

Poster Discussant: Zhong-ping Chen
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Glioma treatment: Options & outcome

120PD	An estimation of the population-based survival benefit of first-line chemotherapy for adult primary malignant brain tumour	Viet Do, AU
121PD	Two different treatment options for patients with recurrent glioblastoma in the same hospital	Patricia Ramirez, ES

Disclosure slide

- For this presentation: nothing to declare)

An estimation of the Population-based Survival Benefit of First-line Chemotherapy for Primary Malignant Brain Tumour

Dr Viet Do

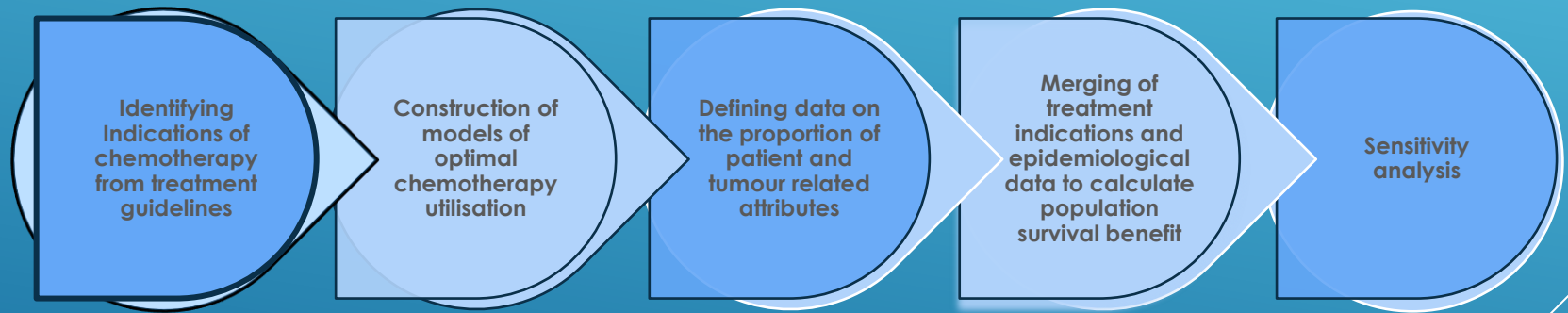
Supervisors:

Prof MB Barton -Thesis Supervisor

Prof GP Delaney -Thesis co-supervisor

Dr Weng Ng -Thesis co-supervisor

Method: Model Development Process



Adapted from Tim Hanna's Clinical Oncology Feb 2015

Summary Table: 1st line chemotherapy OS benefit

	Estimation of Population Survival Benefit of First-line Chemotherapy		Total proportion of PMBT (in all cancer in Australia in 2009)
	1-yr OS benefit	5-yr OS benefit	
PMBT	7.6%	4.2%	1.4%

Learned

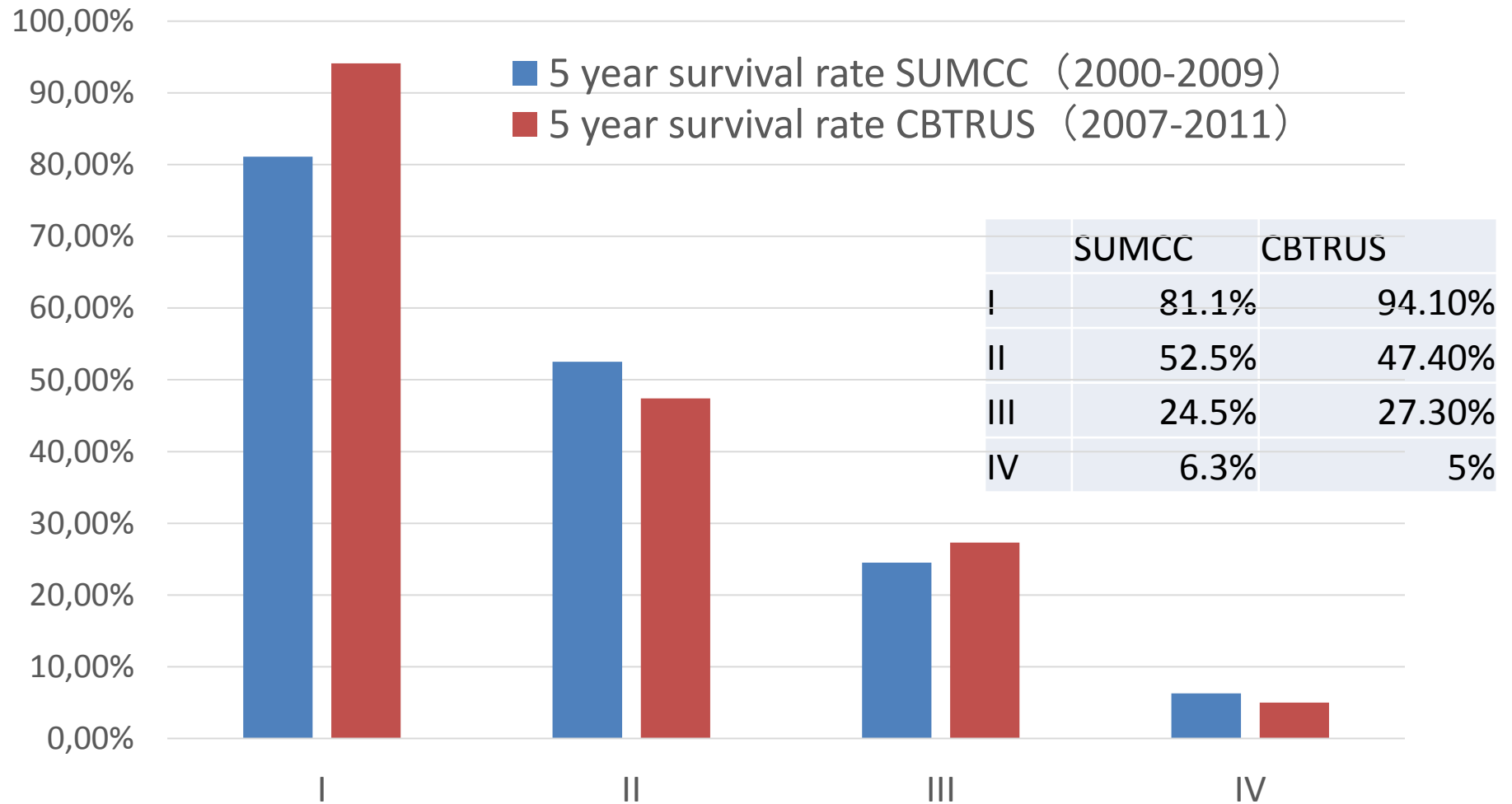
- First line Chemotherapy should benefit for malignant brain tumor patients at different levels.

Limitation

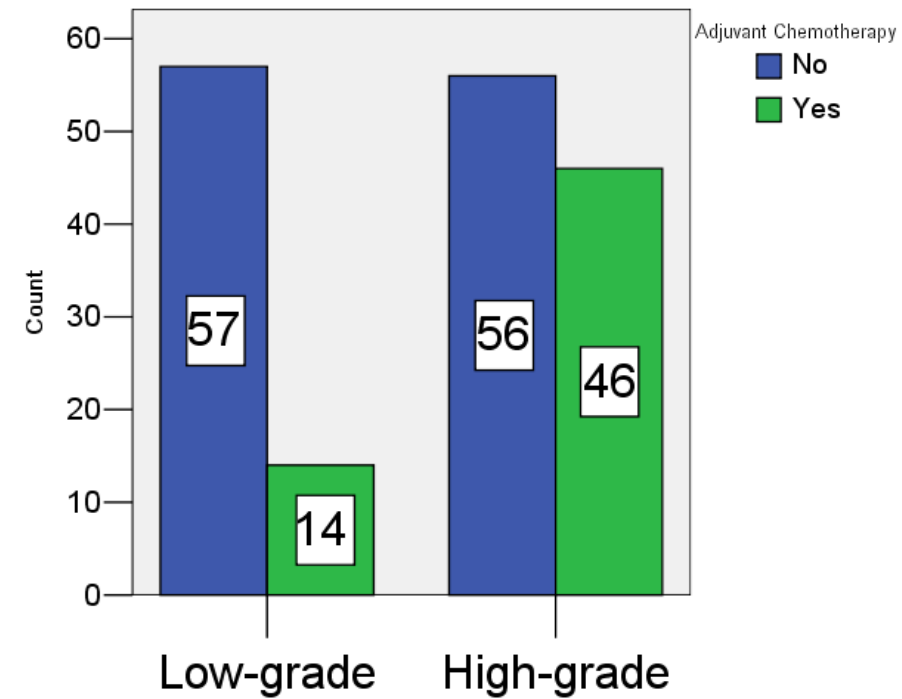
- Tumor types were different:
 - Benefit from Chemotherapy should be different
- OS was affected by many factors
 - First line chemotherapy do affect (but not only factor) patient OS



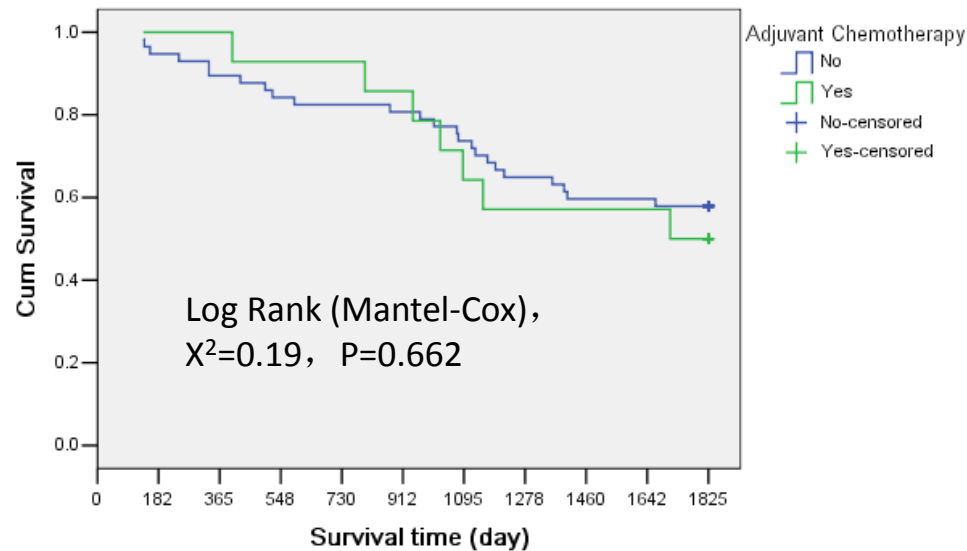
Comparison of outcome of glioma patient



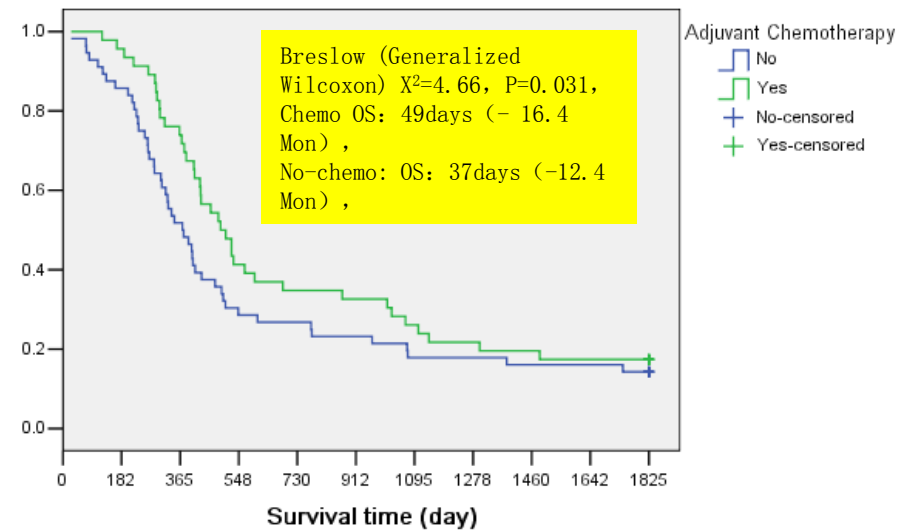
Chemotherapy & Outcome of glioma patient



Low-grade gliomas



high-grade gliomas



TWO DIFFERENT TREATMENT OPTIONS FOR PATIENTS WITH RECURRENT GLIOBLASTOMA IN THE SAME HOSPITAL

P. Ramirez¹, I. Villanego², I. Iglesias³, F. Rodriguez³, J.A. Lopez³, M. Morillas⁴, V. Lao³, J.L. Gil-Salu³

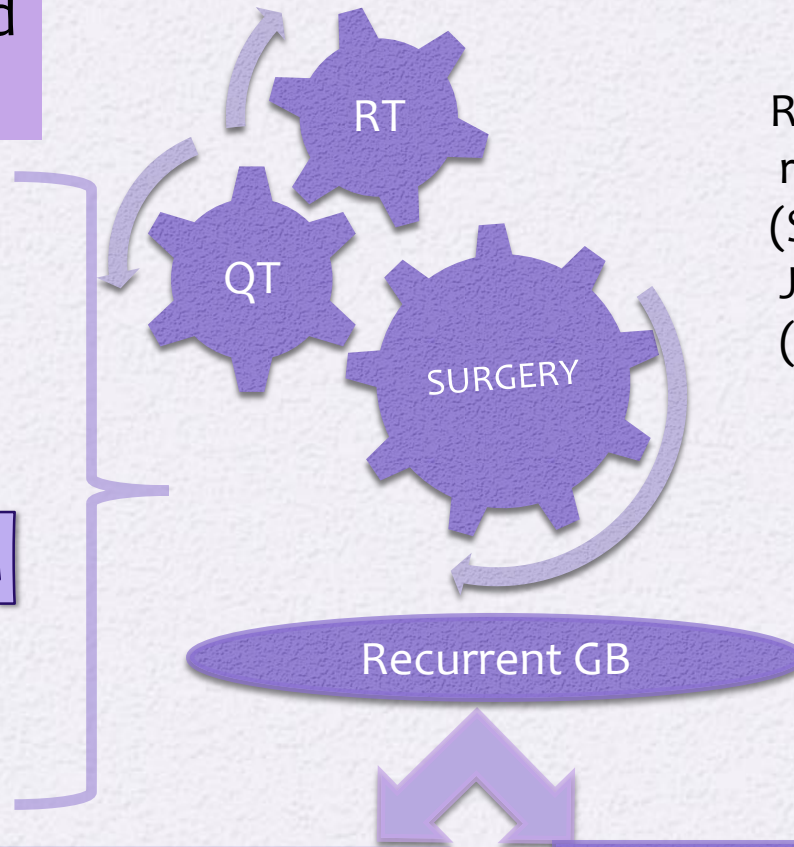
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OBJECTIVES

- ◆ Show the selection criteria for second-line treatments in GB.
- ◆ Show overall survival (OS) and progression free survival (PFS) for each treatment group

METHODS and MATERIALS

CNON



Recurrent GB treated with surgery +
radiotherapy + Chemotherapy
(Stupp protocol)
January 2010-December 2013
(n 18)

Group 1 (n=8) surgical
re-intervention + Carmustine
implant polymers

Group 2 (n=10)
bevacizumab + Irinotecan.

- Results:**

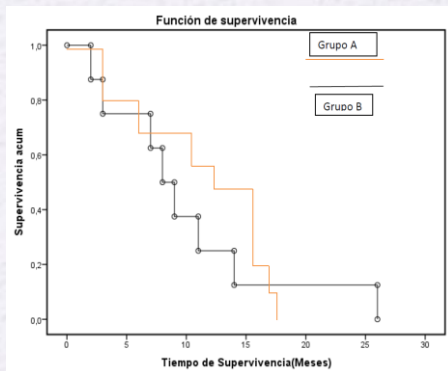


Table 1. OS according to Kaplan-Meier curve for groups 1 and 2

	PFS	OS
GROUP 1	8 meses (CI 95% 5,228-10,772)	10 months (CI 95%: 4,762-15.238)
GROUP 2	20 months (CI 95% 0 - 40.144 months)	35.15 months (CI 95%, 17.219 -53.081)

- Conclusion:**

Since the establishment by the CNON of a protocol for monitoring and second-line treatment in patients with GB, the OS has increased significantly. Of the two options presented, it seems more benefit treatment with Avastin + irinotecan and although the sample size is small, we should think in the adoption of more aggressive therapeutic options in the future.

Learned

Both Avastin and Carmustine implant polymers may improve recurrent GBM survival for selected patient.

Limitation

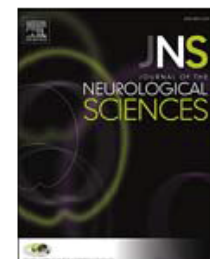
- Treatment after recurrence were not randomized
ie: two groups were not comparable
- Small number of cases



Contents lists available at ScienceDirect

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Safety evaluation of high-dose BCNU-loaded biodegradable implants in Chinese patients with recurrent malignant gliomas

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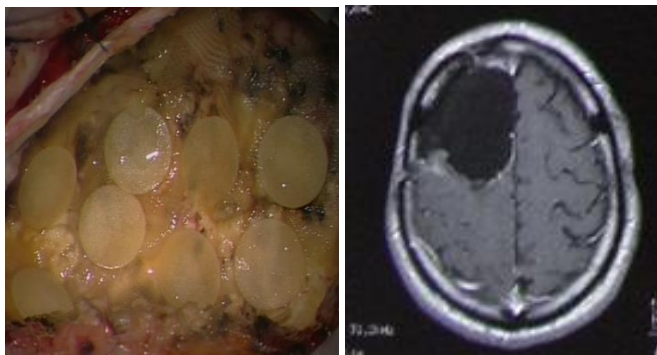
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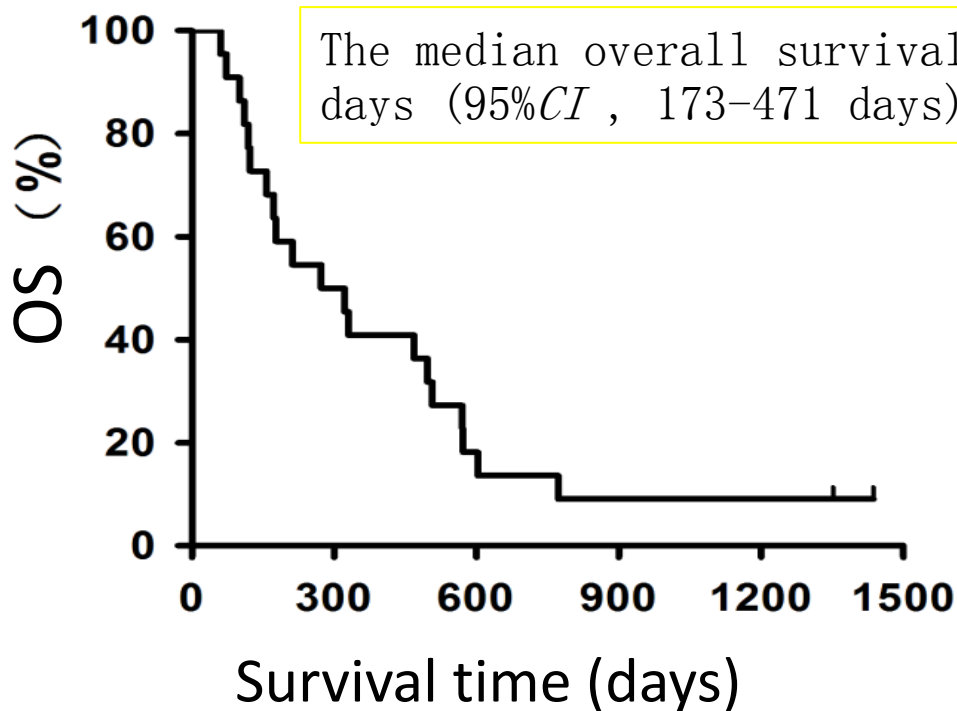
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High-dose BCNU-loaded PLGA implants (20 mg of BCNU in each implant) were placed in the debulking cavity



Treatment of recurrent malignant glioma with BCNU-loaded biodegradable implants: Report of 22 cases. Chinese Journal of Neurosurgery, 2015 inpress

Our Avastin Experience

- 34 cases (from 2011 to 2015)
- Male 22 cases, F 12 cases
- GBM 24 cases AA 4 cases LGG 2 cases
Ependymoma 1 cases Radiation encephalopathy 1
Brain metastasis 2
- Avastin 5-10 mg/kg,q2-3w
 - Avastin alone: 15
 - Avastin+TMZ: 3
 - Avastin+TMZ+IFN: 8
 - Avastin+TMZ+ddp: 1
 - Avastin+CPT-11: 6
 - Avastin+ACNU+VM26 1
- Results: PR 26,SD4,PD4
median TTP 4.5months(range 1-18 months)