ATCT-25. LONG-TERM REMISSION OVER 5 YEARS FOR PATIENT WITH RECURRENT GliOBlastoma TREATED WITH CEDIRANIB/LOMUSTINE

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BACKGROUND: Cediranib is an orally available pan-VEGFR tyrosine kinase inhibitor. Previously phase III study in patients with recurrent glioblastoma did not meet primary end of progressive-free survival (PFS) [J Clin Oncol. 2013 Sep 10; 31(26): 3212-3218].

METHODS: We identified 1 patient, 53-year old Caucasian female, who developed tumor progression of left posterior frontal 1.2 x 1.5 cm in February, 2009 following surgery on 10/15/08 and concurrent temozolomide (TMZ) and radiation therapy from 11/8/08 -1/6/09 with one cycle of maintenance TMZ. She was enrolled in a randomized, phase III, placebo-controlled, partially blinded clinical trial of cediranib either as monotherapy or in combination with lomustine (CCNU) versus CCNU.

RESULTS: She was randomized to receive a combination therapy with 1st cycle CCNU 190 mg and cederanib 20 mg/day on 4/13/09. Four weeks later, she developed grade 4 thrombocytopenia (17,000) associated with gum bleeding and dizziness. She received a platelet transfusion. She continued with cediranib alone and 2nd reduced CCNU 100 mg was delayed till 6/16/09, 3rd CCNU on 2/2/2010. She developed hypertension, proteinuria and diarrhea from cediranib in April of 2010 and she continued with reduced dose to 15 mg/day alone without CCNU. However, she developed nephrotic syndrome and poorly controlled hypertension and was taken off this study in May 2010. At 6-week MRI showed 50% tumor regression (PR) and complete response at 24-weeks. With no enhancement seen on MRI on 6/4/15, she has been off therapy and in clinical remission over 5 years with high functional level and good quality of life (KPS 90%).

CONCLUSION: This is a case report of successful therapy for recurrent glioblastoma with long term remission despite termination of therapy > 5 years from cediranib and limited CCNU dosage.