

Brain Cancer

Highlights from the 2009 Annual Meeting of the American Society of Clinical Oncology

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20 Combination Treatments for Glioblastoma

Bevacizumab, Temozolomide, and Radiation Treatment (p 20)

Adding bevacizumab (Avastin) to standard treatment may help people go longer without their brain cancer returning.

Vaccine, Temozolomide, and Radiation Treatment (p 21)

A vaccine plus temozolomide (Temodar) may help people with brain cancer to live longer.

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An oral drug known as XL184 may become an effective way to fight brain cancer.

The most common type of brain tumor is the glioma, which arises in the supportive tissue of the brain. Not all gliomas are cancerous, but most—80 percent—are. And more than half of all gliomas are a quickly spreading form known as glioblastoma multiforme, the type of brain tumor discussed in this chapter.

Combination Treatments for Glioblastoma

BEVACIZUMAB, TEMOZOLOMIDE, AND RADIATION TREATMENT

Adding bevacizumab (Avastin) to standard treatment may help people go longer without their brain cancer returning.

Two clinical trials have shown that adding bevacizumab to standard treatment may help people who have been newly diagnosed with glioblastoma multiforme. In the first study,

researchers found that more than a year after treatment started, 60 percent of patients in the study who received bevacizumab were tumor-free. In the second study, it took longer for the cancer to grow in those treated with bevacizumab (13



months) than in those who received only standard treatment (eight months).

The standard treatment for people with glioblastoma is temozolomide (Temodar) and radiation. In these clinical

trials, participants received bevacizumab in addition to their standard treatment. In the first study, they also

received a combination of bevacizumab, temozolomide, and irinotecan (Camptosar and others).

Bevacizumab has been used for people with metastatic colon cancer (cancer that has spread from the colon to other parts of the body), as well as cancer of the rectum, lung, and breast.



The scientists who conducted these clinical trials called bevacizumab an exciting addition to brain cancer treatment, saying it is a promising drug for newly diagnosed brain cancer.

VACCINE, TEMOZOLOMIDE, AND RADIATION TREATMENT

A vaccine plus temozolomide may help people with brain cancer to live longer.

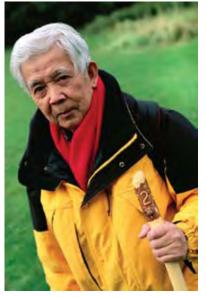
Two recent studies have shown that people with newly diagnosed glioblastoma who were treated with a vaccine called CDX-110 along with the standard drug temozolomide lived longer without their cancer growing than people who did not receive this combination.

Patients received the new combination treatment of the vaccine and temozolomide after having had surgery for their cancer. They then received radiation treatment plus temozolomide.

The vaccine is intended to improve the immune system's

response to the tumor. (The immune system is the body's natural defense against bacteria, viruses, and tumor cells.) When combined with temozolomide, the vaccine offers a better treatment than just temozolomide alone. According to the findings of this clinical trial, temozolomide also appears to improve the immune response without limiting the effects of the vaccine.

Researchers are encouraged by this trial because it may increase the treatment options for this type of cancer.



The combination treatment is being studied further in a larger clinical trial.

On the Horizon

XL184 FOR ADVANCED BRAIN CANCER

An oral drug known as XL184 may become an effective way to fight brain cancer.

According to the early results of an ongoing clinical study, an oral drug called XL184 may become a beneficial treatment for people who have glioblastoma

multiforme that does not respond or no longer responds to other treatment. XL184 appeared to shrink the tumor by at least 50 percent in about one-third of patients treated. The drug helped many to go longer without their cancer growing.

Researchers believe that these positive results support further study of XL184 in people with this type of brain

cancer. They will continue to enroll patients in this clinical trial, and a lower dose of XL184 will be used.

Please note: Although the treatments discussed in this chapter are showing promise, most are still in clinical trials—some in earlier phases of research—and may not be available yet to the general public. Your doctor can help guide you as to which new medications could be right for you and whether you are eligible to take part in the clinical trials of these new treatments.