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Ipilimumab for recurrent glioblastoma (GBM). Add to Collection

Abstract

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Abstract Disclosures

Background:
 Currently available treatments for recurrent glioblastoma (GBM) are inadequate, and median survival is approximately 6 months. Ipilimumab (ipi) is an immune modulator that inhibits CTLA-4 and is active in refractory melanoma, including brain metastases.

Methods:
 We retrospectively reviewed medical records of patients treated with ipi for recurrent GBM, and explored safety, response, and survival using Kaplan-Meier methodology.

Results:
 There were 10 patients (6 men), median age 55 years (range, 41-65). All received prior radiotherapy and temozolomide, and 9 received prior bevacizumab. Ipi (3mg/kg/dose) was administered for 1st (1), 2nd (4), 3rd (4), or 6th(1) recurrence. Bevacizumab was administered concurrently to all patients to reduce corticosteroid requirements that can blunt ipi effect. Eight patents received concurrent GM-CSF. Other concurrent chemotherapy included nitrosoureas (5), carboplatin (1), temozolomide (1), or lapatinib (1). Corticosteroids (dexamethasone, 0.75 – 4.0 mg/day) were administered concurrently in 4. All patients were evaluated for toxicity. One experienced fever, elevated LDH, and transaminitis. There were no other significant toxicities, specifically no rash, endocrinopathies, or electrolyte abnormalities. Four patients recently started treatment and were not evaluable for efficacy analyses. Among the other 6 patients, best response was stable disease in 4, and progressive disease in 2; median progression free survival (PFS) was 2.2 months and overall survival (OS) was 5.1 months.

Conclusions:
 Ipilimumab can be administered safely to patients with GBM with concurrent GM-CSF, bevacizumab, nitrosoureas, and other therapies. Concurrent bevacizumab may reduce corticosteroid requirements. Treatment earlier in the disease course merits investigation.

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