

PubMed

U.S. National Library of Medicine
National Institutes of Health

Display Settings: Abstract



J Neurooncol. 2010 Jul 23. [Epub ahead of print]

Combination of 6-thioguanine, capecitabine, and celecoxib with temozolomide or lomustine for recurrent high-grade glioma.

Walbert T, Gilbert MR, Groves MD, Puduvalli VK, Alfred Yung WK, Conrad CA, Bobustuc GC, Colman H, Hsu SH, Nebiyu Bekele B, Qiao W, Levin VA.

Department of Neuro-Oncology, Unit 0431, The University of Texas M. D. Anderson Cancer Center, 1515 Holcombe Blvd, P.O. Box 301402, Houston, TX, 77230-1402, USA.

Abstract

We evaluated the efficacy of temozolomide (TMZ) or lomustine (CCNU) in combination with 6-thioguanine, capecitabine, and celecoxib for the treatment of recurrent high-grade glioma. Forty-three patients with recurrent glioblastoma and 31 patients with recurrent anaplastic glioma (AG) were enrolled in this open-label, non-comparative study. Patients previously treated with TMZ received CCNU while all others received TMZ; all patients received 6-thioguanine, capecitabine, and celecoxib. Endpoints were 12-month progression-free survival (PFS) for patients with AG, 6-month PFS for patients with glioblastoma, duration of PFS, and MRI-based objective response rates. Results from the TMZ and CCNU treatment arms were combined in the final analysis because there was no statistically significant difference between them. Thirty-eight patients with glioblastoma were treated with the lomustine-based regimen, and five received the TMZ-based regimen. For the 43 glioblastoma patients, the objective response rate was 12 and 33% had stable disease; the 6-month PFS was 14% and median overall survival 32 weeks. For the 31 AG patients, the combined objective response rate was 26 and 42% had stable disease; the 12 month PFS was 44%. Treatment was reasonably well tolerated with hematological toxicity common and more frequent with CCNU than TMZ. The combination therapy with 6-thioguanine, capecitabine and celecoxib plus CCNU or TMZ does not appear to be more effective than other alkylating agent schedules for patients with recurrent glioblastoma. The combination, however, is promising for patients with recurrent high-grade AG.

PMID: 20652724 [PubMed - as supplied by publisher]

[LinkOut - more resources](#)