

PubMed

Display Settings:  Abstract

J Clin Neurosci. 2011 Aug 1. [Epub ahead of print]

## Phase 2 trial of temozolomide and pegylated liposomal doxorubicin in the treatment of patients with glioblastoma multiforme following concurrent radiotherapy and chemotherapy.

Ananda S, Nowak AK, Cher L, Dowling A, Brown C, Simes J, Rosenthal MA; for the Cooperative Trials Group for Neuro-Oncology (COGNO).

Department of Medical Oncology, Royal Melbourne Hospital, Grattan Street, Victoria 3050, Australia.

### Abstract

Concurrent and post-radiotherapy temozolomide (T) significantly improves survival in patient with newly diagnosed glioblastoma multiforme. We aimed to assess the activity of the combination of T and pegylated liposomal doxorubicin (PLD) in this population. A combination of T (days 1-5, 200mg/m<sup>2</sup>) orally and PLD (day 1, 40mg/m<sup>2</sup>) intravenous was given every 4weeks for six cycles following chemo-radiotherapy as a post-operative treatment. The primary endpoint was 6-month progression free survival (6PFS). Of the 40 patients who enrolled (53years median age, 73% male), the 6PFS was 58% (95% confidence interval [CI], 41-72%). The median time to progression was 6.2months (95% CI, 5.6-8.0months) and overall survival (OS) was 13.4months (95% CI, 12.7-15.8months). Thirty-four patients had measurable disease: one had a complete response (3%), 28 had stable disease (82%), and five had progressive disease (15%). Treatment was well tolerated: hematological toxicity included grade 3 neutropenia (8%). Grade 3 non-hematologic toxicity included nausea and vomiting (8%) and palmar-plantar toxicity (5%). We concluded that combination T and PLD is well tolerated but does not add significant clinical benefit regarding 6PFS and OS.

Crown Copyright © 2011. Published by Elsevier Ltd. All rights reserved.

PMID: 21813279 [PubMed - as supplied by publisher]

 **LinkOut - more resources**