What constitutes activity of systemic therapy in recurrent meningioma?

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Norden et al. conducted a single arm Phase II trial of the somatostatin analogue pasireotide LAR in patients with surgery and radiation refractory recurrent meningioma. [1] Results were analyzed based on radiographic response and 6-month progression free survival (PFS-6). Two cohorts of patients were studied, 18 patients with WHO Grade II or III meningioma and 16 patients with Grade I meningioma.

No radiographic responses were seen recapitulating these results in any other study of systemic therapy for recurrent meningioma. [2] Similarly, radiation therapy, commonly used in the treatment of meningioma, rarely results in a radiographic response. Based upon a recent RANO meningioma working group analysis regarding systemic treatment of meningioma, PFS-6 was believed to represent the most clinically germane endpoint. [3] In the study conclusions by Norden et al., [1] the statement that there was no significant activity of pasireotide LAR was perplexing as the WHO Grade I cohort manifested a PFS-6 of 50%, strikingly better than the historical weighted PFS-6 of 29% in similar patients. If a rate of 50% stability at 6-months is considered insufficient for further study, what constitutes an active agent? In recurrent gliomas trials, studies demonstrating a 20% increase above historical benchmarks are generally considered an agent warranting further study and development. [4,5]


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