



News

Meetings & Education

- ▶ Calendar of Events
- ▶ Annual Meeting
- ▼ Abstracts
 - Browse by Meeting
 - Basic Search
 - Advanced Search
 - Advanced Search - Breast Cancer
 - Search Tips
- ▶ Symposia & Workshops
- ▶ Virtual Meeting
- ▶ Continuing Education
- ▶ International Affairs

Policy & Practice

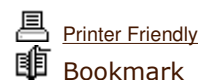
Publications

Practice Guidelines

Career Resources

[Home](#) > [Meetings & Education](#) > [Abstracts](#) > [Browse by Meeting](#) >

Meeting: [2004 ASCO Annual Meeting](#)
Category: Central Nervous System Tumors
SubCategory: [CNS Tumors](#)



Phase I/II trial of a twice-daily regimen of temozolomide and celecoxib for treatment of relapsed/refractory glioblastoma multiforme and anaplastic astrocytoma.

Abstract No: 1549
Citation: *Journal of Clinical Oncology*, 2004 ASCO Annual Meeting Proceedings (Post-Meeting Edition). Vol 22, No 14S (July 15 Supplement), 2004: 1549
Author(s): [S. Pannullo](#), [S. Hariharan](#), [J. Serventi](#), [R. Hayes](#), [C. Balmaceda](#), [J. Burton](#); JFK Medical Center, Edison, NJ; NYPH-Weill Cornell, New York, NY; Columbia Presbyterian Hospital, New York, NY; Staten Island University Hospital, Staten Island, NY

Abstract: **Background:** Combination therapy using agents with different mechanisms of action and non-overlapping toxicity may be a safe and effective strategy in cancer therapy. As seen in Phase I of this trial, BID temozolomide [Temodar (TMZ)] in combination with celecoxib (Celebrex) is a safe treatment regimen for malignant glioma. Phase II of this clinical trial tests the hypothesis that celecoxib combined with a BID schedule of TMZ is a more effective therapy for recurrent/progressive malignant glioma. **Methods:** Patients received a loading dose of 200 mg/m² of TMZ followed by 9 doses of 90 mg/m² TMZ BID for 5 days of every 28 day cycle. Celecoxib was given to a maximum dose of 480 mg/m² for 10 days. The regimen was well-tolerated by most patients. Hematologic toxicity was mild and did not recur following TMZ dose reduction. **Results:** 36 patients (22 M, 14 F) received 141 cycles of therapy. Interim responses were evaluated after 2 cycles. In the 29 patients evaluable for response, 5/29 (17%) had a partial response (PR), 21/29 (72.5%) had stable disease (SD), and 3/29 (10.5%) had progressive disease, resulting in an overall response rate of 90% at 2 months. One patient had a CR after 7 cycles. One patient had a PR for 13 cycles but developed spinal cord tumor. Average duration of response was 5.2 months (range, 2-13). The 6-month PFS for 23 evaluable patients was 8/23(35%) and 6-month overall survival rate of 19/23(83%). **Conclusions:** A regimen of twice-daily TMZ and celecoxib is a safe and potentially effective regimen for the treatment of recurrent high-grade glioma.

Associated Presentation(s):

1. Phase I/II trial of a twice-daily regimen of temozolomide and celecoxib for treatment of relapsed/refractory glioblastoma multiforme and anaplastic astrocytoma.

Event: 2004 ASCO Annual Meeting
 Presenter: [S. Pannullo](#)
 Session: Central Nervous System Tumors



Other Abstracts in this Sub-Category:

1. [Concomitant and adjuvant temozolomide \(TMZ\) and radiotherapy \(RT\) for newly diagnosed glioblastoma multiforme \(GBM\). Conclusive results of a](#)

ASCO MEMBERS

Pay Membership Dues, Membership Directory, Drug Database, Update Your Profile

username

password



Remember Me

Forgot your password?

Create a guest account

BECOME A MEMBER ▶

VISIT OTHER ASCO SITES

- ▶ [Journal of Clinical Oncology](#)
- ▶ [Journal of Oncology Practice](#)
- ▶ [The ASCO Foundation](#)
- ▶ [People Living With Cancer](#)

BECOME A SPONSOR ▶

randomized phase III trial by the EORTC Brain & RT Groups and NCIC Clinical Trials Group.

Meeting: 2004 ASCO Annual Meeting Abstract No: 2 First Author: R. Stupp

2. **An intergroup randomized controlled clinical trial (RCT) of chemotherapy plus radiation (RT) versus RT alone for pure and mixed anaplastic oligodendrogliomas: Initial report of RTOG 94-02.**

Meeting: 2004 ASCO Annual Meeting Abstract No: 1500 First Author: G. Cairncross

3. **Multicentre phase II study of imatinib mesylate in patients with recurrent glioblastoma: An EORTC: NDDG/BTG Intergroup Study.**

Meeting: 2004 ASCO Annual Meeting Abstract No: 1501 First Author: E. Raymond

4. **A phase II trial of erlotinib (OSI-774) in patients (pts) with recurrent malignant gliomas (MG) not on EIAEDs.**

Meeting: 2004 ASCO Annual Meeting Abstract No: 1502 First Author: J. J. Raizer

5. **NCCTG phase II trial of CCI-779 in recurrent glioblastoma multiforme (GBM).**

Meeting: 2004 ASCO Annual Meeting Abstract No: 1503 First Author: E. Galanis

6. **Phase I study of ZD1839 plus temozolomide in patients with malignant glioma. A study of the North American Brain Tumor Consortium.**

Meeting: 2004 ASCO Annual Meeting Abstract No: 1504 First Author: M. Prados

7. **Phase II study of ZD1839 in patients with newly diagnosed grade 4 astrocytoma.**

Meeting: 2004 ASCO Annual Meeting Abstract No: 1505 First Author: J. H. Uhm

8. **Interim report of the JROSG99-1 multi-institutional randomized trial, comparing radiosurgery alone vs. radiosurgery plus whole brain irradiation for 1-4 brain metastases.**

Meeting: 2004 ASCO Annual Meeting Abstract No: 1506 First Author: H. Aoyama

9. **Phase II trial of radiosurgery (RS) for 1 to 3 newly diagnosed brain metastases from renal cell, melanoma, and sarcoma: An Eastern Cooperative Oncology Group Study (E6397).**

Meeting: 2004 ASCO Annual Meeting Abstract No: 1507 First Author: R. R. Ma?on

10. **Immunohistochemical detection of EGFRvIII and prognostic significance in patients with malignant glioma enrolled in NCCTG clinical trials.**

Meeting: 2004 ASCO Annual Meeting Abstract No: 1508 First Author: J. C. Buckner

Other recent articles by S Pannullo:



1. **Adoptive cellular immunotherapy for the treatment of malignant gliomas.**

Crit Rev Oncol Hematol, Ireland

Vol 39, No 1-2 (1/5/2002): pp. 31-42

PMID: 11418300 [PubMed - in process]

2. Lumbar stenosis: a clinical review.

Clin Orthop, United States
Vol , No 384 (Mar, 2001): pp. 137-43
PMID: 11249158 [PubMed - in process]

3. Trigeminal neuralgia: neurosurgical management options.

J Am Dent Assoc, UNITED STATES
Vol 127, No 11 (Nov, 1996): pp. 1635-9; quiz 1666
PMID: 8952240 [PubMed - in process]

4. MRI changes in intracranial hypotension.

Neurology, UNITED STATES
Vol 43, No 5 (May, 1993): pp. 919-26
PMID: 8492946 [PubMed - in process]