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We are an alliance of brain tumour support, advocacy and information groups around the world, including brain tumour patients and caregivers, researchers, scientists, clinicians and allied health professionals who work in the field.

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Clinical Trials for Unmethylated MGMT Brain Tumour Patients

The development of radiotherapy plus concomitant and adjuvant temozolomide, commonly referred to as the Stupp protocol, has been described as the first major breakthrough in the treatment of malignant gliomas for over 30 years and has quickly become the gold standard of treatment in many countries. Yet it is widely accepted that this treatment does not represent a cure and provides substantial benefit only to a minority of patients.

The urgent need for more effective therapies, both for newly diagnosed and recurrent gliomas, has resulted in several new treatments entering the development pipeline in recent years and some of these are now progressing to late stage clinical trials.

The recently initiated Phase III clinical trial "Cilengitide, Temozolomide and Radiation Therapy in Treating Patients with Newly Diagnosed Glioblastoma and Methylated Gene Promoter Status (CENTRIC)" is notable for its restricted entry to patients with a proven methylated MGMT gene promoter.

This eligibility restriction raises the question of how to treat GBM patients with an unmethylated MGMT gene promoter, who are generally considered to have a poorer prognosis when undergoing standard treatment.

The establishment of the Phase II clinical trial "Cilengitide, Temozolomide, and Radiation Therapy in Treating Patients With Newly Diagnosed Glioblastoma (a Cancerous Tumor in the Brain) and Unmethylated Gene Promoter Status (CORE)" is a valid response to this problem and could be used as a model for future trials.

The IBTA is concerned that future clinical trials which limit entry to patients with methylated MGMT gene promoter methylation status may not offer an alternative treatment option for unmethylated patients. We propose that such patients be offered an alternative trial, or a separate arm within the main trial, so that they can also gain access to the new treatment, or at very least to the prevailing standard of care.

In this regard we recommend the example of the CENTRIC/CORE trials as a possible model. The sponsors and lead investigators of the CENTRIC and CORE trials should be commended for their innovative approach to addressing this problem.

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Chair: Mr Denis Strangman, 10 Carrodus Street, Fraser, ACT 2615. Australia. Tel: (61) (2) 62583912. Email: chair@theibta.org **Co-Director:** Mrs Kathy Oliver, PO Box 244, Tadworth, Surrey KT20 5WQ, United Kingdom. Tel: (44) (0) 1737 813872, Fax: (44) (0) 1737 812712, Mobile: (44) (0) 777 571 2569. Email: kathy@theibta.org

The IBTA is a not-for-profit, limited liability company incorporated in England and Wales, Company Number: 6031485. Registered address: c/o Roxburghe House, 273-287 Regent Street, London W1B 2AD, UK. Address for correspondence: Co-Director, IBTA, PO Box 244, Tadworth, Surrey, KT20 5WQ, United Kingdom.