Low-dose Fotemustine as Second-line Chemotherapy for Recurrent Glioblastoma Multiforme.

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Abstract
Aim: To test if fotemustine administrated at low doses during the maintenance phase of glioblastoma therapy could improve the toxicity profile, without reducing progression-free survival at six months (PFS-6).

PATIENTS AND METHODS: Patients enrolled were affected by recurrent glioblastoma multiforme, proven by magnetic resonance imaging (MRI), at least six months after radiochemotherapy completion. Fotemustine was administered at an induction dose of 100 mg/m(2) followed by a maintenance dose of 75 mg/m(2).

RESULTS: All 15 patients completed the induction phase. Eight patients began maintenance-phase therapy and received a median of three cycles (range=2-6). Grade 3 or more haematological toxicity was not documented. The PFS-6 was 5/15 and the median overall survival was 7.5 months.

CONCLUSION: Haematological toxicity compares favourably with trials using the conventional scheme: no grade 3-4 adverse effects were recorded. This low-dose approach could be considered a compromise treatment whilst waiting for definitive standardization of second-line therapy, in order to reduce severe hematological toxicity.

KEYWORDS: Fotemustine, chemotherapy, glioblastoma, low-dose, second-line therapy

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