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Display Settings: Abstract[Neurol Sci.](#) 2011 Oct 7. [Epub ahead of print]**Lecture: fotemustine in brain tumors.**[Silvani A](#), [Gaviani P](#), [Lamperti E](#), [Botturi A](#), [Ferrari D](#), [Simonetti G](#), [Salmaggi A](#).Neuro-Oncology Unit, Fondazione IRCCS Istituto Neurologico Carlo Besta, 11 Via Celoria, 20133, Milan, Italy, silvani.a@istituto-besta.it.**Abstract**

Fotemustine (FTMS) is a third-generation nitrosourea, in preclinical studies, FTMS compared favorably with carmustine (BCNU) and lomustine (CCNU) against several human tumor cell lines. In conventional schedule, FTMS is administered at a dose of 100 mg/sqm/week for three consecutive weeks as induction (I) treatment, followed by 100 mg/sqm every three weeks, after a 5-week rest, as maintenance (M). Several Italian groups reported the results using FTMS in malignant glioma patients recurring after temozolomide standard treatment. In these papers, the 6-progression free survival are ranging from 20 to 52%. With the schedule (I + M) myelosuppression is observed in more than 30% of patients, and thrombocytopenia and leukopenia are more frequent and significant in Temozolomide pretreated patients. On the bases of the hematological toxicities several authors experimented new schedules of FTMS administrated at low doses. Recently, some authors reported the interesting results of a multicenter study on recurrent glioblastoma multiforme patients combining FTMS with new antiangiogenic agent bevacizumab.

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