RT-20. DELAYING RADIOTHERAPY IN 1p19q CO-DELETED AND PARTIALLY DELETED GLIOMAS
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BACKGROUND: Radiotherapy with procarbazine, lomustine and vincristine improves overall survival (OS) in patients with 1p19q codeleted anaplastic oligodendroglioma (AOD)/anaplastic oligoastrocytoma (AOA). This retrospective study investigates outcomes with upfront temozolomide (TMZ) deferring radiotherapy in 1p19q codeleted/partially deleted AOD, AOA, oligodendroglioma (OD) or oligoastrocytoma (OA). METHODS: Patients with 1p19q codeleted/partially deleted AOD, AOA, OD and OA were analyzed for OS and progression-free survival (PFS) using Kaplan-Meier method. RESULTS: A total of 106 patients (Dec 97-Dec 13) were included. Median age was 40 years (19-66), 58 (55%) male, performance status (PS) 0 in 80 (75%) patients. 1p19q status; codeleted in 66 (62%), incompletely codeleted in 27 (25%), 1p or 19q loss alone in 4 (4%) and 9 (8%) patients respectively. Reason for presentation was seizures in 79 (75%), frontal lobe tumor location in 62 (58%) and contrast enhancement in 50 (47%). Upfront treatment was given in 72 (68%) patients; TMZ alone in 52 (49%) was well tolerated with med 12 cycles (1-24). Median time to radiotherapy in 47 patients (44%), 34.7mo. Median time to radiotherapy in AOD, AOA, OD, OA was 22.4mo, 1.4mo, 43.2mo and 43.4 mo respectively, given in median 3rd line of treatment (range 2-4), 41.2 mo (16.3-93.2) in 9 patients with codeleted/incompletely codeleted AOD who received upfront TMZ alone. Median OS was not reached for all groups (median follow up 5.1yrs). Median time to treatment for 36 patients with 1p19q codeleted/partially deleted AOD/AOA treated with TMZ alone upfront was 49.5 days (range 9-2248), median PFS was 46.3 months. On multivariable analysis, PS 1 vs 0 (Hazard ratio [HR]2.78, 95%confidence interval[CI] 1.57-4.93, p < 0.001) and 1p19q codeletion/incomlete deletion vs 1p or 19q loss alone (HR0.36, 95%CI 0.18-0.74, p = 0.005) were prognostic for PFS. Isocitrate dehydrogenase-1 status is pending. CONCLUSION: Delaying radiotherapy in 1p19q codeleted/incompletely deleted AOD/AOA may be a treatment option.
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Phase 2b study of IGV-001 in patients with newly diagnosed glioblastoma (NCT04485949)

OBJECTIVES

- **PRIMARY OBJECTIVE**
  - Progression-free survival

- **SECONDARY OBJECTIVE**
  - Overall survival

- **SAFETY OBJECTIVE**
  - Safety and tolerability

Key Inclusion Criteria

- Patients who take part in the trial* must:
  - Have newly diagnosed glioblastoma
  - Be 18 to 70 years of age
  - Have a KPS score ≥70 (unable to work but able to care for themselves overall)

Key Exclusion Criteria

- Patients are not allowed to participate* in the trial if they have:
  - A tumor that is on both sides of the brain
  - Had previous surgery or anticancer treatment for glioblastoma
  - Glioblastoma that came back
  - Another cancer† while having glioblastoma or within the last 3 years that is not cured
  - A weakened immune system (example: HIV, HBV, HCV) or an autoimmune disorder (example: Crohn’s disease)
  - Heart disease or history of heart issues

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- imvax.com/patients-families
- clinicaltrials.gov/ct2/show/NCT04485949

*Additional criteria apply. Please refer to protocol 14379-201 for full inclusion and exclusion criteria.  †Patients can participate if they had some skin cancers, superficial bladder cancer (cancer that was only on the surface of the lining of the bladder), or carcinoma in situ (cancer that had not spread) of the cervix or breast that had been cured.

HIV, human immunodeficiency virus; HBV, hepatitis B virus; HCV, hepatitis C virus; IGF-1R, insulin-like growth factor 1 receptor; KPS, Karnofsky Performance Scale; RT, radiotherapy; SOC, standard of care; TMZ, temozolomide.

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