Combination With Temozolomide (Tmz) And Radiation Therapy (Rt) Followed By Bv, Tmz, And Irinotecan (Cpt-11) For Newly Diagnosed Glioblastoma Multiforme (Gbm) Patients

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Abstract

BACKGROUND: Newly diagnosed glioblastoma multiforme (GBM) patients receiving temozolomide (TMZ) and radiation therapy (RT), followed by 6 monthly cycles of TMZ have median progression-free survival (PFS) and median overall survival (OS) rates of 6.9 and 15.9 months, respectively. Bevacizumab (BV) has demonstrated a significant therapeutic benefit for recurrent GBM. This study aimed to evaluate the benefit of incorporating BV with RT and TMZ, and CPT-11 and BV to TMZ post-RT therapy for newly diagnosed GBM patients.

METHODS: Patients received standard RT and TMZ at 75 mg/m²/day, with BV at 10 mg/kg every 14 days beginning at least 28 days postoperatively. Afterward, patients received 6 to 12 cycles of TMZ, BV, and CPT-11 (28-day cycle). TMZ was given at a dose of 200 mg/m² on days 1–5, BV and CPT-11 were given on days 1 and 15; BV was given at a dose of 10 mg/kg and CPT-11 at a dose of 125 mg/m² for patients not on an enzyme-inducing antiepileptic drug (EIAED) and at a dose of 340 mg/m² for patients on an EIAED.

RESULTS: For the first 75 patients enrolled, at a median follow-up of 23 months, the median PFS is 14.5 months and the median OS is 21.2 months. One-year and 2-year OS are 79% and 45%, respectively. PFS rates at 1 and 2 years are 63% and 14%, respectively. For recursive partitioning analysis (RPA) class 3, 1-year OS was 100% and 2-year OS was 68%. For RPA class 4, OS dropped from 92% at 1 year to 39% at 2 years. Toxicities for all 125 enrolled patients included 1 CNS hemorrhage, 9 venous thromboembolisms, 2 wound dehiscences, 1 bowel perforation, 17 grade 4 hematologic toxicities, 1 secondary malignancy (AML), and 2 pneumonias of *Pneumocystis jiroveci*.

CONCLUSION: Adding BV to TMZ and RT followed by BV, TMZ, and CPT-11 is tolerable and efficacious. Updated survival and toxicity results for the whole group of 125 patients enrolled will be presented.

http://neuro-oncology.oxfordjournals.org/content/12/suppl_4.toc